



# Community Health Needs Assessment and Action Plan Executive Summary FY2012

**June 2012** 

Approved by: UMMC Community Empowerment Team 6/14/12 Approved by: UMMC Board of Directors 6/28/12

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#### **Executive Summary**

#### Overview

The University of Maryland Medical Center (UMMC) serves Baltimore City and the greater metropolitan region, including patients with in-state, out-of-state, and international referrals for tertiary and quaternary care. UMMC is a private, non-profit acute care hospital and is affiliated with the University of Maryland School of Medicine, as well as the surrounding professional schools on campus. It is the second leading provider of healthcare in Baltimore City and the state of Maryland and has served the state's and city's populations since 1823.

In FY2011, UMMC provided care for 39,000 inpatient admissions, 20,000 inpatient and outpatient surgical cases, 187,000 outpatient visits, and 69,000 emergency department visits. Beyond the Medical Center's facilities in FY2011, the Community Empowerment Program provided over 65 health fairs in local faith-based organizations, schools, and community centers, 12 free influenza clinics in partnership with the Baltimore City Health Department, and 5 major health fairs/screening events with 1,412 encounters in the community. In addition, the Medical Center created a community outreach section on the public web site to announce upcoming community health events and activities as well as the annual Community Benefit Report.

#### Our Mission

The University of Maryland Medical Center (UMMC) exists to serve the state and region as a tertiary/quaternary care center, to serve the local community with a full range of care options, to educate and train the next generation to health care providers, and to be a site for world-class clinical research.

Our Vision: UMMC will serve as a health care resource for Maryland and the region, earning a national profile in patient care, education and research, strengthened by our partnership with the Schools of Medicine and Nursing.

Our Values: Excellence in Service, Respect for the Individual, Quality in Education and Research, Cost Effectiveness

Our Community Empowerment Mission: To empower and build healthy communities

#### **Process**

#### I. Establishing the Assessment and Infrastructure

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

Defining the Purpose Establishing and Scope the Assessment (Step 2) Collecting Infrastructure and (Step 1) **Analyzing Data** (Step 3) Six Step Community Health Assessment Process Selecting **Priorities** (Step 4) **Documenting Planning** for Action and and Communicating Monitoring Results **Progress** (Step 6) (Step 5)

Figure 1 - ACHI 6-Step Community Health Assessment Process

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

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

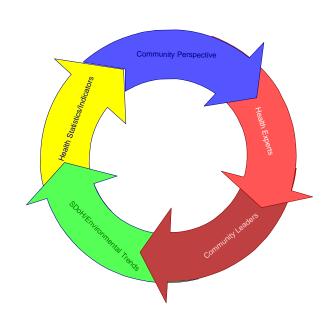


Figure 2 – 5-Step Assessment & Engagement Model

Data was collected from the five major areas illustrated above to complete a comprehensive assessment of the community's needs. Data is presented in Section III. of this summary. The UMMC participates in a wide variety of local coalitions including, several sponsored by the Baltimore City Health Department, Cancer Coalition, Tobacco Coalition, Influenza Coalition as well as partnerships with many community-based organizations like American Cancer Society (ACS), Susan G. Komen Foundation, Ulman Foundation, American Diabetes Association (ADA), American Heart Association (AHA), B'More Healthy Babies, Text4baby, and Safe Kids to name a few. This assessment report was approved by the UMMC CET and UMMC Board.

#### II. **Defining the Purpose and Scope**

#### **Primary Community Benefit Service Area**

To effectively reach the mission, the UMMC conducted a formal community health needs assessment (CHNA) during FY 2012. Despite the larger regional patient mix of UMMC, for purposes of community benefits programming and this report, the Community Benefit Service Area (CBSA) of UMMC is within Baltimore City.

The top seven zip codes within Baltimore City displayed in Figure 3 represent the top 66% of all Baltimore City admissions in FY'11. The additional three zip codes add and additional 14% of all city admissions to UMMC in FY'11 for a cumulative total of 80%. These 10 targeted zip codes are the primary community benefit service area (CBSA) and comprise the geographic scope of this assessment. See Figure 3 below.

**BALTIMORE CITY, MD. 2010 ZIP CODE AREAS** 21208 21234 21236 21239 21209 21212 21210 21214 21251 21206 21211 21218 21207 21213 21217 21216 21237 21205 21202 21287 21223 21281 21201 21229 21224 21228 21222 21227 21203 21279 21225 21222 21227 EN 21233 21283 E FAYETTE ST 21275 21225 SE PRATT ST 21226 21226 Dundalk 21201 Baltimore 21222 21202 Baltimore 21223 Franklin 21205 Baltimore 21224 Highlandtown POST OFFICE ZIP CODES 21206 Raspeburg 21225 Brooklyn 21207 Gwynn Oak 21226 Curtis Bay 21203 Baltimore 21278 Baltimore Pikesville Halethorpe 21208 21227 21233 Baltimore 21279 Baltimore 21209 Mt Washington 21228 Catonsville 21263 Baltimore 21280 Baltimore 21210 Roland Park 21229 Carroll 21264 Baltimore 21281 Baltimore 21230 Morrell Park 21211 Baltimore 21265 Baltimore 21283 Baltimore 21212 Govans 21231 Baltimore 21270 Baltimore 21288 Baltimore 21213 Clifton 21234 Parkville 21273 Baltimore 21290 Baltimore 21214 Baltimore 21236 Nottingham 21274 Baltimore 21297 Baltimore 21215 Arlington 21237 Rosedale 21275 Baltimore 21298 Baltimore 21216 Baltimore 21239 Northwood PREPARED BY THE MARYLAND DEPARTMENT OF PLANNING PLANNING DATA SERVICES DIVISION 21217 Druid 21251 Baltimore 21218 Baltimore 21287 Baltimore

Figure 3 – Top Baltimore City FY'11 Admissions to UMMC by Zip

Red = Top 66% of Baltimore City admissions, Green = Top 80% cumulative of **Baltimore City admissions to UMMC in FY'11** 

#### III. **Collecting and Analyzing Data**

#### A) Community Perspective

The community's perspective was obtained through two surveys offered to the public during health fairs throughout Baltimore City. A 6-item survey asked respondents to identify their top health concerns and their top barriers in accessing health care. A longer survey was also created and posted online on the public website.

#### Methods

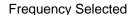
- 6-item written survey distributed to health fair participants in FY2012 (Short Form), N = 871
- 25-item online survey posted to <u>www.umm.edu</u> website for community to complete (Long Form)
- Attended neighborhood meetings hosted by the Baltimore City Health Department which discussed major health needs in discreet Baltimore neighborhoods within UMMC's CBSA.

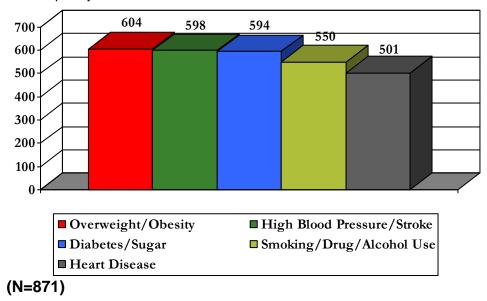
#### Results

Top 5 Health Concerns: (See Chart 1 below)
Overweight/Obesity
☐ High Blood Pressure/Stroke
☐ Diabetes/Sugar
☐ Smoking/Drug/Alcohol Use
☐ Heart Disease

Analysis by CBSA targeted zip codes revealed the same top health concerns and top health barriers with little deviation from the overall Baltimore City data.

**Chart 1 - Community's Top Health Concerns (All Baltimore City)** 

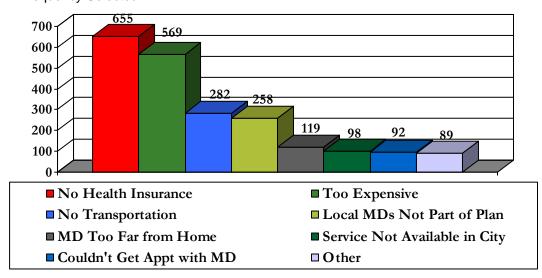




- Top 5 Barriers to Health Care: (See Chart 2 below)
  - No Health Insurance
  - Too Expensive
  - No Transportation
  - Local MDs Not Part of Plan
  - MD Too Far from Home

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

Frequency Selected



(N = 871)

#### **B)** Health Experts

#### Methods

- Hosted a campus-wide stakeholder meeting, including Schools of Medicine, Nursing, Social Work and UMB Community Affairs office
- Reviewed & included National Prevention Strategy Priorities, Maryland State Health Improvement Plan (SHIP) indicators, and Healthy Baltimore 2015 plan from the BCHD

#### Results

- National Prevention Strategy 7 Priority Areas
- SHIP: 39 Objectives in 6 Vision Areas for the State, includes targets for Baltimore City
- Healthy Baltimore 2015: Ten Priority Areas (See Figure 4)
- Health Expert UMB Campus Panel Focus Group Top Action Items included:
  - ☐ Improve communication and synergy across Campus schools and Medical Center
  - ☐ Include Medical Center on Community Action Council
  - ☐ Consider intensively working with 1 neighborhood to improve health and SDoH outcomes
  - ☐ Look for ways to partner and support each other

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

National Prevention Strategy: 2011 Priority Areas		Healthy Baltimore 2015
Tobacco Free Living	Healthy Babies	Promote Access to Quality Health Care for All
Preventing Drug Abuse & Excessive Alcohol Use	Healthy Social Environments	Be Tobacco Free
Healthy Eating	Safe Physical Environments	Redesign Communities to Prevent Obesity
Active Living	Infectious Diseases	Promote Heart Health
Injury & Violence Free Living	Chronic Diseases	Stop the Spread of HIV & other ST Infections
Reproductive & Sexual Health	Healthcare Access	Recognize & Treat Mental Health Needs
Mental & Emotional Well-Being		Reduce Drug Use & Alcohol Use
		Encourage Early Detection of Cancer
		Promote Healthy Children & Adolescents
		Create Health Promoting Neighborhoods

#### C) Community Leaders

#### **Methods**

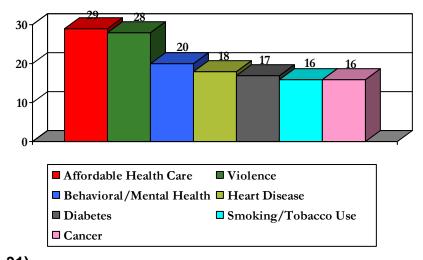
- Hosted a stakeholder meeting of faith-based leaders to include their communities' perspectives on health needs (October 2011)
- Participated in UMMS Community Partner Focus Group (April 2012)

#### Results

- #1 Serious Problem identified: 44.8% reported the need for Affordable Health Care (See Chart 3)
- #2 Serious Problem identified: 35.7% reported the issue of Violence
- Top 3 Moderate Problems in rank order:
  - Behavioral/Mental Illness
  - ☐ Heart Disease
  - Diabetes
- 86.7% of community get their health information from family & friends, 63% from Internet, 60% from church
- Top 3 Action Items:
  - ☐ Mobile Unit Screenings, Health Education, Community Engagement
  - ☐ Set up a "Green" Neighborhood as a Model
  - Mental Health

## Chart 3 - Faith Leaders Top Health Concerns of Community

Frequency Selected



(N = 31)

#### D) Social Determinants of Health (SDoH)

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

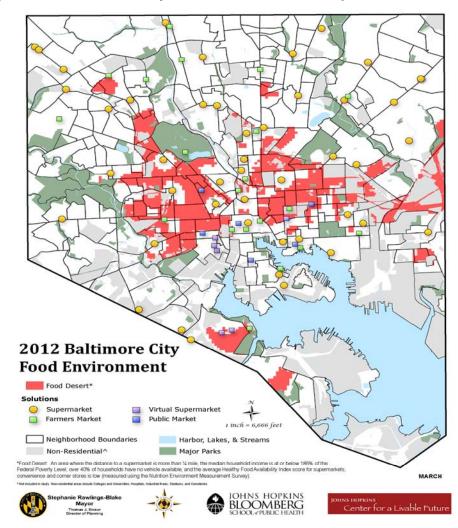
#### Methods

■ Reviewed data from identified 2011 Baltimore City Health Department's Baltimore City Neighborhood Profiles, Baltimore City Food Desert Map (See Figure 5)

#### Results

- Baltimore City Summary of CBSA targeted zip codes (See Appendix 1)
- Top SDoHs:
  - Low Education Attainment (52.6% w/ less than HS degree)
  - High Poverty Rate (15.7%)/High Unemployment Rate (11%)
  - Violence
  - Poor Food Environment (See Figure 5 below)

Figure 5 – Baltimore City Food Environment Map



# E) Health Statistics/Indicators Methods

Regularly review the following local data sources:

- Baltimore City Health Status Report
- Baltimore Health Disparities Report Card
- Baltimore Neighborhood Profiles

For national trends and data:

- Healthy People 2020
- Centers for Disease Control reports/updates
- F as in Fat: Executive Summary (RWJF)

#### Results

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

#### IV. Selecting Priorities

Analysis of all quantitative and qualitative data described in the above section identified these top six 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 Community Empowerment Team and validated with the health experts from the UMB Campus Panel.

- Obesity/Heart Disease/Diabetes
- Maternal & Child Health
- Workforce Development/Literacy
- Violence Prevention
- HIV Prevention
- Access to Care/Prevention (Cancer)

# 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 the UMMC website under the Community Empowerment section. Highlights of this report will also be documented in the Community Benefits Annual Report for FY'12. 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 CET agreed to incorporate our identified priorities with Maryland's State Health Improvement Plan (SHIP). 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 process 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. Haiti disaster, 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.

Table 1 - UMMC Community Needs Assessment Priorities & Outcomes FYs '13-15

Maryland SHIP Vision Area	UMMC Priorities	SHIP Outcome Objectives
Healthy Babies	Maternal/Child Health	<ol> <li>Reduce low birth weight (LBW) &amp; very low birth weight (VLBW)</li> <li>Reduce sudden unexpected infant deaths (SUIDS)</li> <li>Increase the proportion of pregnant women starting prenatal care in the 1<sup>st</sup> trimester</li> </ol>
Healthy Social Environments	Trauma/Violence Prevention	Decrease rate of alcohol-impaired driving fatalities     Decrease rate of distracted driving fatalities     Reduce rate of recidivism due to violent injury
Safe Physical Environments	Trauma Prevention Safe Kids	Decrease fall-related deaths     Reduce pedestrian injuries on public roads     Increase access to healthy foods (See below: Obesity)
Infectious Disease	HIV Prevention/Treatment	Reduce new HIV infections among adults & adolescents
	Influenza	Increase percentage of people vaccinated annually against seasonal influenza
Chronic Disease	Obesity/Heart Disease/ Diabetes	Increase the proportion of adults who are at a healthy weight     Reduce the proportion of children & who are considered obese     Increase access to healthy foods     Reduce deaths from heart disease     Reduce diabetes-related emergency room visits
	Cancer	Reduce overall cancer death rate     Reduce the proportion of adults who are current smokers
Healthcare Access	Workforce Development	Increase the proportion of persons with health insurance

#### **B) Unmet Community Needs**

Several additional topic areas were identified by the CET during the CHNA including: mental health, safe housing, transportation, and substance abuse. While the Medical Center will focus the majority of our efforts on the identified priorities outlined in the table above, 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 other health care organizations with our assistance as available. The unmet needs not addressed by UMMC will also continue to be addressed by key Baltimore City governmental agencies and existing community-based organizations.

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

Table 2 - UMMC Strategic Programs and Partners FYs '13-15

Maryland SHIP Vision Area	UMMC Priorities	UMMC Strategic Community Programs	UMMC Partners
Healthy Babies	Maternal/Child Health	Prenatal Education & Services	B'More Healthy Babies Stork's Nest, Text4Baby, UM SOM
Healthy Social Environments	Trauma/Violence Prevention	Violence Intervention Program (VIP)	Baltimore City Health Dept., Roberta's House
Safe Physical Environments	Trauma Prevention Safe Kids	Trauma Prevention B'More Safe Safe Kids Programming (Helmets, Fire Safety, Car Seats) B'More Prepared	MIEMSS  Safe Kids, Baltimore City Fire Dept, Maryland Car Seat Safety Program
Infectious Disease	HIV Prevention/Treatment	City Uprising	Jacques Initiative
	Influenza	Free Fall Flu Clinics, Flu Prevention Ed	BCHD Flu Coalition
Chronic Disease	Obesity/Heart Disease/ Diabetes	Farmer's Market, Get Fit Maryland, Get Fit Kids Obesity Prevention Initiative (Adults & Children)	AHA, ADA, UMB Campus, UMMS City Hospitals, various Baltimore City Agencies
	Cancer	Free Screenings - Mammograms/PAP Smears, Colorectal Smoking Cessation, Tobacco Prevention Ed	BCHD Cancer Coalition, BCHD Tobacco Coalition ACS, Komen Foundation, Ulman Foundation, UMMS City Hospitals, Red Devils, Leukemia & Lymphoma Society
Healthcare Access	Workforce Development	Project Search, BACH Fellows, STRIVE Program	Balto City Public Schools, ARC Baltimore, Dress for Success

Appendix 1 - Social Determinants of Health (SDoH) Summary Baltimore City 2011

SDoH	Baltimore City	Upton/ Druid	SW Balto	Mondawmin	Pimlico/ Arlington/	Allendale/ Edmondson	Wash Vill./ Morrell Park	Inner Harbor/ S. Balto
Socioeconomic		Hts	(24222)	(24246.9	Hilltop	(24220)	(24220)	(24220)
Characteristics		(21201)	(21223)	(21216 & 21217)	(21215)	(21229)	(21230)	(21230)
Median Income	\$37,395	\$13,388	\$27,158	\$34,438	\$29,031	\$33,112/34,814	\$42,504/39,931	\$72,692/69,625
Unemployment	Ψ07,000	Ψ10,000	Ψ27,100	φοτ,του	Ψ20,001	φου, ττ2/οπ,στπ	Ψ+2,00+/00,001	Ψ12,002/00,020
(% Unemployed)	11.0	17.5	19.6	10.2	17.0	15.4/12.2	12.3/5.8	2.5/4.7
Families in Poverty %	15.7	48.8	26.2	12.2	21.3	15.1/13.3	20.8/11.4	8.8
Education			-					
Kindergarten								
Readiness								
% "Fully Ready"	65	55.1	61.2	65.9	76.8	55.6/61.1	69.3/63.2	55.0/70.4
Adults w/ HS Degree								
or less - %	52.6	72.2	70.2	61.6	69.5	66.9/65.2	44.4/72.6	19.9/35.5
Community Built								
Environment								
Alcohol Store Density								
(#stores/10,000	4.0	0.0	44.0	F 4	<b>5</b> 0	4.0/4.0	7.0/4.4	4.7/0.4
people) Tobacco Retail	4.6	6.2	11.2	5.4	5.9	4.9/1.3	7.3/4.4	4.7/3.1
Density								
(#stores/10,000								
people)	21.8	39.0	51.4	27.8	32.2	17.9/12.7	50.9/17.6	38.1/18.7
Community Social	20	56.6	0111	21.0	02.2	1110/1211	00.071110	001171011
Environment								'
Homicide Rate								
(#of								
homicides/10,000)	20.9	37.9	44.2	31.1	27.9	22.2/19.0	23.6/4.4	6.2/0
Domestic Violence					_, -			
(# of incidents/1,000)	40.6	55.0	66.3	52.8	51.8	50.8/43.3	46.1/40.2	14.5/15.9

Housing	Balto City	Upton/ Druid Hts	SW Balto	Mondawmin	Pimlico/ Arlington/ Hilltop	Allendale/ Edmondson	Wash Vill./ Morrell Park	Inner Harbor/ S. Balto
Energy Cut-off Rate								
(# per 10,000/month)	39.1	45.2	79.6	62.6	73.2	58.9/61.2	45.8/15.5	3.3/8.0
Vacant Building Density (#of buildings/10,000 housing units)	567.2	1,380.5	2,081.5	844.9	918.7	344.4/251.9	1,028.7/1,109.8	49.2/103.7
Food Environment (# of/10,000 people)								
Fast Food Density	2.4	2.1	2.2	5.4	0	1.2/0	3.6/3.3	5.4/6.2
Carryout Density	12.7	16.4	24.0	11.8	18.6	6.8/1.3	20.0/12.1	21.0/9.4
Corner Store Density	9.0	12.3	25.7	10.7	12.7	6.8/8.9	14.5/5.5	4.7/10.9
Supermarket Proximity (by Car in min.)	3.7	1	2	3	2	3/.69	8/5	4/1
Supermarket Proximity (by Bus in min.)	12.3	1	8	11	8	8/29	22/11	11/3
Supermarket Proximity (by Walking in min.)	16.6	1	9	12	9	15/43	26/22	18/8

Source: Baltimore City Health Department (2011). 2011 Neighborhood Health Profile Report. www.baltimorehealth.org

Appendix 2 - Health Outcomes Summary Baltimore City 2011

Health Outcomes	Baltimore	Upton/	SW	Mondawmin	Pimlico/	Allendale/	Wash Vill./	I. Harbor/
Health Outcomes	City	Druid Hts	Balto	(21216 &	Arlington/	Edmondson	Morrell Park	S. Balto
	City	(21201)	(21223)	21217)	(21215)	(21229)	(21230)	(21230)
Life Expectancy at		(21201)	(21223)	21211)	(21213)	(21223)	(21230)	(21230)
Birth (in years)	71.8	62.9	65	69.6	66.8	68.5/71.6	68.6/70.8	77.1/73.3
Causes of Death	7 1.0	02.0	00	00.0	00.0	00.0/11.0	00.0/10.0	77.1770.0
(% of Total Deaths)								
1 – Heart Disease	25.8	26.5	26.4	24.9	26.8	28.9/27.4	26.6/26.1	27.5
2 - Cancer	20.8	17.5	20.2	19.5	18.9	20.3/22.6	21.8/19.8	20.0/26.3
Lung	6.3	5.5	7.0	4.3	5.5	6.2//7.1	8.9/5.7	6.7/9.7
Colon	2.1	1.8	1.6	2.1	3.2	2.1/3.3	1.7/2.5	1.8/2.9
Breast	3.2	1.5	2.7	4.6	2.6	3.1/3.3	1.8/2.6	1.3/2.8
Prostate	2.5	2.8	2.2	3.0	3.2	2.3/2.2	1.4	1.8/3.0
3 – Stroke	4.7	3.6	3.6	6.8	4.8	5.2/4.8	4.9/4.0	3.8/2.2
4 – HIV/AIDS	3.5	7.4	4.0	3.8	4.8	2.8/3.7	3.7/2.6	1.6/0.7
5 – Chronic Lower								
Respiratory Disease	3.5	1.4	2.6	2.4	2.1	2.8/3.7	5.5/7.4	8.9/6.5
6 - Homicide	3.4	5.0	4.3	4.3	3.4	3.8/2.9	3.1/0.7	0.4/0
7 – Diabetes	3.2	4.4	3.3	3.5	3.1	2.8/3.1	3.4/2.0	3.3/2.9
8 – Septicemia	3.1	3.6	3.1	2.9	4.3	2.7/2.5	4.1/2.9	3.3/1.8
9 – Drug Induced	2.8	4.1	5.0	3.3	2.5	2.7/2.1	2.7/3.8	1.6/2.9
Death								
10 - Injury	2.5	2.3	2.9	2.4	2.0	3.1/1.5	3.4/2.3	2.4/1.1
Maternal & Child								
Health								
Infant Mortality								
(per 1,000 live births)	12.1	15.0	13.6	18.5	14.9	15.0/10.0	12.6/6.2	5.1/8.8
Low Birthweight %								
(LBW < 5 lbs, 8 oz)	12.8	14.1	13.8	18.0	14.4	16.4/15.2	14.4/10.5	6.5/5.1
%Prenatal Care 1 <sup>st</sup> Tri.	77.3	71.4	71.6	68.4	72.2	79.4/77.7	84.4/81.9	91.6
% Births to Mothers								
Who Smoke	8.8	10.4	17.0	11.3	10.0	6.3/6.3	20.0/14.3	0.6/3.4

Source: Baltimore City Health Department (2011). 2011 Neighborhood Health Profile Report. www.baltimorehealth.org



# **Appendix 3 - Community Empowerment Action Plan**

Priority Area: Maternal/Child Health

Long Term Goal:

1) Maryland SHIP#3: Reduce the percentage of births that are low birth weight (LBW). (Balto City Baseline: 12.8% > 2014 Target: 8.5%)

2) Maryland SHIP#4: Reduce sudden unexpected infant deaths (SUIDS)

3) Maryland SHIP#6: Increase the proportion of pregnant women starting prenatal care in the 1st trimester. (Balto City Baseline: 75% >

2014 Target: 84.2%0

2014 Tal	2014 Target: 64.2%0										
Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners						
percentage of births that are low birth weight	Expand and support evidenced-based innovative prenatal programs		Expand B'More Health Babies to one additional community in West Baltimore with UM School of Social Work (Promise Heights Program)	Enroll 50 additional women in the program	UM School of Social Work, Promise Heights program						
	that reduce LBW in West Baltimore Communities		Support UM based Obstetrics program to expand "Centering" prenatal services	Enroll 75 additional women in the Centering Prenatal care Program	UMMC Department of OB/GYN Maryland General						
proportion of pregnant women starting prenatal	Educate women in West Baltimore to seek prenatal care within the 1 <sup>st</sup> trimester		Create innovative patient education materials to educate women on importance and benefits of starting prenatal care within 1 <sup>st</sup> Trimester  Distribute patient ed materials to	3 types of educational materials/campaigns developed  Communication /Education plan developed and implemented	Community Relations Dept of OB/GYN MD General CHES Program Family Medicine Faith Based Partners Morgan State University Stork's Nest						

**Priority Area: Violence Prevention Program** 

Long Term Goal:
Reduce the rate of recidivism due to violent injury. (Balto City Baseline: ➤ 2014 Target: Decrease by 10%)

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
	intervention program	Patients admitted due to violence over the age of 15 yrs	Provide case workers to enroll patient at bedside.	Reach:  • 200 copies of materials distributed  • 50 active clients  • 25 people attending group weekly	LCSW-C, Case /Outreach Worker
of recidivism due to violent injury			Offer weekly support group meetings after discharge.		
					Youth Engagement Coordinators
		Middle school teens in Balto City	Present Promoting Healthy Alternatives for Teens (PHAT) programs at Balto City	<ul> <li>1,000 copies of materials distributed</li> <li>40 Events attended</li> <li>4,000 people attending events</li> </ul>	

**Priority Area: Influenza Prevention** 

Long Term Goal:
1) Maryland SHIP#24: To increase the percentage of people vaccinated annually against seasonal influenza (Balto City Baseline: 37.4%≽2014

**MD Target: 61.5%)** 

Annual	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Objective	Chategy	ranger i opulation	Actions Description	1 100033 Medasules	1103001003/1 ditilers
Increase percentage of vaccinated people annually against seasonal	Expand access to free flu vaccines in targeted West Balto zip codes	targeted West	leaning cantage and various community	members appually	Baltimore City Health Department Influenza Coalition, CDC, DHMH
influenza			Provide 250 free vaccines to patients' families (during patients' hospitalization) during flu season.	250 UMMC family members/ public vaccinated	
				# of materials distributed	
	Educate on the importance of			# of events attended	
	receiving annual flu vaccines and immunize against the flu		Obtain materials from MPP and Centers for Disease Control (CDC) on the importance of flu vaccination for distribution in churches, senior centers, website, and community sites.	# of materials distributed	

Priority Area: HIV Prevention

Long Term Goal:

1) Maryland SHIP#20: Reduce new HIV infections (per 100,000) among adults & adolescents 13 yrs or older (Balto City Baseline: 94.6 ≥2014

Target: 30.4)

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
infections among adults and	Provide access to free HIV screenings in targeted West Balto zip codes	Adults & Adolescents in targeted West Baltimore Zips	seniors centers, and various community sites within various West Baltimore targeted zip codes  Partner with the JACQUES Initiative and	# of community members screened for HIV annually # of community members HIV positive referred to treatment	The JACQUES Initiative, CDC, DHMH, UMB Campus Schools
	Expand capacity of HIV prevention through partnership with the JACQUES initiative		others to provide free screenings in convenient community locations.  Provide counseling, educations, and referral to those identified as HIV positive		
	Educate community on the importance of HIV prevention, screening, and early treatment		Obtain materials from CDC, DHMH, and	# of materials distributed  # of events attended	

Priority Area: Chronic Disease – Obesity/Heart Disease/Diabetes

**Long-Term Goals:** 

Healthy People 2020 NWS 9 (LHI)- Reduce the proportion of adults who are obese

Healthy People 2020 NWS 10 (LHI) - Reduce the proportion of children and adolescents who are obese

Healthy People 2020 NWS 14 & 15 – Increase the variety & contribution of fruits & vegetables to the diets of the population aged 2 yrs and older

Healthy People 2020 PA 2.4 – Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity

- 1) Maryland SHIP # 30 Increase the proportion of adults who are at a healthy weight (Balto City Baseline: 33.1% ➤ 2014 MD Target: 35.7%)
- 2) Maryland SHIP #31 Reduce the proportion of youth (ages 12-19) who are obese (Balto City Baseline: 17.4% ➤ 2014 MD Target: 11.3%)
- 3) Maryland SHIP #25 Reduce deaths from heart disease (Deaths/100,000 age-adjusted) (Balto City Baseline: 259.7 ➤ 173.4)
- 4) Maryland SHIP #27 Reduce diabetes-related emergency department visits (Balto City Baseline: 823.7 ≻ 2014 MD Target: 330.0)

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Increase the proportion of adults who are at a health weight		age Immunity on the ortance of lithy weight ls using lenced-based	weight utilizing an interdisciplinary team  Engage targeted communities on healthy lifestyles: - Sponsor community meetings	event and totals # of campaigns	Verlyn Warrington, MD, Yvette Rooks, MD, UMMC Nutrition Dept., UMMC Nursing, UMB Campus, ADA, AHA
proportion of youth who are obese	programs		Develop resource guide (pdf) to be used	# of webpage hits	
				Pre/Post Participant Survey	
			Provide info on healthy weight resources at every major outreach event:  - Take a Loved One Event - Spring into Health Event		

	- B'More Healthy Expo - Diabetes Rally Week - Healthy City Days - Nurses' Week Lexington Market Fair		
Educate & engage community on the importance of daily physical activity guidelines using evidence-based research & programs	Re-initiate GFM for adults in community Provide pedometers to key community physicians for their practice  Provide group education to key community physician populations  Develop a prescription for fitness  Collaborate with Dept Parks & Rec to establish educational markers along key walking paths in city  Get Fit Kids Provide GFK to at least 3 elementary schools annually  Provide pedometers to key community physicians for children 10-18 yrs  Develop & distribute physical activity guidelines and resource info at every major outreach event:  - Take a Loved One Event - Spring into Health Event - B'More Healthy Expo - Diabetes Rally Week - Healthy City Days	# of elementary schools participating # of students participating # of webpage hits	Verlyn Warrington, MD, Yvette Rooks, MD
	Develop resource guide (pdf) to be used on website and for smaller community		

		events as handout		
Increase the	Improve access	Develop UMMC Diabetes/Weight Management Program	# of Farmer's Markets held	UMB Campus, BCPSS,
the diets of the population aged 2 yrs and older	& vegetables  Promote awareness of healthy ways to prepare fruits &	<ul> <li>Build in WIC and SNAP voucher acceptance by vendors</li> <li>Explore additional Farmer's market and food access options</li> </ul>		UM BioPark

**Priority Area: Chronic Disease - Cancer** 

#### Long-Term Goals:

1) Maryland SHIP #26 – Reduce the overall cancer death rate (Balto City Baseline: 216.8≽2014 Maryland Target: 169.2)
2) Maryland SHIP #32 – Reduce the proportion of adults who are current smokers (Balto City Baseline: 24.7%≽2014 Maryland Target: 13.5%)

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Reduce the overall cancer death rate	Increase access to free cancer screenings		Provide free cancer screenings for:	# of individuals screened for each category # of individuals referred for treatment for each category	Baltimore City Cancer Program
Reduce the overall cancer death rate	Educate community on cancer prevention	Adults	identified positive screenings  Provide info on smoking cessation, secondhand smoke & tobacco prevention at every major outreach event:  - Take a Loved One Event - Spring into Health Event - B'More Healthy Expo - Healthy City Days  Develop resource guide (pdf) to be used on website and for smaller community events as handout	Reach: # of materials distributed per event and totals # of campaigns # of events featuring information # of people attending events # of web page hits	Baltimore City Health Department Tobacco Coalition
Reduce the overall cancer death rate	Support community partners r/t cancer treatment & prevention		Partner with CBOs to provide education, funding & support of joint missions:  BCHD's Cancer Coalition ACS Komen Foundation Ulman Foundation	Amount of financial resources provided in \$ # of joint events/activities sponsored	Baltimore City Health Dept Cancer Coalition, ACS, Komen, Ulman Fund

Reduce the	Provide free smoking cessation & tobacco prevention resources to community	Adults	secondhand smoke & tobacco prevention at every major outreach event: - Take a Loved One Event - Spring into Health Event - B'More Healthy Expo - Healthy City Days  Provide free smoking cessation classes	Reach: # of materials distributed per event and totals # of campaigns # of events featuring information # of people attending events # of classes offered # of participants Quit Rate	Maryland Quit Line, Baltimore City Health Department

**Priority Area: Workforce Development** 

Long Term Goal: 1) Maryland SHIP#36: Increase the proportion of persons with health insurance (Balto City Baseline: 80.9 ≽2014 Target: 90.9)

Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Increase the proportions of persons with health insurance	workforce pipeline that leads to career opportunities for	Baltimore City at risk youth  2) Underemployed and unemployed	Provide training, coaching and employment for program participants		VSP Center for Urban Families Helping Up Mission Catholic Charities Sinai Hospital Mayors Office of Employment Development

Priority Area: Workforce Development

Long Term Goal: 1) Maryland SHIP#36: Increase the proportion of persons with health insurance (Balto City Baseline: 80.9 ≽2014 Target: 90.9)

Annual Objective	Strategy	Target Population		Process Measures	Resources/Partners
Increase employment diversity of underrepresente d groups in healthcare occupations			mentoring, interview training and job development	minority groups	Baltimore City Public Schools  Baltimore Alliance for Careers in Healthcare  Various Colleges and Universities  National Association of Health Service Executives  Project Search (Annie E. Casey Foundation)

Priority Area: Workforce Development

Long Term Goal: 1) Maryland SHIP#36: Increase the proportion of persons with health insurance (Balto City Baseline: 80.9 ≽2014 Target: 90.9)

A	011	Towns ( Bows letters	Astions Description	Daniel Management	D
Annual Objective	Strategy	Target Population	Actions Description	Process Measures	Resources/Partners
Increase non-	Participate in	1)Clients of one	Resume building, interview skill training,	Track and increase	Senator Ben Cardin
traditional		,	application assistance and soft skills	employees hiring efforts of	Career Fair
applicant flow	sponsored by	•	training.	job fair participants versus	
and direct hires			5	traditional recruitment.	Elijah Cummings Career
from	organizations and	graduates	training centers for advanced		Fair
underserved	job development		development.		
communities	centers.	0/5: 1			America Works
		3)Displaced			Community College of
	Provide employer based skills	manufacturing and labor skilled			Community College of Baltimore County
		workers			Baltimore County
	Community				St. Frances Academy
	partner facilities.				Community Center
					Mayors Office of
					Employment
					Development
					Helping Up Mission
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### Appendix 4 UMMC Community Empowerment Team Members

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#### **Appendix 5 Community Health Needs Assessment Partners**

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