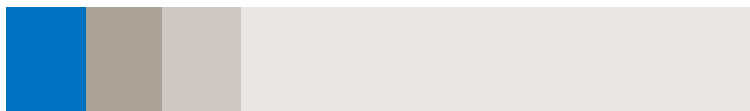


Mid-Atlantic Association of Community Health Centers

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2014 Baltimore City Community Health Needs Assessment





Introduction

The Mid-Atlantic Association of Community Health Centers (MACHC) understands that maintaining good health and wellness for individuals and communities depends on quality health care for the sick, as well as providing opportunities to prevent health problems and improve the basic health and wellbeing of Baltimore City residents. A measure of the relative health of the total population of a community is its health profile or health statutes. Together with demographic and socio-economic data, health status indicators provide the basic information for defining the community's health needs and assessing the manner in which the health care system can meet those needs.

The Community Health Needs Assessment (CHNA) is a comprehensive analysis and review of the health status and quality of life of Baltimore City residents. This document was developed by utilizing information collected by MACHC through public health databases and consolidating that in one report. The CHNA provides in-depth analyses of Baltimore City's population trends, health status indicators, and social determinants. This information will be used to reduce health disparities, improve health outcomes, identify gaps, allocate resources, and develop and implement policies to further strengthen the health care system to ensure that there is equitable access to quality healthcare services for all residents in Baltimore. It also serves as a resource document which catalogs Baltimore's public health infrastructure.

Sincerely,

H. Duane Taylor
Chief Executive Officer



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Demographics

Population and Income

2013 Estimates	Baltimore City	Maryland	United States
Population			
Total Population	622,104	5,884,563	313,914,040
Male	294,878	2,850,403	154,492,067
Female	327,226	3,034,160	159,421,973
Race and Hispanic Origin			
White, non-Hispanic	196,585	3,170,288	197,705,655
Black, non-Hispanic	393,792	1,712,317	38,727,063
Asian, non-Hispanic	16,174	346,563	15,619,997
Other, non-Hispanic	3,110	143,385	8,833,617
Hispanic (any race)	28,617	512,012	53,027,708
Age			
Under 5 Years Old	41,681	365,224	19,999,344
Under 18 Years Old	131,264	1,343,800	73,728,088
18 Years and Over	490,840	4,540,763	240,185,952
65 Years and Over	75,274	763,019	43,145,356
Median Age (years)	34.4	38.1	37.4
Income and Poverty (2012 Estimates)*			
Median Household Income	\$40,803	\$70,004	\$50,502
Individuals Below Poverty Level	23.4%	10.1%	15.9%
Families Below PovertyLevel	15.7%	7.1%	11.7%

Data Source: 2012 Population Estimates, U.S. Census Bureau; *2011 American Community Survey 1-Year Estimates
www.census.gov



Births

Baltimore City, 2010 - 2012

	2010	2011	2012
Total Births	12,197	12,135	11,931
Race/Ethnicity of Mother			
White, non-Hispanic	1,171	1,208	1,175
Black, non-Hispanic	7,565	7,404	7,186
Asian or Pacific Islander	544	557	584
Hispanic (any race)	2,881	2,944	2,969
Age of Mother in Years			
<18	333	318	273
18-19	755	667	603
20-24	2,709	2,620	2,492
25-29	3,280	3,274	3,213
30-34	2,998	3,072	3,140
35-39	1,676	1,681	1,732
40-44	412	465	442
45 and over	34	37	35

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, Department of Health and Mental Hygiene (DHMH)

<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>




Mortality

Baltimore City, 2010 - 2012

	2010	2011	2012
Total Deaths	5,215	5,090	5,029
Race/Ethnicity			
White, non-Hispanic	1,588	1,527	1,405
Black, non-Hispanic	3,346	3,275	3,303
Asian or Pacific Islander	114	112	105
Hispanic (any race)	156	161	209
Age Group			
<1 year	110	115	103
1-4 years	8	19	10
5-14 years	12	12	7
15-24 years	98	111	88
25-44 years	350	371	339
45-64 years	1,392	1,278	1,326
65-84 years	2,128	2,057	2,089
85 years and over	1,117	1,127	1,065

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH
<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>



Access to Care: Health Insurance

Health Insurance Coverage, 2010-2012

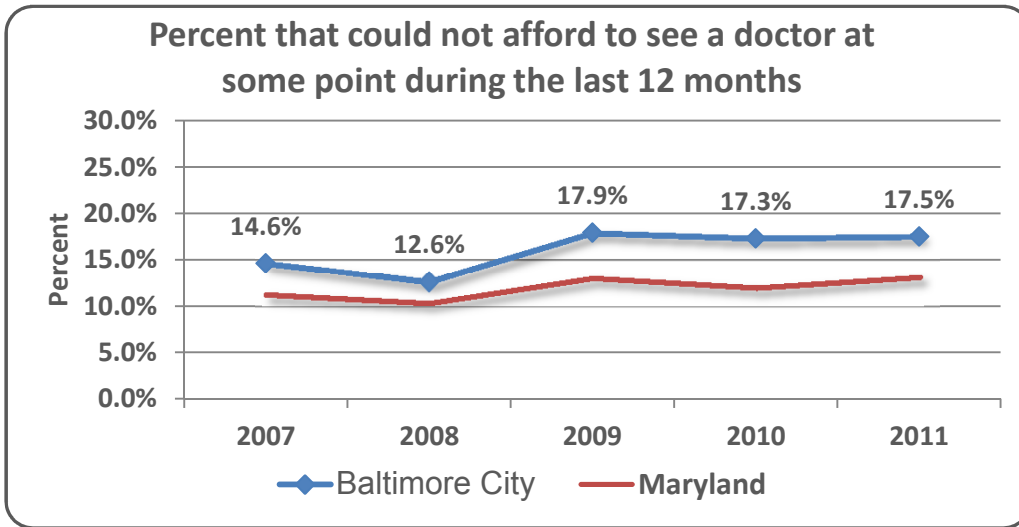
Access to health care is critical for disease prevention and management. In 2012, it was estimated 15.6% of the city's population lacked health insurance which is a major barrier to accessing care. For adults ages 18-64 years this rises to 21.1%, or one in five, who do not have health insurance.

	2010	2011	2012
All Ages, No Health Insurance			
Baltimore City	16.1%	15.0%	15.6%
Maryland	11.3%	10.4%	10.3%
United States	15.5%	15.1%	14.8%
Under 18 Years, No Health Insurance			
Baltimore City	6.6%	6.2%	5.3%
Maryland	4.8%	4.6%	3.8%
United States	8.0%	7.5%	7.2%
18 – 64 Years, No Health Insurance			
Baltimore City	21.5%	19.9%	21.1%
Maryland	15.5%	14.3%	14.5%
United States	21.4%	21.0%	20.6%
65 Years and Older, No Health Insurance			
Baltimore City	2.0%	2.7%	2.3%
Maryland	1.5%	1.2%	1.2%
United States	1.0%	1.0%	1.0%

Data Source: American Community Survey 1-Year Estimates

Affordable and Accessible Providers

The cost of primary care is a barrier for some residents of Baltimore City: in 2011, 17.5% of residents indicated that at some point in the previous year they could not afford to see a doctor. An additional barrier to accessing care is a lack of providers: there are 1,837 residents to every primary care physician in the City which is much higher compared to Maryland.



Resident to Provider Ratios

2011-2012

Population to Primary Care Physicians (PCP) Ratio

Baltimore City	1,837 residents: 1 PCP
Maryland	1,153 residents: 1 PCP
National Benchmark (90 th percentile)	1,067 residents: 1 PCP

Population to Dentists Ratio

Baltimore City	1,936 residents: 1 Dentist
Maryland	1,587 residents: 1 Dentist
National Benchmark (90 th percentile)	1,516 residents: 1 Dentist

Data Source: National Behavioral Risk Factor Surveillance System (BRFSS), CDC, www.cdc.gov/brfss/; 2013 County Health Rankings, www.countyhealthrankings.org/



Chronic Disease: Mortality

Leading Causes of Death, 2012

Many of the leading causes of death and disability in the city are due to chronic disease, including heart disease which is responsible for one out of every four deaths. In fact, **over 60% of deaths** in the city are due to chronic disease. Prevention and management of chronic disease is essential for improving the overall health and life expectancy of residents in the city. According to the Centers for Disease Control and Prevention (CDC), four common causes of chronic disease are lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption. Chronic diseases are also very costly: nationally, 75% of health care dollars goes towards treating chronic diseases.

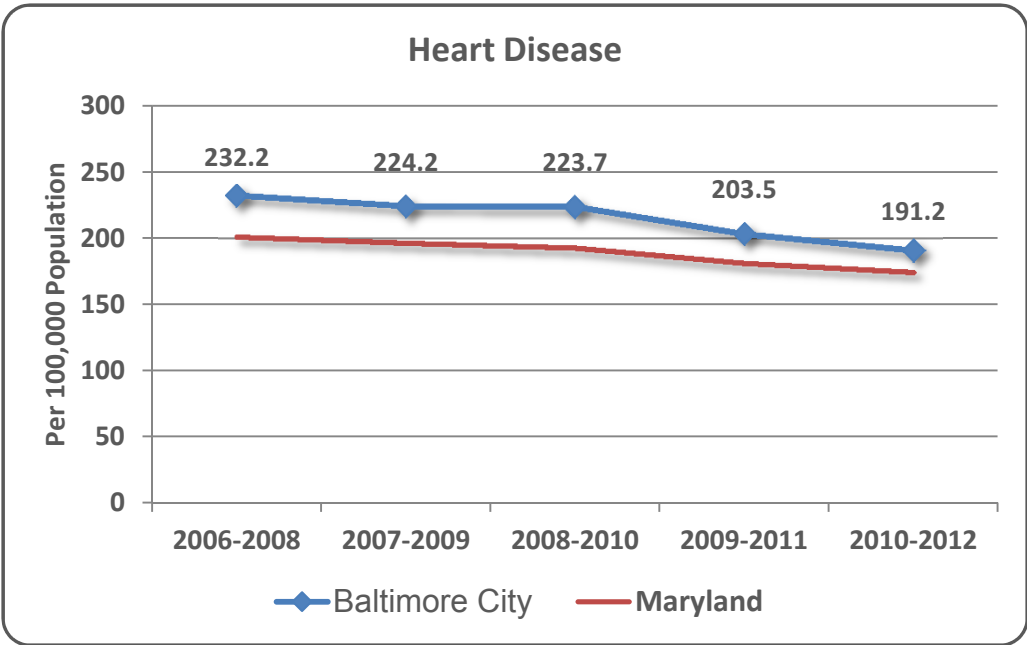
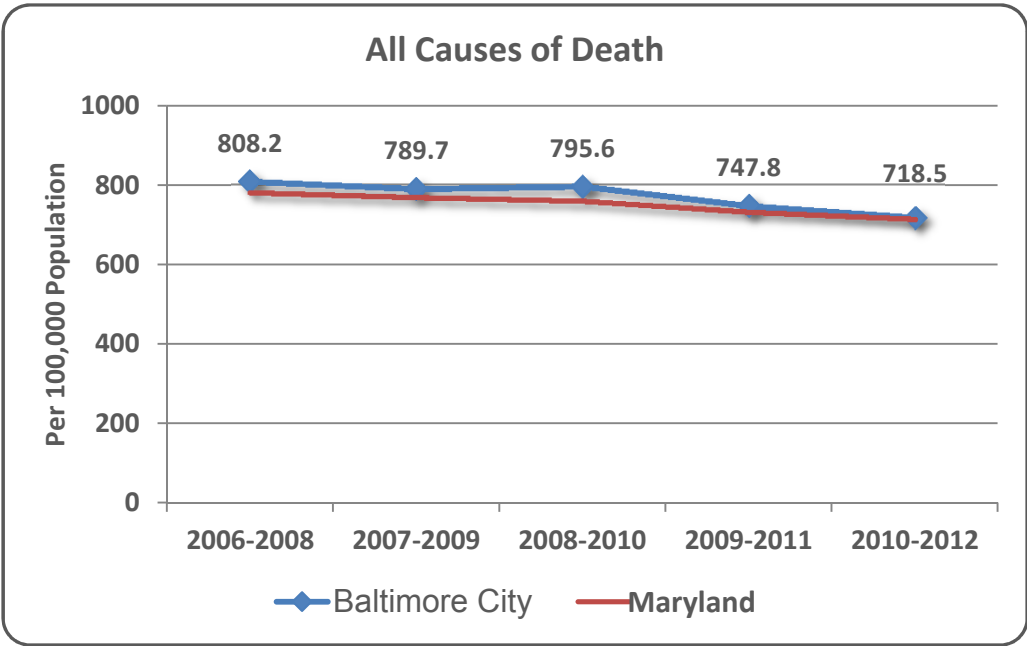
Cause of Death	Number of Deaths	% of Deaths	Age-Adjusted Death Rate Per 100,000 Population (2010-2012)	
			Baltimore City	Maryland
All Causes	5,029	100.0%	718.5	714.5
Heart Disease	1,286	25.6%	191.2	174.9
Cancer	1,221	24.3%	165.2	166.8
Stroke	228	4.5%	35.2	37.4
Accidents	198	3.9%	24.0	25.7
Diabetes	194	3.9%	27.6	19.9
CLRD*	141	2.8%	22.7	33.7
Septicemia	117	2.3%	16.3	14.1
Nephritis	90	1.8%	14.6	12.1
Influenza and Pneumonia	89	1.8%	13.5	16.1
Alzheimer's	87	1.7%	15.0	15.4
Homicide	74	1.5%	10.4	7.5
Suicide	50	1.0%	5.7	8.8

* Chronic Lower Respiratory Disease includes both chronic obstructive pulmonary disease and asthma.

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

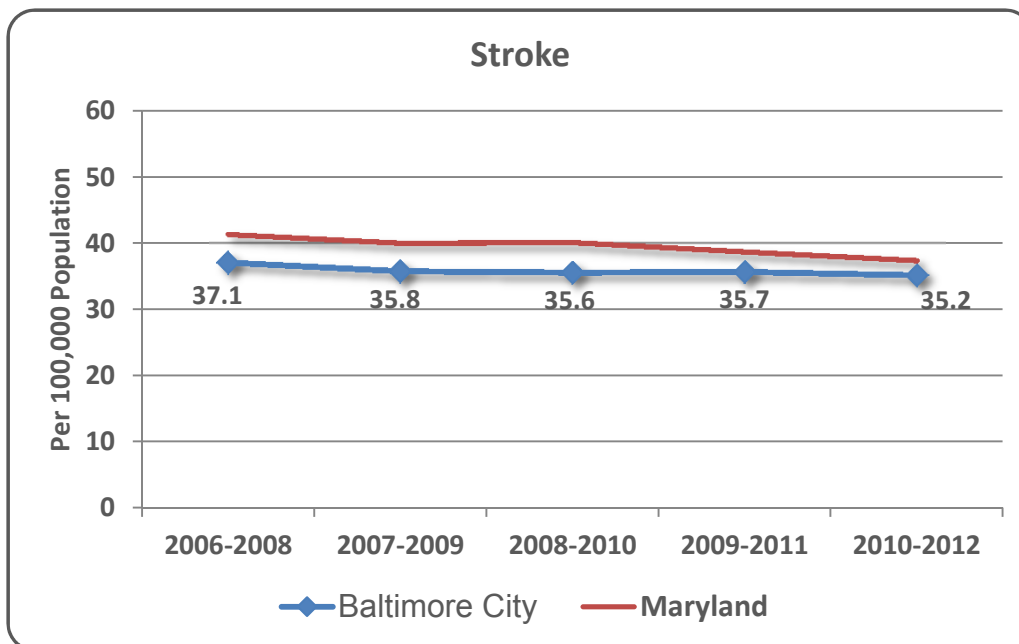
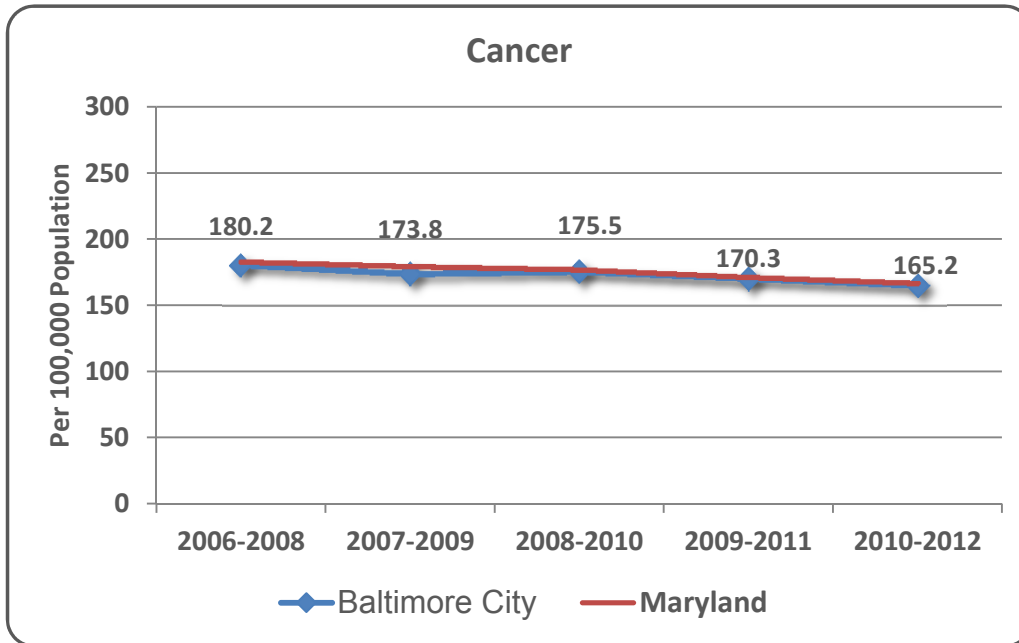
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Age-Adjusted Mortality Rates, 2006-2012



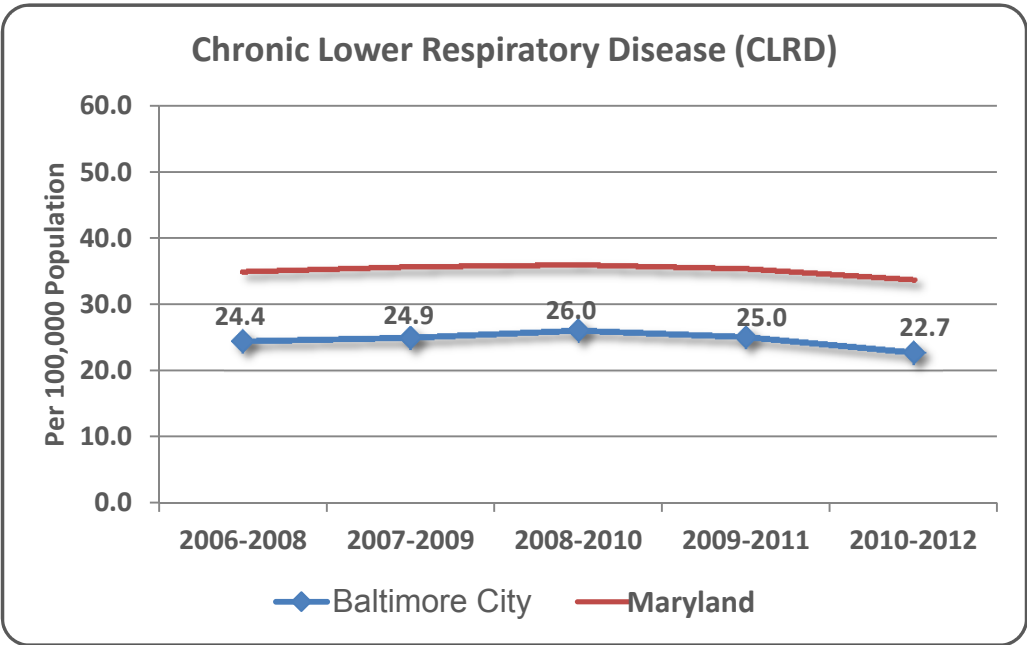
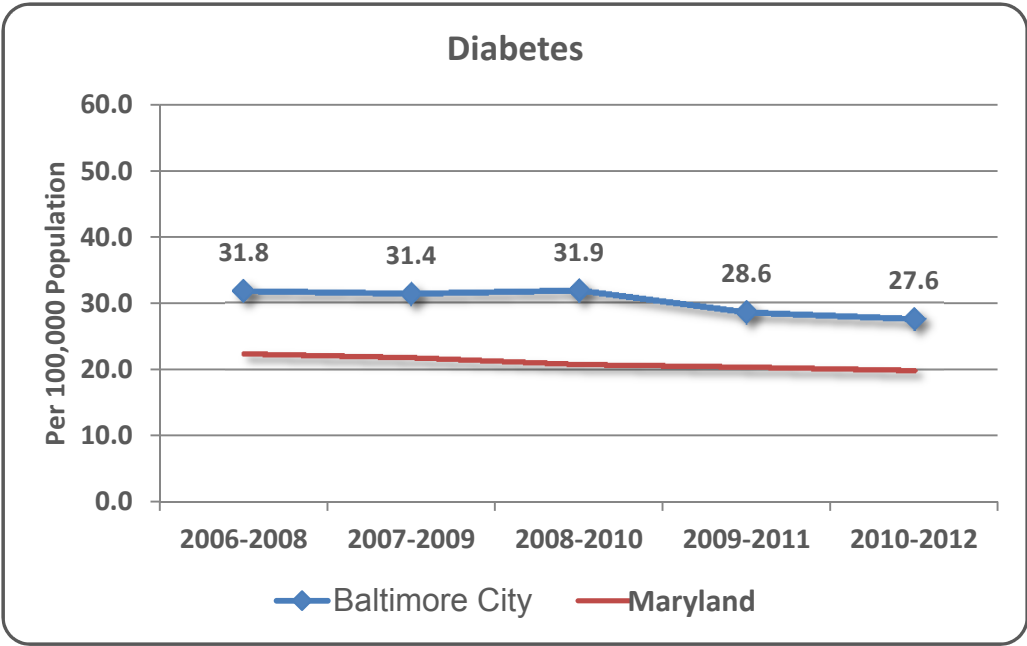
Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH
<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

Age-Adjusted Mortality Rates, 2006-2012



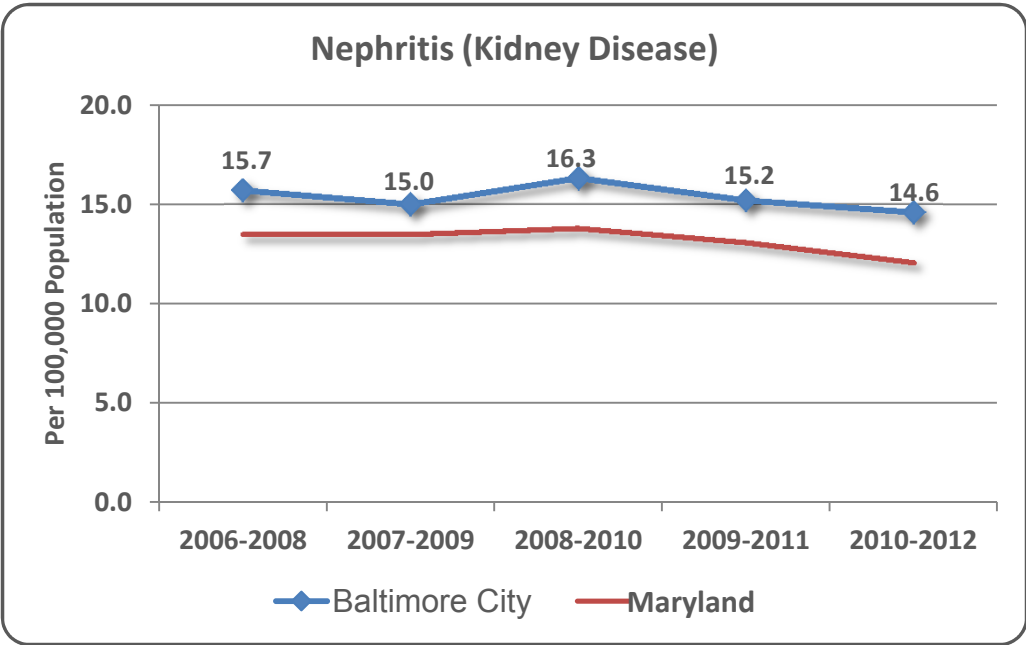
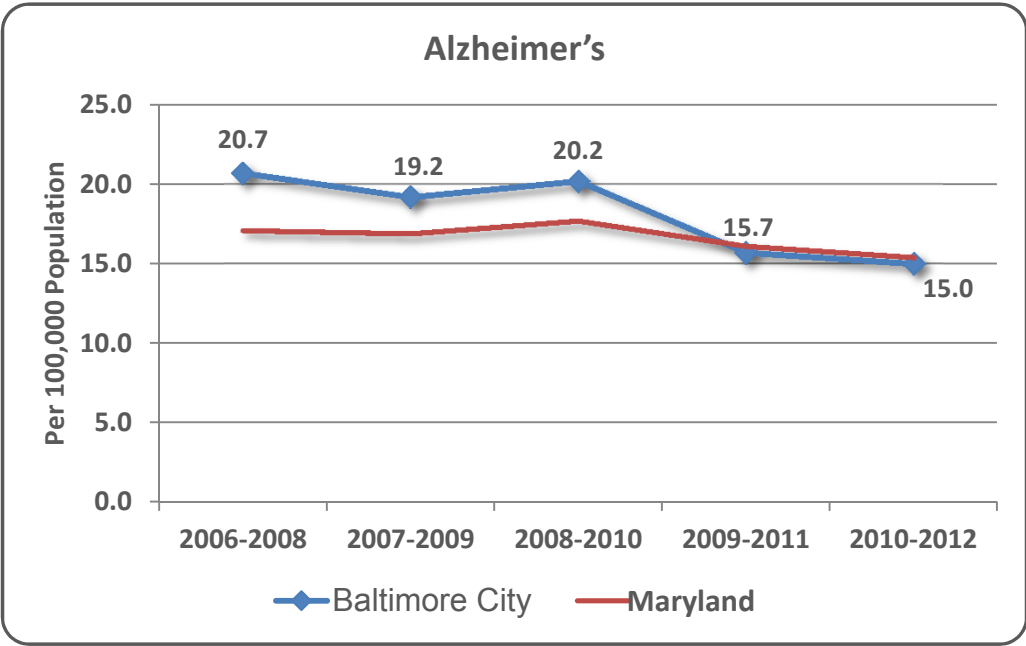
Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH
<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

Age-Adjusted Mortality Rates, 2006-2012



Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH
<http://dhhm.maryland.gov/vsa/SitePages/reports.aspx>

Age-Adjusted Mortality Rates, 2006-2012



Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH
<http://dhhm.maryland.gov/vsa/SitePages/reports.aspx>



Chronic Disease: Cancer

Cancer Incidence, 2011

Cancer Type	City Case Count	Baltimore City Rates*	Maryland Rates*
All Types	3,233	403.5	449.8
Males	1,663	483.5	507.5
Females	1,568	346.3	409.0
Whites	909	388.0	449.0
Blacks	2,134	404.8	451.5
Other/Unknown	190	340.3	352.7
Lung and Bronchus	348	47.4	57.6
Males	188	60.6	67.8
Females	159	38.1	50.1
Colorectal	258	33.3	37.4
Males	119	35.5	43.5
Females	139	31.8	32.6
Female Breast	547	115.6	129.0
White Females	119	98.6	127.6
Black Females	393	122.5	129.4
Prostate	665	182.0	140.6
White Males	128	114.6	122.0
Black Males	503	217.5	195.0

* Age-adjusted per 100,000 population

Data Source: 2012 Cancer Report, Cigarette Restitution Fund Program, DHMH
http://phpa.dhmh.maryland.gov/cancer/SitePages/surv_data-reports.aspx



Chronic Disease: Cancer

Cancer Mortality, 2011

Cancer Type	City Deaths	Baltimore City Rates*	Maryland Rates*
All Types	1,275	176.5	170.9
Males	638	218.2	205.9
Females	637	150.1	147.3
Whites	378	163.1	166.1
Blacks	860	187.1	197.0
Other	37	103.6	101.7
Lung and Bronchus	305	42.5	46.0
Males	173	56.2	56.2
Females	132	32.3	38.2
Colorectal	139	19.1	14.9
Males	73	24.0	18.0
Females	66	15.8	12.5
Female Breast	130	29.0	24.2
White Females	**	15.8	21.1
Black Females	109	36.4	34.1
Prostate	79	34.1	22.3
White Males	**	22.2	17.6
Black Males	58	45.1	44.4

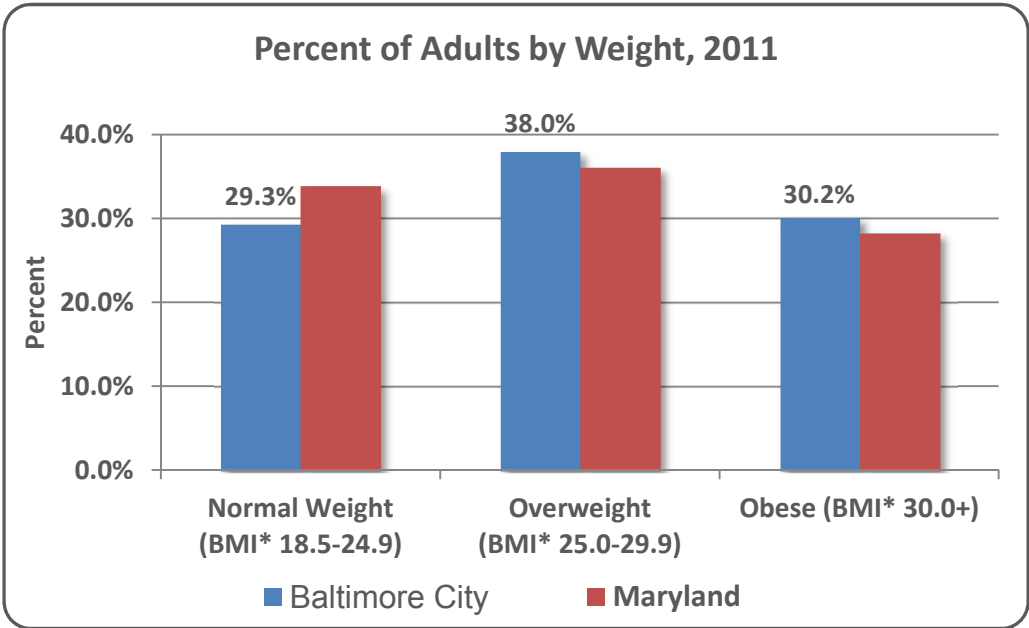
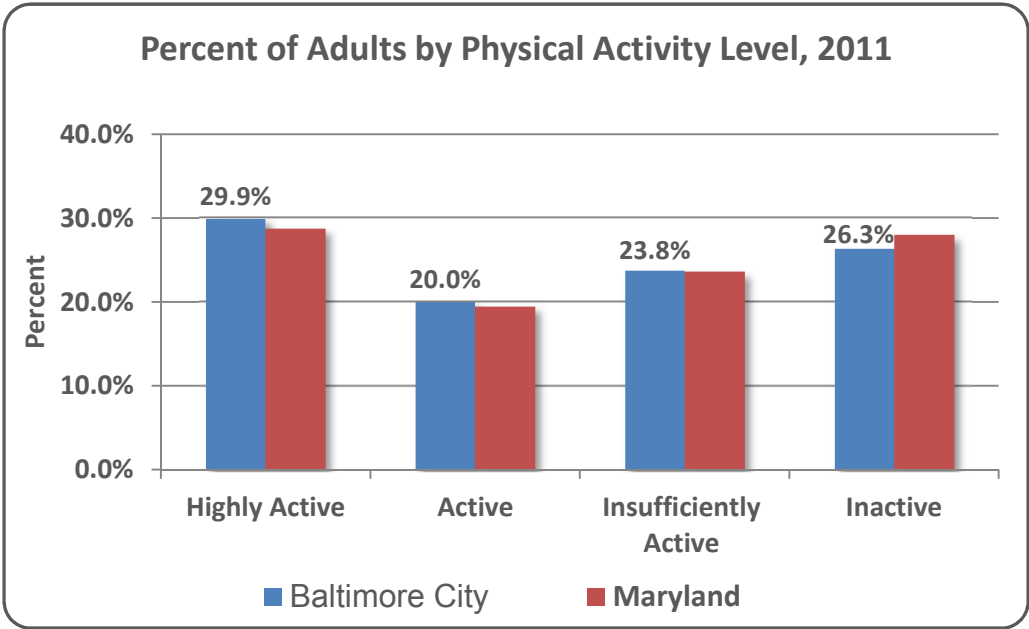
* Age-adjusted per 100,000 population

** Suppressed due to small numbers per DHMH policy

Data Source: 2012 Cancer Report, Cigarette Restitution Fund Program, DHMH

http://phpa.dhmh.maryland.gov/cancer/SitePages/surv_data-reports.aspx

Physical Activity and Obesity, 2011

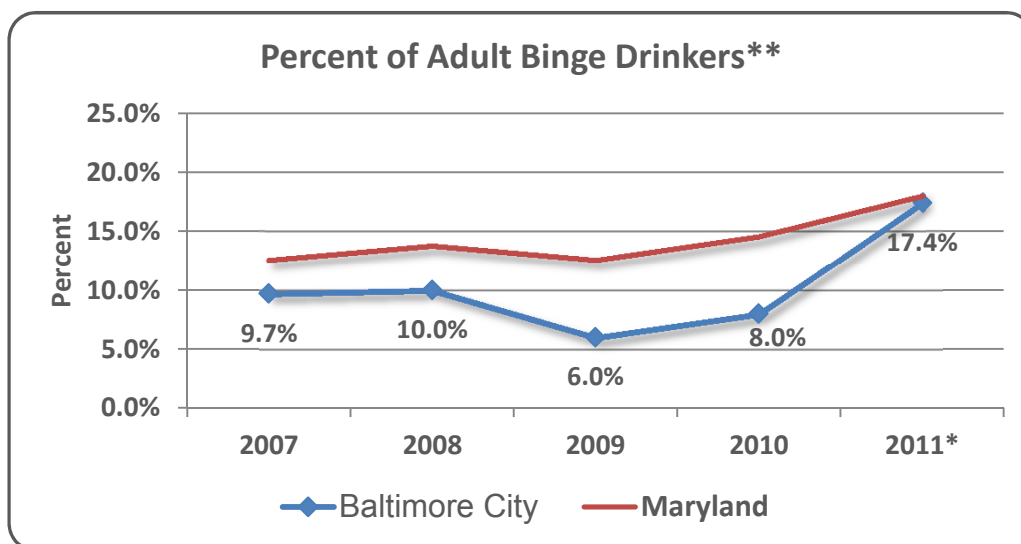
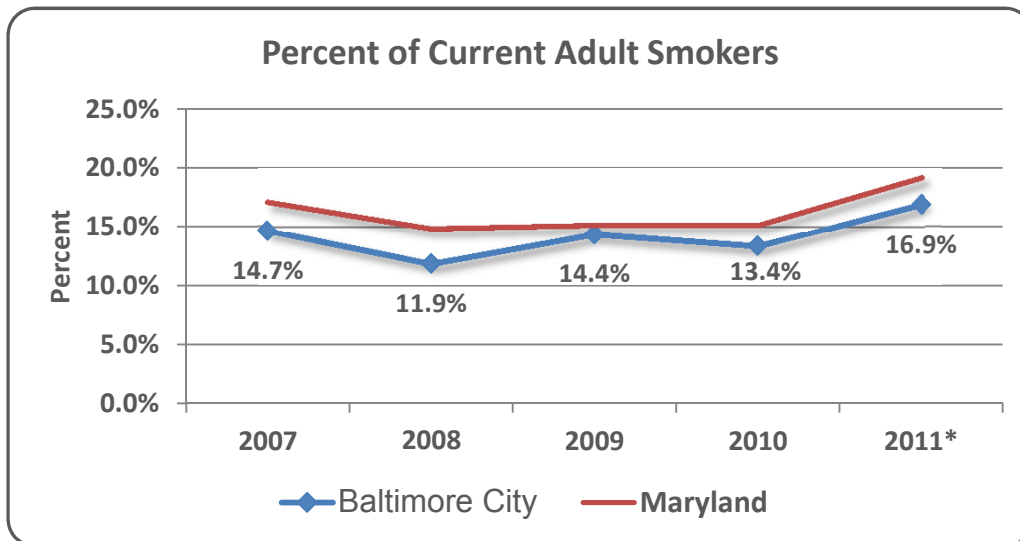


* Body Mass Index (BMI) is calculated from a person's weight and height.

Data Source: National BRFSS, CDC
www.cdc.gov/brfss/

Smoking and Binge Drinking, 2007-2011

Tobacco use and alcohol consumption are known contributors to chronic disease, disability, and even death. Smoking causes not only lung disease, but also heart disease which is the leading cause of death in the city. Binge drinking increases the risk of heart disease and breast cancer for women.



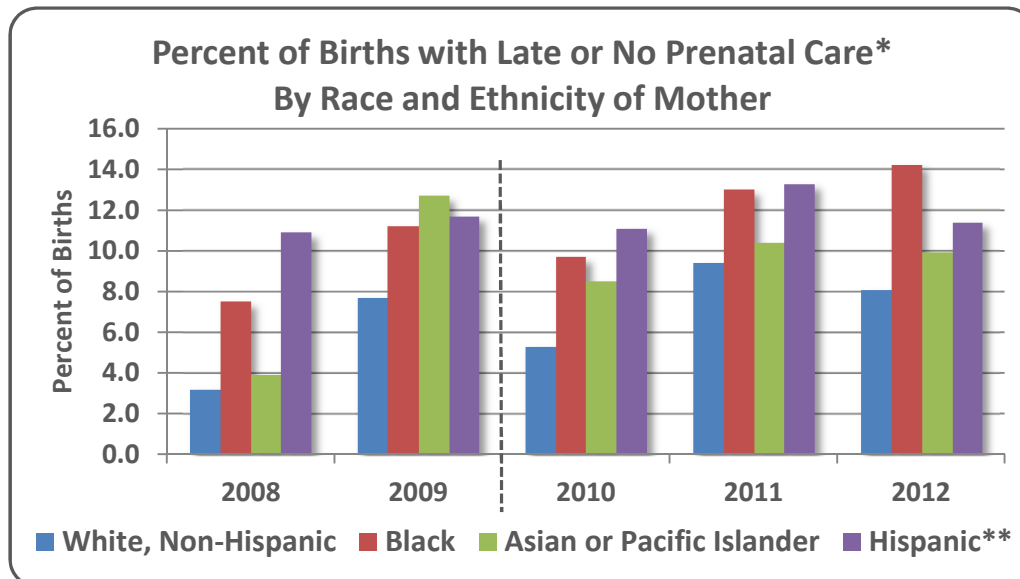
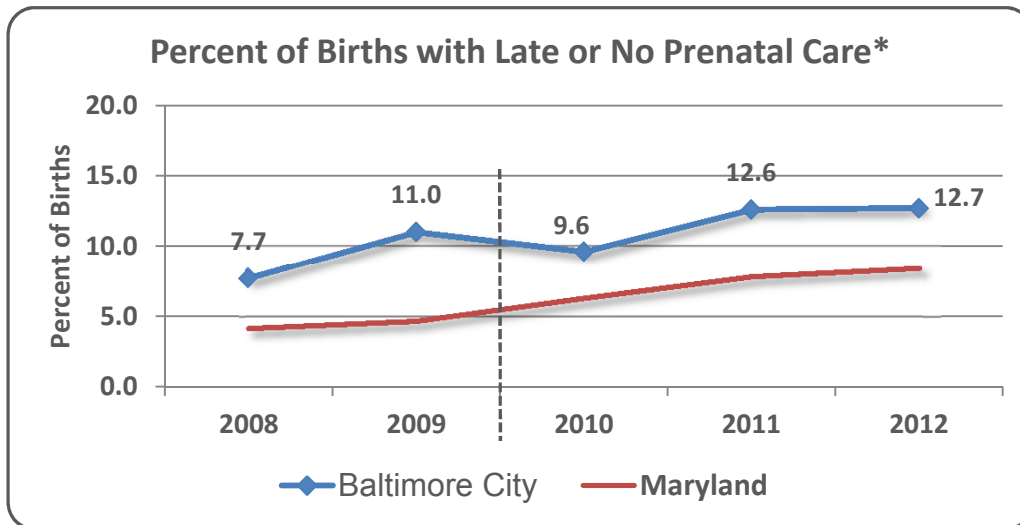
* Due to survey revisions starting in 2011, previous years may not be comparable.

** Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion.

Data Source: National BRFSS, CDC

Late or No Prenatal Care, Baltimore City, 2008-2012

Prenatal care improves the health and birth outcomes for both mothers and babies. It is recommended to start prenatal care within the first trimester to identify and treat issues early in the pregnancy. The city consistently has a higher percent of women with late or no prenatal care compared to the state.



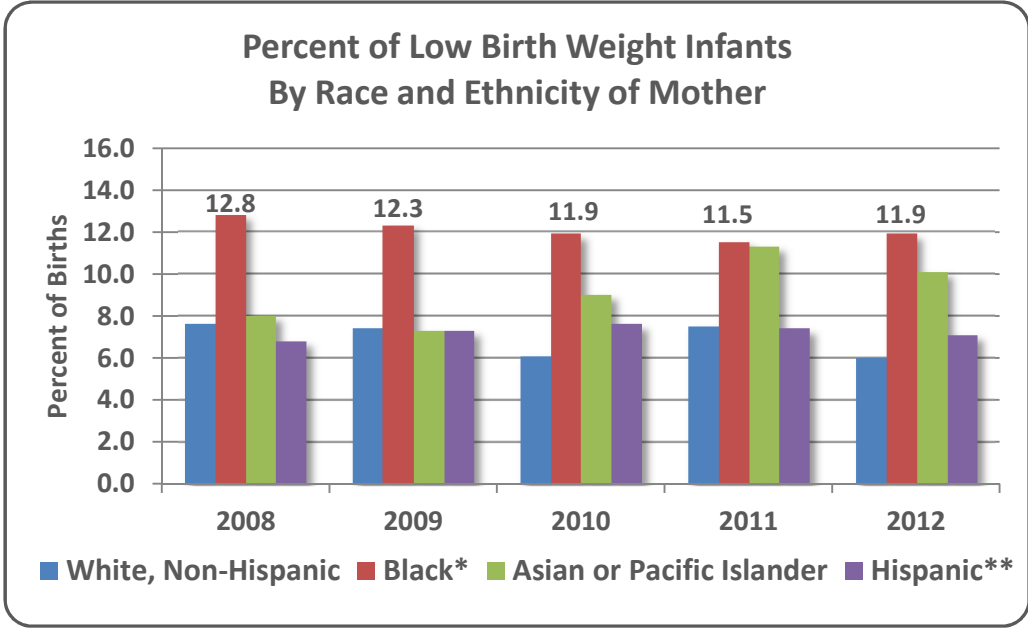
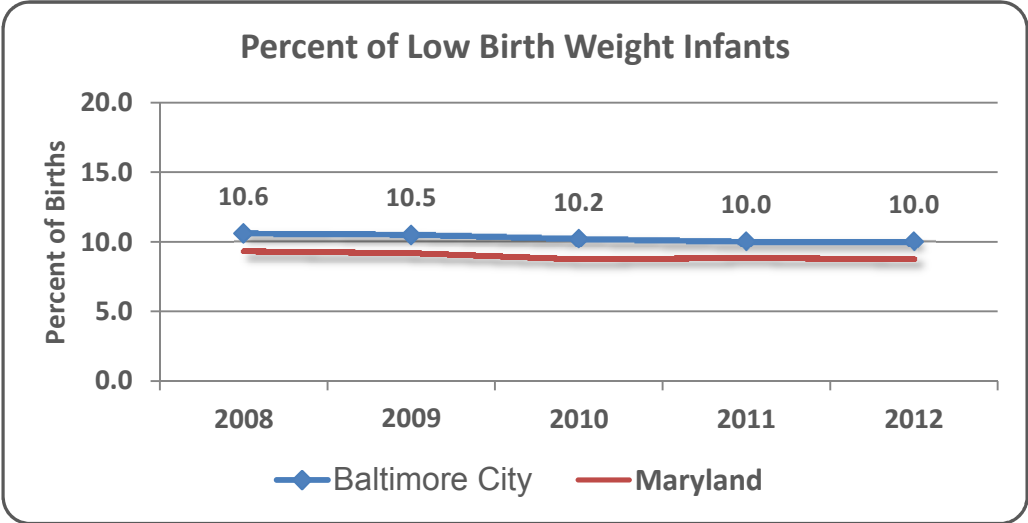
* Due to revisions to Maryland birth certificates, prenatal care data collected after 2009 are not comparable to previous years.

** Includes all births to mothers of Hispanic origin of any race.

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

Low Birth Weight, Baltimore City, 2008-2012

Low birth weight infants (<2,500 grams or approximately 5.5 pounds) are at an increased risk for complications and even death. The percent of infants with low birth weights has declined, but significant disparities still exist in the city with Black infants having the highest percentage of low birth weights.



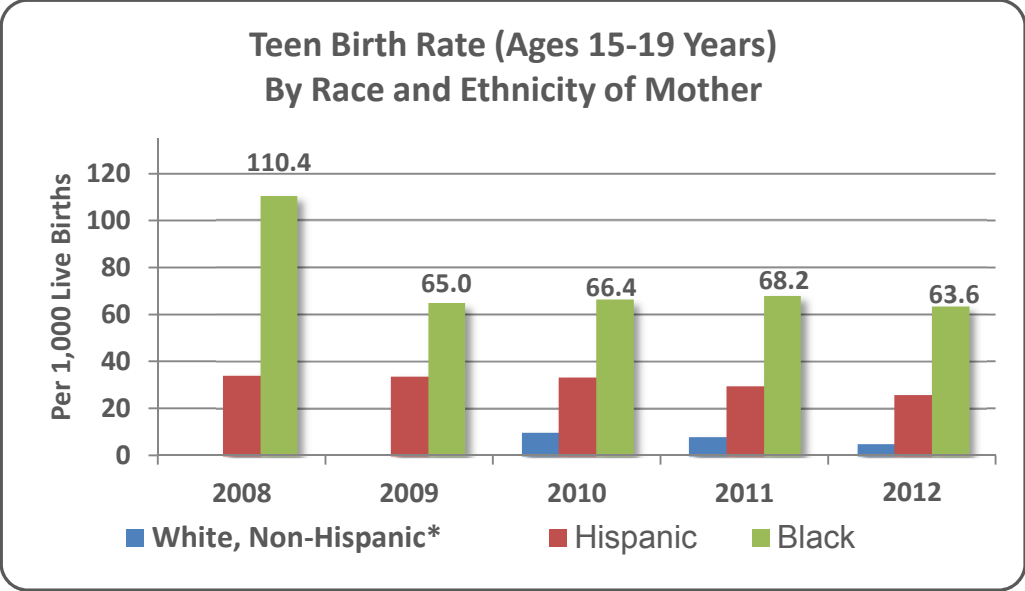
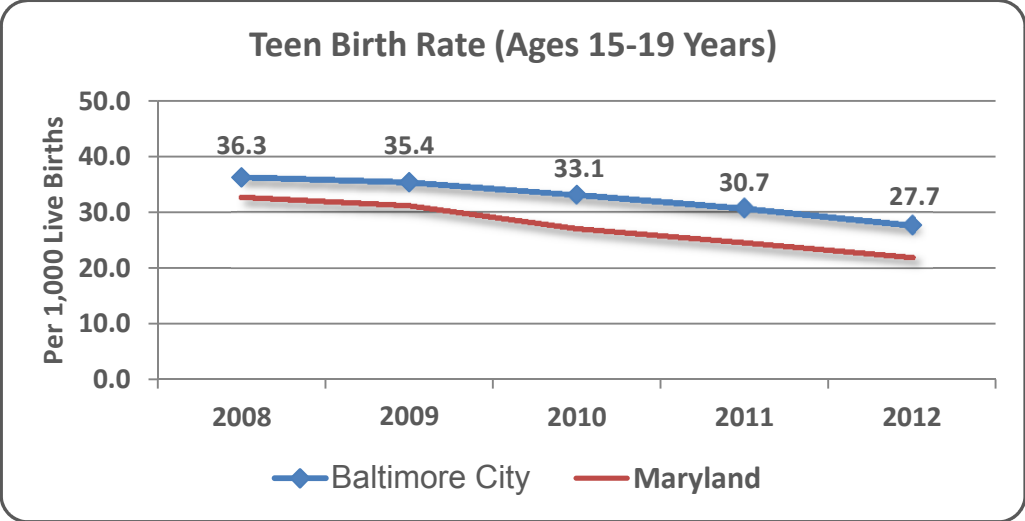
* Starting in 2010 this group was changed to Black, Non-Hispanic
 ** Includes all births to mothers of Hispanic origin of any race.

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

Maternal and Infant Health: Teen Births

Births to Women Ages 15-19 Years, Baltimore City, 2008-2012

Teen pregnancies and births have a substantial impact on both the parents and child. Half of teen mothers do not receive a high school diploma by 22 years of age, and the children of teenage mothers are more likely to drop out of high school, have more health problems, and become a teenage parent themselves. In the city, black teens have the highest teen birth rate.



* Data prior to 2010 is unavailable.

** Includes all births to mothers of Hispanic origin of any race.

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH
<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>



Maternal and Infant Health: Infant Mortality

Infant Mortality, Baltimore City, 2010-2012


Each year, over 100 infants in Baltimore City die before reaching their first birthday. Overall, the city has a higher infant mortality rate than the state and also lags behind the national Healthy People 2020 goal of 6.0 deaths per 1,000 live births. The infant mortality rate differs within the city by race and Hispanic origin.

	2010	2011	2012
Race/Ethnicity, Number of Deaths			
Total Deaths	110	115	103
White, non-Hispanic	12	17	4
Black, non-Hispanic	87	79	69
Hispanic (any race)	10	16	26
Infant Mortality Rate: All Races per 1,000 Live Births			
Baltimore City	9.0	9.5	8.6
Maryland	6.7	6.7	6.3
Infant Mortality Rate: White, non-Hispanic per 1,000 Live Births			
Baltimore City	10.2	14.1	*
Maryland	4.2	4.3	3.8
Infant Mortality Rate: Black, non-Hispanic per 1,000 Live Births			
Baltimore City	11.5	10.7	9.6
Maryland	12.0	12.2	10.4
Infant Mortality Rate: Hispanic (any race) per 1,000 Live Births			
Baltimore City	3.5	5.4	8.8
Maryland	4.1	3.0	5.5

* Rates based on <5 deaths are not presented since they are subject to instability.

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>



Infectious Diseases

Select Reportable Diseases, Baltimore City, 2010-2012

	2010	2011	2012	5-Year Mean
Campylobacter	29	38	32	29
H. influenzae, invasive	8	11	14	12
Hepatitis A, acute	4	6	7	7
Legionella	9	15	14	15
Measles	0	0	0	0
Meningitis, viral	87	66	43	82
Menengitis, meningococcal	2	1	0	2
Pertussis	7	10	34	15
Salmonella	101	103	86	87
Shiga toxin producing E. coli	11	4	5	11
Shigella	20	21	36	26
Strep Group B	64	84	53	64
Strep pneumoniae, invasive	43	60	44	53
Tuberculosis	43	47	50	55
Outbreaks: Gastrointestinal	7	5	17	6
Outbreaks: Respiratory	9	6	2	6
Animal Bites	605	681	781	684
Animal Rabies	20	15	21	20

Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH
<http://phpa.dhmh.maryland.gov/SitePages/disease-conditions-count-rates.aspx>

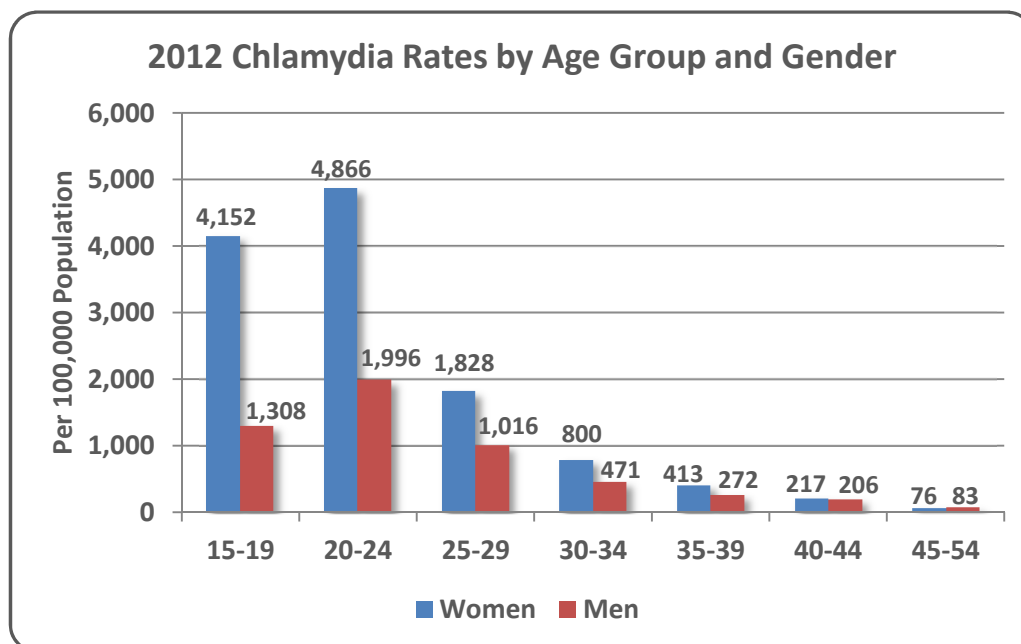
Infectious Diseases: STIs

Sexually Transmitted Infections, Baltimore City, 2010-2012

Baltimore City has the highest number of sexually transmitted infections (STI) in the state. STIs can lead to serious consequences, including sterility. Many people do not realize how common STIs are. For example, in 2012 for ages 20 to 24 years approximately 1 out of every 20 women and 1 out of every 50 men were diagnosed with chlamydia in the city. In 2012, the city was home to nearly one-fourth of all diagnosed chlamydia and gonorrhea cases in the state.

	2010	2011	2012	5-Year Mean
Chlamydia	5,884	6,086	6,037	5,694
Gonorrhea	1,727	1,607	1,465	1,545
Syphilis*	82	98	83	82

* Includes both Primary and Secondary Syphilis

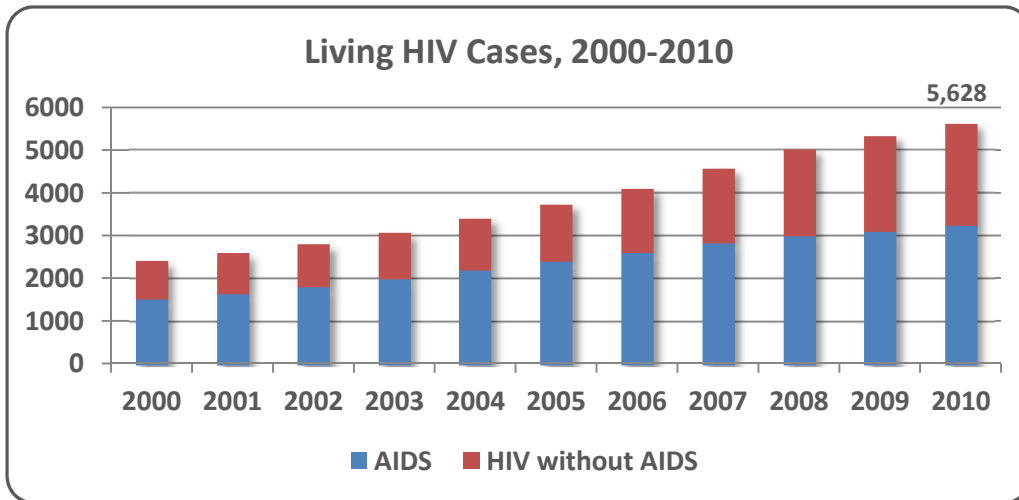


Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH
<http://phpa.dhmh.maryland.gov/SitePages/disease-conditions-count-rates.aspx>
<http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP>

Infectious Diseases: HIV

Human Immunodeficiency Virus (HIV), Baltimore City, 2000-2010

From 2000 to 2010, the number of city residents living with HIV more than doubled. In 2010, 90% of newly diagnosed cases were Black, and one-third were between the ages of 20-29 years. Within the city, some areas are more affected by HIV: for example, ZIP code 1 has the highest number and rate of living HIV cases, with one out of every sixty residents living with HIV.



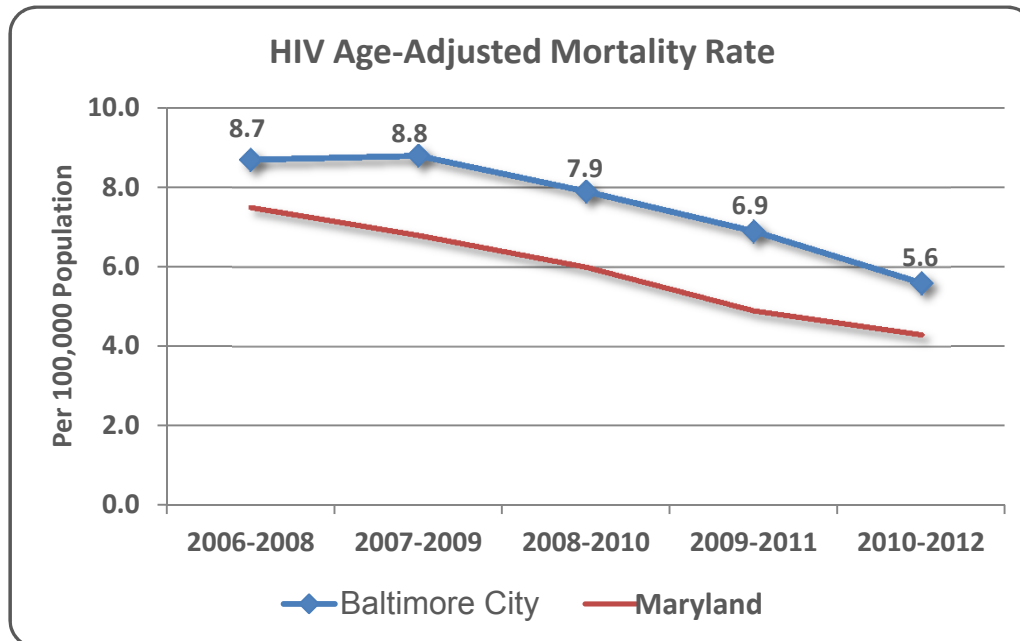
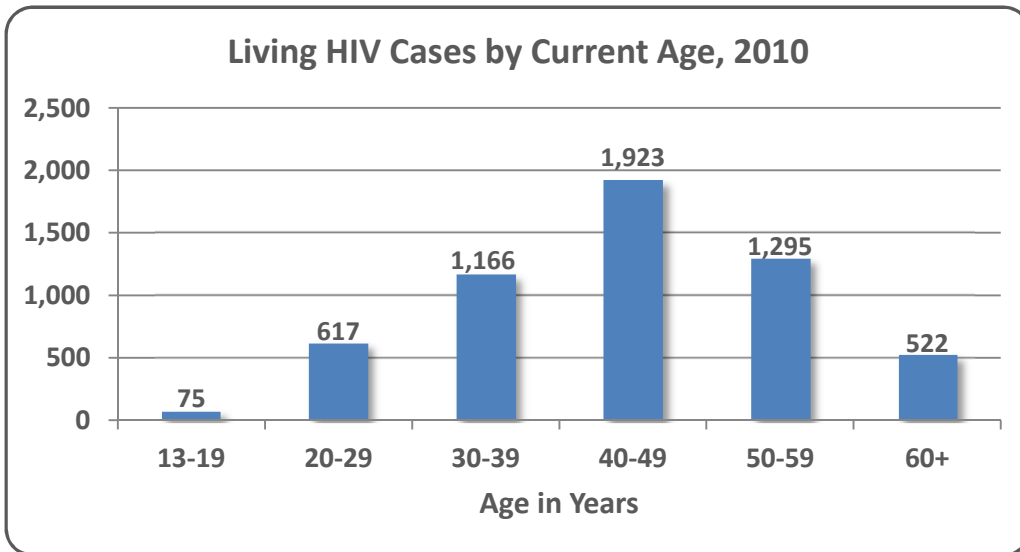
Leading HIV Rates within the City by ZIP Code, 2010

ZIP Code	Total Living HIV Cases	Rate per 100,000
1	531	1,667.3
2	440	1,554.4
3	102	1,367.8
4	423	1,288.1
5	278	1,175.6
6	374	1,137.4
7	268	1,132.5
8	251	1,066.1
9	75	1,009.1
10	248	973.3

Data Source: Baltimore City HIV/AIDS Epidemiological Profile, Fourth Quarter 2011, Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

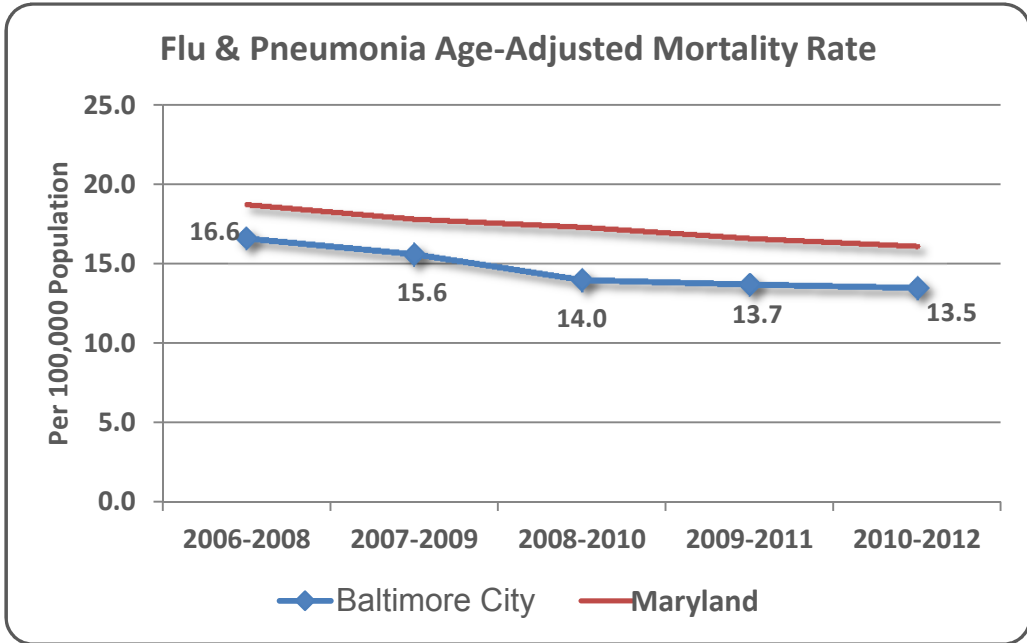
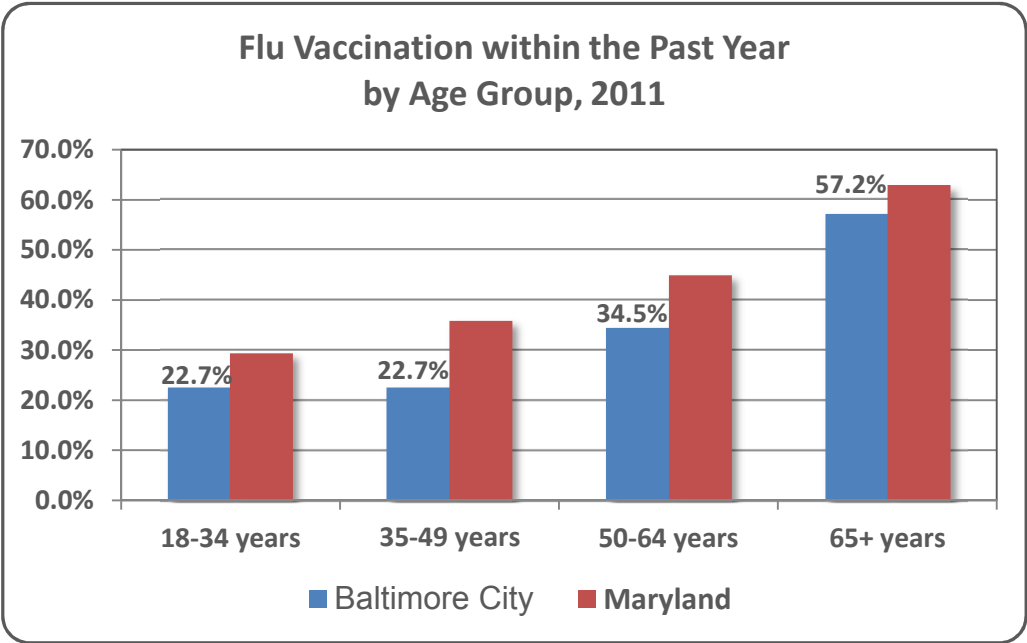
HIV Living Cases and Mortality Rate, Baltimore City

Although most new HIV cases are diagnosed in their twenties and thirties, 57% of total living HIV cases are currently in their forties and fifties. In 2012, there were 47 HIV-related deaths in the city; although the HIV mortality rate has improved, the city currently lags behind the state.



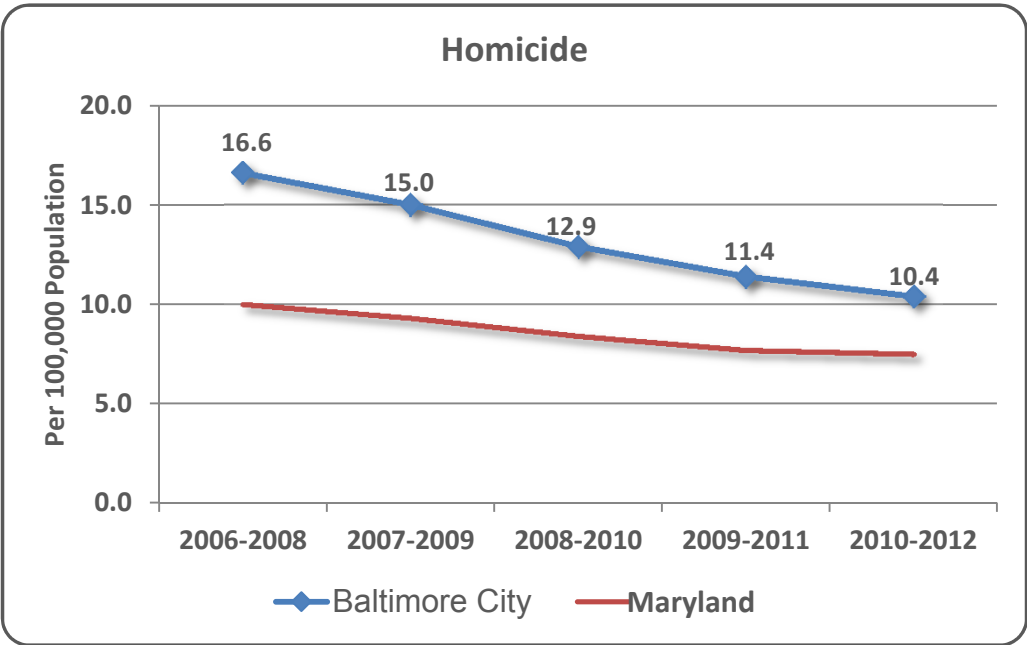
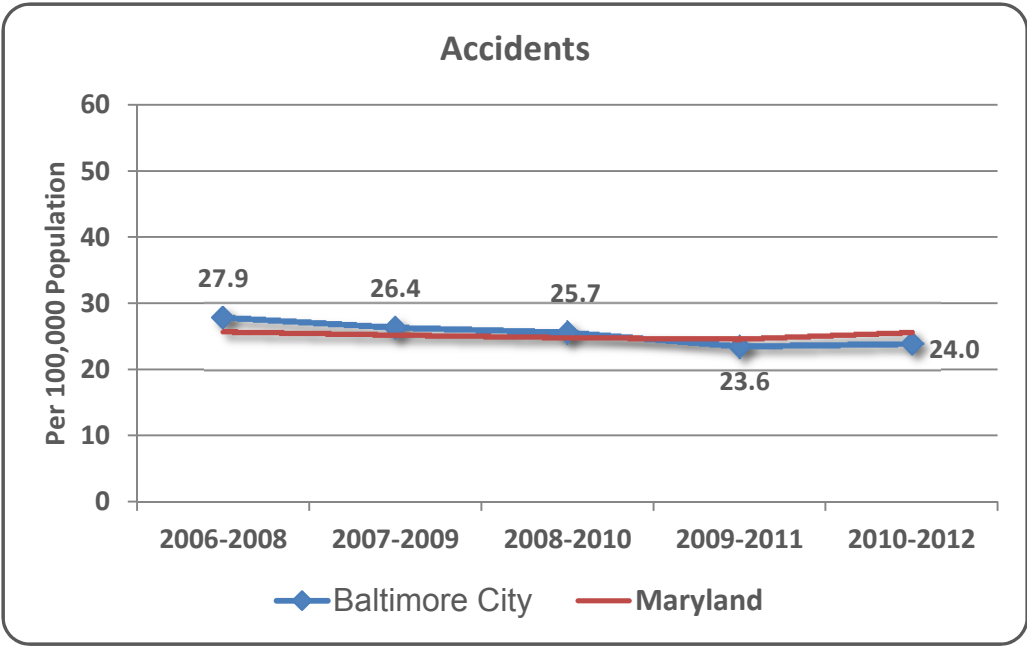
Data Source: Baltimore City HIV/AIDS Epidemiological Profile, Fourth Quarter 2011, Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Flu Vaccinations and Mortality Rate



Data Source: Maryland BRFSS, DHMH, www.marylandbrfss.org; Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

Age-Adjusted Mortality Rates, 2006-2012

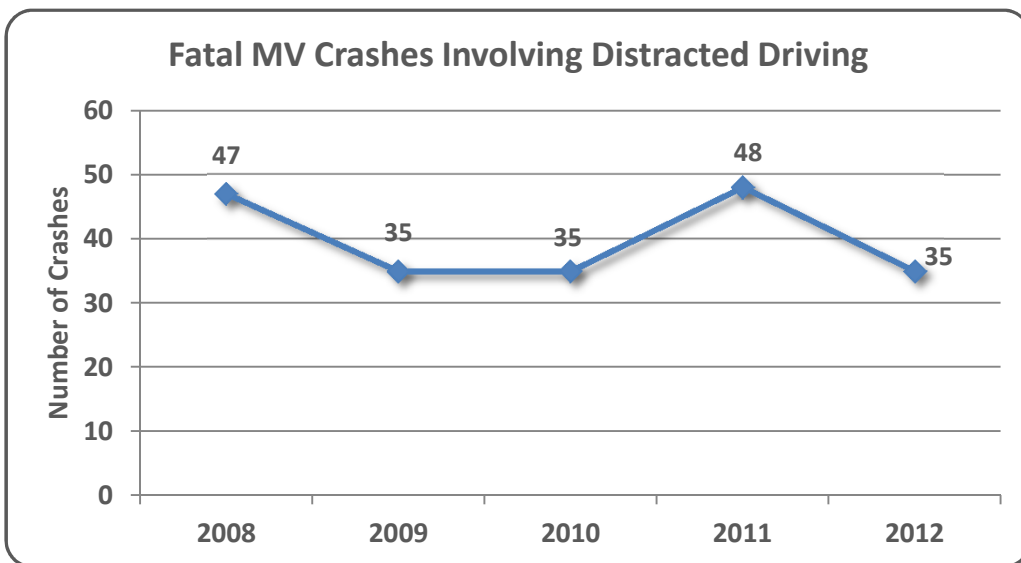
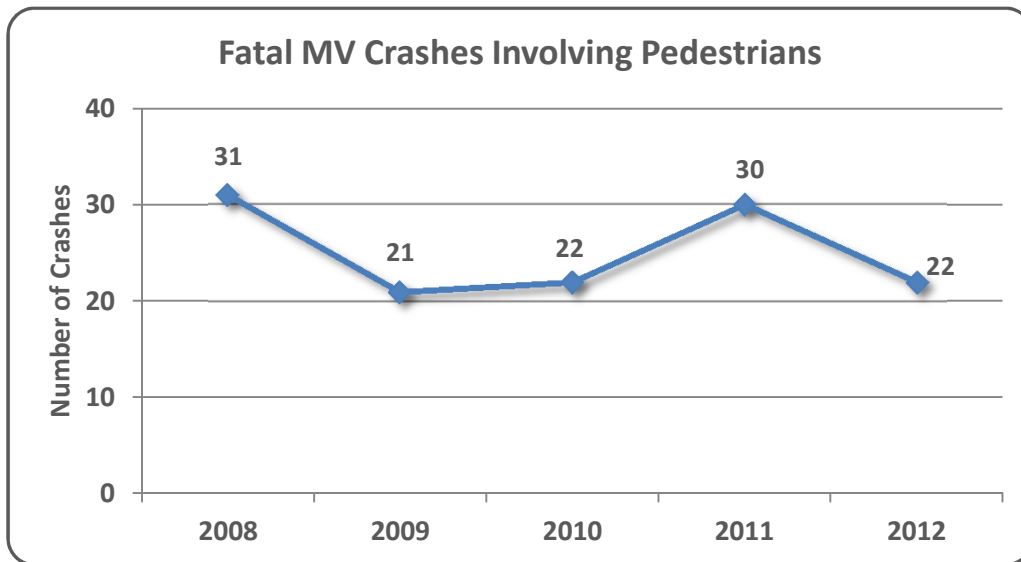


Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

Fatal Motor Vehicle (MV) Crashes, Baltimore City, 2008-2012

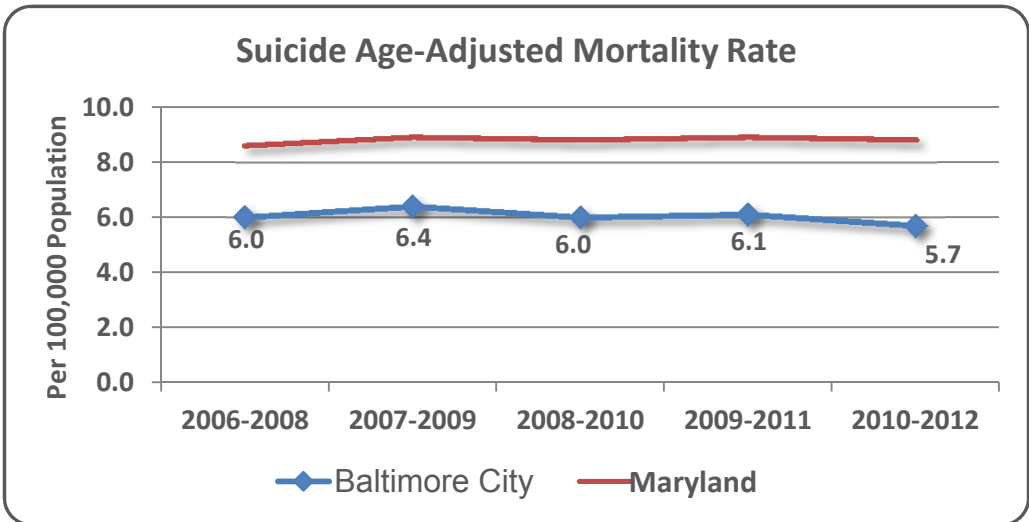
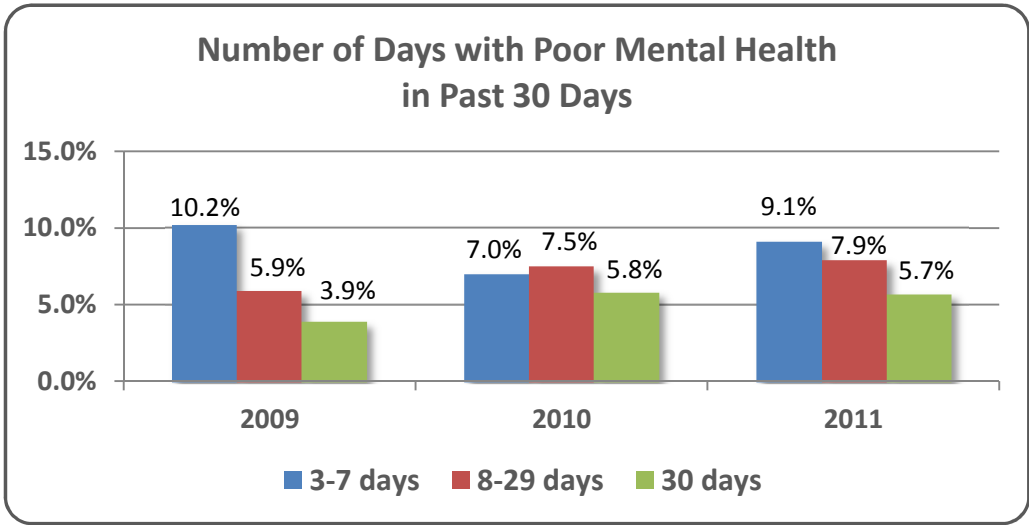
In 2012, more city residents died from motor vehicle accidents (87 deaths) than in any other Maryland County. Within these fatal crashes, the city also leads in the number of crashes involving pedestrians and those due to distracted driving.



Data Source: Motor Vehicle Administration, Maryland Department of Transportation
http://mhso.mva.maryland.gov/TrafficSafetyData/benchmark_reports.htm

Poor Mental Health and Suicide, Baltimore City

It may be surprising to learn that many city residents struggle with mental health issues: in 2011, over 13% of adults reported at least eight poor mental health days within the past thirty days. During 2012, 50 residents lost their lives due to suicide. Starting in 2014, the Health Department will increase efforts to address city mental health issues by 1) improving access to services by integrating efforts with the Department of Family Services, 2) enhancing community outreach and education, and 3) providing an assessment of community mental health services.



Data Source: National BRFSS, CDC, www.cdc.gov/brfss/; Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH, <http://dhhm.maryland.gov/vsa/SitePages/reports.aspx>

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