

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: Adventist HealthCare Shady Grove Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210057	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Adventist HealthCare.	<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.

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.

- | | | |
|----------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| <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 checked="" type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |
| <input type="checkbox"/> Caroline County | <input type="checkbox"/> Howard County | <input type="checkbox"/> Washington County |
| <input type="checkbox"/> Carroll County | <input type="checkbox"/> Kent County | <input type="checkbox"/> Wicomico County |

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.

- | | | |
|-------------------------------------------|-------------------------------------------|--------------------------------|
| <input type="checkbox"/> 20842 | <input type="checkbox"/> 21719 | <input type="checkbox"/> 21775 |
| <input type="checkbox"/> 20871 | <input type="checkbox"/> 21727 | <input type="checkbox"/> 21776 |
| <input type="checkbox"/> 21701 | <input type="checkbox"/> 21754 | <input type="checkbox"/> 21777 |
| <input checked="" type="checkbox"/> 21702 | <input type="checkbox"/> 21755 | <input type="checkbox"/> 21778 |
| <input checked="" type="checkbox"/> 21703 | <input type="checkbox"/> 21757 | <input type="checkbox"/> 21780 |
| <input type="checkbox"/> 21704 | <input type="checkbox"/> 21758 | <input type="checkbox"/> 21783 |
| <input type="checkbox"/> 21705 | <input type="checkbox"/> 21759 | <input type="checkbox"/> 21787 |
| <input type="checkbox"/> 21710 | <input type="checkbox"/> 21762 | <input type="checkbox"/> 21788 |
| <input type="checkbox"/> 21713 | <input type="checkbox"/> 21769 | <input type="checkbox"/> 21790 |
| <input type="checkbox"/> 21714 | <input type="checkbox"/> 21770 | <input type="checkbox"/> 21791 |
| <input type="checkbox"/> 21716 | <input checked="" type="checkbox"/> 21771 | <input type="checkbox"/> 21793 |
| <input type="checkbox"/> 21717 | <input type="checkbox"/> 21773 | <input type="checkbox"/> 21798 |
| <input type="checkbox"/> 21718 | <input type="checkbox"/> 21774 | |

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.

- | | | | | | |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 20058 | <input type="checkbox"/> 20824 | <input checked="" type="checkbox"/> 20850 | <input checked="" type="checkbox"/> 20872 | <input type="checkbox"/> 20891 | <input type="checkbox"/> 20907 |
| <input type="checkbox"/> 20207 | <input type="checkbox"/> 20825 | <input checked="" type="checkbox"/> 20851 | <input checked="" type="checkbox"/> 20874 | <input type="checkbox"/> 20892 | <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> 20876 | <input type="checkbox"/> 20895 | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20783 | <input checked="" type="checkbox"/> 20832 | <input checked="" type="checkbox"/> 20854 | <input checked="" type="checkbox"/> 20877 | <input type="checkbox"/> 20896 | <input type="checkbox"/> 20913 |
| <input type="checkbox"/> 20787 | <input type="checkbox"/> 20833 | <input checked="" type="checkbox"/> 20855 | <input checked="" type="checkbox"/> 20878 | <input type="checkbox"/> 20898 | <input type="checkbox"/> 20914 |
| <input type="checkbox"/> 20810 | <input checked="" type="checkbox"/> 20837 | <input type="checkbox"/> 20857 | <input checked="" 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 checked="" type="checkbox"/> 20901 | <input type="checkbox"/> 20916 |
| <input type="checkbox"/> 20812 | <input type="checkbox"/> 20839 | <input type="checkbox"/> 20860 | <input checked="" type="checkbox"/> 20882 | <input checked="" type="checkbox"/> 20902 | <input type="checkbox"/> 20918 |
| <input checked="" type="checkbox"/> 20814 | <input checked="" type="checkbox"/> 20841 | <input type="checkbox"/> 20861 | <input type="checkbox"/> 20883 | <input type="checkbox"/> 20903 | <input type="checkbox"/> 20993 |
| <input 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 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 checked="" type="checkbox"/> 20886 | <input checked="" type="checkbox"/> 20906 | <input type="checkbox"/> 21797 |
| <input type="checkbox"/> 20818 | <input type="checkbox"/> 20849 | <input checked="" 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.

Our hospital identifies the CBSA via the top 85.0 percent of our hospital discharges. The first 60.0 percent of discharges make up our Primary Service Area and the remaining 25.0 percent make up our Secondary Service Area.

Other. Please describe.

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.adventisthealthcare.com/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?

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

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.

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

12/28/2016

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

<https://www.adventisthealthcare.com/about/community/health-needs-assessment/#.VBhS38JdX8Q>

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 hard copy is available at Shady Grove Medical Center and at the Adventist HealthCare corporate office located in Gaithersburg, MD.

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 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:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chair of the Community Benefit Steering Committee which provides guidance and oversight of Adventist HealthCare community benefit including the CHNA process.
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member of the Community Benefit Steering Committee which provides guidance and oversight of Adventist HealthCare community benefit including the CHNA process.
Senior Executives (CEO, CFO, VP, etc.) (system level)	<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 checked="" type="checkbox"/>	Member of the Community Benefit Steering Committee which provides guidance and oversight of Adventist HealthCare community benefit including the CHNA process.
	<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"/>	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	<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"/>	
Community Benefit Task Force	<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 checked="" type="checkbox"/>	Known as the Community Benefit Steering Committee.
Hospital Advisory Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<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"/>	<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: Medstar Montgomery, Suburban, Holy Cross, Holy Cross Germantown	<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 checked="" type="checkbox"/>	These hospitals are a part of Healthy Montgomery which leads the prioritization of health needs for Montgomery County and also provides a significant amount of data publicly as well as for the hospitals. These hospitals are also part of a Hospital Workgroup that meets regularly regarding Community Benefit efforts.	
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Montgomery County DOH leads and organizes Healthy Montgomery (LHIC)	
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	<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"/>	Other - If you selected "Other (explain)," please type your explanation below:	

Maryland Department of 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)

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

Maryland Department of Human Resources

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

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

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

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

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:

Area Agency on Aging -- Please list the agencies 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)

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

Local Govt. Organizations -- Please list the organizations 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)

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)

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

School - K-12 -- Please list the schools here:

Quince Orchard High School

The Principal was a member of our System Advisory Board.

School - Colleges and/or Universities -- Please list the schools here:
 University of Maryland, College Park and Georgetown 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 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"/>

Other - If you selected "Other (explain)," please type your explanation below:
 Served on our System Advisory Board.

School of Public Health -- Please list the schools here:
 University of Maryland, College Park

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 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:
 Served on our System Advisory Board.

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:

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 - 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:

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:

Social Service Organizations -- Please list the organizations 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:

Post-Acute Care Facilities -- please list the facilities 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:

	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:
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<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="text"/>
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/>	<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="text"/>
Other -- If any other people or organizations were involved, please list them here: Cook Ross, Primary Care Coalition, Association of Clinicians for the Underserved, Maryland Healthcare Education Institute (MHA), Montgomery County Minority Health Initiatives (African American Health Program, Latino Health Initiative, Asian American Health Initiative)	<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"/>	Served on our System Advisory Board.
	<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:

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.

- 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
- 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
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision

- Children's Health
- Chronic Kidney Disease
- Community Unity
- Dementias, Including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal & Infant Health
- Nutrition and Weight Status
- Older Adults
- 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.

In August 2018, Adventist HealthCare (AHC) Shady Grove Medical Center (SGMC) and Behavioral Health and Wellness (BH&WS) Hospital merged to become one entity. Before the merge, each entity reported two separate CHNA's and implementation strategies. For the 2013 - 2016 CHNA cycle, AHC SGMC selected lung cancer in the Asian population and diabetes among uninsured patients as the prioritized community health needs to address. Similarly, the most recent 2017 - 2019 CHNA found that both lung cancer and diabetes were identified community health needs. Several health needs were identified during both cycles; they include breast cancer, obesity, maternal and child health, colorectal cancer, and influenza. During the most recent CHNA prioritization process (2017 - 2019), AHC SGMC elected to focus initiatives on diabetes, particularly focusing on uninsured/underinsured populations. During the 2013 - 2016 CHNA cycle, BH&WS elected to focus on chemical dependency and substance abuse for both adolescents and adults. Similarly, the most recent 2017 - 2019 CHNA cycle identified substance abuse for adolescents and adults as the prioritized need. Other health needs were identified during both cycles; they include housing, food access, and education. During the most recent CHNA prioritization process (2017 - 2019), AHC BH&WS elected to focus initiatives on mental health and substance abuse for adolescents and adults.

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

Community Benefit Task Force

<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"/>
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)

Known as the Community Benefit Steering Committee.

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

Hospital Advisory Board

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)

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

Other (specify)

<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	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:

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 Hospitals -- Please list the hospitals here: Holy Cross Health System, Suburban Hospital, Medstar Montgomery	<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:	Through the hospital workgroup, we have worked with these hospitals to compare the work that we are doing and identify opportunities for collaboration in order to address health needs and gaps in our service area.
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health and Human Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 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:	
Maryland Department of Health	<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:	
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"/>	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"/>	Other - If you selected "Other (explain)," please type your explanation below:	

Maryland Department of the Environment

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 Transportation

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

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 DHHS Area Agency on Aging

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:

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

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:
Daly Elementary School

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:

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, College Park and Towson

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:
Georgetown University

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:
Montgomery College, Washington Adventist University, University of Maryland, Fredrick Community College

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

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

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

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

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

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

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

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

Behavioral Health Organizations -- Please list the organizations here:
CentrePoint Counseling, EveryMind, Identity, NAMI

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

Social Service Organizations -- Please list the organizations here:
Primary Care Coalition, Manna, Hungry Harvest, WISH, Casa de Maryland, Interfaith Works, Rebuilding Together

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

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

Post-Acute Care Facilities -- please list the facilities here:
Montgomery Hospice

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

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

Community/Neighborhood Organizations -- Please list the organizations here:
Community Centers (Long Branch, Takoma Park, White Oak, Mid-County, Benjamin Gather, Damascus, Rockville, Shady Grove, Plum Gar, and Bender JCC), Housing Units (Victory Tower, Ridge House, Green Ridge), CHEER, Crossroads Community Farmers Market

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

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

Consumer/Public Advocacy Organizations - Please list the organizations here:

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

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

Other -- If any other people or organizations were involved, please list them here:
Clinics (Mobile Med, Mary Center, and Mercy Health Clinic), Health Quality Innovator, Leadership Montgomery

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

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.

This question was not displayed to the respondent.

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

Yes

No

Q69. Please explain:

The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

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

Yes

No

Q71. Please explain:

The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

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.

As a part of Adventist HealthCare, Shady Grove Medical Center (SGMC) is dedicated to Community Benefit which aligns with the system's core mission and values. The Strategic Plan for SGMC as well as all of Adventist HealthCare (AHC) is based on six pillars of success: People, Quality and Safety, Patient Experience, Finance, Growth, and Population Health. Each of these pillars is centered on measurable objectives and targets and is led by an overarching council with several committees reporting up to it. Included within the Population Health pillar are the hospital's community benefit efforts. The Community Benefit Steering Committee which oversees the CHNA and Implementation Strategy process as well as community benefit system-wide, reports to the Population Health Council. The strategic plan also outlines system-wide community benefit infrastructure and the areas of focus as determined by the CHNA process.

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

The strategic plan is not a publicly available document.

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.

Diabetes Self-Management Program (DSMP)

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: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Mental Health, Substance Abuse

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 type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> 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 checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input 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 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 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"/> |

Q82. When did this initiative begin?

Fall 2015

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.).

This program primarily targets low-income, uninsured, and/or underinsured community members who have pre-diabetes or are living with diabetes. The program is also open to family members and caretakers who are interested in learning more about diabetes management and prevention for their loved ones.

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

56,847

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

75

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.

To provide the DSMP workshop in the community, AHC is licensed under Health Quality Innovators (HQI). HQI provides training for our facilitators as well as technical assistance for our program coordinators. The Montgomery County Health and Human Services Office of Aging is a program funder. We work closely with several community partners such as community centers, low-income housing complexes, the Housing Opportunities Commission, and our faith community network to identify locations to host DSMP workshops in the community as well as to recruit participants.

No.

Q89. Please describe the primary objective of the initiative.

The primary objective of this initiative is to increase access to education and resources for low-income and uninsured/underinsured community members living with diabetes in our service area. The DSMP workshop aims to increase confidence and skills in better managing and controlling diabetes.

Q90. Please describe how the initiative is delivered.

The Diabetes Self-Management Program (DSMP) is an evidence-based workshop developed by Stanford University. This workshop is designed to be interactive and build participants' skills and confidence in managing chronic conditions while simultaneously maintaining a healthy and active lifestyle. One workshop takes place over six weeks and includes a total of six, 2.5-hour sessions held weekly. Each workshop is led by two trained facilitators and offered free to community members who are either living with diabetes or taking care of someone living with diabetes. Initially led by trained Adventist HealthCare employees, in the fall of 2017 the program expanded to also include lay and clinical community members as facilitators. Adventist HealthCare in partnership with Health Quality Innovators (HQI) facilitated a free train-the-trainer session for interested community members. For those community members that are clinicians, Adventist HealthCare has also offered them the opportunity to earn hours towards becoming a Certified Diabetes Educator (CDE) through the facilitation of DSMP workshops. Following the completion of the train-the-trainer session, as well as the facilitation of a DSMP workshop in the community, each of the clinical leaders also receive a stipend to cover the costs of their CDE exam. Note: The Diabetes Self-Management Program is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for this program have been listed on the reports for both hospitals.

Q91. 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

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

We completed six 6-week workshops in 2019. The completed workshops took place at Shady Grove Community Center, Plum Gar Community Center, Rockville Senior Center, North Potomac Community Center, Long Branch Community Center, and White Oak Community and Senior Center. 75 unique individuals attended the workshops, with a total of 297 encounters; 44 individuals were completers, having attended at least 4 of the 6 sessions of their workshop. The pre- and post-assessment outcomes (information based on participants who completed both pre- and post-assessments) include: 11 (69%) individuals increased the number of days they ate five or more servings of fruits and vegetables (n = 16); 11 (61%) individuals increased the number of days they exercised for at least 30 minutes (n = 18); 11 (69%) individuals increased their blood sugar testing frequency (n = 16); 10 (63%) individuals increased the frequency of which they check their feet in the past week (n = 16); and 8 (47%) individuals improved their diabetes medication adherence (n = 17).

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

During the 2016 CHNA cycle, diabetes was identified as a primary community health concern. The outcomes indicate improvement in participants confidence, knowledge, and overall lifestyle behaviors surrounding diabetes management. Additionally, community members who are either uninsured or underinsured now have access to affordable and comprehensive diabetes education. With the additional training of lay and clinical community members to be DSMP facilitators, and work toward earning their CDE certifications, we are working to build capacity within our community and increase access to diabetes education.

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

Total Cost of Diabetes Self-Management Program: \$9,081.48 Paid by Hospital: \$1,335.63 Grant Funding from Montgomery County Health and Human Services Office of Aging: \$7,745.86 Note: The Diabetes Self-Management Program is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The costs and offsetting revenue for these programs have been split accordingly between the two reports.

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Hungry Harvest Harvest Rx Program

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: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Mental Health, Substance Abuse

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 type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> 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 type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input 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 type="checkbox"/> Health Literacy | <input checked="" type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q100. When did this initiative begin?

2017

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.).

This initiative primarily targets individuals who are low-income and have been identified as food insecure and would benefit from fresh and nutritious food deliveries.

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

60,740

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

164

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.

Our main partner in this initiative is Hungry Harvest who curates the food boxes and delivers them to program participants.

No.

Q107. Please describe the primary objective of the initiative.

The primary objective for this initiative is to provide resources to vulnerable populations in the Adventist HealthCare Shady Grove Medical Center service area and ensure they do not go hungry. By providing healthy food deliveries directly to individual's homes we hope to encourage healthy eating habits and behaviors and positively impact diabetes management, BMI, and weight. Note: Hungry Harvest HarvestRx is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for this program have been listed on the reports for both hospitals. Persons reached as well as outcomes are reported as combined totals.

Q108. Please describe how the initiative is delivered.

In partnership with Hungry Harvest, Shady Grove Medical Center provides produce prescriptions to patients who are at or below 250% of the federal poverty level and are in need of food assistance. Adventist HealthCare funds the food deliveries, identifies participants and enrolls them in the program. Hungry Harvest then completes the food deliveries. Program participants receive free fresh produce deliveries from Hungry Harvest every 2 weeks for 2 months. Each delivery equates to five meals per household. The home deliveries encourage healthy eating, home cooking, and a greater sense of independence. Hungry Harvest partners with medical professionals, hospitals, and community care organizations to offer the HarvestRx program. Across their partnerships they have seen very positive outcomes for program participants including increased produce consumption; reduced BMI, weight, blood pressure and blood sugar; and reduced health care costs.

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).

Program Reach to date (Jan – Nov 2019): 164 participants began receiving produce deliveries. 6,300 pounds of fresh produce were delivered with every participant receiving over 38 pounds of healthy fruits and vegetables.

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

In Montgomery County, the overall food insecurity rate as of 2016, is 5.9%. Adults who are overweight or obese increased from 52.9% in 2015 to 58.7% in 2016. In 2013, 20.0% of Teens were considered overweight or obese. Adventist HealthCare continues to work with community partners such as Hungry Harvest to reduce food insecurity and promote healthy behaviors to prevent and improve management of chronic diseases such as obesity and diabetes.

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

Cost of the Hungry Harvest HarvestRx Program: \$10,735 Paid by Hospital: \$10,735 Grant Funding: \$0 Note: Hungry Harvest HarvestRX is an AHC program that is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The costs and offsetting revenue for this program have been split between the two hospitals.

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Long Branch Healthy Food Access Program (LBHFAP)

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: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Mental Health, Substance Abuse

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 type="checkbox"/> Heart Disease and Stroke |
| <input 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 |
| <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 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 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 type="checkbox"/> Health Literacy | <input checked="" 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?

Spring 2017

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.).

This initiative primarily targets individuals living in the Takoma Park and Long Branch communities that are low-income, living with diabetes and experiencing hunger or food insecurity.

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

1,852

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

60

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.

Several partners are involved in the delivery of the LBHFAP including Community Health and Empowerment through Education and Research (CHEER) as the project lead, Primary Care Coalition, Manna. Mobile Med, and Crossroads Community Food Network. The program also collaborates with additional local food providers and farms such as Hungry Harvest, Chocolates and Tomatoes and the Capital Area Food Bank at Clifton Park Baptist Church for food distribution to participants.

No.

Q125. Please describe the primary objective of the initiative.

The primary objective for this initiative is to provide food, education and support resources to vulnerable populations to encourage healthy behaviors and improve diabetes management (HbA1c), BMI, weight, and food security. Note: The Long Branch Healthy Food Access Program is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for this program have been listed on the reports for both hospitals. Persons reached as well as outcomes are reported as combined totals.

Q126. Please describe how the initiative is delivered.

LBHFAP is for individuals with diabetes living in the Takoma Park and Long Branch communities. Each participant receives 3-months of active intervention followed by 9-months of maintenance. Throughout the active intervention, community health workers (CHWs) work with participants to develop a tailored food access and healthy living plan, assess eligibility and help with enrollment for assistance programs (i.e. SNAP and WIC), enroll interested participants in Manna's nutrition education program, and provide referrals to primary care providers if participants do not already have one. During the active intervention, participants also receive free weekly food deliveries from providers such as Hungry Harvest, Manna, and Crossroads Community Food Network. Participants are also provided the opportunity to take part in monthly education sessions such as cooking, nutrition, or physical activity classes.

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).

Program Reach for January to June 2019: 52 out of the 60 people enrolled in the program were considered "completers"; 924 boxes/bags of food were distributed to participants; 14 participants attended at least two educational events focused on topics such as nutrition and healthy cooking; 60% of obese and overweight participants lowered their weight; 68% of participants saw improved blood glucose control; 34% of participants reported improved health status (self report); 27% of participants reported purchasing fruits and vegetables more frequently; 36% of participants reported eating more servings of fruits and vegetables; 12 – 21% of participants reported eating unhealthy foods less frequently.

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

In Montgomery County, the overall food insecurity rate, as of 2016, is 5.9%. Adventist HealthCare continues to work towards reducing obesity, food insecurity, and managing diabetes. To address food access in both counties, the LBHFAP served over 60 low-income, food-insecure residents of the Takoma Park and Long Branch communities who are living with diabetes. Participants received food assistance from local providers. Participants were also offered the opportunity to participate in monthly nutrition and fitness classes. Classes included cooking demonstrations, how to use a glucometer, "Ask the Doctor", and various home exercise classes. Program participants have exhibited an increase in healthy eating behaviors, weight loss, and improved glycemic control. Although the numbers are small for the 3 to 6-month post-intervention follow-up data, the outcomes have thus far been very promising with most participants maintaining their healthy behaviors, weight loss, and glycemic control.

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

Cost of the Long Branch Healthy Food Access Program: \$25,600 Paid by Hospital; \$25,600 Grant Funding; \$0 Note: The Long Branch Healthy Food Access Program is a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The costs and offsetting revenue for this program have been split between the two hospitals.

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.

[SGMC 2019 Table III - Additional Programs.pdf](#)
168.1KB
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:

Access to Health Services: Health Insurance, Access to Health Services: Regular PCP Visits, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Physical Activity, Respiratory Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Mental Health, Substance Abuse

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

- | | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input checked="" type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input checked="" 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 |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Children's Health | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input checked="" type="checkbox"/> Dementias, including Alzheimer's Disease | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Tobacco Use |
| <input 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 type="checkbox"/> Health Literacy | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Other (specify) <input type="text"/> |

Q137. Why were these needs unaddressed?

Adventist HealthCare Shady Grove Medical Center does not currently provide outreach and educational programs for the areas listed above due to limited financial resources and personnel. Rather than attempting to address every need and spreading resources too thin, we have prioritized the needs based on factors such as prevalence/incidence, inequities, gaps in the community, expertise, and partnerships, among others.

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 checked="" type="radio"/>	<input 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.

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	<input style="width: 100px;" type="text"/>
Non-Resident House Staff and Hospitalists	Provision of 24/7 coverage of inpatient units and departments. Coverage ranges from that of comprehensive hospitalists services, to physician intensivists for the ICU, to surgical hospitalists available to respond to general surgery needs of patients, to pediatric physician services, to those of laborists onsite to provide OB/GYN services. Additionally, inpatient behavioral health services were found to be ineffectively covered solely by community psychiatrists, and a hybrid model was developed, to include community and employed psychiatrists.
Coverage of Emergency Department Call	Shady Grove Medical Center has determined it necessary to ensure that the Emergency Department and inpatient care areas provide continuous access to physician specialty services. The provision of services includes cardiac services, gastroenterology, ophthalmology neurology, neurosurgery, orthopedics, thoracic surgery, and urology.
Physician Provision of Financial Assistance	<input style="width: 100px;" type="text"/>
Physician Recruitment to Meet Community Need	Shady Grove Medical Center continuously strives to meet the health care needs of its community. As such, the hospital has expanded physician support in primary care, expanded its cancer care services, enhanced its palliative care program, as well as other services to help meet the needs of the community. Regarding behavioral health care, community needs were unmet as most independent psychiatrists were non-participants with insurance plans. Outpatient psychiatry services are provided to cover this unmet need. Very low reimbursement for outpatient services drives this subsidy to this level.

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?

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

Q145. Section VI - Financial Assistance Policy (FAP)

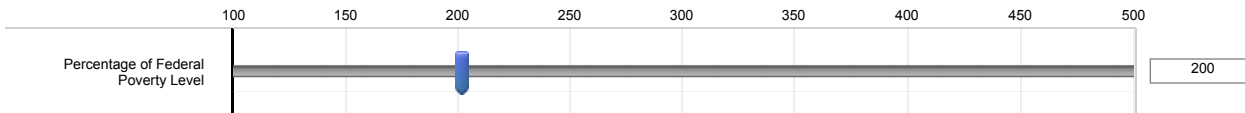
Q146. Upload a copy of your hospital's financial assistance policy.

[AHC FAP.pdf](#)
51.4KB
application/pdf

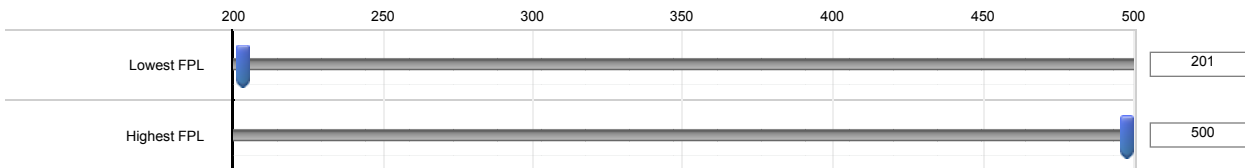
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Financial Assistance SGM.pdf](#)
391.3KB
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.



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.

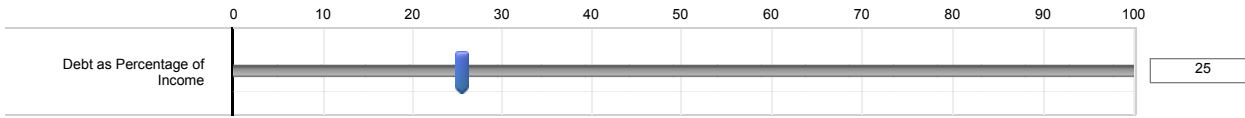


Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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:

The only changes made were adding Fort Washington Medical Center and changing "Washington Adventist Hospital" to "White Oak Medical Center".

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.

Location Data

Location: [\(39.108993530273, -77.248901367188\)](#)

Source: GeoIP Estimation

From: [Gina Maxham](#)
To: [Hilltop HCB Help Account](#)
Subject: RE: Clarification Required - Adventist Shady Grove FY 19 CB Narrative
Date: Monday, March 2, 2020 10:58:45 AM

[Report This Email](#)

Good Morning,

“Impact on Policy Change” must have been selected by mistake, you can remove that. Thank you for catching that.

Regards,

Gina

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Friday, February 28, 2020 1:27 PM
To: Gina Maxham <GMaxham@adventisthealthcare.com>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: Clarification Required - Adventist Shady Grove FY 19 CB Narrative

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you for submitting Adventist Healthcare Shady Grove’s FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 91 on page 19 of the attached, you selected “Impact on policy change” as a type of evidence used to determine success or effectiveness. Please provide an example of an intended policy change that would determine success or effectiveness.

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

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