IV. Selecting Priorities

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

- 1) Mental Health (in collaboration with City hospitals)
- 2) Substance Abuse
- 3) Chronic Disease Management (CVD, Diabetes, HIV)
- 4) Maternal/Child Health
- 5) Violence Prevention
- 6) Workforce Development

V. Documenting and Communicating Results

The completion of this community health needs assessment marks a milestone in community involvement and participation with input from community leaders, the academic community, the general public, UMMS Baltimore City-based hospitals, and health experts. This report will be posted on the UMMC website under the Community Outreach webpage at https://www.umms.org/ummc/community-health. Highlights of this report will also be documented in the Community Benefits Annual Report for FY'18. Reports and data will also be shared with our community partners and community leaders as we work together to make a positive difference in our community by empowering and building healthy communities.

VI. Planning for Action and Monitoring Progress

A) Priorities & Implementation Planning

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

In addition to the identified strategic priorities from the CHNA, UMMC employs the following prioritization framework which is stated in the UMMC Community Outreach Plan. Because the Medical Center, serves the region and state, priorities may need to be adjusted rapidly to address an urgent or emergent need in the community, (i.e. disaster response or infectious disease issue). The CHNA prioritized needs for the

Sustained and Strategic Response Categories and the Rapid and Urgent Response Categories' needs will be determined on an as-needed basis.

UMMC will provide leadership and support within the communities served at 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, weather disasters – earthquake, blizzards, terrorist attack
- Urgent Response Urgent response to episodic community needs, i.e. H1N1/ Flu response
- Sustained Response Ongoing response to long-term community needs, i.e. obesity and tobacco prevention education, health screenings, workforce development
- Strategic Response Long-term strategic leadership at legislative and corporate levels to leverage relationships to promote health-related policy or reform and build key networks

Future Community Health Needs Assessments will be conducted every three years and strategic priorities will be re-evaluated then. Programmatic evaluations will occur on an ongoing basis and annually, and adjustments to programs will be as needed. All community benefits reporting will occur annually to meet state and federal reporting requirements.

B) Unmet Community Needs

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

Table 1 - UMMC Strategic Programs and Partners
FYs '19-'21

Maryland SHIP Vision Area	UMMC Priorities	UMMC Strategic Community Programs	UMMC Partners
Healthy Beginnings & Quality Preventive Care	Maternal/Child Health	Stork's Nest	March of Dimes, Zeta Phi Beta Sorority, Inc., B'More Healthy Babies
		Breathmobile	Baltimore City Health Dept, Kohl's Cares Foundation, Baltimore City Public Schools
Healthy Communities	Mental Health	Mental Health Conference, MH Screenings, MHFA	Mosaic Group, UMMC Dept of Psychiatry, UMMS Hospitals
	Trauma/Violence Prevention	Violence Prevention Program, Bridge Prgm, PHAT, My Future, My Career	Baltimore City Health Dept., Roberta's House, MIEMSS, Baltimore City Police, UMB Campus, Juvenile Services
	Safe Kids	Safe Kids (Helmets, Fire Safety, Car Seats)	Safe Kids, Baltimore City Fire Dept, Maryland Car Seat Safety Program
Quality Preventive Care	Substance Abuse	Drug Facts campaign, Provider education on prescribing practices, SBIRT, Naloxone	UMMC Pharmacy Dept, UMMC Opioid Steering Committee, Baltimore City Health Dept., Maryland Poison Control Ctr.
Healthy Living & Quality Preventive Care	Cardiovascular Disease/ Obesity/Diabetes/HIV	Farmer's Market, Kids to 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, & HIV) HIV/HCV Screenings	AHA, ADA, UMB Campus, MAC, CDC, UMMS, Farmers' Market Association, Hungry Harvest, Lexington Market, JACQUES, UMMC Center for Infectious Diseases, various Baltimore City Health Dept and other City agencies
Access to Healthcare & Healthy Communities	Workforce Development	Project Search, BACH Fellows, Youthworks, NAHSE, Healthcare Career Alliance, Urban Alliance	Baltimore City Public Schools, Baltimore Healthcare Career Alliance, Center for Urban Families, Dept. of Social Services, Mayor's Office of Employment Development



FY 19-21 Community Health Improvement Implementation Plan – Mental Health

1) Reduce t	he Emergency Depa	alto City (2016) =	8.5/100,000 population; ≽ MD 2017 Go ated to Mental Health– Balto City = 6,78 Actions Description		
suicide rate Reduce the ED visit rate r/t mental health	using the evidence- based program: Mental Health First	Health Ministry Leaders, Community members (adults	Mental Health First Aid (MHFA) is a course for lay public which assists the public in identifying someone experiencing a mental health or substance use-related crisis. Participants learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non- crisis situations, and where to turn for	Reach: 1) # of MHFA classes 2) # educated with MHFA 3) # of students assisted through programs in partner schools 4) # attending annual mental health conference	UMMC Department of Psychiatry, Mosaic Services, Faith Based Partners, UMSON (Dr. Lori Edwards)
Increase awareness in the community of mental health		<u>Staff Training</u> - Healthcare providers & staff	help. Trauma Informed-Care/Specific Interventions – Utilizing evidence-based programs to address specific needs identified in partner schools in West Baltimore. Co-sponsor annual Mental Health Conference annually for the community at large.	 <u>Outcomes:</u> 1) Participants' self- reported learning from post-test 2) # of referrals to care 3) Participant evaluations of conference 	
number of	Provide mental health screenings in the community with	West Baltimore	Provide free mental health screenings using the PHQ2 (then PHQ9 if +) tool in the community. Provide education and	Reach: 1) # of people screened in the community	UMMC Dept of Psychiatry

referred to appropriate mental health resources	referrals as needed		information on resources.	Outcomes: 1) # of positive screens 2) # of referrals	
Hospitals on one	Year 1 - Implement	,	Review data from Mosaic Group/CRISP to look for: - Health disparities -Ability to share treatment plan across institutions		Johns Hopkins Hospital, Sinai Hospital, St. Agnes Hospital, Mercy, Medstar, Mosaic Group, CRISP



FY 19-21 Community Health Improvement Implementation Plan – Substance Abuse

Priority Area: Substance Abuse Long Term Goals Supporting Maryland SHIP: 1) Reduce the Drug-induced Death Rate – Balto City = 57.4/100,000 population; ≽ MD 2017 Goal: 12.6/100,000 ≽ HP 2020 Goal: 11.3/100,000						
Annual Objective	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners	
Reduce the Drug-induced death rate	and information to community members on identifying substance abuse issues in the community	Faith Leaders, Health Ministry Leaders, Community members in West Baltimore, Partner Schools, Parent groups	campaign to educate and inform West Baltimore City residents about identification of substance abuse behavior and community resources	Facts info 6) # educated with Drug Facts info	UMMC Department of Psychiatry, UMMC Opioid Stewardship Task Force, UMMC Midtown Center for Addiction Medicine, UMMC Pharmacy Dept.	
	providers on scope	Licensed, prescribing healthcare providers	scope of opioid crisis and relevant prescribing practices utilizing Centers for		Above and Community healthcare providers	



FY 19-21 Community Health Improvement Implementation Plan - Maternal Child Health

Priority Area:	Maternal/Child Health

Objectives Supporting Maryland SHIP:

- 1) Reduce the percentage of births that are low birth weight (LBW): Balto City = 11.7% > MD 2017 Goal: 8.0% & HP 2020 Goal: 7.8%
- 2) Increase the proportion of pregnant women starting prenatal care in the 1st trimester: Balto City (2016) = 59.6% > MD 2017 Goal: 66.9% & HP2020 Goal: 77.9%
- 3) Reduce the ED visit rate due to asthma: Balto City (2016) = $224.8/10,000 \ge MD 2017$ Goal: 62.5/10,000
- 4) Reduce the pedestrian injury rate on public roads: Balto City (2016) = 181.7/100,000 ≥ MD 2017 Goal: 35.6/100,000 & HP2020 Goal: 20.3/100,000

20.3/100	,000				
Annual	Strategy	Target	Actions Description	Performance Measures	Resources/Partners
Objective		Population	•		
		· · · · · · · · · · · · · · · · · · ·			
Increase the	Provide education	Women in West	Stork's Nest prenatal education program		UMMC Department of
percentage of	and information on	Baltimore	is a free, points-based incentive program	# of women enrolled	OB/GYN, UMMC Family
babies born >37	healthy pregnancies,	Communities	for pregnant women and their partners.		Medicine, March of
weeks gestation	breastfeeding, and	delivering at	Women earn points when they complete	Outcomes:	Dimes, Zeta Phi Beta
	early infant care	UMMC	prenatal classes and keep prenatal visit	5) % of babies born> 37	Sorority,
Reduce the	hrough engaging,		appointments.		Faith Based Partners
percentage of	evidence-based			6) % of babies born > 2500	
births that are	program:		Implement 10 Steps best practices to	grams	
low birth weight	Stork's Nest			7) % of women initiating	
low birtir weight	Community		throughout the continuum of care. Offer	breastfeeding	
Increase the	Community			•	
	Broootfooding:		community breastfeeding support groups		
percentage of	Breastfeeding		to provide an additional resource		
women	Support Group		postpartum for sustained success.		
breastfeeding					
upon discharge					

Decrease the ED visit rate due to asthma (pediatric) Decrease hospitalizations due to asthma Decrease missed school days due to asthma		School-age children in Baltimore City Schools, primarily West Baltimore		 # of site visits # of individual students seen # of total visits <u>Outcomes:</u> 2) # of ED visits 3) # of Hospitalizations 4) # Missed school days 	UMMC Dept of Pediatrics, Baltimore City Public Schools, Baltimore City Health Dept, and Kohl's
Decrease number of fire- related deaths to children under 14 years of age Decrease the pedestrian injury rate on public roads Increase the percentage of correctly installed child safety seats Increase in participants' knowledge and awareness of fire safety, pedestrian safety, and child passenger seat safety	and information on	Pre-school and school-age children and their families in Baltimore City, primarily West Baltimore	safety, and child passenger safety. This	 # of encounters with children and/or families <u>Outcomes</u>: # of Fire-related deaths of children under 14 yrs 	UMMC Dept of Pediatrics, Baltimore City Public Schools, Baltimore City Health Dept., Baltimore City Fire Dept., MDH, MIEMSS Child Passenger Programs



FY 19-21 Community Health Improvement Implementation Plan – Chronic Disease Prevention

Priority Area: Chronic Disease – Cardiovascular Disease/Obesity

Long-Term Goals Supporting Maryland State Health Improvement Plan (SHIP):

1) Increase the proportion of adults who are <u>not</u> overweight or obese: Balto City (2016) : 33.5% > 2017 MD Target: 36.6%; HP 2020 Target: 33.9%

2) Reduce the proportion of adolescents (ages 12-19) with obesity: Balto City (2014): 17.1% ≥ 2017 MD Target: 10.7%; HP 2020 Target: 16.1% 3) Age adjusted mortality rate from heart disease: Balto City (2016): 236.3/100,000 age-adjusted 2017 MD Target ≥ 166.3/100,000; HP 2020 Target: 152.7/100,000

Annual	Strategy	Target Population	Actions Description	Performance Measures	Resources/Partners
Objective					
	Provide education		Engage targeted communities on	Reach:	Dr. Wallace Johnson,
		Priority Targeted	healthy lifestyles through the	1) # of campaigns	MD, UMMC Nutrition
	the importance of	Zips	sponsorship or provision of:	# of events featuring	Dept., UMMC/Midtown
a healthy weight	heart healthy		 Community-wide education 	information	Nursing, UMB Campus,
	lifestyle through		- Store Tours	3) # of people attending	ADA, AHA, Shopper's
	engaging,		 Cooking Classes/Demos/Tastings 	events	Food Warehouse, Buy-
Reduce the	evidence-based			4) # of classes	Rite, Giant, Hungry
	programs:		(Blood pressure, BMI/Weights, &	5) # of people attending	Harvest, Planet Fitness,
youth who are	Know Your		Cholesterol)	classes	Local Barber/Beauty
obese	Numbers,		 Exercise Demonstrations 		Shops, Faith
	Hypertension				Communities, Lexington
	Screening &		Provide Living Well with Hypertension	Outcomes:	Market
Reduce	Outreach		class monthly to community members	1) # of people screened	
emergency	Program,			2) % of referrals for	
department visit	Living Well with		Provide Living Well w/ Chronic Disease	abnormal findings	
rate due to	Hypertension,		Workshop twice/annually	3) % followed through for	
hypertension	Living Well with			follow-up	
	Chronic		Develop resource guide (pdf) to be used	4) % of participants with	
	Disease,		on website and for community events	normal BPs after referrals/	
	Maryland			intervention	
	Healthy Men,		Provide info on healthy weight resources	6)Self-reported knowledge/	
	BP Hubs		at every major outreach event:	awareness through	
			- Fall Back to Good Health	Pre/Post Participant Survey	
			- B'More Healthy Expo		

- Lexington Market Monthly Health Fair - Mobile Market -All Diabetes-related Events 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	Through	Adults & Children	Sponsor UMMC Farmer's Market:	Reach:	UMB Campus, BCPSS,
	engaging,			1) # of Farmer's Markets	UM BioPark, MTA, UM
	evidence-based		acceptance by vendors	held	Dept of Family
diets of the	programs,		 Pilot prescription program promoting 		Medicine, Hungry
population aged	1) Improve			WIC & SNAP vouchers	Harvest, UM Rehab
2 yrs and older	access to variety			3) # of educational materials	
	of fruits &			distributed	
	vegetables:			4) # of schools and children	
	Farmer's Market,			attending Kids to Farmer's	
Increase healthy	UMMC Mobile			Market Program	
food access	Market			5) # of F & V Prescriptions	
				distributed	
				6) # of Mobile Markets held	
	2) Promote			7) # of produce bags	
	awareness of		access to fresh fruits and vegetables		
	healthy ways to			8) Track zip codes of Mobile	
	prepare fruits &			Market recipients and report	
	vegetables:		- Provide access to healthy produce in		
	Kids to Farmer's			area	
	Market, Fruits &		using Mobile Van & Hungry Harvest		
	Vegetables			Outcomes:	
	Prescription		 Provide educational materials to 	1) \$ amount spent through	
	Program (pilot),		encourage use and purchasing of	WIC/SNAP benefits at FM &	
	Mobile Market		fresh produce	zip codes of purchasers	
				2) # of F & V prescriptions	
				redeemed	
				3) \$ of matching funds for F	
				& V Prescription Program	
				3) # of children trying a new	
				healthy food item at FM tour	
				4) Self-reported knowledge	
				in students participating in	
				FM program	
				5) Self-reported servings of	
				produce/day through survey	
				of Mobile Market	

Priority Area: Chronic Disease – HIV/HCV Prevention

Long Term Goal Supporting Maryland SHIP:

1) Reduce the incidence of HIV infection: Balto City (2016) = 53.7 /100,0000 > MD 2017 Goal: 26.7/100,000 Goals of the National HIV and AIDS Strategy (NHAS) and National Viral Hepatitis Strategic Plan

1. Reduce New HIV/HCV Infections

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	Performance Measures	Resources/Partners
Reduce	1a. Identify high risk HIV	Individuals at high	Provide PrEP information	Reach:	Institute of Human Virology,
new	negative individuals and refer to	risk for HIV per the	and referrals at various	# of community	STAR TRACK Adolescent HIV
HIV/HCV	campus-based HIV Prevention		community events	members	Clinic, University of Maryland
infections	(Pre-Exposure Prophylaxis -	guidelines ¹		referred to PrEP	PreP Taskforce, Baltimore City
	PreP) programs			clinics	Health Department
	1b. UMMC University and	Adults &	Offer free HIV/ HCV	# of community	Institute of Human Virology,
	Midtown Campuses will	Adolescents in	education and screenings	members	UMMC and UMMC Midtown
	coordinate community outreach	targeted West	in churches, seniors	screened for HIV	CHEC, UMB Office of
	activities in collaboration with	Baltimore Zip codes	centers, and various	annually	Community Engagement,
	IHV and the UMB Office of		community sites including	<i>и</i> с	DHMH, BCHD
	Community Engagement in		use of the UMMC	# of community	
	order to provide HIV and		Community Health Mobile	members	
	complementary services in areas		Van within various West	screened for	
	within the university's strategic		Baltimore targeted zip codes	HCV annually	
Inorogog	area	Detionto nouvlu		Outcomoo	Institute of Human Virelagy
Increase	2a. Identify community members with HIV/HCV who are not	Patients newly	Provide counseling,	Outcomes: # of community	Institute of Human Virology, UMMC and UMMC Midtown,
access to care and	engaged in care and refer to CID	diagnosed or not engaged in	education, and referral to those identified as HIV-	members HIV	UMB Office of Community
improve	clinic or JACQUES Linkage to	HIV/HCV care within	positive or HCV-positive	positive referred	Engagement, DHMH, BCHD
outcomes	Care Navigators for immediate	the last six (6)	positive of ficv-positive	to treatment/care	Engagement, Drivin, Bend
for people	access to medical and	months	Provide Living Well with		
living with	psychosocial services	montino	HIV Infection classes to the	# of community	
HIV and			community	members HCV	
HCV	2b.Offer 1 Cohort of LW w/ HIV		- contrainty	positive referred	
	class during 1^{st} year and 2			to care	
	Cohorts during 2 nd year				

¹ Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guidelines (2014). Accessible at http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf

Priority Area: Chronic Disease – Diabetes Prevention

Long-Term Goals Supporting Maryland Health Improvement Plan (SHIP):

1) Increase the proportion of adults who are <u>not</u> overweight or obese: Balto City (2016) : 33.5% > 2017 MD Target: 36.6%; HP 2020 Target: 33.9%

2) Maryland SHIP #27 – Reduce diabetes-related emergency department visits: Balto City (2014): 548.9/100,000 > 2017 MD Target: 186.3/100,000

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
awareness and healthy lifestyles to prevent and manage diabetes.	variety of year	six church	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	Reach:1) # host churches2) # participants recruited3) # support groups held4) # people attendingOutcomes:1) Attrition rate of attendeesfrom seminar 1-62) Self-reported learningfrom Pre& Post/survey3) #High risk identified andscreened for diabetes	ADA, Churches, UMMC, UMSOM, UMSOP
diabetes and heart disease.	individuals with T2DM to know	Adults, providers, LIP in the community within the target zips		 <u>Reach:</u> 1) # educational activities 2) # Participants of seminar 3) # social media hits 4) # website hits 5) # adults with completing the risk tool 6) #Cardiology referral 	SOM,UMMC,UMCDE
diabetes-related emergency department visits by 5%	community signs and symptoms of	Adults & Children	Engage targeted communities on hypo/hyperglycemia: - Participate in diabetes awareness - Advocacy - Community seminars on Diabetes Provide info on diabetes resources at outreach activities.	Reach: 1) # of participants 2) # of materials distributed per event and totals	UMSON, ADA, Bethel AME, Z-HAP, DHMH,UMMC, Faith Based Partners

proportion of		Priority Targeted Zips	Prevention Program: for people at risk with diabetes	Outcomes: 1) # of participants that	UMCDE,UMMC, ADA, AHA, JDRF, ST. MARK'S UNITED METHODIST CHURCH,HOPKINS,BC HD, UMMC, CDC
	Educate & engage community on the importance of daily physical activity guidelines using evidence- based research & programs		at every major event: • JDRF WALK • Waxter Center Heart Health Day		St. Mark's United Methodist Church, ADA, BCHD, Faith Based parters, UMMC
vegetables to the diets of the population aged 2 yrs and older	to variety of fruits & vegetables Promote awareness of healthy ways to prepare fruits &	Adults & Children	Spring series on Fruits & Veggies Matters with the on-site farmers market. 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 & or	 <u>Reach</u>: 1) # of participants per seminar 2) # of lbs of food distributed 3) # of nutrition series held <u>Outcome</u>: 1) % participants that increased fruit consumption 2) % participants that increased vegetable consumption 	Z-HAP Zeta Center, UMCDE, Urban Farmers, Gather Baltimore



FY 19-21 Community Health Improvement Implementation Plan – Violence Prevention

Priority Area: Violence Prevention Program									
Long Term Goals Supporting Maryland SHIP: Reduce the domestic violence rate: Baltimore City= 678.5 in 2015 ≽ MD 2017 Goal: 445/100,000; Baltimore City Goal: 610.7/100,000									
Reduce homicid Reduce firearm-	Long Term Goal Supporting Healthy People 2020: Reduce homicides: Baltimore City= 55.6 in 2017 ≽ 2021 Target: Decrease by 10%=50.0/100,000 (National Goal 5.5/100,000) Reduce firearm-related deaths: Maryland= 11.9/100,000 in 2015 ≽ 2021 Target: Decrease by 10%=10.7/100,000 (National Goal 9.3/100,000) 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	Performance Measures	Resources/Partners				
of recidivism due to violent injury and domestic violence.	through access to evidence-based programs: Violence Intervention Program (VIP) 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.	 Case workers enroll patients of violent injury at the bedside. Participants are offered weekly support group meetings after discharge. Participants receive services to help with employment, housing, mental health, substance abuse, and interpersonal skills. Bridge Program provides structured support and education to prevent repeated violence in the community. 24/7 response to victims seeking treatment in the hospital Safety planning and case management Individual counseling services and support groups 	 enrolled Number of participants completing program <u>Outcomes</u>: Re-injury rate (based on the Trauma Registry and state-reported criminal activity) Self-reported re-injury and self-reported criminal activity VIP Survey/ Bridge Survey and Program Evaluation Survey 	School of Nursing School of Social Work Community Engagement Center University Of Maryland Medical Center-Midtown Campus Baltimore City Police Department and several community partners : • Department of Juvenile Services • Department of Parole and Probation • Community organizations Maryland Network Against Domestic				

programs on th UMMC Midtowr Campus	health, substance abuse, safety planning, and interpersonal skills.	2)	Number of hires resulting from Turnaround Tuesdays a. Number of hires retained through 6 month	Violence Marriott Inner Harbor at Camden Yards Arden House (Anne Arundel County) Baltimore City Family Crimes
	Teens (PHAT) is held at the Shock Trauma Center or an on-site location as a single session workshop designed to expose youth to the consequences associated with poor decision-making, goal setting, and career planning. My Future – My Career is held at the Shock Trauma Center as a 6 week program, designed to engage youth who are at risk for either becoming victims and/or victimizing others. Students focus on goals for higher education and career opportunities. Healthy Teen Dating Relationships (#DatingGoals) is held in the classroom setting. This one hour presentation provides an overview of dating violence, its effects, and resources available to	1) 2) 3) 4) <u>Ou</u>		Baltimore City Public Schools, Promise Heights Community Department of Juvenile Justice Services Teen Court

Provide Stop the Bleed education to at least 1,000 individuals in the community	information regarding	West Baltimore Community City of Baltimore	 designed to educate the public on how to stop bleeding in a person with trauma. Developed by the American College of Surgeons and the Hartford Consensus, this 2-hour session includes lecture, demonstration, and skills practice. Prevention Matters is a monthly public service awareness campaign spearheaded by the Center for Injury Prevention and Policy. Each month, a fact sheet will be developed to inform the community about the prevention topic 	 <u>Reach:</u> 1) Number of people attended <u>Outcomes:</u> 1) Number of people certified <u>Reach:</u> 1) Number of hits to the Prevention Matters website, downloads of materials, referrals to UMMC services 2) Number of visitors to the monthly tables 	Memorial Episcopal Church Baltimore City Public Schools
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References

¹ Maryland State Health Improvement Process website: http://ship.md.networkofcare.org/ph/ship-detail.aspx?id=md_ship12 ² Calculated from 342 deaths in 2017 (1F) ³ https://www.healthypeople.gov/2020/data/map/4768?year=2015



FY19-21 Community Health Improvement Implementation Plan – Workforce Development

2) To addre Annual Objective	Strategy	Target Population	rojected growth occupations (Nursing, Nursin Actions Description	Performance Measures	Resources/Partners
To hire 50 job seekers annually from a diverse copulations connected to community partners with work readiness and technical training programs	Focus on entry-level high demand positions and act as a liaison between community partners to pipeline potential candidates	The unemployed and underemployed within West Baltimore Returning Citizens Displaced and/or dislocated adults/and youth	 Information Sessions (UMB CEC) Food Service Opportunities Environmental Service Opportunities Safety Observation Tech Security Humanim (Admin. Asst. Prog) Prescreen Candidates Engage in Mock Interviews Facilitate an Information Session Have resumes reviewed by recruiters ItWorks (PCT Training Program) Prescreen Candidates for Training Prescreen Candidates for Training Present How To Be A Success Facilitate class on Presenting Yourself on paper in person Provide Clinical Have recruiters schedule interviews for graduates Surgical Technician Trainee (BACH) BACH will vet through ESOL candidates to consider for this program. Participants will be interviewed by Surgical Tech Committee 2 Candidates will be considered for participation (13 month) Apprenticeship Program 	Reach: # of people served from West Baltimore <u>Outcomes:</u> # hired from the program	Center for Urban Families Marian House Mayors Office of Employment Developmen Department of Social Services Helping Up Mission Catholic Charities Sinai Hospital Turn Around Tuesday Southwest Partnership Humanim UMB CEC BUILD BAHEC

5 students annually from any of these programs	Partner with local colleges, high schools, and faith leaders to pipeline qualified applicants into the medical center	 Baltimore City Public High School Students Youth and Young Adults who reside in the West Baltimore targeted zip codes Local Colleges and University students 	 Provide High School Seniors majoring in CNA and Surgical Tech programs hands on clinical opportunities to qualify them to take their board exams and pipeline them into our workforce. 	<u>Reach:</u> 1) # of people served from West Baltimore <u>Outcomes:</u> # hired from the program	Baltimore City Public Schools Faith Leaders within the West Baltimore Targeted Zip codes Local colleges and universities within radius Edmondson High School Vivien T. Thomas Art Academy
	a workforce pipeline that leads to career opportunities for the youth of West Baltimore through 7 programs: Project Search,	youth	Provide essential skills training, career coaching, internships attend career days, and tours for program participants through 7 key programs: Project Search – One-year academic and internship program for Baltimore City high school seniors with disabilities YouthWorks – Summer jobs program, sponsored by the Mayor's Office, for Baltimore	 # of students enrolled in programs <u>Outcomes:</u> 1) # hired from the program 	National Association of Health Service Executives Project Search (Annie E. Casey Foundation) Baltimore Alliance for Careers in Healthcare Mayor's Office of

Building Steps, Urba	an public assistance	City Youth. The program provides a 6 week	Employment Development
Alliance,		internship for youth 14-21 years of age.	Income Foundation
Cristo Rey			Ingoma Foundation
		NAHSE – Eight-week internship program for	
		minority undergraduate and graduate students.	
		Interns with an interest in health administration,	
		health information technology, finance, marketing and human services are afforded the	
		opportunity to gain meaningful experience at the	
		hospital.	
		Building Steps - Helps minority high school	
		students become science and technology	
		professionals, internships and tours are	
		provided for student to explore their career	
		options	
		BACH Fellows – Provides rising high school	
		seniors a six-week, career-building workshop	
		and paid work experience in a hospital setting.	
		Urban Alliance – Provide students with	
		internships in professional settings such as law	
		firms, banks, hospitals, financial institutions and	
		non-profit organizations.	
		Cristo Rey – Provide high school students with	
		an interest in healthcare the opportunity to learn	
		and grow through entry-level jobs in STC.	