UNIVERSITY of MARYLAND MEDICAL CENTER

FY2024-FY2026 Community Health Needs Assessment Implementation Plan

Executive Summary

The FY2024 Community Health Needs Assessment (CHNA) represents the culmination of work completed by multiple individuals, groups, and the Collaborative, which includes the Baltimore City Health Department (BCHD) and local health systems such as Ascension St. Agnes (ASA), Johns Hopkins Health System (JHHS), Mercy Medical Center, MedStar Health, Mt. Washington Pediatric Hospital (MWPH), Grace Medical Center and Sinai and Levindale Hospitals of LifeBridge Health, and University of Maryland Medical Center (UMMC). The Collaborative partnered with Ascendient Health to complete the assessment and prioritization process.

The purpose of the needs assessment was to better understand, quantify, and articulate the health needs of Baltimore City residents. Key objectives of the CHNA include:

- Identify the health needs of Baltimore City residents.
- Identify disparities in health status and health behaviors, as well as inequities in the factors that contribute to health challenges.
- Understand the challenges residents face when trying to maintain and/or improve their health.
- Understand where underserved populations turn for services needed to maintain and/or improve their health.
- Understand what is needed to help residents maintain and/or improve their health.
- Prioritize the needs of the community and clarify/focus on the highest priorities.

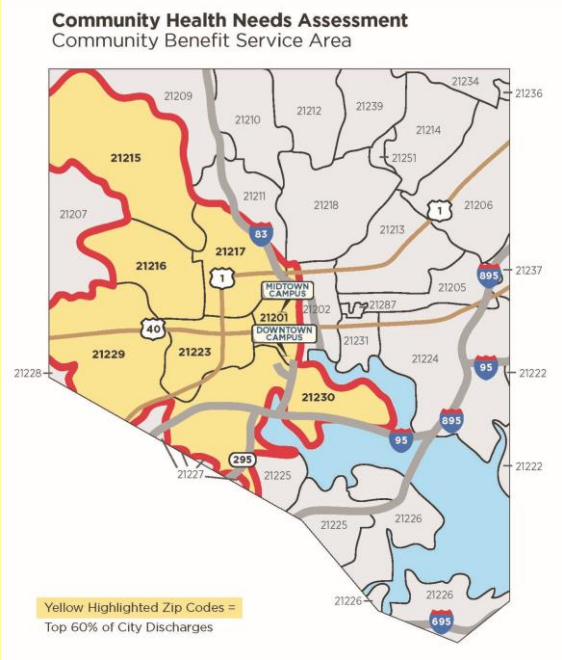
This report includes the implementation strategy for (UMMC) that addresses the prioritized needs obtained from the CHNA. In addition, this document outlines plans for UMMC to support specific community benefit efforts as part of a larger community-wide and system plan. This plan also aligns with the joint strategic plan between UMMC and UMB and is unique in that the partnership has provided the opportunity to provide innovative and evidence-based programs that address social needs and strives to improve health disparity. Specifically, our mobile health screening and education programs, access to early detection lung cancer screening program, and proven strategies to address violence and workforce development are highlights of the plan.

University of Maryland Medical Center

The not-for-profit University of Maryland Medical Center is the flagship hospital of the University of Maryland Medical System. The mission of UMMC is to provide health care services on its two campuses (Downtown and Midtown) for the Baltimore community, the State of Maryland, and the nation. In partnership with the University of Maryland School of Medicine and the University of Maryland health professional schools, we are committed to:

- Delivering superior health care
- Training the next generation of health professionals
- Discovering ways to improve health outcomes worldwide

UMMC was established in 1823 in partnership with the first public medical school in the nation. Today, as then, all attending physicians are faculty members at the University of Maryland School of Medicine. UMMC includes the 789-bed downtown Baltimore campus and the 177-bed midtown campus one mile north. The medical staff comprises nearly 1,200 attending physicians who are faculty members at the University of Maryland School of Medicine, as well as 900 residents and fellows in all medical specialties. The downtown campus includes the Marlene and Stewart Greenebaum Comprehensive Cancer Center and The R Adams Cowley Shock Trauma Center, the highest-volume trauma center in the United States. Midtown was one of the first hospitals in Baltimore to establish an outreach program offering education, prevention, and screening, servicing individuals who face significant barriers in obtaining high quality and affordable care. UMMC serves all of Maryland with an emphasis on our West Baltimore neighborhood, an area characterized by low income and significant health disparities.



Despite the larger regional patient mix of UMMC from the metropolitan area, state, and region, for purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UMMC is within Baltimore City. Six zip codes provide 60 percent of the discharges from Baltimore City. They are represented in the adjacent map.

How This Implementation Strategy Was Developed

Community Health Needs Assessment

Process and Product

The CHNA was conducted in partnership with the Collaborative which includes the Baltimore City Health Department, and local health systems including Ascension St. Agnes (ASA), Johns Hopkins Health System (JHHS), Mercy Medical Center, MedStar Health, Mt. Washington Pediatric Hospital (MWPH), Grace Medical Center and Sinai and Levindale Hospitals of LifeBridge Health, and Ascendient Health. This written report describes:

- The community served
- Community demographics
- 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
- Information gaps that limit the hospital facility's ability to assess the community's health needs.

Sharing Results

Detailed findings for our assessment is posted on the UMMC website *[insert hyperlink]* and the Baltimore City Health Department website *[insert hyperlinks] in [insert month/year]*. The CHNA was presented to the UMMC, Community Engagement Committee/ Board Subcommittee on June 4, 2024 for discussion and approval.

Priority Health Needs & How They Were Established

Prioritization Process

Process & Criteria

Approximately fifty leaders from UMMC and the University of Maryland, Baltimore (UMB), including clinicians and the Community Anchor team, were included in a half day retreat held on April 12, 2024 to assess the data presented by Ascendient Health from the FY2024 CHNA. Leaders were then provided an opportunity to vote for their top 5 priorities based on criteria, such as documented unmet community health needs and UMMC's key strengths and resources. Goals, objectives, owners and partners were identified through breakout sessions. Fully developed plans were further developed and included in this report. All plans will include strategies to target both pediatric and adult populations as described below.

Identified Priorities

While there were numerous health and social needs that were documented in the FY2024 CHNA, UMMC has prioritized the following needs to address within this plan.

1. Access to Care
2. Chronic Disease Management
3. Mental Health & Substance Use
4. Maternal Health
5. Workforce Development & Income Generation
6. Violence Prevention

IMPLEMENTATION STRATEGY DETAILS

Priority Health Issue #1: Access to Care

Description of Community Need

Baltimore City ranks 24 out of 24 counties in Maryland for reported health outcomes and disease mortality rates. The top 5 barriers to access care include: cost, lack of insurance, lack of transportation, no access to available appointments, and don't have a medical provider. Nearly 25 percent of adults and children have not seen a physician in the last 12 months.

Desired Community Result

UMMC is committed to partnering with community agencies to improve residents' access to healthcare for children and adults. All Baltimore City residents, children and adults, should establish care in a medical home with a pediatrician/ family practice or primary care provider. Accessing care should be easy for the patient, and be provided through alternative sites such as mobile or telehealth to promote ease.

Partner Agencies and Roles

UMMC partner organizations will provide space and leadership to support community-based programs at their location. In addition, they will partner with UMMC (1) to identify patients (adults and children) who may not have access to a primary care provider and refer for services, and (2) identify resources or information to reduce barriers to care. The following organizations are key to success, but it is not comprehensive.

- YMaryland, Druid Hill
- Faith based organizations
- UMMC designated partner schools
- Baltimore City Senior Housing
- Baltimore City Community Centers
- Baltimore City Health Department
- The Community Builders, CityView @McCulloh Homes
- Public Markets (Lexington & Hollins)
- Other non-profits

Key Hospital Strategies (NOTE: This plan will address children and adults)

1. In alignment with the FY24-FY27 shared strategic plan (UMMC and UMB), develop a multi-service centralized health care delivery model to improve primary care, chronic disease management, and care coordination between caregivers, services and patients.
2. Address barriers to care:
    a. Cost - provide guidance and instructions to finding health insurance in the community setting and in the provider office. In addition, partner with the patient to complete UMMC charity care application.
    b. Ensure access materials (health insurance, UMMC phone numbers and instructions) are available in English and Spanish, and are published at a second grade reading level. Use simplified language when speaking to residents and patients.
    c. Streamline the process for making appointments.
3. Provide ease in establishing a medical home for patients, demonstrate the benefit for patients.
    a. Screen for social needs at provider appointment; address social needs during the visit.
        i. Food Access
            1. Pediatric patients will be linked to the UMMC Pediatric Food Pantry on site for urgent food needs.
            2. Adult patients will be referred to Maryland Food Bank locations for immediate assistance.
    b. Refer patients with chronic disease, mental health or substance use to care coordination for on- going management.
    c. Expand telehealth access for visits.
    d. Employ the CH mobile van to community locations to provide screenings and education and engage residents to care by reducing barriers.
4. Improve health literacy - increase opportunities for community based health education (strategies in cross over to Chronic Disease)
5. Ensure community programs connect to UMMC value based care programs for continuity.

Evaluation & Metrics We will use the following metrics to identify trends and corrective action for the above strategies. NOTE: The following metrics will be reported separately for adults and children.

1. Response time for appointments
2. # follow up phone calls
3. Wait time to appointments
4. # applications to charity care, Medicaid
5. # referrals to health insurance exchange

6. # mobile health/ telehealth visits
7. # referrals to food pantry, social service organizations
8. See process metrics for chronic disease management below

As Baltimore residents have improved access to healthcare, then it follows that disease rates, avoidable utilization rates, and re-admission- rates will slowly reduce. Conversely, appointment wait times and length of time to appointments may increase as patient volumes increase. UMMC will address additional barriers as they arise.

Priority Health Issue #2: Chronic Disease Management

Description of Community Need

Diabetes, hypertension, heart disease, lung disease (including lung cancer), stroke, and mental health are the leading causes of morbidity and mortality for Baltimore City adults. Pediatric asthma is a leading health disparity in the city. More than 70 percent of city residents report that they do not understand health information when it is presented to them.

Desired Community Result

UMMC is committed to providing support and education to improving health literacy in Baltimore City. Improved health literacy is connected to improved health outcomes and a reduction in the morbidity associated with chronic disease. UMMC will target efforts to improve rates of diabetes, hypertension, stroke, adult pulmonary disease (including lung cancer) and pediatric asthma.

Partner Agencies and Roles

UMMC has numerous partners engaged in community health (see partners listed in previous section). The partners are committed to providing space to offer community health literacy events.

Key Hospital Strategies

1. General – strategies
    a. Increase educational programs in community settings to improve health knowledge in Baltimore residents (measured by pre-post tests)
        i. Increase number of and variety of health education programs to include addressing diabetes, hypertension, pulmonary disease, stroke and pediatric asthma.
        ii. Increase social media messaging
        iii. Implement increased use of Community Health Workers to reach patients and provide messaging.

b. Increase access to and number of screenings to create awareness of Know Your Numbers campaigns, including the Community Health Education Center at UMMC MTC, Community Health mobile van, community partner sites.
    i. Leverage EPIC EMR to communicate results and programs to primary and specialty providers at UMMC MTC.
c. Support Access to Care Initiative (#1) that health education materials are developed in easy to read language in English and Spanish.

2. Disease specific strategies:
    a. Continue collaboration and education with Baltimore city governments and partners in the Stroke Smart campaign
    b. Provide Pediatric Asthma Education literature at time of ED discharge to promote improve health literacy.
    c. Implement early detection lung screening program in collaboration with UMB. C
    d. Integrate mental health screening into primary care and specialty care practices.
3. Ensure community programs connect to UMMC value based care programs for continuity

Evaluation and Metrics

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

1. Change in knowledge as measured by pre-post tests from community interventions
2. # screenings, # referrals to care
3. Trend screening outcomes over time BMI, A1C, Blood pressure screenings. Process metrics: # individuals reached (include age). #programs, # partnerships, #Screening hubs
4. # Community touches
5. # Pediatric asthma education bags provided

As Baltimore residents increase their health literacy, referrals to health care and appointments with providers will initially increase. Over time, disease rates will decrease as will, avoidable utilization rates, and re-admission- rates.

Priority Health Issue #3: Mental Health and Substance Use

Description of Community Need

In 2021, 20.7% of Baltimore City residents self-reported that a health professional has told them that they have a depressive disorder, yet, only 5.2% of residents visited a mental health provider. Baltimore City residents ranked substance use (43%) and mental health (39%) within the top 5 health needs in the city. Baltimore City leaders ranked mental health/ suicide (66.7%) and substance use (51.5%) within the top 5 health needs in the city.

Desired Community Result

UMMC is dedicated to working with community agencies to reduce the stigma around mental health and substance abuse. UMMC would like to increase access to mental health and substance use treatment in Baltimore City by increasing provider and staff awareness of mental health needs and trauma informed care modalities.

Partner Agencies and Roles

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

- SAMHSA (Substance Abuse and Mental Health Services Administration)
- NAMI (National Alliance on Mental Illness)
- GBRICS (Greater Baltimore Regional Integrated Crisis System) and its members

Key Hospital Strategies

1. Increase knowledge and awareness of UMMC mental health and substance use treatment programs.
    a. Target UMMC providers for education on referral process.
    b. Provide general awareness campaigns regarding programs for the community.
2. Continue to support GBRICS (Greater Baltimore Regional Integrated Crisis System) to promote access to urgent mental health care for city residents.
    a. Attend meetings and support initiatives.
    b. Increase community outreach and education about 988 services and mobile crisis care
3. Expand peer recovery support into the community to screen residents and refer to services.
    a. Link SBIRT program to increase referrals to treatment
4. Expand mental health first aid training to ambulatory staff and community leaders.
5. Leverage partnerships to understand how trauma impacts patient care. Extend and expand education and information to primary and specialty UMMC clinics about trauma-informed care.
6. Develop mental health screening tool (similar to SBIRT for substance use) that can be implemented by staff to refer patients to mental health care.
7. Ensure community programs connect to UMMC value based care programs for continuity.

Evaluation and Metrics

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

1. # Mental Health First Aid Trainings, # individuals trained
2. # Trauma informed care trainings, # healthcare professionals trained

3. # patients referred to mental health care treatment
4. # patients utilizing 988 and mobile crisis services
5. # GBRICS meetings attended and action taken
6. #patients referred to substance use treatment

Priority Health Issue #4: Maternal Health

Description of Community Need

Severe maternal morbidity and mortality is a significant need in Baltimore. There is also disparity between white and black mothers. In addition, infant mortality rates are worse than local, state and national averages. Mothers face access to care barriers as described in #1 above.

Desired Community Result

Mothers and infants should have easy access to state of the art prenatal and postnatal care. UMMC strives to improve maternal and infant health outcomes, reduce disparities in maternal health indicators such as preterm birth and severe maternal morbidity and mortality and enhance access to healthcare and education for pregnant women and new mothers.

Partner Agencies and Roles

In addition to the partners identified above, UMMC will partner with local community providers to expand training and access for reproductive services.

Key Hospital Strategies

1. Improve healthcare access for women of childbearing age:
    - Increase the number of maternal health providers at UMMC.
    - Expand telehealth services across UMMS hospitals.
    - Expand reproductive health training to community providers via state's well-mobile efforts.
2. Address social needs for women of childbearing age.
    - Transportation – improve transportation strategies so women can access healthcare appointments.
    - Food security - refer pregnant women and their children to the pediatric food pantry at UMMC MTC.
3. Strengthen Health Education/ literacy:
    - Implement community-based health education programs.
    - Distribute multilingual educational materials (see chronic disease management #2 above).
4. Expand Mental Health Services (see #3 above Mental health and substance use):
    - Train healthcare providers to screen for postpartum depression.
    - Connect patients with community counseling and support groups.

Evaluation and Metrics

1. # UMMC and community providers who accept patients

2. # Referrals to food pantry and transportation services
3. # Community education programs
4. # patients referred to mental health services.

Priority Health Issue #5: Workforce Development/ Income Stability

Description of Community Need

Multiple social needs impact Baltimore City residents. However, low household income drives poverty, crime, and a lack of housing/food/ transportation. In the UMMC service area, nearly 10 percent of households receive SNAP and median household income ranges from $21,530 to $49,999. A third of residents state lack of job opportunities as a need. UMMC needs local talent to staff units and departments.

Desired Community Result

UMMC will strategically bolster career trajectories within the healthcare sector through targeted recruitment and comprehensive training of new personnel. Additionally, UMMC aims to retain skilled staff and cultivate robust partnerships that seamlessly connect educational advancements to career readiness. This program is specifically tailored to enhance the professional development of UMMC employees and to contribute positively to the West Baltimore community, fostering a sustainable healthcare workforce, who earn a fair living wage.

Partner Agencies and Roles

UMMC Career Academy partners with numerous organizations including our partner schools, non-profits, city based colleges and universities, local government, and other workforce development programs.

Key Hospital Strategies

1. **Recruitment**: Aim to recruit 250 new employees by leveraging traditional and digital marketing strategies and hosting job fairs in collaboration with community partners.
2. **Retention**: Retain at least 80% of newly recruited employees by implementing structured onboarding processes and continuous professional development programs.
3. **Upskilling**: Offer upskilling opportunities to community program participants and current UMMC staff to earn stackable credentials. For example, enabling career progression from to Patient Care Technician (PCT) Level 1, to Registered Nurse (RN), or from Surgical Support Technician to Central Sterile Processing (CSP) to Surgical Technician.
4. **School to Career Partnerships**: Increase school-to-career partnerships by developing satellite sites in collaboration with various Community-Based Organizations (CBOs) and stakeholders. Implement programs like career readiness and digital literacy courses at locations such as the Druid Heights Community Center.

5. **Internships and Apprenticeships**: Develop paid internship and apprenticeship opportunities within the Career Academy. Seek funding opportunities that provide incentives for participation in these programs, enhancing the attractiveness and accessibility of health careers.
6. **Student Incentives**: Incentivize students by organizing interactive sessions with healthcare professionals, such as nurses, community health workers (CHW), and doctors, where students can engage directly and gain insights into various health careers.
7. **Mental Health Focus**: Address the mental health components of career development by integrating mental health support and awareness into all training and employment programs. This includes providing mental health first aid training and ensuring access to mental health services for all participants.

Evaluation and Metrics

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

1. # recruited
2. Retention Rate
3. # Upskilling employees
4. # new partnerships with training schools as feeder programs

Priority Health Issue #6: Violence Prevention

Description of Community Need

Firearm fatalities and injuries rank higher in Baltimore City as compared to local, state and national statistics. Gun violence ranks in the top five of health concerns for Baltimore City residents. Over 70 percent of community leaders believe that reducing crime and violence should be addressed as a priority.

Desired Community Result

Community based violence prevention and intervention programs can lower the rates of future offending with fewer retaliations. There will be less violence and overall cost and life saving.

Partner Agencies and Roles

In addition to the community partners listed above, UMMC will collaborate with the following partnering agencies:

- Mayor's Office of Neighborhood Safety and Engagement (MONSE)
- UMB Rebuild Overcome and Rise (ROAR) Center
- The Hospital Alliance for Violence Intervention (HAVI)
- States Attorney's Office
- Department of Juvenile Services (Baltimore City and Baltimore County)
- UMB Center for Violence Prevention

- Roca
- Public School Systems (Baltimore City, Baltimore County, Howard County)
- Baltimore City HVIP programs

Key Hospital Strategies

1. Establish Baltimore City's first wrap-around clinic for victims of violence to provide follow-up medical, psychosocial, and community needs support (To be located in Shock Trauma Outpatient Pavilion)
2. Increase engagement rate within hospital violence intervention program (HVIP) program > 60% of eligible patients
3. Increase primary violence prevention programming for the community, specifically high-risk teen populations utilizing the Saving Maryland At Risk Teens (SMART) Program and the Schools in Courts Programming.
4. Continue partnership with city-wide HVIP programs and community partners to increase resources, educational opportunities, and collaboration to our community and patients.

Evaluation and Metrics

- % violent injury admission to Shock Trauma by age and gender
- HVIP participation rate/engagement rate
- # HVIP client intake assessments completed
- Readmission rates for victims of violence and no-show rates for clinic follow up appointments

UMMC Leadership and Community Anchor Program Participation

The following UMMC and UMB team members and leaders participated in the CHNA prioritization process, plan development and implementation process.

UMMC

Dana Farrakhan, DrPH, MHS, FACHE, SVP Strategy, Community and Business Development
Jeanette Gibbs, MSHA, SVP Ambulatory Services and Value Based Care
Rebecca Altman, RN, MBA Senior Vice President and CAO UMMC MTC
Melissa Lambdin, Vice President and Chief of Staff
Christine Crabbs, Sr. Director of Community Health
Karen Dates-Dunmore, Sr. Director Community Engagement and Workforce Development
Julie Kubiak, RN, Nursing Director, Ambulatory Services
Aislynn Moyer, RN, Nursing Director, Ambulatory Services
Alexandra Moran, Director of Diabetes Program
Carly Pick, RN Manager Center for Injury Prevention
Caitlyn Palmisano, RN, Stroke Coordinator
Michael Franklin, Manager of Career Academy and Workforce Development
Rhonda Boozer Yeary, Community Engagement Manager
Mariellen Synan, Community Health Improvement Manager
Shakurah Duffie, Community Health Improvement Manager
Tyla Johnson, Community Resource Liaison
Aniyah Community Health Specialist
Lauren Synan, Community Health Specialist
Quianna Howell, Community Health Specialist
Anthony Redd, Community Health Worker
Griselda Funn, Community Health Worker,
Natasha Stanley, Baltimore City resident

UMB

Rebecca Carter, MD, Chief of General Pediatrics
Jill Rachbeisel, MD, Chief of Psychiatry
Irina Burd, MD, Chief of OBGYN & Reproductive Sciences
William Joyner, Assistant Vice President
Lisa Rawlings, Manager of Workforce Development

Engagement in Community-Wide Plans

Internally, upon adoption of this plan, UMMC will convene oversight committees to address each priority area. Each committee will be chaired by a UMMC/ UMB leader and meet regularly to detail the existing plan, establish goals and timelines, responsibilities and resources required to achieve goals. The Community Health team leadership will develop a plan-wide dashboard that incorporates all metrics to be reported out on a quarterly basis (when data is available) and distributed to UMMC executive leadership and the Community Engagement Committee of the Board to monitor progress. Modifications to plans will be required as resources fluctuate or goals are not achieved.

Externally, UMMC will collaborate with Baltimore public health experts and other key community stakeholders to develop a written description of the activities that hospital facilities, public health agencies, and other local organizations plan to undertake collectively to address specific health needs in our community. This collaborative action planning process will result in the development of a community health improvement plan (CHIP) for Baltimore City. The prioritized needs for Baltimore City, as identified by the Baltimore City Health Department include Access to Care and Mental Health (for the adult population) and Youth Violence Prevention to address social needs for children.

The Community Health Improvement Plan CHIP) for Baltimore City can be found at Baltimore City Health Department. *[Insert Link]*. The UMMC CHIP is available at *[insert link]*.

Needs Not Addressed in this Plan

Though we recognize that each community health need identified by the community is important, our hospital has prioritized the above mentioned needs. UMMC will dedicate new or additional resources to address these needs. There are other needs within the CHNA that we will still address, but resources may not be prioritized. Those needs include cancer, tobacco use prevention, neurological diseases and hospitalizations, chronic pain and arthritis, discrimination based on race/ ethnicity, and social isolation. Needs such as adolescent obesity, school funding adequacy, childcare costs, disconnected youth, English proficiency, childhood support, and housing will not be addressed by UMMC due to a lack of resources and are not an area of expertise.

NEXT STEPS

As part of the community health improvement process, UMMC 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 FY2027. 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.

APPROVAL

This report was prepared for the June 4, 2024 UMMC Community Engagement Board meeting, and is approved as signed below by the Board Chairperson, President and CEO, and Senior Vice President of Strategy, Community and Business Development.

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Robert Wallace

6/21/2024

Date

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Bert W. O'Malley, MD

8/15/2024

Date

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Dana D. Farrakhan, DrPH, MHS, FACHE

6/19/2024

Date