

Project narrative

Need

1. The benefits of providing nutrition therapy and counseling in Federally Qualified Health Centers is well documented. Per *A Promising Opportunity to Address Food Insecurity and Promote Equity: The Crucial Role of Federally Qualified Health Centers*, published in 2026 by Journal of Public Health Management and Practice, “Nutrition services in Federally Qualified Health Centers (FQHCs) improve chronic disease management, lower food insecurity, and reduce overall healthcare costs for underserved populations.” Additional benefits include improved medication adherence and a reduction in the overutilization of emergency department and urgent care resources. While Chase Brexton has offered medical nutrition therapy for several decades as part of our Ryan White-funded programming, in recent years we have grown our Nutrition services as part primary care for all patients, and have also integrated nutrition therapy within disease management services for diabetes and hypertension. With support, Chase Brexton will further expand access to nutrition services and resources to help prevent and manage chronic conditions among low-income populations throughout our HRSA-designated service areas. Detailed in the sections below are the unmet nutrition needs among our patient population and the communities served.
 - a) As detailed in Chase Brexton’s 2025 UDS Report, 4,518 pediatric patients out of 6,781 (66.6%) between 3-17 years of age received a Body Mass Index (BMI) screening, as well as documented counseling on nutrition and physical activity. Through June 30, 2026, approximately 4,389 pediatric patients out of 6,674 (65.8%) between 3-17 years of age received a Body Mass Index (BMI) screening, as well as documented counseling on nutrition and physical activity.
 - b) Per Chase Brexton’s 2025 UDS Report, 17,825 patients out of 36,096 (49.4%) aged 18 years of age and older received a documented BMI screening and follow-up plan when their BMI is outside normal parameters. Through June 30, 2026, approximately 18,823 patients out of 37,655 (50%) have received a documented BMI screening and follow-up plan when their BMI is outside normal parameters.
 - c) For the proposed project, no additional UDS Table 6B Quality of Care Measures have been selected.
 - d) Chase Brexton’s service area, as reflected within our Health Resources and Services Administration (HRSA) scope of project (Form 5b), includes low-income populations residing in the following Maryland jurisdictions: Baltimore City, Baltimore County, Anne Arundel County, Howard County, and Talbot County. Per America’s Health Rankings produced by the United Health Foundation, 32.7% of all adults in Maryland are obese, which is defined as having a body mass index of 30.0 or higher based on reported height and weight. Among persons of color in Maryland, 40.7% of African American adults are obese and 38% of Hispanic/Latino adults are also obese. Specific to children, approximately 31.2% of all children in Maryland between the ages 6-17 are overweight or obese for their age based on reported height and weight. Unfortunately, this percentage increases to 42% for African American children, and 38.6% for Hispanic/Latino children.

Obesity is a known risk factor for a variety of chronic conditions, including diabetes and hypertension. Per the *Maryland Diabetes Action Plan*, published by the Maryland Department of

Health, over 10% of the adult population in Maryland has diabetes, which “is the sixth leading cause of death in Maryland, and the fifth leading cause of death for Black Marylanders.” The rates of diabetes per jurisdiction within the service area are as follows: Baltimore City - 12% Total Population/15% African Americans; Anne Arundel County - 10% Total Population/17% African Americans; Baltimore County - 9% Total Population /11% African Americans; Howard County - 7% Total Population/11% African Americans; and Talbot County – 8% Total Population/24% African Americans. Specific to food insecurity, the United Way of Central Maryland and the Maryland Food Bank detail the level of food insecurity in Maryland, as well as the number of households below the Asset Limited, Income Constrained, and Employed (ALICE) threshold. Households below the ALICE threshold have incomes that are higher than the Federal Poverty Level (FPL), but not enough to afford the basic cost of living. The ALICE threshold and rates of food insecurity per service area County include: Baltimore City - 55.8% live below the ALICE threshold, and 15.5% are food insecure; Baltimore County - 40.12% live below the ALICE threshold, and 12.1% are food insecure; Anne Arundel County - 32.99% live below the ALICE threshold, and 10.5% are food insecure; Howard County - 29.1% live below the ALICE threshold, and 9.7% are food insecure; and Talbot County – 39.11% live below the ALICE threshold, and 13.9% are food insecure. Included in the table below are additional characteristics of populations residing in Chase Brexton’s HRSA defined service area, as detailed within the Health Center Program GeoCare Navigator.

Table A. Service Area Characteristics

County	Uninsured	Medicaid	Racial/Ethnic Minorities	Households 200% FPL	Adults W/High Blood Pressure	Adults who are Obese
Baltimore City	5.7%	26.99%	65.6%	34.7%	38.9%	37.9%
Baltimore County	5.9%	18.9%	69.6%	24.2%	39.6%	35.6%
Anne Arundel County	6%	17.8%	46.4%	20.1%	33.9%	36%
Howard County	5.5%	12.4%	61.8%	16.3%	34%	33.9%
Talbot County	5.8%	25.9%	36.2%	31%	40.7%	37.3%

2. While Chase Brexton does not anticipate any barriers that would impact our ability to expand nutrition services, like most non-profit organizations, staff recruitment continues to be a challenge in the aftermath of the coronavirus pandemic. To mitigate this challenge, and expand organizational capacity by onboarding a Pediatric Nutritionist, Chase Brexton’s Human Resources staff engage in aggressive recruitment techniques. For example, to recruit potential candidates for both clinical and non-clinical positions, Chase Brexton uses the organization’s website to post job openings and utilizes social media and other local and national electronic job boards to advertise open positions. When appropriate, ads are published with a variety of associations, both locally and nationally, to target specified audiences. To recruit top providers and clinical support staff Chase Brexton uses the National Health Service Corps (NHSC) job boards for both posting and searches. Chase Brexton also employs two full-time recruiters, one for providers and one for all other positions including

nurses and medical assistants. A requisition is submitted through our applicant tracking system for each position and is subsequently posted automatically on external job boards in addition to the Chase Brexton Careers page of the website. Chase Brexton is confident that the Pediatric Nutritionist will be hired by December 2026. Once they complete the onboarding process, they will be responsible for working with the Director of Pediatrics and Pediatric Care Teams to develop work flows and referral pathways to expand access to BMI screenings and nutrition therapy for pediatric patients.

Response

1. Detailed in the sections below is how Chase Brexton's will increase the number of patients receiving nutrition services, as well as how the proposed program will prevent and manage chronic conditions, and coordinate care for patients with inconsistent access to adequate nutritious food.
 - a) Chase Brexton proposes to increase the number of patients receiving nutrition services from a baseline of 11,008 in CY2025 to 11,350 by the end of CY28. Chase Brexton also anticipates that the increase in patients served will increase the number of nutrition-related visits completed. To accomplish this, Chase Brexton will expand internal capacity by onboarding one 1.0 Full Time Equivalent (FTE) pediatric-focused Nutritionist who will be responsible for developing workflows and referral pathways with Pediatric Care Teams to improve access to nutrition services for patients between 3-17 years of age. They will also join the organization's Pediatrics Committee to discuss available services, provide education, and elicit patient referrals. Additionally, Chase Brexton will expand access to nutrition services and education by facilitating two group cooking demonstrations at our Center in Baltimore City and two group cooking demonstrations at our Center in Anne Arundel County for a total of four demonstrations throughout the project period. These demonstrations will be held in-person, and allow patients to ask questions directly to staff while receiving additional education surrounding food selection and meal preparation.

Chase Brexton will also continue to expand upon disease management services for diabetes and hypertension, which includes linkage to nutrition services and onsite food distribution provided through the organization's Every Meal Matters program. As part of this expansion, Chase Brexton is finalizing the implementation of a Food as Medicine program, wherein patients with uncontrolled diabetes who are experiencing food insecurity and/or poor access to healthy foods are provided with produce prescriptions that are delivered biweekly to patients and their households. Food as Medicine will be a multidisciplinary program that includes pharmacy support, nutrition services, and patient navigation for on and offsite wraparound support services, including community-based food and nutrition resources.

- b) To help prevent and manage chronic conditions, Chase Brexton will expand organizational capacity to provide BMI screenings and nutrition education to both pediatric and adult primary care patients. As part of this expansion, Chase Brexton will onboard one pediatric-focused Nutritionist who will be responsible for increasing the number of pediatric patients provided with BMI screenings and nutrition counseling. The Nutrition Team will also work with Patient Care Teams to increase BMI screenings

among adult primary care patients, and link them to nutrition services, as appropriate, including both individual and group nutrition counseling, cooking demonstrations, meal planning, and linkage to Every Meal Matters for food insecure patients. Patients will also be provided with recipe books, including diabetic and “heart friendly” recipes and kitchen supplies. Also, as discussed previously, Chase Brexton will continue to integrate nutrition counseling and education as part of disease management services for both diabetes and hypertension, including the implementation of Food as Medicine program for adults with uncontrolled diabetes.

- c) To coordinate care for patients with inconsistent access to adequate nutritious food, the Nutrition Team will continue to work closely with Every Meal Matters staff to connect patient to same day food distribution services. Implemented in 2021 in partnership with the Maryland Food Bank, Every Meal Matters’ staff work closely with Nutrition Staff and Patient Care Teams to address food insecurity by expanding access to healthy fresh foods, recipe cards, kitchen supplies, and referrals to the Social Work and Outreach Department for enrollment services for the Supplemental Nutritional Assistance Program (SNAP), and additional community-based food programs to address ongoing needs. Also, the Every Meal Matters’ Pantry Coordinator will work closely with patients enrolled in Food as Medicine to facilitate the biweekly delivery of produce prescriptions from Hungry Harvest, one of our formalized community partners. To further expand onsite access to healthy foods and fresh produce, Chase Brexton’s Every Meal Matters’ Driver is responsible for picking up food from one of our community partners to deliver to our food pantries across Centers. Please note that Every Meal Matters has food pantries at our Centers in Baltimore City, Baltimore County, and Howard County, and will open a new food pantry at our Anne Arundel County Center in Spring 2027.
 - d) To advance the skills and knowledge of our workforce to support expanded nutrition services, Chase Brexton will start by recruiting and onboarding a pediatric-focused Nutritionist to improve organizational expertise in the nutritional needs of children and adolescents between the ages of 3 -17 years old. They will also work with the organization’s Director of Pediatrics and Pediatric Care Teams to develop referral pathways to improve access to services. Additionally, They will join the organization’s established Pediatrics Committee to provide education and resources to support expanded nutrition services. Furthermore, the Nutrition Team will work with Marketing staff to develop organizational messaging to improve awareness of services offered, as well as provide education surrounding the nutrition needs of our patient population and surrounding communities. Lastly, Chase Brexton has a Board-approved Professional Development Policy, wherein “Chase Brexton encourages employees to enhance knowledge and skills and to network with other professionals, thus improving potential for future opportunities.” This policy allows staff to attend training seminars or workshops conducted off-site or join professional associations that will enable them to remain abreast of best practices in their respective fields.
2. As required, Chase Brexton has an established ongoing Quality Assurance/Quality Improvement program (QA/QI Program) that addresses the quality and utilization of health center services; patient satisfaction and patient grievance processes; and patient safety. At Chase Brexton, the responsibility of organizational adherence to current clinical guidelines

and standards of care falls to the Chief Medical Officer, who oversees the Quality Excellence Council (QEC). The QEC has developed Board-approved policies and procedures and clinical quality metrics, which outline current guidelines and standards of care for all clinical staff. Accountability for the delivery of quality health center services that are adherent to current guidelines are enforced through the organizational metrics list and the QEC. The QEC meets monthly to evaluate and follow up with responsible leadership to discuss current progress, and to develop corrective action plans when progress falls short, and performance must be improved. This structure promotes the development of ongoing QI/QA activities, and also holds appropriate staff accountable for the delivery of quality care that reflects adherence to current guidelines and standards of care. For the proposed project, the selected Quality of Care measures and patient target will continue to be tracked monthly on the organization's Clinical Quality Dashboard and shared with the QEC for review and feedback. The Clinical Director of Diabetes Management and Nutrition Services will be responsible for reporting program challenges and successes to the QEC monthly, and will also be responsible for developing and implementing corrective action plans, as appropriate.

3. This inquiry is not applicable as Chase Brexton is not requesting equipment or minor A/R costs.

Collaboration

1. As required, Chase Brexton makes every effort to establish and maintain collaborative relationships with other health care providers in the service area, as evident through memorandums of understanding and formalized referral agreements. Such partners include 330 grantees and federally funded entities, local area hospitals, health departments, and private practitioners, including specialists, as well as various community-based organizations that provide a variety of psychosocial support services that expand the network of resources available to patients, and promote continuity of care. For the proposed program, Chase Brexton is fortunate to have cultivated numerous community partnerships to support Every Meal Matters. For example, both CareFirst and M&T Bank provide volunteers to stock food pantries and supplies for patients. Also, as highlighted in prior sections, Every Meal Matters was implemented in collaboration with the Maryland Food Bank, wherein Chase Brexton purchases food to stock food pantries across sites. Their support and guidance have been essential to the implementation and ongoing expansion of Every Meal Matters.

To build additional capacity and increase access to fresh foods as well as shelf-stable options, Chase Brexton began working with First Fruits Farm and Rock Rose Food Justice Farm in 2025, who together have several decades of experience harvesting and donating fresh produce to organizations that serve low-income and food insecure communities. Each of these farms provide dozens of healthy produce options to Every Meal Matters' food pantries, including, but not limited to, kale, turnips, carrots, lettuce, cabbage, and tomatoes. Another community partner is Hungry Harvest, who will provide biweekly produce deliveries to patients enrolled in Food as Medicine. Chase Brexton also partners with Maryland Hunger Solutions to increase SNAP enrollment among patients, and provides transportation assistance to link patients to their local health department for additional assistance accessing nutrition programs. Specific to accessing training provided by Health Center Technical Assistance Programs, Chase Brexton welcomes any opportunity to keep updated on best

practices and new community-based resources to expand the network of support offered to our patients. For the proposed program, designated staff will attend training opportunities offered, and provide education and resources to the rest of the Nutrition Team.

2. As detailed above, Chase Brexton has cultivated numerous partnerships to support expanded access to healthy food through the organization's Every Meal Matters program. Chase Brexton's Every Meal Matters Driver is responsible for picking up food from our community partners to stock the food pantries across Centers. To link patients to food distribution same day, all patients are screened for social drivers of health needs during scheduled appointments, including food insecurity, and are linked to the Food Pantry Coordinator and Food Pantry Coordinator same day to ensure patients receive the full range of services offered via Every Meal Matters. Such services include one box of fresh produce and shelf stable food per participant, recipe books and nutrition handouts, information about community-based food programs, kitchen supplies, and referrals to the Social Work and Outreach Department for enrollment services within community-based food programs, such as SNAP. Patients are also able to present weekly to access the food pantry, as needed. The Social Work and Outreach Department also partners with Maryland Hunger Solutions to improve enrollment within SNAP.
3. This project fully aligns with the goals and priorities of federal programs, such as MAHA ELEVATE, to utilize proactive, lifestyle-based interventions to improve health and wellness through interventions focused on nutrition, physical activity, sleep, stress management, harmful substance avoidance, and social connection. For example, patients served will have access to supplementary nutrition, exercise, and lifestyle education through the organization's Burnalong platform. Furthermore, as a Federally Qualified Health Center, Chase Brexton's services supplement, rather than duplicate, available federal programs by providing referrals, transportation, and patient navigation to link under-resourced populations to a variety of nutrition and disease prevention resources in the community, as appropriate. The ability to offer a wide range of services as a Federally Qualified Health Center effectively expands access to healthcare and nutrition resources for low-income populations that are often underserved by traditional healthcare settings.

Impact

1. To measure the impact of our expanded nutrition services, Chase Brexton proposes the measurable outcomes detailed below to be achieved by the end of the two-year period of performance. To track program progress, Chase Brexton will continue to use the organization's Clinical Quality Dashboard, which is updated monthly by the Quality Improvement Specialist using internal practice management and population health analytic tools. The Dashboard is used to track a variety of clinical outcomes, including clinical performance measures required by HRSA and reported annually in UDS Reports. Performance is reported monthly to leadership, and actions plans are created as needed to improve program performance. Additionally, program leadership will work with Chase Brexton's Business Intelligence Team to create an internal program dashboard using Tableau, which will be updated monthly and shared with program staff.

- a) Chase Brexton will increase the number of Nutrition patients served from a baseline of 11,008 in CY2025 to 11,350 by the end of CY2028.
 - b) Chase Brexton will increase the number of pediatric patients between the ages of 3-17 years old who receive nutrition services from a baseline of 37 patients in CY2025 to 60 by the end of CY2028.
2. Beyond the two-year period of performance, Chase Brexton will continue to track and report all Quality of Care Measures required by HRSA on a monthly basis, including the measures below, which are included in the organization's Clinical Quality Dashboard. The Dashboard will continue to be presented to the Senior Leadership Team and the organization's Quality Excellence Council monthly, where they will provide feedback and develop Quality Improvement initiatives to improve organizational performance.
- a) Chase Brexton will increase the percentage of patients between 3-17 years of age receiving a Body Mass Index (BMI) screening, as well as documented counseling on nutrition and physical activity, as indicated, from a baseline of 66.6% in CY2025 to 76.5% by the end of the two-year project period. Beyond the two-year period of performance, the organization's QEC will continue to establish annual goals to improve upon these measures.
 - b) Chase Brexton will increase the percentage of primary care patients aged 18 years of age and older who receive a documented BMI screening and follow-up plan when their BMI is outside normal parameters from a baseline of 49.4% in CY2025 to 55% by the end of the two-year project period. Beyond the two-year period of performance, the organization's QEC will continue to establish annual goals to improve upon these measures.
 - c) No additional Quality of Care Measures were selected for this program. However, Chase Brexton will continue to track clinical outcomes for patients with diabetes and hypertension, including the percentage of patients who successfully reduce their A1c levels and patients with controlled blood pressure. For example, as of June 30, 2026, 19.3% of patients with diabetes have an A1c greater than 9%, and 67% of patients with hypertension have controlled blood pressure (i.e., Under 140/90).

Capacity

1. Chase Brexton is confident that our organization has the expertise and skills needed to fully expand nutrition services to all primary care patients with unmet nutrition needs, including pediatric and adult patients. Founded in 1978, Chase Brexton has more than 45 years' experience serving low-income children and adults who are often underserved by traditional healthcare settings. As a Ryan White funded organization since 1991, Chase Brexton also has decades of experience providing medical nutrition therapy to food insecure and medically complicated patients with HIV that improves health outcomes and promotes self-management of chronic conditions within the community. Beginning in 2021, Chase Brexton expanded nutrition services to include all primary care patients, and have also integrated nutrition therapy and counseling within disease management services for diabetes and hypertension.

Currently, Chase Brexton's nutrition services are provided by two Registered Dietitians and three Nutritionists, all of whom work under the guidance of the organization's Clinical

Director of Diabetes Management and Nutrition Services. Chase Brexton's nutrition services include the following key activities: Completing nutrition assessments and providing individualized nutrition counseling; Educating participants on produce selection, meal planning, food preparation, and healthy eating strategies; Monitoring participant engagement and progress towards identified treatment goals; and Connecting participants to available nutrition education opportunities and other supportive services. Nutrition staff also work closely with Patient Care Teams and Every Meal Matters staff to support urgent and ongoing needs for patients who are food insecure and/or have limited access to fresh healthy food. If awarded, Chase Brexton will further expand capacity by onboarding a pediatric-focused Nutritionist, who will work in collaboration with Pediatric Care Teams to develop work flows and referrals pathways for pediatric patients.

As a Patient-Centered Medical Home, all patients will receive a variety of multidisciplinary services that are fully integrated within the provision of primary care and psychosocial support services, including diabetes education, hypertension and cholesterol management, and screenings and referrals to onsite behavioral healthcare. Patients will also receive care coordination and adherence support from a multidisciplinary care team, and will also be routinely assessed and linked to a variety of wraparound support services designed to address social determinants of health. Examples of such services include Patient transportation; Free medication delivery; Enrollment within third party payment plans, including Maryland Medicaid and the organization's Sliding Discount Fee Schedule; Referral coordination for on and offsite services; Referrals to urgent and transitional housing programs; Medical translation and ASL interpretation; and Financial assistance for out-of-pocket healthcare costs. Patients will also have access to supplementary nutrition, exercise, and lifestyle education through the organization's Burnalong platform. Also, as highlighted in prior sections, patients will be provided with recipe cards, kitchen supplies, meal planning, and cooking demonstrations, as well as referrals to community-based programs to address ongoing nutrition needs (i.e., SNAP, WIC, etc.). The ability to offer a wide range of services as a Federally Qualified Health Center effectively expands access to healthcare and nutrition resources for low-income populations that are often underserved by traditional healthcare settings.

2. At Chase Brexton, all patients are provided with a BMI screening as part of standard rooming procedures and linked to nutrition services, as indicated. Patients are also assessed for social drivers of health needs during primary care appointments, including food insecurity, and linked to both nutrition and food distribution services. The Nutrition Team uses screening tools that are embedded within the electronic health record when working with patients. The primary screening tool assesses frequency of consumption of various foods, such as fruits, vegetables, and fast foods, and will be modified by the Business Intelligence Team to include physical activities. Nutrition staff also use a standardized treatment plan to document treatment goals and progress achieved by patients, all of which is also documented in the shared electronic health record.

To guide program development, Chase Brexton routinely involves patients in project planning and evaluation at many levels. For example, as a Federally Qualified Health Center, at least 51% of our Board of Directors are active patients. Chase Brexton also has a Board-approved Patient Feedback Policy in place that describes how patients may provide both

negative and positive feedback to the organization, including in-person to staff and via the established patient portal. Chase Brexton also provides Patient Satisfaction Surveys across all Centers and service lines, which are analyzed and used to make improvements in the delivery of services. Lastly, as required of all Federally Qualified Health Centers, Chase Brexton conducts community health needs assessments at least every three years, which includes both clinical and non-clinical topics, as well as social drivers of health needs.

3. As required, Chase Brexton has an established system in place to monitor program performance and ensure: 1) Oversight of the operations of the Federal award supported activities in compliance with applicable Federal requirements; 2) Performance expectations, as described in the terms or conditions of the Federal award, are being achieved; and 3) Areas for improvement in program outcomes and productivity are identified. Chase Brexton currently utilizes Athena Practice integrated practice management (PM) and electronic health record (EHR) system, and continues to maintain its EHR and PM system to facilitate performance monitoring and improvement of patient outcomes. This fully integrated system also allows Chase Brexton to achieve meaningful use and qualify for incentive-based reimbursement under Medicare and Medicaid, as well as maintain Patient-Centered Medical Home certification. Additionally, Chase Brexton tracks, analyzes, and reports key clinical and demographic information among our patient population, including social risk factors that impact patient health. Per organizational policy, Chase Brexton's staff use the Athena Practice EHR system to document all patient encounters, including assessments of social risk factors and social determinants of health needs. Chase Brexton's Business Intelligence Team works in collaboration with program staff and leadership to create internal dashboards using Tableau that breaks down the organization's clinical quality metrics by key demographics, including household income, race, ethnicity, sexual orientation, gender identity, sex at birth, zip code and county of residence, insurance status, and housing status. These dashboards are updated monthly, and reviewed by program directors and the Senior Leadership Team.

As highlighted in prior sections, Chase Brexton has a well-developed Quality Department that produces a monthly Quality Management Report that supports the oversight of the provision of services, and also guides improvements and modifications to the delivery of services, as needed. The Quality Management Report is reviewed monthly by the Quality Excellence Council where actions for improvement are discussed. It is also reviewed monthly by the Board of Directors' Quality Management Committee, the full Board of Directors, organizational management including all Directors and Managers, and is available to staff on the Chase Brexton intranet. Chase Brexton also updates its Quality Management Plan annually, which is prepared and presented to Chase Brexton's Board of Directors (BOD) by the Quality Excellence Council (QEC). The QEC is the organization's quality and compliance committee that is comprised of designated organization leaders and managers, and is chaired by the Chief Medical Officer. This group reviews quality-related data and provides leadership for organization-wide quality initiatives. The QEC reports directly to the Quality Management Committee of the Board of Directors, who is ultimately responsible for quality care delivery and patient safety. For the proposed program, Chase Brexton will continue to use the organization's existing processes to monitor progress towards identified goals monthly, which will be presented to the QEC. Modifications to the delivery of services, including corrective action plans, will be implemented by the Clinical Director of Diabetes Management and Nutrition Services under the guidance of the Chief Medical Officer.