Suburban Hospital Fiscal Year 2013 Community Benefits Report



December 12, 2013

Johns Hopkins Health System

Fiscal Year 2013 Community Benefit Report Narrative

Suburban Hospital

TABLE OF CONTENTS

CO	NTENTS	PAGE
I.	General Hospital Demographics and Characteristics	2
١١.	Community Health Needs Assessment	12
III.	Community Benefits Administration	13
IV.	Hospital Community Benefits Programs and Initiatives	18
V.	Physicians	46

APPENDICES

Appendix I: Financial Assistance Policy Description

Appendix II: Financial Assistance Policy

Appendix II: Patient Information Sheet

Appendix IV: Mission, Vision, and Value Statement

Appendix V: Community Benefit Service Area Demographics

Appendix VI: Suburban Hospital FY 2013 CBSA Definition

Appendix VII: CHNA 2013 Implementation Strategy

Exhibit 1: Suburban Hospital FY2013 Community Benefit Programs and Initiatives

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

Hospital Introduction

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The Hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the Hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. Every year, more than 40,000 patients are treated at Suburban Hospital's busy Emergency/Stock Trauma Center.

The Hospital's major services include a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; The NIH Heart Center at Suburban Hospital, providing cardiac surgery, elective and emergency angioplasty as well as inpatient diagnostic and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designation as a Primary Stroke Center and a 24/7 stroke team; and senior care programs. In addition, Suburban Hospital provides services including the NIH-Suburban MRI Center; a center for sleep disorders; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call). Suburban Hospital is the only hospital in Montgomery County to achieve the Gold Seal of Approval[™] by The Joint Commission for its joint replacement program.

1. Primary Service Area (PSA)

The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital's inpatient discharges originated during the most recent 12 month period where the discharges from each zip code are ordered from largest to smallest number of discharges. This information was provided by the Health Services Cost Review Commission (HSCRC).

Bed	Inpatient	Primary	All other	Percentage of	Percentage of
Designation:	Admissions:	Service	Maryland	Uninsured Patients,	Patients who
		Area Zip	Hospitals Sharing	by County:	are Medicaid
		Codes:	Primary Service		Recipients, by
			Area:		County:
233	13,235	20852,	Holy Cross	11.7% in	11.3% in
		20814,	Hospital, Shady	Montgomery	Montgomery
		20854,	Grove Adventist	County ¹	County ²
		20817,	Hospital,		
		20815,	Washington		
		20850,	Adventist		

¹ www.healthmontgomery.org

² www.healthymontgomery.org

^{2|}Suburban Hospital Healthcare System FY13 Community Benefit Report

20906, 20895, 20902, 20878	Hospital, Medstar Montgomery, Sibley Memorial Hospital	

Suburban Hospital's Primary Service Area (PSA) extends across southern Montgomery County from Rockville to Bethesda and includes Kensington, Chevy Chase, Potomac, Silver Spring and Gaithersburg.

For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe your CBSA. Provide any detail that is not already stated in Table II. This information may be copied directly from the section of the CHNA.

Suburban Hospital considers its Community Benefit Service Area (CBSA) as specific populations or communities of need to which the Hospital allocates resources through its community benefits plan and does not limit its community services to the primary service area. To determine the Hospital's CBSA, data from Inpatient Records, Emergency Department (ED) Visits, and Community Health Improvement Initiatives and Wellness Activities were aggregated and defined by the geographic area contained within the following thirteen zip codes: 20814, 20817, 20852, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, and 20851. In FY 13, two additional zip codes (20877-Gaithersburg and 20874-Germantown) were identified and included in the Hospital's CBSA due to an increase in patient and charity care cases and community health and wellness activities originating from those specific zip codes.

Within the CBSA, Suburban Hospital focuses on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors and at-risk youth. Although some of the zip codes selected for Suburban Hospital's CBSA are not immediately adjacent to Suburban Hospital, the Hospital does treat 31.9% of patients from the Silver Spring, Gaithersburg and Germantown areas (20902, 20906, 20910; 20878, and 20874 respectively). Furthermore, Suburban Hospital substantially supports safety net clinics and free health prevention and chronic disease programs in those designated areas.

In addition to the Primary and Community Benefit Service areas, the Hospital provides both in-kind and financial contributions to expand awareness of cardiovascular diseases and chronic disease management to neighboring counties including Prince George's, Calvert and St. Mary's, which represent more racially and ethnically diverse and rural communities than the primary service area.

- **Geographic boundary** (city, zip codes, or county)
 - Charity care/bad debt: Of all hospital visits at Suburban, approximately \$5,177,296.27 supported services in charity care and \$10,227,150.38 was allocated to bad debt during FY13. Within the CBSA zip codes, 1,606 patients' accounts had charity adjustments of \$1,771,757.40.

- ED patient origin: The CBSA area accounted for 32,889 visits to Suburban Hospital, representing 73.6% of all FY13 ED visits.
- Medically underserved: Suburban Hospital financially supports three Montgomery Cares safety net clinics to expand access to primary care services within the hospital's CBSA identified zip codes: Holy Cross Hospital Health Center in Gaithersburg (20877), MobileMed (20814, 20817, 20854, 20852, and 20874) and *Clinica Proyecto Salud* (20902).
- Ethnic minorities: The CBSA includes a population which is 49.9% White, non-Hispanic; 13.5%, Black non-Hispanic; 18.4% Hispanic; 15.0% Asian and Pacific Islander non-Hispanic; 3.2% All others.
- Health disparities: 7.75 % of the population is uninsured within the hospital's CBSA.
- Outreach approach (hospital's principal function or specialty areas of focus, e.g., Burn Center)

Suburban Hospital's health improvement and outreach approach connects hospital, community partners, local stakeholders and other resources with identified health needs. Building a healthy community goes beyond providing health care. Suburban Hospital not only aligns health priorities with the areas of greatest identified need, but also considers where the Hospital's resources will generate the greatest impact. According to the CDC, heart disease continues to be the leading cause of death among African American/Black, white, non-Hispanic and Hispanics in the United States. In Montgomery County, the age-adjusted death rate due to coronary artery disease correlates to those in the United States with the African American/black population having a higher age-adjusted death rate due to heart disease of 154.1 compared to the overall rate of 124.8³ With that in mind, Suburban Hospital aligns its programs to reduce the gap in disparities within its CBSA. One example is through the Hospital's funding of four HeartWell clinics in Suburban's targeted CBSA. The goal of the clinics is to establish access to needed cardiovascular specialty care to vulnerable residents in the community. For the past ten years, consistent health improvement initiatives such as HeartWell have provided thousands of seniors who have suffered heart attacks or advanced cardiovascular illness access to free cardiovascular health education, disease management, exercise, and nutrition classes. Under the care of four HeartWell nurses, individuals have the opportunity to visit four local senior centers throughout the county several days a week to receive ongoing follow-up care and support, thereby better managing their chronic disease and avoiding possible hospital re-admissions.

• Target population (uninsured, elderly, HIV, cardiovascular disease, diabetes)

While Suburban Hospital's health improvement initiatives are targeted to the needs of various areas of our community, a Community Advisory Board and Visioning team was established in 1998. Composed of several public and private health officials along with other outside organization leaders, the team identified four specific target areas of need: 1.) A focus on health access of minority populations 2.) underserved seniors 3.) at-risk youth and 4.) management of chronic diseases including diabetes for the under/uninsured. Today, similar health priorities and areas of targeted focus serve as guiding principles for community health improvement. For instance, our area has a rapidly growing senior population;

³Maryland Assessment Tool for Community Healthy, 2008-2010, <u>www.matchstats.org</u>

⁴ Suburban Hospital Healthcare System FY13 Community Benefit Report

inside Suburban Hospital's CBSA, 27.4% of the population is over the age of 55. In fact, Montgomery County has one of the longest life expectancy rates in the country (84.9 years) for women and (81.6 years) for men.⁴ As the community grows older, the need to care for the elderly in specific ways is expanding. For that reason the Hospital earned the NICHE (Nurses Improving Care for Health system Elders) designation from The Hartford Institute for Geriatric Nursing at New York University College of Nursing. NICHE is the only national geriatric initiative designed to improve the care of older hospitalized adults. With this prestigious designation, Suburban Hospital acknowledges the many distinct issues that older patients face, such as hearing and vision loss and gait and balance challenges, and has incorporated best practices in place to provide expert, patient-centered care for these individuals. Examples of this initiative include hospital-wide education programs to help sensitize staff to the specific needs of older adults, and environmental design changes to enhance function and comfort.

Additionally, the Community Health and Wellness Department conducts hundreds of community health improvement programs, screenings, classes, and seminars within the Hospital's CBSA each year reaching populations from school age children to active seniors. Further detail of these partnerships and health initiatives are highlighted throughout the report.

b. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).

Table II

Table II provides significant demographic characteristics and social determinants that are relevant to the needs of the community. (See Appendices V and VI for maps and demographic information)

Community Benefit Service Area(CBSA) Target	Total population within the CBSA: 623,896 ⁵
Population (target population, by sex, race, ethnicity, and average age)	<u>Sex:</u>
	Male: 298,651/47.87%
	Female: 325,245/52.13%
	Race/Ethnicity:
	White, non-Hispanic: 311,515/49.9%
	Black, non-Hispanic: 84,301/13.5%

⁴ Institute for Health Metrics Evaluation, www.healthmetricsandevaluation.org,2010

⁵ 2013 The Nielsen Company, 2013 Truven Health Analytics Inc.

^{5|}Suburban Hospital Healthcare System FY13 Community Benefit Report

	Hispanic: 114,557/18.4%
	Asian and Pacific Islander non-Hispanic: 93,806/15.0%
	All others: 19,717 /3.2%
	Age:
	0-14: 118,587/19.0%
	15-17: 25,249/4.0%
	18-24: 45,765/7.3%
	25-34: 63,225/12.3%
	35-54: 180,399/28.9%
	55-64: 81,011/13.0%
	65+: 90,046/14.4%
Median Household Income within the CBSA	Average household income within CBSA is \$136,945 compared to \$69,637 in the US. ⁶
Percentage of households with incomes below the federal poverty guidelines within the CBSA	In Montgomery County, 6.3% of households with incomes are below the federal poverty guidelines. ⁷
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: <u>http://www.census.gov/hhes/www/hlthins/d</u> <u>ata/acs/aff.html;</u> <u>http://planning.maryland.gov/msdc/America</u> <u>n Community Survey/2009ACS.shtml</u>	7.75% of the CBSA populations are uninsured. ⁸
Percentage of Medicaid recipients by County within the CBSA.	11.3% of the CBSA population are Medicaid recipients. ⁹

 ⁶ 2013 The Nielsen Company, 2013 Truven Health Analytics Inc.
 ⁷ www.healthymontgomery.org
 ⁸ 2013 The Nielsen Company, 2013 Truven Health Analytics Inc.
 ⁹ 2013 The Nielsen Company, 2013 Truven Health Analytics Inc.

⁶ Suburban Hospital Healthcare System FY13 Community Benefit Report

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: <u>http://dhmh.maryland.gov/ship/SitePages/ob</u> jective1.aspx and county profiles: <u>http://dhmh.maryland.gov/ship/Sit</u> <u>ePages/LHICcontacts.aspx</u>	The life expectancy is 83.6 years at birth in Montgomery County ¹⁰ , which is higher than the Maryland Baseline (79.3) ¹¹ and the projected National Baseline (78.7). ¹² Compared with other counties in Maryland, Montgomery County has a higher life expectancy. Data for Suburban Hospital CBSA is not available at this time.
	The life expectancy for White, non-Hispanic (83.9) individuals is higher than Black, non-Hispanic (80.5). ¹³
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Within Montgomery County, the infant mortality rate for all Races is 5.1 per 1,000 live births; among Caucasians is 4.2 per 1,000 live births and among African Americans is 8.2 per 1,000 live births and among Hispanics is 4.3 per 1,000 live births. ¹⁴ Age-Adjusted Death Rate due to Heart Disease in Montgomery County is 124.8 deaths/100,000 population. ¹⁵
	Age-Adjusted Death Rate due to Heart Disease by Race/Ethnicity in Montgomery County:
	 154.1/100,000 Black
	– 128.9/100,000 White
	 58.9/100,000 Hispanic
	 74.4/100,000 Asian/Pacific Islander¹⁵
	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) is 30.0 deaths/100,000 population. ¹⁶
	Age-Adjusted Death Rate due to Cerebrovascular Disease by Race/Ethnicity in Montgomery County:

¹⁰ Maryland State Health Improvement Process (SHIP) 2012, http://eh.dhmh.md.gov/ship/SHIP_Profile_Montgomery.pdf

7 Suburban Hospital Healthcare System FY13 Community Benefit Report

¹¹ Maryland State Health Improvement Process (SHIP) 2012, http://eh.dhmh.md.gov/ship/SHIP_Profile_Montgomery.pdf

¹² National Vital Statistics Report, Preliminary Data, 2011, http://en.dnmn.md.gov/ship/SHIP_Profile_Wontgomery.pdf ¹³ Maryland State Health Improvement Process (SHIP) 2012, http://eh.dhmh.md.gov/ship/SHIP_Profile_Montgomery.pdf ¹⁴ Maryland State Health Improvement Process (SHIP) 2012, http://eh.dhmh.md.gov/ship/SHIP_Profile_Montgomery.pdf ¹⁵ Maryland Vital Statistics, Infant Mortality in Maryland, 2012, http://dhmh.maryland.gov/vsa/Documents/prelim12.pdf ¹⁶ Maryland Assessment Tool for Community Healthy, 2008-2010, <u>www.matchstats.org</u>

	– 32.9/100,000 Black
	– 29.9/100,000 White
	 15.0/100,000 Hispanic
	 23.3/100,000 Asian/Pacific Islander¹⁶
	Furthermore, the Age-Adjusted Death Rate due to Colorectal Cancer is 11.0 deaths/100,000 population. ¹⁷
	Age-Adjusted Death Rate due to Colorectal Cancer is by Race/Ethnicity in Montgomery County:
	– 10.0/100,00 White
	– 16.2/100,000 Black
	 9.1/100,000 Hispanic
	 11.0/100,000 Asian/Pacific Islander¹⁷
	Age-Adjusted Death Rate due to Prostate Cancer for men is 17.0 deaths/100,000 males ¹⁸ .
	Age-adjusted Death Rate due to Prostate Cancer by Race/Ethnicity in Montgomery County:
	– 16.9/100,000 White
	 29.1/100,000 Black
	 No data Asian/Pacific Islander
	 No data Hispanic¹⁸
	Within its CBSA, Suburban Hospital has several community initiatives and programs to prevent and decrease these four chronic disease rates.
Access to healthy food, quality of housing, and transportation 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).	In Montgomery County, 1% of residents are low- income and do not live close to a grocery store which is below the 3% of residents in Maryland. 24% of children enrolled in public schools are eligible for free lunch compared to 33% of children in Maryland. ¹⁹ Within the CBSA, there are several grocery stores,

¹⁷ National Cancer Institute, http://statecancerprofiles.cancer.gov/deathrates/deathrates.html
 ¹⁸ National Cancer Institute, http://statecancerprofiles.cancer.gov/deathrates/deathrates.html
 ¹⁹ County Health Rankings & Roadmaps, www.countyrankings.org

8 Suburban Hospital Healthcare System FY13 Community Benefit Report

	produce stands and farmers markets enabling residents to choose healthier food options. Most grocery stores along with several farmers markets including the Silver Spring FRESHFARM Market in Silver Spring, MD 20910, accept food stamps in Montgomery County. ²⁰ As of June 2013, 69,378 Montgomery County Residents were part of the Food Supplement Program which provides assistance to help low-income families buy food and eat healthy. ²¹
Quality of Housing	 50.8% of Renters in Montgomery County Spend 30% or More of Household Income on Rent.²² 1.4% of households receive cash public assistance income in Montgomery County.²³ 68.8% Homeownership rate in Montgomery County.²⁴ In Bethesda, which is in the CBSA, the Qualifying Income Needed to Purchase a Home of \$345,000 is \$91,538 and 2 BR Fair Market Rent (FMR) for 2013 is \$1,412.²⁵
	Funding has been provided through Citi Foundation to CASA of Maryland, Latino Economic Development Corporation, and Ethiopian Community Development Council's Enterprise Development Group within Suburban's CBSA to launch a program for legal permanent residents to become naturalized citizens. Designed to remove the financial barriers to achieving citizenship, this will allow more financial opportunities and lower daily living costs for hundreds of low- income immigrants. ²⁶

²⁰ Fresh Farm Markets, http://freshfarmmarkets.org/

 ²¹⁰ Fresh Farm Markets, http://treshrarmmarkets.org/
 ²¹¹ Maryland Hunger Solutions, www.mdhungersolutions.org/pdf/countydata/montgomery_aug13.pdf
 ²² American Community Survey, 2007-2011, www.census.gov
 ²³ American Community Survey, 2007-2011, www.census.gov
 ²⁴ American Community Survey, 2007-2011, www.census.gov
 ²⁵ National Housing Conference – Center for Housing Policy, www.nhc.org/chp/p2p/
 ²⁶ American Community Survey, 2007-2011, www.census.gov

²⁶Community Development at Citibank, www.citigroup.com/citi/citizen/community/community_initiatives.html?article=360

⁹ Suburban Hospital Healthcare System FY13 Community Benefit Report

Transportation	Suburban Hospital and its outpatient facility are accessible to public transportation. The Ride-On bus system is the primary public transportation system and serves Montgomery County. ²⁷ In addition, Washington Metro stations are located near the Hospital at the National Institutes of Health campus and in downtown Bethesda, a 30 minute walk to the hospital. Limited bike lanes are also available. ²⁸
Education Attainment in Montgomery County ²⁹	Population 25 years and over: 655,343 Less than 9th grade: 4.8% 9th to 12th grade, no diploma: 4.2% High school graduate (includes equivalency): 14.2% Some college, no degree: 14.9% Associate's degree: 5.2% Bachelor's degree: 26.8% Graduate or professional degree: 30.0%
People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity ³⁰	American Indian or Alaska Native: 24.3% Asian: 63.9% Black or African American: 42.6% Hispanics: 23.0% Native Hawaiian or Other Pacific Islander: 17.4% Other: 13.9% Two or more Races: 50.0 White, Non-Hispanic: 67.9%
Exposure to environmental factors that negatively affect health status by County within the CBSA	According to the American Lung Association, the Ozone Grade is an F based on the annual number of high ozone days in Montgomery County although the county earned a B grade based on Annual Particle Pollution. ³¹

 ²⁷Montgomery County Department of Transportation, www.montgomerycountymd.gov/dot-transit/index.html
 ²⁸ Washington Metropolitan Area Transit Authority, www.wmata.com
 ²⁹ American Community Survey, 2007-2011, www.census.gov
 ³⁰ American Community Survey, 2007-2011, www.census.gov

³¹ American Lung Association, www.stateoftheair.org

^{10 |} Suburban Hospital Healthcare System

FY13 Community Benefit Report

	According to the Environmental Protection Agency (EPA), 24 pounds of reported and recognized carcinogens were released into the air in 2012 which has decreased significantly from 636 pounds reported in 2009. In addition, the total net pounds of reported amount of PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released into the environment has also decreased as well from 12,586 in 2009 to 4,143 in 2012. ³² 0% of people get water from public water systems that have received at least one health-based violation in the reporting period. ³³
Available detail on race, ethnicity, and language within the CBSA	38.1% of Montgomery County residents speak a language other than English at home. 31.4% are Foreign-born persons living in Montgomery County. ³⁴ Montgomery County is ranked 11 th as the most Linguistically Diverse County with 96 languages spoken in the nation. ³⁵
Minority owned businesses in Montgomery County ³⁶	 32.4%: Women owned 12.4%: Black 12.1%: Asian 10.0%: Hispanic 0.7%: American Indian- and Alaska Native 0.1%: Native Hawaiian and Other Pacific Islander
Economic Development	Brian Gragnolati, former President and CEO of Suburban Hospital and now the Senior Vice President for the Johns Hopkins Health System, continues to chair the board of the Montgomery Business Development Corporation which is a non-partisan organization to provide a business-friendly perspective regarding economic development issues, including

 ³² U.S. Environmental Protection Agency, www.epa.gov
 ³³ County Health Rankings & Roadmaps, www.countyrankings.org
 ³⁴ American Community Survey, 2007-2011, www.census.gov
 ³⁵ U.S English Foundation, Inc., www.usefoundation.org/view/55
 ³⁶ US Census, Quick Facts, 2010, www.census.gov

^{11 |} Suburban Hospital Healthcare System FY13 Community Benefit Report

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	strategic planning, retaining and attracting business, and legislative and regulatory advocacy. ³⁷
	Leslie Ford Weber, Director of Suburban Hospital's Government and Community Affairs served as a board member of the Bethesda-Chevy Chase Chamber of Commerce during FY13.
	The Division of Small and Minority Business Empowerment within the Department of Economic Development of Montgomery County provides services to more than 80,000 small and minority businesses located in Montgomery County by creating initiatives and forming partnerships with community organizations, business groups, private enterprises, and other public agencies. ³⁸
	The Maryland Women's Business Center, located in zip code 20850, received a grant from the Citi Foundation that will help the center, which Rockville Economic Development Inc. launched in November 2011, foster successful, growing, women-owned businesses to benefit from its services, creating jobs and empowering women in our community. ³⁹

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

Suburban Hospital completed its community health needs assessment 1.)through its collaboration with the Montgomery County Department of Health and Human Services and four other county hospitals to conduct a county-wide community health needs assessment called "Healthy Montgomery;" 2) engaging community experts by establishing a Community Benefit Advisory Council (CBAC) that advises on the direction of the needs assessment; and 3) conducting a community health survey to assess the needs and insights of the community members benefiting from Suburban's programs, services and activities. Healthy Montgomery identified six health priorities to be tracked, measured and evaluated based on health inequities, lack of access, and unhealthy behavior listed below.

³⁷ Montgomery Business Development Corporation, www.montgomerybdc.org

³⁸ Montgomery Economic Development, www.choosemontgomerymd.com

³⁹ Maryland Women's Business Center, www.marylandwbc.org

^{12|}Suburban Hospital Healthcare System FY13 Community Benefit Report

- Behavioral Health
- Obesity
- Diabetes
- Maternal and Child Health
- Cancer
- Cardiovascular Health

Provide date here. _03_/_21_ /_2013_ (mm/dd/yy)

If you answered yes to this question, provide a link to the document here.

http://www.suburbanhospital.org/CommunityProg/NeedsAssessment.aspx

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

_✔_Yes ___No

If you answered yes to this question, provide the link to the document here or attach the document.

See Appendix VII

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?

Yes, Suburban Hospital's Community Benefit Strategic plan is incorporated into the Hospitals strategic plan to ensure that the system continues to build positive relationships with community partners in addressing the health needs of the community. Community Benefit activities and contributions are measured and reported quarterly as part of the hospital's overall operation performance scorecard.

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

In working with the Montgomery County Department of Health and Human Services and addressing the needs set by Healthy Montgomery, Suburban Hospital's Board of Trustees, President and CEO, and the organization's operations leadership team work thoroughly to ensure that the hospital's strategic and

clinical goals are aligned with unmet community needs though the planning, monitoring and evaluation of its community benefit activities.

In addition, nursing leadership, community physicians, health partnership advisory boards, local government and business agencies, and other not-for-profit organizations continue to influence the decision making process and prioritization of Suburban Hospital's community benefit activities.

- 1. Senior Leadership ✓
 - i. Gene E. Green, M.D., President and CEO, Suburban Hospital
 - ii. Jacqueline Schultz, Executive Vice President and Chief Operating Officer
 - iii. Marty Basso, Senior Vice President of Finance and Chief Financial Officer
 - iv. June Marlin Falb, Vice President of Development
 - v. Joseph Linstrom, Senior Director of Operations
 - vi. Dennis Parnell, Senior Vice President of Human Resources
 - vii. Christopher Timbers, Vice President and Chief Information Officer, Information Systems.
 - viii. Leslie Ford Weber, Senior Vice President of Government and Community Relations; Director of the Office of Government and Community Relations for Johns Hopkins in the National Capital Region
- 2. Clinical Leadership ✓
 - Physicians: Robert Rothstein, MD, Vice President of Medical Affairs; Diane Colgan, MD, Board Chair of Medical Staff. Matthew Poffenroth, MD, Medical Director of the National Capital Region at Johns Hopkins Community Physicians
 - ii. Nurses: Barbara Jacobs, Chief Nursing Officer and Senior Director of Nursing, LeighAnn Sidone, Director of Nursing Professional Practice and Quality.
 - iii. Social Workers: Norma Bent, Corporate Director, Outcomes Management Department
 - iv. Other(s): Matthew Tovornik, Division Director, Orthopedic & Neurosurgery Service Lines and Rehabilitation; Don Silver, Division Director, Behavioral Health and Senior Services, Shawn Donnelly, Department Director, Managed Care and Patient Access.
- 3. Community Benefit Operations \checkmark
 - Individuals: Monique L. Sanfuentes, Director of Community Health and Wellness; Eleni Antzoulatos, Program Coordinator, Community Health and Wellness; Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness; Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness; Joan Hall, Senior Director, Financial Planning, Budget, & Reimbursement; Chris Perkins, Lead Operations Analyst, Financial Planning, Budget, & Reimbursement; Brian Ebbitt, Director, Planning & Project Management
 - i. Committee (please list members):

JHHS Community Benefit Advisory Council√:

The Community Benefit Advisory Council is comprised of hospital leadership and is responsible for developing a systematic approach that aligns community benefit objectives with JHM strategic priorities. The Advisory Council meets quarterly to discuss how JHM intends to fulfill both its mission of community service and its charitable, tax-exempt purpose.

- Gayle Adams, Director of Community Relations and Government Affairs, Johns Hopkins Bayview Medical Center
- Jay Blackman, Executive Vice President and Chief Operating Officer, Howard County General Hospital
- John Colmers*, Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System
- Deidra Bishop, Director, East Baltimore Community Affairs, Johns Hopkins University
- Kenneth Grant, Vice President of General Services, The Johns Hopkins Hospital
- Dan Hale, Special Advisor, Office of the President, Johns Hopkins Bayview Medical Center
- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Cindy Rose, Vice President of Marketing, Branding, and Community Relations, All Children's Hospital
- Monique Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer, Suburban Hospital
- Christine Stuppy, Vice President for Business Development and Strategic Planning, Sibley Memorial Hospital
- Sharon Tiebert-Maddox, Director, Financial Operations, Johns Hopkins Government and Community Affairs
 *Chairperson

JHHS Community Benefit Work Group√:

The Workgroup is responsible for collecting and reporting community benefit activities to the president of JHHS and each hospital president and chief financial officer, the HSCRC and IRS annually. The Workgroup meets monthly to discuss data collection, community benefit planning and evaluation.

The Johns Hopkins Hospital

- Deidra Bishop, Director, East Baltimore Community Affairs
- Sherry Fluke, Finance Manager, Government and Community Affairs
- Zakia Hospedales, Budget Analyst, Government and Community Affairs
- Sharon Tiebert-Maddox, Director of Financial Operations, Government and Community Affairs
- William Wang, Associate Director, Strategic Operations, Government and Community Affairs

Johns Hopkins Bayview Medical Center

- Gayle Adams, Director, Community and Government Relations
- Patricia A. Carroll, Community Relations Manager
- Kimberly Moeller, Director, Financial Analysis
- Linda Stewart, Community Relations Coordinator

Howard County General Hospital

- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Regulatory Compliance
- Scott Ryan, Senior Revenue Analyst

Suburban Hospital

- Eleni Antzoulatos, Program Coordinator, Community Health and Wellness
- Joan Hall, Director, Senior Director, Financial Planning, Budget, and Reimbursement
- Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness
- Chris Perkins, Lead Operation Analyst, Financial Planning, Budget, and Reimbursement
- Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness
- Monique Sanfuentes, Director, Community Health and Wellness

Sibley Memorial Hospital

- Marti Bailey, Director, Sibley Senior Association and Community Health
- Wolf Boltansky, Project and Community Affairs Specialist
- Mark Long, Director of External Affairs
- Mike McCoy, Associate CFO, Finance Department

All Children's Hospital

- Mary Mahoney, Director of Marketing
- Jeff Craft, Administrative Director of Finance

Johns Hopkins Health System

- Janet Buehler, Director of Tax
- Desiree de la Torre, Assistant Director, Health Policy Planning
- Bonnie Hatami, Senior Tax Accountant

• Anne Langley, Director, Health Policy Planning

Suburban Hospital's Community Benefit Advisory Council (CBAC) is comprised of a diverse group of local business, non-for-profit executives and community advocacy leaders. Chartered by the Hospital's Board of Directors and chaired by a system board trustee, the Advisory Council exists to guide and participate in the planning, development and implementation of programs and activities for the improvement of health in the community served by Suburban Hospital.

- ii. Suburban Hospital Community Benefit Advisory Council√:
 - Norman Jenkins- Founder and CEO of Capstone Development, LLC. (Chairman)
 - Mark Bergel, Ph.D.-Founder and Executive Director, A Wider Circle
 - Ken Hartman-Regional Services Director, Bethesda Chevy Chase Regional Services Center
 - Elizabeth McGlynn-Executive Director, Girls on the Run Montgomery County
 - Belle Brooks O'Brien- Community Advocate
 - Carmen Ortiz Larsen-President of AQUAS, Incorporated
 - Dr. Michael Smith-Radiologist and brother of Alpha Phi Alpha Fraternity, Montgomery County Chapter
 - Crystal Carr Townsend, President, Healthcare Initiative Foundation
 - Jacqueline Schultz- Executive Vice President and Chief Operating Officer, Suburban Hospital
 - Leslie Ford Weber- Senior Vice President of Government and Community Relations; Director of the Office of Government and Community Relations for the Johns Hopkins Capital Region, Suburban Hospital
 - Carolee Beckford, RN- Clinical Nurse Manager, Intensive Care Unit
 - Ronna Borenstein-Levy, Senior Director, Marketing and Communications, Suburban Hospital
 - Brian Ebbitt- Director, Strategic Planning, Suburban Hospital
 - Monique L. Sanfuentes- Director, Community Health and Wellness, Suburban Hospital

The Patient and Family Advisory Council (PFAC) brings together patient and family advisors and Suburban Hospital clinical, administrative, and executive staff to foster a culture of patient- and familycentered care. The PFAC works to help transform Suburban to a model of care that engages patients and their families as equal partners in care, exchanging information with them in useful and understandable ways, and encouraging and supporting their involvement in health care.

- iii. Patient and Family Advisors \checkmark :
 - Stephen Bokat
 - Ellen Sue Brown
 - Simon Fitall
 - Barbara Kahl

- Susan Kleimann
- Beverly Labourdette
- Toby Levin
- Janet Levy
- Belle O'Brien
 - Staff Advisors
- Diane Colgan, MD, Medical Staff Chair
- Brian Ebbitt, Director, Planning & Project Management
- Barbara Jacobs, Chief Nursing Officer and Senior Director of Nursing
- Nancy Miller, Corporate Director Physician Support Services and Service Excellence
- Virginia Schad, RN
- Jacky Schultz, Executive Vice President and Chief Operating Officer

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

The community benefit report is reviewed in detail by the Executive Leadership, Community Benefit Advisory Council, Planning and Finance Departments. In addition, community benefit is integrated into the system's strategic plan and is reviewed quarterly with members of Management Communication Forum and the Hospital's Leadership Clinical Operations Team.

> Spreadsheet_√__yes ____no Narrative __√__yes ____no

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

Led by chairman, David C. Silver, the Hospital's Board of Trustees dedicates time at a board meeting to review and approve the Community Benefit Report. In addition to the Hospital's Board reviewing and approving the complete Community Benefit Report, the FY13 community benefit inventory spreadsheet and narrative were also reviewed in detail by the CEO and CFO of the Johns Hopkins Health System prior to submission to the HSCRC.

Spreadsheet	✓yes	no
Narrative✓_	yes	no

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Suburban Hospital recognizes the community's unmet or potential health needs by participating in community coalitions, partnerships, advisory groups, boards, panels, committees, and serving on local County commissions and working with public health officials at MCDHHS. In FY13, Suburban Hospital delivered \$22,791,642.43 in community benefit contributions and conducted 2,729 community health improvement programs, screenings, classes, seminars and activities serving 86,610 individuals; of which 24,468 are from an ethnic minority group. As one of the fastest growing populations, minorities in

Montgomery County represent 50.1% of Suburban Hospital's CBSA and as a result the Hospital targets programs within those groups to reduce health disparities. (See Exhibit 1)

In 1998, a Community Outreach Vision was established through a community health advisory council comprising health department officials and local community stakeholders. The council approved the following target areas of need: 1.) Access to Care 2.) Management and Prevention of Chronic Disease 3.) Underserved Seniors and 4.) Vulnerable Youth. The Healthy Montgomery needs health assessment validated that the Community Outreach vision established fifteen years ago is still relevant today.

Suburban Hospital continues to work to distinguish health priorities and generate solutions to address the growing challenges of preventing chronic disease, increasing access to care, and building safe and healthy communities in its Community Benefit Service Area.

Below is an example of community benefit activities that met major community needs in FY13.

- Nurses at four HeartWell clinics located in Silver Spring, Gaithersburg, Wheaton and Chevy Chase- cared for an average of 665 patients per month, totaling 7,528 preventative clinic visits. The encounters include free blood pressure screenings, one-on-one counseling, disease prevention and management sessions, small and large group educational programs.
- Montgomery Cares patients have received access to expert care from cardiologists, specialty diagnostic screenings, and open heart surgery since the inauguration of the Mobile Med/NIH Heart Clinic at Suburban Hospital in 2007, totaling more than 3,300 patient visits. In FY 13, there were 595 encounters, with 421 unduplicated patients at the MobileMed/NIH Heart Clinic.
- Nearly 1,700 patients have access to the specialty care of endocrine diseases through the Mobile Med/NIH Endocrine Clinic at Suburban Hospital that was established in July 2010. In FY13, there were; 481 encounters with 191 unduplicated patients at the MobileMed/NIH Endocrine Clinic.
- 2464 under/uninsured patients were provided with \$5,177,296.27 in medical care at Suburban Hospital.
- Covering the Uninsured, an annual event at Suburban Hospital, provided free bilingual screening, counseling, and assistance with applications for Maryland residents who were without health care insurance on March 19, 2013.
- To expand access to primary care and medical services for vulnerable residents, Suburban Hospital financially supports *Clinica Proyecto Salud* and the Holy Cross Hospital Health Centers in Gaithersburg, MD by donating \$200,000 in FY13 which affords these safety net clinics the ability to extend their hours of operations and supplement additional health care providers.
- Cardiovascular outreach in Southern Maryland through the NIH Heart Center at Suburban Hospital supported 635 events, engaging 12,509 individuals to improve healthy lifestyles in Prince George's, Calvert, and St. Mary's counties.

- Medical Exploring and Job Shadowing resulted in 20 educational events for 660 students interested in pursuing careers in medicine.
- The Safe Sitter course at Suburban has produced 333, 11-13 year- old graduates who learned safety essentials of babysitting in 2013.
- Since 2003, Suburban has hosted 20 YMCA parenting workshops that educated 1,794 families on issues facing parents today, from "Sharing the Task of Parenting" to "Anxiety: from Monsters Under the Bed to Preparing for College."
- 253 monthly blood pressure screenings conducted at area mall-walking programs and community centers contributed to assisting over 7,000 individuals to know their numbers and take better charge of their health.
- 985 Senior Shape classes taught by certified exercise instructors built flexibility, strength, and healthy hearts for thousands of seniors across Montgomery and Prince George's Counties.
- 65 health education seminars were coordinated by Suburban Hospital in senior centers throughout Montgomery County, reaching over 4,500 people. All education seminars are free, open to the public and advertised through the Hospital's newsletter and social media. Topics ranged from: "Living Single and Lovin' It" and "Exercise Your Age Away "to "The Dangers of Dehydration" and "Preventing a Broken Heart."
- Since its inception four years ago, the Knots for Shots health initiative program has provided uninsured and homeless county residents with a free hat, scarf or blanket in exchange for getting a flu shot and in doing so reaching out to nearly 600 residents in Montgomery County who would otherwise not seek the vaccination.

As mentioned in the Hospital's Community Needs Assessment, Healthy Montgomery established six health priorities to be evaluated over the next three years. Utilizing data from Healthy Montgomery, there are eighteen health indicators that the Hospital strives to improve through deliberate planning of health education initiatives and screenings; providing financial and in-kind support to community clinics and programming wellness activities that directly align with the County's needs assessment and identified social determinants of health. Collaborating with several key partnerships, coalition committees, non-profit organizations, corporations, institutes and county government is instrumental in leveraging resources to ensure that all stakeholders are engaged.

Indicator 1. Persons without Health Insurance

In Montgomery County, 11.9% of residents are uninsured, receive their primary care service from hospital emergency departments and are less likely to get routine checkups and screenings.⁴⁰ Resulting in treatment delay, this places a significant burden on the health-care system due to higher spending on treatment and also decreases the probability of improved health outcomes. Within specific racial and ethnic groups in Montgomery County, a reported 30.6% of the Hispanic population does not have health

⁴⁰ American Community Survey 1-Year Estimates, 2012, www.acs.gov

^{20|}Suburban Hospital Healthcare System FY13 Community Benefit Report

insurance, as well as 16.0% of the Black or African American and 11.5% of the Asian populations.⁴¹ Due to this discrepancy within the racial groups, Suburban Hospital has committed its resources to increase access to care and reduce the number of individuals without health insurance.

As a Countywide project to reduce inappropriate Emergency Department visits by linking low-income, uninsured patients with a Montgomery Cares primary care medical home, Suburban Hospital participates in an ongoing project called "ED-PC Connect." Suburban Hospital Emergency Department providers refer each individual patient to one of the three clinics (*Clinica Proyecto Salud*, Holy Cross Hospital Health Center- Gaithersburg and Mobile Medical Care, Inc.), based on proximity to their home address and specific services needed. Suburban hired a part-time, hospital-based patient navigator to work on the project from March 2010 to May 2011. The patient navigator receives both a list of all patients referred by ED providers and a separate IT-generated list of all self-pay/charity patients seen in the ED. The navigator attempted to contact all patients on both of these lists. As of July 2011, Suburban Hospital's patient referral process was modified to implement an approach that eliminated the role of the hospital-based patient navigator which involves direct communication between Suburban Hospital's ED administrator and clinic patient navigators. The administrator is responsible for sending those referrals produced by ED medical personnel to the corresponding clinic navigator for follow-up care coordination.

The Hospital also partners with Montgomery Cares, which provides health services to low income, uninsured Montgomery County adult residents. The program is administered by the Primary Care Coalition (PCC). Since Suburban does not have sufficient space of its own, the Hospital provides financial support to *Clinica Proyecto Salud* and the Holy Cross Hospital Health Centers located in Wheaton and Gaithersburg to fulfill Montgomery Cares' goal of increasing uninsured adult patients' access to primary care, thereby enabling the Clinics to employ additional health-care providers, extend their hours, and provide additional patient appointments each year. For example, since opening its doors in 2009 and receiving financial support from Suburban, the Holy Cross Hospital Health Center in Gaithersburg treated a total of 3,219 unduplicated patients and generated 10,031 encounters in FY13. Since 2009, when the health center opened its doors to uninsured patients in Montgomery County and started receiving support from Suburban Hospital, the clinic has had increased the number of unduplicated patients by 52.2% (2,115 FY10 vs. 3,219 FY13) and the number of encounters by 41.1%(7,107 FY10 vs. 10,031 FY13). In FY13, *Clinica Proyecto Salud* served 210 unduplicated patients with 2,003 duplicate appointments.

For more than a decade, Suburban Hospital has provided free cardiovascular diagnostics, interventional and diagnostic radiology, laboratory, and inpatient services to Mobile Medical Care, Inc., a clinic that provides free or low-cost medical care for the uninsured throughout various satellite locations in Montgomery County. This partnership was expanded when the Hospital in conjunction with the National Heart, Lung and Blood Institute (NHLBI), combined expertise and initiated the Mobile Med/NIH Heart Clinic at Suburban Hospital (20814) in October 2007. The goal of the clinic is to increase access of specialty care and enable uninsured patients to receive state-of- the-art cardiac care, from diagnostic testing to open heart surgery to rehabilitation, at little or no cost to the patient. Once a week, volunteer physicians, nurses and administrators from each organization donate their time to staff the cardiac

⁴¹ American Community Survey 1-Year Estimates, 2012, www.acs.gov

^{21 |} Suburban Hospital Healthcare System FY13 Community Benefit Report

clinic. In addition, the Hospital donates space, supplies and services to the clinic. Since its opening, thousands of patients requiring advanced or specialty cardiovascular care have received treatment for specialty services that would otherwise not be accessible without health insurance. Due to positive health outcomes and the growing need for specialty care, the Heart Clinic opened its doors in 2008 to patients from other safety-net clinics.

It is not a surprise that Healthy Montgomery has chosen to focus on diabetes as one of the top six health priorities. As one of the fastest growing health epidemics affecting US populations today, it was a logical decision for Suburban Hospital, MobileMed and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), to replicate the successful Heart Clinic model in addressing unmet specialty care needs of those suffering from diabetes and other endocrine complications. In July 2010, a specialty clinic was established-the Mobile Med/NIH Endocrine Clinic at Suburban Hospital, located at the Johns Hopkins Health Care and Surgery Center (20817). In FY 13, the clinic treated over 400 patients without health insurance who require specialty care for endocrine conditions and diseases by providing diagnostic tests, examinations, and one-on-one consultation with a Suburban Registered Dietitian at no cost to the patient. Among the most common conditions treated were goiter, hyperthyroidism, and uncontrolled diabetes type II. The clinic continues to see improvements in Hemoglobin A1C (HbA1C) among diabetic patients, which averaged a drop from 8.8% to 7.9% in FY13.

To increase access to care, Suburban engages in the "Covering the Uninsured", sponsored by the Maryland Hospital Association. During this annual event, experienced staff from the Patient Access Department screen and counsel Maryland residents who are without health insurance for Medicaid eligibility. This program enables community members to learn more about the various health-care insurance options and receive assistance in the application process, along with a checklist of "next steps" for those eligible to apply.

Additionally, the Montgomery County Department of Health and Human Services' Latino Health Imitative (LHI) hosts its annual *Ama Tu Vida* event which promotes health education and wellness through prevention screenings, services, and referrals to safety net clinics. *Ama Tu Vida* is an annual health improvement screening initiative that is recognized by the Latino community as a reputable resource for health check-ups. Since this group is predominately uninsured, they rely on these free services year after year. Suburban Hospital has played an active role in LHI's efforts and provides free cholesterol, glucose, and blood pressure testing to local residents at *Ama Tu Vida* every year.

Another opportunity in providing access to care was through the Hospital's participation in the 1st Annual Salvadoran American Day Festival held in Wheaton, MD in August of 2012. Organized by Maryland State Delegate Ana Sol Gutierrez, residents were able to receive free and confidential health screenings. Volunteer hospital nurses and staff provided free blood pressure screenings to over 500 festival participants.

Efforts such as these bridge the gap between access to care and Montgomery County underrepresented residents by increasing awareness and knowledge of their health while building trust and confidence to navigate the often confusing health system.

Indicator 2.Adults unable to afford to see a doctor

Community members who are unable to afford to see a doctor may not receive the proper medical services when they need them, which can lead to missed diagnoses, untreated conditions, and adverse health outcomes. In Montgomery County, 13.5% of residents cannot afford a doctor.⁴² The racial and ethnic minority population is affected disproportionally by this health issue. In 2011, 14.3% of Blacks, 41.9% of Hispanics and 9.2% of Asians reported an inability to pay to see a doctor compared to only 5.9% of Whites.⁴³ To assist in decreasing this rate, the programs mentioned in Indicator 1 (Mobile Med/NIH Heart Clinic, Mobile Med/NIH Endocrine Clinic, ED/PC connect, Montgomery Cares) serve to increase access to care and afford vulnerable residents an opportunity to receive care at little or no cost.

Indicator 3.Age-Adjusted Death Rate Due to Breast Cancer

According to the National Cancer Institute, the age-adjusted death rate due to breast cancer in Montgomery County is 19.6 per 100,000 women.⁴⁴ It is predominately higher among black women as there are 30.3 deaths due to breast cancer per 100,000 women in Montgomery County.⁴⁵ Given that it is very prevalent among all women, it is critical to educate community members on the importance of early detection. Starting at a younger age affords women the opportunity to be more aware of the disease and its effects, as well as start to acquire healthy habits such as conducting regular breast selfexams.

Suburban Hospital, in an historical partnership with the Greater Washington Chapter of Hadassah, Montgomery County Public Schools and local private high schools sponsor the Check It Out Program, a community based health initiative which distributes free breast cancer education and early detection information to 11th and 12th grade young women in Montgomery County. Held every other year, a Suburban Hospital Cancer Program nurse addresses the importance of breast self-exam and answers questions from the audience about breast health and cancer. In FY13, the Check It Out program reached 3,106 young women at 14 public and private high schools within Montgomery County.

Furthermore, Suburban Hospital's Cancer Program holds several wellness classes throughout the year for cancer patients and survivors including 'Look Good...Feel Better,' Tai Chi and Yoga exercise classes, a free guided nutritional tour at a local Whole Foods grocery store and its annual "Living with Breast Cancer Symposium" every October held at Suburban Hospital.

Lastly, Suburban Hospital also supports the Montgomery Cares safety-net clinics by providing financial assistance and in-kind support to those clinics that provide diagnostic testing for mammograms.

⁴² www.<u>healthymontgomery.org</u>

 ⁴³ www.healthymontgomery.org
 ⁴⁴ www.healthymontgomery.org

⁴⁵ www.healthymontgomery.org

^{23 |} Suburban Hospital Healthcare System FY13 Community Benefit Report

Indicators 4. & 5. Age-Adjusted Death Rate Due to Prostate Cancer and Prostate Cancer Incidence Rate

Prostate cancer is the most common form of cancer other than skin cancer among men in the United States. Prostate cancer is second only to lung cancer as a cause of cancer-related death among men.⁴⁶ The death rate for prostate cancer in Montgomery County is 17.0 per 100,000 every year, according to the National Cancer Institute. ⁴⁷ In addition, 162.6 per 100,000 new cases of Prostate Cancer are diagnosed every year.⁴⁸ The incidence rate in Montgomery County is higher among the African American/Black population with 238.7 new cases of prostate cancer being diagnosed and a reported 29.1 deaths occurring every year.⁴⁹

Suburban Hospital's free Prostate Cancer Screenings aim to reduce the number of new cases diagnosed at the advanced disease stage every year through education and screening. The Hospital's Cancer Program conducts free PSA and DRE screenings once a year. Urologists, nurses and hospital staff volunteer their time and share their expertise with community participants. Follow-up and case management is provided by the Cancer Program's patient navigator. Interpreters are available to help translate screening forms, explain results and assist participants with navigating additional health resources. Screenings are open to the public and advertised at the safety net clinics. Our partnership with the African American Fraternity, Alpha Phi Alpha, has connected this free important screening to one of the highest at-risk populations. Alpha brothers not only help to promote and spread the message among their peers and family members, but also volunteer their time to help organize and conduct the screenings.

In addition, the Cancer Program hosts an annual Prostate Cancer Symposium which invites survivors of prostate cancer and their families to learn more about the latest advances in treatment and care available today. The symposium featured distinguished physician speakers including Dr. Robert Dean, an urologist and director of andrology (male sexual health) at the Walter Reed National Military Medical Center, who reviewed the options of restoring erectile function and sexual intimacy after prostate cancer treatment. Furthermore, in recognition of Men's Health month, the Hospital regularly hosts one of its signature health education events, the Annual Men's Health Symposium to also bring specific attention to men's health issues. In FY 13, Dr. Ballantine Carter, director of adult urology at the Johns Hopkins University School of Medicine, discussed his book, "The Whole Life Prostate Book: Everything that Every Man - at Every Age- Needs to Know about Maintaining Optimal Prostate Health" to the community. His book was made available at no cost to the men (and women) in attendance. Along with Dr. Carter, a community member spoke on his personal experience living with prostate cancer emphasizing the importance of screening and early detection.

The Cancer Program also offers monthly prostate cancer support groups open to all prostate cancer patients, their families and friends, providing an opportunity to gain new knowledge and share common concerns. As mentioned in Indicator 3, health and wellness classes are also available to cancer patients, survivors and their families through the Cancer Program.

⁴⁶ www.<u>healthymontgomery.org</u>

www.healthymontgomery.org
 www.healthymontgomery.org

⁴⁹ www.healthymontgomery.org

^{24 |} Suburban Hospital Healthcare System FY13 Community Benefit Report

Indicators 6, 7 & 8.Age-Adjusted Death Rate Due to Colorectal cancer, Colon Cancer Screening and Colon Cancer Incidence Rate

Colorectal cancer, the second leading cause of cancer-related deaths in the United States, is a preventable disease. If all adults aged 50 or older had regular screening tests, as many as 60% of the deaths could be prevented. Healthy Montgomery reports that only 76.5% of Montgomery County residents over the age of 50 are screened for Colon Cancer and 11.0 per 100,000 people die from this preventable disease.⁵⁰ The incidence rate of 33.2 new cases of colorectal cancer per 100,000 in Montgomery County is below Healthy People 2020 national health target of 38.6.⁵¹

While 71.1% of Blacks in Montgomery County are screened for colorectal cancer, they have the highest incidence rate of 38.4 new cases diagnosed every year compared to Whites (31.8%) and Hispanics (20.3%).⁵² Not surprisingly, Blacks also have a higher rate of age-adjusted death due to colorectal cancer with 16.2 deaths per 100,000 in contrast to Whites and Hispanics with 10.0 and 9.1 deaths per 100,000, respectively. 53

Suburban Hospital's Get a Check Up program, which is made possible by the Tobacco Restitution Fund, has educated more than 10,000 Montgomery County residents in an effort to communicate the importance of colorectal cancer screening. FY13 marked the 11th year of partnership between Suburban Hospital and the Montgomery County Cancer Crusade (MCCC). Since there is always a need for screening, the demand is far greater than the available resources. Not only does Suburban Hospital assist in prevention and education of colon cancer through community seminars and health education materials, it also links community members to available free screenings through the MCCC. Our partnership extends beyond basic public health efforts; when a cancer has been detected, the Hospital has been able to absorb the treatment expenses of this costly disease in certain situations.

As the partnership between Suburban Hospital and the MCCC has grown over the years, the Hospital has been fortunate to expand education, outreach and navigation programs from colorectal cancer to various target cancers, such as, prostate, breast, and skin. (Indicators 3, 4, & 5)

During the month of March, Suburban Hospital held various colorectal cancer awareness activities in honor of Colorectal Cancer Month. Utilizing social media, Suburban Hospital held a Facebook Chat on Colorectal Cancer during the month of March. A Facebook flyer was created to promote the chat. The flyer was seen by 977 Facebook users over a week-long period. The 30-minute Facebook chat, led by Dr. Gary Roggin, engaged 122 users. A review of utilization rates for the day revealed that the post was seen by a total of 1,401 users, making it the most popular Suburban Hospital Facebook chat at the time. This social media outreach effort aimed to provide an alternative outlet for education for the working professional and the technological savvy.

Suburban Hospital's Endoscopy Department created an education poster board to create awareness and educate patients, staff and visitors on colorectal cancer risk. On March 20, 2013, the poster was

⁵⁰ www.<u>healthymontgomery.org</u>

⁵¹ www.healthymontgomery.org ⁵² www.healthymontgomery.org

⁵³ www.healthymontgomery.org

^{25 |} Suburban Hospital Healthcare System FY13 Community Benefit Report

displayed strategically in front of Suburban Hospital's cafeteria, which is the area of the hospital that receives the most foot traffic. Furthermore, staff from the endoscopy department used the poster as an educational tool to engage discussions on colorectal cancer prevention.

Lastly, a special session was organized on May 21, 2013 to educate health professionals, in particular employees of Suburban Hospital. Suburban Hospital has recently lost several environmental services colleagues to colorectal cancer. The event was attended by 14 hospital employees. To reach the general population, two colorectal cancer educational seminars, titled, "Tummy Troubles" and "Trust your Gut," were held at local community centers within Suburban's CBSA.

Indicator 9.Pap Test History

The American College of Obstetricians and Gynecologists recommends that all women get regular Pap tests which check for changes in the cells of the cervix that can be early signs of cervical cancer. Using data from the Maryland Behavioral Risk Factor Surveillance System (BRFSS), 83.5 % of women 18 years or older have had a Pap Test History in the last three years in Montgomery County.⁵⁴ In Maryland, 220 new cases of Cervical Cancer have been diagnosed every year.⁵⁵ To improve the rate of Pap Testing and increase the chances of early detection of Cervical Cancer, Suburban Hospital's Laboratory Services donates it services by supplying and conducting free Gynecological testing for the patients at safety-net clinics such as *Clinica Proyecto Salud*.

Indicator 10. Age-Adjusted Death Rate Due to Heart Disease

Heart disease is the leading cause of death in Maryland and the US. It can affect both men and women, despite ethnicity, race or socioeconomic status and has several risk factors including stroke, diabetes, hypertension, high cholesterol, obesity, smoking, alcohol use, poor diet and inactivity. Due to the complexity of this disease, it can also incur higher health-care costs as well. In conjunction with several key partners, the Hospital has been able to establish several programs and initiatives to reduce the death rate of heart disease of 127.8 in Montgomery County.⁵⁶

As mentioned in Indicators 1 & 2, providing cardiac care to the County's safety net clinics through the partnerships with Montgomery Cares, MobileMed, LHI and NHLBI, is a natural extension of the hospital's existing efforts to expand and ensure equal access to primary and specialty care for Montgomery County residents.

Suburban Hospital's HeartWell program serves as a model of direct access to patient care. Through free cardiovascular health education, disease management and nutrition classes at four senior centers throughout the county, the HeartWell program is designed to reduce the frequency of hospital admissions due to cardiovascular disease. Data has shown that those county residents who have participated in the program have experienced positive clinical outcomes. HeartWell is located in Silver Spring, Gaithersburg, Wheaton, and Chevy Chase. Suburban Hospital nurses cared for an average of 665 patients per month in FY13, totaling 7,528 preventative clinic visits. HeartWell participants have free

26 | Suburban Hospital Healthcare System FY13 Community Benefit Report

⁵⁴Maryland Behavioral Risk Factor Surveillance System, www.marylandbrfss.org

⁵⁵ American Cancer Society, www.cancer.org/acs/groups/content/@epidemiologysurveilance/documents/document/acspc-036845.pdf

⁵⁶ Maryland Assessment Tool for Community Healthy, 2008-2010,www.matchstats.org

access to blood pressure screenings, one-on-one counseling, disease prevention and management sessions, in addition to small and large group educational programs. Piloted in 2011 and funded by the Wolpoff Family Foundation, the *HeartWell in Action* lecture series is held at three of the four senior centers within the CBSA. Focusing on strategies for heart healthy living, topics include Diabetes, Stress during the Holidays, Importance of Exercise, Nutrition, Sleep and Stroke Awareness. The monthly lectures attract an average attendance of 50 people per education seminar; totaling over 2,000 community members attending HeartWell in Action lectures.

Senior Shape exercise classes are another example of the Hospital's commitment to reducing heart disease among the active senior population. Held at various community and senior centers in Montgomery and Prince George's Counties, Senior Shape focuses on strength, weight training and stretching with a safe, low-impact aerobic regimen. Classes not only improve seniors' cardiovascular health but also increase their balance and flexibility. In FY13, 28,380 seniors in Montgomery and 3,416 in Prince George's Counties took advantage of these exercise classes enhancing their cardiovascular health. The HeartWell and Senior Shape programs are made possible by the Hospital's partnership with the Montgomery County Departments of Recreation and Senior Services.

Increasing awareness of cardiovascular disease, the NIH Heart Center at Suburban Hospital has supported community health initiatives to neighboring southern Maryland counties including Prince George's, Calvert, Charles and St. Mary's since 2006. As the Hospital moves its health-care priorities to meet health outcome standards set by the Healthy Montgomery initiative, the outreach efforts in Southern Maryland have also evolved and progressed to reflect this model. Suburban Hospital's cardiovascular outreach benefited from strengthening and developing existing programs and strategically partnering with collaborators in the community whose cardiovascular health improvement initiatives align with that of the NIH Heart Center at Suburban Hospital.

Collaborating with the Maryland-National Capital Park and Planning Commission's Department of Parks and Recreation (M-NCPPC) and Prince George's County Health Department – Center for Healthy Lifestyle Initiatives (CHLI), the Suitland "Dine and Learn" Program has become one of the most successful health improvement initiatives operating in Prince George's County. The Suitland Dine & Learn Program is a free monthly health education program available to under- and/or uninsured residents of Suitland and surrounding communities in Prince George's County. The program's goal is to reduce cardiovascular health disparities and related co-morbidities among Prince George's County residents. Each monthly Dine & Learn session provides attendees with a blood pressure screening, an exercise demonstration led by a certified instructor, a nutrition education lecture by a registered dietician, and a heart healthy cooking demonstration led by a personal chef who is also a registered dietician.

Indicator 11. Age-Adjusted Death Rate Due to Diabetes

Diabetes is the seventh leading cause of death in the United States and an estimated 23.6 million people or 7.8% of the population are affected with diabetes in 2011.⁵⁷ People who are diagnosed with diabetes have 2.3 times higher medical costs than those without.⁵⁸ Data from Healthy Montgomery reports that

⁵⁷ www.cdc.gov

⁵⁸ www.diabetes.org

^{27 |} Suburban Hospital Healthcare System FY13 Community Benefit Report

12.5 deaths per 100,000 in the county are a result of diabetes.⁵⁹ Complications from diabetes include heart disease, stroke, hypertension, blindness, kidney disease, neuropathy, and amputation. For that reason, Suburban Hospital HeartWell Program serves to decrease diabetes complications by offering various health education programs and disease management classes throughout Montgomery County as described in Indicator 10.

Noted in Indicator 1, Suburban Hospital works closely with *Clinica Proyecto Salud* by supporting numerous health initiatives targeted at its patients. Another long lasting health partnership initiative is the clinic's Diabetes School. Held the first Saturday of the month, diabetes classes last four hours, are taught in Spanish, and address different diabetic medical, health, and nutrition topics. All participants are encouraged to bring family members to each class. In order for a participant to graduate, a minimum of two classes, along with pre and post testing must be completed. A participant's successful graduation from Diabetes School is used to measure their compliance to treatment.

Diabetes education recommendations change over time and the curriculum must reflect new guidelines and recommendations. Suburban Hospital works diligently to enhance the curriculum of the Diabetes School at the *Clinica Proyecto Salud* as it addresses the seven self-care behavior education recommendations by American Association of Diabetes Educators, which are: healthy eating, being active, monitoring, medication compliance, problem solving, healthy coping, and reducing risks.

Indicator 12. Adults Engaging in Moderate Physical Activity

Approximately 34.9% of adults in Montgomery County perform physical activity three to five times each week for at least 30 minutes a day reported by the BRFSS.⁶⁰ By exercising, adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and hypertension while improving mood and promoting healthy sleep patterns. The Senior Shape and HeartWell programs as mentioned in Indicator 10 help improve the frequency at which adults exercise. Suburban Hospital's Community Health and Wellness Department also regularly conducts two Mall Walking Programs (I Love to Walk at White Flint Mall for the past 8 years and Rise and Shine at Lakeforest Mall for over 17 years) which encourages community members to engage in physical activity several times a week.

Studies suggest that when young children engage in physical activity they are more likely to continue when they become adults. According to the Physical Activity Guidelines for Americans, children and adolescents should participate in physical activity for at least 60 minutes every day.⁶¹ For that reason and in an effort to support our youngest residents, Suburban Hospital has had a long term health partnership with Girls on the Run of Montgomery County since April 2012. An international program, Girls on the Run offers a unique, life-changing, after school program for 3rd through 8th grade girls, designed to promote healthy habits and an active lifestyle.⁶² The ten-week curriculum incorporates training for a 5k running race with education and interactive discussions about critical issues affecting

⁵⁹ www.healthymontgomery.org

⁶⁰ www.healthlymontgomery.org

⁶¹ http://www.letsmove.gov/sites/letsmove.gov/files/TaskForce on Childhood Obesity May2010 FullReport.pdf ⁶² www.girlsontherunofmoco.org

^{28 |} Suburban Hospital Healthcare System FY13 Community Benefit Report

pre-teen girls as they reach adolescence. ⁶³ Girls completing the program are physically, mentally, and emotionally stronger and better prepared to overcome the challenges and pressures of adolescence and beyond.⁶⁴ As a long term health partner, the Hospital purchases running shoes for girls at Title I Montgomery County Public Schools, offers discounted CPR and Basic First Aid training to coaches, and provides health habit tips on Girls on the Run Montgomery County website.

Through these programs and partnerships, Suburban Hospital is able to encourage healthy lifestyles and increase physical activity to our community members, both young and young at heart.

Indicator 13.Age-Adjusted Death Rate Due to Cerebrovascular Disease (Stroke)

In Montgomery County, it is reported that the age-adjusted death rate due to Cerebrovascular Disease (Stroke) is 30.0 per 100,000 people.⁶⁵ Similar to Heart Disease, a stroke is the result of several risk factors including hypertension, high cholesterol, diabetes, smoking, and is the number one cause of disability. It is also associated with high direct medical costs such as hospitalizations and doctor visits, as well as indirect costs including absence from work, disability and premature death. Among the four reported racial and ethnic groups in Montgomery County, African Americans have a higher age-adjusted death rate of 32.9 due to stroke than Caucasians (29.9), Asians/Pacific Islanders (23.3) and Hispanics (15.0).⁶⁶

Through a two-year grant, Suburban Hospital, the NIH Stroke Center at Suburban Hospital, the American Heart Association and the American Stroke Association's Power to End Stroke partnered to help the fight against stroke through an interactive training program, the Stroke Ambassador Program. Hospital staff and community members were invited to participate by becoming Stroke Ambassadors. The program was designed to teach Ambassadors about stroke by providing them with various educational materials, a video presentation and brief lecture by a certified Stroke Awareness Ambassador from Suburban Hospital. Participants were also encouraged to take the information they have learned and relay it to their respective community members. While the Stroke Ambassador program is no longer an ongoing program, health education seminars focusing on stroke prevention are still held at area senior community center throughout the County. Every May, in recognition of Stroke Awareness Month, the nurses of HeartWell conduct a variety of health education seminars for community members about prevention, warning signs and the treatment of stroke.

As a designated Stroke Center, Suburban Hospital also hosts monthly stroke support groups by the Montgomery County Stroke Association. Once a month, the Hospital also supports an Aphasia Support Group held at a local community center. Facilitated by a board certified speech-language pathologist, community members are able to seek help in dealing with speech impairment due to a health related issue such as stroke. In May 2013, collaborating with Johns Hopkins Healthy Living, Johns Hopkins Professors Dr. Sara Palmer, a psychologist and Dr. Jeffrey Palmer, Director of Physical Medicine and Rehabilitation at the Johns Hopkins University and Hospital led an interactive discussion based on their

⁶³ www.girlsontherunofmoco.org

⁶⁴ www.girlsontherunofmoco.org

⁶⁵ Maryland Assessment Tool for Community Healthy, 2008-2010, <u>www.matchstats.org</u>

⁶⁶ Maryland Assessment Tool for Community Healthy, 2008-2010, <u>www.matchstats.org</u>

^{29 |} Suburban Hospital Healthcare System FY13 Community Benefit Report

book, "When Your Spouse has a Stroke: For Your Partner, Yourself and Your Relationship," to help couples deal with the impact of stroke on their lives and their relationship.

In addition to education, the key to stroke prevention is through screening. The Community Health and Wellness Department and the HeartWell program, partnering with local shopping malls and the Montgomery County Department of Recreation, conducted numerous blood pressure screenings reaching thousands of individuals a year as described in Indicator 12. These consistent screenings provide an opportunity for community members to check their blood pressure and keep track of any changes that may occur.

Indicator 14. High Blood Pressure Prevalence

Approximately 21.6% of Montgomery County adults are diagnosed with hypertension (high blood pressure).⁶⁷ As the number one modifiable risk factor for stroke, high blood pressure contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it.⁶⁸ Often referred to as the "silent killer," there are no symptoms associated with high blood pressure. As stated in Indicators 1, 10, 11, 12 and 13, there are various programs initiated by Suburban Hospital and its partners in order to increase the awareness and decrease the prevalence of heart disease, diabetes and stroke in Montgomery County among all the racial groups. Since high blood pressure is a risk factor for heart disease and stroke, the free blood pressure screenings conducted by the Community Health and Wellness Department and the HeartWell Program provide a continuum of care for community members allowing them to check their blood pressure on a regular and consistent basis in convenient locations throughout Montgomery and Prince Georges Counties.

Indicator 15. High Cholesterol Prevalence

High blood cholesterol is one of the major risk factors for heart disease as previously mentioned in Indicator 10. Studies show that the higher one's blood cholesterol level, the greater his or her risk for developing heart disease or having a heart attack. In Montgomery County, the percentage of adults who have had their blood cholesterol checked and have been told that it was high was 31.8 %.⁶⁹ As described in Indicator 1, Suburban Hospital and MobileMed, Inc. collaborate on several health initiatives, allowing access to care for those who cannot afford it. Part of the agreement between the organizations includes providing free laboratory testing such as cholesterol analysis.

In partnership with MCDHHS' Latino Health Imitative (LHI), the Hospital contributes to its annual *Ama Tu Vida* health fair by providing free cholesterol, glucose, and blood pressure screening to local Hispanic residents every year. These free and accessible screenings affords local residents the opportunity to become aware of 'knowing their numbers' which educates these community members who otherwise may not have access to such information or screening on how to impact positive change and take control of their health.

⁶⁷ www.healthymontgomery.org

⁶⁸ www.healthymontgomery.org

⁶⁹ www.healthymontgomery.org

³⁰|Suburban Hospital Healthcare System FY13 Community Benefit Report

Indicator 16.Adults with Diabetes

In Montgomery County 5.1% of residents are diagnosed with Diabetes.⁷⁰ This rate is disproportionate among the minority and elderly within the county with 13.5% of adults over 65 diagnosed with diabetes.⁷¹ As previously mentioned in Indicators 1, 10, 11 and 15, several health improvement programs and partnerships like HeartWell, Diabetes School, MobileMed/NIH Endocrine Clinic, and *Ama Tu Vida* ensure that community members are provided with the necessary education, link to treatment that help in the day to day management of this complicated disease.

In an effort to utilize its resources and expand outreach to individuals living with diabetes, Suburban Hospital joined efforts with Sibley Memorial Hospital in providing Diabetes Education classes and a free monthly support group in FY13. Alternating every other month, HeartWell nurses facilitate the Diabetes Support Group at the Hospital, helping members control and manage their diabetes while providing additional information on a wide variety of topics such as sleep, medication, and heart health. Furthermore, a HeartWell nurse also facilitates another diabetes support group at Holiday Park Senior Center (20906) once a month.

Indicator 17.Adult Fruit and Vegetable Consumption

In FY12, Healthy Montgomery established behavioral health and obesity as the initial two priorities that the steering committee would address as they currently have the least amount of resources and require the greatest need. Coincidently, Suburban Hospital has several health improvement initiatives in place to contribute to improving these priorities. As a result, Adult Fruit and Vegetable Consumption, along with Adequate Social and Emotional Support were included as two additional indicators in the FY12 report.

Only 29.6% of adults in Montgomery County consume the recommended five or more servings of fruits and vegetables a day according to the BRFSS.⁷² In order to maintain a healthy weight and prevent chronic disease, numerous studies have shown that consuming vegetables and fruit in large quantities and varieties can decrease the risk of disease, especially cancer. Despite the numerous grocery stores, farmer's markets and specialty food stores in Montgomery County, a reported 1% of residents are low-income and do not live close to a grocery store.⁷³ Community partnerships and programs such as MobileMed/NIH Endocrine Clinic, HeartWell in Action, Dine and Learn, Diabetes School, and guided tours of supermarkets focus on improving the nutrition of community members whether it is preventing or managing chronic disease as mentioned in Indicators 1, 2, 3, 10, and 11. These programs advocate increased consumption of vegetables, fruits and whole grains into one's diet and are accessible to all racial/ethnic groups within Montgomery County.

At Suburban Hospital, a partnership with a local farmer offering a Community Supported Agriculture (CSA) program has provided staff, patients and visitors the opportunity to purchase local fruits and vegetables sold in the Hospital's cafeteria. Managed by the Hospital's dietary staff, employees and community members are encouraged to sign up for a CSA share in which they receive a box containing local and fresh fruits and vegetables once a week during the spring and summer months.

31|Suburban Hospital Healthcare System FY13 Community Benefit Report

⁷⁰ www.healthymontgomery.org

⁷¹ www.healthymontgomery.org

⁷² www.healthymontgomery.org

⁷³ <u>http://www.countyhealthrankings.org/maryland</u>

Suburban Hospital has also screened culturally relevant documentaries including "FRESH" and "The Weight of the Nation," presented free to the public which emphasize the need to consume local and sustainable foods. These documentaries share knowledge and facts about the obesity epidemic in the US. At the end of each screening, there is a professionally lead discussion. Question and answer sessions are also encouraged among program participants. Working with the Community Health and Wellness Department, the Hospital's dietitians volunteer their time and present on various nutrition topics to the area's community senior centers within Suburban's CBSA. The programs are free, open to the public, and advertised through the Hospital's newsletter, social media and public flyers disseminated via the Hospital's CBSA at ongoing daily health and wellness programs, classes and screenings.

In addition to free community health seminars, Suburban Hospital's Community Health and Wellness Department offers numerous cooking classes during which a chef demonstrates how to prepare a variety of vegetarian dishes. Classes have highlighted dishes from different ethnic and regional cultures such as Greece, Italy, Morocco and the Caribbean where participants are encouraged to use herbs and spices as an alternative to extra fat and sodium. While there is a fee for the cooking classes, programs are advertised at a reduced price and scholarships are happily awarded for eligible community members.

Indicator 18. Adequate Social and Emotional Support

According to BRFSS, 83.3% of adults in Montgomery County report they usually or always get the social and emotional support they need.⁷⁴ Defined as the sensation of feeling loved and cared for by those around them; individuals with a supportive network experience better health outcomes compared to those without.⁷⁵ Suburban Hospital sponsors several programs and events throughout Montgomery County which are designed not only to improve the health of its residents, but also improve their emotional wellbeing. Discussed in Indicators 4, 5, 13, and 16, the Hospital hosts many support groups: Prostate Cancer, Stroke and Diabetes, Hematology Cancer (co-sponsored by the Leukemia & Lymphoma Society), MS Family Caregiver, Aphasia, and Myasthenia Gravis. Free and open to the public, each support group is facilitated by a health-care professional, allowing individuals the supportive network needed to discuss openly about their fears and concerns, while sharing stories and resources among the group.

Research suggests that physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being. Daily health maintenance programs such as Mall Walking (I Love to Walk and Rise and Shine), Senior Shape and HeartWell cited in Indicators 10, 12, 13 and 14 not only provide physical health benefits, but also social and emotional benefits that provide unique support to our growing senior community. For example, after years of participating in these ongoing programs, meaningful relationships are created and nurtured. Whether the interaction is between the nurse or health educator who takes their blood pressure every week or a fellow participant; many people are able to build lasting friendships throughout the years and engage in other social events outside these programs that keep them engaged and focused on staying well.

⁷⁴ www.healthymontgomery.org

⁷⁵ www.healthymontgomery.org

^{32|}Suburban Hospital Healthcare System FY13 Community Benefit Report

As previous outlined in Indicator 12, Suburban Hospital's partnership with Girls on the Run of Montgomery County affords young women the opportunity to become stronger physically, mentally, and emotionally and better equipped to overcome the pressures and challenges of adolescence and beyond.

In addition, the Hospital's Behavioral Health staff volunteer their time by presenting to seniors at area community centers on topics such as Depression, Seasonal Affect Disorder, and Living Single and Loving It. In partnership with Montgomery County Hospice, additional seminars presented to our seniors include End-of-Life Care: Dealing with Advance Directives. Along with Drs. Palmers' stroke presentation mentioned in Indicator 13, Suburban Hospital and Johns Hopkins Healthy Living highlight Johns Hopkins University Press authors to the community. Featuring a wide variety of topics from "Borderline Personality Disorder" with Dr. Francis Mark Mondimore to Dr. Dan Morhaim, a practicing physician and Maryland state legislator, who addresses the medical and legal maze of end-of-life care, community members were invited to participate in open discussions and encouraged to ask questions.

1. As part of the Community Health Needs Assessment, Suburban Hospital developed its implementation strategy based on the six health priorities set by Healthy Montgomery. Detailed in Table III are eleven programs designed to meet the needs of the community and aligned with the health indicators: Behavioral Health, Obesity, Diabetes, Cardiovascular Health, Cancer, and Maternal and Child Health in FY 2013.

Table III

Initiative 1		
Identified Need	Cardiovascular Disease; Access to specialty care	
Hospital Initiative	Mobile Med/NIH Heart Clinic at Suburban Hospital	
Primary objective of the initiative/metrics that will be used to evaluate the results	 Provides patients access to the very best cardiac care, from diagnostic tests to surgery to rehabilitation, at little or no cost. One night per week, physicians, nurses, staff and administrators from Suburban Hospital, the National Institute of Heart, Lung and Blood and MobileMed, volunteer their time to staff the cardiac clinic, located at the NIH Heart Center at Suburban Hospital. 	
Single or Multi-Year Initiative Time Period	Ongoing, every Thursday from 3:30pm-8:00pm in the NIH Heart Center at Suburban Hospital.	
Key partners and/or hospitals in initial development and/or implementation	Suburban Hospital, MobileMed, Inc., the National Institute of Heart, Lung and Blood (NHLBI), Community Cardiologists.	
How were the outcomes evaluated?	The MobileMed/NIH Heart Clinic had its biggest and most successful year. The heart clinic space was renovated to include two additional exam rooms, a consult room and an expanded waiting room. The Heart Clinic is now able to accommodate an average number of 18 patients increased from 12, including additional cardiologist to serve the increased number of specialty patients.	
Outcome (include process and impact measures)	Due to the clinic's success and the growing need for specialty care, the Heart Clinic opened its doors in 2007 to patients from other safety-net clinics and has seen since then over 3,000 patients requiring cardiovascular care received treatment for specialty services that would otherwise not be available without health insurance. In FY13, there were 595 encounters, with 421 unduplicated patients. Of those 595 encounters, 593 had primary ICD-9s. Of those primary codes, the most prevalent are: 401.1 Hypertension (28.3% of encounters), 786.5 Chest pain (19.9%), 785.2 undiagnosed cardiac murmurs (7.8%) and 414.01 Coronary atherosclerosis (7.8%).	
Continuation of Initiative	The MobileMed/NIH Heart Clinic is in its sixth year and continues to expand.	
Cost of initiative for current FY13	\$124,370.00	

Initiative 2	
Identified Need	Diabetes, Access to specialty care
Hospital Initiative	MobileMed/NIH Endocrine Clinic at Suburban Hospital
Primary objective of the initiative/metrics that will be used to evaluate the results	Provides patients access to the specialty care of endocrine conditions and diseases, from diagnostic tests, examinations, and one-on-one consultation with a Suburban Registered Dietitian, at little or no cost.
Single or Multi-Year Initiative Time Period	Ongoing, every Thursday at the Suburban Outpatient Medical Center from 4:00pm-7:30pm.
Key partners and/or hospitals in initial development and/or implementation	Suburban Hospital, MobileMed., Inc., and the National Institute of Diabetes and Digestive and Kidney Diseases
How were the outcomes evaluated?	Clinic just completed third year (FY13). Continued improvements in patients' HbA1C results.
Outcome (include process and impact measures)	In FY13, there were 191 unduplicated patients; 481 encounters.
	Of the patients who received treatment, most presented with Diabetes II, (uncomplicated, uncontrolled or with complications); Hyperthyroidism, Hypothyroidism (unspecific) or Goiter (unspecific).
	The clinic continues to see improvements in Hemoglobin A1C (HbA1C) among diabetic patients, which averaged a drop from 8.8% to 7.9% in FY13.
Continuation of Initiative	The MobileMed/NIH Endocrine clinic celebrated its third year in FY13 and continues to expand in FY14.
Cost of initiative for current FY13	\$70,844.00

Initiative 3		
Identified Need	Cardiovascular Health, Obesity, Behavioral Health	
Hospital Initiative	Senior Shape Exercise Program	
Primary objective of the initiative/metrics that will be used to evaluate the results	Senior Shape provides the seniors with a safe, low-impact aerobics, exercise regimen that focuses on strength and weight training, balance, flexibility, stretching, and aerobic activity for optimal cardiovascular benefits to 28,380 seniors in Montgomery County; 3,416 in Prince George's County in FY13.	
Single or Multi-Year Initiative Time Period	Ongoing; Multiple classes are held either once or twice a week at nine different senior centers in Montgomery and Prince George's Counties.	
Key partners and/or hospitals in initial development and/or implementation	Suburban Hospital Community Health and Wellness Department, Montgomery County Department of Recreation (Holiday Park, Margaret Schweinhaut, Potomac, Clara Barton, Gaithersburg, Jane E. Lawton Community Centers), Bethesda-Chevy Chase Regional Services Center, and Parks and Recreation of Prince George's County (Prince Georges Plaza and Gwendolyn Britt Community Centers)	
How were the outcomes evaluated?	Fitness Assessments were performed in November 2013; Results will be released in FY14.	
Outcome (include process and impact measures)	An additional class added to existing location in Montgomery County due to ongoing demand for additional classes	
Continuation of Initiative	Classes scheduled through 2014. The first Senior Shape class began in 2001, best practice models continue to replicate and we are on schedule to operate indefinitely.	
Cost of initiative for current FY13	\$63,741.00	

Initiative 4		
Cancer		
Prostate Cancer Screenings		
Volunteer urologists, nurses and hospital staff conduct free PSA and DRE screenings for 49 men in Montgomery County		
Every year in recognition of Prostate Cancer Awareness Month.		
ial Suburban Hospital Cancer Program, Alpha Phi Alpha Fraternity and Community Health and Wellness Department		
Number of patients, Patient Satisfaction, Rate of return for follow-up visit for patients previously identified with a high PSA.		
Follow-up and case management provided by the Cancer Program's patient navigator. Interpreters are available to help translate screening forms, explain results and assist participants with navigating additional health resources.		
Last screening held in September 2012 due to changes in screening guidelines.		
\$712.20		

Identified Need	Cancer
Hospital Initiative	Check It Out Program
Primary objective of the initiative/metrics that will be used to evaluate the results	A community based program that provides free breast cancer education and early detection information from a Suburban Hospital Cancer Program nurse who addresses the importance of breast self-exam and answers questions from 11 and 12 grade young women in Montgomery County.
Single or Multi-Year Initiative Time Period	The Check It Out program is offered every two years from January to May.
Key partners and/or hospitals in in initial development and/or implementation	Suburban Hospital Cancer Program and Community Health and Wellness Department, the Greater Washington Chapter of Hadassah and Montgomery County Public Schools, and local private high schools
How were the outcomes evaluated?	At every <i>Check It Out</i> program, participants are evaluated on their knowledge base recall. Of the ten questions, students were asked; the majority answered 90% of the questions correctly. Questions-"Younger women develop breast cancer as often as older women" and "Women should begin having mammograms at age 20" were the questions that students had difficulty in answering correctly.
Outcome (include process and impact measures)	In FY13, the Check It Out Program, Suburban Hospital visited 14 schools in the Montgomery County area educat 3,106 11th and 12th grade female students.
Continuation of Initiative	Planned for Spring 2015
Cost of initiative for current FY13	\$3,107.00

38|Suburban Hospital Healthcare System FY13 Community Benefit Report

Identified Need	Cardiovascular Health, Diabetes, Access to Care
Hospital Initiative	HeartWell
Primary objective of the initiative/metrics that will be used to evaluate the results	Through free cardiovascular health education, disease management, and nutrition classes at four senior centers throughout the county, the HeartWell program is designed to reduce the frequency of hospital admissions due to cardiovascular disease. Located in Silver Spring, Gaithersburg, Wheaton, and Chevy Chase, participants have free access to blood pressure screenings, one-on-one counseling, disease prevention and management sessions, in addition to sm and large group educational programs.
Single or Multi-Year Initiative Time Period	Ongoing
Key partners and/or hospitals in initial development and/or implementation	Suburban Hospital Community Health and Wellness, HeartWell; Montgomery County Department of Parks and Recreation, Metropolitan Washington OASIS
How were the outcomes evaluated?	Number of patients, Patient Satisfaction
	HeartWell In Action-evaluations tools shows that attendees increased their knowledge base on the risk factors for cardiovascular disease.
Outcome (include process and impact measures)	Suburban Hospital HeartWell nurses cared for an average of 665 patients per month in FY13, totaling 7,528 preventati clinic visits.
	Over 2,000 community members HeartWell in Action lectures with topics ranging from Exercise and Diabetes to Stress Management and Nutrition.
	Due to increase demand for diabetic support services, the HeartWell nurses have also become involved and facilitate t Diabetes Support groups at the Hospital and at local senior center.
Continuation of Initiative	Clinics and seminars scheduled for FY14. HeartWell in Action has expanded its outreach to additional community centra and Washington Metropolitan OASIS within CBSA.
Cost of initiative for current FY13	\$283,988.00

39|Suburban Hospital Healthcare System FY13 Community Benefit Report

Initiative 7	
Identified Need	Maternal/Child Health, Obesity, Behavioral Health
Hospital Initiative	Girls on the Run
Primary objective of the initiative/metrics that will be used to evaluate the results	Girls on the Run of Montgomery County offers a unique, life-changing, after school program for 3rd through 8th grade girls, designed to promote healthy habits and an active lifestyle. The ten-week curriculum incorporates training for a 5k running race with education and interactive discussions about critical issues affecting pre-teen girls as they reach adolescence. As the exclusive health sponsor, Suburban Hospital purchases running shoes for girls at Title I Montgomer County Public Schools, offers discounted CPR and Basic First Aid training to coaches, and provides health habit tips on Girls on the Run Montgomery County website
Single or Multi-Year Initiative Time Period	Ongoing
Key partners and/or hospitals in initial development and/or implementation	Girls on the Run Montgomery County , Montgomery County Public Schools, Suburban Hospital Community Health and Wellness
How were the outcomes evaluated?	Academic evaluations of the program show a statistically significant improvement in body image, eating attitudes and self-esteem; Evidence also indicates an improved sense of identity and an increasingly active lifestyle for program participants
Outcome (include process and impact measures)	- 222 Girls on the Run coaches were trained in First Aid and CPR in FY13 -79 shoes and healthy snacks were purchased for girls at Title I Montgomery County Public Schools in FY13
Continuation of Initiative	Partnership support from Hospital is established for the next four years.
Cost of initiative for current FY13	\$15,642.00

Initiative 8		
Identified Need	Behavioral Health	
Hospital Initiative	Community Health Seminars featuring Johns Hopkins University Press Authors	
Primary objective of the initiative/metrics that will be used to evaluate the results	Educate community members on various behavioral and mental health topics from Johns Hopkins University Press authors/experts.	
Single or Multi-Year Initiative Time Period	Ongoing, at least 3 health seminars per calendar year	
Key partners and/or hospitals in initial development and/or implementation	Suburban Hospital's Community Health and Wellness Department, Johns Hopkins Healthy Living, Johns Hopkins University Press	
How were the outcomes evaluated?	Each participant is given an evaluation on feedback of their experience, quality of speaker and presentation.	
Outcome (include process and impact measures)	In FY13, featured speakers discussed their books including "When Your Spouse has a Stroke," "The Better End: Survivin (and Dying) on Your Own Terms" and "Borderline Personality Disorder." A total of 137 community members attended the seminars	
Continuation of Initiative	Seminars planned for FY14	
Cost of initiative for current FY13	\$1,302.00	

Initiative 9		
Identified Need	Child Health	
Hospital Initiative	Crew # 1984 Medical Exploring Program	
Primary objective of the initiative/metrics that will be used to evaluate the results	To introduce high school students to careers in health care.	
Single or Multi-Year Initiative Time Period	Every school year; September 2012 to June 2013. Medical Exploring has been in operation for over 20 years at Suburt Hospital.	
Key partners and/or hospitals in initial development and/or implementation	Boy Scouts of America, Montgomery County Public and Private Schools, Suburban Hospital Community Health and Wellness and Medical Staff/Healthcare Providers	
How were the outcomes evaluated?	End of the year evaluation given to students on their experience of the program and thoughts on improvements for t following year.	
Outcome (include process and impact measures)	 # of returned students to program (approximately 40%) # of Medical Explorers attending medical school or pursuing career in allied health (two surgeons, one dermatologist, internal medicine and one nurse practitioner) 	
Continuation of Initiative	Program sessions for 2013-2014 have begun.	
Cost of initiative for current FY13	\$11,789.00	

Identified Need	Cardiovascular Health, Obesity, Diabetes	
Hospital Initiative	Suitland Dine and Learn Program	
Primary objective of the initiative/metrics that will be used to evaluate the results	The program's goal is to reduce cardiovascular health disparities and related co-morbidities among Prince George's Cour residents. Each monthly Dine & Learn session provides attendees with a blood pressure screening, an exercise demonstration led by a certified instructor, a nutrition education lecture by a registered dietician, and a heart healthy cooking demonstration led by a personal chef who is also a registered dietician.	
Single or Multi-Year Initiative Time Period	Ongoing	
Key partners and/or hospitals in initial development and/or implementation	NIH Heart Center at Suburban Hospital , Prince George's County Health Department, Prince George's County Department of Parks and Recreation	
How were the outcomes evaluated?	To evaluate the program and its effectiveness, free health assessment are conducted twice a year; once at the beginning the program (January) and six months later (June). The pre- and post-health assessment includes a total cholesterol screening, blood pressure, weight and waist circumference. In FY 13, the health assessment analyzed data results from Ju 2012 to June 2013. Of the 23 participants measured in June 2012 and the 22 measured in June 2013, only 8 individuals completed both assessments to evaluate pre- and post-test (n = 8), of which seven were female and one was a male. The results from the health assessment are shown below.	
Outcome (include process and impact measures)	 An increase in the systolic (from 127 to 134) and the diastolic (69 to 80) from June 2012 to 2013, the diastolic remains in the normal range and the systolic is in the 'pre-hypertensive' range. Overall weight loss (lbs.) of the sample group. Participants lost an average of four (4) lbs. between June 2012 and 2013, which reflects an improvement from last year's average weight loss of two (2) lbs. While the average total cholesterol results did not decrease from 2012 to 2013, the overall score is less than 200 and exhibits a normal level (172.6 in June 2013). The analysis reveals a reduction in the average waist circumference from 46 inches in June 2012 to 43.8 inches in June 2013, a difference of 2.2 inches. 	
Continuation of Initiative	Planned for 2014 calendar year.	
Cost of initiative for current FY13	\$5,323.90	

Initiative 11	
Identified Need	Maternal/Child Health
Hospital Initiative	Safe Sitter Program
Primary objective of the initiative/metrics that will be used to evaluate the results	A comprehensive training course designed for 11 to13 year-olds the essentials of babysitting. Course includes tactics in handling emergencies, basic first aid and child-care skills. While there is a fee for this class, scholarships are available on a sneeded basis.
Single or Multi-Year Initiative Time Period	Ongoing
Key partners and/or hospitals in initial development and/or implementation	Community Health and Wellness Department, Safe Sitter Inc., Montgomery County Public Schools, local Private Schools
How were the outcomes evaluated?	Every student is given a feedback questionnaire, regarding their experience and what they learned from the class.
Outcome (include process and impact measures)	In FY13, Suburban Hospital graduated 333, 11-13 year- old new Safe Sitters who learned safety essentials of babysitting.
Continuation of Initiative	Planned for 2014 calendar year.
Cost of initiative for current FY13	\$28,947.36

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health related organizations—primary users of information found in CHNA's—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone. Nor can they affect basic demographics like age or gender distribution patterns.

The Healthy Montgomery steering committee established six official health priorities to be tracked, measured and evaluated based on health inequities, lack of access, and unhealthy behaviors over the next three years. One of those health priorities includes Maternal and Child Health. Suburban Hospital may not be in a position to affect all of the changes required to address this health priority given that the hospital does not have an obstetrics designation or deliver babies. One reason for not seeking this designation is due to the fact that there are several other community hospitals within 5-10 miles of our Bethesda location that have reputable obstetrics programs. While Suburban Hospital may not be able to directly address this health priority, the Hospital does indirectly support Maternal and Child Health initiatives through funding and programming of several other organizations which promote the health and well-being of children and their families. Notably, Suburban Hospital supports the YMCA Youth and Family Services by hosting parenting seminars at the hospital twice a year. Proceeds from the seminars go directly to the YMCA and support its programming available to the community's families. In addition, Suburban Hospital provides financial support to safety net clinics in Montgomery County who treat specific patients requiring obstetric or pediatric care. The Hospital is also the official health sponsor of Girls on the Run Montgomery County providing discounted CPR and 1st aid training classes to the coaches, purchasing shoes and healthy snack for students from Title I schools and providing health tips on Girls on the Run Montgomery County website.

Furthermore, the Shaw Family Pediatric Emergency Center at Suburban Hospital provides children of all ages with quality care in a kid-friendly, family-centered environment ensuring around-the-clock pediatric expertise and promotes continuity of care. Recognizing the unique medical needs of our youngest patients, a team of board-certified pediatricians and specially trained pediatric nurses treat everything from sore throats to playground injuries and broken bones to complex illnesses and offers a full range of ancillary care, including radiology and laboratory services. The Center also offers support for children who are undergoing outpatient procedures.

V. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Suburban Hospital is concerned about patient access to care, which is endangered by an identified shortage of physicians in Montgomery County practicing in primary care and in several specialties. A study from the Maryland Hospital Association and MedChi found shortages in Primary Care, Dermatology, Hematology/Oncology, Psychiatry, Anesthesiology, Emergency Medicine, Thoracic Surgery, and Vascular Surgery. Maryland also has only a borderline supply of orthopedic surgeons. Suburban Hospital is committed to expanding not only access to primary care for the uninsured, but also collaborates with local health partners like Montgomery Cares, Project Access, Primary Care Coalition, Catholic Charities, Mobile Medical Care, Clinica Proyecto Salud, NHLBI, NIDDK, community cardiologists and orthopedic surgeons to provide much needed specialty care, especially for those who suffer from chronic disease. A few examples of how Suburban Hospital and its partners are working to narrow the gap in availability of these specialty services are outlined below:

Every Thursday evening since October 2007, Suburban Hospital has operated a specialty cardiac clinic on-site with our partners Mobile Medical Care, Inc. and the National Heart, Lung and Blood Institute of the NIH. The clinic serves to provide access to care and alleviate the gap in specialty providers for cardiac patients. Referred from safety net clinics in the County operated by MobileMed, Clinica Proyecto Salud and the Holy Cross Hospital Health Centers, each patient is seen by a Suburban cardiologist and clinical staff from the NIH. In addition to coordinating the cardiologists and nurses who volunteer at the clinic, the Hospital absorbs the costs associated with free cardiovascular specialty diagnostic screenings and open-heart surgery for patients who require advanced care. The Mobile Med/NIH Heart Clinic has provided expert care to over 3,300 patients to date and has conducted multiple open-heart surgeries at no cost to the patients needing them.

Based on the best practice model of the MobileMed/NIH Heart Clinic, Suburban Hospital, MobileMed Inc. and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) established a free endocrine clinic providing lifestyle and chronic disease management for people with endocrine diseases. Opening its doors in July 2010, staff from Suburban Hospital, NIDDK and MobileMed volunteer their time once a week by providing diagnostic tests, laboratory services and free medical examinations and has treated approximately 1,700 patients to date. In addition, Endocrine clinic patients have the opportunity to meet one-on-one with Suburban Hospital Registered Dietitians for free nutrition consultations to review individual nutrition plans and examine challenges with dietary restraints.

Since 2004, Suburban Hospital has supported several specialty health initiatives targeted at Clinica Proyecto Salud patients, including Diabetes education and management. Suburban Hospital has provided a bilingual health educator who has taught hundreds of people living with Diabetes to better manage their Diabetes and lifestyle changes. In accordance with our 2008 agreement with Montgomery Cares, Suburban Hospital financially funds Clinica Proyecto Salud and the Holy Cross Hospital Clinic-Gaithersburg, increasing uninsured adult patients' access to primary care, which enables the Clinic to employ additional healthcare providers, extend their hours, and provide additional patient appointments. For example, the Holy Cross Hospital Health Center in Gaithersburg had an increased in the number of unduplicated visits patients by 52.2% (2,115 FY10 vs. 3,219 FY13) and the number of encounters by 41.1%(7,107 FY10 vs. 10,031 FY13). Uninsured adult patients who come to Suburban Hospital's Emergency Department are referred each of these clinics for primary care and follow up. Clinica Proyecto Salud's established patient population has benefited from the expansion of services at the Clinic's existing site in Wheaton, MD, given its convenient location and access to public transportation. The partnership also provides Clinica Proyecto Salud's patients with access to cardiac specialty care through the MobileMed/NIH Heart Clinic at Suburban Hospital.

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

Critical to serving and meeting the health care needs of our community, Suburban Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the Hospital. In FY 2013, Suburban paid a total of \$6,531,949.04 in subsidies to physicians for the following patient services for on-call coverage in the emergency department:

Trauma Call	ENT Call
Behavioral Health Call	OB/GYN Call
Urology Call	Anesthesiology Call
Cardiology Call	Hospital Intensivists

APPENDIX 1

FINANCIAL ASSISTANCE POLICY DESCRIPTION

FINANCIAL ASSISTANCE POLICY DESCRIPTION

Description of how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's financial assistance policy.

Suburban Hospital maintains accessibility to all services regardless of an individual's ability to pay. The Hospital policy on charity care is to provide necessary emergency medical care to all persons regardless of their ability to pay and consider for charity care those patients who cannot pay the total cost of hospitalization due to lack of insurance coverage and/or inability to pay. Free care, sliding fee scales and extended payment plans are offered to eligible patients. Approval for charity care, sliding fee scales or payment plans is based on submission of a financial assistance application available upon request at each of our registration points of entry, via mail, or our website, <u>www.suburbanhospital.org</u>.

The Patient Access Department provides all patients registered for emergency, outpatient, or inpatient care a copy of our Financial Assistance Information Sheet. Signs are posted in English and Spanish explaining the availability of financial assistance and where to call for assistance. The signs are located in the Emergency, Pediatrics, Cath Lab, and Financial Counseling Departments, as well as the main registration desk. A financial assistance application is given to every self-pay patient with instructions on how to apply and who to contact for assistance. The same information is provided to all other patients upon request. This information is also available in Spanish.

Suburban Hospital's Financial Counselors and Social Workers are trained to answer patients' questions about financial assistance and provide linkage to other community assistance resources prior to discharge. Registration and Patient Accounting staff is trained to answer questions regarding financial assistance and who to contact to apply. The Patient Access Department also has Medicaid Specialists onsite to assist patients in applying for Maryland Medical Assistance. All uninsured patients are screened for Medicaid upon admission and provided with information and referral for financial assistance.

This past March, Suburban Hospital held its annual "Covering the Uninsured" event. The program was held at Suburban Hospital where financial assistance consultation was provided to community members including dissemination of information on our financial assistance eligibility criteria, Medicaid and other community resources.

APPENDIX 2

FINANCIAL ASSISTANCE POLICY

A	The Johns Hopkins Health System Policy & Procedure	Policy Number	FIN034H
		Effective Date	05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	1 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

<u>POLICY</u>

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).

Purpose

JHHS is committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or excessive Medical Debt for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.

JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. Notice of availability will be posted on each hospital website ,will be mentioned during oral communications, also will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses. Financial Assistance Applications and medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted so long as other requirements are met.

Definitions

Medical Debt	Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing)
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of \$150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets 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.

JOHNS HOPKINS	The Johns Hopkins Health System Policy & Procedure	Policy Number	FIN034H 05-15-13
	<u>Subject</u>	Page	2 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.

Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue

Service, for all members of Immediate Family residing in the household

Supporting Documentation Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.

PROCEDURES

1. An evaluation for Financial Assistance can begin in a number of ways:

For example:

- A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
- A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
- A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.
- 2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.
- 3. Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
 - a. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
 - b. Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.
 - c. At HCGH, complete applications with all supporting documentation submitted at the

	The Johns Hopkins Health System	Policy Number	FIN034H
JOHNS HOPKINS	Policy & Procedure	Effective Date	05-15-13
	<u>Subject</u>	Page	3 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

hospital are approved via the appropriate signature authority process. Once approved and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's to mail patient a written determination of eligibility.

- 4. To determine final eligibility, the following criteria must be met:
 - a. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
 - b. All insurance benefits must have been exhausted.
- 5. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:
 - a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
 - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
 - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
 - d. A Medical Assistance Notice of Determination (if applicable).
 - e. Proof of disability income (if applicable).
 - f. Reasonable proof of other declared expenses.
 - g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO (HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.
 - h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
- 6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle and/or CFO for review and final eligibility based upon JHMI guidelines.

À	The Johns Hopkins Health System Policy & Procedure	Policy Number Effective Date	FIN034H 05-15-13
JOHNS HOPKINS	Subject	Page	4 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

- a. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) for final evaluation and decision.
- b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and or CFO (HCGH) or Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will base their determination of financial need on JHHS guidelines.
- 7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
- 8. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.
- 9. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.
- 10. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
- 11. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or 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, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patient's representative requests an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.
- 12. Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.
- 13. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit

	The Johns Hopkins Health System	Policy Number	FIN034H
JOHNS HOPKINS	Policy & Procedure	Effective Date	05-15-13
	<u>Subject</u>	Page	5 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance Eligibility criteria (see Appendix A-1). If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). 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 and for their overall personal health.

- 14. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.
- 15. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding \$25. If hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.
- 16. This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

REFERENCE¹

JHHS Finance Policies and Procedures Manual Policy No. FIN017 - Signature Authority: Patient Financial Services Policy No. FIN033 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq Maryland Code Health General 19-214, et seq Federal Poverty Guidelines (Updated annually) in Federal Register

NOTE: Standardized applications for Financial Assistance, Patient Profile Questionnaire and Medical Financial Hardship have been developed. For information on ordering, please contact the Patient Financial Services Department. Copies are attached to this policy as Exhibits A, B and C.

	The Johns Hopkins Health System Policy & Procedure	Policy Number	FIN034H
IOHNS HOPKINS		Effective Date	05-15-13
MEDICINE	<u>Subject</u>	Page	6 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

RESPONSIBILITIES - HCGH, SH

Financial Counselor (Pre-Admission/Admission/In-House/ Outpatient) Customer Service Collector Admissions Coordinator Any Finance representative designated to accept applications for Financial Assistance

Management Personnel (Supervisor/Manager/Director) Understand current criteria for Assistance qualifications.

Identify prospective patients; initiate application process when required. As necessary assist patient in completing application or program specific form.

On the day preliminary application is received, send to Patient Financial Services Department's for determination of probable eligibility.

Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.

If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.

Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

Identify retroactive candidates; initiate final application process.

Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.

Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.]

Notices will not be sent to Presumptive Eligibility recipients.

	The Johns Hopkins Health System Policy & Procedure	Policy Number	FIN034H
TOURIS LIODIZING		Effective Date	05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	7 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

Financial Management Personnel (Senior Director/Assistant Treasurer or affiliate equivalent) CP Director and Management Staff Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.

<u>SPONSOR</u>

CFO (HCGH, SH) Director of Revenue Cycle (HCGH) Director, PFS (SH)

REVIEW CYCLE

Two (2) years

<u>APPROVAL</u>

Vice President of Finance/CFO and Treasurer, JHHS

Date

	The Johns Hopkins Health System	Policy Number	FIN034H
JOHNS HOPKINS	Policy & Procedure	Effective Date	05-15-13
	<u>Subject</u>	Page	8 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

APPENDIX A FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES

- Each patient requesting Financial Assistance must complete a JHM/Financial Assistance Application (also known as the Maryland State Uniform Financial Assistance Application) Exhibit A, and Patient Profile Questionnaire, Exhibit B. If patient wishes to be considered for Medical Financial Hardship, patient must submit Medical Financial Hardship Application, Exhibit C.
- 2. A preliminary application stating family size and family income (as defined by Medicaid regulations) will be accepted and a determination of probable eligibility will be made within two business days of receipt.
- 3. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. A Patient Profile Questionnaire (see Exhibit B) has been developed to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
- 4. Proof of income must be provided with the final application. Acceptable proofs include:
 - (a) Prior-year tax return;
 - (b) Current pay stubs;
 - (c) Letter from employer, or if unemployed documentation verifying unemployed status; and
 - (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
 - (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
- 5. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
- 6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.
- 7. Patients who chose to become voluntary self pay patients do not qualify for Financial Assistance for the amount owed on any account registered as Voluntary Self Pay.
- 8. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations that are not medically necessary. Non-hospital charges will remain the responsibility of the patient. In the event a question arises as to whether an admission is an "Elective Admission" or a " Medically Necessary Admission," the patient's admitting physician shall be consulted and the matter will also be directed to the physician advisor appointed by the hospital.

JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	Policy Number	FIN034H
	<u>Subject</u>	Effective Date Page	05-15-13 9 of 20
	FINANCIAL ASSISTANCE	Supersedes	09-15-10

- 9. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the day when the application was satisfactorily completed and submitted. The Financial Counselor will issue the final eligibility determination.
- 10. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
- 11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) will remain valid for a period of six (6) months for all necessary JHM affiliate services provided, based on the date of the determination letter. Patients who are currently receiving Financial Assistance from one JHM affiliate will not be required to reapply for Financial Assistance from another affiliate.
- 12. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exceptions

The Vice President, Finance/CFO may make exceptions according to individual circumstances.

FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

	TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES											
									Eff	ective 2/25	5/13	
# of Persons in Family		Income Level*			Upp	er Limits o	f Inc	come for Al	lowa	ance Range	Э	
1	\$	22,980	\$	25,278	\$	27,576	\$	29,874	\$	32,172	\$	34,470
2	\$	31,020	\$	34,122	\$	37,224	\$	40,326	\$	43,428	\$	46,530
3	\$	39,060	\$	42,966	\$	46,872	\$	50,778	\$	54,684	\$	58,590
4	\$	47,100	\$	51,810	\$	56,520	\$	61,230	\$	65,940	\$	70,650
5	\$	55,140	\$	60,654	\$	66,168	\$	71,682	\$	77,196	\$	82,710
6	\$	63,180	\$	69,498	\$	75,816	\$	82,134	\$	88,452	\$	94,770
7	\$	71,220	\$	78,342	\$	85,464	\$	92,586	\$	99,708	\$	106,830
8*	\$	79,260	\$	87,186	\$	95,112	\$	103,038	\$	110,964	\$	118,890
**amt for each membe r		\$8,040		\$8,844		\$9,648		\$10,452		\$11,256		\$12,060
Allowance to Give:		100%		80%		60%		40%		30%		20%

*200% of Poverty Guidelines

**For family units with more than eight (8) members

EXAMPLE:

Annual Family Income # of Persons in Family

Applicable Poverty Income Level

Upper Limits of Income for Allowance Range

(\$53,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

\$53,000 4

4 \$47,100

\$56,520 (60% range)

	The Johns Hopkins Health System	Policy Number	FIN034H
	Policy & Procedure	Effective Date	05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	10 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

Appendix A-1

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. 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, JHHS reserves the right to use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Active Medical Assistance pharmacy coverage
- QMB coverage/ SLMB coverage
- Primary Adult Care Program (PAC) coverage*
- Homelessness
- Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- Maryland Public Health System Emergency Petition patients
- active enrollees of the Chase Brexton Health Center (See Appendix C) (applicable for HCGH patients)
- active enrollees of the Healthy Howard Program (see Appendix D) (applicable for HCGH patient)
- Participation in Women, Infants and Children Programs (WIC)*
- Supplemental Nutritional Assistance program (SNAP) or Food Stamp eligibility *
- Households with children in the free or reduced lunch program*
- Low-income household energy assistance program participation*
- Eligibility for other state or local assistance programs which have financial eligibility at or below 200% of FPL
- patients referred to Suburban Hospital by organizations which have partnered with Suburban (See Appendix E)
- Patient is deceased with no known estate
- Health Department moms For non-emergent outpatient visits not covered by medical assistance
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- Patients returned by SRT as not meeting disability criteria but who meet the financial requirements for Medical Assistance

*These life circumstances are set forth in COMAR 10.37.10.26 A-2. The patient needs to submit proof of enrollment in these programs within 30 days of treatment unless the patient requests an additional 30 days.

JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	Policy Number	FIN034H 05-15-13
	<u>Subject</u>	Page	11 of 20
	FINANCIAL ASSISTANCE	Supersedes	09-15-10

APPENDIX B MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES

<u>Purpose</u>

These guidelines are to provide a separate, supplemental determination of Financial Assistance. This determination will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom:

1.) Medical Debt incurred over a twelve (12) month period exceeds 25% of the Family Income creating Medical Financial Hardship; and

2.) who meet the income standards for this level of Assistance are met.

For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHHS shall apply the reduction in charges that is most favorable to the patient.

Medical Financial Hardship is defined as Medical Debt for Medically Necessary treatment incurred by a family over a twelve (12) month period that exceeds 25% of that family's income.

Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary Carebilled by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles.

The patient/guarantor can request that such a determination be made by submitting a Medical Financial Hardship Assistance Application (Exhibit C), when submitting JHM/Financial Assistance Application, also known as the Maryland State Uniform Financial Assistance Application (Exhibit A), and the Patient Profile Questionnaire (Exhibit B). The patient guarantor must also submit financial documentation of family income for the twelve (12) calendar months preceding the application date and documentation evidencing Medical Debt of at least 25% of family income.

Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the same hospital for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or cosmetic procedures However, the patient or the patient's immediate family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.

General Conditions for Medical Financial Hardship Assistance Application:

- 1. Patient's income is under 500% of the Federal Poverty Level.
- 2. Patient has exhausted all insurance coverage.
- 3. Patient account balances for patients who chose to register as voluntary self pay shall not counted toward Medical Debt for Medical Financial Hardship Assistance.
- 4. Patient/guarantor do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
- 5. Patient is not eligible for any of the following:
 - Medical Assistance

	The Johns Hopkins Health System Policy & Procedure	Policy Number Effective Date	FIN034H 05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	12 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

- Other forms of assistance available through JHM affiliates
- 6. Patient is not eligible for The JHM Financial Assistance Program or is eligible but the Medical Financial Hardship Program may be more favorable to the patient.
- 7. The affiliate has the right to request patient to file updated supporting documentation.
- 8. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.
- 9. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the Medical Financial Hardship Assistance program, the patient is still required to file a JHHS Medical Financial Hardship Assistance Application but not to submit duplicate supporting documentation.

Factors for Consideration

The following factors will be considered in evaluating a Medical Financial Hardship Assistance Application:

- Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the JHHS treating facility where the application was made.
- Liquid Assets (leaving a residual of \$10,000)
- Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
- Supporting Documentation

Exceptions

The Vice President, Finance/CFO or designee may make exceptions according to individual circumstances.

Evaluation Method and Process

- 1. The Financial Counselor will review the Medical Financial Hardship Assistance Application and collateral documentation submitted by the patient/responsible party.
- 2. The Financial Counselor will then complete a Medical Financial Hardship Assistance Worksheet (found on the bottom of the application) to determine eligibility for special consideration under this program. The notification and approval process will use the same procedures described in the Financial Assistance Program section of this policy.

	The Johns Hopkins Health System Policy & Procedure	Policy Number Effective Date	FIN034H 05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	13 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES							
		Effective	2/2	5/13			
# of Persons in Family		Income Level**					
# of Persons in Family	30	0% of FPL	40	0% of FPL	50	0% of FPL	
1	\$	34,470	\$	45,960	\$	57,450	
2	\$	46,530	\$	62,040	\$	77,550	
3	\$	58,590	\$	78,120	\$	97,650	
4	\$	70,650	\$	94,200	\$	117,750	
5	\$	82,710	\$	110,280	\$	137,850	
6	\$	94,770	\$	126,360	\$	157,950	
7	\$	106,830	\$	142,440	\$	178,050	
8*	\$	118,890	\$	158,520	\$	198,150	
Allowance to Give:		50%		35%		20%	

*For family units with more than 8 members, add \$11,880 for each additional person at 300% of FPL, \$16,080 at 400% at FPL; and \$20,100 at 500% of FPL.

	The Johns Hopkins Health System	Policy Number	FIN034H
	Policy & Procedure	Effective Date	05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	14 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

APPENDIX C (HCGH only) FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS

<u>Purpose</u>

Chase Brexton Health Services, Inc. is a non-profit, community based organization that provides a wide range of medical, psychological and social services on a non-discriminatory basis in Baltimore City, Baltimore County, and Howard County. Chase Brexton offers services to everyone regardless of their ability to pay. Chase Brexton cares for those who are uninsured or under-insured, those with Medicare and Medicaid, and those with commercial insurance. Chase Brexton has Case Managers that work with patients to determine eligibility for care at a low minimum fee, and/or appropriate programs and entitlements available to people with limited resources.

This procedure is for Howard County General Hospital registration sites, verification and scheduling and for Patient Financial Services. It outlines the treatment of patients that have qualified for Chase Brexton Health Services. It is the policy of HCGH to accept patients previously screened by Chase Brexton for financial assistance. Patients will not have to apply for assistance but will need to notify HCGH of their participation in this program.

Inpatient/Outpatient cases

All Chase Brexton inpatients are screened by the Howard County General Hospital's Financial Counselor for possible medical assistance. Appointments are made with Howard County General Hospital's inhouse medical assistance Case Worker for the application process. If medical assistance is received, the claim is billed to Medical Assistance for payment. If the patient is not eligible for medical assistance, the insurance plan of FAR.PENDIN, FARB20, FARN40, FARN50, FARN70 FARN80, and FAR100 is assigned to the case and the claim will be automatically written off to the financial assistance/charity care allowance code when the final bill is released. The insurance code assignment is based on the level of charity care the patient has qualified for.

Insurance listed as:	Charity Care	Patient to pay:
FAR.PENDIN	Pending Verification	
FARB20	20% of charges	80% of charges
FARN40	40% of charges	60% of charges
FARN50	50% of charges	50% of charges
FARN70	70% of charges	30% of charges
FARN80	80% of charges	20% of charges
FAR100	100% of charges	0% of charges

<u>PROCEDURE</u>

- 1. When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc,) to be pulled forward.
- 2. The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.
- 3. The Sr. Financial Counselor will review all patients on the report daily to validate they are active with

	The Johns Hopkins Health System Policy & Procedure	Policy Number Effective Date	FIN034H 05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	15 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

the Chase Brexton health center and what level of charity care they qualify for.

- 4. The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper level of charity care and collecting the patient balance (if any).
- 5. The Sr. Financial Counselor is responsible for entering a form and through date into Meditech that the patient is eligible to receive this level of charity care.
- 6. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

	The Johns Hopkins Health System	Policy Number	FIN034H
	Policy & Procedure	Effective Date	05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	16 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

APPENDIX D (HCGH only) FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS

<u>Purpose</u>

The Healthy Howard Access Plan is a new program effective January 1, 2009, designed to connect Howard County residents to affordable health care services and help the community overcome barriers to healthy living. The Plan is not insurance, but offers basic medical and preventative care to eligible residents who would otherwise not be able to afford or obtain health insurance.

This procedure is for Howard County General Hospital registration sites, verification and scheduling, and Patient Financial Services. It outlines the treatment of patients that are enrolled in the Healthy Howard Plan.

Inpatient/Outpatient cases

It is the policy of HCGH to accept Healthy Howard plan patients for referred scheduled services, and emergent/urgent services.

It is the responsibility of the patient to provide their Healthy Howard identification card or inform the registration/scheduling staff of Healthy Howard coverage at the time of service or scheduling.

It is the responsibility of the HCGH registration/authorization staff to verify that coverage is still active by checking eligibility via. MCNET (a web based system administered by JHHC).

For Healthy Howard patients utilizing the emergency department, \$100 co-pay is due. However; if admitted or placed into observation the co-pay is waived.

The patient should be registered using the insurance code HLTH.HOW.

The HLTH.HOW insurance code has been programmed to automatically write off the charges to the financial assistance code when the final bill is released.

Procedure

- 1. When a patient presents for services at HCGH and either presents a Healthy Howard insurance card or notifies the registration staff that they are a member of Healthy Howard the registrar should verify eligibility using MCNET to validate the patient is an active enrollee.
- 2. If active, the Admission Counselor will register the patient with the insurance code HLTH.HOW.
- 3. If not active, notify the patient of ineligibility and ask if there is other insurance or means to pay. If not, provide the patient with the HCGH financial assistance application.
- 4. The Sr. Financial Counselor prints a report on a daily basis of all patients registered with HLTH.HOW.
- 5. The Sr. Financial Counselor will review all patients on the report to validate they are active with Healthy Howard.
- 6. The Sr. Financial Counselor is responsible to monitor Healthy Howard in-house inpatient admissions to determine if at some point the patient may become eligible for MD Medical Assistance. If so, the Sr. Financial Counselor will meet with the patient to assist in the application process.
- 7. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be corrected as appropriate.

	The Johns Hopkins Health System	Policy Number	FIN034H
	Policy & Procedure	Effective Date	05-15-13
JOHNS HOPKINS	<u>Subject</u>	Page	17 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	09-15-10

APPENDIX E (Suburban Hospital only) FINANCIAL ASSISTANCE FOR MONTGOMERY COUNTY AND LOCALLY BASED PROGRAMS FOR LOW INCOME UNINSURED PATIENTS

<u>Purpose</u>

Suburban Hospital is partnered with several Montgomery County, MD and locally based programs that offer primary care services and/or connection to local specialty and hospital based care. Based on agreements with these partnered programs, Suburban Hospital provides access to inpatient and outpatient care to patients who would not otherwise be able to access or afford medically necessary care.

<u>Policy</u>

Suburban Hospital shall accept charity referrals for medical necessary care from the following providers: Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Primary Care Coalition, Project Access, and Proyecto Salud. Care is provided to such patients based on meeting eligibility requirements for one of the aforementioned local programs.

Patients must provide a program generated referral for care as proof of their enrollment in one of the above programs to qualify for presumptive approval for 100% free care. Suburban Hospital shall base acceptance of such referrals on the referring programs' enrollment of patients using their income based eligibility requirements which for these designated programs is at or below a maximum of 250% of the federal poverty guidelines.

Procedure

1. When a patient is scheduled and/or presents for services at SH, the patient must provide a referral form from one of the above programs as proof of enrollment.

2. Once the referral form is received, the Scheduler or Registrar will apply to the account a designated insurance mnemonic for the referring partnered program.

3. If no referral form is received by the patient, the account will be registered as self pay. The patient has 30 days to produce a referral or proof of enrollment in one of the partnered programs. An additional 30 days will be allowed upon request from the patient.

4. A Financial Counselor and/or Registrar will check the real time eligibility or Maryland EVS System to verify enrollment in Maryland Medicaid. If enrolled, Medicaid will prevail and free care presumptive approval will not apply.

5. Each hospital account with a designated insurance mnemonic for one of the partnered programs will be subject to final review for the existence of a program referral prior to application of the program driven charity adjustment. Presumptive approval for 100% free care applies to a single episode of care (account) only.

Exhibit A

Suburban Hospital 8600 Old Georgetown Road Bethesda, MD 20814



Maryland State Uniform Financial Assistance Application

Information About You

Name						
First Middle		Last				
Social Security Number US Citizen: Yes No	. <u></u>				Married	Separated
US CHIZEN, PES INO		Permanen	t Residen	11:	Yes No	
Home Address				Phone		
			-			
City State	Ziţ	o code		Country		
Employer Name				Phone		
Work Address						
City State	Zip	code				
Household members:						
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Name	Age	Relationship				
Have you applied for Medical Assistance If yes, what was the date you applied?	Yes	No				
If yes, what was the determination?						·····

Do you receive any type of state or county assistance?

Exhibit A

Howard County General Hospital 3910 Keswick Road, Suite S-5100 Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name					
First Middle		Last			
Social Security Number US Citizen: Yes No		Marital Status Permanent Re			Separated
Home Address			Phone		
City State		code	Country		
			-		
Employer Name			Phone		
Work Address	· · · ·				
City State	Zip	code			
Household members:					
Name	Age	Relationship			
Name	Age	Relationship			
Name	Age	Relationship			
Name	Age	Relationship			
Name	Age	Relationship			
Name	Age	Relationship			
Name	Age	Relationship			
Name	Age	Relationship			
Have you applied for Medical Assistance If yes, what was the date you applied? If yes, what was the determination?	Yes	No			

Do you receive any type of state or county assistance?

Exhibit A

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

		Monthly Amount
Employment		-
Retirement/pension benefits		
Social security benefits		-
Public assistance benefits		
Disability benefits		
Unemployment benefits		
Veterans benefits		
Alimony		······
Rental property income		·
Strike benefits		•
Military allotment		- <u>kommunia di seconda di seconda di</u>
Farm or self employment		<u> </u>
Other income source		
	Total	·····
TT TILLIT A		Course to Data and
II. Liquid Assets		Current Balance
Checking account		
Savings account		
Stocks, bonds, CD, or money market		
Other accounts		
	Total	

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance		Approximate value	
Automobile	Make	Year	Approximate value	······································
Additional vehicle	Make	Year	Approximate value	······································
Additional vehicle	Make	Year	Approximate value	
Other property			Approximate value	
			Total	

IV. Monthly Expenses

Rent or Mortgage			
Utilities			
Car payment(s)			
Credit card(s)			
Car insurance			
Health insurance			
Other medical expenses			
Other expenses			
-		Total	
Do you have any other unpaid medical bills?	Yes	No	
For what service?			
		. 0	

If you have arranged a payment plan, what is the monthly payment?

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Amount

Relationship to Patient

Exhibit B

PATIENT FINANCIAL SERVICES PATIENT PROFILE QUESTIONNAIRE

1

HOSPI	TAL NAME:		
PATIE	NT NAME:		
PATIE	NT ADDRESS: e Zip Code)		
MEDIC	AL RECORD #:		
1.	What is the patient's age?		
2.	Is the patient a U.S. citizen or permanent resident?	Yes or No	
3.	Is patient pregnant?	Yes or No	
4.	Does patient have children under 21 years of age living at home?	Yes or No	
5.	Is patient blind or is patient potentially disabled for 12 months or more from gainful employment?	Yes or No	
6.	Is patient currently receiving SSI or SSDI benefits?	Yes or No	
7.	Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the following amounts?	Yes or No	
	Family Size:		
	Individual: \$2,500.00		
	Two people: \$3,000.00		
	For each additional family member, add \$100.00		
	(Example: For a family of four, if you have total liquid assets of less than \$3,200.00, you would answer YES.)		
8.	Is patient a resident of the State of Maryland? If not a Maryland resident, in what state does patient reside?	Yes or No	
9,	Is patient homeless?	Yes or No	
10.	Does patient participate in WIC?	Yes or No	
11.	Does patient receive Food Stamps?	Yes or No	
12.	Does patient currently have: Medical Assistance Pharmacy Only QMB coverage/ SLMB coverage	Yes or No Yes or No	
	PAC coverage	Yes or No	
13.	Is patient employed? If no, date became unemployed. Eligible for COBRA health insurance coverage?	Yes or No Yes or No	

Exhibit C

MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME:	
PATIENT NAME:	
PATIENT ADDRESS:	
MEDICAL RECORD #:	
Date:	
Family Income for twelve (12) calendar months preceding date of this application:	
Medical Debt incurred at The Johns Hopkins Hospital (not including co-insurance, co-payments, or deductibles) for the twelve (12) calendar months preceding the date of this application:	
Date of service Amount owed	
All documentation submitted becomes part of this application.	
All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.	
Date:	
Applicant's signature	
Relationship to Patient	
For Internal Use: Reviewed By: Date:	
Income: 25% of income=	
Medical Debt:Percentage of Allowance:	
Reduction:	
Balance Due:	
Monthly Payment Amount: Length of Payment Plan:month	

APPENDIX 3

PATIENT INFORMATION SHEET



PATIENT BILLING and FINANCIAL ASSISTANCE INFORMATION SHEET

Billing Rights and Obligations

Not all medical costs are covered by insurance. The hospital makes every effort to see that you are billed correctly. It is up to you to provide complete and accurate information about your health insurance coverage when you are brought in to the hospital or visit an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurance companies require that bills be sent in soon after you receive treatment or they may not pay the bill. Your final bill will reflect the actual cost of care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

Financial Assistance

If you are unable to pay for medical care, you **may qualify for Free or Reduced-Cost Medically Necessary Care** if you:

- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

If you do not qualify for Medical Assistance or financial assistance, you may be eligible for an extended payment plan for your medical bill.

Call: 301-896-6088

With questions concerning:

- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- Your rights and obligations with regard to reduced-cost medically necessary care due to financial hardship
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance or other programs that may help pay your medical bills

For information about Maryland Medical Assistance

Contact your local department of Social Services 1-800-332-6347 TTY 1-800-925-4434 Or visit: <u>www.dhr.state.md.us</u>

Physician charges are not included in hospital bills and are billed separately.



HOJA INFORMATIVA SOBRE LA FACTURA DE PACIENTES Y LA ASISTENCIA FINANCIERA

Los derechos y obligaciones de la factura

No todos los costos médicos son cubiertos por el seguro. El hospital hace todo lo possible para estar seguro de que usted reciba la factura correcta. Depende de usted proveer la información completa y precisa sobre su cobertura de seguro médico cuando le traen al hospital o cuando visita la clínica ambulatoria. Esto ayudará a asegurar que se manden las facturas a su compañía de seguros a tiempo. Algunas compañias de seguro requieren que se manden las facturas tan pronto como usted recibe el tratamiento, de lo contrario pueden no pagarlas. Su factura final reflejará el verdadero costo de su cuidado, menos cualquier pago que se haya recibido o hecho al momento de su visita. Todo cobro no cubierto por su seguro es responsabilidad suya.

Asistencia financiera

Si usted no puede pagar por su cuidado médico, es possible que califique para cuidado médicamente necesario gratuito o de bajo costo si usted:

- No tiene otras opciones de seguro
- Le ha sido negada la asistencia médica, o no cumple con todos los requistitos de elegibilidad
- Cumple con criterios financieros específicos.

Si usted no califica para la Asistencia Médica o la asistencia financiera, es possible que sea elegible para un sistema de pagos extendidos para sus facturas médicas.

Llame a: 301-896-6088

Con sus preguntas referentes a:

- Su factura del hospital
- Sus derechos y obligaciones en cuanto a su factura del hospital
- Sus derechos y obligaciones de lo que se refiere a la reducción de costo, al cuidado médico necesario debido a dificultades financieras
- Cómo inscribirse para cuidado gratuito o de bajo costo
- Cómo inscribirse para la Asistencia Médica de Maryland u otros programas que le puedan ayudar
- a pagar sus facturas médicas.

Para más información sobre la Asistencia Médica de Maryland

Por favor llame a su departamento local de Servicios Sociales 1-800-332-6347 TTY 1-800-925-4434 O visite al: <u>www.dhr.state.md.us</u>

Los cobros de los médicos no se incluyen en las facturas del hospital, son facturas aparte.

APPENDIX 4

MISSION, VISION AND VALUES

SUBURBAN HOSPITAL

MISSION

Improving health with skill and compassion.

VISION

As a member of Johns Hopkins Medicine, Suburban Hospital will foster the development of an integrated and innovative system of care that provides state of the art clinical care supported by a strong base of medical research and education.

VALUE STATEMENT

Suburban Hospital is a community-based hospital serving Montgomery County and the surrounding area since 1943. We are a not-for-profit healthcare provider guided by the needs of our patients and community. On June 30, 2009, Suburban Hospital became a member of Johns Hopkins Medicine. The designated trauma center for Montgomery County, Suburban Hospital is affiliated with many local healthcare organizations, including the National Institutes of Health. It is committed to continuous improvement and appropriate use of resources, and creates an environment that encourages the success and fulfillment of our physicians, staff, and volunteers.

Suburban Hospital will set the standard for excellence in healthcare in the Washington metropolitan region. Through our affiliations, we aspire to provide world-class patient care, technology, and clinical research.

VALUES

- Compassion
- Excellence
- Integrity
- Teamwork
- Accountability

APPENDIX 5

COMMUNITY BENEFIT SERVICE AREA DEMOGRAPHICS

Suburban Hospital Community Benefit Primary Service Area FY 2013 Discharges Source: HSCRC File and DC Inpatient File Includes Newborns

Rank	Zíp	ZIPCounty	Zip City	Total	PCTZIP	PCTHOSP	CUMALATIVE PCT
1	20852	Montgomery	Rockville	1,446	37.67%	10.89%	10.89%
2	20854	Montgomery	Potomac	1,227	36.52%	9.24%	20.13%
3	20814	Montgomery	Bethesda	1,174	46.72%	8.84%	28.97%
4	20817	Montgomery	Bethesda	935	39.45%	7.04%	36.01%
5	20815	Montgomery	Chevy Chase	677	27.06%	5.10%	41.11%
6	20850	Montgomery	Rockville	669	15.65%	5.04%	46.15%
7	20906	Montgomery	Silver Spring	514	6.58%	3.87%	50.02%
8	20895	Montgomery	Kensington	479	27.78%	3.61%	53.63%
9	20878	Montgomery	Gaithersburg	351	7.70%	2.64%	56.27%
10	20902	Montgomery	Silver Spring	321	6.40%	2.42%	58.69%
11	20874	Montgomery	Germantown	290	5.66%	2.18%	60.87%
12	20853	Montgomery	Rockville	251	8.98%	1.89%	62.76%
13	20910	Montgomery	Silver Spring	248	6.60%	1.87%	64.63%
14	20877	Montgomery	Gaithersburg	206	5.40%	1.55%	66.18%
15	20851	Montgomery	Rockville	182	13.25%	1.37%	67.55%

Demographics Expert 2.7

2013 Demographic Snapshot

Area: Suburban CBSA Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS						·
.	Selected Area	USA		2013	2018 %	Change
2010 Total Population	598,775	308,745,538	Total Male Population	298,651	317,253	6.2%
2013 Total Population	623,896	314,861,807	Total Femate Population	325,245	344,516	5.9%
2018 Total Population	661,769	325,322,277	Females, Child Bearing Age (15-44)	122,136	122,558	0.3%
% Change 2013 - 2018	6.1%	3.3%				
Average Household Income	\$136,945	\$69,637				

HOUSEHOLD INCOME DISTRIBUTION

POPULATION DISTRIBUTION

		Age	Distributio	in (
					USA 2013
Age Group	2013	% of Total	2018	% of Total	% of Total
0-14	118,587	19.0%	124,878	18.9%	19.6%
15-17	25,249	4.0%	27,266	4.1%	4.1%
18-24	45,765	7.3%	50,105	7.6%	10.0%
25-34	82,839	13.3%	78,501	11.9%	13.1%
35-54	180,399	28,9%	180,974	27.3%	26.9%
55-64	81,011	13.0%	92,077	13.9%	12.4%
65+	90,046	14.4%	107,968	16.3%	13.9%
Total	623,896	100.0%	661,769	100.0%	100.0%

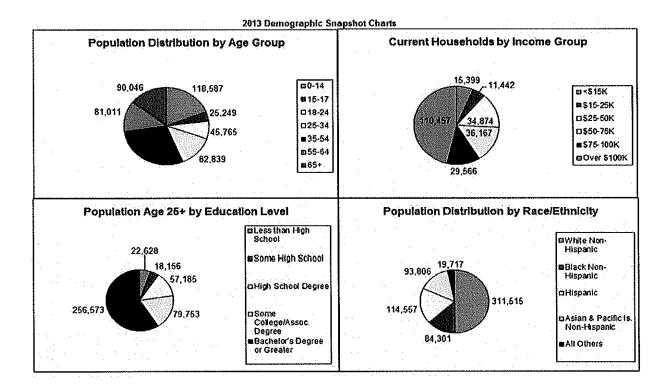
Total	237,905	100.0%	100.0%
Over \$100K	110,457	46.4%	19.5%
\$75-100K	29,566	12.4%	11.7%
\$50-75K	36,167	15.2%	18.1%
\$25-50K	34,874	14.7%	25.3%
\$15-25K	11,442	4.8%	11.6%
<\$15K	15,399	6.5%	13.8%
2013 Household Income	HH Gaunt %	e Distribution	USA

EDUCATION LEVEL

	Educati	on Level Distr	ibution
	Pop Age		USA
2013 Adult Education Level	251	% of Total	6 of Total
Less than High School	22,628	5.2%	6.2%
Some High School	18,156	4.2%	8.4%
High School Degree	57,185	13.2%	28.4%
Some College/Assoc, Degree	79,753	18.4%	28,9%
Bachelor's Degree or Greater	256,573	59.1%	28.1%
Total	434,295	100.0%	100.0%

			,
RACE/ETHNICITY			
	Race/Ethi	nicity Distribu	ition 👘 👘
	and the second second		USA
Race/EthnicIly	2013 Pop 👌	6 of Total _ %	of Total
White Non-Hispanic	311,515	49.9%	62.3%
Black Non-Hispanic	84,301	13.5%	12.3%
Hispanic	114,557	18.4%	17.3%
Asian & Pacific Is. Non-Hispanic	93,806	15.0%	5.1%
All Others	19,717	3.2%	2.9%
Total	623,896	100.0%	100.0%

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2013 Insurance Coverage Estimates Area: Suburban CBSA Ranked by ZIP Code(Asc)

					2013 Adjuste	d Populatio	า		
					Medicare Dual	Private -		Private -	
ZIP Code	ZIP City	Total	Medicaid	Medicare	Eligible	Direct	Private - ESI	Exchange	Uninsured
20814	Bethesda	28,922	3,250	3,479	474	1,630	17,862	0	2,228
20815	Chevy Chase	29,985	2,688	4,616	616	1,692	18,521	0	1,851
20817	Bethesda	36,347	2,216	4,755	632	2,247	24,966	0	1,530
20850	Rockville	50,310	5,223	5,120	706	2,946	32,721	0	3,593
20851	Rockville	14,715	1,460	1,018	145	918	10,175	0	999
20852	Rockville	44,697	4,931	5,369	732	2,530	27,753	0	3,381
20853	Rockville	30,134	3,187	3,509	473	1,724	19,045	0	2,196
20854	Potomac	50,769	2,032	6,801	897	3,301	36,338	0	1,400
20874	Germantown	60,574	5,928	2,750	423	3,871	43,536	0	4,066
20877	Gaithersburg	35,523	6,737	2,909	407	1,717	19,119	0	4,633
20878	Gaithersburg	63,520	5,401	4,455	636	4,049	45,263	0	3,716
20895	Kensington	20,989	2,410	2,436	330	1,161	12,983	0	1,669
20902	Silver Spring	50,862	7,719	4,147	579	2,723	30,379	0	5,315
20906	Silver Spring	66,091	10,447	9,705	1,312	3,137	34,286	0	7,204
20910	Silver Spring	40,458	6,718	3,113	443	2,132	23,444	0	4,607
Total		623,896	70,348	64,183	8,805	35,778	396,393	0	48,389

Total

Insurance Coverage Estimates 1.1

ICE0001.SQP

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APPENDIX 6

SUBURBAN HOSPITAL FY 2013 CBSA DEFINITION

FY 2013 Suburban Hospital Community Benefit Service Area Definition

Zip Code	City
20906	SILVER SPRING
20902	SILVER SPRING
20878	GAITHERSBURG
20852	ROCKVILLE
20910	SILVER SPRING
20854	ΡΟΤΟΜΑϹ
20850	ROCKVILLE
20853	ROCKVILLE
20895	KENSINGTON
20851	ROCKVILLE
20814	BETHESDA
20815	CHEVY CHASE
20817	BETHESDA
20877	GAITHERSBURG
20874	GERMANTOWN

Criteria used to define the Suburban Hospital Community Benefit Service Area (SH CBSA):

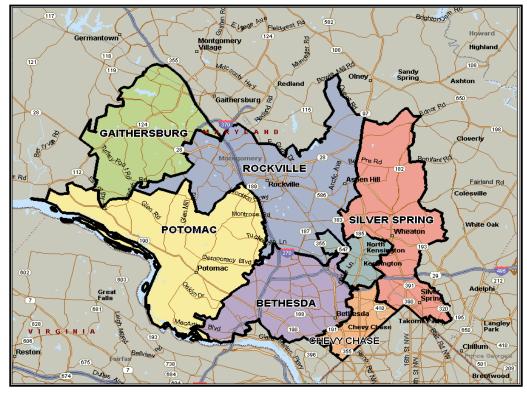
The SH CBSA is defined as the geographic region that includes zip codes that are common to the following:

- a) The top 20 zip codes from which Suburban Hospital ED visits originate*
- b) The Top 20 zip codes from which Suburban Hospital FY13inpatients originate*
- c) The top 25 zip codes for Suburban Hospital Charity Care cases*
- d) The Top 10 zip codes for Suburban Hospital Community Benefit Actitivites**

*As defined by indicated residence of the recipient

** As defined by the total number of Suburban Hospital programs in the indicated zip code

Note: In FY 13 Suburban Hospital added zip code 20877 and 20874 to the previous year's service area definition



APPENDIX 7

CHNA 2013 IMPLEMENTATION STRATEGY

Suburban Hospital

Implementation Strategy

In response to the

Community Health Needs Assessment

Fiscal Year 2013



SUBURBAN HOSPITAL COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY FY 2013

TABLE OF CONTENTS

Сс	ONTENTS		PAGE
١.	Introdu	iction	
		Overview of Suburban Hospital	3
		Community Health Needs Assessment	3
II.	Hospita	l Health Priorities	4
111.	The Co	mmunity We Serve	5
IV	. Implen	mentation Strategy	
	a.	Addressed Needs and Implementation Plan	5
	b.	Health Priority: Behavioral Health	7
	с.	Health Priority: Obesity	9
	d.	Health Priority: Cancer	11
	e.	Health Priority: Diabetes	13
	f.	Health Priority: Maternal and Child Health	15
	g.	Health Priority: Cardiovascular Health	16

Introduction

A. Overview of Suburban Hospital

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The Hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the Hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. Suburban Hospital's busy Emergency/Shock Trauma Center treats more than 40,000 patients a year.

The Hospital's major services include: a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; The NIH Heart Center at Suburban Hospital, providing cardiac surgery, elective and emergency angioplasty as well as inpatient diagnostic and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designation as a Primary Stroke Center and a 24/7 stroke team; pediatrics and senior care programs.

Other services provided include: the NIH-Suburban MRI Center; a center for sleep disorders; state-ofthe-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call). Suburban Hospital is the only hospital in Montgomery County to achieve the Gold Seal of Approval[™] by The Joint Commission for its joint replacement program.

During fiscal year 2012, Suburban Hospital was licensed to operate 233 acute care beds, and had 14,171 inpatient admissions.

B. Community Health Needs Assessment

Under Section 501(c) (3) of the Internal Revenue Code, nonprofit hospitals may qualify for tax-exempt status if they meet certain federal requirements. The 2010 Patient Protection and Affordable Care Act (ACA) added four basic requirements to the Code. One of the additional requirements for tax-exempt

status is the provision of a community health needs assessment (CHNA) once every three years and an implementation strategy to meet the identified health needs. (Request for Comments Regarding Additional Requirements for Tax-Exempt Hospitals, 2010)

In Fiscal Year 2013, Suburban Hospital conducted a community health needs assessment to identify the most important health issues surrounding the hospital using scientifically valid health indicators and comparative information. The assessment helped to identify priority health issues affecting Montgomery County as a whole and specifically residents' of Suburban Hospital's Community Benefit Service Area (CBSA). Suburban Hospital's Community Health Needs Assessment FY 2013 is available to the public via <u>SuburbanHospital.org</u>. This report describes Suburban Hospital's implementation strategy for addressing the identified health needs in the community in order to improve health status and quality of care available to our residents, while building upon and strengthening the community's existing infrastructure of services and providers.

Suburban Hospital Health Priorities

As a result of using similar data sources and integrating historical partnership stakeholders in setting local health priorities over the years, the summary of key data findings conducted by Healthy Montgomery are similar, if not identical to health inequities identified by Suburban Hospital through community member surveying and discussions with health experts. This relationship easily affords Suburban Hospital the ability to parallel its community health improvement efforts to the six priorities identified by the Healthy Montgomery Steering Committee in order to decrease Health Inequities, Lack of Access and Unhealthy Behaviors. The six official health priorities to be addressed, tracked, and evaluated over the next three years are presented below in no particular order:

- Behavioral Health
- Obesity
- Diabetes
- Maternal and Child Health
- Cancer
- Cardiovascular Health

The Community We Serve

Suburban Hospital is located in Montgomery County, one of the most affluent counties in the United States. Montgomery County is adjacent to the nation's capital, Washington, D.C., and is also bordered by the Maryland counties of Frederick, Carroll, Howard and Prince George's, and the State of Virginia.

A close review of service utilization led to the identification of Suburban Hospital's primary service area (PSA). The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital's inpatient discharges originated during the most recent 12 month period after the discharges from each zip code are ordered from largest to smallest number of discharges. This information was provided by the Maryland Health Services Cost Review Commission (HSCRC).

As part of the PSA definition process, Suburban Hospital began to look at specific populations or communities of need to which the Hospital allocates resources through its community benefits plan. This in-depth process required an analysis of data from the Hospital's Inpatient Records, Emergency Department (ED) Visits, and Community Health Improvement Initiatives and Wellness Activities. The product was a geographic area, identified as Suburban Hospital's Community Benefit Service Area (CBSA) and contains the following thirteen zip codes: 20814, 20817, 20852, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, and 20851. A close look revealed that Suburban Hospital's CBSA is not limited to the primary service area.

Addressed Needs and Implementation Strategy

Suburban Hospital's CHNA taskforce conducted an analysis of current Suburban Hospital's community benefit activities, while also taking into consideration Suburban Hospital's major services of excellence, and found present efforts to be aligned, in some capacity, with the six health priorities mentioned above. Although, Suburban Hospital does not have an obstetrics designation or deliver babies - due to the fact that there are several other community hospitals within 5-10 miles of our Bethesda location that offer these kinds of services - the Hospital does indirectly support Maternal and Child Health initiatives through funding and programming of several other organizations which promote the health and well-being of children and their

families. Therefore, Suburban Hospital's implementation strategy aims to address all six identified health priorities.

Suburban Hospital's adopted health improvement plan connects hospital, community partners, local stakeholders and other resources with identified health needs. Suburban Hospital not only aligns health priorities with the areas of greatest identified need, but also considers where the Hospital's resources will generate the greatest impact. Therefore, over the next three years, Suburban Hospital will primarily focus its health improvement efforts to specific populations or communities of need to which the hospital allocates resources, identified above as the Community Benefit Service Area (CBSA). Within the CBSA, Suburban Hospital will focus on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors or at-risk youth.

Community Health Need: Behavioral Health

Target Population: CBSA Residents

Goal: Improve mental health through prevention and linkage to appropriate mental health services.

#	COMMUNITY HEALTH	GOALS	TARGET POPULATION	Action Plan	ACTIVITIES	PARTNERING ORGANIZATION
	NEED					
B-1	Behavioral Health– Social and Emotional Support	Improve positive outcomes for mental health by providing programs that foster social and emotional support	CBSA Senior Citizens	Increase the proportion of seniors that participate in educational and community- based programs	Support groups; Senior exercise programs; Mall Walking	Montgomery County Department of Parks and Recreation, B-CC YMCA, B-CC Youth and Family Services, AARP, Montgomery County Stroke Association, Montgomery County Public and
			CBSA Adult Parents	Provide tools and resources that improve family functioning and positive parenting	Parenting seminars; Turkey Chase; Safe Sitter	Independent Schools, OASIS, Leukemia & Lymphoma Society, Safe Sitter, Inc., John's Hopkins University Press
B-2	Behavioral Health- Lack of Access	Increase knowledge of behavioral health resources in Montgomery County and facilitate access to available services	CBSA Medicare, Medicaid uninsured and, vulnerable populations	Collaborate with Healthy Montgomery to support the development of a centralized internet database for behavioral health services in the County	Suburban On-Call; Behavioral Inpatient and outpatient services	Healthy Montgomery, Department of Health and Human Services, Montgomery Cares
			Montgomery County residents	Link patients in need of behavioral health services to appropriate community resources		

Community Health Need: Obesity

Target Population: CBSA Population

Goal: Reduce obesity rates through the promotion of healthy lifestyles.

#	COMMUNITY HEALTH	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
	NEED					
0-1	Obesity- Unhealthy behaviors	Increase access to affordable exercise and nutrition programs	CBSA Residents	Provide structured exercise programs that focus on building strength, flexibility, stability, and cardiovascular health Improve access to healthy	Senior Exercise Programs, such as Tai Chi, Zumba Gold, Pilates, Senior Shape; Mall walking Healthy Weigh Series;	Local mall management enterprises White Flint and Lakeforest Mall, Montgomery County Parks and Recreation, Friendship Heights Village Center, Girls on the Run of Montgomery County, Scotland Health Partnership, BCC YMCA, and BCC
				foods and weight management programs	Healthy Choices Class; Community Supported Agriculture Program; HeartWell; Nutrition Counseling	Rotary
			School-aged children and youth	Collaborate and support organizations that promote physical activity in children and youth	Girl on the Run; Turkey Chase	

0-2	Obesity- Health	Collaborate with	Healthcare providers	Coordinate with public and	Nutrition Seminars;	Montgomery Cares, Primary Care
	Inequities	residents in	and CBSA residents	private agencies to increase	HeartWell in Action;	Coalition, Mobile Medical Care,
		disadvantaged		knowledge and utilization of	Create Your Weight;	Inc., American Heart Association,
		communities to		available obesity reduction	Healthy Cooking Series	Sodexho, Housing Opportunity
		develop supportive		and preventions services		Commission
		efforts that address				
		health, social, and				
		environmental		Promote active and healthy		
		inequities		lifestyles,		
				weight management,		
				through outreach		
				educational programs		

Community Health Need: Cancer

Target Population: CBSA Population

Goal: Improve cancer prevention and survivorship.

#	COMMUNITY HEALTH	GOALS	TARGET POPULATION	ACTION PLAN	Activities	PARTNERING ORGANIZATION
C-1	Cancer- Education & Prevention	Increase awareness of cancer risk-factors	CBSA population	Partner with public and private organization to educate community members on risk-factors associated with cancer Deliver programs that help reduce risk for developing cancer	Check It Out; Local community race and walks fundraisers, Block it Out, Key to the Cure; Community Seminars; Smoking Cessation Program; Global Race for the Cure	Greater Washington Chapter of Hadassah, Montgomery County Public Schools, Lymphoma & Leukemia Society, Susan G. Komen, Montgomery County Cancer Crusade, and Saks 5 th Avenue
C-2	Cancer- Access to Care	Improve access to cancer prevention and early detection services	CBSA population	Leverage resources to link and/or deliver low-cost or free early detection cancer prevention screening and treatment programs	Skin, prostate, colorectal, breast, head-and neck and cervical cancer screenings; lung capacity testing	Project Access, Catholic Charities, Proyecto Salud Clinic, Alpha Phi Alpha Inc. Fraternity, Montgomery County Cancer Crusade, Sidney J. Malawer Memorial Foundation, Mobile Medical Care, Inc.

C-3	Cancer- Access to Care	Improve cancer patients' health outcomes	Cancer patients and survivors	Provide cancer-specific patient navigation services; deliver information, knowledge, support, and guidance needed to manage a cancer diagnosis and treatment	Two nurse patient navigators	American Cancer Society, Whole Foods, Leukemia & Lymphoma Society, Primary Care Coalition, Montgomery County Cancer Crusade
				Design wellness classes and programs for cancer patients and survivors to reduce stress and anxiety around dealing with an illness and improve health outcomes	Look Good, Feel Better; Exercise Programs for Cancer Survivors; Cancer Specific Support Groups	

Community Health Need: Diabetes

Target Population: CBSA Population

Goal: Reduce diabetes prevalence and associated health complications.

#	COMMUNITY HEALTH	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
	NEED					
D-1	Diabetes- Access to care and Health Inequities	Increase access to quality diabetes management and treatment thereby delaying or reducing the onset of diabetes- related complications	Diabetic CBSA and uninsured residents	Partner with public and private organizations to deliver quality specialty endocrine medical treatment for free or low-cost Educate on healthy lifestyle modifications as a tool for proper diabetes self- management, including nutrition counseling services	Mobile Med/NIH Endocrine Clinic at Suburban Hospital; Financial and in-kind to support to local clinics Diabetes Schools at Proyecto Salud; Support Groups, Nutrition Counseling Services; Nutrition Seminars	National Institutes of Health, Mobile Medical Care, Inc., Proyecto Salud Clinic, Sodexho, Holy Cross Health Center, and Proyecto Salud Clinic
D-2	Diabetes- Unhealthy Behaviors	Improve health-related behaviors s to reduce risk of developing diabetes	CBSA residents	Offer programs that promote healthy eating and physical activity Distribute diabetes education material that improve knowledge on prevention and control	Pre-Diabetes Classes; Healthy Cooking Series; Health Fairs; Community Seminars; Exercise Programs; Ama Tu Vida; Healthy Weigh	National Institutes of Health, Mobile Medical Care, Inc., Proyecto Salud Clinic, Sodexho

Community Health Need: Maternal and Child Health Target Population: CBSA Population

Goal: Improve health outcomes for youth and families.

#	COMMUNITY HEALTH	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
	NEED	· · · · · · · · · · · · · · · · · · ·				
M-1	Maternal and Child Health- Access to Care/Health Inequities	Improve health and safety practices	CBSA youth and families	Through community partnerships implement programs that create health resources to appropriate training and life-saving safety skills	Knots for Shots; Safe Sitter, Safe Kids Day & Coalition, Scotland Day, CPR and 1 st Aid Classes; Self-Defense Classes	Suburban Hospital Auxiliary, Scotland Community Center, MC Department of Health & Human Services, Priority Partners, Scotland Health Partnership, Girls on the Run of Montgomery County
M-2	Maternal and Child Health- Social Determinants of Health/ Promote Healthy Behaviors	Empower youth to become future leaders	CBSA children and youth	Expose children and youth to opportunities that allow cognitive development and future career opportunities	Medical Exploring; Hospital Education Tours; Career Day; Shadowing Opportunities	BCC Chamber of Commerce, Boy Scouts of America, Safe Sitter, YMCA, BCC Rotary Club, Ashburton Elementary School, local Girl Scout Troops

Community Health Need: Cardiovascular Health

Target Population: CBSA Population

Goal: Improve cardiovascular health through prevention and timely treatment.

#	COMMUNITY HEALTH	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
	NEED					
V-1	Cardiovascular Health- Access to care	Increase access to cardiovascular specialty care	Uninsured Montgomery County residents that suffer from complicated cardiovascular conditions	Expand access to cardiologists, specialty state- of-the art diagnostics screenings, treatment, and rehabilitation	Mobile Med/NIH Heart Clinic at Suburban Hospital; Project Access; Catholic Charities	National Heart, Lung and Blood Institute, Mobile Medical Care, Montgomery Cares, Primary Care Coalition, Proyecto Salud Clinic, Holy Cross Health Center, and the Archdiocese of Washington
V-2	Cardiovascular Health- Access to care	Reduce frequency of hospital admission due to cardiovascular disease	Montgomery County residents that have or are at-risk of developing a cardiovascular condition	Connect individuals to regular counseling, disease prevention and management education sessions available	HeartWell; Re-admission Initiative	Friendship Heights Community Center, Margaret Schweinhaut Senior Center, Holiday Park Senior Center, OASIS, Gaithersburg Senior Center
V-3	Cardiovascular Health- Unhealthy behaviors/Health Inequities	Increase awareness on risk factors associated with cardiovascular disease	CBSA residents	Assess individual's risk factors for cardiovascular disease through screenings and health assessment Deliver educational messages and programs that promote heart- healthy lifestyle	Body Composition, Blood Pressure, and Cholesterol Testing; Varicose Vein Screening; HeartWell In Action; Ama Tu Vida; Heart Smart Class; WellWorks Classes; Community Seminars	MCDHHS Latino Health Initiative, American Heart Association, Wolpoff Family Foundation, Housing Opportunity Commission, MC Department of Parks and Recreation

Ехнівіт 1

SUBURBAN HOSPITAL FY 2013 COMMUNITY BENEFIT PROGRAMS AND INITIATIVES

FISCAL YEAR 2013 - July 1, 2012 - June 30, 2013

#	Date		Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
			COMMUNITY OUTREACH	HEALTH PA	RTNERSH	IPS						
Medical Exploring Crew	4 1084											
incultar Exploring Clew	7/1/2012	Organization Meeting		1	2	2	1					
	9/24/2012	Medical Exploring Open House		1	99	99	50					
	10/8/2012	Medical Exploring Program Kick-Off		1	58	58	20					
	10/22/2012	Dr. Whittaker Tour of ER/Trauma Bay & Helipad		1	51	51	23	2	1			
	10/6/2012	Back to Bethesda		1	1	1	1	3	1			
	11/19/2012	Neurosurgery		1	58	58	35	1				
	12/3/2012	Suturing		1	30	30	6	3	1			
	12/17/2012	Community Health and Wellness		1	47	47	16	2	1	1		
	1/7/2013	Orthopedic Surgery		1	42	42	22	1				
	1/21/2013	Surgery Observation at Inova Fairfax Hospital		1	28	28	19					
	1/22/2013	Heartsaver AED and CPR		2	16	32	12					
	2/4/2013	Global Health		1	37	37	15					
	2/18/2013	Surgery Observation at Inova Fairfax Hospital		1	25	25	10					
	3/4/2013	Suturing		1	13	13	10	3	1			
	3/18/2013	Physical Medicine and Rehabilitation		1	32	32	19	1				
	4/8/2013	B-CC Rescue Squad Visit and Tour		1	21	21	10					
	4/22/2013	Cardiothoracic Surgery		1	34	34	20	3	1			
	5/20/2013	Emergency Medicine or Ripley's Believe It or Not?		1	44	44	23					
			Subtotal	19	638	654	312	19	, -	1	-	-
Scotland Health Partner	rship											
	8/14/2012	National Night Out at Scotland		1	50		50	2				
	10/23/2012	Knots for Shots at Scotland: Flu Vaccination Initiative		1	35	35	35		2	1		
			Subtotal	2	85	85	85	4		1		
Monthly Blood Pressure	e Screenings											
		Potomac Community Center		12	10	120	60					
		Waverly House		12	10	120	425	-				
		Clara Barton Community Center		12	30	360	10	-				
		Lakeview House Senior Living Coffield Community Center		12 12	10 20	120 240	120 50	-				
		The Oaks at Olde Towne		12	20	240	12	-				
		Bethesda Regional Service Center		12	30	360	75					
		Senior Movie at Westfield Montgomery		12	25	300	50	1				
			Subtotal	96	141	1,692	802	1		0		-

#	Date		Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
Weekly Mall Walking												
		"Rise n Shine" Lakeforest Mall (Wednesdays) "I Love to Walk" at White Flint Fall Harvest Breakfast		52	25 70	1,300 70	1,000	- 1				
		"I Love to Walk "White Flint Mall (Mondays)		1 104	70	70 1144	45 350	1				
				104		1144	000					
		S	Subtotal	157	106	2,514	1,395	1	-	-	-	-
Proyecto Salud Clinic		Diabetes School		8	30	240	240	(1	0		
		Diabetes School at Suburban		1	35		35	(0		
		Education Planning Meetings		5	3	15	12	0)	0		
		S	Subtotal	14	68	290	287	-	-	-	-	
Support Groups												
cuppert cicupe												
	Monthly	Montgomery County Stroke Association Support Group		12	10		45	2				
	On-going	Diabetes Support Group		2	20	40	3	2		-		
		s	Subtotal	14	30	160	48	4				
			Subjectur	.4	50	100	40	-				
Suburban Hospital Auxiliary	/											
	Various	Regular Meetings		5	10		5	(0		
	11/14/2012	Tea @ Normandine Farms		1	130	130	13	()	0		
	5/23/2013	Auxiliary Luncheon with Dr. Ava Kaufman		1	150	150	15	1		0		
		s	Subtotal	7	290	330	33	1	-	-	-	

#	Date		Event		Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
American Red Cross	Blood Drive												
	Various	Donor Table Recruitment			14	65	910	182		0	0		
	Various	Meetings			3	1	3	0		0	0	0	
	9/12/2012	Fall Blood Drive			1	75	75	15		0	0		
	11/27/2012	Winter Blood Drive			1	56	56	9		0	0		
	2/27/2013	Spring Blood Drive			1	56	56	9		0	0		
	6/5/2013	Summer Blood Drive			1	61	61	9		0	0		
			Subtotal		21	314	1,161	224	-	-	-		
Cancer-Specific Education	ation & Outreach												
	7/18/2012	Protect Your Skin-Dr. Hindi			1	23	23	10		1	0		
	7/26/2012	Skin Safety-Derma Scan			1	80	80	25		0	0		
	8/28/2012	Cancer Care Committee Meeting			1	23	23	5					
	11/15/2012	Great American Smokeout 2013			1	49	49	5		0	0		
	11/24/2012	Women's Day			1	35	35	5		0	0		
	12/21/2012	Proyecto Salud Education @ SH			1	35	35	20		0	0		
	2/9/2013	Prevention Services @ PS			1	25	25	25					
	3/2/2013	Prevention Services @ PS			1	35	35	25		0	0		
	3/21/2013	Trust your Gut Seminar			1	14	14	6		1	0		
	3/21/2013	Trust your Gut Facebook			1	1401	1401	unk		1	0		
	3/20/2013	Poster Board Presentation			1	150		20		0	0		
	4/11/2013	City of Rockville Health Fair			1	150		55		1	0		
	4/20/2013	Alpha Phi Alpha Meeting			1	35		35		1	0		
	5/1/2013	Organization of American States Health Fair			1	100	100	85		0	0		
	5/20/2013	Skin Cancer Screening			1	27	27	5		3	0		
	5/21/2013	Cancer Coalition Community Meeting			1	30		18		0	0	-	-
	5/21/2013	Skin Cancer Screening- Day 2			1	33	33	8		3	0		
			Subtotal		17	2,245	2,245	352	1	1	0		
				Section Sub-total	347	3,917	9,131	3,538	41	1	2	#REF!	

COMMUNITY HEALTH & WELLNESS EVENTS Hashing Constraints Second	<u>vir</u>			Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
Problem Streemings Under Start Side Start Relating Streemings at Findabip Heights Village Center 1 13 13 2 1 R/102012 Heights Storemings Per-Health Screemings Per-Health Screemings at Rockville Senior Center 1 2.0 0.0 1 7/12/2012 Databetes Management Lecture at Bethesda Health and Relath Center 1 2.0 0.0 1 7/12/2012 Senior Starge Luncheon- Dengens of Delrydiation 1 2.4 2.4 2.4 1 1 August 1 2.4 2.41 2.41 6 1 2.7 2.71 1.4 1 1 2.4 2.41 6 1 2.7 2.7 1.4 1 1.5 1.5 2.5 </td <td><u>vir</u></td> <td></td> <td>COMMUNITY HEALTH</td> <td>& WELLNES</td> <td>S EVENTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	<u>vir</u>		COMMUNITY HEALTH	& WELLNES	S EVENTS							
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8/8/2012 Neuropatrik Pain: A Different Kind of Pain Health Seminar at Friendship Heights Village Center 1 27 27 1 1 8/9/2012 Take a Deep Breath to Health Seminar at Holiday Park Senior Center 1 20 20 5 2 September 9 11/2012 Blood Pressure, BMI and Body Composition Screenings at Whole Foods Rockville for 28 day Challenge 1 6 6 2 2 9/11/2012 Attributis: Taking Away the Pain Health Seminar at Holiday Park Senior Center 1 50 50 10 1 9/11/2012 Health Destinations Post Health Seminar at Holiday Park Senior Center 2 26 52 13 0 0 10/20201 Health Serienings for Seniors: Risk vs. Benefits Health Seminar at Rockville Senior Center 1 75 75 15 0 0 10/20201 Back be Bethesda 1 100 100 20 33 16 10/10/2021 Stanting Berninar at Holiday Park Senior Center 1 35 35 6 0 10/10/10/2012 Stanting Bernin Vanter Senior A Direnting Be												
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	-	10/7/0010			0	0						
	ar.	12/7/2012	Fail Prevention Seminar at the Villages of RockVille	1	8	8	1					
January 1/9/2013 Get Your Back on Track Health Seminar at Friendshin Heinhts Village Center 1 13 13 0 1	1	4/0/0040	Cat Veus Daak en Traak Haakk Consisten at Ericadakin Heisten Village Constan	4	10	12	0					
1/9/2013Get Your Back on Track Health Seminar at Friendship Heights Village Center11313011/15/2013Hospital-Acquired Infections: What's My Risk? Health Seminar at Holiday Park Senior Center1454551				1								
1/13/2013 Prospiral-Acquired mectations: whats my relating and point service center 1 45 45 5 1 1/24/2013 Breath Seminar at Rockville Senior Center 1 7 7 0 1				1			-					
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2/7/2013 Heart of the Matter Health Seminar at Holiday Park Senior Center 1 50 50 10 1	1	2/7/2013	Heart of the Matter Health Seminar at Heliday Park Senior Center	4	50	50	10		1			
2/12/03 Nutrition Seminaria at Wome's Club of Bethesda 1 30 30 3 1				1					1			
2/12/2013 Heart Health Lecture with Dr. Daniel Schwartz at BCC Rotary Club 1 50 50 2 1				1			2		1			
21/3/2/13 Preventing a Broken Heart Health Seminar at Friendship Heights Village Center 1 14 14 0 1				1			0		1			
2/21/2013 11th Annual Women's Symposium: Affairs of the Heart with Dr. Virginia Colliver 1 125 125 20 1				1	125	125	20		1			
2/28/2013 Catch Your Z's with Ease Health Seminar at Rockville Health Seminar 1 27 27 2 1				1					1			

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
March	3/5/2013	Update on Screening: Prostate and Breast Cancer Health Seminar with Judy Macon	1	26	26			1			
	3/12/2013	Tummy Troubles Health Seminar at Holiday Park Senior Center	1	58	58	5					
	3/13/2013 3/10/2013	Don't Ignore your Gut Feeling Health Seminar with Dr. Michael Schwartz Ama Tu Vida Health Fair	1	26 300	26 300	2 285	8	3 0		1	
	3/19/2013	Covering the Uninsured 2013 at Suburban Hospital	1	22	22	285	(3	'	
	3/21/2013	Caring for the Skin You're In Health Seminar at Rockville Senior Center	1	22	22	2	2	2			
April										_	
	4/5/2013 & 4/8/2013 4/8/2013	JHU-Montgomery County Bread Baking Event Patient Education Fair/ My Health Record Card	2	100 64	200 64	85 25	9 17	-	4		
	4/10/2013	Tired of Counting Sheep? Health Seminar at Friendship Heights Village Center	1	32	32	23			4		
	4/18/2013	Exercise Your Age Away Health Seminar at Holiday Park Senior Center	1	60	60	10		1			
	4/17/2013	YMCA Parenting Seminar- Anxiety from Monsters Under the Bed to Preparing for College	1	58	58	15	(
	4/25/2013	Bring your Child To Work day at Suburban Hospital	1	80	80	60 55	1:		20		
Mari	4/27/2013	Health Kids Day at the YMCA	1	150	150	55		1			
way	5/1/2013	Living Single and Lovin' It seminar at Holiday Park Senior Center	1	52	52	11	2	2			
	5/8/2013	Demystifying Your Thyroid Health Seminar at Friendship Heights Village Center	1	40	40	2		1			
	5/9/2013	When your Spouse has a Stroke: For Your Partner, Yourself and Your Relationship seminar at Suburban Hospital	1	44	44 2	5	(
	5/16/2013 5/7/2013	Screening and Treatment Update for Prostate and Breast Cancers Health Seminar at Rockville Senior Center Nutrition Seminar for Men's Group at JCC of Greater Washington	1	25	2	0		•			
	5/22/2013	Easing Anxiety and Depression Health Seminar at Rockville Senior Center	1	18	18	0		1			
	5/29/2013	Rockville Senior Center Bone Density Screening for seniors	1	39	39	28	()	0		
June	6/12/2013	Breathe Easy, Breathe Better Health Seminar at Friendship Heights Village Center	1	5	5	0		1			
	6/13/2013	Stay in Sight, Keep Your Vision Right Health Seminar at Holiday Park Senior Center	1	50		10		1			
	6/13/2013	10th Annual Men's Health Symposium What Men Should Know About Their Prostates at Suburban Hospital	1	71	71	15		•			
	6/22/2013 6/27/2013	Pediatric Festival for Community at Suburban Hospital Getting Hip to Joint Surgery Health Seminar at Rockville Senior Center	1	300 58	300 58	150 2	8	-	13		
	0/21/2010			50	50	2		<u>.</u>			
		Subtotal	65	4,386	4,535	1,625	129		51		
Community Outreac	ch Walks/Fun-Runs										
	11/22/2012	30th Annual Turkey Chase	1	9,036	9,036	1807					
	5/3/2013	Avon Breast Cancer Walk	1	300	300	100	2	ļ.			
	5/11/2013	24th Annual Susan G. Koman Global Race for the Cure	1	500	500	150	9	9			
	5/18/2013	Strut Your Mutt 2013	1	1,500	1,500	150					
	5/19/2013	Girls on the Run 5K event	1	4,000	4,000	2000		1			
		Subtotal	5	15,336	15,336	4,207	14		0		
WellWorks Worksite	Programs										
	7/30/2012	CPR class for ASPHA Employees	1	14	14	0					
	7/25/2012	One on One nutrition counseling at NASDAQ	1	5	5	0					
	9/19/2012 10/4/2012 & 10/5/2012	NRC Health and Wellness Fair Worksite Wellness Health Screenings at Sports Honda and Sports Chevy	1	80 71	80 142	30 83					
	10/23/2012	Wellness Fair at Choice Hotels	1	80	80	40					
	11/15/2012	CPR training for ASPHA Employees	1	12	12	0					
	11/16/2012	1st Aid Training for ASPHA Employees	1	6	6	0					
	1/16/2013 2/7/2013	Bone Density Screening at Kenwood Country Club Wellness Fair at Marriott International	1	10 20		0 10					
	4/11/2013	City of Rockville Health Fair	1	75		30					
	4/11/2013	Secret Service Health Fair	1	25	25	20					
	4/3/2013 & 4/4/2013 4/17/2013 to 6/26/2013	World Bank Health Fair Healthy Choices Classes at Consumer Public Safety Commission	2 10	150 15	300 150	150 15					
	4/17/2013 10 0/20/2013	Cholesterol Screening at ASPHA	10	36	36	19					
	4/30/2013	Bone Density Screening at ASPHA	1	24	24	2					
	4/30/2013 5/2/2013	Spirometry Screening At ASPHA Cholesterol Screening at Consumer Public Safety Commission	1	16 22		2	:	2			
	5/7/2013	Cholesterol Screening at Consumer Public Safety Commission Cholesterol Screening at Consumer Public Safety Commission	1	22 50	22 50	5 10	2	-			
	5/15/2013	Blood Pressure Screening at Small Business Administration Health Fair	1	45	45	35					
	6/25/2013 6/25/2013	NASDAQ Spirometry Screening Health and Wellness Employee fair Bone Density Screenings at Suburban	1	6 200	6 200	0 125		1			
		Subtotal	32	962	1,318	576	4	-	-		

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
WellWorks Classes											
		CPR for Friends & Family	4	5	20	1	-				
		First Aid Basic and Adult CPR	3	6	18	-	-				
		Pediatric First Aid and CPR	1	6	6						
		Heartsaver AED Adult CPR	7	4	28	-	-				
		Community CPR	3	4	12	-					
		Nutrition Counseling	130	1	130		-				
		Healthy Choices	40	8	320		-				
		Healthy Weigh	32	7	224		-				
		Learning to Quit! You can do it! Smoking Cessation Program	21	5	105	-	-				
		Cholesterol Screening	3	7	21	-					
		Osteoporosis Screening	3	5	15	-	-				

# Date		Event	Numb Ever		# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
	Touch of Massage Relaxation class Learn to Understand your anger			1 2	6 20	6 20	-	-				
	Learn to Manage Your Anger			2	20	20	-					
	Tai Chi for Seniors			36	6	216	-					
	Qigong			24	4	96						
	Zumba Gold Balancing Act			36 12	7 9	252 108						
	Gentle Yoga for Seniors			12	9	108						
	Pilates for Seniors			48	12	576						
	Let's Beat Procrastination			2	6	12	-					
	Simplify Your Life Healthy Cooking Classes at Suburban Hospital			3 6	6 10	18 60	-					
	Mindfulness Meditation			18	6	108	-					
	RAD Self Defense class for Women			3	6	18						
		Subtotal		459	169	2,518	1					
Senior Shape Exercise Program	Class Baston Community Contor									C		
	Clara Barton Community Center Aerobics/Strength/Stretch			104	60	6,240	2,000	-		u		
	Weight Training			12	25	300	2,000					
	Potomac Community Center							-		C		
	Aerobics/Strength/Stretch Bethesda Regional Service Center			104	60	6,240	2,000					
	Aerobics/Strength/Stretch			52	40	2,080	416					
	Weight Training Gaithersburg Upcounty Senior Center			52	40	2,080	416					
	Weight Training			52	20	1,040	208					
	Flexible Strength			52	20	1,040	208					
	Stability Ball			52	20	1,040	208					
	Margaret Schweinhaut Senior Center Weight Training			52	20	1,040	416					
	Stability Ball			52	20	1,040	208					
	Holiday Park Senior Center											
	Stability Ball Advanced Weight Training			52 52	20 20	1,040 1,040	208 208					
	Weight Training			52	20	1,040	208					
	Jane E. Lawton Community Center					.,						
	Weight Training			104	30	3,120	624					
		Subtotal		844	415	28,380	7,388	-	-	-	-	-
Community Safe Sitter Classes												
	North Bethesda Middle School			3	14	42	5			C		
	Pyle Middle School Little Flower Middle School			3	15	45	10	-				
	Suburban Hospital			1 17	8 14	8 238	1 20			C		
	Gababan nospital											
		Subtotal		24	51	333	36					
Girls on the Run-Montgomery County 10/11/2012	Shoe Delivery with Girls on the Run			1	40	40	38					
10/11/2012	First Aid Classes			13	40 7	40 91	38					
	Heartsaver AED/CPR			13	7	91	8					
		Subtotal		27	54	222	54					
Landon School												
	Community CPR	Subtatal		1	4	4	-					
		Subtotal		1	4	4						
		Se	ction Sub-total 1	1,471	21,407	52,806	6,493	151	-	51	-	

#	Date	Event		Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinica \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
			SCHOOL PART	NERSHIPS	\$							
Ashburton Elementary Sch	hool Partnership											
	12/4/2012	Nutrition Seminar for Ashburton PTA		1	20	20	-	-		0		
	12/20/2012	Ashburton Chorus Visit		1	20	20	10	6		0		
		Ashburton Adopt A Family		1	38	38	38	30		20		
		Subtotal		3	78	78	48	36	-	20		
Bells Mills Elementary Sch	nool Partnership											
		Scotland Adopt A Family Holiday Program		1	26	26	26	1	5	13		
		Subtotal		1	26	26	26	15	5 (13		
Brookhaven Elementary So	chool Partnership	Adopt families for the holidays		1	34	34	34	20		15		
				·								
		Subtotal		1	34	34	34	20	-	15		
Hospital Tours												
	9/26/2012	Girls Scouts- Hospital Tour		1	18	18	3	4		0		
	12/6/2012	Bethesda Chamber of Commerce Career Day at Suburban Hospital		1	6	6	2	6		0		
	1/15/2013	Girls Scouts- 1st Aid Badge Tour		1	15	15	2	1		0		
		Subtotal		3	39	39	7	11		0		
Check It Out Breast Cance	er Awareness Progr	am- Montgomery County Public Schools										
		12 CIO Planning Meeting		1	3	3	-		1			
	10/31/20	12 CIO Materials Assembly		1	19		-					
		13 Stone Ridge School of the Sacred Heart		1	148		50		1			
		13 Hebrew Academy		1	40		-		1			
		13 Academy of the Holy Cross		1	339		100		1			
		13 Springbrook High School		1	284		100					
		13 Montgomery Blair High School 13 Gaithersburg High School		1	538 105	538 105	350 75		1			
		13 Damascus High School		1	242		125		1			
		13 John F. Kennedy High School		1	242	242	200		1			
		13 Montrose Christian School		1	207		200		1			
		13 Sandy Spring Friends School		1	73		40		1			
		13 Watkins Mill High School		1	241	241	175					
		13 Northwest High School		1	366	366	200					
		13 Yeshiva of Greater Washington		1	57		-		1			
		13 Richard Montgomery High School		1	342		250		1			
		13 CIO Luncheon		1	4	4			1			
		Subtotal		17	3,110	3,110	1,680	16	5	0		
			Section Subtotal	25	3,287	3,287	1,795	71		48		

#	Date	Event	l	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
		c	COMMUNITY PA	RTNERS	;							
Community Health and W	Vellness Partnership	s, Coalitions and Affiliations A Wider Circle										
		AARP										
		Alpha Phi Alpha Fraternity										
		American Red Cross										
		Archdioceses Healthcare Network/Catholic Charities of Washington DC BCC YMCA										
		Bethesda Cares										
		Bethesda Chevy Chase Rotary Club										
		Bethesda-Chevy Chase Chamber of Commerce										
		Boy Scouts of America Girls on the Run of Montgomery County										
		Latino Health Initiative										
		Leadership Montgomery										
		MobileMed Inc. Montgomery Cares										
		Montgomery County Cancer Coalition										
		Montgomery County Chamber of Commerce										
		Montgomery County Department of Health and Human Services										
		Montgomery County Department of Parks and Recreation Montgomery County Housing Opportunity Commission										
		Montgomery County Office on Aging										
		Montgomery County Public Schools										
		Montgomery County Stroke Association										
		Montgomery Hospice National Institutes of Health- National Heart Lung and Blood Institute										
		National Institutes of Health-National Institute of Diabetes and Digestive and Kidney Diseases										
		Primary Care Coalition										
		Project Access Proyecto Salud Clinic										
		Safe Kids Coalition										
		Safe Sitter, Inc.										
		Scotland Community Partnership										
		Washington Metropolitan OASIS YMCA Youth and Family Services.										
Community Health and W	Vellness Partnershin	s, Coalitions and Affiliations Activities										
		A Wider Circle		1	25		10					
		AARP Driver Safety Course		8	18	144	10					
		AHCN Advisory Council/Catholic Charities of Washington, DC Meetings BCC-YMCA Board		8 3	15 22		8 5					
		Bethesda Cares		1	160	160	160					
		Bethesda Chevy Chase Rotary Club Meetings and Community Development events		52	75	3,900	390					
		Bethesda-Chevy Chase Chamber of Commerce Cardiac Rehabilitation Health Initiative		2	50 300	100 300	10 150	F		1		
		Food Donation to Bethesda Cares		10	1,200	1,200	-	-				
		Girls on the Run-Montgomery County Partnership Initiative		4	5		0 15		0			
		Granito de Arena Leadership Montgomery Workgroup meeting		3 1	5	15 5	3		0	-		
		Mobile Med/NIH Heart Clinic at Suburban Hospital		51	18	936	936	20		5		
		MobileMed/NIH Endocrine Clinic at Suburban Hospital Montgomery Cares		50 4	12 15	600 60	540 15		3	3		
		Montgomery Cares Specialty Group Advisory Council		4	10	40	20	-		5		
		Montgomery County Cancer Coalition		4	16	64	64		0	()	
		Montgomery County Senior Sub-cabinet group-Health and Wellness Advisory Committee Primary Care Coalition		4	12 60	48 180	10 72	1				
		Project Access		8	10	80	30	-		-		
		Proyecto Salud Clinic -General		5	2	10	10	-		-		
		Proyecto Salud Clinic-Adopt A Family Program		1	4	4	4			12		
Community Benefit Operation	ations	Subtotal		228	2,039	8,077	2,462	29		25		
		Suburban Hospital Community Benefit Advisory Council		5	8	40	4	3		7		
		Subtotal		5	8	40	4	3	1	7		
Community Health and W	Vellness State & Cou											
		Latino Health Initiative CHIP Community Health Improvement Process		10 4	12 45	120 180	120 75		0	-		
		· · · · · · · · · · · · · · · · · · ·			10			-		-		

#	Date	Event		Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical Volunteer Nor \$/hour Clinical	Volunteer Non- Clinical \$/hour	Contributions
		Subtotal		14	57	300	195	-		-	
Partnership Meetings he	eld at Suburban										
	4/18/2013 & 4/19/2013 The Mindfulnes	s Center - Mind-Body Week DC 2013		2	155	311	63			2	
	10/23/2012 MobileMed Ann	nual Meeting		1	125	125	93			2	
	4/6/2013 Girls on the Ru	n Education Event		1	24	24				-	
		Subtotal		4	304	460	156	-		4	
			Section Subtotal	251	2,408	8,877	2,817	32	: :	6	

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical Volunteer No \$/hour Clinical	n- Volunteer Non- Clinical \$/hour	Contributions
		SOUTHERN MARYLA		TIVES						
Prince George's Cou										
Ongoing Cardiac Init	tiatives & Partnership Pro									
	Twice Weekly Once a Week	Senior Shape Exercise Class at Gwendolyn Britt Senior Activity Center	104 37	30 8	3,120	2,496 148				
	Once a Week	Senior Shape Floor Exercise Class at PG Plaza Community Center (7/1/2012-3/26/2013) Tai Chi Class at Gwendolyn Britt Senior Activity Center	52	10	296 520	390				
	9/29/2012	Women's Wellness Day: Steps to Living a Healthier Life Symposium	52	150	150	150				
Screenings	5/25/2012	Women's Weiness Day. Steps to Living a realiner Life Symposium		150	150	150				
ocicennigs	Every Monday	Blood Pressure Screenings at Prince George's County Glenarden Nutrition Program	52	16	832	832			0	
	Every Tuesday	Blood Pressure Screenings at Gwendolyn Britt Senior Activity Center	52	10	884	707			0	
	Every Tuesday	Blood Pressure Screenings at PG Plaza Community Center	52	16	832	582			0	
	Once a month (Thurs.)	Blood Pressure Screenings at Spellman House Apts in partnership with Capital Area Food Bank	12	23	276	248			0	
	Once a month (Wed.)	Blood Pressure Screening at Langley Park Senior Activity Center	12	16	196	118			0	
	9/15/2012	Waist Circumference and BMI/Body Fat Screening at First United Methodist Church of Hyattsville health fair	1	50	50	50				
	9/19/2012	Blood Pressure Screening at Spellman House Apartments/College Park Community Health Fair	1	20	20	15				
	10/23/2012	Gwendolyn Britt Senior Shape Fitness Health Assessment	1	32	32	26				
	11/7/2012	Waist Circumference at Langley Park Senior Activity Center	1	21	21	17 48				
	11/11/2012 11/14/2012	Blood Pressure & Body Fat/BMI Screening at Health Check 2012 at Langley Park Community Center Suitland Dine & Learn Mini-Health Screening: Blood Pressure, Weight and Waist Circumference	1	50 24	50 24	48 23			0	
	2/13/2012	National Heart Month! Body Fat Composition and Body Mass Index (BMI) Screening	1	10	10	23 10			0	
	2/13/2013	Total Cholesterol, Blood Pressure, Waist Circumference and Weigh-In Screening for Suitland Dine and Learn Program		10	10	10			0	
	2/27/2013	(Pre-test)	1	24	24	24			0	
	4/20/2013	Total Cholesterol Screening at 6th Annual PG Parks and Recreation Health Fair	1	36	36	26			0	
	4/30/2013	Gwendolyn Britt Senior Shape Fitness Health Assessment	1	23	23	18			0	
	5/5/2013	BP and Body Frame Size Screening at Langley Park Health Day 2013	1	40	40	40			0	
	5/22/2013	Total Cholesterol Screening at PG County Senior Health and Fitness Day	1	62	62	58			0	
		BP Screening at CDC, Federal Emergency Management Agency- Maryland National Processing Service Center (FEMA	-							
	5/30/2013	MDNPSC), and Bureau of Fiscal Services (Department of Treasury) Annual Health & Wellness Expo	1	30	30	25			0	
		Total Cholesterol, Blood Pressure, Waist Circumference and Weigh-In Screening for Suitland Dine and Learn Program								
	6/26/2013	(Post-test)	1	22	22	21				
Worksite Wellness									0	
	5/00/0010	CDC, Federal Emergency Management Agency- Maryland National Processing Service Center (FEMA-MDNPSC), and		100	100	75			0	
	5/30/2013	Bureau of Fiscal Services (Department of Treasury) Annual Health & Wellness Expo	1	100	100	75			0	
Presentations/Semin	7/27/2012	Senior Shape Summer Hydration Seminar and Luncheon	4	15	15	9				
	2/21/2012	11th Annual Women's Symposium: Affairs of the Heart	1	15	15	9				
	Monthly	Gwendolyn Britt Senior Activity Center Health Seminar Series (see below topics)	1	5	5	5				
	7/11/2012	Mindfulness Meditation	1	15	15	12				
	9/12/2012	Know the 10 Signs of Alzheimer's Disease: Early Detection Matters	1	27	27	25				
	10/10/2012	The Weight of the Nation Film Screening and Discussion: Consequences	1	12	12	12				
	11/14/2012	Make Your Heart Smile	1	20	20	17				
	12/12/2012	Love Your Heart Holiday Celebration	1	20	20	18				
	1/9/2013	New Year, New You: Mindfulness Meditation	1	30	30	25				
	3/13/2013	Eat Right, Your Way, Every Day Cooking Demo	1	25	25	22				
	6/12/2013	The Healthy Side of Container Gardening	1	16	16	15				
	Monthly	Suitland Dine & Learn Program: (see below topics)								
	7/25/2012	The Thrill of the Grill Bactice Distortion	1	28 31	28 31	27 30				
	8/22/2012 9/26/2012	Portion Distortion Solution The Food Label Breakdown	1	31 38	31 38	30 38				
	9/26/2012	Sugar & Spice	1	20	20	20			0	
	11/14/2012	Holiday Food Hang-Ups	1	33	33	32			0	
	1/23/2013	New Year! Smart Start by Balancing Calories	1	14	14	13			0	
	2/27/2013	The Beat Goes On! Caring for Your Heart	1	37	37	37			õ	
	3/27/2013	Let's Eat for the Health of It!	1	16	16	15			0	

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
	4/24/2013	Spring Clean Your Diet: Eat Right, Your Way, Every Day	1	18	18	18			0		
	5/22/2013	"Sea" Food Differently	1	21	21	21			0		
	6/26/2013	Farm to Table Freshness	1	31	31	31			0		
	Monthly	Langley Park Senior Activity Senior Health Seminar Series (see below topics)									
	9/26/2012	Active Aging Week Cooking Demo: The Vit-A-Min Look	1	40	40	34					
	10/17/2012	Take a Deep Breath to Health!	1	17	17	13					
	11/7/2012	Waist Circumference Screening	1	21	21	17					
	12/5/2012	Heart Healthy Holiday Celebration	1	30	30	24					
	2/6/2013	Keep Your Heart Smart	1	17	17	14					
	4/17/2013	Body Fat Composition and BMI Screening	1	13	13	9					
	5/15/2013	Let's Eat for the Health of It! Cooking Demonstration	1	22	22	18					
Meetings/Conference	Calls										
	Monthly	Reminder communications to Suitland Dine and Learn participants	11	20	220	209					
	Multiple in 9/2012	Meetings with Gertie Hurley, community partner	3	3	3	3					
	9/13/2012	Meeting with Suburban Cardiac Nurse for seminar planning in PG County	1	1	1	0					
	10/18/2012 & 12/7/2012	Suitland Dine and Learn 2013 Planning Conference Calls	2	6	6	2					
	12/4/2012	Suitland Community Center Healthy Trails Initiative Planning Meeting	1	6	6	4					
	1/13/2013	Communications for planning nutrition education for Youth Garden Program	2	8	8	2					
	6/1/2013	Conference Calls with Gertie Hurley, community partner	2	2	2	2					
Health Fairs											
	9/15/2012	Health Fair at First United Methodist Church of Hyattsville	1	150	150	150					
	9/19/2012	Spellman House Apartments/College Park Community Health Fair	1	40	40	36					
	11/11/2012	Health Check 2012 at Langley Park Community Center	1	200	200	185			0		
	1/5/2013	Suitland Community Center Healthy Trails Initiative and cooking demo	1	50	50	50			0		
	4/20/2013	6th Annual PG Parks and Recreation Health Fair - Fairland Sports & Aquatics Complex	1	200	200	150			0		
	5/5/2013	Langley Park Health Day 2013 Health Fair	1	100	100	95			0		
	5/22/2013	PG County Senior Health and Fitness Day	1	1000	1000	800			0		
Community Health Ne	eds Assessment										
-	10/1/2012	Distribution/Data Collection of Community Health Needs Assessment	1	96	96	90					
Calvert County											
Ongoing Cardiac Initia	atives & Partnership Prog	rams									
	2/28/2013	BP Kit Program - newly added Patuxent UMC and St. Mary of the Assumption Church	1	3	3	3					
	6/19/2013	Bethel Way of the Cross - My Medical Health Record Cards for distribution with BP Kit Program	1	200	200	200			0		
	Twice a Week	"Walking Away the Pounds" Weight-Lifting exercise class at Mt. Olive United Methodist Church	96	6	576	576					
Screenings				-							
90	Monthly	Blood Pressure at Our Lady Star of the Sea Catholic Church, Solomons, MD	12	23	279	28			-		

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical			lunteer Non- Clinical \$/hour	Contributions
	Monthly	Blood Pressure at Middleham/St. Peter's Parish, Lusby, MD and SMILE	12	14	171	43			-		
	Monthly	Blood Pressure at Huntingtown United Methodist Church, Huntingtown, MD	12	12	142	45			-		
	Monthly	Blood Pressure at Crossroad Christian Church, St. Leonard, MD	12	16	196	137			-		
	Monthly	Blood Pressure at Waters Memorial United Methodist Church, St. Leonard, MD	12	11	137	3			0		
	Monthly	Blood Pressure at Patuxent United Methodist Church, Huntingtown, MD (began March 2013)	4	10	40	40					
	Monthly	Blood Pressure at St. Mary of the Assumption, Upper Marlboro, MD (began March 2013)	4	8	32	32					
	Monthly	Weigh-Ins at Crossroad Christian Church, St. Leonard, MD	1	49	49	34					
	4/21/2013	Total Cholesterol Screening at Crossroad Christian Church, St. Leonard, MD	1	8	8	5					
	6/29/2013	Total Cholesterol Screening at Brooks United Methodist Church Health Fair, St. Leonard, MD	1	28	28	28			0		
Health Fairs											
	4/21/2013	Mini-health fair at Crossroad Christian Church, St. Leonard, MD	1	15		9					
	6/29/2013	1st Annual Community Health Fair at Brooks United Methodist Church, St. Leonard, MD	1	28	28	28					
Meetings/Conference Calls											
	Monthly	The Health Ministry Team Network Meetings at Calvert Memorial Hospital	10	16	165	83			0		
	Quarterly	Conference Calls with Ginger Sauer from Crossroad Christian Church	4	1	4	0			0		
St. Mary's County											
Ongoing Cardiac Initiatives	& Programs										
	10/19/2012	MedStar St. Mary's Hospital - Purchase of home scales for the Congestive Heart Failure Program	1	70	70	35			0		
Meetings/Conference Calls											
	12/13/2012	Communications for funding the Congestive Heart Failure Program Patient Scales at MedStar St. Mary's Hospital	2	2	2	0			0		
		Section Subtotal	: 635	3,864	12,509	9,825	3	3	0		

Community Donations/ Community Contributions

Validatio	on Parking Stickers for Mobile Med/NIH Endocrine Clinic	\$5,754.00
Cost for	Health Screenings at Ama Tu Vida	\$2,594.00
	for Ama Tu Vida	\$668.85
Commur	nity Contribution to Girls on the Run in Montgomery County	\$3,658.90
Support	for 2012-2013 Rotary Foundation Community Grants-Strut Your Mutt	\$500.00
Sponsors	rship of YMCA parenting seminar "Sharing the Task of Parenting"	\$1,000.00
Food for	r the Women's Health Symposium- Wine and Chocolate Tasting	\$1,850.00
Food for	r the Men's Heath Symposium	\$750.00
Sponsors	rship of YMCA parenting seminar "From Monsters in the Bed to Preparing for College"	\$400.00
Sponsors	rship for YMCA Turkey Chase 2012	\$2,500.00
Instructo	ors for Senior Shape Classes in Montgomery County	\$39,340.00
Instructo	ors for Girls on the Run CPR and 1st aid classes	\$2,984.00
Nutrition	n Speaker for Ashburton Elementary School PTA	\$90.00
Blood Pr	ressure Cards	\$500.00
Facility F	Rental for Senior Shape Classes at Potomac Community Center	\$600.00

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
	Vital Monitors for MobileMed clinics										\$2,259.36
	Financial Support to Proyecto Salud										\$100,000.00
	Support for Stepping Out Mall Walking Brea	akfast									\$450.00
	Support to A Wider Circle										\$1,000.00
	T-shirts for the Cardiac Rehabilitation Initiat	live									\$4,936.00
	Photography of Senior Shape Classes										\$1,050.00
	Photography for Girls on the Run Shoe Deli										\$175.00
		g for the Prince George's County Senior Health and Fitness Day									\$150.00
	Printing costs for ED-PC Connect										\$100.00
	Support to Suitland Dine and Learn Program										\$1,650.00
	Food Expenses for Suitland Dine and Learn										\$1,026.73
		s at Gwendolyn Britt and Floor Exercise at PG Plaza in Prince George's County									\$5,535.00
		vendolyn Britt Senior Activity Center in Prince George's County									\$1,720.00
		ey Park Senior Activity Centers Health Seminar Series									\$560.00
		ndolyn Britt & Langley Park Senior Activity Centers Health Seminar Series									\$204.43
	St. Mary's Hospital Home Scales Purchase	(70)									\$1,881.50

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Clinical \$/hour	Volunteer Non- Clinical	Volunteer Non- Clinical \$/hour	Contributions
	2/27/2013 Total Cholesterol at S 4/20/2013 Total Cholesterol at 6 4/21/2013 Total Cholesterol at 0 5/22/2013 Total Cholesterol at P 6/26/2013 Total Cholesterol at S	scopes and BP cuffs for BP Kit Program in Calvert County Suitland Dine & Learn Program (24) Ish Annual Health Fair at Fairland Sports and Aquatics (36) Trossroad Christian Church Calvert Co (8) G° County Senior Health and Fitness Day (62) Suitland Dine & Learn Program (22) Brooks United Methodist Church Calvert Co (28)									\$167.26 \$100.56 \$150.84 \$33.52 \$259.78 \$92.18 \$117.32

TOTAL

GRAND TOTAL	2,729	34,883	86,610	24,468	298	137	\$186,809.23