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: MedStar Good Samaritan Hospital	⦿	○	
Your hospital's ID is: 210056	⦿	○	
Your hospital is part of the hospital system called MedStar Health.	⦿	○	

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.

MedStar Good Samaritan Hospital's CBSA includes residents in the ZIP codes of 21239 and 21206. Both areas are primarily located in the northeast section of Baltimore City with some portions in Baltimore County, just over the city line, and can be classified as middle class to lower income areas compared to others in Maryland. This geographic area was selected based on hospital utilization and secondary data, as well as its close proximity to the hospital and opportunities to build on pre-existing programs, services and partnerships. 21239 consists of several small neighborhoods including Loch Raven Village and Northwood. The total population is 27,099 with 90% of its residents African American and a median age of 36. The median household income is 47,058, poverty rate is 11.9%, uninsured over the age of 18 is 9%, and single parent households are 65%. According the 2017 Baltimore City Neighborhood Health Profile Report, the life expectancy is 75.7, higher than the average of Baltimore City's 73.6, with heart disease and cancer being the leading causes of death. A large portion of 21206 is located in the Baltimore City neighborhood of Cedonia/Frankford which is a predominantly middle class to lower income residential area. The total population is 23,701 with 76.3% of its residents African American and a median age of 35. According the 2017 Baltimore City Neighborhood Health Profile Report, the median household income is 39,306, poverty rate is 23.7%, uninsured over the age of 18 is 12.5%, single parent households are 61.5%., the life expectancy is 72.4, compared to 73.6 in Baltimore City with heart disease and cancer being the leading causes of death.

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

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

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

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

- ☐ Caroline County
- ☐ Howard County
- ☐ Washington County
- ☐ Carroll County
- ☐ Kent County
- ☐ Wicomico County
- ☐ 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.

- ☐ 21201
- ☐ 21212
- ☐ 21225
- ☐ 21237
- ☐ 21202
- ☐ 21213
- ☐ 21226
- ☑ 21239
- ☐ 21203
- ☐ 21214
- ☐ 21227
- ☐ 21251
- ☐ 21205
- ☐ 21215
- ☐ 21228
- ☐ 21263
- ☑ 21206
- ☐ 21216
- ☐ 21229
- ☐ 21270
- ☐ 21207
- ☐ 21217
- ☐ 21230
- ☐ 21278
- ☐ 21208
- ☐ 21218
- ☐ 21231
- ☐ 21281
- ☐ 21209
- ☐ 21222
- ☐ 21233
- ☐ 21287
- ☐ 21210
- ☐ 21223
- ☐ 21234
- ☐ 21290
- ☐ 21211
- ☐ 21224
- ☐ 21236

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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.

☑

Other. Please describe.

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This geographic
area was selected based on hospital
utilization and secondary public
health data as well as its close
proximity to the hospital, coupled
with a high density of residents with
low incomes.
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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.medstargoodsam.org/our-hospital/mission-vision-and-values/

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.

This question was not displayed to the respondent.

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

06/30/2018

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

https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?
opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605

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.

> The CHNA is available online and in print format.

Q47. Section II - CHNA Part 2 - Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

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

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

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

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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs 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:
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:

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☑	☑	☑	☑	☑	☑	☐	☐	
School - K-12 -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: Morgan State University	☐	☑	☑	☑	☑	☑	☑	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Category	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 - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Behavioral Health Services	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Shepherd's Clinic, Hampden Family Center, Govans Ecumenical Development Corporation	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Immigration Outreach Service Center	☐	☑	☑	☑	☑	☑	☑	☐	☐	

	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 -- If any other people or organizations were involved, please list them 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:

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.

06/30/2018

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

https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

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

☐ Access to Health Services: Health Insurance
☐ Access to Health Services: Practicing PCPs
☐ Access to Health Services: Regular PCP Visits
☐ Access to Health Services: ED Wait Times
☑ Access to Health Services: Outpatient Services
☐ Adolescent Health
☑ Arthritis, Osteoporosis, and Chronic Back Conditions
☑ Behavioral Health, including Mental Health and/or Substance Abuse
☑ Cancer
☐ Children's Health
☐ Chronic Kidney Disease
☐ Community Unity
☐ Dementias, Including Alzheimer's Disease
☑ Diabetes
☐ Disability and Health
☑ Educational and Community-Based Programs

☐ Environmental Health
☐ Family Planning
☐ Food Safety
☐ Global Health
☐ Health Communication and Health Information Technology
☐ Health Literacy
☑ Health-Related Quality of Life & Well-Being
☑ Heart Disease and Stroke
☐ HIV
☐ Immunization and Infectious Diseases
☐ Injury Prevention
☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Maternal & Infant Health
☑ Nutrition and Weight Status
☑ Older Adults

☐ Oral Health
☑ Physical Activity
☐ Respiratory Diseases
☐ Sexually Transmitted Diseases
☐ Sleep Health
☐ Telehealth
☑ Tobacco Use
☑ Violence Prevention
☐ Vision
☐ Wound Care
☑ Housing & Homelessness
☑ Transportation
☑ Unemployment & Poverty
☑ Other Social Determinants of Health
☐ Other (specify) _____

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

In comparing the 2018 CHNA priorities to the 2015 CHNA priorities, similar needs and priorities were identified, including community health improvements to address chronic disease management and prevention (diabetes, heart disease, cancer). New to the priorities were the need to address behavioral health services (substance use and mental illness) and social determinants of health. The top areas for social determinants of health for MedStar Good Samaritan Hospital to address include housing, street safety, and job opportunities.

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

> During FY19, key revisions were made across MedStar Health to more effectively impact the communities served throughout Maryland and Washington, DC. Several internal meetings were convened with leadership from each MedStar Health Hospital to review current practices and strategies. As a result of these meetings, the approach to the current Community Health Needs Assessment (CHNA) for the remainder of the three-year cycle (FY19-FY21) was revised. Using the standard categories, Health and Wellness, Access to Care and Social Determinants of Health to determine what to prioritize for the CHNA IRS requirements, each hospital agreed to select two to three strategies as priorities that have size and scale impact and measurable outcomes. MedStar Good Samaritan Hospital's health priorities for the CBSA include health and wellness (chronic disease prevention and management, behavioral health) and social determinants of health (social needs screenings, Baltimore JOBS).

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

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

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

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: **MedStar Union Memorial Hospital**	☐	✔	✔	✔	✔	✔	✔	✔	☐	
Local Health Department -- Please list the Local Health Departments here: **Baltimore City Health Department**	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Local Health Improvement Coalition -- Please list the LHICs here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☐	☐	☑	Host programs and initiatives
School - K-12 -- Please list the schools here: Baltimore City Schools, Archbishop Borders, Cardinal Shehan, Cathedral of Mary Our Queen, St. Augustine, St. Elizabeth, St. James and John	☐	☐	☐	☐	☐	☐	☐	☐	☑	Host programs and initiatives
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service 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:
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Enoch Pratt Library, Northwood Branch Senior Fitness Class - GEDCO's Senior Network of North Baltimore, Seven Oaks Senior Center	☐	☐	☐	☐	☐	☐	☐	☐	☑	Host programs and initiatives
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

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

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

- ◉ Yes
- ○ No

Q67. Please describe the community benefit narrative audit process.

The internal review of the Community Benefit Report is performed by the Administrative Director, Population Health, the Financial Services Manager, and the CFO. The CFO provides oversight of the CBISA reporting function, auditing process and approval of Community Benefit funding. The CEO's signature is obtained through an attestation letter supporting their approval of the Community Benefit Report. The MedStar Health Corporate Office also conducts a review/audit of the hospital's Community Benefit Report annually .

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

- ◉ Yes
- ○ No

Q69. Please explain:

This question was not displayed to the respondent.

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

○ Yes
○ No

Q71. Please explain:

This question was not displayed to the respondent.

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

◉ Yes
○ No

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

> MedStar Health's vision is to be the trusted leader in caring for people and advancing health. As part of MedStar Health's fiscal 2018-2020 system strategic plan (which acts as the umbrella plan for all MedStar hospitals), community health and community benefit initiatives and tactics are organized under the Evolving Care Delivery Model domain, with recognition of health disparities and an aim to integrate community health initiatives into the interdisciplinary model of care.

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

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

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

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

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

Q79. Name of initiative.

> Addressing Health and Wellness through Chronic Disease Management and Prevention Programming

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: Outpatient Services, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Violence Prevention, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

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

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

Q82. When did this initiative begin?

2018

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.).

Participants for this initiative are those living with chronic disease, including stroke, pre-diabetes, diabetes, heart disease and COPD. Targets of this intervention of are those over the age of 45.

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

10,800

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

943 people attending a variety of health and wellness programs

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.

Partners involved in delivering these
programs include:
Huber Memorial Church
Shepherd's Clinic/Joy Wellness Center
GEDCO Senior Network/Senior center
Seven Oaks Senior Center
Local churches and libraries
Centers for Disease Control
American Cancer Society

◯ No.

Q89. Please describe the primary objective of the initiative.

The primary objective of this initiative is to offer health and wellness programs to help community members become better managers of their chronic disease(s) such as diabetes, heart disease, cancer, or chronic pain. These programs offer participants opportunities to make healthy lifestyle changes to reduce the risk of disease--which include weight loss, healthy eating, and exercise. These programs include providing a network of individuals experiencing the same illnesses and risk factors to aid them in their health journey.

Q90. Please describe how the initiative is delivered.

There is a suite of programs offered to deliver this initiative. First, Living Well: Chronic Disease Self-Management Program (CDSMP) is a seven- week workshop delivered in settings such as senior centers, libraries and churches. One 2 ½ hour session is presented each week and is led by two trained facilitators. Sessions are highly participatory, which fosters an environment of mutual support. Topics include nutrition, exercise, medications, managing emotions, better communication, pain management, decision making and goal setting for better health. The Diabetes Self-Management Program is modeled after the CDSMP but addresses diabetes more specifically. National Diabetes Prevention Program is a one-year program designed for individuals who are at risk to develop type 2 diabetes and those who have been diagnosed with pre-diabetes. With the help of a lifestyle coach, participants are supported in this journey toward making positive changes related to nutrition, exercise, problem-solving, and coping skills. Fresh start, a 4-week program, is designed to help smokers successfully quit by providing essential information, skills for coping with cravings, and group support. Fitness programs offered at various community locations are suited to the participants' fitness levels. Programs include aerobics, strength training, stretching, yoga and Tai Chi. Flu shot clinics are held yearly at local churches and senior centers. Support groups are offered monthly in the hospital for people affected by stroke, aphasia, and diabetes. Caregivers are also offered support.

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

☑ Count of participants/encounters   Enrolled and completed

☑ Other process/implementation measures (e.g. number of items distributed)   150 minutes of exercise per week

☑ Surveys of participants   Confidence to manage disease, understanding of disease, motivation to care for health condition

☑ Biophysical health indicators   Weight loss

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other

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

The Living Well Program enrolled 16 individuals with 11 (68%) completing the program. 90% reported feeling more confident and motivated in managing their condition while 100% reported a better understanding of their condition. For the Diabetes Prevention Program, a total of 91 people registered. 45%, or 41 participants completed the program while 53% of completers reported a 5-7% reduction in weight and 80% reported achieving 150 minutes of exercise per week. Fresh Start Smoking Cessation allowed 8 out of 13 people to complete the program to aid them in quitting smoking. 390 people attend the hospital's fitness programs on a regular basis. 367 community members received flu shots and 98 people participated in the support groups.

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

Healthy Baltimore 2020 – Strategic Framework for Chronic Disease Close Black-White Gap in CVD by 15% Close Black-White Gap in obesity by 15% Close Black-White Gap in smoking by 15% death from heart disease 24/4%, overall obesity rate in 33.6%, overall smoking rate 23% / https://health.baltimorecity.gov/neighborhoods/neighborhood-health-profile-reports

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

Net Community Benefit: $49,670

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Addressing Behavioral Health Services and Responding to the Opioid Epidemic

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: Outpatient Services, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use,

Violence Prevention, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

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

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

Q100. When did this initiative begin?

[8/1/2016]

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.).

The diagnosis of mental health illness and substance use disorder in MedStar Good Samaritan's service area is quite compelling. One out of five (110,468) Baltimoreans will experience a mental illness each year. One out of 20 (24,093) Baltimore City adults have a serious mental illness such as major depressive disorder, bipolar disorder, or schizophrenia. One out of 25 (19,275) Baltimore City adults need both mental health and substance abuse treatment. The total number of drug- and alcohol-related intoxication deaths in Maryland increased from 1,259 in 2015 to 2,089 in 2016 Percentage of driving deaths with alcohol involvement: 20 percent in Baltimore City. Percentage of adults reporting binge drinking: 18 percent in Baltimore City. The number of prescription opioid-related intoxication deaths in Maryland increased from 61 in 2010 to 113 in 2016.

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

55,000

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

42,290

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.

The Mosaic Group was a key consultant to help identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. Their efforts facilitated workflows, staff training, and data support to initiate and sustain the programs moving forward.

○ No.

Q107. Please describe the primary objective of the initiative.

The primary objective of this initiative is a multi-pronged solution to address behavioral health and support community members experiencing mental illness and/or substance use disorder. The approach seeks to save lives, connect individuals to treatment services.

Q108. Please describe how the initiative is delivered.

The first approach to this intervention is universally screening patients in the emergency department for substance use via Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocols. If patients screen positively, they are provided with a brief intervention from a hospital-based SBIRT Peer Recovery Coach focusing on overdose prevention education, harm reduction and naloxone distribution. An extension of the SBIRT program called Opioid Survivor Outreach Program is a community-based approach to working with opioid overdose survivors. These individuals provide harm reduction, education, and community-based coordination with patients. Baltimore City Health Department provides the naloxone trainings on campus free to community members.

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

- ☑ Count of participants/encounters — # of people screened, attended courses
- ☑ Other process/implementation measures (e.g. number of items distributed) — # of brief interventions, # referrals to treatment, # of patients provided supportive services
- ☐ 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).

42,264 patients were screened in FY19. 4,080 screened positively for substance use. Peer coaches provided 2,364 brief interventions with patients. 259 referrals to treatment were made and 150 people were linked to substance use treatment. In FY19, 87 patients were engaged by MedStar Good Samaritan Hospital's Opioid Survivor Outreach Coach. 26 people attended naloxone trainings held in partnership with Baltimore City Health Department.

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

Healthy Baltimore 2020 – Strategic Framework for Behavioral Health Reduce disparity between rate of black and white overdose death. Reduce disparity in rate of drug, alcohol, and mental health ED visits by ZIP code. Reduce disparity in black and white children with unmet medical needs. According to the Centers for Disease Control and Prevention, the city's overdose death rate was 22.7 per 100,000 people in 2011. It climbed to 49.1 per 100,000 in 2015 — comparable to the current figures in West Virginia, the state with the highest overdose death rate in the country. In 2017, the rate in Baltimore reached 85.2 per 100,000. That's almost the equivalent of 0.1 percent of the city's population dying from drug overdoses in one year.

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

Net Community Benefit: $310,959

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Addressing Social Determinants of Health

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: Outpatient Services, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Violence Prevention, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health

Other:

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

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

Q118. When did this initiative begin?

8/1/2017

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.).

The characteristics of this target population included people living in poverty, vulnerable populations residing in the community benefit service ZIP codes of 21239 and 21206.This geographic area was selected based on hospital utilization data and secondary public health data as well as its high poverty rate and proximity to the hospital.

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

10,800

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

401

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.

Through the Baltimore JOBS Program MedStar Good Samaritan trained and hired 11 community residents surrounding the hospital as either a community health advocate or peer recovery coach. This work is part of a larger collaborative as a demonstration project with CMS. MedStar Good Samaritan Hospital collaborated with the Baltimore City Health Department, Baltimore Alliance of Healthcare Careers, and Healthcare Access Maryland to deliver this initiative.

○ No.

Q125. Please describe the primary objective of the initiative.

The primary objective of this program is to hire community residents of MedStar Good Samaritan's service area as community health advocates and screen vulnerable patients for unmet social needs as part of the initial intake process. Community health advocates aid social workers, case managers and medical assistants to link patients with social needs to community social service resources in their ZIP code.

Q126. Please describe how the initiative is delivered.

Community health advocates are part of the interdisciplinary care team on inpatient and emergency department units. They receive referrals from case management, social work, and other clinical teams for patients that have unmet social needs. As part of their workflow, they screen patients for social needs using MedStar's electronic medical record platform. Community health advocates work with patients to address unmet needs, including filling out applications and working on the patient's behalf to gain access to social services. These needs include access to food, housing, transportation, utility assistance, etc.

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

☑ Count of participants/encounters | # of screens completed

☑ Other process/implementation measures (e.g. number of items distributed) | % of patients screening positive for each social need domain (e.g. food, housing, etc.)

☑ Surveys of participants | Satisfaction survey at end of community health advocate engagement

☐ Biophysical health indicators |

☐ Assessment of environmental change |

☐ Impact on policy change |

☑ Effects on healthcare utilization or cost | Readmission rate

☐ Assessment of workforce development |

☐ Other |

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

401 social needs screens were completed and 294 were connected to social services in in FY19. 52% of all patients report food insecurity; 50% report transportation barriers; 31% report the need for employment assistance; 17% report the need for utility assistance; 24% report some type of housing insecurity. Patients engaged with a community health advocate consistently report a readmission rate of less than 11%. MedStar's EHR provides a risk algorithm that predicts that the readmission risk for patients that CHAs typically work with is 22-24%.

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

The social determinants of health are the conditions in which people are born, live, work, learn and play. These conditions are shaped by the distribution of money, power and resources, and they drive health inequities. Health disparities in Baltimore are the direct result of a long history of inequality and systemic racism. Systemic inequalities in housing, education and policing are drivers of the deeply concerning disparities in our city today. See above outcomes.

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

Net Community Benefit: $3,838

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

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

◉ Yes
○ No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Outpatient Services, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Violence Prevention, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health
Other:

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

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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

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

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

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

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. Inpatient/outpatient psychiatry services

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	MedStar Good Samaritan is a safety net to individuals without insurance and access to a primary care physician. Subsidy is required to maintain sufficient coverage and access to the community.
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	

Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
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.

MedStar_Corporate_Financial_Assistance_Policy_07_2016.pdf
339.3KB
application/pdf

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

MedStar_Patient_Information_Sheet.pdf
236.2KB
application/pdf

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

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

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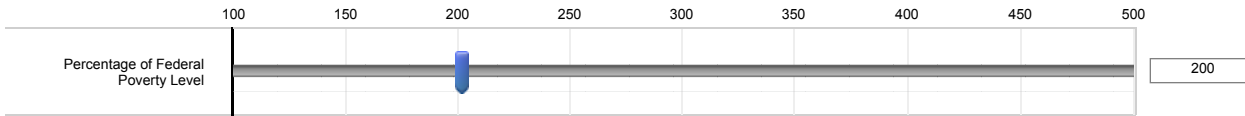
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

	200	250	300	350	400	450	500
Lowest FPL							
Highest FPL							

200

400
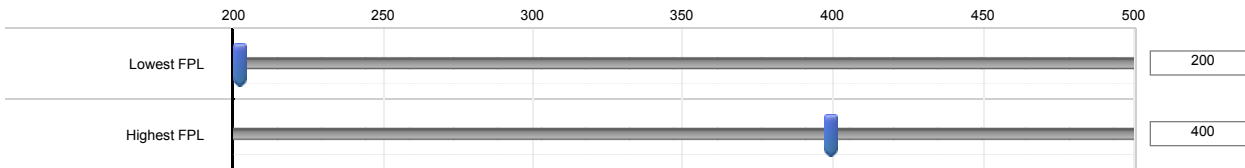
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700

Lowest FPL		200
Highest FPL		500

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

	0 10 20 30 40 50 60 70 80 90 100	
Debt as Percentage of Income		25
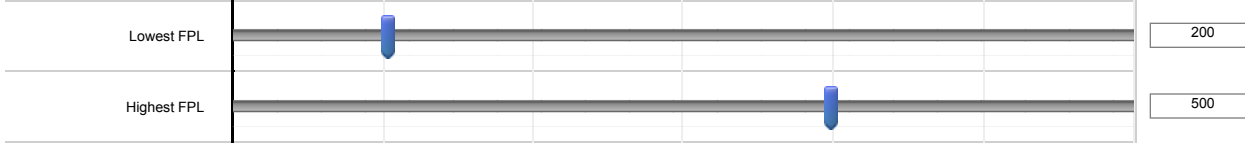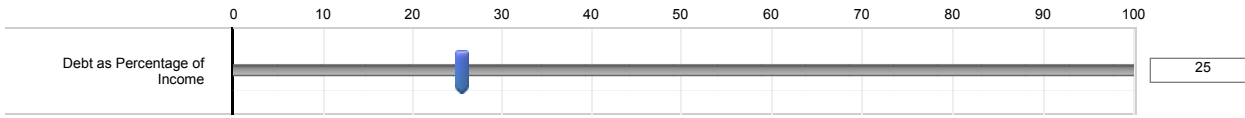
Q152. Has your FAP changed within the last year? If so, please describe the change.

◉ No, the FAP has not changed.

○ Yes, the FAP has changed. Please describe: [   ]

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

[   ]

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

Q155. Summary & Report Submission

Q156.

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: (38.920806884766, -77.036003112793)

Source: GeoIP Estimation