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: UM Shore Regional Health	◉	○	
Your hospital's ID is: Dorchester - 210010, Chestertown - 210030, Easton - 210037	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	◉	○	

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.

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

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

Q8. Please select the county or counties located in your hospital's CBSA.

☐ Allegany County	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☑ Dorchester County	☑ Queen Anne's County
☐ Baltimore City	☐ Frederick County	☐ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☑ Talbot County
☑ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☑ Kent County	☐ Wicomico 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.

☐ 21609	☐ 21641
☐ 21629	☐ 21643
☑ 21632	☐ 21649
☐ 21636	☑ 21655
☑ 21639	☐ 21657
☐ 21640	☐ 21660

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.

☑ 21613	☐ 21655
☐ 21622	☐ 21659
☐ 21626	☐ 21664
☐ 21627	☐ 21669
☑ 21631	☐ 21672
☐ 21632	☐ 21675
☐ 21634	☐ 21677
☑ 21643	☐ 21835
☐ 21648	☐ 21869

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.

☐ 21610	☐ 21650	☑ 21678
☑ 21620	☑ 21651	☐ 21690
☐ 21635	☑ 21661	☐ 21797
☐ 21645	☐ 21667	☐ 21930

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

This question was not displayed to the respondent.

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.

☐ 21607	☐ 21638	☐ 21657
☑ 21617	☐ 21640	☐ 21658
☐ 21619	☐ 21644	☐ 21666
☐ 21620	☐ 21649	☑ 21668
☐ 21623	☐ 21651	☐ 21670
☐ 21628	☐ 21656	☐ 21679

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.

☑ 21601	☐ 21653	☐ 21665
☐ 21612	☐ 21654	☑ 21671
☐ 21624	☐ 21657	☑ 21673
☐ 21625	☐ 21662	☐ 21676
☐ 21647	☑ 21663	☐ 21679
☐ 21652		

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.

> Zipcodes checked reflects 60%of admissions for SRH

☑ Other. Please describe.

> Shore Regional Health's service area is defined as the Maryland counties of Caroline, Dorchester, Talbot, Queen Anne's and Kent. The five counties of the Mid-Shore comprise 20% of the landmass of the State of Maryland and 2% of the population.SMC at Easton is situated at the center of the mid-shore area and thus serves a large rural geographical area (all 5 counties of the mid-shore). SMC at Dorchester is located approximately 18 miles from Easton and primarily serves Dorchester County and portions of Caroline County. UMC at Chestertown serves the residents of Kent County, portions of Queen Anne's and Caroline Counties and the surrounding areas.

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

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

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

https://www.umms.org/shore/about/mission

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?

Additional information and studies available for midshore region: Transforming Maryland's rural healthcare system: A regional approach to rural healthcare delivery Report of the Workgroup on Rural Health Delivery to the Maryland Health Care Commission As Required by Senate Bill 707 http://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rural_health/final%20report/lgsrpt_finalreport_rpt_23102017.pdf HEALTH MATTERS: Navigating an Enhanced Rural Health Model for Maryland LESSONS LEARNED FROM THE MID-SHORE COUNTIES http://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/rural_health/September%2025th%202017%20Meeting/lgsrpt_%20ExecutiveSummary_rpt_20170928.pdf

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

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)

05/22/2019

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

https://www.umms.org/shore/-/media/files/um-shore/community/srh-chna-2019-board-approved52219.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.

This question was not displayed to the respondent.

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										
	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 expla... below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	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 expla... below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	
	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 expla... below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	

	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)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☐	☐	☐	☑	☑	☐	☐	
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☐	☑	☑	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
Nurse(s)	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
Social Workers	☐	☐	☑	☐	☑	☑	☑	☑	☐	☐	
Community Benefit Task Force	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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:	☑	☐	☐	☐	☐	☐	☐	☐	☐		

Organization	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: Kent County, Caroline County, Dorchester County, Queen Anne's County, Talbot County Health	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Midshore Health Coalition	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Maryland Department of Health	☐	☐	☐	☐	☐	☐	☐	☑	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here: County government representatives, Caroline, Dorchester, Kent, Queen Anne's, Talbot Counties Department of Social Services	☐	☐	☐	☐	☐	☑	☑	☐	☐	

	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:
Faith-Based Organizations	☐	☐	☐	☐	☐	☑	☑	☐	☐	
School - K-12 -- Please list the schools here: Dorchester County School-Based Wellness Center	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Shore Behavioral Health Services, Mid Shore Behavioral Health, Eastern Shore Hospital Center, Partnership for Drug Free Dorchester, Recovery for Shore	☐	☑	☐	☐	☐	☑	☑	☐	☐	

	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:
Social Service Organizations -- Please list the organizations here: Caroline, Dorchester, Kent, Queen Anne's, Talbot Counties Department of Social Services	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Home Ports, Associated Black Charities, Recovery for Shore	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Members of Local Health Coalition	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Maryland Department of Health, Maryland Department of Planning, Maryland Vital Statistics Administration, HealthStream, Inc., Robert Wood Johnson County Health Rankings, Mid Shore Comprehensive Economic Development Strategy CEDS	☐	☐	☐	☐	☐	☐	☐	☑	☐	

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.

05/22/2019

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

https://www.umms.org/shore/-/media/files/um-shore/community/srh-chip-2019-board-approved52219.pdf

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.

- ☑ Access to Health Services: Health Insurance
- ☑ Access to Health Services: Practicing PCPs
- ☑ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ 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
- ☑ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☑ Maternal & 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) [_____]

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

> Based on qualitative and quantitative data collected and analyzed during the CHNA process, UM SRH's Implementation Plan remains committed to the goals and strategies identified in the 2016 CNHA. Although some of the focus areas have changed in their order of priority per community feedback, the overall needs remain the same as reported in the 2016 CHNA. CHNA 2016 Priorities: 1. Chronic Disease Management (obesity, hypertension, diabetes, smoking) 2. Behavioral Health 3. Access to care 4. Cancer 5. Outreach & Education (preventive care, screenings, health literacy) Health Priorities FY2020-2022 The top five priorities: 1. Access to care 2. Preventable ER visits 3. Chronic Disease management 4. Mental health/substance abuse 5. Cancer Overarching theme for addressing health priorities: 1. Reduce barriers to care 2. Improve care coordination 3. Focus on health outreach and education

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.

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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	[ ]
	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	[ ]

	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 initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	✔	✔	✔	✔	✔	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	✔	✔	☐	✔	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	✔	☐	☐	☐	☐	☐	✔	☐	
Board of Directors or Board Committee (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	✔	✔	✔	☐	✔	✔	✔	☐	
Clinical Leadership (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	✔	✔	✔	☐	☐	☐	✔	☐	
Population Health Staff (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Social Workers	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Community Benefit Task Force	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q62. Section III - CB Administration Part 1 - Participants (continued)

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Kent County, Caroline County, Dorchester County, Queen Anne's, Talbot Counties Health Departments	☐	☑	☐	☐	☐	☐	☑	☐	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Midshore Health Coalition	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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 Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: _Upper Shore Aging, Inc., Centreville Department of Aging_	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here: _County government representatives_	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☑	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- 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)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Midshore Behavioral Health	☐	☑	☐	☐	☐	☐	☑	☐	☐	
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here: Integrace Bayleigh Chase, The Pines, Genesis, Briton Woods of Denton, Caroline Nursing Home, Mallard Bay, Chesapeake Woods, Autumn Lake	☐	☑	☐	☑	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Local YMCA's	☐	☑	☐	☐	☐	☐	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Recovery for Shore	☐	☑	☑	☐	☐	☐	☑	☑	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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.

> University of Maryland Shore Regional Health's Narrative Review Process: The Community Health Planning Council, which is responsible for recommending and developing policies, programs and services that carry out the mission of UM SRH to enhance the health of local communities reviews the narrative. The narrative is then reviewed by (1) senior leadership, (2) UM SRH Strategic Planning Committee, (3) Senior Vice President, Government, Regulatory Affairs and Community Health, University of Maryland Medical System and ultimately submitted to (4) UM SRH Board for approval.

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.

> The Community Benefit investments are incorporated in the Shore Regional Health (SRH) Strategic Plan which supports the efforts currently underway in Maryland, to strengthen primary care and coordinate hospital care with community care; map and track preventable disease and health costs; develop public-private coalitions for improved health outcomes; and establish Regional Partnerships. University of Maryland Shore Regional Health's Strategic Plan provides the framework for improved care coordination to improve care delivery for our community. Development of community benefit initiatives and investments to support identified needs is ongoing and will continue to be updated to reflect progress and changes.

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

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.

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.

> Shore Regional Wellness for Women Outreach and Wellness for Women Screening

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:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health Communication and Health Information Technology, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Respiratory Diseases, Transportation
Other:

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
- ☐ 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

- ☐ Heart Disease and Stroke
- ☐ 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?

01/01/2008

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.

SHIP OBJECTIVE #26: Reduce overall
cancer death rate Age-adjusted
mortality rate from cancer (per
100,000 population) in Maryland is
higher than the US cancer mortality
rate. Cancer impacts people across all
population groups, however wide racial
disparities exist.   Maryland 2017
Goal 147.4 Maryland rate: 159.3
Caroline County: 173.5 Dorchester
County: 195.2 Kent County: 149.7 Queen
Anne's County: 160.4 Talbot County:
143.8

○ 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.).

Female population of 5 county area Outreach= age 25+ (approximately 32,000) Screenings= age 40-65, uninsured/eligible = 2,800 Age-adjusted mortality rate from cancer
(per 100,000 population) in Maryland is higher than the US cancer mortality rate. Cancer impacts people across all population groups, however wide racial disparities exist.
Maryland 2017 Goal 147.4 Maryland rate: 159.3 Caroline County: 173.5 Dorchester County: 195.2 Kent County: 149.7 Queen Anne's County: 160.4 Talbot County: 143

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

2,500

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

1,744

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.

```
Participating Hospital Staff; Talbot,
QA, Kent, Dorchester, Caroline
Counties Health Departments
```

○ No.

Q89. Please describe the primary objective of the initiative.

```
Wellness for Women Outreach 1. Increase the number of women surviving breast cancer by diagnosing them at an earlier stage through education and promotion of
preventative measures and early detection. 2. Diagnose African American and Hispanic women at earlier stages of breast cancer, equivalent to Caucasian women. 3.
Educate women in breast self- examination. Screenings: The program serves as a point of access into care for age and risk specific mammography screening ,clinical
breast exam, and genetic testing for breast cancer Offers no cost mammograms to eligible women: those under the age of 40 and over 65 who have no insurance and
Latina women of all ages who will be screened annually thereafter. Those women needing further diagnostic tests or who need treatment for breast cancer are enrolled in
the State of Maryland Diagnosis and Treatment Program through the case manager.
```

Q90. Please describe how the initiative is delivered.

```
The initiative is delivered through community events, telephone contact, mammography at SRH Breast Center
```

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

☑ Count of participants/encounters
```
Wellness for Women
Outreach: 1,600 lives
touched Screenings: 144
patients seen.
```

☑ Other process/implementation measures (e.g. number of items distributed) `[          ]`

☐ Surveys of participants `[          ]`

☑ Biophysical health indicators
```
evidence of early stage
detection and intervention
```

☐ Assessment of environmental change `[          ]`

☐ Impact on policy change `[          ]`

☐ Effects on healthcare utilization or cost `[          ]`

☐ Assessment of workforce development `[          ]`

☐ Other `[          ]`

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

```
The outreach program increased the community's awareness of breast cancer prevention, detection and treatments. 1,600 lives touched (some events included both
community and professional audiences) 52 Community events includes Professional Presentations. Outcome: Screenings: 144 patients Talbot County: # of Events=26; # of
Breast Cancer Diagnoses=50; Caucasian=39; AA/other=9/1; Stage 3 or 4=5 Caroline County: # of Events=6; # of Breast Cancer Diagnoses=22; Caucasian=18;
AA/other=4; Stage 3 or 4=2 Dorchester County: # of Events=10; # of Breast Cancer Diagnoses=35; Caucasian=21; AA/other=12; Stage 3 or 4=0 Kent County: # of
Events=6; # of Breast Cancer Diagnoses=21; Caucasian=16; AA/other=5; Stage 3 or 4=4 Queen Anne's County: # of Events=4; # of Breast Cancer Diagnoses=4;
Caucasian=2; AA/other=1/1; Stage 3 or 4=0
```

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

```
Reduced overall cancer death rate. The outreach program increased the community's awareness of breast cancer prevention, detection and treatments.
```

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

$46,469 Outreach $135,623 Screenings/case management

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Provide outreach for education opportunities to the community for chronic disease awareness and management

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:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health Communication and Health Information Technology, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Respiratory Diseases, Transportation
Other:

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

Q100. When did this initiative begin?

01/10/2008

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.

```
Prevalence of Diabetes in this
community is higher than average
within Maryland. Diagnosed Diabetes
Among Adults: Caroline County:
Prevalence=12.2  2,856 individuals
Dorchester County: Prevalence=14.7
3,893 individuals Kent County:
Prevalence=8.9  1,549 individuals
Queen Anne's County: Prevalence=9.4
3,603 individuals Talbot County:
Prevalence=9.5  3,434 individuals
Maryland: Prevalence=9.4 Source:
Prevalence data presented here include
number of existing cases and rates per
100 overall and by age, sex, and level
of education
https://www.cdc.gov/diabetes/atlas/obe
sityrisk/24/atlas.htm  Prevalence of
Age-adjusted mortality rate from heart
disease (per 100,000 population).
Heart disease is the leading cause of
death in Maryland accounting for 25%
of all deaths. Prevalence for
Maryland= 169.4:  2017 Goal= 166.3
Caroline County: Prevalence=195.6
Dorchester County: Prevalence=190.9
Kent County: Prevalence=154.3 Queen
Anne's County: Prevalence=159.8 Talbot
County: Prevalence=143.0  In Maryland,
30% of all deaths were attributed to
heart disease and stroke. Heart
disease and stroke can be prevented by
control of high blood  The rate of
emergency department visits due to
hypertension (per 100,000 population)
in Maryland= 252.2 2017 Goal=234
Caroline County: Rate=257.8 Dorchester
County: Rate=465.4 Kent County:
Rate=334.7 Queen Anne's County:
Rate=187.8 Talbot County:
Prevalence=265.1
```

○ 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.).

Residents of Talbot, Caroline, Dorchester, Kent have a higher rate than the HP 2020 goal rate of related emergency department visits for these chronic diseases: diabetes - related emergency department visits. hypertension related - emergency department visits.

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

5100

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

2300

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.

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

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

  •Community Senior Centers •UM Center for Diabetes and Endocrinology •UM Center at Easton Primary Stroke Center •Health Departments

- ○ No.

Q107. Please describe the primary objective of the initiative.

Reduce incidence of diabetes, stroke, cardiovascular disease 1. Improve management of diabetes, hypertension,lung and heart health 2. Support for population managing diabetes, stroke,cancer 3. Provide educational material to promote a focus onpersonal health.

Q108. Please describe how the initiative is delivered.

Diabetes, Stroke, Heart, Cancer Education Programs • Education Series • Support Groups Radio Broadcasts Newsletter and Presentations

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

- ☑ Count of participants/encounters — Total Community Benefits encounters or "touchpoints" in FY19 was over 2,300 for diabetes, stroke, heart wellness related education and support
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☑ Surveys of participants — Participants display increased knowledge post education program
- ☐ 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).

Outcome: Education and support groups well attended and attendees demonstrated increased knowledge post education. Health Fairs and Education Events including: Queen Anne's County Annual Senior Summit, May 2019; 300 attendees The following educational materials, information and free screenings on the topics were provided: 1. High blood pressure and heart disease 2. Diabetes 3. Cancer 4. Stroke 5. Hospice services and palliative care 6. Obesity, exercise and nutrition 7. Free Blood pressure screenings. Homeports Health & Wellness Expo, presented strategies to promote health and well-being regardless of age. 200 attendees The following educational materials, information and free screenings on the topics were provided: 1. High blood pressure and heart disease 2. Diabetes 3. Cancer 4. Stoke 5. Hospice services and palliative care 6. Obesity, exercise and nutrition 7. Screenings 8. Free Blood pressure screenings 9. Balance and Fall Risk Testing 10. Cardiac and Lung Health Risk Assessment 11. Urology - symptoms and treatments 12. Depression and Anxiety Screening Diabetes Education Series "Ask the Dietitian": 30 Participants attended 1 hour session to increase their knowledge on managing their diabetes. All participants made progress on developing strategies to improve nutritional health and healthy lifestyles. Diabetes Support Group: 8-10 patients attend monthly Diabetes support group at multiple locations throughout the five county region. Attendees and their friends and family meet to discuss diabetes: concerns, problems, and challenges. Facilitator provides health education and accurate information. Stroke Awareness and Warning Signs Education/ Presentations Inform adults of signs and symptoms, risk factors, and prevention methods for stroke. Two presentations offered with 35 attendees. Blood Pressure Screenings- Free screenings offered at multiple locations every week – over 275 referrals. Radio Broadcasts - 200+ listeners for health show. Maryland Health Matters- published 3x year, mailed to 77,266 households.

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

Provided outreach for education opportunities to the community for chronic disease awareness and management identified through the CHNA to address Health Priority #1: Access to Care; Health Priority #2: Preventable ER visits; and Health Priority #3: Chronic Disease management

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

$422,866

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

UM SRH partnership with Recovery for Shore (RFS) Program, promotes recovery through advocacy, education and support

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:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health Communication and Health Information Technology, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Respiratory Diseases, Transportation
Other:

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
- ☐ 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

- ☐ Heart Disease and Stroke
- ☐ 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

☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☑ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q118. When did this initiative begin?

> 01/01/2010

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.

> Maryland Adult Residents in Need of
> Treatment, by Region Region 5--Eastern
> Shore (N=260,715) 25,624 It is
> estimated less than one-quarter, are
> actually in treatment programs

○ 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.).

> Maryland Adult Residents in Need of Treatment, by Region Region 5--Eastern Shore (N=260,715) 25,624 Source:
> https://bha.health.maryland.gov/State%20Drug%20and%20Alcohol%20Abuse%20Council/Documents/SDAACWeb/FormulaWorkgroup/Reuter_Estimating%20Treatment%
> 20Need.pdf estimated less than one-quarter, are actually in treatment programs

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

> 6,406

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

2500

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.

  •Caroline Counseling Center
  •Caroline County Prevention Services
  •Chesapeake Treatment Services
  •Chesapeake Voyagers, Inc.
  •Circuit Court of Talbot County,
  Problem Solving Court •Community
  Newspaper Project (Chestertown Spy and
  Talbot Spy)
  •Dorchester County Addictions Program
  •Dri-Dock Recovery and Wellness Center
  •Kent County Department of Health
  Addiction Services •Mid Shore Mental
  Health Systems, Inc.
  •Queen Anne's County Department of
  Health - Addictions Treatment and
  Prevention Services
  •University of Maryland Shore
  Behavioral Health Outpatient
  Addictions
  •Talbot Association of Clergy and
  Laity
  •Talbot County Health Department
  Addictions Program (TCAP) and
  Prevention
  •Parole and Probation
  •Talbot Partnership for Alcohol and
  Other Drug Abuse Prevention
  •University of Maryland Shore Regional
  Health Warwick Manor Behavioral
  Health

- ○ No.

Q125. Please describe the primary objective of the initiative.

The primary objective of this initiative is to: • Raise the awareness about addiction and recovery • Reduce the stigma about addiction and mental disorders • Advocacy for those in recovery • Engage in community activities that celebrate recovery and wellness

Q126. Please describe how the initiative is delivered.

Recovery For Shore events and programs:Indicators suggest the quality of life for the target population of those in long-term recovery from alcohol or other drug addiction, improve as a result of the support and advocacy provided by RFS programs. Participation in over 15 community events raising awareness and providing support those affected by substance abuse, serving 5 counties of Mid-Shore, including: • Out of the Darkness, Suicide Prevention • Advocacy for naloxone, legislative forums in Centreville and Cambridge • Address alcohol, binge drinking, drug/substance abuse through partnerships listed above • Sponsor peer support programs • 5 county "Goes Purple Events"

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

- ☑ Count of participants/encounters   number of participants vary by event
- ☐

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 [reduction of emergency room visits]

☐ Assessment of workforce development [ ]

☐ Other [ ]

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

Reduction of utilization of emergency room services for ongoing treatment.

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

Behavioral health is an essential part of health service systems and effective community-wide strategies that improve health status and lower costs for families, businesses, and governments. The delivery of recovery support services with community partners can advance behavioral health including helping individuals with behavioral health needs to be well, manage symptoms, and achieve and maintain abstinence.

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

$11,287

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.

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:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health Communication and Health Information Technology, Heart Disease and Stroke, Maternal & Infant Health, Nutrition and Weight Status, Respiratory Diseases, Transportation
Other:

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

☐ Access to Health Services: Health Insurance

☐ Access to Health Services: Practicing PCPs

☐ Access to Health Services: Regular PCP Visits

☐ Heart Disease and Stroke

☐ HIV

☐ Immunization and Infectious Diseases

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

☐ Health-Related Quality of Life & Well-Being   ☑ Other (specify)

> Tobacco use/smoking and alcohol/binge drinking/underage drinking are being addressed by other county agencies and organizations and through partnerships, including the County Health Departments. Shore Regional Health hospitals do not possess the resources and expertise required for environmental health concerns and issues. Mental Health needs assessment and implementation plan, is being addressed through the Mid Shore Behavioral Health Systems, Inc., which is a core service agency, not-forprofit organization serving the five midshore counties: Caroline Dorchester, Kent, Queen Anne's and Talbot. SRH will provide assistance as available. Several additional topic areas were identified by the Community Health Planning Council including: safe housing, transportation, and substance abuse. The unmet needs not addressed by UMC at Easton, UMC at Dorchester, UMC at Chestertown will continue to be addressed by key governmental agencies and existing community based organizations.

Q137. Why were these needs unaddressed?

[   ]

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	◉	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	◉	○
Healthy Communities - includes measures such as domestic violence and suicide rate	◉	○

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	◉	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	◉	○

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

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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. [_____]

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 result of the prevailing physician shortage, Shore Regional Health has an exclusive contract with anesthesiologists to provideservices that would not otherwise be available to meet patient demand.
Non-Resident House Staff and Hospitalists	As a result of the prevailing physician shortage, Shore Regional Health has an insufficient number of hospitalists on staff. Subsidies
Coverage of Emergency Department Call	As a result of the prevailing physician shortage, Shore Health has an insufficient number of specialists on staff. Subsidies for
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	Shore Regional Health continues to experience a high percentage of physician shortage for specialists. To address the shortage,
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

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

Shore Regional Health System and its Medical Staff require that physician coverage through on call arrangements meets the needs of the communities we serve. There are occasions when certain specialists are not available. Patient care needs are met by transfer of the patient to an appropriate facility where those needs can be met.

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

◉   ○

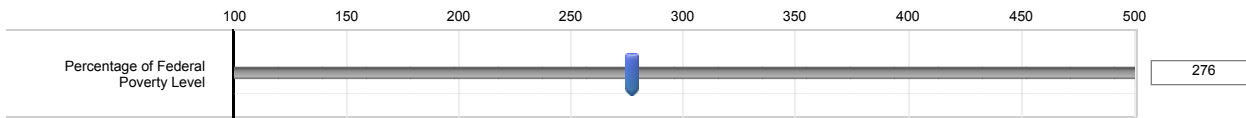## *Q145.* Section VI - Financial Assistance Policy (FAP)

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

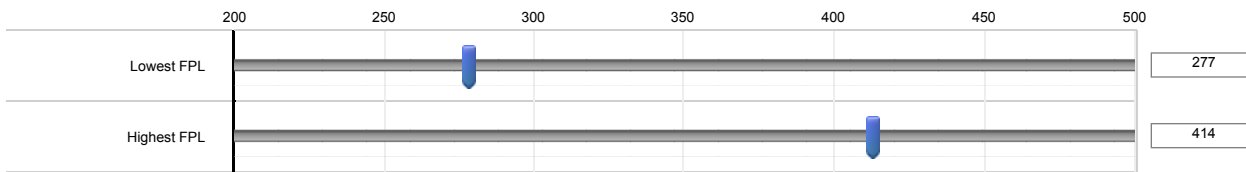UM SRH Financial Assistance Policy.pdf
900.8KB
application/pdf

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

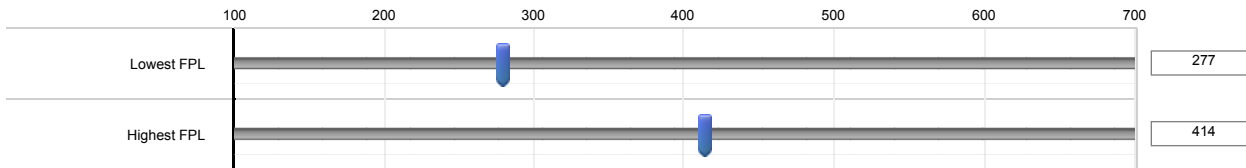UM SRH Patient Information.pdf
101.8KB
application/pdf

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.
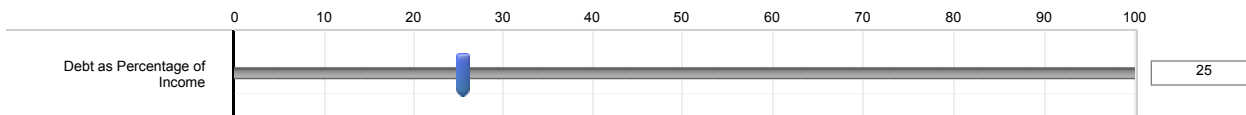
	100	150	200	250	300	350	400	450	500	
Percentage of Federal Poverty Level										276

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.

	200	250	300	350	400	450	500	
Lowest FPL								277
Highest FPL								414

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.

	100	200	300	400	500	600	700	
Lowest FPL								277
Highest FPL								414

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

	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												25

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: [   ]

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

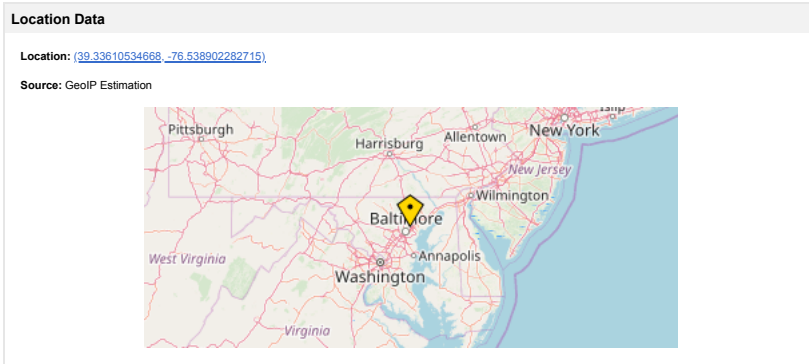*Q156.*

<p style="text-align:center;color:red;">Attention Hospital Staff! IMPORTANT!</p>

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.

Location Data

Location: (39.33610534668, -76.538902282715)

Source: GeoIP Estimation

From:	Davidson, Kimberly
To:	Hilltop HCB Help Account
Cc:	Jacobs, Donna; Mcgrath, Kathleen
Subject:	UM Shore Regional Health FY 19 CB Narrative- Clarified Response
Date:	Tuesday, March 3, 2020 10:29:40 AM

Responses are indicated as requested below in **red**. Please let me know if you require anything additional. -Kim

- In Question 136 on pages 26 and 27 of the attached, where you select the CHNA needs that were unaddressed by the hospital, you selected a need that was not selected in Question 56 on page 11. Please indicate whether "Environmental Health" should have been selected in Question 56, or should not have been selected in Question 136.
  Remove the check in the box for Environmental Health
- Also on Question 136, your response under "Other" included a great deal of language that was not found in Question 56. Please clarify your intent with this response.
  Remove the check in the box for Other- delete all text in text box
  Add check to box for Transportation
  Add the following text to Q137:
  > *Shore Regional Health hospitals do not possess the resources and expertise required to address the lack of transportation in the five county region. Shore Regional Health will continue to work with key governmental agencies and existing community based organizations to address unmet needs.*

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Sent: Friday, February 28, 2020 2:35 PM

To: Davidson, Kimberly <Kimberly.Davidson@umm.edu>; Jacobs, Donna <djacobs@umm.edu>

Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Subject: Clarification Required - UM Shore Regional Health FY 19 CB Narrative

> **CAUTION:** This message originated from a non UMMS, SOM, or FPI email system. Hover over any links before clicking and use caution opening attachments.

Thank you for submitting University of Maryland Shore Regional Health's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In Question 136 on pages 26 and 27 of the attached, where you select the CHNA needs that were unaddressed by the hospital, you selected a need that was not selected in Question 56 on page 11. Please indicate whether "Environmental Health" should have been selected in Question 56, or should not have been selected in Question 136.
- Also on Question 136, your response under "Other" included a great deal of language that was not found in Question 56. Please clarify your intent with this response.

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