

McCready Foundation
Edward W. McCready Memorial Hospital

Community Benefits
Fiscal Year 2014



201 Hall Highway, Crisfield, MD 21817

I. General Hospital Demographics and Characteristics

1. Table One

Bed Designation:	Inpatient Admissions	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area	Percentage of Uninsured Patients by County	Percentage of patients who are Medicaid Recipients by County
4 licensed Med/Surg beds in FY'14	331 admissions and 1,073 total in patient days in FY'14	21817 21838 21871	Peninsula Regional Medical Center (<i>Wicomico Co.</i>) and Atlantic General Hospital (<i>Worcester Co.</i>) provide secondary and tertiary care	14% of Somerset County residents are uninsured. (2,489) <i>Source: '2013 County Health Rankings' conducted by the Univ. of Wisconsin.</i>	Approx. 30.9% Approx. 8,123 in County MCO = 6,674 FFS = 1,449

2a. Describe in detail the communities served

The McCreedy Foundation which includes the Edward W. McCreedy Memorial Hospital is located in Crisfield, Maryland, Somerset County. During fiscal year 2014, the facility was licensed for four medical/surgical acute beds and had 331 inpatient admissions. Most of the patients that come to McCreedy live in lower Somerset County, but the hospital also serves part of Maryland's Worcester County and the Eastern Shore of Virginia. An estimated 26,273 people live within our service area of which 46.5% are minorities. Only 14.2% of the residents over age 25 have a college degree compared to 36.8% of the state. Somerset County is the poorest county in the state of Maryland in terms of per capita income (\$16,748) and median household income of \$38,447. (*Source: US Census Quick Facts*).

According to the Maryland Vital Statistics, the life expectancy at birth of a Somerset County resident has increased from 76.3 years to 77.2 years compared to the state expectancy of 79.6 years. The age adjusted mortality rate for heart disease is significantly higher than the state rate (265.4 versus 171.9). Smoking rates, diabetes rates and unhealthy weight rates all surpass the State Health Improvement Plan goal and the Healthy People 2020 goal. (*Source: SHIP website at dhmh.maryland.gov/ship*)

Somerset County is designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration, as a medically underserved area. We are the closest provider and hospital available to those living in the remote crabbing/fishing communities of Smith and Tangier Islands in the Chesapeake Bay and we are accessible by boat and air.

2.b. Table II Somerset County Demographic Characteristics

	Somerset County
Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	<p>26,273 <i>14,253 males</i> <i>12,020 females</i> <i>White 14,329</i> <i>Black 11,551</i> <i>Median age 36.5</i></p>
Median Household Income within the CBSA	\$38,447
Percentage of households with incomes below the federal poverty guidelines within the CBSA	23.4%
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	<p>14% <i>2,489 persons</i></p>
Percentage of Medicaid recipients by County within the CBSA.	30.9 %
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	<p>77.2 <i>Black 77.4</i> <i>White 76.3</i></p>
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	All causes of death = 856.4

<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p> <p>See SHIP website for social and physical environmental data and county profiles for primary service area information:</p> <p>http://dhmh.maryland.gov/ship/SitePages/measures.aspx</p>	<p>Access to healthy food 27%</p> <p>College degree 14.2% (census quick facts)</p> <p>Adult smokers 23%</p> <p>One grocery store provides access to fresh foods. Two national fast food chains.</p> <p>Housing is relatively affordable.</p> <p>Transportation remains an issue; limited public transportation is available via Shore Transit.</p>
<p>Available detail on race, ethnicity, and language within CBSA.</p> <p>See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>7.5% of households do not speak English</p> <p>Spanish is spoken in 3.3% of households</p> <p>County has a large migrant population May – October. Rural migrant camp is approx. 20 mi. from hospital.</p>

II. Community Health Needs Assessment
Attached

Implementation Plan

Data from the State Health Improvement Plan (SHIP), the Community Needs Index, the Community Health Needs Assessment, and hospital data guided our FY 2014 community benefit plan. It continues on the strategies set in FY2013. This year we have strengthened our partnership with the Somerset County Health Department and their local SHIP coalition “Healthy Somerset”. Collectively the coalition partners have addressed the chronic disease related health issues.

Identified Health Need	Implementation Strategy
Access to Care	<ol style="list-style-type: none"> 1. Continue to recruit new providers and research specialty service options. Added a surgeon to begin Jan. 2015. 2. Continue to offer our Care-a-van free transportation service for appointments. 3. Link uninsured patients to resources including MD Health Insurance Exchange.
Diabetes	<ol style="list-style-type: none"> 1. Reinstate a community diabetes education program. Staff committee is meeting to develop a strategy for education. Funding for dedicated staff to develop and implement a community wide program is a barrier. The local health department had a grant funded education program that ended in early FY’14. 2. Currently all in-patients receive management education if diagnosed with diabetes. 3. Partnering with the 3 area health departments to refer all diabetes patients to a case management program that will reduce the reoccurring diabetes related ED visits. It is funded by DHMH. 4. We have become a member of the Tri-County Diabetes Alliance – a coalition of local health departments, hospitals and other health agencies to collectively address this issue.
Obesity	<ol style="list-style-type: none"> 1. Continue to promote the Mozelle Saltz Fitness Center to the public. Center was upgraded with some new equipment and new staff in FY14. 2. Partnered with Healthy Somerset agencies at a Community Field day, May 2014. Over 1,000 people of all ages attended. It included a walk, free info and food.
Respiratory Disease/Smoking	<ol style="list-style-type: none"> 1. A grant from the county health department allowed us to purchase educational materials for tobacco prevention. Presentations to staff and the community reached 509 youth and adults. 2. All adult patients are asked about their tobacco use at each visit and linked to community and on-line resources. 3. A stronger no tobacco policy was developed (Implemented Oct. 2014).
Transportation	<ol style="list-style-type: none"> 1. Facility’s van to transport patients to and from their appointment. 2. Shore Transit has a bus stop at our campus.

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

Yes Provide date here, 6/1 /2013 *It is attached as a pdf document*

No

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

Yes *It is attached as a pdf document*

No

III. Community Benefits Administration

a. Does your hospital have a CB strategic plan?

Yes

No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefits activities?

i. Senior Leadership

1. CEO

2. CFO

3. Other (Community Relations Director, CNO)

ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

4. Other (Respiratory techs, physical, occupational and speech therapist, Nurse Practitioner)

iii. Community Benefit Department/Team

1. X Individual (Sharon Cooper is Community Relations with the added duties of C. B.)
2. _____ Committee (please list members)
3. _____ Other (please specify)

c. is there an internal audit of the Community Benefits report?

Spreadsheet X yes ___ no
 Narrative X yes ___ no

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

Spreadsheet yes X no **CEO, CFO approves**
 Narrative yes X no **CEO, CFO approves**

IV. Hospital Community Benefit Program and Initiatives

Identified Need	Hospital Initiative	Primary objective of the Initiative	Single or Multi year time period	Key Partners in Initiative	How outcomes were evaluated	Outcomes	Continuation of Initiative	Cost for current yr	Amount of Direct offsetting revenue from restricted grants
Access to Care	Recruit new providers	To increase # of providers	Single	Local providers	# of new hires	1 new surgeon slated to join in early 2015	yes	n/a	n/a
Access to Care and Transportation	Patient transport	Eliminate barrier to services	Single	Community, media, other providers	# of encounters , staff hrs. and costs	1634 people served 1608.9 staff hrs.	Yes	\$27,675 staff salary and mileage	none
Access to Care	Health Insurance resource	To increase # of people with insurance	Single	MD Lower Shore Health Exchange	# of times partner on site.	Hth. Exchange staff were on-site to answer questions, assist with insurance sign-up 5x and	Yes	\$659 for staff time, supplies. In-kind room space	

						hosted 2 community events reaching 19 persons			
Diabetes	Awareness Education and coalition membership	To increase awareness of diabetes and links to care	Single	Providers, Area Health Depts., Novodisk Pharmaceutical, Tri-Co. Diabetes Alliance	# attending event. # of meetings with alliance.	10 people attended event. Attended 3 mtgs. Planning In-house mtgs of staff.	Yes and will expand in FY 2015	\$383 for event	
Obesity	Community Field day	To focus on issue, provide resources for community	Single	Healthy Somerset Coalition	# attending event # of meetings	Over 1000 attended	Yes	\$150	\$1500 Somerset Co. HD grant
Smoking	Educational presentations	Decrease tobacco use	Single	Somerset Co. Hth. Dept., Healthy Somerset, Som. Intermediate School, UMES	# of hth. Fairs, # of people educated	Used grant to purchase materials including lungs, literature, Smokerlyzer CO analyzer. Reached 509 youth and adults to events. Also targeted staff with lung displays	Yes as requested	\$668	\$1500 Somerset Co. HD grant
Smoking	Intake question	To ascertain # of smokers, link them to resources	Single	SCHD, providers	# of people asked	645 in and out patients were asked about their status.	yes	n/a	n/a
Access to Care	Personal Care	Provide in-home care for CBSA residents who cannot leave home	Single	SCHD	# of people served	Personal Care coordinator made 240 + home visits to 60 clients	Yes	\$300	SCHD funds the nurse caseworker

									rs who assist the coordinator
Access to Care/ Uninsured	Charity Care	Provide financial assistance	Single	LS Health exchange, Dept. of Social services	# served	Approved 219 applications for financial assistance	Yes	N/a	n/a
Other (Training)	Interns / Mentoring	Provide learning opportunity for future health care workers	Single	UMES, Wor-Wic College	# of interns, # of mentoring hrs.	28 interns and 662 staff hrs. in the PT, Lab and Pharmacy programs	Yes	\$31,208 staff hrs.	n/a
Preventative care	Flu Shot Drive	Prevent spread of flu	Single	Media	#of vaccinations	145 people vaccinated	Yes	\$3947	n/a
Access to Care, Awareness of Resources	Health Fairs	To increase awareness and links to services	Single	MAC, Inc. LHD, community	# of events #of encounters	5 events 375 people reached	Yes	\$1000	n/a
Preventive Health care	Health screenings	To educate public and link to treatment or services as needed	Single	Sherman Williams, UMES	# of people screened	80 people screened for BP and/or cholesterol	Yes	\$4503 Salary and materials	n/a
Coalition and Community Building	Improving community	To give agency expertise in planning strategies to improve health and economy	Single	SCHD, Econ. Dev. Coalition, Som. Early Learning Coalition,	# of meetings attended	16 mts. Totaling 26 hrs	Yes	\$828 in staff salary and mileage costs	n/a

				Friends of Crisfield					
Donations	Donations to community (cash and in-kind)	To serve our community and improve health care and access	Single	Wor-Wic College, Amer. Legion, Crisfield High School, YMCA, Amer. Cancer Society, Som. Co. 4-H, AA Support group, Chamber of Commerce, Long Term Recovery Committee	# of donations given, Amount of donations, # of times site used for meeting space. # of staff hrs.	Cash contributions given to support events. Supplies given to college phlebotomy program. Use of space (23 times) Volunteer time for ACS events.	Yes	\$575 in contributions Value of services \$12,000	n/a

V. Physicians

The McCready Foundation is a primary care facility. We offer primary care through our outpatient center. We have two board certified physicians and a board certified Nurse Practitioner on staff. We have contracts with several specialty providers including cardiology, podiatry, gastroenterology, and general surgery. When we are unable to provide a patient with the required level of care, we discharge them to a facility, such as Peninsula Regional Medical Center, for tertiary care.

The McCready Foundation does not provide subsidies.

VI. Appendices

1. Financial Assistance Policy (FAP):

McCready Memorial Hospital posts its financial assistance/charity care policy along with necessary contact information in all patient care/registration areas. Upon admission, each patient also receives the same information about the program. Patients whom are uninsured or underinsured receive assistance with determining eligibility for governmental programs or the hospital's financial assistance program through one-on-one financial counseling, including assistance in filling out all necessary paperwork. In addition, self-pay patients whose balances remain unpaid after three consecutive billing cycles receive a financial assistance application with instructions and contact information in their final statement before being sent to collections. Every effort is made to try to identify and assist patients in receiving the financial assistance they need. Our Financial Assistance Policies are attached.

New this year, we partnered with the Lower Shore Health Insurance Exchange for on-site consultation on the new state health insurance program.

2. Mission, Vision, Value Statement

Our Mission:

"Working to build a healthy community, one person at a time."

Our Vision:

McCready Foundation is a community organization providing high-quality, coordinated healthcare services; focusing on prevention, diagnosis, treatment, rehabilitation and long-term care.

Our Values:

We maintain the highest standards in providing effective, efficient and compassionate services either directly or through coordinated efforts with other local and regional healthcare providers.

McCready embodies the description "community" hospital in every sense of the word. We are located in the heart of a rural, somewhat isolated area where high-paying jobs are scarce and per-capita income is low. Our healthcare team provides compassionate quality care to those in need of hospital and health services, regardless of a person's ability to pay. Many employees live in the county and personally know the patients; often its neighbors caring for neighbors. That quality and tradition has endured for over ninety years.



Edward McCready Memorial Hospital Patient Financial Information Sheet

McCready Hospital Financial Assistance Policy:

- This hospital provides emergency or urgent care to all patients regardless of ability to pay.
- You are receiving this information sheet because under Maryland law, this hospital must have a financial assistance policy and must inform you that you may be entitled to receive financial assistance with the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you are low-income.
- This hospital meets or exceeds the legal requirements by providing financial assistance based on family size and income. A family is defined as a group of two or more persons related by birth, marriage, or adoption who reside together; all such related persons are considered one family. Income refers to total annual cash receipts before taxes from all sources for all members of the family.
- All Maryland residents who are below 150% of the Federal Poverty Level for their family size and have less than \$10,000.00 in total assets shall qualify for free hospital care. For those above 150% of the FPL, reduced cost care is available based on a sliding scale. Details of the sliding scale are available with the Financial Assistance application or upon request.
- Applications are available from either the Business Office or the Financial Services office. Please contact the Admissions desk at extension 3411 or Financial Services at extension 3321 or stop by the Front Desk in the Main Lobby.
- All patients who qualify for financial assistance and fully cooperate with the application process including documentation of eligibility will be provided assistance. In order to better serve you the application must be completed thoroughly and proof of any and all income must be provided.

Patient's Rights and Obligations

Patient's Rights:

- Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance (see contact information below).
- You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the state and federal governments that pays the full cost of health coverage for low-income individuals (see contact information below).



Edward McCready Memorial Hospital Patient Financial Information Sheet

Patient's Obligations:

- For those patients with the ability to pay their bill, it is the obligation of the patient to pay the hospital in a timely manner.
- This hospital makes every effort to see that patient accounts are properly billed, and patients may expect to receive a uniform summary statement within 30 days of discharge. It is your responsibility to provide correct insurance information.
- If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the hospital's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the Business Office promptly at (410)968-1200, extension 3321, to discuss the matter.
- If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care, or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updated/corrected information.

Contacts:

- If you have questions about your bill, please contact the hospital business office at: (410)968-1049. A hospital representative will be glad to assist you with any questions you may have.
- If you wish to get more information about or apply for the hospital's financial assistance plan, you may call Financial Services at (410)968-1200, ext. 3321 or download the uniform financial assistance application from the following links:
http://www.hsrc.state.md.us/consumers_uniform.cfm or
<http://mccreadyfoundation.org/documents/FinancialAssistanceForm.pdf>
- If you wish to get more information about or apply for Maryland Medical Assistance you may contact your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434; or internet www.dhr.state.md.us. Somerset County Department of Social Services may be reached at 410-677-4200.

Physician Services

Physician services provided during your stay will be billed separately and are not included on your hospital billing statement.



Edward McCready Memorial Hospital

Hoja de Información Financiera del Paciente

McCready Hospital de Política de Asistencia Financiera:

- Este hospital brinda atención de urgencia o de emergencia a todos los pacientes independientemente de la capacidad de pago.
- Usted está recibiendo este boletín de información porque en virtud de la ley de Maryland, este hospital debe tener una política de asistencia financiera y deberá informar a usted que usted puede tener derecho a recibir asistencia financiera con el costo de los servicios hospitalarios médicamente necesarios si usted tiene bajos ingresos, no tiene seguro, o su seguro no cubre su médicamente necesaria la atención hospitalaria y se le de bajos ingresos.
- Este hospital cumple o supera los requisitos legales por la prestación de asistencia financiera basada en el tamaño de la familia y los ingresos. Una familia se define como un grupo de dos o más personas relacionadas por nacimiento, matrimonio o adopción que viven juntos; todas esas personas que se consideran relacionados con una familia. Se refiere a la renta anual total de los cobros en efectivo antes de impuestos de todas las fuentes para todos los miembros de la familia.
- Todos los residentes de Maryland que están por debajo del 150% del Nivel Federal de Pobreza para su tamaño de la familia y cuentan con menos de \$ 10,000.00 en total de activos se beneficiarán de la asistencia hospitalaria gratuita. Para los más de 150% del FPL, la reducción de los costos de atención está disponible sobre la base de una escala móvil. Detalles de la escala están disponibles con la solicitud de asistencia financiera o previa solicitud.
- Las solicitudes están disponibles en cualquiera de la Oficina de Negocios de Servicios Financieros o la oficina. Por favor, póngase en contacto con el mostrador de admisión a la extensión 3322 o los servicios financieros en la extensión 3321 o pase por la recepción en el vestíbulo principal.
- Todos los pacientes que califican para asistencia financiera y cooperar plenamente con el proceso de solicitud, incluida la documentación de elegibilidad, se proporcionará asistencia. Con el fin de servir mejor a ustedes, la solicitud debe ser completada y la prueba a fondo de todos los ingresos se debe prestar".

Del paciente Derechos y obligaciones

Derechos del paciente:

- Los pacientes que cumplen los criterios de la política de asistencia financiera descrito anteriormente, puede recibir asistencia desde el hospital en el pago de su factura.
- Si usted cree que ha sido remitido por error a una agencia de cobros, usted tiene derecho a ponerse en contacto con el hospital para solicitar asistencia (véase la información de contacto más abajo).
- Usted puede ser elegible para Asistencia Médica de Maryland. Asistencia Médica es un

programa financiado conjuntamente por los gobiernos estatal y federal que paga el costo total de la cobertura de salud para personas de bajos ingresos (véase la información de contacto más abajo).

Obligaciones del paciente:



Edward McCready Memorial Hospital Hoja de Información Financiera del Paciente

- Para los pacientes con la capacidad de pago de su factura, es la obligación del paciente a pagar el hospital de manera oportuna.
- Este hospital ha realizado un gran esfuerzo para ver las cuentas que los pacientes estén debidamente facturados, y los pacientes pueden esperar recibir un resumen uniforme un plazo de 30 días de la aprobación de la gestión. Es su responsabilidad de proporcionar la información correcta de seguros.
- Si usted no tiene cobertura de salud, esperamos que usted pague la factura de manera oportuna. Si usted cree que usted puede ser elegible en el marco del hospital de la ayuda financiera de la política, o si no puede permitirse el lujo de pagar la factura en su totalidad, debe ponerse en contacto con la Oficina de Negocios de inmediato a (410) 968-1200, extensión 3321, para examinar la cuestión.
- Si no cumplen con las obligaciones financieras de este proyecto de ley, puede ser referido a una agencia de cobros. Para determinar si un paciente es elegible para la libre, la reducción de los costos de atención, o un plan de pago, es la obligación de proporcionar al paciente que precisa y completa información financiera. Si su situación financiera cambia, usted tiene la obligación de inmediato con la oficina de negocios para proporcionar actualización o la información corregida.

Contactos:

- Si usted tiene preguntas acerca de su factura, póngase en contacto con la oficina de negocios en el hospital: (410) 968-1049. Un representante del hospital estarán encantados de ayudarle con cualquier pregunta que usted pueda tener.
- Si desea obtener más información o aplicar para el hospital del plan de ayuda financiera, usted puede llamar a Phyllis en Oriente (410) 968-1200, ext. 3321 o descargue la aplicación uniforme de la asistencia financiera de los siguientes enlaces:
http://www.hsrc.state.md.us/consumers_uniform.cfm o
<http://mccreadyfoundation.org/documents/FinancialAssistanceForm.pdf>
- Si desea obtener más información o solicitar Asistencia Médica de Maryland puede ponerse en contacto con su Departamento local de Servicios Sociales por el teléfono 1-800-332-6347, TTY: 1-800-925-4434, o www.dhr.state.md.us. Somerset County Departamento de Servicios Sociales puede ser alcanzado en 410-677-4200.

Servicios Médicos

Médico de los servicios prestados durante su estancia se facturarán por separado y no están incluidos en su estado de cuenta del hospital.



Community Health Needs Assessment

McCreedy Foundation

Crisfield, Maryland

Fiscal Year 2013



(prepared by Shane Kelley 6/1/13)

McCreedy Foundation of Crisfield, Maryland
Community Health Needs Assessment, Fiscal Year 2013



McCready Foundation Crisfield, Maryland Community Health Needs Assessment FY 2013

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Introduction

Overview of the McCready Foundation

Founded in 1923 the McCready Foundation is a primary care not-for-profit community hospital located in Crisfield, MD. McCready is the smallest hospital in the state of Maryland while Somerset County is both the smallest and poorest county in the state. Our employed providers include two internist and a pediatric nurse practitioner. McCready has agreements with general surgical, GI and emergency medicine groups. The Surgical and GI teams practice on campus two to three days a week while the emergency medicine group operate 24 hours a day seven days a week. The mission of the McCready Foundation, which includes a 76 bed nursing facility, is to **Build a Healthy Community One Person at a Time.**

The Foundation includes a 6 bed Med/Surg, ER, OR, lab, imaging, outpatient center, rehab (PT/OT/ST) and 76 bed nursing center. The facility sits on 3.5 acres and consists of 145,000 square feet of office and clinical space. The Foundation also owns office space in Princess Anne located 19 miles to the northeast of the main campus. The space has been used as doctor's offices in the past but are currently vacant.

In 2012 McCready Memorial Hospital discharged 335 patients. While the outpatient center saw 7,384 patients in 2012. Our primary service area includes the two southern zip codes of Somerset County (21817 and 21838). Our extended service area includes all of Somerset County (26,000 residents) and Pocomoke City in Worcester County. Our community benefits touched 6,485 people last year with a total of \$745,000 in Charity Care.

McCready's overall approach to community benefit is to target unmet community health needs as well as provide affordable care to the under or uninsured. Our community benefit strategy works in concert with our mission and vision. Our newly launched **Healthy Families Program** (HFP) is designed to assist under or uninsured Somerset County residents obtain the insurance they need to seek preventative care, participate in wellness programs and obtain cancer screenings (Colonoscopies, Mammography). HFP attempts to remedy some of the nutritional needs we see in our community by offering food to program participants through our partnership with the Maryland Food Bank.

Our commitment is evidenced by our established and improved explicit financial assistance and billing and collection policies and procedures, and we encourage physician and employee participation in providing services to address the needs of poor and underserved individuals and families. Key

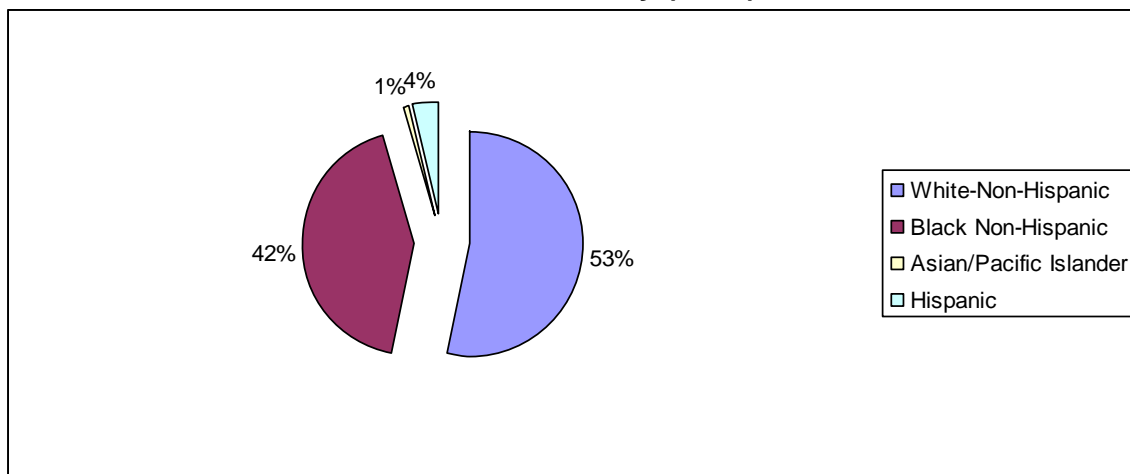


elements of our financial assistance policy are active communication and comprehensive coverage of services provided by the hospital and hospital-based physicians. We work to assess eligibility for public programs and provide enrollment support.

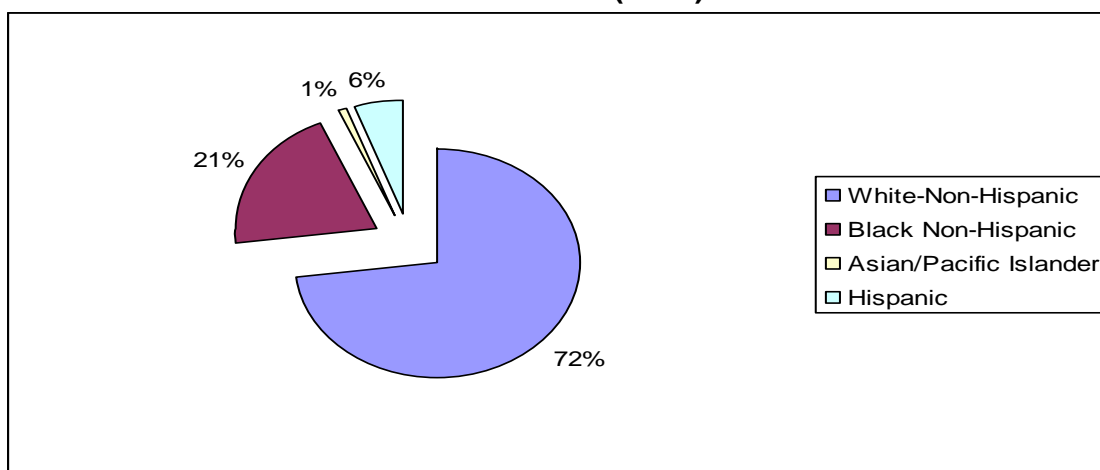
The Community We Serve

The McCready Foundation serves Somerset County and portions of Worcester County Maryland and Accomack County Virginia. An estimated 26,143 people live in the hospital's larger sphere of influence of which 47% are minorities. Our core market includes two zip codes and 6,800 people, 27% of which are minorities (see charts below).

**Population by Race
Somerset County (2012)**

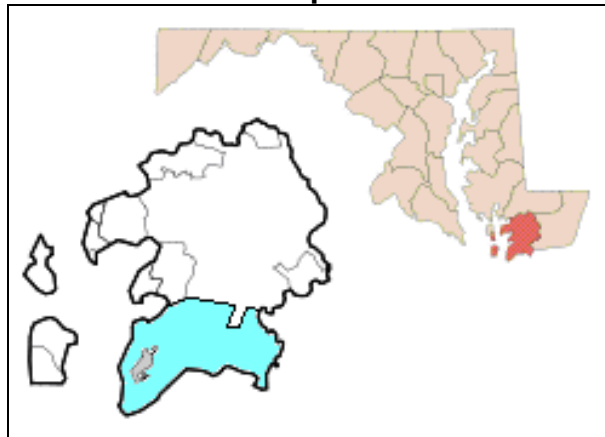


**Population by Race
Core Market (2012)**



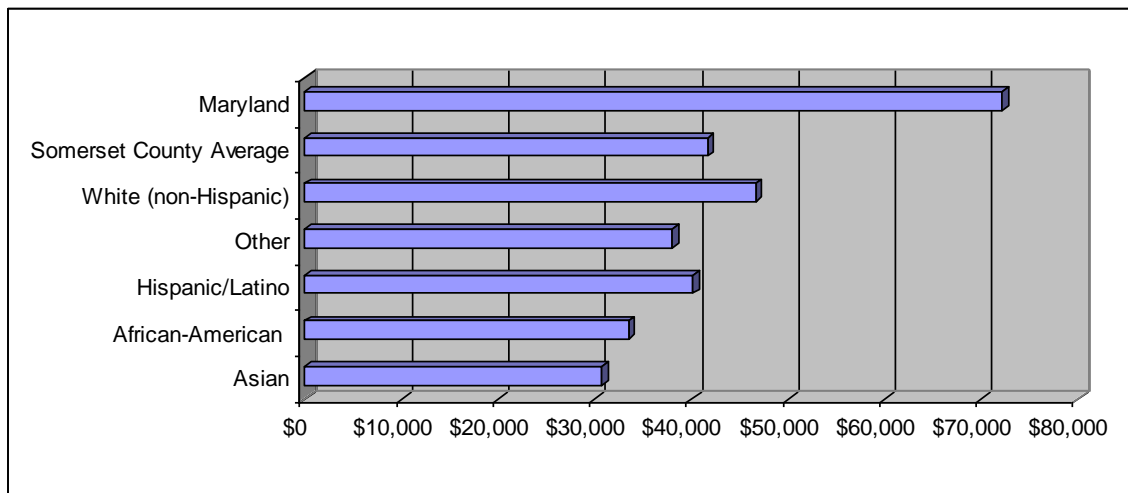
We draw 78.2% of our discharges from zip codes 21817 and 21838 (see map below). The remaining discharges come from the rest of Somerset County, Tangier Island (VA), Accomack County (VA) and Pocomoke City (Worcester County).

Map 1



Somerset County is the poorest county in the state of Maryland in terms of Per Capital Income (\$16,919) and the second smallest in terms of population (Kent). The median household income is \$42,443 which is the second lowest (Allegany) in the state. According to VSA L.P life expectancy at birth for a Somerset County resident is 74.7 years compared to 78.6 years for the rest of the state.

**Median Income
Somerset County (2012)**





Additional Healthcare Services (Somerset County)

Three Lower Counties Community Services	Crisfield Clinic	Local Health Department
Locations in Salisbury, Princess Anne and Pocomoke City MDs practice at each location	Located in Crisfield, MD 3 Nurse Practitioners	Located in Westover, MD (10 miles north of the McCready Foundation)
Services vary by location (physicals located at all): Salisbury: Adult Medicine, Peds, Mental Health and OB/GYN Pocomoke City: Adult Medicine and Peds Princess Anne: Adult Medicine, Peds, Mental Health, OB/GYN and Dental	Pediatrics and Family Medicine	Smoking cessation, flu shots, STI screenings, baby seat safety, walking program, emergency preparedness, immunizations
Provides care to the underserved in Somerset County	Provides care to the Crisfield area (mainly the insured)	Provides education and screening to County residents.

Approach & Methodology

Community Health Needs Assessment Background

The McCready Foundation identifies unmet healthcare needs in our community in a variety of ways, including, secondary information from HCI and Robert Woods and primary data from our discharge data. External group participants include the public health officer, a variety of individuals from local and state governmental agencies and leaders from community-based organizations, foundations, churches, colleges, coalitions, and associations. These participants are experts in a range of areas including public health, health and social services, minority populations and disparities in health care and social determinants of health. The group's input helps to ensure that we have identified and responded to the most pressing community healthcare needs.

On an ongoing basis, we participate in a variety of coalitions, committees and partnerships. Our health promoters and community outreach workers spend time in the community as community participants and bring back firsthand knowledge of community needs.



In 2010, Congress enacted the Patient Protection and Affordable Care Act (The Affordable Care Act), which puts in place comprehensive health insurance reforms that will enhance the quality of healthcare for all Americans. In an effort to enhance the quality of healthcare, the Affordable Care Act will also require non-profit hospitals to complete a community health needs assessment every three years.

Healthy Communities Institute

In 2012 the McCready Foundation, Peninsula Regional Medical Center and Atlantic General Hospital partnered with the Healthy Communities Institute (HCI) in order to better understand the needs and trends of the Tri County Area. Known collectively as the Lower Eastern Shore, the three counties that make up the three hospital's service areas share many qualities but have many traits unique to the county.

The data available through HCI's database is extensive, up-to-date and relevant. HCI provides data on demographics down to the zip code level, information on Healthy People 2020 and a disparities dashboard highlighting the gaps in coverage and care between racially and ethnically diverse populations.

Along with the primary data collected through surveys, and interviews conducted by the executive team, the HCI database has provided a clearer picture of the health needs and concerns of McCready's primary and extended service areas.

Community Needs Index

The Community Needs Index identifies the severity of health disparities for every ZIP code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations (Catholic Healthcare West, 2011). For each ZIP code in the United States, the Community Needs Index aggregates five socioeconomic indicators/barriers to healthcare access that are known to contribute to health disparities related to income, education, culture/language, insurance and housing. A score of one (1) indicates a zip code with the fewest number of socio-economic barriers while a score of five (5) represents a zip code with the most. As attachment D demonstrates, each of the Somerset County's zip codes show areas of concern. Zip codes 21817 and 21853, representing two-thirds of the county's population, each score a 4.6.

Robert Wood Johnson Foundation – County Health Rankings

In its annual report, the Robert Wood Johnson Foundation and its partner the University of Wisconsin, ranked the 24 counties in the State of Maryland through six health factors: Mortality, Morbidity, Social and Economic, Health Behaviors, Clinical Care and Physical.



Somerset County ranked in the state's bottom quartile in all six categories and second to last overall. It ranked 23rd (out of 24) in Clinical Care which is judged by Access to Care and Quality of Care.

State Health Improvement Plan (SHIP)

The findings of the McCready Health Needs Assessment reflect and support the findings and objectives of Maryland's State Health Improvement Plan. Data from SHIP is used in this assessment along with the primary data collected by the Foundation and the other reports and data sources mentioned above.

Data Gaps Identified

The McCready Foundation used the most current data available to determine the health needs of Somerset County. The data is rich with information however, gaps still exist.

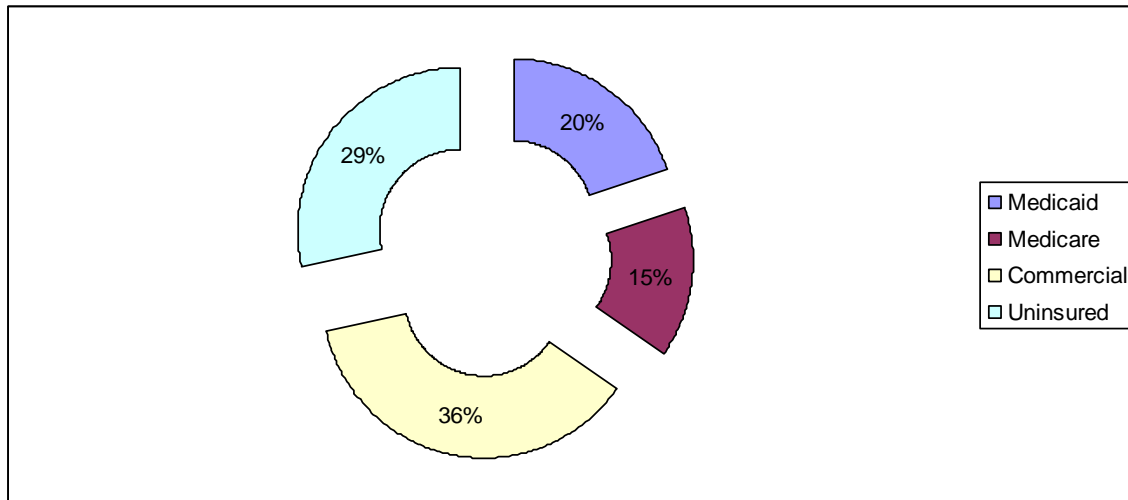
- The Foundation did not have access to health insurance data and screening rates data broken down by demographic cohorts. Mortality rates are not available by geographic areas within Somerset County.
- Data from certain health indicators was not available for evaluation within each community subgroup (age/ethnicity, age and gender).
- Data on diabetes prevalence is unavailable for children, a group we know to be at an ever increasing risk for type 2 diabetes due to increasing overweight/obesity rates.
- Data characterizing health risk and lifestyle behaviors like nutrition and exercise are not available for children.

Findings

Access to Care

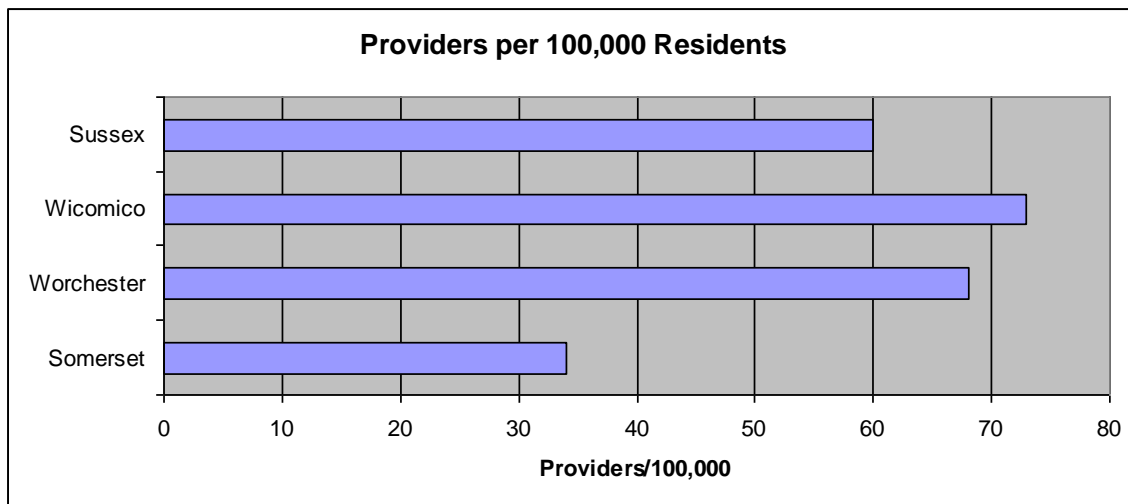
The number of uninsured in Somerset County reflects its position as the poorest county in the state of Maryland. Barriers such as lack of health insurance (see chart below) and the costs of care (sighted in our surveys as one of the top healthcare concerns facing the county) decreases access to quality healthcare and can lead to unmet health needs. One in five (20.4%) Somerset County residents reported to the state that at one point during the past 12 months they could not afford to see a doctor, the state average is 12% (CDC -Behavioral Risk Factor Surveillance System 2008-2010). Lack of insurance and higher healthcare costs prevent residents from seeking preventative care including regular check-ups and screenings.

Payer Mix/Uninsured Somerset County 2012



Somerset County’s lack of healthcare facilities is evident in the fact it is served by a single hospital (McCready), a federally funded clinic (TLC) and a private practice consisting of three nurse practitioners a few miles outside of Crisfield. Many services and tertiary care are simply not provided in the county. Peninsula Regional Medical Center (PRMC) is the closest hospital offering advanced medical care and a full suite of healthcare programs. Located 35 miles to the north of Crisfield, and with public transportation services lacking, residents in need of such care are challenged to reach PRMC. In the survey conducted for this assessment, transportation concerns were cited by a majority of respondents.

A second factor prohibiting some segments of the population from easily finding care relates to the fact that Somerset County lacks the number of providers its neighboring counties possess. In 2012, thirty-four (34) providers per 100,000 residents offered care in Somerset County compared to seventy-three (73) per 100,000 residents in Wicomico County. (See graph on following page)



Whether due to affordability or access, nearly all community/civic groups and survey respondents ranked accessibility to healthcare as a top county health priority.

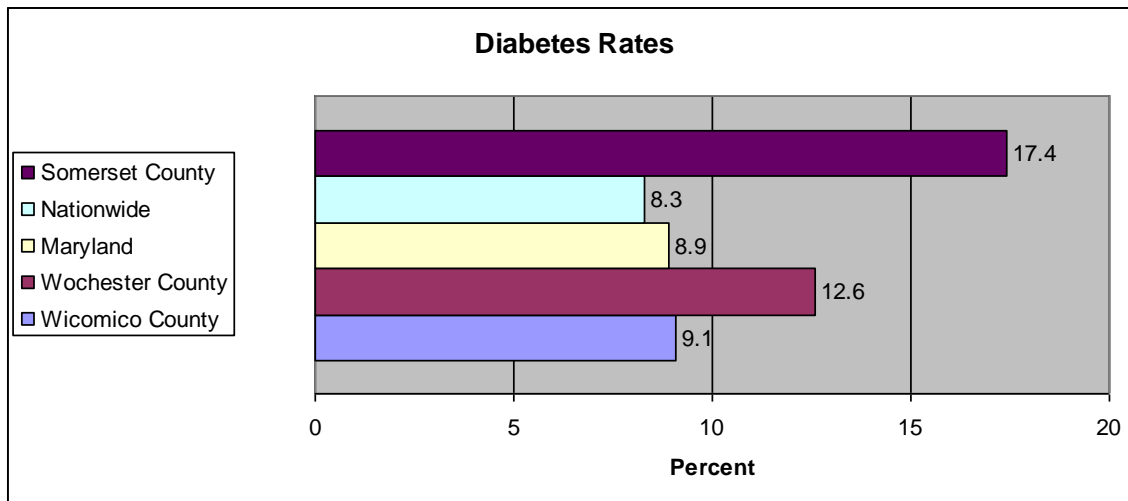
Disease Incidence and Prevalence

Diabetes

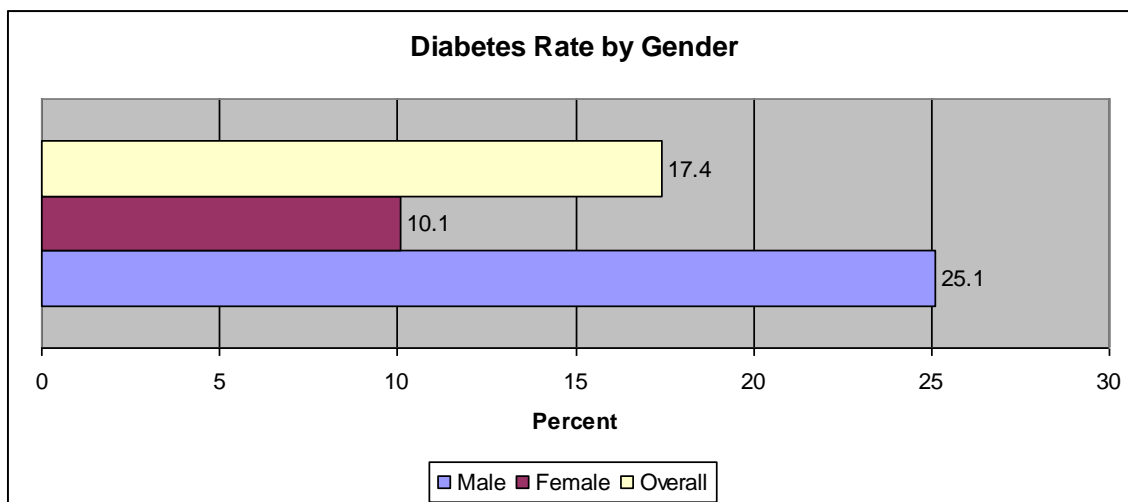
In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population were living with diabetes. Diabetes disproportionately affects minority populations and the elderly and its rate is likely to increase as minority populations grow and the U.S. population becomes older.

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for coronary artery heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be \$116 billion

Our primary and secondary data illustrate the devastating role diabetes plays in Somerset County. As the charts demonstrate below, our county suffers from some of the highest levels of diabetes in the state of Maryland.



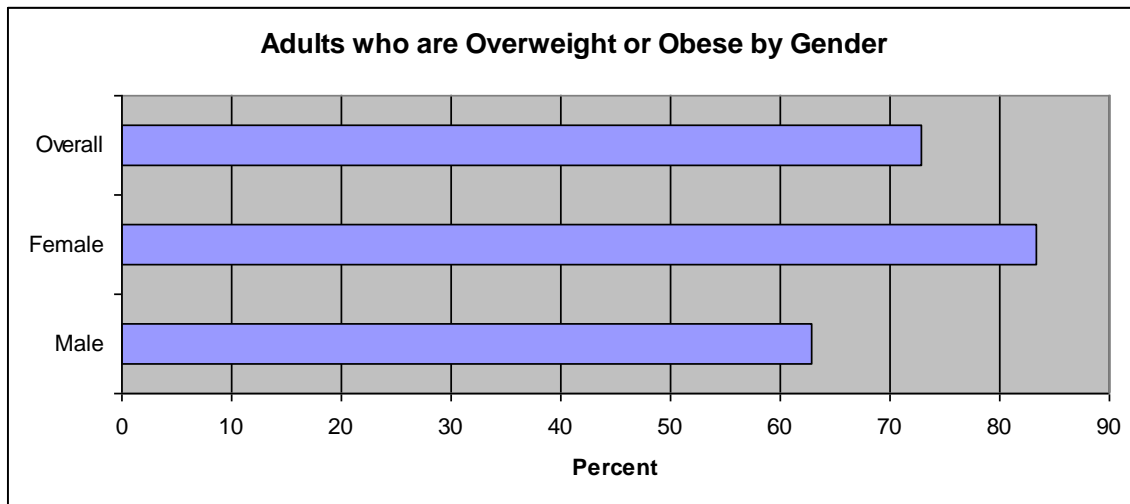
As the chart below reveals, Somerset County males have diabetes rates two and a half times higher than their female counterparts. The higher rates in males is interesting and in some way counterintuitive as the obesity rates between men and women in the county (see chart on following page) show the percentage of women who are overweight or obese to be 20 percent higher than that of men.



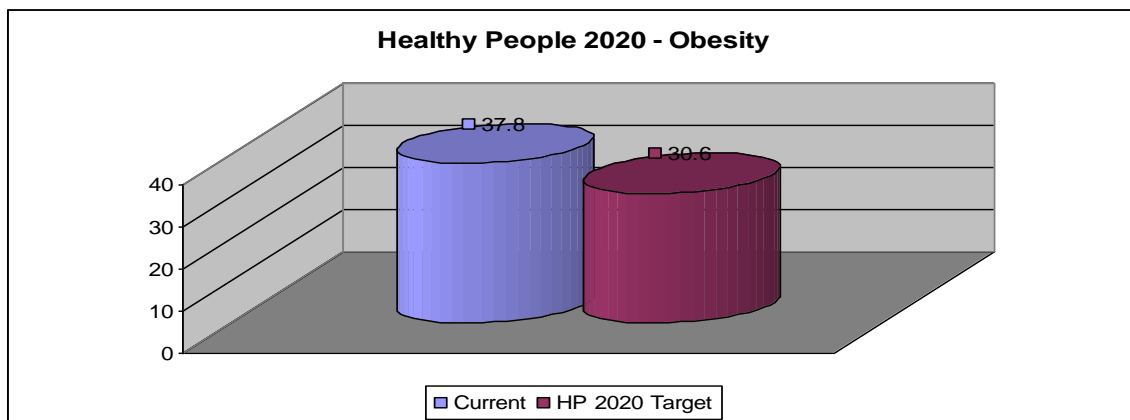
Obesity

Only 33% of Somerset County residents engage in regular physical activity. This fact most certainly explains the 72.9% of Somerset County residents who are either overweight or obese. Only 28% of county residents are a proper weight. This may help explain a diabetes rate over twice the national average.

The chart below highlights the elevated rates for both men and women, however, the percentage of female overweight or obese residents is over 20% higher than the obesity rate among males. Obesity rates ranked as the number one health concern among our survey respondents. The county health officer has also expressed his concern over the issue on the Health Department’s website and in numerous public statements.



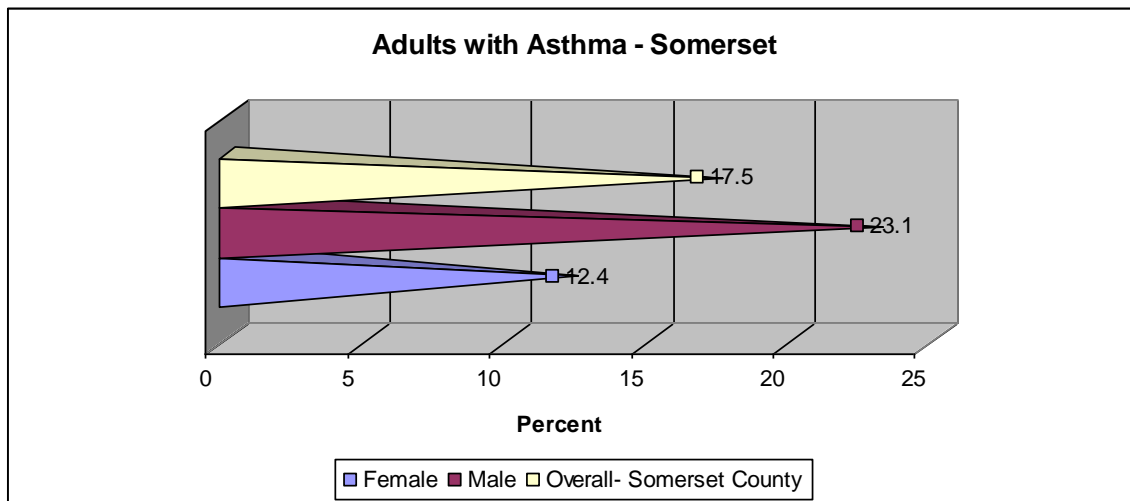
The Federal obesity goal for Somerset County, established in the Healthy People 2020 standards, calls for obesity levels of 20.6%. The current obesity rate (not including overweight residents) of Somerset County is 37.8%.



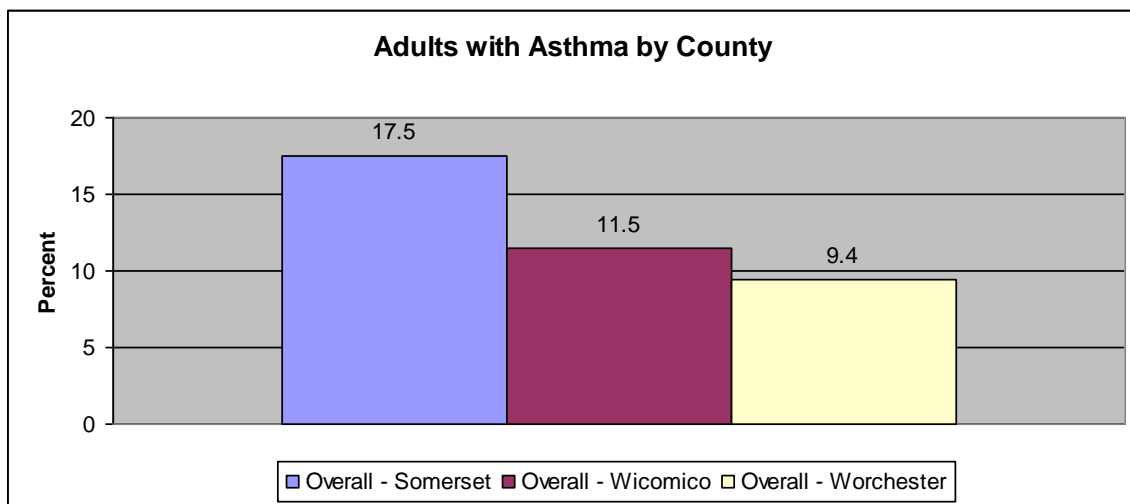
Respiratory Disease/Smoking

Smoking and respiratory disorders, such as asthma and COPD, are major health and environmental concerns in the county. Nationally, 8.2% of adults suffer from asthma (CDC, 2011) about half the Somerset County rate (17.5%).

The percentage of adults suffering from asthma in the county reached 17.5%, up from 10.2% in 2009. Asthmatic men outnumber women by about 5%. The discrepancy may be due to environmental issues and a higher smoking rate among men.

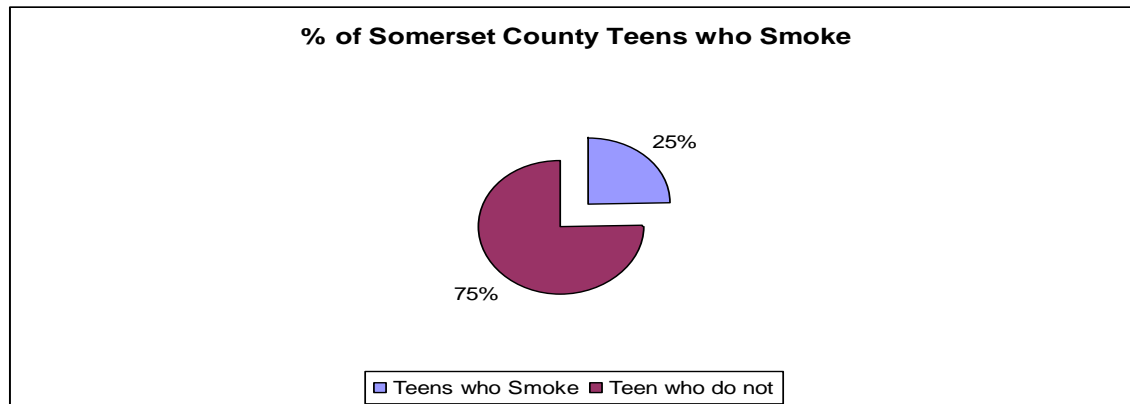


In comparing neighboring counties, Somerset rates are nearly twice that of Worcester County.



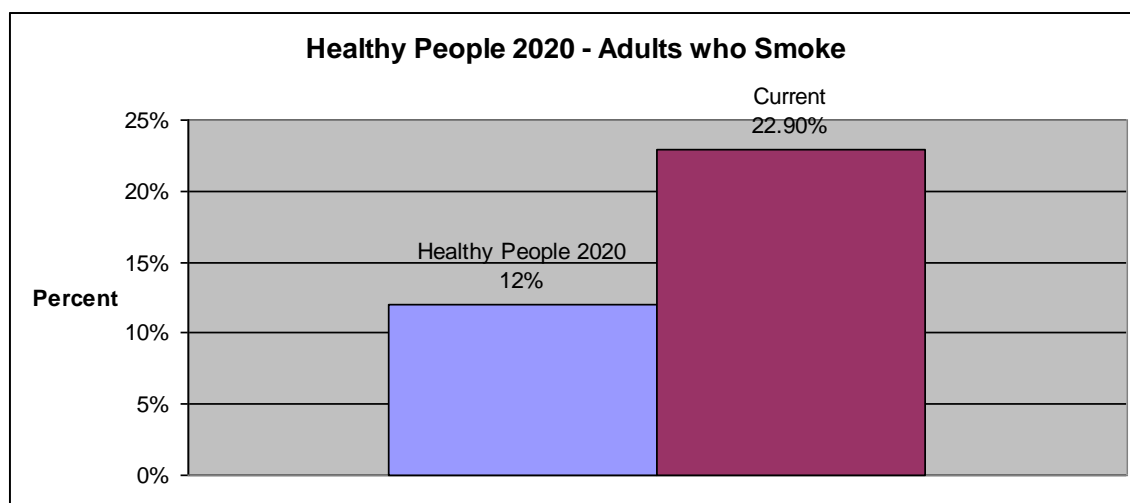
Teens that Smoke

The rate at which Somerset County residents smoke was listed as a top health concern on nearly 3 out of 4 surveys. Specifically, smoking among teenagers is higher than the state average (25% Somerset County, 18.2% statewide). One out of every four Somerset County teens smoke. County level data is not available on adults who smoke by race/ethnicity.



Adults who Smoke

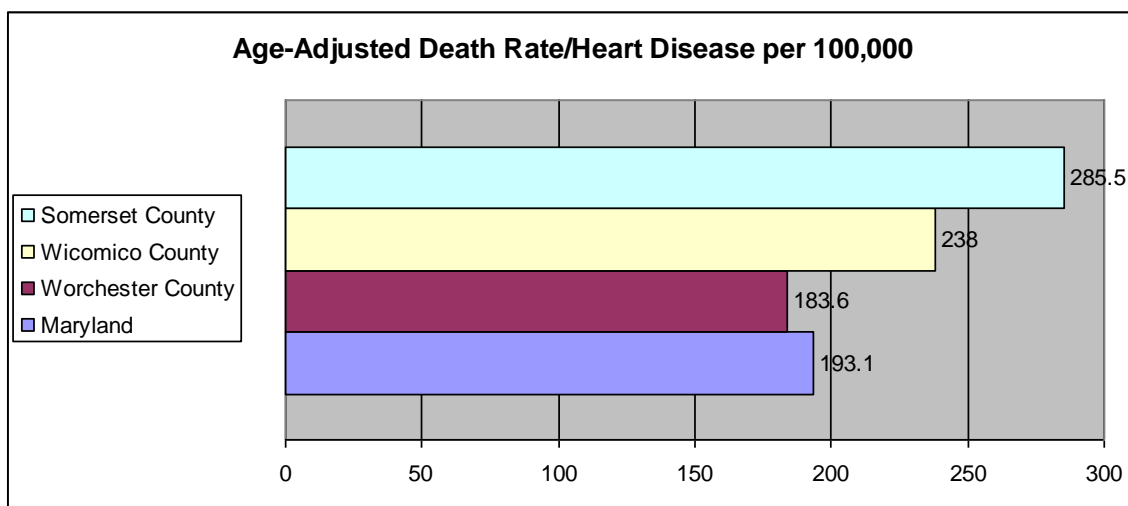
The Healthy People 2020 goal for an adult smoking rate in Somerset County is 12%. Currently 23% of Somerset County residents smoke. In this particular health indicator, Somerset's numbers are in line with our neighboring counties. In fact, the rate at which our adults smoke (22.9%) is less than Worcester County (24.3%) and only marginally higher than Wicomico (21.3%)



Heart Disease

Heart Disease is the number one killer in the United States and is a major concern in Somerset County as well. The chart below shows the age-adjusted death rate due to heart disease is nearly 50% higher in Somerset County than in the state of Maryland as a whole.

Major contributors to heart disease are smoking, obesity and a sedentary lifestyle all of which are major concerns in Somerset.



Population Based Health

Minorities

The county consists of five zip codes, 21853, 21871, 21838, 21817 and 21824. The highest population density of minorities are in zip codes 21853 and 21871 at the county’s north end. The hospital is in the southern most zip code and the core market consists of the areas including zip codes 21817, (Crisfield) 21838 (Marion Station) and 21824 (Smith Island). Non-Hispanic blacks are the largest minority in the county. African American’s make up 54.2% of the two northern zip codes while the two southern zip codes and Smith Island have a black population of 20%.

For many health conditions and negative health behaviors, minorities, especially non-Hispanic blacks, bear a disproportionate burden of disease, injury, death and disability when compared to their white counterparts (CDC, 2005) and are more



likely to be without health insurance than non-Hispanic whites. Minorities also make up a disproportionate number of persons unable to afford healthcare. In Somerset County, 47.6% of African-American children live in poverty.

Only 7.5% of households in Somerset County speak a language other than English. Spanish is spoken in 3.3% of Somerset County homes.

Seniors

Somerset County is the youngest county on the lower eastern shore of Maryland (Median age 36.10). But a sizable and important portion of our population are over 65 years of age. Within Somerset County, 14.8% of residents are 65 and over, however, in McCready's core market (zip codes 21817 and 21838) seniors make up 20.8% of the population.

More than 37 million older adults (60 percent of the population aged 65+) will manage more than one chronic condition by 2030 (U.S. Department of Health and Human Services, 2010). Older adults are at a higher risk for developing chronic illnesses and related disabilities and experience disproportionate rates of heart disease, cancer, diabetes, congestive heart failure, arthritis and dementia (including Alzheimer's).

Another potential access barrier to healthcare among Somerset County's seniors is the poverty rate among older residents. 9.3% of Somerset County seniors live in poverty. Those residents 75 years or older are even more likely to live below the Federal Poverty Line. Nearly 14% of seniors 75 years and older live in poverty in Somerset County.

Women and Children

The health and well-being of women, infants and children determines the health of the next generation and can help predict future public health challenges for families, communities and the healthcare system (U.S. Department of Health and Human Services, 2010).

The low-birth-weight (LBW) rate in Somerset County is 10.8%, the state average is 8.3%. The Healthy People 2020 goal for the county is 7.8%. An increased percentage of women seeking prenatal care may reduce the number of infants born under weight. Data was not available to us on LBW rates for African-American and Hispanic births.

Somerset County infant death rate was nearly twice the state average between 2007 and 2010. Somerset experienced an infant mortality rate of 11.5/1,000 compared to the state average of 6.3/1,000. The Healthy People 2020 goal is 6.0/1,000 live births.



In 2011, 77.8% of Somerset County women received early prenatal care, down from 83.9% in 2009. The state average in 2011 was 72.9%. Caucasian women were more likely to receive prenatal care, 83.5%, than were African-American and Hispanic women 58.4% and 78.1% respectively.

The teen birth rate in Somerset County is 31.6 live births per 1,000 (15-19 year olds). This rate is slightly higher than other Lower Shore Counties. The teen birth rate for white teens in 2010 was 57.9/1,000, for black teens 22.3/1,000 and for Hispanic teens 109.4/1,000.

In 2010, 73.2% of Somerset County women aged 50 and over had had a mammogram in the past two years. The state average is 83.9%. In 2008, 77.2% of women over 50 had had a mammogram in the past two years (4% higher than 2010).

Twenty-six and a half percent (26.5%) of Somerset County children live below the Federal Poverty Line, nine percent higher than Wicomico County (17.5%) and twelve (12) points higher than the statewide average of 14%.

Response to Findings

Unaddressed Identified Needs

Five other topic areas (colon, prostate and breast screening rates, infant mortality rates and low birth weights) were identified for review and priority setting.

Among the additional health areas, the McCready Foundation can play the largest role in increasing the rate of screenings. McCready partners with the County Health Department in offering both breast and colon screenings to low income families. Additional planning is required to roll-out a countywide screening program to increase rates for colon, prostate and breast screens.

Mental Health and Mental Disorders

One in five Somerset County adults report they are not getting the social and emotional support they need. In the state of Maryland 84.4% of adults report receiving enough support. Data was not available on the disparities between Somerset County men and women or by race.

In 2011, 82.5% of Somerset County adults stated they experienced, “two or fewer days of poor mental health in the past month” This figure was better than the state average of 77.3% and better than the surrounding counties. During the



past month (2011) 84% of adult males and 81.1% of adult females reported less than two days of poor mental health. Data is not available by race.

Implementation Plan

The McCready Foundation will use the data collected through this assessment, and along with our community partners (Health Department, School Board), will address our community’s unmet healthcare needs.

Key findings from all data sources, including data provided by the State Health Improvement Plan, the Community Needs Index, our community surveys and hospital available data (medical records and Healthy Communities Institute) were reviewed and the most pressing needs (Attachment D) will be incorporated into our annual community benefit plan (Attachment E). By understanding the community’s most pressing health needs, the Foundation can use its strengths and assets to help fulfill both the needs of the community and our mission.

Identified Health Need	Implementation Strategy
Access to Care	McCready’s Board and Leadership have and will continue to consider adding new providers or physician extenders as funding permits.
Diabetes	McCready is working to reinstate its diabetes program and is considering hiring a nurse to oversee the program in the next fiscal year.
Obesity	McCready has launched and will promote the new Mozelle Saltz Wellness Program to encourage and support a proactive diet and exercise regiment in our community.
Respiratory Disease/Smoking	McCready will partner with and support the Local Health Department’s efforts to reduce smoking rates in Somerset County.
Heart Disease	The Foundation feels the cumulative effects of diabetes, smoking cessation and wellness programs will help lower incidents of heart disease in the county.



Appendices

Attachment A	Community Health Needs Assessment Data
Attachment B	Dignity Health County Map/Rankings
Attachment C	McCready Foundation Board of Directors
Attachment D	Identified Community Health Needs
Attachment E	Summary of Community Benefits FY 12
Attachment F	Community Health Needs Assessment Survey



Sources

Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(<http://dhmh.maryland.gov/ship/>);

SHIP's County Health Profiles 2012
(<http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx>);

Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;

Somerset County Local Health Department;

Robert Woods County Health Rankings (<http://www.countyhealthrankings.org>);

Healthy Communities Network (<http://www.healthycommunitiesinstitute.com/index.html>);

Communities Needs Index

Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);

Survey of community residents; and

Use of data or statistics compiled by county, state, or federal governments.