BALTIMORE CITY HEALTH DEPARTMENT

# Local Health Improvement Coalition (LHIC) Meeting

*June 2, 2023*

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

@Bmore_Healthy
BaltimoreHealth
*health.baltimorecity.gov*

# Meeting Norms

- When you join, please chat-in or say your name.
- State your name before speaking.
- Verbalize messages in chat.
- Speak for yourself only, using "I" statements: "I do not like…" instead of "we do not like…"
- Raise your hand to speak and use your camera when possible.
- Closed Captioning is available through Teams by clicking on More Actions and selecting "Turn on live captions".
- Meeting notes will be sent in "text only" format at the end of each meeting.

***Meeting will be recorded. The recording will be shared after meeting.***

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# Mission

To protect health, eliminate disparities, and enhance the wellbeing of everyone in our community through education, coordination, advocacy, and direct service delivery.

# Vision

An equitable, just, and well Baltimore where everyone has the opportunity to be healthy and to thrive.

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# Our Values

Data-Driven

Integrity

Innovation

Collaborative

Empowerment

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# LHIC Goals & Purpose

## Local Health Improvement Coalition (LHIC)

1. The coalition's purpose is to identify and address Baltimore City's most **pressing structural health disparities** by bringing together a **multisector group,** with representation from community, health, and government.
2. Requires the **shared leadership** of healthcare, government and community organizations, and community members.
3. BCHD LHIC works to address **3 health priorities** through a diversity of perspectives, collaboration, and pooling of resources.

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# Agenda

| Topic | Mins |
|---|---|
| Introduction & Welcome | 11 |
| BCHD News and Updates:<br>• Policy Updates<br>• Program Highlights<br>• Community Health Needs Assessment<br>• Community Member Recruitment | 20 |
| Updates from Our Priority Areas<br>• Social Determinants of Health: Teresa Leslie, Keyonna Mayo, and Rashad Staton<br>• Citywide Care Coordination: Lorena de Leon<br>• Diabetes: Sheree Gatewood, Matt Morgan | 40 |
| Community Spotlight: Featuring Dr. Yolanda Ogbolu | 10 |
| Community Announcements<br>• Consumer Hub, Catherine Maybury | 5 |

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# Welcome Mary Beth Haller, Esq.!

- Acting Commissioner of Health Mary Beth Haller, Esq, has over 21 years of local government experience, having worked for BCHD for 15 of those years.
- Ms. Haller previously served as the Deputy Commissioner for the Division of Youth Wellness and Community Health at the Baltimore City Health Department (BCHD) where she administered programs that provided services to improve health for children, youth and families.
- A licensed attorney who received her law degree from University of Baltimore, she has worked as a Special Assistant City Solicitor trying cases for the Mayor and City Council against property owners who failed to remove lead-based paint hazards from their properties.
- As a family advocacy attorney, and in her prior BCHD roles, she has served as Assistant Commissioner for its Bureau of Environmental Health and Director of Baltimore's Childhood Lead Poisoning Prevention Program.

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

# BCHD News and Updates

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

@Bmore_Healthy
BaltimoreHealth
*health.baltimorecity.gov*

# Health Policy Team

We work in coordination with and with the purpose of supporting the health department's divisions, offices, and bureaus and in alignment with the City's priorities

Our goal aligns with the mission and vision statement of the health department

Our work spans public health, health care, and health in all policies (HiAP)

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

**We support the health department by:**

- Conducting internal analysis on health policy
- Providing responses to elected officials (legislative recommendations, constituent services)
- Advancing innovative ideas around health
- Building capacity around health policy

**Current activities:**

- Getting to know the agency
- Office of Minority Health (OMH) grant
- Formative research to inform HiAP
- Analysis of past policy priorities

**Team:**

- Sadiya Muqueeth, Chief Health Policy Officer
- Julia Roche, Director of Legislative Affairs
- Breanna DeLeon, OMH Project Fellow (part time support)

Sadiya.Muqueeth@BaltimoreCity.gov

BALTIMORE CITY HEALTH DEPARTMENT

# Mini-Grant Awards

## COVID-19

BCHD is looking for community organizations who can assist with making vaccines accessible to our neighborhoods and provide appropriate education and outreach.

**Applicants can:**

- Host/support COVID-19 clinics
- Support COVID-19 outreach & education

## Social Determinants of Health

BCHD is looking for community organizations who address the impact of COVID-19 on under resourced communities.

**Applicants can:**

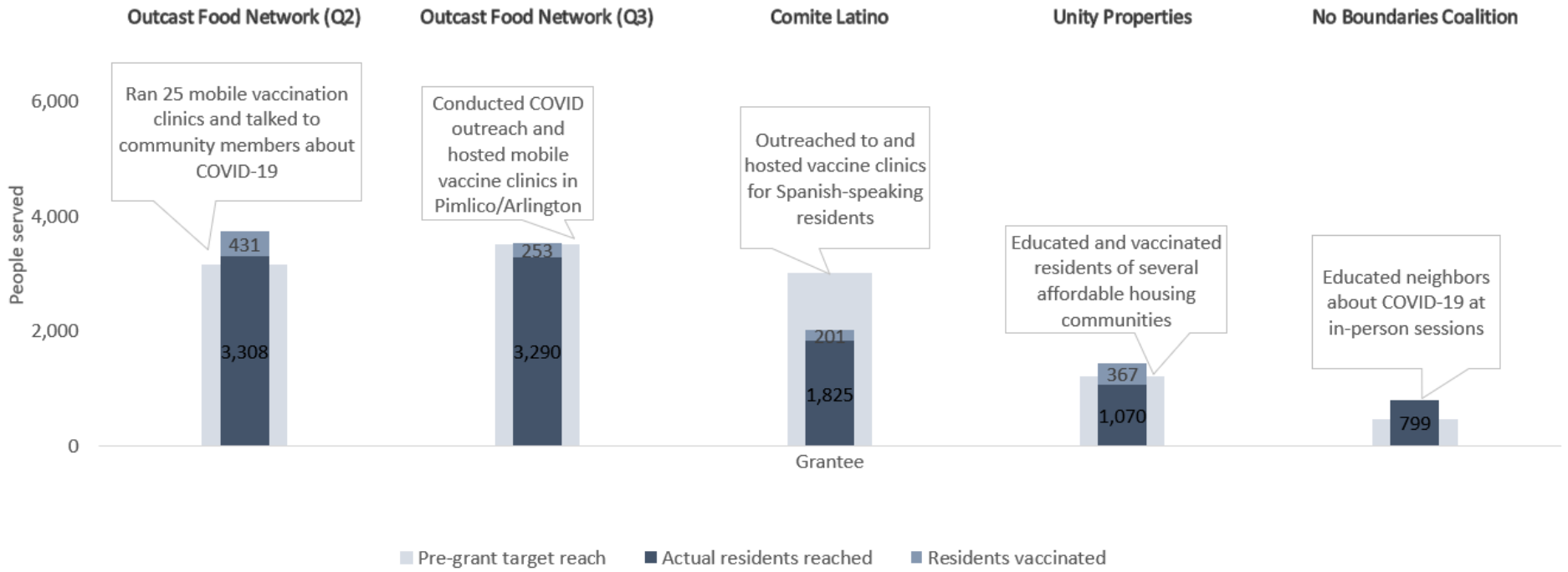
- Provide resource navigation
- Fill a gap
- Improve the accessibility of community resources

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# COVID-19 grantees have vaccinated more than 1,250 people

**Actual residents reached and vaccinated vs. pre-grant goals, November 2022 – February 2023**

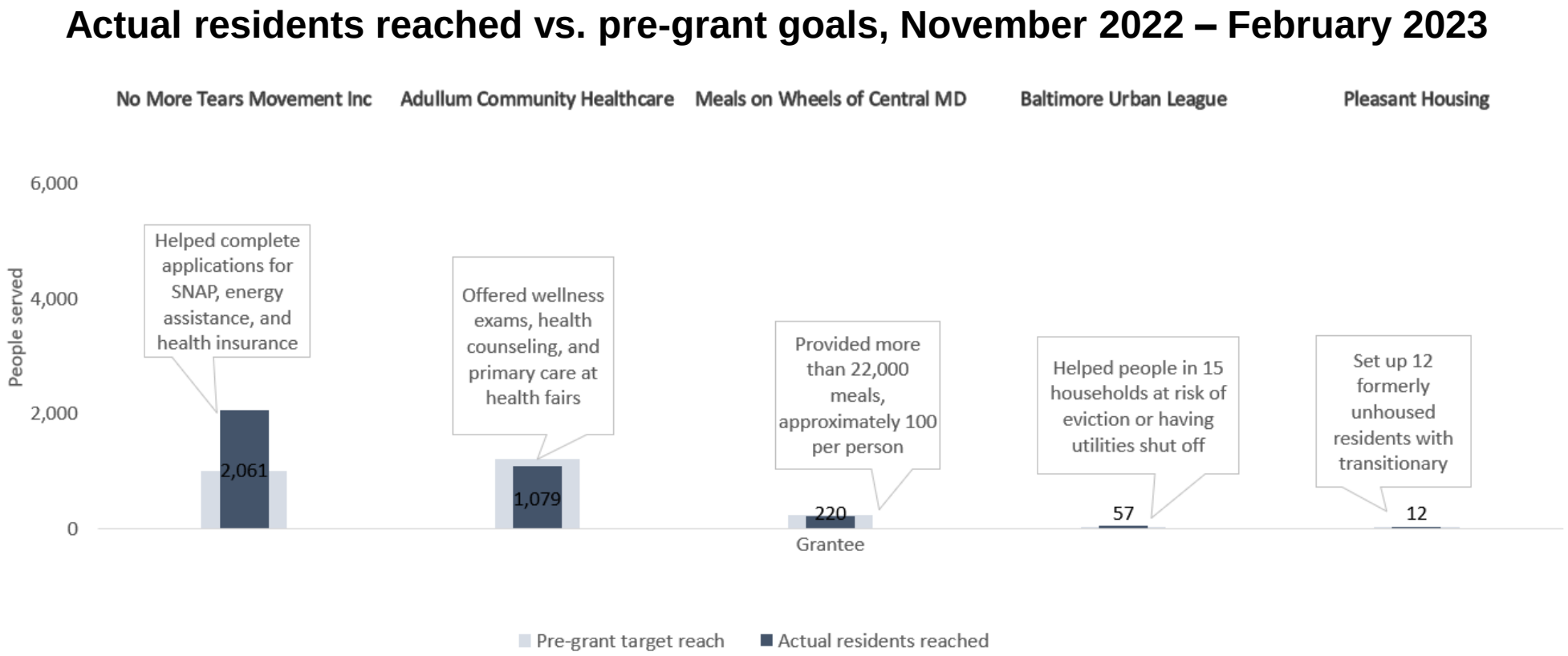




*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City


BALTIMORE CITY HEALTH DEPARTMENT

# SDoH grantees helped 3,400+ residents with food, housing, and utilities needs




*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# When to Apply

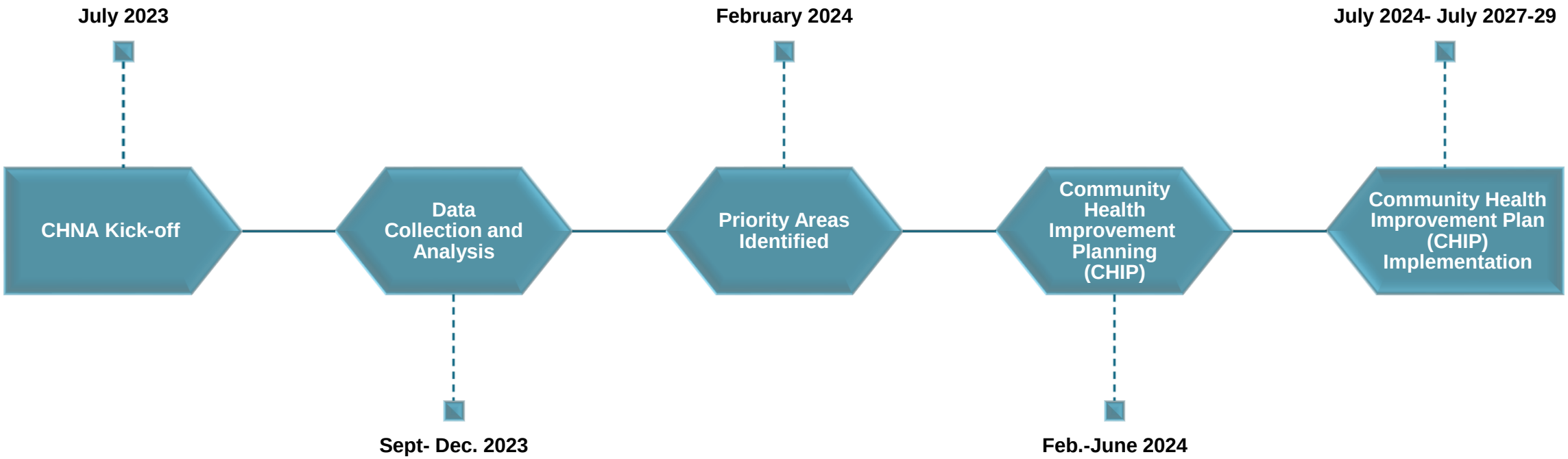
| | |
|---|---|
| **Monday, June 5, 2023** | Mini-grant application is open |
| **Friday, June 23, 2023** | Mini-grant applications are due |
| **Monday, July 24, 2023** | Funding period begins |
| **Friday, October 23, 2023** | Funding period ends |

**To apply:** https://civicworks.submittable.com/submit

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# Community Health Needs Assessment




*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# Community Member Recruitment

## Qualifications & Responsibilities

- ✓ $30 stipend for each hour of participation
- ✓ 4-10 hour a month
- ✓ Representatives for the older adult, youth, disabilities, LGBTQ+, preferred but not required
- ✓ Baltimore City Resident
- ✓ Interest/ Passion for addressing Diabetes, Social Determinants, or Care Coordination
- ✓ Desire and ability to work on diverse groups with long-term goals
- ✓ Ability to think about big problems and offer solutions


For more information, contact Stephane Bertrand.
Stephane.Bertrand2@baltimorecity.gov

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

# Social Determinants of Health

*June 2023 Update*

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

@Bmore_Healthy
BaltimoreHealth
*health.baltimorecity.gov*

# Social Determinants of Health Work Group

**Lead**: Dr. Teresa Leslie & Keyonna Mayo

**Active Members**: Vanya Jones, Yvonne Bronner, Farmer Chippy, Charles Jackson, Hameenat Adekoya, Rashad Staton, Sonya Kirby, Lorena DeLeon and many others.

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# Social Determinants of Health Work Group

**Our Goal:** Improve health and well-being outcomes by addressing social determinants of health (SDoH)

***Agriculture is multi-sectorial and transdisciplinary!***

***It is important to work outside of silos to get the job done and improve the health and well being of those who need it most.***

**Our Objectives:**

1. Improve food availability, access and utilization by fostering engagement between farmers and communities (allow farmers to take the lead)
2. Increase knowledge of healthy food through community education (tap into the resources already existing in communities)
3. Assist in the growth and development of a sustainable urban agricultural industry in Baltimore City to improve the economic stability of Baltimore City residents (increase autonomy and self-determination).

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

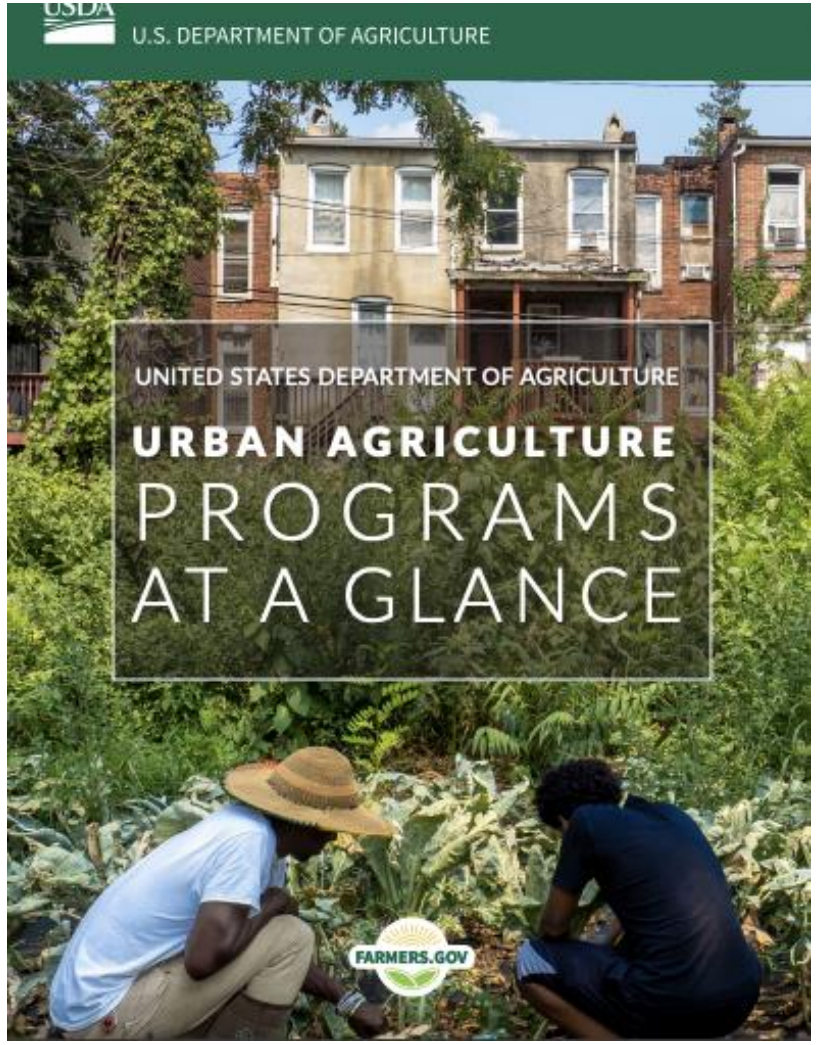
BALTIMORE CITY HEALTH DEPARTMENT

# Social Determinants of Health Work Group

## Applying for funding

- Collaboration with CLIA-success
- CDC-Diabetes
- USDA
  - Farmers markets
  - Local food systems

Working to align funding with other working groups (diabetes & care coordination




*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

# Community Law In Action (CLIA)

**Mission:** CLIA develops young leaders and facilitates effective partnerships to amplify youth priorities, impact policy, and foster positive community change.

**Vision:** CLIA envisions Maryland as a place where young people are valued, equipped, and equitable partners in decision making that impacts them.

clia
Youth Voices for Community Change

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# CLIA's – Advancing Youth Voice, Agency, and Representation Across Decision Making Efforts

01

Young people are the **experts on their own lives**.

02

Engaging young people in planning and decision making regarding their lives — and the larger community — yields benefits for them as they transition into adulthood

03

Working together, youths and adults should identify, evaluate, and create these opportunities while thinking about how they will further a young person's development and positive outcomes.

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# Timeline

clia
Youth Voices for Community Change

## Framing Positive Youth Development

- CLIA's facilitates 3 fully developed and implemented trainings for current adult LHIC participants focused on including/ and 1 training for youth to participate on the SDoH subcommittee of the LHIC
  - First training on **Friday, June 16th at 11am (Virtual Workshop)**
    - Engage and share a space with youth through a youth centered equitable approach that considers youth as "experts of their own lives"
    - Operate as a strength-based partners who engages youth using an "aspirational" approach.

## Supporting Youth Voice and Agency

- SDOH working groups will collaborate with CLIA to recruit 3 or 5 youth members
- Understand the learning curve youth representatives require when working with adult professionals (i.e., adapting to the jargon, protocol, and accountability regarding the decision-making processes)
- Honor and incorporate the youth voice, agency, and input during the planning and implementation phases.

## Sustaining Intergenerational Collaboration (Youth and Adult Partnerships

- Assessment (Reflection, Data Collecting, and Implementing)
  - Survey
  - Peer to Peer Interviews
  - Replicating Framework
  - Development of a process model to later fully integrate youth as committee members across the diabetes and care coordination working group and the general LHIC.

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMENT

# Care Coordination

*Workgroup Member Update*
*Maryland Physicians Care*

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

@Bmore_Healthy
BaltimoreHealth
*health.baltimorecity.gov*

maryland physicians care

Help is Here

# Social Care Coordination Overview

**Dr. Lorena de Leon**

**Sr. Director Population Health & SDoH**

# Who is Maryland Physicians Care

- Statewide Medicaid MCO
- Owned by 4 Maryland hospitals

UPMC WESTERN MARYLAND

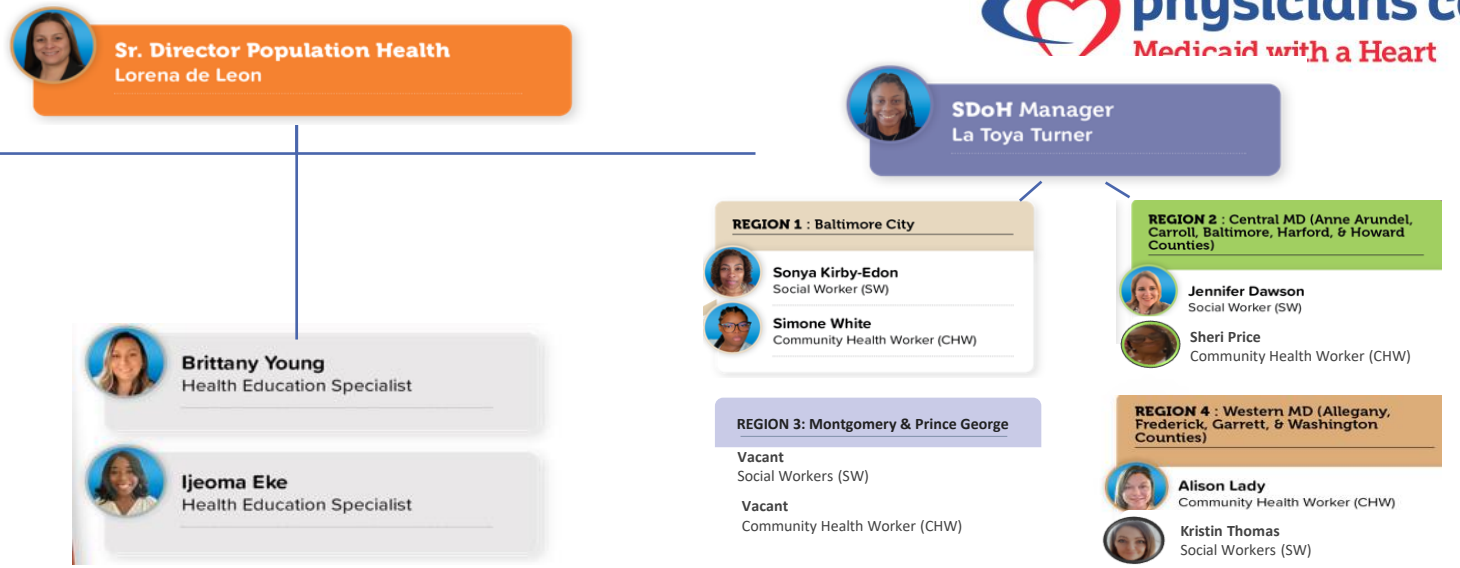
Meritus Health

HOLY CROSS HEALTH

Ascension Saint Agnes

- 3rd Largest MCO in Maryland serving over 250,000 HealthChoice members
- Network of 60 hospitals, 3200 PCPs, and more than 32K Specialists

# Population Health/SDoH Teams & Goals




## Improved population analytics

- Develop better tools for ingesting data
- Evaluate health needs of the population
- Identify the needs of important sub-groups (health equity)

## Development of effective interventions

- Identify and develop effective messaging channels
- Create effective and appropriate messaging
- Measurement of impact of programs

## Social Determinants of Health initiative

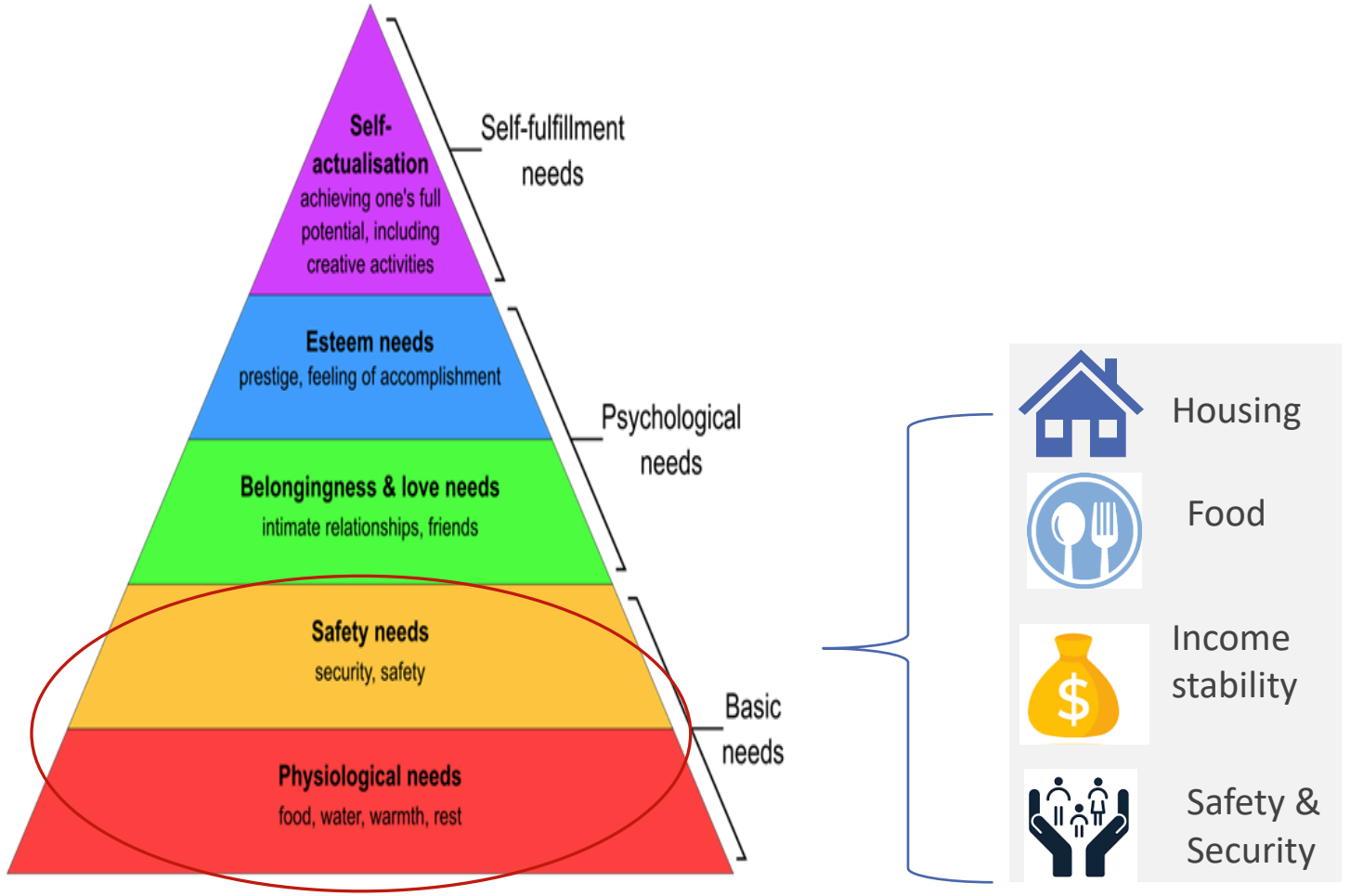
- Develop deep understanding of available resources
- Create “strike teams” to intervene in high-risk cases
- Enhance accessibility of resources to our membership at large

# Moving upstream to create a proactive model

- *Healthcare has traditionally been reactive*
- *Moving upstream allows for addressing fundamental issues within an individual's life*
- *Understanding each individual's environment is necessary for engagement in their health promotion*

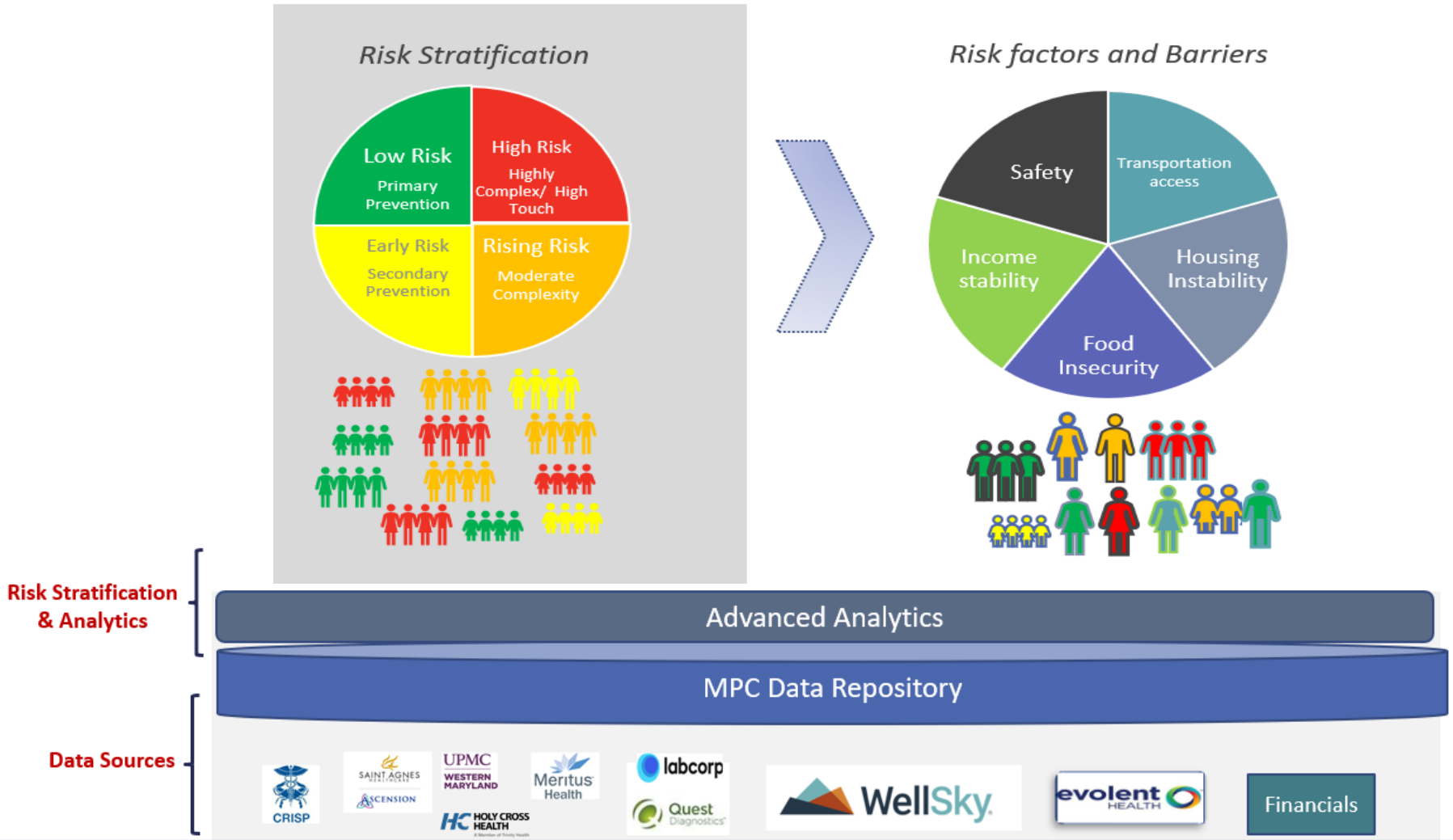
# *Assessing and addressing SDOH is fundamental to care coordination*

- Many individuals struggle having basic needs met
- Compliance with treatment plans will remain a challenge if barriers to access are not addressed
- Going back to basics is needed to create a strong foundation of trust



# Data is key to identifying barriers

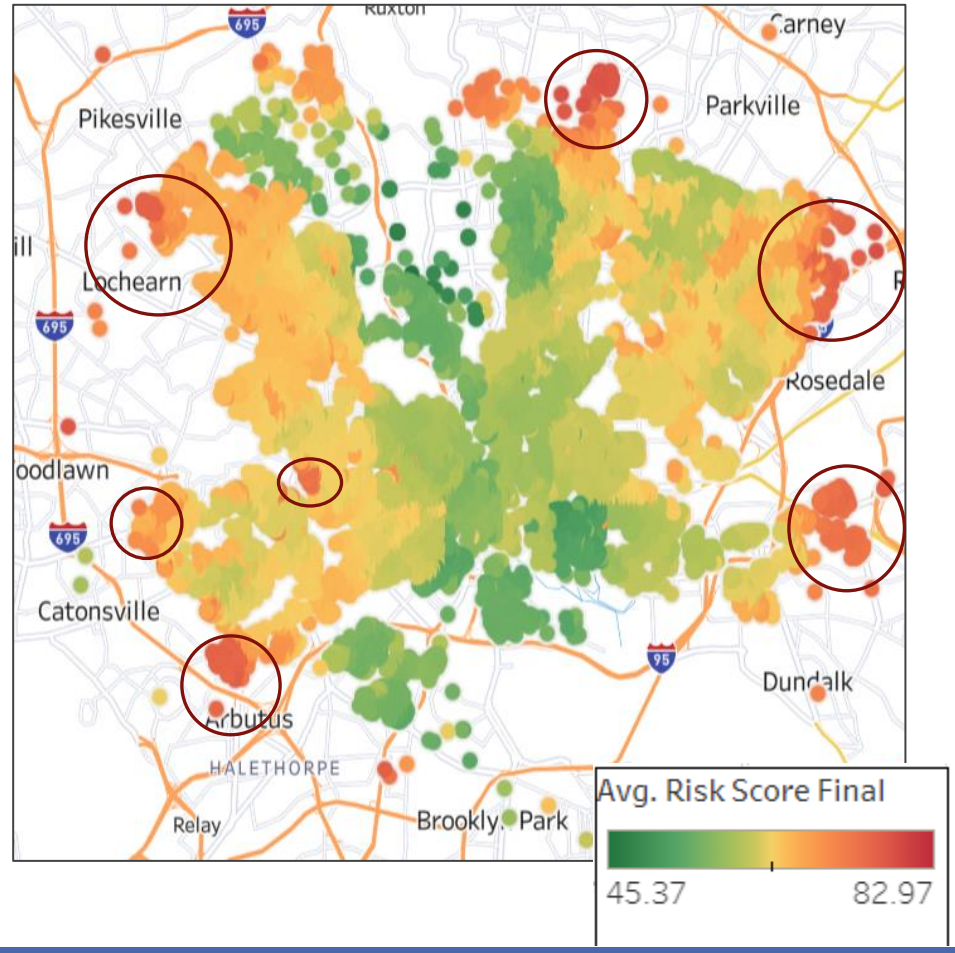
- *Interoperability and data aggregation is foundational*
- *Understanding individual risks and needs allows for targeted solutioning*
- *Precision increases chances for limited resources to have an impact and improve outcomes*



# Targeted Interventions Based on SDoH Risk

- *Focused on "hot spots" of micro population across the city with high needs*
- *Dedicated team to build trust with individual's and community over time*
- *Identify partnership based on specific individual's needs*
- *Closed-loop referral system to monitor and track outcomes*

**MPC's membership distribution by risk score**



BALTIMORE CITY HEALTH DEPARTMENT

# Diabetes

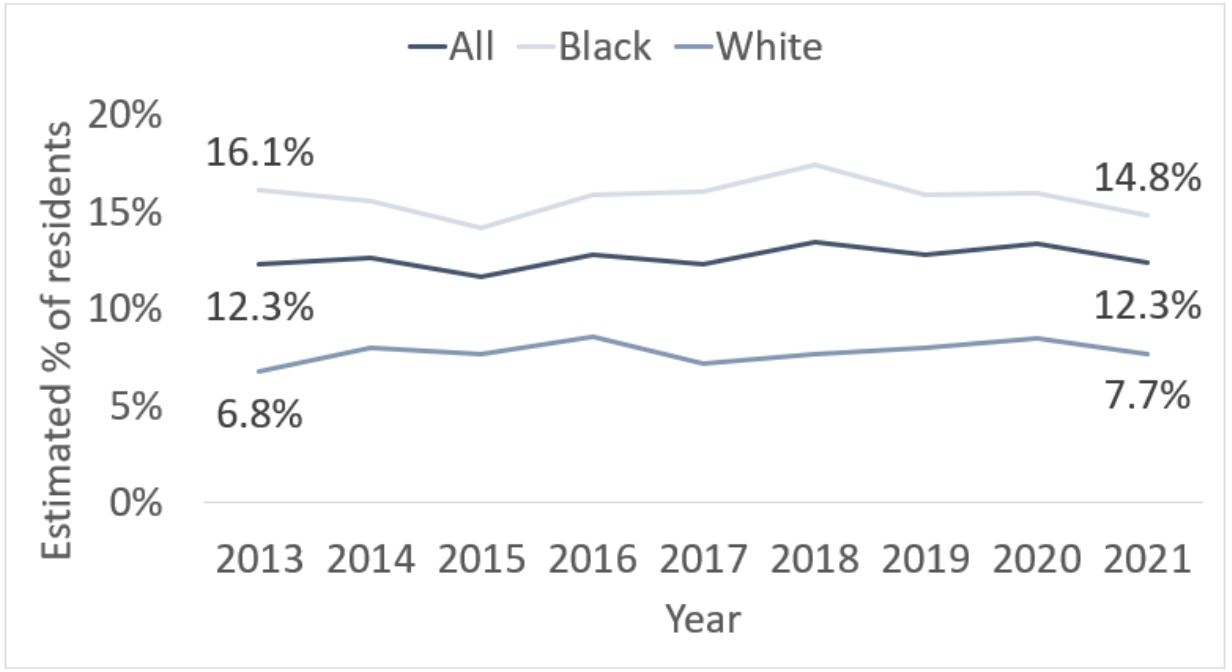
*June Update and Dashboard*
*St Agnes Ascension and LifeBridge Health*
*Baltimore Metropolitan Diabetes Regional Partnership (BMDRP)*

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

@Bmore_Healthy
BaltimoreHealth
*health.baltimorecity.gov*

# Citywide diabetes prevalence has remained steady while racial disparity appears to have slightly decreased

Estimated percentage of Baltimore City residents with doctor-diagnosed diabetes, by race
3-year rolling average



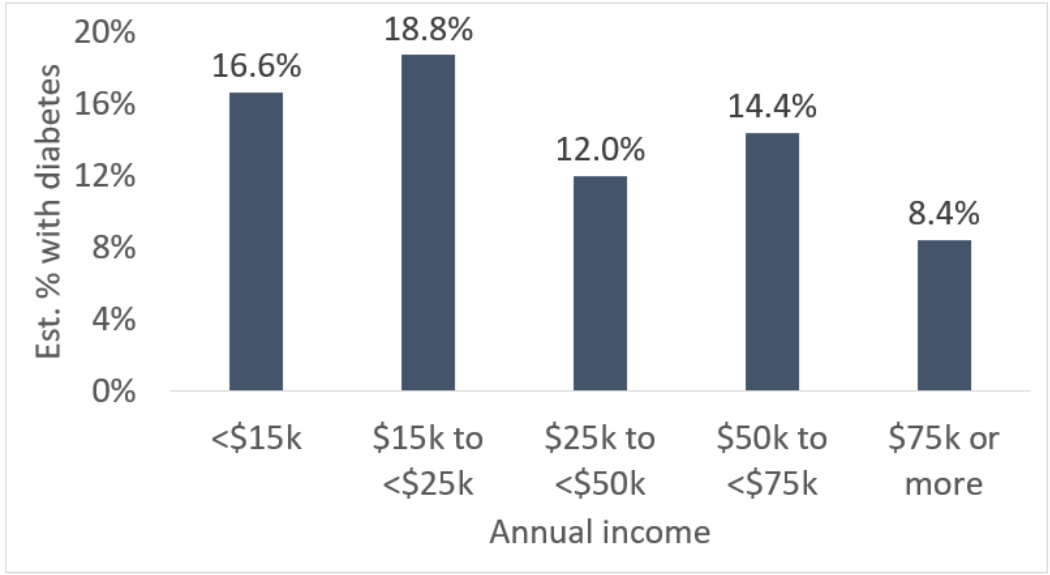

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

Source: Behavioral Risk Factor Surveillance System (BRFSS) data query; https://ibis.health.maryland.gov/

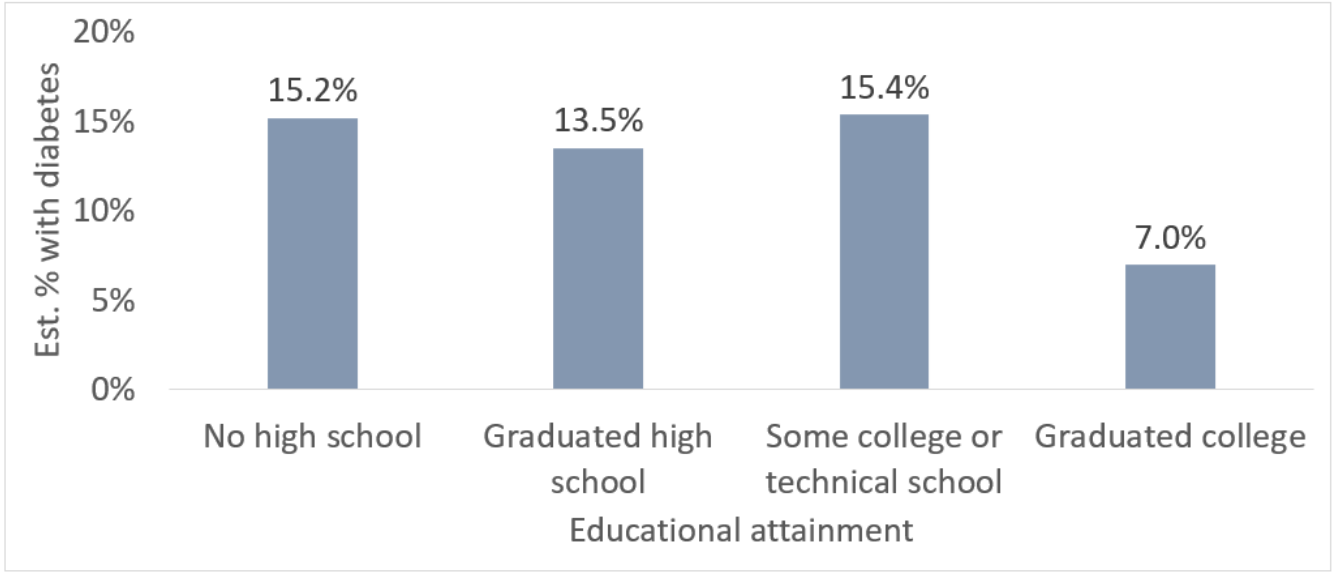
BALTIMORE CITY HEALTH DEPARTMENT

# Diabetes rates are lowest among college graduates and residents with relatively high incomes

Percentage with doctor-diagnosed diabetes by annual income, average 2018 through 2020*




Percentage with doctor-diagnosed diabetes by educational attainment, average 2018 through 2020




* $50k to <$75k did not have reportable data for 2018

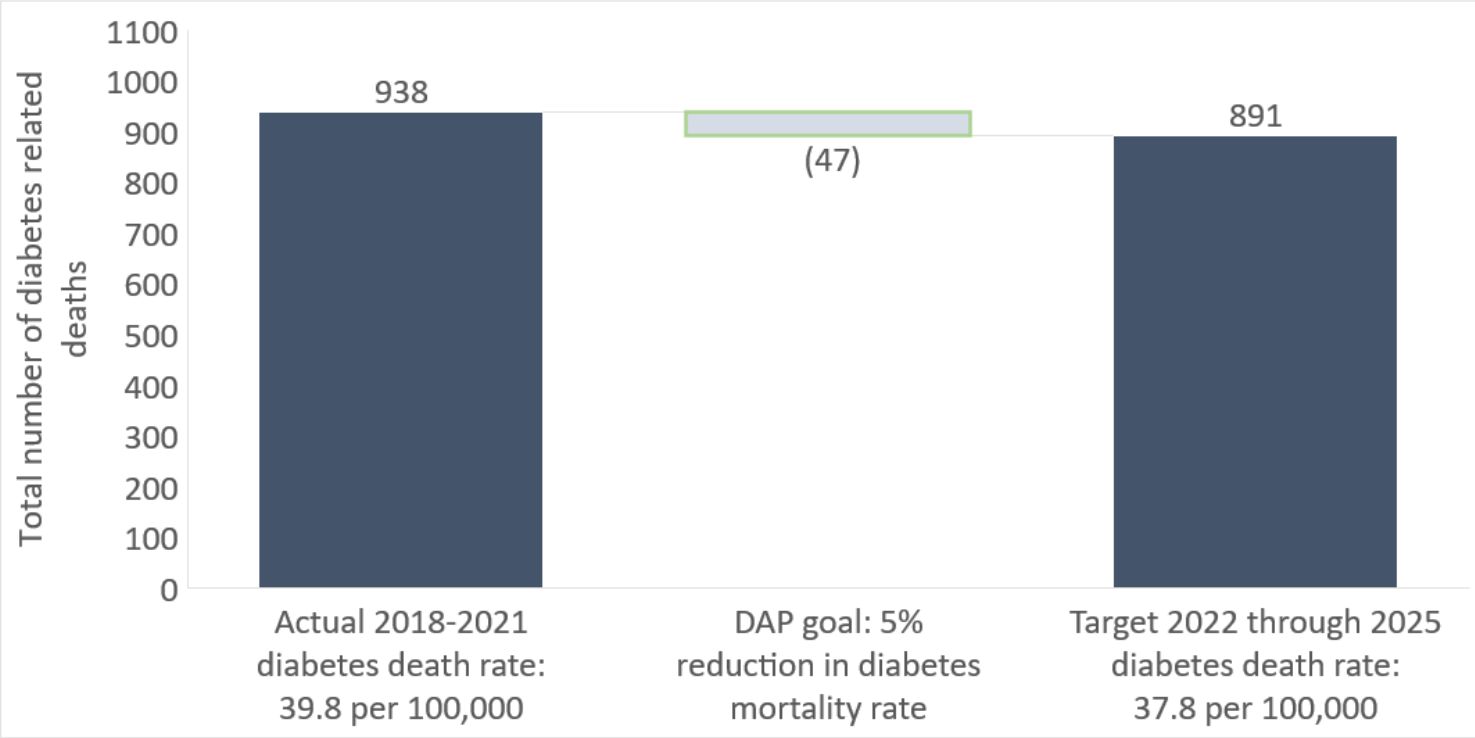
*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

Source: Behavioral Risk Factor Surveillance System (BRFSS) data query; https://ibis.health.maryland.gov/

BALTIMORE CITY HEALTH DEPARTMENT

# A 5% reduction in Baltimore's diabetes death rate would average to about 12 fewer deaths per year

Overall diabetes-related death rates



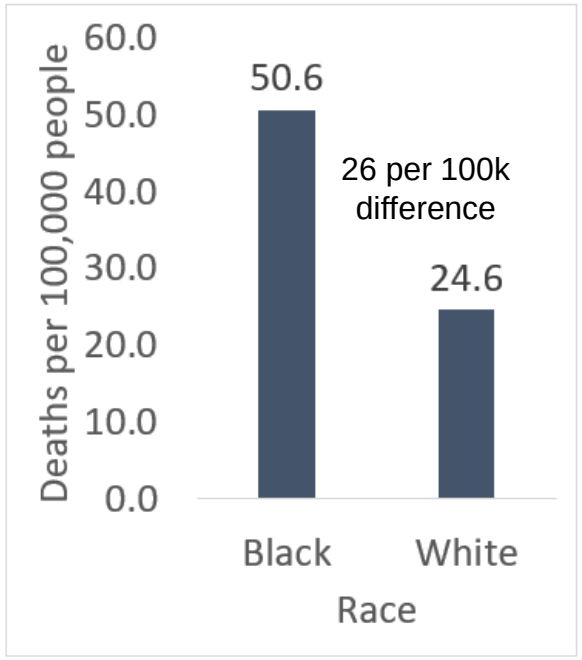

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

Source: CDC Wonder

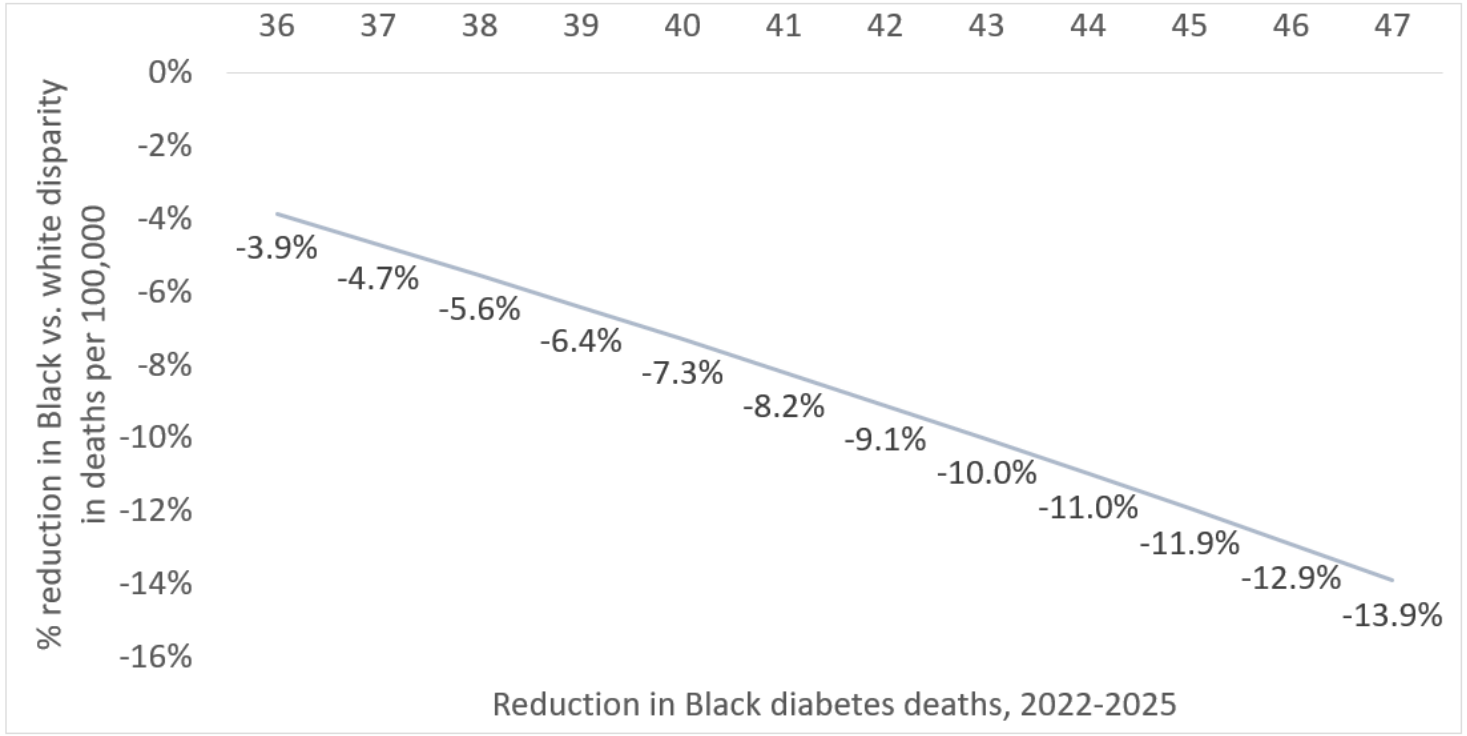
BALTIMORE CITY HEALTH DEPARTMENT

# To reduce racial disparity in diabetes-related deaths by 5%, >80% of reduction should be in Black residents

Crude diabetes death rate per 100,000 residents, 2018-2021




% change in death rate disparity by overall reduction in Black deaths




*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

Source: CDC Wonder

BALTIMORE CITY HEALTH DEPARTMENT

# Increasing prediabetes awareness by 30% would mean 18,000 more people diagnosed

| | Estimated current adults with doctor-diagnosed prediabetes | | Adults with doctor-diagnosed prediabetes with 30% increase by 2025 | | |
|---|---|---|---|---|---|
| **Demographic** | **Percentage** | **Total Number** | **Increase over current** | **Percentage** | **Total number** |
| Black | 17.8% | 49,632 | 14,889 | 23.1% | 64,521 |
| White | 8.0% | 10,620 | 3,186 | 10.4% | 13,806 |
| Unknown* | 5.4% | 2,246 | 964 | 7.0% | 2,919 |
| **Overall** | **13.8%** | **62,497** | **18,749** | **17.9%** | **81,246** |

*This is the difference between the citywide total and the sum of the totals for Black and white residents. BRFSS received too few responses for people in this group for it to make statistically significant estimates of race or ethnicity.

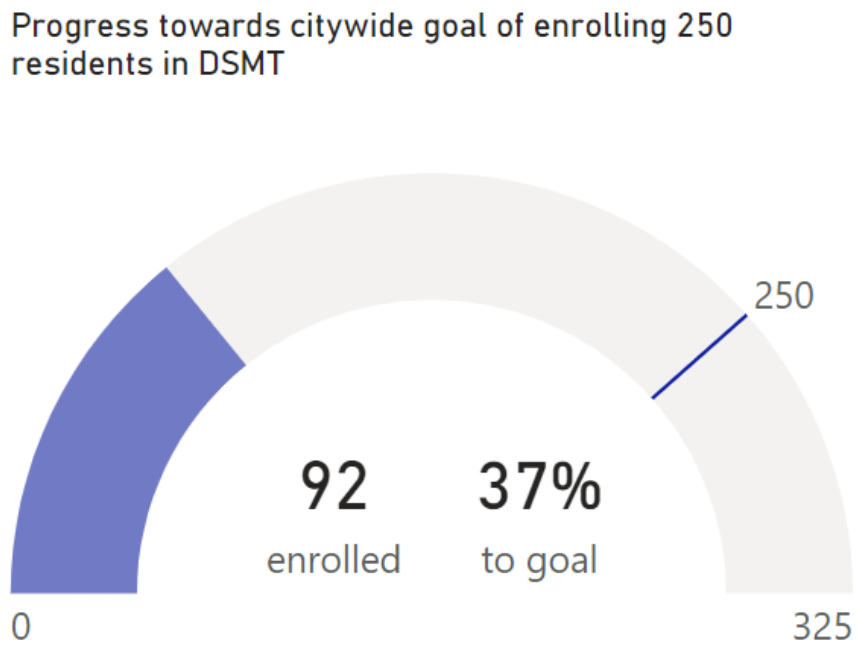
*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

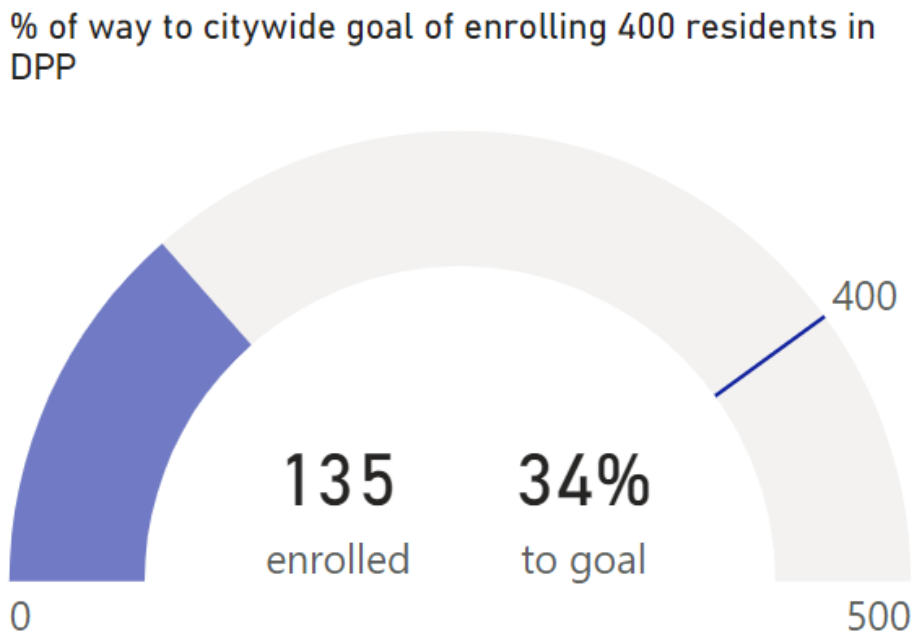
Source: Behavioral Risk Factor Surveillance System (BRFSS) data query; https://ibis.health.maryland.gov/

BALTIMORE CITY HEALTH DEPARTMENT

# We will use CRISP to track progress towards citywide goals in DSMT and DPP enrollment

We will update progress quarterly and present results to LHIC and community




*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# DPP Successes and Challenges

## Saint Agnes & LifeBridge Health Diabetes Collaborative

DPP Success

- Marketing Campaign is underway for direct prediabetes patient outreach in our primary care offices
- Confirmed prediabetes member referral plan with two additional MCOs.
- Started monthly virtual and in-person DPP information sessions to recruit participant for the program
- First post PHE in-person cohort to start the first week of June 2023
- Continuing to make progress with MCO contracting, with an additional contract completed as of 3/1/2023

DPP Challenges

- MCO contract timeline
- Lack of progress with awareness of prediabetes and risks
- Low physician referral volumes for target zip codes
- Low ROI for community events

# DSMT Successes and Challenges

## Saint Agnes & LifeBridge Health Diabetes Collaborative

DSMT Success

- Expanded face to face outreach in largest provider office
- New curriculum to focus on patient engagement
- Educator staffing is at all time high
- Data collaboration has led to higher return on outreach calls

DSMT Challenges

- Data collection across systems
- Credentialing diabetes educators has been an ongoing issue
- Many “work arounds” to counteract lack of direct provider referral to DSMT

# Coming Up…

## Saint Agnes & LifeBridge Health Diabetes Collaborative

- Continue to work with Baltimore virtual supermarket via outreach events within our target zip codes
- Delivery of DPP education at the Jewish Community Center @ Park Heights.
- Continue to work with MCOs on contract agreements
- Working with multiply CBO’s and faith-based organizations to confirm space for in-person DPP

# DPP Successes

## Baltimore Metropolitan Diabetes Regional Partnership

### DPP Success

- This year now billing for distance learning
- Enrollment doubled from last year
- Increased community engagement
- Implemented community A1C screening
- Increased enrollment with reduced intensity of engagement (eg. Roadshow) ie showed high penetration of awareness
- Medicare and Medicaid payments coming along; EHP is denying claims (good news, we can spin this)
- SDOH screening and referral process >90% response rate in survey

# DPP Challenges

## Baltimore Metropolitan Diabetes Regional Partnership

### DPP Challenges

- City and Payor limitation scale target
- Staffing impact
- Sustainability and Advocacy: USFHP, CareFirst, Medicare Advantage, MCOs and other Commercial plan
- Wrap around service vs. compliance

# DSMT Successes

## Baltimore Metropolitan Diabetes Regional Partnership

### DSMT Success

- JHHS establish first group session
- Expanded CDCES – bilingual and location
- Increased enrollment with reduced intensity of engagement (eg. Roadshow) ie showed high penetration of awareness
- Pre-endocrine intake process flow is set up – maximize workflow
- TAP process – ability to see uninsured and underinsured population through existing TAP screening
- Ensuring insulin pump training done inhouse vs. Various vendors
- Insulin titration protocol established where CDCES can titrate insulin

# DSMT Challenges

## Baltimore Metropolitan Diabetes Regional Partnership

DSMT Challenges

- DSMT Group class enrollment
- Sustainability and advocacy: United, Carefirst, Priority Partners, Maryland Medicaid covering DSMT
- Payor limitation scale targets

# Lessons Learned…

## Baltimore Metropolitan Diabetes Regional Partnership

- Scale target too aggressive / specific to only a particular payor or zip codes
- Wrap around service and collaborative set up is not an easy workflow or process to set up and track
- Definition on baseline volume to determine statistical impact
- Development of reports for tracking
- Awareness and engagement from clinicians, care coordinators, patients and community
- Copays, financials, medications, SDOH barriers

# Community Spotlight

*Dr. Yolanda Ogbolu, PhD, CRNP-Neonatal, FNAP, FAAN*

*Brandon M. Scott*
*Mayor*, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

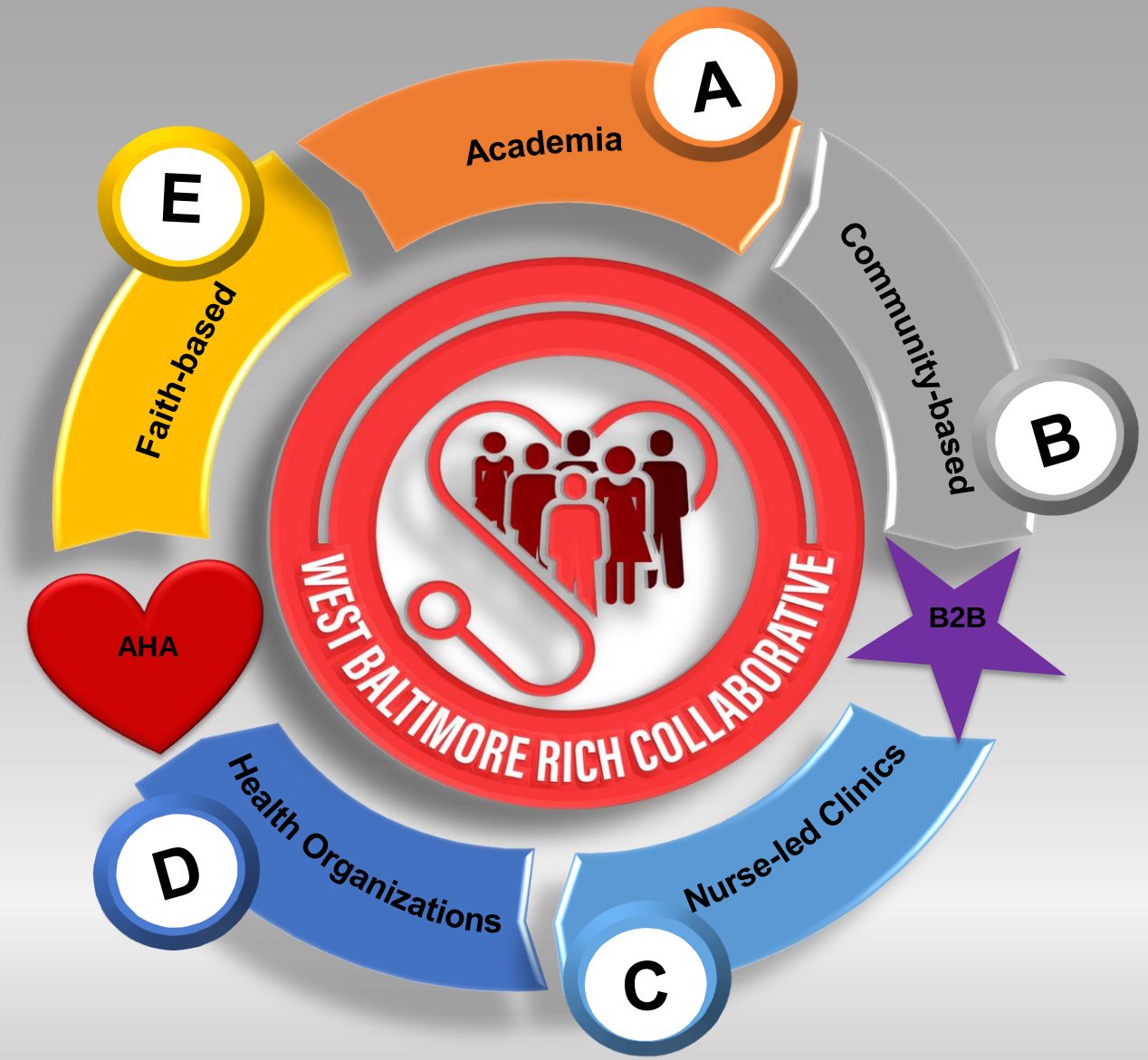
BALTIMORE CITY HEALTH DEPARTMENT

**R**educing **I**solation and **I**nequities in **C**ardiovascular **H**ealth

# The West Baltimore RICH Collaborative


Yolanda Ogbolu, PhD, CRNP, FAAN
University of Maryland School of Nursing
Director Center for Health Equity and Outcomes Research
Associate Professor

Janette North-Kabore, MPH
Community Program Director
University of Maryland School of Nursing




***Within 4 zip codes (21201, 21217, 21223, 21229 and expanding), aiming to reach 5000 people, with 2000 unduplicated (ongoing relationship with provision of services)**



### A – Academic Institutions (2)

- Lead Institution: University of Maryland Baltimore (SON, SOM, CEC)
- Coppin State University

### B – Community-based Organizations (6)

- A Better Tomorrow Starts Today
- Druid Heights Community Development Corp.
- Light Health and Wellness
- Lori's Hands
- Roberta's House

### C – Nurse-led Clinics (3)

- UMB Community Engagement Center Health Suite
- Coppin State University Health Suite
- McCullough Home Health Suite

### D – Health Organizations

- University of Maryland Medical Center (Downtown and Midtown)
- Ascension St. Agnes
- Chase Brexton
- Total Healthcare

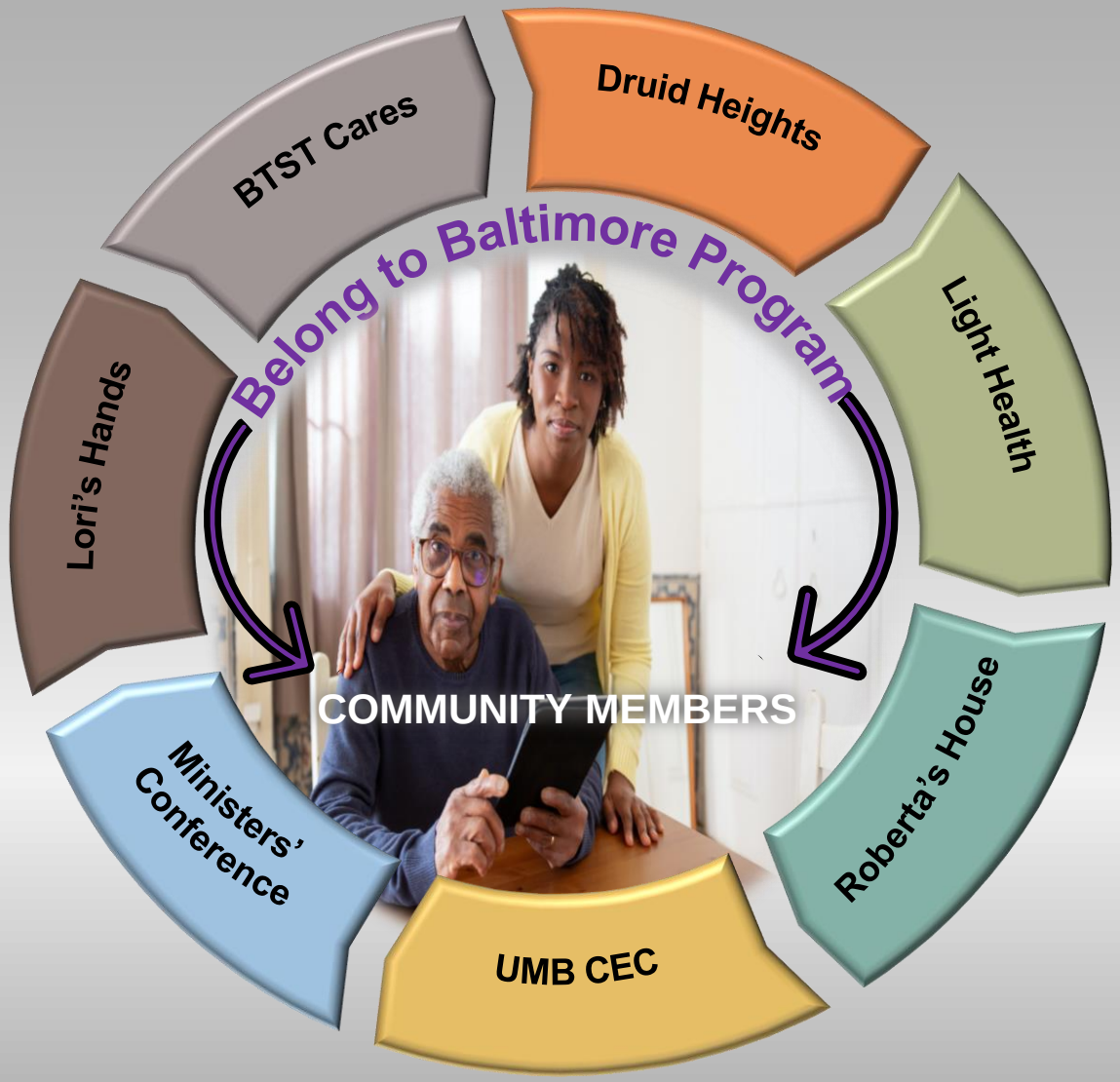
### E – Faith-based Organization

- Ministers' Conference Empowerment Center

### *Additional Organizations

- AHA -American Heart Association
- B2B -Belong to Baltimore

# Community Engagement-Key Partners and Roles




**Continuous community engagement process- prior to and during**

**Steering and governance committees**

**Facilitate community outreach events**

**Trusted community access points for patients and senior facilities**

**Youth advocates and community outreach workers opportunities**

**Facilitate support groups-grief, racial trauma, isolation, dancing and fun and creative events**

**Serve as feedback loops for community engagement process**

# Reducing Isolation and Inequities in Cardiovascular Health [RICH]

Social isolation - Increased attention during the coronavirus pandemic **but not a new challenge.**

- **Research has shown that those who are socially isolated are over 40% more likely to have a cardiovascular event, such as a heart attack or stroke, than those who were integrated and socially connected in society[25].**
- **Poor social relationships were associated with 29% increase in risk for coronary heart disease** and a 32% increased risk of stroke in **middle-aged adults**.
- Addressing social isolation in middle-aged adults (45 or older) residing in marginalized communities in West Baltimore could reduce premature death from hypertension and heart disease and benefit public health and well-being.

## KEY INTERVENTIONS

- Health Equity Learning Collaborative
- SDoH and Social Support
- Mobile Health
- Community Health Workers
- Nurse Led Clinics
- Primary and Secondary Prevention Events

# Project Goals & Metrics

Cost Savings

- Reduce Health Disparities
- Improve Health Outcomes
- Increase Access to Primary Care
- Promote Primary and Secondary Preventive Services
- Reduce Costs, Admissions and Readmissions

# Referrals

Nurse-led clinics

Health Organizations


Community events


Mobile health care

## RICH Community Outreach Worker


Enrolls, Identifies SDoH needs, Connects to resources, Provides individual with blood pressure cuff, and Conducts follow-ups

# RICH Community Outreach Worker


BEFORE working with RICH community Outreach Worker

## 1. ENROLLMENT

BEGIN working with RICH Community Outreach Worker

## 2. CONNECTED TO RESOURCES

AFTER working with RICH Community Outreach Worker

## 3. FOLLOW-UP

Images courtesy of www.pexels.com/@alex-green/

# Sustainability

The West Baltimore RICH collaborative is a network of diverse partners with long-term commitments to West Baltimore

Integration into RICH Collaborative partner sites will be one sustainability lever

Participating FQHCs will have expanded health care services and/or wrap-around support services including in home monitoring, telehealth, and mobile health

CBOs serving West Baltimore residents will be strengthened and have increased capacity.

Nurse-led clinics will seek opportunities to partner with health care organizations to generate revenue for service delivery

## INTERESTED IN...

- PARTNERING WITH THE WEST BALTIMORE RICH COLLABORATIVE?
- HAVING US PRESENT AT YOUR UPCOMING EVENTS?
- HAVING US HOST WORKSHOPS FOR YOUR GROUP?
- HELPING US TO REDUCE HEALTH INEQUITIES AND SOCIAL ISOLATION?

# Contact Us


Community Program Director

**Janette North-Kabore (443) 706-4448**

jnorth-kabore@umaryland.edu

or

Community Program Director

**Asunta Johnson (443) 706-0647**

asunta.johnson@umaryland.edu

Lead Director

**Dr. Yolanda Ogbolu**

ogbolu@umaryland.edu

# Community Announcements

# Consumer Hub

*Catherine Maybury*

*Brandon M. Scott*
*Mayor*, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# New Maryland Law – HB1082

- Maryland Consumer Health Information Hub
  - Recognizes health literacy as critical public health & health systems infrastructure & essential to health equity
  - Designates Horowitz Center for Health Literacy as Hub
  - Operational details
    - Effective July 1, 2022
    - Funding starts July 2023
    - Requires State & local agencies to use plain language in public communications about health, safety, insurance, & social services benefits

# Save the Date!

- Inaugural statewide Hub meeting
- In-person meeting Wed. Oct. 4, 2023
  - UMD College Park
- Networking, information sharing, professional development
- Free

# Thank You


Tamara Green - Chief Medical Officer (BCHD)
Tamara.Green@baltimorecity.gov

Elise Bowman - LHIC Program Director (BCHD)
Elise.Bowman@baltimorecity.gov

Stephane Bertrand - LHIC Program Coordinator (BCHD)
Stephane.Bertrand2@baltimorecity.gov

Matt Morgan- LHIC Data Manager (BCHD)
Matt.Morgan@baltimorecity.gov

Mary White – LHIC Program Assistant (BCHD)
MaryC.White@baltimorecity.gov



*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City


BALTIMORE CITY HEALTH DEPARTMENT

# Appendix

*Brandon M. Scott*
*Mayor*, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

BALTIMORE CITY HEALTH DEPARTMENT

# 2023: Goals and Activities

**Quarter 1 (Jan-Mar)**

1. Fundraising
2. Data sharing convening
3. Build diabetes map
4. Launch website

**Quarter 2 (Apr-Jun)**

1. Data sharing convening
2. Launch data dashboards
3. Community stipends/onboarding
4. Expand social needs and diabetes screening**

**Quarter 3 (Jul-Sep)**

1. Kick off Community Health Needs Assessment
2. Data sharing convening
3. Bi-directional referral**
4. CHW advocacy**

**Quarter 4 (Oct-Dec)**

1. Kick off Community Health Improvement Plan
2. Data sharing convening

*Brandon M. Scott*
Mayor, Baltimore City
*Mary Beth Haller, Esq.*
Acting Commissioner of Health, Baltimore City

**Pending Additional Funding

BALTIMORE CITY HEALTH DEPARTMENT