Mercy Medical Center

2018 Community Health Needs Assessment & Implementation Strategy

The Sisters of Mercy welcome all people of every creed, color, economic and social condition.

Mercy

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June 6, 2018

ABSTRACT: Community health needs assessments (CHNA) and implementation strategies are required of tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act. The CHNA and implementation strategies create an important opportunity to improve the health of communities by ensuring that hospitals have the information they need to provide community benefits that meet the needs of their communities. They also provide an opportunity to improve coordination of hospital community benefits with other efforts to improve community health. On December 31, 2014, the Internal Revenue Service (IRS) published final rules implementing the "Additional Requirements for Charitable Hospitals" section of the Affordable Care Act (ACA). The hospital facility must "conduct" a community health needs assessment (CHNA) during the current taxable year or in either of the two taxable years immediately preceding such taxable year and an "authorized body of the hospital facility" must adopt an "implementation strategy" to meet the community health needs identified through the CHNA. Included in this document is Mercy Medical Center's CHNA and Implementation Strategy as approved by the Mercy Health Services Mission & Corporate Ethics Committee on June 6, 2018.

The Sisters of Mercy were founded by Catherine McAuley, who used her inheritance to build a refuge for homeless and abused women in Dublin, Ireland in 1827. For 143 Years, Mercy Medical Center has carried out the mission of the Sisters of Mercy.

Table of Contents

Executive Summary

Mercy Health Services is an independent, not-for-profit, mission-driven health system serving Baltimore since 1874. At its center is a general acute care teaching hospital affiliated with the University of Maryland School of Medicine located in the heart of downtown Baltimore. The Sisters of Mercy have sponsored Mercy since its healthcare operations began and Mercy has maintained a special, commitment to poor and underserved persons consistent with the mission of the Sisters of Mercy.

Mercy Medical Center is one of 13 hospitals in Baltimore City and one of 5 hospitals within the defined CHNA Community Benefit Service Area. It serves a unique role as a high-quality community hospital, providing a broad range of primary and secondary acute care services, as well as a preferred tertiary referral center providing services to patients from a broad geographic area.

Mercy generates most of its total revenue from regionally oriented, surgically focused specialty programs from patients from nearly every zip code across Maryland. However, when it comes to Community Health Needs and Community Benefit activities, Mercy has focused its attention and resources on a smaller geographic area that represents downtown and inner-city neighborhoods including medically underserved, low income, and minority populations. Mercy provides an array of specialized citywide support programs for these targeted populations including: lower-income pregnant women, individuals experiencing homelessness, substance abusers, and coordination with Federally Qualified Health Centers to meet community health needs. Mercy also houses a citywide forensic examination program for victims of sexual assault and a family violence program.

Baltimore City faces numerous social and economic challenges that negatively impact the overall health status of the population. Nearly 1-in-4 or roughly 142,000 persons in Baltimore live below the federal poverty line. Baltimore's economic challenges also translate to significant social challenges including high rates of violent crime and drug addiction. As a result, Baltimore City, especially Mercy's defined CHNA Community Benefit Service Area, suffers from higher rates of mortality and lower life expectancy. The top causes of death are cardiovascular disease, cancer, drug- and/or alcohol-related, and stroke. In addition, Baltimore City has higher rates of infant mortality and low birth weight births. Significantly more people die prematurely from all causes in the defined CNHA Service Area than in the City as a whole. Further, significant populations of individuals experiencing homelessness are found in Mercy's CHNA Community Benefit Service Area. The estimated life expectancy for individuals experiencing homelessness is only 48 years. Alcohol and drug addiction, mental health, and homelessness and housing were top health and social environmental problems identified by the local community.

Mercy's location in the middle of a disproportionately poor city presents challenges and health disparities that are not evident in other parts of Maryland. Mercy has identified areas of opportunity where the mission and strengths of the institution intersect with the unmet public health needs that merit attention. Consistent with feedback received from community representatives, Mercy intends to focus its resources specifically on interventions, programs, and initiatives to: Improve access to care for our homeless neighbors; Support victims of violence and addiction; Improve birth outcomes and pre-natal care; Expand access to preventative community health services such as primary care to improve outcomes and reduce total cost of care; Provide targeted health education opportunities to the public and support the education of future physicians, advance practice providers, nurses, and other healthcare workers who in-turn serve the community. Finally, Mercy has been successful in improving quality, lowering costs and responding to population/community needs by increasingly focusing on high-utilizer patients within the CHNA Service Area and beyond.

General Background

Mercy Health Services, Inc. (MHS), a Maryland nonstock corporation that has been determined by the Internal Revenue Service to be a tax-exempt organization described in Section 501(c)(3) of the United States Internal Revenue Code, owns and operates a health care delivery system in Maryland (the Health System). The Health System is a patient-centered, integrated system delivering high-quality, high-value health care services in various locations throughout the Baltimore metropolitan area and State of Maryland. MHS is the parent of Mercy Medical Center, Inc. (Mercy or MMC), a non-profit corporation, which owns and operates a 178-licensed bed general acute care teaching hospital affiliated with the University of Maryland School of Medicine. The MMC campus is located in the heart of Downtown Baltimore, Maryland. MMC is both a prominent community hospital, providing a broad range of primary and secondary acute care services, as well as a preferred tertiary referral center in certain select specialties. MMC is currently ranked the number three hospital in Maryland by *U.S. News and World Report*. MMC was also recently named a "high performing" hospital by *U.S. News and World Report* in five areas including: Hip Replacement, Knee Replacement, Colon Cancer Surgery, Chronic Obstructive Pulmonary Disease and Heart Failure.

History

The Sisters of Mercy have sponsored Mercy since its healthcare operations began in 1874 when six sisters of Mercy arrived in Baltimore to take charge of a health dispensary named Baltimore City Hospital. Established four years prior by the Washington University School of Medicine, the dispensary was located in a former schoolhouse at the corner of Calvert and Saratoga Streets. Mercy has had a continuing presence in downtown Baltimore since its founding. In 1999, the Sisters of Mercy and MHS entered into a formal Sponsorship Agreement. MHS is an independent health system governed by a 29 member self-perpetuating Board of Trustees comprised primarily of Baltimore area residents with deep roots in the local business, healthcare, and philanthropic communities.

Mission & Values

Like the Sisters of Mercy before us, we witness God's healing love for all people by providing excellent clinical and residential services within a community of compassionate care.

Dignity: We celebrate the inherent value of each person as created in the image of God. We respond to the needs of the whole person in health, sickness and dying.

Hospitality: From many religious traditions and walks of life, we welcome one another as children of the same God, whose mercy we know through the warmth, fidelity and generosity of others.

Justice: We base our relationships with all people on fairness, equality and integrity. We stand especially committed to persons who are poor or vulnerable.

Excellence: We hold ourselves to the highest standards of care and to serving all with courtesy, respect and compassion. Maintaining our involvement in the education of physicians and other healthcare professionals is a priority.

Stewardship: We believe that our world and our lives are sacred gifts which God entrusts to us. We respond to that trust by constantly striving to balance the good of all with the good of each, and through creative and responsible use of all our resources.

Prayer: We believe that every moment in a person's journey is holy. Prayer is our response to God's faithful presence in suffering and in joy, in sickness and in health, in life and in death.

2025 Vision

As an independent, innovative Catholic health system, we pledge to enhance the health of our region, with a special commitment to the poor and underserved, by offering:

- The hospital and health system of choice in our market;
- Integrated, cost-effective care across the continuum;
- A comprehensive ambulatory network readily accessible to everyone;
- Nationally and regionally recognized, patient-focused Centers of Excellence; and
- Leadership in clinical quality, customer experience, and value.

MMC Service Area

Mercy provides healthcare services to patients from a broad geographic area within the State of Maryland and beyond. Mercy's primary service area consists of the majority of Baltimore City and portions of Baltimore and Anne Arundel Counties. Mercy's secondary service area generally surrounds the Primary Service Area and includes the remaining portions of Baltimore City, portions of Baltimore County and a portion of Anne Arundel County. These service areas accounted for approximately 63% of Mercy's total discharges in the 12 months ended June 30, 2016. The remaining 37% of discharges originate from outside Mercy's traditional service areas, including patients from outside of Maryland. Due to its downtown location near several other hospitals, including two large Academic Medical Centers and two other multi-hospital health systems, Mercy is not the dominant hospital provider in any of the zip codes comprising Mercy's traditional service area. Further, Mercy Medical Center generates more than sixty percent (60%) of its total revenue from regionally oriented, surgically focused specialty programs (Centers of Excellence) drawing patients from nearly every zip code across Maryland.

While patients throughout Maryland seek-out Mercy's high-quality health services, it has traditionally focused its numerous community benefit programs and services on economically disadvantaged neighborhoods within Baltimore City, consistent with its long-standing special commitment to poor and underserved persons. This includes an array of specialized citywide support programs for lower-income pregnant women, individuals and families experiencing homelessness, substance abusers, coordination with Federally Qualified Health Centers to meet the community health needs. Mercy also houses a citywide Forensic Nurse Examiner (FNE) program for victims of sexual assault and a Family Violence Response Program. In FY2017, Mercy provided $53.0 million in Community Benefits representing 11.4% of total hospital operating expenses, including $14.4 million in Charity Care. According to the most recently available data (FY2016) Mercy ranks as the 10th highest hospital in percentage of operating expenses dedicated to Community Benefit among 52 Maryland hospitals reporting. Mercy ranks 3rd among 13 hospitals located in Baltimore City.

Baltimore's Challenges

Baltimore City faces numerous social and economic challenges that negatively impact the overall health status of the population. The City has suffered a dramatic decline in population, employment and wealth since the 1950s. Following the post-war industrial era, Baltimore City's population declined from 949,708 (1950) to 614,664 (2016 estimate), a 36% decrease. Likewise, its population rank among U.S. cities declined from 6th largest to 26th largest. Meanwhile, Maryland's total population grew from 2,343,001 to 6,052,177 during the same period, a 156% increase. As population, jobs and wealth migrated out to the suburbs and exurbs of the broader metropolitan area; Baltimore's poor remained, making the City a concentrated *"poorhouse for the region's minority poor,"* according to one urban scholar. Indeed, Baltimore's current unemployment rate stands at 6.1% (March 2018), well above Maryland's rate of 4.1% and the national rate of 4.1%. The City's Median Household Income is $ $44,262 (2016 dollars) compared to $76,067 for Maryland. Perhaps most poignantly, nearly 1-in-4 (23.1%) or roughly 142,000 persons in Baltimore live below the federal poverty line, more than double Maryland's poverty rate of 9.7% (including Baltimore City) and significantly higher than the national poverty rate of 12.7%. A staggering nearly one-half of Baltimore City residents live below 200% of the federal poverty line and more than one-third of children in Baltimore City live in poor households.

Not surprisingly, these economic factors; high unemployment, low income, and extraordinary levels of poverty often result in reduced access to health care, especially preventative treatment that could improve population health and limit potentially avoidable hospital utilization. While the Affordable Care Act has greatly expanded health insurance to the poor, an estimated 10.1% of individuals in Baltimore under age 65 lack health insurance coverage, according to the most recent available data from the U.S. Census Bureau's Small Area Health Insurance Estimates.

Linked to Baltimore's economic challenges are significant social challenges impacting community health, including high rates of violent crime and drug addiction. Baltimore has one of the highest violent crime rates among major U.S. Cities with a rate of 17.95 per 1000 residents. The Baltimore City Health Department estimates that roughly 60,000 Baltimore residents are suffering from drug addiction. The U.S. Drug Enforcement Agency reports Baltimore has the highest per capita heroin addiction rate in the country. In 2016, Baltimore City recorded 694 drug and alcohol-related deaths, representing more than a third of all intoxication deaths in the state.

Against this backdrop, Mercy has remained in Baltimore as a prominent community hospital for more than 143 years, serving the health care needs of Baltimore City's residents regardless of creed, color, economic or social condition. In 2010, Mercy rededicated its commitment to serving Baltimore City with the completion of a new, state-of-the-art replacement hospital, the Mary Catherine Bunting Center, representing a $400+ million investment in its downtown medical campus in the heart of Baltimore City.

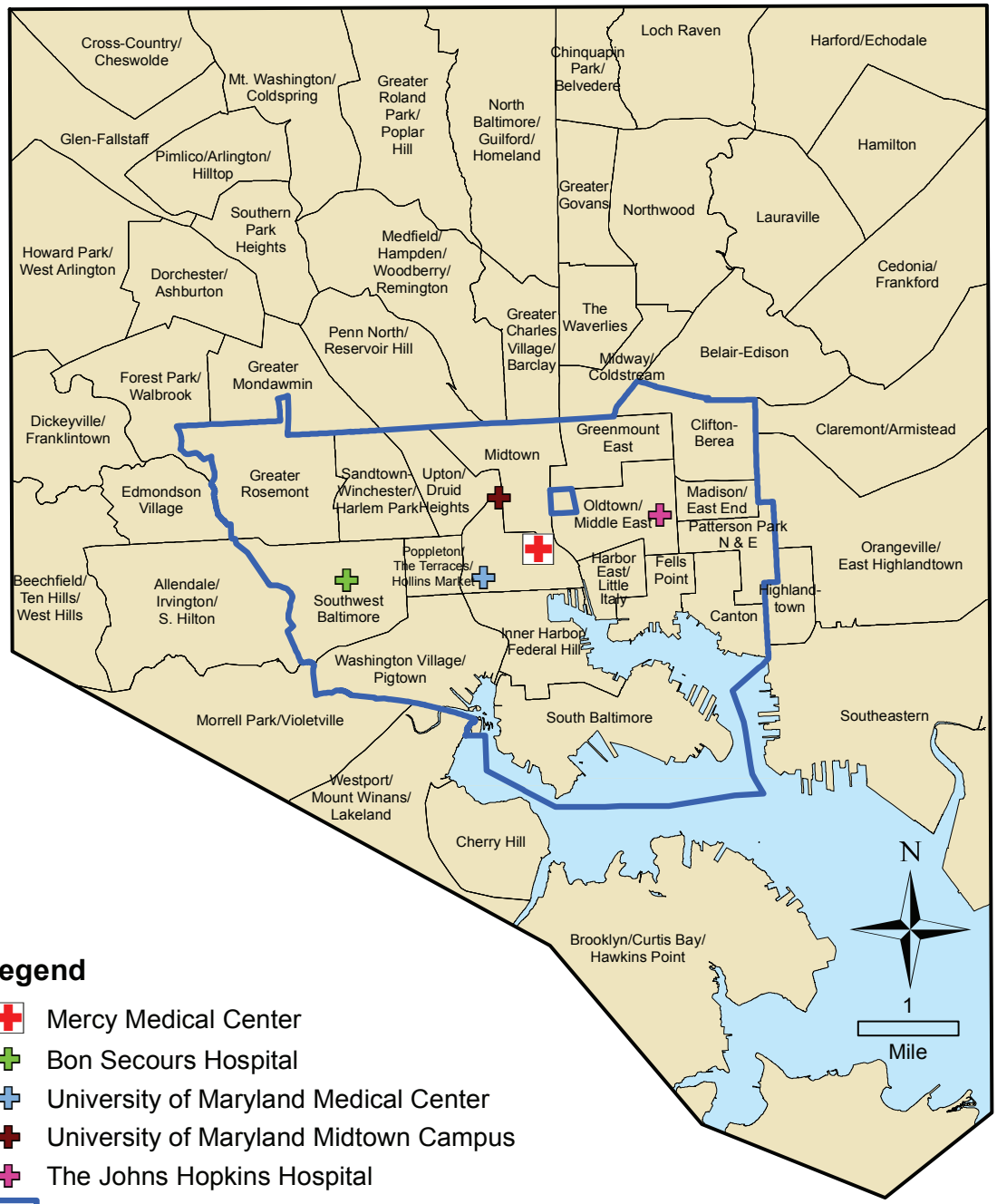
As Baltimore economic disparities and social challenges manifested during the historic April 2015 unrest, Mercy Medical Center continued 24-7 operations uninterrupted, serving the City as a beacon of health, healing and calm. Mercy was proud to care for more than 45 injured Baltimore police officers and firefighters during the period—continuing a century-long tradition that began with the Great Baltimore Fire of 1904. Since the events of April 2015, Mercy has joined with other Baltimore hospital partners in successfully advocating for $15 million in new hospital funding to create a Population Health Work Force Program to train and hire workers from geographic areas of high economic disparities and unemployment to improve population health. In addition, Mercy leadership identified the goal of training and hiring more unemployed Baltimore City residents who face significant socio-economic challenges for positions in the hospital's environmental services, dietary and transport areas. The mWORKS (Mercy's Workforce Outreach: Raising Knowledge and Skills) initiative brings together an interdisciplinary team of managers, staff and clinical educators to prepare individuals for the requirements of each position.

Mercy CHNA Community Benefit Service Area

The Sisters of Mercy were originally founded in Dublin, Ireland to care for homeless, abused and neglected women and children. This timeless legacy influences Mercy's approach to focus special attention on certain target populations, such as infants, women, and the impoverished. Mercy defined its CHNA Community Benefit Service Area as part of its CHNA process for the 2013 tax year. During a series of meetings as part of the CHNA process for 2013, Mercy's Community Benefits Committee discussed the socio-economic and health parameters that define Mercy's "community". Following a data driven process (See: Mercy Medical Center 2013 CHNA), the committee appropriately decided that Mercy should focus its limited resources on Community Benefit activities to improve population health within 18 Community Statistical Areas (CSAs) that represent downtown and the inner-city neighborhoods east, west, and south of the city center. The Committee believes that this definition of Mercy's community, which represents a smaller geographic area than the CBSA previously utilized by Mercy, will foster greater coordination, better strategic partnerships and improved measurement of outcomes, in particular with respect to the targeted populations including lower-income mothers and their babies and individuals experiencing homelessness. In addition, as part of the CHNA process for 2013 and 2016, Mercy representatives sought input regarding its proposed Community Benefit Service Area from community leaders, public health experts, and representatives of minority, low income, and medically underserved populations. The consensus feedback from these discussions validates Mercy's CHNA Community Benefit Service Area Definition. In accordance with IRS regulations governing CHNAs, Mercy's defined CHNA community includes "medically underserved, low income or minority populations".

The following Community Statistical Areas (CSAs) make up Mercy's CHNA Service Area: Canton, Clifton-Berea, Downtown/Seton Hill, Fells Point, Greater Rosemont, Greenmount East, Harbor East/Little Italy, Inner Harbor/Federal Hill, Madison/East End, Midtown, Oldtown/Middle East, Patterson Park North & East, Poppleton/The Terraces/Hollins Market, Sandtown-Winchester/Harlem Park, South Baltimore, Southwest Baltimore, Upton/Druid Heights, *and* Washington Village/Pigtown.

Mercy Medical Center CHNA Service Area



Legend

- Mercy Medical Center
- Bon Secours Hospital
- University of Maryland Medical Center
- University of Maryland Midtown Campus
- The Johns Hopkins Hospital
- Mercy Medical Center CHNA Service Area

Prepared by the Office of Epidemiology Services,
Baltimore City Health Department, November 2017.

BALTIMORE CITY HEALTH DEPARTMENT

CHNA Process and Methods

Quantitative and qualitative data was gathered by Mercy in order to undertake the 2016 CHNA. As part of the quantitative data gathering process for the 2018 CHNA, Mercy's Community Benefit Committee members worked collaboratively with the Baltimore City Health Department and a consortium of Baltimore City Hospitals to obtain uniform quantitative and qualitative data including demographic and health data for Community Statistical Areas (CSAs) and qualitative findings of hundreds of community health surveys, dozens of stakeholder interviews, and several focus groups.

The Baltimore City Health Department (BCHD) is the oldest, continuously-operating health department in the United States, formed in 1793, when the governor appointed the city's first health officers in response to a yellow fever outbreak in the Fells Point neighborhood. In collaboration with other city agencies, health care providers, community organizations and funders, the department seeks to empower all Baltimoreans with the knowledge, access, and environment that will enable healthy living. The Health Department has a wide-ranging area of responsibility, including acute communicable diseases, animal control, chronic disease prevention, emergency preparedness, HIV/STD, maternal-child health, restaurant inspections, school health, senior services and youth violence issues. The agency includes a workforce of approximately 800 employees and has a budget of approximately $126 million.

Quantitative Data

The BCHD Neighborhood Health Profiles examine the underlying factors that affect health in each neighborhood—the social determinants of health. The social determinants of health are the conditions in which residents live, learn, work, and play, and include factors like access to healthy food, healthy housing, quality schools, and safe places to be active. The Neighborhood Health Profiles present health outcome information at the Community Statistical Area (CSA) level in Baltimore. The Baltimore City Health Department's Office of Epidemiology utilized rigorous research methods and survey analysis techniques to aggregate all the data to the Community Statistical Area (CSA) level. The use of the most recently available Neighborhood Health Profile information from the Baltimore City Health Department ensures that the community health priorities of Mercy Medical Center remain aligned with the current health priorities of the City.

Data sources include a variety of public and private sources such as: The U.S. Census, The American Community Survey, The Vital Statistics Administration at the Maryland Department of Health and Mental Hygiene, The National Center for Health Statistics, The Baltimore City Public Schools System, The Mayor's Office of Information Technology, The Baltimore City Housing Department, The Baltimore City Comptroller's Office, The Baltimore City Planning Department, The Baltimore City Real Property Management Database, The Baltimore City Liquor Board, The Baltimore City Health Department, Center for a Livable Future, and the Maryland Department of the Environment.

KEY FINDINGS

Demographics

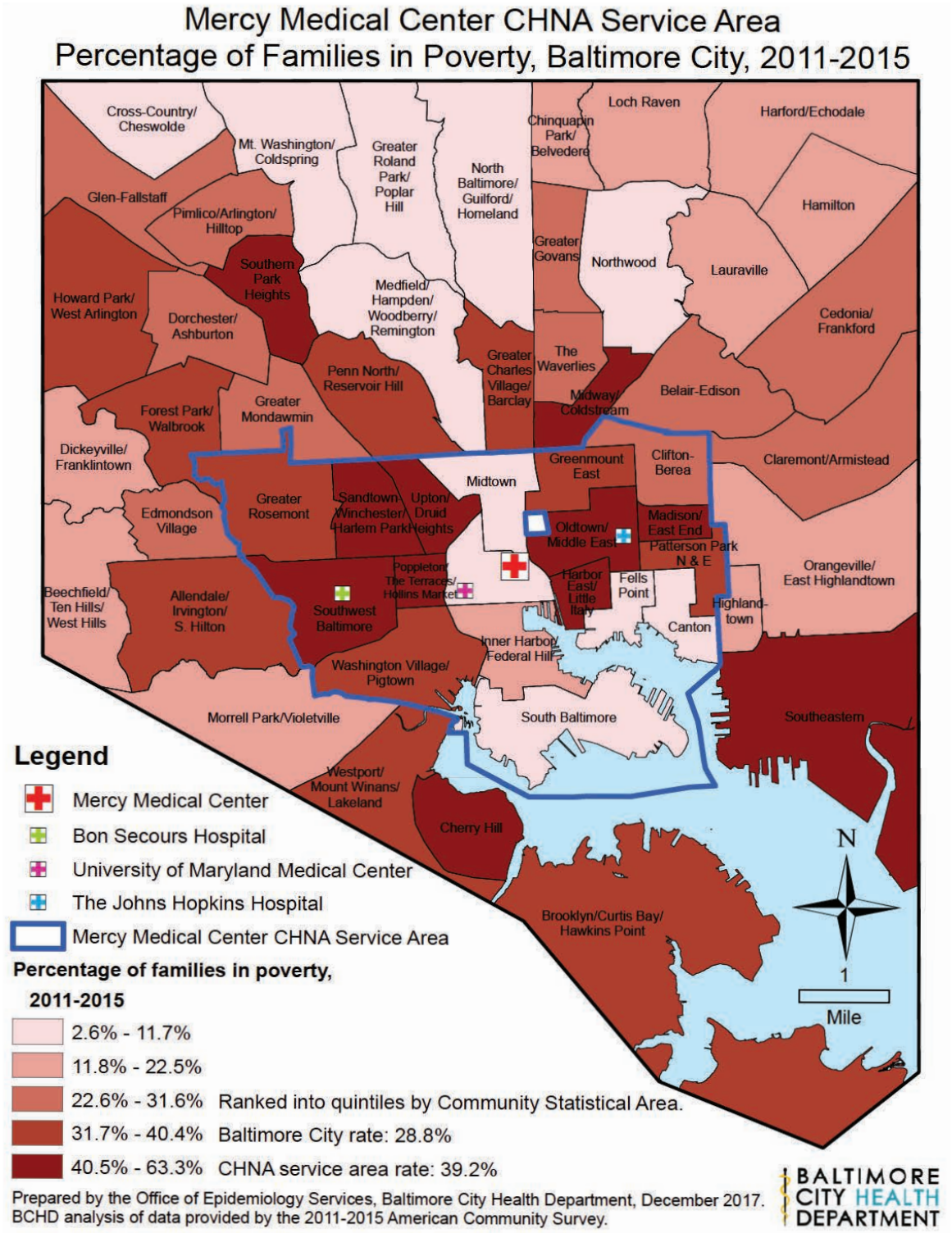
Baltimore City, Maryland, has a population of 622,454 and the geographic area of the CSAs included in this profile (referred to hereafter as the CHNA area) has a total population of 180,712 (29% of Baltimore City's population). In 2040, Baltimore City's population is projected to be 693,029 (11.6% change from 2010 decennial census) while the CHNA area's population is expected to be 224,871 (20.5% change from 2010 decennial census) (Baltimore City Health Department (BCHD) analysis of data provided by the Baltimore City Department of Planning). Fifty-two percent of the CHNA area is female sex and 59% of the area is African American race, compared to 53% and 63% for Baltimore City, respectively. Twenty-one percent of Baltimore City's population is aged less than 18 years and 12% is aged 65+ years compared to 20% and 10% in the CHNA area, respectively.

Social Determinants of Health

The social determinants of health include a wide variety of exposures that impact health across all ages, from the individual to the population level. They include factors such as employment, income, education, the built environment, access to healthy foods, exposure to violence, and stress.

Like most places, employment and income are key social determinants of health in Baltimore. The unemployment rate is 13% and the family poverty rate (families with children under 18 years) is 29% in Baltimore City compared to 13% and 39% in the CHNA area, respectively. In terms of education, more than 77% of kindergarteners are "fully ready" to learn in Baltimore City, and this ranges from 40-96% among the CSAs included in the CHNA area. About 55% of 3rd and 8th graders are at "proficient or advanced" reading levels in Baltimore City. Among the CSAs of interest in the CHNA area, this ranges from 35-87% for 3rd graders and 42-85% for 8th graders.

Regarding the built environment, the vacant building density is 562 per 10,000 housing units in Baltimore City vs. 1,055 vacant buildings per 10,000 housing units in the CHNA area. There are about 4 liquor stores per 10,000 residents in Baltimore City and about 6 liquor stores per 10,000 residents in the CHNA area. Food access is a major challenge in Baltimore City with nearly 13% of land classified as a food desert. The food desert estimate for the CHNA area is 26%. Exposure to violence is another concern; the homicide rate (which is based on the geographic location of the homicide incident rather than the victim address) is 4 per 10,000 residents in Baltimore City and 5 per 10,000 residents in the CHNA area.

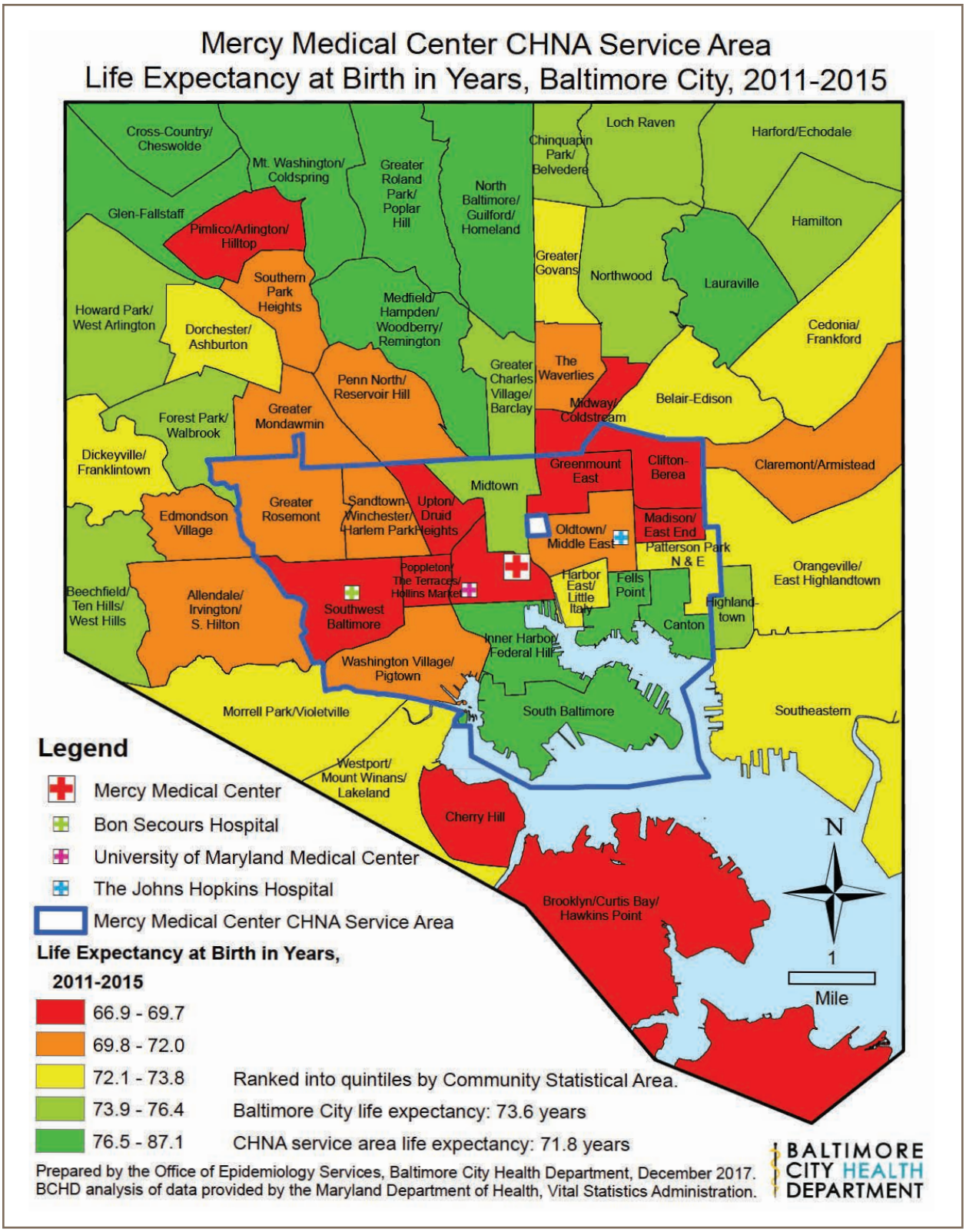

Mercy Medical Center CHNA Service Area
Percentage of Families in Poverty, Baltimore City, 2011-2015
Cross-Country/ Cheswolde
Mt. Washington/ Coldspring
Greater Roland Park/ Poplar Hill
North Baltimore/ Guilford/ Homeland
Chinquapin Park/ Belvedere
Loch Raven
Harford/Echodale
Hamilton
Glen-Fallstaff
Pimlico/Arlington/ Hilltop
Southern Park Heights
Greater Govans
Northwood
Lauraville
Howard Park/ West Arlington
Dorchester/ Ashburton
Medfield/ Hampden/ Woodberry/ Remington
Cedonia/ Frankford
Penn North/ Reservoir Hill
Greater Charles Village/ Barclay
The Waverlies
Midway/ Coldstream
Belair-Edison
Forest Park/ Walbrook
Greater Mondawmin
Dickeyville/ Franklintown
Greenmount East
Clifton-Berea
Claremont/Armistead
Midtown
Edmondson Village
Greater Rosemont
Sandtown-Winchester/ Harlem Park
Upton/ Druid Heights
Oldtown/ Middle East
Madison/ East End
Patterson Park N & E
Orangeville/ East Highlandtown
Poppleton/ The Terraces/ Hollins Market
Harbor East/ Little Italy
Fells Point
Beechfield/ Ten Hills/ West Hills
Allendale/ Irvington/ S. Hilton
Southwest Baltimore
Highland-town
Canton
Inner Harbor/ Federal Hill
Washington Village/ Pigtown
Morrell Park/Violetville
South Baltimore
Southeastern
Westport/ Mount Winans/ Lakeland
Cherry Hill
Brooklyn/Curtis Bay/ Hawkins Point
N
1
Mile
Legend
Mercy Medical Center
Bon Secours Hospital
University of Maryland Medical Center
The Johns Hopkins Hospital
Mercy Medical Center CHNA Service Area
Percentage of families in poverty, 2011-2015
2.6% - 11.7%
11.8% - 22.5%
22.6% - 31.6%
31.7% - 40.4%
40.5% - 63.3%
Ranked into quintiles by Community Statistical Area.
Baltimore City rate: 28.8%
CHNA service area rate: 39.2%
Prepared by the Office of Epidemiology Services, Baltimore City Health Department, December 2017.
BCHD analysis of data provided by the 2011-2015 American Community Survey.
BALTIMORE CITY HEALTH DEPARTMENT

Health Outcomes

Life Expectancy

The overall life expectancy at birth in Baltimore City is 73.6 years compared to 71.8 years in the CHNA area. Life expectancy is highly impacted by deaths among young people, which are often due to intentional and unintentional injuries.

Life expectancy at birth, in years	2011-2015
Baltimore City	73.6
CHNA Service Area	71.8
Canton	78.4
Clifton-Berea	66.9
Downtown/Seton Hill	67.5
Fells Point	78.7
Greater Rosemont	70.6
Greenmount East	67.9
Harbor East/Little Italy	72.1
Inner Harbor/Federal Hill	79.2
Madison/East End	68.9
Midtown	76.4
Oldtown/Middle East	70.4
Patterson Park North & East	72.4
Poppleton/The Terraces/Hollins Market	68.4
Sandtown-Winchester/Harlem Park	70.0
South Baltimore	76.7
Southwest Baltimore	68.0
Upton/Druid Heights	68.2
Washington Village/Pigtown	70.1


Mercy Medical Center CHNA Service Area
Life Expectancy at Birth in Years, Baltimore City, 2011-2015
Cross-Country/ Cheswolde
Mt. Washington/ Coldspring
Greater Roland Park/ Poplar Hill
North Baltimore/ Guilford/ Homeland
Chinquapin Park/ Belvedere
Loch Raven
Harford/Echodale
Glen-Fallstaff
Pimlico/Arlington/ Hilltop
Hamilton
Greater Govans
Northwood
Lauraville
Southern Park Heights
Howard Park/ West Arlington
Dorchester/ Ashburton
Medfield/ Hampden/ Woodberry/ Remington
Cedonia/ Frankford
The Waverlies
Greater Charles Village/ Barclay
Penn North/ Reservoir Hill
Belair-Edison
Midway/ Coldstream
Forest Park/ Walbrook
Greater Mondawmin
Dickeyville/ Franklintown
Greenmount East
Clifton-Berea
Claremont/Armistead
Midtown
Edmondson Village
Greater Rosemont
Sandtown-Winchester/ Harlem Park
Upton/ Druid Heights
Oldtown/ Middle East
Madison/ East End
Patterson Park N & E
Orangeville/ East Highlandtown
Poppleton/ The Terraces/ Hollins Market
Harbor East/ Little Italy
Fells Point
Beechfield/ Ten Hills/ West Hills
Allendale/ Irvington/ S. Hilton
Southwest Baltimore
Highland-town
Canton
Inner Harbor/ Federal Hill
Washington Village/ Pigtown
Morrell Park/Violetville
South Baltimore
Southeastern
Westport/ Mount Winans/ Lakeland
Cherry Hill
Brooklyn/Curtis Bay/ Hawkins Point
N
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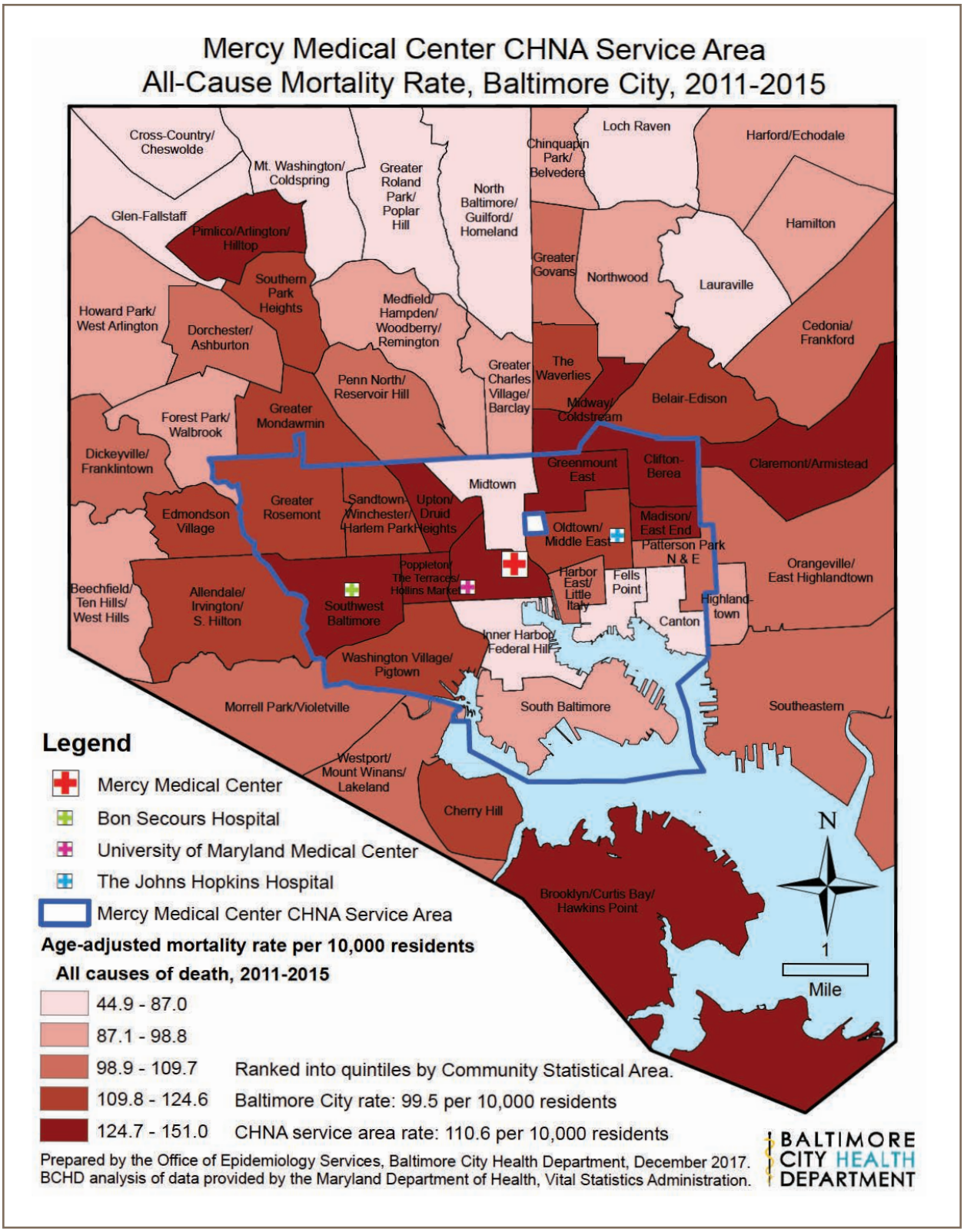
Mile
Legend
Mercy Medical Center
Bon Secours Hospital
University of Maryland Medical Center
The Johns Hopkins Hospital
Mercy Medical Center CHNA Service Area
Life Expectancy at Birth in Years, 2011-2015
66.9 - 69.7
69.8 - 72.0
72.1 - 73.8
73.9 - 76.4
76.5 - 87.1
Ranked into quintiles by Community Statistical Area.
Baltimore City life expectancy: 73.6 years
CHNA service area life expectancy: 71.8 years
Prepared by the Office of Epidemiology Services, Baltimore City Health Department, December 2017.
BCHD analysis of data provided by the Maryland Department of Health, Vital Statistics Administration.
BALTIMORE CITY HEALTH DEPARTMENT

Mortality (Death)

The all-cause age-adjusted mortality rate in Baltimore City is 100 per 10,000 residents vs. 111 per 10,000 residents in the CHNA area. The top causes of death in Baltimore City are cardiovascular disease, cancer, stroke, and drug- and/or alcohol-related. In the CHNA area, the top causes are cardiovascular disease, cancer, drug- and/or alcohol-related, and stroke. Among cancer deaths, lung cancer is the most common in Baltimore City, and lung cancer is the most common in the CHNA area.

While the overall death rates in Mercy's CHNA Service Area are higher than the city average, the data for the Downtown/Seton Hill community, Madison/East End, Poppleton, and Upton/Druid Heights merits further examination. The data indicates that residents in these areas are dying far earlier than residents in higher income neighborhoods. One likely factor in the Downtown/Seton Hill data point could be the disproportionate concentration of homeless persons in the downtown area. Healthcare for the Homeless estimates that life expectancy for an individual experiencing homelessness at any point is only 48 years.

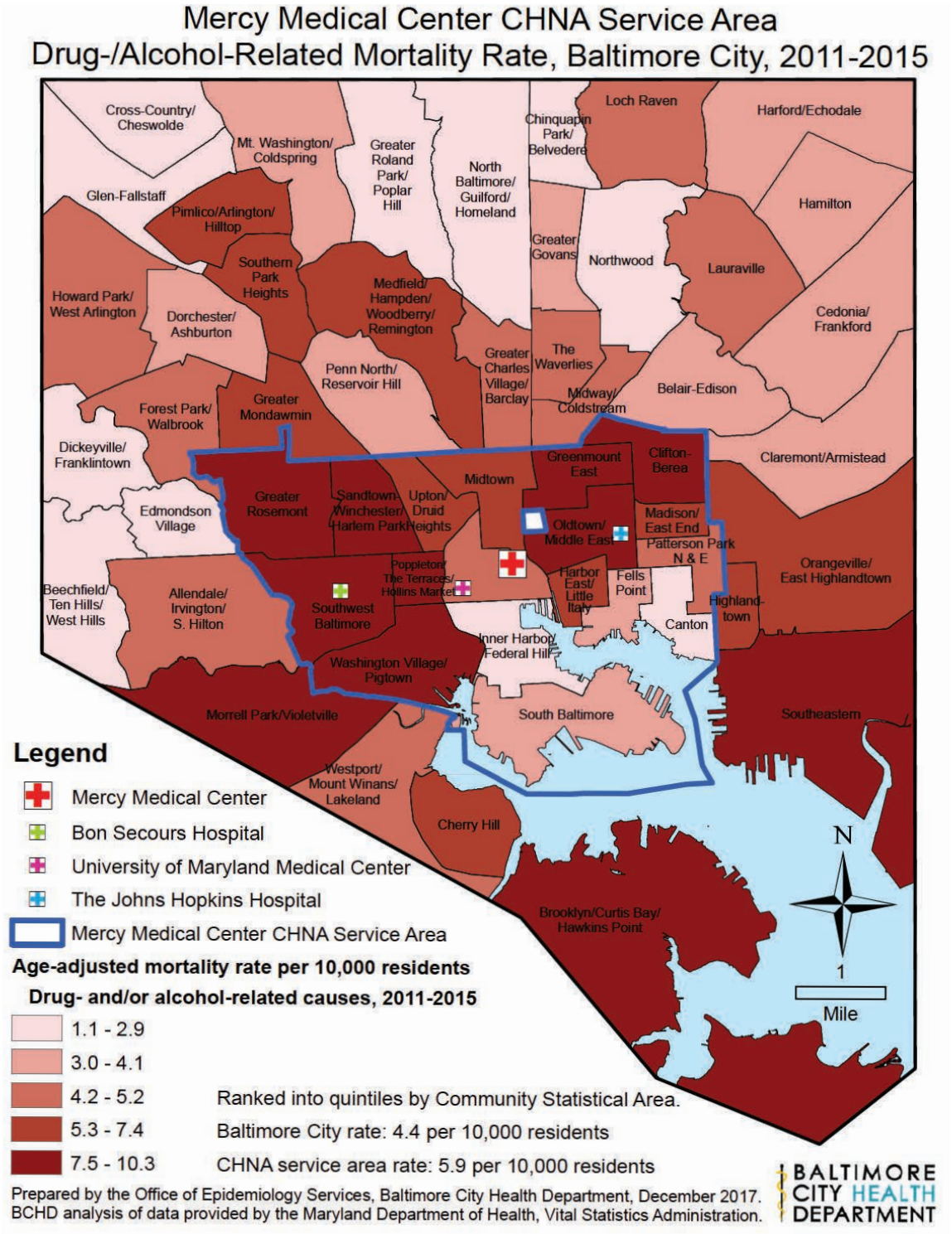
Age-adjusted mortality rate per 10,000 All causes of death	**2011-2015**
Baltimore City	99.5
CHNA Service Area	110.6
Canton	78.9
Clifton-Berea	134.9
Downtown/Seton Hill	151.0
Fells Point	74.1
Greater Rosemont	115.5
Greenmount East	129.1
Harbor East/Little Italy	105.1
Inner Harbor/Federal Hill	75.9
Madison/East End	130.0
Midtown	84.6
Oldtown/Middle East	115.3
Patterson Park North & East	106.4
Poppleton/The Terraces/Hollins Market	131.4
Sandtown-Winchester/Harlem Park	116.0
South Baltimore	90.7
Southwest Baltimore	128.7
Upton/Druid Heights	131.6
Washington Village/Pigtown	121.6


Mercy Medical Center CHNA Service Area
All-Cause Mortality Rate, Baltimore City, 2011-2015
Cross-Country/ Cheswolde
Mt. Washington/ Coldspring
Greater Roland Park/ Poplar Hill
North Baltimore/ Guilford/ Homeland
Chinquapin Park/ Belvedere
Loch Raven
Harford/Echodale
Glen-Fallstaff
Pimlico/Arlington/ Hilltop
Hamilton
Greater Govans
Northwood
Lauraville
Southern Park Heights
Howard Park/ West Arlington
Dorchester/ Ashburton
Medfield/ Hampden/ Woodberry/ Remington
Cedonia/ Frankford
Greater Charles Village/ Barclay
The Waverlies
Penn North/ Reservoir Hill
Midway/ Coldstream
Belair-Edison
Forest Park/ Walbrook
Greater Mondawmin
Dickeyville/ Franklintown
Greenmount East
Clifton-Berea
Claremont/Armistead
Midtown
Edmondson Village
Greater Rosemont
Sandtown-Winchester/ Harlem Park
Upton/ Druid Heights
Oldtown/ Middle East
Madison/ East End
Patterson Park N & E
Orangeville/ East Highlandtown
Poppleton/ The Terraces/ Hollins Market
Harbor East/ Little Italy
Fells Point
Beechfield/ Ten Hills/ West Hills
Allendale/ Irvington/ S. Hilton
Southwest Baltimore
Highland-town
Canton
Inner Harbor/ Federal Hill
Washington Village/ Pigtown
Morrell Park/Violetville
South Baltimore
Southeastern
Westport/ Mount Winans/ Lakeland
Cherry Hill
Brooklyn/Curtis Bay/ Hawkins Point
N
1
Mile
Legend
Mercy Medical Center
Bon Secours Hospital
University of Maryland Medical Center
The Johns Hopkins Hospital
Mercy Medical Center CHNA Service Area
Age-adjusted mortality rate per 10,000 residents
All causes of death, 2011-2015
44.9 - 87.0
87.1 - 98.8
98.9 - 109.7
109.8 - 124.6
124.7 - 151.0
Ranked into quintiles by Community Statistical Area.
Baltimore City rate: 99.5 per 10,000 residents
CHNA service area rate: 110.6 per 10,000 residents
Prepared by the Office of Epidemiology Services, Baltimore City Health Department, December 2017.
BCHD analysis of data provided by the Maryland Department of Health, Vital Statistics Administration.
BALTIMORE CITY HEALTH DEPARTMENT

Morbidity (Disease)

Other health outcomes of interest include maternal and child health and sexually transmitted infections. The infant mortality rate in Baltimore is 10 per 1,000 live births, and it is 10 per 1,000 live births in the CHNA area. Among children aged 0-6 years who were tested for elevated blood lead levels, 1% tested positive in Baltimore City vs. 1% in the CHNA area. The teen birth rate among females in Baltimore City is 42 per 1,000 females aged 15-19 years. This value in the CHNA area is 57 per 1,000 females aged 15-19 years. In Baltimore City, the incidence rate of gonorrhea is 56 per 10,000 residents vs. 71 per 10,000 residents in the CHNA area (BCHD analysis of 2016 gonorrhea cases reported to BCHD).

Drug- and/or alcohol-induced Age-adjusted mortality rate per 10,000	**2011-2015**
Baltimore City	4.4
CHNA Service Area	5.9
Canton	2.5
Clifton-Berea	8.3
Downtown/Seton Hill	5.2
Fells Point	3.8
Greater Rosemont	8.1
Greenmount East	8.1
Harbor East/Little Italy	5.4
Inner Harbor/Federal Hill	2.5
Madison/East End	6.9
Midtown	6.3
Oldtown/Middle East	8.4
Patterson Park North & East	4.8
Poppleton/The Terraces/Hollins Market	8.8
Sandtown-Winchester/Harlem Park	10.3
South Baltimore	3.6
Southwest Baltimore	8.5
Upton/Druid Heights	6.8
Washington Village/Pigtown	7.6


Mercy Medical Center CHNA Service Area
Drug-/Alcohol-Related Mortality Rate, Baltimore City, 2011-2015
Cross-Country/ Cheswolde
Mt. Washington/ Coldspring
Greater Roland Park/ Poplar Hill
North Baltimore/ Guilford/ Homeland
Chinquapin Park/ Belvedere
Loch Raven
Harford/Echodale
Glen-Fallstaff
Pimlico/Arlington/ Hilltop
Hamilton
Greater Govans
Northwood
Lauraville
Southern Park Heights
Howard Park/ West Arlington
Dorchester/ Ashburton
Medfield/ Hampden/ Woodberry/ Remington
Cedonia/ Frankford
Penn North/ Reservoir Hill
Greater Charles Village/ Barclay
The Waverlies
Midway/ Coldstream
Belair-Edison
Forest Park/ Walbrook
Greater Mondawmin
Dickeyville/ Franklintown
Greenmount East
Clifton-Berea
Claremont/Armistead
Midtown
Edmondson Village
Greater Rosemont
Sandtown-Winchester/ Harlem Park
Upton/ Druid Heights
Oldtown/ Middle East
Madison/ East End
Patterson Park N & E
Orangeville/ East Highlandtown
Poppleton/ The Terraces/ Hollins Market
Harbor East/ Little Italy
Fells Point
Beechfield/ Ten Hills/ West Hills
Allendale/ Irvington/ S. Hilton
Southwest Baltimore
Highland-town
Canton
Inner Harbor/ Federal Hill
Washington Village/ Pigtown
Morrell Park/Violetville
South Baltimore
Southeastern
Westport/ Mount Winans/ Lakeland
Cherry Hill
Brooklyn/Curtis Bay/ Hawkins Point
N
1
Mile
Legend
Mercy Medical Center
Bon Secours Hospital
University of Maryland Medical Center
The Johns Hopkins Hospital
Mercy Medical Center CHNA Service Area
Age-adjusted mortality rate per 10,000 residents
Drug- and/or alcohol-related causes, 2011-2015
1.1 - 2.9
3.0 - 4.1
4.2 - 5.2
5.3 - 7.4
7.5 - 10.3
Ranked into quintiles by Community Statistical Area.
Baltimore City rate: 4.4 per 10,000 residents
CHNA service area rate: 5.9 per 10,000 residents
Prepared by the Office of Epidemiology Services, Baltimore City Health Department, December 2017.
BCHD analysis of data provided by the Maryland Department of Health, Vital Statistics Administration.
BALTIMORE CITY HEALTH DEPARTMENT

Additional Metrics

Demographics

In Baltimore City, 65% of children live in single-parent households compared to 75% in the CHNA area.

In terms of language, 3% of Baltimore City residents report themselves as speaking English less than "very well" vs. 3% in the CHNA area.

Social Determinants of Health

The Hardship Index is a combined measure of six socioeconomic indicators: crowded housing, poverty, unemployment, education (less than high school diploma), per capita income, and dependency (persons aged less than 18 years and 65+ years). In Baltimore City, the Hardship Index is 51. The Hardship Index for the CSAs in the CHNA area ranged from 11-90.

Thirty-three percent of land in Baltimore City is covered by green space (tree canopy, vegetation, and parkland) vs. 17% of land in the CHNA area. Twenty-three percent of land in Baltimore City is zoned as industrial vs. 22% of land in the CHNA area.

The overall rate of citizen-generated rat service requests to 311 in Baltimore City was 409 per 10,000 households vs. 415 per 10,000 households in the CHNA area. This measure may not accurately reflect the true burden of rat problems because it is affected by citizen engagement with government (311 is a government service) and it does not reflect private pest services.

Exposure to lead paint can cause lead poisoning among children. In Baltimore City, there are 10 lead paint violations per 10,000 households per year, while in the CHNA area there are 18 lead paint violations per 10,000 households per year.

Regarding chronic absenteeism, the percent of school children who missed 20 days or more in Baltimore City is 15% for elementary school students, 15% for middle school students, and 39% for high school students. In the CSAs making up the CHNA area, this ranged from 5-24% for elementary school students, 11-28% for middle school students, and 30-53% for high school students.

In terms of adult educational attainment, 47% of adults have a high school degree or less and 29% have a bachelor's degree or more in Baltimore City. This is compared to 46% and 35%, respectively, in the CHNA area.

The vacant lot density is 647 per 10,000 housing units in Baltimore City vs. 992 per 10,000 housing units in the CHNA area. Regarding tobacco outlets, in Baltimore City, there are 21 tobacco stores per 10,000 residents. In the CHNA area, there are 34 tobacco stores per 10,000 residents.

Access to food is an important social determinant of health. In Baltimore City, there are 11 carry-out restaurants per 10,000 residents and about 3 fast food restaurants per 10,000 residents. This is compared to 20 and 4 per 10,000 residents in the CHNA area, respectively. In terms of corner stores, there are 14 corner stores per 10,000 residents in Baltimore City and 22 corner stores per 10,000 residents in the CHNA area.

In terms of exposure to violence based on the non-fatal shootings rate, the overall rate for Baltimore City is 7 non-fatal shootings per 10,000 residents (based on the injury location and not the victim residence). The same rate for the CHNA area is 11 per 10,000 residents.

In terms of exposure to violence, in Baltimore City, the rate of homicide among youth (aged less than 25 years) is 31 homicide deaths per 100,000 youth compared to 41 homicide deaths per 100,000 youth in the CHNA area. These data are based on the residence location of the victim.

Health Outcomes

The rate of reported foodborne illness in Baltimore City is about 5 per 10,000 residents per year (based on residence location of patient). The same rate in the CHNA area is 6 per 10,000 residents per year.

In Baltimore City, the rate of hepatitis C infection is 35 per 10,000 per year (based on residence location of patient) compared to 50 per 10,000 per year in the CHNA area.

The age-adjusted mortality rate due to fall injury is 1 per 10,000 in Baltimore City vs. 1 per 10,000 in the CHNA area.

Crude mortality rates represent the public health burden of death in the population. In Baltimore City, the greatest mortality rate (1,316 per 10,000) is among ages 85+ years and the lowest mortality rate (2.2 per 10,000) is among ages 1-14 years. In the CHNA area, the greatest mortality rate is 1317 per 10,000 among ages 85+ years and the lowest mortality rate is 3 per 10,000 among ages 1-14 years.

Maternal Health

Measures of maternal health are important to understanding the public's health. The Sisters of Mercy were originally founded in Dublin, Ireland to care for homeless, abused and neglected women and children. This influences Mercy's special attention to mothers and infants. Mercy is the largest birthing hospital in Baltimore delivering roughly 1-in-5 of all children born in Baltimore City each year. Mercy is the second largest hospital provider to low-income mothers insured by Medicaid in the state with nearly 2,000 Medicaid births annually (more than 70% of mothers delivering at Mercy are Medicaid-insured). Additionally, Mercy has a long-standing practice partnering with Federally Qualified Health Centers to improve community health and to help manage high risk populations, including pregnant women. Mercy currently provides on-site Obstetric services and delivers babies for FQHC's. Despite strong efforts among hospital and community providers as well as the successes of the City's B'more for Healthy Babies campaign, more must be done to improve the health outcomes for mothers, infants, and children in our City. Baltimore's City's rates of infant mortality, especially in poor neighborhoods, including those within Mercy's Community Benefit Service Area remain unacceptably high.

The birth rate in Baltimore City is 14 live births per 1,000 residents while the same rate in the CHNA area is 15 live births per 1,000 residents. Fifty-five percent of pregnant women receive prenatal care in the first trimester in Baltimore City vs. 56% in the CHNA area. Nearly 11% of women report smoking while pregnant in Baltimore City compared to 12% in the CHNA area.

Regarding pre-term births (less than 37 weeks gestation), 12% of all live births are pre-term in Baltimore City compared to 13% in the CHNA area. Almost 12% of births are classified as low birth weight (less than 5 lbs 8 oz) in Baltimore City vs. 12% in the CHNA area. In Baltimore City, about 31% of mothers had a body mass index (BMI) of 30 or greater at her child's birth. In the CHNA area, this was 30%.

Quantitative Data Notes

All data are calculated from the Baltimore City Health Department's 2017 Neighborhood Health Profiles (NHPs) unless otherwise noted. Please see the 2017 NHPs for a list of data sources, including year(s), and methodology. https://goo.gl/GCEYKF. Due to its agreement with the Baltimore City Public Schools, the Baltimore Neighborhood Indicators Alliance was unable to calculate education metrics for CHNA areas. BCHD does not have access to these education data. The Hardship Index is a measure of comparison, weighing relative hardship of one CSA against another or against the City as a whole. The calculation methodology reflects this relativity by standardizing six socioeconomic components of Baltimore's 55 CSAs to a scale of 1 to 100, then averaging the component scores to provide a final index score. Aggregating CSAs into a single CHNA area and calculating a score using that discrete area can impact the scores of the remaining individual CSAs, thus changing the apparent relative hardship of the CHNA area.

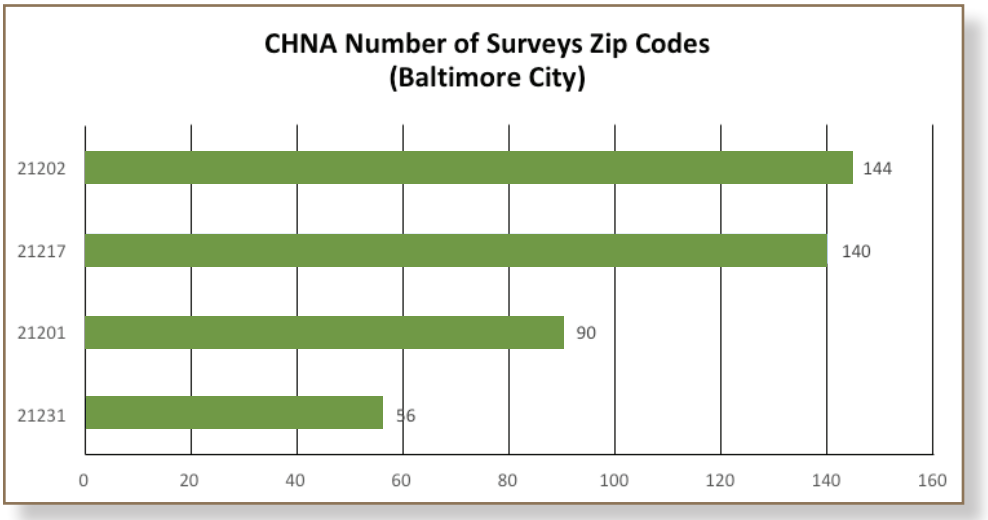
Qualitative Data

CHNA Public Survey

Mercy collaborated with a consortium of Baltimore City hospitals and the Baltimore City Health Department to develop and distribute a Community Health Needs Assessment Survey to obtain community feedback and input from thousands of the Baltimore City and Baltimore County residents regarding community health and social concerns. The surveys were broadly distributed in public areas including, community and senior centers, Emergency Rooms, physician offices, and federally-qualified health centers. Mercy then aggregated survey response data from four zip codes (21201, 21202, 21217, 21231) that align/overlap with its CHNA Community Benefit Service Area shown in detail above (which includes four other hospitals), representing 430 individual completed surveys. The responses to the geographic, gender, race, and age demographic questions reflect a healthy and broad sample of Mercy's CHNA Community Benefit Service Area, including medically underserved, low income or minority populations.

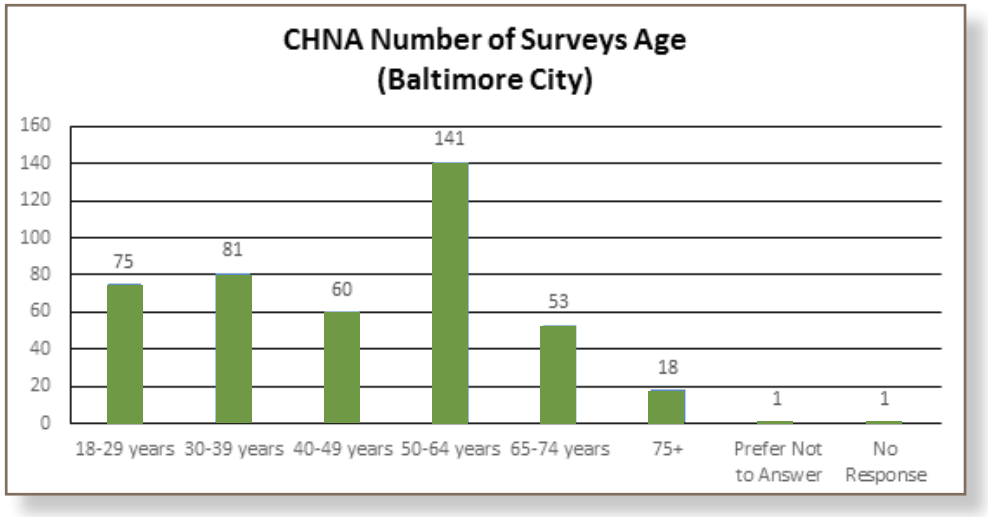
Survey respondents identified alcohol/drug addiction, mental health, and smoking as the three most important health problems that affect the health of their community. Survey respondents identified homelessness, lack of job opportunities, and neighborhood violence as three most important social/environmental problems that affect the health of their community. Survey respondents identified lack of insurance, health care costs, and lack of transportation as the three most important reasons people in their community do not access health care treatment. The survey also provided space for free response/written feedback regarding ideas or suggestions individuals had to improve the health in their community. The complete questions and results of the Community Health Needs Assessment Public Survey are summarized and shown below.

Q1: What is your Zip Code? (Free Response Data)



Q2: What is your Age?

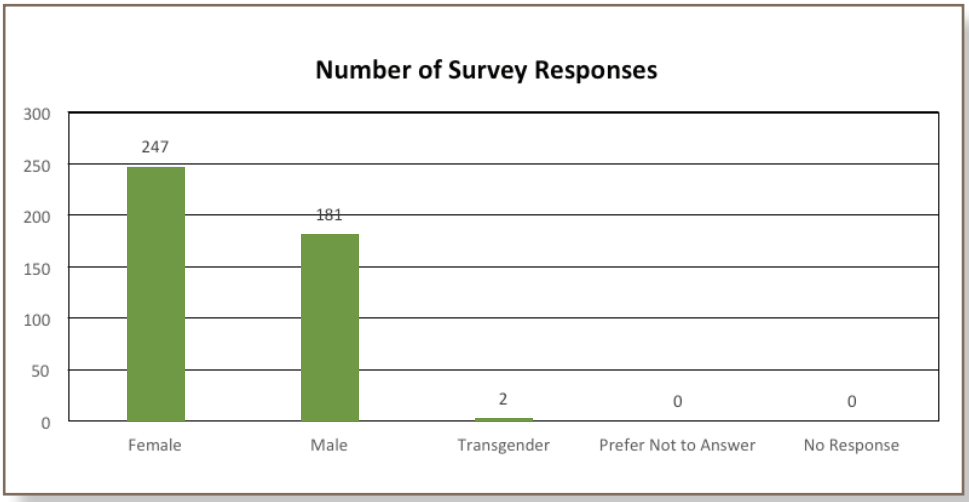
(Responses: 18-29 years, 30-39 years, 40-49 years, 50-64 years, 75+, Prefer Not to Answer)



	Number of Survey Responses	% of Total
18-29 years	75	17.4%
30-39 years	81	18.8%
40-49 years	60	14.0%
50-64 years	141	32.8%
65-74 years	53	12.3%
75+	18	4.2%
Prefer Not to Answer	1	<1%
No Response	1	<1%

Q3: What is your sex?

(Responses: Male, Female, Transgender, Prefer Not to Answer)

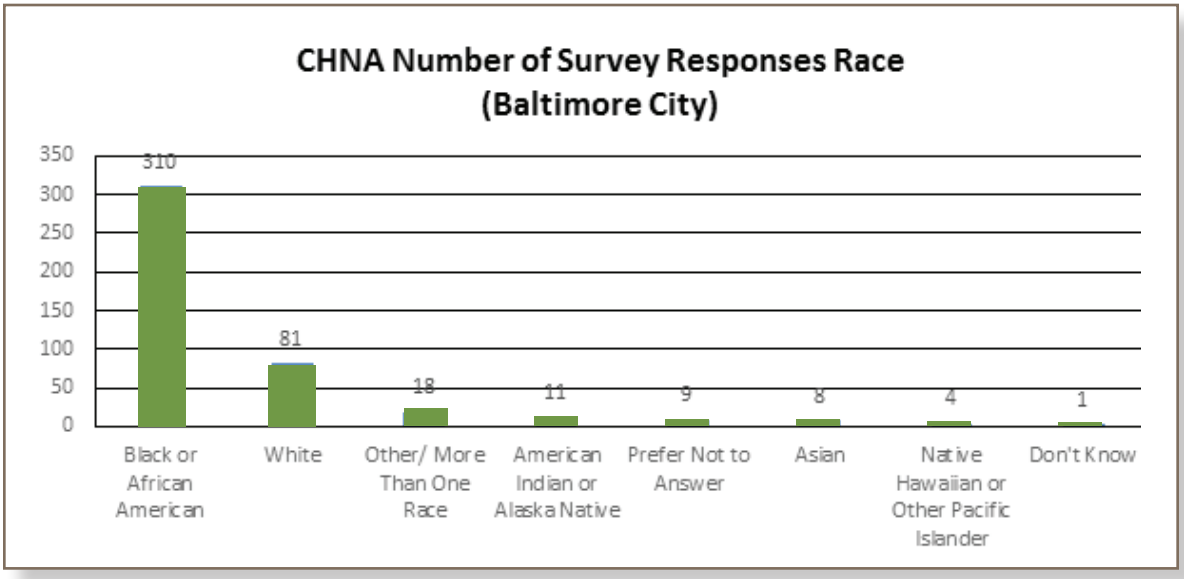


	Number of Survey Responses	% of Total
Female	247	57.4%
Male	181	42.1%
Transgender	2	<1%
Prefer Not to Answer	0	0
No Response	0	0

Q4: Which one of the following is your race? *(Please check all that apply)*

(Responses: Black or African American, White, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, Don't Know, Prefer Not to Answer, Other /More than one race (please specify)

For the purposes of an initial summary, responses of Other/More Than One Race were NOT re-categorized into other categories if applicable (e.g., "Chinese" to "Asian"); as participants were able to select multiple responses, table and chart values do not add up to the number of total surveys.

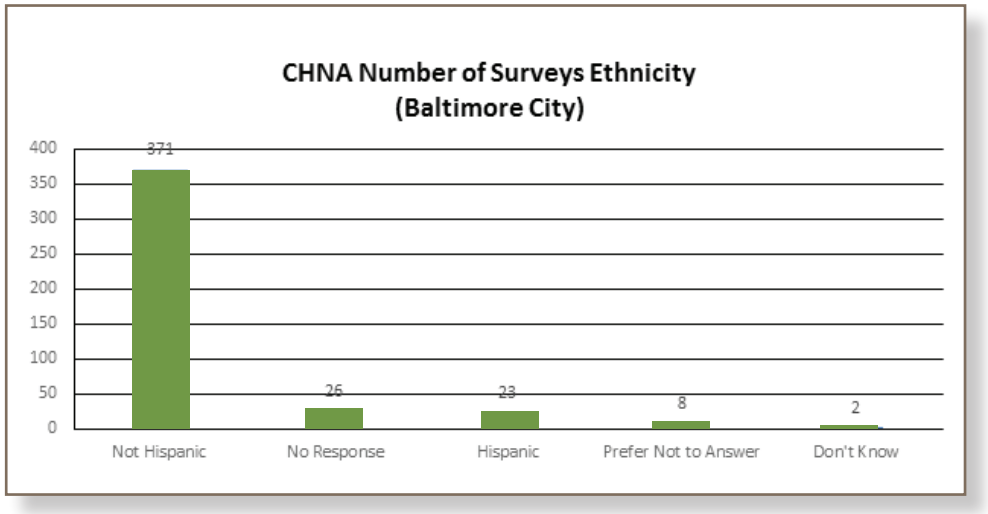


	Number of Race Responses	% of Total Race Responses
Black or African American	310	70.1%
White	81	18.3%
Other/ More Than One Race	18	4.1%
American Indian or Alaska Native	11	2.5%
Prefer Not to Answer	9	2.0%
Asian	8	1.8%
Native Hawaiian or Other Pacific Islander	4	<1%
Don't Know	1	<1%

2 participants did not provide information on Race

Q5: Are you Hispanic or Latino/a? *(Please check one)*

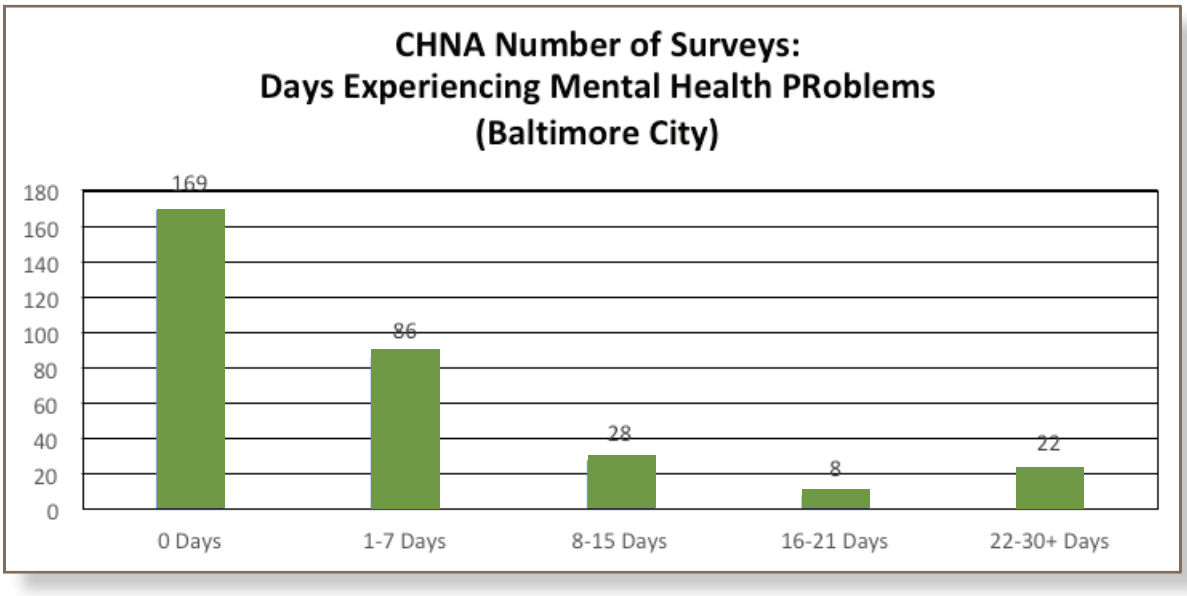
(Responses: Yes, No, Prefer Not to Answer, Don't Know)—referred to as "Ethnicity" in Charts and Tables below



	Number of Survey Responses	% of Total
Not Hispanic ("No")	371	86.3%
No Response	26	6.0%
Hispanic ("Yes")	23	5.3%
Prefer Not to Answer	8	1.9%
Don't Know	2	<1%

Q6: On how many days during the past 30 days was your mental health not good? *(Mental health includes stress, depression, and problems with emotions)*

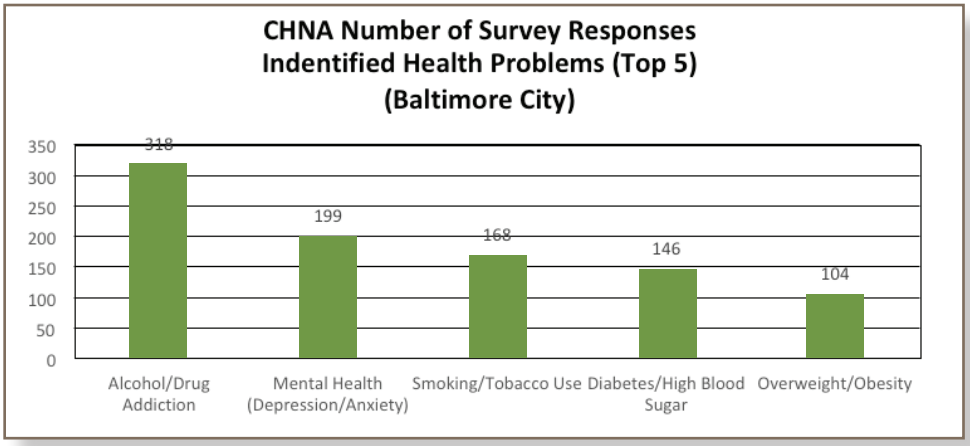
(Responses: Zero days, Free Entry for Number of Days Not Good, Prefer Not to Answer, Don't Know)



	Number of Survey Responses	% of Total Responses
0 Days	169	39.3%
1-7 Days	86	20.0%
8-15 Days	28	6.5%
16-21 Days	8	1.9%
22-30+ Days	22	5.1%
Don't Know	65	15.1%
No Response	30	7.0%
Prefer Not to Answer	20	4.7%
Unclear Answer	2	<1%

Q7: What are the three most important health problems that affect the health of your community? *Please check only three.*

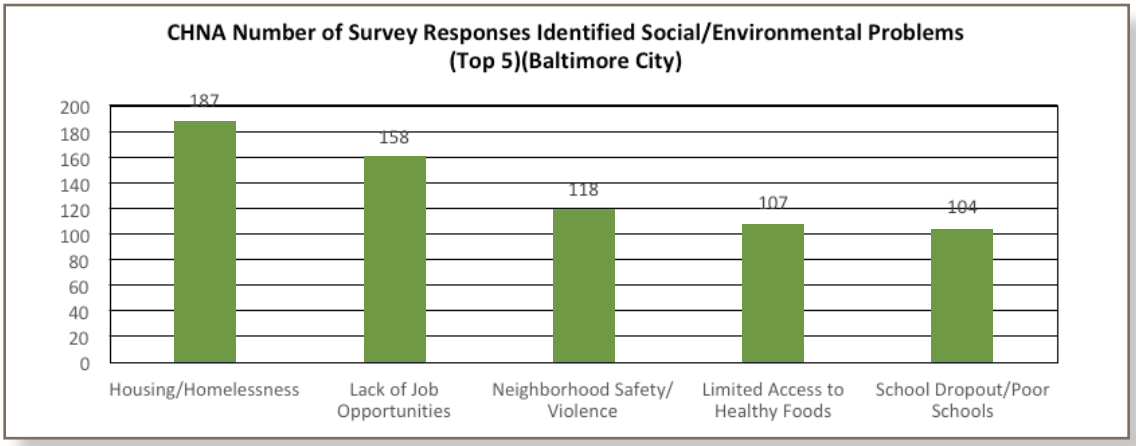
(Responses: Alcohol/Drug Addiction, Mental Health (Depression/Anxiety), Diabetes/High Blood Sugar, HIV/AIDS, Lung Disease/Asthma/COPD, Smoking/Tobacco Use, Alzheimer's/Dementia, Cancer, Heart Disease/Blood Pressure, Infant Death, Stroke, Overweight/Obesity, Don't Know, Prefer Not to Answer)



	Number of Survey Responses	% of Total Responses
Alcohol/Drug Addiction	318	24.7%
Mental Health (Depression/Anxiety)	199	15.5%
Diabetes/High Blood Sugar	146	11.3%
HIV/AIDS	87	6.8%
Lung Disease/Asthma/COPD	32	2.5%
Smoking/Tobacco Use	168	13.0%
Alzheimer's/Dementia	15	1.2%
Cancer	65	5.0%
Heart Disease/Blood Pressure	93	7.2%
Infant Death	6	<1%
Stroke	28	2.2%
Overweight/Obesity	104	8.1%
Don't Know	19	1.5%
Prefer Not to Answer	8	<1%

Q8: What are the three most important social/environmental problems that affect the health of your community? *Please check only three.*

(Responses: Availability/Access to Doctor's Office, Availability/Access to Insurance, Domestic Violence, Limited Access to Healthy Foods, School Dropout/Poor Schools, Lack of Job Opportunities, Race/Ethnicity Discrimination, Child Abuse/Neglect, Lack of Affordable Child Care, Housing/Homelessness, Neighborhood Safety/Violence, Poverty, Limited Places to Exercise, Transportation Problems, Don't Know, Prefer Not to Answer)

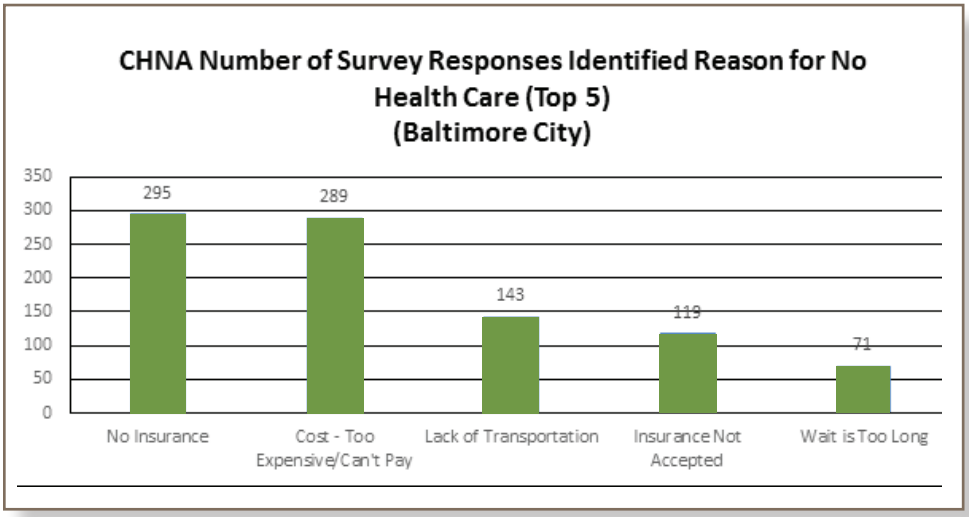


	Number of Survey Responses	% of Total Social/ Env. Responses
Housing/Homelessness	187	15.3%
Lack of Job Opportunities	158	12.9%
Neighborhood Safety/Violence	118	9.6%
Limited Access to Healthy Foods	107	8.7%
School Dropout/Poor Schools	104	8.5%
Poverty	93	7.6%
Domestic Violence	83	6.8%
Availability/Access to Insurance	78	6.4%
Availability/Access to Doctor's Office	61	5.0%
Transportation Problems	53	4.3%
Race/Ethnicity Discrimination	48	3.9%
Child Abuse/Neglect	39	3.2%
Lack of Affordable Child Care	38	3.1%
Don't Know	29	2.4%
Limited Places to Exercise	24	2.0%
Prefer Not to Answer	6	<1%

Q9: What are the three most important reasons people in your community do not get health care? *Please check only three.*

(Responses: Cost - Too Expensive/Can't Pay, No Insurance, Lack of Transportation, Language Barrier, Wait is Too Long, No Doctor Nearby, Insurance Not Accepted, Cultural/Religious Beliefs, Don't Know, Prefer Not to Answer)

As participants were able to select multiple responses, table and chart values do not add up to the number of total surveys.



	Number of Survey Responses	% of Total Responses
No Insurance	295	27.9%
Cost - Too Expensive/Can't Pay	289	27.3%
Lack of Transportation	143	13.5%
Insurance Not Accepted	119	11.2%
Wait is Too Long	71	6.7%
No Doctor Nearby	45	4.2%
Don't Know	35	3.3%
Language Barrier	27	2.5%
Cultural/Religious Beliefs	23	2.2%
Prefer Not to Answer	12	1.1%

Q10: What ideas or suggestions do you have to improve the health in your community? *(Open-ended response)*

321 survey participants responded to Question #10 Responses from 141 participants were removed from further analysis due to lack of information in the response (e.g., "No", "None at this time", "can't think of any", "I don't know", etc.). The remaining responses from 180 survey participants (41.9% of all participants) were then categorized on the basis of content with 185 ideas identified from survey participants (i.e., at least some responses contained multiple ideas). The top 10 content areas in terms of response frequency are presented below.

Content Area	Number of Surveys
Better Education About Health Care	28
Better Access to Health Care	24
Community Outreach	23
More Access to Healthy Foods	17
More Affordable Insurance	14
More Affordable Health Care	14
Better Transportation Access	10
Community Improvements	8
Improvements to the Health Care System	7
Jobs	6

Focus Group Sessions

Mercy collaborated with a consortium of Baltimore City hospitals to conduct a series of Focus Group Sessions with groups of individuals sharing certain demographic or social economic attributes, including: transition age youth, Spanish speaking, single parents, elderly and older adults, individuals with disabilities and LGBTQ. The format of the focus group discussions followed the public CHNA survey. For example, the groups where asked to discuss what they believed were the important health and socio-economic problems that affect their community. Each focus group was conducted with the support of Baltimore City hospital representatives who compiled notes and summaries of each discussion. A total of 69 individuals participated. Below is a brief summary of each focus group:

Focus Group: Individuals with Disabilities	**Date:** October 27, 2017 Location/Host: The League for People with Disabilities # of attendees: 5 Attendee profile: attendees were recruited by the League for People with Disabilities staff, and they were all people with physical disabilities, not mental disabilities. Many served representational roles on boards and committees, so they felt equipped to speak for other people with disabilities.	**Identified health priorities:** Drug/alcohol addiction Mental health **Identified environmental priorities:** Poverty Transportation Housing **Identified access issue priorities:** Accessibility of health care services (such as wheelchair accessible mammograms) Limited awareness among providers about disabilities
Focus Group: Senior Citizens	**Date:** November 9, 2017 Location: Mary Harvin Senior Center in East Baltimore # of attendees: 12 Attendee profile: All African American 7 women, 5 men, Ages 62-83. All were residents of an affordable senior housing complex.	**Identified priorities:** Access to Care Access to Healthy Food Public Safety and Violence Prevention
Focus Group: Older Adults	**Date:** November 9, 2017 Location/Host: Langston Hughes Community Resource Center # of attendees: 12 Attendee profile: Attendees were recruited by the Z-HAP (Zeta Healthy Aging Partnership) and they were all African-American older adults who are current participants in the Z-HAP program.	**Identified health priorities:** Alcohol/Drug Addiction Mental health Smoking **Identified environmental priorities:** Housing Lack of job opportunities Access to healthy foods

Focus Group: LGBTQ	**Date:** November 13, 2017 Location/Host: Chase Brexton Health Care (FQHC) # of attendees: 5 Attendee profile: attendees were recruited by Chase Brexton staff, and they were all people from the LGBTQ community; representing black gay seniors, black gay young men, people living with HIV, African American women and caregivers.	**Identified health priorities:** Drug/alcohol addiction Mental health Sexual Health **Identified environmental priorities:** Poverty Housing **Identified access issue priorities:** Stigma/discomfort with care providers unequipped to serve LGBTQ patients Lack of steady employment – therefore not insured or can't afford copays
Focus Group: Single Parents	**Date:** October 17, 2017 Location/Host: Center for Urban Families # of attendees: 8 Attendee profile: attendees were recruited by the Center for Urban Families, and they were all single parents who were participants in the Strive program – focused on building the skills necessary to enter the workforce.	**Identified health priorities:** Alcohol/Drug Addiction Mental health Diabetes/high blood pressure **Identified environmental priorities:** Lack of job opportunities Neighborhood safety/violence Limited Access to Healthy Foods **Health Care access issues:** Building trust with physicians
Focus Group: Transition-age youth	November 14, 2017 Location/Host: Youth Opportunities (Yo!) Baltimore # of attendees: 20 Attendee profile: attendees were recruited by Youth Opportunity (YO), and they were all young adults working on getting their high school diploma or GED.	**Identified health priorities:** Alcohol/Drug Addiction Mental health **Identified environmental priorities:** Lack of job opportunities Neighborhood safety/violence School dropout/poor schools **Identified Health Care Access Priorities:** Lack of knowledge about what you can get from health care institutions Past negative experience with doctors
Focus Group: Spanish Speaking	November 9, 2017 Location/Host: East Baltimore Medical Center # of attendees: 7 Attendee profile: All Latino immigrants from Central America and Mexico. All residents of East Baltimore neighborhoods. 5 men 2 women. Spanish-speaking/limited English proficiency Time in the US ranged from 2 years to 15 years. Ages 30-51.	**Identified priorities:** Safety and Violence Prevention Substance Abuse (Mental Health) Education (as it relates to Health Literacy)

Key Stakeholder Meetings

Mercy collaborated with a consortium of Baltimore City hospitals to host and conduct two large key stakeholder meetings. The participants included representatives from a diverse group of organizations including nonprofits, education institutions, and advocacy organizations. Similar to the focus groups, the format of the discussions generally followed the public CHNA survey questions. Each Stakeholder Meeting was conducted with the support of several Baltimore City hospital representatives who compiled notes and summaries of each roundtable discussion. Below is a summary of the meetings and a list of documented participants.

Stakeholder Meetings: 1& 2	November 10, 2017 and November 17, 2017 Locations/Hosts: Mercy Medical Center and Forest Park Senior Center # of attendees: 16 and 7	**Identified Priority Health Concerns** Alcohol and drug addiction Mental Health Chronic disease (generally) **Identified Priority Environmental Concerns** Safety, violence and trauma Older adults Housing **Identified Priority Health Care Access Problems** Accessibility/availability of medical services and facilities in neighborhoods Health literacy Caregiver needs

NAME	TITLE	ORGANIZATION
Tracy Newsome	Director, Community Health Strategies Maryland Area	American Diabetes Association,
Rhonda Chatmon	Vice President, Multi-Cultural Markets	American Heart Association, Mid-Atlantic Affiliate
Amanda Davani	Quality and Systems Improvement Director	American Heart Association, Mid-Atlantic Affiliate
Kimberly Mays	Senior Director, Community Impact	American Heart Association, Mid-Atlantic Affiliate
Kerri Johnston	Director of Communications	American Heart Association, Mid-Atlantic Affiliate
Kimberly Mays	Senior Director, Community Impact	American Heart Association, Mid-Atlantic Affiliate
Heang Tan	Deputy Commissioner, Division on Aging and CARE Services	Baltimore City Health Department
Liz Kaylor	VP of Development and Community Relations	Baltimore Medical System, Inc.
Jacke Schroeder	Director, SAFE: Stop Abuse of Elders	CHANA Baltimore
Nate Sweeney	Executive Director, LGBT Health Resource Center	Chase Brexton Health Care
Elizabeth "Ibby" Tanner, PhD, RN, FAAN	Professor & Director of Interprofessional Education	Community Public Health Nursing, Johns Hopkins University
Mitchell Posner	Executive Director	Comprehensive Housing Assistance, Inc.
Leslie Margolis	Managing Attorney	Disability Rights Maryland
Michael McKnight	VP of Policy and Innovation	Green and Healthy Homes Initiative
Karen Nettler	Director, Community Connections	Jewish Community Services
Bronwyn Mayden, MSW	Executive Director	Promise Heights, University of Maryland School of Social Work
Reba Cornman	Director	University of Maryland Geriatrics and Gerontology Education and Research Program
Kathryn Lothschuetz Montgomery, PhD, RN, NEA-BC	Associate Professor and Chair	University of Maryland Department of Partnerships, Professional Education, & Practice
Wendy Lane, MD	Assistant Professor, Behavioral and Community Health	University of Maryland School of Medicine

Prioritization of Needs

Mercy's location in the middle of a disproportionately poor, urban City presents challenges and health disparities that are not evident in other parts of Maryland. The health needs and societal needs identified in our Community Health Profile and interviews are staggering; simply put, a hospital like Mercy cannot single-handedly move the needle on many of these key community metrics. Therefore, Mercy intends to focus its limited resources on a defined number of health needs within the community, while continuing to execute our mission "to witness God's healing love for all people by providing excellent clinical and residential services within a community of compassionate care".

In order to prioritize the multitude of health needs and disparities identified by the CHNA, the Mercy's Mission and Corporate Ethics Committee (the authorized body of the hospital) reviewed all the quantitative and qualitative data described above and identified areas of opportunity where the mission and strengths of our institution intersect with the unmet public health needs that merit attention and feedback from community health leaders. In determining health needs that Mercy will not attempt to meet pursuant to this CHNA, focus will be placed on whether other organizations or governmental entities are better placed to respond to such health needs than Mercy.

Mercy generally intends to continue its focus on the specific needs identified in its 2013 CHNA. The desire to continue with these focus areas is validated by the feedback from community stakeholders in 2016 to build upon existing successful efforts, as well the recognition that these needs require focused intervention over the long term. They are:

- **Improving access to care and the frequency of care for our homeless neighbors.**
- **Providing support to victims of violence and addiction**
- **Identifying tactics and strategies to improve birth outcomes and pre-natal care for expectant mothers.**
- **Expanding access to preventative community health services such as primary care to improve outcomes and reduce total cost of care**
- **Provide targeted health education opportunities to the public and support the education of future physicians, advance practice providers, nurses, and other healthcare workers who in-turn serve the community.**

In contrast, at this time Mercy does not intend to create a new community-based program focused solely on heart disease and lung cancer. Considerable local and state resources are currently invested in these key causes of premature death. Furthermore, two large, high-quality academic medical centers exist within walking distance of our downtown hospital and provide significant cardiology and cancer programs to the community. While Mercy does not plan to create new stand-alone programs in these two high priority fields, we do plan to continue our efforts to reduce these top causes of premature death through our existing clinical programs and by improving care coordination and health education in the community setting.

CHNA Implementation Strategy

The Mercy Mission and Corporate Ethics committee reviewed all the Quantitative & Qualitative summary data noted in the Community Health Needs Assessment. The Mission and Corporate Ethics committee is the authorized body of the hospital. On *Wednesday, February 7, 2018* the committee discussed, developed and approved the following strategy focus areas for Mercy's 2018 CHNA and Implementation Strategy:

- Improving access to care and the frequency of care for our homeless neighbors.
- Providing support to victims of violence and addiction
- Identifying tactics and strategies to improve birth outcomes and pre-natal care for expectant mothers.
- Expanding access to preventative community health services such as primary care to improve outcomes and reduce total cost of care
- Provide targeted health education opportunities to the public and support the education of future physicians, advance practice providers, nurses, and other healthcare workers who in-turn serve the community.

Detailed explanations of the strategic goals and objectives for each of these five focus areas are contained on the following pages.

Aligned Population Health Initiatives

In addition, since the 2014 implementation of the new Maryland all-payer model which followed the completion of Mercy's 2013 CHNA and Implementation Plan, Mercy is increasingly focused on high-utilizer patients, including those within our defined CHNA Community Benefit Service Area. Under the All Payer Model Mercy Health Services continues improving quality, lowering costs and responding to population/ community needs. Through Global Budget Revenue (GBR) incentives, Mercy has broadened its focus and reached further into the community to work towards Maryland's statewide population health goals. Mercy has reduced its population of high utilizers through highly effective readmission reduction and extended care activities. Mercy knows its high risk population including individuals experiencing homeless (proximity driven), end stage liver disease (program driven) and high risk mothers. Mercy has tailored specific interventions for these target populations. Mercy will continue to build on its successful population health strategies.
A hospital stay provides a critical opportunity to identify and interact with high-risk/high need patients to prevent future hospitalizations. Central to Mercy's success in managing complex patients and reducing potentially avoidable utilization is a centralized care management infrastructure.

Mercy will continue to build its core care management capabilities in and pursue additional strategies alone and/or in collaboration with other hospitals, FQHCs or payer partners. Mercy's complex care coordination and improvement activities include:

- Risk stratification of the population with a focus on patients with a high risk diagnosis
- A bedside medication delivery at discharge program
- Intensive education for patients and families through MyChart Bedside
- Timely communication with primary care providers (PCP) and connecting patients without primary care physicians to PCP's in the community (including Obstetricians)
- Extended care activities by a physician-led population health team including a post acute clinic for post-discharge needs, scheduling or checking on follow-up appointments.
- Expedited charity care policy to speed transitions home or to lower cost settings.
- Care coordination across settings
- As Maryland moves to the Next Phase of Maryland's All-Payer Model, the Enhanced Total Cost of Care Model, Mercy will participate in the Maryland Primary Care Program to improve care coordination and population health.

Community Partnerships

Mercy has long-standing, and strong, community partnerships with Federally Qualified Health Centers (FQHC's). FQHC's fill a vital role in the community and our partnerships emphasize cooperation in caring for patients rather than competition. Mercy specifically maintains active partnerships with Health Care for the Homeless, Family Health Centers of Baltimore, Total Health Care and Park West Medical Center to help manage high risk populations including pregnant women. MHS executives or physician leaders currently serve on the Boards of Total Health Care, Family Health Centers of Baltimore, Health Care for the Homeless and Park West Medical Systems.

CHNA Implementation Strategy Detail

The following charts reflect the actions identified for measurement and tracking for the Mercy Implementation Strategy. The charts describe the actions Mercy intends to take to address health needs, describes the anticipated impact of the actions, identifies resources committed and highlights key partnerships and collaborations. The Implementation Strategy is not intended to be a comprehensive catalog of the many ways the health needs of the community are addressed by Mercy Medical Center but rather a representation of specific actions that the hospital commits to undertaking and monitoring as they relate to each identified need. Key partners have been included in the line item entries on the Implementation Strategy charts; however, many Mercy clinical departments will be partnering in the collaborative efforts and specific actions that address the goals of "meeting the health needs of the community" whether that entails involvement in a clinical program or protocol or if it is an individual or group sharing knowledge in an educational outreach opportunity.

2018 CHNA Implementation Strategy

Improving access to care and the frequency of care for our homeless neighbors

Hospital Initiatives & Objectives

- **Maintain support for Healthcare for the Homeless (HCH):** Mercy provides primary medical and pediatric physicians, nurse practitioners, PA and social work providers to support the mission of primary care, preventative medicine and support services at the HCH site. The initiative supports a continuum of care for patients utilizing HCH and Mercy services. Effective preventative care for this high risk population reduces avoidable utilization.

- **Maintain Supportive Housing Program:** Mercy's Supportive Housing Program (MSHP) coordinates services to homeless families, families in shelters and families at risk of homelessness. The goal of MSHP is to house homeless families, prevent homelessness for families at risk of eviction and to provide support services such as counseling and advocacy.

- **Maintain Emergency Department Social Work:** An emergency department visit provides a critical opportunity to identify and interact with high-risk patients and prevent future visits. Mercy provides case management/Social Worker (LCSW) capacity in the Emergency Department for homeless, substance abuse and psychiatric patient populations in need of primary care and social support referrals.

- **Bi-Directional Patient Navigator:** Maintain patient navigator position for Healthcare for the Homeless (HCH) that will be primarily responsible for facilitating and ensuring that HCH patients keep their appointments and ensure that these patients arrive on time at the site of service. In addition, this position will identify patients in Mercy's Emergency Department who are in need of the client services provided by HCH.

- **Maintain/Expand Mobile Clinic Services:** Partner with HCH to improve access to primary care, by supporting HCH's efforts to maintain and expand mobile clinic services for homeless clients along the Fallsway and specifically at the Weinberg Housing Resource Center.

- **Maintain Emergency Dental Care & Charity Dental Clinic Care.**

Key Partners & Resources: **Healthcare for the Homeless, Catholic Charities, Mercy Emergency Department, Mercy Social Work Department**.

Comments: Mercy Medical Center is a founding partner of Health Care for the Homeless which works to prevent and end homelessness for vulnerable individuals and families. HCH offers quality, integrated health care and promotes access to affordable housing and sustainable incomes through direct service, advocacy and community engagement. Mercy Medical Center physicians, nurses, social workers, supportive housing personnel and pastoral care staff support the health care needs of clients served by HCH. In partnership with Baltimore City shelters, the HCH Convalescent Care Program provides 24-hour shelter, recuperative care, case management and nursing assistance for individuals with medical conditions not appropriate for hospitalization.

Identifying tactics and strategies to improve birth outcomes and pre-natal care for expectant mothers

Hospital Initiatives & Objectives

- **Support Baby Basics Prenatal Health Literacy Program:** The Baby Basics Prenatal Health Literacy Program provides health education to expectant mothers at Federally Qualified Health Centers, read, understand, and act upon pregnancy information. The program empowers underserved populations to be active participants and to effectively navigate the healthcare system.
- **Provide HCAM/ED Linkage & Referral Initiative for Pregnant Women:** Pregnant mothers presenting to the Mercy ED are provided resources and referrals for insurance coverage.
- **Host & Support Child Fatality Review Committee:** Mercy hosts and participates in the multi-stakeholder Baltimore City Child Fatality Review Committee. The committee is provided notice of unexpected resident child deaths each month by the Office of the Chief Medical Examiner, reviews the circumstances of each incident, and then recommends and works to implement local level systems changes to prevent future deaths.
- **Increase completion of pre-natal records:** Collaborate with FQHCs to make pre-natal records available for every mother delivering at Mercy.
- **B'More for Healthy Babies:** Provide executive support to move the B'More for Healthy Babies initiative towards a long-term, sustainable financial model.
- **Explore Nurse Home Visits:** Seek and evaluate grant opportunities to partner with Federally Qualified Health Centers and the Department of Social Services to expand nurse home visits to new/expectant mothers.
- **Maintain Access to OB and NICU services:** Mercy provides support to physician practices through subsidies for PA and NP physician extenders in order to provide OB and NICU health care Services regardless of insurance status.

Key Partners & Resources: B'More for Healthy Babies, Baltimore City Health Department, Metropolitan OBGYN, Total Healthcare, Family Health Centers of Baltimore, Park West Health System.

Comments: As the largest birthing hospital in Baltimore City and as the second largest hospital provider of obstetrical services in Maryland for the Medicaid-insured population, Mercy is deeply committed to working with community stakeholders, local and state government and other providers to lower instances of infant mortality and premature births.

Expanding access to preventative community health services such as primary care to improve outcomes and reduce total cost of care

Hospital Initiatives & Objectives

- **Provide Primary Care Support for Adult and Pediatric Medicine patients:** Mercy provides subsidized support to Adult and Pediatric physician offices (McAuley 12). This helps to provide cost-efficient and accessible health care regardless of insurance status and arranges for sliding scale fees to assist the uninsured with physician and other expenses.
- **Expand Mercy's Population Health & Care Transition program:** Continue expanding Population Health & Care Transition program to better manage high-risk and rising risk patients, coordinate with Mercy Employed and Non-employed Primary Care Physicians located on the downtown campus, and address total cost of care (TCOC)
- **Participate in collaborative efforts to improve FQHC sustainability:** Mercy views Federally Qualified Health Centers as important Partners of population health for poor, minority populations in Baltimore City and the State of Maryland. It is critical that FQHCs work collaboratively to improve the long-term sustainability of their business models given current market dynamics since the implementation of the Affordable Care Act. Mercy will partner with collaborative initiatives to improve FQHC sustainability.
- **Participate on FQHC Boards:** Similarly, senior Mercy Executives volunteer to serve on the boards of several Baltimore City Federally Quality Health Centers to promote collaboration and FQHC stewardship and sustainability.
- **Electronic Health Record / Health Information Exchange:** Mercy makes continual investment in EHR technology which facilitates the sharing of patient data amongst both internal and external providers. Mercy regularly contributes clinical and demographic data to CRISP, which is Maryland's Health Information Exchange (HIE). Mercy's Epic system also allows providers to send and receive transitions of care electronically through direct messaging functionality.

Key Partners & Resources: **Mercy Employed and Nonemployed Primary Care Physicians located on the downtown campus, area Federally Qualified Health Centers, other community providers**.

Comments: As noted earlier, Mercy has long-standing, and strong, community partnerships with Federally Qualified Health Centers (FQHC's). FQHC's fill a vital role in the community and our partnerships emphasize cooperation in caring for patients rather than competition. We are focused on collective learning, leveraging our respective strengths, and specific initiatives to improve community health. Mercy specifically maintains active partnerships with Health Care for the Homeless, Family Health Centers of Baltimore, Total Health Care and Park West Medical Center to help manage high risk populations including pregnant women.

Providing support to victims of violence and addiction

Hospital Initiatives & Objectives

- **Maintain Forensic Nurse Examiner Program:** The Forensic Nurse Examiner (FNE) Program (formerly the SAFE Program) provides care to victims of sexual, domestic, child, elder and institutional violence. The centerpiece of Mercy's program is a skilled team of Forensic Nurse Examiners (FNEs) who document the details of the assault, collect crucial time-sensitive evidence and perform medical exams, tests and treatments. In order to raise awareness and reduce violence, the program's leadership and certified nursing staff provide community education about domestic violence and sexual assault to law enforcement and the community. The FNE Program is the designated site for forensic patients in Baltimore City and the only comprehensive program of its kind in Maryland.
- **Maintain Inpatient Substance Abuse and Medical Detoxification Services:** Mercy offers one of two inpatient detoxification units in Baltimore City and provides physician subsidies for the professional component of these inpatient services. Of note, a number of diseases and medical conditions are over-represented in patients with substance abuse. Consultative and follow up care with appropriate specialists also are supported.
- **Maintain Family Violence Response Program:** The Mercy Family Violence Response Program provides confidential services to patients and employees who are victims of violence, abuse and neglect, including domestic violence, sexual assault and vulnerable adult abuse. The program offers counseling, crisis intervention, safety planning, danger assessment, counseling/legal resource linkage, advocacy, documentation and free short-term individual follow-up counseling regarding domestic violence.
- **Maintain Screening, Brief Intervention and Referral to Treatment (SBIRT) services:** SBIRT is a proven-effective public health approach to identifying and providing early intervention among individuals at risk for developing substance use and other behavioral health disorders.
- **Continue Family Violence Training:** Mercy's Family Violence Program develops training curriculums and provides training sessions for Baltimore City Federally Qualified Health Centers.

Key Partners & Resources: Baltimore City Health Department, Behavioral Health System Baltimore, Baltimore City Sexual Assault Response Team (SART), Mercy Emergency Department.

Comments: Baltimore has the one of the highest violent crime rates among major U.S. Cities with a rate of 17.95 per 1000 residents. Therefore, hospitals alone cannot significantly reduce violent crime or addiction in Baltimore. However, the programs described here are incredibly important pieces to a network of services provided to victims in Baltimore. Mercy will seek to enhance and continue these existing community resources.

Provide targeted health education opportunities to the public and support the education of future physicians, advance practice providers, nurses, and other healthcare workers who in-turn serve the community.

Hospital Initiatives & Objectives

- **Maintain Mercy Residency Program to support the Education of future physicians:** The Preliminary Medicine Residency Program at Mercy Medical Center has a longstanding commitment to excellence in medical education and patient care in a mixed academic and community hospital setting. Mercy maintains a strongly collegial atmosphere with a sizeable preliminary-only intern class with close affiliation with University of Maryland internal medicine residents and medical students, in a team-based, academic approach.
- **Maintain mWORKS program:** Launched in 2016, mWORKS (Mercy's Workforce Outreach: Raising Knowledge and Skills) initiative provides job training and education to Baltimore City residents who face significant socio-economic challenges for positions in the hospital's environmental services, dietary and transport areas. Fashioned on the nationally recognized ServSafe food and beverage safety training and CHEST (Certified HealthCare Environmental Services Technician) programs, mWORKS offers individuals opportunities to secure jobs and develop specific skills that they can use the rest of their professional careers.
- **Community Seminars:** Mercy provides a series of topical community health seminars that are free and open-to-the public at Mercy's downtown campus and throughout the broader region. The health seminars include expert presentations by Mercy primary care and specialist physicians on a variety of key health issues effecting community members.
- **Personalized Health Education:** Mercy provides disease specific, patient education through MyChart Bedside to reduce readmissions and improve population health. The program leverages the patient's in-room television to engage patients and families in the care process for improved outcomes. MyChart Bedside delivers personalized patient education, medication information and chronic condition management tools.
- **Health Web Videos:** Mercy maintains a large catalogue of more than 1000 high-quality, professionally produced web videos featuring Mercy primary care and specialist physicians on a variety of key health topics that are accessible on Mercy's website and YouTube Channel.
- **Nutritional counseling and weight loss counseling sessions:** Mercy offers periodic nutritional and weight loss counseling sessions to employees, patients and the broader public in order to support a culture of fitness and wellness within our community.
- **Health literacy for those in need:** Evaluate opportunities to provide targeted health education/literacy materials at Department of Social Services Resource Centers located within the CNHA Service Area.

Key Partners & Resources: **Mercy's Nursing Division, Mercy Marketing Department, Mercy HR Department, Mercy's Center for Endocrinology**

Comments: There is a dearth of updated, high quality health education materials in our community. Significant thought went into identifying the most effective means of communicating public health messages to such a diverse community. Mercy already generates a large volume of health information via newsletters, the Mercy website, our YouTube channel and other media and Mercy continues to explore new opportunities to make this valuable health information available to the public.

Mercy Mission & Corporate Ethics Committee

Mercy thanks Members and Attendees of the Mercy Health Services Mission & Corporate Ethics Committee for their direction and support of Mercy's 2018 Community Health Needs Assessment & Implementation Strategy.

Ms. Mary Louise Preis, Chair, Mercy Health Services Mission & Corporate Ethics Committee

Sister Helen Amos, RSM, Executive Chair, Mercy Health Services Board of Trustees

Mr. Thomas R. Mullen, President and CEO, Mercy Health Services

Ms. Kathy Ault Mullane, Director, Pastoral Care, Mercy Medical Center

Ms. Kim Bushnell, V.P., Patient Care Services & CNO, Mercy Medical Center

Sister Elizabeth Anne Corcoran, RSM, Mercy Medical Center

Joseph Costa, M.D., Chief, Division of Critical Care, Mercy Medical Center

Sister Fran Demarco, RSM, Director, Mission Services, Mercy Medical Center

Ms. Susan Finlayson, Sr. V.P., Operations, Mercy Medical Center

Rev. Thomas Malia, Assistant to the President for Mission, Mercy Medical Center

Mr. Joe Marana, Mgr., Nursing Unit, Mercy Medical Center

Sister Karen McNally, RSM, Chief Administrative Officer, Stella Maris

Ms. Amy Miller, Director Comp. and Workplace Analytics, Mercy Health Services

Ms. Cheryl Mohn, Director, Dining Services, Stella Maris

Mr. Ryan O'Doherty, V.P., Marketing and External Affairs, Mercy Health Services

Ms. Katherine Pilkenton, Sr. Director, Financial Planning, Mercy Health Services

Sister Augusta Reilly, RSM, Board Member, Mercy Health Services Board of Trustees

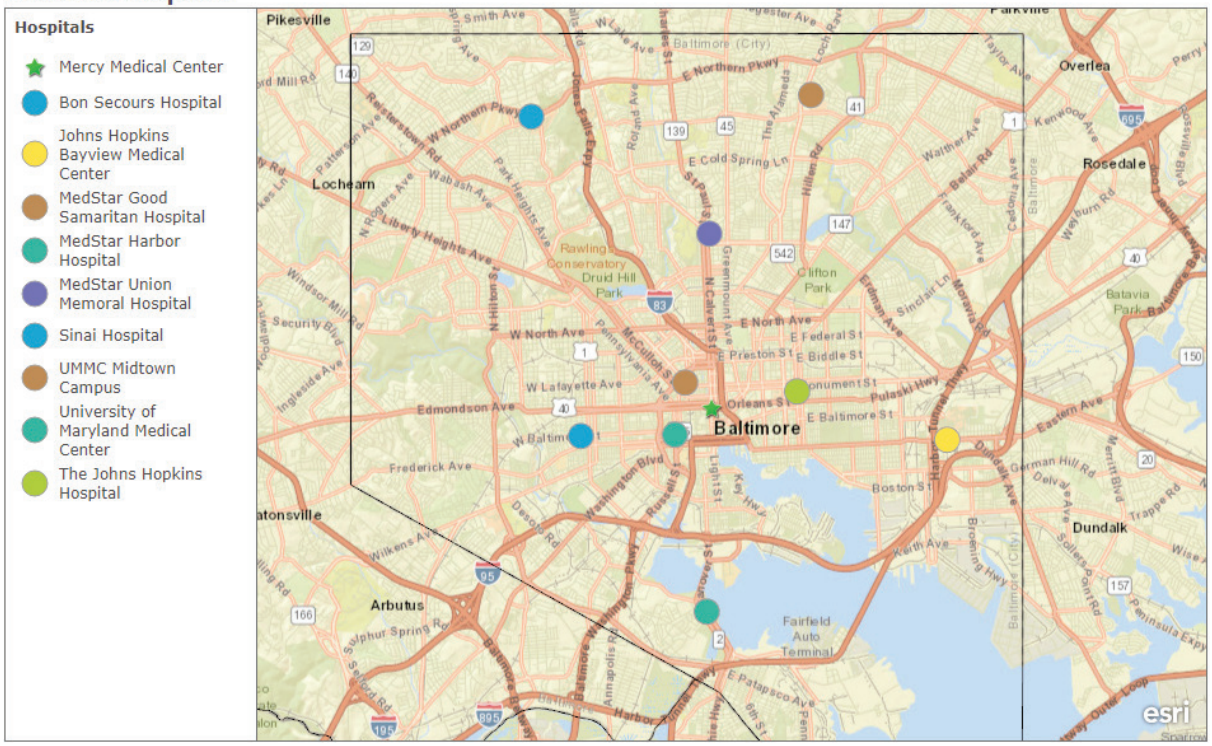
Wilma Rowe, M.D., Sr. V.P., Medical Affairs, Mercy Medical Center

Existing Health Care Facilities & Other Community Resources

Five of the sixteen acute care hospitals in Baltimore City are located within Mercy's Community Benefit Service Area. As noted earlier due to Mercy Medical Center's downtown location between other larger hospitals, Mercy is not the dominant hospital provider in any Baltimore City zip codes. However, Mercy maintains an array of specialized citywide support programs for pregnant women, homeless individuals and substance abusers are supported, in part, by our community benefits program.

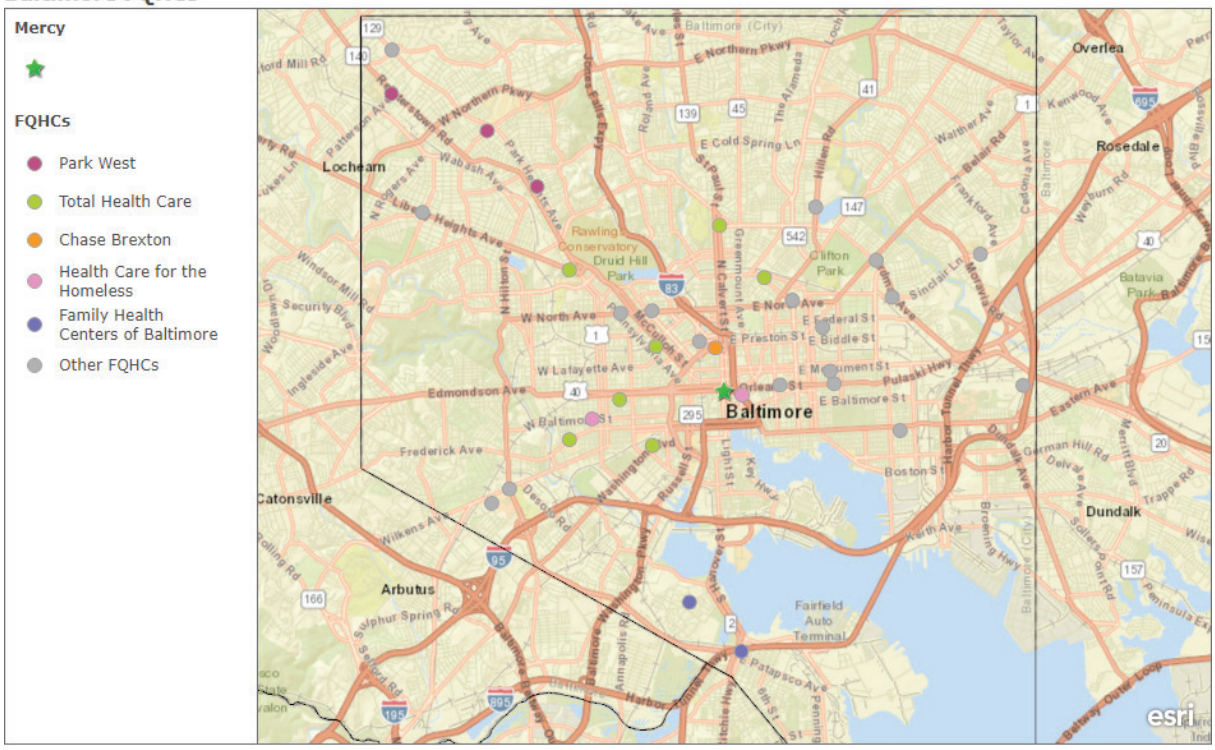
Baltimore City Hospitals: Johns Hopkins Hospital, LifeBridge Sinai Hospital, University of Maryland Medical Center, St. Agnes Hospital, John Hopkins Bayview Medical Center, Medstar Good Samaritan Hospital, MedStar Union Memorial Hospital, MedStar Harbor Hospital Center, University of Maryland Midtown Campus.

Baltimore Hospitals



Federally Qualified Health Centers: In addition to hospitals, seven different federally qualified health centers (FQHCs) operate 15 different community health clinics inside or within walking distance of our community.

Baltimore FQHCs



SBIRT Sites: To address addiction and substance abuse, multiple providers have treatment centers and sites inside Mercy's community. This map gives a sense for the location of treatment centers and SBIRT sites (Screening, Brief Advice, Brief Intervention, Referral to Treatment, Brief Treatment) in the City. A concentration of these facilities is housed within our community: http://www.marylandsbirt.org/about/maryland-sbirt-sites/

Successful Initiatives

Below is a brief summary of key successful initiatives and services provided since Mercy finished conducting its immediately preceding CHNA:

Improving access to care and the frequency of care for our homeless neighbors

- ***Healthcare for the Homeless (HCH):*** Mercy is a founding partner of HCH, which was established in 1985. Mercy provides primary medical and pediatric physicians, nurse practitioners, PA and social work providers to support the mission of primary care, preventative medicine and support services at the HCH site. HCH has provided 111,177 encounters for CY 2016, an increase of 50% over CY2015. Mercy also supported HCH efforts to expand services with a mobile clinic.

- ***Mercy's Supportive Housing Program (MSHP):*** Coordinates services to homeless families, families in shelters and families at risk of homelessness. The program provided supportive services to 1,363 clients including 83 eviction prevention cases and 1,280 other supportive services in FY2017.

- ***Emergency Dental Care and Charity Dental Clinic:*** Mercy provided accessible dental consults and care in the emergency health care regardless of insurance status for 239 individuals. Mercy provides subsidized support to the Medicaid and uninsured patients in the amount of $303,559.

Expanding access to preventative community health services such as primary care to improve outcomes and reduce total cost of care

- ***Pediatric and Adult Medicine:*** Mercy has provided subsidized support to Adult and Pediatric physician offices. This helps to provide cost-efficient and accessible health care regardless of insurance status and arranges for sliding scale fees to assist the uninsured with physician and other expenses. Mercy provided a $1,966,182 subsidy to provide this service in FY2017.

- ***New Pediatric Facility:*** In March 2018, Mercy Family Care Physicians relocated to a newly-renovated facility opened on McAuley 12. The state-of-the-art 14,675 square foot location features a total of 33 exam rooms (8 adult primary care, 25 pediatric care, including 4 sick child care examination rooms), a blood draw lab including an infant station, EKG, and a play area for children. The $4 million facility received $1.9 million in matching grant funding through the Maryland Hospital Association State Bond program. The location is staffed by six pediatricians and two adult medicine specialists to serve the population.

Identifying tactics and strategies to improve birth outcomes and pre-natal care for expectant mothers

- ***Baby Basics Prenatal Health and Literacy Program:*** The Baby Basics Prenatal Health Literacy Program provides health education to expectant mothers at Federally Qualified Health Centers. Approximately 3,000 Baby Basics Health Literacy Books were provided in FY2017.

Providing support to victims of violence and addiction

- ***The Forensic Nurse Examiner (FNE) Program:*** The FNE Program provides care to victims of sexual, domestic, child, elder and institutional violence. In FY2017, 471 patients were provided forensic services.

- ***Mercy Family Violence Response Program:*** The program services victims of child abuse and neglect, sexual assault and abuse, domestic violence and vulnerable adult abuse. In 2017, 757 patients were provided Family Violence Response services.

- ***Mercy's Substance Abuse and Medical Detoxification Program:*** In FY2017 1,042 patients were admitted to this service.

- ***Screening, Brief Intervention and Referral to Treatment (SBIRT):*** In FY2017, 3,041 patients had intervention with a Peer recovery Coach in ER, 501 patients were referred to treatment.

Provide targeted health education opportunities to the public and support the education of future physicians, advance practice providers, nurses, and other healthcare workers who in-turn serve the community.

- ***Mercy's Preliminary Medicine Residency Program:*** Mercy has maintained a Medicine Residency Program in affiliation with the University of Maryland School of Medicine for over 100 years. With a sizeable annual class of eighteen preliminary residents, Mercy offers a collegial atmosphere throughout both its patient care and educational activities.

- ***Nursing Education Program:*** Mercy's commitment to nursing education and advancing career opportunities for future nursing graduates is an investment that benefits Mercy Medical Center as well as other health care providers across the region. The department of Nursing collaborates with numerous renowned universities and local colleges to educate train and teach tomorrow's workforce through first-hand, best-in-practice experience. Each semester more than 200-300 students have the opportunity to apply their classroom instruction to real-world patient situations. The art of compassionate care is learned at the bedside and through Mercy's Magnet-status Nursing Department.

- ***mWORKS:*** Mercy's Workforce Outreach Raising Knowledge and Skills (mWORKS) initiative provides job training and education to Baltimore City residents who face significant socio-economic challenges for positions in the hospital's environmental services, dietary and transport areas. Four mWORKS training cohorts have been conducted resulting in 73 mWORKS graduates and 59 job offers to candidates since the program's inception in the fall of 2016.

Acknowledgements

On behalf of the Sisters of Mercy and the entire Mercy team, we wish to offer our gratitude and special recognition to the following organizations for their invaluable contributions and support of our current and prior year Community Health Needs Assessment and Implementation Strategy:

- Baltimore City Health Department
- CHNA Consortium of Baltimore City Hospitals, including:
  - The Johns Hopkins Hospital
  - Johns Hopkins Bayview
  - Medstar Good Samaritan Hospital
  - Medstar Harbor Hospital
  - MedStar Union Memorial Hospital
  - Sinai Hospital of Baltimore (LifeBridge Health)
  - St. Agnes Hospital
  - University of Maryland Medical Center
  - University of Maryland Medical Center Midtown Campus
- Healthcare for the Homeless
- Baltimore Neighborhood Indicators Alliance-Jacob France Institute at the University of Baltimore
- Baltimore City Department of Social Services
- The Annie E. Casey Foundation
- Total Health Care, Inc.
- HealthCare Access Maryland
- Association of Baltimore Area Grantmakers
- Sharp Leadenhall Planning Committee
- Christ Lutheran Church
- B'More for Healthy Babies Initiative
- Baltimore City Council

Disclaimer

This Implementation Strategy addresses the community health needs described in Mercy Medical Center's Community Health Needs Assessment that Mercy plans to address in whole or in part and that are consistent with its mission. Mercy reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternatively, other organizations in the community may decide to address certain needs, indicating that Mercy then should refocus its limited resources to best serve the community. Beyond the initiatives and programs described herein, Mercy is addressing some of these needs simply by providing health care to the community, regardless of ability to pay.