

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Union Hospital of Cecil County	<input type="radio"/>	<input checked="" type="radio"/>	ChristianaCare, Union Hospital
Your hospital's ID is: 210032	<input type="radio"/>	<input checked="" type="radio"/>	52-0607945
Your hospital is part of the hospital system called Christiana Care.	<input type="radio"/>	<input checked="" type="radio"/>	Christiana Care Health Services, Inc.

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

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

County health data found from a variety of databases is utilized to direct Union Hospital of Cecil County (UHCC) community benefit. These include, but are not limited to, our Conduent Healthy Communities Institute (HCI) contracted data service (<https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/>) and data from the State Health Improvement Process (SHIP).

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

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

Q8. Please select the county or counties located in your hospital's CBSA.

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |

Cecil County

Montgomery County

Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

Other. Please describe.

The majority of UHCC patients come from Elkton (21921) and North East (21901). However, the hospital serves all residents in Cecil County and therefore includes all applicable zip codes in the CBSA.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

<https://www.uhcc.com/about-us/values-mission/>

Q37. Is your hospital an academic medical center?

- Yes
 No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

In January 2020, Union Hospital became of ChristianaCare. Headquartered in Wilmington, Delaware, ChristianaCare is one of the country's most dynamic health care organizations, centered on improving health outcomes, making high-quality care more accessible and lowering health care costs. ChristianaCare includes an extensive network of outpatient services, home health care, urgent care centers, three hospitals (1,299 beds), a Level I trauma center and a Level III neonatal intensive care unit, a comprehensive stroke center and regional centers of excellence in heart and vascular care, cancer care and women's health. It also includes the pioneering Gene Editing Institute and was rated by IDG Computerworld as one of the nation's Best Places to Work in IT. ChristianaCare is a nonprofit teaching health system with more than 281 residents and fellows. We are continually ranked by US News & World Report as a Best Hospital. With our unique, data-powered care coordination service CareVio™ and a focus on population health and value-based care, ChristianaCare is shaping the future of health care. Union Hospital is now known as ChristianaCare, Union Hospital, and the campus, which houses the hospital and other health services, is now known as ChristianaCare, Cecil County.

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
 No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/28/2019

Q44. Please provide a link to your hospital's most recently completed CHNA.

<https://www.uhcc.com/about-us/community-benefit/reports/>

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
 No

Q46. Please describe the other formats in which you made your CHNA available.

Q47. Section II - CHNA Part 2 - Internal Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Position did not exist at time of CHNA
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	System level did not exist at time of CHNA
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved the CHNA/CHIP process prior to conduction.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	System level did not exist at time of CHNA
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	System level did not exist at time of CHNA
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chief Population Health Officer at system level did not exist at time of CHNA
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	The Community Benefit Coordinator, in partnership with the Director of Health Planning at the Cecil County Health Department, facilitated planning sessions to develop and implement the CHNA, including the Community Health Improvement Plan (CHIP) - the county-wide strategic plan that addresses the priority needs from the CHNA. The Coordinator also worked with the HD lead to promote the process to community stakeholders of progress, compile all the data, write the CHNA/CHIP report, and post the reports online.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Community Benefit staff at system level did not exist at time of CHNA
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Area Agency on Aging -- Please list the agencies here: Cecil County Department of Community Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	The CHNA HD and UH leads, along with CHAC members, will work with Cecil County Department of Community Services' Local Management Board's childhood trauma subcommittee to initiate support for the childhood trauma strategies identified during CHIP planning sessions with this team.
Local Govt. Organizations -- Please list the organizations here: Cecil County Dept of Emergency Services, Cecil County Government, Maryland State Representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Faith-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - K-12 -- Please list the schools here: Cecil County Public Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
School - Colleges and/or Universities -- Please list the schools here: Cecil College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

School of Public Health -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Medical School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:

Upper Bay Counseling & Support Services, Ashley Treatment Center, Meadow Wood Behavioral Health System

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:

Cecil County Dept of Social Services

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:

Wellness and Action Teams of Cecil and Harford Counties (WATCH)

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

WATCH is a post-acute care service, like home health but without the medical care component. WATCH is primarily comprised of Community Health Workers. WATCH provides care coordination supports for high-utilizer, Medicare patients who are at high-risk for readmissions. WATCH team members participated in community interviews and the selection of CHNA health priorities, as members of CHAC.

Community/Neighborhood Organizations -- Please list the organizations here:

United HealthCare, WIN Family Services, United Way, West Cecil Health Center, Voices of Hope, Youth Empowerment Source, On Our Own of Cecil County, The Paris Foundation

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

The CHNA HD and UH leads, along with CHAC members, will work with leadership from Youth Empowerment Source to support CHIP strategies for substance use prevention.

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: Private citizens, other health care professionals <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

Q54. Please provide a link to your hospital's CHNA implementation strategy.

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Environmental Health | <input checked="" type="checkbox"/> Oral Health |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Family Planning | <input checked="" type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input checked="" type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Adolescent Health | <input checked="" type="checkbox"/> Health Literacy | <input type="checkbox"/> Telehealth |
| <input checked="" type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input checked="" type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Violence Prevention |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> HIV | <input type="checkbox"/> Vision |
| <input checked="" type="checkbox"/> Children's Health | <input checked="" type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Injury Prevention | <input checked="" type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Maternal & Infant Health | <input checked="" type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Nutrition and Weight Status | <input checked="" type="checkbox"/> Other Social Determinants of Health |

Disability and Health

Older Adults

Other (specify)

hypertension, child abuse/neglect, domestic violence, violent crime, suicide prevention, health care costs, home health eligibility, public assistance qualifications, educational attainment, language barriers

Educational and Community-Based Programs

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Our 2nd cycle CHNA (FY16) was conducted as an aligned process with one set of health priorities and one implementation plan generated to address community health improvement. Health priorities included: behavioral health (substance use, mental health); chronic disease (heart disease, stroke, respiratory and lung disease); and social determinants of health (poverty and homelessness). Our 3rd cycle CHNA (FY19) continued this aligned conduction process and yielded strong results. Health priorities included: cancer, substance use prevention, mental health, and childhood trauma. As with the last 2 cycles of CHNA, we expect that behavioral health issues will continue to be in the top 3-5 priorities. Also, as with the last CHNA cycle, the community rallied around specific efforts underway to address youth health issues, such as childhood trauma, especially since this specific issue is linked with so many preventable risk factors across a broad spectrum of health and social conditions.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

In September 2017, Union Hospital's community health improvement process (CHNA and CHIP) was selected out of 128 hospitals nationwide as a top 10 best practice site by Health Resources in Action (HRIA), a consulting firm out of Boston, for a case study analysis funded by the Robert Wood Johnson Foundation. We were selected based on our competency in meeting all study criteria which especially focused on our collaboration with Cecil County Health Department in demonstrating effective alignment of process, resources, and support for assessing and addressing community health needs. In March 2018, HRIA conducted a 2-day site visit in Cecil County to gather information about our collaborative CHNA process. HRIA facilitated interviews with Community Benefit and organizational leadership from Union Hospital and Cecil County Health Department, as well as focus groups with community partners who participated in the most recent CHNA and CHIP. Results from the HRIA site visit were published in the case study report in mid 2019. The HD and UH leads also participated in a CDC policy webinar about their collaborative work on the CHNA. CDC Policy Lecture Series: Using the community benefit process to improve public health: an example from Cecil County, MD (<https://hria.org/resources/chi-processes-evaluation-evaluating-the-promise-of-community-health-improvement-processes/>)

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	As part of the ChristianaCare System, the system level community health and population health teams are integrating with and engaging around these activities at ChristianaCare, Union Hospital.
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Currently the system level Senior Executives are overseeing the integration of these activities.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Board of Directors or Board Committee (facility level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Due to the departure of the Community Benefit Coordinator, the BOD did not receive the HSCRC for approval prior to submission. Typically, the BOD approves the HSCRC report during a fall board meeting where the Community Benefit Coordinator provides a brief overview of the prior FY's Community Benefit activities and dollar amounts reported under each category as well as the Net Community Benefit amount. BOD asks questions as needed.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	System level roles are integrating and engaging around these activities
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	System level community benefit staff integrating and engaging around this work.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Gilpin Manor Elementary School is Union Hospital's Partner in Education, and every year we identify opportunities for hospital staff to support at-risk youth through a number of social support, health education, and professional development activities. 2) Cecil County Public Schools, local community and hospital physicians, and physical therapists come together to provide an annual high school sports physicals event that is free to students from Cecil County public and private high schools. Each year we serve 400-700 students. Hospital and physician office staff work the event as volunteers. Community Benefit manages the event. With the COVID-19 pandemic's impact on schools and the departure of Union's Community Benefit Coordinator, activities with schools were largely halted.
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cecil College's Summer Camps program sponsors Camp Scrubs (13-17 year olds) and Camp Scrubs Junior (9-12 year olds) at Union Hospital. Union Hospital works with Cecil College camp counselors to host both camps in June and July. The camps teach kids about medicine, provide career and education opportunities, allow for interactions with medical professionals in medical and allied health fields, and offer simulations for different medical scenarios. Many campers return each year and recruit friends and siblings. Campers also sign-up for STEM classes as a result of camp, join the Explorer Post #2057 at Union Hospital (medical career exploration club facilitated by Community Benefit monthly), and/or choose a medical or allied health college track after graduating. We have successfully run Camp Scrubs for 6 summers and Camp Scrubs Junior for 2 summers. Unfortunately, due to COVID-19, Camp Scrubs Junior was not able to be held in fy 20. Camp Scrubs did occur in July 2019.
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

School - Medical School -- Please list the schools here:
Arcadia University

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

We tracked student hours in FY19 from from this school for advanced practice clinical rotations.

Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:
University of Delaware, DelTech Community College, Harford Community College, University of Maryland

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

We tracked student hours in FY19 from these colleges and universities for nursing and advanced practice clinical rotations, as well as graduate and allied health internships.

Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
Blood Bank of Delmarva, Boy Scouts of America (Delmarva Council)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Blood Bank of Delmarva hosts Blood Drives at Union Hospital each year. In FY 20, 3 drives were held. The Explorers Post is part of the Learning for Life section of the Del-Mar-Va Council, Boy Scouts of America.

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Q64. Section III - CB Administration Part 2 - Process & Governance

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

- Yes, by the hospital's staff
- Yes, by the hospital system's staff
- Yes, by a third-party auditor
- No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

This question was not displayed to the respondent.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q69. Please explain:

The ChristianaCare Office of Health Equity senior leadership reviews the community benefit narrative and the finance department reviews the spreadsheet for accuracy prior to submission. Typically, the BOD would be provided a copy of the HSCRC narrative and financial spreadsheet with the request for approval and comments. This year, due to the departure of the Community Benefit Manager and the competing focus of the COVID-19 pandemic and merging Union Hospital into ChristianaCare, the report was unable to be shared with the BOD. The BOD will be provided a copy of the full HSCRC Report (including Collection Tool) post-submission to the HSCRC and will be provided a comment/approval period.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q71. Please explain:

Typically, the BOD would be provided a copy of the HSCRC narrative and financial spreadsheet with the request for approval and comments. This year, due to the departure of the Community Benefit Manager and the competing focus of the COVID-19 pandemic and merging Union Hospital into ChristianaCare, the report was unable to be shared with the BOD. The BOD will be provided a copy of the full HSCRC Report (including Collection Tool) post-submission to the HSCRC and will be provided a comment/approval period.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

This question was not displayed to the respondent.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

This question was not displayed to the respondent.

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

The ChristianaCare Office of Health Equity has oversight of the community benefit program administration and reporting and collaborates with the finance department around financial data and submissions.

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Peer Recovery Advocates Program

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- Yes
 No

Q81. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Diabetes, Environmental Health, Health Literacy, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)

Other: hypertension, child abuse/neglect, domestic violence, violent crime, suicide prevention. health care costs, home health eligibility, public assistance qualifications, educational attainment, language barriers

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q82. When did this initiative begin?

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

This program targets patients with substance use disorders and potentially co-occurring mental health disorders. Patients are identified as candidates for intervention through the intake process in the Emergency Department.

Q85. Enter the estimated number of people this initiative targets.

2000

Q86. How many people did this initiative reach during the fiscal year?

285

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
-

Other. Please specify.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

The Cecil County Health Department provides the Peer Recovery Specialists who engage with the identified patients. Union Hospital staff coordinate with the Peers in the ED and on other patient units as well as interact with identified patients as needed.

No.

Q89. Please describe the primary objective of the initiative.

1) Provide Peer Recovery Specialists to engage those patients with substance use disorders; 2) Facilitate access to relevant community supports and community treatment programs; and 3) Maintain a strong support network and follow-up with patients post-intervention (managed by Cecil County Health Department).

Q90. Please describe how the initiative is delivered.

Cecil County Health Department provides Peer Recovery Specialists who work with Union Hospital crisis intervention staff in the Emergency Department, the Psychiatric unit, and other hospital units in order to connect with patients with substance use disorders and encourage linkages with clinical and social supports via community-based treatment programs, providers/counselors, support groups/meetings, recovery housing, and medication management counseling. This hospital-health department partnership aims to strengthen the addictions support network by creating better access to addictions treatments at the hospital, at the health department, and in the community. In addition, we hope the peers will stem hospital readmissions and reduce illicit drug use in Cecil County.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

Count of participants/encounters

Cecil County Health Dept. tracks encounters by number of patient contacts made by Peer Recovery Advocates each quarter of the fiscal year.

Other process/implementation measures (e.g. number of items distributed)

Surveys of participants

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Unfortunately, the coronavirus pandemic had a significant negative impact on patient engagement. In the second half of the fiscal year - from January to July, only 73 contacts were made, with only 13 made from April to July.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

While the number of contacts decreased by nearly half from the prior fiscal year, 285 individuals is not an insignificant number and demonstrates the importance of this program. We feel very confident in the effectiveness of peer engagement in helping individuals address their substance use disorder, and we will continue to work with the Cecil County Health Department to determine how contacts can be increased as prevalence of substance use disorder continues to be an issue in Cecil County.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

In FY 20, the cost to the hospital was \$8,478 based on 140 paid staff hours for the fiscal year from July 2019 - March 2020.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Low-dose lung CT screenings and increasing awareness for lung cancer prevention

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Diabetes, Environmental Health, Health Literacy, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)

Other: hypertension, child abuse/neglect, domestic violence, violent crime, suicide prevention. health care costs, home health eligibility, public assistance qualifications, educational attainment, language barriers

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input checked="" type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q100. When did this initiative begin?

7/01/2016

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The Union Hospital Low-dose Lung CT Screening program targets adults aged 55-77 years who: are current smokers or have quit within the past 15 years; have no symptoms or personal history of lung cancer; and have a 30-pack year smoking history.

Q103. Enter the estimated number of people this initiative targets.

584

Q104. How many people did this initiative reach during the fiscal year?

241

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
-

Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Cecil County Health Department, Division of Health Promotions; Union Hospital Community Benefit; Union Hospital Cancer Program; Union Hospital Breast Health Center; Union Hospital Respiratory Care; Union Hospital Health Information Systems - Software; and Union Multi-Specialty Practice - Elkton Primary Care.

No.

Q107. Please describe the primary objective of the initiative.

The primary objective of this initiative is to increase the number of individuals receiving low-dose lung cancer CT screens by 5% by June 30, 2022 to raise awareness for lung cancer prevention. In calendar years 2016, 2017, and 2018, 556 people were screened and so to meet the 5% increase goal, 584 people will have to be screened in calendar years 2019, 2020, and 2021.

Q108. Please describe how the initiative is delivered.

Union Hospital representatives serve on the Cancer Task Force working in partnership with the Cecil County Health Department to ensure continuing monitoring of this initiative. Raising awareness about lung cancer prevention in the community as well as educating medical providers on how to address lung cancer prevention with their patients and what prevention resources are available to them and their patients are crucial components to ensure eligible individuals are referred for screenings.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Despite the pandemic, our numbers screened was comparable to other years. Unfortunately, the pandemic did lead to education and awareness activities in the community being halted. It is our charge to determine how to adapt to the new environment and still ensure the prevention message is successfully delivered to the community.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

Prior to the availability of the Low-dose CT screening, most lung cancers were diagnosed in stage 4. Today, with the Low-dose CT screening, lung cancers can be identified earlier. Earlier identification can increase the survival rate which could reduce lung cancer deaths overall. Cancer deaths are the 2nd leading cause of death in Cecil County.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

In FY 20, Union Hospital reported an expenditure of \$594 which was the cost of the time spent at the three Cancer Task Force meetings. Costs associated with the operation of the Union Hospital Lung Health Program are not listed.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Diabetes Community Education

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Diabetes, Environmental Health, Health Literacy, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: hypertension, child abuse/neglect, domestic violence, violent crime, suicide prevention. health care costs, home health eligibility, public assistance qualifications, educational attainment, language barriers

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q118. When did this initiative begin?

This initiative has been ongoing. The Diabetes Support Group has been reported as community benefit as early as 2007 and diabetes screenings and community education have been reported since 2012.

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Cecil County residents with diabetes, pre diabetes or who are caring for someone with diabetes.

Q121. Enter the estimated number of people this initiative targets.

400

Q122. How many people did this initiative reach during the fiscal year?

476

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
-

Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Cecil County Health Department, Cecil County Government Department of Community Services, Seidenberg Protzko Eye Associates, Lions Club of Rising Sun, and Cecil County Public Schools

No.

Q125. Please describe the primary objective of the initiative.

The objective of this initiative is to provide diabetes education and awareness for prevention and treatment of chronic disease. An important task as the FY19 Cecil County Community Health Needs Assessment reported death rates for diabetes mellitus increased from a rate of 15.8 per 100,000 residents in 2014 to 23 per 100,000 residents in 2017 and diabetes was consistently mentioned as an important health concern by those surveyed and interviewed in the Community Health Needs Assessment.

Q126. Please describe how the initiative is delivered.

Diabetes education is provided through participation in local health fairs and community events. As well as by partnering with local organizations like public schools and the Cecil County Health Department to arrange and provide educational presentations. For example, in FY 20, a Union Hospital nurse of the nutrition and diabetes center provided two presentations on healthy eating and diabetes to Cecil County Health Department employees as part of their employee wellness program. Partnerships with podiatrists and eye associates also facilitate annual screenings which have occurred since 2012. Union Hospital also hosts a monthly diabetes support group that is open to the public. Every November, diabetes awareness month, Union Hospital hosts a diabetes education fair that is open to employees and the general public. Due to the pandemic, providing education in the community became more challenging and so there was a period when education was unable to be delivered. As we adjust to the new landscape, we are determining how to continue to effectively provide education to our communities.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Observed outcomes of this initiative include improved Chronic disease management, improved referrals to community partners, and improved referrals for Diabetes self-management education.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

This initiative provides improved knowledge of diabetes care and management, an identified health need, to ensure improved health in the community.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

In FY 20, the cost of this initiative was \$1,966. \$1,390 spent on community diabetes education, \$266 spent to facilitate the diabetes support group, and \$310 to facilitate foot and eye screenings. The expenditure represents the paid time of Union Hospital staff.

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

[FY19 Schedule H Narratives.docx](#)
207KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
- No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Access to Health Services: Outpatient Services, Adolescent Health, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Children's Health, Diabetes, Environmental Health, Health Literacy, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: hypertension, child abuse/neglect, domestic violence, violent crime, suicide prevention. health care costs, home health eligibility, public assistance qualifications, educational attainment, language barriers

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	<input type="radio"/>	<input checked="" type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input type="radio"/>	<input checked="" type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input type="radio"/>	<input checked="" type="radio"/>

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify.

Oncology, GI, Vascular, Urology, Rheumatology
--

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	<input type="text"/>	
Non-Resident House Staff and Hospitalists	<input type="text"/>	
Coverage of Emergency Department Call	<input type="text"/>	
Physician Provision of Financial Assistance	<input type="text"/>	
Physician Recruitment to Meet Community Need	<table border="1" data-bbox="371 928 1070 1029"><tr><td>Recruitment for specialty, primary care, and surgical services continues to be a challenge for Union Hospital to support the community's access to quality and affordable health care. With larger systems that can offer better benefits and compensation packages, as well as more attractive community amenities, Union Hospital finds it difficult to compete in the recruitment market. Also, those providers that the hospital does attract and contract with may not stay long, making retention a large problem as well. This may improve with the recent acquisition of Union Hospital by ChristianaCare.</td></tr></table>	Recruitment for specialty, primary care, and surgical services continues to be a challenge for Union Hospital to support the community's access to quality and affordable health care. With larger systems that can offer better benefits and compensation packages, as well as more attractive community amenities, Union Hospital finds it difficult to compete in the recruitment market. Also, those providers that the hospital does attract and contract with may not stay long, making retention a large problem as well. This may improve with the recent acquisition of Union Hospital by ChristianaCare.
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Other (provide detail of any subsidy not listed above)	<table border="1" data-bbox="371 1041 1070 1142"><tr><td>Union Hospital continues to subsidize permanent outpatient services despite the financial losses. These services include: Gastroenterology, Primary Care, Urology, Vascular, Rheumatology, Outpatient Psychiatry, Oncology, ENT, OB/GYN, General Surgery, and Endocrinology. Cecil County lacks a sufficient number of primary care and specialty providers, which makes care management difficult, potentially adding to the burden of readmissions for high-risk and rising risk patients with risk modifiable conditions, like COPD, CHF, and Diabetes.</td></tr></table>	Union Hospital continues to subsidize permanent outpatient services despite the financial losses. These services include: Gastroenterology, Primary Care, Urology, Vascular, Rheumatology, Outpatient Psychiatry, Oncology, ENT, OB/GYN, General Surgery, and Endocrinology. Cecil County lacks a sufficient number of primary care and specialty providers, which makes care management difficult, potentially adding to the burden of readmissions for high-risk and rising risk patients with risk modifiable conditions, like COPD, CHF, and Diabetes.
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Other (provide detail of any subsidy not listed above)	<input type="text"/>	
Other (provide detail of any subsidy not listed above)	<input type="text"/>	

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

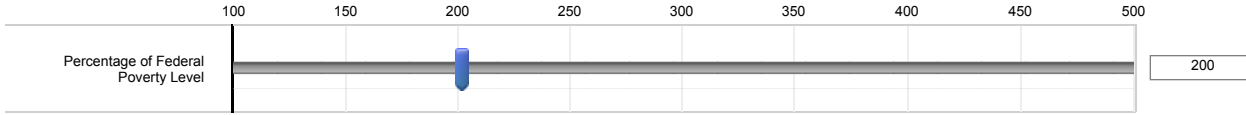
Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

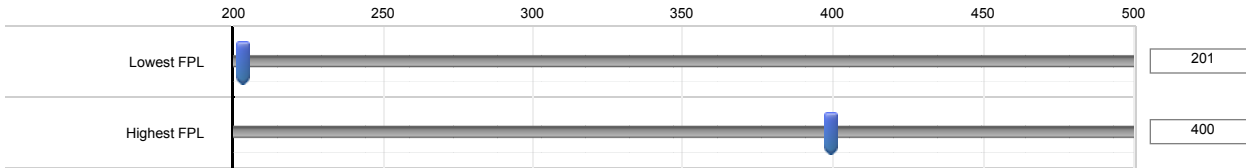
[F-415-Financial-Assistance-Policy-and-Procedure.pdf](#)
268.8KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

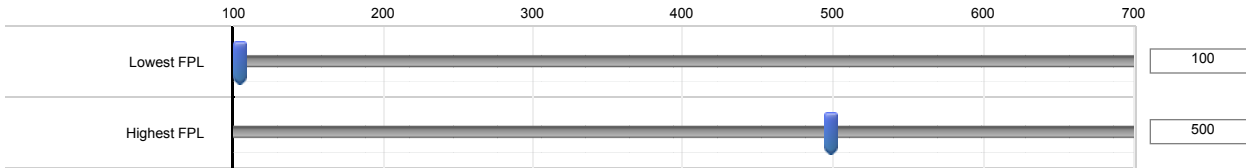
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



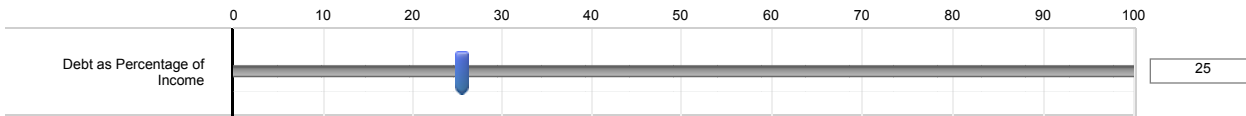
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

- No, the FAP has not changed.
- Yes, the FAP has changed. Please describe:

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q156.

Attention Hospital Staff! IMPORTANT!

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


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

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

Location Data

Location: ([39.610198974609](#), [-75.674697875977](#))

Source: GeolIP Estimation



From: [Hilltop HCB Help Account](#)
To: katie.w.coombes@christianacare.org
Cc: [Hilltop HCB Help Account](#)
Subject: HCB Narrative Report Clarification Request - ChristianaCare Union
Date: Wednesday, May 26, 2021 10:20:47 AM
Attachments: [Union Cecil HCBNarrative FY2020 20210115.pdf](#)

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for ChristianaCare, Union Hospital. In reviewing the narrative, we encountered a few items that require clarification:

- In Question 63 on page 14, it was indicated that “School – K-12” was not involved in your hospital’s community benefit activities, however an explanation was provided in the “Other (explain)” box of Gilpin Manor Elementary School’s and Cecil County Public Schools’ involvement. Please select the choice(s) from those provided that best indicates these participants’ involvement.
- In Question 63 on page 15, information was provided on the involvement of a medical school and multiple nursing schools in your hospital’s community benefit activities, however no selection was chosen from the options provided. Please select the choice(s) from those provided that best indicates these participants’ involvement.
- Is it possible to provide additional information about the education and awareness activities for the “Low-dose lung CT screenings and increasing awareness for lung cancer prevention” initiative (Question 108, page 22), including your hospital’s role in creating and/or providing them?
- In Question 121 on page 24, the estimated number of people targeted by the “Diabetes Community Education” initiative is reported as 400. This number seems low given the description of the target population in Question 120. Please provide additional information regarding how the number of people targeted reported in Question 121 was determined, or a more specific description of the target population in Question 120.
- Are there any numbers or data available to show that “improved Chronic disease management, improved referrals to community partners, and improved referrals for Diabetes self-management education” resulted from the “Diabetes Community Education” initiative?
- In Question 138 on page 26, it was reported that none of your hospital’s community benefit operation/activities aligned with measures in the Healthy Beginnings, Healthy Communities, or Quality Preventive Care SHIP categories. However, in Question 135, you reported your hospital’s community benefit activities addressed all needs identified in the most recent CHNA, and some of these needs, including “domestic violence” and “suicide prevention”, seem to align directly with SHIP measures. If these or other needs were not addressed by your hospital’s community benefit activities, please select “No” on Question 135 and provide an explanation as to why in Question 137.

Please provide your clarifying answers as a response to this message.

From: [Coombes, Katie Wolinski](mailto:katie.w.coombes@christianacare.org)
To: [Hilltop HCB Help Account](#)
Subject: RE: HCB Narrative Report Clarification Request - ChristianaCare Union
Date: Thursday, June 3, 2021 12:44:36 PM

Caution (External, katie.w.coombes@christianacare.org)

Sensitive Content [Details](#)

Beware of COVID-19 phishing scams. [Click here](#) to visit the CDC website with the latest authoritative information on the Coronavirus COVID-19 pandemic.

[Report This Email](#) [FAQ](#) [Protection by INKY](#)

Good afternoon,

Below are the clarifications to the questions in bold. Please let me know if more is needed.

- In Question 63 on page 14, it was indicated that “School – K-12” was not involved in your hospital’s community benefit activities, however an explanation was provided in the “Other (explain)” box of Gilpin Manor Elementary School’s and Cecil County Public Schools’ involvement. Please select the choice(s) from those provided that best indicates these participants’ involvement.
 - **Delete Gilpin Manor Elementary School and select “delivering CB initiatives” and “other (explain)”.**
 - **The explanation is “During FY20, usual events with schools such as the annual sports physicals were postponed due to the pandemic, but a few activities with public schools did occur. One activity was a 2-part 1-hour support group for Perryville High School students with Type 1 diabetes. The school nurse invited Union Hospital to meet with these students. Breast cancer education was also provided at school events during the FY20 school year such as Calvert Elementary Family Fun Night and Elkton High School Fall Fest.**
- In Question 63 on page 15, information was provided on the involvement of a medical school and multiple nursing schools in your hospital’s community benefit activities, however no selection was chosen from the options provided. Please select the choice(s) from those provided that best indicates these participants’ involvement.
 - **Other (explain) should be selected for both medical and nursing schools.**
- Is it possible to provide additional information about the education and awareness activities for the “Low-dose lung CT screenings and increasing awareness for lung cancer prevention” initiative (Question 108, page 22), including your hospital’s role in creating and/or providing them?
 - **During FY 2020, Beth Money, Union Hospital’s Cancer Program Director, served as the Cancer Task Force Chairperson.**
 - **In November 2019, Beth Money and Dr. Naveed Hasan of Union Hospital Pulmonary Medicine, appeared on Smash Hits Radio to discuss Low-Dose CT lung cancer screenings. This appearance corresponded with Lung Cancer Awareness Month.**
 - **Union Hospital also promoted Lung Cancer Awareness Month on its website in November 2019.**
 - **During FY 20, Union caregivers made 44 tobacco cessation patient referrals to the Cecil County Health Department.**
- In Question 121 on page 24, the estimated number of people targeted by the “Diabetes Community Education” initiative is reported as 400. This number seems low given the description of the target population in Question 120. Please provide additional information regarding how the number of people targeted reported in Question 121 was determined, or a more specific description of the target population in Question 120.
 - **For the past several years, diabetes community education has been provided to 300 – 500 people annually. The expectation is that the number of people provided information and education at community events would not go below this threshold. A target of 400 ensures we would still exceed our minimum.**

- In FY 20, the education was provided by one full-time Dietitian and another Dietitian who worked 2 days a week. They provided this education in addition to their patient responsibilities and so were not able to focus solely on community education.
- Finally, the target population is broad because we accept any invitation to community events in Cecil County to provide diabetes education.
- In FY 20, community education events were halted in March 2020 due to the COVID-19 pandemic.
- Are there any numbers or data available to show that “improved Chronic disease management, improved referrals to community partners, and improved referrals for Diabetes self-management education” resulted from the “Diabetes Community Education” initiative?
 - **No. There is no data we can provide. These are the hoped-for outcomes with only anecdotal results.**
- In Question 138 on page 26, it was reported that none of your hospital’s community benefit operation/activities aligned with measures in the Healthy Beginnings, Healthy Communities, or Quality Preventive Care SHIP categories. However, in Question 135, you reported your hospital’s community benefit activities addressed all needs identified in the most recent CHNA, and some of these needs, including “domestic violence” and “suicide prevention”, seem to align directly with SHIP measures. If these or other needs were not addressed by your hospital’s community benefit activities, please select “No” on Question 135 and provide an explanation as to why in Question 137.
 - **Question 135 should be changed to NO**
 - **Answers to Question 137 below as described in our CHNA:**

Health Needs Identified but Not Prioritized	Rationale
Access to care	Ongoing efforts through health services to bring more providers into the community covering a range of specialties, including primary care and geriatric services.
Homelessness	CHAC does not have enough resources to manage this problem. Homeless providers in the area meet through the Cecil County Interagency Council on Homelessness to work through issues and find additional supports.
Dental Health	With the dental clinic closure, starting a new effort to manage dental health needs in vulnerable communities was not feasible. The Dental Advisory Committee is currently working on strategies to increase awareness around dental health in vulnerable and underserved neighborhoods, primarily working through neighborhood community centers and local libraries.
Infectious & Communicable Diseases	There are programs in place through the Cecil County Health Department to address infectious and communicable disease.
Environmental health	Addressed by Dept of Natural Resources and Cecil County Health Dept. Lack of available resources; too broad.
Injuries –Motor vehicle/pedestrian	Addressed by law enforcement and the Dept of Transportation
Domestic violence	Addressed by the domestic violence shelter, a part of the Department of Social Services, and local law enforcement
Violent Crime	Addressed by local and state law enforcement in Cecil County. Agencies and health care services also partner with law enforcement to support their efforts.
Suicide	Addressed through inpatient and outpatient programs in the community, mediation services like Eastern Shore Mobile Crisis, Upper Bay Counseling Services, and hot- and warm-lines providing real-time interventions to those at-risk for suicide
Barriers to Care Identified but	Rationale

Not Prioritized	
Income & Poverty	May be addressed as part of each of the health priority areas. Requires stronger government/public programs and funding to support overcoming these barriers.
Employment	May be addressed as part of the Behavioral Health priority. Otherwise addressed by Susquehanna Workforce Network, Cecil College, and other local non-profits, like those that assist veterans.
Health insurance availability and cost	Addressed through the Maryland Health Connection and Seedco
Home Health eligibility	Addressed through programs that assist persons with the application process (ex. the county Department of Community Services)
Lack of knowledge (incl. low health literacy, lack of access to health information)	Opportunities to address health literacy are being explored for all priority areas
Public assistance qualifications	Addressed through Cecil County Health Department, the Department of Community Services, the Department of Social Services, and the certified health insurance navigators through Seedco and the Maryland Health Connection
Need for more medical and social supports	Addressed by Dept of Social Services, Dept of Community Services, Cecil County Health Department, and other social services
Educational Attainment	Addressed by local non-profits work with special and vulnerable populations who experience barriers to getting a GED; local federal credit unions provide education on how to affordably finance education; Cecil College offers scholarships to eligible individuals; and workplaces provide tuition reimbursement for applicable educational attainment (e.g.. workplace certifications or degrees)
Affordable housing	Affordable housing is a large barrier in Cecil County, especially among the poor and low-income. While wait lists are long for most housing programs, there are agencies in the community that manage this issue. Also, while new development is costly, there are some resources available to purchase and/or rehab existing or new properties for transitional housing. Some community work has been done to strike compromises with landlords to house homeless and other tenants who can demonstrate the ability to sustain housing.
Language barriers	Language barriers can be addressed through the use of interpreters. Most programs in the county have access to medical and social interpreters or contracted interpreter services. If access is a problem then there is opportunity to partner with organizations that have these resources. For patients or clients with language barriers there is opportunity for organizations to provide materials in other languages and hire or access professionals that can speak other languages.
Time limitations	In all the focus groups it was voiced that there are not enough doctors' offices open in the evening hours. Union Hospital and many other providers in the community have added evening and weekend hours for frequently used services, like primary care and urgent care.

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Sent: Wednesday, May 26, 2021 10:20 AM

To: Coombes, Katie Wolinski <Katie.W.Coombes@ChristianaCare.org>

Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Subject: [EXTERNAL] HCB Narrative Report Clarification Request - ChristianaCare Union

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for ChristianaCare, Union Hospital. In reviewing the narrative, we encountered a few items that require clarification:

- In Question 63 on page 14, it was indicated that “School – K-12” was not involved in your hospital’s community benefit activities, however an explanation was provided in the “Other (explain)” box of Gilpin Manor Elementary School’s and Cecil County Public Schools’ involvement. Please select the choice(s) from those provided that best indicates these participants’ involvement.
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Please provide your clarifying answers as a response to this message.

FY 2019 Schedule H
Narratives

Part II. Description for Table: Community building activities. *Describe how the following activities promote the health of the community.*

Economic Development (F2)

In Fiscal Year (FY) 2019, Union Hospital supported the following economic development organizations in Cecil County through Board service by Executive Management staff:

- 1) *Economic Development Commission for Cecil County.* This commission promotes economic development in Cecil County, focusing on business and industry development, by building relationships with local partners. Union Hospital collaborates with this commission to promote stability within the hospital's workforce and to bring much needed practitioners to the area, especially where there are too few providers or identified service gaps.
- 2) *Elkton Alliance.* Elkton Alliance works together with the local government and business communities to restore, promote, and maintain the diverse historic downtown Elkton area, while attracting new enterprises for the benefit of community residents, businesses, and visitors. In collaborating with Elkton Alliance, Union Hospital seeks to maintain a positive presence in the community by helping to address community development issues.
- 3) *Cecil County School Employees Federal Credit Union Board.* The credit union's Board promotes financial literacy and education for its members and for local elementary school students which contributes to reducing financial barriers that can be exacerbated by social determinants of health. Reducing the barriers exacerbated by the social determinants of health is also a part of health literacy which Union Hospital supports and promotes inside and outside its four walls.

Community Support (F3)

In FY 2019, Union Hospital supported the following community organizations through board service and campaign planning in Cecil County:

- 1) *United Way of Cecil County.* The United Way of Cecil County brings together volunteers from government, businesses, faith groups, nonprofits, and citizens in order to improve people's lives. United Way of Cecil County funds programs that address critical needs in the community surrounding children and families, health and wellness, and independent living. Union Hospital supports the United Way two ways: a) by planning and facilitating a hospital-wide annual giving campaign; and b) by providing a staff member to serve on the United Way Board.
- 2) *Local Management Board of Cecil County.* The core function of Local Management Boards (LMBs) is to identify priorities and target resources for their communities, as well as serve as the coordinator of collaboration for child and family services. LMBs bring together local child-serving agencies, local child providers, clients of services, families, and other community representatives to empower local stakeholders to address the needs of and set priorities for their communities. There is a Local Management Board in each county in Maryland,

including Baltimore City. Union Hospital’s Executive Management staff serves on Cecil County’s Local Management Board to provide insight on the connection between hospital services/population health initiatives and support for community directives/strategic priorities.

- 3) *Bereavement Support.* Union Hospital established bereavement supports for people, across the age continuum, in the community, affected by grief and loss. An example includes the Bereavement Memorial Service which occurs annually and is open to patients, their families, and the community affected by grief and loss of infants. Maternal & Infant Center nursing staff are available at the Memorial to answer questions and talk through issues/concerns. The service includes a tree lighting and a balloon air lift as a memorial to lost loved ones.

Leadership Development and Training for Community Members (F5)

In FY 2019, Union Hospital supported the following leadership development and training effort in Cecil County:

- 1) *Cecil Leadership Institute.* The Cecil Leadership Institute (CLI) is hosted by Cecil College and provides a framework where existing and emerging leaders in nonprofit, business, government, and tourism engage, collaborate, and commit to Cecil County’s ongoing development. Union Hospital partners with Cecil College to provide a leadership session at the hospital for CLI participants. Participants engage with hospital leadership through presentations and team building exercises.

Part VI. Supplemental information

2. Needs assessment. *Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessment reported in Part V, Section B.*

FY 2019 Progress Report – Community Health Needs Assessment (CHNA)

Tables 1-3 outline progress made on the health priorities during FY 2019. These health priorities were identified during the most recent CHNA that was completed at the end of FY 2016 and whose Community Health Improvement Plan action steps cover FY 2017 – FY 2019. The health priorities of the most recent CHNA include: behavioral health, chronic disease, and determinants of health.

Table 1. Priority 1 – Behavioral Health

<p>A. Identified Need</p>	<p><u>Behavioral Health:</u> a) Illicit Drug Use/Problem Alcohol Use; b) Mental Health; and c) Access to Behavioral Health Care</p> <p>These Behavioral Health needs were identified through the FY15-FY16 Community Health Needs Assessment (CHNA) and strategies were created to address these needs through the Community Health Improvement Plan (CHIP). Union Hospital’s improvement efforts will aim to address the following CHIP objectives:</p> <ul style="list-style-type: none"> • 1.1.1: By June 30, 2019, reduce the drug induced death rate by 5% • 1.1.2: By June 30, 2019 reduce the percentage of youth in grades 9-12 reporting the use of alcohol on one or more of the past 30 days to no more than 33.8% • 1.2.1: By June 30, 2019, reduce the percentage of youth in grades 9-12 who felt sad or hopeless almost every day for 2 weeks or more during the past 12 months to no more than 24.8% • 1.3.1: By June 30, 2019, decrease the rate of emergency department (ED) visits related to mental health conditions by 10% and emergency department visits related to substance use disorders by 5% <p><u>Cecil County Data</u></p> <p>Illicit Drug Use</p> <ul style="list-style-type: none"> • The drug-induced death rate increased from 30.5 deaths (2013-2015) per 100,000 population to 37.7 deaths (2014-2016) per 100,000 population (<i>Centers for Disease Control and Prevention, WONDER Mortality data, Compressed Mortality File</i>) • In 2014, there were 2,165.7 ED visits per 100,000 population for substance use disorders, one of the highest county rates in Maryland (<i>HSCRC, Research Level Statewide Outpatient Data Files</i>) • In 2014, 15.5% of high school students reported taking prescription drugs without a doctor’s prescription one or more times in their life (<i>Maryland Youth Risk Behavior Survey, Cecil County</i>) • In 2014, 4.2% of high school students reported using heroin one or more times during their life (<i>Maryland Youth Risk Behavior Survey, Cecil County</i>) <p>Problem Alcohol Use</p> <ul style="list-style-type: none"> • In 2016, 16.8% of adults reported binge drinking (<i>Maryland Behavioral Risk Factor Surveillance Survey</i>) • In 2014, 21.6% of high school students reported drinking more than five drinks in a row within a couple of hours on at least 1 day in a 30-day period (<i>Maryland Youth Risk Behavior Survey, Cecil County</i>) <p>Mental Health</p> <ul style="list-style-type: none"> • In 2014, there were 5,501.6 ED visits per 100,000 population for mental health conditions (<i>HSCRC, Research Level Statewide Outpatient Data Files</i>) • From 2012-2014, there were 13.4 suicide deaths per 100,000 population (<i>Maryland Vital Statistics Administration</i>) • In 2014, 22.1% of middle school students reported feeling sad or hopeless almost every day for two or more weeks in a row (<i>Maryland Youth Risk Behavior Survey, Cecil County</i>)
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	<ul style="list-style-type: none"> • In 2014, 29.4% of high school students reported feeling sad or hopeless almost every day for two or more weeks in a row (<i>Maryland Youth Risk Behavior Survey, Cecil County</i>) • In 2014, 18.5% of high school students reported seriously considering attempting suicide in the last year (<i>Maryland Youth Risk Behavior Survey, Cecil County</i>) • In 2014, 15.7% of high school students reported making a plan to commit suicide in the last year (<i>Maryland Youth Risk Behavior Survey, Cecil County</i>)
B. Hospital Initiatives	<p><u>To address CHIP objective 1.1.1:</u></p> <ul style="list-style-type: none"> • Community Health Education: Neonatal Abstinence Syndrome (NAS) • Working with the Local Overdose Fatality Review Team (LOFRT) <p><u>To address CHIP objective 1.1.2:</u></p> <ul style="list-style-type: none"> • Working with the Maryland Strategic Prevention Framework 2 (MSPF2) <p><u>To address CHIP objective 1.2.1:</u></p> <ul style="list-style-type: none"> • Working with the Mental Health Core Services Agency (MHCSA) Advisory Council <p><u>To address CHIP objective 1.3.1:</u></p> <ul style="list-style-type: none"> • Working with the MHCSA Advisory Council • Working with the Crisis Intervention Team (CIT) • Peer Recovery Advocates program • Crisis Center
C. Total Number of People within the Target Population	<p><u>Cecil County Population:</u> 102,175</p> <ul style="list-style-type: none"> • Adults (18+ years): 78,128 (76.5%) • Adolescents (10-14 years): 6,923 (6.8%) • Adolescents (15-19 years): 6,750 (6.6%) <p><i>Source: 2012-2016 American Community Survey, 5-Year Estimates, US Census Bureau, Sex and Age</i></p>
D. Total Number of People Reached by the Initiatives	<p><u>In FY19:</u></p> <ul style="list-style-type: none"> • A total of 585 clients were served through hospital programs to reduce the burden of behavioral health issues in Cecil County.
E. Primary Objectives of the Initiatives	<p>Community Health Education: Neonatal Abstinence Syndrome (NAS)</p> <ul style="list-style-type: none"> • <u>Objective:</u> Teach drug-addicted mothers how to soothe their infants suffering from NAS and how to access assistance and resources when needed

	<p>Local Overdose Fatality Review Team (LOFRT)</p> <ul style="list-style-type: none"> • <u>Objective:</u> Support the team in reviewing drug overdose cases and effectively participate in discussing prevention strategies with behavioral health providers <p>Maryland Strategic Prevention Framework 2 (MSPF2)</p> <ul style="list-style-type: none"> • <u>Objective:</u> Support the team's efforts to reduce underage drinking in Cecil County <p>Mental Health Core Service Agency Advisory Council (MHCSAAC)</p> <ul style="list-style-type: none"> • <u>Objective:</u> Support the Council's objectives to provide interventions and action steps to enhance mental health care and increase access to mental health services <p>Crisis Intervention Team (CIT)</p> <ul style="list-style-type: none"> • <u>Objective:</u> Support the team's efforts in supporting clients in crisis by enhancing community-based strategies to support law enforcement management of mental health in the field and address the gaps in data collection <p>Peer Recovery Advocates Program</p> <ul style="list-style-type: none"> • <u>Objective:</u> Provide peer counselors for patients struggling with addictions and facilitate access to addictions supports and community treatment programs <p>Crisis Center</p> <ul style="list-style-type: none"> • <u>Objective:</u> Create and sustain a short-term crisis stabilization program to offer a safe place for Cecil County residents to work through crisis situations and reduce overutilization of the emergency department for mental health conditions
F. Time Period of the Initiatives	FY17 – FY19
G. Key Collaborators	<p>Community Health Education: NAS Union Hospital Elkton Treatment Center</p> <p>LOFRT Cecil County Health Department Union Hospital Community Behavioral Health Providers</p> <p>MSPF2 Cecil County Health Department Union Hospital Law Enforcement Department of Emergency Services Youth Empowerment Source Cecil County Public Schools</p>

	<p>Weaver Liquors Cecil County Liquor Control Board Department of Juvenile Services Private Citizens</p> <p>MHCSAAC Cecil County Health Department Union Hospital Community Behavioral Health Providers Cecil County Public Schools Department of Juvenile Services Law Enforcement Department of Emergency Services</p> <p>CIT Cecil County Health Department Union Hospital Community Behavioral Health Providers Cecil County Public Schools Department of Juvenile Services Law Enforcement Department of Emergency Services</p> <p>Peer Recovery Advocates Program Union Hospital Cecil County Health Department</p> <p>Crisis Center Union Hospital Union Behavioral Health Cecil County Health Department Upper Bay Counseling Services Eastern Shore Mobile Crisis Key Point Health Services</p>
<p>H. Impact of the Hospital Initiatives</p>	<p>Community Health Education: NAS</p> <ul style="list-style-type: none"> • Union Hospital Pediatric unit staff visited two treatment centers to provide infant soothing and parental support education to drug-addicted mothers. In FY19, breastfeeding sessions were also provided in the context of Neonatal Abstinence Syndrome (NAS) and infant soothing. • In FY19, <u>9</u> NAS education sessions were provided by hospital Maternal & Infant Center staff. • In FY19, <u>7</u> NAS breastfeeding sessions were provided by hospital Lactation & Family Education staff. <p>LOFRT</p> <ul style="list-style-type: none"> • LOFRT reviews all overdose deaths in Cecil County through an interdisciplinary team meeting comprised of behavioral health service providers throughout the county. Recommendations for prevention are also discussed and implemented.

	<ul style="list-style-type: none"> • In FY19, it is likely that hospital staff from inpatient behavioral crisis services attended the LORFT meetings; however, no meeting dates or hours were reported to the Community Benefit office. <p>MSPF2</p> <ul style="list-style-type: none"> • MSPF2 applies for a grant every 3-5 years to organize community support and law enforcement interventions to reduce and prevent underage drinking in Cecil County. • In FY21, the grant funding process for the coalition’s activities is expected to become competitive. This will cause constraints for coalition leadership and they will likely not reapply for funding. Attendance will be reported for FY20 but possibly not after. • In FY19, one hospital staff from Purchasing attended meetings. This staff member has served on the coalition since FY16. <p>MHCSAAC</p> <ul style="list-style-type: none"> • The Council maintains the strategies for the CHIP objectives that address mental health (1.2.1 and 1.3.1). • In FY19, Union Hospital Community Benefit staff attended monthly meetings. <p>CIT</p> <ul style="list-style-type: none"> • The CIT branched off of the MHCSA Advisory Council in FY13 to help identify strategies to increase access to behavioral health services. • In FY19, Union Hospital Community Benefit staff attended quarterly meetings. <p>Peer Recovery Advocates Program</p> <ul style="list-style-type: none"> • Cecil County Health Department provides the Peer Recovery Specialists who work with Union Hospital crisis intervention staff in the Emergency Department and on the Psychiatric unit. Peer Recovery Specialists encourage patients to utilize clinical and community addictions supports via treatment programs and connections to: providers/counselors, support groups/meetings, and medication management counseling. Cecil County Health Department provides hospital encounter data, and staff time is reported by Union Hospital. • In FY19, there was a decrease in contacts made at Union Hospital, likely due to Peer Recovery Specialist availability. This decrease has continued throughout the FY17-FY19 reporting cycle. <p>Crisis Center</p> <ul style="list-style-type: none"> • As of FY19, the Crisis Center project has been pushed back indefinitely and will not be reported-on in this report moving forward.
I. Evaluation of Outcomes	CHIP objectives are evaluated by analyzing and interpreting county-level data which is reported to community stakeholders via semi-annual Local Health Improvement Coalition meetings, as well as included in written annual updates to the CHNA during the 3-year measurement cycle. Union Hospital programs that address specific CHIP objectives are evaluated by comparing year-to-year outputs and notifying community partners of impact.

J. Status	<p>Discontinued:</p> <ul style="list-style-type: none"> • Crisis Center <p>Work will continue with:</p> <ul style="list-style-type: none"> • LOFRT • MSPF2 • MHCSAAC • CIT • Peer Recovery Advocates Program • Community Health Education: NAS 	
K. Expenses	<p>A. Total Cost of Initiatives</p> <p>MSPF2 (10 meetings)</p> <ul style="list-style-type: none"> • Paid hours: 10 = <u>\$172</u> <p>MHCSAAC (3 meetings)</p> <ul style="list-style-type: none"> • Community Benefit Coor hours: 3 (dollars reported in G1-Community Benefit Operations) <p>CIT (2 meetings)</p> <ul style="list-style-type: none"> • Community Benefit Coor hours: 2 (dollars reported in G1-Community Benefit Operations) <p>Peer Recovery Advocates Program</p> <ul style="list-style-type: none"> • 585 clients served • Paid hours: 208 = <u>\$15,812</u> <p>Community Health Education: NAS</p> <ul style="list-style-type: none"> • 9 NAS education sessions • 7 NAS breastfeeding sessions • Unpaid hours: 23 <p>Total Community Benefit: \$15,984</p>	<p>B. Grants/Offsetting Revenue</p> <p>N/A</p>

Table 2. Priority 2 – Chronic Disease

<p>A. Identified Need</p>	<p><u>Chronic Disease:</u> a) Diabetes; b) Respiratory & Lung Diseases; and c) Heart Disease & Stroke</p> <p>The Chronic Disease priorities were identified through the FY15-FY16 Community Health Needs Assessment (CHNA) and strategies were created to address these needs through the Community Health Improvement Plan (CHIP). Union Hospital’s improvement efforts will aim to address the following CHIP objectives:</p> <p>Diabetes</p> <ul style="list-style-type: none"> • 2.1.1: By June 30, 2019, increase physician practice sites making referrals to chronic disease self-management programs by 2 sites • 2.1.3: By June 30, 2019, promote 1 county-wide walking program <p>Respiratory & Lung Diseases</p> <ul style="list-style-type: none"> • 2.2.1: By June 30, 2019, increase the number of individuals receiving low-dose lung CT screenings by 5%, in order to increase awareness for lung cancer prevention • 2.2.2: By June 30, 2019, reduce the prevalence of tobacco use among adolescents by 5% and cigarette smoking among adults by 5% <p>Heart Disease & Stroke</p> <ul style="list-style-type: none"> • 2.3.1: By June 30, 2019, reduce high blood pressure among adults by 5%, in order to reduce the incidence of stroke in Cecil County • 2.3.3: By June 30, 2019, implement a wellness program for one local small business <p><u>Cecil County Data</u></p> <p>Diabetes</p> <ul style="list-style-type: none"> • In 2016, 10.4% of adults were diagnosed with diabetes (<i>Maryland Behavioral Risk Factor Surveillance System</i>) • In 2014, there were 250.2 ED visits due to Diabetes per 100,000 population (<i>HSCRC, Research Level Statewide Outpatient Data Files</i>) • From 2014-2016, there were 17.3 deaths (age-adjusted) due to diabetes per 100,000 population (<i>Table 50. Age-Adjusted Death Rates by Political Subdivision, 2016 Maryland Vital Statistics Annual Report</i>) <p>Respiratory & Lung Diseases</p> <ul style="list-style-type: none"> • From 2011-2015, there were 79 cases of lung cancer per 100,000 population (<i>National Cancer Institute, State Cancer Profiles, CDC</i>) • From 2011-2015, there were 59.2 deaths (age-adjusted) per 100,000 population due to lung cancer (<i>National Cancer Institute, State Cancer Profiles, CDC</i>) <p>Heart Disease & Stroke</p> <ul style="list-style-type: none"> • From 2014-2016, there were 200 deaths (age-adjusted) per 100,000 population due to heart disease (<i>Table 50. Age-Adjusted Death Rates by Political Subdivision, 2016 Maryland Vital Statistics Annual Report</i>) • From 2014-2016, there were 54 deaths (age-adjusted) per 100,000 population due to stroke (<i>Table 50. Age-Adjusted Death Rates by Political Subdivision, 2016 Maryland Vital Statistics Annual Report</i>)
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	<p>Risk Factors</p> <ul style="list-style-type: none"> • In 2013, 39.1% of adults engaged in regular physical activity (<i>Maryland Behavioral Risk Factor Surveillance System</i>) • In 2016, 25.7% of adults smoked (an 8.2% increase from 2015) (<i>Maryland Behavioral Risk Factor Surveillance System</i>) • In 2014, 16.7% of teenagers smoked (<i>Maryland Youth Tobacco Survey</i>) • In 2016, 47.8% of adults had high blood pressure (a 13% increase from 2015) (<i>Maryland Behavioral Risk Factor Surveillance System</i>)
B. Hospital Initiatives	<p><u>To address CHIP objective 2.1.1, 2.1.3, and 2.3.3:</u></p> <ul style="list-style-type: none"> • Working with the Cecil County Healthy Lifestyles Task Force (HLTF) • Union Hospital Health Fair <p><u>To address CHIP objectives 2.2.1 and 2.2.2:</u></p> <ul style="list-style-type: none"> • Working with the Cecil County Cancer Task Force <p><u>To address CHIP objective 2.3.1 (not a part of the HLTF short-term objectives):</u></p> <ul style="list-style-type: none"> • Community Health Education: Stroke
C. Total Number of People within the Target Population	<p><u>Cecil County Population:</u> 102,175</p> <ul style="list-style-type: none"> • Adults (18+ years): 78,128 (76.5%) • Adolescents (10-14 years): 6,923 (6.8%) • Adolescents (15-19 years): 6,750 (6.6%) <p><i>Source: 2012-2016 American Community Survey, 5-Year Estimates, US Census Bureau, Sex and Age</i></p>
D. Total Number of People Reached by the Initiatives	<p><u>In FY19:</u></p> <ul style="list-style-type: none"> • Encounters were not reported for task force (TF) meetings, but the following meetings were attended by Union Hospital staff: <ul style="list-style-type: none"> -- Healthy Lifestyles TF – 1 meeting (1.5 Community Benefit Coord. hours) -- Cancer TF – 3 meetings (19 total paid staff hours) • Stroke education (506 encounters): 3 health fair events (50.17 total unpaid hours; 13 total paid hours)
E. Primary Objectives of the Initiatives	<p>Union Hospital Health Fair</p> <ul style="list-style-type: none"> • <u>Objective:</u> Provide health education to the community to increase engagement in personal health care <p>Healthy Lifestyles Task Force (HLTF)</p> <ul style="list-style-type: none"> • <u>Objective 2.1.1:</u> By June 30, 2019, increase physician practice sites making referrals to chronic disease self-management programs by 2 sites. • <u>Objective 2.1.2:</u> By June 30, 2019, increase the number of sites hosting chronic disease self-management programs (CDSMP) by 5 sites. • <u>Objective 2.1.3:</u> By June 30, 2019, promote 1 county-wide walking program. • <u>Objective 2.3.1:</u> By June 30, 2019, reduce high blood pressure among adults by 5%, in order to reduce the incidence of stroke in Cecil County. • <u>Objective 2.3.2:</u> By June 30, 2019, increase the percentage of students who eat vegetables one or more times per day by 5% in order to reduce the

	<p>incidence of heart disease.</p> <ul style="list-style-type: none"> • Objective 2.3.3: By June 30, 2019, implement a wellness program for one local, small business. <p>Cancer Task Force The Cecil County Cancer Task Force has developed a work plan according to 2 subcommittees which include STOs for CHIP objective 2.2.1:</p> <p><u>EMR Flagging & Referrals Subcommittee</u></p> <ul style="list-style-type: none"> • STO 1: By June 30, 2019, two health care providers will identify active clients in their caseload who meet eligibility for lung cancer screenings. • STO 2: By June 30, 2019, EMR subcommittee will complete 1 activity in a health care provider’s site that supports lung cancer awareness activities. • STO 3: By June 30, 2019, two health care providers will establish a procedure to identify active clients in their caseload who meet eligibility for lung cancer screenings. • STO 4: By June 30, 2019, one activity will be completed to increase awareness of available low-dose lung CT screenings of those clients identified as eligible for lung cancer screening. • STO 5: By June 30, 2019, one presentation will have been completed for health care provider’s site staff about identification of eligible clients for lung cancer screenings. <p><u>Community Outreach Subcommittee</u></p> <ul style="list-style-type: none"> • STO 1: By June 30, 2019, plan and implement 2 Cecil County Lung Cancer awareness activities to advertise and promote the low-dose CT screenings. • STO 2: By June 30, 2019, 2 presentations will be completed to advertise and promote the low-dose CT screenings in the community. <p>Community Health Education: Stroke</p> <ul style="list-style-type: none"> • Objective: The Stroke Program Coordinator provides stroke education in the community via seminars and presentations. These educational opportunities are crafted and reported in addition to education provided at community health fairs.
F. Time Period of the Initiatives	FY17 – FY19
G. Key Collaborators	<p>HLTF Cecil County Health Department Union Hospital Union Primary Care of Elkton Union Primary Care of Perryville Union Medical Nutritional Services and Diabetes Center Triangle Health Alliance</p> <p>Union Hospital Health Fair Union Hospital Community Partners Union Multi-Specialty Practices</p>

	<p>Triangle Health Alliance Union Medical Nutritional Services and Diabetes Center</p> <p>Cancer Task Force Cecil County Health Department Union Hospital Union Primary Care of Elkton American Cancer Society – Newark, DE Office</p> <p>Community Health Education: Stroke Union Hospital Community Organizations</p>
<p>H. Impact of the Initiatives</p>	<p>Union Hospital Health Fair</p> <ul style="list-style-type: none"> No community health fair was hosted by the hospital in FY19 <p>HLTF</p> <p><u>Objective 2.1.1</u></p> <ul style="list-style-type: none"> There is a total of 15 health care providers, including primary care, specialists, mental/behavioral health, pregnancy centers, urgent care centers, and Union Hospital referring to health promotion programs since July 1, 2018. Referrals are also being received from 2 community organizations and inter-divisionally at Cecil County Health Department. A total of 290 referrals were received from all partners for health promotion programs, which include: CDSMP, diabetes prevention, tobacco cessation, chronic pain self-management, cancer-thriving and surviving, fall prevention, and cancer screenings (breast, cervical, colorectal, and lung). <p><u>Objective 2.1.2</u></p> <ul style="list-style-type: none"> There were 87 programs completed in FY19. New sites will be contacted to schedule programs throughout FY20. <p><u>Objective 2.1.3</u></p> <ul style="list-style-type: none"> Cecil County organizations participated in the national initiative that completed 1,560,187,129 steps – exceeding our goal by more than 50%. Walking was promoted in the community through social media. <p><u>Objective 2.3.1</u></p> <ul style="list-style-type: none"> Several American Heart Association Month messages and videos were distributed via social media focusing on high cholesterol. <p><u>Objective 2.3.2</u></p> <ul style="list-style-type: none"> National Nutrition Month messages were distributed via Cecil County Health Department social media accounts during March <p><u>Objective 2.3.3</u></p> <ul style="list-style-type: none"> This objective was not fulfilled.

Cancer Task Force

Community Outreach Subcommittee (STO 1 & 2)

- Cecil County Legacy for Cancer Screening Outreach Cancer Awareness Month's activities were held 9/13/18 with 20 community partners participating. A follow-up meeting was held on 12/4/18.
- 9 community partners completed at least 1 lung cancer awareness activity
- Stats:
 - Wear White: 1,788 ppl contacted via email, flyers, and other activities
 - Lung Cancer Month Messages: social media reached 5,370 ppl; newsletter sent to 140 ppl; bulletin sent to 3,258 ppl; pulpit messaging reached 105 ppl; meetings engaged 15 ppl; and other outreach reached 2,556 ppl (total: 11,444 ppl)
 - Education tables: 2,045 ppl reached
- The Union Hospital Cancer Program Director and UH Pulmonology were interviewed by a local radio station in November 2018 about lung cancer to spread awareness about the importance of getting screened.
- Union Hospital posted messaging on social media about lung cancer awareness in November 2018.
- Cecil College posted lung cancer awareness messaging on both campus bright boards at campus entrances in November 2018.
- Lung cancer screening education sessions were held at the 55+ Expo in August 2018 in Elkton, MD and reached 326 participants.
- Lung cancer screening education held at the Rising Sun health fair in November 2018, reaching 150 participants with 4 eligibilities identified.
- 7 patients met eligibility requirements for lung cancer screening as a result of community referrals received by Cecil County Health Department (CCHD).

EMR Flagging & Referrals Subcommittee (STO 1-5)

- Procedure to identify eligible patients in the caseload was approved by Union Primary Care of Elkton's physician leadership in FY19.
- As a result, 680 letters were sent to eligible patients in January 2019. Only 3 have completed a screening.
- In addition, Union Hospital has also created a screening in the inpatient EMR, Meditech, for lung cancer and smoking status. Screening questions include age, residency state, and smoking status. Protocol: Respiratory Therapist completes the screening once patient is identified as a smoker.
- CCHD has also done outreach about the lung cancer screening program and has received 25 referrals of which 6 have enrolled/been screened.
- In June 2019, CCHD was awarded the Health System Initiative for Tobacco Dependence grant to work with Union Hospital's 2 urgent care centers to address tobacco cessation in FY19.
- CCHD staff has provided lung cancer awareness presentations to Westside Health Care in Delaware and both Union Hospital urgent care sites (Elkton and Perryville).

Community Health Education: Stroke

- In FY19, stroke program staff educated the community on stroke prevention

	<p>and symptoms education at local health fairs.</p> <ul style="list-style-type: none"> • 3 health fairs (50.17 total unpaid staff hours; 13 total paid staff hours; 506 encounters) 	
I. Evaluation of Outcomes	<p>CHIP objectives are evaluated by analyzing and interpreting county-level data which is reported to community stakeholders via semi-annual Local Health Improvement Coalition meetings, as well as included in written annual updates to the CHNA during the 3-year measurement cycle. Union Hospital programs that address specific CHIP objectives are evaluated by comparing year-to-year outputs and notifying community partners of impact.</p>	
J. Status	<p>Discontinued:</p> <ul style="list-style-type: none"> • Union Hospital Health Fair <p>Work will Continue with:</p> <ul style="list-style-type: none"> • Cancer Task Force • HLTF • Community Health Education: Stroke 	
K. Expenses	<p>A. Total Cost of Initiatives</p> <p>HLTF</p> <ul style="list-style-type: none"> • Task Force (1 meeting) <ul style="list-style-type: none"> ○ Community Benefit Coor hours: 1.5 ○ THA hours: 1.5 <p>Cancer Task Force</p> <ul style="list-style-type: none"> • Task Force (3 meetings) <ul style="list-style-type: none"> ○ Paid hours: 19 = <u>\$934</u> ○ Community Benefit Coor hours: 2 <p>Stroke Education at Health Fairs</p> <ul style="list-style-type: none"> • 3 health fairs <ul style="list-style-type: none"> ○ Paid hours: 13 = <u>\$676</u> ○ Unpaid hours: 50.17 <p>Total Community Benefit: \$1,610</p>	<p>B. Grants/Offsetting Revenue</p> <p>N/A</p>

Table 3. Priority 3 – Determinants of Health

<p>A. Identified Need</p>	<p><u>Determinants of Health:</u> a) Homelessness</p> <p>This Determinants of Health need was identified through the FY15-FY16 Community Health Needs Assessment (CHNA) and strategies were created to address these needs through the Community Health Improvement Plan (CHIP). Union Hospital’s improvement efforts will aim to address the following CHIP objectives:</p> <ul style="list-style-type: none"> • 3.2.1: By June 2018, expand services and interventions for homeless individuals/families to decrease prevalence of homelessness in Cecil County by 10%. <ul style="list-style-type: none"> ○ Services/interventions will be based on three tiers: 1) emergency/immediate assistance; 2) intermediate/short-term assistance; and 3) longer-term assistance geared toward those experiencing chronic homelessness. <p>Union Hospital provides assistance to the homeless community through activities and initiatives that are not specifically included in the CHIP, but provide significant support to this population. These activities would be considered immediate assistance under Tier 1.</p> <p><u>Cecil County Data</u></p> <p>Poverty</p> <ul style="list-style-type: none"> • Percentage of Families and People whose Income in the Past 12 Months was below the Poverty Level (<i>2012-2016 American Community Survey 5-Year Estimates, US Census Bureau</i>): <ul style="list-style-type: none"> ○ Individuals: 10.6% ○ Families: 7.3% ○ Families with children under 5 years: 11.9% • 44% of Cecil County Public School students receive Free and Reduced-Price Meals (FARMS) (<i>2017-2018 Maryland Report Card</i>) <p>Homelessness</p> <ul style="list-style-type: none"> • 2017 Point In Time Survey data <ul style="list-style-type: none"> ○ Total Homeless Count: 193 ppl ○ Sheltered: 58% (112 ppl) ○ Unsheltered: 42% (81 ppl) ○ Children (under 18): 17% (32 ppl) ○ Chronically Homeless: 19% (37 ppl) ○ Have a mental health problem: 28% (54 ppl) ○ Veterans: 30% (39 ppl) ○ Victim of domestic violence: 14% (27 ppl) • In early 2016, there were 774 homeless students in the Cecil County public school system (<i>Cecil County Public Schools</i>) • In FY17, there were 452 ED visits from homeless patients at Union Hospital (<i>aggregate Union Hospital visit data</i>)
<p>B. Hospital Initiatives</p>	<p><u>Activities/initiatives provided to support the homeless community (not a part of the CHIP):</u></p> <ul style="list-style-type: none"> • Backpacks for the Homeless • Food Services food donations

	<ul style="list-style-type: none"> • Donations to Homeless Support Organizations • Working with the Cecil County Inter-Agency Council on Homelessness (CCIACH) • Point in Time Homeless Survey
C. Total Number of People within the Target Population	<p><u>Cecil County Population:</u> 102,175</p> <ul style="list-style-type: none"> • Adults (18+ years): 78,128 (76.5%) • Adolescents (10-14 years): 6,923 (6.8%) • Adolescents (15-19 years): 6,750 (6.6%) <p><i>Source: 2012-2016 American Community Survey, 5-Year Estimates, US Census Bureau, Sex and Age</i></p>
D. Total Number of People Reached by the Initiatives	<p><u>In FY19:</u></p> <ul style="list-style-type: none"> • <u>4</u> homeless individuals received backpacks from the Union Hospital MSU department's Backpacks for the Homeless program • Union Hospital's Food Services department donated enough food to serve <u>240</u> homeless individuals. • Union Hospital staff provided donations to homeless service providers which supported <u>312</u> homeless individuals.
E. Primary Objectives of the Initiatives	<p>Backpacks for the Homeless</p> <ul style="list-style-type: none"> • <u>Objective:</u> Union Hospital Medical Specialty Unit nursing staff supports homeless patients at discharge by providing backpacks filled with necessities that they can take with them into the community <p>Food Donations – Union Hospital Food Services</p> <ul style="list-style-type: none"> • <u>Objective:</u> Union Hospital Food Services department provides monthly food donations to local homeless support programs to feed homeless people in the community <p>Donations to Homeless Support Organizations</p> <ul style="list-style-type: none"> • <u>Objective:</u> Hospital staff provide donations of food, clothing, and service time to local homeless support organizations to serve the homeless in the community <p>Cecil County Inter-Agency Council on Homelessness (CCIACH)</p> <ul style="list-style-type: none"> • <u>Objective:</u> Support the Council's missions to serve as the collaborative governing body for Cecil County's Continuum of Care for homelessness and to promote community-wide planning for the strategic use of resources toward ending homelessness and helping individuals and families achieve long-term stability <p>Point in Time Homeless Survey</p> <ul style="list-style-type: none"> • <u>Objective:</u> Support the Point in Time Homeless Survey by providing event facilitation supports and volunteers to help conduct the survey

F. Time Period of Initiatives	FY17 – FY19
G. Key Collaborators	<p>Backpacks for the Homeless Union Hospital Union Comprehensive Care Center Rotating Shelter – Meeting Ground</p> <p>Food Donations – Union Hospital Food Services Union Hospital Local Homeless Support Organizations</p> <p>Donations to Homeless Support Organizations Union Hospital Paris Foundation Rotating Shelter – Meeting Ground Community Kitchen – Elkton Presbyterian Church</p> <p>CCIACH Union Hospital Cecil County Health Department Local Homeless Support Organizations</p> <p>Point in Time Homeless Survey Union Hospital Cecil County Health Department Local Homeless Support Organizations</p>
H. Impact of the Initiatives	<p>Backpacks for the Homeless</p> <ul style="list-style-type: none"> • In FY19, MSU provided 4 backpacks at discharge to homeless patients. • This program was discontinued in FY19 because there was no longer enough space on MSU to store backpacks and other items collected for the homeless. <p>Food Donations – Union Hospital Food Services</p> <ul style="list-style-type: none"> • In FY19, Food Services provided food donations to local homeless support organizations. In total, these food donations served 240 people. <p>Donations to Homeless Support Organizations</p> <ul style="list-style-type: none"> • In FY19, hospital staff provided donations of food, clothing, and their time in service of the homeless in Cecil County (312 people served). <p>CCIACH</p> <ul style="list-style-type: none"> • In FY19, Union Hospital staff served in an in-kind capacity on the Council to support its strategic plan to stabilize those in homelessness. • Encounters were not reported to the Community Benefit office, but there were 4 meetings attended by the appointed hospital staff member. • Union Hospital does not input data into the HMIS system which provides a coordinated entry for homeless individuals into the community’s homeless services, so it is not necessary for Union Hospital to be represented on the

	<p>CCIACH. After FY20, Union Hospital will not renew its Council seat.</p> <p>Point in Time Homeless Survey</p> <ul style="list-style-type: none"> • The latest Point in Time Survey data is from January 2019 = 126 homeless people counted. • In FY19, there was no hospital staff on the planning work group and the planning work group did not need supplies donated by the hospital. • Moving forward hospital participation will occur as needed. 	
I. Evaluation of Outcomes	<p>CHIP objectives are evaluated by analyzing and interpreting county-level data which is reported to community stakeholders via semi-annual Local Health Improvement Coalition meetings, as well as included in written annual updates to the CHNA during the 3-year measurement cycle. Union Hospital programs that address specific CHIP objectives are evaluated by comparing year-to-year outputs and notifying community partners of impact.</p>	
J. Status	<p>Discontinued:</p> <ul style="list-style-type: none"> • Backpacks for the Homeless • Point in Time Homeless Survey • CCIACH <p>Work will Continue with:</p> <ul style="list-style-type: none"> • Food Donations – Union Hospital Food Services • Donations to Homeless Support Organizations 	
K. Expenses	<p>A. Total Cost of Initiative</p> <p>Backpacks for the Homeless (4 persons served)</p> <ul style="list-style-type: none"> • No hours were reported <p>Food Donations – Union Hospital Food Services (240 persons served)</p> <ul style="list-style-type: none"> • Paid hours: 8 = <u>\$774</u> • Food Expenses: <u>\$390</u> <p>Donations to Homeless Support Organizations</p> <ul style="list-style-type: none"> • Community Kitchen (2 Serves = 167 persons served) <ul style="list-style-type: none"> ○ Unpaid hours: 8.17 • Paris Foundation Donations <ul style="list-style-type: none"> ○ Unpaid hours: 3 • Paris Foundation Meal Serves (2 serves – 145 persons served) <ul style="list-style-type: none"> ○ Unpaid hours: 4 • Annual Coat Drive <ul style="list-style-type: none"> ○ Paid hours: 4 = <u>\$126</u> ○ Unpaid hours: 14 • Immaculate Conception Outreach Ministry Support (1 food drive) 	<p>B. Grants/Offsetting Revenue</p> <p>N/A</p>

	<ul style="list-style-type: none"> ○ Unpaid hours: 21 <p>CCIACH (4 meetings)</p> <ul style="list-style-type: none"> • Community Benefit Coord hours: 5 (dollars reported in G1-Assigned Staff) <p>Total Community Benefit: \$1,290</p>	
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FY16 CHNA & FY17-FY19 CHIP

Union Hospital collaborated with the Cecil County Health Department to conduct the current Community Health Needs Assessment (CHNA) whose Community Health Implementation Plan (CHIP) covers FY 2017 – FY 2019. The CHNA planning team included staff from Union Hospital: the Community Benefit Coordinator, the Director of Marketing, and a physician from Occupational Health (Master of Public Health intern). The Planning Team also had staff from the Cecil County Health Department: the Health Policy Analyst, the Health Officer, the Deputy Health Officer, and the Public Affairs Officer. The CHNA planning team was responsible to facilitate all component parts of the CHNA process, including writing and submitting the reports to the Internal Revenue Service (IRS). Ultimately, the CHNA/CHIP process reflected collaboration of community partners working together to achieve the same health improvement goals for Cecil County.

Planning the CHNA occurred from February 2015 – June 2015. The CHNA/CHIP was approved by both the Union Hospital Board (February 2015) and the Community Health Advisory Committee (July 2015). Primary data collection occurred from July 2015 – September 2015 via administration of an online community survey and conduction of three focus groups without internet access. Secondary data was taken from a variety of reliable national and local data sources. Analysis of primary and secondary data collected occurred from November 2015 through mid-January 2016.

Focus Groups

The three focus groups were conducted with adult populations without access to the internet (homeless, seniors, and Spanish-speaking migrant workers). Each focus group session included a description of the CHNA, the purpose of the focus group, an introduction of the facilitators, and the rules of engagement. All materials were translated into Spanish for the focus group with migrant, Spanish-speaking workers, and a Spanish interpreter was provided by the Maryland Department of Health and Mental Hygiene. Results from the three focus groups are listed in **Table 4**.

Participants were asked to respond to the following questions:

- 1) What are the greatest strengths of our community?
- 2) What do you think are the most important health issues in Cecil County?
- 3) What would most improve the quality of life in Cecil County?
- 4) What are the most significant barriers to accessing health care in Cecil County?

5) Related to health and quality of life, what resources or services do you think are missing in Cecil County?

Table 4.

Focus Group: Adults Ages 65 and Older With Limited Access to the Internet	
Greatest Strengths of our Community	Churches, Senior Center, Medical Facilities, AARP, Friends, Family, Bus Service, Union Hospital, Cecil College
Most Important Health Issues in Cecil County	Cancer, Heart Disease, Hypertension, Diabetes, Child Maltreatment, Access to Care for Children and Disabled, Substance Use (Drugs, Prescription Drugs, Alcohol, Tobacco), Access to Drugs
What Would most improve the quality of life in Cecil County	Senior Center, Social Events, Teen Center, Activities for Teens, Evening Classes for Adults, Home Health Visits
Most Significant Barriers to Accessing Care in Cecil County	Money, Jobs, Health Insurance Availability and Cost, Lack of Transportation, Health Care Costs, No Home Health Visits
Resources or Services Missing in Cecil County	Evening Teen Programs, Free Outdoor Events, Drug Education, Services for Those Above the Federal Poverty Level, Options for Underinsured, Personal Advocates
Focus Group: Homeless Adults With Limited Access to the Internet	
Greatest Strengths of our Community	Availability of Programs, Caring People, Volunteers, Small Businesses, Health Department, Churches, Homeless Shelters, Union Hospital
Most Important Health Issues in Cecil County	Drug addiction, Hepatitis, Access to Health Care, Lack of Primary Care Providers, Quality of Care in the Emergency Department, Obesity, Diabetes, Lack of Support Services for the Homeless, Sexually Transmitted Diseases, Access to Mental Health Services, Medication Costs, Need for More Medical and Social Support
What Would Most Improve the Quality of Life in Cecil County	Decrease Drug Dealers, More Government Funding for Programs, More Drug Rehabilitation Centers, More Education, More Jobs, Affordable Housing, Personal Advocates, Coordination Between Agencies, Workshops for Wound Care
Most Significant Barriers to Accessing Care in Cecil County	Money, Health Insurance, High Cost of Co-pays and Medication, Politics, Lack of Knowledge, Transportation, Qualifications for Public Assistance, Lack of Providers and Services Outside of Elkton, Options for Substance Abuse Treatment

Resources or Services Missing in Cecil County	Access to Psychologists and Psychiatrists, Job Support, Transportation, Health Navigators, Computers
Focus Group: Spanish-Speaking, Migrant Workers With Limited Access to the Internet	
Greatest Strengths of our Community	Health, Police/Security, Firefighters, Farming/Agriculture, Jobs
Most Important Health Issues in Cecil County	Access to Healthcare, Lack of insurance, Lyme Disease and Deer Ticks, Allergies, Skin Rashes, Muscle/Body Aches
What Would Most Improve the Quality of Life in Cecil County	Scheduled Exams, Onsite Care, Preventative Care, Closer Pharmacy/Stores
Most Significant Barriers to Accessing Care in Cecil County	Lack of Health Insurance, Cost of Health Care, Lack of Health Information, Language Barriers, Lack of Transportation, Time Limitations
Resources or Services Missing in Cecil County	Transportation, Rural Bus Route, Road Safety Signs, Local Pharmacy, Green Space for Sports, Bi-lingual Pediatricians

Online Community Survey

The online community survey was developed by the Health Policy Analyst (Cecil County Health Department) with input from CHAC member organizations. The survey was created using Survey Monkey and consisted of twenty questions – multiple choice, Likert Scale selections, and free text entry. The survey was divided into four sections: 1) demographics, 2) community health, 3) quality of life, and 4) access to health care. The survey took approximately 15 to 20 minutes to complete and 506 people completed the survey. Results from the Online Community Survey are listed in **Figure 1**.

Figure 1.

<p>Access to Care Access to Healthcare (16.02%) Dental Health (10.27%)</p> <p>Behavioral Health Illicit Drug Use/Problem Alcohol Use (80.90%) Mental Health (30.60%) Problem Gambling (0.62%)</p> <p>Chronic Disease Cancer (13.76%) Diabetes (5.54%) Heart Disease and Stroke (5.75%) High Blood Pressure (3.49%) Obesity (18.69%) Respiratory/Lung Diseases (3.08%) Tobacco Use (8.21%)</p>	<p>Communicable Disease Infectious Diseases (1.44%) Vaccination (1.03%)</p> <p>Determinants of Health Affordable Housing (10.68%) Educational Attainment (6.57%) Homelessness (34.50%) Poverty (18.69%)</p> <p>Environmental Health Environmental Health (2.05%)</p> <p>Injury Fall-related Injuries (0.41%) Firearm-related injuries (1.23%) Motor Vehicle/Pedestrian Injuries (1.64%)</p>	<p>Reproductive Health Maternal/ Infant health (3.70%) Sexually Transmitted Diseases (STDs) (2.67%) Teenage Pregnancy (6.37%)</p> <p>Violence Child Abuse and Neglect (12.94%) Domestic Violence (4.72%) Homicide (3.49%) Rape/Sexual Assault (1.85%) Suicide (1.85%)</p> <p>(%)= Percentage of Community Health Survey respondents that chose the topic as one of the top 3 most important health issues in Cecil County</p>
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Secondary Data

Secondary data for the CHNA was obtained from the following local, state, and national sources:

ARCGIS: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	Maryland Department of Human Resources	National Provider Identification File
Area Health Resource File	Maryland Department of the Environment	Prevention and Health Promotion Administration, DHMH
Centers for Medicare and Medicaid Services	Maryland Health Services Cost Review Commission	Substance Abuse and Mental Health Services Administration
Center for Sexually Transmitted Infection Prevention, DHMH	Maryland Medicaid Service Utilization	The Maryland Uniform Crime Reporting Program
Children’s Bureau	Maryland Vital Statistics Administration	US Census Bureau
Claritas, Inc.	Maryland Youth Risk Behavioral Survey	US Department of Agriculture: Economic Research Services
County Health Rankings	Maryland Youth Tobacco Survey	US Department of Education
Fatality Analysis Reporting System	Meditech 6.1	US Department of Health and Human Services
Feeding America	National Center for Education Statistics	US Department of Housing and Urban Development
Healthy Communities Institute	National Association for city and County Health Officials	US Department of Justice

Maryland Behavioral Risk Factor Surveillance System National Vital Statistics System – Mortality

Maryland Department of Health and Mental Hygiene National Cancer Institute

The secondary data analysis was formatted according to data categories from the “Community Health Status Assessment Core Indicators List” from the National Association for County and City Health Officials (NACCHO). The data categories included: Demographics, Health Resources, Quality of Life, Social Determinants, Societal Health, Behavioral Risk Factors, Environmental Health, Maternal and Child Health, Communicable Disease, and Mortality.

CHAC Meetings

Input from community partners engaged in Cecil County’s CHAC meetings, also known as the Local Health Improvement Coalition, was integral to the process of selecting the health priorities for the county and creating the CHIP. CHAC member organizations that participated in the prioritization and strategic planning processes included:

Affiliated Santé Group (Mobile Crisis)	Elkton Housing Authority
American Cancer Society	Maryland State Delegates
Cecil County Dept of Emergency Services	Maryland State Senators
Cecil County Dept of Juvenile Services	Meadow Wood Behavioral Health System
Cecil County Dept of Social Services	Private Citizens
Cecil County Director of Administration	Private Education Organizations
Cecil County Executive Office	Private Health Care Professionals
Cecil County Health Dept	Seventh Day Adventist Church
Cecil County Liquor Board	Union Hospital of Cecil County
Cecil County Public Schools	Upper Bay Counseling & Support Services
Cecil County Sheriff's Office	West Cecil Health Center
County Council Members	Youth Empowerment Source
DHMH - Office of Population Health Improvement	Immaculate Conception
Cecil College	Meeting Ground
Cecil County Dept of Community Services	On Our Own of Cecil County
Cecil County Dept of Corrections	Paris Foundation
Cecil County Housing	Serenity Health
Deep Roots	Stone Run Family Medicine
Elkton Community Kitchen	WIN Family Services
Elkton Police Department	YMCA
Elkton Presbyterian Church	

Results from the CHNA data analysis were presented to CHAC member organizations on January 21, 2016 (first meeting), and the following health priorities were chosen:

- 1) Behavioral Health

- a. Illicit Drug Use/Problem Alcohol Use
- b. Mental Health
- c. Access to Behavioral Health Care
- 2) Chronic Disease
 - a. Diabetes
 - b. Heart Disease & Stroke
 - c. Respiratory & Lung diseases
- 3) Determinants of Health
 - a. Poverty & Homelessness

There were other health issues identified during the CHNA but were not prioritized. **Table 5** shows these additional health issues and provides the rationale as to why each issue was not prioritized.

The second CHAC meeting took place on March 16, 2016 to start building the Community Health Improvement Plan (CHIP) to address the health priorities chosen in January.

Table 5.

Health Needs Identified but Not Prioritized	Rationale
<p>Access to care (incl. addressing special populations, like children and the disabled, the lack of Primary Care Providers, the lack of quality care in the emergency department, and the lack of providers outside of Elkton, Maryland)</p>	<p>Access to care may be addressed in all health priority areas. Historically, access to care for children has been the specific responsibility of specialized children’s hospitals, like Nemours, or through youth specific programs facilitated through the Cecil County Health Department or through Medicaid-based programs. This is also the case for disabled persons. Their access issues are addressed through the Department of Community Services.</p> <p>The lack of primary care providers can stem from a recruitment and retention problem, one that Cecil County currently suffers from. Service providers, like Cecil County Health Department and Union Hospital, look to state agencies, like the State Office of Rural Health for support in financing and finding primary care providers to bring into the county. However, this is an ongoing and very difficult issue to solve.</p> <p>There are many factors at play in the recruitment and retention of primary care providers for Cecil County. This also applies to the lack of providers outside of Elkton.</p> <p>The lack of quality care in the emergency department (ED) was brought up during the homeless focus group and was based on sentiments that staff are not accepting of homeless persons or the fact that compliance is</p>

	<p>difficult to maintain due to their social circumstances. This issue is currently being addressed as the hospital works to enhance standard of care with cultural competencies.</p>
Dental health	<p>Dental health is a major problem in Cecil County with dwindling resources to support existing programs that serve vulnerable populations. A large factor in providing dental care, especially in the low-income and Medicaid populations, is financial backing. Processes are currently in place to strengthen dental care supports in this community. As this is a larger systematic issue, it was not included in the list of health priorities for the county. However, the risk factors that lead to poor dental health may be included in strategies to support the chronic conditions.</p>
Problem gambling	<p>Problem gambling is not as widely a recognized health issue in Cecil County as it is in areas with many casinos or avenues to encourage excessive gambling. Still, resources do exist to intervene at the personal level with problem gambling, including counseling services.</p>
Cancer	<p>Lung cancer is actually being addressed as part of the Respiratory/Lung disease health priority. The Union Hospital Cancer Program will also be creating a radiation suite where Maryland Medicaid patients (a large portion of the Union Hospital cancer patient population) can receive covered radiation services. This was a barrier that was identified during the last cancer needs assessment and is currently being addressed in the Cancer Program's strategic plan. There are also other cancer supports available in this community, which include: breast, colon, and cervical cancer supports through the Cecil County Health Department; county-wide fundraisers promoted by the Union Hospital Cancer Program and Breast Center that help support patients without access to basic needs during treatments; and many free and reduced-cost cancer screenings offered by Union Hospital in partnership with area physicians and oncologists, like skin cancer, prostate cancer, head and neck cancer, and low-dose lung CT screenings.</p>
High blood pressure	<p>High blood pressure may be addressed as part of the Chronic Disease health priority for heart disease/stroke.</p>
Obesity	<p>Obesity may be addressed as part of the Chronic Disease health priority for heart disease/stroke, diabetes, and/or respiratory/lung disease.</p>

Tobacco use	Tobacco use may be addressed as part of the Chronic Disease health priority for heart disease/stroke and/or respiratory/lung disease.
Infectious diseases (incl. Hepatitis)	Infectious diseases (communicable diseases) were not chosen by CHAC because there are already programs in place through the Cecil County Health Department to address them. Also the disease burden is not large in Cecil County.
Vaccination	There are already programs in place, facilitated by the schools, the Cecil County Health Department, Union Hospital, and physician practices, that offer either free vaccinations or support to obtain them, as well as emphasize the importance of getting vaccinated.
Outdoor health impediments (incl. Lyme disease, deer tick bites, allergies, skin rashes, and muscle/body aches)	These were health issues that were brought up during the focus group with the migrant workers. Because of their outdoor, manual labor they are more prone to these outdoor health impediments. Through a quick assessment of free resources available through the Cecil County Health Department, the CHNA planning team was able to provide education materials on how to prevent these health impediments moving forward.
Environmental health	Environmental health was not a feasible priority to take on due to lack of available resources.
Injuries – Falls	Falls prevention is currently being worked on between several service providers: the Cecil County Health Department, Union Hospital, and the Department of Community Services.
Injuries – Fire-arm, Motor vehicle/pedestrian	Prevention of fire-arm injuries falls to law enforcement, and the prevention of motor vehicle/pedestrian injuries falls to the Department of Transportation.
Maternal/infant health	Maternal and infant health could be addressed through the Chronic Disease and/or the Behavioral Health priorities if applicable to the CHIP strategic planning process.
Sexually Transmitted Infections (STIs)	Local non-profit organization programs, like the Boys and Girls Club’s SMART Moves program, work with youth to remain abstinent so as to avoid contraction of STIs. In addition, the Cecil County Health Department is currently focusing on the rise of Chlamydia and Gonorrhea in Cecil County. Union Hospital and the health department are also working local physicians on having youth under 26 years old vaccinated with

	Gardasil to prevent the spread of HPV and to prevent the onset of cervical and head and neck cancers.
Teenage pregnancy	Teenage pregnancy is addressed by the Cecil County Health Department, the health curriculum in public and private schools, and the Cecil County Pregnancy Center. Churches and other non-profit programs also play a large role in reducing teenage pregnancy in the county.
Child abuse and neglect	There is currently a Cecil County task force for Child Maltreatment Prevention. This task force focuses on strengthening family supports, promoting positive parenting, and spreading awareness of child abuse prevention in the county by working with various family service partners and health and social service supports.
Domestic violence	Domestic violence is a large issue in Cecil County. Current resources addressing this issue include the domestic violence shelter, a part of the Department of Social Services, and local law enforcement.
Homicide	Homicide is addressed by local and state law enforcement in Cecil County. Agencies and health care services do partner with law enforcement to support these efforts as premature death impacts all health outcomes.
Rape/sexual assault	Rape/sexual assault are addressed by the Department of Social Services, the Department of Emergency Services, Union Hospital, and local law enforcement.
Suicide prevention	Suicide is most frequently addressed through inpatient and outpatient programs in the community, mediation services like Eastern Shore Mobile Crisis, Upper Bay Counseling Services, and hot- and warm-lines providing real-time interventions to those at-risk for suicide. While it may stand alone statistically, suicide prevention could be incorporated into access to behavioral health services or addressing the mental health landscape of Cecil County (part of the Behavioral Health priority).
Barriers to Care Identified but Not Prioritized	Rationale
Income	Income issues may be addressed as part of the Determinants of Health priority for poverty and

	homelessness.
Employment	Employment issues may be addressed as part of the Determinants of Health priority for poverty and homelessness.
Health insurance availability and cost	There are currently programs in place through the Maryland Health Connection and Seedco which help Marylanders obtain health insurance through Medicaid and with subsidies for qualified health plans based on need.
Transportation	Transportation will continue to be an issue in Cecil County. CHAC is aware of this issue and will work to incorporate this to help overcome barriers within the health priorities selected.
Health care costs (incl. high cost of medications and co-pays)	There are several programs in the county that can assist with the high costs of health care, including medication costs and co-pays. Some examples include: the Union Hospital Community Assisted Medication Program (CAMP), the Union Hospital Cancer Program community outreach support, many outreach programs at the Cecil County Health Department, local pharmacy assistance programs, and the Department of Community Services assistance programs through MAPP, options counseling, and Community First Choice.
Home Health eligibility	Home Health eligibility can be processed by programs that assist persons with the application process (ex. the county Department of Community Services).
Politics	Cecil County politicians are active in facilitating connections in the health care field. While politics may not be a focused barrier to address through the CHNA, politicians are included as thought leaders and advocates for the health priorities that have been selected.
Lack of knowledge (incl. low health literacy, lack of access to health information)	Health literacy may be addressed in all three priority areas.
Public assistance qualifications	Public assistance qualifications, like Home Health eligibility and health insurance costs, can be addressed through support agencies like the Cecil County Health Department, the Department of Community Services, the Department of Social Services, and the certified health insurance navigators through Seedco and the Maryland Health Connection.
Need for more medical and social	There will always be a need for more medical and

supports	social supports, but as discussed in previous rationales, there is quite a strong infrastructure for providing these supports. Clients have to seek out these supports or ask agencies how to access help.
Affordable housing	Affordable housing is a large barrier in Cecil County, especially among the poor and low-income. Some aspects of affordable housing may be addressed through the Determinants of Health priority for poverty/homelessness.
Language barriers	Language barriers can be addressed through the use of interpreters. Most programs in the county have access to medical and social interpreters or contracted interpreter services. If access is a problem then there is opportunity to partner with organizations that have these resources. For patients or clients having trouble with language barriers there is opportunity for organizations to provide materials in other languages and/or hire or borrow professionals that can speak other languages.
Time limitations	Time limitations were specifically referenced during the migrant worker focus group. Due to long working hours on the farms and the limited amount of health care services in the areas below the canal in Cecil County (Chesapeake City, Earleville, Cecilton, Warwick), the migrant workers voiced that there were not enough doctors' offices open into the evening hours. This makes it more difficult for them to access needed services, especially for pediatric care. While this was not specifically selected as a determinant of health, it is something that Union Hospital and other health and social services continuously work to improve upon. However, this is not the responsibility of any one service provider. In some cases, and in some underserved areas of the county, there must be a collaborative effort to provide health care services to those whose access is limited on a perpetual basis.

Final Reports

The CHNA and the CHIP reports were prepared and finalized from January 2016 – June 2016. Both reports were available on Union Hospital's Community Benefit website and the Cecil County Health Department's CHAC website. Paper copies were available upon request, free of charge.

3. Patient education of eligibility for assistance. *Describe how the organization informs and educates patients and persons who may be billed for patient care about their*

eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

Union Hospital of Cecil County utilizes a Financial Assistance Policy (FAP) to ensure that the Hospital's staff follows a consistent and equitable process in granting financial assistance to patients, while respecting the individual's dignity. The policy is in agreement with the established Maryland State Financial Assistance Guidelines. In FY 2015, Union Hospital's Finance department divisions of Managed Care, Revenue Cycle, and Billing began working on changes to the FAP to reflect the ACA's Health Care Coverage Expansion Option effective January 1, 2014. The resulting revised FAP is more comprehensive in that it includes more descriptions, patient expectations, and content that is easy to follow and digest. New sections that give the FAP more depth include: Definitions, Scope, Presumptive Eligibility, Eligibility Period, Reconsideration of Denial of Free or Reduced-Cost Care, Medical Debt Determination (Limit on Charges), Action in the Event of Non-Payment, Ensuring Compliance, Plain Language Summary, and References.

The FAP clearly defines patient expectations, offers a step-by-step process for patient application, document review, and request for more information. Any individual who presents to Union Hospital in person to discuss his/her bill is provided with a Financial Assistance Application. All inpatient, self-pay patients are visited by financial assistance navigators and are screened for the Financial Assistance Program, as well as for Medicaid and other state and county programs. Following discharge from the hospital, each patient receives a summary of charges which includes notice of the Financial Assistance Program and a designated contact telephone number and email. Patient billing also includes information on how to apply for financial assistance.

The Financial Assistance Application is available to all underinsured and uninsured patients of Union Hospital. All Financial Assistance Applications received are processed for eligibility. Patients who are not eligible for financial assistance are referred to the Cecil County Health Department, other state programs, the Maryland Health Connection, and Medicaid to determine if other assistance is available.

Financial Assistance Applications and FAP signage are located throughout the Hospital, emergency room, and outpatient areas. The Financial Assistance Application and brochure (English and Spanish) are available on the hospital's website: <https://www.uhcc.com/patient-financial-services/financial-assistance/>.

In addition, Union Hospital places an advertisement once a year in the local newspapers outlining the FAP, how to access financial assistance materials, and how to apply for financial assistance.

4. Community information. *Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.*

Union Hospital is the only hospital in Cecil County and serves the entire county. **Table 6** shows the hospital's Community Benefit Service Area (CBSA), inclusive of the hospital's primary and secondary service areas.

Table 6.

Primary Service Area	Secondary Service Area
21921 – Elkton	21902 – Perrypoint
21922 – Elkton	21903 – Perryville
21901 – North East	21904 – Port Deposit
21916 – Childs	21917 – Colora
21920 – Elk Mills	21918 – Conowingo
21915 – Chesapeake City	21930 – Georgetown
21914 – Charlestown	
21911 – Rising Sun	
21912 – Warwick	
21913 – Cecilton	
21919 – Earleville	

A majority of Union Hospital’s Community Benefit resources are focused within Elkton (21921) and North East (21901) – hospital utilization shows that 60% of the hospital’s patients come from Elkton and North East.

Geography plays a significant role in vulnerability and poverty in Cecil County. There is poverty in the rural areas, like Conowingo, Earleville, and Cecilton, but also in Elkton which is urban-rural. In addition, people that reside in the areas below the C&D Canal (Warwick, Chesapeake City, Cecilton, Earleville, and Georgetown) and west of the town of North East (Perry Point, Perryville, Port Deposit, Charlestown, Colora, and Conowingo) often have the difficulty accessing services because of the distance to the nearest service provider, lack of reliable transportation, and the impact of other social determinants of health.

The estimated total population of Cecil County was 102,175 people in 2016. Of the total county population, 50.5% is female and 49.5% is male. The median age is 40.2 years, and the median household income is \$67,938.

The ethnic make-up of the county is 4% Hispanic/Latino and 96% non-Hispanic/Latino. The racial make-up of the county is:

- White: 88.6%
- African American: 6.7%
- American Indian/Alaskan Native: 0.2%
- Asian: 1.3%
- Native Hawaiian/Other Pacific Islander: 0%
- Some Other Race: 0.9%
- Two or More Races: 2.1%

Additional Cecil County demographics include:

- 6.6% unemployment
- 7.3% of families living below the poverty level
- 7% uninsured
- 32.4% Medicaid coverage

5. Promotion of community health. *Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).*

Each fiscal year, Union Hospital serves the Cecil County community by providing activities, programs, and initiatives that aim to improve community health, especially serving underserved areas and vulnerable populations. The following is a summary of the Community Benefit activities, programs, and initiatives that Union Hospital provided in Cecil County during FY 2019:

- *A1: Community Health Education*
 - Union Hospital provided:
 - A variety of health education presentations and activities in the community
 - Explorer Post at Union Hospital, Camp Scrubs, and Camp Scrubs Junior for students seeking exposure to medical or health science experiences
 - Health fairs in the community
 - Support groups for various health needs
- *A2: Community-Based Clinical Services*
 - Union Hospital provided:
 - Free screenings in the community for prostate cancer, head and neck cancers, and diabetes
 - Free sports physicals clinic for county public and private middle school and high school students
- *A3: Health Care Support Services*
 - Union Hospital provided:
 - Medical examinations for abused children in conjunction with Department of Social Services and the Cecil County Child Advocacy Center
 - Support for the Peer Recovery Advocates program, a partnership between the Alcohol and Drug Recovery Center at Cecil County Health Department and Union Hospital's Emergency Department, Psychiatric unit, and Crisis Intervention Services nursing staff
 - Referrals for smokers identified in inpatient and outpatient/ambulatory care settings to Cecil County Health Department's Division of Health Promotions' tobacco cessation programs and supports
- *A4: Social and Environmental Improvements*
 - Union Hospital:

- Supported the hospital’s Partner in Education, Gilpin Manor Elementary School, through staff collected donations, health education opportunities for families, and professional development supports for school staff
 - Supported Cecil Cares’ county-wide “Day of Caring” via planning meetings and event support/participation
 - Supported the Christmas in April event to provide housing improvements for a vulnerable Cecil County resident
 - Participated in Board service with organizations supporting social and environmental health
 - Provided transportation donations for eligible (needs-based) patients and their families
- *B1-B3: Health Professions Education*
 - Union Hospital staff precepted post-secondary students through student experiences for nursing and medical residency clinical rotations, graduate student internships, and allied health observations and internships.
- *C: Mission Driven Health Services*
 - Union Hospital provided these services to meet identified needs in the community, even though they operate at a loss:
 - Employed physician practice subsidies (C3)
 - Adult Day Services for older adult clients with dementia and other neurological disorders (C7)
- *D1: Clinical Research*
 - Union Hospital maintained a cancer registry through the Cancer Program that was available to health service providers and researchers.
- *E3: In-Kind Contributions*
 - Union Hospital provided donations of time and materials for the Cecil County community by:
 - Providing free ambulance transports and free supplies for ambulance stock-ups
 - Giving blood at blood drives held at the hospital and other local donor locations
 - Providing a volunteer medical directorship for the Cecil County Pregnancy Center
 - Coordinating educational lectures at the hospital open to Emergency Services personnel and hospital Emergency Department staff focused on improving emergency response in the community
 - Attending meetings for community health improvement (Local Health Improvement Coalition, community boards, coalitions, etc.)
 - Serving the homeless and providing food donations for ministries in partnership with local community agencies, churches, and other low-income and poor serving ministries
 - Providing food for the Home Delivered Meals program (Meals on Wheels) in a partnership between Union Hospital’s Food Service department and the Cecil County Department of Community

Services' Aging and Disability Resource Center and Community Wellness divisions

- Providing free notary services for the community
- *J: Foundation funded Community Benefit*
 - The Union Hospital Foundation provided funding for the Community Assisted Medications Program (CAMP) which provides reduced-cost medications to patients that qualify for hospital financial assistance.



The policies set forth do not establish a standard of care to be followed in every case. It is recognized that each case is different and those individuals involved in providing health care are expected to use their clinical judgment in determining what is in the best interests of the patient, based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. Accordingly, these policies should be considered to be guidelines to be consulted for guidance with the understanding that departures from them may be required at times.

POLICY TITLE: Financial Assistance Policy and Procedure	
POLICY #: F-415	
Review Responsibility: Director, Patient Financial Services	
Approved By: Board of Directors	Signature/Date: May 27, 2016 Approval Reflected in Board Minutes
Effective: 03/2004	
Reviewed: 06/2004, 03/2006, 12/2008, 02/2009, 03/2009, 04/2010, 03/2013, 09/2014, 06/2015	
Revised: 03/2004 (replaces Charity Care Policy and Procedure), 06/2004, 09/2004, 03/2006, 12/2008, 02/2009, 04/2010, 08/2012, 09/2014, 06/2015	
Scope: Patient Financial Services	

I. Purpose

- A. Union Hospital of Cecil County is a not-for-profit entity established to provide safe, high quality health and wellness services to the residents of Cecil County and neighboring communities. Accordingly, the hospital is committed to providing emergency and medically necessary services to patients, without discrimination, regardless of the patient’s financial assistance eligibility.
- B. This policy is to ensure that a consistent and equitable process is followed in granting financial assistance to appropriate patients while respecting the individual’s dignity.
- C. This policy is designed in accordance with the federal Patient Protection and Affordable Care Act (PPACA), Section 501(r)(4) of the Internal Revenue Service Code and Code of Maryland Regulations (COMAR) 10.37.10.26.A

II. Policy

- A. Union Hospital of Cecil County is committed to providing programs that facilitate access to care for vulnerable populations including the provision of financial assistance (charity care) to the uninsured, underinsured, those ineligible for governmental insurance programs, or where the ability to pay is a barrier to accessing emergency or medically necessary care.

III. Definitions: The following terms are meant to be interpreted as follows within this policy:

- 1. **Emergency Care** – Emergency care is immediate care which is necessary to prevent serious jeopardy to a patient’s health, serious impairment to bodily functions, and/or serious dysfunction of any bodily organ or part of the body as could reasonably be expected by the prudent layperson. See also 42 US Code § 1395dd.

2. **Financial Counselor** – A financial counselor is an employee of Union Hospital who provides assistance to patients seeking information regarding patient billing, financing, health coverage options including financial assistance.
3. **Financial Hardship** – A financial hardship as defined in COMAR 10.31.26.A is medical debt, incurred by a family over a 12-month period that exceeds 25 percent of the family income.
4. **Free Care** – Free care or a 100% medical debt adjustment is available to patients with household income between 0% and 200% of the Federal Poverty Level (FPL) and who otherwise meet the requirements to receive financial assistance under this policy.
5. **Gross Charge** – Gross charge is the full amount of the bills for a medical service.
6. **Homelessness** – Homelessness is an “individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing” (42 U.S.C. § 254b).
7. **Household Income** – As provided in the cost assistance guidelines under PPACA, the amount equal to the Modified Adjusted Gross Income (MAGI) of the head of household and spouse plus the Adjusted Gross Income (AGI), of anyone claimed as a dependent based on most recent tax return with additional updates as appropriate.
8. **Household Size** – Household size is defined per Internal Revenue Service guidelines and generally includes the tax filer, spouse and tax dependents.
9. **Medical Debt** - A medical debt is the amount a patient is responsible for paying after all discounts, deductions, and reimbursements are applied to the gross charges for services provided.
10. **Medically Necessary Services** – A medically necessary service is care rendered to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset of a worsening of conditions that could endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate handicap, or result in overall illness or infirmity and based on generally accepted standards of medicine in the community.
11. **Presumptive Eligibility for Financial Assistance** – Presumptive eligibility for financial assistance is provided for a patient who is the beneficiary/recipient of means-tested social programs as defined in COMAR 10.37.10.26 and as listed in this policy.
12. **Reduced-Cost Care** - Reduced-cost care is a pro-rated medical debt adjustment available to patients with household income between 200% and 400% of the Federal Poverty Level (FPL) and who otherwise meet the requirements to receive financial assistance under this policy.
13. **Underinsured Patient** – An underinsured patient is one who has limited healthcare coverage or third-party assistance that leaves the patient with an out-of-pocket liability, and therefore may still require assistance to resolve their medical debt.
14. **Uninsured Patient** – An uninsured patient is one with no insurance or third-party assistance to help resolve their medical debt.

IV. Scope

- A. This policy applies to medical debt incurred for emergency or medically necessary services, inpatient or outpatient, rendered at the hospital or its affiliates by the following owned entities:
 - Union Hospital of Cecil County;
 - Union Multi-Specialty Practices;
 - Union Urgent Care;
 - Union Diagnostic Centers;
 - Open MRI of Elkton; and
 - Union Radiation Oncology Center.
- B. This policy applies to medical debt incurred for emergency or medically necessary services, inpatient or outpatient, rendered at the hospital by the following contracted physician entities:
 - Maryland Emergency Physicians (MEP);
 - Physician Inpatient Care Specialist (MDICS);
 - Nemours Pediatric Hospitalists.
- C. This policy does not apply to any other provider of care rendering services at Union Hospital or its affiliates, to include but not limited to, independent physicians who provide primary or consultation services that operate as their own business entity.
 - These services are generally billed separately from hospital services and are excluded.

V. General Procedure

- A. Patient shall make application for financial assistance using the Maryland State Uniform Financial Assistance Application form through a financial counselor.
 1. If appropriate, the financial counselor may take the application orally.
 2. A financial counselor may request verification of income to include:
 - Pay stubs, unemployment benefits, Social Security checks, cash assistance checks, alimony or child support checks;
 - Federal and State Income Tax Returns;
 - Two recent bank statements or financial records;
 - Proof of U.S. citizenship or permanent residency;
 - Proof of address;
 - Proof of screening for either Maryland Medicaid or a Qualified Health Plan with a patient navigator (if uninsured);
 - Proof that employer does not offer a health plan.
 3. The patient is expected to cooperate with the timely completion and submission of all requested information.
 - If the patient does not provide complete verification of income within 30 days of the application, the request for financial assistance may be denied.
- B. Patients receive financial counseling, referrals and assistance to identify potential public or private healthcare programs to assist with long term needs.
 1. If uninsured, the patient will be provided assistance to determine Maryland Medicaid or Qualified Health Plan eligibility through the appropriate Maryland Health Connection connector entity or other qualified health insurance marketplace.

- C. Union Hospital will use a household income-based eligibility determination and the current Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
 1. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
 2. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (25%-75% adjustment to their medical debt).
 - Household income up to 200% of FPL 100% Adjustment
 - Household income between 201% & 250% of FPL 75% Adjustment
 - Household income between 251% & 300% of FPL 50% Adjustment
 - Household income between 301% & 400% of FPL 25% Adjustment
 3. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.
 4. A payment plan is available for all individuals eligible for financial assistance under this policy and for those with household income up to 500% of FPL, if requested.
- D. Once the financial assistance application is complete, decisions regarding eligibility will be made within 15 business days with the following approvals:
 1. < \$ 5000.00 – approved by financial counselor;
 2. \$ 5000.00 to \$ 9999.99 – approved by Director, Patient Financial Services;
 3. > \$10,000 – approved by Chief Financial Officer.

VI. Presumptive Eligibility

- A. Presumptive Eligibility for Financial Assistance:
 Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):
 1. Households with children in the free or reduced lunch program;
 2. Supplemental Nutritional Assistance Program (SNAP);
 3. Low-income-household energy assistance program;
 4. Women, Infants and Children (WIC);
 5. Other means-tested social services programs deemed eligible for free care policies by the Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission (HSCRC), consistent with HSCRC regulation COMAR 10.37.10.26.
- B. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:
 1. A patient that is deceased with no estate on file;
 2. A patient that is deemed homeless;
 3. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or Cecil County Health Department;

- Financial assistance will be awarded as outlined in the approval letter provided from that agency.
4. Non-billable services resulting from guardianship determinations for observation hours or inpatient days;
 5. A patient that has been approved for Specified Low-Income Medicare Beneficiary (SLMB) programs after verification is made through the State system.

VII. Eligibility Period

- A. Once eligibility for financial assistance has been established, the patient shall remain eligible for free or reduced-cost, emergency and medically necessary care during the 12-month period beginning on the date on which the initial episode of care occurred. If a patient returns to UHCC for treatment during their eligibility period, he/she may be asked to provide additional information to ensure that all eligibility criteria have been met.
- B. At the conclusion of the eligibility period, the patient must re-apply for financial assistance.
- C. If a patient enrolled in a health plan drops coverage without a qualified life change event taking place, the patient will not be able to apply for financial assistance.
 1. If a qualified life event takes place, the patient will be able to apply for financial assistance if they are denied Medicaid and have been rescreened per Section V of this policy.
- D. If within a two-year period after the date of service, the patient is found to have been eligible for free care on that date of service (using the eligibility standards applicable to that date of service) the patient shall be refunded amounts received from the patient/guarantor exceeding \$5.00.
 1. If documentation demonstrates lack of cooperation by the patient providing information to determine eligibility for financial assistance, the two-year period may be reduced to 30 days from the date of initial request for information.
- E. If a patient has received reduced-cost, medically necessary care due to a financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost, medically necessary care during the 12-month period beginning on the date on which the initial episode of care occurred.

VIII. Reconsideration of Denial of Free or Reduced-Cost Care

- A. A patient who is denied financial assistance under this policy has the right to request reconsideration of that denial.
- B. Upon request from the patient, the Chief Financial Officer, or designee, will review all components of the application and make the final determination of eligibility.

IX. Medical Debt Determination (Limit on Charges)

- A. Financial assistance eligible individuals receiving emergency or medically necessary care will be charged less than gross charges for services. Gross charges will be reduced by one of the following percentages:

1. The 501(r)(4) Amount Generally Billed (“AGB”) method for all services provided by affiliates other than the hospital.
 - In August of each year, the Amount Generally Billed percentage will be calculated utilizing the look-back method with Medicare fee-for-service claims from the previous fiscal year.
 2. The COMAR 10.37.10.26.A method for all services provided by the hospital.
 - The hospital mark-up percentage as provided annually in the HSCRC rate order.
- B. Each August, the applicable percentage described in IX.A of this policy will be updated on the Maryland Uniform Financial Assistance Application cover sheet and applied as a deduction to gross charges.
1. A financial assistance adjustment will be applied prior to the final determination of the patient’s medical debt.

X. Balances Eligible for and Excluded from Financial Assistance

- A. All self-pay balances, including self-pay balances after insurance payments, including copays, co-insurance and deductibles, may be eligible for consideration for Financial Assistance with the following exceptions:
1. Balances covered by health insurance.
 2. Balances covered by a government or private program other than health insurance.
 3. Balances for patients that would qualify for Medical Assistance, individual or family health coverage through the Maryland Health Connection or equivalent insurance marketplace, or through an employment-based health plan, but do not apply.
 - Applications received during a non-enrollment period, either through the Maryland Health Connection or through employment-based health care, that were not otherwise screened on a previous account, and that are deemed ineligible for Maryland Medicaid, may be allowed to apply on a case-by-case basis.
 - If the patient chooses not to elect health benefits offered by employer, or as an eligible dependent, or through the Maryland Health Connection, the patient will be deemed ineligible for financial assistance, but may be evaluated on a case-by-case basis for hardship or circumstances justifying lack of employer or Maryland Health Connection coverage.
 4. Balances for patients who are not U.S. residents may be allowed after an administrative review and on a case-by-case basis as approved by the Chief Financial Officer or designee.
 5. Balances on cosmetic surgery and other procedures that are considered elective and without which the patient's general health would not be adversely affected.
 6. Balances for patients who falsify information on, or related to, the application.
 7. Union Hospital of Cecil County reserves the right to evaluate applications with special or extenuating circumstances on a case-by-case basis as approved by the Chief Financial Officer or designee.

XI. Action in the Event of Non-Payment

- A. Union Hospital may contract with outside collection services to pursue collection of delinquent accounts. All unpaid accounts without exception or payment arrangements are placed in outside collection after a minimum of 90 days from the initial billing statement and delivery of all scheduled patient account statements to the patient/guarantor.
- B. Union Hospital does not conduct, or permit collection agencies to conduct on their behalf, extraordinary collections efforts against individuals.

XII. Measures to publicize this policy

- A. Information regarding the UHCC Financial Assistance Program and the availability of financial counseling is communicated broadly.
- B. Financial assistance communications include, but are not limited to, the following:
 1. Statement of availability on financial consent form;
 2. Upon discharge from inpatient, observation or surgical services;
 3. On billing statements/invoices.
 4. On electronic or paper signs located at registration locations.
- C. A patient can access this policy and a plain language summary through the following methods:
 1. Electronic copies are can be accessed on the Union Hospital of Cecil County Website at:
 - www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance
 2. Paper copies are available:
 - By mail: Union Hospital of Cecil County
Patient Financial Services Department
106 Bow St.
Elkton, MD 21921
 - By Phone: 443-406-1337 or 410-392-7033
 - By E-mail: unionhospitalbilling@uhcc.com
 - Upon Request at the following locations:
 - a. Outpatient Registration Department
 - b. Emergency Department Registration
 - c. Patient Financial Services Department
 - d. Customer Service Department
 3. Union Hospital informs local public and community organizations that address the health needs of the community's vulnerable and low-income populations of this policy.

XIII. Ensuring Compliance

- A. Each August, the Director of Patient Financial Services or designee, will perform an audit to include:
 1. A recalculation of the percentage discount from gross charges as described in IX.A of this policy;
 2. A random sampling of 25 billing statements from the prior fiscal year to ensure all required information is present;

3. A visit to each registration point within the hospital to ensure each location has updated financial assistance policies, applications and supporting materials;
4. An audit of the website to ensure that application and policy are easily accessible;
5. A review of current census data for the primary service area to ensure materials are available in additional languages spoken by greater than 5% of the population served.

XIV. Plain Language Summary

Consistent with its mission to provide safe, high quality health and wellness services to the residents of Cecil County and neighboring communities, Union Hospital of Cecil County and its affiliates are committed to providing free or discounted care to individuals who are in need of emergency or medically necessary treatment and have household income below 400% of the Federal Poverty Level (FPL) Guidelines. Individuals who are eligible for financial assistance will not be charged more than the average amounts generally billed to insured patients, for emergency or medically necessary care.

Financial counselors are available Monday through Friday, from 8:00am until 4:30pm to discuss the application process either in person at Union Hospital or via phone at 443-406-1337 or 410-392-7033.

Union Hospital will not pursue extraordinary collection actions against any individual.

For a free copy of the entire Financial Assistance Policy and/or an Application for Financial Assistance in English or Spanish, patients can:

- Visit the website at:
www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance
- Send a request by mail to: Union Hospital of Cecil County
 Patient Financial Services Department
 106 Bow St.
 Elkton, MD 21921
- Request by calling 443-406-1337 or 410-392-7033
- Send a request by E-mail to unionhospitalbilling@uhcc.com
- Request in person at the following locations:
 - Outpatient Registration Department
 - Emergency Department Registration
 - Patient Financial Services Department
 - Customer Service Department

XV. References

- A. Code of Maryland Regulations (COMAR) 10.37.10.26
- B. Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

- C. Department of Treasury, Internal Revenue Service Code 501(r)(4)
- D. US Department of Health and Human Services: Federal Register and the Annual Federal Poverty Guidelines
- E. US Code Title 42 Chapter 6A Subchapter II Part D Subpart I § 254b – Health Centers
- F. US Code Title 42 Chapter 7 Subchapter XVIII Part E § 1395dd – Examination and treatment for emergency medical conditions and women in labor

XVI. Related Documents/Policies:

Maryland State Uniform Financial Assistance Application

Community Assistance Program

The Community Assistance Program, as sponsored by Union Hospital of Cecil County, offers hospital services, as well as physician services at multi-specialty practices, at a reduced cost based on a patient's inability to pay. The Community Assistance Program is a patient centered program to help eliminate your fear and anxiety regarding your medical bills. The application process is simple and straightforward.

The Community Assistance Program is a consistent and equitable process designed to grant financial assistance to appropriate patients while respecting the individual's dignity. If approved, your balance will be adjusted between 25% - 100% based on Federal Poverty Guidelines. Eligibility shall include medical care for three months prior to, and continue for up a maximum of six months forward. To see if you qualify, just follow the steps below:

Guidelines for Eligibility

- If you are a US Citizen.
- If uninsured, under the Affordable Care Act, you must enroll in either Medicaid or enroll through your State's Health Connection to obtain insurance prior to applying for financial assistance through Union Hospital.
- If employed and uninsured you must enroll in an employment based health plan if available. If insurance is not available, you will need to enroll through your State's Health Connection.
- Meet income guidelines. Based upon Federal Poverty Guidelines.

Guidelines for Applying

The first step is to complete a Community Assistance Application and provide the following supportive documentation:

- 2 most recent copies of all pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks.
- 2 most recent copies of bank statements and/or financial records.
- Copy of Federal AND State Income Tax return, as well as W2.
- If uninsured, proof of enrollment for health insurance through your State's Health Connection, through your State for Medicaid, or if you or your spouse is employed, proof that the employer does not offer health insurance.
- Copy of letters of any awarded benefits you are currently receiving including: Food Stamps, TCA, or Energy Assistance.
- A letter of support (preferably notarized) if no evidence of income.

When all information is gathered, a Financial Counselor will do a preliminary review and verify your eligibility, at which time additional documentation may be requested by correspondence. Failure to provide the requested documentation within a specified time frame may result in your application being denied. If you need help applying for any State of Maryland programs, a representative is on site at Union Hospital to assist you. If you have any questions, please feel free to contact one of our Financial Counselors at 410-392-7033.

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

Current Balance

Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
Total		_____

IV. Monthly Expenses

Amount

Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient

Please mail or bring in the completed form to:

UNION HOSPITAL OF CECIL COUNTY
Patient Financial Services – Financial Assistance
106 Bow Street
Elkton, MD 21921

For information or assistance please call our:

Financial Counselor 443-406-1337

Or

Patient Financial Services 410-392-7033

Additional information and forms may be found on our web site:

www.uhcc.com