

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission (HSCRC or Commission) is required to collect community benefit information from individual hospitals in Maryland and compile into an annual statewide, publicly available report. The Maryland General Assembly updated §19-303 of the Health General Article in the 2020 Legislative Session (HB1169/SB0774), requiring the HSCRC to update the community benefit reporting guidelines to address the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals in relation to community health needs assessments. The reporting is split into two components, a Financial Report and a Narrative Report. This reporting tool serves as the narrative report. In response to the legislation, some of the reporting questions have changed for FY 2021. Detailed reporting instructions are available here: https://hscrc.maryland.gov/Pages/init_cb.aspx

In this reporting tool, responses are mandatory unless specifically 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 the fiscal year.

	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	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Narrative contact at your hospital is Mary Golway	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Narrative contact email address at your hospital is mary.golway@calverthealthmed.org	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Financial contact at your hospital is Rich Pellegrino	<input checked="" type="radio"/>	<input type="radio"/>	
The primary Financial email at your hospital is richard.pellegrino@calverthealthmd.org	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. The next group of questions asks 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. Please select the community health statistics that your hospital uses in its community benefit efforts.

- Median household income
- Percentage below federal poverty line (FPL)
- Percent uninsured
- Percent with public health insurance
- Percent with Medicaid
- Mean travel time to work
- Percent speaking language other than English at home
- Race: percent white
- Race: percent black
- Ethnicity: percent Hispanic or Latino
- Life expectancy
- Crude death rate
- Other

Q6. Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Q7. Attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Q8. Section I - General Info Part 2 - Community Benefit Service Area

Q9. 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 |
| <input checked="" 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 |
| <input type="checkbox"/> Cecil County | <input type="checkbox"/> Montgomery County | <input type="checkbox"/> Worcester County |

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

This question was not displayed to the respondent.

Q11. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> 20615 | <input checked="" type="checkbox"/> 20688 |
| <input checked="" type="checkbox"/> 20629 | <input checked="" type="checkbox"/> 20689 |
| <input checked="" type="checkbox"/> 20639 | <input checked="" type="checkbox"/> 20714 |
| <input checked="" type="checkbox"/> 20657 | <input checked="" type="checkbox"/> 20732 |
| <input checked="" type="checkbox"/> 20676 | <input checked="" type="checkbox"/> 20736 |
| <input checked="" type="checkbox"/> 20678 | <input checked="" type="checkbox"/> 20754 |
| <input checked="" type="checkbox"/> 20685 | <input type="checkbox"/> 20758 |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q34. 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.

Enduent Healthy Communities Institute (HCI) utilized information from Neilson Claritas Population Estimates to identify the CBSA for CalvertHealth. According to the Nielsen Claritas 2020 Population Estimates, Calvert County has a population of approximately 92,633 persons.

The communities identified in CalvertHealth's 2020 CHNA as having the highest socioeconomic need were zip codes 20714 (North Beach), 20678 (Prince Frederick), 20732 (Chesapeake Beach), 20689 (Sunderland), and 20657 (Lusby). Thus targeted health improvement efforts in these communities should be continued.

Q35. Provide a link to your hospital's mission statement.

<https://www.calverthealthmedicine.org/Mission-Vision-Values>

Q36. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q37. Section II - CHNAs and Stakeholder Involvement Part 1 - Timing & Format

Q38. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

Yes

No

Q39. 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.

Q40. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

7/28/2020

Q41. Please provide a link to your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

<http://www.healthycalvert.org/content/sites/calverthospital/Reports/Calvert-Health-2020-CHNA.pdf>

Q42. Please upload your hospital's most recently completed CHNA. Please provide the entire CHNA, not just an Executive Summary.

Q43. Section II - CHNAs and Stakeholder Involvement Part 2 - Internal CHNA Partners

Q44. Please use the table below to tell us about the internal partners involved in your most recent CHNA development.

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

	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)
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	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)
Community Benefit staff (facility 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"/>
	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)
Community Benefit 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	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)
Physician(s)	<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"/>	<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)
Nurse(s)	<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"/>	<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)
Social Workers	<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"/>	<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)
Hospital Advisory Board	<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	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 (specify) Community Health Improvement Roundtable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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)

Q47. Section II - CHNAs and Stakeholder Involvement Part 4 - Meaningful Engagement

Q48. Community participation and meaningful engagement is an essential component to changing health system behavior, activating partnerships that improve health outcomes and sustaining community ownership and investment in programs. Please use the table below to tell us about the external partners involved in your most recent CHNA. In the first column, select and describe the external participants. In the second column, select the level of community engagement for each participant. In the third column, select the recommended practices that each stakeholder was engaged in. The Maryland Hospital Association worked with the HSCRC to develop this list of eight recommended practices for engaging patients and communities in the CHNA process.

Refer to the [FY 2022 Community Benefit Guidelines](#) for more detail on MHA's recommended practices. Completion of this self-assessment is mandatory for FY 2022.

Level of Community Engagement

Recommended Practices

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Other Hospitals -- Please list the hospitals here: N/A	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Department -- Please list the Local Health Departments here: Calvert County Health Department	<input checked="" type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Health Improvement Coalition -- Please list the LHICs here: Community Health Improvement Roundtable	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maryland Department of Health	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other State Agencies -- Please list the agencies here:	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Govt. Organizations -- Please list the organizations here: Calvert County Government	<input checked="" type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Community/Neighborhood Organizations --
Please list the organizations here:
Calvert Alliance Against Substance Abuse

	Informed - To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	Consulted - To obtain community feedback on analysis, alternatives and/or solutions	Involved - To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	Collaborated - To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	Delegated - To place the decision-making in the hands of the community	Community-Driven/Led - To support the actions of community initiated, driven and/or led processes	Identify & Engage Stakeholders	Define the community to be assessed	Collect and analyze the data	Select priority community health issues	Document and communicate results	Plan Implementation Strategies	Implement Improvement Plans	Evaluate Progress
Community/Neighborhood Organizations -- Please list the organizations here: Calvert Alliance Against Substance Abuse	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Consumer/Public Advocacy Organizations -- Please list the organizations here:	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other -- If any other people or organizations were involved, please list them here:	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q49. Section II - CHNAs and Stakeholder Involvement Part 5 - Follow-up

Q50. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q51. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

November 2020

Q52. Please provide a link to your hospital's CHNA implementation strategy.

<http://www.healthycalvert.org/resource/library/index/view?id=229417063728019500>

Q53. Please upload your hospital's CHNA implementation strategy.

Q54. 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.

Q55. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q56. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q57. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
 No

Q58. Using the checkboxes below, select the Community Health Needs identified in your most recent CHNA that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q59. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q60. Please describe the hospital's efforts to track and reduce health disparities in the community it serves.

CalvertHealth Medical Center's Community Wellness Department has a mobile health unit. Many of the programs of this mobile health unit address health disparities in the community. This included partnerships with local churches, food pantries, the homeless shelter, and the library to bring services onsite to the marginalized and underserved of the community. The hospital also hosts a weekly farmer's market (April-October), and promotes a partnership in to enroll families in SNAP and WIC programs, and to have matching dollars to be used at the farmer's market.

Q61. If your hospital reported rate support for categories other than Charity Care, Graduate Medical Education, and the Nurse Support Programs in the financial report template, please select the rate supported programs here:

- None
- Regional Partnership Catalyst Grant Program
- The Medicare Advantage Partnership Grant Program
- The COVID-19 Long-Term Care Partnership Grant
- The COVID-19 Community Vaccination Program
- The Population Health Workforce Support for Disadvantaged Areas Program
- Other (Describe)

Q62. If you wish, you may upload a document describing your community benefit initiatives in more detail.

Q63. Section III - CB Administration

Q64. 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

Q65. Please describe the third party audit process used.

This question was not displayed to the respondent.

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

Yes

No

Q67. Please describe the community benefit narrative audit process.

This question was not displayed to the respondent.

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

Yes

No

Q69. Please explain:

Information contained within the community benefit financial spreadsheet is compiled from information approved by submitting departments and previously approved documents. The spreadsheet is reviewed by VP of Human Resources, Chief Financial Officer, and Chief Operating Officer.

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

Yes

No

Q71. Please explain:

Information contained within the community benefit narrative report is compiled from information approved by the Community Wellness and Finance Departments. The report is reviewed by VP of Human Resources, Chief Financial Officer, and Chief Operating Officer.

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 were included in your hospital's internal strategic plan during the fiscal year.

Community needs are identified as a strategic objective to ensure needs of the community are met. Community Wellness and Community Outreach programs are planned for in the financial planning process

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

<https://www.calverthealthmedicine.org/Strategic-Plan>

Q75. Do any of the hospital's community benefit operations/activities align with the Statewide Integrated Health Improvement Strategy (SIHIS)? Please select all that apply and describe how your initiatives are targeting each SIHIS goal. [More information about SIHIS may be found here.](#)

Diabetes - Reduce the mean BMI for Maryland residents

Opioid Use Disorder - Improve overdose mortality

Maternal and Child Health - Reduce severe maternal morbidity rate

Maternal and Child Health - Decrease asthma-related emergency department visit rates for children aged 2-17

None of the Above

Q76. (Optional) Did your hospital's initiatives during the fiscal year address other state health goals? If so, tell us about them below.

Q77. Section IV - Physician Gaps & Subsidies

Q78. Did your hospital report physician gap subsidies on Worksheet 3 of its community benefit financial report for the fiscal year?

- No
 Yes

Q79. As required under HG§19-303, please select all of the gaps in physician availability resulting in a subsidy reported in the Worksheet 3 of financial section of Community Benefit report. Please select "No" for any physician specialty types for which you did not report a subsidy.

	Is there a gap resulting in a subsidy?		What type of subsidy?
	Yes	No	
Allergy & Immunology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Anesthesiology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Cardiology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Dermatology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Emergency Medicine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Endocrinology, Diabetes & Metabolism	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Family Practice/General Practice	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Geriatrics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Internal Medicine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Medical Genetics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Neurological Surgery	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Neurology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Obstetrics & Gynecology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>

Oncology-Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Ophthalmology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Orthopedics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Otolaryngology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Pathology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Pediatrics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Physical Medicine & Rehabilitation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Plastic Surgery	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Preventive Medicine	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Psychiatry	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Radiology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Surgery	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Urology	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>
Other (Describe)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="text"/>

Q80. Please explain how you determined that the services would not otherwise be available to meet patient demand and why each subsidy was needed, including relevant data. Please provide a description for each line-item subsidy listed in Worksheet 3 of the financial report.

Q81. Please attach any files containing further information and data justifying physician subsidies at your hospital.

Q82. Section VI - Financial Assistance Policy (FAP)

Q83. Upload a copy of your hospital's financial assistance policy.

[Financial Assistance BOD Approved June 28 2022 - Final revised \(1\).pdf](#)
 145.8KB
 application/pdf

Q84. Provide the link to your hospital's financial assistance policy.

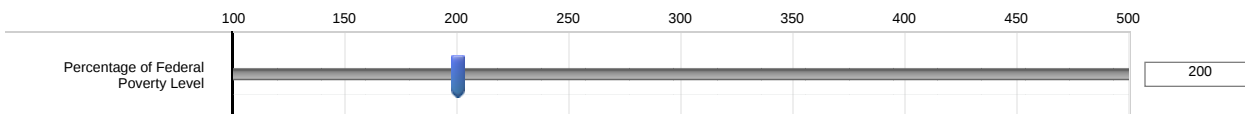
Q85. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

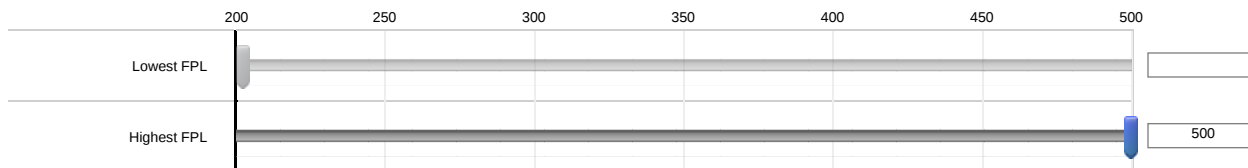
Q86. Maryland hospitals are required under Health General §19-214.1(b)(2)(i) COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL).

Please select the percentage of FPL below which your hospital's FAP offers free care.



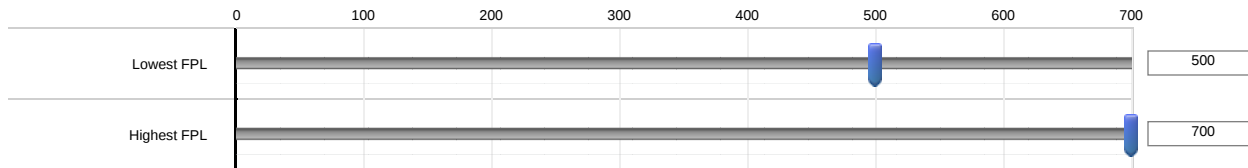
Q87. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level.

Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

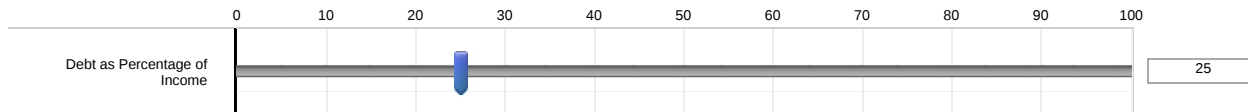


Q88. Maryland hospitals are required under Health General §19-214.1(b)(2)(iii) COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined in Health General §19-214.1(a)(2) and COMAR 10.37.10.26(A-2)(1)(b)(i) 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.



Q89. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q90. Per Health General Article §19-303 (c)(4)(ix), list each tax exemption your hospital claimed in the preceding taxable year (select all that apply)

- Federal corporate income tax
- State corporate income tax
- State sales tax
- Local property tax (real and personal)
- Other (Describe)

Q91. Summary & Report Submission

Q92. **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: [\(38.5336, -76.5955\)](#)

Source: GeoIP Estimation





CalvertHealth

2020

Calvert County

**COMMUNITY HEALTH
NEEDS ASSESSMENT**

KNOW US NOW.

CalvertHealthMedicine.org

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Executive Summary

CalvertHealth is pleased to present its 2020 Community Health Needs Assessment (CHNA). As federally required by the Affordable Care Act, this report provides an overview of the methods and processes used to identify and prioritize significant health needs in CalvertHealth’s service area. CalvertHealth partnered with Conduent Healthy Communities Institute (HCI) to conduct the 2020 CHNA.

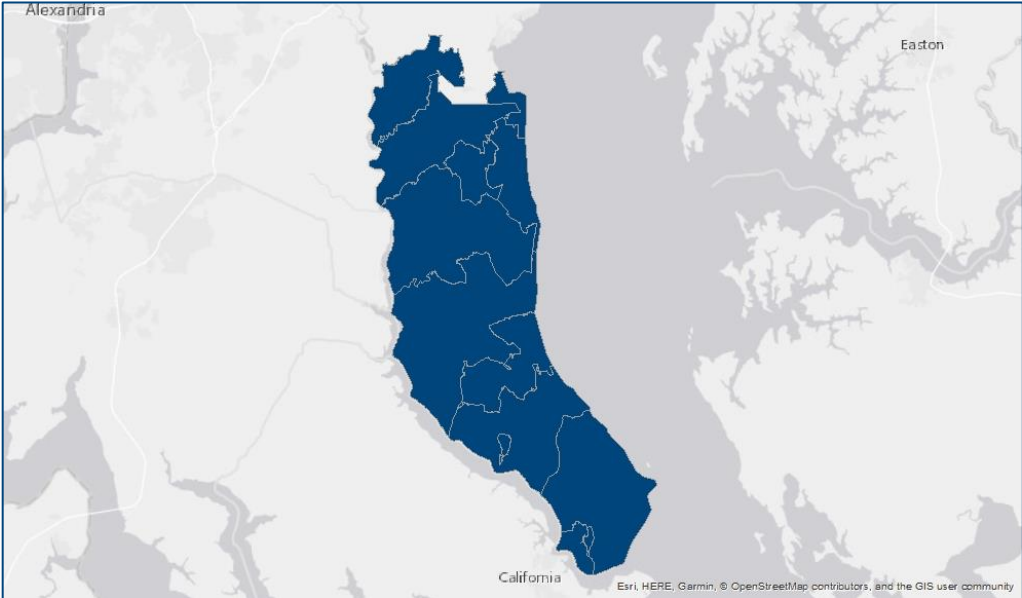
The goal of this report is to offer a meaningful understanding of the most pressing health needs across CalvertHealth’s service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Additionally, a section has been added to this report that focuses on the COVID-19 pandemic and its impact on Calvert County.

Findings from this report will be used to identify, develop and target CalvertHealth initiatives to provide and connect patients with resources to improve these health challenges in the community.

Service Area

The service area for CalvertHealth is defined as the geographical boundary of Calvert County, MD. The geography of Calvert County, with its long, narrow peninsula and one main road running north to south, results in increased transportation issues, which are noted in more detail later in this report.

FIGURE 1. CALVERTHEALTH SERVICE AREA



Demographics

Calvert County has a population of approximately 92,633. The age distribution of Calvert County skews slightly older. The racial makeup of Calvert County is somewhat homogenous, with 80.3% of the population identifying as White. Black or African American community members represent the second largest proportion of all races in Calvert County, and at 12.8% is the only other race that makes up more than 10% of the population. Regarding economic stability, families living in North Beach, Chesapeake Beach, Prince Frederick, and Lusby have the highest rates of poverty.

Methods for Identifying Community Health Needs

Secondary Data

The secondary data used in this assessment were obtained and analyzed from CalvertHealth's Community Dashboard <http://www.healthycalvert.org/>. This includes a comprehensive set of more than 240 community health and quality of life indicators covering over 20 topic areas. Indicator values for Calvert County were compared to other counties in Maryland and nationwide to compare health topics and relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by age, gender, and race/ethnicity.

Primary Data / Community Input

The needs assessment was further informed by: (1) interviews with community members who have a fundamental understanding of Calvert County's health needs and represent the broad interests of the community, and (2) a community survey distributed throughout Calvert County.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (240 indicators from national and state data sources) and in-depth primary data from community leaders, non-health professionals, and organizations that serve the community at large, vulnerable populations, and/or populations with unmet health needs.

Through a synthesis of the primary and secondary data the following top health needs were determined and listed in scored rankings from highest to lowest

1. Cancer
2. Heart Disease & Stroke
3. Women's Health
4. Mental Health & Mental Health Disorders
5. Exercise, Nutrition & Weight
6. Substance Abuse
7. Oral Health
8. Older Adults & Aging
9. Education
10. Transportation
11. Environment

Disparities

The identification of disparities along race/ethnicity, gender, age, and geographic lines is important for informing and focusing strategies that will address the prioritized health needs. Primary and secondary data revealed significant community health disparities based on race/ethnicity, with Black and Hispanic populations more negatively impacted than other groups in Calvert County. Furthermore, the data show that older adults face increased health issues, while populations in certain geographic areas experience higher socioeconomic need and potentially poorer health outcomes.

Prioritized Areas

On July 22, 2020, members from various departments within CalvertHealth and representative members of the community came together to learn about the significant health needs identified through primary and secondary data analysis in a virtual session led by consultants from HCI. This session was followed by an online scoring exercise of each health topic based on how well they met five criteria. HCI calculated the results to come up with a ranked list of significant health needs. The CalvertHealth leadership team met on July 28, 2020 to review the ranking while considering the five criteria for prioritization. The following four health areas were identified as priorities to address:

CalvertHealth's Prioritized Health Needs
Cancer
Heart Disease & Stroke
Mental Health & Mental Disorders
Exercise, Nutrition, & Weight (including Obesity)

Women's Health

Primary and secondary data sources brought to light warning indicators in Women's Health. These indicators pointed to breast cancer rates being higher than both Maryland and the U.S. values, and cervical cancer rates were higher than the Maryland value. Primary data revealed women's personal struggles with exercise and weight management. Therefore, in identifying Cancer and Exercise, Nutrition & Weight as priority areas, interventions and outreach will include considerations to address women's health issues identified in this CHNA.

COVID-19 Impact Snapshot

At the time that CalvertHealth began its tri-annual CHNA process, Calvert County was in the midst of dealing with the COVID-19 pandemic. The CHNA project team looked for additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Calvert County between March 2020 and July 2020. More details of these findings are found in the "COVID-19 Impact Snapshot" section of this report.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Calvert County, MD. The prioritization of the identified significant health needs will guide the community health improvement efforts of CalvertHealth. Following this process, CalvertHealth will outline how it plans to address the top four prioritized health needs in its Implementation Strategy. CalvertHealth is dedicated to serving Southern Maryland residents by providing exceptional care, promoting wellness and making a difference in every life we touch.

Introduction

As a not-for-profit, tax-exempt hospital, CalvertHealth is pleased to present its 2020 CHNA report, which provides an overview of the significant community health needs identified in CalvertHealth's primary service area, Calvert County, MD.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across CalvertHealth's service area, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop, and target CalvertHealth's initiatives to provide and connect patients with resources to improve health challenges in their communities.

This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

About CalvertHealth

CalvertHealth Medical Center is a private, not-for-profit, community-owned hospital. Founded in 1919, and formerly known as Calvert Memorial Hospital, CalvertHealth has been taking care of Southern Maryland families for more than 100 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 270 active and consulting physicians representing over 72 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 Calvert Health System. You can find more information about the hospital at CalvertHealth's website:

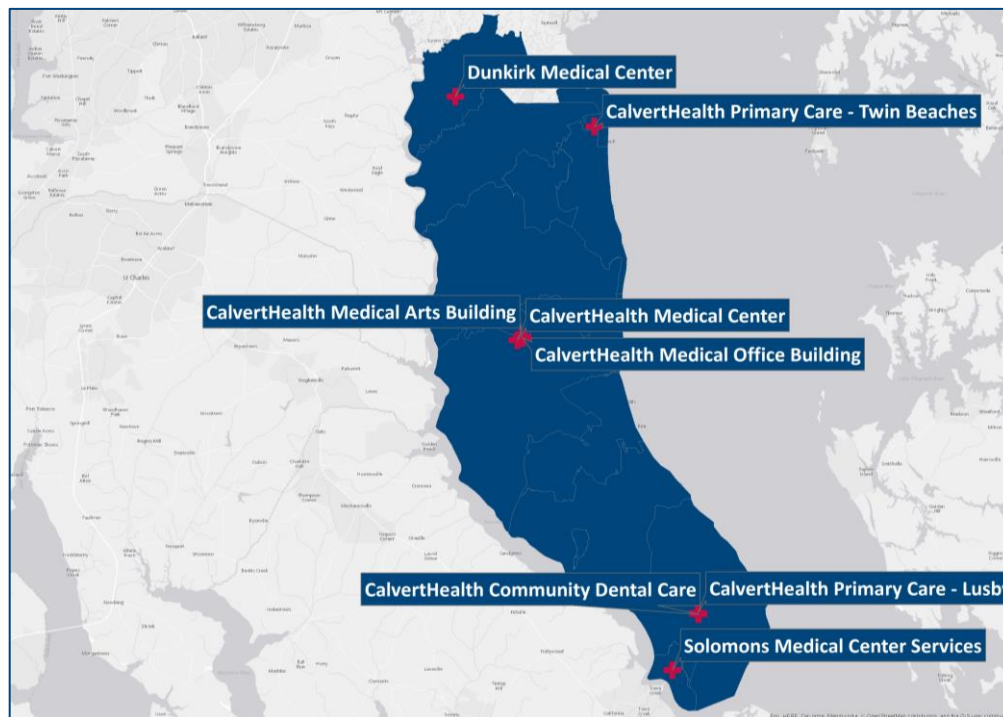
<https://www.calverthealthmedicine.org/>

In addition to the main hospital campus, satellite medical office buildings in Dunkirk, Solomons, Twin Beaches and Prince Frederick, CalvertHealth works to 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 services from acute, critical care to rehabilitation and primary medical care, and other outpatient services, all in the same continuum. It also means providing community health education, wellness programs and reaching out to neighbors through community partnerships.

Service Area

The service area for CalvertHealth is defined as the geographical boundary of Calvert County, MD. CalvertHealth Medical Center is the only hospital in Calvert County with medical office buildings in Prince Frederick, Dunkirk, Lusby, Solomons, and Twin Beaches. Although Calvert County is relatively close to Washington D.C., the long and narrow geography of the peninsula results in a rural atmosphere with transportation challenges for residents.

FIGURE 2. CALVERTHEALTH CARE LOCATIONS



Consultants

CalvertHealth commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2020 Community Health Needs Assessment. HCI works with clients across the nation to drive community health improvement outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-population-health/>.

Report authors from HCI include:

- Traci Van, Senior Advisor
- Monica Duque, MPH, Research Associate
- Zack Flores, Project Coordinator

Evaluation of Progress Since Prior CHNA

The CHNA process should be viewed as a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

Priority Health Needs from Preceding CHNA

CalvertHealth’s priority health areas for years 2017-2019 were:

- Exercise, Nutrition, & Weight (including Obesity)
- Cancer
- Heart Disease & Stroke
- Mental Health & Mental Disorders

Highlights of Priority Health Needs Progress

The following section includes notable highlights from a few of the initiatives implemented since the last CHNA to address the priority health needs. For a more detailed list of CalvertHealth’s initiatives and outcomes see Appendix A.

Exercise, Nutrition & Weight (including Obesity):

CalvertHealth developed and implemented several programs to increase the importance of healthy eating to reduce the onset of diseases. These programs focused on strategies for weight loss and increasing physical activities among participants. Of note, the Weight Loss for Life Program served 102 community members who lost an average of 4.3 pounds during the eight-week program.

Cancer:

To improve early detection of cancer and help reduce the prevalence of cancer in the community, an emphasis was placed on enhancing community education and screenings for skin, breast, lung, and oral cancers. In collaboration with community partners and with the mobile health unit, several events were held in various locations throughout the community. More than 700 community members participated in services offered. For one participant of a CalvertHealth skin cancer screening event, an abnormality was detected, which resulted in a follow-up with a dermatologist who determined it was a melanoma.

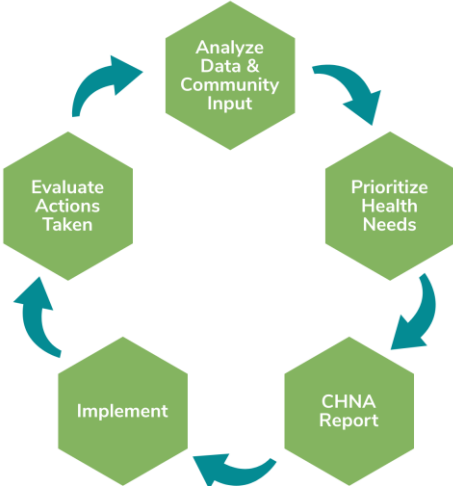
Heart Disease & Stroke:

CalvertHealth focused on educating the community in understanding what contributes to heart disease and stroke. In collaboration with local senior centers, an Ask the Expert program was implemented, bringing weekly health education services. Additionally, the Senior Life Center was started in three senior centers, focusing on chronic disease management and healthy lifestyle changes.

Mental Health & Mental Disorders:

Understanding the close connection between mental health and substance abuse, the Opioid Stewardship Committee at CalvertHealth was formed in 2015 using a multidisciplinary approach to decrease opioid utilization in the Emergency Department. In 2019, the committee expanded to include

FIGURE 3. THE CHNA CYCLE



the Calvert County Sheriff's office, peer recovery specialists and the Mobile Health Unit Crisis Team. There is close collaboration with Calvert County Health Department to assist patients once they are discharged from the hospital with needed resources to address their opioid addiction. The Mobile Health Unit assisted with education and outreach in the community.

Community Feedback from Preceding CHNA & Implementation Plan

CalvertHealth's 2017-2019 CHNA and Implementation Plan were made available to the public and open for public comment via the website: www.CalvertHealthMedicine.org/Community-Health-Needs-Assessment. No comments were received on either document at the time this report was written.

Methodology

Overview

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 Sources & Analysis

Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute (HCI) [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 240 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data are 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 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.

Table 1 shows the health and quality of life topic scoring results for Calvert County, with Women's Health as the poorest performing topic area for the CalvertHealth service area, followed by Transportation and Cancer. The top nine topic areas were those that scored over the 1.50 threshold in data scoring. Substance Abuse and Exercise, Nutrition, & Weight were indicated as health needs via

FIGURE 4. SECONDARY DATA SCORING

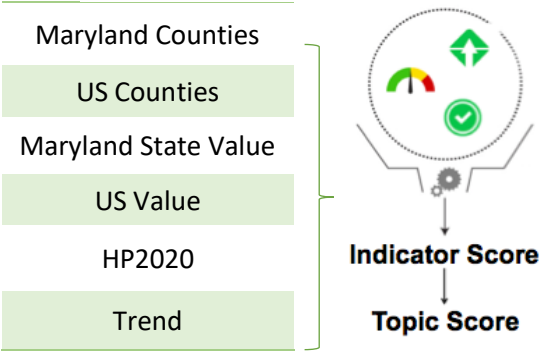


TABLE 1. SECONDARY DATA TOPIC SCORING RESULTS

Women's Health	1.90
Transportation	1.79
Cancer	1.70
Oral Health	1.60
Heart Disease & Stroke	1.54
Environment	1.53
Older Adults & Aging	1.53
Mental Health & Mental Disorders	1.52
Education	1.51
Substance Abuse	1.47
Exercise, Nutrition, & Weight	1.44

community input during the primary data collection process. Due to these community insights, they were included on this list even though they did not meet the 1.50 secondary score threshold. Health topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed as a part of the key informant interviews to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of that particular health topic area.

Please see Appendix B for further details on the quantitative data scoring methodology.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, HCI collected community input. Primary data used in this assessment consisted of key informant interviews and an English-language, online community survey.

Given this CHNA was conducted during the COVID-19 pandemic, primary data collection methods were conducted in a way to maintain social distancing and protect the safety of participants by eliminating in-person data collection.

As a critical aspect of the primary data collection, community input participants were asked to list and describe resources available in the community. Although not reflective of every resource available in the community, the list can help CalvertHealth build partnerships so as not to duplicate, but rather support existing programs and resources. This resource list is available in Appendix E.

Key Informant Interviews

HCI conducted key informant interviews via phone in order to collect community input. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations. Ten individuals agreed to participate as key informants. Table 2 lists the represented organizations that participated in the interviews and the populations these organizations serve:

TABLE 2. KEY INFORMANT ORGANIZATIONS & POPULATION SERVED

Key Informant Organization	Population Served
Calvert County Health Department	Medically underserved populations for clinical services and Calvert County residents for other services including infectious disease surveillance
Calvert County Government	Calvert County residents
Calvert County Department of Social Services	Public assistance customers, vulnerable children and adults, foster care children, high-risk families

Calvert County Public Schools	Children and young adults (pre-K-12 th grade & career and college-ready high school graduates)
CalvertHealth	Southern Maryland/Calvert County residents
Calvert County Office on Aging	Adults age 50+ and disabled adults age 18+ (the majority of whom are medically underserved and have low to moderate income)
Community Faith-Based Representative	All of Southern Maryland
Calvert County Sheriff's Department	Calvert County residents
Calvert Community Dental	Low income, medically underserved populations

The ten key informant interviews took place between May 18, 2020 and June 11, 2020 via phone. The questions focused on the interviewee's background and organization, biggest perceived health needs and barriers of concern in the community, and the impact of health issues on the populations they serve and other vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. Additionally, questions were included to get feedback about the impact of COVID-19 on their community. See the "COVID-19 Impact Snapshot" section of the report for more information. A list of the questions asked in the key informant interviews can be found in Appendix C.

Key Informant Analysis Results

Notes captured from the key informant interviews were uploaded to the web-based qualitative data analysis tool, Dedoose^{®1}. The transcripts were coded according to common themes in health and social determinants of health. The following are the themes that emerged from the analysis of the transcripts.



¹Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

Community Survey

Another form of community input collected was via an online English-language community survey. SurveyMonkey was the tool used to distribute and collect responses for the community survey. Paper surveys were made available to members of the Hispanic community who completed them with the help of an interpreter. Answers to the paper survey were entered into the SurveyMonkey tool by CalvertHealth staff.

The community survey was promoted across CalvertHealth's entire service area from May 14, 2020 to June 22, 2020. A total of 797 responses were collected. The following charts and graphs illustrate the demographics of community survey respondents.

FIGURE 5. RACE/ETHNICITY OF COMMUNITY SURVEY RESPONDENTS

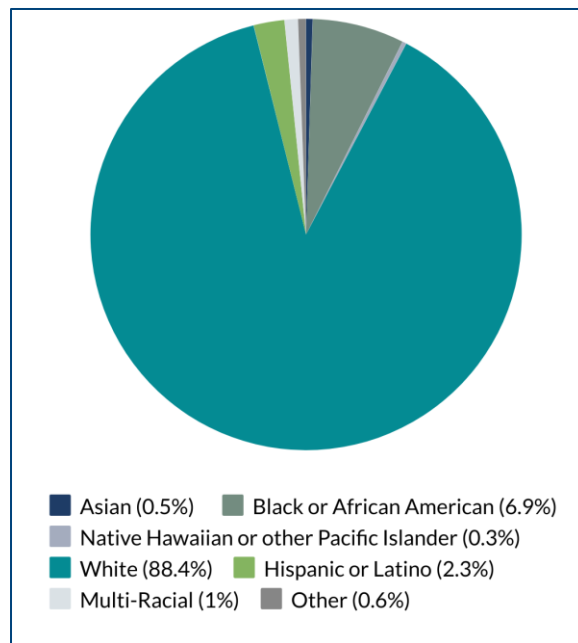


FIGURE 6. AGE OF COMMUNITY SURVEY RESPONDENTS

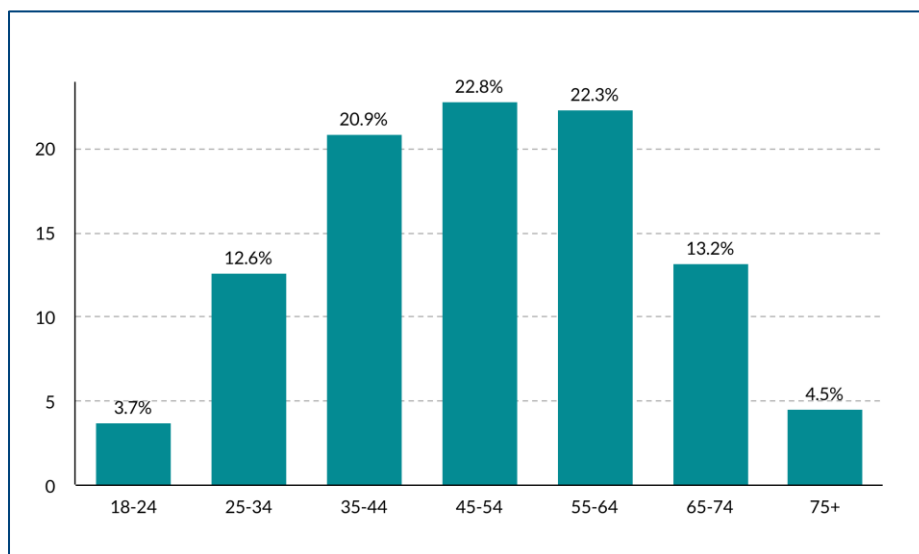
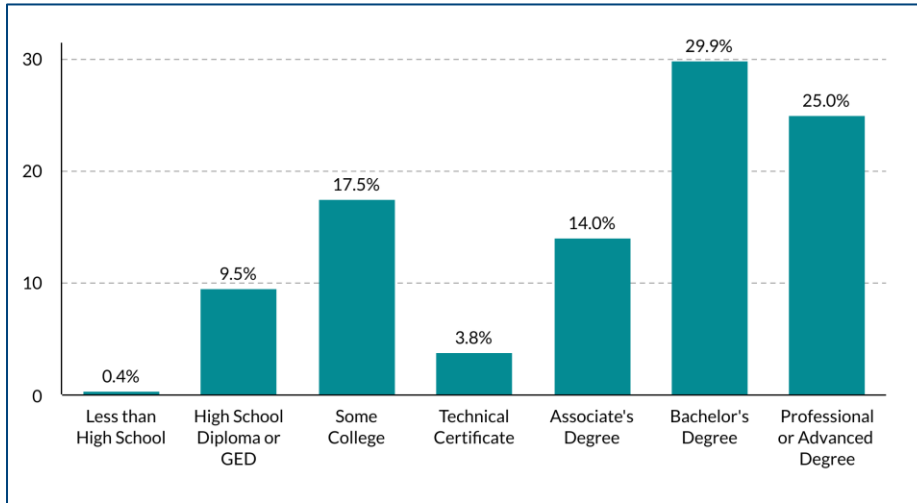


FIGURE 7. EDUCATION OF COMMUNITY SURVEY RESPONDENTS



Community Survey Analysis Results

Survey participants were asked about their personal health challenges, important health issues in the community, and which resources are most needed in the community. The results for these questions are shown in Figures 8- 10. Additionally, questions were included to get feedback about the impact of COVID-19 on the community, which is included in the “COVID-19 Impact Snapshot” section of this report.

FIGURE 8. PERSONAL HEALTH CHALLENGES

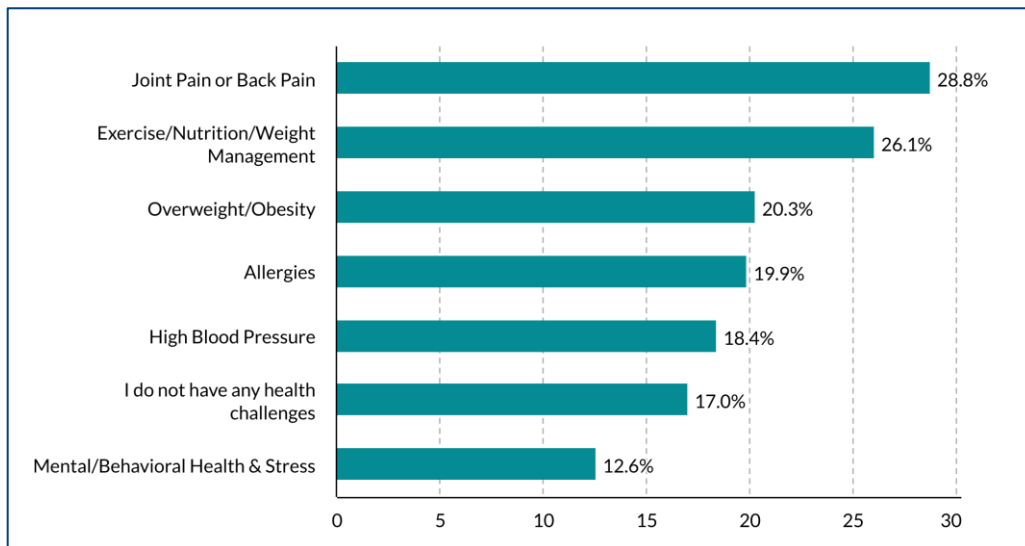


FIGURE 9. MOST IMPORTANT COMMUNITY HEALTH ISSUES

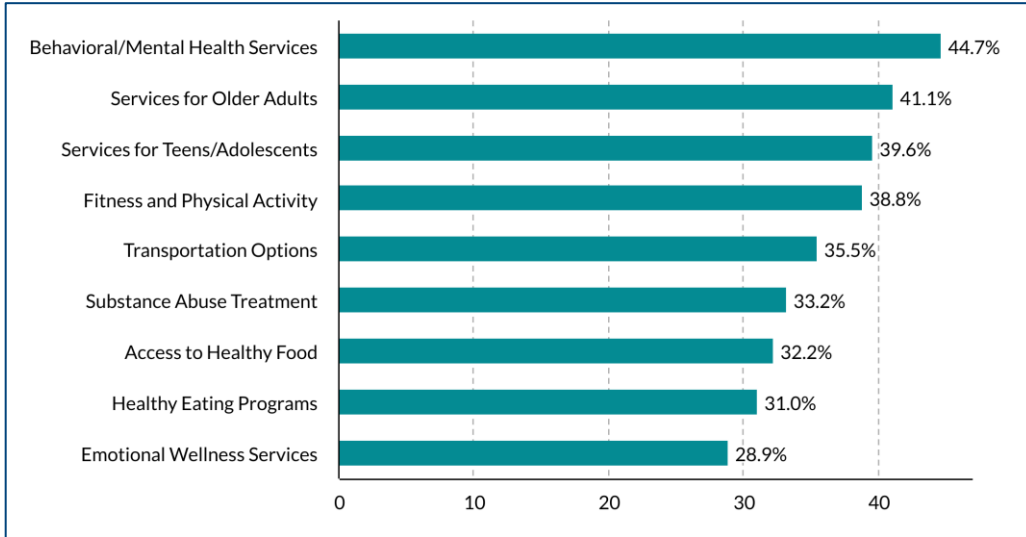
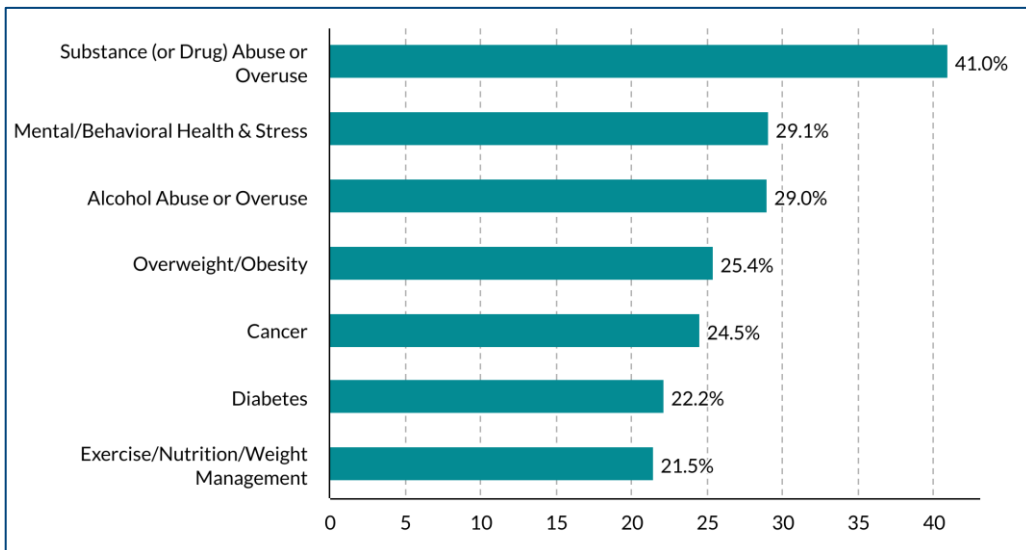


FIGURE 10. RESOURCES NEEDED IN CALVERT COUNTY



Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Regarding the secondary data, some health topic areas have a robust set of indicators, but for others there may be a limited number of indicators for which data is available. The Index of Disparity², used to analyze the secondary data, is also limited by data availability. In some instances, there are no subpopulation data for some indicators, and for others there are only values for a select number of race/ethnic groups.

For the primary data, the breadth of findings is dependent upon who was selected to be a key informant. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable. However, findings did show that the community survey participant sample was representative of the overall demographics of Calvert County. A limitation to the survey is that it was conducted only in English.

For all data, efforts were made to include a wide a range of secondary data indicators and community member expertise areas.

Prioritization

In order to better target activities to address the most pressing health needs in the community, CalvertHealth and community leaders participated in a presentation of data on significant health needs facilitated by HCI. Following the presentation and question session, participants were given access to an online link to complete a scoring exercise to rank the significant health needs based on a set of criteria. The process was conducted virtually in order to maintain social distancing and safety guidelines related to the COVID-19 pandemic.

CalvertHealth brought together a decision-making team to review the scoring results of the significant community needs and determine prioritized health needs based on the same set of criteria used in the scoring exercise.

Participants

Those involved in the process were chosen to represent people with community and clinical knowledge, those who manage services to the underserved, and those who are knowledgeable about the needs assessment process. Prioritization participants included:

- Dean Teague, President and CEO, CalvertHealth
- Tony Bladen, Chief Operating Officer, CalvertHealth
- Lisa Broome, VP Human Resources, CalvertHealth
- Lisa Caudle, Long Term Care Manager, Calvert County Office on Aging
- Diane Couchman, VP Clinical Services, CalvertHealth

²Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280

- Erin Farley, Community Wellness Manager, CalvertHealth
- Mary Golway, Director of Education & Training and Community Wellness, CalvertHealth
- Kasia Sweeney, VP Strategy and Marketing, CalvertHealth
- Champ Thomaskutty, Deputy Health Officer, Calvert County Health Department
- Rev. Alice Thompson, Chaplain, CalvertHealth

Process

On July 22, 2020, eight of the participants convened in a large conference room at CalvertHealth where they could maintain social distance as required by safety protocols related to the pandemic, and two joined via an online meeting platform. The group reviewed the results of HCI’s primary and secondary data analyses leading to the preliminary significant health needs discussed in detail in the data synthesis portion of this report. From there, participants utilized a health needs note sheet (Appendix F) and accessed an online link to score each of the significant health needs by how well they met the criteria set forth by CalvertHealth (Appendix F).

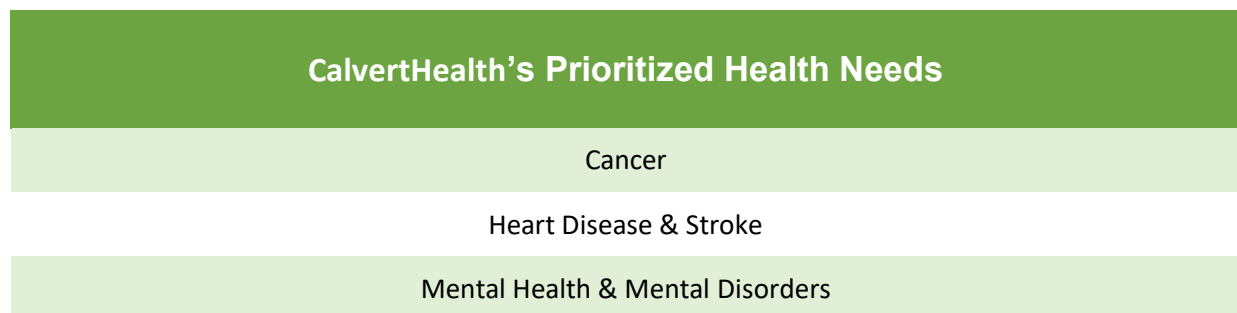
The criteria for prioritization are included here:

- Alignment with CalvertHealth’s mission, strengths, priorities
- Alignment with national, state or other local priorities
- Disparities impact
- Feasibility of intervening
- Consequences of not intervening

Participants scored each health area against each criterion on a scale from 1-3 with 1 meaning it did not meet the given criterion, 2 meaning it met the criterion and 3 meaning it strongly met the criterion. In addition to considering the data presented by HCI in the presentation and on the health topic note sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health need that correlated with how well each health need met the criteria for prioritization. HCI downloaded the online results, calculated the scores, and then ranked the significant health needs according to their topic scores, with the highest scoring health need receiving the highest priority ranking.

The aggregate ranking can be seen in the Figure 11. After reviewing the results, CalvertHealth’s leadership decision-making team participated in a group discussion on July 28, 2020 to narrow the list to four priority health areas that will be considered for subsequent implementation planning. The four top health priorities for CalvertHealth are:

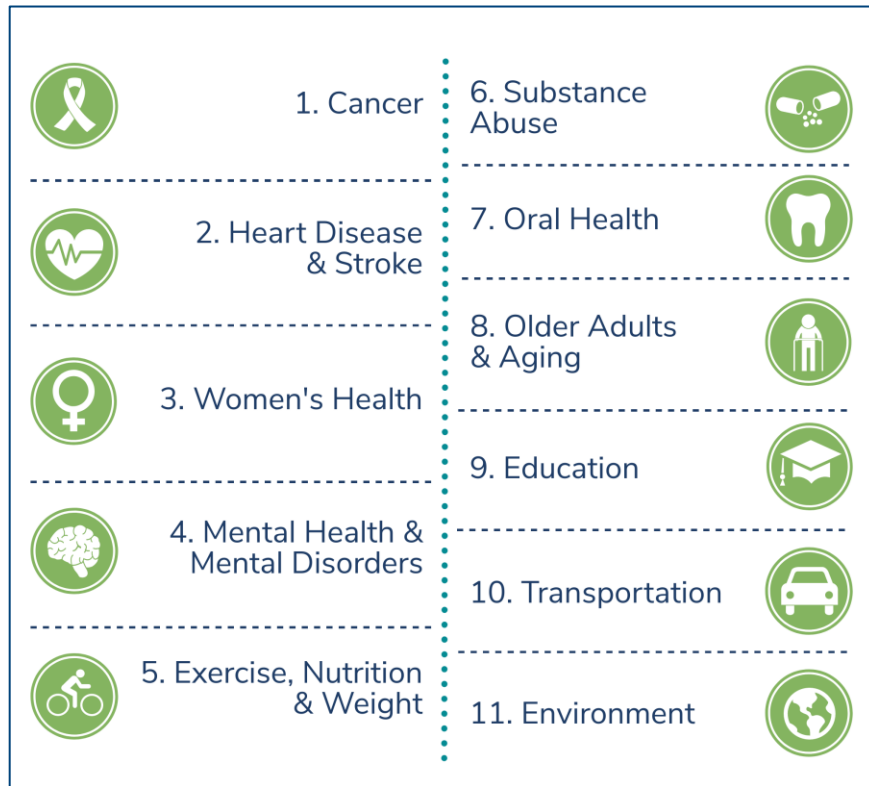


A deeper dive into the primary data and secondary data indicators for each of these four priority health topic areas is provided later in this report. This information highlights how each issue became a high priority health need for CalvertHealth. These health topic areas are consistent with the four priority areas that emerged from the 2017 CHNA process. CalvertHealth plans to build upon the efforts to address these health needs in its upcoming Implementation Strategy.

It was discussed at length how the remaining health topics, which were not identified as priorities, are related with the four prioritized needs. This is especially true of Women’s Health. The secondary warning indicators pointed to breast cancer rates being higher than both Maryland and the U.S. values, and cervical cancer rates were higher than the Maryland value. Primary data revealed women’s personal struggles with exercise and weight management. Therefore, in identifying Cancer and Exercise, Nutrition & Weight as priority areas, interventions and outreach will include considerations to address women’s health issues identified in this CHNA.

This is also true of the health needs related to Older Adults & Aging, where secondary indicators show that the Medicare population is disproportionately affected by heart disease and stroke. When possible, the remaining health topics will be integrated into the implementation strategies of the four priority health areas.

FIGURE 11. SIGNIFICANT HEALTH NEEDS



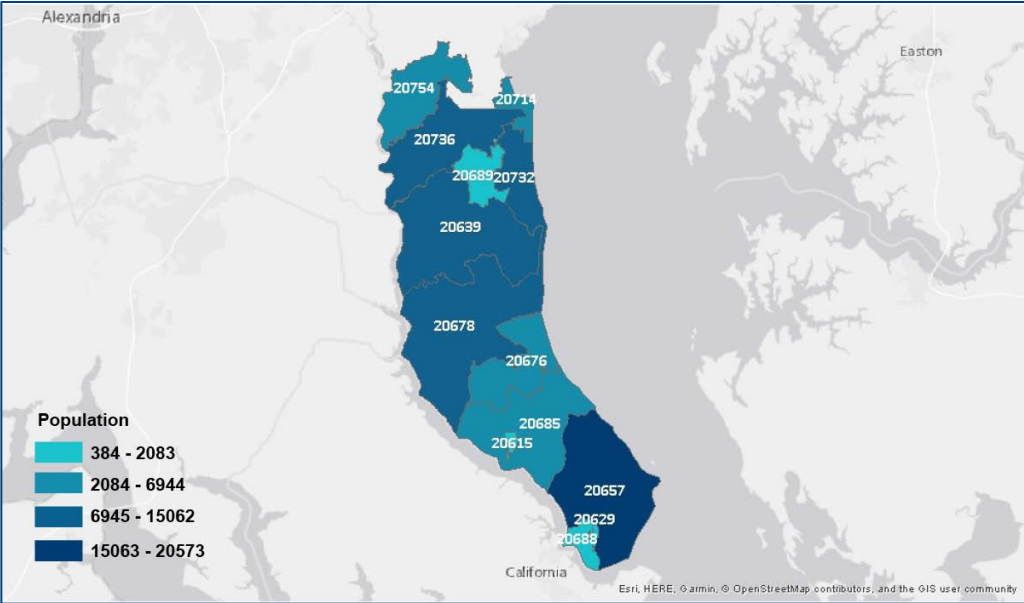
Demographics

The following section explores the demographic profile of CalvertHealth's service area. The demographics of a community significantly impact its health profile. Different race/ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from Nielsen Claritas 2020 Population Estimates, unless otherwise indicated.

Population

According to the Nielsen Claritas 2020 Population Estimates, Calvert County has a population of approximately 92,633 persons. Figure 12 shows the population size by each zip code within Calvert County, with the darkest blue representing the zip code with the largest population.

FIGURE 12. POPULATION SIZE BY ZIP CODE

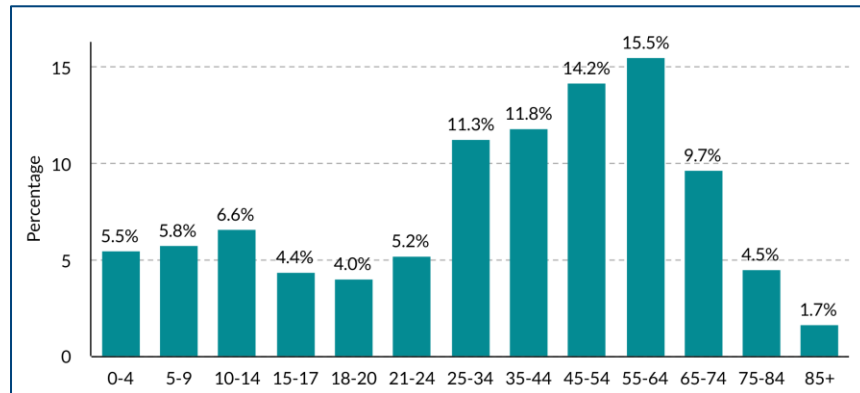


Social & Economic Determinants of Health

Age

Figure 13 shows the Calvert County population by age group. The 45-54 and 55-64 age groups represent a high proportion of the population. Overall, the population of Calvert County skews older.

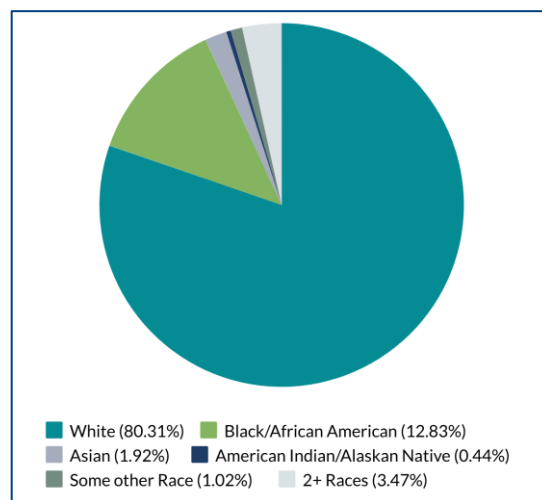
FIGURE 13. POPULATION BY AGE GROUP



Race

The racial makeup of Calvert County is somewhat homogenous, with 80.3% of the population identifying as White, as indicated in Figure 14. The proportion of Black/African American community members is the second largest of all races in Calvert County at 12.8% and is the only other race that makes up more than 10% of the population.

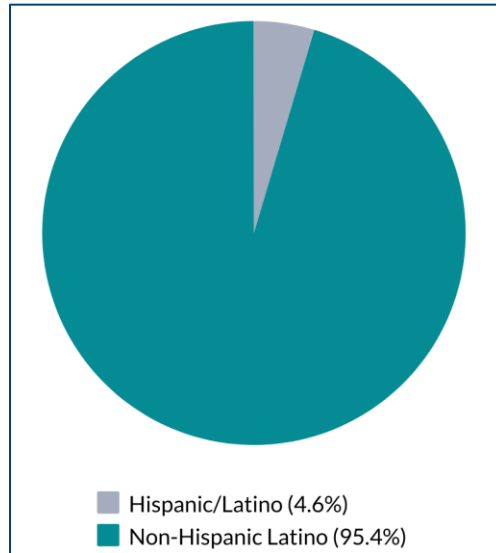
FIGURE 14. POPULATION BY RACE



Ethnicity

As shown by Figure 15, 4.6% of the population of Calvert County identifies as Hispanic or Latino.

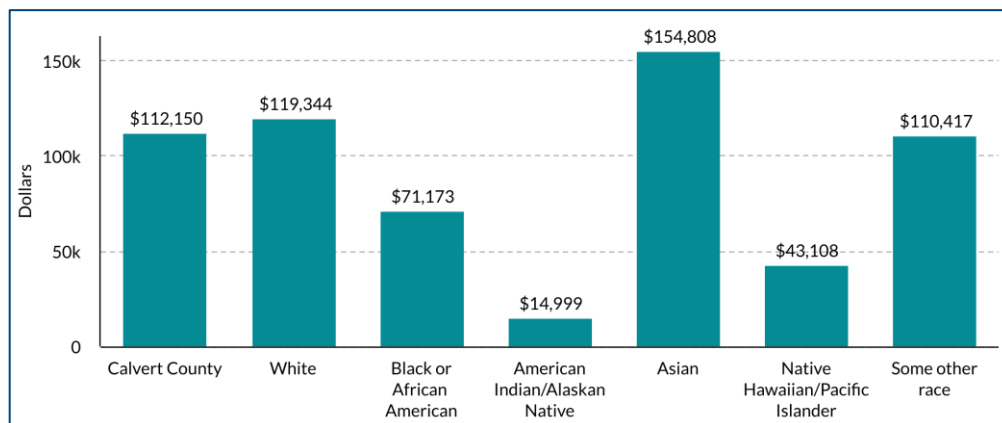
FIGURE 15. POPULATION BY ETHNICITY



Income

Figure 16 compares the median household income values for each race in Calvert County. The overall median household income for the county is \$112,150. Two races – White and Asian – have median household incomes that fall above the overall median value. All other races are below the overall value with American Indian/Alaskan Native having the lowest value at \$14,999. In this case, it is important to consider that the American Indian/Alaskan Native and Native Hawaiian/Pacific Islander subgroups make up only 0.44% and 0.13%, respectively, of the community's population.

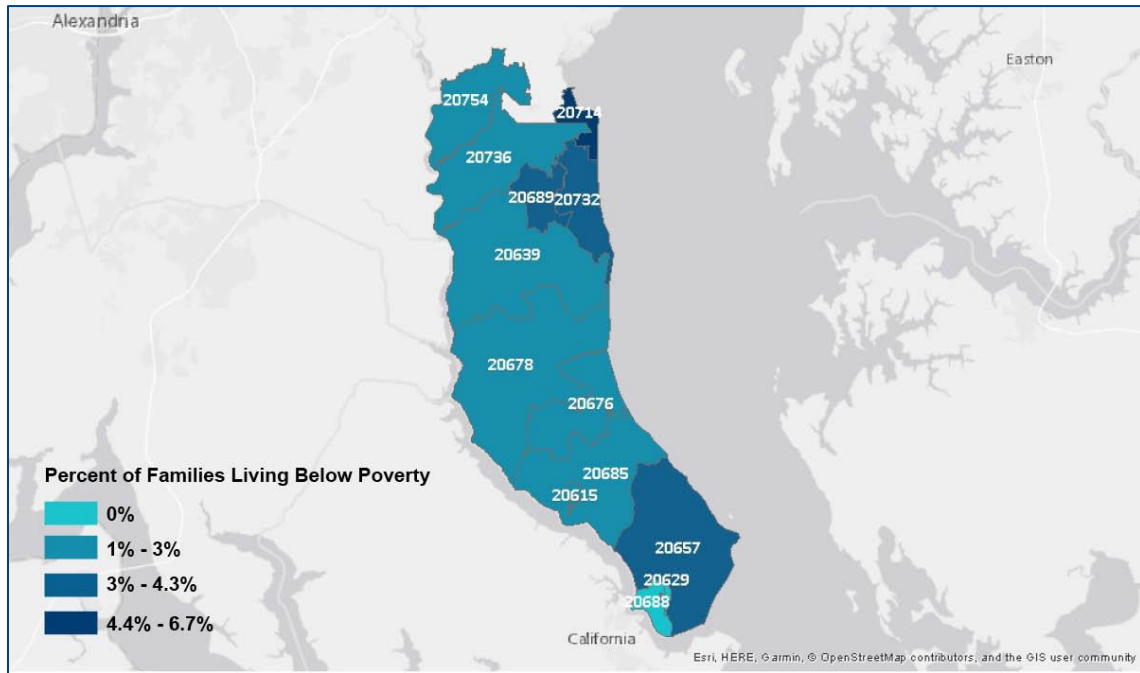
FIGURE 16. MEDIAN HOUSEHOLD INCOME BY RACE



Poverty

Figure 17 shows the percentage of families living below the poverty level by zip code. The darker blue colors represent a higher percentage of families living below the poverty level, with zip codes 20714 (North Beach), 20678 (Prince Frederick), 20732 (Chesapeake Beach), 20689 (Sunderland), and 20657 (Lusby) having the highest percentages.

FIGURE 17. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE

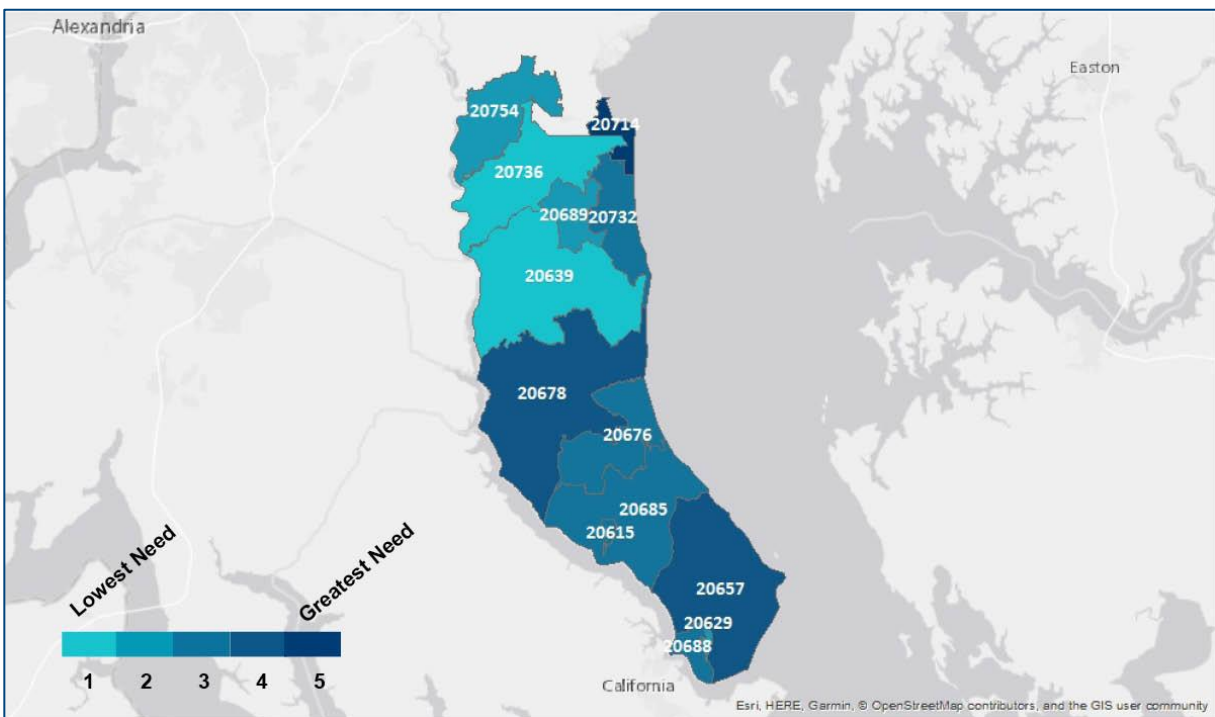


SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily identify areas of high socioeconomic need. This index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized and averaged to create one composite index value for every zip code in the United States with a population of at least 200. Zip codes have index values ranging from zero to 100, where higher values are estimated to have the highest socioeconomic need and are correlated 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 18. The following zip codes had the highest level of socioeconomic need (as indicated by the darkest shade of 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 targeting prevention and outreach activities. The three communities (North Beach, Prince Frederick, and Lusby) were previously identified in CalvertHealth's 2017 CHNA as having the highest socioeconomic need, thus targeted health improvement efforts in these communities should be continued.

FIGURE 18. SOCIONEEDS INDEX



Data Synthesis

Primary and secondary data were collected, analyzed and synthesized to identify the significant community health needs in Calvert County as shown in the Venn diagram (Figure 19).

For the purpose of analysis, secondary data were treated as one data source, while primary data included both key informant interviews and online survey results.

The 11 top health needs identified from the data sources were analyzed for areas of overlap. Primary data from key informant interviews and community survey results show the five most discussed or selected topic areas demonstrating strong evidence of need. Secondary data indicators identified nine topic areas of greater need based on based on the topic score calculated using the HCI data scoring tool. Figure 19 shows the data synthesis results via a Venn diagram that illustrates overlapping top health needs from the two data sets.

FIGURE 19. DATA SYNTHESIS RESULTS

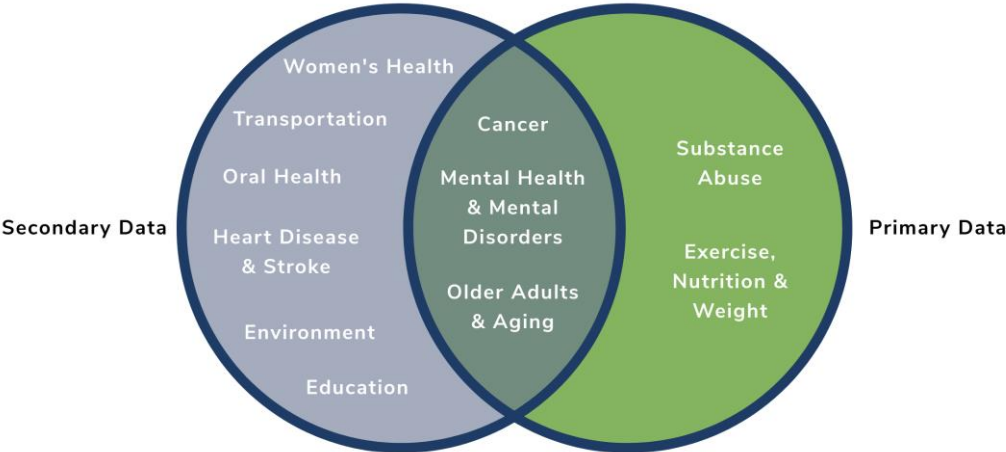


Table 3 shows the final 11 significant health needs, listed in alphabetical order, that were included for prioritization based on the synthesis of all forms of data collected for CalvertHealth’s CHNA.

TABLE 3. HEALTH TOPIC AND DATA COLLECTION

Health Topic	Data Set
Cancer	Secondary Data, Key Informants, Survey
Education	Secondary Data
Environment	Secondary Data
Exercise, Nutrition & Weight	Key Informants, Survey
Heart Disease & Stroke	Secondary Data
Mental Health & Mental Disorders	Secondary Data, Key Informants, Survey
Older Adults & Aging	Secondary Data, Key Informants, Survey
Oral Health	Secondary Data
Substance Abuse	Key Informants, Survey
Transportation	Secondary Data
Women’s Health	Secondary Data

Prioritized Significant Health Needs

The following section dives deeper into each of the prioritized health needs in order to understand how findings from secondary and primary data led to the health topic becoming a priority health issue for CalvertHealth. The four health needs are presented in the order of how they ranked in the prioritization process.

Prioritized Health Topic #1: Cancer

Cancer

Secondary Data Score: **1.70**



Key Themes from Community Input



- Lack of knowledge of available screenings
- Nearly 25% of survey respondents think cancer is a prevalent health issue

Warning Indicators



- Age-Adjusted Death Rate due to Breast Cancer
- Age-Adjusted Death Rate due to Prostate Cancer
- Melanoma Incidence Rate
- Cervical Cancer Incidence Rate
- Breast Cancer Incidence Rate

Secondary Data

From the secondary data scoring results, Cancer was identified to be a top health need in Calvert County. It has the third highest data score of all health topic areas using the data scoring technique, with a score of 1.70. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed below.

TABLE 4. DATA SCORING RESULTS FOR CANCER

SCORE	CANCER	Calvert County	Maryland	US	Maryland Counties	US Counties	Trend
2.55	Age-Adjusted Death Rate due to Breast Cancer (2012-2016) <i>deaths/100,000 females</i>	26.2	22.1	20.6 HP2020* 20.7			

2.45	Age-Adjusted Death Rate due to Prostate Cancer (2012-2016) <i>deaths/100,000 males</i>	27.7	20.2	19.2 HP2020* 21.8			
2.25	Melanoma Incidence Rate (2012-2016) <i>cases/100,000 population</i>	30.3	23	21.8			
2.18	Cervical Cancer Incidence Rate (2003-2007) <i>cases/100,000 females</i>	9	7.6	HP2020* 7.3		—	—
2.15	Breast Cancer Incidence Rate (2012-2016) <i>cases/100,000 females</i>	141.1	131.5	125.2			
1.80	Oral Cavity and Pharynx Cancer Incidence Rate (2012-2016) <i>cases/100,000 population</i>	13.6	10.9	11.7			
1.75	Cancer: Medicare Population (2017) %	8.9	9.1	8.2			
1.75	Colorectal Cancer Incidence Rate (2012-2016) <i>Cases/100,000 population</i>	39	36.4	38.7 HP2020* 39.9			

*HP2020 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2020 represents a Healthy People target to be met by 2020.

From the secondary data results, there are many cancer indicators that raise concern for Calvert County. Calvert County has a higher rate of Breast Cancer Deaths, Prostate Cancer Deaths, Melanoma Incidence, Cervical Cancer Incidence, Breast Cancer Incidence, Oral Cavity and Pharynx Cancer Incidence, Cancer in the Medicare Population, and Colorectal Cancer Incidence than both the overall state of Maryland and the U.S. Further, Calvert County is failing to meet the Healthy People 2020 targets for Age-Adjusted Death Rate due to Breast Cancer, Age-Adjusted Death Rate due to Prostate Cancer, and Cervical Cancer Incidence Rate.

Primary Data

Approximately 25% of survey respondents selected Cancer as a prevalent issue in the community, while 3% of respondents selected Cancer as a personal health issue. Key informant interviews noted a lack of knowledge about available screenings in the community, which they believed is contributing to the higher cancer incidence and rates reported in the secondary data. Lack of health insurance coverage for preventative screenings, such as mammography for women younger than 40, was noted as a barrier to catching breast cancer at an earlier stage. Additionally, key informants mentioned historically high levels of tobacco use in the county, especially with older community members, which could contribute to the higher cancer rates.



Lack of education and the fact that cancer is scary are barriers to screening.
- Key Informant Quote



Prioritized Health Topic #2: Heart Disease & Stroke

Heart Disease & Stroke

Secondary Data Score: **1.54**



Key Themes from Community Input



- Nearly 15% of survey respondents noted high blood pressure as a personal health issue
- For survey respondents representing communities of color, high blood pressure was the top personal health issue they noted

Warning Indicators



- Ischemic Heart Disease: Medicare Population
- Age-Adjusted Death Rate due to Heart Disease
- Age-Adjusted ER Rate due to Hypertension
- High Blood Pressure Prevalence
- Hyperlipidemia: Medicare Population

Secondary Data

From the secondary data scoring results, Heart Disease & Stroke was identified to be a top health need in Calvert County. It had the fifth highest data score of all health topic areas using the data scoring technique, with a score of 1.54. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 5.

TABLE 5. DATA SCORING RESULTS FOR HEART DISEASE & STROKE

SCORE	HEART DISEASE & STROKE	Calvert County	Maryland	US	Maryland Counties	US Counties	Trend
2.35	Ischemic Heart Disease: Medicare Population (2017) %	29.7	26.6	26.9			
2.05	Age-Adjusted Death Rate due to Heart Disease (2016-2018) <i>deaths/100,000 population</i>	186.3	163.8			—	
1.95	Age-Adjusted ER Rate due to Hypertension (2017) <i>ER Visits/ 100,000 population</i>	359.2	351.2			—	
1.88	High Blood Pressure Prevalence (2017) %	32.9	30.6	32.3 HP2020* 26.9		—	
1.80	Hyperlipidemia: Medicare Population (2017) %	45.2	42.8	40.7			
1.75	Atrial Fibrillation: Medicare Population (2017) %	8.9	8.2	8.4			
1.70	Stroke: Medicare Population (2017) %	4.3	4.4	3.8			

*HP2020 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2020 represents a Healthy People target to be met by 2020

Looking at the secondary data, the Medicare population is disproportionately affected by Heart Disease & Stroke in Calvert County. Ischemic Heart Disease, Atrial Fibrillation, Hyperlipidemia, and Stroke are all indicators of concern for the Medicare population. The county has higher percentages for all of these

indicators than both the state of Maryland and the entire U.S., except for Stroke, which has a slightly lower percentage than the state of Maryland, but higher than the U.S. Given that Older Adults & Aging was one of the top five identified significant health needs for Calvert County based on the data synthesis, and that the population of Calvert County skews slightly older as well, these factors will be integrated into the implementation strategy for the prioritized Heart Disease & Stroke topic area.

Primary Data

Survey respondents noted Heart Disease & Stroke as a need to address both personally and in the community. High blood pressure was selected by 14.93% of respondents as a personal health issue. When broken down by race, survey respondents representing communities of color selected high blood pressure as the top health concern for themselves and the community. Heart Disease & Stroke was selected by 16.84% of survey respondents as a community health issue. Additionally, survey respondents chose “chronic disease management services” as a resource needed in the community. Key informants stated chronic disease management would help those living with heart disease. Key informants cited transportation issues, especially among older adults as a barrier to accessing chronic disease management services.



When I get a request for medication assistance, it's usually for blood pressure medications.

- Key Informant Quote



Prioritized Health Topic #3: Mental Health & Mental Disorders

Mental Health & Mental Disorders

Secondary Data Score: **1.52**



Key Themes from Community Input



- Mental health and behavioral health services was the most commonly selected resource needed in the community
- Key Informants believe there is a need for mental/behavioral health interventions in school

Warning Indicators




- Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury
- Age-Adjusted Hospitalization Rate due to Pediatric Mental Health
- Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury

Secondary Data

From the secondary data scoring results, Mental Health & Mental Disorders was identified to be a top health need in Calvert County. It had the eighth highest data score of all health topic areas using the

data scoring technique, with a score of 1.52. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 6.

TABLE 6. DATA SCORING RESULTS FOR MENTAL HEALTH & MENTAL DISORDERS

SCORE	MENTAL HEALTH & MENTAL DISORDERS	Calvert County	Maryland	US	Maryland Counties	US Counties	Trend
2.58	Age-Adjusted Death Rate due to Suicide (2012-2014) deaths/100,000 population	16.5	9.2	12.7 HP2020* 10.2	—	—	
1.95	Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury (2013-2015) hospitalizations/10,000 population aged 12-17	76.7	23.3	—	—	—	—
1.95	Age-Adjusted Hospitalization Rate due to Pediatric Mental Health (2016-2018) hospitalizations/10,000 population under 18 years	32.5	10.8	—	—	—	—

*HP2020 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2020 represents a Healthy People target to be met by 2020

The secondary data reveal that Mental Health & Mental Disorders affect children and adolescents in Calvert County. The Rates of Hospitalizations due to Adolescent Suicide and Intentional Self-Inflicted Injury as well as Pediatric Mental Health are more than double the overall Maryland state values. Furthermore, the Death Rate Due to Suicide in Calvert County is not only higher than both Maryland and the U.S., but also has 16.5 deaths per 100,000 population, which is higher than the CDC Healthy People 2020 target of 10.2 deaths per 100,000 population.

Primary Data

Mental Health, including Behavioral Health and Stress, was selected by 29.12% of survey respondents as a health issue in the community. All key informants spoke of mental health issues in the community, the need for more services including inpatient and outpatient programs, and specifically expressed concern for school-aged children. Key informants stated that fear and anxiety among children and their parents was high when schools were closed due to the stay-at-home orders related to the COVID-19 pandemic.

“Services for Adolescents”, including smoking and vaping education/cessation, healthy lifestyle and mental health support, was chosen by 39.55% of survey respondents as services the community would

benefit from. “More Mental Health and Behavioral Health Services” was noted as the most needed resource for the community (as selected by 44.66% of survey respondents). Additionally, the need for “Emotional Wellness and Stress Reduction Services” was selected by 28.97% of survey respondents. Key informants expressed concern about the long waits to access mental health services.

“Mental health is the number one driver of so many issues in the community.”
- Key Informant Quote

Prioritized Health Topic #4: Exercise, Nutrition & Weight

Exercise, Nutrition & Weight

Secondary Data Score: **1.44**



Key Themes from Community Input



- Over 25% of survey respondents noted this as a personal health issue
- Key Informants focused on the need for more places to exercise

Warning Indicators



- Adults Who Are Obese
- Food Insecure Children Likely Ineligible for Assistance
- Access to Exercise Opportunities
- People with Low Access to a Grocery Store
- SNAP Certified Stores
- Recreation and Fitness Facilities

Secondary Data

From the secondary data scoring results, Exercise, Nutrition, & Weight (including Obesity) was identified to be a top health need in Calvert County. It had the twelfth highest data score of all health topic areas using the data scoring technique, with a score of 1.44. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed in Table 7.

TABLE 7. DATA SCORING RESULTS FOR EXERCISE, NUTRITION, & WEIGHT (INCLUDING OBESITY)

SCORE	EXERCISE, NUTRITION & WEIGHT (OBESITY)	Calvert County	Maryland	US	Maryland Counties	US Counties	Trend
2.48	Adults Who Are Obese (2018) %	37.2	31.5	30.9 HP2020* 30.5		—	

2.30	Food Insecure Children Likely Ineligible for Assistance (2017) %	54	39	21		—	
2.25	Access to Exercise Opportunities (2020) %	61.4	92.6	84			—
1.95	People with Low Access to a Grocery Store (2015) %	36.1					—
1.95	SNAP Certified Stores (2018) stores/ 1,000 population	0.4					—
1.90	Recreation and Fitness Facilities (2014) facilities/ 1,000 population	0.04			—	—	
1.88	Adults with a Healthy Weight (2014) %	32.9	35.1	35.2		—	
1.75	Grocery Store Density (2014) stores/ 1,000 population	0.1	31.5	30.9			
1.50	Households with No Car and Low Access to a Grocery Store (2015) %	2.1	39	21			—
1.50	Low-Income and Low Access to a Grocery Store (2015) %	5.2	92.6				—

*HP2020 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2020 represents a Healthy People target to be met by 2020

Overweight and obesity are areas of overwhelming concern for Calvert County, as the percent of adults who are obese is trending upward. The percent is higher in Calvert County (37.2%) than in both Maryland as a whole (31.5%) and the nation overall (30.9%). Calvert County fails to meet the Healthy People 2020 Target value (30.5%) in regard to adults either overweight or obese. Additionally, Food Insecure Children Likely Ineligible for Assistance also scored highly in the secondary data scoring of indicators, as the Calvert County value (54%) was much higher than the Maryland state value (39%) and the national value (21%). Furthermore, Access to Exercise Opportunities in Calvert County (61.4%) is trailing behind both the state of Maryland (92.6%) and the nation (84%).

Primary Data

Results from the community survey and key informant interviews support the secondary warning indicator of Adults who are Obese in the community. The survey results show Exercise, Nutrition & Weight as the second top health challenge survey respondents personally experience. When broken down by gender, 29.41% of women selected this as the top personal health issue. Key informants noted lack of healthy lifestyle opportunities as contributors to the higher obesity rates in their community. They emphasized the need for more spaces to exercise in the community and specifically requested more sidewalks for people to walk safely. Concern was noted about adolescents' high level of "screen time" versus time spent on healthier lifestyle choices like exercising.



Kids spend a lot of time on their screens, eating junk food and not getting enough sleep.



- Key Informant Quote

Non-Prioritized Significant Health Needs

The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. CalvertHealth did not elect to explicitly prioritize these topics. However, they are related to the selected priority areas and will be interwoven in the forthcoming Implementation Strategy and in future work addressing health needs through strategic partnerships with community partners.

Key themes from community input are included for each non-prioritized health need along with the secondary data warning indicators, which reveal where Calvert County performs worse than the state of Maryland.

Non-Prioritized Health Need #1: Education

Education

Secondary Data Score: **1.51**



Key Themes from Community Input



- Over 39% of survey respondents believe more services are needed for teen and adolescents

Warning Indicators



- School Readiness at Kindergarten Entry
- Student-to-Teacher Ratio



Parents use the school as a one stop shop for social and emotional support, and dietary needs.



- Key Informant Quote

Non-Prioritized Health Need #2: Environment

Environment

Secondary Data Score: **1.53**



Key Themes from Community Input



- Lack of good sidewalks for walking safely is a concern with 57% of survey respondents
- The community needs more fitness and physical activity resources

Warning Indicators



- Access to Exercise Opportunities
- Daily Dose of UV Irradiance
- People with Low Access to a Grocery Store
- SNAP Certified Stores
- Recreation and Fitness Facilities
- Grocery Store Density



We really have a special community here. I am just one of a lot of people that wants to do right and see change in our community.



- Key Informant Quote

Non-Prioritized Health Need #3: Older Adults & Aging

Older Adults & Aging

Secondary Data Score: **1.53**



Key Themes from Community Input



- Services for Seniors was noted as the second highest need in the community from the survey
- 49% of survey respondents and several of the key informants noted transportation issues for seniors

Warning Indicators



- Ischemic Heart Disease: Medicare Population
- Rheumatoid Arthritis or Osteoarthritis: Medicare Population
- Chronic Kidney Disease: Medicare Population
- Hyperlipidemia: Medicare Population
- Adults 65+ with Pneumonia Vaccination



Isolation and loneliness is always a big issue with seniors.



- Key Informant Quote

Non-Prioritized Health Need #4: Oral Health

Oral Health

Secondary Data Score: **1.60**



Key Themes from Community Input



- Lack of insurance is a major barrier to accessing dental services
- Underserved/Medicaid populations experience excessive wait times for care

Warning Indicators



- Age-Adjusted ER Visit Rate due to Dental Problems
- Oral Cavity and Pharynx Cancer Incidence Rate
- Children who Visited a Dentist



Because of the lack of access to dental care, people are coming in when an issue has really progressed.



- Key Informant Quote

Non-Prioritized Health Need #5: Substance Abuse

Substance Abuse

Secondary Data Score: **1.47**



Key Themes from Community Input



- 41% of survey respondents point to substance abuse as a health need impacting the community
- Substance abuse, including alcohol, crosses socioeconomic lines

Warning Indicators



- Adults who Binge Drink
- Alcohol-Impaired Driving Deaths
- Adults who Smoke



Everyone is vulnerable to drug issues.



- Key Informant Quote

Non-Prioritized Health Need #6: Transportation

Transportation

Secondary Data Score: **1.79**



Key Themes from Community Input



- Public transportation is not easily accessible and is limited in scope
- 35% of survey respondents think the community needs more transportation options

Warning Indicators



- Mean Travel Time to Work
- Solo Drivers with a Long Commute
- Workers who Drive Alone to Work



Some families have no access to cars to get to services.
- Key Informant Quote



Non-Prioritized Health Need #7: Women's Health

Women's Health

Secondary Data Score: **1.90**



Key Themes from Community Input



- Nearly 30% of female survey respondents point to exercise, nutrition and weight management as personal issues they struggle with
- Additionally, female respondents believe a lack of sidewalks for walking safety was a barrier to better health

Warning Indicators



- Age-Adjusted Death Rate due to Breast Cancer
- Cervical Cancer Incidence Rate
- Breast Cancer Incidence Rate



There does not seem to be a lot of free screening for low income women.
- Key Informant Quote



Other Findings

Critical components in assessing the needs of a community are identifying barriers to and disparities in health care. Additionally, the identification of barriers and disparities will help inform and focus strategies for addressing the prioritized health needs for CalvertHealth's service area. The following section identifies barriers and disparities as they pertain to Calvert County.

Barriers to Care

Community health barriers for CalvertHealth's service area were identified as part of the primary data collection. Key informants and community survey respondents were asked to identify any barriers to healthcare observed or experienced in the community.

Transportation

The geography of Calvert County, with its long, narrow peninsula and one main thoroughfare running north to south, results in increased transportation issues. The limited number of large roads or highways and the spread of the population throughout the rural county create difficulties for many of those in need of care. From the secondary data scoring results, Transportation was the second most pressing need in Calvert County with a data score of 1.79. Using a Likert Scale, a five-point scale used to allow the individual to express how much they agree or disagree with a particular statement, 43% of survey respondents disagreed or strongly disagreed that public transportation is affordable and easy to access. Furthermore, key informants reported public transportation as the biggest barrier to accessing services for those needing assistance such as older adults and families with children. They further explained that limited existing public transportation is exacerbated by the size and spread of the county across its long and narrow peninsula.

Cost, Wait Times, Literacy

For the community survey respondents that did not receive the care they needed, 24% noted wait time for services as an issue, while 31% selected cost as a barrier to seeking the care they needed. Key informants were concerned that low-income community members do not have access to affordable healthcare providers. Key informants added that even when health insurance is available, health literacy issues make seeking or renewing healthcare coverage difficult, especially for older adults and immigrant populations.

The economic secondary data further support the primary data findings around cost and access. The median household income of Calvert County is \$112,150, which is about \$20,000 higher than the Maryland state value. However, there is a disparity in median household income for Black/African American residents (\$71,173).

Disparities

Race/Ethnic & Age Disparities

Community health disparities were assessed in both the primary and secondary data collection processes. Table 8 below identifies secondary data health indicators with a statistically significant race or ethnic disparity for Calvert County.

TABLE 8. INDICATORS WITH SIGNIFICANT RACE/ETHNIC & AGE DISPARITIES

Health Indicator	Group Negatively Impacted (highest rates)
Children with Asthma	Black/African American, Other, Hispanic
Children Living Below Poverty Level	White, Asian, Multiple Races
People Living Below Poverty Level	Black/African American, Asian, American Indian / Alaska Native, Multiple Races, Other, Hispanic
Families Living Below Poverty Level	Black/African American, Multiple Races
People 65+ Living Below Poverty Level	Black/African American, Hispanic
People 25+ with a Bachelor's Degree or Higher	Black/African American, American Indian / Alaska Native
Babies with Low Birth Weight	Black/African American
Teens with Smoke Cigarettes: High School Students	Hispanic
Workers Commuting by Public Transportation	White, Hispanic

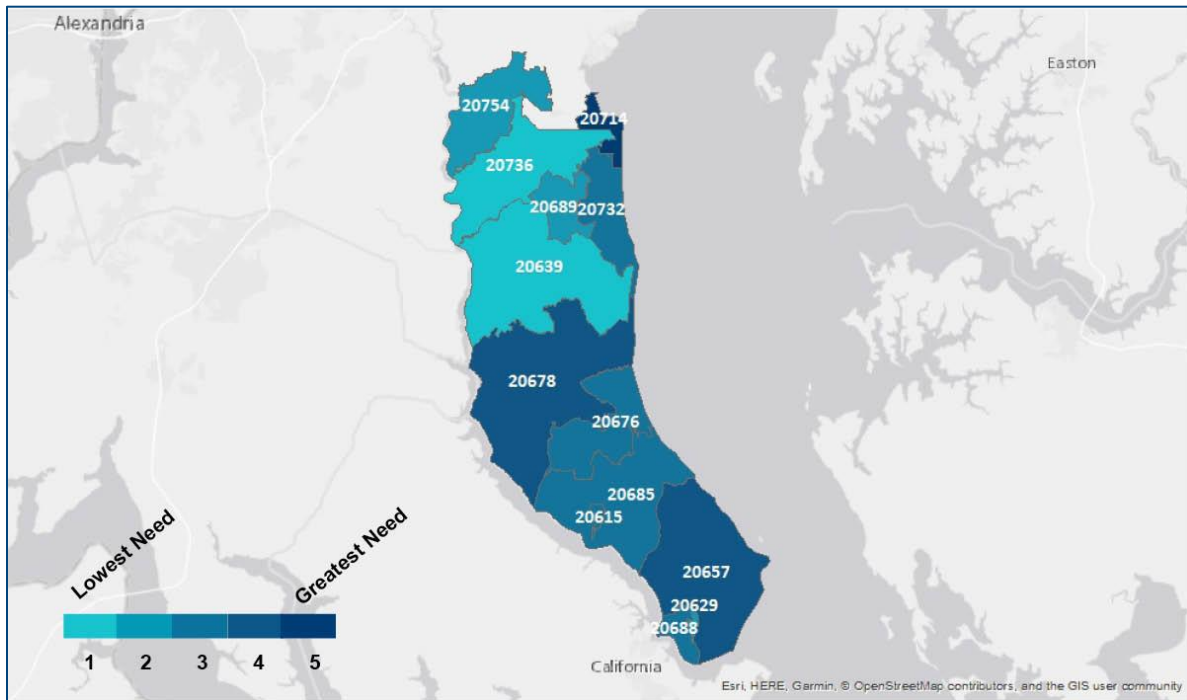
The indicators listed in Table 8 show a statistically significant difference in race or ethnicity according to the Index of Disparity analysis. Secondary data reveal that different race groups are disparately impacted for many poverty-related indicators, which are often associated with poorer health outcomes. Additionally, the Black/African American and Hispanic populations are the most negatively impacted race groups in Calvert County, experiencing six and five significant disparities, of indicators listed in Table 8. These important gaps in data should be recognized and considered for implementation planning to mitigate the disparities often faced along racial, ethnic, or cultural lines in Calvert County.

Key informant interviews did not specifically call out a particular race or ethnic group in the community as struggling more with social determinants of health but stated that minorities seem to be more negatively impacted by issues like poverty which contributes to poor health outcomes. Additionally, older adults were the age group that key informants brought up the most as having more barriers to accessing healthcare and services compared to younger populations. They also mentioned low-income families struggling to access services.

Geographic Disparities

Geographic disparities were also identified using the SocioNeeds Index[®]. Zip codes 20714 (North Beach), 20678 (Prince Frederick), and 20657 (Lusby) were identified as zip codes with the highest socioeconomic need, potentially indicating poorer health outcomes for residents in those areas. Because these areas were identified as having the highest socioeconomic need, understanding the population demographics of these communities is equally as important. Key informants mentioned North Beach and Prince Frederick as being areas experiencing lower income.

FIGURE 20. SOCIONEEDS INDEX



COVID-19 Impact Snapshot

COVID-19 Calvert County Community Impact Timeline



Introduction

At the time that CalvertHealth began its tri-annual CHNA process, Calvert County and the state of Maryland were in the midst of dealing with the novel coronavirus (COVID-19) pandemic.

The process for conducting the assessment remained fundamentally the same. However, there were some adjustments made during the primary data collection to ensure the health and safety of those participating.

Pandemic Overview¹

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. Upon completion of this report in September 2020, the pandemic was still very much a health crisis across the United States and in most countries.

Community Insights

The CHNA project team looked for additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Calvert County between March 2020 and July 2020. Findings are reported below.

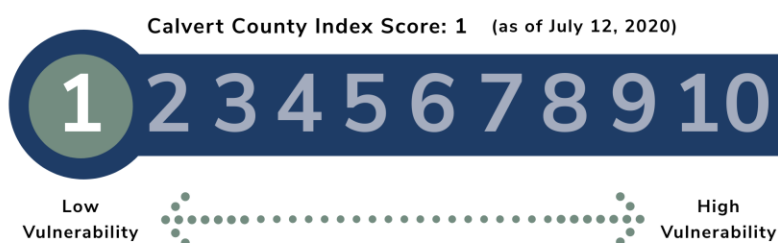


COVID-19 Cases and Deaths in Maryland and Calvert County

For current cases and deaths due to COVID-19 visit: <https://www.calverthealthmedicine.org/the-latest-information-on-coronavirus-covid-19>

Vulnerability Index²

Beyond looking at what we know about COVID-19 cases and deaths, the [Conduent Vulnerability Index](#) is a measure of potential severe illness burden due to COVID-19 by county. Counties are given an index value from 1 (low vulnerability) to 10 (high vulnerability). A county with a high vulnerability score can be described as a location where a higher percentage of COVID-19 cases would result in severe outcomes such as hospitalization or death as compared a county with a low vulnerability score.



What does this score mean?

Calvert County's Index Score of 1 means that county residents generally have low death rates due to chronic conditions, lower socio-economic needs, and adequate access to healthcare and services to protect themselves from more severe COVID-19 cases and more death than a county with higher rates of chronic disease, risky behavior, and/or low access to health services.

The median Vulnerability Index value in Maryland is 4, therefore, Calvert County - with a value of 1 - is in the top 25% of MD counties. Twenty-three counties, in addition to Baltimore City, in Maryland meet the inclusion criteria for the model and have daily-calculated Vulnerability Index values (Kent County, MD does not meet the model's inclusion criteria).

Calvert County Unemployment Rates³

As expected, Calvert County’s unemployment rates rose in April 2020 when stay at home orders were in place. As Calvert and surrounding counties began slowing reopening some businesses in May, the unemployment rate went down. The county can expect to see variation in unemployment rates based on government response to the pandemic. When unemployment rates rise, there is potential impact on health insurance coverage if jobs lost include employer-sponsored healthcare.



- December 2019: 2.5%
- April 2020: 8.3%
- May 2020: 7.7%
- June 2020: 6.3%

Calvert County Community Feedback

Key Informant interviews and a communitywide online survey were used to capture insights and perspectives of the health needs of Calvert County. Included in both the key informant interview guide and survey tool were questions specific to COVID-19.

Table 9 is a summary of the insights from community survey respondents and community experts gathered in May and early June 2020 regarding the impact of COVID-19 on the community.

TABLE 9. COVID-19 PRIMARY DATA INSIGHTS

Community Survey Insights	Key Informant Insights
90% of respondents felt “very” or “somewhat” informed about COVID-19	More isolation and loneliness were felt, especially with older adults
47% of respondents experienced “moderate” to “major” impact in feeling alone/isolated during the stay at home orders	There was heightened fear and anxiety in school children and their parents when schools closed
49% felt “moderate” or “major” impact of not knowing when the pandemic will end and having a lack of control	Food insecurity rose at the start of the stay at home orders and then diminished when services resumed
	Organizations were innovative and worked together to keep serving the community

2020 CalvertHealth Significant Health Needs and COVID-19 Impact

Of the 11 significant health needs identified through primary and secondary data, three appeared to worsen during the stay at home orders in the early stages of the pandemic according to information gathered through key informant interviews and survey responses.

Environment (Food Insecurity)

- 35% of survey respondents noted “minor” to “moderate” impact when asked about food shortages due to COVID-19, while 47.5% selected “no impact.”
- Food insecurity for seniors was noted as an issue related to COVID-19 by key informants because many of the community food programs had volunteers in the high-risk age range. Therefore, when the stay-at-home orders were in place, there was a shortage of people to help. However, it was reported community organizations came together quickly to address the issue and figure out food distribution for seniors.
- According to End Hunger in Calvert County, when schools closed 3,000 children in Calvert County lost access to free breakfast and lunch. Key informants reported that local school and government officials created a plan to make meals available to families with school-aged children.



Mental Health and Mental Health Disorders

- 47% of survey respondents reported experiencing “moderate” to “major” impact in feeling alone/isolated during the COVID-19 stay at home orders.
- When asked what services the community needs more of, “behavioral/mental health services” was selected the most by survey respondents.
- According to a key informant, Senior Center closures exacerbated feelings of isolation and loneliness among the older adult population. While the centers were closed, senior community members lost access to socialization activities including exercise classes, educational programs, support groups, and meal services.
- Fear and anxiety were experienced by students and their parents when schools closed and the uncertainty of when they would reopen.



Older Adults & Aging

- Services for older adults were the second most commonly selected need in the community by survey respondents.
- Key informants reported that concern for older adults dealing with feelings of isolation and challenges meeting their physical needs (groceries shopping, picking up prescriptions etc.) led to telephone outreach to connect those in need with resources as they became available.



Community experts who participated in the interviews also highlighted that local government officials, school administration, senior services leaders, and religious organizations came together to leverage resources, address disruptions and meet needs as quickly and efficiently as possible.

Recommended Data Sources

As local, state, and national data are updated and become available, these data can continue to help inform approaches to meeting existing and developing needs related to the pandemic. Recommended data sources for Calvert County are included here:

National Data Sources

- **Center for Disease Control:** <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/surveillance-data-analytics.html>
- **Johns Hopkins Coronavirus Resource Center:** <https://coronavirus.jhu.edu/us-map>
- **Conduent COVID At Risk – Vulnerability Index:** <https://www.covid19atrisk.org/>
- **NACCHO Coronavirus Resources for Health:** <https://covid19-naccho.hub.arcgis.com/>
- **Feeding America (The Impact of the Coronavirus on Local Food Insecurity):** https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf

Maryland Data Sources

Data from the following websites are updated regularly and may provide additional information into the impact of COVID-19 in Calvert County:

- **CalvertHealth:** <https://www.calverthealthmedicine.org/the-latest-information-on-coronavirus-covid-19>
- **Calvert County Public Health Department:** <https://www.calvertcountycovid19.com/>
- **Calvert County Public Health Department COVID-19 Resource Center:** <https://www.calvertcountymd.gov/2630/COVID-19-Virtual-Resource-Center>
- **Maryland Department of Public Health:** <https://coronavirus.maryland.gov/>
- **Healthy Calvert:** <http://www.healthycalvert.org/>

COVID-19 Impact Snapshot Data Sources

1. **Pandemic Overview:** <https://coronavirus.maryland.gov/>
2. **Vulnerability Index:** <https://www.covid19atrisk.org/vulnerability.html>
3. **Calvert County Unemployment Rates:** <https://fred.stlouisfed.org/series/MDCALV9URN>

Conclusion

This Community Health Needs Assessment (CHNA), conducted for CalvertHealth, used a comprehensive set of secondary and primary data to determine the 11 significant health needs in Calvert County. The prioritization process identified four top health needs: Cancer; Heart Disease & Stroke; Mental Health & Mental Disorders; and Exercise, Nutrition & Weight (including Obesity).

The findings in this report will be used to guide the development of CalvertHealth's Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community.

Please send any feedback and comments about this CHNA to:
community.wellness@calverthealthmed.org with "CHNA Comments" in the subject line.
Feedback received will be incorporated into the next CHNA process.

2020 Community Health Needs Assessment FY21-FY23 Implementation Plan

In accordance with federal law and regulation, and in alignment with CalvertHealth Medical Center’s mission and values, set forth below is our 2020 Community Health Needs Assessment Implementation Plan (the “2020 CHNA Implementation Plan”).

CalvertHealth Medical Center has partnered with numerous community leaders throughout Calvert County, through various coalitions and collaborative relationships that are in place in the county. The CalvertHealth Medical Center Board of Directors has formally adopted the CHNA as its own. A full report of the 2020 CHNA can be found at: <https://www.calverthealthmedicine.org/Uploads/Public/Documents/CommunityNeeds/CalvertHealth%202020%20CHNA.pdf>. Any comments or questions should be addressed to Mary Golway, Director of Education & Training and Community Wellness at mary.golway@calverthealthmed.org, or 410-535-8134.

MISSION

CalvertHealth’s trusted team provides Southern Maryland residents with safe, high quality health care and promotes wellness for a healthy community.

VISION

We provide exceptional care and make a difference in every life we touch.

IMPLEMENTATION STRATEGY:

The Community Health Needs Assessment (CHNA) revealed that Calvert County had significant community needs in 11 areas, which are listed in Figure 1.

Prioritization Process

Prioritized Significant Health Needs

Figure 1. SIGNIFICANT HEALTH NEEDS

CalvertHealth Medical Center developed a decision-making team to prioritize the significant community health needs of Calvert County, using an online tool, and considering several criteria:

- Alignment with CalvertHealth’s strengths, priorities, and mission
- Alignment with national, state, or local priorities
- Disparities impact
- Feasibility of intervention
- Consequences of not intervening

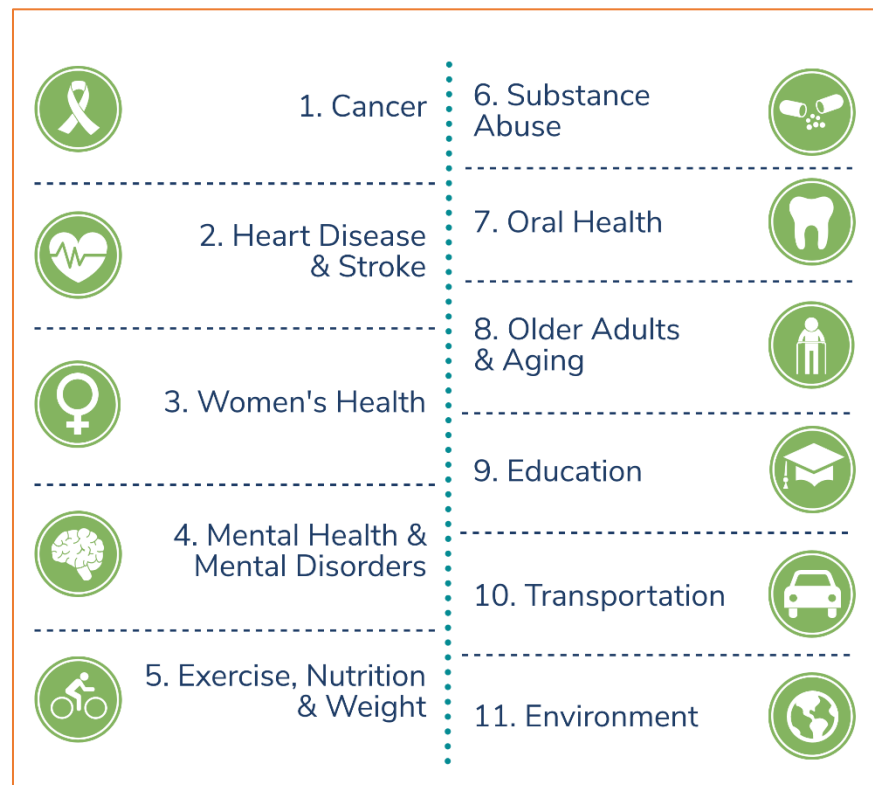
Completion of the online exercise resulted in a numerical score for each health need that correlated with how well each health need met the criteria for prioritization. After reviewing the results, CalvertHealth’s leadership decision-making team met to narrow the list to four priority health areas that will be considered for subsequent implementation planning. The four top health priorities for CalvertHealth are:

1. **Cancer**
2. **Heart Disease & Stroke**
3. **Mental Health & Mental Disorders**
4. **Exercise, Nutrition & Weight (including Obesity)**

Non-Prioritized Significant Health Needs

The remaining significant health needs that emerged from the CHNA and a review of the primary and secondary data were not explicitly prioritized for the purpose of implementation planning, however they are interrelated to the selected priority areas and are interwoven into this Implementation Strategy and in future work addressing health needs through strategic collaboration with community partners.

Updated March 2022



COVID-19 Impact

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. Upon completion of this report in September 2020, the pandemic was still very much a health crisis across the United States and in most countries.

Key Informant interviews and a community-wide online surveys were used to capture insights and perspectives of the health needs of Calvert County. Included in both the key informant interview guide and survey tool were questions specific to COVID-19.

The following table is a summary of the insights from community survey respondents and community experts gathered in May and early June 2020 regarding the impact of COVID-19 on the community.

COVID-19 PRIMARY DATA INSIGHTS

Community Survey Insights	Key Informant Insights
90% of respondents felt “very” or “somewhat” informed about COVID-19	More isolation and loneliness were felt, especially with older adults
47% of respondents experienced “moderate” to “major” impact in feeling alone/isolated during the stay-at-home orders	There was heightened fear and anxiety in school children and their parents when schools closed
49% felt “moderate” or “major” impact of not knowing when the pandemic will end and having a lack of control	Food insecurity rose at the start of the stay-at-home orders and then diminished when services resumed
	Organizations were innovative and worked together to keep serving the community

Implementation Strategy

The following section is a description of the CalvertHealth Medical Center's Implementation Strategy for 2020-2023 and will give some additional information about each of the top health topics to understand how findings from the secondary and primary data led to each becoming a priority health issue for CalvertHealth. It will include primary objectives, strategies, and actions to achieve the objectives, target populations, key partners, tactics to be utilized, and the plan to evaluate these actions for the four areas of prioritized need.

For many of these objectives and strategies, year 1 of the implementation period will establish baseline metrics, which will be built upon in the subsequent 2 years of the implementation plan. Specific groups (such as committees and task forces) will be delegated to collaborate on implementation and will develop more specific metrics and goals to be included in annual reporting. For each of the four priority areas, the program status, and most recent outcomes will be evaluated and reported on annually. The continued restrictions due to the COVID-19 pandemic will challenge the ability to provide some face to face programs that we would normally provide throughout the community. This plan is being written with the expectation that some face to face programs will return in a phased-in approach over the next 3 years, but not knowing the timeline for that return, or the modifications that may need to be considered.

Prioritized Health Topic #1: Cancer

Cancer

Secondary
Data Score: **1.70**



Key Themes from Community Input



- Lack of knowledge of available screenings
- Nearly 25% of survey respondents think cancer is a prevalent health issue

Warning Indicators



- Age-Adjusted Death Rate due to Breast Cancer
- Age-Adjusted Death Rate due to Prostate Cancer
- Melanoma Incidence Rate
- Cervical Cancer Incidence Rate
- Breast Cancer Incidence Rate

Primary Data

Approximately 25% of survey respondents selected Cancer as a prevalent issue in the community, while 3% of respondents selected Cancer as a personal health issue. Key informant interviews noted a lack of knowledge about available screenings in the community, which they believed is contributing to the higher cancer incidence and rates reported in the secondary data. Lack of health insurance coverage for preventative screenings, such as mammography for women younger than 40, was noted as a barrier to catching breast cancer at an earlier stage. Additionally, key informants mentioned historically high levels of tobacco use in the county, especially with older community members, which could contribute to the higher cancer rates.

Updated March 2022

Secondary Data

From the secondary data scoring results, Cancer was identified to be a top health need in Calvert County. There are many cancer indicators that raise concern for Calvert County. Calvert County has a higher rate of Breast Cancer Deaths, Prostate Cancer Deaths, Melanoma Incidence, Cervical Cancer Incidence, Breast Cancer Incidence, Oral Cavity and Pharynx Cancer Incidence, Cancer in the Medicare Population, and Colorectal Cancer Incidence than both the overall state of Maryland and the U.S. Further, Calvert County is failing to meet the Healthy People 2020 targets for Age-Adjusted Death Rate due to Breast Cancer, Age-Adjusted Death Rate due to Prostate Cancer, and Cervical Cancer Incidence Rate.

<p>Priority Area: Cancer Primary Objective (s): 1. Early detection and treatment for cancers, increased access to screening and treatment 2. Promote healthy lifestyle and support for cancer survivors 3. Reduce tobacco use in school age population, reducing negative health impact, including risks of lung cancer related illness</p>				
Strategy/Action	Target Population	Key Partners	Tactics	Evaluation
Provide cancer screening and education programs in the community.	Calvert County residents at risk for cancers.	<ul style="list-style-type: none"> Calvert Health Oncology Calvert Community Dental Clinic Maryland Dept. of Health 	<ul style="list-style-type: none"> Continue to offer community Events/Health Fairs, Mobile Health Unit that include oral cancer screening opportunities 	<p>Annually track participation rates in screenings and referrals of positive patient findings. Track outcomes of referred patients, when available.</p>
Provide Oral Cancer Screening to people who smoke or are over 40.	Calvert County residents who smoke, or are over 40 years of age	<ul style="list-style-type: none"> Office of Oral Health Cancer and Tobacco Coalition (Health Department) 	<ul style="list-style-type: none"> Continue oral screenings and education on HPV infection prevention, and related risk for cervical cancers for patients at the Calvert Community Dental Clinic 	
Provide Human Papilloma Virus (HPV) education to dental patients.	Calvert County residents who utilize the services of the Calvert Community Dental Clinic	<ul style="list-style-type: none"> Calvert County Health Department Local Primary Care Providers 	<ul style="list-style-type: none"> Expand dental outreach offerings to include additional local middle and high schools. 	
Expand existing school-based Oral health screenings in the community.	Low income children who attend Head Start/ Title 1 schools in Calvert County	<ul style="list-style-type: none"> American College of Surgeons COC Cigarette Restitution Fund Calvert Dermatology 		
Continue to expand survivorship programs.	Patients undergoing cancer treatment, and after cancer treatment.	<ul style="list-style-type: none"> CalvertHealth Oncology CalvertHealth Cancer Committee CalvertHealth Outpatient Rehabilitation 	Expand nutritional services, rehabilitation services, and other lifestyle programs to be provided to cancer patients, survivors, and their families.	Evaluate annually the number of services offered, participation rates, and feedback from participants.

Priority Area: Cancer Primary Objective (s): <ol style="list-style-type: none"> 1. Early detection and treatment for cancers, increased access to screening and treatment 2. Promote healthy lifestyle and support for cancer survivors 3. Reduce tobacco use in school age population, reducing negative health impact, including risks of lung cancer related illness 				
Strategy/Action	Target Population	Key Partners	Tactics	Evaluation
		<ul style="list-style-type: none"> • Patuxent United Methodist Church • Calvert County Family Network 	including but not limited to targeting pregnant mothers	

<p>Priority Area: Cancer</p> <p>Primary Objective (s):</p> <ol style="list-style-type: none"> 1. Early detection and treatment for cancers, increased access to screening and treatment 2. Promote healthy lifestyle and support for cancer survivors 3. Reduce tobacco use in school age population, reducing negative health impact, including risks of lung cancer related illness 				
Strategy/Action	Target Population	• Key Partners	Tactics	Evaluation
<p>Expand Tobacco Road Show (TRS) program to educate children at risks and health impact of tobacco use, including smoking and vaping.</p>		<ul style="list-style-type: none"> • Calvert County Public Schools • Calvert County Health Department • Calvert County Sherriff Office • CalvertHealth Oncology • Health Ministry Network 	<p>Expand TRS from public middle schools to include:</p> <ul style="list-style-type: none"> • Private school, • the adolescent clubhouse • county high schools expanding the number of children who are educated. • Junior Sheriff’s Camp • Faith-based youth groups (utilizing Health Ministry) <p>Communication campaign to target Middle/High School students:</p> <ul style="list-style-type: none"> • Establish website locations with state recommendations & resources • Create slogan with QR code to be distributed to students 	<p>Evaluate annually number of schools, community members, and youth groups participate in program.</p> <p>Evaluate annually the number of students that report smoking and vaping.</p> <p>Increase referrals for high school students to cessation programs.</p>

Prioritized Health Topic #2: Heart Disease & Stroke

Heart Disease & Stroke

Secondary Data Score: **1.54**



Key Themes from Community Input



- Nearly 15% of survey respondents noted high blood pressure as a personal health issue
- For survey respondents representing communities of color, high blood pressure was the top personal health issue they noted

Warning Indicators



- Ischemic Heart Disease: Medicare Population
- Age-Adjusted Death Rate due to Heart Disease
- Age-Adjusted ER Rate due to Hypertension
- High Blood Pressure Prevalence
- Hyperlipidemia: Medicare Population

Primary Data

Survey respondents noted Heart Disease & Stroke as a need to address both personally and in the community. High blood pressure was selected by 14.93% of respondents as a personal health issue. When broken down by race, survey respondents representing communities of color selected high blood pressure as the top health concern for themselves and the community. Heart Disease & Stroke was selected by 16.84% of survey respondents as a community health issue. Additionally, survey respondents chose “chronic disease management services” as a resource needed in the community. Key informants stated chronic disease management would help those living with heart disease. Key informants cited transportation issues, especially among older adults as a barrier to accessing chronic disease management services. For this reason, many of the key initiatives will be centered in places such as the senior centers, mobile health unit, and places of worship in the community.

Secondary Data

From the secondary data scoring results, Heart Disease & Stroke was identified to be a top health need in Calvert County. It had the fifth highest data score of all. Looking at the secondary data, the Medicare population is disproportionately affected by Heart Disease & Stroke in Calvert County. The county has higher percentages than both the state of Maryland and the entire U.S. for many indicators in this category. Given that Older Adults & Aging was one of the top five identified significant health needs for Calvert County based on the data synthesis, and that the population of Calvert County skews slightly older as well, these

Updated March 2022

factors will be integrated into the implementation strategy for the prioritized Heart Disease & Stroke topic area. Once COVID-19 guidance recommends that point of care testing and more preventative services can resume, expanded screenings for heart disease and stroke will be available on the mobile health unit.

Priority Area: Heart Disease and Stroke				
Primary Objective (s):				
<ol style="list-style-type: none"> 1. Improve heart health, and expanded resources to obtain medications to treat hypertension and high cholesterol. 2. Increase medication compliance by increasing knowledge and understanding of the purpose of the medications. 3. Increase safe activity level and promote continued healthy lifestyle behaviors of people who have suffered from heart disease and stroke 4. Increased access to screening and treatment for heart disease & stroke 5. Target at-risk and most vulnerable populations, and those disproportionately affected by heart disease & stroke 				
Strategy/Action	Target Population	Key Partners	Tactics	Evaluation
Provide community resources to increase understanding of medications for management of blood pressure and cholesterol, increase access to medications, and increase compliance.	Calvert County Residents for whom medication for blood pressure and/or cholesterol management has been prescribed	<ul style="list-style-type: none"> • Calvert County Office on Aging • CalvertHealth Pharmacy • Local Primary Care Providers • Calvert County Health Department 	<ul style="list-style-type: none"> • Increase pharmacist’s involvement in the Ask-the-Expert program on the Mobile Health Unit, and at Senior Centers. Offer at least monthly visits for medication management and reconciliation. 	<p>Track # of programs offered annually, # of persons seen, and # of referrals for medication assistance.</p> <p>Use dashboard to track age, sex, and ethnicity</p>
Continue Cardiopulmonary Rehab program	Patients that have been hospitalized for heart disease and stroke	<ul style="list-style-type: none"> • Local Primary Care providers and cardiologists 	<ul style="list-style-type: none"> • Continue to offer Cardio Pulmonary Rehab with COVID protocols in place. • Expand services to offer an exercise/wellness option for patients that complete cardiopulmonary rehab program 	<p>Track # of hospitalizations that program patients experience in 6 months after completing cardiac rehab program</p> <p>Track enrollments in exercise/wellness program</p>
Expand Mobile Health Unit services to include cholesterol screening along with a referral to a local PCP.	Calvert County residents at risk for high cholesterol, heart disease, and stroke.	<ul style="list-style-type: none"> • Local food pantries • CalvertHealth Primary Care • Translation services • Health Ministry Network 	<ul style="list-style-type: none"> • Expand services provided on Mobile Health Unit and increase # of clinics offered in community. • Have resources available during clinics to address access to care challenges, and insurance coverage. • Know your numbers program 	<p>Track # of people getting POC testing and number of blood pressure screenings. Track Referrals</p> <p>Use dashboard to track age, sex, and ethnicity</p>
Utilize the Health Ministry Network members and active partners to provide expanded outreach to more African	African American and Latino community members	<ul style="list-style-type: none"> • Calvert County faith communities 	<ul style="list-style-type: none"> • Increase diversity of Health Ministry Network members and active partners 	<p>Attendance at monthly Health Ministry Network meetings</p>

American and Latino community members		<ul style="list-style-type: none"> Holy Cross Health – Faith Community Network Suburban Hospital 	<ul style="list-style-type: none"> Engage Health Ministry Network to bring heart disease and stroke education to their parishioners, and to expand reach to minority population of Calvert County. 	<p>Track parish-based educational programs and # participants</p> <p>Use dashboard to track age, sex, and ethnicity</p>
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Prioritized Health Topic #3: Mental Health & Mental Disorders

Mental Health & Mental Disorders

Secondary Data Score: **1.52**



Key Themes from Community Input



- Mental health and behavioral health services was the most commonly selected resource needed in the community
- Key Informants believe there is a need for mental/behavioral health interventions in school

Warning Indicators



- Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury
- Age-Adjusted Hospitalization Rate due to Pediatric Mental Health
- Age-Adjusted Hospitalization Rate due to Adolescent Suicide and Intentional Self-inflicted Injury

Primary Data

Mental Health, including Behavioral Health and Stress, was selected by 29.12% of survey respondents as a health issue in the community. All key informants spoke of mental health issues in the community, the need for more services including inpatient and outpatient programs, and specifically expressed concern for school-aged children. Key informants stated that fear and anxiety among children and their parents was high when schools were closed due to the stay-at-home orders related to the COVID-19 pandemic. When this implementation plan was initiated, the 2020/2021 school year had begun with public schools providing almost all virtual instruction. At the time of this document being published, some students had returned to the physical classroom and school buildings, but many had not. Additionally at the time of writing this document, the pandemic is on a second wave, and there is a possibility that schools may return to mostly

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virtual. This ever-changing environment may serve to increase fear, anxiety, and mental health issues. Virtual learning will also challenge the ability of healthcare professionals to provide some face to face programs that would normally be provided to school age children in the community. This plan is being written with the expectation that some face to face programs will return over the next 3 years, but not knowing the timeline for that return.

“Services for Adolescents”, including smoking and vaping education/cessation, healthy lifestyle and mental health support, was chosen by 39.55% of survey respondents as services the community would benefit from. Smoking, vaping, and tobacco use is being addressed in the Cancer priority section. “More Mental Health and Behavioral Health Services” was noted as the most needed resource for the community (as selected by 44.66% of survey respondents). Additionally, the need for “Emotional Wellness and Stress Reduction Services” was selected by 28.97% of survey respondents. Key informants expressed concern about the long waits to access mental health services.

Secondary Data

From the secondary data scoring results, Mental Health & Mental Disorders was identified to be a top health need in Calvert County. The secondary data reveal that Mental Health & Mental Disorders affect children and adolescents in Calvert County. The Rates of Hospitalizations due to Adolescent Suicide and Intentional Self-Inflicted Injury as well as Pediatric Mental Health are more than double the overall Maryland state values. Furthermore, the Death Rate Due to Suicide in Calvert County is not only higher than both Maryland and the U.S., but also has 16.5 deaths per 100,000 population, which is higher than the CDC Healthy People 2020 target of 10.2 deaths per 100,000 population.

Substance Abuse was one of the top 11 health needs identified on the community needs assessment. Because it is very closely related to Mental Health and Mental Health disorders, strategies around addressing substance misuse and abuse will be addressed under the priority area of Mental Health and Mental Health Disorders.

Priority Area: Mental Health & Mental Disorders				
Primary Objective (s):				
<ol style="list-style-type: none"> 1. Improve services and resources to help combat bullying and prevent suicide. 2. Decrease use of controlled substances and overdoses in Calvert County. 3. Utilize Mobile Crisis Team to treat community members in the field and prevent avoidable Emergency Room visits. 4. Increase use of Medication Assisted Therapy for substance use disorder. 5. Create awareness and start the conversation about mental wellness for all ages 				
Strategy/Action	Target Population	Key Partners	Tactics	Evaluation
Increase awareness and prevention techniques for suicide & bullying in school age children. Increase identification of children at risk for suicide and provide appropriate referral and intervention	School age children in Calvert County	<ul style="list-style-type: none"> • Calvert County Public Schools • Local family practice and pediatrician offices • Calvert County Health Department • CalvertHealth Behavioral Health Unit • Calvert Hospice • Health Ministry Network • East John Youth Center 	<ul style="list-style-type: none"> • Bring tools and resources to teachers, family practice and pediatrician practice offices, and other community stakeholders. Resources suggested: 1. Mental Health first aid training: https://www.mhamd.org/what-	Implementation and adoption of appropriate tools

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Priority Area: Mental Health & Mental Disorders Primary Objective (s): <ol style="list-style-type: none"> 1. Improve services and resources to help combat bullying and prevent suicide. 2. Decrease use of controlled substances and overdoses in Calvert County. 3. Utilize Mobile Crisis Team to treat community members in the field and prevent avoidable Emergency Room visits. 4. Increase use of Medication Assisted Therapy for substance use disorder. 5. Create awareness and start the conversation about mental wellness for all ages 				
Strategy/Action	Target Population	Key Partners	Tactics	Evaluation
			we-do/training/mental-health-first-aid-maryland/ 2. BHIPP 3. Adverse Childhood Events screening tool <ul style="list-style-type: none"> • Initiate Town Hall meeting in high schools to address mental health • Increase availability, accessibility, and awareness of community hotline numbers available for crisis situations 	# of events scheduled, and number of attendees
Collaborate with community partners to address behavioral health and substance abuse.	Calvert County residents	<ul style="list-style-type: none"> • Local Behavioral Health Advisory Council • Opioid Stewardship Committee 	<ul style="list-style-type: none"> • Conduct a crosswalk to identify where goals and strategies align among various community agencies addressing Behavioral Health and Substance abuse, and where gaps in care and services may be. • Community Awareness events with CHMC and Calvert County Health Department • Collaborate with community providers to increase the number that are trained to provide Medication Assisted Therapy. • Initiate MAT therapy for CHMC inpatients 	Monitor Opioid Stewardship Dashboard, and LBAHC strategic goals. Actionable goals and metrics will be set by subcommittee, and a dashboard will be created to track trends and attainment of goals Review of crosswalk with resulting gap analysis Track number of community awareness events and number of participants.
Collaborate with community partners to increase awareness of and resources for suicide, depression and anxiety.	Adult Calvert County residents over the age of 16	<ul style="list-style-type: none"> • Calvert County Health Department • Calvert Hospice • Health Ministry Network 	<ul style="list-style-type: none"> • Identify tools appropriate for suicide, depression, and anxiety screening in DSMES/MNT participants . Work with community partners to implement use of these tools. • Collaborate with Health Ministry Network and Calvert Hospice to bring bereavement programs to local faith communities. • 	Implementation and adoption of appropriate tools # of mental health screens and referrals # of events scheduled, and number of attendees
Create awareness and education on diversity and inclusivity.	Calvert County Residents, CalvertHealth employees, and others who provide healthcare services to the community.	<ul style="list-style-type: none"> • Calvert County Health Department • Big Conversations • Adolescent Clubhouse 	<ul style="list-style-type: none"> • Provide education related to diversity, equity and inclusion as they relate to mental health • Establish an anti-stigma campaign 	Number of educational offerings and number of participants Launch of campaign

Prioritized Health Topic #4: Exercise, Nutrition & Weight

Exercise, Nutrition & Weight

Secondary Data Score: **1.44**



Key Themes from Community Input



- Over 25% of survey respondents noted this as a personal health issue
- Key Informants focused on the need for more places to exercise

Warning Indicators



- Adults Who Are Obese
- Food Insecure Children Likely Ineligible for Assistance
- Access to Exercise Opportunities
- People with Low Access to a Grocery Store
- SNAP Certified Stores
- Recreation and Fitness Facilities

Primary Data

Results from the community survey and key informant interviews support the secondary warning indicator of Adults who are Obese in the community. The survey results show Exercise, Nutrition & Weight as the second top health challenge survey respondents personally experience. When broken down by gender, 29.41% of women selected this as the top personal health issue. Key informants noted lack of healthy lifestyle opportunities as contributors to the higher obesity rates in their community. They emphasized the need for more spaces to exercise in the community and specifically requested more sidewalks for people to walk safely. Concern was noted about adolescents' high level of "screen time" versus time spent on healthier lifestyle choices like exercising.

Secondary Data

From the secondary data scoring results, Exercise, Nutrition, & Weight (including Obesity) was identified to be a top health need in Calvert County.

Overweight and obesity are areas of overwhelming concern for Calvert County, as the percent of adults who are obese is trending upward. The percent is higher in Calvert County (37.2%) than in both Maryland as a whole (31.5%) and the nation overall (30.9%). Additionally, in Calvert County, food insecurity in children

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and access to exercise opportunities were areas of concern in the secondary data scoring. Although Diabetes was not specifically identified in the community needs assessment as one of the top needs, it has been identified by the Maryland Department of Health as a top concern in the State. The Maryland Department of Health released a 2019-2024 Diabetes Action Plan to be implemented across the State, with specific recommendations for local communities. With this in mind, the Community Health Improvement Roundtable will establish a Diabetes subcommittee to oversee an action plan for Calvert County. Because of its close link to Exercise, Nutrition, and Weight, the work of the Diabetes subcommittee will fall under this priority area.

Priority Area: Exercise, Nutrition, and Weight (including obesity)				
Primary Objective (s):				
<ol style="list-style-type: none"> 1. Increase access to programs that promote a healthy lifestyle that incorporates exercise, nutrition, healthy weight, and other health behaviors 2. Offer individualized programs on fitness and nutrition for community members over 50. 3. Increase safe activity level and promote continued healthy lifestyle behaviors of people who have suffered from heart disease, stroke, and other chronic disease conditions 4. Implement strategies based on the Maryland Department of Health Diabetes Action Plan 				
Strategy/Action	Target Population	Key Partners	Tactics	Evaluation
<p>Address and promote exercise, nutrition, healthy weight, and healthy lifestyle</p> <p>Continue to offer healthy lifestyle programs through low cost and free programs that focus on fitness, physical activity and weight management.</p>	All Calvert County residents	<ul style="list-style-type: none"> • Health Ministry Network • Core Life • Calvert County Health Department • Stroke Support Group • Diabetes Support Group • Office on Aging • Local primary care and pediatrician offices 	<ul style="list-style-type: none"> • Partner with Core Life to expand fitness and nutrition services to county residents • Initiate new programs targeting diabetic and stroke patients to increase physical activity and improve quality of life • Utilize Office on Aging partnership to offer individualized programs on fitness and nutrition for community members over 50 • Collaborate with Calvert County Public Schools to provide resources related to healthy lifestyle and disease prevention in the public schools • Provide events, promotions, education, or awareness campaigns around a different theme each month throughout the calendar year 	<p>Monitor # of programs offered monthly and annually and # of participants.</p> <p>Monitor schedule of events and promotions and track # of participants, giveaways, etc.</p>
Address and promote exercise, nutrition, healthy weight, and healthy lifestyle specifically for school age children and adolescents	Adolescents in Calvert County that partake in the Adolescent Clubhouse	<ul style="list-style-type: none"> • Calvert County Sherriff • Calvert County Health Department • Calvert County Public Schools • Adolescent Clubhouse 	<ul style="list-style-type: none"> • Conduct a gap analysis for fitness and nutrition programs • Establish a monthly focus for health promotion and education 	
Implement a Diabetes Action Plan for Calvert County that is based on the Maryland Department of Health Action Plan	Calvert County residents most at risk for diabetes	<ul style="list-style-type: none"> • Calvert County Health Department • Local primary care providers, pediatricians, Ob/GYN providers, and endocrinologists • Calvert County Public Schools • Calvert County Office on Aging • Health Equity Coalition 	<ul style="list-style-type: none"> • Establish Diabetes subcommittee of Community Health Improvement Roundtable to review MDH action plan and set 3 year implementation plan for Calvert County • Diabetes subcommittee develop a gap analysis of services offered throughout the county, and develop action plan to address needs. • Distribution of updated diabetes resource guide and nutritional plate 	<p>Implementation of subcommittee</p> <p>Actionable goals and metrics will be set by subcommittee, and a dashboard will be created to track trends and attainment of goals</p> <p>Completion of gap analysis and resulting action plan & resources</p> <p>The Subcommittee completed a gap analysis (All ages and Types of Diabetes;</p>

			<ul style="list-style-type: none"> • Offer walking promotional materials that include information on walking clubs and locations for walking • CalvertHealth Medical Center host Farmers Market every Tuesday from April to October – include health education offerings at market • Expand gestational diabetes classes to offer a class in Spanish 	Types 1 and 2, Pre-, and gestational) which lead to the completion of a resource guide and nutritional plate for the community to use as education
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From Roundtable meeting May 2021

Goal	Priority Area
Expand Mental Health services to school aged children, teens, and young adults	Mental Health and Mental Disorders
Establish regular community information programs for mental health of all ages	Mental Health and Mental Disorders
Destigmatizing behavioral health for the public and medical professionals.	Mental Health and Mental Disorders
Community tool for seniors in the community to identify depression anxiety and help seniors get to services once identified	Mental Health and Mental Disorders
Expand in-home services for families	All 4
Access to care	All 4
Increase utilization of Hospice and Palliative Care services for individuals with severe and/or life-limiting illnesses	All 4
Complete a Spiritual Needs Assessment for the community which includes concerns of mind, body, and spirit	All 4



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**CALVERT HEALTH SYSTEM
PRINCE FREDERICK, MARYLAND 20678**

Policy Name: Financial Assistance

Policy Number: BD9

Category: Clinical non-Clinical

Review Responsibility: Director, Patient Financial Services
Vice President, Finance/CFO

Approved By: Chairman, Board of Directors
President & CEO
Vice President, Finance/CFO

Effective Date: 07/01/2019

Review/Revision Dates: 7/93, 6/96, 4/99, 8/02, 8/03, 10/04, 1/08, 8/09, 4/11, 4/14, 11/15,
2/17, 5/19, 1/20, 11/20, 12/20, 9/22

Associated Documents/Policies:

The policies set forth do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their clinical judgment in determining what is in the best interests of the patient, based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare policies for each. Accordingly, these policies should be considered to be guidelines to be consulted for guidance with the understanding that departures from them may be required at times.

I. PURPOSE:

The purpose of this policy is to determine when financial assistance will be offered to a patient based upon the patient's ability to obtain assistance through state and local agencies and the patient's ability to pay. This policy will assist Calvert Health System (CHS) in managing its resources responsibly and ensure that it provides the appropriate level of financial assistance to the greatest number of persons in need.

II. SCOPE:

This policy applies to all patients of CHS for all medically necessary services ordered by a physician. Hospital employed providers or those employed of a single member LLC where the hospital holds membership; and or employed providers of a legal entity established as a partnership with the CHS maintains a capital or profit interest in its existence will adhere to policy.

III. DEFINITIONS:

For the purpose of this policy, the terms below are defined as follows:



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Amounts Generally Billed (AGB) – The CHS determination of AGB will be the allowed amounts as determined by Medicare, including the patient responsibility of the total.

Charity Care: Healthcare services that have or will be provided but are never expected to result in cash inflows. Charity care results from the Hospital's Financial Assistance Policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the United States Census Bureau's definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to the Internal Revenue Service rules, if the patient claims someone as a dependent on their individual income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Noncash benefits (such as food stamps and housing subsidies) do not count.
- Determined on a before-tax basis.
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third-party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

IV. POLICY & PROCEDURE:

Policy:

CHS is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their



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individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, CHS strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with CHS's procedures for obtaining financial assistance or other forms of payment or assistance, and to contribute to the cost of their care based upon their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow CHS to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of financial assistance.

Procedure:

- A. Services Eligible Under this Policy:** For purposes of this policy, financial assistance or "charity" refers to healthcare services provided without charge or at a discount to qualifying patients. The following healthcare services are eligible for financial assistance:
1. Emergency medical service provided in an emergency room setting.
 2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual.
 3. Non-elective and non-emergency services.
 4. Medically necessary services, evaluated on a case-by-case basis, at CHS's discretion.
- B. Eligibility for Financial Assistance ("Charity Care"):** Eligibility for financial assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. The hospital will make a determination of probable eligibility within 2 business days following a patient's request for charity care



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services, application for medical assistance, or both. Patients with insurance are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities as long as they demonstrate financial need that meet the policy requirements as outlined in this Policy.

C. Determination of Financial Need:

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and will
 - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. The application form is the Maryland State Uniform Financial Assistance Application.
 - b. Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - c. Include reasonable efforts by CHS to explore appropriate alternative sources of payment and coverage from public and private payment programs.
 - d. Take into account the patient's available assets, and all other financial resources available to the patient; and
 - e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. However, the determination may be done at any point in the collection cycle. The need for payment assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 12 months prior, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
3. The Financial Counselor or designee shall attempt to interview all identified self-pay inpatients. The Financial Counselor shall make an initial assessment of eligibility for public/private assistance, or if it is determined that the patient would not meet the criteria for public assistance and the patient has a financial need, then financial assistance may be considered.



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4. If a patient may potentially meet criteria to obtain assistance with their medical bills through appropriate agencies, the patient has the following responsibilities:
 - 1) Apply for assistance.
 - 2) Keep all necessary appointments.
 - 3) Provide the appropriate agency with all required documentation.
 - 4) Patients should simultaneously apply for any need base program that can potentially provide financial sponsorship.
5. Patients must provide all required documentation to support their Financial Assistance Application in order to prove financial need. Exhibit A displays the list of documentation to support the determination of need for financial assistance. Patients requesting financial assistance may be required to consent to release of the patient's credit report to validate financial need. The Financial Counselor should review the completed financial assistance application and complete a checklist of required information and forward this documentation request to the patient. The hospital encourages the financial assistance applicant to provide all requested supporting documentation to prove financial need within ten business days of completing the Financial Assistance Application; otherwise, normal collection processes will be followed. In general, CHS will use the patient's three most current months of income to determine annual income.
6. Patients are not eligible for the financial assistance program if: a) they refuse to provide the required documentation or provide incomplete information; b) the patient refuses to be screened for other assistance programs even though it is likely that they would be covered by other assistance programs, and c) the patient falsifies the financial assistance application.
7. Upon receipt of the financial assistance application, along with all required documentation, the Financial Counselor will review the completed application against the following financial assistance guidelines:
 - a. If the patient is over the income scale, the patient is not eligible for financial assistance and the account should be referred to the Manager of Financial Services, although the account should be reviewed to determine if it would potentially qualify under the catastrophic illness or medical indigence exception to this Policy's income levels. A letter will be sent to all patients who fail to meet



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the financial assistance guidelines explaining why they failed to meet the guidelines along with an invitation to establish a payment plan for the medical bill.

- b. If the patient is under scale but has net assets of \$14,000 or greater, then the request for charity will be reviewed on an individual basis by the Director of Revenue Cycle to determine if financial assistance will be provided. The patient may be required to spend down to \$14,000 of net assets in order to qualify for financial assistance. CHS will exclude certain retirement accounts such as 401k to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to deferred compensation plans qualified under the Internal Revenue Code or non-qualified deferred compensation plans.
- c. Once the patient has provided the required documentation to prove financial need, the Financial Counselor should review and evaluate the financial assistance application against the above guidelines and make a determination whether to request approval or to deny the application. If the Financial Counselor or designee believes the application meets the above guidelines, the Financial Counselor should sign the application on the line: “Request for Approval of the Financial Assistance Application” and forward the completed application and all supporting documentation to the following individuals as appropriate:
 - i. Manager (\$100.00 to \$999.99)
 - ii. Director of Revenue Cycle (\$1000.00 to \$9,999.99)
 - iii. Vice President of Finance (\$10,000 to \$24,999.99)
 - iv. Vice President of Finance & President & CEO (\$25,000 and over)
- d. Once administrative approval of the charity adjustment is obtained, the approved application and all supporting documentation are forwarded to the Manager of Financial Services who makes the actual adjustment. Patients will receive written notification when the application is approved, denied, or pended for additional documentation.
- e. Financial assistance approval will be applicable for accounts one (1) year from the application date and accounts (including bad debt) six (6) months prior to application date.



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8. CHS's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly and CHS shall notify the patient or applicant in writing once a determination has been made on a financial assistance application. Patients who disagree with the hospital's determination have the right to appeal. The appeal must be filed within 15 days of the determination and the appeal will be reviewed by the Director of Revenue Cycle. The patient will be notified in writing of the final determination.
9. The services and companies listed below are not billed by the hospital. It outlines which entities will accept and abide by our decision to provide financial assistance.
 - a. Emergency Room Physicians (Alteon Health) – Accept
 - b. American Radiology – Accept
 - c. Hospitalist Services – Accept
 - d. North American Partners in Anesthesia – Accept
 - e. Quest Diagnostics – Does Not Accept
 - f. All American Ambulance – Does Not Accept
 - g. Pathology – Does Not Accept
 - h. Grace Care, LLC – Does Not Accept
 - i. Lab Corp – Does Not Accept

D. Presumptive Financial Assistance Eligibility: There are instances when a patient may appear eligible for financial assistance discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, Calvert Health System could use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumed circumstances, the only discount that can be granted is a 100% write-off of the account balance. Presumptive eligibility may be determined based on individual life circumstances that may include:

1. State funded prescription programs
2. Homeless or received care from a homeless shelter
3. Participation in Women, Infants, & Children (WIC) Program
4. Households with children in the free or reduced lunch program



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5. Patient is deceased with no estate
6. Low income/subsidized housing is provided as a valid address
7. Low-income-household energy assistance program
8. Supplemental Nutritional Assistance Program (SNAP)
9. Primary Adult Care Program (PAC), until such time as inpatient benefits are added to the PAC benefit package
10. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
11. Patient is active with any other needs-based program where the financial requirements regarding the federal poverty level match or exceed CalvertHealth System's Financial Policy income threshold.

Calvert Health System may utilize technology to identify patient populations presumed as eligible for financial assistance that may not complete the application process. Financial data mining software may be used to establish proof of eligibility to support 100% discounting of a specific date of service. In these instances, guarantors will be encouraged to complete a financial assistance.

E. Patient Financial Assistance Guidelines: Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of determination, as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care.
2. Patients whose family income is above 200% but not more than 300% of the FPL are eligible to receive services on a sliding fee scale (i.e., percentage of charges discount).
3. Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of CHS. Typically, in these cases the outstanding medical bill is subtracted from the estimated annual income to determine any spend-down amount that meets a corresponding financial assistance discount level.
4. Patients whose family income exceeds 501% of the FPL may be considered for medical hardship on a case-by-case basis with additional financial and medical required information.



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Example:

Financial Assistance Sliding Scale Free and Discounted Care	
Federal Poverty Level Percentages	% of Discount
0 – 200%	100% Free Care
201 – 250%	80% - Patient pays 20% of bill
251 – 300%	60% - Patient pays 40% of bill
301 – 350%	40% - Patient pays 60% of bill
351 – 400%	20% - Patient pays 80% of bill
401-500%	10% - Patient pays 90% of bill
Above 501%	Medical Hardship Consideration

- The Health Services and Cost Review Commission (HSCRC) establish CHS’s fees and charges. Any patient share amounts for partial Financial Assistance approvals will be limited to the amounts generally billed (AGB) as determined by the commission.

Example:

Gross Charges	Medicare Allowed Amount (AGB)	Sliding Scale Award	Total Financial Assistance Granted	Patient’s Share
\$100.00	\$94.00	60%	\$56.40	\$37.60

Sliding scale determines each patient’s share.

- Communication of the Financial Assistance Program to Patients and the Public:** Notification about the availability of financial assistance from CHS, which shall include a contact number, shall be disseminated by CHS by various means, which shall include, but are not limited to, the publication of notices in patient bills, the Emergency Department, admitting and registration departments, and patient financial services offices. Information shall be included on the hospital’s website and in the Patient Handbook. In addition, notification of the Hospital’s financial assistance program is also provided to each patient through a plain language summary provided each patient at the time of registration. Such information shall be provided in the primary languages spoken by the population serviced by CHS. Referral of patients for financial assistance may be made by any member of the CHS staff or medical



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staff, including physicians, nurses, financial counselors, social workers, case managers, and chaplains. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for financial assistance.

- G. Patients Qualifying for Assistance Unable to Pay Insurance Premiums** may be referred to the CHS Foundation for potential programs that sponsor payment of premiums for indigent guarantors on a case-by-case basis. The Foundation will determine any eligibility requirements for grants, matching the patient's needs with the appropriate program. Sponsorship for premium payments includes COBRA, Affordable Care Act and specific programs tailored to specific health care specialties to assist patients with financing the cost of their care.
- H. Relationship to Collection Policies:** CHS's management shall develop policies and procedures for internal and external collection practices that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHS, and a patient's good faith effort to comply with his or her payment agreements with CHS. During the financial assistance application process, the hospital will not send unpaid bills to outside collection agencies if the patient cooperates with the application process.
- I. Regulatory Requirements:** In implementing this Policy, CHS shall comply with all federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.
- J. Contact Information to Apply:** Please contact our Patient Financial Services Department at 410-535-8248 for assistance with the application process. Written correspondence should be forwarded to 100 Hospital Road, Prince Frederick, MD, 20678.



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Exhibit A

Documentation Requirements

Verification of Income:

- Copy of last year's Federal Tax Return
- Copies of last three (3) pay stubs
- Copy of latest W (2) form
- Written verification of wages from employer
- Copy of Social Security award letter
- Copy of Unemployment Compensation payments
- Pension income
- Alimony/Child Support payments
- Dividend, Interest, and Rental Income
- Business income or self-employment income
- Written verification from a governmental agency attesting to the patient's income status
- Copy of last two bank statements

Size of family unit:

- Copy of last year's Federal Tax Return
- Letter from school

Patient should list on the financial assistance application all assets including:

- Real property (house, land, etc.)
- Personal property (automobile, motorcycle, boat, etc.)
- Financial assets (checking, savings, money market, CDs, etc.)

Patient should list on the financial assistance application all significant liabilities:

- Mortgage
- Car loan
- Credit card debt
- Personal loan

From: [Golway, Mary](#)
To: [Hilltop HCB Help Account](#)
Cc: [Farley, Erin](#); [Orange, Mackenzie](#)
Subject: RE: Clarification Required - FY 22 CalvertHealth Medical Center Narrative
Date: Monday, March 13, 2023 2:32:15 PM

[Report This Email](#)

Good afternoon – please see response below.

Diabetes subcommittee of Community Health Improvement Roundtable - describe how this initiative is targeting the SIHIS goal to reduce BMI:

- Co-lead the Diabetes Subcommittee of the Community Health Improvement Roundtable with Calvert County Health Department to engage community partners in setting goals and establishing programs to address the health needs of our diabetic population in the community.
- Established goals and action plan for the Diabetes Subcommittee, which include;
 - Develop standardized educational materials in English and Spanish for prediabetes and diabetes. This past year, 1 comprehensive educational guide was developed and distributed throughout the county. It addresses diabetes management and prevention, including weight management, diet, exercise, and other resources.
 - Plan a 12 month social media campaign to educate the community about various diabetes and prediabetes health topics and resources.

Opioid Stewardship Committee - describe how this initiative is targeting the SIHIS goal to improve overdose mortality:

- The CalvertHealth Opioid Stewardship Committee is a multi-agency committee with the goal the ensure that opioids are used safely. Goals of this committee include:
 - Increase the use of Medication Assisted Therapy to treat substance use disorder. Provider education was given throughout the county to increase the number of providers that could prescribe MAT. The Medical Center initiated MAT inpatient prescribing this year so that patient therapy would start prior to discharge.
 - Increase distribution of Narcan kits by the Medical Center and the Health Department. Added the ability to provide kits and education to inpatients prior to discharge.
 - Expand the Peer Recovery Specialist program
 - Participate in mobile outreach events to provide community education on substance use and mortality.
- [SIHIS Proposal - CMMI Submission 12142020.pdf \(maryland.gov\)](#)

*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 <hcbhelp@hilltop.umbc.edu>
Sent: Tuesday, March 7, 2023 9:07 AM

To: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>; Golway, Mary
<Mary.Golway@Calverthealthmed.org>

Subject: Clarification Required - FY 22 CalvertHealth Medical Center Narrative

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you for submitting the FY 2022 Hospital Community Benefit Narrative report for CalvertHealth Medical Center. In reviewing the narrative, we encountered items that require clarification:

- In question 75 on page 14 of the attached, you selected the checkboxes for “Diabetes – Reduce the mean BMI for Maryland residents” and “Opioid Use Disorder – Improve overdose mortality.” Please provide descriptions of the initiatives undertaken by the hospital to address these goals.

Please provide your clarifying answers as a response to this message.