

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 the fiscal year.

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

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find [these community health statistics](#) useful in preparing your responses.

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

Utilization of additional health statistics incorporated and considered in Suburban Hospital's community benefit operations included: Healthy Montgomery, the local health improvement coalition (LHIC), the Hospital's Primary Service Area (PSA) and Community Benefit Service Area (CBSA) data, along with aggregated data from Suburban Hospital's Community Health Improvement initiatives. Examples include biometric screenings, wellness and disease management classes, health education seminars and community building activities. Moreover, statistical data highlighted in the FY2019 CHNA also serves as an integral strategic process towards the community benefit process and is considered during the FY20 Community Benefit process.

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

[Q6. FY20 Suburban Hospital PSA and CBSA Demographics.pdf](#)
1.3MB
application/pdf

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |

Caroline County

Howard County

Washington County

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

20058

20824

20850

20872

20891

20907

20207

20825

20851

20874

20892

20910

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

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

Based on ZIP codes in your Financial Assistance Policy. Please describe.

Suburban Hospital's financial assistance policy supports eligible patients based on the most recent Federal poverty guidelines. The highest number of financial assistance transactions were identified and incorporated into the formula to determine the Hospital's CBSA. This assessment enables the hospital to respond to the needs of its most vulnerable patients and community by providing additional services and support. Furthermore, CBSA zip codes (20906, 20902, 20852 and 20814) are home to safety-net clinics Proyecto Salud Clinic (20906), Montgomery Cares (20910) and Catholic Charities Center (20902), Mobile Medical Care (20814, 20852) of which the Hospital provides financial and/or in-kind support.



Based on patterns of utilization. Please describe.

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

Other. Please describe.

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

Within the CBSA, Suburban Hospital focuses on specific target populations such as un-, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors, and at-risk youth. Although some of the zip codes selected in the CBSA are not immediately adjacent to Suburban Hospital, 31.2% of patients from the Silver Spring area (20902, 20904, 20906, and 20910) were treated at Suburban in FY20. Furthermore, Suburban Hospital supports safety-net clinics, and free health prevention and chronic disease programs in those designated areas.

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

Suburban Hospital also provides both in-kind and financial contributions to neighboring Prince George's and Calvert Counties to expand behavior change modification and awareness of cardiovascular diseases and chronic disease management. While cardiovascular disease is prevalent across the nation and throughout Maryland, it is of particular risk in Southern Maryland, where rates of obesity and physical inactivity are high. It is particularly evident when comparing obesity and physical activity in Montgomery County, the home of Suburban Hospital, to our neighbors to the south, who consistently fall short against the same metrics. When these behaviors are present, high blood pressure, elevated cholesterol, diabetes, and other chronic diseases follow. Suburban Hospital has implemented on-going programs to address these specific issues. In Calvert County, Suburban has supported the faith-based health ministry network by enabling each member church to keep manual blood pressure cuffs on site for volunteer health professionals to screen for hypertension after services. The majority of Southern Maryland outreach, however, is offered in Prince George's county. In FY20 we conducted 183 community health improvement activities, reaching 2,094 community members living in zip codes 20706, 20722, 20740, 20747, 20782, 20783. Despite having nearly 100% access to physical activity, just 50% of Prince George's County adults aged 18 and older engage in a regular routine of moderate or high intensity movement. Adults who engage in such activity reduce their risk of many serious chronic health conditions, including obesity, high blood pressure, heart disease, stroke, diabetes and cancer. The prevalence of these risks – many of which are not meeting the Healthy People 2020 targets – indicate a need for targeted interventions that support increased movement, healthy eating habits, and prevention and management of chronic conditions. One of the policy approaches outlined in the Trust for America's Health State of Obesity: Better Policies for a Healthier America 2020 report aligns and supports the work of healthcare systems to address social determinants of health. It specifically targets communities with high levels of obesity through community-directed goals and strategies and evidenced based programs. Suburban Hospital addresses social determinants of health by approaching the whole person, not simply their health condition. To do this, Suburban applies three lenses to its health improvement initiatives: Healthy Behaviors, Access to Care, and Health Equity. Since 2006, we have sponsored, measured, and tailored the following programs to meet the needs of the community with the goal of reducing disparities and improving health: Healthy Behaviors: Senior Shape, Health education seminars, Tai Chi , Dine, Learn & Move Access to Care: Blood pressure screenings, 1:1 hypertension counseling Health Equity: Adults 65 and greater, African American / Black For more information on each of these programs and activities, please refer to the annual report, Cardiovascular Outreach in Southern Maryland Fiscal Year 2020, in the attachment to this report included in Q131.

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

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

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

Q37. Is your hospital an academic medical center?

- Yes
- No

CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regularly reports to hospital executives and Board of Trustees on processes, best practices, and frameworks.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regularly reports to hospital executives, healthsystem and Board of Trustees on processes, best practices, and frameworks.
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Suburban's Chief Medical Officer participated in evaluation session to review secondary data for CHNA
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Included in Community Health Improvement operations and beyond CHNA process
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regular integration of population health initiatives beyond CHNA
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

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

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area Agency on Aging -- Please list the agencies here: Montgomery County Area Agency on Aging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: Montgomery County Council; Montgomery County Government; Montgomery County Police Department	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Montgomery County Public Schools: (Bethesda Elementary School, Bradley Hills Elementary School, Georgian Forest Elementary School, Highland Elementary School, Ashburton Elementary School, Pyle Middle School, Westland Middle School, North Bethesda Middle School, Cabin John Middle School, John F. Kennedy High School, Northwest High School, Paint Branch High School, Watkins Mill High School, Winston Churchill High School, Thomas Sprigg Wooton High School, Bethesda Chevy Chase High School) and area private schools (Jewish Day School, Academy of the Holy Cross High School, Bulls School, Melvin J. Berman Hebrew Academy High School, Jewish Day School, Stone Ridge School of the Sacred Heart, Yeshiva of Greater Washington, St. Jane de Chantel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here: American University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here: University of Maryland School of Public Health; College of Public Health and Health Professions-University of Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Students are involved in the evaluation process of initiatives identified in the CHNA.
School - Medical School -- Please list the schools here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:
 University of Maryland University Global Campus; Universities of Shady Grove

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Behavioral Health Organizations -- Please list the organizations here:
 EveryMind; Cornerstone Montgomery; Girls on the Run Montgomery County; National Alliance on Mental Illness

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 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.

09/23/2019

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

https://www.hopkinsmedicine.org/suburban_hospital/_documents/community_health/CHNA_2019_Implementation_Strategy.pdf

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

This question was not displayed to the respondent.

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Respiratory Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input type="checkbox"/> Global Health | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Health Communication and Health Information Technology | <input type="checkbox"/> Sleep Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input type="checkbox"/> Health-Related Quality of Life & Well-Being | <input type="checkbox"/> Tobacco Use |
| <input checked="" type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input checked="" type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Violence Prevention |
| <input checked="" type="checkbox"/> Cancer | <input type="checkbox"/> HIV | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Children's Health | <input checked="" type="checkbox"/> Immunization and Infectious Diseases | <input type="checkbox"/> Wound Care |
| <input type="checkbox"/> Chronic Kidney Disease | <input checked="" type="checkbox"/> Injury Prevention | <input type="checkbox"/> Housing & Homelessness |
| <input type="checkbox"/> Community Unity | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Dementias, Including Alzheimer's Disease | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Unemployment & Poverty |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Nutrition and Weight Status | <input type="checkbox"/> Other Social Determinants of Health |
| <input type="checkbox"/> Disability and Health | <input type="checkbox"/> Older Adults | <input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Educational and Community-Based Programs | | |

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

Suburban Hospital conducted its third CHNA process in Fiscal Year 2019 using a three-tiered approach: 1) analysis of available local, state, and national data sets for core health indicators for Montgomery County; 2) conducting a community health survey to assess the needs and insights of residents living in the Hospital's Community Benefit Service Area (CBSA); and, 3) engaging health experts and stakeholders to advise on the needs assessment. The results from primary and secondary data and Suburban's hospital data along with county, state, and national health priorities were reviewed to identify the five to ten top health needs for Suburban's community. After a prioritization process with stakeholders, the following health priorities emerged for Suburban's 2019 Community Health Needs Assessment (presented in no specific order): • Cardiovascular Health • Cancer • Diabetes • Behavioral Health • Unintentional Injuries • Infections. Suburban Hospital will build upon existing programs addressing these six health areas and will work thoughtfully and diligently with partners over the next two years (2020-2021) to ensure that the valuable information attained from the CHNA process continues to be utilized for monitoring and evaluating established health targets and goals. At the start of FY20, Suburban Hospital continued to build upon existing programs and created a thoughtful and comprehensive implementation plan, approved by the Hospital's Board of Trustees in September 2019. Serving as a roadmap, the implementation strategy describes how the Hospital plans to improve health outcomes and quality of care for the community, through the lenses of access to care, healthy behaviors and health equity. Through FY21/22, Suburban Hospital created a Community Thought Leaders for each health priority. Each Thought Leader group comprises of hospital and community leaders, serving to move forward, track and measure the established Implementation Strategy. The Hospital conducted its first CHNA in 2013. It included maternal and infant health as a health priority but was eliminated in 2016 since it did not align with the hospital's medical specialties, primary and secondary data, or health improvement programming. (Maternal and infant health remained on the list of Montgomery County's health priorities.) During the 2016 CHNA process, obesity was identified as a health priority. Suburban Hospital decided to address obesity as a risk factor for heart disease and diabetes rather than a stand-alone priority area.

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

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

[Q59. Community Health Improvement Report and Supporting CHNA Documents.pdf](#)
16.6MB
application/pdf

Q60. Section III - CB Administration Part 1 - Internal 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 (explain)
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regularly reports to hospital executives and Board of Trustees on process best practices and frameworks.
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regularly reports to hospital executives, health system, and Board of Trustees on process best practices and frameworks.
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of the Environment

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

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

Engagement via local LHIC

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

Maryland Department of Education

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

Engagement via local LHIC

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

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

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

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

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

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

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

Faith-Based Organizations

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

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

School - K-12 -- Please list the schools here:
Montgomery County Public Schools: (Ashburton Elementary School, Bradley Hills Elementary School, Bethesda Elementary School, Bells Mill Elementary School, Georgian Forest Elementary School, Highland Elementary School, Pyle Middle School, Westland Middle School, North Bethesda Middle School, Cabin John Middle School, Clarksburg High School, Montgomery Blair High School, Northwood High School, Poolesville High School, Potomac Falls High School, Richard Montgomery High School, Walt Whitman High School, Walter Johnson High School, Thomas Sprigg Wootton High School, Wheaton High School, Winston Churchill High School) and area private schools (Holton-Arms School, Connelly School of the Holy Child, McLean School of Potomac, St. Jane de Chantel School, Spencerville Adventist Academy, Stone Ridge School of the Sacred Heart, St. John's College High School)

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

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

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

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

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

School of Public Health -- Please list the schools here:
University of Maryland School of Public Health; College of Public Health and Health Professions-University of Florida

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

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

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

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

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

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

University of Maryland School of Nursing

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

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

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

<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:

University of Maryland School of Pharmacy

<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)	

Diabetes Management programming, Medical Exploring, Community Flu Clinics

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

Behavioral Health Organizations -- Please list the organizations here:

EveryMind; Cornerstone Montgomery; National Alliance on Mental Illness; Girls on the Run Montgomery County

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

EveryMind; Cornstone Montgomery; YMCA Bethesda-Chevy Chase; Linkages to Learning; Jewish Social Services Agency; Parenting Encouragement Program

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

Charles E. Smith Life Communities, Sunrise of Bethesda, Brighton Gardens of Friendship Heights, Maplewood Park Place, Sunrise at Fox Hills, Carriage Hill, Bethesda Wellness and Rehab, ManorCare Health Services Potomac and ManorCare Health Services Chevy Chase

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

Washington Area Village Exchange, Bannockburn Village, Bethesda Metro Area Village, Bradley Hills Village, Burning Tree Village, Chevy Chase at Home, Friendship Heights Neighbors Helping Neighbors, Little Falls Village, Maplewood Village, Potomac Community Village, Villages of Rockville, Village of Kensington, Wyngate Neighbors Helping Neighbors, Huntington Terrace Citizens Association, Scotland Community

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

Bethesda-Chevy Chase Chamber of Commerce; Montgomery County Chamber of Commerce; Bethesda Cares; Manna Food Center; Latino Health Initiative; Safe Kids Coalition; Hispanic Chamber;

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:
 Bethesda-Chevy Chase Rotary Club;
 Mansfield Kasemen Health Clinic; Mercy Clinic; Mobile Medical Care Inc.; Catholic Charities Center; Proyecto Salud Clinic; Alpha Phi Alpha Fraternity; A Wider Circle; Washington Metropolitan OASIS; National Institutes of Health-National Institute of Diabetes and Digestive and Kidney Diseases; National Institutes of Health- National Heart Lung and Blood Institute; Osher Lifelong Learning; Montgomery Cares; Mary's Center; Spirit Club; Montgomery County Food Council

<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	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.

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

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

- Yes
- No

Q69. Please explain:

This question was not displayed to the respondent.

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

- Yes
- No

Q71. Please explain:

This question was not displayed to the respondent.

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

- Yes

No

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

Suburban Hospital community benefit plan is an integral component of the Hospital's strategic approach to addressing the community health needs. Using a collaborative approach that builds on long-standing internal and external partnerships, Suburban can effectively plan for and utilize resources to address identified health needs. This approach starts at the top; the administrative director of Community Affairs & Population Health in the Community Health and Wellness (CHW) division reports directly to the President of Suburban Hospital, ensuring the two strategies remain linked to leverage resources efficiently while meeting objectives. Our commitment to the strategic plan is ongoing; quarterly, progress is reviewed and reported as part of the hospital's overall operation performance scorecard. With constant communication and consideration of community benefit planning and strategy, we are able to effectively align and support hospital operations and overall system goals, even as they change, as evidenced by the COVID-19 global pandemic. While keeping prioritized health needs and strategies in sight, Suburban Hospital and CHW flexed their strengths and leveraged relationships to meet the population's needs at the greatest disadvantage. A prime example was the deliverable shifting of CHW operations to address ongoing COVID-19 testing and vaccination clinic operations.

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

<https://www.hopkinsmedicine.org/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?

Each year, Suburban Hospital improves upon the reporting and data collection process of Community Benefit. Through consistent and transparent reporting, Suburban Hospital's Community Benefit correlates with other Montgomery County Hospitals and Johns Hopkins Health System. In fact, monthly hospital workgroup meetings within the system and county encourage sharing best practices for reporting and collecting data. Working among other Montgomery County Hospital colleagues have also provided a conduit of community health improvement as staff from the hospitals working in tandem on several health initiatives, including behavioral health, cardiovascular and diabetes. Furthermore, the Montgomery County hospitals are closer to reporting a joint CHNA as it benefits the community at large and combines efforts to improve the community which we share.

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

[Q 76. JHHS CBR Engagement Overview.pdf](#)
94.9KB
application/pdf

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

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

Q79. Name of initiative.

Freedom from Smoking

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

Yes

No

Q81. In your most recently completed CHNA, the following community health needs were identified:

Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention
Other:

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

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

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

Q82. When did this initiative begin?

January 2014

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

- The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- The initiative will end when external grant money to support the initiative runs out. Please explain.

- The initiative will end when a contract or agreement with a partner expires. Please explain.

- Other. Please explain.

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

The Freedom from Smoking (FFS) initiative targets all adult smokers and family members who live or work in Montgomery County, MD. According to County Health Rankings, 8% of Montgomery County adults are current smokers. As described in the CDC's Health Equity in Tobacco Prevention and Control Best Practices User Guide, higher smoking rates are associated with lower socioeconomic status, lower educational attainment, and certain occupations. This initiative aims to serve these populations by removing cost and geographic barriers through free, community-based and online programming, and by targeting at-risk communities and industries through strategic marketing.

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

84,205

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

Freedom from Smoking reached 341 individuals via one-on-one counseling sessions and group tobacco cessation clinics. An additional 4,991 individuals were reached with general lung education messaging.

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

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

Yes. Please describe who was involved in this initiative.

Suburban Hospital partnered with private businesses, a community organization, a residential community, a medical practice, and a local government to increase access to the FFS classes to those in need. Specific partners in FY20 included Progressions Salon Spa Store (Rockville), the Town of Poolesville (Poolesville), Johns Hopkins Community Physicians Heart Care (Rockville), Promenade Towers (Bethesda), ACAC Fitness (Germantown), and Westfield Montgomery Mall/Washington Metropolitan Oasis (Bethesda). Additional partners that support the program include the American Lung Association, Montgomery County Cancer Crusade and the Montgomery County Tobacco Coalition. Suburban Hospital has built these partnerships based on a demonstrated need for smoking cessation within the organization or community; proximity or access to at-risk populations; key, vested personnel or representatives willing to support and promote the program; and existing infrastructure to effectively reach the target audience. For example, Progressions Salon Spa store, located near multiple industrial business parks, promoted the program to beauty industry employees through Progressions' vast social media contacts. In addition, using walk-in recruitment, Suburban staff promoted the program to employees of the many nearby repair and auto shops, construction companies and restaurants, all industries identified by the CDC as having higher smoking rates. Likewise, ACAC Fitness Center was selected for its highly accessible, wellness-focused location surrounded by apartments, shopping, professional buildings, and Montgomery College Germantown Campus. Suburban staff promoted the program to the most vulnerable populations by meeting with and disseminating flyers to WIC and other social service organizations, selected apartment complex managers, medical and dental clinic staff, as well as health faculty at Montgomery College. Partners provided program venues as well as access to their existing databases and modes of communication for program marketing, such as bulletins, webpages, social media, booths at community events and newsletters.

No.

Q89. Please describe the primary objective of the initiative.

Freedom from Smoking's primary objective is to reduce the prevalence of smoking among the adult population within Montgomery County by improving access to free, convenient smoking cessation classes for those who are ready to quit smoking. This objective aligns with the Maryland Cancer Control Program objectives, which focus on seven priority cancers identified by the Cigarette Restitution Fund as high burden cancers in Maryland, including lung cancer. While not identified in the CHNA, the following community health needs were addressed in this initiative: Educational and Community-Based Programs, Oral Health, Reproductive Health, Tobacco Use, Housing and Transportation, Unemployment & Poverty, and Other Social Determinants of Health.

Q90. Please describe how the initiative is delivered.

Suburban offers the American Lung Association's Freedom from Smoking program to anyone working or living in Montgomery County throughout the year at no cost. Considered the "gold standard" in smoking cessation, FFS is a well-established, evidence-based cessation program that provides individuals with the tools they need to quit smoking in a supportive environment successfully. FFS is a seven-week program. Classes were held in-person, at Suburban Hospital and at various locations in Montgomery County through March 2020. They transitioned to a virtual platform in response to the coronavirus pandemic. In FY20, in-person classes were offered at Suburban Hospital, Suburban Hospital's Community Health and Wellness off-campus location, a private business, community organizations, a residential community, a medical practice, and a public library (Town of Poolesville). Five of these seven classes reached the minimum registration requirements and were implemented as scheduled. Recognizing that attending multiple in-person sessions may be impractical or present hardship for some, Suburban Hospital also offers FFS Plus, an online program. The critical difference between the FFS Plus program and the newly transitioned FFS virtual session is that the latter are conducted synchronously, while FFS Plus is a self-paced program in an asynchronous format. To enhance the FFS program's supportive nature, Suburban enlists experienced facilitators, certified by the American Lung Association, who invite successful past participants as guest panelists. This experiential element provides invaluable moral support and guidance to the current participants. To prevent relapse upon the program's final completion, Suburban staff monitor the participants for an additional 6 months, offering ongoing support and resources. As of April 2020, participants also have an opportunity to participate in a series of Zoom support groups after their class formal completion. The frequency and duration of these support groups are determined based on the needs of each class.

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

Count of participants/encounters All participants must pre-register for the 7-week program. Attendance is taken at each class.

Other process/implementation measures (e.g. number of items distributed)

Suburban provides each participant with the American Lung Association Freedom From Smoking Participant Workbook and its companion CD entitled Relaxation Exercises for Better Breathing. On "Quit Day", Suburban gives each participant a "quit kit," which includes a variety of items to help reduce stress, substitute for cigarettes, and/or keep hands busy. The kit includes a stress ball; sugarless gum, lollipops, and candy; mints; toothpicks; a stretch band; post-it notes (for positive message reminders); and a pin that says "Be kind, I am quitting." For those who are interested in combining Maryland State Quitline services with the class, Suburban staff submits a Quitline referral directly to the state on the participant's behalf; the state then calls the participant and offers counseling, and in some cases, free nicotine replacement products.

- Surveys of participants Each participant receives a qualitative evaluation survey at the conclusion of the 7 week program.
- Biophysical health indicators
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other Tracking number of participants who remained smoke-free during a six-month period after the completion of the program.

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

Because the reduction of geographic barriers and improvement of accessibility are key program objectives, Suburban measured the number of classes offered, the number of classes implemented, and the number of targeted marketing encounters. In FY20, Suburban offered seven 7-week classes in six zip codes throughout the county, including outlying, underserved areas and east Montgomery County. Five of these were provided offered in-person through March. Two were converted to Zoom or private counseling mid-session during the pandemic. One was offered entirely via a virtual platform to accommodate physical distancing restrictions due to the pandemic. Of the seven classes offered, five reached the minimum registration requirements and were implemented as scheduled. Beginning in April 2020, Suburban added post-clinic support groups as an extension of its FFS program. This additional program was in response to participant requests, the high-stress climate/ relapse risk during the pandemic, and increased capacity owing to the convenience and ubiquity of virtual platform space. During FY20, nine post-FFS support groups meetings met over the Zoom platform, with 26 participant encounters. These support groups provided accountability, support and relapse prevention for those who had successfully quit through FFS. It also served as a bridge to the next FFS session for those who had not yet quit or relapsed during the stress of COVID-19. In FY20, Suburban engaged in 1,399 targeted marketing encounters. To reach at-risk and/or underserved populations, the staff took the extra step of promoting the FFS program directly to particular faith-based organizations, apartment complexes, the homeless population, businesses, medical practices, and shopping areas. Using CDC data, Suburban promoted classes to particular industries known to have higher rates of smoking. For example, staff conducted walk-in visits to mechanic shops, auto dealerships, and restaurants near class locations. In February 2020, Suburban conducted workshops at three homeless shelters with 27 participant encounters. The workshop curriculum was designed to build cessation readiness and connect shelter residents to cessation resources, including the FFS program and the Maryland Quitline as appropriate. Surveys of Participants: Participant surveys are collected during the final session of each class. While mostly qualitative with an optional testimonial, the following quantifiable data was captured from 13 respondents: • 13 (100%) of respondents indicated that they would recommend the program to a friend who wanted to quit smoking. • 11 (85%) indicated that they had been smoke-free for at least one 24-hour period during the program. The most common suggestion for program improvement was to extend the program longer. Frequently mentioned, "most helpful" program elements included: "Quit Day," guest speakers; tracking smoking behavior (use of pack trackers); in-person support of facilitator and other participants; facilitator availability outside of class; and discussion about life as a smoker, and the short and long-term benefits of quitting. Other measures: Suburban tracked the smoking status of all smokers for 6 months post-program. The program coordinator contacted participants at one week, 3 months, and 6 months intervals post-program. Of the 21 smokers enrolled in FY20, 15 completed the program, 12 of which were smoke free at the final session. At one-week post-program, 12 of the 15 participants who completed the program (80%) were smoke free. At three months post program, 9 participants (60%) remained smoke free. At six months post program, 8 participants (53%) remained smoke free. Recognizing that readiness is highly variable and group dynamics are unpredictable, some attrition is to be expected. When participants elect to discontinue the class for any reason, they likely have learned important information, strategies, and resources that may move them along the readiness continuum and aid their quit journey at a later date. All encounters with these participants are of value to the quit process. At each measurement interval, participants were offered a phone counseling session. Depending on the participant's circumstances and smoking status, counseling may have included affirmation of a participant's success and review of successful strategies; advice on handling slips; encouragement; or setting a new quit date and placing the participant in another class session or online program (in the event of relapse). Regular assessment of participant progress and needs helped participants at every stage and facilitated continuum of care. The post-clinic support groups meetings added in April 2020 also proved to be a useful surveillance tool of smoking status for former participants and referral to additional support as needed.

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

The FFS program helped eight participants quit smoking for 6 months in FY20. Many of these participants have stayed in contact with Suburban, and report being smoke free for a year or more. Thirteen other participants were educated on the quit process and were given the essential tools, skills and resources to aid their quit journey. Many of them continue to be in touch with Suburban staff: some are actively engaged in counseling, online cessation support, or planning to take a future class. Of the smoke-free participants, most have reported at least one important health benefit: reduced cough, more energy, better circulation, improved lung function, or better sleep. Another observed outcome is the creation of a new community. Throughout this year, we have directly observed that loneliness and isolation are key barriers to smoking cessation. While smoking was once a common social practice, today's smokers often struggle with being the "only one" smoking in their family or social network. They often feel judged or isolated. By creating a new community of support, we have helped these smokers find the courage, camaraderie and solidarity with others that gives them the strength to quit. Several of the participants stay connected through social media or phone. An exciting example of this new community is the "panel of former smokers" during the fourth session, or "Quit Day." Suburban Hospital engages successful former participants as guest panelists for these sessions. Panelists offered uniquely empathetic support and helpful tips, which are invaluable to participants. They have helped turn the stressful, frightening experience of giving up a powerfully addictive substance, which many describe as an "old friend," into a bold and transformative moment in participants' lives. Likewise, engaging as a panelist improved self-esteem and encouraged ongoing cessation for our panelists. These "quit day" gatherings easily converted to the Zoom platform and were every bit as effective during the pandemic. Another example of an enhanced support community is the addition of post-clinic Zoom support group meetings, formed at the request of both recent and long-term program graduates. Many of whom expressed concern about COVID-19 related isolation, stress, job loss, fear of relapse, and fear of elevated risk of complications from COVID-19 due to personal history of smoking. These meetings provided the essential tools of support and accountability, while also allowing Suburban staff to observe and address problems in real-time. Another outcome is through the connection of smokers to resources and other healthcare services. Suburban's Community Health and Wellness (CHW) team works collaboratively across many areas of community health. During this fiscal year, hospital staff have helped refer FFS participants to free or low-cost health behavior classes, support groups, exercise classes, behavioral health services, and medical care. These community connections help reduce loneliness and provide important lifestyle changes that can help former smokers avoid relapse.

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

Q95. (Optional) Supplemental information for this initiative.

[Q95_Supplemental for Freedom From Smoking.pdf](#)
1.4MB
application/pdf

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

Q97. Name of initiative.

Senior Shape Exercise 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:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention
Other:

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input checked="" type="checkbox"/> Injury Prevention |
| <input type="checkbox"/> Access to Health Services: Outpatient Services | <input type="checkbox"/> Lesbian, Gay, Bisexual, and Transgender Health |
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Maternal and Infant Health |
| <input type="checkbox"/> Arthritis, Osteoporosis, and Chronic Back Conditions | <input 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 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 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?

05/01/2000

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 aging adult, ages 55 and over living in Montgomery County, MD.

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

104,599

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

Approximately 600 older adults in FY20.

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.

Suburban Hospital Community Health and Wellness division leads this initiative with support from Montgomery County Department of Recreation (Holiday Park Senior Center, Margaret Schweinhaut Senior Center, Benjamin Gaither Center, Clara Barton Community Center, Potomac Community Center, North Potomac Community Center, Jane E. Lawton Community Center, Wisconsin Place Community Center) Bethesda Regional Service Center (BRSC) and Parks and Recreation of Prince George's County (Gwendolyn Britt Community Center).

No.

Q107. Please describe the primary objective of the initiative.

The Senior Shape Exercise program is designed to improve and maintain balance, muscle strength, flexibility and cardiovascular health in the senior population while reducing social isolation and encouraging aging in place. While not identified in the CHNA, the following community health needs were addressed in this initiative: Disability and Health, Health-Related Quality of Life and Well-Being, Nutrition and Weight Status, Older Adults and Physical Activity.

Q108. Please describe how the initiative is delivered.

The Senior Shape Exercise program is an instructor-guided group fitness classes where participants engaged in a series of low-impact aerobic exercises to strengthen their cardiovascular endurance and improve the body's strength and endurance. The classes are ongoing throughout the year and are held 1-2 times per week at community and senior centers throughout Montgomery County, MD. In April 2020, all Senior Shape classes migrated to the Zoom platform as the community and senior centers closed due to the COVID-19 pandemic. All 23 classes met on their regular scheduled day and time, with approximately 400 seniors logging on each week. Senior Shape participants pays a small nominal fee every three months for the classes.

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

Count of participants/encounters

All participants must register for each 12-week session. Attendance is taken at each class.

Other process/implementation measures (e.g. number of items distributed)

Surveys of participants

Annual qualitative surveys on level of satisfaction with the class, instructors, testimony of improved health outcomes as well as number of ED visits and hospitalizations per year. The most recent survey was sent out in the Fall of 2019.

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

Suburban Hospital holds an annual pre and post fitness assessments designed to test the Senior Shape member's balance, strength, flexibility and endurance against national data through 4 exercises, during class time. The assessment included the Chair Sit and Reach, Arm Curl, 2 Minute Step in Place and the Chair Stand. The most recent assessment was held in the Winter of 2019.

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

Fitness assessments were held at seven of the 10 community centers in Montgomery County in the winter of 2019. The assessment included the Chair Sit and Reach, Arm Curl, 2 Minute Step in Place and the Chair Stand. Each participant self-reports the number of exercises that can be completed within 30 seconds except for the 2-minute Step in Place. Based on the pre and post fitness assessments results, a majority of the participants were able to meet or exceed the national standard for their age range in the exercises testing for balancing, strength, endurance and flexibility. Detailed results of the fitness assessments conducted in Montgomery County during FY20 can be found in the attachment under Final Senior Shape Report. In the most recent qualitative survey, sent out in the fall of 2019, fifty percent of the participants who responded "strongly agreed" that the program has improved their quality of life, flexibility, range of motion and overall health and wellbeing. Three questions were added on the qualitative survey with a focus of ED utilization. These questions will serve as a baseline for future assessments in order to determine the rate of hospitalization in relation to the Senior Shape program. Of the 140 respondents, 122 individuals had not been admitted to a hospital for one night or more in the past twelve months. Of the 140 respondents, nine individuals responded that they were admitted one night in the hospital in the past 12 months. In response to the question, "How many total nights did you spend in the hospital in the past 12 months?", one person had spent 3 total nights in the hospital, 6 people spent 1 night, and 2 people spent 2 nights.

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

According to the Centers for Disease Control & Prevention, falls are the major cause of preventable death among older adults. Each year, 2.8 million older adults are treated in emergency departments for fall-related injuries. More than one out of four adults aged 65 and older fall each year, making this the leading cause of injury and injury death for this age group. Furthermore, after a fall, an individual is twice as likely to fall again. The Senior Shape Exercise Program aims to increase balance, strength and flexibility, enabling older adults to avoid falls and improve strength to reduce recovery time from a fall. Cardiovascular disease (CVD) is the leading cause of death in Maryland and the US. CVD can affect both men and women, without regard to ethnicity, race or socioeconomic status. Inactivity is one of several risk factors related to CVD. The group fitness classes offered through the Senior Shape Exercise program allows seniors to exercise at least 45 minutes a week, multiple times per week, with low to high impact aerobics and weight training, addressing one of the risk factors to developing this disease. In addition to preventing falls and CVD, Senior Shape also results in positive mental health benefits reducing social isolation, a risk factor for high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, and even death. The Senior Shape participants meet regularly for their scheduled classes in local community and senior centers once or twice a week. Many of these participants have attended the classes consistently for many years. Through this program, they are developing friendships and regular social connection with their peers and classmates. Many participants have organized carpooling to the classes, check in on each other when there is an injury or sickness, or meet regularly for social outings outside of class. Many current members have been referred through word of mouth, friends or neighbors who also take the class. A long-time participant stated, "...All the people I met since the pandemic are from your classes. We all are cautious, but meet for birthdays, are running errands for each other when one is incapacitated, etc. It is wonderful. With several (classes), I am in daily contact. You are doing a tremendous social service, keeping us from loneliness."

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

o Licensed Exercise Instructor Fees: \$77,280.00 o Fitness Assessments: \$105.60 o Parking fees for instructors \$12.00 / year Total: \$77,397.60

Q113. (Optional) Supplemental information for this initiative.

[Q113_Final Senior Shape Report 2020.pdf](#)
1.4MB
application/pdf

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

Q115. Name of initiative.

Diabetes Self-Management Program (DSMP)

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

- Yes
 No

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

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

- | | |
|---|---|
| <input type="checkbox"/> Access to Health Services: Health Insurance | <input checked="" type="checkbox"/> Heart Disease and Stroke |
| <input type="checkbox"/> Access to Health Services: Practicing PCPs | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input 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 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 type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Respiratory Diseases |

- 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
- 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)

Q118. When did this initiative begin?

Suburban Hospital has been operating the Diabetes Self-Management Program (DSMP) program since the fall of FY18. In FY20, one workshop was held in the fall of 2019.

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 DSMP workshops target adults living with Type 2 Diabetes. This program is available in English or Spanish. The program is offered free of cost to participants. The workshop held in October of FY20 specifically targeted uninsured Spanish-speaking adults living with type 2 diabetes in Montgomery County and had not demonstrated improvement in their A1C within the past six months to a year before being enrolled in the workshop. We seek to direct resources to serve individuals with the highest need and greatest potential for improvement through this approach. Montgomery County has the third-highest diabetes disease burden in Maryland. According to the U.S. Centers for Disease Control and Prevention, approximately 60,000 Montgomery County residents, or 5.7 percent of the population, have diabetes. Furthermore, residents from zip code 20906 (Aspen Hill/Wheaton) in Montgomery County are most likely to be admitted to a hospital due to uncontrolled diabetes.

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

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

Due to COVID-19, this program was implemented only during the fall of FY20 and it reached 15 people.

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- Chronic condition-based intervention: treatment intervention
- Chronic condition-based intervention: prevention intervention
- Acute condition-based intervention: treatment intervention
- Acute condition-based intervention: prevention intervention
- Condition-agnostic treatment intervention
- Social determinants of health intervention
- Community engagement intervention
- Other. Please specify.

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

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

The Diabetes Self-Management Program (DSMP) is designed to be delivered in a community-based setting that is accessible to all. Since the initiative began in FY18, Suburban Hospital has been deliberant and thoughtful in collaborating with key community-based organizations that help facilitate access to programming. Partners in the past have included senior centers, low-income housing, community centers, safety-net clinics, and worksites. This formula has led to the successful implementation and positive outcomes of this program.

As we looked for opportunities to reach those in greatest need, data revealed that in Montgomery County residents from zip code 20906 are most likely to be hospitalized due to diabetes. Realizing that diabetes is not only a costly disease but results in disability and reduced life expectancy, it was essential to make the DSMP workshop available to residents in 20906.

The Catholic Charities Center (Archdiocese of Washington), which provides primary care services to adults and children who are low-income and uninsured, is located in Silver Spring, within the 20906 zip code. These factors qualified the Catholic Charities Center as the ideal partner for this initiative. In addition to helping to promote the program, Catholic Charities was instrumental in helping to recruit participants, and serving as the delivery site for the program.

- No.

Q125. Please describe the primary objective of the initiative.

Adequate diabetes management can delay or deter the onset of diabetes complications such as heart attacks, renal disease and nerve damage. In addition to medication, diabetes is managed through diet, exercise and self-monitoring. The American Diabetes Association recommends that all individuals receive diabetes self-management education and support. Diabetes self-management education has been demonstrated to be a cost-effective intervention in improving A1C by lowering the risk for diabetes-associated complications and improving lifestyle behaviors, among many other benefits. The hemoglobin A1C is a blood marker that provides information about a patient's blood sugar level over the previous two to three months. The goal for most adults living with diabetes is to maintain an A1C of less than 7%. This initiative had multiple objectives, including to: (1) provide patients with access to diabetes education and support; (2) promote positive lifestyle changes; (3) build confidence in the ability of patients to manage their diabetes; (4) reduce A1C values; (5) reduce health disparities; (6) remove access barriers, and (7) improve the quality of life in this population. While not identified in the CHNA, the following community needs were addressed in this initiative: Educational and Community-Based Programs, Health Literacy, Health-Related Quality of Life & Well-Being, Nutrition and Weight Status, Physical Activity, Sleep Health, Tobacco Use, Transportation, Other Social Determinants of Health and Other: Language Barriers.

Q126. Please describe how the initiative is delivered.

The Diabetes Self-Management Program (DSMP) is a six-week evidence-based workshop for people living with type 2 diabetes. Initially designed by Stanford University, this program helps people manage acute diabetes complications and builds their self-confidence to be able to manage their diabetes. This interactive workshop is delivered once a week, for 2.5 hours, for six consecutive weeks. During the six weeks, the program addresses healthy eating, appropriate use of medication, working effectively with health care providers, and provides techniques to deal with emotional problems and acute diabetes complications. Two trained peer leaders run the workshops in a small group format with 12-16 participants. The peer leaders are trained and certified to facilitate the workshop. The workshops are highly interactive and aim to build a strong network of support among participants. Participants are encouraged to participate in all six sessions, but participants only need to attend four sessions to complete the program. The program is offered at no cost. To reduce transportation barriers, the workshops are held in locations that are accessible to the target population. In the fall of 2019, Suburban Hospital partnered with the Catholic Charities Center to deliver an on-site workshop for patients and community members. The workshop was offered in Spanish to reduce language barriers, considering the Center's client demographics and those of the community residing in zip code 20906, the workshop was offered in Spanish. Before offering the workshop, Catholic Charities and Suburban Hospital surveyed potential participants to inquire about the best time for program delivery. Based on feedback, the program was offered Wednesdays at 6:00 PM. Given the length and timing of the program, it was important to provide refreshments for participants. To further reduce any obstacles and foster a positive learning environment, free childcare was offered.

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

- Count of participants/encounters To be effective, this evidence-based program requires 12-16 participants. A total of 15 individuals participated in the Fall 2019 cohort.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants A pre/post survey is distributed to assess participant's knowledge gained, measure behavior change, and obtain program feedback.
- Biophysical health indicators Participants' Hemoglobin A1C data was collected before and after the workshop completion. Out of the total number of participants, 12 or 81% of participants demonstrated an improvement in their A1C. There was a correlation between attendance and A1C reduction: the more sessions a participant attended the bigger the improvement. It is important to note that even those individuals who did not complete the program received some health benefit from the program. The final reduction in A1Cs of the participants ranged from 0.4% to 4.9%.
- 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).

DSMP allowed us to create access to diabetes education and support for a population that faces multiple challenges when accessing health services. The observed reduction in A1C values and self-reported data are evidence of participants' willingness to apply knowledge and skills gained from the workshop. During the last session, as part of the celebration, one of the participants prepared a tasty dish utilizing cauliflower instead of rice. This example and many others, demonstrate the empowerment of participants to make self-management decisions that are vital for living and coping with diabetes. Even several months after the program's implementation, Catholic Charities Center providers reported seeing a change in participants' attitude and continued to receive positive feedback about the program. Provided in continuation is a summary analysis of the pre/post survey results: The pre-test survey indicates that all have Type 2 Diabetes. The pre-test survey indicates that 17% of participants were diagnosed with diabetes less than one year ago, and 83% of all participants had been diagnosed four or more years ago. The pre-test survey indicates that 50% of participants had attended a course managing diabetes, and 50% of participants had never attended a diabetes course before. The pre-test survey indicates that in addition to diabetes, 33% of participants reported having high cholesterol. 67% of participants reported having high blood pressure, and 17% of participants reported having no other diseases. 33% had both elevated cholesterol and high blood pressure, in addition to diabetes. The pre-test survey indicates that 67% of participants reported that exercise reduces blood sugar, whereas 33% of participants reported that they did not know how exercise affects blood sugar. Once the workshop was completed, the post-test survey indicated that 100% of participants answered the question correctly concerning how exercise affects blood sugar. The pre-test survey indicated that 50% of participants reported that the best way to take care of feet is to check and wash them every day, 17% of participants reported buying a larger shoe size, and 33% of participants did not know which method was the best way to take care of feet. After the post-test survey, 17% of participants indicated that the best way to take care of feet is to soak them every day, and 83% indicated buying a larger shoe size. The pre-test survey indicates that 67% of participants knew that a retinal exam was an exam of the eyes, whereas 33% of participants did not know what a retinal exam is. After the post-test survey, 100% of participants answered the question correctly. This indicated that there was a knowledge increase once the workshop was conducted. The pre-test survey indicates that 83% of participants reported that carbohydrates break down into glucose in the body, and 17% of participants did not know the answer. Once the post-test survey was completed, 100% of participants answered the question correctly and knew carbohydrates break down into glucose. This indicates that there was a knowledge increase once the workshop was conducted. The pre-test survey indicates that within the last week before taking the survey, 33% of participants reported never feeling overwhelmed, 17% of participants reported feeling almost never overwhelmed, and 50% reported feeling sometimes overwhelmed. Once the post-test survey was completed, 17% of participants reported never feeling overwhelmed, 50% of participants reported seldom feeling overwhelmed, and 33% of participants reported only sometimes feeling overwhelmed. The pre-test survey indicates that there was 100% confidence in asking their doctor questions about their treatment plan. No change in response was observed in the post-test surveys. The pre-test survey indicated that 67% of participants reported that they could make a plan with goals to control their diabetes, whereas 33% of participants answered "maybe." From the post-test survey, 100% of participants reported being able to make a plan to help control their diabetes. When the workshop was completed, there was a 49% increase in participants' knowledge and confidence in creating a plan. The pre-test survey suggested that 17% of participants reported eating three or more servings of vegetables low in carbohydrates twice a week, 33% of participants reported eating the serving three times a week, 17% of participants reported eating the serving four times a week, and 33% of participants reported eating the serving five times a week. There was a 103% increase in participants who ate three or more servings three times a week, a 48% decrease in participants who ate the servings five times a week, and no change in participants who ate the serving four times a week. The pre-test survey indicated that 33% of participants performed at least thirty minutes of exercise three times a week, 50% of participants had exercised five times a week, and 17% of participants did not answer the question. Once the post-test survey was completed, there was a 52% increase in participants who performed at least 30 minutes of exercise three times a week, a 17% increase in participants who exercised four times a week, and a 34% decrease in participants who exercised five times a week. The pre-test survey indicated that 17% of participants reported testing their blood sugar two times in a week? 33% of participants reported checking five times, 17% of participants reported checking six times, and 33% of participants reported checking seven times. Once the post-test survey was completed, 17% of participants reported checking their blood sugar four times a week, while there was no change in percentage in other numbers. The pre-test survey indicated that 100% of participants took their diabetes medication as ordered by their doctor. The pre-test survey indicated that 17% of participants reported not checking their feet within the last week prior to completing the survey, 17% of participants reported checking their feet one time, 17% of participants reported checking their feet five times, and 50% of participants reported checking their feet seven times. After the post-test survey was conducted, there was a 17% increase in participants who checked their feet six times a week, and a 34% increase in participants who check their feet seven times a week. The post-test survey indicates that 50% of participants reported liking the content of the workshops, and 50% of participants reported liking the support they receive from peers. Two participants (33%) also indicated they liked the presenter of the workshop in addition to content and support. The post-test survey indicated that 50% of participants reported a change in diet after participation in the program, 33% of participants reported an increase in exercise, and 17% of participants did not answer the question. The post-test survey indicated that 100% of participants rated the program as excellent. The post-test survey indicated that for future workshops, 17% of participants would like to see more programs, 33% of participants would like nutrition education, 33% of participants answered "other", and 17% of participants did not answer the question.

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

Uncontrolled diabetes can lead to missed days of work and hospitalization. Also, uncontrolled diabetes can lead to the early onset of chronic diabetes complications such as heart disease, stroke, retinopathy, etc. It is no wonder that diabetes is listed among the top leading causes of morbidity and mortality in Montgomery County. This initiative helps improve the health status of the target population by empowering participants with education, providing the support that builds their self-efficacy, eliminating barriers (i.e. transportation, language, cost, time), and providing tools people living with diabetes need to thrive and properly manage their disease.

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

Facilitators: \$750.00 Supplies (books): \$921.00 Refreshments: \$193.18 Administrative: \$8,000 Total: \$9,864.18 Cost per person: \$657.61

Q131. (Optional) Supplemental information for this initiative.

[Q131. Diabetes Supplemental Information.pdf](#)
636KB
application/pdf

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.

[Q134. FY20 Community Health & Wellness Initiatives and Cardiovascular Outreach in Southern Maryland.pdf](#)
1.9MB
application/pdf

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

- Yes
 No

Q136. In your most recently completed CHNA, the following community health needs were identified:

**Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention
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	<input type="radio"/>	<input checked="" type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input type="radio"/>
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	<input checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input type="radio"/>

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

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify.

Urology, Cardiology, Gastroenterology, Anesthesiology, Ophthalmology, Vascular

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians

As a state-designated regional trauma center for Montgomery County and the surrounding Washington DC Metropolitan area, Suburban Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the Hospital. Physicians from Bethesda Emergency Associates staff the Hospital's active Emergency Department, treating over 40,000 life-threatening and non-life-threatening patients in FY2020 including, approximately 1,200 trauma patients. In FY2020, the Hospital contributed \$1,225,816 in Trauma On Call Coverage and \$274,201 in Emergency Room Coverage.

Non-Resident House Staff and Hospitalists

The Hospital staffs a team of hospitalists and intensivists to provide primary care for patients, working collaboratively alongside specialists and patients' primary care physician. In addition, the Johns Hopkins's Cardiothoracic Surgery Program at Suburban Hospital provides specialty cardiac care with three cardiothoracic surgeons. In total, the Hospital supported \$9,075,433 for these hospital-based physicians. With the rising costs of healthcare for patients living with diabetes, the Hospital recognizes the need for specialty care and offers a diabetes management service for inpatients with diabetes or at risk of developing diabetes. Directed by Dr. Mihail Zilbermint, Director of Endocrinology, Diabetes, and Metabolism Care at Suburban Hospital, the goal of the service is to improve the care of patients living with diabetes and decrease length of stay.

Coverage of Emergency Department Call

See above, under Hospital-based Physicians.

Physician Provision of Financial Assistance

Suburban Hospital supports the efforts of community physicians who are willing to provide a sliding scale fee for patients unable to pay for service on an as-needed basis. In addition, Suburban Hospital supports partnership efforts between community physicians and organizations such as the Primary Care Coalition and Catholic Charities of the Archdiocese of Washington.

Physician Recruitment to Meet Community Need

Since diabetes continues to be one of the top twenty conditions among readmissions at Suburban Hospital, the Endocrinology, Diabetes, and Metabolism Care program at Suburban Hospital was established and overseen by Dr. Mihail Zilbermint. Furthermore, due to the high percentage of patient readmissions with infections, specifically septicemia, we expanded the scope and relied on the expertise of Dr. S. Sonia Qasba who is the Hospital Epidemiologist and Medical Director of Antimicrobial Stewardship. Dr. Qasba's role was impacted further to manage and mitigate the COVID-19 pandemic.

Other (provide detail of any subsidy not listed above)

ENT On Call, OB/GYN On Call, Behavioral Health On Call, Urology On Call, Cardiology On Call, Gastroenterology On Call, Anesthesiology On Call, Ophthalmology, Stroke On Call, Vascular On Call, Emergency Room On Call

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?

As the population ages, so too does the medical profession. The effects increase the demand for both primary and specialty medical providers. The top ten medical specialties that are in shortage include: Family Medicine; Psychiatry, Internal Medicine; Obstetrics/Gynecology, Hospitalists, Emergency Medicine, Dermatology and Radiology. In addition to medical doctors, there is a shortage of specialty nurse practitioners and physician assistants. Suburban Hospital is committed to expanding access to primary care for the uninsured. To meet this need, the hospital collaborates with local health partners such as Montgomery Cares, Project Access, Primary Care Coalition, Catholic Charities, Mobile Medical Care, Clinica Proyecto Salud., the National Heart, Blood, and Lung Institute (NHBLI), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), community cardiologists and orthopedic surgeons to provide much-needed specialty care, especially for those living with chronic disease. Example 1: Since 2007, the MobileMed/NIH Heart Clinic at Suburban Hospital has provided expert care to over 3,700 patients and conducted multiple open-heart surgeries at no charge to the patient. This weekly clinic exists to close the gaps for uninsured and underinsured individuals who urgently need specialty inpatient cardiac care and are run in partnership with NHLBI and Mobile Medical Care. The clinic runs year-round, and is proud to have kept its doors open for nine months of FY20 throughout the coronavirus pandemic, meeting all safety precautions to re-open by early FY21. Referred from safety-net clinics in the County operated by MobileMed, each patient is evaluated by a Suburban Hospital cardiologist and clinical staff from the NIH or NHBLI. In addition to coordinating the cardiologists and nurses who volunteer their time and services, Suburban absorbs all costs associated with free specialty cardiovascular diagnostic tests, laboratory services, and medical examinations. Example 2: A weekly specialty endocrine clinic in partnership with Mobile Medical Care and NIDDK for ten years. Staff from Suburban Hospital, NIDDK and MobileMed have volunteered their time once a week by providing diagnostic tests, laboratory services and free medical examinations, treated over 2,000 patients since 2010. Monthly, patients also has the opportunity to meet one-on-one with a registered dietitian to review individual nutrition plans and examine challenges with dietary restraints. Like the heart clinic, Suburban Hospital absorbs all costs. Example 3: Suburban Hospital also provides financial support to several other safety-net clinics in Montgomery County to support primary care initiatives. In-kind support is provided to Mobile Medical and Clinica Proyecto Salud for diagnostics and laboratory testing. The hospital also provides specialized care to the patients of Catholic Charities of Washington DC through a no-cost referral agreement.

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

Q145. Section VI - Financial Assistance Policy (FAP)

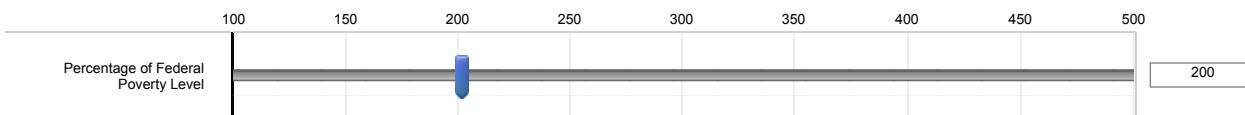
Q146. Upload a copy of your hospital's financial assistance policy.

[JHM Financial Assistance Policy.pdf](#)
165.5KB
application/pdf

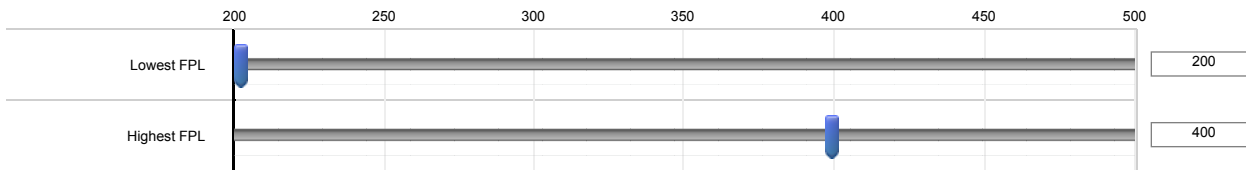
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[JHM-Patient-Billing-Financial-Assistance-Information-Sheet-Plain-Language-Summary-February-2020.pdf](#)
99.4KB
application/pdf

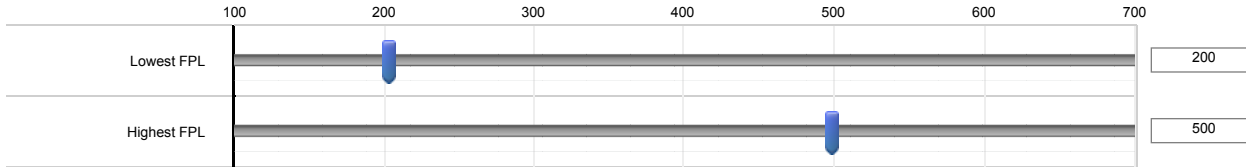
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



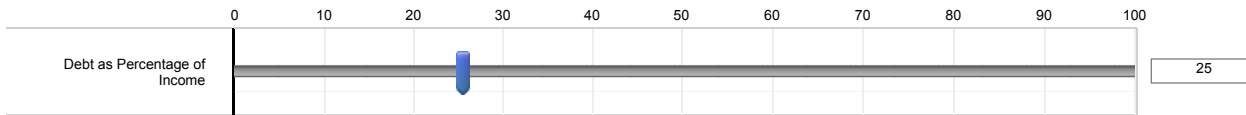
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

Changes to the Financial Assistance policy were updated in accordance of Hospital wide financial policy provisions and updated in accordance of federal poverty guidelines of financial assistance sliding fee grid calculations.

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

Suburban Hospital's Financial Assistance Policy and Billing and Financial Assistance Information Sheet are available in several different languages including English, Chinese, Farsi, French, Japanese, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese which expands access and equity to our culturally and linguistically diverse community.

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

[JHM-Patient-Billing-Financial-Assistance-Information-Sheet-Plain-Language-Summary-February-2020-Spanish.pdf](#)
204.1KB
application/pdf

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: ([39.037002563477, -77.041198730469](#))

Source: GeolIP Estimation



From: [Hilltop HCB Help Account](#)
To: msanfuentes@jhmi.edu
Cc: [Hilltop HCB Help Account](#)
Subject: HCB Narrative Report Clarification - Suburban
Date: Wednesday, May 26, 2021 9:10:57 AM
Attachments: [Suburban_HCBNarrative_FY2020_20210401.pdf](#)

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for Suburban Hospital. In reviewing the narrative, we encountered a few items that require clarification:

- In Question 61 on page 13 of the attached, the category of “Community Benefit Staff (facility level)” had a number of tasks selected, but also had “N/A – Position or Department does not exist.” Please confirm that this “N/A” was selected in error.
- In Question 142 on page 32, please provide an explanation of “why the services would not otherwise be available to meet patient demand” for the following physician subsidies listed under “Other (provide detail of any subsidy not listed above).”
 - ENT On Call
 - OB/GYN On Call
 - Behavioral Health On Call
 - Urology On Call
 - Cardiology On Call,
 - Gastroenterology On Call
 - Anesthesiology On Call
 - Ophthalmology
 - Stroke On Call
 - Vascular On Call
 - Emergency Room On Call

Please provide your clarifying answers as a response to this message.

From: [Monique Sanfuentes](#)
To: [Hilltop HCB Help Account](#)
Cc: [Sunil Vasudevan](#)
Subject: HCB Narrative Report Clarification - Suburban
Date: Monday, July 19, 2021 1:45:11 PM
Importance: High

[Report This Email](#)

Good Afternoon Hilltop,

Please find the clarification response for the FY21 narrative as requested. We are happy to provide additional details if needed.

Kind regards,

Monique Sanfuentes

Thank you for submitting the FY 2020 Hospital Community Benefit Narrative report for Suburban Hospital. In reviewing the narrative, we encountered a few items that require clarification:

- In Question 61 on page 13 of the attached, the category of “Community Benefit Staff (facility level)” had a number of tasks selected, but also had “N/A – Position or Department does not exist.” Please confirm that this “N/A” was selected in error.

“Mis-Click” the “N/A -Position or Department does not exist” box was selected in error. This was an oversight on our part. Thank you again for bringing this to our attention.

- In Question 142 on page 32, please provide an explanation of “why the services would not otherwise be available to meet patient demand” for the following physician subsidies listed under “Other (provide detail of any subsidy not listed above).”
 - ENT On Call
 - OB/GYN On Call
 - Behavioral Health On Call
 - Urology On Call
 - Cardiology On Call,
 - Gastroenterology On Call
 - Anesthesiology On Call
 - Ophthalmology
 - Stroke On Call
 - Vascular On Call
 - Emergency Room On Call

As the only designated Trauma II Hospital in Montgomery County, Suburban treats approximately 45,000 visits per year. As a result, complex cases involving motor vehicle, occupation health accidents as well as stroke, cardiovascular disease, psychiatric and neurological require an unusually high-volume of specialist to be available 24/7. The trauma team utilizes specially trained, around-the-clock medical staff for treating life-threatening conditions and serious illnesses. Furthermore, as a

designated primary stroke center in Montgomery County, Suburban Hospital has a multidisciplinary stroke team who is on-call 24 hours to treat those who are having a stroke in a timely manner to ensure optimal recovery and life-saving measures.

Please provide your clarifying answers as a response to this message.

Community Benefit Report Suburban Hospital

Primary Service Area



JOHNS HOPKINS
M E D I C I N E

Prepared by:

JHM Planning and Market Analysis
October 20, 2020

This information was developed exclusively for planning and quality improvement purposes and shall not be used, directly or indirectly, to determine physician compensation, or any other monetary or non-monetary benefit to a physician or physician owned entity. Additionally, any information related to past or anticipated referrals may not be used to determine a physician's/physician group's participation in a shared savings, gain sharing, or other program, including, but not limited to the provision of Electronic Health Records items or services. If you have any questions please contact the JHHS Legal Department.

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JOHNS HOPKINS
M E D I C I N E

Suburban Hospital
Primary Service Area
FY 2019 Q2-Q4, FY 2020 Q1
Source: HSCRC, IBM Watson Health
Includes Newborns

Zip Code	Zip City	Suburban Discharges	Suburban Market Share	All Hospital Discharges	Suburban Discharges from Zip Code as a % of all Suburban Discharges**
20015	Washington	84	6.9%	1,212	0.6%
20016	Washington	95	4.5%	2,093	0.7%
20814	Bethesda	971	44.8%	2,168	7.3%
20815	Chevy Chase	655	29.2%	2,242	4.9%
20816	Bethesda	207	21.0%	985	1.6%
20817	Bethesda	994	41.5%	2,393	7.5%
20850	Rockville	518	13.8%	3,742	3.9%
20851	Rockville	225	18.5%	1,216	1.7%
20852	Rockville	1,294	36.2%	3,579	9.7%
20853	Rockville	265	10.5%	2,519	2.0%
20854	Potomac	1,051	33.6%	3,126	7.9%
20874	Germantown	242	5.1%	4,775	1.8%
20877	Gaithersburg	169	4.9%	3,471	1.3%
20878	Gaithersburg	263	6.3%	4,195	2.0%
20879	Gaithersburg	114	5.5%	2,080	0.9%
20886	Montgomery Village	155	5.0%	3,120	1.2%
20895	Kensington	462	30.3%	1,526	3.5%
20901	Silver Spring	168	5.8%	2,892	1.3%
20902	Silver Spring	423	9.8%	4,302	3.2%
20904	Silver Spring	214	4.0%	5,365	1.6%
20906	Silver Spring	583	8.1%	7,168	4.4%
20910	Silver Spring	313	9.3%	3,361	2.4%
Total		9,465	14.0%	67,530	71.1%

*Includes Maryland, DC, Pennsylvania, and Northern VA Hospitals (Source: HSCRC and IBM Watson Health)

**Suburban had 13,307 discharges between FY 2019 Q2 and FY 20 Q1

Suburban Hospital Primary Service Area



2020 Insurance Coverage Estimates by Zip Code and Payor Type
Area: Suburban Hospital PSA

Insurance Coverage Estimates								
Zip Code	Zip City	Commercial	Medicaid	Medicare	Other Insured	Uninsured	Veterans	Total Households
20015	Washington	5,037	361	2,364	240	137	194	8,333
20016	Washington	11,623	933	4,036	381	382	386	17,741
20814	Bethesda	10,933	649	3,583	411	424	463	16,463
20815	Chevy Chase	9,138	651	4,373	514	266	373	15,315
20816	Bethesda	4,367	225	2,333	279	114	195	7,513
20817	Bethesda	8,947	452	4,850	596	214	403	15,462
20850	Rockville	15,449	1,019	4,910	565	688	699	23,330
20851	Rockville	3,488	279	1,008	109	182	183	5,249
20852	Rockville	15,972	1,347	5,215	572	894	772	24,772
20853	Rockville	6,649	409	3,038	364	218	325	11,003
20854	Potomac	11,097	529	6,694	820	238	528	19,906
20874	Germantown	17,182	1,509	4,089	511	1,093	844	25,228
20876	Germantown	6,413	550	1,408	173	424	299	9,267
20877	Gaithersburg	8,522	1,121	2,779	283	798	515	14,018
20878	Gaithersburg	17,867	1,202	5,463	634	807	769	26,742
20879	Gaithersburg	6,802	551	1,971	234	391	340	10,289
20886	Montgomery Village	8,483	939	2,529	287	661	469	13,368
20895	Kensington	5,349	297	2,194	255	160	242	8,497
20901	Silver Spring	9,594	966	2,888	296	483	421	14,648
20902	Silver Spring	12,568	1,313	3,979	415	803	631	19,709
20904	Silver Spring	13,849	1,810	5,729	609	1,026	788	23,811
20906	Silver Spring	15,850	1,905	8,097	813	1,122	990	28,777
20910	Silver Spring	14,881	2,065	4,271	390	792	540	22,939
Total Households		240,060	21,082	87,801	9,751	12,317	11,369	382,380

Source: Sg2 Insurance Coverage Estimates

2020 Demographic Snapshots
Area: Suburban Hospital PSA

DEMOGRAPHIC CHARACTERISTICS

			2020	2025	Population Change	% Change
2020 Total Population	910,861	Male Population	437,291	454,086	16,795	3.8%
2025 Total Population	944,565	Female Population	473,570	490,479	16,909	3.6%
Population Change	33,704					
% Change 2020 - 2025	3.7%					

Age Distribution

Age Group	Distribution	
	2020 Population	% of Total
0-4	56,728	6.2%
5-9	57,552	6.3%
10-14	58,200	6.4%
15-17	34,339	3.8%
18-19	22,897	2.5%
20	10,752	1.2%
21	10,493	1.2%
22-24	31,505	3.5%
25-29	52,586	5.8%
30-34	59,638	6.5%
35-39	64,185	7.0%
40-44	62,418	6.9%
45-49	61,528	6.8%
50-54	61,991	6.8%
55-59	60,028	6.6%
60-61	23,567	2.6%
62-64	32,322	3.5%
65-66	20,368	2.2%
67-69	27,571	3.0%
70-74	36,802	4.0%
75-79	26,167	2.9%
80-84	17,239	1.9%
85-Up	21,985	2.4%
Total	910,861	100.0%

Education Level Distribution

Education Level	Distribution	
	2020 Pop Age 25+	% of Total
No Schooling Completed	10,039	1.6%
Nursery - 4th Grade	6,671	1.1%
5th - 6th Grade	8,225	1.3%
7th - 8th Grade	5,973	1.0%
9th Grade	5,937	0.9%
10th Grade	4,098	0.7%
11th Grade	4,685	0.7%
12th Grade - No Diploma	9,023	1.4%
High School Graduate	82,233	13.1%
Some College <1 Year	20,417	3.2%
Some College >1 Year No Degree	59,886	9.5%
Associates Degree	32,538	5.2%
Professional Degree	43,164	6.9%
Bachelors Degree	169,454	27.0%
Masters Degree	125,505	20.0%
Doctorate Degree	40,552	6.5%
Total	628,400	100.0%

Household Income Distribution

Income	Distribution	
	2020 Households	% of Total
< \$10,000	12,292	3.6%
\$10,000 - \$14,999	5,784	1.7%
\$15,000 - \$19,999	6,047	1.8%
\$20,000 - \$24,999	6,998	2.0%
\$25,000 - \$29,999	7,716	2.2%
\$30,000 - \$34,999	8,134	2.4%
\$35,000 - \$39,999	8,107	2.4%
\$40,000 - \$44,999	7,893	2.3%
\$45,000 - \$49,999	8,630	2.5%
\$50,000 - \$59,999	17,558	5.1%
\$60,000 - \$74,999	25,926	7.5%
\$75,000 - \$99,999	39,697	11.6%
\$100,000 - \$124,999	35,720	10.4%
\$125,000 - \$149,999	28,334	8.2%
\$150,000 - \$199,999	39,941	11.6%
\$200,000+	84,776	24.7%
Total	343,553	100.0%

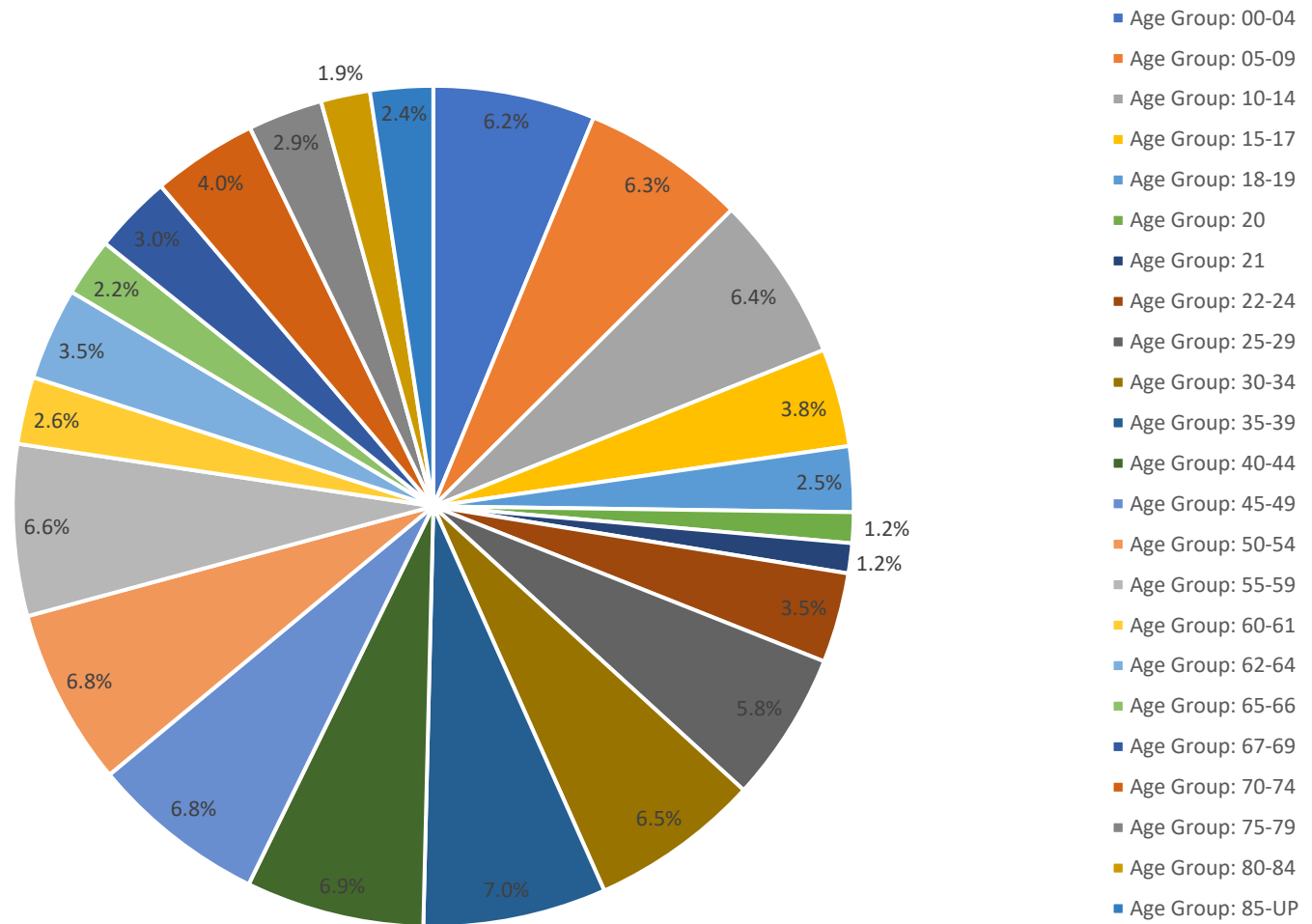
Race/Ethnicity Distribution

Race	Distribution	
	2020 Population	% of Total
American Indian / Alaska Native	3,741	0.4%
Asian	137,423	15.1%
Black / African American	165,854	18.2%
Multiple Races	42,083	4.6%
Native Hawaiian Isl / Pacific Isl	474	0.1%
Other	76,135	8.4%
White	485,151	53.3%
Total	910,861	100.0%

Ethnicity	Distribution	
	2020 Population	% of Total
Hispanic (Any Race)	190,515	20.9%
Non-Hispanic (Any Race)	720,346	79.1%
Total	910,861	100.0%

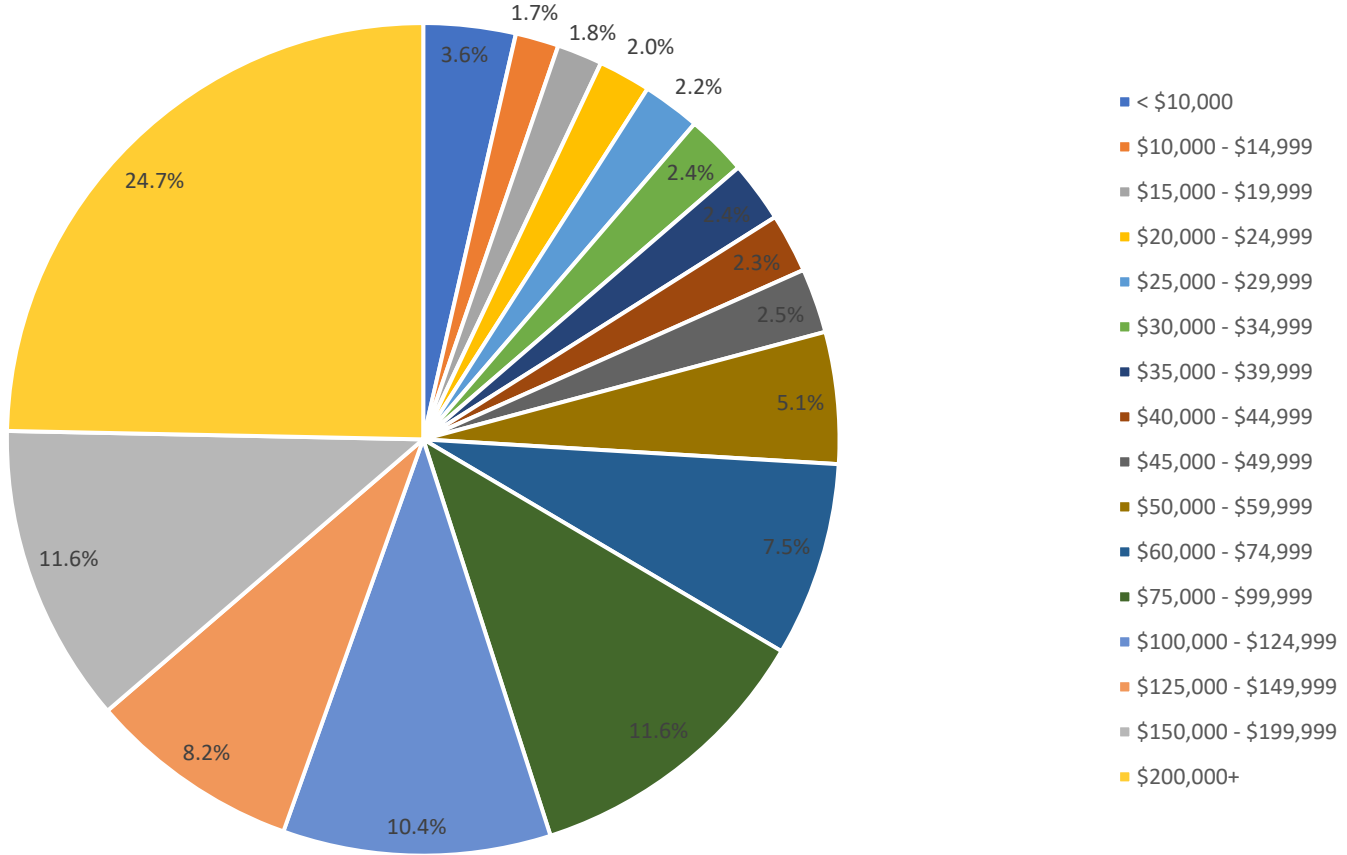
Source: Sg2 Market Demographics Tool

Population Distribution by Age Group Area: Suburban Hospital PSA



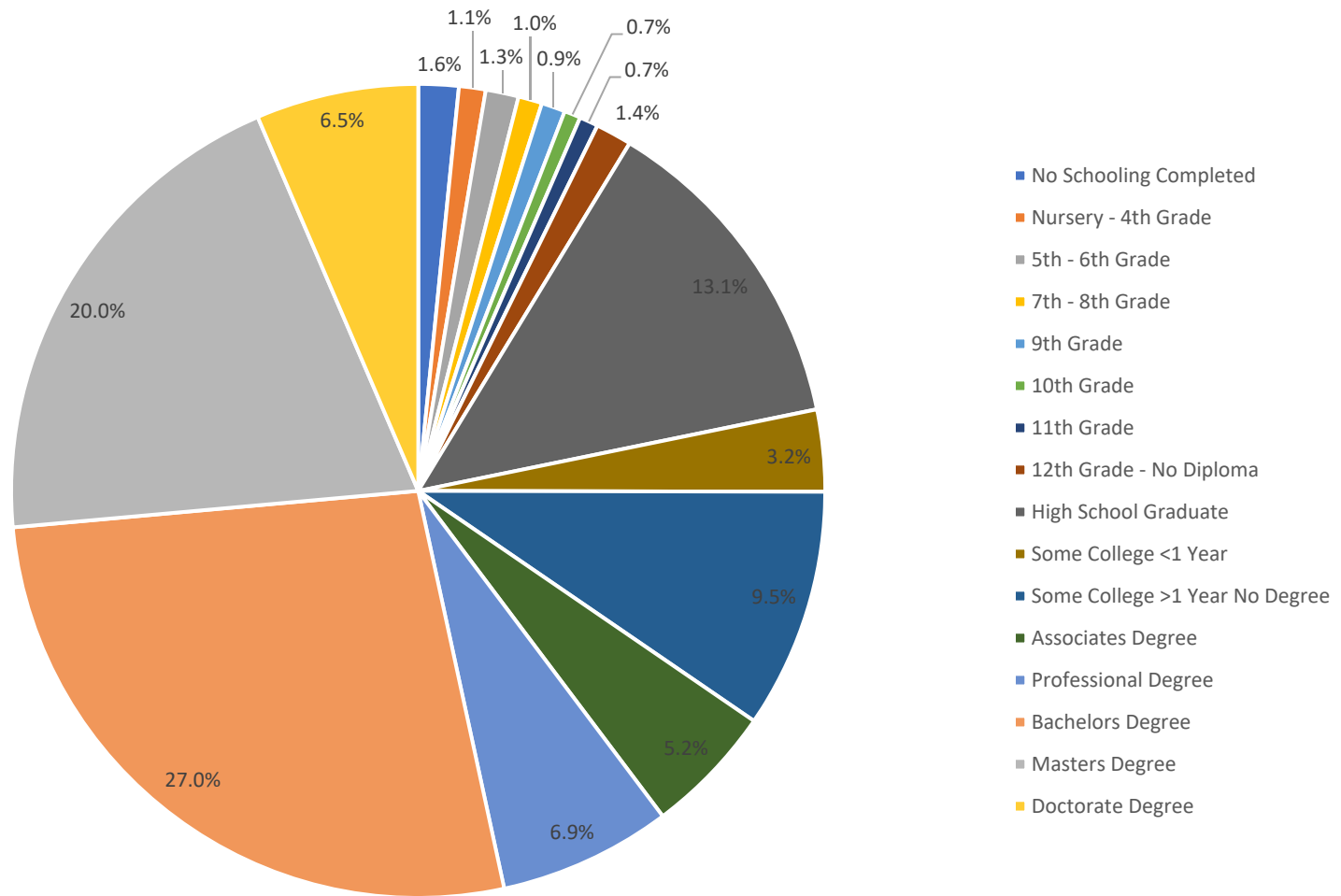
Source: Sg2 Market Demographics Tool

Current Households by Income Group
 Area: Suburban Hospital PSA



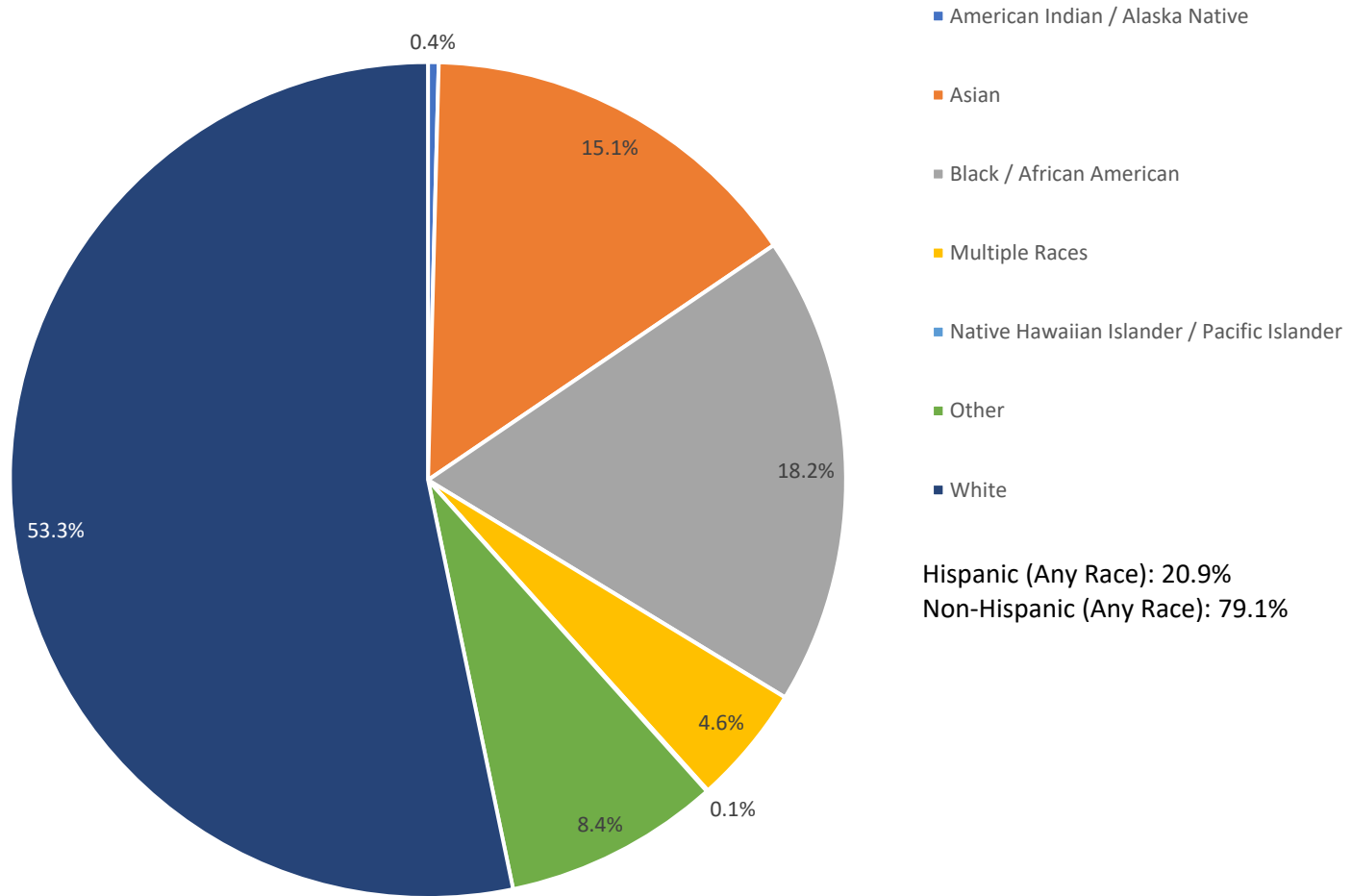
Source: Sg2 Market Demographics Tool

Population Age 25+ by Education Level Area: Suburban Hospital PSA



Source: Sg2 Market Demographics Tool

Population Distribution by Race and Ethnicity
Area: Suburban Hospital PSA



Source: Sg2 Market Demographics Tool

Community Benefit Report Suburban Hospital

Community Benefit Service Area



JOHNS HOPKINS
M E D I C I N E

Prepared by:

JHM Planning and Market Analysis
October 21, 2020

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JOHNS HOPKINS
M E D I C I N E

Suburban Hospital
Community Benefit Service Area
FY 2019 Q2-Q4, FY 2020 Q1
Source: HSCRC, IBM Watson Health
Includes Newborns

Zip Code	Zip City	Suburban Discharges	Suburban Market Share	All Hospital Discharges	Suburban Discharges from Zip Code as a % of all Suburban Discharges**
20814	Bethesda	971	44.8%	2,168	7.30%
20815	Chevy Chase	655	29.2%	2,242	4.92%
20816	Bethesda	207	21.0%	985	1.56%
20817	Bethesda	994	41.5%	2,393	7.47%
20850	Rockville	518	13.8%	3,742	3.89%
20851	Rockville	225	18.5%	1,216	1.69%
20852	Rockville	1,294	36.2%	3,579	9.72%
20853	Rockville	265	10.5%	2,519	1.99%
20854	Potomac	1,051	33.6%	3,126	7.90%
20895	Kensington	462	30.3%	1,526	3.47%
20902	Silver Spring	423	9.8%	4,302	3.18%
20904	Silver Spring	214	4.0%	5,365	1.61%
20906	Silver Spring	583	8.1%	7,168	4.38%
20910	Silver Spring	313	9.3%	3,361	2.35%
Total		8,175	18.7%	43,692	61.43%

*Includes Maryland, DC, Pennsylvania, and Northern VA Hospitals (Source: HSCRC and IBM Watson Health)

**Suburban had 13,307 discharges between FY 2019 Q2 and FY 20 Q1

Suburban Hospital Community Benefit Service Area



2020 Insurance Coverage Estimates by Zip Code and Payor Type
 Area: Suburban Hospital CBSA

Insurance Coverage Estimates								
Zip Code	Zip City	Commercial	Medicaid	Medicare	Other Insured	Uninsured	Veterans	Total Households
20814	Bethesda	10,933	649	3,583	411	424	463	16,463
20815	Chevy Chase	9,138	651	4,373	514	266	373	15,315
20816	Bethesda	4,367	225	2,333	279	114	195	7,513
20817	Bethesda	8,947	452	4,850	596	214	403	15,462
20850	Rockville	15,449	1,019	4,910	565	688	699	23,330
20851	Rockville	3,488	279	1,008	109	182	183	5,249
20852	Rockville	15,972	1,347	5,215	572	894	772	24,772
20853	Rockville	6,649	409	3,038	364	218	325	11,003
20854	Potomac	11,097	529	6,694	820	238	528	19,906
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20902	Silver Spring	12,568	1,313	3,979	415	803	631	19,709
20904	Silver Spring	13,849	1,810	5,729	609	1,026	788	23,811
20906	Silver Spring	15,850	1,905	8,097	813	1,122	990	28,777
20910	Silver Spring	14,881	2,065	4,271	390	792	540	22,939
Total Households		148,537	12,950	60,274	6,712	7,141	7,132	242,746

Source: Sg2 Insurance Coverage Estimates

2020 Demographic Snapshots
Area: Suburban Hospital CBSA

DEMOGRAPHIC CHARACTERISTICS

			2020	2025	Population Change	% Change
2020 Total Population	559,710	Male Population	267,761	277,305	9,544	3.60%
2025 Total Population	578,635	Female Population	291,949	301,330	9,381	3.20%
Population Change	18,925					
% Change 2020 - 2025	3.40%					

Age Distribution

Age Group	Distribution	
	2020 Population	% of Total
0-4	32,454	5.8%
5-9	33,275	5.9%
10-14	34,254	6.1%
15-17	20,819	3.7%
18-19	12,874	2.3%
20	6,342	1.1%
21	6,230	1.1%
22-24	19,035	3.4%
25-29	32,378	5.8%
30-34	35,333	6.3%
35-39	37,935	6.8%
40-44	36,694	6.6%
45-49	37,070	6.6%
50-54	37,669	6.7%
55-59	37,409	6.7%
60-61	14,926	2.7%
62-64	20,414	3.6%
65-66	13,212	2.4%
67-69	17,898	3.2%
70-74	24,708	4.4%
75-79	18,743	3.3%
80-84	13,108	2.3%
85-Up	16,930	3.0%
Total	559,710	100.0%

Education Level Distribution

Education Level	Distribution	
	2020 Pop Age 25+	% of Total
No Schooling Completed	6,071	1.5%
Nursery - 4th Grade	3661	0.9%
5th - 6th Grade	5081	1.3%
7th - 8th Grade	3,459	0.9%
9th Grade	3109	0.8%
10th Grade	2,405	0.6%
11th Grade	2,653	0.7%
12th Grade - No Diploma	5,103	1.3%
High School Graduate	49,152	12.5%
Some College <1 Year	12,082	3.1%
Some College >1 Year No Degree	36,351	9.2%
Associates Degree	18,803	4.8%
Professional Degree	31,681	8.0%
Bachelors Degree	106,758	27.1%
Masters Degree	80,890	20.5%
Doctorate Degree	27,182	6.9%
Total	394,441	100.0%

Household Income Distribution

Income	Distribution	
	2020 Households	% of Total
< \$10,000	7,288	3.4%
\$10,000 - \$14,999	3,673	1.7%
\$15,000 - \$19,999	3,932	1.8%
\$20,000 - \$24,999	4,455	2.1%
\$25,000 - \$29,999	4,816	2.2%
\$30,000 - \$34,999	4,913	2.3%
\$35,000 - \$39,999	4,870	2.2%
\$40,000 - \$44,999	4,694	2.2%
\$45,000 - \$49,999	5,398	2.5%
\$50,000 - \$59,999	11,060	5.1%
\$60,000 - \$74,999	15,648	7.2%
\$75,000 - \$99,999	24,267	11.2%
\$100,000 - \$124,999	21,503	9.9%
\$125,000 - \$149,999	17,565	8.1%
\$150,000 - \$199,999	25,441	11.7%
\$200,000+	57,156	26.4%
Total	216,679	100.0%

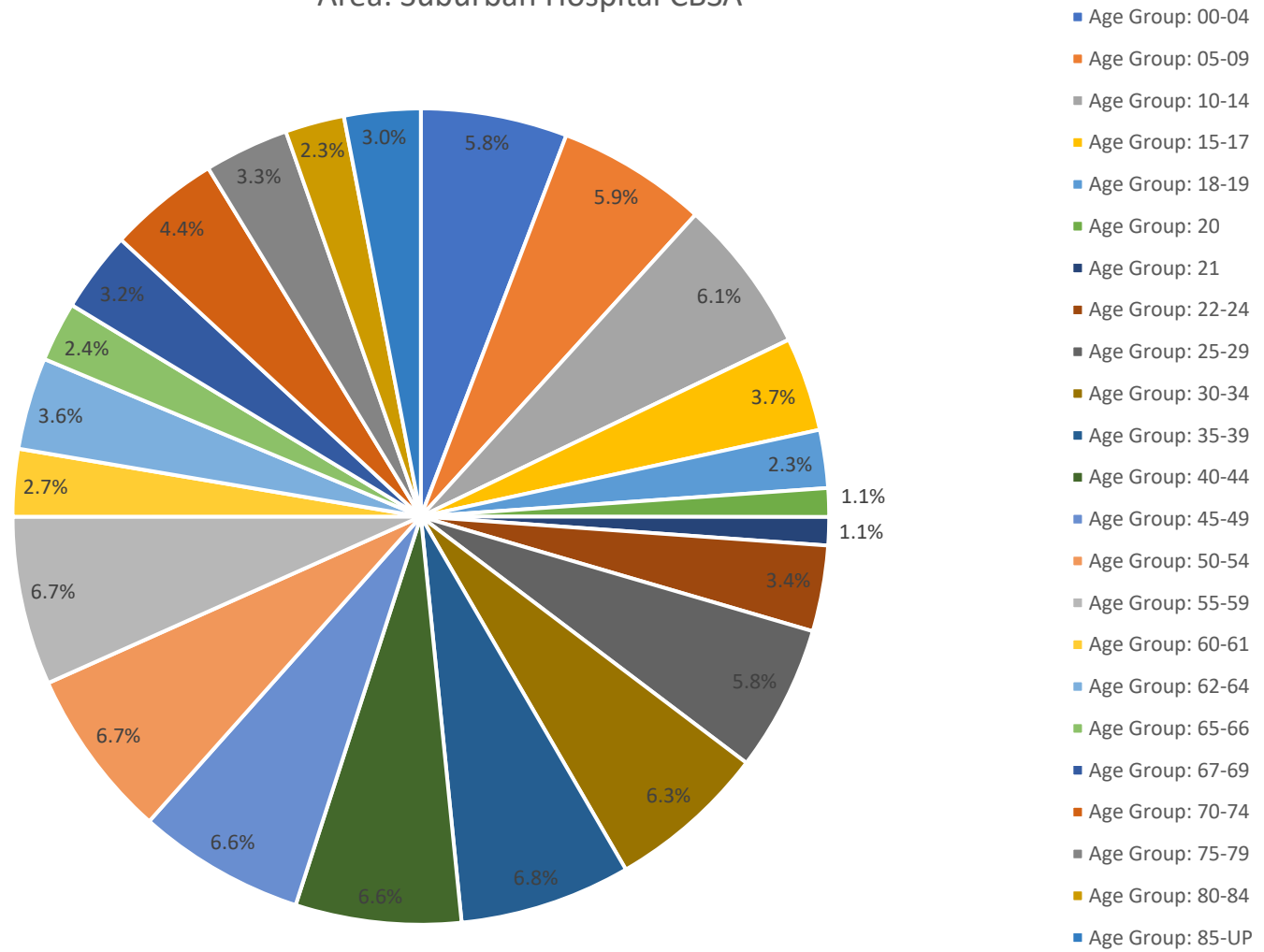
Race/Ethnicity Distribution

Race	Distribution	
	2020 Population	% of Total
American Indian / Alaska Native	2,174	0.4%
Asian	81,561	14.6%
Black / African American	95,697	17.1%
Multiple Races	24,523	4.4%
Native Hawaiian Isl / Pacific Isl	286	0.1%
Other	43,054	7.7%
White	312,415	55.8%
Total	559,710	100.0%

Ethnicity	Distribution	
	2020 Population	% of Total
Hispanic (Any Race)	107,301	19.2%
Non-Hispanic (Any Race)	452,409	80.8%
Total	559,710	100.0%

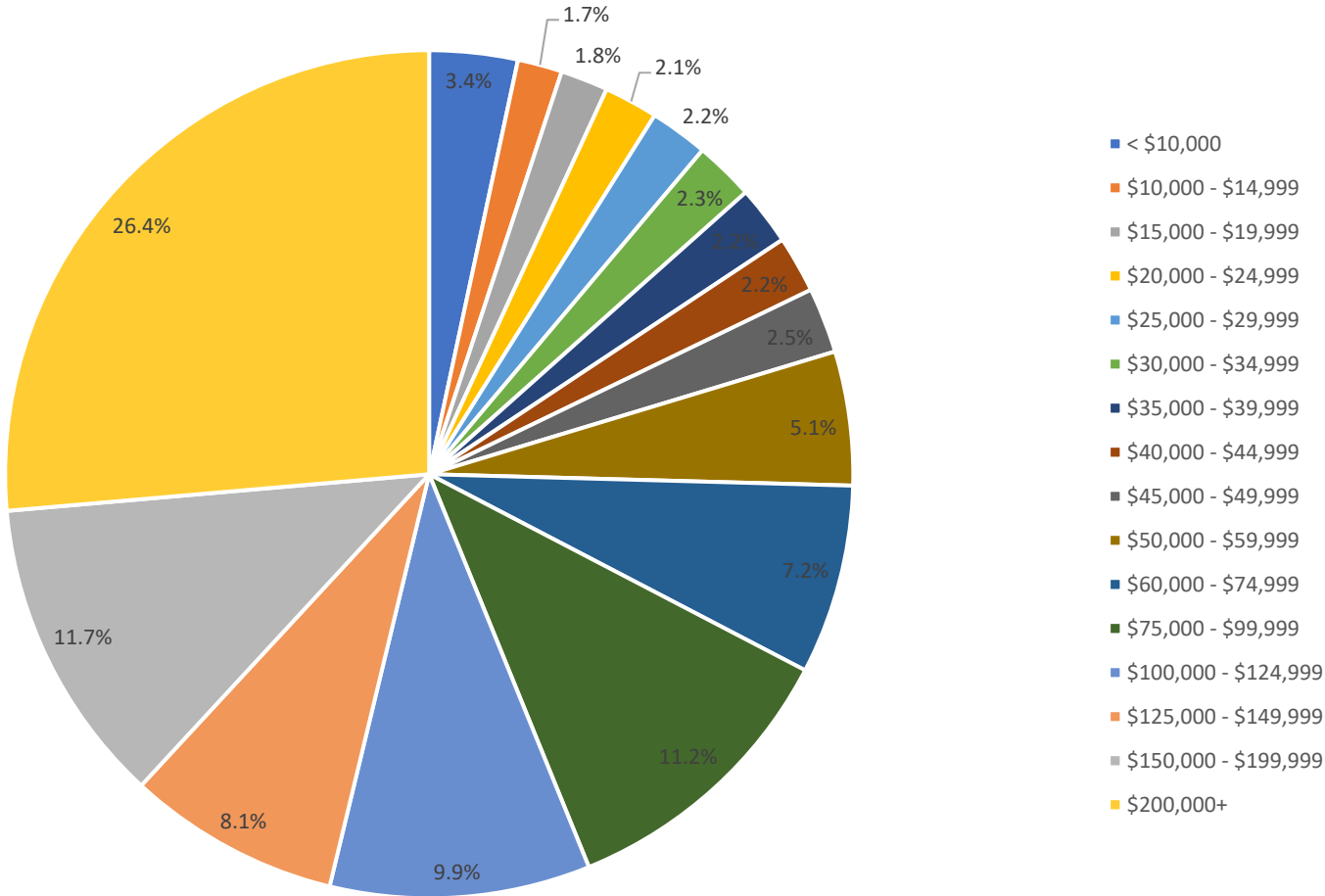
Source: Sg2 Market Demographics Tool

Population Distribution by Age Group Area: Suburban Hospital CBSA



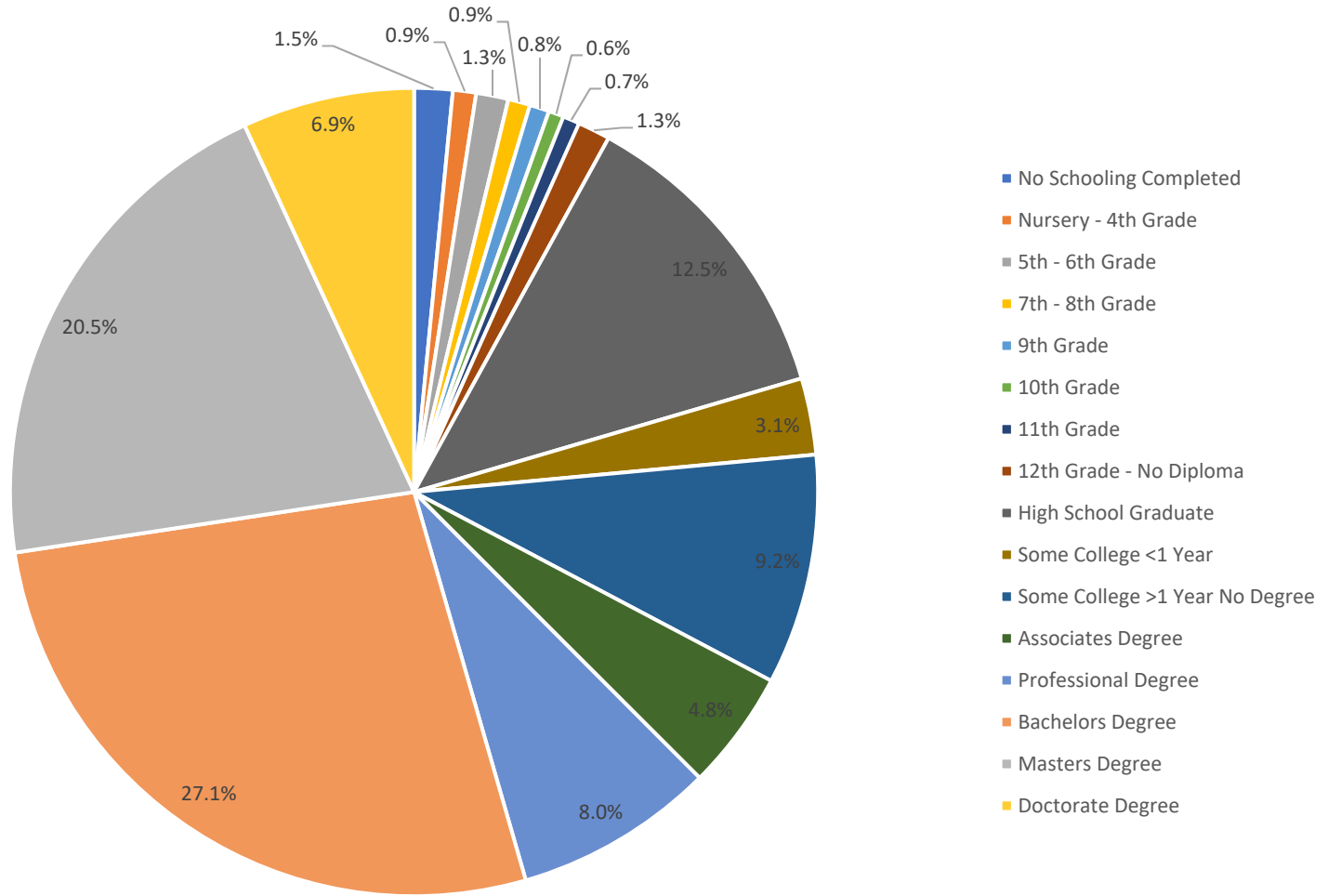
Source: Sg2 Market Demographics Tool

Current Households by Income Group Area: Suburban Hospital CBSA



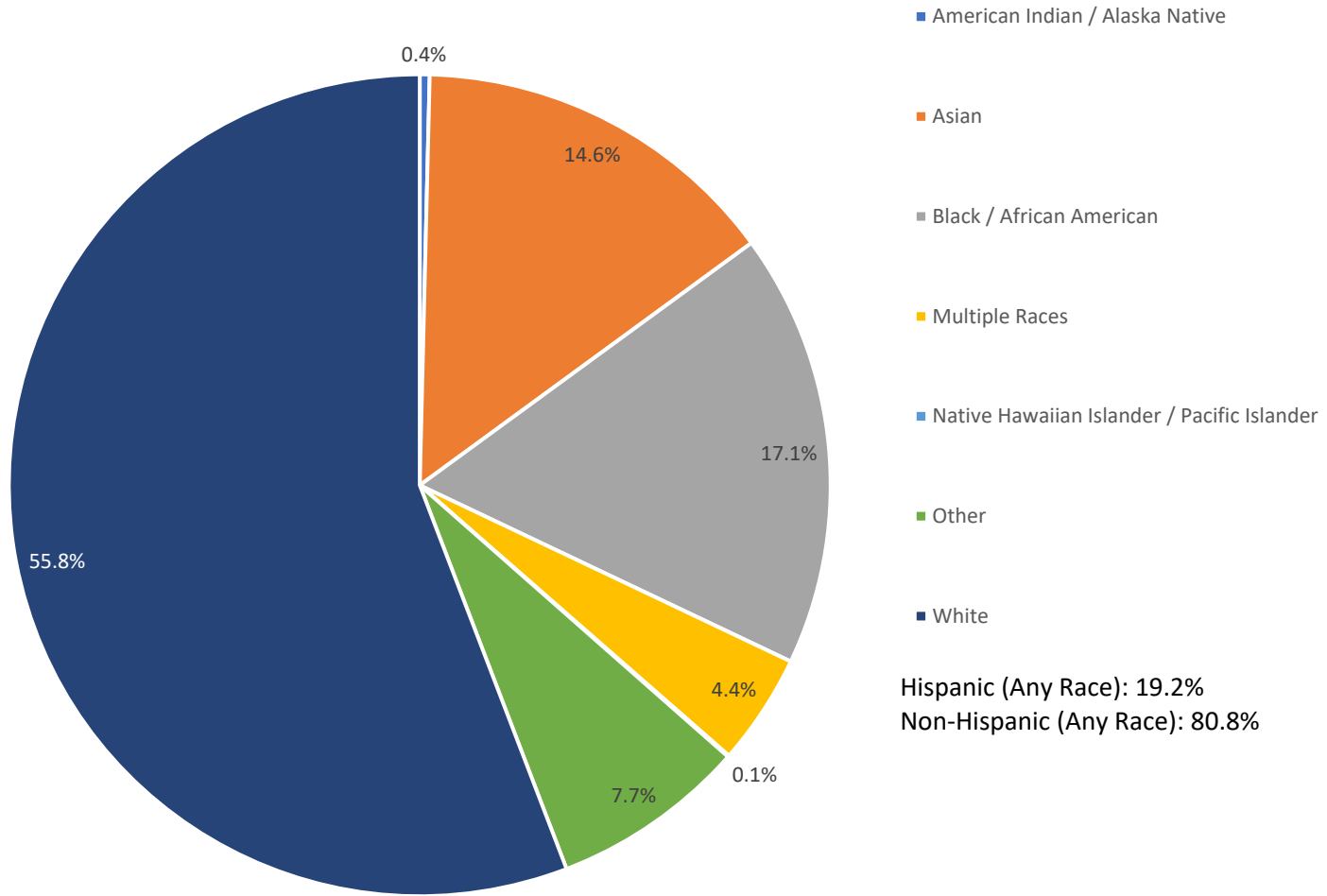
Source: Sg2 Market Demographics Tool

Population Age 25+ by Education Level
Area: Suburban Hospital CBSA



Source: Sg2 Market Demographics Tool

Population Distribution by Race and Ethnicity Area: Suburban Hospital CBSA



Source: Sg2 Market Demographics Tool

WELLWORKS™

SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

FALL
2019

Welcome to your new WellWorks™ community health and wellness calendar from Suburban Hospital. We've reformatted the calendar with a refreshed design to give you all the information you need at a glance. Inside, you'll find **highlights for upcoming classes and special events for Fall 2019.**

For more information about any of our events, visit **EVENTS.SUBURBANHOSPITAL.ORG**

NUTRITION & WEIGHT MANAGEMENT

DIABETES EDUCATION PROGRAMS

HEALTHY LIFESTYLES

JOINT & SPINE EDUCATION

HEARTWELL PROGRAMS

HEALTH & SAFETY

SUPPORT GROUPS

SENIOR PROGRAMS

COMMUNITY HEALTH SEMINARS

ADDICTION & RECOVERY

CANCER PROGRAM SCREENINGS & CLASSES

CANCER SUPPORT GROUPS



LOCATIONS

- ATC** SUBURBAN HOSPITAL ADDICTION TREATMENT CENTER
6001 Montrose Road, Suite 102, Rockville, MD
- BCT** BETTE CAROL THOMPSON SCOTLAND RECREATION CENTER
7700 Scotland Drive, Potomac, MD
- BGC** BENJAMIN GAITHER CENTER
80 Bureau Drive, Gaithersburg, MD
- BRSC** BETHESDA REGIONAL SERVICES CENTER
4805 Edgemoor Lane, 2nd Floor, Bethesda, MD
- CBCC** CLARA BARTON COMMUNITY CENTER
7425 MacArthur Blvd., Cabin John, MD
- FH** FRIENDSHIP HEIGHTS VILLAGE CENTER
4433 S. Park Ave., Chevy Chase, MD
- HP** HOLIDAY PARK SENIOR CENTER
3950 Ferrara Drive, Wheaton, MD
- JHSC** JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER
6420 Rockledge Drive, Bethesda, MD
- MNL** MAGGIE NIGHTINGALE LIBRARY
19633 Fisher Ave., Poolesville, MD
- MSC** MARGARET SCHWEINHOUT SENIOR CENTER
1000 Forest Glen Road, Silver Spring, MD

welcome

- NPCC** NORTH POTOMAC COMMUNITY CENTER
13850 Travilah Road, Rockville, MD
- OASIS** OASIS AT MACY'S HOME STORE
7125 Democracy Blvd., Bethesda, MD
- PCC** POTOMAC COMMUNITY CENTER
11315 Falls Road, Potomac, MD
- RSC** ROCKVILLE SENIOR CENTER
1150 Carnation Drive, Rockville, MD
- SH** SUBURBAN HOSPITAL
8600 Old Georgetown Road, Bethesda, MD
- TCB** THE CHAMPLAIN BUILDING
6410 Rockledge Drive, Suite 150A, Bethesda, MD
- TWM** TOTAL WINE & MORE CORPORATE OFFICE
6600 Rockledge Drive, Bethesda, MD
- WP** WISCONSIN PLACE COMMUNITY RECREATION CENTER
5311 Friendship Blvd., Chevy Chase, MD

For more information about any of the events listed, visit
EVENTS.SUBURBANHOSPITAL.ORG
 or call 301-896-3939.

	DATE & TIME	LOCATION	EVENT DETAILS
NUTRITION & WEIGHT MANAGEMENT	Wednesdays Oct. 16 – Dec. 18 7-8 p.m. 10 weeks \$145	TCB	Healthy Choices This 10-week program teaches a non-diet lifestyle approach to weight management. Facilitated by a registered/licensed dietitian.
	Wednesdays Oct. 16 – Dec. 4 8 weeks 5:30-6:15 p.m. \$85	TCB	Healthy Weight Series Explore the latest topics in nutrition, exercise and lifestyle issues that affect weight management with a registered/licensed dietitian.
	Wednesday, Nov. 6 6-8 p.m. \$25 New!	TWM	Fresh Holiday Meals In preparation for the holiday season, we share delicious recipes for nutritionally balanced meals rich in seasonal vegetables and satisfying whole foods.
	By appointment Call 301-896-3939 \$85 per hour	TCB	Nutrition One-on-One A registered/licensed dietitian will conduct a thorough health evaluation and create a personalized nutrition and exercise strategy.

10TH ANNUAL HISPANIC HERITAGE MONTH SYMPOSIUM

¡GRATIS!

La comida como medicina | Sábado, 5 de octubre
 St. Catherine Laboure Parish | 10 a.m.-Noon
 Este octubre, durante el mes de la herencia hispana, dedique una mañana al aprendizaje sobre una alimentación saludable. Aprenda como preparar comidas deliciosas que ayudan a prevenir la obesidad y enfermedades crónicas. Se servirá un refrigerio ligero. Para reservar su asiento o más información por favor llame al 301-896-2244.

	DATE & TIME	LOCATION	EVENT DETAILS
DIABETES EDUCATION PROGRAMS	Wednesdays Sept. 11, Oct. 9, Nov. 13 & Dec. 11 6:30-8 p.m.	SH	Diabetes Support & Continuing Education Meetings Learn self-management strategies and share concerns, stories and resources with others living with diabetes. New members welcome.
	3rd Wednesday of the month 12:45-1:45 p.m.	MSC	
	4th Wednesday of the month 12:30-1:30 p.m. Free!	HP	
	Wednesday, Sept. 18 or Tuesday, Nov. 12 6-7:30 p.m. \$20	SH	Laying the Foundation: Pre-Diabetes Action Class Learn how diabetes progresses and how you can slow or prevent its onset. For people with pre-diabetes or at risk for developing diabetes.
	Wednesdays Sept. 25 & Oct. 23 7:30-9 p.m. Free!	SH	Type 1 Peer Support Group Learn tips and insight on how to manage diabetes at school, work and home. All are welcome.

	DATE & TIME	LOCATION	EVENT DETAILS
HEALTHY LIFESTYLES	Thursdays Sept. 5, 19, Oct. 3, 17, 24, Nov. 7, 21, Dec. 5 & 19 6:30-7:30 p.m. \$10 per class	BCT	Yoga From the Heart Gentle yoga class designed with cardiac patients in mind. Mats and props provided. Wear comfortable clothes; bring water and a sweatshirt.
	Fridays Oct. 4 – Nov. 15 (skips Oct. 25) 11-11:45 a.m. \$55	BRSC	Mindfulness Meditation A Mindfulness Center instructor will guide participants on the basics of meditation by focusing on posture, breathing and energy work.
	Wednesdays Oct. 2 – Nov. 13 (extra class on Monday, Oct. 21) 6-8:30 p.m. 7 weeks/8 sessions Free!	MNL	Freedom From Smoking® America's gold standard smoking cessation program for more than 25 years, this program teaches techniques to help control your behavior. Supported by the Montgomery County Cancer Crusade.
	Online Course Free!	ONLINE	Freedom From Smoking® Plus Want to quit smoking, but don't have the time to attend a class? Break your addiction from tobacco and get the support you need through this online course.
	Tuesdays Oct. 8 – Nov. 12 6-week session 6-8:30 p.m. Free!	TWM	Healthier Living: Chronic Disease Self-Management Program Evidence-based program designed to help you manage your symptoms and improve your quality of life.

	DATE & TIME	LOCATION	EVENT DETAILS
JOINT & SPINE EDUCATION	Wednesdays Sept. 18, Oct. 9, Nov. 6 or Dec. 4 2-3 p.m. Free!	TCB	Pre-Operative Spine Class Patients scheduled for spine surgery will learn about pre-operative preparation and post-operative care. Call 301-896-MOVE (6683) with questions.
	1st and 3rd Thursday of the month 3-4:30 p.m. 2nd and 4th Tuesday of the month 9:30-11 a.m. Free!	TCB	Pre-Operative Joint Class Patients scheduled for joint replacement surgery will learn about pre-operative preparation and post-operative care. Call 301-896-MOVE (6683) with questions.

	DATE & TIME	LOCATION	EVENT DETAILS
HEARTWELL PROGRAMS	Tuesdays 10 a.m.-2 p.m.	BGC	Know Your Numbers Meet with a Suburban Hospital HeartWell nurse for counseling on important numbers for managing your heart health. <i>Made possible by a generous grant from the Wolpoff Family Foundation.</i>
	Wednesdays 9 a.m.-Noon	HP	
	Wednesdays 10 a.m.-Noon Free!	MSC	

HeartWell is a free, community-based health promotion program focused on cardiovascular health and wellness.

	DATE & TIME	LOCATION	EVENT DETAILS
HEALTH & SAFETY	Thursday, Sept. 26 5:30-8:30 p.m. \$75	TWM	CPR for Friends & Family Receive instruction for adult, child and infant CPR and choking rescue. Non-credentialed course.
	Saturday, Oct. 19 or Nov. 2 9 a.m.-3 p.m. \$105 Registration is required	BRSC	Safe Sitter Comprehensive, one-day course on the essentials of babysitting for 11- to 13-year-olds. Includes tactics for handling emergencies, basic first aid and child care skills.
	Wednesday, Oct. 23 6-9 p.m. \$45 per person \$75 per couple	OASIS	Survival Guide for First-Time Grandparents Receive instruction on infant and child CPR, choking rescue and baby life skills for first-time grandparents.
	Wednesday, Oct. 23 & Thursday, Oct. 24 Two 4-hour sessions 5:30-9:30 p.m. \$85	TWM	Basic First Aid & CPR Receive instruction for adult CPR and treatment of bleeding, burns, broken bones and more. A CPR credential course.
	Thursday, Nov. 14 5:30-8:30 p.m. \$75	TWM	Heartsaver AED & Adult CPR Learn the latest AED training and lifesaving techniques. A CPR credential course.
	Thursday, Dec. 12 5:30-9:30 p.m. \$75	TWM	Community CPR Learn to respond effectively in emergencies. Class includes infant, child and adult CPR with certification provided.

	DATE & TIME	LOCATION	EVENT DETAILS
SUPPORT GROUPS	Wednesdays Sept. 4 – Sept. 25 & Oct. 2 – 30 10:30 a.m.-Noon Free!	OASIS	Oasis Caregiver Support Group Series
	Fridays Sept. 6, Oct. 4, Nov. 1 & Dec. 6 2-3:30 p.m. Registration is required Free!	OASIS	Memory Cafés A fun, relaxed way for people living with early stage memory loss and their care partners to connect with one another. For more information, please email washingtonmetro@oasisnet.org or call 301-469-4976.
	Wednesday, Sept. 11, Oct. 9, Nov. 13 & Dec.11 6:30-8 p.m.	SH	Diabetes Support & Continuing Education Meetings Learn self-management strategies and share concerns, stories and resources with others living with diabetes. New members welcome.
	3rd Wednesday of the month 12:45-1:45 p.m.	MSC	
	4th Wednesday of the month 12:30-1:30 p.m. Free!	HP	
Wednesdays Sept. 25 & Oct. 23 7:30-9 p.m. Free!	SH	Type 1 Diabetes Peer Support Group Learn tips and insight on how to manage diabetes at school, work and home. All are welcome.	

	DATE & TIME	LOCATION	EVENT DETAILS
SENIOR PROGRAMS	Mondays Oct. 7 – Dec. 23 9-9:45 a.m. \$40	HP	Senior Shape – Stability Ball This low-impact exercise program will tone your core muscles and help increase balance and flexibility. Bring an exercise ball and weights.
	Tuesdays Oct. 1 – Dec. 17 11-11:45 a.m. \$40	MSC	
	Thursdays Sept. 5 – Dec. 19 10:30-11:15 a.m. \$40	BGC	
	Thursdays Sept. 12 – Oct. 17 or Oct. 24 – Dec. 5 (skips Nov. 28) 10:30-11:30 a.m. \$75	BRSC	Tai Chi Improve memory, coordination, balance and flexibility through Tai Chi using gentle, flowing movements. Appropriate for beginners.
	Tuesdays Sept. 24 – Oct. 29 or Nov. 5 – Dec. 10 11:15 a.m.-Noon \$60	BRSC	Pilates for Seniors Incorporates gentle movements to strengthen the core, lengthen the spine and build muscle tone while improving posture and flexibility. Bring a mat.
	Tuesdays & Thursdays Oct. 1 – Dec. 19 11:30-12:15 p.m. \$40	CBCC	Senior Shape – Aerobic/Strength/Stretch Low-impact, aerobic exercises intended to strengthen your cardiovascular system and improve strength and endurance. Mat, exercise band and light weights are required.
	Fridays Oct. 4 – Dec. 20 9:30-10:15 a.m. \$40	NPCC	
	Fridays Oct. 4 – Dec. 20 11:15 a.m.-Noon \$40	BRSC	
	Tuesdays Oct. 1 – Dec. 17 10-10:45 a.m. \$40	MSC	Senior Shape – Weight Training Increase your muscular strength and endurance and improve range of motion and balance. Bring light weights and mat.
	Wednesdays Oct. 2 – Dec. 18 11:15 a.m.-Noon \$40	BRSC	
	Mondays & Wednesdays Oct. 2 – Dec. 23 11-11:45 a.m. (Mon.) & 9:15-10 a.m. (Wed.) \$40	PCC	Senior Shape – Advanced Aerobics/Stretch Increase flexibility, joint stability, balance, muscular strength and cardiovascular endurance. Mat, light weights and exercise band are required.
	Tuesdays Oct. 1 – Dec. 17 10-10:45 a.m. \$40	WP	
Wednesdays Oct. 2 – Dec. 18 1:15-2 p.m. \$40	BGC	Senior Shape – Flexible Strength Perform exercises designed to increase posture, flexibility, range of motion and core strength.	
Mondays Oct. 7 – Oct. 28 1-2 p.m. \$45	HP	Balancing Act A certified physical therapist will teach balance, strengthening and flexibility exercises that can be done safely at home.	
Wednesdays Oct. 16 – Nov. 20 or Dec. 4 – Jan. 22 (skips Dec. 25 & Jan. 1) 12:15-1:15 p.m. \$60	CBCC	Gentle Yoga for Seniors Gently tone muscles, improve balance and increase circulation during this six-week session. Bring a yoga mat and blanket.	

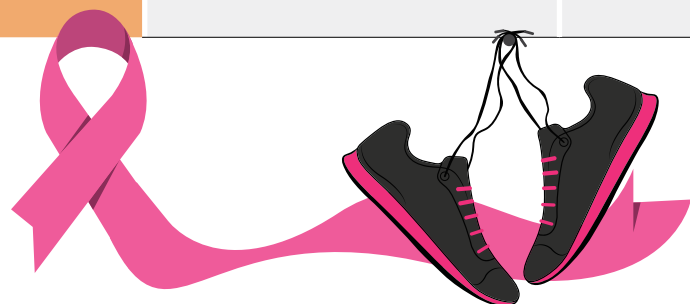
Classes taught by a certified exercise instructor. These courses are designed to build flexibility, strength and a healthy heart, with the added benefit of improving memory and getting your joints moving!

DATE & TIME	LOCATION	EVENT DETAILS
Wednesday, Sept. 11 1-2 p.m.	FH	Demystifying Your Thyroid Ear, nose and throat specialist Vaninder Dhillon, M.D. , will review the symptoms of various thyroid diseases and surgical options for treatment. She will also discuss when to get your thyroid examined and risk factors for thyroid cancer.
Thursday, Oct. 24 1-2 p.m. Free!	RSC	
Tuesday, Sept. 24 1-2 p.m.	HP	Stay Firm on Your Feet A physical therapist from Suburban Hospital will share tips for improving your balance and avoiding possible falls. Learn specifics about diagnoses of related injuries and rehabilitation.
Wednesday, Oct. 16 1-2 p.m. Free!	FH	
Thursday, Sept. 26 1-2 p.m. Free!	RSC	All About GERD If you have heartburn twice a week or more, you may have gastroesophageal reflux disease (GERD). Learn more about this condition and treatment options from gastroenterologist Gary Roggin, M.D.
Wednesday, Oct. 30 1-2 p.m. Free!	HP	Listen Up! Learn how hearing loss is identified, the challenges of hearing impairment and the many treatment options available from ear, nose and throat specialist Carrie Newman, M.D., M.P.H.
Wednesday, Nov. 13 1-2 p.m. Free!	FH	The Pain Connection Anesthesiologist Dermot Maher, M.D., M.S. , will highlight treatment options for acute and chronic pain.
Thursday, Nov. 14 1-2 p.m. Free!	RSC	Moving Forward With Parkinson's Disease Whether generic or environmental, certain factors put us at risk for Parkinson's disease. Neurologist Kelly Mills, M.D. , will discuss current research findings on this degenerative brain disorder.
Tuesday, Nov. 19 1-2 p.m. Free!	HP	Shingles: More Than a Rash Treating shingles in a timely manner can prevent serious long-term consequences. Internist Janna Lachtchinina, M.D. , will discuss the signs, symptoms, treatments and prevention of shingles.
Wednesday, Dec. 11 1-2 p.m. Free!	FH	Heart-Healthy Holidays HeartWell Nurse Leni Barry will share strategies for keeping your heart healthy and happy during the holiday season. Tips on holiday menu makeovers, entertaining guests and managing stress will be discussed.

COMMUNITY HEALTH SEMINARS

DATE & TIME	LOCATION	EVENT DETAILS
Monday evenings 6:15-7:15 p.m. Free!	JHSC	Concerned Persons Program A series of seven lectures designed to educate family members, friends and others concerned about a loved one's substance use. For more information, call 301-896-2036.
Tuesdays (parents and teens) & Thursdays (teens only) 6-8 p.m. \$100 per teen	ATC	Alcohol & Other Drugs Education Seminar Through speakers and informational materials, participants will learn how drugs and alcohol affect the brain and body, the legal aspects of substance use, and how these choices can impact your life and future goals. Designed for teens 13-18 years old and families. Call 301-896-6608 to reserve a space.

ADDICTION & RECOVERY



SUSAN G. KOMEN MORE THAN PINK WALK

Saturday, Sept. 7 | Freedom Plaza, Washington, D.C.

Join the Suburban Hospital team as we walk to eliminate breast cancer! To register, visit komendcwalk.org or contact J. Macon at 301-896-2445.

DATE & TIME	LOCATION	EVENT DETAILS
Monday, Nov. 4 6-8 p.m. Free! Registration is required	JHSC	Skin Cancer Screening Join board-certified dermatologists for one of these free screenings! <i>Co-sponsored by the Sidney J. Malawer Memorial Foundation.</i>
Monday, Oct. 28 Noon-2 p.m. Free! Registration is required	JHSC	
Wednesdays Nov. 6, 13, 20, Dec. 4 & 11 5-week session 6:30-7:45 p.m. \$40 for series Registration is required	JHSC	Yoga for Cancer Survivors Gently paced classes that enhance strength, flexibility and balance. No prior yoga experience is necessary. Scholarships are available. Open to all cancer survivors.

CANCER PROGRAM SCREENINGS & CLASSES

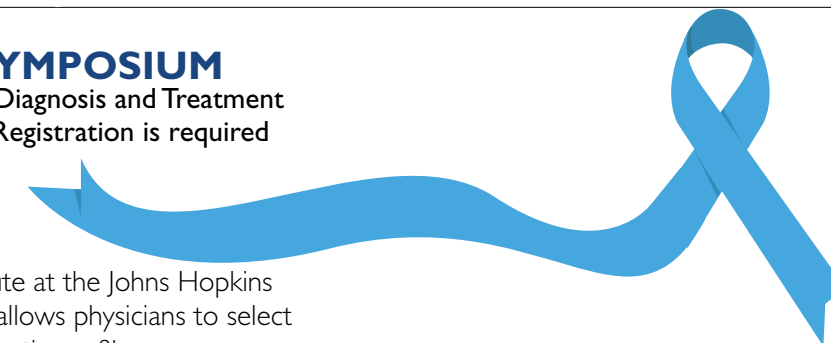
DATE & TIME	LOCATION	EVENT DETAILS
Tuesdays 5:30-7 p.m. Free!	JHSC	Head & Neck Cancer Support Group Share information and gain support from other head and neck cancer patients and their family members/significant others during treatment and recovery.
Wednesdays 6-7 p.m. Free!	JHSC	Caregivers Support Group This ongoing, monthly group is open to all cancer caregivers. Join us for an evening of learning, conversation and companionship. Contact Barbara Doherty at 301-896-6782.
Fridays Sept. 27, Oct. 25, Nov. 22, cancelled for Dec. 10:30 a.m.-Noon Free!	OASIS	Talk & Walk Learn about the latest updates in treatment, research and nutrition; meet other survivors; and walk at your own pace in a comfortable and safe environment. Contact Jamie Borns at 301-896-6798.
Wednesdays Oct. 16, 23, 30, Nov. 6, 13 & 20 Registration is required	JHSC	Facing Forward: A Post-Treatment Breast Cancer Support Group This support group addresses the unique feelings and concerns that survivors face upon completion of cancer treatment. Open to women who have completed treatment within the past year. Contact Susan Jacobstein at 301-896-6837 or sjacob20@jhmi.edu .
Third Mondays of most months Oct. 21, Nov. 18 & Dec. 16 7-8:30 p.m. Free!	JHSC	Prostate Cancer Support Group Gain new knowledge and share common concerns with other prostate cancer survivors and their family members/significant others. Contact Susan Jacobstein at 301-896-6837 or sjacob20@jhmi.edu .

CANCER SUPPORT GROUPS

14TH ANNUAL PROSTATE CANCER SYMPOSIUM

Prostate Cancer 2019: Applying Precision Medicine to Guide Diagnosis and Treatment
Monday, Sept. 9 | 6-8:30 p.m. | **Free!** | Light dinner provided | Registration is required
Johns Hopkins University Montgomery County Campus
9601 Medical Center Drive, Rockville, MD

Join **Kenneth Pienta, M.D.**, the Donald S. Coffey Professor of Urology and Director of Research at the Brady Urological Institute at the Johns Hopkins University School of Medicine, to learn how precision medicine allows physicians to select the optimal treatment for each individual based on a tumor's genetic profile.



Your personal link to
COMMUNITY HEALTH EVENTS & EDUCATION inside

FALL
2019

BLOODMOBILE

Wednesday, Sept. 18 & Thursday, Nov. 21 | 10 a.m.-4 p.m. | SH



Life is a gift. This fall, donate blood with Suburban Hospital and help save up to three lives. Schedule your blood donation appointment by calling 1-800-GIVE-LIFE.

WIDOWED PERSONS SOCIAL GATHERING

Thursday, Oct. 17 | 3-4:30 p.m. | OASIS

Join us for refreshments and socialize with others who have lost their true love, best friend and life partner. For more information, please email washingtonmetro@oasisnet.org or call 301-469-4976.

CHANGING THE FUTURE OF HEART SURGERY

Thursday, Oct. 17 | 5-7 p.m. | **Free!**

Sunrise of Bethesda, 4925 Battery Lane, Bethesda, MD
To RSVP, contact the Sunrise of Bethesda concierge desk at 301-657-6880 or bethesda.conc@sunriseseniorliving.com

Eric Lieberman, M.D., and Greg Kumkumian, M.D., of JHCP Heart Care will discuss the minimally invasive procedure known as transcatheter aortic valve replacement (TAVR). RSVP required; space is limited.

21ST ANNUAL LIVING WITH BREAST CANCER SYMPOSIUM: USING YOUR SENSES TO MAKE SENSE OF IT ALL

Saturday, Oct. 26 | 8:30 a.m.-Noon | **Free!** | Breakfast provided
Johns Hopkins University Montgomery County Campus,
9601 Medical Center Drive, Rockville, MD | Registration is required

Join us to learn how our senses can enhance survivorship! Open to breast cancer survivors, family and friends.

AGING IN PLACE FORUM

HERE TO THRIVE: HOW HOLISTIC, FUNCTIONAL AND INTEGRATIVE MEDICINE SUPPORTS HEALTHY AGING

Tuesday, Oct. 8 | 11:30 a.m.-1 p.m.

Free!

Normandie Farm, 10710 Falls Road,
Potomac, MD | Registration is required

Andrew Wong, M.D., will discuss how integrative medicine is being used to help older adults stay well and thrive in their own homes and communities.

WELLWORKS™

SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

WINTER
JANUARY — MARCH
2020

For more information about any of our events, visit
EVENTS.SUBURBANHOSPITAL.ORG



NUTRITION & WEIGHT MANAGEMENT • DIABETES EDUCATION
PROGRAMS • HEALTHY LIFESTYLES • HEALTH & SAFETY • SUPPORT
GROUPS • SENIOR PROGRAMS • COMMUNITY HEALTH SEMINARS •
ADDICTION & RECOVERY • CANCER PROGRAM SCREENINGS &
CLASSES • CANCER SUPPORT GROUPS • JOINT & SPINE EDUCATION



**DID YOU KNOW
FEBRUARY IS**

**NATIONAL HEART
MONTH?**

Check inside for a variety of heart-
healthy programs and activities, including
HeartWell's Know Your Numbers clinics,
Yoga From the Heart classes and the 18th
Annual Women's Health Symposium.



SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

welcome

Unless otherwise noted, registration is required. For more information and to register for any of the events, visit **EVENTS.SUBURBANHOSPITAL.ORG OR CALL 301-896-3939.**

LOCATIONS

- ACAC** ACAC FITNESS & WELLNESS CENTER
20500 Seneca Meadows Parkway, Germantown, MD
- ATC** SUBURBAN HOSPITAL ADDICTION TREATMENT CENTER
6001 Montrose Road, Suite 102, Rockville, MD
- BCT** BETTE CAROL THOMPSON SCOTLAND RECREATION CENTER
7700 Scotland Drive, Potomac, MD
- BGC** BENJAMIN GAITHER CENTER
80 Bureau Drive, Gaithersburg, MD
- BRSC** BETHESDA REGIONAL SERVICES CENTER
4805 Edgemoor Lane, 2nd Floor, Bethesda, MD
- CBCC** CLARA BARTON COMMUNITY CENTER
7425 MacArthur Blvd., Cabin John, MD
- FH** FRIENDSHIP HEIGHTS VILLAGE CENTER
4433 S. Park Ave., Chevy Chase, MD
- HP** HOLIDAY PARK SENIOR CENTER
3950 Ferrara Drive, Wheaton, MD
- JEL** JANE E. LAWTON CENTER
4301 Willow Lane, Chevy Chase, MD
- JHSC** JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER
6420 Rockledge Drive, Bethesda, MD
- MSC** MARGARET SCHWEINHAUT SENIOR CENTER
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5311 Friendship Blvd., Chevy Chase, MD

	DATE & TIME	LOCATION	EVENT DETAILS
NUTRITION & WEIGHT MANAGEMENT	Wednesdays Jan. 29 – April 1 7-8 p.m. \$145	TCB	Healthy Choices This 10-week program teaches a non-diet lifestyle approach to weight management and is facilitated by a registered/licensed dietitian.
	Wednesdays Jan. 29 – March 18 5:30-6:15 p.m. \$85	TCB	Healthy Weigh Series Explore the latest topics in nutrition, exercise and lifestyle issues that can affect weight management with a registered/licensed dietitian.
	By appointment Call 301-896-3939 \$85 per hour	TCB	Nutrition One-on-One A registered/licensed dietitian will conduct a thorough health evaluation and create a personalized nutrition and exercise strategy.

	DATE & TIME	LOCATION	EVENT DETAILS
HEARTWELL PROGRAMS	Tuesdays 10 a.m.-2 p.m.	BGC	Know Your Numbers Meet with a Suburban Hospital HeartWell nurse for counseling on the numbers that are important for managing your heart health. Walk-ins are welcome. <i>Made possible by a generous grant from the Wolpoff Family Foundation.</i>
	Wednesdays 9 a.m.-Noon	HP	
	Wednesdays 10 a.m.-Noon Free!	MSC	

HeartWell is a free, community-based health promotion program focused on cardiovascular health and wellness.

	DATE & TIME	LOCATION	EVENT DETAILS
DIABETES EDUCATION PROGRAMS	NEW! Wednesdays Feb. 12 & March 11 6:30-8 p.m. Free!	SH	Thrive 365: Monthly Diabetes Meetings Facilitated by a certified diabetes educator; these monthly meetings feature guest speakers on a variety of topics for living well with diabetes. Learn strategies, exchange information and get support to help you thrive.
	NEW! Wednesday, March 4 2-4 p.m. \$10	SH	Diabetes A-Z: Self-Management Education If you have been recently diagnosed with diabetes or simply need a refresher course, this interactive class is for you. It is taught by a multidisciplinary team, including a registered dietitian, clinical pharmacist and certified diabetes educator.
	Tuesday, March 31 6-7:30 p.m. \$20	SH	Pre-Diabetes Action Class Learn how diabetes progresses and how you can slow or prevent its onset. This class is for people with pre-diabetes or who are at risk of developing diabetes.
	NEW! Phone Consultation Free!	By phone	Diabetes Fine-Tuning Schedule a free, personal phone consultation to customize and develop strategies for self-management to live well with diabetes. Sign up at events.suburbanhospital.org to schedule a call.

	DATE & TIME	LOCATION	EVENT DETAILS
HEALTHY LIFESTYLES	Thursdays Jan. 9, 23, Feb. 6, 20, March 5, 19 6:30-7:30 p.m. \$10 per class	BCT	Yoga From the Heart A gentle yoga class designed with cardiac patients in mind. Mats and props will be provided. Wear comfortable clothes and bring water and a sweatshirt.
	Fridays Jan. 24 – Feb. 28 or March 27 – May 1 11-11:45 a.m. \$55	BRSC	Mindfulness Meditation A Mindfulness Center instructor will guide participants on the basics of meditation by focusing on posture, breathing and energy work.
	Sundays Feb. 23 – April 5 & Tuesday, March 17 5-6:30 p.m.	ACAC	Freedom From Smoking® Class America's gold standard smoking cessation program for more than 25 years, this step-by-step program teaches skills and techniques to help take control of your behavior. <i>Supported by the Montgomery County Cancer Crusade.</i>
	Mondays Feb. 24 – April 6 & Wednesday, March 18 6-7:30 p.m. Free!	SH	
	Online Course Free!	Online	Freedom From Smoking® Plus Want to quit smoking, but don't have the time to attend a class? Break your addiction from tobacco and get the support you need through this online course.
	Tuesdays Feb. 18 – March 24 6-8:30 p.m. Free!	SH	Healthier Living: Chronic Pain Self-Management Program This evidence-based program is designed to help you manage your pain safely and improve your quality of life.

DO YOU NEED
ASSISTANCE WITH A
PHYSICIAN REFERRAL?

Visit HopkinsDC.org to find a doctor near you. Also, don't forget to subscribe to our email list at hopkinsmedicine.org/suburban/signup to receive news and updates from Suburban Hospital.

	DATE & TIME	LOCATION	EVENT DETAILS
HEALTH & SAFETY	Saturdays March 7 & 14 9 a.m.-3 p.m. \$105	BRSC	Safe Sitter This comprehensive, one-day course on the essentials of babysitting is designed for 11- to 13-year-olds. Course includes tactics for handling emergencies, basic first aid and child care skills.
	Wednesday, Feb. 12 6-9 p.m. \$45 per person, \$75 per couple	OASIS	Survival Guide for First-Time Grandparents Receive instruction on infant and child CPR, choking rescue and baby life skills for first-time grandparents.
	Thursday, Feb. 27 5:30-8:30 p.m. \$75	SH	CPR for Friends and Family Designed for those who want to learn how to save a life! Receive instruction for adult, child and infant CPR and choking rescue. Non-credentialed course.
	Thursday, March 12 5:30-8:30 p.m. \$75	SH	Heartsaver AED and Adult CPR Learn the latest AED training and lifesaving techniques. Designed for laypeople who require CPR credential documentation.
	Thursday, March 26 5:30-9:30 p.m. \$75	SH	Community CPR Learn to respond effectively in emergencies. Class includes infant, child and adult CPR with certification provided. Appropriate for young adults, nannies, lifeguards and preschool teachers.

All courses are designed according to current American Heart Association guidelines.

	DATE & TIME	LOCATION	EVENT DETAILS
SUPPORT GROUPS	Fridays Jan. 10, Feb. 7 & March 6 2-3:30 p.m. Free!	OASIS	Memory Cafés A fun and relaxing way for people living with early stage memory loss and their care partners to connect with one another. For more information or to register, please email washingtonmetro@oasisnet.org or call 301-469-4976.
	Wednesdays Jan. 15 – March 4 10:30 a.m.-Noon Free!	OASIS	Oasis Caregiver Support Group Series To learn more about this series, please email washingtonmetro@oasisnet.org or call 301-469-4976. Walk-ins are welcome.
	3rd Wednesday of the month 12:45-1:45 p.m. Free!	MSC	Diabetes Support and Education Meetings Learn self-management strategies and share concerns, stories and resources with others living with diabetes. No registration required and walk-ins are welcome.
	4th Wednesday of the month 12:30-1:30 p.m. Free!	HP	
	4th Wednesday of the month 7:30-9 p.m. Free!	SH	Type 1 Diabetes Peer Support Group Are you living with type 1 diabetes or parenting a child with type 1 diabetes? Learn tips and get insights on how to manage diabetes at school, work and home. Walk-ins are welcome.
	2nd Tuesday of the month 6:45-8:15 p.m. Free!	Call for location	MS Family Caregiver Support Group Call 202-375-5606 or email kevin.dougherty@nmss.org for location.
	3rd Saturday of the month 10 a.m.-Noon Free!	Call for location	Myasthenia Gravis Support Group Call 301-384-1229 for location.

WIDOWED PERSONS SOCIAL GATHERING

Thursday, March 19 | 3-4:30 p.m. | OASIS

Join us for refreshments and socialize with others who have lost their true love, best friend and life partner. For more information, please email washingtonmetro@oasisnet.org or call 301-469-4976.



	DATE & TIME	LOCATION	EVENT DETAILS
SENIOR PROGRAMS	Mondays Jan. 6 – March 30 9-9:45 a.m. \$40	HP	Senior Shape – Stability Ball This low-impact exercise program will tone your core muscles and help increase balance and flexibility. Bring an exercise ball and weights.
	Tuesdays Jan. 7 – March 31 11-11:45 a.m. \$40	MSC	
	Thursdays Jan. 9 – March 26 10:30-11:15 a.m. \$40	BGC	
	Mondays and Wednesdays Jan. 6 – March 30 11-11:45 a.m. (Mon.) & 9:15-10 a.m. (Wed.) \$40	PCC	Senior Shape – Advanced Aerobics/Stretch Increase flexibility, joint stability, balance, muscular strength and cardiovascular endurance. Mat, light weights and exercise band are required.
	Tuesdays Jan. 7 – March 31 10-10:45 a.m. \$40	WP	
	Tuesdays and Thursdays Jan. 7 – March 31 11:30 a.m.-12:15 p.m. \$40	CBCC	Senior Shape – Aerobic/Strength/Stretch Low-impact, aerobic exercises intended to strengthen your cardiovascular system and improve strength and endurance. Mat, exercise band and light weights are required.
	Fridays Jan. 10 – March 27 9:30-10:15 a.m. \$40	NPCC	
	Fridays Jan. 3 – March 27 11:15 a.m.-Noon \$40	BRSC	
	Tuesdays Jan. 7 – March 31 10-10:45 a.m. \$40	MSC	Senior Shape – Weight Training Increase your muscular strength and endurance and improve range of motion and balance. Bring handheld weights and a mat.
	Wednesdays Jan. 8 – March 25 11:15 a.m.-Noon \$40	BRSC	
	Tuesdays Jan. 7 – Feb. 11 or Feb. 25 – March 31 11:15 a.m.-Noon \$60	BRSC	Pilates for Seniors Incorporates gentle movements to strengthen the core, lengthen the spine, and build muscle tone while improving posture and increasing flexibility. Bring a mat and dress comfortably.
	Wednesdays Jan. 8 – March 25 1:15-2 p.m. \$40	BGC	Senior Shape – Flexible Strength Perform exercises designed to increase posture, flexibility, range of motion and core strength.
Thursdays Jan. 9 – Feb. 13 or Feb. 27 – April 2 10:30-11:30 a.m. \$75	BRSC	Tai Chi Improve your memory, coordination, balance and flexibility through Tai Chi using gentle, flowing movements. Wear comfortable clothing. Appropriate for beginners.	
NEW! Tuesdays Jan. 14 – Feb. 18 10-10:45 a.m. \$60	JEL	TaijiFit A serene workout of continuous movement that gently works many systems of the body. Based on traditional Tai Chi movements, TaijiFit builds confidence and comfort. Appropriate for all ages and fitness levels.	
Wednesdays Feb. 5 – March 11 or March 25 – April 29 12:15-1:15 p.m. \$60	CBCC	Gentle Yoga for Seniors Gently tone muscles, improve balance and increase circulation during this six-week session. Please bring yoga mat and blanket.	
Mondays March 2 – March 23 1-2 p.m. \$45	HP	Balancing Act A certified physical therapist will teach you balance, strengthening and flexibility exercises that can be done safely in your home.	

Classes taught by a certified exercise instructor. These courses are designed to build flexibility, strength and a healthy heart, with the added benefit of improving memory and getting your joints moving!

	DATE & TIME	LOCATION	EVENT DETAILS
COMMUNITY HEALTH SEMINARS	Wednesday, Jan. 8 1-2 p.m. Free!	FH	Current Diet Trends Dennett Beaulieu, R.D., a Suburban Hospital clinical dietitian, will review the benefits and possible downsides of the latest diet trends and how to eat a well-balanced diet for maintaining a healthy weight.
	Tuesday, Jan. 21 1-2 p.m. Free!	HP	Bladder, Bladder, What's the Matter? Incontinence and bladder problems are not necessarily part of aging and can be controlled. Urologist Melissa Mendez, M.D. , will discuss causes and treatment of overactive bladder.
	Thursday, Jan. 23 1-2 p.m. Free!	RSC	The Pain Connection Anesthesiologist Dermot Maher, M.D., M.S. , will highlight treatment options for acute and chronic pain. Learn the latest in innovative, interventional procedures that can reduce and, in some cases, eliminate pain for good.
	Wednesday, Feb. 12 1-2 p.m. Free!	FH	Improve Your Well-Being Through Self-Care Self-care is vital for our overall well-being. This workshop provides skills to help you develop a self-care plan to help improve your mental, emotional and physical health. Facilitated by EveryMind Educators.
	Tuesday, March 24 1-2 p.m. Free!	HP	
	Tuesday, Feb. 18 1-2 p.m. Free!	HP	Changing the Future of Heart Surgery Eric Lieberman, M.D., and Greg Kunkumian, M.D., from Johns Hopkins Community Physicians Heart Care in Bethesda will discuss the minimally invasive procedure known as Transcatheter Aortic Valve Replacement (TAVR).
	Thursday, Feb. 27 1-2 p.m. Free!	RSC	Update on Prostate Health When do I need a prostate exam? What treatment options are available for prostate cancer? Get your questions answered and learn how to maintain a healthy prostate with urologist Mark Rosenblum, M.D.
	Wednesday, March 11 1-2 p.m. Free!	FH	Mechanics of Back Pain Do you have regular back pain that prevents you from doing everyday activities? Get your back "back" on track with Kaylie Nielson, P.T., D.P.T. , from NRH Rehabilitation as she explains the keys to maintaining a healthy spine and back.
	Thursday, March 26 1-2 p.m. Free!	RSC	Keeping With the Beat Atrial fibrillation is an irregular heartbeat or arrhythmia that can lead to blood clots, stroke or heart failure. Cardiologist Edward Healy, M.D. , will review the signs and symptoms of atrial fibrillation as well as nonsurgical and surgical treatment options.

	DATE & TIME	LOCATION	EVENT DETAILS
ADDICTION & RECOVERY	Monday evenings 6:15-7:15 p.m. Free!	ATC	Concerned Persons Program A series of seven lectures designed to educate family members, friends and others concerned about a loved one's substance use. Walk-ins are welcome. For more information, call 301-896-2036.
	Tuesdays (parents and teens) and Thursdays (teens only) 6-8 p.m. \$100 per teen	ATC	Alcohol and Other Drugs Education Seminar Through speakers and informational materials, participants learn how drugs affect the body, legal aspects of substance use, and how substance use can impact your life and goals. Designed for teens 13-18 years old and their families. Call 301-896-6608 to reserve your space.

	DATE & TIME	LOCATION	EVENT DETAILS
CANCER PROGRAM SCREENINGS & CLASSES	Monday, Jan. 13 6:30-8 p.m. Free!	JHSC	Updates From the 2019 San Antonio Breast Cancer Symposium Medical oncologist John Wallmark, M.D. , will discuss the latest findings on promising advances in research, treatment and survivorship. Open to breast cancer survivors, family and friends. Call 301-896-3939 to register.
	Monday, Jan. 27 Noon-2 p.m. Free!	JHSC	Look Good Feel Better® Female cancer patients in active treatment are invited to join us for this free program on combating appearance-related effects of treatment with the help of trained cosmetologists. Visit lookgoodfeelbetter.org to register.

	DATE & TIME	LOCATION	EVENT DETAILS
CANCER SUPPORT GROUPS	Tuesdays Jan. 21, Feb. 18 & March 17 5:30-7 p.m. Free!	JHSC	Head & Neck Cancer Support Group Share information and receive support from other patients and their family members/significant others during treatment and recovery. Contact Susan Jacobstein at 301-896-6837 or sjacob20@jhmi.edu to register.
	Wednesdays Jan. 15, Feb. 19 & March 18 6-7 p.m. Free!	JHSC	Caregivers Support Group This monthly group is open to all cancer caregivers. Join us for an evening of learning, conversation and companionship. Contact Barbara Doherty at 301-896-6782 to register.
	Fridays Jan. 31, Feb. 28 & March 20 10:30 a.m.-Noon Free!	OASIS	Talk & Walk Learn about updates in breast cancer treatment, research and more; meet other breast cancer survivors and walk at your own pace in a safe environment. Walk-ins are welcome. Contact Jamie Borns at 301-896-6798 with questions.
	Mondays Feb. 17 & March 16; cancelled in Jan. 7-8:30 p.m. Free!	JHSC	Prostate Cancer Support Group Gain new knowledge and share common concerns with other survivors and their family members/significant others. Walk-ins are welcome. Contact Susan Jacobstein at 301-896-6837 or sjacob20@jhmi.edu with questions.

	DATE & TIME	LOCATION	EVENT DETAILS
JOINT & SPINE EDUCATION	Wednesdays Jan. 8, Feb. 5 & March 18 2-3 p.m. Free!	TCB	Pre-Operative Spine Class Patients scheduled for spine surgery at Suburban Hospital will learn about pre-operative preparation and post-operative care. Call 301-896-MOVE (6683) with questions.
	1st and 3rd Thursday of the month 3-4:30 p.m. 2nd and 4th Tuesday of the month 9:30-11 a.m. Free!	TCB	Pre-Operative Joint Class Patients scheduled for joint replacement surgery at Suburban Hospital will learn about pre-operative preparation and post-operative care. Call 301-896-MOVE (6683) with questions.



SUNRISE SEMINAR SERIES: ADVANCES IN UROLOGICAL CANCER

Thursday, March 12 | 10:30-11:30 a.m. | SAB | **Free!**

Armine Smith, M.D., director of urologic oncology at the Kimmel Cancer Center at Sibley Memorial Hospital, will discuss recent advances in urological cancer surgeries.

RSVP required; space is limited. Contact the Sunrise of Bethesda Concierge desk at 301-657-6880 or Bethesda.Conc@sunriseseniorliving.com to RSVP.



WINTER
JANUARY — MARCH
2020

Your personal link to
COMMUNITY HEALTH EVENTS & EDUCATION inside

For more information about any of our events, visit
EVENTS.SUBURBANHOSPITAL.ORG



BLOODMOBILE  **American Red Cross**

Wednesday, Feb. 19 | 10 a.m.-4 p.m. | SH
Every day, blood donors help patients of all ages: accident and burn victims, heart surgery and organ transplant patients, and those battling cancer. This February, donate blood with Suburban Hospital and help save up to three lives. Schedule your blood donation appointment by calling 1-800-GIVE-LIFE.

18TH ANNUAL WOMEN'S HEALTH SYMPOSIUM

Thursday, Feb. 20 | SH
6-6:30 p.m. | Registration and Refreshments
6:30-8 p.m. | Program | **Free!**
Registration required at events.suburbanhospital.org

With ever-increasing demands on our time, many women put themselves at the end of their to-do lists—or don't even put themselves on it at all!

Join cardiologist **Catherine Bennet, M.D.**, and **Deborah Dang, Ph.D., R.N., N.E.A., B.C.**, director of nursing at The Johns Hopkins Hospital, as they discuss the benefits of making sustainable lifestyle changes for a healthier, more well-balanced life in the face of common stressors experienced by women. Bring your family, friends and neighbors and have all your questions answered! *Made possible by the J.B. and Maurice C. Shapiro Endowment for Women's Health.*



Catherine Bennet, M.D.



Deborah Dang, Ph.D., R.N., N.E.A., B.C.

WELLWORKS™

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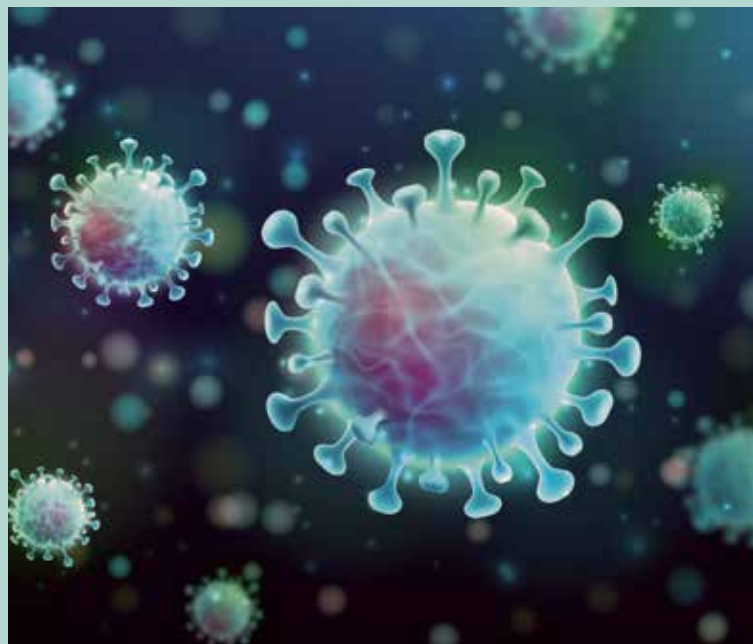
For more information about our events, visit
EVENTS.SUBURBANHOSPITAL.ORG

NOTICE REGARDING UPCOMING CLASSES AND EVENTS

As we monitor the ongoing COVID-19 outbreak, community classes and events may be cancelled or rescheduled. We are taking this step out of an abundance of caution to ensure the safety of our staff and community members.

Please visit EVENTS.SUBURBANHOSPITAL.ORG to confirm the status of your class before attending. Thank you for your understanding.

Learn what you need to know about COVID-19 from Johns Hopkins Medicine at HopkinsMedicine.org/Coronavirus.



Suburban's Community Impact

During the 2019 fiscal year, Suburban Hospital dedicated \$28,999,485 in community benefit contributions. Suburban conducted 2,553 community health improvement programs, screenings, classes, seminars and activities, serving a total of 75,062 individuals and supporting the needs of our community.

Visit SuburbanHospital.org/Community_Health for further information on Suburban's commitment to the community and to download a copy of our Community Health Improvement report.

- NUTRITION & WEIGHT MANAGEMENT • HEARTWELL PROGRAMS • DIABETES EDUCATION PROGRAMS
- HEALTHY LIFESTYLES • HEALTH & SAFETY • SUPPORT GROUPS • JOINT & SPINE EDUCATION
- SENIOR PROGRAMS • COMMUNITY HEALTH SEMINARS • ADDICTION & RECOVERY
- CANCER PROGRAM SCREENINGS & CLASSES • CANCER SUPPORT GROUPS

welcome

Unless otherwise noted, registration is required. For more information and to register for an event, visit [EVENTS.SUBURBANHOSPITAL.ORG](https://events.suburbanhospital.org) OR CALL 301-896-3939.

LOCATIONS

- | | |
|---|---|
| ATC SUBURBAN HOSPITAL ADDICTION TREATMENT CENTER
6001 Montrose Road, Suite 102, Rockville, MD | MSC MARGARET SCHWEINHOUT SENIOR CENTER
1000 Forest Glen Road, Silver Spring, MD |
| BCT BETTE CAROL THOMPSON SCOTLAND RECREATION CENTER
7700 Scotland Drive, Potomac, MD | NPCC NORTH POTOMAC COMMUNITY CENTER
13850 Travilah Road, Rockville, MD |
| BGC BENJAMIN GAITHER CENTER
80 Bureau Drive, Gaithersburg, MD | OASIS OASIS AT MACY'S HOME STORE
7125 Democracy Blvd., Bethesda, MD |
| BRSC BETHESDA REGIONAL SERVICES CENTER
4805 Edgemoor Lane, 2nd Floor, Bethesda, MD | PCC POTOMAC COMMUNITY CENTER
11315 Falls Road, Potomac, MD |
| CBCC CLARA BARTON COMMUNITY CENTER
7425 MacArthur Blvd., Cabin John, MD | RSC ROCKVILLE SENIOR CENTER
1150 Carnation Drive, Rockville, MD |
| FH FRIENDSHIP HEIGHTS VILLAGE CENTER
4433 S. Park Ave., Chevy Chase, MD | SH SUBURBAN HOSPITAL
8600 Old Georgetown Road, Bethesda, MD |
| HP HOLIDAY PARK SENIOR CENTER
3950 Ferrara Drive, Wheaton, MD | TCB THE CHAMPLAIN BUILDING
6410 Rockledge Drive, Suite 150A, Bethesda, MD |
| JEL JANE E. LAWTON CENTER
4301 Willow Lane, Chevy Chase, MD | TL TWINBROOK LIBRARY
202 Meadow Hall Drive, Rockville, MD |
| JHCP JOHNS HOPKINS COMMUNITY PHYSICIANS
15005 Shady Grove Road, Suite 340, Rockville, MD | WP WISCONSIN PLACE COMMUNITY RECREATION CENTER
5311 Friendship Blvd., Chevy Chase, MD |
| JHSC JOHNS HOPKINS HEALTH CARE AND SURGERY CENTER
6420 Rockledge Drive, Bethesda, MD | |

	DATE & TIME	LOCATION	EVENT DETAILS
NUTRITION & WEIGHT MANAGEMENT	Wednesdays April 15 – June 17 7-8 p.m. \$145	TCB	Healthy Choices This 10-week program teaches a non-diet lifestyle approach to weight management and is facilitated by a registered/licensed dietitian.
	Wednesdays April 15 – June 3 5:30-6:15 p.m. \$85	TCB	Healthy Weigh Series Explore the latest topics in nutrition, exercise and lifestyle issues that can affect weight management with a registered/licensed dietitian.
	By appointment Call 301-896-3939 \$85 per hour	TCB	Nutrition One-on-One A registered/licensed dietitian will conduct a thorough health evaluation and create a personalized nutrition and exercise strategy.

	DATE & TIME	LOCATION	EVENT DETAILS
HEARTWELL PROGRAMS	Tuesdays 10 a.m.-2 p.m.	BGC	Know Your Numbers Meet with a Suburban Hospital HeartWell nurse for counseling on the numbers that are important for managing your heart health. Walk-ins are welcome. <i>Made possible by a generous grant from the Wolpoff Family Foundation.</i>
	Wednesdays 9 a.m.-Noon	HP	
	Wednesdays 10 a.m.-Noon Free!	MSC	

HeartWell is a free, community-based health promotion program focused on cardiovascular health and wellness.

	DATE & TIME	LOCATION	EVENT DETAILS
DIABETES EDUCATION PROGRAMS	Wednesdays April 8, May 13 & June 10 6:30-8 p.m. Free!	SH	Thrive 365: Monthly Diabetes Meetings Facilitated by a certified diabetes educator; these monthly meetings feature guest speakers on a variety of topics for living well with diabetes.
	Tuesday, May 12 6-7:30 p.m. \$20	SH	Laying the Foundation: Pre-Diabetes Action Class Learn how diabetes progresses and how you can slow or prevent its onset. This class is for people with pre-diabetes or who are at risk of developing diabetes.
	Wednesday, June 3 2-4 p.m. \$10	SH	Diabetes A-Z: Self-Management Education Recently been diagnosed with diabetes or simply need a refresher course? This interactive class taught by a registered dietitian, clinical pharmacist and certified diabetes educator from Suburban Hospital is for you.
	Phone Consultation Free!	By phone	Diabetes Fine-Tuning Schedule a personal phone consultation to customize and develop strategies for self-management to live well with diabetes. Sign up at events.suburbanhospital.org .

	DATE & TIME	LOCATION	EVENT DETAILS
HEALTHY LIFESTYLES	Thursdays April 2, 9, 30, May 14, 28, June 11 & 25 6:30-7:30 p.m. \$10 per class	BCT	Yoga From the Heart A gentle yoga class designed with cardiac patients in mind. Mats and props provided. Wear comfortable clothes and bring water and a sweatshirt.
	Wednesdays April 29 – June 3 2-4:30 p.m. Free!	TL	Chronic Disease Self-Management Program: A Healthier Living Workshop Managing ongoing health conditions can be a complex and difficult task. Learn techniques to solve everyday problems and self-care strategies to better manage your condition. Caregivers welcome.
	NEW! Thursdays May 7 – June 11 1:30-4 p.m. Free!	OASIS	Chronic Pain Self-Management Program: A Healthier Living Workshop Living with chronic pain can bring frustration, fatigue and isolation. This peer-led workshop helps you build confidence and manage your pain in a safe manner. To register, please email washingtonmetro@oasisnet.org or call 301-469-5127.
	Fridays May 15 – June 19 11-11:45 a.m. \$55	BRSC	Mindfulness Meditation A Mindfulness Center instructor will guide participants on the basics of meditation by focusing on posture, breathing and energy work.
	Tuesdays April 14 – May 26 & Thursday, May 7 6:30-8 p.m. Free!	OASIS	Freedom From Smoking® Class America's gold standard smoking cessation program for more than 25 years, this step-by-step program teaches skills and techniques to help take control of your behavior. Supported by the Montgomery County Cancer Crusade.
	Tuesdays June 16 – July 28 & Thursday, July 9 6-7:30 p.m. Free!	JHCP	
Online Course Free!	Online	Freedom From Smoking® Plus Want to quit smoking, but don't have time to attend a class? Break your addiction from tobacco and get the support you need through this online course.	

	DATE & TIME	LOCATION	EVENT DETAILS
HEALTH & SAFETY	Thursday, April 23 5:30-8:30 p.m. \$75	SH	CPR for Friends and Family Designed for those who want to learn how to save a life! Receive instruction for adult, child and infant CPR and choking rescue. Non-credentialed course.
	Thursday, May 21 5:30-8:30 p.m. \$75	SH	Heartsaver AED and Adult CPR Learn the latest AED training and lifesaving techniques. Designed for laypeople who require CPR credential documentation.
	Saturday May 30 or June 6 9 a.m.-3 p.m. \$105	BRSC	Safe Sitter A comprehensive, one-day training course on the essentials of babysitting for 11- to 13-year-olds. Course includes tactics for handling emergencies, basic first aid and child care skills.
	Wednesday, June 3 6-9 p.m. \$45 per person \$75 per couple	OASIS	Survival Guide for First-Time Grandparents Receive instruction on infant and child CPR, choking rescue and baby life skills for first-time grandparents.
	Thursday, June 18 5:30-9:30 p.m. \$75	SH	Community CPR Learn to respond effectively in emergencies. Class includes infant, child and adult CPR with certification provided. Appropriate for young adults, nannies, lifeguards and preschool teachers.

All courses are designed according to current American Heart Association guidelines.

	DATE & TIME	LOCATION	EVENT DETAILS
SUPPORT GROUPS	Fridays April 3, May 1 & June 5 2-3:30 p.m. Free!	OASIS	Memory Cafés A fun and relaxing way for people living with early stage memory loss and their care partners to connect with one another. For more information or to register, please email washingtonmetro@oasisnet.org or call 301-469-5127.
	Wednesdays April 29 & May 27 7:30-9 p.m. Free!	SH	Type 1 Diabetes Peer Support Group Are you living with type 1 diabetes or parenting a child with type 1 diabetes? Learn tips and get insights to manage diabetes at school, work and home. Walk-ins welcome.
	Wednesdays May 6 – June 24 10:30 a.m.-Noon Free!	OASIS	Oasis Caregiver Support Group Series To learn more about this series, please email washingtonmetro@oasisnet.org or call 301-469-5127. Walk-ins welcome.
	3rd Wednesday of the month 12:45-1:45 p.m. Free! 4th Wednesday of the month 12:30-1:30 p.m. Free!	MSC HP	Diabetes Support and Education Meetings Learn self-management strategies and share concerns, stories and resources with others living with diabetes. No registration required and walk-ins are welcome.

	DATE & TIME	LOCATION	EVENT DETAILS
JOINT & SPINE EDUCATION	Wednesdays April 1, May 6 or June 3 2-3 p.m. Free!	SH	Pre-Operative Spine Class Patients scheduled for spine surgery at Suburban Hospital will learn about pre-operative preparation and post-operative care. Call 301-896-MOVE (6683) with questions.
	1st & 3rd Thursday of the month 3-4:30 p.m. 2nd & 4th Tuesday of the month 9:30-11 a.m. Free!	TCB	Pre-Operative Joint Class Patients scheduled for joint replacement surgery at Suburban Hospital will learn about pre-operative preparation and post-operative care. Please check events.suburbanhospital.org for dates, times and location. Call 301-896-MOVE (6683) with questions.

	DATE & TIME	LOCATION	EVENT DETAILS
SENIOR PROGRAMS	Wednesdays April 1 – June 24 1:15-2 p.m. \$40	BGC	Senior Shape – Flexible Strength Perform exercises designed to increase posture, flexibility, range of motion and core strength.
	Mondays & Wednesdays April 1 – June 29 11-11:45 a.m. (Mon.) & 9:15-10 a.m. (Wed.) \$40	PCC	Senior Shape – Advanced Aerobics/Stretch Increase flexibility, joint stability, balance, muscular strength and cardiovascular endurance. Mat, light weights and exercise band are required.
	Tuesdays April 7 – June 30 10-10:45 a.m. \$40	WP	
	Fridays April 3 – June 26 9:30-10:15 a.m. \$40	NPCC	Senior Shape – Aerobic/Strength/Stretch Low-impact, aerobic exercises intended to strengthen your cardiovascular system and improve strength and endurance. Mat, exercise band and light weights are required.
	Fridays April 3 – June 26 11:15 a.m.-Noon \$40	BRSC	
	Tuesdays April 7 – June 30 11-11:45 a.m. \$40	MSC	Senior Shape – Stability Ball This low-impact exercise program will tone your core muscles and help increase balance and flexibility. Bring an exercise ball and weights.
	Thursdays April 2 – June 25 10:30-11:15 a.m. \$40	BGC	
	Mondays April 13 – June 29 9-9:45 a.m. \$40	HP	
	Tuesdays April 7 – June 30 10-10:45 a.m. \$40	MSC	Senior Shape – Weight Training Increase your muscular strength and endurance and improve range of motion and balance. Bring handheld weights and a mat.
	Wednesdays April 1 – June 24 11:15 a.m.-Noon \$40	BRSC	
	NEW! Tuesdays April 7 – June 30 11-11:45 a.m. \$40	JEL	Senior Shape – Chair Conditioning Class Increase strength, endurance, range of motion and balance in this seated exercise class. Bring handheld weights and a band.
	Tuesdays April 14 – May 19 or May 26 – June 30 11:15 a.m.-Noon \$60	BRSC	Pilates for Seniors Incorporates gentle movements to strengthen the core, lengthen the spine and build muscle tone while improving posture and increasing flexibility. Bring a mat and dress comfortably.
Thursdays April 16 – May 21 or May 28 – July 2 10:30-11:30 a.m. \$75	BRSC	Tai Chi Improve your memory, coordination, balance and flexibility through Tai Chi using gentle, flowing movements. Wear comfortable clothing. Appropriate for beginners.	
Tuesdays April 21 – May 26 10-10:45 a.m. \$70	JEL	TaijiFit A gentle workout of continuous movement that exercises many systems of the body. Based on traditional Tai Chi movements, TaijiFit builds confidence and comfort. Appropriate for all ages and fitness levels.	
Wednesdays April 22 – May 27 or June 3 – July 8 9:30-10:30 a.m. \$75	BRSC	Intermediate Taiji Class Participants will practice the first of the three Taiji two-person exercises, Tui Shou (Push Hands), which is the second step (after the solo form) on the path to Taiji mastery. Students must know a complete Taiji solo form to qualify for this class.	
Wednesdays May 13 – June 17 12:15-1:15 p.m. \$60	CBCC	Gentle Yoga for Seniors Gently tone muscles, improve balance and increase circulation during this six-week session. Dress comfortably. Bring a yoga mat and blanket.	
Mondays June 1 – June 22 1-2 p.m. \$45	HP	Balancing Act A certified physical therapist will teach you balance, strengthening and flexibility exercises that can be done safely in your home.	

DATE & TIME	LOCATION	EVENT DETAILS
Wednesday, April 8 1-2 p.m. Free!	FH	Infection Control A Suburban hospitalist will discuss how to lower the risk of infections, the role of antibiotics and how they are prescribed, and best strategies to protect you and others from the spread of germs.
Thursday, April 23 1-2 p.m. Free!	RSC	
Tuesday, April 21 1-2 p.m. Free!	HP	Don't Be Blue, Protect Against the Flu Brenda Akinnagbe, M.P.H., C.I.C., from Suburban Hospital's Infectious Disease Department explains how flu epidemics start, why they are serious and what you can do to protect yourself.
Wednesday, May 13 1-2 p.m. Free!	FH	Finding Relief From Arthritis Join Sophie Strike, M.D., orthopedic hand surgeon, for a discussion on the latest treatment options for osteoarthritis and carpal tunnel syndrome.
Tuesday, May 19 1-2 p.m. Free!	HP	Hearts a Flutter Atrial fibrillation is an irregular heartbeat or arrhythmia that can lead to blood clots, stroke or heart failure. Cardiologist Erich Wedam, M.D. , will review the signs and symptoms of atrial fibrillation as well as nonsurgical and surgical treatment options.
Thursday, May 28 1-2 p.m. Free!	RSC	Keeping Your Eyes Healthy: How to Prevent & Reverse Eye Conditions Learn the essentials of eye health as well as prevention and treatment options for age-related eye conditions with ophthalmologist Neal Adams, M.D.
Wednesday, June 10 1-2 p.m. Free!	FH	Listen Up! Understand the basics of hearing loss, challenges that can result and the latest research on how hearing care is changing from otolaryngologist and public health researcher Carrie Nieman, M.D.
Tuesday, June 23 1-2 p.m. Free!	HP	Current Diet Trends A Suburban Hospital clinical dietitian will address the benefits and possible downsides of the latest diet trends and set the record straight on how to eat a well-balanced diet and maintain a healthy weight.
Thursday, June 25 1-2 p.m. Free!	RSC	Get Back Into Action With Joint Replacement Kevin Woodward, P.A.-C., will discuss the latest advances in joint replacement as well as treatment options for common hip and knee joint issues.

DATE & TIME	LOCATION	EVENT DETAILS
Monday evenings 6:15-7:15 p.m. Free!	ATC	Concerned Persons Program A series of seven lectures designed to educate family members, friends and others concerned about a loved one's substance use. Walk-ins welcome. For more information, call 301-896-2036.
Tuesdays (parents and teens) & Thursdays (teens only) 6-8 p.m. \$100 per teen	ATC	Alcohol and Other Drugs Education Seminar Through speakers and informational materials, participants learn how drugs affect the body, legal aspects of substance use, and how substance use can impact your life and goals. Designed for teens 13-18 years old and their families. Call 301-896-6608 to reserve your space.



SIXTH ANNUAL DIABETES SYMPOSIUM

Coming in May | **Free!**

This event will cover the latest innovative concepts and findings from leading experts on diabetes management and treatment. Visit EVENTS.SUBURBANHOSPITAL.ORG OR CALL 301-896-3939 to learn about this year's topic, date and location.

DATE & TIME	LOCATION	EVENT DETAILS
Thursday, April 23 3-5 p.m. Free!	JHSC	Oral, Head & Neck Screening Oral, head and neck cancers are the sixth most common forms of cancer in the U.S. Join Johns Hopkins Head and Neck Cancer Center physicians for 10-minute head and neck cancer screenings that are easy and painless.
Monday, April 27 Noon-2 p.m. Free!	JHSC	Look Good Feel Better Female cancer patients in active treatment are invited to join us for this free program on combating appearance-related side effects of treatment with the help of trained, volunteer cosmetologists. Visit lookgoodfeelbetter.org to register.
Monday, May 4 6-8 p.m. Free!	JHSC	Skin Cancer Screening Adults with significant sun exposure or a family history of skin cancer should have an annual skin exam. Join board-certified dermatologists for a free screening! Open to community members who have not had a skin screening in the past year. Co-sponsored by the Sidney J. Malawer Memorial Foundation.
Wednesdays June 3, 10, 17, 24 & July 1 6:30-7:45 p.m. \$40 (scholarships available)	JHSC	Yoga for Cancer Survivors Restore and refresh your body, mind and spirit in gently paced classes that enhance strength, flexibility and balance. No prior yoga experience is necessary. Open to all cancer survivors.

DATE & TIME	LOCATION	EVENT DETAILS
Wednesdays April 15, May 20 & June 17 6-7 p.m. Free!	JHSC	Caregivers Support Group This ongoing, monthly group is open to all cancer caregivers. Join us for an evening of learning, conversation and companionship. Contact Barbara Doherty at 301-896-6782 to register.
Wednesdays April 15, 22, 29, May 6, 13 & 20 5:30-7 p.m. Free!	JHSC	Facing Forward: A Post-Treatment Breast Cancer Support Group This support group addresses the unique feelings and concerns that survivors face upon completion of cancer treatment. Open to women who have completed treatment within the past year. Contact Susan Jacobstein at 301-896-6837 or sjacob20@jhmi.edu to register.
Mondays April 20 & June 15; cancelled in May 7-8:30 p.m. Free!	JHSC	Prostate Cancer Support Group Gain new knowledge and share common concerns with other prostate cancer survivors and their family members/significant others. Walk-ins welcome. Contact Susan Jacobstein at 301-896-6837 or sjacob20@jhmi.edu with questions.
Tuesdays April 21 & June 16; cancelled in May 5:30-7 p.m. Free!	JHSC	Head & Neck Cancer Support Group Share information and receive support from other head and neck cancer patients and their family members/significant others during treatment and recovery. Contact Susan Jacobstein at 301-896-6837 or sjacob20@jhmi.edu to register.
Fridays April 24, May 22 & June 26 10:30 a.m.-Noon Free!	OASIS	Talk & Walk Learn about the latest updates in breast cancer treatment, research and nutrition; meet other breast cancer survivors and walk at your own pace in a comfortable and safe environment. Walk-ins welcome. Contact Jamie Borns at 301-896-6798 with questions.



SPRING BLOOD DRIVE

Wednesday, May 6 | 10 a.m.-4 p.m. | SH

Schedule your appointment by calling 1-800-GIVE-LIFE.

SPRING
2020

Your personal link to **COMMUNITY HEALTH EVENTS & EDUCATION** inside

For more information about any of our events, visit
EVENTS.SUBURBANHOSPITAL.ORG

17TH ANNUAL MEN'S HEALTH SYMPOSIUM

Wednesday, June 10 | SH
6-6:30 p.m. | Registration and light refreshments
6:30-8 p.m. | Program | **Free!**

Keeping your heart, body and spirit healthy is similar to maintaining a well-oiled machine. Cardiologist **Amr Abdelbaky, M.B.B.Ch.**, and urologist **Vik Uberoi, M.D.**, will discuss the keys to a healthy lifestyle to keep your engine running smoothly for years to come. Women are welcome to attend this unique symposium on men's health. *This program is generously supported by the Frederick H. Bowis Community Fund.*

Healing for the Whole Person:

HOW MINDFULNESS AND BREATHWORK CAN EASE PAIN AND LIFT THE SPIRIT

Wednesday, May 13 | SH
6-6:30 p.m. | Registration and refreshments
6:30-8 p.m. | Program | **Free!**

Meditation and breathwork can relieve stress and anxiety, increase energy levels, boost the immune system and improve lung capacity. They can also transcend the physical to create a deeper sense of emotional, mental and spiritual well-being. Join **Lauren Chelec Cafritz**, author of *Breath LOVE*, and **Neda Gould, Ph.D.**, associate director of Johns Hopkins Bayview Medical Center Anxiety Disorders Clinic, to learn how to improve your physical, mental and spiritual health through breathwork. *Made possible through the generosity of our loyal donors.*



METRO WASHINGTON OASIS EVENTS

Widowed Persons Social Gathering

Thursday, May 14 | 3-4:30 p.m. | OASIS
Socialize with others who have lost their true love, best friend and life partner.

Mental Health First Aid

Monday, May 4 | 9 a.m.-5 p.m. | OASIS
Free!

An 8-hour course for those who work with adult and senior populations on the unique risk factors and warning signs of mental illness and what you can do to help direct people in need to appropriate resources.

For more information or to register for these events, please email washingtonmetro@oasisnet.org or call 301-469-5127.



SUBURBAN HOSPITAL

2020 COMMUNITY HEALTH IMPROVEMENT

Report

Transcending THE WALLS OF THE HOSPITAL

“You must be the change you wish to see in the world.”

MAHATMA GANDHI

Who We Are

For more than 75 years, Suburban Hospital, a member of Johns Hopkins Medicine, has worked to improve the health of our community by setting the standard of excellence in medical education, research and clinical care. This commitment transcends the walls of the hospital into the numerous neighborhoods we serve through our various community health improvement initiatives. Through innovative approaches and evidence-based programming, we tackle health inequity, promote healthy behaviors and improve access to care. Supported by a strong network of stakeholders, we seek to foster a community that is connected, engaged and resilient.

What We Do

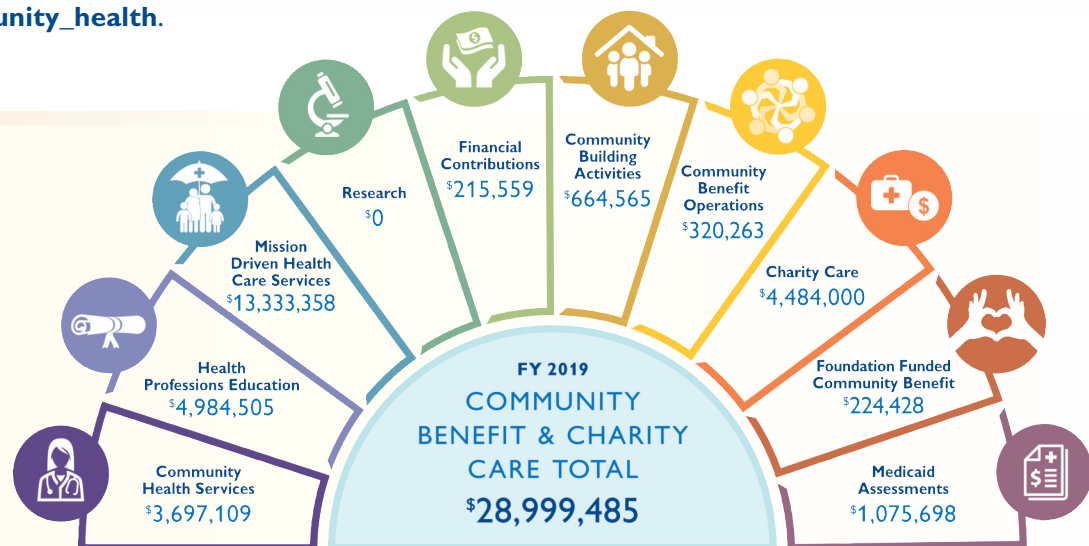
Suburban Hospital’s community health improvement goals and priorities are guided by a multi-phase, collaborative and data-driven process referred to as the Community Health Needs Assessment (CHNA). Conducted every three years, the CHNA collects and reviews data on the health status of the communities we serve. This process helps identify the most pressing needs and health priorities facing our residents. It also presents opportunities to design a strategy that supports positive health outcomes and improved quality of life. In this report, we highlight our approach and anticipated impact (as described in our Implementation Strategy) for the six health priorities identified through the 2019 CHNA. To read a complete copy of Suburban Hospital’s CHNA report and the Implementation Strategy, visit www.hopkinsmedicine.org/suburban_hospital/community_health.

Our Impact

Everyone has the opportunity to live healthier lives, regardless of who they are, where they live or income level. While data shows that Montgomery County is one of the nation’s most affluent counties, it also points to widespread health disparities and inequities. Health care institutions, in partnership with community organizations and local stakeholders, work together as one to address these disparities and bridge gaps.

Suburban Hospital’s framework for building a healthy community is deliberate and purposeful. Aligning health priorities—identified through the triannual Community Health Needs Assessment (CHNA) process—with the hospital’s area of expertise and fostering cross-sector collaboration, we aim to achieve significant and lasting changes. Via this report, we highlight our approach and anticipated impact for our community’s most pressing health needs.

CARING
FOR OUR
COMMUNITY
FY19



SOURCE: SUBURBAN HOSPITAL'S HSCRC CBR REPORT

STRENGTHENING

31.1%

of people are 55+ in Suburban's Community Benefit Service Area (CBSA)



52%

Female



48%

Male

Are currently living in Suburban's (CBSA)



Average household income

While the average household income for Suburban's CBSA is

\$156,596

35%



below

\$75,000

26%

of residents are Medicare or Medicaid beneficiaries.



Blacks, Hispanics/Latinos and Asians make-up in

48% Suburban's CBSA.



The most commonly spoken languages in Montgomery County, aside from English (60.7%), include Spanish (17.6%), other Indo-European (9.8%), and Asian and Pacific Islander languages (9.8%).



62%

of residents living in Suburban's CBSA hold a bachelor's degree or higher

At the County level, an estimated 6.9% of the total population and 4.7% of families live below the federal poverty line.



Who We Are

A CULTURE OF

Access TO Care

We create opportunities to enable and promote connections across health care, social services and public health systems to meet the needs of individuals and communities.

Healthy Behaviors

We provide individuals and families with knowledge and tools to make choices that lead to improved quality of life.



HEALTH *Equity*

We ensure that everyone has the opportunity to live a healthier life, no matter who they are, where they live or how much money they make.



What We Do

HEALTH

2019 CHNA TOP HEALTH PRIORITIES

BEHAVIORAL HEALTH



A supportive culture where mental and behavioral health barriers are broken

- **Deliver ongoing programs and initiatives that foster social and emotional support**

DIABETES



Reduce diabetes occurrence and associated health complications

- **Conduct ongoing health education seminars, classes and one-on-one counseling with a diabetes educator**

CARDIOVASCULAR HEALTH



Lower the mortality rate from heart disease and stroke

- **Create ongoing opportunities for one-on-one consultation meetings with a health professional to assess risks and receive counseling**

INFECTIONS



Recognize signs and symptoms of serious infection and seek appropriate treatment to avoid hospitalization

- **Build and deliver community-based programming to increase awareness of the warning signs and risks of sepsis**

CANCER



Reduce cancer mortality rate and increase cancer survivorship rates

- **Provide access to preventive cancer screenings**

UNINTENTIONAL INJURY



Reduce the incidence of preventable fall-related injuries among older adults

- **Lead evidence-based fall prevention programming**

Our Impact

The Change

WE WANT TO SEE

The following excerpts are from letters of gratitude and appreciation received throughout the year, highlighting the direct impact of our hospital, staff and programs in the community.

Blood Pressure Screenings

Kate's smile and kind voice made me feel at ease right away. She not only took our blood pressure, but also took the time to talk to us and explain the dangers of high blood pressure and answered our questions without hesitation. She spoke to me a lot because my blood pressure ran very high for so long. She never stopped and kept after me until I finally saw the doctor. He put me on medication right away. I really believe to this day that Kate saved my life because she kept on me to go see a doctor about my blood pressure. Afraid and scared, I kept thinking about what Kate had said and finally went. Once at the doctor, I felt so good and at ease. Life has been good for me ever since. Kate's great smile and soft voice makes a person want to do the right thing. I will be forever grateful you sent Kate my way.

MEMBER, GLENARDEN SENIOR CENTER (PRINCE GEORGE'S COUNTY)

Stop the Bleed

The Suburban Medical Explorers would like to thank you for helping us learn about how to stop severe bleeding. Many of us were unaware of the fact that severe bleeding is the number one cause of preventable deaths. Learning how to handle such a situation is a critical skill, and we are thrilled to have had such teachers to learn from.

HIGH SCHOOL STUDENTS, SUBURBAN MEDICAL EXPLORERS

Freedom from Smoking

I am so grateful for all the support and help I have received from (the) group and from the "Freedom from Smoking" program, and I know that I would not have reached this milestone without you. For so many years, my dream was to be a non-smoker by January 1 the next year! I finally did it!

FORMER PARTICIPANT, FREEDOM FROM SMOKING

After the passing of my husband two years ago, I plunged into deep, slow and ever-present mourning and stopped exercising. To grind in salt on the injury, I was rear ended in December 2017, while my car had stopped at the red signal. Several months of rehabilitation exercise sessions followed. The physical therapist recommended that I take exercise classes, and I found the Senior Shape program offered by Suburban Hospital. Since January 2019, I filled my calendar with 4 days a week of 45 minutes classes, and the effect is remarkable. I can foresee that before long I might be able to go back to frequent yoga routine that I used to enjoy. My aging bones and muscles are gradually coming back to life. So is my spirit. I often wonder if the rear-ended accident was not a blessing in disguise. I feel that it might have been a present from my husband from the other side. I am grateful to Suburban Hospital for this wonderful gift to the community.

PARTICIPANT, SENIOR SHAPE PROGRAM

In FY19, Suburban Hospital conducted 2,553 community health improvement programs, screenings, classes, seminars and activities, serving 75,062 individuals with \$28,999,485 in community benefit contributions dedicated to supporting the needs of our residents.



Suburban Hospital 2019 Community Health Needs Assessment

PROJECT MANAGEMENT PLAN

PREPARED BY: PATRICIA RIOS

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PROJECT CHARTER

0. General Information

Project Title: Community Health Needs Assessment 2019

Project Sponsor: Suburban Hospital

Project Manager: Patricia Rios

Project Start Date: January 1, 2018

Date Prepared: December 9, 2017

Project Customer: Community Health & Wellness Dept.

Project Completion Date: June 20, 2019

1. Project Purpose or Justification:

The project will identify the top 5 prominent health issues affecting the community served by the Hospital. The project is a requirement by the federal government to maintain not-for-profit status and will help to target health improvement strategies that meet the needs of the community.

2. Project Stakeholders

Position	Title/Name/Organization	Phone	Email
<i>Director, SH CHW</i>	Monique Sanfuentes, Suburban Hospital	301-896-3572	Msanfue1@jhmi.edu
<i>Chair, Community Health Improvement Council</i>			
<i>Chari, SH Board of Trustees</i>			
<i>CEO, Suburban Hospital</i>			
<i>Director, SH Finance</i>			

3. Key Success Factors

- CHNA process is approved by hospital administration
- 400 Community Surveys are collected
- MoCo epidemiologist provides zip-code level data for top diabetes, heart disease, cancer, obesity, and behavioral health
- CHNA report is included in the IRS 1099 Form in 2019
- CHNA findings are used to prioritize and strategize health improvement initiatives

SCOPE STATEMENT

Project Name: 2019 Community Health Needs Assessment (CHNA)

Project Manager: Patricia Rios

Date: Saturday, November 4, 2017

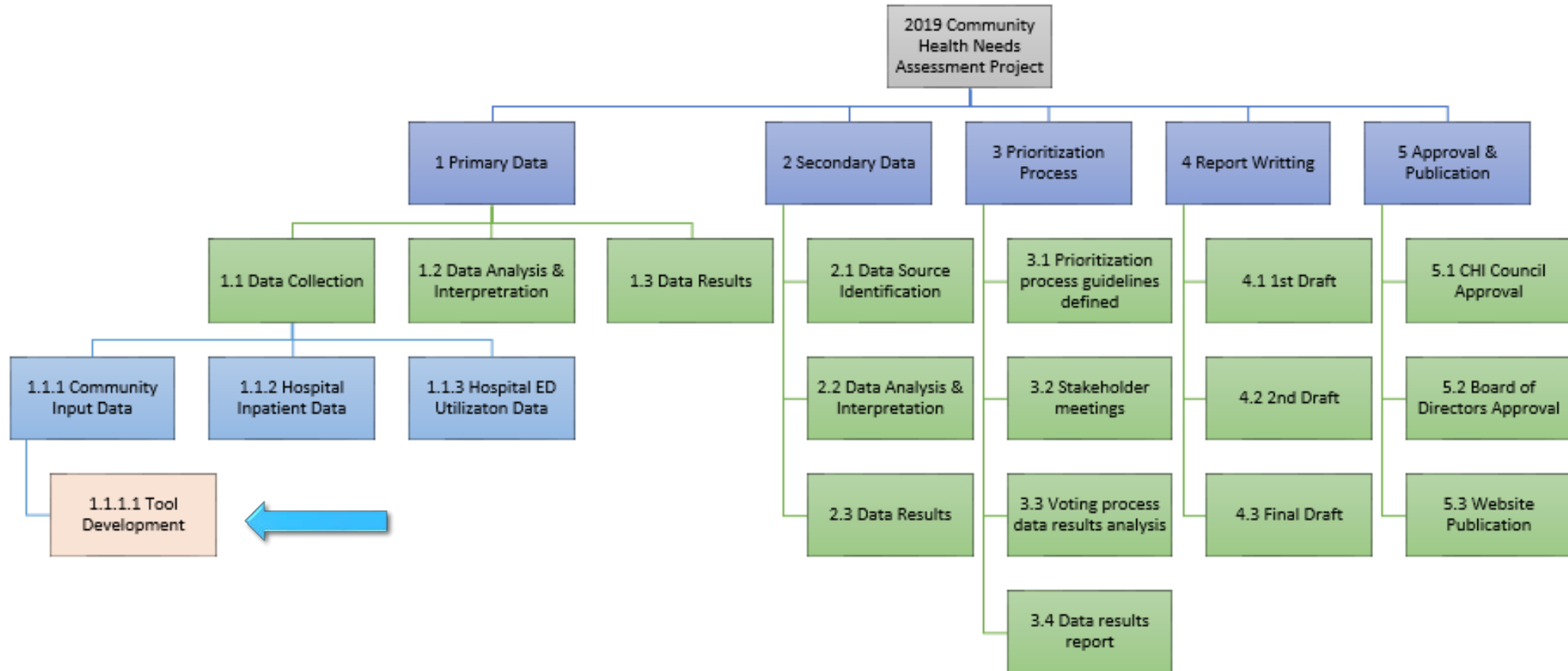
1. Project Closure Report Version Control

Version	Date	Author	Change Description
1	11/4/17	Patricia Rios	Create Document
2	12/5/17	Patricia Rios	Update Document

2. Project Scope Description

The Community Health Needs Assessment is a process that incorporates qualitative and quantitative data to identify barriers to achieving optimal health, population specific-health disparities, and perceived health needs in a community. Through primary and secondary data analysis, the top 5 health needs affecting MoCo residents residing in Suburban Hospital's Community Benefit Service Area (CBSA) will be identified and ranked.

Work Breakdown Structure



WBS Dictionary

Project: 2019 Community Health Needs Assessment

Date Prepared: 11/24/17



Work Package Name: Tool Development			Code of Account: 1.1.1.1	
Description of Work: A tool will be developed to collect community input for inclusion in the CHNA report. The delivery method for the tool will also be defined.			Assumptions and Constraints Data collected will be representative of the population	
ID	Activities	Due Date	Milestones	Due Date
2.0	Utilize Secondary data Findings	3/1/18	Top 10 causes of morbidity and mortality in MoCo identified	3/16/18
1.1.1.1.1	Identify tool development team	2/16/18	Names of data analyst, public health professional, anthropologist, and field expert assigned to the team	2/16/18
1.1.1.1.2	Schedule meetings with development team	3/2/18	Meeting dates confirmed	3/2/18
1.1.1.1.3	Meet with team to develop tool and method of delivery	3/16/18	Method of delivery for tool identified 1 st Tool draft	3/30/18
1.1.1.1.4	Manage tool approval process	3/30/18	Pilot test conducted Director sign-off on tool	4/6/18
1.1.1.1.5	Send tool for translation	4/6/18	Translated tool	4/20/18
1.1.1.1.6	Add last touches to the tool, last final approval	4/25/18	PDF copy of tool (questionnaire) English/Spanish Sign-off form signed	4/26/18

Activity List and Attributes

ID	Dependency Description	Predecessor Activity	Successor Activity
2.0	Mandatory – 2 nd data findings are needed to justify and guide questions to be included in the tool.	0	1.1.1.1.2
1.1.1.1.1	Discretionary - Hiring and assigning development team for the community input tool	0	1.1.1.1.2
1.1.1.1.2	Mandatory - Schedule meetings with identified development team members	1.1.1.1.1	1.1.1.1.3
1.1.1.1.3	Mandatory Meet with team to design tool and method of delivery	1.1.1.1.2 & 2.0	1.1.1.1.4
1.1.1.1.4	Mandatory - Once 1 st draft of tool is ready for the approval process, sign-offs and pilots will have been conducted	1.1.1.1.3	1.1.1.1.5
1.1.1.1.5	Mandatory – Approved has been sent to company for translation into needed languages.	1.1.1.1.5	1.1.1.1.6
1.1.1.1.6	Mandatory Tool is finalized and available for use in the languages needed	1.1.1.1.5	1.1.1.2

Activity Duration Estimates

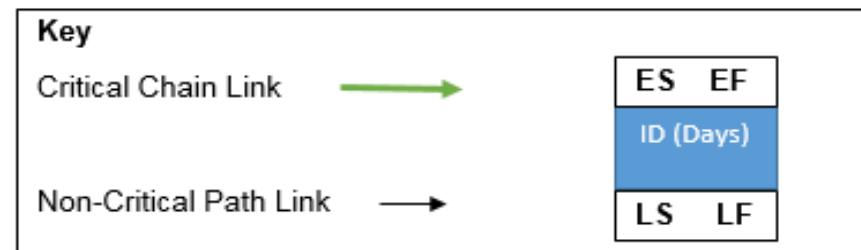
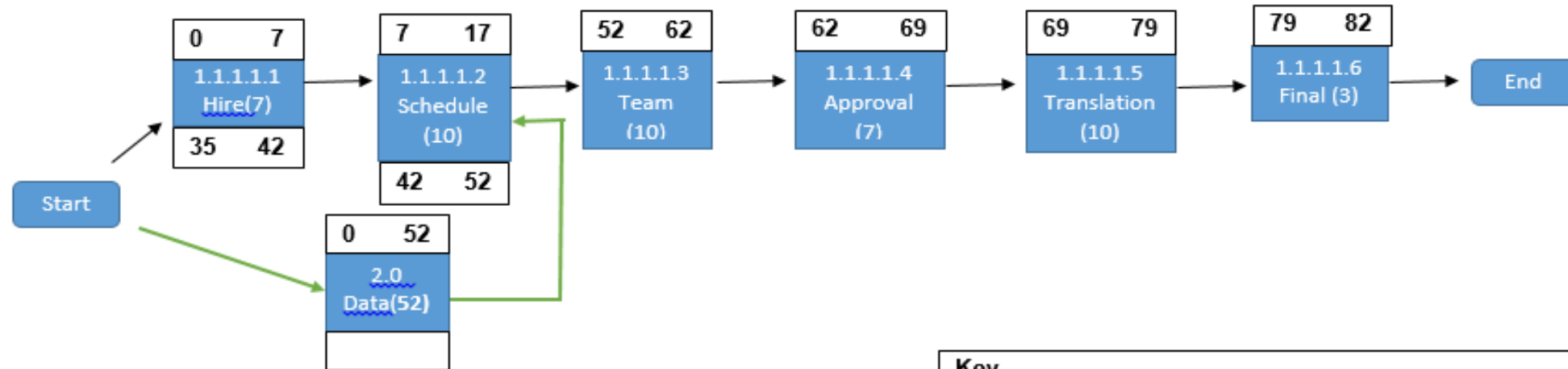
ID	Activity Definition	People, equipment , etc	How long it will take?	Estimating Method Used
2.0	Utilize Secondary data Findings (Research and analyze public health data)	<ul style="list-style-type: none"> - Computer - Epidemiologist - Data Analysis Software - Workspace - 2 Interns 	640 Hrs /16 weeks/80 days Duration = 6.4 Weeks or 52 days	PERT
1.1.1.1.1	Identify tool development team	<ul style="list-style-type: none"> - Data analyst (In-house) - Public health professional (In-house) - Anthropologist (Contractor) - Field expert (Contractor) 	56 Hrs/ 1.4 week(s)/7 days	PERT
1.1.1.1.2	Schedule meetings with development team	<ul style="list-style-type: none"> - Meeting Space - Office supplies (pens) - Computer -Admin Staff 	80 hours/2 week(s)/ 10 days	Analogous
1.1.1.1.3	Team will meet twice a week to design the tool and method of delivery	<ul style="list-style-type: none"> - Data analyst - Public health professional - Anthropologist - Field expert - Admin Staff 	19 hours – 9.5 days	Analogous
1.1.1.1.4	Tool approval process: Pilot test & Stakeholder sign-off	<ul style="list-style-type: none"> - Software - Admin staff - Field expert - PM 	54 hours, 7 days	Analogous
1.1.1.1.5	Tool translation	Translation company	2 (weeks), 10 days	Analogous
1.1.1.1.6	Tool finalized- Stakeholder sign-off	Admin staff Software	72 hours, 3 days	Analogous
Restrictions: Staff assigned to project work on other company projects.			Assumptions: Staff will work 8 hours, 40 hours per week. No over-time allowed.	

Network Diagram (Precedence Diagramming Method)

Project Title: 2019 Community Health Needs Assessment

Date Prepared: TBD

Work Package: Tool Development



Project Risk List

Project Title: 2019 Community Health Needs Assessment

Date Prepared: TBD

Work Package: Tool Development

Risk ID	Risk			Risk Score	Planned Risk Response
	Description	Probability	Impact		
T	Project Dependency	High	High	1	Avoid- The schedule will need to be modified if activities in the critical path are not completed in the scheduled time. Tool development is contingent upon successful completion of the 2 nd data analysis results.
T	Communication	High	High	3	Several strategies will be put in place to facilitate communication for the team, including a DropBox for exchange and easy access to documents.
T/O	Resources	Low	High	2	At least 50% of staff assigned to the project come from the organization. Staff is assigned to work on other projects, their time can provide a risk/opportunity depending on the load of other projects. This risk as a thread will be avoided by getting support from C-Suite on priority.

Impact:

Low (1) – One objective/activity impacted

Medium (2) – Two objectives impacted

High (3) – Three objectives impacted

Probability

Low (1) – 15% or less chance

Medium (2) – 20-30% of chance

High (3) – 50% of chance



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

2019 Community Health Needs Assessment Planning & Advise Seeking Process

Suburban Hospital

April 26, 2018

Content

- Background
- 2016 CHNA Review
 - Process
 - Identified Health Priorities
- 2019 CHNA Framework

CHNA Icebreaker

Go to **www.menti.com** and use the code **4119 31**

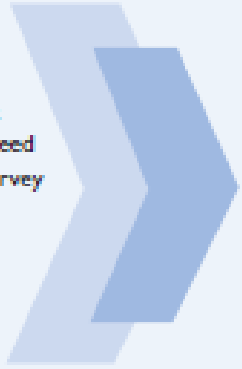
Please do not close your browser after participating in the poll.

Background

The purpose of a community health needs assessment is to identify the most important health issues surrounding the hospital using scientifically valid health indicators and comparative information. The assessment also identifies priority health issues where better integration of public health and healthcare can improve access, quality, and cost effectiveness of services to residents surrounding the hospital.

2016 CHNA Process

DATA COLLECTION



Community Benefit
Service Area high need
zip codes, health survey
distribution and
collection



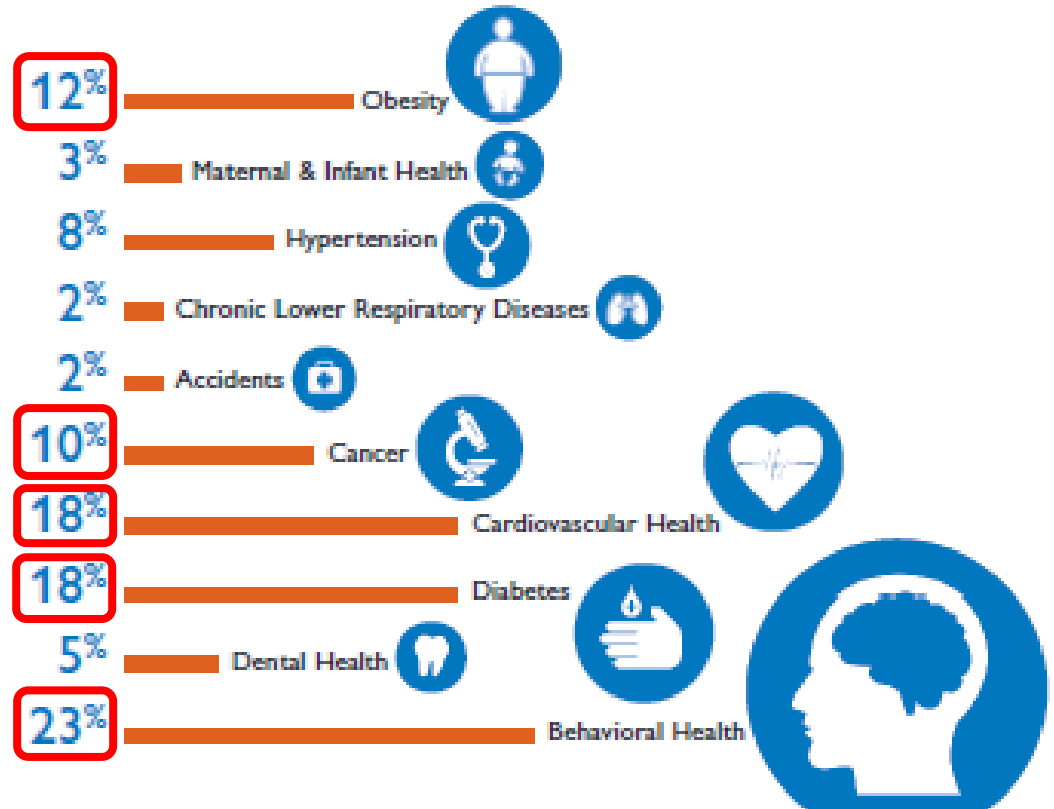
Secondary Data
Review (i.e. Healthy
Montgomery, County
health rankings, vital
statistics, U.S. Census)



Input from public health
experts and stakeholders (i.e.
Community Benefit Advisory
Council, Healthy Montgomery
Steering Committee,
community partners)

2016 CHNA Health Priorities

Identified
Health
Priorities



Building the framework for the 2019 CHNA



CHNA Advise-Seeking Process

Go to www.menti.com and use the code **4119 31**

Question:

Out of the five health priorities identified in 2016, which health priority should be a focus in the 2019 CHNA report? (Select maximum two)

Thank You

**Suburban Hospital
2019 Community Health Needs Assessment Ad Hoc Committee**

Planning Meeting Document

**January 28, 2019
6410 Rockledge Dr., Bethesda, MD**

Meeting Roles

Facilitator: ALL

Time-Keeper: Eleni

Refreshments: Patricia

Note-taker: Eleni

Supplies: Sara

Agenda:

- 1. Welcome & Introductions- Monique (10 mins)**
 - Ground Rules
 - Recording/Consent
 - Questions on blank pieces of paper
 - Why a CHNA?
 - Review of IRS requirements

- 2. New Model of Care: Challenges and Opportunities- Kate (20 mins)**
 - Introduction to the triple aim
 - Global budget & Re-admissions
 - Challenges MoCo hospitals face
 - Snapshot of what makes Suburban Hospital unique
 - Pillars of Excellent at Suburban

- 3. Coffee break (5 minutes)**

- 4. Report Highlights- Patricia (20 mins)**
 - A snapshot of Montgomery County
 - Mortality trends in MoCo and State of MD
 - Our community
 - Formula
 - Zip Codes
 - Demographics
 - Causes of Morbidity
 - Demographics
 - Readmission Rates
 - Causes of ED utilization for SH

- Mapping of all health priorities as identified via the 2019 CHNA

5. Health Priorities Discussion – Monique (20 mins)

- **Summary to key points presented**
- **Questions to address:**
 1. *Based on the conversation today, are there other health issues/priorities that were not listed that should be taken into consideration?*
 2. *Based on the content that was presented this afternoon, what additional evidence/metrics/data is missing from the report that could help paint a better picture of (1) the population Suburban Hospitals serves and the (2) health challenges we face as an organization?*
 3. *Based on what you learned and heard today, where do you think Suburban Hospital can contribute to improving the greatest health impact?*
- **Priority Setting- Dot Activity**

6. Wrap-up (Monique) (5 min)

- Draft report for review

Supplies: tape recorder, tent cards with name and business, playdoh, color sticky notes, dots for priority activity



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

2019 Community Health Needs Assessment Ad Hoc Committee

**Monday, January 28, 2019
Suburban Hospital**

Meeting Objectives:

1. Understand modern health care focus on population health management
2. Identify gaps that can result in a comprehensive community health needs assessment report
3. Identify the needs of Suburban Hospital's community

Agenda:

Time	Item	Presenter
12:00	Welcome/Introductions - Review of IRS requirements	Monique S.
12:15	New Model of Care: Challenges and Opportunities - What makes Suburban unique	Kate M.
12:35	2019 CHNA Report Data Highlights - Morbidity and Mortality trends	Patricia R.
1:00	Health Priorities Discussion	ALL
1:30 pm	Adjourn	

Suburban Hospital

2019 Community Health Needs Assessment Ad Hoc Committee

Meeting Notes, Monday, January 28, 2019

In Attendance:

Dr. Stacy Snelling, American University
Ken Hartman, Montgomery County
Leslie Weber, Johns Hopkins/Suburban Hospital
Elizabeth McGlynn, Girls on The Run, Montgomery County
Langston Smith, Colesville United Methodist Church
Mitch Markowitz, Family and Nursing Care
Sister Romana Uzodinma, Catholic Charities of Archdiocese of Washington
Steve Bokar, Suburban PFAC
Barbara Squiller, Suburban Hospital Cancer Program
Kate McGrail, Community Health and Wellness, Suburban Hospital
Patricia Rios, Community Health and Wellness, Suburban Hospital
Monique Sanfuentes, Community Health and Wellness, Suburban Hospital
Eleni Antzoulatos, Community Health and Wellness, Suburban Hospital

Thank you for everyone for being here. Welcome and Introductions. Each and every one of you are chosen and appreciate you taking the time for being here.

Process that you are integral to. As non-profit hospitals conduct a needs assessment which we are in our third process. Requirement by IRS, approved by our board. We have done a lot of the background work. Every JH entity has a different approach. Looking at our new model of care.

New Model of Care: Challenges and Opportunities ***-What makes Suburban unique?***

Kate: A lot has changed in the new era of healthcare and affect how we approach and define our needs. In the past, it has been illness and treatment. We identify problems and treat the patient however the model has changed. The cost of care has gotten more expensive while people are getting sicker.

Triple Aim: Looks at groups, looks at the disputation of patient outcome, also looks at determines of health outcomes, looks at policies and interventions that are impacted by health. Policies and systems that inhibit care. Triple aim looks to optimizing the model – must be done at the same time.

- Improve population health
- Reduce per capita of care
- Improve experience of care

Patient experience- sum of all their interactions, influence by their hospital experience and navigating the system can be difficult.

Monique: To add: Take a way: it is about the value of our patients and influence their behavior change. A great way to be in medicine what works best for our patients, before folks get to the hospital, what is

our greatest impact before they get to the hospital. We are reimburse by treating less patients not by more and to get better at our approach of treating patients, better to change behavior change.

Kate: How we are approaching triple aim and population health. Hospital revenue. You get paid for treating patient. But not, we have a global payment system which means the state sets the rate by the HSCRC, so now we have a fixed dollar rate along with patient experience. Now we have a fixed dollar to treat patients while providing excellent care. Payments are set by our readmission rates.

Monique: how do we approach this with MD be unique and more efficient with care. Best approach by working with the model. How do we work with our colleagues to work in the new culture.

EM: why did MD have this approach?

LW: 1970s waiver. States applied for waiver. 1990s MD is the only way to run the pilot program. MD new division CMS when ACA came. Fee for service MD has a new model. We are now doing the third version of what MD is doing. IF we went off the system, it would be highly disruptive and costly.

KM: What makes SH unique? It is our demographics. Looking at our CBSA. They are older, highly educated, want the five star experience. We also live in a diverse region.

Populated: MD, DC, VA area, we see a lot of patients and the age of the patients, they are sicker and have a multiple conditions.

Behavioral health affects everyone. SH has pillars of excellence: cardiac, oncology, joint, stroke, and trauma.

Also, have strong existing programs, community partners, making new layers, fine tuning so that we can meet the needs of community.

MS: Combination: Slides that visual this new era. It is about our partners that do the work. We cannot do this by ourselves. What we do well, who our partners are to help us do our work, who are the folks to helps us do our work.

2019 CHNA Report Data Highlights

-Morbidity and Mortality trends

Patricia Rios:

Thank you for your time for being here. Sent a copy of the working draft of the CHNA. I will provide a high level of the report. Color paper with three questions-take notes to help answer the questions.

Focus on high level data:

Excited?

Overview of our CHNA process- phase 1: analyst, collection of Primary data (US census, Health Montgomery, Hospital data); feedback from community

Few facts: highly populated in Montgomery County, expected to grow by 2020. The average age is 39 but the population is getting older. 64-74; Montgomery County is one of the affluent, and highly educated counties. Very expensive to live here. But we are not free from disease. Slide 3 from top.

LW: Over three year period, how consist it has been?

SB: disease of aging, typically found in older populations.

PR: since our last CHNA, heart disease was number 1 now it is number 2. you can see Cancer is number 1. This tells a little bit of picture and so we looked at Hospital data.

LW: Mortality table. Is heart disease better management of the disease?

PR: right, there is less deaths from Heart disease with behavior change. No smoking, better diets.

Hospital data: what do you observe from the graphic page 3?

SB: the last two in boxes are related to mental health conditions.

PR: once we looked at ED and inpatient data sets, we see behavioral health is listed higher and is consistently on the list.

Page 4: SH data: ten conditions that can be grouped into four categories.

PR: areas of service of excellence.

Orthopedics, behavioral, cardiac and infections.

MS: orthopedics if they are living longer, our joints needs help. A product of the population is living longer.

BS: cancer is outpatient so how does that affect the data that we see in hospitals.

LW: Infections- we haven't talked about that before

PR: yes, we have been having that discussion as well. So again, digging deeper we wanted to look at our data with our CBSA. CBSA looks like: 14 zip codes (Silver Spring, Rockville, Bethesda, Potomac) we see that 15% of users come from these 14 zip codes as well as charity care. If we look at why people use our hospital: heart related, infection or behavioral health.

MS: based on data that we see from those folks who come into our hospital. What would have been an indicator to have before they came to the hospital? What is the factor that we might be missing? Who is missing from our table of partners to help us do our work? Looking at social determines?

KH: mother has Alzheimer's. Every two months goes to hospital for UTI. Infection.

MS: that is what we want to hone down. We are looking at the baby steps to look at resources. We come together in small groups to look at what we are missing.

AS: second slide on page 7, what is overlay of social determine. SES People are coming to SH for similar things.

MS: That's another layer to look at. We will have the greater impact of social determinants of health.

AS: when aggregate SES. Looks rich but there are pockets of low SES. And need different strategy for low SES. Look how much it costs to live in this county, higher social economic ladder. Social determinants of health might need to be a focus. Isolation being part of Social determine of Health is important too.

MS: looking at resources, living in a condo who has resources but isolated or is it the person who doesn't speak the language. So it is both. What are the interrupters to change isolation?

PR: Readmission rates at SH. Top diagnoses of why people are readmitted to the hospital. Heart failure and septeses are why people are being readmitted to the hospital 20852, 20817

KH: does your data allow you to plot where exactly in the zip codes are they readmissions coming?

PR: Yes, for example, 20852 with the other hospitals are seeing the same kinds of people

LW: looking at HOC and see if there are any clusters.

KH: Plot any non-emergency care sites in those two zip codes. Is there a desert?

PR: comparison of all the data that has been mentioned. Looking at the themes and feedback. Listed the 10 on the wall.

Health Priorities Discussion

1. Based on the content that was presented this afternoon, what additional evidence/metrics/data is missing from the report that could help paint a better picture of (1) the population Suburban Hospitals serves and the (2) health challenges we face as an organization?

SB: Observing the hospital as a volunteer. Behavioral health is top of mind. Talking to families, it is the lack of treatment and beds to accommodate the patients with behavioral health needs. Lack of facilities for these patients. Worry from the love ones- patients have been multiple times and great need that has not been met.

MS: resources- taking the tolls of loved ones with stress

SB: what data do we need? Alcohol, drug, mental illness and consolidating the data, where are they coming from? Is it income?

EM: Mental health is separate out from suicide. How are defining them separate? Is that put under mental health or substance abuse?

MS: that is a category. What then would do we see how to avoid to get to that point of substance abuse. Where would we be better to best serve the community as social determinants?

AS: prevention/promotion. Youth risk factors. Helping the schools these issues head on. Bullying and what schools are doing and how we can partner with them. It is not one age group- Suicide and bullying in over the age group

LW: behavioral health chart page 4. Bottom Primary look at the secondary is a behavioral health. Co-concurring. Does heart failure, is there a secondary to diabetes?

EM: we are underreporting if first was admission was substance abuse while the second could be a mental health illness.

LW; older person is depression has trouble managing their disease

LS: where are we with the oral health needs of the community? As we look at infections, there is a connection with dental health. Look at oral health as a need.

MS: looking at oral health as a group- with other behavioral health. Vaping?

MS: dot activity. Where should SH focus? We are we going to be most affected.

MM: do you consider dementia/Alzheimer's under mental health

PR: yes, but if you would like to add it as a separate, we can.

MS: that's why you are here. Anything else we are missing.

LS: yes, I would agree that dementia/Alzheimer's as a separate health priority.

EM: prevention of mental health.

MS: That would be under our lenses, prevention, access, and social determinants of health. Are we missing anything else?

SR: Can it be tie to injuries? Because of jobs, social factors. Trauma, accidents with low economic recovery, transportation issues.

BS: how to handle cost? Finance, lack of insurance, and not be eligible for home health care.

SR: they don't go for screenings, they do not get them done and then we see them at the last stages.



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

2019 Community Health Needs Assessment

Community Healthy Improvement
Advisory Council

March 28, 2019

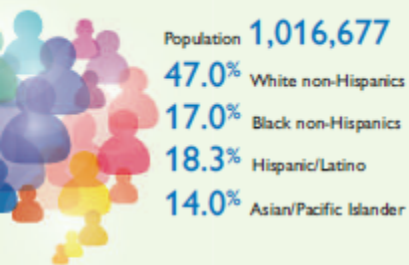


Community Health Needs Assessment

CHNA Comparison: 2016 vs 2019

Health Status Snapshot

The hospital serves a community that is diverse in its racial and ethnic background, culture, life stage and socioeconomic status. Although Montgomery County is home to some of the most affluent communities in the country, we are presented with many health challenges.

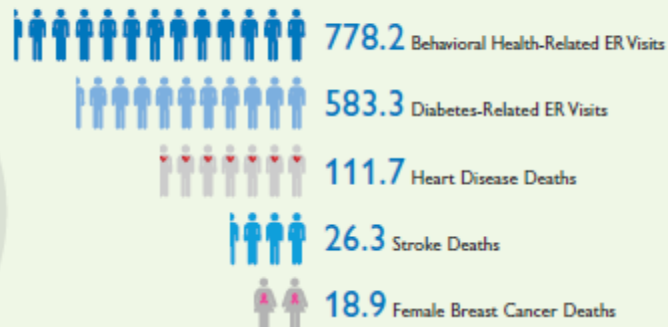


84.3 years. Life expectancy of the average individual living in Montgomery County



-  **8.2%** of county residents **smoke**
-  **57.4%** are overweight or **obese**
-  **18%** of adults age 20 and older report having no **physical activity** and **14%** partake in excessive or **binge drinking**
-  **11th** in the nation as the most Linguistically Diverse County, with **96** languages spoken
-  **9.7%** of residents are **uninsured**
-  **10.4%** of adult residents reported not being able to **afford** to see a doctor in the past year

In our Community Benefit Service Area — per 100,000 population



In Montgomery County, the leading causes of death for all races continues to be **heart disease**, **cancer** and **chronic lower respiratory diseases**.

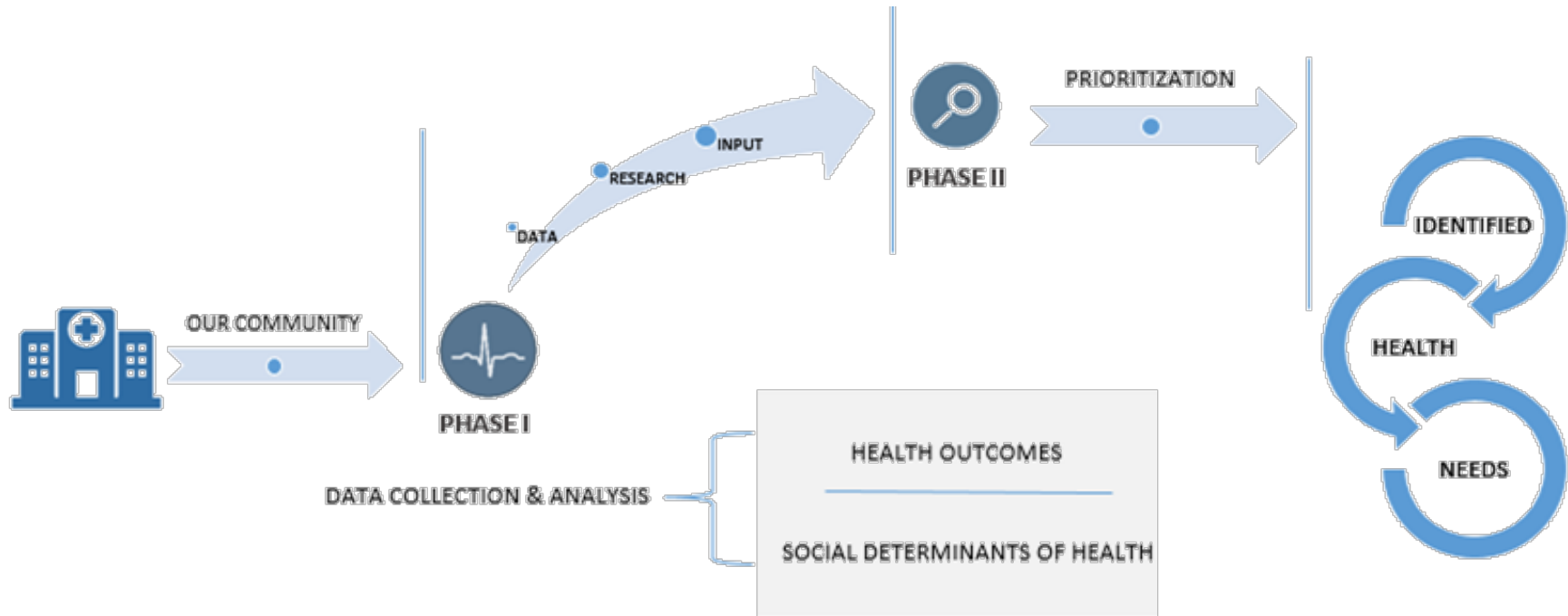
2016 Health Priorities



New Era of Healthcare: Population Health



Community Health Needs Assessment Process 2019



2019 Community Health Needs Assessment (CHNA)

Data from the CHNA drives decision making to address the needs of our community.



Community Benefit Service Area: OUR Community



14 Priority Postal
Zip Codes

Service excellence beyond the walls of
the hospital.





CHNA 2019 Findings

Summary of Mortality

Table 1. Leading Cause of Deaths by Year, Montgomery County, 2014-16

	2014		2015		2016		2014-16	
	%	Rank	%	Rank	%	Rank	n (%)	Rank
Cancer	23.6	1	23.8	1	23.5	1	4,146 (23.7)	1
Heart Disease	22.9	2	22.3	2	22.0	2	3,925 (22.4)	2
Cerebrovascular Disease	5.1	3	4.9	3	5.1	3	881 (5.0)	3
Accident	3.5	4	3.5	4	3.6	4	615 (3.5)	4
Chronic Lower Respiratory Disease	3.4	5	3.4	5	3.3	5	589 (3.4)	5
Alzheimer's Disease	2.6	7	2.9	6	2.8	6	481 (2.7)	6
Influenza & Pneumonia	2.8	6	2.8	7	2.4	7	471 (2.7)	7
Diabetes Mellitus	2.4	9	2.3	9	2.4	7	416 (2.4)	8
Septicemia	2.6	7	2.5	8	1.9	9	409 (2.3)	9
Nephritis	1.5	10	1.9	10	1.6	10	291 (1.7)	10
All Other Causes	29.7		29.7		31.4		30.3	

Source: Health in Montgomery County, 2008-2016.

Summary of Hospitalizations



Table 5. Leading Cause of Hospitalization by Year, Montgomery County, 2014-16

	2014		2015		2016		2014-16	
	%	Rank	%	Rank	%	Rank	%	Rank
Injuries	18.5	1	15.2	1	9.5	2	14.5	1
Heart Disease	12.8	2	12.9	2	14.7	1	13.4	2
Mental Health	5.8	3	6.3	3	6.2	3	6.1	3
Cerebrovascular Disease	3.9	4	3.6	4	3.2	6	3.6	4
Diabetes Mellitus	3.3	5	3.4	5	3.6	4	3.6	4
Cancer	2.8	6	2.9	6	3.3	5	3.0	6
Chronic Lower Respiratory Disease	2.7	7	2.3	7	2.1	7	2.4	7
Substance Abuse	1.7	8	1.7	8	1.5	8	1.6	8
Suicide	0.6	9	0.5	9	0.4	9	0.5	9
All Other Causes	47.9		51.2		55.5		54.9	

Source: Health in Montgomery County, 2008-2016.

Summary of ER Visits

Table 9. Leading Cause of ER Visit by Year, Montgomery County, 2014-16

	2014		2015		2016		2014-16	
	%	Rank	%	Rank	%	Rank	%	Rank
Injuries	28.4	1	25.1	1	22.7	1	25.4	1
Heart Disease	7.0	2	8.5	2	9.3	2	8.2	2
Mental Health	4.8	3	5.5	3	6.9	3	5.8	3
Chronic Lower Respiratory Disease	3.6	4	3.8	4	4.0	4	3.8	4
Substance Abuse	2.0	5	1.9	6	1.7	6	1.8	5
Diabetes Mellitus	1.8	6	2.1	5	2.2	5	2.0	6
Cerebrovascular Disease	0.3	7	0.3	7	0.2	7	0.3	7
Suicide	0.2	8	0.2	8	0.2	7	0.2	8
All Other Causes	51.9		52.6		52.8		52.4	

Summary Hospitalizations for Suburban Hospital



APR-DRG Inpatient Diagnosis Descriptions	2017	2018	Grand Total
KNEE JOINT REPLACEMENT	1108	948	2056
HIP JOINT REPLACEMENT	793	836	1629
SEPTICEMIA & DISSEMINATED INFECTIONS	825	782	1607
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	542	689	1231
HEART FAILURE	447	438	885
KIDNEY & URINARY TRACT INFECTIONS	324	318	642
BIPOLAR DISORDERS	277	345	622
OTHER PNEUMONIA	291	298	589
CVA & PRECEREBRAL OCCLUSION W INFARCT	273	312	585
ALCOHOL ABUSE & DEPENDENCE	239	324	563

Source: Suburban Hospital, EPIC 2018. Number of cases 2017-2018.

Summary Hospitalizations for Suburban Hospital: Orthopedic



APR-DRG Inpatient Diagnosis Descriptions	2017	2018	Grand Total
KNEE JOINT REPLACEMENT	1108	948	2056
HIP JOINT REPLACEMENT	793	836	1629
SEPTICEMIA & DISSEMINATED INFECTIONS	825	782	1607
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	542	689	1231
HEART FAILURE	447	438	885
KIDNEY & URINARY TRACT INFECTIONS	324	318	642
BIPOLAR DISORDERS	277	345	622
OTHER PNEUMONIA	291	298	589
CVA & PRECEREBRAL OCCLUSION W INFARCT	273	312	585
ALCOHOL ABUSE & DEPENDENCE	239	324	563

Source: Suburban Hospital, EPIC 2018. Number of cases 2017-2018.

Summary Hospitalizations for Suburban Hospital: Behavioral Health



APR-DRG Inpatient Diagnosis Descriptions	2017	2018	Grand Total
KNEE JOINT REPLACEMENT	1108	948	2056
HIP JOINT REPLACEMENT	793	836	1629
SEPTICEMIA & DISSEMINATED INFECTIONS	825	782	1607
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	542	689	1231
HEART FAILURE	447	438	885
KIDNEY & URINARY TRACT INFECTIONS	324	318	642
BIPOLAR DISORDERS	277	345	622
OTHER PNEUMONIA	291	298	589
CVA & PRECEREBRAL OCCLUSION W INFARCT	273	312	585
ALCOHOL ABUSE & DEPENDENCE	239	324	563

Source: Suburban Hospital, EPIC 2018. Number of cases 2017-2018.

Summary Hospitalizations for Suburban Hospital: Cardiovascular



APR-DRG Inpatient Diagnosis Descriptions	2017	2018	Grand Total
KNEE JOINT REPLACEMENT	1108	948	2056
HIP JOINT REPLACEMENT	793	836	1629
SEPTICEMIA & DISSEMINATED INFECTIONS	825	782	1607
MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	542	689	1231
HEART FAILURE	447	438	885
KIDNEY & URINARY TRACT INFECTIONS	324	318	642
BIPOLAR DISORDERS	277	345	622
OTHER PNEUMONIA	291	298	589
CVA & PRECEREBRAL OCCLUSION W INFARCT	273	312	585
ALCOHOL ABUSE & DEPENDENCE	239	324	563

Source: Suburban Hospital, EPIC 2018. Number of cases 2017-2018.

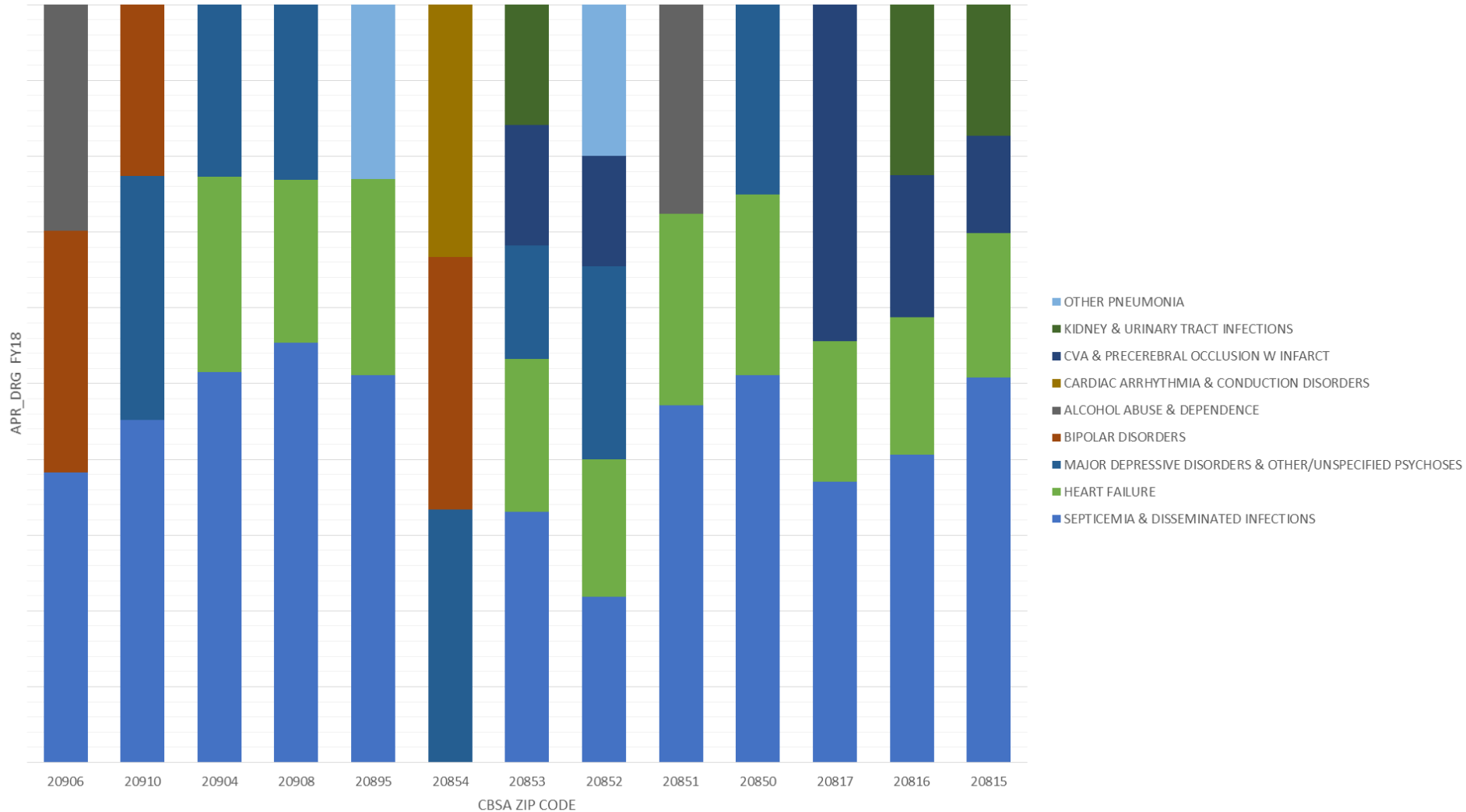
Summary Hospitalizations for Suburban Hospital: Infections



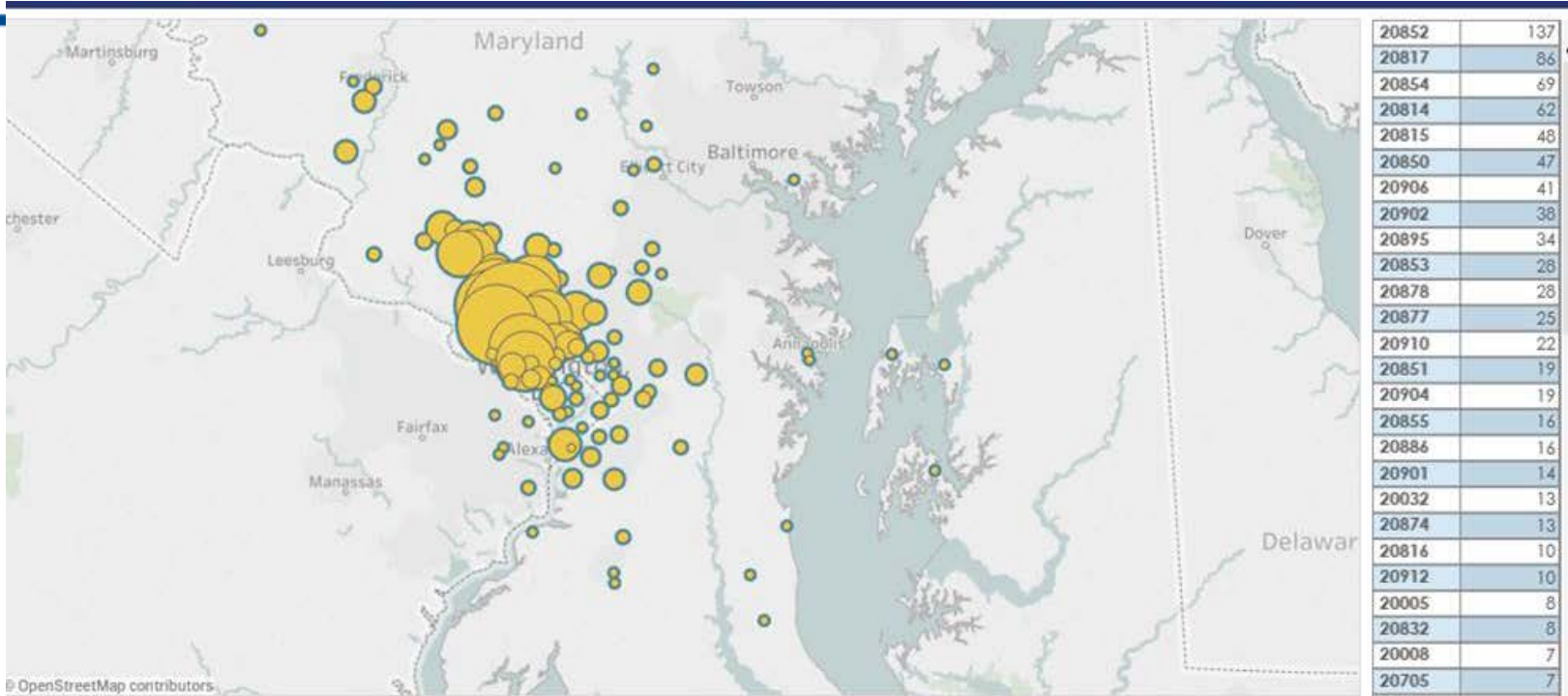
APR-DRG Inpatient Diagnosis Descriptions	2017	2018	Grand Total
KNEE JOINT REPLACEMENT	1108	948	2056
HIP JOINT REPLACEMENT	793	836	1629
SEPTICEMIA & DISSEMINATED INFECTIONS	825	782	1607
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ALCOHOL ABUSE & DEPENDENCE	239	324	563

Source: Suburban Hospital, EPIC 2018. Number of cases 2017-2018.

Top Hospitalizations for “OUR” Community



Re-Admissions by Diagnosis & Zip Code: Suburban Hospital



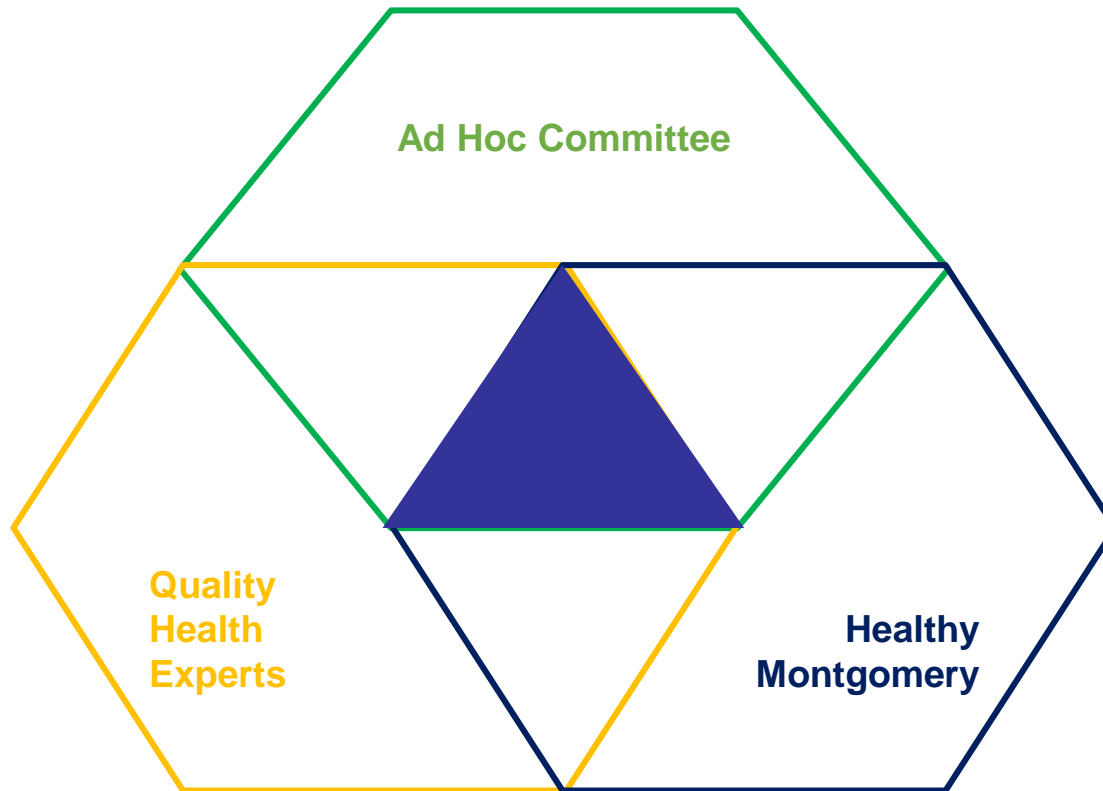
20852	137
20817	86
20854	69
20814	62
20815	48
20850	47
20906	41
20902	38
20895	34
20853	28
20878	28
20877	25
20910	22
20851	19
20904	19
20855	16
20886	16
20901	14
20032	13
20874	13
20816	10
20912	10
20005	8
20832	8
20008	7
20705	7
20708	7
20846	7
20879	6
21703	6
21710	6
20016	5
20716	5
20735	5
20740	5
20876	5
23231	5
20015	4
20657	4
20744	4
20718	4

Discharge Diagnosis (top 20)

APDRG Index



Community Stakeholder Input



Summary of Identified Health Needs

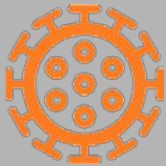
	Leading Causes of Mortality in Montgomery County	Top Causes of Hospitalizations/ ED Utilization in Montgomery County	Top Causes of Hospitalization/ Readmission at Suburban Hospital	Healthy Montgomery Health Priorities	Ad Hoc Committee Conversation	Quality Health Experts
Heart disease	X	X	X	X	X	X
Cancer	X	X		X	X	X
Diabetes Mellitus	X	X		X	X	
Chronic lower respiratory diseases	X	X				
Accidents (unintentional injuries)	X	X				X
Obesity				X	X	
Behavioral/Mental Health		X	X		X	
Maternal & Infant Health				X		
Infections (i.e. septicemia)	X		X		X	X
Orthopedics			X			

2019 CHNA Health Priorities



Emerging Priorities

Infections



Accidents



Continued Priorities

Diabetes



Cancer



Behavioral Health



Heart Disease





SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

Suburban Hospital Implementation Strategy

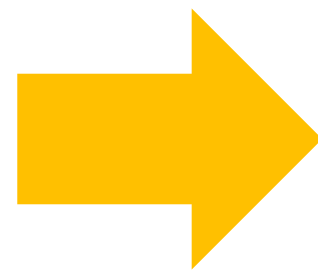
In response to the Community Health Needs Assessment
Fiscal Years 2019-2021

BACKGROUND

Community Health Needs Assessment & Implementation Strategy

Regulatory Requirements

Internal Revenue Code 501 (c) (3) – for any non-profit organization to qualify for tax-free status



4 new requirements for non-profit hospitals

2010 Patient Protection and Affordable Care Act

1. Provision of a Community Health Needs Assessment and associated implementation strategy – Section 501 (r) (3)
2. Financial assistance policy and emergency medical care policy – Section 501 (r) (4)
3. Limitation on charges – Section 501 (r) (5)
4. Billing and collections – Section 501 (r) (6)

Suburban Hospital Compliance

Posted on facility website per regulations

1. FY 2013 – 2015
2. FY 2016 – 2018
3. FY 2019 – 2021

HEALTH PRIORITIES

Identified in the FY 2019 Community Health Needs Assessment

Priority-Setting Process



Results



MISSION-FOCUSED

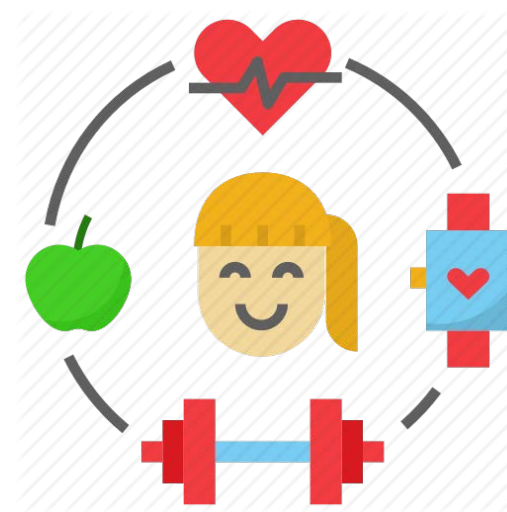
Social Determinants of Health

Lenses: A View of the Whole Person

- Overall Health = medical care + conditions in which one lives, learns, works, and plays
- Sharpened focus on the complex health needs of the community



Access to Care



Healthy Behaviors



Healthy Equity

KEY ELEMENTS

of the Implementation Strategy

ACTION STEPS · RESOURCES · PARTNERS

Requirements of Section 501 (r) (3)

How Suburban Hospital
can influence
population health
improvement

Actions

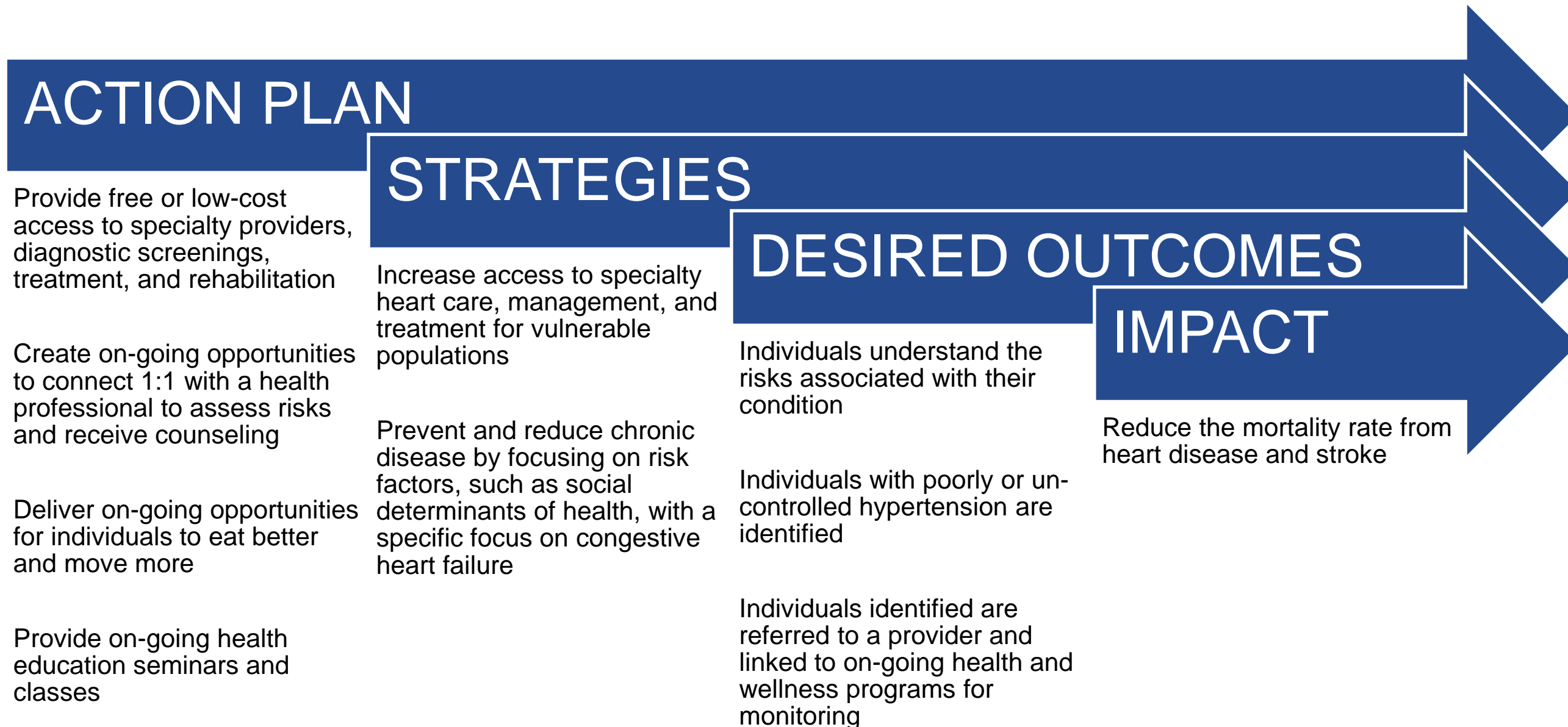
Strategies

Desired
Outcomes

Impact

The Change We Want
to See

HEART DISEASE



DIABETES

ACTION PLAN

Deliver on-going health education seminars, classes, and 1:1 counseling

Provide support groups

Intersecting strategies targeting chronic diseases, e.g. heart disease and cancer, through combined diet and physical activity promotion programs

STRATEGIES

Increase awareness of risk factors associated with diabetes by facilitating linkages to available resources

Increase access to endocrine specialty care, management, and treatment for vulnerable populations

DESIRED OUTCOMES

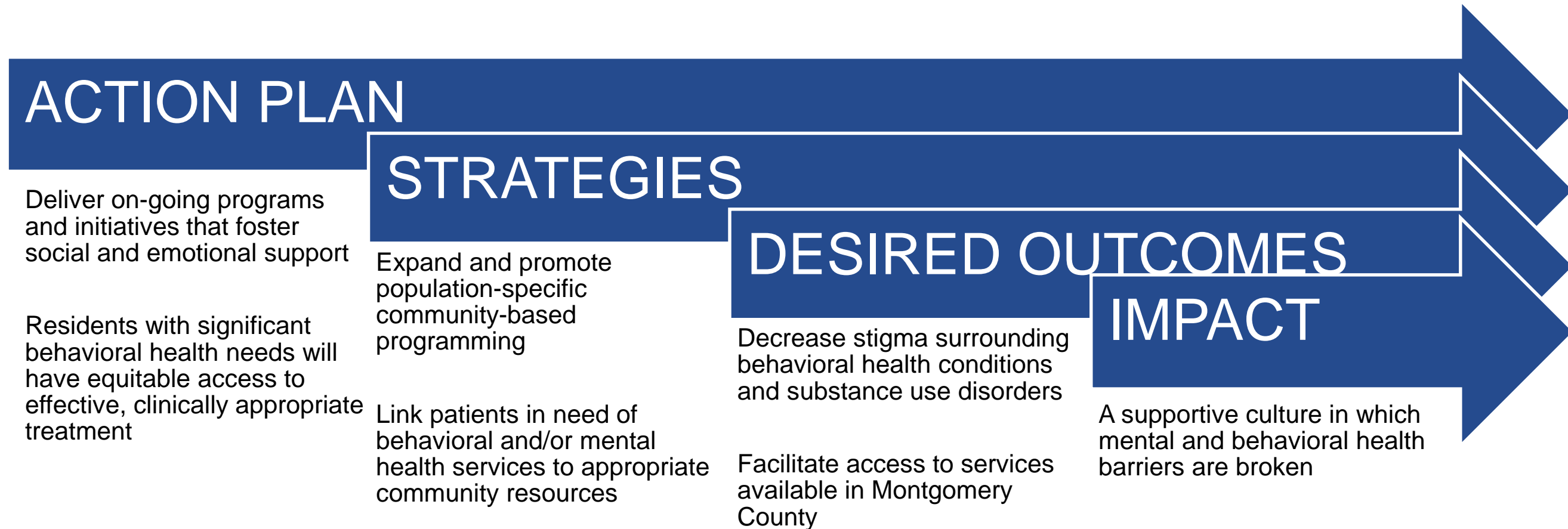
Individuals understand the risks associated with their condition

Individuals with diabetes are referred to appropriate disease prevention or management program

IMPACT

Reduce diabetes prevalence and associated health complications

BEHAVIORAL HEALTH



CANCER

ACTION PLAN

Deliver on-going health education seminars, classes, and support groups

Provide access to preventative cancer screenings

STRATEGIES

Support initiatives that encourage behavior changes that reduce risk of cancer

Ensure that individuals screened are referred to a provider, if appropriate, for necessary follow up

DESIRED OUTCOMES

Increase awareness of risk factors associated with cancer

Increase rate of screenings that lead early detection

Increase utilization of existing cancer prevention services and resources at the community level

IMPACT

Reduce the cancer mortality rate

Increase cancer survivorship rates

EMERGING PRIORITIES

Newly identified in FY 2019 CHNA



Growing roots to build robust programming and initiatives to influence positive health impacts

UNINTENTIONAL INJURY

Emerging Priority



SNAPSHOT:

Top 10 Leading Cause of Death in Montgomery County

Fall-related injury among older adults

Motor vehicle crashes

Poisonings from opioid overdoses

ACTION PLAN

Deliver evidence-based fall prevention programming

Intersecting strategies targeting physical activity programming with a focus on improving balance

STRATEGIES

Support healthy aging initiatives, with a focus on those that build and maintain strong, healthy bodies

Champion aging-in-place initiatives by reducing barriers for Villages to serve as a neighborhood resource

DESIRED OUTCOMES

Majority of participants enrolled in fitness classes report zero visits to an emergency department

Increase capacity of Villages to serve as champions of injury prevention among older adults

IMPACT

Reduce the rate of preventable fall-related injuries among older adults

INFECTIONS

Emerging Priority

SNAPSHOT:

Top APR-DRG Inpatient Diagnosis at Suburban Hospital

Septicemia & Disseminated Infection

Kidney & Urinary Tract Infections

Other Pneumonia

ACTION PLAN

STRATEGIES

DESIRED OUTCOMES

IMPACT

ESTABLISHED BEST PRACTICES:

Vaccinations for vulnerable populations

Hand hygiene for all – hospital staff and general public

Improved overall health and well-being

Knowledge and awareness of Sepsis



RESOURCES & PARTNERS

Internal & External Commitments



Hospital Commitments

- **Community Health Improvement Report**
- **Community Benefit Process**
 - Planned, organized and measured approach to meet identified health needs

Internal Partners

- **Content experts in clinical care and quality improvement**
- **Critical links between hospital and community**

External Partners

- **Long-standing relationships**
 - Healthy Montgomery
- **Opportunities to leverage resources through strategic alignment**
 - Montgomery County Health Improvement Process

INTERSECTING STRATEGIES

Cross-cutting efficiencies for population health improvement



Montgomery County Health Improvement Process (CHIP)

- Chronic Disease: Heart Disease, Diabetes, Cancer
- Behavioral Health
- Fall Prevention

MEASUREMENT

Benchmarking progress



Established Priorities

- Surveys and evaluations
- Discharge data
- Community benefit tracking

Emerging Priorities

- Establishing baselines
- Identifying target populations

Questions?

Living document

On-going

Evolving

Collaborative

Community Health Needs Assessment

Patient Needs Survey Results 2018
 Total Number of Surveys Collected (N) = 151

1. Gender

	Male	Female	Blank	Total
Respondents	53 (35%)	83 (55%)	15 (10%)	151

2. Reported Health Status

Health Status	Over 50 YRS (N=112)		50 & Under (N=24)		Blank (N=15)	Total
	Female	Male	Female	Male		
Excellent	20	8	9	4	4	45 (30%)
Good	42	28	4	3	9	86 (57%)
Fair	6	7	1	1	1	16 (11%)
Poor	0	1	0	1	0	2 (1%)
Blank	0	0	1	0	1	2 (1%)
Total	68	44	15	9	15	151 or 100%

3. Reported Chronic Conditions by Participants (N=151)

Condition	Female	Male	Blank	Total
Diabetes	8	11	3	22 (11%)
COPD	2	2	0	4 (2%)
Cancer	5	2	2	9 (5%)
High Blood Pressure	33	20	6	59 (30%)
Heart Disease	5	4	0	9 (5%)
Other Illness	26	7	2	35(18%)
No health conditions	23	13	6	42(22%)
Did not wish to answer	3	1	0	4 (2%)
Blank	3	7	0	10 (5%)
Total	108	67	19	194 or 100%

While 22% or 42 of respondents (n=151) reported no current health conditions, a total of **95** individuals or 63% reported living with at least one chronic condition and 7% or 14 individuals did not provide an answer. Among those who reported a health condition, a total of **33** (35%) individuals reported living with a least two co-morbidities. The most prominent conditions as reported by participants were hypertension (30%) and diabetes (11%). Other conditions reported included: high cholesterol (2.6%), asthma (3.3%), and arthritis (6.6%).

4. Likelihood to Attend a Wellness Class based on Age and Gender

Scale	Over 50 YRS (N= 112)		50 & Under (N=24)		Blank (N=15)	Total
	Female	Male	Female	Male		
Very likely to attend	8	4	2	1	3	18 (12%)
Somewhat likely to attend	32	20	7	1	8	68 (45%)
Not likely to attend	26	20	6	7	4	63 (42%)
Blank	2	0	0	0	0	2 (1%)
Total	68	44	15	9	15	151

57% reported either “very likely to attend a class” or “somewhat likely.” Participants who reported “not likely to attend” a class were asked to explain what would motivate them to attend a class. The main motivating factor reported was money. That is, if participants were paid to attend a class. Other participants indicated (1) having a more serious health issues and (2) if the class provided new information they did not already know as additional motivating factors to participation.

5. Likelihood to Attend a Wellness Class based on Number of Present Chronic Condition

Scale	One Chronic Condition N=95	2+ Chronic Conditions N= 33	Total
Very likely to attend	13 (13%)	5 (15%)	18 (14%)
Somewhat likely to attend	45 (47%)	20 (61%)	65 (51%)
Not likely to attend	37 (39%)	8 (24%)	45 (35%)
Blank	0	0	0
Total	95	33	128

Participants who are more likely to attend a class at those living with a chronic condition. The likelihood to attend a class increases as the number of chronic conditions present also increases.

6. Prefer travel time to class*

Distance in Time	Over 50 YRS	50 & Under	Total
Less than 30 min	93	21	114 (74%)
Up to 45 min	8	3	11 (7)
Up to 1hr	1	1	2 (1%)
No time preference	11	3	15 (10%)
Did not response	11	2	12 (8%)
Total	124	30	154

7. Preferred time for class*

Time of Day	Over 50 YRS	50 & Under	Total
-------------	-------------	------------	-------

Morning class	34	6	40 (24%)
Afternoon class	30	5	35 (21%)
Evening class	35	13	48 (29%)
Did not response	33	8	41 (25%)
Total	132	32	164

8. Classes & Level of Interest

a) Weight Management

Scale	Over 50 YRS (N= 112)		50 & Under (N=24)		Blank (N=15)	Total
	Female	Male	Female	Male		
Not interested	20	5	3	4	3	35 or 23%
Somewhat interested	18	19	3	0	5	45 or 30%
Very interested	16	8	5	3	5	37 or 24.5%
Did not response	14	12	4	2	2	34 or 22.5%
Total	68	44	15	9	15	151

b) Diabetes Self-Management

Scale	Over 50 YRS (N= 112)		50 & Under (N=24)		Blank (N=15)	Total
	Female	Male	Female	Male		
Not interested	30	21	10	5	9	75 or 50%
Somewhat interested	4	3	0	1	0	8 or 5%
Very interested	5	6	0	1	2	14 or 9%
Did not response	29	14	5	2	4	54 or 36%
Total	68	44	15	9	15	151

c) Pre-Diabetes

Scale	Over 50 YRS (N= 112)		50 & Under (N=24)		Blank (N=15)	Total
	Female	Male	Female	Male		
Not interested	30	19	9	5	9	72 or 48%
Somewhat interested	6	4	0	1	0	11 or 7%
Very interested	6	2	1	1	2	12 or 8%
Did not response	26	19	5	2	4	56 or 37%
Total	68	44	15	9	15	151

d) Smoking Cessation

Scale	Over 50 YRS (N= 112)		50 & Under (N=24)		Blank (N=15)	Total
	Female	Male	Female	Male		
Not interested	37	25	10	6	9	87 or 58%

Somewhat interested	1	1	0	0	0	2 or 1%
Very interested	0	0	1	0	1	2 or 1%
Did not response	30	18	4	3	5	60 or 40%
Total	68	44	15	9	15	151

e) Heart Health

Scale	Over 50 YRS (N= 112)		50 & Under (N=24)		Blank (N=15)	Total
	Female	Male	Female	Male		
Not interested	18	10	7	4	4	43 or 28%
Somewhat interested	19	10	2	0	5	36 or 24%
Very interested	7	12	1	3	2	25 or 17%
Did not response	24	12	5	2	4	47 or 31%
Total	68	44	15	9	15	151

f) Chronic Disease Self-management

Scale	Over 50 YRS (N= 112)		50 & Under (N=24)		Blank (N=15)	Total
	Female	Male	Female	Male		
Not interested	29	20	10	4	5	68 or 45%
Somewhat interested	3	4	0	1	1	9 or 6%
Very interested	8	2	0	1	3	14 or 9%
Did not response	28	18	5	3	6	60 or 40%
Total	68	44	15	9	15	151

Based on responses, the level of interest in classes are as follows (listed from highest level of interest to lowest): weight management class (24.5%), heart health class (16.5%), diabetes self-management class (9%), chronic disease self-management (9%), pre-diabetes (7%) and smoking cessation (1%). 17 (11%) of 151 participants listed other topics of interest, which included exercise, pain management, depression, bone health and asthma.

9. Barriers to Health Education Participation*

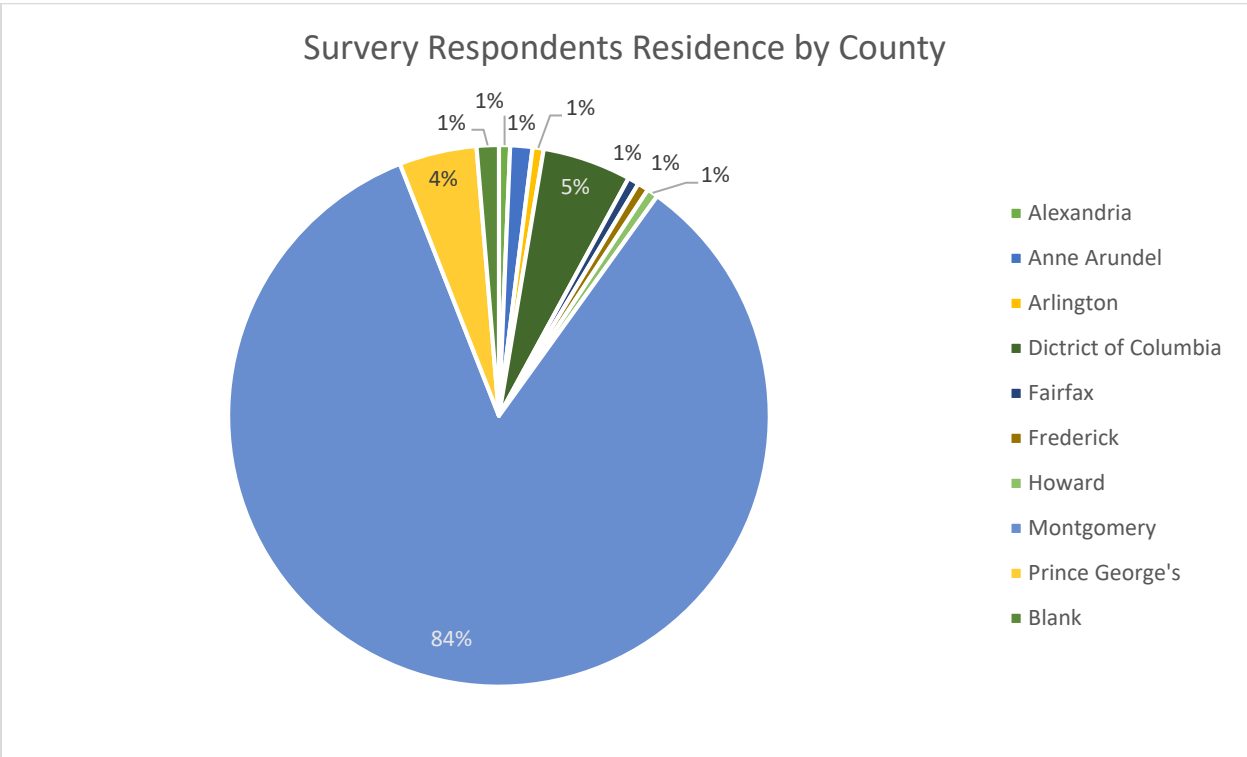
Scale	Over 50 YRS		50 & Under		Blank	Total
	Female	Male	Female	Male		
Transportation	2	1	0	0	0	3 (1%)
Cost	14	8	3	2	1	28 (12%)
Time	20	15	6	4	3	48 (20%)
Lack Motivation	11	9	4	3	3	30 (12%)
Language	0	0	0	0	0	0 (0%)
Lack of interest	15	12	5	3	4	39 (16%)
Distance	18	13	6	1	4	42 (17%)

No Factor	7	7	2	1	4	21 (9%)
Other	9	4	0	0	0	13 (5%)
Did not Respond	11	4	2	1	2	20 (8%)
Total	107	73	28	15	21	244 (100%)

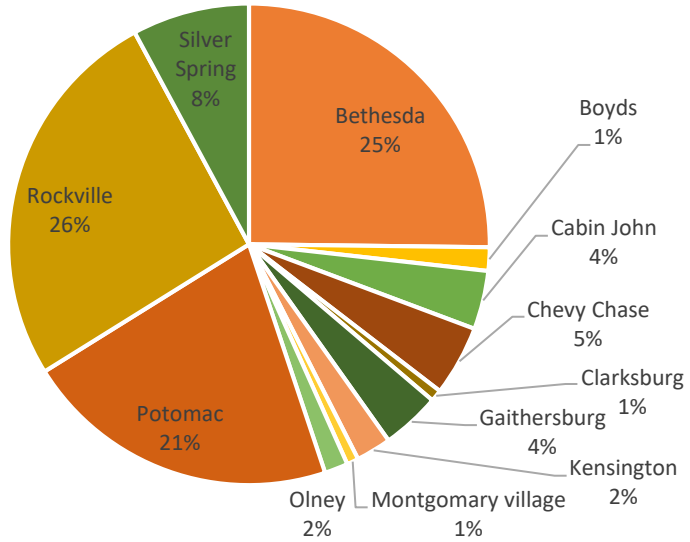
The top 3 factors prevention individuals from participating in a wellness program include time, distance, and lack of interest. Other factors mentioned, but not listed above included: work schedule and family obligations.

10. Zip Code Breakdown

Survey participants reside in 39 zip codes, originating from 25 different cities in 9 counties across the National Capital Region. Majority of respondents (84%) live in Montgomery County. 72% of Montgomery County residents who participated in the survey reported living in Bethesda (20817 & 20814), Potomac (20854) and Rockville (20850, 20851, 20852 & 20853).

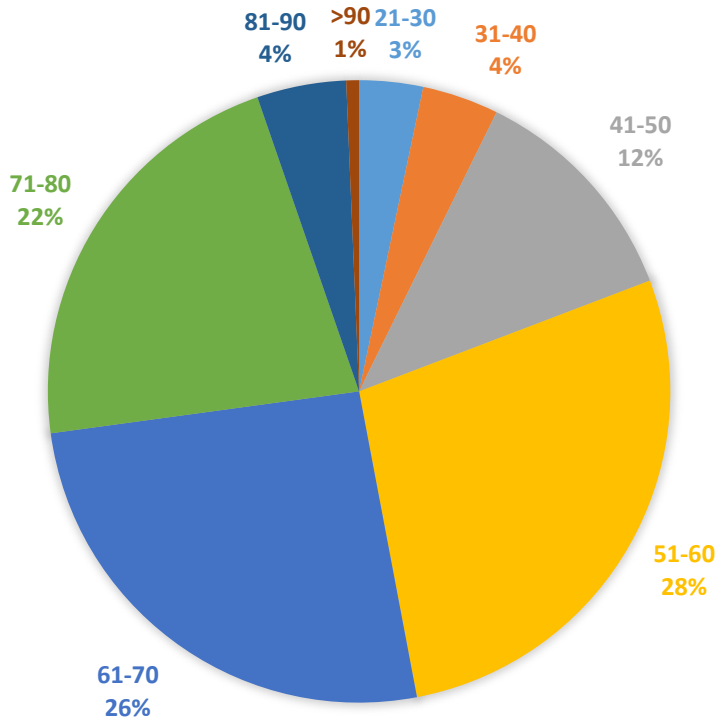


Montgomery County Survey Respondents by City



11. Age Breakdown

AGE GROUP DISTRIBUTION



*Total does not equal 151 because respondents provided more than one answer.

Key Informant Conversation- Behavioral Health Needs

April 2017

Why mental health is so prevalent today:

- Less extended families –more youth living alone
- Less stigma- people are actually speaking up about this
- Environmental availability for drugs- easier to obtain
- Lack of insurance
- Internet, social media
- Stress/anxiety/isolation at an all-time high
- Trump causing families to split, causing stress

Important Questions:

- How do we bring/connect resources to the hospital?
- What is the need?
- Where do we begin?
- What resources are out in the community right now?
- How do we address their background (immigration status)

Behavioral Health Interventions Meeting Notes

- Problem-limited mental health programs for Latino Youth
- Multiple barriers to treatment: culture, fear, stigma, lack of insurance, language barrier
- Support existing programs in the community and expand access ex) Girls on the Run (use the same audience and provide a speaker to talk about mental health issues)
- Improve information referral- update information and develop a referral directory
- Need a better way to access insurance information (main issue is that we give patients a list of doctors but we cannot tell them if they take their insurance- this causes frustration)
- Improve school treatment- coach school counselors
- Start a “Public Health Campaign”
- Start talking about substance abuse early- middle school students- post about it on parent page
- There are programs dedicated to opioid abuse (ex: Speak up, Save a Life) but the problem is getting people to come
- Existing opioid abuse classes are too light- should bring in clinical component to class to provide more information (problem is that these people want to be paid to come speak to class)
- Sexual abuse is relevant in Latino Youth, especially for those who do not live with immediate family- how do we reach these girls? How do we provide resources?

Celebración del Mes de la Herencia Hispana
Salud Mental: Mitos & Realidades

de participantes = 116

Evaluaciones retornadas = 84 (72%)

1. ¿Que tema de salud mental es importante para Usted?

- | | |
|---|--|
| <input type="checkbox"/> Stress/Ansiedad (51/ 60%) | <input type="checkbox"/> Salud mental en los adolescentes (46/55%) |
| <input type="checkbox"/> Depresión (49/ 58%) | <input type="checkbox"/> La hiperactividad (16) |
| <input type="checkbox"/> Alcohol/Drogas/Marihuana (27) | <input type="checkbox"/> Otro: (1) |
| <input type="checkbox"/> Dementia (13) | <input type="checkbox"/> No respuesta (1) |
| <input type="checkbox"/> Salud mental del adulto mayor (38) | |

2. ¿Qué tipo(s) de apoyo/programa/asistencia necesita Usted para mejorar su estado de salud mental? (34)

- Ninguno (23)
- No respuesta (16)
- Terapia para mi hija
- Ayuda para mi (# de telf..) 3
- Recibir más información sobre el tema
- Información/lectura 2
- Consulta medica
- Programa básico
- Salud mental en los adolescentes
- Psicologos 2
- Ansiedad 4
- Todos los que estén disponibles y a mi alcance medico
- Ayuda para manejar mi ansiedad y obesidad
- Manejo estrés 3
- Mindfulness, meditación
- Salud mental en adulto mayor
- Consejería para adultos y jóvenes 3
- Que enseñen técnicas
- Para victimas de derrame
- Medicina
- Profesionales locales para diagnostico
- Programa para niños
- Como detectar síntoma de depresión y/o estrés
- Todas las terapias
- Par la personas de 3ra edad

¡Gracias por su asistencia!

3. **¿Qué barrera(s) tiene Usted o personas que conoce para acceder servicios de salud mental? (50)**

- Ninguno (28)
- No respuesta (16)
- El tiempo
- La escuela
- Información/No saber sobre programas/servicios disponibles 7
- El idioma 5
- Miedo/Pena 4
- Falta de Seguro medico o limitado 11
- La barrera de no aceptar el problema/negación 4
- Los costos son algo elevados 5
- Estar solo en este país
- Psicólogo a bajo costo 3
- Lugares que atiendan en español, pronto y a un bajo costo 2
- Stress, ansiedad y depresión
- Falta de ánimo para actuar
- Mi seguro medico (medicaid)
- Profesionales bilingües 2
- Estigma

4. **¿Cómo se informo acerca de este evento?**

St. Catherine Church (45/54%)

- Folleto (7)
- Amigo (15)
- Email (9)
- Otro (6): _____
- No respuesta (2)

Comentario o sugerencia adicional:

- Que las charlas sean más extensas
- Me gustaría tener más información acerca de la salud mental, podemos tener de nuevo otra charla? (salud mental)
- Muchas gracias por aclarar mis dudas
- Fue un poco corto el tiempo ya que el tema es bien interesante y la exposición fue precisa aunque no se abarco algunos temas
- Pueden hacer esto más seguido? Y con más tiempo?
- Trabajar obtener psicóloga que nos ayudara
- Otra sesión de como apoyar a una persona con Ansiedad, como prepararse y educarse para eso!
- Gracias por este tipo de charlas (2)
- Excelente conferencia, Excelente preguntas de la concurrencia. Se ve que hubo mucho interés.
- Tener al final las láminas del PPT

¡Gracias por su asistencia!

- Sería de gran ayuda un programa de este tipo para los adolescentes
- Gracias por ayudarnos a entender sobre la salud mental
- Que sigan estas charlas, hay mucho tabú en la comunidad todavía
- Gracias, muy interesante (2)
- Excelente
- Un tema sobre hipertensión
- Una charla muy importante. Que se siga haciendo aún más seguido.
- Que se repita con un seminario de más tiempo
- Aprendí mucho lo pondré en práctica. Sugiero que haiga más # charlas
- Felicitarles por el tema
- Mas programas de información

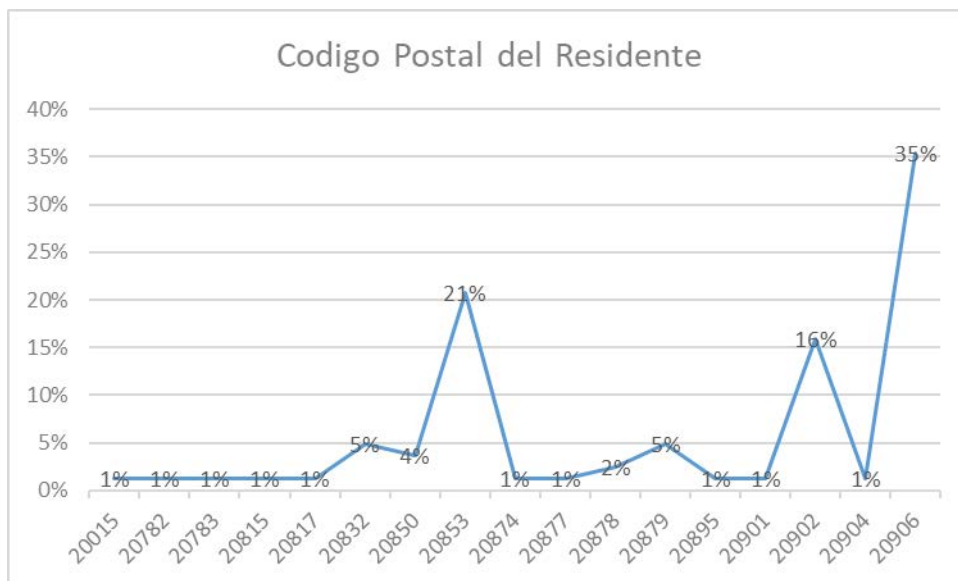
Barómetro de Estrés Reporte

A. Datos Demograficos:

N= 82

Hombre = 18, 22%

Mujer = 64, 78%



¡Gracias por su asistencia!

B. Estado de ánimo el día del evento



C. Problemas en los últimos 7 días

A. **Problemas prácticos 29%**

- Cuidado de los niños – 20%
- Alojamiento -7%
- Seguro financiero -19%
- Transporte -10%
- Trabajo/ escuela- 29%
- Decisiones de tratamiento -14%

B. **Problemas familiares 19%**

- Tratando con niños -18%
- Tratar con pareja -33%
- Capacidad de tener hijos – 14%
- Problemas de salud familiar – 35%

C. **Problemas emocionales 49%**

- Depresión – 9%
- Miedos – 13 %
- Nerviosismo – 17%
- Tristeza – 21%
- Preocupación – 28%
- Pérdida de interés en las actividades habituales – 12%

D. **Preocupaciones espirituales / religiosos 3%**

¡Gracias por su asistencia!

The "S" Word Film Screening & Discussion

EVALUATION Summary

Location: AFI Silver Theater and Cultural Center, Silver Spring, MD

Date: October 25, 2018

Total number of registrations: ~116

Total number of attendees: ~90

Total number of evaluations returned: 57

Questions:

1. What did you gain from this event? (Check all that apply)

- Increased knowledge about the warning signs of suicide **(28)**
- Increased knowledge about community resources **(36)**
- Increased motivation to help someone in crisis **(26)**
- Names of other people/organizations to contact **(35)**
- Nothing new **(0)**
- Other: **(3)**
 - Increased perspective of how it would impact my loved ones if I were to go through with it
 - Increased knowledge of suicide attempt survivors.
- Blank: **(1)**

2. What is the most important thing you learned today?

- Btheone.org (2)
- Resources and community contacts in Montgomery County
- A simple "I love you" or "I care," can really make a difference
- Increased knowledge about the aftermath of an attempt
- Suicide, personal testimony
- About the project in the movie, efforts to stop suicide, resources
- Not to come on too strong when addressing MH/BH/suicide, but with finesse
- Tell someone
- Stats
- That people are never alone
- Community resources and websites
- To ask how I can help. To talk about my feelings & seek help
- Resources are available
- To ask (2)
- Keep talking!
- To speak up and know that there is always someone to help
- Additional resources and actions taken to get the word about suicide prevention
- Resources/tools for mental health crisis
- How to talk to someone who might be in crisis
- I am not alone
- It does not take much to help someone in need. A few simple words is a good start
- Stories of survivors
- That a lot of people feel alone
- That we need more awareness
- Importance of community
- That people with much more severe suicidal thoughts than mine have survived and continue to thrive
- Always ask and reach out
- Do not stay quiet – listen – let people know you care

Presented by:



- How well people may appear to be functioning while suffering so much
- Suicide is the 2nd leading cause of persons between 15-24 years old and is preventable
- Ask the hard questions. You are not alone
- How easily we can give people hope with simple words and actions
- That the black community is neglected in moco – the film only showed 2 black people out of 100
- Resources available to use for clients in the future
- The need to encourage discussion of depression and be more alert to symptoms
- Information county hotline
- How big the movement to end the silence is
- Shocking facts about the rate of suicide in US and MoCo; Resources available
- The struggle after an attempt can be lifelong and needs ongoing support
- Hearing from the survivor and what was helpful to him
- Anti-depressants are appropriate for the dying
- How to support someone who is suicidal
- Listen, prevent sense of aloneness
- Local resources
- About the need to people to feel heard!
- Signs of suicide, how to talk to someone, contact/websites

3. Will you do anything differently as a result of your participation in today's event? Please explain your answer:

Not applicable (1)

Blank (1)

No (7)

- I work in mental health so I already know the techniques
- Very informative

Yes (41)

- Ask what they are living for more
- I saved the hotline number and will spread the word on Btheone.org & NIH trials
- More inclined to ask someone tough questions
- Good to know hotline is not just for extreme suicide thoughts. Reach out to more sad/troubled people,
- Use my knowledge to help those of African American/African decent and close the gap between disparities regarding the numbers
- talk to others more openly,
- I will make it a priority to talk to individuals and spread information about all of the resources available,
- I am a faith community nurse, will share info
- Pay attention
- Ask for help, connect
- More sharing of resources
- Learn to talk, but always afraid of retaliation from superiors
- Try and apply to my volunteer work
- I am willing to talk to someone who may hurt themselves
- Continue to assess individuals to provide appropriate resources
- Listen, really listen
- Talk to my friend who has mentioned to me more than once that she feels depressed sometimes and has suicidal thoughts
- Connect folks to Btheone
- I am training to be a therapist

Presented by:



- I am a middle school teacher and ironically the school counselor did a lesson on suicide – I admitted to my students I suffer from depression
Listen more and help
- Give hotline to patients
- To ask
- Bring awareness to my religious community
- Listen more carefully to everyone
- My thoughts about how it would affect my children and husband, friends, siblings and parents – I felt their pain so much more viscerally after seeing this film
- Reach out to those that I know are suffering from mental illness – check in more often
- Look for one or more reasons my loved one has to live, survive and thrive
- Check in more & differently with people I care about who may be experiencing sadness, etc.
- Know whom to call for help
- I have small children and now know what to look for
- Every time I engage in events such as these, I feel the move and more motivated to use my voice
- Will be more alert of signs of suicide in those around me and talk openly to those people around me about resources, spread awareness and become an advocate
- Use the crisis line for support or resources or support someone else
- Pay more attention to family members who may be struggling and have courageous conversations
- Support EveryMind and more frequent checks on my struggling students
- Put your cards in my waiting room
- How to talk to someone about suicide, contact info

4. What follow-up after today's event do you think would be helpful?

- Email reminders about B the One
- None at the moment, N/A, Not sure (2)
- Discussion on what concrete things we can come up with for prevention
- Another segment
- If there had been a sign-up sheet there could be a follow-up email with resources – but the folder is great – can go on website
- More stats on suicide/ER visits/rehabilitation,
- People telling their story
- More mini-sessions and chances to volunteer
- More open-discussion and communication to hear to people's stories
- More involvement from teachers
- Have more of these events in Spanish
- Do more advocacy on MH in MD/MCPS schools,
- I will surely email my suggestions to Laura
- Talk to friends who are sad
- Listen more
- Talking to people about my depression
- More info throughout county and local ERs
- Bringing film and Q&A to schools
- More awareness on college campuses, more discussion
- Call the hotline, checking & follow-up
- We need more help for pregnant women
- A check-in email – maybe reiterating resources & links. It is an emotional movies & brought up a bit of emotions
- Send email to participants to assess practical utility
- We need more of this – possibly a way for participants to take what they learn to their communities
- Become familiar with resources available

Presented by:



- Share BeTheOne & hotline numbers more
- Core on how people can help at the moment
- Additional information regarding trials at NIMH for depression
- Local resources via email
- No answer (26)

5. To what extent did the following influence your attending this event?

	Strongly Influenced	Influenced	Did Not Influence
a. Topic/Content	<u>(49)</u>	<u>(4)</u>	<u>(0)</u>
b. Format (Film & Q/A)	<u>(32)</u>	<u>(14)</u>	<u>(1)</u>
c. Location	<u>(26)</u>	<u>(15)</u>	<u>(5)</u>
d. Sponsor(s)	<u>(29)</u>	<u>(4)</u>	<u>(8)</u>
e. Other:	<u>(7)</u>	<u>(0)</u>	<u>(2)</u>
• African American health program wanted me to attend			
• communication			
• speakers; all			
• personal connection			
• wife			
• sister invited me			

6. What additional behavioral health resources/support do you feel are needed in Montgomery County?

- Doing a good job collaborating
- More resources that are for bilingual and undocumented people
- Child mental health services with private insurance, child PHP facilities
- Needed in PG county or underfunded
- More that addressed cultural differences regarding mental health
- Elder mental health services
- Everything in Spanish
- Define specific causes and how group for solutions
- More school social workers and school psychs!
- Mon-sworn personnel in the Montgomery County Police need more programs/training to deal with stress of sworn supervisors
- Resources for students who are being bullied
- None-so good!
- Start awareness in elementary schools
- Stress how involved NAMI is – collaborate
- More awareness in schools, anti-bullying messages
- More counselors at schools
- Resources for youth, access for all people, drugs,
- Not sure (2)
- Ways to connect to neighbors & build a nurturing community
- Ability to come to person’s home/place of work to provide help. Similar to CPAP in DC
- More focus in MCPS, reduce stigma
- Tips for working with elementary age students to figure out who may be struggling with dark thoughts, etc.
- I think it is really difficult for people without insurance to get quality help
- Not sure that the list is helpful
- Bring this to elementary schools

Presented by:



- More resources are needed to make more of a dent in stigma
- Support groups for not only teenagers & adults, but younger age group (i.e. middle & elementary schoolers)
- Cards with hotline number available for all students
- Peer support! Organizations & resources
- More bilingual/cultural sensitive therapists
- Free therapy and access to psychiatrists for low income
- Youth/teen anti-bullying education/resources
- Mental health resources for people of color
- Post-partum
- All – immediate access – traveler health care for mental health

7. How can we improve this type of event?

- Go into local high schools & colleges
- Provide refreshments (2)
- You are doing great
- Call the teen and the parent
- Add more survivors, because Minor's storytelling made it real
- I cannot think of anything! It was great! Very thought provoking and inspirational
- I thought I was great! & informational
- great and informative
- Invite high school & counselors
- Everything was wonderful
- Promoting and presenting this type of discussion more often
- More times and places
- N/A
- Elected officials in MD go into session Jan-April – make sure they see this early in session before the end of Jan.
- Earlier in the evening
- Send to school counselors to get more teachers involved
- Have more of them
- More access for community
- Invite HS and college students
- Broad advertisement prior to event
- Do one focused on/for teens
- Better advertisement – I heard about this event from a partner
- Enjoyed the event – particularly the format of the film & Q/A,
- Involve it in a conference format? Really, just reach as many people as possible to get them talking
- Because of the timing (end of day) – have a more energetic person moderate (no offense Mr. Crowel, you did well ☺)
- More discussion- through this
- More details on how to help, questions to ask, signs, etc
- More minorities on panel
- Advertise

8. How did you hear about tonight's event? (Please circle one)

- Friend/Relative (19)
- EveryMind (17)
- E-Mail (12)
- Hospital(6)

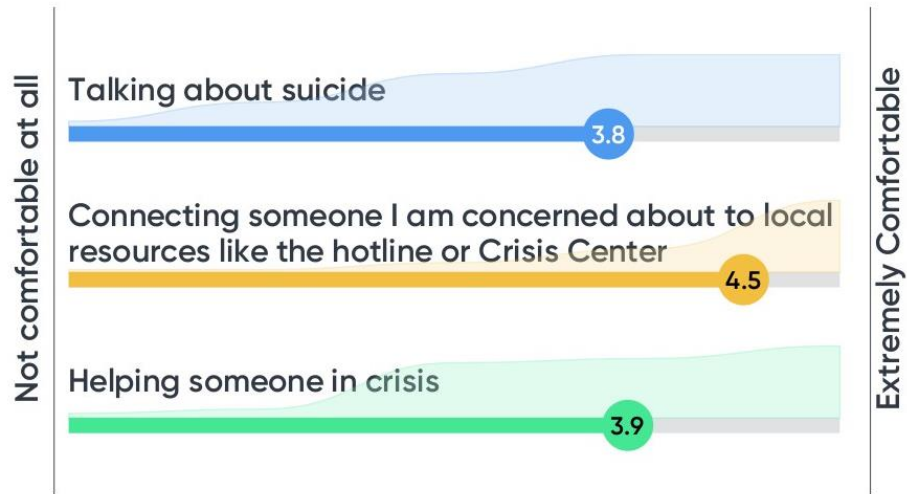
○ Suburban

Presented by:



- How would you rate these statements? I feel comfortable....

Mentimeter



47

Presented by:



**Celebracion del mes de la Herencia Hispana
October 26, 2018
"La Diabetes"**

Total # of participants: 38

Total # of evaluations returned: 28

1. What is your gender?
 - a. Male: 7
 - b. Female: 19
 - c. Blank: 2
2. What is your age?

Gender	Under 50	Over 50	Total
Females	2	17	19
Males	2	5	7
Blank	0	2	2

- a. Females:
 - i. 20-30: 1
 - ii. 31-40: 0
 - iii. 41-50: 1
 - iv. 51-60: 8- (highest population)**
 - v. 61-70: 7
 - vi. 70+: 2
- b. Males:
 - i. 20-30: 1
 - ii. 31-40: 1
 - iii. 41-50: 0
 - iv. 51-60: 1
 - v. 61-70: 3- (highest population)**
 - vi. 70+: 1

3. What is your zip code?

Gender	Silver Spring (20901,20904, 20906,20912)	Wheaton (20902)	Rockville (20851, 20832, 20850, 20853)	Bethesda (20895)	Arlington (22204)
Females	8 Prediabetes=2 Diabetes = 1	3 Prediabetes=1	8 Prediabetes=1 Diabetes= 2	1	0
Males	4 Prediabetes=1	1	1 Prediabetes=1	0	1

Silver Spring (

- a. Females:
 - i. 20901: 2- silver spring
 - ii. 20902: 3
 - iii. 20904: 1
 - iv. 20906: 3
 - v. 20912: 2
 - vi. 20832: 1
 - vii. 20850: 2
 - viii. 20851: 2
 - ix. 20853: 3
 - x. 20895: 1

- b. Males:
 - i. 20901: 1
 - ii. 20902: 1
 - iii. 20906: 3
 - iv. 20853: 1
 - v. 22204: 1

4. Do you have diabetes, prediabetes or no diabetes?

- a. Female:
 - i. Diabetes: 3- **more females have diabetes (each from different age groups)**
 - ii. Prediabetes: 4- **(all ages 51-60)**
 - iii. No diabetes: 11

Gender	Diabetes	Prediabetes	No Diabetes	Blank
Females	3	4 (ages 51-60)	11	1
Males	0	2	5	0

- b. Male:
 - i. Diabetes: 0
 - ii. Prediabetes: 2- **(one was 61-70 group and other was 70+ group)**
 - iii. No diabetes: 5

5. What they liked most about the event? (both genders)

- a. Content (information): 20
- b. Guest speakers: 16
- c. The food: 7
- d. Other: 0

6. This talk/discussion has motivated and/or empowered you to change some habit?

- a. Yes: 26
- b. No: 0
- c. Indifferent: 0

7. How did the program qualify tonight?

- a. Excellent: 24
- b. Good: 1

- c. Regular: 0
- d. Bad: 0
- 8. What health issue is important to you?
 - a. Asthma: 9
 - b. Obesity: 11
 - c. Heart Disease: 10
 - d. Mental Health: 14- The most voted**
 - e. Stroke: 8
 - f. Cancer: 9
 - g. Domestic Violence: 6
 - h. Other: Auto immune disease (Lupus), cholesterol, physical activity

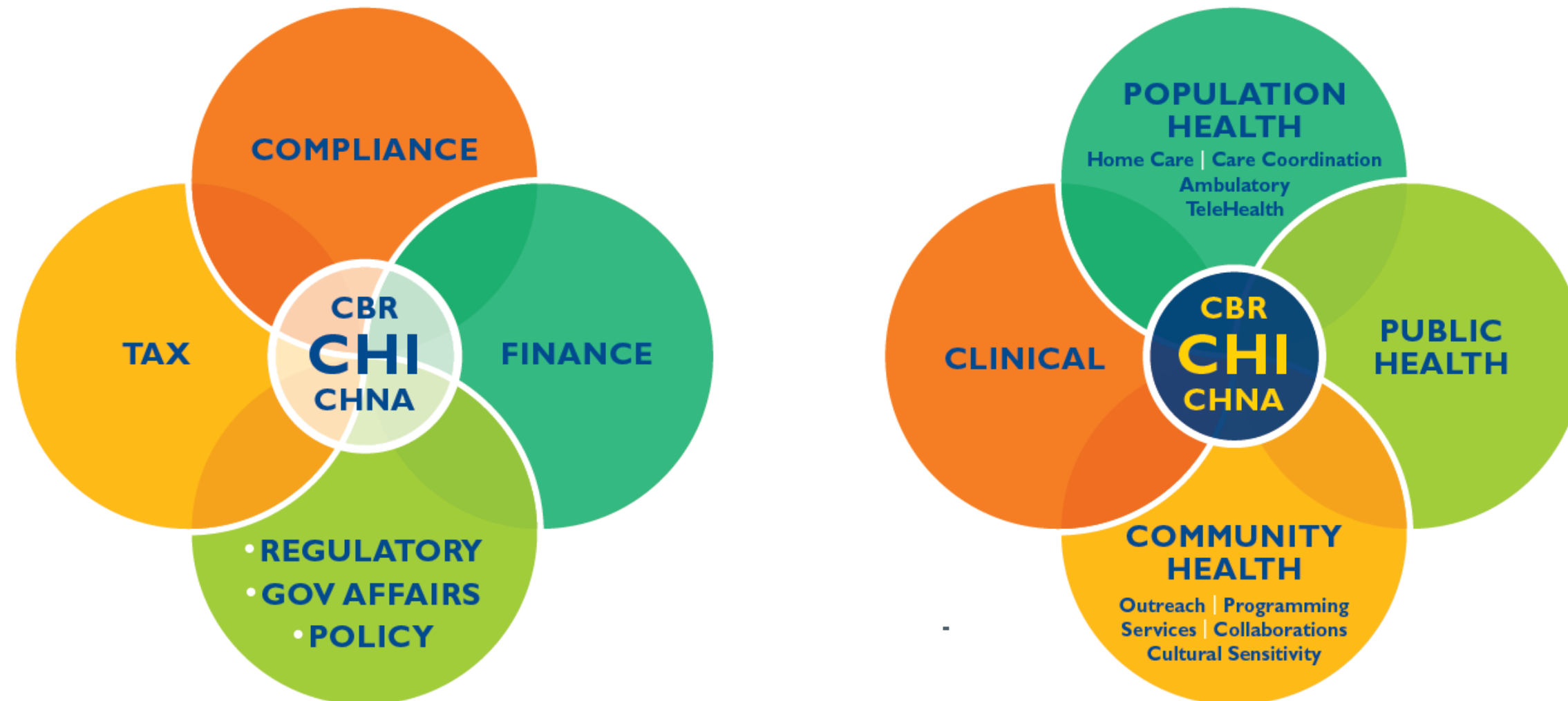
Gender	Asthma	Obesity	Heart Disease	Mental Health	Stroke	Cancer	Domestic Violence	Other
Female	8	8	7	11	7	7	5	2
Male	1	3	3	2	0	2	1	1
Blank	0	1	2	2	2	0	0	0

- 9. What change of habit will you make as a result of your participation?
 - a. Exercise and/or increase exercise
 - b. Change diet and eat healthier
 - c. Learn more about diabetes
 - d. Plan diet for the week and weekend
 - e. Increase vegetable intake
 - f. Portion control
 - g. Drink more water
 - h. Limit sugar intake and fatty foods/carbs
 - i. Watch diet closely
- 10. What kind of support/education would you like to receive next?
 - a. Females:
 - i. Cancer
 - ii. AIDS
 - iii. Depression
 - iv. Female reproductive system
 - v. Child and adult nutrition
 - vi. Obesity
 - vii. Asthma
 - viii. Diabetes
 - b. Male:
 - i. Education on good health
 - ii. Information about the best diets
 - iii. Nutrition
 - iv. Websites about diabetes
 - v. Be able to talk to doctor if he has any complications

11. How did you hear about this event? (both male and female)
- a. St. Catherine: 7
 - b. Flyer: 0
 - c. Friend: 13
 - d. Email: 2
 - e. Suburban Hospital: 6

Introduction - Annual CBR review and approval

How does CBR fit into JHHS



COMMUNITY HEALTH IMPROVEMENT (CHI)
External Community Engagement
Accountability

Appendix A

Participant comments on how they benefited from *Freedom From Smoking*:

- My quality of sleep improved dramatically within 3 days of quitting.
- I've saved over \$250 over three weeks' time and I plan on putting that money in my retirement on a regular basis.
- The *Freedom From Smoking* class gives you a calm, safe place to talk about how you feel about cigarettes.
- I like the positive reinforcement approach.
- My health was spiraling out of control. Needed to gain control back.
- The *Freedom From Smoking* program helped me the most because it educated me about medications that could help me quit smoking. I'm finding Wellbutrin extremely helpful.
- I wanted to be a non-smoker, but I was finding it very difficult to quit on my own....I knew the class would work for me, I just needed to refuse to give up.
- (The facilitator) showed that the pros of quitting were worth it.
- Commitment to attend the class helped me to stick to the quit plan.
- (The facilitator helped) by understanding and guiding....most of all an exceptional listener.
- This program helped me talk about and work through why I smoke and come up with a good quit plan.
- I am still smoke free. The gum is a big help. As a reward, today I bought myself a nice rain jacket.
- (The facilitator) was very calm and an inspiration to quit....(facilitator) was very helpful with the classes and great coach.
- The most important part was the fact that I was able to be in a classroom like setting, and the facilitator was very knowledgeable of the subject matter.

Participant Testimonial

When I first began the program, October 22, I was very fearful and uncertain because I knew very little about the program itself and nothing about the people leading or participating in the program. My expectations were very low; however, I had previously observed that the "navigator" appeared to have been genuinely concerned which was a positive sign. Nevertheless, I seriously doubted that the program would be able to help

me stop smoking because I had smoked so many years and also because I had “heard it all before”.

I was very surprised that I left the first meeting feeling hopeful because I had immediately bonded with the group and (the facilitator) seemed to believe herself that it was possible for me to quit. If she actually believed that quitting was possible for me then perhaps I could. Also, I really hadn’t “heard it all before.”

The program has helped me to deeply examine and understand my need to smoke as well as exploring new strategies and tools to help and support me during the initial quitting stage. Knowing that I have so much support (that I never knew existed before) somehow motivates me to resist the cravings and keeps me moving forward. I was fortunate to have had a group leader with very sensitive listening skills and a non-judgmental, supportive and caring manner.

Hearing the successful graduates from a previous group talk about their experiences and observing the joy on their faces was also a great motivator for me. The guided imagery and affirmation CDs are very helpful, and I believe they have helped to reduce my stress which has helped reduce my cravings.

The class has enabled me to do this with much less stress and much more comfortable than I ever expected. I am confident that this time, I will achieve “Freedom From Smoking.”

Participant Testimonial

Thank you very much. The program is very good. Yes I am still smoke free as of today it will be a month since my quit day. Thankful of your efforts and the amazing program. I am forever in debt with the program counselor and Suburban hospital.

Appendix B

Reprinted from The Sentinel.com 12/3/2019

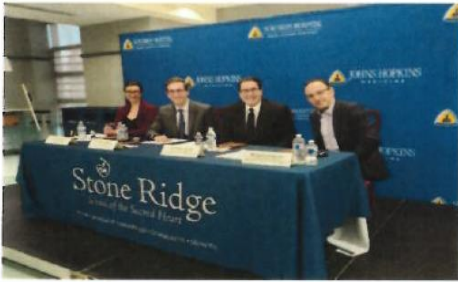
BETHESDA – Electronic cigarettes are relatively new, and the medical community is only beginning to understand how they affect the lungs.

However, a panel of medical professionals told about 100 high school students gathered at Stone Ridge School of the Sacred Heart in Bethesda on Nov. 19 that it took decades for doctors to know that tobacco smoking causes cancer and even death.

“My message for you really is we don’t know how bad this is for you,” said Dr. Stephen Broderick, assistant professor of surgery at Johns Hopkins University School of Medicine.

Dr. Philip Corcoran, surgeon at the cardiothoracic and vascular clinic at Johns Hopkins Medicine at Suburban Hospital, said as of Nov. 13, the Centers for Disease Control and Prevention (CDC) reported 42 deaths and 2,174 cases of electric vaping acute lung injury nationwide.

The panel, from left to right, including American Lung Association’s Nicole Goldsboro and Drs. Panagis Galiatsatos, Philip Corcoran and Stephen Broderick spoke to teenagers about the dangers of vaping and smoking on Nov. 19. Photo by Suzanne Pollak/The Montgomery Sentinel.



The panel, from left to right, including American Lung Association’s Nicole Goldsboro and Drs. Panagis Galiatsatos, Philip Corcoran and Stephen Broderick spoke to teenagers about the dangers of vaping and smoking on Nov. 19. Photo by Suzanne Pollak/The Montgomery Sentinel.

“This is a new product. We don’t know much about it,” said Panagis Galiatsatos, assistant professor in the division of pulmonary and critical care medicine at Johns Hopkins University School of Medicine. It’s only been in use in the United States for about a dozen years, he said, adding, “We need to get the facts fast.”

E-cigarettes, also known as vapes, hookah pens and JUULS, are battery-powered devices that heat an electronic liquid called e-juice that often contains nicotine. Inhaling an aerosol cloud of nicotine and other substances that are “not proven to be a safer alternative to cigarettes,” according to information distributed to students in attendance from the American Lung Association.

Medical problems can occur quickly, including coughing and wheezing. Vaping also causes the growth of blisters on the top

of the lungs that need surgery for removal.

Corcoran told the students of a patient, a regular e-cigarette user, who was healthy and athletic and suffered from a collapsed lung.

“The lung had literally lost its blood supply,” Corcoran said.

Because e-cigarettes are not all the same and often contain different ingredients, “We don’t even know what we don’t know yet,” Broderick said. Vaping may damage other body parts besides the lungs, he said.

JUUL, which makes e-cigarettes, is “trying to get you addicted to nicotine so you will be addicted for life,” Broderick said.

Its advertisements make it appear cool to vape, much like the Marlboro Man commercials of the 1950s did for smoking cigarettes, Broderick said.

“They are not trying to tell you this guy is trying to stop smoking,” he said. “The ads are saying it’s cool.”

Added Galiatsatos, the panel’s moderator, e-cigarette makers are targeting young people by offering different flavors.

But young people are particularly vulnerable as their brains are still growing and addiction to nicotine can rewire their brains permanently, he said.

Should that happen, “They have you for life.”

All the nicotine and chemicals inhaled while vaping are harmful to your lungs, Corcoran said. “It is clear this is not a safe undertaking.”

As of Nov. 13, the Centers for Disease Control and Prevention (CDC) reported 42 deaths and 2,174 cases of e-vaping acute lung injury nationwide. (Courtesy Photo)



When some students wondered if vaping could cause cancer or death, Corcoran replied, “There is no question that it can.” The loss of blood supply to your lungs from vaping can be permanent, even if you stop using, he said.

“It can cause very lethal diseases,” agreed Galiatsatos. “There is nothing safe in e-cigarettes.”

Smoke should not be going into your lungs, said. “Air. That’s the only thing your lungs are made for.”

If already a smoker, there are FDA-approved products designed to help a person stop. Those products are safer than e-cigarettes, according to the panel members.

Some cigarettes have less than one percent nicotine, while some vaping products have 30 percent nicotine, Galiatsatos said.

Also, he noted, when people vape, they tend to inhale and exhale slowly, drawing the chemicals far deeper into their lungs than most cigarette smokers do.

“Lungs are precious, and we don’t have enough lungs” to perform transports for ones damaged by vaping, Broderick said.

The American Lung Association offers several programs to help people quit smoking or vaping. One program that is in some schools includes intervention and education during four class sessions rather than suspension for a student caught smoking at school, said Nicole Goldsboro, national manager of lung health education at the American Lung Association.

Hosting the one-hour program was the Suburban Hospital and the Sidney Kimmel Comprehensive Cancer Center in partnership with Stone Ridge School and the American Lung Association. Students and school representatives from about eight private schools attended the event. Others watched it on Suburban Hospital’s Facebook page.

<https://mont.thesentinel.com/2019/12/02/students-cautioned-about-the-dangers-of-vaping-and-smoking/>

Appendix C

Complete list of businesses and organizations visited by Suburban Staff to promote *Freedom from Smoking* this semester. SH staff spoke with management (when available) about sharing information with employees, posting for public, or sharing with customers or community members through newsletters and other appropriate communication channels.

Business	Location
White Flint Station Apartments (residential)	North Bethesda
Mom's Market	Rockville
Best Friends Pet Care	Rockville
Planet Aid Thrift Shop	Rockville
KPot Korean BBQ	Rockville
The Gallery White Flint Place (residential)	Rockville
The Sterling at the Metro (residential)	North Bethesda
Gallery Market and Cafe	North Bethesda
Harris Teeter Grocery and Pharmacy	Rockville
Relish Catering	North Bethesda
Equality Builders	Rockville
Taj Caterers	Rockville
Gwenie's Desserts	Rockville
Signs by Master Graphics	Rockville
US Renal Care	Rockville
Wentworth House Apartments (residential)	North Bethesda
Aurora Apartments (residential)	North Bethesda
Davis Construction	Rockville
Metro Bus Garage	North Bethesda
JHCP Heart Care	Rockville
Dorothy Day Shelter	Rockville
Maryland Oncology	Bethesda
JHCP Primary Care	North Bethesda
Bethesda Family Dentistry	North Bethesda
New Wave Salon	Rockville
Sally Beauty Supply Store	Rockville
Hair Cuttery	Rockville
Ulta Beauty Supply	Rockville
Hair Cuttery	Rockville
Puzzles for Hair	Rockville
Pike Cleaners	Rockville
Quincy's South Bar and Grille	Rockville
Lazy Boy Home Furnishings	Rockville
Scott's Automotive	Rockville
White Flint Auto Repair	Rockville
Basile's Auto Repair	Rockville
Custom Carpet and Floors	Rockville
A & G Automotive	Rockville
Mega Auto Group	Rockville

AM PM Automotive	Rockville
Fitzgerald Auto Mall	Rockville
Nextcar Sales and Leasing	Rockville
Target	Rockville
Midtown Bethesda North (residential)	North Bethesda
Grosvenor House (residential)	North Bethesda
Poolesville Town Hall	Poolesville
Dr. Pike & Valega, DDS	Poolesville
House of Poolesville	Poolesville
Maggie Nightingale Library	Poolesville
Tractor Supply Company	Poolesville
CVS Pharmacy	Poolesville
Poolesville Family Physicians	Poolesville
Bassett's Restaurant	Poolesville
Anytime Fitness	Poolesville
Crown Gas Station	Poolesville
Liberty Gas Station	Poolesville
Dickerson Market	Dickerson
Dollar General	Poolesville
Poolesville Area Senior Center	Poolesville
Cugini's Restaurant	Poolesville



Suburban Hospital Fiscal Year 2020 Fitness Assessment Report

**Senior
Shape**

STRENGTH • BALANCE • FLEXIBILITY

Prepared by: Sammrawit Girma
May 14, 2020




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Background

Senior Shape is an instructor guided class where participants go through a series of low impact aerobic exercises intended to strengthen your cardiovascular system and improve your body's strength and endurance. The purpose of this report is to analyze the participant surveys collected. A general guideline has been included to show participant performance based on age and gender (figure 1).

The chair stand test is similar to a squat test to measure leg strength, in which participants stand up and sit down on a chair repeatedly for 30 seconds. Scores are recorded by their partner. Their partner is encouraged to count for them however, they may also count on their own.

The arm curl is done when an individual sits down on chair with dumbbell. Participants would hold weight in a handshake grip motion with arm fully extended to side of chair then they would curl the weight by flexing elbow while turning their palm of hand toward shoulder. This was repeated until the 30 seconds expired.

The 2 min step in place is conducted when subject stands up straight next to the wall while a mark is placed on the wall at the level corresponding to midway between kneecap and top of the hip bone. The subject then marches in place for two minutes, lifting the knees to the height of the mark on the wall.

When doing a chair sit and reach, the subject sits on the edge of a chair which is placed against the wall. One foot must remain flat on the floor. The other leg is extended forward with the knee straight, heel on the floor, and ankle bent at 90°. Place one hand on top of the other with tips of the middle fingers would reach forward toward the toes by bending at the hip. A ruler is used to calculate score. If the subject's hand touches their toes that is a score of "0". If they surpass their toes that is a positive score. If they are unable to reach their toes that is a negative score.

Figure 1: General guideline of average score based on age and gender

AVERAGE RANGE OF SCORES FOR WOMEN							
	60-64	65-69	70-74	75-79	80-84	85-89	90-94
Chair Stand (# of stands)	12 to 17	11 to 16	10 to 15	10 to 15	9 to 14	8 to 13	4 to 11
Arm Curl (# of reps)	13-19	12 to 18	12 to 17	11 to 17	10 to 16	10 to 15	8 to 13
2 Minute Step in Place (# of times)	75 to 107	73 to 107	68 to 101	68 to 100	60 to 91	55 to 85	44 to 72
Chair Sit & Reach (inches +/-)	-0.5 to 5.0	-0.5 to 4.5	-1.0 to 4.0	-1.5 to 3.5	-2.0 to 3.0	-2.5 to 2.5	-4.5 to 1.0
AVERAGE RANGE OF SCORES FOR MEN							
	60-64	65-69	70-74	75-79	80-84	85-89	90-94
Chair Stand (# of stands)	14-19	12 to 18	12 to 17	11 to 17	10 to 15	8 to 14	7 to 12
Arm Curl (# of reps)	16-22	15-21	14-21	13-19	13-19	11 to 17	10 to 14
2 Minute Step in Place (# of times)	87 to 115	86 to 116	80 to 110	73 to 109	71 to 103	59 to 91	52 to 86
Chair Sit & Reach (inches +/-)	-2.5 to 4.0	-3.0 to 3.0	-3.5 to 2.5	-4.0 to 2.0	-5.5 to 1.5	-5.5 to 0.5	-6.5 to -0.5

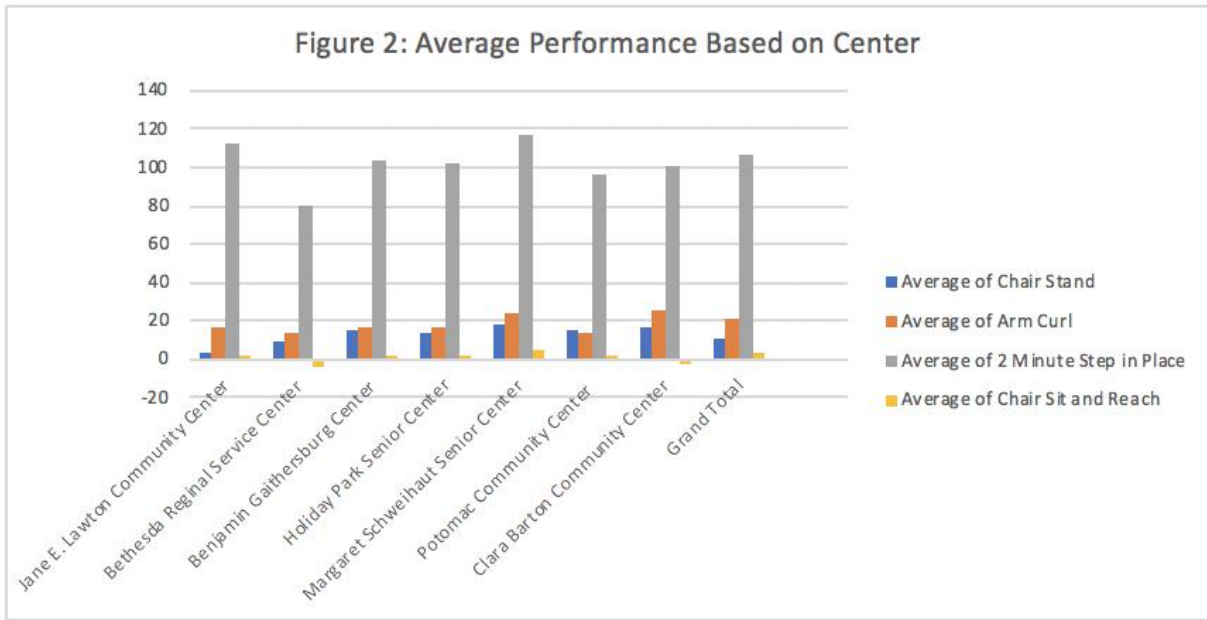


Figure 2 Looks at the average performance of all participants for each exercise based on community and senior center. Comparing centers side by side allows us to have a visual representation of the performance across centers. Looking at the graph, the average 2-minute step in place is the most visible. The average scores from the remaining exercises from each center are very similar as depicted in the bar graph. The Clara Barton Community Center and Bethesda Regional Service Center each received a negative average score for the chair sit and reach. This demonstrates that on average, the participants were unable to touch their toes to achieve a score of “0” or higher.

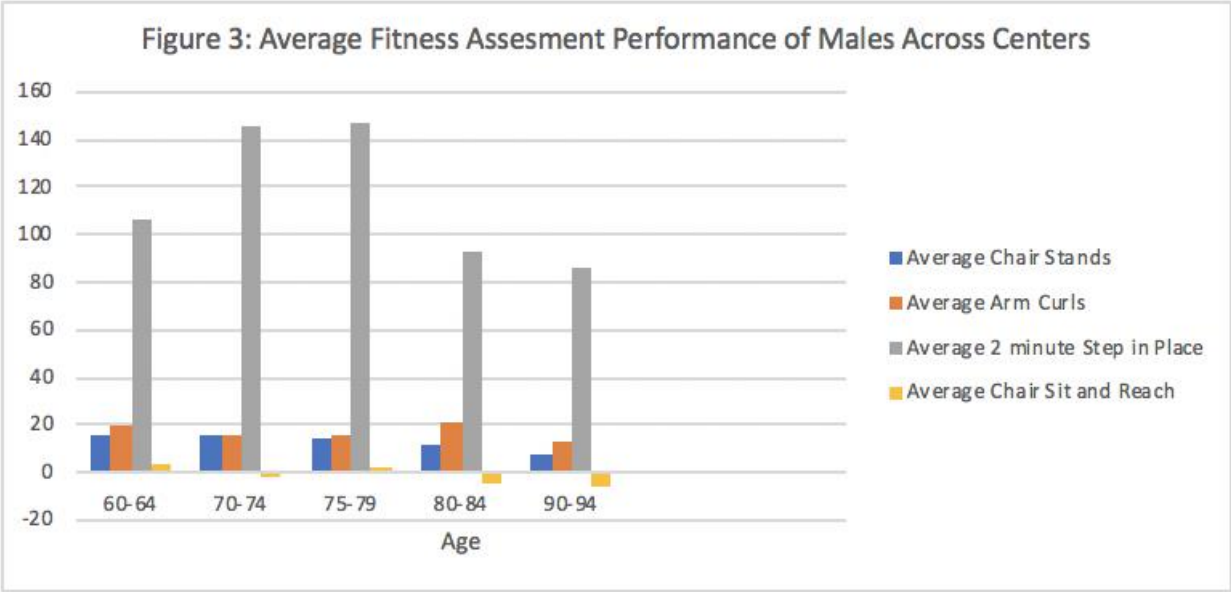
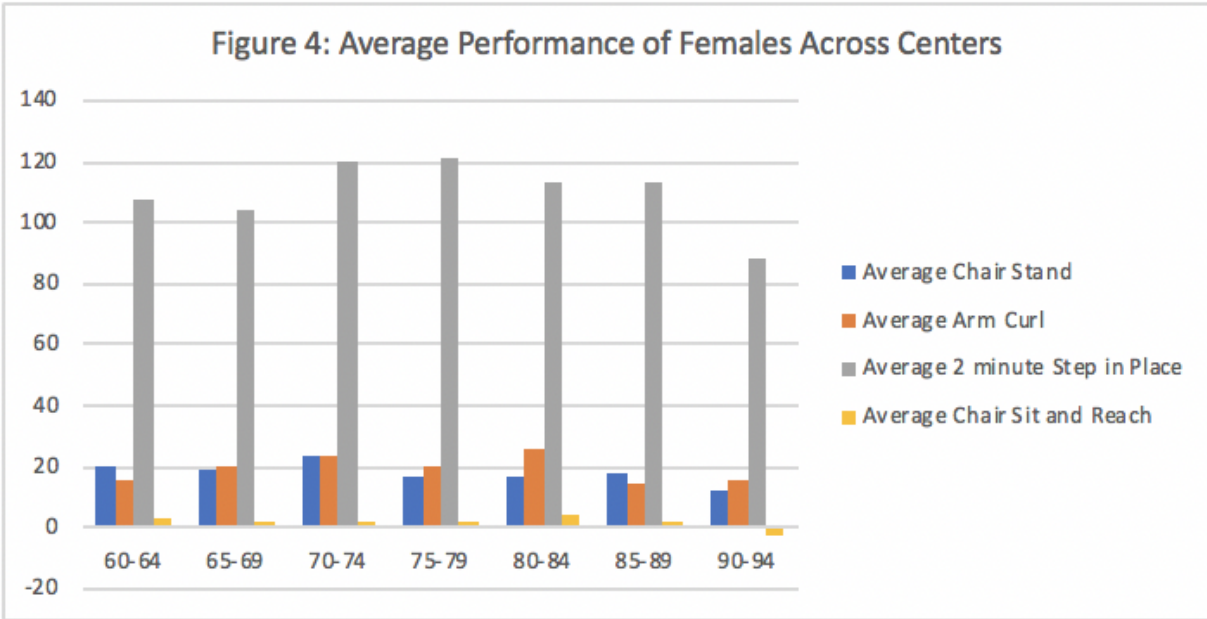


Figure 3 is the aggregated average fitness assessment performance of males based on age range across all centers. Looking at the graph, we can see that all of the centers were able to meet the recommended average for their age range for all of the exercises. The values in the chart were compared with the values in figure 1 to come to that conclusion. The age range of 65-69 and 85-89 were excluded from the chart due to missing values.



Similar to Figure 3, Figure 4 is the aggregated average fitness assessment performance of females across centers. The average performance of females across the centers also meets the performance guideline stated in figure 1. The score for females, ages 80-94 were able to score higher on the 2-minute step in place as compared to males age 80-94.

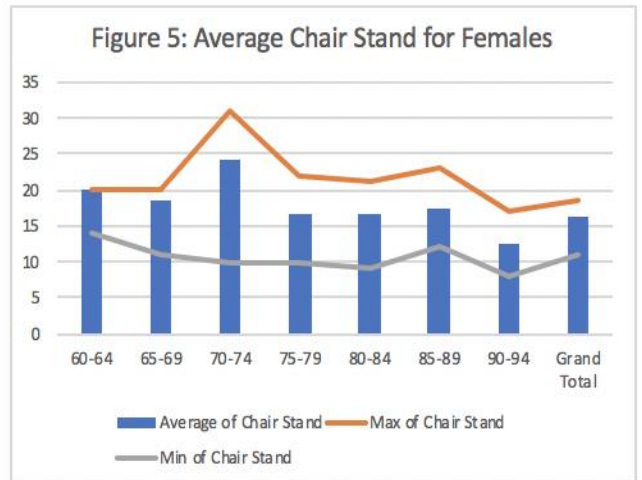
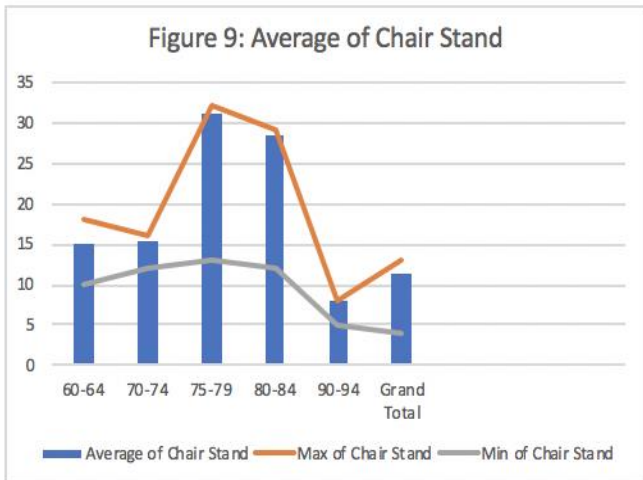


Figure 9 is the average chair stand for males and figure 5 is the average chair stand for females. This graph displays the aggregated data across centers for a specific exercise. Having male and female side by side allows to see how males and females performed. The average chair stand for females is similar across different age groups compared to the score for the average chair stand for males. Looking at figure 9, we can see that males age 75-84 performed above the guideline values listed in figure 1. However, the averages for both females and males across age categories were able to meet the recommended guideline.

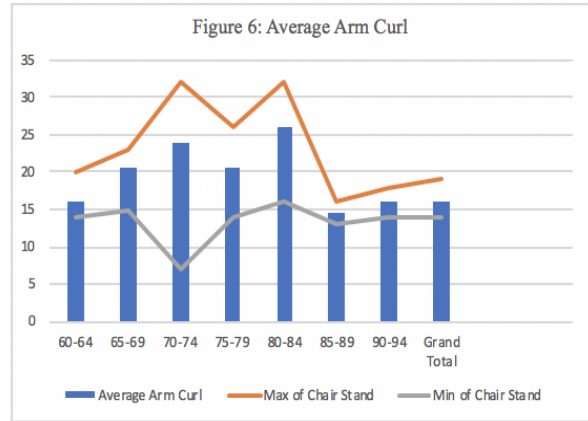
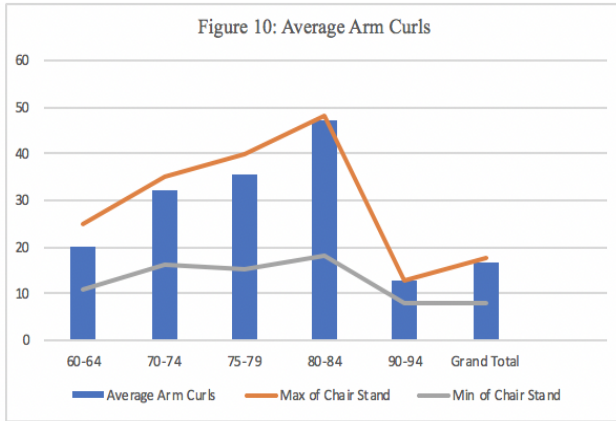


Figure 10 is the average arm curl for males and figure 6 is the average arm curl for females. When looking at average arm curls, the recommended average for males 80-84 is 13-19. However, figure 10 shows that males age 80-84 performed higher compared to the guideline. The average score for male participants age 90-94 met the recommended guideline score which is 14. Furthermore, the average for 80-84-year-old females shows they performed extremely well than what is expected for their age group. Overall, the average of every age group met the recommended average with a few age categories that performed above average, such as the 70-74 females.

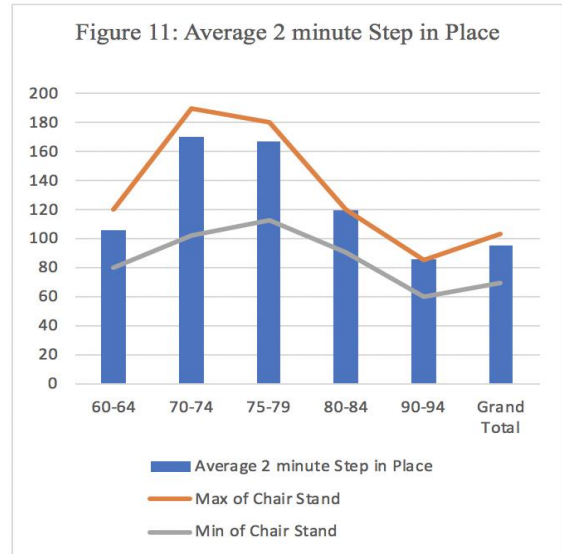
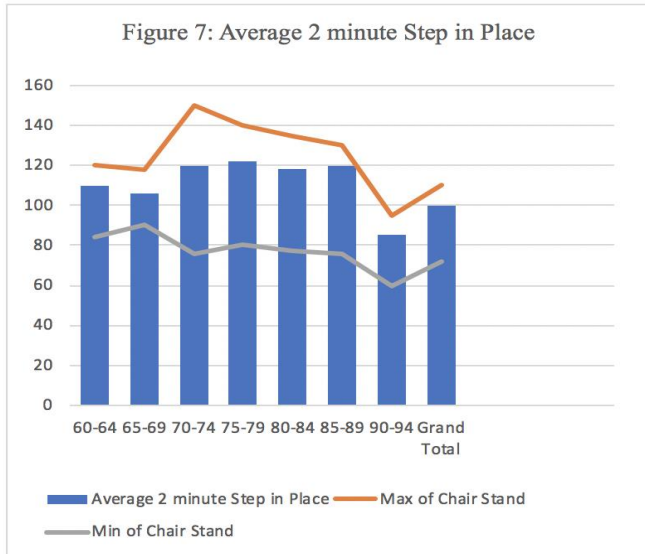


Figure 7 is the average 2-minute step in place for males and figure 11 is the average 2-minute step in place for females. Looking at figures 7 and 11 we can see that females performed more consistently across age categories compared to males. The minimum and maximum also shows that there was a minimal gap between the averages. Both the males and female averages met the recommended guideline requirement for the 2-minute step in place exercise.

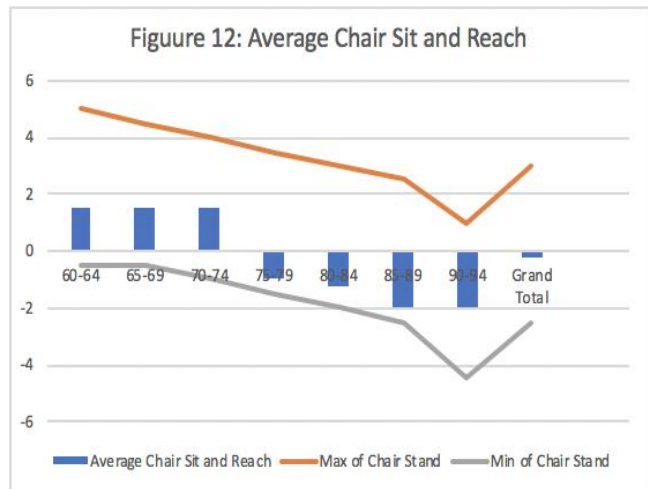
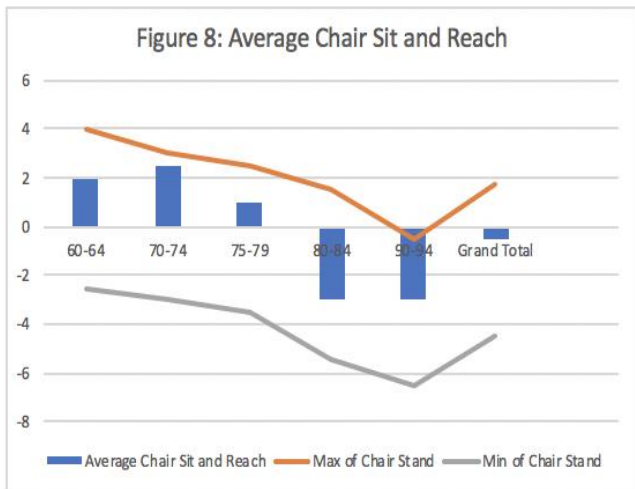


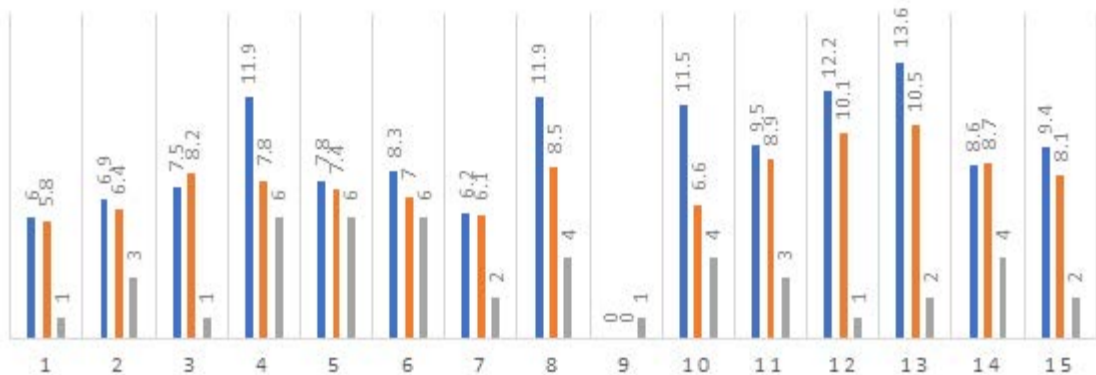
Figure 8 is the average chair sit and reach for males and figure 12 is the average chair sit and reach for females. If the subjects hand is able to touches their toes, they receive a score of “0”. If they surpass their toes that is a positive number. If they are unable to reach their toes that is a negative number. Looking at the results, both males and females age 80-94 had a harder time touching their toes compared to individuals who were below 80 years old. The average of males 60-74 shows that a majority of the participants were able to touch or surpass their toes.

Conclusion

After looking at the results from the fitness assessments, we could assume that diet and exercise could have possibly played a factor on performance. If for example participants exercise once or twice a week, we can further assume that they are overall more mindful of their well-being which can translate to a healthy diet which possibly lead to a better score compared to a person who does not exercise. Also, previous participation is like practice which can lead to a better score compared to an individual that just join the group. The data that was looked at in this report was collected at a certain point in time. We are unable to generalize these findings for future senior shape fitness assessments. However, this information can be used to understand the information.

CATHOLIC CHARITIES CLINIC

■ Pre A1C level ■ Post A1C level ■ Session Attended



Pautas para una comida sana

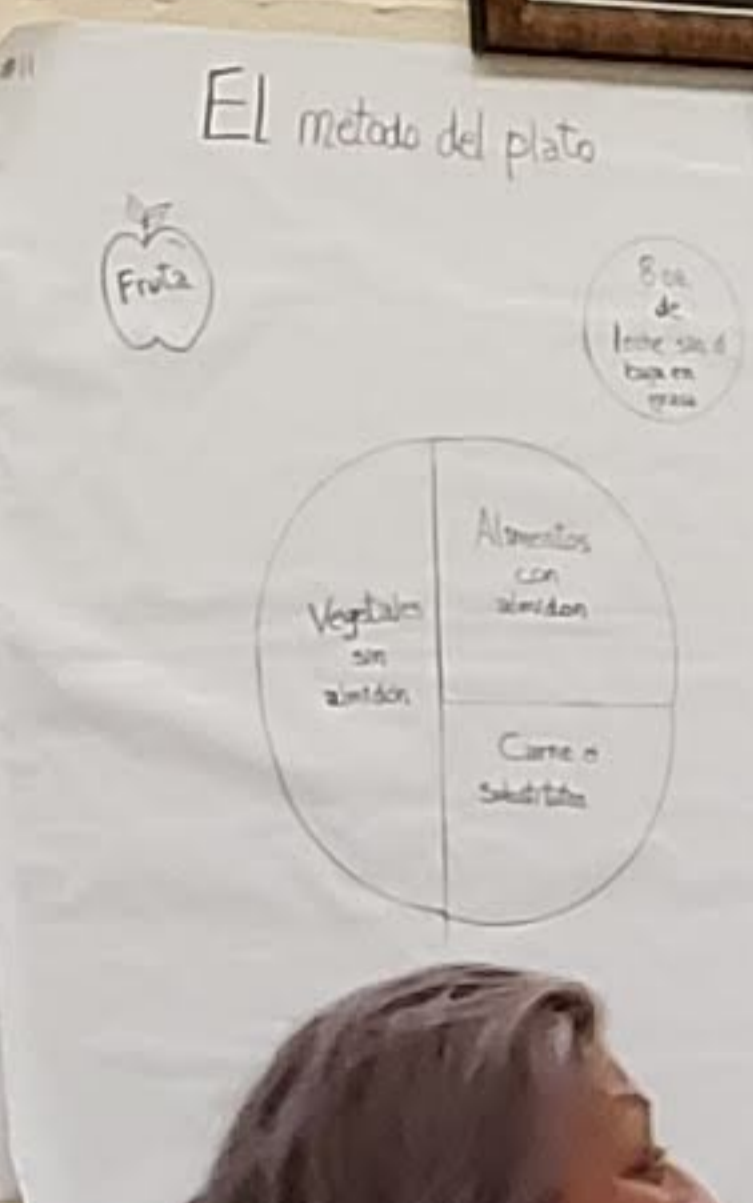
Proteínas
1-2 porciones

Carbohidratos
2-4 porciones de alimentos Altos en carbohidratos
2 o más porciones de vegetales Bajos en carbohidratos / Bajos en calorías

Grasa
1-2 porciones

Porción de la porción	Número de porciones recomendadas
4 oz	1
Huevo duro	1
Bollo de pan	1
Cazón de pasta fría	1/2 taza
Ensalada verde	2 tazas
Tomate	1 taza
Adosado de ensalada	2 cucharadas
Manteca o Margarina	1 cucharada

Total de Porciones	
Proteínas	2
Alimentos Altos en carbohidratos	3
Bajos en carbohidratos / Bajos en calorías	3



- 10 Pautas para una Alimentación sana**
1. Come una variedad de alimentos.
 2. Haga comidas y bocadillos o refrigerios saludables.
 3. Desayune todos los días.
 4. Coma la misma cantidad de alimento todos los días.
 5. Sea consciente de la cantidad que come de cada alimento.
 6. Limite los alimentos salados y el uso de demasiada sal.
 7. Limite el consumo de bebidas azucaradas o endulzadas.
 8. Escoga las grasas buenas que son mejores para su corazón.
 9. Escoga alimentos integrales.
 10. Limite los alimentos procesados.

150 min/semana / 21d
 1-2 = 30 min
 10 min
 10 min
 10 min

Trapear
bailar

1. COMPARTIR EXPERIENCIAS Y SOLUCIONAR PROBLEMAS (30)
2. Pautas para plan. alimenticio sano (35)
3. Planear un MENU (30)
4. Manejo de estrés (10)
5. Hacer un plan de acción (20)
6. Conclusion (5)

Caja de herramientas

- Alimentación Sana
- Actividad Física
- Vigilancia
- Plan de Acción
- Manejo del estrés
- Comprender las Emociones
- Resolución de Problemas
- Trabajar con los recursos de la comunidad



PATIENT BILLING AND FINANCIAL ASSISTANCE INFORMATION SHEET

**Johns Hopkins Medicine
The Johns Hopkins Hospital
Johns Hopkins Bayview Medical Center
Howard County General Hospital
Suburban Hospital
Sibley Memorial Hospital**

The Johns Hopkins Medical Institutions are committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

Summary of Eligibility Requirements and Assistance Offered

It is the policy of the Johns Hopkins Medical Institutions to provide financial assistance based on indigence or excessive medical debt for patients who meet specified financial criteria and request such assistance.

The hospital offers financial assistance to certain individuals under a Financial Assistance Policy. If you are unable to pay for medical care, you may qualify for Free or Reduced-Cost Medically Necessary Care if you:

- A member of the hospital's community. The community extends to those persons living or working in the hospital's service area or requiring emergency services while otherwise visiting within the service area.
- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

No individual who is eligible for financial assistance under the Financial Assistance Policy will be charged more for emergency or other medically necessary care than the amounts generally billed (AGB).

Specific to Sibley Memorial Hospital

Under District of Columbia law, Sibley Memorial Hospital (SMH) must make its services available to all people in the community. SMH is not allowed to discriminate against a person because of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, physical handicap, source income, or place of residence or business, or because a person is covered by a program such as Medicare or Medicaid.

SMH is also required to provide a reasonable volume of services without charge or at a reduced charge to persons unable to pay. Ask the staff if you are eligible to receive services either without charge or at a reduced charge. If you believe that you have been denied services or consideration for treatment without charge or at a reduced charge without good reason, contact the Admissions or Business Office of this health care provider, and call the State Health Planning and Development Agency through the Citywide Call Center at 202-727-1000. If a patient want to file a complaint, forms are available from the State Health Planning and Development Agency.

Summary of how to Apply for Assistance under the Financial Assistance Policy

To obtain free copies of the hospital's Financial Assistance Policy and Application, and for instructions on how to apply, please visit our website at: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance or visit a Financial Counselor in the Admission Office of the hospital. To obtain a free copy of the Financial Assistance Policy and Application by mail, call 443-997-3370 (local) or 1-855-662-3017 (toll free) to request a copy or submit a written request to Johns Hopkins Health System, Customer Service – Financial Assistance, 3910 Keswick Road, S-5300, Baltimore, MD 21211.

Please call Customer Service at 443-997-3370 (local) or 1-855-662-3017 (toll free) or send an email to pfscs@jhmi.edu or visit a Financial Counselor in the Admission Office of the hospital with questions concerning:

- The Financial Assistance Policy and Application
- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- Your rights and obligations with regard to reduced-cost, medically necessary care due to financial hardship
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance, DC Medical Assistance, or other programs that may help pay your medical bills

Language translations for the Financial Assistance Policy and all related documentation can be found on our website at: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance

Maryland Medical Assistance

You may also qualify for Maryland Medical Assistance. For information about Maryland Medical Assistance contact your local department of Social Services at 1-800-332-6347 (TTY 1-800-925-4434) or visit: www.dhr.state.md.us

DC Medicaid

You may also qualify for DC Medicaid. For information about DC Medicaid, contact (202) 727-5355 to locate your nearest Economic Security Administration (ESA) Service Center or visit: www.dc-medicaid.com

Billing Rights and Obligations

Not all medical costs are covered by insurance. The hospital makes every effort to see that you are billed correctly. It is up to you to provide complete and accurate information about your health insurance coverage when you are brought in to the hospital or visit an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurance companies require that bills be sent in soon after you receive treatment or they may not pay the bill. Your final bill will reflect the actual cost of

care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

If you do not qualify for Maryland Medical Assistance, DC Medical Assistance or financial assistance under the Financial Assistance Policy, you may be eligible for an extended payment plan for your medical bill.

Physician charges are not included in hospital bills and are billed separately.

Johns Hopkins is simplifying our billing statement. For services after July 23, 2018, you will receive one bill for your care at Johns Hopkins Health System (excluding Behavioral Health). However, you may still receive multiple bills for services received prior to July 23, 2018, until those balances are paid from hospital-based physicians like anesthesiologists, pathologists, as well as from private community physicians.

HOJA INFORMATIVA DE FACTURACIÓN Y ASISTENCIA FINANCIERA DEL PACIENTE

Johns Hopkins Medicine

The Johns Hopkins Hospital

Johns Hopkins Bayview Medical Center

Howard County General Hospital

Suburban Hospital

Sibley Memorial Hospital

Las instituciones médicas de Johns Hopkins se comprometen a proporcionar asistencia financiera a los pacientes que tengan necesidades de atención de salud y carezcan de seguro, posean una póliza de seguro insuficiente, no sean elegibles para un programa gubernamental o, de otro modo, no puedan pagar la atención de salud médicamente necesaria por causa de su situación financiera particular.

Resumen de los requisitos de elegibilidad y asistencia ofrecida

Es política de las Instituciones Médicas Johns Hopkins proporcionar asistencia financiera por razones de indigencia o deuda médica excesiva a los pacientes que cumplan con los criterios financieros especificados y solicitan tal asistencia.

El hospital ofrece asistencia financiera a ciertas personas en el marco de una Política de asistencia financiera. Si usted no puede pagar la atención de salud, puede calificar para atención de salud gratuita o de costo reducido si usted:

- Es miembro de la comunidad del hospital. La comunidad se extiende a aquellas personas que vivan o trabajen en el área de servicio del hospital o que requieran servicios de emergencia mientras visitan el área de servicio.
- No tiene otras opciones de seguro.
- Se le ha negado asistencia médica o no cumple con todos los requisitos de elegibilidad
- Cumple con criterios financieros específicos.

A ninguna persona que sea elegible para recibir asistencia financiera en el marco de la Política de asistencia financiera se le cobrará montos que excedan los montos generalmente facturados al prestarse atención de emergencia u otros cuidados de la salud médicamente necesarios (AGB, Amounts Generally Billed, por sus siglas en inglés).

Específico para Sibley Memorial Hospital

En el marco de la ley del Distrito de Columbia, Sibley Memorial Hospital (SMH) debe poner a disposición sus servicios a todas las personas de la comunidad. SMH no puede discriminar a una persona por motivos de raza, color, religión, origen nacional, sexo, edad, estado civil, aspecto

personal, orientación sexual, responsabilidades familiares, matriculación, afiliación política, discapacidad física, origen de sus ingresos o lugar de residencia o trabajo, o porque una persona esté amparada por un programa como Medicare o Medicaid.

SMH también debe prestar un volumen razonable de servicios sin cargo alguno o con un cargo reducido a las personas que no puedan pagar. Pregunte al personal si usted es elegible para recibir servicios sin cargo alguno o con cargo reducido. Si cree que le han negado servicios o no se le ha considerado para tratamiento sin cargo alguno o con cargo reducido sin una buena razón, comuníquese con la Oficina de Admisión o con la Oficina comercial de este proveedor de atención de salud y llame a la Agencia Estatal de Planificación y Desarrollo de Salud (State Health Planning and Development Agency) a través del Centro de Llamadas de la Ciudad al 202-727-1000. Si un paciente desea presentar una reclamación, en la Agencia Estatal de Planificación y Desarrollo de la Salud hay formularios disponibles.

Resumen de cómo solicitar asistencia en el marco de la Política de asistencia financiera

Para obtener copias gratuitas de la Política y la Solicitud de Asistencia Financiera del hospital, y para obtener instrucciones sobre cómo hacer una solicitud, visite nuestro sitio web en: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance o visite a un Asesor Financiero en la Oficina de Admisión del hospital. Para obtener una copia gratuita de la Política y Solicitud de Asistencia Financiera por correo, llame al 443-997-3370 (local) o al 1-855-662-3017 (sin cargo) para solicitar una copia, o envíe una solicitud por escrito a Johns Hopkins Health System, Customer Service – Financial Assistance, 3910 Keswick Road, S-5300, Baltimore, MD 21211.

Llame a Servicio al Cliente al 443-997-3370 (local) o al 1-855-662-3017 (sin cargo) o envíe un correo electrónico a pfcsc@jhmi.edu o visite a un Asesor financiero en la Oficina de admisión del hospital para plantear preguntas relacionadas con:

- La Política y Solicitud de Asistencia Financiera
- Su factura de hospital
- Sus derechos y obligaciones con respecto a su factura de hospital
- Sus derechos y obligaciones con respecto a la atención de salud médicamente necesaria a costo reducido debido a dificultades financieras
- Cómo solicitar atención de salud gratuita y de costo reducido.
- Cómo solicitar Asistencia Médica de Maryland, Asistencia Médica de DC u otros programas que puedan ayudarle a pagar sus facturas médicas

Las traducciones en diversos idiomas de la Política de Asistencia Financiera y toda la documentación relacionada se pueden encontrar en nuestro sitio web en: https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/#financial_assistance

Asistencia Médica de Maryland

También puede calificar para la Asistencia Médica de Maryland. Para obtener información acerca de la Asistencia Médica de Maryland, comuníquese con su departamento local de Servicios Sociales al 1-800-332-6347 (TTY 1-800-925-4434) o visite: www.dhr.state.md.us

DC Medicaid


También puede calificar para DC Medicaid. Para obtener información sobre DC Medicaid, comuníquese con el (202) 727-5355 para localizar el Centro de servicio de la Administración de Seguridad Económica (ESA) más cercano o visite: www.dc-medicaid.com

Derechos y obligaciones de facturación

No todos los costos médicos están cubiertos por el seguro. El hospital hace todo lo posible para que se le facture correctamente. Depende de usted proporcionar información completa y exacta sobre la cobertura de su seguro de salud cuando le trasladen al hospital o cuando visite una clínica ambulatoria. Esto le ayudará a garantizar que se facture a tiempo a su compañía de seguros. Algunas compañías de seguros exigen que se envíen las facturas poco después de recibirse el tratamiento o, de lo contrario, no pagarán la factura. Su factura final reflejará el costo real de la atención, menos cualquier pago del seguro recibido y/o cualquier pago que se realice al momento de su visita. Usted es responsable de todos los cargos no cubiertos por su seguro.

Si no califica para Asistencia Médica de Maryland, Asistencia Médica de DC o la asistencia financiera en el marco de la Política de Asistencia Financiera, usted pudiera ser elegible para un plan de pago extendido de su factura médica.

Los honorarios médicos no están incluidos en las facturas de hospital y se facturan por separado. En Johns Hopkins estamos simplificando nuestro estado de cuenta. Para los servicios prestados después del 23 de julio de 2018, usted recibirá una factura única por su atención de salud en el Sistema de Salud Johns Hopkins (excluye Servicios Conductuales). Sin embargo, es posible que todavía reciba facturas emitidas por médicos del hospital, como anestesiólogos, patólogos y médicos privados de la comunidad por servicios recibidos antes del 23 de julio de 2018, hasta que dichos saldos sean pagados.

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This document applies to the following Participating Organizations:

Howard County General Hospital Johns Hopkins Bayview Medical Center Johns Hopkins Community Physicians Johns Hopkins School of Medicine
 Johns Hopkins Surgery Centers Series Sibley Memorial Hospital Suburban Hospital The Johns Hopkins Hospital

Keywords: assistance, bill, debt, financial, medical

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I. PURPOSE

Johns Hopkins Medicine is committed to providing Financial Assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for Medically Necessary Care based on their individual financial situation.


II. POLICY

This policy contains the criteria to be used in determining a patient's eligibility for Financial Assistance and outlines the process and guidelines that shall be used to determine eligibility for Financial Assistance and the completion of the Financial Assistance application process. This policy governs the provision of Financial Assistance for patients who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Medically Necessary Care based on their individual financial situation.

Sibley Memorial Hospital is located in the District of Columbia. Appendix A to this policy sets forth additional provisions concerning Uncompensated Care required by regulations and laws of the District of Columbia applicable to Sibley Memorial Hospital. Appendix A only applies to Sibley Memorial Hospital. If there is a contradiction between Appendix A and this policy concerning financial assistance and Uncompensated Care at Sibley Memorial Hospital, then provisions of Appendix A shall apply.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance -- free and discounted (partial assistance) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will widely publicize the policy within the community served by the hospital

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- Limits the amounts that the hospital will charge for Emergency or other Medically Necessary Care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital for commercially insured or Medicare patients

FINANCIAL ASSISTANCE FOR PHYSICIANS PROVIDING CARE NOTICE

Posted on each hospital website is a full list of physicians that provide Emergency and Medically Necessary Care as defined in this policy at JHH, JHBMC, HCGH, SH and SMH. The list indicates if a doctor or Physician Practice is covered under this policy. If the doctor is not covered under this policy, patients should contact the physician's office to determine if the physician offers financial assistance and if so, what the physician's financial assistance policy provides. Physicians that are employed by The Johns Hopkins School of Medicine and Johns Hopkins Community Physicians follow the processes as outlined in this policy.

This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

Actions the Johns Hopkins hospitals may take in the event of non-payment are described in a separate billing and collections policy (PFS046). To obtain a free copy of this policy please contact Customer Service at 1-855-662-3017 (toll free) or send an email to: pfses@jhmi.edu or visit a Financial Counselor in any Johns Hopkins hospital.

Financial Assistance Applications and Medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted, so long as other requirements are met. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses.


III. PROCEDURES

A. Services Eligible Under this Policy


1. Financial Assistance is only applicable to Medically Necessary Care as defined in this policy. Financial Assistance is not applicable to convenience items, private room accommodations or non-essential cosmetic surgery. In the event a question arises as to whether an admission is an "Elective Admission" or a "Medically Necessary Admission," the patient's admitting physician shall be consulted and the matter will also be directed to the physician advisor appointed by the hospital.

B. Eligibility for Financial Assistance


1. Eligibility for Financial Assistance will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or citizenship status, sexual orientation or religious affiliation. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need, and may:
 - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need
 - b. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring)
 - c. Include reasonable efforts by JHM to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs

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- d. Take into account the patient's available assets and all other financial resources available to the patient, and include a review of the patient's outstanding accounts for prior services rendered and the patient's payment history
- C. Method by Which Patients May Apply for Financial Assistance
1. It is preferred but not required that a request for Financial Assistance and a determination of financial need occur prior to rendering of Medically Necessary Care. A copy of the application is available online at https://www.hopkinsmedicine.org/patient_care/billing-insurance/assistance-services/. A hard copy will be mailed upon request by calling toll free 1-855-662-3017 or 443-997-3370. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than a year prior, or at any time additional information relevant to the eligibility of the patient for assistance becomes known.
- D. Determination of Eligibility for Financial Assistance
- The following two-step process shall be followed when a patient or a patient's representative requests or applies for Financial Assistance, Medical Assistance, or both:
1. Step One: Determination of Probable Eligibility
 - a. Within two business days following the initial request for Financial Assistance, application for Medical Assistance, or both, the hospitals will: (1) make a determination of probable eligibility, and (2) communicate the determination to the patient and/or the patient's representative. In order to make the determination of probable eligibility, the patient or his/her representative must provide information about family size, insurance and income. The determination of probable eligibility will be made based solely on this information. No application form, verification or documentation of eligibility will be requested or required for the determination of probable eligibility.
 2. Step Two: Final Determination of Eligibility
 - a. Following a determination of probable eligibility, the hospitals will make a final determination of eligibility for Financial Assistance based on income, family size and available resources. All insurance benefits must be exhausted. All available financial resources shall be evaluated in making the final determination of eligibility. This includes resources of other persons and entities who have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy. Patients with an active travel visa may be asked for additional information regarding residence and available financial resources to determine eligibility.
 - b. Except as provided otherwise in this policy, the patient is required to complete the following: (a) the Maryland Uniform Financial Assistance Application, (b) JHHS Patient Profile Questionnaire. Patient shall also provide a Medical Assistance Notice of Determination (if applicable), reasonable proof of other declared expenses, supporting documentation, and if unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance or a statement from current source of financial support.
 - c. The patient/guarantor shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources:
 - i. Income from wages
 - ii. Retirement/Pension Benefits
 - iii. Income or benefits from self-employment
 - iv. Alimony
 - v. Child support
 - vi. Military family allotments
 - vii. Public assistance
 - viii. Pension


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- ix. Social security
- x. Strike benefits
- xi. Unemployment compensation
- xii. Workers compensation
- xiii. Veteran's benefits
- xiv. Other sources, such as income and dividends, interest or rental property income.
- d. An applicant who may qualify for insurance coverage through a Qualified Health Plan or may qualify for Medical Assistance will be required to apply for a Qualified Health Plan or Medical Assistance and cooperate fully, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. While a patient's application for Medical Assistance is pending, the patient will be provisionally deemed to be covered by Medical Assistance and will not be required to complete the Maryland Uniform Financial Assistance Application. If the patient's application for Medical Assistance is denied, the patient will then be required to complete the Maryland Uniform Financial Assistance Application.
- e. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
 - i. Patients will be eligible for Financial Assistance if their maximum family (husband and wife, same sex married couples) income (as defined by Medicaid regulations) level does not exceed the income standard per level (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHM bills.
 - ii. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
 - iii. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their JHM accounts. Adjustments will be made as follows:
 - Household income up to 200% of FPL 100% Adjustment
 - Household income between 201% & 250% of FPL 75% Adjustment
 - Household income between 251% & 300% of FPL 50% Adjustment
 - Household income between 301% & 400% of FPL 35% Adjustment
- f. Patients who have already qualified for Financial Assistance at one of the providers under this policy are not required to re-apply and are deemed eligible.
- g. The patient/guarantor shall be informed in writing of the final determination of eligibility for Financial Assistance along with a brief explanation. The patient/guarantor shall be informed of the right to appeal any final eligibility decision regarding financial assistance.
- h. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.
- i. Once a patient is approved, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months.
- j. Once a patient is approved if any balance remains after the financial assistance allowance is applied, the patient will be offered a payment plan. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
- k. A department operating programs under a grant or other outside governing authority (i.e., Psychiatry) may continue to use a government-sponsored application process and associated income scale to determine eligibility for specific services.
- l. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application unless they meet Presumptive Financial Assistance Eligibility criteria. If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be

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reviewed by the Financial Counselor and recommendations shall be made to Financial Assistance Evaluation Committee. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.


- m. Patients who receive coverage on a Qualified Health Plan and ask for help with out-of-pocket expenses (co-payments and deductibles) for medical costs resulting from Medically Necessary Care shall be required to submit a Financial Assistance Application.
 - n. If a patient account has been assigned to a collection agency, and patient or guarantor request financial assistance or appears to qualify for financial assistance, the collection agency shall notify Revenue Cycle Management and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to Revenue Cycle Management for review and determination and shall place the account on hold for 45 days pending further instructions.
 - o. Services provided to patients registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing) do not qualify for Financial Assistance.
 - p. The Vice President of Revenue Cycle Management or designee may make exceptions according to individual circumstances.
- E. Presumptive Financial Assistance Eligibility
1. Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances. Patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care upon completion of a financial assistance application, and proof of enrollment within 30 days (30 additional days permitted if requested):
 - a. Households with children in the free or reduced lunch program
 - b. Supplemental Nutritional Assistance Program (SNAP)
 - c. Low-income-household energy assistance program
 - d. Women, Infants and Children (WIC)
 - e. Other means-tested social services programs deemed eligible for free care policies by the Department of Health and Mental Hygiene (DHMH) and the Health Services Cost Review Commission (HSCRC), consistent with HSCRC regulation COMAR 10.37.10.26
 2. Presumptive eligibility for financial assistance will be granted under the following circumstances without the completion of a financial assistance application but with proof or verification of the situation described:
 - a. A patient with Active Medical Assistance Pharmacy coverage;
 - b. QMB coverage/SLMB coverage
 - c. Maryland Public Health System Emergency Petition patients
 - d. A patient that is deceased with no estate on file
 - e. A patient that is deemed homeless
 - f. A patient that presents a sliding fee scale or financial assistance approval from a Federally Qualified Health Center or City or County Health Department
 - g. Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
 - h. Health Department moms- for non-emergent outpatient visits not covered by Medical Assistance
 - i. Active enrollees of the Chase Brexton Health Center
 - j. Active enrollees of the Healthy Howard Program
 - k. A patient with a referral to SH from a locally based program (Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Montgomery Cares, Primary Care Coalition, Project Access, and Proyecto Salud) which has partnered with SH to provide access to inpatient and outpatient care for low income uninsured patients.
 3. Presumptive eligibility for Financial Assistance is only granted for current services and past accounts—it does not extend to future services.

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4. JHM will use a household income-based eligibility determination and the most recent Federal Poverty Guidelines to determine if the patient is eligible to receive financial assistance.
 - a. The Federal Poverty Guidelines (FPL) are updated annually by the U.S. Department of Health and Human Services.
 - b. If the patient's household income is at/or below the amount listed below, financial assistance will be granted in the form of free care (a 100% adjustment) or reduced-cost care (35%-75%) adjustment to their JHM accounts. Adjustments will be make as follows:
 - i. Household income up to 200% of FPL 100% Adjustment
 - ii. Household income between 201% & 250% of FPL 75% Adjustment
 - iii. Household income between 251% & 300% of FPL 50% Adjustment
 - iv. Household income between 301% & 400% of FPL 35% Adjustment

F. Medical Financial Hardship Assistance

1. Medical Financial Hardship Assistance consideration may be available for patients who are eligible for Financial Assistance but have been deemed to have incurred a Medical Financial Hardship. JHM will provide reduced cost Medically Necessary Care to patients with family income above 400% of FPL but below 500% of the Federal Poverty Level.
2. A Medical Financial Hardship means Medical Debt for Medically Necessary Care incurred by a family over a 12-month period that exceeds 25% of family income. Medical Debt is defined as out-of-pocket expenses for medical costs for Medically Necessary Care billed by a Johns Hopkins hospital as well as those provided by Johns Hopkins providers, the out-of-pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, unless the patient is below 200% of Federal Poverty Guidelines. Patients with household income up to 500% of FPL and with a financial hardship will receive a 25% adjustment.
3. Factors considered in granting Medical Financial Hardship Assistance:
 - a. Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the Hopkins treating facility where the application was made
 - b. Liquid Assets (leaving a residual of \$10,000)
 - c. Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
 - d. Supporting Documentation.
4. Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the Johns Hopkins hospitals under this policy for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or cosmetic procedures. However, the patient or the patient's Immediate Family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.
5. If patient is approved for a percentage allowance due to Medical Financial Hardship it is recommended that the patient make a good-faith payment at the beginning of the Medical Financial Hardship Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income guidelines JHHS shall make a payment plan available to the patient.
6. Any payment plan developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
7. For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHM shall apply the reduction in charges that is most favorable to the patient.

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G. Notice of Financial Assistance Policy, Patient Education, Communication and Outreach

1. Individual notice regarding the hospital's financial assistance policy shall be provided at the time of preadmission or admission to each person who seeks services in the hospital. JHM shall address with the patient or the patient's family any financial concerns that they may have.
2. The Johns Hopkins hospitals shall disseminate information regarding its Financial Assistance policy on an annual basis by publishing notice regarding the policy in a newspaper of general circulation in the jurisdictions it serves, which notice shall be in a format understandable by the service area populations.
3. The Notice to Patients of the Availability of Financial Assistance shall be posted at patient registration sites, admissions/business offices, billing offices, and in the emergency department at each facility. Notice will be posted on each hospital website, will be mentioned during oral communications, and will be sent to patients on patient bills. A copy of the Financial Assistance policy will be posted on each facility's website and will be provided to anyone upon request.
4. Individual notice regarding the availability of financial assistance under this policy will also be provided to obstetric patients seeking services at the hospitals under this policy, at the time of community outreach efforts, prenatal services, preadmission or admission.
5. A Patient Billing and Financial Assistance Information Sheet will be provided to patients before the patient receives scheduled medical services in a hospital, before discharge, with the hospital bill, and will be available to all patients upon request.
6. A Plain Language Summary of this policy is posted on the JHM website as well as will be available to all patients.


H. Late Discovery of Eligibility

1. If the hospitals discover that patient was eligible for free care on a specific date of service (using the eligibility standards applicable on that date of service) and that specific date is within a two (2) year period of discovery, the patient shall be refunded amounts received from the patient/guarantor exceeding twenty-five dollars (\$25).
2. If the hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to thirty (30) days from the date of initial request for information.
3. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of-pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

IV. DEFINITIONS

For the Purpose of this policy, the terms below are defined as follows:



Medical Debt	<p>Medical Debt is defined as out-of-pocket expenses for medical costs resulting from Medically Necessary Care billed by a Johns Hopkins hospital or Johns Hopkins provider covered by this policy. Out-of-pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills or physician bills for which the patient chose to be registered as Voluntary Self Pay (opting out of insurance coverage, or insurance billing)</p>
Liquid Assets	<p>Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of \$150,000 in equity in patient's primary residence <u>shall not</u> be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.</p>

	Johns Hopkins Medicine Finance Financial Assistance Policies Manual General	<i>Policy Number</i>	PFS035	
		<i>Effective Date</i>	02/01/2020	
		<i>Approval Date</i>	N/A	
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Elective Admission	A hospital admission that is for the treatment of a medical condition that is not considered an Emergency Medical Condition.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.
Emergency Medical Condition	<p>A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, or other acute symptoms such that the absence of immediate medical attention could reasonably be expected to result in any of the following:</p> <ol style="list-style-type: none"> 1. Serious jeopardy to the health of a patient; 2. Serious impairment of any bodily functions; 3. Serious dysfunction of any bodily organ or part. 4. With respect to a pregnant woman: <ol style="list-style-type: none"> a. That there is inadequate time to effect safe transfer to another hospital prior to delivery. b. That a transfer may pose a threat to the health and safety of the patient or fetus. c. That there is evidence of the onset and persistence of uterine contractions or rupture of the membranes.
Emergency Services and Care	Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine whether an emergency medical condition exists and, if it does, the care, treatment, or surgery by a physician which is necessary to relieve or eliminate the emergency medical condition, within the service capability of the hospital.
Medically Necessary Care	Medical treatment that is necessary to treat an Emergency Medical Condition. Medically necessary care for the purposes of this policy does not include Elective or cosmetic procedures.
Medically Necessary Admission	A hospital admission that is for the treatment of an Emergency Medical Condition.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household.
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation; Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports; Explanation of Benefits to support Medical Debt.
Qualified Health Plan	Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, co-payments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.

V. REFERENCE

JHHS Finance Policies and Procedures Manual

 	Johns Hopkins Medicine Finance Financial Assistance Policies Manual General	<i>Policy Number</i>	PFS035	
		<i>Effective Date</i>	02/01/2020	
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- Policy No. PFS120 - Signature Authority: Patient Financial Services
- Policy No. PFS034 - Installment Payments
- Policy No. PFS046 - Self-pay Collections

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq

Maryland Code Health General 19-214, et seq

Federal Poverty Guidelines (Updated annually) in the Federal Register

VI. SPONSOR

- VP Revenue Cycle Management (JHHS)
- Director, PFS Operations (JHHS)

VII. REVIEW CYCLE

Two (2) years

VIII. APPROVAL

Electronic Signature(s)	Date
Kevin Sowers President of Johns Hopkins Health System; Executive Vice President, Johns Hopkins Medicine	01/12/2020