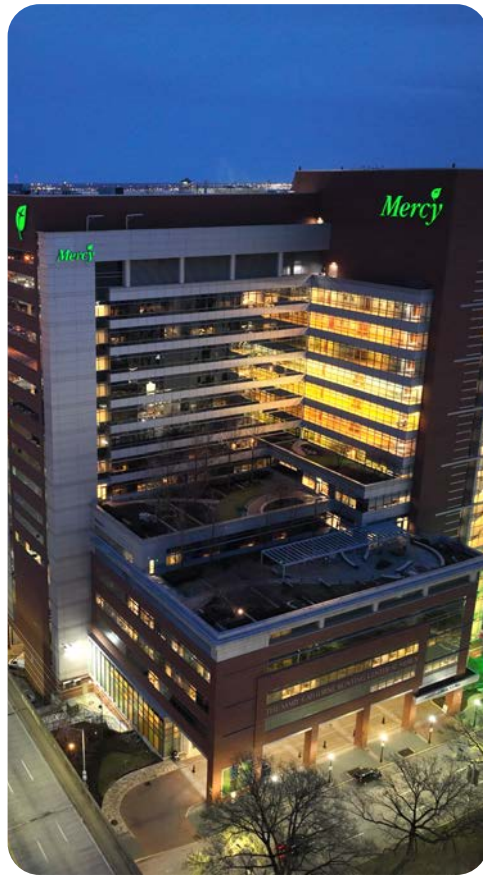# Mercy Medical Center

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.

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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 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.
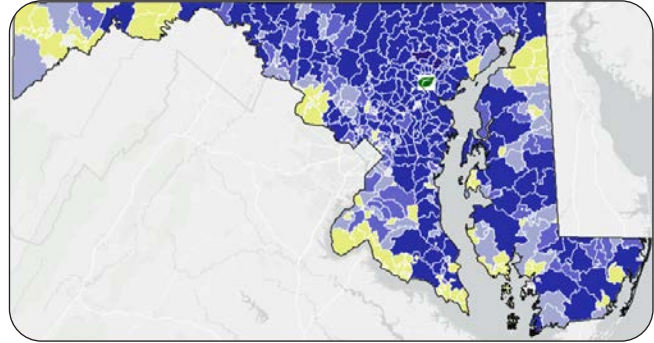
Centers of Excellence patient origin by zipcode.

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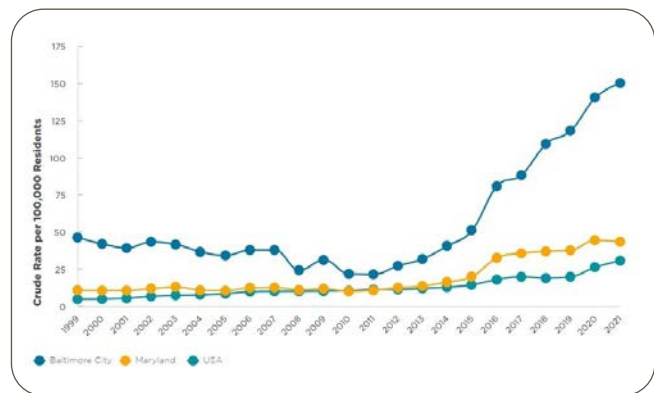
Drug Overdose Death Rate per 100,000 Residents, Baltimore City vs Maryland vs USA.
Source: CDC WONDER 1999-2021.

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.
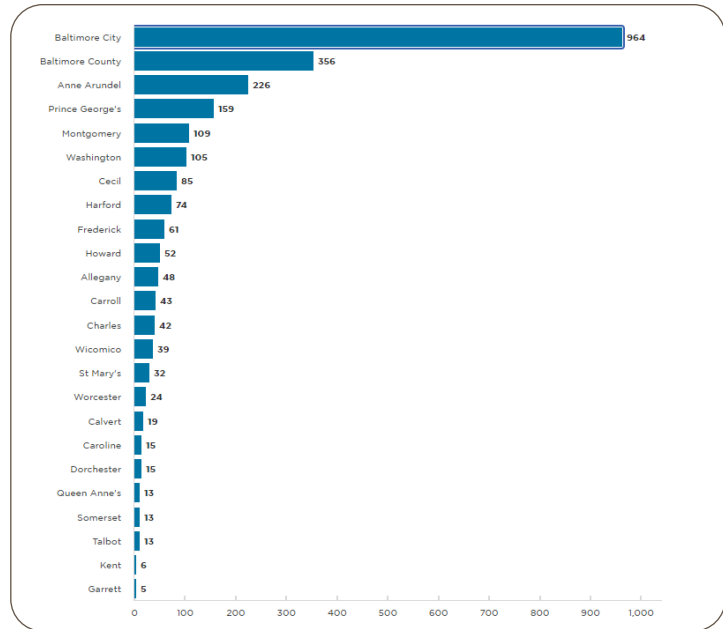
Total Number of Opioid-Related Intoxication Deaths by County of Occurrence, 2022.
Source: Maryland Department of Health Vital Statistics Administration. Health.maryland.gov.

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
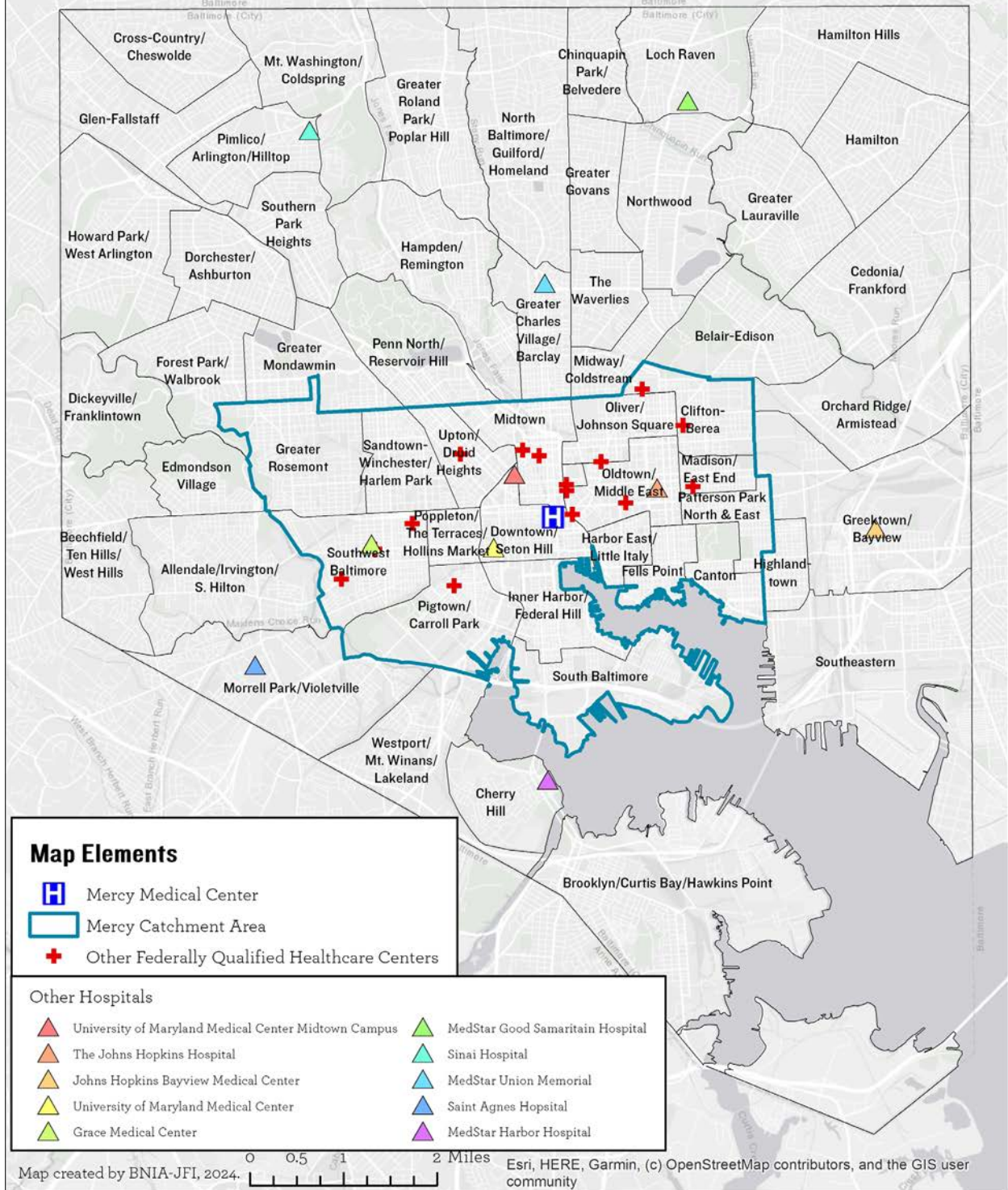
Mercy's CHNA Service Area

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.

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- Race, Ethnicity Percent of Residents

Demographics – Age Specific to Mercy CHNA

Source: BNAI.

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**

Demographics- Age

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
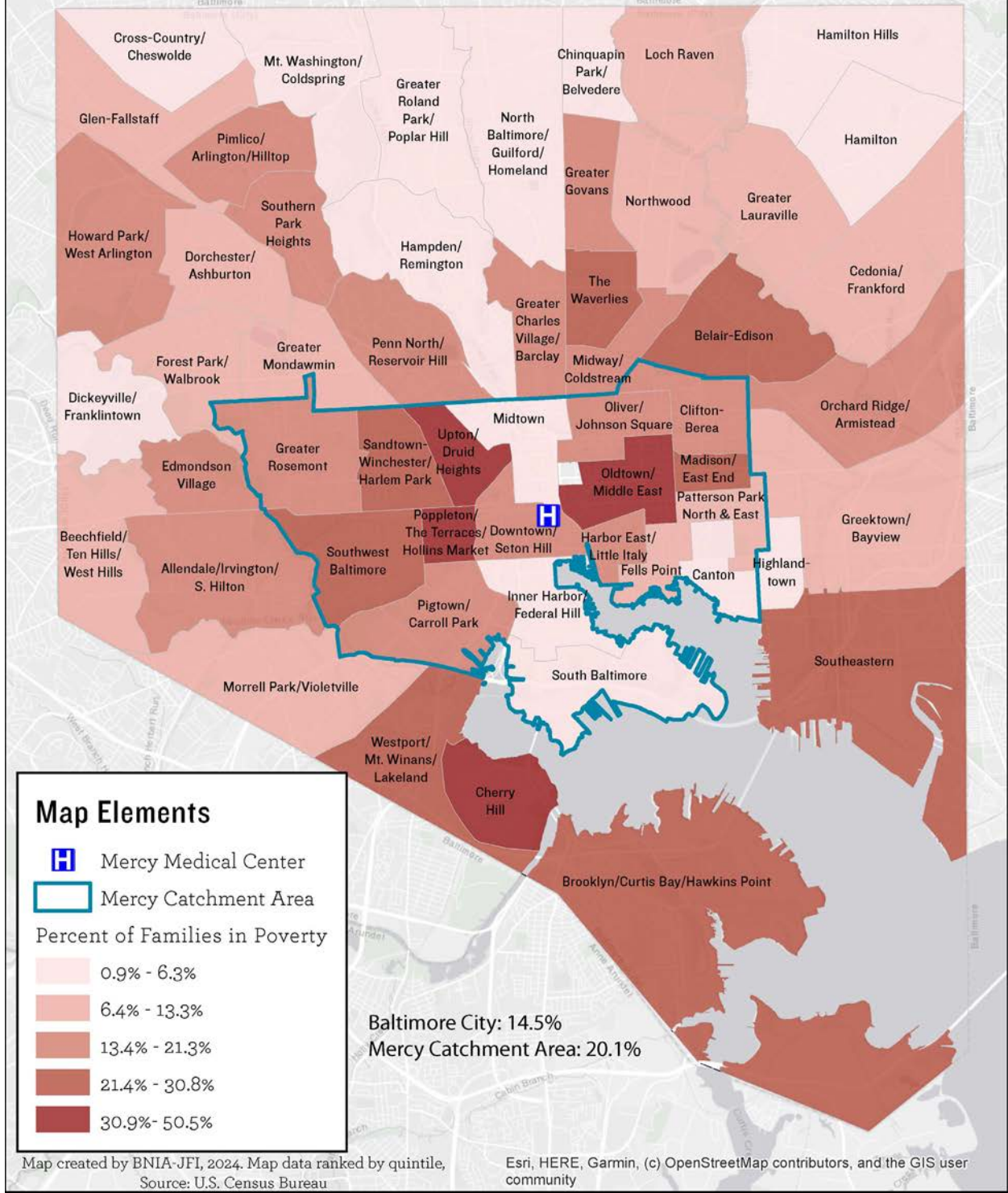
Demographics – Poverty Specific to Mercy CHNA

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.
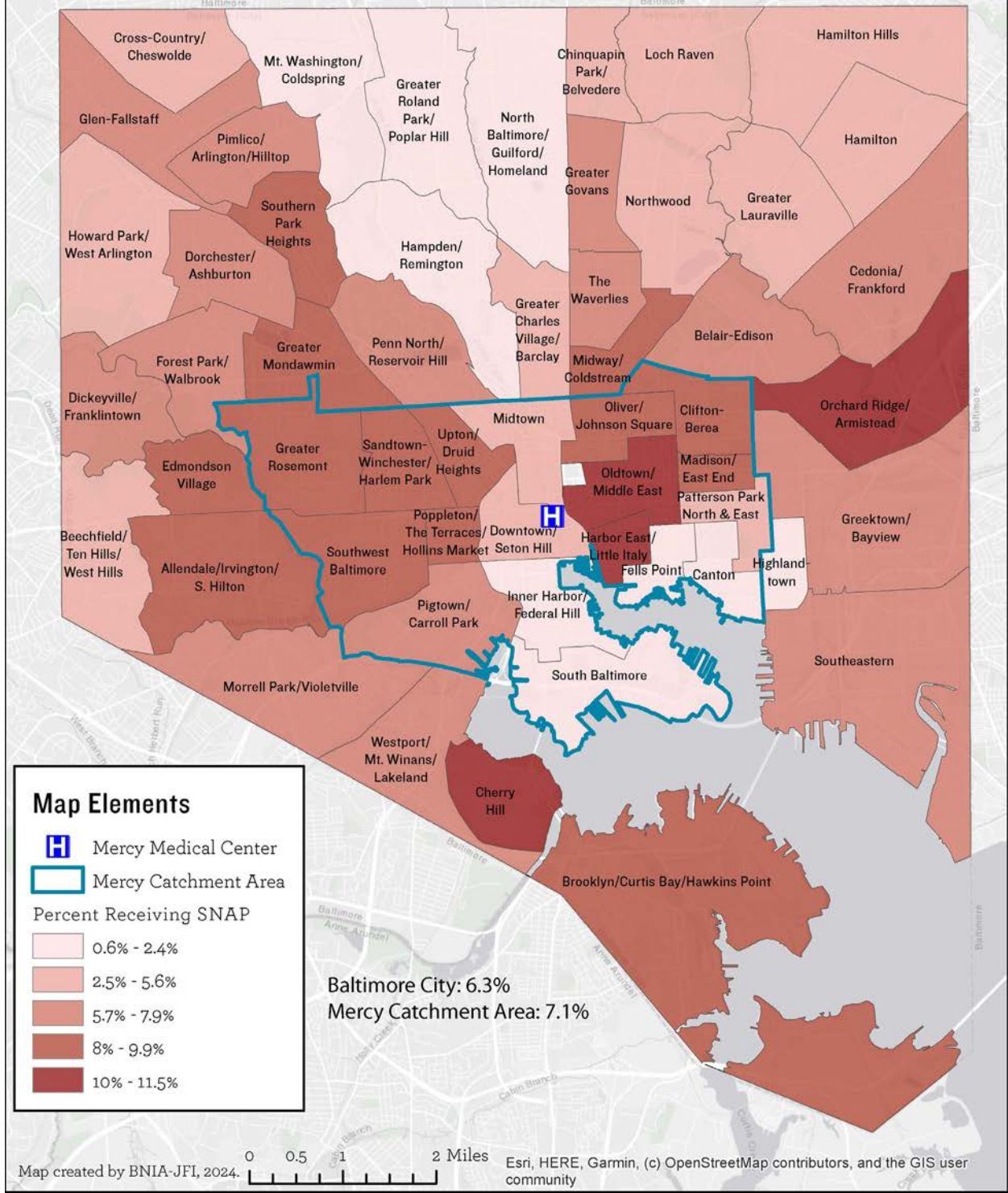
Households Receiving Supplemental Nutrition Assistance (SNAP) – Mercy CHNA Service Area
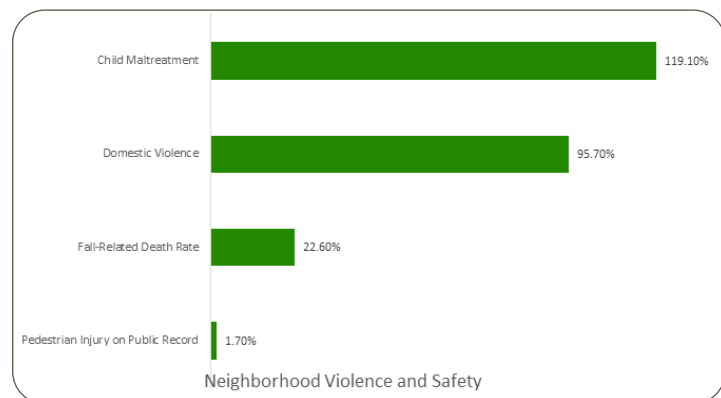
Source: BNIA-JFI.

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

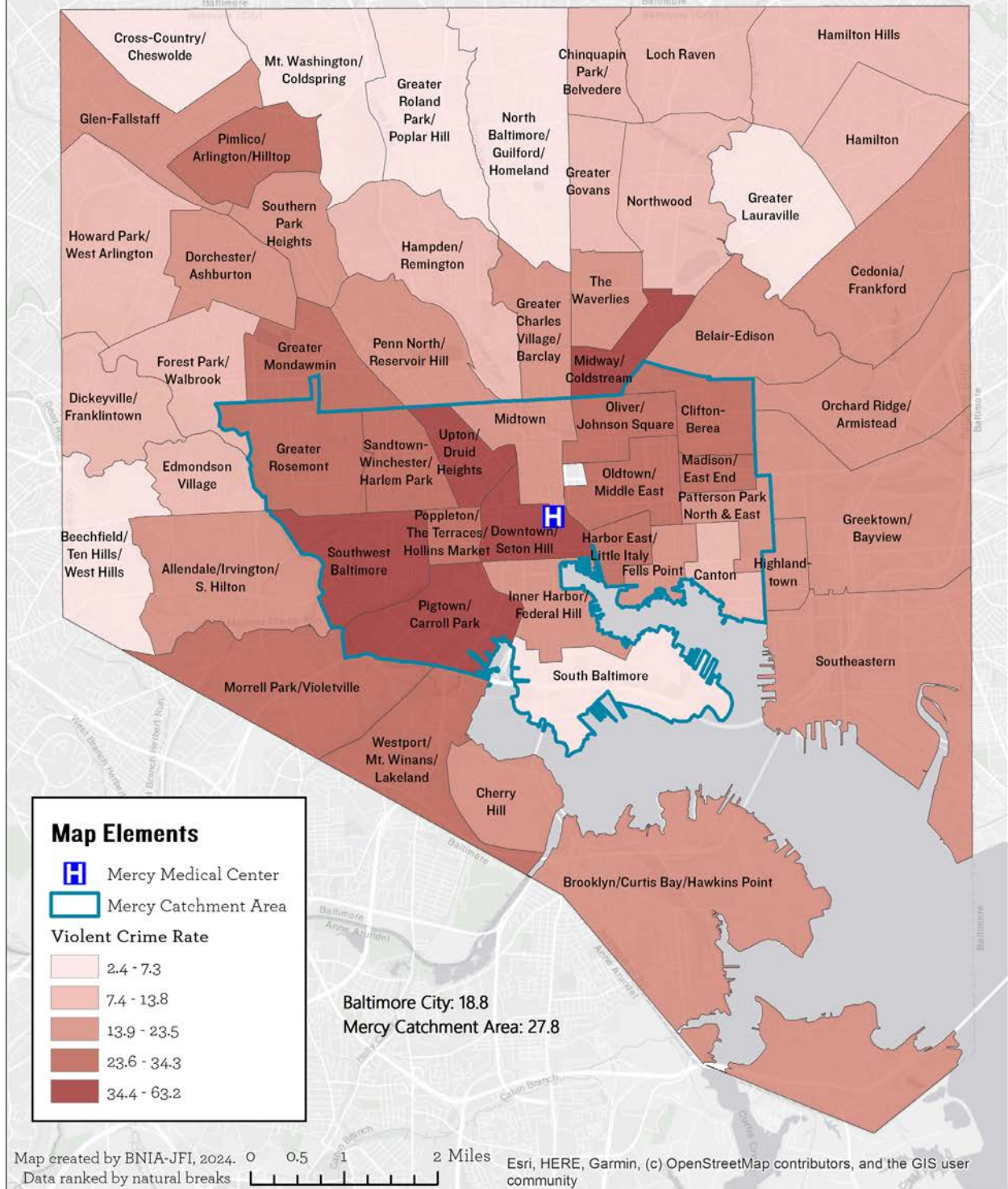| Indicator	Baltimore City	Baltimore County	Maryland	United States
Injury Mortality (per 100,000 population)	200	109	88	76
Homicides (per 100,000 population)	43	9	9	6
Firearm Fatalities (per 100,000 population)	44	13	12	12
Motor Vehicle Crash Deaths (per 100,000 population)	9	8	9	12
Juvenile Arrests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

- Ⓗ 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

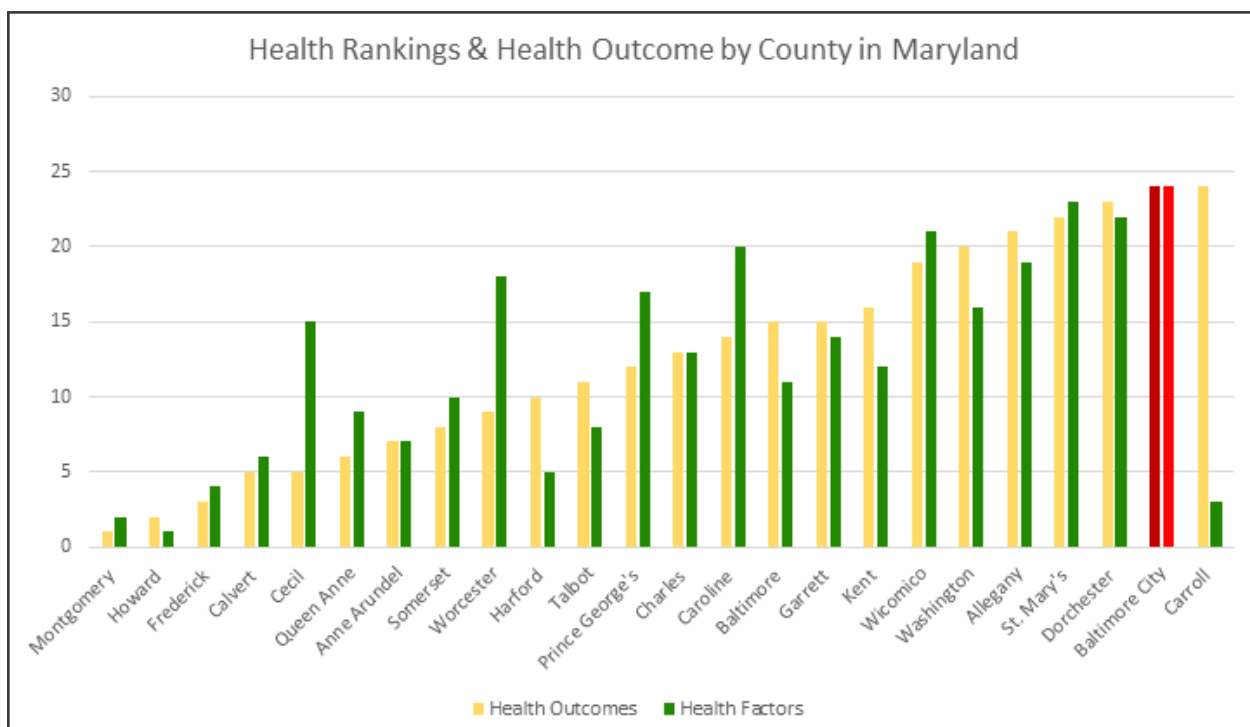## Violent Crime Rate – Mercy CHNA Service Area

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.

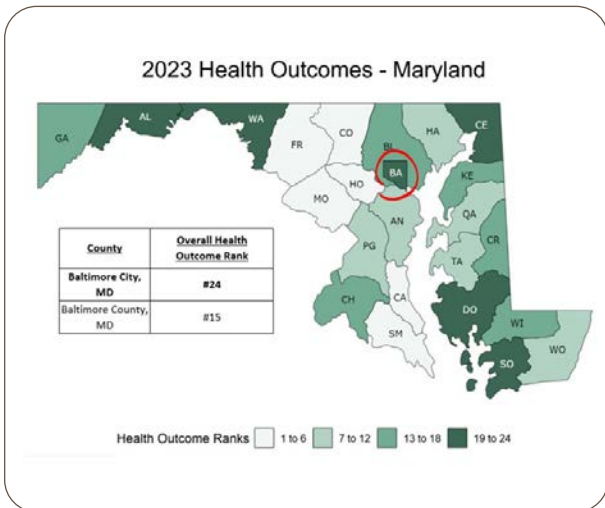## Overall Vulnerability Index

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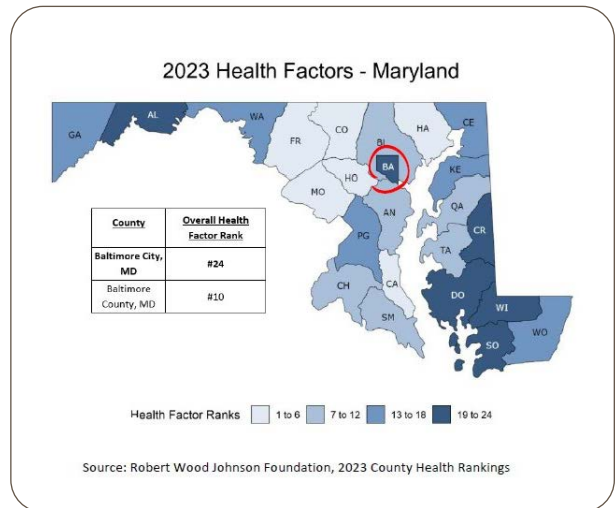
Baltimore City Health and Factor Rankings Compared to other Maryland Counties. Source: countyhealthrankings.org

Health Rankings & Health Outcome by County in Maryland

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

Baltimore City Overall Health Ranking.

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 Factor Ranking.

Social Determinants of Health - Mercy CHNA Service Area.

Source: BNAI.

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.

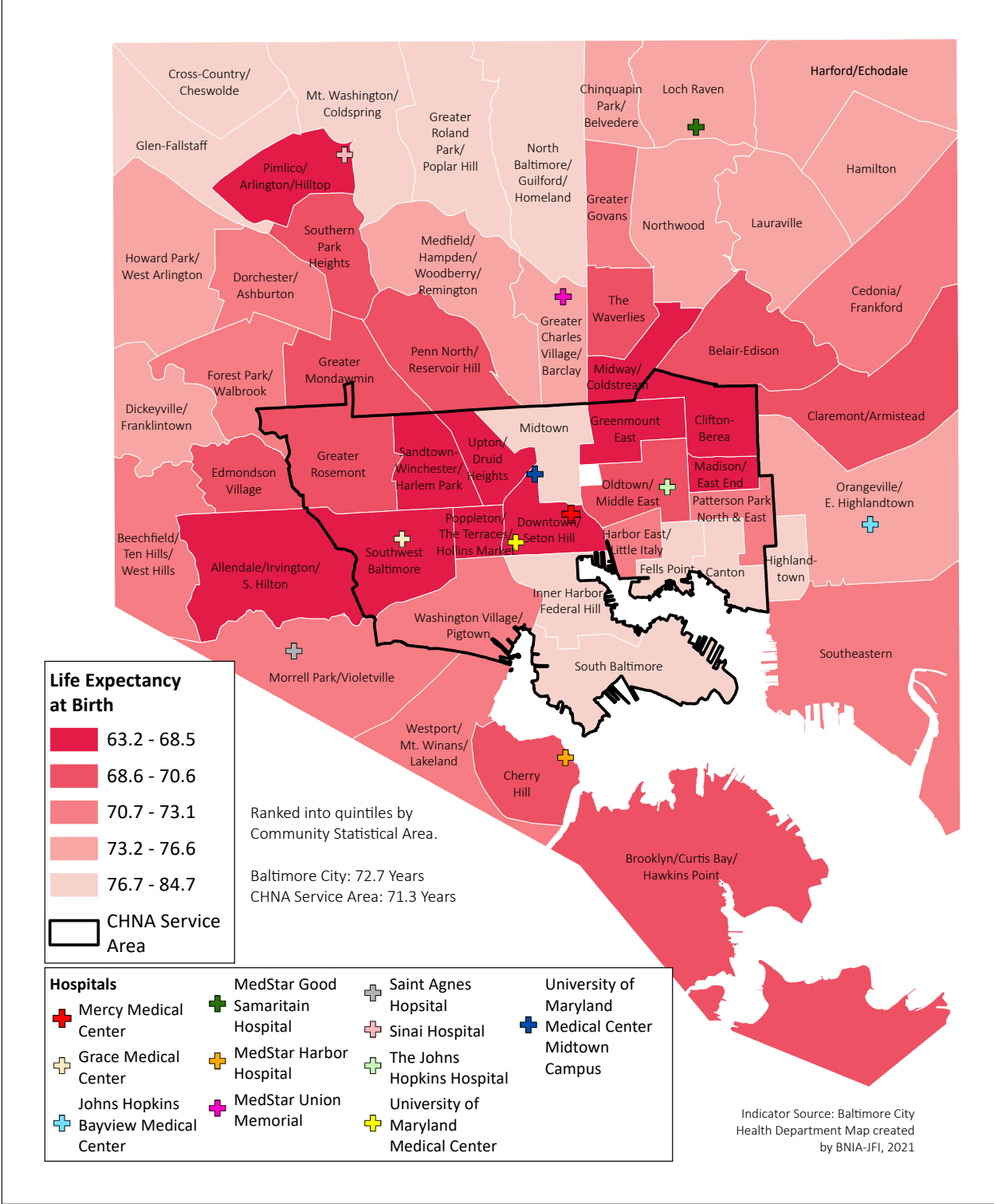| Community Statistical Area (CSA)	Percent of 1st-5th Grade Students that are Chronically Absent (Missed at least 20 Days) (2021-2022)	Percent of 6th-8th Grade Students that are Chronically Absent (Missed at least 20 Days) (2021-2022)	Percent of 9th-12th Grade Students that are Chronically Absent (Missed 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

- 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.

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**

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.
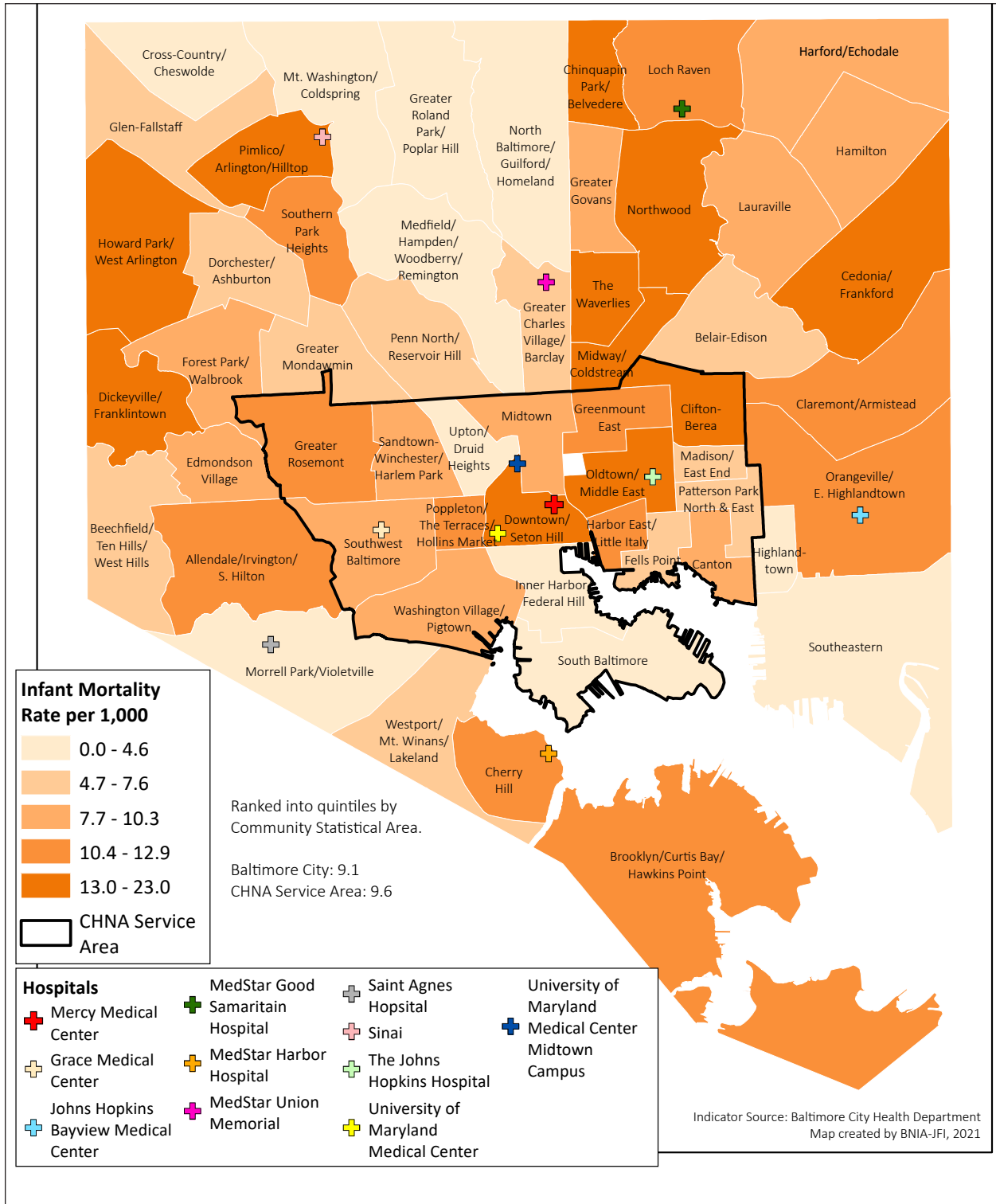
Infant Mortality – Mercy CHNA Service Area

Source: BNAI.

Infant Mortality Rate per 1,000

- 0.0 - 4.6
- 4.7 - 7.6
- 7.7 - 10.3
- 10.4 - 12.9
- 13.0 - 23.0

CHNA Service Area

Ranked into quintiles by Community Statistical Area.

Baltimore City: 9.1
CHNA Service Area: 9.6

Hospitals

- Mercy Medical Center
- Grace Medical Center
- Johns Hopkins Bayview Medical Center
- MedStar Good Samaritan 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: Baltimore City Health Department
Map created by BNIA-JFI, 2021

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.

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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.
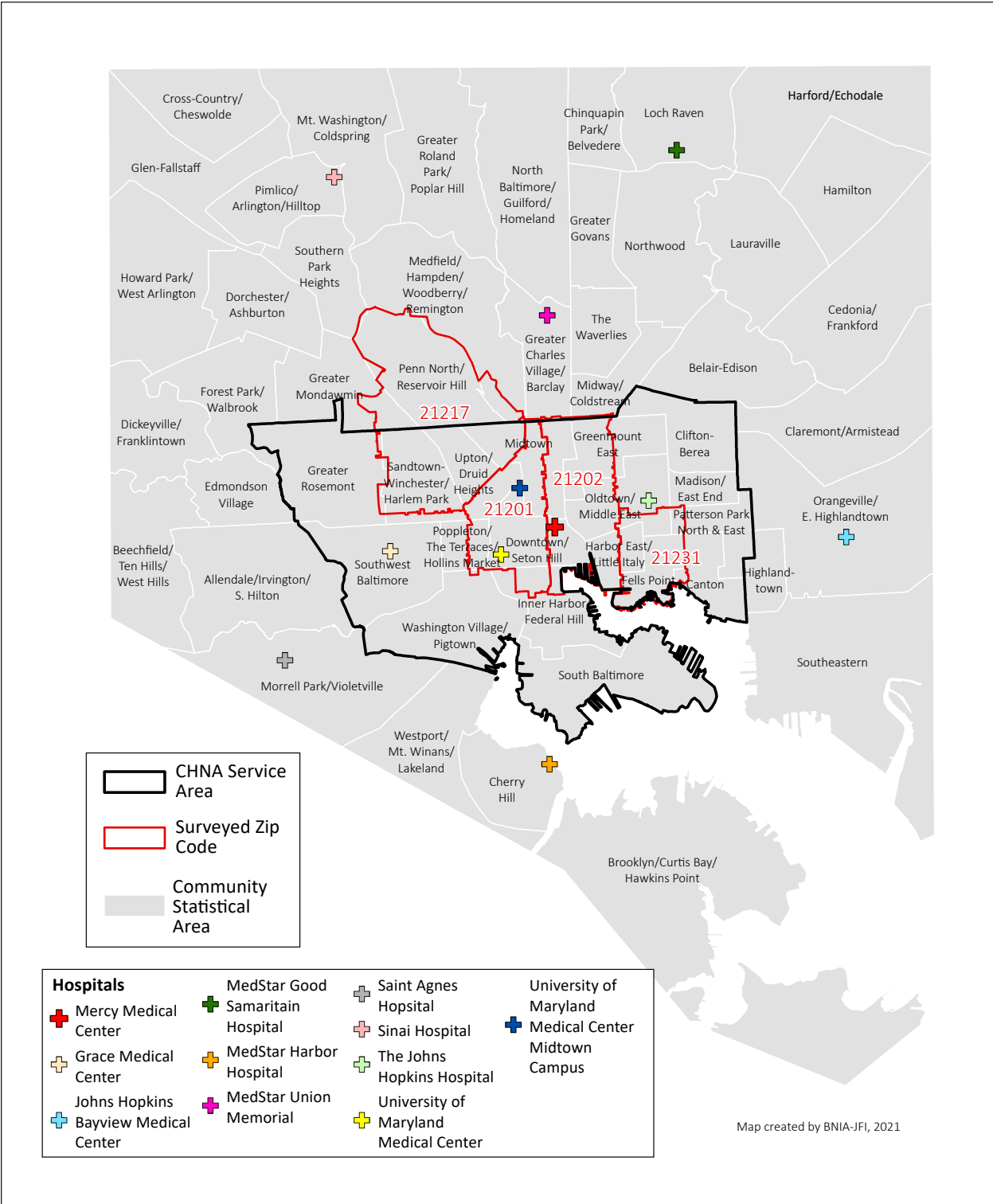
Service Area by Zip Code – Mercy Medical Center CHNA

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
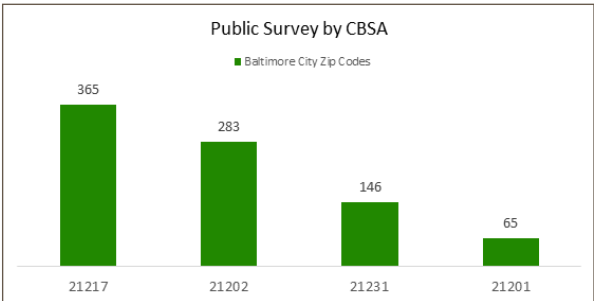
Q2:   Which neighborhood do you live in?

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
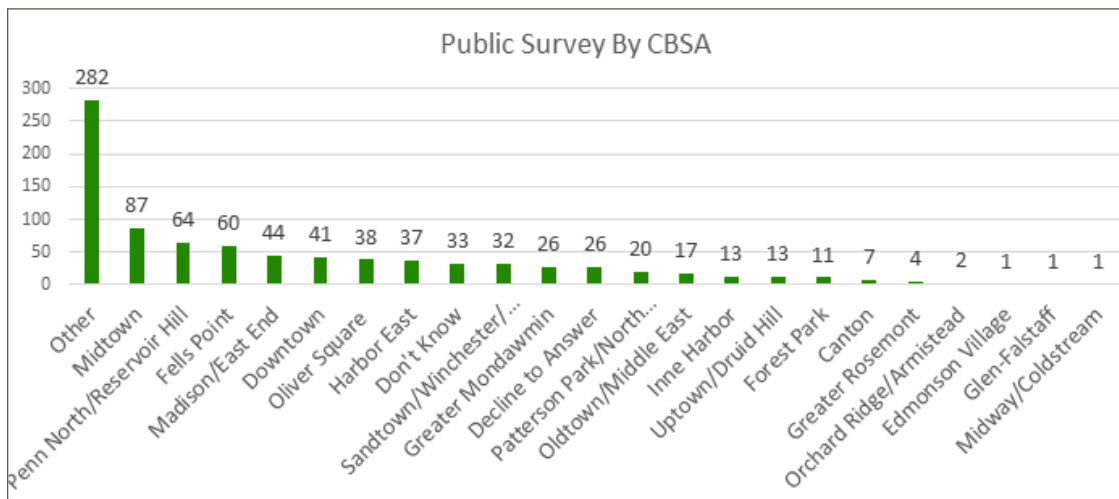
Q3: What is your age group (years)?

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
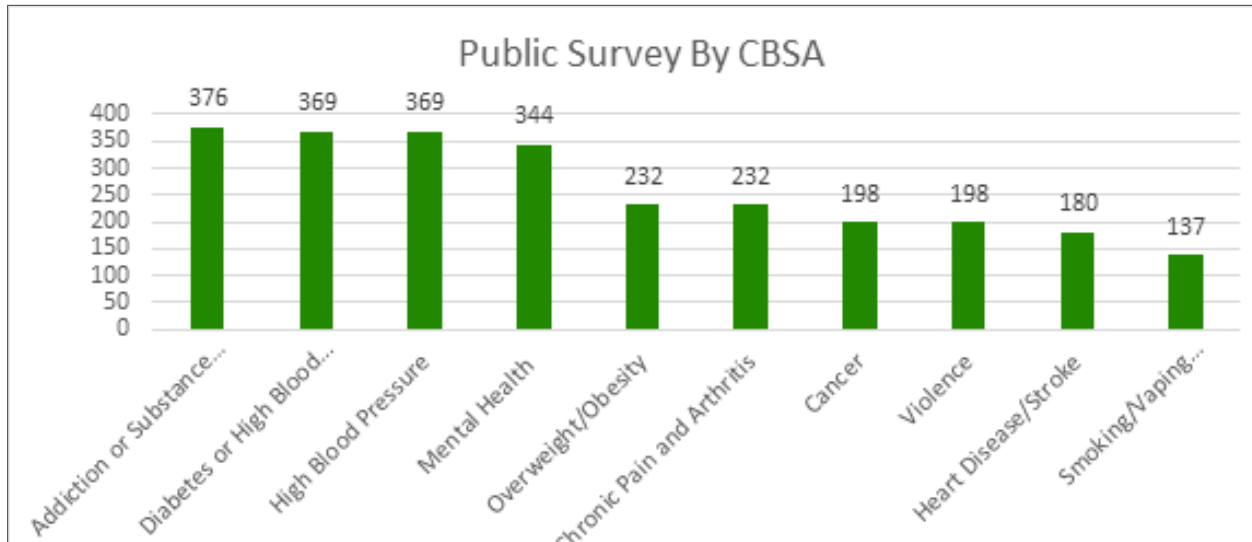
Q4:   What is your race?

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
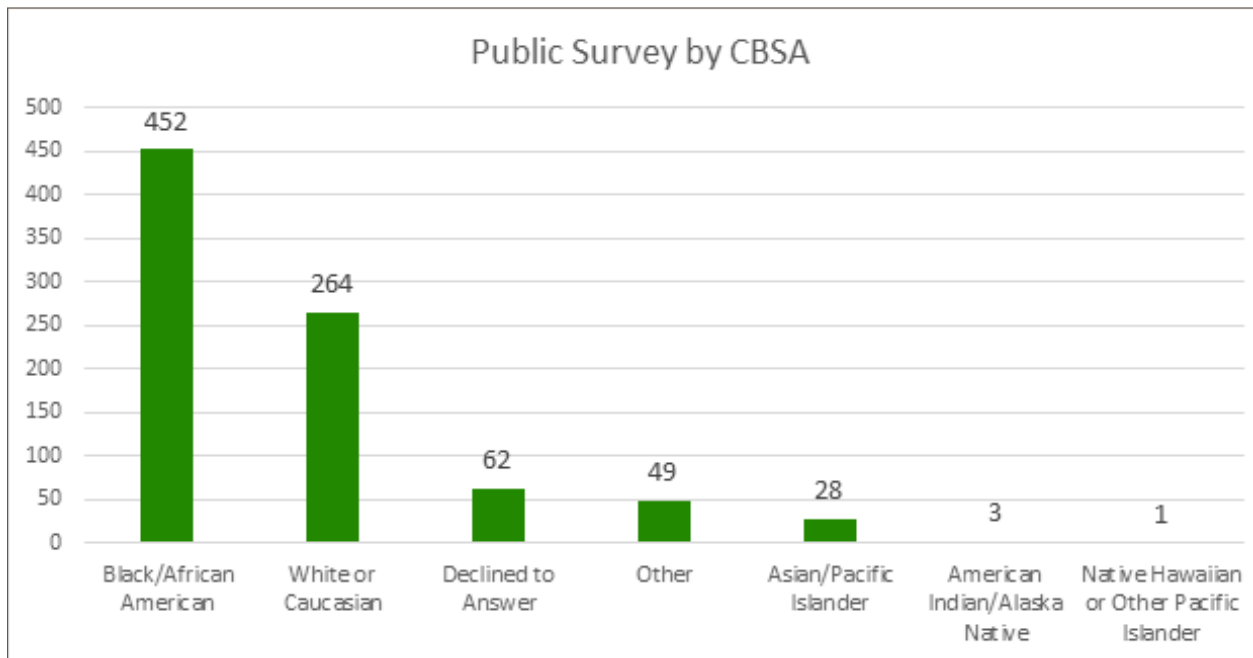
Q5: Are you Hispanic or Latino/a?

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
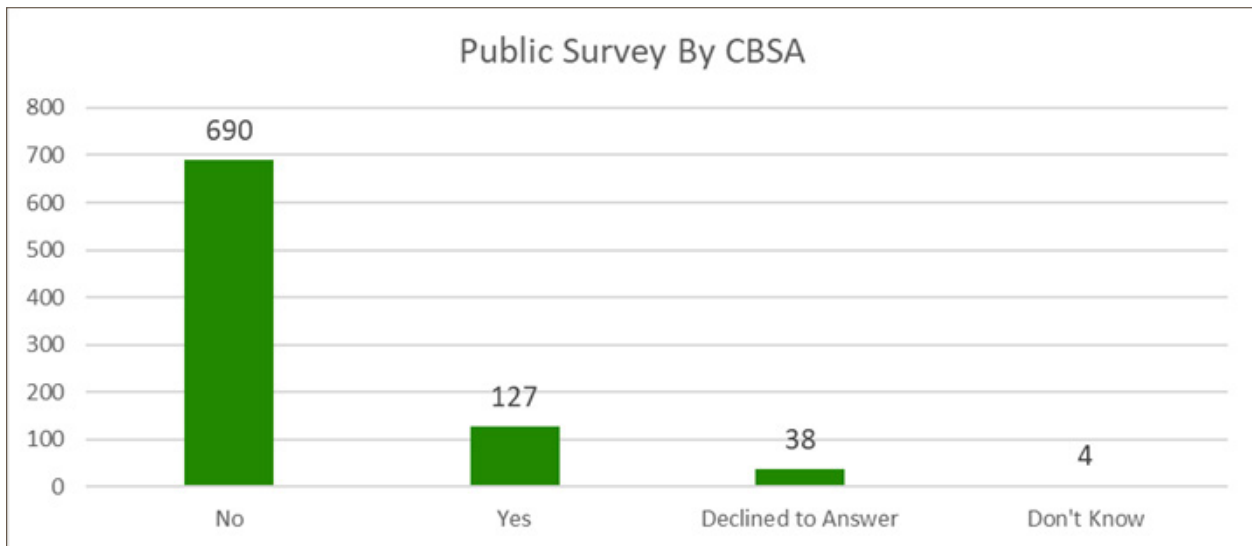
Q6: Do you think of yourself as?

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
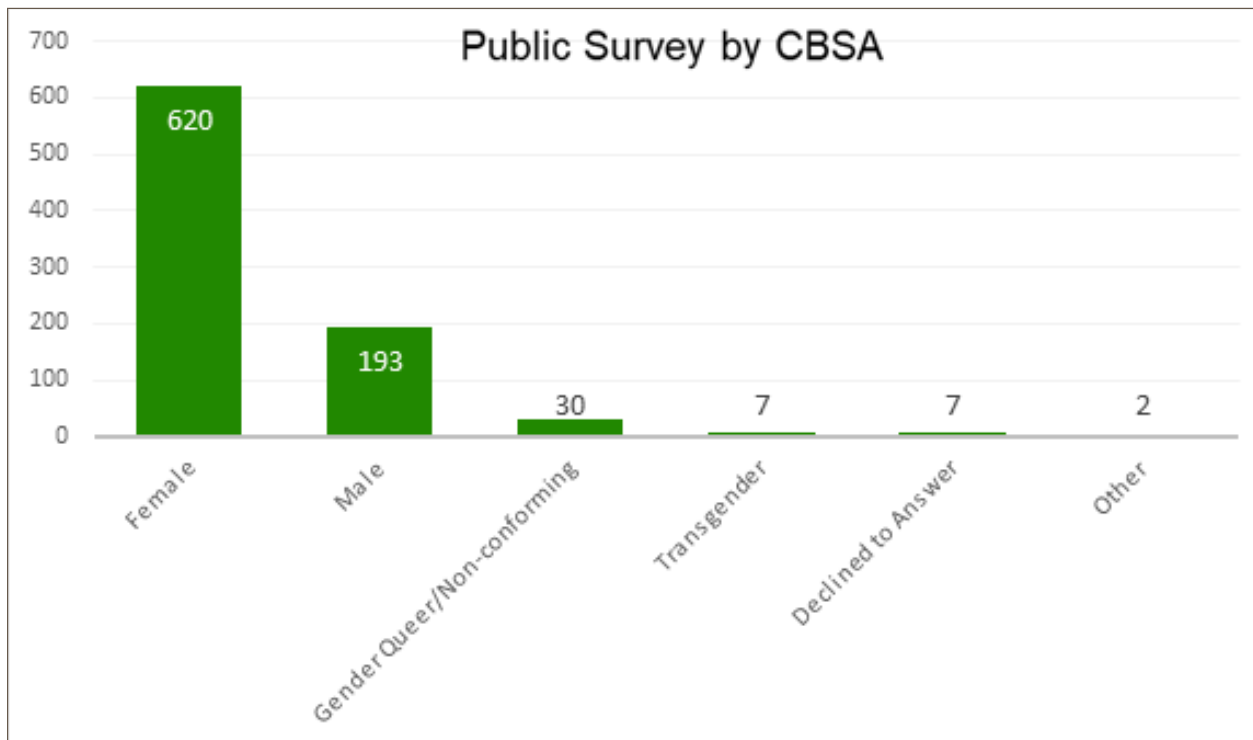
Q7: Do you think of yourself as?

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
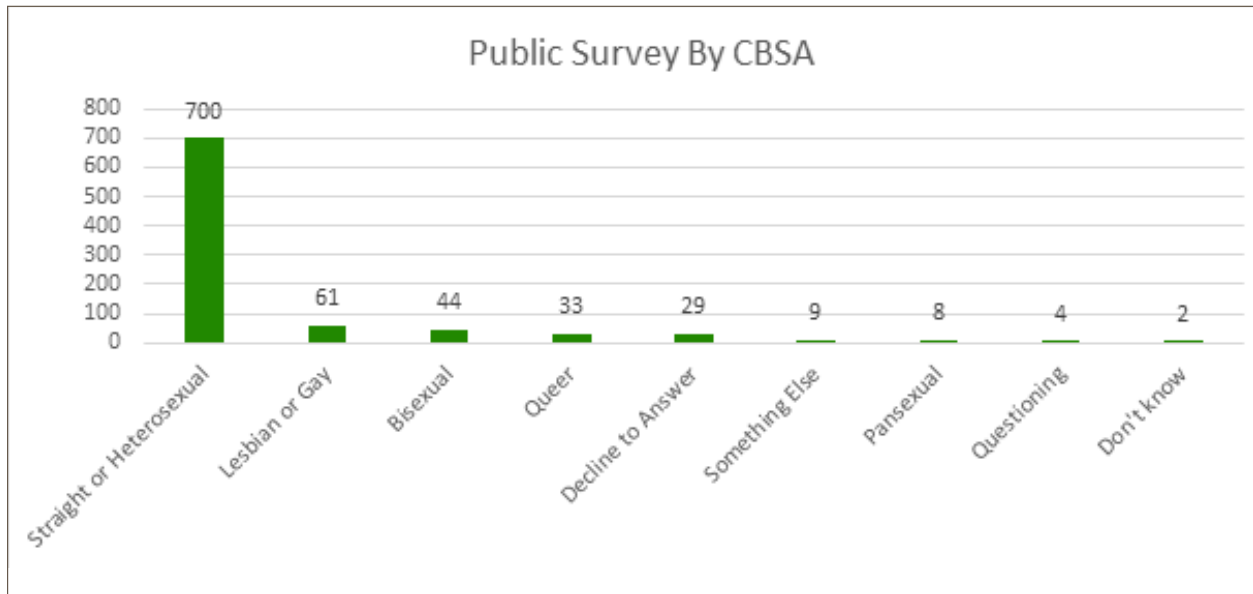
Q8: Do you have health insurance?

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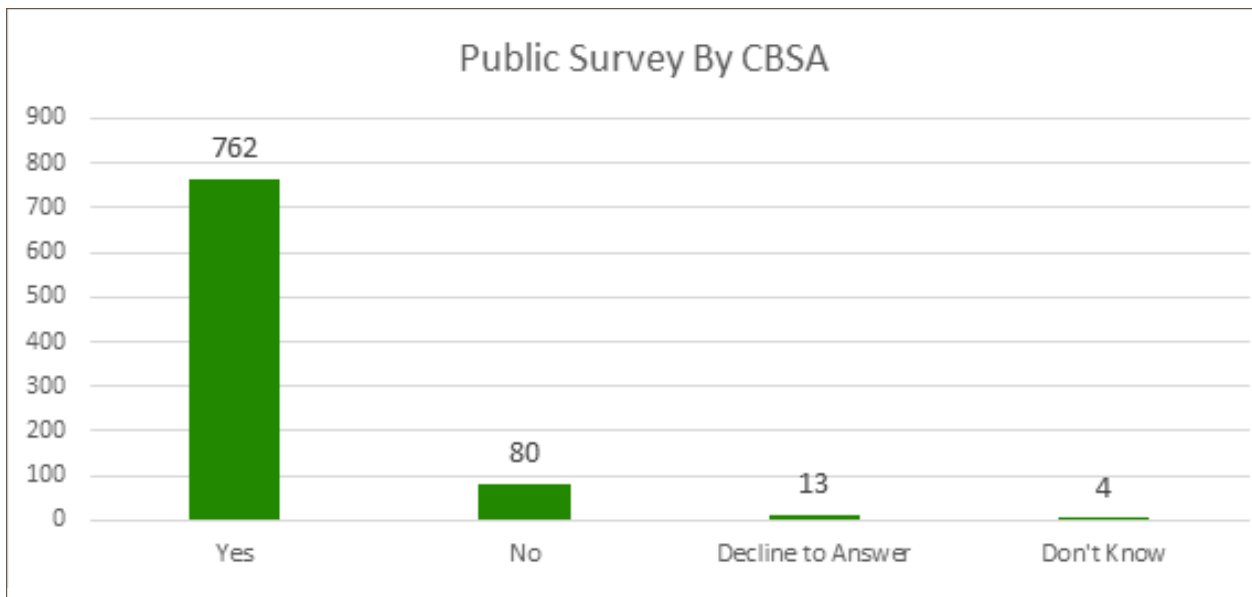
Q9: **If you don't have health insurance, how confident do you feel about knowing how to sign up for health insurance?**

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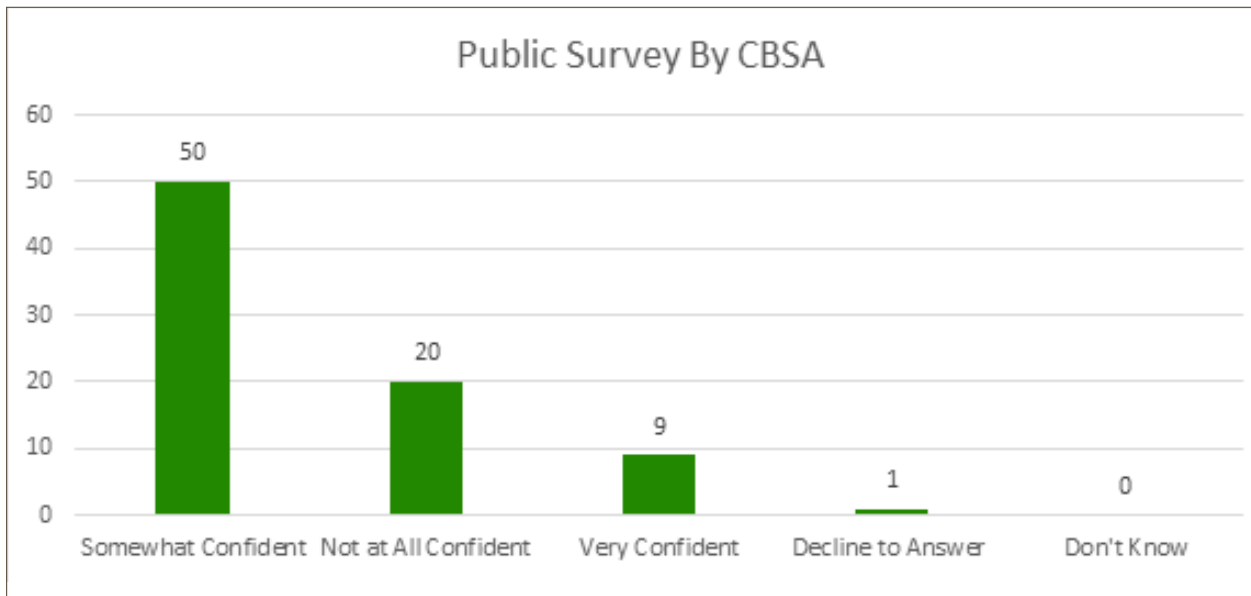
Q10: Thinking about your physical health, which includes physical illness and injury, about how many days during the past 30 days was your physical health not good?

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

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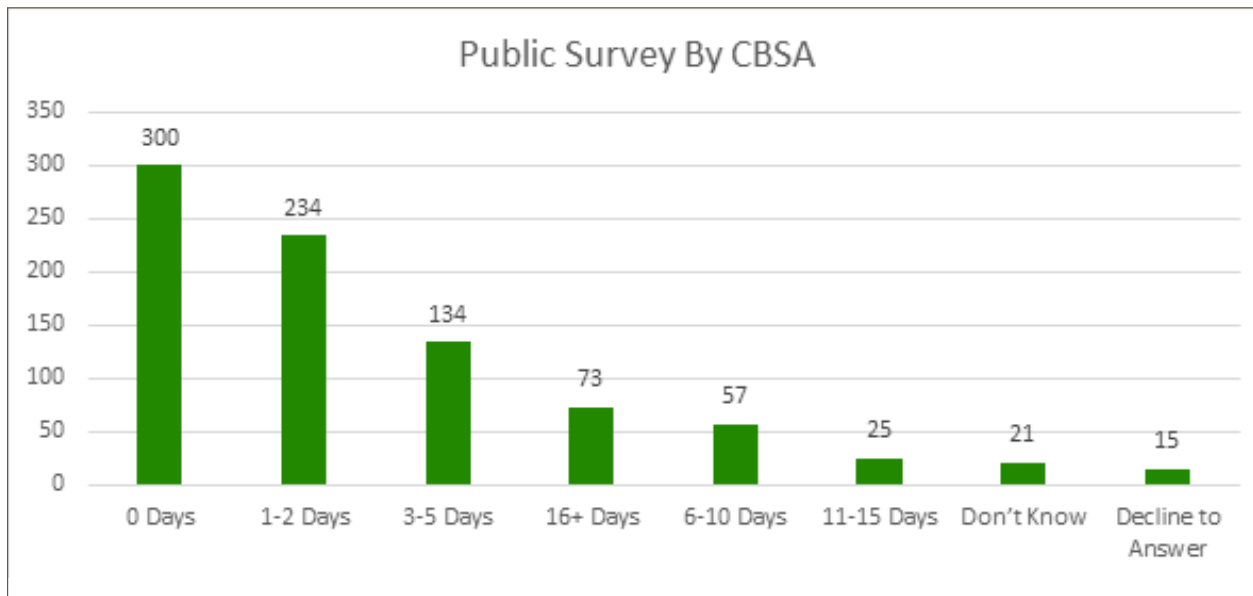
Q11: Thinking about your mental health, which includes stress, depression, and problems with emotions, about how many days during the past 30 days was your mental health not good?

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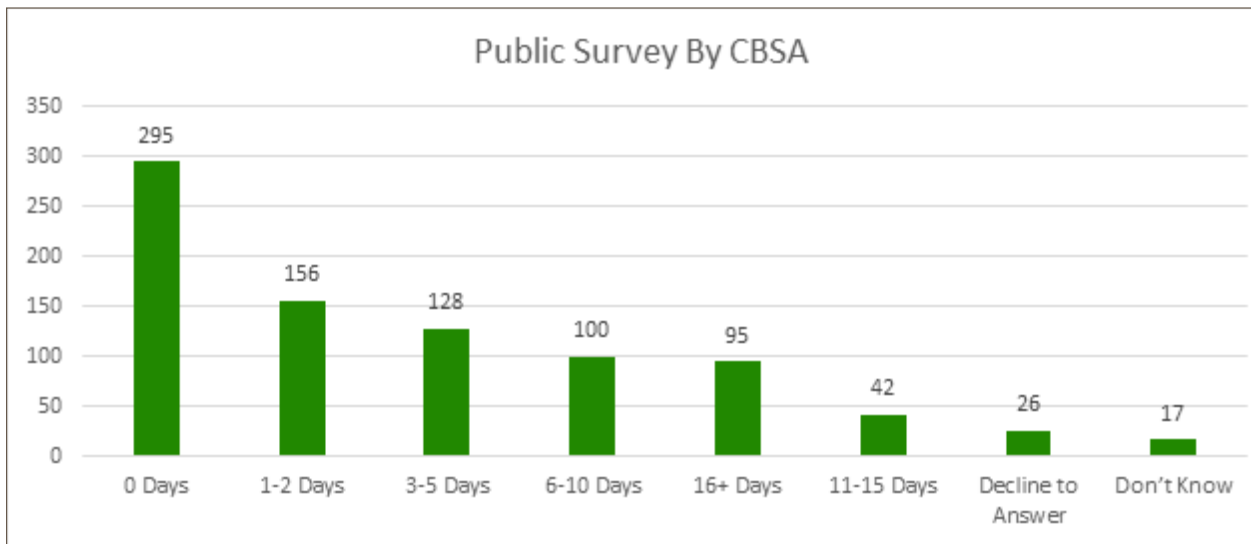
Q12: What do you think are the top 5 health issues that affect people the most in the neighborhood where you live?

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%

Public Survey By CBSA
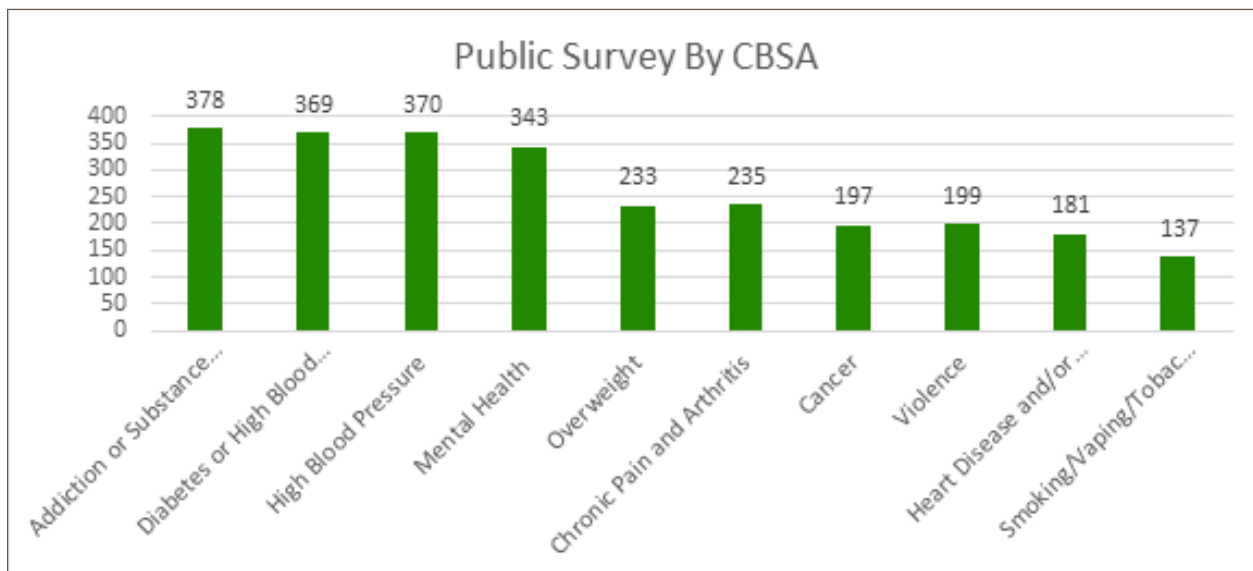
Q13: What do you think are the top 5 social/environmental problems that affect the health of people the most in the neighborhood where you live?

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%

Public Survey By CBSA
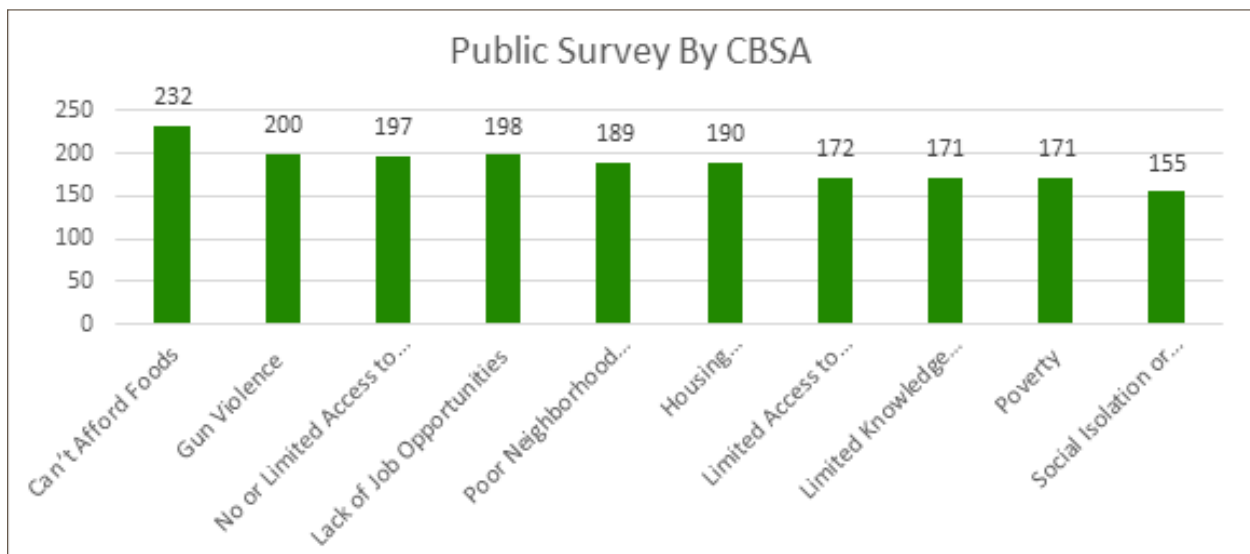
Q14: What are the top 5 reasons people in your neighborhood do not get health care when they need it?

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

Public Survey By CBSA
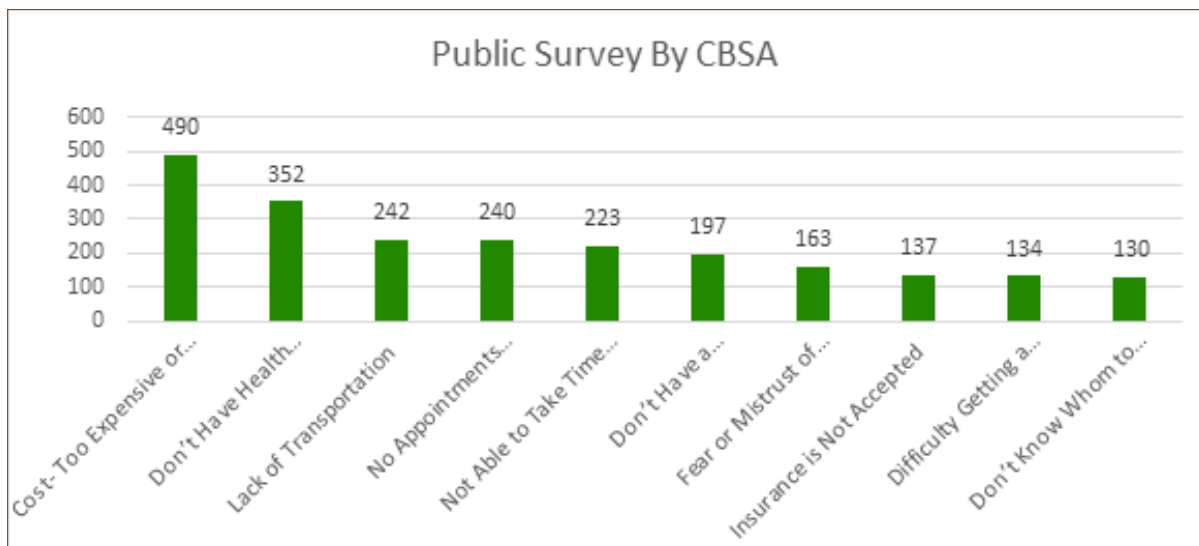
Q15: What kind of help do you need managing your current health conditions (for example, heart condition, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health conditions, etc.) to stay healthy?

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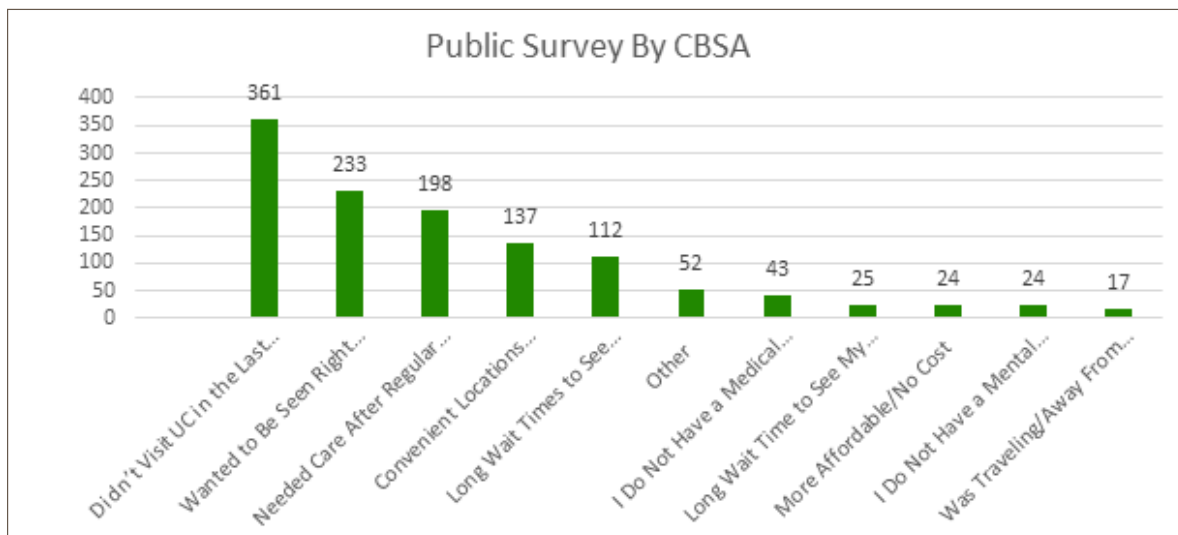
Q17: **I can use applications on my computer, cell phone, or another electronic device on my own without asking for help from someone else.**

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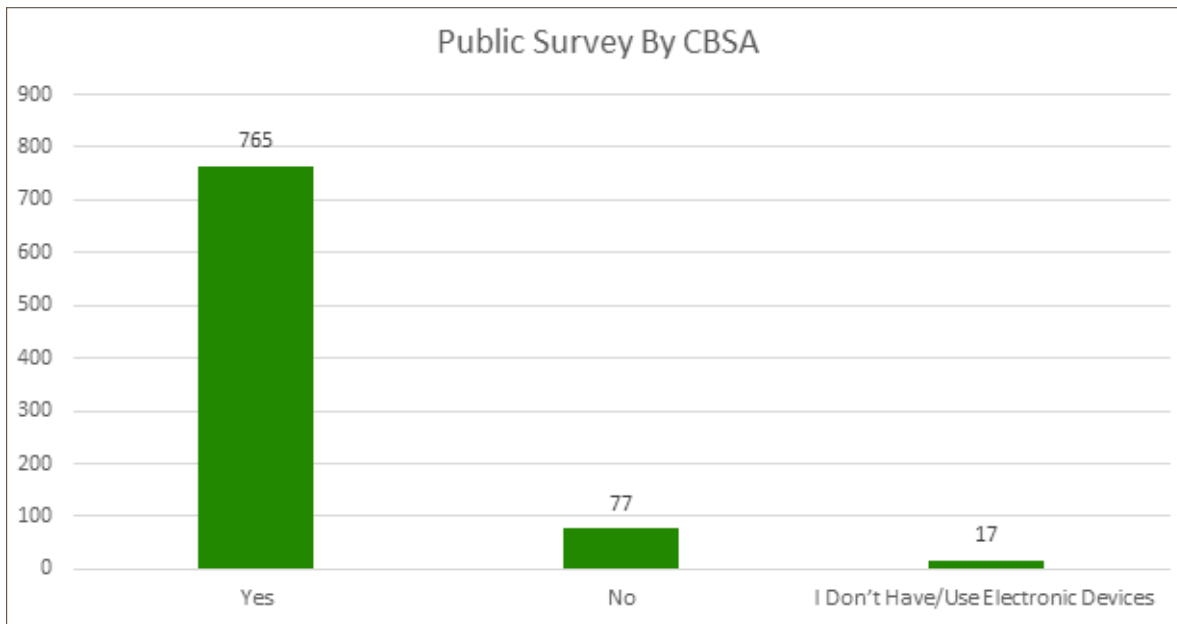
Q18: I am open to participating in "telehealth," i.e. having my health assessed and managed virtually through a phone and/or electronic device.

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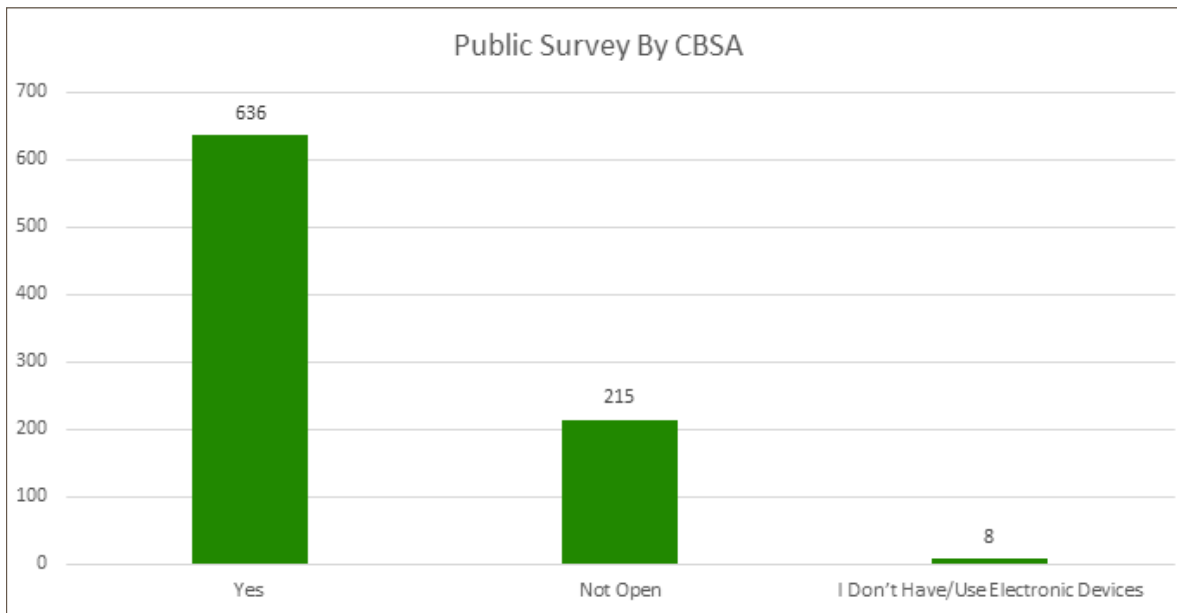
Q19: Did your child/ren (under 18 years old) have a yearly wellness visit with a medical provider in the past 12 months?

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%

Public Survey By CBSA

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
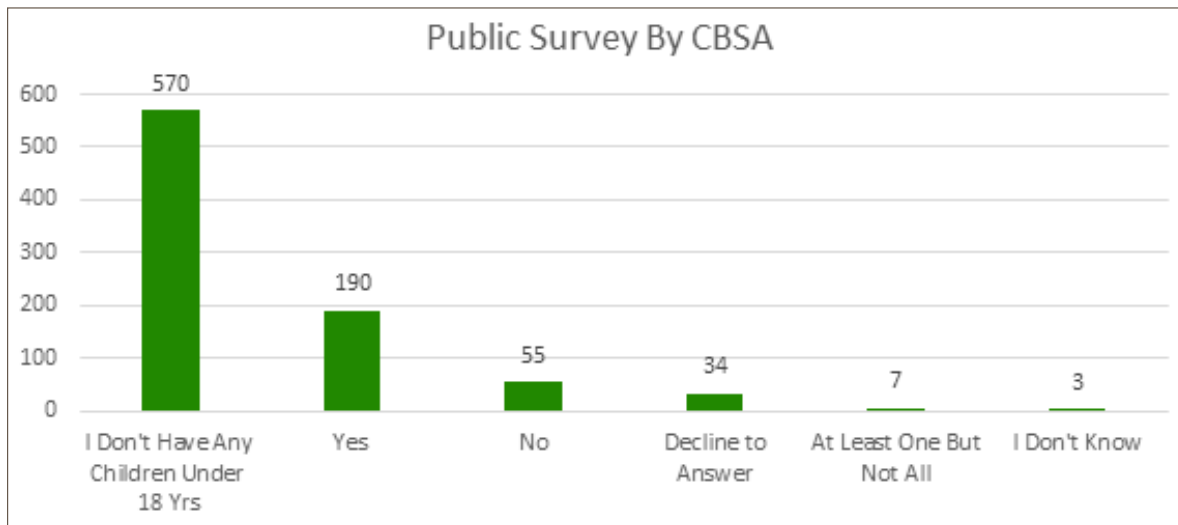
Q21: In the past 12 months, did your child/ren (under 18 years old) need help from a doctor, therapist, counselor, or social worker for emotional or mental health problems or challenges such as feeling sad, depressed, angry or anxious?

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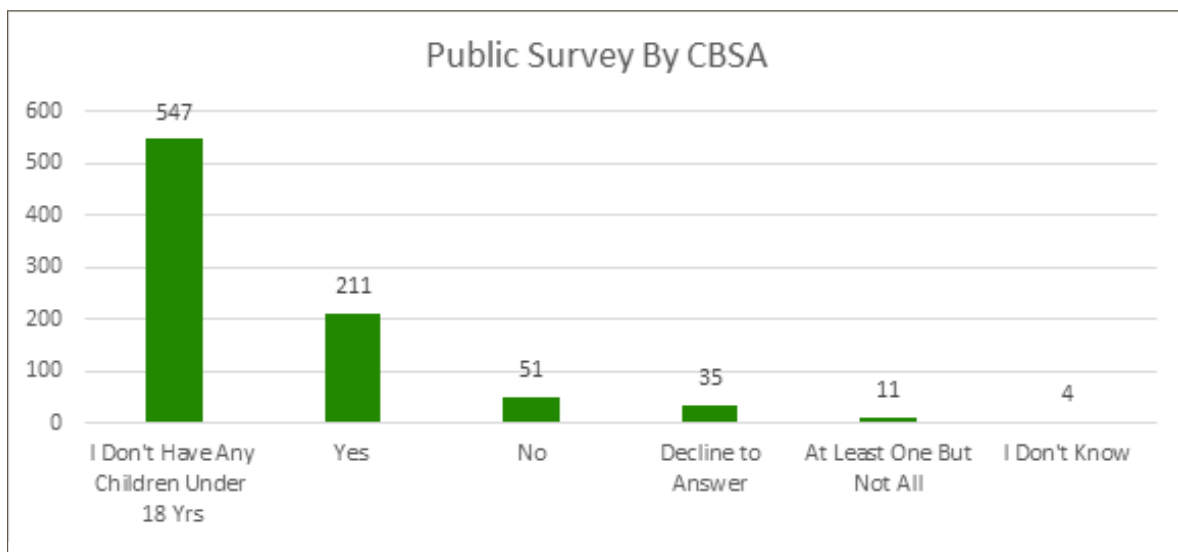
Q22: What ideas or suggestions do you have to improve health in your community?

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

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...

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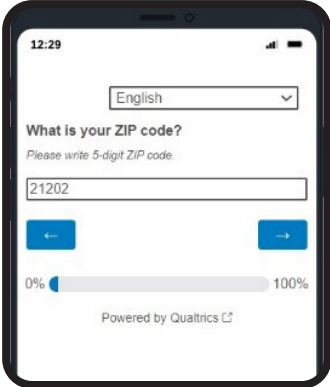
The chart below shows the distribution of Key Leader survey respondents by type of organization. The map below shows the geographic distribution of Key Leader survey respondents based on the ZIP code in which the organization they represent is located.

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%
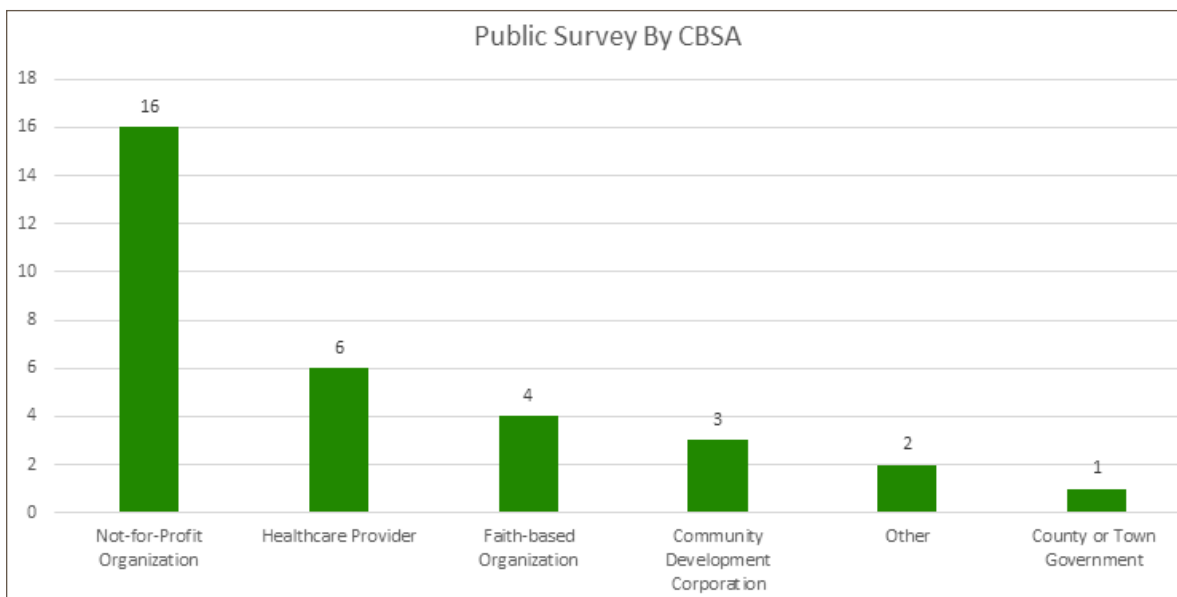
In general, survey questions focused on the following topics:

- 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?**

Greatly Improved 0%
Improved 19%
Worsen 44%
No Change 37%
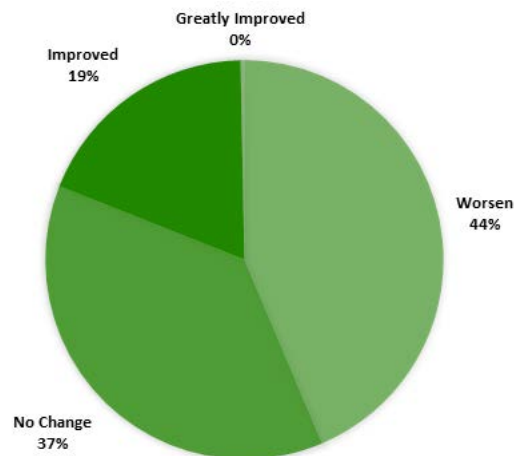
3. **Please Select the Top Five (5) Community Health Needs of the City of Baltimore?**

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%

Public Survey By CBSA
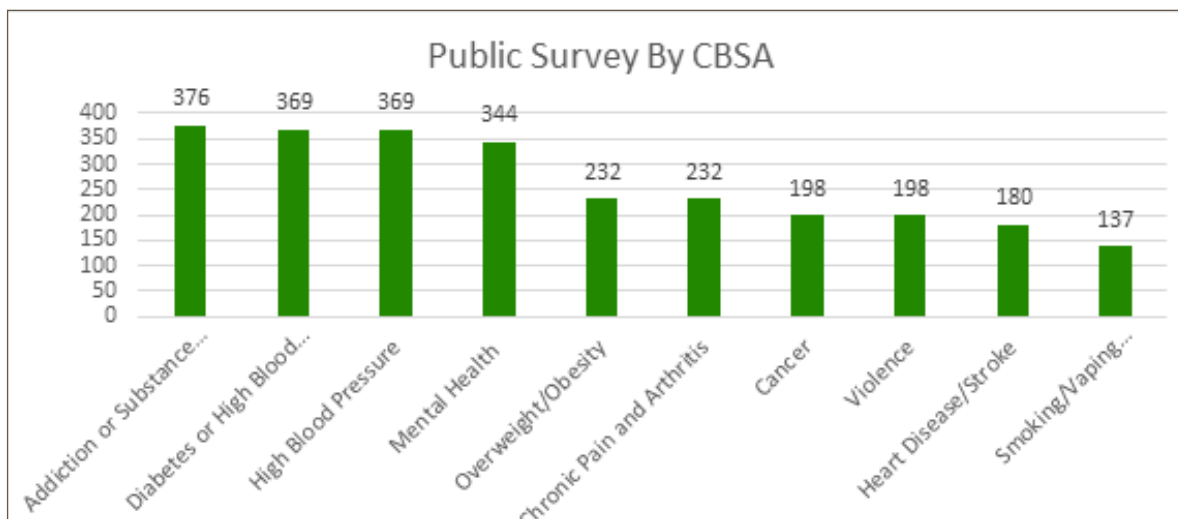
4.   Please Choose the Top Five Social Needs in the Community You Serve?

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
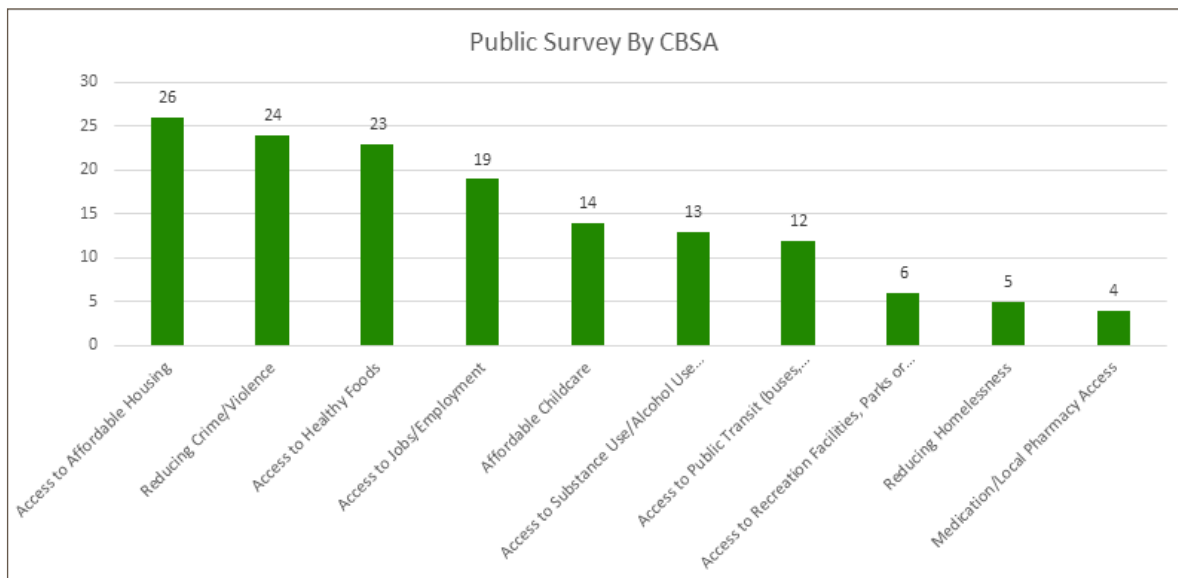
5. Please Choose the Group(s) That Needs More Help in the Community You Serve?

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%

Public Survey By CBSA
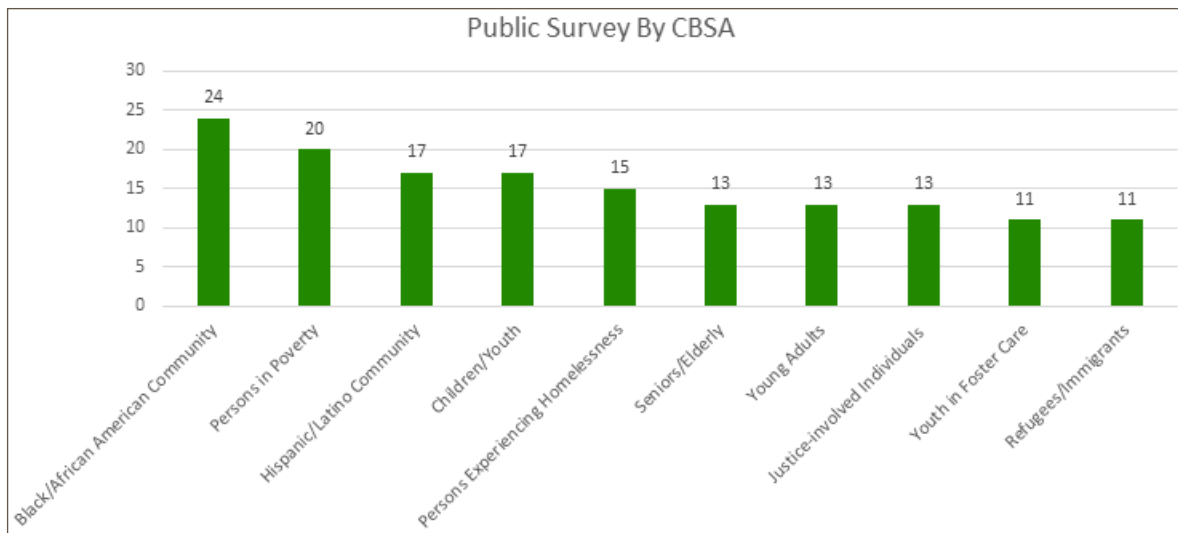
6. What Barriers, If Any, exist to Improve the Health of Residents in Your Community?

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
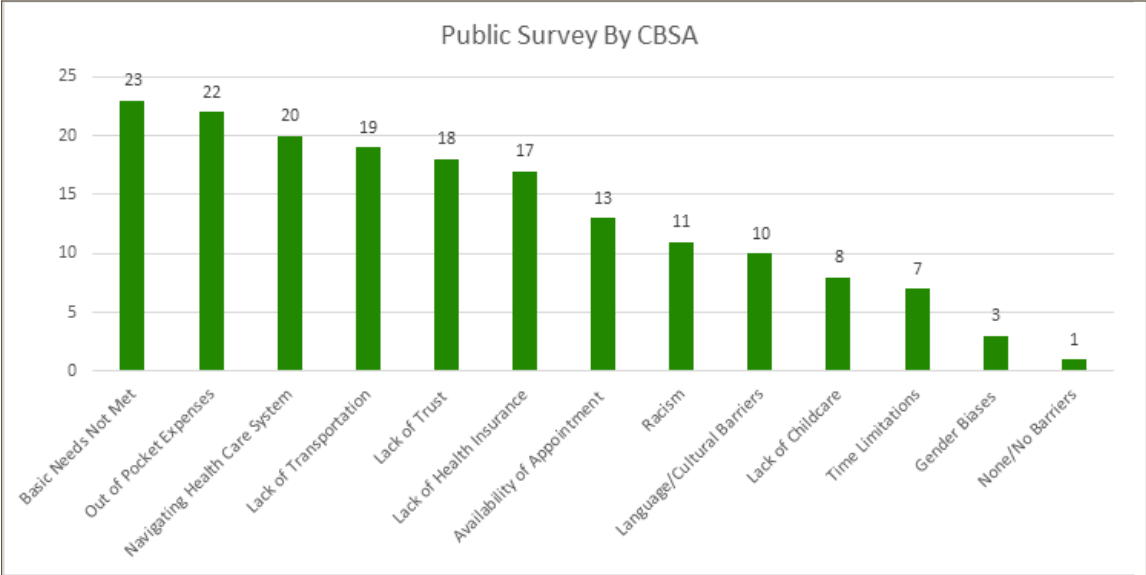
7.   Do You Feel That the Residents of the Community You Serve Are Health Literate?

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%
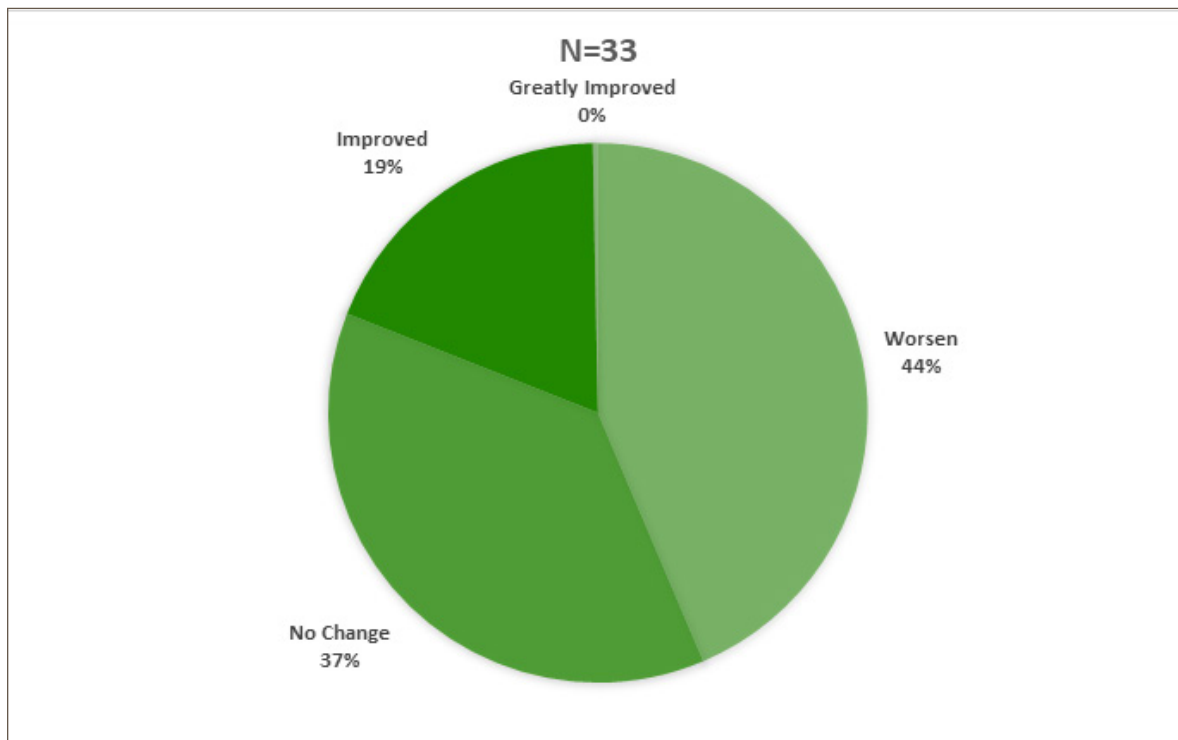
8. Members of Your Community Typically Seek Medical Care Through?

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
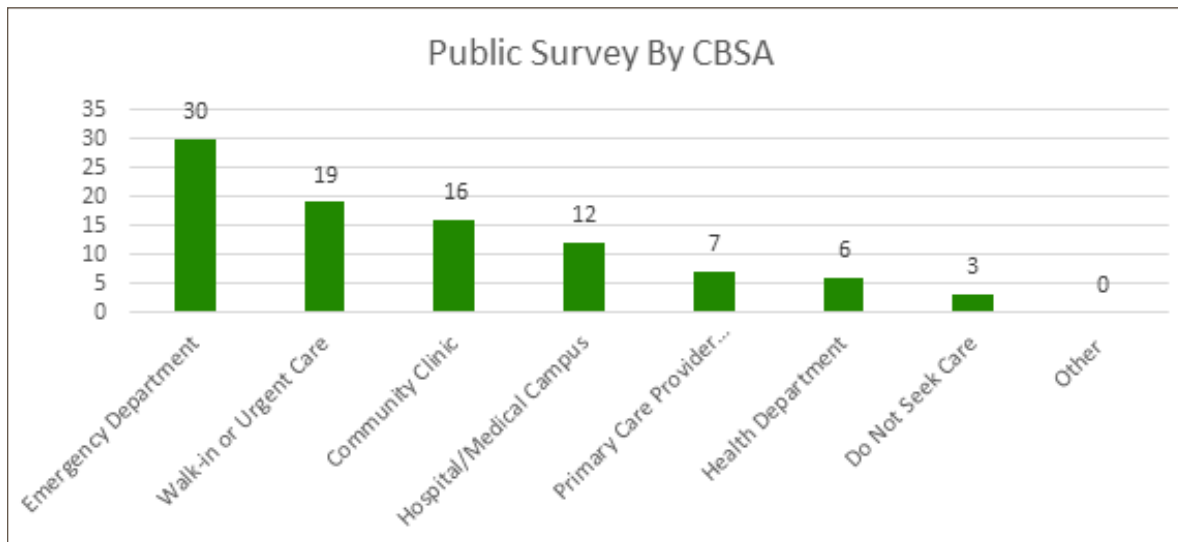
Focus Groups

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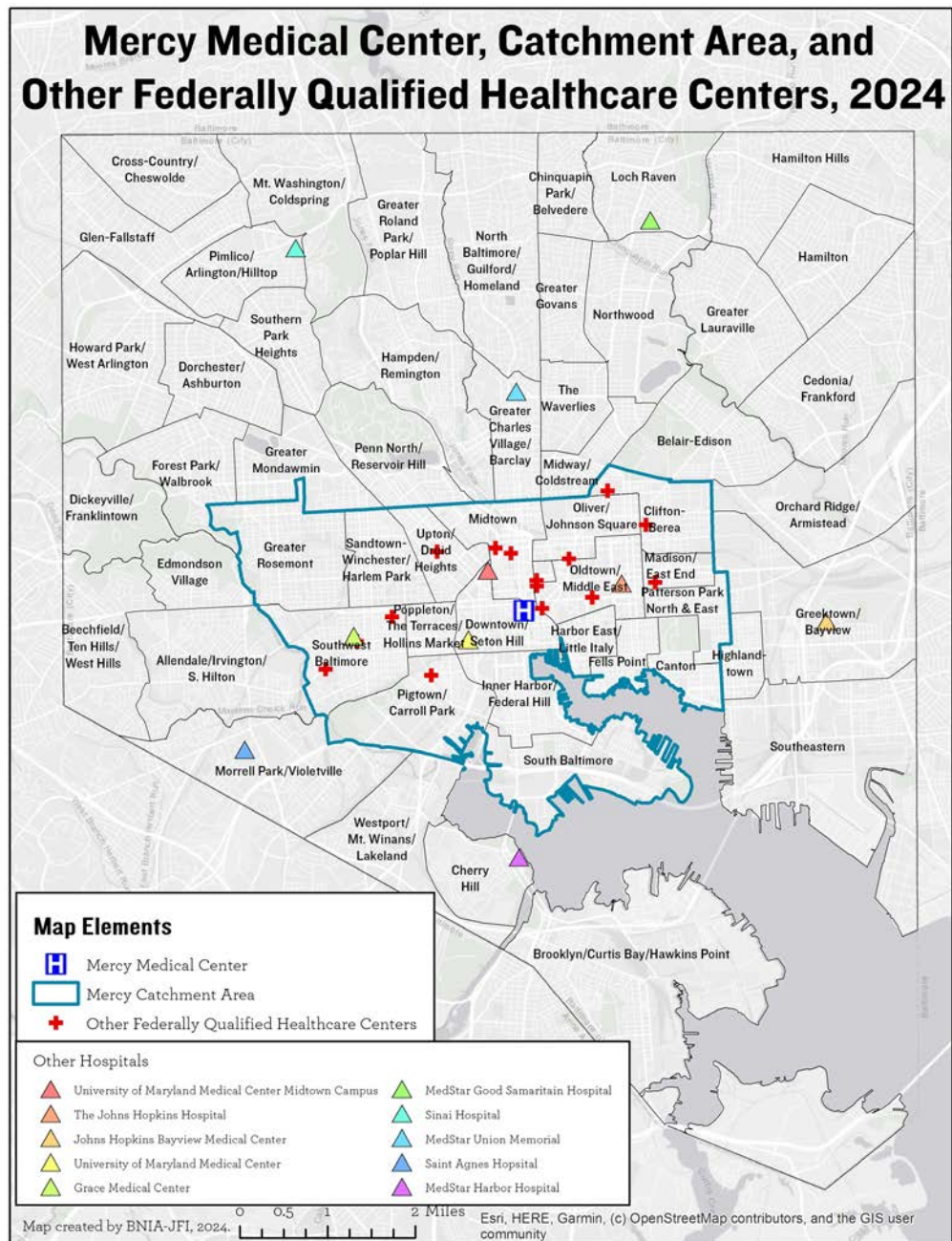
Proximity to Area Hospitals and FQHCs – Mercy CHNA Service Area

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:

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.