

**McCready Foundation
Edward W. McCready Memorial Hospital**

Community Benefits
Fiscal Year 2013



201 Hall Highway, Crisfield, MD 21817

I. General Hospital Demographics and Characteristics

1. Table One

Bed Designation:	Inpatient Admissions	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area	Percentage of Uninsured Patients by County	Percentage of patients who are Medicaid Recipients by County
Averaged 5 licensed Med/Surg beds for FY 2013	303 admissions and 1,006 total in patient days in FY 2013	21817 21838 21871	Peninsula Regional Medical Center (Wicomico Co.) and Atlantic General Hospital (Worcester Co.) provide secondary and tertiary care in the PSA	21% of Somerset County residents are uninsured. <i>Source: '2012 County Health Rankings' conducted by the Univ. of Wisconsin.</i>	Approx. 16% Approx. 3,800 in County

2a. Describe in detail the communities served

The McCready Foundation which includes the Edward W. McCready Memorial Hospital is located in Crisfield, Maryland in Somerset County. During fiscal year 2013, the facility was licensed for five medical/surgical acute beds and had 303 inpatient admissions. The majority of the patients seen at McCready live in lower Somerset County, but the hospital also serves Worcester County in Maryland and the Eastern Shore of Virginia. An estimated 26,143 people live within our service area of which 47% are minorities. Somerset County is the poorest county in the state of Maryland in terms of per capita income (\$16,919). The life expectancy at birth of a Somerset County resident is 76.3 years compared to the state age of 79.3 years. We have a significantly higher rate of diabetes (17.4%) as compared to the state rate of 8.9%. And 72.9% of our residents are overweight or obese.

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

2.b. Table II Somerset County Demographic Characteristics

	Somerset County
Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	<p>26,470 <i>14,136 males</i> <i>12,334 females</i> <i>White 14,170</i> <i>Black 11,192</i> <i>Median age 36.5</i></p>
Median Household Income within the CBSA	\$17,599
Percentage of households with incomes below the federal poverty guidelines within the CBSA	19.7%
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	13.3
Percentage of Medicaid recipients by County within the CBSA.	17.7%
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	<p>76.3 <i>Black 74.9</i> <i>White 76.7</i></p>
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	<p>874 White 905 Black</p>

<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p> <p>See SHIP website for social and physical environmental data and county profiles for primary service area information:</p> <p>http://dhmh.maryland.gov/ship/SitePages/measures.aspx</p>	<p>Access to healthy food 27%</p> <p>College degree 33%</p> <p>Adult smokers 23%</p> <p>One grocery store provides access to fresh foods. Two national fast food chains. Housing is relatively affordable. Transportation remains an issue; limited public transportation is available via Shore Transit.</p>
<p>Available detail on race, ethnicity, and language within CBSA.</p> <p>See SHIP County profiles for demographic information of Maryland jurisdictions.</p>	<p>7.5% of households do not speak English</p> <p>Spanish is spoken in 3.3% of households</p> <p>County has a large migrant population May – October. Rural migrant camp is approx. 20 mi. from hospital.</p>

II. Community Health Needs Assessment

Attached

Implementation Plan

The McCreedy Foundation will use the data collected through the Community Health Needs Assessment, and along with our community partners (Health Department, School Board), will address our community's unmet healthcare needs.

Key findings from all data sources, including data provided by the State Health Improvement Plan, the Community Needs Index, our community surveys and hospital available data (medical records and Healthy Communities Institute) were reviewed and the most pressing needs are incorporated into our FY 2013 community benefit plan.

Identified Health Need	Implementation Strategy
Access to Care	McCready's Board and Leadership have and will continue to consider adding new providers or physician extenders as funding permits.
Diabetes	McCready is working to reinstate its community diabetes education programs. They will recruit staff and new hires with expertise in diabetes prevention and management.
Obesity	McCready will continue to promote their Mozelle Saltz Fitness Center to the public.
Respiratory Disease/Smoking	McCready will partner with and support the Local Health Department's efforts to reduce smoking rates in Somerset County.
Heart Disease	The Foundation feels the cumulative effects of diabetes, smoking cessation and wellness programs will help lower incidents of heart disease in the county.

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

Yes

No

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

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

Yes *It is attached as a pdf document*

No

III. Community Benefits Administration

a. Does your hospital have a CB strategic plan?

Yes

No

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

i. Senior Leadership

1. CEO

2. CFO

3. Other (Pulmonary, Rehabilitation, Laboratory and Business Office)

ii. Clinical Leadership

1. Physician

2. Nurse

3. Social Worker

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

iii. Community Benefit Department/Team

1. Individual (Shane Kelley, Marketing Director, left in May 2013.)

2. _____ Committee (please list members)

3. _____ Other (please specify)

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

Spreadsheet yes no

Narrative yes no

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

Spreadsheet yes no

Narrative yes no

IV. Hospital Community Benefit Program and Initiatives

Identified Need	Hospital Initiative	Primary objective of the Initiative	Single or Multi year time period	Key Partners in Initiative	Eval Dates	Outcomes	Continuation of Initiative
Poverty among residents in CBSA	Medically indigent citizens	Prevent incidents of breast and colon cancers in Somerset Co (underserved residents)	Single year Fiscal 2013	Somerset County Health Dept/ Somerset Co.	7/1/2012-6/30/2013	Served 103 residents in CBSA	Yes
Poverty among residents in CBSA	Personal Care	Provide in-home care for CBSA residents who cannot leave home	Single year Fiscal 2013	Somerset County Health Dept/ Somerset Co.	7/1/2012-6/30/2013	Personal Care coordinator saw 247 people in their homes	Yes
Poverty among residents and uninsured in CBSA	Charity Care	Provide patients with financial assistance	Single Year Fiscal 2013	N/A	7/1/2012-6/30/2013	Approved 96 applications for financial assistance	Yes
Train future Doctors, therapists	Teaching, Observation Program	Provide training to area students. Encouraged to stay local after graduation.	Single Year Fiscal 2013	UMES Physicians Assistants Program	7/1/2012-6/30/2013	Taught, monitored 1 student	Yes as staff responsibilities allow
Preventative Care	Flu Shot Drive	Prevent spread of Flu in CBSA	Single Year Fiscal 2013	N/A	7/1/2012-6/30/2013	Issued 145 flu vaccinations at drive through clinic	Yes

Preventive Care	Blood pressure screening	Blood pressure assessment to community at walk/run event	Single Year Fiscal 2013	Women Supporting Women	7/1/2012-6/30/2013	200 checks over 9 hr. period	Will provide service at various local venues in FY14
Poverty among residents and uninsured	Healthy Families Program	Help patients with insurance or Medicaid assistance applications and food distribution	Single Year Fiscal 2013	DSS and MD Food Bank	7/1/2012-6/30/2013	282 people received food donation. Over 70 % submitted applications for insurance.	Will continue in FY 14
Preventive Care	UMES Health Fair	Screening Blood draws for college students	Single Year Fiscal 2013	UMES	7/1/2012-6/30/2013	Screened 68 students (4/1/13)	Health Fair is annual event
Train future Clinicians	Lab training - phlebotomy	Partner with Wor-Wic phlebotomy students	Single Year Fiscal 2013	Wor-Wic College	7/1/2012-6/30/2013	5 activities throughout semester	Yes, if requested
Train future clinicians	Donation of supplies	Donation of supplies to Salisbury University for student lab use	Single Year Fiscal 2013	Salisbury University	7/1/2012-6/30/2013	2 donations of medical laboratory supplies made to school	Yes if requested

V. Physicians

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

The McCready Foundation does not provide subsidies.

VI. Appendices

1. Charity Care

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

2. Mission, Vision, Value Statement

Our Mission:

"We are working to build a healthy community, one person at a time."

Our Vision:

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

Our Values:

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

McCready embodies the description "community" hospital in every sense of the word. We are located in the heart of a rural, somewhat isolated area where high-paying jobs are scarce and per-capita income is low.

Nevertheless, each day our healthcare team strives to provide appropriate care to those in need of hospital services, regardless of a person's ability to pay. The McCready staff also strives to identify and address community needs on an ongoing basis.

Everything we do – providing acute, emergency, health-maintenance and elder care – is specifically geared with our hard-working neighbors always in mind. They and their families have counted on us for nine decades.

We concentrate on the delivery of primary healthcare, and most of our resources are dedicated to that end. This focus has enabled us to embrace and carry out our mission of: “building a healthy community, one person at a time.” It is a true reflection of our vision and values.



Edward McCready Memorial Hospital Patient Financial Information Sheet

McCready Hospital Financial Assistance Policy:

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

Patient's Rights and Obligations

Patient's Rights:

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



Edward McCready Memorial Hospital Patient Financial Information Sheet

Patient's Obligations:

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

Contacts:

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

Physician Services

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



Financial Assistance

McCready Foundation is committed to providing healthcare to all patients who need it – regardless of their ability to pay.

Need help paying your hospital bills?

Financial assistance is available based on federal guidelines for household income and family size.

Who is eligible for this program?

People with no health insurance or who are underinsured and meet the income criteria (see accompanying chart).

How do I apply?

You must complete a standard form known as the Uniform Financial Assistance Application, which are available from McCready associates who staff the hospital lobby. Or call our business office weekdays at **(410) 968-1049**.

The application includes questions about family income, the number of people in your household as well as your assets, monthly bills and expenses.

What documentation will I need?

- A copy of your most recent federal or state income tax return
- Proof of income from all sources for the most recent three-month period
- Award letters for unearned income, including pensions, Social Security or Veterans' benefits
- Documentation of ineligibility for Medicaid (*may be required*)

McCready will take steps reasonably necessary on your behalf to obtain assistance through Medicaid, Medicare or commercial insurance that might be available for payment of hospital charges. (*We can assist with the Medicaid application process.*)

NOTE: Free or reduced-care applies only to services provided and billed specifically by McCready Memorial Hospital and McCready Outpatient Services.

INCOME GUIDELINES

The McCready Foundation can arrange for financial assistance, on a sliding scale, to cover hospital services provided to patients who meet eligibility guidelines.

Annual income determines initial qualification. Figures are updated when federal guidelines are published. Here are the current income levels we follow:

Family size	100%	75%	50%	25%	Full pay
1	22,340	27,925	33,510	39,095	39,096
2	30,260	37,825	45,390	52,955	52,956
3	38,180	47,725	57,270	66,815	66,816
4	46,100	57,625	69,150	80,675	80,676
5	54,020	67,525	81,030	94,535	94,536
6	61,940	77,425	92,910	108,395	108,396
7	69,860	87,325	104,790	122,255	122,256
8	77,780	97,225	116,670	136,115	136,116

(Updated 3.27.12)

A family of four, for example, with a combined total household income of \$57,625 or less would be eligible for a 75% reduction in a patient's portion of his or her hospital bills.

Families with more than eight members should add \$3,920 for each additional member for the 100% discount.

Family: *A group of two or more persons related by birth, marriage or adoption residing together. All such related persons are considered members of one family.*



Edward McCready Memorial Hospital

Hoja de Información Financiera del Paciente

McCready Hospital de Política de Asistencia Financiera:

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

Del paciente Derechos y obligaciones

Derechos del paciente:

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

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

Obligaciones del paciente:



Edward McCready Memorial Hospital Hoja de Información Financiera del Paciente

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

Contactos:

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

Servicios Médicos

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



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- Las solicitudes están disponibles en cualquiera de la Oficina de Negocios de Servicios Financieros o la oficina. Por favor, póngase en contacto con el mostrador de admisión a la extensión 3322 o los servicios financieros en la extensión 3321 o pase por la recepción en el vestíbulo principal.
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programa financiado conjuntamente por los gobiernos estatal y federal que paga el costo total de la cobertura de salud para personas de bajos ingresos (véase la información de contacto más abajo).

Obligaciones del paciente:



Community Health Needs Assessment

McCreedy Foundation

Crisfield, Maryland

Fiscal Year 2013



(prepared by Shane Kelley 6/1/13)

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



McCready Foundation Crisfield, Maryland Community Health Needs Assessment FY 2013

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Introduction

Overview of the McCready Foundation

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

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

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

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

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

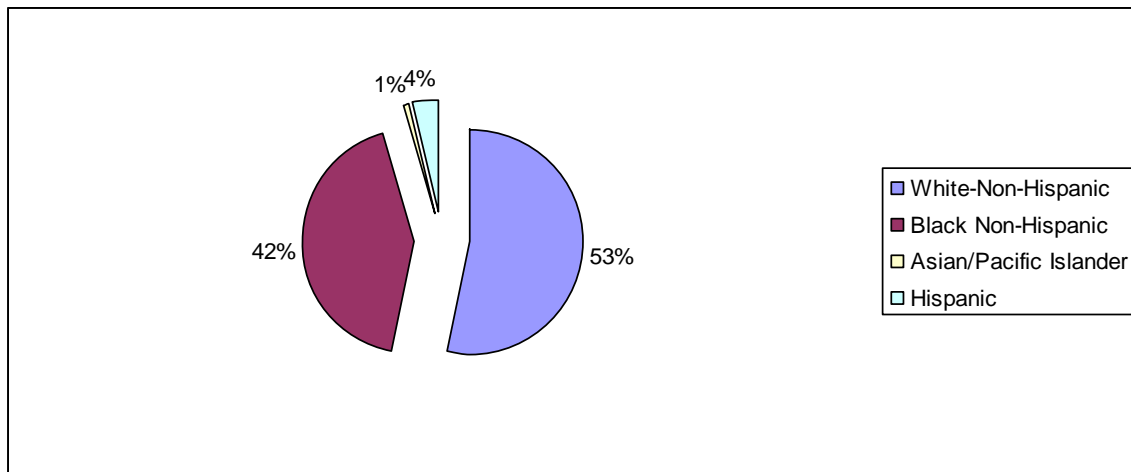


elements of our financial assistance policy are active communication and comprehensive coverage of services provided by the hospital and hospital-based physicians. We work to assess eligibility for public programs and provide enrollment support.

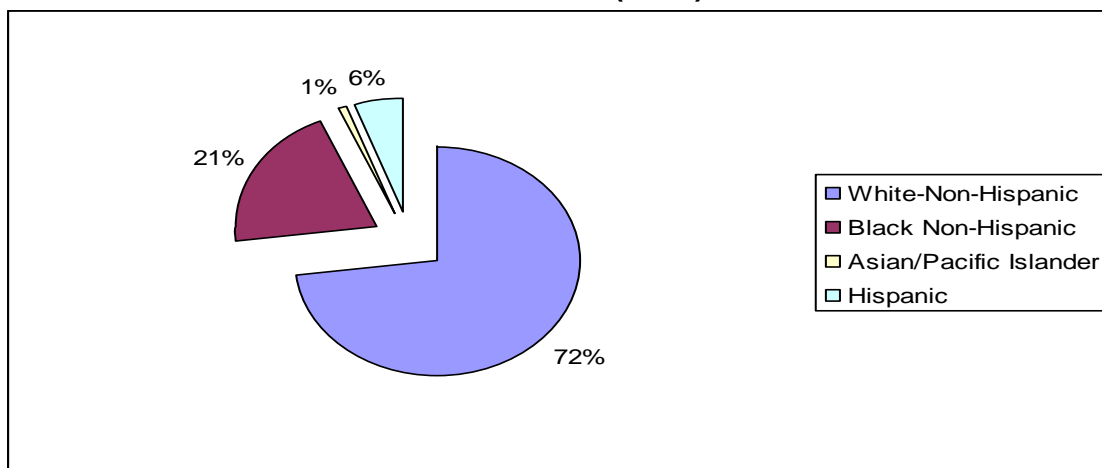
The Community We Serve

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

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

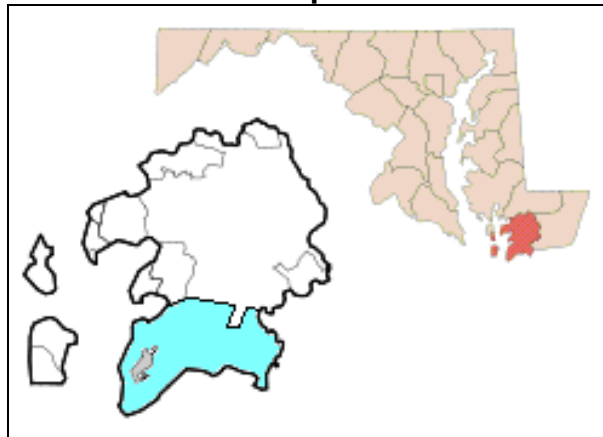


**Population by Race
Core Market (2012)**



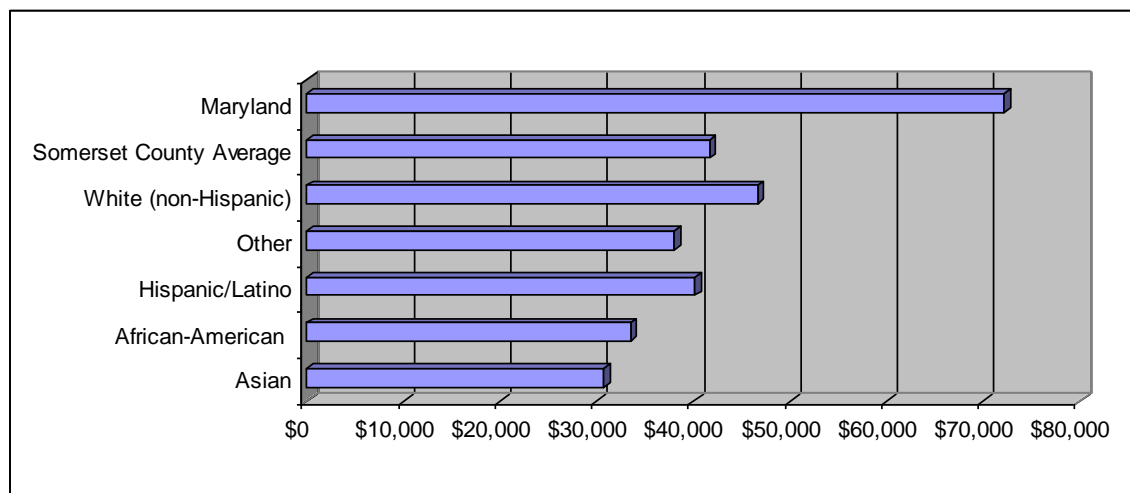
We draw 78.2% of our discharges from zip codes 21817 and 21838 (see map below). The remaining discharges come from the rest of Somerset County, Tangier Island (VA), Accomack County (VA) and Pocomoke City (Worcester County).

Map 1



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

**Median Income
Somerset County (2012)**





Additional Healthcare Services (Somerset County)

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

Approach & Methodology

Community Health Needs Assessment Background

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

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



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

Healthy Communities Institute

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

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

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

Community Needs Index

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

Robert Wood Johnson Foundation – County Health Rankings

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



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

State Health Improvement Plan (SHIP)

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

Data Gaps Identified

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

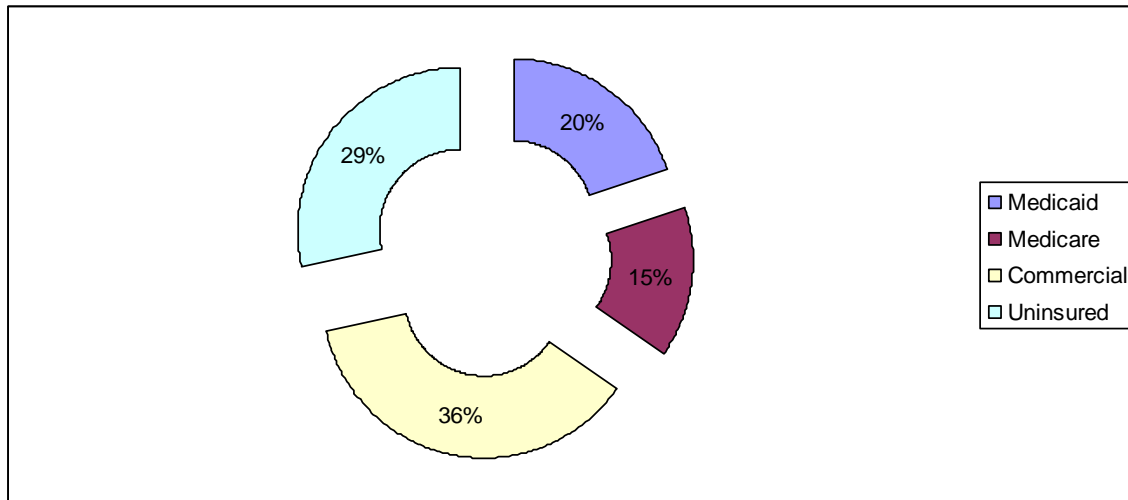
- The Foundation did not have access to health insurance data and screening rates data broken down by demographic cohorts. Mortality rates are not available by geographic areas within Somerset County.
- Data from certain health indicators was not available for evaluation within each community subgroup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

Findings

Access to Care

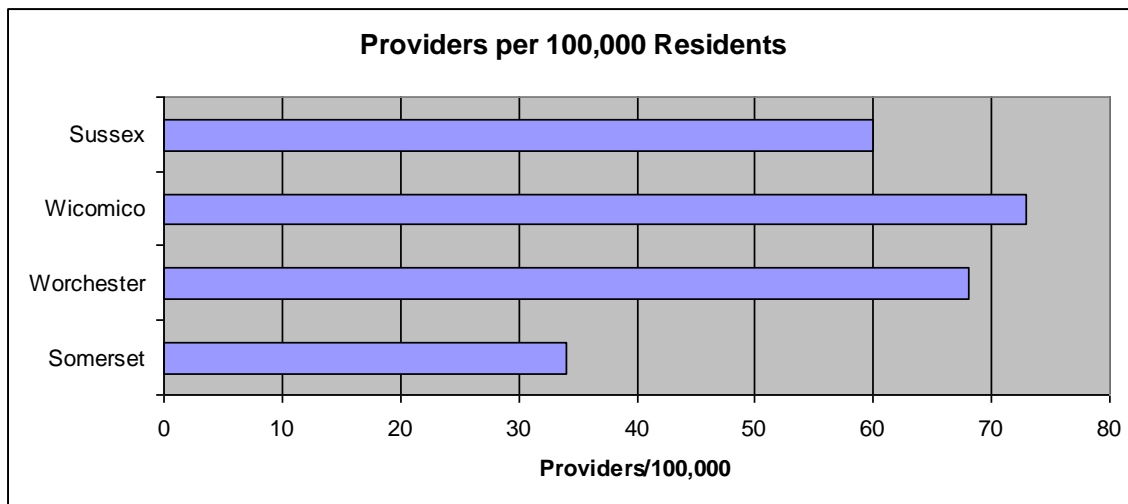
The number of uninsured in Somerset County reflects its position as the poorest county in the state of Maryland. Barriers such as lack of health insurance (see chart below) and the costs of care (sighted in our surveys as one of the top healthcare concerns facing the county) decreases access to quality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

Payer Mix/Uninsured Somerset County 2012



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

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



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

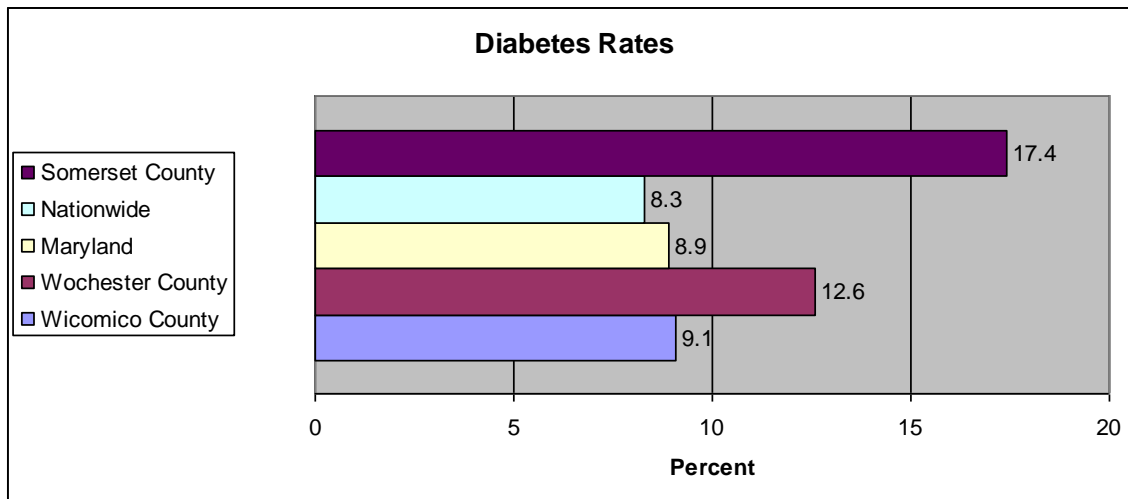
Disease Incidence and Prevalence

Diabetes

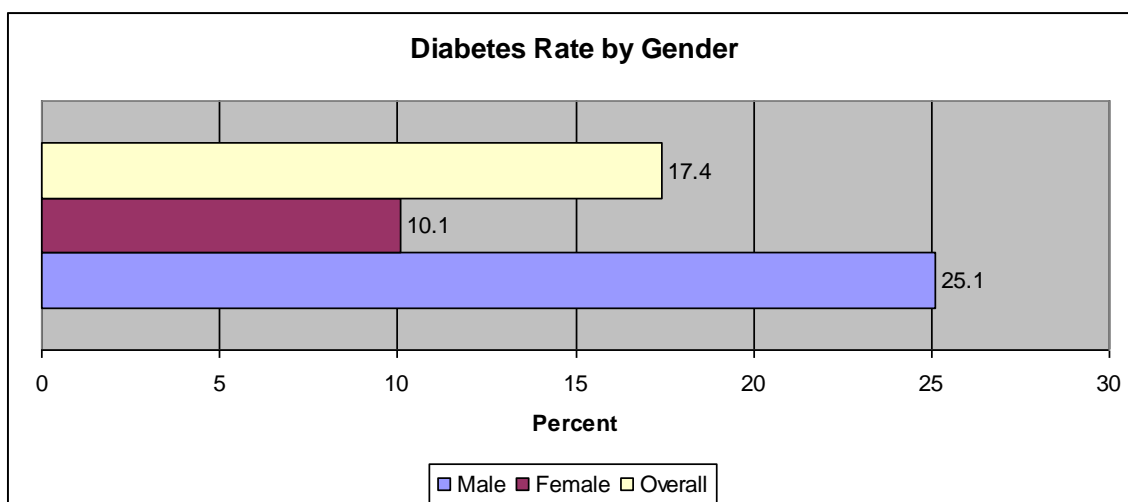
In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population were living with diabetes. Diabetes disproportionately affects minority populations and the elderly and its rate is likely to increase as minority populations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

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

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



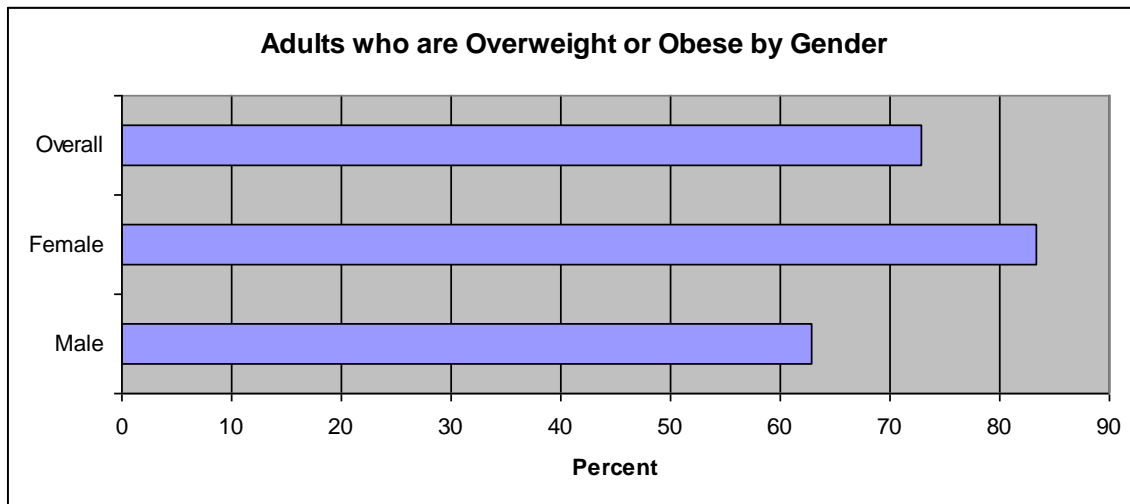
As the chart below reveals, Somerset County males have diabetes rates two and a half times higher than their female counterparts. The higher rates in males is interesting and in some way counterintuitive as the obesity rates between men and women in the county (see chart on following page) show the percentage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



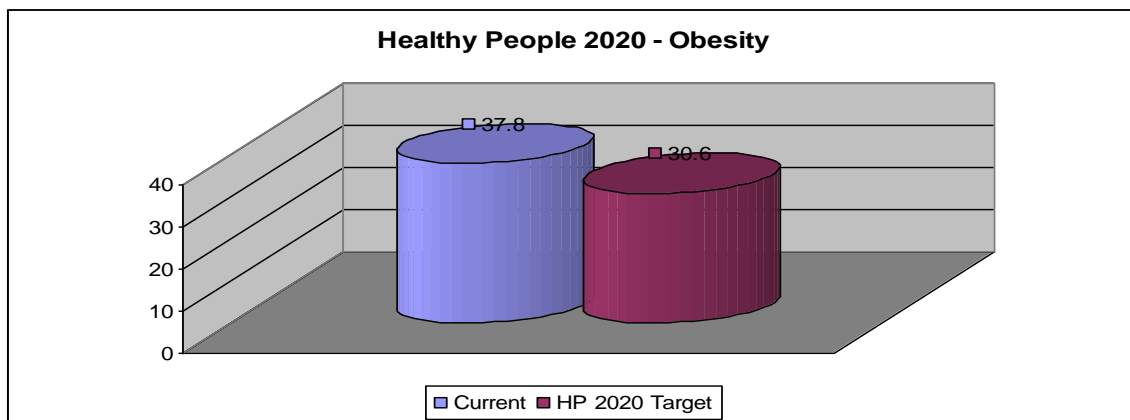
Obesity

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

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



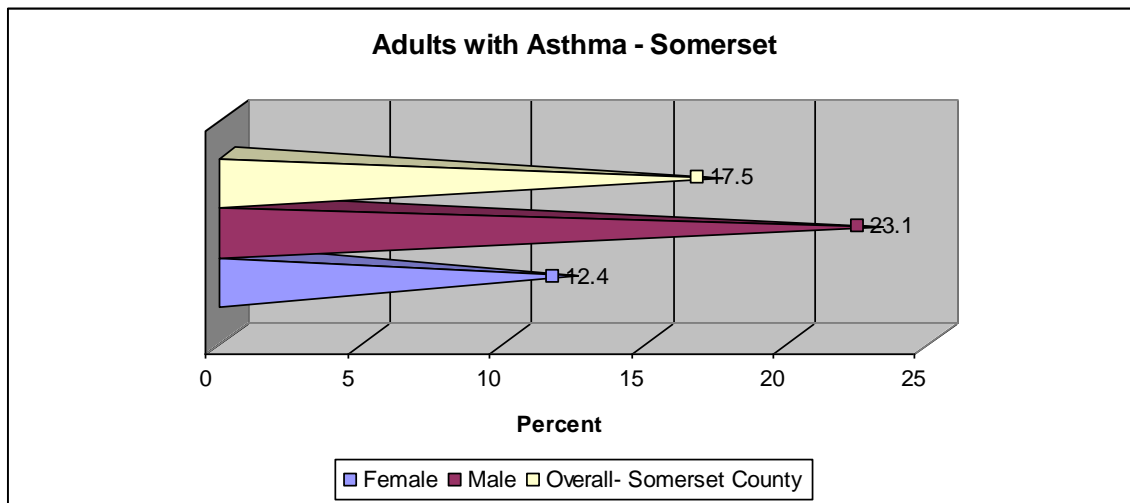
The Federal obesity goal for Somerset County, established in the Healthy People 2020 standards, calls for obesity levels of 20.6%. The current obesity rate (not including overweight residents) of Somerset County is 37.8%.



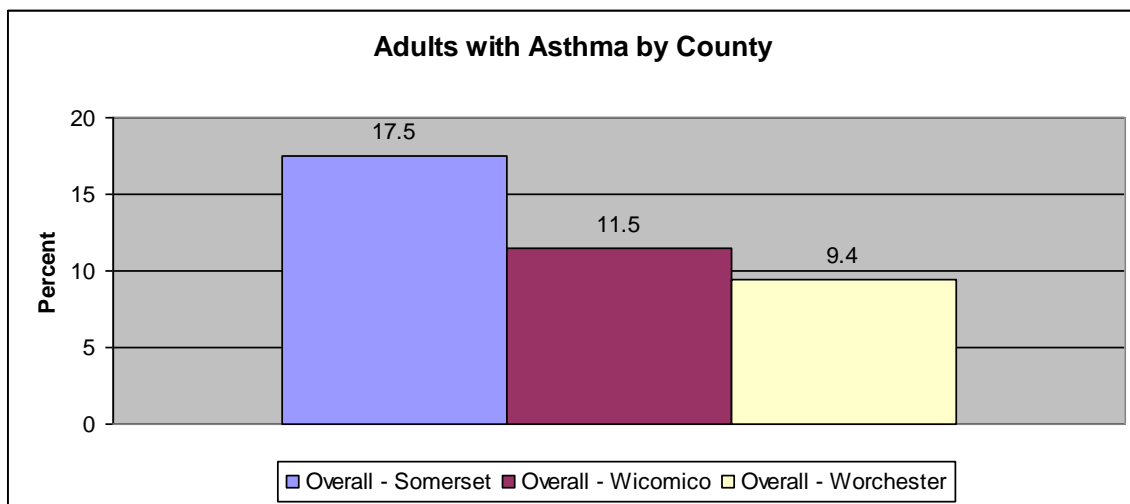
Respiratory Disease/Smoking

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

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

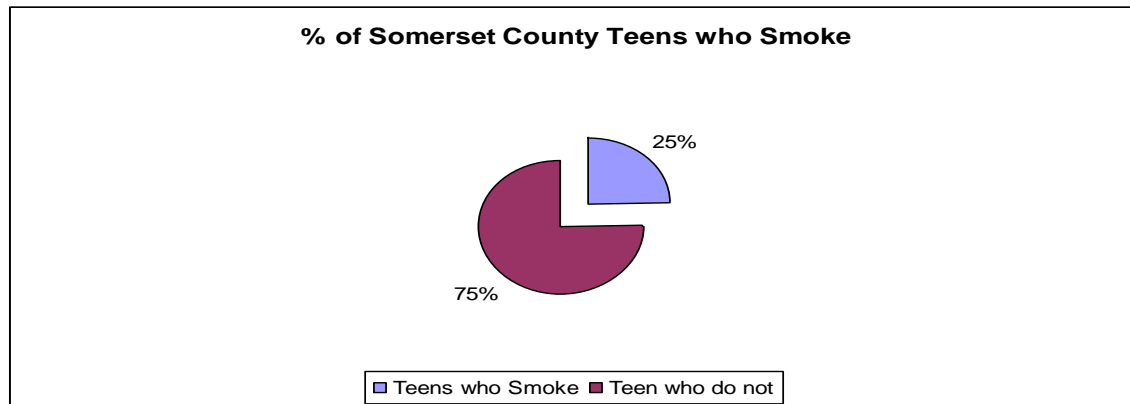


In comparing neighboring counties, Somerset rates are nearly twice that of Worcester County.



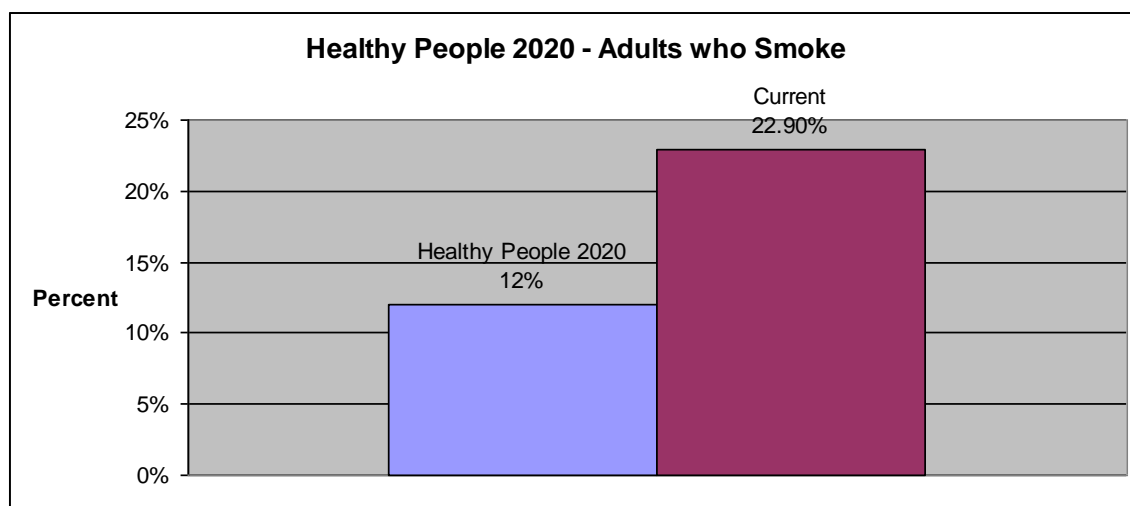
Teens that Smoke

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



Adults who Smoke

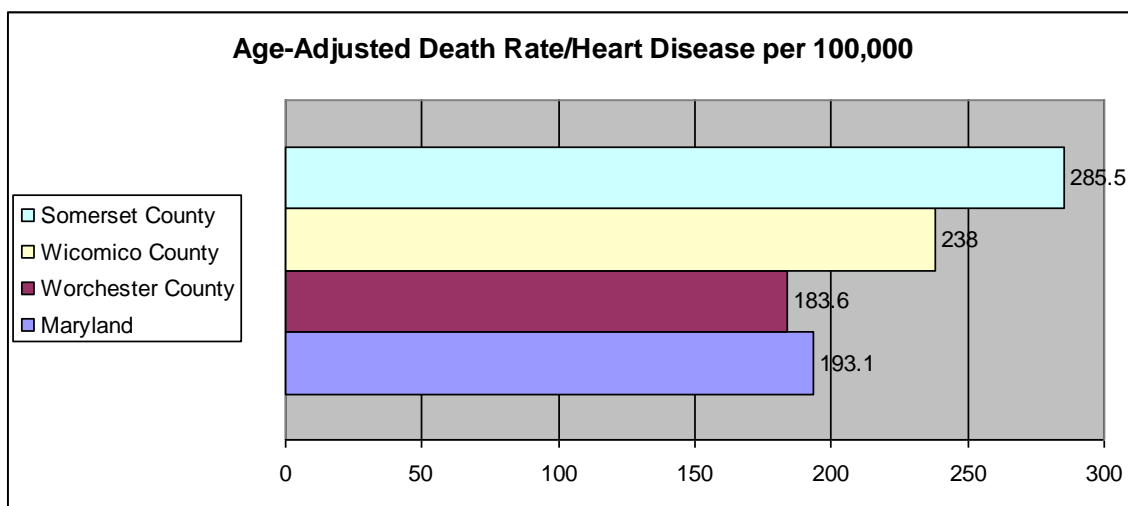
The Healthy People 2020 goal for an adult smoking rate in Somerset County is 12%. Currently 23% of Somerset County residents smoke. In this particular health indicator, Somerset's numbers are in line with our neighboring counties. In fact, the rate at which our adults smoke (22.9%) is less than Worcester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



Heart Disease

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

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



Population Based Health

Minorities

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

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



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

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

Seniors

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

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

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

Women and Children

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

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

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



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

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

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

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

Response to Findings

Unaddressed Identified Needs

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

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

Mental Health and Mental Disorders

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

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



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

Implementation Plan

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

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

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



Appendices

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



Sources

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

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

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

Somerset County Local Health Department;

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

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

Communities Needs Index

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

Survey of community residents; and

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