

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?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Saint Agnes Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210011	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Ascension.	<input checked="" type="radio"/>	<input type="radio"/>	

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.

Percentage of Hospital's Patients who are Uninsured: Balt. City – 53.7% Balt. County – 34.5% Anne Arundel – 4.6% Howard Cnty – 4.5% Other – 2.7% Source: Hospital discharge data

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

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

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

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

Cecil County

Montgomery County

Worcester County

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

*This question was not displayed to the respondent.*

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

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

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

- |   |   |   |                                |
|---|---|---|--------------------------------|
| <input type="checkbox"/> 21201            | <input type="checkbox"/> 21212            | <input checked="" type="checkbox"/> 21225 | <input type="checkbox"/> 21237 |
| <input type="checkbox"/> 21202            | <input type="checkbox"/> 21213            | <input checked="" type="checkbox"/> 21226 | <input type="checkbox"/> 21239 |
| <input type="checkbox"/> 21203            | <input type="checkbox"/> 21214            | <input checked="" type="checkbox"/> 21227 | <input type="checkbox"/> 21251 |
| <input type="checkbox"/> 21205            | <input checked="" type="checkbox"/> 21215 | <input checked="" type="checkbox"/> 21228 | <input type="checkbox"/> 21263 |
| <input type="checkbox"/> 21206            | <input checked="" type="checkbox"/> 21216 | <input checked="" type="checkbox"/> 21229 | <input type="checkbox"/> 21270 |
| <input checked="" type="checkbox"/> 21207 | <input checked="" type="checkbox"/> 21217 | <input checked="" type="checkbox"/> 21230 | <input type="checkbox"/> 21278 |
| <input type="checkbox"/> 21208            | <input type="checkbox"/> 21218            | <input type="checkbox"/> 21231            | <input type="checkbox"/> 21281 |
| <input type="checkbox"/> 21209            | <input type="checkbox"/> 21222            | <input type="checkbox"/> 21233            | <input type="checkbox"/> 21287 |
| <input type="checkbox"/> 21210            | <input checked="" type="checkbox"/> 21223 | <input type="checkbox"/> 21234            | <input type="checkbox"/> 21290 |
| <input type="checkbox"/> 21211            | <input type="checkbox"/> 21224            | <input type="checkbox"/> 21236            |                                |

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

- |                                |                                |   |   |
|--------------------------------|--------------------------------|---|---|
| <input type="checkbox"/> 21013 | <input type="checkbox"/> 21092 | <input type="checkbox"/> 21156            | <input checked="" type="checkbox"/> 21225 |
| <input type="checkbox"/> 21020 | <input type="checkbox"/> 21093 | <input type="checkbox"/> 21161            | <input checked="" type="checkbox"/> 21227 |
| <input type="checkbox"/> 21022 | <input type="checkbox"/> 21094 | <input type="checkbox"/> 21162            | <input checked="" type="checkbox"/> 21228 |
| <input type="checkbox"/> 21023 | <input type="checkbox"/> 21102 | <input type="checkbox"/> 21163            | <input checked="" type="checkbox"/> 21229 |
| <input type="checkbox"/> 21027 | <input type="checkbox"/> 21104 | <input type="checkbox"/> 21204            | <input type="checkbox"/> 21234            |
| <input type="checkbox"/> 21030 | <input type="checkbox"/> 21105 | <input type="checkbox"/> 21206            | <input type="checkbox"/> 21235            |
| <input type="checkbox"/> 21031 | <input type="checkbox"/> 21111 | <input checked="" type="checkbox"/> 21207 | <input type="checkbox"/> 21236            |
| <input type="checkbox"/> 21043 | <input type="checkbox"/> 21117 | <input type="checkbox"/> 21208            | <input type="checkbox"/> 21237            |
| <input type="checkbox"/> 21051 | <input type="checkbox"/> 21120 | <input type="checkbox"/> 21209            | <input type="checkbox"/> 21239            |
| <input type="checkbox"/> 21052 | <input type="checkbox"/> 21128 | <input type="checkbox"/> 21210            | <input type="checkbox"/> 21241            |
| <input type="checkbox"/> 21053 | <input type="checkbox"/> 21131 | <input type="checkbox"/> 21212            | <input type="checkbox"/> 21244            |
| <input type="checkbox"/> 21057 | <input type="checkbox"/> 21133 | <input checked="" type="checkbox"/> 21215 | <input type="checkbox"/> 21250            |
| <input type="checkbox"/> 21065 | <input type="checkbox"/> 21136 | <input type="checkbox"/> 21219            | <input type="checkbox"/> 21252            |
| <input type="checkbox"/> 21071 | <input type="checkbox"/> 21139 | <input type="checkbox"/> 21220            | <input type="checkbox"/> 21282            |
| <input type="checkbox"/> 21074 | <input type="checkbox"/> 21152 | <input type="checkbox"/> 21221            | <input type="checkbox"/> 21284            |
| <input type="checkbox"/> 21082 | <input type="checkbox"/> 21153 | <input type="checkbox"/> 21222            | <input type="checkbox"/> 21285            |
| <input type="checkbox"/> 21085 | <input type="checkbox"/> 21155 | <input type="checkbox"/> 21224            | <input type="checkbox"/> 21286            |
| <input type="checkbox"/> 21087 |                                |   |   |

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.

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

Q33. How did your hospital identify its CBSA?

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

Closely aligns with Total Cost of Care patient attribution as determined in the Medicare Performance Adjustor methodology.

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

Based on patterns of utilization. Please describe.

Other. Please describe.

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

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

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

<https://www.stagnes.org/about-us/mission-and-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?

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

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

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

- Yes
- No

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

*This question was not displayed to the respondent.*

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

6/15/2018

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

[https://www.stagnes.org/wp-content/uploads/2017/11/FY18-CHNA\\_FINAL-6-15-18.pdf](https://www.stagnes.org/wp-content/uploads/2017/11/FY18-CHNA_FINAL-6-15-18.pdf)

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

- Yes
- No

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

*This question was not displayed to the respondent.*

Q47. Section II - CHNA Part 2 - Participants

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

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





Local Health Department -- Please list the Local Health Departments here:  
Baltimore City Health Department

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

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

Local Health Improvement Coalition -- Please list the LHICs here:

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

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

Maryland Department of Health

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

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

Maryland Department of Human Resources

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

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

Maryland Department of Natural Resources

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

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

Maryland Department of the Environment

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

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

Maryland Department of Transportation

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

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

Maryland Department of Education

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

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

Area Agency on Aging -- Please list the agencies here:  
Baltimore City Health Department, Division on Aging and CARE Services

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

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

Local Govt. Organizations -- Please list the organizations here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>							
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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



Social Service Organizations -- Please list the organizations here:  
 Jewish Community Services, CHANA, Comprehensive Housing Assistance, Inc., Lifebridge Sinai: Vocational Services

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

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

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

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

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

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

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

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

Consumer/Public Advocacy Organizations - Please list the organizations here:  
 Disability Rights Maryland, Green and Healthy Homes Initiative

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

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

Other -- If any other people or organizations were involved, please list them here:  
 Chase Brexton Health Services, Inc., Baltimore Medical System, Inc.

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

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

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

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

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

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

- Yes
- No

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

11/19/2018

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

[https://healthcare.ascension.org/-/media/Healthcare/Compliance-Documents/Maryland/2019-2021-Ascension-St-Agnes-Implementation-Strategy.pdf?\\_ga=2.16815921.949015445.1575917767-1034141271.1529330082](https://healthcare.ascension.org/-/media/Healthcare/Compliance-Documents/Maryland/2019-2021-Ascension-St-Agnes-Implementation-Strategy.pdf?_ga=2.16815921.949015445.1575917767-1034141271.1529330082)

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

*This question was not displayed to the respondent.*

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

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

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

Many of the top community health concerns remain unchanged from the FY16 Community Needs Assessment with obesity & diabetes and cardiovascular issues amongst greatest priorities. Similar to the rest of the county with the exponential rise of the opioid epidemic, this assessment highlighted much greater concern regarding the issue of substance use disorder and Mental Health needs in the community. The top three Community Health Need Priorities that Saint Agnes identified for FY19-21, which have been approved by the Saint Agnes Executive Team and Board of Directors include: Address Mental Health/Substance Abuse (shared priority with all Baltimore City hospitals), Reduce Obesity and impact of Chronic Diseases and, Create Person-Centered Healthy Neighborhoods to Address Social Determinants of Health. This is in comparison to the FY16 Community Needs Assessment which prioritized the top three health needs as: Address Obesity and Diabetes Prevalence, Reduce Cardiovascular Disease Burden and, Create Person-Centered Healthy Neighborhoods.

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

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

### Q60. Section III - CB Administration Part 1 - Participants

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

	Activities										Other - If you selected "Other (explain)," please type your explanation below:	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:



Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
	Other - If you selected "Other (explain)," please type your explanation below:									
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
	Other - If you selected "Other (explain)," please type your explanation below:									
Community Benefit Task Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
	Other - If you selected "Other (explain)," please type your explanation below:									
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
	Other - If you selected "Other (explain)," please type your explanation below:									
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
	Other - If you selected "Other (explain)," please type your explanation below:									

Q62. Section III - CB Administration Part 1 - Participants (continued)

This question was not displayed to the respondent.

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

This question was not displayed to the respondent.

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

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

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

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

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

A qualitative and quantitative review of information reported in both the CBR and schedule H of the IRS 990 is reviewed by Deloitte. There is no sign off of the review by Deloitte.

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

- Yes
- No

Q69. Please explain:

*This question was not displayed to the respondent.*

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

- Yes
- No

Q71. Please explain:

*This question was not displayed to the respondent.*

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

- Yes
- No

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

As part of its FY19-21 Integrated Strategic, Operating and Financial Plan, Saint Agnes must highlight its high level strategies to deliver on Ascension's Advanced Strategic Direction Transformation Objectives. Implementation of the CHNA is addressed in several sections includes Community Engagement, Population Health and Managing Utilization of the Patient Community.

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

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

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

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

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

Q79. Name of initiative.

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

- Yes
- No

**Q81. In your most recently completed CHNA, the following community health needs were identified: Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Heart Disease and Stroke, HIV, Nutrition and Weight Status, Respiratory Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health  
Other:**

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

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

Q82. When did this initiative begin?

07/16/2016

Q83. Does this initiative have an anticipated end date?

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

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

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

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

Other. Please explain.

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

Target population is adults who have not had a prior heart attack or stroke, do not have ESRD and who are not receiving hospice care.

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

289,787

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

675

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

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

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

Yes. Please describe who was involved in this initiative.

Individuals: Cardiologists, Nurse Practitioners, Certified Health Coaches and Certified Fitness Instructors Organizations: Churches and Maryland Cardiovascular Specialists

No.

Q89. Please describe the primary objective of the initiative.

Saint Agnes' primary objective is to stratify 10 year risk of heart attack or stroke and provide clinical care, health education, fitness classes to improve participant's health status and reduce 10 year risk.

Q90. Please describe how the initiative is delivered.

One-on-one clinical intervention and small group classes providing a risk assessment, stratification and intervention program featuring team-based care delivery. It provides wellness, disease and chronic care management and preventive care, and provides health literacy and lifestyle self-management tools to individuals with or at risk for CVD. It targets individuals identified as rising or at high risk for CVD, heart attack, heart failure or stroke, predominately from the West Baltimore Collaborative and high-poverty communities surrounding Saint Agnes Hospital. Patients experiencing chest pain, but not heart attack, or who have persistent high blood pressure are referred to the program.

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

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

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

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

Community health needs are addressed through identification and assessment of underserved, low-income individuals at high-risk for CVD and the impact of CVD as a chronic disease. It provides an evidence and team-based intervention program including clinical care, medication management, healthy lifestyle and nutrition education and physical activity to reduce risk for heart disease as measured by clinically significant improvements in LDL cholesterol and blood pressure control.

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

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

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

- Yes
- No

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

**Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Heart Disease and Stroke, HIV, Nutrition and Weight Status, Respiratory Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health**  
**Other:**

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

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

Q100. When did this initiative begin?

Q101. Does this initiative have an anticipated end date?

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

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

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

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

Other. Please explain.

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

The target population for the Diabetes Prevention Program is individuals who are: at least 18 years old and overweight (with a body mass index  $\geq 25$ ;  $\geq 23$  if Asian) and have no previous diagnosis of type 1 or type 2 diabetes and have a blood test result in the prediabetes range within the past year (Hemoglobin A1C: 5.7%–6.4% or Fasting plasma glucose: 100–125 mg/dL or Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL) or were previously diagnosed with gestational diabetes.

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

101,909

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

450

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

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

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

- Yes. Please describe who was involved in this initiative.

Saint Agnes Hospital Diabetes and Endocrinology Center Ascension Medical Group Maryland Department of Health, Office of Minority Health and Health Disparities Baltimore Medical System, Inc. Bon Secours Hospital, Baltimore, MD Trinity Baptist Church, Baltimore, MD Kingdom Life Church, Baltimore, MD New Shiloh Baptist Church, Baltimore, MD Future Care of Irvington, Baltimore, MD (community health fair), Marlborough Apartments (low income senior housing) Keller Williams (sponsored community health fair), Baltimore County Central Church of Christ, Baltimore, MD Masjid Al Rahman - Islamic Society of Baltimore, Baltimore, MD Bethel AME Church, Baltimore, MD

- No.

Q107. Please describe the primary objective of the initiative.

The primary objective is prevent or delay the onset of type 2 diabetes in individuals participating in the program by providing an evidence-based and high-quality lifestyle change program to reduce their risk of type 2 diabetes and improve their overall health.

Q108. Please describe how the initiative is delivered.

Individuals complete a six month core program of 26 weekly small group sessions utilizing the US Centers for Disease Control's evidence based curriculum followed by six months of post-core sessions, eight bi-weekly sessions and two monthly sessions for 10 sessions total. The sessions are taught by Certified DPP Lifestyle Coaches and each class consists of a healthy lifestyle topic and a 60 minute group fitness class that supports the goal of 150 minutes of brisk physical activity each week. One-on-one telephonic coaching sessions are conducted for participants who miss a session.

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

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

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

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

Community health needs are addressed through identification and assessment of underserved, low-income individuals at high-risk for diabetes and the impact of diabetes as a chronic disease. Education on healthy lifestyle and nutrition education and physical activity provide a basis for reduced risk for diabetes and further complications from this chronic disease by encouraging weight-loss reduction.

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

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

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

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:

**Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Heart Disease and Stroke, HIV, Nutrition and Weight Status, Respiratory Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health**

**Other:**

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

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

Q118. When did this initiative begin?

Q119. Does this initiative have an anticipated end date?

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

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

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

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

Other. Please explain.

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

Morbid obesity: Individuals with BMI greater than or equal to 40 or BMI greater than or equal to 35 with Type 2 diabetes, High blood pressure and severe sleep apnea.

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

268,436

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

1080

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

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

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

- Yes. Please describe who was involved in this initiative.

- No.

Q125. Please describe the primary objective of the initiative.

Reduce morbid obesity and improve health outcomes for individuals by reduction of BMI by at least 20% within one year of bariatric surgery.

Q126. Please describe how the initiative is delivered.

Participants in bariatric seminars received education on obesity as a disease state, how to access medical, nutritional and surgical care for morbid obesity. In follow-up to the educational session 37% of participants scheduled and kept a clinical appointment for bariatric care.

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

- Count of participants/encounters attendance at seminar

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

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

Within one year of intervention decrease BMI by 20% for patients engaging in medical weight loss techniques and/or bariatric surgery.  Impact/Outcomes: a. 527 bariatric surgery procedures were performed. b. 53.4% of bariatric surgery patients lowered their BMI by at least 20% in one year from surgery.

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

Participants in bariatric seminars received education on obesity as a disease state, how to access medical, nutritional and surgical care for morbid obesity. In follow-up to the educational session 28.6% of participants scheduled and kept a clinical appointment for bariatric care.

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

Hospital Funds \$75,000

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

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

[St. Agnes Hospital - New Community Benefit Initiatives in FY'19.pdf](#)  
39.4KB  
application/pdf

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

- Yes
- No

Q136. In your most recently completed CHNA, the following community health needs were identified:

**Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Heart Disease and Stroke, HIV, Nutrition and Weight Status, Respiratory Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health**  
**Other:**

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

- Access to Health Services: Health Insurance
- Heart Disease and Stroke
- Access to Health Services: Practicing PCPs
- HIV

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

Q137. Why were these needs unaddressed?

Continuing to build partnerships. HIV initiative began recently in November of 2019. Violence prevention program implementation is underway, however looking for sustainable funding to maintain program after implementation.

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

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

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

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

### Q140. Section V - Physician Gaps & Subsidies

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

- No gaps
- Primary care
- Mental health

- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify.

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	C70 - Due to lower professional reimbursement rates in Maryland, the Hospital must fund the subsidies to provide the level of services needed
Non-Resident House Staff and Hospitalists	C60 - Due to lower professional reimbursement rates in Maryland, the Hospital must fund the subsidies to provide the level of services needed
Coverage of Emergency Department Call	C50 - Due to lower professional reimbursement rates in Maryland, the Hospital must fund the subsidies to provide the level of services needed
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	<input type="text"/>
Other (provide detail of any subsidy not listed above)	C80 - To meet the goals of the waiver, SAH subsidizes a primary care practice on its West Baltimore Campus
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

Q145. Section VI - Financial Assistance Policy (FAP)

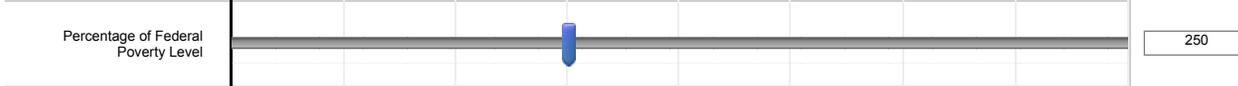
Q146. Upload a copy of your hospital's financial assistance policy.

[F1.05.Charity\\_Care-Financial Assistance.07.18.pdf](#)  
812.5KB  
application/pdf

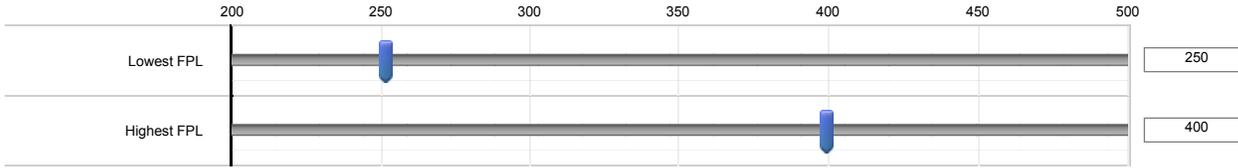
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Information Sheet distributed at discharge.pdf](#)  
105.3KB  
application/pdf

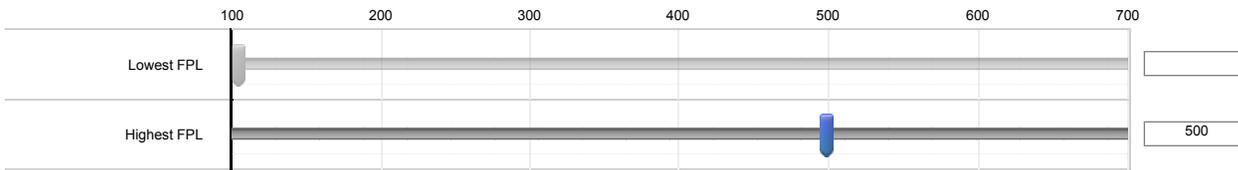
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



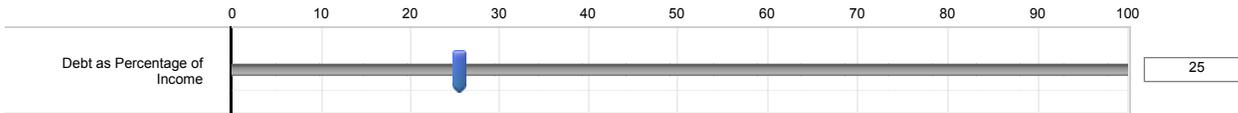
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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



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



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

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

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

N/A

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

## Q155. Summary & Report Submission

Q156.

### Attention Hospital Staff! IMPORTANT!

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

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

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

**Location Data**

Location: ([39.284194946289](#), [-76.691802978516](#))

Source: GeolIP Estimation



**From:** [Hilltop HCB Help Account](#)  
**To:** [Olivia Farrow](#); [Hilltop HCB Help Account](#)  
**Cc:** [Cynthia Mullinix \(Cindy\)](#)  
**Subject:** RE: [EXTERNAL] Clarification Required - Saint Agnes FY 19 CB Narrative  
**Date:** Wednesday, April 22, 2020 11:37:59 AM  
**Attachments:** [St Agnes - Clarification Answers.pdf](#)

---

Thank you for providing the additional clarifying answers. While it may have appeared to you that the link took you to question 50, the answers we received from you, attached, were to question 63.

We think you have provided everything we need. Thank you. Please let us know if you have any additional questions.

---

**From:** Olivia Farrow <olivia.farrow@ascension.org>  
**Sent:** Wednesday, April 22, 2020 11:09 AM  
**To:** Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>  
**Cc:** Cynthia Mullinix (Cindy) <cmullini@ascension.org>  
**Subject:** Re: [EXTERNAL] Clarification Required - Saint Agnes FY 19 CB Narrative

Just to clarify, the link took me to question 50 but not 63. But, here are answers to the questions.

In question 50, beginning on page 7 of the attached, you did not provide any response for "School – K-12" or "School of Public Health." Please clarify whether and how organizations of this type were involved in your CHNA.

***Completed through link below. Schoo-K-12 = N/A; School of Public Health - Hopkins Public Health Nursing***

Your narrative appeared to skip an entire section of questions relating to how external partners were involved in the hospital's community benefit activities (Question 63). We have prepared a link for you to provide these answers. Please follow the link to make these answers clear.

[https://umbc.co1.qualtrics.com/jfe/form/SV\\_3UahjGICDy1VP5r?Q\\_DL=t0VFobmExXnoBLZ\\_3UahjGICDy1VP5r\\_MLRP\\_6LO8v92wJavAivr&Q\\_CHL=gl](https://umbc.co1.qualtrics.com/jfe/form/SV_3UahjGICDy1VP5r?Q_DL=t0VFobmExXnoBLZ_3UahjGICDy1VP5r_MLRP_6LO8v92wJavAivr&Q_CHL=gl)

***Unable to see question 63. The above link took me to question 50.***

- Question 92 on page 17 had no answer. Please provide a response.

***Through June 30, 2019, outcomes included 235 participant encounters for clinical assessment, cardiovascular disease education and/or nutrition education. Through June 30, 2019, 4.41% of participants completing the initial risk assessment were deemed as being at "high risk" for a cardiovascular event within 10 years and 47.06% were deemed as being "at risk." Upon completion of one year in the program participants will be re-assessed for 10-year CVD risk and to identify clinically significant improvements in LDL cholesterol and systolic blood pressure.***

- Question 110 on page 20 had no answer. Please provide a response.

***Through June 30, 2019, outcomes include: 5 cohorts created; recruited 125 participants to participate in the program; conducted 27 outreach activities to educate community residents on pre-diabetes education; and reached over 400 individuals at different community events.***

***40 participants lost 2% or more of their body weight upon completion of 6 months in the program; 123 unique individuals achieved 150 minutes of brisk physical activity during the weekly core component of the program; 67 unique individuals improved their goal of 150 minutes of brisk physical activity during post-core sessions; 97 unique participants attended 4 or more sessions during the core component; 17 participants were referred to support services.***

- In Question 150 on page 26, your answer for the “Lowest FPL” to which your hardship assistance applies is not clear. Did you intend to select 100? If not, what is the lower bound of this aid category?

***Yes, 100% FPL is the lowest bound with 500% as the Highest FPL***

Please let me know if you have any additional questions. Thank you.  
Olivia

On Tue, Apr 21, 2020 at 8:18 AM Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)> wrote:

Thank you for completing the answers to question 63 by using the link. We have your answers in hand for that question. It was our hope that you would be able to provide the clarifying answers to the other items below simply by writing into your email response. Will you be able to provide the other clarifying answers in an email?

---

**From:** Olivia Farrow <[olivia.farrow@ascension.org](mailto:olivia.farrow@ascension.org)>

**Sent:** Monday, April 20, 2020 2:04 PM

**To:** Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)>

**Cc:** Cynthia Mullinix (Cindy) <[cmullini@ascension.org](mailto:cmullini@ascension.org)>

**Subject:** Re: [EXTERNAL] Clarification Required - Saint Agnes FY 19 CB Narrative

Dear Hilltop,

Per your instruction below, I went to the link. When I clicked on this latest link, it took me to question 50. Once I completed that section (it was blank so I had to fill in the entire answer again and not just the missing sections) and hit the ahead arrow, it exited me from the system. The link you provided didn't take me to question 63 nor any other sections of the form.

Are you able to re-open, wholly, the document?

Thanks for your help!  
Olivia

On Fri, Apr 10, 2020 at 12:41 PM Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)> wrote:

Thank you for your inquiry. We do not have a record of your having responded to the clarification questions below. Your inability to go into the system was a problem on our end, which we have now fixed. Please disregard the link and questions from earlier and focus on these:

- In question 50, beginning on page 7 of the attached, you did not provide any response for “School – K-12” or “School of Public Health.” Please clarify whether and how organizations of this type were involved in your CHNA.
- Your narrative appeared to skip an entire section of questions relating to how external partners were involved in the hospital’s community benefit activities (Question 63). We have prepared a link for you to provide these answers. Please follow the link to make these answers clear. [https://umbc.co1.qualtrics.com/jfe/form/SV\\_3UahjGICDy1VP5r?Q\\_DL=t0VFobmExXnoBLZ\\_3UahjGICDy1VP5r\\_MLRP\\_6LO8v92wJavAivr&Q\\_CHL=gl](https://umbc.co1.qualtrics.com/jfe/form/SV_3UahjGICDy1VP5r?Q_DL=t0VFobmExXnoBLZ_3UahjGICDy1VP5r_MLRP_6LO8v92wJavAivr&Q_CHL=gl)
- Question 92 on page 17 had no answer. Please provide a response.
- Question 110 on page 20 had no answer. Please provide a response.
- In Question 150 on page 26, your answer for the “Lowest FPL” to which your hardship assistance applies is not clear. Did you intend to select 100? If not, what is the lower bound of this aid category?

Please provide your clarifying answers as a response to this message where possible. Thank you for your attention to this matter.

---

**From:** Olivia Farrow <[olivia.farrow@ascension.org](mailto:olivia.farrow@ascension.org)>  
**Sent:** Thursday, April 9, 2020 11:30 AM  
**To:** Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)>  
**Subject:** Fwd: [EXTERNAL] Clarification Required - Saint Agnes FY 19 CB Narrative

Hi,

With the COVID emergency that hit soon after your request, I'm not sure if we answered the questions below. I'm unable to get back into the system to review. Also, I'm trying to access the narrative portion to share with Ascension staff.

Any help is appreciated! Thanks so much.

Olivia

Olivia D. Farrow, Esq.  
Community Development & Engagement Director  
Saint Agnes Health Institute  
[900 Caton Avenue](#)  
[Baltimore, Md 21229](#)  
**Office:** 667.234.3867  
**Cell:** 443.928.9933  
[Olivia.Farrow@Ascension.org](mailto:Olivia.Farrow@Ascension.org)  
[www.TeamSaintAgnes.com](http://www.TeamSaintAgnes.com) [www.Ascension.org](http://www.Ascension.org)

----- Forwarded message -----

**From:** Cynthia Mullinix (Cindy) <[cmullini@ascension.org](mailto:cmullini@ascension.org)>

Date: Tue, Mar 10, 2020 at 3:32 PM  
Subject: Fwd: [EXTERNAL] Clarification Required - Saint Agnes FY 19 CB Narrative  
To: Olivia Farrow <[olivia.farrow@ascension.org](mailto:olivia.farrow@ascension.org)>, Allison Mackenzie  
<[allison.mackenzie@ascension.org](mailto:allison.mackenzie@ascension.org)>  
Cc: Lomax, Mitchell <[mlomax@ascension.org](mailto:mlomax@ascension.org)>

Hi Olivia and Allison,

There are a few questions regarding the FY19 CBC Narrative. See specific questions below. Could you please review and respond to their questions?

Thank you  
Cindy

----- Forwarded message -----

From: **Matthew Clark** <[mclark@hilltop.umbc.edu](mailto:mclark@hilltop.umbc.edu)>  
Date: Tue, Mar 10, 2020 at 3:22 PM  
Subject: [EXTERNAL] Clarification Required - Saint Agnes FY 19 CB Narrative  
To: [cmullini@ascension.org](mailto:cmullini@ascension.org) <[cmullini@ascension.org](mailto:cmullini@ascension.org)>  
Cc: Hilltop HCB Help Account <[hcbhelp@hilltop.umbc.edu](mailto:hcbhelp@hilltop.umbc.edu)>

Thank you for submitting Saint Agnes Hospital's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In question 50, beginning on page 7 of the attached, you did not provide any response for "School – K-12" or "School of Public Health." Please clarify whether and how organizations of this type were involved in your CHNA.
- Your narrative appeared to skip an entire section of questions relating to how external partners were involved in the hospital's community benefit activities (Question 63). We have prepared a link for you to provide these answers. Please follow the link to make these answers clear. [https://umbc.co1.qualtrics.com/jfe/form/SV\\_3UahjGICDy1VP5r?Q\\_DL=61GoueplyGv80Jf\\_3UahjGICDy1VP5r\\_MLRP\\_bNHNfXngyrVJ5T7&Q\\_CHL=gl](https://umbc.co1.qualtrics.com/jfe/form/SV_3UahjGICDy1VP5r?Q_DL=61GoueplyGv80Jf_3UahjGICDy1VP5r_MLRP_bNHNfXngyrVJ5T7&Q_CHL=gl)
- Question 92 on page 17 had no answer. Please provide a response.
- Question 110 on page 20 had no answer. Please provide a response.
- In Question 150 on page 26, your answer for the "Lowest FPL" to which your hardship assistance applies is not clear. Did you intend to select 100? If not, what is the lower bound of this aid category?

Please provide your clarifying answers as a response to this message where possible. Thank you for your attention to this matter.

--

Olivia D. Farrow, Esq.

Community Development & Engagement Director  
Saint Agnes Health Institute  
[900 Caton Avenue](#)  
[Baltimore, Md 21229](#)  
Office: 667.234.3867  
Cell: 443.928.9933  
[Olivia.Farrow@Ascension.org](mailto:Olivia.Farrow@Ascension.org)  
[www.TeamSaintAgnes.com](http://www.TeamSaintAgnes.com) [www.Ascension.org](http://www.Ascension.org)

**CONFIDENTIALITY NOTICE:**

This email message and any accompanying data or files is confidential and may contain privileged information intended only for the named recipient(s). If you are not the intended recipient(s), you are hereby notified that the dissemination, distribution, and or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at the email address above, delete this email from your computer, and destroy any copies in any form immediately. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege.

--

Olivia D. Farrow, Esq.  
Community Development & Engagement Director  
Saint Agnes Health Institute  
[900 Caton Avenue](#)  
[Baltimore, Md 21229](#)  
Office: 667.234.3867  
Cell: 443.928.9933  
[Olivia.Farrow@Ascension.org](mailto:Olivia.Farrow@Ascension.org)  
[www.TeamSaintAgnes.com](http://www.TeamSaintAgnes.com) [www.Ascension.org](http://www.Ascension.org)

**CONFIDENTIALITY NOTICE:**

This email message and any accompanying data or files is confidential and may contain privileged information intended only for the named recipient(s). If you are not the intended recipient(s), you are hereby notified that the dissemination, distribution, and or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at the email address above, delete this email from your computer, and destroy any copies in any form immediately. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege.

**CONFIDENTIALITY NOTICE:**

This email message and any accompanying data or files is confidential and may contain privileged information intended only for the named recipient(s). If you are not the intended recipient(s), you are hereby notified that the dissemination, distribution, and or copying of this message is strictly prohibited. If you receive this message in error, or are not the named recipient(s), please notify the sender at the email address above, delete this email from your computer, and destroy any copies in any form immediately. Receipt by anyone other than the named recipient(s) is not a waiver of any attorney-client, work product, or other applicable privilege.



Area Agency on Aging -- Please list the agencies here:  
Baltimore Cit Health Dept. Division on Aging and CARE Services

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Local Govt. Organizations -- Please list the organizations 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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

School - K-12 -- 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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

School - Colleges and/or Universities -- Please list the schools here:  
University of Maryland Balt.

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

School of Public Health -- Please list the schools here:  
Johns Hopkins Public Health Nursing

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

School - Nursing School -- Please list the schools here:  
Johns Hopkins School of Nursing

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

School - Pharmacy School -- Please list the schools here:  
Univ of MD at Baltimore, School of Pharmacy

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Behavioral Health Organizations -- Please list the organizations here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>								
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

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

Social Service Organizations -- Please list the organizations here:

Jewish Community Services, CHANA, Comprehensive Housing Assistance, Lifebridge Sinai, Vocational Services

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

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

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>								
-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

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

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

Promise Heights

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

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

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

Disability Rights MD, Green and Healthy Homes Initiative

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

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

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

Chase Brexton Health Services, Inc., Baltimore Medical System, Inc

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

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

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

**Location Data**

Location: [\(39.284194946289, -76.691802978516\)](#)

Source: GeolIP Estimation

