

**Suburban Hospital
Fiscal Year 2014
Community Benefits Report**



JOHNS HOPKINS
M E D I C I N E

December 15, 2014

JOHNS HOPKINS HEALTH SYSTEM
FISCAL YEAR 2014 COMMUNITY BENEFIT REPORT NARRATIVE

SUBURBAN HOSPITAL

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I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

HOSPITAL INFORMATION:

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The Hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the Hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. Every year, more than 40,000 patients are treated at Suburban Hospital’s busy Emergency/Shock Trauma Center.

The Hospital’s major services include a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; The NIH Heart Center at Suburban Hospital, providing cardiac surgery, elective and emergency angioplasty as well as inpatient diagnostic and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designation as a Primary Stroke Center and a 24/7 stroke team; and senior care programs. In addition, Suburban Hospital provides services including the NIH-Suburban MRI Center; a center for sleep disorders; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call). Suburban Hospital is the only hospital in Montgomery County to achieve the Gold Seal of Approval™ by The Joint Commission for its joint replacement program.

1. Primary Service Area.

The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital’s inpatient discharges originated during the most recent 12 month period where the discharges from each zip code are ordered from largest to smallest number of discharges. This information was provided by the Health Services Cost Review Commission (HSCRC).

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
236	13,209	20852, 20814, 20854, 20817, 20815, 20850, 20906,	Holy Cross Hospital, Shady Grove Adventist Hospital, Washington Adventist Hospital, Medstar	11.9% in Montgomery County ¹	11.7% in Montgomery County ²

¹ www.healthymontgomery.org,

² www.healthymontgomery.org

		20895, 20902, 20878	Montgomery, Sibley Memorial Hospital.		
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Suburban Hospital’s Primary Service Area (PSA) extends across southern Montgomery County from Rockville to Bethesda and includes Kensington, Chevy Chase, Potomac, Silver Spring and Gaithersburg.

2. Community Benefit Service Area.

a. Description of Community Benefit Service Area.

Suburban Hospital considers its Community Benefit Service Area (CBSA) as specific populations or communities of need to which the Hospital allocates resources through its community benefits plan and does not limit its community services to the primary service area. To determine the Hospital’s CBSA, data from Inpatient Records, Emergency Department (ED) Visits, and Community Health Improvement Initiatives and Wellness Activities were aggregated and defined by the geographic area contained within the following sixteen zip codes: 20814, 20817, 20852, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, 20851, 20877 and 20874. Additional zip codes (20877-Gaithersburg and 20874-Germantown) were identified and included in the Hospital’s CBSA due to an increase in patient and charity care cases and community health and wellness activities originating from those specific zip codes.

Within the CBSA, Suburban Hospital focuses on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors and at-risk youth. Although some of the zip codes selected for Suburban Hospital’s CBSA are not immediately adjacent to Suburban Hospital, the Hospital does treat 32.3% of patients from the Silver Spring, Gaithersburg and Germantown areas (20902, 20906, 20910; 20878, and 20874 respectively). Furthermore, Suburban Hospital substantially supports safety net clinics and free health prevention and chronic disease programs in those designated areas.

In addition to the Primary and Community Benefit Service areas, the Hospital provides both in-kind and financial contributions to expand awareness of cardiovascular diseases and chronic disease management to neighboring counties including Prince George’s, Calvert and St. Mary’s, which represent more racially and ethnically diverse and rural communities than the primary service area.

- **Geographic boundary** (city, zip codes, or county)
 - Charity care/bad debt: Of all hospital visits at Suburban, approximately \$4,501,321 supported services in charity care and \$9,913,144 was allocated to bad debt during FY14. Within the CBSA zip codes, 1,809 patients’ accounts had charity adjustments of \$1,979,050.11.
 - ED patient origin: The CBSA area accounted for 31,852 visits to Suburban Hospital, representing 73.3% of all FY14 ED visits.
 - Medically underserved: Suburban Hospital financially supports three Montgomery Cares safety net clinics to expand access to primary care services within the hospital’s CBSA identified zip codes: Holy Cross Hospital Health Center in Gaithersburg (20877),

MobileMed (20814, 20817, 20854, 20852, and 20874) and *Clinica Proyecto Salud* (20902).

- Ethnic minorities: The CBSA includes a population which is 49.8% White, non-Hispanic; 13.6%, Black non-Hispanic; 18.45 Hispanic; 14.8% Asian and Pacific Islander non-Hispanic; 3.3% All others.
- Health disparities: 5.01% of the population is uninsured within the hospital’s CBSA.
- **Outreach approach** (hospital’s principal function or specialty areas of focus, e.g., Burn Center)

Suburban Hospital’s health improvement and outreach approach connects hospital, community partners, local stakeholders and other resources with identified health needs. Building a healthy community goes beyond providing health care. Suburban Hospital not only aligns health priorities with the areas of greatest identified need, but also considers where the Hospital’s resources will generate the greatest impact. According to the CDC, heart disease continues to be the leading cause of death among African American/Black, white, non-Hispanic and Hispanics in the United States. In Montgomery County, the age-adjusted death rate due to coronary artery disease correlates to those in the United States with the African American/black population having a higher age-adjusted death rate due to heart disease of 161 compared to the overall rate of 127.5³ With that in mind, Suburban Hospital aligns its programs to reduce the gap in disparities within its CBSA. One example is through the Hospital’s funding of four HeartWell clinics in Suburban’s targeted CBSA. The goal of the clinics is to establish access to needed cardiovascular specialty care to vulnerable residents in the community. For the past eleven years, consistent health improvement initiatives such as HeartWell have provided thousands of seniors who have suffered heart attacks or advanced cardiovascular illness access to free cardiovascular health education, disease management, exercise, and nutrition classes. Under the care of four HeartWell nurses, individuals have the opportunity to visit four local senior centers throughout the county several days a week to receive ongoing follow-up care and support, thereby better managing their chronic disease and avoiding possible hospital re-admissions.

- **Target population** (uninsured, elderly, HIV, cardiovascular disease, diabetes)

While Suburban Hospital’s health improvement initiatives are targeted to the needs of various areas of our community, a Community Advisory Board and Visioning team was established in 1998. Composed of several public and private health officials along with other outside organization leaders, the team identified four specific target areas of need: 1.) A focus on health access of minority populations 2.) underserved seniors 3.) at-risk youth and 4.) management of chronic diseases including diabetes for the under/uninsured. Today, similar health priorities and areas of targeted focus serve as guiding principles for community health improvement. For instance, our area has a rapidly growing senior population; inside Suburban Hospital’s CBSA, 27.8% of the population is over the age of 55.⁴ In fact, Montgomery County has one of the longest life expectancy rates in the country (84.9 years) for women and (81.6 years) for men.⁵ As the community grows older, the need to care for the elderly in specific ways is expanding. For that reason the Hospital earned the NICHE (Nurses Improving Care for Health system Elders) designation from The Hartford Institute for Geriatric Nursing at New York University College of Nursing. NICHE is the only national geriatric initiative designed to improve the care of older hospitalized

³Maryland Assessment Tool for Community Healthy, 2008-2010, www.matchstats.org

⁴ 2014 Truven Health Analytics Inc.

⁵ Institute for Health Metrics Evaluation, www.healthmetricsandevaluation.org,2010

adults. With this prestigious designation, Suburban Hospital acknowledges the many distinct issues that older patients face, such as hearing and vision loss and gait and balance challenges, and has incorporated best practices in place to provide expert, patient-centered care for these individuals. Examples of this initiative include hospital-wide education programs to help sensitize staff to the specific needs of older adults, and environmental design changes to enhance function and comfort.

Additionally, the Community Health and Wellness Department conducts hundreds of community health improvement programs, screenings, classes, and seminars within the Hospital’s CBSA each year reaching populations from school age children to active seniors. Further detail of these partnerships and health initiatives are highlighted throughout the report.

b. Demographics.

In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person’s current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II provides significant demographic characteristics and social determinants that are relevant to the needs of the community. (See Appendices V and VI for maps and demographic information)

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	<p>Total population within the CBSA: 632,037⁶</p> <p><u>Sex:</u></p> <p>Male: 303,215/47.37%</p> <p>Female: 328,822/52.03%</p> <p><u>Race/Ethnicity:</u></p> <p>White, non-Hispanic: 314,807/49.8%</p> <p>Black, non-Hispanic: 85,921/13.6%</p> <p>Hispanic: 116,882/18.5%</p> <p>Asian and Pacific Islander non-Hispanic: 93,612/14.8%</p> <p>All others: 20,815/3.3%</p> <p><u>Age:</u></p>
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⁶ 2014 Truven Health Analytics Inc.

	<p>0-14: 118,708/18.8%</p> <p>15-17: 23,592/3.7%</p> <p>18-24: 48,663/7.7%</p> <p>25-34: 84,158/13.3%</p> <p>35-54: 181,321/28.7%</p> <p>55-64: 82,540/13.1%</p> <p>65+: 93,055/14.7%</p>
Median Household Income within the CBSA	Average household income within CBSA is \$135,230 compared to \$71,320 in the US. ⁷
Percentage of households with incomes below the federal poverty guidelines within the CBSA	In Montgomery County, 6.5% of households with incomes are below the federal poverty guidelines. ⁸
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlt/hins/data/acs/aff.html ; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	5.01% of the CBSA populations are uninsured. ⁹
Percentage of Medicaid recipients by County within the CBSA.	12.46% of the CBSA population are Medicaid recipients. ¹⁰
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	<p>The life expectancy is 84.1¹¹ years at birth in Montgomery County, which is higher than the life expectancy in Maryland (79.7)¹² and the projected National Baseline (78.7).¹³</p> <p>Compared with other counties in Maryland, Montgomery County has a higher life expectancy. Data for Suburban Hospital CBSA is not available at this time.</p> <p>The life expectancy in Montgomery County for White, non-Hispanic (84.2) individuals is higher than Black, non-Hispanic (81.9).¹⁴</p>

⁷ 2014 Truven Health Analytics Inc.

⁸ www.healthymontgomery.org

⁹ 2014 Truven Health Analytics Inc.

¹⁰ 2014 Truven Health Analytics Inc.

¹¹ Maryland DHMH Vital Statistics Annual Report, 2012, <http://dhmh.maryland.gov/vsa/Documents/12annual.pdf>

¹² Maryland DHMH Vital Statistics Annual Report, 2012, <http://dhmh.maryland.gov/vsa/Documents/12annual.pdf>

¹³ National Vital Statistics Report, Preliminary Data, 2011, <http://www.cdc.gov/nchs/fastats/deaths.htm>

<p>Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).</p>	<p>Within Montgomery County, the infant mortality rate for all Races is 4.7 per 1,000 live births; among Caucasians is 3.2 per 1,000 live births and among African Americans is 9.6 per 1,000 live births and among Hispanics is 2.6 per 1,000 live births.¹⁵</p> <p>Age-Adjusted Death Rate due to Heart Disease in Montgomery County is 119.7 deaths/100,000 population.¹⁶</p> <p>Age-Adjusted Death Rate due to Heart Disease by Race/Ethnicity in Montgomery County:¹⁷</p> <ul style="list-style-type: none"> – 145.3/100,000 Black – 125.5/100,000 White – 67.2/100,000 Hispanic – 72.7/100,000 Asian/Pacific Islander <p>Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) is 27.5 deaths/100,000 population.¹⁸</p> <p>Age-Adjusted Death Rate due to Cerebrovascular Disease by Race/Ethnicity in Montgomery County:¹⁹</p> <ul style="list-style-type: none"> – 31.2/100,000 Black – 25.8/100,000 White – 21.2/100,000 Hispanic – 25.2/100,000 Asian/Pacific Islander <p>Furthermore, the Age-Adjusted Death Rate due to Colorectal Cancer is 10.5 deaths/100,000 population.²⁰</p> <p>Age-Adjusted Death Rate due to Colorectal Cancer by Race/Ethnicity in Montgomery County:</p>
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¹⁴ Maryland DHMH Vital Statistics Annual Report, 2012, <http://dhhm.maryland.gov/vsa/Documents/12annual.pdf>

¹⁵ Maryland Vital Statistics, Infant Mortality in Maryland, 2013, <http://dhhm.maryland.gov/vsa/Documents/prelim13.pdf>

¹⁶ Maryland DHMH Vital Statistics Annual Report, 2012, <http://dhhm.maryland.gov/vsa/Documents/12annual.pdf>

¹⁷ Maryland State Improvement Process (SHIP), 2012, <http://dhhm.maryland.gov/ship/SitePages/Home.aspx>

¹⁸ Maryland DHMH Vital Statistics Annual Report, 2012, <http://dhhm.maryland.gov/vsa/Documents/12annual.pdf>

¹⁹ Montgomery County Department of Health and Human Services (Deaths: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration Annual Mortality Files; Population estimates: US Census and US Centers for Disease Control and Prevention, National Center for Health Statistics under a collaborative arrangement with the U.S. Census Bureau)

²⁰ National Cancer Institute, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

	<ul style="list-style-type: none"> – 9.4/100,00 White – 15.4/100,000 Black – 7.3/100,000 Hispanic – 11.7/100,000 Asian/Pacific Islander²¹ <p>Age-Adjusted Death Rate due to Prostate Cancer for men is 16.8 deaths/100,000 males²².</p> <p>Age-adjusted Death Rate due to Prostate Cancer by Race/Ethnicity in Montgomery County:</p> <ul style="list-style-type: none"> – 16.7/100,000 White – 29.3/100,000 Black – No data Asian/Pacific Islander – No data Hispanic¹⁸ <p>Within its CBSA, Suburban Hospital has several community initiatives and programs to prevent and decrease these four chronic disease rates.</p>
<p>Access to healthy food, quality of housing, and transportation within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources).</p>	<p>In Montgomery County, 1% of residents are low- income and do not live close to a grocery store which is below the 3% of residents in Maryland. 24% of children enrolled in public schools are eligible for free lunch compared to 33% of children in Maryland.²³</p> <p>Within the CBSA, there are several grocery stores, produce stands and farmers markets enabling residents to choose healthier food options. Most grocery stores along with several farmers markets, including the FRESHFARM Market in Silver Spring, MD 20910, accept food stamps in Montgomery County.²⁴</p> <p>As of June 2014, 72,519 Montgomery County Residents were part of the Food Supplement Program which provides assistance to help low-income families buy food and eat healthy, a 4.5% increase from June 2013 at 69,378.²⁵</p>

²¹ National Cancer Institute, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

²² National Cancer Institute, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

²³ County Health Rankings & Roadmaps, www.countyhealthrankings.org

²⁴ Fresh Farm Markets, <http://freshfarmmarkets.org/>

²⁵ Maryland Hunger Solutions, http://mdhungersolutions.org/pdf/countydata/montgomery_jul14.pdf

<p>Transportation</p>	<p>Suburban Hospital and its outpatient facility are accessible to public transportation. The Ride-On bus system is the primary public transportation system and serves Montgomery County.²⁶ In addition, Washington Metro stations are located near the Hospital at the National Institutes of Health campus and in downtown Bethesda, a 30 minute walk to the hospital. Limited bike lanes are also available.²⁷</p> <p>In FY14, the Capital Bike Share program installed 19 docks of bicycles near Suburban Hospital and NIH as part of the Montgomery County Bike Share program. Located on the corner of Old Georgetown Road and Southwick Road, one block from the Hospital, the Capital Bike Share Program encourages community members to ride to work and other activities as a way to save money, increase travel flexibility while increasing their activity level.²⁸</p> <p>Montgomery County includes over 100 miles of park trails for both hikers and bikers. For example, the 11-mile Capital Crescent Trail which begins in Silver Spring, MD, east of the Rock Creek Trestle and curves westward and south through Bethesda, MD into Washington, D.C., to end in the heart of historic Georgetown. It covers a large portion of Suburban's CBSA and affords the opportunity for residents to stay active and healthy.²⁹</p>
<p>Education Attainment in Montgomery County³⁰</p> <p>People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity³¹</p>	<p>Population 25 years and over: 667,634</p> <p>Less than 9th grade: 4.9%</p> <p>9th to 12th grade, no diploma: 4.1%</p> <p>High school graduate (includes equivalency): 14.1%</p> <p>Some college, no degree: 14.8%</p> <p>Associate's degree: 5.2%</p> <p>Bachelor's degree: 26.6%</p> <p>Graduate or professional degree: 30.3%</p> <p>American Indian or Alaska Native: 28.1%</p> <p>Asian: 64.3%</p>

²⁶ Montgomery County Department of Transportation, www.montgomerycountymd.gov/dot-transit/index.html

²⁷ Washington Metropolitan Area Transit Authority, www.wmata.com

²⁸ Montgomery Bike Share, www.montgomerycountymd.gov/bikeshare/

²⁹ Trail Link, <https://www.trailink.com/>

³⁰ American Community Survey 5-Year Estimates, 2008-2012, www.census.gov

³¹ American Community Survey 5-Year Estimates, 2008-2012, www.census.gov

	<p>Black or African American: 42.2%</p> <p>Hispanics: 24.1%</p> <p>Native Hawaiian or Other Pacific Islander: 24.8%</p> <p>Other: 13.7%</p> <p>Two or more Races: 48.9%</p> <p>White, Non-Hispanic: 68.3%</p>
<p>Exposure to environmental factors that negatively affect health status by County within the CBSA</p>	<p>According to the American Lung Association, the Ozone Grade is an F based on the annual number of high ozone days in Montgomery County although the county earned a B grade based on Annual Particle Pollution.³²</p> <p>According to the Environmental Protection Agency (EPA), 13 pounds of reported and recognized carcinogens were released into the air in 2013 which has decreased significantly from 636 pounds reported in 2009. In addition, the total net pounds of reported amount of PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released into the environment has also decreased as well from 12,586 in 2009 to 4,143 in 2012. However in 2013, there was a slight increase to 4236.³³</p> <p>0% of people get water from public water systems that have received at least one health-based violation in the reporting period.³⁴</p>
<p>Available detail on race, ethnicity, and language within the CBSA</p>	<p>38.7% of Montgomery County residents speak a language other than English at home. 31.8% are Foreign-born persons living in Montgomery County.³⁵</p> <p>Montgomery County is ranked 11th as the most Linguistically Diverse County with 96 languages spoken in the nation.³⁶</p>
<p>Minority owned businesses in Montgomery County³⁷</p>	<p>32.4%: Women owned</p> <p>12.4%: Black</p> <p>12.1%: Asian</p> <p>10.0%: Hispanic</p>

³² American Lung Association, www.stateoftheair.org

³³ U.S. Environmental Protection Agency, www.epa.gov

³⁴ County Health Rankings & Roadmaps, www.countyrankings.org

³⁵ American Community Survey, 2008-2012, www.census.gov

³⁶ U.S English Foundation, Inc., www.usefoundation.org/view/55

³⁷ US Census, Quick Facts, 2010, www.census.gov

	<p>0.7%: American Indian- and Alaska Native</p> <p>0.1%: Native Hawaiian and Other Pacific Islander</p>
Economic Development	<p>Brian Gragnolati, former President and CEO of Suburban Hospital and now the Senior Vice President for the Johns Hopkins Health System, continues to sit on the board of the Montgomery Business Development Corporation which is a non-partisan organization to provide a business-friendly perspective regarding economic development issues, including strategic planning, retaining and attracting business, and legislative and regulatory advocacy.³⁸</p> <p>Leslie Ford Weber, Director of Suburban Hospital’s Government and Community Affairs served as a board member of the Montgomery County Chamber of Commerce during FY14, as did Dr. Gene E. Green, President of Suburban Hospital.</p> <p>The Division of Small and Minority Business Empowerment within the Department of Economic Development of Montgomery County provides services to more than 80,000 small and minority businesses located in Montgomery County by creating initiatives and forming partnerships with community organizations, business groups, private enterprises, and other public agencies.³⁹</p> <p>The Maryland Women's Business Center, located in zip code 20850, received a grant from the Citi Foundation that will help the center, which Rockville Economic Development Inc. launched in November 2011, foster successful, growing, women-owned businesses to benefit from its services, creating jobs and empowering women in our community.⁴⁰</p>

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes
 No

³⁸ Montgomery Business Development Corporation, www.montgomerybdc.org

³⁹ Montgomery Economic Development, www.choosemontgomerymd.com

⁴⁰ Maryland Women’s Business Center, www.marylandwbc.org

Suburban Hospital completed its community health needs assessment 1.) through its collaboration with the Montgomery County Department of Health and Human Services and four other county hospitals to conduct a county-wide community health needs assessment called “Healthy Montgomery;” 2) engaging community experts by establishing a Community Benefit Advisory Council (CBAC) that advises on the direction of the needs assessment; and 3) conducting a community health survey to assess the needs and insights of the community members benefiting from Suburban’s programs, services and activities. Healthy Montgomery identified six health priorities to be tracked, measured and evaluated based on three lenses-health inequities, lack of access, and unhealthy behavior-listed below which are parallel to the health priorities identified from Suburban’s community health survey in no particular order.

Striving to reduce rate of disease and improve health quality associated with the six priorities, the Hospital has established health initiatives, programs and partnerships associated with each priority and is included in the Hospital’s implementation plan, serving the community’s needs.

1. **Cardiovascular Health** – alignment with National Heart Lung and Blood Institute (NHLBI) and NIH Heart Center at Suburban Hospital which features an accredited open heart program; MobileMed/NIH Heart Clinic at Suburban Hospital; Latino Health Initiative; 4 HeartWell clinics throughout Montgomery County; American Heart Association.
2. **Diabetes** –alignment with National Institutes of Diabetes and Digestive Kidney Diseases (NIDDK), MobileMed/NIH Endocrine Clinic at Suburban Hospital; various support groups at Montgomery County Department of Parks and Recreation centers; Diabetes education in partnership with Sibley Memorial Hospital; Diabetes Lite classes at Suburban Hospital.
3. **Obesity** – partnership with Girls on the Run; various Senior Shape Exercise classes held Montgomery County Department of Parks and Recreation centers; Weight Management classes at Suburban Hospital.
4. **Cancer** –alignment with National Cancer Institute (NCI); Montgomery County Cancer Coalition (MCCC); cancer-related support groups and symposia at Suburban; AVON Breast Cancer Crusade, Koman for the Cure.
5. **Behavioral Health** – Hospital understands current challenges with identifying and treating patients to appropriate referral services in Montgomery County; alignment with NAMI, Addiction Treatment Center at Suburban; support groups at Suburban Hospital.
6. **Maternal and Child Health** – partnerships with YMCA Youth and Family Services; Girls on the Run of Montgomery County; Safe Sitter, Inc.; Montgomery County Public Schools; Safe Kids Coalition; Suburban Hospital’s Shaw Family Pediatric Emergency Center.

Provide date here. / / 2013 (mm/dd/yy)

If you answered yes to this question, provide a link to the document here.

http://www.hopkinsmedicine.org/suburban_hospital/community_health/needs_initiative/needs_assessment.html

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

Yes
 No

If you answered yes to this question, provide the link to the document here or attach the document.

See Appendix VII

III. COMMUNITY BENEFIT ADMINISTRATION

1. Decision making process of determining which needs in the community would be addressed through community benefits activities of the Hospital.

a. Is Community Benefits planning part of your hospital's strategic plan?

Yes, Suburban Hospital's Community Benefit Strategic plan is incorporated into the Hospital's strategic plan to ensure that the system continues to build positive relationships with community partners in addressing the health needs of the community. Community Benefit activities and contributions are measured and reported quarterly as part of the hospital's overall operation performance scorecard.

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

In working with the Montgomery County Department of Health and Human Services and addressing the needs set by Healthy Montgomery, Suburban Hospital's Board of Trustees, President and CEO, and the organization's operations leadership team work thoroughly to ensure that the hospital's strategic and clinical goals are aligned with unmet community needs through the planning, monitoring and evaluation of its community benefit activities.

In addition, nursing leadership, community physicians, health partnership advisory boards, local government and business agencies, and other not-for-profit organizations continue to influence the decision making process and prioritization of Suburban Hospital's community benefit activities.

1. Senior Leadership ✓
 - I. Gene E. Green, M.D., M.B.A., President and CEO, Suburban Hospital
 - II. Jacqueline Schultz, Executive Vice President and Chief Operating Officer
 - III. Marty Basso, Vice President, Finance, Community Division, National Capital Region Chief Financial Officer, Sibley Memorial Hospital and Suburban Hospital
 - IV. June Marlin Falb, Vice President of Development
 - V. Joseph Linstrom, Senior Director of Operations
 - VI. Christopher Timbers, Interim Vice President for Information Technology, Community Division, National Capital Region
 - VII. Leslie Ford Weber, Director, Government and Community Affairs, Montgomery County
 - VIII. Christine Stuppy, Vice President, Strategic Planning, Community Division, National Capital Region
2. Clinical Leadership ✓

- i. Physicians: Robert Rothstein, M.D., Vice President of Medical Affairs; Diane Colgan, M.D., Board Chair of Medical Staff.
 - ii. Nurses: Barbara Jacobs, Chief Nursing Officer and Senior Director of Nursing, LeighAnn Sidone, Associate Chief Nursing Officer
 - iii. Social Workers: Norma Bent, Corporate Director, Care Coordination Department
 - iv. Other(s): Matthew Tovornik, Division Director, Orthopedic & Neurosurgery Service Lines and Rehabilitation; Don Silver, Division Director, Behavioral Health and Senior Services; Shawn Donnelly, Department Director, Managed Care and Patient Access; Rev. Barbara McKenzie, Director of Pastoral Care.
3. Community Benefit Operations ✓
- i. Individuals: Monique L. Sanfuentes, Director of Community Health and Wellness; Eleni Antzoulatos, Coordinator, Health Promotions and Community Wellness, Community Health and Wellness; Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness; Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness; Sara Demetriou, Coordinator, Health Initiative and Community Relations; Joan Hall, Director, Finance Director, Clinical Economics, Reimbursement and Health Information; Alan Poole, Senior Financial Analyst, Financial Planning, Budget, and Reimbursement; Brian Ebbitt, Senior Director, Administration
 - ii. Committee (please list members):

JHHS Community Benefit Advisory Council ✓:

The Community Benefit Advisory Council is comprised of hospital leadership and is responsible for developing a systematic approach that aligns community benefit objectives with JHM strategic priorities. The Advisory Council meets quarterly to discuss how JHM intends to fulfill both its mission of community service and its charitable, tax-exempt purpose.

- Gayle Adams, Director of Community Relations and Government Affairs, Johns Hopkins Bayview Medical Center
- Jay Blackman, Executive Vice President and Chief Operating Officer, Howard County General Hospital
- John Colmers*, Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System
- Deidra Bishop, Director, East Baltimore Community Affairs, Johns Hopkins University
- Kenneth Grant, Vice President of General Services, The Johns Hopkins Hospital
- Dan Hale, Special Advisor, Office of the President, Johns Hopkins Bayview Medical Center
- Mark Long, Director of External Affairs, Sibley Memorial Hospital
- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Cindy Rose, Vice President of Marketing, Branding, and Community Relations, All Children's Hospital

- Monique Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer, Suburban Hospital
- Sharon Tiebert-Maddox, Director, Financial Operations, Johns Hopkins Government and Community Affairs

*Chairperson

JHHS Community Benefit Work Group✓:

The Workgroup is responsible for collecting and reporting community benefit activities to the president of JHHS and each hospital president and chief financial officer, the HSCRC and IRS annually. The Workgroup meets monthly to discuss data collection, community benefit planning and evaluation.

The Johns Hopkins Hospital

- Deidra Bishop, Director, East Baltimore Community Affairs
- Sherry Fluke, Finance Manager, Government and Community Affairs
- Sharon Tiebert-Maddox, Director of Financial Operations, Government and Community Affairs
- William Wang, Associate Director, Strategic Operations, Government and Community Affairs

Johns Hopkins Bayview Medical Center

- Gayle Adams, Director, Community and Government Relations
- Patricia A. Carroll, Community Relations Manager
- Kimberly Moeller, Director, Financial Analysis
- Linda Stewart, Community Relations Coordinator

Howard County General Hospital

- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Senior Project Manager Regulatory Compliance
- Scott Ryan, Senior Revenue Analyst

Suburban Hospital

- Eleni Antzoulatos, Coordinator, Health Promotions and Community Wellness, Community Health and Wellness
- Sara Demetriou, Coordinator, Health Initiative and Community Relations, Community Health and Wellness
- Joan Hall, Director, Finance Director, Clinical Economics, Reimbursement and Health Information

- Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness
- Alan Poole, Senior Financial Analyst, Financial Planning, Budget, and Reimbursement
- Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness
- Monique Sanfuentes, Director, Community Health and Wellness

Sibley Memorial Hospital

- Marti Bailey, Director, Sibley Senior Association and Community Health
- Mark Long, Director of External Affairs
- Mike McCoy, Associate CFO, Finance Department

All Children’s Hospital

- Mary Mahoney, Director of Community Relations and Strategic Engagement
- Jeff Craft, Administrative Director of Finance
- Alizza Punzalan-Randle, Community Relations Manager

Johns Hopkins Health System

- Janet Buehler, Director of Tax
- Desiree de la Torre, Assistant Director, Health Policy Planning
- Bonnie Hatami, Senior Tax Accountant
- Anne Langley, Director, Health Policy Planning

iii. Suburban Hospital Community Benefit Advisory Council✓:

Suburban Hospital’s Community Benefit Advisory Council (CBAC) is comprised of a diverse group of local business, non-for-profit executives and community advocacy leaders. Chartered by the Hospital’s Board of Directors and chaired by a system board trustee, the Advisory Council exists to guide and participate in the planning, development and implementation of programs and activities for the improvement of health in the community served by Suburban Hospital.

- Norman Jenkins, Founder and CEO of Capstone Development, LLC. (Chairman)
- Mark Bergel, Ph.D., Founder and Executive Director, A Wider Circle
- Ken Hartman, Regional Services Director, Bethesda Chevy Chase Regional Services Center
- Elizabeth McGlynn, Executive Director, Girls on the Run Montgomery County
- Belle Brooks O’Brien, Community Advocate
- Carmen Ortiz Larsen, President of AQUAS, Incorporated

- Dr. Michael Smith, Radiologist and brother of Alpha Phi Alpha Fraternity, Montgomery County Chapter
- Crystal Carr Townsend, President, Healthcare Initiative Foundation
- Carla P Larrick, Vice President of Operations, YMCA of Metropolitan Washington
- Lisa Townsend, Community Activist
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer
- Leslie Ford Weber, Director, Government and Community Affairs, Montgomery County
- Carolee Beckford, RN, Clinical Nurse Manager, Intensive Care Unit
- Ronna Borenstein-Levy, Senior Director, Marketing and Communications, Community Division, National Capital Region
- Brian Ebbitt, Senior Director, Administration
- Monique L. Sanfuentes, Director, Community Health and Wellness, Suburban Hospital

iv. Patient and Family Advisors ✓:

The Patient and Family Advisory Council (PFAC) brings together patient and family advisors and Suburban Hospital clinical, administrative, and executive staff to foster a culture of patient- and family-centered care. The PFAC works to help transform Suburban to a model of care that engages patients and their families as equal partners in care, exchanging information with them in useful and understandable ways, and encouraging and supporting their involvement in health care.

- Stephen Bokat
- Ellen Sue Brown
- Simon Fitall
- Howard Gilson
- June Graff
- Joel Hirschhorn
- Carol Hollins
- Kitty Jones
- Barbara Kahl
- Susan Kleinmann
- Deborah Kovach
- Beverly Labourdette
- Toby Levin
- Belle O'Brien
- Sabiha Zubairi
- Staff Advisors
- Diane Colgan, MD, Medical Staff Chair
- Brian Ebbitt, Senior Director, Administration
- Barbara Jacobs, RN, Chief Nursing Officer and Senior Director of Nursing
- Kimberley Kelly, RN, Director, Critical Care

- Jennifer Raynor, Director, Pharmacy
- Jacky Schultz, Chief Operating Officer
- Beth Vanderscheuren, Coordinator, Patient and Family Experience

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

The community benefit report is reviewed in detail by the Executive Leadership, Community Benefit Advisory Council, Planning and Finance Departments. In addition, community benefit is integrated into the system’s strategic plan and is reviewed quarterly with members of Management Communication Forum and the Hospital’s Leadership Clinical Operations Team.

Spreadsheet yes no
 Narrative yes no

d. Does the hospital’s Board review and approve the FY Community Benefit report that is submitted to the HSCRC?

Led by chairman, David C. Silver, the Hospital’s Board of Trustees dedicates time at a board meeting to review and approve the Community Benefit Report. In addition to the Hospital’s Board reviewing and approving the complete Community Benefit Report, the FY14 community benefit inventory spreadsheet and narrative were also reviewed in detail by the CEO and CFO of the Johns Hopkins Health System prior to submission to the HSCRC.

If you answered no to this question, please explain why.

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Suburban Hospital recognizes the community’s unmet or potential health needs by participating in community coalitions, partnerships, advisory groups, boards, panels, committees, and serving on local County commissions and working with public health officials at MCDHHS. In FY14, Suburban Hospital delivered \$21,432,491.73 in community benefit contributions and conducted 2,583 community health improvement programs, screenings, classes, seminars and activities serving 72,776 individuals; of which 29,809 are from an ethnic minority group. As one of the fastest growing populations, minorities in Montgomery County represent 50.2% of Suburban Hospital’s CBSA and as a result the Hospital targets programs within those groups to reduce health disparities. (See Exhibit 1)

In 1998, a Community Outreach Vision was established through a community health advisory council comprising health department officials and local community stakeholders. The council approved the following target areas of need: 1.) Access to Care, 2.) Management and Prevention of Chronic Disease, 3.) Underserved Seniors, and 4.) Vulnerable Youth. The Healthy Montgomery needs health assessment validated that the Community Outreach vision established sixteen years ago is still relevant today.

Suburban Hospital continues to work to distinguish health priorities and generate solutions to address the growing challenges of preventing chronic disease, increasing access to care, and building safe and healthy communities in its Community Benefit Service Area.

Below is an example of community benefit activities that met major community needs in FY14.

- Nurses at four HeartWell clinics - located in Silver Spring, Gaithersburg, Wheaton and Chevy Chase- cared for an average of 927 patients per month, totaling 11,124 preventive clinic visits. The encounters include free blood pressure screenings, one-on-one counseling, disease prevention and management sessions, small and large group educational programs.
- Montgomery Cares patients have received access to expert care from cardiologists, specialty diagnostic screenings, and open heart surgery since the inauguration of the MobileMed/NIH Heart Clinic at Suburban Hospital in 2007, totaling more than 3,700 patient visits. In FY 14, there were 490 encounters, with 373 unduplicated patients at the MobileMed/NIH Heart Clinic.
- Close to 2,000 patients have access to the specialty care of endocrine diseases through the MobileMed/NIH Endocrine Clinic at Suburban Hospital that was established in July 2010. In FY14, there were 297 encounters with 146 unduplicated patients at the MobileMed/NIH Endocrine Clinic.
- 1,996 under/uninsured patients were provided with \$4,501.321 in medical care at Suburban Hospital.
- To expand access to primary care and medical services for vulnerable residents, Suburban Hospital financially supports *Clinica Proyecto Salud* and the Holy Cross Hospital Health Center in Gaithersburg, MD by donating \$200,000 in FY14 which affords these safety net clinics the ability to extend their hours of operations and supplement additional health care providers.
- Cardiovascular outreach in Southern Maryland through the NIH Heart Center at Suburban Hospital supported nearly 600 events, engaging 11,108 individuals to improve healthy lifestyles in Prince George's, Calvert, and St. Mary's counties.
- Medical Exploring and Job Shadowing resulted in 20 educational events for 690 students interested in pursuing careers in medicine.
- The Safe Sitter course at Suburban has produced 281, 11-13 year- old graduates who learned safety essentials of babysitting in 2013.
- Since 2003, Suburban has hosted 22 YMCA parenting workshops that educated 1,852 families on issues facing parents today, from "Duct Tape Parenting: Making Every Word Count" to "Brave New World: Managing the Internet in the Age of Handheld Devices."
- 352 monthly blood pressure screenings conducted at area mall-walking programs and community centers contributed to assisting nearly 6,000 individuals to know their numbers and take better charge of their health in Montgomery and Prince George's counties.
- 989 Senior Shape classes taught by certified exercise instructors built flexibility, strength, and healthy hearts for thousands of seniors across Montgomery and Prince George's counties.
- 57 health education seminars were coordinated by Suburban Hospital in senior centers throughout Montgomery County, reaching over 4,500 people. All education seminars are free, open to the public and advertised through the Hospital's newsletter and social media. Topics

ranged from: “Breaking the Code: Should I be Tested for the BRAC Gene” and “To Eat or Not to Eat That Carrot: Create Your Diabetic Plate” to “Diagnosing Heart Disease” and “Untangling the Mind: Why We Behave the Way We Do.”

- Since its inception five years ago, the Knots for Shots health initiative program has provided uninsured and homeless county residents with a free hat, scarf or blanket in exchange for getting a flu shot and in doing so reaching out to more than 900 residents in Montgomery County who would otherwise not seek the vaccination.

As mentioned in the Hospital’s Community Needs Assessment, Healthy Montgomery established six health priorities to be evaluated. Utilizing data from Healthy Montgomery, there are eighteen health indicators that the Hospital strives to improve through deliberate planning of health education initiatives and screenings; providing financial and in-kind support to community clinics and programming wellness activities that directly align with the County’s needs assessment and identified social determinants of health. Collaborating with several key partnerships, coalition committees, non-profit organizations, corporations, institutes and county government is instrumental in leveraging resources to ensure that all stakeholders are engaged.

Indicator 1. Persons without Health Insurance

In Montgomery County, 11.1% of residents are uninsured, receive their primary care service from hospital emergency departments and are less likely to get routine checkups and screenings.⁴¹ Resulting in treatment delay, this places a significant burden on the health-care system due to higher spending on treatment and also decreases the probability of improved health outcomes. Within specific racial and ethnic groups in Montgomery County, a reported 26.6% of the Hispanic population does not have health insurance, as well as 14.9% of the Black or African American and 13.2% of the Asian populations.⁴² Due to this discrepancy within the racial groups, Suburban Hospital has committed its resources to increase access to care and reduce the number of individuals without health insurance. In addition, while not a define health priority from the Hospital’s needs assessment, access to care is used as a lens from Health Montgomery to determine the status of the community.

As a Countywide project to reduce inappropriate Emergency Department visits by linking low-income, uninsured patients with a Montgomery Cares primary care medical home, Suburban Hospital participates in an ongoing project called “ED-PC Connect.” Suburban Hospital Emergency Department providers refer each individual patient to one of the three clinics (*Clinica Proyecto Salud*, Holy Cross Hospital Health Center- Gaithersburg and Mobile Medical Care, Inc.), based on proximity to their home address and specific services needed. Suburban hired a part-time, hospital-based patient navigator to work on the project from March 2010 to May 2011. The patient navigator receives both a list of all patients referred by ED providers and a separate IT-generated list of all self-pay/charity patients seen in the ED. The navigator attempted to contact all patients on both of these lists. As of July 2011, Suburban Hospital’s patient referral process was modified to implement an approach that eliminated the role of the hospital-based patient navigator which involves direct communication between Suburban Hospital’s ED administrator and clinic patient navigators. The administrator is responsible for sending those

⁴¹ American Community Survey 1-Year Estimates, 2013, www.acs.gov

⁴² American Community Survey 1-Year Estimates, 2013, www.acs.gov

referrals produced by ED medical personnel to the corresponding clinic navigator for follow-up care coordination.

The Hospital also partners with Montgomery Cares, which provides health services to low income, uninsured Montgomery County adult residents. The program is administered by the Primary Care Coalition (PCC). Since Suburban does not have sufficient space of its own, the Hospital provides financial support to *Clinica Proyecto Salud* and the Holy Cross Hospital Health Centers located in Wheaton and Gaithersburg to fulfill Montgomery Cares' goal of increasing uninsured adult patients' access to primary care, thereby enabling the Clinics to employ additional health-care providers, extend their hours, and provide additional patient appointments each year. For example, since opening its doors in 2009 and receiving financial support from Suburban, the Holy Cross Hospital Health Center in Gaithersburg treated a total of 5,973 unduplicated patients and generated 19,036 encounters in FY14. Since 2009, when the health center opened its doors to uninsured patients in Montgomery County and started receiving support from Suburban Hospital, the clinic has had increased the number of unduplicated patients by 65.0% (2,115 FY10 vs. 5,973 FY14) and the number of encounters by 63.0% (7,107 FY10 vs. 19,036 FY14). In FY14, *Clinica Proyecto Salud* served 115 unduplicated patients with 1,411 duplicate appointments.

For more than a decade, Suburban Hospital has provided free cardiovascular diagnostics, interventional and diagnostic radiology, laboratory, and inpatient services to Mobile Medical Care, Inc., a clinic that provides free or low-cost medical care for the uninsured throughout various satellite locations in Montgomery County. This partnership was expanded when the Hospital in conjunction with the National Heart, Lung and Blood Institute (NHLBI), combined expertise and initiated the MobileMed/NIH Heart Clinic at Suburban Hospital (20814) in October 2007. The goal of the clinic is to increase access of specialty care and enable uninsured patients to receive state-of-the-art cardiac care, from diagnostic testing to open heart surgery to rehabilitation, at little or no cost to the patient. Once a week, volunteer physicians, nurses and administrators from each organization donate their time to staff the cardiac clinic. In addition, the Hospital donates space, supplies and services to the clinic. Since its opening, thousands of patients requiring advanced or specialty cardiovascular care have received treatment for specialty services that would otherwise not be accessible without health insurance. Due to positive health outcomes and the growing need for specialty care, the Heart Clinic opened its doors in 2008 to patients from other safety-net clinics.

It is not a surprise that Healthy Montgomery has chosen to focus on diabetes as one of the top six health priorities. As one of the fastest growing health epidemics affecting US populations today, it was a logical decision for Suburban Hospital, MobileMed and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), to replicate the successful Heart Clinic model in addressing unmet specialty care needs of those suffering from diabetes and other endocrine complications. In July 2010, a specialty clinic was established-the Mobile Med/NIH Endocrine Clinic at Suburban Hospital, located at the Johns Hopkins Health Care and Surgery Center (20817). In FY 14, the clinic treated over 297 patients without health insurance who require specialty care for endocrine conditions and diseases by providing diagnostic tests, examinations, and one-on-one consultation with a Suburban Registered Dietitian at no cost to the patient. During November 2013 to June 2014, the dietitian counseled 8 out of 12 clinic patients with endocrine conditions including diabetes, focusing on proper nutrition. Among the most common conditions treated were goiter, hyperthyroidism, and uncontrolled diabetes type II. The clinic continues to see improvements in Hemoglobin A1C (HbA1C) among diabetic patients, which averaged a drop from 8.9 % to 7.8% in FY14.

In October 2013, the hospital began preparing for the implementation of the Affordable Care Act. In an effort to increase access to care and educate the staff and community, hospital staff participated in several presentations during this time, including at the hospital's Grand Rounds and at county presentations including the Montgomery County ACA Leadership Summit. At the summit, staff from Suburban's Patient Access department spoke to community members, answering questions on the hospital's role in helping patients maneuver through the new health insurance guidelines. Further, financial counselors at Suburban Hospital serve as certified application counselors to help patients determine their eligibility for Medicaid and coverage through state's health insurance marketplace, Maryland Health Connection. In FY 14, counselors spent approximately 600 hours with patients and community members guiding them through the system.

Additionally, the Montgomery County Department of Health and Human Services' Latino Health Initiative (LHI) hosts its annual *Ama Tu Vida* event which promotes health education and wellness through prevention screenings, services, and referrals to safety net clinics. *Ama Tu Vida* is an annual health improvement screening initiative that is recognized by the Latino community as a reputable resource for health check-ups. Since this group is predominately uninsured, they rely on these free services year after year. Suburban Hospital has played an active role in LHI's efforts and provides free cholesterol and blood pressure testing to local residents at *Ama Tu Vida* every year.

Another opportunity in providing access to care was through the Hospital's participation in the 2nd Annual Salvadoran American Day Festival held in Wheaton, MD in August of 2013. Organized by Maryland State Delegate Ana Sol Gutierrez, residents were able to receive free and confidential health screenings. Ten Suburban volunteer nurses and staff screened 549 attendees over a six and half hour period for blood pressure and referred 14 of them for follow-up with the county's safety net clinics. One participant was found to be in hypertensive crisis with no prior medical attention. The nurses counselled countless others who had insurance but had not seen a medical provider. Additionally, 60% of the 549 attendees who were screened were women. Alarmingly, the nurses noticed a large portion of children with hypertension, especially girls and encountered a significant amount of men who were intoxicated and hypertensive. As a result of these observations, Suburban Hospital remains committed in supporting the Salvadoran Festival and providing Hospital volunteers with additional supplies in order to increase the health screenings and expand access to care.

Efforts such as these bridge the gap between access to care and Montgomery County underrepresented residents by increasing awareness and knowledge of their health while building trust and confidence to navigate the often confusing health system.

Indicator 2. Adults unable to afford to see a doctor

Community members who are unable to afford to see a doctor may not receive the proper medical services when they need them, which can lead to missed diagnoses, untreated conditions, and adverse health outcomes. In Montgomery County, 10% of residents cannot afford a doctor.⁴³ The racial and ethnic minority population is affected disproportionately by this health issue. In 2012, 12.8% of Blacks, 18.3% of Hispanics and 8.5% of Asians reported an inability to pay to see a doctor compared to only 6.1% of Whites.⁴⁴ To assist in decreasing this rate, the programs mentioned in Indicator 1 (MobileMed/NIH Heart Clinic, MobileMed/NIH Endocrine Clinic, ED/PC connect, Montgomery Cares)

⁴³ www.healthymontgomery.org

⁴⁴ www.healthymontgomery.org

serve to increase access to care and afford vulnerable residents an opportunity to receive care at little or no cost.

Indicator 3. Age-Adjusted Death Rate Due to breast cancer

According to the National Cancer Institute, the age-adjusted death rate due to breast cancer in Montgomery County is 19.0 per 100,000 women.⁴⁵ It is predominately higher among black women as there are 28.8 deaths due to breast cancer per 100,000 women in Montgomery County.⁴⁶ Given that it is very prevalent among all women, it is critical to educate community members on the importance of early detection. Starting at a younger age affords women the opportunity to be more aware of the disease and its effects, as well as start to acquire healthy habits such as conducting regular breast self-exams.

Suburban Hospital, in an historical partnership with the Greater Washington Chapter of Hadassah, Montgomery County Public Schools and local private high schools sponsor the *Check It Out Program*, a community based health initiative which distributes free breast cancer education and early detection information to 11th and 12th grade young women in Montgomery County. Held every other year, a Suburban Hospital Cancer Program nurse addresses the importance of breast self-exam and answers questions from the audience about breast health and cancer.

Furthermore, Suburban Hospital's Cancer Program holds several wellness classes throughout the year for cancer patients and survivors including 'Look Good...Feel Better,' Tai Chi and Yoga exercise classes, a free guided nutritional tour at a local Whole Foods grocery store and its annual "Living with Breast Cancer Symposium" every October held at Suburban Hospital. These programs are opened to the public and advertised in the newsletter, *New Directions* and on the website, www.events.suburbanhospital.org.

Lastly, Suburban Hospital also supports the Montgomery Cares safety-net clinics by providing financial assistance and in-kind support to those clinics that provide diagnostic testing for mammograms.

Indicators 4. & 5. Age-Adjusted Death Rate Due to prostate cancer and prostate cancer Incidence Rate

Prostate cancer is the most common form of cancer other than skin cancer among men in the United States. Prostate cancer is second only to lung cancer as a cause of cancer-related death among men.⁴⁷ The death rate for prostate cancer in Montgomery County is 17.0 per 100,000 every year, according to the National Cancer Institute.⁴⁸ In addition, 155.9 per 100,000 new cases of prostate Cancer are diagnosed every year.⁴⁹ The incidence rate in Montgomery County is higher among the African American/Black population with 231.4 new cases of prostate cancer being diagnosed and a reported 29.3 deaths occurring every year.⁵⁰

The Cancer Program hosts an annual Prostate Cancer Symposium which invites survivors of prostate cancer and their families to learn more about the latest advances in treatment and care available today.

⁴⁵ www.healthymontgomery.org

⁴⁶ www.healthymontgomery.org

⁴⁷ www.healthymontgomery.org

⁴⁸ www.healthymontgomery.org

⁴⁹ www.healthymontgomery.org

⁵⁰ www.healthymontgomery.org

The symposium features distinguished physician speakers including Dr. Channing Paller, assistant professor of oncology, Sidney Kimmel Comprehensive Cancer Center, who in FY14 discussed elevated prostate-specific antigen after the completion of treatment after prostate cancer. Furthermore, in recognition of Men's Health month, the Hospital regularly hosts one of its signature health education events, the Annual Men's Health Symposium to also bring specific attention to men's health issues. In FY 14, Dr. Kevin Billups, urologist and Director of the Integrative Men's Health Program at the Johns Hopkins Brady Urological Institute, addressed the link that sexual health concerns can have on larger health risks including heart disease, high blood pressure and diabetes. Through a longstanding partnership with the African American Fraternity, Alpha Phi Alpha, brothers help promote and spread the message about men's health specifically prostate cancer among their peers and family members. They also volunteered their time at the Men's Health Symposium, registering and assisting 65 community members.

The Cancer Program also offers monthly prostate cancer support groups open to all prostate cancer patients, their families and friends, providing an opportunity to gain new knowledge and share common concerns. As mentioned in Indicator 3, health and wellness classes are also available to cancer patients, survivors and their families through the Cancer Program. These programs are always open to the public and advertised in our newsletter, *New Directions* and our website, events.suburbanhospital.org.

Indicators 6, 7 & 8. Age-Adjusted Death Rate Due to colorectal cancer, colon cancer Screening and colon cancer Incidence Rate

Colorectal cancer, the second leading cause of cancer-related deaths in the United States, is a preventable disease. If all adults aged 50 or older had regular screening tests, as many as 60% of the deaths could be prevented. Healthy Montgomery reports that only 72.9% of Montgomery County residents over the age of 50 are screened for colon cancer and 10.5 per 100,000 people die from this preventable disease.⁵¹ The incidence rate of 31.3 new cases of colorectal cancer per 100,000 in Montgomery County is below Healthy People 2020 national health target of 38.6.⁵²

While 71.9% of Blacks in Montgomery County are screened for colorectal cancer, they have the highest incidence rate of 35.1 new cases diagnosed every year compared to Whites (30 new cases) and Hispanics (17.8 new cases).⁵³ Blacks also have a higher rate of age-adjusted death due to colorectal cancer with 15.4 deaths per 100,000 in contrast to Whites and Hispanics with 9.4 and 7.3 deaths per 100,000, respectively.⁵⁴

Suburban Hospital's *Get a Check Up* program, which is made possible by the Tobacco Restitution Fund, has educated more than 10,000 Montgomery County residents to date in an effort to communicate the importance of colorectal cancer screening. FY14 marked the 12th year of partnership between Suburban Hospital and the Montgomery County Cancer Crusade (MCCC). Since there is always a need for screening, the demand is far greater than the available resources. Not only does Suburban Hospital assist in prevention and education of colon cancer through community seminars and health education materials, it also links community members to available free screenings through the MCCC. Our

⁵¹ www.healthymontgomery.org

⁵² www.healthymontgomery.org

⁵³ www.healthymontgomery.org

⁵⁴ www.healthymontgomery.org

partnership extends beyond basic public health efforts; when a cancer has been detected, the Hospital has been able to absorb the treatment expenses of this costly disease in certain situations.

As the partnership between Suburban Hospital and the MCCC has grown over the years, the Hospital has been fortunate to expand education, outreach and navigation programs from colorectal cancer to various, vulnerable target cancers, such as, prostate, breast, and skin. (Indicators 3, 4, & 5)

In honor of Colorectal Cancer Month, Suburban Hospital minor procedures and endoscopy staff teamed up with gastroenterologist Naveen Gupta, MD, and various departments to promote awareness of colorectal cancer. Staff dressed in blue to bring attention to this preventable cancer and utilized social media outlets like Facebook to gain attention from a wider population.

To reach the general population, two colorectal cancer educational seminars, titled, “Gut Happy” and “Tummy Troubles,” were held at local community centers within Suburban’s CBSA and are opened to the public and advertised in the newsletter, *New Directions* and website, events.suburbanhospital.org.

Indicator 9. Pap Test History

The American College of Obstetricians and Gynecologists recommends that all women get regular Pap tests which check for changes in the cells of the cervix that can be early signs of cervical cancer. Using data from the Maryland Behavioral Risk Factor Surveillance System (BRFSS), 83.0% of women 18 years or older have had a Pap test history in the last three years in Montgomery County.⁵⁵ In Maryland, 230 new cases of cervical cancer have been diagnosed every year.⁵⁶ In addition, Hispanics have a higher cervical cancer incidence rate of 10.1 in Montgomery County compared to Blacks (6.9) and Whites (5.2). To improve the rate of Pap Testing and increase the chances of early detection of cervical cancer, Suburban Hospital’s Laboratory Services donates its services by supplying and conducting free gynecological testing for the patients at safety-net clinics such as *Clinica Proyecto Salud* whose patient population is mostly Hispanic. In FY14, the Hospital contributed \$32,944.00 for free laboratory services to the clinic patients.

Indicator 10. Age-Adjusted Death Rate Due to heart disease

Heart disease is the leading cause of death in Maryland and the US. It can affect both men and women, despite ethnicity, race or socioeconomic status and has several risk factors including stroke, diabetes, hypertension, high cholesterol, obesity, smoking, alcohol use, poor diet and inactivity. Due to the complexity of this disease, it can also incur higher health-care costs as well. In conjunction with several key partners, the Hospital has been able to establish several programs and initiatives to reduce the death rate of heart disease of 119.7 in Montgomery County.⁵⁷

As mentioned in Indicators 1 & 2, providing cardiac care to the County’s safety net clinics through the partnerships with Montgomery Cares, MobileMed, LHI and NHLBI, is a natural extension of the hospital’s existing efforts to expand and ensure equal access to primary and specialty care for Montgomery County residents.

⁵⁵ Maryland Behavioral Risk Factor Surveillance System, www.marylandbrfss.org

⁵⁶ American Cancer Society, <http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf>

⁵⁷ Maryland DHMH Vital Statistics Annual Report, 2012, <http://dhhm.maryland.gov/vsa/Documents/12annual.pdf>

Suburban Hospital's HeartWell program serves as a model of direct access to patient care. Through free cardiovascular health education, disease management and nutrition classes at four senior centers throughout the county, the HeartWell program is designed to reduce the frequency of hospital admissions due to cardiovascular disease. Data has shown that those county residents who have participated in the program have experienced positive clinical outcomes. HeartWell is located in Silver Spring, Gaithersburg, Wheaton, and Chevy Chase. Suburban Hospital nurses cared for an average of 927 patients per month in FY14, totaling 11,124 preventive clinic visits. HeartWell participants have free access to blood pressure screenings, one-on-one counseling, disease prevention and management sessions, in addition to small and large group educational programs. Piloted in 2011 and funded by the Wolpoff Family Foundation, the *HeartWell in Action* lecture series is held at three of the four senior centers within the CBSA. Focusing on strategies for heart healthy living, topics include diabetes, stress management, importance of exercise, nutrition, sleep, brain health and stroke awareness. The monthly lectures attract an average attendance of 50 people per education seminar; totaling over 1,600 community members attending *HeartWell in Action* lectures.

Senior Shape exercise programs are another example of the Hospital's commitment to reducing heart disease among the active senior population. Held at various community and senior centers in Montgomery and Prince George's Counties, Senior Shape focuses on strength, weight training and stretching with a safe, low-impact aerobic regimen. Classes not only improve seniors' cardiovascular health but also increase their balance and flexibility. In FY14, 25,766 seniors in Montgomery and 2,912 in Prince George's Counties benefited from these exercise classes enhancing their cardiovascular health. The HeartWell and Senior Shape programs are made possible by the Hospital's partnership with the Montgomery County Departments of Recreation and Senior Services.

Increasing awareness of cardiovascular disease, the NIH Heart Center at Suburban Hospital has supported community health initiatives to neighboring southern Maryland counties including Prince George's, Calvert, and St. Mary's since 2006. As the Hospital moves its health-care priorities to meet health outcome standards set by the Healthy Montgomery initiative, the outreach efforts in Southern Maryland have also evolved and progressed to reflect this model. Suburban Hospital's cardiovascular outreach benefited from strengthening and developing existing programs and strategically partnering with collaborators in the community whose cardiovascular health improvement initiatives align with that of the NIH Heart Center at Suburban Hospital.

Collaborating with the Maryland-National Capital Park and Planning Commission's Department of Parks and Recreation (M-NCPPC) and Prince George's County Health Department – Center for Healthy Lifestyle Initiatives (CHLI), the Suitland "Dine and Learn" Program has become one of the most successful health improvement initiatives operating in Prince George's County. The Suitland Dine & Learn Program is a free monthly health education program available to under- and/or uninsured residents of Suitland and surrounding communities in Prince George's County. The program's goal is to reduce cardiovascular health disparities and related co-morbidities among Prince George's County residents. Each monthly Dine & Learn session provides attendees with a blood pressure screening, an exercise demonstration led by a certified instructor, a nutrition education lecture by a registered dietitian, and a heart healthy cooking demonstration led by a personal chef who is also a registered dietitian.

As addressed in Indicator 4 &5, the Hospital hosts signature health education events, including the Annual Men's Health Symposium which in FY14 highlighted how sexual health dysfunction can lead to a diagnoses of chronic disease including heart disease, high blood pressure and diabetes. It is worth noting that a record number of community participants were in attendance. Other health education

seminars located at area senior centers include physician discussions on heart disease, stroke, and vascular disease which are opened to the public and advertised in the newsletter, *New Directions* and website, events.suburbanhospital.org.

Indicator 11. Age-Adjusted Death Rate Due to diabetes

Diabetes is the seventh leading cause of death in the United States and an estimated 29.1 million people or 9.3% of the population is affected with diabetes in 2012.⁵⁸ People who are diagnosed with diabetes have 2.3 times higher medical costs than those without.⁵⁹ Data from Healthy Montgomery reports that 13.2 deaths per 100,000 in the county are a result of diabetes.⁶⁰ Complications from diabetes include heart disease, stroke, hypertension, blindness, kidney disease, neuropathy, and amputation. For that reason, Suburban Hospital HeartWell Program serves to decrease diabetes complications by offering various health education programs and disease management classes throughout Montgomery County as described in Indicator 10.

To increase our reach and leverage resources, Suburban Hospital partnered with Sibley Memorial Hospital and was able to start a comprehensive diabetes education program titled “*Diabetes Lite*,” empowering individuals to become advocates of their own health. The goal of the series was to give those living with diabetes the tools they need to succeed in diabetes self-management and enhance their quality of life. Through classes such as *Carb Counting On-the-Go* and *Fine Tuning Your Diabetes*, certified diabetes educator was able to supplement patient’s diabetes knowledge not addressed in regular introductory diabetes classes. Furthermore, the Hospital revitalized its diabetes support group, which provides social and mental support thereby helping individuals’ better tackle the life and health challenges associated with this condition.

In November of 2013, the two hospitals partnered to host the first regional Diabetes Symposium titled “*Power to Change: Overcoming Challenges in Diabetes Self-Management*.” The symposium aimed to bring innovate concepts and findings from leading experts in diabetes management and treatment. At the first symposium, Chef Samir Labriny demonstrated that eating healthy can also be delicious for people living with diabetes while Dr. Joseph Napora, author of the book “*Stress-Free Diabetes: Your Guide to Health and Happiness*,” shared proven behavior modification strategies to the participants.

The need to bring recognized programs to our community led to a partnership with the African American Health Program and offered a four-week series on basic diabetes self-management class in FY14. The class reached a diverse ethnic group of class participants as the rate of Emergency Department visits due to diabetes is significantly higher among African Americans at 286.4 per 100,000 compared to 82 per 100,000 in Non-Hispanic Whites in Montgomery County.⁶¹

All the programs mentioned in Indicator 11 are opened to the public and advertised in the newsletter, *New Directions* and website, events.suburbanhospital.org.

Indicator 12. Adults Engaging in Moderate Physical Activity

⁵⁸ www.cdc.gov, www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf

⁵⁹ www.diabetes.org

⁶⁰ Maryland DHMH Vital Statistics Annual Report, 2012, <http://dhmh.maryland.gov/vsa/Documents/12Annual.pdf>

⁶¹ Maryland Health Services Cost Review Commission (HSCRC),2013, <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>

Approximately 54.6% of adults in Montgomery County perform physical activity three to five times each week for at least 30 minutes a day reported by the BRFSS.⁶² By exercising, adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and hypertension while improving mood and promoting healthy sleep patterns. The Senior Shape and HeartWell programs as mentioned in Indicator 10 help improve the frequency at which adults exercise. Suburban Hospital's Community Health and Wellness Department also regularly conducts two Mall Walking Programs (I Love to Walk at White Flint Mall for the past 8 years and Rise and Shine at Lakeforest Mall for over 18 years) which encourages community members to engage in physical activity several times a week. In FY14, the Capital Bike Share program was able to install 19 docks of bicycles near Suburban Hospital and NIH as part of the Montgomery County Bike Share program on the Hospital's property. Located on the corner of Old Georgetown Road and Southwick Road, the program encourages residents to ride to work and other activities as a way to save money, increase travel flexibility while increasing their activity level throughout Suburban's CBSA.

Studies suggest that when young children engage in physical activity they are more likely to continue when they become adults. According to the Physical Activity Guidelines for Americans, children and adolescents should participate in physical activity for at least 60 minutes every day.⁶³ For that reason and in an effort to support our youngest residents, Suburban Hospital has had a long term health partnership with Girls on the Run of Montgomery County since April 2012. An international program, Girls on the Run offers a unique, life-changing, after school program for 3rd through 8th grade girls, designed to promote healthy habits and an active lifestyle.⁶⁴ The ten-week curriculum incorporates training for a 5k running race with education and interactive discussions about critical issues affecting pre-teen girls as they reach adolescence.⁶⁵ Girls completing the program are physically, mentally, and emotionally stronger and better prepared to overcome the challenges and pressures of adolescence and beyond.⁶⁶ As a long term health partner, the Hospital purchases running shoes for girls at Title I Montgomery County Public Schools, offers discounted CPR and Basic First Aid training to coaches, and provides health habit tips on Girls on the Run Montgomery County website.

Through these programs and partnerships, Suburban Hospital is able to encourage healthy lifestyles and increase physical activity to our community members, both young and young at heart.

Indicator 13. Age-Adjusted Death Rate Due to cerebrovascular disease (stroke)

In Montgomery County, it is reported that the age-adjusted death rate due to Cerebrovascular Disease (Stroke) is 27.5 per 100,000 people.⁶⁷ Similar to heart disease, a stroke is the result of several risk factors including hypertension, high cholesterol, diabetes, smoking, and is the number one cause of disability. It is also associated with high direct medical costs such as hospitalizations and doctor visits, as well as indirect costs including absence from work, disability and premature death. Among the four reported racial and ethnic groups in Montgomery County, African Americans have a higher age-adjusted

⁶² www.healthymontgomery.org

⁶³ http://www.letsmove.gov/sites/letsmove.gov/files/TaskForce_on_Childhood_Obesity_May2010_FullReport.pdf

⁶⁴ www.girlsontherunofmoco.org

⁶⁵ www.girlsontherunofmoco.org

⁶⁶ www.girlsontherunofmoco.org

⁶⁷ www.healthymontgomery.org

death rate of 31.2 due to stroke than Caucasians (25.8), Asians/Pacific Islanders (25.2) and Hispanics (21.2).⁶⁸

Through a two-year grant, Suburban Hospital, the NIH Stroke Center at Suburban Hospital, the American Heart Association and the American Stroke Association's Power to End Stroke partnered to help the fight against stroke through an interactive training program, the Stroke Ambassador Program. Hospital staff and community members were invited to participate by becoming Stroke Ambassadors. The program was designed to teach Ambassadors about stroke by providing them with various educational materials, a video presentation and brief lecture by a certified Stroke Awareness Ambassador from Suburban Hospital. Participants were also encouraged to take the information they have learned and relay it to their respective community members. While the Stroke Ambassador program is no longer grant funded, health education seminars focusing on stroke prevention are still held at area senior community centers throughout the County. Every May, in recognition of Stroke Awareness Month, the nurses of HeartWell conduct a variety of health education seminars for community members about prevention, warning signs and the treatment of stroke.

As a designated Stroke Center, Suburban Hospital also hosts monthly stroke support groups by the Montgomery County Stroke Association. Once a month, the Hospital also supports an Aphasia Support Group held at a local community center. Facilitated by a board certified speech-language pathologist, community members are able to seek help in dealing with speech impairment due to a health related issue such as stroke.

In addition to education, the key to stroke prevention is through screening. The Community Health and Wellness Department and the HeartWell program, partnering with local shopping malls and the Montgomery County Department of Recreation, conducted numerous blood pressure screenings reaching thousands of individuals a year as described in Indicator 12. These consistent screenings provide an opportunity for community members to check their blood pressure and keep track of any changes that may occur.

Indicator 14. High Blood Pressure Prevalence

Approximately 27.7% of Montgomery County adults are diagnosed with hypertension (high blood pressure).⁶⁹ As the number one modifiable risk factor for stroke, high blood pressure contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it.⁷⁰ Often referred to as the "silent killer," there are no symptoms associated with high blood pressure. As stated in Indicators 1, 10, 11, 12 and 13, there are various programs initiated by Suburban Hospital and its partners in order to increase the awareness and decrease the prevalence of heart disease, diabetes and stroke in Montgomery County among all the racial groups. Since high blood pressure is a risk factor for heart disease and stroke, the free blood pressure screenings conducted by the Community Health and Wellness Department and the HeartWell Program provide a continuum of care for community members allowing them to check their blood pressure on a regular and consistent basis in convenient locations throughout Montgomery and Prince George's Counties.

⁶⁸ Montgomery County Department of Health and Human Services (Deaths: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration Annual Mortality Files; Population estimates: US Census and US Centers for Disease Control and Prevention, National Center for Health Statistics under a collaborative arrangement with the U.S. Census Bureau)

⁶⁹ Maryland Behavioral Risk Factor Surveillance, 2013, www.marylandbrfss.org/

⁷⁰ www.healthymontgomery.org

Indicator 15.High Cholesterol Prevalence

High blood cholesterol is one of the major risk factors for heart disease as previously mentioned in Indicator 10. Studies show that the higher one's blood cholesterol level, the greater his or her risk for developing heart disease or having a heart attack. In Montgomery County, the percentage of adults who have had their blood cholesterol checked and have been told that it was high was 38.1%.⁷¹ As described in Indicator 1, Suburban Hospital and MobileMed, Inc. collaborate on several health initiatives, allowing access to care for those who cannot afford it. Part of the agreement between the organizations includes providing free laboratory testing such as cholesterol analysis.

In partnership with MCDHHS' Latino Health Initiative (LHI), the Hospital contributes to its annual *Ama Tu Vida* health fair by providing free cholesterol and blood pressure screenings to local Hispanic residents every year. These free and accessible screenings affords local residents the opportunity to become aware of 'knowing their numbers' which educates these community members who otherwise may not have access to such information or screening on how to impact positive change and take control of their health.

Indicator 16.Adults with diabetes

In Montgomery County 7.0% of residents are diagnosed with diabetes.⁷² This rate is disproportionate among the minority and elderly within the county with 16.1% of adults over 65 diagnosed with diabetes.⁷³ As previously mentioned in Indicators 1, 10, 11 and 15, several health improvement programs and partnerships like HeartWell, Diabetes Lite, MobileMed/NIH Endocrine Clinic, and *Ama Tu Vida* ensure that community members are provided with the necessary education, link to treatment that help in the day to day management of this complicated disease.

As mentioned in Indicator 11, Suburban Hospital joined efforts with Sibley Memorial Hospital in providing comprehensive diabetes education programs including "*Diabetes Lite*" and Diabetes Symposia with Chef Samir Labriny and Dr. Joseph Napora who spoke at Suburban Hospital in November 2013 and Dr. John Whyte who spoke at Sibley Memorial Hospital in April 2014. The author of the book, "AARP New American Diet Lose Weight, Live Longer," Dr. Whyte discussed successful eating strategies to members of the Suburban and Sibley community. Both symposia were very well attended and were advertised in the hospital newsletter, *New Directions* and website, events.suburbanhospital.org.

Also mentioned in Indicator 11, HeartWell nurses also facilitate the Diabetes Support Group at the Hospital, helping members control and manage their diabetes while providing additional information on a wide variety of topics such as sleep, medication, foot care and heart health. Furthermore, a HeartWell nurse also facilitates another diabetes support group at Holiday Park Senior Center (20906) once a month.

Indicator 17.Adult Fruit and Vegetable Consumption

In FY12, Healthy Montgomery established behavioral health and obesity as the initial two priorities that the steering committee would address as they currently have the least amount of resources and require the greatest need. Coincidentally, Suburban Hospital has several health improvement initiatives in place

⁷¹ Maryland Behavioral Risk Factor Surveillance, 2013, www.marylandbrfss.org/

⁷² Maryland Behavioral Risk Factor Surveillance, 2013, www.marylandbrfss.org

⁷³ www.healthymontgomery.org

to contribute to improving these priorities. As a result, adult fruit and vegetable consumption, along with adequate social and emotional support were included as two additional indicators in the FY12 report.

Only 29.6% of adults in Montgomery County consume the recommended five or more servings of fruits and vegetables a day according to the BRFSS.⁷⁴ In order to maintain a healthy weight and prevent chronic disease, numerous studies have shown that consuming vegetables and fruit in large quantities and varieties can decrease the risk of disease, especially cancer. Despite the numerous grocery stores, farmer's markets and specialty food stores in Montgomery County, a reported 1% of residents are low-income and do not live close to a grocery store.⁷⁵ Community partnerships and programs such as MobileMed/NIH Endocrine Clinic, HeartWell in Action, Dine and Learn, Diabetes Lite, and guided tours of supermarkets focus on improving the nutrition of community members whether it is preventing or managing chronic disease as mentioned in Indicators 1, 2, 3, 10, and 11. These programs advocate increased consumption of vegetables, fruits and whole grains into one's diet and are accessible to all racial/ethnic groups within Montgomery County.

At Suburban Hospital, a partnership with a local farmer offering a Community Supported Agriculture (CSA) program has provided staff, patients and visitors the opportunity to purchase local fruits and vegetables sold in the Hospital's cafeteria. Managed by the Hospital's dietary staff, employees and community members are encouraged to sign up for a CSA share in which they receive a box containing local and fresh fruits and vegetables once a week during the spring and summer months.

Suburban Hospital has also screened culturally relevant documentaries including "FRESH" and "The Weight of the Nation," presented free to the public which emphasize the need to consume local and sustainable foods. These documentaries share knowledge and facts about the obesity epidemic in the US. At the end of each screening, there is a professionally lead discussion. Question and answer sessions are also encouraged among program participants. Working with the Community Health and Wellness Department, the Hospital's dietitians volunteer their time and present on various nutrition topics to the area's community senior centers within Suburban's CBSA. The programs are free, open to the public, and advertised through the Hospital's newsletter, social media and public flyers disseminated via the Hospital's CBSA at ongoing daily health and wellness programs, classes and screenings.

In addition to free community health seminars, Suburban Hospital's Community Health and Wellness Department offers numerous cooking classes during in which a chef demonstrates how to prepare a variety of vegetarian dishes. Classes have highlighted dishes from different ethnic and regional cultures such as Greece, Italy, Morocco and the Caribbean as well as specialty diets including veganism and gluten free foods. Participants are encouraged in such classes to use herbs and spices as an alternative to extra fat and sodium. A variety of topics are requested from community members who attend repeatedly and popularity for such classes continues. While there is a fee for the cooking classes, programs are advertised at a reduced price and scholarships are happily awarded for eligible community members.

Indicator 18. Adequate Social and Emotional Support

⁷⁴ www.healthymontgomery.org

⁷⁵ <http://www.countyhealthrankings.org/maryland>

According to BRFSS, 83.3% of adults in Montgomery County report they usually or always get the social and emotional support they need.⁷⁶ Defined as the sensation of feeling loved and cared for by those around them; individuals with a supportive network experience better health outcomes compared to those without.⁷⁷ Suburban Hospital sponsors several programs and events throughout Montgomery County which are designed not only to improve the health of its residents, but also improve their emotional wellbeing. Discussed in Indicators 4, 5, 13, and 16, the Hospital hosts many support groups: Prostate Cancer, Stroke and Diabetes, Hematology Cancer (co-sponsored by the Leukemia & Lymphoma Society), MS Family Caregiver, Aphasia, and Myasthenia Gravis. Free and open to the public, each support group is facilitated by a health-care professional, allowing individuals the supportive network needed to discuss openly about their fears and concerns, while sharing stories and resources among the group.

Research suggests that physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being. Daily health maintenance programs such as Mall Walking (I Love to Walk and Rise and Shine), Senior Shape and HeartWell cited in Indicators 10, 12, 13 and 14 not only provide physical health benefits, but also social and emotional benefits that provide unique support to our growing senior community. For example, after years of participating in these ongoing programs, meaningful relationships are created and nurtured. Whether the interaction is between the nurse or health educator who takes their blood pressure every week or a fellow participant; many people are able to build lasting friendships throughout the years and engage in other social events outside these programs that keep them engaged and focused on staying well.

As previous outlined in Indicator 12, Suburban Hospital's partnership with Girls on the Run of Montgomery County affords young women the opportunity to become stronger physically, mentally, and emotionally and better equipped to overcome the pressures and challenges of adolescence and beyond.

⁷⁶ www.healthymontgomery.org

⁷⁷ www.healthymontgomery.org

1. Description of implementation strategy and initiatives

Table III, Initiative 1.Mobile Med/NIH Heart Clinic at Suburban Hospital

Identified Need	Cardiovascular Disease; Access to specialty care	
Hospital Initiative	Mobile Med/NIH Heart Clinic at Suburban Hospital	
Primary Objective	Provides patients access to the very best cardiac care, from diagnostic tests to surgery to rehabilitation, at little or no cost. One night per week, physicians, nurses, staff and administrators from Suburban Hospital, the National Institute of Heart, Lung and Blood and MobileMed, volunteer their time to staff the cardiac clinic, located at the NIH Heart Center at Suburban Hospital.	
Single or Multi-Year Initiative Time Period	Ongoing, every Thursday from 3:30pm-8:00pm in the NIH Heart Center at Suburban Hospital.	
Key Partners in Development and/or Implementation	Suburban Hospital, MobileMed, Inc., the National Institute of Heart, Lung and Blood (NHLBI), Community Cardiologists.	
How were the outcomes evaluated?	<ul style="list-style-type: none"> – Increase access to care by increased resources provided by the hospital to those who have documented heart disease and risk factors. – Increase access of care for all racial/ethnicities in Montgomery County for this specialty clinic. 	
Outcomes (Include process and impact measures)	<p>Due to the clinic’s success and the growing need for specialty care, the Heart Clinic opened its doors in 2007 to patients from other safety-net clinics and has seen since then over 3,700 patients requiring cardiovascular care received treatment for specialty services that would otherwise not be available without health insurance.</p> <ul style="list-style-type: none"> – In FY14, there were 490 encounters, with 373 unduplicated patients. Of those 490 encounters, 490 had primary ICD-9s. Of those primary codes, the most prevalent are: 401.1 Hypertension (28% of encounters), 786.5 Chest pain (20%), 785.2 undiagnosed cardiac murmurs (18%) and 414.01 Coronary atherosclerosis (6%). – Number of patients who visited the clinic reported their racial demographics as 96 Black or African American, 48 Asian, 7 Hispanic, 61 White, 97 Other Race, 30 Unreported/Refused to Report, 1 Native Hawaiian or Other Pacific Islander, 2 American Indian or Alaska Native. – Number of patients who visited the clinics reported their ethnicity as 141 Hispanic or Latino, 213 Not Hispanic or Latino, 19 Refused to Report. 	
Continuation of Initiative	The MobileMed/NIH Heart Clinic is in its seventh year and continues to expand.	
<p>A. Total Cost of Initiative for Current Fiscal Year</p> <p>B. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>A. Total Cost of Initiative</p> <p>\$137,280.00</p>	<p>B. Direct offsetting revenue from Restricted Grants</p> <p>None</p>

Table III, Initiative 2. MobileMed/NIH Endocrine Clinic at Suburban Hospital

Identified Need	Diabetes, Access to specialty care	
Hospital Initiative	MobileMed/NIH Endocrine Clinic at Suburban Hospital	
Primary Objective	Provides patients access to the specialty care of endocrine conditions and diseases, from diagnostic tests, examinations, and one-on-one consultation with a Suburban Registered Dietitian, at little or no cost.	
Single or Multi-Year Initiative Time Period	Ongoing, every Thursday at the Suburban Outpatient Medical Center from 4:00pm-7:30pm	
Key Partners in Development and/or Implementation	Suburban Hospital, MobileMed., Inc., and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	
How were the outcomes evaluated?	<ul style="list-style-type: none"> – Improved health status of patients. – Increase access to care by increasing resources provided by the hospital to those who have documented endocrine diseases. 	
Outcomes (Include process and impact measures)	<ul style="list-style-type: none"> – In FY14, there were 146 unduplicated patients; 297encounters. – The clinic continues to see improvements in Hemoglobin A1C (HbA1C) among diabetic patients, which averaged a drop from 8.9% to 7.8% (1.1 point decrease) in FY14 vs. 8.8% to 7.9% (0.9 point decrease) in FY 13. – Of the patients who received treatment, most presented with Diabetes II, (uncomplicated, uncontrolled or with complications); Hyperthyroidism, Hypothyroidism (unspecific) or Goiter (unspecific). 	
Continuation of Initiative	The MobileMed/NIH Endocrine clinic celebrated its fourth year in FY14 and continues to expand in FY15.	
C. Total Cost of Initiative for Current Fiscal Year D. What amount is Restricted Grants/Direct offsetting revenue	C. Total Cost of Initiative \$33,500.00	D. Direct offsetting revenue from Restricted Grants None

Table III, Initiative 3. Senior Shape Exercise Program

Identified Need	Cardiovascular Health, Obesity, Behavioral Health
Hospital Initiative	Senior Shape Exercise Program
Primary Objective	Senior Shape provides the seniors with a safe, low-impact aerobics, exercise regimen that focuses on strength and weight training, balance, flexibility, stretching, and aerobic activity for optimal cardiovascular benefits
Single or Multi-Year Initiative Time Period	Ongoing; Multiple classes are held either once or twice a week at nine different senior centers in Montgomery and Prince George’s Counties.
Key Partners in Development and/or Implementation	Suburban Hospital Community Health and Wellness Department, Montgomery County Department of Recreation (Holiday Park, Margaret Schweinhaut, Potomac, Clara Barton, Gaithersburg, Jane E. Lawton Community Centers, Wisconsin Place, Chevy Chase), Bethesda-Chevy Chase Regional Services Center, and Parks and Recreation of Prince George’s County (Prince Georges Plaza and Gwendolyn Britt Community Centers).
How were the outcomes evaluated?	<ul style="list-style-type: none"> – Increased participation in classes. – Additional classes added in FY 14 due to ongoing request by participants. – Health Fitness Assessment performed in November 2013 testing participants on 4 senior fitness tests: Back Scratch, Arm Curl, 8-foot up-and-go test, Chair Stand at the seven community and senior centers in Montgomery County. – An online questionnaire was sent to participants in February 2014 asking them various questions including the registration process, instructors’ teaching style and if the class has improved their health and wellbeing.

<p>Outcomes (Include process and impact measures)</p>	<ul style="list-style-type: none"> - 25,766 seniors in Montgomery and 2,912 in Prince George’s Counties in participated in FY14. - In Montgomery County, compared to the FY12 Fitness Assessments, results from FY14 Fitness Assessment improved in three of the four tests; however, an additional class was included in the FY14 assessment: <ul style="list-style-type: none"> o Back Scratch (inches +/-): 2012 average of -1.85 cm vs. 2013 average of -0.87 cm o Arm Curl(# of reps in 30 seconds): 2012 average 17.84 vs. 2013 average of 18.69 o 8-foot up-and-go test(in 30 seconds): 2012 average of 5.56 vs. 2013 average of 5.50 o Chair Stand(# of stands in 30 seconds): 2012 average 15.48 vs. 2013 average of 14.78 <p>Results from online questionnaire found that :</p> <ul style="list-style-type: none"> - 84% are women and 16% are men surveyed. - Age Range: 18% are 60-69; 45% are 70-79, , 37% are 80 +; - 55.6% of the respondents strongly agreed that the class improved their health and wellbeing. - When asked, “Registration process met my expectations,” 48 % strongly agreed, 40% agreed and 11% were neutral. - 82% of respondents rated the instructor has excellent. - Racial and ethnical background information was not collected at this time. 	
<p>Continuation of Initiative</p>	<p>Classes scheduled through 2015. The first Senior Shape class began in 2001, best practice models continue to replicate and we are on schedule to operate indefinitely.</p>	
<p>E. Total Cost of Initiative for Current Fiscal Year F. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>E. Total Cost of Initiative \$60,379.21</p>	<p>F. Direct offsetting revenue from Restricted Grants \$9,330.00</p>

Table III, Initiative 4. HeartWell

Identified Need	Cardiovascular Health, Diabetes, Access to Care	
Hospital Initiative	HeartWell	
Primary Objective	Through free cardiovascular health education, disease management, and nutrition classes at four senior centers throughout the county, the HeartWell program is designed to reduce the frequency of hospital admissions due to cardiovascular disease. Located in Silver Spring, Gaithersburg, Wheaton, and Chevy Chase, participants have free access to blood pressure screenings, one-on-one counseling, disease prevention and management sessions, in addition to small and large group educational programs.	
Single or Multi-Year Initiative Time Period	Ongoing	
Key Partners in Development and/or Implementation	Suburban Hospital Community Health and Wellness, HeartWell; Montgomery County Department of Parks and Recreation, Metropolitan Washington OASIS	
How were the outcomes evaluated?	Number of patients, Patient Satisfaction HeartWell In Action-evaluations tools shows that attendees increased their knowledge base on the risk factors for cardiovascular disease.	
Outcomes (Include process and impact measures)	<ul style="list-style-type: none"> – Suburban Hospital HeartWell nurses cared for an average of 927 patients per month in FY14, totaling 11,124 preventative clinic visits. – Over 2,000 community members attended HeartWell in Action lectures with topics ranging from Exercise and Diabetes to Stress Management and Nutrition. – Due to increase demand for diabetic support services, the HeartWell nurses have also facilitate the Diabetes Support groups at the Hospital and at local senior centers. 	
Continuation of Initiative	Clinics and seminars scheduled for FY15. HeartWell in Action has expanded its outreach to additional community centers and Washington Metropolitan OASIS within CBSA.	
G. Total Cost of Initiative for Current Fiscal Year H. What amount is Restricted Grants/Direct offsetting revenue	G. Total Cost of Initiative \$151,038.00	H. Direct offsetting revenue from Restricted Grants \$1,386.75

Table III, Initiative 5. Crew # 1984 Medical Exploring Program

Identified Need	Child Health	
Hospital Initiative	Crew # 1984 Medical Exploring Program	
Primary Objective	To introduce high school students to careers in health care.	
Single or Multi-Year Initiative Time Period	Every school year; September 2013 to June 2014. Medical Exploring has been in operation for over 20 years at Suburban Hospital.	
Key Partners in Development and/or Implementation	Boy Scouts of America, Montgomery County Public and Private Schools, Suburban Hospital Community Health and Wellness and Medical Staff/Healthcare Providers	
How were the outcomes evaluated?	<p>End of the year evaluation given to students on their experience of the program and thoughts on improvements for the following year.</p> <p># of returned students to program</p> <p># of Medical Explorers attending medical school or pursuing career in allied health</p>	
Outcomes (Include process and impact measures)	<p>- 89.19% responded yes when asked, <i>“Did the program help you with your decision to pursue a career in medicine?”</i></p> <p>-36 out of 57 students evaluated stated that they planned to attend next year’s program</p> <p>-approximately (40%) return the following school year.</p> <p>-Among former Medical Explorers who went on to become health professionals included two surgeons, one dermatologist, one internal medicine specialist and one nurse practitioner have attended the at Suburban Hospital throughout the years.</p>	
Continuation of Initiative	Program sessions for 2014-2015 have begun.	
<p>I. Total Cost of Initiative for Current Fiscal Year</p> <p>J. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>I. Total Cost of Initiative \$11,789.00</p>	<p>J. Direct offsetting revenue from Restricted Grants None</p>

Table III, Initiative 6. Suitland Dine and Learn Program

Identified Need	Cardiovascular Disease , Obesity, Diabetes, Cancer
Hospital Initiative	Suitland Dine and Learn Program
Primary Objective	The program’s goal is to reduce cardiovascular health disparities and related co-morbidities among Prince George’s County residents, thereby decreasing the burden due to morbidity and mortality. Each monthly Dine & Learn session provides attendees with a blood pressure screening, an exercise demonstration led by a certified fitness instructor, a nutrition education lesson by a registered dietitian, and a heart healthy cooking demonstration with samples and recipes led by a registered dietitian who has a background in cooking.
Single or Multi-Year Initiative Time Period	Ongoing
Key Partners in Development and/or Implementation	NIH Heart Center at Suburban Hospital, Prince George’s County Health Department, Prince George’s County Department of Parks and Recreation
How were the outcomes evaluated?	To evaluate the program and its effectiveness, the NIH Heart Center at Suburban Hospital takes the lead in conducting a free health assessment twice a year; at the beginning of the year in January and five months later in June. The pre- and post-health assessment includes: <ul style="list-style-type: none"> – Blood pressure screening – Weight assessment – Total cholesterol screening – Waist circumference measurement For FY 2014, the health assessment compared data results from February 2014 to June 2014. Of the 23 participants measured in February 2014 and the 18 measured in June 2014, only 9 individuals completed both assessments to evaluate pre- and post-test (n = 9). Eight of those nine were female and one a male. The results from the health assessment are shown below.
Outcomes (Include process and impact measures)	<ul style="list-style-type: none"> – The results show that for the systolic reading participants on average lowered their blood pressure from 134 (pre-hypertensive) to 120 which is normal blood pressure. For the diastolic results, participants maintained a healthy average reading (74) over the five month period. These results are very encouraging and indicate improved health behaviors to lower one’s blood pressure. – The Suitland Dine & Learn participants lost an average of 7.2 lbs. from February to June 2014. This is a significant improvement from last year’s average weight loss of 4 lbs. from June 2012 to June 2013. – The Dine & Learn participants did excellent in this health indicator by lowering their total cholesterol from 190.4 to 177.7, a difference of 12.7. These results complement the weight loss and lowered blood pressure and indicate that the participants are making healthier lifestyle choices and lowering their risk for cardiovascular disease and other chronic conditions. – The average waist circumference increased from 40.9 inches in February 2014 to 42.7 inches in June 2014. This is contraindicating and might be due to human error and improper tester technique when measuring the waist.

Continuation of Initiative	Program will continue at the Suitland Community Center for 2015 calendar year and expand to a second site in FY2015 to reach the central/northern part of Prince George's County.	
K. Total Cost of Initiative for Current Fiscal Year L. What amount is Restricted Grants/Direct offsetting revenue	K. Total Cost of Initiative \$16,068.00	L. Direct offsetting revenue from Restricted Grants None

Table III, Initiative 7. Safe Sitter Program

Identified Need	Maternal/Child Health	
Hospital Initiative	Safe Sitter Program	
Primary Objective	A comprehensive training course designed for 11 to13 year-olds the essentials of babysitting. Course includes tactics in handling emergencies, basic first aid and child-care skills. While there is a fee for this class, scholarships are available on an as needed basis.	
Single or Multi-Year Initiative Time Period	Ongoing	
Key Partners in Development and/or Implementation	Community Health and Wellness Department, Safe Sitter Inc., Montgomery County Public Schools, local Private Schools	
How were the outcomes evaluated?	At the end of the class, every student completes a 36 question test which tests their knowledge of what they learned in the class. In addition, each student is given a feedback questionnaire, regarding their experience and what they learned from the class.	
Outcomes (Include process and impact measures)	<ul style="list-style-type: none"> - 100% of the students pass the test with an 80% or higher. - In the questionnaire, students say that because of the class, they feel confident in babysitting and due to the valuable toolkit, are prepared to handle emergencies whether it be administering first aid or handling behavioral problems. - 85% express their desire to learn CPR. 	
Continuation of Initiative	Planned for 2015 calendar year.	
M. Total Cost of Initiative for Current Fiscal Year N. What amount is Restricted Grants/Direct offsetting revenue	M. Total Cost of Initiative \$13,870.30	N. Direct offsetting revenue from Restricted Grants None

2. Description of community health needs that were identified through the CHNA that were not addressed by the hospital.

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health related organizations—primary users of information found in CHNA’s—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone. Nor can they affect basic demographics like age or gender distribution patterns.

The Healthy Montgomery steering committee established six official health priorities to be tracked, measured and evaluated based on health inequities, lack of access, and unhealthy behaviors over the next three years. One of those health priorities includes Maternal and Child Health. Suburban Hospital may not be in a position to affect all of the changes required to address this health priority given that the hospital does not have an obstetrics designation or deliver babies. One reason for not seeking this designation is due to the fact that there are several other community hospitals within 5-10 miles of our Bethesda location that have reputable obstetrics programs. While Suburban Hospital may not be able to directly address this health priority, the Hospital does indirectly support Maternal and Child Health initiatives through funding and programming of several other organizations which promote the health and well-being of children and their families. Notably, Suburban Hospital supports the YMCA Youth and Family Services by hosting parenting seminars at the hospital twice a year. Proceeds from the seminars go directly to the YMCA and support its programming available to the community’s families. In addition, Suburban Hospital provides financial support to safety net clinics in Montgomery County who treat specific patients requiring obstetric or pediatric care. The Hospital is also the official health sponsor of Girls on the Run Montgomery County providing discounted CPR and 1st aid training classes to the coaches, purchasing shoes and healthy snack for students from Title I schools and providing health tips on Girls on the Run Montgomery County website.

Furthermore, the Shaw Family Pediatric Emergency Center at Suburban Hospital provides children of all ages with quality care in a kid-friendly, family-centered environment ensuring around-the-clock pediatric expertise and promotes continuity of care. Recognizing the unique medical needs of our youngest patients, a team of board-certified pediatricians and specially trained pediatric nurses treat everything from sore throats to playground injuries and broken bones to complex illnesses and offers a full range of ancillary care, including radiology and laboratory services. The Center also offers support for children who are undergoing outpatient procedures.

V. PHYSICIANS

1. Description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Suburban Hospital is concerned about patient access to care, which is endangered by an identified shortage of physicians in Montgomery County practicing in primary care and in several specialties. A study from the Maryland Hospital Association and MedChi found shortages in Primary Care, Dermatology, Hematology/Oncology, Psychiatry, Anesthesiology, Emergency Medicine, Thoracic Surgery, and Vascular Surgery. Maryland also has only a borderline supply of orthopedic surgeons. Suburban Hospital is committed to expanding not only access to primary care for the uninsured, but also collaborates with local health partners like Montgomery Cares, Project Access, Primary Care Coalition, Catholic Charities, Mobile Medical Care, Clinica Proyecto Salud, NHLBI, NIDDK, community cardiologists

and orthopedic surgeons to provide much needed specialty care, especially for those who suffer from chronic disease. A few examples of how Suburban Hospital and its partners are working to narrow the gap in availability of these specialty services are outlined below:

Every Thursday evening since October 2007, Suburban Hospital has operated a specialty cardiac clinic on-site with our partners Mobile Medical Care, Inc. and the National Heart, Lung and Blood Institute of the NIH. The clinic serves to provide access to care and alleviate the gap in specialty providers for cardiac patients. Referred from safety net clinics in the County operated by MobileMed, Clinica Proyecto Salud and the Holy Cross Hospital Health Centers, each patient is seen by a Suburban cardiologist and clinical staff from the NIH. In addition to coordinating the cardiologists and nurses who volunteer at the clinic, the Hospital absorbs the costs associated with free cardiovascular specialty diagnostic screenings and open-heart surgery for patients who require advanced care. The MobileMed/NIH Heart Clinic has provided expert care to over 3,700 patients to date and has conducted multiple open-heart surgeries at no cost to those patients who are in urgent need of these specialty care and inpatient services.

Based on the best practice model of the MobileMed/NIH Heart Clinic, Suburban Hospital, MobileMed Inc. and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) established a free endocrine clinic providing lifestyle and chronic disease management for people with endocrine diseases. Since opening its doors in July 2010, staff from Suburban Hospital, NIDDK and MobileMed volunteer their time once a week by providing diagnostic tests, laboratory services and free medical examinations and has treated close to 2,000 patients. In addition, Endocrine clinic patients have the opportunity to meet one-on-one with Suburban Hospital Registered Dietitians for free nutrition consultations to review individual nutrition plans and examine challenges with dietary restraints.

Since 2004, Suburban Hospital has supported several specialty health initiatives targeted at Clinica Proyecto Salud patients, including Diabetes education and management. Suburban Hospital has provided a bilingual health educator who has taught hundreds of people living with Diabetes to better manage their Diabetes and lifestyle changes. In accordance with our 2008 agreement with Montgomery Cares, Suburban Hospital financially funds Clinica Proyecto Salud and the Holy Cross Hospital Clinic-Gaithersburg, increasing uninsured adult patients' access to primary care, which enables the Clinic to employ additional healthcare providers, extend their hours, and provide additional patient appointments. For example, the Holy Cross Hospital Health Center in Gaithersburg had an increased in the number of unduplicated visits patients by 65.0% (2,115 FY10 vs. 5,973 FY14) and the number of encounters by 63.0% (7,107 FY10 vs. 19,036 FY14). Uninsured adult patients who come to Suburban Hospital's Emergency Department are referred each of these clinics for primary care and follow up. Clinica Proyecto Salud's established patient population has benefited from the expansion of services at the Clinic's existing site in Wheaton, MD, given its convenient location and access to public transportation. The partnership also provides Clinica Proyecto Salud's patients with access to cardiac specialty care through the MobileMed/NIH Heart Clinic at Suburban Hospital.

2. Physician subsidies.

Critical to serving and meeting the health care needs of our community, Suburban Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the Hospital. In FY 2014, Suburban paid a total of \$7,835,912.37 in subsidies to physicians for the following patient services for on-call coverage in the emergency department:

Trauma Call	ENT Call
Behavioral Health Call	OB/GYN Call
Urology Call	Anesthesiology Call
Cardiology Call	Stroke Call
Ophthalmology Call	Emergency Room Coverage
Vascular Call	Ortho and Spine Surgery
General Surgery	Hospital Intensivists
Hospitalists	

APPENDIX I

DESCRIPTION OF FINANCIAL ASSISTANCE POLICY

FINANCIAL ASSISTANCE POLICY DESCRIPTION

Description of how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's financial assistance policy.


Suburban Hospital maintains accessibility to all services regardless of an individual's ability to pay. The Hospital policy on charity care is to provide necessary emergency medical care to all persons regardless of their ability to pay and consider for charity care those patients who cannot pay the total cost of hospitalization due to lack of insurance coverage and/or inability to pay. Free care, sliding fee scales and extended payment plans are offered to eligible patients. Approval for charity care, sliding fee scales or payment plans is based on submission of a financial assistance application available upon request at each of our registration points of entry, via mail, or our website, www.suburbanhospital.org.

The Patient Access Department provides all patients registered for emergency, outpatient, or inpatient care a copy of our Financial Assistance Information Sheet. Signs are posted in English and Spanish explaining the availability of financial assistance and where to call for assistance. The signs are located in the Emergency, Pediatrics, Cath Lab, and Financial Counseling Departments, as well as the main registration desk. A financial assistance application is given to every self-pay patient with instructions on how to apply and who to contact for assistance. The same information is provided to all other patients upon request. This information is also available in Spanish.

Suburban Hospital's Financial Counselors and Social Workers are trained to answer patients' questions about financial assistance and provide linkage to other community assistance resources prior to discharge. Registration and Patient Accounting staff is trained to answer questions regarding financial assistance and who to contact to apply. The Patient Access Department also has Medicaid Specialists onsite to assist patients in applying for Maryland Medical Assistance. All uninsured patients are screened for Medicaid upon admission and provided with information and referral for financial assistance.

APPENDIX II

FINANCIAL ASSISTANCE POLICY

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
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POLICY

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).

Purpose

JHHS 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.

It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or excessive Medical Debt for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.

JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. Notice of availability will be posted on each hospital website, will be mentioned during oral communications, also will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. 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. 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.

Definitions

- Medical Debt** Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing)

- 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 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.

- 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



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patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.

Medically Necessary Care Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.

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 Immediate Family residing in the household

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.

PROCEDURES

1. An evaluation for Financial Assistance can begin in a number of ways:


For example:

- A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
- 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.
- A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.

2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.

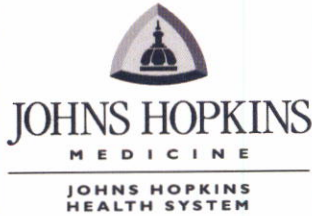
3. Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

- a. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
- b. Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.
- c. At HCGH, complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved

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and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's to mail patient a written determination of eligibility.

4. To determine final eligibility, the following criteria must be met:
 - a. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
 - b. All insurance benefits must have been exhausted.
5. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:
 - a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
 - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
 - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
 - d. A Medical Assistance Notice of Determination (if applicable).
 - e. Proof of disability income (if applicable).
 - f. Reasonable proof of other declared expenses.
 - g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO (HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.
 - h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle for review and final eligibility based upon JHMI guidelines.



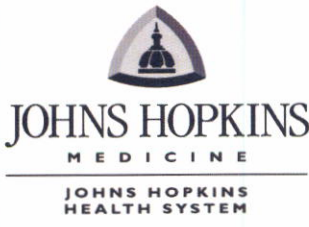
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- a. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments for reconsideration to the CFO (HCGH) or Director PFS and CFO (SH) for final evaluation and decision.
 - b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH) will base their determination of financial need on JHHS guidelines.
7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
 8. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.
 9. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.
 10. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. 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.
 11. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patients representative requests an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.
 12. Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.
 13. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance

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Eligibility criteria (see Appendix A-1). 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 Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). 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.

14. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.
15. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding \$25. If 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 30 days from the date of initial request for information. 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.
16. This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

REFERENCE¹

JHHS Finance Policies and Procedures Manual

Policy No. FIN017 - Signature Authority: Patient Financial Services

Policy No. FIN033 - Installment Payments

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 Federal Register

¹ NOTE: Standardized applications for Financial Assistance, Patient Profile Questionnaire and Medical Financial Hardship have been developed. For information on ordering, please contact the Patient Financial Services Department. Copies are attached to this policy as Exhibits A, B and C.



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RESPONSIBILITIES - HCGH, SH

Financial Counselor (Pre-Admission/Admission/In-House/Outpatient) Customer Service Collector Admissions Coordinator Any Finance representative designated to accept applications for Financial Assistance

Understand current criteria for Assistance qualifications.

Identify prospective patients; initiate application process when required. As necessary assist patient in completing application or program specific form.

On the day preliminary application is received, send to Patient Financial Services Department's for determination of probable eligibility.

Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.

If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.

Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

Identify retroactive candidates; initiate final application process.

Management Personnel
(Supervisor/Manager/Director)

Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.

Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.]

Notices will not be sent to Presumptive Eligibility recipients.

Financial Management Personnel
(Senior Director/Assistant Treasurer or affiliate equivalent)
CP Director and Management Staff

Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.



JOHNS HOPKINS
M E D I C I N E

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SPONSOR

CFO (HCGH, SH)
Director of Revenue Cycle (HCGH)
Director, PFS (SH)

REVIEW CYCLE


Two (2) years

APPROVAL



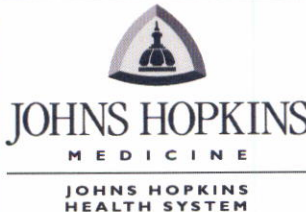
Sr. VP of Finance/Treasurer & CFO for JHH and JHHS

11-1-2013
Date

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**APPENDIX A
 FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

1. Each patient requesting Financial Assistance must complete a JHM/Financial Assistance Application (also known as the Maryland State Uniform Financial Assistance Application) Exhibit A, and Patient Profile Questionnaire, Exhibit B. If patient wishes to be considered for Medical Financial Hardship, patient must submit Medical Financial Hardship Application, Exhibit C.
2. A preliminary application stating family size and family income (as defined by Medicaid regulations) will be accepted and a determination of probable eligibility will be made within two business days of receipt.
3. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. A Patient Profile Questionnaire (see Exhibit B) has been developed to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
4. Proof of income must be provided with the final application. Acceptable proofs include:
 - (a) Prior-year tax return;
 - (b) Current pay stubs;
 - (c) Letter from employer, or if unemployed documentation verifying unemployed status; and
 - (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
 - (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
5. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (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 JHHS affiliate bills.
6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.
7. Patients who chose to become voluntary self pay patients do not qualify for Financial Assistance for the amount owed on any account registered as Voluntary Self Pay.
8. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations that are not medically necessary. Non-hospital charges will remain the responsibility of the patient. 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.

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9. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the day when the application was satisfactorily completed and submitted. The Financial Counselor will issue the final eligibility determination.
10. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) will remain valid for a period of six (6) months for all necessary JHM affiliate services provided, based on the date of the determination letter. Patients who are currently receiving Financial Assistance from one JHM affiliate will not be required to reapply for Financial Assistance from another affiliate.
12. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exceptions

The Vice President, Finance/CFO may make exceptions according to individual circumstances.


FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

<p align="center">TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES</p> <p align="right">Effective 2/1/14</p>						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 23,340	\$ 25,674	\$ 28,008	\$ 30,342	\$ 32,676	\$ 35,010
2	\$ 31,460	\$ 34,606	\$ 37,752	\$ 40,898	\$ 44,044	\$ 47,190
3	\$ 39,580	\$ 43,538	\$ 47,496	\$ 51,454	\$ 55,412	\$ 59,370
4	\$ 47,700	\$ 52,470	\$ 57,240	\$ 62,010	\$ 66,780	\$ 71,550
5	\$ 55,820	\$ 61,402	\$ 66,984	\$ 72,566	\$ 78,148	\$ 83,730
6	\$ 63,940	\$ 70,334	\$ 76,728	\$ 83,122	\$ 89,516	\$ 95,910
7	\$ 72,060	\$ 79,266	\$ 86,472	\$ 93,678	\$ 100,884	\$ 108,090
8*	\$ 80,180	\$ 88,198	\$ 96,216	\$ 104,234	\$ 112,252	\$ 120,270
**amt for each member	\$8,120	\$8,932	\$9,744	\$10,556	\$11,368	\$12,180
Allowance to Give:	100%	80%	60%	40%	30%	20%

*200% of Poverty Guidelines

**For family units with more than eight (8) members

EXAMPLE: Annual Family Income \$54,000
 # of Persons in Family 4
 Applicable Poverty Income Level \$47,700
 Upper Limits of Income for Allowance Range \$57,240 (60% range)
 (\$54,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

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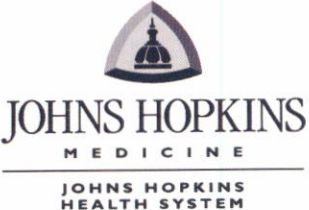
Appendix A-1

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Active Medical Assistance pharmacy coverage
- QMB coverage/ SLMB coverage
- Primary Adult Care Program (PAC) coverage*
- Homelessness
- Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- Maryland Public Health System Emergency Petition patients
- active enrollees of the Chase Brexton Health Center (See Appendix C) (applicable for HCGH patients)
- active enrollees of the Healthy Howard Program (see Appendix D) (applicable for HCGH patient)
- Participation in Women, Infants and Children Programs (WIC)*
- Supplemental Nutritional Assistance program (SNAP) or Food Stamp eligibility *
- Households with children in the free or reduced lunch program*
- Low-income household energy assistance program participation*
- Eligibility for other state or local assistance programs which have financial eligibility at or below 200% of FPL
- patients referred to Suburban Hospital by organizations which have partnered with Suburban (See Appendix E)
- Patient is deceased with no known estate
- Health Department moms – For non-emergent outpatient visits not covered by medical assistance
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- Patients returned by SRT as not meeting disability criteria but who meet the financial requirements for Medical Assistance

*These life circumstances are set forth in COMAR 10.37.10.26 A-2. The patient needs to submit proof of enrollment in these programs within 30 days of treatment unless the patient requests an additional 30 days.

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**APPENDIX B
MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES**

Purpose

These guidelines are to provide a separate, supplemental determination of Financial Assistance. This determination will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom:

- 1.) Medical Debt incurred over a twelve (12) month period exceeds 25% of the Family Income creating Medical Financial Hardship; and
- 2.) who meet the income standards for this level of Assistance are met.

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, JHHS shall apply the reduction in charges that is most favorable to the patient.

Medical Financial Hardship is defined as Medical Debt for Medically Necessary treatment incurred by a family over a twelve (12) month period that exceeds 25% of that family's income.


Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary Care billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles.

The patient/guarantor can request that such a determination be made by submitting a Medical Financial Hardship Assistance Application (Exhibit C), when submitting JHM/Financial Assistance Application, also known as the Maryland State Uniform Financial Assistance Application (Exhibit A), and the Patient Profile Questionnaire (Exhibit B). The patient guarantor must also submit financial documentation of family income for the twelve (12) calendar months preceding the application date and documentation evidencing Medical Debt of at least 25% of family income.

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 the same hospital 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.

General Conditions for Medical Financial Hardship Assistance Application:

1. Patient's income is under 500% of the Federal Poverty Level.
2. Patient has exhausted all insurance coverage.
3. Patient account balances for patients who chose to register as voluntary self pay shall not counted toward Medical Debt for Medical Financial Hardship Assistance.
4. Patient/guarantor do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
5. Patient is not eligible for any of the following:
 - Medical Assistance

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- Other forms of assistance available through JHM affiliates
6. Patient is not eligible for The JHM Financial Assistance Program or is eligible but the Medical Financial Hardship Program may be more favorable to the patient.
 7. The affiliate has the right to request patient to file updated supporting documentation.
 8. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.
 9. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the Medical Financial Hardship Assistance program, the patient is still required to file a JHHS Medical Financial Hardship Assistance Application but not to submit duplicate supporting documentation.

Factors for Consideration

The following factors will be considered in evaluating a Medical Financial Hardship Assistance Application:


- Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the JHHS treating facility where the application was made.
- Liquid Assets (leaving a residual of \$10,000)
- Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
- Supporting Documentation

Exceptions

The Vice President, Finance/CFO or designee may make exceptions according to individual circumstances.

Evaluation Method and Process

1. The Financial Counselor will review the Medical Financial Hardship Assistance Application and collateral documentation submitted by the patient/responsible party.
2. The Financial Counselor will then complete a Medical Financial Hardship Assistance Worksheet (found on the bottom of the application) to determine eligibility for special consideration under this program. The notification and approval process will use the same procedures described in the Financial Assistance Program section of this policy.

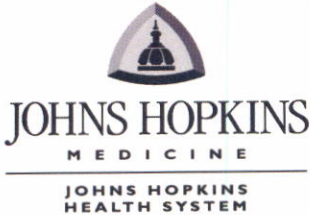
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MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES			
Effective 2/1/14			
# of Persons in Family	Income Level**		
# of Persons in Family	300% of FPL	400% of FPL	500% of FPL
1	\$ 35,010	\$ 46,680	\$ 58,350
2	\$ 47,190	\$ 62,920	\$ 78,650
3	\$ 59,370	\$ 79,160	\$ 98,950
4	\$ 71,550	\$ 95,400	\$ 119,250
5	\$ 83,730	\$ 111,640	\$ 139,550
6	\$ 95,910	\$ 127,880	\$ 159,850
7	\$ 108,090	\$ 144,120	\$ 180,150
8*	\$ 120,270	\$ 160,360	\$ 200,450
Allowance to Give:	50%	35%	20%

*For family units with more than 8 members, add \$12,180 for each additional person at 300% of FPL, \$16,240 at 400% at FPL; and \$20,300 at 500% of FPL.



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**APPENDIX C (HCGH only)
FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS**

Purpose

Chase Brexton Health Services, Inc. is a non-profit, community based organization that provides a wide range of medical, psychological and social services on a non-discriminatory basis in Baltimore City, Baltimore County, and Howard County. Chase Brexton offers services to everyone regardless of their ability to pay. Chase Brexton cares for those who are uninsured or under-insured, those with Medicare and Medicaid, and those with commercial insurance. Chase Brexton has Case Managers that work with patients to determine eligibility for care at a low minimum fee, and/or appropriate programs and entitlements available to people with limited resources.

This procedure is for Howard County General Hospital registration sites, verification and scheduling and for Patient Financial Services. It outlines the treatment of patients that have qualified for Chase Brexton Health Services. It is the policy of HCGH to accept patients previously screened by Chase Brexton for financial assistance. Patients will not have to apply for assistance but will need to notify HCGH of their participation in this program.

Inpatient/Outpatient cases

All Chase Brexton inpatients are screened by the Howard County General Hospital's Financial Counselor for possible medical assistance. Appointments are made with Howard County General Hospital's in-house medical assistance Case Worker for the application process. If medical assistance is received, the claim is billed to Medical Assistance for payment. If the patient is not eligible for medical assistance, the insurance plan of FAR.PENDIN, FARB20, FARN40, FARN50, FARN70 FARN80, and FAR100 is assigned to the case and the claim will be automatically written off to the financial assistance/charity care allowance code when the final bill is released. The insurance code assignment is based on the level of charity care the patient has qualified for.

Insurance listed as:

FAR.PENDIN
FARB20
FARN40
FARN50
FARN70
FARN80
FAR100

Charity Care

Pending Verification
20% of charges
40% of charges
50% of charges
70% of charges
80% of charges
100% of charges

Patient to pay:

80% of charges
60% of charges
50% of charges
30% of charges
20% of charges
0% of charges

PROCEDURE

1. When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc.) to be pulled forward.
2. The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.
3. The Sr. Financial Counselor will review all patients on the report daily to validate they are active with the Chase Brexton health center and what level of charity care they qualify for.



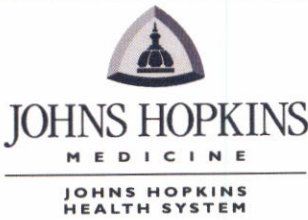
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4. The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper level of charity care and collecting the patient balance (if any).
5. The Sr. Financial Counselor is responsible for entering a form and through date into Meditech that the patient is eligible to receive this level of charity care.
6. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

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**APPENDIX D (HCGH only)
FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS**

Purpose

The Healthy Howard Access Plan is a new program effective January 1, 2009, designed to connect Howard County residents to affordable health care services and help the community overcome barriers to healthy living. The Plan is not insurance, but offers basic medical and preventative care to eligible residents who would otherwise not be able to afford or obtain health insurance.

This procedure is for Howard County General Hospital registration sites, verification and scheduling, and Patient Financial Services. It outlines the treatment of patients that are enrolled in the Healthy Howard Plan.

Inpatient/Outpatient cases

It is the policy of HCGH to accept Healthy Howard plan patients for referred scheduled services, and emergent/urgent services.

It is the responsibility of the patient to provide their Healthy Howard identification card or inform the registration/scheduling staff of Healthy Howard coverage at the time of service or scheduling.

It is the responsibility of the HCGH registration/authorization staff to verify that coverage is still active by checking eligibility via. MCNET (a web based system administered by JHHC).

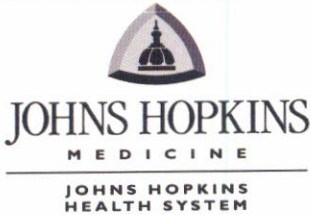
For Healthy Howard patients utilizing the emergency department, \$100 co-pay is due. However; if admitted or placed into observation the co-pay is waived.

The patient should be registered using the insurance code HLTH.HOW.

The HLTH.HOW insurance code has been programmed to automatically write off the charges to the financial assistance code when the final bill is released.

Procedure

1. When a patient presents for services at HCGH and either presents a Healthy Howard insurance card or notifies the registration staff that they are a member of Healthy Howard the registrar should verify eligibility using MCNET to validate the patient is an active enrollee.
2. If active, the Admission Counselor will register the patient with the insurance code HLTH.HOW.
3. If not active, notify the patient of ineligibility and ask if there is other insurance or means to pay. If not, provide the patient with the HCGH financial assistance application.
4. The Sr. Financial Counselor prints a report on a daily basis of all patients registered with HLTH.HOW.
5. The Sr. Financial Counselor will review all patients on the report to validate they are active with Healthy Howard.
6. The Sr. Financial Counselor is responsible to monitor Healthy Howard in-house inpatient admissions to determine if at some point the patient may become eligible for MD Medical Assistance. If so, the Sr. Financial Counselor will meet with the patient to assist in the application process.
7. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be corrected as appropriate.



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**APPENDIX E (Suburban Hospital only)
FINANCIAL ASSISTANCE FOR MONTGOMERY COUNTY AND LOCALLY BASED PROGRAMS FOR
LOW INCOME UNINSURED PATIENTS**

Purpose

Suburban Hospital is partnered with several Montgomery County, MD and locally based programs that offer primary care services and/or connection to local specialty and hospital based care. Based on agreements with these partnered programs, Suburban Hospital provides access to inpatient and outpatient care to patients who would not otherwise be able to access or afford medically necessary care.

Policy

Suburban Hospital shall accept charity referrals for medical necessary care from the following providers: Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Primary Care Coalition, Project Access, and Proyecto Salud. Care is provided to such patients based on meeting eligibility requirements for one of the aforementioned local programs.

Patients must provide a program generated referral for care as proof of their enrollment in one of the above programs to qualify for presumptive approval for 100% free care. Suburban Hospital shall base acceptance of such referrals on the referring programs' enrollment of patients using their income based eligibility requirements which for these designated programs is at or below a maximum of 250% of the federal poverty guidelines.

Procedure

1. When a patient is scheduled and/or presents for services at SH, the patient must provide a referral form from one of the above programs as proof of enrollment.
2. Once the referral form is received, the Scheduler or Registrar will apply to the account a designated insurance mnemonic for the referring partnered program.
3. If no referral form is received by the patient, the account will be registered as self pay. The patient has 30 days to produce a referral or proof of enrollment in one of the partnered programs. An additional 30 days will be allowed upon request from the patient.
4. A Financial Counselor and/or Registrar will check the real time eligibility or Maryland EVS System to verify enrollment in Maryland Medicaid. If enrolled, Medicaid will prevail and free care presumptive approval will not apply.
5. Each hospital account with a designated insurance mnemonic for one of the partnered programs will be subject to final review for the existence of a program referral prior to application of the program driven charity adjustment. Presumptive approval for 100% free care applies to a single episode of care (account) only.

Exhibit A

Howard County General Hospital
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number _____ - ____ - ____
US Citizen: Yes No

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

Phone _____

City State Zip code

Country _____

Employer Name _____

Phone _____

Work Address _____

City State Zip code

Household members:

Name	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

Exhibit A

I. Family Income

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

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

II. Liquid Assets

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

III. Other Assets

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

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

IV. Monthly Expenses

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

Do you have any other unpaid medical bills? Yes No
For what service? _____
If you have arranged a payment plan, what is the monthly payment? _____

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

Applicant signature

Date

Relationship to Patient

Exhibit B

PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

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

8. Is patient a resident of the State of Maryland?
If not a Maryland resident, in what state does patient reside? _____ Yes or No
9. Is patient homeless? Yes or No
10. Does patient participate in WIC? Yes or No
11. Does patient receive Food Stamps? Yes or No
12. Does patient currently have:
 Medical Assistance Pharmacy Only Yes or No
 QMB coverage/ SLMB coverage Yes or No
 PAC coverage Yes or No
13. Is patient employed? Yes or No
 If no, date became unemployed. _____
 Eligible for COBRA health insurance coverage? Yes or No

Exhibit C

MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

Date: _____

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

Medical Debt incurred at The Johns Hopkins Hospital (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
_____	_____
_____	_____
_____	_____
_____	_____

All documentation submitted becomes part of this application.

All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.

Applicant's signature

Date: _____

Relationship to Patient

For Internal Use: _____ Reviewed By: _____ Date: _____

Income: _____ 25% of income= _____

Medical Debt: _____ Percentage of Allowance: _____

Reduction: _____

Balance Due: _____

Monthly Payment Amount: _____ Length of Payment Plan: _____ month

APPENDIX III

PATIENT INFORMATION SHEET



PATIENT BILLING and FINANCIAL ASSISTANCE INFORMATION SHEET

Billing Rights and Obligations

Not all medical costs are covered by insurance. The hospital makes every effort to see that you are billed correctly. It is up to you to provide complete and accurate information about your health insurance coverage when you are brought in to the hospital or visit an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurance companies require that bills be sent in soon after you receive treatment or they may not pay the bill. Your final bill will reflect the actual cost of care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

Financial Assistance

If you are unable to pay for medical care, you **may qualify for Free or Reduced-Cost Medically Necessary Care** if you:

- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

If you do not qualify for Medical Assistance or financial assistance, you may be eligible for an extended payment plan for your medical bill.

Call: 301-896-6088

With questions concerning:

- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- Your rights and obligations with regard to reduced-cost medically necessary care due to financial hardship
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance or other programs that may help pay your medical bills

For information about Maryland Medical Assistance

Contact your local department of Social Services

1-800-332-6347 TTY 1-800-925-4434

Or visit: www.dhr.state.md.us

Physician charges are not included in hospital bills and are billed separately.



HOJA INFORMATIVA SOBRE LA FACTURA DE PACIENTES Y LA ASISTENCIA FINANCIERA

Los derechos y obligaciones de la factura

No todos los costos médicos son cubiertos por el seguro. El hospital hace todo lo posible para estar seguro de que usted reciba la factura correcta. Depende de usted proveer la información completa y precisa sobre su cobertura de seguro médico cuando le traen al hospital o cuando visita la clínica ambulatoria. Esto ayudará a asegurar que se manden las facturas a su compañía de seguros a tiempo. Algunas compañías de seguro requieren que se manden las facturas tan pronto como usted recibe el tratamiento, de lo contrario pueden no pagarlas. Su factura final reflejará el verdadero costo de su cuidado, menos cualquier pago que se haya recibido o hecho al momento de su visita. Todo cobro no cubierto por su seguro es responsabilidad suya.

Asistencia financiera

Si usted no puede pagar por su cuidado médico, es posible que califique para cuidado médicamente necesario gratuito o de bajo costo si usted:

- No tiene otras opciones de seguro
- Le ha sido negada la asistencia médica, o no cumple con todos los requisitos de elegibilidad
- Cumple con criterios financieros específicos.

Si usted no califica para la Asistencia Médica o la asistencia financiera, es posible que sea elegible para un sistema de pagos extendidos para sus facturas médicas.

Llame a: 301-896-6088

Con sus preguntas referentes a:

- Su factura del hospital
- Sus derechos y obligaciones en cuanto a su factura del hospital
- Sus derechos y obligaciones de lo que se refiere a la reducción de costo, al cuidado médico necesario debido a dificultades financieras
- Cómo inscribirse para cuidado gratuito o de bajo costo
- Cómo inscribirse para la Asistencia Médica de Maryland u otros programas que le puedan ayudar a pagar sus facturas médicas.

Para más información sobre la Asistencia Médica de Maryland

Por favor llame a su departamento local de Servicios Sociales

1-800-332-6347 TTY 1-800-925-4434

O visite al: www.dhr.state.md.us

Los cobros de los médicos no se incluyen en las facturas del hospital, son facturas aparte.

APPENDIX IV

MISSION, VISION, VALUE STATEMENTS

SUBURBAN HOSPITAL

MISSION

Improving health with skill and compassion.

VISION

As a member of Johns Hopkins Medicine, Suburban Hospital will foster the development of an integrated and innovative system of care that provides state of the art clinical care supported by a strong base of medical research and education.

VALUE STATEMENT

Suburban Hospital is a community-based hospital serving Montgomery County and the surrounding area since 1943. We are a not-for-profit healthcare provider guided by the needs of our patients and community. On June 30, 2009, Suburban Hospital became a member of Johns Hopkins Medicine. The designated trauma center for Montgomery County, Suburban Hospital is affiliated with many local healthcare organizations, including the National Institutes of Health. It is committed to continuous improvement and appropriate use of resources, and creates an environment that encourages the success and fulfillment of our physicians, staff, and volunteers.

Suburban Hospital will set the standard for excellence in healthcare in the Washington metropolitan region. Through our affiliations, we aspire to provide world-class patient care, technology, and clinical research.

VALUES

- ❖ Compassion
- ❖ Excellence
- ❖ Integrity
- ❖ Teamwork
- ❖ Accountability

APPENDIX V

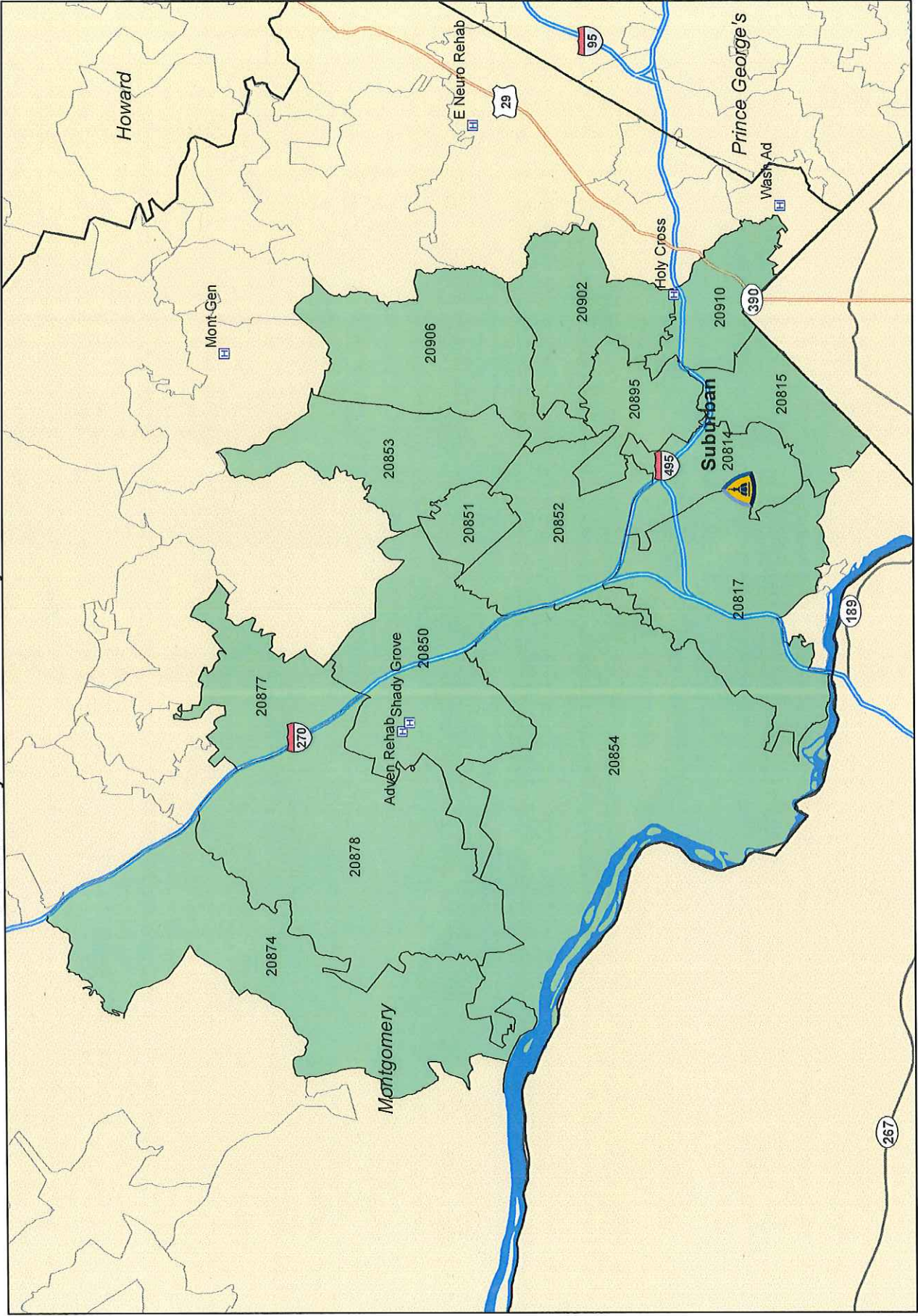
COMMUNITY BENEFIT SERVICE AREA DEMOGRAPHICS

**Suburban Hospital
Community Benefit Primary Service Area
FY 2014**

Source: HSCRC

ZIP	Zip City	SH Discharges	SH Market Share	SH Hospital Discharges	SH % Zip
20852	ROCKVILLE	1,401	38.8%	3,614	10.6%
20854	POTOMAC	1,260	38.1%	3,308	9.6%
20814	BETHESDA	1,175	48.7%	2,414	8.9%
20817	BETHESDA	1,029	42.7%	2,412	7.8%
20815	CHEVY CHASE	682	31.1%	2,196	5.2%
20850	ROCKVILLE	511	12.0%	4,256	3.9%
20906	SILVER SPRING	486	6.4%	7,574	3.7%
20895	KENSINGTON	471	28.0%	1,683	3.6%
20902	SILVER SPRING	335	6.8%	4,899	2.5%
20878	GAITHERSBURG	323	7.0%	4,591	2.5%
20874	GERMANTOWN	302	5.9%	5,116	2.3%
20853	ROCKVILLE	273	10.3%	2,652	2.1%
20910	SILVER SPRING	214	6.2%	3,461	1.6%
20851	ROCKVILLE	208	16.3%	1,279	1.6%
20877	GAITHERSBURG	197	5.7%	3,479	1.5%
Total		8,867	16.8%	52,934	67.3%

Suburban Hospital
Community Benefit Primary Service Area



2014 Insurance Coverage Estimates
 Area: FY 2014 CBPSA SH
 Ranked by ZIP Code(Asc)

ZIP Code	ZIP City	2014 Adjusted Population									
		Total	Medicaid	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	Uninsured		
20814	Bethesda	29,228	3,579	3,458	491	1,363	18,447	430	1,460		
20815	Chevy Chase	30,308	2,937	4,639	645	1,422	19,069	368	1,229		
20817	Bethesda	36,585	2,458	4,749	657	1,858	25,406	421	1,036		
20850	Rockville	51,561	5,623	5,239	752	2,492	34,428	757	2,270		
20851	Rockville	14,815	1,557	1,006	149	758	10,468	251	625		
20852	Rockville	45,984	6,119	5,450	775	2,087	28,365	721	2,468		
20853	Rockville	30,354	3,560	3,469	487	1,427	19,519	437	1,454		
20854	Potomac	51,194	2,493	6,928	952	2,721	36,489	547	1,064		
20874	Germentown	61,341	6,600	2,842	452	3,153	44,599	1,056	2,638		
20877	Gaithersburg	36,133	7,634	2,907	423	1,439	20,062	656	3,013		
20878	Gaithersburg	64,557	5,814	4,701	695	3,363	46,689	962	2,333		
20895	Kensington	20,547	2,514	2,342	331	944	13,115	279	1,021		
20902	Silver Spring	51,468	9,247	4,123	598	2,198	30,772	887	3,643		
20906	Silver Spring	66,892	11,368	9,847	1,385	2,658	36,071	1,002	4,561		
20910	Silver Spring	41,070	7,260	3,176	470	1,822	24,775	723	2,846		
	Total	632,037	78,763	64,876	9,262	29,706	408,273	9,496	31,661		

Demographics Expert 2.7
 2014 Demographic Snapshot
 Area: FY 2014 CBPSA SH
 Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS		Selected Area		USA	
	2014	2019	2014	2019	% Change
2010 Total Population	598,152	308,745,538			
2014 Total Population	632,037	317,199,353			
2019 Total Population	670,543	328,309,484			
% Change 2014 - 2019	6.1%	3.5%			
Average Household Income	\$135,230	\$71,320			
Total Male Population		303,215	322,197		6.3%
Total Female Population		328,822	348,346		5.9%
Females, Child Bearing Age (15-44)		123,570	125,051		1.2%

POPULATION DISTRIBUTION		Age Distribution		USA 2014	
Age Group	2014	% of Total	2019	% of Total	% of Total
0-14	118,708	18.8%	122,381	18.3%	19.3%
15-17	23,592	3.7%	25,788	3.8%	4.1%
18-24	48,663	7.7%	55,226	8.2%	10.0%
25-34	84,158	13.3%	78,300	11.7%	13.2%
35-54	181,321	28.7%	184,061	27.4%	26.6%
55-64	82,540	13.1%	91,959	13.7%	12.6%
65+	93,055	14.7%	112,828	16.8%	14.2%
Total	632,037	100.0%	670,543	100.0%	100.0%

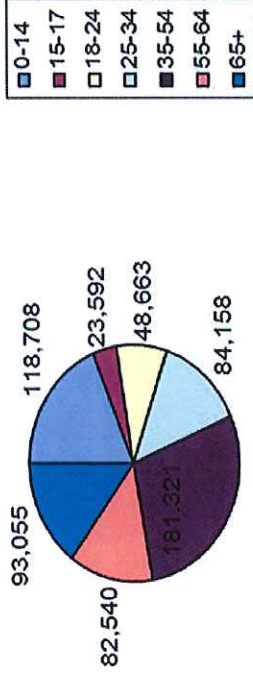
HOUSEHOLD INCOME DISTRIBUTION		Income Distribution		USA	
2014 Household Income	HH Count	% of Total	% of Total	% of Total	% of Total
<\$15K	14,076	5.8%	5.8%	13.3%	13.3%
\$15-25K	11,245	4.7%	4.7%	11.2%	11.2%
\$25-50K	32,568	13.5%	13.5%	24.4%	24.4%
\$50-75K	35,426	14.7%	14.7%	17.9%	17.9%
\$75-100K	28,816	12.0%	12.0%	11.9%	11.9%
Over \$100K	118,640	49.3%	49.3%	21.3%	21.3%
Total	240,771	100.0%	100.0%	100.0%	100.0%

EDUCATION LEVEL		Education Level Distribution		USA	
2014 Adult Education Level	Pop Age 25+	% of Total	% of Total	% of Total	% of Total
Less than High School	20,834	4.7%	4.7%	6.0%	6.0%
Some High School	16,531	3.7%	3.7%	8.2%	8.2%
High School Degree	56,920	12.9%	12.9%	28.4%	28.4%
Some College/Assoc. Degree	82,265	18.7%	18.7%	29.0%	29.0%
Bachelor's Degree or Greater	264,524	60.0%	60.0%	28.4%	28.4%
Total	441,074	100.0%	100.0%	100.0%	100.0%

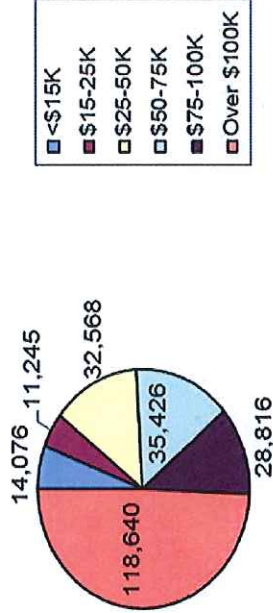
RACE/ETHNICITY		Race/Ethnicity Distribution		USA	
Race/Ethnicity	2014 Pop	% of Total	% of Total	% of Total	% of Total
White Non-Hispanic	314,807	49.8%	49.8%	62.1%	62.1%
Black Non-Hispanic	85,921	13.6%	13.6%	12.3%	12.3%
Hispanic	116,882	18.5%	18.5%	17.6%	17.6%
Asian & Pacific Is. Non-Hispanic	93,612	14.8%	14.8%	5.1%	5.1%
All Others	20,815	3.3%	3.3%	3.0%	3.0%
Total	632,037	100.0%	100.0%	100.0%	100.0%

2014 Demographic Snapshot Charts

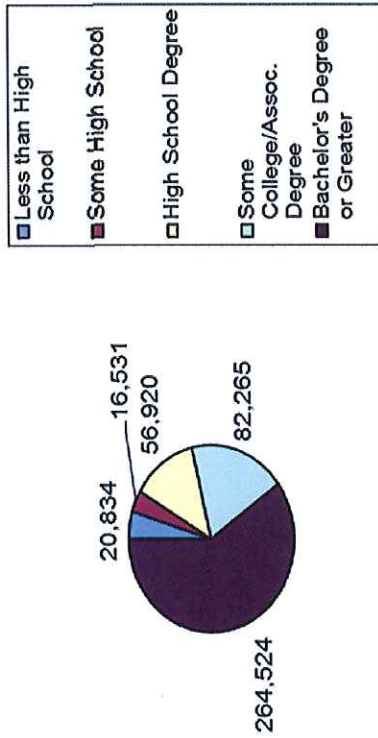
Population Distribution by Age Group



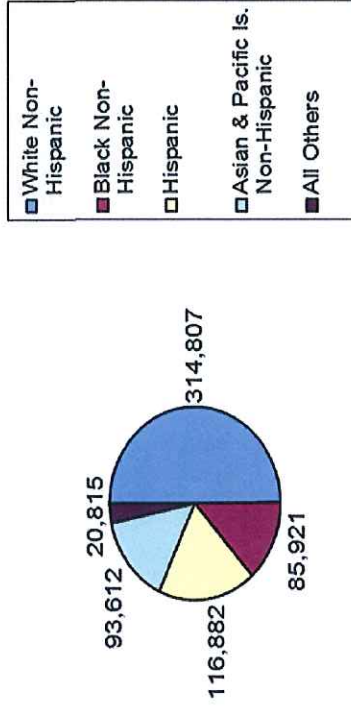
Current Households by Income Group



Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



APPENDIX VI

SUBURBAN HOSPITAL FY 2014 CBSA DEFINITION

FY 2014 Suburban Hospital Community Benefit Service Area Definition

Zip Code	City
20906	SILVER SPRING
20902	SILVER SPRING
20878	GAITHERSBURG
20852	ROCKVILLE
20910	SILVER SPRING
20854	POTOMAC
20850	ROCKVILLE
20853	ROCKVILLE
20895	KENSINGTON
20851	ROCKVILLE
20814	BETHESDA
20815	CHEVY CHASE
20817	BETHESDA
20877	GAITHERSBURG
20874	GERMANTOWN

Criteria used to define the Suburban Hospital Community Benefit Service Area (SH CBSA):

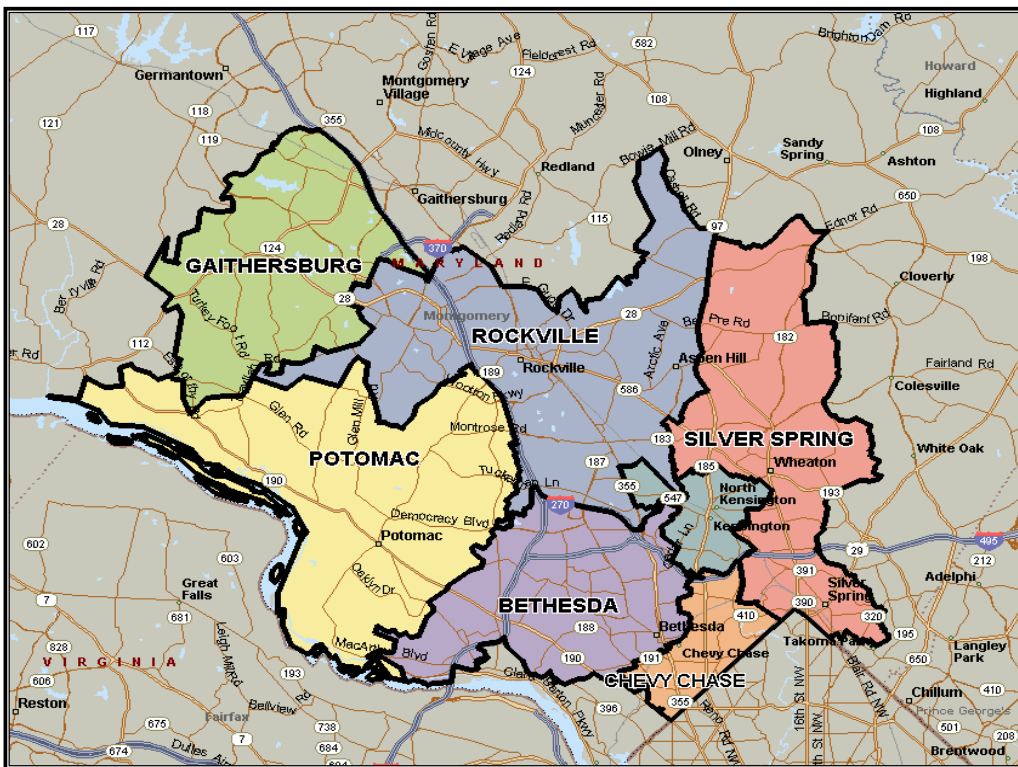
The SH CBSA is defined as the geographic region that includes zip codes that are common to the following:

- a) The top 20 zip codes from which Suburban Hospital ED visits originate*
- b) The Top 20 zip codes from which Suburban Hospital FY14 inpatients originate*
- c) The top 25 zip codes for Suburban Hospital Charity Care cases*
- d) The Top 10 zip codes for Suburban Hospital Community Benefit Activities**

*As defined by indicated residence of the recipient

** As defined by the total number of Suburban Hospital programs in the indicated zip code

Note: In FY 13 Suburban Hospital added zip code 20877 and 20874 to the previous year's service area definition



APPENDIX VII

CHNA 2013 IMPLEMENTATION STRATEGY

Suburban Hospital

Implementation Strategy

In response to the
Community Health Needs Assessment

Fiscal Year 2013



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

**SUBURBAN HOSPITAL
COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY
FY 2013**

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Introduction

A. Overview of Suburban Hospital

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The Hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the Hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. Suburban Hospital's busy Emergency/Shock Trauma Center treats more than 40,000 patients a year.

The Hospital's major services include: a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; The NIH Heart Center at Suburban Hospital, providing cardiac surgery, elective and emergency angioplasty as well as inpatient diagnostic and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designation as a Primary Stroke Center and a 24/7 stroke team; pediatrics and senior care programs.

Other services provided include: the NIH-Suburban MRI Center; a center for sleep disorders; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call). Suburban Hospital is the only hospital in Montgomery County to achieve the Gold Seal of Approval™ by The Joint Commission for its joint replacement program.

During fiscal year 2012, Suburban Hospital was licensed to operate 233 acute care beds, and had 14,171 inpatient admissions.

B. Community Health Needs Assessment

Under Section 501(c) (3) of the Internal Revenue Code, nonprofit hospitals may qualify for tax-exempt status if they meet certain federal requirements. The 2010 Patient Protection and Affordable Care Act (ACA) added four basic requirements to the Code. One of the additional requirements for tax-exempt

status is the provision of a community health needs assessment (CHNA) once every three years and an implementation strategy to meet the identified health needs. (Request for Comments Regarding Additional Requirements for Tax-Exempt Hospitals, 2010)

In Fiscal Year 2013, Suburban Hospital conducted a community health needs assessment to identify the most important health issues surrounding the hospital using scientifically valid health indicators and comparative information. The assessment helped to identify priority health issues affecting Montgomery County as a whole and specifically residents' of Suburban Hospital's Community Benefit Service Area (CBSA). Suburban Hospital's Community Health Needs Assessment FY 2013 is available to the public via SuburbanHospital.org. This report describes Suburban Hospital's implementation strategy for addressing the identified health needs in the community in order to improve health status and quality of care available to our residents, while building upon and strengthening the community's existing infrastructure of services and providers.

Suburban Hospital Health Priorities

As a result of using similar data sources and integrating historical partnership stakeholders in setting local health priorities over the years, the summary of key data findings conducted by Healthy Montgomery are similar, if not identical to health inequities identified by Suburban Hospital through community member surveying and discussions with health experts. This relationship easily affords Suburban Hospital the ability to parallel its community health improvement efforts to the six priorities identified by the Healthy Montgomery Steering Committee in order to decrease Health Inequities, Lack of Access and Unhealthy Behaviors. The six official health priorities to be addressed, tracked, and evaluated over the next three years are presented below in no particular order:

- Behavioral Health
- Obesity
- Diabetes
- Maternal and Child Health
- Cancer
- Cardiovascular Health

The Community We Serve

Suburban Hospital is located in Montgomery County, one of the most affluent counties in the United States. Montgomery County is adjacent to the nation's capital, Washington, D.C., and is also bordered by the Maryland counties of Frederick, Carroll, Howard and Prince George's, and the State of Virginia.

A close review of service utilization led to the identification of Suburban Hospital's primary service area (PSA). The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital's inpatient discharges originated during the most recent 12 month period after the discharges from each zip code are ordered from largest to smallest number of discharges. This information was provided by the Maryland Health Services Cost Review Commission (HSCRC).

As part of the PSA definition process, Suburban Hospital began to look at specific populations or communities of need to which the Hospital allocates resources through its community benefits plan. This in-depth process required an analysis of data from the Hospital's Inpatient Records, Emergency Department (ED) Visits, and Community Health Improvement Initiatives and Wellness Activities. The product was a geographic area, identified as Suburban Hospital's Community Benefit Service Area (CBSA) and contains the following thirteen zip codes: 20814, 20817, 20852, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, and 20851. A close look revealed that Suburban Hospital's CBSA is not limited to the primary service area.

Addressed Needs and Implementation Strategy

Suburban Hospital's CHNA taskforce conducted an analysis of current Suburban Hospital's community benefit activities, while also taking into consideration Suburban Hospital's major services of excellence, and found present efforts to be aligned, in some capacity, with the six health priorities mentioned above. Although, Suburban Hospital does not have an obstetrics designation or deliver babies - due to the fact that there are several other community hospitals within 5-10 miles of our Bethesda location that offer these kinds of services - the Hospital does indirectly support Maternal and Child Health initiatives through funding and programming of several other organizations which promote the health and well-being of children and their

families. Therefore, Suburban Hospital's implementation strategy aims to address all six identified health priorities.

Suburban Hospital's adopted health improvement plan connects hospital, community partners, local stakeholders and other resources with identified health needs. Suburban Hospital not only aligns health priorities with the areas of greatest identified need, but also considers where the Hospital's resources will generate the greatest impact. Therefore, over the next three years, Suburban Hospital will primarily focus its health improvement efforts to specific populations or communities of need to which the hospital allocates resources, identified above as the Community Benefit Service Area (CBSA). Within the CBSA, Suburban Hospital will focus on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors or at-risk youth.

Implementation Plan

Community Health Need: Behavioral Health

Target Population: CBSA Residents

Goal: Improve mental health through prevention and linkage to appropriate mental health services.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
B-1	Behavioral Health– Social and Emotional Support	Improve positive outcomes for mental health by providing programs that foster social and emotional support	CBSA Senior Citizens CBSA Adult Parents	Increase the proportion of seniors that participate in educational and community-based programs Provide tools and resources that improve family functioning and positive parenting	Support groups; Senior exercise programs; Mall Walking Parenting seminars; Turkey Chase; Safe Sitter	Montgomery County Department of Parks and Recreation, B-CC YMCA, B-CC Youth and Family Services, AARP, Montgomery County Stroke Association, Montgomery County Public and Independent Schools, OASIS, Leukemia & Lymphoma Society, Safe Sitter, Inc., John’s Hopkins University Press
B-2	Behavioral Health- Lack of Access	Increase knowledge of behavioral health resources in Montgomery County and facilitate access to available services	CBSA Medicare, Medicaid uninsured and, vulnerable populations Montgomery County residents	Collaborate with Healthy Montgomery to support the development of a centralized internet database for behavioral health services in the County Link patients in need of behavioral health services to appropriate community resources	Suburban On-Call; Behavioral Inpatient and outpatient services	Healthy Montgomery, Department of Health and Human Services, Montgomery Cares

Implementation Plan

Community Health Need: Obesity

Target Population: CBSA Population

Goal: Reduce obesity rates through the promotion of healthy lifestyles.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
O-1	Obesity- Unhealthy behaviors	Increase access to affordable exercise and nutrition programs	CBSA Residents School-aged children and youth	Provide structured exercise programs that focus on building strength, flexibility, stability, and cardiovascular health Improve access to healthy foods and weight management programs Collaborate and support organizations that promote physical activity in children and youth	Senior Exercise Programs, such as Tai Chi, Zumba Gold, Pilates, Senior Shape; Mall walking Healthy Weigh Series; Healthy Choices Class; Community Supported Agriculture Program; HeartWell; Nutrition Counseling Girl on the Run; Turkey Chase	Local mall management enterprises White Flint and Lakeforest Mall, Montgomery County Parks and Recreation, Friendship Heights Village Center, Girls on the Run of Montgomery County, Scotland Health Partnership, BCC YMCA, and BCC Rotary

0-2	Obesity- Health Inequities	Collaborate with residents in disadvantaged communities to develop supportive efforts that address health, social, and environmental inequities	Healthcare providers and CBSA residents	<p>Coordinate with public and private agencies to increase knowledge and utilization of available obesity reduction and preventions services</p> <p>Promote active and healthy lifestyles, weight management, through outreach educational programs</p>	Nutrition Seminars; HeartWell in Action; Create Your Weight; Healthy Cooking Series	Montgomery Cares, Primary Care Coalition, Mobile Medical Care, Inc., American Heart Association, Sodexo, Housing Opportunity Commission
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Implementation Plan

Community Health Need: Cancer

Target Population: CBSA Population

Goal: Improve cancer prevention and survivorship.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
C-1	Cancer- Education & Prevention	Increase awareness of cancer risk-factors	CBSA population	Partner with public and private organization to educate community members on risk-factors associated with cancer Deliver programs that help reduce risk for developing cancer	Check It Out; Local community race and walks fundraisers, Block it Out, Key to the Cure; Community Seminars; Smoking Cessation Program; Global Race for the Cure	Greater Washington Chapter of Hadassah, Montgomery County Public Schools, Lymphoma & Leukemia Society, Susan G. Komen, Montgomery County Cancer Crusade, and Saks 5 th Avenue
C-2	Cancer- Access to Care	Improve access to cancer prevention and early detection services	CBSA population	Leverage resources to link and/or deliver low-cost or free early detection cancer prevention screening and treatment programs	Skin, prostate, colorectal, breast, head-and neck and cervical cancer screenings; lung capacity testing	Project Access, Catholic Charities, Proyecto Salud Clinic, Alpha Phi Alpha Inc. Fraternity, Montgomery County Cancer Crusade, Sidney J. Malawer Memorial Foundation, Mobile Medical Care, Inc.

C-3	Cancer- Access to Care	Improve cancer patients' health outcomes	Cancer patients and survivors	<p>Provide cancer-specific patient navigation services; deliver information, knowledge, support, and guidance needed to manage a cancer diagnosis and treatment</p> <p>Design wellness classes and programs for cancer patients and survivors to reduce stress and anxiety around dealing with an illness and improve health outcomes</p>	<p>Two nurse patient navigators</p> <p>Look Good, Feel Better; Exercise Programs for Cancer Survivors; Cancer Specific Support Groups</p>	<p>American Cancer Society, Whole Foods, Leukemia & Lymphoma Society, Primary Care Coalition, Montgomery County Cancer Crusade</p>
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Implementation Plan

Community Health Need: Diabetes

Target Population: CBSA Population

Goal: Reduce diabetes prevalence and associated health complications.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
D-1	Diabetes- Access to care and Health Inequities	Increase access to quality diabetes management and treatment thereby delaying or reducing the onset of diabetes-related complications	Diabetic CBSA and uninsured residents	Partner with public and private organizations to deliver quality specialty endocrine medical treatment for free or low-cost Educate on healthy lifestyle modifications as a tool for proper diabetes self-management, including nutrition counseling services	Mobile Med/NIH Endocrine Clinic at Suburban Hospital; Financial and in-kind to support to local clinics Diabetes Schools at Proyecto Salud; Support Groups, Nutrition Counseling Services; Nutrition Seminars	National Institutes of Health, Mobile Medical Care, Inc., Proyecto Salud Clinic, Sodexho, Holy Cross Health Center, and Proyecto Salud Clinic
D-2	Diabetes- Unhealthy Behaviors	Improve health-related behaviors to reduce risk of developing diabetes	CBSA residents	Offer programs that promote healthy eating and physical activity Distribute diabetes education material that improve knowledge on prevention and control	Pre-Diabetes Classes; Healthy Cooking Series; Health Fairs; Community Seminars; Exercise Programs; Ama Tu Vida; Healthy Weigh	National Institutes of Health, Mobile Medical Care, Inc., Proyecto Salud Clinic, Sodexho

Implementation Plan

Community Health Need: Maternal and Child Health

Target Population: CBSA Population

Goal: Improve health outcomes for youth and families.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
M-1	Maternal and Child Health- Access to Care/Health Inequities	Improve health and safety practices	CBSA youth and families	Through community partnerships implement programs that create health resources to appropriate training and life-saving safety skills	Knots for Shots; Safe Sitter, Safe Kids Day & Coalition, Scotland Day, CPR and 1 st Aid Classes; Self-Defense Classes	Suburban Hospital Auxiliary, Scotland Community Center, MC Department of Health & Human Services, Priority Partners, Scotland Health Partnership, Girls on the Run of Montgomery County
M-2	Maternal and Child Health- Social Determinants of Health/ Promote Healthy Behaviors	Empower youth to become future leaders	CBSA children and youth	Expose children and youth to opportunities that allow cognitive development and future career opportunities	Medical Exploring; Hospital Education Tours; Career Day; Shadowing Opportunities	BCC Chamber of Commerce, Boy Scouts of America, Safe Sitter, YMCA, BCC Rotary Club, Ashburton Elementary School, local Girl Scout Troops

Implementation Plan

Community Health Need: Cardiovascular Health

Target Population: CBSA Population

Goal: Improve cardiovascular health through prevention and timely treatment.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
V-1	Cardiovascular Health- Access to care	Increase access to cardiovascular specialty care	Uninsured Montgomery County residents that suffer from complicated cardiovascular conditions	Expand access to cardiologists, specialty state-of-the art diagnostics screenings, treatment, and rehabilitation	Mobile Med/NIH Heart Clinic at Suburban Hospital; Project Access; Catholic Charities	National Heart, Lung and Blood Institute, Mobile Medical Care, Montgomery Cares, Primary Care Coalition, Proyecto Salud Clinic, Holy Cross Health Center, and the Archdiocese of Washington
V-2	Cardiovascular Health- Access to care	Reduce frequency of hospital admission due to cardiovascular disease	Montgomery County residents that have or are at-risk of developing a cardiovascular condition	Connect individuals to regular counseling, disease prevention and management education sessions available	HeartWell; Re-admission Initiative	Friendship Heights Community Center, Margaret Schweinhaut Senior Center, Holiday Park Senior Center, OASIS, Gaithersburg Senior Center
V-3	Cardiovascular Health- Unhealthy behaviors/Health Inequities	Increase awareness on risk factors associated with cardiovascular disease	CBSA residents	Assess individual's risk factors for cardiovascular disease through screenings and health assessment Deliver educational messages and programs that promote heart- healthy lifestyle	Body Composition, Blood Pressure, and Cholesterol Testing; Varicose Vein Screening; HeartWell In Action; Ama Tu Vida; Heart Smart Class; WellWorks Classes; Community Seminars	MCDHHS Latino Health Initiative, American Heart Association, Wolpoff Family Foundation, Housing Opportunity Commission, MC Department of Parks and Recreation

EXHIBIT 1

SUBURBAN HOSPITAL FY 2014 COMMUNITY BENEFIT PROGRAMS AND INITIATIVES

FISCAL YEAR 2014 - July 1, 2013 - June 30, 2014

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
COMMUNITY OUTREACH HEALTH PARTNERSHIPS									
Medical Exploring Crew 1984									
	7/12/2013	Organization Meeting	1	2	2	-	-		
	9/16/2013	Medical Exploring Open House	1	100	100	50			
	10/7/2013	Medical Exploring Program Kick-Off	1	59	59	40			
	10/28/2013	Dr. Whittaker Tour of ER/Trauma Bay & Helipad	1	60	60	35		2	
	10/5/2013	Back to Bethesda	1	1	2	-			
	11/11/2013	Aesthetic and Reconstructive Plastic Surgery	1	62	62	46		1	
	11/19/2013	Pediatrics Session and Tour	1	56	56	33		1	
	12/9/2013	Suturing	1	30	30	15		2	
	12/16/2013	Holiday Mixer and Adopt a Family	1	24	24	10		-	1
	1/6/2014	Otolaryngology – Head and Neck Surgery	1	45	45	33		1	
	1/20/2014	Heartsaver AED and CPR	3	14	42	20			
	2/3/2014	Radiology Session	1	42	42	22		1	
	2/17/2014	Surgery Observation at Inova Fairfax Hospital	1	29	29	15		-	
	3/10/2014	Suturing	1	25	25	17		4	
	3/24/2014	Nutrition and Dietetics Session	1	33	33	19		1	
	4/7/2014	B-CC Rescue Squad Visit and Tour	1	14	14	6		-	
	4/21/2014	Field Trip to NIH Clinical Center and National Library of Medicine	1	9	9	3		-	
	5/5/2014	Cardiothoracic Surgery Session	1	32	32	13		3	
	5/12/2014	Physician Assistant and End of Year Celebration Session	1	38	38	20		1	
	6/23/2014	Surgery Observation	1	15	15	9		-	
		Subtotal	22	690	719	406	17	1	-
Scotland Health Partnership									
	8/6/2013	National Night Out at Scotland	1	120	120	120		2	
	10/24/2013	Knots for Shots at Scotland: Flu Vaccination Initiative	1	33	33	33		2	1
		Subtotal	2	153	153	153	4	1	-
Monthly Blood Pressure Screenings									
		Potomac Community Center	12	10	120	60		-	
		Waverly House	12	10	120	425		-	
		Clara Barton Community Center	12	25	300	10		-	
		Lakeview House Senior Living	12	10	120	120		-	
		Coffield Community Center	12	20	240	50		-	
		The Oaks at Olde Towne	12	10	120	12		-	
		Bethesda Regional Service Center	12	20	240	75		-	
		Senior Movie at Westfield Montgomery	11	25	275	50		1	
		Subtotal	95	130	1,535	802	1	0	-
Weekly Mall Walking									
		"Rise n Shine" Lakeforest Mall (Wednesdays)	52	18	936	260		-	
		"I Love to Walk" White Flint Mall (Mondays)	25	7	175	125		-	
		Subtotal	77	25	1,111	385	-	-	-
Support Groups									
	Monthly	Montgomery County Stroke Association Support Group	12	10	120	36		2	
		Subtotal	12	10	120	36	2		

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
Suburban Hospital Auxiliary									
	Various	Board Meetings	4	8	32	0	0	0	0
	11/2/2013	Auxiliary Luncheon	1	30	30	0	0	0	0
	3/19/2014	Auxiliary Tea	1	35	35	0	1	0	0
		Subtotal	6	73	97	-	1	-	
American Red Cross Blood Drive									
	Various	Donor Table Recruitment	16	45	720	288	0	0	0
	9/18 & 11/26	Fall Blood Drive	2	110	110	45	44	36	36
	2/5/2014	Winter Blood Drive	1	53	53	25	15	15	15
	4/10/2014	Spring Blood Drive	1	36	36	15	10	10	10
	6/11/2014	Summer Blood Drive	1	44	44	22	14	18	18
		Subtotal	21	288	963	395	83	79	
Diabetes Lite Program									
	Various	DM Education Committee Meetings	6	5	30	5	20	-	-
	Various	Diabetes Support Group	3	12	36	5	-	1	1
	2/11/2014& 3/11/2014	Fine Tune Your Diabetes	2	5	10	-	-	-	-
	12/4/2013	Carb Counting On-The-Go with Rachel Griffen, Suburban Hospital Dietitian	1	5	5	2	1	-	-
	1/14/2014-2/4/2014	Core Basics w/ African American Health Program	4	18	72	40	-	-	-
	11/14/2013	Diabetes Symposium at Suburban Hospital	1	70	70	25	-	-	-
	4/23/2014	Diabetes Symposium at Sibley Hospital	1	71	71	25	-	-	-
		Subtotal	18	186	294	102	21	1	
Cancer-Specific Education & Outreach									
	7/20/2013	Community Day Health Fair	1	65	65	50	1	0	0
	7/24/2013	Taking Care of your skin	1	12	12	4	1	0	0
	10/27/2013	AAHI/NCAIA Health Fair	1	100	100	100	0	0	0
	11/21/2013	Great American Smoke Out at Suburban Hospital	1	70	70	25	0	0	0
	3/7/2014	Wear Blue Day at Suburban Hospital	1	21	21	6	16	5	5
	4/19/2014	African American Health Fair	1	50	50	10	0	0	0
	4/30/2014	Linkages to Learning Health Fair	1	30	30	5	0	0	0
	Various	SH Cancer Committee Meetings	2	13	26	5	0	0	0
		Subtotal	9	361	374	205	18	5	
		Section Sub-total	262	1,916	5,366	2,484	147	87	

COMMUNITY HEALTH & WELLNESS EVENTS

Health Fairs/Screenings/Education Seminars

Month	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
July									
	7/10/2013	Break Free from Depression and Anxiety Health Seminar at Friendship Heights Village Center	1	20	20	3	1	0	0
	7/11/2013	Caring for the Skin You're In Health Seminar at Holiday Park Senior Center	1	65	65	10	2	0	0
	7/25/2013	Regain that Loving Feeling Health Seminar at Rockville Senior Center	1	5	5	1	1	0	0
August									
	8/4/2013	2nd Annual Latino Health Fair/Salvadoran-American Day Festival	1	549	549	549	10	0	0
	8/6/2013	Gut Happy Health Seminar at Holiday Park Senior Center	1	46	46	12	1	0	0
	8/7/2014	Endocrine Clinic Registrar Training	1	8	8	5	5	3	3
	8/14/2013	Risks vs. Benefits: Routine Health Screenings for Senior Seminar at Friendship Heights Village Center	1	13	13	1	1	0	0
September									
	9/11/2013	Optimize Your Care Health Seminar at Friendship Heights Village Center	1	8	8	2	1	0	0
	9/12/2013	Rockville Senior Center- Spanish Speaking Group Diabetes Presentation	1	12	12	12	0	0	0
	9/17/2013	Getting Hip to Joint Surgery Health Seminar at Holiday Park Senior Center	1	54	54	10	1	0	0
	9/26/2013	Find Relief with Acupuncture Health Seminar at Rockville Senior Center	1	17	17	4	1	0	0
October									
	10/5/2013	Back to Bethesda	1	1,500	1,500	700	2	2	2
	10/9/2013	Off on the Right Foot Health Seminar at Friendship Heights Village Center	1	13	13	3	1	0	0

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
	10/10/2013	Breaking the Code: Should I be Tested for the BRAC Gene Seminar at Holiday Park Senior Center	1	22	22	2	1		
	10/16/2013	Key to the Cure	1	250	250	30	2		1
	10/17/2013	YMCA Parenting Seminar: Duct Tape Parenting: Making Every Word Count	1	33	33	3	0		
	10/17/2013	Rockville Senior Center- Spanish Speaking Group Stroke Presentation	1	15	15	15	0		0
	10/22/2013	Made to Order' Implants Advance Treatment of Joint Pain seminar with Dr. Chris Cannova at Suburban Hospital	1	177	177	20	1		
	10/29/2013	Smoking Cessation Health Seminar at Revitz House Senior Living Facility	1	4	4	0	1		
November									
	11/6/2013	Untangling the Mind: Why We Behave the Way We Do seminar with Dr. Ted George at Suburban Hospital	1	96	96	10	1		
	11/7/2013	Homeless Resource Fair	1	321	321	250	12		
	11/13/2013	Fine-Tune Your Hearing Seminar at Friendship Heights Village Center	1	30	30	10	1		
	11/18/2013	Hitting SNOOZE on Your Sleep Cycle seminar at Holiday Park Senior Center	1	54	54	12	1		
	11/20/2013	Unaccountable seminar with Dr. Marty Makary	1	46	46	5	0		
	11/21/2013	To Eat or Not to Eat That Carrot: Create Your Diabetic Plate seminar at Rockville Senior Center	1	25	25	5	1		
	11/21/2013	Flu Clinic at Harmony Hills Elementary School Knots for Shots	1	25	25	20	0		0
December									
	12/5/2013	Bethesda Chamber of Commerce and BCC High School Career Day	1	6	6	2	6		-
January									
	1/8/2014	Jump for Joint Replacement Seminar at Friendship Heights Village Center	1	15	15	2	1		
	1/9/2014	Rockville Senior Center- Spanish Speaking Group Nutrition Presentation	1	8	8	8	0		0
	1/15/2014	Sleep seminar at Five Star Premiere Residences of Chevy Chase	1	50	50	10	1		
	1/29/2014	Listen Up! Surgical Options for Hearing Loss seminar at Rockville Senior Center	1	22	22	5	1		
February									
	2/4/2014	Eat Your Heart Out seminar at Holiday Park Senior Center	1	28	28	10	1		
	2/11/2014	Rotary Heart Luncheon with Dr. Eric Leiberhan	1	70	70	10	1		
	2/11/2014	Living Long and Making it Work seminar at Leisure World	1	28	28	0	2		
	2/11/2014	Optimizing Nutrition As You Age Health Seminar at Clara Barton Community Center	1	20	20	5	1		
	2/12/2014	Diagnosing Heart Disease seminar at Friendship Heights Village Center	1	8	8	0	1		
	2/14/2014	Heart Health event at Suburban	1	500	500	250	0		
	2/20/2014	12th Annual Women's Health Symposium: Wisdom for Women	1	82	82	20	2		
	2/27/2014	Relieving Chronic Pain seminar at Rockville Senior Center	1	19	19	4	1		
March									
	3/12/2014	Get Your Back on Track seminar at Friendship Heights Village Center	1	14	14	2	1		
	3/13/2014	Untangling the Mind: Why We Behave the Way We Do seminar at Holiday Park Senior Center	1	62	62	10	1		
	3/13/2014	Rockville Senior Center- Spanish Speaking Group Heart Presentation by Dr. Corcoran	1	10	10	10	1		0
	3/27/2014	Eyes Wide Open seminar at Rockville Senior Center	1	25	25	3	1		
April									
	4/5/2014	Ama Tu Vida	1	200	200	195	8		2
	4/4/2014	JHU-Montgomery County Bread Baking Event	1	100	100	85	5		
	4/9/2014	Diabetes Management seminar at Friendship Heights Village Center	1	9	9	1	1		
	4/17/2014	Tummy Troubles seminar at Holiday Park Senior Center	1	46	46	10	1		4
	4/26/2014	Healthy Kids Day	1	100	100	35	3		0
	4/30/2014	YMCA Parenting Seminar: Brave New World: Managing the Internet in the Age of Handheld Devices	1	25	25	2	0		
May									
	5/1/2014	Reversing Shoulder Pain and Impairment: Innovation in Surgery seminar at Suburban Hospital	1	138	138	20	1		
	5/8/2014	Showcase Event	1	350	350	50	1		3
	5/11/2014	Mother's Day Flower Delivery to Patients	1	70	70	35	3		3
	5/13/2014	Stay in Sight seminar at Holiday Park Senior Center	1	11	11	5	1		
	5/14/2014	Caring for the Skin You're In seminar at Friendship Heights Village Center	1	10	10	2	1		
	5/22/2014	Under Pressure: Relieving Sinusitis seminar at Rockville Senior Center	1	20	20	3	1		
	5/28/2014	Rockville Senior Center Bone Density Screening for seniors	1	49	49	35			
	5/29/2014	Assessing Your Health Screening Choices seminar at Holiday Park Senior Center	1	33	33	3	1		
June									
	6/9/2014	Rockville Senior Center- Spanish Speaking Group Breast Cancer Presentation by Dr. Alvarado	1	10	10	10	2		0
	6/10/2014	11th Annual Men's Health Symposium: Treating the Whole Man	1	65	65	20	1		
	6/11/2014	Hot or Not? Here It Comes! Health Seminar at Clara Barton Community Center	1	8	8	0	1		
	6/11/2014	Listen Up! Surgical Options for Hearing Loss seminar at Friendship Heights Village Center	1	8	8	1	1		
	6/17/2014	Take A Deep Breath to Health seminar at Holiday Park Senior Center	1	30	30	10	1		
	6/26/2014	Your Arch Enemy seminar at Rockville Senior Center	1	33	33	2	1		
		Subtotal	63	5,690	5,690	2,569	104		18

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
Community Health and Wellness Walks/Fun-Runs									
	11/17/2013	Girls on the Run 5K	1	150	150	60	5	2	
	11/28/2013	31st Annual Turkey Chase	1	10,000	10,000	5000	0	1	
	4/26/2014	YMCA Healthy Kids Day	1	100	100	45	3	0	
	4/26/2014	A Wider Circle Race to End Poverty	1	500	500	250	0	0	
	5/3/2014 & 5/4/2014	Avon Breast Cancer Walk	1	100	100	50	3	1	
	5/10/2014	24th Annual Susan G. Koman Global Race for the Cure	1	1,000	1,000	500	2	0	
	5/17/2014	Strut Your Mutt 2014	1	2,000	2,000	1000	0	0	
	5/18/2014	Girl On the Run 5K	1	300	300	150	3	0	
		Subtotal	8	14,150	14,150	7,055	16	4	
WellWorks Worksite Programs									
	10/3/2013	First Aid Training at ASPH	1	12	12	2			
	10/7/2013	CPR Training at ASPPH	1	7	7	1			
	10/7/2013	Blood Pressure Screening at NASDAQ	1	31	31	15			
	10/7/2013	Total Cholesterol and HDL Screening at NASDAQ	1	30	30	16			
	11/4/2013	Blood Pressure Screening at ASPH	1	17	17	6			
	11/7/2013	Health and Wellness Fair at Choice Hotels	1	100	100	60			
	11/14/2013	Worksite Health fair Federal Occupational Health	1	125	125	65			
	1/15/2014	Sleep seminar at Five Star Premiere Residences of Chevy Chase	1	50	50	10			
	2/20/2014	Exercise for your heart seminar for employees at Lockheed Martin	1	25	25	10	1		
	3/27/2014	Health Seminar for employees at Lockheed Martin-Allergies	1	25	25	5	1		
	4/9/2014	Cholesterol Screening at Sport Chevrolet	1	55	55	30			
	4/11/2014	Cholesterol Screening at Sport Honda	1	45	45	28			
	4/23/2014	City of Rockville Health Fair	1	120	120	50			
	4/16/2014	Health Seminar at Lockheed Martin employees- Eye Care	1	18	18	3	1		
	5/1/2014	Worksite Wellness health fair at ASHP	1	29	29	10	2		
	5/14/2014	Health and Wellness Employee fair Bone Density Screenings at Suburban	1	200	200	75	0	0	
	5/14/2014	Health Fair at Small Business Administration	1	40	40	35			
	5/15/2014	Health Seminar at Lockheed Martin employees-Skin Care	1	25	25	110			
	5/28/2014	IDB Health Fair	1	80	80	30	0	0	
	6/30/2014	Blood Pressure Screening at NASDAQ	1	17	17	10	0		
	6/30/2014	Total Cholesterol and HDL Screening at NASDAQ	1	16	16	10	0		
	6/30/2014	Bone Density Screening at NASDAQ	1	20	20	10	0		
		Subtotal	22	1,087	1,087	591	5	4	
Health Destinations									
	Various	Meetings	6	5	30	0	0	0	
	Various	Seminars	3	8	24	5	0	0	
		Subtotal	9	13	54	5	-	-	
WellWorks Classes									
		CPR for Friends & Family	3	5	15	1	-	-	
		First Aid Basic and Adult CPR	2	4	8	-	-	-	
		Pediatric First Aid and CPR	1	5	5	-	-	-	
		Heartsaver AED Adult CPR	5	4	20	-	-	-	
		Community CPR	4	5	20	-	-	-	

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
		Nutrition Counseling	133	1	133		-		
		Healthy Choices	30	5	150		-		
		Healthy Weigh	32	6	192		-		
		Learning to Quit! You can do it! Smoking Cessation Program	7	1	7	-	-		
		Freedom From Smoking	16	5	80				
		Better Breathers Club	1	6	6				
		Cholesterol Screening	4	6	24	-			
		Osteoporosis Screening	4	5	20	-	-		
		Learn to Understand your anger	1	6	6	-			
		Learn to Manage Your Anger	4	5	20	-			
		Tai Chi for Seniors	54	9	486	-			
		Qigong	6	6	36				
		Zumba Gold	36	6	216				
		Balancing Act	8	12	96				
		Yoga for Seniors	6	4	20				
		Gentle Yoga for Seniors	6	8	48				
		Pilates for Seniors	48	15	720				
		Let's Beat Procrastination	3	7	21	-			
		Simplify Your Life	3	5	15	-			
		Healthy Cooking Classes at Suburban Hospital	7	10	70	-			
		Healthy Cooking Classes at Healthtrax	1	7	7				
		Mindfulness Meditation	18	7	126	-			
		RAD Self Defense class for Women	3	6	18				
		Subtotal	446	171	2,585	1			
Senior Shape Exercise Program		Clara Barton Community Center							
		<i>Aerobics/Strength/Stretch</i>	104	54	5,616	1,152			0
		<i>Weight Training</i>	52	25	1,300	100			
		Potomac Community Center							
		<i>Aerobics/Strength/Stretch</i>	104	52	5,408	1,152			0
		Bethesda Regional Service Center							
		<i>Aerobics/Strength/Stretch</i>	52	27	1,404	384			
		<i>Weight Training</i>	52	32	1,664	384			
		Gaithersburg Upcounty Senior Center							
		<i>Weight Training</i>	52	16	832	192			
		<i>Flexible Strength</i>	52	13	676	192			
		<i>Stability Ball</i>	40	13	520	192			
		Margaret Schweinhaut Senior Center							
		<i>Weight Training</i>	52	25	1,300	384			
		<i>Stability Ball</i>	52	15	780	192			
		Holiday Park Senior Center							
		<i>Stability Ball</i>	52	15	780	192			
		<i>Advanced Weight Training</i>	52	20	1,040	192			
		<i>Weight Training</i>	52	21	1,092	192			
		Jane E. Lawton Community Center							
		<i>Weight Training</i>	104	30	3,120	752			
		Wisconsin Place Community Center							
		<i>Advanced Weight Training</i>	13	18	234	3	-	-	-
		Subtotal	885	376	25,766	5,655			
Safe Sitter Program		North Bethesda Middle School	3	10	30				0
		Pyle Middle School	2	12	24		-		
		Little Flower Middle School	1	7	7				0
		St Jane de Chantal	2	12	24				
		Suburban Hospital	14	14	196				

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
		Subtotal	22	55	281	-			
Girls on the Run-Montgomery County		First Aid Classes	15	9	135				
		Heartsaver AED/CPR	13	10	130				
Club Scout Troop	2/17/2014	mini CPR/1st aid for Cub Scout Troop	1	10	10	0			
		Subtotal	29	29	275	-	-		
		Section Sub-total	1,474	21,581	48,921	15,912	127	22	

SCHOOL PARTNERSHIPS

Ashburton Elementary School Partnership	12/16/2013	Ashburton Chorus Visit	1	16	16	5	6	1	
		Ashburton Adopt A Family	1	21	21	21	20	8	
		Subtotal	2	37	37	26	26	9	
Bells Mills Elementary School Partnership		Scotland Adopt A Family Holiday Program	1	17	17	17	10	8	
		Subtotal	1	17	17	17	10	8	
Bethesda Elementary School Partnership		Bethesda Elementary School Adopt A Family	1	3	3	3	0	5	
		Subtotal	1	3	3	3	0	5	
Bradly Hills Elementary School Partnership	10/31/2013	Bradley Hills Elementary School Halloween Tour	1	16	16	2	20	0	
		Subtotal	1	16	16	2	20	-	
Brookhaven Elementary School Partnership		Adopt families for the holidays	1	21	21	21	20	10	
		Subtotal	1	21	21	21	20	10	
Hospital Tours	2/21/2014	Gaithersburg High School Hospital Tour	1	15	15	5	1	1	
		Subtotal	1	15	15	5	1	1	
		Section Subtotal	7	109	109	74	77	33	

COMMUNITY PARTNERS

- Community Health and Wellness Partnerships, Coalitions and Affiliations**
- A Wider Circle
 - AARP
 - Alpha Phi Alpha Fraternity
 - American Red Cross
 - Archdioceses Healthcare Network/Catholic Charities of Washington DC
 - BCC YMCA
 - Bethesda Cares
 - Bethesda Chevy Chase Rotary Club
 - Bethesda-Chevy Chase Chamber of Commerce
 - Boy Scouts of America

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
		Girls on the Run of Montgomery County							
		Latino Health Initiative					-	-	
		Leadership Montgomery							
		MobileMed Inc.							
		Montgomery Cares							
		Montgomery County Cancer Coalition							-
		Montgomery County Chamber of Commerce							
		Montgomery County Department of Health and Human Services							
		Montgomery County Department of Parks and Recreation							
		Montgomery County Housing Opportunity Commission							
		Montgomery County Office on Aging							
		Montgomery County Public Schools							
		Montgomery County Stroke Association							
		Montgomery Hospice							
		National Institutes of Health- National Heart Lung and Blood Institute							
		National Institutes of Health-National Institute of Diabetes and Digestive and Kidney Diseases							
		Primary Care Coalition							
		Project Access							
		Proyecto Salud Clinic							
		Safe Kids Coalition							
		Safe Sitter, Inc.							
		Scotland Community Partnership							
		Washington Metropolitan OASIS							
		YMCA Youth and Family Services.							
Community Health and Wellness Partnerships, Coalitions and Affiliations Activities									
		A Wider Circle	1	15	15	10			
		AARP Driver Safety Course	8	20	160	20			
		AHCN Advisory Council/Catholic Charities of Washington, DC Meetings	4	15	60	8			
		BCC-YMCA Board	4	25	100	5			
		Bethesda Chevy Chase Rotary Club Meetings and Community Development events	52	75	3,900	390			
		Bethesda Chevy Chase Rotary Club Special Events Meetings	6	20	120	40			
		Bethesda-Chevy Chase Chamber of Commerce	4	50	200	20			
		Food Donation to Bethesda Cares	10	30	300				
		Girls on the Run-Montgomery County Partnership Initiative	4	5	20	0			
		Latino Health Initiative	10	10	100	100	-	-	
		Leadership Montgomery Workgroup meeting	2	75	150	8			
		Mobile Med/NIH Heart Clinic at Suburban Hospital	51	18	918	918	20	5	
		MobileMed/NIH Endocrine Clinic at Suburban Hospital	51	12	612	612	3	4	
		Montgomery Cares	3	25	75	15	-	3	
		Montgomery County Cancer Coalition	6	8	48	30	0	0	
		Montgomery County Senior Sub-cabinet group-Health and Wellness Advisory Committee	4	12	48	10			
		Primary Care Coalition	4	20	80	30	1	-	
		Project Access	2	4	8	2	-	-	
		Safe Kids Coalition	4	5	20	10			
		Subtotal							12
Community Benefit Operations			230	444	6,934	2,228	24		
		Suburban Hospital Community Benefit Advisory Council	5	10	50	10	-	7	
		Subtotal	5	10	50	10	-	7	
Community Health and Wellness State & County Health Initiatives									
		Healthy Montgomery Evaluation Committee	1	8	8	0			
		CHIP Community Health Improvement Process	4	45	180	75	-		
		Subtotal	5	53	188	75	-	-	
Partnership Meetings held at Suburban									
		Annual Mobile Med Meeting at Suburban Hospital	1	100	100	75		2	

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
		Subtotal	1	100	100	75	-	2	
		Section Subtotal	241	607	7,272	2,388	24	21	

NORTHERN MARYLAND INITIATIVES

Prince George's County

Ongoing Cardiac Initiatives & Partnership Programs

Screenings	Twice Weekly	Senior Shape Exercise Class at Gwendolyn Britt Senior Activity Center	104	28	2,912	2,330			
	Once a Week	Tai Chi Class at Gwendolyn Britt Senior Activity Center	52	14	728	655			
	9/28/2013	7th Annual Celebration of Birthdays: Women's Wellness Day 2013	1	105	105	105			
	Every Monday	Blood Pressure Screenings at Prince George's County Glenarden Nutrition Program	52	16	832	832			0
	Every Tuesday	Blood Pressure Screenings at Gwendolyn Britt Senior Activity Center	52	17	884	707			0
	Every Tuesday	Blood Pressure Screenings at PG Plaza Community Center	52	15	780	468			0
	Once a month (Thurs.)	Blood Pressure Screenings at Spellman House Apts in partnership with Capital Area Food Bank	12	24	288	260			0
	Once a month (Wed.)	Blood Pressure Screening at Langley Park Senior Activity Center	12	14	168	126			0
	9/21/2013	BMI/Body Fat Screening at 4th Annual Health Fair at First United Methodist Church of Hyattsville	1	50	50	40			
	9/28/2013	BP and Waist Circumference Screenings at 7th Annual Celebration of Birthdays: Women's Wellness Day 2013	1	45	45	45			
	10/18/2013	Blood Pressure Screening at Camp Springs Senior Activity Center for Flu Clinic	1	44	44	42			
	10/31/2013	Blood Pressure Screening at "Trick or Treat" safety event at Hunter Memorial AME Church, Suitland, MD	1	15	15	14			
	11/5/2013	Gwendolyn Britt Senior Shape Fitness Health Assessment	1	22	22	21			
	11/10/2013	Blood Pressure Screening at Health Check 2013 at Langley Park Community Center	1	40	40	40			0
	11/20/2013	Suitland Dine & Learn Mini-Health Screening: Blood Pressure, Weight and Waist Circumference	1	8	8	8			0
		Total Cholesterol, Blood Pressure, Waist Circumference and Weigh-In Screening for Suitland Dine and Learn Program (Pre-test)	1	23	23	22			0
	2/26/2014	Gwendolyn Britt Senior Shape Fitness Health Assessment	1	26	26	23			0
	4/29/2014	Blood Pressure Screening at Langley Park Health Day 2014	1	20	20	20			0
	5/4/2014	Blood Pressure Screening at Langley Park Health Day 2014	1	20	20	20			0
	5/17/2014	Total Cholesterol Screening at 7th Annual Health Fair "Delivering Solutions for Total Body Health"	1	46	46	40			0
	5/21/2014	Total Cholesterol Screening at the Prince George's County Senior Health and Fitness Day	1	58	58	55			0
	5/31/2014	Blood Pressure Screening at Health and Wellness Fair at Restoration Chapel International Church in Capitol Heights, MD	1	6	6	6			0
		Total Cholesterol, Blood Pressure, Waist Circumference and Weigh-In Screening for Suitland Dine and Learn Program (Post-test)	1	18	18	18			0
Worksite Wellness	6/25/2014	(Post-test)	1	18	18	18			0
	9/26/2013	Capital Cadillac TC-HDL Cholesterol Screening in Greenbelt, MD	1	25	25	18			0
Presentations/Seminars									
	2/20/2014	12th Annual Women's Health Symposium: Wisdom for Women	1	5	5	5			
	Monthly	Gwendolyn Britt Senior Activity Center Health Seminar Series (see below topics)							
	7/10/2013	The Basics: Memory Loss, Dementia and Alzheimer's Disease	1	25	25	22			
	12/11/2013	Heart Healthy Holiday Celebration	1	11	11	11			
	1/8/2014	Take As Directed	1	11	11	11		1	
	2/12/2014	Stay In Sight, Keep Your Vision Right	1	20	20	19		1	
	6/11/2014	End-of-Life Care and Advance Directives	1	7	7	7			
	Monthly	Suitland Dine & Learn Program (see below topics)							
	7/24/2013	The Carbohydrate Conundrum: Simple or Complex?	1	25	25	25			
	8/28/2013	Is My Food Safe? Home Food Safety	1	23	23	22			
	9/25/2013	Fueling Up with Healthier Snacks	1	25	25	24			
	10/23/2013	Super Foods Spotlight	1	26	26	25			
	11/20/2013	A Very Veggie Holiday	1	18	18	18			
	1/29/2014	Good "New-Trition" for the New Year	1	20	20	20			
	2/26/2014	Be Heart Smart to Your Sweetheart	1	30	30	30			
	3/26/2014	National Nutrition Month: Choose Colors	1	30	30	30			0
	4/23/2014	Don't Be "Fooled" by Fad Diets	1	18	18	18			0
	5/28/2014	DASH to a Healthy Lifestyle	1	18	18	18			0
	6/25/2014	Fathers, Families and Health	1	23	23	23			0
	Monthly	Langley Park Senior Activity Senior Health Seminar Series (see below topics)							0
	7/17/2013	The Healthy Side of Container Gardening	1	10	10	9			0
	9/25/2013	Active Aging Week: Fueling Up with Healthier Snacks	1	12	12	12			0
	10/16/2013	Know the 10 Signs of Alzheimer's Disease: Early Detection Matters	1	18	18	10			0
	1/15/2014	Waist Circumference Screening	1	20	20	16			
	2/19/2014	Mindfulness Meditation	1	12	12	10			
	3/19/2014	Take As Directed (Medication Management)	1	12	12	10		1	

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
Meetings/Conference Calls	5/7/2014	Strike Out Stroke!	1	20	20	17			
	6/18/2014	Beat the Blues	1	7	7	7			
	Monthly	Suitland Dine & Learn reminder emails and calls to participants	11	30	330	319			
	Quarterly	Suitland Dine & Learn calendar promotion blurbs to Suitland Community Center	4	4	4	4			
	Biannual	Reminder calls for Suitland Dine & Learn pre and post-health assessment appointments	2	30	60	58			
	8/1/2013	Conference Call with Gertie Hurley for Annual Women's Wellness Day	1	1	1	1			
	8/12/2013	Conference Call with Karen, President of Suitland Civic Association on Healthy Trails Initiative	1	1	1	1			
	11/25/2013	Meeting to plan Gwendolyn Britt healthy heart seminar with department intern	1	1	1	0			
	12/3/2013	Meeting to finalize plan for Gwendolyn Britt healthy heart seminar with department intern	1	1	1	0			
	12/5/2013	Conference Call with Dine & Learn Team to plan for 2014 Suitland Dine & Learn	1	5	5	4			
Health Fairs	1/8/2014	Planning Meeting to finalize 2014 Suitland Dine & Learn Schedule	1	5	5	4			
	1/28/2014	Conference Call with PGCHD to discuss expanding Dine & Learn and budget	1	2	2	2			
	3/4/2014	Dine and Learn Partnership Expansion Meeting at PGCHD	1	3	3	3			
	6/3/2014	Dine and Learn Partnership Expansion Meeting at PGCHD	1	4	4	3			
	9/21/2013	4th Annual Multicultural Health Fair at First United Methodist Church of Hyattsville	1	150	150	120			
	10/31/2013	"Trick or Treat" Halloween community event at Hunter Memorial AME Church, Suitland, MD	1	50	50	49			
	11/10/2013	Health Check 2013 at Langley Park Community Center	1	100	100	96			0
	5/4/2014	Langley Park Health Day 2014 Health Fair	1	55	55	55			0
	5/17/2014	7th Annual Health Fair "Delivering Solutions for Total Body Health"	1	255	255	200			0
	5/21/2014	Prince George's County Senior Health and Fitness Day	1	800	800	725			0
5/31/2014	Health and Wellness Fair at Restoration Chapel International Church in Capitol Heights, MD	1	30	30	30			0	
Calvert County									
Ongoing Cardiac Initiatives & Partnership Programs									
Screenings	2/27/2014	BP Kit Partnership Program - Four new churches given BP Kits	1	4	4	4			
	2/27/2014	BP Kit Partnership Program - Project Echo Homeless Shelter/Health Clinic and replenish equipment for 2 churches	1	3	3	0			0
	Twice a Week	"Walking Away the Pounds" weight-lifting exercise class at Mt. Olive United Methodist Church	96	6	576	576			
	Monthly	Blood Pressure at Our Lady Star of the Sea Catholic Church, Solomons, MD	12	18	219	44			-
	Monthly	Blood Pressure at Middleham/St. Peter's Parish, Lusby, MD and SMILE	12	13	160	56			-
	Monthly	Blood Pressure at Huntingtown United Methodist Church, Huntingtown, MD	12	12	142	36			-
	Monthly	Blood Pressure at Crossroad Christian Church, St. Leonard, MD	12	16	195	108			-
	Monthly	Blood Pressure at Waters Memorial United Methodist Church, St. Leonard, MD	12	10	116	5			0
	Monthly	Blood Pressure at Patuxent United Methodist Church, Huntingtown, MD	4	5	20	20			
	Monthly	Blood Pressure at St. Mary of the Assumption, Upper Marlboro, MD	4	5	20	20			
Meetings/Conference Calls	Monthly	Weigh-Ins at Crossroad Christian Church, St. Leonard, MD	12	5	60	30			
	5/18/2014	Total Cholesterol Screening at Crossroad Christian Church, St. Leonard, MD	1	15	15	11			
	Monthly	Health Ministry Team Network Meetings at Calvert Memorial Hospital	10	13	132	53			0
St. Mary's County									
Section Subtotal:			599	2,777	11,108	8,951	3	0	

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
Community Donations/ Community Contributions									
		Validation Parking Stickers for Mobile Med/NIH Endocrine Clinic							\$5,754.00
		Cost for Health Screenings at Ama Tu Vida							\$2,594.00
		T-shirts for Ama Tu Vida							\$668.85
		Community Contribution to Girls on the Run in Montgomery County							\$3,658.90
		Support for 2013-2014 Rotary Foundation Community Grants-Strut Your Mutt							\$500.00
		Sponsorship of YMCA parenting seminar							\$500.00
		Food for the Women's Health Symposium							\$405.00
		Food for the Men's Health Symposium							\$750.00
		Sponsorship for YMCA Turkey Chase 2013							\$2,500.00
		Instructors for Senior Shape Classes in Montgomery County							\$60,379.21
		Instructors for Girls on the Run CPR and 1st aid classes							\$2,984.00
		Support for "January Jump Start" Health Initiative at Gaithersburg Upcounty Senior Center							\$1,000.00
		Blood Pressure Cards							\$500.00
		Facility Rental for Senior Shape Classes at Potomac Community Center							\$600.00
		Medical Equipment for MobileMed clinics							\$874.62
		Financial Support to Proyecto Salud							\$100,000.00
		Support to A Wider Circle							\$1,000.00
		Printing costs for ED-PC Connect							\$100.00
		Support to Suitland Dine and Learn Program (Chef/Instructor fees)							\$1,650.00
		Food Expenses for Suitland Dine and Learn Program							\$1,026.73
		Instructor Fees for Free Senior Shape Class at Gwendolyn Britt and Floor Exercise at PG Plaza in Prince George's County							\$5,535.00
		Instructor Fees for Free Tai Chi Class at Gwendolyn Britt Senior Activity Center in Prince George's County							\$1,720.00
		Instructor Fees for Gwendolyn Britt & Langley Park Senior Activity Centers Health Seminar Series							\$560.00
		Food Expenses for Cooking Demos at Gwendolyn Britt & Langley Park Senior Activity Centers Health Seminar Series							\$204.43
		St. Mary's Hospital Home Scales Purchase (70)							\$1,881.50
		Contribution to purchase stethoscopes and BP cuffs for BP Kit Program in Calvert County							\$167.26
		2/26/2014 Total Cholesterol at Suitland Dine & Learn Program (24)							\$100.56
		5/17/2014 Total Cholesterol at 6th Annual Health Fair at Fairland Sports and Aquatics (36)							\$150.84
		5/21/2014 Total Cholesterol at PG County Senior Health and Fitness Day (62)							\$259.78
		6/25/2014 Total Cholesterol at Suitland Dine & Learn Program (22)							\$92.18
		6/28/2014 Total Cholesterol at Brooks United Methodist Church Calvert Co (28)							\$117.32
		TOTAL							
GRAND TOTAL			2,583	26,990	72,776	29,809	378	163	\$6,394.65