*Q1.*
COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile it into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. Detailed reporting instructions have been distributed to your hospital's community benefit contacts, and additional copies can be requested at the email below.

In this reporting tool, responses are mandatory unless specifically marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users. Hospitals are expected to respond to any follow-up/clarifying questions from staff to ensure completeness and accuracy of the report.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

## *Q2.* Section I - General Info Part 1 - Hospital Identification

*Q3.* Please confirm the information we have on file about your hospital for the fiscal year.

| | Is this information correct? | | |
| --- | --- | --- | --- |
| | Yes | No | If no, please provide the correct information here: |
| The proper name of your hospital is: Mercy Medical Center | ◉ | ○ | |
| Your hospital's ID is: 210008 | ◉ | ○ | |
| Your hospital is part of the hospital system called None - Independent hospital | ◉ | ○ | |
| The primary hospital community benefit (HCB) Narrative contact at your hospital is Elinor Petrocelli | ◉ | ○ | |
| The primary HCB Narrative contact email address at your hospital is epetrocelli@mdmercy.com | ◉ | ○ | |
| The primary HCB Financial report contact at your hospital is Elinor Petrocelli | ◉ | ○ | |
| The primary HCB Financial report contact email at your hospital is epetrocelli@mdmercy.com | ◉ | ○ | |

*Q4.* Please select the community health statistics that your hospital uses in its community benefit efforts.

- ☑ Median household income
- ☑ Percentage below federal poverty level (FPL)
- ☑ Percent uninsured
- ☐ Percent with public health insurance
- ☐ Percent with Medicaid
- ☐ Mean travel time to work
- ☐ Percent speaking language other than English at home
- ☑ Race: percent White
- ☑ Race: percent Black
- ☑ Ethnicity: percent Hispanic or Latino
- ☑ Life expectancy
- ☐ Crude death rate
- ☐ Other

*Q5.* Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Statistics can be found in our Community Health Needs Assessment https://mdmercy.com/about-mercy/policies-and-documents/community-health-needs-assessment

*Q6.* Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

*Q7.* Section I - General Info Part 2 - Community Benefit Service Area

*Q8.* The next group of questions asks about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

*Q9.* Please select the county or counties located in your hospital's CBSA.

| | | |
|---|---|---|
| ☐ Allegany County | ☐ Charles County | ☐ Prince George's County |
| ☐ Anne Arundel County | ☐ Dorchester County | ☐ Queen Anne's County |
| ☑ Baltimore City | ☐ Frederick County | ☐ Somerset County |
| ☐ Baltimore County | ☐ Garrett County | ☐ St. Mary's County |
| ☐ Calvert County | ☐ Harford County | ☐ Talbot County |
| ☐ Caroline County | ☐ Howard County | ☐ Washington County |
| ☐ Carroll County | ☐ Kent County | ☐ Wicomico County |
| ☐ Cecil County | ☐ Montgomery County | ☐ Worcester County |

*Q10.* Please check all Allegany County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q11.* Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q12.* Please check all Baltimore City ZIP codes located in your hospital's CBSA.

| | | | |
|---|---|---|---|
| ☑ 21201 | ☐ 21212 | ☐ 21225 | ☐ 21237 |
| ☑ 21202 | ☐ 21213 | ☐ 21226 | ☐ 21239 |
| ☐ 21203 | ☐ 21214 | ☐ 21227 | ☐ 21251 |
| ☐ 21205 | ☐ 21215 | ☐ 21228 | ☐ 21263 |
| ☐ 21206 | ☐ 21216 | ☐ 21229 | ☐ 21270 |
| ☐ 21207 | ☑ 21217 | ☑ 21230 | ☐ 21278 |
| ☐ 21208 | ☐ 21218 | ☑ 21231 | ☐ 21281 |
| ☐ 21209 | ☐ 21222 | ☐ 21233 | ☐ 21287 |
| ☐ 21210 | ☑ 21223 | ☐ 21234 | ☐ 21290 |
| ☐ 21211 | ☑ 21224 | ☐ 21236 | |

*Q13.* Please check all Baltimore County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q14.* Please check all Calvert County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q15.* Please check all Caroline County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q16.* Please check all Carroll County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q17.* Please check all Cecil County ZIP codes located in your hospital's CBSA.

*This question was not displayed to the respondent.*

*Q18.* Please check all Charles County ZIP codes located in your hospital's CBSA.

*Q19.* Please check all Dorchester County ZIP codes located in your hospital's CBSA.

*Q20.* Please check all Frederick County ZIP codes located in your hospital's CBSA.

*Q21.* Please check all Garrett County ZIP codes located in your hospital's CBSA.

*Q22.* Please check all Harford County ZIP codes located in your hospital's CBSA.

*Q23.* Please check all Howard County ZIP codes located in your hospital's CBSA.

*Q24.* Please check all Kent County ZIP codes located in your hospital's CBSA.

*Q25.* Please check all Montgomery County ZIP codes located in your hospital's CBSA.

*Q26.* Please check all Prince George's County ZIP codes located in your hospital's CBSA.

*Q27.* Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

*Q28.* Please check all Somerset County ZIP codes located in your hospital's CBSA.

*Q29.* Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

*Q30.* Please check all Talbot County ZIP codes located in your hospital's CBSA.

*Q31.* Please check all Washington County ZIP codes located in your hospital's CBSA.

*Q32.* Please check all Wicomico County ZIP codes located in your hospital's CBSA.

*Q33.* Please check all Worcester County ZIP codes located in your hospital's CBSA.

*Q34.* How did your hospital identify its CBSA?

☐ Based on ZIP codes in your Financial Assistance Policy. Please describe.

☐ Based on ZIP codes in your global budget revenue agreement. Please describe.

☑ Based on patterns of utilization. Please describe.

> Mercy defined its CHNA 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 socioeconomic 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

☐ Other. Please describe.

*Q35.* Provide a link to your hospital's mission statement.

https://mdmercy.com/about-mercy/our-mission

*Q36.* (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

*Q37.* Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

*Q38.*
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

◉ Yes
◯ No

*Q39.* Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

*This question was not displayed to the respondent.*

*Q40.* When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/01/2024

*Q41.* Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

https://mdmercy.com/-/media/files/about-mercy/policies-and-documents/2024-chna.ashx

*Q42.* Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in the development of your most recent CHNA.

| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CB/ Community Health/Population Health Director (facility level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| CB/ Community Health/ Population Health Director (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Senior Executives (CEO, CFO, VP, etc.) (facility level) | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Senior Executives (CEO, CFO, VP, etc.) (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Board of Directors or Board Committee (facility level) | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Board of Directors or Board Committee (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Clinical Leadership (facility level) | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

| Role | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Clinical Leadership (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Population Health Staff (facility level) | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Population Health Staff (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Community Benefit staff (facility level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Community Benefit staff (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Physician(s) | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Nurse(s) | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Social Workers | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Hospital Advisory Board | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Other (specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Member of CHNA Committee | Participated in development of CHNA process | Advised on CHNA best practices | Participated in primary data collection | Participated in identifying priority health needs | Participated in identifying community resources to meet health needs | Provided secondary health data | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |

*Q45.* Section II - CHNAs and Stakeholder Involvement Part 3 - Internal Hospital Community Benefit Partners

*Q46.* Please use the table below to tell us about the internal partners involved in your community benefit activities during the fiscal year.

| | Activities | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
| CB/ Community Health/Population Health Director (facility level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| CB/ Community Health/ Population Health Director (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Senior Executives (CEO, CFO, VP, etc.) (facility level) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| Senior Executives (CEO, CFO, VP, etc.) (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Board of Directors or Board Committee (facility level) | ☐ | ☐ | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Board of Directors or Board Committee (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Clinical Leadership (facility level) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| Clinical Leadership (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Population Health Staff (facility level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

| | N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiatives | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Population Health Staff (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Community Benefit staff (facility level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Community Benefit staff (system level) | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Physician(s) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| Nurse(s) | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| Social Workers | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | |
| Hospital Advisory Board | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Other (specify) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the FY 2024 Community Benefit Guidelines for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2024.

| | Level of Community Engagement | | | | | | Recommended Practices | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions | Consulted - To obtain community feedback on analysis, alternatives and/or solutions | Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered | Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution | Delegated - To place the decision-making in the hands of the community | Community-Driven/Led - To support the actions of community initiated, driven and/or led processes | Identify & Engage Stakeholders | Define the community to be assessed | Collect and analyze the data | Select priority community health issues | Document and communicate results | Plan Implementation Strategies | Implement Improvement Plans | Evaluate Progress |
| Other Hospitals -- Please list the hospitals here: All Baltimore City hospitals | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ |
| Local Health Departments -- Please list the Local Health Departments here: Baltimore City Health Dept | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ |
| Local Health Improvement Coalition -- Please list the LHICs here: N/A | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Maryland Department of Health | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other State Agencies -- Please list the agencies here: N/a | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Local Govt. Organizations -- Please list the organizations here: Baltimore City Government; Bmore for Healthy Babies; Comission on Aging | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions | Consulted - To obtain community feedback on analysis, alternatives and/or solutions | Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered | Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution | Delegated - To place the decision-making in the hands of the community | Community-Driven/Led - To support the actions of community initiated, driven and/or led processes | Identify & Engage Stakeholders | Define the community to be assessed | Collect and analyze the data | Select priority community health issues | Document and communicate results | Plan Implementation Strategies | Implement Improvement Plans | Evaluate Progress |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Faith-Based Organizations | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ |
| School - K-12 -- Please list the schools here: N/A | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| School - Colleges, Universities, Professional Schools -- Please list the schools here: University of Baltimore, Morgan State | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☑ | ☐ | ☑ | ☐ | ☑ |
| Behavioral Health Organizations -- Please list the organizations here: N/A | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Social Service Organizations -- Please list the organizations here: Catholic Charities, Healthcare Access Maryland, Helping Up Mission | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☑ | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Post-Acute Care Facilities -- please list the facilities here: N/A | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| Organization | Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions | Consulted - To obtain community feedback on analysis, alternatives and/or solutions | Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered | Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution | Delegated - To place the decision-making in the hands of the community | Community-Driven/Led - To support the actions of community initiated, driven and/or led processes | Identify & Engage Stakeholders | Define the community to be assessed | Collect and analyze the data | Select priority community health issues | Document and communicate results | Plan Implementation Strategies | Implement Improvement Plans | Evaluate Progress |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Community/Neighborhood Organizations -- Please list the organizations here: Druid Hill YMCA, Northeastern Community Associate, Senior Network North Baltimore | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ |
| Consumer/Public Advocacy Organizations -- Please list the organizations here: Casa de Maryalnd, Esperanza Center | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ |
| Other -- If any other people or organizations were involved, please list them here: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

*Q49.* Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

*Q50.* Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

🔘 Yes
⚪ No

*Q51.* Please enter the date on which the implementation strategy was approved by your hospital's governing body.

06/01/24

*Q52.* Please provide a link to your hospital's CHNA implementation strategy.

https://mdmercy.com/-/media/files/about-mercy/policies-and-documents/2024-chna.ashx

*Q53.* Please upload your hospital's CHNA implementation strategy.

2024%20CHNA%20(2).pdf
6.5MB

*Q54.* Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

*This question was not displayed to the respondent.*

*Q55.* (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

*Q56.* (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

*Q57.* Section II - CHNAs and Stakeholder Involvement Part 6 - Initiatives

*Q58.* Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- ○ Yes
- ● No

*Q59.*
Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

- ☐ Health Conditions - Addiction
- ☐ Health Conditions - Arthritis
- ☐ Health Conditions - Blood Disorders
- ☐ Health Conditions - Cancer
- ☐ Health Conditions - Chronic Kidney Disease
- ☐ Health Conditions - Chronic Pain
- ☐ Health Conditions - Dementias
- ☐ Health Conditions - Diabetes
- ☐ Health Conditions - Foodborne Illness
- ☐ Health Conditions - Health Care-Associated Infections
- ☐ Health Conditions - Heart Disease and Stroke
- ☐ Health Conditions - Infectious Disease
- ☐ Health Conditions - Mental Health and Mental Disorders
- ☐ Health Conditions - Oral Conditions
- ☐ Health Conditions - Osteoporosis
- ☐ Health Conditions - Overweight and Obesity
- ☐ Health Conditions - Pregnancy and Childbirth
- ☐ Health Conditions - Respiratory Disease
- ☐ Health Conditions - Sensory or Communication Disorders
- ☐ Health Conditions - Sexually Transmitted Infections
- ☐ Health Behaviors - Child and Adolescent Development
- ☐ Health Behaviors - Drug and Alcohol Use
- ☐ Health Behaviors - Emergency Preparedness
- ☐ Health Behaviors - Family Planning
- ☐ Health Behaviors - Health Communication
- ☐ Health Behaviors - Injury Prevention
- ☐ Health Behaviors - Nutrition and Healthy Eating

- ☐ Health Behaviors - Vaccination
- ☐ Health Behaviors - Violence Prevention
- ☐ Populations - Adolescents
- ☐ Populations - Children
- ☐ Populations - Infants
- ☐ Populations – LGBT
- ☐ Populations - Men
- ☐ Populations - Older Adults
- ☐ Populations - Parents or Caregivers
- ☐ Populations - People with Disabilities
- ☐ Populations - Women
- ☐ Populations - Workforce
- ☐ Settings and Systems - Community
- ☐ Settings and Systems - Environmental Health
- ☐ Settings and Systems - Global Health
- ☐ Settings and Systems - Health Care
- ☐ Settings and Systems - Health Insurance
- ☐ Settings and Systems - Health IT
- ☐ Settings and Systems - Health Policy
- ☐ Settings and Systems - Hospital and Emergency Services
- ☐ Settings and Systems - Housing and Homes
- ☐ Settings and Systems - Public Health Infrastructure
- ☐ Settings and Systems - Schools
- ☐ Settings and Systems - Transportation
- ☐ Settings and Systems - Workplace
- ☐ Social Determinants of Health - Economic Stability
- ☐ Social Determinants of Health - Education Access and Quality

☐ Health Behaviors - Physical Activity      ☐ Social Determinants of Health - Health Care Access and Quality

☐ Health Behaviors - Preventive Care      ☐ Social Determinants of Health - Neighborhood and Built Environment

☐ Health Behaviors - Safe Food Handling      ☐ Social Determinants of Health - Social and Community Context

☐ Health Behaviors - Sleep      ☐ Other Social Determinants of Health

☐ Health Behaviors - Tobacco Use      ☐ Other (specify) [_____]

*Q60.* Why were these needs unaddressed?

[                                                                          ]

*Q61.* Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

The hospital tracks disparities in our key focus areas of maternal health and readmissions. Mercy Medical Center breaks down quality data by race and other factors to identify any health care disparities and/or opportunities for improvement. One particular area of focus is obstetrics. Through our on-going involvement with Maryland's Perinatal-Neonatal Quality Care Collaborative (MDPQC), we have worked on Severe Hypertension in Pregnancy and Obstetric Hemorrhage Bundles. Data analysis for the timely treatment of severe hypertension, along with performing hemorrhage risk assessments and patient briefings following a hemorrhage, are analyzed for our overall performance but also broken by race, to ensure there are no identified disparities in our care. Data is shared with Mercy leadership, OB providers, and nursing.

*Q62.* Other than Charity Care, Graduate Medical Education, and the Nurse Support Programs, please select the rate supported programs in which your hospital participates:

☑ None

☐ Regional Partnership Catalyst Grant Program

☐ The Medicare Advantage Partnership Grant Program

☐ The COVID-19 Long-Term Care Partnership Grant

☐ The COVID-19 Community Vaccination Program

☐ The Population Health Workforce Support for Disadvantaged Areas Program

☐ Other (Describe) [_____]

*Q63.* (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail.

*Q64.* # Section III - CB Administration

*Q65.* Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

☑ Yes, by the hospital's staff

☐ Yes, by the hospital system's staff

☐ Yes, by a third-party auditor

☐ No

*Q66.* Please describe the third party audit process used.

*This question was not displayed to the respondent.*

*Q67.* Does your hospital conduct an internal audit of the community benefit narrative?

○ Yes

◉ No

*Q68.* Please describe the community benefit narrative audit process.

*This question was not displayed to the respondent.*

*Q69.* Does the hospital's board review and approve the annual community benefit financial spreadsheet?

◉ Yes
◯ No

*Q70.* Please explain:

*This question was not displayed to the respondent.*

*Q71.* Does the hospital's board review and approve the annual community benefit narrative report?

◉ Yes
◯ No

*Q72.* Please explain:

*This question was not displayed to the respondent.*

*Q73.* Does your hospital include community benefit planning and investments in its internal strategic plan?

◯ Yes
◉ No

*Q74.* Please describe how community benefit planning and investments were included in your hospital's internal strategic plan during the fiscal year.

*This question was not displayed to the respondent.*

*Q75.* If available, please provide a link to your hospital's strategic plan.

*This question was not displayed to the respondent.*

*Q76.* Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. More information about SIHIS may be found here.

☐ Diabetes - Reduce the mean BMI for Maryland residents

```



```

☑ Opioid Use Disorder - Improve overdose mortality

```
Mercy's detox program contributes to
the reduction of opioid mortality
through inpatient and outpatient
referrals.
```

☑ Maternal and Child Health - Reduce severe maternal morbidity rate

```
Mercy Medical Center outlines many
programs as part of the community
benefit report that align with
maternal child health initiatives
including helping to reduce maternal
morbidity rate, infant low birth rate,
and provide equitable access to
prenatal care.In an effort to reduce
maternal health readmissions and
reduce maternal mortality, Mercy has
implemented impactful programs and
initiatives over the last year in the
Baltimore Community. In early 2023,
Mercy opened the Centering Program for
expectant mothers specifically
designed for minority women at high
risk for low-birth weight and pre-term
delivery. After undergoing individual
health assessments, providers, support
staff and moms "circle up" to address
important health topics like
nutrition, stress management, yoga,
labor and delivery, breastfeeding and
infant care.
During the nutrition session, a
cooking demo is offered focusing on
healthy, affordable, simple, and
delicious meals. Patients are given
the chance to learn and taste new
recipes that will help during and
after their pregnancy. Families are
also welcome to join in on all the
education. When the cooking demo is
complete, the patients receive
groceries on-site and a referral to
Harvest Rx for a free month of healthy
groceries. In addition, Mercy offers
free transportation to and from each
session.
```

☐ Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

☐ None of the Above

*Q77.* (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

*Q78.* Section IV - Physician Gaps & Subsidies

*Q79.* (Optional) Please attach any files containing further information and data justifying physician subsidies at your hospital.

(This year, all information on physician gap subsidies is collected on the financials. However, if you have additional information on these subsidies to report, you may do so through attachments here.)

*Q80.* Section V - Financial Assistance Policy (FAP)

*Q81.* Upload a copy of your hospital's financial assistance policy.

MMC%20Patient%20Financial%20Assistance%20Policy%20923%20(3).pdf
3.2MB
application/pdf

*Q82.* Provide the link to your hospital's financial assistance policy.

> https://mdmercy.com/-/media/files/about-mercy/policies-and-documents/mmc-patient-financial-assistance-policy-923.ashx

*Q83.* Has your FAP changed within the last year? If so, please describe the change.

- ⦿ No, the FAP has not changed.
- ◯ Yes, the FAP has changed. Please describe: [                    ]

*Q84.* Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.

| | 200 | 300 | 400 | 500 | 600 | 700 | Not Applicable 800 | |
|---|---|---|---|---|---|---|---|---|
| Percentage of Federal Poverty Level | | | | | | | ◻ | [        ] |
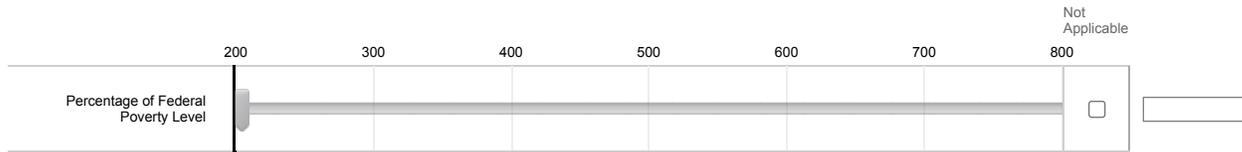
*Q85.* Maryland acute care and chronic care hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

| | 200 | 300 | 400 | 500 | 600 | 700 | Not Applicable 800 | |
|---|---|---|---|---|---|---|---|---|
| Lowest FPL | | | | | | | ◻ | [        ] |
| Highest FPL | | | | 500 | | | ◻ | 500 |
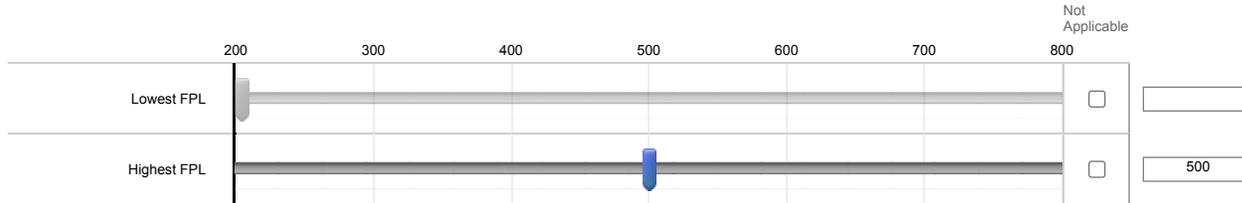
*Q86.* Maryland acute care and chronic care hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3)(a) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship.

| | 0 | 100 | 200 | 300 | 400 | 500 | 600 | 700 | Not Applicable 800 | |
|---|---|---|---|---|---|---|---|---|---|---|
| Lowest FPL | | | 199 | | | | | | ◻ | 199 |
| Highest FPL | | | | | | 500 | | | ◻ | 500 |
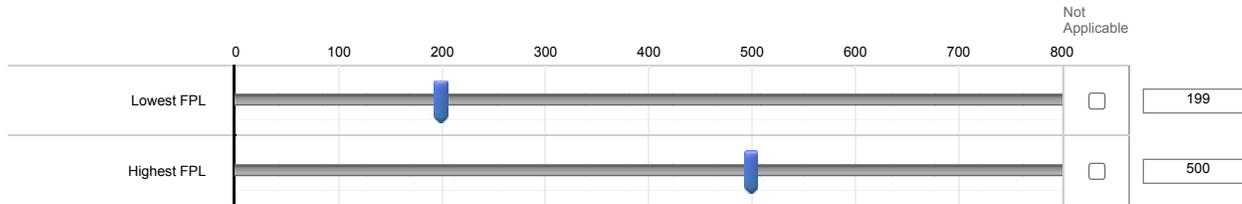
*Q87.* Please select the threshold for medical debt as a percentage of family income above which qualifies as a financial hardship.

| | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Debt as Percentage of Income | | | 25 | | | | | | | | | 25 |
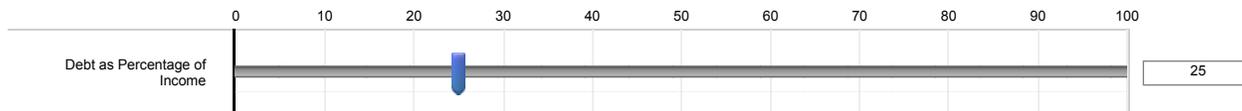
*Q88.* # Section VI - Tax Exemptions

*Q89.* Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

- ☑ Federal corporate income tax
- ☑ State corporate income tax
- ☑ State sales tax
- ☑ Local property tax (real and personal)

☐ Other (Describe) [          ]

<sub>Q90.</sub> Summary & Report Submission

<sub>Q91.</sub>

## <span style="color:red">Attention Hospital Staff! IMPORTANT!</span>

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. **_You cannot change any of your answers if you proceed beyond this screen._**

We strongly urge you to contact us at [hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu) to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

---

**Location Data**

**Location:** (39.26, -76.7125)

**Source:** GeoIP Estimation

CHNA24
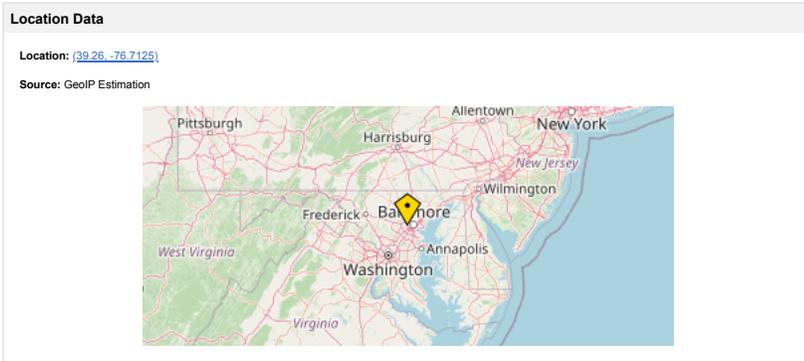
# Mercy Medical Center

Community Health Needs Assessment | June 2024
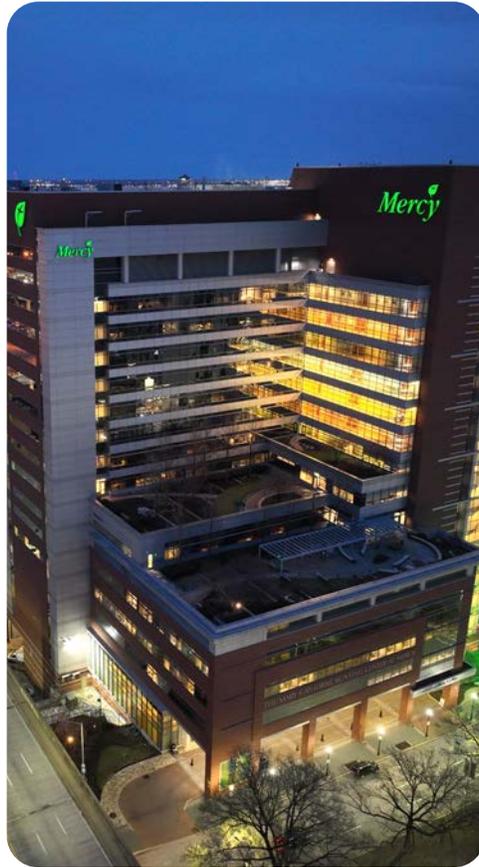
The Sisters of Mercy welcome all people of every creed, color, economic and social condition.

*Mercy*
MEDICAL CENTER

345 Saint Paul Place | Baltimore, Maryland 21202

mdmercy.com

# 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 also offer an opportunity to enhance the coordination of hospital community benefits with broader initiatives aimed at improving community health outcomes. This fosters collaborative efforts between healthcare institutions, local authorities, and community organizations. By aligning resources and strategies, we can maximize the impact of these efforts, addressing health disparities and promoting wellness on a community-wide scale.

On December 31, 2014, the Internal Revenue Service (IRS) published the final rules implementing the "Additional Requirements for Charitable Hospitals" section of the Affordable Care Act (ACA). The hospital facility must conduct 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 address the community health needs identified through the CHNA. This document includes Mercy Medical Center's CHNA and Implementation Strategy as approved by the Mercy Health Services Mission & Corporate Ethics Committee on June 5, 2024.

*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 nearly 150 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. Mercy has maintained a special commitment to the poor and underserved consistent with the mission of the Sisters of Mercy.

Mercy Medical Center is one of 11 general acute care hospitals in Baltimore City and one of five hospitals within the defined CHNA Service Area. It serves a unique role as a high-quality community hospital, providing a broad range of primary and secondary acute care services, and a preferred tertiary referral center, providing services to patients from a wide geographic area. Mercy generates most of its revenue from regional, surgically-focused specialty programs drawing patients from every zip code across Maryland.

Mercy's Community Benefit activities and resources are focused on areas representing 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, those with substance use disorders and victims of sexual assault and family violence. Coordination with Federally Qualified Health Centers and partnerships with diverse community organizations ensures that Mercy is well positioned to meet the community's health needs.

Baltimore City contends with many social and economic hurdles that impact the overall health of the population. Nearly 18.5% of Baltimore City residents live below the federal poverty line, constituting one in four individuals. The city's median household income of $55,198 falls significantly short of the state average of $93,432. Approximately 23% of households are reliant on the Food Stamp/SNAP program to fulfill their daily food requirements. More than 66% of children in Baltimore City rely on free or reduced-price lunch, compared to 45% statewide and 53% nationally. Additionally, 16% of Baltimore City residents experience food insecurity, contrasting with the statewide figure of 9% and the national average of 6%. These statistics underscore the urgent need for targeted interventions and collaborative efforts led by state and local

governments to address the underlying socioeconomic factors contributing to health disparities. These various economic conditions also manifest into social challenges, including higher rates of violent crime and drug addiction.

Consequently, Baltimore City, particularly within Mercy's defined CHNA Service Area, faces elevated mortality rates and diminished life expectancy. Cardiovascular disease, cancer, drug and alcohol-related issues, stroke and chronic lower respiratory disease emerge as the leading causes of mortality. Additionally, the City contends with higher rates of infant mortality and low birth weight births. Within Baltimore City, the majority of individuals experiencing homelessness reside in Mercy's CHNA area. The average life expectancy for these individuals is only 48 years, according to Health Care for the Homeless.

Community members identified the following health and social-environmental concerns: alcohol and drug addiction, mental health, food insecurity and housing/homelessness. Moreover, disparities within Mercy's CHNA Service area is stark, surpassing those of Baltimore County, the state level, and the national average.

Mercy has carefully identified areas where its institutional mission and strengths align with unmet health needs deserving focused attention within the community. Drawing insights from input received from community residents and leaders, Mercy will continue to direct its resources toward targeted interventions and evidence-based initiatives.

Mercy intends to focus its resources specifically on interventions, programs, and initiatives to: improve access to care and the frequency of care for our homeless neighbors; provide support to victims of violence and addiction; implement strategies to improve birth outcomes and pre-natal care for expectant mothers; expand access to preventative health services such as primary care to improve outcomes, manage chronic disease, and reduce total cost of care; providing a comprehensive program for prevention and treatment for Lung Cancer—the leading cause of cancer deaths in Baltimore City; and 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 community health needs by enhancing its population health activities to serve patients with chronic illnesses within the CHNA service area and beyond.

# Background

# About Mercy Medical Center

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.

MHS is the parent of Mercy Medical Center, Inc. (Mercy or MMC), a non-profit corporation, which owns and operates a 129-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 surgical and preferred tertiary referral center in certain select specialties.

Mercy Medical Center has received numerous recognitions for its medical specialties and operational excellence. Mercy was recognized as one of the top 400 midsize employers in the United States, and one of only two healthcare organizations in Maryland named a Best Employers by *Forbes* magazine. This prestigious recognition is based on surveys of over 170,000 participants across the country. Additionally, for the second consecutive year, *Newsweek* magazine has named Mercy one of America's "Most Trustworthy Companies." This honor reflects our mission to create a safe, caring, and compassionate environment for our patients, employees, and everyone cared for by Mercy.

HIGH PERFORMING HOSPITALS — U.S. News & World Report — 2023-2024 — ORTHOPEDICS



HIGH PERFORMING HOSPITALS — U.S. News & World Report — 2023-2024 — COLON CANCER SURGERY



HIGH PERFORMING HOSPITALS — U.S. News & World Report — 2023-2024 — HIP REPLACEMENT



HIGH PERFORMING HOSPITALS — U.S. News & World Report — 2023-2024 — KNEE REPLACEMENT



AMERICA'S 50 Best SURGICAL CARE™ 2022-2023 — healthgrades.

Mercy was recognized as one of America's 50 Best Hospitals for Surgical Care by Healthgrades. This honor reflects exceptional quality of care, based on a nationwide evaluation of nearly 4,500 hospitals for common inpatient procedures and conditions. Mercy has also been recognized by *U.S. News & World Report's* "Best Hospitals" ratings for 2023-2024. Among Adult Specialties, National Rankings, Mercy was rated as High Performing in orthopedics, hip replacement surgery, knee replacement and as a high performing hospital in colon cancer surgery. The High Performing rating distinguishes Mercy as providing care that is significantly better than the national average, as measured by factors such as patient outcomes. Additionally, Mercy physicians are annually honored in *Baltimore* magazine's "Top Doctors" issues, spanning specialties ranging from arthritis to women's health conditions.

Mercy's commitment to eliminating disparities in maternal and infant health outcomes has been reaffirmed through its active participation in the Equity Maryland: Breaking Inequality Reimagining Transformative Healthcare (B.I.R.T.H.) program. Facilitated by the Maryland Patient Safety Center (MPSC) and the Maryland Hospital Association (MHA), this initiative highlights Mercy's ongoing efforts to ensure equitable access to healthcare for all families in our community and reinforces our pledge to address disparities in maternal and infant health outcomes.

# 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 N. 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 businesses, healthcare, and philanthropic communities.

## Mission

*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.*

## Values

**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.

## 2030 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 for patients, providers, and staff;
- 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



**Centers of Excellence patient origin by zipcode.**

County, and a portion of Anne Arundel County. These service areas accounted for approximately 77.4% of Mercy's total discharges in the 12 months ending June 30, 2023. The remaining 22.6% of discharges originate from outside Mercy's traditional service areas, including patients from outside of Maryland. Mercy Medical Center generates 64.5% of its total revenue from regionally oriented, surgically-focused specialty programs (Centers of Excellence) drawing patients from nearly every zip code across 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.

Mercy has historically directed its array of community benefit programs and services towards economically disadvantaged neighborhoods within Baltimore City. This commitment aligns with its longstanding dedication to serving the needs of the poor and underserved. These efforts encompass specialized citywide support programs for lower-income pregnant women, individuals, and families experiencing homelessness, as well as those struggling with substance abuse. Mercy also collaborates with Federally Qualified Health Centers to address community health needs effectively.

# Baltimore's Challenges

# Baltimore's Challenges



Baltimore City grapples with many social and economic challenges that significantly impact the overall health of its residents. Since the post-war industrial era, the city has seen a substantial decline in population, employment, and prosperity. From a peak population of 949,708 in 1950, Baltimore's population dwindled to an estimated 573,794 in 2023, marking a 40% decrease. Consequently, its rank among U.S. cities fell from sixth-largest to thirty-first-largest, while Maryland's overall population increased from 2,343,001 to 6,259,408, a 168% rise.

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 (Rusk 1995).

Currently, Baltimore's unemployment rate stands at 3.8% (as of April 2024), surpassing the state average. Over 20% of Baltimore's population—approximately 115,000 individuals—live below the federal poverty line, more than double Maryland's poverty rate of 9.1% and significantly higher than the national rate of 12.4%. Nearly half of Baltimore's residents live below 200% of the federal poverty line, and almost a third of its children reside in impoverished households.
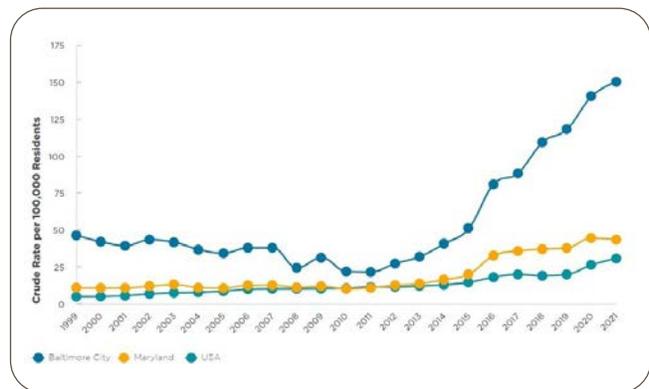


**Drug Overdose Death Rate per 100,000 Residents, Baltimore City vs Maryland vs USA.**
Source: CDC WONDER 1999–2021.

Despite the Affordable Care Act's expansion, recent data from the U.S. Census Bureau's Small Area Health Insurance Estimates reveal that approximately 6.5% of individuals under 65 in Baltimore lack health insurance, with an overall uninsured rate of 5.9%. These economic challenges—characterized by high unemployment rates, low-income levels, and substantial poverty rates—often lead to reduced access to healthcare, particularly preventive services crucial for enhancing population health and mitigating avoidable hospital admissions. This disparity is evident across almost every age group in Baltimore City.

Baltimore's economic struggles are compounded by significant social issues that profoundly affect community health, notably high rates of violent crime and drug addiction. The city ranks among the highest in the U.S. for violent crime, with a rate of 19.22 incidents per 1,000 residents. According to the CDC, approximately 60,000 Baltimore residents—1 in 8—grapple with drug addiction, giving Baltimore the highest per capita opioid addiction rate in the nation. In 2023 alone, Baltimore recorded nearly 1,079 deaths related to drug and alcohol intoxication, the majority of which were opioid-related, accounting for over a third of all intoxication deaths in the state. The CDC reports that drug overdose rates remain persistently higher in Baltimore compared to statewide and national averages.
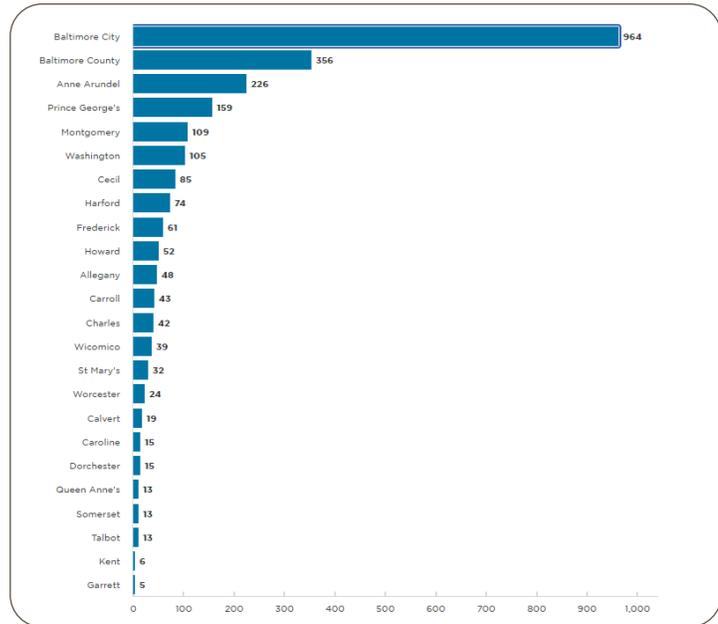


**Total Number of Opioid-Related Intoxication Deaths by County of Occurrence, 2022.**

Source: Maryland Department of Health Vital Statistics Administration. Health.maryland.gov.

Despite these challenges, Mercy has remained a steadfast presence in Baltimore for nearly 150 years, serving the healthcare needs of the city's residents without regard to creed, color, or socioeconomic status. In 2010, Mercy reaffirmed its dedication to Baltimore by unveiling the Mary Catherine Bunting Center, a cutting-edge replacement hospital representing a more than $400 million investment in its downtown medical campus. In fiscal year 2023, Mercy provided $73 million in community benefits, including $21 million in Charity Care. Mercy provides 25% more Community Benefit than the average Maryland hospital on a relative basis.

# Mercy Community Health Needs Assessment (CHNA) Service Area

# Mercy's CHNA Service Area

The Sisters of Mercy were founded in Dublin, Ireland, to care for homeless, abused, and neglected women and children. This legacy influences Mercy's focus on target populations such as infants, women, and the impoverished. Mercy defined its CHNA Service Area during the 2013 CHNA process. The Mission and Corporate Ethics Committee discussed the socio-economic and health parameters defining Mercy's "community" and decided to focus resources on 18 Community Statistical Areas (CSAs) in downtown and inner-city neighborhoods.

This definition aims to foster coordination, strategic partnerships, and improved outcome measurement, particularly for lower-income mothers, their babies, and the homeless. Input from community leaders, public health experts, and representatives of minority and underserved populations in the 2013, 2016, 2018, 2021, and 2024 CHNA processes validated this CHNA Service Area. Mercy's CHNA community includes "medically underserved, low-income, or minority populations," per IRS regulations.

Mercy's CHNA Service Area includes the following CSAs: 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.
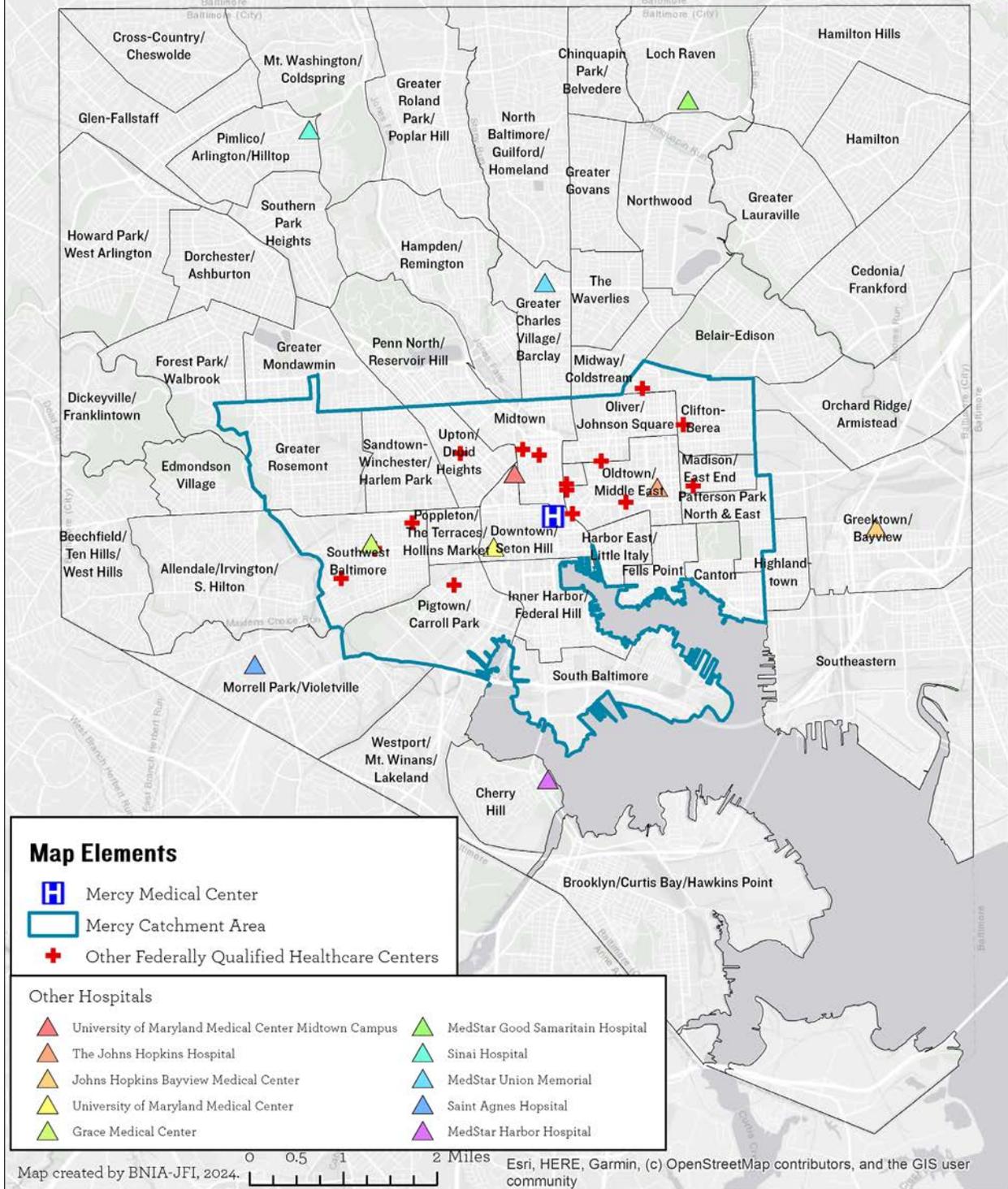
## Mercy CHNA Service Area

Source: BNI-JFI, 2024

# Process and Methods

## Quantitative Data

**Disclaimer Regarding Data:** *Please note that in some instances of this report, Mercy used the 2017 version of the Baltimore City Health Department Neighborhood Health Profile data for constructing the 2024 CHNA. This is the most recent data available at the neighborhood level. Additional data sources were also utilized and can be found in the Process and Methods section under Qualitative Data.*

Mercy collected both quantitative and qualitative data to conduct the 2024 Community Health Needs Assessment (CHNA). In previous CHNAs conducted in 2018 and 2021, Mercy collaborated closely with the Baltimore City Health Department and a consortium of Baltimore City Hospitals. Uniform quantitative and qualitative data were collected, encompassing demographic and health-related information for Community Statistical Areas (CSAs). Additionally, qualitative insights from surveys conducted among community members and leaders, and from 33 focus groups representing diverse populations across Baltimore City, were gathered.

# Quantitative Data

As part of the quantitative data gathering process for the 2024 CHNA, Mercy collaborated with The Baltimore Neighborhood Indicators Alliance-Jacob France Institute at the University of Baltimore (BNIA-JFI). BNIA-JFI is a nonprofit organization whose core mission is to provide open access to meaningful, reliable, and actionable data about, and for, the City of Baltimore and its communities. BNIA-JFI builds on and coordinates the related work of citywide nonprofit organizations, city and state government agencies, neighborhoods, foundations, businesses, and universities to support and strengthen well-informed decision-making for strong neighborhoods, improved quality of life, and a thriving city. BNIA-JFI is also a partner and member of the National Neighborhood Indicators Partnership of the Urban Institute (NNIP), a collaborative effort by the Urban Institute and nearly 40 local partners to further the development and use of neighborhood-level information systems in local policymaking and community building.

BNIA-JFI provided Mercy with a broad array of neighborhood data indicators, detailing the facts and circumstances present in Mercy's CHNA Service Area, including barriers to accessing care, preventing illness, ensuring adequate nutrition, and addressing social, behavioral, and environmental factors that influence community health.

Incorporated into BNIA-JFI's neighborhood-level socio-economic datasets are individual Neighborhood Health Profiles completed by the Baltimore City Health Department. These profiles examine the underlying factors that affect health in each neighborhood—the social determinants of health, including access to healthy

food, housing, quality schools, and safe places to be active. The Baltimore City'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 (2017) Neighborhood Health Profile information from the Baltimore City Health Department was utilized to ensure the community health priorities of Mercy Medical Center remain aligned with the current health priorities of the City.

Additional data sources include various public and private sources such as the U.S. Census, the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation County Health Rankings, the University of North Carolina Health Literacy Data Map, the American Community Survey, the Vital Statistics Administration at the Maryland Department of Health, 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 – Population Specific to Mercy CHNA

Source: BNAI.

| Demographics- Population | | | |
|---|---|---|---|
| **Community Statistical Area (CSA)** | **Total Population (2020)** | **Total Male Population (2020)** | **Total Female Population (2020)** |
| Canton | 8,239 | 4,073 | 4,166 |
| Clifton-Berea | 7,577 | 3,486 | 4,091 |
| Downtown/Seton Hill | 9,448 | 4,615 | 4,833 |
| Fells Point | 10,638 | 5,196 | 5,442 |
| Greater Rosemont | 15,099 | 6,970 | 8,129 |
| Oliver/Johnston Square | 6,955 | 3,201 | 3,754 |
| Harbor East/Little Italy  Market | 5,027 | 2,380 | 2,647 |
| Inner Harbor/ Federal Hill | 15,124 | 7,713 | 7,411 |
| Madison/ East End | 6,093 | 2,790 | 3,303 |
| Midtown | 17,099 | 8,156 | 8,943 |
| Oldtown/Middle East | 10,009 | 4,624 | 5,385 |
| Patterson Park North and East | 14,320 | 6,864 | 7,456 |
| Poppleton/Terraces/Hollins Market | 4,728 | 2,183 | 2,545 |
| Sandtown-Winchester/Harlem Park | 10,531 | 4,904 | 5,627 |
| South Baltimore | 8,208 | 4,126 | 4,082 |
| Southwest Baltimore | 13,189 | 6,307 | 6,882 |
| Upton/Druid Heights | 8,916 | 3,998 | 4,918 |
| Pigtown/Carroll Park | 5,189 | 2,534 | 2,655 |
| **CHNA Service Area Estimate** | **176,389** | **84,120** | **92,269** |
| **Baltimore City** | **585,708** | **274,635** | **311,073** |

Baltimore City, Maryland, has a population of 585,708 (BCHD, 2023) and the geographic area of the CSAs included in this profile (referred to hereafter as the CHNA area) has a total population of 176,389 (30% of Baltimore City's population). Baltimore City's and Mercy's CHNA population skews more heavily female compared to the state of Maryland, and the U.S. Fifty-two percent of the CHNA area is female and 56 % of the area is African American, compared to 53% and 61% for Baltimore City, respectively. Fourteen percent of Baltimore City's population is aged less than 18 years and 15% is aged 65+ years compared to 12.5% and 12.3% in the CHNA area, respectively.

# Demographics – Race Ethnicity Specific to Mercy CHNA

Source: BNAI.

| Demographics- Race, Ethnicity Percent of Residents | | | | | |
|---|---|---|---|---|---|
| Community Statistical Area (CSA) | Black/ African American (Non Hispanic) (2018-2022) | White/ Caucasian (Non-Hispanic) (2018-2022) | Asian (Non-Hispanic) (2018-2022) | Two or More Races (Non- Hispanic) (2018-2022) | All Other Races(Non-Hispanic) (2018-2022) | Hispanic (2018-2022) |
| Canton | 5.8 | 78.1 | 5.3 | 2.7 | 0.1 | 8.0 |
| Clifton-Berea | 91.1 | 4.1 | 0.1 | 0.9 | 0.7 | 3.2 |
| Downtown/Seton Hill | 44.5 | 32.3 | 9.8 | 4.1 | 1.3 | 8.0 |
| Fells Point | 10.6 | 69.8 | 5.6 | 4.2 | 0.2 | 9.5 |
| Greater Rosement | 97.2 | 1.0 | 0.3 | 0.9 | 0.4 | 0.2 |
| Oliver/Johnston Square | 92.0 | 2.8 | 0.3 | 1.4 | 0.3 | 3.1 |
| Harbor East/Little Italy Market | 46.0 | 41.2 | 5.4 | 2.3 | 0.4 | 4.8 |
| Inner Harbor/ Federal Hill | 12.4 | 75.3 | 4.1 | 3.2 | 1.3 | 3.7 |
| Madison/ East End | 76.9 | 3.4 | 0.3 | 10.4 | 1.1 | 7.9 |
| Midtown | 30.9 | 50.0 | 6.8 | 8.0 | 0.5 | 3.8 |
| Oldtown/Middle East | 77.5 | 13.1 | 4.3 | 1.9 | 0.6 | 2.6 |
| Patterson Park North and East | 26.3 | 50.7 | 3.7 | 8.1 | 0.8 | 10.4 |
| Poppleton/Terraces/Hollins Market | 82.4 | 12.8 | 0.3 | 2.6 | 0.9 | 1.1 |
| Sandtown-Winchester/Harlem Park | 92.4 | 2.9 | 0.5 | 2.3 | 0.4 | 1.5 |
| South Baltimore | 4.7 | 84.0 | 2.3 | 3.7 | 0.9 | 4.4 |
| Southwest Baltimore | 72.9 | 15.4 | 0.5 | 5.4 | 0.4 | 5.5 |
| Pigtown/Carroll Park | 88.8 | 6.1 | 0.9 | 1.7 | 0.7 | 1.7 |
| Upton/Druid Heights | 56.1 | 25.8 | 3.9 | 5.5 | 0.5 | 8.3 |
| **CHNA Service Area Estimate** | **56.0** | **31.6** | **3.0** | **3.8** | **0.6** | **4.9** |
| **Baltimore City** | **60.7** | **27.0** | **2.5** | **3.2** | **0.7** | **5.9** |

# Demographics – Age Specific to Mercy CHNA

Source: BNAI.

| Demographics- Age | | | | | |
|---|---|---|---|---|---|
| Community Statistical Area (CSA) | Percent of Population Under 5 Years Old (2018-2022) | Percent of Population 5-17 Years Old (2018-2022) | Percent of Population 18-24 Years Old (2018-2022) | Percent of Population 25-64 Years )ld (2018-2022) | Percent of Population 65 Years and Over (2018-2022) |
| Canton | 7.1 | 3.6 | 5.0 | 74.3 | 9.9 |
| Clifton-Berea | 4.1 | 17.9 | 9.0 | 51.8 | 17.2 |
| Downtown/Seton Hill | 4.4 | 5.1 | 15.1 | 71.0 | 4.4 |
| Fells Point | 3.4 | 5.2 | 9.0 | 71.7 | 10.7 |
| Greater Rosement | 4.9 | 14.0 | 9.3 | 56.7 | 15.1 |
| Oliver/Johnston Square | 5.4 | 19.5 | 5.6 | 53.5 | 15.9 |
| Harbor East/Little Italy Market | 4.2 | 9.0 | 5.7 | 69.1 | 12.0 |
| Inner Harbor/ Federal Hill | 3.8 | 6.4 | 7.4 | 66.7 | 15.8 |
| Madison/ East End | 7.2 | 24.3 | 10.9 | 47.0 | 10.5 |
| Midtown | 2.6 | 3.8 | 13.2 | 65.7 | 14.8 |
| Oldtown/Middle East | 5.8 | 16.9 | 8.7 | 55.7 | 12.9 |
| Patterson Park North and East | 7.8 | 10.8 | 4.9 | 66.2 | 10.3 |
| Poppleton/Terraces/Hollins Market | 6.4 | 15.3 | 8.2 | 60.5 | 9.7 |
| Sandtown-Winchester/Harlem Park | 4.7 | 18.7 | 5.7 | 52.0 | 18.9 |
| South Baltimore | 8.4 | 4.6 | 6.1 | 75.8 | 5.2 |
| Southwest Baltimore | 5.0 | 15.3 | 7.3 | 57.3 | 15.0 |
| Pigtown/Carroll Park | 7.6 | 17.9 | 9.5 | 51.5 | 13.5 |
| Upton/Druid Heights | 3.1 | 16.5 | 7.8 | 62.4 | 10.1 |
| **CHNA Service Area Estimate** | **5.3** | **12.5** | **8.2** | **61.6** | **12.3** |
| **Baltimore City** | **6.1** | **14.4** | **9.4** | **55.4** | **14.8** |

## Social Determinants of Health (SDoH)

Many factors influence a person's health. The Centers for Disease Control and Prevention (CDC) defines social determinants of health (SDoH) as conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. According to the CDC's "Social Determinants of Health" from its Healthy People 2030 public health priorities initiative, factors contributing to an individual's health status can include healthcare access and quality, neighborhood and built environment, social and community context, economic stability, and education access and quality. Subsequent sections identify how Mercy's CHNA Service Area compares relative to the total Baltimore City population. Note that, as stated in the disclaimer regarding data, in some instances



of this report, the 2017 version of the Baltimore City Health Department Neighborhood Health Profile data was used for constructing the 2024 CHNA. This is the most recent data available at the neighborhood level. Additional data sources were also utilized and can be found in the Process and Methods section under Qualitative Data.

# Economic Stability - Family Poverty Rate

## Demographics – Poverty Specific to Mercy CHNA

Source: BNAI.

| Demographics- Family Poverty | | | |
|---|---|---|---|
| **Community Statistical Area (CSA)** | **Percent of Female-Headed Households with Children Under 18 (2018-2022)** | **Percent of Family Households Living Below the Poverty Line (2018-2022)** | **Percent of Children Living Below the Poverty Line (2018-2022)** |
| Canton | 20.9 | 10.9 | 0.0 |
| Clifton-Berea | 70.2 | 28.2 | 29.8 |
| Downtown/Seton Hill | 66.7 | 6.3 | 45.8 |
| Fells Point | 20.3 | 9.1 | 16.7 |
| Greater Rosement | 73.9 | 21.7 | 32.4 |
| Oliver/Johnston Square | 72.3 | 26.4 | 33.7 |
| Harbor East/Little Italy  Market | 87.5 | 12.2 | 46.1 |
| Inner Harbor/ Federal Hill | 16.1 | 10.4 | 0.9 |
| Madison/ East End | 54.0 | 41.2 | 44.8 |
| Midtown | 14.7 | 7.0 | 5.5 |
| Oldtown/Middle East | 70.0 | 31.4 | 55.2 |
| Patterson Park North and East | 28.0 | 21.1 | 30.9 |
| Poppleton/Terraces/Hollins Market | 88.3 | 24.7 | 70.9 |
| Sandtown-Winchester/Harlem Park | 69.5 | 23.7 | 54.2 |
| South Baltimore | 15.9 | 17.9 | 3.2 |
| Southwest Baltimore | 71.5 | 25.2 | 45.1 |
| Pigtown/Carroll Park | 85.1 | 25.8 | 56.9 |
| Upton/Druid Heights | 71.1 | 18.3 | 17.3 |
| **CHNA Service Area Estimate** | **55.3** | **20.1** | **32.7** |
| **Baltimore City** | **49.8** | **14.5** | **25.8** |

## Employment and Income

Employment and income are key social determinants of health in Baltimore. The family poverty rate (families with children under 18 years) is 15.3% in Baltimore City compared to 22.7% in the CHNA area. The percentage of residential properties that are vacant and abandoned (2019) in Baltimore City is 7.4% vs. 14.7% in the CHNA area.

# Mercy Medical Center Catchment Area and Percent of Families Below the Poverty Line - 2022

**Map Elements**

🅷 Mercy Medical Center

☐ Mercy Catchment Area

Percent of Families in Poverty

- 0.9% - 6.3%
- 6.4% - 13.3%
- 13.4% - 21.3%
- 21.4% - 30.8%
- 30.9% - 50.5%

Baltimore City: 14.5%
Mercy Catchment Area: 20.1%

Map created by BNIA-JFI, 2024. Map data ranked by quintile, Source: U.S. Census Bureau

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
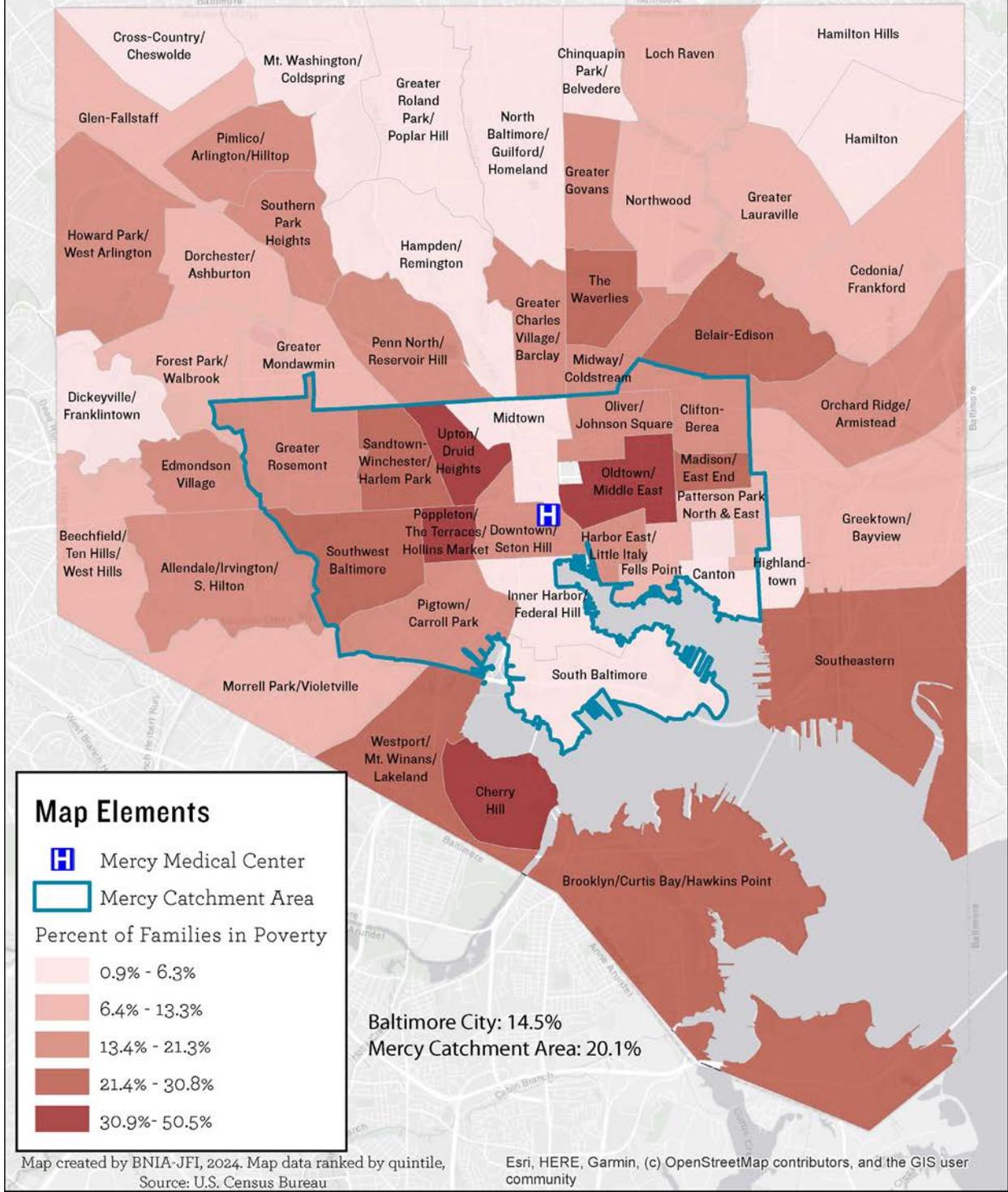
**Household Living Below Poverty Line – Mercy CHNA Service Area**

Source: BCHD.

## Food Access

Food access was classified as a major challenge in Baltimore City with nearly 16% of land classified as a food desert. Built environment and food security indicators fall well below county, state, and national benchmarks. This was further classified through the community member and community leader surveys as well as focus groups in the primary data. The most significant difference was the percentage of children who are eligible for free or reduced lunch, with 66% in Baltimore City compared to 45% in the state of Maryland.

**Social Determinants of Health: Built Environment and Food Insecurity Indicators.** Source: Baltimore City Health Department, 2023.

| Indicator | Baltimore City | Baltimore County | Maryland | United States |
|---|---|---|---|---|
| Food Environment Index Score | 7.5 | 8.3 | 8.7 | 7 |
| Percentage of Population with Access to Exercise Opportunities | 99% | 97% | 92% | 84% |
| Percentage of Population with Broadband Internet Access | 80% | 89% | 90% | 87% |
| Percentage of Population Experiencing Food Insecurity | 16% | 10% | 9% | 12% |
| Percentage of Population with Limited Access to Healthy Foods | 2% | 4% | 4% | 6% |
| Percentage of Children Eligible for Free or Reduced-Price Lunch | 66% | 52% | 45% | 53% |

Similarly, the percentage of families receiving supplemental nutritional assistance (SNAP) correlated with the percentage of families experiencing food insecurity both citywide and within the CHNA Service Area. Number of families receiving SNAP within the CHNA Service Area was higher with 7.1% compared to 6.3% citywide.
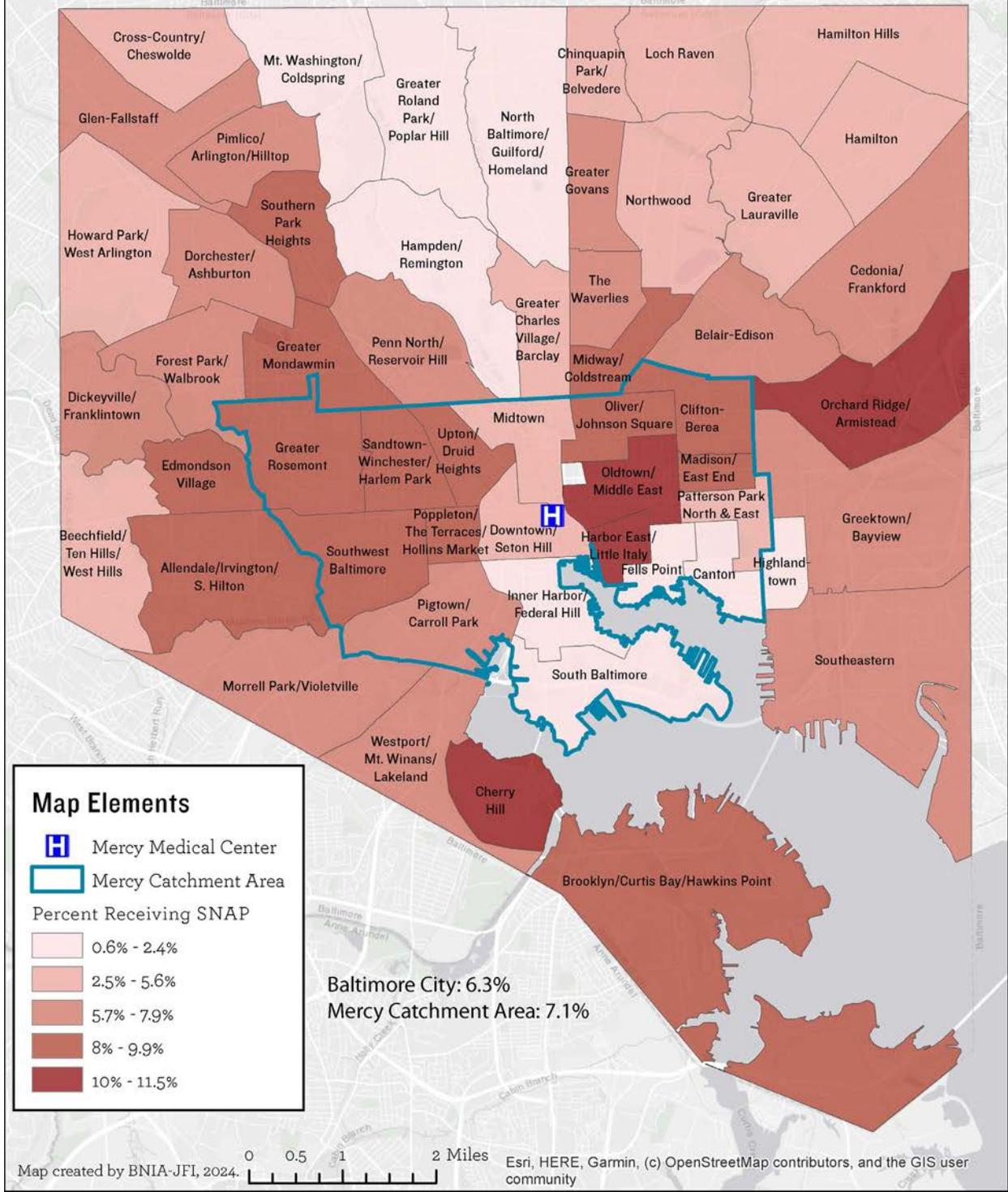
**Households Receiving Supplemental Nutrition Assistance (SNAP) – Mercy CHNA Service Area**

Source: BNIA-JFI.

## Violent Crime

Nearly all local safety indicators were significantly worse in Baltimore City compared to the state, with exceptions for deaths from vehicle accidents, and juvenile arrests. The rate of deaths attributed to injuries was more than double the state rate, and nearly double that of Baltimore County. Most notably, firearm-related fatalities in Baltimore City were nearly four times the rate in the county, the state or the U.S. overall.

### Mercy CHNA Service Area Public Safety Indicator – Violent Crime and Other Vulnerability Index Indicators. Source: BCHD

| Indicator | Baltimore City | Baltimore County | Maryland | United States |
|---|---|---|---|---|
| Injury Mortality (per 100,000 population) | 200 | 109 | 88 | 76 |
| Homicides (per 100,000 population) | 43 | 9 | 9 | 6 |
| Firearm Fatalities (per 100,000 population) | 44 | 13 | 12 | 12 |
| Motor Vehicle Crash Deaths (per 100,000 population) | 9 | 8 | 9 | 12 |
| Juvenile Arrests per 1,000 Juveniles | 25 | 39 | 27 | 24 |

Violence and concerns about safety in the community have an impact on community members' ability to safely move about in their community, whether for personal reasons like exercise or to seek medical care when needed. High levels of community violence are also linked to poor mental health among community members. Violent crime rate is indicated to be 18.5 per 1,000 residents in Baltimore City and 27.9 per 1,000 residents in the CHNA area. Finally, Baltimore City's rates of domestic violence are nearly double (95%) the rate in the state and child maltreatment approximately 120% worse than the state of Maryland, overall.



Child Maltreatment — 119.10%
Domestic Violence — 95.70%
Fall-Related Death Rate — 22.60%
Pedestrian Injury on Public Record — 1.70%

Neighborhood Violence and Safety
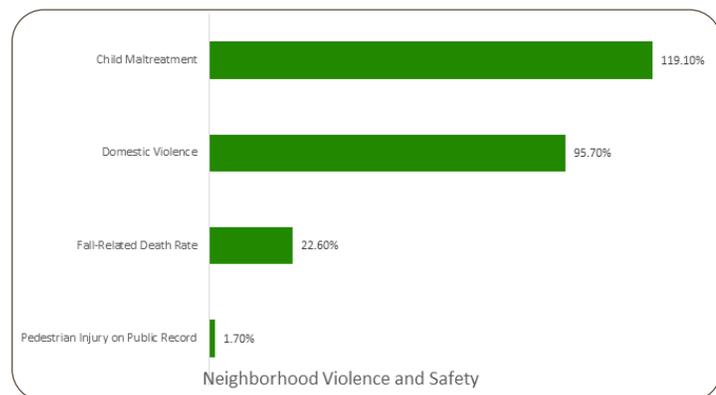
**Additional Public Safety Indicators to show the higher domestic violence and child maltreatment rate in Baltimore City, compared to those in the state of Maryland.**

Source: Baltimore City Health Department, 2023.

# Mercy Medical Center, Catchment Area, and Violent Crime Rate, 2022

**Map Elements**

[H] Mercy Medical Center

⬜ Mercy Catchment Area

**Violent Crime Rate**

- 2.4 - 7.3
- 7.4 - 13.8
- 13.9 - 23.5
- 23.6 - 34.3
- 34.4 - 63.2

Baltimore City: 18.8
Mercy Catchment Area: 27.8

Map created by BNIA-JFI, 2024.
Data ranked by natural breaks

0   0.5   1   2 Miles

Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community
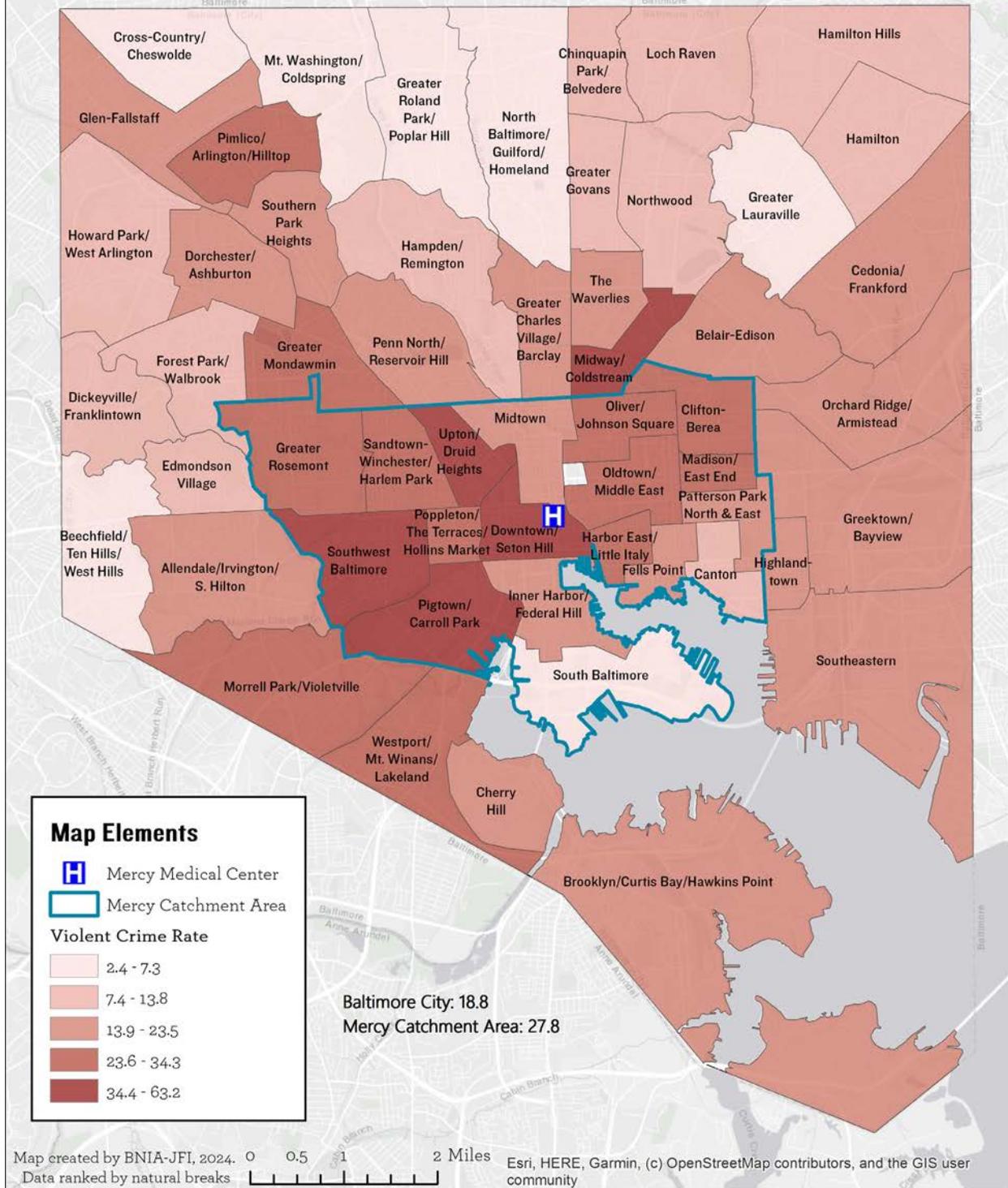
## Violent Crime Rate – Mercy CHNA Service Area

Source: BNAI.

NOTE: Downtown/Seton Hill consistently has the highest rates of crime in Baltimore City, which may be a function of two factors. The Downtown region has a high daytime population with employees, tourists, and individuals making transit connections where bus, light rail, and Metro lines intersect. The crime rate calculation uses total population, rather than daytime population, as its denominator. Until recently, the Downtown area did not have a significant residential population, which may have led to higher crime rates.

## Overall Vulnerability Index

One resource that can help show variation and disparities between geographic areas is the Social Vulnerability Index (SVI), which was developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). Social vulnerability refers to negative effects communities may experience due to external stresses that impact human health, like natural or human-caused disasters, or disease outbreaks. Socially vulnerable populations are at especially high risk during public health emergencies.

The Robert Wood Johnson Foundation and the University of Wisconsin County Health Rankings for the year 2023 reported, out of 24 counties in Maryland for health outcomes, Baltimore City ranks 24th overall. This includes ranking 24th among 24 reported counties on both Length of Life and Quality of Life. Lastly, out of 24 reported counties in Maryland for health factors, Baltimore City also ranks 24th overall. This includes ranking 23rd among 24 reported counties for Health Behaviors and 24th for Social & Economic factors.

## Baltimore City Health and Factor Rankings Compared to other Maryland Counties. Source: countyhealthrankings.org

2023 Health Outcomes - Maryland

| County | Overall Health Outcome Rank |
|---|---|
| Baltimore City, MD | #24 |
| Baltimore County, MD | #15 |

Health Outcome Ranks  ☐ 1 to 6  ☐ 7 to 12  ☐ 13 to 18  ☐ 19 to 24

2023 Health Factors - Maryland

| County | Overall Health Factor Rank |
|---|---|
| Baltimore City, MD | #24 |
| Baltimore County, MD | #10 |

Health Factor Ranks  ☐ 1 to 6  ☐ 7 to 12  ☐ 13 to 18  ☐ 19 to 24

Source: Robert Wood Johnson Foundation, 2023 County Health Rankings

**Baltimore City Overall Health Ranking.**
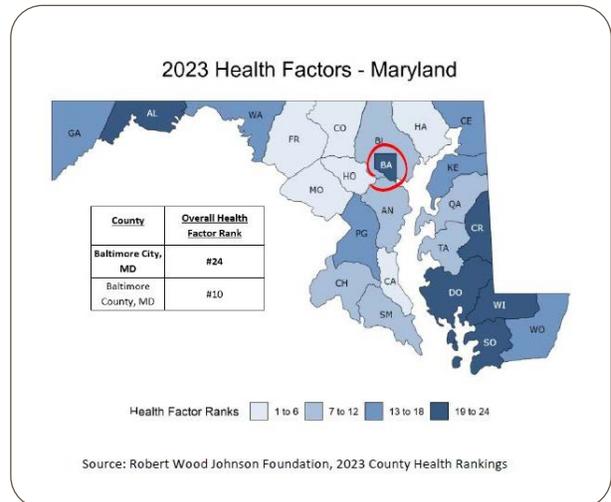
**Baltimore City Overall Factor Ranking.**

# Social Determinants of Health - Mercy CHNA Service Area.

Source: BNAI.

| Social Determinants of Health | | | | | | |
|---|---|---|---|---|---|---|
| Community Statistical Area (CSA) | Number of Children (Aged 0-6) Tested for Elevated Blood Lead Levels (2018) | Percent of Children (Aged 0-6) with Elevated Blood Lead Levels (2018) | Percentage of Residential Properties that are Vacant and Abandoned (2022) | Average Healthy Food Availability Index (2018) | Violent Crime Rate per 1,000 Residents (2022) | Number of Shootings per 1,000 Residents (2022) |
| Canton | 94 | 0.0 | 0.3 | 15.2 | 8.7 | 1.5 |
| Clifton-Berea | 160 | 0.0 | 20.0 | 8.2 | 32.9 | 18.6 |
| Downtown/Seton Hill | 94 | 0.0 | 10.0 | 8.9 | 63.2 | 26.2 |
| Fells Point | 132 | 0.0 | 0.8 | 11.3 | 16.8 | 3.5 |
| Greater Rosement | NA | NA | 17.0 | 7.5 | 25.4 | 11.9 |
| Oliver/Johnston Square | 63 | 0.0 | 24.5 | 10.2 | 26.3 | 12.8 |
| Harbor East/Little Italy  Market | 105 | 0.0 | 1.6 | 10.4 | 33.2 | 6.0 |
| Inner Harbor/ Federal Hill | 161 | 0.0 | 0.3 | 8.5 | 15.4 | 3.8 |
| Madison/ East End | 214 | 7.5 | 12.6 | 9.7 | 34.3 | 16.7 |
| Midtown | 58 | 0.0 | 0.9 | 11.2 | 17.7 | 1.6 |
| Oldtown/Middle East | 248 | 0.0 | 6.5 | 8.9 | 30.8 | 20.9 |
| Patterson Park North and East | 43 | 0.0 | 3.0 | 10.8 | 18.5 | 6.0 |
| Poppleton/Terraces/Hollins Market | 82 | 0.0 | 8.1 | 10.7 | 25.8 | 13.3 |
| Sandtown-Winchester/Harlem Park | 176 | 2.8 | 28.4 | 9.1 | 27.5 | 11.4 |
| South Baltimore | 175 | 0.0 | 0.1 | 14.0 | 5.0 | 0.6 |
| Southwest Baltimore | 205 | 2.4 | 28.5 | 8.9 | 37.8 | 18.0 |
| Pigtown/Carroll Park | 129 | 0.0 | 23.4 | 9.0 | 39.7 | 17.5 |
| Upton/Druid Heights | 239 | 0.0 | 5.0 | 8.5 | 41.0 | 11.2 |
| **CHNA Service Area Estimate** | **2,378** | **1.1** | **10.6** | **10.1** | **27.8** | **11.2** |
| **Baltimore City** | **15,900** | **1.0** | **6.7** | **18.5** | **18.8** | **6.9** |

# Social Determinants of Health – Health Education. Mercy CHNA Service Area. Source: BNAI.

| Social Determinants of Health- Education | | | | | | |
|---|---|---|---|---|---|---|
| Community Statistical Area (CSA) | Percent of 1st-5th Grade Students that are Chronically Absent (Missed at least 20 Days) (2021-2022) | Percent of 6th-8th Grade Students that are Chronically Absent (Missed at least 20 Days) (2021-2022) | Percent of 9th-12th Grade Students that are Chronically Absent (Missed at least 20 Days) (2021-2022) | Percent Population (25 Years and over with Less Than a High School Diplomap or GED (2018-2022) | Percent Population (25 Years and Over) With High School Diploma and Some College or Associates Degree (2018-2022) | Percent Population (25 Years and over) with a Bachelor's Degree or Above (2018-2022) |
| Canton | 10.9 | 14.3 | 46.7 | 3.6 | 14.8 | 81.7 |
| Clifton-Berea | 58.4 | 46.7 | 66.6 | 20.7 | 65.0 | 14.3 |
| Downtown/Seton Hill | 49.6 | 39.0 | 56.5 | 4.1 | 33.2 | 62.7 |
| Fells Point | 16.2 | 17.4 | 45.3 | 2.5 | 22.9 | 74.6 |
| Greater Rosement | 55.9 | 52.8 | 67.9 | 15.8 | 77.3 | 6.9 |
| Oliver/Johnston Square | 55.3 | 51.4 | 74.6 | 17.9 | 66.4 | 15.7 |
| Harbor East/Little Italy  Market | 48.8 | 32.3 | 63.1 | 11.0 | 41.0 | 41.0 |
| Inner Harbor/ Federal Hill | 26.4 | 26.7 | 45.3 | 5.6 | 18.6 | 48.0 |
| Madison/ East End | 42.8 | 49.2 | 72.4 | 21.1 | 66.1 | 12.8 |
| Midtown | 41.8 | 28.3 | 47.9 | 7.6 | 28.3 | 64.1 |
| Oldtown/Middle East | 59.1 | 50.8 | 73.7 | 23.0 | 54.6 | 22.4 |
| Patterson Park North and East | 32.6 | 36.8 | 65.3 | 8.8 | 33.9 | 57.3 |
| Poppleton/Terraces/Hollins Market | 57.0 | 55.9 | 71.5 | 19.1 | 59.1 | 21.7 |
| Sandtown-Winchester/Harlem Park | 55.2 | 52.9 | 65.0 | 24.4 | 68.5 | 7.1 |
| South Baltimore | 17.5 | 16.7 | 39.7 | 3.1 | 19.2 | 77.7 |
| Southwest Baltimore | 60.5 | 53.8 | 69.3 | 26.5 | 63.5 | 10.0 |
| Pigtown/Carroll Park | 61.1 | 59.9 | 73.5 | 17.8 | 66.9 | 44.4 |
| Upton/Druid Heights | 47.1 | 48.1 | 65.6 | 16.8 | 38.7 | 9.4 |
| **CHNA Service Area Estimate** | **44.2** | **40.7** | **61.7** | **13.9** | **46.6** | **37.3** |
| **Baltimore  City** | **44.7** | **41.2** | **60.4** | **12.9** | **52.2** | **52.2** |

# Health Outcomes

## Life Expectancy

Life expectancy is a prime indicator of community well-being, revealing significant disparities between Baltimore City and its CHNA Service Area. In Baltimore City, the overall life expectancy at birth is 72.7 years, slightly higher than the 71.3 years observed in the CHNA Service Area. However, these figures are overshadowed by the grim reality of premature deaths, particularly among young individuals, often stemming from both intentional and unintentional injuries.

Mortality for ages 1-14 is 2.90 in Baltimore City versus 3.80 in the CHNA Service Area. The top causes of death in Baltimore City are cardiovascular disease, cancer, stroke, and drug-and/or alcohol-related incidents. In the CHNA Service Area, similar trends emerge, albeit with slight variations in the leading causes of death. While cardiovascular disease, cancer, and stroke remain prevalent, drug and/or alcohol-related deaths assume a more prominent role. Among cancer deaths, lung cancer is the most common in both Baltimore City and the CHNA Service Area.

Delving deeper into the data within Mercy's CHNA Service Area reveals alarming disparities, particularly in neighborhoods such as Downtown/Seton Hill, Madison/East End, Poppleton, and Southwest Baltimore. Residents in these areas experience significantly shorter lifespans compared to their counterparts in wealthier neighborhoods. For instance, the Downtown/Seton Hill community grapples with a significant population of individuals experiencing homelessness, a factor that impacts overall life expectancy. Healthcare for the Homeless estimates that life expectancy for an individual experiencing homelessness at any point is only 48 years.

Life Expectancy at Birth

| Color | Range |
|-------|-------|
| | 63.2 - 68.5 |
| | 68.6 - 70.6 |
| | 70.7 - 73.1 |
| | 73.2 - 76.6 |
| | 76.7 - 84.7 |
| | CHNA Service Area |

Ranked into quintiles by Community Statistical Area.

Baltimore City: 72.7 Years
CHNA Service Area: 71.3 Years

**Hospitals**

- Mercy Medical Center
- Grace Medical Center
- Johns Hopkins Bayview Medical Center
- MedStar Good Samaritain Hospital
- MedStar Harbor Hospital
- MedStar Union Memorial
- Saint Agnes Hopsital
- Sinai Hospital
- The Johns Hopkins Hospital
- University of Maryland Medical Center
- University of Maryland Medical Center Midtown Campus

Indicator Source: Baltimore City Health Department Map created by BNIA-JFI, 2021

## Life Expectancy – Mercy CHNA Service Area

Source: BNAI.

These statistics underscore the urgent need for targeted interventions and equitable access to healthcare resources to address the root causes of premature mortality and improve overall community health outcomes.

## Social Determinants of Health - Health Outcomes. Mercy CHNA Service Area. Source: BNAI.

| Health Outcomes | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Community Statistical Area (CSA) | Life Expectancy (2018) | Infant Mortality (2018) | Mortality By Age (1-14 Years Old) (2018) | Mortality By Age (15-24 Years Old) (2018) | Mortality By Age (25-44 Years Old) (2018) | Mortality By Age (45-64 Years Old) (2018) | Mortality By Age (65-84 Years Old) (2018) | Mortality By Age (85 and older) (2018) |
| Canton | 80.8 | 7.9 | - | - | 6.1 | 57.4 | 324.3 | 1000.0 |
| Clifton-Berea | 67.4 | 23.0 | 4.2 | 18.6 | 47.8 | 186.4 | 394.3 | 1497.6 |
| Downtown/Seton Hill | 63.2 | 15.0 | 25.9 | 1.4 | 19.0 | 188.8 | 968.0 | 1769.2 |
| Fells Point | 78.0 | 7.5 | - | 5.3 | 8.6 | 62.3 | 336.1 | 1444.4 |
| Greater Rosement | 68.5 | 12.9 | 1.6 | 19.5 | 59.1 | 158.2 | 425.4 | 1236.7 |
| Oliver/Johnston Square | 67.7 | 11.7 | 2.6 | 12.2 | 57.4 | 171.9 | 488.1 | 1092.4 |
| Harbor East/Little Italy  Market | 71.9 | 11.5 | 1.9 | 14.5 | 23.9 | 125.0 | 433.4 | 1764.7 |
| Inner Harbor/ Federal Hill | 80.8 | 1.3 | - | 3.3 | 6.6 | 60.3 | 291.9 | 1218.5 |
| Madison/ East End | 68.4 | 7.5 | 4.2 | 15.0 | 40.3 | 172.8 | 500.0 | 1315.8 |
| Midtown | 76.7 | 9.9 | - | 2.9 | 15.9 | 107.0 | 367.3 | 840.3 |
| Oldtown/Middle East | 68.9 | 13.1 | 5.1 | 9.7 | 42.2 | 184.9 | 419.4 | 1172.4 |
| Patterson Park North and East | 72.9 | 4.8 | 4.9 | 10.3 | 16.7 | 130.2 | 449.8 | 1114.8 |
| Poppleton/Terraces/Hollins Market | 67.2 | 11.2 | 2.0 | 18.6 | 49.3 | 215.6 | 400.9 | 1500.0 |
| Sandtown-Winchester/Harlem Park | 68.1 | 8.8 | 4.1 | 20.6 | 59.5 | 174.4 | 454.6 | 996.0 |
| South Baltimore | 77.3 | 2.9 | 4.0 | 5.4 | 6.7 | 68.6 | 386.8 | 1403.0 |
| Southwest Baltimore | 66.4 | 10.3 | 5.4 | 25.5 | 60.9 | 196.5 | 448.2 | 1289.5 |
| Pigtown/Carroll Park | 70.9 | 10.1 | - | 9.8 | 27.1 | 162.1 | 472.6 | 1066.7 |
| Upton/Druid Heights | 68.5 | 3.8 | 2.5 | 24.9 | 47.7 | 193.2 | 420.9 | 1089.3 |
| **CHNA Service Area Estimate** | **71.3** | **9.6** | **5.3** | **12.8** | **33.0** | **145.3** | **443.4** | **1267.3** |
| **Baltimore City** | **72.7** | **9.1** | **2.9** | **11.7** | **29.1** | **127.2** | **395.2** | **1273.8** |

## Maternal Health, Birth Outcomes and Infant Mortality

### Social Determinants of Health – Maternal Health.
### Mercy CHNA Service Area. Source: BNAI.

| Maternal Health | | |
|---|---|---|
| **Community Statistical Area (CSA)** | **Teen Birth Rate per 1,000 (aged 15-19) (2019)** | **Percent Births Where the Mother Received Early Prenatal Care (First Trimester) (2019)** |
| Canton | 23.3 | 85.3 |
| Clifton-Berea | 20.6 | 57.5 |
| Downtown/Seton Hill | 10.9 | 74.1 |
| Fells Point | 22.2 | 79.8 |
| Greater Rosement | 22.4 | 56.5 |
| Oliver/Johnston Square | 24.8 | 61.4 |
| Harbor East/Little Italy  Market | 21.1 | 72.3 |
| Inner Harbor/ Federal Hill | 0.0 | 84.9 |
| Madison/ East End | 22.8 | 44.7 |
| Midtown | 1.6 | 78.0 |
| Oldtown/Middle East | 29.7 | 65.8 |
| Patterson Park North and East | 39.8 | 58.2 |
| Poppleton/Terraces/Hollins Market | 35.7 | 49.3 |
| Sandtown-Winchester/Harlem Park | 17.5 | 61.1 |
| South Baltimore | 15.4 | 85.2 |
| Southwest Baltimore | 39.2 | 55.5 |
| Pigtown/Carroll Park | 34.9 | 69.4 |
| Upton/Druid Heights | 34.2 | 59.8 |
| **CHNA Service Area Estimate** | **23.1** | **66.6** |
| **Baltimore City** | **21.5** | **63.1** |

Measures of maternal health are crucial to understanding public health. The Sisters of Mercy, originally founded in Dublin, Ireland, to care for homeless, abused, and neglected women and children, influenced 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 also the second largest hospital provider to low-income mothers insured by Medicaid in the state, with more than 70% of mothers delivering at Mercy being Medicaid-insured.

Additionally, Mercy has a long-standing practice of partnering with Federally Qualified Health Centers (FQHCs) to improve community health and help manage high-risk populations, including pregnant women. Mercy currently provides on-site obstetric services and delivers babies for FQHCs. Despite strong efforts among hospital and community providers, as well as the successes of the City's B'more for Healthy Babies campaign, Baltimore's rates of infant mortality, especially in poor neighborhoods within Mercy's CHNA Service Area, remain high. The infant mortality rate in Baltimore City is 9.10, compared to 9.62 in the CHNA Service Area. The teen birth rate in Baltimore City is 21.5 births per 1,000 residents, while it is 26.8 births per 1,000 residents in the CHNA area. Additionally, 63.1% of pregnant women receive prenatal care in the first trimester in Baltimore City, compared to 65.5% in the CHNA area.

The percentage of mothers receiving care has increased in recent years, which may be attributed to the City's B'more for Healthy Babies campaign, supported by Mercy and other key stakeholders.

Additionally, state-wide efforts through the Breaking Inequality Reimagining Transformative Healthcare program (B.I.R.T.H.) have made extensive improvements to engage non-obstetric providers on the critical need for knowledge of pregnancy-related complications and awareness of disparities in negative maternal outcomes, significantly improving maternal health outcomes in Baltimore City.

Despite concerted efforts by hospitals, community providers, and successful campaigns like B'more for Healthy Babies, there is still a pressing need to enhance health outcomes for mothers, infants, and children in Baltimore.
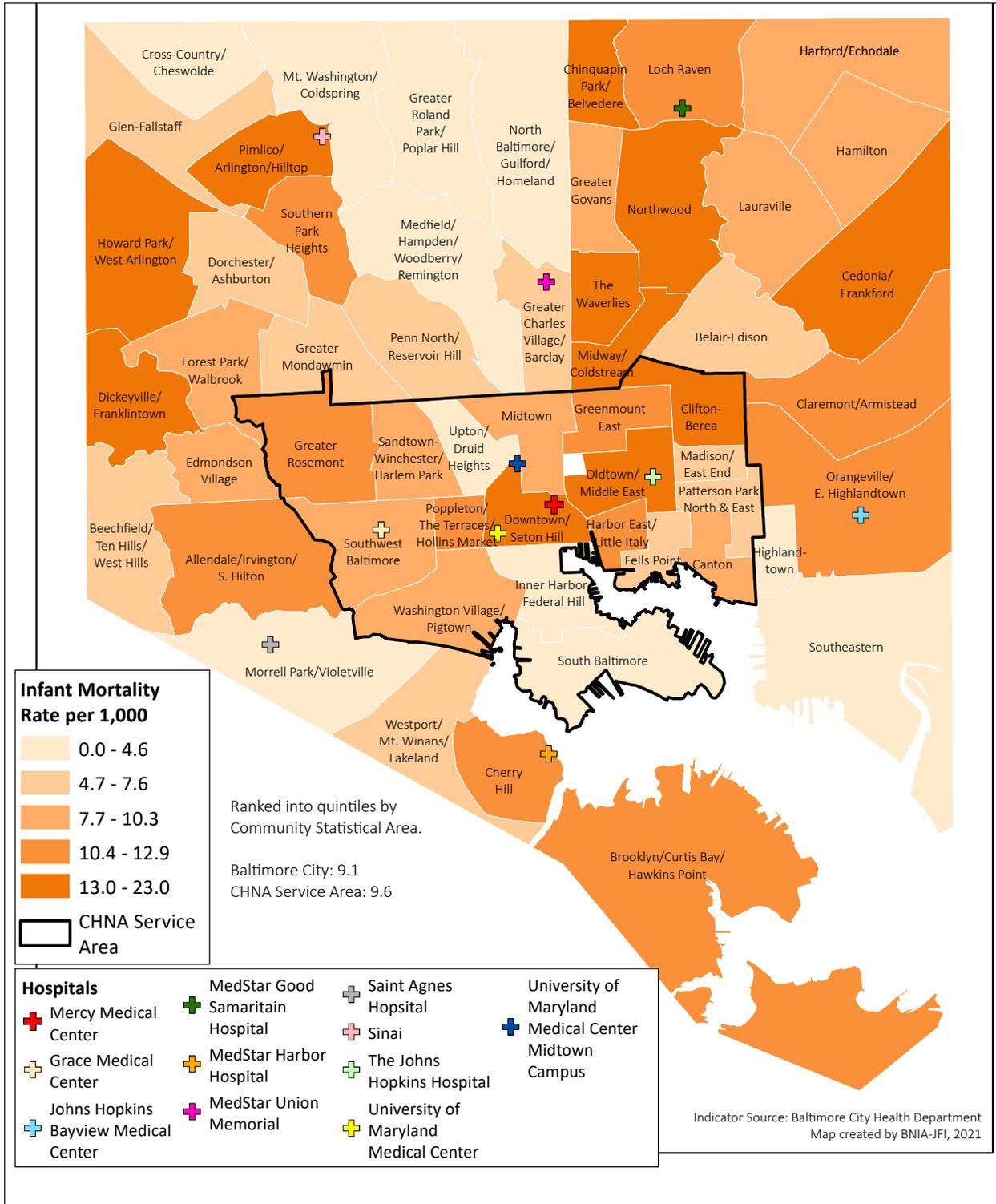
## Infant Mortality – Mercy CHNA Service Area

Source: BNAI.

**Mercy Medical Center CHNA Service Area**
**Teen Birth Rate, Baltimore City, 2019**

Teen Birth Rate per 1,000 Females (Aged 15-19)
- 0.0 - 12.7
- 12.8 - 20.5
- 20.6 - 23.3
- 23.4 - 34.2
- 34.3 - 61.5
- CHNA Service Area

Ranked into quintiles by Community Statistical Area.

Baltimore City: 21.5
CHNA Service Area: 26.8

**Hospitals**
- Mercy Medical Center
- Grace Medical Center
- Johns Hopkins Bayview Medical Center
- MedStar Good Samaritain Hospital
- MedStar Harbor Hospital
- MedStar Union Memorial
- Saint Agnes Hopsital
- Sinai
- The Johns Hopkins Hospital
- University of Maryland Medical Center
- University of Maryland Medical Center Midtown Campus

Indicator Source: Maryland Department of Vital Statistics
Map created by BNIA-JFI, 2021

## Teen Birth Rate – Mercy CHNA Service Area

Source: BNAI.

# Process and Methods

## Qualitative Data

# Qualitative Data

Primary data was collected through web-based Key Leader and Community surveys, and focus groups, which were conducted either in-person or in a virtual format.

## Methodologies

The methodologies varied based on the type of primary data being analyzed. The following section describes the various methodologies used to analyze the primary data, along with key findings.

## CHNA Community 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. A total of 2,282 web-based surveys were completed by Baltimore City and Baltimore County residents regarding community health and social concerns. Approximately 13% of the surveys were completed in Spanish. Mercy then aggregated survey response data from four ZIP codes (21201, 21202, 21217, 21231) that align/overlap with its CHNA Community Benefit Service Area, representing 859 individual completed surveys. The responses to the geographic, gender, race, and age demographic questions reflect a healthy and broad sample of Mercy's CHNA Service Area, including medically underserved, low-income, and minority populations.



**Help Us Improve the Health of Our Community!**

Complete this anonymous survey.
*Scan the QR code or visit mdmercy.com.*

Share it with your friends and family.

Mercy Medical Center and area hospitals are working together to conduct a Community Health Needs Assessment. Results from this survey will help us better understand the most pressing health-related issues impacting the people living and working in Baltimore City, find solutions for barriers to accessing health, and help improve the health of our communities. Complete and submit the survey by November 3rd.

**800.MD.Mercy | mdmercy.com**

*Mercy*
MEDICAL CENTER

In general, survey questions focused on community health problems/concerns, community social/environmental problems/concerns, access to healthcare, barriers to care, health insurance status, locations of care, telehealth, and pediatric care. Community members identified the top three health needs of Baltimore City as substance use, high blood pressure, and diabetes. Regarding areas that most impact health, community members mentioned access to healthy foods and violence and safety. Community members identified the cost of care as the most significant barrier to health in the community.

The most common suggestions for improving community health were increasing affordability, awareness, childcare, transportation, mental health resources, community programming, education, and language support, as well as increasing the number of neighborhood clinics, access to healthcare, and decreasing violence. Survey respondents identified healthcare costs, lack of insurance, and lack of transportation as the three most important reasons people in their community do not access healthcare treatment. These top concerns are the same as those identified in the prior 2021 CHNA survey.
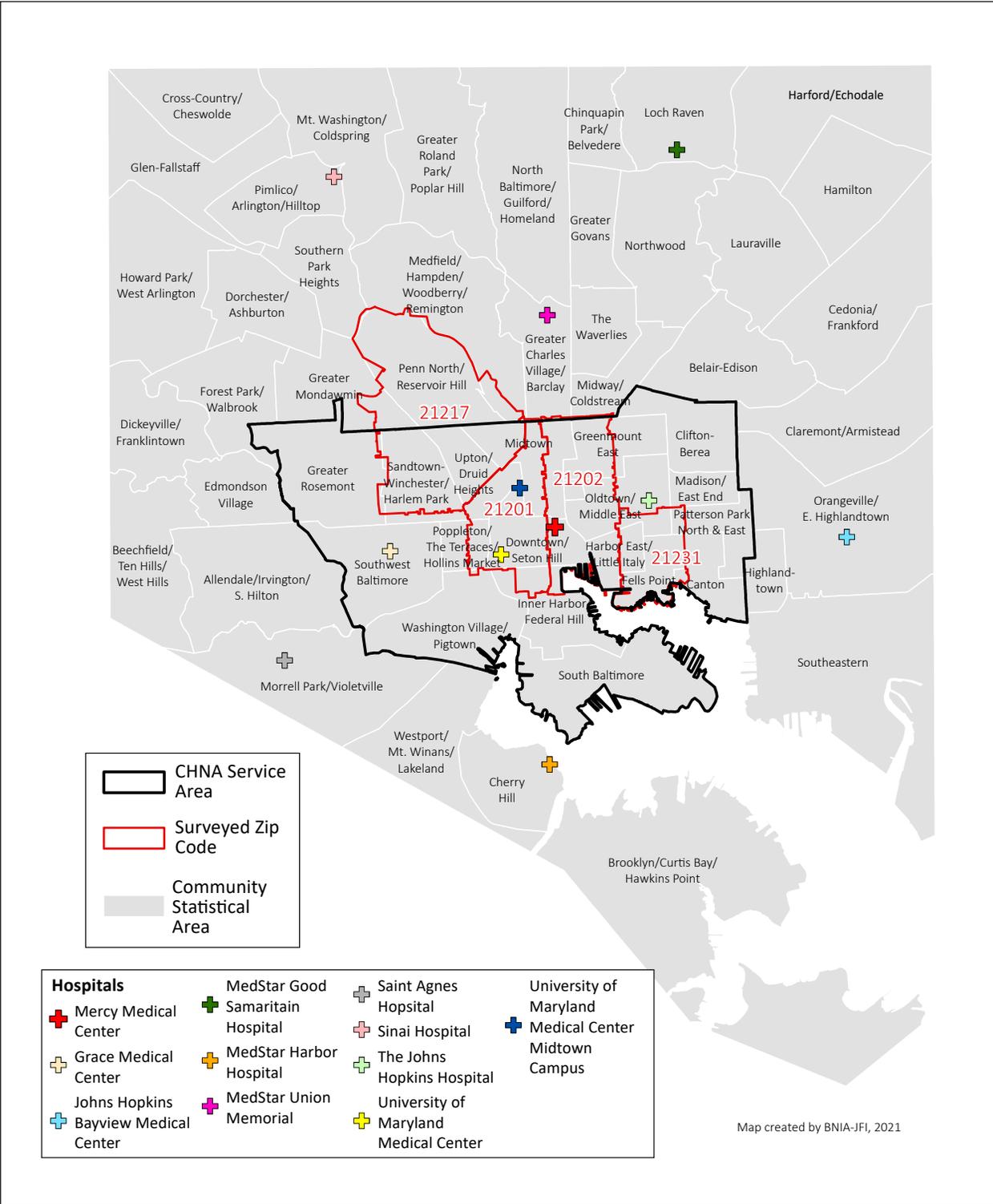
**Service Area by Zip Code – Mercy Medical Center CHNA**

The survey also provided space for free response/written feedback regarding ideas or suggestions individuals had to improve the health of their community. Here, survey respondents identified better access to health care, affordable insurance and community safety as the primary suggestions to improve health in their community. The complete questions and results of the Community Health Needs Assessment Public Survey are summarized and shown below.

# Community Survey & Outcomes

**Q1:   What is your zip code?**

| CHNA Service Area Zip Code | Frequency |
|---|---|
| 21217 | 365 |
| 21202 | 283 |
| 21231 | 146 |
| 21201 | 65 |
| TOTAL | 859 |



Public Survey by CBSA
■ Baltimore City Zip Codes

| | | | |
|---|---|---|---|
| 365 | 283 | 146 | 65 |
| 21217 | 21202 | 21231 | 21201 |
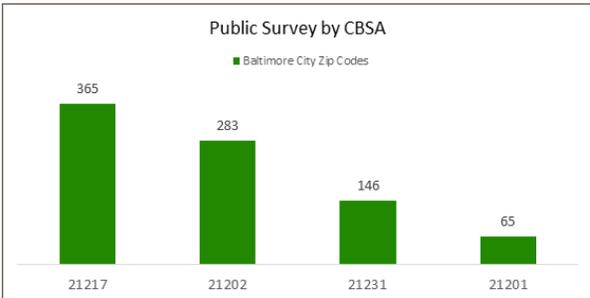
## Q2: Which neighborhood do you live in?

| Neighborhood | Percentage | Frequency |
|---|---|---|
| Other | 33% | 282 |
| Midtown | 10.0% | 87 |
| Penn North/Reservoir Hill | 8.0% | 64 |
| Fells Point | 7.0% | 60 |
| Madison/East End | 5.0% | 44 |
| Downtown | 5.0% | 41 |
| Oliver/Johnson Square | 4.0% | 38 |
| Harbor East | 4.0% | 37 |
| Don't Know | 4.0% | 33 |
| Sandtown/Winchester/ Harlem Park | 4.0% | 32 |
| Decline to Answer | 2.2% | 26 |
| Greater Mondawmin | 3.0% | 26 |
| Patterson Park/North East | 2.0% | 20 |
| Oldtown/Middle East | 2.0% | 17 |
| Upton/Druid Hill | 2.0% | 13 |
| Inner Harbor | 2.0% | 13 |
| Forest Park | 1.0% | 11 |
| Canton | 0.8% | 7 |
| Greater Rosemont | 0.5% | 4 |
| Orchard Ridge/Armistead | 0.2% | 2 |
| Midway/Coldstream | 0.1% | 1 |
| Glen-Fallstaff | 0.1% | 1 |
| Edmondson Village | 0.1% | 1 |



Public Survey By CBSA
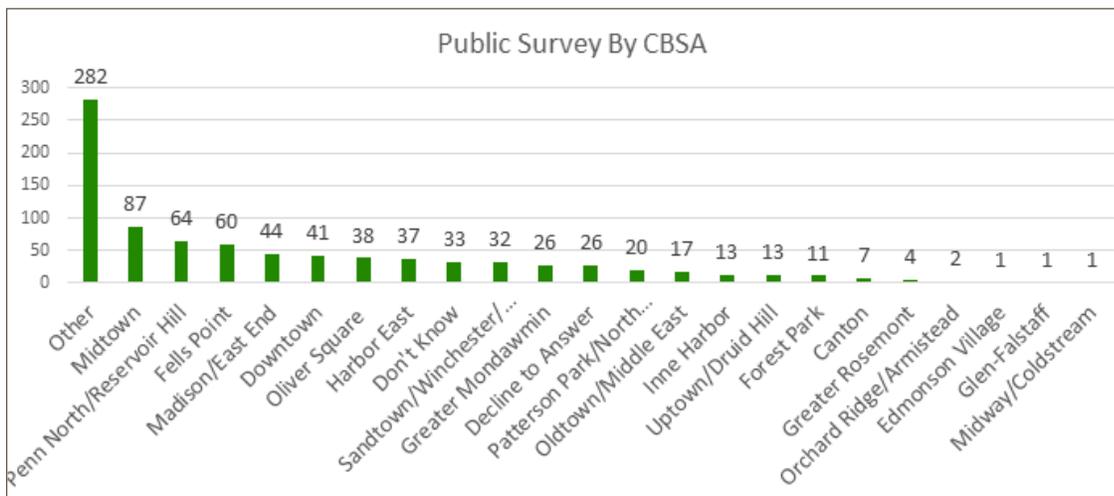
## Q3:  What is your age group (years)?

Respondent could select only one. 18-29; 30-39; 40-49; 50-64; 65-74; 75+; Decline to Answer.

| Age | Percent | Frequency |
|---|---|---|
| 60-74 | 23% | |
| 30-39 | 21% | |
| 50-59 | 16% | |
| 40-49 | 16% | |
| 18-29 | 14% | |
| 75+ | 8% | |
| Decline to Answer | 2% | |



Public Survey By CBSA

| Category | Value |
|---|---|
| Addiction or Substance... | 376 |
| Diabetes or High Blood... | 369 |
| High Blood Pressure | 369 |
| Mental Health | 344 |
| Overweight/Obesity | 232 |
| Chronic Pain and Arthritis | 232 |
| Cancer | 198 |
| Violence | 198 |
| Heart Disease/Stroke | 180 |
| Smoking/Vaping... | 137 |
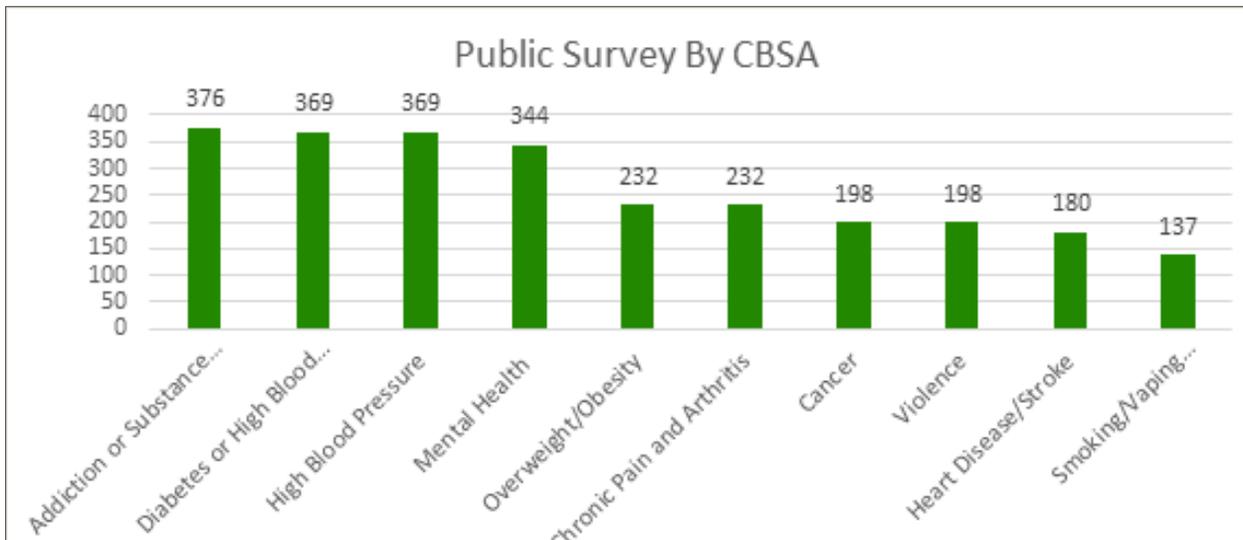
## Q4: What is your race?

Respondent could select all that apply.

| Race | Percent | Frequency |
|------|---------|-----------|
| Black/African American | 53% | 452 |
| White or Caucasian | 31% | 264 |
| Decline to Answer | 7% | 62 |
| Other | 6% | 49 |
| Asian/Pacific Islander | 3% | 28 |
| American Indian/Alaska Native | 0.40% | 3 |
| Native Hawaiian or Other Pacific Islander | 0.10% | 1 |



Public Survey by CBSA
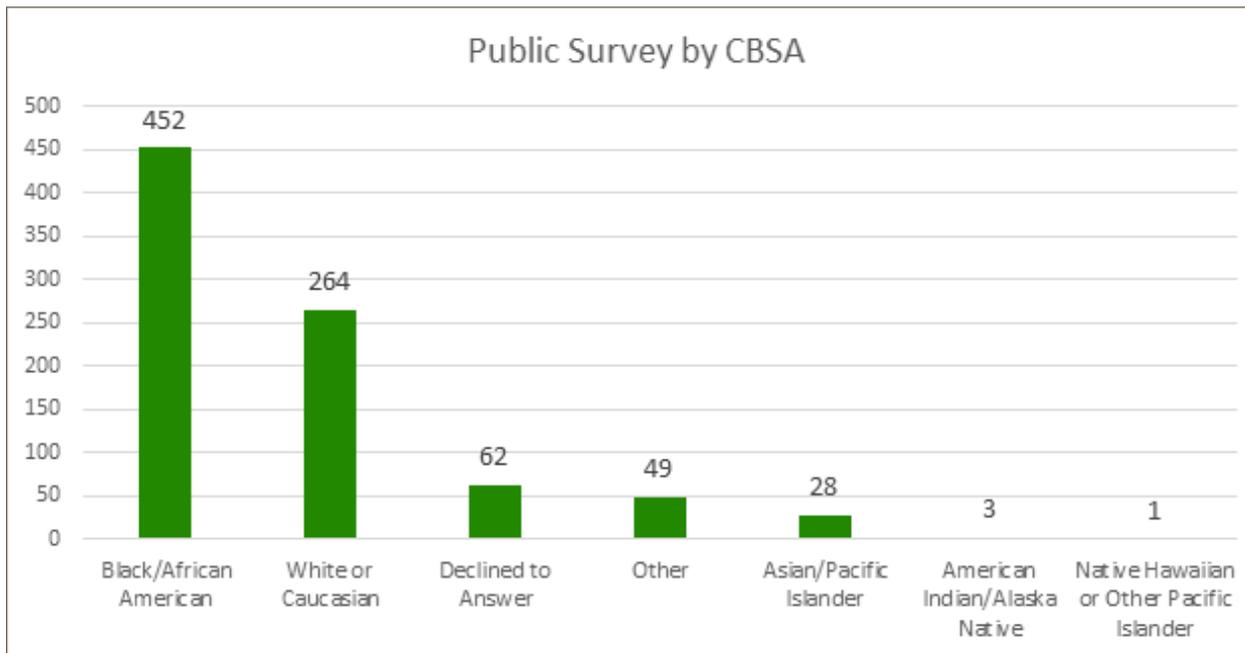
## Q5: Are you Hispanic or Latino/a?

Respondent could select only one. Yes; No; Don't know; Prefer not to answer.

| Hispanic or Latino/a? | Percent | Frequency |
|---|---:|---:|
| No | 80% | 690 |
| Yes | 15% | 127 |
| Decline to Answer | 4% | 38 |
| Don't Know | .50% | 4 |
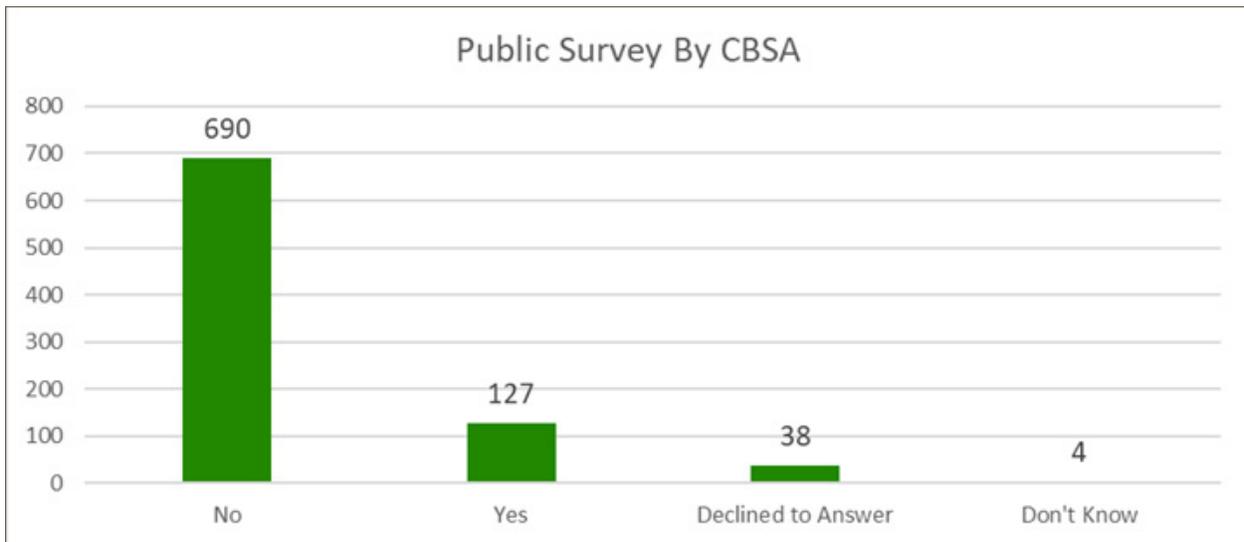
## Q6: Do you think of yourself as?

Respondents could select only one. Male; Female; Gender Queer/Non-conforming; Transgender; Other; Decline to Answer.

| Gender | Percent | Frequency |
|---|---|---|
| Female | 72% | 620 |
| Male | 23% | 193 |
| Gender Queer/Non-conforming | 3% | 30 |
| Decline to Answer | .80% | 7 |
| Transgender | .80% | 7 |
| Other | .20% | 2 |
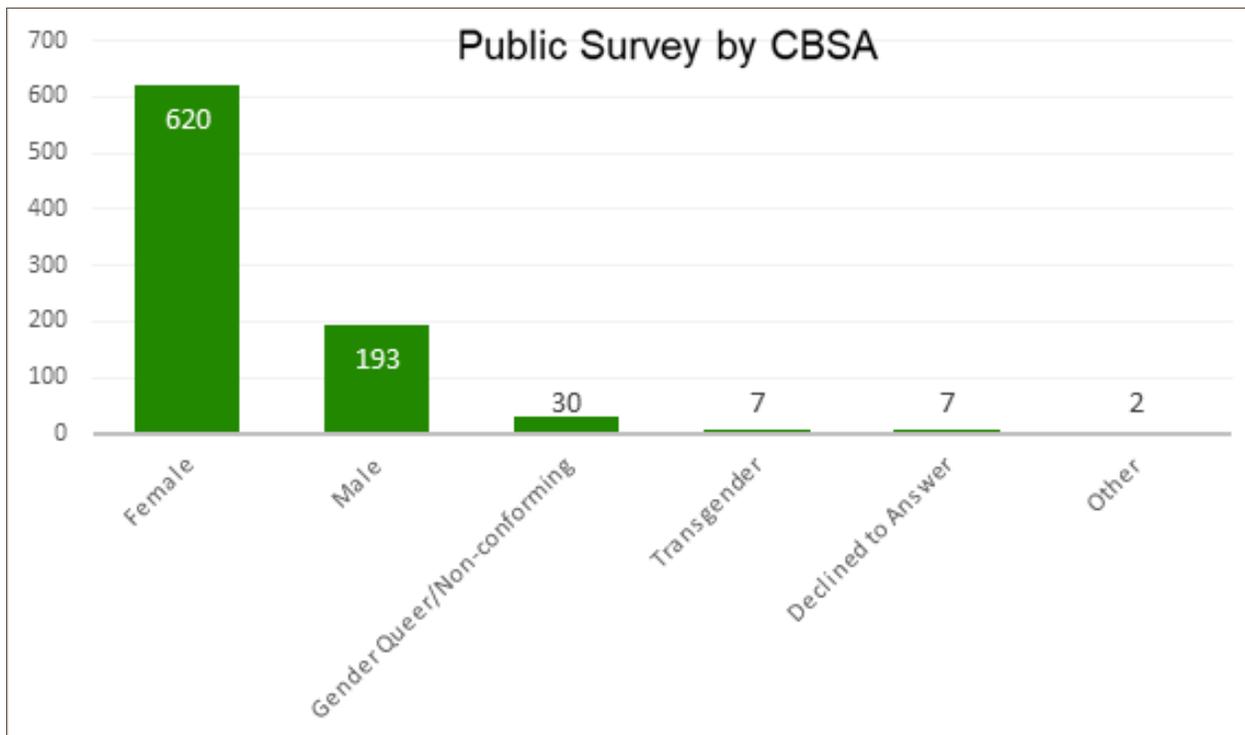
## Q7: Do you think of yourself as?

Respondent could select only one

| Sexuality | Percent | Frequency |
|---|---|---|
| Straight or Heterosexual | 81% | 700 |
| Lesbian or Gay | 7% | 61 |
| Bisexual | 5% | 44 |
| Queer | 4% | 33 |
| Decline to Answer | 3% | 29 |
| Something Else | 1% | 9 |
| Pansexual | 1% | 8 |
| Questioning | .50% | 4 |
| Don't Know | .30% | 2 |
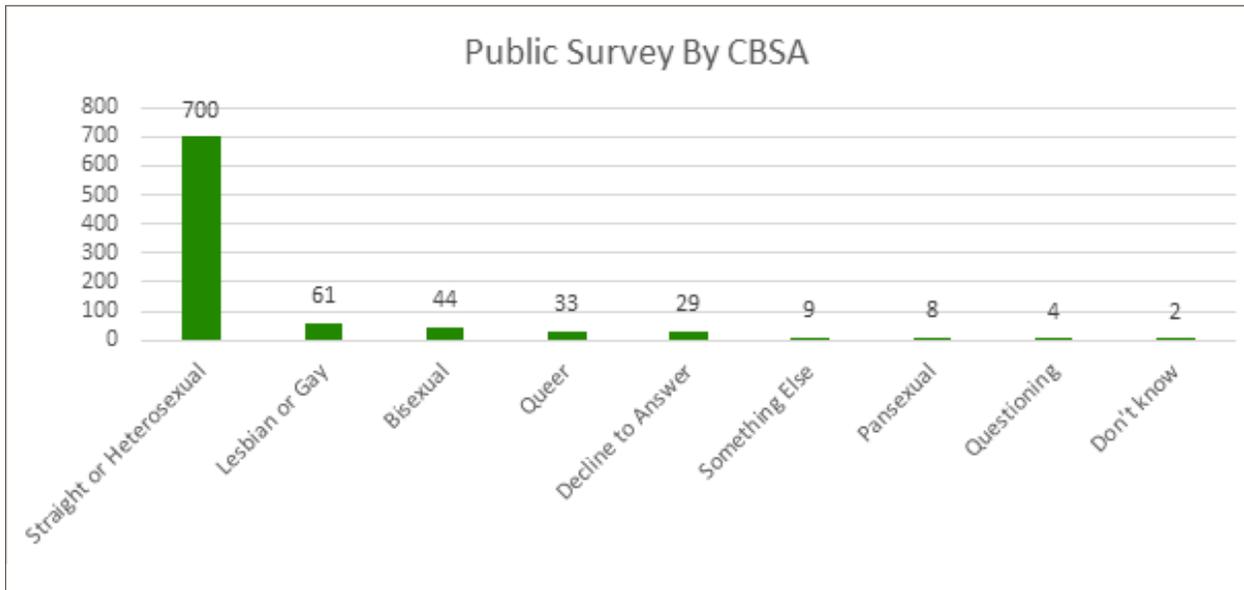
## Q8: Do you have health insurance?

Respondent could select only one

| Health Insurance | Percent | Frequency |
|------------------|--------:|----------:|
| Yes | 89% | 762 |
| No | 9% | 80 |
| Decline to Answer | 2% | 13 |
| Don't Know | .4 | 4 |



Public Survey By CBSA
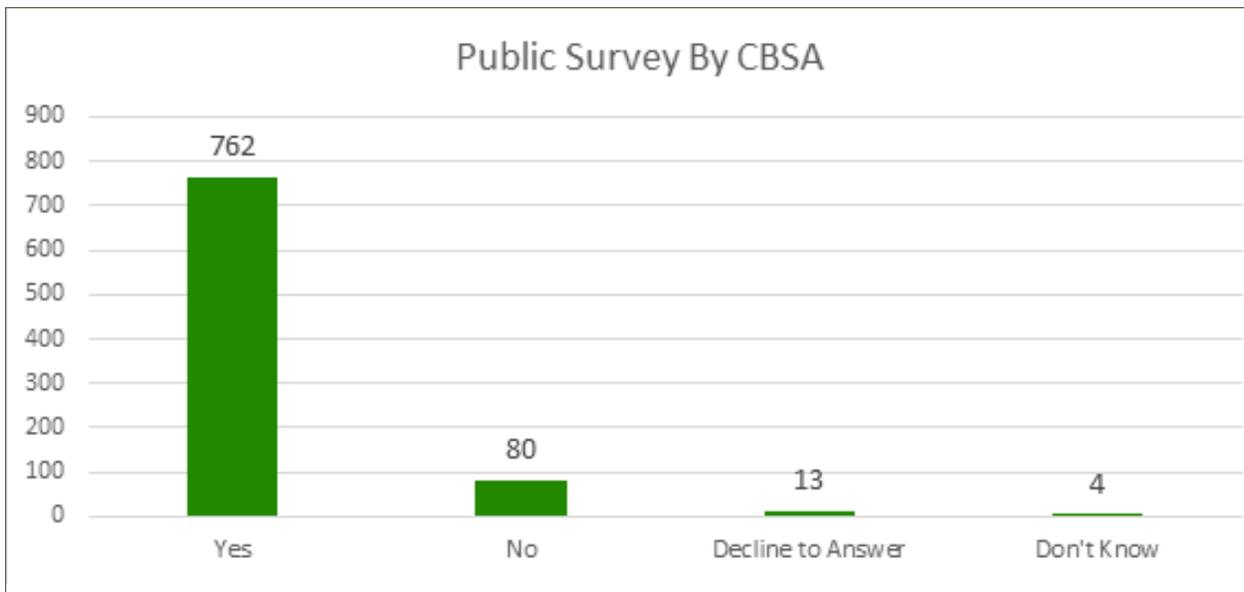
**Q9:** **If you don't have health insurance, how confident do you feel about knowing how to sign up for health insurance?**

Respondent could select only one

| How Confident Do You Feel? | Percent | Frequency |
|---|---:|---:|
| I Have Health Insurance | | |
| Somewhat Confident | 63% | 50 |
| Not at All Confident | 25% | 20 |
| Very Confident | 11% | 9 |
| Decline to Answer | 1% | 1 |
| Don't Know/Left Blank | 0% | 0 |



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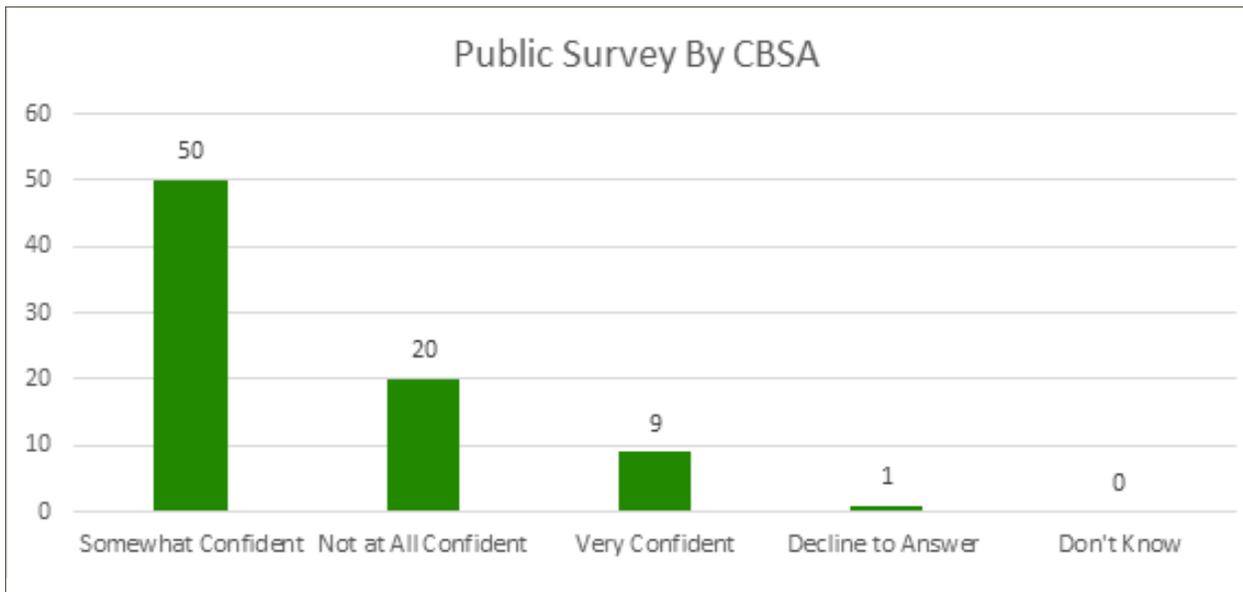
**Q10:** Thinking about your physical health, which includes physical illness and injury, about how many days during the past 30 days was your physical health not good?

Respondent could select only one

| Days | Percent | Frequency |
|------|---------|-----------|
| 0 Days | 35% | 300 |
| 1-2 Days | 27% | 234 |
| 3-5 Days | 16% | 134 |
| 16+ Days | 9% | 73 |
| 6-10 Days | 7% | 57 |
| 11-15 Days | 3% | 25 |
| Don't Know | 2% | 21 |
| Decline to Answer | 1% | 15 |



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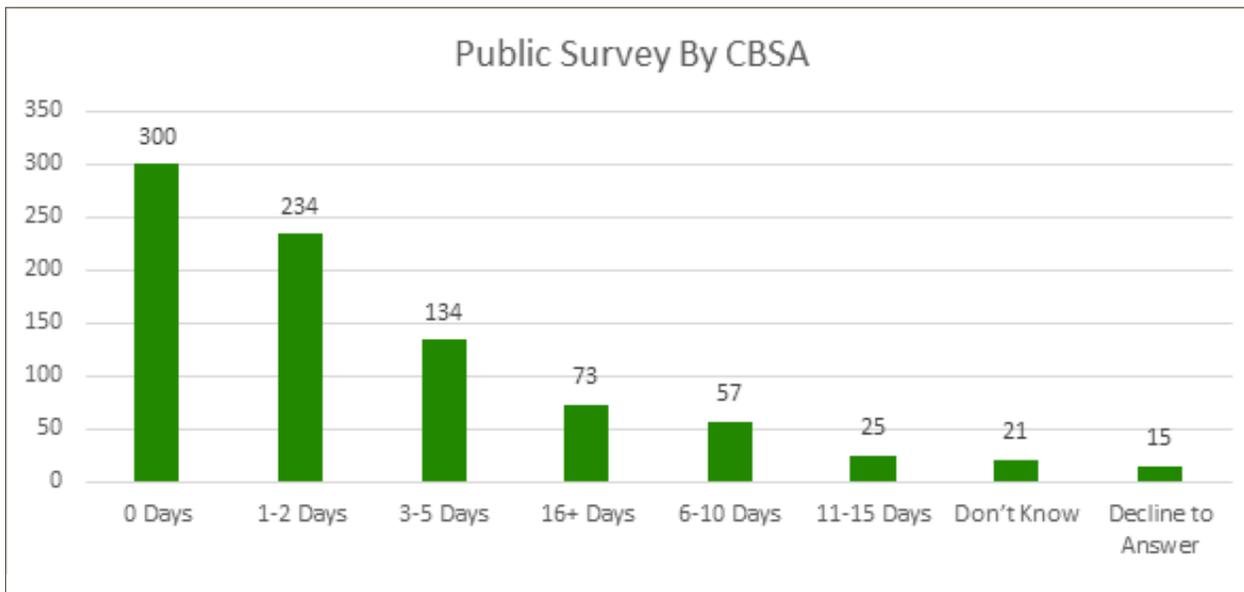
**Q11: Thinking about your mental health, which includes stress, depression, and problems with emotions, about how many days during the past 30 days was your mental health not good?**

Respondent could select only one

| Days | Percent | Frequency |
|------|---------|-----------|
| 0 Days | 34% | 295 |
| 1-2 Days | 18% | 156 |
| 3-5 Days | 15% | 128 |
| 6-10 | 12% | 100 |
| 16+ | 11% | 95 |
| 11-15 | 5% | 42 |
| Decline to Answer | 3% | 26 |
| Don't Know | 2% | 17 |



Public Survey By CBSA
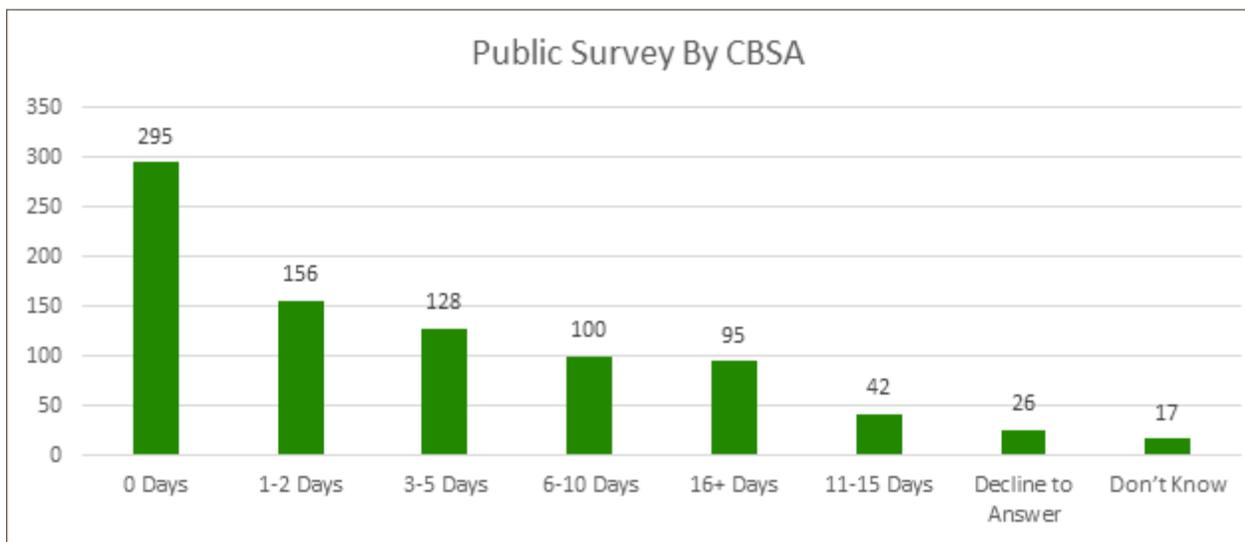
**Q12:** **What do you think are the top 5 health issues that affect people the most in the neighborhood where you live?**

Respondents could select up to five.

| Top Health Issues | Frequency | Percent |
|---|---|---|
| Addiction or Substance Abuse | 378 | 44% |
| Diabetes or High Blood Sugar | 369 | 43% |
| High Blood Pressure | 370 | 43% |
| Mental Health | 343 | 40% |
| Overweight | 233 | 27% |
| Chronic Pain and Arthritis | 235 | 27% |
| Cancer | 197 | 22% |
| Violence | 199 | 23% |
| Heart Disease and/or Stroke | 181 | 21% |
| Smoking/Vaping/Tobacco Use | 137 | 16% |
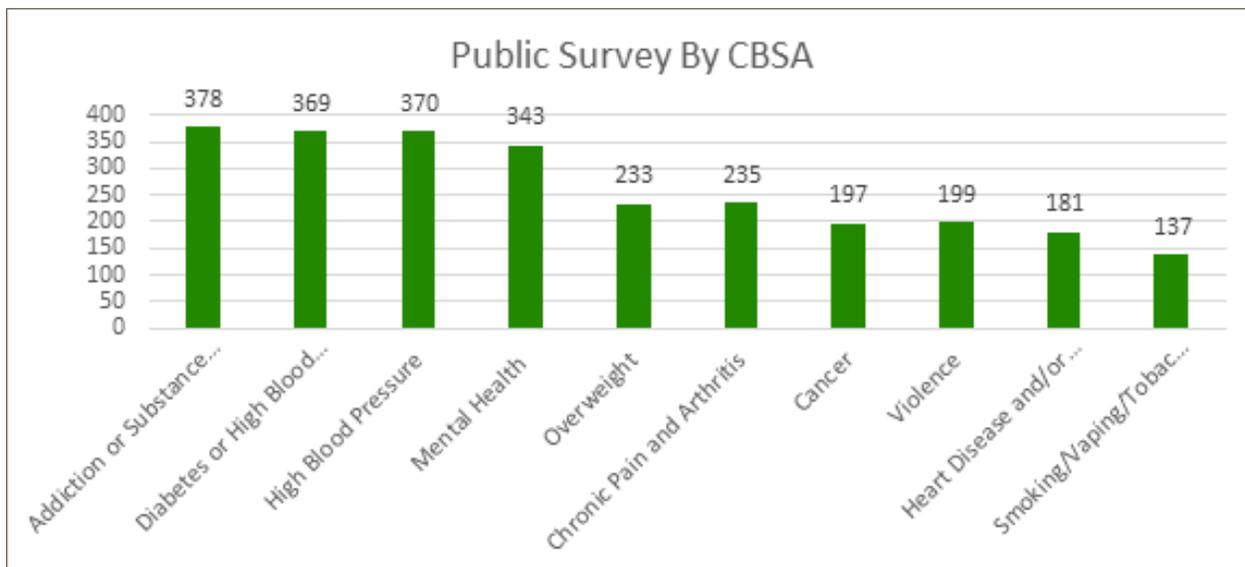
## Q13: What do you think are the top 5 social/environmental problems that affect the health of people the most in the neighborhood where you live?

Respondents could select up to five.

| Social/Environmental Problems That Affect Health | Frequency | Percent |
|---|---|---|
| Can't Afford Foods | 232 | 27% |
| Gun Violence | 200 | 23% |
| No or Limited Access to Health Insurance | 197 | 23% |
| Lack of Job Opportunities | 198 | 23% |
| Poor Neighborhood Safety | 189 | 22% |
| Housing Problems/Homelessness | 190 | 22% |
| Limited Access to Healthy Foods | 172 | 20% |
| Limited Knowledge About Healthy foods | 171 | 20% |
| Poverty | 171 | 20% |
| Social Isolation or Loneliness | 155 | 18% |
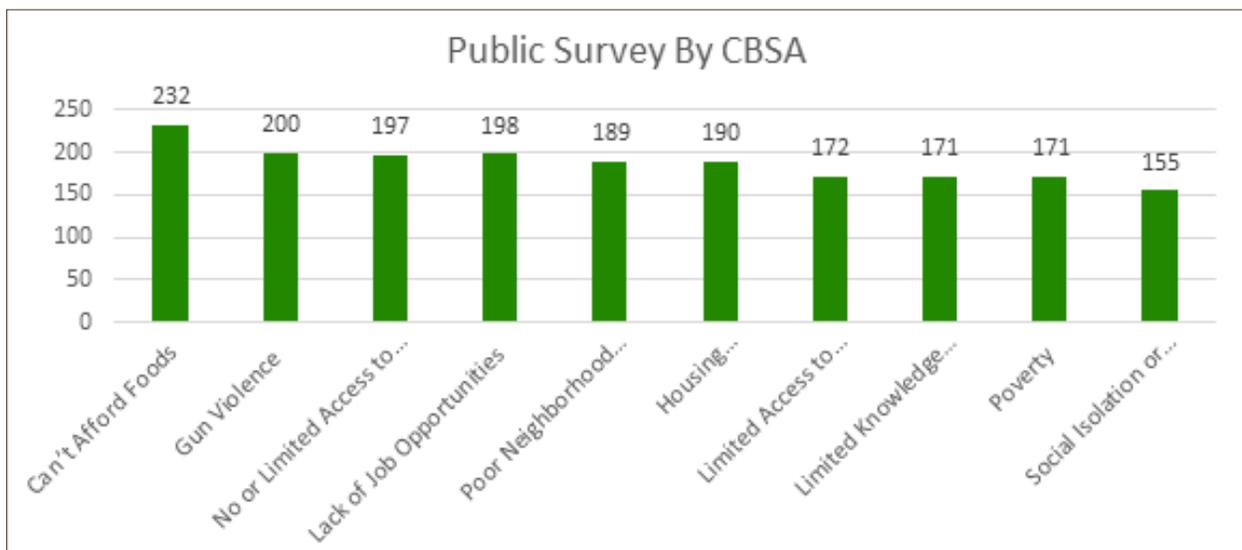
**Q14:  What are the top 5 reasons people in your neighborhood do not get health care when they need it?**

Respondents could select up to five.

| Reasons Why You Don't Get Health Care When Needed | Percent | Frequency |
|---|---|---|
| Cost-Too Expensive or Can't Pay | 57% | 490 |
| Don't Have Health Insurance | 41% | 352 |
| Lack of Transportation | 30% | 242 |
| No Appointments Available When Needed or Appointment Wait Time is Too Long | 28% | 240 |
| Not Able to Take Time Off From Work or Afraid of Losing Job | 26% | 223 |
| Don't Have a Doctor/Medical Provider | 23% | 197 |
| Fear or Mistrust of Doctors | 19% | 163 |
| Insurance is Not Accepted | 16% | 137 |
| Difficulty Getting a Referral or Appointment with a Specialists | 15% | 134 |
| Don't Know Whom to Call or How to Make An Appointment | 13% | 130 |
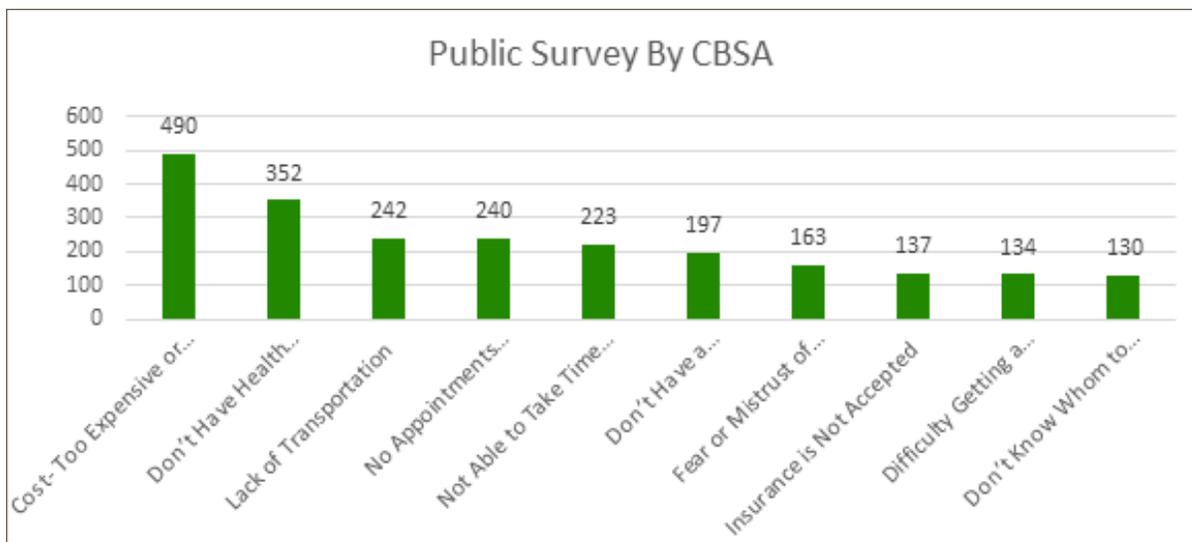
**Q15:** What kind of help do you need managing your current health conditions (for example, heart condition, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health conditions, etc.) to stay healthy?

Respondents could select all that apply.

| Help Needed to Manage Current Health Conditions | Frequency | Percent |
|---|---|---|
| None | 215 | 25% |
| Financial Assistance for Co-pays, Deductibles | 172 | 20% |
| Help Paying for My Rx/Medications/Equipment | 163 | 19% |
| Access to Healthy Foods | 161 | 19% |
| Access to Places to Exercise Safety | 160 | 19% |
| Help Finding a Doctor | 146 | 17% |
| I Don't Have a Current Health Condition | 129 | 15% |
| Help Coordinating My Overall Care Among Multiple Health Care Providers | 128 | 15% |
| Transportation Assistance | 120 | 14% |



Public Survey By CBSA

## Q16: If you visited an Urgent Care Center or Emergency Department in the past 12 months instead of going to your medical provider, what was your reason?

Respondents could select all that apply.

| Reasons for Visiting Urgent Care in Last 12 Months | Frequency | Percent |
|---|---|---|
| Didn't Visit UC in the Last 12 Months | 361 | 42% |
| Wanted to Be Seen Right Away | 233 | 26% |
| Needed Care After Regular Office Hours | 198 | 23% |
| Convenient Locations and/or Hours | 137 | 16% |
| Long Wait Times to See My Medical Provider | 112 | 13% |
| Other | 52 | 6% |
| I Do Not Have a Medical Provider | 43 | 5% |
| Long Wait Time to See My Mental Health Provider | 25 | 3% |
| More Affordable/No Cost | 24 | 3% |
| I Do Not Have a Mental Health Provider | 24 | 3% |
| Was Traveling/Away From Home | 17 | 2% |



Public Survey By CBSA
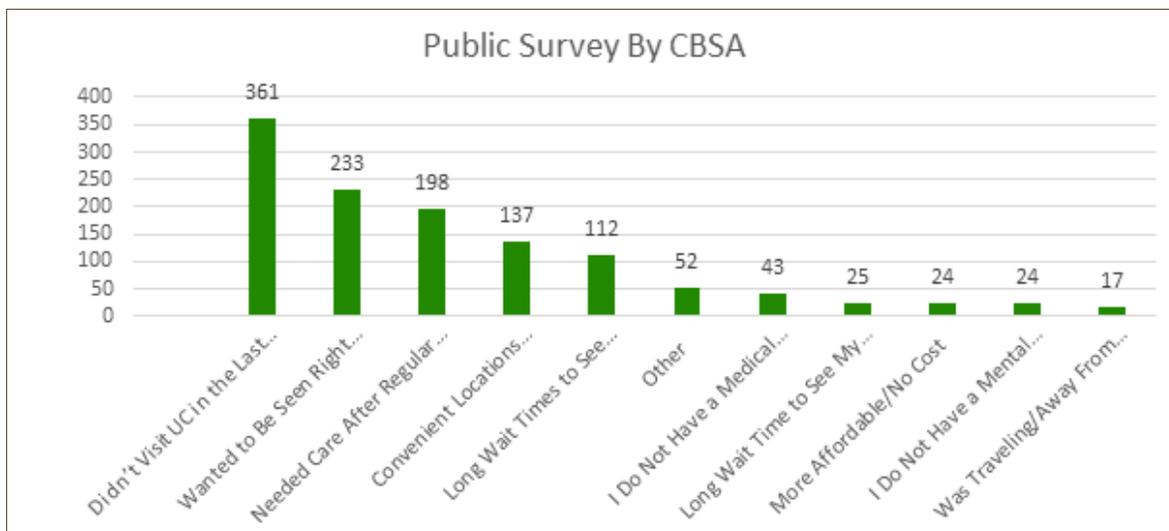
**Q17: I can use applications on my computer, cell phone, or another electronic device on my own without asking for help from someone else.**

Respondents could select one.

| Able to Use Applications on Computer, Cell Phone or Other Electronic Device | Frequency | Percent |
|---|---|---|
| Yes | 765 | 89% |
| No | 77 | 9% |
| I Don't Have/Use Electronic Devices | 17 | 1% |



Public Survey By CBSA
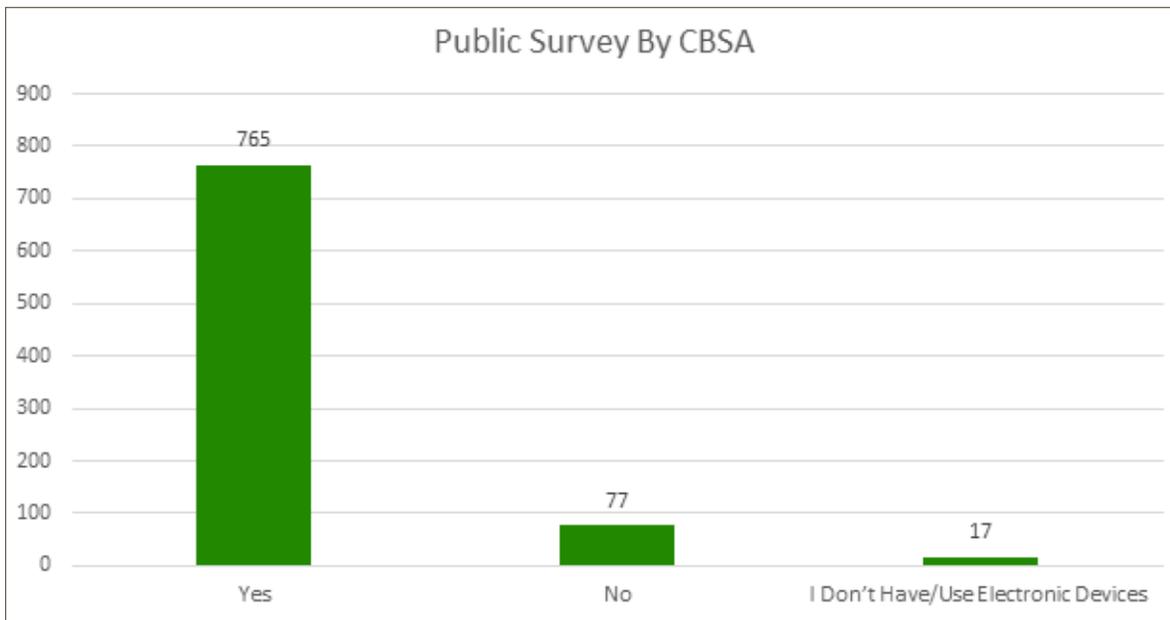
**Q18:** I am open to participating in "telehealth," i.e. having my health assessed and managed virtually through a phone and/or electronic device.

Respondents could select one.

| Open to Telehealth | Frequency | Percent |
|---|---|---|
| Yes | 636 | 74% |
| Not Open | 215 | 25% |
| I Don't Have/Use Electronic Devices | 8 | 1% |



Public Survey By CBSA
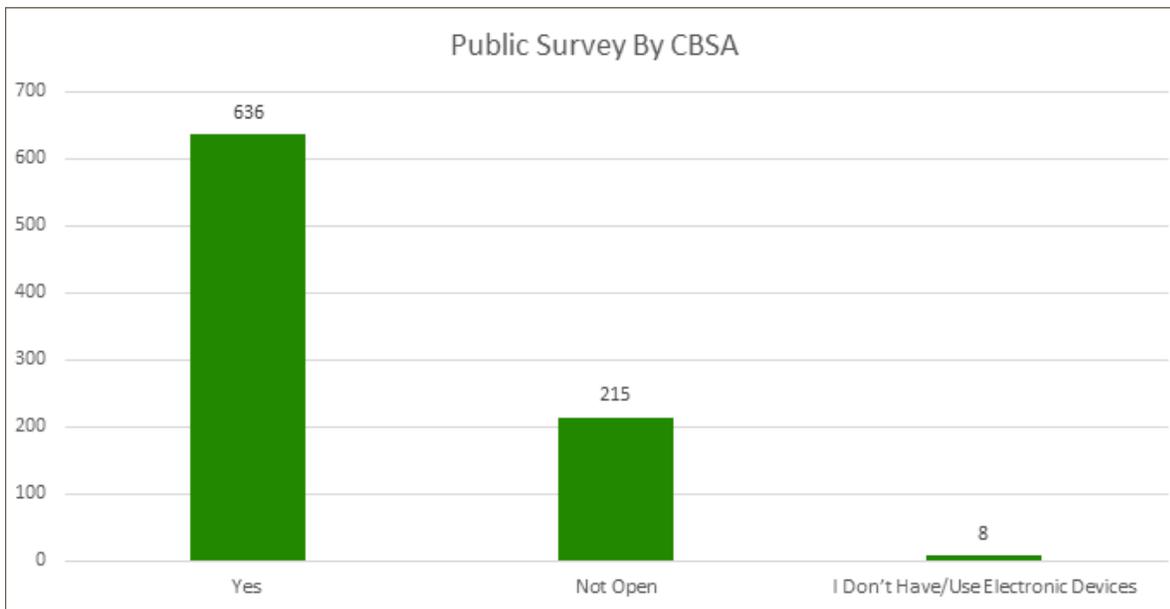
## Q19: Did your child/ren (under 18 years old) have a yearly wellness visit with a medical provider in the past 12 months?

Respondents could select one.

| Help Needed to Manage Current Health Conditions | Frequency | Percent |
|---|---|---|
| None | 215 | 25% |
| Financial Assistance for Co-pays, Deductibles | 172 | 20% |
| Help Paying for My Rx/Medications/Equipment | 163 | 19% |
| Access to Healthy Foods | 161 | 19% |
| Access to Places to Exercise Safety | 160 | 19% |
| Help Finding a Doctor | 146 | 17% |
| I Don't Have a Current Health Condition | 129 | 15% |
| Help Coordinating My Overall Care Among Multiple Health Care Providers | 128 | 15% |
| Transportation Assistance | 120 | 14% |

## Q20: Did your child/ren (under 18 years old) receive a regular dental checkup at least once in the past 12 months?

Respondents could select one.

| Received Regular Dental Checkup | Percent | Frequency |
|---|---|---|
| I Don't Have Any Children Under 18 Yrs. | 66% | 570 |
| Yes | 22% | 190 |
| No | 6% | 55 |
| Decline to Answer | 4% | 34 |
| At Least One, But Not All | .81% | 7 |
| I Don't Know | .34% | 3 |
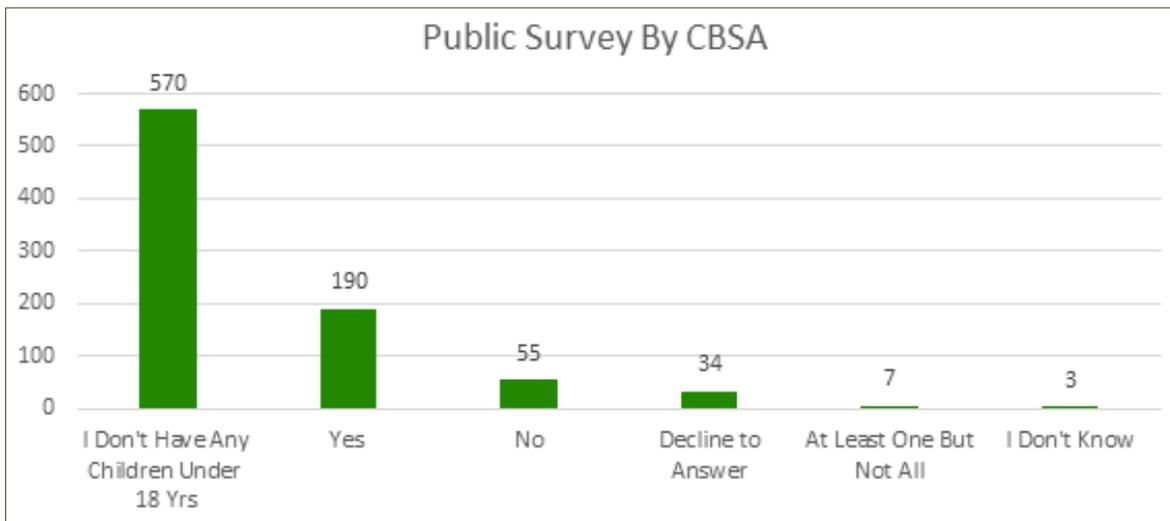
**Q21:** In the past 12 months, did your child/ren (under 18 years old) need help from a doctor, therapist, counselor, or social worker for emotional or mental health problems or challenges such as feeling sad, depressed, angry or anxious?

Respondents could select one.

| Received Regular Dental Checkup | Percent | Frequency |
|---|---|---|
| I Don't Have Any Children Under 18 Yrs | 64% | 547 |
| Yes | 25% | 211 |
| No | 6% | 51 |
| Decline to Answer | 4% | 35 |
| At Least One, But Not All | 1.3% | 11 |
| I Don't Know | .5% | 4 |



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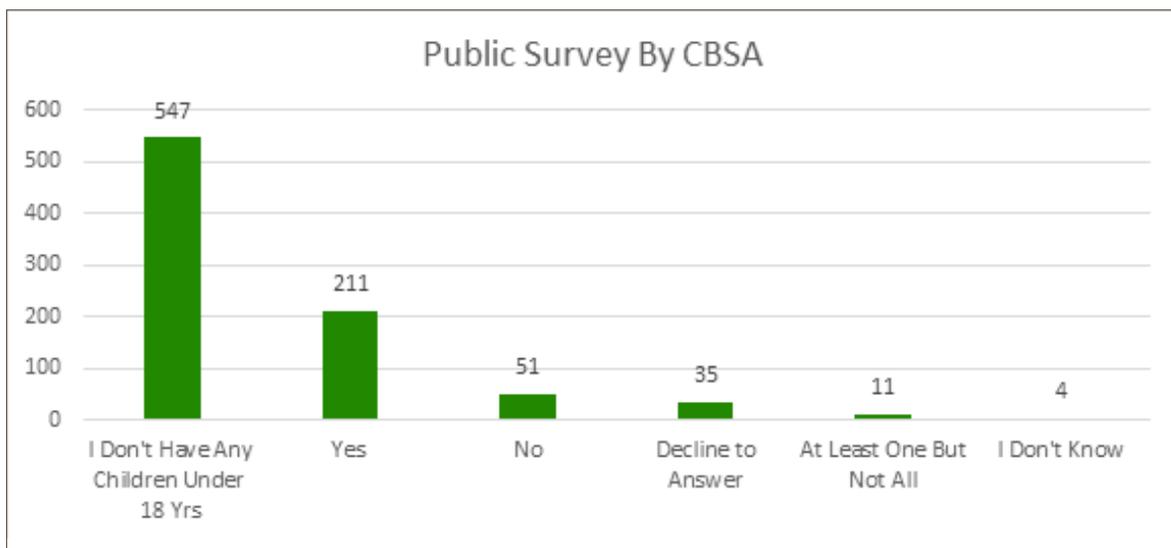
## Q22: What ideas or suggestions do you have to improve health in your community?

Please write your answer.

| Suggestion | Number of Responses |
|---|---|
| Improve Access to Health Care for the Underserved | 58 |
| Affordable Insurance that Covers My Care | 28 |
| Better Mental Health Services | 26 |
| Safer Neighborhoods/Violence - Gun Violence/Reduce Neighborhood Crimes | 18 |
| Substance Abuse Support | 13 |
| Access to Grocery Stores | 11 |
| Access to Better Jobs | 8 |
| Educational Resources/GED Programs/Vocational Schools | 6 |
| Affordable Transpiration | 6 |
| Assist with Community Needs | 6 |
| Fix Abandoned Houses | 6 |
| Affordable Housing | 6 |
| Improve Childcare | 5 |
| Understanding My Health Care Plan | 3 |
| Social Support for Seniors | 2 |
| Cleaner Community – High Grass/Shrubs and Rodent Problems | 1 |

**Survey Responses by Category**

■ Access to Healthcare   ■ Safety and Environment   ■ Social Determinants of Health   ■ Social Support and Services

| Access to Healthcare | Social Determinants of Health |
|---|---|

Access to Healthcare:
- Improve Access (58)
- Better Mental Health Resources (26)
- Affordable Health Insurance (28)
- Complicated Healthcare Plans (3)

Social Determinants of Health:
- Substance Abuse (13)
- Better Paying Jobs (8)
- Poor Transportation (6)
- Access to Healthy Foods and Grocery Stores (11)
- Housin/Homelessness (6)
- Educational Resources (6)

Safety and Environment:
- Gun Violence/Safety/Crime/Neighborhood Safety (18)
- Abandoned Houses (6)
- Cleaner Communities/Rodent Problems (3)

Social Support and Services:
- Community Needs (6)
- Childcare (6)
- Socialization Seniors (2)

**Tree Map – Survey Responses by Category.**

# CHNA Key Leader Web Survey–Outcomes

A total of 33 key leaders completed the web-based Survey, which was live from September 5, 2023 to November 17, 2023. Key leaders represented a variety of organizations throughout Baltimore City. Broad categories included: Not-for-profit partners, Government officials, Healthcare providers, Academic partners, First responders and Business leaders. Additionally, Mercy shared the survey with its key stakeholders from within the CHNA Service Area to solicit input. Including: Healthcare Access Maryland, the Healthcare for the Homeless, Total Health Care, Associated Black Charities, Deputy Commissioner, Baltimore City Health Department/ B'more for Healthy Babies, New South Clifton Park Community Association, Oliver Economic Development Corporation, McElderry Park Community Association, Inc., New Greenmount West Community Association and Latrobe Resident Council, Inc.

The chart below shows the distribution of Key Leader survey respondents by type of organization. The map below shows the geographic distribution of Key Leader survey respondents based on the ZIP code in which the organization they represent is located.

1. **Please select the category that best describes your organization?**

| Category That Best Describes Your Organization | Frequency | Percent |
|---|---|---|
| Not-for-Profit Organization | 16 | 49% |
| Healthcare Provider | 6 | 18% |
| Faith-based Organization | 4 | 12% |
| Community Development Corporation | 3 | 9% |
| Other | 2 | 9% |
| County or Town Government | 1 | 3% |



Public Survey By CBSA
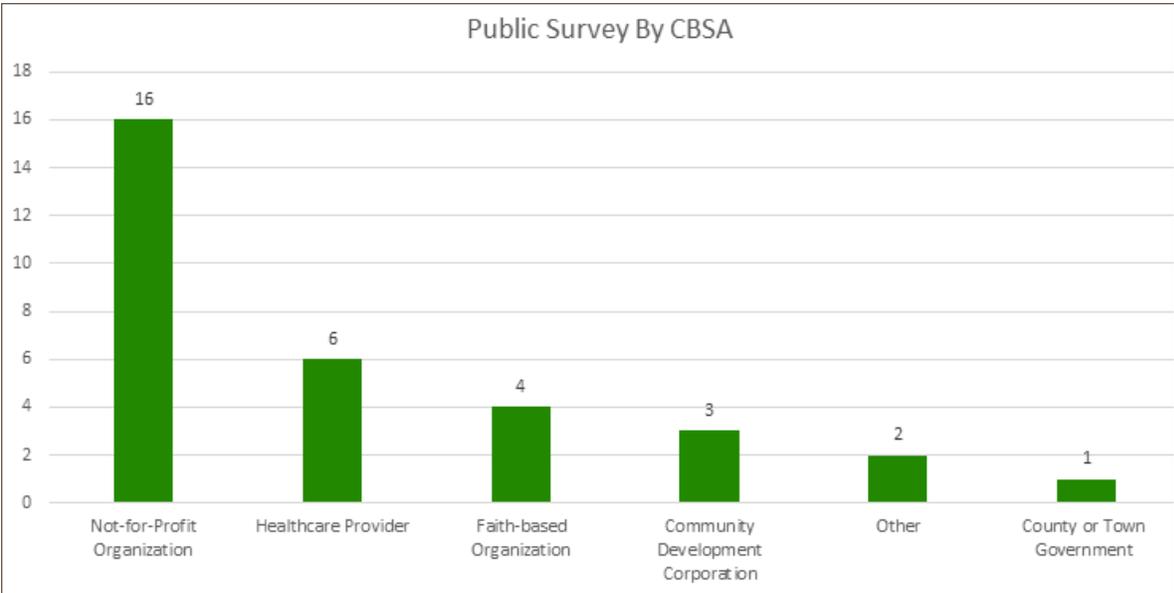
In general, survey questions focused on the following topics:

- Top community health needs of Baltimore City
- Top social drivers that impact health
- Availability of community resources
- Access to care (barriers to care and locations of care)
- Health literacy

The key findings from the Key Leader Survey are detailed below:

- Key leaders identified the top 3 health needs of Baltimore City as: mental health/suicide, housing and food security.
- Key leaders identified the following areas as having the most impact on health in the community: access to affordable housing, crime and violence, and access to healthy foods.
- Key leaders identified SDoH, cost of care and health literacy as the most significant barriers to care.
- Black or African American residents were identified as the community group in Baltimore City most in need of assistance.
- The most common suggestions for improving community health focused on improving affordability, awareness, and mental health resources, as well as increasing the presence of neighborhood clinics.



**Survey Response by Zip Code. Mercy CHNA Service Area.**
Source: BCHD.

2. **How Do You Believe the Health of the Community You Serve Has Changed Over the Past Three Years?**
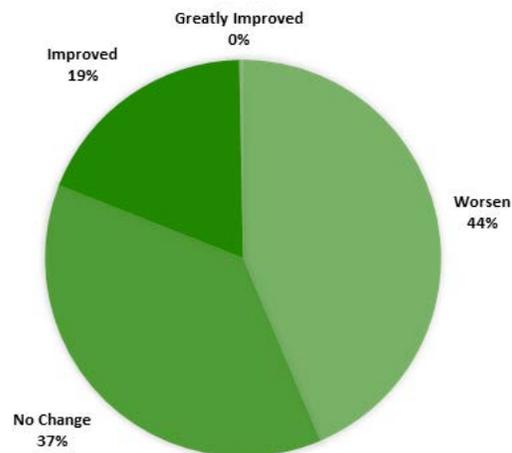
## 3. Please Select the Top Five (5) Community Health Needs of the City of Baltimore?

| Health Need | Frequency | Percent |
|---|---|---|
| Addiction or Substance Abuse | 376 | 44% |
| Diabetes or High Blood Sugar | 369 | 43% |
| High Blood Pressure | 369 | 43% |
| Mental Health | 344 | 40% |
| Overweight/Obesity | 232 | 27% |
| Chronic Pain and Arthritis | 232 | 27% |
| Cancer | 198 | 23% |
| Violence | 198 | 23% |
| Heart Disease/Stroke | 180 | 21% |
| Smoking/Vaping/Tobacco Use | 137 | 16% |



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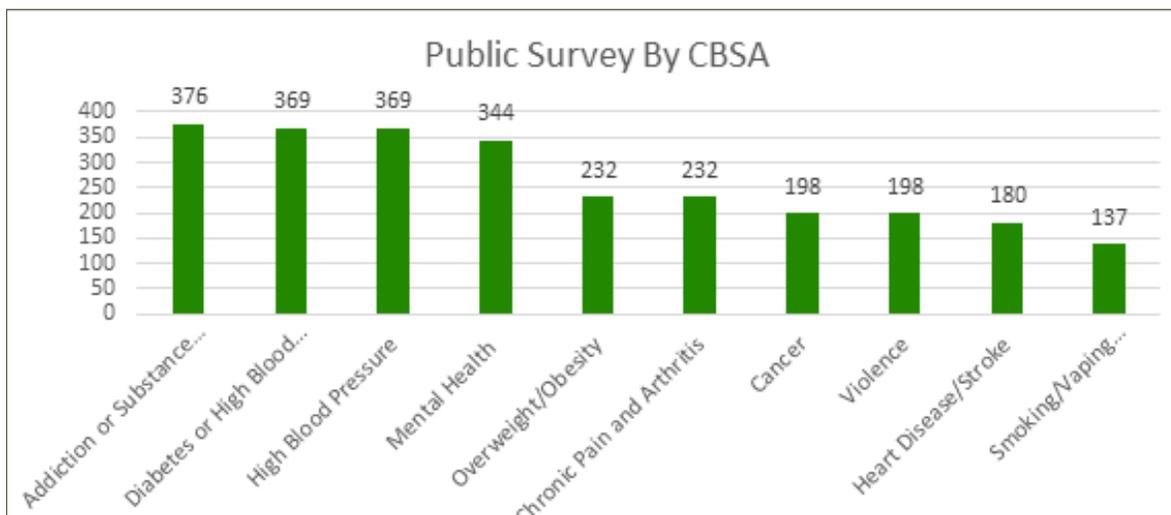
## 4. Please Choose the Top Five Social Needs in the Community You Serve?

| Top Five Social Needs | Frequency | Percent |
|---|---|---|
| Access to Affordable Housing | 26 | 79% |
| Reducing Crime/Violence | 24 | 73% |
| Access to Healthy Foods | 23 | 70% |
| Access to Jobs/Employment | 19 | 58% |
| Affordable Childcare | 14 | 42% |
| Access to Substance Use/Alcohol Use Treatment | 13 | 39% |
| Access to Public Transit (buses, Commuter Rail, etc.) | 12 | 36% |
| Access to Recreation Facilities, Parks or Playgrounds | 6 | 18% |
| Reducing Homelessness | 5 | 18% |
| Medication/Local Pharmacy Access | 4 | 12 |



Public Survey By CBSA
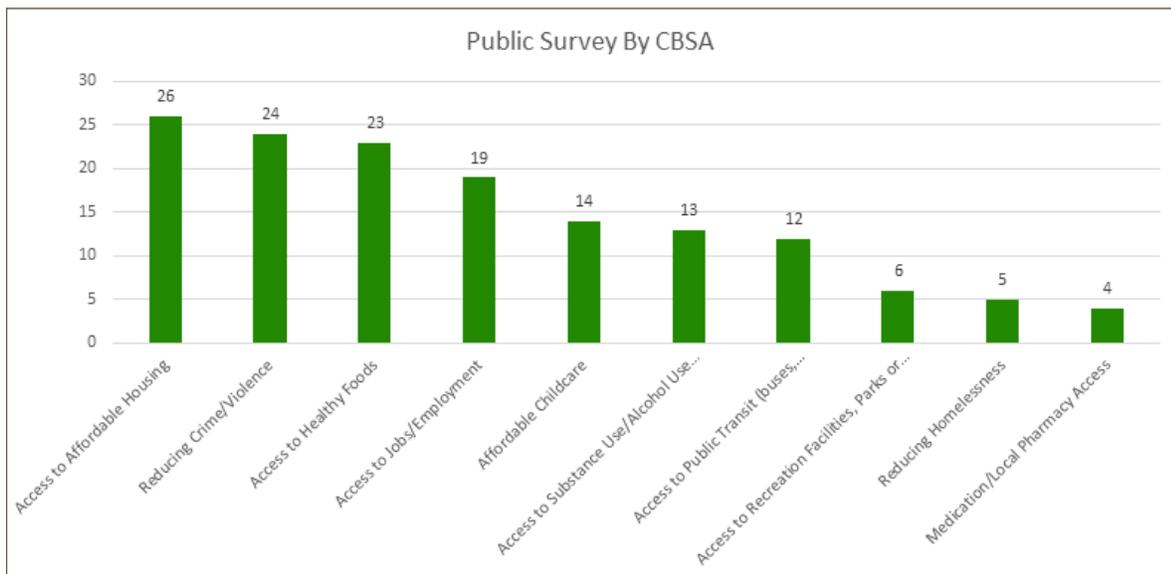
## 5. Please Choose the Group(s) That Needs More Help in the Community You Serve?

Select all that apply.

| Groups That Needs More Help in Your Community | Frequency | Percent |
|---|---|---|
| Black/African American Community | 24 | 73% |
| Persons in Poverty | 20 | 61% |
| Hispanic/Latino Community | 17 | 52% |
| Children/Youth | 17 | 52% |
| Persons Experiencing Homelessness | 15 | 46% |
| Seniors/Elderly | 13 | 42% |
| Young Adults | 13 | 39% |
| Justice-involved Individuals | 13 | 39% |
| Youth in Foster Care | 11 | 33% |
| Refugees/Immigrants | 11 | 33% |
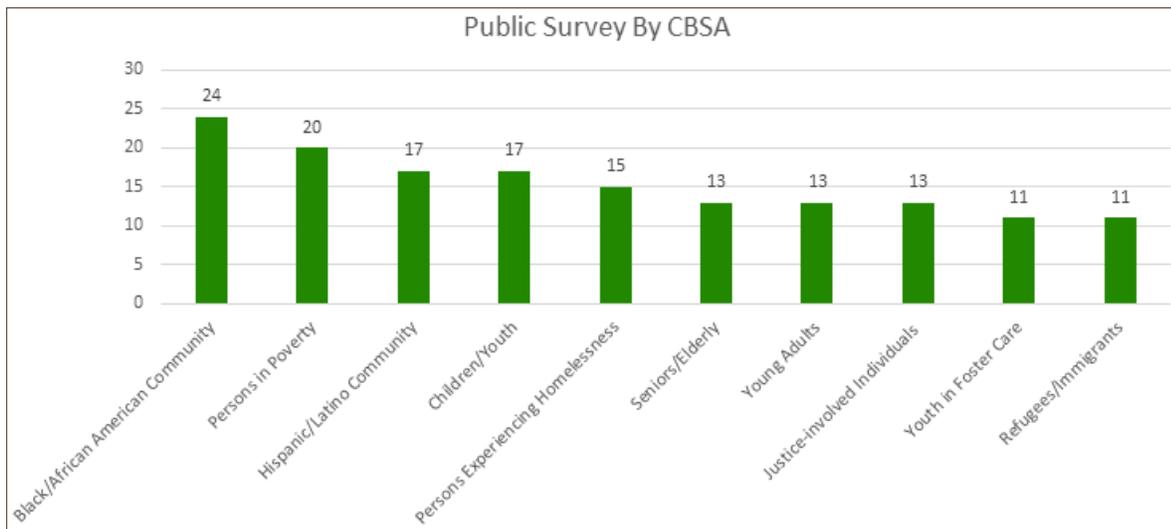
## 6.    What Barriers, If Any, exist to Improve the Health of Residents in Your Community?

Select all that apply.

| Barriers to Improved Health | Frequency | Percent |
|---|---|---|
| Basic Needs Not Met | 23 | 70% |
| Out of Out-of-Pocket expenses | 22 | 67% |
| Navigating Health Care System | 20 | 61% |
| Lack of Transportation | 19 | 58% |
| Lack of Trust | 18 | 55% |
| Lack of Health Insurance | 17 | 52% |
| Availability of Appointment | 13 | 39% |
| Racism | 11 | 33% |
| Language/Cultural Barriers | 10 | 30% |
| Lack of Childcare | 8 | 24% |
| Time Limitations | 7 | 21% |
| Gender Biases | 3 | 9% |
| None/No Barriers | 1 | 3% |



Public Survey By CBSA
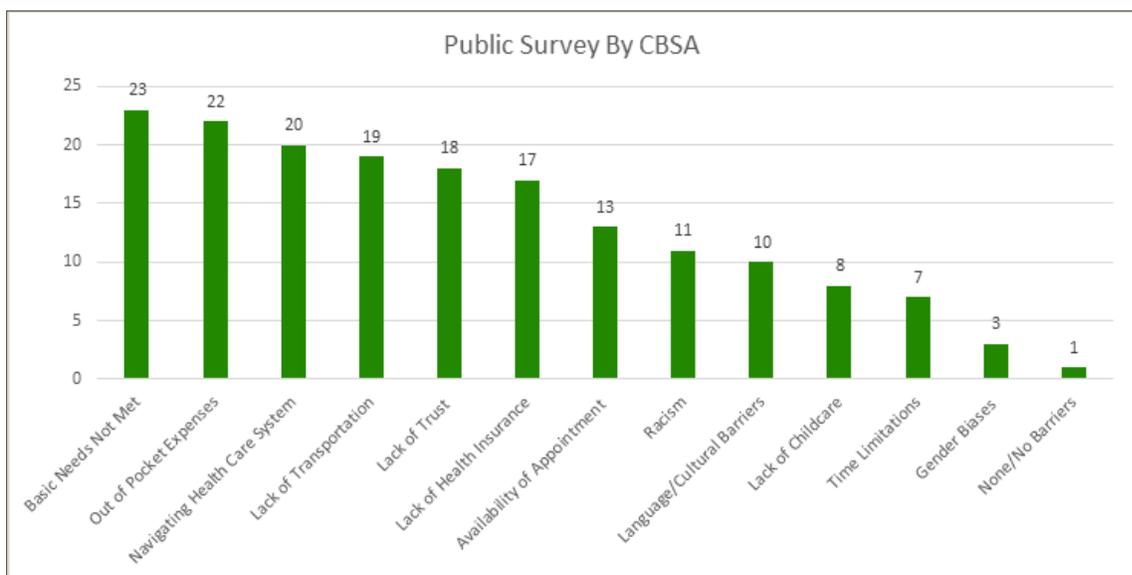
## 7. Do You Feel That the Residents of the Community You Serve Are Health Literate?

| Health Literacy of the Community | Frequency | Percent |
|---|---|---|
| Yes | 9 | 28% |
| No | 24 | 72% |



N=33

- Greatly Improved 0%
- Improved 19%
- Worsen 44%
- No Change 37%
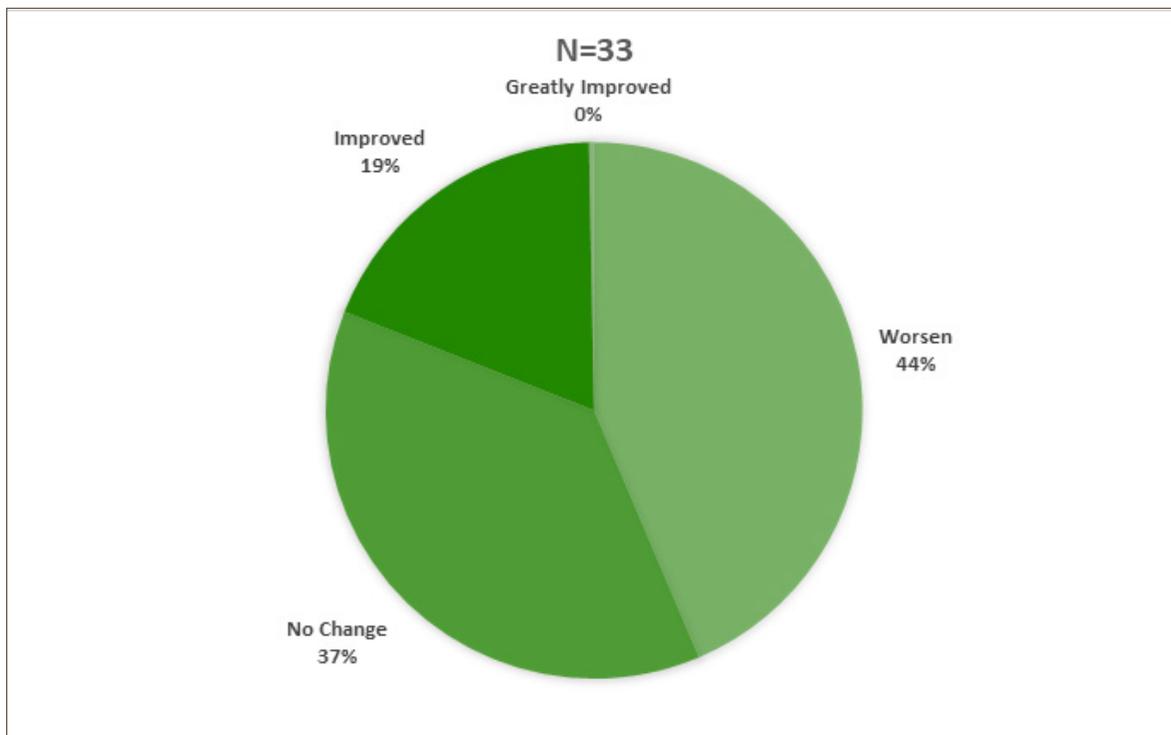
## 8. Members of Your Community Typically Seek Medical Care Through?

Select all that apply.

| Where Community Members Seek Medical Care | Frequency | Percent |
|---|---|---|
| Emergency Department | 30 | 91% |
| Walk-in or Urgent Care | 19 | 58% |
| Community Clinic | 16 | 48% |
| Hospital/Medical Campus | 12 | 36% |
| Primary Care Provider (Physician, Nurse, Etc.) | 7 | 21% |
| Health Department | 6 | 18% |
| Do Not Seek Care | 3 | 9% |
| Other | 0 | 0% |



Public Survey By CBSA
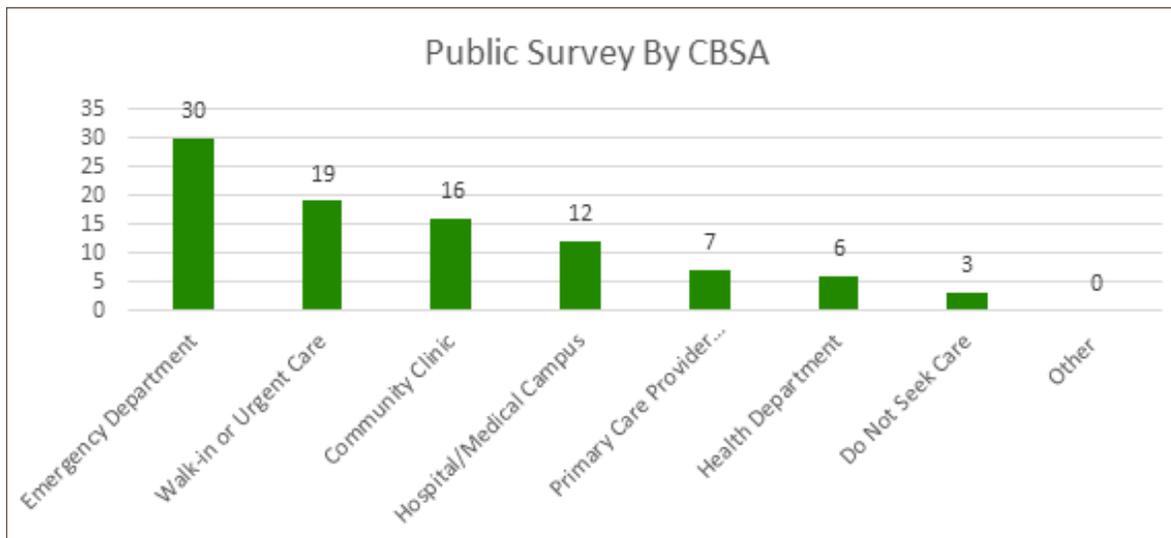
## Focus Groups

The following 33 focus groups were conducted virtually, hybrid or in person between October 3, 2023 and November 8, 2023. These groups included representation from key leaders, non-profit partners, patients, and community members, and totaled more than 300 participants.



**Focus Group Participants: Health Care for the Homeless.**

| FOCUS GROUP TYPE |
| --- |
| Anchor Group |
| Baltimore Medical System Case Managers |
| BCHD HIV Services and Ryan White (two focus groups) |
| BCHD Youth Advisory Council and Youth Ambassadors |
| B'More for Healthy Babies |
| CASA de Maryland (two focus groups) |
| Catholic Charities' Esperanza Center |
| Charm City Care Connection |
| Druid Hill YMCA |
| East Baltimore Faith Leaders |
| Eastside Yo! (Historic East Baltimore Community Action Coalition) |
| Health Care Access Maryland |
| Health Care for the Homeless |
| Healthy Start Father's Group |
| Helping Up Mission |
| J Van Story Branch Apartments |
| MedStar Fetal Assessment Center |
| Morgan State University's Nutrition in the Community Class |
| Northeastern Community Organization |
| Senior Network of North Baltimore |
| Sinai Hospital Diabetes patients |
| Sinai Hospital HIV Clinic patients |
| Sinai Hospital Families with Children |
| St. Agnes Community Council |
| St. Agnes Patient Family Advisory Council |
| The Mayor's Commission on Aging and Retirement Education |
| UMMC Chronic Disease patients |
| UMMC Cancer patients |
| UMMC Community Engagement Committee |
| Victory Village Senior Center |
| Zeta Senior Center |

## List of Focus Group Partners.

Input was gathered on the following topics:

- Community health concerns
- Access to care
- Social and environmental concerns that may impact community health

# Focus Group - Key Findings

## Healthcare Access

- The high cost of healthcare, health insurance and prescriptions was mentioned consistently
- Difficulty obtaining or understanding health insurance was also a significant concern

## Healthcare Quality

- Quality issues included stigma/discrimination and not feeling listened to by providers
- Participants also expressed frustration with long wait times and difficulty navigating a complicated system

## Community Health Education

- Educational needs primarily focused on community health education and building awareness of existing resources

## Food Insecurity

- Food deserts and inequitable access to healthy and nutritious food were frequent concerns
- Participants also noted the cost of food as a challenge to maintaining a healthy lifestyle
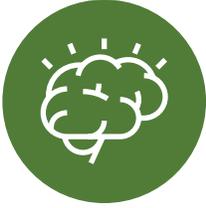
## Mental Health

- Community members of all age groups and walks of life are experiencing poor mental health, particularly since COVID-19

- Participants also expressed frustration with long wait times and difficulty navigating a complicated system

## Housing & Homelessness

- The affordability of housing was a primary concern that forces people to de-prioritize their health

- Inadequate support for individuals experiencing homelessness is also a serious concern

## Transportation

- Lack of safe and affordable transportation was described as a significant barrier to healthcare

- Transportation challenges also impact community members' ability to find high-paying jobs

## Safety

- Gun violence and overall crime were noted as barriers to healthy living throughout the city

- Many participants expressed little faith in the ability of local police to address safety concerns

## Focus Group Responses by Category

### Safety

- "Gun violence in our neighborhood makes me fear for my family's safety every day. I was born and raised in Baltimore City. I call this city my home. It was never like this. It's out of control. "
- "Crime rates are so high that it's hard to feel safe walking down the street."
- "I don't have much faith in the police to keep us safe. We need better protection."
- " Safety concerns are a major barrier to living a healthy life in our city."
- "I worry about my kids growing up in an environment where crime is so prevalent."

### Healthcare Access

- "I can barely afford my health insurance; let alone the prescriptions I need. It feels like I'm choosing between my health and my wallet."
- "Trying to understand my health insurance is like trying to learn a new language. It's overwhelming and stressful."
- "The cost of healthcare is so high that I often delay going to the doctor, even when I really need to."
- "I feel lost navigating the insurance system. It shouldn't be this hard to get the care I need."
- "Every time I think about my medical bills, I feel a wave of anxiety. It shouldn't be this expensive to stay healthy."

### Healthcare Quality

- "Sometimes it feels like my doctor isn't really listening to me. I leave appointments feeling unheard and frustrated."
- "I've faced discrimination in healthcare settings, and it's made me hesitant to seek care when I need it. I just don't trust doctors."
- "The wait times are unbearable. It takes forever to see a specialist or even get an appointment with my primary care doctor."
- "Navigating the healthcare system is so complicated. I often don't know where to turn for help."
- "I wish healthcare providers would treat me with more respect and understanding. It's hard enough being sick without feeling judged."

## Education - Community Health

- "We need more community health education. A lot of people don't know about the resources available to them."
- "It's so important, education can make a big difference."
- "Many people in our community aren't aware of the services they can access. We need better outreach and education."
- "I wish there were more workshops and programs to teach us about staying healthy and using local health resources."

## Food Insecurity

- "It's hard to find fresh, healthy food in my neighborhood. We live in a food desert."
- "Healthy food is so expensive. I often have to choose cheaper, less healthy options to feed my family."
- "Access to nutritious food shouldn't be a privilege. Everyone deserves to eat well."
- "The high cost of food makes it hard to maintain a healthy lifestyle. I have diabetes and heart disease and can't find healthy food options or a way to get to the grocery store."
- "We need more affordable grocery stores in our area. Corner stores do not have fresh produce and there is one on every block."

## Mental Health

- "Since COVID-19, my mental health has really taken a hit. It's hard to find the help I need."
- "The wait times for mental health services are frustrating. I need help now, not months from now."
- "Navigating the mental health system is confusing and exhausting. I often don't know where to start."
- "Mental health issues are affecting people of all ages in our community. We need more support and resources."
- "It's hard to find a mental health provider who understands my needs. I often feel alone in my struggle."

## Housing & Homelessness

- "There's not enough support for people experiencing homelessness. More transitional housing or programs are needed to help us get back on track."
- "Affordable housing is a major issue. I shouldn't have to choose between paying rent and buying groceries."
- "I've been homeless for months, and it feels like there's no support out there for people in my situation. I just need a little help to get back on my feet."
- "Finding a safe place to sleep each night is a constant struggle. It's hard to see a way out without more affordable housing options."

## Transportation

- "Without reliable transportation, it's hard to get to my doctor's appointments or find a good job."
- "Public transportation is unsafe and unreliable. It makes accessing care very difficult."
- "I often miss medical appointments because I can't find affordable transportation or the buses are not reliable."
- "Transportation issues has definitely limited my opportunities for getting a better job. I have to take two buses to get to where I work now."

# Prioritization
## of Needs
### and
### Implementation
### Strategy

## Mercy's Context and Mission

Located in a disproportionately poor, urban area of Maryland, Mercy faces unique health challenges and disparities. Our mission is to witness God's healing love by providing excellent clinical and residential services within a compassionate community of care.

## Prioritization Process

The Mission and Corporate Ethics Committee (the authorized body of the hospital) reviewed all quantitative and qualitative data from our Community Health Needs Assessment (CHNA). We identified key areas where Mercy's strengths align with unmet public health needs. Focus is also placed on needs that other organizations or governmental entities are better positioned to address.

## 2024 CHNA Focus Areas & Implementation Strategy

Mercy intends to continue focusing on specific needs identified in the 2024 CHNA, validated by community stakeholder feedback and ongoing successful efforts.
The primary areas are:

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

- Providing support to victims of violence and addiction.

- Implementing strategies to improve birth outcomes and prenatal care for expectant mothers.

- Expanding access to preventative health services such as primary care to improve outcomes, manage chronic disease, and reduce total cost of care.

- Providing a comprehensive program for prevention and treatment for Lung Cancer—the leading cause of cancer deaths in Baltimore City.

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

The committee developed and approved the strategy focus areas to align with population health goals, such as improving overdose mortality and reducing severe maternal morbidity rates.

## Aligned Population Health Initiatives

Since the implementation of the Maryland Total Cost of Care (TCOC) Model, Mercy is increasingly focused on high-utilizer patients and continues to build on its successful population health strategies. Key activities include participation in the Maryland Primary Care Program, risk stratification and bedside medication delivery, timely communication and care coordination, and extended care activities.

## Community Partnerships and Impact

Mercy maintains strong partnerships with Federally Qualified Health Centers (FQHCs) and supports programs like Health Care for the Homeless and Assistance in Community Integration Services, which won the American Hospital Association Dick Davison NOVA Award. These partnerships emphasize cooperation in caring for patients rather than competition.

## Specific Programs

### Medication Access

Mercy's Prescription for Health Program offers over 41,000 prescriptions annually at no cost, addressing the financial challenges patients face in affording necessary medications.

### Pre-Natal and Childbirth Services

Mercy is the premier birthing hospital in Baltimore City, providing comprehensive prenatal care, educational programs, and support services for expectant parents. The Family Childbirth & Children's Center offers a family-centered model of care, and the Center for Advanced Fetal Care provides specialized support for high-risk pregnancies.

### Chronic Health Conditions

The Population Health Program extends vital resources to patients with chronic health conditions, including connections to public benefits, free or reduced-cost medications, essential medical equipment, transportation vouchers, cooking demonstrations, and delivered grocery boxes.

### Victims of Violence

The Family Violence Response Program offers compassionate care and confidential services to over 600 patients annually, providing crisis intervention, counseling, safety planning, advocacy, and referrals to community resources. Mercy is the sole hospital in Baltimore City offering forensic exams for adult victims. The Forensic Nurse Examiner (FNE) Program provides care to victims of sexual, domestic, human trafficking, child, elder, and institutional violence.

### Transportation Assistance

The Transportation Assistance Program ensures that hundreds of patients receive complimentary transportation to and from their appointments and treatments, enhancing accessibility to essential healthcare services.

### Substance Abuse

Mercy support addiction services through the implementation of SBIRT (Screening, Brief Intervention, and Referrals to Treatment) and offers one of only two inpatient detoxification units in Baltimore City. SBIRT Peer Recovery Coaches play a pivotal role in educating patients about substance use risks, and physician subsidies ensure access to crucial inpatient services.

## Education and Workforce Development

Mercy supports education for healthcare professionals, ensuring a well-prepared workforce to serve the community effectively. This includes targeted health education opportunities for the public and the education of future physicians, advanced practice providers, nurses, and other essential healthcare workers.

# Existing
# Health Care
## Facilities
## and Resources

Five of twelve 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.

I.  **General Acute Care Hospitals in Baltimore City**
    1.  Grace Medical Center
    2.  Johns Hopkins Hospital
    3.  Johns Hopkins Bayview Medical Center
    4.  MedStar Good Samaritan Hospital
    5.  MedStar Harbor Hospital
    6.  MedStar Union Memorial Hospital
    7.  Mercy Medical Center
    8.  Mt. Washington Pediatric Hospital
    9.  St. Agnes Hospital
    10. Sinai Hospital of Baltimore
    11. University of Maryland Medical Center
    12. University of Maryland Medical Center Midtown Campus

**II. Federally Qualified Health Centers**
In addition to hospitals, seven different Federally Qualified Health Centers operate more than 15 different community health clinics inside or within walking distance of our community.

**III. Additional Resources**
Electronic databases play a vital role in accessing a multitude of resources tailored to the needs of Baltimore City's community members. Continuously updated, these databases contain comprehensive information, including contact details, descriptions, directions, and sometimes even application procedures and follow-up referral capabilities. These resources are indispensable in promptly addressing the diverse needs of the community. Selected citywide resources were identified by the Baltimore City Collaborative in conducing the BCHD CHNA and are identified below.

FindHelp is a web-based platform that helps health plan case managers connect their members with local services. It can also help participating organizations track social care outcomes. Through FindHelp, community members can be connected with free or reduced-cost resources in Baltimore City, including food, housing, financial assistance, healthcare and more.

CHARMCare is a service of BCHD and its partners, which was developed through the Accountable Communities project – a citywide program that aims to connect patients to resources for social needs. CHARMCare is a free online resource guide where community members can find free or reduced-cost programs and services in Baltimore City to help meet their needs. The directory has information for resources that can help with food, housing, transportation, utilities, employment, education, mental healthcare, and substance use care.
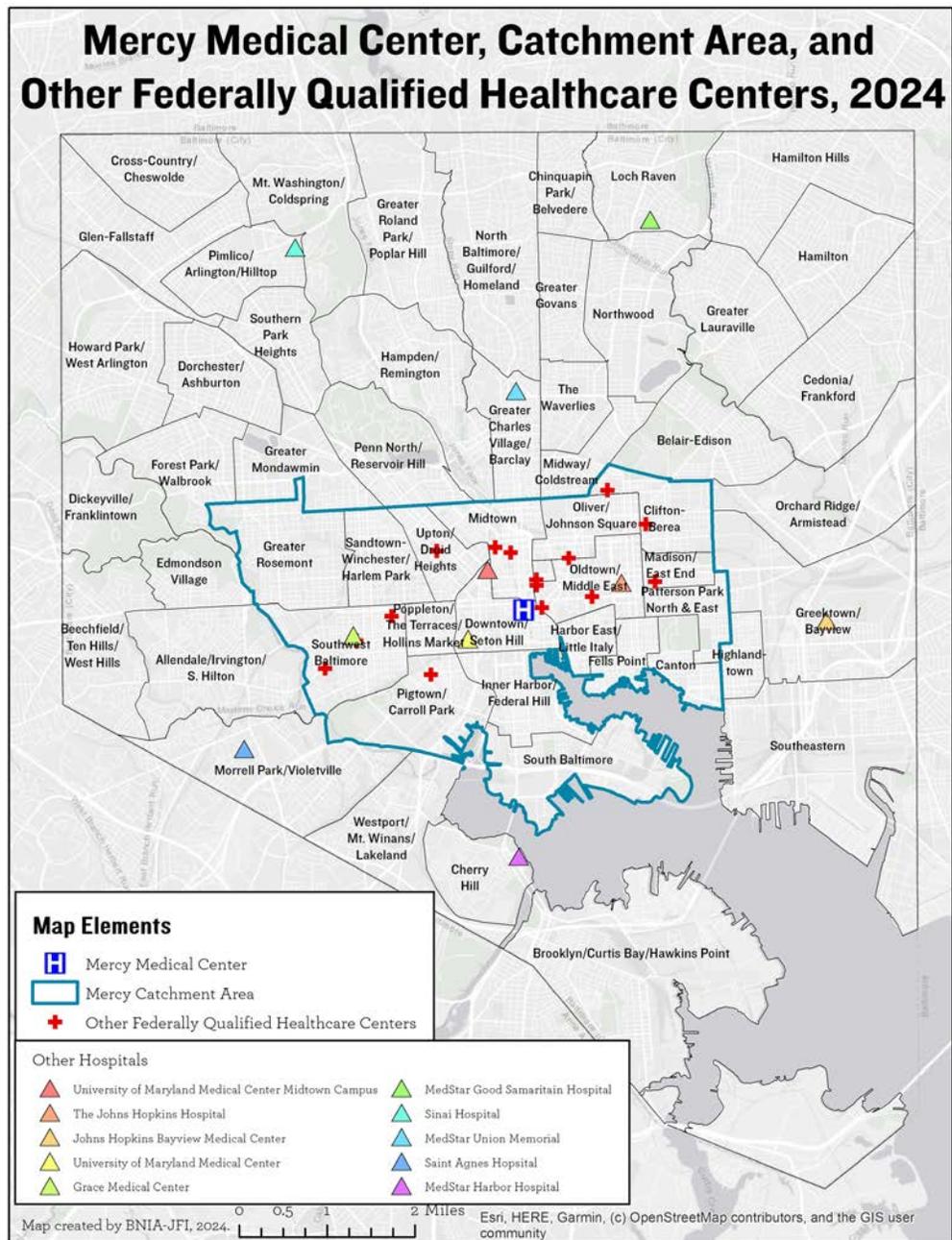


**Proximity to Area Hospitals and FQHCs – Mercy CHNA Service Area**

Source: BNAI.

# Mission & Corporate Ethics
## Committee

Mercy thanks members of the Mercy Health Services Mission and Corporate Ethics Committee for their direction and support of Mercy's 2024 Community Health Needs Assessment & Implementation Strategy.

As the authorized body of the hospital, the Mission & Corporate Ethics Committee approved the 2024 CHNA & Implementation Strategy as part of its regular meeting held on June 5, 2024.

## Committee Roster:

Ms. Mary Louise Preis, Chair, Mercy Health Services Mission and Corporate Ethics Committee and member of the Mercy Health Services Board of Trustees

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

David N. Maine, M.D., President and CEO, Mercy Health Services

Ms. Beverly Cooper, Board Member, Mercy Health Services Board of Trustees

Albert Polito, M.D., Medical Director, The Lung Center at Mercy Medical Center

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

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

Mr. John McLoughlin, Director of Pastoral Care, Stella Maris

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

Mr. Joe Marana, Mgr., Leadership & Culture, Mercy Medical Center

Ms. Crystal Hickey, Executive Director, Stella Maris

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

Ms. Elinor Petrocelli, V.P., Finance & Revenue Cycle, Mercy Health Services

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

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

Ms. Erin Tribble, Director, Pastoral Care, Mercy Medical Center

Ms. Peg Benzinger, V.P., Business Development and Marketing, Mercy Medical Center

## Disclaimer

Mercy's 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.

**MERCY MEDICAL CENTER**
POLICY AND PROCEDURE
PATIENT FINANCIAL SERVICES

**FINANCIAL ASSISTANCE POLICY**

POLICY#: 602-176-93                                            REVISED: 9/2023

Mercy Medical Center ("MMC") provides and promotes health services for the people of Maryland of every creed, race, economic, and social condition. In the spirit of the Sisters of Mercy who are its sponsors, MMC has a special commitment to the underserved and the uninsured.

Consistent with this mission, MMC provides, without discrimination, care for emergency medical conditions to patients regardless of their ability to pay and regardless of their eligibility for Financial Assistance under this Financial Assistance Policy.

**It is also MMC's policy to accept, within the limits of its financial resources, all patients who require non-emergency hospital care without regard to their ability to pay for such services.**

** These policies, however, do not preclude MMC from reviewing a patient's ability to pay, the availability of insurance benefits, or the patient's eligibility for Medical Assistance.

**Financial Assistance**

MMC provides free and reduced-cost Medically Necessary Care to patients based on factors such as income, Monetary Assets, Medical Debt, and other criteria specific to an individual patient's situation ("Financial Assistance"). The amount of Financial Assistance generally is determined using a sliding scale for income and taking into account other considerations.

In no event shall a patient receiving Financial Assistance be required to make a payment for the covered care in excess of the charges less MMC's mark-up, nor shall such a patient be billed charges (although bills may show itemized reductions to gross charges). In no event shall a patient receiving Financial Assistance be billed an amount for Medically Necessary Care or emergency medical procedures that is more than the amount generally billed to individuals who have insurance covering such care. The charges to which a discount may apply under this policy are the Facility/Hospital Charges (defined below), which are set by Maryland's rate regulation agency, the Health Services Cost Review Commission. If a patient is eligible for Financial Assistance under more than one of paragraphs 1 through 5 below, MMC shall provide the Financial Assistance for which the patient qualifies that is most favorable to the patient. Actions that MMC may take in the event of non-payment are described in a separate billing and collections policy. To obtain a free copy of this policy, please contact Customer Service at 410-951-1700.

Financial Assistance under this Policy is available for all emergency and Medically Necessary Care (defined below) provided by MMC.  All MMC Facility/Hospital Charges are subject to this Policy.

## Services Eligible Under this Policy

For purposes of this Policy, "Medically Necessary Care" means medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with generally accepted standards of medical practice and not mainly for the convenience of the patient.  This includes treatment of Emergency Medical Conditions and non-urgent or elective care that is Medically Necessary.

The following services are excluded from coverage under this Policy:
1. Cosmetic procedures and other non-Medically Necessary Care.
2. Non-covered benefits or services under the patient's insurance program or policy. Exceptions may be made on a case-by-case basis considering medical and other implications.
3. Services or supplies that are primarily for the patient or family's convenience, lodging, and meals.
4. Services or supplies related to third party liability claims (e.g., auto accident, workers compensation, bodily injury, or other legal claims) until all other means of coverage and payment are exhausted.

## Notification and Application Process

MMC will make patients aware of its Financial Assistance policy by posting notices in several areas of the hospital, including the billing office, admissions office, business office, and emergency department areas. The notice will inform patients of their right to apply for financial assistance and provide contact information for additional resources. MMC will also provide patients with a Financial Assistance Patient Information Sheet upon admission, when presenting the bill for services (each bill also references the Patient Information Sheet), and upon request. Patients will be asked to sign an acknowledgment that they have received the Patient Information Sheet. Patients may also request a copy of this Financial Assistance Policy at any time during a collection process. Upon request, translations of the policy are available in several languages and interpreter services are also available by calling Customer Service at 410-951-1700.

MMC also makes available staff who are trained to work with patients, family, and authorized representatives to understand (1) bills; (2) rights and obligations with regard to the bill, (3) how to apply for Maryland Medical Assistance Program ("MMAP"), (4) information regarding the Financial Assistance Policy, and (5) how to contact MMC for additional assistance.

A patient may apply for Financial Assistance by completing and submitting the Maryland State

Uniform Financial Assistance Application ("UFAA"). Free copies of the UFAA are available to download at https://mdmercy.com/about-mercy/policies-and-corporate- documents or by calling Customer Service at 410-951-1700 or Financial Counseling at 410-332-9273 to request a copy by mail; or visiting the MMC billing office, admissions office, business office, or emergency department. For questions or assistance with completing the UFAA, please contact Financial Counseling at 410-332-9273.

Within two (2) business days following a patient's request for Financial Assistance, application for Medical Assistance, or both, MMC will make a determination of probable eligibility for Financial Assistance and communicate the determination to the patient or the patient's representative. In some instances, probable eligibility for Financial Assistance may be determined on the basis of a patient's circumstances, such as when a patient is a beneficiary of a means-tested social services program, as described under category 2 below. In other instances, MMC may request information from a patient or use information available from outside agencies as a basis for determining probable eligibility for Financial Assistance. MMC uses the completed UFAA applications to make a final determination of eligibility under the requirements described below. Once a patient submits a completed UFAA and all required documentation, MMC will provide a final determination of eligibility within 14 calendar days. MMC will only require applicants to produce documents necessary to validate the information provided in the UFAA, and patients are responsible for cooperating with MMC's Financial Assistance application process.

A patient's need for Financial Assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was performed more than 12-months prior. To avoid an unnecessary duplication of MMC's determinations of eligibility for Financial Assistance, a patient who has received a Financial Assistance determination in the prior year shall inform MMC of the prior determination. A patient must also notify MMC if about any change in financial circumstances that occurs within 240 days after the initial hospital bill is provided or if additional information regarding the patient's eligibility becomes known.

A patient who disagrees with a determination by MMC that the patient is not entitled to Financial Assistance, or who has a change in financial circumstances within 240 days after the initial hospital bill is provided, may contact MMC using the contact information provided in the determination letter and request MMC reconsider such denial. Patients determined to be eligible for Financial Assistance subsequent to the date of service may be eligible for a refund of payments made, depending on certain circumstances.

The Health Education and Advocacy Unit ("HEAU") is available to assist a patient or patient's representative with filing a reconsideration request by contacting: Address - Office of the Attorney General, HEAU, 200 Saint Paul Place, 16th Floor, Baltimore, Maryland 21202; Phone - (410)-528-8662; Fax - (410)-576-6571; Email - heau@oag.state.md.us; website - https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx.

## Eligibility & Benefits

Financial Assistance under this policy is available for Medically Necessary Care (defined below) provided by MMC. In order to qualify for Financial Assistance, a patient must be a Maryland resident who qualifies under at least one of the following conditions:

## Statutory and Regulatory Required Categories

1. A patient with Family Income at or below 200% of the Federal Poverty Level ("FPL"), with less than $10,000 in household Monetary Assets qualifies for full Financial Assistance in the form of free Medically Necessary Care. A patient's Family Income will be calculated at the time of service or updated, as appropriate, to account for any change in financial circumstances of the patient that occurs within 240 days after the initial hospital bill is provided.
2. A patient who is not eligible for the Maryland Medical Assistance Program or Maryland Children's Health Program and is a beneficiary/ recipient of a means- tested social services program, including but not necessarily limited to the following programs, is deemed eligible for Financial Assistance in the form of free Medically Necessary Care, provided that the patient submits proof of enrollment within 30 days (30 additional days permitted upon request):

   a. Households with children enrolled in the free or reduced-cost meal program;

   b. Supplemental Nutritional Assistance Program ("SNAP");

   c. Maryland's Energy Assistance Program;

   d. Special Supplemental Food Program for Women, Infants, and Children; or

   e. Other means-tested social service programs as determined by the Maryland Department of Health and the Health Services Cost Review Commission.

3. A patient with Family Income at or below 500% of FPL, with less than $10,000 in household Monetary Assets qualifies for partial Financial Assistance in the form of reduced-cost Medically Necessary Care. The amount of financial assistance in this case is based on a sliding scale of income based on the FPL Guidelines which are updated annually. The table below provides an example of the sliding scale discounts based on the FPL Guidelines from calendar year 2021. A patient's Family Income will be calculated at the time of service or updated, as appropriate, to account for any change in financial circumstances of the patient that occurs within 240 days after the initial hospital bill is provided.

| | | Example of Discounts Applied to Hospital Gross Charges Based on CY 2021 FPL Guidelines | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | % Discount | 100% | 75% | 67% | 50% | 40% | 30% | 20% | 10% |
| Family Size | CY2021 FPL(1) | Gross Yearly Income | | | | | | | |
| 1 | $12,880 | $25,760 | $32,200 | $34,261 | $38,640 | $41,216 | $43,792 | $46,368 | $64,400 |
| 2 | $17,420 | $34,840 | $43,550 | $46,337 | $52,260 | $55,744 | $59,228 | $62,712 | $87,100 |
| 3 | $21,960 | $43,920 | $54,900 | $58,414 | $65,880 | $70,272 | $74,664 | $79,056 | $109,800 |
| 4 | $26,500 | $53,000 | $66,250 | $70,490 | $79,500 | $84,800 | $90,100 | $95,400 | $132,500 |
| 5 | $31,040 | $62,080 | $77,600 | $82,566 | $93,120 | $99,328 | $105,536 | $111,744 | $155,200 |
| 6 | $35,580 | $71,160 | $88,950 | $94,643 | $106,740 | $113,856 | $120,972 | $128,088 | $177,900 |
| 7 | $40,120 | $80,240 | $100,300 | $106,719 | $120,360 | $128,384 | $136,408 | $144,432 | $200,600 |
| 8 | $44,660 | $89,320 | $111,650 | $118,796 | $133,980 | $142,912 | $151,844 | $160,776 | $223,300 |

For families/households with more than 8 persons, add $4,180 for each additional person.

Note (1): Federal HHS Poverty Guidelines for CY 2021, which are updated annually in the Federal Register.

4.  A patient with: (i) Family Income at or below 500% of FPL; (ii) with Medical Debt (defined below) incurred within the 12 month period prior to application that exceeds 25% of Family Income for the same period; and (iii) with less than $10,000 in household monetary assets will qualify for partial Financial Assistance in the form of reduced-cost Medically Necessary Care. The amount of Financial Assistance in this case is based on a sliding scale of income, amount of Medical Debt, and other factors.

    a.  An eligible patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost Medically Necessary Care when seeking subsequent care at MMC during the 12-month period beginning on the date on which the reduced-cost Medically Necessary Care was initially received.

    b.  To avoid an unnecessary duplication of MMC's determinations of eligibility for Financial Assistance, a patient eligible for care under Paragraph 4.a shall inform the hospital of his or her eligibility for the reduced-cost Medically Necessary Care.

5.  MMC makes payment plans available to all patients who are Maryland residents upon request. Additional information regarding payment plans is available in MMC's Payment Plan Policy and its Credit and Collections Policy, which is available on MMC's website (see: https://mdmercy.com/patients-and-visitors/billing-and-insurance/financial-assistance)..

### MMC's Expanded Coverage
### (Categories Not Covered by Maryland Statute or Regulation)

6.  A homeless patient qualifies for Financial Assistance in the form of free Medically Necessary Care.

7.  A deceased patient, with no person designated as director of financial affairs, or no estate number on file at the applicable Registrars of Wills Department, qualifies for Financial Assistance in the form of free Medically Necessary Care.

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8.  A patient who has a remaining balance after Medical Assistance qualifies for Financial Assistance.

9.  MMC may elect to grant presumptive charity care to patients based on information gathered during a self-pay collection process. Factors include propensity to pay or FPL scoring, eligibility and participation in other federal programs, and other relevant information.

10. A patient who does not qualify under the preceding categories may still apply for Financial Assistance, and MMC will review the application and make a determination on a case-by-case basis as to eligibility for Financial Assistance. Factors that will be considered include:

    a.  Fixed income such as Social Security, Retirement or Disability with no additional income sources available;
    b.  Medical expenses; and/or
    c.  Expenses related to necessities of life compared to income.

### Changes to a Patient's Eligibility

If a patient's Family Income, Monetary Assets, expenses, family status, or other financial circumstances change, the patient must notify MMC. MMC will reconsider a patient's eligibility for financial assistance based on any changes in financial circumstances that occurs within 240 days after the initial hospital bill is provided.

### Reconsideration Requests

A patient who disagrees with a determination by MMC that the patient is not entitled to Financial Assistance, or who has a change in financial circumstances within 240 days after the initial hospital bill is provided, may contact MMC using the contact information provided in the determination letter and request that MMC reconsider such denial.  Reconsideration requests may be made verbally or in writing.

The Health Education and Advocacy Unit ("HEAU") is available to assist a patient or patient's representative with filing a reconsideration request by contacting: Address – Office of the Attorney General, HEAU, 200 Saint Paul Place, 16th Floor, Baltimore, Maryland 21202; Phone - (410)-528-8662; Fax - (410)-576-6571; Email – heau@oag.state.md.us; website - https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx.

### Refunds

If, within two years after a date of service, MMC is informed that a patient was eligible for Financial Assistance on that specific date of service (using the eligibility standards applicable on that date of service), the patient may be entitled to a refund of amounts collected from the patient exceeding $25.  In such instances, MMC may request information and documentation

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from the patient to determine the patient's eligibility for financial assistance at the time of the service. If MMC's documentation demonstrates a lack of cooperation by the patient in providing the requested information to determine eligibility at the date of service, MMC may reduce the refund period from two years to 30 days after the date of MMC's request for information.

If the patient is enrolled in a means-tested government health care plan that requires the patient to pay out-of-pocket costs for hospital services, then the patient shall not be refunded any funds that would result in the patient losing financial eligibility for such health coverage.

Patients who believe they may be eligible for a refund are responsible for contacting MMC to request a refund.

## Defined Terms

For purposes of this Financial Assistance Policy, the following terms have the following meanings:

**Emergency Medical Conditions:** A medical condition (A) manifesting itself by acute systems of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in -- 1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; 2. Serious impairment to bodily functions, or 3. Serious dysfunction of any bodily organ or part, or (B) With respect to a pregnant woman who is having contractions -- 1. That there is inadequate time to affect a safe transfer to another hospital for delivery, or 2. That transfer may pose a threat to the. health or safety of the woman or the unborn child.

**Facility/Hospital Charges:** Hospital rate regulation in Maryland was established by an act of the Maryland legislature in 1971. The law created the Health Services Cost Review Commission ("HSCRC"), an independent State agency. The HSCRC establishes hospital rates for each Maryland hospital and the rates are set on an all-payer basis, meaning all payers pay the same rates as outlined by the HSCRC. This includes the uninsured or self- pay population. The HSCRC's rate regulatory authority applies to inpatient services (as defined by Medicare) and outpatient and emergency services at a hospital (on the campus), and cover costs such as support staff, supplies, and medications. The HSCRC does not regulate Physician Charges. **For further information, go to: https://hscrc.maryland.gov/.**

**Family Income:** Wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits, unemployment benefits, disability benefits, Veteran benefits, alimony and other income as defined by the Internal Revenue Service, for the Patient and/or responsible party and all immediate family members residing in the household. Mercy considers a patient's immediate family members to include a spouse, regardless of whether the patient and spouse expect to file a joint federal or state tax

return; biological, adopted, and/or step children; and any person for whom the patient claims a personal exemption in a federal or state tax return. If the patient is a child, the patient's immediate family includes any biological, adopted, and/or step parents or guardians; biological, adopted, or stepsiblings; and anyone for whom the patient's parent(s) or guardian(s) claim a personal exemption in a federal or state tax return. Mercy will consider additional individuals residing in the patient's household as part of the patient's household size for purposes of calculating Family Income on a case-by-case basis.

**Federal Poverty Level (" FPL"):** Guidelines for federal poverty issued each year by the U.S. Department of Health and Human Resources.

**Medical Debt:** Out-of-pocket expenses, excluding co-payments, coinsurance, and deductibles, for medical costs billed by a hospital.

**Mercy Medical Center ("MMC"):** This policy applies to Medically Necessary Care provided at Mercy Medical Center. All Facility/Hospital Charges are subject to this policy. Fees for physicians' Professional Charges provided at MMC are not included in the Facility/Hospital bill and are billed separately. Physicians at MMC make their own determination of Financial Assistance for non-emergent care provided at MMC.

**Monetary Assets:** Assets that are convertible to cash. In determining a patient's monetary assets for purposes of making an eligibility determination under this financial assistance policy, the following assets are excluded: (1) the first $10,000 of monetary assets; (2) equity of $150,000 in a primary residence; (3) retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, qualified and nonqualified deferred compensation plans; (4) one motor vehicle used for the transportation needs of the patient or any family member of the patient; (5) any resources excluded in determining financial eligibility under the Medical Assistance Program under the Social security Act; and (6) prepaid higher education funds in a Maryland 529 Program account.

**Physician Charges:** Physician Charges are charges separate from the Facility/Hospital Bill related to services from providers such as anesthesiologists, pathologists, oncologists, or other specialists who contribute to your care at MMC.

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**APPROVED BY:**

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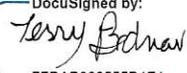
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