

Windshield Survey of the Pimlico Neighborhood of Baltimore City, Maryland

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Abstract

This paper provides insight into the health status of the Pimlico neighborhood of Baltimore City, Maryland using a windshield survey model. Demographic characteristics of the community are presented, including population size, racial/ethnic background, average age, sex, and family status. Socioeconomic indicators are discussed, such as average income, educational attainment, and available educational institutions. The availability of social, health, transportation, religious, and recreational resources is emphasized. Major health indicators are presented, including infant mortality rate, average life expectancy, and leading causes of death in the community. Strengths and weaknesses of the community are highlighted, with particular attention placed on the impact of presented weaknesses on the vulnerability and health status of the community. Significant weaknesses discussed include high homicide rates, poor educational attainment related to chronic absenteeism, and a high infant mortality rate. Focus is placed on the effects of chronic absenteeism and poor educational outcomes. The negative impact of chronic absenteeism on children's health status is presented, with proposed community health nursing interventions to reduce absenteeism discussed. The core functions of community health are used to guide the discussion of the community health nurse's (CHN) role in supporting interventions aimed at improving school attendance in the Pimlico community.

Keywords: windshield survey, Pimlico, community health, absenteeism, nursing

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A windshield survey provides the community health nurse (CHN) with a brief, efficient, and objective opportunity to gain insight into a specific community through systematic observations. Driving through the community, the observer notes relevant characteristics of the area, such as the type and condition of housing, transportation services, stores, street conditions, race and ethnicity, health indicators, and businesses. Combined with demographic and statistical data, the windshield survey provides the CHN with descriptive information that is useful in determining the strengths and weaknesses of the community (Gibson & Thatcher, 2020). To improve the health status of the community, the CHN must emphasize the community's strengths while tackling the shortcomings of the community. This paper will utilize the windshield survey model to perform a community assessment of the Pimlico neighborhood of Baltimore City, Maryland. Community strengths and weaknesses will be identified to determine the health status of the community. Following identification of the community's strengths and challenges, the CHN will develop a plan to address one specific challenge to improve the community's health status.

Located in the northwest corner of Baltimore City under the zip code 21215, the Pimlico neighborhood has a total population of 11,686. Individuals 45 to 64 years of age comprise the largest percentage of the population at 28.5%. There are slightly more females than males, with females accounting for 54.2% of the population, compared to 45.8% of the population that is male. Racially, 96.3% of the population identifies as Black or African American and 1.8% as White. All other races/ethnicities for which data are available each represented 1% or less of the population (Baltimore City Health Department [BCHD], 2017, pp. 6-7). The area is urban and predominately residential, with many apartment buildings, rowhomes, and some single-family homes. Sinai Hospital, a LifeBridge Health facility, is the major healthcare provider for this area.

In the Pimlico community, the infant mortality rate per 1,000 live births is 20.0 (BCHD, 2017, p. 25). Comparatively, the infant mortality rate in Maryland is 5.9 (National Center for Health Statistics, 2021, Table – Key Health Indicators). The life expectancy at birth is 68.2 years and the leading cause of death in Pimlico is heart disease, which accounts for 23.9% of total deaths. The second leading cause of death is cancer of all kinds at 19.5% and is followed by lung cancer specifically, which constitutes 5.5% of total deaths. Of concern is the percentage of deaths attributed to homicide in this community, which represents 5.3% of total deaths and is greater than the percentage of deaths caused by stroke, diabetes, and chronic lower respiratory disease, respectively (BCHD, 2017, p. 23).

Socioeconomic status (SES) is significant in understanding the strengths and weaknesses of the Pimlico community. The median household income of 40.5% of households in the area is up to \$24,999 per year. A reported 33.8% of households earn between \$25,000 and \$59,000 annually, while 25.6% earn \$60,000 or more. Data reveals 17.1% of the population age 16 and older are unemployed and 28.4% of families with children under 18 in the Pimlico area have income below the poverty level (BCHD, 2017, p. 9). Additionally, 71.5% of children live in single-parent households (BCHD, 2017, p. 7). Statistics on educational attainment indicate that 66.2% of adults 25 years and older have a high school diploma/certificate or less, while 8.6% of adults 25 years and older have a bachelor's degree or higher (BCHD, 2017, p. 15). Local schools and educational facilities noted include St. Vincent de Paul Head Start Center, Cheder Chabad of Baltimore, the Waldorf School of Baltimore, and Pimlico Elementary/Middle School.

Driving through the community, poor road conditions, litter, and limited green space was evident. The urban environment is reflected in the 29.9% of land covered by pavement, compared to 26% of land covered by green space, such as tree canopy, vegetation, and parkland

(BCHD, 2017, p. 12). However, the neighborhood is home to Cylburn Arboretum, a large park with a Visitor Center located near Sinai Hospital. Cold Spring Park and the Jones Falls Trail are also nearby. Few grocery stores were noticed in the community, and 42.6% of the Pimlico land area is covered by a food desert. There are a few carry-out restaurants and small corner stores, with 18.6 corner stores per 10,000 residents, but retail spaces are minimal, and fast-food restaurants dominate (BCHD, 2017, p. 21). The main sources of public transportation are the Maryland Transit Administration (MTA) buses and CityLink buses, with many stops located within walking distance of Sinai Hospital. The West Cold Spring Metro station is also nearby.

The major recreational facility in the community is Pimlico Race Course, a major Maryland landmark, where the Preakness Stakes takes place each year. The Weinberg Park Heights Jewish Community Center offers a pool, fitness center, arts and culture activities, youth-specific events, theater performances, and Jewish learning opportunities for Jewish and non-Jewish members of the community (Jewish Community Center of Greater Baltimore, n.d.). The CC Jackson Recreation Center and Sankofa Children's Museum of African Cultures provide enrichment opportunities for children and adults. There are a few small parks with playgrounds scattered throughout the residential areas of the community. There are also many Christian churches and synagogues in the area, which offer religious services and outreach programs.

There are limited strengths of the Pimlico community. However, an appealing attribute of the Pimlico neighborhood is the availability of quality healthcare services serving all ages. Mt. Washington Pediatric Hospital, Sinai Hospital of Baltimore, and Levindale Hebrew Geriatric Center and Hospital are all within the area. There are public bus stops near Sinai Hospital, ensuring accessibility for community members. Recreationally, the presence of Cylburn Arboretum provides a large green space and walking trails that are beneficial for the community.

Located at the intersection of Cylburn Avenue and Greenspring Avenue, Cylburn Arboretum is Baltimore's largest public park and home to the Vollmer Visitor and Education Center, where educational programs are conducted (Baltimore City Department of Recreation & Parks, n.d.). The Jewish Community Center and CC Jackson Recreation Center provide spaces for sporting events, performances, and other enrichment activities. Community and recreation centers, parks, and churches provide safe spaces for children and families and make a community desirable.

Another strength of the community is the educational programs available for low-income children. For example, the St. Vincent de Paul Head Start program has two Pimlico locations. The St. Vincent de Paul Head Start program provides full-day early childhood education classes and free meals for low-income children three to five years of age. The Head Start program is free of charge, includes virtual family engagement activities, and ensures kindergarten readiness (St. Vincent de Paul Baltimore, n.d.). Access to high-quality educational experiences for low-income families and families living in poverty is especially important for a community such as Pimlico, in which many individuals are unemployed, families are living in poverty, and the majority of children come from single-parent households.

Although the Pimlico community displays strengths, numerous challenges exist that negatively impact the community's health status. A major impact on the health and safety of the community is the homicide statistics in the area. On average, there are 12.4 non-fatal shootings per 10,000 residents per year. The homicide rate per 10,000 residents is 7.4 per year, and the youth homicide mortality rate is 56.8 deaths per 100,000 individuals (BCHD, 2017, pp. 16-17). These rates are significantly greater than the United States mortality rate of 5.8 deaths per 100,000 people (National Center for Health Statistics, 2019, Table – Mortality). Safety concerns in the community were further emphasized after speaking with L. Crusse, a nurse at Sinai

Hospital. I gathered that she feels nervous to park her car off campus at the employee lot at Pimlico Race Course due to the nature of the surrounding area. Though a shuttle is provided from the hospital to the parking lot, she especially is concerned when walking to her car at night due to the crime and homicide rates of the neighborhood (personal communication, November 3, 2021). Overall, the high homicide rate and statements from local residents indicate that community safety and security are of concern.

Poor educational attainment contributes to the weaknesses of the Pimlico community. Less than 10% of the adult population has a bachelor's degree or higher, while 66.2% of adults have a high school diploma or less (BCHD, 2017, p. 15). Data from Pimlico Elementary/Middle School 2018-2019 School Report Card indicates poor educational outcomes. Of the elementary age student, only 4.5% of students met mathematics proficiency, and 6.6% of students were proficient in English Language Arts (Maryland State Department of Education [MSDE], 2019, Table 2). Middle school performance is also poor, with 18.1% of students proficient in mathematics and 21.1% of students proficient in English Language Arts (MSDE, 2019, Table 8). School absenteeism is a concern in the Pimlico community, with 15.1% of elementary school students, 17.2% of middle school students, and 46.4% of high school students missing 20 or more school days (BCHD, 2017, p. 14). Chronic absenteeism is more likely to be seen in low-income students, students with individualized educational plans, and Black students, characteristics that apply to many of the children living in the Pimlico area (Garcia & Weiss, 2018). Chronic absenteeism contributes to poor academic performance and raises concerns about future academic achievement for members of the community.

Lastly, the concerning infant mortality rate (IMR) is a challenge to the health status of the Pimlico community. The IMR is one of the most critical and sensitive indicators of a

community's health status. Infant mortality rates are impacted by numerous factors, such as maternal health, poverty status, quality of medical care, and community health practices (Rubenstein, 2020). In the Pimlico community, only 47.8% of women received prenatal care in the 1st trimester, 12.7% of women reported smoking while pregnant, 15% of live births occurred preterm, and 15.6% of births were classified as low birthweight (BCHD, 2017, p. 25). All the above factors, in combination with many others, have most likely contributed to the IMR of 20.0 in the Pimlico area (BCHD, 2017, p. 25). For the Pimlico neighborhood, the troubling IMR indicates poor community health status and the need for resources, interventions, and support to improve the health of not only women and child, but the health of the community at large.

Considering the limited strengths of the Pimlico community compared to its many weaknesses, the Pimlico neighborhood is an unhealthy community in need of improvement. A major concern for the CHN is the high rate of chronic absenteeism in Pimlico. The negative effects of chronic absenteeism on children and the community cannot be overlooked and include poor academic achievement; increased engagement in risk-taking behaviors; increased teenage pregnancy rate; and increased prevalence of alcohol and/or drug use, violence, and juvenile delinquency. Poor academic achievement in childhood has numerous lasting effects and is strongly associated with poor adult health outcomes (Allison & Attisha, 2019). A chronically absent student is frequently defined as a student missing 10% or more school days in one year, which includes excused and unexcused absences. Concerningly, it is estimated that over five million students in the United States are chronically absent each school year (Jacobsen et al., 2016, p. 179). Risk factors for chronic absenteeism include poverty, unstable housing conditions, exposure to violence, and racial or ethnic minority status (Allison & Attisha, 2019). Working in the school setting, the school nurse is aptly situated to carry out the role of the CHN, which

includes the core functions of assessment, policy development, and assurance, to reduce chronic absenteeism and promote the health of all students (Jacobsen et al., 2016).

The negative effects of chronic absenteeism have been demonstrated in children as young as kindergarten. Chronically absent kindergartners scored lower than their peers on measures of reading and math proficiency and demonstrated decreases in educational and social abilities, highlighting the need for early intervention (Jacobsen et al., 2016, p. 180). Primary prevention strategies implemented by the CHN are aimed at promoting school attendance for all children. Immunization, which is a primary level of prevention, is used to combat health-related causes of absence. For example, influenza is a leading health-related cause of school illness (Allison & Attisha, 2019). Hosting a flu shot clinic in schools decreases potential barriers to vaccine access and promotes the health status of students and school faculty and staff. The CHN provides information on the importance of vaccinations and promotes immunization compliance to ensure the health of the school and decrease preventable health-related causes of absence. School-based health centers may improve attendance rates by providing convenient and accessible health care services to students who otherwise lack appropriate care (Gardiner, 2020).

An additional primary prevention strategy implemented by the CHN is educational activities designed to connect families with the school system and community health services. Effective communication between the school and families, such as informing parents/guardians when their child has been absent, has been shown to increase attendance rates (Allison & Attisha, 2019). The CHN can promote a positive school climate through educational programs for parents and educators on youth violence, bullying, and common health concerns of childhood. Programs that emphasize the importance of school attendance and encourage parental involvement in the school, such as volunteering or joining the Parent Teacher Association

(PTA), can be implemented to improve student attendance rates. Lastly, the CHN may coordinate events for students, parents, and teachers that celebrate exceptional and improved attendance and promote a positive and encouraging school environment.

In partnership with the school nurse or school administrative personnel, the CHN engages in secondary levels of prevention by screening the attendance data of high-risk students and students who frequently visit the health suite. Secondary prevention strategies are aimed at early identification of chronic absenteeism and prompt intervention. Early identification of chronic absenteeism is crucial in reducing the amount of school missed. In fact, “[identifying] students who have missed just two days in the first month of school predicts chronic absence throughout the year” (Allison & Attisha, 2019, p. 1). After identifying students who are or have the potential to be chronically absent, the CHN must assess the student’s unique situation and determine appropriate interventions. For example, mental health conditions and learning disabilities are associated with chronic absenteeism (Allison & Attisha, 2019). For students with mental health conditions, the CHN partners with the school counselor and school social worker to provide individual school-based mental health services and link families to services in the community (Gardiner, 2020). For students with special educational needs, the school nurse will work with school administrators, teachers, and parents/guardians to ensure that individualized educational plans (IEPs), 504 plans, and/or school health care plans are up-to-date and appropriately implemented (Allison & Attisha, 2019).

The implementation of primary and secondary prevention strategies by the CHN helps to improve the overall health status of the community by decreasing the rate of chronic absenteeism and associated negative outcomes on vulnerable children and the community. Assessment of parental involvement, available student services, and the school climate allows the CHN to

provide targeted interventions. Regular assessment of attendance data and communication with parents regarding student absences is foundational in decreasing chronic absenteeism and promotes a strong relationship between parents and schools. The CHN nurse fulfills the core function of assurance by directing students and families to school-based health services and linking families to community resources. Additionally, the CHN ensures that school staff is appropriately educated and equipped to recognize students at risk for chronic absenteeism, follow IEP and 504 plans, and make referrals to the school nurse for needed school-based health services. Lastly, the CHN engages in policy development by advocating for laws requiring a full-time nurse in every school as nurses are essential in reducing absenteeism. The CHN may also develop policies for regular attendance screening and partnerships with local hospitals/health care providers to provide school-based health care services.

Overall, the Pimlico community has many vulnerabilities that must be addressed by the CHN, and school absenteeism is just one concern out of many. While there are many healthcare, recreational, and social services available, the negative effects of chronic absenteeism, widespread violence, and poor life expectancy on the community cannot be overlooked. Focusing on chronic absenteeism targets vulnerable children in hopes of breaking the cycle of vulnerability. The CHN can work to promote recognition of the negative impact of school absence and encourage improved attendance through educational programs, attendance data screening, and promotion of school-based health services. Utilizing primary and secondary prevention strategies and partnering with parents, school staff, and local health care providers, the CHN improves attendance for all students and addresses the barriers chronically absent students face.

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