

**University of Maryland St. Joseph Medical Center Community Health Improvement Implementation Plan
FY22-24**

Priority Area: Physical Health		
Objective	Action Items	Metrics
Increase the number of adults with a usual primary provider (HP 2030).	<ul style="list-style-type: none"> ▪ St. Clare Medical Outreach- provides preventative and primary medical care to underserved populations ▪ Recruit primary care providers 	<ul style="list-style-type: none"> ▪ # of patients served by St. Clare Medical Outreach ▪ PCP new patient panel size
Reduce the number of diabetes cases diagnosed yearly (HP 2030).	<ul style="list-style-type: none"> ▪ Continue National Diabetes Prevention Program- an evidence-based lifestyle change program ▪ Increase participation and referrals for the National Diabetes Prevention Program ▪ Offer support groups and education 	<ul style="list-style-type: none"> ▪ # of NDPP participants ▪ # of NDPP completers ▪ Percent of program participants that lose 5-7% of body weight ▪ # of referrals to NDPP ▪ # of support group participants
Reduce the mortality rate from heart disease and stroke.	<ul style="list-style-type: none"> ▪ Heart Failure Clinic- provides multidisciplinary care to those lacking access to specialty care ▪ Partner with local EMS to support education ▪ Offer screenings and education 	<ul style="list-style-type: none"> ▪ # served in Heart Failure Clinic ▪ # of screenings ▪ # of educational programs and events ▪ # of participants
Reduce the overall cancer death rate (HP 2030).	<ul style="list-style-type: none"> ▪ Offer screenings for early detection and education for prevention ▪ Cancer Institute Wellness and Support Center- provides survivorship programs and services 	<ul style="list-style-type: none"> ▪ # of screenings ▪ # of cancer cases detected ▪ # of survivorship services offered ▪ # of participants in survivorship services
Reduce the rate of emergency department visits due to falls among	<ul style="list-style-type: none"> ▪ Continue Stepping On- free seven week evidence-based fall prevention program 	<ul style="list-style-type: none"> ▪ # of programs offered ▪ # of participants

older adults (HP 2030).	<ul style="list-style-type: none"> ▪ Continue Tai Ji Quan: Moving for Better Balance- free 12 week evidence based fall prevention program ▪ Offer bone density screenings and education ▪ Partner with the Department of Aging to support state and county fall prevention events and initiatives 	<ul style="list-style-type: none"> ▪ Confidence and activity levels of participants measured pre and post series
Increase the proportion of adults who do enough aerobic and muscle-strengthening activity (HP 2030).	<ul style="list-style-type: none"> ▪ Continue free yoga classes ▪ Partner locally to promote access to physical activity programs and reduce barriers 	<ul style="list-style-type: none"> ▪ # of physical activity programs offered ▪ # of participants
Increase the proportion of persons who are vaccinated annually against seasonal influenza (HP 2030).	<ul style="list-style-type: none"> ▪ Offer free community flu vaccination clinics ▪ Partner with community organizations to educate and promote seasonal flu vaccination 	<ul style="list-style-type: none"> ▪ # of flu immunizations administered ▪ # of community sites and partners

Priority Area: Behavioral Health		
Objective	Action Items	Metrics
Increase the proportion of people with substance use and mental health disorders who get treatment for both (HP 2030).	<ul style="list-style-type: none"> ▪ Behavioral Health Center- supports counseling, medication adherence, and transition back to community ▪ Mental health counseling delivered at St. Clare Medical Outreach ▪ Use of Peer Recovery Specialists ▪ Offer Chronic Pain Self-Management Classes ▪ Promote and support UMMS Mental Health education series ▪ Continue to partner with Baltimore County Department 	<ul style="list-style-type: none"> ▪ # of individuals served ▪ Readmission rate ▪ # of Chronic Pain classes and participants

	<p>of Health and other area hospitals/ organizations to promote access to mental health and addiction services</p> <ul style="list-style-type: none"> ▪ Support the Greater Baltimore Regional Integrated Crisis System (GBRICS)- a cross-county partnership to expand the capacity of mobile crisis teams and community-based providers to reduce police interaction and overreliance on emergency departments 	
Reduce current tobacco use in adolescents and adults (HP 2030).	<ul style="list-style-type: none"> ▪ Partner with Baltimore County Department of Health on smoking cessation and youth education efforts 	<ul style="list-style-type: none"> ▪ # of educational events supported

Priority Area: Health Disparities		
Objective	Action Items	Metrics
Identify and address barriers to care.	<ul style="list-style-type: none"> ▪ Transitional Care Clinic- delivers multidisciplinary care to high risk patients with barriers to care ▪ Screen for social determinants of health ▪ Partner locally to help those with barriers obtain health insurance and care 	<ul style="list-style-type: none"> ▪ # of individuals served ▪ Readmission rate ▪ # screened and connected to resources
Reduce language barriers.	<ul style="list-style-type: none"> ▪ Partner with Nueva Vida as a trusted source of information and support for screenings ▪ Per policy, utilize language services for all UM SJMC patients identified with language barriers ▪ Increase the use of bilingual staff and literature for 	<ul style="list-style-type: none"> ▪ Use of translation and interpretation services ▪ # of events and resources offered in other languages

	community screenings and programs	
Reduce transportation barriers.	<ul style="list-style-type: none"> ▪ Provide transportation assistance as needed ▪ Offer programs, screenings and immunization clinics at trusted community sites ▪ Continue offering virtual programs ▪ Continue telehealth services 	<ul style="list-style-type: none"> ▪ Investment in transportation support ▪ # of offsite programs ▪ # of virtual programs
Support health literacy and health resource awareness.	<ul style="list-style-type: none"> ▪ Promote and support UMMS Let’s Talk About Health Series ▪ Maintain Patient Family Resource Center ▪ Support regular and robust partner communications on local events and resources ▪ Maintain active involvement in the following coalitions and workgroups: <ul style="list-style-type: none"> ○ Baltimore County Local Health Improvement Coalition ○ State Cancer Control Plan Workgroup ○ Age Friendly Baltimore County ○ Smoke Free Baltimore County ○ Maryland Falls Free Coalition ○ Northern Networking Committee 	<ul style="list-style-type: none"> ▪ # of programs ▪ # of participants
Increase employment among the working-age population (HP 2030).	<ul style="list-style-type: none"> ▪ Continue to support Humanim Start on Success program- providing high school and college students with disabilities the opportunity to participate in paid internships to gain skills and confidence in the workplace ▪ Continue to support Cristo Rey Corporate Integrity Program- providing a monetary donation and placements for student interns ▪ Partner with local schools to serve as internship sites for 	<ul style="list-style-type: none"> ▪ # of students hosted

	<p>accredited programs</p> <ul style="list-style-type: none"> ▪ Support student shadow experiences 	
<p>Reduce household food insecurity and in doing so reduce hunger (HP 2030).</p>	<ul style="list-style-type: none"> ▪ Partner locally for healthy food access efforts ▪ Expand Caring Cupboard to serve employees, patients, and community members 	<ul style="list-style-type: none"> ▪ Investments in local food security efforts ▪ # of families served