

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. In response to the legislation, some of the reporting questions have changed for FY 2021. Detailed reporting instructions are available here: [https://hscrc.maryland.gov/Pages/init\\_cb.aspx](https://hscrc.maryland.gov/Pages/init_cb.aspx)

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

For technical assistance, contact [HCBHelp@hilltop.umbc.edu](mailto: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: Howard County General Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210048	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Johns Hopkins Heath System	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Narrative contact at your hospital is Elizabeth Kromm	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Narrative contact email address at your hospital is ekromm@jhmi.edu	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Financial contact at your hospital is Fran Moll	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Financial email at your hospital is fmoll1@jhmi.edu	<input checked="" type="radio"/>	<input type="radio"/>	

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

Q5. Please select the community health statistics that your hospital uses in its community benefit efforts.

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

Q6. Please describe any other community health statistics that your hospital uses in its community benefit efforts.

HCGH uses socioeconomic information, health statistics, demographics, educational levels, population growth, and other quantitative and qualitative data from reports and websites of local, state, and federal agencies, such as the U.S. Census Bureau, Center for Disease Control and Prevention, County Health Rankings & Roadmap, Maryland Department of Health, and the Howard County Health Department. HCGH also uses the United Way's ALICE report to review community members above the poverty line but with financial challenges due to the high cost of living in the county. Finally, HCGH partners with the Howard County Health Department, the Horizon Foundation, the Columbia Association, and Vault Consulting, LLC to design and administer the Howard County Health Assessment Survey every two years. This Howard County-specific survey asks residents questions about a variety of health-related information such as chronic disease, physical activity, nutrition, and behavioral health.

Q7. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

## Q8. Section I - General Info Part 2 - Community Benefit Service Area

Q9. 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 checked="" type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County            | <input type="checkbox"/> Queen Anne's County    |
| <input type="checkbox"/> Baltimore City                 | <input checked="" 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 checked="" type="checkbox"/> Howard County     | <input type="checkbox"/> Washington County      |
| <input checked="" type="checkbox"/> Carroll County      | <input type="checkbox"/> Kent County                  | <input type="checkbox"/> Wicomico County        |
| <input type="checkbox"/> Cecil County                   | <input checked="" type="checkbox"/> Montgomery County | <input type="checkbox"/> Worcester County       |

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

*This question was not displayed to the respondent.*

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

- |                                |                                |   |                                |
|--------------------------------|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> 20701 | <input type="checkbox"/> 20776 | <input type="checkbox"/> 21062            | <input type="checkbox"/> 21146 |
| <input type="checkbox"/> 20711 | <input type="checkbox"/> 20778 | <input checked="" type="checkbox"/> 21076 | <input type="checkbox"/> 21225 |
| <input type="checkbox"/> 20714 | <input type="checkbox"/> 20779 | <input type="checkbox"/> 21077            | <input type="checkbox"/> 21226 |
| <input type="checkbox"/> 20724 | <input type="checkbox"/> 20794 | <input type="checkbox"/> 21090            | <input type="checkbox"/> 21240 |
| <input type="checkbox"/> 20733 | <input type="checkbox"/> 21012 | <input type="checkbox"/> 21106            | <input type="checkbox"/> 21401 |
| <input type="checkbox"/> 20736 | <input type="checkbox"/> 21032 | <input type="checkbox"/> 21108            | <input type="checkbox"/> 21402 |
| <input type="checkbox"/> 20751 | <input type="checkbox"/> 21035 | <input type="checkbox"/> 21113            | <input type="checkbox"/> 21403 |
| <input type="checkbox"/> 20754 | <input type="checkbox"/> 21037 | <input type="checkbox"/> 21114            | <input type="checkbox"/> 21404 |
| <input type="checkbox"/> 20755 | <input type="checkbox"/> 21054 | <input type="checkbox"/> 21122            | <input type="checkbox"/> 21405 |
| <input type="checkbox"/> 20758 | <input type="checkbox"/> 21056 | <input type="checkbox"/> 21123            | <input type="checkbox"/> 21409 |
| <input type="checkbox"/> 20764 | <input type="checkbox"/> 21060 | <input type="checkbox"/> 21140            | <input type="checkbox"/> 21411 |
| <input type="checkbox"/> 20765 | <input type="checkbox"/> 21061 | <input type="checkbox"/> 21144            | <input type="checkbox"/> 21412 |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 21048 | <input type="checkbox"/> 21757 |
| <input type="checkbox"/> 21074 | <input type="checkbox"/> 21771 |
| <input type="checkbox"/> 21102 | <input type="checkbox"/> 21776 |

- 21104
- 21136
- 21155
- 21157
- 21158
- 21784
- 21787
- 21791
- 21797

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |                                |   |                                |
|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> 20842 | <input type="checkbox"/> 21719            | <input type="checkbox"/> 21775 |
| <input type="checkbox"/> 20871 | <input type="checkbox"/> 21727            | <input type="checkbox"/> 21776 |
| <input type="checkbox"/> 21701 | <input type="checkbox"/> 21754            | <input type="checkbox"/> 21777 |
| <input type="checkbox"/> 21702 | <input type="checkbox"/> 21755            | <input type="checkbox"/> 21778 |
| <input type="checkbox"/> 21703 | <input type="checkbox"/> 21757            | <input type="checkbox"/> 21780 |
| <input type="checkbox"/> 21704 | <input type="checkbox"/> 21758            | <input type="checkbox"/> 21783 |
| <input type="checkbox"/> 21705 | <input type="checkbox"/> 21759            | <input type="checkbox"/> 21787 |
| <input type="checkbox"/> 21710 | <input type="checkbox"/> 21762            | <input type="checkbox"/> 21788 |
| <input type="checkbox"/> 21713 | <input type="checkbox"/> 21769            | <input type="checkbox"/> 21790 |
| <input type="checkbox"/> 21714 | <input type="checkbox"/> 21770            | <input type="checkbox"/> 21791 |
| <input type="checkbox"/> 21716 | <input checked="" type="checkbox"/> 21771 | <input type="checkbox"/> 21793 |
| <input type="checkbox"/> 21717 | <input type="checkbox"/> 21773            | <input type="checkbox"/> 21798 |
| <input type="checkbox"/> 21718 | <input type="checkbox"/> 21774            |                                |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> 20701 | <input type="checkbox"/> 21041            | <input type="checkbox"/> 21150            |
| <input checked="" type="checkbox"/> 20723 | <input checked="" type="checkbox"/> 21042 | <input checked="" type="checkbox"/> 21163 |
| <input checked="" type="checkbox"/> 20759 | <input checked="" type="checkbox"/> 21043 | <input checked="" type="checkbox"/> 21723 |
| <input checked="" type="checkbox"/> 20763 | <input checked="" type="checkbox"/> 21044 | <input checked="" type="checkbox"/> 21737 |
| <input checked="" type="checkbox"/> 20777 | <input checked="" type="checkbox"/> 21045 | <input checked="" type="checkbox"/> 21738 |
| <input checked="" type="checkbox"/> 20794 | <input checked="" type="checkbox"/> 21046 | <input type="checkbox"/> 21765            |
| <input checked="" type="checkbox"/> 20833 | <input checked="" type="checkbox"/> 21075 | <input checked="" type="checkbox"/> 21771 |
| <input checked="" type="checkbox"/> 21029 | <input checked="" type="checkbox"/> 21076 | <input checked="" type="checkbox"/> 21784 |
| <input checked="" type="checkbox"/> 21036 | <input checked="" type="checkbox"/> 21104 | <input checked="" type="checkbox"/> 21794 |

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

*This question was not displayed to the respondent.*

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

- |                                |   |                                |                                |                                |                                |
|--------------------------------|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 20058 | <input type="checkbox"/> 20824            | <input type="checkbox"/> 20850 | <input type="checkbox"/> 20872 | <input type="checkbox"/> 20891 | <input type="checkbox"/> 20907 |
| <input type="checkbox"/> 20207 | <input type="checkbox"/> 20825            | <input type="checkbox"/> 20851 | <input type="checkbox"/> 20874 | <input type="checkbox"/> 20892 | <input type="checkbox"/> 20910 |
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20827            | <input type="checkbox"/> 20852 | <input type="checkbox"/> 20875 | <input type="checkbox"/> 20894 | <input type="checkbox"/> 20911 |
| <input type="checkbox"/> 20777 | <input type="checkbox"/> 20830            | <input type="checkbox"/> 20853 | <input type="checkbox"/> 20876 | <input type="checkbox"/> 20895 | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20783 | <input type="checkbox"/> 20832            | <input type="checkbox"/> 20854 | <input type="checkbox"/> 20877 | <input type="checkbox"/> 20896 | <input type="checkbox"/> 20913 |
| <input type="checkbox"/> 20787 | <input checked="" type="checkbox"/> 20833 | <input type="checkbox"/> 20855 | <input type="checkbox"/> 20878 | <input type="checkbox"/> 20898 | <input type="checkbox"/> 20914 |
| <input type="checkbox"/> 20810 | <input type="checkbox"/> 20837            | <input type="checkbox"/> 20857 | <input type="checkbox"/> 20879 | <input type="checkbox"/> 20899 | <input type="checkbox"/> 20915 |
| <input type="checkbox"/> 20811 | <input type="checkbox"/> 20838            | <input type="checkbox"/> 20859 | <input type="checkbox"/> 20880 | <input type="checkbox"/> 20901 | <input type="checkbox"/> 20916 |
| <input type="checkbox"/> 20812 | <input type="checkbox"/> 20839            | <input type="checkbox"/> 20860 | <input type="checkbox"/> 20882 | <input type="checkbox"/> 20902 | <input type="checkbox"/> 20918 |
| <input type="checkbox"/> 20814 | <input type="checkbox"/> 20841            | <input type="checkbox"/> 20861 | <input type="checkbox"/> 20883 | <input type="checkbox"/> 20903 | <input type="checkbox"/> 20993 |
| <input type="checkbox"/> 20815 | <input type="checkbox"/> 20842            | <input type="checkbox"/> 20862 | <input type="checkbox"/> 20884 | <input type="checkbox"/> 20904 | <input type="checkbox"/> 21770 |
| <input type="checkbox"/> 20816 | <input type="checkbox"/> 20847            | <input type="checkbox"/> 20866 | <input type="checkbox"/> 20885 | <input type="checkbox"/> 20905 | <input type="checkbox"/> 21771 |
| <input type="checkbox"/> 20817 | <input type="checkbox"/> 20848            | <input type="checkbox"/> 20868 | <input type="checkbox"/> 20886 | <input type="checkbox"/> 20906 | <input type="checkbox"/> 21797 |
| <input type="checkbox"/> 20818 | <input type="checkbox"/> 20849            | <input type="checkbox"/> 20871 | <input type="checkbox"/> 20889 |                                |                                |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q34. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

HCGH selects its community benefits service area based on the geographic source of the majority of its inpatient utilization

Other. Please describe.

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

[https://www.hopkinsmedicine.org/howard\\_county\\_general\\_hospital/services/](https://www.hopkinsmedicine.org/howard_county_general_hospital/services/)

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

Howard County, located between Baltimore and Washington D.C., is a relatively affluent, educated and healthy community. The county is home to urban, suburban, and rural communities. Howard County continues to rank as one of the healthiest counties in the state of Maryland, according to the Robert Wood Johnson Foundation and University of Wisconsin County Health Rankings. In 2021, U.S. News and World Report ranked Howard County in the top ten healthiest counties in America. Due to these factors, Howard County is increasing in popularity for young families as well as those aging in place, and the population is growing accordingly. Howard County is inhabited by 332,317 residents. The county's population is growing more quickly than both the state and nation's populations; between 2010 and 2021 the county's population grew by over 15%. The county's population is 51% female. Between 2021 and 2045, the overall population is estimated to increase by over 11%. During the same time period, those age 50 and older will increase by 28.8%. An estimated 41% of county residents will be 50 or older by 2045. As Howard County grows, it has become increasingly diverse. 56% of the county's residents are White, followed by 20.4% Black and 19.3% Asian. 7.3% of residents identify as Hispanic or Latino. 21.2% of residents are foreign-born. 26% of the population speaks a language other than English at home; the most common foreign languages in the county are Spanish, Hindi and related, Korean, and Chinese. The average household size in Howard County is 2.8 persons. Howard County overall has a high median household income, but 5.5% of all Howard County residents have an annual income that put them below the poverty level.

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

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

- Yes  
 No

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

*This question was not displayed to the respondent.*

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

06/15/2022

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

[https://www.hopkinsmedicine.org/howard\\_county\\_general\\_hospital/\\_downloads/2022\\_Community\\_Health\\_Needs\\_Assessment\\_and\\_Implementation\\_Strategy.pdf](https://www.hopkinsmedicine.org/howard_county_general_hospital/_downloads/2022_Community_Health_Needs_Assessment_and_Implementation_Strategy.pdf)

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

[2022 Community Health Needs Assessment and Implementation Strategy - Final BOT Approved.pdf](#)  
1.3MB  
application/pdf

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

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

	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 exp below:
CB/ Community Health/Population Health Director (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	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 exp below:
CB/ Community Health/ Population Health Director (system level)	<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"/>	<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 exp below:
Senior Executives (CEO, CFO, VP, etc.) (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	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 exp below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<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"/>	<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 exp below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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	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 exp 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"/>	Signed off on system CHNA strategies
	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 exp 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed and approved CHNA and Implementation Strategies
	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 exp below:
Clinical Leadership (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	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 exp below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit 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"/>	
Community Benefit staff (system level)	<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<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"/>	
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Hospital Advisory Board	<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"/>	
Other (specify) Strategy Director/Staff	<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"/>	
	<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"/>	

Q45. Section II - CHNAs and Stakeholder Involvement Part 3 - Internal HCB Partners

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



	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"/>	Reviewing annual community benefits strategies
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"/>	
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"/>	
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"/>	
Hospital Advisory Board	<input checked="" 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"/>	
Other (specify) HCGH Finance Dept and Foundation	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	

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

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

Refer to the [FY 2022 Community Benefit Guidelines](#) for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2022.

	Level of Community Engagement						Recommended Practices							
	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To place the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: JHH/Bayview, Sibley, Suburban	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



School - K-12 -- Please list the schools here:  
Howard County School System (via LHIC)

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution

Delegated - To place the decision-making in the hands of the community

Community-Driven/Led - To support the actions of community initiated, driven and/or led processes

Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

School - Colleges, Universities, Professional Schools -- Please list the schools here:  
Howard Community College

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution

Delegated - To place the decision-making in the hands of the community

Community-Driven/Led - To support the actions of community initiated, driven and/or led processes

Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

Behavioral Health Organizations -- Please list the organizations here:  
Grassroots, NAMI, Waystation, Sheppard Pratt, Congruent Counseling Ctr

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution

Delegated - To place the decision-making in the hands of the community

Community-Driven/Led - To support the actions of community initiated, driven and/or led processes

Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

Social Service Organizations -- Please list the organizations here:  
Horizon Foundation, CASA, Community Action Council, Luminous, NeighborhoodRide, United Way

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution

Delegated - To place the decision-making in the hands of the community

Community-Driven/Led - To support the actions of community initiated, driven and/or led processes

Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

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

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution

Delegated - To place the decision-making in the hands of the community

Community-Driven/Led - To support the actions of community initiated, driven and/or led processes

Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

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

Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions

Consulted - To obtain community feedback on analysis, alternatives and/or solutions

Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered

Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution

Delegated - To place the decision-making in the hands of the community

Community-Driven/Led - To support the actions of community initiated, driven and/or led processes

Identify & Engage Stakeholders

Define the community to be assessed

Collect and analyze the data

Select priority community health issues

Document and communicate results

Plan Implementation Strategies

Implement Improvement Plans

Evaluate Progress

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

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

Independent Physician Practices (Maryland Endocrine, Maryland Oncology/Hematology, Chase Brexton, etc)

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Consumer/Public Advocacy Organizations -- Please list the organizations here:	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other -- If any other people or organizations were involved, please list them here:	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Physician Practices (Maryland Endocrine, Maryland Oncology/Hematology, Chase Brexton, etc)	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

- Yes
- No

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

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

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

[2022 Community Health Needs Assessment and Implementation Strategy - Final BOT Approved.pdf](#)  
1.3MB  
application/pdf

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

*This question was not displayed to the respondent.*

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

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

Q57. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
- No

Q58.  
Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

*This question was not displayed to the respondent.*

Q59. Why were these needs unaddressed?

*This question was not displayed to the respondent.*

Q60. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

The hospital, in conjunction with other health and community partners, conducts a Howard County Health Assessment Survey every three years. The data from this survey are stratified by race, education, income, gender, and age and that information is used to develop the Community Health Needs Assessment and Implementation Plan. Select initiatives within this plan, as well as some annual initiatives strategized each year, are designed to target and improve conditions for populations with identified disparities. Additionally, hospital leadership co-chairs the local health improvement coalition whose purpose is to work to eliminate health disparities and advance health equity.

Q61. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- None
- Regional Partnership Catalyst Grant Program
- The Medicare Advantage Partnership Grant Program
- The COVID-19 Long-Term Care Partnership Grant
- The COVID-19 Community Vaccination Program
- The Population Health Workforce Support for Disadvantaged Areas Program
- Other (Describe)

Q62. If you wish, you may upload a document describing your community benefit initiatives in more detail.

### Q63. Section III - CB Administration

Q64. 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

Q65. Please describe the third party audit process used.

This question was not displayed to the respondent.

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

- Yes  
 No

Q67. Please describe the community benefit narrative audit process.

The Community Benefits report is completed by the Sr Director of Strategy and Performance Excellence, then reviewed by the VP of Population Health and Advancement. Specific sections of the report are reviewed by the Director of Population Health and the VP of Finance/CFO. Report data is also reviewed and discussed with the system Director of Strategic Initiatives in the Office of Government and Community Affairs.

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

- Yes  
 No

Q69. Please explain:

This question was not displayed to the respondent.

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

- Yes  
 No

Q71. Please explain:

This question was not displayed to the respondent.

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 were included in your hospital's internal strategic plan during the fiscal year.

Community Benefits activities are included every year in the Johns Hopkins Medicine five-year strategic plan. In FY2022, these activities were included in the category of "Improves the Quality and Affordability of Health Care" of the JHM plan, where HCGH set specific goals related to our health priorities as identified in the Community Health Needs Assessment and Implementation Strategy. These health priorities are as follows: Healthy Beginnings, Healthy Living, Healthy Minds and Healthy Foundations. These priorities are integrated into HCGH's ongoing initiatives. Howard County General Hospital set the following strategic objectives for FY2022 to support these priorities: Healthy Living - Expansion of Virtual On Demand Care - Expand the use of remote patient monitoring (RPM) for eligible, discharged patients and Diabetes Regional Partnership implementation - Expand patient engagement in managing and living with diabetes.

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

<https://www.hopkinsmedicine.org/strategic-plan/>

Q75. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. [More information about SIHIS may be found here.](#)



Diabetes - Reduce the mean BMI for Maryland residents

Implementing the Diabetes Self-Mgmt Training educations and trains patients with diabetes on the importance of maintaining/reducing to a healthy weight and BMI. Nutrition, exercise and additional support programs are provided to participants in the program to select the right foods, activities and relationship to be successful in managing their weight and BMI.

Opioid Use Disorder - Improve overdose mortality

Working with partners to provide medical stabilization and linkage to treatment to persons with substance abuse who present to the emergency department, promoting SBIRT, and continuing the Peer Recovery Program all support early intervention and support for those with substance abuse. Early intervention helps to reduce the potential for overdosing and mortality.

Maternal and Child Health - Reduce severe maternal morbidity rate

Planning work started to develop prenatal care for the uninsured and undocumented populations in Howard County. Partnering with the County, Chase Brexton (FQHC) and other advocacy groups, funding and high-level strategies were developed in FY22 for execution in FY23.

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

None of the Above

Q76. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

### Q77. Section IV - Physician Gaps & Subsidies

Q78. Did your hospital report physician gap subsidies on Worksheet 3 of its community benefit financial report for the fiscal year?

- No
- Yes

Q79. As required under HGS19-303, please select all of the gaps in physician availability resulting in a subsidy reported in the Worksheet 3 of financial section of Community Benefit report. Please select "No" for any physician specialty types for which you did not report a subsidy.

	Is there a gap resulting in a subsidy?		What type of subsidy?
	Yes	No	
Allergy & Immunology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value=""/>
Anesthesiology	<input checked="" type="radio"/>	<input type="radio"/>	Physician provision of financial assistance
Cardiology	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Dermatology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value=""/>
Emergency Medicine	<input checked="" type="radio"/>	<input type="radio"/>	Coverage of emergency department call
Endocrinology, Diabetes & Metabolism	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value=""/>
Family Practice/General Practice	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value=""/>
Geriatrics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value=""/>
Internal Medicine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value=""/>
Medical Genetics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text" value=""/>

Neurological Surgery	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Neurology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Obstetrics & Gynecology	<input checked="" type="radio"/>	<input type="radio"/>	Physician provision of financial assistance <input type="text"/>
Oncology-Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Ophthalmology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Otolaryngology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Pathology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Pediatrics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Physical Medicine & Rehabilitation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Plastic Surgery	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Preventive Medicine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Psychiatry	<input checked="" type="radio"/>	<input type="radio"/>	Physician provision of financial assistance <input type="text"/>
Radiology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Surgery	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Urology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Other (Describe): Interventional Cardiology; Vascular; Hospitalists/Intensivists	<input checked="" type="radio"/>	<input type="radio"/>	Physician provision of financial assistance <input type="text"/>

Q80. Please explain how you determined that the services would not otherwise be available to meet patient demand and why each subsidy was needed, including relevant data. Please provide a description for each line-item subsidy listed in Worksheet 3 of the financial report.

In FY22, HCGH subsidized ED and inpatient call coverage for the following specialties: general surgery, psychiatry, anesthesiology, OB/GYN, cardiology, interventional cardiology, and vascular. Payments incentivize on-call coverage responsibilities, serving both the Hospital's ED and consultation and treatment of hospital inpatients. Physicians no longer take calls unless compensated for this service. As the only hospital in the County we need to ensure our patients have access to fundamental services when needed. Additionally, people are continuing to utilize the ED for emergencies and primary care services and we need to provide that coverage. To ensure there is adequate ED coverage during unplanned volume, additional ED providers are needed to be on-call. Again, providers no longer take call unless compensated for the service.

Q81. Please attach any files containing further information and data justifying physician subsidies at your hospital.

Q82. Section VI - Financial Assistance Policy (FAP)

Q83. Upload a copy of your hospital's financial assistance policy.

[JHM Financial Assistance Policy 8-2022.pdf](#)  
169.9KB  
application/pdf

Q84. Provide the link to your hospital's financial assistance policy.

[https://www.hopkinsmedicine.org/patient\\_care/patients-visitors/billing-insurance/\\_docs/pfs035-2020/PFS035.pdf](https://www.hopkinsmedicine.org/patient_care/patients-visitors/billing-insurance/_docs/pfs035-2020/PFS035.pdf)

Q85. 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:

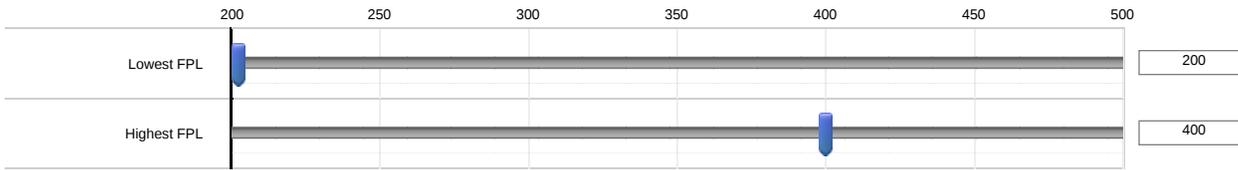
Q86. Maryland hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

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



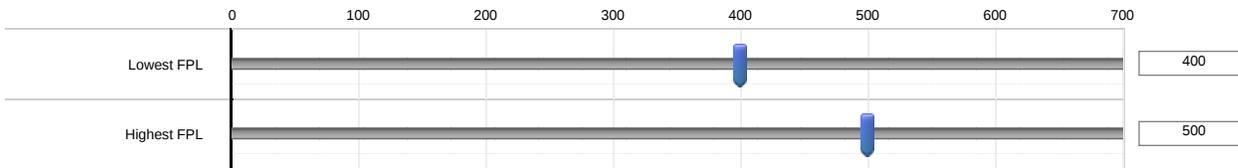
Q87. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

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

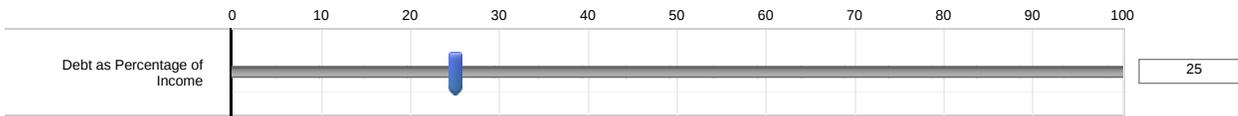


Q88. Maryland hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income.

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



Q89. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q90. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

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

## Q91. Summary & Report Submission

Q92.

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

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

Location: [\[39.2124, -76.8776\]](#)

Source: GeoIP Estimation



ASSESSMENT  
COMMUNITY  
HEALTH  
NEEDS  
HEALTHY  
WEIGHT  
COVID  
DIABETES  
AFFORDABLE  
HEART  
LIVING  
MIND  
HoCo  
NUTRITION  
MENTAL  
HEALTH  
2022



# HOWARD COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT  
AND IMPLEMENTATION STRATEGY

WEIGHT  
HEALTHY  
COVID  
AFFORDABLE  
DIABETES  
HEART  
LIVING  
MIND  
HoCo  
NUTRITION  
COMMUNITY  
HEALTH  
NEEDS  
ASSESSMENT  
2022



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## Acknowledgements

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We would also like to thank the members of the Howard County Health Assessment Survey Advisory Committee (Appendix I), Vault LLC, the Howard County Local Health Improvement Coalition (Appendix II), and the Johns Hopkins Community Health Improvement Strategy Council.

Finally, we appreciate the time and feedback of all of the Howard County residents that engaged with us to advance the health of Howard County.

## Executive Summary

Howard County General Hospital (HCGH) is a private, not-for-profit community hospital serving Howard County, Maryland and its surroundings since 1973. The hospital strives to deliver its mission, “Provide the highest quality care to improve the health of our entire community through innovation, collaboration, service excellence, diversity and a commitment to patient safety,” in every patient and community interaction. As a member of the Johns Hopkins Health System, HCGH aligns its strategies with the system while tailoring its work and resources to the local needs and environments of the Howard County residents.

Howard County (HC) has been recognized in local and national press as one of the healthiest counties in the nation, and as a whole has a highly educated and affluent population. The population is growing at a rate over double that of the state and nation’s populations and becoming both older and more diverse as it does. 56% of the County’s residents are White, followed by 20% Black and 19% Asian, and 7% of residents identify as Hispanic or Latino (United States Census Bureau, 2020a). 21% of residents are foreign-born (United States Census Bureau, 2020a) and over a quarter of residents speak a language other than English at home (United States Census Bureau, 2020c). Additionally, it is estimated that there will be about a 29% increase in residents over 50 years old in the next 25 years (Maryland Department of Planning, 2020) making over 40% of the residents 50 years old or older by 2045 (Maryland Department of Planning, 2022).

Despite the many resources in this community, data shows that some residents still live with social conditions in their environments that impact their health behaviors and outcomes, i.e., social determinants of health. 5.5% of Howard County residents fall below the Federal Poverty Level and 23% of the households in Howard County fall into the ALICE (Asset-Limited, Income Constrained, Employed) category (United Way of Central Maryland, 2018). Additionally, housing costs and rents in the County are higher than state averages by about 40% and 22% respectively (United States Census Bureau, 2020e). These economic conditions can make it difficult for some residents to afford healthier choices in food and activities or to obtain preventative care. Accessing care can also be a challenge in Howard County. Almost 4% of the population does not have insurance coverage (United States Census Bureau, 2020b) and those that do can find it hard to locate places where their insurance is accepted. Research also shows that there is a deficit of about 25 primary care providers in the County which could double in the next five years (Johns Hopkins Medicine Business Planning and Marketing Analysis, 2022) making getting appointments for routine and preventative care more difficult.

To better understand the first-hand the needs of the community, HCGH, in partnership with the Howard County Health Department (HCHD), the Horizon Foundation, the Columbia Association, and Vault LLC, surveyed over 2,000 Howard County residents to better understand their health status by asking questions modeled after the Behavioral Risk Factors Surveillance System (BRFSS). This survey has been completed every other year since 2012 and is called the Howard County Health Assessment Survey (HCHAS). HCGH, HCHD and the Howard County Local Health Improvement Coalition also put out a brief community survey to Howard County residents for comments on their perceptions of greatest community health priorities, social determinants of health, and the hospital’s prior Community Health Needs Assessment (CHNA).

Through the primary and secondary review of the health, economic, social, and community data on Howard County residents, the Howard County Community Health Needs Assessment was developed and several key priorities were identified.

### Community Health Needs Assessment Key Priorities

#### Health Outcomes

- Mental Health
- Heart Disease
- Diabetes
- Alcohol/Drug Addiction
- Obesity
- COVID-19

#### Social Determinants of Health

- Housing
- Racial Discrimination & Equity
- Childcare
- Access to Care
- Affordability of Care (including insurance)
- Transportation

Using the CHNA and identified priorities, HCGH developed its Implementation Strategy to address those priorities best aligned with its capabilities and resources. These strategies include both the enhancement of existing programs already shown to serve Howard County residents as well as the development of new programs. Strategies were classified into four overarching strategies:

- **Healthy Beginnings** – a focus on maternal and infant care and support for growing families
- **Healthy Living** – a focus on health factors and outcomes that impact the ability to live a healthy, well-enjoyed life
- **Healthy Minds** – a focus on mental and behavioral health care including substance misuse, depression and social engagement
- **Healthy Foundations** – a focus on the core elements needed to sustain and grow programs that support the health of Howard County

Additionally, it is important to note that HCGH cannot achieve success in creating a healthier Howard County alone. For each strategy, many other mission-driven organizations in the County have been identified as partners to deliver programs and services to residents. Through these collaborative efforts, Howard County will become a healthier, more prosperous place to live for all of its residents.

## Introduction

The purpose of a community health needs assessment (CHNA) is to identify the top health issues facing the community that the hospital serves and develop a collaborative plan to improve the health of its residents. The implementation strategy will help the hospital plan the best way to deliver community benefits that are targeted toward the highest priority health needs of the population.

Additionally, it is a federal requirement for nonprofit hospitals to develop and publish a Community Health Needs Assessment Report and Implementation Strategy. Section 501(c)(3) of the federal tax code outlines the federal requirements for nonprofit hospitals to qualify for tax-exempt status. The 2010 Patient Protection and Affordable Care Act (ACA) added four requirements to this code, including Section 501(r)(3) of the Internal Revenue Code that requires a nonprofit hospital to publish a community health needs assessment every three years in order to retain its tax-exempt status. An implementation strategy to meet the health needs identified in the CHNA is also required (United States Internal Revenue Service, 2021).

### **About Howard County General Hospital**

Howard County General Hospital (HCGH) is a Member of Johns Hopkins Medicine and is a private, not-for-profit, community health care provider, governed by a community-based board of trustees. Opened in 1973, the original 59-bed, short-stay hospital has grown into a comprehensive acute care medical center with 225 licensed beds, specializing in women's and children's services, surgery, cardiology, oncology, orthopedics, gerontology, psychiatry, emergency services and community health education. In June 1998, Howard County General Hospital joined Johns Hopkins Medicine.

Howard County General Hospital cares for its community through the collaborative efforts of a wide range of people. HCGH staff includes more than 1,800 employees. It is the second largest private employer in Howard County and employs over 940 Howard County residents. A diverse workforce, 54 percent of hospital staff are minorities. The hospital's professional staff is comprised of more than 1,000 physicians and allied health professionals, representing nearly 118 specialties and subspecialties. Ninety-three percent of the physicians are board-certified in their specialty.

In FY 2021, HCGH provided services to nearly 158,000 people, including evaluation and treatment of 56,300 patients in the emergency department. There were 19,200 patients admitted to or observed in the hospital, 9,200 surgeries performed, and 2,640 babies delivered. In addition to the many hospital-based services, HCGH also provided outpatient services to 72,500 patients, and reached over 14,000 people in the community through outreach, health promotion, and wellness programs. In its commitment to be Howard County's trusted source of health and wellness, HCGH is building programs and working with community partners to meet the health needs of our community. These partnerships allow HCGH and its partners to reach out to Howard County's most vulnerable, chronically ill, and/or high utilizing community members and provide connections to resources, home-based care, and community support.

In support of the COVID-19 pandemic, HCGH cared for over 1,800 patients with COVID-19 in FY21. Additionally, HCGH opened a unit for asymptomatic psychiatric patients with COVID-19 – the only unit of its kind in the region. HCGH performed almost 48,000 COVID-19 tests at the drive-through testing tent, held 22 community events where over 5,000 people were tested, and vaccinated over 450 people at 6 community-based clinics. This work to prevent and treat COVID-19 issues continues as new variants and effects arise.

## Approach and Methodology

### **The Committee**

A CHNA Steering Committee comprised of senior leadership, Population Health leadership and Strategic Planning leadership oversaw the development and execution of the CHNA process to ensure the results aligned with the health needs of the community, the capabilities of the organization to effect change, and the strategic direction of the organization and the system.

The CHNA Steering Committee engaged the Howard County Health Department (HCHD) and the Howard County Local Health Improvement Coalition (LHIC) to discuss the CHNA and Howard County Health Assessment Survey (HCHAS) and provide feedback on the information gathered as well as the health priorities of the prior assessment. Howard County LHIC consists of county agencies, health organizations, businesses, nonprofits, and stakeholders representing varied populations within Howard County. Please see Appendix II for a detailed list of LHIC member organizations. These leaders maintain a pulse on the needs of the communities served by the hospital. Their knowledge of the overall community needs and challenges, public health issues, and insight into the historically marginalized, hard-to-reach, and vulnerable populations in the communities was critical in shaping the CHNA priorities. They provided guidance towards the process including gathering community input and data, prioritizing health needs, creating goal alignment across the healthcare community partners, and identifying potential community resources. Several of the LHIC organizations also provided individual organizational input to the health priorities, needs and strategies. Highlights from their input can be found in Appendix III.

### **Data Collection**

The process undertaken to assess gaps in health care services, barriers to care, and effectively identifying and prioritizing the health needs of Howard County residents began with the collection and analysis of multiple sources of information. Data was collected from both community sources (primary sources) as well as secondary sources. Primary sources included input from residents via a health assessment survey, focus groups and discussions, and input from community leaders with special knowledge of medically historically marginalized populations, low-income persons and minority groups. Additionally, the community's review and input on the prior HCGH's CHNA document and implementation strategy via an online survey also provided insights into trends over time in the community.

### ***Community Input (Primary Sources)***

To insure all populations have an opportunity to provide input to the HCGH CHNA, HCGH uses feedback and input from the community, community partners, leaders and advocacy groups. As a part of the CHNA development process, HCGH, in conjunction with community partners, solicited feedback from the community in multiple ways. Results of the 2021 Howard County Health Assessment Survey (HCHAS) were used as the primary data source for this CHNA. This survey has been administered every two years since 2012 (COVID delayed the survey from 2020 to 2021) and reaches over 2,000 participants using a multi-mode sample collection process. This process allows residents to take the survey from either a landline or

cell phone or self-administered online/web access. Local organizations, including the Horizon Foundation, the Howard County Health Department, Howard County General Hospital, and the Columbia Association, formed an advisory team that jointly commissioned, developed and determined key trends from the survey. Vault Consulting, LLC provided the technical aspects of the survey, including recommendations on the precise wording of questions, population sampling, and data collection.

The HCHAS Advisory Team modeled the survey approach, methodology, and questions after the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). As residents across the country have been asked many of the same questions, this approach allows results from national studies to be effectively compared against Howard County results. The survey assessed health-related behaviors and risk factors among the adult population of Howard County, Maryland.

An "answer the call" campaign was deployed by the hospital and partners in the survey via social media, websites and newsletters. Mid-way through the survey, demographics and zip codes were evaluated to ensure there was appropriate representation of all populations and messaging was pushed toward the under-represented populations. Additionally, statistical weights were applied to the sample to ensure that it was as reflective as possible of the County's population. Weights were applied to the following parameters: gender, age, race and ethnicity, and geography. Additionally, the survey results were broken out for a variety of geographic, demographic, and lifestyle indicators so that propensities could be isolated within population subgroups like income, race and education. Using the survey results to collaborate with the LHIC participants as well as other community partners that engage and work with the under-served populations ensured that the perspectives and needs of the under-served population were used to inform the CHNA's prioritization and implementation planning process. Results of this study have also enabled local government, health providers and stakeholders to measure progress and determine where to focus resources for improved health outcomes particularly focused on reduction of health disparities.

Data was also reviewed from two Community Forums and four Roundtable discussions sponsored by Howard County LHIC and conducted by Swangnomy Consulting. The six sessions were led virtually (due to COVID-19) between September 9<sup>th</sup> through 20<sup>th</sup>, 2021 and focused on core concepts influenced by the results of the HCHAS: physical activity, healthy eating, women's health and pregnancy, childhood obesity, chronic disease, communication, community engagement, social connection and supporting hard to reach communities. Participants included members of the community as well as community partners representing populations disproportionately affected by conditions contributing to poorer health outcomes.

Additionally, as a part of the CHNA development process, HCGH, HCHD and LHIC posted a short survey to their websites and social media pages, inviting any community member to provide feedback on the previous CHNA, implementation strategy, and the community health priorities identified therein. This CHNA Review and Feedback survey resulted in 116 respondents providing comments and feedback which were compiled and discussed during the development of the CHNA priorities and implementation strategy. Please see Appendix IV for a transcript of CHNA Review and Feedback survey questions.

The results of the HCHAS were also shared during meetings with three community groups to gain their input – the Faith Health Advisory Council (FHAC), the Patient and Family Advisory Council (PFAC) and the HCGH Board of Trustees. Each group provided reactions to the survey results and voiced additional areas of concern based on the constituents they represent. Please see feedback and comments from each group in Appendix V.

### Secondary Data Sources

Beyond the primary data collection, broader statistical and demographic data was gathered from a range of secondary sources. This data included socioeconomic information, health statistics, demographics, educational levels, population growth, and more. These data, which include both quantitative and qualitative analyses, were drawn from reports and websites of local, state, and federal agencies, such as the U.S. Census Bureau, Center for Disease Control and Prevention, County Health Rankings & Roadmap, Maryland Department of Health, the United Way ALICE Report, and the Howard County Health Department.

Collectively the data from both the primary and secondary data sources provided a strong, comprehensive foundation for understanding the community and its health needs. It allowed the broad interests of the community served, including medically historically marginalized populations, low-income persons, minority groups, and individuals with chronic disease health needs to be taken into consideration. Reviewing, discussing and evaluating the data by the CHNA Steering Committee and community partners from the HCHD and LHIC facilitated and guided the development of the 2022 CHNA Report and Implementation Strategy.

### Health Need Prioritization

As stated earlier, the process undertaken to assess gaps in health care services, barriers to care and effectively identifying and prioritizing the health needs of Howard County residents began with the collection and analysis of multiple sources of information. Using the information compiled, the CHNA Steering Committee and key partners from the HCHD and LHIC discussed potential priorities examining their impact on the community, ability to affect change and alignment between community partners. Ultimately, the CHNA areas of priority were identified and HCGH’s 2022 Community Health Needs Assessment Report and Implementation Strategy was developed.

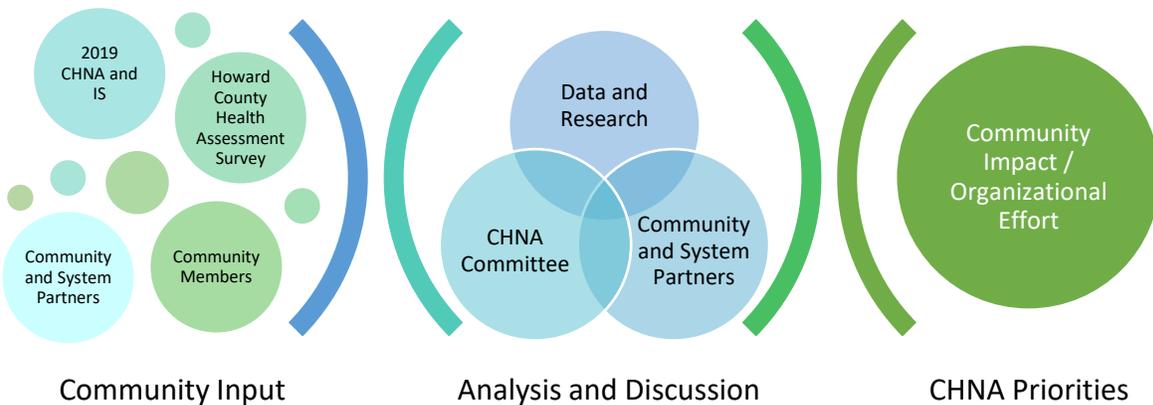


Figure 1 – CHNA Process

**Board or Trustees Approval**

The HCGH Board of Trustees adopted the 2022 Community Health Needs Assessment Report and Implementation Strategy on June 15, 2022. The members of the HCGH Board of Trustees are included in Appendix VI.

**Community Availability**

The 2022 Community Health Needs Assessment Report and Implementation Strategy is posted on the hospital's website and is available in hardcopy at the hospital. Printed copies are also available upon request by reaching out to Sue Manning, Director of Strategic Planning at [smanni20@jhu.edu](mailto:smanni20@jhu.edu).

## Progress from 2019 CHNA

Howard County General Hospital's 2019 Community Health Needs Assessment strategies focused on five priority areas. These areas were determined to be important to improving the health of the Howard County community and plans were implemented accordingly. A copy of the 2019 Community Health Needs Assessment and Implementation Strategy can be found on the Howard County General Hospital website.

The five priority areas from the 2019 CHNA were:

1. Access to Care
2. Healthy Weight
3. Healthy Aging
4. Behavioral Health
5. Maternal/Infant Health

Below are key strategies and the actions and impact over the last three years for each priority areas. The onset of the COVID-19 pandemic impacted the execution of some strategies, however even with the pandemic challenges, several strategies were implemented.

### **CHNA Priority Area: Access to Care**

<b>Key Strategy</b>	<b>Impact</b>
<b>School-based Telemedicine Program</b>	HCGH worked with the Howard County Health Department and the Howard County School System to develop <b>school-based telemedicine programs</b> at 7 Title I elementary schools. More than 300 children complete visits per school year and the program averages a 98% return to class percentage. COVID-19 impacted the program in FY21 when schools were not meeting in person.
<b>Recruit More Primary Care to Howard County</b>	HCGH gained a grant from the Howard County Government to support 5 practices with <b>recruiting</b> 4 primary care providers. Practices were awarded money for paying off loans with additional dollars awarded for each year the provider remained with the practice in Howard County.
<b>Provide health screenings and education with a focus on ethnic populations</b>	HCGH's <b>Journey to Better Health</b> team conducted over 40 screenings reaching over 1,300 patients. COVID-19 impacted the program in FY21.  Journey to Better Health (J2BH) works with Howard County faith-based organizations and congregations to support the health of their members and other Howard County residents. J2BH offers chronic disease prevention and management strategies to their members tailored to their needs. Program strategies include health screenings, education and volunteer support for significant health events.
<b>Provide transportation to Medicaid patients for healthcare appointments</b>	The hospital established a contract agreement with Ride RoundTrip for patients who needed <b>transportation</b> home from the hospital or needed transportation support to access community-based health care services.

**CHNA Priority Area: Behavioral Health**

Key Strategy	Impact
<p><b>Establish new partnerships to provide seamless, timely connections to behavioral health treatments</b></p>	<p>HCGH established a <b>Behavioral Health Navigator (BHN)</b> program which connects patients with behavioral health issues (diagnosed mental illness and/or substance use disorder) in the Emergency Department (ED) with appropriate community-based services and providers in a timely fashion. This includes referrals and linkages to mental health treatment, substance use treatment, support groups and housing programs. The program partners with several community behavioral health organizations, such as Way Station and Grassroots.</p> <p>BHN services consist of a screening that identifies non-medical needs, completing referrals, assistance with scheduling post discharge mental health or drug treatment appointments, and follow up phone calls within 48 hours of discharge from the ED to ensure linkages have successfully occurred.</p> <p>The program has seen over 1,340 patients and connected almost 80% of them with community resources and services.</p>
<p><b>Implement urgent care psychiatric stabilization services with community providers and connect eligible residents to first follow up appointment within two business days</b></p>	<p>In conjunction with Sheppard Pratt Way Station that provides access to urgent, outpatient, psychiatric services within two business days, HCGH established a <b>Rapid Access Program (RAP)</b> for adults seen in the hospital that need immediate access to psychiatric intervention, regardless of insurance coverage and ability to pay. This service is intended to prevent further emotional distress and avoid mental health deterioration which otherwise would result in accessing more acute levels of care. Patients referred to Way Station have the option of continuing with treatment or may wish to move on to a different provider once they have become stabilized.</p> <p>The Rapid Access Program had approximately 1,016 referrals to the program over the last three years with over 50% of the referrals enrolling in the program. Additionally, there are designated weekly appointments available for patients needing other support – four with Congruent Counseling for substance abuse disorder and five with MSA Child and Adolescent Center for pediatric patients.</p>
<p><b>Expand utilization of Peer Recovery Support Specialists for residents utilizing the emergency department for substance abuse issues</b></p>	<p>In partnership with the Howard County Health Department, HCGH developed a <b>Peer Recovery Coach (PRC) Program</b>. The PRCs are people with lived experience, meaning they have a history of substance use and have been sober for a minimum of 2 years, who receive specialty training. The PRCs are embedded in the hospital’s ED and receive referrals for patients that are admitted to the ED and medical units who have been identified as having substance use disorder. The PRCs meet with patients at the bedside and utilize motivational interviewing strategies to assess the patients’ readiness for change and develop a plan for treatment and recovery with them based on their readiness.</p> <p>The PRCs have helped over 430 patients in the last two years with their treatment and recovery from substance use disorder.</p>

**CHNA Priority Area: Healthy Aging**

Key Strategy	Impact
<p><b>Implement the Community Care Team to provide comprehensive care coordination services for chronically ill older adults with a focus on addressing social determinants of health</b></p>	<p>HCGH implemented a <b>Community Care Team (CCT)</b> to serve adult Howard County residents who have Medicare and who have had two or more visits at Howard County General Hospital (HCGH) within the past year. Patients and their caregivers receive benefits for up to three months from a multi-disciplinary team that provides home-based care coordination services. Community health workers, nurses and a social worker deliver services including health education, disease-specific management, medication reconciliation, connection to and coordination with health care providers, and extensive social support and advocacy with linkages to appropriate community resources.</p> <p>In the last three years, the CCTs have had almost 3,150 referrals with over 50% of the referrals accepting assistance from the team.</p> <p>HCGH also launched a <b>Community Healthcare Worker (CHW) Training Program</b> to help address the need for a workforce to support community programs and help address and eliminate non-clinical barriers to health. HCGH is the only hospital in the state with an accredited Community Health Worker Training program.</p> <p>From January 2021 through June 2022, 58 learners have completed the program. Every class has been filled and had a waitlist.</p>
<p><b>Ensure that all older adults have identified their care wishes in the form of a completed advance care plan on file at HCGH</b></p>	<p>HCGH created a program focused on ensuring that patients have an <b>Advance Directive</b> with a designated Health Care Agent and that expresses their end-of-life wishes. The program was designed during a year-long collaborative through the Institute for Healthcare Improvement (IHI) to ensure internal policies, procedures and processes enabled the proper intake of and access to these important documents and health care agent information. An Advanced Care Plan (ACP) Coordinator meets patients (and family members) at the bedside to provide education about end-of-life wishes and help identify and document a health care agent. The ACP also hosts office hours for community residents.</p> <p>The ACP Coordinator engaged with about 3,400 patients and family members over the last two years.</p>
<p><b>Implement a home-based primary care program for frail elderly patients</b></p>	<p>HCGH initiated a program called <b>JHome</b>. This program focuses on elderly and frail patients who are homebound. It provides on-site home care expertise during the discharge planning process. Skilled home care experts use home care triggers to identify patients, meet with identified patients and caregivers, participate in multi-disciplinary rounds, arrange services for all home-based needs, and follow-up with patients to confirm services and satisfaction. HCGH's Community Care Team works closely with a primary care physician and nurse practitioner to do regular home visits and handle urgent medical needs as they come up.</p> <p>JHome engages an average of about 50 Howard County residents each month.</p>

**CHNA Priority Area: Healthy Weight**

Key Strategy	Impact
<p><b>Promote healthy food choices and healthy food preparation through nutrition classes and partner events such as cooking demonstrations, community nutrition counseling, and healthy eating-centered events</b></p>	<p>HCGH incorporated <b>nutrition and food education</b> in all of its education classes aimed at improving the health and lifestyle of those living with chronic diseases and other types of debilitating health issues (diabetes, heart failure, chronic obstructive pulmonary disease (COPD), cancer, etc).</p>
<p><b>Serve as pickup site for Roving Radish program</b></p>	<p><b>Roving Radish</b> promotes healthy eating habits through meal kits comprised of locally and regionally grown foods straight from the farm to table. The meal kits are available to anyone who works, plays or lives in Howard County and are offered at a discounted price to those in need.</p>
<p><b>Support the Howard County bike share program</b></p>	<p>HCGH funded the <b>Howard County bike program</b> and offered space for a bike station on campus.</p>

**CHNA Priority: Maternal/Infant Health**

Key Strategy	Impact
<p><b>Offer community classes for expectant and new families</b></p>	<p>HCGH offers several <b>classes aimed at infant care and newborn health</b> as well as new mother and father care. These classes include topics such as infant and toddler safety, childproofing, CPR and sleep safety (promoting the Health Department’s Safe Sleep program). Additionally, community resources available to parents beyond the hospital are shared.</p> <p>HCGH offers a <b>New Moms Support Group</b> for new moms and their babies up to 5 months old. The participants are encouraged to share their experiences and meet for support, referrals, guest speakers, discussion of parenting topics, and an opportunity to connect with other new mothers.</p> <p>HCGH Marketing was involved in creating and launching a <b>Maybe Baby video series</b> for those thinking of conceiving to hear from an OB provider about what they need to know and how to prepare.</p>

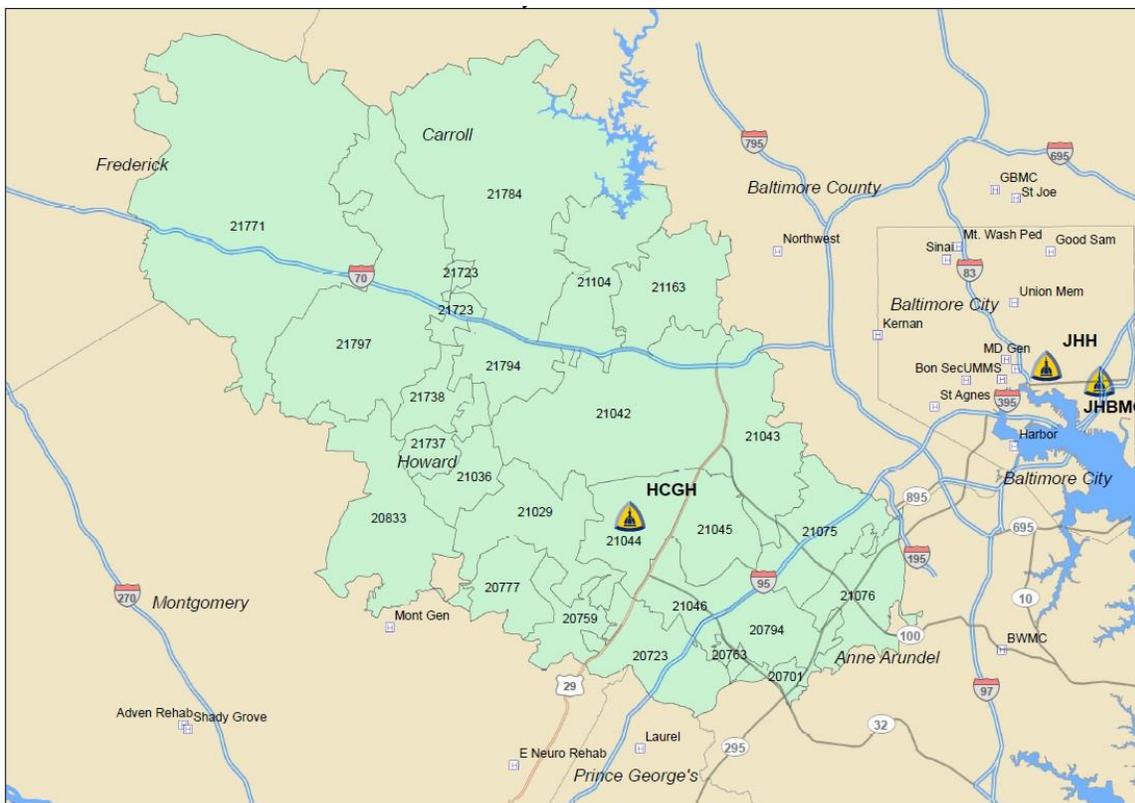
# The Community We Serve

## Definition of Community Benefit Service Area

Howard County General Hospital determines its Community Benefit Service Area (CBSA) using the Maryland Health Services Cost Review Commission (HSCRC) Global Budget Revenue agreement, which identifies the top 60% of equivalent case mix-adjusted discharges (ECMADs) from the hospital as the primary service area and the top 80% as the secondary service area.

The zip codes included in the total service area are as follows: 20701, 20723, 20759, 20763, 20777, 20794, 20833, 21029, 21036, 21042, 21043, 21044, 21045, 21046, 21075, 21076, 21104, 21163, 21723, 21737, 21738, 21771, 21784, 21794, and 21797.

The zip codes included herein are primarily contained within Howard County, with a small amount of overlap in shared zip codes with Anne Arundel, Baltimore, Carroll, Frederick, Montgomery, and Prince George's Counties. As such, this report will primarily focus on Howard County data but takes our bordering counties into consideration in our implementation strategy.



Source: Johns Hopkins Medicine Business Planning and Market Analysis, 2021

Figure 2 - HCGH Community Benefit Service Area, Fiscal Year 2021

## Howard County Overview

Howard County, located between Baltimore and Washington D.C., is a relatively affluent, educated and healthy community. The county is home to urban, suburban, and rural communities. Howard County continues to rank as one of the healthiest counties in Maryland and in the country. It was recently ranked as the eighth healthiest county in the United States for 2021, according to US News in collaboration with the Aetna Foundation (US News and World Report, 2021a). Howard County also ranked sixth in the 2021 rankings of the Healthiest Communities in the urban, high-performing peer group, also according to US News and Aetna Foundation (US News and World Report, 2021b). Furthermore, Money Magazine has recently ranked Ellicott City as the tenth best place to live in the US for 2021-2022, “where job growth is rising, home prices are affordable, and the quality of life shines” (Sharf et al, 2022). Due to these factors, Howard County is increasing in popularity for young families as well as those aging in place, and the population is growing accordingly. Below is a snapshot of some key statistics about Howard County.



Source: United States Census Bureau, 2020b

Figure 3 – Howard County Statistics, 2020

## Population

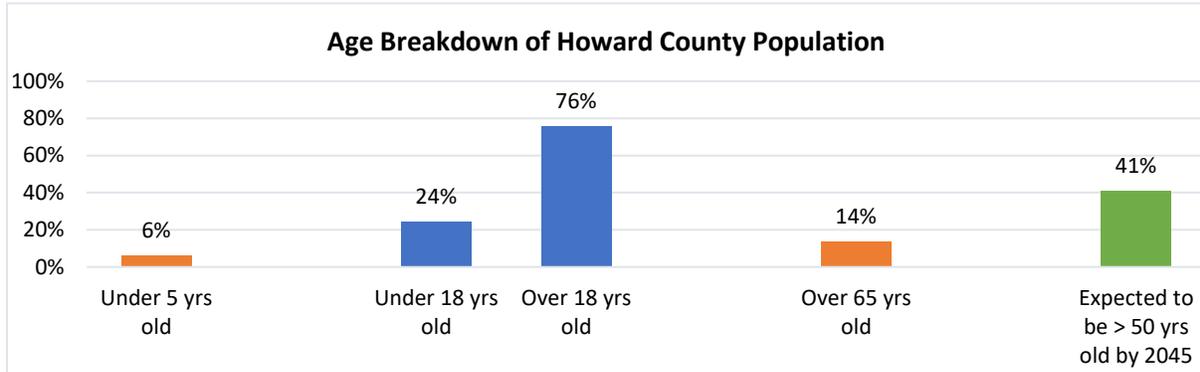
Howard County is inhabited by 332,317 residents and is ranked 6th in the state for population size (United States Census Bureau, 2020a). The county’s population is growing more quickly than both the state and nation’s populations; between 2010 and 2020 the county’s population grew by 15.7% and between 2020 and 2045, the Howard County population is projected to increase by 11% (Maryland Department of Planning, 2022).

Table 1. Population Growth and Median Household Income

	Howard County	Maryland	USA
<b>2010 Total Population</b>	287,129	5,773,807	308,758,105
<b>2020 Total Population</b>	332,317	6,177,224	331,449,281
<b>% Change 2010-2020</b>	15.7%	7.0%	7.3%
<b>Median Household Income (in 2019 dollars), 2015-2019</b>	\$121,160	\$84,805	\$62,843

Source: United States Census Bureau, 2020a

The county’s population is almost evenly split by gender at 51% female and 49% male. Currently 76% of its residents are over 18 years old leaving 24% under 18 years old (United States Census Bureau, 2020a). It is expected that over the next 25 years, those age 50 and older will increase by 28.8 % (Maryland Department of Planning, 2020). This means that an estimated 41% of county residents will be 50 or older by 2045 (Maryland Department of Planning, 2022).

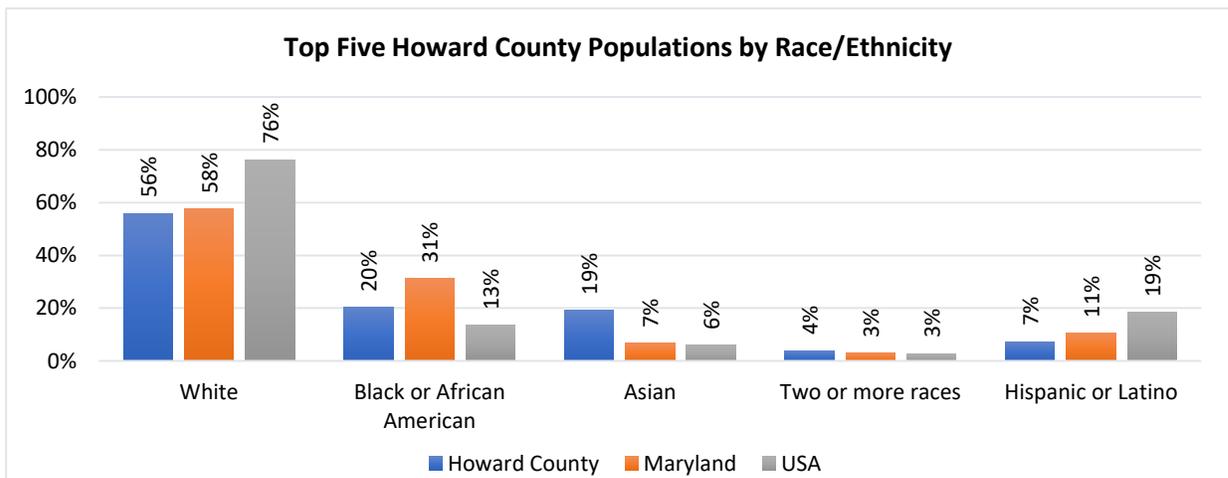


Source: United States Census Bureau, 2020b

Figure 4 – Age distribution for Howard County Residents

### Race and Ethnicity

As Howard County grows, it has become increasingly diverse. 55.9% of the County’s residents are White, followed by 20.4% Black and 19.3% Asian. American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander populations make up less than 0.5% of the residents (United States Census Bureau, 2020a). Additionally, 7.3% of residents identify as Hispanic or Latino while 3.9% identify as two or more races (United States Census Bureau, 2020a). 21.2% of residents are foreign-born (United States Census Bureau, 2020a). The focus on race and ethnicity discrimination as an important social/environmental problem that affects the health of Howard County has grown from almost 17% of those surveyed in 2019 indicating it is a concern to over 30% in 2022 indicating it is a concern (HCGH, HCHD, 2019; HCGH, HCHD, LHIC, 2022).



Source: United States Census Bureau, 2020a

Figure 5 - Race/Ethnicity distribution for Howard County Residents

## **Languages Spoken**

For residents ages 5 and older in Howard County, 74.1% speak only English, and 25.9% of residents speak a language other than English at home (United States Census Bureau, 2020c). The most common foreign languages in the county are Spanish, Hindi and related, Korean, and Chinese (United States Census Bureau, 2020c). 7.4% of residents speak English less than “very well”; of these residents, approximately 42.7% (11.1% of the total population) are those who speak an Asian and Pacific Islander language in the home (United States Census Bureau, 2020c).

Asian and Pacific Islanders and those speaking Spanish face the largest disparity in English proficiency as compared to other groups. About one-third of residents ages 5 and older who spoke an Asian and Pacific Island or Spanish language in Howard County reported speaking English “less than well” as compared to 20% of Indo-European language speakers and 17% of other language speakers (United States Census Bureau, 2020c). The identification of language barriers as a reason for a Howard County resident not to get health care has doubled in the last three years from 11% to 22% (HCGH, HCHD, 2019; HCGH, HCHD, LHIC, 2022).

## Social Determinants of Health (SDOH)

Per the Healthy People 2030 definition, social determinants of health are the conditions in the environment where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks (U.S. Department of Health and Human Services, n.d.). SDOH can be grouped into 5 domains:

- Education Access and Quality
- Economic Stability
- Health Care Access and Quality
- Neighborhood and Build Environment
- Social and Community Context

While Howard County residents are rich in many of these areas, the following data will examine how Howard County residents fare within these SDOH.

### SDOH - Education Access and Quality

According to Healthy People 2030, “People with higher levels of education are more likely to be healthier and live longer.” (U.S. Department of Health and Human Services, n.d.). Education level often plays a role in getting safe, high-paying jobs which in turn often support healthy lifestyles.

Howard County has a highly educated population. Among residents 25 years and older, 95.5% are high school graduates or higher, with 62.7% of the population holding a bachelor’s or graduate/professional degree (United States Census Bureau, 2020a).

Table 2. Educational Attainment Age 25+

	Howard County	Maryland	USA
<b>Some or Less than High School</b>	4.5%	9.4%	11.5%
<b>High School Degree</b>	13.3%	24.2%	26.7%
<b>Some College, no degree</b>	14.1%	18.7%	20.3%
<b>Associate Degree</b>	5.4%	6.8%	8.6%
<b>Bachelor’s Degree</b>	30.4%	21.8%	20.2%
<b>Graduate or Professional Degree</b>	32.3%	19.1%	12.7%

Source: United States Census Bureau, 2020a

However, disparities can be observed when looking at dropout and graduation rates for Howard County students. From 2017 to 2021, graduation rates for White and Asian students were about 95% while African American students averaged about 90% and Hispanic students averaged about 80% for that same time period (Maryland State Department of Education, 2022a). Dropout rates are also greater for Hispanic and African American students at around 16% and 5% respectively while White and Asian students experience dropout rates of less than 3% (Maryland State Department of Education, 2022b).

Recognizing these disparities and adapting healthcare services, education and communications to various education levels will help to engage residents in healthier lifestyles.

## **SDOH - Economic Stability**

Economic stability greatly influences a person’s ability to afford elements that create a healthy lifestyle. According to Healthy People 2030 “People with steady employment are less likely to live in poverty and more likely to be healthy” (U.S. Department of Health and Human Services, n.d.). Having the income and financial resources to pay medical bills, fill prescriptions, afford healthy food and have adequate housing all contribute to improved health and well-being. Often, consistent employment is a driver of having income and financial stability.

### ***Employment***

Howard County residents are mostly employed based on a low unemployment rate which was 3.3% in March, 2022 (FRED Economic Data | St. Louis FED, 2022). The unemployment rate was steadily decreasing from 5.6% in 2010 (Maryland Manual On-Line, 2020) until 2020 when the unemployment rate spiked to 8.4% due to the COVID-19 pandemic, before decreasing to its current rate of 3.3% (FRED Economic Data | St. Louis FED, 2022).

The low unemployment rate is supported by the County being home to several major employers and being located in close proximity to both Baltimore and Washington D.C. which allows residents to commute to both cities for work.

Table 3. Major Employers in Howard County (2020-2021)

<b>Company Name</b>	<b>Product/Service</b>	<b># of Employees</b>
<b>Johns Hopkins University Applied Physics Laboratory</b>	R&D systems engineering	7,000
<b>Howard County General Hospital</b>	Medical services	1,850
<b>Verizon</b>	Telecommunications	1,700
<b>Howard Community College</b>	Higher education	1,400
<b>Lorien Health Systems</b>	Nursing care	1,190
<b>The Columbia Association</b>	Non-profit Civic Organization	1,200
<b>Coastal Sunbelt Produce</b>	Produce processing	1,050
<b>Freshly</b>	Prepared Meals Manufacturing	820
<b>Wells Fargo</b>	Financial Services	810
<b>Nestle Dreyer's Ice Cream</b>	Frozen desserts	735

Source: Maryland State Department of Commerce, 2021 (Excludes post offices, state and local governments, national retail and national food service; includes higher education)

### ***Household Income/Poverty***

Howard County overall has a high median household income to support the average household size of 2.75 persons (United States Census Bureau, 2020a). Per the United States Census 2020, for the most recent 12 months, the median income in Howard County for all residents was \$124,042 (United States Census Bureau, 2020e). However, median household income varies by race and ethnicity in Howard County. White and Asian households were above the median income value at \$132,918 and \$144,109, respectively (United States Census Bureau, 2020e). Black households earned approximately 20% less than the County average at \$97,920 while Hispanic households earned approximately 12% less than the County average at \$109,427 (United States Census Bureau, 2020e). Overall, 5.5% of Howard County residents are below the poverty level.

Table 4. Percentages Below Poverty Level by Race/Ethnicity

Race/Ethnicity	Less than 100% of the Federal Poverty
White	3.2%
Black or African American	10.7%
American Indian and Alaska Native	4.8%
Asian	5.2%
Native Hawaiian and Other Pacific Islander	0.0%
Hispanic or Latino (of any race)	5.6%
Two or more races	5.2%

Source: United States Census Bureau, 2020d

Additionally, about 23% of households fall into the ALICE category (Asset Limited, Income Constrained, Employed) according to research conducted by the United Way of Central Maryland in 2018. Less than five percent of Howard County residents are unemployed; therefore, most households which earn below the basic cost of living in the county have jobs (Maryland Manual On-Line, 2020). From 2012 to 2018, there has been a decrease in households who are able to earn about the basic cost of living in Howard County from 78% to 72%, and inversely there has been an increase in ALICE households from 17% to 23%; those households below the poverty level have remained firm at 5% (United Way of Central Maryland, 2018). When stratified by type of household (e.g. Single or Cohabiting, Families with Children, and 65 and Over), the rates of ALICE threshold and lower incomes are approximately one-quarter of their respective demographic (United Way of Central Maryland, 2018). Across various stages in life and differing family compositions, it appears that affording basic needs is a challenge for one out of every four households in Howard County (United Way of Central Maryland, 2018). Within the county there are disparities by community and zip code, with higher percentages of ALICE households in Columbia, Elkridge, North Laurel, and Savage (United Way of Central Maryland, 2018). For a household of two adults, an infant and a preschool-aged child, a family would need to make \$85,800 annually to cover expenses in Howard County (United Way of Central Maryland, 2018).



### **Food Insecurity**

Food insecurity is defined by the nonprofit Feeding America as “a lack of consistent access to enough food for every person in a household to live an active, healthy life” (AFRO, 2022). Within Maryland, all counties have some percentage of residents facing food insecurity. Of the 24 main, local jurisdictions in Maryland, Howard County ranked 22nd in food insecurities indicating it had the 3<sup>rd</sup> lowest percentage behind Charles and Prince George’s counties (AFRO, 2022). Howard County had an overall food insecurity rate of 7.7% and a child food insecurity rate of 8.4%, both of which are lower than the national rates by 29.4% and 42.5% respectively (AFRO, 2022).

Support is available to help food insecurities through programs like SNAP (Supplemental Nutrition Assistance Program) which enrolled 5.2% of households during the 2020 school fiscal year with over 18,000 residents participating, and WIC (Women, Infants & Children) which had 5,471 participants during the 2019 school fiscal year (Maryland Hunger Solutions, 2020). Continuing to promote and connect residents to these types of programs will help to reduce health issues arising from food needs.

## SDOH - Neighborhood and Build Environment

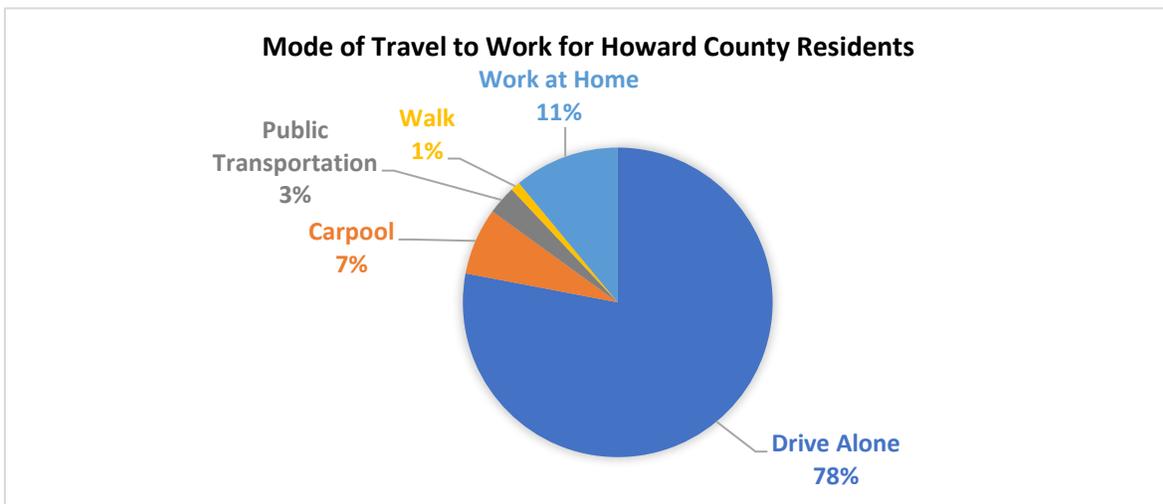
The ability to live in a safe, clean and well-kept environment can impact a person’s health and well-being (CDC, 2018). Supporting affordable housing, robust transportation and availability of outdoor physical activity locations like playgrounds and parks promotes a lifestyle that contributes to better health and well-being.

### Housing

Housing costs in Howard County are lower than some neighboring communities surrounding Washington D.C., but it is still quite expensive to live in the community. The median home cost in Howard County is \$504,000, compared with \$361,900 in Maryland and \$291,700 in the U.S (Sperling, n.d.). High housing costs are not limited to homeowners in the county; renters also face a high cost to live in the community. The median gross rent in Howard County is \$1,731, compared to \$1,415 in the state of Maryland (United States Census Bureau, 2020a). This population is vulnerable in the future to continuing to pay a high proportion of their income towards housing thus reducing their ability to afford and potentially address healthcare needs. Housing issues were identified as the number one social/environmental concern that affects the health of Howard County (HCGH, HCHD, LHIC, 2022).

### Transportation

In 2020, 70.1% of Howard County residents ages 16 years and over were in the civilian labor force (United States Census Bureau, 2020a). For these residents, the greatest percentage drove alone to work with the second highest percentage working from home (United States Census Bureau, 2020b).



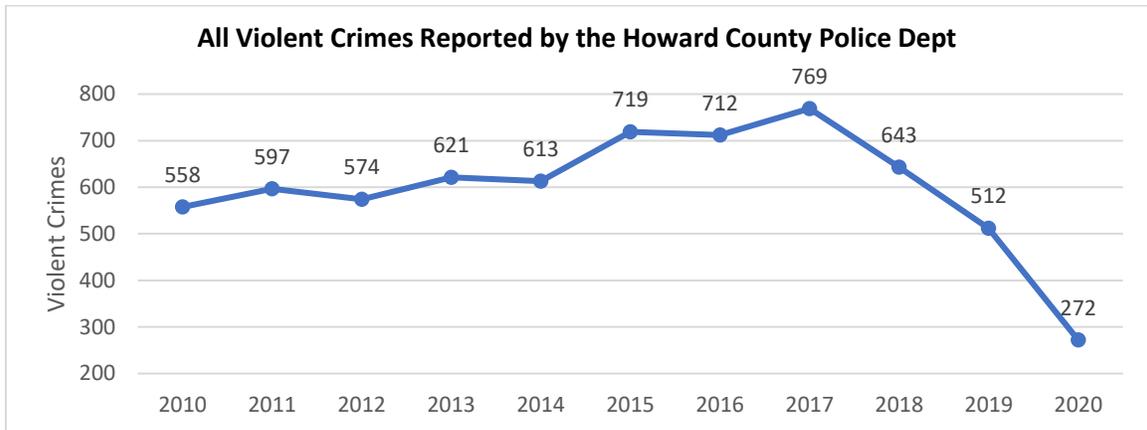
Source: United States Census Bureau, 2020b

Figure 6 – Modes of Travel to Work, Howard County

Additionally, the average commute time for Howard County residents was 28.1 minutes one way (Data USA, n.d.). This lengthy commute time reflects the fact that many residents travel outside the County, often to Baltimore or Washington, D.C., for their jobs: 57.7% of county residents commute outside the County to work (Maryland Department of Commerce, 2021). Outside of Columbia’s downtown core, the County does not offer many public transit options for residents (Regional Transportation Agency of Central Maryland, 2022). Lack of transportation was identified as one of the top reasons people in Howard County do not get healthcare (HCGH, HCHD, LHIC, 2022).

## Safety

Many families and individuals in Howard County live in safe, comfortable environments. Crime and safety factors impact the livability of an environment and increased livability supports an individual’s access to preventative care, physical/outdoor activities and other basic health needs. Compared to the State of Maryland, Howard County has a lower violent crime rate per 100,000 residents according to the 2021 County Health Rankings (214 for Howard County vs 459 for Maryland) (County Health Rankings & Roadmaps, 2022). Additionally, Howard County has had a decreasing trend since 2017 in violent crimes reported by the Howard County Police Department (FBI Crime Data Explorer, 2020).



Source: FBI Crime Data Explorer, 2020

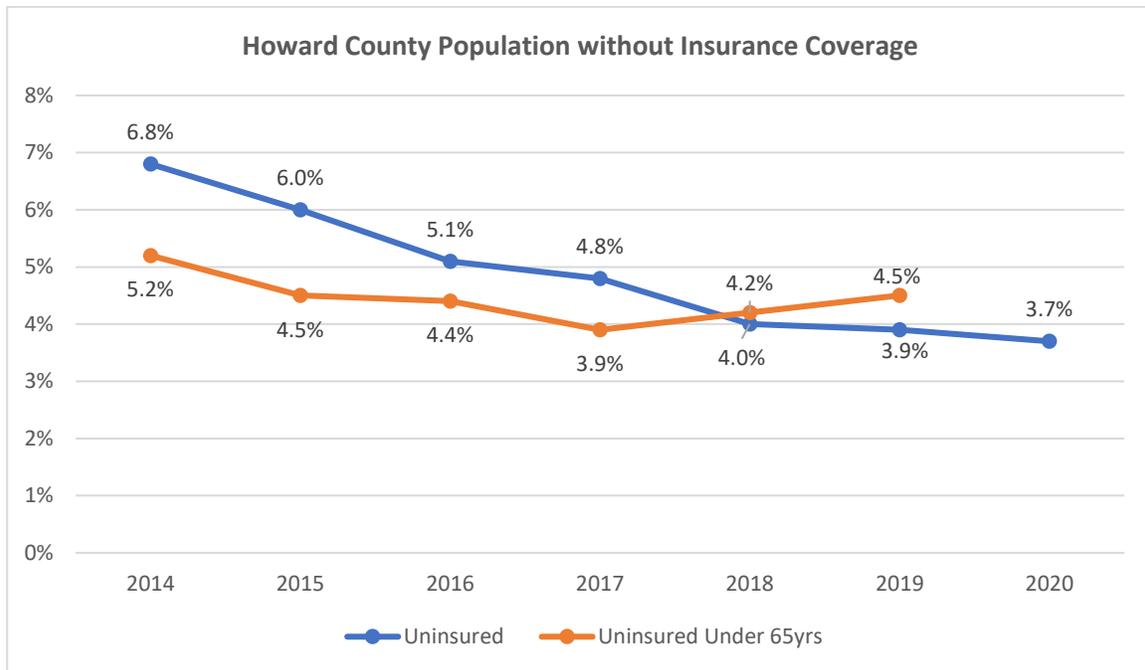
Figure 7. Reported Violent Crimes – Howard County Police Department

## SDOH - Health Care Access and Quality

Having access to quality, timely and culturally appropriate healthcare is essential for people to maintain a positive lifestyle. Two key factors that influence access are having insurance and availability of providers in the community. According to Healthy People 2030, 1 in 10 Americans do not have health insurance (Berchick, E.R., Hood, E., & Barnett, J.C., 2018). Additionally, ease in getting preventative care can help to keep a community healthier and curb the costs of treatments and care.

### Insurance

In Howard County the number of people without health insurance coverage was around 3.7% in 2020 (United States Census Bureau, 2020b). The State of Maryland uninsured is around 5.9% and the national average is around 10.6% (United States Census Bureau, 2020b). Howard County’s overall uninsured percentage has been steadily declining over the years influenced by an aging population gaining access to Medicare as well as the Affordable Care Act initiated in 2010, however the percentage uninsured under 65 years old ticked up in 2018 and 2019 (United States Census Bureau, 2022f).



Sources: United States Census Bureau, 2020b  
United States Census Bureau, 2022f

Figure 8: Trend of Howard County Population without Insurance Coverage

According to the Howard County Health Assessment Survey (HCHAS) 2021, 93% of the respondents indicated having access to healthcare coverage (Howard County Health Assessment Survey, 2021). However, the survey also showed that those under 45 years old are less likely to have health insurance than those over age 45 and 17% of those making under \$50K in income per year said they do not have health insurance (Howard County Health Assessment Survey, 2021). Additionally, in the CHNA Review and Feedback survey, respondents reported that after the cost being too expensive (77%), the reason people did not get health care is because their insurance was not accepted (40%) or they did not have insurance (37%) (HCGH, HCHD, LHIC 2022).

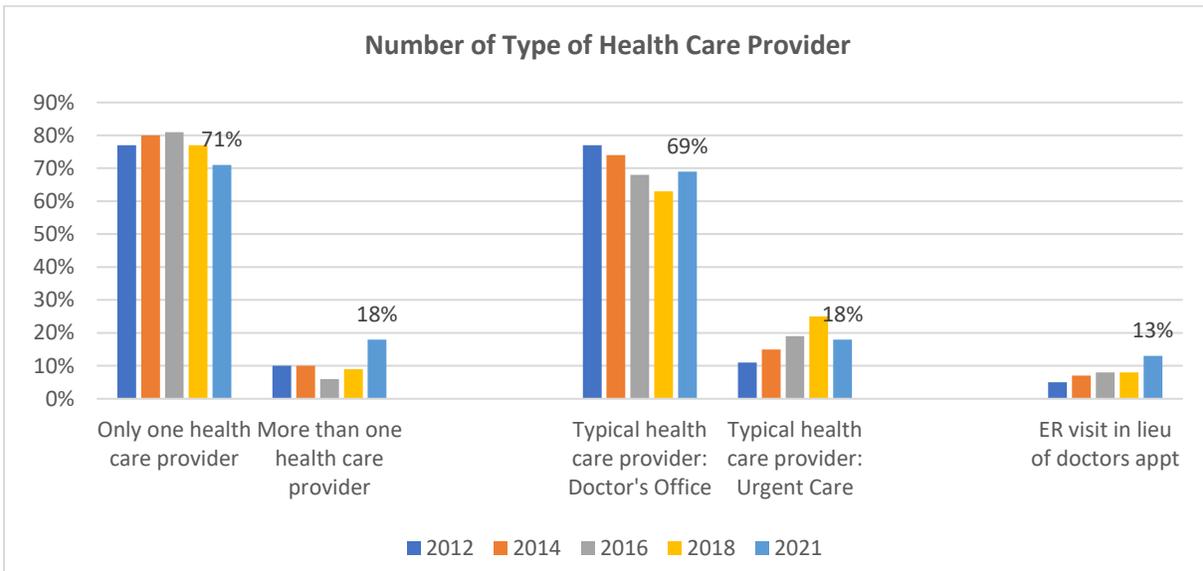
### **Primary Care Access**

According to the US News and World Report rankings of the Healthiest Counties in the United States, there are approximately 1.3 primary care providers per 1,000 population in Howard County (U.S News and World Report, 2021). This is comparable to the State of Maryland (at 1.2/1,000 population) but better than the nation which is at 0.9/1,000 population (U.S News and World Report, 2021).

According to the 2021 Howard County Health Assessment Survey, 71% of respondents had one medical provider and 18% had more than one provider, leaving about 10% of the population without a routine health care provider (Howard County Health Assessment Survey, 2021). Those making under \$50K per year were less likely to have a doctor or personal health care provider compared to those with a higher income (Howard County Health Assessment Survey, 2021). The 18% indicating they had more than one health care provider was considerably higher than previous survey results which were in the 6%-10% range. Those ages 25-34 and over 75 had a higher likelihood of having more than one provider verses the other age groups.

From 2012 to 2018, there had been a decreasing trend in residents' first choice in seeking medical care at a doctor's office from 77% to 63% (Howard County Health Assessment Survey, 2021). However, in the 2021 HCHAS, 69% of the residents indicated their first choice was a doctor's office. At the same time, there has been a reverse of an increasing trend in seeking medical care at an urgent care setting. Only 18% of the residents indicated their first choice in seeking medical care was an urgent care, down from 25% in the previous survey (Howard County Health Assessment Survey, 2021).

When seeking medical care from their primary health care provider, residents were not always able to get a same day appointment. Getting a same day appointment dropped from 38% in 2018 to 25% in 2021 with the most likely wait for an appointment being within 2-3 days (31%) (Howard County Health Assessment Survey, 2021). Long waits being a reason people don't get health care has also grown as an important concern for residents from 19% to 32% (HCGH, HCHD, 2019; HCGH, HCHD, LHIC, 2022). Only 4% of the residents indicated they used the hospital emergency room (ER) as their typical health care provider however, as consistent with the past year's increasing trends, 13% of Howard County residents indicated they would visit the ER in lieu of making a doctor's appointment. (Howard County Health Assessment Survey, 2021). This is especially true for younger residents under the age of 45 years old.



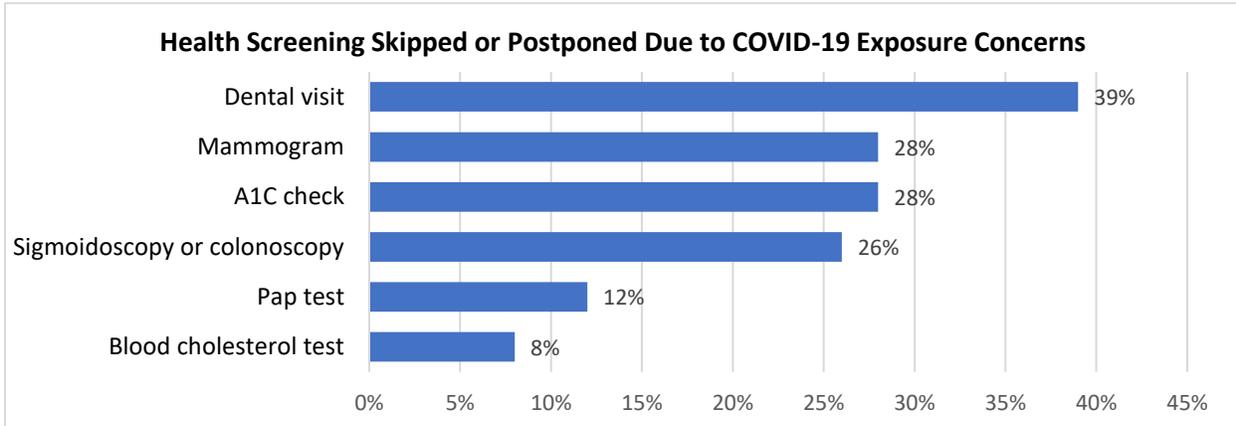
Source: Howard County Health Assessment Survey, 2021

Figure 9 – Health Care Provider Type and Utilization

Analyses of the physician supply in Howard County indicated a shortage of 25 primary care physicians compared to the needs of the population (Johns Hopkins Medicine Business Planning and Marketing Analysis, 2022). This primary care shortage is expected to double over the next five years (Johns Hopkins Medicine Business Planning and Marketing Analysis, 2022). This shortage is due to a number of factors, including population growth in the county, the increased medical needs of the aging population, and projected retirements of community physicians (Johns Hopkins Medicine Planning and Analysis, 2022). This creates a major opportunity to increase access in the primary and preventative care settings.

**Prevention/Screening**

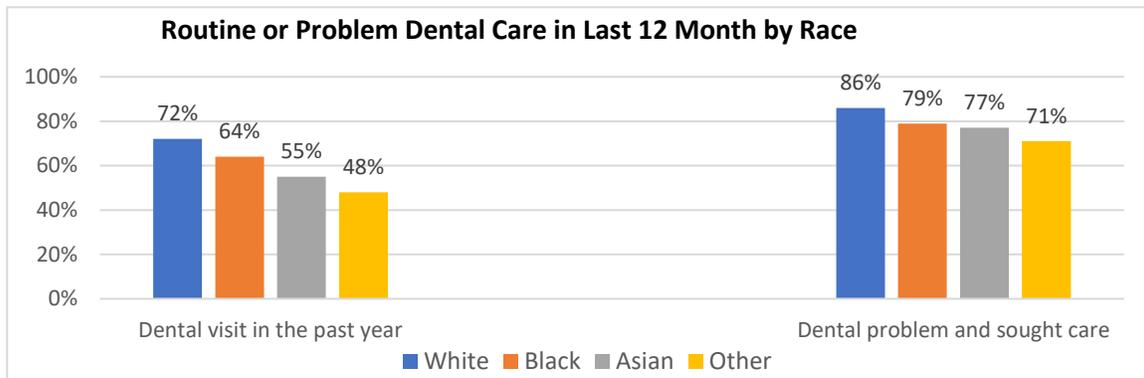
According to Healthy People 2030, “Getting preventive care reduces the risk for diseases, disabilities, and death” — yet millions of people in the United States don’t get recommended preventive health care services (Borksy, A., et al. 2018). According to the HCHAS, the COVID-19 pandemic impacted the behavior of Howard County residents towards getting routine preventive care. Dental visits, mammograms and A1C checks had the highest rates of being skipped or postponed (Howard County Health Assessment Survey, 2021).



Source: Howard County Health Assessment Survey, 2021

Figure 10 – Health Screening Compliance

For pap tests and mammograms, income was a significant factor in whether a woman had the screening. Those earning over \$200K per year were more likely to get the screening than those earning less than \$50K per year (Howard County Health Assessment Survey, 2021). For dental visits, while only 66% of the residents indicated they had had a dental visit in the last 12 months, residents over 45 indicated they were more likely to have had a dental visit in the last 12 months than those under 45 years old (Howard County Health Assessment Survey, 2021). White residents were also more likely to have had a dental visit in the last 12 months as well as seek out dental care when they had a dental problem. (Howard County Health Assessment Survey, 2021).



Source: Howard County Health Assessment Survey, 2021

Figure 11 – Dental Care in the Last 12 Months by Race (%), Howard County, 2021

## **SDOH - Social and Community Context**

Fostering and maintaining positive relationships and interactions with friend, family and others around them can influence a person's health and well-being. According to Healthy People 2030, interventions to help people get the social and community support they need are critical for improving health and well-being (U.S. Department of Health and Human Services, n.d.). Promoting community engagement and developing support systems can help grow and sustain a healthier community.

### ***Relationships/support***

According to the US Census Bureau profile of Howard County, 14% of households in Howard County are occupied by either male or female householders with no spouse present (United States Census Bureau, 2020b). While marital status didn't significantly impact several elements captured in the HCHAS, it did have an impact on food insecurity and financial worry for those who are either never married, an unmarried couple or divorced/separate (Howard County Health Assessment Survey, 2021).

Additionally, in today's technological times for personal connection and interaction, almost 95% of the household in Howard County have a broadband internet subscription per the US Census Quick Facts for Howard County (United States Census Bureau, 2020b). Support for Howard County residents in finding and connecting to resources to assist with health, social and financial challenges is a key element in maintaining and increasing the health of the community.

## Health Factors and Outcomes

Overall Howard County does well with indicators for health outcomes (length of life and quality of life) and health factors (health behaviors like smoking, obesity, physical activity, drinking and sexually transmitted diseases). This can be seen on the table below where Howard County ranks 1st or 2nd in both categories for all Maryland Counties.

County	Health Outcomes	Health Factors
Allegany	21	19
Anne Arundel	7	7
Baltimore	16	10
Baltimore City	24	23
Calvert	5	4
Caroline	17	21
Carroll	4	6
Cecil	20	15

County	Health Outcomes	Health Factors
Charles	12	12
Dorchester	23	22
Frederick	3	3
Garrett	15	14
Harford	10	5
Howard	2	1
Kent	14	11
Montgomery	1	2

County	Health Outcomes	Health Factors
Prince George's	13	16
Queen Anne's	6	9
Somerset	22	24
St. Mary's	8	13
Talbot	9	8
Washington	18	18
Wicomico	19	20
Worcester	11	17

Source: County Health Rankings & Roadmaps, 2021

Figure 12 – 2021 County Health Rankings for the 24 Ranked Counties in Maryland

### Health Outcomes

#### Mortality

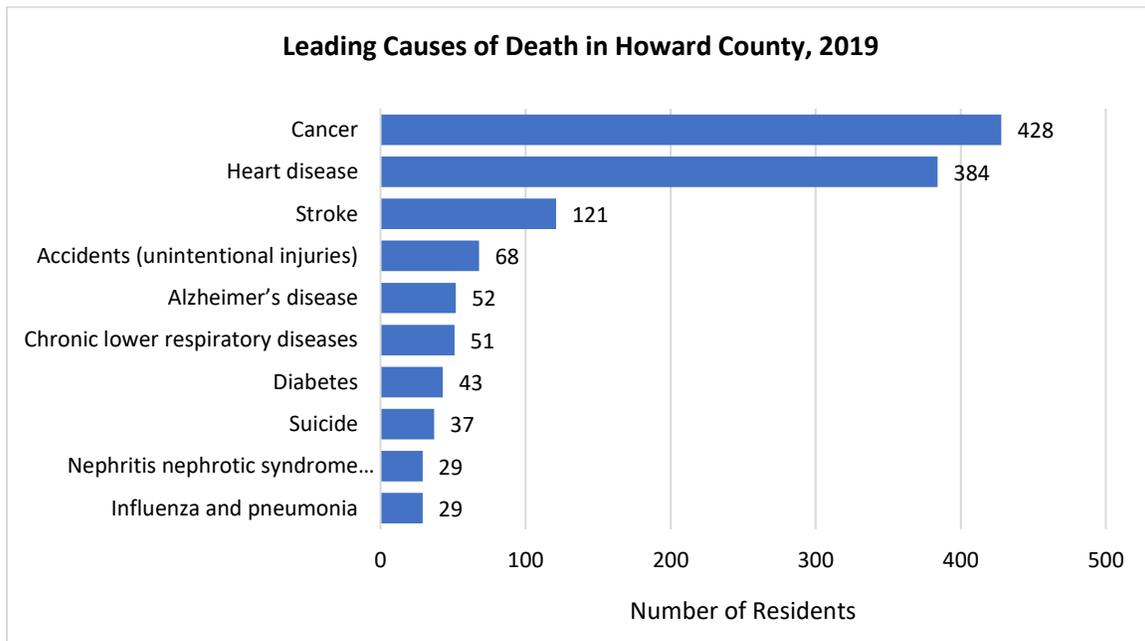
Howard County enjoys a relatively low all cause, age-adjusted mortality rate. Howard County's rate of 541.2 deaths per 100,000 population is significantly lower than the Maryland State age-adjusted mortality rate per 100,000 population of 713.0 (Maryland Department of Health, 2019b). However, life expectancy at birth can vary not only by gender but also by race. The table below highlights the difference in years across these demographics for Howard County as well as the State of Maryland.

Table 5 – Years of Life Expectancy at Birth, 2019

	All Genders		Males		Females	
	Howard County	Maryland	Howard County	Maryland	Howard County	Maryland
<b>All Races</b>	83.2	79.2	81.4	76.4	84.9	82.0
<b>White</b>	83.2	79.9	81.5	77.5	84.8	82.4
<b>Black</b>	81.0	76.9	78.1	72.9	83.4	80.5

Source: Maryland Department of Health, 2019b

The leading causes of death in Howard County for 2019 are comparable to those experienced nationally. According to the CDC’s National Center for Health Statistics, the leading causes of death in the US are heart disease, cancer, unintentional injuries, chronic lower respiratory diseases (CLRD) and stroke (CDC, 2022d). Howard County, for 2019, has similar leading causes of death with the addition of Alzheimer’s Disease. In 2019, Howard County had 1,821 deaths (Maryland Department of Health, 2019b). The top 10 causes are shown below with cancer and heart disease significantly outpacing the other types of causes of death at 24% and 21% respectively.



Source: Maryland Department of Health, 2019b

Figure 13 – Leading Causes of Death in Howard County, 2019

### ***Cancer***

While cancer is the leading cause of death in Howard County, the overall death rate across all cancer sites for Howard County is decreasing (State Cancer Profiles 2014-2018, CDC, NCHS, 2022). Additionally, when adjusted for age, the incidence of death due to all types of cancer per 100,000 population is also declining (State Cancer Profiles 2014-2018, CDC, NCHS, 2022). Howard County had 402.9 age-adjusted cancer related deaths per 100,000 which is less than the State and the Nation at 452.5 and 448.6 age-adjusted deaths per 100,000 population respectively (State Cancer Profiles 2014-2018, CDC, NCHS, 2022).

### ***Heart Disease***

Mortality rates due to heart disease in Howard County have consistently been below the State rates. For the 3-year average age-adjusted mortality rate per 100,000 population from 2017-2019, Howard County was at 114.2 and the State was at 161.9 (Maryland Department of Health, 2019b). The 114.2 rate is up slightly from a 10-year low 3-year average age-adjusted rate for 2015-2017 that was 106.2 per 100,000 population (Maryland Department of Health, 2019b). Additionally, 40% of the respondents of the CHNA Review and Feedback survey indicated Heart Diseases/ Blood Pressure was the second highest health problem in their community behind behavioral health (HCGH, HCHD, LHIC, 2022).

### ***Suicide***

An additional cause of mortality to highlight is suicide. Twenty-seven youths ages 10-19 committed suicide between 2009 and 2019 making suicide the leading cause of death of youth ages 15-19, exceeding accidents at 15 deaths and homicides at 9 deaths (Howard County Health Department, 2021a). Additionally, Black youth have accounted for 54% of suicide deaths in the past 12 years versus White (39%) and other races (7%) (Howard County Health Department, 2021a). According to self-reported data, 1 in 6 high school students and 1 in 5 middle school students in Howard County have seriously considered attempting suicide (Howard County Health Department, 2021a).

### ***Behavioral Health***

Mental health and substance abuse (grouped together in the category of behavioral health) continue to be a top priority across the Nation, and Howard County is no exception. Our survey showed the most important health problem that affects the health of the community as reported by community members was Behavioral Health/Mental Illness with 78% of the community members selecting it. Alcohol/Drug Addiction was tied for third at 38% (HCGH, HCHD, LHIC, 2022).

### ***Mental Health***

Overall Howard County has a comparatively low percentage of adults with frequent mental distress as can be seen on the table below from the US News Healthiest Communities 2021 report.

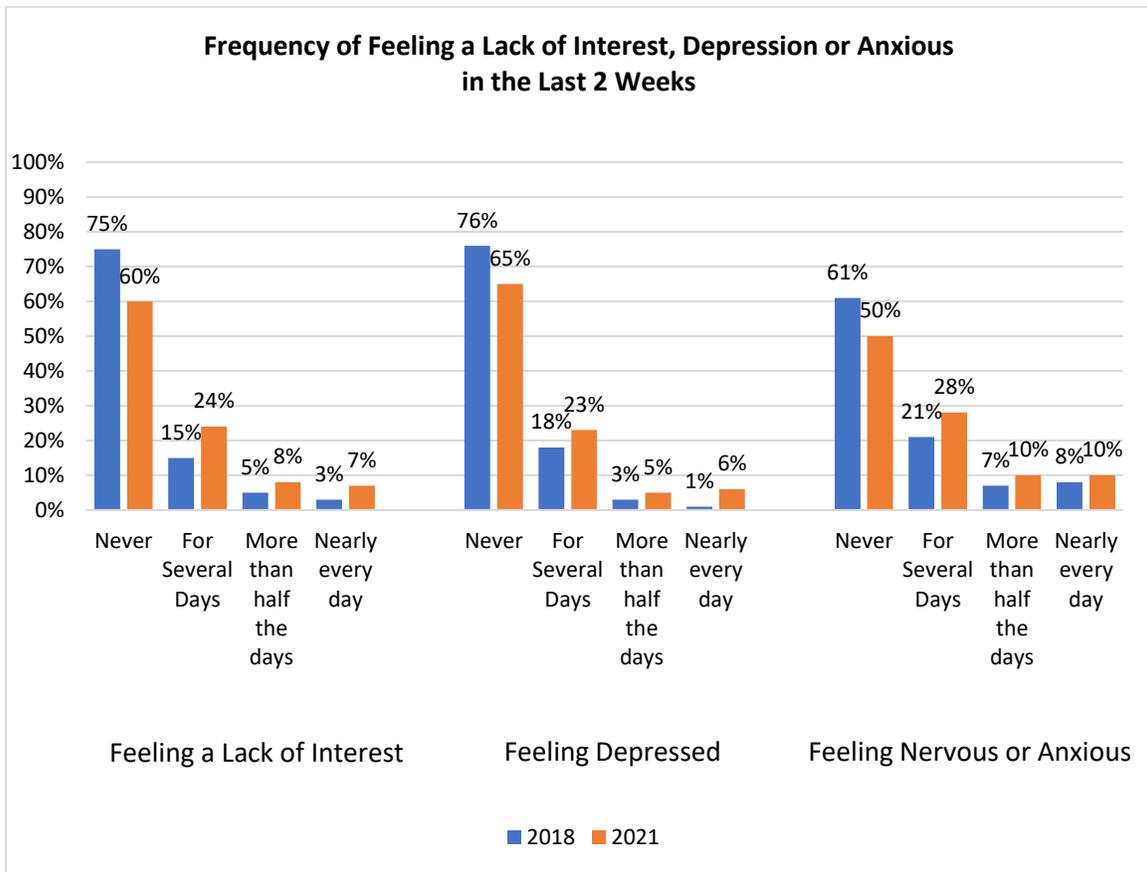
Table 6 – Howard County Mental Distress Metrics

<b>Metric</b>	<b>Howard County</b>	<b>U.S.</b>	<b>Maryland</b>
<b>Adults with Frequent Mental Distress</b>	9.5%	15.1%	12.0%
<b>Deaths of Despair /100,000 population</b>	24.4	43.3	40.5
<b>Medicare Beneficiaries with Depression</b>	16.8%	18.0%	18.0%

Source: U.S. News and World Report, 2021a

However, as reported by the 2021 Howard County Health Assessment Survey, 16% of the residents reported being under treatment, medication or a health professional’s care for mental health related issues (Howard County Health Assessment Survey, 2021). This percentage is up from 9% in 2012 with greater prevalence in those ages 35 to 44 years old. White residents are most likely to be treated for mental health or emotional problems while Asian residents are the least likely (Howard County Health Assessment Survey, 2021).

Compared to the 2018 Howard County Health Assessment Survey, the frequency of feeling a lack of interest, depression, and anxiety for Howard County residents is increasing. Those under 45 years old reported having these feeling at higher rates than residents over 45 years old (Howard County Health Assessment Survey, 2021).



Sources: Howard County Health Assessment Survey, 2021  
Howard County Health Assessment Survey, 2018

Figure 15 – Howard County Health Assessment Survey Question 28 “Over the last 2 weeks, how often have you...” Responses for 2018 vs 2021

Treating those with mental health issues is a challenge across the country, especially those needing inpatient psychiatric care. In Maryland there are five state-run psychiatric facilities with approximately 1,600 adult and juvenile inpatient psychiatric beds (Davis, 2021). These facilities can reach capacity, creating negative downstream impacts especially with hospital emergency rooms trying to place patients. During a study sponsored by the Maryland Hospital Association on behavioral health patient in a Maryland hospital emergency room, 42% of the patients experienced a delay in discharge or transfer from the emergency room (Dillion, K., Thomsen, D. and Bloomgren Jr., B., 2019). On average these patients experienced a 20-hour delay (median delay of 11 hours) and those under 18-years old waited almost twice as long (median delay of 18 hours) (Dillion, K., Thomsen, D. and Bloomgren Jr., B., 2019). The number one reason for the delay was “waiting for bed space in the placement setting” (Dillion, K., Thomsen, D. and Bloomgren Jr., B., 2019). There continues to be a major need in both Howard County and across Maryland for urgent access to appointments and treatment spaces for behavioral health patients.

## Health Behaviors

### ***Maternal and Infant Health***

While Howard County overall is a healthy county for families, there are disparities in care for expecting mothers and the health of infants among racial/ethnic minorities. Howard County had 3,356 births in 2019 of which 7.2% were a low birth weight (weighing less than 2,500 grams or 5 pounds, 8 ounces) and 9.0% were pre-term births (<37 weeks) (Howard County Health Department, 2021b). Both of these are below the State percentages and have been trending down since 2010 (Howard County Health Department, 2021b). There were also 17 infant deaths in 2019 in Howard County generating an infant mortality rate per 1,000 live births of 5.1, which is down from a rate of 6.7 in 2018 (Maryland Department of Health, 2019c). However, the infant mortality rate for Non-Hispanic Black mothers was 10.3 suggesting considerable opportunity for improvement compared to the total rate (Maryland Department of Health, 2019c).

### **Prenatal Care**

Prenatal care is key in keeping mothers and babies healthy; without it babies are three times more likely to be a low birth weight baby and five times more likely to die (Office on Women’s Health, US Department of Health & Human Services, 2021). Additionally, having early and regular prenatal care may reduce the risk for Sudden Infant Death Syndrome (SIDS) (The Children’s Hospital of Philadelphia, 2022). While fewer than 1% of births in Howard County didn't receive any prenatal care (166 mothers), this number rises to 2.8% for births to Black mothers and 5.0% for births to Hispanic mothers (Howard County Health Department, 2021b).

It is important to manage the health of the mother through prenatal care as well. Conditions like hypertension, underweight and diabetes in the mother can impact the outcomes for the baby. Age can also impact the outcomes of the birth. In 2019, 5.8% of the births were to mothers age 40 and older which is an increase from 2010 when it was only 4.6% (Howard County Health Department, 2021b). The table below shows the percentage of Howard County mothers that had or developed a condition during pregnancy and the percentage of time they had a low-weight or pre-term birth during 2019 (Howard County Health Department, 2021b).

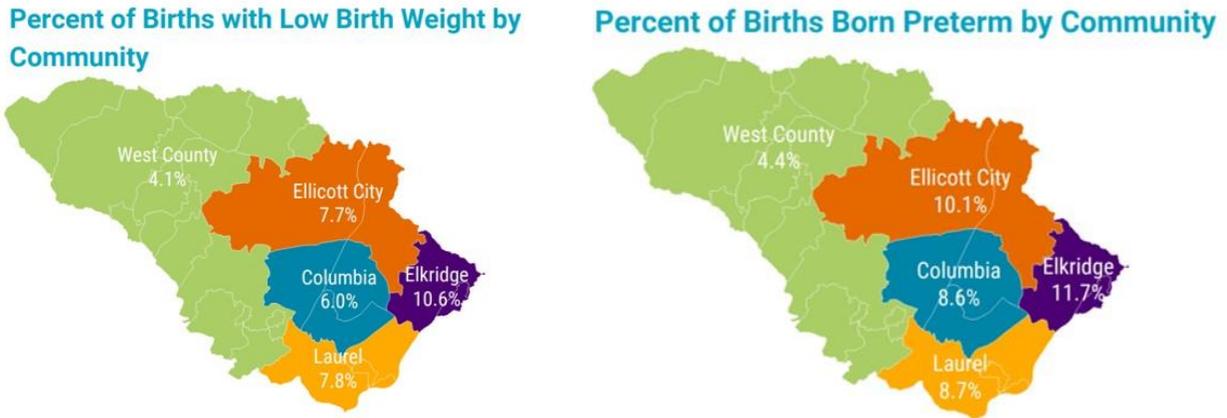
Table 7 – Birth Outcomes Based on Conditions of the Mother

<b>Mother’s condition</b>	<b>Low Weight Birth</b>	<b>Pre-term Birth</b>
<b>Chronic hypertension</b>	17.2%	22.2%
<b>Pregnancy-associated hypertension</b>	14.4%	18.1%
<b>Underweight prior to pregnancy</b>	13.7%	13.7%
<b>Gained less than 20lbs during pregnancy</b>	11.9%	12.8%
<b>Developed gestational diabetes</b>	10.7%	12.2%
<b>Over 40 yrs old</b>	10.3%	17.9%

Source: Howard County Health Department, 2021b

### Low Weight and Pre-term Births

For low birth weight and pre-term babies, there are disparities seen between communities within the County. The West County community has the lowest percentage rate for low birth weight and pre-term births at 4.1% and 4.4% respectively, while Elkrigde sees the highest percentage of both low birth weight and pre-term births at 10.6% and 11.7% respectively (Howard County Health Department, 2021b).



Source: Howard County Health Department, 2021b

Figure 16 – Howard County Community Map of Low Birth Weight & Pre-term Percentages, 2019 Estimates

Additionally, disparities exist by race/ethnicity as well. White Non-Hispanic mothers had the lowest percentages of both low weight or pre-term births in 2019 (Howard County Health Department, 2021b). Asian Non-Hispanic mothers had the highest low weight births at 9.5% while Black Non-Hispanic mothers had the highest percentage of pre-term births at 12.4% (Howard County Health Department, 2021b). However, with the exception of low weight births for Hispanic mothers, all other races/ethnicities have seen stable or declining percentages for both low weight and pre-term births (Howard County Health Department, 2021b).

Table 8 – Low Weight and Pre-term Births by Race/Ethnicity

Race/Ethnicity	Low Weight Birth		Pre-term Birth	
	Howard County %	Maryland %	Howard County %	Maryland %
White Non-Hispanic	5.5%	6.6%	7.6%	8.9%
Black Non-Hispanic	8.5%	12.6%	12.4%	13.0%
Asian Non-Hispanic	9.5%	8.8%	7.8%	8.2%
Hispanic	5.7%	6.9%	9.0%	9.7%

Source: Howard County Health Department, 2021b

## **Obesity and Healthy Living**

Ensuring that Howard County residents reach a healthy weight through proper nutrition and exercise is a key need and has continued to be a priority in the community over the years. According to the CDC, adult and childhood obesity can lead to greater risk for diabetes, heart disease (via high blood pressure and high cholesterol), and breathing problems (such as asthma and sleep apnea) (CDC, 2022c). In 2021, 36% of Howard County residents were advised by their doctor to lose weight within the last five years (Howard County Health Assessment Survey, 2021). This metric has been fairly flat ranging from 32% to 36% over the last 10 years. (Howard County Health Assessment Survey, 2021). However, when asked about their Body Mass Index (BMI), a reliable measure of body fatness (CDC, 2022b), 29% responded that they were considered overweight and 25% responded that they were obese (Howard County Health Assessment Survey, 2021). Both percentages are down from the previous survey in 2018.



According to the Chronic Disease Burden tables from the Behavioral Risk Factor Surveillance Survey (Maryland Department of Health, 2019a), the prevalence for adult obesity in Howard County has increased from 19.8% from 2013-2015 to 22.7% in 2015-2019. Additionally, the racial disparity in the prevalence has become statistically significant with Black residents having a greater percentage than White residents (Maryland Department of Health, 2019a). Howard County residents still have a lower prevalence than the entire State of Maryland which has also seen an increase in adult obesity prevalence from 28.9% in 2013-2015 to 30.7% in 2015-2019. (Maryland Department of Health, 2019a).

Youth obesity prevalence remained relatively flat when comparing the 2015-2019 time period to the 2013-2015. In 2015-2019 the rate was 7.4% and in 2013-2015 it was 7.5% (Maryland Department of Health, 2019a). For both time periods the difference in prevalence of obesity between the Black and White youth populations was statistically significant (Maryland Department of Health, 2019a).

### **Exercise and Nutrition**

In 2021, the rate of adult residents in Howard County who exercised or engaged in physical activity that increases one's heart rate during the last week rebounded from its 2018 drop to 73% to 80% in 2021 (Howard County Health Assessment Survey, 2021). Where people exercised shifted from 2018 to 2021 as well with 71% saying they would exercise outside compared to 56% in 2018 and 50% saying they would exercise at home or friend's home compared to 28% in 2018 (Howard County Health Assessment Survey, 2021). It is hypothesized that these shifts were impacted by the COVID-19 pandemic. Exercising at a membership club was also believed to be impacted by the COVID-19 pandemic falling from 25% in 2018 to only 9% in 2021 (Howard County Health Assessment Survey, 2021). Duration of the physical activity shifted slightly away from 46-60 minute durations towards shorter durations of 16-45 minutes, while physical activities to strengthen muscles continued its upward trend from 2014 at 43% to 51% in 2021 (Howard County Health Assessment Survey, 2021).

42% of Howard County residents had purchased sugar-sweetened beverages for their family to drink at home in the last 30 days (Howard County Health Assessment Survey, 2021). This continues the decreasing trend from the initial HCHAS survey question in 2014, in which 49% of residents stated they had purchased sugar-sweetened beverages in the past 30 days (Howard County Health Assessment Survey, 2021). Fruit and vegetable consumption reportedly increased among county residents from 2018 to 2021. The number of residents responding that they eat fruits and/or vegetables more than 3 times per day increased from 2018 to 2021. The greatest increase was in eating fruits 3-4 times a day which doubled from 7% in 2018 to

14% in 2021 (Howard County Health Assessment Survey, 2021). Eating vegetables nearly doubled going from 6% in 2018 to 11% in 2021 (Howard County Health Assessment Survey, 2021).

### **Chronic Disease**

According to the CDC, “Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both” (CDC, 2022a). For Howard County, the table below shows how the prevalence rate has changed from 2013-2015 to 2015-2019 for common Howard County chronic diseases and outcomes (Maryland Department of Health, 2019a). The only measure to show that there was a racial disparity in the prevalence rate was the 2015-2019 measure for age-adjusted diabetes mortality. This measure was statistically significantly greater for Black residents than White. (Maryland Department of Health, 2019a).

Table 9 – Chronic Disease Prevalence in Howard County, MD

<b>Disease/Outcome</b>	<b>Prevalence 2013-2015</b>	<b>Prevalence 2015-2019</b>
<b>Hypertension/High Blood Pressure</b>	26.8	28.5
<b>Asthma</b>	11.0	13.2
<b>High Cholesterol</b>	36.6	36.2
<b>Diabetes</b>	7.4	8.3
<b>Age-adjusted Diabetes Mortality (per 100,000 residents)</b>	9.4	12.1

Source: Maryland Department of Health, 2019a

#### High Blood Pressure

Heart Disease/Blood Pressure was indicated as the second highest health problem affecting communities in Howard County according to 40% of those that took the CHNA Review and Feedback survey (HCGH, HCHD, LHIC, 2022). Between 2018 and 2021 there was a significant increase from 27% to 36% in the number of people in Howard County that had ever been told by a healthcare provider that they had high blood pressure (Howard County Health Assessment Survey, 2021). Males and those residents over 55 years of age were much more likely to indicate they have been told they have high blood pressure than younger residents and females (Howard County Health Assessment Survey, 2021). 77% said they were taking medication for high blood pressure which was similar to previous years of the survey (Howard County Health Assessment Survey, 2021). People with an income less than \$50K were more likely than those with higher incomes to not be taking medication (Howard County Health Assessment Survey, 2021).

#### High Cholesterol

The percentage of residents indicating they had been told by a health care provider they have high cholesterol rose between the 2018 and 2021 survey from 30% to 35% (Howard County Health Assessment Survey, 2021). Again, it was the over 55 years old residents that indicated they had been told they have high cholesterol (Howard County Health Assessment Survey, 2021). 61% of the respondents indicated that they had had their cholesterol checked in the last year which was down from 69% on the previous survey (Howard County Health Assessment Survey, 2021). It is speculated that this could have been an impact of the COVID-19 pandemic since there was an increase from 11% to 16% of those that had had a cholesterol check in the last two years (Howard County Health Assessment Survey, 2021). There was also an increase from 53% to 61% between the 2018 and 2021 survey of people saying they were taking medication for cholesterol (Howard County Health Assessment Survey, 2021).

## Asthma

Asthma showed a sharp increase in the number of Howard County residents indicating they had it between 2018 and 2021. The percentage jumped from 8% in 2018 to 15% in 2021 (Howard County Health Assessment Survey, 2021). Those residents under 45 years old were more likely to report they had Asthma along with those that were underweight or obese (Howard County Health Assessment Survey, 2021).

## Diabetes

Diabetes/High Blood Sugar was tied for the third most important health problem that affects the health of Howard County according to the CHNA Review and Feedback survey (HCGH, HD, LHIC, 2022). Howard County residents indicated an increase in being told they had diabetes from 8% to 13% from the 2018 survey to the 2021 survey (Howard County Health Assessment Survey, 2021). Those reporting being underweight or obese indicated they were more likely to have diabetes than those of normal or overweight BMIs (Howard County Health Assessment Survey, 2021). Additionally, there was a large jump in the number of residents that reported they were under 30 years old when they were told they had diabetes. The increase was from 9% in 2018 to 28% in 2021 (Howard County Health Assessment Survey, 2021). For those residents that were diabetic, 74% were taking medications for their diabetes in 2021, a drop from 81% in 2018 and 24% indicated they were not taking or had never heard of an A1C test (Howard County Health Assessment Survey, 2021). 11% of the respondents reported being told they were pre-diabetic (Howard County Health Assessment Survey, 2021).

## ***Advance Care Planning***

Naming a healthcare agent and having a plan for care preferences ensures that residents receive the care that they prefer throughout their life, but it is vital for patients nearing the end of life when many care decisions are made (Maryland Office of the Attorney General, 2019).

Potentially a result of the COVID-19 pandemic, residents with an advance directive and/or a documented health care agent increased from 2018 to 2021 (Howard County Health Assessment Survey, 2021). 36% of residents indicated having an Advance Directive to spell out their decisions for end-of-life care while 37% indicated having a health care agent who can act on their behalf should they be unable to make health care decisions or communicate their wishes (Howard County Health Assessment Survey, 2021). White residents were more likely to have an advanced directive or health care agent compared to other races (Howard County Health Assessment Survey, 2021). Additionally, residents over 55 were more likely to have a health care agent than younger residents (Howard County Health Assessment Survey, 2021).

## COVID-19

Chronic conditions impacted by COVID-19 are still being examined and new ones may potentially be discovered in the future. The impact of postponed health screenings, social distancing and isolation and the unknowns associated with the disease are most likely still to be determined. While Howard County has a high fully vaccinated rate (87.9%), management and education of COVID-19 will continue to be important to the health and well-being of Howard County (Howard County Health Department, 2021a).

## **Substance Abuse**

Alcohol/Drug Addiction continue to be a focus of community members. 38% of the community members responding to our CHNA Review and Feedback survey indicated it was an issue (HCGH, HCHD, LHIC, 2022). This was tied with Diabetes/High Blood Sugar as the third highest concern behind Behavioral Health/Mental Illness and Heart Disease/Blood Pressure (HCGH, HCHD, LHIC, 2022).



### **Opioid Overdoses**

In 2020, 52 people died due to an opioid-related intoxication death in Howard County (Howard County Health Department, 2021a). That number is higher than previous years however “the rate of opioid-related overdose deaths appears to have slowed” (Howard County Health Department, 2021a). Additionally, the number of non-fatal opioid-related overdose hospital events seems to have declined steadily since 2017 from 143 to 70 (Howard County Health Department, 2021a). Progress in the use of naloxone to prevent overdose deaths, along with increased education, awareness and engagement of community partners has helped create this positive turn in reducing deaths.

### **Alcohol Use**

Deaths due to alcohol intoxication were 11 in Howard County in 2020 with only 2016 having more deaths in the last 10 years at 14 (Maryland Department of Health, 2021). 26% of Howard County residents reported that they had 5 or more drinks for males and 4 or more drinks for females within the last 30 days (Howard County Health Assessment Survey, 2021). Of those 26%, there was a sharp increase from 19.2% in 2018 to 34% in 2021 of those who had experienced excess drinking five or more times in a month (Howard County Health Assessment Survey, 2021). Binge drinking was much more likely for males than females as well as more likely in those under 55 years old (Howard County Health Assessment Survey, 2021). In 2021, 72% of residents reported that they refrained from binge drinking (Howard County Health Assessment Survey, 2021).

## **Other Needs**

Although this assessment does not cover every health need of the community, HCGH has community health and wellness programs addressing a broad spectrum of health conditions and wellness topics to benefit our community. More information on hospital programs can be found on the hospital’s website. Additionally, the Howard County Health Department and several other mission-driven organizations also offer many community-facing services that may not be covered in this document but support the health and well-being of the Howard County residents. Please access their websites for additional information about their programs and offerings.

## Key Community Priorities

The review of the health, economic, social, and community data on Howard County residents identified several key priorities. These were classified by health outcomes and social determinants of health.

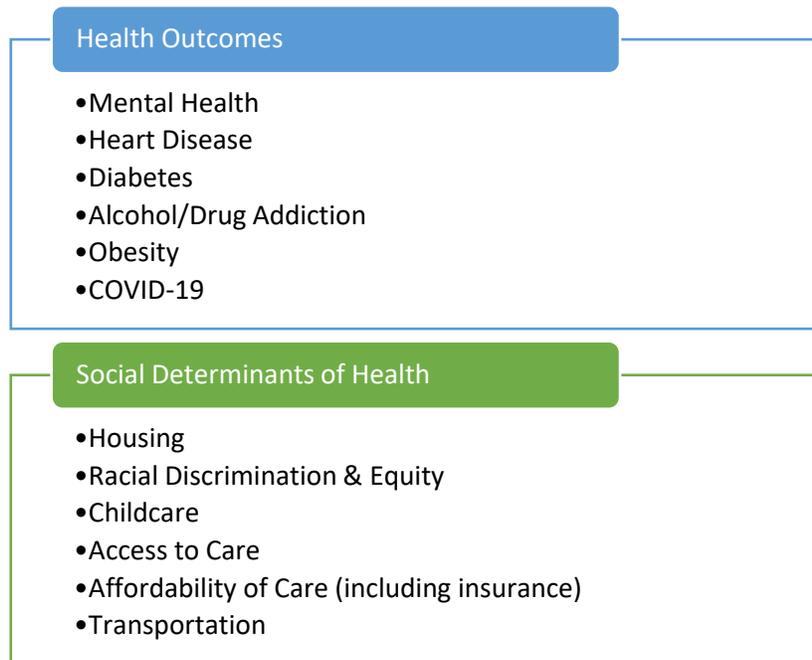


Figure 17 – Community Health Needs Assessment Key Priorities

Taking steps to address these issues will help make Howard County healthier. The key priorities were grouped into four overarching strategies – healthy beginnings, healthy living, healthy minds and healthy foundations. Special attention will be focused on risk factors creating disparities in care and outcomes including access to care, education, and social support and connection.

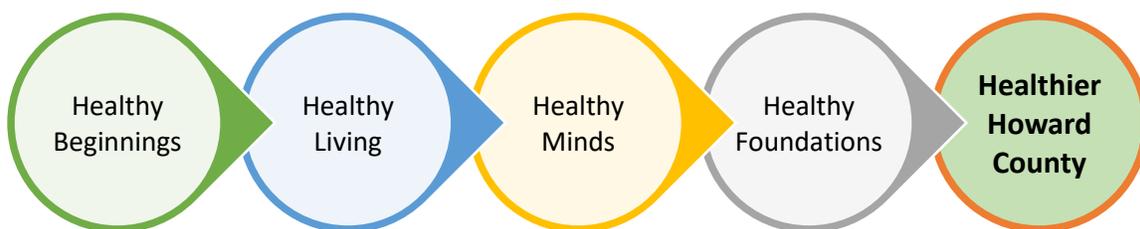


Figure 18 – CHNA Four Overarching Strategies

## **Healthy Beginnings**

Healthy Beginnings focuses on maternal and infant care including adequate care and education for pregnant mothers, support for growing families and adequate care for babies. Special attention will be focused on risk factors creating disparities in care and outcomes including access to care, education, and social support and connection.

## **Healthy Living**

Healthy Living addresses the health factors and outcomes impacting the community's ability to live a healthy, well-enjoyed life. Working to reduce or control health factors like diabetes and hypertension as well as modify lifestyles to decrease them will be a focus. Additionally, providing skills to manage and minimize chronic conditions will be examined.

## **Healthy Minds**

Healthy Minds concentrates on mental and behavioral health aspects of the community including substance misuse, anxiety and depression and social engagement. A significant focus will be on ensuring connectivity and access to the resources needed to manage and reduce the impact of behavioral challenges on individuals.

## **Healthy Foundations**

Healthy Foundations focuses on the core elements needed to sustain and grow programs to impact and shape the growing needs of the Howard County community. Access to care, partner support and alignment, and human capital are all foci within the Healthy Foundations overarching strategy.

## Implementation Strategy

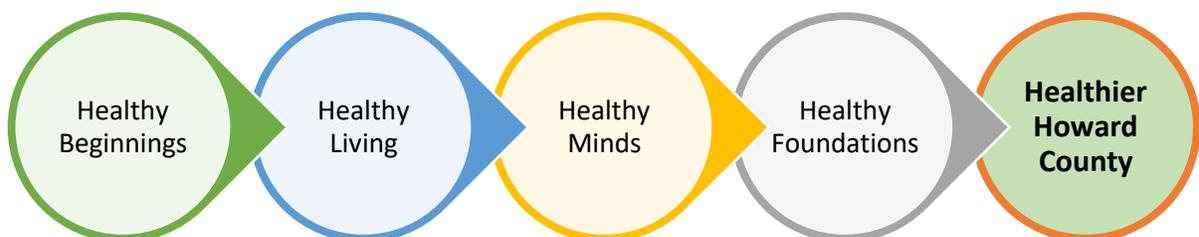
The following Implementation Strategy proposes strategies that will be worked on over the next three years to improve the health and well-being of Howard County. Metrics for each strategy have also been identified however they may be revised or stratified (age, race, ethnicity, income, etc.) as the execution progresses to ensure accurate capturing of data to show improvement and impact of the strategies. Additionally, throughout the plan, organizations have been identified as potential partners in executing various strategies. These too may fluctuate as capabilities and resources are assessed during strategy execution.

Three organizations that are committed to improving the health of the community, Howard County General Hospital (HCGH), Howard County Health Department, and Howard County Local Health Improvement Coalition (LHIC), will be evident through key strategic collaborations focused on community members facing gaps in the areas identified herein.

Also note that not all of the significant health needs identified in this 2022 Community Health Needs Assessment will be addressed by HCGH's Implementation Strategy, but where applicable and feasible, implementation strategies will be created by HCGH to address the highest priority health needs. For some high priority issues, mainly housing and childcare, other organizations and programs are better suited through mission, resources and expertise to address these needs. HCGH engages with and supports these organization and programs where appropriate and resources allow. Appendix VII contains other organizations and programs and their missions that are focused on addressing housing and childcare needs in Howard County. HCGH will also provide in-kind and financial support to organizations and initiatives that share the commitment to address priority health needs in Howard County.

### HCGH

HCGH's Board of Trustees and executive leadership will ensure alignment of the Hospital's strategic and clinical goals with the four community health improvement categories. The implementation strategy identifies both hospital-specific strategies and partnership opportunities with key stakeholders that have common goals. Most collaborators are also active member of the LHIC and are already committed to building a healthier Howard County.



**Priority Area: Healthy Beginnings**



Goal	Strategies	Metrics	Partners
<p>Reduce low birth weight and premature birth disparity in Howard County</p>	<p>1. Develop a Maternity Partnership to increase under-insured and un-insured mothers in accessing routine and high-risk prenatal and postpartum care</p>	<ul style="list-style-type: none"> <li>• Number of patients seen</li> <li>• Number of low birth weight babies</li> </ul>	<ul style="list-style-type: none"> <li>• Signature OB/GYN</li> <li>• Howard County Government</li> <li>• HC Health Department</li> <li>• The Horizon Foundation</li> <li>• Chase Brexton Health Care (Federally Qualified Health Center (FQHC))</li> <li>• CASA</li> <li>• Johns Hopkins University, School of Medicine, Dept. of Obstetrics and Gynecology</li> </ul>
	<p>2. Develop a program to provide additional prenatal and/or post-natal support to mothers with a focus on historically marginalized women (Centering Program, Nurse Family Partnership Program, etc.)</p>	<ul style="list-style-type: none"> <li>• Number of Mothers attending</li> <li>• Number of weeks of attendance</li> </ul>	<ul style="list-style-type: none"> <li>• Howard County Government</li> <li>• HC Health Department</li> <li>• HC Office of Children and Families</li> <li>• The Horizon Foundation</li> <li>• Chase Brexton Health Care (FQHC)</li> <li>• HC LHIC</li> <li>• Faith-based organizations</li> </ul>
	<p>3. Expand and promote educational experiences (classes, online video, article) to promote prenatal care in English and Spanish especially for those with English as a second language</p>	<ul style="list-style-type: none"> <li>• Number of people served</li> <li>• Number of experiences offered</li> </ul>	<ul style="list-style-type: none"> <li>• Howard County Government</li> <li>• HC Office of Children and Families</li> <li>• The Horizon Foundation</li> <li>• Chase Brexton Health Care (FQHC)</li> <li>• HC LHIC</li> <li>• Faith-based organizations</li> </ul>
	<p>4. Promote community-based services such as WIC and FQHC services for low-income families</p>	<ul style="list-style-type: none"> <li>• Number of referrals</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> <li>• WIC</li> <li>• Chase Brexton Health Care (FQHC)</li> </ul>

**Priority Area: Healthy Living**



Goal	Strategies	Metrics	Partners
<p>Improve access to healthy food for those residents with food insecurities</p>	<p>1. Open a community satellite location of the Howard County Food Bank at the hospital. Enhance food support options for those who make too much to qualify for food assistance but need support</p>	<ul style="list-style-type: none"> <li>• Utilization of the food bank</li> <li>• Demographics of those being served</li> </ul>	<ul style="list-style-type: none"> <li>• Community Action Council</li> <li>• Journey to Better Health</li> <li>• United Way of Central Maryland</li> </ul>
<p>Promote healthy living through classes, screenings and collaborations</p>	<p>1. Enhance and expand classes and screenings to reach historically marginalized populations ensuring connection to additional resources if needed</p>	<ul style="list-style-type: none"> <li>• Number of classes offered</li> <li>• Number of screenings offered</li> <li>• Demographics of attendees</li> <li>• Number of repeat attendees</li> <li>• Percentage of positive screenings by condition</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> <li>• HC Department of Community Resources and Services</li> <li>• HC Office on Aging</li> <li>• The Horizon Foundation</li> <li>• Journey to Better Health</li> <li>• Faith Health Advisory Council and Community</li> <li>• HC LHIC</li> <li>• Chase Brexton Health Care (FQHC)</li> <li>• Claudia Mayer/Tina Broccolino Cancer Resource Center</li> </ul>
<p>Increase access to and utilization of resources that address obesity and diabetes</p>	<p>1. Increase access to the Diabetes Self-Management Training (DSMT) for those with diabetes</p>	<ul style="list-style-type: none"> <li>• Number of people screened at community-based outreach events</li> <li>• Number of people initiating, engaged, and retained in DSMT</li> </ul>	<ul style="list-style-type: none"> <li>• Maryland Endocrine (provider practice)</li> <li>• Chase Brexton Health Care (FQHC)</li> <li>• Assisted Living Facilities</li> <li>• Johns Hopkins Health System</li> <li>• John Hopkins Community Physicians</li> <li>• Howard County Pharmacies</li> </ul>

**Priority Area: Healthy Living**



Goal	Strategies	Metrics	Partners
	2. Work with partners to develop and execute a coordinated marketing campaign to improve physical health across all ages in Howard County	<ul style="list-style-type: none"> <li>• Number of people reached</li> <li>• Number of activations to programming</li> <li>• BMI measurements at health screening</li> </ul>	<ul style="list-style-type: none"> <li>• HC LHIC</li> <li>• HC Health Department</li> <li>• Faith-based organizations</li> <li>• HC Library System</li> <li>• PTA Council of Howard County</li> <li>• HC Chamber of Commerce</li> <li>• Youth organizations, schools and churches</li> <li>• Columbia Association</li> </ul>
	3. Expand faith- and community-based health initiatives focused on screenings and delivery of evidence-based classes to reduce chronic diseases closely linked to being overweight and obese	<ul style="list-style-type: none"> <li>• Number of formal partnerships with congregations/ faith-based organizations</li> <li>• Number of formal partnerships with community-based organizations</li> <li>• Number of classes and screenings held</li> <li>• Measured weight loss for class participants</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> <li>• The Horizon Foundation</li> <li>• Faith-based organizations</li> <li>• HC LHIC</li> <li>• Claudia Mayer/Tina Broccolino Cancer Resource Center</li> </ul>
	4. Increase Howard County resident's physical wellbeing by increasing movement and physical activity by partnering to develop a Movement Initiative and toolkit	<ul style="list-style-type: none"> <li>• Number of encounters provided</li> <li>• Number of participants in classes or offerings in the toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• HC LHIC</li> <li>• HC Health Department</li> <li>• Youth organizations, schools and churches</li> <li>• Columbia Association</li> </ul>

**Priority Area: Healthy Living**



Goal	Strategies	Metrics	Partners
<p>Improve the health of older adults living in Howard County and provide comprehensive care coordination for those with chronic conditions</p>	<p>1. Continue to grow the resources and capabilities of the Community care Team (CCT) to provide comprehensive care coordination for older adults with a focus on addressing social determinants of health</p>	<ul style="list-style-type: none"> <li>• Number enrolled in Community Care Team</li> <li>• CCT acceptance rate</li> <li>• CCT graduation rate</li> <li>• Hospital readmission rates</li> <li>• Potentially avoidable utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Howard County Office on Aging</li> <li>• HC Health Department</li> <li>• NeighborhoodRide</li> <li>• Community Action Council</li> <li>• Assisted Living Facilities</li> <li>• Skilled Nursing Facilities</li> <li>• Home Care Providers</li> <li>• Primary Care Practices</li> </ul>
	<p>2. Enhance efficient and effective person-centered transitions of care with external partners through collaboratives and forums for patients and families</p>	<ul style="list-style-type: none"> <li>• Partner engagement and attendance</li> </ul>	<ul style="list-style-type: none"> <li>• Assisted Living Facilities</li> <li>• Skilled Nursing Facilities</li> <li>• Primary Care Practices</li> <li>• Chase Brexton Health Care (FQHC)</li> </ul>
	<p>3. Engage in Chronic Disease Community forums (public and provider) to increase awareness of and access to culturally appropriate and inclusive resources that address chronic diseases</p>	<ul style="list-style-type: none"> <li>• Number of resources available</li> <li>• Number of online resources accesses</li> </ul>	<ul style="list-style-type: none"> <li>• HC LHIC</li> <li>• HC Health Department</li> <li>• Faith-based organizations</li> <li>• HCGH’s Patient and Family Advisory Council</li> <li>• HC Department of Community Resources and Services</li> </ul>
<p>Increase the awareness of the factors that contribute to heart disease and the care needed to live with it successfully</p>	<p>1. Develop education and screening sessions especially for historically marginalized and at-risk populations</p>	<ul style="list-style-type: none"> <li>• Number of people attending the education sessions</li> <li>• Number of people attending screening</li> </ul>	<ul style="list-style-type: none"> <li>• American Heart Association</li> <li>• Primary Care Providers</li> <li>• HC Health Department</li> <li>• HC LHIC</li> <li>• Journey to Better Health</li> <li>• Claudia Mayer/Tina Broccolino Cancer Resource Center</li> </ul>

**Priority Area: Healthy Living**



Goal	Strategies	Metrics	Partners
	2. Increase access to specialty heart failure care and promote health equity in our community through the development of a Bridge Clinic or seamless follow-up appointments	<ul style="list-style-type: none"> <li>• Number of patients</li> </ul>	<ul style="list-style-type: none"> <li>• Johns Hopkins Health System</li> <li>• Cardiology Practices</li> </ul>
Expand resources and service through the Claudia Mayer/Tina Broccolino Cancer Resource Center to support those living with a cancer diagnosis	1. Continue to enhance support groups for those with a cancer diagnosis	<ul style="list-style-type: none"> <li>• Number of people attending each group</li> </ul>	<ul style="list-style-type: none"> <li>• Maryland Oncology/Hematology</li> <li>• Chesapeake Urology</li> <li>• Gilchrist</li> <li>• Central MD Radiation Oncology</li> <li>• Johns Hopkins Health System Marketing/Advertising</li> </ul>
	2. Promote classes around coping and living with cancer	<ul style="list-style-type: none"> <li>• Attendance at each offered group</li> </ul>	<ul style="list-style-type: none"> <li>• Journey to Better Health</li> </ul>
	3. Launch Peer Mentorship program to connect newly diagnosed cancer patients with survivors, at least one year out from treatment	<ul style="list-style-type: none"> <li>• Number of mentors/mentees in the program</li> </ul>	<ul style="list-style-type: none"> <li>• Breast Care Center</li> <li>• GYN/Women’s Health</li> <li>• MD Oncology/Hematology</li> <li>• Chesapeake Urology</li> </ul>

**Priority Area: Healthy Minds**



Goal	Strategies	Metrics	Partners
<p>Improve timely access and coordination to behavioral health services for all residents</p>	<p>1. Expand Behavioral Health Navigation services to provide seamless connections to treatment for those with behavioral health needs</p>	<ul style="list-style-type: none"> <li>• Number of patients referred</li> <li>• Connection rate</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> <li>• HC LHIC</li> <li>• Way Stations, Inc</li> <li>• Grassroots Crisis Intervention Center</li> <li>• Sheppard Pratt Health System</li> <li>• National Alliance for Mental Illness</li> <li>• The Horizon Foundation</li> <li>• HC Drug Free</li> <li>• On Our Own Howard County</li> </ul>
	<p>2. Provide Mental Health First Aid and Youth Mental Health First Aid training to the general public but also targeted populations to reach historically marginalized populations</p>	<ul style="list-style-type: none"> <li>• Number of classes</li> <li>• Number of enrollees</li> <li>• Number of enrollees certified at the end of course</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> <li>• Grassroots Crisis Intervention Center</li> <li>• HC LHIC</li> <li>• Faith-based organizations</li> <li>• Schools</li> <li>• Community Health Workers</li> <li>• Behavioral Health Navigators</li> </ul>
	<p>3. <i>Greater Baltimore Region Integrated Crisis System (GBRICS)</i></p> <p>Continue collaboration with Maryland hospitals to implement the Crisis Now model to better coordinate mental health care and resources</p>	<ul style="list-style-type: none"> <li>• Milestones of the program to create, setup and launch the elements of the program</li> <li>• Number of people served</li> </ul>	<ul style="list-style-type: none"> <li>• Maryland Hospitals in Baltimore, Carroll and Howard Counties (LifeBridge, Johns Hopkins, MedSatr, Mercy Medical Ctr, Ascension, University of Maryland Medical System, Greater Baltimore Medical Center)</li> </ul>
	<p>4. Continue to engage and educate the community on suicide prevention resources</p>	<ul style="list-style-type: none"> <li>• Number of deaths by suicide</li> <li>• Number of campaigns/ programs developed</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> <li>• GBRICS partners</li> </ul>

**Priority Area: Healthy Minds**



Goal	Strategies	Metrics	Partners
	5. Continue the Congregational Depression Awareness Program (CDAP) to train volunteers from faith communities to support awareness about depression and programs in their communities	<ul style="list-style-type: none"> <li>• Number of people trained</li> <li>• Number of community members reached</li> </ul>	<ul style="list-style-type: none"> <li>• Faith-based organizations (e.g., Bethany United Methodist Church, St. James United Methodist Church, New Hope Seventh-day Adventist Church, Temple Isaiah, Our Lady of Perpetual Help Catholic Church, etc.)</li> </ul>
Improve access to available substance abuse services	1. Provide medical stabilization and linkage to treatment to persons with substance abuse who present to the emergency department	<ul style="list-style-type: none"> <li>• Number of encounters</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> <li>• Private treatment providers</li> </ul>
	2. Promote SBIRT (Screening, Brief Intervention, and Referral to Treatment) to deliver early intervention and treatment services to patients presenting to the emergency department who have risky alcohol or drug use	<ul style="list-style-type: none"> <li>• Number of interventions completed</li> </ul>	<ul style="list-style-type: none"> <li>• Grassroots</li> <li>• ARC of HC</li> <li>• Humanim</li> <li>• HC Health Department (multiple programs)</li> <li>• Luminous</li> <li>• MSA Child and Adolescent Services</li> <li>• Sheppard Pratt Waystation</li> <li>• Congruent Counseling Center</li> <li>• HC Opioid Community Crisis Council</li> <li>• Silverman Treatment Services</li> <li>• Sibus Treatment</li> <li>• Hilda’s Place</li> <li>• Local Children’s Board</li> <li>• Maryland Coalition of Families</li> <li>• HC Police Dept</li> </ul>
	3. Continue to support and adapt the Peer Recovery Support program	<ul style="list-style-type: none"> <li>• Number of referrals</li> <li>• Number of engagements</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> </ul>

**Priority Area: Healthy Foundations**



Goal	Strategies	Metrics	Partners
<p>Increase access to care for Howard County residents</p>	<p>1. Grow the Community Health Worker Training program focusing on targeted population to reach the historically marginalized</p>	<ul style="list-style-type: none"> <li>• Number of classes</li> <li>• Number of enrollees</li> <li>• Number of graduates</li> </ul>	<ul style="list-style-type: none"> <li>• HC Health Department</li> <li>• Faith-based organizations</li> </ul>
	<p>2. Expand primary care locations with a focus on addressing population health obstacles</p>	<ul style="list-style-type: none"> <li>• Number of primary care providers</li> </ul>	<ul style="list-style-type: none"> <li>• Johns Hopkins Health System</li> <li>• Johns Hopkins Community Providers</li> </ul>
	<p>3. Enhance the Practice Howard program to attract primary care to Howard County and provide unconscious bias training for primary care providers</p>	<ul style="list-style-type: none"> <li>• Number of new primary care providers</li> <li>• Number of providers who receive training</li> </ul>	<ul style="list-style-type: none"> <li>• Howard County Government</li> <li>• Primary Care Practices in Howard County (independent and Johns Hopkins Community Partners)</li> <li>• Johns Hopkins Health System</li> </ul>
	<p>4. Expand access to digital/ telehealth capabilities like remote patient monitoring (RPM) services to maximize use for key conditions such as Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), diabetes and COVID-19</p>	<ul style="list-style-type: none"> <li>• # of referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Johns Hopkins Health System</li> <li>• Johns Hopkins Home Care Group</li> <li>• Local Primary Care Practices</li> </ul>
	<p>5. Improve ease of access to transportation support and services for those needing health care</p>	<ul style="list-style-type: none"> <li>• Number of transports provided</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation services</li> <li>• NeighborhoodRide</li> <li>• Ride Roundtrip</li> </ul>

## Appendices

### Appendix I: Howard County Health Assessment Survey Advisory Committee

The Howard County Health Assessment Survey has been conducted every two years beginning in 2012 through 2021. It is funded by the Columbia Association, the Horizon Foundation, Howard County General Hospital, and the Howard County Health Department. Vault Consulting, LLC conducted the 2021 survey telephonically. The following individuals contributed to the development and oversight of the survey and the administration process:

Organization	Name	Title
Columbia Association	Dannika Rynes	Senior Manager of Communications and Media Relations
	Tiffany Callender Erbelding	Senior Program Director
Horizon Foundation	Kenitra Fokwa Kengne	Senior Program Director
	Glenn Schneider	Chief Program Officer
	Sue Manning	Director, Strategic Planning
Howard County General Hospital	Elizabeth Edsall Kromm	Vice President, Population Health and Advancement
	Linda Ashburn	Director, Bureau of Assessment, Planning and Community Engagement
Howard County Health Department	Maura Rossman	Health Officer
	Kelly Kesler	Director
Howard County Local Health Improvement Coalition	B. Reena Rambharat	Manager
	Steve Arenberg	Director, Market Research
Vault Consulting, LLC		Survey Consultants

## Appendix II: Howard County LHIC Member Organizations

AAA Physical Therapy  
AARP® Maryland  
Accessible Resources for Independence  
African American Community Roundtable of  
Howard County  
ALFA Specialty Pharmacy  
AllCare Family Medical Practice  
Allergy Asthma Network  
Alzheimer's Association® Greater Maryland  
Chapter  
American Diabetes Association®  
American Diversity Group  
American Foundation for Suicide Prevention –  
Maryland Chapter  
American Heart Association  
Amerigroup  
Anne Arundel Counseling  
Arabesque Dance Studio  
Asian American Healthcare Center  
Association of Community Services  
Awesome Respite Childcare Services, LLC.  
BA Auto Care  
Bayada Home Health Care  
Beacon Health Options  
Beth Shalom  
BrightStar Care®  
Build Haiti Foundation  
Care For Your Health  
CareFirst of Maryland  
CASA  
Centennial Medical Group  
Center for Children  
Central Maryland AHEC Chase Brexton Health  
Services, Inc.  
Chin Association of Maryland  
Chinese American Community Health Services  
Chinese American Parent Association of Howard  
County  
Christ Episcopal Church of Columbia  
Collaborative Counseling Center  
Columbia Association  
Columbia Housing Center  
Columbia Medical Practice  
Columbia Pregnancy Center  
Columbia Rising, LLC  
Community Action Council of Howard County  
Congruent Counseling Services  
Crosswords Apothecary Teaching Kitchen  
Delta Sigma Theta  
Delphi Behavioral Health Group®  
Donate Life Maryland  
Downtown Columbia Partnership  
Dragon Digital Radio  
Ellicott City Health and Fitness  
Emerge, Inc.  
Food and Care For All  
Food at the Center  
Giant®  
Girls on the Run of Central Maryland  
Grassroots Crisis Intervention Center  
Guardian Primary Care Services  
Hawkeye MedTech, Inc.  
HC COAD  
HC DrugFree  
Health Promotion On Call  
Health Quality Innovators  
HealthCare Access Maryland  
HomeCentris Healthcare  
Horizon Foundation  
Howard Community College  
Howard County Autism Society  
Howard County Board of Health  
Howard County Chamber of Commerce  
Howard County Chinese School  
Howard County Citizens Association  
Howard County Commission for Veterans and  
Military Families  
Howard County Commission on Aging  
Howard County Dads Inc.  
Howard County Dental Association  
Howard County Department of Community  
Resources and Services  
Howard County Department of Fire and Rescue  
Services  
Howard County Department of Housing and  
Community Development  
Howard County Department of Social Services  
Howard County General Hospital  
Howard County Government  
Howard County Health Department  
Howard County Housing Commission  
Howard County Library System  
Howard County Local Children's Board  
Howard County MultiService Center  
Howard County Office of Children and Families  
Howard County Office of Human Rights Equity

Howard County Office of Transportation  
Howard County Office of Veterans and Military Families  
Howard County Office of Workforce Development  
Howard County Police Department  
Howard County Public School System  
Howard County Recovery Oriented Systems of Care  
Howard County Recreation and Parks  
Howard County Economic Development Authority  
Howard House  
Humanim Illusionary Space  
Inquiring Minds, LLC.  
Interim Healthcare of Columbia, MD  
James Place, Inc.  
Jewish Community Relations Council, Jewish Federation of Howard County  
Just Living Advocacy  
Kits to Heart  
Kolmac  
Kona Ice of Howard County  
Korean American Community Association of Howard County, Inc.  
League of Korean Americans  
Legal Resource Center  
Lindaben Foundation  
Living in Recovery  
Luminus  
MAC, Inc.  
Making Change, Inc.  
Maryland (2-1-1)  
Maryland Coalition of Families  
Maryland Department of Disabilities  
Maryland Department of Health  
Maryland Highway Safety Office  
Maryland House Detox®  
Maryland Hunger Solutions  
Maryland Poison Center  
Maryland University of Integrative Health  
MATClinics  
MD Chapter of the American Academy of Pediatrics  
Meals on Wheels of Central Maryland, Inc.  
MedStar Health MidAtlantic Consulting  
Millennium Health Group  
Morrison Chiropractic  
My Life Foundation, Inc.

NAACP - Howard County Branch  
NAMI Howard County  
Neighbor Ride  
Nurturing Care at Home  
On Our Own of Howard County, Inc.  
One World Healthcare  
Optum Maryland  
PFLAG  
Physical Therapy (360)  
Premier Health Express Urgent Care  
Prospect Believe  
Qlarant  
Regional Transit Authority of Central Maryland  
Resolve MD Restore Life, LLC.  
Revival Health Wellness, LLC  
Revive Physical Therapy  
Rho Chi Chapter Inc. of Chi Eta Phi Sorority, Inc.  
Rockburn Institute  
Root Studio  
S.A.F.E. - Supplying Allergy Friendly and Emergency Food Pantry  
Safe Kids Howard County  
Saint Agnes Hospital  
Salvere Health and Fitness  
Senior Placement Navigators  
SoBar  
Springboard Community Services  
Stella Maris  
Talk with Me Howard County  
TasteWise Kids  
Teach Me Dental  
Temple Isaiah  
The ARC of Howard County  
The Bianca Hill Group, Merrill Lynch Wealth Management  
The Council of Elders of the Black Community of Howard County  
The Living Legacy Foundation of Maryland  
The OM Collective  
The Option Group  
The Surveillance Group, Inc.  
The THRIVE Center™ For ADHD and Comprehensive Mental Health Care Of Central Maryland  
The VA Way  
The Village in Howard  
This Point Forward  
Thunder Soccer Club

Touchstone Physical Therapy and Wellness  
Transition Howard County  
UMD Extension  
United Way of Central Maryland  
UnitedHealthcare® Community Plan  
University of Maryland Extension  
University of Maryland Health Partners  
University of Maryland Medical System Health  
Plans  
Visit Howard County

Volunteer Center Serving Howard County  
Way Station  
Wellness Nutritional Consultants  
We Promote Health  
Wellness Strategies Group LLC  
Winter Growth, Inc  
Work Play Obsession All In Foundation  
Y of Central Maryland  
Yoga2Sleep, LLC.  
Zippy Errand Delivery Service, LLC

**Appendix III: Highlights from Organization’s Providing Input to CHNA, Priorities and Strategies**

Group	Input
<b>Chase Brexton Health Care (FQHC)</b>	<ul style="list-style-type: none"> <li>• Support for women’s health strategies for under-insured and un-insured women – maternity care, GYN care</li> <li>• Better coordination and transitions of care for patients leaving the hospital</li> <li>• Continue to promote Women, Infant and Children (WIC) and the services of Chase Brexton to those that need it</li> </ul>
<b>Community Action Council of Howard County</b>	<ul style="list-style-type: none"> <li>• Need to increase access to food options for those that are low-income</li> <li>• Potentially grow the number sites available</li> <li>• Increase coordination of resources and care to the aging population of Howard County</li> </ul>
<b>Horizon Foundation</b>	<ul style="list-style-type: none"> <li>• Need for a solution to undocumented, under-insured and uninsured pregnant women and their babies.</li> <li>• Howard County women are leaving the County to get care or not getting care resulting in potential poor outcomes for mother and baby</li> <li>• Need better processes to connect people with behavioral health issues to treatment options in the community</li> <li>• Expand screenings and courses engaging faith leaders as resources to connect with their congregations and populations</li> <li>• Ensure offerings are in languages other than English to reach a greater population where English is not their first language</li> </ul>
<b>Howard County Office on Aging</b>	<ul style="list-style-type: none"> <li>• Need better coordination of care and resources for older adults needed comprehensive care for chronic diseases and health issues</li> <li>• Need to reduce the impact of SDOH on older adults in Howard County given an aging community</li> <li>• Continue to develop new classes/screenings and how and where they are offered to reach older adults especially those living with chronic conditions who are challenged to travel and have limited resources</li> </ul>
<b>United Way of Central Maryland</b>	<ul style="list-style-type: none"> <li>• Need to increase access to food options for those that are low-income</li> <li>• Potentially grow the number sites available</li> </ul>
<b>Sheppard Pratt/Way Station</b>	<ul style="list-style-type: none"> <li>• Need to better connect with those that need behavioral health</li> <li>• Support to keep them out of the emergency room and using community services that are available</li> </ul>

#### **Appendix IV: CHNA Review and Feedback Survey Questions**

This survey was posted by the Howard County General Hospital, Howard County Health Department and Howard County Local Health Improvement Coalition on their social media sites and web pages, as well as shared with residents through email announcements. Responses were collected through SurveyMonkey. The survey was available for six weeks in March to April 2022 and received 116 responses.

Question 1: What are the three (3) most important health problems that affect the health of your community? Please check no more than three.

1. Alcohol/Drug addiction
2. Alzheimer's/Dementia
3. Behavioral health/Mental illness
4. Cancer
5. Diabetes/High blood sugar
6. Heart disease/Blood pressure
7. HIV/AIDS
8. Infant death
9. Lung disease/Asthma/COPD
10. Overweight/Obesity
11. Smoking/Tobacco use
12. Stroke
13. Don't know
14. Prefer not to answer
15. Other (please specify)

Question 2: What are the three (3) most important social/environmental problems that affect the health of your community? Please check no more than three.

1. Access to doctor's office
2. Access to healthy foods
3. Access to insurance
4. Child abuse/neglect
5. Domestic violence
6. Housing/homelessness
7. Lack of affordable child care
8. Lack of job opportunities
9. Limited places to exercise
10. Neighborhood safety/violence
11. Poverty
12. Race/ethnicity discrimination
13. School dropout/poor schools
14. Don't know
15. Prefer not to answer
16. Other (please specify)

Question 3: What are the three (3) most important reasons people in your community do not get health care? Please check no more than three.

1. Cost – too expensive/can't pay
2. Cultural/religious beliefs
3. Insurance not accepted
4. Lack of transportation
5. Language barrier
6. No doctor nearby
7. No insurance
8. Wait is too long
9. Don't know
10. Prefer not to answer
11. Other (please specify)

Question 4: Do you feel that your needs and/or the needs of the community are discussed in the 2019 Howard County Community Health Needs Assessment including the Implementation Strategy (2019 HCGH Community Health Needs Assessment including the Implementation Strategy was linked)

1. Yes
2. No
3. If not, what would you add? (free text)

Question 5: Do you have any suggestions for improving the 2019 Howard County Community Health Needs Assessment?

1. Yes
2. No
3. I don't know
4. If yes, please provide suggestions for improvement (free text)

Question 6: Please provide any comments on the preliminary data provided for the 2022 Howard County Community Health Needs Assessment (Preliminary data from 2021 Howard County Health Assessment Survey linked)

**Appendix V: Feedback from the Howard County Health Assessment Survey 2021 Review with the Patient and Family Advisory Committee (PFAC), the Faith Health Advisory Committee (FHAC) and the FY2022 HCGH Board of Trustees**

Group	Feedback
<b>Faith Health Advisory Council (FHAC)</b> January 6, 2022	<ul style="list-style-type: none"> <li>• Surprised by an Increase in asthma in under 45 yr olds</li> <li>• Obesity in minority communities – is a cause fast food consumption; identified contributors could also be of lack of time to be active and soda consumption</li> <li>• Seeing and hearing more about diabetes and high cholesterol</li> <li>• More discussion needs to happen around mental health challenges</li> <li>• Glad to see increase in end-of-life planning – the pandemic creates more awareness of this planning and FHAC can help tie it to individual’s faith</li> <li>• Good to increase how people are connected to the community (Columbia Association work) and the benefits/ impacts around that</li> <li>• Share the role of Hospice in the community</li> <li>• Create awareness for healthcare agents and advanced directive needs and processes to establish them</li> </ul>
<b>Patient and Family Advisory Council (PFAC)</b> January 24, 2022	<ul style="list-style-type: none"> <li>• Is ED use tied to lost jobs and lost insurance coverage</li> <li>• Were people using the ED because they thought they could get a COVID test easier</li> <li>• For those not taking medications for diabetes is it due to not having money to afford medication or is it because less people are monitoring their A1C</li> <li>• Not a surprise that people are feeling more agitated these days</li> <li>• The elderly are feeling isolated due to the pandemic</li> <li>• Increase in postponed care was probably due to the pandemic</li> </ul>
<b>HCGH Board of Trustees</b> March 10, 2022	<ul style="list-style-type: none"> <li>• Need to examine diabetes by populations to drive towards targeted interventions and care</li> <li>• Surprised by an increase in those under 30 with diabetes</li> <li>• Why is the medication use for diabetes decreasing?</li> <li>• It is good that more people are having advanced directives</li> <li>• Is more asthma in younger people a function of testing and diagnosing or is something causing it; how did masking impact asthma</li> </ul>

## Appendix VI: FY22 Howard County General Hospital Board of Trustees

- Kathleen Murphy White, Ph.D., R.N., NEA-BC, F.A.A.N, Chairman
- William Saway, M.D. F.A.C.P., Vice Chairman
- Mohammed Shafeeq Ahmed, M.D., MBA, F.A.C.O.G. *ex officio*
- Jody Aud, MPR
- Scott Berkowitz, M.D., MBA
- Douglas A. Beigel, MBA
- Sherman Canapp, D.V.M.
- David C. Condrón, treasurer
- Jonathan S. Fish, M.D.
- Cyndi Gula
- Sheri Lewis, MPH
- Lisa Maragakis, M.D.
- Dennis Miller
- James R. (Rob) Moxley, III
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- Patricia Pugh, D.O., *ex officio*
- Elizabeth Rendón-Sherman, MS
- Zack Shariff, *ex officio*
- Paul Skalny, Esq.
- Kevin W. Sowers, M.S.N., R.N., F.A.A.N., *ex officio*
- Pamela K. Wagoner
- Brian S. Walter, MBA, secretary
- Hadley Wesson, M.D., MPH, *ex officio*
- W. Brian McGowan, *emeritus*
- Alton Scavo, *emeritus*

## Appendix VII: Organizations/Programs Addressing Housing and Childcare Issues in Howard County

### *Organizations/Programs Addressing Housing Issues in Howard County*

<b>Groups/Programs</b>	<b>Mission/Description</b>
<b>Live Where You Work Program</b>	<ul style="list-style-type: none"> <li>This public-private partnership provides needed rental subsidies for low- and moderate-income families to live in Downtown Columbia and is designed so recipients will not spend more than 30% of their income on rent.</li> </ul>
<b>The Howard County Coalition to End Homelessness</b>	<ul style="list-style-type: none"> <li>The Coalition is responsible for and committed to creating and driving a system of housing and care that responds to the needs of homeless individuals and families in Howard County with the mission to make homelessness rare, brief, and non-recurring.</li> </ul>
<b>Howard County Housing Affordability Coalition</b>	<ul style="list-style-type: none"> <li>The Coalition works to achieve community understanding, policymaking and regulatory decisions that will lead to an increase in and equitable access to Howard County affordable housing.</li> </ul>
<b>Howard County Housing Commission</b>	<ul style="list-style-type: none"> <li>The mission of the Howard County Housing Commission is to provide safe, quality, affordable, and sustainable housing opportunities for low- and moderate-income families who live or work in Howard County and to assist them in moving toward economic independence.</li> </ul>
<b>Bridges to Housing Stability</b>	<ul style="list-style-type: none"> <li>To provide a path to self-sufficiency to prevent and end homelessness through affordable housing solutions and advocacy in Howard County, MD.</li> </ul>

### *Organizations/Programs Addressing Childcare Issues in Howard County*

<b>Group</b>	<b>Mission/Description</b>
<b>Howard County Office of Children and Families/ Howard County Child Care Resource Center</b>	<ul style="list-style-type: none"> <li>The Howard County Child Care Resource Center assists parents, child care professionals and the community by assisting parents in locating licensed child care, providing technical assistance (information and expert advice) and resources for current and prospective child care providers in family child care homes and child care centers, collecting data that documents the child care needs of families and employers as well as the child care delivery system, and providing training for child care professionals and parents to expand their knowledge of early childhood and best child care practices.</li> </ul>
<b>United Way of Central Maryland</b>	<ul style="list-style-type: none"> <li>The United Way of MD offers affordable, accessible childcare and early childhood education for low-to-moderate income families in Howard County (United Way Family Center in Columbia) working to create a community-wide recognition that Howard County's economic vitality is dependent upon access to jobs, resident mobility, quality education and housing affordability.</li> </ul>

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# HOWARD COUNTY

## COMMUNITY HEALTH NEEDS ASSESSMENT

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2022

Howard County General Hospital serves a community that is diverse in the demographics, life stage, and health needs of its population. Howard County has been recognized in local and national press as one of the healthiest counties in the nation, and as a whole has a highly educated and affluent population.

Four community health priority areas have been identified to address existing health needs and health disparities:

- Healthy Beginnings
- Healthy Living
- Healthy Minds
- Healthy Foundations

Through collaborative efforts with partner organizations, Howard County will become a healthier, more prosperous place to live for all of its residents.

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This document applies to the following Participating Organizations:

Johns Hopkins All Children's Hospital	Johns Hopkins Bayview Medical Center, Inc.	Johns Hopkins Care at Home	Johns Hopkins Community Physicians
Johns Hopkins Howard County Medical Center	Johns Hopkins Regional Physicians, LLC	Johns Hopkins Surgery Centers Series	Johns Hopkins University School of Medicine
Pediatric Physician Services, Inc. (FL)	Sibley Memorial Hospital	Suburban Hospital, Inc.	The Johns Hopkins Hospital
West Coast Neonatology, Inc.			

**Keywords:** assistance, bill, debt, financial, medical

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## **I. PURPOSE**

Johns Hopkins Medicine is committed to providing Financial Assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for Medically Necessary Care based on their individual financial situation.

## **II. POLICY**

This policy contains the criteria to be used in determining a patient's eligibility for Financial Assistance and outlines the process and guidelines that shall be used to determine eligibility for Financial Assistance and the completion of the Financial Assistance application process. This policy governs the provision of Financial Assistance for patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Medically Necessary Care based on their individual financial situation.

Johns Hopkins will provide, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Johns Hopkins will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without

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discrimination, of emergency medical care. Emergency medical services are provided to all patients in a non-discriminatory manner, pursuant to the hospitals' EMTALA policy.

Sibley Memorial Hospital is located in the District of Columbia. Appendix A to this policy sets forth additional provisions concerning Uncompensated Care required by regulations and laws of the District of Columbia applicable to Sibley Memorial Hospital. Appendix A only applies to Sibley Memorial Hospital. If there is a contradiction between Appendix A and this policy concerning financial assistance and Uncompensated Care at Sibley Memorial Hospital, then provisions of Appendix A shall apply.

Johns Hopkins All Children's Hospital is located in Florida. Appendix C to this policy sets forth additional provisions concerning Florida Statute 395.301, F.S. relating to financial assistance policy for patients or prospective patients and outlines the methodology to determine AGB and associated discounts provided based on application approval. If there is a contradiction between Appendix C and this policy concerning financial assistance and Uncompensated Care at John Hopkins All Children's Health System, then provisions of Appendix C shall apply.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance -- free and discounted (partial assistance) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital
- Limits the amounts that the hospital will charge for Emergency or other Medically Necessary Care provided to individuals eligible for financial assistance to the amount generally billed (received by) the hospital for commercially insured or Medicare patients. In Maryland, hospital rates are regulated by the Health Services Cost Review Commission (HSCRC). For all Johns Hopkins hospitals except Sibley Memorial Hospital and Johns Hopkins All Children's Hospital, the amount generally billed (AGB) is what is established by the HSCRC and is equivalent to the prospective Medicare method under federal tax regulations.

#### **FINANCIAL ASSISTANCE FOR PHYSICIANS PROVIDING CARE NOTICE**

Posted on each hospital website is a full list of physicians that provide Emergency and Medically Necessary Care as defined in this policy at JHH, JHBMC, HCGH, SH, SMH, JHACH. The provider list indicates if a doctor or Physician Practice is covered under this policy. If the doctor is not covered under this policy, patients should contact the physician's office to determine if the physician offers financial assistance and if so, what the physician's financial assistance policy provides. Physicians that are employed by The Johns Hopkins School of Medicine and Johns Hopkins Community Physicians follow the processes as outlined in this policy.

Subject to medical debt collection laws including but not limited to § 19-214.1 of the Maryland Code of Regulations (Health – General). Johns Hopkins may file a claim against the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

Johns Hopkins does not file lawsuits, perform wage garnishments, or file liens against patients. Actions Johns Hopkins may take in the event of non-payment are described in a separate billing and collections policy (PFS046). To obtain a free copy of this policy please contact Customer Service at 1-855-662-3017 (toll free) or send an email to: [pfscs@jhmi.edu](mailto:pfscs@jhmi.edu) or request to speak with a Financial Counselor in any Johns Hopkins facility.

Financial Assistance Applications and Medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted, so long as other requirements are met. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses.

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### **III. PROCEDURES**

#### **A. Services Eligible Under this Policy**

1. Financial Assistance is only applicable to Medically Necessary Care as defined in this policy. Financial Assistance is not applicable to convenience items, private room accommodations or non-essential cosmetic surgery. In the event a question arises as to whether an admission is an "Elective Admission" or a "Medically Necessary Admission," the patient's admitting physician shall be consulted and the matter will also be directed to the physician advisor appointed by the hospital.

#### **B. Eligibility for Financial Assistance**

1. Eligibility for Financial Assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of assistance shall be based on an individualized determination of financial need, and shall not consider, race, color, ancestry or national origin, sex, age, marital status, social status, citizenship status, sexual orientation, gender identity, genetic information, religious affiliation or on the basis of disability. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need, and may:
  - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need
  - b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring)
  - c. Include reasonable efforts by JHM to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs
  - d. Take into account the patient's available assets and all other financial resources available to the patient, and include a review of the patient's outstanding accounts for prior services rendered and the patient's payment history.

#### **C. Method by Which Patients May Apply for Financial Assistance**

1. It is preferred but not required that a request for Financial Assistance and a determination of financial need occur prior to rendering of Medically Necessary Care. A copy of the application is available online at [https://www.hopkinsmedicine.org/patient\\_care/billing-insurance/assistance-services](https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services). A hard copy will be mailed upon request by calling toll free 1-855-662-3017 or 443-997-3370. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known.

#### **D. Determination of Eligibility for Financial Assistance**

The following two-step process shall be followed when a patient or a patient's representative requests or applies for Financial Assistance, Medical Assistance, or both:

1. Step One: Determination of Probable Eligibility
  - a. Within two business days following the initial request for Financial Assistance, application for Medical Assistance, or both, Johns Hopkins will: (1) make a determination of probable eligibility, and (2) communicate the determination to the patient and/or the patient's representative. In order to make the determination of probable eligibility, the patient or his/her representative must provide information about family size, insurance and income. The determination of probable eligibility will be made based solely on this information. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility.
2. Step Two: Final Determination of Eligibility

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- a. Following a determination of probable eligibility, Johns Hopkins will make a final determination of eligibility for Financial Assistance based on income, family size and available resources. All insurance benefits must be exhausted. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy. Patients with an active travel visa may be asked for additional information regarding residence and available financial resources to determine eligibility.
- b. Except as provided otherwise in this policy, the patient is required to complete the Johns Hopkins Medicine Financial Assistance Application. Patient shall also provide a Medical Assistance Notice of Determination (if applicable), reasonable proof of other declared expenses, supporting documentation, and if unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance or a statement from current source of financial support.
- c. The patient/guarantor shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources:
  - i. Income from wages
  - ii. Retirement/Pension Benefits
  - iii. Income or benefits from self-employment
  - iv. Alimony
  - v. Child support
  - vi. Military family allotments
  - vii. Public assistance
  - viii. Pension
  - ix. Social security
  - x. Strike benefits
  - xi. Unemployment compensation
  - xii. Workers compensation
  - xiii. Veteran's benefits
  - xiv. Other sources, such as income and dividends, interest or rental property income.
- d. An applicant who may qualify for insurance coverage through a Qualified Health Plan or may qualify for Medical Assistance will be required to apply for a Qualified Health Plan or Medical Assistance and cooperate fully, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. While a patient's application for Medical Assistance is pending, the patient will be provisionally deemed to be covered by Medical Assistance and will not be required to complete the Maryland Uniform Financial Assistance Application. If the patient's application for Medical Assistance is denied, the patient will then be required to complete the Maryland Uniform Financial Assistance Application.
- e. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
  - i. Patients will be eligible for Financial Assistance if their maximum family (husband and wife, same-sex married couples) income (as defined by Medicaid regulations) level does not exceed the income standard per level (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHM bills.
  - ii. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.

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- iii. 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 (35%-75%) adjustment to their JHM accounts (initial charges or remaining balances). Adjustments will be made as follows:
- 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 35% Adjustment
- f. Patients who have already qualified for Financial Assistance at one of the providers under this policy are not required to re-apply and are deemed eligible.
- g. The patient/guarantor shall be informed in writing of the final determination of eligibility for Financial Assistance along with a brief explanation and the patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance. The Health Education and Advocacy Unit of the Maryland Office of the Attorney General is available to assist the patient/guarantor or the patient's authorized representative in filing and mediating an appeal. The written determination letter shall contain the address, phone number, facsimile number, e-mail address, mailing address and website of the Health Education Advocacy Unit.
- i. Health Education and Advocacy Unit  
200 St. Paul Street  
Baltimore, MD 21202  
Phone No.: (410) 528-1840, Toll free: 1-877-261-8807  
Fax No.: (410) 576-6571  
<https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>
- h. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.
- i. Once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months.
- j. Once a patient is approved if any balance remains after the financial assistance allowance is applied, the patient will be offered a payment plan. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
- k. A department operating programs under a grant or other outside governing authority (i.e., Psychiatry) may continue to use a government-sponsored application process and associated income scale to determine eligibility for specific services.
- l. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Financial Assistance Evaluation Committee. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.
- m. Patients who receive coverage on a Qualified Health Plan and ask for help with out-of-pocket expenses (co-payments and deductibles) for medical costs resulting from Medically Necessary Care shall be required to submit a Financial Assistance Application.
- n. If a patient account has been assigned to a collection agency, and patient or guarantor request financial assistance or appears to qualify for financial assistance, the collection agency shall notify Revenue Cycle Management and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to Revenue Cycle Management for review and determination and shall place the account on hold for 45 days pending further instructions.

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- o. Services provided to patients registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) do not qualify for Financial Assistance.
  - p. The Vice President of Revenue Cycle Management or designee may make exceptions according to individual circumstances.
- E. Presumptive Financial Assistance Eligibility
1. Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances. 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):
    - a. Households with children in the free or reduced meal program
    - b. Supplemental Nutritional Assistance Program (SNAP)
    - c. Low-income-household energy assistance program
    - d. Women, Infants and Children (WIC)
    - e. 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
  2. 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:
    - a. A patient with Active Medical Assistance Pharmacy coverage
    - b. QMB coverage/SLMB coverage
    - c. Maryland Public Health System Emergency Petition patients
    - d. A patient that is deceased with no estate on file
    - e. A patient that is deemed homeless
    - f. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or City or County Health Department
    - g. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
    - h. Health Department moms- for non-emergent outpatient visits not covered by Medical Assistance
    - i. Active enrollees of the Chase Brexton Health Center
    - j. Active enrollees of the Healthy Howard Program
    - k. A patient with a referral to SH from a locally based program (Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Montgomery Cares, Primary Care Coalition, Project Access, and Proyecto Salud) which has partnered with SH to provide access to inpatient and outpatient care for low income uninsured patients.
  3. Presumptive eligibility for Financial Assistance is only granted for current services and past accounts—it does not extend to future services.
  4. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
    - a. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
    - b. 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 (35%-75%) adjustment to their JHM accounts. Adjustments will be made as follows:
      - i. Household income up to 200% of FPL 100% Adjustment
      - ii. Household income between 201% & 250% of FPL 75% Adjustment
      - iii. Household income between 251% & 300% of FPL 50% Adjustment
      - iv. Household income between 301% & 400% of FPL 35% Adjustment

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F. Medical Financial Hardship Assistance

1. Medical Financial Hardship Assistance consideration may be available for patients who are eligible for Financial Assistance but have been deemed to have incurred a Medical Financial Hardship. JHM will provide reduced cost Medically Necessary Care to patients with family income above 400% of FPL but below 500% of the Federal Poverty Level.
2. A Medical Financial Hardship means Medical Debt for Medically Necessary Care incurred by a family over a 12-month period that exceeds 25% of family income. Medical Debt is defined as out-of-pocket expenses for medical costs for Medically Necessary Care billed by a Johns Hopkins Hospital as well as those provided by Johns Hopkins providers, the out-of-pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.
3. Factors considered in granting Medical Financial Hardship Assistance:
  - a. Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the Hopkins treating facility where the application was made
  - b. Liquid Assets (leaving a residual of \$10,000)
  - c. Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
  - d. Supporting Documentation.
4. Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at Johns Hopkins under this policy for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or cosmetic procedures. However, the patient or the patient's Immediate Family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.
5. If patient is approved for a percentage allowance due to Medical Financial Hardship it is recommended that the patient make a good-faith payment at the beginning of the Medical Financial Hardship Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income guidelines JHHS shall make a payment plan available to the patient.
6. Any payment plan developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
7. For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHM shall apply the reduction in charges that is most favorable to the patient.

G. Notice of Financial Assistance Policy, Patient Education, Communication and Outreach

1. Individual notice regarding the hospital's financial assistance policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital. JHM shall address with the patient or the patient's family any financial concerns that they may have.
2. Johns Hopkins shall disseminate information regarding its Financial Assistance policy on an annual basis by publishing notice regarding the policy in a newspaper of general circulation in the jurisdictions it serves, which notice shall be in a format understandable by the service area populations.
3. The Notice to Patients of the Availability of Financial Assistance shall be posted at patient registration sites, admissions/business offices, billing offices, and in the emergency department at each facility. Notice will be posted on each hospital website, will be mentioned during oral communications, and will be sent to patients on patient bills.

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A copy of the Financial Assistance policy will be posted on each facility's website and will be provided to anyone upon request.

4. Individual notice regarding the availability of financial assistance under this policy will also be provided to obstetric patients seeking services at the hospitals under this policy, at the time of community outreach efforts, prenatal services, preadmission or admission.
  5. A Patient Billing and Financial Assistance Information Sheet will be provided to patients before the patient receives scheduled medical services in a hospital, before discharge, with the hospital bill, and will be available to all patients upon request.
  6. A Plain Language Summary of this policy is posted on the JHM website as well as will be available to all patients.
- H. Late Discovery of Eligibility
1. If Johns Hopkins discovers that a patient was eligible for free care on a specific date of service (using the eligibility standards applicable on that date of service) and that specific date is within a two (2) year period of discovery, the patient shall be refunded amounts received from the patient/guarantor exceeding twenty-five dollars (\$25).
  2. If the hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to thirty (30) days from the date of initial request for information.
  3. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

#### **IV. DEFINITIONS**

For the Purpose of this policy, the terms below are defined as follows:

Medical Debt	Medical Debt is defined as out-of-pocket expenses for medical costs resulting from Medically Necessary Care billed by a Johns Hopkins Hospital or Johns Hopkins provider covered by this policy. Out-of-pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills or physician bills for which the patient chose to be registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) and did not apply for financial assistance.
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of \$150,000 in equity in patient's primary residence <u>shall not</u> be considered an asset convertible to cash. One motor vehicle used for the transportation needs of the patient or any family member of the patient shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non-qualified deferred compensation plans. Any resources excluded in determining financial eligibility under the Medical Assistance Program under Social Security Act shall not be considered as assets convertible to cash. Pre-paid higher education funds in the Maryland 529 Program shall not be considered an asset convertible to cash. Monetary assets excluded from the determination of Liquid Assets shall be adjusted annually for inflation in accordance with the Consumer Price Index.
Elective Admission	A hospital admission that is for the treatment of a medical condition that is not considered an Emergency Medical Condition.

 <p>FINANCE</p> <p>JOHNS HOPKINS MEDICINE</p>	Johns Hopkins Medicine <b>Financial Assistance Policies Manual</b> <b>General</b>	<i>Policy Number</i>	PFS035	
		<i>Effective Date</i>	10/02/2023	
	<i>Subject</i>	<b>Financial Assistance</b>	<i>Page</i>	9 of 10
			<i>Supersedes</i>	08/08/2022

Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.
Emergency Medical Condition	<p>A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, or other acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in any of the following:</p> <ol style="list-style-type: none"> <li>1. Serious jeopardy to the health of a patient;</li> <li>2. Serious impairment of any bodily functions;</li> <li>3. Serious dysfunction of any bodily organ or part.</li> <li>4. With respect to a pregnant woman:             <ol style="list-style-type: none"> <li>a. That there is inadequate time to effect safe transfer to another hospital prior to delivery.</li> <li>b. That a transfer may pose a threat to the health and safety of the patient or fetus.</li> <li>c. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.</li> </ol> </li> </ol>
Emergency Services and Care	Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of the hospital.
Medically Necessary Care	Medical treatment that is necessary to treat an Emergency Medical Condition. Medically necessary care for the purposes of this policy does not include Elective or cosmetic procedures.
Medically Necessary Admission	A hospital admission that is for the treatment of an Emergency Medical Condition.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Family Household. The Family Household Size shall be used in the determination of the Family Income of the patient.
Family Household Size	<p>Household size that consists of the patient and, at a minimum, the following individuals:</p> <ol style="list-style-type: none"> <li>1. a spouse regardless of whether the patient and spouse expect to file a joint Federal or State tax return;</li> <li>2. Biological children, adopted children or step-children; and</li> <li>3. Anyone for whom the patient claims a personal exemption in a Federal or State tax return.</li> </ol> <p>For a patient who is a child, the household size shall consist of the following individuals:</p> <ol style="list-style-type: none"> <li>1. Biological parents, adopted parents, step-parents or guardians;</li> <li>2. Biological siblings, adopted siblings, or step-siblings; and</li> <li>3. Anyone for whom the patient's parents or guardians claim a personal exemption in a Federal or State tax return.</li> </ol>
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation; Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports; Explanation of Benefits to support Medical Debt.

	Johns Hopkins Medicine <b>Financial Assistance Policies Manual          General</b>	<i>Policy Number</i>	PFS035
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Qualified Health Plan	Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, co-payments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.
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## **V. REFERENCE**

### **JHHS Finance Policies and Procedures Manual**

- Policy No. PFS120 - Signature Authority: Patient Financial Services
- Policy No. PFS034 - Installment Payments
- Policy No. PFS046 - Self-pay Collections

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq

Maryland Code Health General 19-214, et seq

Federal Poverty Guidelines (Updated annually) in the Federal Register

## **VI. SPONSOR**

- VP Revenue Cycle Management (JHHS)
- Director, PFS Operations (JHHS)

## **VII. REVIEW CYCLE**

Two (2) years

## **VIII. APPROVAL**

### Revision History:

- 3/19/21 - Added Health Advocacy Unit contact information,
- 5/15/23 - Updated the title and link to the Health Education and Advocacy Unit. Removed the 'Maryland Insurance Administration' language.

<b>Electronic Signature(s)</b>	<b>Date</b>
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# Appendix A: SIBLEY MEMORIAL HOSPITAL (ONLY) FINANCIAL ASSISTANCE PROVISIONS SPECIFIC TO DC REGULATIONS

## APPENDIX A

### SIBLEY MEMORIAL HOSPITAL (ONLY)

#### FINANCIAL ASSISTANCE PROVISIONS SPECIFIC TO DC REGULATIONS

##### **PURPOSE:**

The purpose of this APPENDIX is to state the additional provisions which are applicable to Sibley Memorial Hospital for compliance with the District of Columbia's uncompensated care requirements as described in Title 22, Chapter 44 of the DC Municipal Regulations. For those patients that do not meet the eligibility criteria for Uncompensated Care, Sibley Memorial Hospital (SMH) will provide financial assistance through the application of sliding scale adjustments to total charges pursuant to Policy PFS035.

##### **POLICY:**

SMH will put forth a good faith effort to provide uncompensated services at the annual compliance level required by section 4404 of Chapter 44 of the District of Columbia Municipal Regulations, Title 22 "Provision of Uncompensated Care."

In no event will SMH deny emergency services to any person on the basis that the person is unable to pay for services. SMH may discharge a person who has received emergency services or may transfer the person to another facility when, in the reasonable judgment of appropriate medical personnel, such action is clinically appropriate and in the best interest of the patient and the hospital.

SMH will provide Uncompensated Care pursuant to Section 4400.2 of Chapter 44 of the District of Columbia Municipal Regulations, Title 22, "Provision of Uncompensated Care," to eligible persons. The uncompensated care to be provided shall be based upon these rules or contractual obligations between Sibley and the District of Columbia Government, whichever standard provides the higher dollar value

Uncompensated Care is defined in the law governing certificate of needs (DC Code 44-401 in the definitions section). The law defines Uncompensated Care as the cost of health care services rendered to patients for which the health care facility does not receive payment. The term "Uncompensated Care" includes bad debt and charity care, but does not include contractual allowances.

Bad debt means an account receivable based on physician and hospital medical services furnished to any patient for which payment is expected, but is regarded as uncollectible, following reasonable collection efforts; and not the obligation of any federal, state, or local governmental unit. The term bad debt does not include charity care.

Charity Care means the physician and hospital medical services provided to persons who are unable to pay for the cost of services, especially those persons who are low- income, uninsured and underinsured, but excluding those services determined to be caused by, or categorized as, bad debt.

##### **UNCOMPENSATED CARE ELIGIBILITY CRITERIA**

A person is eligible for uncompensated care if the person is unable to pay for health services and satisfies the following requirements:

1. Is not covered, or receives services that are not covered, under a third party insurer or governmental program;

2. Has an annual individual or family income that is not greater than 200% of the Federal Poverty Level (FPL); and
3. Requests services.

Financial eligibility for Uncompensated Care shall be calculated by either of the following methods:

1. Multiplying by four (4) the person's individual or family income, as applicable, for the three (3) months preceding the Request for Uncompensated Care; or
2. Using the person's or family's actual income, as applicable, for the twelve (12) months preceding the Request for Uncompensated Care.

### **AMOUNTS GENERALLY BILLED**

The amounts generally billed to individuals with insurance "AGB" will be calculated using the "look-back method" which is defined as all claims for emergency and other medically necessary care that have been paid in full to the hospital by Medicare and all private health insurers together as the primary payers of these claims, in each case taking into account amounts paid to the hospital in the form of coinsurance or deductibles. SMH will calculate the AGB percentage(s) at least annually by reviewing all claims paid in full during a preceding 12 month period. Once determined, the AGB percentage(s) will be implemented no later than 45 days after the end of a 12 month period.

Individuals eligible for financial assistance will not be expected to pay more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

### **UNCOMPENSATED CARE ANNUAL REQUIREMENT**

For the purpose of this policy and APPENDIX, at SMH Uncompensated Care to be provided shall be calculated as follows:

Annual compliance level:

1. An amount not less than three (3%) percent of SMH's annual operating expense, less the amount of reimbursements it receives from Titles XVIII and XIX of the Social Security Act (Medicaid and Medicare), without regard for contractual allowances. In addition, SMH shall comply with any uncompensated care obligations required pursuant to the Act in a previous CON.
2. If in any fiscal year SMH fails to meet its annual uncompensated care obligation, then it shall endeavor to provide uncompensated care in an amount sufficient to make up the deficit in a subsequent year or years, pursuant to a compliance plan approved by the State Health and Planning Development Agency (hereafter SHPDA) but not later than three (3) years after the year in which the deficit occurred.
3. If SMH provides uncompensated care during a fiscal year in an amount exceeding its annual compliance level, SMH may request that the Director apply the excess amount as a credit towards an existing deficit or its annual compliance level for any subsequent fiscal year. To be eligible for a credit, the excess dollar value above the annual compliance level must have been provided pursuant to the requirements of this chapter.

### **WRITTEN DETERMINATION OF ELIGIBILITY FOR UNCOMPENSATED CARE**

1. SMH will give written notice of its determination of eligibility for Uncompensated Care in response to each request for Uncompensated Care to the person requesting care. Notice shall be given in person at the time Uncompensated Care is requested or by regular mail to the address the person requesting service provided. If the person is not available to receive notice in person and has not provided an address, SMH may post at its facility, in a conspicuous place, a notice that the person's eligibility status is available in the administrative office of Sibley.
  1. The Senior Vice President/ Chief Financial Officer is responsible for implementing this policy. He/she shall prepare an allocation plan that meets the requirements of the regulations and monitor its implementation. The Senior Vice President/ Chief Financial Officer will prepare a report to the SHPDA within 120 days after close of each fiscal year. Documents that support Sibley's determination shall be made available to the public and reported to SHPDA. Such documents shall be maintained by the Senior Vice President/ Chief Financial Officer for a period of five (5) years

- from the date of the last entry for a particular fiscal year. The President and the Treasurer of the Board shall be kept informed on a periodic basis of Sibley's compliance with the policy.
2. If an application is submitted prior to the provision of service, SMH shall make an eligibility determination for Uncompensated Care within five (5) business days of a complete request for an outpatient service or before discharge for an inpatient service. If the application is submitted after an outpatient services is rendered by the SMH or after the discharge of an inpatient, SMH shall make eligibility determination before the completion of the next billing cycle. Normally, the notice of determination will be made within 5 days of the next scheduled meeting of the Community Assistance Committee. SMH may issue a conditional eligibility determination. Such determination shall state the conditions that the person requesting uncompensated care must satisfy to be eligible.
  3. Each written determination of eligibility for Uncompensated Care shall be made promptly to the applicant. Each determination of eligibility for Uncompensated Care shall include the following statements:
    1. That SMH will, will with conditions, or will not provide Uncompensated Care;
    2. That there will be no charge for Uncompensated Care;
    3. The date on which the person requested care;
    4. The date on which the determination was made;
    5. The annual individual or family income, as applicable, and family size of the person who requested Uncompensated Care;
    6. The date on which services were, or will be, provided; and
    7. The reason for denial, if applicable.

**PUBLISHED NOTICE OF UNCOMPENSATED CARE OBLIGATION:**

Before the beginning of its fiscal year, SMH will publish a notice of availability of its uncompensated care obligation in a newspaper of general circulation in the District of Columbia. Sibley will also submit a copy of such notice to SHPDA. The Senior Vice President/ Chief Financial Officer is responsible for the publishing and submission of this notice. The notice shall include:

1. The dollar value of uncompensated care that SMH intends to make available during the fiscal year or a statement that SMH will provide uncompensated care to all persons unable to pay for treatment who request uncompensated care;
2. An explanation of the difference between the amount of uncompensated care SMH proposes to make available and the annual compliance level for Sibley, if any; and
3. A statement indicating whether SMH has satisfied all outstanding uncompensated care obligations from previous reporting periods, or a statement indicating that it will, during a specific period, satisfy any outstanding obligation.

**POSTED NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE:**

A notice announcing the availability of uncompensated care shall also be posted in plain view in the patient registration sites, Admissions Department, the Business Office and the Emergency Department. SMH shall post the following notice:

1. "Under District of Columbia law, this health care provider must make its services available to all people in the community. This health care provider is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source income, or place of residence or business, or because a person is covered by a program such as Medicare or Medicaid."
2. "This health care provider is also required to provide a reasonable volume of services without charge or at a reduced charge to persons unable to pay. Ask the staff if you are eligible to receive services either without charge or at a reduced charge. If you believe that you have been denied services or consideration for treatment without charge or at a reduced

charge without good reason, contact the Admissions or Business Office of this health care provider, and call the State Health Planning and Development Agency through the Citywide Call Center at 202-727-1000.”

3. “If you want to file a complaint, forms are available from the State Health Planning and Development Agency.”

This notice shall also include a summary of Sibley’s eligibility criteria for uncompensated care. Such notice shall be published in English and Spanish and in any other language which is the usual language of households of ten (10%) percent or more of the populations of the District of Columbia, according to the most recent figures as published by the Bureau of Census. Sibley shall communicate the contents of the posted notice to any person who Sibley has reason to believe cannot read the notice.

#### **WRITTEN NOTICE OF AVAILABILITY OF UNCOMPENSATED CARE:**

In any period during a fiscal year in which uncompensated care is available at SMH, SMH shall provide written notice of the availability of the services to each person who seeks services from the hospital on behalf of himself or herself or on behalf of another. SMH will provide this written notice before providing services, except where the emergency nature of services makes prior notice impractical. In emergency situations, SMH shall provide the written notice to the patient as soon as practical, or to the next of kin. Such notice shall be given not later than when presenting the first bill of services. This individual written notice shall provide the following:

1. “Under the District of Columbia law, this health care provider must make its services available to all people in the community. This health care provider is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source of income, or place of residence or business, or because a person is covered by a program such as Medicare or Medicaid.”
2. “This health care provider is also required to provide a reasonable volume of services without charge or at a reduced charge to persons unable to pay. Ask the staff if you are eligible to receive services either without charge or at a reduced charge. If you believe that you have been denied services or consideration for treatment without charge or at a reduced charge without a good reason, contact the Admissions or Business Office of this health care provider, and call the State Health Planning and Development Agency through the Citywide Call Center at 202-727-1000.”
3. “If you want to file a complaint, forms are available from the State Health Planning and Development Agency.”

This notice shall also include a summary of Sibley’s eligibility criteria for uncompensated care, the location of the office where any person seeking uncompensated care may request uncompensated care, and state that Sibley shall make a written determination regarding whether or not the person will receive uncompensated care and the date by, or period within which, the determination will be made.

#### **DEFINITION OF SMH'S COMMUNITY:**

SMH makes its services, including services required under the District of Columbia statutory uncompensated care requirements “to all persons in the community.” This community extends to those persons living or working in the hospital’s service area or requiring emergency services while otherwise visiting within the service area. Specifically excluded from the Community Assistance Program are those persons requesting elective services who clearly reside outside of the hospital’s service area. The hospital’s service area encompasses the District of Columbia and most of Maryland and Virginia, with limited services provided to residents of West Virginia, Delaware and Pennsylvania. The hospital may request the applicant to provide documentation demonstrating compliance with the hospital’s definition of community.

#### **REFERENCE:**

DC Municipal Regulations Title 22 Sections 4404,4405, and 4406

FINANCE



**JOHNS HOPKINS**  
M E D I C I N E

**Johns Hopkins Medicine  
Financial Assistance Application**

**Please complete the attached forms and return them along with the documentation as indicated below.**

**Forms to include:**

Financial Assistance Application (attached)

**Documentation to include:**

1. Copy of last year's tax returns. (If married and filed separately, please provide copies of both returns).
2. Copy of your last three (3) pay stubs, letter from employer or proof of unemployment status.
1. Copy of social security award letter (if applicable)
2. Copy of the determination letter from Medical Assistance or Social Security.
3. Proof of monthly living expenses as recorded on your application such as copies of phone bills, BG&E bills, or rent/mortgage payments.
4. Copies of unpaid medical expenses.
5. Copy of all medical insurance cards.
6. Proof of residence such as an identification card, driver's license, birth certificate or lawful permanent residence status (green card).

**PLEASE MAIL INFORMATION TO:  
3910 KESWICK ROAD, SUITE S-5100  
ATTN: FINANCIAL ASSISTANCE LIASON  
BALTIMORE, MD 21211**



	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 Benefits	_____
Farm or Self Employment	_____
Other Income Source	_____
Total	_____

<i>II. Liquid Assets</i>	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*

Rent or Mortgage	Amount	_____
Utilities		_____
Car payment(s)		_____
Credit Card(s)		_____
Car Insurance		_____
Health Insurance		_____
Other Medical Expenses		_____
Other Expenses		_____

Do you have any other unpaid medical bills?      YES      NO

For what service? \_\_\_\_\_

If you have arranged a payment plan? What are the monthly payments? \_\_\_\_\_

**For Medical Financial Hardship Assistance Eligibility:**

Family Income for twelve (12) calendar months preceding date of this application: \_\_\_\_\_

Medical Debt incurred at Johns Hopkins (not including co-insurance, co-payments, or deductibles) for the twelve (12) calendar months preceding the date of this application:

Date of Service	Amount owed
_____	_____
_____	_____
_____	_____
_____	_____

**For Presumptive Financial Assistance Eligibility:**

- |   |                    |
|---|--------------------|
| 1. What is the patient's age?   | _____              |
| 2. Is patient pregnant?   | Yes or No          |
| 3. Does patient have children under 21 years of age living at home?   | Yes or No          |
| 4. Is patient blind or is patient potentially disabled for 12 months or more from gainful employment?   | Yes or No          |
| 5. Is patient currently receiving SSI or SSDI benefits?   | Yes or No          |
| 6. Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the follow amounts?                                 | Yes or No          |
| <b>Family Size:</b>   |                    |
| Individual:   | \$2,500.00         |
| Two people:   | \$3,000.00         |
| For each additional family member, add \$100.00   |                    |
| (Example: For a family of four, if you have total liquid assets of less than \$3,200.00, you would answer, YES.)  |                    |
| 7. Is patient a resident of the State of Maryland?<br>If not a Maryland resident, in what state does patient reside?  | Yes or No<br>_____ |
| 8. Is patient homeless?   | Yes or No          |
| 9. Does patient participate in WIC?   | Yes or No          |
| 10. Does household have children in the free or reduced lunch program?  | Yes or No          |
| 11. Does household participate in low-income energy assistance program?   | Yes or No          |
| 12. Does patient receive SNAP/Food Stamps?  | Yes or No          |
| 13. Is the patient enrolled in Healthy Howard, Chase Brexton?   | Yes or No          |
| 14. Was patient referred to SH by Catholic Charities, Mobile Med, Montg Co Cancer Crusade, Primary Care Coalition, Montgomery Cares, Project Access, or Proyecto Salud? | Yes or No          |
| 15. Does patient currently have:  |                    |
| Medical Assistance Pharmacy Only  | Yes or No          |
| QMB/SMLB  | Yes or No          |
| 16. Is patient employed?<br>If no, date became unemployed.  | Yes or No          |
| Eligible for COBRA health insurance coverage?   | Yes or No          |

All documentation submitted becomes part of this application.

If you request that you be extended additional financial assistance, JHM 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 JHM of any changes to the information provided within ten days of the change. All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

## Appendix C: JOHNS HOPKINS ALL CHILDREN'S HOSPITAL FINANCIAL ASSISTANCE PROVISIONS

### I. PURPOSE

The purpose of this APPENDIX is to state the additional provisions which are applicable to Johns Hopkins All Children's Hospital Pediatric Physician Services, Inc., and West Coast Neonatology, Inc.

### II. SCOPE

This policy further applies to all locations operating under the license of the participating organizations outlined in Appendix B. All entities are further referred to as "Provider Healthcare System" and includes all hospital facilities and regional outpatient centers. A listing of all providers, in addition to the Hospital itself, delivering emergency or other medically necessary care at the Hospital that specifies which providers are covered by this policy and which are not covered, is updated quarterly on our website <https://www.hopkinsallchildrens.org/Patients-Families/Patient-Financial-Information/Payment-Plans-and-Financial-Assistance/Financial-Assistance-Provider-Listing>

### III. POLICY STATEMENT

1. a. Commitment to Provide Financial Assistance: Provider Healthcare System is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. A Provider Healthcare System Financial Counselor, designated business office representative, or committee with authority to offer financial assistance will review each individual case and make a determination of financial assistance that may be offered in accordance with this policy.
- b. Commitment to Provide Emergency Medical Care: Provider Healthcare System provides, without discrimination, care for emergency medical conditions to individuals regardless of whether they are eligible for assistance under this policy. Provider Healthcare System will not engage in actions that discourage individuals from seeking emergency medical care, such as by demanding that emergency department patients pay before receiving treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of emergency medical care. Emergency medical services, including emergency transfers, pursuant to EMTALA, are provided to all Provider Healthcare System patients in a non-discriminatory manner, pursuant to Provider Healthcare System EMTALA policy.

### IV. PROCEDURE

1. A. **Eligibility for Financial Assistance:**
  1. The following healthcare services at Johns Hopkins All Children's Hospital are ineligible for financial assistance:
    - a. Non-essential, not medically necessary or elective services such as cosmetic surgery, cosmetic dentistry, private rooms and convenience items;
      - a. The admitting physician and/or the physician advisor appointed by Provider Healthcare System will be consulted when questions arise as to whether a service is "elective" or "medically necessary."
    - b. Services provided to patients registered as Elective Self Pay patients;

- c. Certain elective services, designated by each clinical department, for which no Financial Assistance will be given.
      - d. Non-emergency services that can be covered by Medicare, Medicaid or other third-party payers when these services can be provided by an in-network facility or provider as required by a patient's insurance.
- B. Financial Assistance Available at Johns Hopkins All Children's Hospital**
  1. Services eligible under this Policy will be made available to the patient in accordance with financial need as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Patients whose household family do not own Liquid Assets in excess of \$10,000 and is at:
    - a. 200% or below of the FPL are eligible to receive care discounted at 100% of gross charges.
    - b. 201% and 300% of the FPL are eligible to receive care discounted at 85% of gross charges.
    - c. 301% and 400% of the FPL are eligible to receive care discounted at 70% of gross charges.
- C. Amounts Generally Billed at Johns Hopkins All Children's Hospital**
  1. Once a patient has been determined by Provider Healthcare System to be eligible for financial assistance, that patient shall not be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary care provided to individuals with insurance covering that care as required by federal law.
  2. The AGB is determined using the "look-back method" at the Provider Healthcare System.
  3. The AGB calculation is as follows:
    - a. The AGB is calculated by reviewing all past claims paid in full to Provider Healthcare System for emergency and medically necessary care by Medicare fee-for-service and all private health insurers, including co-insurance, copayments, and deductibles, during a specified twelve month period.
    - b. The AGB for emergency and medically necessary care provided to a financial assistance eligible individual is determined by multiplying gross charges for that care by one or more AGB percentages.
    - c. AGB percentages are calculated annually for each Provider Healthcare System entity by dividing the sum of certain claims paid by Medicare fee-for-service and private insurers by the associated gross charges for those claims.
  4. AGB percentages are applied by the 120th day after the end of the 12-month calendar year period the hospital facility used in calculating the AGB percentages.
  5. Provider Healthcare System does not bill or expect payment of gross charges from individuals who qualify for financial assistance under this policy.
- D. Financial Assistance Denial Recourse:**
  1. If the financial assistance application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor or designee will forward any application where reconsideration was requested to the Financial Assistance Evaluation Committee for final evaluation and decision.
- E. Communication of the Financial Assistance Plan to Patients Within the Johns Hopkins All Children's Hospital Community:**
  1. Notification about financial assistance available from Provider Healthcare System, which shall include a contact number and website address, shall be disseminated by Provider Healthcare System by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at care centers, admitting and registration departments, hospital business offices, Provider Healthcare System may elect. A summary of Provider Healthcare System's Financial Assistance Policy will be provided to patients upon intake or discharge and will be available to all patients upon request. Provider Healthcare System also shall publish and widely publicize a summary of this financial assistance care policy on facility websites, in brochures available in patient access sites and at other places within the community served by the hospital/providers as Provider Healthcare System may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Provider Healthcare System.
  2. Notification of all Provider Healthcare System providers of emergency and medically necessary care, which shall include a determination about whether or not the financial assistance policy applies to the eligible provided services, shall be disseminated by Provider Healthcare System by various means, which shall include, but are not limited to, its publication on facility websites and included within this policy.
- F. Relationship to Collection Policies:**

1. Information regarding the actions that Provider Healthcare System may take in the event of nonpayment is in a separate Self-Pay Collection Policy (PFS046) . Members of the public may obtain a free copy of this separate policy from Provider Healthcare System
2. The Self-Pay Collection Policy (PFS046) sets forth policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action). The policy considers the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from Provider Healthcare System, and a patient's good faith effort to comply with his or her payment agreements with Provider Healthcare System. For patients who qualify for financial assistance and who are cooperating in good faith to resolve their medical bills, Provider Healthcare System may offer extended payment plans which may be managed and monitored by outside collection agencies.

#### V. PROVIDER HEALTHCARE SYSTEM INFORMATION

Website:

[www.hopkinsallchildrens.org/](http://www.hopkinsallchildrens.org/)

<https://www.hopkinsallchildrens.org/Patients-Families/Patient-Financial-Information/Payment-Plans-and-Financial-Assistance>

#### VI. SUPPORTIVE INFORMATION

Related Documents:

- Policy No. RC008 - Request for Hospital Service Charges
- Policy No. RC007 - Reimbursement for Patient Care
- Policy No. FIN008 - Emergency Medical Care
- Policy No. PTCRE014 - Emergency Medical Treatment and Labor Act (EMTALA) & Patient Evaluation Treatment or Transfer to Other Hospitals
- Policy No. SUPSR014 - Signage, Flyers, Banners and Works of Art (SUPSR014)

Ownership:

- Finance at Johns Hopkins All Children's Hospital  
Subject Matter Expert's Title/Position (if applicable):

- Chief Financial Officer, JHACH
- Senior Director, Revenue Cycle, JHACH

## Appendix D: JOHNS HOPKINS CARE AT HOME FINANCIAL ASSISTANCE POLICY PROVISIONS

### I. PURPOSE

The purpose of this APPENDIX is to state the additional provisions and clarifications pertaining to the application of Policy No. PFS035 by Johns Hopkins Care at Home (JHCH), which includes Johns Hopkins Home Care Group and its three operating subsidiaries: Johns Hopkins Pediatrics at Home, Inc., Johns Hopkins Pharmaquip, Inc., Johns Hopkins Home Health Services, Inc., and Potomac Home Health Care. This policy also applies to the Johns Hopkins Community Pharmacies, as appropriate.

### II. METHOD BY WHICH PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE

- a. Patients who have already qualified for Financial Assistance at one of the providers under Policy No. PFS035 are not required to re-apply and are deemed eligible. In these cases, the providers named above should not send an application to patient. All financial documents for JHM Financial Assistance are stored in Epic's Financial Assistance module.
- b. Patients who have not already qualified for Financial Assistance at one of the providers under this policy must complete the Johns Hopkins Medicine (JHM) Financial Assistance application in Appendix E, which contains a different mailing address specific to providers associated with JHCH. A hard copy can be mailed upon request by calling 410-288-8951 (DME) and 410-288-8024 (Infusion). This contact information is also included on the patient's billing statement.
- c. For patients who have not already qualified for Financial Assistance at one of the providers under this policy, an evaluation can be initiated in several ways:
  - i. A patient with a self-pay balance due notifies the self-pay collector that he/she cannot afford to pay the bill and requests assistance.
  - ii. A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
  - iii. A physician or other clinician refers a patient for financial evaluation for potential admission.

### III. Determination of Eligibility for Financial Assistance

- a. A determination of probable eligibility (step one) will not be completed. JHCH will immediately begin the full determination process (step two), whereby applications will be reviewed for completeness within five (5) business days of receipt. Incomplete applications will be returned to the patient or his/her representative for missing documentation.
- b. A "Notice of Financial Assistance Determination," indicating final approval/disapproval, will be communicated and sent via written notice to the patient/guarantor within thirty (30) business days of receiving the completed application. A copy of the notice will also be sent via email to the appropriate Discharge Planning and Intake points of contact.

- c. As per Section D.1.2(i) of Policy No. PFS035, once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. JHCH staff will indicate the start month and expiring month on approved Financial Assistance applications (originating from JHCH) and in system patient profiles.
- IV. Transitional Support from Referring Affiliates
- a. For **patients referred for home care services by another JHM affiliate**, JHCH requires Care Management/Social Work from the referring affiliate to sponsor a minimum of three months of care expenses from the start date of care. This is facilitated with a Letter of Agreement (LOA) between JHCH and the referring affiliate.
  - b. If the patient is approved for financial assistance through JHM application process:
    - i. JHCH will execute an LOA with Care Management/Social Work of the referring affiliate to sponsor a *minimum of three months of care expenses* from the start date of care.
    - ii. Upon expiration of the LOA:
      1. If the patient has obtained state Medical Assistance, the referring entity will not be billed from the effective date of coverage; rather, the appropriate provider/subsidiary of JHCH would bill Medical Assistance.
      2. If the patient has not obtained state Medical Assistance, JHCH will provide Financial Assistance in accordance with policy from that point forward.
  - c. If the patient does not qualify for financial assistance through JHM application process, JHCH will execute an LOA with Care Management/Social Work of the referring affiliate LOA for the *entire period of care*.

V. REFERENCE

- Policy No. PFS120 - Signature Authority: Patient Accounts
- Policy No. HCGFIN002 - Reimbursement Department Write-Off Signature Authority

FINANCE



**JOHNS HOPKINS**  
M E D I C I N E

**Johns Hopkins Medicine  
Financial Assistance Application**

**Please complete the attached forms and return them along with the documentation as indicated below.**

**Forms to include:**

Financial Assistance Application (attached)

**Documentation to include:**

1. Copy of last year's tax returns. (If married and filed separately, please provide copies of both returns).
2. Copy of your last three (3) pay stubs, letter from employer or proof of unemployment status.
1. Copy of social security award letter (if applicable)
2. Copy of the determination letter from Medical Assistance or Social Security.
3. Proof of monthly living expenses as recorded on your application such as copies of phone bills, BG&E bills, or rent/mortgage payments.
4. Copies of unpaid medical expenses.
5. Copy of all medical insurance cards.
6. Proof of residence such as an identification card, driver's license, birth certificate or lawful permanent residence status (green card).

**PLEASE MAIL INFORMATION TO:  
ATTN: REIMBURSEMENT  
DEPARTMENT  
5901-A HOLABIRD AVENUE  
BALTIMORE, MD 21224**



## Financial Assistance Application

### *Information About You*

Name: \_\_\_\_\_  
First
Middle
Last

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: Single Married Separated

US Citizen            YES    NO            Permanent Resident:    YES    NO

Home Address: \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  
City
State
Zip
Country

Employer Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 Work Address: \_\_\_\_\_  
 \_\_\_\_\_  
City
State
Zip

### Household Members:

		<b>SELF</b>
_____	Age	Relationship

Have you applied for Medical Assistance            YES    NO  
 If yes, what was the date you applied? \_\_\_\_\_  
 If yes, what was the determination? \_\_\_\_\_

Do you receive any type of state or county assistance?            YES    NO

### *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 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 Benefits	_____
Farm or Self Employment	_____
Other Income Source	_____
Total	_____

<i>II. Liquid Assets</i>	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*

Rent or Mortgage	Amount	_____
Utilities		_____
Car payment(s)		_____
Credit Card(s)		_____
Car Insurance		_____
Health Insurance		_____
Other Medical Expenses		_____
Other Expenses		_____

Do you have any other unpaid medical bills?      YES      NO  
 For what service? \_\_\_\_\_  
 If you have arranged a payment plan? What are the monthly payments? \_\_\_\_\_

**For Medical Financial Hardship Assistance Eligibility:**  
 Family Income for twelve (12) calendar months preceding date of this application: \_\_\_\_\_

Medical Debt incurred at Johns Hopkins (not including co-insurance, co-payments, or deductibles) for the twelve (12) calendar months preceding the date of this application:

Date of Service	Amount owed
_____	_____
_____	_____
_____	_____
_____	_____

**For Presumptive Financial Assistance Eligibility:**

- |   |           |
|---|-----------|
| 1. What is the patient's age?   | _____     |
| 2. Is patient pregnant?   | Yes or No |
| 3. Does patient have children under 21 years of age living at home?   | Yes or No |
| 4. Is patient blind or is patient potentially disabled for 12 months or more from gainful employment?                                   | Yes or No |
| 5. Is patient currently receiving SSI or SSDI benefits?   | Yes or No |
| 6. Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the follow amounts? | Yes or No |

**Family Size:**

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

(Example: For a family of four, if you have total liquid assets of less than \$3,200.00, you would answer, YES.)

- |   |                    |
|---|--------------------|
| 7. Is patient a resident of the State of Maryland?<br>If not a Maryland resident, in what state does patient reside?  | Yes or No<br>_____ |
| 8. Is patient homeless?   | Yes or No          |
| 9. Does patient participate in WIC?   | Yes or No          |
| 10. Does household have children in the free or reduced lunch program?  | Yes or No          |
| 11. Does household participate in low-income energy assistance program?   | Yes or No          |
| 12. Does patient receive SNAP/Food Stamps?  | Yes or No          |
| 13. Is the patient enrolled in Healthy Howard, Chase Brexton?   | Yes or No          |
| 14. Was patient referred to SH by Catholic Charities, Mobile Med, Montg Co Cancer Crusade, Primary Care Coalition, Montgomery Cares, Project Access, or Proyecto Salud? | Yes or No          |
| 15. Does patient currently have:<br>Medical Assistance Pharmacy Only  | Yes or No          |
| QMB/SMLB  | Yes or No          |
| 16. Is patient employed?<br>If no, date became unemployed.  | Yes or No          |
| Eligible for COBRA health insurance coverage?   | Yes or No          |

All documentation submitted becomes part of this application.

If you request that you be extended additional financial assistance, JHM 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 JHM of any changes to the information provided within ten days of the change. All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient