

Holy Cross Hospital

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1. COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Holy Cross Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210004	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Trinity Health.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 403 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 20705, 20707, 20740, 20770, 20782, 20783, 20851, 20852, 20853, 20866, 20895, 20901, 20902, 20903, 20904, 20905, 20906, 20910, 20912	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital shares some or all of its primary service area with the following hospitals: Adventist HealthCare Shady Grove Medical Center, Doctors Community Hospital, Holy Cross Germantown Hospital, MedStar Montgomery Medical Center, Suburban Hospital, UM Laurel Regional Medical Center, Washington Adventist Hospital	<input checked="" type="radio"/>	<input type="radio"/>	

Q3. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Sources Healthy Montgomery - www.healthymontgomery.org PGHealthZone - www.pghealthzone.org Maternal and Infant Health 1 Increase percent of mothers receiving early prenatal care - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VA; 2013-2015 2 Reduce the percent of low birth weight infants - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VA; 2013-2015 3 Increase life expectancy - Source: Maryland Department of Health and Mental Hygiene; 2013-2015 4 Decrease fall related deaths - Source: Maryland Department of Health and Mental Hygiene; 2012-2014 Cardiovascular Health Decrease heart disease mortality - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VA; CDC/U.S. Census bridged Population Files; 2013-2015 7 Decrease stroke mortality - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VA; CDC/U.S. Census bridged Population Files; 2013-2015 8 Decrease percent of adults told by health professional they have high blood pressure - Source: Maryland Behavioral Risk Factor Surveillance System; 2015 Obesity 9 Decrease percent of students with no participation in physical activity - Maryland YRBS; 2013 10 Decrease percent of students who are obese - Maryland YRBS; 2013 11 Increase percent of students who drank no soda or pop in the past week - Maryland YRBS; 2013 12 Decrease number of adults ever being told they have diabetes (excluding gestational) - Source: Maryland Behavioral Risk Factor Surveillance System; 2015 13 Decrease ER visits for diabetes - Source: MCDHHS/PHS/Planning & Epidemiology; HSCRC; CDC/U.S. Census bridged Population Files; 2013-2015 Behavioral Health 14 Decrease adolescent and adult illicit drug use in past month (12 or older) - Source: National Survey on Drug Use and Health; 2012-2014 15 Decrease percent of adults with any mental illness in past year - Source: National Survey on Drug Use and Health; 2012-2014 16 Decrease mental health related ER visits - Source: MCDHHS/PHS/Planning & Epidemiology; HSCRC; CDC/U.S. Census bridged Population Files; 2013-2015 17 Decrease suicide rate - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VA; CDC/U.S. Census bridged Population Files; 2013-2015 Cancers 18 Increase colorectal cancer screening (colonoscopy or sigmoidoscopy) - Source: Maryland Behavioral Risk Factor Surveillance System; 2014 19 Increase percent of women who have had a Pap in past three years - Source: Maryland Behavioral Risk Factor Surveillance System; 2014 20 Decrease prostate cancer incidence - Source: National Cancer Institute; 2010-2014 Decrease breast cancer mortality - Source: MCDHHS/PHS/Planning & Epidemiology; Maryland DHMH/VA; CDC/U.S. Census bridged Population Files; 2013-2015

Q5. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

[Community Benefit Workplan Dashboard - CY2018.xlsx](#)

81.1KB

application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

Q6. Please select the county or counties located in your hospital's CBSA.

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

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

Q7. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q8. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q9. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

20705

20833

20853

20871

20882

20903

20707

20837

20854

20872

20886

20904

20812

20838

20855

20874

20889

20905

20814

20839

20860

20876

20895

20906

20815

20841

20861

20877

20896

20910

- | | | | | | |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input checked="" type="checkbox"/> 20816 | <input type="checkbox"/> 20842 | <input type="checkbox"/> 20862 | <input checked="" type="checkbox"/> 20878 | <input type="checkbox"/> 20899 | <input checked="" type="checkbox"/> 20912 |
| <input checked="" type="checkbox"/> 20817 | <input checked="" type="checkbox"/> 20850 | <input checked="" type="checkbox"/> 20866 | <input checked="" type="checkbox"/> 20879 | <input checked="" type="checkbox"/> 20901 | <input type="checkbox"/> 21771 |
| <input type="checkbox"/> 20818 | <input checked="" type="checkbox"/> 20851 | <input type="checkbox"/> 20868 | <input type="checkbox"/> 20880 | <input checked="" type="checkbox"/> 20902 | <input type="checkbox"/> 21797 |
| <input checked="" type="checkbox"/> 20832 | <input checked="" type="checkbox"/> 20852 | | | | |

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

- | | | | |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 20601 | <input checked="" type="checkbox"/> 20712 | <input checked="" type="checkbox"/> 20743 | <input checked="" type="checkbox"/> 20772 |
| <input type="checkbox"/> 20607 | <input type="checkbox"/> 20715 | <input type="checkbox"/> 20744 | <input checked="" type="checkbox"/> 20774 |
| <input type="checkbox"/> 20608 | <input checked="" type="checkbox"/> 20716 | <input type="checkbox"/> 20745 | <input checked="" type="checkbox"/> 20781 |
| <input type="checkbox"/> 20613 | <input checked="" type="checkbox"/> 20720 | <input checked="" type="checkbox"/> 20746 | <input checked="" type="checkbox"/> 20782 |
| <input type="checkbox"/> 20623 | <input checked="" type="checkbox"/> 20721 | <input checked="" type="checkbox"/> 20747 | <input checked="" type="checkbox"/> 20783 |
| <input checked="" type="checkbox"/> 20705 | <input checked="" type="checkbox"/> 20722 | <input checked="" type="checkbox"/> 20748 | <input checked="" type="checkbox"/> 20784 |
| <input checked="" type="checkbox"/> 20706 | <input type="checkbox"/> 20735 | <input type="checkbox"/> 20762 | <input checked="" type="checkbox"/> 20785 |
| <input checked="" type="checkbox"/> 20707 | <input checked="" type="checkbox"/> 20737 | <input checked="" type="checkbox"/> 20769 | <input checked="" type="checkbox"/> 20904 |
| <input checked="" type="checkbox"/> 20708 | <input checked="" type="checkbox"/> 20740 | <input checked="" type="checkbox"/> 20770 | <input checked="" type="checkbox"/> 20912 |
| <input checked="" type="checkbox"/> 20710 | <input checked="" type="checkbox"/> 20742 | <input checked="" type="checkbox"/> 20771 | |

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q26. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q31. How did your hospital identify its CBSA?

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

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

Based on patterns of utilization. Please describe.

The CBSA was identified using the top 85% of discharges; the primary CBSA represents 60% of discharges and the remaining discharges were allocated to the secondary CBSA.

Other. Please describe.



Q32. Provide a link to your hospital's mission statement.

<http://www.holycrosshealth.org/mission-values-and-role>

Q33. Is your hospital an academic medical center?

- Yes
 No

Q34. (Optional) Is there any other information about your hospital that you would like to provide?

Holy Cross Health is a Catholic not-for-profit health system based in Montgomery County, Maryland that has nearly 200,000 patient visits each year. We offer a full range of inpatient, outpatient, and innovative community-based services and are the region's only four-time winner of The Joint Commission's highest quality award. Holy Cross Health has a 1,425 member medical staff, employs more than 4,100 people, has more than 600 volunteers and is the only healthcare provider in Maryland to receive the Workplace Excellence Seal of Approval Award each year since 1999 from the greater Washington, D.C., Alliance for Workplace Excellence. Holy Cross Health is comprised of Holy Cross Hospital, Holy Cross Germantown Hospital, Holy Cross Health Network and the Holy Cross Health Foundation. Holy Cross Hospital: Located in Silver Spring, Holy Cross Hospital is one of the largest hospitals in Maryland. Founded more than 50 years ago in 1963 by the Congregation of the Sisters of the Holy Cross, today Holy Cross Hospital is a teaching hospital with 395 adult licensed beds, a neonatal unit with 113 newborn bassinets, 46 neonatal intensive care unit bassinets and an on-site obstetrics/gynecology outpatient clinic for uninsured women. The hospital offers a full range of inpatient and outpatient services, with specialized expertise in senior services, women and infant services, surgery (particularly gynecological), neuroscience, and cancer. In 2015, with the largest expansion in its 50-year history, Holy Cross Hospital joined Holy Cross Germantown Hospital as the only area hospitals to offer private rooms to all patients. The new seven-story patient care building, the South Building, added 232,000 square feet to the hospital. The "green" design meets all the latest standards for sustainability and obtained Leadership in Energy and Environment Design (LEED) Gold certification. Holy Cross Germantown Hospital: In October 2014, Holy Cross Health opened Holy Cross Germantown Hospital, the first new hospital in Montgomery County in 35 years. The hospital serves the most rapidly growing region in the county and provides access to high-quality care in an area that had previously been, by far, the largest concentration of people without a hospital in the state. Holy Cross Germantown Hospital has 65 adult licensed beds and a neonatal unit with 17 newborn bassinets and eight special care nursery bassinets. The hospital offers emergency, medical, surgical, obstetric, neonatal and psychiatric care to meet a full range of community needs. All patient rooms are private to enhance patient safety and satisfaction, as well as patient, family and visitor comfort. The facility features sustainable design elements that achieved Leadership in Energy and Environmental Design (LEED) Gold certification. Holy Cross Health Network: Established in 2012, Holy Cross Health Network is an operating division within Holy Cross Health that is focused on creating the relationships and programs that will help Holy Cross Health better manage care in the communities it serves. Holy Cross Health Network operates Holy Cross Health Centers in Aspen Hill, Gaithersburg, Germantown, and Silver Spring. These primary care sites serve low-income patients who are uninsured or are enrolled in Maryland Physician's Care, a Maryland Medicaid managed care organization. Holy Cross Health Network also operates Holy Cross Health Partners at Asbury Methodist Village and in Kensington, primary care practices specializing in internal medicine and geriatrics, and manages all of Holy Cross Health's community health programs and outreach. Beyond our campuses, we provide service at multiple locations, including a vital aging center for seniors. We offer more than 50 different types of health and wellness classes at various locations throughout the region and have established a geographic presence at 24 sites that host our senior exercise program and in multiple faith-based organizations through our faith community nurse program. Holy Cross Health Foundation: The Holy Cross Health Foundation is a not-for-profit organization devoted to raising philanthropic funds to support the mission of Holy Cross Health and to improve the health of the community. Contributions to the foundation help Holy Cross Health invest in new technologies, nursing education, clinical services, community benefit programs, renovations, and new construction. The Campaign for Holy Cross supported the construction of Holy Cross Germantown Hospital and the new patient care building at Holy Cross Hospital.

Q35. (Optional) Please upload any supplemental information that you would like to provide.

Q36. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
 No

Q37. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question does not display until the respondent.

Q38. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

10/27/2011

Q39. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

10/13/2016

Q40. Please provide a link to your hospital's most recently completed CHNA.

http://www.holycrosshealth.org/documents/community_involvement/FY17CHNA_HolyCrossHospital.pdf

Q41. Did you make your CHNA available in other formats, languages, or media?

- Yes
 No

Q42. Please describe the other formats in which you made your CHNA available.

Print

Q43. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

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

Q44. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: Suburban Hospital, Medstar Montgomery Medical Center, Adventist Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health and Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Maryland Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Maryland Department of Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Maryland Department of the Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here: Georgetown School of Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Dental School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School - Pharmacy School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Behavioral Health Organizations -- Please list the organizations here: EveryMind	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Service Organizations -- Please list the organizations here: ICF International, Primary Care Coalition of Montgomery County	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Acute Care Facilities -- please list the facilities here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community/Neighborhood Organizations -- Please list the organizations here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other -- If any other people or organizations were involved, please list them here: Holy Cross Health External Review Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
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Q45. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q46. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

10/12/2017

Q47. Please provide a link to your hospital's CHNA implementation strategy.

http://www.holycrosshealth.org/documents/community_involvement/HCH_2018-2020_ImplementationStrategy.pdf

Q48. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question does not display to the respondent.

Q49. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

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

Q50. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Over the past six years, Healthy Montgomery, the Montgomery County hospital systems, and other non-profit organizations have been implementing programs and services to address the unmet needs identified through the community health improvement process identified during the first CHNA cycle and the current cycle. Below is a compilation of the results from the Healthy Montgomery core measures data that was used to monitor progress made from the first cycle of the community health improvement process (2009-2012) and the second cycle (2012-2015). ARE WE MAKING PROGRESS? Among the 37 Healthy Montgomery core measures 18 are improving, 18 are worsening, and one could not be assessed since it has had no further updates after its baseline. Among the two Holy Cross Health Core measures for seniors, one is improving and one is worsening. A list of which indicators are improving and which are worsening can be found in the Health Indicators section of this document. ARE WE ACHIEVING EQUITY? Of the 34 measures that could be evaluated based on differences across racial/ethnic subgroups, 31 measures had results for White residents, 32 measures had results for African American/Black residents, 26 measures had results for Asian/Pacific Islander residents, and 31 measures had results for Hispanic residents. Results showed Black/African American residents experiencing a widening disparity 38% of the time, the highest proportion of measures across all racial/ethnic groups. Black/African American residents also had the highest proportion of core measures with results that showed their disparity was narrowing at 63% (Healthy Montgomery, 2016).

Q51. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Holy Cross Health has been conducting needs assessments for more than 15 years and identifies unmet community health care needs in our community in a variety of ways. We collaborate with other healthcare providers to support Healthy Montgomery, Montgomery County's community health improvement process. We seek expert guidance from a panel of external participants with expertise in public health and the needs of our community and gather first-hand information from community members through community conversations facilitated by Healthy Montgomery staff members and the Montgomery County Department of Health and Human Services. We review other available reports and needs assessments and use them as reference tools and to identify unmet need in various populations. We also use the Community Need Index to geographically identify high need communities in need of programs and services and use internal data sources to conduct an extensive analysis of demographics, health indicators and other determinants of health for the communities we serve.

Q52. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q53. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area Agency on Aging -- Please list the agencies here: Montgomery County Area Agency on Aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner to deliver CB initiatives
Local Govt. Organizations -- Please list the organizations here: See CHNA Implementation Strategy Annual Report (attached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner to deliver CB initiatives
Faith-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner to deliver CB initiatives
School - K-12 -- Please list the schools here: Montgomery County Public School System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partner to deliver CB initiatives

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q55. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

Q56. Does your hospital conduct an internal audit of the community benefit narrative?

- Yes
- No

Q57. Please describe the community benefit narrative review process.

The HSCRC narrative is included in the annual community benefit plan and undergo a series of internal reviews prior to the final review and approval made by the Holy Cross Health Board of Directors. The annual community benefit plan was written by the community benefit officer and reviewed by the President, Holy Cross Health Network. The community benefit plan was then reviewed by the CEO Review Committee on Community Benefit and Population Health, followed by review and approval by the Mission and Population Health Committee of the Board of Directors. If the Mission and Population Health Committee of the Board of Directors approves the report, it is then recommended for approval by the full Holy Cross Health Board of Directors.

Q58. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- Yes
- No

Q59. Please explain:

This question was not displayed to the respondent.

Q60. Does the hospital's board review and approve the annual community benefit narrative report?

- Yes
- No

Q61. Please explain:

This question was not displayed to the respondent.

Q62. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q63. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

We fully integrate our commitment to community service into our management and governance structures as well as our strategic and operational plans and we are rigorous in monitoring and evaluating our progress. We focus our community benefit activity at the intersection of documented unmet community health needs and Holy Cross Health's organizational strengths and mission commitments. Our community benefit plan is closely aligned with Holy Cross Health's population health management plan and complements our other key planning documents including the budget, the human resources plan and the quality plan. Our annual planning of community benefit programs is guided by the strategic plan. Holy Cross Health's fiscal 2015-2018 strategic plan identifies three strategic principles that frame our response to the evolving environment. The first and third principles align most directly to our work in community benefit. • Attract more people, serve everyone • Manage quality, costs and revenue effectively • Improve and sustain individual and community health through innovation, alignment and partnership These principles provide a context for the plan's seven strategic actions, including the following one specifically focused on community benefit. • Improve the health status of our community, particularly those most at risk, by targeting identified community health needs: - Provide health services and care coordination to people who lack insurance - Address outcome disparities by linking underserved populations to services and self-care programs - Lead in community health improvement through education, advocacy, innovation and resource commitment

Q64. (Optional) If available, please provide a link to your hospital's strategic plan.

<http://www.hscrc.state.md.us/documents/md-maphs/plan/stp/Holy%20Cross%20Hospital/2.%20HC-Strategic%20Plan-FINAL.pdf>

Q65. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Holy Cross Health has been conducting needs assessments for more than 15 years and identifies unmet community health care needs in our community in a variety of ways. One way we identify community need is by collaborating with other healthcare providers to support Healthy Montgomery, Montgomery County's Community Health Improvement Process and Local Health Improvement Coalition. Healthy Montgomery is under the leadership of the Healthy Montgomery Steering Committee, which includes the planners, policy makers, health and social service providers, and community members listed below. It is an ongoing process that includes periodic needs assessments, identification of indicators to monitor for improvement, selection of health priorities, development and implementation of improvement plans and monitoring of the resulting achievements. The Holy Cross Health Network leads the development of the community benefit plan, including the development and analysis of the community health needs assessment. The interdepartmental CEO Review Committee on Community Benefit and Population Health provides guidance and expectations, including the annual implementation work plan, and monitors progress toward goals and targets on a quarterly basis. In addition to providing guidance and expectations, the CEO Review Committee on Community Benefit and Population Health also prioritizes the unmet needs identified in the community health needs assessment. Each member rates each priority on the following criteria: severity of the need, feasibility of our organization to address the need, and the potential each need has for achievable and measurable outcomes. Each need is also scored on its prevalence in the population served. The scores are then added together and ranked from highest to lowest score. The priority with the highest score is the highest ranked priority.

Q66. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q67. Based on the implementation strategy developed through the CHNA process, please describe three ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q68. Initiative 1

Q69. Name of initiative.

Holy Cross Health Maternity Partnership

Q70. Does this initiative address a need identified in your CHNA?

Yes

No

Q71. Select the CHNA need(s) that apply.

Access to Health Services: Health Insurance

Access to Health Services: Practicing PCPs

Access to Health Services: Regular PCP Visits

Access to Health Services: ED Wait Times

Adolescent Health

Arthritis, Osteoporosis, and Chronic Back Conditions

Blood Disorders and Blood Safety

Cancer

Chronic Kidney Disease

Community Unity

Dementias, Including Alzheimer's Disease

Diabetes

Disability and Health

Educational and Community-Based Programs

Emergency Preparedness

Environmental Health

Family Planning

Food Safety

Genomics

Global Health

Health Communication and Health Information Technology

Health-Related Quality of Life and Well-Being

Hearing and Other Sensory or Communication Disorders

Heart Disease and Stroke

HIV

Immunization and Infectious Diseases

Injury Prevention

Lesbian, Gay, Bisexual, and Transgender Health

Maternal and Infant Health

Mental Health and Mental Disorders

Nutrition and Weight Status

Older Adults

Oral Health

Physical Activity

Preparedness

Respiratory Diseases

Sexually Transmitted Diseases

Sleep Health

Social Determinants of Health

Substance Abuse

Telehealth

Tobacco Use

Violence Prevention

Vision

Wound Care

Other. Please specify.

Q72. When did this initiative begin?

07/01/1999

Q73. Does this initiative have an anticipated end date?

The initiative will end on a specific end date. Please specify the date.

The initiative will end when a community or population health measure reaches a target value. Please describe.

The program will offer services to low-income, pregnant women who lack health insurance and do not qualify for federal, state or county health plans until there is no longer a need.

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

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

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

Other. Please explain.

Q74. Enter the number of people in the population that this initiative targets.

In Montgomery County, approximately 202,547 women are between the ages of 15-44; of whom approximately 7.4% are uninsured (SAHIE, 2016)

Q75. Describe the characteristics of the target population.

The target population is low-income, pregnant women who lack health insurance and do not qualify for federal, state or county health plans.

Q76. How many people did this initiative reach during the fiscal year?

940

Q77. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Prenatal care-based intervention: treatment intervention

Q78. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Montgomery County Maternity Partnership

No.

Q79. Please describe the primary objective of the initiative.

To offer prenatal services to low-income, pregnant women who lack health insurance.

Q80. Please describe how the initiative is delivered.

The program provides prenatal care, routine laboratory tests, prenatal classes, and a dental screening by a dental hygienist, if referred.

Q81. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

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

Q82. Please describe the outcome(s) of the initiative.

The Holy Cross Health Maternity Partnership delivered 932 babies with a low birth weight (<2500 gms) rate of 3.3%.

Q83. Please describe how the outcome(s) of the initiative addresses community health needs.

The outcomes of the initiative addresses the Maternal and Infant Health priority of the needs assessment by providing prenatal care to uninsured women.

Q84. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$555,000 (cost) 290,000 (offsetting revenue)

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

Senior Fit

Q88. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q89. Select the CHNA need(s) that apply.

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status

- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Emergency Preparedness
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health Information Technology
- Health-Related Quality of Life and Well-Being
- Hearing and Other Sensory or Communication Disorders
- Older Adults
- Oral Health
- Physical Activity
- Preparedness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q90. When did this initiative begin?

07/01/1995

Q91. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

This initiative will continue as long as there are operating and grant funds to support the program

Q92. Enter the number of people in the population that this initiative targets.

Approximately 150,000 of Montgomery County residents and 111,000 of Prince George's County residents are aged 65 and over

Q93. Describe the characteristics of the target population.

Senior Fit targets Montgomery County and Prince George's County residents who are 55 years of age and older. It is a minority majority program that serves a diverse population and makes physical activity accessible for older adults.

Q94. How many people did this initiative reach during the fiscal year?

2,500

Q95. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q96. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

Kaiser Permanente of the Mid-Atlantic States, National Lutheran Communities & Services, Montgomery County Department of Recreation, Maryland National Capital Park and Planning Commission, Faith-Based Organizations and Retirement Communities

- No.

Q97. Please describe the primary objective of the initiative.

To provide fitness classes for older adults to minimize symptoms of chronic disease and enhance self-management, improve strength and flexibility, cardiovascular endurance and balance

Q98. Please describe how the initiative is delivered.

Senior Fit is a free, 45-minute exercise class that has 69 classes offered at 24 community based sites each week, serving more than 1,200 seniors 55 and older throughout Montgomery and Prince George's counties.

Q99. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

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

Q100. Please describe the outcome(s) of the initiative.

In FY15, 647 participants took the Rikli and Jones Senior Fitness Test, an evidence-based functional fitness test that measures upper body strength (arm curl), lower body strength (chair stand) speed and agility (8 foot up and go) and upper body flexibility (back scratch). A total of 87% of participants scored above standard on all four tests. The area which needed the most improvement was upper body flexibility, where 12% of participants were identified as "at risk" for range of motion in the upper body. In FY17, 900 participants completed the qualitative evaluation, 82% reported an improvement in blood pressure, 81% reported weight loss, 74% reported an improvement in cholesterol level, and 67% reported an improvement in glucose level (HbA1c). The top four chronic diseases among participants were hypertension (43%), arthritis (37%), osteoporosis (23%), diabetes (15%); 1.3% of participants reported having had an emergency room visit in the past 12 months and 9.7% had a hospital admission with an average length of stay of 2.4 nights. Evaluation measures include # of classes, # of encounters, self-reported health improvement, and evidence-based fitness test measures.

Q101. Please describe how the outcome(s) of the initiative addresses community health needs.

Senior Fit decreases isolation and increases physical activity in older adults.

Q102. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$167,000 (costs) \$40,000 (grant funds)

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

Diabetes Prevention Program

Q106. Does this initiative address a need identified in your CHNA?

- Yes
- No

Q107. Select the CHNA need(s) that apply.

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

Q108. When did this initiative begin?

07/01/2010

Q109. Does this initiative have an anticipated end date?

- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

Other. Please explain. This initiative will continue as long as there are operating and grant funds to support the program

Q110. Enter the number of people in the population that this initiative targets.

07/01/2010

Q111. Describe the characteristics of the target population.

Adults at risk for developing type II diabetes

Q112. How many people did this initiative reach during the fiscal year?

97

Q113. What category(ies) of intervention best fits this initiative? Select all that apply.

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

Q114. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Montgomery County Department of Health and Human Services

No.

Q115. Please describe the primary objective of the initiative.

To prevent diabetes among people at high-risk for diabetes or who have prediabetes by helping them to increase their physical activity, improve their eating habits, and reduce their weight.

Q116. Please describe how the initiative is delivered.

This FREE Diabetes Prevention Program runs for a period of 12 months. This 12-month lifestyle modification program offers nutritional guidance, exercise sessions and support to help prevent or delay diabetes onset. Throughout the program, a trained Lifestyle Coach will give participants the help and support they need to make and sustain lifestyle changes to prevent or delay the onset of type 2 diabetes. Participants receive tools to help them monitor activity patterns, eating habits and physical activity to assist them in achieving success.

Q117. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

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

Q118. Please describe the outcome(s) of the initiative.

In FY18, 5.83% of participants lost 5% or more of their body weight at twelve months, 80.7% documented physical activity minutes, and 99.0% documented their weight.

Q119. Please describe how the outcome(s) of the initiative addresses community health needs.

This initiative is designed to prevent diabetes in those at high-risk for being diagnosed with the disease.

Q120. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$40,650

Q121. (Optional) Supplemental information for this initiative.

Q122. (Optional) Additional information about initiatives.

Q123. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

[HCH - FY18 Community Report.pdf](#)
1.3MB
application/pdf

Q124. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- Yes
- No

Q125. Please check all of the needs that were NOT addressed by your community benefit initiatives.

This question area is not mandatory to the respondent.

Q126. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: <http://ship.md.networkofcare.org/ph/index.aspx>. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	Holy Cross Ob/Gyn Clinics and Maternal, Infant and Child Education address infant mortality through prepregnancy, prenatal, and postnatal education and prenatal care
Reduce rate of sudden unexpected infant deaths (SUIDs)	Maternal, Infant and Child Education addresses SUIDs through prepregnancy, prenatal, and postnatal education and prenatal care
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	Holy Cross Ob/Gyn Clinics and Maternal, Infant and Child Education address early prenatal care by providing prenatal care to uninsured women
Increase the proportion of children who receive blood lead screenings	Holy Cross Health Center - Germantown provides primary pediatric care
Increase the % of students entering kindergarten ready to learn	Participate in leadership group of Montgomery Moving Forward's Early Care and Education initiative
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	Offer community fitness classes, including those designed for older adults

Increase the % of adults who are at a healthy weight	Diabetes Prevention Program, Community Fitness Classes
Reduce the % of children who are considered obese (high school only)	Offers Kids Fit a free nutrition and exercise program for children
Reduce the % of adults who are current smokers	Smoking Cessation Classes, Tobacco screenings at clinics and tobacco education provided
Reduce the % of youths using any kind of tobacco product (high school only)	Advocate for Tobacco 21
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	Senior Source decreases isolation in seniors and promotes active aging
Reduce child maltreatment (per 1,000 population)	
Reduce suicide rate (per 100,000)	
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	Falls prevention programs offered by the Senior Source
Reduce pedestrian injuries on public roads (per 100,000 population)	
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	Holy Cross Health Center - Germantown provides primary pediatric care
Increase the % of adults with a usual primary care provider	Holy Cross Health Centers - provide primary care for adults
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	Holy Cross Health Centers - provide primary care, we also offer Senior Fit exercise program, Chronic Disease Self-Management Program, Diabetes Self-Management Program, Community Fitness classes, education and blood pressure screening
Reduce heart disease mortality (per 100,000)	Holy Cross Health Centers - provide primary care, we also offer Senior Fit exercise program, Chronic Disease Self-Management Program, Diabetes Self-Management Program, Community Fitness classes, education and blood pressure screening
Reduce cancer mortality (per 100,000)	Holy Cross Health Centers - provide primary care for adults, mammogram screening, provide cancer education and advocate for Tobacco 21
Reduce diabetes-related emergency department visit rate (per 100,000)	Holy Cross Health Centers - provide primary care for adults, offer Diabetes Prevention Program, Diabetes Self-Management Program and Diabetes Survival Skills
Reduce hypertension-related emergency department visit rate (per 100,000)	Holy Cross Health Centers - provide primary care for adults, offer Diabetes Prevention Program, Diabetes Self-Management Program and Diabetes Survival Skills
Reduce drug induced mortality (per 100,000)	
Reduce mental health-related emergency department visit rate (per 100,000)	Integrated behavioral health in Holy Cross Health Centers
Reduce addictions-related emergency department visit rate (per 100,000)	Substance use disorder screening at every visit at Holy Cross Health Centers
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	Provide care to participants with Alzheimer's Disease, dementia and other chronic conditions at our Medical Adult Day Center
Reduce dental-related emergency department visit rate (per 100,000)	
Increase the % of children with recommended vaccinations	Holy Cross Health Center - Germantown provides primary pediatric care
Increase the % vaccinated annually for seasonal influenza	Holy Cross Health Centers - provide primary care for adults
Reduce asthma-related emergency department visit rate (per 10,000)	Holy Cross Health Centers - provide primary care for adults and pediatrics

Q127. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Please see CHNA Implementation Strategy Annual Report (attached)

Q128. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify. cardiology, pulmonology, infectious disease, oncology, hematology, medical imaging, laboratory

Q129. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	To provide 24/7/365 care of patients requiring emergency services, anesthesia, medical imaging, obstetrics, and neonatology, including those without the ability to pay.
Non-Resident House Staff and Hospitalists	To provide 24/7/365 care to medical patients at the hospital, including those without the ability to pay.
Coverage of Emergency Department Call	To provide 24/7/365 care of patients with emergency needs at the hospital, including those without the ability to pay.
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	To provide the services of physician in specialties where there is a shortage of that service in our community.
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q130. (Optional) Is there any other information about physician gaps that you would like to provide?

Q131. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q132. Upload a copy of your hospital's financial assistance policy.

[Financial Assistance Policy.pdf](#)
215.1KB
application/pdf

Q133. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[FinancialAssistancePlan_PlainLanguageSummary.pdf](#)
75.7KB
application/pdf

Q134. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

Equal to or less than 200% of the federal poverty level

Q135. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

60% reduction in charges for those whose income is between 201% - 300% of the poverty level, and 30% assistance from 301% - 400% of the federal poverty level

Q136. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Holy Cross Health will provide assistance to patients with family income up to 500% of the federal poverty level that demonstrate a financial hardship as a result of incurring hospital medical debt that exceeds 20% of family income over a 12-month period. A minimum of 30% assistance may be provided from 401% - 500% of the federal poverty level

Q137. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Holy Cross Health continues to actively support the expansion of insurance eligibility through the Affordable Care Act. Financial counselors inform all self-pay patients of Holy Cross Health's financial assistance program and the DECO Recovery Management counselors consult with self-pay patients to determine eligibility for Medicaid or Qualified Health Plans. If deemed eligible, DECO Recovery Management counselors enroll patients into a plan that fits their health care needs. In response to the ACA's Health Care Coverage Expansion Option that became effective January 1, 2014, Holy Cross Health updated the financial assistance policy to reflect the needs of the community we serve. Many residents in the Holy Cross Health service areas remain uninsured due to ineligibility for Medicaid/Qualified Health Plans or other circumstances. The revised policy expands the income eligibility requirements for the financial assistance program from patients who are below 300% of the federal poverty level and whose assets do not exceed \$10,000 for an individual and \$25,000 within a family to patients who are below 400% of the federal poverty level with the same asset requirements. The program also expanded its medical financial hardship requirements to include patients with a family income up to 500% of the federal poverty level incurring hospital medical debt that exceeds 20% of family income over a 12-month period, reduced from previous requirements of 25% of family income. The increase in income eligibility will allow Holy Cross Health to further its mission by expanding accessibility of services to our most vulnerable and underserved populations.

Q138. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q139. (Optional) Please attach any files containing further information about your hospital's FAP.

Q140. You have reached the end of the questions, but you are not quite finished. When you click the button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes. Your report will not be submitted to HSCRC until you have clicked the button at the bottom of the next page, the one with all your answers.

Location Data

Location: [39.039993286133, -77.044403076172](#)

Source: GeolP Estimation

PART TWO: ATTACHMENTS

Maternal and Infant Health



FY2018			
Goal	Annual Target	YTD Target	YTD Actual
Maternity Partnership Admissions	1,112	834	940
Maternity Partnership % Low-birth weight infants	8.5%	8.5%	3.3%
Perinatal Class Encounters	10,368	7,776	10,246
OB/GYN Referrals to Germantown Health Center	Baseline	Baseline	228

Seniors



FY2018			
Goal	Annual Target	YTD Target	YTD Actual
Senior Source Encounters (excluding Senior Fit)	16,236	12,177	18,225
Fall Assessments <small>BioSway/Biodex, Get Up & Go, Chair Stand and Gait & Balance</small>	268	201	168
Upright Balance Class % Improved in Gait & Balance	5.0%	5.0%	6.6%
Average MADC daily census	22	22	25

Cardiovascular Health



FY2018			
Goal	Annual Target	YTD Target	YTD Actual
CHW Cardiovascular Education Encounters	2,000	1,500	3,030
Average Senior Fit Weekly Unduplicated Participants	1271	1271	1,339
Percent of health center patients with diagnosis of HTN with good blood pressure control	83%	83%	70.1%

CHNA Impact Measures	Baseline	Target	MC Actual
Increase percent of mothers receiving early prenatal care*	63.1%	66.9%	67.5% ↓
Reduce the percent of low birth weight infants*	8.2%	8.0%	7.4% ↓
Decrease infant mortality rate*	5.5	6.3	4.9 =

CHNA Impact Measures	Baseline	Target	MC Actual
Increase life expectancy*	84.1	79.8	84.9 ↑
Decrease fall-related deaths*	7.1	7.7	6.5 ↓

CHNA Impact Measures	Baseline	Target	MC Actual
Decrease heart disease mortality*	136.4	166.3	107.5 ↓
Decrease stroke mortality†	30.1	34.8	24.5 ↓
Decrease percent of adults told by health professional they have high blood pressure†	21.6%	26.9%	36.0% ↑

CHNA Impact Measures	Baseline	Target	PGC Actual
Increase percent of mothers receiving early prenatal care*	54.0%	66.9%	53.1% ↑
Reduce the percent of low birth weight infants*	10.0%	8.0%	9.7% ↑
Decrease infant mortality rate*	8.6	6.3	8.9 ↑

CHNA Impact Measures	Baseline	Target	PGC Actual
Increase life expectancy*	79.2	79.8	79.6 ↓
Decrease fall-related deaths*	6.4	7.7	7.5 ↑

CHNA Impact Measures	Baseline	Target	PGC Actual
Decrease heart disease mortality*	191.2	166.3	174.0 ↑
Decrease stroke mortality†	35.2	34.8	39.2 ↑
Decrease percent of adults told by health professional they have high blood pressure†	36.3%	26.9%	46.8% ↑

* MD SHIP Target
† HP 2020 Target

Δ Median or mean value for all counties in the state
◊ Represents the top 50th percentile of all MD

↑↓ Positive change from baseline
↑↓ Negative change from

= No Change

Obesity



FY2018			
Goal	Annual Target	YTD Target	YTD Actual
Average Kids Fit Participants per Month	17	17	17
Number of Kids Fit participants taking Presidential Challenge Test	150	150	90
% of Health Ctr patients diagnosed w/ high/low BMI w/ documented follow-up plan	60%	60%	66.2%

Diabetes



FY2018			
Goal	Annual Target	YTD Target	YTD Actual
Number enrolled in Diabetes Prevention Program (DPP)	57	43	84
Average number of DPP sessions attended per quarter	3	3	3
DPP average % weight loss at 6 months	5%	5%	6.2%
% of Health Ctr patients w/ diabetes (type 1 & 2) with most recent HbA1c > 9.0% or was missing a result	50%	50%	50.9%

Behavioral Health



FY2018			
Goal	Annual Target	YTD Target	YTD Actual
% of health ctr patients receiving depression screening during primary care visit	88.0%	88.0%	84.4%
Nexus Montgomery ACT Team Admissions	TBD	TBD	96
Crisis House Admissions	228	152	146

Cancers



FY2018			
Goal	Annual Target	YTD Target	YTD Actual
Number of MAPS mammograms	352	264	655
Cycle time from diagnostic referral to actual appointment	28	28	23
% of Health Center patients receiving Tobacco Screening	88.3%	88.3%	92.8%

CHNA Impact Measures	Baseline	Target	MC Actual
Decrease percent of students with no participation in physical activityΔ	16.5%	18.0%	16.5%
Decrease percent of students who are obese*	8.7%	10.7%	7.5%
Increase percent of students who drank no soda or pop in the past weekΔ	33.0%	28.4%	33.0%

CHNA Impact Measures	Baseline	Target	MC Actual
Decrease number of adults ever being told they have diabetes (excluding gestational)∅	5.1%	10.2%	7.0%
Decrease ER visits for diabetes*	102.8	186.3	100.0

CHNA Impact Measures	Baseline	Target	MC Actual
Decrease adolescent and adult illicit drug use in past month (12 or older)†	6.1%	9.7%	8.9%
Decrease percent of adults with any mental illness in past yearΔ	16.8%	16.8%	16.2%
Decrease mental health related ER visits*	1,528	3,153	1,848
Decrease suicide rate*	6.5	9.0	7.3

CHNA Impact Measures	Baseline	Target	MC Actual
Increase colorectal cancer screening (colonoscopy or sigmoidoscopy)∅	72.9%	73.0%	74.2%
Increase percent of women who have had a Pap in past three years∅	83.0%	93.0%	94.4%
Decrease prostate cancer incidence∅	159.3	135.0	117.5
Decrease breast cancer mortality†	19.8	20.7	23.7

CHNA Impact Measures	Baseline	Target	PGC Actual
Decrease percent of students with no participation in physical activityΔ	23.2%	18.0%	23.2%
Decrease percent of students who are obese*	13.7%	10.7%	16.7%
Increase percent of students who drank no soda or pop in the past weekΔ	28.0%	28.4%	28.0%

CHNA Impact Measures	Baseline	Target	PGC Actual
Decrease number of adults ever being told they have diabetes (excluding gestational)∅	13.5%	10.2%	11.1%
Decrease ER visits for diabetes*	280.5	186.3	169.0

CHNA Impact Measures	Baseline	Target	PGC Actual
Decrease adolescent and adult illicit drug use in past month (12 or older)†	7.1%	9.7%	10.5%
Decrease percent of adults with any mental illness in past yearΔ	15.8%	16.8%	15.9%
Decrease mental health related ER visits*	2,722	3,153	1,539
Decrease suicide rate*	5.7	9.0	5.6

CHNA Impact Measures	Baseline	Target	PGC Actual
Increase colorectal cancer screening (colonoscopy or sigmoidoscopy)∅	71.7%	73.0%	72.4%
Increase percent of women who have had a Pap in past three years∅	82.0%	93.0%	93.2%
Decrease prostate cancer incidence∅	183.3	135.0	154.40
Decrease breast cancer mortality†	28.2	20.7	27.0



2018 Community Report

WORKING TOGETHER FOR THE HEALTH OF OUR COMMUNITIES



HC HOLY CROSS
HEALTH

A Member of Trinity Health

Moving Life Ahead.

ABOUT HOLY CROSS HEALTH

Holy Cross Health, founded in 1963 by the Sisters of the Holy Cross, is a Catholic not-for-profit health system that provides 240,000 patient visits and 214,000 community health encounters each year through Holy Cross Hospital, Holy Cross Germantown Hospital, 10 primary and specialized care centers, and a range of community health programs. Holy Cross Health is a member of Trinity Health, one of the largest Catholic health care systems in the nation.

MISSION AND VALUES

We, Holy Cross Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. We carry out this mission in our communities through our commitment to be the most trusted provider of health care services. In so doing, we act on our core values of reverence, commitment to those who are poor, justice, stewardship and integrity.

Behind the pregnant mother whose medical care leads to a healthy delivery and baby, the relieved worker newly able to control his diabetes, and the senior who dances for her health, are teams of exceptional and committed professionals, working together.

Holy Cross Health is an integrated, health and wellness system dedicated to improving the health and well-being of our entire community through innovation and ever-expanding expertise. Based on carefully researched and identified needs, our community benefit programming often involves collaborations with other area organizations.

Working together, with compassion, innovation and expertise, we are helping people meet their goals for better health and a better life, improving the vitality of our entire community along the way.

WORKING TOGETHER

for the Health of Our Communities



January 2019

Every patient encounter at Holy Cross Health involves more than those care providers a patient actually sees. Also at work behind the scenes are teams of experts who together with their patients determine and implement the best path forward. Often, these teams encompass a specialized department in one of our two hospitals, care at one of our health centers, a class at one of our community locations, or services and programs made possible by our extraordinary partnerships with public, private and non-profit resources—and our generous donors.

Working together, these various teams carry out Holy Cross Health's people-centered strategies for achieving a healthier future for every member of our community, including those in financial need. High-quality programs and services go beyond improving clinical health to transforming how people feel about themselves and how much they're able to accomplish in a day. To meet our ambitious, mission-driven standards, we attract, develop and retain exceptional physicians, colleagues, volunteers and others. Each shares our dedication to operational excellence and collaboration, leadership nationally and locally, and effective stewardship of resources.

I am pleased to report the impact of our work this year. In fiscal 2018, Holy Cross Health provided more than \$60 million in community benefit, including \$36 million in direct financial assistance for uninsured and underinsured members of our community. We also received numerous awards and other honors that acknowledge our system-wide excellence.

You are a vital part of our year's accomplishments. Because of your support and participation, we continue to fulfill the vision of the Sisters of the Holy Cross, providing high-quality, accessible care for everyone. On behalf of Holy Cross Health, I thank you for your commitment and for your embrace of values that make Holy Cross Health a vital force for better health across our region.

Yours in good health,

A handwritten signature in black ink, enclosed in a thin black oval. The signature is cursive and appears to read "Norvell V. Coots, MD".

Norvell V. Coots, MD

President and Chief Executive Officer
Holy Cross Health

2018 at a Glance

MAKING A DIFFERENCE TOGETHER

Holy Cross Health's vision is to be a forward-thinking health system with the knowledge and resources to help people address their needs and goals in order to achieve a better quality of life.

We are guided to excellence by the following PEOPLE-centered strategies:

- **People-centered care:** our focus on quality and service
- **Engaged colleagues:** our focus on engaging the best team members
- **Operational excellence:** our promise to work efficiently and effectively
- **Physician collaboration:** our commitment to partner for optimal results
- **Leadership nationally and locally:** our work to innovate and advance population health, community health and well-being
- **Effective stewardship:** our promise to steward our resources wisely, including philanthropic interests and support



6,100
EMPLOYEES, PHYSICIANS
AND VOLUNTEERS

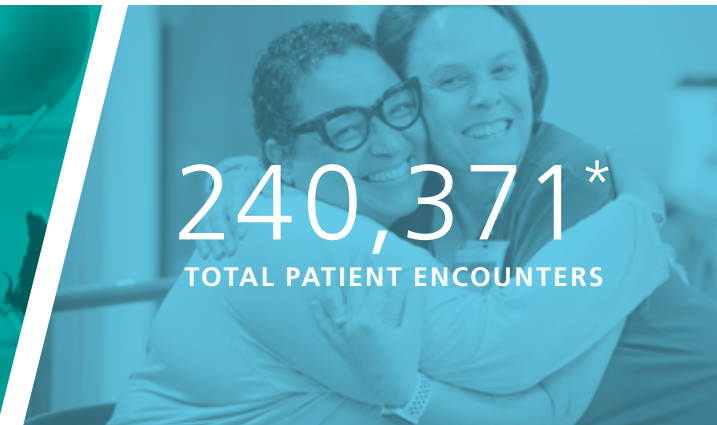
2
HOSPITALS WITH 529 BEDS**

10
PRIMARY AND SPECIALIZED
CARE SITES

\$611 Million*
TOTAL REVENUE



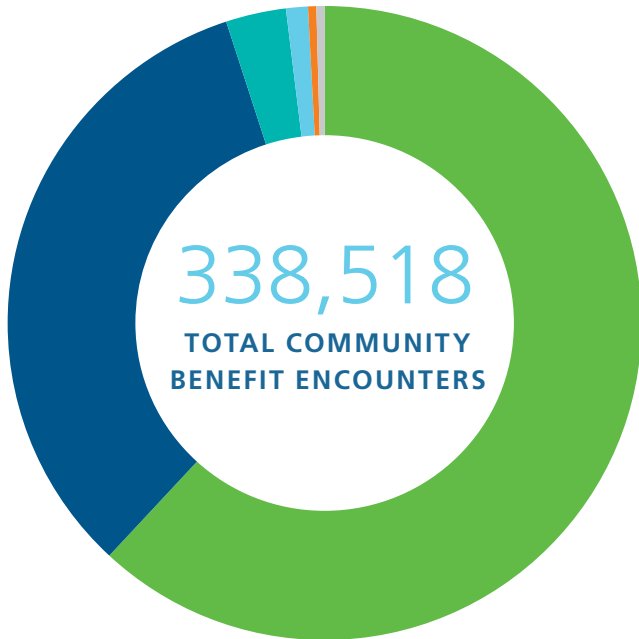
70
COMMUNITY HEALTH
PROGRAMS EACH WEEK



240,371*
TOTAL PATIENT ENCOUNTERS

* Fiscal 2018 statistics

**Licensed hospital beds and neonatal bassinets



- Community Health Services 216,837
- Mission-driven Health Care Services 119,795
- Research 1,285
- Health Professions Education 537
- Community-building Activities 34
- Community Benefit Operations 30

OUR PEOPLE

EMPLOYEES
4,100

PHYSICIANS
1,575

VOLUNTEERS
425

PATIENT VISITS

OUTPATIENT VISITS
(Includes Emergency, Health Center and Primary Care Visits)
191,680*

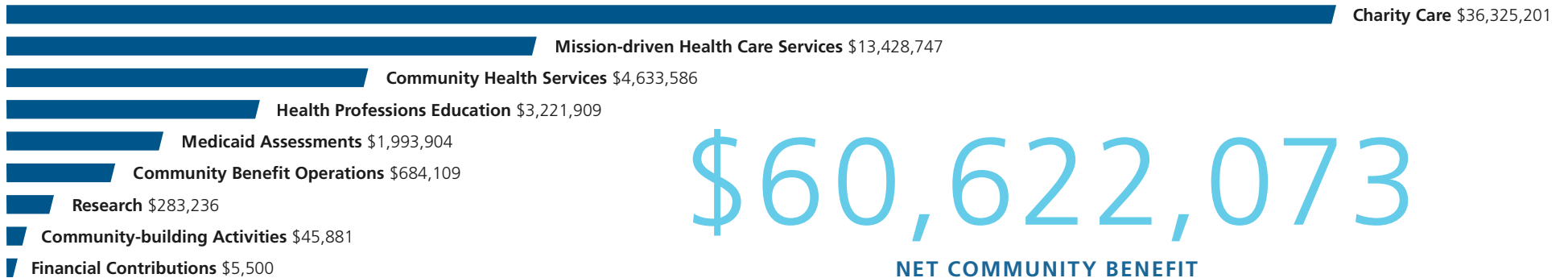
EMERGENCY
CENTER VISITS
104,719*

HEALTH CENTER AND
PRIMARY CARE VISITS
49,195*

INPATIENT DISCHARGES
(Excludes Healthy Newborns)
36,146*

SURGERIES
12,966*

BIRTHS
10,779*





JOINING FORCES FOR A HEALTHY BABY

Quality Care for Moms and Babies in Need

Daysi's pregnancy was routine, at first. Holy Cross Germantown Hospital's OB Clinic, which provides prenatal care for patients regardless of their ability to pay, regularly monitored her pregnancy's progress. But when Daysi suddenly felt terribly ill, she couldn't wait for her next appointment. She sought the care of Holy Cross Germantown Hospital's Emergency Department, and was quickly admitted to the hospital with a serious kidney infection.

Because of Daysi's previous medical history, the infection proved to be resistant to standard treatment. Yet the hospital successfully met the challenge, controlled the infection, and referred Daysi to the Holy Cross Health Center in Germantown for follow-up medical care. The health center, which cares for uninsured and Medicaid patients, subsequently identified and treated two additional complications that threatened her pregnancy: serious anemia and another powerful infection.

At last, the big day arrived. Daysi and her husband, Elmon, welcomed their daughter—born healthy and strong at Holy Cross Germantown Hospital, with Daysi receiving special medication during delivery to prevent any further infection. “Throughout my pregnancy and the day my baby was born,” Daysi says, “I received excellent, quality care with dignity and respect.”

For all women throughout our communities, **Holy Cross Health means access to a wide range of quality prenatal, obstetric and gynecologic services—life-changing care they can trust.**

To get the baby off to a good start, Sharon Brooks, CRNP, at the Holy Cross Health Center in Germantown, helped Daysi initiate breastfeeding, while the pediatric practitioners at the health center began pediatric checkups and vaccinations. The baby is enrolled in the HealthChoice insurance program through Maryland Physicians Care, a Maryland Medicaid-managed care organization partly owned by Holy Cross Health.

Sharon calls Daysi’s experience, “A great circle of care. Right after delivery, we were able to take care of mom *and* infant.” For Daysi and Elmon, this “circle of care” meant everything. “Holy Cross Health helped us to fulfill our life’s goal—a family,” explains Daysi. ■



Sharon Brooks, CRNP, at the Holy Cross Health Center in Germantown, continues Daysi’s and her baby’s care after delivery.

WORKING TOGETHER FOR THE HEALTH OF WOMEN AND CHILDREN

When our research revealed a need to reduce low-birth-weight babies, decrease infant mortality and increase perinatal support—especially among women and children facing financial challenges—Holy Cross Health innovated solutions that ultimately benefit our whole community.

Our high-quality maternity and infant care partners and programs include:

- **The Obstetric/Gynecologic (OB/GYN) Clinic at Holy Cross Hospital** and the **OB Clinic at Holy Cross Germantown Hospital**, offering maternity care and services to patients in financial need, regardless of their ability to pay. The clinics provide both routine obstetrical care and specialized care for high-risk pregnancies. Services include prenatal care, post-delivery care, gynecological services and counseling.
- **The Maternity Partnership Program**, a collaboration with the Montgomery County Department of Health and Human Services, referring patients to Holy Cross Health’s two OB/GYN clinics. Through the program, women without health insurance are able to receive prenatal care, obtain routine laboratory tests related to their pregnancy, and participate in prenatal classes.
- **The Holy Cross Health Center in Germantown**, providing affordably priced health care services to children and adults who are uninsured or who qualify for Medicaid. Newborns, particularly those delivered at either of our hospitals, can seamlessly begin their care within days of leaving the hospital. Staff is bilingual in English and Spanish, with interpreters available for other languages.



CHAMPIONING HEALTH CARE FOR ALL

Lessons in Diabetes Management

For José, the color red means more than a bold, bright color. In foods such as apples, the color red now signals the presence of specific nutrients that are even more important to his health since he was diagnosed with diabetes. At his Holy Cross Health Center's free, two-hour Diabetes Survival Skills class, José learned that choosing from a complete "rainbow of foods" ensures he will consume a complete spectrum of essential nutrients and vitamins. José also learned about portion sizes and hidden sugars in soft drinks and processed foods, as well as how to test for high blood sugar and manage his A1C blood-sugar "score."

People living with diabetes and other chronic conditions—including people who face financial barriers—are learning how to improve their overall health and life, thanks to Holy Cross Health's coordinated outreach, care and classes.

The Diabetes Survival Skills class is available at all four Holy Cross Health Centers, which care for uninsured adults, as well as Medicaid-qualifying patients. At José's Holy Cross Health Center in Aspen Hill, the class is taught in Spanish by diabetes educator Lourdes Nuñez, RN. Lourdes empowers chronic disease patients with knowledge. "I teach my students," she says, "that diabetes is a disease they can control themselves."



Diabetes educator Lourdes Nuñez, RN, instructor of José's Spanish-language Diabetes Survival Skills class, gives people with diabetes tools and tips for improving their health.

After the health center's class, José wanted to learn more. Lourdes recommended our free six-week Holy Cross Health Diabetes Self-Management Program, which is held in various locations throughout Montgomery and Prince George's counties, including faith communities. The class and program together have changed the course of José's health.

José had initially learned about these programs when he had visited Holy Cross Hospital's Emergency Center. He felt awful and wasn't sure why. He learned why during his visit: high blood sugar, indicating diabetes. Even before he was discharged, the Emergency Center team connected José with his nearest Holy Cross Health Center. There, the care managers, navigators and other team members agreed José would benefit from diabetes-management education.

Acting on all he has learned, José has lost 10 pounds, his blood-sugar score is down, and he has been able to reduce his medication dose. Instead of facing worsening diabetes symptoms, he says, "I have more energy for work and fewer worries about my health. The classes have been a blessing." ■

WORKING TOGETHER FOR THE HEALTH OF CHRONIC DISEASE PATIENTS

After taking a close look at the health needs of the many in our community who have chronic conditions such as diabetes—one of the top 10 leading causes of death in Montgomery County—Holy Cross Health made chronic disease education a high priority.

That's why we're making it easier for all who have a chronic disease to manage their health—regardless of their financial circumstances—through innovative partnerships and quality services that include:

- **Montgomery Cares**, a consortium of clinics, hospitals, health services and volunteer practitioners providing medical care for uninsured, low-income residents, in partnership with Montgomery County and the Primary Care Coalition.
- **Four Holy Cross Health Centers**, serving community members who are uninsured or enrolled in the HealthChoice program through Maryland Physicians Care, a Maryland Medicaid-managed care organization partly owned by Holy Cross Health.
- **Nexus Montgomery's** specialty care referral program, serving low-income, uninsured individuals who have been recently hospitalized. A collaboration with all of the hospitals in Montgomery County and Project Access.
- **Holy Cross Health's Faith Community Nurse Program**, whose nurse leaders are providing consultation, mentoring and resources to support faith communities throughout our region in the development of intentional, holistic health ministries.
- **Holy Cross Health's community health programs** for all, offering dozens of classes throughout Montgomery and Prince George's counties, in partnership with the Housing Opportunities Commission of Montgomery County.
- **University of Maryland** students of nursing, pharmacy and social work, supporting the health needs of complex patients at the Holy Cross Health Center in Gaithersburg.
- **Generous donors** to the Holy Cross Health Foundation's *Kevin J. Sexton Fund to Increase Access and Improve Community Health*—named for Holy Cross Health's former president and chief executive officer—providing medical and non-medical support to community members in financial need.



SUPPORTING SENIORS' HEALTH

Easy-to-access Exercise that Gets Results

Twice a week, Donna dances her way to fitness at Holy Cross Health's Ballet Gold class held at Holy Cross Senior Source. In addition to being just plain enjoyable, "The class gives students a good physical *and* mental workout," Donna says. "Because we have to remember our changing dance routines, we're using the muscles in our brains, too."

Donna's physical therapist and doctors have noted the benefits. In combination with her Senior Source Tai Chi class and her Senior Fit exercise class, also offered through Holy Cross Health, Donna's ballet class has improved her cholesterol, blood pressure and blood sugar levels, as well as her body mass index. Donna also values the social dimension of getting together with classmates.

Exercise and dance programs are far from Donna's only experience with Holy Cross Health. "Over the years I've had radiation therapy at the Holy Cross Radiation Treatment Center and I've been in the Seniors Emergency Center at Holy Cross Hospital a couple of times, followed by an overnight stay at the hospital for observation. I like the concept of having an emergency center just for seniors," says Donna.

Seniors across our communities are leading fuller lives every day because of Holy Cross Health's wide range of innovative health and wellness programs.

Donna also attended a Medication Review program along with her 96-year-old mother. Recognizing the special challenges facing caregivers such as Donna, Holy Cross Health offers caregiver services such as support groups, classes, information and links to critical resources.

"I'm always bragging to my friends outside of our area about the large number of high-quality Holy Cross Health programs available to us, and at a low cost or free," says Donna. "All these programs for seniors show that Holy Cross Health takes a holistic approach to the health and welfare of our community. As a former nurse, I think that's excellent!" ■



Donna appreciates that her ballet instructor, Judy Satine, designs steps and programs that meet senior women's needs by building strength and balance.

WORKING TOGETHER FOR SENIORS

Our community boasts the highest population of people aged 65+ in the state of Maryland. Holy Cross Health welcomes every one of them, offering conveniently located, high-quality wellness programs and classes either free or at minimal cost, so that seniors can live long and in the best of health.

Our partners and services in senior programming include:

- **The Housing Opportunities Commission of Montgomery County; the Maryland Department of Aging; and the Montgomery County Department of Health and Human Services**, supporting Holy Cross Senior Source health and wellness classes, health screenings, and general education programs for adults age 55 and older. In 2021, Holy Cross Senior Source anticipates relocating on the same block to a newly constructed building called Elizabeth House III, which will also house the third Holy Cross Health primary care practice in Montgomery County.
- **Kaiser Permanente; the Maryland National Parks and Planning Commission; the Montgomery County Department of Recreation; Asbury Methodist Village; and local churches**, partnering with Holy Cross Health to offer Senior Fit, a free exercise class for seniors to increase strength, flexibility and endurance. Senior Fit classes are led by certified instructors and offered in more than 20 community-based centers.
- **Holy Cross Caregiver Resource Center**, aiding caregivers with information, emotional and spiritual support, classes, a telephone helpline, the *Caregiver News* newsletter, and connections to other critical resources.
- **The Holy Cross Medical Adult Day Center**, providing a full scope of aging adult services, including medical, social, rehabilitative and recreational programs focused on compassion, quality of life and safety.
- **Holy Cross Private Home Services, Inc., and Holy Cross Home Care and Hospice**, providing treatment at home and offering assistance with activities of daily living.
- **The nation's first Seniors Emergency Center at Holy Cross Hospital**, setting a new standard of quality care and comfort for seniors.

2018 RECOGNITION AND ACHIEVEMENTS

Excelling Together

Across Holy Cross Health's highly coordinated health and wellness system are passionate professionals dedicated to improving the health of our communities. Together, we are taking quality health care to new levels of innovation and clinical excellence for all of our service offerings, including our specialized neuroscience, surgery, senior, cancer, and women and infants programs.

Our commitment to the highest quality of care has earned Holy Cross Health the following awards, recognitions, designations and accreditations.



Healthgrades
Top 5%
of Hospitals
Nationwide
for Quality



Workplace Excellence
Seal of Approval for 20 Years



Primary Stroke Center



2018 Montgomery
County Community
Leader of the Year

HOLY CROSS HEALTH

- As a result of **Trinity Health's Military and Veterans Health Program**, Holy Cross Health began providing convenient access to high-quality, people-centered health care services that meet the needs of military service members, veterans and their families at Holy Cross Health Partners in Kensington, Holy Cross Germantown Hospital and Holy Cross Hospital.
- Through **Nexus Montgomery**, a collaboration among all six Montgomery County hospitals funded by a \$7.5 million state grant, Holy Cross Health is helping to reduce avoidable medical utilization and improve community health.
- Holy Cross Health became the only health care provider in Maryland to win the **Workplace Excellence Seal of Approval** award from the Alliance for Workplace Excellence (AWE) for 20 consecutive years, winning every year since 1999.
- Holy Cross Health won the **AWE's Seal of Approval in Health & Wellness, EcoLeadership and Diversity** (11th, 10th and 7th consecutive year respectively) and awards for Best Practices Supporting Workers of All Abilities and as an Age-friendly Employer.
- Holy Cross Health's Diabetes Prevention Program earned **Full Recognition from the Centers for Disease Control and Prevention**, for its quality, evidence-based program.
- **The Nora Roberts Foundation** donated \$250,000 to Holy Cross Health to support the renovation and expansion of maternity and perinatal health services at Holy Cross Hospital.
- Norvell V. Coots, MD, president and CEO of Holy Cross Health, received the **Distinguished Healthcare Leader award** from the Association of Health Services Executives.

“When I had my stroke, the staff responded quickly and professionally.” explains Christopher Moody. “It was a wonderful experience and a great outcome.”



HOLY CROSS HOSPITAL

- In the 2018-2019 *U.S. News & World Report* **national rankings of "America's Best Hospitals,"** Holy Cross Hospital ranked seventh (tied) in the Washington, D.C., metro area and 10th (tied) among all hospitals in Maryland, making it the highest-ranked hospital in Montgomery County. The hospital also received the highest rating in three adult procedures/conditions: congestive heart failure, colon cancer surgery and chronic obstructive pulmonary disease.
- Healthgrades recognized Holy Cross Hospital among the **top 5% of hospitals in the nation for clinical excellence and one of America's 100 Best Hospitals for Critical Care.** The hospital also received the Critical Care Excellence Award™ for two consecutive years; Five-Star for Treatment of Sepsis for 13 consecutive years; Five-Star for Treatment of Respiratory Failure for two consecutive years; and Five-Star for Treatment of Pulmonary Embolism.
- Holy Cross Hospital was recertified by The Joint Commission as an **Advanced Primary Stroke Center**, and awarded the 2018 American Heart Association/American Stroke Association Get with the Guidelines® – Stroke Gold Plus Achievement Award for the eighth consecutive year, as well as the association's Target: Stroke Honor Roll Elite Plus Award.
- Holy Cross Hospital again earned The Joint Commission's **Gold Seal of Approval® for Hip Replacement, Knee Replacement and Spine Surgery Certification.**
- The American Association of Critical-Care Nurses recognized Holy Cross Hospital's Surgical Intensive Care Unit/Neuro Critical Care Unit with **the Beacon Award for Excellence.**
- The International Board of Lactation Consultant Examiners and the International Lactation Consultant Association recognized Holy Cross Hospital for **excellence in lactation care.**
- The Holy Cross Hospital South Building won the Montgomery County Planning Department's **Design Excellence Award** in the "Building and Sites" category.

2018 HOLY CROSS HEALTH BOARD OF DIRECTORS

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INCOMING 2019 HOLY CROSS HEALTH BOARD MEMBERS

Sister Veronique Wiedower, CSC

Robin Madden, MD

HOLY CROSS GERMANTOWN HOSPITAL

- Holy Cross Germantown Hospital was designated a **Primary Stroke Center** by the Maryland Institute for Emergency Medical Service Systems (MIEMSS). The designation recognizes the hospital's commitment and ability to meet the state of Maryland's regulations for the treatment of stroke patients, and allows statewide EMS transport of stroke patients to the hospital.
- The American Heart Association/American Stroke Association honored Holy Cross Germantown Hospital with its **Gold Plus Quality Achievement Award** for the diagnosis and treatment of stroke patients. Additionally, the hospital received the **American Stroke Association's Target: Stroke Honor Roll award** for meeting critical quality measures developed to reduce the amount of time between a patient's arrival at the hospital and treatment.

“I was impressed with my care,” says Wendy Gao about her robotic gynecologic surgery. **“Everything was so organized and the whole process went like clockwork.”**



HOLY CROSS HEALTH NETWORK

- The **Holy Cross Faith Community Nurse Program**, one of the first of its kind in the Washington metropolitan area, celebrated 25 years of equipping local faith communities to advance the health of individuals and communities through integrated, intentional care of the body, mind and spirit.
- The Trinity Health-funded **Healthy Montgomery Transforming Communities Initiative** is addressing policy, system and environmental change to reduce obesity and tobacco use and promote healthy living.
- Our **Next Generation Wellness Initiative** with Montgomery College helps the college improve health outcomes and mitigate rising health care costs of employees.
- The Catholic Business Network of Montgomery County honored Sister Kathleen Weber, CSC, coordinator of the Holy Cross Caregiver Resource Center, with its **2018 Montgomery County Community Leader of the Year award**.

CLINICAL DESIGNATIONS AND ACCREDITATIONS ACROSS HOLY CROSS HEALTH

- **The Joint Commission accreditation** for Holy Cross Hospital and Holy Cross Germantown Hospital, from the main accreditation organization for U.S. hospitals
- **Primary Stroke Center designation** for Holy Cross Germantown Hospital by the Maryland Institute for Emergency Medical Service Systems (MIEMSS)
- **Advanced Primary Stroke Center designation** for Holy Cross Hospital by The Joint Commission and the Maryland Institute of Emergency Medical Services System (MIEMSS)
- **Bariatric Surgery Program accreditation** as a Comprehensive Center at Holy Cross Hospital under the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)
- **Breast Center accreditation** by the American College of Surgeons' National Accreditation Program for Breast Centers (NAPBC); Holy Cross Hospital was the first hospital in Montgomery and Prince George's counties to receive this prestigious accreditation
- **Blue Distinction® Center+ certification** for hip replacement, knee replacement and spine surgery at Holy Cross Hospital from Blue Cross Blue Shield
- **Breast Imaging Center of Excellence (BIOCE) designation** for Holy Cross Hospital by the American College of Radiology
- **Cardiac Interventional Center designation** for Holy Cross Hospital by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to perform emergency angioplasty for acute heart attacks
- **Center of Excellence in Minimally Invasive Gynecology™ (COEMIG) designation** for Holy Cross Hospital by the American Association of Gynecologic Laparoscopists (AAGL) and Surgical Review Corporation (SRC)
- **Certification from The Joint Commission for Hip Replacement, Knee Replacement and Spine Surgery;** Holy Cross Hospital was the first hospital in Montgomery County to receive Spine Surgery Certification from The Joint Commission
- **Comprehensive Community Cancer Program accreditation** at Holy Cross Hospital by the American College of Surgeons' Commission on Cancer, since 2000
- **Laboratory Services accreditation** by the College of American Pathologists (CAP) for Holy Cross Hospital and Holy Cross Germantown Hospital
- **Level IIIB Perinatal Referral Center designation** for Holy Cross Hospital by the Maryland Institute of Emergency Medical Services System (MIEMSS)
- **Level 3 Epilepsy Center accreditation** for the Epilepsy Monitoring Unit at Holy Cross Hospital by the National Association of Epilepsy Centers (NAEC)
- **Perinatal Diagnostic Center accreditation** at Holy Cross Hospital by the American Institute of Ultrasound in Medicine
- **Radiation Oncology Practice accreditation** for the Radiation Treatment Center by the American College of Radiology

“When I think about my newborn son’s breathing problems, instead of remembering pain and fear, I recall the hope and love that permeated that place,” says Caitlyn Barrett.



HOLY CROSS HEALTH FOUNDATION

Caring Together for the Health of Our Communities

GIVING SOCIETIES MEMBERS

The Giving Societies program recognizes and honors the commitment and lifetime cumulative philanthropy of generous supporters who make the gift of compassionate, quality health care throughout Holy Cross Health. All donors, no matter when they have given, are society members for life.

Starting on page 17 of this report and on our website at HolyCrossHealth.org/Foundation, we honor our philanthropic partners, by listing them as Giving Societies members. We thank these dedicated donors who continued their support to Holy Cross Health in fiscal 2018, July 1, 2017, through June 30, 2018.

The Holy Cross Health Foundation is a 501(c)(3) tax-exempt charitable organization (Federal Tax ID no. 20-8428450) devoted to raising philanthropic funds to support the mission of Holy Cross Health.

Every generous donor to the Holy Cross Health Foundation helps to transform the health of all those cared for by Holy Cross Health—especially community members who are underserved.

Together, in 2018, we supported more than 90 medically and financially vulnerable patients; empowered over 80 exceptional nurses to advance their knowledge and skills; and provided additional staff to help meet critical, non-medical needs of community members.

Contributions to the Foundation are investments in improving the health of our community through new technologies, innovations in care, ongoing education, accessible and equitable care, community health and wellness programs, and renovations and new construction.

Donations to the Holy Cross Health Foundation give the gift of health by helping us touch more lives, in more ways, and in more places than ever before.

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“I joined the Holy Cross Health family as a nurse 38 years ago and have been a donor for almost that entire time. I believe that investing in my home-away-from-home is just good sense.”

– Lisa Tenney



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“From childbirth and beyond, **Holy Cross Health is dedicated to improving the lives of all women in our communities.** This is important to me, and why I support Holy Cross Health, both as a volunteer and a donor.”

– Vandana Narang

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Together, with your support, we can continue to provide the quality health care that all in our community deserve. To make a charitable gift, please call the Holy Cross Health Foundation at 301-557-GIVE (4483) or visit Giving.HolyCrossHealth.org.

HOLY CROSS HEALTH LOCATIONS

Serving Together

Holy Cross Health's award-winning facilities, programs and services work together to meet the varied health needs of our communities. We coordinate and focus a wide breadth of excellent, innovative care to improve the health—and life—of each person we serve.



LEADING AREA HOSPITALS

- 1 Holy Cross Hospital is one of the largest, highest-ranked and honored hospitals in Maryland.
- 2 Holy Cross Germantown Hospital, brings expert, sophisticated health services to the fastest-growing region in Montgomery County.

HOLY CROSS HEALTH NETWORK

The Holy Cross Health Network offers the public a wide range of health and wellness programs, and oversees Holy Cross Health's community health programs and outreach. It builds and manages relationships with physicians, insurers and other health care organizations to bring the best possible health care services to all, regardless of ability to pay. The Network operates:

HEALTH CENTERS FOR LOW-INCOME INDIVIDUALS

- 3 Holy Cross Health Center in Aspen Hill
- 4 Holy Cross Health Center in Gaithersburg
- 5 Holy Cross Health Center in Germantown
- 6 Holy Cross Health Center in Silver Spring

PRIMARY CARE SITES

- 7 Holy Cross Health Partners at Asbury Methodist Village, Gaithersburg
- 8 Holy Cross Health Partners in Kensington

EDUCATION AND WELLNESS CENTERS

- 9 Holy Cross Resource Center, Silver Spring
- 10 Holy Cross Senior Source, Silver Spring

COMMUNITY HEALTH PROGRAMS

- More than 70 low-cost or free exercise, health education, screening, self-management and health ministry programs offered each week at convenient community locations.

SPECIALIZED SITES

- 11 Holy Cross Dialysis Center at Woodmore, Mitchellville
- 12 Holy Cross Home Care and Hospice (Trinity Health at Home), Silver Spring
- 13 Holy Cross Radiation Treatment Center, Silver Spring



A Member of Trinity Health

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Holy Cross Health

1500 Forest Glen Road
Silver Spring, MD 20910
301-754-7000

Holy Cross Health Foundation

10720 Columbia Pike
Silver Spring, MD 20901
301-557-4483

Holy Cross Health Implementation Plan 2018-2020

Year One Annual Report – July 2017 - June 2018

Population Health						
Priority 1: Maternal and Infant Health						
Goal 1	Improve the health and well-being of women, infants, children, and families.					
Objective 1.1	Increase the proportion of low-income, uninsured pregnant women who receive early and adequate prenatal care.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
1.1.1 Provide prenatal care to 60% of Montgomery County Maternity Partnership Patients	6/1/2017	6/30/2020	Leads: Holy Cross Maternity	Montgomery County DHHS	Quarterly reports on number of Maternity Partnership admissions, percent Maternity Partnership patients receiving early prenatal care, and percent low-birth weight deliveries; reduction in infant mortality	Year One: Delivered 932 babies with a low birth weight (<2500 gms) rate of 3.3%.
Objective 1.2	Improve the health and well-being of women, infants, children, and families by providing educational and communitybased programs and links to primary care and social services.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
1.2.1 Provide perinatal education, baby care programs, and support services to expecting and new families in Montgomery & Prince George's County	7/1/2017	6/30/2020	Leads: Community Health: Maternal Infant and Child Education	Montgomery County AAHP, FIMR, Community Action Team, and Interagency Coalition for Adolescent Pregnancy	Quarterly reports on number of encounters, pre/posttests, participant surveys	Year One: Provided education, baby care programs, and support services with 10,246 encounters
1.2.2 Expand perinatal programs to include adolescents	7/1/2018	6/30/2020	Leads: Community Health: Maternal Infant and Child Education	Linkages to Learning, Boys and Girls Club of Montgomery County	Quarterly reports on number of encounters, pre/posttests, participant surveys	Year One: Increased offerings of Girl Talk and Safe Sitter, developed intergenerational stroke program in partnership with Boys and Girls Club, developed and implemented stroke program in partnership with Linkages to Learning school-based health fairs,
1.2.3 Develop evaluation framework for perinatal education programs to identify and measure outcome indicators	7/1/2017	6/30/2019	Leads: Community Health: Evaluation Team		Development of evaluation framework	Year One: Community Health Evaluation Framework developed and implementation is underway

Priority 2: Seniors						
Goal 2		Improve the health, function, and quality of life of older adults.				
Objective 2.1		Increase the proportion of older adults, including those with reduced physical or cognitive function, who engage in light, moderate, or vigorous leisure-time physical and/or social activities.				
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
2.1.1 Provide physical and social activity programs for seniors aged 55+ through the Holy Cross Senior Source	7/1/2017	6/30/2020	Leads: Senior Source	Montgomery County HOC and Recreation Department, Maryland Department on Aging	Quarterly reports on encounters, # programs offered; pre/posttests, participant surveys	Year One: Provided physical and social activity programs ranging from contemporary discussions to zumba gold with more than 135,000 encounters.
2.1.2 Develop evaluation framework for Senior Source to identify and measure outcome indicators.	7/1/2017	6/30/2019	Leads: Community Health Evaluation Team		Development of evaluation framework	Year One: Community Health Evaluation Framework developed and implementation is underway
Objective 2.2		Reduce the rate of falls among older adults				
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
2.2.1 Provide evidence-based falls prevention programs for seniors aged 55+ through the Holy Cross Senior Source	7/1/2017	6/30/2020	Leads: Senior Source	Montgomery County HOC and Recreation Department, Maryland Department on Aging	Quarterly reports for encounters, attendance/completion rate, falls assessments, and gait and balance scores; participant surveys, pre/posttests	Year One: Falls assessments provided to 168 with 6.6% improving gait and balance, surpassing the target of 5.5% A staffing plan was developed to increase the number of part-time evidence-based program instructors and expand the number of programs offered.
Objective 2.3		Reduce the proportion of noninstitutionalized older adults with disabilities who have an unmet need for long-term services and supports				
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
2.3.1 Provide medical, social, rehabilitative and recreational programs for adults with a chronic health problem or are recovering from an acute illness through the Medical Adult Day Center (MADC)	7/1/2017	6/30/2020	Leads: Medical Adult Day Center	Montgomery County DHHS, GROWS, Maryland Department on Aging; AAOA, MAADS, Alzheimer's Foundation, Alzheimer's Association, ARC	Quarterly reports for encounters, MADC daily census; participant surveys	Year One: 4,832 MADC visits with a daily census of 24.25; awarded \$110K Preserving Our Legacy grant for MADC upgrades

2.3.2 Provide support services to caregivers caring for loved ones with a chronic health problem or who are recovering from an acute illness through the Care Giver Resource Center	7/1/2017	6/30/2020	Leads: Care Giver Resource Center	Sisters of the Holy Cross, GROWS, Alpha Kappa Alpha Theta Omega Omega Chapter	Quarterly reports for encounters, participant surveys	Year One: Provides five weekly caregiver support groups: Validation Therapy for Dementia Patients, The Telephone Support Group, Support Group for Caregivers of Seniors (upper Montgomery County), Support Group for Spouses and Support Group for Adult Children
2.3.3 Provide free, confidential health surveys for seniors with Medicare who live independently in the community to reduce avoidable hospital use by connecting older adults to the services they need through the NexusMontgomery WISH program	7/1/2017	6/30/2020	Leads: Population Health	HSCRC, Adventist HealthCare, Medstar Montgomery Medical Center, Suburban Hospital	# WISH health surveys completed	Year One: WISH provided provided health surveys, health coaching and care coordination services to seniors with Medicare and client satisfaction surveys show the program is exceeding expectations of both seniors and their families.
2.3.4 Provide education on MOLST/Advanced Directives	7/1/2017	6/30/2020	Leads: MADC; Population Health		# educated on advanced directives	Year One: Working with NexusMontgomery to develop a public educational campaign on Advanced Directives; provide advanced directive informaiton at Senior Source and at Medical Adult Day Center
2.3.5 Develop evaluation framework for MADC and Care Giver Resources Center to identify and measure outcome indicators	7/1/2017	6/30/2019	Leads: Community Health Evaluation Team		Development of evaluation framework	Year One: Community Health Evaluation Framwork developed and implemenation is underway
Objective 2.4	Reduce the morbidity and costs associated with, and maintain or enhance the quality of life for, persons with dementia, including Alzheimer's disease.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				

<p>2.4.1 Provide social, rehabilitative, and recreational programs for adults with Alzheimer's disease and other dementia through the Medical Adult Day Center (MADC)</p>	7/1/2017	6/30/2020	Leads: Medical Adult Day Center	Montgomery County DHHS, GROWS, Maryland Department on Aging; AAOA, MAADS, Alzheimer's Foundation, Alzheimer's Association, ARC	Quarterly reports for encounters, MADC daily census; participant surveys	<p>Year One: Began exploring the use of tablets for the MADC population, particularly for Alzheimer's and dementia participants based on studies that have found benefits for Dementia patients</p>
<p>2.4.2 Provide evidence-based memory programs for seniors aged 55+ through the Holy Cross Senior Source</p>	7/1/2017	6/30/2020	Leads: Care Giver Resource Center	Sisters of the Holy Cross, GROWS, Alpha Kappa Alpha Theta Omega Omega Chapter	Quarterly reports for encounters, participant surveys	<p>Year One: Expanded Memory Academy to include two booster sessions and increased number of programs offered in upper Montgomery County. A staffing plan was developed to increase the number of part-time evidence-based program instructors and expand the number of programs offered.</p>
<p>2.4.3 Maintain MADC's status as a Dementia Care Program of Distinction</p>	7/1/2017	6/30/2020	Leads: Population Health	Alzheimer's Foundation	# WISH health surveys completed	<p>Year One: WISH provided health surveys, health coaching and care coordination services to seniors with Medicare and client satisfaction surveys show the program is exceeding expectations of both seniors and their families.</p>

Population Health

Holy Cross Health Implementation Plan 2018-2020

Year One Annual Report – July 2017 - June 2018

Disease Management						
Priority 3: Diabetes						
Goal 3	Reduce the disease burden of diabetes mellitus.					
Objective 3.1	Decrease the number of low-income, uninsured/underinsured persons with uncontrolled diabetes					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
3.1.1 Implement care management team at HC Health Centers for high-risk patients	7/1/2017	6/30/2020	Leads: Community Care Delivery	Montgomery County DHHS, Montgomery Cares, Kevin J. Sexton Fund	Quarterly reports on health center visits, clinical measures, readmissions/ED utilization, referrals to community health programs and social services	Year One: Developed plan to restructure care management team to better meet patient needs; incorporated 1.0 FTE health navigator to assist with specialty referrals and SDOH needs and .5 FTE health navigator to conduct home visits and address SDOH needs; anticipate integration of dietitian in Q1 FY19
Objective 3.2	Increase the self-managemnt skills of adults diagnosed with diabetes and increase prevention behaviors in adults at high risk for diabetes					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
3.2.1 Offer Diabetes Prevention Program in English and Spanish	7/1/2017	6/30/2020	Leads: Disease Management Services	Montgomery County DHHS; Trinity Health, Maryland Dept. of Health	Quarterly reports on encounters, average % weight loss, increase in physical activity, attendance/completion rate, DPP full recognition status	Year One: There were four cohorts in English and one cohort in Spanish with a total of 75 Participants. A staffing plan was developed to increase the number of part-time evidence-based program instructors and expand the number of programs offered.
3.2.2 Offer Stanford University's Diabetes Self-Management Program in English and Spanish	7/1/2017	6/30/2020	Leads: Disease Management Services	Montgomery County DHHS, HQI	Quarterly reports on encounters, attendance/completion rate, number of safety-net DSMP referrals, pre/posttests, self-efficacy survey	Year One: There were 11 cohorts held with 584 encounters and 66% of the 147 unique participants completing the class. A staffing plan was developed to increase the number of part-time evidence-based program instructors and expand the number of programs offered.
3.2.3 Referral process for Montgomery Cares safety-net clinic patients to Diabetes Self-Management classes offered by all health systems in Montgomery County	7/1/2017	6/30/2018	Leads: Hospital Health Improvement Collaborative	Montgomery Cares, Adventist Health, Medstar Montgomery, and Suburban	# referrals made	Year One: Hospitals identified one safety-net clinic to pilot program, program was dependent on volunteer implementation, volunteer left safety-net clinic mid-way through process. Looking at alternatives to referrals that are not dependent on volunteers

Priority 4: Cancers						
Goal 4	Reduce the number of new cancer cases, as well as illness, disability, and death caused					
Objective 4.1	Increase the number of low-income, uninsured women receiving breast cancer screenings and education on cancer prevention and the importance of early detection.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
4.1.1 Provide community-based breast cancer education	7/1/2017	6/30/2018	Leads: Health Equity	Maryland Dept. of Health	Quarterly reports on encounters	Year One: Provided breast cancer education to 708 community members during 166 educational sessions (community lectures, health fairs, one-to-one).
4.1.2 Provide access to mammogram services for uninsured, underinsured women	7/1/2017	6/30/2020	Leads: Community Care Delivery	Montgomery DHHS Cigarette Restitution Fund	health center patients receiving referrals, number of mammograms, number navigated to care and cycle time from diagnosis to treatment, number enrolled in state breast and cervical cancer program	Year One: Received 1,064 referrals from health centers and completed 655 mamograms with 79 patients navigated with a 22.7 day cycle time from diagnosis to treatment. Twenty patients enrolled in state BCC program. Mammogram referrals transferred to population health department to expand program to include all specialty referrals
Objective 4.2	Provide educational, community-based and clinical programs to reduce the number of cancer cases, as well as illness, disability, and death caused by cancer.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
4.2.1 Provide outreach and education on cancer prevention in Montgomery and Prince George's County through an equitable lens	7/1/2017	6/30/2018	Leads: Health Equity	Maryland Dept. of Health	Quarterly reports on encounters, cancer education provided by type	Year One: Provided outreach and education on cancer prevention (breast, cervical, colorectal, prostate, lung, skin) to 2,567 community members during 456 educational sessions (community lectures, health fairs, one-to-one). Grant funds from MCDHHS for fiscal year 2019 has been secured to continue cancer prevention outreach and education efforts.
4.2.2 Provide outreach and education on tobacco-free living	7/1/2017	6/30/2018	Leads: Health Equity	Montgomery DHHS Cigarette Restitution Fund	Number of referrals made to primary care or other social services	Year One: Provided outreach and education on smoking cessation and lung cancer prevention to 1,822 community members during 113 educational sessions (community lectures, health fairs, one-to-one). Grant funds from MCDHHS for fiscal year 2019 has been secured to continue smoking cessation and lung cancer prevention outreach and education efforts.
4.2.3 Provide HC Health Center referrals and screening for mammograms and colonoscopies, and tobacco cessation referrals and/or counseling to eligible health center patients	7/1/2017	6/30/2020	Leads: Community Care Delivery	Montgomery County DHHS, Montgomery Cares, Kevin J. Sexton Fund	Number of referrals made to primary care or other social services, % health center patients eligible for screenings receiving referrals (tobacco, mammogram, colonoscopy)	Year One: Provided 1,692 specialty care visits on site at HCHCs. Developed plan to restructure care management team to better meet patient needs; incorporated 1.0 FTE health navigator to assist with specialty referrals and SDOH needs and .5 FTE health navigator to conduct home visits and address SDOH needs; anticipate integration of dietitian in Q1 FY19

Priority 5: Cardiovascular Health						
Goal 5	Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke.					
Objective 5.1	Decrease the number of low-income, uninsured/underinsured persons with uncontrolled hypertension.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
5.1.1 Implement care management team at HC Health Centers for high-risk patients.	7/1/2018	7/31/2018	Leads: Community Care Delivery	Montgomery Cares, Kevin J. Sexton Fund	Quarterly reports on clinical measures, readmissions/ED utilization, number of referrals to community health programs and social services	Year One: Developed plan to restructure care management team to better meet patient needs; incorporated 1.0 FTE health navigator to assist with specialty referrals and SDOH needs and .5 FTE health navigator to conduct home visits and address SDOH needs; anticipate integration of dietitian in Q1 FY19
Objective 5.2	Provide educational and community-based programs to improve cardiovascular health.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
5.2.1 Provide community-based cardiovascular education and programming through an equitable lens	7/1/2018	6/30/2019	Leads: Health Equity		Quarterly reports on encounters, number of blood pressures screenings	Year One: Provided cardiovascular education to 3,043 community members during 179 educational sessions (community lectures, health fairs, one-to-one). Implemented a blood pressure screening program at 4 community sites (Langley Park Community Center, Bauer Park Community Center, East County Community Center, White Oak Community Center); 423 blood pressure screenings were provided.
5.2.2 Provide community fitness classes for adults and older adults aged 55+	7/1/2018	6/30/2020	Leads: Senior Source	Kaiser Permanente of the Mid-Atlantic States, National Lutheran Communities & Services, Montgomery County Department of Recreation, Maryland National Capital Park and Planning Commission, Faith-Based Organizations and Retirement Communities	Number of fitness classes offered	Year One: Offered multiple classes, including Zumba Gold, Butts and Guts, Ballet Gold, and Bollywood. More than 1200 seniors exercised daily through Senior Fit. Hired coordinator and data entry staff to assist with evaluation and assist in development to offer more classes upcounty and develop plans to expand programs outside of the Senior Source location
5.2.3 Develop community-based stroke awareness program	7/1/2018	6/30/2018	Leads: Health Equity; Senior Source	Montgomery County DHHS, MCPS	Stroke program developed	Year One: Developed two stroke programs; one in partnership with Linkages to Learning school-based health centers and one in partnership with the Boys and Girls Club of <u>Montgomery County</u>
5.2.4 Offer Stanford University's Chronic Disease Self-Management Program	7/1/2018	12/31/2018	Leads: Faith Community Nursing; Disease Management Services	Montgomery County DHHS, Area Agency on Aging	Quarterly reports on encounters, # classes held	Year One: Received grant from the state of Maryland to train faith community nurses and health ministers to offer DSMP. Six churches recruited (three minority or non-English speaking) and trained seven people to offer DSMP in faith communities

Priority 6: Obesity						
Goal 6		Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.				
Objective 6.1		Reduce the proportion of children and adolescents who are considered obese.				
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
6.1.1 Kids Fit – physical activity program for adolescents	7/31/2018	9/30/2018	Leads: Faith Community Nursing; Disease Management Services	Montgomery County HOC	Quarterly reports on encounters, number of Kids Fit participants, number Kids Fit participants taking Presidential Fitness Challenge, semi-annual fitness assessments	Year One: Kids Fit held at five HOC buildings in upper Montgomery County.
Objective 6.2		Increase the proportion of primary care physicians who regularly assess body mass index (BMI) in their adult patients.				
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
6.2.1 BMI assessment and diagnosis of obesity for health center patients			Leads: Faith Community Nursing; Disease Management Services	Montgomery Cares	Quarterly reports on percent patients with high BMI diagnosed as obese	Year One: Final year performance for BMI at 66.17%, exceeding Trinity target of 60%.
Priority 7: Behavioral Health						
Goal 7		Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.				
Objective 7.1		Increase access to appropriate, quality mental health services.				
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
7.1.1 Behavioral Health screenings with links to treatment at all health centers	7/31/2018	6/30/2020	Leads: Community Care Delivery	Montgomery Cares	Quarterly reports number behavioral health screenings conducted, #referred to social services and community health programs, # referred to treatment	Year One: The health centers had 1,738 behavioral health visits and 262 social work visits were provided and 84.4% of patients received depression screening during their primary care visit
7.1.2 Create Health System-wide plan to address opioid abuse	7/31/2018	6/30/2018	Leads: Advocacy	Maryland Dept. of Health, Montgomery County DHHS, Trinity Health, Healthy Montgomery	Development of opioid abuse plan	Year One: Met requirement of the HOPE and Treatment Act for a policy/guideline for patients who are discharged from the ER or inpatient services with evidence of opioid addiction or overdose. We will continue to address the opioid epidemic in conjunction with Trinity Health and the Maryland Hospital Association. FY19 plans underway to develop a system-wide plan to address behavioral health concerns
7.1.3 Provide behavioral health services and links to treatment through the NexusMontgomery Crisis House, ACT Teams, and behavioral health integration	7/31/2018	6/30/2020	Leads: Population Health	HSCRC, Adventist HealthCare, Medstar Montgomery Medical Center, Suburban Hospital	Number of persons served by Crisis House, number of full capacity ACT Teams; Interagency efforts to reduce hospital use by severely mentally ill patients, readmissions/ED utilization	Year One: NexusMontgomery provided 96 ACT Team admissions to provide individuals with additional support needed to avoid hospital use and live a productive life. Also provided 146 Crisis House admissions; providing community based care to individuals of 90% of whom would be hospitalized without access to this resource.
Disease Management						

Holy Cross Health Implementation Plan 2018-2020

Year One Annual Report – July 2017 - June 2018

Overarching Themes						
Themes	1. Improve access to health and social services 2. Achieve health equity for all residents, and 3. Enhance the physical and social environment to support optimal health and well-being and					
Objective T.1	Improve access to health and social services.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
T.1.1 Operate four health centers for the un/underinsured in geographically accessible locations	7/1/2018	6/30/2019	Leads: Community Care Delivery	Montgomery Cares, Trinity Health, Maryland Dept. of Health, Kevin J. Sexton Fund	Quarterly reports on encounters, patient visits, clinical measures	Year One: - 2,401 above budget for HCHCs (5.8%) , 422 below budget at Germantown (-5.8%), - Implementation of programs to strengthen continuum of care and connect to social services (added social worker, implemented Diabetes Care Management Team and Health Navigator, began using Care Coordination Tool, integration of dietitian in FY19) - Identified significant need for pediatric care at Aspen Hill; will begin planning in FY19 for FY20 expansion
T.1.2 Add Community Health Navigator to Care Management Team to address social determinants of health for health center patients	7/1/2018	6/30/2019	Leads: Population Health	Kevin J. Sexton Fund	Number of patients navigated by Community Health Navigator	Year One: - Developed plan to restructure care management team to better meet patient needs - incorporated 1.0 FTE health navigator to assist with specialty referrals and SDOH needs and .5 FTE health navigator to conduct home visits and address SDOH needs
T.1.3 Use Pathways Care Coordination software to coordinate care and link patients and community members to social services	7/1/2018	6/30/2019	Leads: Population Health	Kevin J. Sexton Fund	Number of patients/community members with Pathways Care Coordination plans	Year One: Pathways coordination tool initiated in October; - tool wasn't utilized to full capacity due to process needed to build referral partners. - Initiating Aunt Bertha in FY19 to connect patients to social programs, track their progress, and report on outcomes
T.1.4 Implement plan to link uninsured Maternity Partnership patients to primary care services at HC Health Centers to create a medical home for the whole family	7/1/2018	6/30/2019	Leads: Population Health	Maternity Partnership, Montgomery Cares	Number of maternity partnership patients linked to Germantown health center	Year One: - Initiatives implemented to increase awareness of HCHC in Germantown among Maternity Partnership patients and MPC members - 64 unique newborns at Germantown in FY18

Objective T.2	Achieve health equity for all residents.					
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
T.2.1 Restructure Community and Minority Outreach department and develop/implement strategies to advance Health Equity and Healthy Behaviors	7/1/2018	6/30/2019	Leads: Health Equity		Strategies developed to advance health equity and healthy behaviors; number health equity and healthy behavior strategies implemented	Year One: - Restructure completed - Plan developed and initiated to transfer grants funding chronic disease initiatives to Disease Management Services - Health Equity team focused on increasing knowledge by attending coferences, webinars, and other trainings - Began planning to implement strategies in FY19 to increasae awareness of health equity across the system and in the community
T.2.2 Assess community partnership and identify and address gaps in non-traditional partners—such as organizations addressing social determinants of health	7/1/2018	6/30/2019	Leads: Health Equity		Partnership assessment, number of partnerships to support gaps	Year One: - Partnership list completed and incorporated into community engagement committee; - community health identified behavioral health, homelessness and food insecurity as gaps
T.2.3 Create informal community advisory groups to engage and lead ongoing community conversations to identify needs and develop solutions.	7/1/2018	6/30/2019	Leads: Health Equity	Kevin J. Sexton Fund	Number of informal advisory groups created , number of community conversations	Year One: - Community Conversations and advisory group formation to occur in FY19
T.2.4 Continue Faith Community Nursing program and begin expansion and diversification of denominations among the FCN partnership to continue to connect all populations within the communities to a broad array of resources and services			Leads: Faith Community Nursing	Faith Community Nurse Network	Denominations of Faith Community Nursing partnerships	Year One: - Five partnerships established with Christian congregations; 3 multicultural/English speaking; 1 African American/English Speaking; 1 African/Amharic speaking

Objective T.3						
Enhance the physical and social environment to support optimal health and well-being and reduce unhealthful behaviors.						
Key Actions	Timeframe		Responsible Parties	Partners	Measures	Status
	Start	End				
4.2.3 Transforming Communities Initiative (TCI) – Policy, System, and Environmental strategies to promote tobacco-free living and decrease obesity; especially childhood obesity	7/1/2018	6/30/2020	Leads: Health Equity	Trinity Health, Montgomery County DHHS, Suburban Hospital, AdventistHealth, Medstar Montgomery Medical Center, Primary Care Coalition, MCPS, HCRC, Health Care Initiative Foundation	Number of PSE strategies implemented, number of community partnerships, quarterly progress reports	Year One: Through the TCI: <u>Tobacco 21</u> - Worked to build statewide tobacco 21 campaign by testifying, creating action alerts, and raising the communications profile through op-eds, social media graphics, and earned media <u>Local School Wellness Councils</u> - Trained 51 Wellness Champions and related LSWC personnel from the 15 pilot schools, created a monthly newsletter and website, began developing on-line tool kit, funded implementation activities at 15 pilot schools (ex. mindfulness, organized recess, increased physical activity, increased water consumption, attention to nutrition, and restorative justice) <u>Safe Routes to Schools</u> - Working with Dept. of Transportation and MCPS to conduct Safe Routes to School assessments, develop and promote Safe Routes to School maps, and increase the bicycle and pedestrian educational and safety trainings <u>Food as Medicine Program</u> - implemented food security screening and referral between safety-net health care clinics and food and nutrition service providers at two MobileMed clinic sites and Mercy Health Clinic <u>MC Food Security Plan</u> - built infrastructure to implement and support; launched FoodStat data analysis tool and released the Montgomery County Food Assistance Directory
Overarching Themes						



Holy Cross Health: Patient Financial Assistance

Owner/Dept: Julie Keese, VP, Reimbursement & Revenue Mgmt/ Office of the CFO	Date approved: 06/11/2018
Approved by: Anne Gillis (RHM Chief Financial Officer), Annice Cody (President Holy Cross Health Network), Doug Ryder (RHM President), Louis Damiano (RHM President)	Next Review Date: 06/11/2020
Affected Departments: Collections, Emergency Registration, Financial Counseling, HCH Ob-Gyn Clinic, HCHC Aspen Hill, HCHC Gaithersburg, HCHC Germantown, HCHC Silver Spring, Insurance Billing, Legal Services, Office of the CFO, Patient Access Services, Patient Accounting, Patient Registration, Pre-Arrival Services	

Purpose

It is part of the Holy Cross Health mission to make medically necessary care available to those in our community who are in need regardless of their ability to pay. Since all care has associated cost, any “free” or “discounted” service provided through this program results in that cost being passed on to other patients and their payers. Holy Cross Health therefore has a dual responsibility to cover those in need while ensuring that the cost of care is not unfairly transferred to individuals, third party payers and the community in general.

It is the purpose of this policy to:

- Ensure a consistent, efficient and equitable process to provide free or reduced-cost medically necessary services to patients who reside in the state of Maryland or who present with an urgent, emergent or life-threatening condition and do not have the ability to pay.
- Ensure regulatory agencies and the community at large that Holy Cross Health documents the financial assistance provided to these patients so that their eligibility for the assistance is appropriately demonstrated.
- Protect a stated level of each patient’s assets when determining their eligibility for financial assistance under this policy.
- Provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance under this policy.

Applies to: Services, locations and facilities listed in Covered Services section

**Policy
Overview**

The Holy Cross Health patient financial assistance policy applies in those cases where patients do not have sufficient income or assets to pay for their care and fulfill their obligation to cooperate with and avail themselves of all programs for medical coverage (including Medicare, Medicaid, commercial insurances, workers compensation, and other state and local programs). The financial assistance policy is comprised of the following programs – each of which may have its own application and/or documentation requirements:

- **Scheduled Financial Assistance Program:** Holy Cross makes available financial assistance to eligible patients who have a current or anticipated need for inpatient or outpatient medical care. This assistance requires completion of an application and provision of supporting documentation. Once approved, such financial assistance remains in effect for a period of six months after the determination unless the patient’s financial circumstances change or they become eligible for coverage through insurance or available public programs during this time.
- **Presumptive Financial Assistance Program:** Holy Cross makes available presumptive financial assistance to eligible patients as follows:
 - Patients, unless otherwise eligible for Medicaid or CHIP, who are beneficiaries of the means-tested social services programs listed below are eligible for free care, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
 - Households with children in the free or reduced lunch program;
 - Supplemental Nutritional Assistance Program (SNAP);
 - Low-income-household energy assistance program;
 - Women, Infants and Children (WIC)
 - Patients who are beneficiaries of the Montgomery County programs listed below are eligible for 60% financial assistance, provided that the patient submits proof of enrollment within 30 days unless a 30 day extension is requested. Assistance will remain in effect as long as the patient is an active beneficiary of one of the programs below:
 - Montgomery Cares;
 - Project Access;
 - Care for Kids

Note: Patients in these County programs may also be eligible and evaluated for 100% financial assistance based upon completion of a

Uniform Financial Assistance Application and provision of supporting documentation.

- Deceased patients with no known estate, patients who are homeless, unemployed, had their debts discharged by bankruptcy and members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.
- Uninsured patients receiving services at Holy Cross Health Centers and/or the Obstetrics/Gynecology Clinics. In some cases both the eligibility and documentation requirements will reflect the processes and policies of county or other public programs for financial assistance. This assistance is based on the same financial assistance eligibility schedule, but normally requires a less extensive documentation process. In accordance with County policy, patients are expected to make the minimum required co-payments and/or contractual payments regardless of the level of charity care for which the patient would otherwise be eligible.
- Patients qualifying for public assistance programs who receive non-covered medically necessary services.

Holy Cross Health recognizes that not all patients are able to provide complete financial and/or social information and Holy Cross Health may elect to approve financial support based on available information, including third-party, predictive modeling software, prior to referring an outstanding balance to an external collection agency to ensure those patients who cannot afford to pay for care are appropriately identified regardless of documentation provided.

- **Medical Financial Hardship Program:** Holy Cross Health also makes available financial assistance to “medically indigent” patients who demonstrate a financial hardship as a result of medical debt. This program requires a more extensive documentation process. Reduced-cost financial assistance will remain in effect during the 12-month period after the date the reduced-cost medically necessary care was initially received and will apply to the patient or any immediate family member of the patient living in the same household when seeking subsequent care at a Holy Cross Health facility.

If a patient meets the eligibility requirements of more than one of the programs listed above, Holy Cross Health will apply the reduction in charges that is most favorable to the patient.

Within two business days of the receipt of a patient request for financial assistance, a preliminary eligibility determination will be made. Final determination is subject

to validation of the information on the Uniform Financial Assistance Application. Holy Cross Health will require from patients or their guardians only those documents required to validate information provided on the application.

The documentation requirements and processes used for each financial assistance program are listed in this policy and the Uniform Financial Assistance Application and accompanying instructions.

**Amount
Generally
Billed (AGB)**

An individual who is eligible for assistance under this policy for emergency or other medically necessary care will never be charged more than the amounts generally billed (AGB) to an individual who has insurance coverage for such care. We determine the AGB using the Medicare prospective method as permitted under Federal 501(r) regulations and this provides the reduction in charges that is most favorable to the patient eligible for assistance under this policy.

The charges to which a discount will apply are set by the State of Maryland's Health Services Cost Review Commission (HSCRC) and are the same for all payers (i.e. commercial insurers, Medicare, Medicaid or self-pay). Holy Cross's AGB is 94% of charges which represents the amount Medicare would allow for the care. This includes both the amount Medicare would pay and the amount, if any, the individual is personally responsible for paying in the form of co-payments, coinsurance and deductibles.

**Covered
Services**

The financial assistance policy applies only to charges for medically necessary patient services that are rendered at facilities operated solely by Holy Cross Health. These facilities include Holy Cross Hospital, Holy Cross Germantown Hospital, Holy Cross Health Centers, Holy Cross Health Partners and Holy Cross Dialysis Center at Woodmore. It does not apply to services that are operated by a "joint venture" or "affiliate" of Holy Cross Health. Contracted physicians (Emergency Medicine, Anesthesia, Pathology, Radiology, Hospitalists, Intensivists, Surgiclists, and Neonatologists) also honor scheduled financial assistance determinations made by Holy Cross Health

Provision of services specifically for the uninsured: In the event that Holy Cross Health provides a more cost effective setting for needed services (such as the Obstetrics/Gynecology Clinics or the Health Centers), in cooperation with community groups or contracted physicians, specific financial assistance and payment terms apply that may differ from the general Holy Cross Health financial assistance program. In these heavily discounted programs, patients are expected to make the minimum co-payments that are required regardless of the level of charity care for which the patient would otherwise be eligible. Those minimum obligations are not then eligible to be further reduced via the scheduled financial assistance policy.

Services Not Covered

Services not covered by this financial assistance policy are:

- Private physician services (except for the contracted providers described above) or charges from facilities in which Holy Cross Health has less than full ownership.
- Cosmetic, convenience, and/or other medical services, which are not medically necessary. Medical necessity will be determined by Holy Cross Health consistent with regulatory requirements after consultation with the patient's physician and must be determined prior to the provision of any non-emergent service.
- Services for patients who do not cooperate fully to obtain coverage for their services from County, State, Federal, or other assistance programs for which they are eligible.

Note: A comprehensive list of providers who participate and do not participate in the Holy Cross Health financial assistance program can be found on Holy Cross Health's external website and is made available upon request.

Patient Eligibility Requirements

Holy Cross Health provides various levels of financial assistance to Maryland residents and patients who present with an urgent, emergent or life-threatening condition whose income is less than 400% of the federal poverty level and whose monetary assets that are convertible to cash do not exceed \$10,000 as an individual or \$25,000 within a family. Monetary assets that are convertible to cash exclude up to \$150,000 of equity in their primary residence, business use vehicles, personal tools used in their trade or business, personal use property, deferred retirement plan assets, financial awards received from non-medical catastrophic emergencies, irrevocable trusts for burial purposes, prepaid funeral plans, and government administered college savings plans. Holy Cross Health will also provide assistance to patients with family income up to 500% of the federal poverty level that demonstrate a financial hardship as a result of incurring hospital medical debt that exceeds 20% of family income over a 12-month period.

Any individual may make a request to reconsider the level of reduced-cost care approved or denial of free or reduced-cost care by Holy Cross Health for the individual. In such cases, requests are to be made to the financial counseling manager who will consider the total financial circumstances of the individual including outstanding balances owed to Holy Cross Health, debt and medical requirements as well as the individual's income and assets. The financial counseling manager will assemble the patient's request and documentation and present it to the financial assistance exception committee (comprised of the Chief Mission Officer, Chief Financial Officer, Chief Quality Officer and the Vice President, Reimbursement and Revenue Management) for consideration.

If an application is received within 240 days of the first post-discharge billing

statement, and the account is with a collection agency, the agency will be notified to suspend all Extraordinary Collection Actions (ECA) until the application and all appeal rights have been processed.

In any case where the patient's statements to obtain financial assistance are determined to be materially false, all financial assistance that was based on the false statements or documents will be rescinded, and any balances due will be processed through the normal collection processes.

The scheduled financial assistance program provides free medically necessary care to those most in need – patients who have income equal to or less than 200% of the federal poverty level. It also provides for a 60% reduction in charges for those whose income is between 201% and 300% of the poverty level, and 30% assistance from 301% to 400% of the federal poverty level. For those patients who demonstrate a medical financial hardship, a minimum of 30% assistance may be provided from 401% to 500% of the federal poverty level. Holy Cross Health's schedule of financial assistance will change according to the annual update of federal poverty levels published in the HHS Federal Register.

Patients with family income up to 200% of the Federal Poverty Income Guidelines will be eligible for financial assistance for co-pay and deductible amounts provided that there is no conflict with contractual arrangements with the patient's insurer or enrollment in a Montgomery County program.

Continuing financial obligation of the patient: Patients who receive partial financial assistance have been determined to be capable of making some payment for their care. Unless a specific patient financial assistance exception request is made and approved, or Holy Cross Health management formally adopts a procedure that exempts collection processes for particular services, patients are expected to pay the amount of the reduced balance. In cases other than the above, any patient who fails to pay their reduced share of the account in question will have that account processed through our normal collection procedures, including the use of outside agencies and credit reporting. However, Holy Cross Health will not pursue a judgment against anyone who has legitimately qualified for any scheduled level of Holy Cross Health financial assistance. Payment plans are also made available to uninsured patients with family income between 200% and 500% of the federal poverty level that request assistance.

**Notice of
Financial
Assistance**

The financial assistance program is publicized to patients of Holy Cross Health to whom it may apply. The information will be made available via the following methodologies:

- 1) A plain language summary of Holy Cross Health's financial assistance policy, financial assistance applications, and the Hospital patient information sheet is prominently displayed in all registration and cashier areas, the

facilities' main lobby, cafeteria and the emergency center, and the health center campuses in English, Spanish and in the predominant languages represented by our patient population as defined by applicable regulations. All documents can also be accessed, viewed, downloaded and printed from Holy Cross Health's external website.

- 2) Notice of financial assistance availability is indicated on all Holy Cross Health billing statements along with a reference to the external website and phone number where inquiries can be made.
- 3) All self-pay patients are advised of the existence of the financial assistance program during the pre-registration and registration process.
- 4) Information regarding eligibility and applications for financial assistance will be mailed to any patient who requests it at any time – including after referral to collection agencies.
- 5) A notice will be published each year in a newspaper of wide circulation in the primary service areas of Holy Cross Health.

The actions that Holy Cross Health may take in the event of nonpayment are described in a separate policy entitled "Billing and Collection of Patient Payment Obligations". A copy of the policy is available through our financial counseling department upon request.

Related Documents

- Billing and Collection of Patient Payment Obligations Policy
- Holy Cross Health Financial Assistance Program – Participating Providers
- Holy Cross Health Financial Assistance Program – Non-Participating Providers

References

- Trinity Health. “Financial Assistance Policy”, Trinity Health system policy URO-02-12-07 , February 12, 2017.
- Federal Poverty Guidelines, HHS Federal Register
- Patient Protection and Affordable Care Act: Statutory Section 501(r)

Questions and More Information

Contact the financial counseling department at 301-754-7195 or the financial counseling manager at extension 301-754-7193 with questions and for more information.

Policy Modifications

The Holy Cross Health Board of Directors must approve modifications to this policy. In addition, this policy will be presented to the Board for review and approval every two years.

Approval

This policy was reviewed and approved by the Holy Cross Health Executive Team and the Holy Cross Health Board of Directors on April 19, 2018.

Financial Assistance Plan Plain Language Summary

Holy Cross Health is committed to being the most trusted provider of health care services in our community. That involves a commitment to provide accessible services to individuals who are uninsured or underinsured and do not have the resources to pay for necessary care. In addition, Holy Cross Health provides urgent or emergent care to all patients regardless of ability to pay.

Our Financial Assistance Program

Holy Cross Health provides substantial Financial Assistance to low-income patients who do not qualify for public programs such as Medicaid, MCHP, MHIP, etc. or have insurance that does not cover medically necessary care. For qualifying patients, Holy Cross Health also provides limited coverage to individuals whom demonstrate approval under means-tested social services programs. In addition, our program covers all medically necessary services charged and billed by the Hospital and our hospital-based physicians such as emergency physicians, radiologists, pathologists, hospitalists, anesthesiologists and neonatologists. A patient's payment for reduced-cost care shall not exceed the amount generally billed (AGB). The AGB is determined by compliance with the hospital's Maryland Health Services Cost Review Commission (HSCRC) rate order.

Eligibility for our Financial Assistance program is determined on an individual basis, evaluating both income and assets. Qualifying patients must make less than 300% of the federal poverty level. Income limits vary by family size. In addition, qualifying patients must demonstrate less than \$10,000 of net assets for an individual or less than \$25,000 in net assets for a family. Once granted, the eligibility applies to all medically necessary services not covered by other programs unless the patient becomes eligible for coverage under public programs during this time.

Holy Cross Health offers Financial Assistance for individuals who qualify under specific means-tested County, Local and State programs. These programs include Household with Children in the National School Lunch, Food Stamps or Supplemental Nutritional Assistance, Maryland Energy Assistance, and Women, Infant and Children Program. Additionally, Medical Financial Hardship Assistance is also available if you have Holy Cross Health debt greater than 20% of your family income (*not including co-insurance, co-payments, hospital based physician bills, and/or deductibles*).

In order to evaluate eligibility, documentation must be provided to verify income, assets and/or enrollment in means-tested social services programs. For a listing of required documents and further details on how to apply for Financial Assistance, and or the Medical Financial Hardship process, please request an application from any of our registration representatives or contact our financial counseling office at **301-754-7195**. The application can also be accessed through our website at www.holycrosshealth.org/FinancialAssistance.

Patient's Rights and Obligations

Maryland law requires that each hospital notify patients' of their right to receive assistance in paying their hospital bill. Maryland law also requires that each hospital notify patients' of their obligation to pay the hospital bill and provide complete and accurate information to the hospital in the timeframes specified.

Patients' have the **Right** to:

- Apply for Financial Assistance and if criteria are met, receive assistance from the hospital in paying their bill
- Contact the hospital to request an explanation of their hospital bill and an itemization of services received
- Contact the hospital for assistance if they feel they have been wrongly referred to a collection agency
- Request a payment plan if the family income is between 200% and 500% of the federal poverty level

Patients' are **Obligated** to:

- Pay the hospital bill in a timely manner if they have the ability to pay
- Contact the hospital immediately if the patient cannot afford to pay the bill in full and seek assistance in resolving their outstanding balance
- Provide accurate and complete information to the hospital regarding insurance coverage prior to or at the time of service and upon request
- Contact the hospital promptly to provide updated/corrected information if their financial position changes

Hospital Contact Information

If you have questions about your bill, would like to request an itemized statement or to pay or establish payment arrangements for your bill, please contact a customer service representative at 301-754-7680, Monday through Friday, between 9:00 a.m. to 4:00 p.m. For your convenience, you may make an online payment using a major credit card by visiting our website at www.holycrosshealth.org.

Physician Services

Holy Cross Health does not employ the physicians who practice at the hospital, so each physician group that provided services to you will bill you separately for their services.

Applying for the Maryland Medical Assistance Program

For assistance in determining whether you qualify for Medicaid or other available programs, please contact one of the numbers below or visit the Maryland Department of Health and Mental Hygiene at www.dhmh.state.md.us/gethealthcare for more information. Eligibility is based on medical conditions, economic situation, citizenship, age, and family size.



Holy Cross Health
Financial Counseling 1500
 Forest Glen Road
 Silver Spring, MD 20910-1484
 Phone: (301) 754-7195
 Fax: (301)-754-3227
 Hours: 7:30 am-6:00 pm

	Location	Phone Numbers	Zip Codes
Rockville	<p>Local Office 1301 Piccard Dr., 2nd Fl. Rockville, MD 20852</p> <p>Service Eligibility Unit 1335 Piccard Dr., 1st Fl. Rockville, MD 20852</p>	<p>Phone: 240-777-4600 Fax: 240-777-4100</p> <p>Phone: 240-777-3120 Fax: 240-777-1013</p>	<p>20812, 20813, 20814, 20815, 20816, 20817, 20818, 20824, 20827, 20830, 20832, 20833, 20848, 20849, 20850, 20851, 20852, 20853, 20854, 20856, 20860, 28061, 20862, 20895, 20896, 20902, 20906</p>
Silver Spring	<p>Local Office 8818 Georgia Ave., 1st Fl. Silver Spring, MD 20910</p> <p>Service Eligibility Unit 8630 Fenton Street, 10th Fl. Silver Spring, MD 20910</p>	<p>Phone: 240-777-3100 Fax: 240-777-3070</p> <p>Phone: 240-777-3066 Fax: 240-777-1307</p>	<p>20866, 20868, 20901, 20903, 20904, 20905, 20907, 20910, 20911, 20912, 20914, 20915, 20916, 20918</p>
Germantown	<p>Local Office 12900 Middlebrook Rd., 2nd Fl. Germantown, MD 20874</p> <p>Service Eligibility Unit 12900 Middlebrook Rd., 2nd Fl. Germantown, MD 20874</p>	<p>Phone: 240-777-3420 Fax: 240-777-3477</p> <p>Phone: 240-777-3591 Fax: 240-777-3563</p>	<p>20832, 20837, 20839, 20841, 20842, 20855, 20871, 20872, 20874, 20875, 20876, 20877, 20878, 20879, 20880, 20882, 20884, 20885, 20886, 21771, 20784</p>
PG County	<p>Local Office 6505 Belcrest Rd. Hyattsville, MD 20782</p>	<p>Phone: 301-209-5000 Healthline 1-888-561-4049</p>	

PART THREE: AMENDMENTS

Question

(Question 43) In describing the involvement of internal staff and departments in CHNA activities, the narrative states that Social Workers were not involved. Later, in Question 53 the narrative states that they do not exist. Please clarify the status of this department.

Answer

Yes, this department does exist. The answer should have been "N/A - Person or Organization was not involved"

Question

(Question 54) The list of external community benefit participants identified a number of organizations which completed “other” activities but had no boxes checked. Did you intend to check one or more boxes for these organizations? Specifically, Area Agency on Aging, Local Govt. Organizations, Faith-Based Organizations, School – K-12, Behavioral Health Organizations, and Social Service Organizations.

Answer

Yes, all of these organizations should have had "Other" checked. We partner with these organizations to implement various community benefit programs.

Question

(Question 54) Also in the section on community benefit participants, a consumer group appears by name but the checkmark indicates that they were not involved. Did you intend to select an activity that the American Cancer Society Cancer Action Network participated in?

Answer

"Delivering CB initiatives" - we worked with them to advocate for Tobacco 21

Question

(Question 81) For initiative 1, under the kinds of evidence used to evaluate effectiveness, the report listed “other – low birthweight.” Did you intend to select “biophysical health indicators?”

Answer

Yes

Question

(Question 92 and 93) For initiative 2, under population size, the target population is those 65+, but under the population characteristics the target population is those 55+. Please clarify the age range of the target population.

Answer

The population characteristics were only found for those aged 65+. Senior Fit targets all seniors starting at age 55, with the purpose to keep seniors active at all ages. However, the average age for Senior Fit is in the mid-seventies.

Question

(Question 110) For initiative 3, a date appears under population size. Please provide an estimate for the target population size.

Answer

One of the main indicators to be eligible for the diabetes prevention program is to be overweight or obese. Approximately 69.7% of Prince George's County residents are overweight or obese and approximately 56.5% of Montgomery County residents are overweight or obese.

Question

(Question 117) For initiative 3, under the kinds of evidence used to evaluate effectiveness, body weight is listed as a process/implementation measure. Did you intend to select “biophysical health indicator?”

Answer

Yes