



UNIVERSITY *of* MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

Community Benefit Implementation Plan Fiscal Years 2016-2018

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Table of Contents

Section 1: Introduction	3
UM BWMC Mission, Vision and Standards of Service Excellence	4
Community Benefit Overview	4
Community Benefit Operations & Oversight	7
Section 2: Community Health Needs Assessment	10
Section 3: Prioritization of Community Health Needs	20
Process	20
UM BWMC’s Selected Community Benefit Priorities	21
Community Health Needs Not Selected as Community Benefit Priorities	22
Section 4: Community Benefit Plan	23
Priority: Chronic Health Conditions	24
Priority: Behavioral Health.....	26
Priority: Maternal and Child Health.....	28
Priority: Health Care Access and Utilization	30
Priority: Community Support	32
Section 5: Community Benefit Annual Reporting	33
Section 6: Conclusion	34
Appendix A: Financial Assistance Policy	35
Appendix B: Sample Community Benefit Partner List	36

Section 1: Introduction

University of Maryland Baltimore Washington Medical Center's (UM BWMC) mission is to provide the highest quality health care services to the communities we serve. We provide emergency, inpatient and outpatient services in more than sixty specialties. In addition to clinical care, we offer a variety of community benefit activities. Community benefits are programs or activities that promote health, increase access to health care services or improve the well-being of the community. Our clinical and community benefit programs and services are developed in response to an assessment of community health needs, analysis of hospital-specific data and feedback from our patients and their families, medical staff and community partners.

This plan summarizes the findings of our recently completed community health needs assessment (CHNA), describes the process we took to prioritize our community's health needs and UM BWMC's goals, strategies, and partnerships for improving the health of the communities we serve. In addition, this plan describes our alignment with local, state and national health improvement priorities and health system transformation initiatives. This plan also explains our structure for assuring that our community benefit program has the appropriate guidance, oversight and resources to support the successful implementation of this plan and the reporting of progress.

Our Community Benefit Plan for fiscal years 2016 to 2018¹ addresses these community health improvement priorities:

- Chronic Health Conditions (Cancer, Cardiovascular Disease, Diabetes, Obesity/Overweight)
- Behavioral Health
- Maternal and Child Health
- Health Care Access and Utilization
- Community Support

Our community benefit programming includes:

- community outreach and health education services to provide people with the education and tools to lead healthier lives
- screenings so that people can be diagnosed with health problems when they are most treatable
- support groups for patients and their families
- financial assistance to those who could not otherwise afford health care services
- provider subsidies to increase access to care
- health care workforce development
- partnership development and other community building activities

UM BWMC is pleased to present our Community Benefit Plan. At UM BWMC we truly believe that community benefit is an investment in the communities and people we serve. For more information about our community benefit activities, please visit <https://www.mybwmc.org/community-benefit>, send an email to bwmcpr@bwmc.umms.org or call 410-553-8103.

UM BWMC Mission, Vision and Standards of Service Excellence

Vision Statement:

To be the preferred regional medical center through nationally recognized quality, personalized service and outstanding people.

Mission Statement:

The mission of University of Maryland Baltimore Washington Medical Center is to provide the highest quality healthcare services to the communities we serve.



Standards of Service Excellence:

The Standards of Service Excellence at UM BWMC promote a positive patient experience and positive employee culture. The standards of attitude, appearance, accountability, communication, courtesy, privacy, safety and teamwork promote an atmosphere of care, compassion, respect and pride for our patients and for each other.

Community Benefit Overview

Definition of Community Benefitⁱⁱ

A community benefit is a planned, organized, and measured approach, by a non-profit health care organization, to meet identified community health needs within its service area. It most often requires collaboration with other non-profit and public organizations within the community in determining the health needs of its residents. Such planning relies on the use of objective data and information to determine community needs, and the impact of the organization's participation on those needs.

Community benefits respond to an identified community need, and meet the following criteria:

- Ultimately improve the health status and well-being of specific populations in the organization's service area who are known to have difficulty accessing care and/or who have chronic needs;
- Generate a low or negative margin;
- Are not provided for marketing purposes; and/or
- The service or programs would likely be discontinued if the decision were made on a purely financial basis.

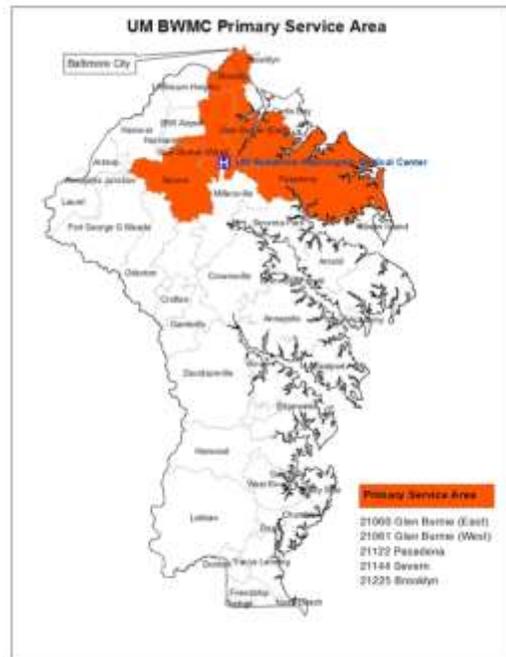
Community Benefit Service Area

UM BWMC considers our Community Benefit Service Area (CBSA) to include all of Anne Arundel County. This is consistent with our leadership role in county-wide collaborative population health initiatives such as the Healthy Anne Arundel Coalition (local health improvement coalition) and the Bay Area Transformation Partnership between UM BWMC and Anne Arundel Medical Center and in collaboration with our community partners.

UM BWMC will provide additional community outreach to our primary service area as defined by our Global Budget Revenue Agreement with the Maryland Health Services Cost Review Commission. These zip codes include:

- 21061 – Glen Burnie (West)
- 21122 – Pasadena
- 21060 – Glen Burnie (East)
- 21144 – Severn
- 21225 – Brooklyn

This area surrounding UM BWMC where most of our discharges originate from has some of the most vulnerable, high-risk residents in Anne Arundel County based on socioeconomic and health data. We make concerted efforts to reach vulnerable, at-risk populations, including the uninsured, racial/ethnic minorities, persons with risky health behaviors (e.g. smoking), and people with chronic health conditions (e.g. diabetes, cancer).



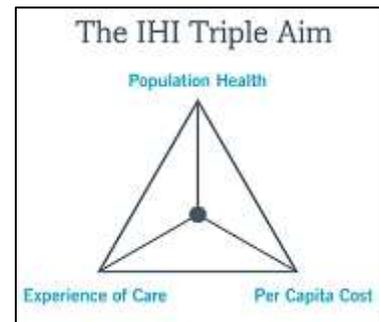
Community Benefit as a UM BWMC Strategy Priority

One of UM BWMC's strategic goals is to be a leader in innovation and integrated care delivery. More specifically, we plan to advance the health of Marylanders *in our community* by transforming care delivery through clinical integration among providers and *community partners*, while contributing to *medical innovation* and discovery and *training* Maryland's future physicians, nurses, clinicians and allied health professionals.

Our Annual Operating Plan, which is derived from our strategic plan, includes community benefit and population health improvement activities. Our Annual Operating Plan emphasizes clinical and community partnership development and reducing potentially avoidable utilization. Many UM BWMC community benefit initiatives focus on health outreach and education to help prevent and manage chronic health conditions in order to help people live healthier lives and keep them out of the hospital.

Alignment of Community Benefit with Local and State Initiatives for Population Health Improvement

UM BWMC's Community Benefit Plan is aligned with Maryland's All-Payer model and the Institute for Healthcare Improvement's "Triple Aim" of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. Our plan is aligned with the Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP) and the Maryland Health Services Cost Review Commission's Regional Health System Transformation grant program. Additionally, community benefit was included within the UM BWMC Strategic Transformation Plan that was submitted to Maryland Health Services Cost Review Commission in December 2015. This plan required UM BWMC to describe the integration of community benefit and other activities into UM BWMC's larger efforts to improve population health and reduce potentially avoidable utilization.



UM BWMC's Community Benefit Plan incorporates the SHIP framework. UM BWMC serves as Co-Vice Chair of the Healthy Anne Arundel Coalition, the local health improvement coalition (LHIC) established as part of the SHIP. UM BWMC also has an active role in each subcommittee of the Healthy Anne Arundel Coalition (Leadership Subcommittee, Obesity Prevention Subcommittee, Co-Occurring Disorders Subcommittee, Access to Care Subcommittee, Planning and Assessment Subcommittee, Community Engagement Subcommittee, and Promotion and Publicity Subcommittee).

The Healthy Anne Arundel Coalition serves in an advisory capacity to population health initiatives in the county and develops and implements Action Plans to address selected health improvement priorities. The Anne Arundel County Community Health Needs Assessment was conducted under the auspices of the Healthy Anne Arundel Coalition with leadership from UM BWMC, Anne Arundel Medical Center and several Anne Arundel County government agencies. The findings from that assessment were used to develop the Healthy Anne Arundel Coalition's Action Plan for FY2017-2020 as well as our Community Benefit Plan. Both plans include public health priorities that are also identified by the SHIP as important to improving the health of all Marylanders. The alignment of these priorities is discussed in greater detail in Section 3: Prioritization of Community Health Needs.



UM BWMC, in partnership with Anne Arundel Medical Center and in collaboration with the Healthy Anne Arundel Coalition, applied for Maryland Health Services Cost Review Commission Regional Transformation Partnership planning and implementation grants. The purpose of these grants is to accelerate the transformation of Maryland's health care system by reducing potentially avoidable utilization, improving transitions of care and care coordination/management services and increasing access to primary and behavioral health care. Several components of the proposed implementation plan are aligned with community benefit activities (e.g. chronic disease self-management classes will provide community-based support to the high-utilizers of health care services served by the grant). Several key strategies of the our Bay Area Transformation Partnership Implementation Plan emerged out of earlier work from the Healthy Anne Arundel Coalition including State Innovations Model planning and a previous Center for Medicare and Medicaid Innovation grant application.

External Partnerships for Community Benefit

UM BWMC collaborates with numerous external partners for Community Benefit planning and implementation. These external partnerships were also cited in our Strategic Transformation plan as essential to improving population health. UM BWMC works with many county government agencies including the Anne Arundel County Departments of Health, Aging and Disabilities, Recreation and Parks, and Social Services, the Office of Community and Constituent Services, and Anne Arundel County Public Schools. We collaborate with Anne Arundel Medical Center, MedStar Harbor Hospital, Federally Qualified Health Centers (Chase Brexton Health Care, Total Health Care) and primary care, behavioral health, specialty and post-acute care providers. Most importantly, we partner with local community and faith based organizations such as Maryland Health Care for All, March of Dimes Maryland Chapter, Zeta Phi Beta Sorority – Rho Eta Zeta Chapter, Safe Sitter, American Red Cross, American Cancer Society, Judy Center at Hilltop Elementary, Glen Burnie Improvement Association, Severna Park Community Center, Arundel Mills Mall, several local businesses and Chambers of Commerce and numerous churches.

Community Benefit Operations & Oversight

UM BWMC Board of Directors

The UM BWMC Board of Directors formally adopts the CHNA, the Community Benefit Plan and annual reports. This committee also ensures that population health improvement and community benefit initiatives are included in the medical center's strategic and annual operating plans.

UM BWMC Board Community Benefit Committee

The UM BWMC Community Benefit Board of Directors provides oversight and guidance to UM BWMC's Community Benefit programming. This Committee is comprised of members of the UM BWMC Board of Directors (including UM BWMC's President and Chief Executive Officer), members of the UM BWMC Foundation Board of Directors and a member of University of Maryland Medical System (UMMS) Executive Leadership. The Committee is staffed by UM BWMC Executive Team members including the Senior Vice President and Chief Operating Officer, Senior Vice President and Chief Financial Officer and Vice President for Strategy and Business Development. This Committee recommends the adoption of the CHNA, the Community Benefit Plan and annual reports to the UM BWMC Board of Directors. This committee also provides feedback related to community benefit strategies and monitors the implementation of community benefit activities.

UM BWMC Community Benefit Planning Committee

UM BWMC convened a Community Benefit Planning Committee consisting of clinical and administrative leadership to develop this plan. This committee was charged with reviewing needs assessment data, assessing existing organizational resources and capacities, prioritizing community needs, and developing the Community Benefit Plan for review by the UM BWMC Community Benefit Board and the UM BWMC Board of Directors. Committee members included the Chairman of Medicine/Medical Director for Population Health, Vice President for Strategy and Business Development, Strategic Planning Project Manager, Executive Director of the Tate Cancer Center, Director of Care Management, Director of Psychiatric Services, Director of Emergency Nursing, Director of Marketing and Communications, Associate Director of Community Outreach, Community Health Specialist, Manager of Women's Health, Operations Manager of the University of Maryland Center for Diabetes and Endocrinology, Chemical Dependency Nurse Practitioner and Director of Service Excellence (coordinator of Patient and Family Advisory Council). This committee will continue to provide their guidance throughout the plan's implementation. Other administrators and clinicians will also provide guidance and support to community benefit as needed.

UM BWMC Community Benefit Staffing

UM BWMC's Community Benefit primary staffing consists of representatives from the Departments of Community Outreach and Strategic Planning. The Departments collaborate on conducting the CHNA, developing and refining the community benefit implementation strategies, and completing community benefit reports to meet state and federal requirements. These staff members are also involved in the planning, development, implementation and evaluation of broader population health initiatives. The Community Benefit program also receives initiative-specific assistance from various hospital departments and staff members depending on the purpose and scope of the initiative or activity.

The Community Outreach Department plans and executes community benefit programs, activities and events in partnership with UM BWMC staff and community partners. The Community Outreach Department builds relationships with community-based partners to extend the reach of community benefit programs and solicits community input into community benefit activities.

The Strategic Planning Department provides support to the development, implementation, evaluation and reporting of community benefit. This Department helps to assure alignment between community benefit, the annual operating plan, and population health initiatives throughout UM BWMC and UMMS.

University of Maryland Medical System Community Health Improvement Committee



The University of Maryland Medical System convenes a System Community Health Improvement Committee that includes leaders for community benefit and community health improvement from across the medical system. This committee identifies community health needs that impact all system hospitals and develops system-driven initiatives to address those needs. A current focus of the SCHIC is increasing health literacy. Additionally, this committee discusses any questions or concerns related to conducting CHNAs and community benefit reporting. The committee's monthly meetings also provide an opportunity to share best practices and lessons learned for community benefit and related population health improvement activities.

Community Benefit Policy

UM BWMC maintains a Community Benefit Policy that describes important definitions and processes related to community benefit. It defines community benefit per state and federal regulations and what is permissible as a community benefit activity. The policy describes the strategic approach of the Community Benefit Plan and its relationship to the CHNA. The policy identifies the need to meet all federal and state regulations and outlines the structure for the oversight of community benefit.

Financial Assistance Policy

UM BWMC's Financial Assistance Policy (FAP) was established to assist patients in obtaining financial aid when the services rendered are beyond a patient's ability to pay. UM BWMC provides emergency, inpatient, and other care regardless of ability to pay. UM BWMC's FAP complies with Maryland regulations and provides assistance ranging up to 100% of the total cost of hospital services. A patient who qualifies for financial assistance at any UMMS affiliated hospital will be offered the same terms at all UMMS facilities. A copy of UM BWMC's FAP is attached as Appendix A.

UM BWMC assists patients with applying for its financial assistance program and other financial assistance programs for health care services. UM BWMC discusses with patients or their families the availability of various government benefits, such as Medicaid and other federal, state and local programs. Programs include, but are not limited to, the Maryland Health Connection for enrollment in Medicaid and Qualified Health Plans and the Anne Arundel County Department of Health's REACH (Residents Accessing a Coalition of Health) low-cost health care program for uninsured Anne Arundel County residents. UM BWMC is a participating provider in the REACH program.

UM BWMC, as part of the UMMS Community Health Improvement Committee, is currently revising financial assistance forms and other commonly used documents to be health literate and easier for people to understand.

Section 2: Community Health Needs Assessment

The Anne Arundel County Health Needs Assessment (CHNA) was conducted under the auspices of the Healthy Anne Arundel Coalition with leadership from UM BWMC, Anne Arundel Medical Center, Anne Arundel County Department of Health, Anne Arundel County Mental Health Agency, Inc. and the Anne Arundel County Partnership for Children, Youth and Families. The goal of the CHNA was to help frame informed decisions about community health needs and trends in Anne Arundel County in order plan, implement and evaluate actions to address those needs. The CHNA was unveiled at a community meeting and has been made widely available to the public. The CHNA is intended to be used by hospitals, health care providers, social service organizations, government agencies, community organizations, businesses, county residents and other key stakeholders.

Process

The main authors of the CHNA were Dr. Pamela Brown and Bikash Singh. Dr. Pamela Brown is the Executive Director of the Anne Arundel County Partnership for Children, Youth and Families. She completed her Ph.D. in Educational Leadership at Florida Atlantic University. She is a University Research Reviewer and Dissertation Chair for the University of Phoenix specializing in qualitative case study methods. She is certified to conduct ethical research through the Collaborative Institutional Training Initiative at the University of Miami. She has been conducting community needs assessments for over 20 years. Bikash Singh, an epidemiologist with the Anne Arundel County Department of Health, conducted the secondary data analysis. Mr. Singh has a Masters of Public Health with a specialization in epidemiology. He has extensive experience in health data analysis and demography.



The CHNA used quantitative and qualitative methods and was designed to be as comprehensive as feasible. No written comments on the previous CHNA were received to be incorporated into this CHNA. A community meeting sponsored by the Healthy Anne Arundel Coalition to discuss and prioritize the CHNA findings was attended by over sixty community members, including county residents, health care and social service provider and representatives from schools, businesses and community organizations.

The quantitative portion of the CHNA consisted of a secondary data analysis of various local, state and federal data sources. The CHNA includes estimates from hard to reach portions of the population, such as drug users, domestic violence victims, and homeless individuals. Data on these subpopulations primarily came from police reports, Emergency Department (ED) data, and the public school system. It only captures individuals who have come in contact with these services. Therefore, the CHNA may underestimate the true burden of some health issues within Anne Arundel County.

Another limitation of the data in the report is that there is a delay between when secondary data is collected and made available. For example, the most recent vital statistics data available when this report was drafted was from calendar year 2013.

Focus groups and key informant interviews were used to solicit the thoughts and opinions of diverse Anne Arundel County residents, health care providers, social service providers and community leaders. A shortcoming of the qualitative data is that not all community perspectives will be obtained, although we did our best to engage a diverse and representative sample.

A total of seven focus groups were conducted. The seven groups included:

- Emergency Department and emergency response providers
- North County residents and stakeholders
- South County residents and stakeholders
- Behavioral health patients, family members and providers
- Low-income youth
- Older adults
- Hispanic community

The key informants that provided qualitative data for the report included:

- President and Chief Executive Officer, University of Maryland Baltimore Washington Medical Center
- President and Chief Executive Officer, Anne Arundel Medical Center
- Health Officer, Anne Arundel County Department of Health
- Executive Director, Anne Arundel County Mental Health Agency, Inc.
- Director, Anne Arundel County Department of Aging and Disabilities
- Clinical Director, Anne Arundel County Mental Health Agency, Inc.
- Director, Anne Arundel County Crisis Response
- Program Director, Domestic Violence Program, YWCA of Annapolis and Anne Arundel County
- Health Consultant, Anne Arundel County (former County Health Officer and Deputy Secretary for Public Health Services at the Maryland Department of Health and Mental Hygiene)
- Two county legislative leaders

The CHNA provided a detailed demographic profile of Anne Arundel County and illustrated the social determinants of health that impact residents. The assessment identified a variety of community health needs including:

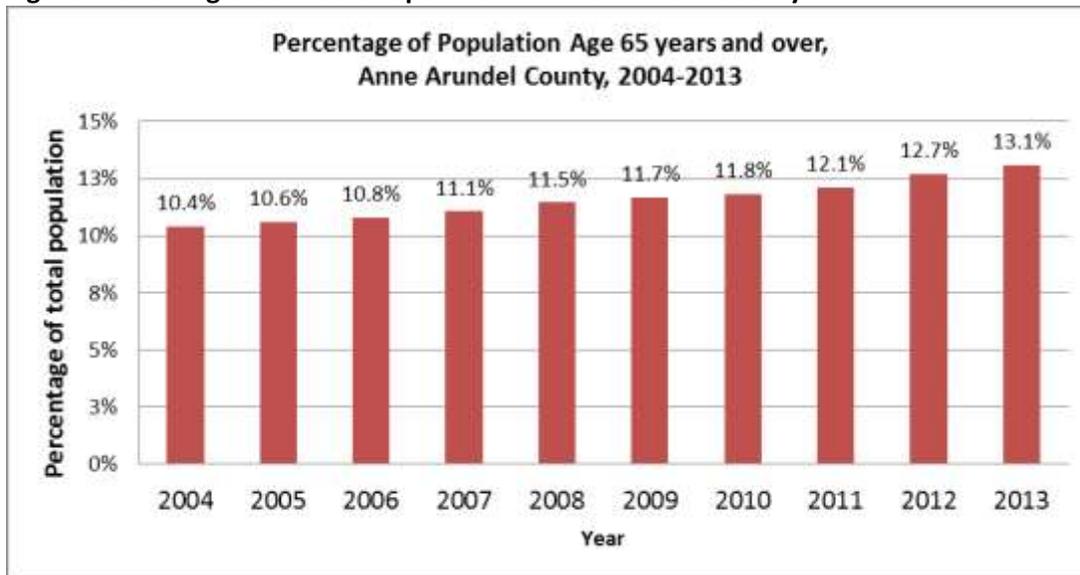
- Chronic Health Conditions
- Behavioral Health
- Maternal and Child Health
- Access to Health Care and Utilization
- Community Support

The county-wide CHNA is available from UM BWMC's web site at <https://www.mybwmc.org/community-benefit> and from the Healthy Anne Arundel Coalition's web site at www.aahealth.org/chna. This report contains detailed narratives, tables, graphs and maps. Where possible, comparisons were made to state and national data and data was distilled by age, gender, race, ethnicity and zip code. This document summarizes the county-wide CHNA data and additional information collected and analyzed by UM BWMC to augment the Anne Arundel County CHNA. This report is available on UM BWMC's web site at <https://www.mybwmc.org/community-benefit>.

Demographics and Social Determinants of Health

According to 2013 census estimates, the Anne Arundel County population is 556,348, an 11.2% increase from 2000. The Hispanic population in Anne Arundel County is growing more significantly than all races/ethnicities, increasing 170% from 2000 to 2013. Anne Arundel's Hispanic population is also the youngest, with a median age of 26.7 years, whereas non-Hispanic whites have a median age of 42.2 years. Currently, 13.1% of Anne Arundel's population is 65 or older. This portion of the population is expected to increase until 2030. As such, seniors will have an increasing impact on county services, supports, resource allocation, and health care use.

Figure 1: Growing Older Adult Population in Anne Arundel County



The income gap between rich and poor in the county has widened since 2010. There is an increase at both ends of the economic scale; households living below the poverty line and households with a combined income of \$200,000 or more. While Anne Arundel County's median family income of \$101,268 is higher compared to the state and the nation, 6.3% of Anne Arundel County residents are living below the poverty level. Poverty is concentrated in the northern and southern portions of the county. Zip codes with the highest poverty levels are 21225 (Brooklyn), 21077 (Harman's), 21226 (Curtis Bay), 21060 (Glen Burnie-East), and 21061 (Glen Burnie-West). There is a correlation between low income and number of ED visits. Brooklyn, the area with the highest poverty level in Anne Arundel County, also had the highest rate of ED visits, 960 per 1,000 residents, and 186% higher than the county-wide rate of ED visits.

Social determinants of health can impact individual and community health. Social determinants of health include race and ethnicity, employment status and income level, education, housing quality, neighborhood safety, family and social supports, and sense of community belonging. Many demographic and health indicators associated with poorer health status and outcomes are found in the northern and southern portions of the county. The table on the next page shows where more than four negative socioeconomic indicators of health are above the County average. There is a correlation between the socioeconomic indicators of health and hospitalizations. The areas with socioeconomic health indicators higher than the county average also had more hospitalizations as illustrated in the map on the next page.

Table 1: Rising Demographic, Socioeconomic and Health Indicators by Selected ZIP Codes, Anne Arundel County, 2013

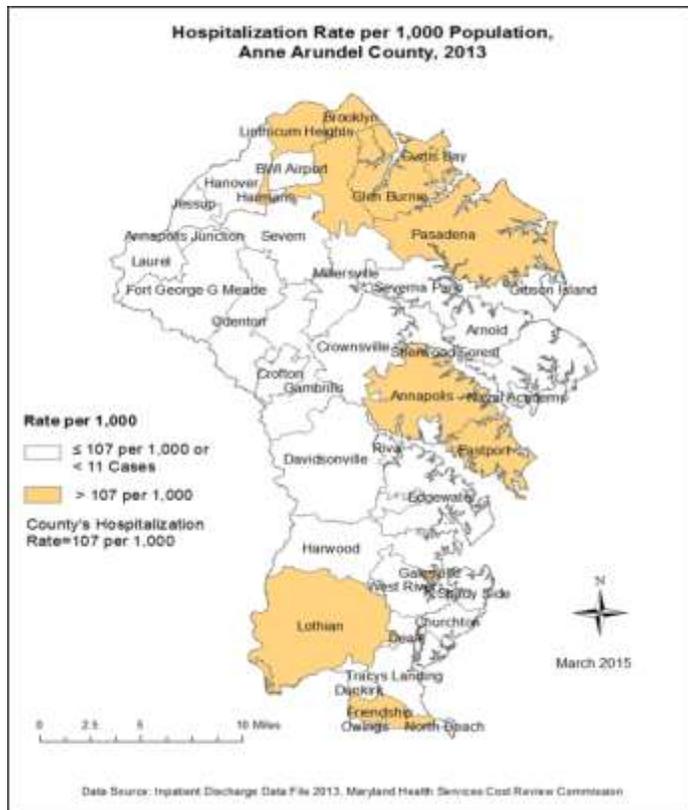
ZIP Code	Area	Poverty Percentage	Population % without High School Education	Percent of Households on SNAP	ED Visit Rate (per 1,000 population)	Percent of Low Birth Weight Infants (2009-2013)	Preventable Hospitalization Rate (per 1,000 population)	Minority Population %
20711	Lothian	^	^	^	^		^	
20714*	North	^		^	^		^	
20758	Friendship	^	^		^		^	
21060	Glen	^	^	^	^	^	^	^
21061	Glen	^	^	^	^	^	^	^
21144	Severn	^	^	^		^		^
21225*	Brooklyn	^	^	^	^	^	^	^
21226*	Curtis Bay	^	^	^	^	^	^	
21403	Eastport	^	^	^	^			^
	Anne Arundel County	6.30%	9.30%	5.60%	334.9 (per 1,000 population)	7.9 (per 1,000 population)	14.3 (per 1,000 population)	29%

Source: Maryland Department of Health and Mental Hygiene Vital Statistics Administration; American Community Survey; Maryland Health Services Cost Review Commission

* ZIP codes shared with other counties; data presented is estimate for Anne Arundel County only.

^ denotes higher than County average, preventable hospitalization category excludes low birth weight infants

There are a variety of needs concerning social determinants of health. There is a lack of public transportation throughout Anne Arundel County, and the operating bus routes have limited hours. This is especially an issue for the county’s low-income and elderly residents. Limited transportation affects residents’ ability to access health care services and their educational and employment options. Twelve percent of county residents live in areas considered food deserts and don’t have ready access to healthy eating options which contributes to higher levels of obesity and associated chronic health conditions such as diabetes. Homeowners and renters spend over a third of their income on housing, 34.3% and 49.5% respectively, and 9,000 families are on the waiting list for public housing. The amount of money spent on housing limits the funds available for meeting other personal needs, including health care, healthy food, and opportunities for physical activity and recreational activities that can reduce stress.



Access to Health Care and Utilization

Anne Arundel County is served by two major hospitals: Anne Arundel Medical Center (AAMC) in Annapolis and the University of Maryland Baltimore Washington Medical Center (UM BWMC) in Glen Burnie. Both hospitals are affiliated with academic medical centers, which offer advantages to patients requiring highly-specialized tertiary care. MedStar Harbor Hospital, which is located just north of the county line in Baltimore City, also serves county residents. Additionally, there are four Federally Qualified Health Centers (FQHCs) that serve county residents: Chase Brexton Health Care, Total Health Care, Family Health Centers of Baltimore, and Owensville Primary Care. The Anne Arundel County Department of Health offers a range of physical and behavioral health services at five clinic sites. The Anne Arundel County Mental Health Agency, Inc. provides a wide range of mental health services to Medicaid recipients and other low-income and uninsured county residents who meet certain criteria. Other health care services available in the county include primary care practices, outpatient specialty care, community clinics, urgent care facilities and retail store-based health clinics.

Many providers of health care offer financial assistance. All hospitals in Maryland have financial assistance policies that provide medically necessary services to all people regardless of their ability to pay. Depending on their circumstances, patients can receive coverage for up to 100% of their medically necessary care. Payment plans are also available. FQHCs, community clinics and governmental providers offer services on a sliding scale or free basis. Assistance with enrolling in publicly funded entitlement programs and health insurance plans through the state health benefit exchange are available from the hospitals, county health departments, social service agencies and the Maryland Health Connection. However, it is important to note that not all health care providers, particularly behavioral health providers, accept all insurance plans or self-pay patients.

In Maryland, under the Affordable Care Act (ACA), persons whose income is up to 138% of the poverty level are eligible for Medicaid. The number of Medicaid enrollments increased from 68,166 in January 2013 to 84,616 in December 2014. However, there are still many primary care providers who do not accept Medicare/Medicaid. In addition, a small percentage of county residents such as undocumented people, those not enrolled in Medicaid despite being eligible, and people opting to pay the annual penalty instead of purchasing insurance will remain uninsured.

Access to primary care physicians, dentists, and mental health services are demonstrated needs within the county. The ratio of patients to primary care physicians is 1,430:1, patients to dentists is 1,518:1, and patients to mental health providers is 718:1. All ratios are lower than the state in general. Additionally, 6.6% of the population does not have health insurance. The Hispanic population has the highest rate of uninsured in the county (22%)



Table 2: Primary Care Physicians, Dentists and Mental Health Providers in Anne Arundel County and Maryland

	Anne Arundel County Total	Anne Arundel County Ratio	Maryland Ratio	Top U.S. Counties (90th percentile)
Primary Care Physicians (2012)	385	1,430:1	1,131:1	1,045:1
Dentists (2013)	366	1,518:1	1,392:1	1,377:1
Mental Health Providers (2014)	774	718:1	502:1	386:1

Source: Anne Arundel County Health Rankings and Roadmaps, 2015

There were an estimated 59,533 hospitalizations in Anne Arundel County during 2013 at a rate of 107.1 stays per 1,000 individuals. Hospital admissions were highest among those 65 and older, at a rate of 267.9 stays per 1,000. In 2013, Anne Arundel county residents made approximately 186,124 ED visits to hospitals within Maryland at a rate of 355 visits per 1,000 individuals. 85.6% of all ED visits by Anne Arundel County residents in 2013 were due to acute conditions and 14.3% were due to chronic conditions. Mood disorder was the most common chronic condition (12.2%) for ED visits followed by asthma (11.6%), alcohol-related disorders (7.2%), anxiety disorders (6.0%), headaches/migraines (5.9%) and substance-related disorders (3.9%). These chronic conditions are ambulatory-sensitive and could potentially be better prevented and managed through outpatient care and community supports.

Table 3: Emergency Department Visits for Chronic Conditions, Anne Arundel County, 2013

Chronic Conditions	Frequency	Percent
Mood disorder	3,256	12.2%
Asthma	3,101	11.6%
Alcohol-related disorder	1,922	7.2%
Anxiety disorder	1,607	6.0%
Headache/migraine	1,576	5.9%
Substance-related disorder	1,042	3.9%
Hypertension	1,027	3.9%
Other nerve disorder	946	3.6%
Dysrhythmia	742	2.8%
Other upper respiratory condition	703	2.6%
Total ED Visits for Chronic Conditions	26,637	

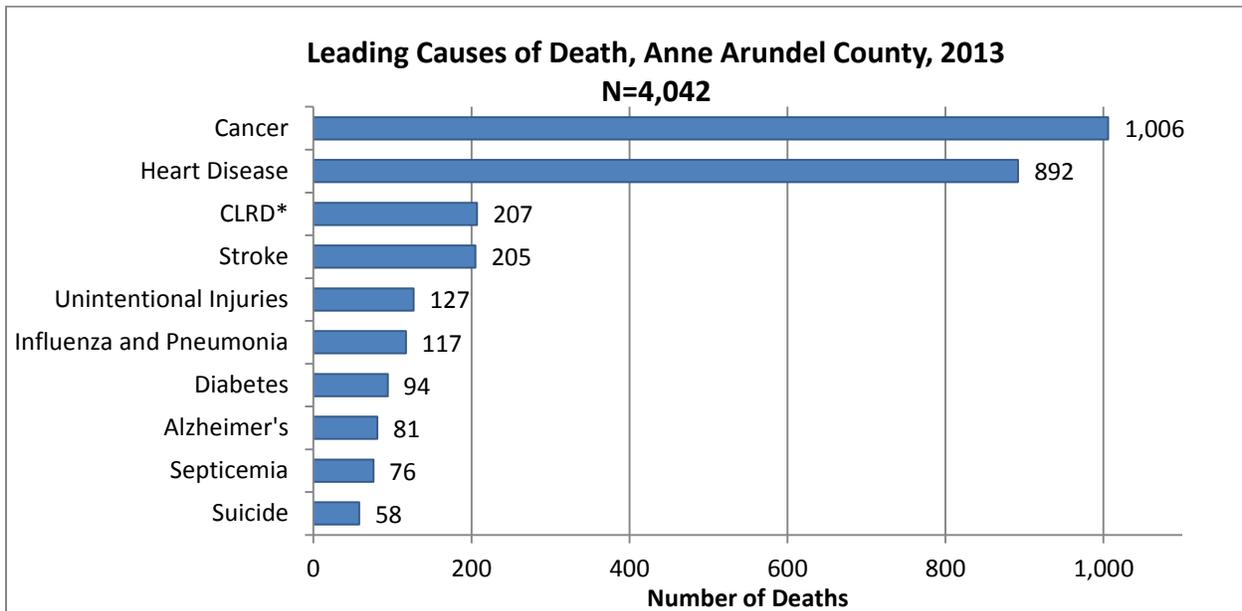
Source: Outpatient Discharge Data File 2013, Maryland Health Services Cost Review Commission

For patient care to be effective, patients and their caregivers need to understand the information about their health condition and treatment that their health care provider is trying to teach them. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make informed health decisions. Low health literacy can result in medication errors, complications, unnecessary ED visits, low rates of treatment compliance, and ultimately higher mortality rates. Lower health literacy has been associated with age, race, ethnicity, educational level and native language. Initiatives that seek to improve health literacy and increase communication between patients and providers could help Anne Arundel County improve the quality of care, help direct patients to the appropriate clinical setting (for example, going to see their primary care patient instead of going to the ED) and better meet the needs of the growing older adult and Hispanic populations.

Chronic Health Conditions

In 2013, a total of 4,042 deaths occurred in Anne Arundel County. The County's leading causes of death represent primarily potentially preventable chronic health conditions. The two leading causes of death cancer (1,006) and heart disease (892), accounted for nearly 47% of all deaths. Of the top ten causes of death, five are associated with risk factors that are preventable such as high blood pressure, high cholesterol, overweight/obesity, tobacco use, and lack of physical activity.

Figure 2: Leading Causes of Death in Anne Arundel County, 2013



Source: Maryland Vital Statistics Annual Report 2013, Maryland Department of Health and Mental Hygiene

*Chronic lower respiratory diseases (CLRD) include both chronic obstructive pulmonary disease (COPD) and asthma.

Death rates from all cancer types have decreased 21% over the past decade in Anne Arundel County. However, cancer is still the leading cause of death, followed by heart disease. The county has a higher cancer incidence rate overall when compared to Maryland and the United States. Higher incidence rates for female breast cancer, lung and bronchus cancer, melanoma and prostate cancer are seen in the county while the incidence of colorectal cancer and cervical cancer is lower than the state and the nation. In 2013, 22% of all deaths in Anne Arundel County were from heart disease.

Overweight and obesity are significant health issues in the county, leading to related health problems such as diabetes. While the number of overweight individuals (measured by body mass index) decreased from 36.2% in 2011 to 32.6% in 2013, the number of obese individuals increased from 28.3% to 30.5% during the same time period. In 2013, diabetes was the seventh leading cause of death in Anne Arundel County overall. When broken down by race/ethnicity diabetes ranked as the fourth leading cause of death among Blacks and the fifth leading cause of death among Hispanics.

Behavioral Health

In 2013, there were 186,124 ED visits by Anne Arundel County residents, 9,544 (5.1%) of these ED visits were for behavioral health related conditions. Mood disorders were the leading cause of behavioral health related ED visits (34.1%), followed by alcohol-related disorders (20.2%), anxiety disorders (16.8%) and substance-related disorders (14.1%). Within northern Anne Arundel County, behavioral health ED visit rates are highest (and above the county-wide rate) in Brooklyn (21225), Curtis Bay (21226), and Glen Burnie (21061, 210600). These areas are also known to be disproportionately impacted by social stressors (e.g. higher poverty, joblessness, lower education, violence, housing quality).

There is a need for additional behavioral health services in Anne Arundel County. Many behavioral health providers limit the health insurances, if any, that they accept. Additionally, there are few Spanish speaking mental health counselors available to meet the needs of the County's growing Hispanic population. In 2014, the Anne Arundel County Mental Health Agency, Inc. served 11,321 Medicaid and other, low-income uninsured individuals, an 11% increase since 2013 and a 145% increase since 2002. Use of this agency's mental health services for children has also increased by 14.5% for children 6-12 years and 6.9% for children 13-17 years old since 2013.

Mirroring national and state trends, Anne Arundel County is struggling with a growing opioid overdose problem. On January 27, 2015, County Executive Steve Schuh declared heroin addiction a public health emergency in Anne Arundel County. The county has the 3rd highest level of prescription opioid-related deaths in Maryland (after Baltimore City and Baltimore County). Heroin related deaths have increased by 29.2% between 2013 and 2014.

Domestic violence and sexual assault or abuse victims are presenting at local Emergency Departments in increasing numbers. The number of victims is difficult to accurately measure because many victims do not report the crimes due to fear and shame. Even when victims are hurt enough to visit the ED, they may claim their injuries are due to other causes. The number of victims, both actual and reported, is anticipated to continue to rise according the CHNA.

Maternal and Child Health

The infant mortality rate in Anne Arundel County between 2010 and 2014 was 5.5 deaths per 1,000 live births which is lower than both the United States (6.0 deaths per 1,000 live births) and Maryland (6.6 deaths per 1,000 live births) during the same period. Although the overall infant mortality rate is lower for the county than the state average, disparities exist when stratifying the data by race and ethnicity. Blacks have the highest infant mortality rate in the county (11.2 deaths per 1,000 live births) compared to 5.3 deaths and 4.0 deaths per 1,000 births for Hispanics and Whites respectively.

Table 4: Infant Deaths and Infant Mortality Rates by Race and Ethnicity, Anne Arundel County, 2010-2014

Race/Ethnicity	Number of Infant Deaths	Infant Mortality Rate
White, Non-Hispanic	89	4.0
Black, Non-Hispanic	68	11.2
Hispanic, Any Race	22	5.3

Source: Maryland Department of Health and Mental Hygiene Vital Statistics Administration, 2013

Low birth weight (less than 2,500 grams) is the single most important factor affecting neonatal mortality (newborn infants up to 28 days old) and a significant determinant of post neonatal mortality (newborn infant between 28 and 364 days old). Low birth weight infants run the risk of developing health issues ranging from respiratory disorders to neurodevelopmental disabilities. In Anne Arundel County, the percentage of low birth weight babies is dropping slowly and is less than the state average at 8.7%. However, there are several ZIP codes concentrated in the northern part of the county where the percentage of low birth weight infants is much higher than the overall county average of 7.9%, especially in Brooklyn, Severn, Laurel, Glen Burnie (West), Hanover, Millersville, and Jessup.

Community Support

The CHNA highlighted many community health strengths for Anne Arundel County, but also identified many opportunities for improving the county's health and well-being. There is a demonstrated need for increased educational, work force and economic development initiatives to reduce unemployment and decrease poverty. There is also a need for mentoring, youth development and leadership programs to support the County's future.

The CHNA and Maryland's All-Payer model both point to the need for UM BWMC and other hospitals to address the social determinants of health, build partnerships with new and different individuals and organizations, expand existing collaborations and increase communication across all sectors.



UM BWMC is committed to improving the health of the people and communities we serve. This includes people who may never visit our Emergency Department, be admitted to our hospital or receive care from a member of our medical staff. UM BWMC recognizes that in order to improve the health and well-being of our community we need to help address social determinants of health, be an active and engaged community citizen, and support policies and programs to improve community health and well-being.



Impact of Community Health Initiatives Since the Previous CHNA

UM BWMC's last CHNA, conducted in FY13, identified the following community health improvement priorities:

- Chronic Disease (Obesity, Heart Disease, Diabetes & Cancer)
- Violence Prevention
- Healthy Babies
- Influenza Education and Prevention
- Access to Healthy Food and Healthy Food Education

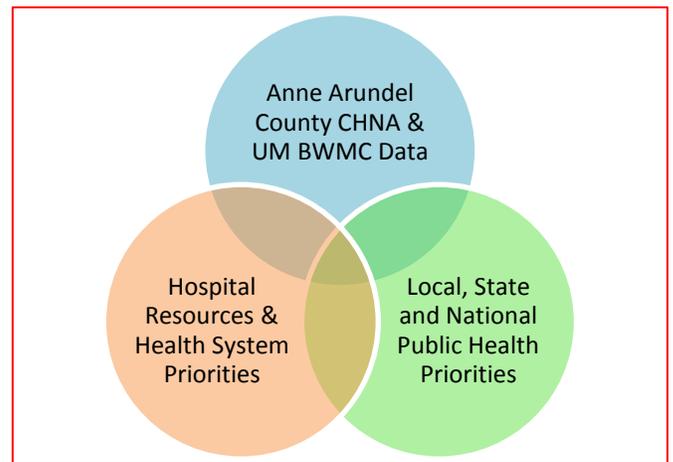
The priorities from the FY13 CHNA overlap with the community health needs and improvement priorities identified by the most current CHNA. During the past three years considerable work was undertaken by UM BWMC to address these significant priorities. Each year, state and federal reports described the actions UM BWMC undertook and the resources that we committed to community health improvement initiatives that met applicable guidelines related to community benefit. Process measures related to the number of participants reached and partnerships developed and program-specific short term outcomes were tracked, measured and reported. In FY2013-2015, UM BWMC dedicated over \$105 million and over 43,000 encounters to community benefit initiatives that reached more than people.

The similarity between the health improvement priorities identified through the FY13 and FY15 CHNAs demonstrate the difficulty in measuring the long-term impact of the community health improvement initiatives at the population level. Many indicators, such as cancer incidence and mortality rates, are the result of long term health status, behaviors, policies and environmental factors. It can take years and even decades to see significant and sustained progress. As focus groups participants acknowledged, there is no quick fix for eliminating chronic disease risk factors, and significant behavior changes might take a generation. Also, there is often a delay between when population-level quantitative data is available. For example, the most recent vital statistics data available when this report was drafted was from calendar year 2013.

Qualitative feedback obtained from the focus groups and stakeholder interviews provided "real time" feedback on our efforts. Although these respondents have seen progress in partnership development, and collaborative initiatives, improved access to health care, and new initiatives to improve care coordination and transitions of care, there was also consensus that much work remains to be done.

Section 3: Prioritization of Community Health Needs

UM BWMC took a multi-pronged approach to prioritizing our local community health needs. This approach helped to assure that our community benefit plan addressed the most significant needs identified in the CHNA while also being aligned with UMMS community health improvement initiatives and national, state and local public health priorities. The plan was also developed to be responsive to Maryland's health system transformation, including the increased focus on population health and community partnerships. This approach also helped to assure that we had the necessary infrastructure and resources to successfully implement our Community Benefit Plan.



Process

Our process included:

- Convening a Community Benefit Planning Committee to develop the Community Benefit Plan. This committee included UM BWMC clinical and administrative leadership.
- Reviewing CHNA data and UM BWMC Emergency Department, inpatient and ambulatory utilization data to inform the plan development.
- Reviewing community health improvement priorities identified during an UMMS Community Health Improvement Retreat held in May 2015.
- Reviewing the Maryland State Health Improvement Process (SHIP) priorities established as being important to improving the health status of all Marylanders (these are aligned with Healthy People 2020 national goals) and considering additional public health priorities identified by county, state and national governments and health organizations.
- Participating in the Healthy Anne Arundel Coalition's public meeting and prioritization process for determining the county's health improvement priorities and those to be addressed through the work of the Healthy Anne Arundel Coalition. The Coalition's priorities were identified as obesity prevention, prevention and management of behavioral health disorders, and access to care. An overarching goal of the Coalition is to reduce health disparities and meet the needs of vulnerable persons and communities. Other health improvement priorities that were identified included social determinants of health, chronic diseases (e.g. diabetes, heart disease, cancer) and infant health. The community input provided at this meeting was incorporated into our plan development.
- Identifying the infrastructure, staffing, clinical expertise and other resources at UM BWMC and in the community to support the successful implementation of community benefit strategies.
- Refining the plan with input from executive UM BWMC and UMMS leadership.
- Formally adopting the CHNA and Community Benefit Plan for FY16-18 by both the UM BWMC Community Benefit Board and the UM BWMC Board of Directors.

UM BWMC’s Selected Community Benefit Priorities

This process resulted in the following community benefit strategic priorities being identified for UM BWMC’s Community Benefit Plan.

- Chronic Health Conditions (Cancer, Cardiovascular Disease, Diabetes, Obesity/Overweight, Chronic Lower Respiratory Diseasesⁱⁱⁱ)
- Behavioral Health
- Maternal and Child Health
- Health Care Access and Utilization
- Community Support

An overarching theme is the reduction of health disparities among vulnerable populations.

The table below illustrates the synergies between UM BWMC, local, state and national priorities:

Table 5: Alignment of UM BWMC Community Benefit Priorities with Public Health Priorities

UM BWMC Community Benefit Priority	Healthy Anne Arundel Priority (Local Health Improvement Coalition priority)	Maryland SHIP Priority (aligned with Healthy People 2020 National Goals)
Chronic Health Conditions (Cancer, Cardiovascular Disease, Diabetes, Obesity/Overweight, Chronic Lower Respiratory Diseases)	Obesity Prevention – selected because it a major contributing factor to several chronic health conditions (diabetes, heart disease, cancer)	Healthy Living (healthy weight, physical activity, tobacco cessation, life expectancy) Quality Preventive Care (mortality rates for cancer and heart disease)
Behavioral Health	Prevention and Management of Behavioral Health Conditions	Healthy Communities (child maltreatment, domestic violence, suicide)
Maternal and Child Health	This is not an identified HAAC priority since it is being addressed by the county’s Fetal and Infant Mortality Review Community Action Team.	Healthy Beginnings (early prenatal care, low birth weight, sudden unexpected infant death rate, infant death rate)
Health Care Access and Utilization	Access to Care	Access to Health Care (persons with a primary care provider, uninsured ED visits) Quality Preventive Care (ED visit rates for ambulatory sensitive conditions, annual seasonal influenza vaccinations) Quality Preventive Care (cancer mortality rate drug-induced death rate, mortality rates for cancer and heart disease)
Community Support	Vision of “Healthy County, Healthy People”	Vision of “Healthier Maryland”

Within these priority areas, a number of potential health improvement strategies have been identified (as described in Section 4) to address community needs. Some of the strategies are the continuation or expansion of existing community benefit activities. Existing programs will be enhanced and expanded through new partnerships to expand their reach in the community, with an emphasis on reaching vulnerable populations. Other strategies are new initiatives that will be planned and implemented to address community needs.

The role UM BWMC will take in each implementation strategy will depend on a number of factors. Depending on the specific activity, UM BWMC will either take a leadership role, collaborating role or supportive role. When taking on a leadership role, UM BWMC will provide the leadership and devote the necessary resources to assure the success of the activity or initiative. Resources can include staff time and expertise, financial allocations, in-kind contributions. When serving in a partner role, UM BWMC will collaborate with other organizations to provide the leadership and/or resources for the activity or initiative. In a supportive role, UM BWMC recognizes the contribution to health and importance to the community, but does not have the organizational strengths or available resources to take on a key leadership or partnership role. In these instances, UM BWMC will provide assistance as resources are available.

Community Health Needs Not Selected as Community Benefit Priorities

Lack of affordable dental services, environmental health concerns and transportation barriers are community health needs identified through the CHNA not directly being addressed by UM BWMC. UM BWMC will support the advancement of community health improvement initiatives in these areas as feasible.

UM BWMC does not provide routine dental care at this time, but we do refer patients to low-cost dental clinics for care. We subsidize oral surgery on-call services and have oral surgeons on our medical staff. The Anne Arundel County Department of Health has applied for grant funding to divert patients presenting to the ED to providers in the community. Patients will be treated within 24-48 hours of their ED visit. Care coordination will be provided to prevent repeat ED visits. UM BWMC is supportive of this grant application and will assist with grant implementation, if awarded.

Environmental health concerns are being addressed by the Anne Arundel County Department of Health's Bureau of Environmental Health Services and other local environmental advocacy organizations.

Public transportation is not in the scope of services that UM BWMC can provide as a hospital; however, we do provide some transportation assistance through our care management program and our Transitional Care Center. We also provide transportation assistance for participants in our Stork's Nest prenatal education program. Anne Arundel and surrounding county governments are collaborating to expand access to public transportation in the Central Maryland region.

Section 4: Community Benefit Plan

UM BWMC's Community Benefit Plan is designed to be responsive to identified community health needs and be informed by evidence-based and promising practices for community health improvement. Our plan includes sustaining and expanding existing initiatives, as well as the development and implementation of new initiatives. We will build new relationships and strengthen existing partnerships to provide increased outreach to higher-risk individuals and communities.

Over the next three years, UM BWMC is planning to collaborate with the United Black Clergy and other community organizations to expand our reach to minority communities that are often impacted by health disparities. We will work with the United Black Clergy and other community partners to provide additional health education, health fairs, screenings and other activities at local churches and community centers. A sample listing of our community benefit partners is included as Appendix B.

UM BWMC staff consulted the following resources to ensure that our community benefit implementation strategies are consistent with best practices:

- Maryland Department of Health and Mental Hygiene's Model Practices Database: <http://dhmh.maryland.gov/ship/Pages/home.aspx>
- CDC Community Health Improvement Navigator: <http://www.cdc.gov/chinav/index.html>
- Healthy People 2020 Evidence-Based Resource Tool: <http://healthypeople.gov/2020/implement/EBR.aspx>
- National Prevention Strategy: <https://www.surgeongeneral.gov/priorities/prevention/index.html>
- Community Preventive Services Task Force's Guide to Community Preventive Services: <http://www.thecommunityguide.org/>
- Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community: http://www.cdc.gov/obesity/downloads/PA_2011_WEB.pdf
- Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables: http://www.cdc.gov/obesity/downloads/fandv_2011_web_tag508.pdf
- Association for Community Health Improvement: <http://www.healthycommunities.org/>
- The CDC Guide to Breastfeeding Interventions: http://www.cdc.gov/breastfeeding/pdf/breastfeeding_interventions.pdf
- Cancer Control PLANET: <http://cancercontrolplanet.cancer.gov>
- Substance Abuse and Mental Health Services Administration National Registry of *Evidence-based* Programs and Practices: <http://www.samhsa.gov/nrepp>

UM BWMC's Community Benefit Plan is a strategic framework that will be reviewed each year and adjustments will be made to the implementation strategies as appropriate based on community needs, available resources, best practices and lessons learned. Each year, state and federal regulations will be used to determine "what counts" as community benefit. Activities included in this plan will be included in community benefit reports based upon the applicable guidelines for the given reporting period. Activities that do not fall within the definition of community benefit may still be undertaken as part of UM BWMC's broader population and community health initiatives. This plan is not intended to be exhaustive description of UM BWMC's community health improvement initiatives.

Priority: Chronic Health Conditions (Cancer, Cardiovascular Disease, Diabetes, Obesity/Overweight, Chronic Lower Respiratory Diseases)

Goal: *Help community members prevent and manage chronic health conditions.*

Strategies:

- Provide community health education so that people have knowledge, tools and resources to prevent and manage chronic conditions. Specific activities may include:
 - *Preventing Diabetes* classes, *BWell* lecture series and other educational sessions
 - Participation at health fairs and community events
 - Articles in newsletters and newspapers
 - Social media postings
- Collaborate with the Anne Arundel County Department of Aging and Disabilities and other community partners to offer diabetes and chronic disease self-management classes.
- Provide screenings (e.g. blood pressure, vascular) in local communities to identify potential health problems when they are more treatable.
- Offer support groups (e.g. diabetes, stroke, cancer survivorship) for patients with chronic health conditions. Expand offerings for caregiver and bereavement support. Develop outreach strategies related to palliative care.
- Host smoking cessation classes and provide medication support.
- Provide subsidies to support the Transitional Care Center for vulnerable patients with chronic conditions. This clinic offers medical and social support services to assist patients with chronic disease management until they can be transitioned to the care of a primary care physician.
- Offer a variety of opportunities for individuals and communities to engage in healthy activities that can help prevent and manage chronic health conditions. Examples may include:
 - *Color Your Heart 5K Fun Run*
 - *Heartbeat for Health Event*
 - *Cancer Survivors Day*
 - *Mills Milers* walking program at Arundel Mills Mall
 - Exercise classes for adults, youth and stroke patients
 - Cooking classes and nutritional education and for populations such as cardiac and diabetic patients
 - *Weight of the Nation* screenings and facilitated educational discussions
 - Healthy Anne Arundel *Make Health Happen* events^{iv}



Key Partners:

- Healthy Anne Arundel Coalition (HACC)
- Anne Arundel County Conquer Cancer Coalition
- Health Care, Behavioral Health and Social Service Providers
- Anne Arundel County Government and Public Schools
- Non-profit, Community and Faith-Based Organizations
- Businesses and Chambers of Commerce
- American Cancer Society
- American Diabetes Association



Intended Outcomes and Metrics to Track Progress:

- Activity specific process measures and outcomes that demonstrate community health improvement, collaborations with partners and engagement of the communities we serve (e.g. number or participants, participant feedback, persons screened and screening results, class participants reporting quitting smoking)
- Decrease in overweight and obesity rates (SHIP and HAAC measures)
- Decrease in the percent of adults who smoke (SHIP measure)
- Decrease in Emergency Department visit rates for diabetes, hypertension and asthma (SHIP measures)
- Decrease in heart disease and cancer mortality rate (SHIP measures)



Priority: Behavioral Health

Goal: Help community members to prevent and manage behavioral health conditions.

Strategies:

- Provide community health education so that people have knowledge, tools and resources to prevent and manage behavioral health conditions. Specific activities may include:
 - *BWell* lecture series and other educational sessions, such as workshops to help people manage stress and anxiety
 - Participation at health fairs and community events
 - Articles in newsletters and newspapers
 - Social media postings
- Provide leadership and resource support to behavioral health initiatives in Anne Arundel County.
 - Healthy Anne Arundel Coalition
 - Bay Area Transformation Partnership
 - Overdose Support Services Program
- Offer Support Groups, such as the UM BWMC Mental Health Support Group, to help community members cope with effects of mental health. Explore offering substance abuse support groups. Expand offerings for caregiver and bereavement support.
- Expand outreach, educational and treatment services for the prevention and management of opioid misuse. Support expanded access to Narcan treatment for overdoses and medication assisted therapy to treat addiction. Develop community health strategies specific to neonatal abstinence syndrome.
- Offer behavioral health screenings (e.g. depression, anxiety) to help identify behavioral health concerns before a patients presents to the ED in crisis.
- Increase outpatient resources for behavioral health care, including integration with primary care. Subsidize the provision of behavioral health care services.
- Develop and implement a plan to expand sexual assault and domestic violence programs in the Emergency Department to provide comprehensive, patient-centered care and increase the availability of Sexual Assault Forensic Examiners (SAFE Nurses).
- Provide increased community outreach for violence prevention and treatment.

Key Partners:

- Healthy Anne Arundel Coalition (HAAC)
- Anne Arundel County Drug and Alcohol Council Workgroup
- Anne Arundel County Fatal Overdose Review Team
- Health Care, Behavioral Health and Social Service Providers
- Anne Arundel County Government Agencies and Public Schools
- National Alliance for the Mentally Ill – Anne Arundel County Chapter
- Non-profit, Community and Faith-Based Organizations
- Businesses and Chambers of Commerce



Intended Outcomes and Metrics to Track Progress:

- Activity specific process measures and outcomes that demonstrate community health improvement, collaborations with partners and engagement of the communities we serve (e.g. number or participants, participant feedback, persons screened and screening results)
- Decrease ED visit rates for mental health and substance abuse conditions (SHIP and HAAC measures)
- Decrease drug-related deaths.
- Decrease the suicide rate (SHIP and HAAC measures)
- Domestic violence rate (SHIP measure; this measure will be evaluated holistically – it is our hope that victims will feel safe and supported enough to admit their abuse which could cause visit rates to increase)

The screenshot displays the 'Physician Information Link' website for Anne Arundel County, Maryland. The main navigation bar includes 'Anne Arundel County Physician's Link' and 'Email Alerts'. A search bar is located in the top right corner. The left sidebar lists various service categories: Adult Addiction Services, Chronic Disease Prevention, Communicable Diseases, Emergency Preparedness, Family Health, Patient Resources, and Calendar. The main content area is titled 'Home - Pediatrician's Toolkit' and features the heading 'Pediatrician's Toolkit for Behavioral Health Resources'. Below the heading, a paragraph states: 'This web kit for healthcare providers contains early intervention, treatment and support tools that address mental health and substance use issues affecting children, adolescents and their families.' A feedback prompt follows: 'Your opinion is important. Please give us your feedback about this toolkit and website by [clicking here](#).' The central graphic consists of ten blue house-shaped icons arranged in two rows, each containing a resource category: Assessment and Screening, Awareness and Advocacy, Crisis Services, Family Support, Legal Services, Loss and Bereavement, Training Tools, Treatment and Recovery, and More Local, State and National Resources. The background of the graphic shows silhouettes of a family (two adults and a child) standing in a field of yellow flowers under a blue sky with clouds. At the bottom of the graphic, the text reads: 'Tools to Lay a Strong Foundation and Build a Healthier Future'.

This Pediatrician's Toolkit for Behavioral Health Resources was developed by the Health Anne Arundel Coalition with assistance from UM BWMC. A tool kit for adult primary care providers is under development.

Priority: Maternal and Child Health

Goal: Improve pregnancy, birth and early childhood outcomes.

Strategies:

- Provide community health education so that people have knowledge, tools and resources to take steps to become healthy before getting pregnant, have a healthy pregnancy and care for an infant. A particular emphasis will be placed on safe sleep education. During the first three months of 2016, there were four infant deaths related to unsafe sleep practices. There were five deaths in 2014-2015.
 - BWell lecture series and other educational sessions
 - Participation at health fairs and community events
 - Articles in newsletters and newspapers
 - Social media postings
- Increase enrollment in Stork's Nest and Esperando Bebé, incentive-based prenatal educational programs for women at risk for adverse pregnancy outcomes that continues to provide support until the baby celebrates his or her first birthday. This program places an emphasis on safe sleep practices.
- Offer a lactation support group to support increased initiation and duration of breastfeeding.
- Provide leadership to the county's Fetal and Infant Mortality Review and Community Action Teams. Support the implementation of recommended intervention strategies.
- Enhance offerings for bereavement support.
- Develop community health strategies specific to neonatal abstinence syndrome.
- Increase partnerships with faith-based leaders, particularly in minority communities.
- Partner with the Judy Center at Hilltop Elementary, a Title I school, to provide health education and resources to promote positive early childhood development. Topics include behavioral health, healthy eating, physical activity and open discussion of parental concerns.
- Continue to offer Safe Sitter classes and explore developing programs for single mothers and their partners.
- Provide physician subsidies for outpatient care and Emergency Department care.



Key Partners:

- Anne Arundel County Fetal and Infant Mortality Review Team and Community Action Team
- Health Care, Behavioral Health and Social Service Providers
- Anne Arundel County Government Agencies and Public Schools
- March of Dimes Maryland Chapter & Zeta Phi Beta - Rho Eta Zeta Chapter
- Assistance League of the Chesapeake
- Non-profit, Community and Faith-based Organizations
- Businesses and Chambers of Commerce



Intended Outcomes and Metrics to Track Progress:

- Activity specific process measures and outcomes that demonstrate community health improvement, collaborations with partners and engagement of the communities we serve (e.g. number of participants, participant feedback, birth outcomes of Stork's Nest participants)
- Decrease in low birth weight rate (SHIP measure and focus of the County's initiatives)
- Decrease in preterm birth weight rate (SHIP measure and focus of the County's initiatives)
- Decrease in Sudden Infant Death rate (SHIP measure and focus of the County's initiatives)
- Decrease in infant mortality rate (SHIP measure and focus of the County's initiatives)

Priority: Health Care Access and Utilization

Goal: Help patients obtain “The Right Care, at the Right Place, at the Right Time” and help eligible patients obtain financial assistance for health care services.

Strategies:

- Provide community health education so that people have knowledge, tools and resources to access care in a timely manner and in the appropriate setting of care based on patient acuity.
 - Potential educational topics include:
 - How to understand Medicare, Medicaid and commercial health insurance plan benefits (e.g. copays, coinsurance, in and out of network providers)
 - How to choose where to see health care services (e.g. primary care, urgent care, Emergency Department)
 - How to access community resources that can help prevent and manage chronic conditions
 - Potential educational strategies include:
 - *BWell* lecture series and other educational sessions
 - Participation at health fairs and community events
 - Articles in newsletters and newspapers
 - Social media postings
- Inform patients and family members of UM BWMC’s Financial Assistance Policy, help people apply for financial assistance, and provide financial assistance to eligible patients.
- Provide free flu vaccines in community settings.
- Offer a Transitional Care Center to connect patients with primary care providers, specialists and appropriate social services.
- Provide health care support services (transportation and other assistance) to vulnerable patients.
- Provide subsidies to increase the availability of health care providers in order to best meet identified patient and community needs related to the availability of health care services.
- Develop and implement strategies to increase health literacy among patients and providers
 - Revise important patient forms and educational materials to increase ease of understanding.
 - Educate providers on how to provide education to patients in a health literate manner (e.g. health literacy training video, health literacy policy, sample educational materials)
- Provide health profession education to grow the health care workforce. Explore opportunities to increase the multilingual provider workforce.
- Fund physician subsidies to meet identified community needs.



Key Partners:

- Healthy Anne Arundel Coalition
- Health Care and Social Service Providers
- Maryland Health Care Connection
- Maryland Health for All
- Anne Arundel County Government Agencies and Public Schools
- Non-profit, Community and Faith-based Organizations
- Businesses and Chambers of Commerce

Intended Outcomes and Metrics to Track Progress:

- Activity specific process measures and outcomes that demonstrate community health improvement, collaborations with partners and engagement of the communities we serve (e.g. number or participants, participant feedback, patients assisted and who obtained financial assistance)
- Increase in annual seasonal influenza vaccination rates (SHIP measure)
- Increase in percentage of adults reporting having a usual health care provider (SHIP and HAAC measure)

UM BWMC is right here to help you make the right choice for your health.

Your primary care physician is your partner for better health. They have your full medical history and understand your health and healthcare goals. But sometimes you need care in emergency situations. Don't know which treatment center is the right one for your case? Reference the quick guide below!

When to Visit Primary Care

- Sore Throat
- Cold & Flu Symptoms
- Headache
- Rash
- Eye Infections
- Earwax/Ear
- Cold/Allergy
- Urinary Infection
- Old Wound
- All Infections

When to Visit Urgent Care

- Injured or Bruised Bone
- Wound/Burn
- Wound/Cut/Protruding Object
- Allergic Reaction
- Spoken to Doctor

When to Visit Emergency Room

- Heart Problems or Heart Attack Symptoms
- Stroke Symptoms (Faced, Arm, Speech)
- Isentire or Chest Pain
- High Fever
- Eye or Head Injury
- Difficulty Breathing
- Significant Bleeding or Bleeding
- Severe Injury
- Severe Pain
- Severe Injury

When in Doubt, Dial 911

Visit mybwmc.org/emergency-medicine for more information.

UNIVERSITY of MARYLAND
BALTIMORE WASHINGTON
MEDICAL CENTER

Priority: Community Support

Goal: *Provide support to the communities we serve through community partnerships and coalitions, community-building activities and initiatives to address social determinants of health.*

Strategies:

- Support advocacy efforts and other initiatives related to social determinants of health.
- Provide in-kind contributions and cash donations to support community organizations.
- Participate in economic development initiatives by supporting the work of local chambers of commerce and other business development initiatives.
- Provide support to community organizations and schools.
 - Read for the Record
 - Science Fair judges
 - STEM Family Nights
 - Youth development programs
- Environmental improvements such as efforts to reduce environmental hazards and reduce health care facility waste.



Key Partners:

- Healthy Anne Arundel Coalition and other local committees and coalitions
- Health Care and Social Service Providers
- Anne Arundel County Government Agencies and Public Schools
- Non-profit, Community and Faith-based Organizations
- Businesses and Chambers of Commerce

Intended Outcomes and Metrics to Track Progress:

- Activity specific process measures and outcomes that demonstrate community health improvement, collaborations with partners and engagement of the communities we serve.
- Decrease in negative social determinants of health associated with poorer individual health status and lower community well-being.



Section 5: Community Benefit Annual Reporting

UM BWMC and UMMS also produce an annual report to the community on our community health improvement activities. This report is available on UM BWMC's web site at: <https://www.mybwmc.org/community-benefit>. Paper copies of this report are also distributed throughout the community.

Each December, UM BWMC submits an annual report on our community benefit activities and financial investments to the Maryland Health Services Cost Review Commission, a state regulatory agency. This report includes an accounting of community benefit activities conducted by the hospital and a narrative which supplements the financial report. The major community benefit categories covered in the report include: community health services, health professions education, mission-driven health services, research, cash and in-kind contributions, community building activities, community benefit operations and charity care/patient financial assistance. This agency also provides feedback to each hospital on how they can enhance their community benefit activities and reporting. The community benefit reports from each Maryland hospital are posted online by Maryland Health Services Cost Review Commission at <http://www.hscrc.state.md.us>. We also report our community benefit activities to the federal Internal Revenue Service on the IRS Form 990, Schedule H.

UM BWMC staff regularly report on the status of community benefit activities to the medical center's Community Benefit Board and the Board of Directors, as detailed in the Community Benefit Operations and Oversight portion of this document.



Section 6: Conclusion

UM BWMC's mission is to provide the highest quality health care services to the communities we serve. The keyword for our community benefit work is communities. We extend our services beyond the hospital walls and outside of our campus through partnerships with organizations throughout our community. UM BWMC is proud to be a leader in helping to connect community members with the medical, behavioral and social resources necessary to help them lead healthier lives.



UM BWMC, true to our mission, will always provide high-quality and compassionate health care services. However, it is our hope that our community benefit programs will help people lead healthier lives so that they can avoid repeat visits to the Emergency Department and prevent admissions to the hospital. As part of our commitment to provide the highest quality of health care services to the communities we serve, UM BWMC is working to ensure patients can receive the right care, at the right place and at the right time. As such, our programs strive to provide information and resources in both hospital and community settings.

As the health care landscape in Maryland and the United States places an increased emphasis on keeping people healthier and out of the hospital, UM BWMC is poised to be a leader in promoting population health through our community benefit activities. We are able to successfully address that challenge due to our strong relationships within the health care system and throughout our community. UM BWMC collaborates with patients, families, community and faith-based organizations, government agencies, health care and social service providers, businesses and others to respond to the needs of our community. We look forward to the continued engagement of our community and the development of new relationships in the successful implementation of this plan.

For more information about our community benefit activities, please visit <https://www.mybwmc.org/community-benefit>, send an email to bwmcpr@bwmc.umms.org or call 410-553-8103.



Appendix A: Financial Assistance Policy

Appendix B: Sample Community Benefit Partner List

Anne Arundel County Government Agencies, Schools and Coalitions

- Anne Arundel Community College
- Anne Arundel County Child Fatality Review Team
- Anne Arundel County Co-Occurring Disorders Steering Committee and Change Agent Committee
- Anne Arundel County Conquer Cancer Coalition
- Anne Arundel County Crisis Response
- Anne Arundel County Department of Aging and Disabilities
- Anne Arundel County Department of Health
- Anne Arundel County Department of Recreation and Parks
- Anne Arundel County Department of Social Services
- Anne Arundel County Drug and Alcohol Council Workgroup
- Anne Arundel County Executive’s Office
- Anne Arundel County Fetal and Infant Mortality Review and Community Action Teams
- Anne Arundel County Fire Department – Emergency Medical Services Division
- Anne Arundel County Mental Health Agency, Inc.
- Anne Arundel County Overdose Review Team
- Anne Arundel County Partnership for Children, Youth and Families
- Anne Arundel County Public Library
- Anne Arundel County Public Schools
- Anne Arundel County State’s Attorney’s Office
- Healthy Anne Arundel Coalition

Non-profit, Community and Faith-based Organizations

- American Cancer Society
- American Diabetes Association
- American Red Cross
- Arundel Community Development Services, Inc.
- Assistance League of the Chesapeake
- Boys and Girls Clubs of Annapolis and Anne Arundel County
- Community Foundation of Anne Arundel County
- Ellie’s Bus (Mental Health Awareness)
- Glen Burnie Improvement Association and other local neighborhood groups
- Leadership Anne Arundel
- March of Dimes Maryland Chapter
- NAACP Anne Arundel County
- National Alliance for the Mentally Ill – Anne Arundel County
- Restoration Community Development Corporation
- Safe Sitter
- Severna Park Community Center
- United Way of Central Maryland
- United Black Clergy
- Churches including Abundant Life Church, Asbury Methodist Church, Brooklyn Community United Methodist Church, Harundale Presbyterian Church, Heritage Community Church, Fresh

Start Church (Freetown)Light of the World Family Ministries, The Church at Severn Run and others

- YWCA Annapolis and Anne Arundel County
- Zeta Phi Beta Sorority – Rho Eta Zeta Chapter

Health Care, Behavioral Health and Social Service providers

- Hospitals
 - Anne Arundel Medical Center
 - MedStar Harbor Hospital
 - University of Maryland Medical System Hospitals
- Federal Qualified Health Centers
 - Chase Brexton Health Care
 - Total Health Care
- Hospice of the Chesapeake
- The Coordinating Center
- Primary Care, Behavioral Health and Specialist Providers
 - Advanced Radiology
 - CVS MinuteClinics
 - Hospice of the Chesapeake
 - University of Maryland Community Medical Group

Businesses and Chambers of Commerce

- Annapolis and Anne Arundel County Chamber of Commerce
- Arnold and Severna Park Chamber of Commerce
- Arundel Mills Mall
- Babies R Us
- BWI Business Partnership
- Northern Anne Arundel County Chamber of Commerce
- Northrop Grumman
- Pasadena Business Association
- West County Chamber of Commerce

Note: This list includes existing and planned collaborations.

ⁱ FY16 is July 1, 2015– June 30, 2016. FY17 is July 1, 2016 – June 30, 2017. FY 18 is July 1, 2017– June 30, 2018.

ⁱⁱ Maryland Health Services Costs Review Commission, FY16 Community Benefit Reporting Guidelines and Standard Definitions

ⁱⁱⁱ Chronic lower respiratory diseases include chronic obstructive pulmonary disease and asthma.

^{iv} *Make Health Happen* events have been by the Healthy Anne Arundel Coalition if they meet at least two of the following criteria:

- Physical Activity: minimum 30 minutes of physical activity
- Nutrition: program is designed for healthy nutrition, hydration, and/or communicating healthy eating habits
- Nature: minimum 30 minutes of a nature component
- Family Involvement: program is designed for family involvement
- Behavioral Health: program is designed for improving mental well-being