

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: CalvertHealth Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210039	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called None - Independent Hospital.	<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.

CalvertHealth commissioned Conduent Healthy Communities Institute (HCI) to assist with the 2017 Community Health Needs Assessment for CalvertHealth. HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health. HCI is composed of public health professionals and health IT experts committed to meeting clients' health improvement goals. Two types of data were analyzed for this CHNA: primary and secondary data. Each type of data was analyzed using a unique methodology. Findings were organized by health topics. These findings were then synthesized for a comprehensive overview of the health needs in CalvertHealth's service area. Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute Community Dashboard — a web-based community health platform developed by Conduent, Community Health Solutions. The Community Dashboard brings non-biased data, local resources, and a wealth of information to one accessible, user-friendly location. It includes over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets and to previous time periods. HCI's Data Scoring Tool was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the Calvert County value was compared to a distribution of Maryland and US counties, state and national values, Healthy People 2020 and Maryland State Health Improvement Process (SHIP) 2017 targets, and significant trends. Each indicator was then given a score based on the available comparisons. These comparison scores range from 0 to 3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

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 type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |

Calvert County

Harford County

Talbot County

Caroline County

Howard County

Washington County

Carroll County

Kent County

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

20610

20688

20615

20689

20629

20714

20639

20732

20657

20736

20676

20754

20678

20758

20685

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.

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

Based on patterns of utilization. Please describe.

Other. Please describe.

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health - income, poverty, unemployment, occupation, educational attainment, and linguistic barriers - that are associated with poor health outcomes including preventable hospitalizations and premature death. Within CalvertHealth's service area, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in figure 17 (on the next page). The following zip codes had the highest level of socioeconomic need (as indicated by the darkest shade blue): 20714 (North Beach), 20678 (Prince Frederick), and 20657 (Lusby). Understanding where there are communities with high socioeconomic need, and associated poor health outcomes, is critical to forming prevention and outreach activities. The three communities (North Beach, Prince Frederick, and Lusby) were previously identified in CalvertHealth's 2014 CHNA as having the highest socioeconomic need, thus targeted health improvement efforts in these communities should be continued.

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.calverthealthmedicine.org/Mission-Vision-Values>

Q37. Is your hospital an academic medical center?

Yes

No

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

CalvertHealth Medical Center is a private, not-for-profit, hospital. Founded in 1919, and formerly known as Calvert Memorial Hospital, CalvertHealth has been taking care of Southern Maryland families for more than 98 years. CalvertHealth Medical Center is accredited by The Joint Commission, licensed by the Maryland Department of Health and Mental Hygiene and certified for Medicare and Medicaid. There are 267 active and consulting physicians representing over 40 different specialties. CalvertHealth is governed by a community board of directors who volunteer their service to the hospital; they represent the community and take an active role in the operation of CalvertHealth. You can find more information about the hospital at CalvertHealth's website (<http://www.calverthealthmedicine.org/>). In addition to the main hospital campus, satellite medical office buildings in Dunkirk, Solomons, Twin Beaches and Prince Frederick ensure that quality care is no more than 15 minutes from anywhere in Calvert County. CalvertHealth is dedicated to the seamless delivery of high quality medical services for each patient. This means supplying everything from acute, critical care to rehabilitation and home health services, all in the same continuum. It also means providing community health education, wellness programs and reaching out to neighbors through community partnerships.

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)

11/15/2017

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

<https://www.calverthealthmedicine.org/Community-Health-Needs-Assessment>

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.

Copies of the CHNA are available electronically as well as hard copies are provided to all members of the Community Health Improvement Roundtable and Community organizations that request them. Community presentations are provided to organizations and agencies within the community who request it and hard copies of the CHNA are distributed to attendees.

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 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	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 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	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Senior Executives (CEO, CFO, VP, etc.) (system level)

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

Board of Directors or Board Committee (facility level)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Board of Directors or Board Committee (system level)

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

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

Clinical Leadership (facility level)

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

Clinical Leadership (system level)

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

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

Population Health Staff (facility level)

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

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

Population Health Staff (system level)

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

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

Community Benefit staff (facility level)

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

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

Community Benefit staff (system level)

<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:

Physician(s)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Local Health Improvement Coalition -- Please list the LHICs 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)

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

Maryland Department of Health

N/A - Person or Organization was not involved
 Member of CHNA Committee
 Participated 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)

Utilized SHIP data provided by DHMH

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

Maryland Department of Human Resources

N/A - Person or Organization was not involved
 Member of CHNA Committee
 Participated 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

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

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

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

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:

Calvert County Office on Aging

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:

Calvert County Government

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:

Faith-Based Organizations

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

School - K-12 -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

School - Colleges and/or Universities -- Please list the schools here:

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated 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:

School of Public Health -- Please list the schools 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:

School - Medical School -- Please list the schools 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:

School - Nursing School -- Please list the schools 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:

School - Dental School -- Please list the schools 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:

School - Pharmacy School -- Please list the schools 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:

Behavioral Health Organizations -- Please list the organizations 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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:

Social Service Organizations -- Please list the organizations 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<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="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/>	<input 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"/>	<input type="checkbox"/>	<input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	<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="text"/>

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.

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

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
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth

- 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
- 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
- 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.

Priority Health Needs from Preceding CHNA CalvertHealth's priority health areas for years 2014-2016 were: • Access to Health Services • Cancer • Substance Abuse
 Cancer has continued to be a priority area for CalvertHealth in the 2017 CHNA. Access to Health Services was frequently brought up during prioritization and it has been decided that focusing on improving access will be a strategy for each 2017-2019 priority area, as it touches all aspects of health improvement implementation. While Substance Abuse hasn't been prioritized, CalvertHealth continues to collaborate with the Calvert County Health Department on their tobacco initiatives as a part of their cancer priority area. Additionally, health factors that contribute to substance abuse issues will be addressed by prioritizing and focusing on mental health. A detailed table describing the strategies/action steps and indicators of improvement for each of the preceding priority health topics can be found in Appendix A of current CHNA.

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 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"/>	
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (system 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 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:

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

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

Behavioral Health 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 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:

Social Service 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 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:

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

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 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:

Consumer/Public Advocacy 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 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:

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

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.

Information contained within the community benefit narrative is compiled from information approved by submitting departments and previously approved documents. Narrative report is given to VP Quality and Risk Management to review.

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:

Hospital board approves all supporting information needed to complete annual community benefit narrative report such as the current CHNA, Implementation Plan, and audited Financials. Narrative is reviewed by VP of Quality and Risk Management.

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.

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?

The Community Health Improvement Roundtable works collaboratively together to identify needs of the community and share in the development of programs and services. Two organizations jointly agreed to host a standalone website to have a centralized place to navigate community for health needs. The new platform is HealthyCalvert.org: Healthier Together through Partnership and Collaboration. The platform will roll out in January, 2019

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.

Eat Right. Move More & Calvert CARES (Heart Disease & Stroke Priority Area)

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:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Transportation
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 checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input checked="" 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 type="checkbox"/> Tobacco Use |
| <input checked="" 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 checked="" type="checkbox"/> Other Social Determinants of Health |
| <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q82. When did this initiative begin?

FY12 (January, 2012)

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.).

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

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

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.

Calvert County Office on aging,
World Gym,
Calvert County Public Schools,
Calvert County Government,
Charles County Public Schools

No.

Q89. Please describe the primary objective of the initiative.

Build population health continuum of care through community coordination and continuity with the following: Provide chronic disease management service through Calvert CARES. Develop and deploy Move More education and outreach plans to increase awareness of importance of physical activity. Utilize Mobile Health Center to provide free biometric screenings (blood pressure, vascular, etc.)and lifestyle education. Provide Health Risk Assessments to improve health and create a culture of wellness within southern Maryland. Develop and deploy Eat Right education and outreach plan to increase awareness of importance of healthy eat to reduce onset of diseases.

Q90. Please describe how the initiative is delivered.

This initiative is delivered through multiple venues to cast a wide network of service throughout the entire county, however with emphasis in the underserved area of Prince Frederick, Lusby and North Beach. Participant engagement is initiated through the Mobile Health Center, churches, community gyms, senior centers, low-income housing developments, businesses and CalvertHealth Medical Center.

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).

4,636 participant engagement: Community Health Risk Assessments/Biometrics 1,777 Ask The Expert (RN, RD, PT)1,180 Calvert Care 453 Weight Loss Program 240 Blood Pressure at Faith-based organizations 333 DSMP 198 Weight Loss program 240 Nutrition Adolescent 134

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

All activities within this initiative address meeting targets identified with the SHIP, State or Healthy People 2020 targets: Reduce ER Visits Due to Hypertension to 234 Reduce prevalence of high cholesterol to 35.9% Reduce prevalence of high blood pressure to 26.9% Increase % of adults at healthy weight by 3.5% Reduce death rates due to heart disease to 166.

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

\$998,634

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Cancer Priority Area

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:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Transportation
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 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 checked="" 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 checked="" type="checkbox"/> Older Adults |
| <input checked="" type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input checked="" 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 type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input checked="" type="checkbox"/> Tobacco Use |
| <input checked="" 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 checked="" type="checkbox"/> Other Social Determinants of Health |
| <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q100. When did this initiative begin?

FY12

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.).

This is a population health based initiative around a comprehensive cancer program which includes, outreach education, awareness, screenings and access to multidisciplinary care for the entire population within our service area.

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

90,000

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

65,000

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.

Calvert County Health Department,
Calvert County Public
Schools,
Office on Aging

No.

Q107. Please describe the primary objective of the initiative.

Early detection, prevention and education to reduce incidence and death rates from cancer Early detection through cancer (lung, breast, skin and oral) screenings Provide state-of-the-art comprehensive cancer care and treatment

Q108. Please describe how the initiative is delivered.

This initiative is delivered in a number of venues. Low and no cost community screenings are provided on the Mobile Health Center that visits underserved areas as well as Senior Centers. Educational articles are provided in our CalvertHealth magazine along with listing of free and low cost screening specific to the five targeted cancers. A newly developed website has been designed to provide a centralized location to find all cancer related programs, services and providers.

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).

508 participants in youth tobacco prevention program at 6 schools 67 participated targeted breast cancer screening. 9 call back with 2 biopsies schedule 77 skin cancer screening participants with one finding of melanoma. Navigation to appropriate provider to treatment 89 oral cancer screening participant with no abnormal findings 65,000 received education on Juuling/smoking prevention and lung cancer screening Development of Multidisciplinary Tumor Board Development of Thoracic Tumor Board Website view 2201

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

Cancer was identified as a priority area with focus on breast, lung, oral and skin cancers. All activities within this initiative focus on the following SHIP and/or health indicators that do not meet state or national targets: Reduce death rate due to Breast Cancer to 20.7. Reduce death rates due to cancer to 147.4 Reduce percentage of adolescents using tobacco product to 16.%

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

\$744,491

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:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Transportation
Other:

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

This question was not displayed to the respondent.

Q118. When did this initiative begin?

FY16 (December, 2015)

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.).

This initiative is comprehensive in that it addresses, prevention, education, treatment, prescribing practices as well as policy and procedure implementation.

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

90,000

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

90,000

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.

ED Physician
Hospitalist Providers
Pharmacy
Social Work
Public Relations/Community Wellness
Quality/Patient Safety
Emergency Dept/Urgent Care
Health Department
Patient Advocate
Nursing

Q125. Please describe the primary objective of the initiative.

Strengthen safety practices and policies for opioid prescribing within Calvert health. Reduce opioid utilization Community education about dangers of opioids Enhance referral pathways and opportunities for persons with Opioid Use Disorder

Q126. Please describe how the initiative is delivered.

Physician and staff education about new Opioid Prescribing Guidelines for Inpatient and ED patients. Brochures and flyers distributed to patient and family to education around dangers of Opioid and new prescribing practices. Review Opioid Utilization in Emergency Department Developed Discharge Policy and instructions Provided community outreach through presentations, articles and video

Q127. 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

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

Total Opioid Orders in ED reduced by 26% Total IV Opioid Doses reduced by 16% Total Opioid Tablet reduced by 46% Dilaudid IV Orders reduced by 94% Referrals made: Project Phoenix due to substance abuse only 71 Project Phoenix due to substance abuse and behavioral 143 100% CalvertHealth Providers educated

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

The Age-Adjusted Death rate due to Drug Use/100,000 pop is 30.1 for Calvert, 24.0 for the State of Maryland, 17.9 for US and the SHIP target is 12.6. Calvert is higher than both the State and the US and with this initiative will reduce the number of opioid prescribed, number of opioid used therefore reducing substance abuse, overdose and death.

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

\$141,367

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.

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:
Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Transportation
Other:

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input 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 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 type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |

- 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

- 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?

In order to maximize the positive impact on community health, CalvertHealth Medical Center has chosen to concentrate its efforts into four areas of high-need and would provide the greatest impact to the community. The committee felt CalvertHealth Medical Center and its partners should focus on the four chosen priorities 1) Exercise, Nutrition & Weight (including Obesity), 2) Cancer 3) Heart Disease & Stroke and 4) Mental Health & Mental Disorders. Transportation was a need that CalvertHealth did not elect to explicitly prioritize, these topics, however, it is part of the 4 priority areas and is interwoven into the Implementation Strategy and in future work addressing health needs through strategic partnerships with community partners.

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	Shortage of local Providers
Non-Resident House Staff and Hospitalists	Shortage of local Providers
Coverage of Emergency Department Call	Shortage of local Providers
Physician Provision of Financial Assistance	Shortage of local Providers
Physician Recruitment to Meet Community Need	Shortage of local Providers
Other (provide detail of any subsidy not listed above)	Urgent Care
Other (provide detail of any subsidy not listed above)	Vascular
Other (provide detail of any subsidy not listed above)	Outpatient, Discharge Clinics, Urgent Care

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.

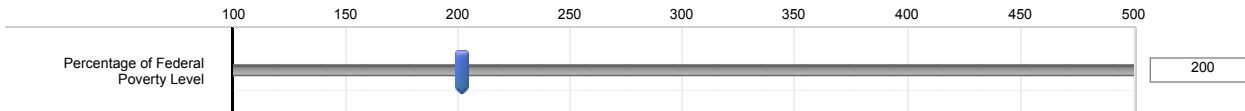
Q145. Section VI - Financial Assistance Policy (FAP)

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

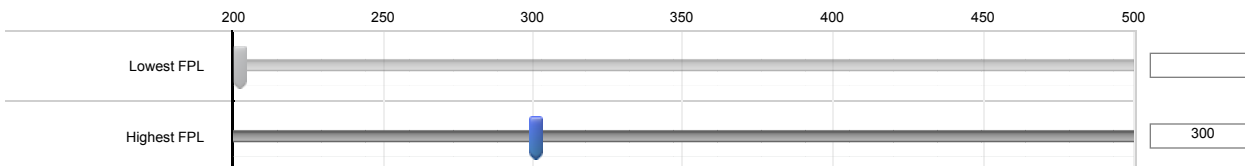
[Financial Assistance Policy.pdf](#)
581.3KB
application/pdf

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

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.

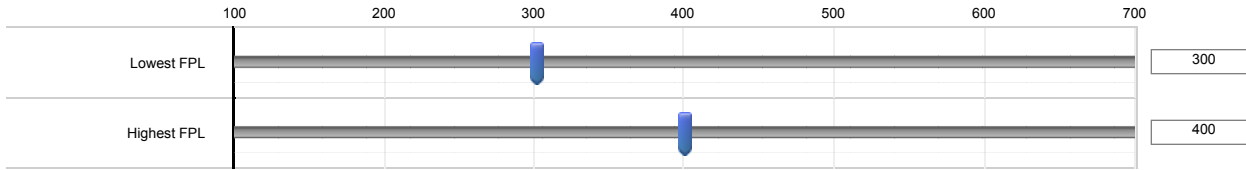


Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

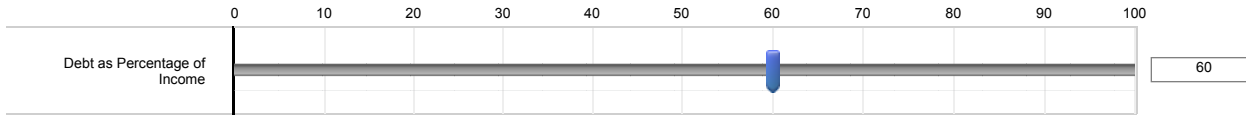


Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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:

Patients will need to apply in order to qualify and patients will be checked to see if they qualify for state mandated programs.

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

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 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: [\(38.533599853516, -76.595497131348\)](#)

Source: GeolIP Estimation

The map displays the Washington, D.C. area, including parts of Maryland, Virginia, and West Virginia. Key cities labeled include Baltimore, Annapolis, Washington, Richmond, and Roanoke. A yellow diamond marker is placed over Washington, D.C.

From: [GOLWAY, MARY](#)
To: [Hilltop HCB Help Account](#)
Subject: RE: Clarification Required - CalvertHealth FY 19 CB Narrative
Date: Monday, March 16, 2020 4:15:37 PM
Attachments: [image001.jpg](#)

[Report This Email](#)

Please see below in red. Please let me know if you need any further clarification.

*Mary Golway, MSN, RN, NPD-BC
Director of Education & Training and Community Wellness*

*100 Hospital Road Prince Frederick, MD 20678 / 410-535-8134 /
mary.golway@calverthealthmed.org*



From: Hilltop HCB Help Account [mailto:hcbhelp@hilltop.umbc.edu]
Sent: Thursday, March 5, 2020 10:47 AM
To: GOLWAY, MARY <Mary.Golway@Calverthealthmed.org>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: Clarification Required - CalvertHealth FY 19 CB Narrative

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

- In response to Question 48 beginning on page 5 of the attached, for the line "Board of Directors or Board Committee (system level)" you select the "Other" option but do not provide an explanation as required. Please explain how the Board of Directors or Board Committee (system level) were involved in the CHNA process. **The Board of Directors approved the final 2017 CHNA.**
- In response to Question 61 beginning on page 11 of the attached, for the line "Other" you list faith-based organizations but Question 61 is for internal staff members not external participants which are addressed in Question 63. Please clarify. **CalvertHealth hosts a Health Ministry Team Network. This group meets monthly, and hosts representatives from various faith-based health ministries in the community. Internal staff are involved in the coordination and the hosting of these meetings, and related outreach.**

Similarly, in response to Question 63 beginning on page 13 of the attached, for the line on “Faith-Based Organizations” you left it blank. Did you mean to select “Delivering CB Initiatives?” Please clarify. **This should not have been left blank. “Selecting health needs that will be targeted” and “Selecting the initiatives that will be supported” should have been selected.**

- You did not answer Question 73 on page 16 of the attached. Please describe how community benefit planning and investments are included in your hospital’s strategic plan. **The 2017 CHNA identified 4 top priorities. One of these is cancer. In 2018, the Board of Directors and Leadership of CalvertHealth began working on the FY 2020-FY 2025 Strategic Plan. Under Goal 2 (Market Position & Strategic Alliances), one of the initiatives is to continue to develop an increasingly comprehensive community oncology program. Under Goal 1 (Patient Centered System of Care), one of the initiatives is to focus on population health, specifically to develop ways outside the hospital walls to keep the community healthy.**
- In the section on Initiative 1, where you describe the Eat Right, Move More & Calvert CARES program beginning on page 17 of the attached, in response to Question 81, you indicated that the CHNA needs addressed by this initiative include “Diabetes,” “Educational and Community-Based Programs,” “Health-Related Quality of Life & Well-Being,” and “Other Social Determinants of Health.” Your response to Question 56 on page 10 does not include these needs as identified in the CHNA. Please indicate whether “Diabetes,” “Educational and Community-Based Programs,” “Health-Related Quality of Life & Well-Being,” and “Other Social Determinants of Health” should have been selected in Question 56, or should not have been selected in Question 81. **“Diabetes,” “Educational and Community-Based Programs,” “Health-Related Quality of Life & Well-Being,” and “Other Social Determinants of Health” should have been selected in Question 56**
- You did not answer Question 84 on page 18 of the attached. Please describe the population that the Eat Right, Move More & Calvert CARES program targets. **Obese, overweight, diabetic, under insured and uninsured, elderly**
- In the section on Initiative 2, where you describe the Cancer Priority Area initiative program beginning on page 20 of the attached, in response to Question 99, you indicated that the CHNA needs addressed by this initiative include “Educational and Community-Based Programs,” “Health-Related Quality of Life & Well-Being,” “Oral Health,” “Tobacco Use,” and “Other Social Determinants of Health.” Your response to Question 56 on page 10 does not include these needs as identified in the CHNA. Please indicate whether “Educational and Community-Based Programs,” “Health-Related Quality of Life & Well-Being,” “Oral Health,” “Tobacco Use,” and “Other Social Determinants of Health” should have been selected in Question 56, or should not have

been selected in Question 99. “Educational and Community-Based Programs,” “Health-Related Quality of Life & Well-Being,” “Oral Health,” “Tobacco Use,” and “Other Social Determinants of Health” should have been selected in Question 56.

- In response to Question 102 on page 21 of the attached you describe the initiative and but do not describe the population the initiative targets. Please describe the population the Cancer Priority Area initiative targets. Target populations are those at risk for skin, lung, and breast cancers.
- In response to Question on page 109 of the attached you select “Other” as one of measures used to assess the initiative’s success but do not include further explanation. Please explain the other kinds of evidence you used to assess the success of the Cancer Priority Area initiative. This was selected in error.
- In response to Question 120 on page 23 of the attached you describe the initiative and but do not describe the population the initiative targets. Please describe the population the Opioid Stewardship Committee targets. Target audience is individuals with Substance Use Disorder.
- In question 149 on page 27 of the attached, your intended answer for the “Lowest FPL” value is not clear. Did you intend to select 200% FPL as the lower bound? Yes
- In question 150 on page 28 of the attached, your answer for the “Highest FPL” value is 400%. This does not appear to agree with the FAP documents you submitted—there is no upper bound for this aid category in the policy. Please clarify your intent in selecting 400 in this answer. According to our Patient Financial Services department, there is no upper limit for aid in this category. Any patients can qualify for hardships based on the individual situation. How should that be indicated?
- In question 151 on page 28 of the attached, you selected 60% as the threshold for the percentage of medical debt that exceeds a household’s income that qualifies as financial hardship. Did you intend to select 25% as the threshold? Yes.

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

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