The MARYLAND
HEALTH SERVICES COST REVIEW COMMISSION

University of Maryland

Upper Chesapeake Health

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: UM Upper Chesapeake Health	◉	○	
Your hospital's ID is: Harford - 210006, Upper Chesapeake - 210049	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	◉	○	
Your hospital was licensed for Harford - 86, Upper Chesapeake - 171 beds during FY 2018.	◉	○	
Your hospital's primary service area includes the following zip codes: 21001, 21009, 21014, 21015, 21040, 21050, 21078, 21085, 21903, 21904	◉	○	
Your hospital shares some or all of its primary service area with the following hospitals: UM St. Joseph Medical Center, Union Hospital of Cecil County	◉	○	In addition, Greater Baltimore Medical Center and MedStar Franklin Square Medical Center

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

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

Quantitative Data - Existing Secondary Data: A Statistical Secondary Data Profile depicting population and household statistics, education, and economic measures, morbidity rates, incident rates, and other health statistics for the Harford County community was compiled from publicly available sources including, but not limited to, the United States Census Bureau, Maryland State Health Improvement Plan, Maryland Vital Statistics, the Maryland Behavioral Risk Factor Surveillance Survey, the Injuries in Maryland report, and national County Health Rankings. Harford County Community Health Survey: An online Community Survey of Harford County residents was conducted between October 2017 and February 2018. The survey was designed to assess health status, health risk and behaviors, preventative health practices, and health care access primarily related to chronic disease and injury. A total of 1,741 resident surveys were completed, representing the geographical, gender, and ethnic diversity of the community.

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

FY18 Community Health Statistics.docx
655.3KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

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

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

- ☐ Allegany County
- ☐ Anne Arundel County
- ☐ Baltimore City
- ☐ Baltimore County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☐ St. Mary's County

- [ ] Calvert County
- [x] Harford County
- [ ] Talbot County
- [ ] Caroline County
- [ ] Howard County
- [ ] Washington County
- [ ] Carroll County
- [ ] Kent County
- [ ] Wicomico County
- [x] Cecil County
- [ ] Montgomery County
- [ ] Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- [ ] 21635
- [ ] 21901
- [ ] 21902
- [x] 21903
- [x] 21904
- [ ] 21911
- [ ] 21912
- [ ] 21913
- [ ] 21914
- [ ] 21915
- [ ] 21917
- [ ] 21918
- [ ] 21919
- [ ] 21920
- [ ] 21921
- [ ] 21930

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- [x] 21001
- [x] 21005
- [x] 21009
- [x] 21010
- [x] 21013
- [x] 21014
- [x] 21015
- [x] 21028
- [x] 21034
- [x] 21040
- [x] 21047
- [x] 21050
- [x] 21078
- [x] 21084
- [x] 21087
- [x] 21111
- [x] 21130
- [x] 21132
- [x] 21154
- [x] 21160
- [x] 21161

☑ 21017

☑ 21085

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

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

☐ Based on patterns of utilization. Please describe.

☑ Other. Please describe.

UM Upper Chesapeake Health functions as one organization with 2 hospitals located in and serving all of Harford County. Each of the two facilities offers certain services solely at that institution. Harford County residents, no matter their zip code, requiring a specific service must receive that specific service at the facility that offers that service, e.g. cancer services at the Kaufman Cancer Center at Upper Chesapeake Medical Center in Bel Air or behavioral health services at Harford Memorial Hospital in Havre de Grace. As a result of how services are provided between the two facilities, the CHNA was completed as a joint document for the two facilities. UM UCH is the sole health care system in Harford County.

The Harford County CHNA includes all 21 Harford County zip codes. This includes the zip codes where our most vulnerable populations reside (21009, 21040, 21001 and 21078). In keeping with University of Maryland Upper Chesapeake Health's mission of maintaining and improving the health of the people in its communities and providing high quality care to all, the CBSA was identified as all of Harford County. While the above four zip codes are identified as containing concentrated areas of poverty, there are pockets of poverty throughout many of the Harford County zip codes particularly in the northern zip codes where it is very rural. Identifying all of Harford County as the CBSA gives the organization a better opportunity to meet the needs of the vulnerable residents of Harford County.

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

The demographic profile of the respondents who completed the online survey: Approximately 55% of all respondents reside in zip codes 21014, 21015, 21009, 21078, and 21050. An additional 13.8% of respondents live in an "Other" zip code, the most common of which are 21901, 21918, and 21921. Of the total 1,735 respondents, 80.29% are female and 19.71% are male. Whites comprise 83.77% of study participants and Blacks/African-Americans represent 11.55%. Approximately 3% of all respondents identify as Latino/Hispanic. Approximately 49% of all respondents are between the ages of 45 and 64 years. An additional 34.8% of all respondents are between the ages of 25 and 44 years. The marital status, education level, employment status, and income level was also assessed for each respondent. The majority of respondents (63.09%) are married. Approximately 15% of respondents are single (never married) and 11.71% are divorced. 2.07% of respondents attained less than a high school diploma or GED. Approximately one-third (29.76%) of respondents attained some college, technical school or nursing school and 51.69% of respondents have an undergraduate degree or higher. The majority (72.29%) of respondents are currently employed and working full-time. In addition, half of respondents have an annual household income of $75,000 or more. Less than 14% of respondents have an income less than $25,000. / / A high proportion of respondents have health care coverage (97.92%) and at least one person who they think of as their personal doctor or health care provider (88.44%). In addition, 76.33% of respondents had a routine checkup within the past year and 13.95% had one within the past two years. The top 3 zip codes that our Medicaid population comes from are 21001, 21040 and 21078. The top 3 zip codes where our readmission high utilizers are coming from are 21014, 21001 and 21078. These 3 zip codes contain high concentrations of the Medicare population. While our primary service area contains two Cecil County zip codes, our CBSA does not. Due to limited resources, these zip codes were not included in the CBSA. There is a hospital located in Cecil County that serves these two zip codes. There is a planning collaboration between Cecil and Harford County hospitals, health departments and FQHC to look more closely at addressing the needs of identified high utilizers within Cecil County.

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

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

https://www.umms.org/uch/about-us/mission-vision-values

Q37. Is your hospital an academic medical center?

- ○ Yes
- ◉ No

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

The University of Maryland Upper Chesapeake Health also has: The Kaufman Cancer Center which is accredited by the American College of Surgeons Commission on Cancer. Both Upper Chesapeake Medical Center and Harford Memorial Hospital have accredited Primary Stroke Centers.

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

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

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

- ◉ Yes
- ○ No

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

This question was not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

6/2012 in accordance with the ACA requirements. However, the hospital completed a Community Health Needs Assessment every five years since 1996.

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/22/2018

Q45. Please provide a link to your hospital's most recently completed CHNA.

https://www.umms.org/uch/-/media/files/um-uch/community/community-health-benefits/2018-chna_board-approved-final.pdf

Q46. Did you make your CHNA available in other formats, languages, or media?

- (•) Yes
- ( ) No

Q47. Please describe the other formats in which you made your CHNA available.

Paper versions are available and the CHNA Community Survey was in Spanish.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☐	☐	☐	☑	☐	☐	Preliminary reviewer of the CHNA.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Provide final approval of the CHNA and Implementation Plan

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☑	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Harford County Health Department	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Harford County Local Health Improvement Coalition consists of 3 workgroups: Obesity Prevention/ Healthy Eating and Active Lifestyle Workgroup; Tobacco Use Prevention/ Tobacco Free Living Workgroup; and, Behavioral Health Workgroup	☐	☑	☑	☑	☑	☑	☑	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Harford County Office on Aging	☐	☐	☐	☐	☐	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: Harford County Community Services; Harford County Government; and, Department of Community Services	☐	☑	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☑	☐	☐	☐	☑	☑	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (•) Yes
- ( ) No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

05/22/2018

Q55. Please provide a link to your hospital's CHNA implementation strategy.

https://www.umms.org/uch/-/media/files/um-uch/community/community-health-benefits/2018-implementation-plan_board-approved-final.pdf

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- ☑ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☑ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Adolescent Health
- ☑ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☐ Blood Disorders and Blood Safety
- ☑ Cancer
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Family Planning
- ☐ Food Safety
- ☐ Genomics
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☑ Health-Related Quality of Life & Well-Being
- ☐ Hearing and Other Sensory or Communication Disorders
- ☑ Heart Disease and Stroke
- ☐ HIV
- ☑ Immunization and Infectious Diseases
- ☑ Older Adults
- ☐ Oral Health
- ☑ Physical Activity
- ☐ Preparedness
- ☑ Respiratory Diseases
- ☐ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☑ Social Determinants of Health
- ☑ Substance Abuse
- ☐ Telehealth

- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [x] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [x] Maternal & Infant Health
- [x] Mental Health and Mental Disorders
- [x] Nutrition and Weight Status
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other (specify)

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

While the actual priorities have not changed, the categories expanded to include additional identified needs. For example, in 2015 chronic disease, tobacco use, mental health/addictions, access to care, maternal and child health, and injury and illness prevention were the identified needs in this order. In 2018, the priorities were identified as behavioral health, prevention and wellness and family stability and resilience in this order. Behavioral health rose to the top as the number 1 identified health need (includes mental health and addictions) where in 2015 it was 3rd. Prevention and wellness, the number 2 identified need, incorporates chronic disease, tobacco use, access to care, cancer, stroke, diabetes, heart disease, respiratory diseases, and injury and prevention. Family Health and Resiliency, the 3rd and new identified need, incorporates substance exposed newborns, access to care, housing, transportation, family stress, childhood trauma, and nutrition and lifestyle.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q60. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q61. Section III - CB Administration Part 1 - Participants

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☐	☑	☑	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☑	Several of our employed physicians participated in community education programs, such as Dining with Docs (a community education conversation with physicians). The HPV vaccination collaborative is championed by the Chief of Pathology.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Hospital Advisory Board	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q63. Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Harford County Health Department	☐	☑	☑	☑	☑	☑	☑	☐	☑	Assisted in facilitated focus groups.
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Tobacco Task Force; Obesity Works and Behavioral Health Workgroup	☐	☑	☑	☐	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: Harford County Department of Community Services, Housing and Community Development, Harford County Sheriff's Department	☐	☑	☑	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☑	☑	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Harford County Public Schools	☐	☑	☑	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here: Harford County Community College	☐	☑	☑	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Core Service Agency of Harford County	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here: Department of Social Services	☐	☑	☑	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Harford County Emergency Operation	☐	☑	☑	☐	☐	☐	☐	☐	☐	

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

- ◉ Yes
- ○ No

Q68. Please describe the community benefit narrative review process.

The Director of Community Health Improvement and Community Outreach and the Community Benefit and Community Health Improvement Business Manager are responsible for the oversight and management of data collection and reporting of all activities. Data is collected throughout the year and validated and entered into CBISA, Lyon's Software's Community Benefit Inventory for Social Accountability program. The director and manager refer to the Catholic Health Association's "A Guide for Planning & Reporting Community Benefit" guide to determine which category is most appropriate for reporting activities. Once the narrative is complete, it is reviewed by the internal hospital Community Benefit Reporting Advisory Committee and the UMMS Senior Vice President of Government and Regulatory Affairs and Community Health. It is then presented through the Quality Care Council for the Board of Director's approval.

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ◉ Yes
- ○ No

Q70. Please explain:

This question was not displayed to the respondent.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

- (•) Yes
- ( ) No

Q72. Please explain:

This question was not displayed to the respondent.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (•) Yes
- ( ) No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

University of Maryland Upper Chesapeake Health incorporates community benefit planning into the annual strategic and operational planning process each Spring. This includes creating annual tactics that are tracked on a quarterly basis in the following fiscal year. In addition, UM UCH updates a long term strategic plan every couple of years in association with the community health needs assessment. The planning process allows the organization to invest in and develop programs that increase patient access to existing services, introduce new services, optimize prevention programs and explore how technology can be used to support the health needs of our patients. The planning process runs concurrently with the annual capital and operating budget process to ensure that these ideas are incorporated into the fiscal plan.

Q75. (Optional) If available, please provide a link to your hospital's strategic plan.

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Living Well - Chronic Disease Self Management, Diabetes Self Management & Thriving and Surviving Programs

Q81. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q82. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [x] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders

- [x] Cancer
- [x] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [x] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [x] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Other. Please specify. Hypertension

Q83. When did this initiative begin?

February 1, 2016

Q84. Does this initiative have an anticipated end date?

- ○ The initiative will end on a specific end date. Please specify the date.
- ○ The initiative will end when a community or population health measure reaches a target value. Please describe.
- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.
- ○ The initiative will end when a contract or agreement with a partner expires. Please explain.
- ◉ Other. Please explain. This initiative will be ongoing. The initiative focuses on participants who currently exhibit chronic conditions, diabetes and/or cancer. This initiative will continue to address participants who will be newly diagnosed with a chronic condition, diabetes and/or cancer in the future.

Q85. Enter the number of people in the population that this initiative targets.

Through the Chronic Disease Self Management, Diabetes Self Management, and Thriving and Surviving classes 240 patients were have been targeted. A total of 12 classes were offered with a maximum of 20 per class.

Q86. Describe the characteristics of the target population.

Harford County Data: / • 168.4 heart disease deaths in Harford County per 100,000 population (2013-2015 Vital Statistics) / • 34.6 stroke deaths in Harford County per 100,000 population (source: 2013-2015 Vital Statistics) • 165.5 ED visits due to diabetes per 100,000 population (source: 2014 Maryland DHMH) • 165.6 cancer deaths in Harford County per 100,000 population (Source: 2013-2015 Vital Statistics) Direct measurement from 2015 CHNA suggests: • 1.7% of adult residents in Harford County diagnosed with stroke. • 7.4% adult residents in Harford County diagnosed with heart disease • 7.7% adults in Harford County report having been told by a practitioner that they have or had diabetes; 9.9% male, 7.3% female.

Q87. How many people did this initiative reach during the fiscal year?

119

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

- [x] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [x] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [x] Community engagement intervention
- [ ] Other. Please specify.

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

UM UCH Community Outreach / Kaufman Cancer Cente
Harford County Office on Aging / Harford County Librarie
Harford County Parks and Recreation / DHMH / Faith ba
Community / The National Coalition of a 100 Black Wom

- ( ) No.

Q90. Please describe the primary objective of the initiative.

This initiative educates participants on self-management strategies to improve their health and quality of life living with chronic diseases, diabetes and/or cancer. Better management of their conditions in turn will potentially have a positive impact on health care expenditures. 1) Work with the community PCPs to identify patients with chronic disease, diabetes and/or cancer that would benefit from the self-management program. a. In person visits to local PCP offices for program information and participant criteria. b. Medical Staff Office distributes a blast fax of program times and locations to PCP's and specialty physician offices. c. Class information disseminated through social media, faith based community, Office on Aging, Maryland Health Matters and current events calendar. 2) Provide five classes per year with a 60% completion rate. Program to be offered multi dates, locations and times to maximum accessibility. a. To collaborate with Office on Aging and county library for class locations. 3) Facilitate program to help participants gain self confidence in their ability to control their symptoms and learn how their health problems affect their lives. a. Program includes: i. Ways to maintain strength flexibility and endurance ii. Managing medications iii. Dealing with frustration, fatigue, pain and isolation iv. Improving effective communication with family friends and health professionals. v. Healthy eating and stress reduction

Q91. Please describe how the initiative is delivered.

Programs are offered in a community setting and meet for 2 1/2 hours per week for 6 weeks. Workshops are facilitated by two trained leaders.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters 119
- [x] Other process/implementation measures (e.g. number of items distributed) No of participants who completed the program: 87 of 119 (73%)
- [x] Surveys of participants 119
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

Q93. Please describe the outcome(s) of the initiative.

A report on outcomes has been uploaded for this initiative.

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

Chronic disease is the number one identified need through the 2015 CHNA. 59% of adults in the US have 1 or more chronic conditions, and 12% have 5 more chronic diseases. 100% of the participants in the chronic disease, diabetes and/or thriving and surviving cancer classes stated that they felt more prepared, confident and motivated in their ability to manage their health and symptoms then they did before they took the workshop.

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

The total cost for FY18 Living Well was $17,918, of which $9,301 was offset by grant funds provided by the Harford County Office on Aging. The remaining $8,617 was incurred by the University of Maryland Upper Chesapeake Health Community Health Improvement/Community Outreach and Kaufman Cancer Center budgets.

Q96. (Optional) Supplemental information for this initiative.

Living Well Initiative.pdf
594.4KB
application/pdf

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Stepping On Program

Q99. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q100. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [x] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [x] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Other. Please specify. Falls

Q101. When did this initiative begin?

08/15/2014

Q102. Does this initiative have an anticipated end date?

- ( ) The initiative will end on a specific end date. Please specify the date.
- ( ) The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- [x] Other. Please explain. This initiative will be ongoing. The initiative focuses on the senior population at risk for falls.

Q103. Enter the number of people in the population that this initiative targets.

Through the Stepping On classes 75 patients were have been targeted. A total of 5 classes were offered with a maximum of 15 per class.

Q104. Describe the characteristics of the target population.

Senior population; age 65 and above.

Q105. How many people did this initiative reach during the fiscal year?

67

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

- [x] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [ ] Community engagement intervention
- [x] Other. Please specify.

Falls prevention

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

- [x] Yes. Please describe who was involved in this initiative.

Harford County Office on Aging
Harford County Sheriffs Department
Independent Senior Living Facilities
Department of Pharmacy
Department of Physical Therapy

- [ ] No.

Q108. Please describe the primary objective of the initiative.

To decrease the number of falls, increase balance, increase safety awareness, and increase knowledge of how certain medications can affect balance in the senior population.

Q109. Please describe how the initiative is delivered.

Program is offered in a community setting and meets for 2 hours per week for 7 weeks. Workshops are facilitated by two trained leaders.

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters 67
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [x] Surveys of participants 56
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

Q111. Please describe the outcome(s) of the initiative.

A report on outcomes has been uploaded for this initiative.

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

In the population served with this initiative, 78% had a least 1 or more chronic condition that put them at risk for a potential fall. This initiative addresses two of the identified needs in the 2015 CHNA; chronic disease and illness and injury. It is an evidenced based Falls Prevention Program for people 65 and over. It is a 7 week program that is designed for people who are living at home and have experienced a fall or are concerned about falling. It incorporates a set of exercises that are specifically designed to improve strength and balance. The program also addresses vision, home hazards, medicines, bone health, and proper foot wear. This initiative aims to empower older adults to carry out healthy behaviors that reduce the risks of falls.

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

The total cost for the FY18 Stepping On Program was $8,203, of which $2,714 was offset by grant funds provided by the Harford County Office on Aging. The remaining $5,489 was incurred by the University of Maryland Upper Chesapeake Health Community Health Improvement/Community Outreach budget.

Q114. (Optional) Supplemental information for this initiative.

Stepping On Initiative.pdf
106.3KB
application/pdf

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Diabetes Prevention Program

Q117. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q118. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders

- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other. Please specify.

Q119. When did this initiative begin?

08/27/2014

Q120. Does this initiative have an anticipated end date?

- ( ) The initiative will end on a specific end date. Please specify the date.
- ( ) The initiative will end when a community or population health measure reaches a target value. Please describe.
- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.
- ( ) The initiative will end when a contract or agreement with a partner expires. Please explain.
- (•) Other. Please explain. This initiative is on going. It addresses current and future participants who are pre diabetic or have been told by their primary care doctor that they have metabolic syndrome, pre diabetic, or have a strong family history of diabetes.

Q121. Enter the number of people in the population that this initiative targets.

Through the Diabetes Prevention classes 80 patients were have been targeted. A total of 4 classes were offered with a maximum of 20 per class.

Q122. Describe the characteristics of the target population.

Adults with metabolic syndrome, pre diabetic (have an A1c of 5.7 - 6.4), strong family history of diabetes or a gestational diabetic.

Q123. How many people did this initiative reach during the fiscal year?

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

- [x] Chronic condition-based intervention: treatment intervention
- [ ] Chronic condition-based intervention: prevention intervention
- [x] Acute condition-based intervention: treatment intervention
- [x] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [ ] Community engagement intervention
- [ ] Other. Please specify.

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

Harford County Pubic Libraries
Harford County Office on Aging
Harford County Health Department
Harford Primary Care
UMUCH Diabetes and Endocrine Department
Bel Air Athletic Club
Faith based community

- ( ) No.

Q126. Please describe the primary objective of the initiative.

To educate the participants on their risk for developing diabetes, prevention strategies including weight loss and increased activity.

Q127. Please describe how the initiative is delivered.

16 weekly sessions in a group, classroom setting facilitated by trained lifestyle coaches who teach participants how to lose weight, eat healthier, be more physically active, and manage stress.

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters 51
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [x] Biophysical health indicators Percentage Weight Loss: 72% of participants had a weight loss; 24% had a 7% or greater weight loss.
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

Q129. Please describe the outcome(s) of the initiative.

7.00%+ Weight Loss: 24% 5.00%-6.99% Weight Loss: 10% 3.00%-4.99% Weight Loss: 24% 1.00%-2.99% Weight Loss: 14% Decrease in A1c level: 29% A report on additional outcomes has been uploaded for this initiative.

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

About 84.1 million americans 18 years and older (about 1 in 3) have pre-diabetes, a condition that if not treated can lead to type 2 diabetes within 5 years.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

The total cost for FY18 Diabetes Prevention Program was $17,528, of which $14,490 was offset by grant funds provided by the Harford County Health Department. The remaining $3,038 was incurred by the University of Maryland Upper Chesapeake Health Community Health Improvement/Community Outreach budget.

Q132. (Optional) Supplemental information for this initiative.

DPP Initiative.pdf
289.3KB
application/pdf

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- (•) Yes
- ( ) No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	Provide Infant Safety Classes; Infant CPR Classes; and Car Seat Safety Checks.
Reduce rate of sudden unexpected infant deaths (SUIDs)	Infant Safety and CPR Classes are offered through Family Birth Place to all of the community.
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	
Increase the % of adults who are physically active	Participation in LHIC Obesity Workgroup; Activity Wheel: an education tool that allows participants to test their knowledge on exercise and activity; Evidenced based self-management classes and CDC prevention classes.
Increase the % of adults who are at a healthy weight	Participation in LHIC Obesity Workgroup; Body Fat Composition screenings are offered free of charge at community screening events; Cholesterol screenings are offered at a minimal cost during monthly Wellness Center events through the medical mobile van; How Sweet It is Program provided at community events - an interactive and visual display of drinks including water, sodas, sport drinks, juice boxes, and popular coffee drinks. The program educates and increases the participants' awareness on the sugar content of popular drinks;Fat Chance Program; My Plate Program; Educational Programs through Bariatrics (surgical approach to weight loss), the only program in Harford County - Physician Information Sessions and Weight Loss Support Groups; Evidenced based self-management classes and CDC prevention classes.
Reduce the % of children who are considered obese (high school only)	
Reduce the % of adults who are current smokers	Participation in LHIC Tobacco Task Force; Tobacco Treatment Programs - 4 six-week educational class series led by a certified Tobacco Cessation expert. These free classes are open to the community at large. The Harford County Health Department will provide nicotine replacement products to participants; EMC2 Education Program - Eliminating Menthol in Church Congregations.
Reduce the % of youths using any kind of tobacco product (high school only)	Vaping Program: Don't Let Vaper Cloud Your Judgement - an educational program to educate the youth on the dangers of vaping; KATU Program - Kids Against Tobacco Use (KATU) is an educational program that teaches children and adults about the dangers of smoking and secondhand smoke. The program provides educational materials, hands-on exhibits, and instruction about how tobacco use harms their health.
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	
Reduce child maltreatment (per 1,000 population)	Participation in the Cherish the Child Symposium Planning Committee; Participation on the Local Management Board - a program within Harford County Government's Department of Community Services. Local Management Boards (LMBs) works under the purview of the State of Maryland Children's Cabinet and Governor's Office for Children (GOC) to improve the well-being of children and families; Participation on the Harford County Adverse Childhood Experiences (ACEs) Steering Committee - a multidisciplinary task force whose vision is stable, nurturing, and safe environments: When communities are stable, families are nurturing and children are safe. The ACE Steering Committee believes children, from preconception on, who are free from traumatic situations and environments, eliminate the potential for neurological impacts, which may negatively affect well-being and learning across their lifetimes and in subsequent generations; Participation in Citizen Review Board for Children - supports all efforts to provide permanence for children in foster care. This state board provides oversight to Maryland's child protection agencies and trains volunteer citizen panels to aid in child protection efforts.

Reduce suicide rate (per 100,000)	Participation in LHIC Suicide Prevention Workgroup; Question, Persuade, Refer (QPR) - teach how to recognize the warning signs of suicide and how to question, persuade, and refer someone to help when there is a suicide risk. It's a free 1-hour QPR Gatekeeper training that is offered to agencies, community organizations, congregations, employers, etc., for both professionals and lay people in identifying and responding to suicide risk; Mental Health First Aid - teaches individuals how to help people with mental illness or in crisis. It's people helping people. Participants learn: signs of addictions and mental illnesses, 5-step action plan to access a situation and help, impact of mental and substance use disorders, and local resources and where to turn for help. Not All Wounds Are Visible; a Community Conversation Series.
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	Provide community falls risk screenings and evidence based falls prevention program: Stepping On Program
Reduce pedestrian injuries on public roads (per 100,000 population)	Pedestrian safety is addressed in the Stepping On Fall Prevention series.
Increase the % of affordable housing options	Participation with Grant In Aid Program - provides operating funding to eligible non-profit public/private organizations in Harford County whose missions meet the purpose of providing public service programs which provide housing and prevention services. The purpose of the grant program is to enhance the ability of public & private sector organizations to provide housing and homeless services to citizens; Participation in Habitat for Humanity Susquehanna Board – provides homes for families in need; Participation on the Harford County Housing Task Force, which addresses housing and shelter needs of region.
Increase the % of adolescents receiving an annual wellness checkup	
Increase the % of adults with a usual primary care provider	Provide funding to Beacon Health Center, which is a FQHC in Havre de Grace, MD; Comprehensive Care Center; The Care Coordination Wellness Action Teams of Cecil and Harford Counties or WATCH program assists citizens who are having difficulty maintaining their health OR have visited the emergency department at least 5 times OR been admitted to the hospital 3 times in the last 12 months. A hands on program, the WATCH Team Community Health Workers, Social Workers, and Nurses visit residents in their home to help solve issues that might be keeping them from achieving their best health such as, transportation issues, difficulty taking medications correctly, safe housing, nutritious food, assistance with medical appointments, etc.; Project Healthy Connect – to screen and serve people who have rising health risks for chronic diseases, living in isolated areas and/or are located in Harford County that have difficultly accessing health care services.
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	ED Diversion - redirecting non-emergency income eligible patients away from using emergency rooms as their primary care provider's, all while improving their access to a variety of core and specialty services to best meet their overall health care needs. Self pay patients who have visited the ED will receive a phone call from a patient navigator; The Care Coordination Wellness Action Teams of Cecil and Harford Counties or WATCH program assists citizens who are having difficulty maintaining their health OR have visited the emergency department at least 5 times OR been admitted to the hospital 3 times in the last 12 months. A hands on program, the WATCH Team Community Health Workers, Social Workers, and Nurses visit residents in their home to help solve issues that might be keeping them from achieving their best health such as, transportation issues, difficulty taking medications correctly, safe housing, nutritious food, assistance with medical appointments, etc.; Project Healthy Connect – to screen and serve people who have rising health risks for chronic diseases, living in isolated areas and/or are located in Harford County that have difficultly accessing health care services; The Comprehensive CARE Center, a transitional care program created to fill the gap of care from hospital discharge through community care.
Reduce heart disease mortality (per 100,000)	Cardiovascular Health Seminar – an annual event that offers cardiopulmonary screenings and expert information on many heart health problems as well as obstructive sleep apnea; Provide Vascular Screenings in the community; Project Healthy Connect – to screen and serve people who have rising health risks for chronic diseases, living in isolated areas and/or are located in Harford County that have difficultly accessing health care services; Cholesterol Screenings are provided at community events.
Reduce cancer mortality (per 100,000)	Provide education and screenings on Skin Cancer: Skin Cancer Screenings with a dermatologist (both adults and children); Skin Analyzer Machine screenings - The machine employs a long-wave ultraviolet light that causes problem areas on the skin to be illuminated as different colors. This device has been used in the medical field for countless years to aid in the diagnosis of skin disorders and is safe for the skin and eyes. With this visual representation of where the problem areas are or may occur, we can easily communicate to participants the benefits of proper skin treatment and care; Sun Sense Program - presents information on the harmful effects of the sun, types of skin cancers, and the importance of using sun protection. Participants are able to see the effects of sun damage to their own skin by utilizing a Skin Analyzer Machine. Packets of sun screen are distributed; Provided education on Adolescent Melanoma through lecture series, Dining with Docs. Provide education on the various stages of colorectal disease with a 10' tall, 13'wide giant Inflatable colon and disseminating colorectal kits. Provide support groups for cancer diagnoses: Blood Cancer, Breast Cancer, Head & Neck Cancer, Health and Wellness for the Newly Diagnosed, Look Good Feel Better, Man to Man Prostate. Provide self-help classes to promote wellness, reduce distress and improve coping with cancer illness/recovery: Yoga Classes, Accupunture, Gardener's Class, Meditation Class, Stay Fit & Active.
Reduce diabetes-related emergency department visit rate (per 100,000)	Provide two evidence based programs: Diabetes Prevention Program and Living Well with Chronic Disease; Severe Hypoglycemia Prevention and Education Program - individuals that have had severe hypoglycemia as evidenced through continuous glucose monitoring, blood glucose meter download, and hospitalization for severe hypoglycemia or patient reported severe hypoglycemia episode; Provide A1c screenings in the community; Provide Diabetes Risk Assessments at community events; Provide monthly Diabetes Information Sessions that teach survival skill training for individuals at high risk; Provide Diabetes Support Groups; The Care Coordination Wellness Action Teams of Cecil and Harford Counties or WATCH program assists citizens who are having difficulty maintaining their health OR have visited the emergency department at least 5 times OR been admitted to the hospital 3 times in the last 12 months. A hands on program, the WATCH Team Community Health Workers, Social Workers, and Nurses visit residents in their home to help solve issues that might be keeping them from achieving their best health such as, transportation issues, difficulty taking medications correctly, safe housing, nutritious food, assistance with medical appointments, etc.; Project Healthy Connect – to screen and serve people who have rising health risks for chronic diseases, living in isolated areas and/or are located in Harford County that have difficultly accessing health care services; The Comprehensive CARE Center, a transitional care program created to fill the gap of care from hospital discharge through community care
Reduce hypertension-related emergency department visit rate (per 100,000)	Provide free blood pressure screenings in the community, as well as in soup kitchens and senior centers; Blood Pressure Call Back Program - Community participants with blood pressure of stage 2 or dangerously elevated are contacted by a HealthLink nurse to verify that recommended actions during initial screening were completed; Halt the Salt Program provided at community events to educate and address how the excessive intake of salt in diet can lead to hypertension; The Care Coordination Wellness Action Teams of Cecil and Harford Counties or WATCH program assists citizens who are having difficulty maintaining their health OR have visited the emergency department at least 5 times OR been admitted to the hospital 3 times in the last 12 months. A hands on program, the WATCH Team Community Health Workers, Social Workers, and Nurses visit residents in their home to help solve issues that might be keeping them from achieving their best health such as, transportation issues, difficulty taking medications correctly, safe housing, nutritious food, assistance with medical appointments, etc.; Project Healthy Connect – to screen and serve people who have rising health risks for chronic diseases, living in isolated areas and/or are located in Harford County that have difficultly accessing health care services; The Comprehensive CARE Center, a transitional care program created to fill the gap of care from hospital discharge through community care.
Reduce drug induced mortality (per 100,000)	Participation in the LHIC Behavioral Health Workgroup; Mental Health First Aid - teaches individuals how to help people with mental illness or in crisis. It's people helping people. Participants learn: signs of addictions and mental illnesses, 5-step action plan to access a situation and help, impact of mental and substance use disorders, and local resources and where to turn for help; Hope Trailer – a simulated young person's bedroom and bathroom area that offers adults and parents a chance to be educated on some of the places drugs can be hidden in plain sight and other potential signs of drug use; Participation in Drug Take Back events.
Reduce mental health-related emergency department visit rate (per 100,000)	Mental Health First Aid - teaches individuals how to help people with mental illness or in crisis. It's people helping people. Participants learn: signs of addictions and mental illnesses, 5-step action plan to access a situation and help, impact of mental and substance use disorders, and local resources and where to turn for help; Not All Wounds Are Visible - A Community Conversation about Mental Health and Substance Abuse: This conference is geared toward educating the community about what mental health is and what it is not, with a portion dedicated to teaching the importance of mental wellness and principles of recovery that people can use to handle daily stress and anxiety; Participation on the Mental Health & Addictions Advisory Council, which include: advise the County Health Officer, County Executive, County Council, and the Secretary of Health and Mental Hygiene on the progress of the county mental health program and on any action needed to improve program; be a County advocate for a comprehensive approach to the prevention and treatment of mental illness and addictions; be a County advocate for a comprehensive approach to the prevention and treatment of mental illness and addictions; determine the needs of the mental health and addictions programs in the county; periodically review the availability and quality of mental health and addictions facilities and services in the county; and, provide representatives for site visit teams that evaluate mental health and addictions facilities and programs in the county; Participation in Mental Health All County Providers Committee - this group is made up of all the county community and residential mental health providers to discuss problems and concerns in the mental health provider community as well as to find out updates about other services and supports offered for mental health patients; Participation in Multi-Disciplinary County Meetings - facilitate connections between mental health treatment at both HMH and UCMC and local government agencies such as CORE services, Office on aging, APS, Legal Aid, and the Health Dept. This meeting is geared towards aging and vulnerable folks in the community. To educate individuals on what mental health treatment can and cannot do and attempt to link agencies with how to connect to our services at HMH and UCMC regarding mental health treatment; Participation in New Day Wellness and Recovery Board – New Day is a Mental Health Resource Center dedicated to providing Peer-Support Activities that foster wellness and independent living; 7. Provide Depression Screenings at community events.

Reduce addictions-related emergency department visit rate (per 100,000)	Participation on the Mental Health & Addictions Advisory Council; Not All Wounds Are Visible - A Community Conversation about Mental Health and Substance Abuse: This conference is geared toward educating the community about what mental health is and what it is not, with a portion dedicated to teaching the importance of mental wellness and principles of recovery that people can use to handle daily stress and anxiety; Participation on the Mental Health & Addictions Advisory Council, which include: advise the County Health Officer, County Executive, County Council, and the Secretary of Health and Mental Hygiene on the progress of the county mental health program and on any action needed to improve program; be a County advocate for a comprehensive approach to the prevention and treatment of mental illness and addictions; be a County advocate for a comprehensive approach to the prevention and treatment of mental illness and addictions; determine the needs of the mental health and addictions programs in the county; periodically review the availability and quality of mental health and addictions facilities and services in the county; and, provide representatives for site visit teams that evaluate mental health and addictions facilities and programs in the county; Participation on Overdose Fatality Review Team - reviews recent deaths within Harford County and of Harford County residents from Drug overdoses. The primary objectives of this Team is to: developing an understanding of the causes and incidence of drug overdose deaths in the county; develop plans for and recommending changes within county and state agencies represented on the local team to prevent drug overdose deaths; and advise the Department on changes to law, policy, or practice, including the use of devices that are programmed to dispense medications on a schedule.
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	Participation in HPV Workgroup; Participation in the Statewide HPV Cancer Collaborative; Provide access to HPV vaccines to low income and uninsured age appropriate children (11-17) through school vaccine clinics; Provided education on HPV through lecture series, Dining with Docs; Provide flu vaccintions for children 6 months and older.
Increase the % vaccinated annually for seasonal influenza	Provide annual flu vaccinations throughout Harford County at various locations with a focus on the Senior population.
Reduce asthma-related emergency department visit rate (per 10,000)	Project Healthy Connect – to screen and serve people who have rising health risks for chronic diseases, living in isolated areas and/or are located in Harford County that have difficultly accessing health care services.

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

Q140. Section V - Physician Gaps & Subsidies

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

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

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

Hospital-Based Physicians	The subsidized hospital-based physicians for UMUCH are Radiology, Lab, Team Health Anesthesiology, Behavioral Health, Psych and OB. These services are exclusively contracted. UMUCH does not have employed or owned physicians for these services. UMUCH would not be able to provide these critical services if not for the exclusive contract which has performance criteria.
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	Providing subsidies to non-employed physician specialty groups to take emergency room call and provide follow-up services for those patients, is the only way to provide emergency specialty care.
Physician Provision of Financial Assistance	This is for payment related to providing coverage for patients in the ED who need consultation, procedures, and follow up whenreferred by the ED physician while this Physician is on call. This is for self-pay patients who don't pay or for patients with insurance companies that these physicians do not participate with.
Physician Recruitment to Meet Community Need	The total amount for direct salary expenses for medical staff recruiters is $85,155.
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

FA Policy updated 101718.doc
477KB
application/msword

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

PATIENT INFORMATION SHEET.pdf
54.8KB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

At or below 200% of the FPL.

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Between 200% and 300% of the FPL.

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

At or below 500% of the FPL and medical debt incurred at a UM UCH facility that exceeds 25% of the family's annual household income.

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

1) Created a plain language summary 2) Enhanced what is out on our website 3) Provide a list of physicians that also comply with our FAP 4) Added references and our graduated scale 5) The process the hospital uses in taking actions, including the reasonable efforts it will make to determine whether an individual is FA-eligible before taking extraordinary collection actions (ECAs). 6) The FA policy explains that amounts generally billed (AGB) will be the same for all payers, including Self Pay, and are set by the HSCRC. 7) Language translation available.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: (39.285598754883, -76.689903259277)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

University of Maryland
Upper Chesapeake Health
FY18 Community Health Statistics

SECONDARY DATA PROFILE
Demographic Statistics

A. Population Statistics

Table A1. Overall Population (2010; 2012-2016)

	U.S.		Maryland		Harford County	
Populations (2010)	308,745,538		5,773,552		244,826	
Population (2012-2016)	318,558,162		5,959,902		249,776	
Population Change from 2010	3.2%		3.2%		2.0%	
Gender (2012-2016)	n	%	N	%	n	%
Male	156,765,322	49.2%	2,886,734	48.4%	122,076	48.9%
Female	161,792,840	50.8%	3,073,168	51.6%	127,700	51.1%

Source: U.S. Census Bureau

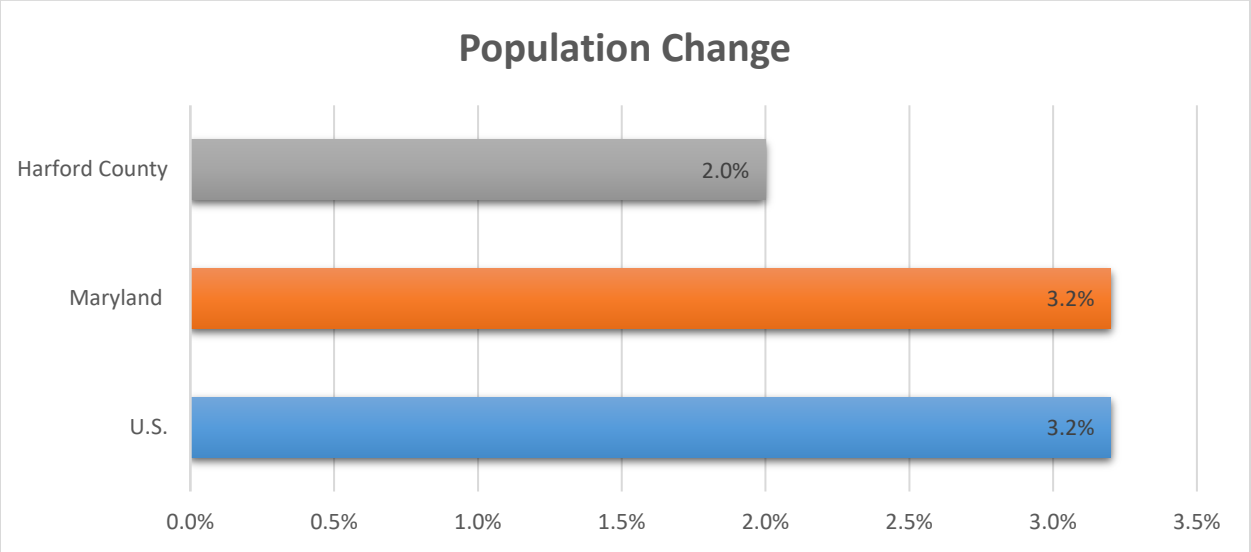


Figure A1. Percent population change from 2010

Table A2. Socio-Demographic Characteristics by Age and Race (2012-2016)

	U.S.		Maryland		Harford County	
Age	N	%	N	%	n	%
Under 5 years	19,866,960	6.2	367,551	6.2	14,014	5.6
5 to 9 years	20,508,363	6.4	374,401	6.3	15,808	6.3
10 to 14 years	20,664,537	6.5	374,976	6.3	16,894	6.8
15 to 19 years	21,256,545	6.7	389,754	6.5	16,641	6.7
20 to 24 years	22,612,610	7.1	400,581	6.7	15,291	6.1

25 to 34 years	43,397,907	13.6	820,592	13.8	30,479	12.2
35 to 44 years	40,548,400	12.7	768,457	12.9	31,005	12.4
45 to 54 years	43,460,466	13.6	876,960	14.7	39,338	15.7
55 to 59 years	21,291,513	6.7	411,506	6.9	18,436	7.4
60 to 64 years	18,770,229	5.9	355,074	6.0	15,535	6.2
65 to 74 years	26,355,308	8.3	475,899	8.0	21,840	8.7
75 to 84 years	13,768,433	4.3	236,615	4.0	10,196	4.1
85 years and over	6,056,891	1.9	107,536	1.8	4,299	1.7
Median Age (Years)	**37.7**		**38.3**		**40.3**	
Race	N	%	n	%	n	%
White	233,657,078	73.3	3,408,240	57.2	199,268	79.8
Black or African American	40,241,818	12.6	1,765,926	29.6	33,742	13.5
American Indian and Alaska Native	2,597,817	0.8	15,946	0.3	443	0.2
Asian	16,614,625	5.2	362,259	6.1	6,478	2.6
Native Hawaiian and Other Pacific Islander	560,021	0.2	2,792	0.0	8	0.0
Some other race	15,133,856	4.8	218,586	3.7	2,806	1.1
Hispanic or Latina (of any race)	55,199,107	17.3	550,146	9.2	10,208	4.1

Source: U.S. Census Bureau

[a] Hispanic/Latino residents can be of any race, for example, White Hispanic or Black/African American Hispanic

Table A3. Language Spoken at Home, 5 Years Old and Older (2012-2016)

	U.S.	Maryland	Harford County
English Only	78.9%	82.4%	93.1%
Language other than English	21.1%	17.6%	6.9%
Speak English less than "very well"	8.5%	6.5%	2.1%
Spanish	13.1%	7.5%	2.8%
Speak English less than "very well"	5.4%	3.3%	0.8%
Other Indo-European languages	3.6%	4.4%	2.2%
Speak English less than "very well"	1.1%	1.2%	0.5%
Asian and Pacific Islander languages	3.4%	3.7%	1.4%
Speak English less than "very well"	1.6%	1.5%	0.5%
Other languages	1.0%	2.1%	0.5%
Speak English less than "very well"	0.3%	0.5%	0.2%

Source: U.S. Census Bureau

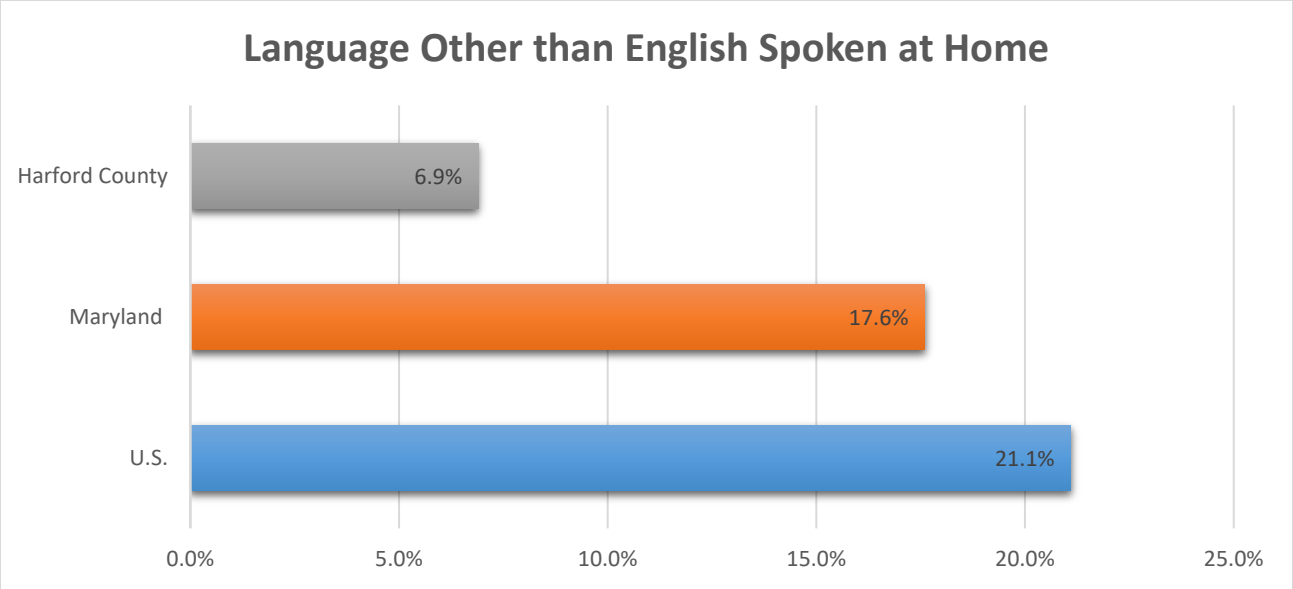


Figure A2. Percentage of population speaking a language other than English at home, 2012-2016

B. Household Statistics

Table B1. Marital Status, 15 years and over (2012-2016)

	U.S.		Maryland		Harford County	
	n	%	n	%	n	%
Never married	85,041,778	33.0	1,698,129	35.1	57,182	28.2
Married and living together	123,770,934	48.1	2,271,974	46.9	110,811	54.6
Separated	5,372,162	2.1	114,410	2.4	3,953	1.9
Widowed	15,125,749	5.9	276,228	5.7	11,691	5.8
Divorced	28,207,679	11.0	482,233	10.0	19,423	9.5

Source: U.S. Census Bureau

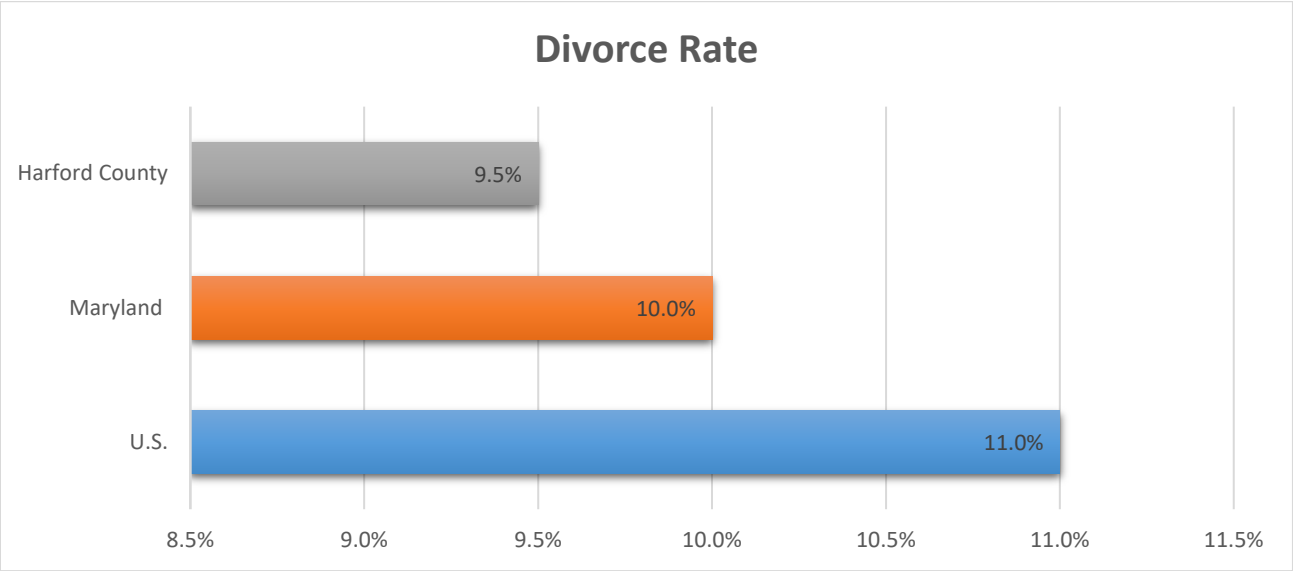


Figure B1. Divorce rate, 2012-2016

Table B2. Grandparents Responsible for Grandchildren (2012-2016)

	U.S.	Maryland	Harford County
Number of grandparents living with own grandchildren under 18 years	7,243,142	145,209	5,524
% of grandparents responsible for grandchildren	36.5%	32.3%	32.5%

Source: U.S. Census Bureau

Table B3. Households by Occupancy (2012-2016)

	U.S.		Maryland		Harford County	
	n	%	n	%	n	%
Total housing units	134,054,899	--	2,421,909	--	98,277	--
Occupied units	117,716,237	87.7	2,177,492	89.9	92,497	94.1
Owner-occupied	74,881,068	55.9	1,447,783	59.8	72,265	73.5
Renter-occupied	40,589,851	30.3	702,031	29.0	19,182	19.5
Vacant units	16,338,662	12.2	244,417	10.1	5,780	5.9

Source: U.S. Census Bureau

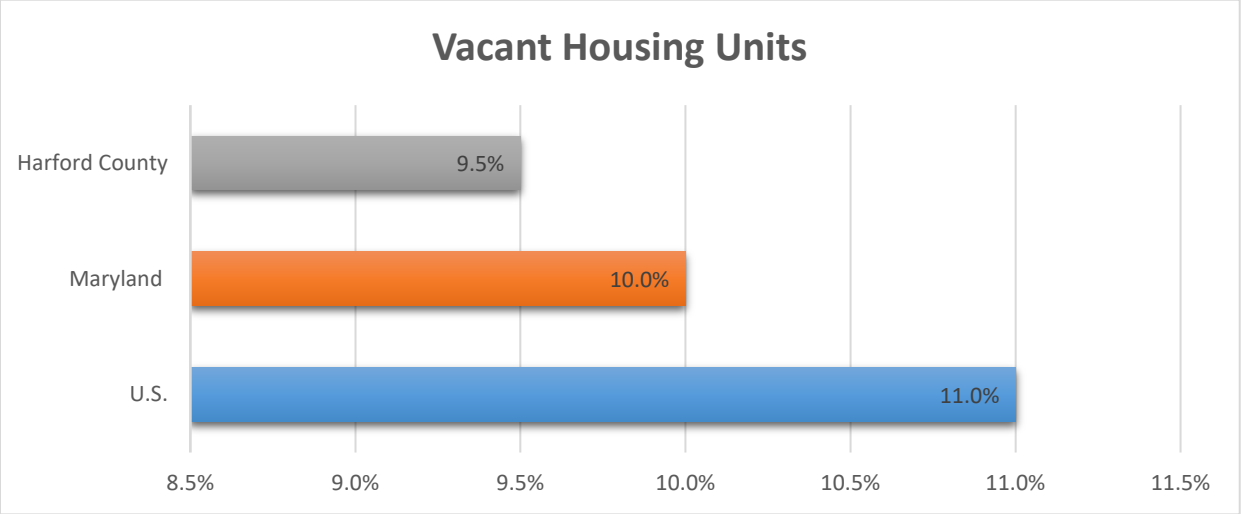


Figure B2. Percentage of vacant housing units, 2012-2016

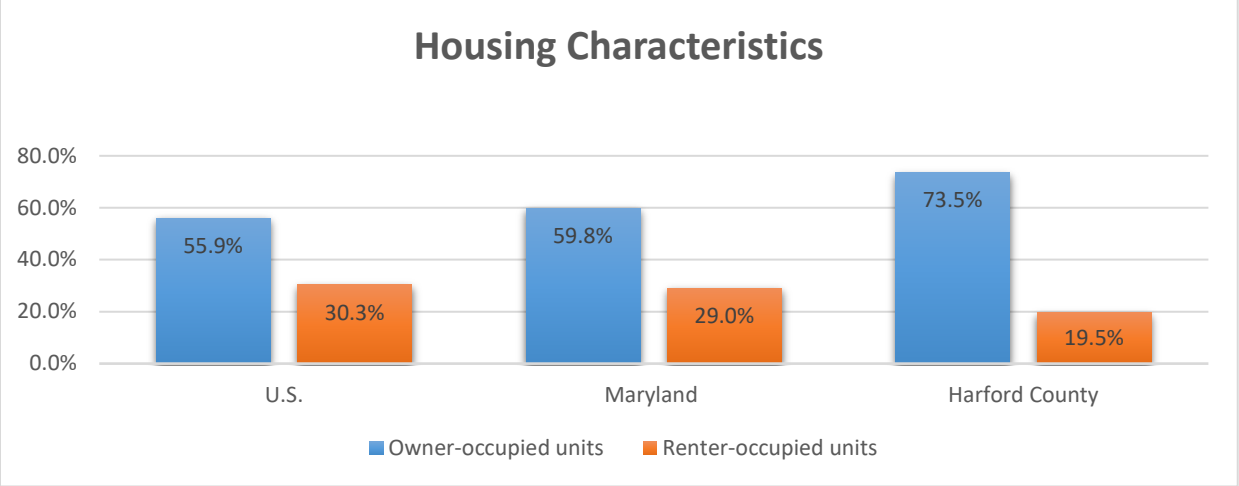


Figure B3. Housing characteristics by occupied units, 2012-2016

Table B4. Housing characteristics (2012-2016)

	U.S.	Maryland	Harford County
Owner-Occupied Housing			
Owner-occupied units	74,881,068	1,447,783	72,265
Housing units with a mortgage	64.1%	74.2%	73.5%
Housing units without a mortgage	35.9%	25.8%	26.5%
Median value	$184,700	$290,400	$278,100
Households spending more than 30% of income on mortgage/owner costs	30.8%	31%	27.8%
Renter-Occupied Housing			
Occupied units paying rent	40,589,851	702,031	19,182
Median dollars	$949	$1,264	$1,159
Households spending more than 30% of income on rent	51.1%	50.5%	49.7%

Source: U.S. Census Bureau

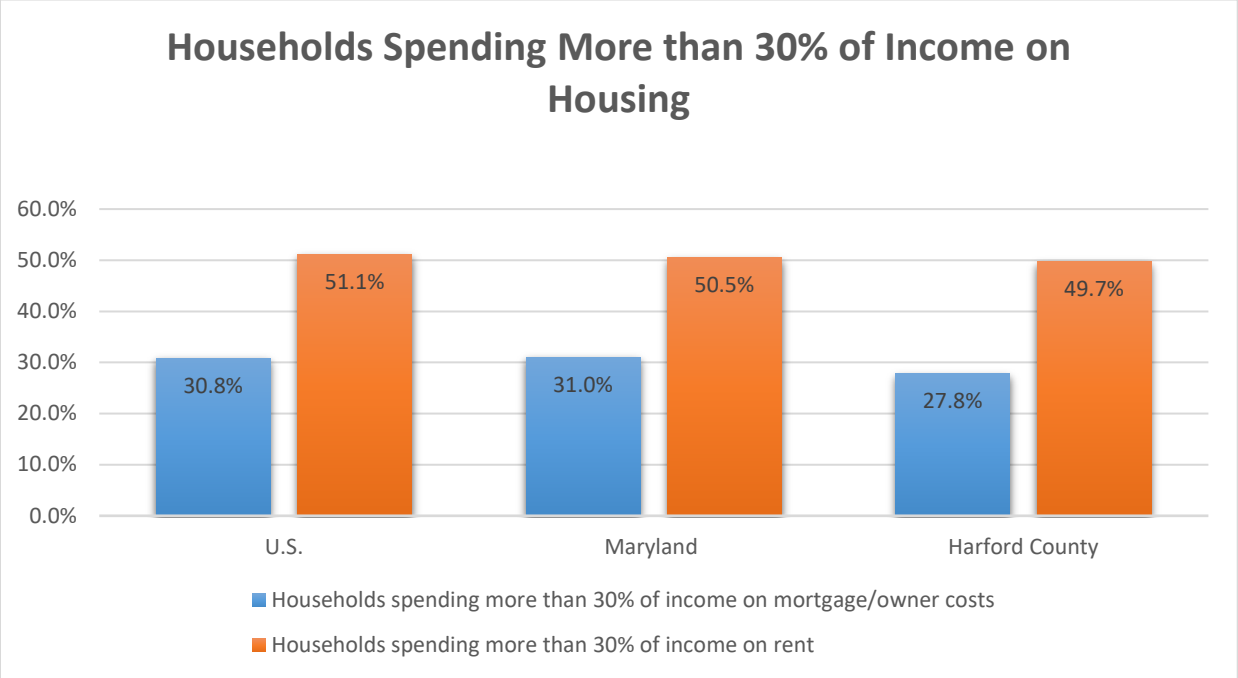


Figure B4. Households spending more than 30% of income on mortgage/owner costs and rent, 2012-2016

Table B5. Households by Type (2012-2016)

	U.S.		Maryland		Harford County	
	n	%	n	%	n	%
Total households	116,716,292	--	2,156,411	--	90,218	--
Average household size	2.58	--	2.61	--		--
Average family size	3.14	--	3.15	--		--
Family households	77,538,296	66.4	1,447,002	67.1	66,335	73.5

Male householder, no wife	5,777,570	5.0	104,375	4.8	3,938	4.4
With own children under 18 yrs.	2,789,424	2.4	47,191	2.2	2,024	2.2
Female householder, no husband	15,250,349	13.1	315,888	14.6	10,169	11.3
With own children under 18	8,365,912	7.2	164,366	7.6	5,517	6.1
Married-couple families	56,510,377	48.4	1,026,739	47.6	52,228	57.9
Non-family household	39,177,996	33.6	709,409	32.9	23,883	26.5
Householder living alone	31,204,909	26.7	563,003	26.1	19,358	21.5
65 years and over	10,995,689	9.4	188,380	8.8	7,171	7.9

Source: U.S. Census Bureau

C. Income Statistics

Table C1. Income Statistics (2012-2016)

	U.S.	Maryland	Harford County
Total households	117,716,237	2,177,492	92,497
	%	%	%
Less than $15,000	12.1	8.3	7.4
$15,000 to $24,999	10.2	6.6	5.9
$25,000 to $34,999	9.9	7.1	6.3
$35,000 to $49,999	13.2	10.5	9.5
$50,000 to $74,999	17.8	16.9	17.0
$75,000 to $99,999	12.2	13.3	14.9
$100,000 to $149,999	13.5	18.4	21.3
$150,000 or more	11.1	18.9	17.6
Median household income	**$55,322**	**$76,067**	**$81,052**
Mean household income	**$77,866**	**$100,071**	**$96,509**
Family income			
Families	77,608,829	1,455,962	66,516
Median family income	$67,871	$92,049	$95,437
Mean family income	$90,960	$116,461	$109,597
Individual Median Earnings			
Median earnings for workers	$31,334	$40,893	$41,900
Male full-time, year round workers	$50,135	$60,651	$65,808
Female full-time, year round workers	$39,923	$51,127	$50,798

Source: U.S. Census Bureau

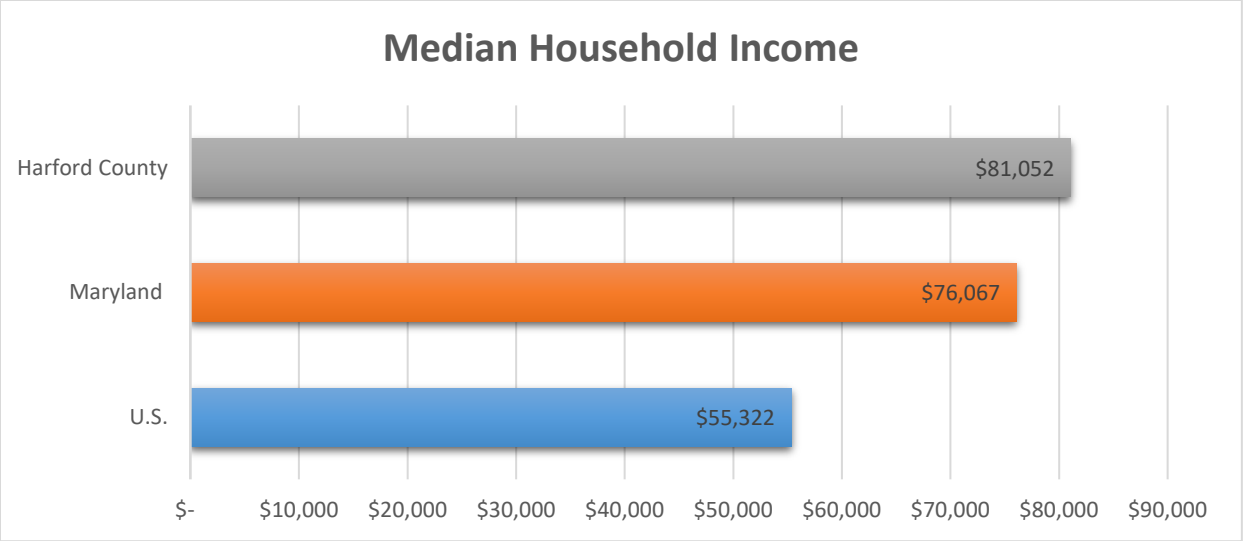


Figure C1. Median household income, 2012-2016

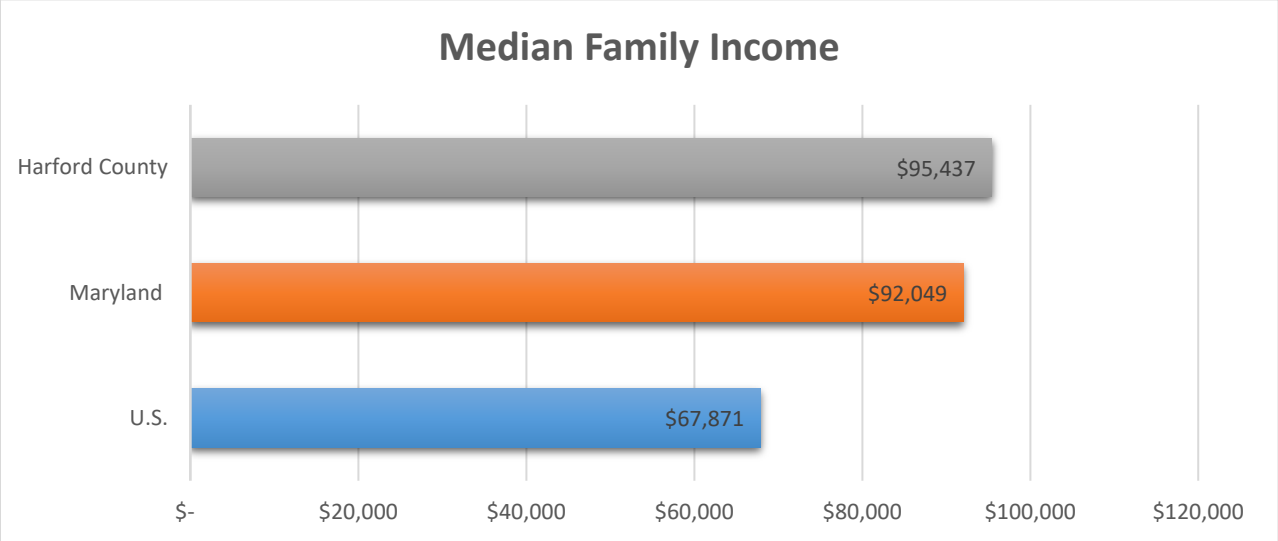


Figure C2. Median family income, 2012-2016

Table C2. Percentage of Families below Poverty Level in the past 12 Months (2012-2016)

	U.S.	Maryland	Harford County
All families	11.0%	6.8%	5.8%
With related children under 18 years	17.4%	10.6%	8.6%
With related children under 5	17.2%	10.2%	9.5%
Married couple families	5.5%	2.9%	2.8%
With related children under 18 years	7.9%	3.6%	2.8%
With related children under 5	6.3%	3.0%	1.1%
Female-headed household, no husband present	29.9%	18.9%	20.0%
With related children under 18 years	39.7%	26.3%	26.9%
With related children under 5	45.0%	29.9%	44.3%
All people	15.1%	9.9%	7.7%

Under 18 years	21.2%	13.3.%	9.8%
18 years and over	13.3%	8.9%	7.0%
65 years and over	9.3%	7.7%	6.5%

Source: U.S. Census Bureau

Table C3. 2018 Health and Human Services Poverty Guidelines

Size of Family Unit	48 Contiguous States and D.C.
1	$12,140
2	$16,460
3	$20,780
4	$25,100
5	$29,420
6	$33,740
7	$38,060
8	$42,380
For each additional person, add:	$4,320

Source: U.S. Department of Health and Human Services

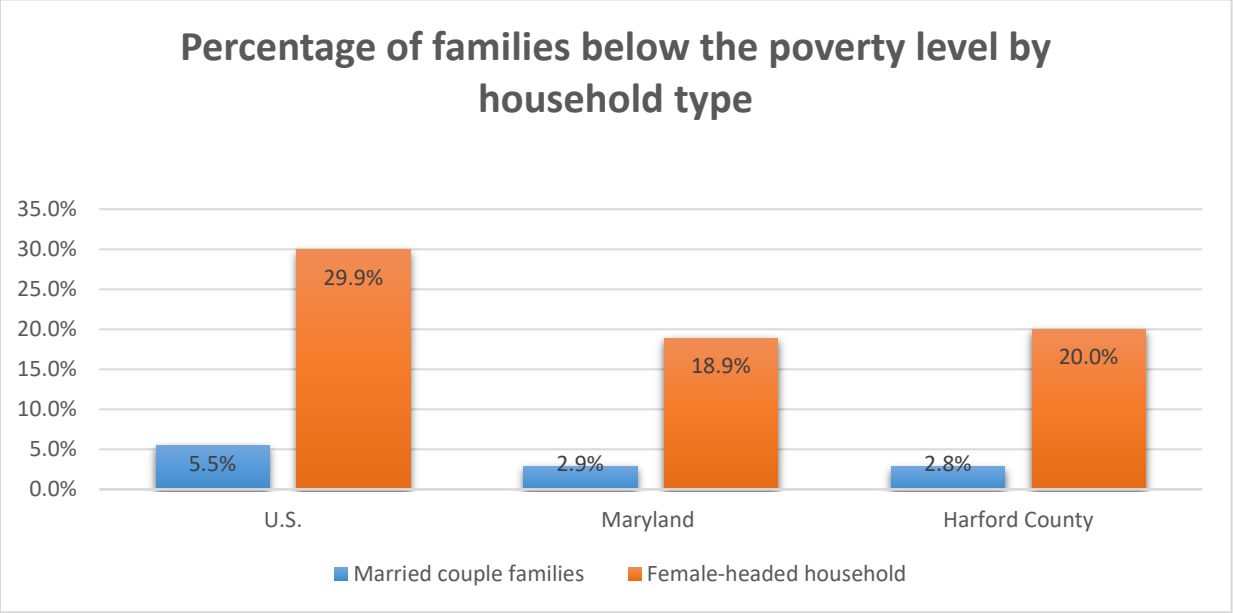


Figure C3. Percentage of families below the poverty level by household type, 2012-2016

Table C4. Households with Supplemental Benefits in the Past 12 Months (2012-2016)

	U.S.	Maryland	Harford County
Households with supplemental security income	5.4%	4.4%	4.3%
Mean supplemental security income	$9,523	$9,682	$10,567
Households with cash public assistance income	2.7%	2.5%	1.7%
Mean cash public assistance income	$3,336	$3,553	$3,546

Source: U.S. Census Bureau

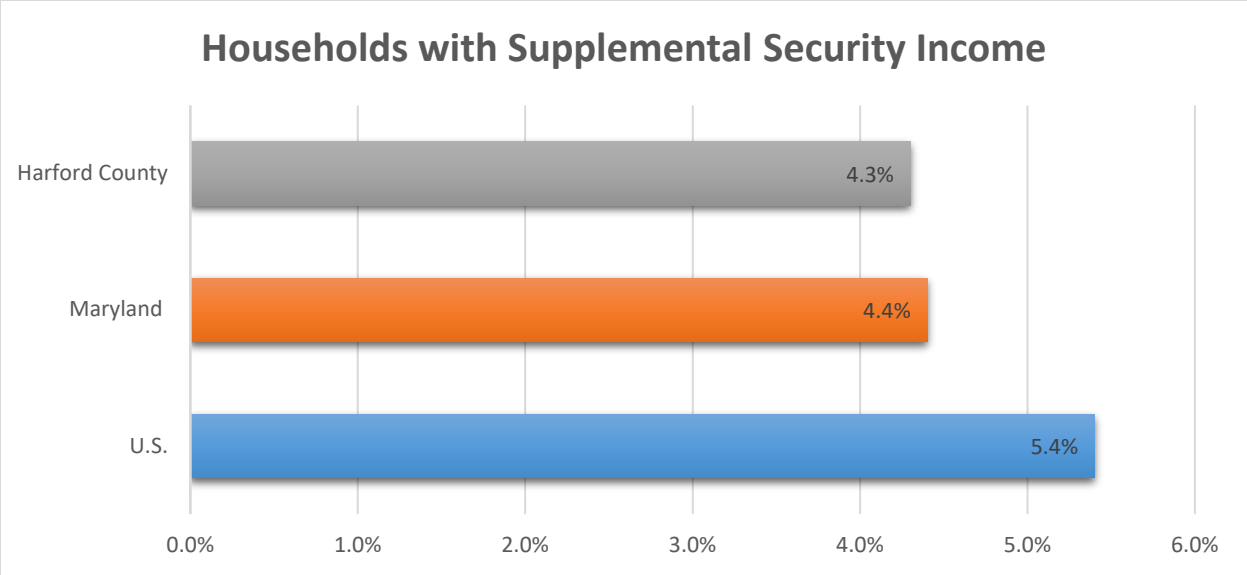


Figure C4. Households with supplemental security income in the past 12 months, 2012-2016

Table C5. Households Receiving Food Stamps/SNAB Benefits in the Past 12 Months, 2012-2016

	U.S.	Maryland	Harford County
Households below poverty level	15.1%	9.9%	7.7%
Households receiving food stamps/SNAP in the past 12 months	13.0%	11.1%	8.7%
Households receiving food stamps and below the poverty level	50.3%	39.8%	39.5%
Households with one or more people 60 years and over receiving food stamps	29.2%	31.1%	27.7%
Households with children under 18 years receiving food stamps	53%	52.6%	59.1%

Source: U.S. Census Bureau, 2012-2016

Households by Poverty Status and Receipt of Food Stamp/SNAP Benefits

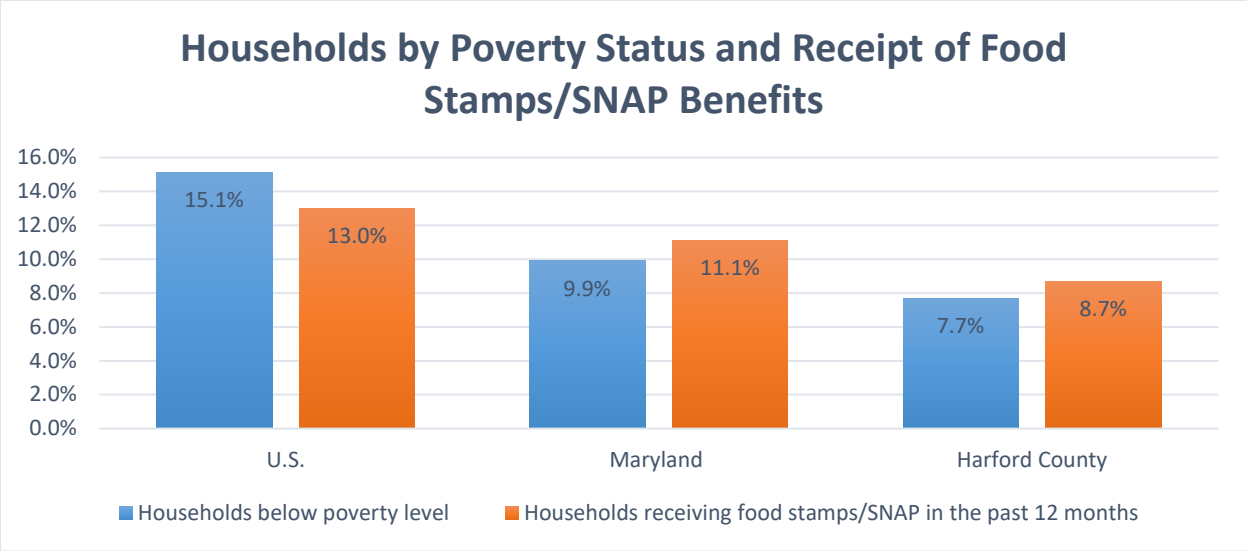


Figure C5. Households below poverty level and/or receiving food stamps/SNAP benefits, 2012-2016

D. Employment Statistics

Table D1. Employment Status, 16 years and over (2012-2016)

	U.S.		Maryland		Harford County	
Employment status	n	%	n	%	n	%
Population in labor force	160,818,740	63.5	3,249,911	68.2	137,757	69.0
Employed	148,001,326	58.4	3,005,753	63.1	127,908	64.1
Unemployed	11,805,773	4.7	216,086	4.5	8,106	4.1
Armed Forces	1,011,641	0.4	28,072	0.6	1,743	0.9
Not in labor force	92,504,969	36.5	1,514,990	31.8	61,851	31.0
Unemployed civilian labor force	7.4%		6.7%		6.0%	

Source: U.S. Census Bureau

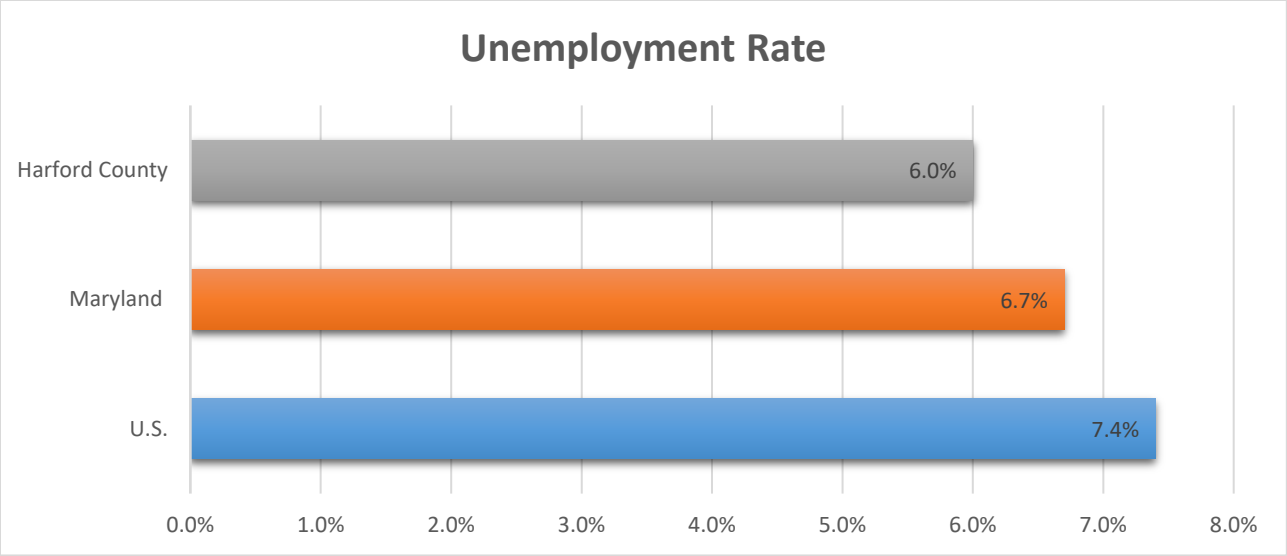


Figure D1. Unemployed civilian labor force, 2012-2016

Table D2. Commuting to Work Status (2012-2016)

	U.S.		Maryland		Harford County	
	n	%	n	%	n	%
Car, truck, or van – drove alone	111,448,640	76.4	2,193,235	73.7	106,216	83.4
Car, truck or van – carpooled	13,588,601	9.3	275,403	9.3	11,059	8.7
Public transportation (excluding taxicab)	7,476,312	5.1	264,277	8.9	2,033	1.6
Walked	4,030,730	2.8	72,358	2.4	1,791	1.4
Other means	2,655,046	1.8	39,156	1.3	961	0.8
Worked at home	6,661,892	4.6	130,092	4.4	5,289	4.2
Mean travel time to work (minutes)	**26.1**		**32.4**		**31.6**	

Source: U.S. Census Bureau

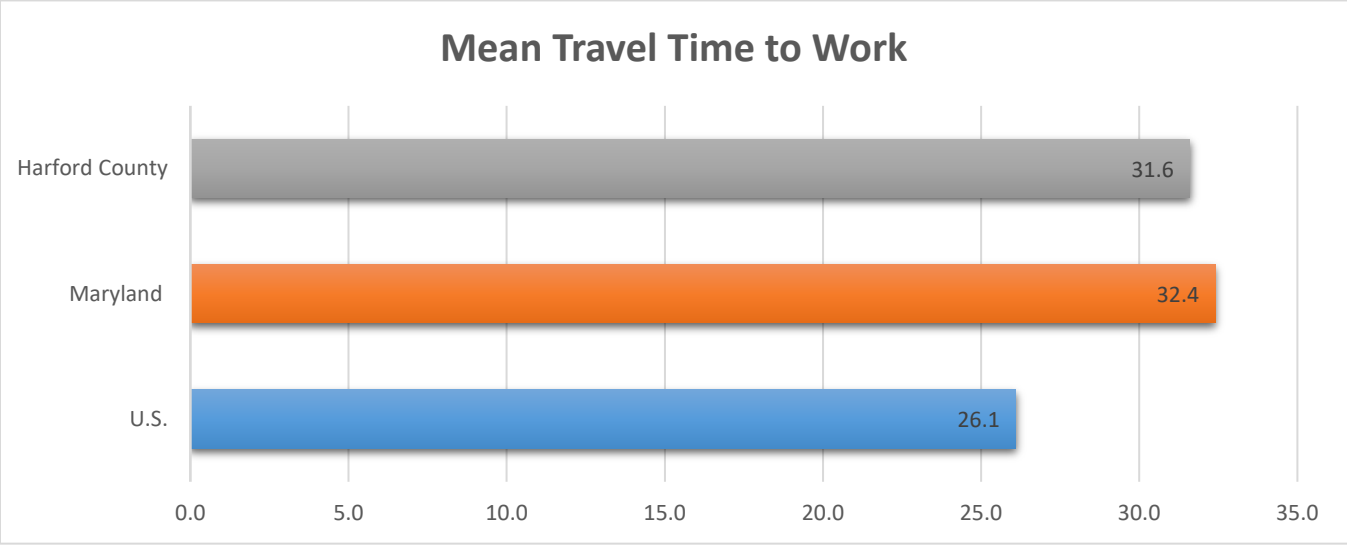


Figure D2. Mean travel time to work (minutes), 2012-2016

Table D3. Estimated Major Occupational Groups (2012-2016)

	U.S.		Maryland		Harford County	
	n	%	N	%	n	%
Management, business, science, and art	54,751,318	37.0	1,350,227	44.9	53,845	42.1
Service	26,765,182	18.1	515,463	17.1	19,281	15.1
Sales and office	35,283,759	23.8	668,392	22.2	32,002	25.0
Natural resources, construction, and maintenance	13,171,632	8.9	233,407	7.8	10,542	8.2
Production, transportation, and material moving	18,030,435	12.2	238,264	7.9	12,238	9.6

Source: U.S. Census Bureau

Table D4. Class of Worker (2012-2016)

	U.S.		Maryland		Harford County	
	n	%	n	%	n	%
Private wage and salary workers	118,121,482	79.8	2,199,093	73.2	95,368	74.6
Government workers	20,773,653	14.0	660,843	22.0	26,912	21.0
Self-employed workers in town not incorporated business	8,868,069	6.0	142,210	4.7	5,511	4.3
Unpaid family workers	238,122	0.2	3,607	0.1	117	0.1

Source: U.S. Census Bureau

Table D5. Estimated Major Industrial Group Percentages (2012-2016)

	U.S.		Maryland		Harford County	
	n	%	n	%	n	%
Agriculture, forestry, fishing, hunting, mining	2,843,703	1.9	15,703	0.5	688	0.5
Construction	9,256,637	6.3	200,216	6.7	8,870	6.9
Manufacturing	15,316,355	10.3	138,256	4.6	8,678	6.8
Wholesale trade	3,993,420	2.7	57,967	1.9	3,656	2.9
Retail trade	17,027,853	11.5	293,701	9.8	5,629	12.8
Transportation and warehousing, and utilities	7,411,283	5.0	131,874	4.4	5,629	4.4
Information	3,131,838	2.1	64,182	2.1	2,110	1.6
Finance, insurance, real estate, rental and leasing	9,731,609	6.6	184,873	6.2	8,305	6.5
Professional, scientific, management, administrative and waste management services	16,516,075	11.2	462,215	15.4	16,013	12.5
Education services, health care, social assistance	34,202,980	23.1	713,977	23.8	29,879	23.4
Arts, entertainment, recreation, accommodation, and food services	14,316,298	9.7	251,227	8.4	8,857	6.9
Other services, except public administration	7,275,839	4.9	161,767	5.4	6,113	4.8
Public administration	6,977,436	4.7	329,795	11.0	12,772	10.0

Source: U.S. Census Bureau

E. Education Statistics

Table E1. Educational Attainment, Population 25 years and older (2012-2016)

	U.S.	Maryland	Harford County
Less than high school diploma	13.0%	10.4%	7.2%
High school graduate or equivalent	27.5%	25.4%	27.8%
Some college, no degree	21.0%	19.4%	22.4%
Associate's degree	8.2%	6.4%	8.1%
Bachelor's degree or higher	18.8%	20.7%	20.7%
Graduate or professional degree	11.5%	17.7%	13.8%
Percent high school graduate or higher	**87.0%**	**89.6%**	**92.8%**
Percent bachelor's degree or higher	**30.3%**	**38.4%**	**34.5%**

Source: U.S. Census Bureau

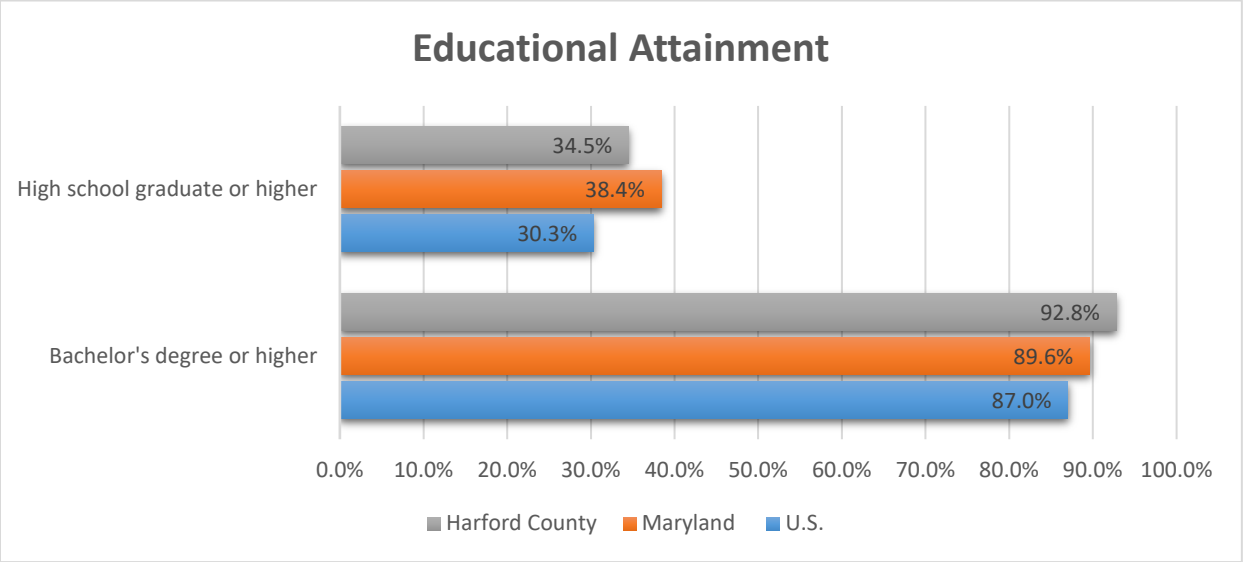


Figure E1. Education attainment for population 25 years of age and over, 2012-2016

Table E2. School Enrollment, Population 3 Years and Over (

	U.S.	Maryland	Harford County
Nursery school, preschool	6.0%	6.3%	6.2%
Kindergarten	5.1%	5.0%	5.1%
Elementary school (grades 1-8)	40.0%	37.4$	39.5%
High school (grades 9-12)	20.7%	19.9%	22.5%
College or graduate school	28.2%	31.3%	26.7%

Source: U.S. Census Bureau

IV. Health Statistics

F. Health Care Access Statistics

Table F1. Health Insurance Coverage (2012-2016)

	U.S.		Maryland		Harford County	
	n	%	n	%	n	%
With health insurance coverage	276,875,891	88.3	5,389,007	91.9	235,611	95.4
With private health insurance	209,012,601	66.7	4,346,409	74.1	201,419	81.6
With public coverage	103,600,200	33.0	1,749,054	29.8	69,655	28.2
No health insurance coverage	36,700,246	11.7	475,885	8.1	11,259	4.6

Source: U.S. Census Bureau

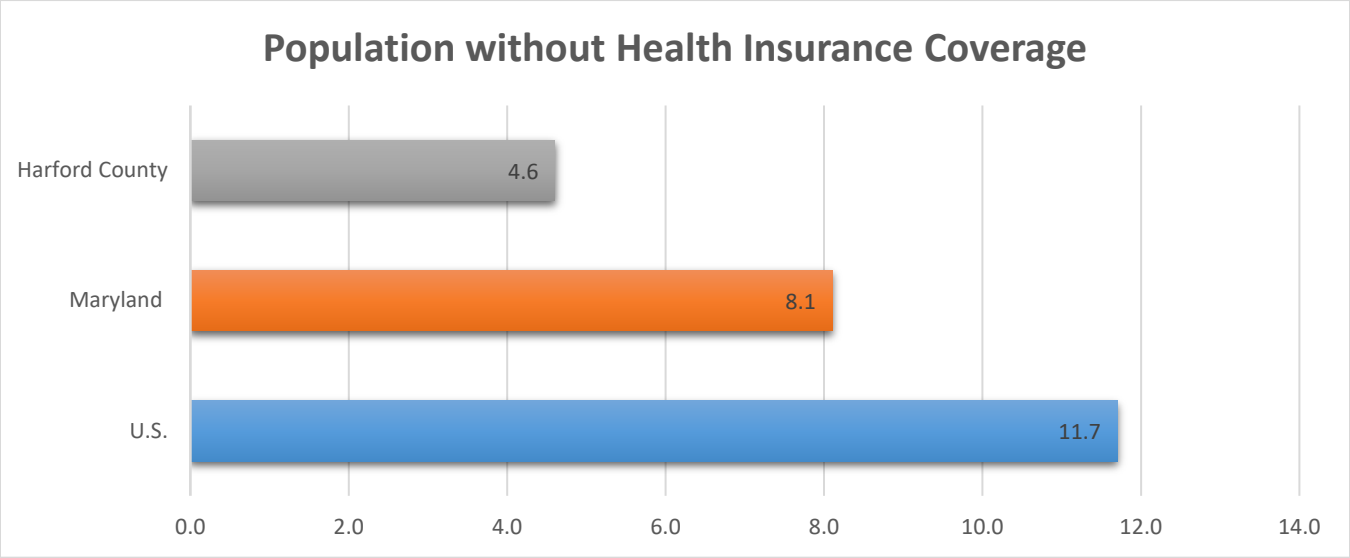


Figure F1. Civilian non-institutionalized population without health insurance, 2012-2016

G. Mortality Statistics

Table G1. Mortality, All Ages Per Age-Adjusted 100,000 (2015)

	U.S.	Maryland	Harford County
Number of deaths	2,712,630	47,247	2,076
Death rate	733.1	705.7	733.4
Male	863.2	843.4	895.5
Female	624.2	594.8	604.4

Source: Centers for Disease Control and Prevention

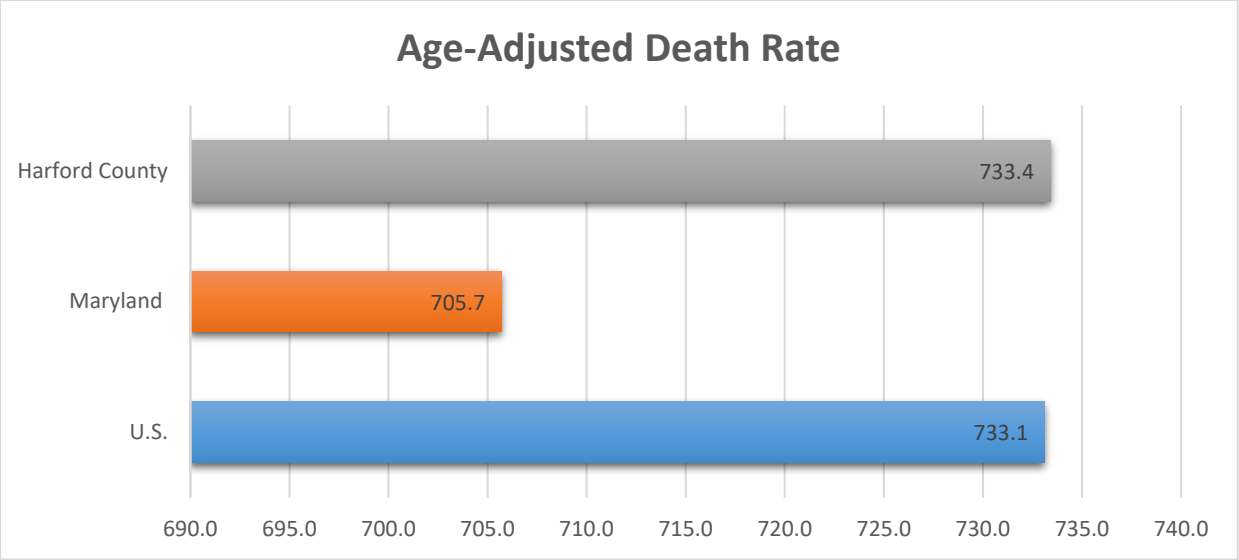


Figure G1. Age-adjusted death rate per 100,000, 2015

Table G2. Premature Mortality (2012 -2014)

	U.S.	Maryland	Harford County
Number of years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,609	6,432	5,968

Source: County Health Rankings

Premature Mortality

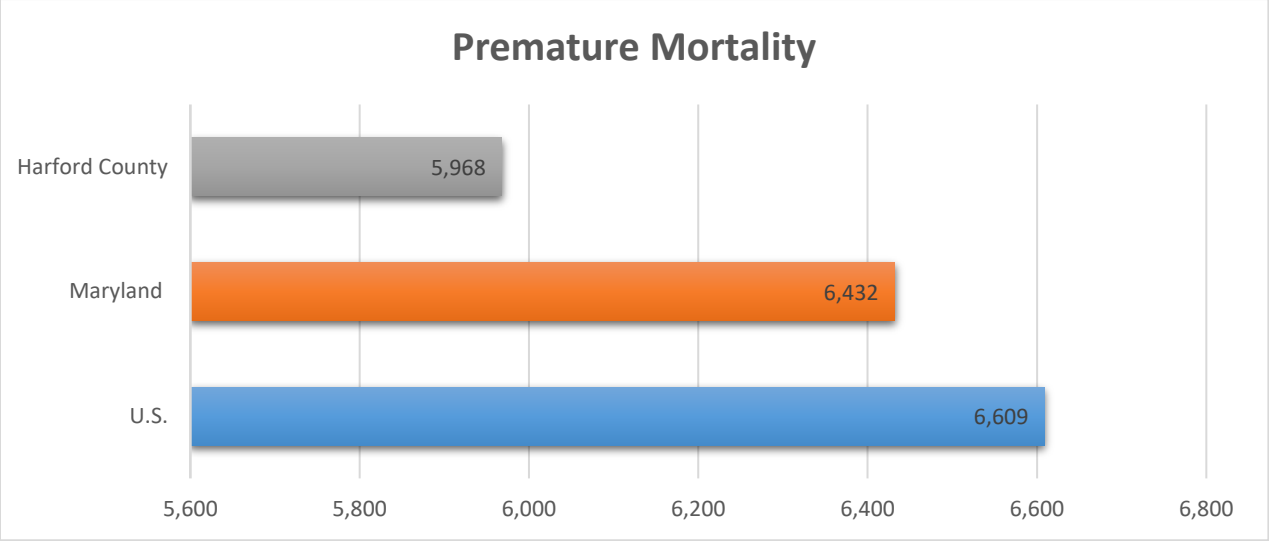


Figure G2. Premature mortality, 2012-2014

Table G3. Deaths by Selected Causes, All Ages per Age-Adjusted 100,000 (2014-2016)

	HP 2020	U.S.	Maryland	Harford County
Diseases of heart	N/A	168.5	166.9	166.1
Malignant neoplasms (Cancer)	161.4	158.5	157.4	169.1
Chronic lower respiratory disease	N/A	41.6	30.2	37.4
Accidents	36.4	43.2	30.5	32.0
Cerebrovascular disease (Stroke)	34.8	37.6	38.4	37.2
Alzheimer's Disease	N/A	29.4	16.1	19.0
Diabetes mellitus	N/A	21.3	19.2	16.6
Influenza and pneumonia	N/A	15.2	16.1	15.8
Nephritis, nephrotic syndrome and nephrosis	N/A	13.4	12.0	11.5
Suicide	10.2	13.3	9.2	12.3

Sources: Centers for Disease Control and Prevention & Healthy People

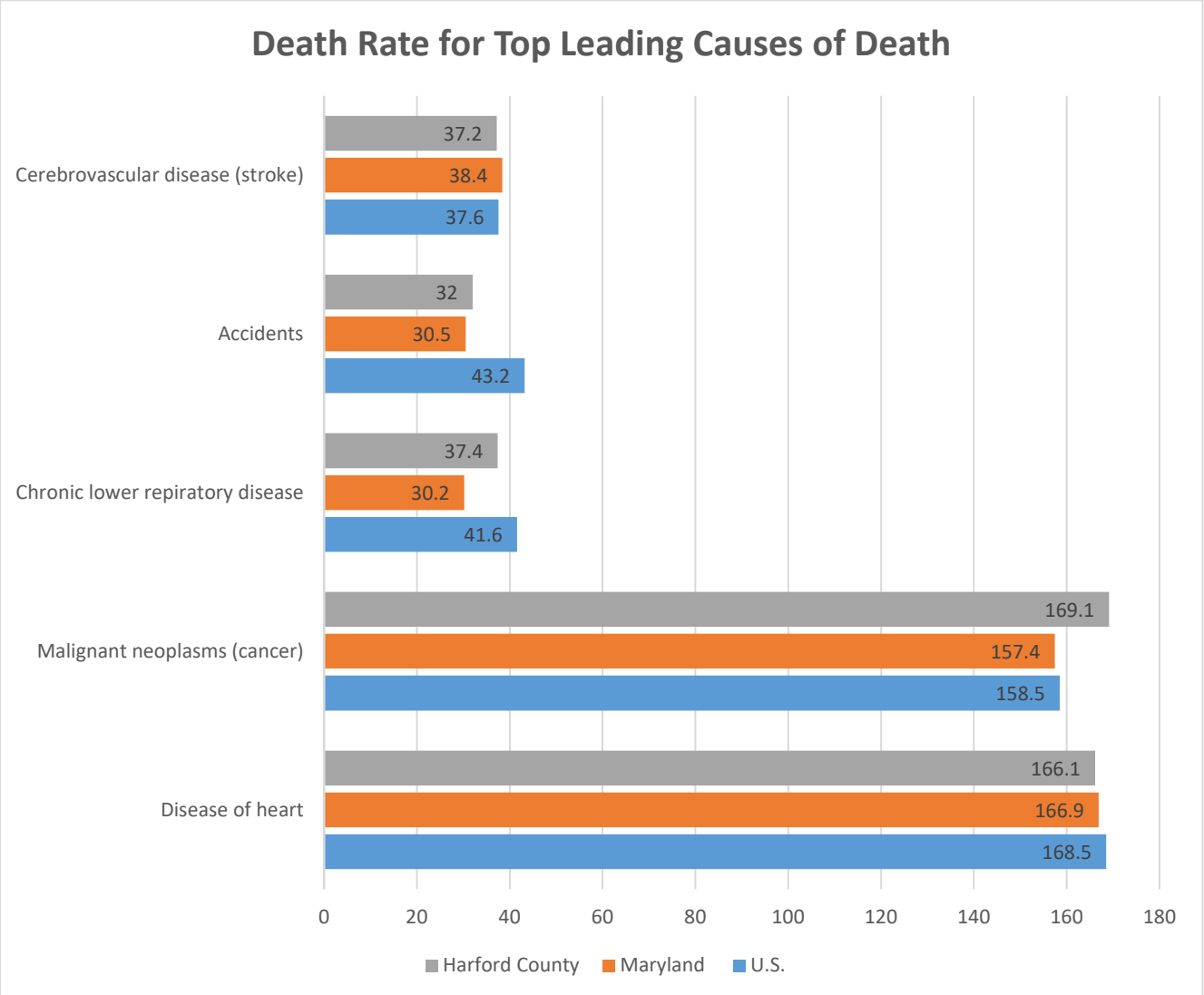


Figure G3. Death rates for top 5 leading causes of death per age-adjusted 100,000, 2014-2016

H. Maternal & Child Health Statistics

Table H1. Living Births per 1,000 (2015)

	U.S.	Maryland	Harford County
Number of births	3,945,875	73,616	2,720
Birth rate	12.2	12.26	10.87
White only	10.5	11.63	10.36
Black only	14.0	13.24	13.72
Hispanic	16.0	20.5	13.5
American Indian or Alaska Native (AI)	13.3	7.03	7.3
Asian or Pacific Islander (PI)	14.6	13.79	11.41
Native Hawaiian or Other Pacific Islander	14.8	n/a	n/a
General Fertility Rate	62.55	61.32	58.15

Sources: Maryland Department of Health and Mental Hygiene & Centers for Disease Control and Prevention

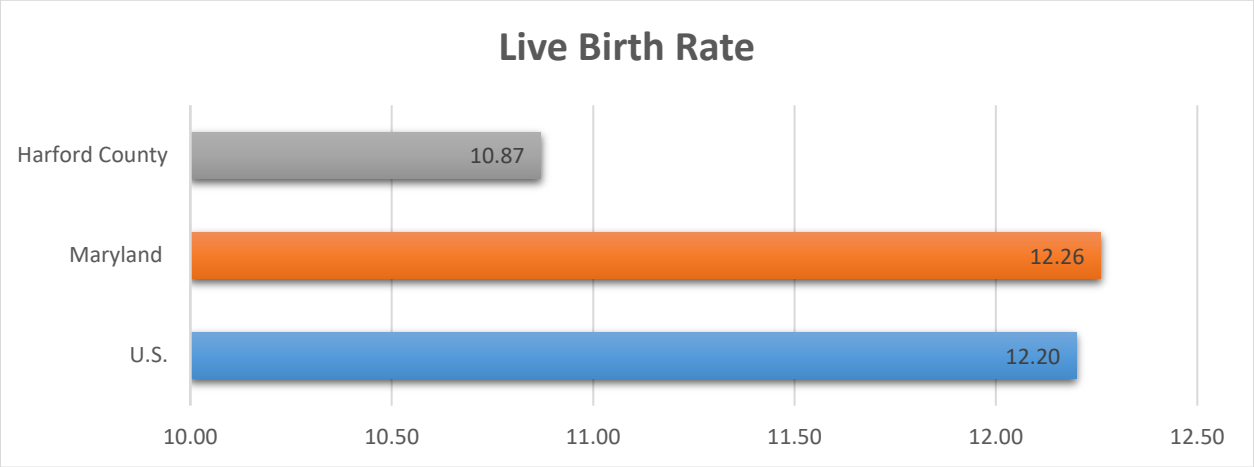


Figure H1. Live birth rate per 1,000, 2015

Table H2. Live Births by Age of Mother (2016)

	U.S.		Maryland		Harford County	
	N	%	N	%	n	%
All ages	3,945,875	--	73,073	--	2,701	--
10-14	2,253	0.06%	37	0.05%	0	0.00%
15 – 17 years	54,741	1.39%	817	1.12%	18	0.67%
18 – 19 years	155,068	3.93%	2,194	3.00%	76	2.81%
20 – 24 years	803,978	20.38%	11,525	15.77%	384	14.22%
25 – 29 years	1,149,122	29.12%	19,999	27.37%	792	29.32%
30 – 34 years	1,111,042	28.16%	22,923	31.37%	910	33.69%
35 - 39 years	547,488	13.87%	12,646	17.31%	441	16.33%
40 – 44 years	113,140	2.87%	2,685	3.67%	70	2.59%
45+ years	8,257	0.21%	243	0.33%	10	0.37%

Sources: Maryland Department of Health and Mental Hygiene & Centers for Disease Control and Prevention

Table H3. Teenage Birth and Pregnancy (2016)

	HP 2020	Maryland	Harford County
Total births among females ages < 18	N/A	854	18
Percent of all births	N/A	1.2%	0.67%
Pregnancy among females aged 15-17 per 1,000	36.2	7.2	3.5

Sources: Maryland Department of Health and Mental Hygiene & Healthy People

Table H4. Births to Unmarried Women by Race (2016)

	U.S.		Maryland		Harford County	
	N	%	n	%	n	%
Number of births to unmarried women	1,569,796	39.8	28,881	39.5	827	30.6
White only	585,059	28.5	7,691	24.2	482	24.7
Black only	389,780	68.8	14,247	60.8	274	56.3
Hispanic only	483,527	52.6	6,345	53.5	56	38.3
Asian or Pacific Islander[a]	30,574	12.0	372	6.8	8	--
Native Hawaiian or Pacific Islander[a]	4,461	47.8	--	--	--	--

Sources: Maryland Department of Health and Mental Hygiene & Centers for Disease Control and Prevention

[a]U.S. data categorizes as Asian and Native Hawaiian or Pacific Islander. Maryland and Harford County data categories as Asian or Pacific Islander

Table H5. Low Birth Weight by Race of the Mother (2016)

	HP 2020	US	Maryland		Harford County	
	%	%	n	%	n	%
Low birth weight	7.8	8.17	6,264	8.6	205	7.6
White only	7.8	6.97	2,086	6.6	125	6.4
Black only	7.8	13.68	2,846	12.1	59	12.1
Hispanic only	7.8	7.32	835	7.0	11	7.5
Asian or Pacific Islander	7.8	--	449	3.8	8	5.5

Sources: Maryland Department of Health and Mental Hygiene, Centers for Disease Control and Prevention, & Health People

Table H6. Very Low Birth Weight by Race of the Mother (2016)

	HP 2020	US	Maryland		Harford County	
	%	%	n	%	n	%
Very Low birth weight	1.4	1.40	1,228	1.7	35	1.3
White only	1.4	1.07	343	1.1	15	0.8
Black only	1.4	2.95	664	2.8	14	2.9
Hispanic only	1.4	1.24	145	1.2	3	*
Asian or Pacific Islander	1.4	--	67	1.2	3	0.0

Sources: Maryland Department of Health and Mental Hygiene, Centers for Disease Control and Prevention, & Healthy People

*Percentages based on <5 events in the numerator are not presented since such percentages are subject to instability.

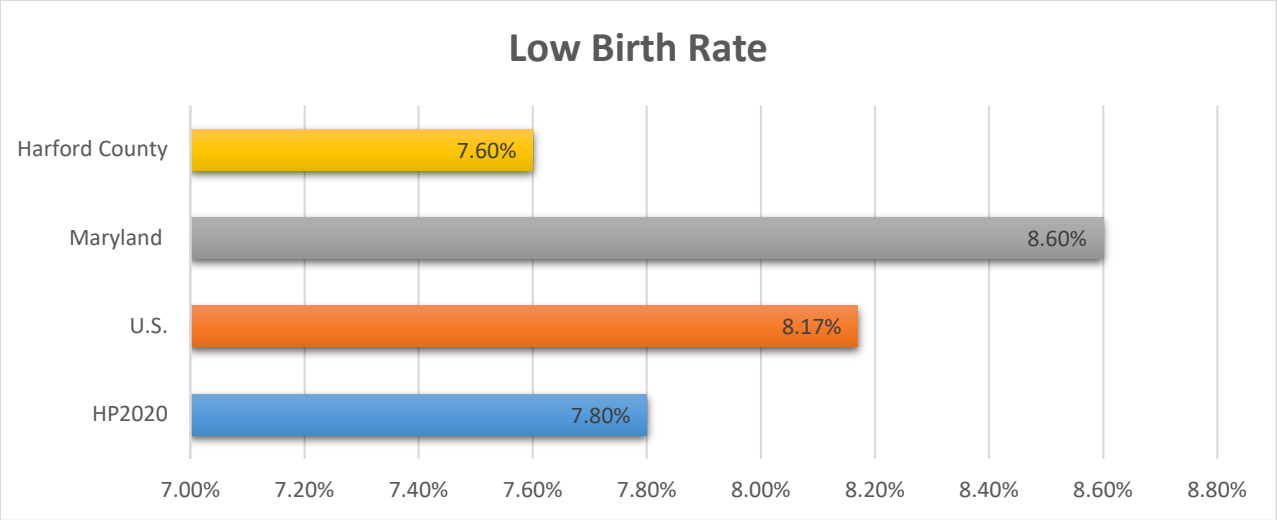


Figure H2. Percentage of infants born with low birth weight, 2016

Table H7. Prenatal Care Onset by Race (2016)

	HP 2020	Maryland		Harford County	
	%	n	%	n	%
1st Trimester prenatal care	77.9	46,068	63.0	1,917	71.0
White only	77.9	23,775	74.7	1,458	74.8
Black only	77.9	12,780	54.5	290	59.7
Hispanic only	77.9	5,604	47.2	88	60.3
Asian or Pacific Islander	77.9	3,641	66.8	71	67.0
Late or no prenatal care	N/A	5,805	7.9	135	5.0
White only	N/A	1,619	5.1	79	4.1
Black only	N/A	2,530	10.8	38	7.8
Hispanic only	N/A	1,251	10.5	10	6.8
Asian or Pacific Islander	N/A	364	6.7	8	7.5

Sources: Maryland Department of Health and Mental Hygiene & Healthy People

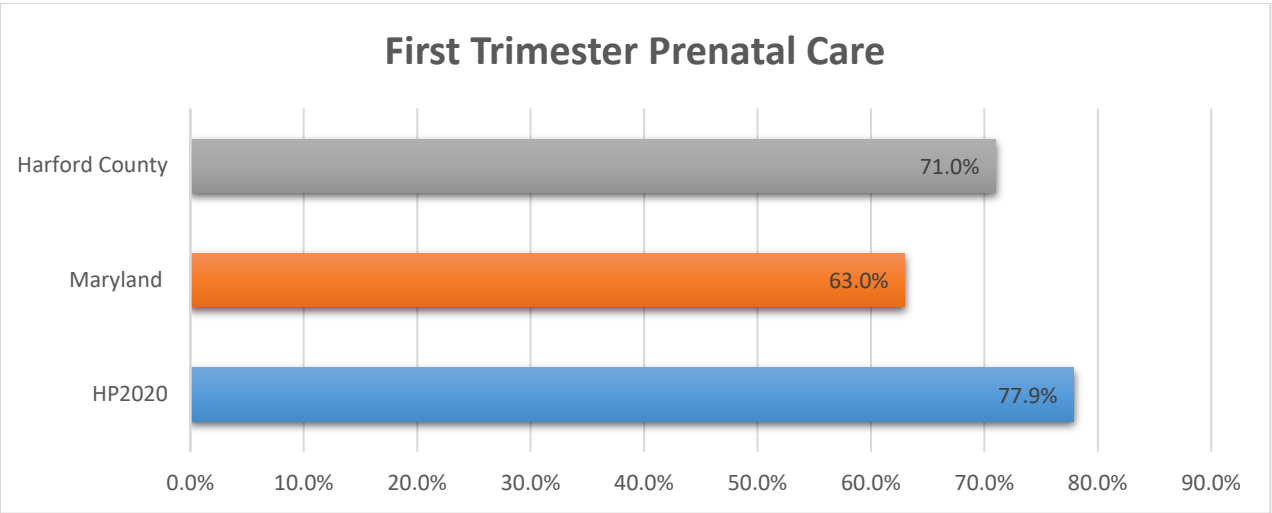


Figure H3. Percentage of mothers who received prenatal care in the first trimester, 2016

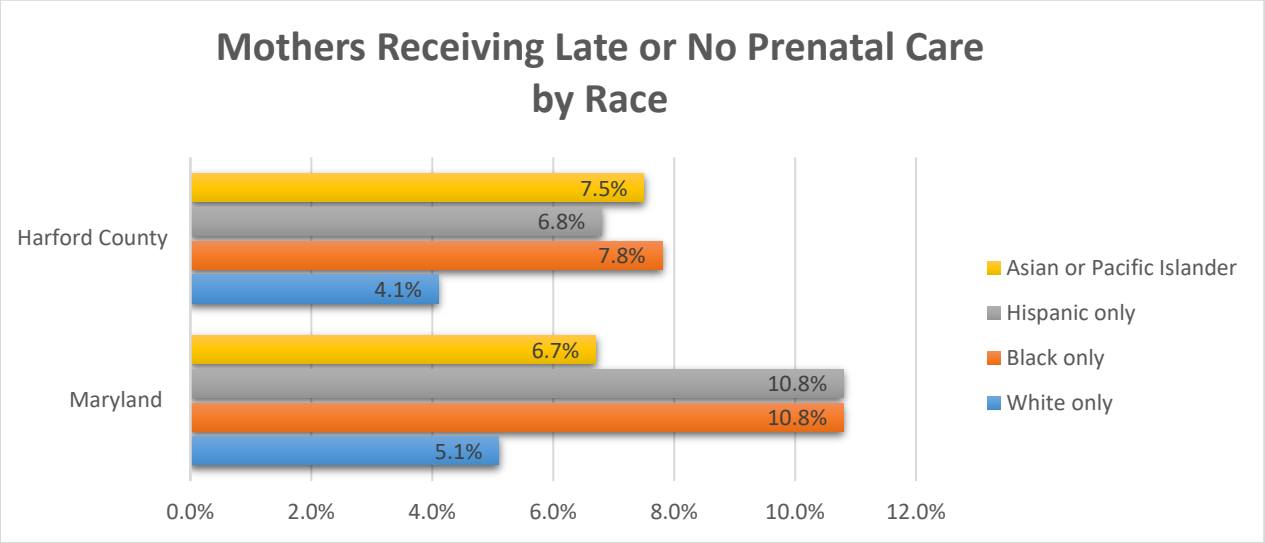


Figure H4. Percentage of mothers receiving late or no prenatal care by race, 2016

Table H8. Infant Mortality per 1,000 Live Births (2016)

	HP 2020	US[a]	Maryland		Harford County	
	%	%	n	%	N	%
Infant mortality rate	6.0		478	6.5	13	4.8
Neonatal	4.1		340	4.7	9	3.3
Post-neonatal	2.0		138	1.9	4	2.3

Sources: Maryland Department of Health and Mental Hygiene, Centers for Disease Control and Prevention, & Healthy People

[a]U.S. data represents 2015 statistics due to availability

Table H9. Infant Mortality Rates per 1,000 by Race and Year (2014, 2015 and 2016)

	Maryland	Harford County
2014		
White	4.2	5.5
Black	10.6	**
Total	6.5	4.8
2015		
White	4.3	**
Black	11.2	10.6
Total	6.7	3.3
2016		
White	4.3	3.1
Black	10.4	14.4
Total	6.5	4.8

Source: Maryland Department of Health and Mental Hygiene

**Rates based on <5 deaths are not shown since rates based on small numbers are statistically unreliable.

I. Sexually Transmitted Disease Statistics

Table I1. Sexually Transmitted Disease Incidence per 100,000 (2016)

	U.S.		Maryland		Harford County	
	N	Rate	n	Rate	n	Rate
Chlamydia	1,598,354	497.3	30,658	509.6	802	320.5
Gonorrhea	468,514	145.8	9,523	158.5	156	62.3
Primary and secondary syphilis	27,814	8.7	509	8.5	17	6.8

Sources: Maryland Department of Health and Mental Hygiene & Centers for Disease Control and Prevention

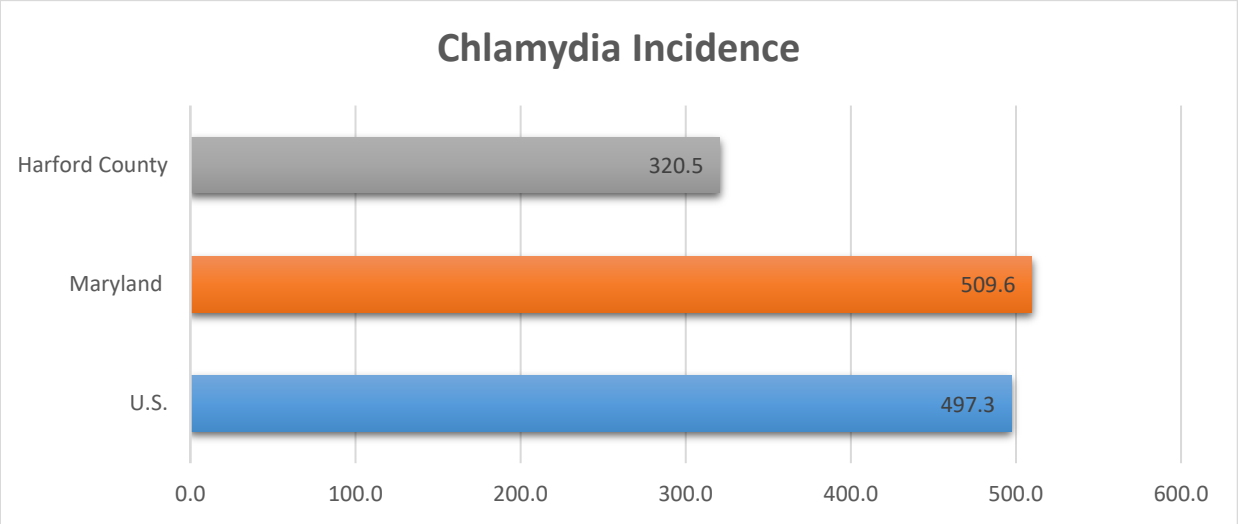


Figure I1. Chlamydia rate per 100,000, 2016

J. Communicable Disease Statistics

Table J1. Tuberculosis Cases per 100,000 (2016)

HP2020	U.S.		Maryland		Harford County	
Rate	n	Rate	n	Rate	n	Rate
1.0	9,272	2.9	220	3.7	2	0.8

Sources: Maryland Department of Health and Mental Hygiene, Centers for Disease Control and Prevention, & Healthy People

Table J2. Lyme Disease Cases per 100,000 (2016)

U.S.		Maryland		Harford County	
N	Rate	N	Rate	n	Rate
26,203	8.1	1274	21.2	165	64.9

Sources: Maryland Department of Health and Mental Hygiene and Centers for Disease Control

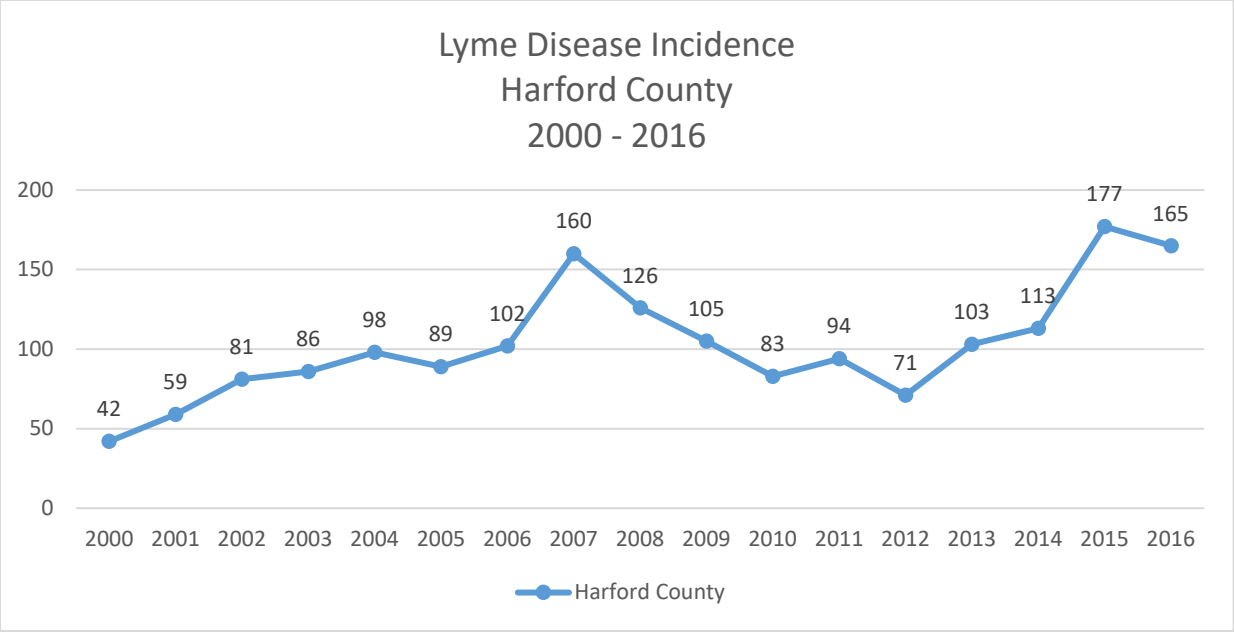


Figure J3. Lyme Disease incidence rate per 100,000, 2000 - 2016

Table J2. HIV Diagnoses per 100,000 (2016)

	U.S.		Maryland		Harford County [a]	
	n	Rate	n	Rate	n	Rate
Annual HIV incidence	39,782	12.3	1,118	--	12	5.69

Sources: Maryland Department of Health and Mental Hygiene and Centers for Disease Control
[a] Harford County data represents 2015 statistics due to availability

K. Mental Health Statistics

Table K1. Deaths Due to Suicide per Age-Adjusted 100,000 (2016)

	HP2020	U.S.		Maryland		Harford County	
	Rate	N	Rate	N	Rate	n	Rate
Total suicide	10.2	42,368	13.3	581	9.7	31	12.3

Sources: Centers for Disease Control and Prevention, & Healthy People

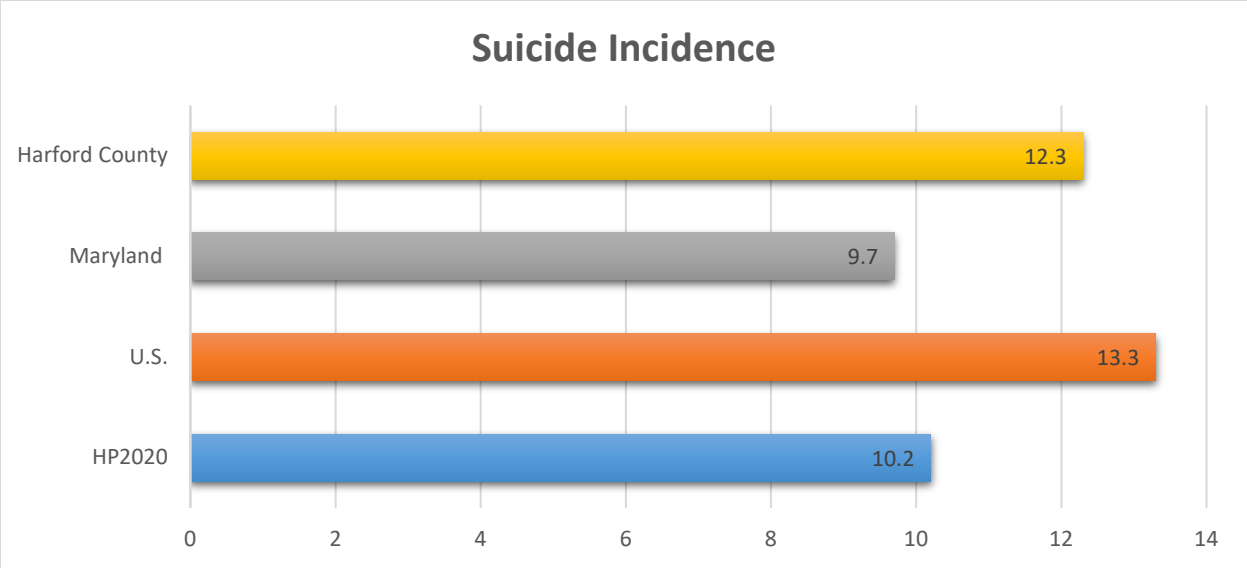


Figure K1. Age-adjusted suicide rate per 100,000, 2016

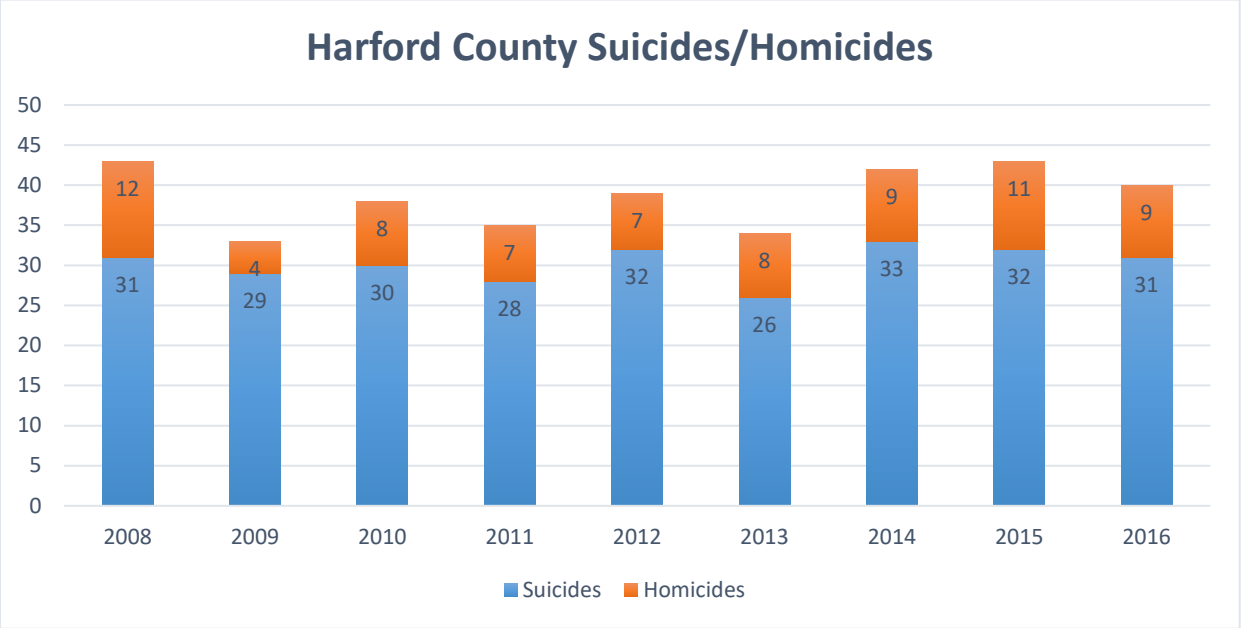


Figure K1. No. of Harford County Suicides/Homicides, Vital Statistics 2008-2016

L. Cancer Statistics

Table L1. Cancer Incidence Rates, per Age-Adjusted 100,000 (2010-2014)

	US	Maryland	Harford County
	Rate	Rate	Rate
Female breast	123.5	131	137.3
Colorectal	39.8	37.3	40.3
White	--	--	39.6
Black	--	--	48.8
Lung & bronchus	61.2	58.1	68.9

White	--	--	69.5
Black	--	--	75.5
Prostate Cancer	114.8	131.5	136.7
White	--	--	129.8
Black	--	--	232.1
Melanoma	26.6	28.5	42.6

Sources: Centers for Disease Control and Prevention and National Cancer Institute

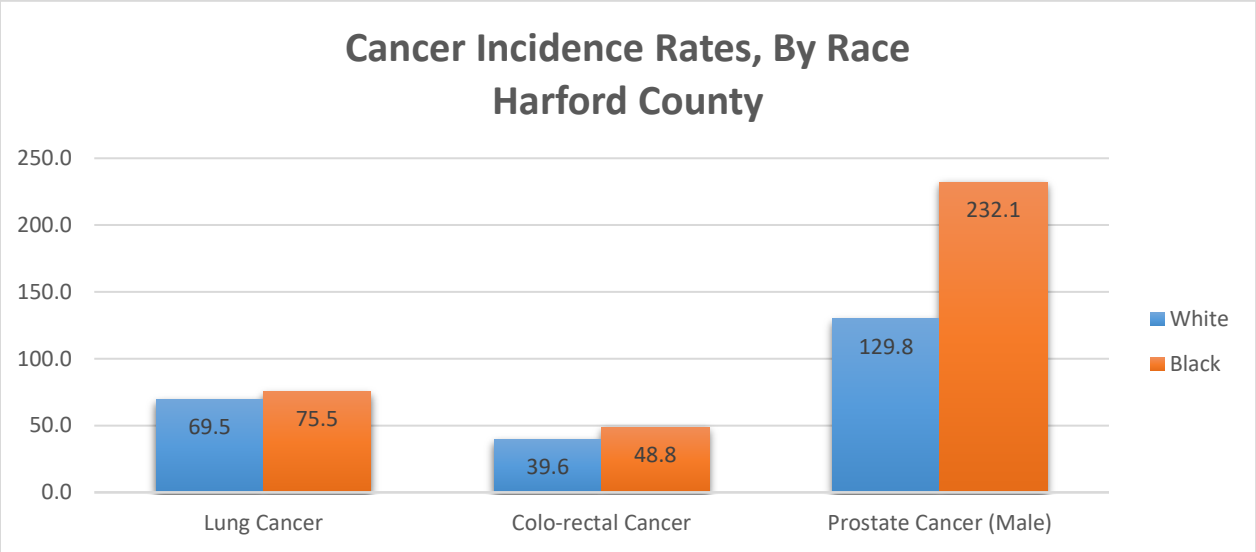


Figure L1. Cancer incidence rates per 100,000, by race for Harford County, 2010-2014

Table L2. Average Annual Cancer Mortality, per Age-Adjusted 100,000 (2010-2014)

	HP2020	U.S.	Maryland	Harford County
	n	Rate	Rate	Rate
Female breast	20.7	21.2	22.8	23.8
Colorectal	14.5	14.8	14.4	14.6
Male	14.5	17.7	17.6	16.7
Female	14.4	12.4	12.1	13.0
Lung & bronchus	45.5	44.7	43.2	49.9
Male	45.5	55.9	52.2	61.9
Female	45.5	36.3	36.6	41.1
Prostate Cancer	21.8	20.1	20.3	17.3
Melanoma	2.4	2.7	2.5	2.4
Male	2.4	4.0	3.9	4.3
Female	2.4	1.7	1.5	**
All sites	161.4	166.1	165.3	169.3
Male	161.4	200.5	198.2	207.8
Female	161.4	141.5	143.4	143.0

Sources: Centers for Disease Control, National Cancer Institute and Prevention & Healthy People
**Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average

count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

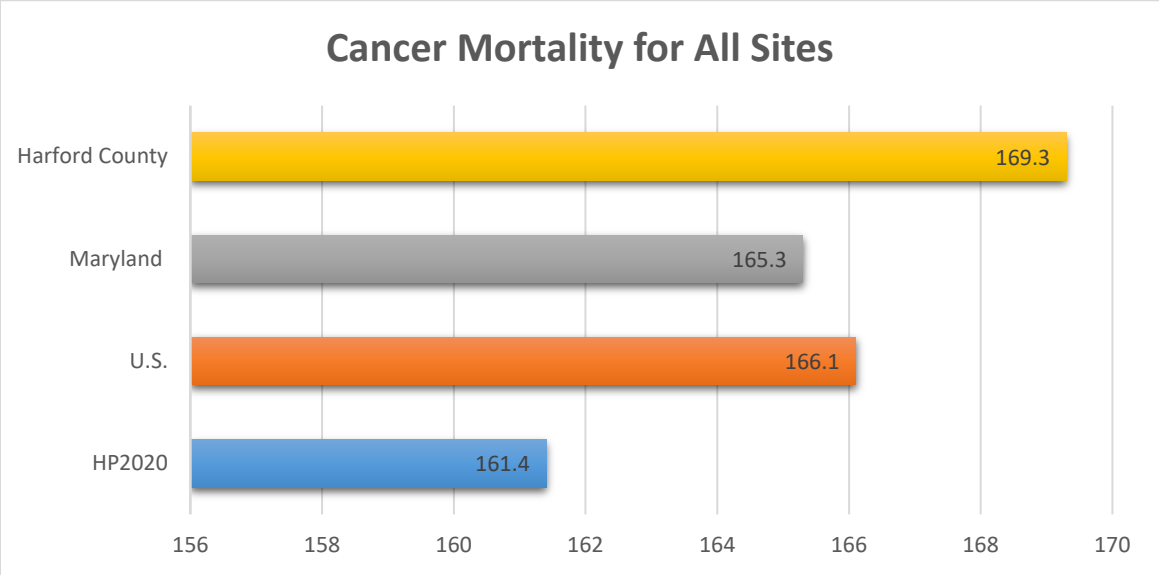


Figure L2. Cancer mortality for all sites per age-adjusted 100,000, 2010-2014

M. County Health Rankings

Table N1. Health Outcome Rankings (2017)[a]

	National Benchmark[b]	Maryland	Harford County
Health Outcomes Rank			9
Mortality Rank			
Premature death (Years of potential life lost before age 75 per age-adjusted 100,000)	5,200	6,400	5,900
Morbidity Rank			
Poor or fair health	12%	13%	12%
Poor physical health in past 30 days (Average number of days)	3.0	3.5	3.1
Poor mental health in past 30 days (Average number of days)	3.0	3.5	3.5
Low birth weight	6%	9%	7%

Sources: County Health Rankings

[a] Rank is based on all 24 counties within Maryland. A ranking of "1" is considered to be the healthiest

[b] National benchmark represents the 90th percentile, i.e., only 10% are better

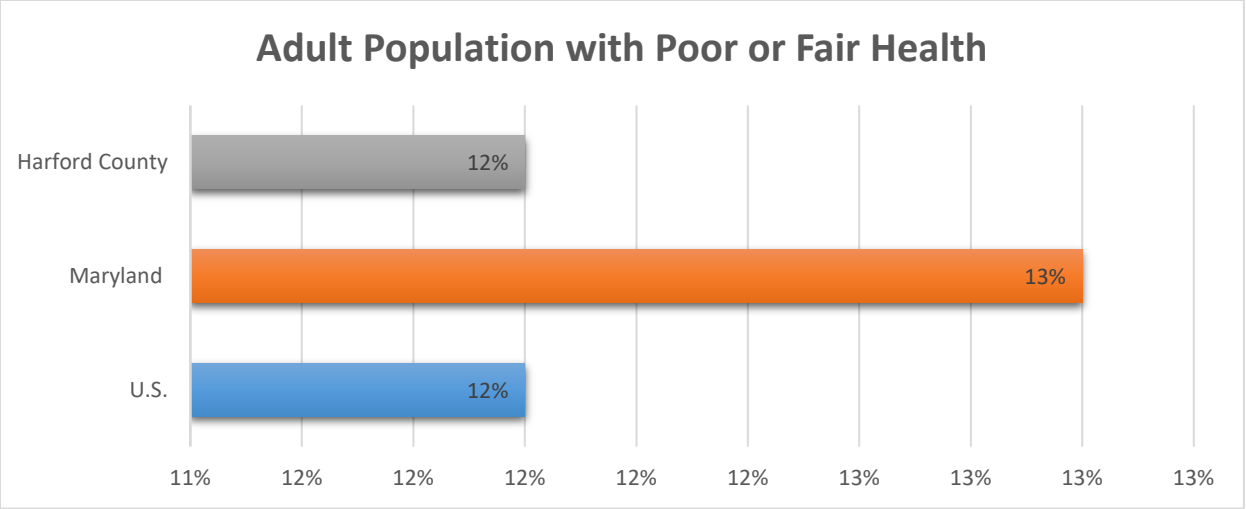


Figure N1. Percent of adult population with poor or fair health, 2017

Table N2. Health Factor Ranking (2017)[a]

	National Benchmark[b]	Maryland	Harford County
Health Outcomes Rank			**8**
Health Behaviors Rank			**4**
Adult Smoking (Adults who smoke > 100 cigarettes in their life and currently smoke	14%	15%	14%
Adult obesity (BMI > 30)	26%	29%	28%
Food environment index	8.4	8.2	8.8
Physical inactivity (Adults aged 20 years+)	19%	22%	21%
Access to exercise opportunities	91%	93%	94%
Excessive drinking	12%	16%	17%
Alcohol-impaired driving deaths	13%	33%	24%
Sexually transmitted infections (Chlamydia/100,000)	145.5	462.6	189.8
Teen birth rate per 1,000 (Aged 15-19)	17	25	15
Clinical Care Ranking			**9**
Uninsured	8%	9%	6%
Primary care physician to population density	1,040:1	1,130:1	1,630:1
Dentist to population density	1,320:1	1,350:1	1,630:1
Mental health providers to population density	360:1	490:1	740:1
Preventable hospital stays per 1,000 Medicare enrollees	36	46	50
Diabetic screening (Diabetic Medicare enrollees that receive HbA1c test)	91%	85%	85%
Mammography screening among Medicare enrollees	71%	64%	64%
Social & Economic Factors Rank			**9**
High school graduation	95%	7%	90%
Some college	82%	69%	72%
Unemployment	3.3%	5.2%	5.0%
Children in poverty	12%	14%	10%

Income inequality	3.7	4.5	4.0
Children in single-parent households	21%	34%	28%
Social associations	22.1	8.9	7.9
Violent crime rate of 100,000	62	465	263
Injury deaths rate per 100,000	53	58	61
Physical Environment Rank			21
Air pollution – particulate matter	6.7	9.5	10.9
Drinking water violations			Yes
Severe housing problems	9%	17%	13%
Driving alone to work	72%	74%	83%
Long commute – driving along	15%	48%	50%

Sources: County Health Rankings

ONLINE COMMUNITY SURVEY

Background

A customized survey tool consisting of approximately 46 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities was used for this survey, which took approximately 15 minutes to complete. In total, 1,735 respondents completed the survey.

The following section provides an overview of the findings from the Online Community Survey, including highlights of important health indicators and health disparities.

Demographic Information

The demographic profile of the respondents who completed the online survey is depicted in Tables 1 and 2. Approximately 55% of all respondents reside in zip codes 21014, 21015, 21009, 21078, and 21050. An additional 13.8% of respondents live in an "Other" zip code, the most common of which are 21901, 21918, and 21921. As depicted in Table 2, of the total 1,735 respondents, 80.29% are female and 19.71% are male. Whites comprise 83.77% of study participants and Blacks/African-Americans represent 11.55%. Approximately 3% of all respondents identify as Latino/Hispanic. Approximately 49% of all respondents are between the ages of 45 and 64 years. An additional 34.8% of all respondents are between the ages of 25 and 44 years.

Table 1. Zip Code Representation

Zip Code	%	Zip Code	%	Zip Code	%	Zip Code	%
21014	17.18	21040	7.15	21084	1.61	21005	0.52
Other	13.83	21001	6.80	21028	1.21	21111	0.29
21015	11.87	21047	3.75	21034	1.15	21010	0.23
21009	9.91	21085	2.54	21013	0.75	21060	0.12
21078	8.24	21154	2.42	21087	0.69	21018	0.06
21050	7.32	21017	1.61	21132	0.69	21082	0.06

Table 2. Demographic Information

Demographics	%
Gender	
Male	19.71
Female	80.29
Age	
18-24	4.97
25 – 34	16.94
35 – 44	17.86
45 – 54	24.10
55 – 64	24.97
65 – 80	10.69
81+	0.46
Race/Ethnicity	
White	83.77
Black/African American	11.55
American Indian/Alaska Native	0.40
Asian/Pacific Islander	1.68
One or more races	2.60
Hispanic/Latino*	3.06

* Hispanic/Latino respondents can be of any race, for example, White Hispanic or Black/African American Hispanic

The marital status, education level, employment status, and income level was also assessed for each respondent. The majority of respondents (63.09%) are married. Approximately 15% of respondents are single (never married) and 11.71% are divorced. 2.07% of respondents attained less than a high school diploma or GED. Approximately one-third (29.76%) of respondents attained some college, technical school or nursing school and 51.69% of respondents have an undergraduate degree or higher.

The majority (72.29%) of respondents are currently employed and working full-time. In addition, half of respondents have an annual household income of $75,000 or more. Less than 14% of respondents have an income less than $25,000.

Table 2. Demographic Information Cont'd

Demographics	%
Marital Status	
Married	63.09
Divorced	11.71
Widowed	4.15
Separated	2.08

Never married	15.11
Member of an unmarried couple	3.86
Level of Education	
Never attended school or only attended kindergarten	0.0
Grades 1-8 (Elementary School)	0.52
Grades 9-11 (High school, no diploma)	1.55
High school diploma or GED	11.97
Some college or Technical school	32.30
College degree	29.76
Graduate degree	21.93
Other	1.96
Employment Status	**%**
Full-time employee	72.29
Part-time employee	12.99
Unemployed, looking for work	2.08
Unemployed, not looking for work	.064
Retired	6.93
Disabled, Not able to work	3.29
Student	0.75
Homemaker	1.04
Annual household income from all sources	
Less than $10,000	5.21
$10,000-$14,999	2.87
$15,000-$19,999	1.99
$20,000-$24,999	3.10
$25,000-$34,999	6.91
$35,000-$49,999	9.02
$50,000-$74,999	16.29
$75,000 and more	54.60

Access to Health Care

A high proportion of respondents have health care coverage (97.92%) and at least one person who they think of as their personal doctor or health care provider (88.44%). In addition, 76.33% of respondents had a routine checkup within the past year and 13.95% had one within the past two years. The source of respondent's health insurance coverage is detailed in Table 3.

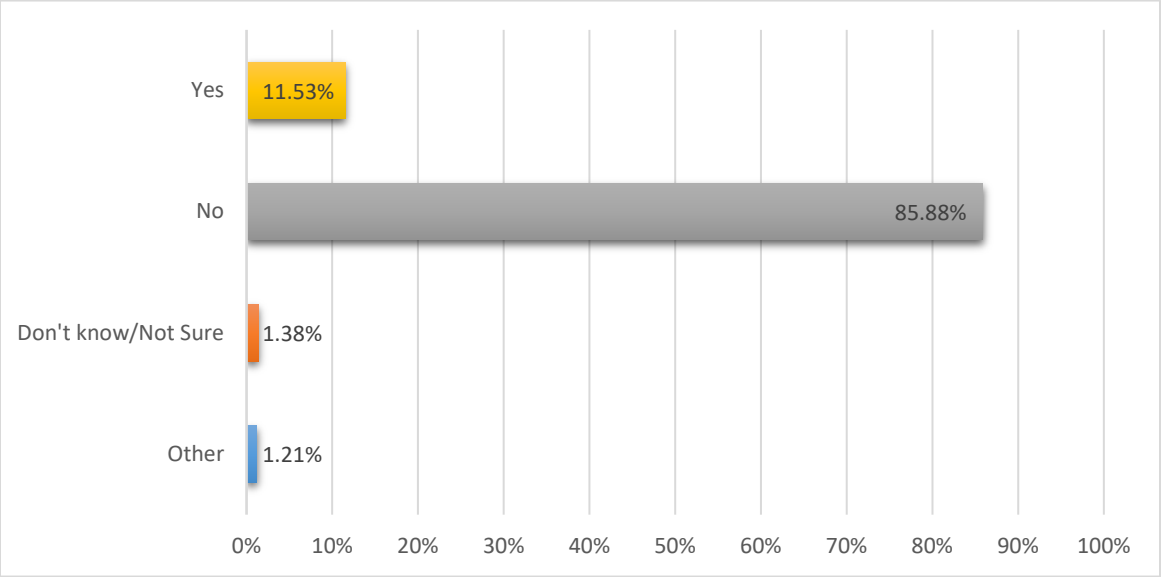
Table 3. Source of Health Insurance Coverage

Health Insurance Source	%
Your employer	61.09
Someone else's employer	21.59

Medicaid or Medical Assistance, MCHiP	8.49
The military, CHAMPUS, or the VA	2.60
Some other source	5.60
A plan that you or someone else buys on your own	3.35
None/No Health Insurance	2.08

Despite primarily positive findings regarding health insurance and access to primary care, respondents for Harford County still cite the cost of care as a barrier. Nearly 12% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. This finding may be an indicator that out-of-pocket expenses not covered by insurance (e.g. copays) are preventing respondents from seeking care when they need it. In addition, 21 respondents cited an "Other" reason for not being able to see a doctor due to cost. Of these 21 respondents, seven stated they were not able to afford dental care or they had transportation issues.

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?



Next, respondents were asked if they had delayed needed medical care in the past 12 months. Nearly 71% of respondents did not delay or need medical care in the past 12 months. Of those who did delay medical care, 13.04% stated they could not get an appointment soon enough. Approximately 146 respondents (8.50%) cited an "Other" reason for delaying care. The most frequently mentioned themes are summarized below. The majority of respondents mentioned the inability to pay out-of-pocket costs as their main reason for delaying needed medical care. Others indicated being unable to take time off work.

Reason: Cost	Reason: Work

"No money."	"Time off work means no pay."
"No money for co-pays and couldn't get an appointment quick enough."	"Work gets in the way."
"High co-pay/deductible."	"Too busy at work to go."
"Not being able to afford the tests I knew they would order."	"Put job before my health and the care of an elderly parent."
"Had to pay out of pocket as the doctor was out of network and the deductible was too high, and there was not a similar doctor I could go to instead of the one I went to."	"Stressors at work make it difficult to make time for personal calls during regular business hours."
"Can't afford it."	"Too hard to take off work to go."
"I couldn't afford the co-pay."	"Appointment times inconvenient because I work during business hours too."
"Co-pay too expensive; cannot afford."	"Work prevents me from follow up with care after diagnosis."
"Dentist cost a lot of money."	"I cannot take time off to go to my doctor's appointments because my job has a policy that two people cannot be off at the same time."

Next, respondents were asked if they travel outside of Harford County to get medical help. More than one-third of respondents (35.66%) travel outside of the County for medical help**.** Respondents travel outside of the county for primary care, obstetrics/gynecology, and specialty care. The following is a summary of the approximate number of times the most prominent types of care/providers were mentioned.

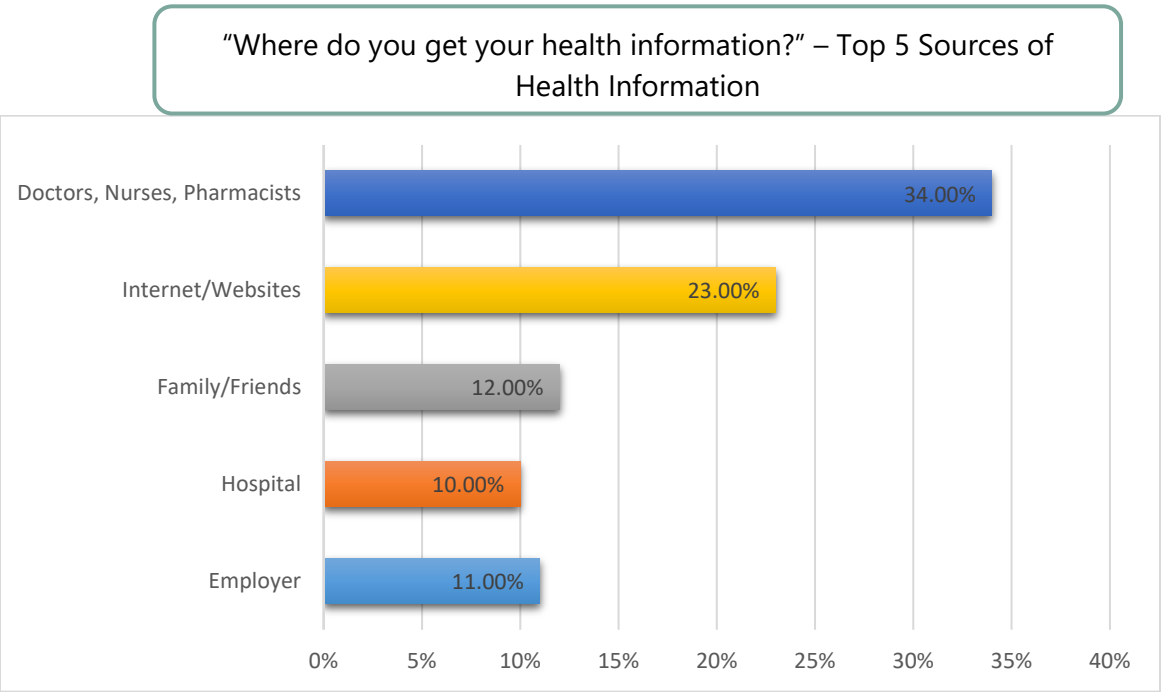
Table 4. "Other" Types of Care/Providers Respondents Travel Outside of the County to Visit

Type of Care/Provider	Number of Mentions
Primary care/Routine care	122
Obstetrics/Gynecology	81
Specialist	49
Dentist	18
Rheumatologist	16
Oncology	13
Surgery	12
Dermatology	10
Eye Doctor	9
Neurology	8
Mental Health	8
Orthopedics	8
Endocrinology	7
Pediatric	7

Gastrointestinal	6

Health Information

Respondents were asked to indicate where they get their health information. Approximately 90% of respondents get their information from one of the five sources shown in the graph below. More than one-third of participants (34%) reported that they get health-related information from health professionals (doctors, nurses, pharmacists). Respondents also indicated that they get health information from a variety of sources that were listed, not just one source.



Health Status & Chronic Health Issues

Overall Physical & Mental Health

Respondents were asked to rate their general health status. Approximately 56% of respondents stated their general health is very good or excellent. Approximately 11% of respondents stated their general health is fair or poor. Respondents were also asked to rate their overall physical and mental health. In general, self-reported measures of poor physical and mental health days are favorable among Harford County respondents. Nearly 50% of respondents reported having no poor physical health (including physical illness and injury) or mental health (including stress, depression, and problems with emotions) during the past 30 days. Thirty percent of respondents reported having poor physical health and 26% reported having poor mental health for a maximum of one to two days during the past 30 days.

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. The vast majority of respondents (87.27%) reported getting 5 to 8 hours of sleep and 7.93%

reported getting 9 to 12 hours of sleep. An average of 7 to 9 hours of sleep is recommended for adults by the National Sleep Foundation.

Physical Activity

It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 72% of respondents reported that they have participated in physical activities or exercises such as running, calisthenics, golf, gardening or walking during the past month.

Among respondents who participated in physical activity, the majority (51.50%) reported participating in exercise 1 to 5 times per week, and nearly 10% were physically active 6 to 10 times per week. The majority of respondents (59.29%) engaged in exercise for 30 minutes to 1 hour. These findings may indicate that the majority of respondents for Harford County engage in physical activity on a regular basis.

Dietary Behaviors

Respondents were asked about their consumption of fruits and vegetables. Approximately only 10% of respondents reported eating fruits and/or vegetables three or more times a day. Approximately one-third of respondents eat fruits and/or vegetables one to two times per day.

Table 6. Fruit and Vegetable Consumption

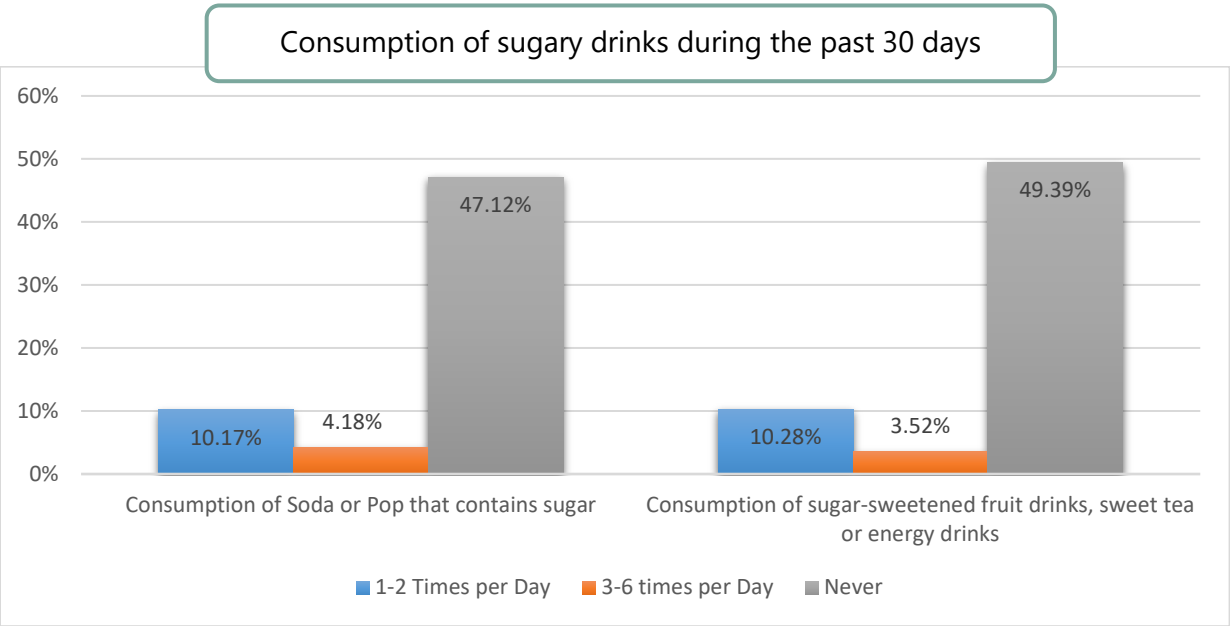
	Consumption of Fruits	Consumption of Vegetables
1 to 2 Times per Day	37.67%	31.31%
3 to 6 Times per Day	9.34%	9.78%
1 to 2 Times per Week	16.19%	18.23%
3 to 6 Times per Week	21.24%	29.92%
1 to 3 Times per Month	10.27%	8.04%
Never	3.89%	1.68%

The majority of respondents reported that they never drink soda or sugar-sweetened drinks (47.12% and 49.39% respectively). Nearly one quarter of respondents reported drinking soda and/or sugar-sweetened drinks one to nine times a month (25.28% and 22.70% respectively). In contrast, approximately 14% of respondents reported drinking soda and sugar-sweetened drinks respectively, one to six times per day. Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions.

Table 7. Regular Soda and Sugar-Sweetened Drink Consumption

	Consumption of Soda or Pop that contains sugar	Consumption of sugar-sweetened fruit drinks, sweet tea or energy drinks
1 - 2 Times per Day	10.17%	10.28%

3 - 6 Times per Day	4.18%	3.52%
1 - 6 Times per Week	8.31%	6.82%
7 - 15 Times per Week	1.28%	2.02%
More than 15 Times per Week	0.52%	0.64%
1 - 9 Times per Month	25.28%	22.70%
10 - 25 Times per Month	1.05%	2.08%
More than 25 Times per Month	0.52%	0.81%
Never	47.12%	49.39%



Next, respondents were asked if they are currently watching or reducing their sodium or salt intake. More than half of the respondents (51.59%) reported that they are not watching or reducing their salt or sodium intake currently and another 46.78% reported that they are currently watching or reducing their sodium or salt intake.

Chronic Conditions

Some chronic conditions are of concern in Harford County, including high cholesterol, high blood pressure, anxiety disorder and depressive disorder. Approximately 30% of respondents have been told they have high cholesterol and/or high blood pressure and 25% have been told they have an anxiety and/or depressive disorder. In addition, 22.8% of respondents have been told they have arthritis and 17.82% of respondents have been told they have asthma**.** Respondents also mentioned other chronic conditions that they have been diagnosed with, but were not included in the survey list. Hyper/Hypothyroidism was the most frequently mentioned condition. A summary of chronic condition diagnoses among respondents is reported in Table 8.

Table 8. Chronic Condition Diagnoses

Chronic Condition	%

High blood pressure	30.30
High cholesterol	29.85
Anxiety disorder	25.18
Depressive disorder	24.63
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	22.78
Asthma	17.82
Diabetes	9.35
Cancer	7.77
Angina or coronary disease	2.94
Chronic Obstructive Pulmonary Disease	2.24
Heart attack	1.82
Stroke	1.76

Respondents who reported having cancer were asked to specify the type of cancer they were diagnosed with. The most common types of cancer reported by respondents were skin cancer other than melanoma, breast cancer, and melanoma. Table 9 highlights the top 12 cancer types reported by respondents.

Table 9. Most Common Cancer Types Reported

Cancer Types	%
Other skin cancer	38.89
Breast cancer	20.56
Melanoma	12.78
Cervical cancer	8.89
Lung cancer	4.44
Thyroid cancer	4.44
Prostate cancer	3.33
Ovarian cancer	3.33
Endometrial (uterus) cancer	2.22
Bladder cancer	2.22
Head and neck cancer	1.11
Stomach	1.11

Health Risk Factors

Health Behaviors

The survey respondents were asked to rate their level of health and safety practices on a scale of "1 – Always" to "5 - Never." As detailed in the table below, respondents were highly likely to use safety measures including wearing a seatbelt**,** practicing safe sex, using sunscreen regularly, and driving responsibly. In addition, respondents were less likely to eat fast foods more than once a week, use electronic cigarettes, get exposed to second-hand smoking, use marijuana, or misuse

prescription drugs. However, 24.20% of respondents reported feeling stressed out or overwhelmed "Always" or "Most of the time."

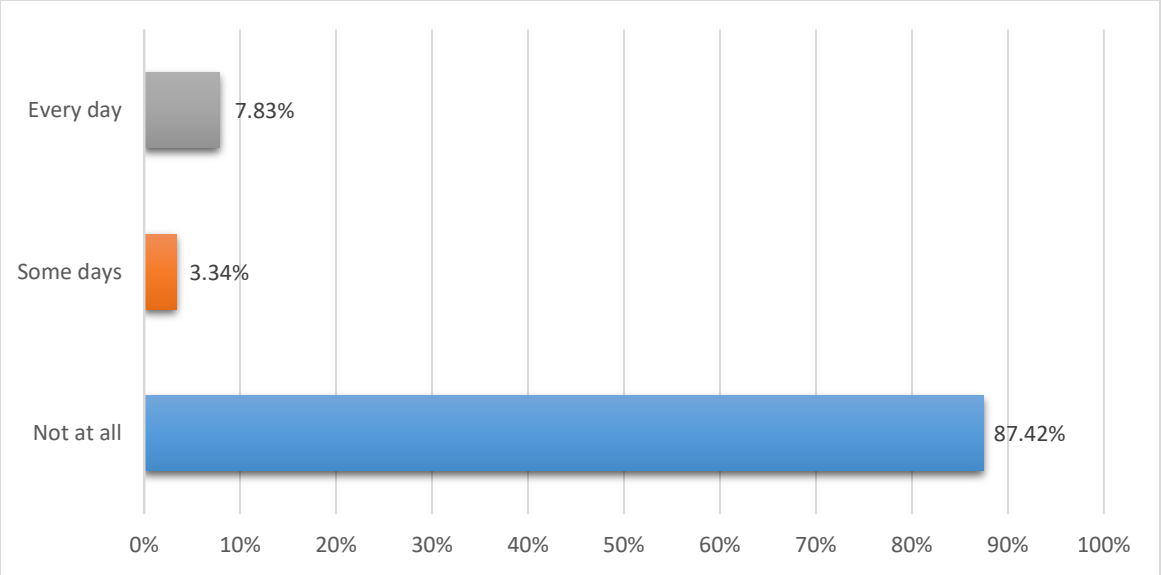
Table 10. Respondent Health and Safety Practices

Factor	Frequency of "Always" and "Most of the Time" Responses
Wear a seatbelt	97.7%
Wear a helmet while riding a bicycle, scooter, roller blading, etc.	33.81%
Eat fast food more than once a week	12.37%
Use electronic cigarettes	1.74%
Get exposed to second hand smoke or vaping mist at home or work	6.61%
Use marijuana	1.33%
Misuse prescription drugs, opioids, heroin, or other illegal drugs	0.41%
Exercise 30 minutes a day, 3 times a week	34.27%
Use sunscreen regularly	47.75%
Practice safe sex i.e. use a condom, monogamous, get tested	67.11%
Feel stressed out or overwhelmed	24.20%
Drive responsibly, follow safe rules of the road, drive within the speed limit	89.00%

Tobacco & Alcohol Use

Risky behaviors related to tobacco and alcohol use were measured as part of the survey. Approximately 34% of respondents reported smoking at least 100 cigarettes in their lifetime. Among this group, 87.42% reported they currently do not smoke at all, where as 7.832% smoke every day and 3.34% smoke some days.

Do you smoke cigarettes every day, some days, or not at all?



In regards to alcohol use, almost two-thirds of respondents (65.66%) did not have an alcoholic beverage during the past 30 days. Among respondents who did drink an alcoholic beverage, 22.16% participated in binge drinking one to two times during the past month. Only a very small percentage of respondents (approximately 11%) participated in binge drinking three or more times during the past month. Binge drinking is defined as four drinks or more on one occasion for women and five drinks or more on one occasion for men.

Preventive Health Practices

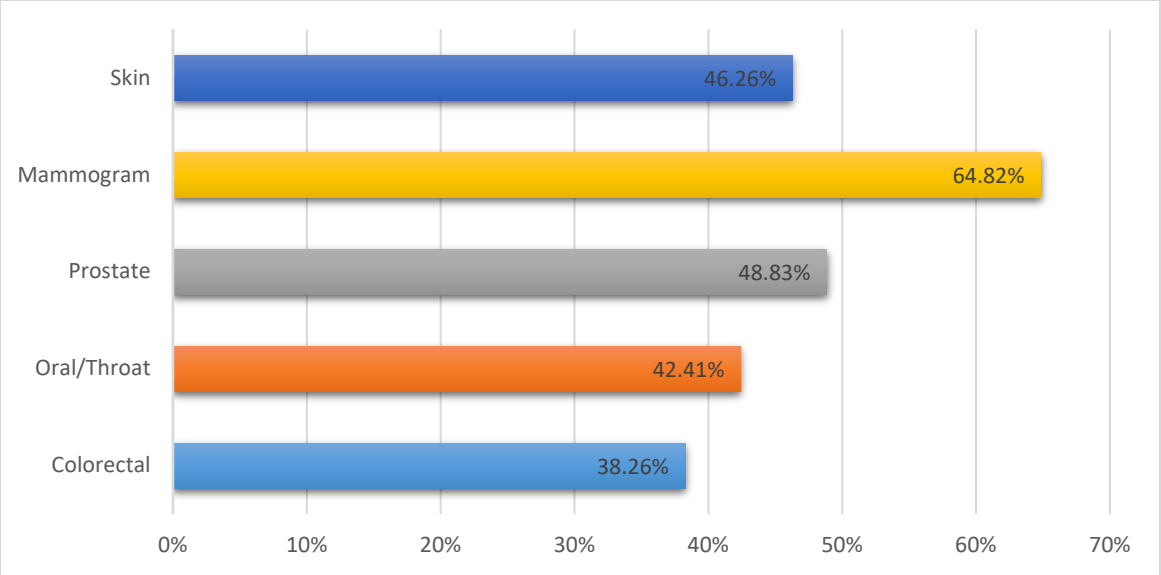
Immunizations

A positive finding among Harford County respondents is the prevalence of immunizations. In the past 12 months, 78.98% of respondents received a flu vaccine either as a shot or a nasal spray.

Screenings

The prevalence of routine health screenings among Harford County respondents varies based on the type of screening. In general, Harford County respondents are less likely to receive skin screenings. Only 46.26% of respondents have routine health screenings for skin-related conditions. Oral/throat health screenings and prostate screenings are also less prevalent among Harford County respondents (42.41% and 48.83% respectively). A low percentage of respondents also participate in routine health screenings for colorectal cancer (38.26%). In contrast, a larger proportion of respondents participate in routine mammogram screening (64.82%).

Percent of those participating in routine health screenings for:



Key Health Issues

Respondents were asked to rank the three most significant health issues facing Harford County. The respondents could choose from a list of 13 health issues as well as suggest their own that were not on the list. Drug/Alcohol abuse was the primary area of shared concern among Harford County respondents. Nearly 83% of respondents selected this issue as one of the top three most pressing health issues facing the county. Mental Health/Suicide was also a concern shared by 44.80% of respondents. The third most pressing health issue, as viewed by the respondents, was overweight/obesity with a 41.36% rating. The following table shows the breakdown of the percent of respondents who selected each health issue.

Table 11. Ranking of the Top Three Most Pressing Health Issues

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Drug Abuse/Alcohol Abuse	1,442	82.83%
2	Mental Health/Suicide	780	44.80%
3	Overweight/Obesity	720	41.36%
4	Cancer	442	25.39%
5	Access to Care/Uninsured	438	25.16%
6	Diabetes	324	18.61%
7	Heart Disease	302	17.35%
8	Tobacco Use/Smoking	254	14.59%
9	Alzheimer's Disease/Aging Issues	210	12.06%
10	Dental Health	150	8.62%

11	Sexually Transmitted Diseases	43	2.47%
12	Other	42	2.41%
13	Stroke	38	2.18%
14	Maternal/Infant Health (Pregnancy)	38	2.18%

In addition, respondents were asked through open-ended response to specify other pressing issues they think are facing Harford County. The most frequently voiced issues included drug abuse, transportation, homelessness and non-compliance. A complete listing of answers given by respondents is given below.

Most Pressing Health Issues Facing Harford County:

- "Homeless people/we need Homes!"
- "Opioid use/overdose"
- "Transportation"
- "Dental health for adults on fixed income with Medical Assistance."
- "Doctor, not Urgent Care facilities, where you can get an appointment in under 2 weeks"
- "Medication costs"
- "Healthcare costs"
- "Noncompliance with care recommendations/medication"
- "Additional Treatment"
- "Kidney stones"
- "Opioids and liberal Rx writing by Practitioners"
- "Having to wait weeks or months for an appointment"
- "Lyme disease"
- "Counseling"
- "Glasses to wear"
- "Too much sugar"

Barriers to Services

Respondents were asked to consider the most significant barriers that keep people in the community from accessing health services. The five most significant barriers included cost of out of pocket expenses (81.40%), lack of health insurance coverage (57.62%), lack of transportation (42.03%), difficult to understand/navigate health care system (37.15%), and can't find doctor/can't get appointment (35.58%). Responses are summarized in the table below.

Table 11. Barriers to Accessing Health Care

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Barrier
1	Cost/Paying Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	1400	81.40%

2	Lack of Health Insurance Coverage	991	57.62%
3	Lack of Transportation	723	42.03%
4	Difficult to Understand/Navigate Health Care System	639	37.15%
5	Can't Find Doctor/Can't Get Appointment	612	35.58%
6	Basic Needs Not Met (Food/Shelter)	574	33.37%
7	Not Enough Time	333	19.36%
8	Lack of Child Care	252	14.65%
9	Lack of Trust	245	14.24%
10	Language/Cultural Issues	171	9.94%
11	Other	73	4.24%
12	None/No Barriers	58	3.37%

Respondents also identified through open-ended response other significant barriers that they perceived were keeping people in the community from accessing health care. The vast majority pointed out lack of education and awareness as the most significant barrier. Responses such as "people lack education on how to maintain general health" and "they lack understanding of common health issues such as stroke, heart attack and diabetes" were very common. Other barriers that were mentioned frequently included, conflicting work schedules, laziness, and the stigma or fear of addressing issues.

Resources Needed to Improve Access

Respondents were asked what resources or services are missing in the community. More than half of respondents (51.93%) indicated that free/low cost dental care services are missing in the community. A few other resources identified as missing included, mental health services (42.46%), substance abuse services (42.22%), free/low cost vision/eye care (38.13%), and free/low cost Medicare care (37.95%). In addition, respondents indicated through an open-ended question that they want to have more access to affordable senior living facilities, health insurance, and substance abuse programs. Table 12 includes a listing of missing resources in rank order.

Table 12: Listing of Resources Needed in the Community

Rank	Resources Needed	Count	Percent of Respondents Who Selected The Resource
1	Free/Low Cost Dental Care	888	51.93%
2	Mental Health Services	726	42.46%
3	Substance Abuse Services	722	42.22%
4	Free/Low Cost Vision/Eye Care	652	38.13%

5	Free/Low Cost Medicare Care	649	37.95%
6	Transportation	597	34.91%
7	Prescription Assistance	560	32.75%
8	Access to Affordable Fresh Fruits & Vegetables	529	30.94%
9	Health Education/Information/Outreach	428	25.03%
10	Elder Care/Senior Services	395	23.10%
11	Health Screenings	373	21.81%
12	Primary Care Providers (Family Doctors	315	18.42%
13	Immunization/Vaccination Programs	197	11.52%
14	Bilingual Services	186	10.88%
15	Medical Specialists (Ex. Cardiologist)	152	8.89%
16	Availability of Parks & Recreation Areas	149	8.71%
17	Prenatal Care Services	85	4.97%
18	Other	58	3.39%
19	None	53	3.10%

Risky Behaviors in our Community

Respondents were asked to rank the three most important "risky behaviors" in Harford County. The respondents could choose from a list of 12 risky behaviors as well as suggest their own that were not on the list. Drug abuse was the most identified risky behavior. Nearly 90% of respondents selected this issue as one of the top three most important risky behaviors of the county. Alcohol abuse was also a concern shared by 47.90% of respondents. The third most identified risky behavior, as viewed by the respondents, was being overweight with a 41.99% rating. In addition, respondents indicated through an open-ended question that texting while driving was an identified risky behavior. Table 13 includes a listing of risky behaviors in rank order.

Table 13. Ranking of the Top Three Most Important "Risky Behaviors"

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Drug Abuse	1555	89.32%
2	Alcohol Abuse	834	47.90%
3	Being overweight	731	41.99%
4	Poor eating habits	553	31.76%
5	Tobacco use	353	20.28%
6	Lack of exercise	303	17.40%

7	Unsafe sex	201	11.55%
8	Racism	194	11.14%
9	Not using birth control	141	8.10%
10	Dropping out of school	132	7.58%
11	Not getting "shots" to prevent disease	119	6.84%
12	Not using seat belts/child safety seats	57	3.27%
13	Other	50	2.87%

Needs for a Healthy Community/Quality of Life

Respondents were asked to rank the three most important needs for a "Healthy Community". The respondents could choose from a list of 16 things which most improve the quality of life in a community as well as suggest their own that were not on the list. Low crime/safe neighborhoods was the most identified need. More than half the respondents (54.51%) selected this issue as one of the top three needs for a healthy community. Access to health care was also a need shared by 37.51% of respondents. The third most identified need, as viewed by the respondents, was healthy behaviors and lifestyles with a 34.81% rating. Table 14 includes a listing of important needs for a "Healthy Community" in rank order.

Table 14. Ranking of the Top Three Most Important Needs for a "Healthy Community"

Rank	Key Health Issues	Count	Percent of Respondents Who Selected The Issue
1	Low crime/safe neighborhoods	949	54.51%
2	Access to health care (e.g., family doctor)	653	37.51%
3	Healthy behaviors and lifestyles	606	34.81%
4	Good jobs and healthy economy	560	32.17%
5	Good schools	503	28.89%
6	Strong family life	442	25.39%
7	Affordable housing	382	21.94%
8	Good place to raise children	337	19.36%
9	Religious or spiritual values	227	13.04%
10	Clean environment	197	11.32%
11	Parks and recreation	111	6.38%
12	Excellent race relations	95	5.46%

13	Low level of child abuse	74	4.25%
14	Low adult death and disease rates	36	2.07%
15	Arts and cultural events	25	1.44%
16	Other	23	1.32%
17	Low infant deaths	3	0.17%

Community Feedback

What Prevents You From Being Healthy In Harford County?
Respondents were asked to comment on what prevents them from being healthy in Harford County. The most common responses referenced lack of time, affordable health care, transportation, high cost of healthy foods, and work related issues.

Select Responses:

- "Healthy food is too expensive, needs to be low cost healthy food."
- "Money, even with insurance, I am unable to afford the co-pays for the services my insurance covers, so I don't go."
- "Can't afford housing, no train, no buses that work."
- "Transportation challenges for those without a car."
- "Cost of fresh fruits and vegetables."
- "Lack of easy access to outdoor recreation."
- "Demanding full-time job, raising busy family."
- "No drug awareness education program in elementary school. The county and state must step up and make it a top priority to help our youth."
- "Out of pocket costs for healthcare."
- "Healthcare hours aren't convenient."
- "No doctor will see a new patient in a reasonable time."
- "Lack of resources, cost of healthcare, lack of mental health support."
- "Affordable exercise programs and flexible doctor hours."
- "Work too many hours for too little pay which leaves me stressed for time."
- "Getting doctor's appointments in a reasonable amount of time."
- "Exhausted, single parent, short staffed at work – no lunch, no breaks."
- "My job – they talk the talk, but don't walk the walk."
- "Cost of groceries."
- "I am living from paycheck to paycheck. I cannot afford to buy the healthier foods to eat due to their cost is higher than the cost of processed and pre-packaged foods. Time is another issues. Not enough community activities that young, single and older single adults can go to mingle and develop friendships."
- "Cost of living and lack of good paying jobs."
- "Too many fast food options."
- "Horrible public transportation access."

- "Time to cook healthy and get outside to exercise."
- "Harford County needs engaging affordable activities for child, teens and elderly citizens."
- "Cost of living too high, pay is too low, co-pays just continue to increase."
- "Lack of adult dental care and good paying jobs."

General/Additional Comments:

- "Local transportation needs to be more readily available."
- "More mental health facilities/providers is desperately needed."
- "More community programs for Route 40 corridor."
- "Harford County and the State of MD need to address the heroin issue. Drug awareness education needs to be implemented in all elementary Social Studies curriculum. This is a serious issues and children must be educated by using a new high tech drug awareness program. The vhs tape program of the 1990's is completely obsolete."
- Harford County needs to up the pay rates for hard working employees and provide better more affordable housing."
- "WE NEED TO FIND PEDIATRIC PSYCH CARE!!!! How in the world can we raise children to be strong productive members of our community if we are not helping children in need of mental illness help!!! It's out of control."
- "Make health care affordable for everyone."
- "To help the people with no insurance to get the care and help the need."
- "Health education needs to have congruency starting in elementary schools all the way through high school. We cannot preach good eating habits and have vending machines in school or serve hot dogs and pizza in school cafeterias."
- "PCP involvement to stop the Opioid crisis."
- "Harford County also needs user friendly assistance for adults with prescription medication…and assistance with substance abuse treatments. Cost is a big issue."
- "Nutrition counseling services are grossly unattainable."
- "We desperately need drug abuse assistance as well as mental health assistance in this county."
- "Our county is in need of practical and affordable transportation options for community members, especially the senior community members."
- "There is a significant need for affordable access to healthy food and for affordable coverage for individuals who are on medical assistance."
- "Navigating a system while managing a family and full time job is difficult."
- "Need more specialists that you can see quickly."

University of MD Upper Chesapeake Health
Chronic Disease Self-Management
July 1, 2017 - June 30, 2018

Number of workshops: 11

Average participants per workshop: 10.8
Number of participants: 119
Participants with attendance data: 119
Completers: 87 of 119 (73%)
Number who are caregivers: 31 of 96 (32%)

Age	Count	Percent	Bar
0-44	4	4%	
44-49	1	1%	
50-54	6	6%	
55-59	13	13%	
60-64	10	10%	
65-69	25	25%	
70-74	17	17%	
75-79	17	17%	
80-84	7	7%	
85-89	1	1%	
90+	1	1%	
Unknown	17		

Can Manage Condition	Count	Percent	Bar
10	20	36%	
8	17	30%	
9	14	25%	
7	4	7%	
5	1	2%	
Unknown	63		

Caregiver	Count	Percent	Bar
No	65	68%	

Yes	31	32%	
Unknown	23		

Chronic Condition	Count	Percent	Bar
Hypertension	59	60%	
Diabetes	49	50%	
Arthritis	48	49%	
Cancer	43	44%	
Depression or Mental Illness	34	35%	
Obesity	34	35%	
Heart Disease	26	27%	
Chronic Pain	25	26%	
Lung Disease	19	19%	
Osteoporosis	17	17%	
Kidney Disease	6	6%	
Stroke	5	5%	
Other	3	3%	
Unknown	5		

Completers	Count	Percent	Bar
Yes	87	73%	
No	32	27%	

Condition Count	Count	Percent	Bar
Multiple chronic conditions	84	74%	
No chronic conditions	16	14%	
One chronic condition	14	12%	
Unknown	5		

Disabilities	Count	Percent	Bar
Limited Phy/Men/Emotial	25	21%	
Hearing impaired	14	12%	
Visually impaired	8	7%	

Education	Count	Percent	Bar
Completed College	35	38%	

Some College	30	33%	
Completed High School	23	25%	
Some High School	3	3%	
Unknown	28		

Ethnicity/Race	Count	Percent	Bar
White/Caucasian	88	85%	
Black or African American	11	11%	
Asian or Asian American	3	3%	
American Indian or AK Native	2	2%	
Hispanic/Latino	1	1%	
Unknown	16		

Gender	Count	Percent	Bar
Female	93	79%	
Male	24	21%	
Unknown	2		

Health	Count	Percent	Bar
Good	42	46%	
Fair	26	28%	
Very Good	19	21%	
Excellent	3	3%	
Poor	2	2%	
Unknown	27		

How Did You Hear	Count	Percent	Bar
Not reported	119	100%	

Insurance	Count	Percent	Bar
Medicare	72	69%	
BC/BS	44	42%	

United	12	12%	
Cigna	11	11%	
Medicaid	8	8%	
TriCare	2	2%	
Veterans Health	1	1%	
Kaiser	1	1%	
Aetna	1	1%	
Other	7	7%	
Unknown	15		

Lives Alone	Count	Percent	Bar
No	68	67%	
Yes	33	33%	
Unknown	18		

Organization	Count	Percent	Bar
UM Upper Chesapeake Health	119	100%	

Participant County	Count	Percent	Bar
Harford, MD	107	90%	
Baltimore, MD	6	5%	
York, PA	2	2%	
Baltimore City, MD	2	2%	
Cecil, MD	2	2%	

People in Household	Count	Percent	Bar
1	3	100%	
Unknown	116		

Referred	Count	Percent	Bar
No	119	100%	

My peer leaders made me feel welcome and a part of the group	Count	Percent	Bar
Strongly Agree (1)	58	89%	
Agree (2)	6	9%	
Strongly Disagree (4)	1	2%	
Average Value	1.1		

My peer leaders shared teaching responsibilities	Count	Percent	Bar
Strongly Agree (1)	61	94%	
Agree (2)	2	3%	
Strongly Disagree (4)	2	3%	
Average Value	1.1		

The peer leaders were prepared when they came to class	Count	Percent	Bar
Strongly Agree (1)	60	92%	
Agree (2)	4	6%	
Strongly Disagree (4)	1	2%	
Average Value	1.1		

I have more self-confidence in my ability to manage my health than I did before taking this workshop	Count	Percent	Bar
Strongly Agree (1)	47	72%	
Agree (2)	18	28%	
Average Value	1.3		

The book that we used for the workshop was very helpful	Count	Percent	Bar

Strongly Agree (1)	54	84%
Agree (2)	9	14%
Strongly Disagree (4)	1	2%
Average Value	1.2	

I learned how to set an action plan and follow it	Count	Percent	Bar
Strongly Agree (1)	45	69%	
Agree (2)	20	31%	
Average Value	1.3		

I now have a better understanding of how to manage the symptoms of my chronic health conditions	Count	Percent	Bar
Strongly Agree (1)	44	69%	
Agree (2)	20	31%	
Average Value	1.3		

The site used for the workshop was conducive to learning	Count	Percent	Bar
Strongly Agree (1)	49	78%	
Agree (2)	14	22%	
Average Value	1.2		

I felt my opinions and contributions to the group were valued by the other participants	Count	Percent	Bar
Strongly Agree (1)	51	78%	
Agree (2)	14	22%	
Average Value	1.2		

The peer leaders were able to manage the group very well	Count	Percent	Bar
Strongly Agree (1)	59	91%	
Agree (2)	6	9%	
Average Value	1.1		

I felt my opinions and contributeions to the group were valued by the peer leaders	Count	Percent	Bar

Strongly Agree (1)	56	86%
Agree (2)	9	14%
Average Value	1.1	

My peer leaders got along well together	Count	Percent	Bar
Strongly Agree (1)	60	94%	
Agree (2)	4	6%	
Average Value	1.1		

I valued the time to talk to other participants at break time	Count	Percent	Bar
Strongly Agree (1)	41	65%	
Agree (2)	21	33%	
Disagree (3)	1	2%	
Average Value	1.4		

I noticed that some participants did not come back to the workshop after the first week	Count	Percent	Bar
Strongly Agree (1)	21	35%	
Agree (2)	30	50%	
Disagree (3)	4	7%	
Strongly Disagree (4)	5	8%	
Average Value	1.9		

I feel more motivated to take care of my health since I took this workshop	Count	Percent	Bar
Strongly Agree (1)	50	78%	
Agree (2)	14	22%	
Average Value	1.2		

University of MD Upper Chesapeake Health
Stepping On
July 1, 2017 - June 30, 2018

Number of workshops: 5
Number of participants: 67

Has this program reduced your fear of falling?	Count	Percent
Yes	50	75
No	6	9

I feel more comfortable talking to my health care provider about my medications and other possible risks for falling	Count	Percent
Strongly Agree	27	40
Agree	28	42

I feel more comfortable talking to my family and friends about falling	Count	Percent
Strongly Agree	31	46
Agree	23	34

I feel more comfortable increasing my activity	Count	Percent
Strongly Agree	28	42
Agree	24	36

I plan to continue exercising	Count	Percent
Strongly Agree	37	55
Agree	19	28

I would recommend this program to a friend or relative	Count	Percent
Strongly Agree	47	70
Agree	9	13

Since this program began, what have you done to reduce your chance of a fall?	Count	Percent
Talked to family member	35	52
Talked to health care	12	18
Had vision checked	21	31
Had medication reviewed	24	36
Participated in fall prevention	6	9
Did exercises at home	53	79
Made changes in home	33	49

In general, would you say that your health is:	Pre	Post
Excellent		(2) 3%
Very Good		(24) 36%
Good		(26) 39%
Fair		(6) 9%

How fearful are you of falling?	Pre	Post
Not at all		(4) 40%
A Little		(16) 24%
Somewhat		(24) 36%
A lot		(15) 22%

Maryland Department of Health
Center for Chronic Disease Prevention and Control
DPP Grant Evaluation - Data Reporting Template

1. LHD Contact Person:
2. Jurisdiction:

CUMULATIVE REPORT

Diabetes Prevention Program (DPP) Grant Evaluation				
	7/1/2017 – 12/31/2017	7/1/2017 – 3/31/2018	7/1/2017 – 6/29/2018	7/1/2017 – 9/30/2018
Number of DPP coaches trained		11	11	11
Number of DPP coaches trained and implementing the program		9	9	9
Number of new DPP sites		3	0	1
Number of DPP sites with expanded capacity		2	2	2
Number of DPP classes implemented from grant funds		4	4	5
Number of DPP classes (Provide by ZIP code)		(2) 21014 21078 21040	(2) 21014 21078 21040	2) 21014 21078 21040
Number of DPP participants enrolled		49	36	46
Number of DPP participants who belong to a racial/ethnic minority		11	11	15
Number of DPP participants who are low-income (i.e. referred by FQHC, Medicaid eligible, meet federal poverty standards, etc.)		undetermined	Undetermined	Undetermined
Number of community partners (excluding health systems/practices) referring to DPP		3	3	3
Number of participants referred by community partners		60	60	67
Number of participants referred by community partners who enroll in DPP		49	49	56

Please provide a list of your community partners referring to the DPP:

Harford County Public Libraries
Harford County Health Department
Providers from the Diabetes and Endocrine Department of UM Upper Chesapeake Health
Harford County Office on Aging
Harford Primary Care

Maryland Department of Health
Center for Chronic Disease Prevention and Control
DPP Grant Evaluation - Data Reporting Template

Complete the table below for each cohort, starting in July 2016

Date of Initial Class: 2-26-18

Milestone	Number
Number of Program participants that attended session 1	13
Number of Program participants that attended at least 4 sessions	13
Number of Program participants that attended at least 9 sessions + 5% weight loss	7
Number of Program participants that attended at least 1 post core session	5
Number of Program participants that attended at least 12 sessions	9

Date of Initial Class: 3-6-18

Milestone	Number
Number of Program participants that attended session 1	16
Number of Program participants that attended at least 4 sessions	16
Number of Program participants that attended at least 9 sessions + 5% weight loss	6
Number of Program participants that attended at least 1 post core session	n/a
Number of Program participants that attended at least 12 sessions	12

Date of Initial Class: 3-14-18

Milestone	Number
Number of Program participants that attended session 1	15
Number of Program participants that attended at least 4 sessions	14
Number of Program participants that attended at least 9 sessions + 5% weight loss	6
Number of Program participants that attended at least 1 post core session	n/a
Number of Program participants that attended at least 12 sessions	7

Date of Initial Class: 3/15/18

Milestone	Number
Number of Program participants that attended session 1	7
Number of Program participants that attended at least 4 sessions	7
Number of Program participants that attended at least 9 sessions + 5% weight loss	1
Number of Program participants that attended at least 1 post core session	n/a
Number of Program participants that attended at least 12 sessions	4

Date of Initial Class: 8/30/18

Milestone	Number
Number of Program participants that attended session 1	10
Number of Program participants that attended at least 4 sessions	6
Number of Program participants that attended at least 9 sessions + 5% weight loss	n/a
Number of Program participants that attended at least 1 post core session	n/a
Number of Program participants that attended at least 12 sessions	n/a

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

Upper Chesapeake Health

Subject: Financial Assistance Policy

Effective Date: 10/2018

Approved by: _____

Steve Witman, Sr. VP CFO

_____

Board of Directors

To provide financial relief to patients unable to meet their financial obligation to University of Maryland Upper Chesapeake Health.

1. **Policy**
    a. This policy applies to the University of Maryland Upper Chesapeake Health (UM UCH) facilities to include:
        i. University of Maryland Upper Chesapeake Medical Center
        ii. University of Maryland Harford Memorial Hospital.

    UM UCH is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for all medically necessary care will be covered based on their individual financial situation.

    b. It is the policy of UM UCH to provide Financial Assistance (FA) based on indigence or high medical expenses (Medical Financial Hardship program) for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for FA should be made, the criteria for eligibility, and the steps for processing applications.

    c. UM UCH will post notices of availability at appropriate intake locations as well as the Patient Accounting Office. Notice of availability will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided before discharge and will be available to all patients upon request and without charge, both by mail and in the emergency room and admission areas. A written estimate of total charges, excluding the emergency department, will be available to all

patients upon request. This policy, the Patient Billing and Financial Information Sheet, and the Financial Assistance Application will also be conspicuously posted on the UM UCH website (https://www.umms.org/uch/patients-visitors/for-patients/financial-assistance).

d. FA may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This may include a review of the patient's existing medical expenses and obligations, including any accounts having gone to bad debt.
e. Payments made for care received during the financial assistance eligibility window that exceed the patients determined responsibility will be refunded if that amount exceeds $5.00
    i. Collector notes, and any other relevant information, are deliberated as part of the final refund decision; in general refunds are issued based on when the patient was determined unable to pay compared to when the payments were made
    ii. Patients documented as uncooperative within 30 days after initiation of a financial assistance application are ineligible for a refund
f. UM UCH retains the right in its sole discretion to determine a patient's ability to pay. All patients presenting for emergency services or diagnosed-cancer care will be treated regardless of their ability to pay, except as noted under 2. d. iv. below.

2. Program Eligibility

a. Consistent with our mission to deliver compassionate and high quality healthcare services and to advocate for those who do not have the means to pay for medically necessary care, UM UCH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. To further the UM UCH commitment to our mission to provide healthcare to the surrounding community, UM UCH reserves the right to grant financial assistance without formal application being made by our patients.
b. Specific exclusions to coverage under the Financial Assistance Program:
    i. Physician charges are excluded from UM UCH's FA policy. Patients who wish to pursue FA for physician related bills must contact the physician directly. For a list of physicians providing emergency and other medically necessary care in the hospital facility, whose services are not covered under this policy, please contact our Financial Assistance Department at (443) 843-5092.

ii. Generally, the FA program is not available to cover services that are 100% denied by a patient's insurance company; however, exceptions may be made on a case by case basis considering medical and programmatic implications
iii. Cosmetic or other non-medically necessary services

c. Patients may become ineligible for FA for the following reasons:
   i. Have insurance coverage through an HMO, PPO, Workers Compensation, Medicaid, Motor Vehicle or other insurance programs that deny access to UM UCH due to insurance plan restrictions/limits
   ii. Refusal to be screened for other assistance programs prior to submitting an application to the FA program
d. Determination for Financial Assistance eligibility will be based on assets, income, and family size. Please note the following:
   i. Liquid assets greater than $15,000 for individuals, and $25,000 for families will disqualify the patient for 100% assistance.
   ii. Equity of $150,000 in a primary residence will be excluded from the calculation for determination of financial assistance; and
   iii. Retirement assets, regardless of balance, to which the IRS has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the IRS code or nonqualified deferred compensation plans will not be used for determination of financial assistance.
   iv. Non-citizens/non-residents of the United States may only qualify for Financial Assistance under these circumstances: 1. an initial visit for emergency care or 2. if qualified for presumptive Medical Assistance upon inpatient admission or prior to outpatient treatments for cancer care, and only after a determination by the Financial Counselor/Director of Patient Accounting and/or V.P. of Finance. See the Upper Chesapeake Health Self Pay Billing policy for criteria for beginning outpatient cancer care for these patients.
e. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a FA application unless they meet Presumptive FA (see section 3 below) eligibility criteria. If a patient qualifies for COBRA coverage, the patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Senior Leadership. 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.

f. Free medically necessary care will be awarded to patients with family income at or below 200 percent of the Federal Poverty Level (FPL).
g. Reduced-cost, medically necessary care will be awarded to low-income patients with family income between 200 and 300 percent of the FPL
h. If a patient requests the application be reconsidered after a denial determination made by the Financial Counselor, the Director of Patient Accounting will review the application for final determination.
i. Payment plans can be offered for all self-pay balances by our Self Pay Vendor.

3. Presumptive Financial Assistance

a. Patients may also be considered for Presumptive Financial Assistance eligibility with proof of enrollment in one of the programs listed below. There are instances when a patient may appear eligible for FA, but there is no FA form on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patent with FA. In the event there is no evidence to support a patient's eligibility for FA, UM UCH reserves the right to use outside agencies or information 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-percent write-off of the account balance. Presumptive FA eligibility shall only cover the patient's specific date of service. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:
    i. Active Medical Assistance pharmacy coverage
    ii. Special Low Income Medicare Beneficiary (SLMB) coverage (covers Medicare Part B premiums)
    iii. Homelessness
    iv. Medical Assistance and Medicaid Managed Care patients for services provided in the ED beyond coverage of these programs
    v. Maryland Public Health System Emergency Petition (EP) patients (balance after insurance)
    vi. Participation in Women, Infants and Children Program (WIC)
    vii. Supplemental Nutritional Assistance Program (SNAP)
    viii. Eligibility for other state or local assistance programs
    ix. Deceased with no known estate
    x. Determined to meet eligibility criteria established under former State Only Medical Assistance Program

xi. Households with children in the free or reduced lunch program
xii. Low-income household Energy Assistance Program
xiii. Self-Administered Drugs (in the outpatient environment only)
xiv. Medical Assistance Spenddown amounts

b. Specific services or criteria that are ineligible for Presumptive FA include:
    i. Uninsured patients seen in the ED under EP will not be considered under the presumptive FA program until the Maryland Medicaid Psych program has been billed

4. Procedures

a. The Financial Counselor will complete an eligibility check with the Medicaid program to verify whether the patient has current coverage
b. The Financial Counselor will consult via phone or meet with patients who request FA to determine if they meet preliminary criteria for assistance.
    i. To facilitate this process each applicant must provide information about family size and income. To help applicants complete the process, we will provide an application that will let them know what paperwork is required for a final determination of eligibility
    ii. All applications will be tracked and after eligibility is determined, a letter of final determination will be submitted to the patient
    iii. Patients will have fifteen days to submit required documentation to be considered for eligibility. The patient may re-apply to the program and initiate a new case if the original timeline is not adhered to. For any episode of care, the financial assistance application process will be open up to at least 240 days after the first post-discharge patient bill for the care is sent.
c. There will be one application process for UM UCH. The patient is required to provide a completed FA application. In addition, the following may be required:
    i. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return)
    ii. Proof of disability income (if applicable)
    iii. A copy of their three most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income
    iv. A Medical Assistance Notice of Determination (if applicable)
    v. Proof of U.S. citizenship or lawful permanent residence status (green card)
    vi. Reasonable proof of other declared expenses may be taken in to consideration

vii. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc.
viii. A Verification of No Income Letter (if there is no evidence of income)
ix. Three most recent bank statements

Written request for missing information will be sent to the patient. Where appropriate, oral submission of needed information will be accepted.

d. In addition to qualifying for Financial Assistance based on income, a patient can qualify for FA either through lack of sufficient income, insurance or catastrophic medical expenses based on the Financial Hardship criteria discussed below. Within two (2) business days following a patient's request for Financial Assistance, application for Medical Assistance, or both, the hospital will make a determination of probable eligibility. Completed applications will be forwarded to the Manager of Patient Accounting who will determine approval for adjustments up to $10,000. Adjustments of $10,000 or greater will be forwarded to the Director of Patient Financial Services and the V.P. of Finance for an additional approval.
e. Once a patient is approved for FA, FA coverage is effective for:
    i. All accounts in an AR (Accounts Receivable) status
    ii. All accounts in a BD (Bad Debt) status that were transferred within one year of the service date of the oldest AR account being adjusted using the current application
    iii. All future visits within 6 months of the application date
    iv. In addition, coverage will also extend to any account for which a written notice described in paragraph h (below) has not been sent or for which the deadline stated therein has not elapsed. However, UM UCH may decide to extend the FA eligibility period further into the past or the future.
f. Social Security beneficiaries with lifelong disabilities may become eligible for FA indefinitely and may not need to reapply
g. UM UCH does not report debts owed to credit reporting agencies.
h. In rare cases, accounts may warrant Extraordinary Collection Actions (ECAs). Once an account has met the following criteria, the account is closed by the collection agency as "uncollectible" and forwarded back to Patient Accounting for review to establish grounds for legal action. UM UCH reserves the right to place a lien on a patient's income, residence and/or automobile. This only occurs after all efforts to resolve the debt have been exhausted.

Criteria:

i. The debt is valid
ii. The account is equal to or greater than 120 days old
iii. Patient refuses to acknowledge the debt
iv. Upon review and investigation, we have determined liquid assets are available (checking, savings, stocks, bonds or money market accounts)
v. The VP of Finance must authorize legal action

Action will be preceded by notice 30 days prior to commencement. Availability of financial assistance will be communicated to the patient and a presumptive eligibility review will occur prior to any ECA action being taken. This written notice will indicate that Financial Assistance is available for eligible individuals, identify the ECAs that the hospital (or its collection agency, attorney or other authorized party) intends to initiate to obtain payment for the care, and state a deadline after which such ECAs may be initiated. It will also include a Patient Billing and Financial Assistance Information Sheet. In addition, the hospital will make reasonable efforts to orally communicate the availability of Financial Assistance to the patient and tell the patient how he or she may obtain assistance with the application process.

5. Financial Hardship

a. The following guidelines are outlined as a separate, supplemental determination of Financial Assistance, known as Financial Hardship. Financial Hardship will be offered to all patients who apply for FA and are determined to be eligible. Medical Financial Hardship is available for patients who otherwise do not qualify for Financial Assistance under the primary guidelines of this policy.
b. Financial Hardship Assistance is defined as facility charges incurred at UM UCH owned hospitals or physician practices for medically necessary treatment by a family household that exceeds 25% of the family's annual income. The Financial Assistance reduction will be the balance that exceeds the 25% of the family's annual income. Family annual income must be less than 500% of the Federal Poverty Limit
c. Once a patient is approved for Financial Hardship Assistance, coverage may be effective starting with the first qualifying date of service and the following twelve (12) months
d. Financial Hardship Assistance may cover the patient and the immediate family members living in the same household. Each family member may

be approved for the reduced cost and eligibility period for medically necessary treatment.

e. Coverage will not apply to elective or cosmetic procedures.
f. In order to continue in the program after the expiration of an eligibility period, each patient (family member) must reapply to be considered.
g. Patients who have been approved for the program should inform UM UCH of any changes in income, assets, expenses or family (household) status within 30 days of such changes. Patients determined to be eligible for Financial Hardship Assistance and granted an eligibility period extending into the future will be notified about how to apply for more generous assistance during such eligibility period.
h. All other eligibility, ineligibility and procedures for the primary Financial Assistance program criteria apply for the Financial Hardship Assistance, unless otherwise stated
i. See Attachment A for the sliding scale reduced cost of care.

6. Amounts Generally Billed

a. An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who is not eligible for assistance. The charges to which a discount will apply are set by the State of Maryland's rate regulation agency (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay).

Reviewed / Revised: 10/2018

ORIGIN DATE: 10/2010

NEXT REVIEW DATE: 10/2019

1/23/2018

% discount	MAX/MIN	Family 1	Family 2	Family 3	Family 4	Family 5	Family 6	Family 7	Family 8
Fed Pov Guideline		$12,140.00	$16,460.00	$20,780.00	$25,100.00	$29,420.00	$33,740.00	$38,060.00	$42,380.00
MHA Guidelines now at 200% of FPL									
100%	up to	$ 24,280.00	$ 32,920.00	$ 41,560.00	$ 50,200.00	$ 58,840.00	$ 67,480.00	$ 76,120.00	$ 84,760.00
90%	Min	$ 24,281.00	$ 32,921.00	$ 41,561.00	$ 50,201.00	$ 58,841.00	$ 67,481.00	$ 76,121.00	$ 84,761.00
	Max	$ 26,708.00	$ 36,212.00	$ 45,716.00	$ 55,220.00	$ 64,724.00	$ 74,228.00	$ 83,732.00	$ 93,236.00
80%	Min	$ 26,709.00	$ 36,213.00	$ 45,717.00	$ 55,221.00	$ 64,725.00	$ 74,229.00	$ 83,733.00	$ 93,237.00
	Max	$ 27,922.00	$ 37,858.00	$ 47,794.00	$ 57,730.00	$ 67,666.00	$ 77,602.00	$ 87,538.00	$ 97,474.00
70%	Min	$ 27,923.00	$ 37,859.00	$ 47,795.00	$ 57,731.00	$ 67,667.00	$ 77,603.00	$ 87,539.00	$ 97,475.00
	Max	$ 29,136.00	$ 39,504.00	$ 49,872.00	$ 60,240.00	$ 70,608.00	$ 80,976.00	$ 91,344.00	$ 101,712.00
60%	Min	$ 29,137.00	$ 39,505.00	$ 49,873.00	$ 60,241.00	$ 70,609.00	$ 80,977.00	$ 91,345.00	$ 101,713.00
	Max	$ 30,350.00	$ 41,150.00	$ 51,950.00	$ 62,750.00	$ 73,550.00	$ 84,350.00	$ 95,150.00	$ 105,950.00
50%	Min	$ 30,351.00	$ 41,151.00	$ 51,951.00	$ 62,751.00	$ 73,551.00	$ 84,351.00	$ 95,151.00	$ 105,951.00
	Max	$ 31,564.00	$ 42,796.00	$ 54,028.00	$ 65,260.00	$ 76,492.00	$ 87,724.00	$ 98,956.00	$ 110,188.00
40%	Min	$ 31,565.00	$ 42,797.00	$ 54,029.00	$ 65,261.00	$ 76,493.00	$ 87,725.00	$ 98,957.00	$ 110,189.00
	Max	$ 32,778.00	$ 44,442.00	$ 56,106.00	$ 67,770.00	$ 79,434.00	$ 91,098.00	$ 102,762.00	$ 114,426.00
30%	Min	$ 32,779.00	$ 44,443.00	$ 56,107.00	$ 67,771.00	$ 79,435.00	$ 91,099.00	$ 102,763.00	$ 114,427.00
	Max	$ 33,992.00	$ 46,088.00	$ 58,184.00	$ 70,280.00	$ 82,376.00	$ 94,472.00	$ 106,568.00	$ 118,664.00
20%	Min	$ 33,993.00	$ 46,089.00	$ 58,185.00	$ 70,281.00	$ 82,377.00	$ 94,473.00	$ 106,569.00	$ 118,665.00
	Max	$ 35,206.00	$ 47,734.00	$ 60,262.00	$ 72,790.00	$ 85,318.00	$ 97,846.00	$ 110,374.00	$ 122,902.00
10%	Min	$ 35,207.00	$ 47,735.00	$ 60,263.00	$ 72,791.00	$ 85,319.00	$ 97,847.00	$ 110,375.00	$ 122,903.00
	Max	$ 36,420.00	$ 49,380.00	$ 62,340.00	$ 75,300.00	$ 88,260.00	$ 101,220.00	$ 114,180.00	$ 127,140.00

UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

UM Harford Memorial Hospital
443-843-5000
UM Upper Chesapeake Medical Center
443-643-1000

Help for Patients to Pay Hospital Care Costs

If you cannot pay for all or part of your care from our hospitals, you may be able to get **free** or **lower cost** services.

PLEASE NOTE:

1. We treat all patients needing emergency care, no matter what they are able to pay.
2. There may be services provided by physicians or other providers that are not covered by the hospital's Financial Assistance Policy. For a **list of physicians** providing emergency or other medically necessary care in the hospital facility, whose services are not covered under this policy, please visit our website or contact our Financial Assistance Department at (443) 843-5092.
3. You will never be charged for emergency and other medically necessary care more than amounts generally billed to patients who are not eligible for financial assistance under the financial assistance policy. Rates are set by the State of Maryland.

HOW THE PROCESS WORKS:

When you become a patient, we ask if you have any health insurance. We will not charge you more for hospital services than we charge people with health insurance. The hospital will:

1. Give you information about our financial assistance policy or
2. Offer you help with a counselor who will help you with the application.

HOW WE REVIEW YOUR APPLICATION:

The hospital will look at your ability to pay for care. We look at your income and family size. You may receive free or lower costs of care if:

1. Your income or your family's total income is at 300% or less of the federal poverty level.
2. Your income or your family's income is at 500% or less of the federal poverty level and your medical debt incurred at an UMMS hospital facility exceeds 25% of your family's annual household income.

PLEASE NOTE: If you are able to get financial help, we will tell you how much you can get. If you are not able to get financial help, we will tell you why not.

HOW TO APPLY FOR FINANCIAL HELP:

1. Fill out a **Financial Assistance Application Form** (see below for website address of application form)
2. Give us all of your information to help us understand your financial situation.
3. Turn the Application Form into us.

PLEASE NOTE: The hospital must screen patients for Medicaid before giving financial help. Cosmetic and other non-medically necessary services may not be covered.

OTHER HELPFUL INFORMATION:

1. You can get a **free copy** of our Financial Assistance Policy and Application Form:
   - *Online* at http://umuch.org/patients/financial-assistance
   - *In person* at UM Upper Chesapeake Health, 2027 Pulaski Highway, Ste 215, Havre de Grace MD 21078
   - *By mail by* calling (443) 843-5092 to request a copy
2. You can call the **Financial Assistance Office at (443) 843-5092** if you have questions or need help applying.
3. The FAP, FAP application or Plain Language Summary are also available in Spanish. If you need information translated in another language, please call (443) 843-5092.