# 2022 Community Health Needs Assessment

## Kaiser Permanente of the Mid-Atlantic States

Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

September 27, 2022

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# Kaiser Permanente of the Mid-Atlantic States 2022 Community Health Needs Assessment

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# Kaiser Permanente of the Mid-Atlantic States 2022 Community Health Needs Assessment

## Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente of the Mid-Atlantic States conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Kaiser Permanente of the Mid-Atlantic States first identified health needs, by service area, in priority order:

| Baltimore service area | DC and Suburban Maryland service area | Northern Virginia service area |
|---|---|---|
| 1. Access to care<br>2. Mental & behavioral health (including substance use)<br>3. Community safety<br>4. Cancer<br>5. Sexual health (tie)<br>Transportation (tie) | 1. Access to care<br>2. Sexual health<br>3. Community safety<br>4. Cancer<br>5. Mental & behavioral health (including substance use) (tie)<br>Housing (tie)<br>Income & employment (tie) | 1. Income & employment<br>2. Healthy Eating Active Living opportunities<br>3. Community safety (tie)<br>Housing (tie)<br>Sexual health (tie)<br>4. Mental & behavioral health (including substance use) |

For the 2022 CHNA, Kaiser Permanente of the Mid-Atlantic States has identified the following significant health needs, in priority order:

1. Access to care
2. Housing
3. Mental & behavioral health
4. Sexual health
5. Income & employment

To address those needs, Kaiser Permanente of the Mid-Atlantic States has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at https://www.kp.org/chna.

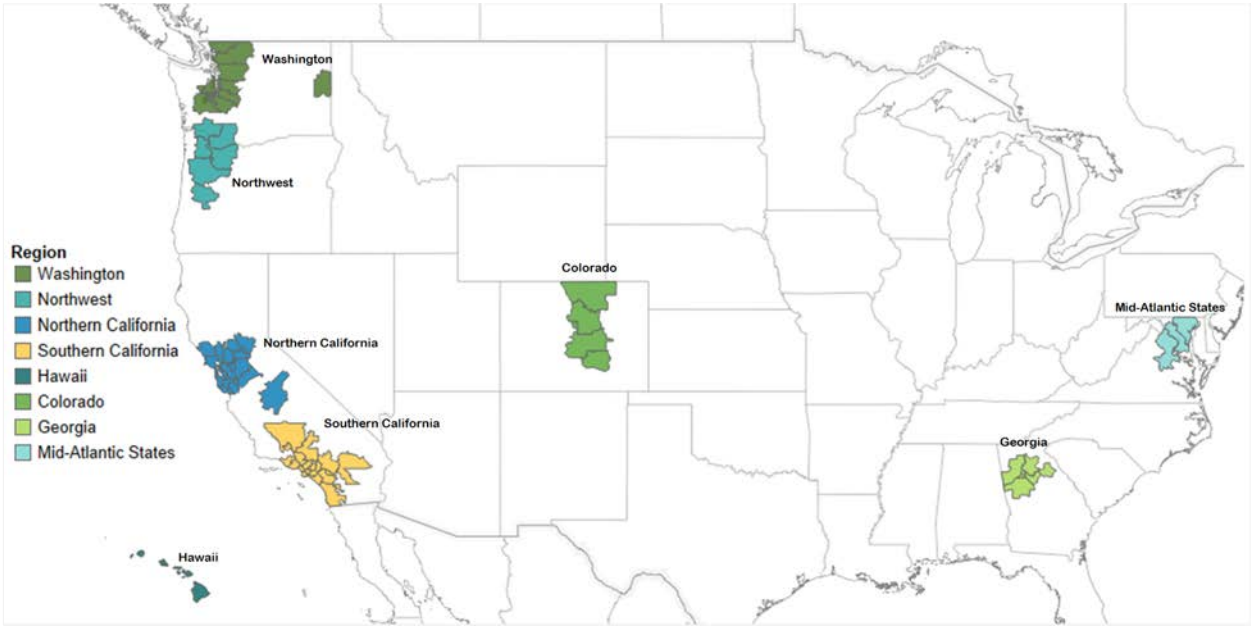
# Introduction/background

## About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



## About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals, and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.5 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at https://about.kaiserpermanente.org/community-health.

## Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

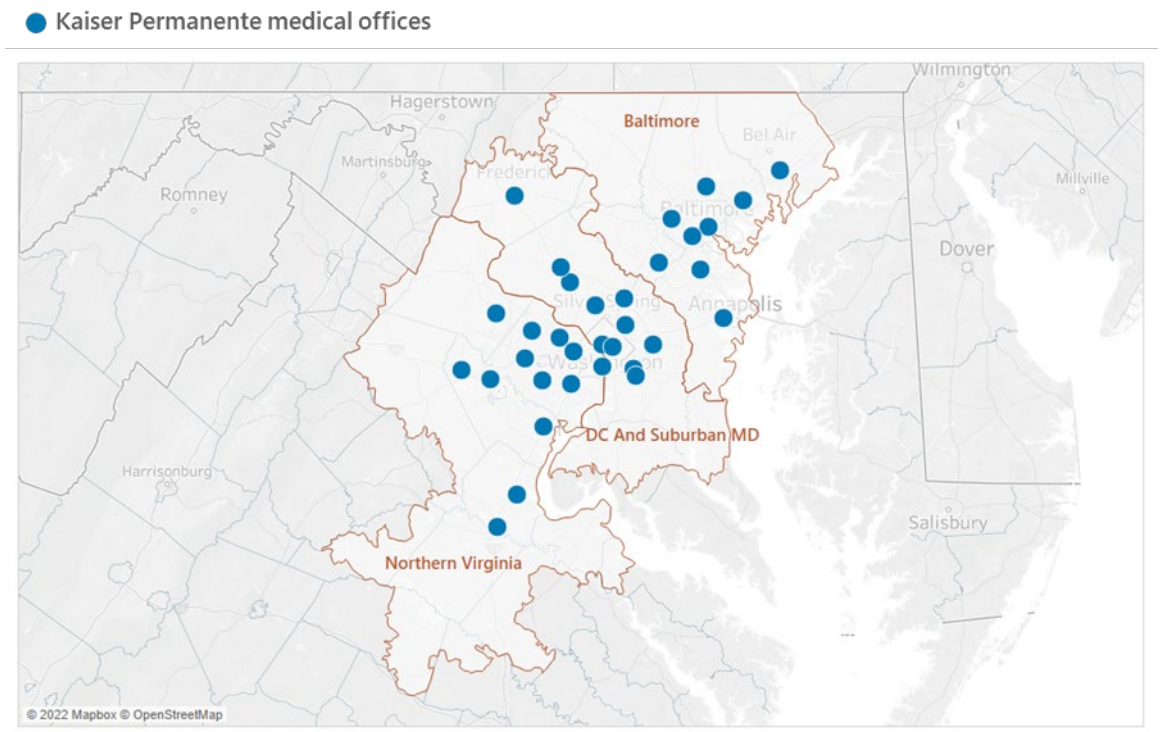
Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

The Kaiser Permanente of the Mid-Atlantic States 2022 CHNA report and three-year IS are available publicly at https://www.kp.org/chna.

# Community served

Kaiser Permanente defines the community served as those individuals residing within its service area. The Kaiser Permanente of the Mid-Atlantic States service area includes all residents in a defined geographic area surrounding its medical facilities and does not exclude low-income or underserved populations.

## Mid-Atlantic States region and service areas



## Mid-Atlantic States region demographic profile

| Total population: | 8,913,622 |
|---|---|
| American Indian/Alaska Native | 0.2% |
| Asian | 9.5% |
| Black | 26.7% |
| Hispanic | 13.9% |
| Multiracial | 3.0% |
| Native Hawaiian/other Pacific Islander | 0.1% |
| Other race/ethnicity | 0.2% |
| White | 46.4% |
| Under age 18 | 22.6% |
| Age 65 and over | 13.4% |

## Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous Populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

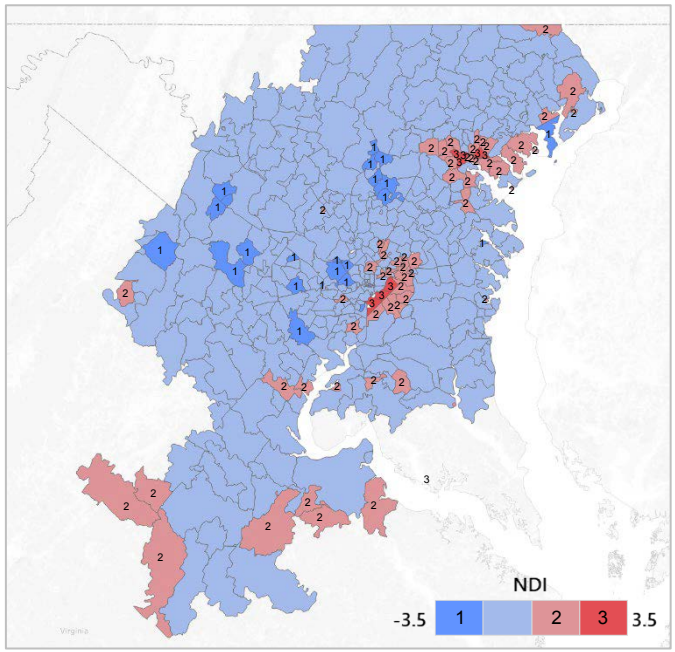
## Neighborhood disparities in the Mid-Atlantic States region

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

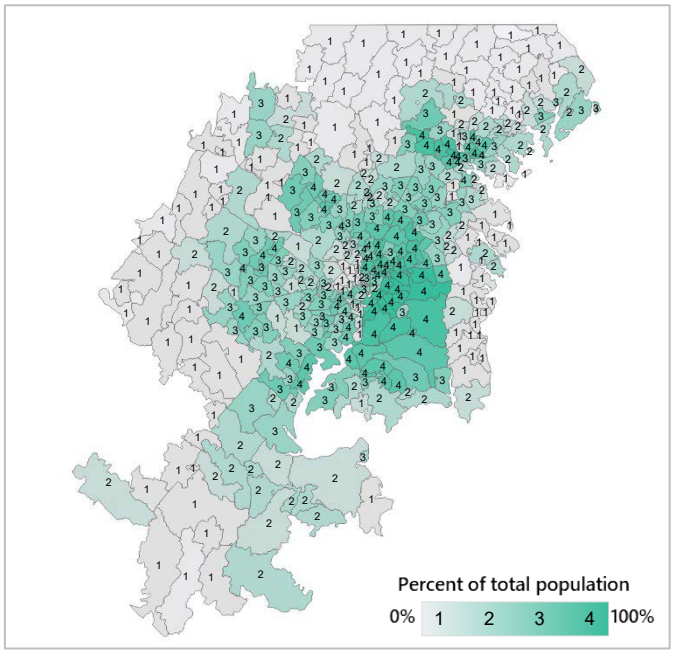
The map on the left shows the NDI for ZIP codes in the Mid-Atlantic States region. Areas with the highest NDI often are those with the highest proportion of people of color, shown in the map on the right.

### MID-ATLANTIC STATES REGION

Neighborhood Deprivation Index




People of color




# Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to

improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

## Hospitals and other partners that collaborated on the CHNA

No other hospitals or partner organizations collaborated on this assessment.

## Consultants who were involved in completing the CHNA

The Center for Community Health and Evaluation (CCHE) provided support with secondary and primary data collection, data analysis, and the writing of this report. CCHE designs and evaluates health-related programs and initiatives throughout the United States and brings experience conducting tailored needs assessments and engaging stakeholders. CCHE is part of Kaiser Permanente Washington Health Research Institute.

## Methods used to identify and prioritize needs

### Secondary data

Kaiser Permanente’s innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

### Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente of the Mid-Atlantic States Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners’ data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

### Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area’s previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas’ most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente of the Mid-Atlantic States had not received written comments about the previous CHNA report.  Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente of the Mid-Atlantic States staff.

### Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente of the Mid-Atlantic States has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, https://www.kp.org/chna.

# Identification and prioritization of the community's health needs

## Process for identifying community needs in the Mid-Atlantic States region

Before beginning the prioritization process, Kaiser Permanente of the Mid-Atlantic States Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of COVID-19 on the need.
- **Community priority:** The community prioritizes the issue over other issues.
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors.
- **Service area priorities:** The region generated a list of top health needs in each of the three service areas, then aggregated the findings to develop the list of regional priorities.

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente of the Mid-Atlantic States Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the five significant health needs.

## Description of prioritized significant health needs in the Mid-Atlantic States region

**1. Access to care:** Rates of uninsurance in the Kaiser Permanente Mid-Atlantic States region were lower than the national average — 6.6 percent for the period 2015-2019. However, Medicaid/public insurance enrollment rates for the same time period were 22 percent worse than the national average. All key informants shared that access to care is a high need. They shared concerns around the availability of preventative services such as blood pressure, diabetes, and cholesterol screening. Key informants noted that a barrier for those with limited English proficiency was lack of health care staff who speak their language. They cited the importance of a culturally reflective and competent health care workforce.

**2. Housing:** All key informant shared that housing is a need in the Mid-Atlantic States region. In March 2022, the average price of a typical single-family residence in the Baltimore metropolitan area was $374,000, in the D.C. metropolitan area it exceeded $570,000, and in Northern Virginia ranged from $464,900 in Spotsylvania County to $654,656 in Loudoun County. Key informants noted that disinvestment, racism, and constant barriers to accessing supports makes owning a safe affordable home out of reach for many. Some organizations are exploring group housing models that feel less institutional and more communal, working with residents to co-create spaces that meet their needs.

**3. Mental & behavioral health:** Mental and behavioral health is a top concern in the Mid-Atlantic States region. One key informant noted “mental health issues are huge and that we have to continue to invest in it.” Mental health workforce capacity was repeatedly mentioned, especially the lack of adequate culturally appropriate resources. Key informants shared that Black and Latino/a communities especially experience barriers to caring for their mental health including racism, stigma, and mistrust. Other areas of need include addressing youth violence and substance misuse.

**4. Sexual health:** In the District of Columbia and Maryland rates of chlamydia and primary and secondary syphilis are worse than the national benchmark. This is a reminder that taking action to reduce sexually transmitted infections (STIs) is still a need and an area of focus. Key informants shared that STIs are a concern for the LGBTQ+ and homeless populations. Interviewees also identified that those who use substances may also be at a higher risk for STIs. HIV/AIDS prevalence and HIV/AIDS deaths are more than 20 percent worse than the national benchmark in the Baltimore and DC and Suburban MD service areas. Key informants noted the importance of increasing the capacity of the health care workforce to provide gender affirming care and that this especially important for youth and young adults.

**5. Income & employment:** There are disparities in economic security across the Mid-Atlantic States region. Income inequality is higher in urban cores as well as further out suburban areas. Income varies considerably across the region. For example, 2015–2019 median household income in the DC and Suburban MD service area ranged from under $40,000 in some DC neighborhoods located in Ward 8 with a majority population of people of color to over $200,000 in the Maryland and Virginia suburbs that have a majority white population. In Northern Virginia “islands of disadvantage” — clusters of census tracts where residents face multiple challenges, including poverty, poor education, unaffordable housing, and lack of health insurance — are often located near areas of influence. In the region, median household income for Black residents is less than that of white residents. Residents in the region who experience economic insecurity must make choices between putting food on the table, paying rent or accessing healthcare. Some key informants shared that across the region the food safety net strengthened. Noting that “through myriad partners, food, banks, churches, and community centers” millions of pounds of food were distributed across the region.

## Health need profiles

Detailed descriptions of the significant health needs in the Mid-Atlantic States region follow.

# Health need profile: Access to care

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Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

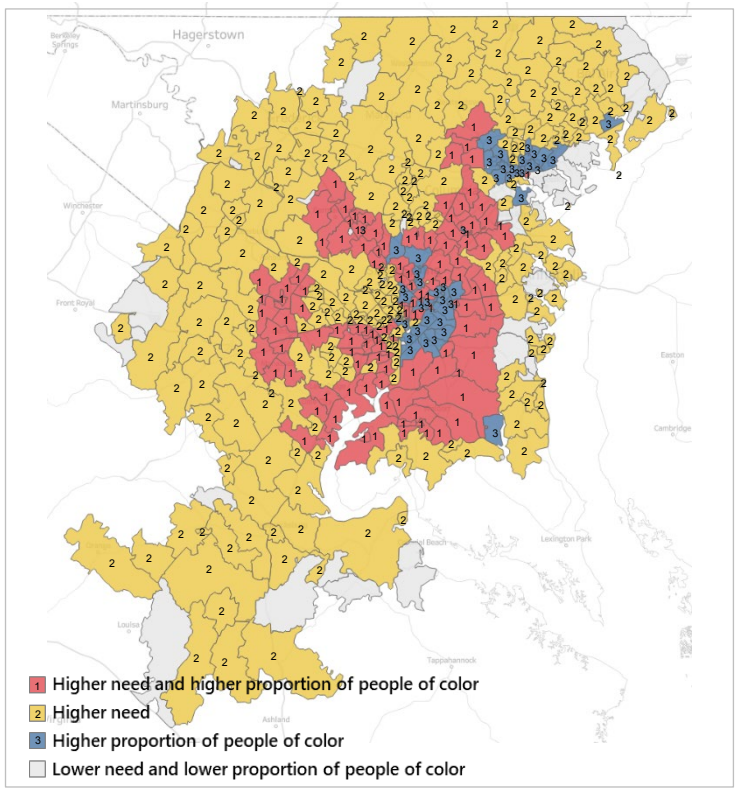
Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

## Health care coverage

Rates of uninsurance in the Kaiser Permanente Mid-Atlantic States region were lower than the national average — 6.6 percent for the period 2015-2019. However, Medicaid/public insurance enrollment rates for the same time period were 22 percent worse than the national average. While Maryland and the District of Columbia adopted Medicaid expansion in 2014, Virginia did not adopt it until January 2019 (enrollment began November 2018). As the map below shows, most ZIP codes in the Mid-Atlantic States region have low enrollment rates. Increasing enrollment in Medicaid/public insurance enrollment is linked to lower rates of mortality, increased treatment of chronic conditions, and improved maternal mortality and infant health outcomes.[1]

### MEDICAID/PUBLIC INSURANCE ENROLLMENT, MID-ATLANTIC STATES REGION, 2015-2019

Areas shaded yellow (2) are ZIP codes with Medicaid/public insurance enrollment rates lower than the national average (i.e., higher need), and areas shaded red (1) are ZIP codes with Medicaid/public insurance enrollment rates lower than the national average and where more than half the population is people of color.




*Source: Kaiser Permanente Community Health Data Platform*

## Cancer

In the Mid-Atlantic States region, the incidence of breast cancer and prostate cancer is worse than the national benchmark. In the Baltimore and DC and Suburban MD service areas the incidence of prostate cancer is more than 20 percent worse than the national average. In the Northern Virginia service area, the incidence of prostate cancer is slightly better than the national average. Kaiser Permanente of the Mid-Atlantic States conducts more preventative screenings for breast, cervical, and colorectal cancer compared to the national average.[2]

### PREVENTATIVE CANCER SCREENING RATES, 2021

| | Kaiser Permanente of the Mid-Atlantic States | National Average |
|---|---|---|
| Breast cancer screening | 86% | 72% |
| Cervical cancer screening | 91% | 74% |
| Colorectal cancer screening | 85% | 62% |
| Immunizations for adolescents HPV | 59% | 24% |

*Source: NCQA Commercial Health Plan Ratings 2021*

Connecting to service providers is the biggest challenge. When we identify a need then there's either a really, really, long wait to get care, or there's nothing available.

– Public health leader

## Transportation

Transportation is a moderate need in the Mid-Atlantic States region. Key informants shared that transportation is a barrier to accessing care. They noted that the costs associated with reliable and accessible transportation preclude people in some cases from going to a doctor's appointment or going to get vaccinated. They suggested that health care providers should form partnerships to create opportunities for ride sharing and subsidizing rides from Uber and Lyft.

## Community concerns

Key informants noted that a barrier for those with limited English proficiency was lack of health care staff who speak their language. They cited the importance of a culturally reflective and competent health care workforce. Several mentioned mistrust by communities of color of the health care system, in part due to past discrimination. They stressed that access to health care means people feel safe and listened to, including sensitivity to intersectional identifies.

In Northern Virginia, informants shared that the Mason and Partners (MAP) Clinics are helping to address this need in the community. They are working to improve access to healthcare for low income, underserved, and uninsured patients. Often these individuals reside in “islands of disadvantage” — clusters of census tracts where residents face multiple challenges, including poverty, poor education, unaffordable housing, and lack of health insurance.

Sometimes folks fall between the cracks. A lot of our immigrant or undocumented population may be nervous about seeking health care. How do we meet them where they are? I think being able to be mobile with some of our service and really being nimble with some of our services.

- Health care representative

## Workforce capacity

All key informants said that access to care remains a critical health need. According to several, primary care workforce capacity is a significant concern, worsened by the COVID-19 pandemic, with critical shortages of nurses, partly because of bottlenecks in nursing training programs. They shared concerns around the availability of preventative services such as blood pressure, diabetes, and cholesterol screening.

Many health care providers had to pivot to COVID-19 testing and vaccination, and there is a considerable degree of burnout, especially in the safety net and in schools. It is also expected there will be effects in other health outcomes with the access limitations from the pandemic.

[1]Building on the Evidence Base: Studies on the Effects of Medicaid Expansion, February 2020 to March 2021. May 6, 2021

[2] NCQA Commercial Health Plan Ratings 2021

[3]Getting Ahead: The uneven opportunity landscape in Northern Virginia, 2017

# Health need profile: Housing

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## Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color — especially Black community members — have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Black and Hispanic renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

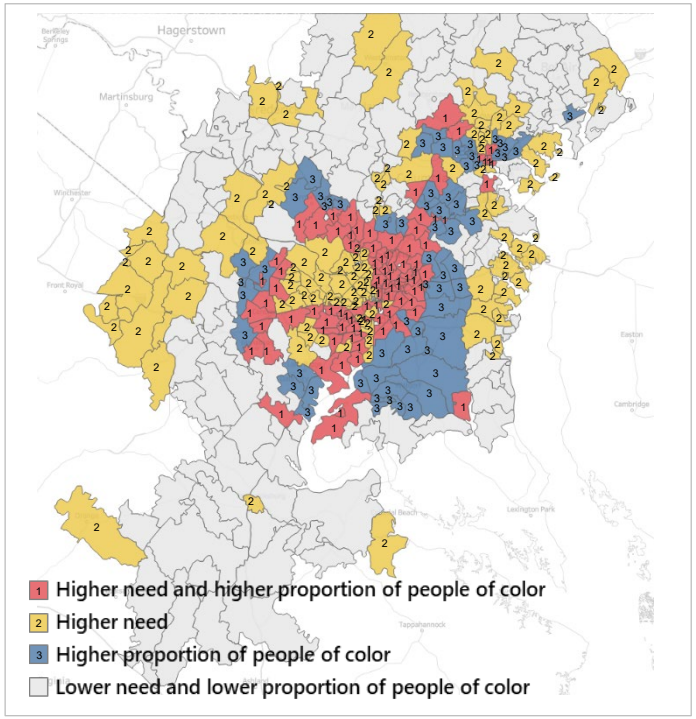
Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

## Housing affordability

All key informants shared that housing is a need in the Mid-Atlantic States region. In March 2022, the average price of a typical single-family residence in the Baltimore metropolitan area was $374,000, in the D.C. metropolitan area it exceeded $570,000, and in Northern Virginia ranged from $464,900 in Spotsylvania County to $654,656 in Loudoun County. Prices of homes have increased 20-25 percent in the past two years in the Mid-Atlantic States region.[1] As housing costs increase, people are forced to move farther and farther away from where health and social services are located, causing the affordability crisis to trickle out even to suburban and rural geographies.

### HOUSING AFFORDABILITY INDEX, 2015-2019

Housing costs are high across the Mid-Atlantic States region. ZIP codes shaded yellow (2) are places with low housing affordability, i.e., where residents have a lower than average ability to purchase a home ("higher need"); those shaded red (1) are places with low housing affordability and where more than half of the population is people of color.




*Source: Kaiser Permanente Community Health Data Platform*

## Homelessness

While the number of individuals experiencing homelessness is decreasing in both the Baltimore and DC metropolitan areas, the number of people experiencing chronic homelessness remains the same. [2,3] During the pandemic the ways in which individuals experience homelessness shifted. Informants reported that encampments increased, especially as shelters closed or reduced capacity. Additionally, investments were made to provide more transitional and permanent supportive units. Connecting individuals experiencing all types of homelessness — e.g., chronic, episodic, hidden, and transitional — to resources is a major focus for many organizations in the Mid-Atlantic States region.

> We need additional permanent supportive housing options instead of just scattered site vouchers, which is the way the majority of vouchers in DC are managed. We should have more site based housing with medical on site and maybe even meals because we have an aging and medically vulnerable population who in many cases won't ever cook for themselves or be able to care for themselves.
>
> – Health care leader

Key informants noted that disinvestment, racism, and constant barriers to accessing supports makes owning a safe affordable home out of reach for many. Some organizations are exploring group housing models that feel less institutional and more communal, working with residents to co-create spaces that meet their needs.

> We are dealing with one of the most vexing moral scourges in the 21st century, and that is that a person in the wealthiest country in the world has to live unhoused. One of the biggest challenges is addressing the needs of the unhoused.
>
> – Public health leader

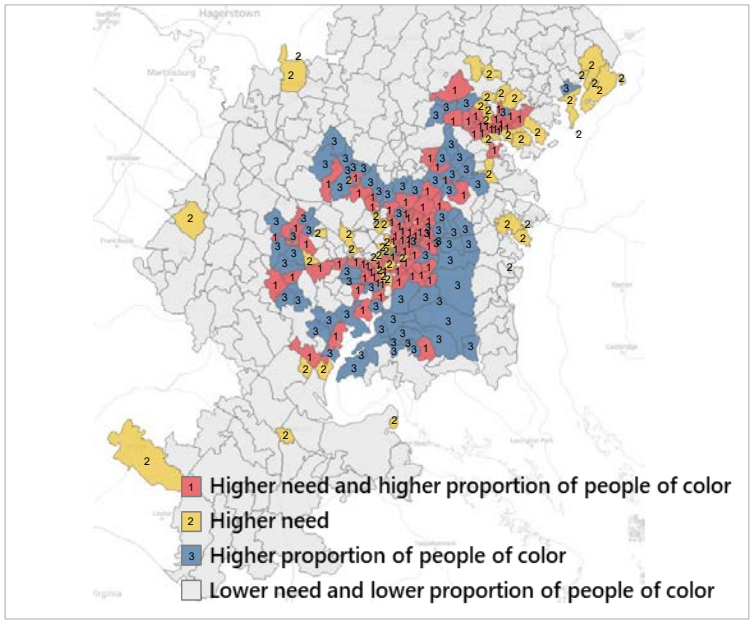
[1]Zillow Research. Zillow Home Value Index.
[2]The Community Partnership for the Prevention for Homelessness. District of Columbia 2022 Point-in-Time.
[3]HUD Exchange. 2021 CoC Homeless Population and Subpopulation Report – Maryland.
[4]Chapple, K., & Thomas, T., and Zuk, M. (2021). Urban Displacement Project website. Berkeley, CA: Urban Displacement Project

## Housing Insecurity

In the region, median rental costs exceed $1,650, which is 45 percent worse than the national average. In addition, almost one third of households experience a moderate or severe housing cost burden. Many communities in the region are considered to have high "housing precarity" — i.e., the risk of losing housing is high due to displacement or eviction.[4] According to the Urban Displacement Project, more than 160,000 residents from across the region live in neighborhoods with the highest level of precarity. Communities of color — where levels of home ownership are lower — are at particular risk for eviction, displacement, and long-term poverty. The report, Getting Ahead: The uneven landscape in Northern Virginia, found that in 60 census tracts, representing 257,000 persons, more than one third of rental households reported severe cost burdens,

### PERCENT OF POPULATION THAT OWNS A HOME, 2015-2019

Areas shaded red are ZIP codes with home ownership rates lower than the national average (i.e., higher need) and where more than half the population is people of color




*Source: Kaiser Permanente Community Health Data Platform*

# Health need profile: Mental & behavioral health

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Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities.

Anxiety, depression, and suicide ideation are on the rise due to the COVID-19 pandemic, particularly among Black and Hispanic Americans.

Those facing challenges related to lower economic opportunity often experience high levels of stress in their daily lives, coupled with fewer resources for coping. Children and youth experiencing stress have an increased likelihood of poorer mental and physical health.

Deaths of despair — those due to suicide, drug overdose, and alcoholism — are on the rise, and males, American Indian/Alaska Native people, and those who are unemployed are at greater risk.

Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. At the same time, rapid adoption of digital platforms for behavioral health services has helped reduce barriers to in-person mental health care.

Mental and behavioral health is a top concern in the Mid-Atlantic States region. One key informant noted "mental health issues are huge and that we have to continue to invest in it." Mental health workforce capacity was repeatedly mentioned, especially the lack of adequate culturally appropriate resources. Key informants expressed concern over the switch to telehealth. Although this was beneficial for some, informants noted that the most vulnerable such as individuals experiencing homelessness, lower income households, and LGBTQ+ youth, may not have the resources to take advantage of this service.

> Individuals who may have been suffering prior to the pandemic are potentially being cut off from services because they don't have access to telehealth.
>
> – Nonprofit leader

Access to mental health care for Latino/a communities is a challenge, in part because of stigma and in part because behavioral health issues are under-diagnosed. Informants noted that there is a sense of not needing to access mental health services within Latino/a communities. However, the need is greater than ever as households are "facing a lot of trauma and PTSD through different situations at home such as food scarcity and possible eviction issues."

Several key informants also mentioned that communities of color experience a historical legacy of trauma and disinvestment, which has resulted in residents experiencing high levels of stress and anxiety. As one informant noted "black and brown communities have poor health outcomes in general compared to their white counterparts. The stress, the stressors in the environment, the stressors of racism in society and all that kind of things lead to worse outcomes."

> You still have a significant portion of the black population that is left struggling and facing some significant difficulties compared to other persons of color living in different parts of the region.
>
> – Health care leader

## Violence

During the pandemic, violence increased. Informants mentioned that stay-at-home orders, remote working and learning, and shutdowns put households in close contact with one another. This led to an increase in domestic violence and child abuse. One informant shared that as schools reopened "there was an escalated amount of violence in our schools because of the pandemic and it has to do with mental health that hasn't been addressed." More than 55 percent of principals who responded to the Maryland Youth Pandemic Behavior Survey reported that disruptive behaviors, physical or verbal conflict, and discipline referrals increased in schools during the 2021-22 school year.

> I do think there was a heightened level of anxiety for the students, for the parents, for teachers, for employers, for spouses. People who were really pressed to the edge mentally and emotionally.
>
> – Social service provider

Others noted concern for youth being exposed to violence. Noting that young people are experiencing ongoing trauma and witnessing violence in their communities.

> I think that that we really need to better address violence and that will help us address maybe some of the long term health implications of kids being exposed to it for a long period of time.
>
> – Health care leader

## Mental health of youth

The mental health of youth was top of mind for more than half of the key informants. Many stressed that youth, especially teenagers, struggled with their mental health during the pandemic. This included increased thoughts of feeling sad, depressed, and/or stressed.

## Substance misuse

The region, which has had high rates of opioid use even before overdose was named as an epidemic, continues to take action to address addiction. Recent data from the National Center for Health Statistics finds that the age-adjusted rate of drug overdose deaths increased 31 percent from 2019 to 2020. Key informants shared concern that alcohol and opioid use are increasing in the region. One noted an increase in opioid overdoses in public spaces. There was also a concern for an increase in fatalities linked to Fentanyl.

### OPIOID OVERDOSE DEATHS BY SERVICE AREA, MID-ATLANTIC STATES REGION, 2015-2019

| | Baltimore service area | DC and Suburban MD service area | Northern Virginia service area |
|---|---|---|---|
| Opioid overdose deaths (per 100,000 population) | 44.3 | 16.2 | 9.8 |

*Source: Kaiser Permanente Community Health Data Platform*

Individuals who relied on suboxone or methadone struggled to access care during the pandemic. One informant shared how they partnered with other community organizations to implement a mobile clinic that meets people where they are whether that be a park bench, the library steps, or a shelter.

> I think it's so it's so critical meeting people where they are not just because of access but because I also think it engages people differently and it builds trust within the community.
>
> – Public health leader

Kaiser Permanente of the Mid-Atlantic States

# Health need profile: Sexual health

KAISER PERMANENTE®

Improving sexual and reproductive health is essential to eliminating health disparities and ensuring opportunities for health and well-being, especially for youth and young adults.

Human immunodeficiency virus (HIV) remains a health concern in the U.S., with approximately 38,000 new infections reported each year. Black males are over six times as likely to acquire HIV during their lives than white men, yet they are much less likely to be aware of the availability of Pre-Exposure Prophylaxis (PrEP).

Although many sexually transmitted infections (STIs) are preventable, more than 20 million new cases are reported in the U.S. each year, and teens and young adults are particularly at risk. The most common STI is chlamydia, which is associated with increased risk of cervical cancer and infertility.

While both teen pregnancies and unplanned pregnancies continue to decline, it is estimated that nearly half of pregnancies each year are unintended. Associated risks include low birth weight, postpartum depression, delays in receiving prenatal care, and family stress.

Women with lower incomes have the least access to family planning through employer-sponsored insurance, and access to publicly funded family planning services is uneven across the U.S.

## Sexually transmitted disease

In the District of Columbia and Maryland rates of chlamydia and primary and secondary syphilis are worse than the national benchmark. This is a reminder that sexually transmitted infections (STIs) are still a need and an area of focus. It is important to note that surveillance data was impacted by the pandemic. While the full effect is not known, when initial stay-at-home orders began in March and April 2020 the number of reported STIs rapidly fell.[1]

Key informants shared that STIs are a concern for the LGBTQ+ and homeless populations. Interviewees also identified that those who use substances may also be at a higher risk for STIs. Particularly for intravenous drug users, the risk of infection for some diseases is directly related to needle use and can be mitigated with harm reduction strategies such as free needle exchanges. In addition, the connection between mental health struggles within the LGBTQ+ community may lead individuals to substances and therefore be at higher risk of contracting an STI. Individuals may experience stigma and discrimination which can lead to stress and complicate other mental health conditions.

### STD SURVEILLANCE REPORT, BY STATE, 2020

Rates of sexually transmitted disease per 100,000 population

| | District of Columbia | Maryland | Virginia | US |
|---|---|---|---|---|
| Chlamydia | 908.7 | 535.9 | 479.9 | 481.3 |
| Gonorrhea | 549.6 | 199.3 | 178.3 | 206.5 |
| Primary and secondary syphilis | 35.0 | 14.4 | 8.2 | 12.7 |

*Source: Center for Disease Control and Prevention*

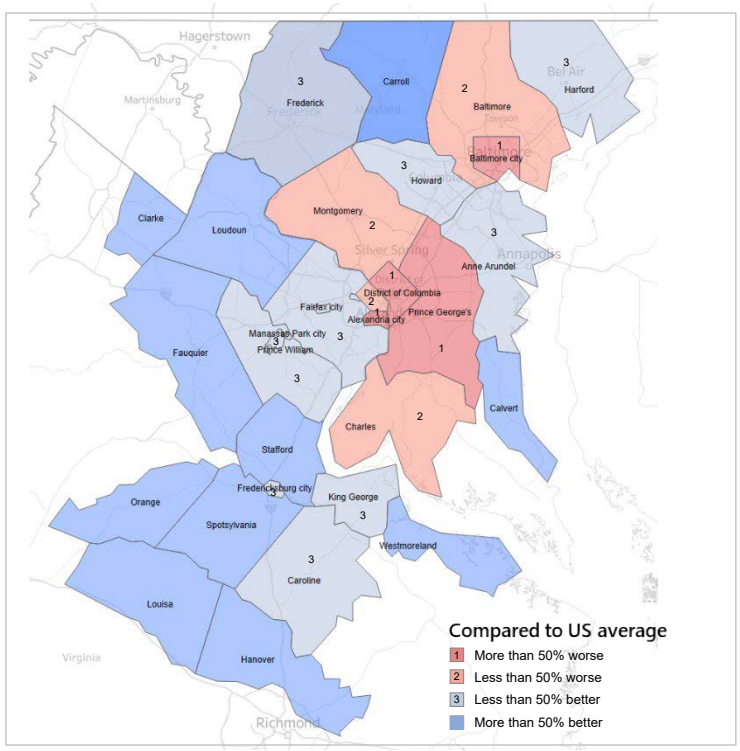
## Reproductive Justice

According to the CDC, “protecting your reproductive system also means having control of your health, if and when, you become pregnant.”. In the Mid-Atlantic States region as of May 2022, state laws or the state constitution differ in protections to access abortion care. In DC, abortion is legal in all stages of pregnancy, including late-stage and third-trimester abortions. In Maryland, abortion is legal until the fetus is considered viable by a doctor. In Virginia, abortions are legal in the first and second trimesters. Third trimester abortions are legal if continuing the pregnancy is likely to result in the death of the woman or substantially and irremediably impair the mental or physical health of the woman. The American Psychological Association highlights that when people are denied abortions, they are more likely to experience poor mental health outcomes — higher levels of anxiety, lower life satisfaction, and lower self-esteem — than those with access. Women’s personal health decisions should rest with the clinician and patient.

## HIV/AIDS

HIV/AIDS prevalence and HIV/AIDS deaths are more than 20 percent worse than the national benchmark in the Baltimore and DC and Suburban MD service areas. In the Northern Virginia service area, HIV/AIDS prevalence is 29 percent better than the national benchmark. HIV/AIDS death data are not available for the Northern Virginia service area. In 2020, Baltimore City and Prince George's County had the highest rates (per 100,000 population) of new HIV diagnoses in Maryland.[2] D.C. has the highest prevalence of HIV than any other state in the U.S. AIDS diagnosis rates in 2020 were higher among Black people as compared to people of other races.[3]

### HIV/AIDS PREVELANCE, MID-ATLANTIC STATES REGION, 2018




*Source: Kaiser Permanente Community Health Data Platform*

## Gender affirming care

Ensuring comprehensive care and support for transgender and gender-diverse individuals is critical for fostering better health outcomes. Gender affirming care includes medical, surgical, mental health, and non-medical services for transgender and nonbinary people. Improved outcomes include lower rates of adverse mental health and improved overall quality of life.[4]

Providing youth and young adults access to gender affirming care allows them to define, explore, and actualize their gender identity without judgement or assumptions. This is important because transgender and nonbinary youth and young adults experience anxiety and depression at a much higher rate than their cisgender peers. According to the Trevor Project's 2020 National Survey on LGBTQ Youth Mental Health, 54 percent of young people who identified as transgender or nonbinary reported having seriously considered suicide in the last year, and 20 percent have made an attempt to end their lives.

One key informant noted the importance of increasing the capacity of the health care workforce to provide gender affirming care. In 2020, the Center for American Progress found that 1 in 3 transgendered Americans report having had to teach their doctor about transgender individuals in order to receive appropriate care.

> Providing gender affirming care should be a skill set among all health care practitioners, not just those providing transgender health services.
>
> – Health care leader

[1]Center for Disease Control and Prevention. Impact of COVID-19 on STDs.

[2]Maryland Department of Health. Center for HIV Surveillance, Epidemiology and Evaluation.

[3]Center for Disease Control and Prevention. HIV and African American People: HIV Diagnoses

[4]HealthyPeople.gov. Lesbian, Gay, Bisexual, and Transgender Health.

# Health need profile: Income & employment

KAISER PERMANENTE®

Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, those who identify as Black, Hispanic, or American Indian are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies

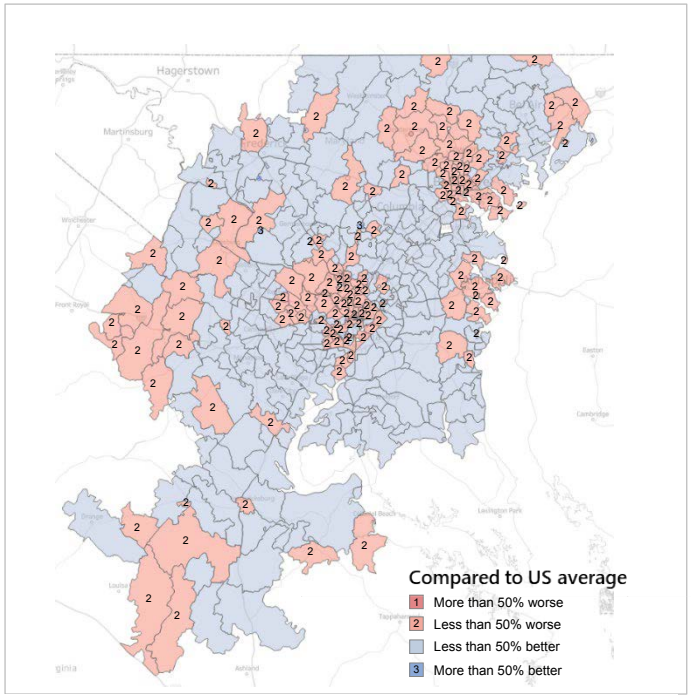
Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

## Income and poverty

There are geographical and racial disparities in economic security across the Mid-Atlantic States region. Income inequality is higher in urban cores as well as further out suburban areas. Income varies considerably across the region. For example, 2015–2019 median household income in the DC and Suburban MD service area ranged from under $40,000 in some DC neighborhoods located in Ward 8 with a majority population of people of color to over $200,000 in the Maryland and Virginia suburbs that have a majority white population. In the region, median household income for Black residents is less than that of white residents. The Black/white median household income gaps range from 32 cents per $1 in the District of Columbia, 64 cents per $1 in Virginia, to 71 cents per $1 in Maryland.[1] Across the region, income inequality by place and race is deeply rooted in systemic racism, including segregation and Redlining.

### INCOME INEQUALITY, 2015-2019

The degree of income inequality or wealth inequality in an area.



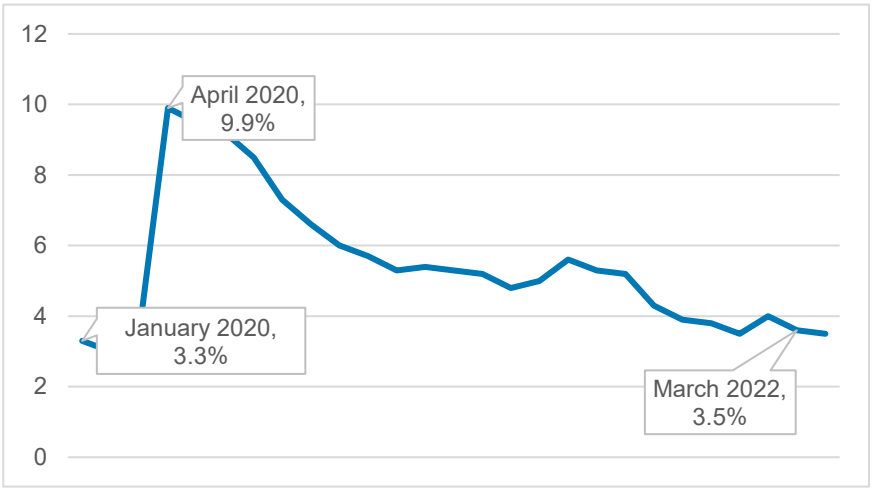

*Source: Kaiser Permanente Community Health Data Platform*

[1]Federal Reserve Bank of St. Louis. Examining U.S. Economic Racial Inequality by State. August 17, 2020

## Employment

Unemployment in the Mid-Atlantic States region soared in spring 2020 with closure of nonessential businesses and stay-at-home orders at the start of the COVID-19 pandemic. As the economy reopened, unemployment declined and was nearly at pre-pandemic levels by December 2021.

### UNEMPLOYMENT RATE, WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD-WV METROPOLITIAN AREAS 2020-2022




*Source: U.S. Bureau of Labor Statistics*

However, access to stable employment opportunities that pay a living wage is not equal. In Northern Virginia, Prince George's County, and Montgomery County there are large immigrant populations, some of whom are undocumented and experience structural barriers to employment. Residents who are refugees and asylum seekers may experience language barriers when trying to enter the workforce.

According to key informants, there have been complex issues for people re-entering the workforce: need for childcare, access to strong enough broadband to work remotely, reliable transportation, access to workforce development to gain new skills and/or renter the workforce. They shared that women have faced particular challenges in the region facing high rates of unemployment and navigating childcare and remote learning environments.

## Community concerns

Key informants shared that support for workforce development including job training and capacity building are needed across the region. They suggested that efforts should focus on youth entering the workforce and low wage earners who would experience access to higher paying job opportunities with additional workforce supports. One informant also noted the importance of investing in small businesses, especially those owned by people of color.

> COVID allowed us to engage in economic security in a way that we hadn't previously – investing in minority businesses in our region and providing job training and workforce skills.
>
> – Nonprofit leader

Access to affordable childcare that is close to where residents live, and work is a challenge. Informants shared the families of drive 30-40 minutes one way to access childcare. There is an opportunity to invest in early childhood education in neighborhoods with lower median household incomes.

> Develop place-based centers so families don't have to travel far to receive high quality affordable childcare and pre-k education.
>
> – Nonprofit leader

Residents in the region who experience economic insecurity have to make choices between putting food on the table, paying rent or accessing healthcare. Some key informants shared that across the region the food safety net strengthened. Noting that "through myriad partners, food, banks, churches, and community centers" millions of pounds of food were distributed across the region.

> Families are trying to determine what to do. Do I buy food versus paying my rent versus paying for my car, or paying for health insurance?
>
> – Public health leader

One informant noted that the pandemic created opportunities for organizations to partner in ways that they hadn't previously. This helped increase access to services and resources.

## Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Mid-Atlantic States region includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

# Kaiser Permanente of the Mid-Atlantic States 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, Children's Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente of the Mid-Atlantic States' 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at https://www.kp.org/chna.

## Kaiser Permanente of the Mid-Atlantic States 2019 Implementation Strategy priority health needs

1. Economic security
2. Access to Care
3. Obesity/HEAL/diabetes
4. Behavioral health (including substance use)

## 2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente of the Mid-Atlantic States Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente of the Mid-Atlantic States addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

One example of a key accomplishment in response to our 2019 IS includes Kaiser Permanente, in partnership with non-profit, Sowing Empowerment & Economic Development, Inc. (SEED) and Prince George's County Maryland Councilmember Dannielle Glaros, collaborated on a project to support emergency food access during the COVID-19 pandemic. The main premise was to reduce food insecurity, while also mitigating food waste. Ultimately, this effort provided another medium for the community to have easy access to fresh, nutritious food when they needed it the most. Keeping equity at the forefront, this collaboration has expanded access to fresh food for those in the Greater Riverdale community and surrounding areas. Painted with words of hope in the various languages represented in this community, the refrigerated trailers may tell a story of dire need, but they also represent an inspirational reminder of a community rallying together to support each other. The refrigerated food storage

trailers are located at the Christian Life Center in Riverdale, Md. and were purchased through a $24,000 grant from Kaiser Permanente to SEED, Inc., which provides food and other resources to low and moderate-income families.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling $6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Kaiser Permanente provided a $75,000 contribution to the City of Baltimore and the Baltimore City Health Department's to support their coordinated strategy for COVID-19 suppression. Baltimore sought to address the concurrent economic and public health crises caused by COVID-19 through an ambitious Community Health Worker employment development initiative that trained and employed hundreds of residents while supporting the city's emergency response. This initiative centered on equity, both by providing referrals to address social health needs and by actively aiming to hire black, brown, and other marginalized residents for the contact tracing initiative. It ultimately resulted in 310 hires who traced 36,991 contacts.

## Kaiser Permanente of the Mid-Atlantic States 2019 IS priority health needs and strategies

### Economic security including Obesity/HEAL/diabetes

During 2020-2021, 31 grants were awarded to community organizations, for a total investment of $3,221,000 to address economic security in the Mid-Atlantic States region.

*Examples and outcomes of most impactful strategies*

**Future Baltimore Operations Funding**

Bon Secours Community Works was awarded $1.4 million over 2 years to address the negative socioeconomic conditions residents of the 21223-zip code in West Baltimore experience. The partnership served 2,587 residents with a combination of financial education workshops, behavioral health screenings and referral, and/or increasing access to healthy food.

**Purple Line Small Business Resilience Program**

The Latino Economic Development Corporation of Washington, DC was awarded $75,000 to provide small business technical assistance and/or financing services. The program supported 28, primarily minority-owned, small businesses impacted by the Purple Line construction.

**Purple Line Corridor Outreach & Counseling Initiative**

Housing Initiative Partnership (HIP) was awarded $75,000 to provide direct counseling services to prepare tenants who are at-risk of being displaced along the Purple Line Corridor with the knowledge and tools needed to secure alternate stable housing. The program enrolled 300 renters in HIP's Housing Counseling & Financial Capability Coaching.

**United Communities Against Poverty**

Kaiser Permanente Mid-Atlantic Region partnered with United Communities Against Poverty to establish an emergency food pantry. The program distributed food to 1,157 families.

**Miriam's Kitchen**

Kaiser Permanente Mid-Atlantic Region partnered with Miriam's Kitchen to increase access to food. The program served 216 meals to elderly individuals with chronic health conditions.

**Greater Riverdale Cares Place Based Initiative**

Kaiser Permanente Mid-Atlantic Region partnered with Greater Riverdale Cares to increase food security. The program provided food to over 10,000 families.

## Access to care

Care and coverage: Kaiser Permanente of the Mid-Atlantic States ensures health access by serving those most in need of health care through Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, and medical financial assistance.

| | Individuals served | | Amount | |
|---|---|---|---|---|
| | 2020 | 2021 | 2020 | 2021 |
| Medicaid, CHIP and other government-sponsored programs | 130,088 | 153,842 | $73,301,284 | $72,147,054 |
| Charitable Health Coverage | 10,982 | 8,889 | $24,174,448 | $24,945,040 |
| Medical Financial Assistance | 45,605 | 79,127 | $41,152,115 | $57,700,000 |
| Total care & coverage | 186,675 | 241,858 | $138,627,848 | $154,792,094 |

Other access to care strategies: During 2020-2021, 17 grants were awarded to community organizations, for a total investment of $225,000 to address access to care in the Mid-Atlantic States region.

*Examples and outcomes of most impactful other strategies*

Culmore Clinic: Reducing Barriers to Healthcare Access in Bailey's Crossroads/Culmore

Culmore Clinic was awarded $30,000 to address systemic hurdles to accessing healthcare that exist in the Bailey's Crossroads community. The program provided 276 low-income and mostly immigrant patients with referrals to healthcare services.

Comprehensive Health Services for Children in the Bailey's Crossroads and Culmore Communities

The Medical Care for Children Partnership (MCCP) was awarded $25,000 to lead a collaborative oral health initiative. Because of the COVID-19 pandemic and the resulting emergent needs, MCCP pivoted the use of their Mobile Dental Van, helped 1,200 children and families access food, mental health, oral health screening and other social services.

## Behavioral health (including substance use)

During 2020-2021, 7 grants were awarded to community organizations, for a total investment of $330,000 to address behavioral health in the Mid-Atlantic States region.

*Examples and outcomes of most impactful strategies*

Improving Mental Health and Resiliency for At-Risk Youth and Families: Thriving Germantown Community HUB

Family Services, Inc. was awarded $75,000 to improve mental health and resiliency for at-risk youth and families. The program completed screening and referral services for 75 people and provided behavioral and mental health services for 108 people.

Expanded School Mental Health

Associated Catholic Charities, Inc. was provided $60,000 to seeks to mitigate the impact of ACES and other traumatic events. The program anticipates serving approximately 180 families through outreach activities, psychoeducation, targeted prevention groups, and a continuum of community based treatment and adjunct services tailored to the individual needs of students and families.

# Appendix

A. Secondary data sources

B. Community input

C. Community resources

## Appendix A: Secondary data sources

### Kaiser Permanente Community Health Data Platform

| | Source | Dates |
|---|---|---|
| 1. | American Community Survey | 2015 - 2019 |
| 2. | Behavioral Risk Factor Surveillance System | 2020 |
| 3. | CDC, Interactive Atlas of Heart Disease and Stroke | 2016 - 2018 |
| 4. | Center for Medicare & Medicaid Services | 2018 |
| 5. | CMS National Provider Identification | 2019 |
| 6. | Dept of Education ED Facts & state data sources | Varies |
| 7. | EPA National Air Toxics Assessment | 2014 |
| 8. | EPA Smart Location Mapping | 2013 |
| 9. | Esri Business Analyst | 2020 |
| 10. | Esri Demographics | 2020 |
| 11. | FBI Uniform Crime Reports | 2014 - 2018 |
| 12. | Feeding America | 2018 |
| 13. | FEMA National Risk Index | 2020 |
| 14. | Harvard University Project (UCDA) | 2018 |
| 15. | HRSA Area Resource File | 2019 |
| 16. | HUD Policy Development and Research | 2020 |
| 17. | National Center for Chronic Disease Prevention and Health Promotion | 2018 |
| 18. | National Center for Education Statistics | 2017 - 2018 |
| 19. | National Center for Health Statistics | 2018 |
| 20. | National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention | 2018 |
| 21. | NCHS National Vital Statistics System | 2015 - 2019 |
| 22. | NCHS US Small-area Life Expectancy Estimates Project | 2010 - 2015 |
| 23. | NCI State Cancer Profiles | 2013 - 2017 |
| 24. | NCI United States Cancer Statistics | 2013 - 2017 |
| 25. | NHTSA Fatality Analysis Reporting System | 2014 - 2018 |
| 26. | US Geological Survey; National Land Cover Database | 2016 |
| 27. | USDA Food Environment Atlas | 2016 |

## Additional secondary data sources

| | Source | Dates |
|---|---|---|
| 1. | Center for Disease Control and Prevention. Impact of COVID-19 on STDs | 2020 |
| 2. | Center for Disease Control and Prevention. HIV and African American People: HIV Diagnoses | 2020 |
| 3. | Federal Reserve Bank of St. Louis. Examining U.S. Economic Racial Inequality by State. | 2020 |
| 4. | Getting Ahead: The uneven opportunity landscape in Northern Virginia | 2017 |
| 5. | HealthyPeople.gov. Lesbian, Gay, Bisexual, and Transgender Health | 2022 |
| 6. | HUD Exchange. 2021 CoC Homeless Population and Subpopulation Report – Maryland | 2021 |
| 7. | Maryland Department of Health. Center for HIV Surveillance, Epidemiology and Evaluation. | 2020 |
| 8. | NCQA Commercial Health Plan Ratings | 2021 |
| 9. | The Community Partnership for the Prevention for Homelessness. District of Columbia 2022 Point-in-Time. | 2022 |
| 10. | Urban Displacement Project website. Berkeley, CA: Urban Displacement Project | 2021 |
| 11. | US Bureau of Labor Statistics | 2020-2022 |
| 12. | Zillow Research. Zillow Home Value Index | 2022 |

## Appendix B. Community input

| | Data collection method | Affiliation | Number | Perspectives represented | Role | Date |
|---|---|---|---|---|---|---|
| 1 | Group interview | University of Maryland School of Public Health | 3 | Public health | Leaders | 01/10/2022 |
| 2 | Key informant interview | Baltimore City Health Department | 1 | Public health | Leader | 10/05/2021 |
| 3 | Key informant interview | Community Foundation of Northern Virginia | 1 | Nonprofit, low-income | Representative | 10/25/2021 |
| 4 | Key informant interview | DC Department of Health and Human Services | 1 | Public health, people experiencing homelessness | Leader | 10/25/2021 |
| 5 | Key informant interview | DC Primary Care Association | 1 | Health care, medically underserved | Leader | 01/03/2022 |
| 6 | Key informant interview | George Mason University, College of Health and Human Services, Public Health | 1 | Public health | Leader | 01/14/2022 |
| 7 | Key informant interview | Maryland Office of Minority Health and Health Disparities | 1 | Public health, communities of color | Leader | 10/27/2021 |
| 8 | Key informant interview | Maryland Latinx Vaccine Coalition | 1 | Public health, Latinos | Leader | 10/20/2021 |
| 9 | Key informant interview | United Way of Central Maryland | 1 | Nonprofit, education | Leader | 10/20/2021 |
| 10 | Key informant interview | Unity Health Care | 1 | Health care | Leader | 10/22/2021 |

## Appendix C. Community resources

| Identified need | Resource provider name | Summary description |
|---|---|---|
| Multiple needs | United Way | There are multiple United Ways in the region. They provide programs that promote equity, create opportunity, and improve lives and communities. Programs focus on increasing access to basic needs: housing, health, employment, and education. |
| | Early Childhood Innovation Network | The Department of Health in Washington, D.C. has initiated the ECIN collaborative with various partners to empower adult caregivers with knowledge and resources to improve health outcomes among children (from pregnancy to five years). |
| | DC Center for the LGBT Community | The DC Center works to to promote health equity in our local LGBTQ Community. Our health work focuses on areas that disproportionately impact our community including HIV/AIDS, Cancer, Substance Use, and Smoking. Our Behavioral Health Services program provides individual and group counseling to survivors of violence and trauma in our community. |
| | Refugee and Immigrant Services | In partnership with faith communities, foundations, local, state and federal partners, and hosts of volunteers, LSSNCA provides welcoming and resettlement services to refugees and immigrants in DC, Maryland and Virginia. We support our clients during this important transition by mobilizing community partners and offering a comprehensive range of services including case management, employment training, cultural and community-based education, and immigration services. |
| Access to care | Mason and Partners Clinics | Their mission is to improve the health status of underserved, uninsured vulnerable populations, and to engage nursing and allied health students in direct provision of health care services through service learning. |
| | Safety net organizations | There are Federally Qualified Health Centers that serve the community at multiple sites in the Mid-Atlantic States region. Federally Qualified Health Centers are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. |

| Identified need | Resource provider name | Summary description |
|---|---|---|
| Housing | PathForward | PathForward transforms lives by delivering housing solutions and pathways to stability. PathForward's vision is an inclusive and equitable community where all neighbors live stable, secure, and independent lives free from the threat of homelessness. |
| | The Community Partnership for Prevention of Homelessness | A local focal point for efforts to reduce homelessness in the District of Columbia. For 30 years 30 years they have been working to foster and deepen connections with communities. |
| | Purple Line Corridor Coalition | The Purple Line Corridor Coalition (PLCC) is an innovative public-private-community collaboration working to leverage Maryland's largest transit investment in the 21st century to create a place of opportunity for all who live, work, and invest in the corridor. |
| Mental & behavioral health | Peer recovery specialists | Individuals who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. |
| | National suicide prevention lifeline | Trained crisis workers are available to talk 24 hours a day, 7 days a week. Your confidential and toll-free call goes to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals. 1-800-273-TALK (8255) |
| | SAMHSA's Behavioral Health Treatment Services Locator | SAMHSA's Behavioral Health Treatment Services Locator is a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems. |
| Sexual health | Reproductive Health Access Network | The Mid-Atlantic network welcomes all abortion and/or abortion-supportive providers from across the Maryland/DC region. We are based in the Department of Family Medicine at the University of Maryland in Baltimore and our members are comprised of students, residents, faculty, and community providers. |
| Income & employment | Bon Secours Community Works | Bon Secours Community Works (BSCW) works to enrich West Baltimore communities with programs and services that contribute to the long-term economic and social viability of neighborhoods. Our Money Place Financial Services is a program at Community Works that offers services to help residents become more financially aware, begin building assets and create stronger financial futures for their families. |
| | Britepaths Workforce Development Programs | Britepaths Workforce Development Program helps job seekers navigate the job search process and find meaningful employment. The program is designed to work with under- or un-employed people in an individualized and coordinated way to ensure that all of their workforce development needs are met. |