

Q1.

Introduction:

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. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

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

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Suburban Hospital	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210022	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Johns Hopkins Medicine.	<input checked="" type="radio"/>	<input type="radio"/>	

Q4. 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.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Additional health statistics incorporated and considered in Suburban Hospital's community benefit operations include: Healthy Montgomery, the local health improvement coalition (LHIC), the Hospital's Primary Service Area and Community Benefit Service Area data, along with aggregated data from Suburban Hospital's Community Health Improvement programs including screenings, wellness classes, health education seminars and activities.

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

[Q6. Community Health Statistics for Community Benefit Efforts.pdf](#)

1.2MB
application/pdf

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. 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 |

Caroline County

Howard County

Washington County

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

20058

20824

20850

20872

20891

20907

20207

20825

20851

20874

20892

20910

- | | | | | | |
|---|--------------------------------|---|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20827 | <input checked="" type="checkbox"/> 20852 | <input type="checkbox"/> 20875 | <input type="checkbox"/> 20894 | <input type="checkbox"/> 20911 |
| <input type="checkbox"/> 20777 | <input type="checkbox"/> 20830 | <input checked="" type="checkbox"/> 20853 | <input type="checkbox"/> 20876 | <input checked="" type="checkbox"/> 20895 | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20783 | <input type="checkbox"/> 20832 | <input checked="" type="checkbox"/> 20854 | <input type="checkbox"/> 20877 | <input type="checkbox"/> 20896 | <input type="checkbox"/> 20913 |
| <input type="checkbox"/> 20787 | <input type="checkbox"/> 20833 | <input type="checkbox"/> 20855 | <input type="checkbox"/> 20878 | <input type="checkbox"/> 20898 | <input type="checkbox"/> 20914 |
| <input type="checkbox"/> 20810 | <input type="checkbox"/> 20837 | <input type="checkbox"/> 20857 | <input type="checkbox"/> 20879 | <input type="checkbox"/> 20899 | <input type="checkbox"/> 20915 |
| <input type="checkbox"/> 20811 | <input type="checkbox"/> 20838 | <input type="checkbox"/> 20859 | <input type="checkbox"/> 20880 | <input type="checkbox"/> 20901 | <input type="checkbox"/> 20916 |
| <input type="checkbox"/> 20812 | <input type="checkbox"/> 20839 | <input type="checkbox"/> 20860 | <input type="checkbox"/> 20882 | <input checked="" type="checkbox"/> 20902 | <input type="checkbox"/> 20918 |
| <input checked="" type="checkbox"/> 20814 | <input type="checkbox"/> 20841 | <input type="checkbox"/> 20861 | <input type="checkbox"/> 20883 | <input type="checkbox"/> 20903 | <input type="checkbox"/> 20993 |
| <input checked="" type="checkbox"/> 20815 | <input type="checkbox"/> 20842 | <input type="checkbox"/> 20862 | <input type="checkbox"/> 20884 | <input checked="" type="checkbox"/> 20904 | <input type="checkbox"/> 21770 |
| <input checked="" type="checkbox"/> 20816 | <input type="checkbox"/> 20847 | <input type="checkbox"/> 20866 | <input type="checkbox"/> 20885 | <input type="checkbox"/> 20905 | <input type="checkbox"/> 21771 |
| <input checked="" type="checkbox"/> 20817 | <input type="checkbox"/> 20848 | <input type="checkbox"/> 20868 | <input type="checkbox"/> 20886 | <input checked="" type="checkbox"/> 20906 | <input type="checkbox"/> 21797 |
| <input type="checkbox"/> 20818 | <input type="checkbox"/> 20849 | <input type="checkbox"/> 20871 | <input type="checkbox"/> 20889 | | |

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

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. 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.

Included in the process are inpatient and emergency department utilization and statistics. During the 2019 CHNA process, Suburban Hospital revised the formula for calculating its CBSA to include data from Inpatient Records, Emergency Department (ED) Visits and Charity Financial Assistance Transactions.

Other. Please describe.

Suburban Hospital does not limit its community services to the primary service area. Rather, its Community Benefit Service Area (CBSA) includes specific populations or communities of need to which the Hospital allocates resources through its community benefit plan. The hospital determines its CBSA using data from Inpatient Records, Emergency Department (ED) visits, and Charity Financial Assistance Transactions, which are aggregated and defined by the geographic area contained within the following fourteen zip codes: 20814, 20815, 20816, 20817, 20850, 20851, 20852, 20853, 20854, 20895, 20902, 20904, 20906, and 20910.

Within the CBSA, Suburban Hospital focuses on certain target populations such as un- and under-insured individuals and households, low-income individuals and households, ethnically diverse populations, underserved seniors, and at-risk youth. Although some of the zip codes selected for Suburban Hospital's CBSA are not immediately adjacent to Suburban Hospital, the Hospital does treat 29.1% of patients from the Silver Spring area (20902, 20904, 20906, and 20910). Furthermore, Suburban Hospital supports safety net clinics, and free health prevention and chronic disease programs in those designated areas.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

In addition to the Primary and Community Benefit Service areas, the Hospital provides both in-kind and financial contributions to expand awareness of cardiovascular diseases and chronic disease management to neighboring counties including Prince George's and Calvert Counties, which represent more racially and ethnically diverse and rural communities than the primary service area. In Prince George's county, specifically, 241 community health improvement activities, reaching 2,641 community members living in zip codes 20706, 20722, 20740, 20747, 20782, 20783 during FY2019.

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

https://www.hopkinsmedicine.org/suburban_hospital/about_the_hospital/mission_vision_values.html

Q37. Is your hospital an academic medical center?

Yes

No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The hospital provides all major services except obstetrics. The hospital is one of nine regional trauma centers in Maryland and is the state-designated level II trauma center for Montgomery County, with a fully equipped and elevated helipad. Suburban Hospital's Emergency/Shock Trauma Center treats more than 40,000 patients a year. Major services include: • A comprehensive cancer center accredited by the American College of Surgeons Commission on Cancer; • Cardiac surgery, including elective and emergency angioplasty, as well as inpatient diagnostic and rehabilitation services; • Orthopedics with joint replacement and physical rehabilitation; • Behavioral services, including crisis intervention; • Neurosciences, including a designated Primary Stroke Center and a 24/7 stroke team; and • Pediatrics and senior care programs. Other services include the NIH-Suburban MRI Center; state-of-the-art diagnostic pathology and radiology departments; an outpatient Addiction Treatment Center offering programs for adolescents and adults; prevention and wellness programs; free physician referral service (Suburban On-Call); and the Certified Total Joint Replacement Program by The Joint Commission. In FY2019, Suburban Hospital achieved Magnet designation in recognition of its nursing excellence from the American Nurses Credentialing Center, becoming the first and only hospital in Montgomery County with this distinct recognition.

Q39. (Optional) Please upload any supplemental information that you would like to provide.

[Suburban Johns Hopkins Spring 2019.pdf](#)
17.4MB
application/pdf

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- Yes
- No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

06/27/2019

Q44. Please provide a link to your hospital's most recently completed CHNA.

https://www.hopkinsmedicine.org/suburban_hospital/_documents/community_health/CHNA_2019.pdf

Q45. Did you make your CHNA available in other formats, languages, or media?

- Yes
- No

Q46. Please describe the other formats in which you made your CHNA available.

A copy of Suburban Hospital's Community Health Needs Assessment is available in print at the Hospital and in detail on the hospital's website. In addition, components of Suburban Hospital's Community Health Needs Assessment are also available through the Hospital's electronic magazine and quarterly WellWorks newsletter. A supplemental report is made available to community stakeholders and legislators in brochure form.

Q47. Section II - CHNA Part 2 - Participants

Q48. 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 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"/>	Regularly reports to hospital executives and Board of Trustees processes best practices, and frameworks.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regularly reports to hospital executives and Board of Trustees processes best practices, and frameworks.

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health 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 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:
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	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:
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 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:
Community Benefit staff (system 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 type="checkbox"/>	
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nurse(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Community Benefit Task Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) Suburban Hospital's Patient Education Committee, Interdisciplinary Readmission Committee, Quality and Safety Committee, Glucose Steering Committee, Cancer Disparities Taskforce, and Patient and Family Advisory Council	<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 type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q49. Section II - CHNA Part 2 - Participants (continued)

Q50. 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:
 Johns Hopkins Hospital; Johns Hopkins Bayview Medical Center; Howard County General Hospital; Sibley Memorial Hospital; Johns Hopkins All Children's Hospital; Adventist Healthcare Shady Grove Hospital; Adventist Healthcare Washington Adventist Hospital; Holy Cross Hospital; Holy Cross Germantown Hospital; MedStar Montgomery Medical Center

<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 type="checkbox"/>
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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:

Local Health Department -- Please list the Local Health Departments here:
 Montgomery County Department of Health and Human Services

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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:

Local Health Improvement Coalition -- Please list the LHICs here:
 Healthy Montgomery

<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 type="checkbox"/>
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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:

Maryland Department of Health

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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:

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"/>	<input type="checkbox"/>
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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:

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"/>	<input type="checkbox"/>
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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:

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"/>	<input type="checkbox"/>
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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:

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"/>	<input type="checkbox"/>
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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:

Maryland Department of Education

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Area Agency on Aging -- Please list the agencies here:
 Montgomery County Area Agency on Aging

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
 Montgomery County Council;
 Montgomery County Government;
 Montgomery County Police Department

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Faith-Based Organizations

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)
<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"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:
 Montgomery County Public Schools:
 (Bradley Hills Elementary School, Highland Elementary School, Ashburton Elementary School, Pyle Middle School, Westland Middle School, North Bethesda Middle School, John F. Kennedy High School, Northwest High School, Paint Branch High School, Watkins Mill High School, Winston Churchill High School, Thomas Sprigg Wootton High School, Bethesda Chevy Chase High School) and area private schools (Jewish Day School, Academy of the Holy Cross High School, Bullis School, Melvin J. Berman Hebrew Academy High School, Jewish Day School, Stone Ridge School of the Sacred Heart, Yeshiva of Greater Washington, St. Jane de Chantel)

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)
<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"/>

Other - If you selected "Other (explain)," please type your explanation below:

School - Colleges and/or Universities -- Please list the schools here:
 American University

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)
<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 type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

School of Public Health -- Please list the schools here:
 Walden University School of Public Health; University of Maryland School of Public Health

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)
<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:

School - Medical School -- Please list the schools here:

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)
<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:
 University of Maryland University Global Campus; Universities at Shady Grove

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)
<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:

School - Dental School -- Please list the schools here:

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)
<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:

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)
<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:
EveryMind; Cornerstone Montgomery; Girls on the Run Montgomery County, National Alliance on Mental Illness

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:
Linkages to Learning; YMCA Bethesda-Chevy Chase; Parenting Encouragement Program, Jewish Social Service Agency, Montgomery Hospice

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:
Charles E. Smith Life Communities, Sunrise of Bethesda, Brighton Gardens of Friendship Heights, Maplewood Park Place, Sunrise of Fox Hills

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)
<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"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
Washington Area Village Exchange, Bannockburn Village, Bethesda Metro Area Village, Bradley Hills Village, Burning Tree Village, Chevy Chase at Home, Friendship Heights Neighbors Helping Neighbors, Little Falls Village, Maplewood Village, Potomac Community Village, Villages of Rockville, Village of Kensington, Wyngate Neighbors Helping Neighbors, Huntington Terrace Citizens Association, Scotland Community

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)
<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 type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations -- Please list the organizations here:
Bethesda-Chevy Chase Chamber of Commerce; Montgomery County Chamber of Commerce; Bethesda Cares; Manna Food; Latino Health Initiative

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)
<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 type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

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)
<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:

Other -- If any other people or organizations were involved, please list them here:
 Bethesda-Chevy Chase Rotary Club;
 Mansfield Kasemen Health Clinic, Mercy Clinic, Mobile Medical Care Inc., Catholic Charities Center, Proyecto Salud Clinic, Alpha Phi Alpha Fraternity, A Wider Circle, Washington Metropolitan OASIS, National Institutes of Health-National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health- National Heart Lung and Blood Institute

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
N/A - Person or Organization was not involved	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:

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- Yes
- No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

Q54. Please provide a link to your hospital's CHNA implementation strategy.

Q55. 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.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

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

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

Suburban Hospital conducted its third CHNA process in Fiscal Year 2019 using a three-tiered approach: 1) reviewing available local, state, and national data sets for core health indicators for Montgomery County; 2) conducting a community health survey to assess the needs and insights of residents living in the Hospital's Community Benefit Service Area (CBSA); and, 3) engaging health experts and stakeholders to advise on the needs assessment. Results from primary and secondary data, Suburban's hospital data, and county, state, and national health priorities were taken into consideration to identify the five to ten top health needs for Suburban's community. After a prioritization process with stakeholders, the following health priorities emerged for Suburban's 2019 Community Health Needs Assessment (presented below in no specific order): • Cardiovascular Health • Cancer • Diabetes • Behavioral Health • Accidents • Infections. Suburban Hospital will continue to build upon existing programs addressing these six health areas and will work thoughtfully and diligently with partners over the next two years (2020-2021) to ensure that the valuable information attained from the CHNA process continues to be utilized for monitoring and evaluating established health targets and goals. The Hospital's first CHNA was conducted in 2013 and included maternal and infant health as a health priority but was eliminated in 2016 after consideration that it was not consistent with the Hospital's medical specialties, primary and secondary data, or health improvement programming. (Maternal and infant health remained on the list of Montgomery County's health priorities.) During the 2016 CHNA process, obesity was identified as a health priority. However, Suburban Hospital decided to address obesity as a risk factor for heart disease and diabetes rather than as a stand-alone priority area.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

[Q59. Additional information for CHNA.pdf](#)
5.1MB
application/pdf

Q60. Section III - CB Administration Part 1 - Participants

Q61. 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 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"/>	Regularly reports to hospital executives and Board of Trustees on processes best practices, and frameworks.
	<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"/>	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regularly reports to hospital executives and Board of Trustees on processes best practices, and frameworks.
	<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"/>	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<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"/>	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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:

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"/>	<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:

Maryland Department of Education

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:

Area Agency on Aging -- Please list the agencies here:
Montgomery County Area Agency on Aging

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
Montgomery County Council, Montgomery County Government, Montgomery County Police Department

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	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:

Faith-Based Organizations

<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	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 - K-12 -- Please list the schools here:
Montgomery County Public Schools: (Bradley Hills Elementary School, Highland Elementary School, Ashburton Elementary School, Pyle Middle School, Westland Middle School, North Bethesda Middle School, John F. Kennedy High School, Northwest High School, Paint Branch High School, Watkins Mill High School, Winston Churchill High School, Thomas Sprigg Wootton High School, Bethesda Chevy Chase High School) and area private schools (Jewish Day School, Academy of the Holy Cross High School, Bullis School, Melvin J. Berman Hebrew Academy High School, Jewish Day School, Stone Ridge School of the Sacred Heart, Yeshiva of Greater Washington, St. Jane de Chantel)

<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	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 - Colleges and/or Universities -- Please list the schools here:
American University

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 of Public Health -- Please list the schools here:
University of Maryland School of Public Health, Walden University School of Public Health

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 - 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"/>	<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 - Nursing School -- Please list the schools here:
University of Maryland School of Nursing, The Universities of Shady Grove, Frostburg State University School of Nursing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 - Dental School -- Please list the schools here:

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)
<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:

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)
<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:
EveryMind, Cornerstone Montgomery, National Alliance on Mental Illness, Girls on the Run Montgomery County

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:
EveryMind; Cornerstone Montgomery; YMCA Bethesda Chevy Chase; Linkages to Learning; Jewish Social Services Agency

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:
Charles E. Smith Life Communities, Sunrise of Bethesda, Brighton Gardens of Friendship Heights, Maplewood Park Place, Sunrise of Fox Hills

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
Washington Area Village Exchange, Bannockburn Village, Bethesda Metro Area Village, Bradley Hills Village, Burning Tree Village, Chevy Chase at Home, Friendship Heights Neighbors Helping Neighbors, Little Falls Village, Maplewood Village, Potomac Community Village, Villages of Rockville, Village of Kensington, Wyngate Neighbors Helping Neighbors, Huntington Terrace Citizens Association, Scotland Community

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations -- Please list the organizations here:
Bethesda-Chevy Chase Chamber of Commerce; Montgomery County Chamber of Commerce; Bethesda Cares; Manna Food; Latino Health Initiative, Safe Kids Coalition

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:
Bethesda-Chevy Chase Rotary Club; Mansfield Kasemen Health Clinic, Mercy Clinic, Mobile Medical Care Inc., Catholic Charities Center, Proyecto Salud Clinic, Alpha Phi Alpha Fraternity, A Wider Circle, Washington Metropolitan OASIS, Safe Sitter, Inc., National Institutes of Health-National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health- National Heart Lung and Blood Institute, Osher Lifelong Learning, Parenting Encouragement Program

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)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<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:

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. 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

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

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

The Community Benefit Report (CBR) is a composite of multiple community health improvement reports, each of which is reviewed in detail by Suburban Hospital Executive Leadership, the Community Health Improvement Advisory Council (CHIAC), Marketing and Finance departments as well as the Director of Government and Community Relations. The primary report from which CBR is derived from, is the Community Health Needs Assessment (CHNA), which is conducted every three years in compliance with IRS Section 501 (c) Community Health Needs Assessment for Charitable Hospital Organizations. The most recent CHNA was conducted in FY2019 and formally accepted by the Hospital's Board of Trustees in June 2019; for additional detail on this process from which needs and priorities were based on primary and secondary as well as stakeholder engagement, refer to Q57 within this report. The CBR is the result of on-going data collection from Hospital colleagues spanning from clinical and operational functions. Through continuous education from the Community Health & Wellness community benefit specialists, department and unit leaders have the necessary tools to collect and report accurate and complete community benefit activities on a quarterly basis. This allows for continuous review of data by the specialists for quality control purposes. Additional data collection is obtained directly from the Finance department. Examples include Mission Driven Health Services, Cash and In-Kind Contributions, and Charity Care. As applicable, components of the CBR are tied directly to the annual audited financial statements of the hospital, such as Net Operating Revenue and Expense, Charity Care, Bad Debt, etc. With regards to the Community Benefit narrative, the information submitted is sourced from the aforementioned approved reports. Examples include the primary service area, which is derived from the HSCRC; the community benefit service area, which is derived from Hospital data (Inpatient Records, Emergency Department (ED) Visits and Charity Financial Assistance Transactions) and the hospital's strategic plan. An additional layer of oversight includes on-going dialogue with system-level colleagues belonging to the Community Health Improving Strategic Council. Once a month, the council meets to strategize the coordination and alignment across system entities with regards to core components of the CBR. Much like the Community Health Needs Assessment, Suburban Hospital Executive Leadership, Marketing, and Finance departments as well as the Director of Government and Community Relations review the CBR narrative in detail. The financial review includes a one-on-one meeting with the Hospital's chief financial officer (CFO), which brings a unique perspective that intersects both the financial-operational and health improvement components of community benefit mission. The final stage of the audit process includes review and sign off on both the narrative and data collection tool by the hospital's President and CFO before it is submitted to the HSCRC. The report further vetted through the CHIAC and the Hospital's Board of Trustees.

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

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- Yes
- No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

Suburban Hospital's Community Benefit strategic plan is integrated into the Hospital's strategic plan to ensure a collective approach to building quality relationships with community partners in addressing the health needs of the community. The administrative director of Community Affairs & Population Health in the Community Health and Wellness Division reports directly to the President of Suburban Hospital integrating constant communication and consideration of the Community Benefit planning and strategy to best align and support hospital operations and overall goals. On an ongoing basis, Community Health and Wellness Division staff convene to strategize and outline the Community Health Improvement framework and approach to achieve a purposeful and deliberate plan for the upcoming fiscal year. For example: Two community health improvement goals included in Suburban Hospital's FY2019 strategic plan were: 1.) Increase access to behavioral health resources in non-stigmatizing community settings via at least three population specific interventions; and 2.) Build capacity to propel health equity by targeting specific underrepresented and vulnerable populations, such as older adults, youth and/or distinct ethnic or racial communities. Goals are measured and reported on a bi-annually basis as part of the hospital's overall operation performance scorecard. By the end of FY2019, the two goals were accomplished. To meet the goal of increased access to behavioral health resources, Suburban collaborated with existing partners to bring programming to the community. Throughout FY2019, Suburban worked with other five Montgomery County Hospitals, Healthy Montgomery, Montgomery County Health and Human Services (MCHHS), and EveryMind in an effort to widen the conversation about suicide and its prevalence in the community. Through the documentary, "The S Word," participants had the opportunity to start a dialogue on the impact of suicide and the stigma surrounding it in our community. Viewed at three different venues around Montgomery County, to three different audiences (lay community, clinical/public health providers, diverse students and faculty), the documentary enabled those who have been affected by suicide to discuss their experiences while promoting awareness of the impact. In April 2019, in an effort to reach more participants, the partners created a webinar titled, "Breaking the Silence", to continue the conversation on suicide prevention. At each event, community members were given resource materials on mental health services within the county. A total of 481 participants attended these four events. Specific initiatives that sought to increase behavioral health access for our seniors included the Widowed Person Social Gatherings and Alzheimer's Association's Memory Cafés. Held at Montgomery OASIS Lifelong Learning, both of the initiatives seek to provide comfort and support to those who are dealing with life transitions. Held quarterly, the Widowed Person Social Gathering program was created as a way for widowed persons to make new friends and engage in new activities while preventing social isolation. At each event, there is an icebreaker activity followed by a facilitated discussion concluding with a 'meet and greet'. Topics have included 'Effective Communication to Those who Haven't Lost a Spouse' and 'Solo Traveling'. While not a bereavement group, the gatherings provide a venue for widowed persons to share their experiences about losing a loved one. In partnership with the Alzheimer's Association and Montgomery OASIS Lifelong Learning, Memory Cafés offer a fun and relaxed way for people living with early-stage memory loss and their care partners to connect with one another through social events that promote interaction and companionship. Participants engage in memory-strength activities and peer lead discussions once a month. In FY2019, there were 12 Memory Cafés held at Montgomery Oasis. The second FY2019 strategic objective was to propel health equity by targeting specific underrepresented and vulnerable populations. To accomplish this objective, targeted initiatives were centered on specific populations within Montgomery County. For example, Suburban sponsored several Spanish language events geared towards the Hispanic community living in Montgomery County. Patients at the Catholic Charities' Spanish Catholic Center in Gaithersburg, MD were given the opportunity to learn about physical activity and healthy eating through chronic disease self-management classes. At the annual Hispanic Heritage Month symposium, two physicians presented to 30 community members on strategies for diabetes management and approaches to healthy eating. In addition, a group of 35 Hispanic women attended a diabetes discussion at the Epworth United Methodist Church in Gaithersburg, MD to increase their awareness on diabetes prevention. In an effort to increase access of care to the underserved populations in FY2019, the MobileMed/NIH Endocrine clinic adapted the use of iPads for clinic patients to have access to a live language line during appointments which enhances the communication between the patient and healthcare provider. For a second year, Suburban has made Aging in Place grants to care for vulnerable seniors participating voluntarily in several Villages in the greater Bethesda/Montgomery County area. The grants were focused on increasing access to health and wellness programming and/or a reducing social isolation. With the financial support, one Village was able to offer medical notetaking workshops to its members while another used the funds for mobility exercise series targeting aging older adults.

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

<https://www.hopkinsmedicine.org/strategic-plan/index.html>

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

[Q76. Community Benefit Strategic Plan.pdf](#)
232.6KB
application/pdf

Q77. 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.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

Freedom From Smoking (FFS)

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- Yes
 No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Other (specify)
Other: Accidents, Infections

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- Access to Health Services: Health Insurance Heart Disease and Stroke

- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Access to Health Services: Outpatient Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q82. When did this initiative begin?

January 2014

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no 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.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The Freedom From Smoking (FFS) initiative targets all adult tobacco users and family members who live or work in Montgomery County, MD. According to County Health Rankings, 7% of adults are current smokers within the county. Ninety-six percent of the FFS participants were primarily cigarette smokers; however, a small subset of participants smoked cigars (2%) or used smokeless tobacco (2%). Given that smoking is generally associated with lower socio-economic status and lower educational attainment, this initiative aims to serve these populations by removing cost and geographic barriers through free, community-based programming as well as online programming.

Q85. Enter the estimated number of people this initiative targets.

74,116

Q86. How many people did this initiative reach during the fiscal year?

48 individuals attended Freedom From Smoking classes in FY2019. 4 individuals participated in the Freedom From Smoking online program.

Q87. 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.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

Suburban Hospital partnered with faith-based organizations, private businesses, community organizations, a residential community, a medical practice, and local government to increase access of the Freedom From Smoking classes to those in need. Specific partners in FY19 included Blue Mash Golf Course, St. Mary's Catholic Church, the Town of Poolesville, Johns Hopkins Community Physicians Heart Care, United States Navy Medicine Professional Development Center (NMPDC), the United Service Organizations, Promenade Towers Apartments, and Colesville United Methodist Church. Additional partners that support the program include the American Lung Association, Montgomery County Cancer Crusade and the Montgomery County Tobacco Coalition.

Suburban built partnerships based on a demonstrated need for cessation within the organization or community; proximity or access to at risk populations; key, vested personnel or representatives willing to support and promote the program; and existing infrastructure to effectively reach the target audience. For example, the program at the Promenade residential community was designed to concur with enforcement of a new smoke free policy in the residential complex, while Colesville United Methodist Church had a strong health ministry and existing relationships with other churches in the at-risk east county region. Partners provided program venues as well as access to their existing databases and modes of communication for program marketing, such as church bulletins, webpages, social media, booths at health fairs, and newsletters.

No.

Q89. Please describe the primary objective of the initiative.

The primary objective of the initiative is to reduce the prevalence of cigarette smoking among the adult population within Montgomery County by improving access to free, convenient smoking cessation classes to those who are ready to quit smoking. This objective is in alignment with the Maryland Cancer Control Program objectives, which focus on seven priority cancers identified by the Cigarette Restitution Fund as high burden cancers in Maryland, including lung cancer. Specifically, to reduce the prevalence of current cigarette smoking among adults by 2020.

Q90. Please describe how the initiative is delivered.

Suburban offers the American Lung Association's Freedom From Smoking program throughout the year at no cost in Montgomery County. This evidence-based program provides individuals with the tools they need to successfully quit smoking in a supportive environment over a seven-week period at Suburban Hospital and at various locations in Montgomery County. For example, in FY2019, classes were held at faith-based organizations, private businesses, community organizations, a residential community, a medical practice, and local government. Recognizing that attending multiple in-person sessions may be impractical or present hardship for some, Suburban Hospital also offers Freedom from Smoking Plus, an online program. Considered the "gold standard" in smoking cessation, Freedom From Smoking is a well-established, evidence-based cessation program. Suburban enlists experienced facilitators, certified by the American Lung Association, who invite past participants as guest panelists to provide invaluable moral support and guidance. To prevent relapse, participants are monitored by Suburban staff, offering ongoing support and resources for an additional 6 months after the program ends.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- Count of participants/encounters All participants must register for each 12-week session. Attendance is taken at each class.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Each participant receives a qualitative evaluation survey on the last day of the class.
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other Tracking of number of participants who remained smoke free during a six-month period.

Q92. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Because reduction of geographic barriers and improvement of accessibility are key program objectives, Suburban measured the number of classes offered, the number of classes implemented, and the number of targeted marketing encounters. In FY2019, Suburban offered 10 classes in 6 zip codes throughout the county, including outlying, underserved areas and east Montgomery County. Of the 10 classes offered, 8 reached program minimum registration requirements and were implemented as scheduled. In FY2019, Suburban engaged in 7,262 targeted marketing encounters. In order to reach at-risk and/or underserved populations, staff took the extra step of promoting the FFS program directly to particular faith based organizations, apartment complexes, homeless shelters, businesses, medical practices, and shopping areas. Using CDC data, classes were promoted to particular industries known to have higher rates of smoking. For example, staff conducted walk-in visits to mechanic shops, auto dealerships, and restaurants located close to the class locations. Surveys of Participants: Participant surveys were collected during the penultimate session of each class. While mostly qualitative in nature with an optional testimonial, the following quantifiable data was captured from 26 respondents: • 26 (100%) of respondents indicated that they would recommend the program to a friend who wanted to quit smoking. • 23 (88%) indicated that they had been smoke-free for at least one 24 hour period during the program. The most common suggestion for program improvement was to extend the program longer. The most frequently mentioned "most helpful" program elements were tracking smoking behavior (use of pack trackers), in-person support of facilitator and other participants, and discussing short and long-term benefits of quitting. Other measures: Suburban tracked the smoking status of all smokers for 6 months post-program. The program coordinator contacted participants at one week, 3 months, and 6 months intervals post-program. Of the 48 participants enrolled in FY2019, 45 were smokers and 3 were family members. Twenty-six smokers completed the program, and 20 were smoke free at the final session. At one week post-program, 21 participants (81%) were smoke free. At three months post program, 14 participants (54%) were smoke free. At six months post program, 12 participants (46%) remained smoke free. Recognizing that readiness is highly variable and group dynamics are unpredictable, some attrition is to be expected. When participants elect to discontinue the class for any reason, they have nevertheless learned important information, strategies, and resources which may move them along the readiness continuum and aid their quit journey at a later date. All encounters with these participants are of value to the quit process. At each measurement interval, participants were offered a phone counseling session. Depending on the participant's circumstances and smoking status, counseling may have included affirmation of a participant's success and review of successful strategies; advice on handling slips; encouragement, or setting a new quit date and placing the participant in another class session or online program (in the event of relapse). Regular assessment of participant progress and needs helped participants at every stage and facilitated continuum of care.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

The Freedom from Smoking program helped 12 participants quit smoking for a 6-month period in FY2019. The large majority of these participants have stayed in contact with Suburban, and report being smoke free for a year or more. Thirty-six other participants (33 smokers) were educated on the quit process and were given the essential tools, skills, and resources to aid their quit journey. Many of them continue to be in touch with Suburban, and some are actively engaged in counseling, online cessation support, or planning to take a future class. Of the smoke-free participants, most have reported at least one important health benefit such as reduced cough, more energy, better circulation, or improved lung function. Another observed outcome is the creation of a new community. Throughout this year, we have directly observed that loneliness and isolation are key barriers to smoking cessation. While smoking was once a common, social practice, today's smokers often struggle with being the "only one" smoking in their family or social network. They often feel judged or isolated. By creating a new community of support, we have helped these smokers find the courage, camaraderie and solidarity with others that gives them the strength to quit. Several of the participants stay connected with each other through Facebook or phone. An exciting example of this new community is the "panel of former smokers" during session #4 Quit Day. Suburban engaged successful former participants as guest panelists for these sessions. Panelists offered uniquely empathetic support and helpful tips, which were invaluable to participants. They helped turn the stressful, frightening experience of giving up a powerfully addictive substance, which many describe as "old friend," into a bold and transformative moment in participants' lives. Likewise, engaging as a panelist improved self-esteem and encouraged ongoing cessation for our panelists. Another outcome is through the connection of our smokers to resources and other healthcare services. Suburban's Community Health and Wellness team works collaboratively across many areas of community health. During this fiscal year, our team helped refer our FFS participants to free transportation services, free or low cost health behavior classes, support groups, exercise classes, and medical care. These community connections help reduce loneliness and provide important lifestyle changes that can help smokers stay quit.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Total: \$51,164.00 of Suburban supported funds to include administrative and overall expenses, facilitator fees, supplies, food, and program dissemination.

Q95. (Optional) Supplemental information for this initiative.

[Q95. A Smoke-Free Community.pdf](#)
248.1KB
application/pdf

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

MobileMed/NIH Heart Clinic at Suburban Hospital

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
 No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Other (specify)
Other: Accidents, Infections

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input checked="" type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input checked="" 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"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |

- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify) Access to Health Services: Specialty Care

Q100. When did this initiative begin?

October 2007

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not 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.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Heart disease continues to be one of the leading causes of death in Montgomery County though mortality rates have decrease in recent years. The age-adjusted mortality rate due to Heart Disease in Montgomery County (2016-2018) was 95.9 deaths per 100,000 population compared to 100.2 deaths as measured from 2015-2017. Within Suburban Hospital's Community Benefit Service Area (CBSA), in FY2019, 25,440 individuals were uninsured, indicating a need for access to specialty cardiac care in the county. Faced with social barriers such as lack of transportation, limited English proficiency, and the inability to pay, our vulnerable residents do not have the access to advanced cardiac care for treatable conditions that can progress to the point where life-threatening heart attacks, strokes or heart failure can occur.

Q103. Enter the estimated number of people this initiative targets.

25,440

Q104. How many people did this initiative reach during the fiscal year?

259

Q105. 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.

Access to care for under and un-insured, vulnerable residents who suffer from major chronic conditions such as cardiovascular disease.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

We do together what one organization cannot achieve on its own perfectly describes the unique partnership between Suburban Hospital, Mobile Medical Care, Inc. and the National Institute of Heart, Lung and Blood (NHLBI). For over the past two decades, Suburban Hospital has provided free cardiovascular diagnostics, interventional and diagnostic radiology, laboratory, and inpatient services to Mobile Medical Care, Inc., a clinic that provides free or low-cost medical care for the uninsured. This partnership with Mobile Medical Care Inc. expanded when the Hospital in conjunction with the National Heart, Lung and Blood Institute (NHLBI), combined expertise and initiated the Mobile Med/NIH Heart Clinic at Suburban Hospital in October 2007. Once a week, Suburban physicians, nurses, ultrasound and EKG technologists along with cardiologists volunteer their time to staff the clinic alongside clinical staff from NHLBI and administrative staff from Mobile Medical Care, Inc.

- No.

Q107. Please describe the primary objective of the initiative.

By reducing barriers to obtain needed specialized healthcare, the MobileMed/NIH Heart clinic at Suburban Hospital seeks to create an accessible means to reduce the morbidity and mortality associated with coronary heart disease for uninsured residents living in Montgomery County. Held one night a week, at Suburban Hospital, the cardiovascular clinic enables uninsured individuals access to cardiac care, diagnostic tests, cardiothoracic surgery and rehabilitation when needed, at no cost. Suburban Hospital, Mobile Medical Care, Inc. and NHLBI aim to achieve this by increasing access to specialty care to uninsured, high-risk Montgomery County safety-net clinic patients and managing associated risk factors with coronary heart disease. Referred from safety-net clinics in the County operated by Mobile Medical Care, Inc., each patient is evaluated by clinical staff from the NHLBI or a Suburban Hospital cardiologist. In addition to coordinating the cardiologists, nurses, and ultrasound and EKG technologists who volunteer at the clinic, the Hospital absorbs the costs associated with free cardiovascular specialty diagnostic screenings and open-heart surgery for patients who require advanced care.

Q108. Please describe how the initiative is delivered.

The clinic operates every Thursday from 3:30 pm, to 8:00 pm, the MobileMed/NIH Heart Clinic at Suburban Hospital is held in the office space donated by the Johns Hopkins Cardiothoracic Surgery Program at the hospital. All services that the patients receive are free of charge and appointments are required. To reduce to barrier of limited English proficiency, patients have access to a live language interpreter, which is also provided by the Hospital. A network of safety net clinics patients are able to access the clinic through a referral process through Montgomery Cares, a Montgomery County Department of Health and Human Services program which is a network of community-based health care providers that provide medical care to uninsured adults.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

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

Q110. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Over the years, charity care expenses have increased due to the high need from vulnerable residents who find themselves uninsured or underinsured. As a result of the MobileMed/NIH Heart Clinic, there were 433 encounters, with 259 unduplicated patients who receive care and treatment by the volunteer clinical staff in FY2019. The top five conditions that patients were treated for included Atherosclerotic heart disease (16.9%), Arrhythmia and other conduction disorders (11.7%), Cardiomyopathies (9.2%), Valvular heart diseases (8.8%) and/or Heart Failure (7.3%). This is a complex patient population with significant comorbidities. For example, 50.6% of patients have Essential primary hypertension, 29.4% have Hyperlipidemia, 15.9% have Diabetes Mellitus and/or 4.1% are Obese. Clinic patients are a racially diverse population consisting of 30.2% Black or African American, 8.5% Asian, 17.0% White, 37.4% Other Race while 7.0% of patients Unreported/Refused to Report. In FY 2019, over 400 cardiac diagnostic tests were performed, including 92 echocardiograms, 45 stress test and 22 cardiac MRI/CTs which are elective tests that low-income, uninsured patients would otherwise unlikely to be able to access. The Hospital absorbs the costs associated with the testing. Three MobileMed patients required major heart procedures at Suburban Hospital. One patient had a Cardiac catheterization and Transcatheter aortic valve replacement (TAVR) procedure while another had Transcatheter aortic valve replacement (TAVR) procedure. The third patient had extensive surgery including a Mitral valve replacement, aortic valve replacement, atrial septal defect closure, and bi-atrial appendage ligation. Suburban Hospital physicians at no cost to the patients performed these surgeries.

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

As a result, an underserved, vulnerable community within Montgomery County has access to specialized heart care at no cost that would have otherwise been inaccessible. Each year, the clinic measures its success by whether the number of patients it serves increases (short-term goal); whether effective treatment of the different conditions that put the patients at risk for cardiovascular disease is reduced (mid-term goal); and by improving their quality of life while reducing their risk from pre-mature coronary heart disease mortality (long-term goal). Since it opened in 2007, MobileMed/NIH Heart Clinic at Suburban Hospital has treated well over 3,500 patients through almost 5,000 encounters. Of these evaluated in the Heart Clinic, approximately 75 MobileMed patients have undergone advanced treatment, including heart surgery, vascular/cardiac device placement or coronary angioplasty at Suburban Hospital.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

\$321,089

Q113. (Optional) Supplemental information for this initiative.

[Q 112. A Lifesaving Partnership.pdf](#)
1.3MB
application/pdf

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Dine, Learn and Move

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Other (specify)

Other: Accidents, Infections

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- | | |
|--|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" 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 checked="" type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input checked="" type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input checked="" type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input checked="" type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Educational and Community-Based Programs | <input type="checkbox"/> Violence Prevention |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Global Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input checked="" type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q118. When did this initiative begin?

January 2006

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not 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.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

The Dine, Learn & Move (DLM) program has run from 6:00 – 8:00 pm at the Suitland Community Center in Forestville, MD since its inception in 2006. The program targets adults, but is open to anyone; youth may attend with an adult. Marketing and promotion is coordinated by Prince George's Parks and supported by the county Health Department. While web and print promotions extend widely to county residents, the program attracts participants from approximately a dozen zip codes surrounding the community center. The program has always been free of charge for participants, and registration is not required. This, in addition to time of day and day of week, is intended to reduce as many barriers as possible so that both retired and working adults have opportunities to attend. Anonymous evaluations are completed at the end of each session. Demographic information collected includes zip code of residence, age (range), race, and gender. Analysis of this data identifies that the typical participant lives within 5-10 miles from the center, and is a Black female 50 years and greater.

Q121. Enter the estimated number of people this initiative targets.

143,425

Q122. How many people did this initiative reach during the fiscal year?

180

Q123. 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.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

Yes. Please describe who was involved in this initiative.

The Dine, Learn & Move program (DLM) has been a partnership with Prince George's County Parks and Prince George's County Health Department since its inception.

No.

Q125. Please describe the primary objective of the initiative.

The primary objective of DLM is to improve health outcomes among a population with a higher risk of cardiovascular and chronic disease. DLM is a multifaceted program that seeks to prevent and manage cardiovascular risks affected by diet and physical activity. Cardiovascular Disease (CVD) has been a priority area of focus of Suburban since the first community health needs assessment (CHNA) was conducted in 2013. It is also included as priority in the Prince George's County 2016 CHNA under metabolic syndrome. While CVD is prevalent across Maryland and throughout the nation, it is of particular risk in Southern Maryland, where rates of obesity and physical inactivity are high. When these factors present, high blood pressure, elevated cholesterol, diabetes, and other chronic diseases follow. In many cases, these risks can be prevented, managed, and treated through behavior change and medication. In serving its mission of improving health with skill and compassion, Suburban Hospital approaches its health improvement work through the lenses of health equity, access to care, and healthy behaviors. DLM addresses chronic disease prevention and management through the lens of behavior change. Despite having nearly 100% access to spaces for physical activity, just 50% of adults in Prince George's County engage in a regular routine of moderate or high intensity movement. This is metric utilized in Healthy People 2020, which also serves as the health indicators by which Prince George's County measures health outcomes. The rate of adult obesity (42%) remains higher than both the state (31%) and national average (31%). The prevalence of obesity and its associated health risks is tantamount to Suburban's commitment in Southern Maryland since 2006. Physical inactivity leads to high blood pressure, type 2 diabetes, coronary heart disease, risk of falls among older adults, and anxiety and depression. Additionally, inactivity tends to increase with age and women are more likely to lead inactive lifestyles compared to men. DLM addresses these disparities by targeting specific behaviors to support increased movement and improved diet.

Q126. Please describe how the initiative is delivered.

DLM is delivered monthly on a calendar year basis; the program does not run in December. The data reported in this section is from January 2019 through November 2019. The two-hour program is divided into three main components: 30 minutes of interactive physical activity led by a certified instructor; 30 minutes of nutrition education led by a registered dietitian; and 60 minutes of a cooking demonstration, led by a SafeServe certified home chef. The combination of components is a deliberate approach to address the intended behavior change to increase physical activity and improve diet. DLM is held at the Sultland Community Center in Forestville, MD on property provided by PG Parks. PG Parks also coordinates the monthly fitness instructor as well as annual publication and marketing of the program in its communication plan. For example, it provides web and print publications to the public, to current center members, and across other county platforms, e.g. Listservs. Individual program "rack cards" are printed and distributed widely at local centers. A certified exercise instructor leads the physical activity portion of the program. Each month addresses any one of four elements of overall physical health, supported by the National Institute on Aging at the National Institutes of Health, Go4Life program: balance, endurance, flexibility, and strength. Examples of fitness segments include Zumba, yoga, resistance band training, and aerobics. Participants are encouraged to participate actively or modified in a chair. The nutrition education segment follows a monthly theme agreed upon by all three partnering organizations during the planning phase of the annual program implementation period. Examples of nutrition themes include, "Love Your Heart," "Tooth Smart Snacks," and "Holiday Recipe Makeover." This portion of the program stresses the importance of reading labels, understanding the risks of sodium, saturated fat, and added sugars, while stressing the benefits of whole grains, lean meats and other proteins, and fruits and vegetables. Participants are encouraged to ask questions in a safe space, many times allowing opportunities to debunk myths that risk a persistent barrier to proper nutrition. This segment also incorporates handouts for participants to take notes and bring home for further reference. The cooking demonstration segment of DLM flows directly from the nutrition segment, following the same theme and supporting the same concepts just discussed by the dietitian. Each month two recipes are selected by the chef and shared with the participants. As the chef prepares the recipes, she identifies opportunities to create a healthier version of the selected recipe by substituting certain ingredients to reduce fat, sodium and/or sugar. This is a very interactive segment of the program, as participants get to see, smell, and occasionally feel ingredients before sampling the completed recipes. At the conclusion of the program, participants are encouraged to complete a short, anonymous evaluation to collect feedback. Free blood pressure screenings are also offered by Suburban Hospital by Community Health and Wellness staff.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

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

Q128. Please describe any observed outcome(s) of the initiative (i.e., not intended outcomes).

Since 2010, DLM has reached 2,114 individuals. Each participant is encouraged to complete an 8-question anonymous evaluation at the end of each DLM session. In the 11 sessions of calendar year 2019, 170 or 94% of the 180 adult attendees completed the evaluation; evaluations are not given to minors. The following questions are related to behavior changes in alignment with the program structure, and results are as following: Did the physical activity session contribute to your ability to carry out your exercise intentions? 145 or 85% of respondents said "Yes." One respondent said "No." Seven said "Somewhat" and twelve respondents skipped the question. The next question on the evaluation is: Did the nutrition session contribute to your intentions to stick to healthful foods? 157 or 92% of respondents said "Yes." One respondent said "No." Seven said "Somewhat" and four respondents skipped the question. The next question on the evaluation is: Did the cooking demonstration contribute to your intentions to stick to healthful foods? 156 or 92% of respondents said "Yes." One respondent said "No." Ten said "Somewhat" and two respondents skipped the question. These results indicate that the individual segments of the DLM program support self-efficacy around the behaviors that help reduce the risk of cardiovascular and chronic disease. Individually and collectively, it is promising to see that respondents find that each of the segments are useful in supporting their intentions to improve healthy behaviors. The next question on the evaluation is: Since last month's Dine, Learn & Move, I have incorporated at least one component of healthy living that I learned during that event. 113 or 66% of respondents said "Yes." Eleven respondents (6%) said No. Thirty-six (21%) respondents said N/A – this is my first session, and ten skipped the question. Reframing the results to those respondents for which it was not their first session, 84% have incorporated one component of the DLM program since the prior month's session. For those who did respond "Yes," a follow up question is asked: If yes, what have you incorporated? (Please select all that apply) 38% of respondents indicated that they have exercised for 10 minutes or more; 32% indicated that they have made a decision based on reading a nutrition label; and 47% have tried a DLM recipe [at home]. These results indicate, again, that all three segments of the DLM program lead to positive behavior change.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

When used as part of a healthy lifestyle, increasing daily movement, consuming less salt, fat, and sugar, and observing portion sizes, individuals are more successful in losing excess weight and maintaining a healthy weight that reduces risks of cardiovascular disease and other chronic conditions. The DLM program is successful addressing behavior changes related to community needs related to lack of physical activity and obesity.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Specifically for DLM, the hospital supports the cooking demonstration. The cost of the chef, supplies, and ingredients for two recipes each month is \$2,145. An additional \$9,120 is allocated for salary and benefits for program manager's time.

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (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.

[CBR FY19 Community Health Wellness Initiatives.pdf](#)
220.3KB
application/pdf

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- Yes
- No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Other (specify)
Other: Accidents, Infections

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
<https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx>

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	<input type="radio"/>	<input checked="" type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. 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: Urology, Gastroenterology, Anesthesiology, Ophthalmology, Vascular

Q142. 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	As a state-designated regional trauma center for Montgomery County and the surrounding Washington DC Metropolitan area, Suburban Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the Hospital. Physicians from Bethesda Emergency Associates staff the Hospital's busy Emergency Department, treating over 40,000 life-threatening and non-life-threatening patients in FY2019 including approximately 1,500 trauma patients. In FY2019, the Hospital contributed \$1,360,732 in Trauma On Call Coverage and \$252,739 in Emergency Room Coverage.
Non-Resident House Staff and Hospitalists	The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician. In addition, Johns Hopkins Cardiothoracic Surgery Program at Suburban Hospital provides specialty cardiac care with three cardiothoracic surgeons. In total, the Hospital supported \$7,954,396 for these hospital-based physicians.
Coverage of Emergency Department Call	See above, under Hospital-based Physicians.
Physician Provision of Financial Assistance	Suburban Hospital supports the efforts of community physicians who are willing to provide a sliding scale fee for patients unable to pay for service on an as needed basis. In addition, Suburban Hospital supports partnership efforts between community physicians and organizations such as the Primary Care Coalition and Catholic Charities of the Archdiocese of Washington.
Physician Recruitment to Meet Community Need	Since diabetes continues to be one of the top twenty conditions among readmissions at Suburban Hospital, the Endocrinology, Diabetes, and Metabolism Care program at Suburban Hospital was established and overseen by Dr. Mihail Zilbermint.
Other (provide detail of any subsidy not listed above)	ENT On Call, OB/GYN On Call, Behavioral Health On Call, Urology On Call, Cardiology On Call, Gastroenterology On Call, Anesthesiology On Call,
Other (provide detail of any subsidy not listed above)	Ophthalmology On Call, Stroke On Call, Vascular On Call,
Other (provide detail of any subsidy not listed above)	Emergency Room On Call

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

With a growing older population requiring more care later into life and doctors themselves aging out of the profession, the demand for primary and specialty care increases. The top ten specialties of medical shortages include Family Medicine, Psychiatry, Internal Medicine, Nurse practitioners, Obstetrics/Gynecology, Hospitalists, Emergency Medicine, Physician assistants, Dermatology, and Radiology. Committed to expanding not only access to primary care for the uninsured, Suburban Hospital collaborates with local health partners like Montgomery Cares, Project Access, Primary Care Coalition, Catholic Charities, Mobile Medical Care, Clinica Proyecto Salud, NHLBI, NIDDK, community cardiologists and orthopedic surgeons to provide much needed specialty care, especially for those who suffer from chronic disease. A few examples of how Suburban Hospital and its partners are working to narrow the gap in availability of these specialty services are outlined below: Since 2007, the MobileMed/NIH Heart Clinic at Suburban Hospital has provided expert care to more than 3,500 patients to date and has conducted multiple open-heart surgeries at no cost to those patients who are in urgent need of these specialty care and inpatient services. Mobile Medical Care, Inc., the National Heart, Lung and Blood Institute (NHLBI) and Suburban Hospital have operated a specialty cardiac clinic on-site to provide access to care and alleviate the gap in specialty providers for cardiac patients. Referred from safety net clinics in the County operated by MobileMed, each patient is evaluated by a Suburban cardiologist and clinical staff from the NIH. In addition to coordinating the cardiologists and nurses who volunteer at the clinic, the Hospital absorbs the costs associated with free cardiovascular specialty diagnostic screenings and open-heart surgery for patients who require advanced care. Based on the best practice model of the MobileMed/NIH Heart Clinic, Suburban Hospital, MobileMed Inc. and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) established a free endocrine clinic providing lifestyle and chronic disease management for people with endocrine diseases. For nine years, staff from Suburban Hospital, NIDDK and MobileMed have volunteered their time once a week by providing diagnostic tests, laboratory services and free medical examinations and have treated over 2,000 patients. In addition, Endocrine clinic patients have the opportunity to meet one-on-one with Suburban Hospital Registered Dietitians for a nutrition consultation to review individual nutrition plans and examine challenges with dietary restraints. Suburban Hospital provides financial support to several other safety net clinics in Montgomery County including Mary's Center to support its primary care initiatives at their Montgomery County locations. In addition, the Hospital provides in kind support to established safety net clinics –MobileMed and Clinica Proyecto Salud in providing diagnostics and laboratory testing for its patients. Suburban Hospital provides specialized care to the patients of Catholic Charities of Washington DC through a referral agreement at no cost.

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

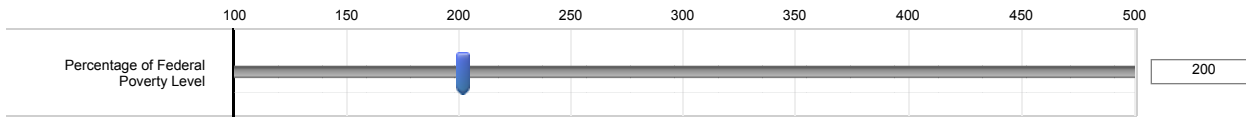
Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

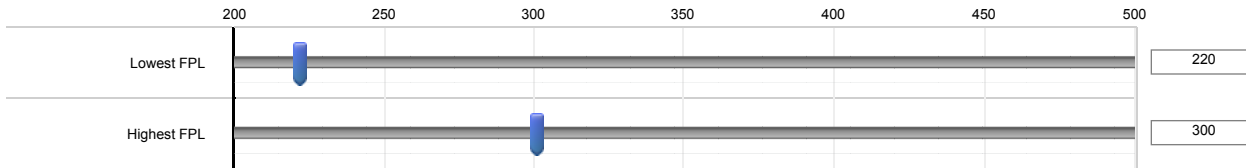
[PFS039 Financial Assistance - Suburban Hospital.pdf](#)
163KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

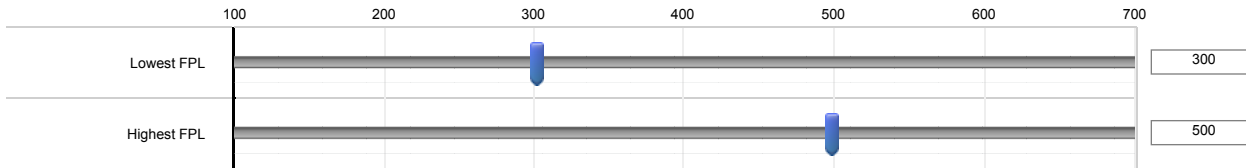
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



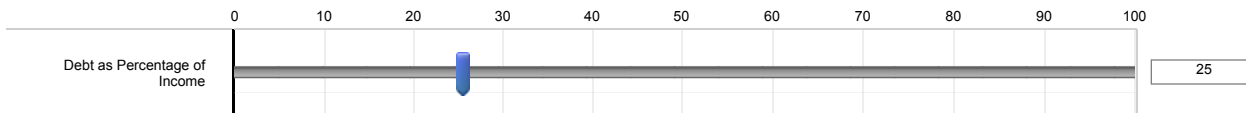
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.



Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.



Q152. Has your FAP changed within the last year? If so, please describe the change.

No, the FAP has not changed.

Yes, the FAP has changed. Please describe:

Changes to the Financial Assistance policy were minimal in FY19 as it was updated in accordance of federal poverty guidelines for the financial assistance sliding fee grid calculation.

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

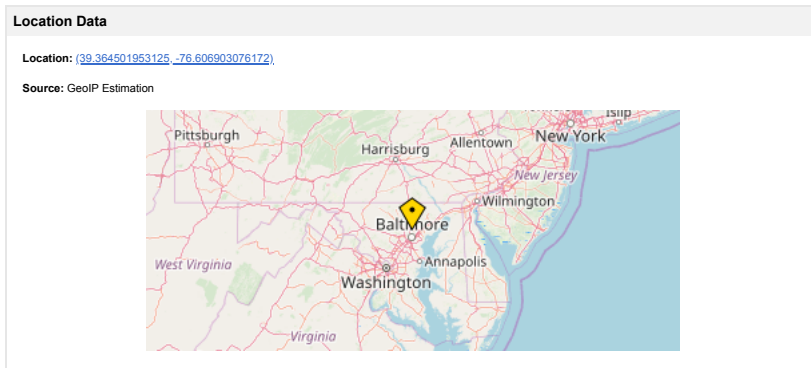
Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.



From: [Monique Sanfuentes](#)
To: [Hilltop HCB Help Account](#)
Subject: RE: Clarification Required - Suburban Hospital FY 19 CB Narrative
Date: Friday, March 6, 2020 4:36:09 PM
Attachments: [image001.jpg](#)
[CBR FY19 narrative detail to Hilltop.pdf](#)

[Report This Email](#)

Good afternoon Hilltop,

Please find attached the detail requested per the bullets below. We are happy to make any further clarifications or answer additional questions per your request.

Stay well and many thanks,

Monique

Monique L. Sanfuentes, MA, MBA

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Johns Hopkins Medicine Suburban magazine is going digital! If you would like to receive a print version of WellWorks, our community classes and events calendar, click [here](#) to enter your name and mailing address.

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, February 28, 2020 4:00 PM
To: Monique Sanfuentes <msanfue1@jhu.edu>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: Clarification Required - Suburban Hospital FY 19 CB Narrative

Thank you for submitting Suburban Hospital's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 56 on page 11 of the attached, you report two CHNA needs under Other: "Accidents" and "Infections." Could "Accidents" instead be listed as "Injury Prevention?" Also, could "Infections" instead be classified as "Immunization and Infectious Diseases?"
- Each initiative is reported to address a number of needs that were not identified in the CHNA section. Please clarify whether "Educational and Community-based Programs," "Oral Health," "Respiratory Diseases," "Tobacco Use," "Other Social Determinants of Health,"

“Access to Health Services: Health Insurance,” “Access to Health Services: Practicing PCPs,” “Access to Health Services: Regular PCP visits,” “Health Literacy,” “Access to Health Services: Specialty Services,” “Community Unity,” “Health-related Quality of Life and Well-being,” “Injury Prevention,” “Nutrition and Weight Status,” “Older Adults,” and “Physical Adults” were needs identified in the CHNA and should be included in response to Question 56 on page 11 or whether they should not have been selected in response to Question 81 (pages 18-19), Question 99 (pages 22-23), or Question 117 (pages 25-26).

- In response to Question 126 on page 28, you indicate that data reported cover the period January 2019 through November 2019. Please clarify and adjust your response, if necessary, to provide data that cover the period July 1, 2018 through June 30, 2019.
- In response to Question 149 on page 31, you indicate that the lower income threshold for reduced-cost care is 220% of the federal poverty level. Is this the correct threshold?

Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.

- In response to Question 56 on page 11 of the attached, you report two CHNA needs under other: “Accidents” and “Infections.” Could “Accidents” instead be listed as “Injury Prevention?” Also, could “Infections” instead be classified as “Immunization and Infectious Diseases?”

Yes, that is correct. However, when completing the narrative, we referred to our CHNA for the specific health priorities identified and chose to use checkbox “Other” to answer and listed “Accidents” and “Infections.” Perhaps in the future, a text box maybe provided to explain when selecting the “Other” checkbox.

- Each initiative is reported to address a number of needs that were not identified in the CHNA section. Please clarify whether “Educational and Community-based Programs,” “Oral Health,” “Respiratory Diseases,” “Tobacco Use,” “Other Social Determinants of Health,” “Access to Health Services: Health Insurance,” “Access to Health Services: Practicing PCPs,” “Access to Health Services: Regular PCP visits,” “Health Literacy,” “Access to Health Services: Specialty Services,” “Community Unity,” “Health-related Quality of Life and Well-being,” “Injury Prevention,” “Nutrition and Weight Status,” “Older Adults,” and “Physical Adults” were needs identified in the CHNA and should be included in response to Question 56 on page 11 or whether they should not have been selected in response to Question 81 (pages 18-19), Question 99 (pages 22-23), or Question 117 (pages 25-26).

While not specifically listed in the CHNA, the three initiatives address additional needs that were not identified in the CHNA section though they are addressed in the initiative itself. We took the opportunity to expand on the impact that the initiatives provide to the community.

For example, the Freedom from Smoking initiative does address needs “Educational and Community-based Programs,” “Oral Health,” “Respiratory Diseases,” “Tobacco Use,” “Other Social Determinants of Health,” and were selected.

Similarly, for the MobileMed/NIH Heart Clinic, “Access to Health Services: Health Insurance,” “Access to Health Services: Practicing PCPs,” “Access to Health Services: Regular PCP visits,” “Health Literacy,” “Access to Health Services: Specialty Services,” are also addressed by the initiative and were selected.

The initiative, Dine, Learn and Move also addresses “Community Unity,” “Health-related Quality of Life and Well-being,” “Injury Prevention,” “Nutrition and Weight Status,” “Older Adults,” and “Physical Adults” were selected.

As mentioned previously, perhaps there should be a text box provided to explain in further detail when selecting the checkboxes.

- In response to Question 126 on page 28, you indicate that data reported cover the period January 2019 through November 2019. Please clarify and adjust your response, if necessary, to provide data that cover the period July 1, 2018 through June 30, 2019.

Q126 – UPDATED

DLM is delivered monthly on a calendar year basis; the program does not run in December. For the purpose of this report, data is derived from CY18 (July through November) and CY19 (January through June). The two-hour program is divided into three main components: 30 minutes of interactive physical activity led by a certified instructor; 30 minutes of nutrition education led by a registered dietician; and 60 minutes of a cooking demonstration, led by a SafeServe certified home chef. The combination of components is a deliberate approach to address the intended behavior change to increase physical activity and improve diet.

DLM is held at the Suitland Community Center in Forestville, MD on property provided by PG Parks. PG Parks also coordinates the monthly fitness instructor as well as annual publication and marketing of the program in its communication plan. For example, it provides web and print publications to the public, to current center members, and across other county platforms, e.g. Listservs. Individual program “rack cards” are printed and distributed widely at local centers.

A certified exercise instructor leads the physical activity portion of the program. Each month addresses any one of four elements of overall physical health, supported by the National Institute on Aging at the National Institutes of Health, Go4Life program: balance, endurance, flexibility, and strength. Examples of fitness segments include Zumba, yoga, resistance band training, and aerobics. Participants are encouraged to participate actively or modified in a chair.

The nutrition education segment follows a monthly theme agreed upon by all three partnering organizations during the planning phase of the annual program implementation period. Examples of nutrition themes include, “Love Your Heart,” “Tooth Smart Snacks,” and “Holiday Recipe Makeover.” This portion of the program stresses the importance of reading labels, understanding the risks of sodium, saturated fat, and added sugars, while stressing the benefits of whole grains, lean meats and other proteins, and fruits and vegetables. Participants are encouraged to ask questions in a safe space, many times allowing opportunities to debunk myths that risk a persistent barrier to proper nutrition. This segment also incorporates handouts for participants to take notes and bring home for further reference.

The cooking demonstration segment of DLM flows directly from the nutrition segment, following the same theme and supporting the same concepts just discussed by the dietician. Each month two recipes are selected by the chef and shared with the participants. As the chef prepares the recipes, she identifies opportunities to create a healthier version of the selected recipe by substituting certain ingredients to reduce fat, sodium and/or sugar. This is a very interactive segment of the program, as participants get to see, smell, and occasionally feel ingredients before sampling the completed recipes.

At the conclusion of the program, participants are encouraged to complete a short, anonymous evaluation to collect feedback. Free blood pressure screenings are also offered by Suburban Hospital by Community Health and Wellness staff.

Q128 – UPDATED

Since 2010, DLM has reached 2,114 individuals. Each participant is encouraged to complete an 8-question anonymous evaluation at the end of each DLM session. In the 11 sessions of fiscal year 2019, 177 or 93% of the 191 adult attendees completed the evaluation; evaluations are not given to minors.

The following questions are related to behavior changes in alignment with the program structure, and results are as following:

Did the physical activity session contribute to your ability to carry out your exercise intentions?

154 or 87% of respondents said “Yes.” No respondents said “No.” Eleven said “Somewhat” and twelve respondents skipped the question. The next question on the evaluation is:

Did the nutrition session contribute to your intentions to stick to healthful foods?

164 or 93% of respondents said “Yes.” One respondent said “No.” Eleven said “Somewhat” and one respondent skipped the question. The next question on the evaluation is:

Did the cooking demonstration contribute to your intentions to stick to healthful foods?

162 or 92% of respondents said “Yes.” Two respondents said “No.” Twelve said “Somewhat” and one respondent skipped the question.

These results indicate that the individual segments of the DLM program support self-efficacy around the behaviors that help reduce the risk of cardiovascular and chronic disease. Individually and collectively, it is promising to see that respondents find that each of the segments are useful in supporting their intentions to improve healthy behaviors. The next question on the evaluation is:

Since last month’s Dine, Learn & Move, I have incorporated at least one component of healthy living that I learned during that event.

110 or 62% of respondents said “Yes.” Twelve respondents (7%) said No. Forty-seven (27%) respondents said N/A – *this is my first session*, and eight skipped the question. Reframing the results to those respondents for which it was not their first session, 84% have incorporated one component of the DLM program since the prior month’s session. For those who did respond “Yes.” a follow up question is asked:

If yes, what have you incorporated? (Please select all that apply)

32% of respondents indicated that they have exercised for 10 minutes or more; 29% indicated that they have made a decision based on reading a nutrition label; and 36% have tried a DLM recipe [at home]. These results indicate, again, that all three segments of the DLM program lead to positive behavior change.

- In response to Question 149 on page 31, you indicate that the lower income threshold for reduced-cost care is 220% of the federal poverty level. Is this the correct threshold?

Free care is up to 200% of FPL. Therefore, income at 201% up to 300% is eligible for reduced cost care per the FAP.