



PROMOTING COMMUNITY HEALTH THROUGH DIRECT ENGAGEMENT

How a MedStar Health ‘Task Force’ Rallies Local Stakeholders to Improve Health in Baltimore

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NATIONAL TRENDS, MARYLAND INNOVATION

Policies that change what we pay for in healthcare — a shift from service volume to improved health outcomes — offer clear incentives for health systems to more effectively manage the overall health of the populations they serve. In many cases, this provides an opportunity for hospitals and clinics to address the root causes of poor health — such as housing insecurity, substance abuse or lack of access to greenspace. While most health systems embrace this proactive approach, identifying the true health needs of a community and addressing those through cost-effective interventions can be daunting.

Maryland’s [Total Cost of Care model](#), launched in 2014, provides hospitals in Maryland with a global, population-based payment to cover all hospital services provided within a contract year. Performance-based incentive payments are also provided to non-hospital healthcare and primary care providers to improve the provision of care across the care continuum to support population health improvements. These significant changes push hospitals to manage healthcare spending by providing the right care in the right setting with necessary supports — and have [encouraged hospitals to invest in community-based strategies](#) to address the social determinants of health (SDoH).

This case study illustrates how three [MedStar Health](#) hospitals drive their population health agenda by engaging partners and individuals within the communities they serve. The health system’s Baltimore hospitals take this work a step further by establishing systems of accountability to ensure that resources are allocated to programs that address barriers to health that are of most concern to the community and include the community in their design.

ABOUT MEDSTAR HEALTH

[MedStar Health](#) is a not-for-profit health system serving people in Maryland, Virginia, and Washington, DC. An anchor institution with over 30,000 associates, more than 5,400 affiliated physicians across 10 hospitals and numerous ambulatory care practices and urgent care facilities, MedStar is the largest provider of healthcare services in the region. Core to MedStar’s mission is a focus on treating people and communities — not only the diseases that impact their health.

MedStar recognizes that a person’s health is highly interwoven with the community in which they live, and see their role as ensuring patients thrive inside and outside the clinic walls. Along with an acknowledgement of the community-wide impact of SDoH, a deep focus on treating the whole-person has driven MedStar’s approach to community engagement.

ENGAGEMENT THROUGH A ‘COMMUNITY TASK FORCE’

MedStar Health’s three Baltimore hospitals — MedStar Harbor, MedStar Good Samaritan and MedStar Union Memorial — draw on the [expert lived experience](#) of patients and community members through their [Community Health Task Force](#). Fueled by Maryland’s Total Cost of Care reimbursement model, MedStar built the Task Force in 2017 to engage a representative group of community members in its Community Health Needs Assessment (CHNA). The health system knew its investments would truly reflect the needs of the community if the voices of Baltimore residents were at the center of the conversation. This meant bringing its annual CHNA process closer to those who are directly affected, helping to identify true needs and foster genuine, long-term relationships.

Comprised of patients, local residents, neighborhood alliances, and Baltimore-area community and faith-based organizations, the Task Force meets twice annually to support the development and implementation strategies of the CHNA. By sharing critical aspects of the patient and community experience, the Task Force helps to prioritize social determinants of health initiatives and hold each hospital accountable for implementing solutions to identified challenges.

HOW IT CAME TOGETHER

Baltimore is a lively and dynamic city that is home to six hospital systems, four universities, dozens of neighborhood associations and community groups, and countless activist and grassroots organizations. When combined with the history of racial oppression and breaks in trust between institutions and individuals, this concentration of groups vying for the time and attention of community members makes community engagement challenging. When the MedStar Health team set out to build the Task Force, Community Health Director Ryan Moran and other leaders anticipated that engagement would be tough. So the team centered its engagement strategy on being deeply and consistently present in the community, focusing on relationship building, and being willing to meet community members where they are.

This focus on relationships has led to consistent attendance of dozens of local residents and leaders of community-based organization leaders at each meeting. Two separate but connected Task Force groups meet today: one devoted to the shared work of MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital; and a second focused on the communities surrounding MedStar Harbor Hospital.



KEY INGREDIENTS

While the MedStar team believes there's no “secret sauce” to staying engaged with the community, they have a few key recommendations for organizations interested in building more meaningful relationships:

- 1 Be Present:** Consistently attend neighborhood association meetings, economic development associations and other community meetings. People need to see you year-round.
- 2 Leverage Existing Relationships:** Draw on relationships with City Health Departments and local partners to connect with economic development associations and community stakeholders whose voices are critical to the conversation.
- 3 Truly Listen:** Start your work with a listening tour. MedStar Harbor's President and Chief Medical Officer conducted tours across neighborhoods to receive valuable feedback from the community as part of the CHNA process.
- 4 Engage a Variety of Stakeholders:** Faith, community and neighborhood organizations are a great place to start, but it is also important to find ways to draw in local residents who might not be as involved in these structures.
- 5 Take Time:** Anticipate that relationship and trust building doesn't happen overnight — you have to make the time. Across all three hospitals, MedStar's community health teams serve on local advisory committees and represent the hospitals' interests in a variety of community settings.

COMMUNITY VOICES SHAPE HEALTH SYSTEM ACTIONS

The Task Force has used its voice to improve the health and safety of neighbors, identify and prioritize impactful solutions to essential resource challenges, and hold MedStar accountable for implementing key practices. CHNA surveys often surfaced several community needs (employment, housing, food, behavioral health and access to primary care), but it's the voice of patients and other local residents that helps MedStar understand which issues matter most today in Baltimore.

By drawing on lived experiences, Task Force members prioritize which issues the health system will address in the community. For example: Task Force members used their voice to shift MedStar's focus toward behavioral health issues, as opposed to its initial push on employment, housing and food. They recognized, based on their lived experience, that behavioral health was an urgent issue that needed to be addressed before the others. This pushed substance abuse initiatives to the top of the priority list for implementation, and helped to shape the intervention. The Task Force developed a **peer outreach program** which employs individuals with lived experience to connect opioid overdose survivors with treatment. More than 300 patients have engaged in the program so far, with 170 have been connected to treatment.

Another example can be found in the implementation of a **drug take-back center** at the MedStar Harbor outpatient pharmacy. Up to that point, local drug take-back centers were only located in police stations, which Task Force members knew to be a barrier to participation for many local residents.

These intervention ideas came from the community — and in the instance of the opioid outreach program, the initiative was led by the community.

“These may seem like small changes. But making it easier to get prescription medications out of homes and communities ...it makes children safer and reduces cases of relapse.”

- Ryan Moran, Director of Community Health, MedStar Health

ACCOUNTABILITY MATTERS

These changes have happened because the Task Force is set up for success in holding the health system accountable. MedStar shares progress on the implementation of key initiatives at each Task Force meeting — and gets input and feedback in return. The open and honest lines of communication help to keep implementation on track, and often leads to important new partnerships. One unexpected collaboration came when a Task Force discussion on transportation issues surfaced the need for bike and pedestrian pathways. The conversation led MedStar to a community development organization that shared the same goals, and the two co-applied for grants with individual community members contributing letters of support.

NEXT STEPS

The work of the Task Force shows that successful power-sharing with communities is possible when health systems are willing and able to take the time to build trust, be present in and accountable to their communities, and act on information that is shared about local residents' experiences. And though MedStar Health and the Task Force are proud of their accomplishments so far, they also recognize their efforts are a constant work in progress. MedStar hopes to further center on community voices and full representation by reshaping the group's make-up over time. They recognize that Task Force membership will need to be adjusted every few years to ensure the group remains representative of an ever-changing community.



Looking for additional resources and templates to support focus groups in your community? Visit [our Network Resource Library](#) for downloadable copies of the facilitation guide, agendas, feedback surveys and other materials!

ABOUT THE NETWORK

The Health Leads Network is a community of healthcare practitioners and caregivers who are taking action to address essential needs within our organizations. Network members work in a wide range of health system roles and settings — but share a commitment both to drive improvement initiatives on the ground, and to advance health equity in their communities.

The Network was created to bring action-oriented practitioners together to collaborate, share and learn from each other. We translate critical front-line experience into tangible tools, guidance and learning opportunities — all designed to support members in advancing the integration of essential needs into community-led health initiatives.

Learn more at healthleadsusa.org/network — or email network@healthleadsusa.org for additional information.