

## **Union Hospital of Cecil County**

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

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

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. 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: Union Hospital of Cecil County.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210032.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called N/A.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital was licensed for 82 beds during FY 2018.	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's primary service area includes the following zip codes: 21901, 21902, 21903, 21904, 21911, 21912, 21913, 21914, 21915, 21916, 21917, 21918, 21919, 21920, 21921, 21922.	<input type="radio"/>	<input checked="" type="radio"/>	21901, 21911, 21914, 21915, 21916, 21920, 21921
Your hospital shares some or all of its primary service area with the following hospitals: UM Upper Chesapeake Health.	<input type="radio"/>	<input checked="" type="radio"/>	N/A

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.

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

[Community Health Statistics - Cecil County.pdf](#)  
402KB  
application/pdf

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

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

21635

21901

21902

21903

21904

21911

21912

21913

21914

21915

21917

21918

21919

21920

21921

21930

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

Other. Please describe.

While the majority of Union Hospital patients come from Elkton (21921) and North East (21901), the hospital serves all residents in Cecil County and therefore includes all applicable zip codes in the CBSA.

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

<https://www.uhcc.com/about-us/values-mission/>

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?

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

[Union Hospital Inpatient Statistics.xlsx](#)

13.1KB

application/vnd.openxmlformats-officedocument.spreadsheetml.sheet

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 area is not displayed to the respondent.

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

06/30/2013

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

06/30/2016

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

<https://www.uhcc.com/about-us/community-benefit/reports/>

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.

Paper copies of the CHNA are available upon request.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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)		
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  Approved the CHNA process prior to conduction. Reviewed the final CHNA Report and Community Health Improvement Plan.
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	The Community Benefit Coordinator, in partnership with the Director of Health Planning at the Cecil County Health Department, facilitated all planning sessions to develop the Community Health Improvement Plan (CHIP) - the county-wide strategic plan that addresses the priority needs from the CHNA, compiled all the data, wrote the CHNA report and the CHIP, fielded public comment, and posted the reports online.
Community Benefit staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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:
Physician(s)	<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"/>	
Nurse(s)	<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"/>	
Social Workers	<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"/>	
Community Benefit Task Force	<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"/>	
Hospital Advisory Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

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 - If you selected "Other (explain)," please type your explanation below:	
Other Hospitals -- Please list the hospitals 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"/>		
Local Health Department -- Please list the Local Health Departments here:	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	The Director of Health Planning, in partnership with the Community Benefit Coordinator at Union Hospital of Cecil County, facilitated all planning sessions to develop the Community Health Improvement Plan (CHIP), compiled all the data, wrote the CHNA report and the CHIP, and posted the reports online.	



	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)	
Local Health Improvement Coalition -- Please list the LHICs here: Cecil County Community Health Advisory Committee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CHAC was responsible for developing the CHIP strategies, executing the CHIP strategies through assigned task force initiatives/activities throughout the 3-year measurement cycle, and reporting outcomes 2x/year.
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 checked="" type="checkbox"/>	Provided a Spanish interpreter for one of the focus groups.
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 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"/>	
Area Agency on Aging -- Please list the agencies here: Cecil County Department of Community Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	As a member organization of the Cecil County Community Health Advisory Committee (CHAC), DCS helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.
Local Govt. Organizations -- Please list the organizations here: Cecil County Dept of Emergency Services, Cecil County Dept of Corrections, Cecil County Housing, Elkton Police Dept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	As member organizations of CHAC, they helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.

	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)	
Faith-Based Organizations	<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 checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  As member organizations of CHAC, they helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.
School - K-12 -- Please list the schools here: Cecil County Public Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  As member organizations of CHAC, CCPS helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.
School - Colleges and/or Universities -- Please list the schools here: Cecil College	<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 checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  As a member organization of CHAC, Cecil College helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.
School of Public Health -- Please list the schools here: Medical College of Wisconsin - MPH Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  We had an MPH intern from this school (Dr. Julie Poludniak, Medical Director of Occupational Medicine at Union Hospital) complete her MPH capstone project by assisting us with the CHNA planning and conduction, as well as the development and implementation of the CHIP.
School - Medical 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"/>	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing 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"/>	Other - If you selected "Other (explain)," please type your explanation below:
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"/>	Other - If you selected "Other (explain)," please type your explanation below:
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"/>	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Affiliated Sante Group - Mobile Crisis, Upper Bay Counseling & Support Services	<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 checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  As member organizations of CHAC, they helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.

	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)	
Social Service Organizations -- Please list the organizations here: Cecil County Dept of Social Services	<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 checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  As a member organization of CHAC, DSS helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.
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: Deep Roots, Elkton Community Kitchen, Youth Empowerment Source, YMCA, Meeting Ground, On Our Own of Cecil County, The Paris Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  As member organizations of CHAC, they helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.
Consumer/Public Advocacy Organizations -- Please list the organizations here: Maryland Delegates	<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"/>	
Other -- If any other people or organizations were involved, please list them here: Private citizens, private health care professionals, West Cecil Health Center (FQHC)	<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 checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:  As member organizations of CHAC, they helped develop CHIP strategies and assisted with executing the strategies through CHAC task force initiatives/activities throughout the 3-year measurement cycle.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

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.

02/01/2015

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

<https://www.uhcc.com/about-us/community-benefit/reports/>

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 was not displayed 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 checked="" type="checkbox"/> Access to Health Services: Health Insurance   | <input type="checkbox"/> Family Planning | <input checked="" type="checkbox"/> Older Adults      |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs    | <input type="checkbox"/> Food Safety     | <input checked="" type="checkbox"/> Oral Health       |
| <input checked="" type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Genomics        | <input checked="" type="checkbox"/> Physical Activity |
| <input checked="" type="checkbox"/> Access to Health Services: ED Wait Times      | <input type="checkbox"/> Global Health   | <input type="checkbox"/> Preparedness                 |

- 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
- Health Communication and Health Information Technology
- Health-Related Quality of Life & 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 & Infant Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care

Other (specify)  
 Problem gambling, high blood pressure, outdoor health impediments (Lyme disease, deer tick bites, allergies, skin rashes, muscle/body aches), teen pregnancy, child abuse/neglect, domestic violence, homicide, rape/sexual assault, suicide prevention, and health literacy

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

Our first CHNA assessed the needs of the community but created two sets of health priorities: one set for the community (priorities: substance abuse, mental health access, child abuse, and childhood obesity); and one set for Union Hospital (priorities: respiratory health, heart disease, and obesity). Identifying two sets of priorities required creating implementation plans for both cohorts and ended up being very difficult to execute and monitor for effectiveness. Seeing that this was not a sustainable process, Community Benefit and leadership from Cecil County Health Department made the decision to create an aligned CHNA and CHIP process where one set of health priorities and one implementation plan would be generated to address community health improvement. Community Benefit and health department leadership emphasized that this would be a process where the hospital and health department would be partners to implement change but not solely responsible for it. This newly aligned process would also support and reinforce community ownership with consistent and continuous support from the hospital and health department. As a result, the most recent CHNA identified one set of priorities broken into three buckets: behavioral health (substance use, mental health); chronic disease (heart disease, stroke, respiratory and lung disease); and social determinants of health (poverty and homelessness). Because it was a more concerted effort, we were able to effectively direct our Local Health Improvement Coalition in the strategic planning process which yielded a more manageable Community Health Improvement Plan (implementation plan). Comparing the most recent CHNA's priorities to the first CHNA's priorities, as well as comparing the processes themselves, it's evident that we had more substantive community participation and facilitated a more concerted effort to identify what was impacting our community. The behavioral health piece will likely always be present in our top 3-5, but it was great to see the community rally around the importance of addressing the social determinants of health, especially homelessness, as this is a large issue in our community.

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

In September 2017, Union Hospital's community health improvement process (CHNA and CHIP) was selected out of 128 hospitals nationwide as a top 10 best practice site by Health Resources in Action (HRIA), a consulting firm out of Boston, for a case study analysis funded by the Robert Wood Johnson Foundation. We were selected based on our competency in meeting all study criteria which especially focused on our collaboration with Cecil County Health Department in demonstrating effective alignment of process, resources, and support for assessing and addressing community health needs. In March 2018, HRIA conducted a 2-day site visit in Cecil County to gather information about our collaborative CHNA process. HRIA facilitated interviews with Community Benefit and organizational leadership from Union Hospital and Cecil County Health Department, as well as focus groups with community partners who participated in the most recent CHNA and CHIP. Results from the HRIA site visit will be included in the case study report to be published in late 2018. HRIA also plans to set-up a learning collaborative for the top 10 sites to share strategies, brainstorm, and further the mission of community health improvement.

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 - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Senior Executives (CEO, CFO, VP, etc.) (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 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	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 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"/>	
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BOD approves the HSCRC report during the November board meeting where the Community Benefit Coordinator provides a brief overview of the prior FY's Community Benefit activities and dollar amounts reported under each category as well as the Net Community Benefit amount. BOD asks questions as needed.
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinical Leadership (facility level)	<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"/>	<input type="checkbox"/>	
Clinical Leadership (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Population Health Staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit staff (system level)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





School - Medical School -- Please list the schools here: University of Maryland, Arcadia University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	We tracked student hours in FY18 from these colleges and universities for advanced practice clinical rotations.
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:	
School - Nursing School -- Please list the schools here: Cecil College; University of Delaware, Salisbury University, University of Maryland, Lincoln University, Del Tech, Del State, Stephens University, Towson, Harford Community College, Wilmington University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	We tracked student hours in FY18 from these colleges and universities for nursing and advanced practice clinical rotations, as well as graduate and allied health internships.
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:	
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"/>	
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:	
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"/>	
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:	
Behavioral Health 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"/>	
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:	
Social Service 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"/>	
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:	
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"/>	
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:	
Community/Neighborhood Organizations -- Please list the organizations here: Cecil County Public Libraries	<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	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:	
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"/>	
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: Blood Bank of Delmarva; Boy Scouts of America (Delmarva Council)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1) Blood Bank of Delmarva provides 2-3 blood drives per year at Union Hospital. Staff participates and time is recorded as In-Kind Donations. 2) The Boy Scouts of America's Delmarva Council sponsors the hospital's Explorer Post #2057. All Post activities and operations are run by Community Benefit. The club meets monthly and engages students (14-18 years old) in health care and medical career exploration activities, whose content is geared toward identified student interests. All activities are hands-on and involve instruction from various department staff throughout the hospital. Community Benefit has successfully run this program for 8 years. Explorer Post #2057 engages 12-30 students each year and enrollment is available year-round.
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.

This question was not displayed to the respondent.

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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.

Peer Recovery Advocates Program

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

- Yes
- No

Q71. 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 checked="" 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 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 checked="" 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.<br><input type="text"/> |

Q72. When did this initiative begin?

05/31/2013

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 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. Union Hospital does not plan on ending our partnership with the Cecil County Health Department who provides this program through their Alcohol and Drug Recovery Center.

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

Age-adjusted ER rate due to alcohol/substance abuse (2014, Cecil County): 2,165.7 ER visits/100,000 population

Q75. Describe the characteristics of the target population.

This program targets patients with substance use disorders (including people with co-occurring mental health disorders). Initial presentation of patients occurs in the Emergency Department when those qualifying and needing intervention are identified through the intake process.

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

634

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.

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

Yes. Please describe who was involved in this initiative.

The Cecil County Health Department provides the Peer Recovery Specialists that intervene with identified patients. Union Hospital staff provide in-kind time (paid hours during work day) working with the Peer Recovery Specialists and applicable patients in the ED and on other patient units.

No.

Q79. Please describe the primary objective of the initiative.

1) Provide Peer Recovery Specialists to connect with patients struggling with addictions 2) Facilitate access to addictions supports and community treatment programs 3) Maintain a strong support network and follow-up with patients post-intervention (managed by Cecil County Health Department)

Q80. Please describe how the initiative is delivered.

Cecil County Health Department provides Peer Recovery Specialists who work with Union Hospital crisis intervention staff in the Emergency Department, the Psychiatric unit, and other hospital units in order to connect with patients with substance use disorders and encourage linkages with clinical and social supports via community-based treatment programs, providers/counselors, support groups/meetings, recovery housing, and medication management counseling. This hospital-health department partnership aims to strengthen the addictions support network by creating better access to addictions treatments at the hospital, at the health department, and in the community. In addition, facilitating Peer Recovery connections also helps to: 1) stem hospital readmissions (part of Union Hospital's strategic plan); and 2) reduce and prevent illicit drug use in Cecil County (part of the Community Health Improvement Plan).

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

Count of participants/encounters Cecil County Health Department tracks encounters by number of contacts made each quarter in the hospital

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 

Community Benefit worked with hospital and health department's Alcohol and Drug Recovery Center leadership to streamline a process by which the Peer Recovery Specialists could identify eligible patients for intervention by using a hospital EMR-generated patient report.

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

634 contacts were made during FY18, a decrease from FY17 (905 contacts). More insight is needed to determine why this decrease occurred as it could be a result of factors like availability and number of Peer Recovery Specialists.

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

The number of contacts made through this program shows the prevalence of substance use disorders in our community. It also shows that patients with these issues are comfortable seeking help from peers.

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

Based on 208 hours of in-kind time (paid hours during the work day) from Union Hospital Crisis Intervention Staff during FY18, the total cost to the hospital for this program was \$15,812.

Q85. (Optional) Supplemental information for this initiative.

Q86. Initiative 2

Q87. Name of initiative.

Working with the Cecil County Cancer Task Force to increase the number of individuals receiving low-dose lung CT screenings and increase awareness for lung cancer prevention

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

- Yes
- No

Q89. 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 checked="" 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 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                                   |

- 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
- Social Determinants of Health
- Substance Abuse
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Other. Please specify.

Q90. When did this initiative begin?

07/01/2016

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.

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

58

Q93. Describe the characteristics of the target population.

The Union Hospital Low-dose Lung CT Screening program targets adults aged 55-77 years who: are current smokers or have quit within the past 15 years; have no symptoms or personal history of lung cancer; and have a 30-pack year smoking history. 58 clients were identified as eligible, according to these criteria, from a Union Hospital outpatient practice that was selected to participate in this Community Health Improvement Plan initiative.

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

10

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.

Cecil County Health Department, Division of Health Promotions;  
Union Hospital Community Benefit;  
Union Hospital Cancer Program;  
Union Hospital Breast Health Center;  
Union Hospital Respiratory Care;  
Union Hospital Health Information Systems - Software; and  
Union Multi-Specialty Practice - Elkton Primary Care.

No.

Q97. Please describe the primary objective of the initiative.

The primary objective of this initiative was to increase the number of adults screened by 5% and, by doing so, increase awareness about lung cancer prevention. When we started measurement in 2016, we had a baseline of 160 individuals screened (CY16). By CY17 we had 191 individuals screened, showing a 8.83% increase, with an additional 10 individuals screened during FY18. While we have already met our 5% increase for number of individuals screened, we continue to address increasing awareness for the importance of lung cancer screenings. Since FY17, this work has been accomplished by completing short-term objectives through subcommittees (Community Outreach and EMR Flagging & Referrals) created by the Cecil County Cancer Task Force. FY18 short-term objectives by subcommittee were as follows: -- Subcommittee: Community Outreach: 1) By June 30, 2018, plan and implement 2 Cecil County Lung Cancer Awareness activities to advertise and promote lung cancer screenings; and 2) By June 30, 2018, 2 presentations will be completed to advertise and promote the lung cancer screening program in the community. -- Subcommittee: EMR Flagging & Referrals: 1) By October 30, 2017, 1 health care provider will identify active clients in their caseload who meet eligibility for lung cancer screenings; 2) By June 30, 2018, 1 health care provider will establish a procedure to identify active clients in their caseload who meet eligibility for lung cancer screenings; and 3) By June 30, 2018, 1 activity will be completed to increase awareness of lung cancer screenings for eligible clients identified by the health care provider.

Q98. Please describe how the initiative is delivered.

In FY18, work on the short-term objectives was spearheaded by Cancer Task Force members from Union Hospital, Union Multi-Specialty Practice - Elkton Primary Care, and Cecil County Health Department's Division of Health Promotions.

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

Count of participants/encounters Screening data was collected by individuals screened; subcommittee work was measured by meeting attendance and project work completed

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.

Subcommittee: Community Outreach: 1) By June 30, 2018, plan and implement 1 Cecil County Lung Cancer Awareness activity to advertise and promote lung cancer screenings. -- Activity 1: Wear White Campaign was initiated on November 15, 2017 using Facebook. Community was encouraged to wear white and post pictures on the Union Hospital Facebook page to spread the message of lung cancer prevention. Participants used the hashtag #UHCOWearWhite. We had 10 participants that day. 2) By June 30, 2018, 2 presentations will be completed to advertise and promote the lung cancer screening program in the community. -- Presentation 1: Healthy Lifestyles 55+ Expo, Lung Cancer Screening breakout session (2 breakout sessions with 15 participants total; 100% of participants were able to identify eligibility criteria, referral process, location of the screening program). -- Presentation 2: A short video produced by the Cancer Task Force and a student from the University of Delaware was promoted on task force partner websites (<https://www.uhcc.com/services-2/lung-health-program/lung-cancer-screening-video/>). Subcommittee: EMR Flagging & Referrals: 1) By October 30, 2017, at least 1 health care provider will identify active clients in their caseload who meet eligibility for lung cancer screenings. -- Provider 2: Union Multi-Specialty Practice: Elkton Primary Care. -- Provider 1: Union Hospital Respiratory Care. 2) By June 30, 2018, 1 health care provider will establish a procedure to identify active clients in their caseload who meet eligibility for lung cancer screenings. -- Provider 1: Patient Care Coordinator, Jennifer Murray, used screening eligibility criteria to run reports from AllScripts (EMR) to identify a cohort of patients to be contacted regarding their eligibility for lung cancer screenings. Jennifer ran reports from active patient panels from 2 providers in the practice. -- Provider 2: Respiratory Care Supervisor, Raimie Orellana, and Senior Clinical Analyst, Lynne Bittner, established a referral protocol for inpatient nursing using a built Meditech (EMR) electronic referral component. Respiratory Care and Nursing staff connect with eligible inpatients, initiate the referral component, and referrals are sent electronically to Cecil County Health Department for coordination of free tobacco cessation resources. 3) By June 30, 2018, 1 activity will be completed to increase awareness of lung cancer screenings for eligible clients identified by the health care provider. -- Provider 1: Elkton Primary Care identified 58 eligible clients of which 47 received letters and 11 received email blasts about their eligibility for the lung cancer screening program. -- Provider 2: Union Hospital referred 113 patients to Cecil County Health Department using the electronic referral protocol.

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

Prior to the availability of the Low-dose CT screening, most lung cancers were diagnosed in stage 4. Today, with the Low-dose CT screening, we are able to identify lung cancers earlier. Identification of lung cancer at earlier stages can increase the survival rate which could reduce lung cancer deaths overall. Lung cancer is the leading cause of mortality in Cecil County.

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

In-kind time (paid hours during the work day) contributed to subcommittee meetings and projects is listed here. Costs associated with the operation of the Union Hospital Lung Health Program are not listed. Community Outreach Subcommittee meetings (4 meetings): -- Paid hours: 9; -- Community Benefit Coordinator hours: 5; -- Net Community Benefit: \$421. Breakout sessions at Healthy Lifestyle 55+ Expo (2 sessions): -- Paid hours: 8; -- Net Community Benefit: \$430. EMR & Flagging Subcommittee meetings (1 meeting): -- Paid hours: 1; -- Community Benefit hours: 1; -- Unpaid hours: 1; -- Net Community Benefit: \$52. Net Community Benefit: \$903.

Q103. (Optional) Supplemental information for this initiative.

Q104. Initiative 3

Q105. Name of initiative.

UHCC Food Donations for the Homeless

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 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 checked="" 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.<br><input type="text"/> |

Q108. When did this initiative begin?

02/10/2012

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.

There is no determined end date for this program. Union Hospital Food Services will provide food donations until there is no more food to donate, even if the donation site changes.

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

193

Q111. Describe the characteristics of the target population.

There were 193 individuals counted during the January 2017 Point in Time Homeless Survey in Cecil County. This number is not representative of the total number of homeless individuals in the county, but consistent data is not available due to the varying definitions of homelessness, as well as a lack of consistent reporting from a designated service provider or data monitoring entity. Any data available is hyper-local and based on organizational capacity and resources to obtain, track, and monitor data. Also, given the climate of mistrust in the homeless community, it is often difficult to monitor this population's whereabouts and/or migratory patterns in the county.

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

2,117

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.

Union Hospital Food Services and The Paris Foundation

No.

Q115. Please describe the primary objective of the initiative.



Donate prepared food items to The Paris Foundation to feed the homeless in the community.

Q116. Please describe how the initiative is delivered.

Union Hospital Food Services prepares food items weekly for pick-up by Director of Operations of The Paris Foundation. The Paris Foundation staff then distribute the food to homeless clients visiting after 4 pm, 7 days a week.

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

Count of participants/encounters Persons served are calculated by Union Hospital Food Services based on the amount of food prepared for the donation.

Other process/implementation measures (e.g. number of items distributed) Food costs for food prepared are recorded under "Supplies" in the Expenses category in CBISA. Paid hours to prepare the food are also recorded.

- 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.

This food donation program provides ongoing food support for homeless individuals in our community and strengthens our partnership with The Paris Foundation. This program also helps Union Hospital reduce waste and further commit to sustainable food practices supported by our organization and our community. This program shows that the homeless footprint on our community is much larger than what is counted during the Point in Time Survey each January. The food donations provided by Union Hospital Food Services are available for pick-up every week by The Paris Foundation. The Paris Foundation staff tells us that these donations are integral to their operations and that there is little to no waste from weekly provisions given to their clients.

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

Since Cecil County is so greatly impacted by homelessness, Union Hospital has established itself as a support partner in the effort to reduce homelessness in the county. Hospital support includes: food donation; in-kind support for meetings and projects; staff participation at soup kitchens and other homeless feeding programs; hospital-sponsored drives that collect donations of warm clothing, outdoor gear, non-perishable food items, and toiletries; and finding ways to partner in the community to increase access to care and social supports for homeless individuals.

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

Total paid hours: 74. Net Community Benefit (incl. food costs): \$6,865.\* \* Net Community Benefit for this program is usually higher (greater than \$10,000). However, the Union Hospital Cafeteria was renovated from late April to June 2018 with an adjustment period lasting through September 2018. This downtime, combined with space and resource constraints, resulted in the inability of staff to prepare and donate food to The Paris Foundation during the last quarter of FY18.

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.

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.

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	Union Hospital Maternal & Infant Center nursing staff serves on the Child Fatality Review Board and the Fetal & Infant Mortality Review Board, facilitated by Cecil County Health Department.
Reduce rate of sudden unexpected infant deaths (SUIDs)	<input type="text"/>
Reduce the teen birth rate (ages 15-19)	<input type="text"/>
Increase the % of pregnancies starting care in the 1st trimester	<input type="text"/>
Increase the proportion of children who receive blood lead screenings	<input type="text"/>
Increase the % of students entering kindergarten ready to learn	<input type="text"/>
Increase the % of students who graduate high school	<input type="text"/>
Increase the % of adults who are physically active	<input type="text"/>
Increase the % of adults who are at a healthy weight	<input type="text"/>
Reduce the % of children who are considered obese (high school only)	<input type="text"/>
Reduce the % of adults who are current smokers	Union Hospital Community Benefit works with hospital departments and service lines to support referrals to Cecil County Health Department tobacco cessation programs, as well as collaborative efforts for tobacco cessation projects with Cecil County Health Department. Collaborative efforts include working to reduce smoking among pregnant women and women of child-bearing age in inpatient and ambulatory care settings through various patient-centered strategies.
Reduce the % of youths using any kind of tobacco product (high school only)	<input type="text"/>
Reduce HIV infection rate (per 100,000 population)	<input type="text"/>
Reduce Chlamydia infection rate	<input type="text"/>
Increase life expectancy	<input type="text"/>
Reduce child maltreatment (per 1,000 population)	Union Hospital provides a Nurse Case Manager to assist with medical exams of abused children through the Cecil County Child Advocacy Center.
Reduce suicide rate (per 100,000)	<input type="text"/>
Reduce domestic violence (per 100,000)	<input type="text"/>
Reduce the % of young children with high blood lead levels	<input type="text"/>
Decrease fall-related mortality (per 100,000)	Union Hospital's Rehabilitation Services (physical, occupational, and speech therapies) and the Emergency Department partner with Cecil County Health Department's Division of Health Promotions to reduce patient falls by helping them manage their risk for falls by connecting them with falls prevention resources in the community. The Falls Prevention committee meets monthly.
Reduce pedestrian injuries on public roads (per 100,000 population)	<input type="text"/>
Increase the % of affordable housing options	<input type="text"/>
Increase the % of adolescents receiving an annual wellness checkup	<input type="text"/>
Increase the % of adults with a usual primary care provider	<input type="text"/>
Increase the % of children receiving dental care	Union Hospital provides rent relief for the Perryville Dental Clinic (part of West Cecil Health Center - FQHC). Community Benefit also serves on the Dental Advisory Board for Cecil County whose majority programs serve youth in the community.
Reduce % uninsured ED visits	<input type="text"/>
Reduce heart disease mortality (per 100,000)	Union Hospital's Stroke Program Coordinator and nursing stroke champions go to health fairs and other community events to promote stroke prevention through teaching tools like stroke risk assessments and BE FAST. The Stroke Program Coordinator also serves on the Maryland Stroke Consortium. She served as the chair for several years.
Reduce cancer mortality (per 100,000)	Union Hospital's Cancer Program provides free skin, head and neck, and prostate cancer screenings in the community each year. Cancer Program staff attends health fairs and other community events to educate on cancer prevention and managing risk factors for cancer patients. Cancer Program staff serves on the Cecil County Cancer Task Force and related subcommittees. Cancer Program staff facilitates the I Can Cope support group for patients and family members with cancer. Breast Health Center staff educate the community at health fairs about breast health and breast cancer prevention. Staff also facilitates the Survivor Circle support group for breast cancer survivors.
Reduce diabetes-related emergency department visit rate (per 100,000)	Union Hospital's Director of Health Promotions facilitates a free Diabetes clinic in partnership with Cecil County Public Libraries. Also, the Director facilitates talks and community activities related to diabetes management and prevention and proper nutrition..
Reduce hypertension-related emergency department visit rate (per 100,000)	<input type="text"/>
Reduce drug induced mortality (per 100,000)	Peer Recovery Advocates program (see Initiative 1). Union Hospital's Crisis Intervention and Psychiatric unit staff serves on the county's Local Overdose Fatality Review Team. Meetings are held monthly.
Reduce mental health-related emergency department visit rate (per 100,000)	Community Benefit connected our lead hospital CNA with Cecil County Health Department's Core Service Agency to develop Mental Health First Aid courses with NARCAN training open to all CNAs and Security staff. In FY18, we had four courses that trained several CNAs and the entire hospital Security team. Hospital staff also serve on the health department's Core Service Agency Mental Health Advisory Board, the Affiliated Sante Crisis Intervention Team Council, and the Access to Mental Health Treatment which recently merged with the Local Management Board's Childhood Trauma subcommittee.
Reduce addictions-related emergency department visit rate (per 100,000)	Peer Recovery Advocates program (see Initiative 1). Community Benefit serves as the health sector representative for Cecil County's Drug Free Communities Coalition.
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	The Director of Adult Day Services serves on the Maryland Association for Adult Day Services and the Cecil County Caregivers Association. Adult Day Services staff facilitates the Caregivers and Alzheimer's support group sessions which also provides respite care for loved ones. Staff also helps coordinate the annual Caregivers Conference for area service providers and attends health fairs in the community to educate the public on dementia, Alzheimer's, and caregiver supports.
Reduce dental-related emergency department visit rate (per 100,000)	Community Benefit coordinated hospital staff key informant interviews with the University of Maryland School of Public Health to gather information on how dental emergencies are triaged, treated, and discharged in the Emergency Department. These interviews were a part of the West Cecil Health Center's Dental ER Visit grant evaluation process (grant received from the Maryland Community Health Resources Commission). Key informant interviews were conducted with dental staff from the Perryville Dental Center, ED and other staff from Union Hospital, and community leaders working in dental case management and program support.
Increase the % of children with recommended vaccinations	<input type="text"/>
Increase the % vaccinated annually for seasonal influenza	<input type="text"/>
Reduce asthma-related emergency department visit rate (per 10,000)	<input type="text"/>

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

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.

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	<input style="width: 80%;" type="text"/>
Non-Resident House Staff and Hospitalists	<input style="width: 80%;" type="text"/>
Coverage of Emergency Department Call	<input style="width: 80%;" type="text"/>
Physician Provision of Financial Assistance	<input style="width: 80%;" type="text"/>
Physician Recruitment to Meet Community Need	Outpatient specialties that provide the greatest recruitment challenges for Union Hospital are Dermatology (0 owned providers, 2 private practice providers), Neurology (0 owned providers, 1 private practice provider), and Psychiatry (1 owned provider). There are two private practice plastic surgeons who can provide some dermatological care, but there are no hospital-owned dermatologists in the county. Union Hospital serves patient populations seeking care for chronic pain, dementia, Alzheimer's, and stroke, therefore, having access to neurologists is a much needed resource. Union Hospital has not been successful in recruiting additional neurologists with the departure of Dr. Singhania in FY14, Dr. Moghal in FY15, and Dr. Mahmood in FY18. There is only one other private practice outpatient neurologist in Cecil County. Union Hospital continues to build-up its behavioral health service lines, but outpatient psychiatry continues to present a recruiting challenge. In FY16, Dr. Yu left Union Hospital, leaving Dr. Galvis to cover both inpatient and outpatient care. Dr. Ahmed was hired in FY17 but only sees outpatients but on a part-time basis. None of our mental health providers specialize in child or adolescent mental health treatment which is another major health service gap in our community.
Other (provide detail of any subsidy not listed above)	Union Hospital subsidizes its outpatient services despite their financial losses. Subsidized outpatient services include: Gastroenterology, Primary Care, Vascular, Urology, Rheumatology, Neurology, and Outpatient Psychiatry. As provider shortages continue in these specialties and sick /high utilizing patient populations increase, we will continue to see increases in potentially avoidable utilization and readmissions which will result in higher costs of care and practice financial losses.
Other (provide detail of any subsidy not listed above)	<input style="width: 80%;" type="text"/>
Other (provide detail of any subsidy not listed above)	<input style="width: 80%;" type="text"/>

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.

[F-415 Financial Assistance Policy and Procedure\\_UHCC.pdf](#)  
268.8KB  
application/pdf

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

[Financial Assistance Brochure\\_UHCC.pdf](#)  
18.6KB  
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).

0-200%

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.

200-400%

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.

Household income between 200-400% of the FPL and a medical debt incurred by a family over a 12-month period that exceeds 25 percent of household income.

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

In FY15, Union Hospital's Finance divisions of Managed Care, Revenue Cycle, and Billing implemented changes to the Financial Assistance Policy (FAP) to reflect the ACA's Health Care Coverage Expansion Option effective January 1, 2014. The resulting new FAP was more comprehensive, including more detail on patient expectations and content that is easy to follow and digest. The previous FAP was narrative-based, short, and not very descriptive. The new FAP has additional sections that provide clear-cut instructions and examples for the reader. These sections include: Definitions, Scope, Presumptive Eligibility, Eligibility Period, Reconsideration of Denial of Free or Reduced-Cost Care, Medical Debt Determination (Limit on Charges), Action in the Event of Non-Payment, Ensuring Compliance, Plain Language Summary, and References. There are also more detailed sections, like: General Procedure, which clearly defines patient expectations and offers a step-by-step process for patient application, document review, and request for more information; and Measures to Publicize this Policy, which includes the same language that is on Union Hospital's Financial Assistance website and gives many more ways to effectively access information related to the new FAP.

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

The information in the Financial Assistance Brochure (Patient Information Sheet) is also included in the Union Hospital Patient Handbook which is provided to all patients at admission and discharge. The Financial Assistance Brochure can be found on the Union Hospital Financial Assistance website (<https://www.uhcc.com/patient-financial-services/financial-assistance/>). The brochure is also available in Spanish.

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:** [\[39.626403808594, -76.845802307129\]](#)

**Source:** GeolIP Estimation

**PART TWO: ATTACHMENTS**

**Community Health Statistics – Cecil County**

<b>Demographic Characteristic</b>	<b>Description</b>	<b>Source</b>
<p>Geographic areas in the CBSA where the most vulnerable populations reside (including the medically underserved, low-income, and minority populations).</p>	<p>Geography plays a significant role in vulnerability for poverty in Cecil County. There is poverty in the more rural areas, like Conowingo, Earleville, and Cecilton, but also in Elkton which is more urban-rural.</p> <p>People that reside in the zip codes below the C&amp;D Canal (21912-Warwick, 21915-Chesapeake City, 21913-Cecilton, 21919-Earleville, and 21930-Georgetown), as well as south of Rising Sun and west of North East (21902-Perry Point, 21903-Perryville, 21904-Port Deposit, 21914-Charlestown, 21917-Colora, and 21918-Conowingo) often have the most difficulty accessing services because of distance to the nearest service provider and/or lack of reliable transportation.</p>	<p>N/A</p>
<p>Median Household Income in the CBSA</p>	<p>\$67,938</p>	<p><i>US Census Bureau, 2012-2016 American Community Survey 5-year Estimates, Selected Economic Characteristics</i></p>
<p>Percentage of households in the CBSA with household incomes below the federal poverty guidelines</p>	<p>7.3%</p>	<p><i>US Census Bureau, 2012-2016 American Community Survey 5-year Estimates, Selected Economic Characteristics</i></p>
<p>Percentage of Uninsured in the CBSA</p>	<p>7%</p>	<p><i>US Census Bureau, 2012-2016 American Community Survey 5-year Estimates, Selected Economic Characteristics</i></p>
<p>Percentage of Medicaid recipients in the CBSA.</p>	<p>32.4%</p>	<p><i>US Census Bureau, 2012-2016 American Community Survey 5-year Estimates, Selected Economic Characteristics</i></p>
<p>Race, ethnicity, and language within the CBSA.</p>	<p><u>Population:</u> 102,175 people</p> <p><u>Gender</u>  Male: 50,603 (49.5%)  Female: 51,572 (50.5%)</p> <p><u>Age</u>  Under 5 years: 5,874 (5.7%)  5-9: 6,852 (6.7%)  10-14: 6,923 (6.8%)  15-19: 6,750 (6.6%)  20-24: 6,457 (6.3%)</p>	<p><i>US Census Bureau, 2012-2016 American Community Survey 5-year Estimates:</i></p> <ul style="list-style-type: none"> <li>- <i>ACS Demographic and Housing Estimates</i></li> <li>- <i>Selected Social Characteristics in the United States</i></li> </ul>

	<p>25-34: 12,151 (11.9%)  35-44: 13,062 (12.8%)  45-54: 15,883 (15.5%)  55-59: 7,952 (7.8%)  60-64: 6,246 (6.1%)  65-74: 8,680 (8.5%)  75-84: 3,849 (3.8%)  85 +: 1,496 (1.5%)</p> <p><u>Median Age:</u> 40.2 years</p> <p><u>Race</u>  White: 90,516 (88.6%)  Black/African American: 6,847 (6.7%)  American Indian &amp; Alaska Native: 245 (0.2%)  Asian: 1,367 (1.3%)  Native Hawaiian and other Pacific Islander: 42 (0%)  Some other race: 962 (0.9%)  2+ races: 2,196 (2.1%)</p> <p><u>Ethnicity</u>  Hispanic/Latino: 4,087 (4%)  Non-Hispanic/Latino: 98,088 (96%)</p> <p><u>Language Spoken at Home</u>  Population 5 years and over (96,301 people):</p> <ul style="list-style-type: none"> <li>• Only English: 95%</li> <li>• Spanish: 2.5%</li> <li>• Other Indo-European: 1.3%</li> <li>• Asian/Pacific Islander: 0.9%</li> <li>• Other languages: 0.3%</li> </ul>	
<p>Life Expectancy by County within the CBSA</p>	<p>In 2017, life expectancy at birth for Cecil County was:</p> <ul style="list-style-type: none"> <li>• All races: 76.1 years (Maryland: 79.2 years)</li> <li>• White: 76.3 years (Maryland: 79.9 years)</li> <li>• Black/African American: 72.1 years (Maryland: 76.9 years)</li> </ul>	<p><i>Maryland DHMH Vital Statistics Administration, Maryland Vital Statistics: Annual Reports, 2017. Pg. 68, Table 7.</i>  <a href="http://dhhm.maryland.gov/vsa/Pages/reports.aspx">http://dhhm.maryland.gov/vsa/Pages/reports.aspx</a></p>
<p>Mortality Rates by County within the CBSA</p>	<p><u>Mortality</u>  <b>Infant Deaths</b>  In 2017, the infant mortality rate for Cecil County was indeterminate (less than 5 deaths per 1,000 live births were recorded).</p>	<p><i>Maryland DHMH Vital Statistics Administration, Maryland Vital Statistics: Annual Reports, 2017. Pg. 4.</i>  <a href="http://dhhm.maryland.gov/vsa/Pages/reports.aspx">http://dhhm.maryland.gov/vsa/Pages/reports.aspx</a></p>

	<p><b>All Deaths</b>  In 2017, in Cecil County there were 1,033 deaths. By race/ethnicity:</p> <ul style="list-style-type: none"> <li>• Non-Hispanic White: 960</li> <li>• Non-Hispanic Black: 60</li> <li>• Non-Hispanic American Indian: 0</li> <li>• Non-Hispanic Asian/Pacific Islander: 5</li> <li>• Hispanic: 8</li> </ul> <p><b>Causes of Death</b>  In 2017, in Cecil County the top 4 leading causes of death were:</p> <ul style="list-style-type: none"> <li>• <i>Diseases of the Heart deaths:</i> 242  White: 223  Black: 17  American Indian: 0  Asian/Pacific Islander: 1  Hispanic: 1</li> <li>• <i>Malignant Neoplasm deaths:</i> 234  White: 223  Black: 8  American Indian: 0  Asian/Pacific Islander: 2  Hispanic: 2</li> <li>• <i>Chronic Lower Respiratory Disease deaths:</i> 70  White: 67  Black: 3  American Indian: 1  Asian/Pacific Islander: 0  Hispanic: 1</li> <li>• <i>Cerebrovascular Disease deaths:</i> 63  White: 56  Black: 7  American Indian: 0  Asian/Pacific Islander: 0  Hispanic: 0</li> </ul>	<p><i>Maryland DHMH Vital Statistics Administration. Maryland Vital Statistics: Annual Reports, 2017. Pg. 146, Table 39.</i>  <a href="http://dhmh.maryland.gov/vs/a/Pages/reports.aspx">http://dhmh.maryland.gov/vs/a/Pages/reports.aspx</a></p> <p><i>Maryland DHMH Vital Statistics Administration, Additional 2017 Jurisdictional Data: Cecil County Deaths, 2017. Pg. 3-5, Table 15.</i>  <a href="http://dhmh.maryland.gov/vs/a/Pages/reports.aspx">http://dhmh.maryland.gov/vs/a/Pages/reports.aspx</a></p>
<p>Access to healthy food, transportation, education, housing quality, and exposure to environmental factors that negatively affect health status in the CBSA</p>	<p><u>Access to Care</u>  From 2011-2012, 11% of adults did not have a regular source of primary care in Cecil County. Supporting this is data from 2018 which shows that currently there are only 37 primary care providers in Cecil County, a ratio of 2,770 population to one provider.</p>	<p><i>BRFSS, 2011-2012. Indicator: Lack of a Consistent Source of Primary Care.</i>  <a href="http://www.CommunityCommons.org">www.CommunityCommons.org</a></p> <p><i>County Health Rankings, 2018. Indicator: Cecil County, Primary Care Physicians.</i></p>



	<p><u>Access to Healthy Foods</u>  <b>Grocery Stores vs. Fast Food Restaurants</b>  In 2016, in Cecil County, there were about 16 grocery stores per 100,000 population and about 60 fast food restaurants per 100,000 population.</p> <p><b>Food Deserts and Food Insecurity</b>  In 2015 in Cecil County, 42% of its census tracts contained food deserts:</p> <ul style="list-style-type: none"> <li>• Central Elkton (Tracts 305.03 and 305.05)</li> <li>• Central North East, all of Charlestown, and eastern Perryville (Tract 309.06)</li> <li>• Earleville, Cecilton, and Warwick (Tract 301)</li> </ul> <p>In 2016 in Cecil County:</p> <ul style="list-style-type: none"> <li>• 8,990 people were food insecure (a rate of 9%)</li> <li>• 32% of food insecure people were above the SNAP threshold of 200% of poverty level</li> <li>• 68% of food insecure people were below the SNAP threshold</li> </ul> <p><u>Physical Activity</u>  Maryland BRFSS data from 2013 shows that that 39% of adults engaged in moderate to vigorous physical activity per week.</p> <p><u>Obesity</u>  Maryland BRFSS data for Cecil County showed nearly a 24% increase in adult obesity from 2015 (16.9%) – 2016 (40.5%).</p> <p>Youth Risk Behavior Survey data for Cecil County showed only a 2% increase in adolescent obesity from 2014 (14.1%) – 2016 (16.3%).</p>	<p><a href="http://www.countyhealthrankings.org/app/maryland/2018/measure/factors/4/data">http://www.countyhealthrankings.org/app/maryland/2018/measure/factors/4/data</a></p> <p>US Census Bureau, Business Register, County Business Patterns, 2016. <i>Indicators: Food Access – Grocery Stores; Food Access – Fast Food Restaurants.</i>  <a href="http://www.communitycommons.org">www.communitycommons.org</a>)</p> <p>USDA, Food Access Research Atlas (FARA), 2015. <i>Indicator: Food Access – Food Desert Census Tracts.</i>  <a href="http://www.communitycommons.org">www.communitycommons.org</a>)</p> <p>Feeding America, Map the Meal Gap, 2018.  <a href="http://map.feedingamerica.org/">http://map.feedingamerica.org/</a></p> <p>Maryland BRFSS, 2013.  <i>Indicator: Adults Engaging in Regular Physical Activity</i>  <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p> <p>Maryland BRFSS, 2016.  <i>Indicator: Adults who are Obese.</i>  <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p> <p>Youth Risk Behavior Survey, 2016. <i>Indicator: Adolescents who are Obese.</i>  <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p>
--	---	--

	<p><u>Poor Nutrition</u>  Maryland BRFSS data from 2010 showed that only 16% of adults consumed 5 or more servings of fruits and vegetables per day.</p> <p><u>Tobacco Use</u>  Maryland BRFSS data for Cecil County continues to show an upward trend in smoking for adults. From 2014 – 2016 there was a 13% increase in smoking cigarettes among adults.</p> <p>For adolescents the tobacco use trend shows a decrease over time. In 2014, 16.7% of high school students smoked, a slight decrease from 2013 (17.7%). In addition, data from the 2016 YRBS showed that there was an 8% decrease from 2014 (25.2%) to 2016 (16.5%) in adolescents who use tobacco products.</p> <p>It should be noted that research into the data sources for the adult and adolescent indicators did not reveal conclusive evidence that vaping or e-cigarette use data was collected for the indicators.</p> <p><u>Education</u>  Data from the Maryland Report Card showed that about 91% of Cecil County’s 2017 high school cohort graduated high school in four years. The 2017 drop-out rate was 7%. From 2012-2016, about 12% of Cecil County adults aged 25 years and older had no high school diploma or equivalency.</p> <p><u>Transportation</u>  Data from 2012-2016 showed that 5% of Cecil County households did not have a vehicle.</p>	<p>Maryland BRFSS, 2010. <i>Indicator:</i> Adult Fruit and Vegetable Consumption. <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p> <p>Maryland BRFSS, 2016. <i>Indicator:</i> Adults who Smoke. <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p> <p>Maryland Youth Tobacco Survey, 2014. <i>Indicator:</i> Teens who Smoke: High School Students. <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p> <p>YRBS, 2016. <i>Indicator:</i> Adolescents who Use Tobacco. <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p> <p>Maryland Report Card, 2017. <i>Indicators:</i> Graduation Rate: 4-Year Adjusted Cohort; Drop-Out Rate: 4-Year Adjusted Cohort. <a href="http://reportcard.msde.maryland.gov/Graduation.aspx?K=07AAAA#DROPOUTgrade5all">http://reportcard.msde.maryland.gov/Graduation.aspx?K=07AAAA#DROPOUTgrade5all</a></p> <p>US Census Bureau, American Community Survey, 2012-2016. <i>Indicator:</i> Population with No High School Diploma (Age 25+), Percent by Tract. <a href="http://www.communitycommons.org">www.communitycommons.org</a></p> <p>US Census Bureau, American Community Survey, 2012-2016. <i>Indicator:</i> Households without a Vehicle. <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p>
--	--	--

	<p><b><u>Violent Crime</u></b> In 2016, Cecil County’s violent crime rate was 365.6 crimes committed per 100,000 population.</p> <p><b><u>Environmental Hazards</u></b> Annual ozone air quality for Cecil County was measured at a level of 5 from 2014-2016.</p> <p>State of the Air 2018 assigned Cecil County’s ozone as grade F and Particle Air Pollution as grade A.</p>	<p><i>Maryland Governor’s Office of Crime Control and Prevention, Uniform Crime Report, 2016.</i> <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p> <p><i>American Lung Association, 2014-2016. Indicator: Annual Ozone Air Quality.</i> <a href="https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/">https://www.uhcc.com/about-us/community-benefit/cecil-county-health-data/</a></p> <p><i>State of the Air, American Lung Association, 2018.</i> <a href="http://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/maryland/cecil.html?referrer=http://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/maryland/cecil.html">http://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/maryland/cecil.html?referrer=http://www.lung.org/our-initiatives/healthy-air/sota/city-rankings/states/maryland/cecil.html</a></p>
--	---	---

**Union Hospital Inpatient Statistics  
FY 18**

	<b>COUNT</b>	<b>% TOTAL</b>	<b>% CECIL CO</b>	<b>% PAYOR CAT</b>
<b>Total Inpatients</b>	5140			
<b>All Cecil County</b>	4486	87.3%		
<b>All Uninsured</b>	83	1.6%		
<b>Cecil County-Uninsured</b>	61	1.2%	1.4%	73.5%
<b>All Medicaid</b>	1460	28.4%		
<b>Cecil County-Medicaid</b>	1289	25.1%	28.7%	88.3%
<b>All Medicare</b>	2513	48.9%		
<b>Cecil County-Medicare</b>	2271	44.2%	50.6%	90.4%



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

<b>POLICY TITLE:</b> Financial Assistance Policy and Procedure	
<b>POLICY #:</b> F-415	
Review Responsibility: Director, Patient Financial Services	
Approved By: Board of Directors	Signature/Date: May 27, 2016 Approval Reflected in Board Minutes
Effective: 03/2004	
Reviewed: 06/2004, 03/2006, 12/2008, 02/2009, 03/2009, 04/2010, 03/2013, 09/2014, 06/2015	
Revised: 03/2004 (replaces Charity Care Policy and Procedure), 06/2004, 09/2004, 03/2006, 12/2008, 02/2009, 04/2010, 08/2012, 09/2014, 06/2015	
Scope: Patient Financial Services	

**I. Purpose**

- A. Union Hospital of Cecil County is a not-for-profit entity established to provide safe, high quality health and wellness services to the residents of Cecil County and neighboring communities. Accordingly, the hospital is committed to providing emergency and medically necessary services to patients, without discrimination, regardless of the patient’s financial assistance eligibility.
- B. This policy is to ensure that a consistent and equitable process is followed in granting financial assistance to appropriate patients while respecting the individual’s dignity.
- C. This policy is designed in accordance with the federal Patient Protection and Affordable Care Act (PPACA), Section 501(r)(4) of the Internal Revenue Service Code and Code of Maryland Regulations (COMAR) 10.37.10.26.A

**II. Policy**

- A. Union Hospital of Cecil County is committed to providing programs that facilitate access to care for vulnerable populations including the provision of financial assistance (charity care) to the uninsured, underinsured, those ineligible for governmental insurance programs, or where the ability to pay is a barrier to accessing emergency or medically necessary care.

**III. Definitions:** The following terms are meant to be interpreted as follows within this policy:

- 1. **Emergency Care** – Emergency care is immediate care which is necessary to prevent serious jeopardy to a patient’s health, serious impairment to bodily functions, and/or serious dysfunction of any bodily organ or part of the body as could reasonably be expected by the prudent layperson. See also 42 US Code § 1395dd.

2. **Financial Counselor** – A financial counselor is an employee of Union Hospital who provides assistance to patients seeking information regarding patient billing, financing, health coverage options including financial assistance.
3. **Financial Hardship** – A financial hardship as defined in COMAR 10.31.26.A is medical debt, incurred by a family over a 12-month period that exceeds 25 percent of the family income.
4. **Free Care** – Free care or a 100% medical debt adjustment is available to patients with household income between 0% and 200% of the Federal Poverty Level (FPL) and who otherwise meet the requirements to receive financial assistance under this policy.
5. **Gross Charge** – Gross charge is the full amount of the bills for a medical service.
6. **Homelessness** – Homelessness is an “individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing” (42 U.S.C. § 254b).
7. **Household Income** – As provided in the cost assistance guidelines under PPACA, the amount equal to the Modified Adjusted Gross Income (MAGI) of the head of household and spouse plus the Adjusted Gross Income (AGI), of anyone claimed as a dependent based on most recent tax return with additional updates as appropriate.
8. **Household Size** – Household size is defined per Internal Revenue Service guidelines and generally includes the tax filer, spouse and tax dependents.
9. **Medical Debt** - A medical debt is the amount a patient is responsible for paying after all discounts, deductions, and reimbursements are applied to the gross charges for services provided.
10. **Medically Necessary Services** – A medically necessary service is care rendered to a patient in order to diagnose, alleviate, correct, cure, or prevent the onset of a worsening of conditions that could endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate handicap, or result in overall illness or infirmity and based on generally accepted standards of medicine in the community.
11. **Presumptive Eligibility for Financial Assistance** – Presumptive eligibility for financial assistance is provided for a patient who is the beneficiary/recipient of means-tested social programs as defined in COMAR 10.37.10.26 and as listed in this policy.
12. **Reduced-Cost Care** - Reduced-cost care is a pro-rated medical debt adjustment available to patients with household income between 200% and 400% of the Federal Poverty Level (FPL) and who otherwise meet the requirements to receive financial assistance under this policy.
13. **Underinsured Patient** – An underinsured patient is one who has limited healthcare coverage or third-party assistance that leaves the patient with an out-of-pocket liability, and therefore may still require assistance to resolve their medical debt.
14. **Uninsured Patient** – An uninsured patient is one with no insurance or third-party assistance to help resolve their medical debt.

#### **IV. Scope**

- A. This policy applies to medical debt incurred for emergency or medically necessary services, inpatient or outpatient, rendered at the hospital or its affiliates by the following owned entities:
  - Union Hospital of Cecil County;
  - Union Multi-Specialty Practices;
  - Union Urgent Care;
  - Union Diagnostic Centers;
  - Open MRI of Elkton; and
  - Union Radiation Oncology Center.
- B. This policy applies to medical debt incurred for emergency or medically necessary services, inpatient or outpatient, rendered at the hospital by the following contracted physician entities:
  - Maryland Emergency Physicians (MEP);
  - Physician Inpatient Care Specialist (MDICS);
  - Nemours Pediatric Hospitalists.
- C. This policy does not apply to any other provider of care rendering services at Union Hospital or its affiliates, to include but not limited to, independent physicians who provide primary or consultation services that operate as their own business entity.
  - These services are generally billed separately from hospital services and are excluded.

#### **V. General Procedure**

- A. Patient shall make application for financial assistance using the Maryland State Uniform Financial Assistance Application form through a financial counselor.
  1. If appropriate, the financial counselor may take the application orally.
  2. A financial counselor may request verification of income to include:
    - Pay stubs, unemployment benefits, Social Security checks, cash assistance checks, alimony or child support checks;
    - Federal and State Income Tax Returns;
    - Two recent bank statements or financial records;
    - Proof of U.S. citizenship or permanent residency;
    - Proof of address;
    - Proof of screening for either Maryland Medicaid or a Qualified Health Plan with a patient navigator (if uninsured);
    - Proof that employer does not offer a health plan.
  3. The patient is expected to cooperate with the timely completion and submission of all requested information.
    - If the patient does not provide complete verification of income within 30 days of the application, the request for financial assistance may be denied.
- B. Patients receive financial counseling, referrals and assistance to identify potential public or private healthcare programs to assist with long term needs.
  1. If uninsured, the patient will be provided assistance to determine Maryland Medicaid or Qualified Health Plan eligibility through the appropriate Maryland Health Connection connector entity or other qualified health insurance marketplace.

- C. Union Hospital will use a household income-based eligibility determination and the current Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
1. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
  2. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (25%-75% adjustment to their medical debt).
    - Household income up to 200% of FPL 100% Adjustment
    - Household income between 201% & 250% of FPL 75% Adjustment
    - Household income between 251% & 300% of FPL 50% Adjustment
    - Household income between 301% & 400% of FPL 25% Adjustment
  3. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.
  4. A payment plan is available for all individuals eligible for financial assistance under this policy and for those with household income up to 500% of FPL, if requested.
- D. Once the financial assistance application is complete, decisions regarding eligibility will be made within 15 business days with the following approvals:
1. < \$ 5000.00 – approved by financial counselor;
  2. \$ 5000.00 to \$ 9999.99 – approved by Director, Patient Financial Services;
  3. > \$10,000 – approved by Chief Financial Officer.

## VI. Presumptive Eligibility

- A. Presumptive Eligibility for Financial Assistance:  
Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):
1. Households with children in the free or reduced lunch program;
  2. Supplemental Nutritional Assistance Program (SNAP);
  3. Low-income-household energy assistance program;
  4. Women, Infants and Children (WIC);
  5. Other means-tested social services programs deemed eligible for free care policies by the Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission (HSCRC), consistent with HSCRC regulation COMAR 10.37.10.26.
- B. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:
1. A patient that is deceased with no estate on file;
  2. A patient that is deemed homeless;
  3. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or Cecil County Health Department;



- Financial assistance will be awarded as outlined in the approval letter provided from that agency.
4. Non-billable services resulting from guardianship determinations for observation hours or inpatient days;
  5. A patient that has been approved for Specified Low-Income Medicare Beneficiary (SLMB) programs after verification is made through the State system.

## **VII. Eligibility Period**

- A. Once eligibility for financial assistance has been established, the patient shall remain eligible for free or reduced-cost, emergency and medically necessary care during the 12-month period beginning on the date on which the initial episode of care occurred. If a patient returns to UHCC for treatment during their eligibility period, he/she may be asked to provide additional information to ensure that all eligibility criteria have been met.
- B. At the conclusion of the eligibility period, the patient must re-apply for financial assistance.
- C. If a patient enrolled in a health plan drops coverage without a qualified life change event taking place, the patient will not be able to apply for financial assistance.
  1. If a qualified life event takes place, the patient will be able to apply for financial assistance if they are denied Medicaid and have been rescreened per Section V of this policy.
- D. If within a two-year period after the date of service, the patient is found to have been eligible for free care on that date of service (using the eligibility standards applicable to that date of service) the patient shall be refunded amounts received from the patient/guarantor exceeding \$5.00.
  1. If documentation demonstrates lack of cooperation by the patient providing information to determine eligibility for financial assistance, the two-year period may be reduced to 30 days from the date of initial request for information.
- E. If a patient has received reduced-cost, medically necessary care due to a financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced-cost, medically necessary care during the 12-month period beginning on the date on which the initial episode of care occurred.

## **VIII. Reconsideration of Denial of Free or Reduced-Cost Care**

- A. A patient who is denied financial assistance under this policy has the right to request reconsideration of that denial.
- B. Upon request from the patient, the Chief Financial Officer, or designee, will review all components of the application and make the final determination of eligibility.

## **IX. Medical Debt Determination (Limit on Charges)**

- A. Financial assistance eligible individuals receiving emergency or medically necessary care will be charged less than gross charges for services. Gross charges will be reduced by one of the following percentages:

1. The 501(r)(4) Amount Generally Billed (“AGB”) method for all services provided by affiliates other than the hospital.
    - In August of each year, the Amount Generally Billed percentage will be calculated utilizing the look-back method with Medicare fee-for-service claims from the previous fiscal year.
  2. The COMAR 10.37.10.26.A method for all services provided by the hospital.
    - The hospital mark-up percentage as provided annually in the HSCRC rate order.
- B. Each August, the applicable percentage described in IX.A of this policy will be updated on the Maryland Uniform Financial Assistance Application cover sheet and applied as a deduction to gross charges.
1. A financial assistance adjustment will be applied prior to the final determination of the patient’s medical debt.

**X. Balances Eligible for and Excluded from Financial Assistance**

- A. All self-pay balances, including self-pay balances after insurance payments, including copays, co-insurance and deductibles, may be eligible for consideration for Financial Assistance with the following exceptions:
1. Balances covered by health insurance.
  2. Balances covered by a government or private program other than health insurance.
  3. Balances for patients that would qualify for Medical Assistance, individual or family health coverage through the Maryland Health Connection or equivalent insurance marketplace, or through an employment-based health plan, but do not apply.
    - Applications received during a non-enrollment period, either through the Maryland Health Connection or through employment-based health care, that were not otherwise screened on a previous account, and that are deemed ineligible for Maryland Medicaid, may be allowed to apply on a case-by-case basis.
    - If the patient chooses not to elect health benefits offered by employer, or as an eligible dependent, or through the Maryland Health Connection, the patient will be deemed ineligible for financial assistance, but may be evaluated on a case-by-case basis for hardship or circumstances justifying lack of employer or Maryland Health Connection coverage.
  4. Balances for patients who are not U.S. residents may be allowed after an administrative review and on a case-by-case basis as approved by the Chief Financial Officer or designee.
  5. Balances on cosmetic surgery and other procedures that are considered elective and without which the patient's general health would not be adversely affected.
  6. Balances for patients who falsify information on, or related to, the application.
  7. Union Hospital of Cecil County reserves the right to evaluate applications with special or extenuating circumstances on a case-by-case basis as approved by the Chief Financial Officer or designee.

## **XI. Action in the Event of Non-Payment**

- A. Union Hospital may contract with outside collection services to pursue collection of delinquent accounts. All unpaid accounts without exception or payment arrangements are placed in outside collection after a minimum of 90 days from the initial billing statement and delivery of all scheduled patient account statements to the patient/guarantor.
- B. Union Hospital does not conduct, or permit collection agencies to conduct on their behalf, extraordinary collections efforts against individuals.

## **XII. Measures to publicize this policy**

- A. Information regarding the UHCC Financial Assistance Program and the availability of financial counseling is communicated broadly.
- B. Financial assistance communications include, but are not limited to, the following:
  1. Statement of availability on financial consent form;
  2. Upon discharge from inpatient, observation or surgical services;
  3. On billing statements/invoices.
  4. On electronic or paper signs located at registration locations.
- C. A patient can access this policy and a plain language summary through the following methods:
  1. Electronic copies are can be accessed on the Union Hospital of Cecil County Website at:
    - [www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance](http://www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance)
  2. Paper copies are available:
    - By mail: Union Hospital of Cecil County  
Patient Financial Services Department  
106 Bow St.  
Elkton, MD 21921
    - By Phone: 443-406-1337 or 410-392-7033
    - By E-mail: [unionhospitalbilling@uhcc.com](mailto:unionhospitalbilling@uhcc.com)
    - Upon Request at the following locations:
      - a. Outpatient Registration Department
      - b. Emergency Department Registration
      - c. Patient Financial Services Department
      - d. Customer Service Department
  3. Union Hospital informs local public and community organizations that address the health needs of the community's vulnerable and low-income populations of this policy.

## **XIII. Ensuring Compliance**

- A. Each August, the Director of Patient Financial Services or designee, will perform an audit to include:
  1. A recalculation of the percentage discount from gross charges as described in IX.A of this policy;
  2. A random sampling of 25 billing statements from the prior fiscal year to ensure all required information is present;

3. A visit to each registration point within the hospital to ensure each location has updated financial assistance policies, applications and supporting materials;
4. An audit of the website to ensure that application and policy are easily accessible;
5. A review of current census data for the primary service area to ensure materials are available in additional languages spoken by greater than 5% of the population served.

#### **XIV. Plain Language Summary**

Consistent with its mission to provide safe, high quality health and wellness services to the residents of Cecil County and neighboring communities, Union Hospital of Cecil County and its affiliates are committed to providing free or discounted care to individuals who are in need of emergency or medically necessary treatment and have household income below 400% of the Federal Poverty Level (FPL) Guidelines. Individuals who are eligible for financial assistance will not be charged more than the average amounts generally billed to insured patients, for emergency or medically necessary care.

Financial counselors are available Monday through Friday, from 8:00am until 4:30pm to discuss the application process either in person at Union Hospital or via phone at 443-406-1337 or 410-392-7033.

Union Hospital will not pursue extraordinary collection actions against any individual.

For a free copy of the entire Financial Assistance Policy and/or an Application for Financial Assistance in English or Spanish, patients can:

- Visit the website at:  
[www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance](http://www.uhcc.com/About/Patients-Visitors/Admission/Financial-Assistance)
- Send a request by mail to: Union Hospital of Cecil County  
Patient Financial Services Department  
106 Bow St.  
Elkton, MD 21921
- Request by calling 443-406-1337 or 410-392-7033
- Send a request by E-mail to [unionhospitalbilling@uhcc.com](mailto:unionhospitalbilling@uhcc.com)
- Request in person at the following locations:
  - Outpatient Registration Department
  - Emergency Department Registration
  - Patient Financial Services Department
  - Customer Service Department

#### **XV. References**

- A. Code of Maryland Regulations (COMAR) 10.37.10.26
- B. Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

- C. Department of Treasury, Internal Revenue Service Code 501(r)(4)
- D. US Department of Health and Human Services: Federal Register and the Annual Federal Poverty Guidelines
- E. US Code Title 42 Chapter 6A Subchapter II Part D Subpart I § 254b – Health Centers
- F. US Code Title 42 Chapter 7 Subchapter XVIII Part E § 1395dd – Examination and treatment for emergency medical conditions and women in labor

**XVI. Related Documents/Policies:**

Maryland State Uniform Financial Assistance Application

## **Community Assistance Program**

The Community Assistance Program, as sponsored by Union Hospital of Cecil County, offers hospital services, as well as physician services at multi-specialty practices, at a reduced cost based on a patient's inability to pay. The Community Assistance Program is a patient centered program to help eliminate your fear and anxiety regarding your medical bills. The application process is simple and straightforward.

The Community Assistance Program is a consistent and equitable process designed to grant financial assistance to appropriate patients while respecting the individual's dignity. If approved, your balance will be adjusted between 25% - 100% based on Federal Poverty Guidelines. Eligibility shall include medical care for three months prior to, and continue for up a maximum of six months forward. To see if you qualify, just follow the steps below:

### **Guidelines for Eligibility**

- If you are a US Citizen.
- If uninsured, under the Affordable Care Act, you must enroll in either Medicaid or enroll through your State's Health Connection to obtain insurance prior to applying for financial assistance through Union Hospital.
- If employed and uninsured you must enroll in an employment based health plan if available. If insurance is not available, you will need to enroll through your State's Health Connection.
- Meet income guidelines. Based upon Federal Poverty Guidelines.

### **Guidelines for Applying**

The first step is to complete a Community Assistance Application and provide the following supportive documentation:

- 2 most recent copies of all pay stubs, unemployment benefits, social security checks, cash assistance checks, alimony or child support checks.
- 2 most recent copies of bank statements and/or financial records.
- Copy of Federal AND State Income Tax return, as well as W2.
- If uninsured, proof of enrollment for health insurance through your State's Health Connection, through your State for Medicaid, or if you or your spouse is employed, proof that the employer does not offer health insurance.
- Copy of letters of any awarded benefits you are currently receiving including: Food Stamps, TCA, or Energy Assistance.
- A letter of support (preferably notarized) if no evidence of income.

When all information is gathered, a Financial Counselor will do a preliminary review and verify your eligibility, at which time additional documentation may be requested by correspondence. Failure to provide the requested documentation within a specified time frame may result in your application being denied. If you need help applying for any State of Maryland programs, a representative is on site at Union Hospital to assist you. If you have any questions, please feel free to contact one of our Financial Counselors at 410-392-7033.