UNIVERSITY *of* MARYLAND
MEDICAL CENTER
MIDTOWN CAMPUS

Community Health Needs Assessment
& Implementation Plan
Executive Summary
FY2016-FY2018

June 30, 2015

Approved by: Community Health Improvement Team - 5/10/15
Approved by: University of Maryland Medical Center Midtown
Community Benefits Committee of the Board - 6/8/15

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Executive Summary

Overview

Since its founding more than 100 years ago as a teaching community hospital, the University of Maryland Medical Center Midtown Campus (UMMC Midtown), located in Baltimore's cultural center near the historic Mount Vernon neighborhood, has provided access to a full range of medical and surgical care. In 2013, UMMC Midtown Campus (formerly known as Maryland General Hospital) adopted its new name and more closely aligned with the University of Maryland Medical Center, the flagship of the University of Maryland Medical System, to offer a greater number of on-site services in more than 30 medical specialties.

In FY2014, UMMC Midtown provided care for 6,178 inpatient admissions, 5,050 surgical cases, 138,173 outpatient visits, and 30,577 emergency department visits. The University of Maryland Medical Center is licensed for 208 acute care beds. Beyond the Medical Center's facilities in FY2014, the Community Health Improvement Team provided over 65 health fairs in local faith-based organizations, schools, and community centers, led two health promotion grants from the Baltimore City Health Department and co-sponsored five major UMMS health fairs/screening events with 41,518 encounters in the community. In addition, the Medical Center provides a community outreach section on the UMMC public web site to announce upcoming community health events and activities in addition to posting the annual Community Benefit Report and triennial Community Health Needs Assessment (CHNA). (http://www.ummidtown.org/about/community-outreach)

Our Mission

University of Maryland Medical Center is the academic flagship of the University of Maryland Medical System. Its mission is to provide health care services on its two campuses 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

The University of Maryland Medical Center Midtown Campus is aligned with the same mission, vision, and values as the Medical Center.

Source: [Vision, Mission and Values - University of Maryland Medical Center](http://umm.edu/about/mission-and-vision#ixzz3cUw0vRnF)
http://umm.edu/about/mission-and-vision#ixzz3cUw0vRnF

Our Vision:

UMMC will be known for providing high value and compassionate care, improving health in Maryland and beyond, educating future health care leaders and discovering innovative ways to advance medicine worldwide.

Source: [Vision, Mission and Values - University of Maryland Medical Center](http://umm.edu/about/mission-and-vision#ixzz3cUwFj4UW)
http://umm.edu/about/mission-and-vision#ixzz3cUwFj4UW

Our Community Health Improvement Mission: To empower and build healthy communities

Process

I. Establishing the Assessment and Infrastructure

To complete a comprehensive assessment of the needs of the community, the Association for Community Health Improvement's (ACHI) 6-step Community Health Assessment Process was utilized as a organizing methodology.   The UMMC/Midtown Community Health Improvement Team (CHI Team) served as the lead team to conduct the Community Health Needs Assessment (CHNA) with input from other University of Maryland Medical System Baltimore City-based hospitals, community leaders, the academic community, the public, health experts, and the Baltimore City Health Department. The UMMC/Midtown CHI Team adopted the following ACHI 6-step process (See Figure 1) to lead the assessment process and the additional 5-component assessment (See Figure 2) and engagement strategy to lead the data collection methodology.
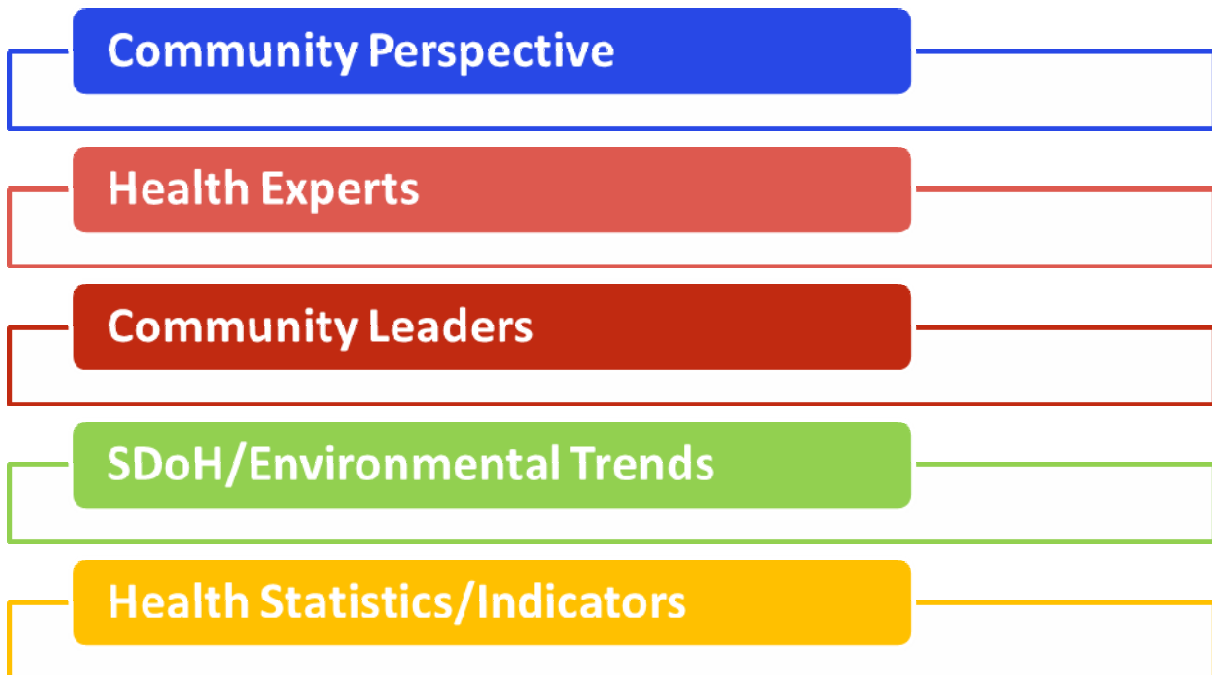
Figure 1 - ACHI 6-Step Community Health Assessment Process

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a community health needs assessment either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and beginning in 2013, perform an

assessment at least every three years thereafter. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public. For the purposes of this report, a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following: (1) A description of the process used to conduct the assessment;(2) With whom the hospital has worked; (3) How the hospital took into account input from community members and public health experts; (4) A description of the community served; and (5) A description of the health needs identified through the assessment process.

Figure 2 – 5-Step Assessment & Engagement Model

Community Perspective

Health Experts

Community Leaders

SDoH/Environmental Trends

Health Statistics/Indicators

Data was collected from the five major areas illustrated above to complete a comprehensive assessment of the community's needs. Data is presented in Section III of this summary and includes primary and secondary sources of data. The University of Maryland Medical Center Midtown Campus participates in a wide variety of local coalitions including, several sponsored by the Baltimore City Health Department, Cardiovascular Coalition and Tobacco Coalition, as well as partnerships with many community-based organizations like American Cancer Society (ACS), American Diabetes Association (ADA), American Heart Association (AHA), B'More

Healthy Babies, Text4baby, and Safe Kids to name a few. This assessment report was approved by the UMMC/Midtown CHI Team in May and the University of Maryland Medical Center Midtown Campus Community Benefit Committee of the Board on June 8, 2015.

II.   Defining the Purpose and Scope

Primary Community Benefit Service Area

Despite the larger regional patient mix of UMMC Midtown from the metropolitan area, for purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UMMC Midtown is within Baltimore City.

The top seven zip codes within Baltimore City displayed in Figure 3 represent the top 66% of all Baltimore City admissions in FY'14. These seven targeted zip codes (21201, 21215, 21216, 21217, 21218, 21223, 21229) are the primary community benefit service area (CBSA) and comprise the geographic scope of this assessment. See Figure 3.

Figure 3 – Top Baltimore City FY'14 Admissions to UMMC by Zip Code

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Defining the Community Benefit Service Areas within Baltimore City
YELLOW HIGHLIGHTED ZIP CODES = Top 60% of City Discharges
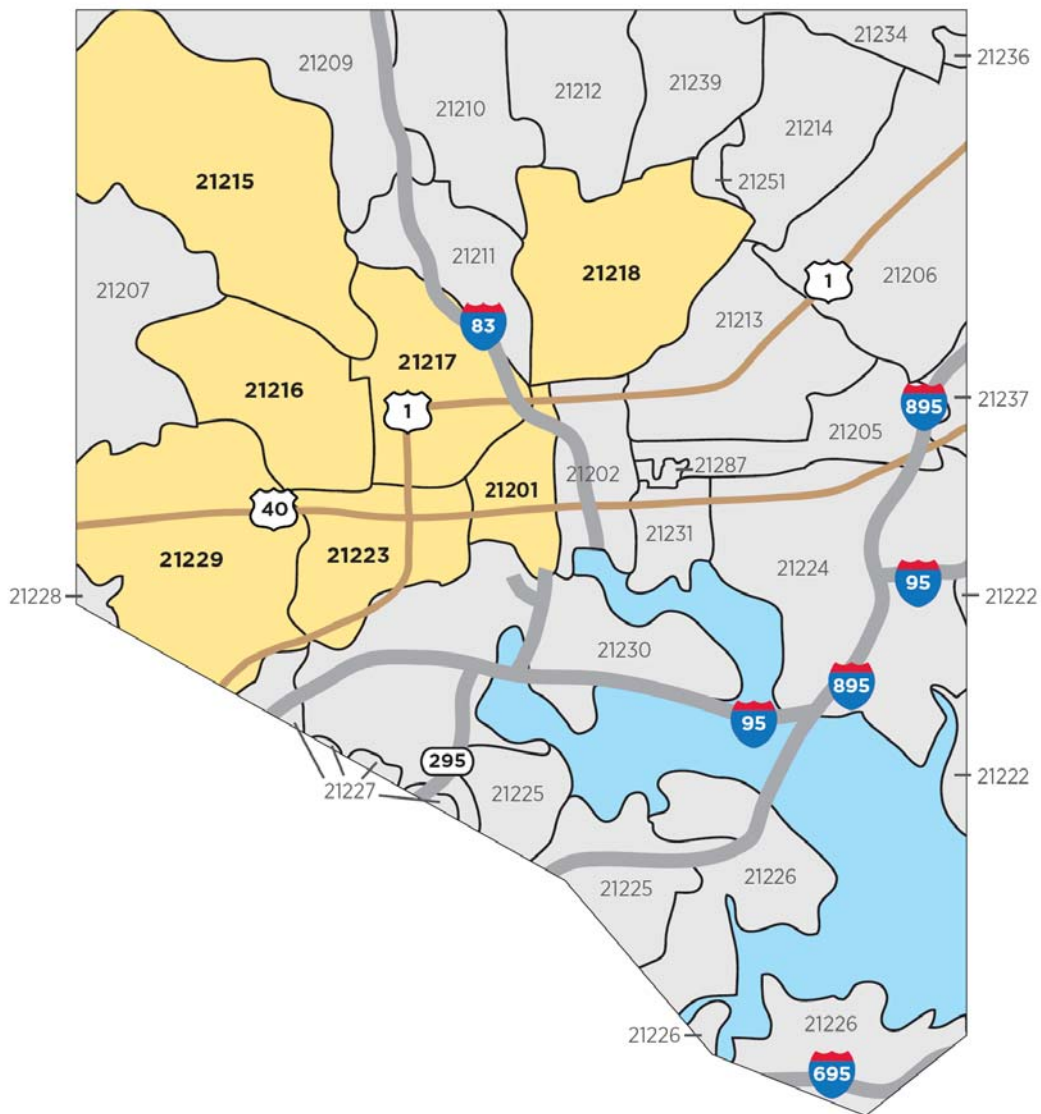
III. Collecting and Analyzing Data

Using the above frameworks (Figures 1 & 2), data was collected from multiple sources, groups, and individuals and integrated into a comprehensive document which was utilized at a retreat on March 11, 2014 of the UMMC/Midtown Community Health Improvement (CHI) Team. During that strategic planning retreat, priorities were identified using the collected data and an adapted version of the Catholic Health Association's (CHA) priority setting criteria. The identified priorities were also validated by a panel of UM Clinical Advisors and UMB Campus experts.

UMMC Midtown used primary and secondary sources of data as well as quantitative and qualitative data and consulted with numerous individuals and organizations during the CHNA, including other University of Maryland Medical System (UMMS) Baltimore City-based hospitals (University of Maryland Medical Center, University of Maryland Rehabilitation and Orthopedic Institute, and Mt Washington Pediatric Hospitals), community leaders, community partners, the University of Maryland Baltimore (UMB) academic community, the general public, local health experts, and the Baltimore City Health Department.

A) Community Perspective
The community's perspective was obtained through one survey offered to the public using several methods throughout Baltimore City. A 6-item survey queried Baltimore City residents to identify their top health concerns and their top barriers in accessing health care. (See Appendix for the actual survey)

Methods
6-item survey distributed in FY2015 using the following methods:

- Survey insert in ***Maryland Health Matters*** (health newsletter) distributed to over 40,000 residents within the CBSA
- Online survey posted to www.umm.edu website for community to complete
- Waiting rooms (Ambulatory clinics and EDs) at both campuses
- Health fairs and events in neighborhoods within UMMC's CBSA

Results

■ Top 5 Health Concerns: (See Chart 1 below)

❑ Diabetes/Sugar

❑ Smoking/Drug/Alcohol Use

❑ High Blood Pressure/Stroke

❑ Cancer

❑ Heart Disease

Analysis by CBSA targeted zip codes revealed the same top health concerns and top health barriers with little deviation from the overall Baltimore City data. The sample size was 1,212 Baltimore City residents from the identified CBSA.

Chart 1 - Community's Top Health Concerns (All Baltimore City)
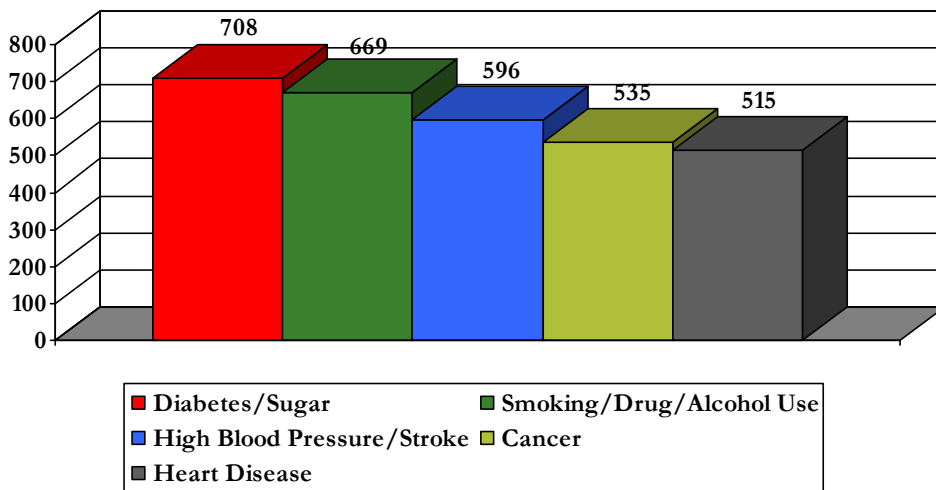
(N=1,212)

- Top 5 Barriers to Health Care: (See Chart 2 below)
  - ❑ No Health Insurance
  - ❑ Too Expensive
  - ❑ No Transportation
  - ❑ Local MDs Not Part of Plan
  - ❑ Couldn't Get Appt w/Doctor

Chart 2 – Community's Top Barriers to Healthcare (All Baltimore City)

Legend	
■ No Health Insurance	■ Too Expensive
■ No Transportation	■ Local MDs Not Part of Plan
■ Couldn't Get Appt w/Doctor	■ Doctor Too Far Away
■ Service Not Available in City	☐ Other

Values: 833, 726, 446, 259, 138, 125, 91, 103
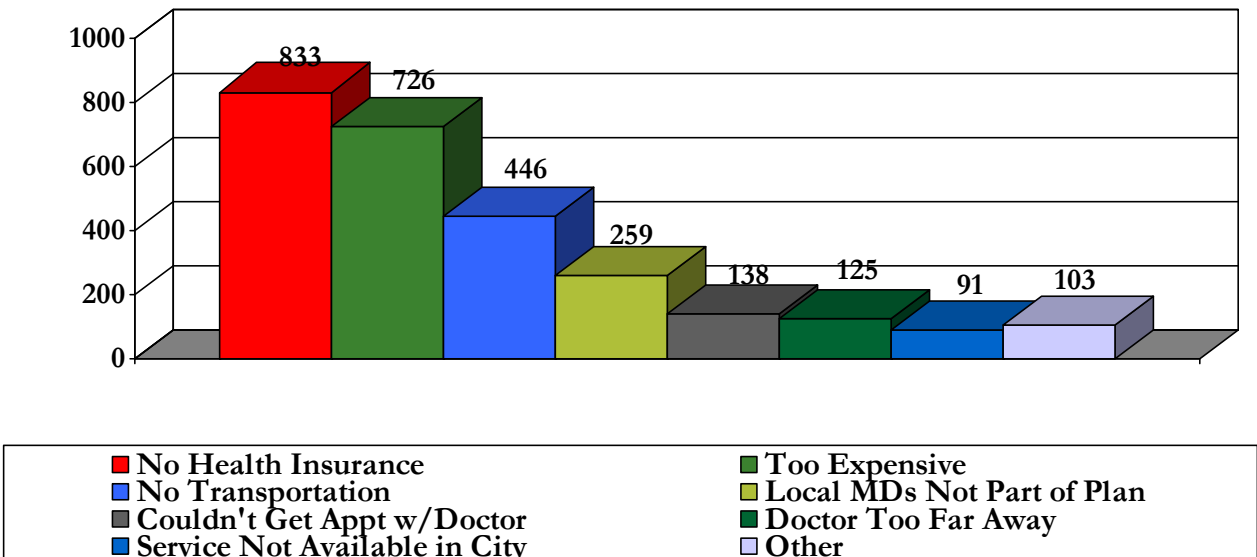
(N = 1,212)

B) Health Experts

Methods
- Reviewed & included National Prevention Strategy Priorities, Maryland State Health Improvement Plan (SHIP) indicators, and Healthy Baltimore 2015 plan from the Baltimore City Health Department
- Reviewed Maryland's State Health Improvement Plan (SHIP) and attended state-wide health summit in October 2014.
  - Progress to date on SHIP measures were presented as well as state-wide health priorities for upcoming multi-year cycle.

- Conducted campus-wide stakeholder retreat in March 2015, including University of Maryland Schools of Medicine, Nursing, Social Work and UMB Community Affairs office
- Interviewed Director of Chronic Disease Prevention at Baltimore City Health Department

Results
- National Prevention Strategy – 7 Priority Areas
- SHIP: 39 Objectives in 5 Vision Areas for the State, includes targets for Baltimore City
  - While progress has been made since 2012 - with 16 out of 41 measures meeting the identified targets at the state level, Measures within Baltimore City have not met identified targets; Even wider minority disparities within the City
- Healthy Baltimore 2015: Ten Priority Areas (See Figure 4)
- Baltimore City Health Department and Mayor's Top Health Priorities:
  #1 Cardiovascular Disease (CVD) – Decrease premature mortality (as defined as death prior to 75 years)
  #2 Asthma - Particularly pediatric asthma
  #3 Heroin Use – While a priority, no major initiatives to date
  #4 Diabetes – As related to CVD as a comorbidity

- Health Expert UMB Campus Panel Focus Group Top Action Items included:
  - Improve communication and synergy across Campus schools and UMMC
  - Include University of Maryland Medical Center on UMB Community Action Council
  - Look for ways to partner and support each other

Figure 4 Comparison of Federal, State, and Local Health Priorities

National Prevention Strategy: 2011 Priority Areas	Maryland State Health Improvement Plan (SHIP) 2014	Healthy Baltimore 2015
Tobacco Free Living	Healthy Beginnings	Promote Access to Quality Health Care for All
Preventing Drug Abuse & Excessive Alcohol Use	Healthy Living	Be Tobacco Free
Healthy Eating	Healthy Communities	Redesign Communities to Prevent Obesity
Active Living	Access to Healthcare	Promote Heart Health
Injury & Violence Free Living	Quality Preventive Care	Stop the Spread of HIV & other ST Infections
Reproductive & Sexual Health		Recognize & Treat Mental Health Needs
Mental & Emotional Well-Being		Reduce Drug Use & Alcohol Use
		Encourage Early Detection of Cancer
		Promote Healthy Children & Adolescents
		Create Health Promoting Neighborhoods

C) Community Leaders

Methods
- Hosted a focus group in collaboration with the other Baltimore-based UMMS hospitals for community-based organization partners to share their perspectives on health needs (October 30, 2014)

Results
- Consensus reached that social determinants of health (and "upstream factors") are key elements that determine health outcomes
- Top needs and barriers were identified as well potential suggestions for improvement and collaboration (See Appendix 4 for details)
- Top Needs:
  - Health Literacy
  - Employment/Poverty
  - Mental/Behavioral Health
  - Cardiovascular Health (obesity, hypertension, stroke, & diabetes)

- ❑ Maternal/Child Health – focusing on promoting a healthy start for all children

- ■ Top Barriers:
    - ❑ Focusing on the outcome and not the root of the problems (i.e. SDoH)
    - ❑ Lack of inter-agency collaboration/working in silos

- ■ Suggestions for Improvement:
    - ❑ Leverage existing resources
    - ❑ Increase collaboration
    - ❑ Focus on Social Determinants of Health
    - ❑ Enhance behavioral health resources

D) Social Determinants of Health (SDoH)

Defined by the World Health Organization as: ….the conditions in which people are born, grow, live, work and age…

Methods
- Reviewed data from Baltimore Neighborhood Indicator Alliance (Demographic data and SDoH data)
- Reviewed data from identified 2011 Baltimore City Health Department's Baltimore City Neighborhood Profiles,
- Reviewed Baltimore City Food Desert Map (See Figure 5)

Results
- Baltimore City Summary of CBSA targeted zip codes (See Appendix 2)
- Top SDoHs:
  - Low Education Attainment (52.6% w/ less than HS degree)
  - High Poverty Rate (15.7%)/High Unemployment Rate (11%)
  - Violence
  - Poor Food Environment (See Figure 5 below)
  - Housing Instability

Figure 5 – Baltimore City Food Environment Map

2012 Baltimore City
Food Environment

Food Desert*

Solutions

⬤ Supermarket   🟪 Virtual Supermarket

🟩 Farmers Market   🟦 Public Market

▢ Neighborhood Boundaries   Harbor, Lakes, & Streams

Non-Residential^   Major Parks

*Food Desert: An area where the distance to a supermarket is more than ¼ mile, the median household income is at or below 185% of the Federal Poverty Level, over 40% of households have no vehicle available, and the average Healthy Food Availability Index score for supermarkets, convenience and corner stores is low (measured using the Nutrition Environment Measurement Survey).

^ Not included in study. Non-residential areas include Colleges and Universities, Hospitals, Industrial Areas, Stadiums, and Cemeteries.

1 inch = 6,666 feet

MARCH

Stephanie Rawlings-Blake
Mayor
Thomas J. Stosur
Director of Planning

JOHNS HOPKINS
BLOOMBERG
SCHOOL of PUBLIC HEALTH

JOHNS HOPKINS
Center for a Livable Future

E) Health Statistics/Indicators
Methods
Review annually and for this triennial survey the following:
Local data sources:
- Baltimore City Health Status Report
- Baltimore Health Disparities Report Card
- Baltimore Neighborhood Health Profiles
- DHMH SHIP Biennial Progress Report 2012-2014

National trends and data:
- Healthy People 2020
- County Health Rankings
- Centers for Disease Control reports/updates
- F as in Fat: Executive Summary (RWJF)

Results
- Baltimore City Health Outcomes Summary for CBSA-targeted zip codes (See Appendix 2)
- Top 3 Causes of Death in Baltimore City in rank order:
  - Heart Disease
  - Cancer
  - Stroke
- Cause of Pediatric Deaths
  - High rate of Infant Mortality

IV. Selecting Priorities

Analysis of all quantitative and qualitative data described in the above section identified these top five areas of need within Baltimore City. These top priorities represent the intersection of documented unmet community health needs and the organization's key strengths and mission. These priorities were identified and approved by the UMMC/Midtown CHI Team and validated with the health experts from the UMB Campus Panel:

1. **HIV Prevention**
2. **Substance Abuse**
3. **Diabetes Prevention**

   o **Health Literacy (shared UMMS priority)**

V. Documenting and Communicating Results

The completion of this community health needs assessment marks a milestone in community involvement and participation with input from community leaders, the academic community, the general public, UMMS Baltimore City-based hospitals, and health experts. This report will be posted on the UMMC Midtown website under the Community Outreach webpage at http://www.ummidtown.org/about/community-outreach .   Highlights of this report will also be documented in the Community

Benefits Annual Report for FY'15. Reports and data will also be shared with our community partners and community leaders as we work together to make a positive difference in our community by empowering and building healthy communities.

VI. Planning for Action and Monitoring Progress

A) Priorities & Implementation Planning

Based on the above assessment, findings, and priorities, the Community Health Improvement Team has incorporated our identified priorities with the Maryland's State Health Improvement Plan (SHIP) since the first needs assessment in FY'12. Using the SHIP as a framework, the following matrix was created to show the integration of our identified priorities and their alignment with the SHIP's Vision Areas (See Table 1). UMMC Midtown will also track the progress with long-term outcome objectives measured through the Maryland's Department of Health & Mental Hygiene (DHMH). Short-term programmatic objectives, including reach and outcome measures will be measured annually by UMMC Midtown for each priority areas through the related programming. Adjustments will be made to annual plans as other issues emerge or through our annual program evaluation.

In addition to the identified strategic priorities from the CHNA, UMMC Midtown shares the following prioritization framework which is stated in the UMMC Community Outreach Plan. Because the Medical Center, serves the region and state, priorities may need to be adjusted rapidly to address an urgent or emergent need in the community, (i.e. disaster response or infectious disease issue). The CHNA prioritized needs for the Sustained and Strategic Response Categories and the Rapid and Urgent Response Categories' needs will be determined on an as-needed basis.

> UMMC Midtown will provide leadership and support within the communities served at variety of response levels in partnership with the Medical Center. Rapid and Urgent response levels will receive priority over sustained and strategic initiatives as warranted.

- **Rapid Response -** Emergency response to local, national, and international disasters, i.e. civil unrest, weather disasters – earthquake, blizzards, terrorist attack
- **Urgent Response -** Urgent response to episodic community needs, i.e. H1N1/ Flu response
- **Sustained Response -** Ongoing response to long-term community needs, i.e. obesity and tobacco prevention education, health screenings, workforce development
- **Strategic Response -** Long-term strategic leadership at legislative and corporate levels to leverage relationships to promote health-related policy or reform and build key networks

Future Community Health Needs Assessments will be conducted every three years and strategic priorities will be re-evaluated then. Programmatic evaluations will occur

on an ongoing basis and annually, and adjustments to programs will be as needed. All community benefits reporting will occur annually to meet state and federal reporting requirements.

B) Unmet Community Needs

Several additional topic areas were identified by the Community Health Improvement Team during the CHNA process including: Behavioral/mental health, safe housing, transportation, and substance abuse. While UMMC Midtown will focus the majority of our efforts on the identified strategic programs outlined in the table below, we will review the complete set of needs identified in the CHNA for future collaboration and work. These areas, while still important to the health of the community, will be met through either existing clinical programs (i.e. Methadone clinics, Residential Psychiatric program) or through collaboration with other health care organizations as needed. Additionally, substance abuse programming is already integrated into existing programs – Stork's Nest and Violence Prevention programs. The additional unmet needs not addressed by UMMC Midtown will also continue to be addressed by key Baltimore City governmental agencies and existing community-based organizations.

The UMMC Midtown Campus identified core priorities target the intersection of the identified community needs and the organization's key strengths and mission. The following table summarizes the programs either currently in use or to be developed to address the identified health priorities.

Table 1 - UMMC Midtown Strategic Programs and Partners
FYs '16-'18

Maryland SHIP Vision Area	UMMC Midtown Priorities	UMMC Strategic Community Programs	UMMC Partners
Healthy Beginnings		(See UMMC CHNA Priority)	
Healthy Social Environments		(See UMMC CHNA Priority)	
Quality Preventive Care	Diabetes Prevention		
Healthy Living	Diabetes Prevention		ADA, Zeta Phi Beta Sorority, Inc., UMMS City Hospitals, various Baltimore City Health Dept and other City agencies
	HIV Prevention		Institute for Human Virology, DHMH, Balto City Health Dept, UMMC, STAR TRACK Adolescent HIV Clinic, UMB
	Substance Abuse		Balto City Health Dept, ALA
Access to Healthcare		(See UMMC CHNA Priority)	

Appendix 1 – Public Survey

Community Health Needs Assessment Survey

Help us build a healthier Baltimore by taking the **University of Maryland Medical Center Midtown Campus** Community Health Needs Assessment Survey by Dec. 31, 2014. This information will help us provide much-needed outreach and wellness programs in the area, keeping you and your family as healthy as possible. The results from this survey are confidential. Thank you.

1. What is your zip code? _____

2. What is your age range?
- ☐ Under 18 years
- ☐ 19-24 years
- ☐ 25-30 years
- ☐ 31-40 years
- ☐ 41-50 years
- ☐ 51-60 years
- ☐ 61-65 years
- ☐ Older than 65 years

3. What is your gender?
- ☐ Male
- ☐ Female

4. What is your race/ethnicity?
- ☐ African American
- ☐ Asian/Pacific Islander
- ☐ Caucasian
- ☐ Hispanic
- ☐ Other (please specify) _____

5. What do you believe are some of the biggest health problems in Baltimore City today?
(Please check top three)
- ☐ Heart disease
- ☐ Cancer
- ☐ Diabetes/sugar
- ☐ Asthma/lung diseases
- ☐ Smoking/drug and alcohol use
- ☐ Mental health issues (depression, anxiety)
- ☐ Dental health (tooth decay, cavities)
- ☐ High blood pressure/stroke
- ☐ Traffic accidents
- ☐ Injuries
- ☐ Overweight/obesity
- ☐ Access to health care/ No health insurance
- ☐ HIV/AIDS
- ☐ Sexually transmitted diseases
- ☐ Sudden infant death syndrome (SIDS)
- ☐ Other (please specify) _____

6. What do you think are the problems that keep you or other Baltimore residents from getting needed health care? (Please check top three)
- ☐ No health insurance
- ☐ Too expensive/can't afford it
- ☐ Couldn't get an appointment with my doctor
- ☐ No transportation
- ☐ Doctor is too far away from home
- ☐ Service is not available in the city
- ☐ Local doctors are not on my insurance plan
- ☐ Other (please specify) _____

7. Do you have any ideas or recommendations to help decrease the health problems in the city or to solve the issues with access to health services?
_____
_____

NAME (please print) _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

E-MAIL _____

Your information is kept strictly confidential and is never sold or shared.

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Take our survey for the chance to win one of 25 first-aid kits!

Or take the survey online at **umm.edu/about/community/survey** by Dec. 31.

Appendix 2
UMMC Midtown - CHNA FY2015
Social Determinants of Health (SDoH) Summary

SDoH	Baltimore City	Upton/ Druid Hts	SW Balto	Mondawmin	Pimlico/ Arlington/ Hilltop
Socioeconomic Characteristics		(21201)	(21223)	(21216 & 21217)	(21215)
Median Income	$38,346	$13,811	$28,514	$37,035	$28,815
Unemployment Rate	13.9	29.9	25.3	20.4	19.6
HH below Poverty % 2011	18.8	48.8	26.2	12.2	21.3
Education					
Kindergarten Readiness/ Ready at 5 %	73.0	78.1	68.0	83.6	56.7
HS Completion Rate %	80.3	75.7	76.2	82.4	86.8
Community Built Environment					
Liquor Outlet Density (#stores/1,000 residents)	1.2	1.0	2.6	0.6	1.0
Tobacco Retail Density * (#stores/10,000 people)	21.8	39.0	51.4	27.8	32.2
Community Social Environment					
Homicide Rate * (#of homicides/10,000)	20.9	37.9	44.2	31.1	27.9
Domestic Violence * (# of incidents/1,000)	40.6	55.0	66.3	52.8	51.8

Housing	Balto City	Upton/ Druid Hts (21201)	SW Balto (21223)	Mondawmin (21216/21217)	Pimlico/ Arlington/ Hilltop (21215)
Energy Cut-off Rate * (# per 10,000/month)	39.1	45.2	79.6	62.6	73.2
Vacant Building Density* (#of buildings/10,000 housing units)	567.2	1,380.5	2,081.5	844.9	918.7
Food Environment (# of/10,000 people)					
Fast Food Density*	2.4	2.1	2.2	5.4	0.0
Carryout Density*	12.7	16.4	24.0	11.8	18.6
Corner Store Density*	9.0	12.3	25.7	10.7	12.7
Supermarket Proximity* (by Car in min.)	3.7	1.0	2.0	3.0	2.0
Supermarket Proximity* (by Bus in min.)	12.3	1.0	8.0	11.0	8.0
Supermarket Proximity* (by Walking in min.)	16.6	1.0	9.0	12.0	9.0
Health Food Availability Index (HFAI) 0-25	10.3	9.8	10.3	14.0	9.8

SDoH	Baltimore City	Inner Harbor/ S. Balto	Allendale/ Edmondson	Wash Vill./ Morrell Park	Cedonia/ Frankford	Belair-Edison
Socioeconomic Characteristics		(21230)	(21229)	(21230)	(21218)	(21206)
Median Income	$38,346	$77,888/69,813	$33,563/40,122	$47,179/40,645	$39,556	42,921
Unemployment Rate	13.9	6.1/8.2	19.2/20.9	12.7/13.4	12.9	16.3
HH below Poverty % 2011	18.8	8.8	15.1/13.3	20.8/11.4	17.3	8.9
Education						
Kindergarten Readiness	73.0	89.1/92.1	70.6/74.5	82.2/78.7	74.6	57.6
HS Completion Rate %	80.3	73.1/76.2	78.1/83.6	75.0/91.5	83.9	77.4
Community Built Environment						
Liquor Outlet Density (#stores/1,000 residents)	1.2	2.6	0.9	3.1	0.8	0.7
Tobacco Retail Density * (#stores/10,000 people)	21.8	38.1/18.7	17.9	50.9/17.6	13.2	21.8
Community Social Environment						
Homicide Rate * (#of homicides/10,000)	20.9	6.2/0.0	22.2/19.0	23.6/4.4	6.8	24.1
Domestic Violence * (# of incidents/1,000)	40.6	14.5/15.9	50.8/43.3	46.1/40.2	42.7	47.6

Housing	Balto City	Inner Harbor/ S. Balto (21230)	Allendale/ Edmondson (21229)	Wash Vill./ Morrell Park (21230)	Cedonia/ Frankford (21208)	Belair-Edison (21206)
Energy Cut-off Rate * (# per 10,000/month)	39.1	3.3/8.0	58.9/61.2	45.8/15.5	51.6	42.9
Vacant Building Density* (#of buildings/10,000 housing units)	567.2	49.2/103.7	344.4/251.9	1,028.7/1,109.8	39.0	152.1
Food Environment (# of/10,000 people)						
Fast Food Density*	2.4	5.4/6.2	1.2/0	3.6/3.3	2.5	0.0
Carryout Density*	12.7	21.0/9.4	6.8/1.3	20.0/12.1	11.9	12.6
Corner Store Density*	9.0	4.7/10.9	6.8/8.9	14.5/5.5	4.7	9.2
Supermarket Proximity* (by Car in min.)	3.7	4.0/1.0	3.0/0.69	8.0/5.0	4.0	2.0
Supermarket Proximity* (by Bus in min.)	12.3	11.0/13.0	8.0/29.0	22.0/11.0	10.0	N/A
Supermarket Proximity* (by Walking in min.)	16.6	18.0/8.0	15.0/43.0	26.0/22.0	19.0	7.0
Health Food Availability Index (HFAI) 0-25	10.3	12.4/18.1	7.8/6.4	9.8/10.4	12.3	10.3

Appendix 3
UMMC Midtown CHNA FY2015 - Health Outcomes Summary

Health Outcomes	Baltimore City	Upton/ Druid Hts (21201)	SW Balto (21223)	Mondawmin (21216 & 21217)	Pimlico/ Arlington/ (21215)
Life Expectancy at Birth (in years)	73.9	67.3	67.8	71.7	69.1
Causes of Death (% of Total Deaths)					
1 – Heart Disease	25.8	26.5	26.4	24.9	26.8
2 – Cancer	20.8	17.5	20.2	19.5	18.9
Lung	6.3	5.5	7.0	4.3	5.5
Colon	2.1	1.8	1.6	2.1	3.2
Breast	3.2	1.5	2.7	4.6	2.6
Prostate	2.5	2.8	2.2	3.0	3.2
3 – Stroke	4.7	3.6	3.6	6.8	4.8
4 – HIV/AIDS	3.5	7.4	4.0	3.8	4.8
5 – Chronic Lower Respiratory Disease	3.5	1.4	2.6	2.4	2.1
6 - Homicide	3.4	5.0	4.3	4.3	3.4
7 – Diabetes	3.2	4.4	3.3	3.5	3.1
8 – Septicemia	3.1	3.6	3.1	2.9	4.3
9 – Drug Induced Death	2.8	4.1	5.0	3.3	2.5
10 - Injury	2.5	2.3	2.9	2.4	2.0
Maternal & Child Health					
Infant Mortality	9.7	10.3	15.0	17.7	21.0
Low Birthweight % (LBW < 5 lbs, 8 oz)	12.8	14.1	13.8	18.0	14.4
%Prenatal Care 1st Tri.	62.7	57.2	51.2	65.2	52.9
% Births to Moms- Smokers	8.8	10.4	17.0	11.3	10.0

Health Outcomes	Baltimore City	I. Harbor/ S. Balto (21230)	Allendale/ Edmondson (21229)	Wash Vill./ Morrell Park (21230)	Cedonia/ Frankford (21218)	Belair-Edison (21206)
Life Expectancy at Birth (in years)	73.9	77.8	70.4	69.8	72.8	72.5
Causes of Death (% of Total Deaths)						
1 – Heart Disease	25.8	27.5	28.9/27.4	26.6/26.1	33.2	29.3
2 – Cancer	20.8	20.0/26.3	20.3/22.6	21.8/19.8	26.6	23.6
Lung	6.3	6.7/9.7	6.2//7.1	8.9/5.7	8.2	7.3
Colon	2.1	1.8/2.9	2.1/3.3	1.7/2.5	2.4	3.8
Breast	3.2	1.3/2.8	3.1/3.3	1.8/2.6	3.2	4.0
Prostate	2.5	1.8/3.0	2.3/2.2	1.4	4.0	3.2
3 – Stroke	4.7	3.8/2.2	5.2/4.8	4.9/4.0	5.9	5.9
4 – HIV/AIDS	3.5	1.6/0.7	2.8/3.7	3.7/2.6	1.9	2.7
5 – Chronic Lower Respiratory Disease	3.5	8.9/6.5	2.8/3.7	5.5/7.4	4.3	4.9
6 - Homicide	3.4	0.4/0	3.8/2.9	3.1/0.7	3.3	6.0
7 – Diabetes	3.2	3.3/2.9	2.8/3.1	3.4/2.0	3.6	4.0
8 – Septicemia	3.1	3.3/1.8	2.7/2.5	4.1/2.9	2.8	2.5
9 – Drug Induced Death	2.8	1.6/2.9	2.7/2.1	2.7/3.8	2.2	2.5
10 - Injury	2.5	2.4/1.1	3.1/1.5	3.4/2.3	2.9	2.9
Maternal & Child Health						
Infant Mortality	9.7	6.9	16.9	13.3	15.2	15.0
Low Birthweight % (LBW < 5 lbs, 8 oz)	12.8	6.5/5.1	16.4/15.2	14.4/10.5	15.7	15.1
%Prenatal Care 1st Tri.	62.7	76.3	57.0	67.0	63.8	63.2
% Births to Moms- Smokers	8.8	0.6/3.4	6.3/6.3	20.0/14.3	8.1	10.4

Sources:

- **Social Determinants - All data obtained through Vital Signs 12 Community Statistical Area (CSA) Profiles. (2012). www.bniajfi.org**
  EXCEPT where noted with an *
  Baltimore City Health Department (2011). 2011 Neighborhood Health Profile Report. www.baltimorehealth.org

- **Health Outcomes - Baltimore City Health Department (2011). 2011 Neighborhood Health Profile Report. www.baltimorehealth.org**
  with the exception of Life Expectancy, Infant Mortality, and % Prenatal Care during 1st Trimester. Vital Signs 12 Community Statistical Area (CSA) Profiles. (2012). www.bniajfi.org

- **Map of Baltimore City Neighborhoods. www.baltimorehealth.org**

Company	Contact	Title	Telephone	Email	Attending	Notes
MD HZE	Joan D. Plisko, PhD	Technical Director	(410) 706-2107	jplisko@som.umaryland.edu	0	NOT ATTENDING
American Cancer Society (ACS)	Kira Eyring	Representative for Hospitals	(410) 931-6850	kira.eyring@cancer.org	1	Sending Suzi Ford, suzi.ford@cancer
American Diabetes Association (ADA)	Kathy (Katherine) Rogers	Executive Director, MD Area	(410) 265-0075 x4672	karogers@diabetes.org	1	May need to leave early
Associate Black Charities	Diane Bell-McCoy	President & CEO	(410) 659-0000 X1202	DMckoy@abc-md.org	1	Adar Ayira (AAyira@abc-md.org) attending / Valencia King (VKing@abc-md.org) Valencia is not available
Baltimore City Health Department	Dr. Jacquelyn Duval-Harvey	Interim Commissioner of Health	(410) 396-3835	Jacquelyn.Duval-Harvey@baltimorecity.gov	1	Sending Shannon Mace Heller, JD, MPH, Director, Office of Policy and Planning.
Bmore Healthy Babies, Upton/Druid Heights Program, School of Social Work	Stacey Stephens	Program Director	(410) 396-0882 X1097	sstephens@ssw.umaryland.edu	1	
Center for Urban Families	Joe (Joseph) Jones	Founder, President & CEO	(410) 367-5691	jjones@cfuf.org	1	
Coppin School of Nursing	Dr. Tracey Murray	Interim Dean, College of Health Prof.	(410) 951-3971	tmurray@coppin.edu	1	Sending Ms. Sharon Darden, Associate Director of CSU Community Health Center, sdarden@coppin.edu
Green and Healthy Homes	Ruth Ann Norton	President & CEO	(410) 534-6447	ranorton@ghhi.org	1	
Health Enterprise Zone (HEZ), Bon Secours Health System	Novella Tascoe, JD, MSHA	Health Policy, Advocacy & Proj Mgmt Spec	(410) 362-3183	NOVELLA_TASCOE@bshsi.org	1	
Health Enterprise Zone (HEZ), Bon Secours Health System	Tiffany Tate			tiffany_tate@msn.com	1	
Institute for Healthiest Maryland, University of Baltimore	Renee Ellen Fox, MD	Executive Director	(410) 706-5279	rfox@umaryland.edu	1	
LIGHT Health and Wellness Comprehensive Services, Inc	Debbie J. Rock, MSW	Executive Director	(443) 524-0220	drock@lighthealth.org	1	
Michelle Gourdine & Associates	Dr. Michelle Gourdine	CEO	(443) 801-7932	drgourdine@gmail.com	1	
Mosaic Community Services	Lori Doyle, ED	Chief Operating Officer	(410) 453-9553 x1150	Lori.Doyle@mosaicinc.org	1	Sending Timothy Allen, Director, Outreach Services Div., Timothy.Allen@mosaicinc.org
Power to End Stroke & American Heart Association	Kimberly Mays	Senior Director, Community & Multicultural Health	(410) 685-7074	kimberly.mays@heart.org	1	
Safe Kids Baltimore/MD CARES Program, Univ of MD Hospital Children's Hosp	Karen Hardingham	Clinical Program Coordinator	(410) 328-7532	khardingham@umm.edu	1	Maybe a little late
Total Health Care, Inc.	Faye Royale-Larkins, RN, MPH	Chief Executive Officer	(410) 728-4090	Froyale-larkins@totalhealthcare.org	1	sending Nedra Beulah, Director of Community and School-Based Programs, NBeulah@totalhealthcare.org
University of Maryland Baltimore School of Nursing	Jane M. Kirschling, PhD, RN	Dean and Professor, DEAN	(410) 706-6741	kirschling@son.umaryland.edu	1	Sending Pat McLaine, DrPH, MPH, RN, Asst Prof, UMSON, Dept of Family & Community Health, Pat McLaine
Violence Intervention Program in Shock Trauma (VIP)	Tara Reed Carlson MS, RN	Business Development Manager	(410) 328-7347	tcarlson@umm.edu	1	
Baltimore City Schools	Naomi Gubernick	Chief of Staff	(410) 396-8805	NGubernick@bcps.k12.md.us		
Baltimore Medical System	Jay Wolvovsky	President	(410) 732-8800	jay.wolvovsky@bmsi.org		
Chase Brexton Health Care	Richard Larison	Chief Executive Officer	(410) 837-2050	rlarison@chasebrexton.org		
Department of Mental Health & Hygiene	Josh (Joshua) Sharfstein	Secretary	(410) 767-4639	joshua.sharfstein@maryland.gov		
Donate Life	Elizabeth (Libby) Wolfe	Executive Director	(410) 242-7000	LWolfe@DonateLifeMaryland.org		
Healthcare Access Maryland	Kathleen Westcoat, MPH	President and CEO	(443) 451-4050	kwestcoat@hcamaryland.org		
Healthy Start	Alma Roberts	President & CEO	(410) 396-7318	Alma.Roberts@baltimorecity.gov		
Komen	Sarah Cordi	Development Manager	(410) 938-8990	scordi@komenmd.org		
NAACP - Baltimore City Branch	Tessa Hill-Aston	President	(410) 366.3300	tessanaacp@yahoo.com		
Sisters Together & Reaching, Inc.	Rev. Debra Hickman		(410) 276-8969	debbie7rev@aol.com		
United Way	Mark Furst	President & CEO	(410) 547-8000	mark.furst@uwcm.org		

	19	Total Invited Guest

Hosts						
Jeff Jones					1	
Donna Jacobs					1	
Anne Williams					1	
Melissa Stokes					1	

	4	Total Host
	23	Grand Total

Needs

- Asthma → healthy homes
- Mental Health → stress & stress management w/ crises
  o Addictions → lack of integrated systems
- Health literacy
- Health education for teens
- Obesity
- People living in crisis lifestyle
- Lack of coordinated services integrated care
- Care coordination
- Access to primary care → integrated w/ PCMH
- Access to health resources → physical fitness
- Literacy/ Health Literacy
- Pre-natal & First 100 days → focus on children
- Infant mortality → complications in women's health/healthy women
- Sufficient employment to support families
- Structural inequities → shifting power structure
- Lack of education
- Lack of "True Soldiers" →"real" comprehensive neighborhood centers
- CVD/stroke
- Restrictive hiring policies – for people who have a criminal record, can't get healthcare jobs

Barriers

- Wrong focus – focus on outcome and <u>not</u> the <u>root</u> of the problem
- Bureaucracy – measures of success haven't changed
- Fresh informed perspective
- Working in silos
- Shared vision w/ stakeholder meeting
- Our vision of a healthy community
- Inter-agency collaboration
- Lack of community voice
- "Us" ✵
- We get in our own way
- Perceived vs. real barriers 80%/20%?
- Trust
- Fear within communities about success → "share power"
- Resistance to change → making something a "belief"
- Organization's missions/conflict
- Funding allocation – real vs. perceived
- Break through "fatalistic" attitude
- Misalignment of incentives/payment structures
- TOO much talking and not enough action
- Misinformation in the community

What can we do about it?
- Shore up Mental Health/Beh. Health – us CB $ → Generate savings $ from preventative readmissions
- Behavioral health should <u>not</u> be separate from public health
  - Invest in social/economic determinates
  - Add civil/legal attorney
- Leverage exiting resources, use expertise to seamlessly address issues
- Work w/ mental health experts (Mosaic)
- Leverage partnerships in connecting w/ our community partners
- Listen to community
- Fund the root causes (moisture in homes)
- Use more CHWs
- Use community-based organizations for grant writing
- What are the goals of UMMC/Midtown?
- Can't spread resources too thin → prioritization is critical
- Join policy advocacy issues

Appendix 5

	HIV	CVD	Diabetes	Substance Abuse	Mental/ Behavioral Health	Maternal/ Child Health	Health Literacy/ Education/ Employment	Prevention	TOTAL
CHNA Priority Setting Matrix FY 2015									
Problem s greater in the city compared to the state or region.	70	64	63	73	70	59	66	8	**473**
Impact on vulnerable populations is significant.	66	66	60	67	62	60	66	10	**457**
Cost to the community can be achieved by addressing this problem/aligned with Pop Health.	61	68	60	64	61	63	60	6	**443**
Major improvements in the quality of life can be made be addressing this problem.	60	66	60	67	62	63	62	6	**446**
Issue can be addressed with existing leadership and resources.	63	63	57	55	37	51	59	8	**393**
Progress can be made on this issue in the short term.	61	64	52	53	36	49	60	10	**385**
TOTAL	**381**	**391**	**352**	**379**	**328**	**345**	**373**	**48**	

Appendix 6
Community Health Improvement Implementation Plan
FY2016-FY2018

Priority Area: Diabetes Prevention					
Long-Term Goals Supporting Maryland State Health Improvement Plan (SHIP) Healthy Living & Quality Preventive Care: **1) Increase the proportion of adults who are at a healthy weight: Baltimore City : 35% ➢ 2017 MD Target: 36.6%** **2) Reduce the proportion of youth (ages 12-19) who are obese: Baltimore City: 14.9% ➢ 2017 MD Target: 10.7%** **3) Reduce diabetes-related emergency department visits: Balto City: 501.7 ➢ 2017 MD Target: 186.3**					
Annual Objective	**Strategy**	**Target Population**	**Actions Description**	**Performance Measures**	**Resources/Partners**
Increase the proportion of adults who are at a healthy weight Reduce the proportion of youth who are obese	Provide education & information on the importance of heart healthy lifestyle through engaging, evidence-based programs: **Community Education – Rethink your Drink, Diabetes Awareness/Risk**	Adults & Youth in Priority Targeted Zip Codes	Engage targeted communities on healthy lifestyles through the sponsorship or provision of: - Community-wide education - Cooking Classes/Demos/Tastings	Reach: 1) # of campaigns 2) # of events featuring information 3) # of people attending events 4) # of DPP participants 5) # of DPP participants who complete the program	UMCDE, UMMC Nutrition Dept., UMMC/Midtown Nursing, ADA, DHMH, AHA, CDC
Reduce diabetes-related Emergency Department visits	**CDC Diabetes Prevention Program (DPP)**		Offer the CDC National Diabetes Prevention Program for people at risk for diabetes (16 wk program & monthly post-core follow up) annually Develop resource guide (pdf) to be used on website and for smaller community events as handout Provide info on healthy weight resources at every major outreach event:	Outcomes: 1) # of pounds lost through DPP education (also reported through Midtown) 2) # of participants who achieve 7% weight loss 3) # of participants who achieve > 150 minutes of physical activity/week	

**Community Health Improvement Implementation Plan
FY2016-FY2018**

Priority Area: HIV Prevention

Long Term Goals Supporting Maryland SHIP Healthy Living:
1) Reduce the incidence of HIV infection: Balto City = 73.8 /100,0000 ➢ MD 2017 Goal: 26.7/ 100,000
   Goals of the National HIV a nd AIDS Strategy (NHAS)
   1. Reduce new HIV infections
   2. Increase access to care and improving health outcomes for people living with HIV
   3. Reduce HIV-related health disparities
   4. Achieve a coordinated response to the HIV epidemic

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Identify new HIV positive individuals in the community	Identify high risk HIV negative individuals and refer to campus-based HIV Prevention (Pre-Exposure Prophylaxis PreP) programs	Individuals at high risk for HIV per the CDC PreP guidelines	Provide PrEP information and referrals at various community events	Reach: 1) # of events 2) # of people attending events Outcomes: 1) # of Community members referred to PrEP clinics 2) # of Community members screened for HIV annually	Institute of Human Virology, STAR TRACK Adolescent HIV Clinic, University of Maryland PreP Taskforce, Baltimore City Health Department
Provide education to the community on HIV prevention Connect individuals into treatment options who are not currently engaged	Coordinate community outreach activities between UMMC Midtown & UMMC with key partners to provide HIV & complementary services in areas within the targeted service areas	Adults & Adolescents in targeted West Baltimore zip codes	Offer free HIV education & screenings in churches, senior centers, and various community sites		Institute of Human Virology, UMMC and UMMC Midtown, UMB Office of Community Engagement, DHMH, BCHD

	Identify community members with HIV who are not engaged in HIV care	Patients newly diagnosed or not engaged in HIV care within the last 6 months	Identify community members with HIV who are not engaged in HIV care and refer to one of IHV's Connect 2 Care Clinics for immediate access to medical & psychosocial services	Outcomes: 1)# of Community members with HIV referred to treatment	Institute of Human Virology, UMMC and UMMC Midtown, UMB Office of Community Engagement, DHMH, BCHD

Priority Area: Substance Abuse

Long Term Goals Supporting Maryland SHIP Healthy Living:
1)   Reduce the percentage of adults who are current smokers: Balto City = 22.7% ➢ MD 2017 Goal: 15.5%
2)   Reduce the percentage of youths using any kind of tobacco product: Balto City = 16.6% ➢ MD 2017 Goal: 15.2%

Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Reduce the percentage of adult smokers	Provide education & information on smoking cessation: **Kick the Habit**	West Baltimore targeted zip codes	**Kick the Habit** is a free, 4-week class open to the community using evidence-based concepts to encourage and support cessation.	Reach: 1) # of classes 2) # of participants 3) # of encounters with preventive education	Balto City Health Dept, Tobacco Coalition, ALA UMMC
	Provide education and information on hazards of smoking, secondhand smoking, and smoking in youth		Provide evidence-based health information and resources at variety of community events and locations.	Outcomes: 1) # of participants who quit by the end of class	
Explore additional evidence-based substance abuse community prevention programs					

Implementation Plan – Health Literacy
FY2016-2018

Goals:

- Develop/purchase all health educational materials at 5th grade reading level
- Develop material educating the public on appropriate use of emergency services, primary care, and urgent care
- Collaborate with UMMS hospitals on a uniform Patient Financial Assistance brochure
- Collaborate with UMMS' Baltimore City Health Literacy Initiative with other local health systems (JHH, St Agnes, & Medstar)

Appendix 7
Community Health Improvement Team

Members
UMMC Members
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Denise Marino, MS, Director, Marketing and Communications

Meredith Marr, Marketing Manager

Angela Ginn, RD, UM Center for Diabetes & Endocrinology

Robyn Palmiero, LCSW, HIV Program

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Ashley Vallis, Director, Community Engagement

University of Maryland School of Nursing
Pat McLaine, DrPH, MPH, RN, Assistant Professor

University of Maryland School of Social Work
Bronwyn Mayden, MSW, Assistant Dean, SSW

University of Maryland Baltimore Office of External Affairs
Brian Sturdivant, Director, Community Affairs

UMMS Baltimore-City Based Hospitals
Donna Jacobs, Senior Vice President Government and Regulatory Affairs, UMMS

Cynthia Kelleher, Interim Chief Executive Officer, University of Maryland Rehabilitation and Orthopedic Institute

Melissa Stokes, Community Advocacy & Injury Prevention Coordinator, Mount Washington Pediatric Hospital

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