Q1.
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. In response to the legislation, some of the reporting questions have changed for FY 2021. Detailed reporting instructions are available here: https://hscrc.maryland.gov/Pages/init_cb.aspx

In this reporting tool, responses are mandatory unless specifically marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for the fiscal year.

	Is this information correct? Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: University of Maryland Medical Center	◉	○	
Your hospital's ID is: 210002	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	◉	○	
The primary Narrative contact at your hospital is Asunta Johnson and Donna Jacobs	○	◉	Christine Crabbs and Donna Jacobs
The primary Narrative contact email address at your hospital is asuntahenry@umm.edu; optimaloutcomesmd@gmail.com	○	◉	Christine.Crabbs@umm.edu and optimaloutcomesmd@gmail.com
The primary Financial contact at your hospital is Michael Rosenbaum	◉	○	
The primary Financial email at your hospital is mrosenbaum@umm.edu	◉	○	

Q4. The next group of questions asks about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q5. Please select the community health statistics that your hospital uses in its community benefit efforts.

- ☑ Median household income
- ☑ Percentage below federal poverty line (FPL)
- ☑ Percent uninsured
- ☑ Percent with public health insurance
- ☑ Percent with Medicaid
- ☐ Mean travel time to work
- ☑ Percent speaking language other than English at home
- ☑ Race: percent white
- ☑ Race: percent black
- ☑ Ethnicity: percent Hispanic or Latino
- ☑ Life expectancy
- ☐ Crude death rate
- ☑ Other

Q6. Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Maternal/Prenatal Statistics, Infant Mortality, Substance Use, Food Insecurity and Healthy Food Priority Areas, Vaccination Rates, etc.

Q7. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q8. Section I - General Info Part 2 - Community Benefit Service Area

Q9. Please select the county or counties located in your hospital's CBSA.

- [ ] Allegany County
- [ ] Anne Arundel County
- [x] Baltimore City
- [ ] Baltimore County
- [ ] Calvert County
- [ ] Caroline County
- [ ] Carroll County
- [ ] Cecil County
- [ ] Charles County
- [ ] Dorchester County
- [ ] Frederick County
- [ ] Garrett County
- [ ] Harford County
- [ ] Howard County
- [ ] Kent County
- [ ] Montgomery County
- [ ] Prince George's County
- [ ] Queen Anne's County
- [ ] Somerset County
- [ ] St. Mary's County
- [ ] Talbot County
- [ ] Washington County
- [ ] Wicomico County
- [ ] Worcester County

Q10. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

- [x] 21201
- [ ] 21202
- [ ] 21203
- [ ] 21205
- [ ] 21206
- [ ] 21207
- [ ] 21208
- [ ] 21209
- [ ] 21210
- [ ] 21211
- [ ] 21212
- [ ] 21213
- [ ] 21214
- [x] 21215
- [x] 21216
- [x] 21217
- [ ] 21218
- [ ] 21222
- [x] 21223
- [ ] 21224
- [ ] 21225
- [ ] 21226
- [ ] 21227
- [ ] 21228
- [x] 21229
- [x] 21230
- [ ] 21231
- [ ] 21233
- [ ] 21234
- [ ] 21236
- [ ] 21237
- [ ] 21239
- [ ] 21251
- [ ] 21263
- [ ] 21270
- [ ] 21278
- [ ] 21281
- [ ] 21287
- [ ] 21290

Q13. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q16. Please check all Carroll County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. How did your hospital identify its CBSA?

- [ ] Based on ZIP codes in your Financial Assistance Policy. Please describe.

- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.

- [x] Based on patterns of utilization. Please describe.

CBSA is based on the top 60% of discharges in the past fiscal year.

- [ ] Other. Please describe.

Q35. Provide a link to your hospital's mission statement.

https://www.umms.org/ummc/about/mission-vision

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- (●) Yes
- ( ) No

Q39. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

6/30/2021

Q41. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

https://www.umms.org/ummc/-/media/files/ummc/community/community-health-needs-assessment/chna-fy-2021.pdf?upd=20210629195808

Q42. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

CHNA FY 2021.pdf
3.4MB
application/pdf

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in your most recent CHNA development.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☐	☑	☑	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☑	☑	☐	☑	☑	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☑	☐	
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Physician(s)	☐	☐	☑	☐	☑	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Nurse(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Social Workers	☐	☐	☑	☐	☐	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Hospital Advisory Board	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your exp below:

Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal HCB Partners

Q46. Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☐	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☐	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Physician(s)	☐	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Nurse(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Social Workers	☐	☐	☑	☑	☐	☐	☐	☑	☑	☐	
Hospital Advisory Board	☐	☐	☑	☐	☐	☐	☐	☐	☑	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the FY 2022 Community Benefit Guidelines for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2022.

	Level of Community Engagement						Recommended Practices							
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: University of Maryland Rehab & Ortho Institute, Mt Washington Pediatric Hospital, Johns Hopkins Hospital, Asencion St. Agnes Healthcare, Medstar Union Memorial Hospital, Medstar Good Samaritan Hospital, Medstar Harbor Hospital, Mercy Medical Center, Sinai Hospital	☑	☑	☑	☑	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department	☑	☑	☑	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore LHIC	☑	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
Maryland Department of Health	☑	☑	☐	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	☐
Other State Agencies -- Please list the agencies here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Local Govt. Organizations -- Please list the organizations here: Mayor's Office of Employment Development	☑	☑	☑	☑	☐	☐	☑	☐	☐	☑	☐	☑	☑	☐
Faith-Based Organizations	☑	☑	☑	☑	☐	☐	☑	☐	☐	☑	☐	☑	☑	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
School - K-12 -- Please list the schools here: Cristo Rey Jesuit High School, James McHenry Elem/Middle School, Matthew Henson Elem. School, Dorothy Height Elem. School, Robert Coleman Elem. School, The Historic Samuel Coleridge-Taylor Elem. School, Vivien Thomas Medical Arts Academy, Edmonson Westside High School	☑	☑	☑	☐	☐	☐	☐	☐	☐	☑	☐	☑	☑	☐
School - Colleges, Universities, Professional Schools -- Please list the schools here: University of Maryland Baltimore, Coppin University, Morgan University, Baltimore City Community College, Howard Community College	☑	☑	☑	☑	☐	☐	☐	☑	☐	☑	☐	☑	☑	☐
Behavioral Health Organizations -- Please list the organizations here: Penn North Wellness & Recovery Center, Marian House,	☑	☑	☑	☑	☐	☐	☐	☑	☐	☑	☐	☑	☑	☐
Social Service Organizations -- Please list the organizations here: Baltimore Social Service Department, Safe House, Humanim, Paul's Place, PIVOT Baltimore, St. Vincent de Paul Society	☑	☑	☑	☑	☐	☐	☐	☑	☐	☑	☐	☑	☑	☐
Post-Acute Care Facilities -- please list the facilities here: University of Maryland Rehabilitation & Ortho Institute	☑	☑	☑	☐	☐	☐	☐	☑	☐	☑	☐	☐	☐	☐

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Community/Neighborhood Organizations -- Please list the organizations here: ommunity Assoc., Fayette Street Community Outreach, Upton Planning Committee, Yale Heights Community Association, Druid Heights Community Development Corp., Southwest Partnership, Laburt Improvement Community Association	☑	☑	☑	☑	☐	☐	☐	☑	☐	☑	☐	☑	☑	☐
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other -- If any other people or organizations were involved, please list them here: BACH, Building Steps, Caroline Center, Celebrate Us, Center for Urban Families, Turn Around Tuesday	☑	☑	☑	☐	☐	☐	☐	☑	☐	☐	☐	☑	☑	☐

Q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (●) Yes
- ( ) No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/07/2021

Q52. Please provide a link to your hospital's CHNA implementation strategy.

https://www.umms.org/ummc/-/media/files/ummc/community/community-health-needs-assessment/chna-implementation-fy2021.pdf?upd=20210629195710

Q53. Please upload your hospital's CHNA implementation strategy.

CHNA Implementation FY2021 DTC.pdf
1.3MB
application/pdf

Q54. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Due to the Covid-19 pandemic, UMMC had to discontinue some of the CHNA work. Some of the programs can only be offered in an in person capacity. Other programs were temporarily discontinued so that staff could support Covid-19 test and vaccine sites. We anticipate that the CHNA work will initiate (again) in FY2023. NOTE: the Community Benefit financial spreadsheet (3rd tab) indicates which programs were temporarily discontinued.

Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q57. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- ○ Yes
- ◉ No

Q58.

Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

- ☐ Health Conditions - Addiction
- ☑ Health Conditions - Arthritis
- ☑ Health Conditions - Blood Disorders
- ☐ Health Conditions - Cancer
- ☐ Health Conditions - Chronic Kidney Disease
- ☐ Health Conditions - Chronic Pain
- ☐ Health Conditions - Dementias
- ☐ Health Conditions - Diabetes
- ☑ Health Conditions - Foodborne Illness
- ☑ Health Conditions - Health Care-Associated Infections
- ☐ Health Conditions - Heart Disease and Stroke
- ☐ Health Conditions - Infectious Disease
- ☐ Health Conditions - Mental Health and Mental Disorders
- ☑ Health Conditions - Oral Conditions
- ☐ Health Conditions - Osteoporosis
- ☐ Health Conditions - Overweight and Obesity
- ☐ Health Conditions - Pregnancy and Childbirth
- ☐ Health Conditions - Respiratory Disease
- ☐ Health Conditions - Sensory or Communication Disorders
- ☐ Health Conditions - Sexually Transmitted Infections
- ☐ Health Behaviors - Child and Adolescent Development
- ☐ Health Behaviors - Drug and Alcohol Use
- ☐ Health Behaviors - Emergency Preparedness
- ☐ Health Behaviors - Family Planning
- ☐ Health Behaviors - Health Communication
- ☐ Health Behaviors - Injury Prevention
- ☐ Health Behaviors - Nutrition and Healthy Eating
- ☐ Health Behaviors - Physical Activity
- ☐ Health Behaviors - Preventive Care
- ☐ Health Behaviors - Safe Food Handling
- ☑ Health Behaviors - Sleep
- ☐ Health Behaviors - Tobacco Use
- ☐ Health Behaviors - Vaccination
- ☐ Health Behaviors - Violence Prevention
- ☐ Populations - Adolescents
- ☐ Populations - Children
- ☐ Populations - Infants
- ☐ Populations – LGBT
- ☐ Populations - Men
- ☐ Populations - Older Adults
- ☐ Populations - Parents or Caregivers
- ☐ Populations - People with Disabilities
- ☐ Populations - Women
- ☐ Populations - Workforce
- ☐ Other Social Determinants of Health
- ☐ Settings and Systems - Community
- ☐ Settings and Systems - Environmental Health
- ☑ Settings and Systems - Global Health
- ☐ Settings and Systems - Health Care
- ☐ Settings and Systems - Health Insurance
- ☐ Settings and Systems - Health IT
- ☐ Settings and Systems - Health Policy
- ☐ Settings and Systems - Hospital and Emergency Services
- ☐ Settings and Systems - Housing and Homes
- ☐ Settings and Systems - Public Health Infrastructure
- ☐ Settings and Systems - Schools
- ☐ Settings and Systems - Transportation
- ☐ Settings and Systems - Workplace
- ☐ Social Determinants of Health - Economic Stability
- ☐ Social Determinants of Health - Education Access and Quality
- ☐ Social Determinants of Health - Health Care Access and Quality
- ☐ Social Determinants of Health - Neighborhood and Built Environment
- ☐ Social Determinants of Health - Social and Community Context
- ☐ Other (specify)

Q59. Why were these needs unaddressed?

These needs did not align with the recent CHNA and Implementation Plan. Our community benefit activities, resources and efforts are aligned to addressing the CHNA identified priorities. These areas, while still important to the health of the community, will be met through either existing clinical operations and/or, population health programs, and through collaboration with other health care organizations as needed. The unmet needs not addressed by this CHNA will also continue to be addressed by key Baltimore City governmental agencies and existing community-based organizations. In addition, there are population health initiatives that address these health needs, but they do not meet the definition of community benefit and as a result they were not reported here.

Q60. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

UMMS has developed a multi-year plan, backed by a $40 million investment, that outlines our commitment to equity in care delivery, diversity in our workforce, meaningful investments in local communities and expanded opportunities for minority-owned businesses. Currently, we track data by race, ethnicity, gender, age and zip code to identify disparities (see CHNA). Our implementation plans will continue to track outcomes and we will adapt plans to meet the needs of the community and reduce health disparities. Furthermore, some of our programs such as diabetes prevention and workforce development target zip codes and populations (e.g. recently incarcerated) who have significant health disparity.

Q61. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- [ ] None
- [x] Regional Partnership Catalyst Grant Program
- [ ] The Medicare Advantage Partnership Grant Program
- [ ] The COVID-19 Long-Term Care Partnership Grant
- [x] The COVID-19 Community Vaccination Program
- [ ] The Population Health Workforce Support for Disadvantaged Areas Program
- [ ] Other (Describe)

Q62. If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q63. Section III - CB Administration

Q64. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- [x] Yes, by the hospital's staff
- [x] Yes, by the hospital system's staff
- [x] Yes, by a third-party auditor
- [ ] No

Q65. Please describe the third party audit process used.

After an internal review by the UMMS Finance Department and the consultant (formerly the Senior Vice President for Government and Regulatory Affairs and Community), the report is approved by the UMMS Community Engagement Committee of the Board and then audited independently by Ernst & Young, LLP.

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- (●) Yes
- ( ) No

Q67. Please describe the community benefit narrative audit process.

After completion, the UMMC Senior Vice President reviews the report, then it is reviewed by the consultant (formerly the UMMS Senior Vice Presidents for Government, Regulatory Affairs, and Community Health) together with the Senior Director, Community and Population Health for accuracy and completion. The report then goes to the UMMC Board of Director's Community Engagement Committee for review and approval.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- (●) Yes
- ( ) No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- (●) Yes
- ( ) No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (●) Yes
- ( ) No

Q73. Please describe how community benefit planning and investments were included in your hospital's internal strategic plan during the fiscal year.

As part of the strategic plan, which is conducted every five years, an annual operating plan is developed with several sources of data, and input from multiple stakeholders. We focus on the programs we offer, needs that are not being met, and barriers to service. Community investments and community benefits are one of the organization's seven strategic plan goals. The Medical Center develops annual strategic objectives and initiatives for the strategic plan goals and shares the same with the UMMS Board of Directors. As part of the strategic plan, which is conducted every five years, an annual operating plan is developed with several sources of data, and input from multiple stakeholders. We focus on the programs we offer, needs that are not being met, and barriers to service. For example, a program was developed to address limb loss which includes clinical programming as well as adaptive sports activities, support groups, and professional and patient education. In addition, the Covid-19 pandemic forced the discontinuation of several of our programs during the fiscal year. . We anticipate that we will resume programs during FY2023.

Q74. If available, please provide a link to your hospital's strategic plan.

Q75. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. More information about SIHIS may be found here.

- [x] Diabetes - Reduce the mean BMI for Maryland residents

  The Johns Hopkins Health System (JHHS) and the University of Maryland Medical Center (UMMC) are collaborating to create the Baltimore Metropolitan Diabetes Regional Partnership (BMDRP) to address diabetes prevention and management in Baltimore. BMDRP will build infrastructure and aim to increase access to DPP for the prevention of type 2 diabetes in 20% more of the population with prediabetes and will aim to expand access to DSMT for management of diabetes in 25% more of the population with diabetes. Both programs are designed to reduce BMI through healthy eating and increase in physical activity.

- [x] Opioid Use Disorder - Improve overdose mortality

  This initiative is provided through our population health programs and not identified as community benefit.

- [x] Maternal and Child Health - Reduce severe maternal morbidity rate

  This initiative is provided through our population health programs and not identified as community benefit.

- [x]

Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

The Breath Mobile is a custom-built pediatric asthma and allergy clinic that travels to over two dozen schools, providing ongoing asthma and allergy education and care to children.

Additional programs are provided through our population health programs and not identified as community health.

☐ None of the Above

Q76. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q77. Section IV - Physician Gaps & Subsidies

Q78. Did your hospital report physician gap subsidies on Worksheet 3 of its community benefit financial report for the fiscal year?

○ No
◉ Yes

Q79. As required under HG§19-303, please select all of the gaps in physician availability resulting in a subsidy reported in the Worksheet 3 of financial section of Community Benefit report. Please select "No" for any physician specialty types for which you did not report a subsidy.

	Is there a gap resulting in a subsidy?		What type of subsidy?
	Yes	No	
Allergy & Immunology	○	◉	
Anesthesiology	○	◉	
Cardiology	○	◉	
Dermatology	○	◉	
Emergency Medicine	○	◉	
Endocrinology, Diabetes & Metabolism	○	◉	
Family Practice/General Practice	◉	○	Physician provision of financial assistance
Geriatrics	○	◉	
Internal Medicine	◉	○	Physician provision of financial assistance
Medical Genetics	○	◉	
Neurological Surgery	○	◉	
Neurology	○	◉	
Obstetrics & Gynecology	○	◉	
Oncology-Cancer	○	◉	
Ophthalmology	○	◉	
Orthopedics	○	◉	
Otolaryngology	○	◉	
Pathology	○	◉	
Pediatrics	◉	○	Physician provision of financial assistance
Physical Medicine & Rehabilitation	○	◉	
Plastic Surgery	○	◉	
Preventive Medicine	○	◉	
Psychiatry	◉	○	Physician provision of financial assistance
Radiology	○	◉	
Surgery	○	◉	
Urology	○	◉	
Other. (Describe) Urgent Care	○	◉	Physician provision of financial assistance

Q80. Please explain how you determined that the services would not otherwise be available to meet patient demand and why each subsidy was needed, including relevant data. Please provide a description for each line-item subsidy listed in Worksheet 3 of the financial report.

In the recent CHNA, the above noted specialties were noted to have access issues related to care and were highlighted to require additional support from the medical center in order to meet patient need. More patients require increase access to physician care, therefore subsidies were necessary. In West Baltimore, it's crucial that residents have access to safety net services and care that do not include the ED. Therefore, UMMC has subsidized a primary care and urgent care center to do just that. In addition, psychiatry has been noted on our CHNA as a critical need for the area. UMMC has subsidized those specific services to meet the needs of residents.

Q81. Please attach any files containing further information and data justifying physician subsidies at your hospital.

Q82. Section VI - Financial Assistance Policy (FAP)

Q83. Upload a copy of your hospital's financial assistance policy.

Q84. Provide the link to your hospital's financial assistance policy.

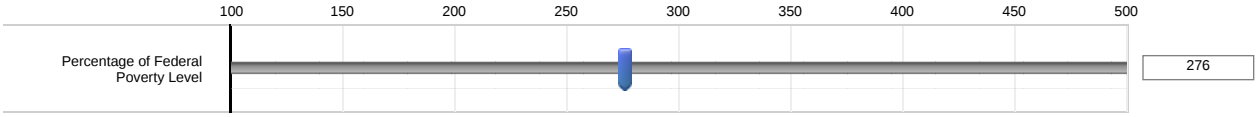
https://www.umms.org/ummc/-/media/files/umms/patients-and-visitors/financial-assistance-policy/english-umms-financial-assistance-policy-final-101920.pdf?upd=20211019173043

Q85. Has your FAP changed within the last year? If so, please describe the change.

- (●) No, the FAP has not changed.
- ( ) Yes, the FAP has changed. Please describe:

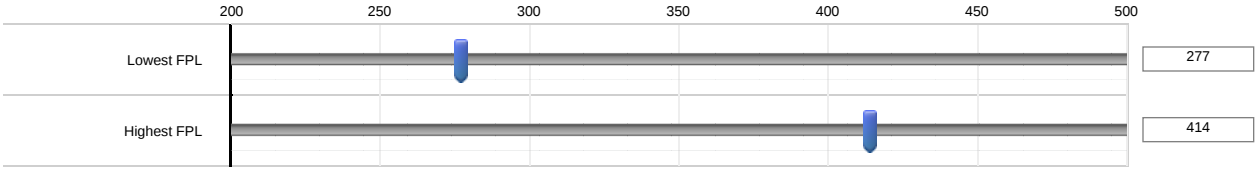
Q86. Maryland hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



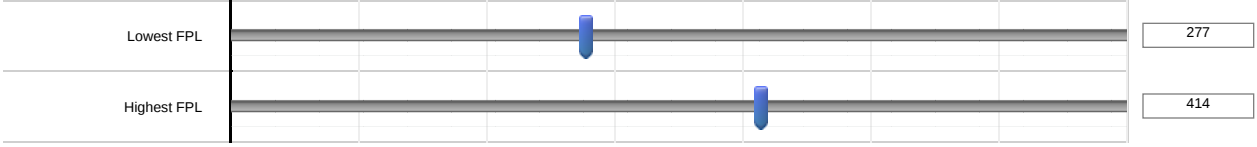
Q87. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

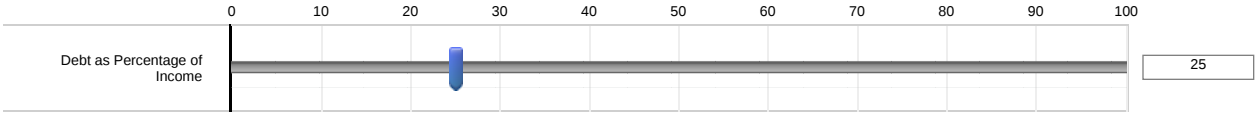


Q88. Maryland hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship.



Q89. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q90. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

- [x] Federal corporate income tax
- [x] State corporate income tax
- [x] State sales tax
- [x] Local property tax (real and personal)
- [ ] Other (Describe)

Q91. Summary & Report Submission

Q92.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (39.2726, -76.8614)

Source: GeoIP Estimation

UNIVERSITY of MARYLAND MEDICAL CENTER

COMMUNITY HEALTH NEEDS

ASSESSMENT & IMPLEMENTATION PLAN

EXECUTIVE SUMMARY • FY2022-FY2024

APPROVED BY THE COMMUNITY ENGAGEMENT COMMITTEE, BOARD OF DIRECTORS • JUNE 7, 2021

TABLE OF CONTENTS

Executive Summary

Overview

The University of Maryland Medical Center (UMMC) serves Baltimore City and the greater metropolitan region, including patients with in-state, out-of-state, and international referrals for tertiary and quaternary care. UMMC is a private, non-profit acute care hospital comprised of two campuses and is the flagship academic medical center of the University of Maryland Medical System (UMMS). It is the second leading provider of health care services in Baltimore City and the state of Maryland and has served the state's and city's populations since 1823.

In FY2020, UMMC provided 13,830 inpatient admissions, 7,853 outpatient surgical cases, 372,115 outpatient visits, and 80,339 emergency department visits. The University of Maryland Medical Center is licensed for 806 acute care beds. Beyond the walls of the Medical Center's campus in FY2020, UMMC provided over 85 health fairs in local faith-based organizations, schools, and community centers, co-sponsored eleven major UMMS health fairs/screening events with 44,130 encounters in the community and began supporting the community with COVID-19 PPE, food distribution and COVID-19 safety information. In addition, the Medical Center provides a community outreach page on the UMMC public website to announce upcoming community health events and activities in addition to posting the annual Community Benefit Report and triennial Community Health Needs Assessment (CHNA). https://www.umms.org/ummc/community-health.

Our Mission

The 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

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: HTTPS://WWW.UMMS.ORG/UMMC/ABOUT/MISSION-VISION

Our Values

Our Community Anchor Mission

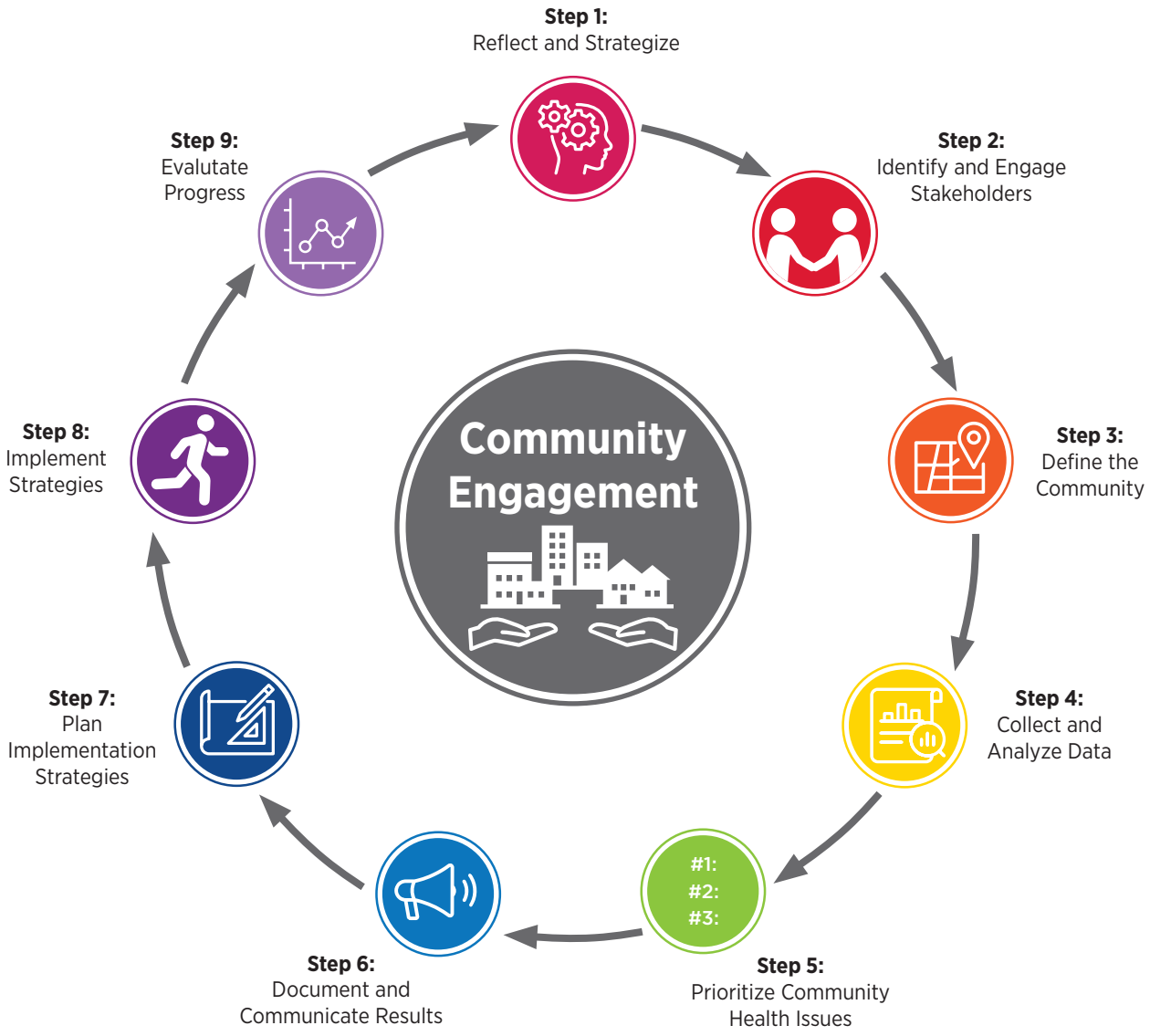
As the two largest anchor institutions in West Baltimore, we will work in partnership with our community, to build and support a healthy, empowered, socially cohesive, and revitalized community.

Process

I. Establishing the Assessment and Infrastructure

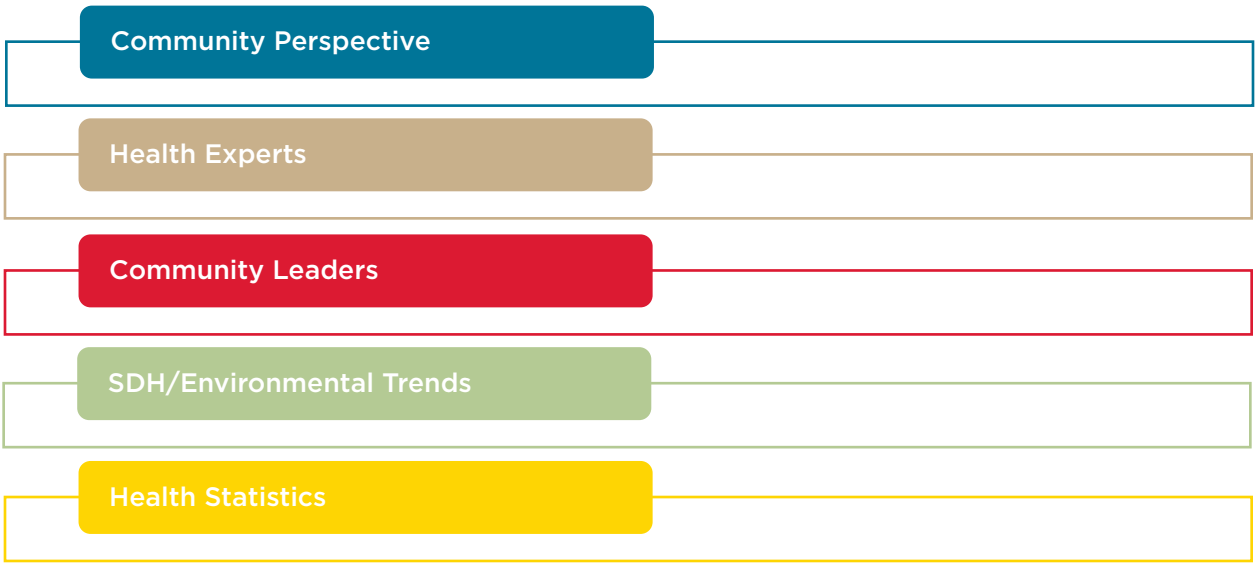
To complete a comprehensive assessment of the health needs of the community, the Association for Community Health Improvement's (ACHI) 9-step Community Health Assessment Process was utilized as an organizing methodology. The UMMC Community Health Improvement Team (CHI Team) served as the lead team to conduct the CHNA with input from community leaders, the academic community, the public, health experts, and the Baltimore City Health Department. The UMMC CHI Team adopted the following ACHI 9-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 9-Step Community Health Assessment Process



ACHI, 2021; HTTP://WWW.HEALTHYCOMMUNITIES.ORG/ASSESSTOOLKIT

Figure 2 – 5 Step Assessment and Engagement Model



II. Defining the Purpose and Scope

Data was collected from the five major areas outlined above to complete a comprehensive assessment of the community's health needs. Data is presented in Section III of this summary and includes primary and secondary sources of data. UMMC participates in a wide variety of local coalitions including, several sponsored by the Baltimore City Health Department, Cancer Coalition, Tobacco Coalition, Influenza Coalition as well as partnerships with many community-based organizations like the American Heart Association (AHA), American Cancer Society (ACS), Ulman Foundation, Hungry Harvest, American Diabetes Association (ADA), B'More Healthy Babies, Donate Life, and Safe Kids to name a few. This assessment report was approved by the UMMC CHI Team in May, UMMC Executive Leadership in May, and the Board of Directors on June 7, 2021.

Primary Community Benefit Service Area

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 (See population breakdown in Figure 3B).

The top seven zip codes within Baltimore City displayed in Figure 3A represent the top 60% of all Baltimore City admissions in FY2020. These seven targeted zip codes (21201, 21215, 21216, 21217, 21223, 21229, and 21230) are the primary community benefit service area (CBSA) and comprise the geographic scope of this assessment. See Figure 3B.

Figure 3A – Top Baltimore City FY'20 Admissions to UMMC by Zip Code

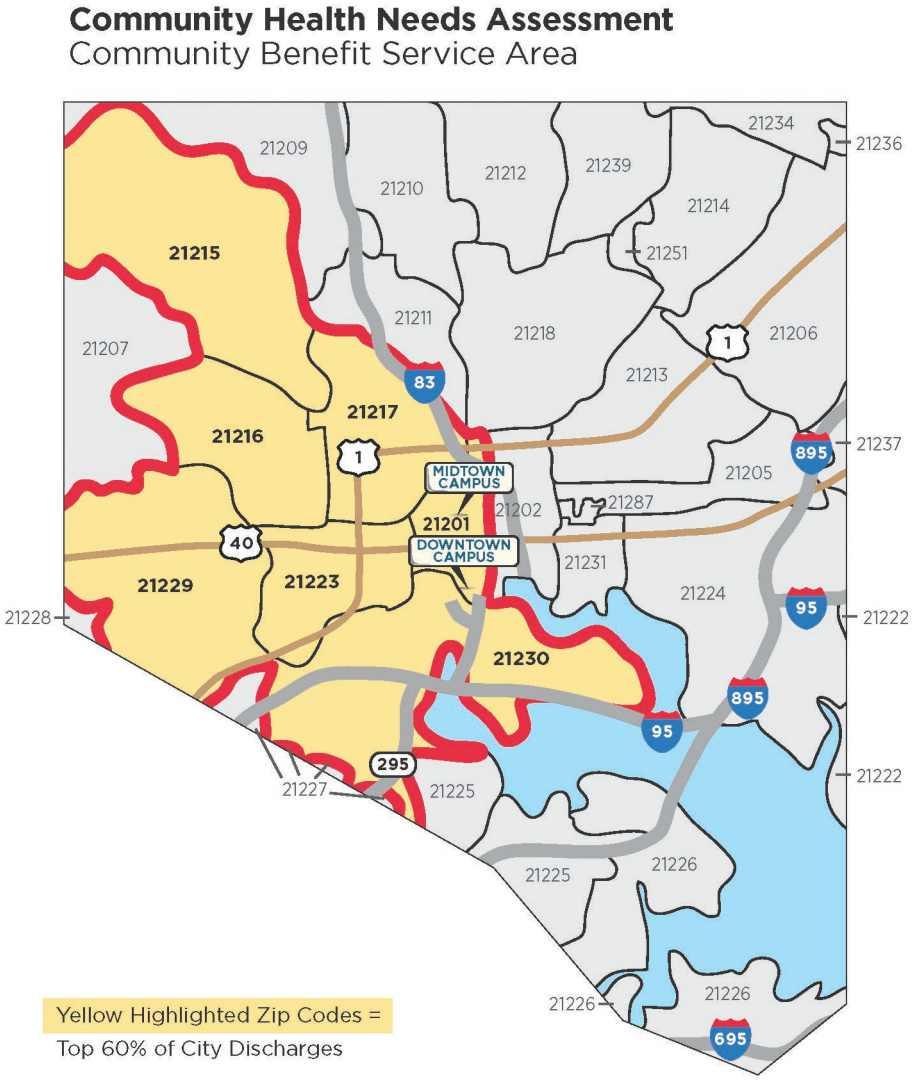


Figure 3B – U.S. Census Demographics: Baltimore City, MD

POPULATION	
Population estimates, July 1, 2019, (V2019)	593,490
Population estimates base, April 1, 2010, (V2019)	620,770
Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-4.4%
AGE AND SEX	
Persons under 5 years, percent	6.2%
Persons under 18 years, percent	20.2%
Persons 65 years and over, percent	14.5%
Female persons, percent	53.1%
RACE AND HISPANIC ORIGIN	
White alone, percent	31.8%
Black or African American alone, percent	62.7%
American Indian and Alaska Native alone, percent	0.5%
Asian alone, percent	2.7%
Native Hawaiian and Other Pacific Islander alone, percent	0.1%
Two or More Races, percent	2.2%
Hispanic or Latino, percent	5.7%
White alone, not Hispanic or Latino, percent	27.7%

HTTPS://WWW.CENSUS.GOV/QUICKFACTS/FACT/TABLE/BALTIMORECITYMARYLANDCOUNTY/PST045219

III. Collecting and Analyzing Data

Using the above frameworks (Figures 1 and 2), data was collected from multiple sources, groups, and individuals and integrated into a comprehensive document which was utilized at a retreat on March 10, 2021 of the UMMC Community Health and Engagement Team. During that strategic planning retreat, priorities were identified using the collected data and an adapted version of the Association for Community Health Improvement (ACHI) priority setting criteria. The identified priorities were also validated by a panel of UM Clinical Advisors and UMB Campus experts.

UMMC 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 our UMMS Baltimore City-based hospitals, University of Maryland Rehabilitation and Orthopedic Institute, community leaders, community partners, the University of Maryland Baltimore (UMB) academic community, the general public, local health experts, and the Baltimore City Health Department.

After a successful joint venture in fiscal year 2018, all local Baltimore City Hospitals joined together again to collaborate on a joint community health needs assessment. UMMC

partnered with Johns Hopkins Hospital, Sinai Hospital (LifeBridge), Medstar Health, St. Agnes Hospital, and Mercy Medical Center. All of the above hospitals/health systems had been collaborating on several initiatives prior to the CHNA project and agreed that it would be beneficial to work on a more detailed level on a joint city-wide CHNA. This multi-hospital collaborative worked on the following data collection components together:

- Public survey of Baltimore City residents
- Community Member Town Hall
- Key stakeholder interviews
- Key community health focus groups
- Key community partner focus groups

After the data was collected and analyzed jointly, each individual hospital used the collected data for their respective community benefit service areas to identify their unique priorities for their communities.

The following describes the individual data collection strategies with the accompanying results.

A) COMMUNITY PERSPECTIVE

The community's perspective was obtained through one survey offered to the public using several methods throughout Baltimore City. A 10-item survey queried Baltimore City residents to identify their top health concerns and their top barriers in accessing health care. (See Appendix 1 for the actual survey instrument) Additionally, 4 items were added to the survey to understand the communities' needs concerning the COVID-19 pandemic.

Methods

14-item survey distributed in FY2021 using the following methods:

- Conducted from late September through November 2020
- All hospitals participated in data collection throughout the city
- Distributed in person and offered online
- Offered in English and Spanish
- Collected 3,826 surveys
- All Baltimore City zip codes represented

Results

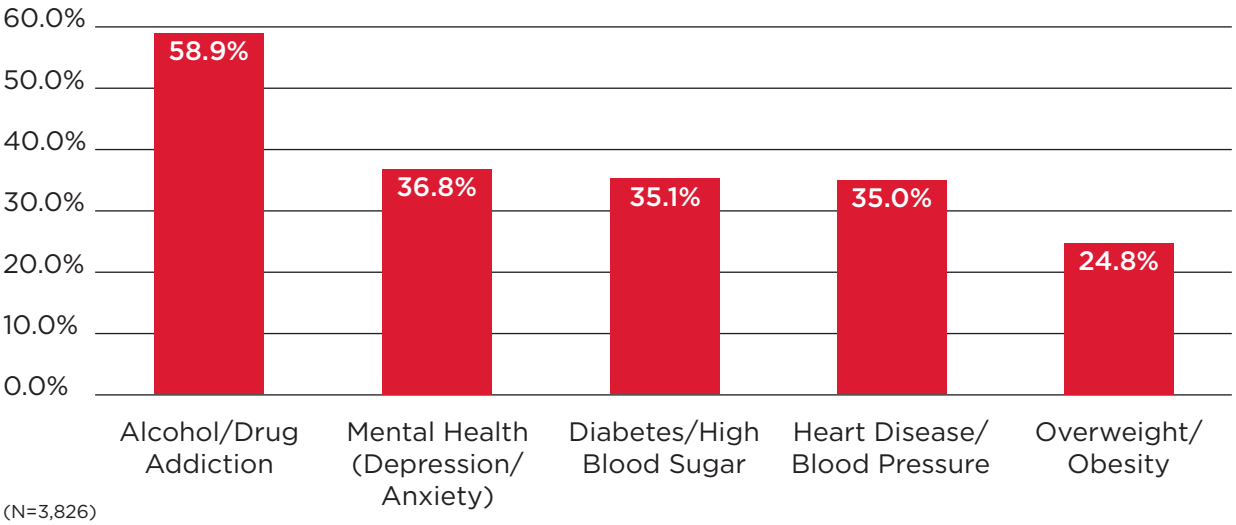
- ❑ **Top 5 Health Concerns:** (See Figure 4)
  - ❑ Alcohol/Drug Addiction
  - ❑ Mental Health
  - ❑ Diabetes/High Blood Sugar
  - ❑ Heart Disease/High Blood Pressure
  - ❑ Overweight/Obesity

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 3,826 for all of Baltimore City and 656 for residents from the identified UMMC CBSA.

Community's Top Health Concerns – Baltimore City

- ❑ Alcohol/Drug Addiction
- ❑ Mental Health (Depression/Anxiety)
- ❑ Diabetes/High Blood Sugar
- ❑ Heart Disease/High Blood Pressure
- ❑ Overweight/Obesity

Figure 4 – Top Health Problems – Baltimore City

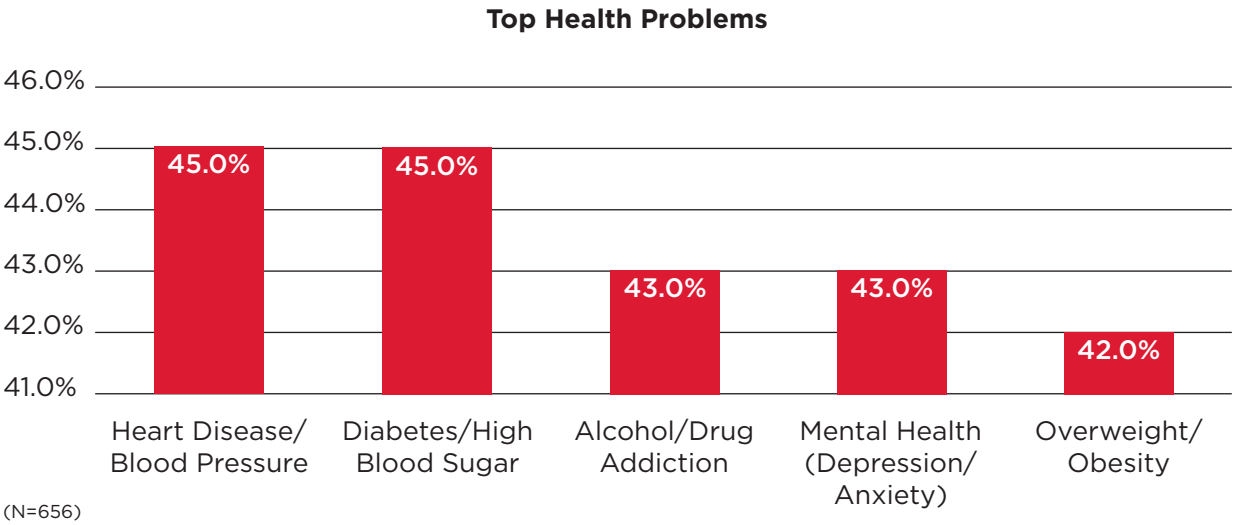


(N=3,826)

Top Health Concerns – Community Benefits Service Area

- ❑ Heart Disease/High Blood Pressure
- ❑ Diabetes/High Blood Sugar
- ❑ Alcohol/Drug Addiction
- ❑ Mental Health (Depression/Anxiety)
- ❑ Overweight/Obesity

Figure 5 – Top Health Problems – Community Benefits Service Area

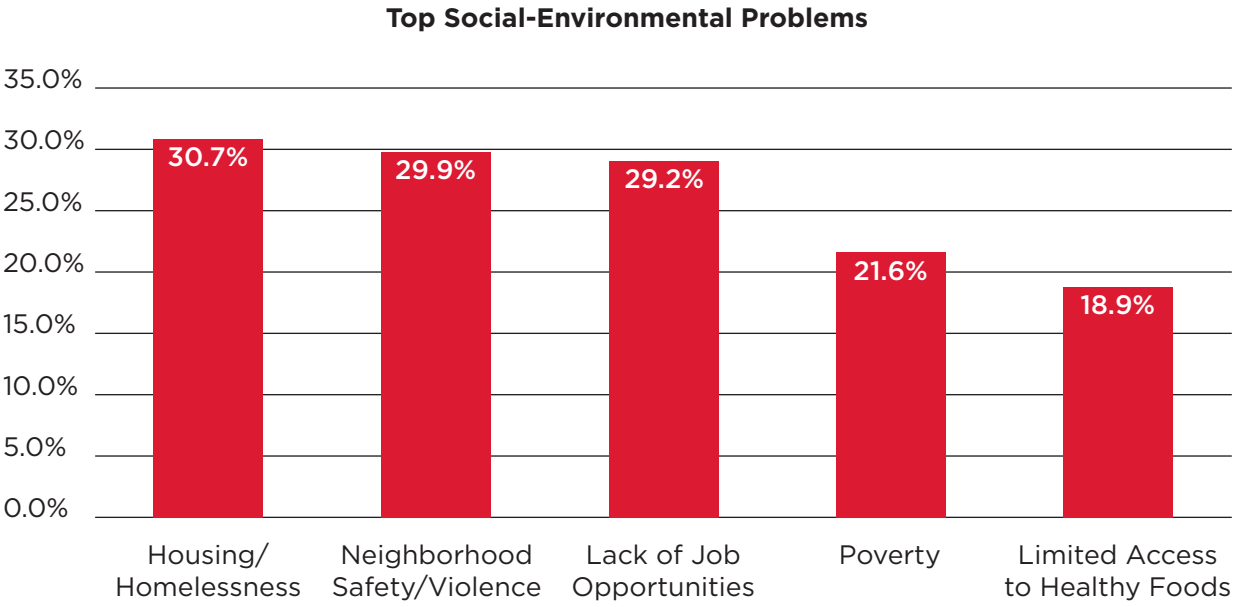


(N=656)

Community's Top Social/Environmental Issues – Baltimore City

- ❑ Housing/Homelessness
- ❑ Neighborhood Safety/Violence
- ❑ Lack of Job Opportunities
- ❑ Poverty
- ❑ Limited Access to Healthy Foods

Figure 6 – Top Social-Environmental Problems - Baltimore City

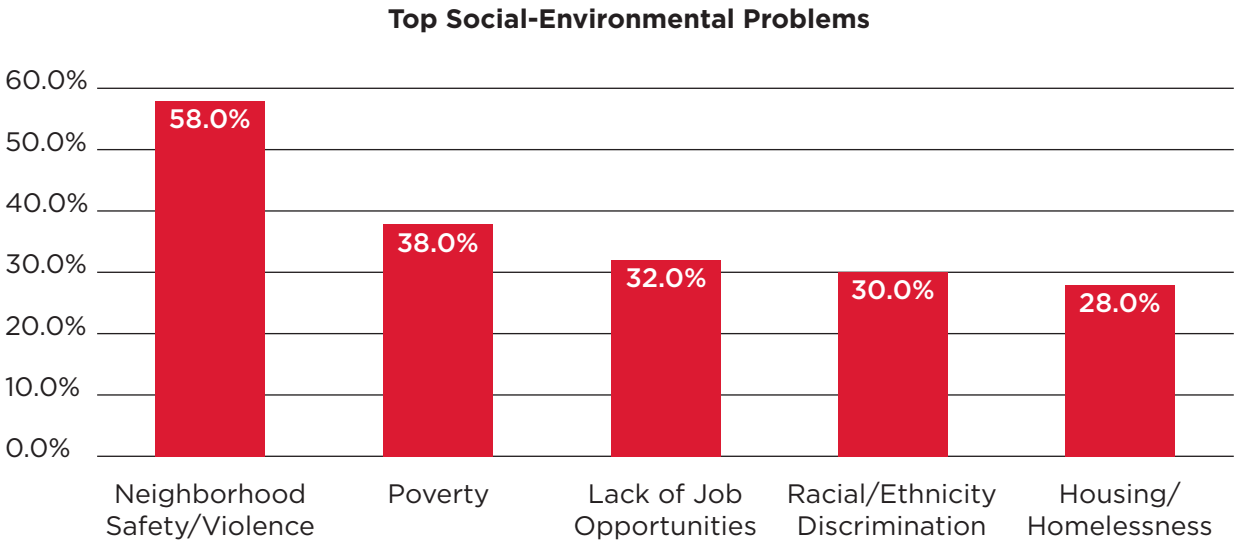


(N= 3,826)

Top Social/Environmental Issues – Community Benefits Service Area

- ❑ Neighborhood Safety/Violence
- ❑ Poverty
- ❑ Lack of Job Opportunities
- ❑ Racial/Ethnicity Discrimination
- ❑ Housing/Homelessness

Figure 7 – Top Socio-Environmental Problems - Community Benefits Service Area

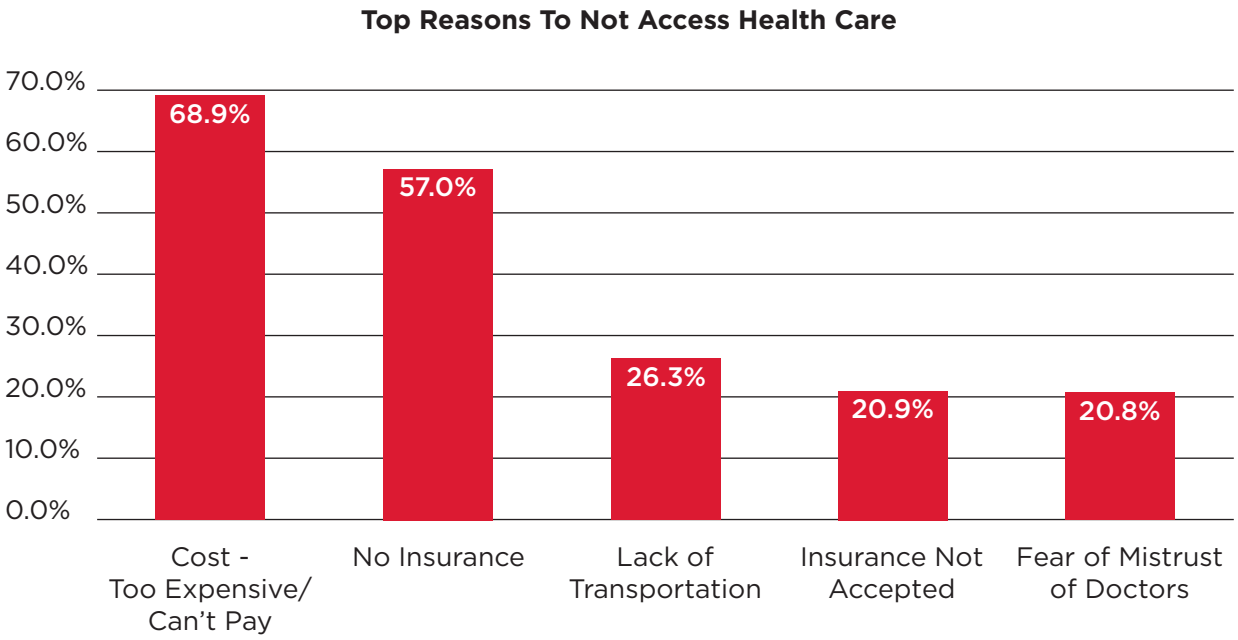


(N = 656)

Community's Top Barriers to Health Care – Baltimore City

- ❑ Cost - Too Expensive/Can't Pay
- ❑ No Insurance
- ❑ Lack of Transportation
- ❑ Insurance Not Accepted
- ❑ Fear or Mistrust of Doctors

Figure 8 – Top Reasons For Not Accessing Health Care Services - Baltimore City

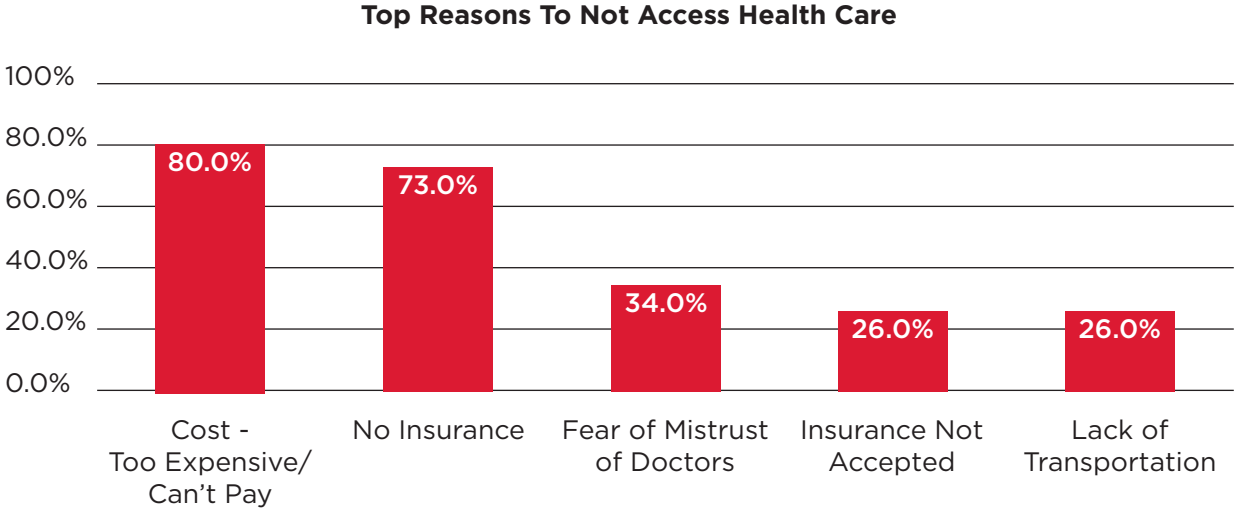


(N = 3,826)

Top Barriers to Health Care - Community Benefits Service Area

- ❑ Cost - Too Expensive/Can't Pay
- ❑ No Insurance
- ❑ Fear or Mistrust of Doctors
- ❑ Insurance Not Accepted
- ❑ Lack of Transportation

Figure 9 – Top Barriers to Health Care - Community Benefits Service Area



(N = 656)

B) HEALTH EXPERTS

Methods

- Reviewed National and State Community Health Priorities and Implementation guidance from the following:
  - ➢ National Prevention Strategy Priorities
  - ➢ Statewide Integrated Health Improvement Strategy Goals
  - ➢ U.S. Healthy Baltimore 2020 Plan (Department of Disease Prevention and Health Promotion)
- Conducted campus-wide stakeholder retreat in March 2021, including University of Maryland Schools of Medicine, Nursing, Social Work and UMB Community Affairs office

Results

After review of the National and State Public Health Priorities, we found the following to inform our CHNA:

- ❑ **National Prevention Strategy**
  - ❑ Tobacco Free Living
  - ❑ Preventing Drug Abuse and Excessive Alcohol Use
  - ❑ Healthy Eating
  - ❑ Active Living
  - ❑ Injury and Violence Free Living
  - ❑ Reproductive and Sexual Health
  - ❑ Mental and Emotional Well Being
- ❑ **Statewide Integrated Health Improvement Strategy**
  - ❑ Care Transformation Across the System: Improve care coordination for patients with chronic conditions
  - ❑ Diabetes: Reduce the mean Body Mass Index (BMI) for adult Maryland residents
  - ❑ Opioid Use Disorder: Improve overdose mortality
  - ❑ Maternal Child Health: Reduce severe maternal morbidity rate
  - ❑ Decrease asthma-related emergency department visit rates, ages 2-17
- ❑ **Healthy Baltimore 2020**
  - ❑ Strategic Priority 1: Behavioral Health
  - ❑ Strategic Priority 2: Violence Prevention
  - ❑ Strategic Priority 3: Chronic Disease Prevention
  - ❑ Strategic Priority 4: Life Course Approach and Core Services
- ❑ **Health Expert UMB Campus Panel Focus Group Top Action Items included:**
  - ❑ Expand practitioner participation in community outreach within the community where the community feels safe (i.e. churches, community recreation centers, schools)
  - ❑ Hire/Utilize more Black/Brown providers that speak various languages
  - ❑ Allow for community input on services provided and allocation of funds

- ❑ Provide workforce opportunities and upward mobility for community members
- ❑ Participate in community association meetings and activities and listen
- ❑ Offer immunization clinics

Figure 10 – Comparison of Federal, State, and Local Health Priorities

National Prevention Strategy: 2020 Priority Areas	Statewide Integrated Health Improvement Strategy	Healthy Baltimore 2020
Tobacco Free Living		
Preventing Drug Abuse and Excessive Alcohol Use	Opioid Use Disorder	
Healthy Eating	Diabetes; Chronic Conditions: Coordinated Care	Chronic Disease Prevention
Active Living		Life Course Approach and Core Services
Injury and Violence Free Living		Violence Prevention
Reproductive and Sexual Health	Maternal and Child Health	Behavioral Health

HTTPS://PREVENTION.NIH.GOV/EDUCATION-TRAINING/METHODS-MIND-GAP/NATIONAL-PREVENTION-STRATEGY-PRIORITIZING-PREVENTION-IMPROVE-NATIONS-HEALTH

HTTPS://HSCRC.MARYLAND.GOV/DOCUMENTS/MODERNIZATION/SIHIS%20PROPOSAL%20-%20CMMI%20SUBMISSION%2012142020.PDF

HTTPS://HEALTH.BALTIMORECITY.GOV/SITES/DEFAULT/FILES/HB2020%20-%20APRIL%202017.PDF

C) COMMUNITY LEADERS

Methods

- Hosted one town hall in collaboration with the other Baltimore City hospitals for community members to share their perspectives on health needs (October 2020)
- Hosted three focus groups in collaboration with the other Baltimore City hospitals for community-based organization partners to share their perspectives on health needs (October 2020)

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 as potential suggestions for improvement and collaboration

Top Needs

- ❑ Substance Abuse/Use, particularly fentanyl
- ❑ Violence/Gun Violence
- ❑ Mental Health/Behavioral Health
- ❑ Chronic Disease (CVD, Diabetes, Hypertension, Stroke)
- ❑ Food Instability
- ❑ Maternal and Child Health

Top Barriers

- ❑ Lack of neighbor to neighbor positive interaction and community involvement
- ❑ Aging Infrastructure and lack of resources
- ❑ Violence/Abuse
- ❑ Transportation
- ❑ Lack of positive Social/Recreational activities
- ❑ Unemployment
- ❑ Inadequate Housing
- ❑ Neighborhood Blight/Lack of Investment/Technology

Suggestions for Improvement

- ❑ Neighborhood Blight/Lack of Investment/Technology
- ❑ Enhance technological resources
- ❑ Bring outreach to the neighborhood/More visibility/Consistency
- ❑ Stronger relationships between community stakeholders
- ❑ Provide better avenues to workforce and upward mobility
- ❑ Input from the community
- ❑ Develop better collaborative relationships between organizations throughout Baltimore City

D) SOCIAL DETERMINANTS OF HEALTH (SDH)

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

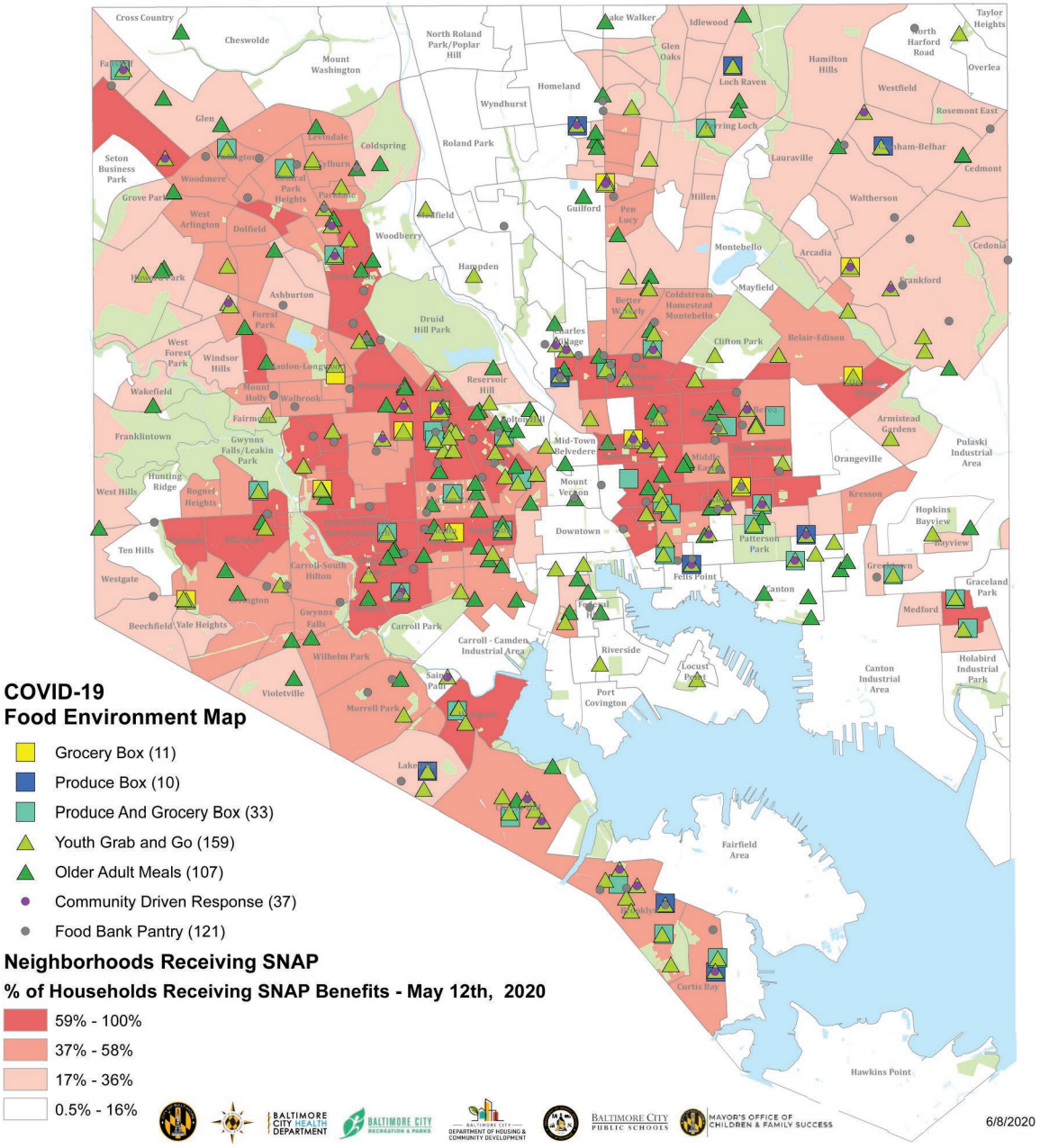
Methods

- Reviewed data from the 2021 County Health Rankings for Maryland
- Reviewed data from Behavior Health Systems Baltimore
- Reviewed data from identified 2021 U.S. Bureau of Labor and Statistics' Baltimore Economic Summary
- Reviewed Baltimore City Food Environment Map

Results

- ❑ **Baltimore City Summary** (See Appendix 2)
- ❑ **Top SDHs:**
  - ❑ High Poverty Rate: (24.2%) compared to (9.9%) for State of Maryland
  - ❑ High Unemployment Rate (7.9%)
  - ❑ Violence: 1,780/100,000 people compared to 472/100,000 people in Maryland (2.77 times higher)
  - ❑ Low Healthy Food Environment (See Figure 11 below)
  - ❑ Housing Instability

Figure 11 – Baltimore City Food Environment Map



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E) HEALTH STATISTICS/INDICATORS

Methods

Reviewed the following data to inform our CHNA:

- City and State trends and data sources:
  - ➢ Baltimore City Health Department State of Health in Baltimore
  - ➢ MD HSCRC Statewide Integrated Health Improvement Strategy Proposal
  - ➢ Maryland Department of Health Vital Statistics
- National trends and data sources:
  - ➢ Healthy People 2030
  - ➢ County Health Rankings
  - ➢ Centers for Disease Control Reports/Updates

Results

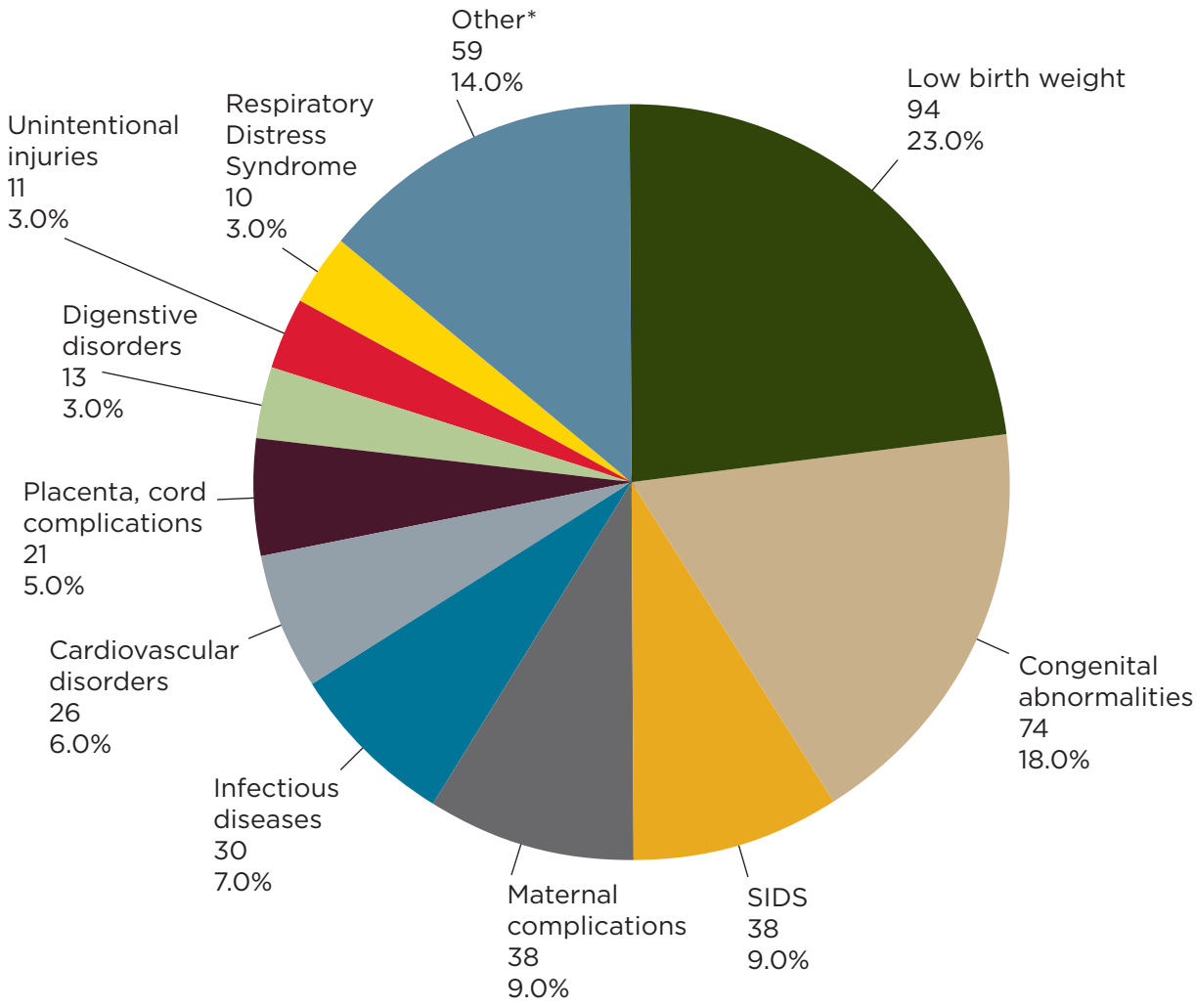
- ❑ **Baltimore City Health Outcomes Summary** (See Appendix 2)
- ❑ **Baltimore City Health Rankings** (See Figure 13)
- ❑ **Top 3 Causes of Death in Baltimore City in rank order:**
  - ❑ Heart Disease
  - ❑ Cancer
  - ❑ Stroke
- ❑ **Maternal Morbidity Rate** (See Figure 11 below)
- ❑ **Cause of Pediatric Deaths**
  - ❑ High Rate of Infant Mortality (See Figure 12)

Figure 12 – Severe Maternal Morbidity Rates/10,000 Delivery Hospitalizations, Disaggregated by Race and Ethnicity

Population	Baseline (2018)	2023	2026	Absolute Change	Relative Percentage Change
Total	**242.5**	**219.3**	**197.1**	**45.4**	**19.0%**
White NH	183.6	169.8	156.1	27.5	15.0%
Black NH	328.5	295.7	262.8	65.7	20.0%
Asian NH	241.9	217.7	193.5	48.4	20.0%
Hispanic	236.9	213.2	189.5	47.4	20.0%
Other	227.3	204.6	181.8	45.5	20.0%

HTTPS://HSCRC.MARYLAND.GOV/DOCUMENTS/MODERNIZATION/SIHIS%20PROPOSAL%20-%20CMMI%20SUBMISSION%20 12142020.PDF

Figure 13 – Leading Cause of Infant Death, Maryland 2019



*INCLUDES CAUSES OF DEATH WITH <10 EVENTS

According to the Maryland Department of Health's Vital Statistics, low birth weight was the leading cause of death among non-Hispanic black infants (28.0%) in 2019. Congenital abnormalities were the leading cause of death among Hispanic (26.0%) infants and among non-Hispanic white (22.0%) infants. Cause-specific mortality rates continue to be higher for non-Hispanic black infants than non-Hispanic White infants for all leading causes of death. Compared with non-Hispanic white infants, non-Hispanic black infants were nearly four times more likely to die in 2019 as a result of LBW, 30% more likely to die from congenital abnormalities, twice as likely to die from SIDS, and four times more likely to die from maternal complications of pregnancy.

Health Outcomes

The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive. A scale method is use to determine the healthiest counties vs the unhealthiest counties from 1 (healthiest)–24 (unhealthiest).

Health Factors

The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. A scale method is use to determine the healthiest counties vs the unhealthiest counties from 1 (healthiest)–24 (unhealthiest).

Figure 14 – 2021 County Health Rankings for 24 Ranked Counties in Maryland

County	Health Outcomes	Health Factors
Allegany	21	19
Anne Arundel	7	7
Baltimore	16	10
Baltimore City	24	23
Calvert	5	4
Caroline	17	21
Carroll	4	6
Cecil	20	15

County	Health Outcomes	Health Factors
Charles	12	12
Dorchester	23	22
Frederick	3	3
Garrett	15	14
Harford	10	5
Howard	2	1
Kent	14	11
Montgomery	1	2

County	Health Outcomes	Health Factors
Prince George's	13	16
Queen Anne's	6	9
Somerset	22	24
St. Mary's	8	13
Talbot	9	8
Washington	18	18
Wicomico	19	20
Worcester	11	17

	1 to 6	7 to 12	13 to 18	19 to 24
Health Outcome Ranks				
Health Factor Ranks				

2021 COUNTY HEALTH RANKINGS FOR MARYLAND:
HTTPS://WWW.COUNTYHEALTHRANKINGS.ORG/SITES/DEFAULT/FILES/MEDIA/DOCUMENT/CHR2021_MD.PDF

Figure 15 – Asthma ED Visit Projections for ages 2-17 years old

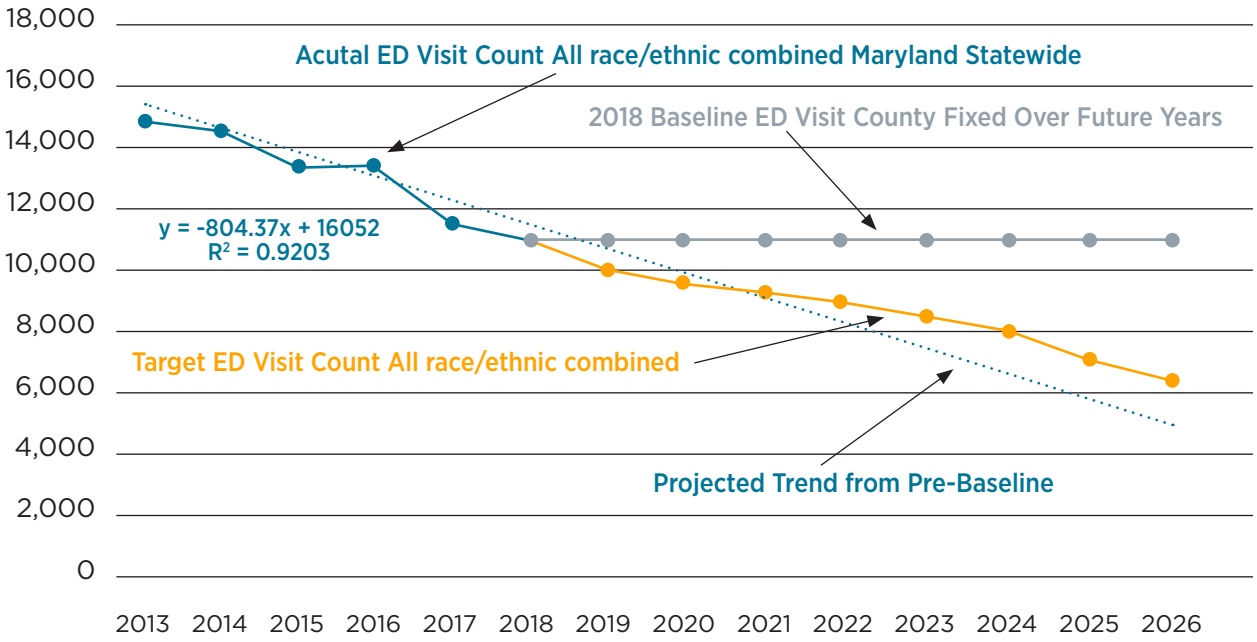


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Figure 16 – Asthma-related ED Visit Rate for ages 2-17 years old

Population	Baseline (2018)	2023	2026	Absolute Change	Relative Percentage Change
Total	**9.2**	**7.2**	**5.3**	**3.9**	**42.0%**
White	4.1	3.5	3.0	1.1	26.0%
Black	19.1	14.36	9.6	9.6	50.0%
Asian	2.7	2.6	2.5	0.2	9.0%
Hispanic	5.4	4.7	4.0	1.4	25.0%
Other	10.6	7.3	5.5	5.1	48.0%

HTTPS://HSCRC.MARYLAND.GOV/DOCUMENTS/MODERNIZATION/SIHIS%20PROPOSAL%20-%20CMMI%20SUBMISSION%2012142020.PDF

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 by the Community Health and Engagement Team and validated with the health experts from the UMB Campus Panel:

Adult Health Priorities

1. Substance Use Disorder
2. Mental Health
3. Chronic Disease Management (CVD, Diabetes, HIV)

Social Determinants of Health Priorities

1. Employment and Career Opportunities
2. Neighborhood Safety and Violence Prevention
3. Affordable Housing and /Homelessnes

In addition to identifying adult health needs and priorities, UMMC identify the unmet needs for the children within our community benefits service area. These priorities were also identified by the UMMC Community Health and Engagement Team and the Experts from the UM Children's Hospital:

Children Health Priorities

1. Mental Health (ACEs)
2. Obesity/Nutrition
3. Asthma
4. Maternal and Child Health

V. Documenting and Communicating Results

The UMMC 2022–2024 Community Health Needs Assessment process fully embraced community listening, involvement and collaboration with a broad group of community leaders, the academic community, the general public, and health experts. This report will be posted on the UMMC website under the Community Health and Engagement webpage at https://www.umms.org/ummc/community-health.

Highlights of this report will also be documented in the Community Benefits Annual Report for FY2021. 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 AND IMPLEMENTATION PLANNING

UMMC has aligned its identified community health priorities with the National and State Health Priorities. The following matrix shows the alignment of the identified priorities with each of the National and State priorities. UMMC will also track the progress with long-term outcome objectives measured through the National Prevention Strategy Priority Areas. Short-term programmatic objectives, including reach and outcome measures will be measured annually by UMMC for each priority area 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 employs the following prioritization framework 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 will provide leadership and support in partnership with the communities we serve at a variety of response levels. 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 and weather disasters (earthquake, blizzard, and terrorist attack)
- **Urgent Response** - Urgent response to episodic community needs, i.e., COVID-19 and Flu response
- **Sustained Response** - Ongoing response to long-term community needs, i.e., obesity, tobacco prevention education, health screenings, and 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 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 and Engagement Team during the CHNA process including: Cancer, Homelessness and Transportation. While the UMMC will focus the majority of its efforts on the identified strategic priorities, 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 services and through collaboration with other health care organizations as needed. The unmet needs not addressed by this CHNA will also continue to be addressed by key Baltimore City governmental agencies and existing community-based organizations.

The UMMC 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.

VII. Implementation Plans FY2022-2024

UMMC Strategic Programs FY2022–2024

SHCRC Strategic Integrated Health Improvement Domain Goals	National Prevention Strategy: Priority Areas	UMMC Priorities	UMMC Strategic Community Programs
Maternal/Child Health	Reproductive and Sexual Health	Maternal and Child Health Asthma Obesity/Nutrition	B'More Health Babies Breathmobile Kids to Farmer's Market, Safe Kids (Helmets, Fire Safety, Car Seats)
Opioid Use Disorder	Mental and Emotional Well-Being Injury and Violence Free Living Preventing Drug Abuse and Excessive Alcohol Use Tobacco Free Living	Mental Health Trauma/Violence Prevention Substance Use Disorder	Mental Health Conference, MH Screenings, MHFA Violence Prevention Program, Bridge Program, PHAT, My Future, My Career Drug Facts campaign, Provider education on prescribing practices, SBIRT, Naloxone, TND
Chronic Conditions: Coordinated Care Diabetes	Healthy Eating	Cardiovascular Disease Obesity Diabetes COVID-19 Vaccine	Farmer's Market, Maryland Healthy Men Program, Mobile Market, BMI screenings, BP Screenings, DPP Program, A1C screenings, Nutrition education, Living Well workshops (HTN, Chronic Disease, Diabetes, and HIV)
	Active Living	Employment/ Career Advancement	UM Career Academy Project Search, BACH Fellows, Youthworks, NAHSE, Healthcare Career Alliance, Urban Alliance

FY2022-FY2024 Community Health Improvement Implementation Plan – Mental Health

PRIORITY AREA: Mental Health – FY2022-FY2024

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the suicide rate and reduce the emergency department visits related to mental health (Healthy People 2030: "for intentional self-harm injuries")
2. Increase the proportion of persons with co-occurring substance use disorders and mental health disorders who receive treatment for both disorders
3. Increase the proportion of adults with serious mental illness (SMI) who receive treatment

Annual Objective	Strategy	Target Population	Actions Description
Reduce the suicide rate Reduce the ED visit rate r/t mental health Increase awareness in the community of mental health Increase the number of individuals referred to appropriate mental health resources	Provide education and information and training to primary and specialty UMMC clinics about Trauma-informed care Integrating Trauma Informed Principals to Target Clinics within UMMC/S Educating community members on how to access the Mental Health System for resources and care. (SAMHSA Grant for funding if possible) Collaborating with City Police and Greater Baltimore Region Integrated Crisis System to create policies and better practices around trauma informed responses	Health care providers and staff West Baltimore Community West Baltimore Community	Using SAMHSAs principles and guidance for trauma-informed approaches, provide training to clinics and provide implementation consultation as needed Provide education and information about mental health with information on resources Provide free mental health screenings using the PHQ2 (then PHQ9 if +) tool in the community. Provide education and information about mental health with information on resources.

FY2022-2024 Community Health Improvement Implementation Plan – Substance Abuse

PRIORITY AREA: Substance Abuse

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Increase the proportion of persons who need alcohol and/or illicit drug treatment who received specialty treatment for a substance use problem in the past year
2. Reduce the proportion of persons with alcohol use disorder in the past year

Annual Objective	Strategy	Target Population	Actions Description
Reduce the Drug-induced death rate Increase early intervention, treatment, and management of substance use disorders	Provide education and information to community members on identifying substance abuse issues in the community Provide education to licensed providers on scope of opioid crisis and appropriate prescribing practices Provide education to school aged students about drug use and healthier coping mechanisms	Faith Leaders, Health Ministry Leaders, Community members in West Baltimore, Partner Schools, Parent groups Licensed, prescribing health care providers High school students (14-19 yrs.)	Develop and utilize Drug Facts campaign to educate and inform West Baltimore City residents about identification of substance abuse behavior and community resources Provide free provider education on scope of opioid crisis and relevant prescribing practices utilizing Centers for Disease Control and/or American Hospital Association best practices standards Work with commercial insurers to reduce Co-pay for Narcan Link SBIRT program to increase referrals Provide an evidence-based, interactive classroom-style, substance use prevention program that focuses on three factors that predict tobacco, alcohol, and other drug use, violence-related behaviors, and other problem behaviors among youth (14-19 yrs.)

FY2022-2024 Community Health Improvement Implementation Plan - Maternal and Child Health

PRIORITY AREA: Maternal and Child Health

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the percentage of births that are low birth weight (LBW)
2. Increase the proportion of pregnant women starting prenatal care in the 1st trimester
3. Ease the transition for families and babies to coordinated pediatric care and increase referrals to the BITP for all newborns with NAS
4. Improve outcomes for pregnancies with substance abuse complications
5. Reduce the child motor vehicle crash related deaths buy increasing Baltimore City family access to affordable car seats

Annual Objective	Strategy	Target Population	Actions Description
Increase the number of families that participate in the Safe Kids low cost program to put more children in appropriate and safe car seats	Increase awareness and participation in program through partnerships with and referrals from Midtown Peds, WIC, Healthy Start, Head Start, and BCHD programs	Baltimore City families with infants and children through 8 yrs. of age	Safe Kids Baltimore strives to reduce unintentional MVC injuries and deaths through monthly car seat check-up events (pre-COVID), education, and providing the availability of low cost ($40) car seats to families in need
Increase parent knowledge and awareness of fire safety, pedestrian safety, child passenger safety and safe sleep for infants, and wheel/helmet safety	Provide prevention education and information on the before mentioned unintentional childhood injury areas via Safe Kids Baltimore programs and events	Parents and children in Baltimore City	Safe Kids Baltimore strives to reduce unintentional childhood injuries and deaths in Baltimore City through free education and training on fire safety, pedestrian safety, child passenger safety, safe infant sleep, and wheel/bike safety
Increase the proportion of pregnant women starting prenatal care in the 1st trimester Increase the proportion and ease the transition for families and babies to coordinated pediatric care	Liaison for continuity of OB and Pediatric care for families and newborn babies Ensure each new mom is set up with a Pediatrician consult Moms-in-Training to after the child is born with incentives to attend pediatric appointments and having classes for parents on important pediatric topics, i.e., development, newborn care, feeding, immunizations, handling sick children	Women in West Baltimore Communities delivering at UMMC	Partner with Maryland-Moms-in-Training to engage community and offer free resources and education on breastfeeding

Improve outcomes for pregnancies with substance abuse complications	Address substance abuse during and after pregnancy	Women in West Baltimore Communities	Partner with UMMC in their various outreach efforts to provide free education and resources around substance abuse during pregnancy Conduct feasibility analysis of providing a follow-up program for infants experiencing NAS and their mothers. If feasible, implement program and distribute program information to community partners.
Reduce the percentage of births that are low birth weight (LBW)	Enroll pregnant women in the B'More Healthy Babies Program	Women in West Baltimore Communities	Continue support of the B'More Healthy Babies Initiatives

FY2022-2024 Community Health Improvement Implementation Plan – Chronic Disease Prevention

PRIORITY AREA: Chronic Disease – Cardiovascular Disease/Obesity

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce household food insecurity and in doing so reduce hunger
2. Reduce the proportion of adolescents (ages 12-19) with obesity
3. Age adjusted mortality rate from heart disease
4. Reduce emergency department visit rate due to hypertension
5. Increase the proportion of adults age 19 years or older who get recommended vaccines
6. Increase the proportion of people with vaccine records in an information system

Annual Objective	Strategy	Target Population	Actions Description
Increase the proportion of adults who are at a healthy weight Reduce the proportion of youth who are obese Reduce emergency department visit rate due to hypertension	Provide education and information on the importance of heart healthy lifestyle through engaging, evidence-based programs: Know Your Numbers, Hypertension Screening and Outreach Program, Living Well with Hypertension, Living Well with Chronic Disease, Maryland Healthy Men, BP Hubs	Adults and youth in Priority Targeted zip codes	Engage targeted communities on healthy lifestyles through the sponsorship or provision of: - Community-wide education - Store Tours - Cooking Classes/Demos/ Tastings - Community Screenings and Referrals (Blood pressure, BMI/Weights, and Cholesterol) - Exercise Demonstrations Provide Living Well with Hypertension class monthly to community members

			Provide *Living Well w/ Chronic Disease* workshop twice/annually Develop resource guide (pdf) to be used on website and for community events Provide info on healthy weight resources at every major outreach event: - Fall Back to Good Health - B'More Healthy Expo - Lexington Market Monthly Health Fair - Mobile Market Deploy Blood Pressure Hubs in the community in barber/ beauty shops and churches Continue the Maryland Healthy Men hypertension program with 50 men/yr
Increase the variety of fruits and vegetables to the diets of the population aged 2 yrs. and older Increase healthy food access	Through engaging, evidence-based programs: 1) Improve access to variety of fruits and vegetables: Farmer's Market, UMMC Mobile Market 2) Promote awareness of healthy ways to prepare fruits and vegetables: Kids to Farmer's Market, Fruits and Vegetables Prescription Program (pilot), Mobile Market, New Food insecurity initiatives (TBD) COVID-19 Food distribution	Adults and children	Sponsor UMMC Farmer's Market: - Maintain WIC and SNAP voucher acceptance by vendors - Pilot prescription program promoting consumption of fruits and vegetables purchased at Farmer's Market - Explore additional Farmer's market and food access options for West Baltimore - Provide educational opportunity for local school children to attend Farmer's Market as a field trip - Provide support for local legislation supporting healthy food options and access to fresh fruits and vegetables Mobile Market: - Provide access to healthy produce in West Baltimore food deserts by using Mobile Van and Hungry Harvest in West Baltimore sites weekly - Provide educational materials to encourage use and purchasing of fresh produce COVID -19 Food Distribution: - Provide meals to family in need by emergency response

Provide expanded COVID-19 immunization access for the pubic in recognized community locations as a key strategy to reduce COVID-19 related illnesses, hospitalizations, and deaths through the reduction of transmission of COVID-19 Decrease vaccination disparity among minority populations by providing access in West Baltimore neighborhoods, by partnering with trusted community organizations Create equitable access for COVID-19 immunization in underserved locations throughout West Baltimore and for identified target populations	Provide COVID-19 vaccine, education, and information to reduce COVID-19 related illnesses, hospitalizations, and deaths through the reduction of transmission of COVID-19 in vulnerable populations across Baltimore City. UMMC Mobile Vaccine Equity Clinic	Seniors, Adults and age appropriate children	Vaccine Clinic: - Create a simplified registration process for seniors and individuals with limited access/knowledge to internet access - Provide accessible vaccine clinics in high-populated neighborhoods.

FY2022-2024 Community Health Improvement Implementation Plan – HIV/HCV Prevention

PRIORITY AREA: Chronic Disease – HIV/HCV Prevention

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the incidence of HIV infection

Goals of the National HIV and AIDS Strategy (NHAS) and National Viral Hepatitis Strategic Plan:

1. Reduce new HIV/HCV infections. HP2030: 3,835 persons
2. Increase access to care and improving health outcomes for people living with HIV and HCV
3. Reducing HIV-related health disparities
4. Achieve a coordinated response to the HIV epidemic

Annual Objective	Strategy	Target Population	Actions Description
To reduce new HIV infections by increasing awareness of individuals' HIV status and their risk factors	Provision of free, POC rapid HIV testing at community sites Coordination between UMMC and UMB (JACQUES Initiative) to conduct community outreach activities in collaboration with IHV and the UMB Office of Community Engagement to provide HIV and complementary services in areas within the university's strategic area, particularly within Southwest Partnership	High-risk individuals as defined by CDC, particularly African-American, LGBTQ-identified youth living in Baltimore, sex-workers, women, Latinx, and IV drug users	Offer free HIV/ HCV education and screenings at various community sites, programs and events, including use of the UMMC Community Health Mobile Van within various West Baltimore targeted zip codes Provide pre and post HIV-test counseling-education, including information and referral to PrEP
Increasing access to care	Linkage to Care for newly identified HIV-positive and PPOOC individuals	High-risk individuals as defined by CDC, particularly African-American, LGBTQ-identified youth living in Baltimore, sex-workers, women, Latinx, and IV drug users	Provide coordination of all aspects of linkage to care (e.g. assessment, identification of barriers and strengths, insurance, and medical provider) to ensure that HIV-positive clients encountered in the community have immediate access to care, particularly through C2C (Connect to Care) at THRIVE Clinic

HTTPS://WWW.CDC.GOV/HIV/PDF/DHAP/CDC-HIV-DHAP-EXTERNAL-STRATEGIC-PLAN.PDF

FY2022-2024 Community Health Improvement Implementation Plan – Diabetes Prevention

PRIORITY AREA: Diabetes

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Increase the proportion of adults who are at a healthy weight
2. Reduce diabetes-related emergency department visits
3. Reduce household food insecurity and in doing so reduce hunger
4. Increase the proportion of persons with diagnosed diabetes who ever receive formal diabetes education

Annual Objective	Strategy	Target Population	Actions Description
Increase diabetes awareness and healthy lifestyles to prevent and manage diabetes	Engage the church in a variety of year around activities to improve health of church members living with diabetes and their families	Adults and youth in six church communities within the targeted zip code	Offer six educational workshops, then a support group 1x/month for 9 months following the workshop series Each workshop is 1-1.5 hours Content areas: Diabetes Basics, Fitness, healthy eating, Heart health, Diabetes prevention for children
Increase the proportion of adults who are at a healthy weight Provide three cohorts of DPP/annually	CDC Diabetes Prevention Program (DPP)	Adults in Priority Targeted zip codes	Offer the CDC National Diabetes Prevention Program: for people at risk with diabetes 16-week program and a monthly post core follow-up
Increase the variety of fruits and vegetables to the diets of the population aged 2 yrs. and older Increase healthy food access	Improve access to variety of fruits and vegetables Promote awareness of healthy ways to prepare fruits and vegetables	Adults and children	BDS Healthy Aging Networks Monthly series on *Fruits and Veggies Matters* with basket of produce. Cooking demo. The goal of this series is to increase intake of produce of the participants Each seminar will identify fruit and vegetables of the season and feature a recipe will be provided. The participants will be challenged to try a new fruit and or vegetable and create a new recipe.
Decrease food insecurity in the diabetes population served at UMCDE	Therapeutic Food Pantry Access	Positive screening for food insecurity while living with diabetes	Providers and MAs will screen for food insecurity at office visit If positive for food insecurity, CHW will provide a bag of food The patient will be contacted monthly for a bag of groceries

FY2022-2024 Community Health Improvement Implementation Plan – Violence Prevention

PRIORITY AREA: Violence Prevention

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the domestic violence rate
2. Reduce homicides
3. Reduce firearm-related deaths
4. Maintain the low rate of recidivism for VIP participants due to violent injury. (VIP FY17 Performance = < 1.3% ➢ 2021 Target: < 1%)

Annual Objective	Strategy	Target Population	Actions Description
Reduce the rate of recidivism due to violent injury and domestic violence	Deliver service and intervention via evidence-based, hospital-integrated programs: Violence Intervention Program and Bridge Program	Patients admitted to UM Shock Trauma Center due to violence > 15 yrs. Participants include victims of assault, intimate partner violence, gunshot wounds, and domestic violence related incidents.	**VIP** provides intense, post-discharge, trauma-informed case management services to improve health outcomes, increase pro-social and protective supports, and decrease risk for recidivism for violent injury - Violence Prevention Specialists enroll patients of violent injury at the bedside in STC and in the EDs - Community Trauma Responder provides support and resources to secondary victims and communities exposed to trauma and violence - Participants are individual therapy and peer support - Participants receive services to help with employment, housing, mental health, substance abuse, physical health, and interpersonal skills Bridge Program provides crisis intervention, safety stabilization, and targeted case management to help participants achieve goals of independence, safety, and self-sufficiency - Advocates offer 24/7 response to anyone on campus affected by IPV

			- Interventions include safety planning, ongoing therapy, and case management - Participants benefit from Court accompaniment and legal advocacy - Participants receive services to help with employment, housing, mental health, substance abuse, safety planning, and interpersonal skills
Promote primary prevention activities for risky behaviors, unhealthy relationships, and the effects of trauma in youth and youth-serving populations	Deliver workshops, presentations, lectures, guest speaking, and group facilitation to youth and youth-impacting audiences impacted by risky behavior, violence, and trauma	Youth and youth-serving individuals on campus and in the adjacent communities	Curriculum: Youth Injury and Violence Prevention
Identify underlying causes of violence and effective interventions	Publish peer-reviewed research focused on violence prevention and intervention	Violence prevention, public health, and research community	Facilitate the operations of the Violence Intervention Research Group on campus, and support efforts to move research endeavors and projects forward

MARYLAND STATE HEALTH IMPROVEMENT PROCESS WEBSITE: HTTP://SHIP.MD.NETWORKOFCARE.ORG/PH/SHIP-DETAIL.ASPX?ID=MD_SHIP12

CALCULATED FROM 342 DEATHS IN 2017 (1F)

HTTPS://WWW.HEALTHYPEOPLE.GOV/2020/DATA/MAP/4768?YEAR=2015

FY2022-2024 Community Health Improvement Implementation Plan – Local Hiring/Career Advancement

PRIORITY AREA: Local Hiring/Career Advancement

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Lay the foundation for a healthier and more vibrant community, expanding economic opportunity for residents experiencing the greatest barriers to employment
2. Prepare West Baltimore residents for high-demand jobs through training and skills development, and then provide specific entry points for those candidates
3. Connect hires, and other frontline workers, to clear pathways for career advancement within UMMC
4. Improve employee retention and job performance of entry-level workers

Annual Objective	Strategy	Target Population	Actions Description
Career Advancement	UMMC managers and supervisors have indicated the need for training for incumbent employees who may be new to the workforce or recently re-entered society Microsoft Training is technology-focused skills enhancement to train employees and community members in Word, Excel, PowerPoint, Outlook and internet research to equip them with the computer skills required in today's workplace. Training will take place as part of the Southwest Partnership grant obtained in September 2020 and continue as an Academy initiative. As we engage with the community to improve community health and wellbeing, our goal is to help build an inclusive and sustainable West Baltimore. UMMC partners with community-based workforce organizations to	The goal is to retain employees (incumbent workers) hired (1st year) through UMMC community partners West Baltimore residents hired through our Workforce Training Partnership Programs Residents with the most significant barriers to employment including underserved community members, financially fragile community members, returning citizens, recipients of government assistance	Rising Star and Career Coaching focuses on enhancing entry-level employee engagement, improving job readiness skills, reducing turnover, and increasing productivity through training, mentoring, and coaching. New hires and incumbents are coached in career pathways, professionalism, employer expectations, and overall competencies. Employees are referred from their manager or HR Business Partner and will be case managed by Career Academy staff. Pathways to Success encompasses a comprehensive review of basic adult education (GED) and college prep (ACCUPLACER) classes. The goal is to prepare individuals for the workplace and higher education by removing promotional barriers. Employees who are hired through a community partner will be evaluated and referred to appropriate classes by the Career Academy staff.

	provide youth and adults with programs that lead to employment and career advancement. Workforce goals are to build a pipeline of qualified health care workers by leveraging strategic partnerships, removing barriers, and providing advancement opportunities through talent acquisition, career advancement, workforce development, and resource provision.		
Talent Acquisition	UMMC partners with over 30 community organizations that provide various resources to assist West Baltimore residents in obtaining employment. UMMC Human Resources and the Workforce Development offices conduct resource events, informational sessions, speed interviews, and feedback to community partners from referrals made to the hospital. The goal is to hire 250 West Baltimore employees through community partners. Satellite Center support will be provided for community partners to enhance workforce development in established centers within the eight target zip codes. Those centers include the UMMC Midtown Campus Outpatient Center (scheduled to open in 2021), the UMB Community Engagement Center and McCulloh Homes (expected to open in 2021).	- Unemployed and underemployed West Baltimore Community Members - Returning Citizens and Ex-Offenders - Displaced and dislocated adults and career-switchers - Baltimore City Public High School Students/Partnership High School Students - Opportunity Youth from targeted zip codes - Local College and University students - Parents from Partnership Schools - UMMC employees seeking career advancement and upskilling opportunities	Knowledge Empowers Youth Success (K.E.Y.S.) CNA to BSN with partner high schools Edmondson Westside H.S. and Vivien T. Thomas Medical Arts Academy, students will participate in a bridge program to foster the recruitment and development of CNA students who are pursuing careers in Nursing. The Academy will work with the identified schools to recruit UMMC employees, upskill incumbent workers and expose employees to career growth opportunities in Nursing. Careers in Healthcare Pathways Training (Multi-Skilled Medical Tech, PCT, Pharm Tech, Surgical Tech, Medical Assistant) will increase the number of new hires pipelined from workforce training partners who receive credential/skilled training by enrolling 50 community members in a career in health care occupational skills training. The Career Academy will partner with schools and organizations that offer the specified occupational skills.

FY2022-2024 Community Health Improvement Implementation Plan – Pediatrics Mental Health

PRIORITY AREA: Pediatrics Mental Health

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Increase the proportion of children with mental health problems who receive treatment
2. Increase the number of children who receive preventative mental health care in schools

Annual Objective	Strategy	Target Population	Actions Description
Increase the proportion of children with mental health problems who receive treatment Increase the number of children receiving preventative mental health care in schools Increase awareness in the community of mental health	Provide education and information to community members on identifying mental health problems Increase funding to school mental health programs in partner schools and Family Connections Program Provide education and to community members	West Baltimore Youth West Baltimore	Trauma Informed-Care/ Specific Interventions. Utilizing evidence-based programs to address specific needs identified in partner schools in West Baltimore and UMMC pediatric psychiatry clinics; Family Connections Program. Co-sponsor Mental Health Conference annually for the community at large
Partner with Baltimore City Hospitals on one mental health initiative annually	Partner with the Baltimore City Trauma Informed Care Task Force	Baltimore City	Partner with the City of Baltimore Trauma Informed Care Task Force and implement recommended strategies

FY2022-2024 Community Health Improvement Implementation Plan – Pediatrics Asthma

PRIORITY AREA: Pediatrics Asthma

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce emergency department visits for children over 5 years of age with asthma

Annual Objective	Strategy	Target Population	Actions Description
Pediatrics Asthma Needs Assessment and Community Engagement	Surveys, Zoom and in person individual and focus group meetings	Asthma Caregiver/ Providers/ Community/Leaders	Obtain feedback regarding current asthma services and identify unmet needs
Reduce Asthma Hospitalizations and ED visits	UMCH Pediatric Asthma Program Team Clinical Component	Patients seen in the PED and hospital for asthma BCPS children with asthma (targeted zip codes)	Identify children in need of services through Asthma RN, review of daily Epic reports, BCHD-CAP referrals, BCPS asthma screening tool and PCP/ Community/Self-referrals Asthma RN triages patients for inpatient consults and/or outpatient specialty care through Pulm/Allergy/Breath-mobile in person and/or Telemed service
Increase Asthma Awareness and Education	UMCH Pediatric Asthma Program Team Educational Component	Children with asthma and caregivers, PCPs, trainees, BCPS school personnel and general public	Provide asthma education at appointments, "Back to school" nights and health fairs. Develop on line educational resources. Provide didactic lectures in person and by webinars Certified Asthma Educator (CAE) certification of team
Coordination with other UMMC Community Programs to provide resources to address factors impacting asthma control: - Adherence - Environmental Exposures - Obesity - Psychosocial factors - ACEs	Asthma Program RN and Social Worker BCHD-CAP program UMMC Community Program	Children and their families in need of additional Support/ Resources	Asthma Program Team Members identify need* for additional services and notify Asthma RN and/or Social Worker for assistance and referrals if indicated Asthma RN makes reminder Calls/Texts to PTs for appointments and sets up medication reminder system ("Asthma Storylines" app) *Includes screening surveys at appts for maternal depression and ACEs

FY2022-2024 Community Health Improvement Implementation Plan – Pediatrics Obesity

PRIORITY AREA: Pediatrics Obesity

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the proportion of children and adolescents with obesity
2. Reduce the consumption of calories from added sugars by persons aged 2 yrs. and over
3. Eliminate very low food security among children

Annual Objective	Strategy	Target Population	Actions Description
Eliminate very low food security among children	Provide Food Pantry option to Patients and Community at Midtown, General Pediatrics Practice	Children and families in Baltimore City Children with BMI over the 95th percentile for their age	Through outreach, provide the community with resources directing them to wellness visits to see a pediatrician and upon their first visit, they will be offered a voucher to the pantry Expand these services to include the Mobile Market, which could offer fresh fruits and veggie options. Days they park at Midtown we could offer free community pediatric obesity screenings. Strengthen partnership with existing community outreach initiatives and efforts directed at addressing food insecurities
Reduce the proportion of children and adolescents with obesity Reduce the consumption of calories from added sugars by persons aged 2 yrs. and over	Provide Free Dietician and Social Work Support to increase resources in supporting a holistic approach to obesity and eliminate barriers to access	Children and families in Baltimore City Children with BMI over the 95th percentile for their age	Through outreach, provide community with meet and greets, Q&A, free screenings and direct them to visits to see a pediatrician and coordinated visit with a dietician and social worker to support their clinical outcomes Offer larger complement of services through stronger partnerships with the community, such as UMCDE by having a bridge with social work and dietician services

VIII. Appendix 1: Public Health Needs Survey Instrument

2020 Baltimore Health Needs Survey

Your responses to this optional survey are anonymous and will inform how hospitals and agencies work to improve health in our Baltimore community. Thank you!

Instructions: You must be 18 years or older to complete this survey. Please answer all questions and return the survey as indicated. For questions about this survey, contact 1-800-492-5538.

1. **What is your ZIP code?** *Please write 5-digit ZIP code.* _____

2. **What is your gender?** *Please check one.*
   ❑ Male ❑ Female ❑ Transgender
   ❑ Other specify_____ ❑ Don't know Prefer not to answer

3. **What is your age group (years)?** *Please check one.*
   ❑ 18-29 ❑ 40-49 ❑ 65-74 ❑ 75+
   ❑ 30-39 ❑ 50-64 ❑ Don't know Prefer not to answer

4. **Which one of the following is your race?** *Please check all that apply.*
   ❑ Black or African American
   ❑ Native Hawaiian or Other Pacific Islander
   ❑ American Indian or Alaska Native
   ❑ Other/More than one race specify_____
   ❑ Don't know
   ❑ White or Caucasian
   ❑ Asian
   ❑ Prefer not to answer

5. **Are you Hispanic or Latino/a?** *Please check one.*
   ❑ Yes ❑ No ❑ Don't know Prefer not to answer

6. **Do you have health insurance?**
   ❑ Yes ❑ No

7. **On how many days during the past 30 days was your mental health not good?**
   Mental health includes stress, depression, and problems with emotions.
   Please write number of days.
   _____ days ❑ Zero days ❑ Don't know ❑ Prefer not to answer

8. **What are the <u>three</u> most important health problems that affect the health of your community?** *Please check only three.*
   ❑ Alcohol/Drug addiction
   ❑ Mental health (depression, anxiety)
   ❑ Diabetes/High blood sugar
   ❑ HIV/AIDS
   ❑ Lung disease/Asthma/COPD
   ❑ Smoking/Tobacco use
   ❑ Sexually Transmitted Infections
   ❑ Alzheimer's/Dementia
   ❑ Overweight/Obesity
   ❑ Cancer
   ❑ Heart disease/High blood pressure
   ❑ Infant death
   ❑ Stroke
   ❑ Don't know or prefer not to answer
   ❑ Other_____

9. **What are the three most important social/environmental problems that affect the health of your community?** *Please check only three.*

- ❑ Availability/Access to doctor's office
- ❑ Availability/Access to insurance
- ❑ Domestic violence
- ❑ Limited access to healthy foods
- ❑ School dropout/Poor schools
- ❑ Lack of job opportunities
- ❑ Racial/Ethnicity discrimination
- ❑ Social isolation/Loneliness
- ❑ Don't know or prefer not to answer
- ❑ Child abuse/Neglect
- ❑ Lack of affordable child care
- ❑ Housing/Homelessness
- ❑ Neighborhood safety/Violence
- ❑ Poverty
- ❑ Limited places to exercise
- ❑ Transportation problems
- ❑ Other: _____

10. **What are the three most important reasons people in your community do not get health care?** *Please check only three.*

- ❑ Cost – Too expensive/Can't pay
- ❑ No insurance
- ❑ Lack of transportation
- ❑ Language barrier
- ❑ Worried about immigration status
- ❑ Fear or mistrust of doctors
- ❑ Don't know or prefer not to answer
- ❑ No doctor nearby
- ❑ Insurance not accepted
- ❑ Cultural/Religious beliefs
- ❑ Child care
- ❑ Wait is too long
- ❑ Other: _____

COVID-19 QUESTIONS

11. **Which of the following apply to you?** *Check all that apply.*

- ❑ I have been diagnosed with the Coronavirus
- ❑ A household member has been diagnosed with the Coronavirus
- ❑ A family member outside my household has been diagnosed with the Coronavirus
- ❑ A friend or someone I know outside of my family has been diagnosed with the Coronavirus
- ❑ I don't know anyone personally who has been diagnosed with the Coronavirus
- ❑ Prefer not to say

12. **As a result of COVID-19, have you needed any of the following?** *Check all that apply.*

- ❑ Financial assistance
- ❑ Food assistance
- ❑ Rental assistance
- ❑ Translation/Interpretation Services
- ❑ None
- ❑ Energy assistance
- ❑ Wi-Fi/Internet assistance
- ❑ Housing/shelter
- ❑ Childcare
- ❑ Other: _____

13. **When it comes to COVID-19 what are you most concerned about right now?**
Rank the following options in order of importance (1 = most important to 4 = least important).

_____ Members of my household becoming infected
_____ The health of my community as the pandemic continues
_____ The emotional health of my household
_____ Financial hardship

14. **What ideas or suggestions do you have to improve health in your community?**

_____

❑ Don't know or prefer not to answer

BALTIMORE HEALTH SNAPSHOT SURVEY 2017 V2

Thank you for completing the survey!

VIX. Appendix 2

Health Outcomes and Social Determinants of Health (SDH) Summary - UMMC - CHNA FY2021

Health/Social Indicator	Baltimore City current prevalence 2019	Maryland current prevalence 2019	Race prevalence			
			Black	White	Asian/ Hispanic/ Other	
Life expectancy[3,4]	72.8 ↓	79.2				
Heart disease[3]	5.0% ↓	3.1%	5.2%	6.4%	ND	
Stroke[3]	5.6% ↑	3.1%	7.3%	3.9%	ND	
Hypertension[3]	40.5% ↑	34.9%	46.2%	34.3%		
Diabetes[3]	11.8% ↓	11.0%	13.6%	8.8%		
Asthma[3]	19.3 ↑	14.6%	21.6%	12.2%		
Cancer (All)[3]	8.9% →	11.2%	7.5%	12.1%		
Obesity Adults[3]	40.5% ↑	32.9%	46.5%	31.4%		
Days Mental Health Not Good (past 30 days)[3]	54.6% ↓	62.0%				
Food environment Index[4]	7.2	8.7				
Households living under federal poverty level[1]	19,244	84,800				
Vacant Housing[1]	55,180	243,540				
25 years and older w/o HS diploma[1]	62,652	402,152				

Health/Social Indicator	Baltimore City current prevalence 2019	Maryland current prevalence 2019	Race prevalence			
			Black	White	Asian/ Hispanic/ Other	
Low Birthweight[2]	12% →	9%	15%	7%	9%	8%
Infant Mortality Rate[2]	8.8 ↓	5.9	28% Leading cause	4.4		6.3
Infant Death[2]	68 ↓ 3	414	51	9		6
Children in poverty[4]	31%	12%	38%	10%	21%	31%

Community Social Environment	Balto City	Upton Druid Hts (21201)	SW Balto (21223)	Mondawmin (21216 & 21217)	Pimlico/ Arlington/ Hilltop (21215)	Allendale/ Edmondson (21229)	Washington Vill/ Morell Park (21230) Inner Harbor/ S. Baltimore (21230)
Homicide Rate – all ages (#of homicides)[5]	298 50 ↓	8 3 ↓	33 7 ↓	46 20 ↓	31 8 ↓	34 16 ↑	12 →
Youth Homicide - under 25 (# of homicides)[5]	110 12 ↓	3 1 ↓	10 2 ↓	16 4 ↓	9 6 ↓	22 14 ↑	4 →

Legend:

↓ Prevalence declined, but needs to increase

↓ Prevalence declined

→ Prevalence remained the same

↑ Prevalence increased

↑ Prevalence increase significantly

[1] CENTERS FOR DISEASE CONTROL. (2019). IN ATLASPLUS CHARTS. RETRIEVED FROM HTTPS://GIS.CDC.GOV/GRASP/NCHHSTPATLAS/CHARTS.HTML

[2] MARYLAND DEPARTMENT OF HEALTH. (2019). IN MARYLAND VITAL STATISTICS INFANT MORTALITY IN MARYLAND, 2019. RETRIEVED FROM HTTPS://HEALTH.MARYLAND.GOV/VSA/DOCUMENTS/REPORTS%20AND%20DATA/INFANT%20MORTALITY/INFANT_MORTALITY_REPORT_2019.PDF

[3] MARYLAND DEPARTMENT OF HEALTH. (2021, APRIL). IN WELCOME TO MD-IBIS - MARYLAND'S PUBLIC HEALTH DATA RESOURCE. RETRIEVED FROM MD-IBIS: DATASET QUERY SYSTEM.

[4] UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE. (2021). IN COUNTY HEALTH RANKINGS & ROAD MAPS: MARYLAND. RETRIEVED FROM HTTPS://WWW.COUNTYHEALTHRANKINGS.ORG/APP/MARYLAND/2021/OVERVIEW

[5] THE BALTIMORE SUN. (2021, JUNE 2). IN BALTIMORE HOMICIDES. RETRIEVED FROM HTTPS://HOMICIDES.NEWS.BALTIMORESUN.COM/

X. Appendix 3

Community Partner Focus Groups and Workgroup Participants

9/30/20 Participants	UMB Partner Focus Group	
Name	**Title**	**Organization**
Lori Edwards, DrPH, BSN, RN, CNS-PCH, BC	Assistant Professor	UM Family and Community Health
Brian Sturdivant	Director	UM Office of Community Engagement
Tyrone Roper	Program Director	UM Office of Community Engagement
Wendy Lane, MD, MPH	Director	UM Preventative Medicine
Laundette Jones, PhD, MPH	Deputy Director	UM Health Equity and Population Health
Danielle Harris	Associate Director	UM Office of Community Engagement

10/7/21 Participants	UMB School of Social Work Partner Focus Group	
Name	**Title**	**Organization**
Bronwyn Mayden	Executive Director	Promise Heights, UM SSW
Jane Shaab	Associate VP	UM Office of Research and Development
Rachel Donegan	Assistant Director	Promise Heights, UM SSW
Linda Callahan	ECMHC Early Childhood Mental Health Consultant	Promise Heights, UM SSW

10/29/20 Participants	Faith Leader Partner Focus Group	
Name	**Title**	**Organization**
Rev. Dr. Sandra Conner	Pastor	Shepherds Heart Community Baptist Church
Rev. Phyllis Cornish	Pastor	Greater Victory and Deliverance Church of Jesus Christ
Bishop Gloria Braswell	Pastor	Missionary Baptist Church
Rev. William Johnson	Pastor	Sharon Baptist Church
Rev. Derek Hart	Food Distribution Lead	We Our Us
Cereta Spencer, MSHM, MAOM, CTA	Director	Maryland Center for Veterans Education and Training
Elder Doug Wilson	Outreach Coordinator	Kingdome Life Church

9/14/20 Participants	UMMC Community Engagement Committee of the Board of Directors	
Name	**Title**	**Organization**
Robert Wallace	CEO	Power 52 Energy Solutions
Rev. Al Hathaway	Pastor	Union Baptist Church
Alison Brown	President	UMMC, Midtown Campus
Marilyn Carp	Board Member	
Louise Michaux Gonzales, Esq.	Chair, Board of Directors	Hylton & Gonzales LLC
Bruce Jarrell, MD	President	UMB
Dana Farrakhan	Senior Vice President	UMMC
Samuel Burris	Senior Manager	UMMC Community Engagement and Workforce Development
Ashley Valis	Executive Director	UM Office of Community Engagement
Chuck Tildon	Vice President	UMMS External Affairs
Renay Tyler, DNP	Vice President	UMMC Ambulatory Services

9/14/20 Participants	UMMS Community Advisory Council	
Name	**Title**	**Organization**
Alexandria Warrick-Adams	Executive Director	Elev8 Baltimore, Inc.
Wanda Best	Executive Director	Upton Planning Committee
Van Brooks	Executive Director, Founder	Safe Alternative Foundation for Education, Inc.
Al Gourrier	Assistant Professor	U of Baltimore School of Public Health
Kristin Speaker	Executive Director	Charles Street Development Corp.
Karen Dates Dunmore	Senior Director	UMMC Community Engagement and Workforce Development

4/16/21 Participants	Pediatric Workgroup: Obesity	
Name	**Title**	**Organization**
Samra Blanchard, MD	Associate Professor	UM Pediatric Gastroenterology
Runa Watkins, MD	Assistant Professor	UM Pediatric Gastroenterology
Anu Raman, MHA, CMPE, SHRM-CP	Division Administrator	UM Pediatrics
Steven Czinn, MD	Chair and Director	University of Maryland Children's Hospital

4/19/21 Participants	Pediatric Workgroup: Maternal/Infant Health	
Name	**Title**	**Organization**
Mutiat Onigbanjo, MD	Assistant Professor	UM Pediatrics
Brenda Hussey-Gardner, PhD, MPH	Associate Professor	UM Pediatrics Neonatology
Dina El-Metwally, MB, BCh, MS, PhD	Division Head	UM Pediatrics Neonatology
Anu Raman, MHA, CMPE, SHRM-CP	Division Administrator	UM Pediatrics
Steven Czinn, MD	Chair and Director	University of Maryland Children's Hospital

4/23/21 Participants	Pediatric Workgroup: Mental Health	
Name	**Title**	**Organization**
Howard Dubowitz, MB, ChB, FAAP	Division Head	UM Pediatrics Division of Child Protection; Director, Center for Families
Rebecca Carter, MD	Assistant Professor	UM Pediatrics
Mutiat Onigbanjo, MD	Assistant Professor	UM Pediatrics
Jasmine Pope	Director of Programming	UM Pediatrics Immunology
Vicki Tepper, PhD	Associate Professor	UM Pediatrics Immunology
Anu Raman, MHA, CMPE, SHRM-CP	Division Administrator	UM Pediatrics
Steven Czinn, MD	Chair and Director	University of Maryland Children's Hospital

4/23/21 Participants	Pediatric Workgroup: Asthma	
Name	**Title**	**Organization**
Anayansi Lasso-Pirot, MD	Assistant Professor	UM Pediatrics
Mary Bollinger, DO	Associate Professor	UM Pediatrics
Lisa Bell, RN	Nurse Practitioner	UM Pediatrics Immunology
Vicki Tepper, PhD	Associate Professor	UM Pediatrics Immunology
Anu Raman, MHA, CMPE, SHRM-CP	Division Administrator	UM Pediatrics
Steven Czinn, MD	Chair and Director	University of Maryland Children's Hospital

XI. Appendix 4

Priority Setting Strategy/Process

Priorities were voted on by all members of the UMMC Community Health and Engagement Team and UM Community Stakeholders using Zoom with the following questions:

1. What are the top three health problems in rank order that we need to address in Baltimore?
2. What are the top three social/environmental issues in rank order that we need to address in Baltimore?
3. What are the top three health problems in rank order that we need to address in Baltimore for Pediatrics?

Team members were asked to consider the following criteria when voting:

- Health concern is greater in the City compared to the State or region
- Impact on vulnerable populations is significant
- Cost to the community can be achieved by addressing this problem/aligned with population health
- Major improvements in the quality of life can be made by addressing this health concern
- Issue can be addressed with existing leadership and resources
- Progress can be made on this issue in the short term

XII. Appendix 5

Community Health Improvement and Engagement Team

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XIII. Appendix 6

Community Health Needs Assessment Collaborators/Partners

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XIV. Appendix 7

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UNIVERSITY of MARYLAND MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT

IMPLEMENTATION PLAN

FY2022-FY2024

APPROVED BY THE COMMUNITY ENGAGEMENT COMMITTEE, BOARD OF DIRECTORS • JUNE 7, 2021

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 by the Community Health and Engagement Team and validated with the health experts from the UMB Campus Panel:

Adult Health Priorities

1. Substance Use Disorder
2. Mental Health
3. Chronic Disease Management (CVD, Diabetes, HIV)

Social Determinants of Health Priorities

1. Employment and Career Opportunities
2. Neighborhood Safety and Violence Prevention
3. Affordable Housing and /Homelessnes

In addition to identifying adult health needs and priorities, UMMC identify the unmet needs for the children within our community benefits service area. These priorities were also identified by the UMMC Community Health and Engagement Team and the Experts from the UM Children's Hospital:

Children Health Priorities

1. Mental Health (ACEs)
2. Obesity/Nutrition
3. Asthma
4. Maternal and Child Health

V. Documenting and Communicating Results

The UMMC 2022–2024 Community Health Needs Assessment process fully embraced community listening, involvement and collaboration with a broad group of community leaders, the academic community, the general public, and health experts. This report will be posted on the UMMC website under the Community Health and Engagement webpage at https://www.umms.org/ummc/community-health.

Highlights of this report will also be documented in the Community Benefits Annual Report for FY2021. 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 AND IMPLEMENTATION PLANNING

UMMC has aligned its identified community health priorities with the National and State Health Priorities. The following matrix shows the alignment of the identified priorities with each of the National and State priorities. UMMC will also track the progress with long-term outcome objectives measured through the National Prevention Strategy Priority Areas. Short-term programmatic objectives, including reach and outcome measures will be measured annually by UMMC for each priority area 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 employs the following prioritization framework 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 will provide leadership and support in partnership with the communities we serve at a variety of response levels. 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 and weather disasters (earthquake, blizzard, and terrorist attack)
- **Urgent Response** - Urgent response to episodic community needs, i.e., COVID-19 and Flu response
- **Sustained Response** - Ongoing response to long-term community needs, i.e., obesity, tobacco prevention education, health screenings, and 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 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 and Engagement Team during the CHNA process including: Cancer, Homelessness and Transportation. While the UMMC will focus the majority of its efforts on the identified strategic priorities, 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 services and through collaboration with other health care organizations as needed. The unmet needs not addressed by this CHNA will also continue to be addressed by key Baltimore City governmental agencies and existing community-based organizations.

The UMMC 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.

VII. Implementation Plans FY2022-2024

UMMC Strategic Programs FY2022–2024

SHCRC Strategic Integrated Health Improvement Domain Goals	National Prevention Strategy: Priority Areas	UMMC Priorities	UMMC Strategic Community Programs
Maternal/Child Health	Reproductive and Sexual Health	Maternal and Child Health Asthma Obesity/Nutrition	B'More Health Babies Breathmobile Kids to Farmer's Market, Safe Kids (Helmets, Fire Safety, Car Seats)
Opioid Use Disorder	Mental and Emotional Well-Being Injury and Violence Free Living Preventing Drug Abuse and Excessive Alcohol Use Tobacco Free Living	Mental Health Trauma/Violence Prevention Substance Use Disorder	Mental Health Conference, MH Screenings, MHFA Violence Prevention Program, Bridge Program, PHAT, My Future, My Career Drug Facts campaign, Provider education on prescribing practices, SBIRT, Naloxone, TND
Chronic Conditions: Coordinated Care Diabetes	Healthy Eating	Cardiovascular Disease Obesity Diabetes COVID-19 Vaccine	Farmer's Market, Maryland Healthy Men Program, Mobile Market, BMI screenings, BP Screenings, DPP Program, A1C screenings, Nutrition education, Living Well workshops (HTN, Chronic Disease, Diabetes, and HIV)
	Active Living	Employment/ Career Advancement	UM Career Academy Project Search, BACH Fellows, Youthworks, NAHSE, Healthcare Career Alliance, Urban Alliance

FY2022-FY2024 Community Health Improvement Implementation Plan – Mental Health

PRIORITY AREA: Mental Health – FY2022-FY2024

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the suicide rate and reduce the emergency department visits related to mental health (Healthy People 2030: "for intentional self-harm injuries")
2. Increase the proportion of persons with co-occurring substance use disorders and mental health disorders who receive treatment for both disorders
3. Increase the proportion of adults with serious mental illness (SMI) who receive treatment

Annual Objective	Strategy	Target Population	Actions Description
Reduce the suicide rate Reduce the ED visit rate r/t mental health Increase awareness in the community of mental health Increase the number of individuals referred to appropriate mental health resources	Provide education and information and training to primary and specialty UMMC clinics about Trauma-informed care Integrating Trauma Informed Principals to Target Clinics within UMMC/S Educating community members on how to access the Mental Health System for resources and care. (SAMHSA Grant for funding if possible) Collaborating with City Police and Greater Baltimore Region Integrated Crisis System to create policies and better practices around trauma informed responses	Health care providers and staff West Baltimore Community West Baltimore Community	Using SAMHSAs principles and guidance for trauma-informed approaches, provide training to clinics and provide implementation consultation as needed Provide education and information about mental health with information on resources Provide free mental health screenings using the PHQ2 (then PHQ9 if +) tool in the community. Provide education and information about mental health with information on resources.

FY2022-2024 Community Health Improvement Implementation Plan – Substance Abuse

PRIORITY AREA: Substance Abuse

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Increase the proportion of persons who need alcohol and/or illicit drug treatment who received specialty treatment for a substance use problem in the past year
2. Reduce the proportion of persons with alcohol use disorder in the past year

Annual Objective	Strategy	Target Population	Actions Description
Reduce the Drug-induced death rate Increase early intervention, treatment, and management of substance use disorders	Provide education and information to community members on identifying substance abuse issues in the community Provide education to licensed providers on scope of opioid crisis and appropriate prescribing practices Provide education to school aged students about drug use and healthier coping mechanisms	Faith Leaders, Health Ministry Leaders, Community members in West Baltimore, Partner Schools, Parent groups Licensed, prescribing health care providers High school students (14-19 yrs.)	Develop and utilize Drug Facts campaign to educate and inform West Baltimore City residents about identification of substance abuse behavior and community resources Provide free provider education on scope of opioid crisis and relevant prescribing practices utilizing Centers for Disease Control and/or American Hospital Association best practices standards Work with commercial insurers to reduce Co-pay for Narcan Link SBIRT program to increase referrals Provide an evidence-based, interactive classroom-style, substance use prevention program that focuses on three factors that predict tobacco, alcohol, and other drug use, violence-related behaviors, and other problem behaviors among youth (14-19 yrs.)

FY2022-2024 Community Health Improvement Implementation Plan - Maternal and Child Health

PRIORITY AREA: Maternal and Child Health

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the percentage of births that are low birth weight (LBW)
2. Increase the proportion of pregnant women starting prenatal care in the 1st trimester
3. Ease the transition for families and babies to coordinated pediatric care and increase referrals to the BITP for all newborns with NAS
4. Improve outcomes for pregnancies with substance abuse complications
5. Reduce the child motor vehicle crash related deaths buy increasing Baltimore City family access to affordable car seats

Annual Objective	Strategy	Target Population	Actions Description
Increase the number of families that participate in the Safe Kids low cost program to put more children in appropriate and safe car seats	Increase awareness and participation in program through partnerships with and referrals from Midtown Peds, WIC, Healthy Start, Head Start, and BCHD programs	Baltimore City families with infants and children through 8 yrs. of age	Safe Kids Baltimore strives to reduce unintentional MVC injuries and deaths through monthly car seat check-up events (pre-COVID), education, and providing the availability of low cost ($40) car seats to families in need
Increase parent knowledge and awareness of fire safety, pedestrian safety, child passenger safety and safe sleep for infants, and wheel/helmet safety	Provide prevention education and information on the before mentioned unintentional childhood injury areas via Safe Kids Baltimore programs and events	Parents and children in Baltimore City	Safe Kids Baltimore strives to reduce unintentional childhood injuries and deaths in Baltimore City through free education and training on fire safety, pedestrian safety, child passenger safety, safe infant sleep, and wheel/bike safety
Increase the proportion of pregnant women starting prenatal care in the 1st trimester Increase the proportion and ease the transition for families and babies to coordinated pediatric care	Liaison for continuity of OB and Pediatric care for families and newborn babies Ensure each new mom is set up with a Pediatrician consult Moms-in-Training to after the child is born with incentives to attend pediatric appointments and having classes for parents on important pediatric topics, i.e., development, newborn care, feeding, immunizations, handling sick children	Women in West Baltimore Communities delivering at UMMC	Partner with Maryland-Moms-in-Training to engage community and offer free resources and education on breastfeeding

Improve outcomes for pregnancies with substance abuse complications	Address substance abuse during and after pregnancy	Women in West Baltimore Communities	Partner with UMMC in their various outreach efforts to provide free education and resources around substance abuse during pregnancy Conduct feasibility analysis of providing a follow-up program for infants experiencing NAS and their mothers. If feasible, implement program and distribute program information to community partners.
Reduce the percentage of births that are low birth weight (LBW)	Enroll pregnant women in the B'More Healthy Babies Program	Women in West Baltimore Communities	Continue support of the B'More Healthy Babies Initiatives

FY2022-2024 Community Health Improvement Implementation Plan – Chronic Disease Prevention

PRIORITY AREA: Chronic Disease – Cardiovascular Disease/Obesity

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce household food insecurity and in doing so reduce hunger
2. Reduce the proportion of adolescents (ages 12-19) with obesity
3. Age adjusted mortality rate from heart disease
4. Reduce emergency department visit rate due to hypertension
5. Increase the proportion of adults age 19 years or older who get recommended vaccines
6. Increase the proportion of people with vaccine records in an information system

Annual Objective	Strategy	Target Population	Actions Description
Increase the proportion of adults who are at a healthy weight Reduce the proportion of youth who are obese Reduce emergency department visit rate due to hypertension	Provide education and information on the importance of heart healthy lifestyle through engaging, evidence-based programs: Know Your Numbers, Hypertension Screening and Outreach Program, Living Well with Hypertension, Living Well with Chronic Disease, Maryland Healthy Men, BP Hubs	Adults and youth in Priority Targeted zip codes	Engage targeted communities on healthy lifestyles through the sponsorship or provision of: - Community-wide education - Store Tours - Cooking Classes/Demos/ Tastings - Community Screenings and Referrals (Blood pressure, BMI/Weights, and Cholesterol) - Exercise Demonstrations Provide Living Well with Hypertension class monthly to community members

			Provide *Living Well w/ Chronic Disease* workshop twice/annually Develop resource guide (pdf) to be used on website and for community events Provide info on healthy weight resources at every major outreach event: - Fall Back to Good Health - B'More Healthy Expo - Lexington Market Monthly Health Fair - Mobile Market Deploy Blood Pressure Hubs in the community in barber/ beauty shops and churches Continue the Maryland Healthy Men hypertension program with 50 men/yr
Increase the variety of fruits and vegetables to the diets of the population aged 2 yrs. and older Increase healthy food access	Through engaging, evidence-based programs: 1) Improve access to variety of fruits and vegetables: Farmer's Market, UMMC Mobile Market 2) Promote awareness of healthy ways to prepare fruits and vegetables: Kids to Farmer's Market, Fruits and Vegetables Prescription Program (pilot), Mobile Market, New Food insecurity initiatives (TBD) COVID-19 Food distribution	Adults and children	Sponsor UMMC Farmer's Market: - Maintain WIC and SNAP voucher acceptance by vendors - Pilot prescription program promoting consumption of fruits and vegetables purchased at Farmer's Market - Explore additional Farmer's market and food access options for West Baltimore - Provide educational opportunity for local school children to attend Farmer's Market as a field trip - Provide support for local legislation supporting healthy food options and access to fresh fruits and vegetables Mobile Market: - Provide access to healthy produce in West Baltimore food deserts by using Mobile Van and Hungry Harvest in West Baltimore sites weekly - Provide educational materials to encourage use and purchasing of fresh produce COVID -19 Food Distribution: - Provide meals to family in need by emergency response

Provide expanded COVID-19 immunization access for the pubic in recognized community locations as a key strategy to reduce COVID-19 related illnesses, hospitalizations, and deaths through the reduction of transmission of COVID-19 Decrease vaccination disparity among minority populations by providing access in West Baltimore neighborhoods, by partnering with trusted community organizations Create equitable access for COVID-19 immunization in underserved locations throughout West Baltimore and for identified target populations	Provide COVID-19 vaccine, education, and information to reduce COVID-19 related illnesses, hospitalizations, and deaths through the reduction of transmission of COVID-19 in vulnerable populations across Baltimore City. UMMC Mobile Vaccine Equity Clinic	Seniors, Adults and age appropriate children	Vaccine Clinic: - Create a simplified registration process for seniors and individuals with limited access/knowledge to internet access - Provide accessible vaccine clinics in high-populated neighborhoods.

FY2022-2024 Community Health Improvement Implementation Plan – HIV/HCV Prevention

PRIORITY AREA: Chronic Disease – HIV/HCV Prevention

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the incidence of HIV infection

Goals of the National HIV and AIDS Strategy (NHAS) and National Viral Hepatitis Strategic Plan:

1. Reduce new HIV/HCV infections. HP2030: 3,835 persons
2. Increase access to care and improving health outcomes for people living with HIV and HCV
3. Reducing HIV-related health disparities
4. Achieve a coordinated response to the HIV epidemic

Annual Objective	Strategy	Target Population	Actions Description
To reduce new HIV infections by increasing awareness of individuals' HIV status and their risk factors	Provision of free, POC rapid HIV testing at community sites Coordination between UMMC and UMB (JACQUES Initiative) to conduct community outreach activities in collaboration with IHV and the UMB Office of Community Engagement to provide HIV and complementary services in areas within the university's strategic area, particularly within Southwest Partnership	High-risk individuals as defined by CDC, particularly African-American, LGBTQ-identified youth living in Baltimore, sex-workers, women, Latinx, and IV drug users	Offer free HIV/ HCV education and screenings at various community sites, programs and events, including use of the UMMC Community Health Mobile Van within various West Baltimore targeted zip codes Provide pre and post HIV-test counseling-education, including information and referral to PrEP
Increasing access to care	Linkage to Care for newly identified HIV-positive and PPOOC individuals	High-risk individuals as defined by CDC, particularly African-American, LGBTQ-identified youth living in Baltimore, sex-workers, women, Latinx, and IV drug users	Provide coordination of all aspects of linkage to care (e.g. assessment, identification of barriers and strengths, insurance, and medical provider) to ensure that HIV-positive clients encountered in the community have immediate access to care, particularly through C2C (Connect to Care) at THRIVE Clinic

HTTPS://WWW.CDC.GOV/HIV/PDF/DHAP/CDC-HIV-DHAP-EXTERNAL-STRATEGIC-PLAN.PDF

FY2022-2024 Community Health Improvement Implementation Plan – Diabetes Prevention

PRIORITY AREA: Diabetes

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Increase the proportion of adults who are at a healthy weight
2. Reduce diabetes-related emergency department visits
3. Reduce household food insecurity and in doing so reduce hunger
4. Increase the proportion of persons with diagnosed diabetes who ever receive formal diabetes education

Annual Objective	Strategy	Target Population	Actions Description
Increase diabetes awareness and healthy lifestyles to prevent and manage diabetes	Engage the church in a variety of year around activities to improve health of church members living with diabetes and their families	Adults and youth in six church communities within the targeted zip code	Offer six educational workshops, then a support group 1x/month for 9 months following the workshop series Each workshop is 1-1.5 hours Content areas: Diabetes Basics, Fitness, healthy eating, Heart health, Diabetes prevention for children
Increase the proportion of adults who are at a healthy weight Provide three cohorts of DPP/annually	CDC Diabetes Prevention Program (DPP)	Adults in Priority Targeted zip codes	Offer the CDC National Diabetes Prevention Program: for people at risk with diabetes 16-week program and a monthly post core follow-up
Increase the variety of fruits and vegetables to the diets of the population aged 2 yrs. and older Increase healthy food access	Improve access to variety of fruits and vegetables Promote awareness of healthy ways to prepare fruits and vegetables	Adults and children	BDS Healthy Aging Networks Monthly series on *Fruits and Veggies Matters* with basket of produce. Cooking demo. The goal of this series is to increase intake of produce of the participants Each seminar will identify fruit and vegetables of the season and feature a recipe will be provided. The participants will be challenged to try a new fruit and or vegetable and create a new recipe.
Decrease food insecurity in the diabetes population served at UMCDE	Therapeutic Food Pantry Access	Positive screening for food insecurity while living with diabetes	Providers and MAs will screen for food insecurity at office visit If positive for food insecurity, CHW will provide a bag of food The patient will be contacted monthly for a bag of groceries

FY2022-2024 Community Health Improvement Implementation Plan – Violence Prevention

PRIORITY AREA: Violence Prevention

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the domestic violence rate
2. Reduce homicides
3. Reduce firearm-related deaths
4. Maintain the low rate of recidivism for VIP participants due to violent injury. (VIP FY17 Performance = < 1.3% ➢ 2021 Target: < 1%)

Annual Objective	Strategy	Target Population	Actions Description
Reduce the rate of recidivism due to violent injury and domestic violence	Deliver service and intervention via evidence-based, hospital-integrated programs: Violence Intervention Program and Bridge Program	Patients admitted to UM Shock Trauma Center due to violence > 15 yrs. Participants include victims of assault, intimate partner violence, gunshot wounds, and domestic violence related incidents.	**VIP** provides intense, post-discharge, trauma-informed case management services to improve health outcomes, increase pro-social and protective supports, and decrease risk for recidivism for violent injury - Violence Prevention Specialists enroll patients of violent injury at the bedside in STC and in the EDs - Community Trauma Responder provides support and resources to secondary victims and communities exposed to trauma and violence - Participants are individual therapy and peer support - Participants receive services to help with employment, housing, mental health, substance abuse, physical health, and interpersonal skills Bridge Program provides crisis intervention, safety stabilization, and targeted case management to help participants achieve goals of independence, safety, and self-sufficiency - Advocates offer 24/7 response to anyone on campus affected by IPV

			- Interventions include safety planning, ongoing therapy, and case management - Participants benefit from Court accompaniment and legal advocacy - Participants receive services to help with employment, housing, mental health, substance abuse, safety planning, and interpersonal skills
Promote primary prevention activities for risky behaviors, unhealthy relationships, and the effects of trauma in youth and youth-serving populations	Deliver workshops, presentations, lectures, guest speaking, and group facilitation to youth and youth-impacting audiences impacted by risky behavior, violence, and trauma	Youth and youth-serving individuals on campus and in the adjacent communities	Curriculum: Youth Injury and Violence Prevention
Identify underlying causes of violence and effective interventions	Publish peer-reviewed research focused on violence prevention and intervention	Violence prevention, public health, and research community	Facilitate the operations of the Violence Intervention Research Group on campus, and support efforts to move research endeavors and projects forward

MARYLAND STATE HEALTH IMPROVEMENT PROCESS WEBSITE: HTTP://SHIP.MD.NETWORKOFCARE.ORG/PH/SHIP-DETAIL.ASPX?ID=MD_SHIP12

CALCULATED FROM 342 DEATHS IN 2017 (1F)

HTTPS://WWW.HEALTHYPEOPLE.GOV/2020/DATA/MAP/4768?YEAR=2015

FY2022-2024 Community Health Improvement Implementation Plan – Local Hiring/Career Advancement

PRIORITY AREA: Local Hiring/Career Advancement

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Lay the foundation for a healthier and more vibrant community, expanding economic opportunity for residents experiencing the greatest barriers to employment
2. Prepare West Baltimore residents for high-demand jobs through training and skills development, and then provide specific entry points for those candidates
3. Connect hires, and other frontline workers, to clear pathways for career advancement within UMMC
4. Improve employee retention and job performance of entry-level workers

Annual Objective	Strategy	Target Population	Actions Description
Career Advancement	UMMC managers and supervisors have indicated the need for training for incumbent employees who may be new to the workforce or recently re-entered society Microsoft Training is technology-focused skills enhancement to train employees and community members in Word, Excel, PowerPoint, Outlook and internet research to equip them with the computer skills required in today's workplace. Training will take place as part of the Southwest Partnership grant obtained in September 2020 and continue as an Academy initiative. As we engage with the community to improve community health and wellbeing, our goal is to help build an inclusive and sustainable West Baltimore. UMMC partners with community-based workforce organizations to	The goal is to retain employees (incumbent workers) hired (1st year) through UMMC community partners West Baltimore residents hired through our Workforce Training Partnership Programs Residents with the most significant barriers to employment including underserved community members, financially fragile community members, returning citizens, recipients of government assistance	Rising Star and Career Coaching focuses on enhancing entry-level employee engagement, improving job readiness skills, reducing turnover, and increasing productivity through training, mentoring, and coaching. New hires and incumbents are coached in career pathways, professionalism, employer expectations, and overall competencies. Employees are referred from their manager or HR Business Partner and will be case managed by Career Academy staff. Pathways to Success encompasses a comprehensive review of basic adult education (GED) and college prep (ACCUPLACER) classes. The goal is to prepare individuals for the workplace and higher education by removing promotional barriers. Employees who are hired through a community partner will be evaluated and referred to appropriate classes by the Career Academy staff.

	provide youth and adults with programs that lead to employment and career advancement. Workforce goals are to build a pipeline of qualified health care workers by leveraging strategic partnerships, removing barriers, and providing advancement opportunities through talent acquisition, career advancement, workforce development, and resource provision.		
Talent Acquisition	UMMC partners with over 30 community organizations that provide various resources to assist West Baltimore residents in obtaining employment. UMMC Human Resources and the Workforce Development offices conduct resource events, informational sessions, speed interviews, and feedback to community partners from referrals made to the hospital. The goal is to hire 250 West Baltimore employees through community partners. Satellite Center support will be provided for community partners to enhance workforce development in established centers within the eight target zip codes. Those centers include the UMMC Midtown Campus Outpatient Center (scheduled to open in 2021), the UMB Community Engagement Center and McCulloh Homes (expected to open in 2021).	- Unemployed and underemployed West Baltimore Community Members - Returning Citizens and Ex-Offenders - Displaced and dislocated adults and career-switchers - Baltimore City Public High School Students/Partnership High School Students - Opportunity Youth from targeted zip codes - Local College and University students - Parents from Partnership Schools - UMMC employees seeking career advancement and upskilling opportunities	Knowledge Empowers Youth Success (K.E.Y.S.) CNA to BSN with partner high schools Edmondson Westside H.S. and Vivien T. Thomas Medical Arts Academy, students will participate in a bridge program to foster the recruitment and development of CNA students who are pursuing careers in Nursing. The Academy will work with the identified schools to recruit UMMC employees, upskill incumbent workers and expose employees to career growth opportunities in Nursing. Careers in Healthcare Pathways Training (Multi-Skilled Medical Tech, PCT, Pharm Tech, Surgical Tech, Medical Assistant) will increase the number of new hires pipelined from workforce training partners who receive credential/skilled training by enrolling 50 community members in a career in health care occupational skills training. The Career Academy will partner with schools and organizations that offer the specified occupational skills.

FY2022-2024 Community Health Improvement Implementation Plan – Pediatrics Mental Health

PRIORITY AREA: Pediatrics Mental Health

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Increase the proportion of children with mental health problems who receive treatment
2. Increase the number of children who receive preventative mental health care in schools

Annual Objective	Strategy	Target Population	Actions Description
Increase the proportion of children with mental health problems who receive treatment Increase the number of children receiving preventative mental health care in schools Increase awareness in the community of mental health	Provide education and information to community members on identifying mental health problems Increase funding to school mental health programs in partner schools and Family Connections Program Provide education and to community members	West Baltimore Youth West Baltimore	Trauma Informed-Care/ Specific Interventions. Utilizing evidence-based programs to address specific needs identified in partner schools in West Baltimore and UMMC pediatric psychiatry clinics; Family Connections Program. Co-sponsor Mental Health Conference annually for the community at large
Partner with Baltimore City Hospitals on one mental health initiative annually	Partner with the Baltimore City Trauma Informed Care Task Force	Baltimore City	Partner with the City of Baltimore Trauma Informed Care Task Force and implement recommended strategies

FY2022-2024 Community Health Improvement Implementation Plan – Pediatrics Asthma

PRIORITY AREA: Pediatrics Asthma

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce emergency department visits for children over 5 years of age with asthma

Annual Objective	Strategy	Target Population	Actions Description
Pediatrics Asthma Needs Assessment and Community Engagement	Surveys, Zoom and in person individual and focus group meetings	Asthma Caregiver/ Providers/ Community/Leaders	Obtain feedback regarding current asthma services and identify unmet needs
Reduce Asthma Hospitalizations and ED visits	UMCH Pediatric Asthma Program Team Clinical Component	Patients seen in the PED and hospital for asthma BCPS children with asthma (targeted zip codes)	Identify children in need of services through Asthma RN, review of daily Epic reports, BCHD-CAP referrals, BCPS asthma screening tool and PCP/ Community/Self-referrals Asthma RN triages patients for inpatient consults and/or outpatient specialty care through Pulm/Allergy/Breath-mobile in person and/or Telemed service
Increase Asthma Awareness and Education	UMCH Pediatric Asthma Program Team Educational Component	Children with asthma and caregivers, PCPs, trainees, BCPS school personnel and general public	Provide asthma education at appointments, "Back to school" nights and health fairs. Develop on line educational resources. Provide didactic lectures in person and by webinars Certified Asthma Educator (CAE) certification of team
Coordination with other UMMC Community Programs to provide resources to address factors impacting asthma control: - Adherence - Environmental Exposures - Obesity - Psychosocial factors - ACEs	Asthma Program RN and Social Worker BCHD-CAP program UMMC Community Program	Children and their families in need of additional Support/ Resources	Asthma Program Team Members identify need* for additional services and notify Asthma RN and/or Social Worker for assistance and referrals if indicated Asthma RN makes reminder Calls/Texts to PTs for appointments and sets up medication reminder system ("Asthma Storylines" app) *Includes screening surveys at appts for maternal depression and ACEs

FY2022-2024 Community Health Improvement Implementation Plan – Pediatrics Obesity

PRIORITY AREA: Pediatrics Obesity

Objectives Supporting SIHIS and The National Prevention Strategy:

1. Reduce the proportion of children and adolescents with obesity
2. Reduce the consumption of calories from added sugars by persons aged 2 yrs. and over
3. Eliminate very low food security among children

Annual Objective	Strategy	Target Population	Actions Description
Eliminate very low food security among children	Provide Food Pantry option to Patients and Community at Midtown, General Pediatrics Practice	Children and families in Baltimore City Children with BMI over the 95th percentile for their age	Through outreach, provide the community with resources directing them to wellness visits to see a pediatrician and upon their first visit, they will be offered a voucher to the pantry Expand these services to include the Mobile Market, which could offer fresh fruits and veggie options. Days they park at Midtown we could offer free community pediatric obesity screenings. Strengthen partnership with existing community outreach initiatives and efforts directed at addressing food insecurities
Reduce the proportion of children and adolescents with obesity Reduce the consumption of calories from added sugars by persons aged 2 yrs. and over	Provide Free Dietician and Social Work Support to increase resources in supporting a holistic approach to obesity and eliminate barriers to access	Children and families in Baltimore City Children with BMI over the 95th percentile for their age	Through outreach, provide community with meet and greets, Q&A, free screenings and direct them to visits to see a pediatrician and coordinated visit with a dietician and social worker to support their clinical outcomes Offer larger complement of services through stronger partnerships with the community, such as UMCDE by having a bridge with social work and dietician services

DOWNTOWN
22 S. Greene Street
Baltimore, MD 21201

MIDTOWN
827 Linden Avenue
Baltimore, MD 21201

UNIVERSITY of MARYLAND MEDICAL SYSTEM **Central Business Office**	**PAGE:** **1 OF 14**	**POLICY NO:** **CBO - 01**
	EFFECTIVE DATE: 09/18/19	**REVISION DATE(S):** 10/19/2020
SUBJECT: Financial Assistance		

KEY WORDS: Financial Assistance

OBJECTIVE/BACKGROUND:

The University of Maryland Medical System ("UMMS") is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergent and medically necessary care based on their individual financial situation.

APPLICABILITY:

PROGRAM ELIGIBILITY

Consistent with their mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Specific exclusions to coverage under the Financial Assistance Program:

The Financial Assistance Program generally applies to all emergency and other medically necessary care provided by each UMMS hospital; however, the Financial Assistance Program does not apply to any of the following:

1. Services provided by healthcare providers not affiliated with UMMS hospitals (e.g., durable medical equipment, home health services).
2. Patients whose insurance program or policy denies coverage for services by their insurance company (e.g., HMO, PPO, or Workers Compensation), are not eligible for the Financial Assistance Program.
   a. Generally, the Financial Assistance Program is not available to cover services that are denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications.

3. Cosmetic or other non-medically necessary services.
4. Patient convenience items.
5. Patient meals and lodging.
6. Physician charges related to the date of service are excluded from this UMMS financial assistance policy. Patients who wish to pursue financial assistance for physician-related bills must contact the physician directly.
   a. A list of providers, other than the UMMS hospital itself, delivering medically necessary care in each UMMS hospital that specifies which such as providers are not covered by this policy (as well as certain such providers that are covered) may be obtained on the website of each UMMS Entity.

Patients may be ineligible for Financial Assistance for the following reasons:

1. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, or other insurance programs that deny access to the Medical Center due to insurance plan restrictions/limits.
2. Refusal to be screened for other assistance programs prior to submitting an application to the Financial Clearance Program.
3. Refusal to divulge information pertaining to a pending legal liability claim.
4. Foreign-nationals traveling to the United States seeking elective, non-emergent medical care.

Patients who become ineligible for the program will be required to pay any open balances and may be submitted to a bad debt service if the balance remains unpaid in the agreed upon time periods.

Unless they meet Presumptive Financial Assistance Eligibility criteria, patients shall be required to submit a complete Financial Assistance Application (with all required information and documentation) and determined to be eligible for financial assistance in order to obtain financial assistance. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application before receiving non-emergency medical care unless they meet Presumptive Financial Assistance Eligibility criteria. If the patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor/Coordinator and recommendations shall be made to Senior Leadership. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

Those with income up to 200% of Maryland State Department of Health and Mental Hygiene Medical Assistance Planning Administration Income Eligibility Limits for a Reduced Cost of Care ("MD DHMH") are eligible for free care. Those between 200% to 300% of MD DHMH are eligible for discounts on a sliding scale, as set forth in Attachment A.

Presumptive Financial Assistance

Patients may also be considered for Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. There is adequate information provided by the patient or through other sources, which provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, UMMS reserves the right to use outside agencies or information in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write-off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

a. Active Medical Assistance pharmacy coverage
b. Specified Low Income Medicare (SLMB) coverage
c. Primary Adult Care (PAC) coverage
d. Homelessness
e. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
f. Medical Assistance spend down amounts
g. Eligibility for other state or local assistance programs
h. Patient is deceased with no known estate
i. Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
j. Non-US Citizens deemed non-compliant
k. Non-Eligible Medical Assistance services for Medical Assistance eligible patients
l. Unidentified patients (Doe accounts that we have exhausted all efforts to locate and/or ID)

m. Bankruptcy, by law, as mandated by the federal courts
n. St. Clare Outreach Program eligible patients
o. UMSJMC Maternity Program eligible patients
p. UMSJMC Hernia Program eligible patients

Specific services or criteria that are ineligible for Presumptive Financial Assistance include:

a. Uninsured patients seen in the Emergency Department under Emergency Petition will not be considered under the presumptive financial assistance program until the Maryland Medicaid Psych program has been billed.

POLICY:

This policy was approved by the UMMS Executive Compliance Committee (ECC) Board on October 19, 2020. This policy applies to the following hospital facilities of the University of Maryland Medical System ("UMMS hospitals"):

- University of Maryland Medical Center (UMMC)
- University of Maryland Medical Center Midtown Campus (MTC)
- University of Maryland Rehabilitation & Orthopaedic Institute (UMROI)
- University of Maryland St. Joseph Medical Center (UMSJMC)
- University of Maryland Baltimore Washington Medical Center (UMBWMC)
- University of Maryland Shore Medical Center at Chestertown (UMSMCC)
- University of Maryland Shore Medical Center at Dorchester (UMSMCD)
- University of Maryland Shore Medical Center at Easton (UMSME)
- University of Maryland Charles Regional Medical Center (UMCRMC)
- University of Maryland Upper Chesapeake Health (UCHS)
- University of Maryland Capital Region Health (UM Capital)

It is the policy of the UMMS hospitals to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance should be made, the criteria for eligibility, and the steps for processing applications.

UMMS will post notices of financial assistance availability in each UMMS hospital's emergency room (if any) and admissions areas, as well as the Billing Office. Notice of availability will also be sent to the patient with patient bills. Signage in key patient access areas will be made available. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge, and it (along with this policy and the Financial Assistance Application) will be available to all patients upon request and without charge, both by mail and in the emergency room (if any) and admissions areas. This policy, the Patient Billing and Financial Assistance Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the UMMS website (www.umms.org).

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts having gone to bad debt except those accounts that have gone to lawsuit and a judgment has been obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency.

UMMS retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services will be treated regardless of their ability to pay. For emergent/urgent services, applications to the Financial Clearance Program will be completed, received, and evaluated retrospectively and will not delay patients from receiving care.

This policy was adopted for University of Maryland St. Joseph Medical Center (UMSJMC) effective June 1, 2013.

This policy was adopted for University of Maryland Medical Center Midtown Campus (MTC) effective September 22, 2014.

This policy was adopted for University of Maryland Baltimore Washington Medical Center (UMBWMC) effective July 1, 2016.

This policy was adopted for University of Maryland Shore Medical Center at Chestertown (UMSMCC) effective September 1, 2017.

This policy was adopted for University of Maryland Shore Medical Center at Dorchester (UMSMCD) effective September 1, 2017.

This policy was adopted for University of Maryland Shore Medical Center at Easton (UMSMCE) effective September 1, 2017.

This policy was adopted for University of Maryland Charles Regional Medical Center (UMCRMC) effective December 2, 2018.

This policy was adopted for University of Maryland Upper Chesapeake Health (UCHS) effective July 1, 2019

This policy was adopted for University of Maryland Capital Region Health (UM Capital) effective September 18, 2019

PROCEDURE:

1. There are designated persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Patient Financial Receivable Coordinators, Customer Service Representatives, etc.

2. When possible effort will be made to provide financial clearance prior to date of service. Where possible, designated staff will consult via phone or meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
   a. Staff will complete an eligibility check with the Medicaid program for Self Pay patients to verify whether the patient has current coverage.
   b. Preliminary data will be entered into a third party data exchange system to determine probably eligibility. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility.
   c. Applications initiated by the patient will be tracked, worked and eligibility determined within the third party data and workflow tool. A letter of final determination will be submitted to each patient that has formally requested financial

assistance. Determination of Probable Eligibility will be provided within two business days following a patient's request for charity care services, application for medical assistance, or both.

d. If a patient submits a Financial Assistance Application without the information or documentation required for a final determination of eligibility, a written request for the missing information or documentation will be sent to the patient. This written request will also contain the contact information (including telephone number and physical location) of the office or department that can provide information about the Financial Assistance Program and assistance with the application process.
e. The patient will have thirty (30) days from the date this written request is provided to submit the required information or documentation to be considered for eligibility. If no data is received within the 30 days, a letter will be sent notifying the patient that the case is now closed for lack of the required documentation. The patient may re-apply to the program and initiate a new case by submitting the missing information or documentation 30 days after the date of the written request for missing information/documentation.
f. For any episode of care, the Financial Assistance Application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.
g. Individual notice regarding the hospital's Financial Assistance Policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital.

3. There will be one application process for UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital. The patient is required to provide a completed Financial Assistance Application orally or in writing. In addition, the following may be required:
   a. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy spouse's tax return); proof of disability income (if applicable), proof of social security income (if applicable). If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc ...
   b. A copy of their most recent pay stubs (if employed) or other evidence of income.
   c. A Medical Assistance Notice of Determination (if applicable).
   d. Copy of their Mortgage or Rent bill (if applicable), or written documentation of their current living/housing situation.

If a patient submits both a copy of their most recent Federal Income Tax Return and a copy of their most recent pay stubs (or other evidence of income), and only one of the two documents indicates eligibility for financial assistance, the most recent document will dictate eligibility. Oral submission of needed information will be accepted, where appropriate.

4. In addition to qualifying for Financial Assistance based on income, a patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive medical expenses based on the Financial Hardship criteria discussed below. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on UMMS guidelines.
    a. If the patient's application for Financial Assistance is determined to be complete and appropriate, the Financial Coordinator will recommend the patient's level of eligibility and forward for a second and final approval.
        i. If the patient does qualify for Financial Assistance, the Financial Coordinator will notify clinical staff who may then schedule the patient for the appropriate hospital-based service.
        ii. If the patient does not qualify for Financial Assistance, the Financial Coordinator will notify the clinical staff of the determination and the non-emergent/urgent hospital-based services will not be scheduled.
            1. A decision that the patient may not be scheduled for hospital-based, non-emergent/urgent services may be reconsidered by the Financial Clearance Executive Committee, upon the request of a Clinical Chair.

5. Once a patient is approved for Financial Assistance, Financial Assistance coverage is effective for the month of determination and a year prior to the determination. However, an UMMS hospital may decide to extend the Financial Assistance eligibility period further into the past or the future on a case-by-case basis. If additional healthcare services are provided beyond the eligibility period, patients must reapply to the program for clearance. In addition, changes to the patient's income, assets, expenses or family status are expected to be communicated to the Financial Assistance Program Department. All Extraordinary Collections Action activities, as defined below, will be terminated once the patient is approved for financial assistance and all the patient responsible balances are paid.

6. Account balances that have not been paid may be transferred to Bad Debt (deemed uncompensated care) and referred to an outside collection agency or to the UMMS hospital's attorney for legal and/or collection activity. Collection activities taken on behalf of the hospital by a collection agency or the hospital's attorney may include the following Extraordinary Collection Actions (ECAs):
    a. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
    b. Commencing a civil action against the individual.

c. Placing a lien on an individual's property. A lien will be placed by the Court on primary residences within Baltimore City. The hospital will not pursue foreclosure of a primary residence but my maintain its position as a secured creditor if a property is otherwise foreclosed upon.
d. Attaching or seizing an individual's bank account or any other personal property.
e. Garnishing an individual's wage.

7. ECAs may be taken on accounts that have not been disputed or are not on a payment arrangement. ECAs will occur no earlier than 120 days from submission of first post-discharge bill to the patient and will be preceded by a written notice 30 days prior to commencement of the ECA. This written notice will indicate that financial assistance is available for eligible individuals, identify the ECAs that the hospital (or its collection agency, attorney, or other authorized party) intends to obtain payment for the care, and state a deadline after which such ECAs may be initiated. It will also include a Patient Billing and Financial Assistance Information Sheet. In addition, the hospital will make reasonable efforts to orally communicate the availability of financial assistance to the patient and tell the patient how he or she may obtain assistance with the application process. A presumptive eligibility review will occur prior to any ECA being taken. Finally, no ECA will be initiated until approval has been obtained from the CBO Revenue Cycle. UMMS will not engage in the following ECAs:
    a. Selling debt to another party.

    b. Charge interest on bills incurred by patients before a court judgement is obtained

8. If prior to receiving a service, a patient is determined to be ineligible for financial assistance for that service, all efforts to collect co-pays, deductibles or a percentage of the expected balance for the service will be made prior to the date of service or may be scheduled for collection on the date of service.

9. A letter of final determination will be submitted to each patient who has formally submitted an application. The letter will notify the patient in writing of the eligibility determination (including, if applicable, the assistance for which the individual is eligible) and the basis for the determination. If the patient is determined to be eligible for assistance other than free care, the patient will also be provided with a billing statement that indicates the amount the patient owes for the care after financial assistance is applied.

10. Refund decisions are based on when the patient was determined unable to pay compared to when the patient payments were made. Refunds will be issued back to the patient for credit balances, due to patient payments, resulting from approved financial assistance on considered balance(s). Payments received for care rendered during the financial assistance eligibility window will be refunded, if the amount exceeds the patient's determined responsibility by $5.00 or more.

11. If a patient is determined to be eligible for financial assistance, the hospital (and/or its collection agency or attorney) will take all reasonably available measures to reverse any ECAs taken against the patient to obtain payment for care rendered during the financial assistance eligibility window. Such reasonably available measures will include measures to vacate any judgment against the patient, lift levies or liens on the patient's property, and remove from the patient's credit report any adverse information that was reported to a consumer reporting agency or credit bureau.

12. Patients who have access to other medical coverage (e.g., primary and secondary insurance coverage or a required service provider, also known as a carve-out), must utilize and exhaust their network benefits before applying for the Financial Assistance Program.

13. The Financial Assistance Program will accept the Faculty Physicians, Inc.'s (FPI) completed financial assistance applications in determining eligibility for the UMMS Financial Assistance program. This includes accepting FPI's application requirements.

14. The Financial Assistance Program will accept all other UMMS hospital's completed financial assistance applications in determining eligibility for the program. This includes accepting each facility's application format.

15. The Financial Assistance Program does not cover Supervised Living Accommodations and meals while a patient is in the Day Program.

16. Where there is a compelling educational and/or humanitarian benefit, Clinical staff may request that the Financial Clearance Executive Committee consider exceptions to the Financial Assistance Program guidelines, on a case-by-case basis, for Financial Assistance approval.

a. Faculty requesting Financial Clearance/Assistance on an exception basis must submit appropriate justification to the Financial Clearance Executive Committee in advance of the patient receiving services.
b. The Chief Medical Officer will notify the attending physician and the Financial Assistance staff of the Financial Clearance Executive Committee determination.

Financial Hardship

The amount of uninsured medical costs incurred at either, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital will be considered in determining a patient's eligibility for the Financial Assistance Program. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for Financial Assistance and are determined to be eligible.

Medical Financial Hardship Assistance is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy, but for whom:

1. Their medical debt incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital exceeds 25% of the Family Annual Household Income, which is creating Medical Financial Hardship.

For the patients who are eligible for both, the Reduced Cost Care under the primary Financial Assistance criteria and also under the Financial Hardship Assistance criteria, UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital will grant the reduction in charges, which is balance owed that is greater than 25% of the total annual household income.

Financial Hardship is defined as facility charges incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and UM Capital for medically necessary treatment by a family household over a twelve (12) month period that exceeds 25% of that family's annual income.

Medical Debt is defined as out of pocket expenses for the facility charges incurred at UMMC, MTC, UMROI, UMSJMC, UMBWMC, UMSMCC, UMSMCD, UMSMCE, UMCRMC, UCHS, and/or UM Capital for medically necessary treatment.

Once a patient is approved for Financial Hardship Assistance, coverage will be effective for the month of the first qualifying date of service and a year prior to the determination. However, an UMMS hospital may decide to extend the Financial Hardship eligibility period further into the past or the future on a case-by-case basis according to their spell of illness/episode of care. It will cover the patient and the eligible family members living in the household for the approved reduced cost and eligibility period for medically necessary care.

All other eligibility, ineligibility, and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance criteria, unless otherwise stated above.

Appeals

- Patients whose financial assistance applications are denied have the option to appeal the decision.
- Appeals can be initiated verbally or written.
- Patients are encouraged to submit additional supporting documentation justifying why the denial should be overturned.
- Appeals are documented within the third party data and workflow tool. They are then reviewed by the next level of management above the representative who denied the original application.
- If the first level of appeal does not result in the denial being overturned, patients have the option of escalating to the next level of management for additional reconsideration.
- The escalation can progress up to the Chief Financial Officer who will render a final decision.
- A letter of final determination will be submitted to each patient who has formally submitted an appeal.

ATTACHMENTS:

ATTACHMENT A

Sliding Scale – Reduced Cost of Care

2021 Federal Poverty Limits (FPL) and Maryland Dept of Health & Mental Hygiene (DHMH) Annual Income Eligibility Limit Guidelines			UMMS 100% Charity	UMMS 90% Charity	UMMS 80% Charity	UMMS 70% Charity	UMMS 60% Charity	UMMS 50% Charity	UMMS 40% Charity	UMMS 30% Charity	UMMS 20% Charity	UMMS 10% Charity
			Equals Up to 200% of MD DHMH Annual Income limits	Equals Up to 210% of MD DHMH Annual Income limits	Equals Up to 220% of MD DHMH Annual Income limits	Equals Up to 230% of MD DHMH Annual Income limits	Equals Up to 240% of MD DHMH Annual Income limits	Equals Up to 250% of MD DHMH Annual Income limits	Equals Up to 260% of MD DHMH Annual Income limits	Equals Up to 270% of MD DHMH Annual Income limits	Equals Up to 280% of MD DHMH Annual Income limits	Equals Up to 290% of MD DHMH Annual Income limits
House-hold (HH) Size	2021 FPL Annual Income Elig Limits	2021 MD DHMH Annual Income Elig Limits	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:	If your total annual HH income level is at or below:
Size	Up to	Up to	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max	Up to Max
1	12,760	**$17,785**	$35,570	$37,349	$39,127	$40,906	$42,684	$44,463	$46,241	$48,020	$49,798	$53,354
2	17,240	**$24,045**	$48,090	$50,495	$52,899	$55,304	$57,708	$60,113	$62,517	$64,922	$67,326	$72,134
3	21,720	**$30,305**	$60,610	$63,641	$66,671	$69,702	$72,732	$75,763	$78,793	$81,824	$84,854	$90,914
4	26,200	**$36,581**	$73,162	$76,820	$80,478	$84,136	$87,794	$91,453	$95,111	$98,769	$102,427	$109,742
5	31,800	**$42,841**	$85,682	$89,966	$94,250	$98,534	$102,818	$107,103	$111,387	$115,671	$119,955	$128,522
6	37,400	**$49,100**	$98,200	$103,110	$108,020	$112,930	$117,840	$122,750	$127,660	$132,570	$137,480	$147,299

*All discounts stated above shall be applied to the amount the patient is personally responsible for paying after insurance reimbursements.

*Amounts billed to patients who qualify for Reduced-Cost of Care on a sliding scale (or for Financial Hardship Assistance) will be less than the amounts generally billed to those with insurance (AGB), which in Maryland is the charge established by the Health Services Cost Review Commission (HSCRC). UMMS determines AGB by using the amount Medicare would allow for the care (including the amount the beneficiary would be personally responsible for paying, which is the HSCRC amount; this is known as the "prospective Medicare method".

Effective 7/1/21

POLICY OWNER:

UMMS CBO

APPROVED:

Executive Compliance Committee Approved Initial Policy: 09/18/19
Executive Compliance Committee Approved Revisions: 10/19/2020