



COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

This is the hospital specific implementation strategy for University of Maryland Upper Chesapeake Health (UM UCH) and addresses the community health needs identified through a collaborative community health needs assessment (CHNA) process conducted with local and regional partners. This document outlines plans for UMUCH to support specific community benefit efforts as part of a larger community-wide and system plan.

OUR COMMUNITY AND KEY PARTNERS

Serving Harford County for more than 100 years, University of Maryland Upper Chesapeake Health (UM UCH) is a member of the University of Maryland Medical System, the State's largest health system. UM UCH includes two acute care, not-for-profit medical centers — UM Upper Chesapeake Medical Center in Bel Air and Aberdeen totaling 366 licensed beds. Driven by the growing healthcare needs of the community UM UCH provides cancer care, orthopedics, cardiology, behavioral health, and pulmonary medicine among more. In 2024, The Kaufman Cancer Center in Bel Air celebrated its 10th anniversary of providing comprehensive cancer services to the community. Additionally, both the Klein Family Center and the Aberdeen Behavioral Health Pavilion offer a continuum of behavioral health programs to our community.

In recent years UM UCH invested over \$260 million to expand medical services including recruiting over 32 primary care and specialty care providers. Investments include a new 72 bed inpatient tower in Bel Air, an expanded emergency room waiting area, expanded surgical robotics programs, core infrastructure and a new cafeteria. In the Summer of 2024, Pavilion III on the Bel Air campus will introduce a new ambulatory surgery center with 2 operating rooms and 2 procedure rooms, along with sports medicine and a surgical institute featuring orthopedics, spine and hand and plastics.

In Aberdeen, a major campus was introduced including a new emergency room, short-stay observation unit, the Anna and James Lambdin Health and Wellness Center in Aberdeen.

A major expansion of primary care services is underway across UM UCH's 7 practice Harford County locations, with over 46,000 community members served annually.

In support of these expanded clinical services in Harford County, the University of Maryland School of Medicine now provides specialty care services in over 21 specialties, including 9 pediatric sub-specialties, major cancer programs, spine surgery and others.

Driven by the health needs of Harford and Cecil County, UM UCH is proud to offer expanded access to primary care and specialty services along with a comprehensive network of health and wellness focused education and preventative care services support by our Community Health and Outreach Team. As part of the University of Maryland Medical System, we continue to provide A BETTER STATE OF CARE.

The Harford County CHNA includes all 21 Harford County zip codes. This includes zip codes where our most vulnerable populations reside (21009, 21040, 21001 and 21078). In keeping with University of Maryland Upper Chesapeake Health's mission of maintaining and improving the health of the people in its communities and providing high quality care to all. While the above four zip codes are identified as containing concentrated areas of poverty, there are pockets of poverty throughout many of the Harford County zip codes particularly in the northern zip codes where it is very rural. Surveying all of Harford County gives the organization a better opportunity to meet the needs of the vulnerable residents of Harford County.

HOW THIS IMPLEMENTATION STRATEGY WAS DEVELOPED

Community Health Needs Assessment

Process and Product

The UM UCH community health needs assessment (CHNA) was conducted in partnership with the Harford County Health Department and Healthy Harford. This written report describes:

- The community served
- Community demographics
- Existing health resources in the community available to respond to needs
- How data was collected in the assessment process
- The priority health needs of the community
- Health needs and issues of uninsured, low-income, and minority groups
- The process for identifying and prioritizing community needs and services to meet the needs
- The process for consulting with persons representing the community's interests

Sharing Results

Detailed findings for our assessment is posted on the UM UCH website [Community | UM Upper Chesapeake Health \(umms.org\)](https://www.umms.org) and the Harford County Health Department

harfordcountyhealth.com/wp-content/uploads/2021/06/Harford-County-Community-Health-Needs-Assessment-2021.pdf website(s) in June 2024. The CHNA was presented to the Quality Care Council on June 11, 2024, for discussion and approval. The Quality Care Council is a subcommittee of the Hospital Board whose focus is to direct and approve quality and comprehensive initiatives. The Board gives the Quality Care Council the purview to approve the CHNA and Implementation Plan.

PRIORITY HEALTH NEEDS & HOW THEY WERE ESTABLISHED

Prioritization Process

Process & Criteria

Priority setting is complex and requires input from county stakeholders and decision makers and relies on the use of diverse data sources as well as stakeholder input.

In April of 2024, the key community stakeholders met to review the community health needs assessment survey and focus group results. The stakeholders included:

- UM UCH
- Klein Family Center
- Health Harford County Health Department
- Healthy Harford
- Harford County Council
- Harford County Public Schools
- Harford County Public Library
- Harford County Office on Aging
- Harford County Emergency Services
- Department of Social Services
- Department of Community Services

Once the group reviewed the data and information, they determined and prioritized the county's health needs and priorities for the next three years.

Identified Priorities

The following priority health issues are the final community-wide priorities that were selected through the process described above:

Harford County:

1. Mental Health and Wellness
2. Prevention and Health Management

3. Community and Family Wellbeing

Engagement in a Community-Wide Plan

Internally, upon adoption of this plan, UM UCH will convene regularly with the Community Benefit Advisory Board. This Board is comprised of department leaders who oversee initiatives that may potentially impact the identified needs.

Externally, UM UCH will collaborate with our community partners on a regular basis through the standing meets of the three operating LHICs in the County:

- The Chronic Diseases Prevention and Wellness Workgroup
- The Family Health & Resiliency Workgroup
- The Harford County Mental Health and Addictions Advisory Council (MHAAC). Meets jointly with the Harford County Local Health Improvement Coalition (LHIC) Behavioral Health Workgroup and the Overdose Intervention Team (OIT). The three groups merged to form the MHAAC | LHIC | OIT in 2019 in order to streamline action for addressing mental and behavioral health priorities within the county.

The Community Health Improvement Plan (CHIP) for Harford County can be found at Harford County Health Department. harfordcountyhealth.com. The UMMC CHIP is available at harfordcountyhealth.com/wp-content/uploads/2022/06/Revised-2019-CHIP.pdf

IMPLEMENTATION STRATEGY DETAILS

Priority Health Issue #1: Mental Health and Wellness

Description of Community Need

The Chesapeake Regional Information System for Our Patients (CRISP) reported that 7,380 visits to the hospital were due to depression, increasing about 12% from the previous year. When looking at anxiety, it has decreased by 46.6%, with 1,635 visits in 2022. In addition, the suicide rate was 12 deaths by suicide per 100,000 residents. The Maryland Vital Statistics report indicates that the total intoxication death rate for 2021 was 36.5 per 100,000. The most used drug that caused intoxication deaths was fentanyl, followed by cocaine and prescription opioids. County Health Rankings indicated that 16% of adults reported binge or heavy drinking in 2021. While the rate for intoxication-related deaths has decreased, there is still a large concern for the county with rates much higher than they were a decade ago. The issue now lies with an increase in fentanyl, especially when laced with other products, such as cocaine, which was legalized in Maryland in July 2023.

Desired Community Result

- Reduce emergency room visits and inpatient admissions for behavioral health patients while providing comprehensive behavioral health services that will serve the entire County; and provide the Community an easy-to-access alternative to the hospital emergency room for behavioral health (mental illness and substance use) crises.
- Improve access to mental health services and treatments for all Harford County residents.
- Increase knowledge and awareness for the Harford County community on behavioral health and substance use and the resources available in the community.

Partner Agencies and Roles

In addition to the community partners listed above, UM UCH will collaborate with the following partnering agencies.

Harford Community Action Agency
Harford County Department of Community Services
Harford County Department of Social Services
Harford County Emergency Services
Harford County Office on Aging
Harford County Office on Drug Control Policy
Harford County Office on Mental Health/Core Services Agency
Harford County Public Schools
Harford County Sheriff's Office
NAACP

Related Hospital Strategies

- Through the use of telehealth, collaborative care clinical staff could increase the ability to service more individuals in need of behavioral health and psychiatric care within the primary care physician's office.
- Provide educational classes specific to behavioral health:
 - Mental Health First Aid
 - QPR
 - Mental health/substance use disorder topics
 - How nutrition affects depression and anxiety
 - Linkages between diabetes and depression.
- Work with the Harford County Sheriff's Office to provide crisis management consultation as part of their Crisis Intervention and Crisis Negotiation Teams.
- Participate in community stakeholder meetings:
 - Mental Health Addiction Advisory Council/Local Health Coalition
 - Behavioral Health Workgroup/Harford County Opioid Intervention Team Meeting

- All (Behavioral Health) Providers Meeting
- Crisis Response Provider Meeting
- Office on Mental Health Board Meetings
- Police Commission Meeting
- QPR (Question, Persuade, Refer) /Suicide Prevention Workgroup
- Involuntary Commitment Stakeholders Meeting
- Law Enforcement Assisted Diversion Operational Workgroup
- Increase education to Harford County Public Schools, pediatricians and OB/GYN practices on local mental health resources for Women and Children.

Evaluation and Metrics

We will use the following metrics to identify trends and corrective action for the above strategies.

1. # Mental Health First Aid and QPR Trainings, # individuals trained
2. # patients utilizing the Klein Family Center
3. # patients referred to the Klein Family Center
4. # patients referred to substance use treatment

Priority Health Issue #2: Prevention and Health Management

Description of Community Need

Unhealthy behaviors can lead to chronic diseases that can be life-threatening. The leading causes of mortality in Harford County are heart disease, cancer, and stroke. These conditions can be prevented with lifestyle changes, such as healthy eating habits, physical activity, and avoiding smoking and drinking. There were 168.9 deaths per 100,000 persons in Harford County in 2021 due to heart disease deaths. Hypertension, a large factor of heart disease, was shown to be higher in African Americans, with 106.24 hospital visits per 1000 compared to 77.27 hospital visits per 1000 for the white population. Smoking in adults has been high for several years in Harford County, with 14% of adults reporting they smoked in 2021. Smoking is known to cause many chronic conditions, such as lung cancer and chronic obstructive pulmonary disease (COPD). Lung cancer was the specific cancer type causing the most deaths, at 24% of all cancers in Harford County in 2020. COPD also remains higher than the state rate, with the death rate being 36.9 per 100,000 residents. The diabetes mortality rate was at 18.2 per 100,000 in 2021. The African American population had almost double the rates that the white population did. From 2018 to 2021 there was a slight increase in youth obesity, with 14.7% of high school students falling into the obese category for Body Mass Index (BMI) and 14.8% of students in the overweight category for BMI. County Health Rankings reported that 32% of

adult residents are in the obese category. This rate coincides with the percentage of inactive adults, with 21% of adults reporting they had no physical activity outside of work.

Desired Community Result

- Improve care coordination and continuity of care for identified high risk, rising risk and high ED utilizers through navigation services ensuring these patients receive the right care in the right setting.
- Decrease avoidable ED utilization for identified high risk.
- Improve general wellness in Harford County with a reduction on chronic disease burden.
- Improve education and awareness of prevention and wellness through community programming, health screenings, and vaccinations.

Partner Agencies

UM UCH will partner with local community agencies as listed below, but not limited to:

Breathe 379
Harford Community Action Agency
Harford County Department of Community Services
Harford County Department of Social Services
Harford County Office on Aging
Harford County Public Libraries
Harford County Public Schools
LASOS, Inc.
Mason Dixon
NAACP
Susquehanna Ministerium
United Way of Central Maryland
Y of Central Maryland

Related Member Organization Strategies

- Provide health education and access to community programs, targeted disease specific community events, resources, and health and wellness screenings throughout Harford County to include, but not limited to, addressing diabetes, heart disease, stroke, cancer, and respiratory diseases.
- Offer nurse navigation, dietician and social work services to assist all Harford County residents, with a diagnosis of cancer, free of charge with obtaining access to care for

clinical services, diagnostic procedures, treatment and distress management due to their cancer, regardless of where they plan to receive their treatment.

- Provide monitored cardiac rehabilitation program for any Harford County resident requiring rehabilitation after a cardiac event

Evaluation and Metrics

We will use the following metrics to identify trends and corrective action for the above strategies.

1. # of participants in educational programs
2. # of participants meeting program identified goals
3. # of participants in health screenings
4. # of participants attending support groups
5. % reduction in avoidable diabetes related hospital admissions

Priority Health Issue #3: Community and Family Wellbeing

Description of Community Need

Social Determinants of Health (SDOH), conditions in the environment where we are born, live, learn, work, play, worship, and age, affect a wide range of health, functioning, and quality-of-life outcomes and risks. These are non-medical factors that influence health outcomes. There are five determinant areas that make up the underlying factors of the SDOH and contribute to health equity: Education Access and Quality, Health Care and Quality, Neighborhood and Built Environment, Social and Community Context, and Economic Stability. There is a strong association between social ties and health. Strong relationships are important for one's physical and psychosocial well-being and can influence health outcomes through support such as helping people maintain a healthy diet, reducing emotional stress, increasing physical activity, and helping to connecting people to health and wellness services. By promoting good health and addressing all factors of the SDOH, we can create opportunities for people to live their best, healthiest lives and achieve health equity.

Desired Community Result

- Work collaboratively with community partners to address the SDOH issues.
- Improve food access to populations in need (seniors, children, and families)
- Provide opportunities for safe and inclusive physical activities.
- Improve access to, education and awareness of community health and wellness resources.

Partner Agencies and Roles

In addition to the community partners listed above, UM UCH will collaborate with the following partnering agencies.

Harford County Health Department/Minority Health Program

Breathe 379

Harford Community Action Agency

Harford County Department of Social Services

Harford County Office on Aging

Harford County Public Libraries

Harford County Public Schools

LASOS, Inc.

Mason Dixon

NAACP

Susquehanna Ministerium

United Way of Central Maryland

Y of Central Maryland

Related Member Organization Strategies

- Provide health education and access to community programs.
- Offer nurse navigation, dietician, and social work services to assist all Harford County residents with address SDOH.
- Partner with community stakeholders in health and wellness programing.

Evaluation and Metrics

We will use the following metrics to identify trends and corrective action for the above strategies.

1. # of people served in the various programs.
2. # of events held to educate and increase awareness of opportunities for assistance.
3. # individuals connected to additional resources needed.
4. % of minorities participating in events
5. % of minorities connected to services

NEXT STEPS

As part of the community health improvement process, UM UCH will continue to work with community partners in the development, implementation, and monitoring of our collaborative community health improvement plan (CHIP) that includes some of the hospital strategies outlined in this document. The next community health needs assessment (CHNA) will be conducted in 2027. As a note, this implementation is dynamic in nature and reflective of the communities that we serve and partners that we work with. Strategies may change in scope or fluctuate accordingly based on the aforementioned.