

GBC In Focus

Member Programs and Project Highlights



GREATER BALTIMORE COMMITTEE

Regional business leaders creating a better tomorrow...today.

In Focus: Member Programs

Next Up: A Future Leaders Development Program

The Greater Baltimore Committee's Next Up program was established in 2018 to provide leadership insights, professional education and networking opportunities to young professionals under the age of 40.

Next Up meets quarterly to hear from business leaders, including GBC Board members and industry experts on topics ranging from the intersection of business and government to corporate philanthropy and civic engagement.

Interest in the program in its inaugural year was high. The Next Up class of 2018 included 26 employees of GBC member companies and institutions, all of whom were nominated by their president or CEO as future leaders of their organization.

The 2018 program kicked off with a dinner for those selected to participate in the program. Attendees included GBC President & CEO Donald C. Fry and four members of the GBC's Board of Directors. Next Up members have attended events, tours and a discussion on leadership with Brown Advisory President & CEO Michael Hankin. They also received a behind-the-scenes tour and teamwork training exercise from senior staff of the National Aquarium.

Learn more: gbc.org/meet-greater-baltimore-committees-inaugural-next-class

GBC members interested in learning how to apply for the program should contact Sophia Silbergeld, Director of Membership and Member Relations, at (410) 727-2820 or sophias@gbc.org.



#bWomen: Positioning Baltimore As a Leader in Workplace Equality

In 2018, at the request of GBC President and CEO Donald C. Fry, two members of the GBC Board of Directors, Christine Aspell, Managing Partner for the Baltimore Office of KPMG, and Sabina Kelly, Greater Maryland President for Bank of America, formed the Baltimore Women's Advisory Board. The co-chairs subsequently kicked off the advisory board's #bWomen initiative. Its mission is to support, advance and retain women in the Baltimore market.

Throughout the year, the advisory board's #bWomen events provide opportunities for female leaders from a wide array of businesses and institutions in the Baltimore region to connect. In 2018, more than 200 female leaders attended the group's events.

The objectives of the group include:

- Attract and retain female leaders in the market from diverse businesses and institutions.
- Provide mentorship to cultivate next generation leaders and sponsor their career development.
- Discuss emerging thought leadership topics.
- Network with and support each other in individual pursuits, both personally and professionally.

Participation on the Baltimore Women's Advisory Board is by invitation and nomination only. Learn more at: gbc.org/wp-content/uploads/2018/08/bWomen-Mission-Statement.pdf

For more information contact Sophia Silbergeld, Director of Membership and Member Relations, at (410) 727-2820 or sophias@gbc.org.

In Focus: Member Programs

Stop The Bleed: Life-Saving Education

The Greater Baltimore Committee and the University of Maryland Medical Center's R Adams Cowley Shock Trauma Center in Baltimore have partnered to make Stop the Bleed training available to employers in the Baltimore region.

The training provides basic instruction on how to recognize life-threatening bleeding and ways to stop it. Stop the Bleed training is similar to cardiopulmonary resuscitation (CPR) training as it provides a way for non-medical personnel to learn proper bleeding control techniques and potentially save lives.

Training includes the ABCs of how to properly control bleeding: (A — alert) call 911; (B — bleeding) locate the bleeding injury; and (C — compress) apply pressure to stop the bleeding by covering the wound with a clean cloth.

Greater Baltimore Committee staff and employees from a number of offices in downtown Baltimore have participated in Stop the Bleed training sessions provided by doctors and nurses from Shock Trauma.

The GBC encourages employers in the Baltimore region that have an interest in organizing a training for employees to contact Teresa Milio Birge, Senior Policy Analyst and Special Assistant at the Greater Baltimore Committee, at (410) 727-2820 or teresab@gbc.org.

Training requests can also be made on the GBC website: gbc.org/stop-the-bleed

Stop the Bleed is an initiative of the American College of Surgeons and the Hartford Consensus. Learn more at: www.bleedingcontrol.org



Navigator Program: A Members Only Service

The GBC's Navigator Program, now in its second year, is a service available exclusively for members to get the necessary assistance navigating local and state government agencies and services.

Through the program, the GBC connects members seeking help to an appropriate government contact who can assist with regulatory and constituent issues. The Navigator Program has assisted GBC members on matters ranging from permitting to public safety.

GBC members are encouraged to submit requests via the GBC website: gbc.org/navigator-program

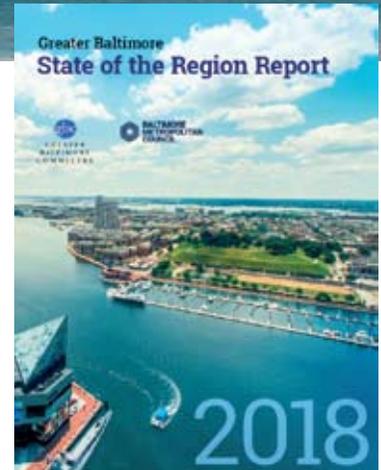
To learn more about the service contact Sophia Silbergeld, Director of Membership and Member Relations, at (410) 727-2820 or sophias@gbc.org.

In Focus: State of the Region Report

2018 State of the Region Report

This introductory message to the *2018 Greater Baltimore State of the Region Report* was co-published by Donald C. Fry, President and CEO, Greater Baltimore Committee, and Michael B. Kelly, Executive Director, Baltimore Metropolitan Council. The two organizations collaborated in 2018 to research, write and publish the report, which focused on documenting demographic, economic and other major changes in the Baltimore region since 1998.

See the entire report on the GBC's website: gbc.org/wp-content/uploads/2018/05/2018-State-of-the-Region-Report-GBC-BMC-FINAL.pdf



Growth and Confidence in the Baltimore Region

When the State of the Region report was first issued in 1998, Baltimore City and the surrounding six county region was the second most affordable among its peers and the population was largely White. Large-scale manufacturing still played a key role in the economy, and only a quarter of residents were college-educated. But as this new report makes clear, in the 20 years since, much has changed. The cost of living has jumped, making the region the seventh most expensive among its peers. There's been a huge shift in the demographic make-up of the population with significant growth in the number of Hispanic and African-American residents, diversification away from manufacturing to health care, higher education and high-tech jobs, and a sizeable increase in residents with college degrees. Major changes occurred, as well, in many of the other 19 peer metro areas that were selected by the Greater Baltimore Committee (GBC) and Baltimore Metropolitan Council (BMC), to which we compare the Baltimore region in this new report.

As these evolutions in Baltimore and elsewhere highlight, metropolitan areas are dynamic and sizable shifts in populations, economic drivers, intellectual capital and other key elements that make metro regions thrive or die often go unnoticed over a decade or more.

Taking stock of these factors periodically is vital. Why? Getting a clear view of the strengths and weaknesses that have emerged over time is critical for elected officials, business leaders, philanthropic organizations and others to make policy, budget, transportation and other decisions that have a significant effect on thousands of employers, institutions and residents.

Fully informed decisions are essential to ensure a region has a prosperous future that includes strong quality of life amenities, such as access to affordable housing and excellent medical care, modern transportation networks that support jobs and economic growth, and a business climate that is nurturing and stable.

The data compiled and analyzed in this report will inform decision makers of strengths that can be leveraged to ensure an attractive business climate and economic vitality, as well as weaknesses that need to be addressed to ensure the region doesn't falter and become inconsequential compared to its peers.

The GBC and BMC share the view that elected and community leaders throughout a region must have strong ties, collaborative relationships, and a unified vision on major policy, budget and other decisions so that all residents, employers and visitors in the region benefit.

The GBC and BMC urge elected and regional leaders to use this report to chart a smart course for a strong future for the entire Baltimore region. Doing so will ensure growth and confidence in the Baltimore region locally and nationally.

Meanwhile the GBC and BMC will return to it often as the organizations develop policy recommendations, competitiveness strategies and programs that promote skills, diversity and inclusiveness in the workforce.

Our hope is that when the next State of the Region Report is issued, many will look back and note that the 2018 report helped frame the critical decisions that secured the Baltimore region's reputation nationally as a dynamic, thriving and inclusive economic engine.

In Focus: State of the Region Report

Baltimore Area Top 5 Rankings

Indicator	Rank
Average Air Fares	1
Hispanic or Latino Population Change	1
Total Government Units per 100,000	1
Per Capita Personal Income Change	2
Black or African American Population	3
Median Household Income Change	3
Total Government Units	3
Black or African American Population Change	4
Education and Health Services as Percentage of Total Non-Farm Employment	4
Median Household Income	4
Per Capita Personal Income	4
Population Density	4
Public Transit Score	4
Total Air Passenger Change	4
Downtown Walkability	5
Government Employment as Percentage of Total Non-Farm Employment	5
Transit Ridership—Bus	5

Baltimore Area Bottom 5 Rankings

Indicator	Rank
Change in Women-Owned Firms	16
Reduction in Unhealthy Air Days	16
Violent Crime	16
Average Travel Time to Work	17
Change in Establishments with Payroll	17
Leisure and Hospitality as Percentage of Total Non-Farm Employment	17
Office Vacancy Rate—Downtown	17
Population Change	17
Hispanic or Latino Population	18
Roadway Miles per 1,000 Persons	18
White Population	18
White Population Change	20

Upward Change in Rank 2017 vs. 1998

Indicator	Rank
Black or African American Population	9 to 3
Asian, Hawaiian, or Other Pacific Islander Population	12 to 11
Median Age	14 to 13
Population Age 20–64	12 to 9
Population Density	5 to 4
Median Household Income	7 to 4
Per Capita Personal Income	10 to 4
GDP	11 to 10
Office Vacancy—Metro Area	12 to 8
CBD Office Lease Rates Class A	11 to 7
Women-Owned Firms with Paid Employees	8 to 6
Startup Density (2015 vs. 2017)	16 to 15
Annual Unemployment Rate	20 to 10
Labor Force Participation	12 to 10
Professional and Business Services as Percentage of Total Non-Farm Employment	16 to 10
College Education 25+	13 to 7
High School Education 25+	10 to 8
Total College Enrollment per 100,000 Population	9 to 7
Total Air Passengers	12 to 9
Average Air Fares	5 to 1
Travel Congestion: Annual Delay per Auto Commuter	13 to 10
Transit Ridership—Bus	7 to 5
Violent Crime	20 to 16
Property Crime	16 to 12
Total Government Units	4 to 3

Downward Change in Rank 2017 vs. 1998

Indicator	Rank
Metropolitan Population	9 to 12
White Population	9 to 18
Convention Center Size	11 to 12
Office Vacancy Rate—Downtown	7 to 17
Establishments with Payroll	11 to 13
Black or African American Owned Firms	5 to 6
Hispanic Owned Firms	12 to 14
Kauffman Index of Startup Activity (All Regions 2015 vs. 2017)	17 to 35
Total Non-Farm Employment	9 to 10
Financial Activities as Percentage of Total Non-Farm Employment	12 to 15
Wholesale and Retail Trade as Percentage of Total Non-Farm Employment	10 to 17
Trade, Transportation, and Utilities as Percentage of Total Non-Farm Employment	12 to 15
Government Employment as Percentage of Total Non-Farm Employment	4 to 5
Leisure and Hospitality as Percentage of Total Non-Farm Employment	11 to 17
Less than High School Education 25+	10 to 11
Workers 16 and Over Using Transit	4 to 6
Average Travel Time to Work	15 to 17
Roadway Miles per 1,000 Persons	14 to 18
Daily Vehicle Miles of Travel per Capita	8 to 11
Transit Ridership—Heavy and Light Rail	6 to 10
Cost of Living	2 to 14
Median Home Price	10 to 11
Home Ownership Rates	5 to 8
Cancer Hospitals in Top 40	3 to 6
Unhealthy Air Days	9 to 15

Rankings should not necessarily be interpreted as a strength or weakness, but merely where the region falls along a spectrum relative to its peers.

Best Practices for Employers Managing Opioid Abuse

Addiction and abuse of powerful pain killers, known as opioids, has reached alarming levels in the United States as a result of overprescribing and illegal street sales of these drugs. The American Medical Association has characterized the opioid crisis as an epidemic.

The addiction to and abuse of these pain killers, along with illicit synthetic opioids such as fentanyl, contributed to an estimated 72,000 drug-overdose deaths in 2017, according to the Centers for Disease Control and Prevention. Additionally, this epidemic has caused thousands of American families and individuals to confront disruptive financial and emotional hardships.

While much of the media coverage surrounding opioids has focused on factors that have led to the epidemic, personal tragedies and the effect the crisis is having on public resources, its impact in the workplace has not received much attention or resources.

Many employers, however, are affected by the epidemic. A 2017 National Safety Council survey found that 71 percent of employers reported the opioid crisis affects their workers, managers and resources. However, only 19 percent said they were prepared to deal with employees addicted to or abusing opioids.

To help remedy this important workforce issue in the Greater Baltimore region and Maryland, the Greater Baltimore Committee's Health Care Committee has developed a set of guidelines for employers. The recommendations are meant to ensure that employers have policies and insurance coverage in place to help prevent and address drug addiction and that affected employees receive proper medical treatment for themselves or a family member.

The Health Care Committee, which studied the issue and related best practices, encourages employers to view opioid addiction as a medical condition, not a criminal act, and to help workers receive proper treatment so they can succeed as productive employees. This requires the employer to work proactively, but confidentially, to provide the needed assistance.

How Employers Can Combat the Opioid Epidemic

- Have a clear, written drug-free workplace policy and enforce it with approved testing performed by a certified lab.
- Educate supervisors on the signs of addiction and non-judgmental approaches to encourage available treatment in the context of state and federal law.
- Educate employees and empower them with information on the effects of opioids, when to use them, alternative pain relief options and how to talk to their health care provider before consuming the drugs for treatment.
- Require evidence-based, safe prescribing guidelines from your Pharmacy Benefits Manager (PBM) or limit initial prescriptions without prior approval.
- Require that the PBM supply data on high users and extreme prescribers of high-risk drugs, as allowed by state or federal law.
- Protect confidentiality in all interactions.
- Encourage employees to safely dispose of unused medications. Work with local law enforcement to host a disposal day.
- Ensure that your employee health care plan covers high quality mental health benefits and employee assistance programs.
- Evaluate the members of workers' compensation physician panels and require that panel members have a certification of education on the use of alternative treatment options for the treatment of pain.
- Establish drug management programs to restrict high users or those suspected of doctor shopping to a single pharmacy or prescriber as allowed by state or federal law.
- Educate employees on the safe storage of opioids, the danger of mixing drugs and the risks of sharing drugs.

In Focus: Managing Opioid Abuse in the Workplace

Opioid-related Insurance Policies

Insurance policies can help prevent individuals from developing opioid use disorders and assist those with opioid use disorders to access evidence-based treatment.

Employers with self-insured employee health plans should incorporate the strongest benefits for prevention and treatment of opioid use disorders in health and workers' compensation plans.

By providing plans that conform to the best practices listed below, employers can better protect the well-being of their employees and help establish these practices as an expectation for all insurers and pharmacy benefit managers.

Best Practices for Health and Workers' Compensation Insurance Plans

Prevention

- Limit first-time opioid analgesic prescriptions for non-cancer, non-end-of-life pain to five days or as recommended by current Centers for Disease Control and Prevention guidelines.
- Require prior authorization for high-dose opioid analgesic prescriptions (e.g., >90 morphine milligram equivalents per day).
- Establish a utilization management program for patients that are prescribed opioids for chronic pain.
- Use a drug management program for high-risk patients as appropriate and allowed by state or federal law.
- Monitor prescribing data and intervene with extreme prescribers of high-risk drugs, as allowed by state or federal law.
- Provide coverage for non-opioid pain management, including non-pharmacological options (e.g., physical therapy, acupuncture, etc.) and pharmacological options (e.g., Lidocaine, NSAIDs, Lyrica, EXPAREL (liposomal bupivacaine)).

Treatment

- Provide coverage for all three FDA-approved medications (methadone, buprenorphine and naltrexone) for the treatment of opioid use disorder with no prior authorization requirements, duration limits or dosage limits.
- Waive prescription co-pays for at least one formulation of naloxone and provide coverage for opiate reversal medications.
- Provide and encourage medication assisted treatment in intensive outpatient programs while making residential treatment centers available as appropriate.



See this guide on the GBC's website: gbc.org/wp-content/uploads/2018/10/Opioid-Abuse-guide.pdf

"The key to recovery is support and compassion. Patients in pain and patients with a substance use disorder need comprehensive treatment, not judgment."

— **Patrice A. Harris, M.D., M.A.,**
Chair, American Medical Association
Opioid Task Force

**For information about GBC membership or programs contact:
info@gbc.org or 410-727-2820**



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