



# Mt. Washington Pediatric Hospital

*Where Children Go to Heal and Grow*

Est. 1922

An affiliate of University of Maryland Medical System and Johns Hopkins Medicine

FY 2025 – FY2027  
Community  
Health Needs  
Assessment  
Implementation  
Strategy

## Community Health Needs Assessment Executive Summary

The FY2024 Community Health Needs Assessment (CHNA) represents the culmination of work completed by multiple individuals, groups, and the Collaborative, which includes the Baltimore City Health Department (BCHD) and local health systems such as Ascension St. Agnes (ASA), Johns Hopkins Health System (JHHS), Mercy Medical Center, MedStar Health, Mt. Washington Pediatric Hospital (MWPH), Grace Medical Center and Sinai and Levindale Hospitals of LifeBridge Health, and University of Maryland Medical Center (UMMC). The Collaborative partnered with Ascendent Health to complete the assessment and prioritization process.

The purpose of the needs assessment was to better understand, quantify, and articulate the health needs of Baltimore City residents. Key objectives of the CHNA include:

- Identify the health needs of Baltimore City residents
- Identify disparities in health status and health behaviors, as well as inequities in the factors that contribute to health challenges
- Understand the challenges residents face when trying to maintain and/or improve their health
- Understand where underserved populations turn for services needed to maintain and/or improve their health
- Understand what is needed to help residents maintain and/or improve their health
- Prioritize the needs of the community and clarify/focus on the highest priorities

The Collaborative worked together to identify the priorities city leaders should focus on over the next three-year period. Although it was not possible for every single area of the potential need to be identified as a priority, the CHNA Collaborative selected three top priority health needs: mental health, chronic health conditions, and access to care. Needs are listed in no particular order.

This report is the hospital-specific implementation strategy for Mt. Washington Pediatric Hospital. It addresses the prioritized needs obtained from the CHNA and MWPH's plan to support specific community benefit efforts as part of a larger community-wide and system plan.

## **Mt. Washington Pediatric Hospital**

Mt. Washington Pediatric Hospital has provided more than 100 years of family-focused, integrated care to children with serious, chronic, and/or complex medical needs. MWPH was founded in 1922 by Hortense Kahn Eliasberg, who sought to open a home where children could safely recover from illness and surgery. Today, the hospital treats over 8,500 patients each year, helping them to heal, grow, and learn the skills that lead to happier, more independent lives. The 102-bed hospital is jointly owned affiliate of the University of Maryland Medical System and Johns Hopkins Medicine with locations in Baltimore City, Prince George's County, Harford County, via Telehealth, and in the community.

### **Our Mission**

Mt. Washington Pediatric Hospital is dedicated to maximizing the health and independence of the children we serve.

### **Our Vision**

MWPH will be a premier leader in providing specialty health care for children. We will be distinguished by our:

- Quality of care
- Service excellence
- Innovation
- Multi-disciplinary approach
- Family focus
- Outstanding workforce

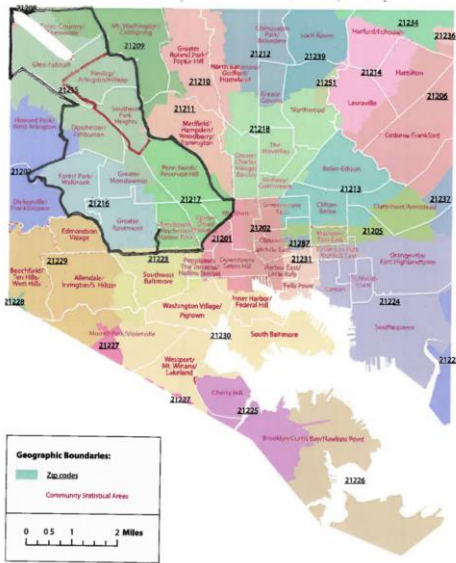
### **Our Values**

MWPH will act in a manner consistent with these values:

- Quality - Adhere to the highest standards of care in a safe environment
- Integrity - Act with honesty and truthfulness in all patient care and business activities
- Respect - Treat all individuals with compassion, dignity and courtesy
- Education - Promote lifelong learning

## Our Community

### Baltimore City Zip Codes and Communities (2024)



While MWPH serves a large population of patients across Maryland, for the purpose of the CHNA and this related implementation strategy, MWPH's Community Benefit Service Area (CBSA) is within Baltimore City's 21215, 21216, and 21217 zip codes. This constitutes an area that is predominantly African American, with below-average median family income, high unemployment rates, and multiple social determinants of health that lead to poor health outcomes.

## Community Health Needs Assessment

### Process and Product

The MWPH community health needs assessment was conducted in collaboration with the Baltimore City CHNA Collaborative, which includes representation from Ascension St. Agnes, Baltimore City Health Department, Johns Hopkins Health System, Lifebridge Health, MedStar Health, and Mercy Medical Center.

This report describes:

- Community served
- Community demographics
- Existing health resources in the community available to respond to needs
- How data was collected in the assessment process
- Priority health needs of the community
- Health needs and issues of uninsured, low-income, and minority groups
- Process for identifying and prioritizing community needs and services to meet the needs
- The process for consulting with persons representing the community's interests
- Information gaps that limit the hospital facility's ability to assess the community's health needs

Further, this process complies with Internal Revenue Service (IRS) requirements for not-for-profit hospitals to complete a CHNA every three years and to adopt an implementation strategy to meet CHNA-identified community health needs.<sup>1</sup>

### **Sharing Results**

Detailed findings for our assessment are posted on the MWPH website <https://www.mwph.org/> and the Baltimore City Health Department website <https://health.baltimorecity.gov>. The CHNA and implementation strategy were presented to the MWPH Hospital Board on June 27, 2024, for discussion and approval.

<sup>1</sup> Source: *Community Health Needs Assessment for Charitable Hospital Organizations – Section 501®(3)* (2023). Internal Revenue Service. Retrieved February 13<sup>th</sup>, 2024 from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>.

# PRIORITY HEALTH NEEDS & HOW THEY WERE ESTABLISHED

## Prioritization Process

### Process & Criteria

On April 11, 2024, the Director of Community Benefit, Vice President of External Affairs, and CEO/President of MWPH met to review the data presented by Ascendient Health from the FY2024 CHNA and to determine the priority areas that aligned with MWPH’s strengths and resources. Given that the 2024 CHNA selected only three priority areas for the City, which all align with MWPH’s current priority areas, it was decided to continue our community benefit efforts in these areas.

On April 25, 2024, during a facilitated strategic planning meeting, these priority areas were presented to 15 members of the MWPH Community Health Advisory Board (CHAB), which includes representation of MWPH (executive leadership, medical, and other vital staff), local government, public schools, Head Start programs, and community engagement groups. This body reviewed the CHNA data and identified goals and objectives for each of the priority areas. These goals and objectives were then shared with the full CHAB, other community partners, MWPH staff, and the MWPH Foundation Board to provide further input. Plans were further developed to include strategies, which are included in this report.

### Identified Priorities

MWPH has prioritized the following needs that are addressed in this plan:

- 1. Access to Care
- 2. Chronic Health Conditions
- 3. Mental Health & Substance Use
- 4. Violence & Safety
- 5. Social Determinants of Health

## IMPLEMENTATION STRATEGY DETAILS

### Priority Health Issue #1: Access to Care

#### Desired Community Result

Baltimore City ranks 24 out of 24 counties in Maryland for reported health outcomes and disease mortality rates. The top 5 barriers to access care include: cost, lack of insurance, lack of transportation, limited available appointments, and no medical provider. Nearly 25 percent of adults and children have not seen a physician in the last 12 months.

#### Description of Community Need

The ability to access care is not evenly distributed across groups in the population, such as those who live in low-income areas such as MWPH’s CBSA. MWPH is dedicated to identifying and

reducing transportation barriers, increasing the proportion of children who are vaccinated and who receive vision and hearing screenings, and supporting health literacy and awareness.

### **Partner Agencies and Roles**

MWPH will partner with the following organizations:

- Baltimore City Health Department
- Head Start Programs
- Baltimore City Public Schools
- Faith Communities
- Ride Share Programs
- Grassroots Organizations

### **Hospital Strategies**

- Provide transportation assistance
- Screen for social determinants of health
- Develop a manual of local and community-based resources
- Offer free vision/hearing screenings and community vaccination clinics
- Educate and promote the importance of vaccinations
- Promote and support parent education and involvement
- Curate social marketing campaigns

### **Evaluation and Metrics**

We will use the following metrics to identify trends and corrective action for the above strategies:

- # of children served
- # of resources provided
- # of events in zip code
- # of participants
- # screened and connected to resources
- # of immunizations administered
- # of community sites and partners
- # of educational events

## **Priority Health Issue #2: Chronic Health Conditions**

### **Description of Community Need**

Baltimore City performed worse than the state of Maryland in nearly all physical health indicators, with a high prevalence of childhood obesity. Lead poisoning is also a leading health disparity in the City. Social determinants of health, such as access to healthy foods (69.7%) and access to recreation facilities, parks, or playgrounds (18.2%), were included among the most pressing social needs.

### **Desired Community Result**

Residents indicated that there were not enough outdoor places to get physical activity (57%) and City leaders indicated that children did not have enough opportunities to play and socialize outside of school (66%). MWPH is dedicated to working with community partners to increase the proportion of children who participate in aerobic activity, reduce household food insecurity, and increase awareness of lead poisoning.

### **Partner Agencies and Roles**

MWPH will collaborate with the following partners:

- Baltimore City Health Department
- Baltimore City Public School System (Partner Schools)
- Green & Healthy Homes
- Elected officials
- Head Start Programs
- Faith communities
- School-based and community gardens

### **Hospital Strategies**

- Host community-based outdoor events such as nature walks and community gardening
- Partner with community organizations to promote healthy exercise habits
- Engage targeted communities on healthy lifestyles through community screenings for BMI
- Engage targeted communities on healthy lifestyles through sponsorship of cooking classes and demonstrations
- Provide access to healthy food and to promote healthy eating
- Sponsor healthy shopping and cooking demos
- Increase access to fruits and vegetables through local gardens and sponsorship of farmers markets

### **Evaluation and Metrics**

We will use the following metrics to identify trends and corrective action for the above strategies:

- # of support group participants
- # of event participants attend
- # of educational events supported
- # of local gardens supported
- # of families served
- # of families engaged
- Investment in campaign
- # of social marketing campaigns

## **Priority Health Issue #3: Mental Health**

### **Description of Community Need**

In 2021, 20.7% of Baltimore City residents self-reported that a health professional has told them that they had a depressive disorder, yet only 5.2% of residents visited a mental health provider. Baltimore City residents identified mental health as a major health concern and indicated a lack of resources to address these concerns as a growing need.

### **Desired Community Result**

Residents recommended that mental health could be improved by reducing and removing stigma related to mental health, promoting equity, and increasing access to mental health services. MWPH is dedicated to working with community agencies to reduce the stigma around mental health and increasing educational programs for parents to help deal with the mental health concerns of their children.

### **Partner Agencies and Roles**

MWPH will collaborate with the following partners:

- Black Mental Health Alliance
- Baltimore City Public School System
- Local Historically Black Colleges & Universities

### **Hospital Strategies**

- Partner with organizations that address stress and anxiety in children
- Partner with organizations that provide education conduct mental health screenings, and provide prevention programs such as healthy peer dialogues and self-care (yoga, meditation)
- Create internship opportunities for students in behavioral health programs for students at HBCUs in the service area

### **Evaluation and Metrics**

We will use the following metrics to identify trends and corrective action for the above strategies:

- Investment spent
- # of events/programs attended
- # of participants
- # of scholarships provided
- # of internships provided



## Priority Health Issue #4: Safety & Violence

### **Description of Community Need**

Motor vehicle crashes continue to be a leading cause of death in the United States, with 50% of car seats installed incorrectly. When used correctly, car seats can reduce the risk of fatal injury in a crash by 71% for infants and by 54% for toddlers.<sup>1</sup>

### **Desired Community Result**

Maryland law requires a person transporting a child under the age of 8 in a motor vehicle to secure the child in a federally approved child safety seat in accordance with the seat and vehicle manufacturers' instructions unless the child is 4 feet, 9 inches tall, or taller. Doing so will reduce the number of fatalities among children.<sup>2</sup> MWPH is dedicated to increasing awareness and knowledge of proper use of car seats and increasing the number of Car Passenger Safety Technicians in MWPH's CBSA.

### **Partner Agencies and Roles**

MWPH will collaborate with the following partners:

- Mile One Autogroup
- Baltimore City Public Schools
- Community Organizations
- Faith Communities

### **Hospital Strategies**

- Host car seat education, installation, and safety checks
- Provide incentives for training and recertification

### **Evaluation and Metrics**

We will use the following metrics to identify trends and corrective action for the above strategies:

- # of events
- # of installs
- # of car seats distributed
- # of new and recertified technicians

## Priority Health Issue #5: Workforce Development

### **Description of Community Need**

Multiple social needs impact Baltimore City residents. However, low household income drives poverty, crime, and a lack of housing/food/ transportation. In the MWPH service area, close to 21% of households are below the poverty level. Residents indicate a lack of job opportunities as a need.

<sup>1,2</sup> Source: Zero Deaths Maryland. Retrieved June 10<sup>th</sup>, 2024 from <https://zerodeathsmd.gov/>.

### **Desired Community Result**

MWPH will support employment among Baltimore City youth and increase employment opportunities and retention rates in MWPH's CBSA.

### **Partner Agencies and Roles**

- Baltimore City's YouthWorks Program
- The League for People with Disabilities
- Workforce Development organizations
- Local HBCUs such as Morgan State University and Coppin State University

### **Key Hospital Strategies**

- Provide summer internships
- Partner with employment recruiters
- Create internship opportunities for students in behavioral health programs for students

### **Evaluation and Metrics**

We will use the following metrics to identify trends and corrective action for the above strategies.

- # of students hosted
- # of participants
- # of engagement with recruiters

## Participation

The following persons participated in the CHNA prioritization process, plan, and implementation strategy process.

### **Community Health Advisory Board**

Dr. Edward L. Perl, Chair Carroll Pediatric Center

James Mitchell, Arlington Elementary

Regina Clay, Care First

Siara Maldonado, B'More for Healthy Babies

Rev. Brent Brown, Greater Harvest Baptist Church; Ministers Conference of Baltimore & Vicinity

Samuel Burris, Director of External Affairs, UMMS

Zulema Sockwell-Moore, Principal, The William S. Baer School

Dr. Cathy Hardwick, Assistant Professor College of Health Professions Coppin State University

Dr. Joan Tilghman, Interim Dean, College of Health Professions Coppin State University

Jacqueline Caldwell, The William S. Baer School Foundation Board

### **Mt. Washington Pediatric Foundation**

Andrea Brown-Gee

Ann Eliasberg Betten

Warren V. Chambers

Matthew L. Cohen

Susan K. Dubroff

### **MWPH Leadership & Staff**

Dr. Scott Klein, President/CEO

Jill Feinberg, Vice President, Development & External Affairs

Justina Starobin, Vice President of Outpatient Services

Rev. Tamara E. Wilson, D.Min, Director of Community Benefit

John Benton Denny, Coordinator Community Benefit

Marneli Laguardia, Financial/Decision Support Analyst

Mona M. Rock, Director of Marketing and Communications

Joan Geckle, RN

Alison Berry, Manager, Development Operations

Lindie Ashman, Manager, Child Life and Therapeutic Recreation

Michelle Demeule-Hayes, Director of Center Nutrition Rehabilitation

Jennifer Freeman, Director of Care Management/Social Work

Michelle Hanover, Patient Family Liaison

Chrissie Heimer, Director of Outpatient Services

Julie Quinn, Director of Rehab

Rachel Reid, Director of Clinical Services

Clarissa Whitacre, Social Work Team Lead

Marianthe Perce, Development Coordinator

## **NEXT STEPS**

As part of the community health improvement process, MWPH will continue to work with community partners in developing, implementing, and monitoring our implementation strategy. The next CHNA will be conducted in 2027. This implementation is dynamic in nature and reflective of the communities we serve and partners we work with. Therefore, strategies may change in scope or fluctuate accordingly based on the aforementioned.

## **APPROVAL**

This report was prepared for the June 27, 2024, MWPH Governing Board meeting and is approved as signed below by the Board Chairperson and Hospital President.

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David J. Hackam, MD, PhD

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Date

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Scott Klein, MD, MHSA

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Date