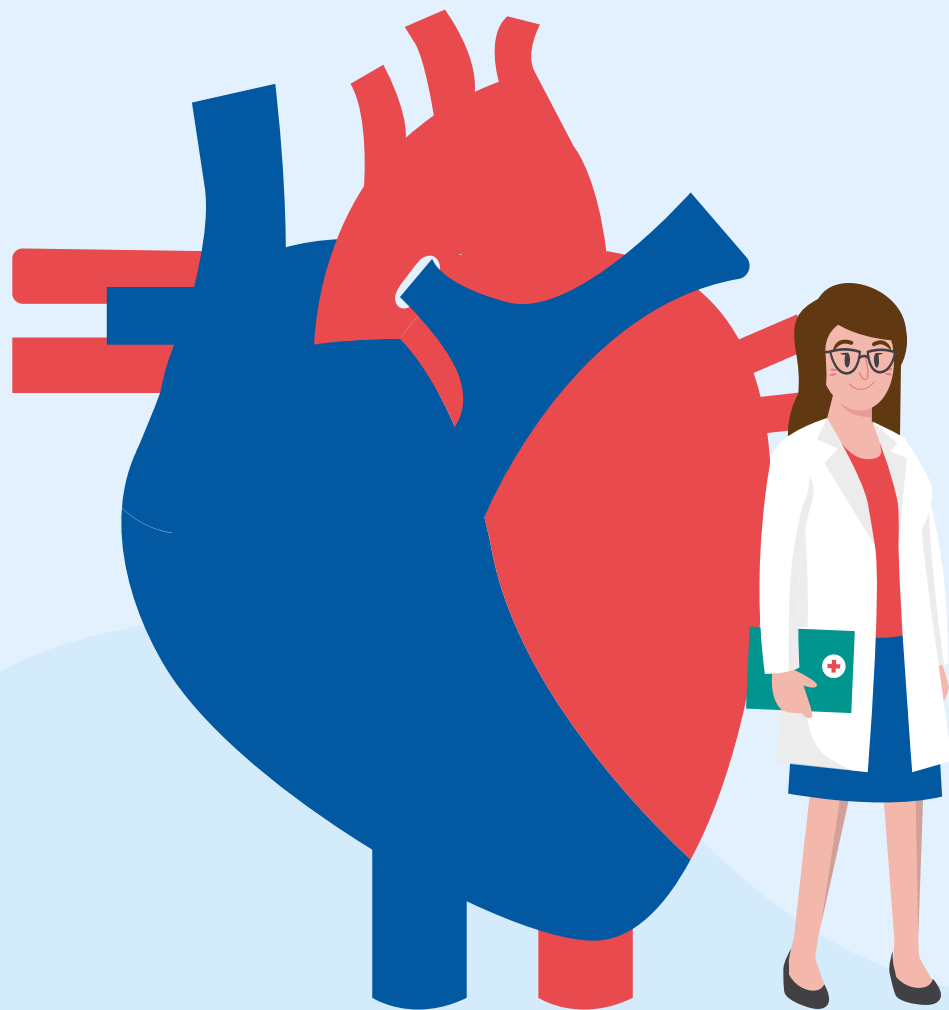


Evaluation of Cardiovascular Health for Women in Baltimore

July 12, 2024



Morehead-Gain x Baltimore City Women's Commission x Office of Equity and Civil Rights

Outline

**Introduction to the
Team**

01

04

**Interviews and Focus
Groups**

**Background of the
Topic**

02

05

**Event Collaboration and
Executions**

**The Dilemma & Our
Approach**

03

06

**Key Insights and
Recommendations**

MEET THE SCHOLARS



NEHARIKA KODALI
The Connector



JA'KHARI BRYANT
The Designer



SAUDAH JANNAT
The Researcher



CASE MADDOX
The Communicator

CIVIC COLLABORATION

“A summer where teams of scholars embed themselves in cities across North America to investigate community challenges and propose real solutions.”

-Morehead-Cain

BALTIMORE CITY WOMEN'S COMMISSION



JILL MUTH



**Chief of the Women's
Commission**

DR. SARASI DESIKAN

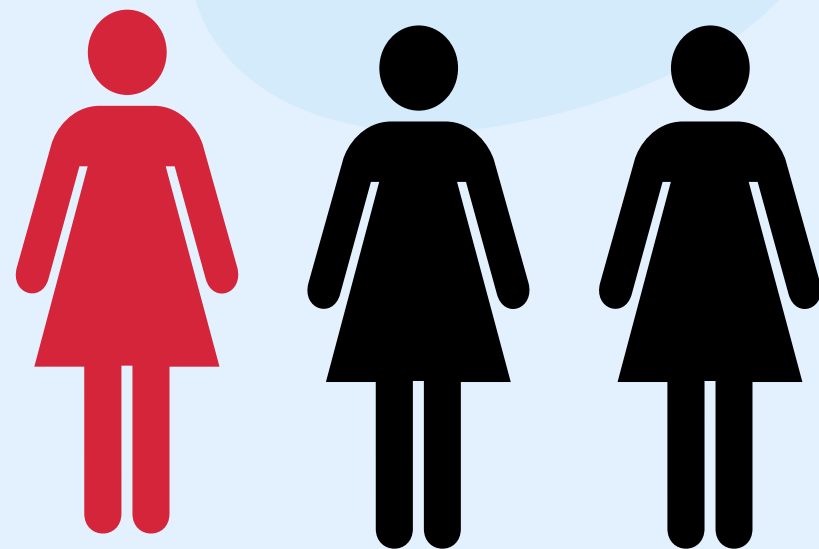


**UMB Vascular Surgeon;
Women's Commission
Member**

Cardiovascular Disease in Women

**35% of deaths in
women**

Are caused by cardiovascular disease



Cardiovascular Disease is the



Killer of Women



Almost two-thirds (**64%**) of women who die suddenly of coronary heart disease have no previous symptoms.

Women and Cardiovascular Disease



Diabetes Mellitus

women with DM have a 3-fold excess risk of fatal CAD compared with nondiabetic women.



Smoking

25% increased risk for CAD compared to with men



Symptoms

Women present with more subtle symptoms of stroke and MI



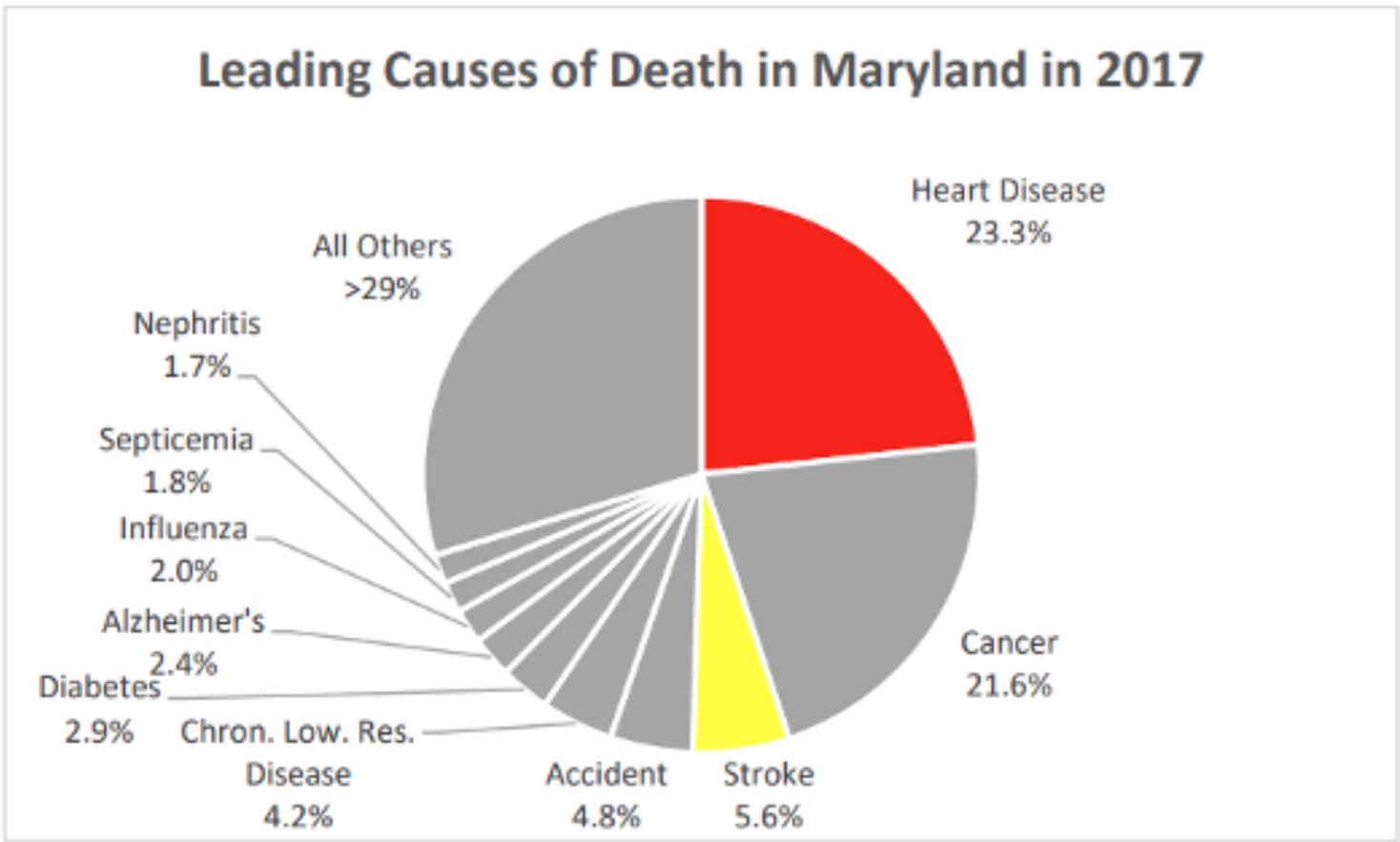
Hypertension

Higher prevalence and less well controlled in women compared to men



Cardiovascular Health in Maryland

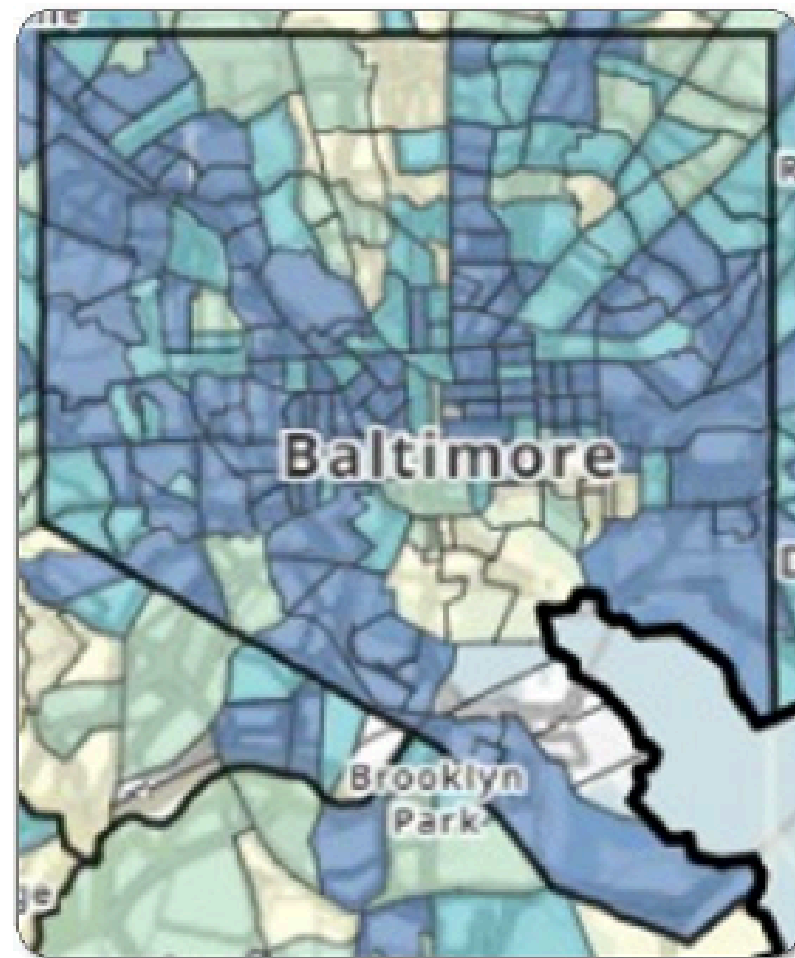
Maryland Fact Sheet



MAJOR CAUSES OF DEATH BY GENDER IN MARYLAND, ALL AGES (2019)

Female	Male
Coronary Heart Disease	Coronary Heart Disease
Stroke	Lung Cancers
Lung Disease	Stroke
Lung Cancers	Hypertension
Breast Cancer	Lung Disease
Alzheimer's	Diabetes
Diabetes	Prostate Cancer
Endocrine Disorders	Colon-Rectum Cancers
Influenza & Pneumonia	Poisonings
Colon-Rectum Cancers	Suicide

Social Determinants of Health in Baltimore



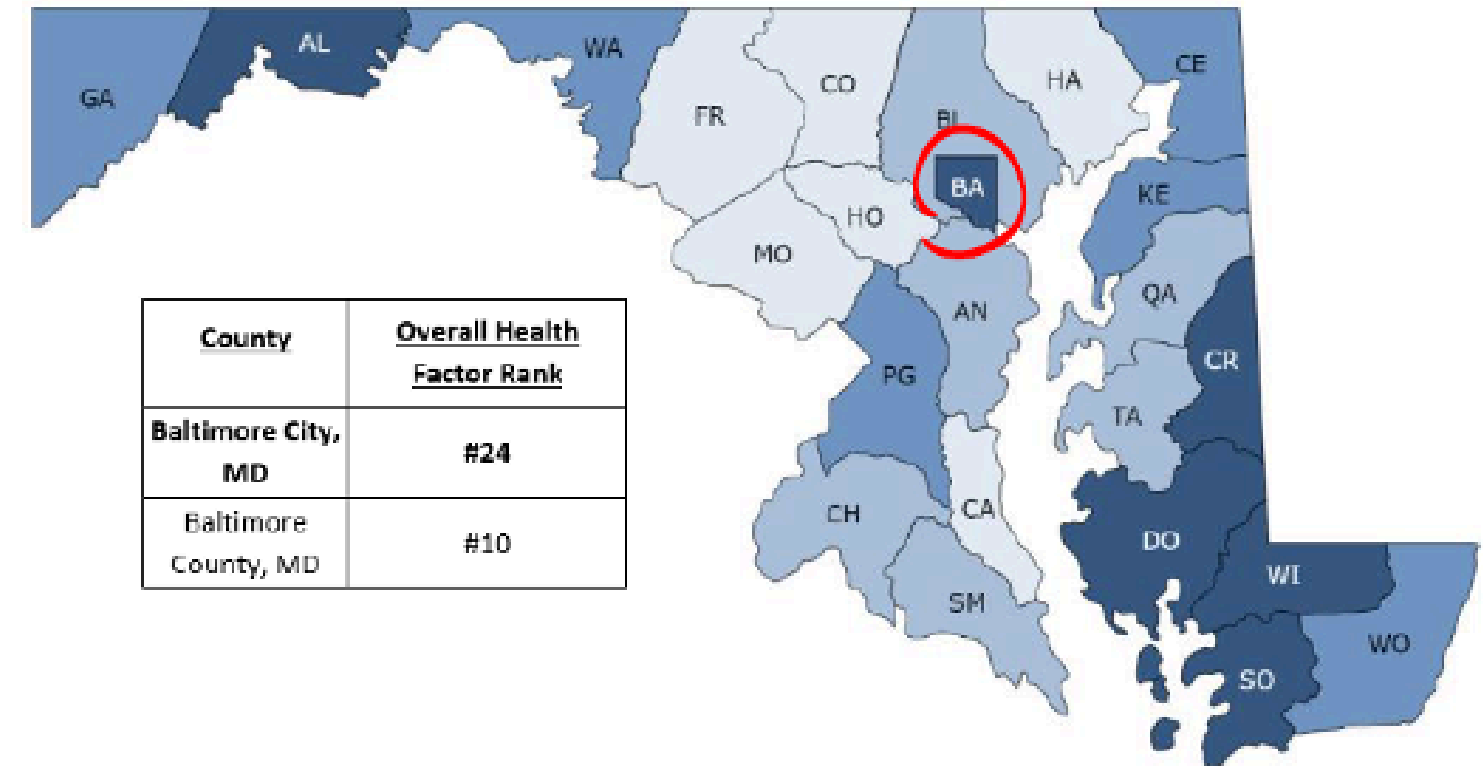
Level of Vulnerability

Low: 0.0-0.25 Low-Medium: 0.25-0.50 Medium-High: 0.50-0.75 High: 0.75-1.0

Source: CDC/ATSDR Social Vulnerability Index (SVI) 2020 SVI by County; accessed at https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html.

Area	State	U.S.
Baltimore City	0.91	0.87
Baltimore County	0.70	0.52

2023 Health Factors - Maryland

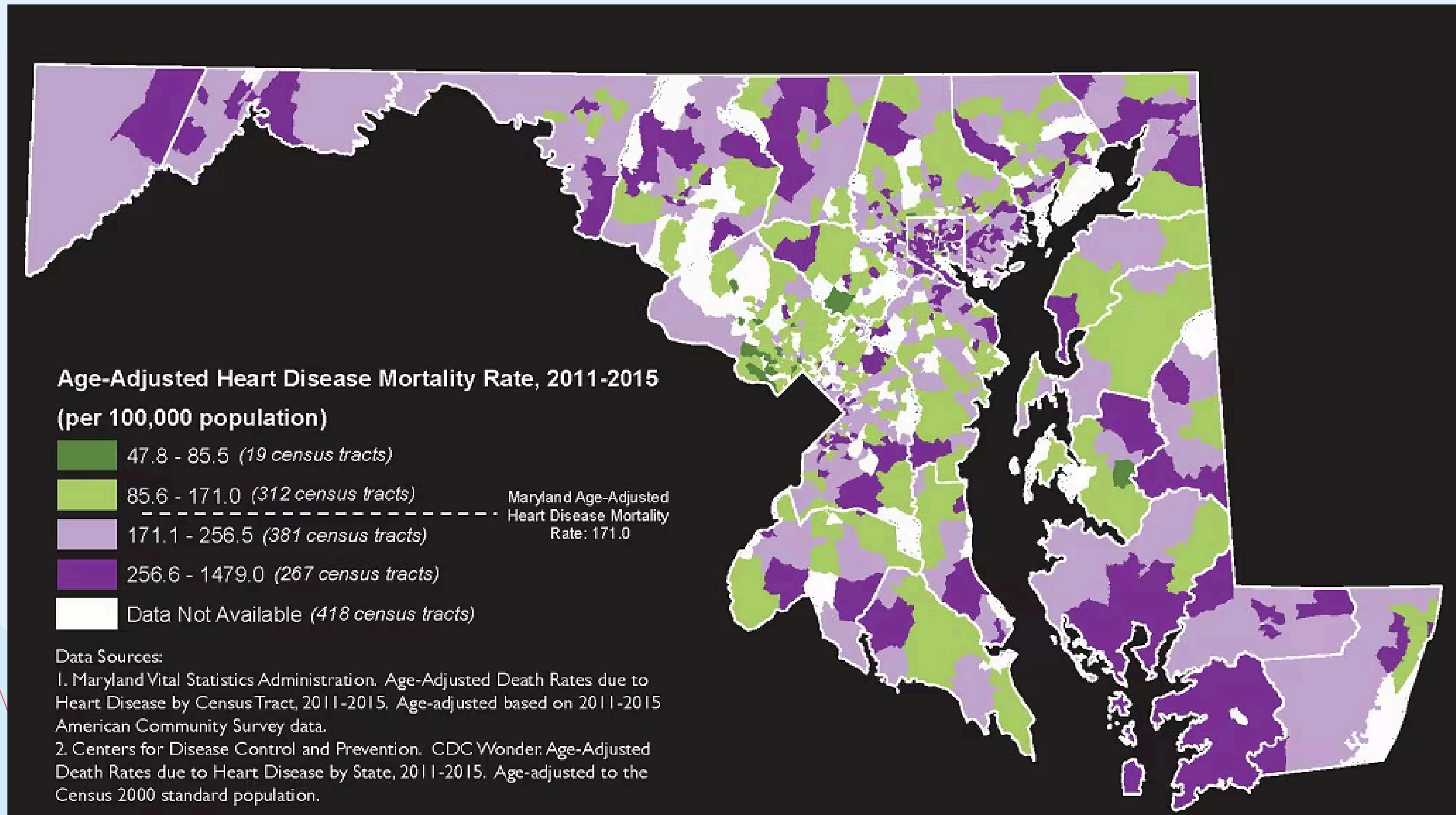


County	Overall Health Factor Rank
Baltimore City, MD	#24
Baltimore County, MD	#10

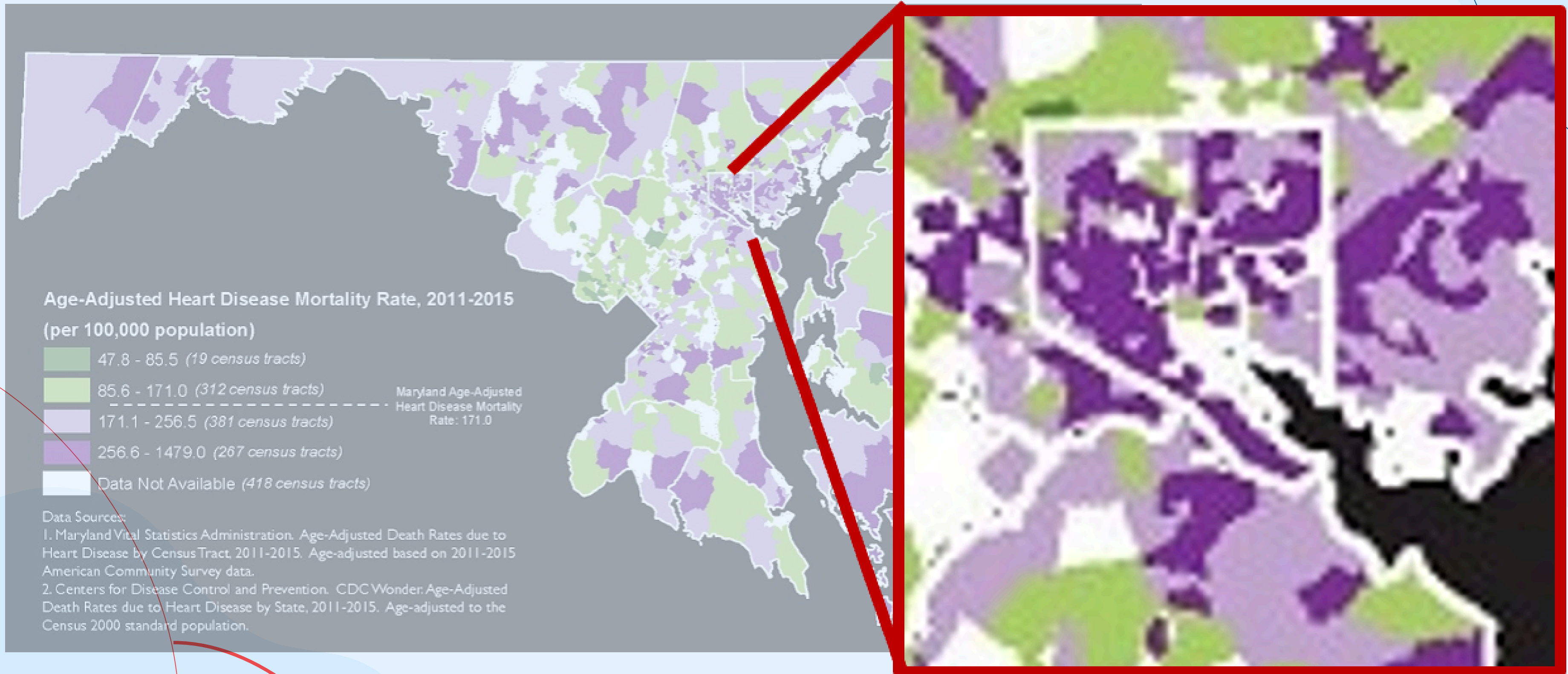
Health Factor Ranks 1 to 6 7 to 12 13 to 18 19 to 24

Source: Robert Wood Johnson Foundation, 2023 County Health Rankings

Cardiovascular Mortality

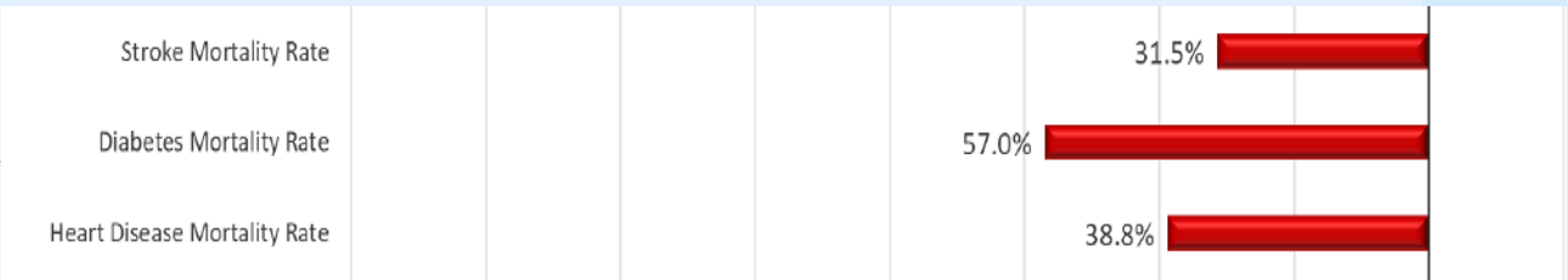


Cardiovascular Mortality



Baltimore, CHNA 2023-2024

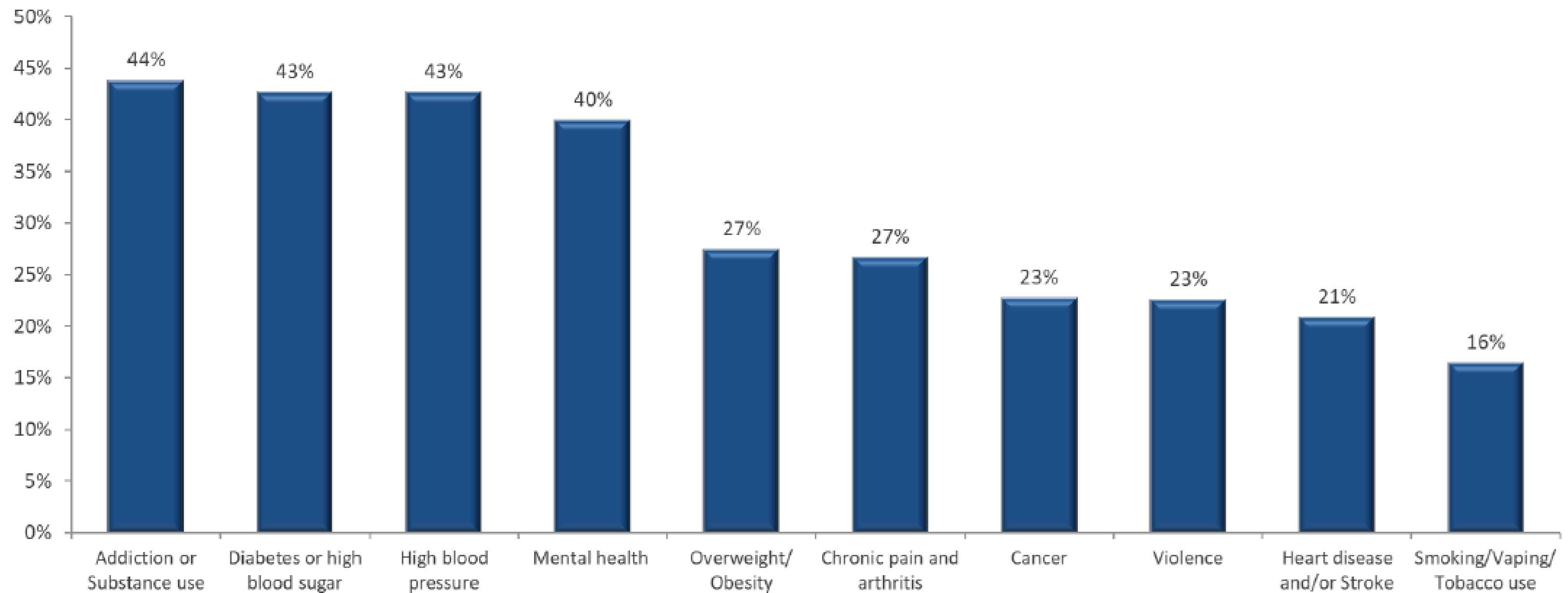
Physical Health Indicators: Variance from State



Baltimore, CHNA 2023-2024

Please select the top FIVE (5) community health needs of Baltimore City.

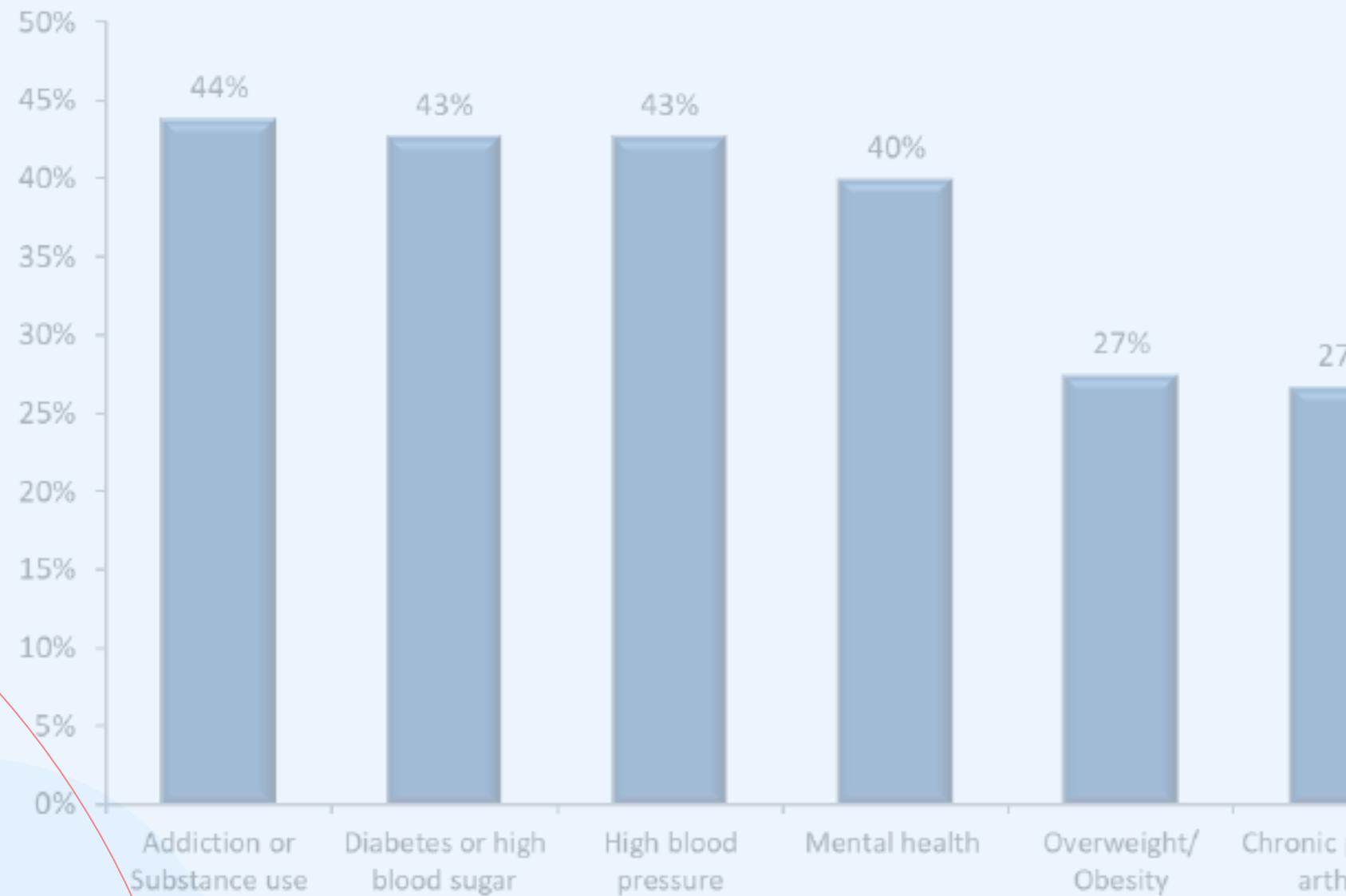
n= 2,280



Baltimore, CHNA 2023-2024

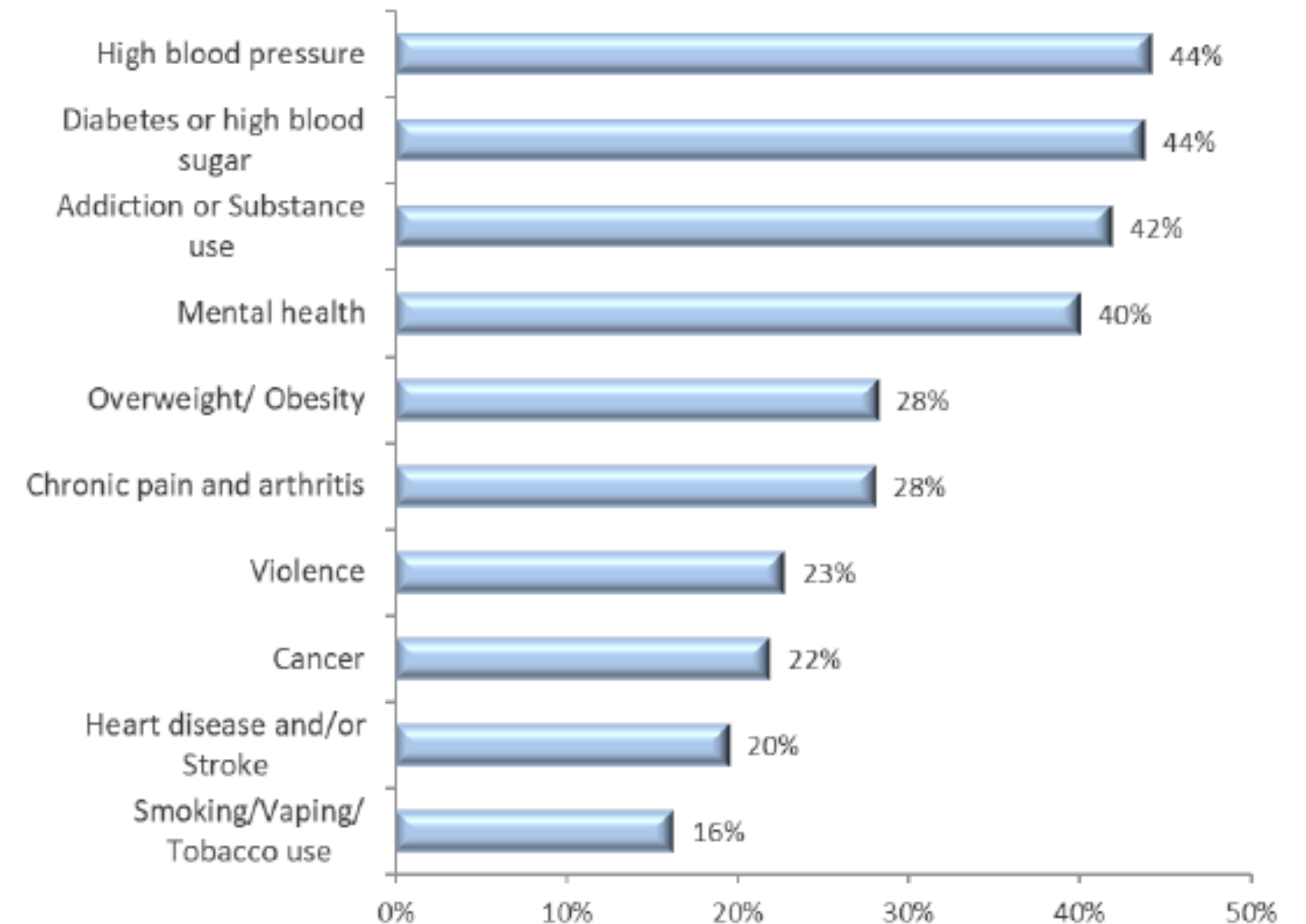
Please select the top FIVE (5) community health needs of Baltimore City.

n= 2,280



Feminine Respondents

n= 1,684



OUR PROBLEM DEFINITION

Examine the current state of preventative healthcare access for women in Baltimore in order to develop strategies to overcome identified barrier

Gain insights into the state of preventative healthcare access for women in Baltimore.

Identify barriers and develop strategies for improving access to care.

Engage with the community through interviews, research, and participation in relevant events.

Propose and execute initiatives to address the identified challenges in preventative healthcare access.

OUR APPROACH

Phase 1

Identify and analyze existing barriers to preventative healthcare and develop strategies to address them

Phase 2

Implement these strategies and assess success based on predetermined outcomes.

COMMUNITY AND EXPERT INTERVIEWS

Engaging with the Community

- Preventative care is not a focus amongst those regularly seeing a physician
- Experiences are rushed and formulaic — focused on an instant fix instead of holistic care
- Accessibility of necessary resources is uneven across neighborhoods
- Education is everything



Engaging with the Experts

- Insufficient time and administrative burdens decrease the quality of care
- Community engagement is necessary to prioritize care outside the doctor's office
- Emergency rooms are a substitute for regularly seeing a primary care provider
- Healthcare environments must be transparent and welcoming

FOCUS GROUPS

Key takeaways



- Felt a lack of autonomy and options for healthcare prior to release
- Long-lasting impact on emotional and psychological trust with providers
- Emergency rooms are often the first visit
- Frequent misdiagnoses and inappropriate treatments

“Inconsistent” “Dehumanizing” “Superficial” “Neglected” “Frustrated” “Scared”

Key takeaways



- Proliferation of unreliable clinics
- Lack of humanizing treatment for addicts/recovering addicts
- Educational and financial misunderstandings
- Lack of accessible essential resources

“Profitable” “Fighting” “Confused” “Helpless” “Discarded” “Waiting”

BALTIMORE CITY'S OFFICE OF EQUITY AND CIVIL RIGHTS
WOMEN'S COMMISSION

♥️📶 Understanding Access to 📶♥️
Healthcare for Women in Baltimore

WANT YOUR VOICE HEARD?

- Share your insights about receiving heart and vascular healthcare
- Confidential and brief survey
- Help improve our city's healthcare services

YOU'RE ELIGIBLE IF YOU:

- Identify as a Woman
- Baltimore City Resident
- 30+ Years Old

ABOUT US

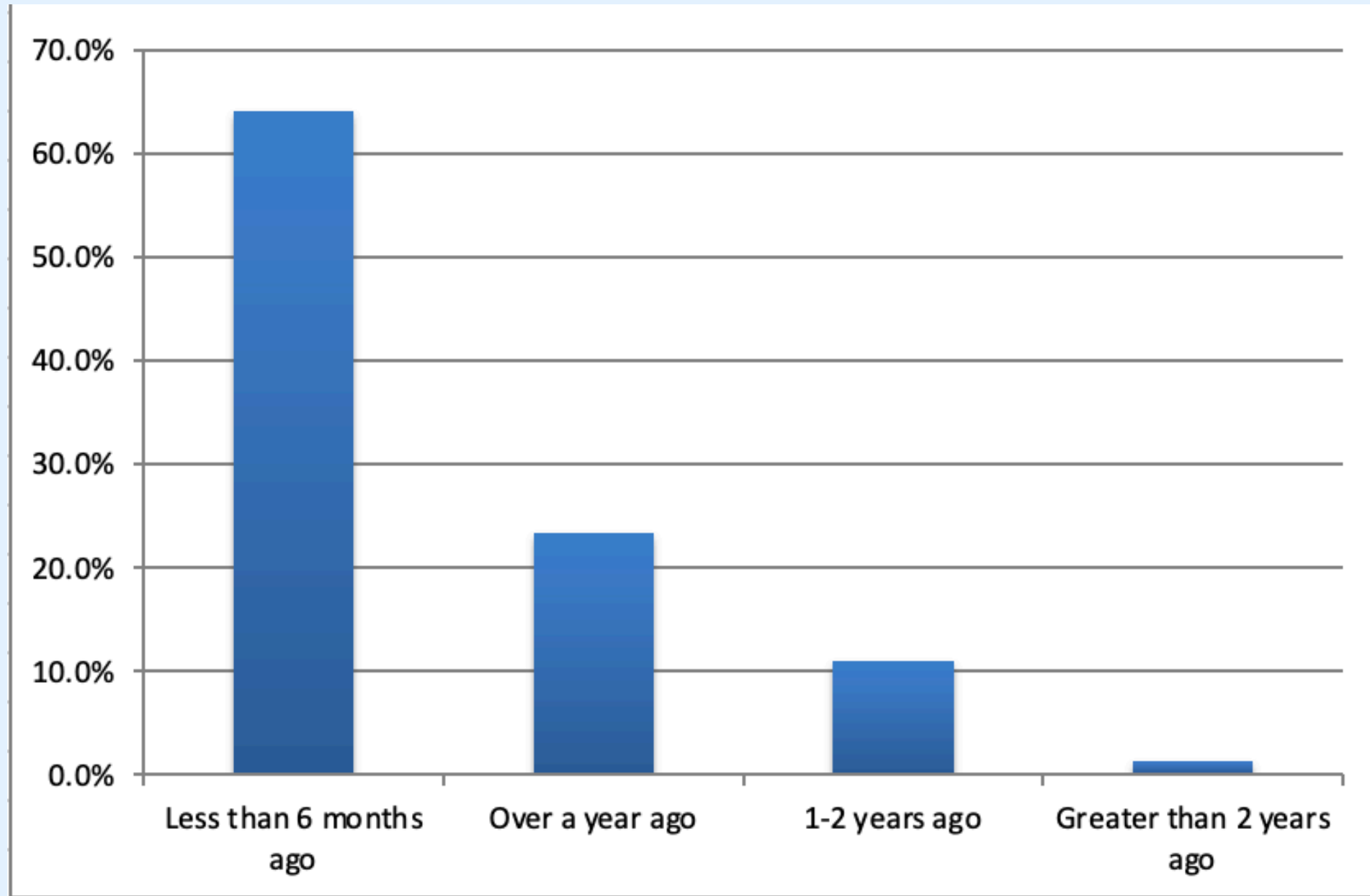
We champion equal rights, opportunities, and services for all women, non-binary, and female-assigned individuals. We educate, advise, and advocate to enhance their lives in Baltimore.

📞 410-396-3141 📧 jill.muth@baltimorecity.gov 📍 7 E Redwood St.

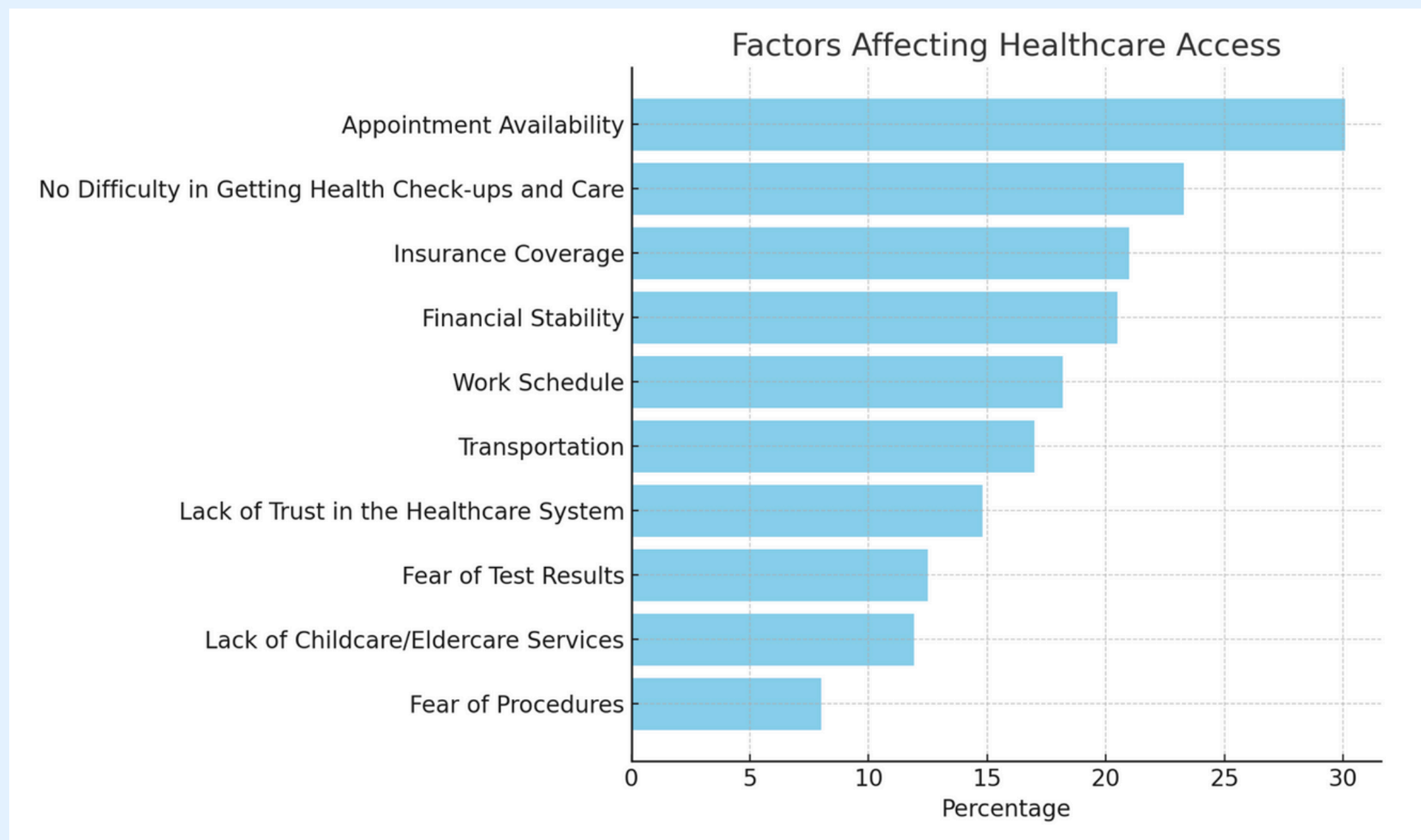


SURVEY ANALYSIS

Out of 176 respondents...



35.8% of respondents
have not seen a doctor in
over a year

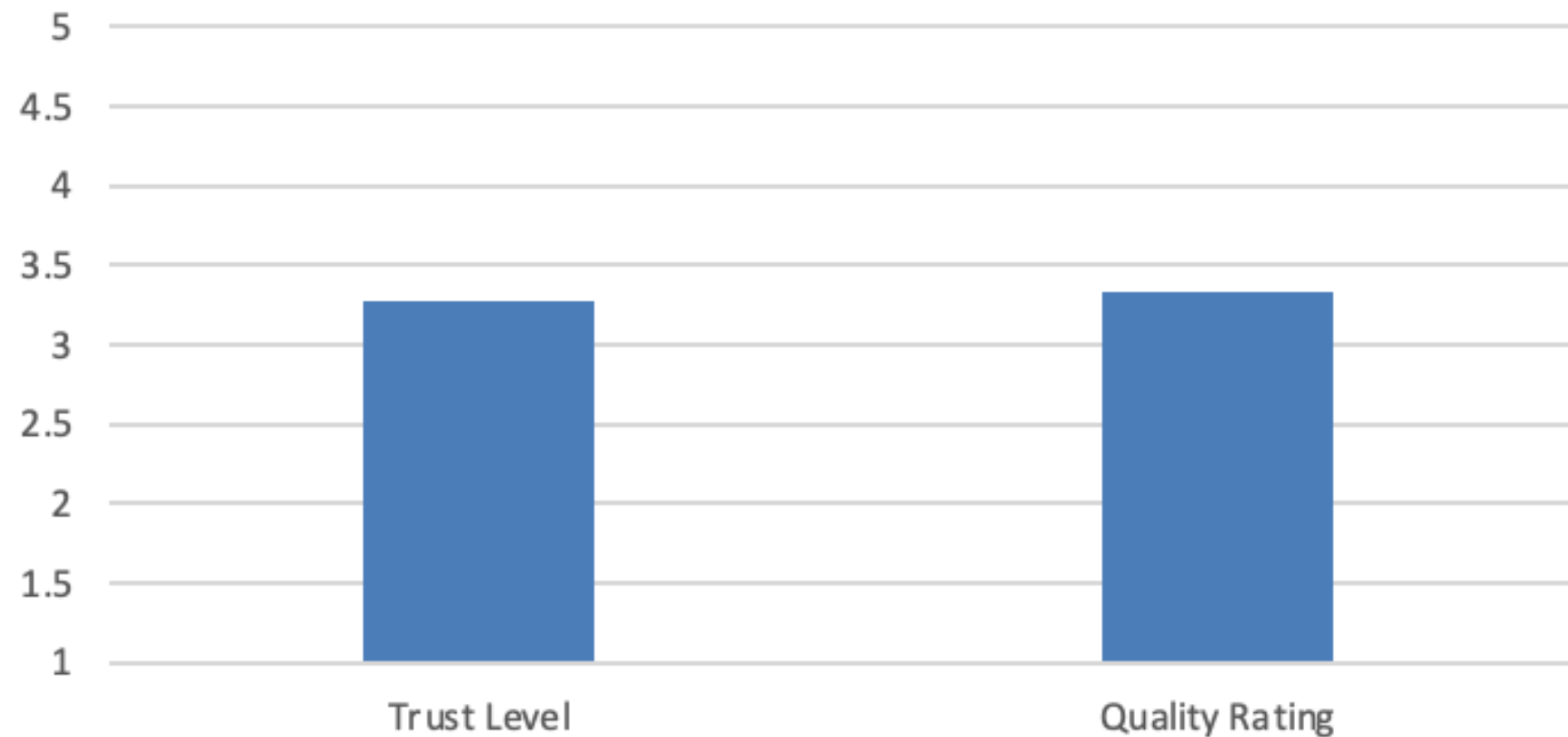


30.1% of respondents
have difficulty receiving
regular check-ups due to
appointment availability

21.0% of respondents
have difficulty receiving
regular check-ups due to
insurance coverage

20.5% of respondents
have difficulty receiving
regular check-ups due to
financial stability

Average Trust Level and Quality of Healthcare
Ratings



Close alignment between
trust and quality ratings:

Average healthcare quality
rating: **3.27 out of 5**

Average trust level rating:
3.33 out of 5

OUR EXECUTION



OUR EXECUTION



- Glen-Fallstaff Community
- 45+ years of service
- 1000+ active members
- 125 programs and classes

OUR EXECUTION



- Non-profit organization started in 2000
- Free vascular screening program (60+ years old)
- Utilizes a non-invasive ultrasound examination tool

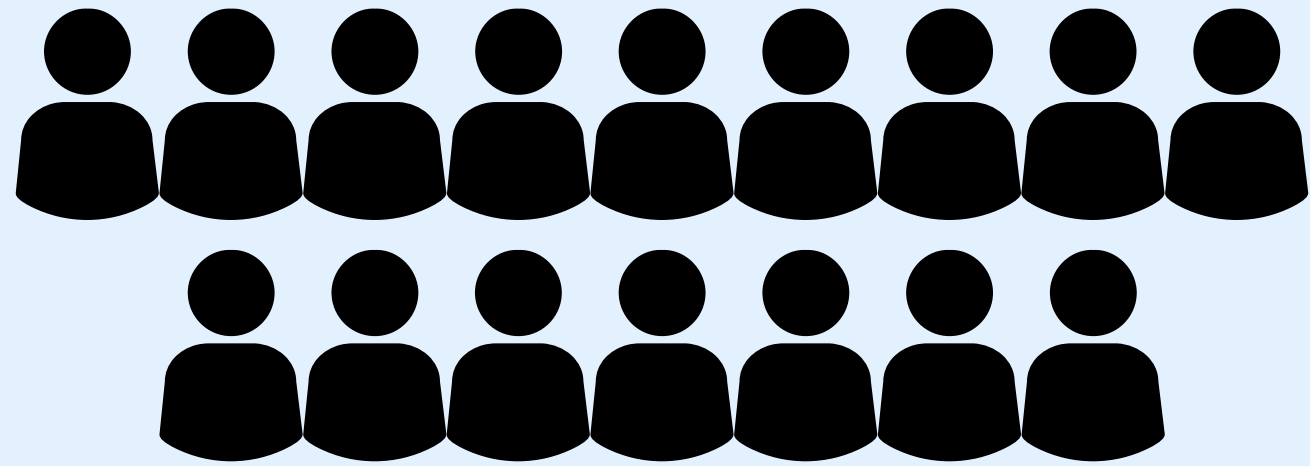


SERVICES PROVIDED:

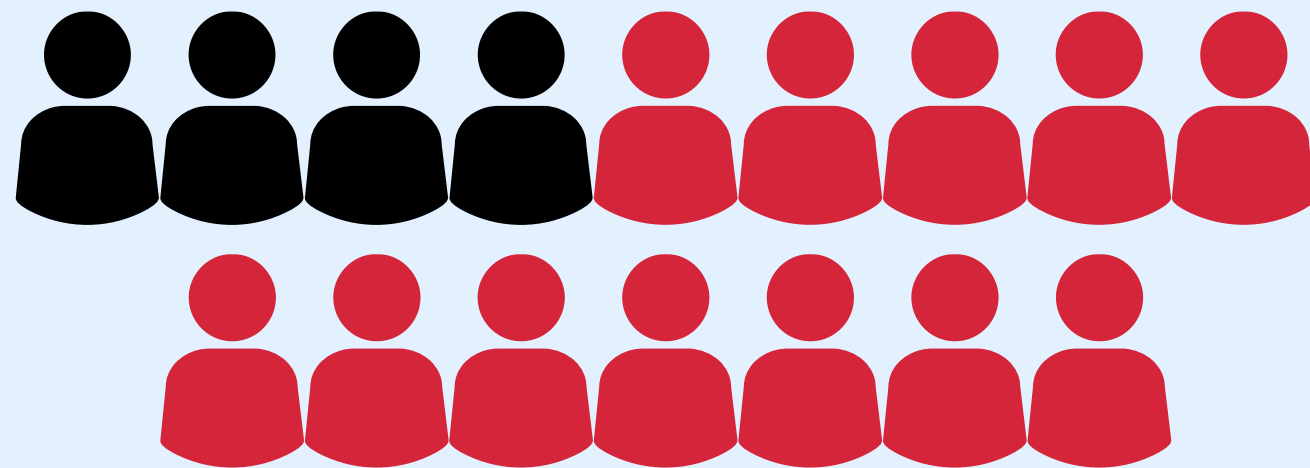
Blood Pressure
Carotid Artery Disease
Abdominal Aortic Aneurysms
Renal Artery Stenosis
Lower Extremity Arterial Disease



SCREENING ANALYSIS



16 people screened (Ages 52-84)
mean = 73




75% (n=12) of participants tested positive
for vascular disease

11 of the 12 (92%) participants who tested positive were not on appropriate medications and would have had changes in clinical care based on screenings.



KEY INSIGHTS & RECOMMENDATIONS

- 
1. Meet People Where They Are
 2. Partner with Organizations to Expand Access
 3. Engage Community Partners to Advocate and Build Trust
 4. Focus on Access for High-Risk and Marginalized Communities
 5. Support Dedicated Providers for Marginalized Populations
 6. Foster Connections Between Community-Based and Healthcare Initiatives

Thank You!

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- Mr. Caylin Young, OECR
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- Ms. Faith Metlock, JHU School of Nursing
- Dr. John Martin, Dare2Care
- Office of Equity and Civil Rights
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- Ms. Cheryl Knott, BCHD
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- Dr. Danielle Baek, UMD School of Medicine
- Ms. Jennifer Osterweil, Myerberg Center
- Dr. Rachel Pfeifer, Alumni and Executive Director at Baltimore City Public Schools
- Director Caron Watkins

Baltimore, CHNA 2023-2024

Table A4.14: Physical Health

Measure	National Benchmark	Maryland Benchmark	Baltimore City Data	Most Recent Data Year	Baltimore City Need
% Adults with Obesity	32.0%	30.9%	37.4%	2020	High
% Adults with Diabetes	9.0%	9.1%	13.4%	2020	High
% Frequent Physical Distress	9.0%	6.8%	10.1%	2020	High
% Insufficient Sleep	33.0%	34.1%	39.8%	2020	High
% Fair or Poor Health	12.0%	10.6%	39.8%	2020	High
Avg. No. of Physically Unhealthy Days	3.0	2.5	3.3	2020	High
Adolescents who are obese	N/A	15.9%	23.2%	2016	High
Adults who are not overweight or obese (%)	N/A	33.4%	33.9%	2021	Low
Age-Adjusted Death Rate from Heart Disease	N/A	163.3	226.7	2018-2020	High

Baltimore, CHNA 2023-2024

Measure	National Benchmark	Maryland Benchmark	Baltimore City Data	Most Recent Data Year	Baltimore City Need
Age-adjusted Death Rate due to Stroke	38.8	42.5	55.9	2020	High

Table A4.19: Tobacco Use

Measure	National Benchmark	Maryland Benchmark	Baltimore City Data	Most Recent Data Year	Baltimore City Need
% Smokers	16.0%	11.1%	19.2%	2020	High