University of Maryland Medical Center

University & Midtown Campuses

Supporting Our Communities

Community Health Improvement Report 2015
Mission, Vision, Values and Financial Assistance Policy

Mission
University of Maryland Medical Center (UMMC) is the academic flagship of the University of Maryland Medical System. Its mission is to provide health care services on its two campuses for the Baltimore community, the State of Maryland and the nation. In partnership with the University of Maryland School of Medicine and the University of Maryland health professional schools, we are committed to:

- Delivering superior health care
- Training the next generation of health professionals
- Discovering ways to improve health outcomes worldwide
- Empowering and building healthy communities

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

Values
Our values and culture are built on our five pillars:

- People
- Service
- Safety and Quality
- Stewardship
- Innovation

Financial Assistance Policy
Hospital care is available to all patients regardless of their race, color, national origin, age, gender or ability to pay. We recognize the financial needs of our patients and families who are unable to afford charges associated with medical care. Our Financial Assistance Policy follows the federal poverty guidelines and is based on household size and income. We may consider other financial assets and liabilities of the patient and family when determining the ability to pay.

The patient is responsible for providing information requested during the qualification process. Bills will continue to arrive until eligibility has been determined. For more information on or questions about our financial assistance policy, or to receive a copy of the application, please call 410-821-4140 Monday through Friday from 8 am to 6 pm.
A Message to Our Community

Our Long-Term Commitment to Rebuild, Reinvest and Renew our Community…

The civil unrest in Baltimore this past year highlights serious problems that have not been widely recognized. For many years, the University of Maryland Medical Center, with our community partners, have worked tirelessly to address persistent economic and health disparities in our city. However, much more needs to be done. There are no rapid solutions to the problems our community faces. There is agreement that unemployment, lack of education and affordable housing and inadequate transportation are underlying causes of many health disparities we have witnessed in Baltimore. Addressing these social needs with community, business and public partnerships can and will dramatically improve the health and well-being of our communities. We continue our long-term commitment to rebuild, reinvest and renew our city.

UMMC has focused on community health improvement efforts in the Baltimore community for over 30 years. We promote health and wellness outside of our walls to improve the quality of life of our neighbors. In fiscal year 2015, UMMC touched over 87,000 people in the community through health prevention screenings, lifestyle change management classes, information resources and referrals to primary care and social services. We are also proud of the 112 Baltimore City summer interns that we hosted and mentored last summer. We contributed a combined (both campuses) $245 million to community benefit programs and services, including over $66 million in charity care for patients who were unable to pay for their health care services. We remain committed to our pursuit of excellence, delivering state-of-the-art health care, and collaborating with our community partners and the city and state to eliminate health care disparities in Baltimore.

This year’s report highlights a few of the community health improvement services and workforce development initiatives we provided to the community, and we hope our dedication to making a positive difference in our communities is evident.

Thank you for your support of the University of Maryland Medical Center. We pledge to rebuild, reinvest and renew our communities and focus on health equity, both through our health care expertise and partnering with community, business and public institutions to rebuild our great city and its people.

On behalf of our leadership, dedicated staff and physicians, we thank you for your interest in the 2015 Community Health Improvement Report. We hope you share our pride in Baltimore and our confidence in the people and future of this great city.

John Ashworth
President and Chief Executive Officer
University of Maryland Medical Center

Brian Bailey
Senior Vice President and Executive Director
University of Maryland Medical Center
Midtown Campus

Dana D. Farrakhan, FACHE
Senior Vice President, Strategy, Community and Business Development
University of Maryland Medical Center

Anne D. Williams, DNP, RN
Director, Community Health Improvement
University of Maryland Medical Center, UMMC Midtown Campus and UM Rehabilitation & Orthopaedic Institute
The University of Maryland Medical Center (UMMC), with 800 beds, is the second-leading provider of health care services in Baltimore City and the state of Maryland, and has served the state’s and city’s populations since 1823.

UMMC Midtown Campus, part of the University of Maryland Medical System (UMMS), is a non-profit, 190-bed urban community teaching hospital located in midtown Baltimore with a network of services providing care to thousands of Baltimore residents. UMMC Midtown Campus has a long history of community service to some of Baltimore’s most vulnerable populations.

The Institute for Healthcare Improvement has emphasized the role that health care organizations will play in the future of the nation’s health by improving population health through its Triple Aim Initiative. This initiative advocates the simultaneous improvement of the patient experience of care (including quality and satisfaction), reduction in the per capita cost of health care, and improvement of the health of populations.

Community health improvement is a core element of population health, focusing on improving health outcomes in targeted populations. It does this by addressing priority health needs and social determinants of health with evidence-based initiatives, resulting in a positive change in health outcomes.

At UMMC and UMMC Midtown Campuses, we believe in and support this definition of population health and community health improvement in many ways. We provide health services to underserved populations, health education and screenings, financial and in-kind donations, career development, support groups, charitable care and a variety of clinics, to name a few services. We are committed to making a positive, sustained difference in the community at many levels.

Top photo: UMMC/Midtown Community Health Team: (front row) Anne Williams, Angela Ginn-Meadow, Jo-Ann Williams; (middle row) Asunta Henry, Karen Warmkessel, Dana Farrakhan, Robyn Palmiero; (back row) Justin Graves, Mariellen Synan, Cathy Ramsel, Lauren Davis.
Group classes are now held at UMMC’s Midtown Campus through the National Diabetes Prevention Program. Our Diabetes Prevention Program is recognized and supported by the Centers for Disease Control and Prevention.

The year-long program starts with four months of weekly classes for people who are screened and deemed as high-risk for diabetes. The classes cover many topics and vary from learning how to read food labels and understanding fat content to how to add 20 minutes of activity to the day and coping with stress. The group setting works well since the participants all have something in common, and they bond throughout the experience. They talk about their struggles to keep diabetes at bay. Patients have open dialogue about food choices, and they are learning to take charge of their own health. They are given food journals and activity trackers so they can write down what they eat and what they do. The journals are reviewed, and then instructors provide tips on how to do even better!

Today, one in three American adults is at risk of developing Type 2 diabetes. Diabetes is a serious condition that can cause heart attack, stroke, blindness, kidney failure and loss of toes, feet or legs. Losing weight and starting moderate physical activity can help reduce the risk of developing diabetes.

The participants are incentivized to continue the program. At 16 weeks, they become chefs as they get together for a cooking class, where they learn how to make a healthy whole-wheat pasta dish. The program then continues on a monthly basis for another six months.

The goal is that people decrease their weight by 7% at the end of the year. One woman was close to her goal by losing 22 pounds. She is quite vocal about how the classes taught her many things about keeping diabetes away! She also felt a great sense of accomplishment — as did many others.
Hypertension is typically more severe in African-Americans and develops earlier in life. With $51 billion spent annually on associated medical costs of hypertension in America, there is a real need to develop strategies to meet people where they live and work and engage them in an effort to reduce hypertension.

Using evidence-based research and initiatives coupled with community partnerships, the University of Maryland Medical Center launched the Maryland Healthy Men Program in January 2015. The program identified 440 African-American men with hypertension over a 21-month period. Underwritten by a grant from the Baltimore City Health Department as part of its Cardiovascular Initiative, the program’s primary objectives are to reduce the prevalence of hypertension in the participants and educate and empower the men to take control of their hypertension.

Our community partners include the American Heart Association, Center for Urban Families, Union Baptist Church, Shoppers Food Warehouse, Bi-Rite Super Market and the Druid Hill YMCA. Men who participate in the program are referred for assessment and treatment of their high blood pressure if they haven’t been seen by a health care provider. They also learn how to shop for healthier alternatives at the grocery store and how to prepare a heart-healthy meal at the American Heart Association’s Simple Cooking with Heart Kitchen. The men also can use the Druid Hill YMCA facility in Baltimore free of charge during the course of the program. They also receive their own blood pressure monitor to use at home, so they can learn how to monitor their pressure.

Moving beyond the hospital walls and into the community has engaged community partners in non-traditional ways in an effort to meet this tremendous need and has educated and empowered the men to take control of their health.
Consequently, homicide remains the leading cause of death among African-American males under 24 and the second-leading cause of death in Hispanics. For these reasons, violence prevention is a strategic community health priority for the University of Maryland Medical Center (UMMC).

The R Adams Cowley Shock Trauma Center (STC) is the primary adult resource center for trauma in Maryland. The STC admitted nearly 8,000 patients in 2014. Approximately 20% of the admissions were due to violence. In 2014, there were 211 homicides in Baltimore, and 173 of those homicides were African-American males. The rate of violent re-injury at most trauma centers is estimated to be as high as 45%. One of the leading risk factors for violent injury is a history of prior violent injury.

In 1998, Dr. Carnell Cooper created the Violence Intervention Program (VIP), after repeatedly treating victims and perpetrators of violence admitted into the STC. The VIP is a hospital-based violence-intervention program (HBVIP) that assists victims of violent injuries. Victims receive immediate assessment at the bedside from a social worker and/or case-worker, who assists with linkage to necessary resources and social support. Reaching a victim of violence in the hospital setting after a life-threatening event has shown to be an opportune moment to engage in intervention (Cooper, 2006).

In light of the recent unrest that overtook Baltimore in April 2015, the VIP continues to play an active role with patients who are admitted to STC due to a violent injury. The program also strives to empower Baltimore residents to become change agents within their individual neighborhoods.

Dr. Cooper and others conducted an evaluation of the VIP between 1999–2001. The study was the first randomized, prospective evaluation of an HBVIP. The VIP enrolled 100 patients at the bedside during the study. The VIP demonstrated a decline in violent re-injury, recidivism, jail time, cost of incarceration and unemployment in the intervention group, compared to the non-intervention group. UMMC is proud to continue its work in the community with the VIP to address this strategic community priority.
Montgomery had an eight-week internship at UMMC through the Healthcare Careers Alliance, a partnership between UMMC, Sinai Hospital and Civic Works that provides work readiness skills training, job training and career coaching. After completing her internship, Montgomery got a job in one of UMMC’s labs before moving to patient transport.

“I never would have gotten this opportunity if it weren’t for the Workforce Development office,” Montgomery said. “There are so many support systems in place. I was able to use my education benefits to get my certified nursing assistant certification. I am now enrolled at the Community College of Baltimore County and on my way to realizing my dream of becoming a nurse.”

Montgomery is just one of hundreds of Baltimore-area youth to be mentored in programs run or sponsored by WDCP, in partnership with the Baltimore City Mayor’s Office and other community groups. WDCP’s goal is to help community residents get health care jobs and to advance their careers. It does this by introducing youth to health care careers, creating opportunities for UMMC employees to learn new skills and providing employment opportunities for the unemployed and underemployed in the community.

“We owe it to the communities we serve to provide employment opportunities for the youth and adults who live here,” said Jo-Ann Williams, manager of UMMC’s office of Workforce Development and Community Partnerships. “To be competitive in the marketplace, we have to build a great team. And what better way to do this than by developing qualified health care workers who live right in our back yard. The programs we offer have been effective in mentoring and training young people so they have the necessary skills to succeed.”

UMMC’s offerings include training for high school students with developmental challenges and internship programs for minority college students interested in health administration and much more.

For more information on UMMC’s workforce development programs, go to our Community Outreach site – umm.edu/about/community, or contact Jo-Ann Williams at jwilliams@umm.edu.
Community Health Needs Assessment

To effectively achieve our community health mission, the University of Maryland Medical Center (UMMC) and UMMC Midtown Campus conducted formal Community Health Needs Assessments (CHNA) during fiscal year 2015. 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 University of Maryland Medical Center (UMMC) recognizes its commitment to leadership in Maryland and responds accordingly to urgent and immediate community needs, such as planning for and responding to natural and man-made disasters and communicable disease outbreaks. The majority of the community outreach strategic initiatives, however, target nine zip codes within Baltimore for both campuses that include some of the most vulnerable, underserved residents in Baltimore.

The comprehensive needs assessment was conducted using the Association for Community Health Improvement’s six-step Community Health Assessment Process as an organizing methodology. The UMMC/Midtown Community Health Improvement Team (CHI Team) conducted the CHNA with input from community leaders, the public, health experts and more. The UMMC/Midtown CHI Team adopted the following five-component assessment and engagement strategy to lead the data collection.

Community Perspective: A six-item survey queried Baltimore City residents to identify their top health concerns and their top barriers in accessing health care.

Health Experts: Reviewed and included National Prevention Strategy Priorities, Maryland State Health Improvement Plan indicators and the Healthy Baltimore 2015 plan from the Baltimore City Health Department. In addition, a University of Maryland Baltimore (UMB) stakeholder retreat in March 2015 was conducted which included University of Maryland Schools of Medicine, Nursing, Social Work and the UMB Community Engagement office.

Community Leaders: Hosted a focus group for community-based organization partners to share their perspectives on health needs.

Social Determinants of Health (SDoH)/Environmental Trends: The UMMC/Midtown CHI Team reviewed data from Baltimore Neighborhood Indicator Alliance, 2011 Baltimore City Health Department’s Baltimore City Neighborhood Profiles and the Baltimore City Food Desert Map.

Health Statistics/Indicators: The UMMC/Midtown CHI Team reviewed local and national data and trends.
Health literacy is a priority throughout all University of Maryland Medical System (UMMS) hospitals and will be adapted to meet the unique literacy issues facing the respective communities served by UMMS hospitals. The University of Maryland Medical Center (UMMC) and UMMC Midtown Campus will focus on improving health literacy within Baltimore City in collaboration with other partner hospitals and organizations. The two UMMC sites identified strategic community priorities which drive community outreach programming and partnerships over the next three years.

**UMMS Strategic Priority — Health Literacy**

**UMMC Strategic Community Priorities**
- Cardiovascular Disease
- Workforce Development
- Maternal and Child Health
- Violence Prevention

**UMMC Midtown Campus Strategic Community Priorities**
- HIV Prevention
- Substance Abuse
- Diabetes Prevention

In accordance with the federal requirements outlined in the Patient Protection and Affordable Care Act (ACA), a formal community health needs assessment will be conducted again for both campuses in fiscal year 2018 and every three years thereafter to identify changing community needs and strategic priorities. To review the entire Community Health Needs Assessment from fiscal year 2015 with Implementation Plans, go to:

UMMC: umm.edu/about/community/needs-assessment

UMMC Midtown Campus: ummidtown.org/about/community-outreach
# Community Benefits Financial Contributions for Fiscal Year 2015

## UMMC University Campus

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<tr>
<th>Category</th>
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<th>FY 2013</th>
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## UMMC Midtown Campus

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## Community Benefits Contributions

(Dollars in millions)

- **UMMC University Campus**
  - FY 2011: $130,703,634
  - FY 2012: $132,771,968
  - FY 2013: $136,625,785
  - FY 2014: $138,638,651
  - FY 2015: $143,343,728

- **UMMC Midtown Campus**
  - FY 2011: $18,228,905
  - FY 2012: $18,771,000
  - FY 2013: $20,161,221
  - FY 2014: $21,200,417
  - FY 2015: $22,790,389

**TOTAL COMMUNITY BENEFIT**

- UMMC University Campus: $207,723,792
- UMMC Midtown Campus: $38,357,586
- **Total Community Benefit**: $246,081,378

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*Note: The Community Benefits Financial Contributions for Fiscal Year 2015 reflect the financial contributions made by the University of Mississippi Medical Center (UMMC) to support community health and welfare in both the University and Midtown Campuses.*