Anne Arundel Medical Center

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Anne Arundel Medical Center

Community Benefits Report

FY2011

December 15, 2011

Narrative Report FY11

I. General Hospital Demographics and Characteristics

1. Please list the following information in Table 1 below. For the purposes of this section, "primary service area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation	Inpatient Admissions	Primary Service Area Zip Codes	All other Maryland hospitals sharing primary service area	Percentage of Uninsured Patients by County[1]	Percentage of Patients who are Medicaid recipients, by County
324 licensed beds	25,289 Excluding Births (5,112)	21403 21401 21037 21114 21012 21409 20715 21122 21146 21113 21061 21666 20716	University of Md. Johns Hopkins Doctors Community Hospital Baltimore Washington Medical Center Harbor Hospital	8.8%	Outpatient: 1,137 (0.31%) from Anne Arundel County (383 from other counties) Inpatient: 939 (3.7%) from Anne Arundel County and 153 from other counties

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe the community your organization serves. ("CBSA" Community Benefit Service Area)

The Anne Arundel Medical Center CBSA primarily consists of Anne Arundel County. Anne Arundel County is a diverse community with a continuously evolving blend of age groups, ethnic groups, occupations, and social and economic conditions. Residents live in settings that range from urban to agricultural. Race/Ethnicity breaks down as follows: White 74.4%, Black 15.4%, Hispanic 4.9%, Asian 3.2% and American Indian 0.3%. The Non-English speaking population in the County is expected to experience significant growth over the next decade, however, the greatest expected growth over the next decade (38%) is among those age 65 and over. Clearly, community health initiatives for the next decade will need to focus on prevention and management of chronic diseases among the aged as well as those that disproportionately affect the growing minority populations (Anne Arundel County Department of Health/Local Health Plan/FY11).

The median household income is $81,824 with 3.3% of families and 5.2% of individuals living below the poverty level. The unemployment rate as of June 2011 is 6.9% (Md. Dept. of Labor, Licensing, & Regulation).

1 Anne Arundel Department of Health-"Measuring Success" Report Card of Community Health Indicators (2011)

The number of uninsured residents in Anne Arundel County is growing as the economy continues to struggle.[2]

The geography of Anne Arundel County creates a challenge in accessing healthcare. Parts of the county consist of a series of peninsulas making a comprehensive public transportation system too expensive to maintain. According to the report, "Poverty Amidst Plenty"[3], only 3 percent of Anne Arundel County residents utilized public transportation to get to work. Inadequate transportation is not only a barrier for employment; it is also a barrier to access other needed services such healthcare.

Lastly, the county is considered a high risk area for bioterrorism as its geography contains the National Security Agency, the U.S. Naval Academy, the Baltimore-Washington Thurgood Marshall International Airport, and Fort Meade. Because of BRAC (Base Realignment and Closure), Fort Meade has grown to over 48,000 military, government service civilian, and contractor employees. This has increased the demand for healthcare services in West County. In response to this increased demand, the hospital is developing a medical office building in Odenton in partnership with Johns Hopkins. The medical office building is anticipated to be opened in the Fall of 2012.

b. In table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, having or not having health insurance)

Table II

CBSA[4] (Target Population Demographics) (Anne Arundel County as CBSA)	**Total Population:** 521,209 Male: 49.6% Female: 50.4% **Race** (NH = non-Hispanic) White: 74.4% Black, NH: 15.4% Hispanic: 4.9% Asian, NH: 3.2% American Indian, NH: 0.3% Other, NH: 1.8% **Median Age:** 38.0
Median Household Income within CBSA	$81,824
Percentage of households with incomes below the federal poverty guidelines within the CBSA	3.3%
Estimate percentage of uninsured people by county within CBSA	8.8%
Percentage of Medicaid recipients by county[5] within the CBSA	Eligibility month of June, 2011 Total active recipients: 11,577 (2.2%) per Anne Arundel County Health Department Adult recipients: 2,148 (.41%) Child recipients: 9,429 (1.81%) Per HSCRC, CY2010 Average Monthly Medicaid Enrollees in Anne Arundel Co. = 52,437

2 Anne Arundel Department of Health- "Measuring Success" Report Card of Community Health Indicators (2011)

3 Poverty Amidst Plenty, Third Edition, 2010 Community Foundation of Anne Arundel County and the Anne Arundel County Partnership for Children, Youth and Families

4 Anne Arundel Department of Health- "Measuring Success" Report Card of Community Health Indicators (2011)

5 Maryland Dept. of Human Resources, Maryland Health Services Cost Review Commission (HSCRC) CY2010 Average Monthly Medicaid Enrollment

Life expectancy by county within the CBSA	79.1 years
Mortality rates by county with the CBSA	Coronary Heart Disease 198.8 Stroke 41.3 Diabetes 24.0 Unintentional Injury 24.2 All Cancer 195.2 Lung Cancer 62.2 Female Breast Cancer 26.4 Homicide 4.0 Suicide 9.4 (age-adjusted rates per 100,000 population as of 2009)
Access to healthy food[6]	56% have access to healthy food. There are several produce stands and farmers markets throughout Anne Arundel County.
Housing[7]	Further complicating the lives of low and middle-income people in Anne Arundel County has been the escalation in housing costs that accompanied the growing affluence and population of the county. While the recent downturn in the real estate market has provided some relief, it is also creating as many problems as it solves for those with limited incomes due to the fact that incomes are declining faster than housing costs.
Transportation[7]	There is limited public transportation in Anne Arundel County which creates barriers to work and public services. Three (3) percent of Anne Arundel residents utilize public transit to get to work. Access to work and public services rely heavily on access to an automobile. However, 8,000 families lacked access to a motor vehicle as of 2008.
Diabetes/Obesity[8]	10.5% of Anne Arundel County residents have been diagnosed with Diabetes, ranking 10th in the State, greater than the State-wide average (9.4%) Adult Obesity and Overweight rates for Anne Arundel County are 37.8% and 28.5%, respectively, based upon BMI.
Infant Mortality[8]	The infant mortality rate per 1,000 births is 4.9. Infant Mortality by race in A. A. Co: White 4.1, African American 9.0.
Tobacco Use[9]	Adult: Adult tobacco use in Anne Arundel County correlates to its high incidence of lung cancer (greater than U.S. and Md. rates) with 42.9% of respondents currently smoking or former smokers. Nationwide, 36.5 % of Medicaid recipients (age 18-65) smoke, compared to 22.7 % of the general adult population under 65. (American Lung Association *State of Tobacco Control 2010*) Adolescent: Anne Arundel County 12th graders exceeded the State's tobacco use rate (30.8%) with a rate of 35.9%.
Cancer[10]	Mortality rate for Cancer (all types) in Anne Arundel County is 195.2, greater than the State cancer mortality rate of 179.3.
Heart Disease and Stroke[10]	Mortality rate for Heart Disease in Anne Arundel County is 198.8, greater than the State mortality rate of 196.8. Mortality rate for Stroke in Anne Arundel County is 41.3, greater than the State mortality rate of 40.0.

6 www.countyhealthrankings.org

7 Poverty Amidst Plenty, Third Edition, 2010 Community Foundation of Anne Arundel County and the Anne Arundel County Partnership for Children, Youth and Families

8 Maryland Behavioral Risk Factor Surveillance System 2010

9 Maryland Behavioral Risk Factor Surveillance System 2010 , 2007 Maryland Adolescent Survey-Maryland State Department of Education

10 Maryland Vital Statistics Annual Report 2009 published 9/30/10 by Maryland Dept. of Health and Mental Hygiene

Substance Abuse	Adult: The rate of adult binge drinkers is the County is 18.4%. Adolescent: The State rate of alcohol use (ever used) by 12th graders was 66.6%. A. A. Co.'s rate was significantly higher at 75.8%. 45.9% of A. A. Co.'s surveyed 12th graders ever used marijuana – higher than the State rate of 38.7%. A. A. Co. 12th graders ever using "other drugs" was 49.8%, higher than the State rate of 42.2%.

II. Community Health Needs Assessment:

1. **A description of the process used to conduct the assessment;**
2. **With whom the hospital has worked;**
3. **How the hospital took into account input from community members and public health experts;**
4. **A description of the community served; and**
5. **A description of the health needs identified through the assessment process.**

1. Identification of Community Health Needs: Describe in detail the process(s) your hospital used for identifying the health needs in your community and the resource(s) used.

The process used to identify the health needs of our community includes analyzing data and conducting primary and secondary market research. The data analysis includes reports on the national, state, and county level. Hospital-level data and Neilsen Claritas demographic data is also analyzed. The research includes feedback from our consumer surveys, patient satisfaction surveys, patient advisory groups, customer call center inquiries and feedback from our community outreach and educational sessions. The hospital's ongoing work with community groups and participation in advisory boards, committees and councils creates a continuous communication process, bringing new ideas and identifying specific needs from Anne Arundel County residents and organizations into the hospital's community needs planning process.

The hospital's community benefit initiatives reflect the needs of our community. The following are resources utilized in collecting and analyzing data for FY11: Anne Arundel County Health Department's Local Health Plan 2011, Anne Arundel County Health Department's 14th Annual (2011) Report Card of Community Health Indicators, "Measuring Success", and the County's report called "Poverty Amidst Plenty: A Guide to Action" (2010).

2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?

Anne Arundel Medical Center consulted with the following:

Anne Arundel County

- **Department of Health** – *Pre-Natal Care Program, Comenzando Bien,* and *WIC Program*
- **Department of Aging and Disabilities** – *LIVING WELL with Chronic Conditions* and *The Future is Now Workshop Series*
- **Fire Department** – *Disaster Preparedness Drill, Pyxis Station – Medication for patients via EMS*
- **A. A. Co. Public Schools** – *Community Health Center Advisory Committee*
- **A. A. Co. Dept. of Social Services** – *Community Health Center Advisory Committee*

- **A. A. Co. Emergency Medical Services (EMS)** – *Emerg. STEMI Program, Disaster Preparedness Drill*
- **A. A. Co. FIMR (Fetal Infant Mortality Review) Committee** – *to decrease infant mortality*

City of Annapolis

- **Recreation and Parks Department** – *Annapolis Community Health Initiative*
- **City Emergency Medical Services (EMS)** – *Disaster Preparedness Drill*
- **City Police Department** – *Disaster Preparedness Drill*
- **City Housing Authority** – *Community Health Center Advisory Committee*

Pediatric Physician Groups – *Pediatric Emergency Department Development*
Lighthouse Shelter – *Volunteer Health Services for the Homeless, Ride for Shelter, Homeless Resource Day, Thanksgiving Day food basket drive, Cultural Diversity Initiative*
Private Individuals from the Local Community – *Patient and Family Advisory Group*
U. S. Naval Academy – *Disaster Preparedness Drill*
Johns Hopkins Home Health Group – *Congestive Heart Failure (CHF) Readmission Prevention Prog.*
Anne Arundel Community Action Partnership – *Community Health Center Advisory Committee*
Annapolis Youth Services Bureau – *Community Health Center Advisory Committee*
Center of Help (Annapolis) – *Community Health Center Advisory Committee*
Family & Children's Services of Central Maryland – *Community Health Center Advisory Committee*
Md. Community Health Resources Commission – *Community Health Center Advisory Committee*
Anne Arundel Community Action Partnership – *Community Health Center Advisory Committee*
Md. Patient Safety Center Neonatal Collaborative – *to decrease infant mortality, reduce infections, etc.*
Md. Perinatal Learning Network – *to improve perinatal care*
Md. DHMH/Med Chi Maternal Mortality Review Committee– *to decrease maternal mortality*

3. When was the most recent needs identification process or community health needs assessment completed? (month, day, year)

The community health needs assessment was completed in April 23, 2009, as part of the development of the AAHS 10 year strategic plan; Vision 2020 *Living Healthier Together*. The strategic plan is committed to further developing services and programming to serve the community. A primary goal of the plan is to partner with community providers to build a system of care to promote healthier living through prevention and improvement of health status.

4. Although not required by Federal Law until 2013, has your hospital conducted a community health needs assessment that conforms to the definition on the previous page within the past three fiscal years?

_X_ Yes
No

If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.

See attached PDF document titled: Community Needs Assessment.

III. Community Benefit Administration

1. **Does your hospital have a CB strategic plan?**
   Yes

2. **What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (please place a check**

next to any individual/group involved in the structure of the CB process and provide additional information if necessary):

a. Senior Leadership

X CEO
X CFO
X Other (please specify) Vice President of Strategic Planning, Chief Nurse Officer

b. Clinical Leadership

X Physician
X Nurse
____Social Worker
____Other (please specify)

c. Community Benefit Department/Team

X Individual (part-time) (please specify FTE)

X Committee (please list members)
Community Education Outreach Council-Monthly Meeting
Representative(s) from the following internal departments:
Diabetes/Wound Center, Physician Relations, Community Health and Wellness, Community Health Center, Outreach Center, Marketing and Communications, Cancer Prevention, Dare to Care Vascular Screening, Bloodmobile, Foundation, Auxiliary, Joint and Spine, Lifeline, Anne Arundel Diagnostic Imaging, Women's and Children's, Pathways, Patient Advocacy.

d. Other

X Other (please describe)
Strategic Planning Sub-Committee to the Board of Directors develops, reviews, and approves the Community Benefit Report and Strategic Plan.
Director of Decision Support/ Planning Analyst
Director of Reimbursement

3. **Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit Report?**
Spreadsheet Yes
Narrative Yes

4. **Does the hospital's Board review and approve the completed FY Community Benefit Report that is submitted to the HSCRC?**
Spreadsheet Yes
Narrative Yes

IV. Hospital Community Benefit Program And Initiatives

1. Please use Table III to provide a clear and concise description of the needs indentified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).

Examples:

- **Identified Need**
- **Name of Initiative**
- **Primary Objective of the Initiative**
- **Single or Multi-Year Plan**
- **Key Partners in Development/Implementation**
- **Date of Evaluation**
- **Outcome**
- **Continuation of Initiative**

2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital?
If so, why not?

Yes, there are some community health needs identified that were not yet addressed by AAMC but will be in future years (including the increasing obesity rates). This year the hospital focused primarily on addressing the unmet health care needs of the uninsured and underinsured by opening the Community Health Center. AAMC also focused on the top two leading causes of death documented in our Community Needs Assessment: cancer and heart disease through community education and screening.

V. Physicians

1. As required under HG19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

There is a significant shortage of Primary Care Physicians (PCPs) in the region especially in Anne Arundel County and Prince George's County per the 2009 Rand Corporation Report.

Anne Arundel County has 89 PCP's per 100,000 residents
Prince George's County has 83 PCP's per 100,000 residents

This shortage results in seriously limited access to primary care in parts of our Community Benefit Service Area. Building primary care access is essential to our strategic plan, *Vision 2020*. Enhancing accessibility and making care less fragmented will help to increase the focus on prevention and improving quality of life.

This year, the most significant effort in this regard was to open the Community Health Center.

2. If you list Physician Subsidies in your data 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. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospitals financial assistance policies; and Physician recruitment to meet community need.

The hospital provides:

- 24/7 hospitalist coverage including medical (adult & pediatric), surgical, obstetrics and critical care (intensivists) and specialty programs for Thoracic Surgery, Neonatal Ophthalmology, Gyn Oncology, Palliative Care, Neurology/Stroke, Women's Pelvic Health, Surgical Oncology Program, & the Breast Center, $6,956,891 (Line C92).

- 24/7 Emergency Department On-Call Physician(s), $444,267.36 (Line C91).
- Contributed $62,000 (Line C10) in FY11, working in collaboration with the Anne Arundel County Health Department to provide physician(s) and mid-wives for patients that participate in the Anne Arundel County Department of Health Pre-natal Maternity Clinic, which provides care for uninsured Latina women whose infants would be Medicaid-eligible.
- Contributed $50,000 in FY11 (Line C40), working in collaboration with Johns Hopkins Physicians to treat uninsured patients that present at the Kent Island Urgent Care Center.

VI. Appendices

1. Describe your Charity Care policy. Include a copy of your hospital's charity care policy (label appendix 2).

Please see the attached Appendix 1 for a description of AAMC's Charity Care Policy and Appendix 2 for the actual policy.

2. Attach the hospital's mission, vision, and value statement(s) (label appendix 3).

See attached Appendix 3 for AAMC's Mission, Vision, and Value statements.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative
Disparities in Access to quality health care Uninsured and Underinsured Population	Primary Care Medical Home **AAMC Community Health Center** located at 1419 Forest Drive, Annapolis, MD 21401 The AAMC Primary Care Medical Home is designed to be a "primary care medical home" where a team of health professionals provides continuous, comprehensive, and coordinated care throughout a patient's lifetime. Our team meets the needs of the uninsured and underinsured by providing access to affordable primary health care services. The center is located on local bus routes.	To provide quality, affordable healthcare to the uninsured and underinsured. To reduce emergency room visits by providing medical services with an emphasis on early intervention and prevention of disease. Strategically placed with access to local bus routes.	Multi-Year Plan AAMC Community Health Center opened in January 2011.	AAMC Department of Social Services Anne Arundel County Health Department Center for Help (Annapolis) MCHRC	CHC opened January, 19, 2011. The CHC Advisory Board meets quarterly with ongoing evaluation.	The CHC opened January 19, 2011 and now employs 8 staff. 75% of staff is bi-lingual. We are providing access to medical care for the uninsured and underinsured residents of Anne Arundel County to include Medical Assistance (Amerigroup/Priority Partners/United Healthcare Community and State (Americhoice), PAC (primary adult care), The REACH Program and self-pay with a sliding scale based on income and family size. Between January 2011 and October 2011, the center provided medical care to 3,597 patients (46% Spanish speaking).	Yes

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative
Disparities in Access to quality health care Uninsured Population	Free Medical Clinic – **Annapolis Outreach Center** located at 92 W. Washington Street, Annapolis, MD 21401 Provides primary care, specialty care, dental services, medication and diagnostic testing.	Annapolis Outreach Center is a free clinic that was established in 1994 to provide medical care for those that are uninsured and otherwise may not be able to obtain proper medical care. The center is located in downtown Annapolis where the majority of the need is for the un-insured population. 75% of the care rendered at the Outreach Center is by volunteer providers. There are over 300 volunteers to include, physicians, dentist, radiologist, anesthesiologist, nurses, translators and clerical staff with combined volunteer hours of over 5,000 per year to assist in keeping the clinic open.	Multi-Year 1994-Current	City of Annapolis Anne Arundel Medical Center Private Physicians Private Dentists Nurses Dental Hygienist Affiliation with University of Maryland Dental School	Initial 1994 Yearly thereafter	In 1994 there were 150 patient visits. At the end of FY11, there were 7,863 medical visits and 1,100 dental visits. The community continues to have a high need for this service.	Yes. By the growing number of patient visits, the Annapolis Outreach Center meets a specific community need for individuals who would not be able to obtain medical care otherwise.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation Dates	Outcome	Continuation of Initiative
"Green Initiative/Program" at AAMC to improve the health of the staff and community.	The E.A.R.T.H. Advisors Committee LEED (Leadership in Energy & Environmental Design) Green Cleaning Products Education Outreach Waste & Segregation Reduction Toxin Reduction Hospital campus-wide recycling.	To protect the health of employees and the surrounding community by implementing environmentally friendly initiatives. Our Acute Care South Pavilion is the first 24/7 hospital to be LEED Gold Certified.	Multi-Year Initiative 2006-Ongoing	US Green Building Council All staff Gilbane Contractors Ascent Reduction in Motion-Waste Management Consulting Business	2006 initiative began Ongoing evaluation and implementation to enhance current program.	Dedicated part-time Sustainability Manager Position LEED Gold Certification of Acute Care South Pavilion UPS and Alkaline Battery Recycling: 2007 program began to reduce incinerated batteries. Reusable Sharps Containers: March 2011 AAMC implemented a reusable sharps program. Reprocessing/Remanufacturing: January 2011 AAMC partnered with Ascent to begin reduction of regulated medical and landfill waste. Education Outreach: Key speaker at several major conferences in FY11. Green Seal Certified Cleaners are used at AAMC.	Yes

Appendix 1

Description of Charity Care Policy

Anne Arundel Medical Center does not deny anyone access to medically necessary services based on ability to pay. AAMC assists patients in application for financial assistance. The hospital dedicates Financial Counselors to navigate patients and their families through applications for federal, state and local county funded programs that will best fit their financial circumstances. Free care, sliding scale-reduced cost services and interest free payment programs are available to individuals that may not qualify for Medicaid or other coverage.

To ease the burden of Medicaid applications, resources are allocated to helping individuals gather documents to complete Medicaid enrollment requirements. The hospital shares the cost of an on-site local Department of Health worker to evaluate Medicaid application. Within two business days of a patient's application for financial assistance, Medicaid programs, or both, the Financial Counselors may be able to notify the applicant of their probable eligibility.

The hospital posts a summary of its policy informing patients of the availability of financial assistance in all registration, admitting areas, and website. The notice of available financial assistance is published in "The Capital" newspaper annually.

Appendix 2

Anne Arundel Medical Center

Hospital Charity Care Policy

PURPOSE

- To promote access to all medically necessary services regardless of an individual's ability to pay.
- To provide a mechanism for evaluating each family's actual need for hospital financial assistance in lieu of other resources and payers.
- To ensure fair treatment of all applicants and applications.

POLICY

Anne Arundel Medical Center does not deny anyone access to medically necessary services based on ability to pay.

All Uncompensated Care applications shall be submitted to the Financial Counselors for processing. The Financial Counselors will process all applications according to Federal Poverty Guidelines - Category B and in a manner considered fair and equitable to all applicants.

PUBLIC NOTICE

1. Public notice and information regarding the Medical Center's charity care policy shall include the following:

    a) Annual notice that charity care is provided and the criteria under which it will be provided will be published in the local newspaper, The Capital.

    b) The notice provided by the United States Department of Health and Human Services regarding medical care for those who cannot afford to pay is posted at the point of admission, the business office, cashier, and emergency room.

    c) Individual notice is provided to each person seeking service at the time of admission or pre-admission testing.

ELIGIBILITY GUIDELINES

INCOME REQUIREMENTS

1. To qualify for the 100% charity allowance the yearly gross family income must not exceed 200% the current poverty income guidelines established by the Department of Health and Human Services.
2. To qualify for the 80% charity allowance the yearly gross family income must not exceed 230% the current poverty income guidelines established by the Department of Health and Human Services.
3. To qualify for the 60% charity allowance the yearly gross family income must not exceed 260% the current poverty income guidelines established by the Department of Health and Human Services.
4. To qualify for the 40% charity allowance the yearly gross family income must not exceed 300% the current poverty income guidelines established by the Department of Health and Human Services.
5. To qualify for the 20% charity allowance the yearly gross family income must not exceed 330% the current poverty income guidelines established by the Department of Health and Human Services.

The Policy is summarized in the following table:

AAMC - Charity Guidelines Sliding Fee Schedule

Income Category compared to the Federal Poverty Guideline	Charity Allowance
200% or Below	100%
Up to 230%	80%
Up to 260%	60%
Up to 300%	40%
Up to 330%	20%

Qualification may be calculated by either of the following methods:

a) Multiplying by four the person's income for the three months preceding the determination of eligibility.

b) Using the person's actual income for the 12 months preceding the determination of eligibility.

INCOME VALIDATION REQUIREMENTS

1. The process of determining the validity of the reported income may include any one of the following methods:

   a) Most recent pay stubs preceding the determination.

   b) Tax Return for the year preceding the determination.

c) Statement from the employer.

d) Statement from the applicant or spouse as to the lack of income.

e) Statement from an interested party having reasonable knowledge of the income status of the applicant, i.e., Anne Arundel Medical Center Patient Accounts Personnel, Social Worker, Clergy or Friend.

DETERMINATION OF ELIGIBILITY

Within two business days of a patient's initial request for charity care services, application for medical assistance, or both, the Financial Counselors will inform the applicant of their probable eligibility.

MEDICAID ELIGIBILITY

Applicants for Uncompensated Care who may qualify for Medicaid or Medical Assistance are required to apply for either Medicaid or Medical Assistance with the appropriate agency. The instruction should be given to the applicant at the time of the request and should be followed-up by the appropriate personnel. The applicant must be approved for Uncompensated Care when applicable and should not be denied or deferred on the basis of potential eligibility for Medicaid.

APPROVED: WLH: 6/04

REVISED: 1/05

APPROVED: WLH: 1/05

REVISED: 2/05

APPROVED: WLH: 2/05

Appendix 3

Hospital Mission Statement

Mission

To enhance the health of the people we serve.

Vision

Living Healthier Together.

Core Values

Passion for excellence is at the center of all that we do. The following values aid in this pursuit:

1. Compassion
2. Trust
3. Dedication
4. Quality
5. Innovation
6. Diversity
7. Collaboration

Anne Arundel Medical Center

Community Needs Assessment

April 2009

Anne Arundel Medical Center

Demographics

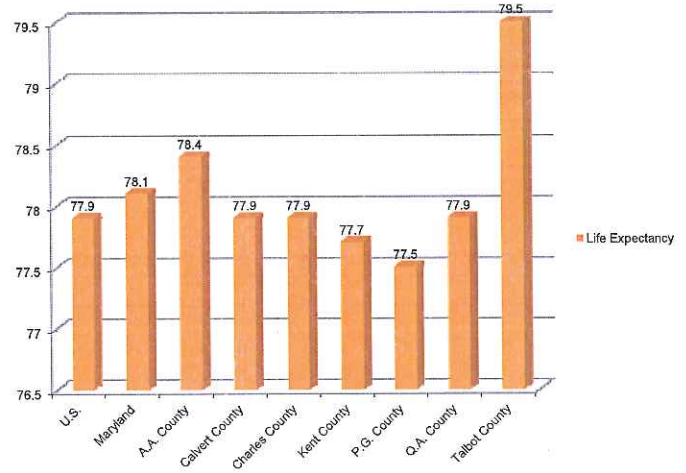
	A.A. County	Calvert County	Charles County	Kent County	P.G. County	Q.A. County	Talbot County	Maryland	United States
Population									
Total Population	511,537	91,313	144,423	20,130	845,602	47,381	36,677	5,683,270	304,141,549
5-Year % Growth	2.1%	10.7%	10.0%	2.6%	2.7%	8.7%	5.0%	3.9%	4.9%
Male	49.6%	49.2%	48.7%	48.2%	48.1%	49.3%	47.7%	48.4%	49.3%
Female	50.4%	50.8%	51.3%	51.9%	51.9%	50.7%	52.3%	51.6%	50.7%
Race, Age and Ethnicity									
White	78.0%	82.8%	54.6%	80.7%	22.7%	89.4%	82.7%	60.5%	72.7%
African American	15.1%	13.2%	38.5%	15.3%	64.5%	7.5%	13.7%	29.2%	12.4%
Asian	3.1%	1.2%	2.5%	0.8%	3.6%	0.9%	0.8%	5.0%	4.4%
American Indian	0.3%	0.3%	0.7%	0.2%	0.3%	0.2%	0.2%	0.3%	0.9%
Hispanic, any race	3.9%	2.3%	3.5%	3.7%	12.4%	1.8%	2.8%	6.3%	15.2%
Under 5 Years Old	6.5%	5.8%	6.6%	4.6%	7.1%	5.6%	5.1%	6.5%	6.8%
18 Years and Over	76.0%	75.8%	74.5%	81.8%	74.5%	77.5%	80.5%	75.9%	75.6%
65 Years and Over	11.3%	9.9%	8.6%	19.7%	9.2%	13.4%	22.3%	11.9%	12.7%
Median Age	38.1	37.2	35.4	41.5	35.0	40.2	44.2	37.6	36.7
Household and Economic Indicators									
Median Household Income	$ 80,790	$ 86,425	$ 80,487	$ 50,357	$ 69,011	$ 74,982	$ 58,765	$ 67,759	$ 50,170
Poverty Level	5.0%	5.2%	5.9%	12.7%	8.1%	6.1%	8.3%	8.3%	13.0%
Unemployment Rate August 2009	6.6%	6.1%	6.1%	7.1%	7.2%	6.3%	6.5%	7.1%	9.6%
Uninsured (Ages 18 - 64)	14.9%	13.2%	13.3%	21.9%	24.7%	17.1%	21.0%	17.7%	14.8%

Anne Arundel Medical Center

- Calvert, Charles, and Queen Anne's Counties are projected to have the grow faster than the United States over the next 5 years
- Anne Arundel, Kent, and Prince George's are projected to grow slower than the United States over the same period
- Eastern Shore counties have an older population when compared to the State and the United States
- Charles and Prince George's Counties have a larger population of minorities when compared to the State and the United States.

Anne Arundel Medical Center

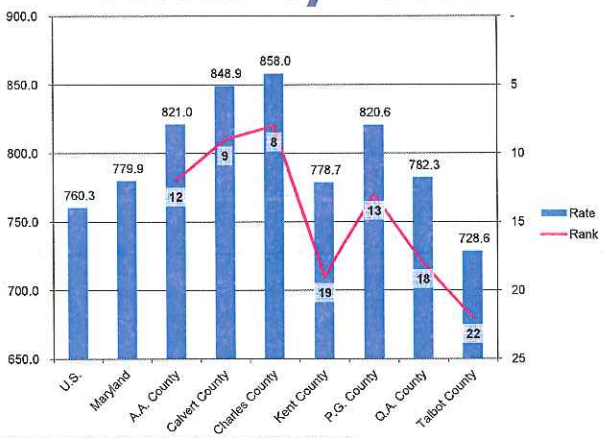
Life Expectancy Rates



Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene.

Anne Arundel Medical Center

Mortality Rates

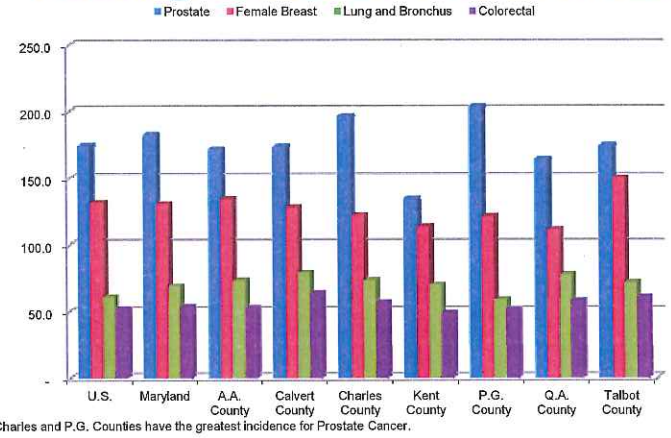


- All Counties have a mortality rate higher than the U.S. except Talbot County.
- Kent and Talbot Counties have a rate lower than the State of Maryland.
- Charles County has the highest mortality rate out of all counties represented.
- Heart Disease and Cancer are the two leading causes of death in all the counties represented as well as the State and the U.S.

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene. Age-adjusted per 100,000 population.

Anne Arundel Medical Center

Leading Cancer Incidence Rates

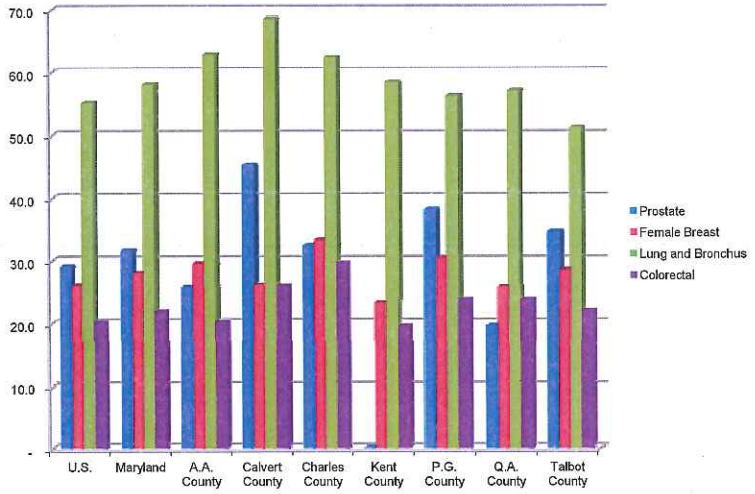


- Charles and P.G. Counties have the greatest incidence for Prostate Cancer.
- A.A. and Talbot Counties have the greatest incidence rate for Female Breast Cancer.
- With the exception of P.G. County, all Counties have an incidence rate greater than the U.S. and Maryland for Lung Cancer. Calvert and Q.A. Counties have the greatest incidence for Lung Cancer.
- Calvert and Talbot Counties have the greatest incidence for Colorectal Cancer. Both greater than the State and the U.S.

Source: Cancer Report 2008, Maryland Department of Health and Mental Hygiene. Rates are per 100,000 and age-adjusted to 2000 U.S. standard population.

Anne Arundel Medical Center

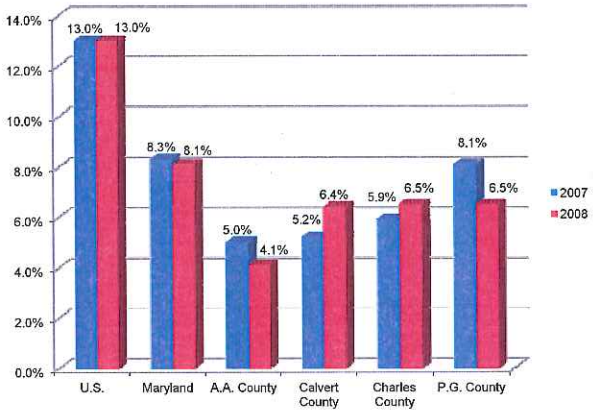
Leading Cancer Mortality Rates



Source: Cancer Report 2008, Maryland Department of Health and Mental Hygiene. Rates are per 100,000 and age-adjusted to 2000 U.S. standard population.

Anne Arundel Medical Center

Poverty Trends

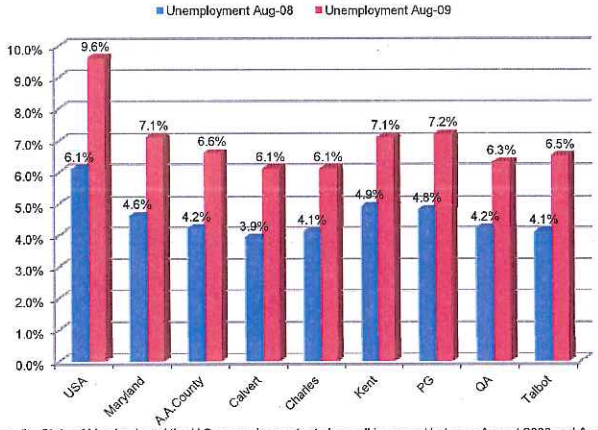


- Recently released data from the Current Population Survey and the American Community Survey shows the national rate and Maryland rate remained relatively flat.
- A.A. and P.G. Counties have experienced a decreased in their poverty levels while Calvert and Charles have experienced an increase.

Source: U.S. Census Bureau

Anne Arundel Medical Center

Unemployment

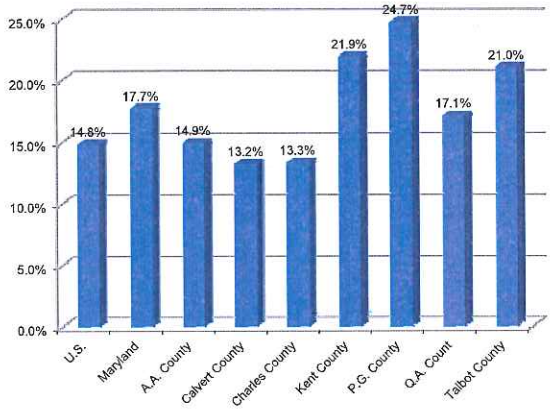


- All Counties, the State of Maryland, and the U.S. unemployment rate have all increased between August 2008 and August 2009.
- A.A. County, P.G. County, and Talbot County have experienced the largest net change in unemployment of 2.4%.

Source: Maryland Department of Labor, Licensing & Regulation

Anne Arundel Medical Center

Uninsured



- Kent, P.G., and Talbot Counties all have higher uninsured rates compared to the National rate and state of Maryland. Q.A. County has a rate greater than the Maryland rate.
- A.A. County, Calvert, and Charles Counties have rates lower than the Maryland uninsured rate.

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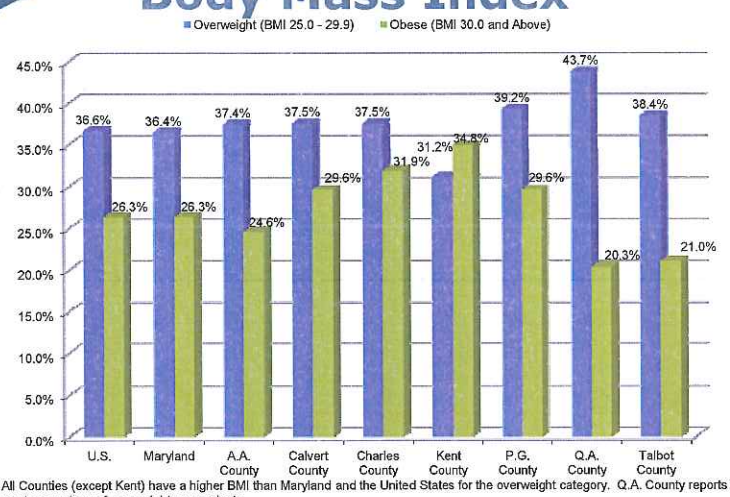
Body Mass Index

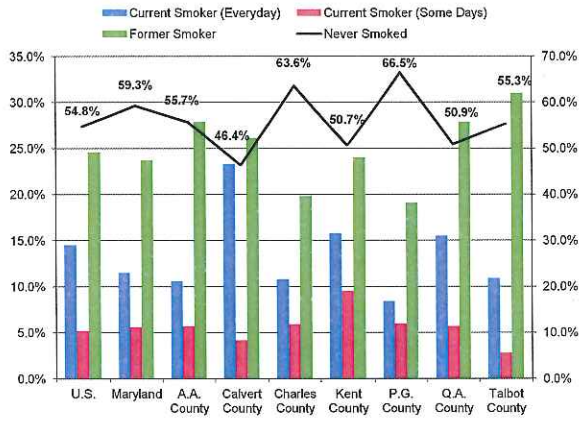


- All Counties (except Kent) have a higher BMI than Maryland and the United States for the overweight category. Q.A. County reports the largest percentage of overweight respondents.
- A.A., Q.A., and Talbot Counties all have a lower BMI than Maryland and the United States for the obese category. Kent County reports the largest percentage of obese respondents.

Source: U.S. and Maryland Behavioral Risk Factor Surveillance System 2007

Anne Arundel Medical Center

Tobacco Use

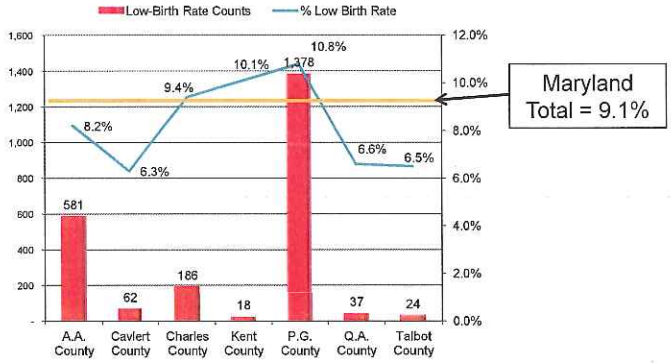


- Calvert, Kent, and Q.A. Counties all report a rate higher than the U.S. and Maryland for Current Smokers.
- Charles and P.G. Counties both report the highest percentage of respondents that have never smoked.

Source: U.S. and Maryland Behavioral Risk Factor Surveillance System 2007

Anne Arundel Medical Center

Target Area – Low Birth Rates



- Charles, Kent, and P.G. Counties have a higher Low-Birth Rate percentage than all other counties. Kent County has a rate 1.0% greater than the state while P.G. has a rate 1.7% greater than the state.
- A.A., Calvert, Q.A., and Talbot all have a lower Low-Birth rate percentage than the state.

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene. Weighing 2,499 grams or less.

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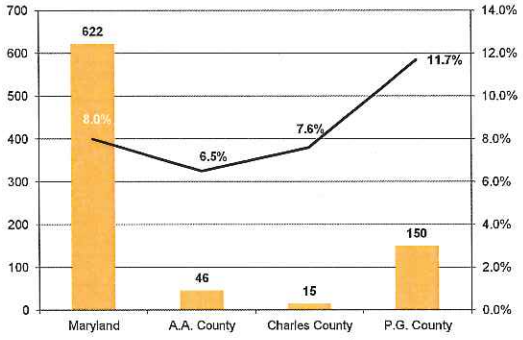
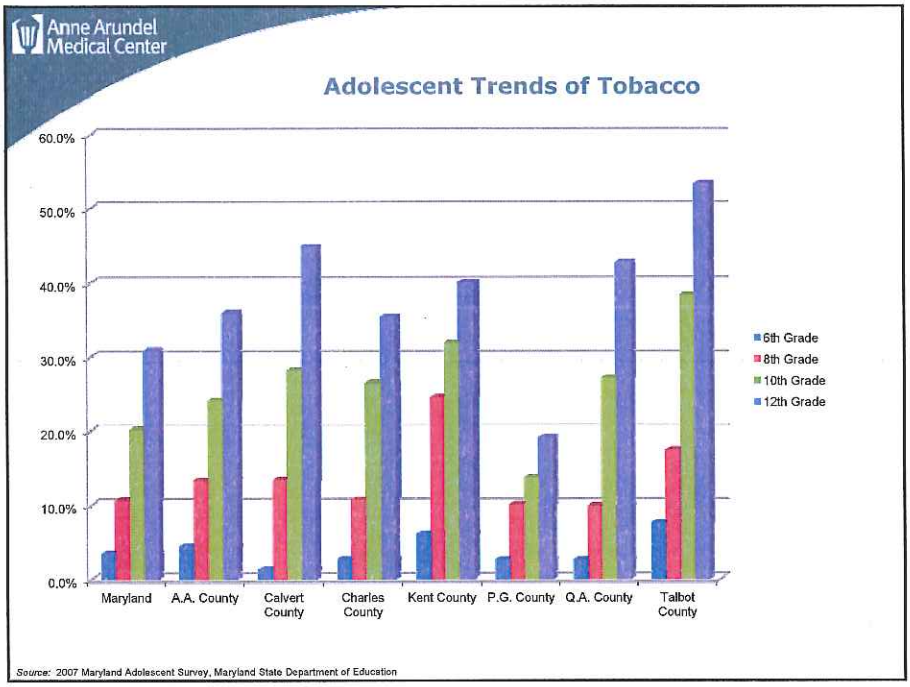
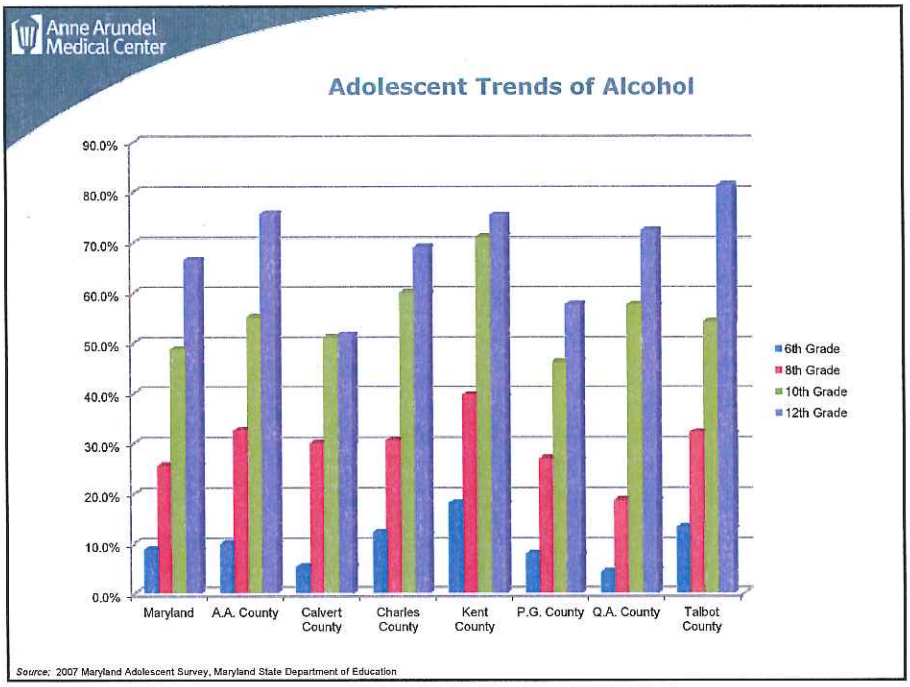
Target Area – Infant Mortality

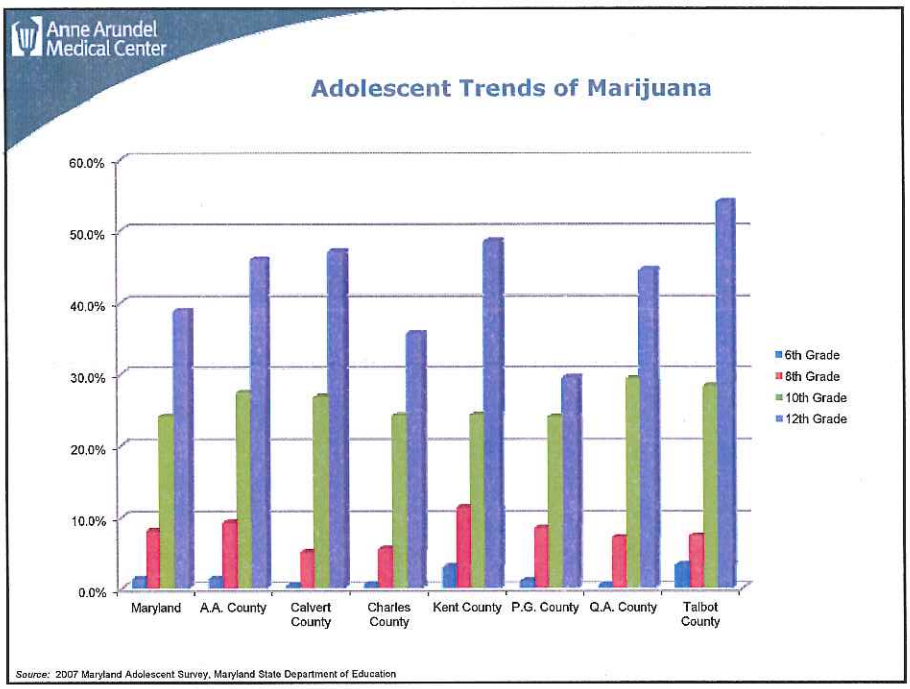


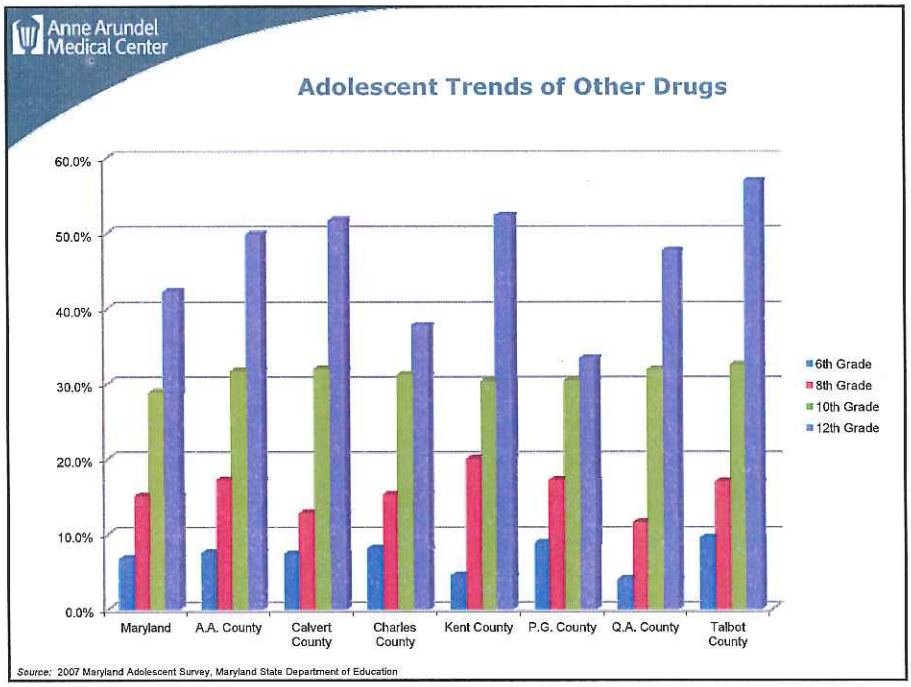
- P.G. County has a significantly higher infant mortality rate than the State of Maryland (3.7% higher)
- Due to the low number of cases, only A.A. and Charles Counties are the other counties reviewed. Both are below the state mortality rate of 8%.

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene. Rates are per 1,000 live births.


Anne Arundel Medical Center
Adolescent Trends of Tobacco
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Maryland
A.A. County
Calvert County
Charles County
Kent County
P.G. County
Q.A. County
Talbot County
6th Grade
8th Grade
10th Grade
12th Grade
Source: 2007 Maryland Adolescent Survey, Maryland State Department of Education


Anne Arundel Medical Center
Adolescent Trends of Alcohol
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Maryland
A.A. County
Calvert County
Charles County
Kent County
P.G. County
Q.A. County
Talbot County
6th Grade
8th Grade
10th Grade
12th Grade
Source: 2007 Maryland Adolescent Survey, Maryland State Department of Education


Anne Arundel Medical Center
Adolescent Trends of Marijuana
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Maryland
A.A. County
Calvert County
Charles County
Kent County
P.G. County
Q.A. County
Talbot County
6th Grade
8th Grade
10th Grade
12th Grade
Source: 2007 Maryland Adolescent Survey, Maryland State Department of Education


Anne Arundel Medical Center
Adolescent Trends of Other Drugs
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Maryland
A.A. County
Calvert County
Charles County
Kent County
P.G. County
Q.A. County
Talbot County
6th Grade
8th Grade
10th Grade
12th Grade
Source: 2007 Maryland Adolescent Survey, Maryland State Department of Education

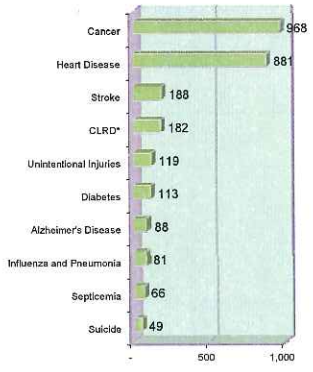
Anne Arundel Medical Center

Anne Arundel County

Anne Arundel Medical Center

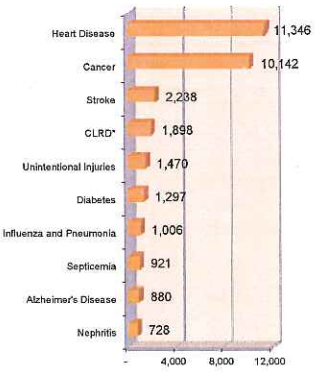
Leading Causes of Death

Anne Arundel County



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland Department of Health and Mental Hygiene (DHMH).

Maryland



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Maryland Vital Statistics Annual Report 2007

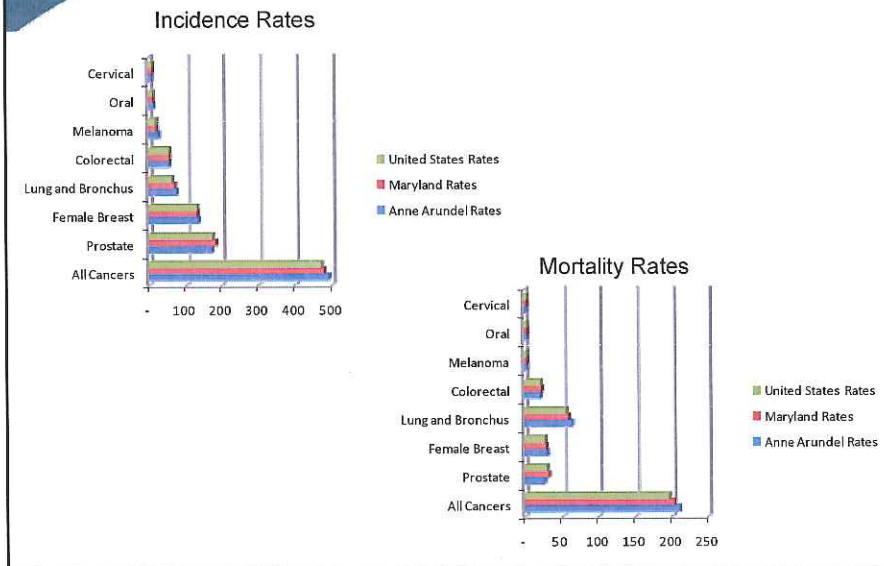
Anne Arundel Medical Center

	Cases						Mortality			
	A.A. County		Maryland		US		A.A. County		Maryland	US
Cause of Death	Rank	Cases	Rank	Cases	Rank	Cases	Rank	Rate	Rate	Rate
Cancer	1	968	2	11,346	2	560,187	11	200.5	180.0	177.5
Heart Disease	2	881	1	10,142	1	615,651	14	209.4	203.0	190.7
Stroke	3	188	3	2,238	3	133,990	6	49.1	40.5	41.6
CLRD*	4	182	4	1,898	4	129,311	8	42.8	35.0	41.2
Unintentional Injuries	5	119	5	1,470	5	117,075	14	22.9	26.1	37.8
Diabetes	6	113	6	1,297	7	70,905	9	24.8	23.3	22.4
Alzheimer's Disease	7	88	9	880	6	74,944	4	21.3	16.0	22.8
Influenza and Pneumonia	8	81	7	1,006	8	52,847	3	22.0	18.2	16.3
Septicemia	9	66	8	921	10	34,851	7	15.0	16.7	11.0
Suicide	10	49	12	508	11	117,075	1	10.0	8.9	10.8
All Death	**N/A**	**3,653**		**43,597**		**2,424,059**	**12**	**821.0**	**779.9**	**760.3**

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene

Anne Arundel Medical Center

Cancer Incidence and Mortality



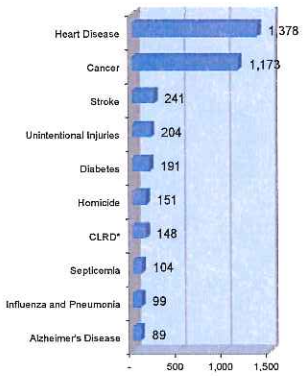
Anne Arundel Medical Center

Prince George's County

Anne Arundel Medical Center

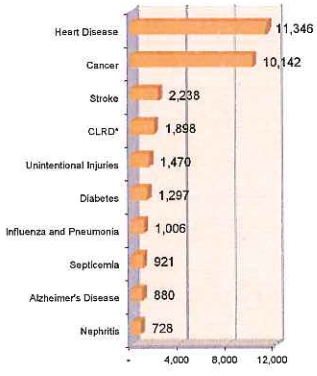
Leading Causes of Death

Prince George's County



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland Department of Health and Mental Hygiene (DHMH).

Maryland



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Maryland Vital Statistics Annual Report 2007

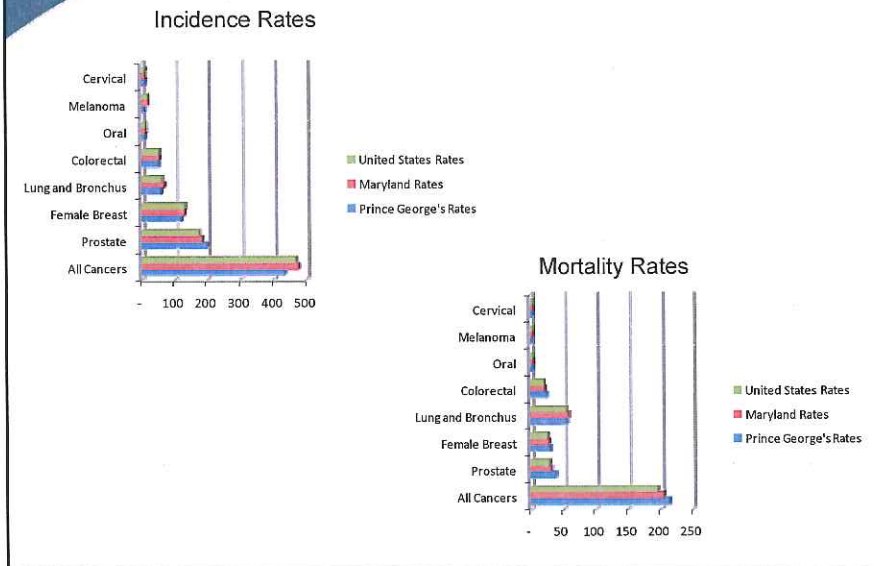
Anne Arundel Medical Center

	Cases						Mortality			
	P.G. County		Maryland		US		P.G. County		Maryland	US
Cause of Death	Rank	Cases	Rank	Cases	Rank	Cases	Rank	Rate	Rate	Rate
Heart Disease	1	1,378	1	11,346	1	615,651	9	233.8	203.0	190.7
Cancer	2	1,173	2	10,142	2	560,187	18	183.8	180.0	177.5
Stroke	3	241	3	2,238	3	133,990	14	41.5	40.5	41.6
Unintentional Injuries	4	204	5	1,470	5	117,075	9	28.4	26.1	37.8
Diabetes	5	191	6	1,297	7	70,905	6	31.4	23.3	22.4
Homicide	6	151	11	576	15	17,520	-	17.5	10.4	5.8
CLRD*	7	148	4	1,898	4	129,311	17	25.9	35.0	41.2
Septicemia	8	104	8	921	10	34,851	5	19.7	16.7	11.0
Influenza and Pneumonia	9	99	7	1,006	8	52,847	10	18.7	18.2	16.3
Alzheimer's Disease	10	89	9	880	6	74,944	7	19.0	16.0	22.8
All Death	**N/A**	**5,090**		**43,597**		**2,424,059**	**13**	**820.6**	**779.9**	**760.3**

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene

Anne Arundel Medical Center

Cancer Incidence and Mortality



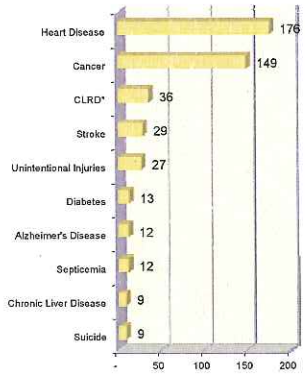
Anne Arundel Medical Center

Calvert County

Anne Arundel Medical Center

Leading Causes of Death

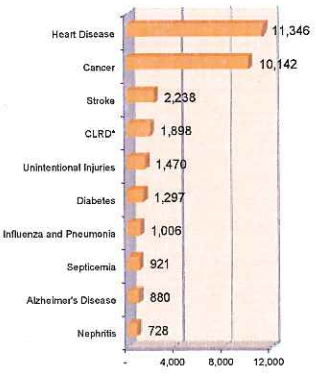
Calvert County



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.

Data Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland Department of Health and Mental Hygiene (DHMH).

Maryland



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.

Data Source: Maryland Vital Statistics Annual Report 2007

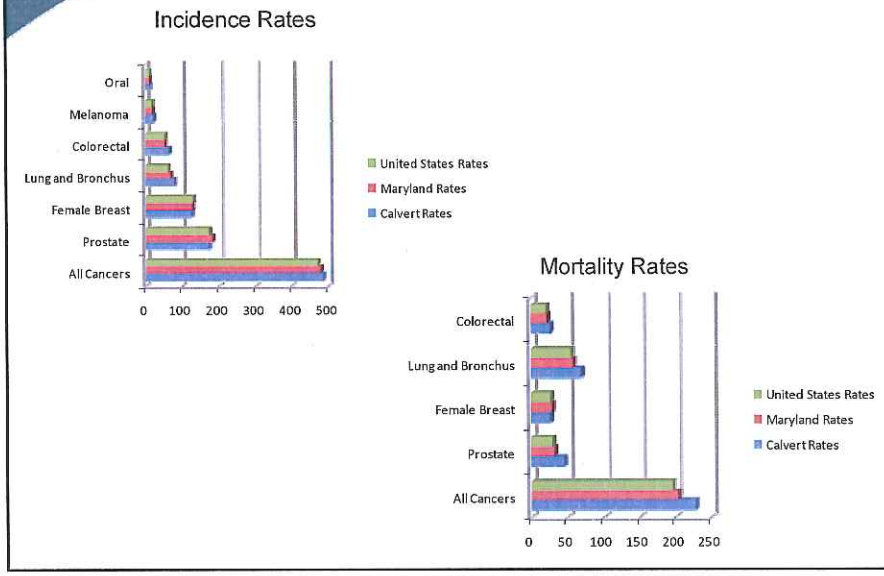
Anne Arundel Medical Center

	Cases						Mortality			
	Calvert County		Maryland		US		Calvert County		Maryland	US
Cause of Death	Rank	Cases	Rank	Cases	Rank	Cases	Rank	Rate	Rate	Rate
Heart Disease	1	176	1	11,346	1	615,651	8	238.6	203.0	190.7
Cancer	2	149	2	10,142	2	560,187	8	210.4	180.0	177.5
CLRD*	3	36	4	1,898	4	129,311	3	53.6	35.0	41.2
Stroke	4	29	3	2,238	3	133,990	12	42.1	40.5	41.6
Unintentional Injuries	5	27	5	1,470	5	117,075	2	36.3	26.1	37.8
Diabetes	6	13	6	1,297	7	70,905	N/A	***	23.3	22.4
Septicemia	7	12	8	921	10	34,851	N/A	***	16.7	11.0
Alzheimer's Disease	8	12	9	880	6	74,944	N/A	***	16.0	22.8
Suicide	9	9	12	508	11	33,185	N/A	***	8.9	10.8
Chronic Liver Disease	10	9	13	443	12	28,504	N/A	***	-	8.9
All Death	**N/A**	**611**		**43,597**		**2,424,059**	**9**	**848.9**	**779.9**	**760.3**

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene

Anne Arundel Medical Center

Cancer Incidence and Mortality



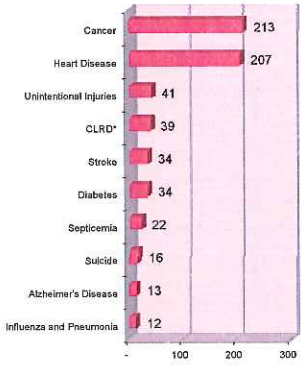
Anne Arundel Medical Center

Charles County

Anne Arundel Medical Center

Leading Causes of Death

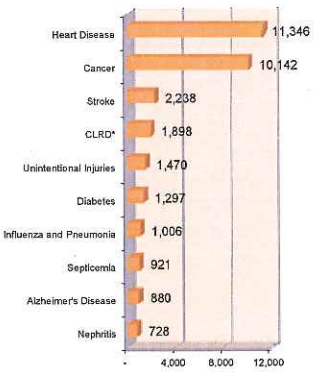
Charles County



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.

Data Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland Department of Health and Mental Hygiene (DHMH).

Maryland



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.

Data Source: Maryland Vital Statistics Annual Report 2007

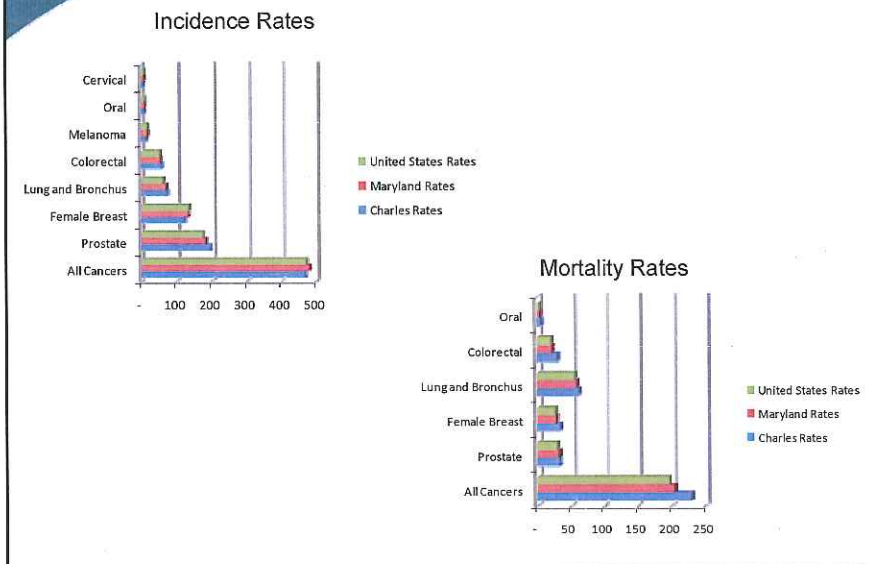
Anne Arundel Medical Center

	Cases						Mortality			
	Charles County		Maryland		US		Charles County		Maryland	US
Cause of Death	Rank	Cases	Rank	Cases	Rank	Cases	Rank	Rate	Rate	Rate
Cancer	1	213	2	10,142	2	560,187	7	211.1	180.0	177.5
Heart Disease	2	207	1	11,346	1	615,651	11	216.9	203.0	190.7
Unintentional Injuries	3	41	5	1,470	5	117,075	3	34.4	26.1	37.8
CLRD*	4	39	4	1,898	4	129,311	6	46.8	35.0	41.2
Diabetes	5	34	6	1,297	7	70,905	4	34.2	23.3	22.4
Stroke	6	34	3	2,238	3	133,990	11	43.7	40.5	41.6
Septicemia	7	22	8	921	10	34,851	3	21.9	16.7	11.0
Suicide	8	16	12	508	11	33,185	N/A	***	8.9	10.8
Alzheimer's Disease	9	13	9	880	6	74,944	N/A	***	16.0	22.8
Influenza and Pneumonia	10	12	7	1,006	8	52,847	N/A	***	18.2	16.3
All Death	**N/A**	**808**		**43,597**		**2,424,059**	**8**	**858.0**	**779.9**	**760.3**

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene

Anne Arundel Medical Center

Cancer Incidence and Mortality



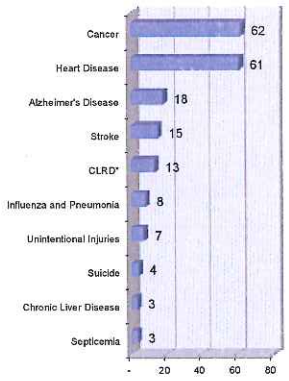
Anne Arundel Medical Center

Kent County

Anne Arundel Medical Center

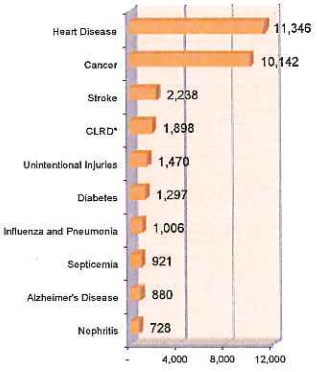
Leading Causes of Death

Kent County



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland Department of Health and Mental Hygiene (DHMH).

Maryland



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Maryland Vital Statistics Annual Report 2007

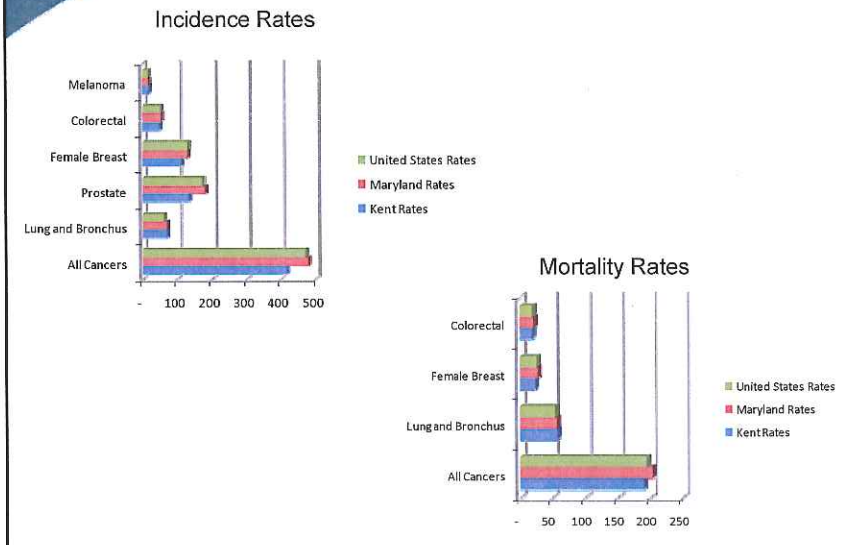
Anne Arundel Medical Center

	Cases						Mortality			
	Kent County		Maryland		US		Kent County		Maryland	US
Cause of Death	Rank	Cases	Rank	Cases	Rank	Cases	Rank	Rate	Rate	Rate
Cancer	1	62	2	10,142	2	560,187	13	193.9	180.0	177.5
Heart Disease	2	61	1	11,346	1	615,651	20	193.5	203.0	190.7
Alzheimer's Disease	3	18	9	880	6	74,944	N/A	***	16.0	22.8
Stroke	4	15	3	2,238	3	133,990	N/A	***	40.5	41.6
CLRD*	5	13	4	1,898	4	129,311	N/A	***	35.0	41.2
Influenza and Pneumonia	6	8	7	1,006	8	52,847	N/A	***	18.2	16.3
Unintentional Injuries	7	7	5	1,470	5	117,075	N/A	***	26.1	37.8
Suicide	8	4	12	508	11	33,185	N/A	***	8.9	10.8
Septicemia	9	3	8	921	10	34,851	N/A	***	16.7	11.0
Chronic Liver Disease	10	3	13	443	12	28,504	N/A	***	-	8.9
All Death	**N/A**	**251**		**43,597**		**2,424,059**	**19**	**778.7**	**779.9**	**760.3**

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene

Anne Arundel Medical Center

Cancer Incidence and Mortality



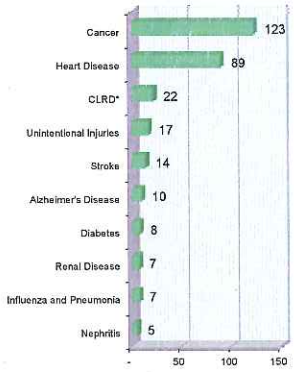
Anne Arundel Medical Center

Queen Anne's County

Anne Arundel Medical Center

Leading Causes of Death

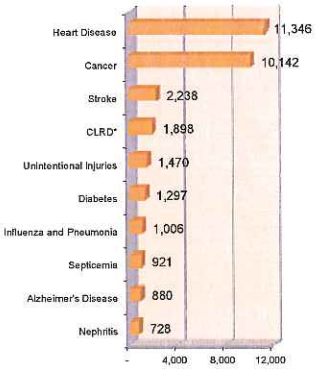
Queen Anne's County



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.

Data Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland Department of Health and Mental Hygiene (DHMH).

Maryland



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.

Data Source: Maryland Vital Statistics Annual Report 2007

Anne Arundel Medical Center

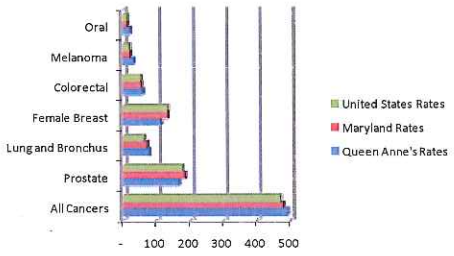
	Cases						Mortality			
	Q.A. County		Maryland		US		Q.A. County		Maryland	US
Cause of Death	Rank	Cases	Rank	Cases	Rank	Cases	Rank	Rate	Rate	Rate
Cancer	1	123	2	10,142	2	560,187	5	219.2	180.0	177.5
Heart Disease	2	89	1	11,346	1	615,651	21	191.6	203.0	190.7
CLRD*	3	22	4	1,898	4	129,311	N/A	***	35.0	41.2
Unintentional Injuries	4	17	5	1,470	5	117,075	N/A	***	26.1	37.8
Stroke	5	14	3	2,238	3	133,990	N/A	***	40.5	41.6
Alzheimer's Disease	6	10	9	880	6	74,944	N/A	***	16.0	22.8
Diabetes	7	8	6	1,297	7	70,905	N/A	***	23.3	22.4
Influenza and Pneumonia	8	7	7	1,006	8	52,847	N/A	***	18.2	16.3
Renal Disease	9	7	15	418	13	23,769	N/A	***	-	7.3
Nephritis	10	5	10	728	9	46,095	N/A	***	13.1	14.4
All Death	**N/A**	**386**		**43,597**		**2,424,059**	**18**	**782.3**	**779.9**	**760.3**

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene

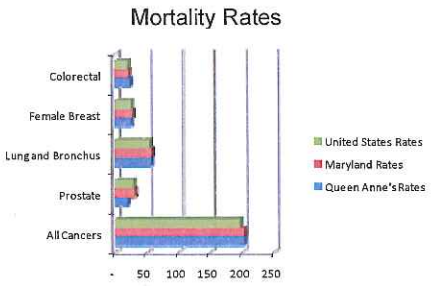
Anne Arundel Medical Center

Cancer Incidence and Mortality

Incidence Rates



Mortality Rates



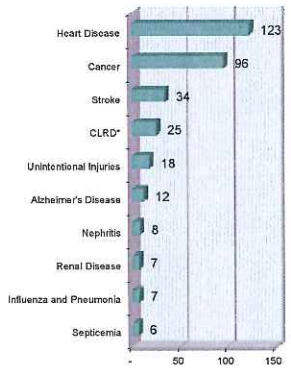
Anne Arundel Medical Center

Talbot County

Anne Arundel Medical Center

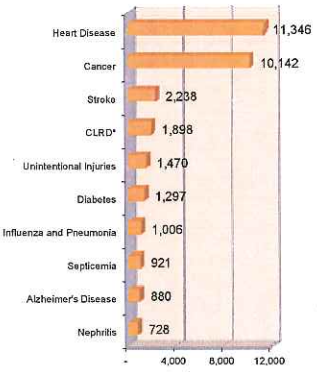
Leading Causes of Death

Talbot County



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland Department of Health and Mental Hygiene (DHMH).

Maryland



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Maryland Vital Statistics Annual Report 2007

Anne Arundel Medical Center

	Cases						Mortality			
	Talbot County		Maryland		US		Talbot County		Maryland	US
Cause of Death	Rank	Cases	Rank	Cases	Rank	Cases	Rank	Rate	Rate	Rate
Heart Disease	1	123	1	11,346	1	615,651	22	178.4	203.0	190.7
Cancer	2	96	2	10,142	2	560,187	21	177.8	180.0	177.5
Stroke	3	34	3	2,238	3	133,990	7	49.1	40.5	41.6
CLRD*	4	25	4	1,898	4	129,311	15	33.7	35.0	41.2
Unintentional Injuries	5	18	5	1,470	5	117,075	N/A	***	26.1	37.8
Alzheimer's Disease	6	12	9	880	6	74,944	N/A	***	16.0	22.8
Nephritis	7	8	10	728	9	46,095	N/A	***	13.1	14.4
Influenza and Pneumonia	8	7	7	1,006	8	52,847	N/A	***	18.2	16.3
Renal Disease	9	7	15	418	13	23,769	N/A	***	-	7.3
Septicemia	10	6	8	921	10	34,851	N/A	***	16.7	11.0
All Death	**N/A**	**447**		**43,597**		**2,424,059**	**22**	**728.6**	**779.9**	**760.3**

Source: Maryland Vital Statistics Annual Report 2007, Maryland Dept. of Health and Mental Hygiene

Anne Arundel Medical Center

Cancer Incidence and Mortality