# Suburban Hospital Community Benefit Report

Fiscal Year 2011



INTRODUCTION AND OBJECTIVES Brief description of the hospital, licensed bed designation, and inpatient admissions.

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The Hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the Hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. The Hospital treats approximately 1,300 trauma patients each year. The Hospital's major services include a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; NIH Heart Center at Suburban Hospital providing cardiac surgery, elective and emergency angioplasty as well as inpatient, diagnostic, and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designated Primary Stroke Center and 24/7 stroke team; and senior care programs. In addition, Suburban Hospital provides additional services such as the NIH-Suburban MRI Center; a center for sleep disorders; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call).

During the fiscal year 2011, Suburban Hospital was licensed to operate 222 acute care beds, and had 14,218 inpatient admissions.

#### I. DESCRIBING THE COMMUNITY SERVED BY THE HOSPITAL

## Primary Service Area (PSA)

The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharge from each zip code are ordered from largest to smallest number of discharges. This information was provided by the Health Services Cost Review Commission (HSCRC).

#### Table I

Primary Service Area zip codes	20814, 20817, 20815, 20854, 20852, 20850, 20895, 20878, 20906, 20902
All other Maryland hospitals sharing primary service area	Holy Cross Hospital, Shady Grove Adventist Hospital, Washington Adventist Hospital, Montgomery General Hospital, Sibley Hospital
Percentage of uninsured patients	7.3 %
Percentage of patients who are Medicaid recipients	8.1 %

Suburban Hospital's Primary Service area extends across southern Montgomery County from Rockville to Bethesda and includes Kensington, Chevy Chase, Potomac, Silver Spring and Gaithersburg. (See Appendix 4 for maps and demographic information).

#### Community Benefit Service Area (CBSA)

#### A. Description of the community or communities served by the organization

Suburban Hospital considers its Community Benefit Service Area (CBSA) as specific populations or communities of need to which the Hospital allocates resources through its community benefits plan and does not limit its community services to primary service area. To determine the Hospital's CBSA, data from Inpatient Records, Emergency Department Visits, and Community Health improvement and Wellness initiatives were aggregated and defined by the geographic area contained within the following twelve zip codes: 20814, 20852, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, and 20851.

Within the CBSA, Suburban Hospital focuses on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors and at-risk youth. Although some of the zip codes selected for Suburban Hospital's CBSA are not immediately adjacent to the Hospital, the Hospital does treat 25.4% of patients from the Silver Spring and

Gaithersburg areas. (20902, 20906, 20910 and 20878, respectively) Moreover, Suburban Hospital substantially supports safety net clinics and free health prevention and chronic disease programs in those designated areas,

In addition to the Primary and Community Benefit Service areas, the Hospital provides both in-kind and financial contributions to expand awareness of cardiovascular diseases and chronic disease management to neighboring counties including Prince George's, Calvert, Charles, and St. Mary's, which represent more racially and ethnically diverse and rural communities.

- · Geographic boundary (city, zip codes, or county)
  - Charity care/bad debt: Of all hospital visits, approximately \$4,000,231 in charity care and \$147,885 in bad debt during FY11. Within the CBSA zip codes, 1,384 accounts had charity adjustments of \$1,389,534.33.
  - ED patient origin: This area was responsible for 29,947 visits to Suburban Hospital, representing 69.5% of all ED visits.
  - Medically underserved: Suburban Hospital financially supports Montgomery Cares safety net clinics to expand access to primary care services within the hospital's CBSA identified zip codes: Holy Cross Health Center (20910) and Clinica Proyecto Salud (20902).
  - Ethnic minorities: The area includes a population which is 55.3%White, non-Hispanic; 12.2%, Black non-Hispanic; 15.2% Hispanic; 14.2% Asian and Pacific Islander non-Hispanic; 3.1% All others.
  - Health disparities: 7.71 % of the population is uninsured.
- · Outreach approach (hospital's principal function or specialty areas of focus, e.g., Burn Center)

Suburban Hospital's health improvement and outreach approach aligns hospital, community partners, local stakeholders and other resources with identified health needs. Building a healthy community goes beyond providing healthcare. Suburban Hospital not only aligns health priorities with the areas of greatest identified need, but also considers where hospital resources will generate the greatest impact. For example, Suburban's cardiovascular services designation has earned an outstanding quality and safety record for conducting open heart surgery, However, the leading causes of death among African American/Black women in 2006-2008 were heart disease. The top three leading causes of death for Asian/Pacific Islander women also includes heart disease as does the leading cause of death for Hispanic/Latino and White women. One health outreach approach to connect cardiovascular specialty care to those community members who may otherwise go untreated is the funding of HeartWell clinics. Four HeartWell clinics are managed by registered nurses throughout Suburban's targeted CBSA to establish access to needed cardiovascular specialty care assessable to vulnerable residents in the communities where they live. For the past 8 years, consistent health improvement initiatives such as HeartWell affords hundreds of seniors who have suffered heart attacks or advanced cardiovascular illness to access free cardiovascular health education, disease management, exercise and nutrition classes. Under the care of three HeartWell nurses, individuals have the opportunity to visit four local senior centers throughout the county several days a week to receive ongoing follow-up care and support thereby better managing their chronic disease and avoiding possible hospital re-admissions.

Target population (uninsured, elderly, HIV, cardiovascular disease, diabetes)

While Suburban Hospital's health improvement initiatives are targeted to the needs of various areas of our community, a Community Advisory Board and Visioning team was established in 1998 composed of several public and private heath officials along with other outside organization leaders which identified four specific target areas of need: A focus on health access of minority populations, underserved seniors, at-risk youth, and management of chronic diseases like Diabetes for the under/uninsured. Today, similar health priorities and targeted focus are guiding principles for community health improvement. For example, with regard to our areas rapidly growing senior population, within Suburban Hospital's CBSA, 28.6 % of the population is over the age of 55. In fact, Montgomery County has one of the longest life expectancy rates in the country (84.7 years) for White females and (84.5 years) for White males. As the community grows older, the need to care for the elderly is expanding. For that reason, the

Hospital earned the NICHE (Nurses Improving Care for Health system Elders) designation from The Hartford Institute for Geriatric Nursing at New York University College of Nursing. NICHE is the only national geriatric initiative designed to improve the care of older hospitalized adults. With this prestigious designation, Suburban Hospital acknowledges the many issues that older patients face, such as hearing and vision loss and gait and balance challenges, and has best practices in place to provide expert, patient-centered care for these individuals. Examples of this initiative include hospital-wide education programs to help sensitize staff to the specific needs of older adults, and environmental design changes to enhance function and comfort.

Furthermore, the Community Health and Wellness Department conducts hundreds of community health improvement programs, screenings, classes, and seminars within the Hospital's CBSA each year reaching populations from youth to active seniors. Further detail of these partnerships and health initiatives are highlighted throughout the report.

## B. CBSA Demographics and Social Determinants

Table II provides significant demographic characteristics and social determinants that are relevant to the needs of the community.

(See Appendices 5 and 6 for maps and demographic information)

Table II

		Data Source
Community Benefit Service Area (CBSA) (by zip code or county)	20852, 20814, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, 20851	Suburban Hospital Inpatient Records, Emergency Department Visits, Community Health Improvement Initiatives and Wellness Activities
CBSA demographics, by sex, race, and average age	Total population within the CBSA: 464,003	2010 Claritas Inc.
,	Sex:	2011 Thomson Reuters
	Male: 222,313/47.91%	
	Female: 241,690/52.09%	
	Race:	
	White non-Hispanic: 256,424/ 55.3%	
	Black non-Hispanic: 56,424 12.2%	
	Hispanic: 70,731/ 15.2%	
	Asian and Pacific Islander non-Hispanic: 65,871/14.2%	
	All others: 14,553 /3.1%	
	Age:	
	0-14: 86,287/18.6%	
	15-17: 19,009/4.1%	
	18-24: 35,189/7.6%	

	Total and the second second second	
	25-34: 51,269/11.0%	
	35-54: 139,301/30.0%	
	55-64: 61,732/13.3%	
	65+: 71,216/15.3%	
Median Household Income within your CBSA	Average household income within CBSA is \$129,960, compared to \$71,071 in the US.	2010 Claritas Inc.
William your CBS/1	φ122,700, compared to φ71,071 in the OS.	2011 Thomson Reuters
Percentage of households with incomes at 116% or below the	5.3% of household with incomes at 116% or below the federal poverty guidelines for	American Community Survey, 2005-2009
federal poverty guidelines	Montgomery County only.	Selection to the Selections
within your CBSA		http://www.census.gov/acs/www/
Please estimate the percentage of uninsured people within	7.71 % of the CBSA population is uninsured.	2010 Claritas Inc.
your CBSA		2011 Thomson Reuters
Percentage of Medicaid recipients within your CBSA	11.6% of the CBSA population is Medicaid recipients.	2010 Claritas Inc.
recipients within your CDSA	·	2011 Thomson Reuters
Life Expectancy within your CBSA	The life expectancy is 83.8 years at birth in Montgomery County, which is higher than the Maryland Baseline (78.6) and the National Baseline (77.9). Compared with other counties in Maryland, Montgomery County has a higher life expectancy. Data for Suburban Hospital CBSA is not available at this time.	Maryland State Health Improvement Plan, Montgomery Baseline Data, 2009  http://eh.dhmh.md.gov/ship/assets /docs/SHIP_CLD_measures_Mon tgomery.pdf
Mortality Rates within your CBSA	Within Montgomery County, the infant mortality rate for all Races is 4.3 per 1,000 live births, among Caucasian are 3.3 per 1,000 live births and among African Americans are 7.0 per 1,000 live births.  Age-Adjusted Death Rate due to Heart Disease in Montgomery County is 131.0	Maryland Vital Statistics, Infant Mortality in Maryland, 2010 http://vsa.maryland.gov/doc/imre p10.pdf  Maryland Department of Health and Mental Hygiene
	deaths/100,000 population and Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) is 29.7 deaths/100,000 population. Within its CBSA, Suburban Hospital has several community initiatives and programs to prevent and decrease these two rates.	http://www.dhmh.state.md.us/

Access to healthy food within your CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	In Montgomery County, 74% of residents have access to healthy food outlets, which is above the 62% Maryland ranking. Within the CBSA, there are several grocery stores, produce stands and farmers markets enabling residents to choose healthier food options.	County Health Rankings, 2011  http://www.countyhealthrankings. org/maryland
Quality of Housing	49.6% of Renters in Montgomery County Spend 30% or More of Household Income on Rent. In Bethesda, which is in the CBSA, the Qualifying Income Needed to Purchase Home of \$291,000 is \$86,167 and 2 BR Fair Market Rent (FMR) for 2011 is \$1,461.  Funding provided through Citi Foundation to CASA of Maryland and Latino Economic Development Corporation within Suburban's CBSA to launch a program for legal permanent residents to become naturalized citizens. Designed to remove the financial barriers to achieving citizenship, will allow more financial opportunities and lower daily living costs for hundreds of low-income immigrants.	American Community Survey, 2005-2009  http://www.census.gov/acs/www/ National Housing Conference — Center for Housing Policy  http://www.nhc.org/media/files/C hange_Income_Needed_2010to20 11.pdf  http://www.nhc.org/media/files/R ental_Rankings_2011.pdf  Community Development at Citibank  http://www.citigroup.com/citi/citizen/community/community_initiatives.html?article=360
Transportation	Suburban Hospital and its outpatient facility are accessible to public transportation. The Ride On bus system is the primary public transportation system and serves Montgomery County. In addition, Washington Metro stations are located across from the Hospital at the National Institutes of Health Campus and in downtown Bethesda, a 30 minute walk to the hospital. Limited bike lanes are also available.	http://mta.maryland.gov/local- and-statewide-transit-info www.wmata.com
Other (Economic Development)	The Rockville Women's Business Center located in zip code 20850 received a grant from the Citi Foundation that will help the center, which Rockville Economic Development Inc. launched in November, to help foster successful, growing, womenowned businesses to benefit from its services, creating jobs and empowering women in our community.	Community Development at Citibank  http://www.citigroup.com/citi/citi zen/community/community_by_r egion.html?region=MD  http://rockville.patch.com/articles/ biz-center-grants-a-rooftop- dance-and-pike-plans

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

Describe in detail the process your hospital used for identifying the health needs in your community and the
resources used.

Utilizing the Healthy People 2020 guidelines as vital information sources, Suburban Hospital maintains a close relationship with the Montgomery County Health Department and Human Services (MCDHHS) in order to identify community health needs and set community benefit strategic programs and activities. Montgomery County health officials regularly participate in hospital pubic health symposiums and community forums that educate local residents on identified health risks. Suburban Hospital leadership and medical staff are regularly asked to participate in County health department advisory meetings and are frequently engaged with call-to-action initiatives.

Several examples demonstrate the ongoing collaboration that Suburban Hospital shares with MCDHHS. The Hospital financially supports two Montgomery Cares Safety Net Clinics, which provide underserved, uninsured Montgomery County residents with primary care, and serves as a medical home. Suburban Hospital also provides free cardiovascular specialty care for those Montgomery Cares patients who require advanced cardiovascular care. Furthermore, Suburban Hospital's Cancer Program and Department of Community Health and Wellness work collaboratively with MCDHHS to conduct free prostate screenings and to identify eligible County residents for the Montgomery County Cancer Crusade initiative which links high risk individuals to free colonoscopy screenings and resources for treatment. Finally, the Community Health and Wellness Department serves on the Health and Wellness Advisory Committee through the Montgomery County Senior Sub-cabinet group. By serving of this committee, the Hospital has access to resources for the senior community that will allow the Hospital to help in the prevention and education of chronic disease and falls.

COMMUNITY HEALTH ASSESSMENTS: Initiated by the Montgomery County Department of Health and Human Services and the Urban Institute, Healthy Montgomery is a community health needs assessment process and is accessible online to the public <a href="http://www.healthymontgomery.org/">http://www.healthymontgomery.org/</a>. Launched initially as the Community Health Improvement Process (CHIP) and presided by Healthy Montgomery steering committee, this formal needs assessment serves as a standard set of population-based health and social services data. Agreed upon by local stakeholders, one hundred health indicators and social determinants were identified as issues at both the macro- and micro-levels of the County. The Healthy Montgomery health assessment collaborative is financially supported by the five Montgomery County hospitals. In addition to providing \$25,000, Suburban Hospital holds membership on the Healthy Montgomery Advisory Council. In December 2010, the Healthy Montgomery steering committee identified 39 social determinants and 61 health and well being indicators. The formal needs assessment was completed in June 2011.

This October, the Healthy Montgomery steering committee established six official health priorities to be tracked, measured and evaluated based on health Inequities, lack of access, and unhealthy behaviors over the next three years. Focused health priorities will include:

- Behavioral Health
- Cancer
- Cardiovascular Health
- Diabetes
- Obesity
- Maternal and Child Health

The Healthy Montgomery needs assessment serves as a barometer of Montgomery County residents the health. Collaborating with non-profit organizations, corporations, community coalitions, county government and public health officials. This community needs assessment builds on all past and current efforts, including environmental scans, comprehensive needs assessments, community health-related work, and relevant information from the healthcare provider organizations in the County. In developing and implementing improvement strategies, Healthy Montgomery works with community groups and local experts and investigates "best-practice" strategies and techniques developed by other related undertakings, including an examination of the community health

improvement tools and techniques that have demonstrated success in other parts of the country. The process assures accountability by identifying and using performance indicators that measure progress toward achieving its goals. Healthy Montgomery is an ongoing process that includes periodic needs assessment, development and implementation of improvement plans and monitoring of the resulting achievements. The process is dynamic, thus giving the County and its community partners the ability to monitor and act on the changing conditions affecting the health and well-being of County residents. As a result of using similar data sources and integrating historical partnership stakeholders in setting local health priorities over the years, the summary of key data findings conducted by Healthy Montgomery are similar, if not identical to health inequities already identified by Suburban Hospital, among other organizations. This correlation easily affords Suburban Hospital the ability to easily align its Community Benefit efforts to the six priorities identified by the Healthy Montgomery steering committee in order to decrease Health Inequities, Lack of Access and Unhealthy Behaviors.

#### Methods

The design and implementation strategy for the community health improvement process heavily considers the vast inventory of easily accessible data sources already available. For example: <a href="Primary data">Primary data</a> collection includes consultation with community stakeholders and leaders concerning unmet health needs, discussion with local government and direct contact with community members in 2,300 events, classes and screenings that operate everyday to improve the health of our community. <a href="Secondary data">Secondary data</a> collection is gathered from a variety of local, county and state resources that represents a community profile of important community health indicators such as health inequities, lack of access and unhealthy behaviors. An inventory of current and reliable county-level data used for the hospital's community needs assessment is documented throughout the data charts and appendices included in this report.

#### Primary data sources

In addition to working closely with the MCDHHS and the use of needs assessments that identify and respond to local needs, Suburban Hospital identifies community unmet or potential health needs by collaborating in partnerships, taking an active and leadership role in community coalitions, boards, committees, panels, advisory groups, and serving on local County commissions. (See exhibit 1)

Community stakeholders were asked to share their perspective on a number of topics including:

- · Biggest issues or concerns in the community
- Trends relative to demographics, the economy, the health care provider community, and community health status
- Problems people face in obtaining health care and/or social services and where they go when they need assistance in these areas
- Where people access preventive care
- Services lacking in the community
- · Barriers and services related to chronic health conditions
- Recommendations for improving access to care and the health of the community

## Secondary data sources

Secondary data was collected from a variety of local, county, and state sources to present an integral community profile such as: access to health care, chronic diseases, social issues, and other health indicators.

Analyses were conducted at the most local level possible for the hospital's primary and community benefit service area given the availability of the data. For example:

There were five major quantitative data sources that met the criteria as viable sources to compile the Healthy Montgomery indicators.

www.healthymontgomery.org

- Montgomery County resident births from the Maryland Department of Health and Mental Hygiene's Vital Statistics Administration;
- Montgomery County resident deaths from the Maryland Department of Health and Mental Hygiene's Vital Statistics Administration;
- Maryland Behavioral Risk Surveillance System, from the Maryland Department of Health and Mental Hygiene's Family Health Administration;
- National Survey on Drug Use and Health, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; and
- American Community Survey, U.S. Census Bureau.

## Overview of Key Findings

This overview summarizes some of the significant findings drawn from an analysis of the data.

Montgomery County is ranked as the second healthiest county in Maryland. However, examination of the health and social determinants of data showed disparities between vulnerable populations specifically among gender, life stages, racial/ethnic subpopulations, and geographic areas of the county. These findings enable Healthy Montgomery community partners, including Suburban Hospital, to leverage limited resources to direct actions that will achieve optimal results from our collective efforts and ultimately make a lasting positive impact on our health and well-being.

Based on these findings, Suburban Hospital utilizes data from Healthy Montgomery in addressing the community's needs and health objectives. Of the 61 health and well being indicators, the following are 15 health indicators that Suburban Hospital strives to meet through various health education and awareness programs, initiatives, clinics and partnerships:

- Persons without Health Insurance
- · Adults unable to afford to see a doctor
- Age Adjusted Death Rate due to Breast cancer
- Age Adjusted Death Rate due to Prostate cancer
- Prostate Cancer Incidence Rate
- · Age Adjusted Death Rate due to Colorectal cancer
- Colon Cancer Screening
- · Colon Cancer Incidence Rate
- Pap Test History
- · Age-Adjusted Death Rate due to Heart Disease
- · Age-Adjusted Death Rate due to Diabetes
- Adults Engaging in Moderate Physical Activity
- · Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)
- High Blood Pressure Prevalence
- · High Cholesterol Prevalence

Examples of Suburban Hospital meeting these indicators include: NIH/Mobile Med Heart Clinic at Suburban Hospital, HeartWell program, Covering the Uninsured, NIH/Mobile Med Endocrine Clinic, Diabetes Education classes, *Check It Out* Program, Free Prostate and Colorectal Screenings, Senior Shape Exercise Program, Free Blood Pressure Screenings, Stroke Ambassador Education Program and targeted Health Education seminars.

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

Suburban Hospital works directly with several organizations, institutes, and corporations, including the YMCA Youth and Family Services, Boy Scouts of America, the National Institutes of Health, Mobile Med., Inc., Bethesda Cares, NASDAQ, American Red Cross, American Heart Association, Latino Health Initiative, African American Health Program, Montgomery County Stroke Association, Montgomery County Department of Parks and Recreation, Holiday Park Senior Center, Potomac Senior Center, Montgomery Department of Health and Human Services, Lakeview House, Waverly House, Elected Officials representing Montgomery County, including the County Executive, County Council Members, Maryland legislative delegation and U.S. legislative representatives,

Organization of American States, World Bank, Bethesda-Chevy Chase Rotary Club, Bethesda-Chevy Chase Chamber of Commerce, Johns Hopkins Community Physicians, Montgomery County Office on Aging, Montgomery County Public Schools, Montgomery Cares, Primary Care Coalition, Scotland Community Partnership, Alpha Phi Alpha Fraternity, Montgomery County Housing Opportunity Commission, Safe Kids Coalition and Safe Sitter, Inc. These affiliations serve as catalysts for Suburban Hospital in utilizing, identifying and responding to the needs of its community stakeholders. In FY 11, Suburban Hospital staff served on 23 Community Outreach Coalition Affiliations.

3. When was the most recent needs identification process or community health needs assessment completed?

In the collaboration with Montgomery County Health and Human Services, Healthy Montgomery was established as the county's needs assessment. This past June, 2011, a community health needs assessment was completed. Shortly thereafter, in August 2011, an action plan was developed to focus on specific community health priorities established by the Healthy Montgomery steering committee. Suburban Hospital is a member of the steering committee and provides support to the Healthy Montgomery initiative.

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? If yes, provide a link or attach the document.

Suburban Hospital has partnered with the Montgomery County Department of Health and Human Services, along with four other Montgomery County hospitals to conduct a community health needs assessment as part of the Healthy Montgomery- Community Health Improvement Process. Completed this past summer, the needs assessment presents the results of the quantitative and qualitative data collection activities along with tools used in priority setting to improve the health and well-being of our residents. The Healthy Montgomery Steering Committee includes twenty-five partners and community stakeholders that range from Commission on Veterans Affairs, Council for Children, Youth and Families, Kaiser Permanente, M-MCPPC to Montgomery County Council. Link: <a href="https://www.healthymontgomery.org">www.healthymontgomery.org</a>

#### III. COMMUNITY BENEFIT ADMINISTRATION

1. Does your hospital have a CB strategic plan?

Suburban Hospital's Community Benefit Strategic plan is incorporated into the system's strategic plan to ensure that the system continues to build positive relationships with community partners in addressing the health needs of the community.

2. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities?

In working with the Montgomery County Department of Health and Human Services and addressing the needs set by Healthy Montgomery, Suburban Hospital's Board of Trustees, President and CEO, and the organization's operations leadership team work diligently to ensure that the hospital's strategic and clinical goals are aligned with unmet community needs though the planning, monitoring and evaluation of its community benefit activities.

In addition, nursing leadership, community physicians, health partnership advisory boards, local government and business agencies, and other not-for-profit organizations continue to influence the decision making process and prioritization of Suburban Hospital's community benefit activities.

- a. Senior Leadership
  - Brian Gragnolati, Senior Vice President, Johns Hopkins Health Care System, President and CEO, Suburban Hospital
  - ii. Jacky Schultz, Executive Vice President and Chief Operating Officer
  - iii. Marty Basso, Senior Vice President of Finance
  - iv. Leslie Ford Weber, Senior Vice President of Government and Community Relations;

Director of the Office of Government and Community Relations for Johns Hopkins in the National Capital Region

- v. Dennis Parnell, Senior Vice President of Human Resources
- vi. Joseph Linstrom, Senior Director of Operations
- vii. Christopher Timbers, Vice President and Chief Information Officer, Information Systems.
- b. Clinical Leadership
  - Physicians: Robert Rothstein, MD, Vice President of Medical Affairs; Matthew Poffenroth, MD, Medical Director of the National Capital Region at Johns Hopkins Community Physicians
  - ii. Nurses: Barbara Jacobs, Senior Director of Nursing
  - iii. Social Workers: Norma Bent, Corporate Director, Outcomes Management Department
  - iv. Other(s): Melody Knapp, Division Director, Cardiovascular Services; Matthew Tovornik, Division Director, Orthopedic & Neurosurgery Service Lines and Rehabilitation; Don Silver, Division Director, Behavioral Health and Senior Services.
- c. Community Benefit Department/Team
  - i. Individuals: Monique L. Sanfuentes, Director of Community Health and Wellness; Eleni Antzoulatos, Program Coordinator, Community Health and Wellness; Roliette Gooding, Program Coordinator, Community Health and Wellness; Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness; Patricia Rios, Health Educator, Community Health and Wellness; Joan Hall, Director of Financial Planning; Donald Dahlin, Financial Analyst; Brian Ebbitt, Manager of Planning Department.
  - ii. Committee (please list members)
    JHHS Community Benefit Work Group
    The Johns Hopkins Hospital
    - Deidra Bishop, Director, East Baltimore Community Affairs
    - Zakia Hospedales, Budget Analyst, Government and Community Affairs
    - Sharon Tiebert-Maddox, Director of Financial Operations, Government and Community Affairs
    - Henri' Thompson, Associate Director, East Baltimore Community Affairs
    - William Wang, Associate Director, Strategic Operations, Government and Community Affairs

Johns Hopkins Bayview Medical Center

- Gayle Adams, Director, Community and Government Relations
- Pat Carroll, Community Relations Manager
- Kimberly Moeller, Director, Financial Analysis

## Howard County General Hospital

- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Regulatory Compliance

#### Suburban Hospital

- Eleni Antzoulatos, Program Coordinator, Community Health and Wellness
- · Joan Hall, Director, Financial Planning, Budget, & Reimbursement
- Monique Sanfuentes, Director, Community Health and Wellness

Sibley Memorial Hospital

• Alison Arnott, Vice President, Support Services

- Marti Bailey, Directory, Sibley Senior Association and Community Health
- · Mike McCoy, Associate CFO, Finance Department
- Christine Stuppy, Vice President, Business Development and Strategic Planning
- 3. Is there an internal audit (i.e., an internal review conducted at the hospital) of the community benefit report?

Yes, the community benefit report is reviewed extensively by the Executive Leadership, Planning, and Finance Departments. In addition, community benefit is integrated into the system's strategic plan and is reviewed quarterly with members of Management Communication Forum and the Hospital's Leadership Clinical Operations Team.

- a. Spreadsheet (Y/N) Yes
- b. Narrative (Y/N) Yes
- 4. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

Yes, led by the chairman, Christopher J. Doherty, the hospital's board of trustees dedicates time at board meeting to review and approve the Community Benefit Report. Mr. Doherty is also leading the search committee for members to serve on the Community Benefit Advisory Council. This year, the FY10 community benefit spreadsheet and narrative were also reviewed by the CEO and CFO of the Johns Hopkins Health System prior to submission to the HSCRC.

- a. Spreadsheet (Y/N) Yes
- b. Narrative (Y/N) Yes

# IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

1. Brief introduction of community benefit program and initiatives.

Suburban Hospital recognizes the community's unmet or potential health needs by participating in community coalitions, partnerships, advisory groups, boards, panels, committees, and serving on local County commissions and working with public health officials at MCDHHS. In FY11, Suburban Hospital delivered \$18,280,913 in community benefit contributions and conducted 2,525 community health improvement programs, screenings, classes, seminars and activities serving 149,250 individuals. (See Exhibit 1)

In 1998, a Community Outreach Vision was established through a community health advisory council comprising health department officials and local community stakeholders. The council approved the following target areas of need: 1) Access to Care 2) Management and Prevention of Chronic Disease 3) Underserved Seniors and 4) Vulnerable Youth. Based on the Healthy Montgomery needs health assessment, the Community Outreach vision that was established thirteen years ago is still relevant today.

Suburban Hospital continues to work to distinguish health priorities and generate solutions to address the growing challenges of preventing chronic disease, increasing access to care, and building safe and healthy communities in its Community Benefit Service Area.

Below is an example of community benefit activities that met major community needs in FY11.

 Nurses at five HeartWell clinics - located in Langley Park, Silver Spring, Gaithersburg, Wheaton and Rockville - cared for an average of 632 patients per month, totaling 7,578 preventative clinic visits including free blood pressure screenings, one-on-one counseling, disease prevention and management sessions, small and large group educational programs.

- Nearly 2,000 Montgomery Cares patients have received expanded access to cardiologists, specialty
  diagnostic screenings, and open heart surgery since the inauguration of the Mobile Med/NIH Heart Clinic
  at Suburban Hospital in 2007.
- Over 800 patients have access to the specialty care of endocrine diseases through the Mobile Med/NIH Endocrine Clinic at Suburban Hospital established in July 2010.
- 1,308 under/uninsured patients were provided with \$4,000,231 in medical care at Suburban Hospital.
- Covering the Uninsured, an annual event at Suburban Hospital, provided free bilingual screening, counseling, and assistance with applications for Maryland residents who were without health care insurance on March 22nd and March 24th, 2011.
- To expand access of primary care and medical services for vulnerable residents, Suburban Hospital
  financially supported \$275,000 to Clinica Proyecto Salud and the Holy Cross Clinic in Gaithersburg, MD
  affording these safety net clinics to extend its hours of operations and supplement additional health care
  providers.
- Cardiovascular outreach in Southern Maryland through the NIH Heart Center at Suburban Hospital supported 539 events, engaging 13,743 individuals in Prince George's, Calvert, Charles, and St. Mary's counties.
- Medical Venturing, Bethesda Chevy Chase-Career Day, and Shadowing resulted in 25 educational events for 762 students interested in pursuing careers in medicine.
- The Safe Sitter course at Suburban has graduated 227 11-13 years olds who learned safety essentials of babysitting in 2011.
- Since 2003, Suburban hosted 16 YMCA parenting workshops that educated 1,560 families on issues facing
  parents today, from surviving until graduation to the pressure children face in succeeding in the school
  system.
- 475 monthly blood pressure screenings conducted at area mall-walking programs and community centers helped keep over 30,000 individuals living safe and healthy.
- 745 Senior Shape classes taught by certified exercise instructors built flexibility, strength, and a healthy heart for thousands of seniors across Montgomery and Prince George's Counties.
- 83 health seminars were coordinated by Suburban Hospital in senior centers throughout Montgomery and Prince George's Counties, reaching 1,509 people. Topics ranged from Managing Knee Pain to Stress: Calming it Down, Shaking it Loose.
- Knots for Shots, a program that provides uninsured county residents with a free hat, scarf or blanket in
  exchange for getting a flu shot, has provided nearly 300 flu shots in exchange for winter items since its
  inception three years ago.
- Suburban Hospital Cancer Program and Community Health and Wellness Department, the Greater Washington Chapter of Hadassah and Montgomery County Public Schools, and local private high schools have partnered since 1993, educating more than 45,000 11th and 12<sup>th</sup> grade young women on the importance of breast self-exams.
- 470 seniors received free vaccinations provided by the HeartWell Program.

Suburban Hospital's ongoing commitment to improving the health and well being of our community is demonstrated through the deliberate planning of health education initiatives, screenings, providing financial and in-kind support to community clinics and programming of wellness activities that directly align with our County's needs assessment and identified social determinants of health. Collaborating with several key partnerships, coalition committees, non-profit organizations, corporations, institutes and county government is instrumental in leveraging resources to ensure that all stakeholders are engaged.

#### Indicator 1.Persons without Health Insurance

In Montgomery County, 120,000 individuals who are uninsured receive their primary care service from hospital emergency departments and are less likely to get routine checkups and screenings. Resulting in treatment delay, this places a significant burden on the health-care system due to higher spending on treatment and also decreases the probability of improved health outcomes. As a County wide project to reduce inappropriate Emergency Department visits by linking low-income, uninsured patients with a Montgomery Cares primary care medical home, Suburban Hospital has participated in a two year ongoing project called "ED-PC Connect". In the first 20 months, Montgomery County EDs referred more than 6,500 low-income uninsured patients to primary care safety-net clinics.

Another example of Suburban's commitment to increase access to care and reduce the number of individuals without Health Insurance is the Hospital's partnership with Montgomery Cares, which provides health services to low income, uninsured Montgomery County adult residents. The program is administered by the Primary Care Coalition (PCC). Since Suburban doesn't have space of its own, the Hospital provides financial support to Clinica Proyecto Salud and the Holy Cross Hospital Clinic -Gaithersburg in achieving Montgomery Cares' goal of increasing uninsured adult patients' access to primary care, thereby enabling the Clinics to employ additional healthcare providers, extend their hours, and provide approximately 1,680 additional patient appointments each year.

For more than a decade, Suburban Hospital has provided free cardiovascular diagnostics, interventional and diagnostic radiology, laboratory, and inpatient services to Mobile Medical Care, Inc., a clinic that provides free or low-cost medical care for the uninsured. As a result of this partnership, the Hospital along with the National Heart, Lung and Blood Institute (NHLBI) joined forces and opened the Mobile Med/NIH Heart Clinic at Suburban Hospital. The goal of the clinic is to increase access of specialty care and enable uninsured patients to receive state-of-the-art cardiac care, from diagnostic testing to open heart surgery to rehabilitation, at little or no cost to the patient. Once a week, volunteer physicians, nurses and administrators from each organization donate their time to staff the cardiac clinic. In addition, the Hospital donates space, supplies and services to the clinic. Due to its success and the growing need for specialty care, the Heart Clinic opened its doors in 2008 to patients from other safety-net clinics. Since its opening in 2007, over 2,000 patients requiring cardiovascular care have received treatment for specialty services that would otherwise not be available without health insurance.

In July 2011, along with Mobile Med and the National Institute of Diabetes and Digestive and Kidney Diseases, an additional clinic was established, the Mobile Med/NIH Endocrine Clinics at Suburban Hospital. In FY 11, the clinic was able to treat over 800 patients without health insurance who require specialty care for endocrine conditions and diseases by providing diagnostic tests, examinations, and one-on-one consultation with a Suburban Registered Dietitian at no cost.

To increase access to care, Suburban participates in the Cover the Uninsured Week, sponsored by the Maryland Hospital Association. During this event, experienced staff from the Patient Access Department staff screen and counsel Maryland residents who are without health care insurance for Medicaid eligibility. This program enables community members to learn more about the various health-care insurance options receive assistance in the application process as well as receive a checklist of "next steps" for those eligible to apply.

## Indicator 2. Adults unable to afford to see a doctor

Community members who are unable to afford to see a doctor may not receive the proper medical services when they need them, which can lead to missed diagnoses, untreated conditions, and adverse health outcomes. In Montgomery County, 10.1% of residents cannot afford a doctor. To assist in decreasing this rate, the fore mentioned programs in Indicator 1. (NIH/Mobile Med Heart Clinic, NIH/Mobile Med Endocrine Clinic, ED/PC connect,

Montgomery Cares) serve to increase access to care and allow patients an opportunity to receive care at little or no cost.

## Indicator 3.Age Adjusted Death Rate due to Breast cancer

According to the National Cancer Institute, the age adjusted death rate due to breast cancer in Montgomery County is 20.2 per 100,000 people. Since it is so prevalent among women, it is critical to educate them on the importance of early detection. Starting to educate women at a younger age affords this population the opportunity to be more aware of the disease and its effects as well as start to acquire healthy habits such as conducting regular breast self-exams.

Suburban Hospital, in historical partnership with the Greater Washington Chapter of Hadassah, Montgomery County Public Schools and local private high schools sponsor the *Check It Out* Program, a community based health initiative which distributes free breast cancer education and early detection information to 11 and 12 grade young women in Montgomery County. Every other year, a Suburban Hospital Cancer Program nurse addresses the importance of breast self-exam and answers questions from the audience about breast health and cancer. In FY 11, Suburban Hospital visited 16 schools in the Montgomery County area educating 3,873 11<sup>th</sup> and 12<sup>th</sup> grade female students.

Suburban Hospital also supports the Montgomery Cares safety-net clinics by providing financial assistance to those clinics that provide diagnostic testing for mammograms.

## Indicators 4. & 5 Age Adjusted Death Rate due to Prostate cancer and Prostate Cancer Incidence Rate

Prostate cancer is the most common form of cancer other than skin cancer, among men in the United States. Prostate cancer is second only to lung cancer as a cause of cancer-related death among men. The death rate for prostate cancer in Montgomery County is 19.7 per 100,000 every year, according to the National Cancer Institute. In addition, 159.3 per 100,000 new cases of Prostate Cancer are diagnosed every year. The incidence rate is higher among the African American population with 241.1 new cases of prostate cancer being diagnosed in Montgomery County.

Suburban Hospital's free Prostate Screenings aim to reduce the number of new cases diagnosed at the advanced disease stage every year through education and screening. The Hospital's Cancer Program conducts free PSA and DRE screenings once a year as urologists, nurses and hospital staff volunteer their time and share their expertise with community participants. Follow-up and case management is provided by the Cancer Program's patient navigator. Interpreters are available to help translate screening forms, explain results and assist participants with navigating additional health resources. Screenings are open to the public and advertised at the safety net clinics. Our partnership with the African American Fraternity, Alpha Phi Alpha, has connected this free important screening to one of the highest at-risk populations. Brothers not only help to promote and spread the message among their peers and family members, but also volunteer their time at the screening.

In addition, the Cancer Program hosts an annual Prostate Cancer Symposium which invites survivors of prostate cancer and their families to learn more about the latest advances in treatment and care available today. Distinguished physician speakers include Dr. Mario Eisenberger, a R. Dale Hughes Professor of Oncology at the Johns Hopkins Kimmel Cancer Center who is one of the world's leading authorities on prostate cancer.

# <u>Indicators 6, 7 & 8.Age Adjusted Death Rate due to Colorectal cancer, Colon Cancer Screening and Colon Cancer Incidence Rate</u>

Colorectal cancer, the second leading cause of cancer-related deaths in the United States, is a preventable disease. If adults aged 50 or older had regular screening tests, as many as 60% of the deaths could be prevented. Healthy Montgomery reports that only 76.5% of Montgomery County residents are screened for Colon Cancer and 12.2 per 100,000 people die from this preventable disease. The incidence rate of 36.4 per 100,000 in Montgomery County is below Healthy People 2020 national health target of 38.6.

Suburban Hospital's Get a Check Up program, which is made possible by the Tobacco Restitution Fund, has educated more than 10,000 Montgomery County residents in an effort to communicate the importance of colorectal

cancer screening. FY11 marked the 9th year of partnership between Suburban Hospital and the Montgomery County Cancer Crusade (MCCC). Since there is always a need for screening, the demand is far greater than the available resources. Not only does Suburban Hospital assist in prevention and education of colon cancer through community seminars and health education materials, but also links community members to available free screenings through the MCCC. Our partnership extends beyond basic public health efforts; when a cancer has been detected, the Hospital has been able to absorb the treatment expenses of this costly disease in certain situations.

As the partnership between Suburban Hospital and the MCCC has grown over the years, Suburban Hospital has been fortunate to expand education, outreach and navigation programs from colorectal cancer to various target cancers, such as, prostate, breast, and skin. (Indicators 3, 4, &5)

## Indicator 9.Pap Test History

The American College of Obstetricians and Gynecologists recommends that all women get regular Pap tests which check for changes in the cells of the cervix that can be early signs of cervical cancer. Using data from the Maryland Behavioral Risk Factor Surveillance System (BRFSS), 83.5 % of women 18 years or older have had a Pap Test History in the last three years in Montgomery County. In Maryland, 200 new cases of Cervical Cancer diagnosed every year. To improve the rate of Pap Testing and increase the chances of early detection of Cervical Cancer, Suburban Hospital's Laboratory Services donates it services and supplies free Gynecological testing for the patients at safety-net clinics such as Clinica Proyecto Salud.

## Indicator 10. Age-Adjusted Death Rate due to Heart Disease

Since heart disease is the leading of death in Maryland and the US, it can affect both men and women, despite ethnicity, race or socioeconomic status and has several risk factors including stroke, diabetes, hypertension, high cholesterol, obesity, smoking, alcohol use, poor diet and inactivity. Due to the complexity of this disease, it can also incur higher health-care costs as well. Along with several key partners, the Hospital has been able to establish several programs and initiatives to reduce the death rate of heart disease in Montgomery County.

As mentioned in Indicators 1 & 2, providing cardiac care to the county's safety net clinics, through the partnerships with Montgomery Cares, MobileMed and NHLBI, is a natural extension of the hospital's existing efforts to ensure equal access to primary and specialty care.

Suburban Hospital's HeartWell program serves as a model of direct access to patient care. Through free cardiovascular health education, disease management, and exercise and nutrition classes at five senior centers throughout the county, the HeartWell program is designed to reduce the frequency of hospital admissions due to cardiovascular disease and to help the participant maintain as high a level of functioning as possible. Data has shown that those county residents who have participated in the program have experienced positive clinical outcomes. HeartWell is located in Langley Park, Silver Spring, Gaithersburg, Wheaton and Rockville, Suburban Hospital nurses cared for an average of 632 patients per month in FY11, totaling 7,578 preventative clinic visits. HeartWell participants have free access blood pressure screenings, one-on-one counseling, disease prevention and management sessions, along with small and large group educational programs.

Senior Shape is another example of the Hospital's commitment in reducing heart disease among the active senior population. Held at various community and senior centers in Montgomery and Prince George's Counties, the Senior Shape exercise classes focus on strength, weight training and stretching with a safe, low-impact aerobic regimen. Classes not only improve seniors' cardiovascular health but also increase their balance and flexibility. In FY 11, 29,640 seniors in Montgomery and 3,222 in Prince George's Counties took advantage of these exercise classes enhancing their cardiovascular health. The HeartWell and Senior Shape programs are made possible by the Hospital's partnership with Montgomery County Departments of Recreation and Senior Services.

Increasing awareness of cardiovascular diseases, the NIH Heart Center at Suburban Hospital supports community health initiatives to neighboring southern Maryland counties including Prince George's, Calvert, Charles, and St. Mary's since 2006. As the Hospital moves its health-care priorities to meet health outcome standards set by the Healthy Montgomery initiative, the outreach efforts in Southern Maryland have also evolved and progressed to reflect this model. Suburban Hospital's cardiovascular outreach benefited from strengthening and developing

existing programs and strategically partnering with collaborators in the community whose cardiovascular health improvement initiatives align with that of the NIH Heart Center at Suburban Hospital.

Collaborating with the Maryland-National Capital Park and Planning Commission's Department of Parks and Recreation (M-NCPPC) and Prince George's County Health Department – Center for Healthy Lifestyle Initiatives (CHLI), the Suitland Dine and Learn Program has become one of the most successful health improvement initiatives operating in Prince George's County. The Suitland Dine & Learn Program is a free monthly health education program available to under- and/or uninsured residents of Suitland and surrounding communities in Prince George's County. The program's goal is to reduce cardiovascular health disparities and related co-morbidities among Prince George's County residents. Each monthly Dine & Learn session provides attendees with a blood pressure screening, a fitness coach-led exercise demonstration, a nutrition education lecture by a registered dietician, and a heart healthy cooking demonstration led by a personal chef.

## Indicator 11. Age-Adjusted Death Rate due to Diabetes

In 2007, diabetes was the seventh leading cause of death in the United States and an estimated 23.6 million people or 7.8% of the population had diabetes. People who are diagnosed with diabetes have 2.3 times higher medical costs than those without. Complications from diabetes include heart disease, stroke, hypertension, blindness, kidney disease, neuropathy, and amputation. For that reason, Suburban Hospital HeartWell Program serves to decrease diabetes complications by offering various health education programs and disease management classes throughout Montgomery County as described in Indicator 10.

Noted in Indicator 1, Suburban Hospital works closely with Clinica Proyecto Salud by supporting numerous health initiatives targeted at its patients. Another health partnership initiative is Diabetes School. Held the first Saturday of the month, classes are four hours and address different diabetic medical, health, and nutrition topics. All participants are encouraged to bring family members to each class. In order for a participant to graduate, two classes, along with pre and post testing must be completed. A participant's successful graduation from Diabetes school is used to measure their compliance to treatment.

Diabetes education recommendations change over time and our education curriculum must reflect new guidelines and recommendations. At the beginning of FY11, Suburban Hospital worked diligently to enhance the curriculum of the Diabetes School at the Proyecto Salud Clinic. The new curriculum, which was implemented in July, addresses the seven self-care behavior education recommendations by American Association of Diabetes Educators, which are: healthy eating, being active, monitoring, taking medicines, problem solving, healthy coping, and reducing risks.

#### Indicator 12. Adults Engaging in Moderate Physical Activity

Approximately 35% of adults in Montgomery County perform physical activity three to five times each week for 20 to 60 minutes reported by the BRFSS. By exercising, adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure while improving mood and promoting healthy sleep patterns. The Senior Shape and HeartWell programs as mentioned in Indicator 10 help improve the frequency at which adults exercise. Suburban Hospital Community Health and Wellness Department also operate three Mall Walking Programs (Stepping Out, I Love to Walk and Rise and Shine) which encourages community members to engage in physical activity several times a week.

# Indicator 13.Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

In Montgomery County, it is reported that the age-adjusted death rate due to Cerebrovascular Disease (Stroke) is 29.7 per 100,000 people. Similar to Heart Disease, a stroke is the result of several risk factors including hypertension, high cholesterol, diabetes, smoking, and is the number one cause of disability. It is also associated with high direct medical costs such as hospitalizations and doctor visits, as well as indirect costs including absence from work, disability and premature death.

Recognizing the need to educate community members from this debilitating disease, Suburban Hospital, the NIH Stroke Center at Suburban Hospital, the American Heart Association and the American Stroke Association's Power

to End Stoke have partnered to help the fight against stroke through an interactive training program, the Stroke Ambassador Program. Community members along with Hospital staff are invited to participate in becoming a Stroke Ambassador. The program is designed to teach Ambassadors about stroke by providing them with various educational materials, a video presentation and brief lecture by a certified Stroke Awareness Ambassador from Suburban Hospital. Participants are also encouraged to take the information they have learned and relay it to their respective community members. In FY11, 30 stroke ambassadors have been trained in Montgomery County.

As a designated Stroke Center, Suburban Hospital also hosts monthly stroke support groups of the Montgomery County Stroke Association. Every May, in recognition of Stroke Awareness Month, Suburban Hospital conducts a variety of community education seminars throughout the County to educate those at high risk about prevention, warning signs and the treatment of stroke.

Along with education, the key to prevention of a stroke is through screening. The Community Health and Wellness Department and the HeartWell program, partnering with the local shopping malls and the Montgomery County Departments of Recreation, conduct numerous blood pressure screenings reaching thousands of individuals a year. These consistent screenings provide an opportunity for community members to check their blood pressure and keep track of any changes that may occur.

## Indicator 14. High Blood Pressure Prevalence

Approximately 24.5% of Montgomery County adults have been told they have hypertension (high blood pressure). The number one modifiable risk factor for stroke, high blood pressure contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. Because there are no symptoms associated with high blood pressure, it is often called the "silent killer." As stated in Indicators 10, 11, 12 &13, there are various programs initiated by Suburban Hospital and its partners in order to increase the awareness and decrease the prevalence of heart disease, diabetes and stroke in Montgomery County. Since high blood pressure is a risk factor for heart disease and stroke, the free blood pressure screenings conducted by the Community Health and Wellness Department and the HeartWell Program provide a continuum of care for community members allowing them to check their blood pressure on a regular and consistent basis.

## Indicator 15. High Cholesterol Prevalence

As stated in Indicator 10, high blood cholesterol is one of the major risk factors for heart disease. Studies show that the higher a person's blood cholesterol level, the greater their risk for developing heart disease or having a heart attack. In Montgomery County, the percentage of adults who have had their blood cholesterol checked and have been told that it was high was 38.7 %. As describe in Indicator 1, Suburban Hospital and Mobile Med, Inc collaborate on several health initiatives, allowing access to care for those who cannot afford it. Part of the agreement between the organizations includes providing free laboratory testing, including cholesterol, to MobileMed patients.

The Montgomery County Department of Health and Human Services' Latino Health Imitative (LHI) hosts its annual Ama Tu Vida event which promotes health education and wellness through prevention screenings, services, and referrals to safety net clinics. It is a traditional event that is recognized by the Latino community as a reputable resource for health check ups. Since this group is predominately uninsured, they rely on these free services year after year. Suburban Hospital has played an active role in LHI's efforts and provides free cholesterol testing to local residents at Ama Tu Vida every year. Efforts such as these bridge the gap between access to care and the Montgomery County Hispanic residents by increasing awareness and knowledge of their health while building trust and confidence to navigate the often confusing health system.

Initiative 1. Mobile Med/NIH Heart Clinic at Suburban Hospital

Continuation of Initiative	The MobileMed/NIH Heart Clinic is in its four year and continues to expand.
Outcome	Due to the clinic's success and the growing need for specialty care, the Heart Clinic opened its doors in 2007 to patients from other safety-net clinics and has seen since then nearly 2,000 patients requiring cardiovascular care received treatment for specialty services that would otherwise not be available without health insurance.
Evaluation Dates	MM patient no- show rate continues to decrease. Two out of fifteen patients are no- show. MobileMed plans to share overall outcomes/evaluation next year.
Key Partners in Development and/or Implementation	Suburban Hospital, Mobile Med., Inc., and the National Institute of Heart, Lung and Blood (NHLBI). Community Cardiologists.
Single or Multi- Year Initiative Time Period	Ongoing
Primary Objective	Provides patients access to the very best cardiac care, from diagnostic tests to surgery to rehabilitation, at little or no cost.  One night per week, physicians, nurses and administrators from Suburban Hospital, the National Institute of Heart, Lung and Blood and MobileMed, volunteer their time to staff the cardiac clinic, located at the NIH Heart Center at Suburban Hospital.
Hospital Initiative	MobileMedNIH Heart Clinic at Suburban Hospital
Identified Need	Cardiovascular Disease; Access to specialty care

Initiative 2. MobileMed/NIH Endocrine Clinic at Suburban Hospital

Continuation of Initiative	The MobileMed/NIH Endocrine clinic celebrated its first year and continues to expand.
Outcome	In FY11, 832 patients-requiring care received treatment for specialty services that would otherwise not be available without health insurance.
Evaluation Dates Outcome	Clinic just completed first year. Evaluation and measured outcomes are forthcoming.
Key Partners in Development and/or Implementation	Suburban Hospital, Mobile Med., Inc., and the National Institute of Diabetes and Digestive and Kidney Diseases
Single or Multi- Year Initiative Time Period	Ongoing
Primary Objective	Provides patients access to the specialty care of endocrine conditions and diseases, from diagnostic tests, examinations, and one-on-one consultation with a Suburban Registered Dietitian, at little or no cost.
Hospital Initiative	MobileMed/NIH Endocrine Clinic at Suburban Hospital
Identified Need	Access to specialty care

Initiative 3. Senior Shape Exercise Program

Continuation of Initiative	Classes scheduled through 2012.
Outcome	Additional classes starting in new locations in Montgomery County.
Evaluation Dates	Expected Evaluation Date: Spring 2012
Key Parmers in Development and/or Implementation	Suburban Hospital Community Health and Wellness Department, Montgomery County Department of Recreation, Bethesda-Chevy Chase Regional Services Center, and Parks and Recreation of Prince George's County
Single or Multi- Year Initiative Time Period	Ongoing: Multiple classes are held either once or twice a week at 8 different senior centers in Montgomery and Prince George's Counties.
Primary Objective	Senior Shape provides the seniors with a safe, low-impact aerobic, exercise regimen that focusing on strength and weight training, balance, flexibility, stretching, and aerobic activity for optimal cardiovascular benefits to 29,640 seniors in Montgomery County; 3,222 in Prince George's County in FY11.
Hospital Initiative	Senior Shape Exercise Program
Identified Need	Senior Health; Cardiovascular Health

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Initiative 4. Stroke Ambassador Program

Continuation of Initiative	Additional programs are already planned for FY 12.
Outcome	In FY11, 30 stroke ambassadors have been trained in Montgomery County.
Evaluation Dates	At the end of each training, participates are asked to fill out an evaluation in order to measure the qualitative and quantitative effectiveness of the training itself.
Key Partners in Development and/or Implementation	Suburban Hospital Community Health and Wellness Department, the NIH Stroke Center at Suburban Hospital, the American Heart Association and the American Stroke Association's Power to End Stoke programs
Single or Multi- Year Initiative Time Period	Ongoing
Primary Objective	To train community members to recognize the key signs and symptoms of a stroke along with the ways to reduce risk factors for this life threatening condition.
Hospital Initiative	Stroke Ambassador Program
Identified Need	Stroke; Chronic disease morbidity and mortality

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Suburban Hospital Healthcare System Community Benefit Narrative FY 2011

Continuation of Initiative	Expected through 2012
Outcome	Strengthen link to medical home Reduction of avoidable ED visits Improved health outcomes. In 1st 20 months of ED-PC Connect, MCEDs referred more than 6,500 low-income uninsured patients to a primary care safety-net clinic and more than 1,300 referred patients subsequently made one or more clinic visits.
Evaluation Dates	Presented to hospital and clinic partners in June 2011. Data is currently being collected to measure further outcomes.
Key Partners in Development and/or Implementation	Suburban Hospital, Primary Care Coalition, Safety net clinics including Clinica Proyecto Salud, and Holy Cross Hospital Health Clinics, Mobile Med., Inc.
Single or Multi- Year Initiative Time Period	Ongoing
Primary Objective	To link uninsured patients with safety net clinics to ensure they have primary care.
Hospital Initiative	Emergency Department/Primary Care Connect Project
Identified Need	Access to primary care;

Initiative 5. Emergency Department/Primary Care Connect Project

Initiative 6. Check It Out Program

Continuation of Initiative	Planned for Spring 2013.
Оитсоте	In FY11, the Check It Out Program, Suburban Hospital visited 16 schools in the Montgomery County area educating 3,873 11th and 12th grade female students.
Evaluation Dates	At every Check It Out program, participants are evaluated on their knowledge recall Pre/Post Test. and general impressions of the program itself.
Key Partners in Development and/or Implementation	Suburban Hospital Cancer Program and Community Health and Wellness Department, the Greater Washington Chapter of Hadassah and Montgomery County Public Schools, and local private high schools
Single or Multi- Year Initiative Time Period	The Check It Out program is offered every two years from January to May.
Primary Objective	A community based program that provides free breast cancer education and early detection information from a Suburban Hospital Cancer Program nurse who addresses the importance of breast self-exam and answers questions from 11 and 12 grade young women in Montgomery County.
Hospital Initiative	Check It Out Program
Identified Need	Breast Cancer Awareness

Initiative 7. Prostate Cancer Screenings

Continuation of Initiative	Planned for September 2012
Outcome	Follow-up and case management is provided by the Cancer Program's patient navigator. Interpreters are available to help translate screening forms, explain results and assist participants with navigating additional health resources.
Evaluation Dates	Number of patients, Patient Satisfaction
Key Partners in Development and/or Implementation	Suburban Hospital Cancer Program and Community Health and Wellness Departments
Single or Multi- Year Initiative Time Period	Once a year
Primary Objective	Volunteer urologists, nurses and hospital staff conduct free PSA and DRE screenings for 52 men in Montgomery County.
Hospital Initiative	Free Prostate Cancer Screenings
Identified Need	Prostate Cancer

Initiative 8. Crew # 1984 Medical Venturing Program

Continuation of Initiative	Program sessions for 2011-2012 have begun.
Outcome	# of returned students to program # of MV attending medical school or pursue career in allied health # of MV return to SH workforce
Evaluation Dates	End of the year evaluation given to students on their experience of the program and thoughts on improvements for the following year.
Key Partners in Development and/or Implementation	Suburban Hospital Community Health and Wellness Department, Boy Scouts of America
Single or Multi- Year Initiative Time Period	School year; September 2010 to June 2011
Primary Objective	To expose high school students to careers in health care.
Hospital Initiative	Crew # 1984 Medical Venturing Program
Identified Need	Decrease shortage of health care workers



Initiative 9. Suitland Dine and Learn Program

Continuation of Initiative	Planned for 2012 calendar year.
Outcome	Decrease in blood pressure from 135.3 to 133.2 for systolic and 76 to 72.3 for diastolic.  An average of three (3) lbs. of weight loss was achieved between February and June 2011.  Decrease in total cholesterol
Evaluation Dates	NIH Heart Center at Suburban Hospital conducts a free health assessment twice a year, once at the beginning of the program (January) and six months later (June). The pre- and post-health assessment includes a total cholesterol screening, blood pressure check, body fat composition analysis, and a scale weizh-in.
Key Partners in Development and/or Implementation	NIH Heart Center at Suburban Hospital, Kaiser Permanente and Department of Health, Parks and Recreation of Prince George's County
Single or Multi- Year Initiative Time Period	Ongoing
Primary Objective	Each monthly Dine & Learn session provides attendees with a blood pressure screening, a fitness coach-led exercise demonstration, a nutrition education lecture by a registered dietician, and a heart healthy cooking demonstration led by a personal chef.
Hospital Initiative	Suitland Dine and Learn Program
Identified Need Hospital	Health Health

Community health needs that were identified through a community needs assessment that were not addressed by the hospital

The Healthy Montgomery steering committee established six official health priorities to be tracked, measured and evaluated based on health Inequities, lack of access, and unhealthy behaviors over the next three years. One of those health priorities includes Maternal and Child Health. Suburban Hospital may not be in a position to affect all of the changes required to address this health priority given that the hospital does not have an obstetrics designation or delivery babies. One reason for not seeking this designation is due to the fact that there are several other community hospitals within 5-10 miles of our Bethesda location that have an obstetrics program. While Suburban Hospital may not be able to directly address this health priority, the hospital does indirectly support Maternal and Child Health initiatives through funding and programming of several other organizations which promote the health and well-being of children and their families. Notably, Suburban Hospital supports the YMCA Youth and Family Services by hosting parenting seminars at the hospital twice a year. Proceeds from the seminars go directly to the YMCA and support it's programming available to the community's families. In addition, Suburban Hospital provides financial support to safety net clinics in Montgomery County who treat specific patients requiring obstetric or pediatric care.

Furthermore, the Pediatric Center at Suburban Hospital provides children of all ages with quality care in a kidfriendly, family-centered environment ensuring around-the-clock pediatric expertise and promotes continuity of care. Recognizing the unique medical needs of our youngest patients, a team of board-certified pediatricians and specially trained pediatric nurses treat everything from sore throats to playground injuries and broken bones to complex illnesses and offers a full range of ancillary care, including radiology and laboratory services. The Center also offers support for children who are undergoing outpatient procedures.

#### V. PHYSICIANS

1. Description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Suburban Hospital is concerned about patient access to care, which is endangered by an identified shortage of physicians in Montgomery County practicing in primary care and in several specialties. A recent study of the physician workforce in Maryland predicts that shortages in thoracic surgery, obstetrics, anesthesiology, psychiatry, diagnostic radiology, hematology/oncology, general surgery, pathology and neurosurgery are expected to grow over the next ten year. Suburban Hospital is committed to expanding not only access to primary care for the uninsured, but also collaborates with local health partners like Montgomery Cares, Project Access, Primary Care Coalition, Catholic Charities, Mobile Medical Care, Clinica Proyecto Salud, NHLBI, NIDDK, community cardiologists and orthopedic surgeons to provide much needed specialty care, especially for those who suffer from chronic disease. A few examples of how Suburban Hospital and its partners are working to narrow the gap in availability of these specialty services are outlined below:

For the past four years, Suburban Hospital has operated a specialty cardiac clinic on-site on Thursday evenings with our partners Mobile Medical Care, Inc. and the National Heart, Lung and Blood Institute of the NIH. The clinic serves to provide access to care and alleviate the gap in specialty providers for cardiac patients. Referred from safety net clinics in the County operated by Mobile Med, Clinica Proyecto Salud and the Holy Cross Hospital Health Clinic, each patient is seen by a Suburban cardiologist and clinical staff from the NIH. In addition to coordinating the cardiologists and nurses who volunteer at the clinic, the Hospital provides a variety of free cardiovascular specialty diagnostic screenings and open-heart surgery for patients who require advanced care. The Mobile Med/NIH Heart Clinic has provided expert care to nearly 2,000 patients to date and has conducted multiple openheart surgeries at no cost to the patients needing them.

Based on the best practice model of the Mobile Med/NIH Heart Clinic, Suburban Hospital, Mobile Med Inc. and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) established a free endocrine clinic providing lifestyle and chronic disease management for people with endocrine diseases. Opening its doors in July 2010, staff from Suburban Hospital, NIDDK and Mobile Med volunteer their time once a week by providing diagnostic tests, laboratory services and free medical examinations. In addition, Endocrine clinic patients have the

opportunity to meet one-on-one with Suburban Hospital Registered Dietitians for free nutrition consultations to discuss individual nutrition plans and discuss challenges with dietary restraints.

Since 2004, Suburban Hospital has supported numerous initiatives targeted at Clinica Proyecto Salud patients, including diabetes education and management. Suburban Hospital has provided a bilingual health educator who has taught hundreds of people living with diabetes in better management of their diabetes and lifestyle changes. In accordance with our 2008 agreement with Montgomery Cares, Suburban Hospital financially supports Clinica Proyecto Salud, increasing uninsured adult patients' access to primary care, which enables the Clinic to employ additional healthcare providers, extend their hours, and provide approximately 1,680 additional patient appointments. Uninsured adult patients who come to Suburban Hospital's Emergency Department are referred to the Clinic for primary care and follow up. Clinica Proyecto Salud's established patient population has benefited from the expansion of services at the Clinic's existing site in Wheaton, MD, given its convenient location and access to public transportation. The partnership also provides Clinica Proyecto Salud's patients with access to cardiac specialty care through the MobileMed/NIH Heart Clinic at Suburban Hospital. To strengthen the collaboration, Mr. Fadi Saadeh, Division Director of Suburban Hospital's Cancer Care and Surgery Center, is an acting member of the Clinica Proyecto Salud's Board of Directors.

### 2. Physician subsidies

Critical to serving and meeting the health care needs of our community, Suburban Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the hospital. In FY 2011, Suburban paid a total of \$2,253,414 in subsidies to physicians for the following patient services for on-call coverage in the emergency department:

Trauma Call	ENT Call	
Behavioral Health Call	OB/GYN Call	
Urology Call	Anesthesiology Call	
Cardiology Call		

## Appendices

- 1. Charity Care Policy Description
- 2. Charity Care Policy
- 3. Mission, Vision and Values Statement
- 4. Primary Service Area Demographics
- 5. Community Benefit Service Area Demographics
- 6. FY 2011 Suburban Hospital Community Benefit Service Area Definiation

#### APPENDIX 1

#### CHARITY CARE POLICY DESCRIPTION

Suburban Hospital maintains accessibility to all services regardless of an individual's ability to pay. The hospital policy on charity care is that the hospital will provide necessary emergency medical care to all persons regardless of their ability to pay and will consider for charity care those patients who cannot pay the total cost of hospitalization due to lack of insurance coverage and/or inability to pay. Free care, sliding fee scales and extended payment plans are offered to eligible patients. Approval for charity care, sliding fee scales or payment plans is based on submission of a financial assistance application available upon request at each of our registration points of entry, via mail, or our website, www.suburbanhospital.org.

Suburban Hospital provides each patient registered for emergency care, same day care, or inpatient care a copy of our Financial Assistance Information Sheet. Signs are also posted in English and Spanish explaining the availability of financial assistance and contact information; they are located in the Emergency, Pediatrics, Cath Lab, and Financial Counseling Departments, as well as the main registration desk. The financial assistance application is given to every self pay patient with instructions on how to apply and contact information. The same information is provided to all other patients upon request. This information is also available in Spanish.

In addition, our Financial Counselors and Social Workers are trained to answer patients' questions regarding financial assistance and linkage to other community assistance resources prior to discharge. Registration staff is trained to answer questions regarding financial assistance and who to contact with billing questions or other financial questions. Patient Accounting staff is also trained to answer questions and provide information to patients regarding financial assistance and billing. Suburban Hospital uses a contractor from Financial Health Services who assists patients in applying for Maryland Medical Assistance. The Financial Health Services contractor interviews all self pay patients upon admission and provides them with information and referral for financial assistance.

This past March, Suburban Hospital invited uninsured citizens to participate in a two day financial assistance informational event. The two day program was held at Suburban Hospital where financial assistance consultation was provided to community members including dissemination of information on our financial assistance eligibility criteria, Medicaid and other community resources. This event is held annually.

## APPENDIX 2

# CHARITY CARE POLICY

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#### POLICY

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).

#### **Purpose**

JHHS is committed to providing financial assistance to persons 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.

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 purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.

JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. Notice of availability will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt except those accounts on which a lawsuit has been filed and a judgment obtained) and any projected medical expenses. Financial Assistance Applications 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.

### Definitions

Medical Debt

Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing)

Liquid Assets

**\*** 

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 shall not 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.

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.

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Medically Necessary Care Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.

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.

## **PROCEDURES**

An evaluation for Financial Assistance can begin in a number of ways:

## For example:

 A patient with a self-pay balance due notifies the self-pay collector or collection ageñcy that he/she cannot afford to pay the bill and requests assistance.

A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.

 A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.

- Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.
- Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
  - a. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
  - Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.
  - c. At HCGH, complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's dedicated Financial Assistance

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application to mail patient a written determination of eligibility.

- To determine final eligibility, the following criteria must be met:
  - a. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
  - b. All insurance benefits must have been exhausted.
- To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS.
   The patient is required to provide the following:
  - a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
  - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
  - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
  - d. A Medical Assistance Notice of Determination (if applicable).
  - e. Proof of disability income (if applicable).
  - Reasonable proof of other declared expenses.
  - g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO (HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.
  - If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
- A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle and/or CFO for review and final eligibility based upon JHMI guidelines.
  - a. If the application is denied, the patient has the right to request the application be reconsidered. The

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Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) for final evaluation and decision.

- b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will base their determination of financial need on JHHS guidelines.
- Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
- 8. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.
- A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.
- Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. 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.
- Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patient's representative requests an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.
- 12. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance Eligibility criteria (see Appendix A-1). If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a



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means of assuring access to health care services and for their overall personal health.

- 13. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.
- 14. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding \$25. If 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 30 days from the date of initial request for information. 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.
- 15. 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.

# REFERENCE1

JHHS Finance Policies and Procedures Manual

Policy No. FIN017 - Signature Authority: Patient Financial Services

Policy No. FIN033 - Installment Payments

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 Federal Register

#### RESPONSIBILITIES - HCGH, SH

Financial Counselor (Pre-Admission/Admission/In-House/ Outpatient) Customer Service Collector Admissions Coordinator Any Finance representative designated to accept applications for Financial Assistance Understand current criteria for Assistance qualifications.

Identify prospective candidates; initiate application process when required. As necessary assist patient in completing application or program specific form.

On the day preliminary application is received, send to Patient

NOTE: Standardized applications for Financial Assistance, Patient Profile Questionnaire and Medical Financial Hardship have been developed. For information on ordering, please contact the Patient Financial Services Department. Copies are attached to this policy as Exhibits A, B and C.



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Financial Services Department's for determination of probable eligibility.

Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.

If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.

Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

Identify retroactive candidates; initiate final application process.

Management Personnel (Supervisor/Manager/Director)

Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.

Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.]

Notices will not be sent to Presumptive Eligibility or ED Financial Assistance recipients.

Financial Management Personnel (Senior Director/Assistant Treasurer or affiliate equivalent) CP Director and Management Staff Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.



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# SPONSOR

CFO (HCGH, SH) Director of Revenue Cycle (HCGH) Director, PFS (SH)

# REVIEW CYCLE

Two (2) years

APPROVAL

Vice President of Finance/CFO and Treasurer, JHHS

9-15-10 Date

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# APPENDIX A FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES

- Each person requesting Financial Assistance must complete a JHM/Financial Assistance Application
  (also known as the Maryland State Uniform Financial Assistance Application) Exhibit A, and Patient
  Profile Questionnaire, Exhibit B. If patient wishes to be considered for Medical Financial Hardship, patient
  must submit Medical Financial Hardship Application, Exhibit C.
- A preliminary application stating family size and family income (as defined by Medicaid regulations) will be accepted and a determination of probable eligibility will be made within two business days of receipt.
- 3. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. A Patient Profile Questionnaire (see Exhibit B) has been developed to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
- 4. Proof of income must be provided with the final application. Acceptable proofs include:
  - (a) Prior-year tax return;
  - (b) Current pay stubs;
  - (c) Letter from employer, or if unemployed documentation verifying unemployed status; and
  - (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
  - (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
- 5. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (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 JHHS affiliate bills.
- 6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.
- Patients who chose to become voluntary self pay patients do not qualify for Financial Assistance for the amount owed on any account registered as Voluntary Self Pay.
- 8. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations that are not medically necessary. Non-hospital charges will remain the responsibility of the patient. In the event a question arises as to whether an admission is "elective" or "necessary," the patient's admitting physician shall be consulted. Questions as to necessity may be directed to the physician advisor appointed by the hospital.
- 9. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the

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day when the application was satisfactorily completed and submitted. The Financial Counselor will issue the final eligibility determination.

- Documentation of the final eligibility determination will be made on all (open-balance) patient accounts.
   A determination notice will be sent to the patient.
- 11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) will remain valid for a period of six (6) months for all necessary JHM affiliate services provided, based on the date of the determination letter. Patients who are currently receiving Financial Assistance from one JHM affiliate will not be required to reapply for Financial Assistance from another affiliate.
- All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS
  affiliate.

# **Exceptions**

The Vice President, Finance/CFO may make exceptions according to individual circumstances.

# FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

# TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES

#### Effective 2/16/11

# of Persons in Family	- 8	ncome Level*	l)	Upp	er Limits o	fInc	ome for All	owa	nce Range	9	- Lewis
1	\$	21,780	\$ 23,958	\$	26,136	\$	28,314	\$	30,492	\$	32,670
2	\$	29,420	\$ 32,362	\$	35,304	5	38,246	\$	41,188	\$	44,130
3	-689-	37,060	\$ 40,766	\$	44,472	\$	48,178	\$	51,884	\$	55,590
4	\$	44,700	\$ 49,170	\$	53,640	\$	58,110	\$	62,580	\$	67,050
5	5	52,340	\$ 57,574	\$	62,808	\$	68,042	\$	73,276	\$	78,510
6	\$	59,980	\$ 65,978	\$	71,976	S	77,974	\$	83,972	\$	89,970
7	\$	67,620	\$ 74,382	\$	81,144	\$	87,906	\$	94,668	\$	101,430
8*	\$	75,260	\$ 82,786	\$	90,312	\$	97,838	\$	105,364	69	112,890
tamt for each nember		\$7,640	\$8,404		\$9,168		\$9,932		\$10,696		\$11,460
Allowance to Give:		100%	80%		60%		40%		30%		20%

<sup>\*200%</sup> of Poverty Guidelines

**EXAMPLE:** 

Annual Family Income

\$50,000

# of Persons in Family

\$44,700

Applicable Poverty Income Level

\$44,700

Upper Limits of Income for Allowance Range

\$53,640 (60% range)

(\$50,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

<sup>\*\*</sup>For family units with more than eight (8) members



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# Appendix A-1

# Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Active Medical Assistance pharmacy coverage
- QMB coverage/ SLMB coverage
- Primary Adult Care Program (PAC) coverage\*
- Homelessness
- Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- Maryland Public Health System Emergency Petition patients
- active enrollees of the Chase Brexton Health Center (See Appendix C) (applicable for HCGH patients)
- active enrollees of the Healthy Howard Program (see Appendix D) (applicable for HCGH patient)
- Participation in Women, Infants and Children Programs (WIC)\*
- Supplemental Nutritional Assistance program (SNAP) or Food Stamp eligibility \*
- Households with children in the free or reduced lunch program\*
- Low-income household energy assistance program participation\*
- · Eligibility for other state or local assistance programs
- Patient is deceased with no known estate
- Health Department moms For non-emergent outpatient visits not covered by medical assistance
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- Patients returned by SRT as not meeting disability criteria but who meet the financial requirements for Medical Assistance

\*These life circumstances are set forth in COMAR 10.37.10.26 A-2. The patient needs to submit proof of enrollment in these programs within 30 days of treatment unless the patient requests an additional 30 days.

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# APPENDIX B MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES

#### Purpose

These guidelines are to provide a separate, supplemental determination of Financial Assistance. This determination will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom:

- 1.) Medical Debt incurred over a twelve (12) month period exceeds 25% of the Family Income creating Medical Financial Hardship; and
- 2.) who meet the income standards for this level of Assistance are met.

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, JHHS shall apply the reduction in charges that is most favorable to the patient.

Medical Financial Hardship is defined as Medical Debt for Medically Necessary treatment incurred by a family over a twelve (12) month period that exceeds 25% of that family's income.

Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary treatment billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles.

The patient/guarantor can request that such a determination be made by submitting a Medical Financial Hardship Assistance Application (Exhibit C), when submitting JHM/Financial Assistance Application, also known as the Maryland State Uniform Financial Assistance Application (Exhibit A), and the Patient Profile Questionnaire (Exhibit B). The patient guarantor must also submit financial documentation of family income for the twelve (12) calendar months preceding the application date and documentation evidencing Medical Debt of at least 25% of family income.

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 same hospital 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 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.

# General Conditions for Medical Financial Hardship Assistance Application:

- Patient's income is under 500% of the Federal Poverty Level.
- 2. Patient has exhausted all insurance coverage.
- Patient account balances for patients who chose to register as voluntary self pay shall not counted toward Medical Debt for Medical Financial Hardship Assistance.
- Patient/guarantor do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
- Patient is not eligible for any of the following:
  - Medical Assistance

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- Other forms of assistance available through JHM affiliates
- 6. Patient is not eligible for The JHM Financial Assistance Program or is eligible but the Medical Financial Hardship Program may be more favorable to the patient.
- 7. The affiliate has the right to request patient to file updated supporting documentation.
- The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.
- 9. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the Medical Financial Hardship Assistance program, the patient is still required to file a JHHS Medical Financial Hardship Assistance Application but not to submit duplicate supporting documentation.

# Factors for Consideration

The following factors will be considered in evaluating a Medical Financial Hardship Assistance Application:

- Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the JHHS treating facility where the application was made.
- Liquid Assets (leaving a residual of \$10,000)
- Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
- Supporting Documentation

## **Exceptions**

The Vice President, Finance/CFO or designee may make exceptions according to individual circumstances.

#### **Evaluation Method and Process**

- 1. The Financial Counselor will review the Medical Financial Hardship Assistance Application and collateral documentation submitted by the patient/responsible party.
- The Financial Counselor will then complete a Medical Financial Hardship Assistance Worksheet (found on the bottom of the application) to determine eligibility for special consideration under this program. The notification and approval process will use the same procedures described in the Financial Assistance Program section of this policy.

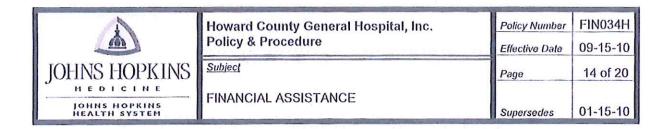
A	Howard County General Hospital, Inc.	Policy Number	FIN034H
	Policy & Procedure	Effective Date	09-15-10
JOHNS HOPKINS	Subject	Page	13 of 20
HEDICINE	FINANCIAL ASSISTANCE		•
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	01-15-10

# MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

# of Persons in Family	300	0% of FPL	40	0% of FPL	50	0% of FPL
1	\$	32,670	\$	43,560	\$	54,450
2 .	\$:	44,130	\$	58,840	\$	73,550
3	\$	55,590	\$	74,120	\$:	92,650
4	\$	67,050	\$	8,9,400	\$,	111,750
5	\$	78,510	\$	104,680	\$	130,850
6	\$	89,970	\$	119,960	\$	149,950
7	\$	101,430	\$	135,240	\$	169,050
8,	\$	112,890	55	150,520	\$	188,150
Allowance to Give:		50%		35%		20%

 $<sup>^*</sup>$ For family units with more than 8 members, add \$11,460 for each additional person at 300% of FPL, \$15,280 at 400% at FPL; and \$19,100 at 500% of FPL.



# APPENDIX C (HCGH only) FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS

#### Purpose

Chase Brexton Health Services, Inc. is a non-profit, community based organization that provides a wide range of medical, psychological and social services on a non-discriminatory basis in Baltimore City, Baltimore County, and Howard County. Chase Brexton offers services to everyone regardless of their ability to pay. Chase Brexton cares for those who are uninsured or under-insured, those with Medicare and Medicaid, and those with commercial insurance. Chase Brexton has Case Managers that work with patients to determine eligibility for care at a low minimum fee, and/or appropriate programs and entitlements available to people with limited resources.

This procedure is for Howard County General Hospital registration sites, verification and scheduling and for Patient Financial Services. It outlines the treatment of patients that have qualified for Chase Brexton Health Services. It is the policy of HCGH to accept patients previously screened by Chase Brexton for financial assistance. Patients will not have to apply for assistance but will need to notify HCGH of their participation in this program.

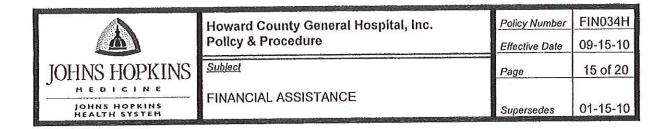
Inpatient/Outpatient cases

All Chase Brexton inpatients are screened by the Howard County General Hospital's Financial Counselor for possible medical assistance. Appointments are made with Howard County General Hospital's inhouse medical assistance Case Worker for the application process. If medical assistance is received, the claim is billed to Medical Assistance for payment. If the patient is not eligible for medical assistance, the insurance plan of FAR.PENDIN, FARB20, FARN40, FARN50, FARN70 FARN80, and FAR100 is assigned to the case and the claim will be automatically written off to the financial assistance/charity care allowance code when the final bill is released. The insurance code assignment is based on the level of charity care the patient has qualified for.

Insurance listed as:	Charity Care	Patient to pay:
FAR.PENDIN	Pending Verification	
FARB20	20% of charges	80% of charges
FARN40	40% of charges	60% of charges
FARN50	50% of charges	50% of charges
FARN70	70% of charges	30% of charges
FARN80	80% of charges	20% of charges
FAR100	100% of charges	.0% of charges

#### PROCEDURE

- 1. When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc.) to be pulled forward.
- 2. The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.
- The Sr. Financial Counselor will review all patients on the report daily to validate they are active with the Chase Brexton health center and what level of charity care they qualify for.
- 4. The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper



level of charity care and collecting the patient balance (if any).

- The Sr. Financial Counselor is responsible for entering a form and through date into Meditech that
  the patient is eligible to receive this level of charity care.
- The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

	Howard County General Hospital, Inc. Policy & Procedure	Policy Number  Effective Date	FIN034H 09-15-10
JOHNS HOPKINS	Subject	Page	16 of 20
JOHNS HOPKINS HEALTH SYSTEM	FINANCIAL ASSISTANCE	Supersedes	01-15-10

# APPENDIX D (HCGH only) FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS

#### Purpose

The Healthy Howard Access Plan is a new program effective January 1, 2009, designed to connect Howard County residents to affordable health care services and help the community overcome barriers to healthy living. The Plan is not insurance, but offers basic medical and preventative care to eligible residents who would otherwise not be able to afford or obtain health insurance.

This procedure is for Howard County General Hospital registration sites, verification and scheduling, and Patient Financial Services. It outlines the treatment of patients that are enrolled in the Healthy Howard Plan.

#### Inpatient/Outpatient cases

It is the policy of HCGH to accept Healthy Howard plan patients for referred scheduled services, and emergent/urgent services.

It is the responsibility of the patient to provide their Healthy Howard identification card or inform the registration/scheduling staff of Healthy Howard coverage at the time of service or scheduling.

It is the responsibility of the HCGH registration/authorization staff to verify that coverage is still active by checking eligibility via. MCNET (a web based system administered by JHHC).

For Healthy Howard patients utilizing the emergency department, \$100 co-pay is due. However, if admitted or placed into observation the co-pay is waived.

The patient should be registered using the insurance code HLTH.HOW.

The HLTH.HOW insurance code has been programmed to automatically write off the charges to the financial assistance code when the final bill is released.

#### Procedure

- When a patient presents for services at HCGH and either presents a Healthy Howard insurance card or notifies the registration staff that they are a member of Healthy Howard the registrar should verify eligibility using MCNET to validate the patient is an active enrollee.
   If active, the Admission Counselor will register the patient with the insurance code HLTH.HOW.
- If not active, notify the patient of ineligibility and ask if there is other insurance or means to pay. If not, provide the patient with the HCGH financial assistance application.
- The Sr. Financial Counselor prints a report on a daily basis of all patients registered with HLTH.HOW.
- The Sr. Financial Counselor will review all patients on the report to validate they are active with Healthy Howard.
- The Sr. Financial Counselor is responsible to monitor Healthy Howard in-house inpatient
  admissions to determine if at some point the patient may become eligible for MD Medical
  Assistance. If so, the Sr. Financial Counselor will meet with the patient to assist in the application
  process.
- The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be corrected as appropriate.

# Exhibit A ·

Howard County General Hospital 3910 Keswick Road, Suite S-5100 Baltimore, MD 21211



# Maryland State Uniform Financial Assistance Application

# Information About You

NameMiddle		Last			
Social Security Number US Citizen: Yes No		Marital Status: Permanent Resid		Married Yes No	
Home Address	<del></del>		Phone		
City State	Zip c	code	Country		
Employer Name			Phone		
Work Address					
City State	Zip ¢	ode			
Household members:					
Name	Age	Relationship	<u></u>	6	ģż
Name	Age	Relationship			¥
Nume	Age	Relationship	***		•,
Name	Age	Relationship			•
Name	Age	Relationship			•
Name	Agc	Relationship			•
Name	Agc	Relationship			
Name	Age	Relationship			•
Have you applied for Medical Assistance If yes, what was the date you applied? If yes, what was the determination?					
Do you receive any type of state or county	assistanc	e? Yes ì	No		

# Exhibit A

I. Family Income
List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

				Monday Fanodic
Employment				<u> </u>
Retirement/pension benefi	ts			
Social security benefits				
Public assistance benefits				
Disability benefits				
Unemployment benefits				
Veterans benefits				
Alimony				William and the control of the contr
Rental property income				
Strike benefits				
Military allotment				
Farm or self employment				
Other income source			Total	
			rotat	
TT Liquid Accets				Current Balance
II. Liquid Assets				
Checking account				
Savings account				21 10
Stocks, bonds, CD, or mor	ney market			
Other accounts			0.79	•
			Total	3
III. Other Assets				
If you own any of the follo	owing items, please lis	st the type and	approxima	ate value.
Home	Loan Balance		A	oproximate value
Automobile	Make	Year	A	pproximate value
Additional vehicle	Make	Year	Aj	oproximate value
Additional vehicle	Make	Year	A	oproximate value
Other property		300 5000, 356		pproximate value
			Total	
IV. Monthly Expe	enses			Amount
Rent or Mortgage				
Utilities				
Car payment(s)				11 - 15 T - 215 T-
Credit card(s)				
Car insurance				
Health insurance				19
Other medical expenses				
Other expenses			Total	- Automotive
			Lutai	
Do you have any other un	paid medical bills?	Yes	No	
For what service?				
If you have arranged a pay	yment plan, what is th	e monthly payr	nent?	
If you request that the hospit make a supplemental determ the hospital of any changes t	ination. By signing this	form, you certif	y that the i	al may request additional information in order t information provided is true and agree to notify hange.
Applicant signature			-	Date
Relationship to Petient				

# Exhibit B

# PATIENT FINANCIAL SERVICES PATIENT PROFILE QUESTIONNAIRE

HOSPI	TAL NAME:	
PATIEN	IT NAME:	
PATIEN (Include	NT ADDRESS:	
MEDIC	AL RECORD#:	
1.	What is the patient's age?	<u> </u>
2.	Is the patient a U.S. citizen or permanent resident?	Yes or No
3.	Is patient pregnant?	Yes or No
4.	Does patient have children under 21 years of age living at home?	Yes or No
5.	Is patient blind or is patient potentially disabled for 12 months or more from gainful employment?	Yes or No
6.	Is patient currently receiving SSI or SSDI benefits?	Yes or No
7.	Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the following amounts?	Yes or No
	Family Size:	
	Individual: \$2,500.00	
	Two people: \$3,000.00	
	For each additional family member, add \$100.00	
	(Example: For a family of four, if you have total liquid assets of I answer YES.)	ess than \$3,200.00, you would
8.	Is patient a resident of the State of Maryland? If not a Maryland resident, in what state does patient reside?	Yes or No
9.	Is patient homeless?	Yes or No
10	Does patient participate in WIC?	Yes or No
11.	Does patient receive Food Stamps?	Yes or No
12	Does patient currently have:  Medical Assistance Pharmacy Only  QMB coverage/ SLMB coverage  PAC coverage	Yes or No Yes or No Yes or No
13	Is patient employed? If no, date became unemployed. Eligible for COBRA health insurance coverage?	Yes or No

# Exhibit C

# MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME:
PATIENT NAME:
PATIENT ADDRESS:
MEDICAL RECORD #:
Date:
Family Income for twelve (12) calendar months preceding date of this application:
Medical Debt incurred at The Johns Hopkins Hospital (not including co-insurance, co-payments, or leductibles) for the twelve (12) calendar months preceding the date of this application:
Date of service Amount owed
All documentation submitted becomes part of this application.  All the information submitted in the application is true and accurate to the best of my knowledge,
nformation and belief.
Applicant's signature Date:
ppirotities significant and a
Relationship to Patient
For Internal Use: Reviewed By:Date:
Income: 25% of income=
Medical Debt:Percentage of Allowance:
Reduction:
Balance Due:
Monthly Payment Amount:months

# APPENDIX 3

# MISSION

Improving health with skill and compassion

# VISION

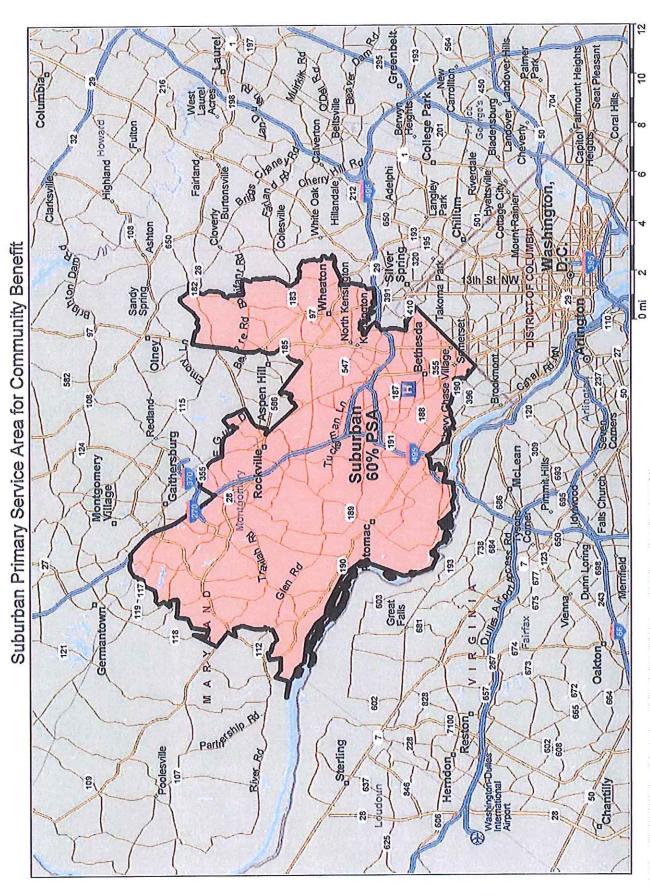
Suburban Hospital will deliver superior healthcare enhanced by technology, wellness education, research, and innovative partnerships with physicians, hospitals, the community, and The National Institutes of Health

# VALUE STATEMENT

- COMPASSION
- EXCELLENCE
- INTEGRITY
- TEAMWORK
- ACCOUNTABILITY

# APPENDIX 4

# PRIMARY SERVICE AREA DEMOGRAPHICS



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Cortain mapping and direction data © 2009 NAVTEQ. All rights reserved, The Data for areas of Canada includes information taken with permission from Canadan authorities, including: © Her Majesty the Queen in Right of Canada. © Queen's Printer for Characo. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2009 Tele Allas North America. Inc. All rights reserved. Tele Allas and Tele Allas North America are trademarks of Tele Allas, Inc. © 2009 by Applied Geographic Systems. All rights reserved.

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# Suburban Hospital Community Benefit 60% Primary Service Area FY 2010

"RANK"	ZIP	GeoZIPCityName	TOTAL SEASON	PCTZIP (1980)	PCTHOSP	CUMALATIVE PCT
1	20852	Rockville	1,559	47.46	11.39	11.39
2	20814	Bethesda	1,288	67.33	9.41	20.79
3	20817	Bethesda	1,216	64.34	8.88	29.68
4	20854	Potomac	1,214	47.68	8.87	38.54
5	20815	Chevy Chase	911	64.75	6.65	45.20
6	20850	Rockville	584	14.73	4.27	49.46
7	20895	Kensington	527	36.57	3.85	53.31
8	20906	Silver Spring	526	6.88	3.84	57.15
9	20902	Silver Spring	353	7.77	2.58	59.73
10	20878	Gaithersburg	289	7.08	2.11	61.84

# Page 22 of 24

# 2010 Demographic Snapshot - Suburban Primary Service Area Area: Suburban Community Benefit - 60% Zips to PSA

Level of Geography: ZIP Code

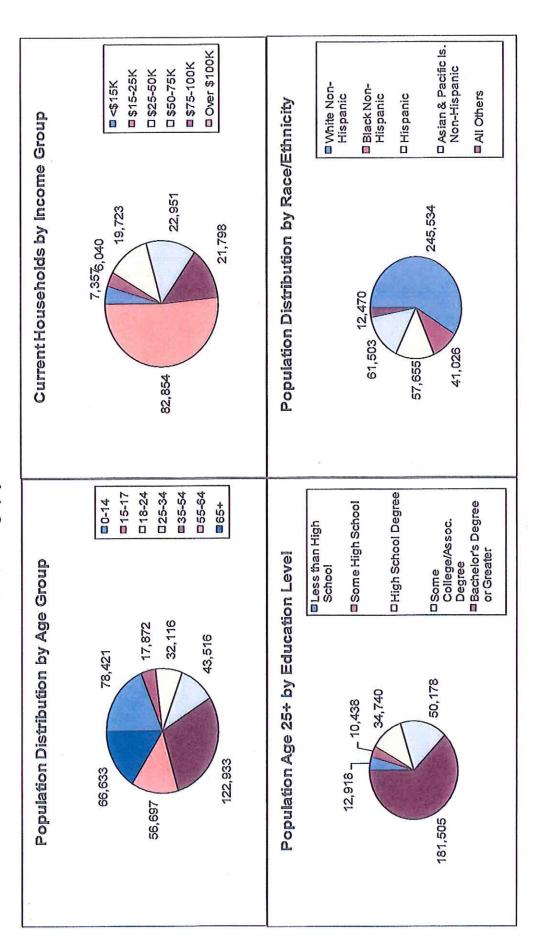
	3							
	Selected	8	USA			2010	2010 2015 % Change	6 Change
2000 Total Population	383,	383,236	281,421,906		Total Male Population	199,907	206,615	3.4%
2010 Total Population	418,	418,188	309,038,974		Total Female Population	218,281	225,197	3.2%
2015 Total Population	431,	431,812	321,675,005		Females, Child Bearing Age (15-44)	74,903	72,374	-3.4%
% Change 2010 - 2015	ю́	3.3%	4.1%		% Unemployment	4.3%		
Average Household Income	\$140,361	,361	571,071		% USA Unemployment	6.4%		
POPULATION DISTRIBUTION					HOUSEHOLD INCOME DISTRIBUTION			
	Age Distribution	bution				Incon	Income Distribution	
Age Group 2010 9	% of Total 2015		SU Sof Total %	USA 2010 % of Total	2010 Household Income	USA HH Count % of Total % of Total	of Total %	USA of Total
78,421		w	18.8%	20.1%	<\$15K	7,357	4.6%	12.1%
15-17 17,872	4.3% 17,	17,579	4.1%	4.2%	\$15-25K	6,040	3.8%	10.2%
18-24 32,116	7.7% 33,	33,548	7.8%	8.7%	\$25-50K	19,723	12.3%	25.5%
25-34 43,516	10.4% 46,	46,764	10.8%	13.3%	\$50-75K	22,951	14.3%	19.5%
35-54 122,933	29.4% 111,	111,849	25.9%	28.1%	\$75-100K	21,798	13.6%	12.5%
55-64 56,697	13.6% 64,	64,210	14.9%	11.5%	Over \$100K	82,854	51.6%	20.1%
65+ 65,633	15.9% 76.	76,536	17.7%	13.2%				
Total 418,188	100.0% 431,	431,812	100.0%	100.0%	Total	160,723	100.0%	100.0%
EDUCATION LEVEL					RACE/ETHNICITY			CONTRACT OF THE PARTY OF THE PA
	Edi	ucatio	Education Level Distribution	ion		Race/Ett	Race/Ethnicity Distribution	rtion / S
2010 Adult Education Level	Pop Age 25+ % of 1	25+	Total %	USA of Total	Race/Ethnicity	USA 2010 Pop % of Total % of Total	% of Total %	USA of Total
Less than High School	12,	12,918	4.5%	6.4%	White Non-Hispanic	245,534	58.7%	64.7%
Some High School	,01	10,438	3.6%	8.9%	Black Non-Hispanic	41,026	9.8%	12.1%
High School Degree	34,	34,740	12.0%	29.0%	Hispanic	57,655	13.8%	15.8%
Some College/Assoc. Degree	50,	50,178	17.3%	28.2%	Asian & Pacific Is. Non-Hispanic	61,503	14.7%	4.5%
Bachelor's Degree or Greater	181,	181,505	62.6%	27.5%	All Others	12,470	3.0%	2.9%
Total	289	289.779	100.0%	100 n%	Total	418.188	100 0%	100.0%

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2010 Demographic Snapshot Charts - Suburban Primary Service Area Area: Suburban Community Benefit - 60% Zips to PSA

Level of Geography: ZIP Code



# 2010 Insurance Coverage Estimates - Suburban Primary Service Area Area: Suburban Community Benefit - 60% Zips to PSA Ranked by County(Asc), ZIP Code(Asc)

				2010 Pop	ulation			unidar sinder
ZIP ZIP City	Total 2010 Population	Medicaid	Medicare	Medicare Dual Eligible	Private - Direct	rivate - ESI	Private - I Exchange	Uninsured
20814 Bethesda	27,136	2,345	3,514	368	1,817	16,994	0	2,097
20815 Chevy Chase	29,284	1,760	4,849	485	2,034	18,580	0	1,577
20817 Bethesda	34,707	2,015	5,026	502	2,495	22,857	0	1,811
20850 Rockville	43,151	3,998	4,755	508	2,926	27,381	0	3,583
20852 Rockville	39,131	4,584	5,275	557	2,365	22,276	0	4,073
20854 Potomac	53,477	1,708	5,963	607	4,320	39,329	0	1,550
20878 Gaithersburg	62,682	2,737	3,957	460	5,083	47,955	. 0	2,491
20895 Kensington	19,212	1,415	2,662	273	1,313	12,280	0	1,269
20902 Silver Spring	46,553	5,662	4,955	530	2,922	27,437	0	5,047
20906 Silver Spring	62,855	7,855	9,990	1,034	3,594	33,427	0	6,956
Total	418,188	34,078	50,946	5,323	28,870	268,515	0	30,45
Percent of Total	100.0%	8.1%	12.2%	1.3%	6.9%	64.2%	0.0%	7.3%

Insurance Coverage Estimates 1.0 ICE0001.SQP

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# APPENDIX 5

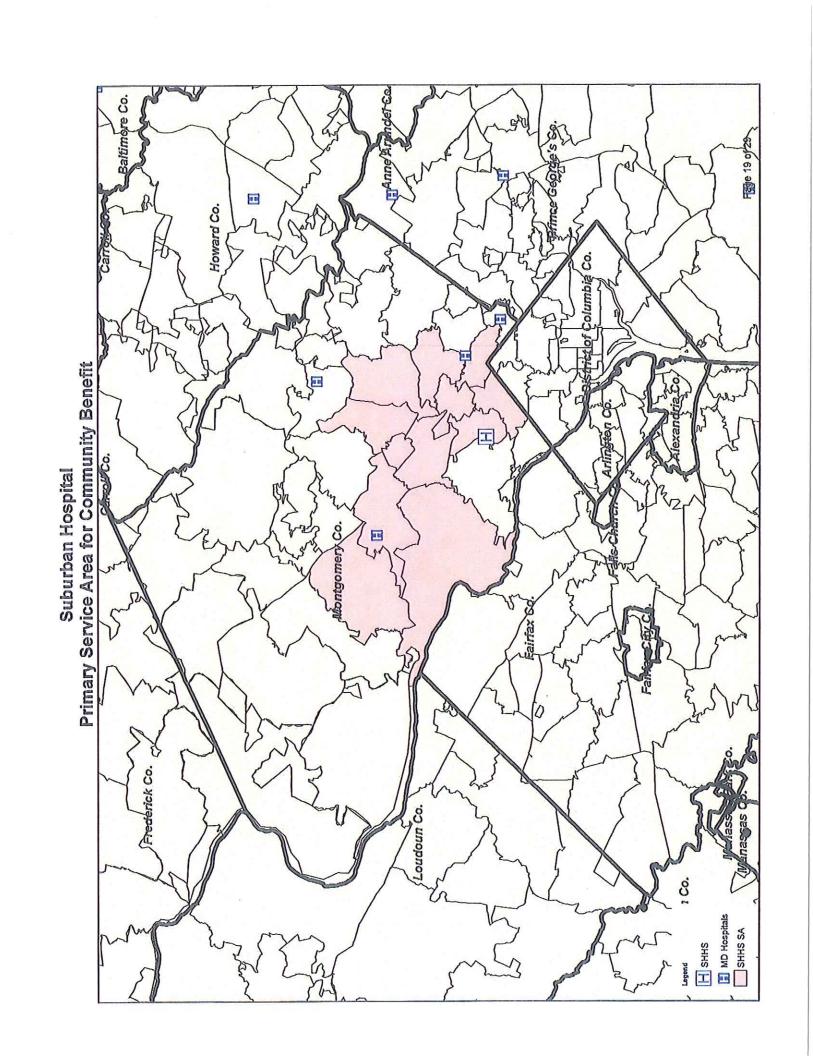
# COMMUNITY BENEFIT SERVICE AREA DEMOGRAPHICS

Suburban Hospital Community Benefit Primary Service Area FY 2010 Discharges

Source: HSCRC Inpatient File

**Includes Newborns** 

		SHHS	SHHS Market	All Hospitals	* * * * *
Zip	City	Discharges	Share	Discharges FY2010	SHHS Percent Zip
20852	Rockville	1,559	40.8%	3,822	11.4%
20814	Bethesda	1,288	51.2%	2,517	9.4%
20854	Potomac	1,214	36.5%	3,328	8.9%
20815	Chevy Chase	911	33.9%	2,687	6.7%
20850	Rockville	584	13.3%	4,382	4.3%
20895	Kensington	527	29.2%	1,807	3.8%
20906	Silver Spring	526	6.2%	8,473	3.8%
20902	Silver Spring	353	6.9%	5,120	2.6%
20878	Gaithersburg	289	6.3%	4,554	2.1%
20853	Rockville	275	9.4%	2,930	2.0%
20910	Silver Spring	232	6.0%	3,856	1.7%
20851	Rockville	221	15.2%	1,452	1.6%
TOTAL		7,979	17.8%	44,928	58.3%

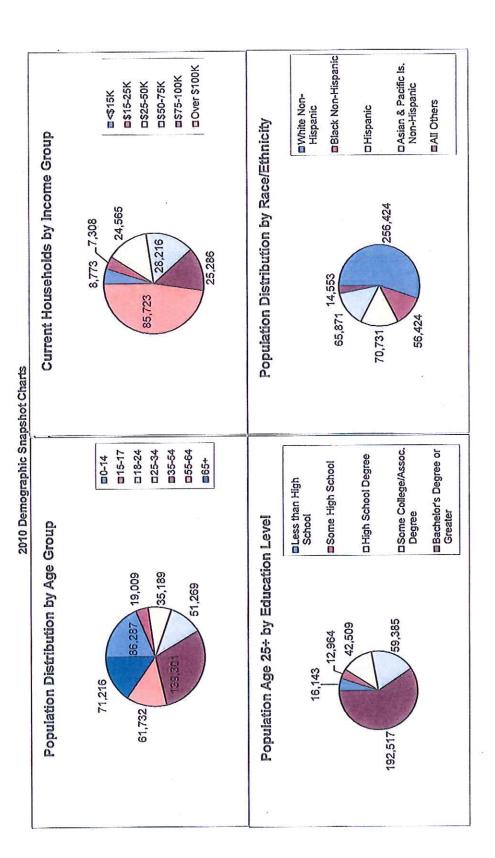


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Demographics Expert 2.7 2010 Demographic Snapshot Area: SHHS SA Community Benefit Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS							
	Selected Area	USA			2010	2015 %	% Change
2000 Total Population	424.737	281,421,906		Total Male Population	222,313	229,999	3.5%
2010 Total Population	464,003			Total Female Population	241,690	249,616	3.3%
2015 Total Population	479,615			Females, Child Bearing Age (15-44)	85,445	82,164	-3.8%
% Change 2010 - 2015	3,4%						
Average Household Income	\$129,960	\$71,071					
POPULATION DISTRIBUTION				HOUSEHOLD INCOME DISTRIBUTION	The second secon		
SOCIETA SOCIET	Age Distribution	SECURIOR PROPERTY OF THE PROPE	TOWNSON CONTROL		Incor	Income Distribution	
Age Group 2010	% of Total 2015	Total	USA 2010 % of Total	2010 Household Income	HH Count %	USA WE Count % of Total	USA of Total
	9	18.6%	20.1%	4515K	8,773	4.9%	12.1%
			4.2%	\$15-25K	7,308	4.1%	10.2%
		7.7%	9.7%	\$25-50K	24,565	13.7%	25.5%
		•	13.3%	\$50-75K	28,216	15.7%	19.5%
•			28.1%	\$75-100K	25,286	14.1%	12.5%
			11.5%	Over \$100K	85,723	47.7%	20.1%
65+	15.3% 82.349		13.2%				
Total 464,003	100.0% 479,615	100.0%	100.0%	Total	179,871	100.0%	100.0%
EDITATION I BASE	William Control of the Control of th			RACE/ETHNICITY			
ברי	SUPPLIES OF THE PROPERTY OF TH	Education Level Distribut	bufion		Race/Eth	Race/Ethnicity Distribution	-
2010 A dulk Education Lessel	Pop Are 25±	% of Total	USA % of Total	Race/Ethnicity	2010 Pop	USA % of Total % of Total	USA of Total
Less than High School	16.143	5.0%	6.4%	ic	4	55.3%	64.7%
Some High School	12,964		8.9%	Black Non-Hispanic	56,424	12.2%	12.1%
High School Degree	42,509	3 13.1%	29.0%	Hispanic	70,731	15.2%	15.8%
Some College/Assoc, Degree	59,385	5 18.4%	28.2%	Asian & Pacific Is. Non-Hispanic	65,871	14.2%	4.5%
Bachelor's Degree or Greater	192,517	7 59.5%	27.5%	All Others	14,553	3.1%	2.9%
Total	323,518		100.0%	Total	464,003	100.0%	100.0%

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2010 Insurance Coverage Estimates Area: SHHS SA Community Benefit Ranked by County(Asc), ZIP Code(Asc)

				Medicare			
		Medicaid	Medicare	Eligible	Private -	Private - ESI	Uninsured
	Total 2010	2010	2010	2010	Direct 2010	2010	2010
ZIP Code ZIP City	Population	Population	Population	Population	Population	Population	Population
20814 Bethesda	27,136	2,345	3,514	368	1,817	16,994	2.097
20815 Chevy Chase	29,284	1,760	4,849	485	2,034	18,580	1,577
20850 Rockville	43,151	3,998	4,755	508	2,926	27,381	3,583
20851 Rockville	14,655	1,432	1,302	142	1,006	9,488	1,284
20852 Rockville	39,131	4,584	5,275	557	2,365	.,	4.073
20853 Rockville	28,002	1,843	3,680	376	2,013		1,656
20854 Potomac	53,477	1,708	5,963	209	4,320	0.70.70	
20878 Gaithersburg	62,682	2,737	3,957	460	5,083		2,491
20895 Kensington	19,212	1,415	2,662	273	1,313		
20902 Silver Spring	46,553	5,662	4,955	530	2,922	27,437	
20906 Silver Spring	62,855	7,855	066'6	1,034	3,594	33,427	6.956
20910 Silver Spring	37,865	4,673	3,527	399	2,410	22,686	4,170
Total	464,003	40.013	54.429	5.739	31.803	296.265	35.755

Insurance Coverage Estimates 1.0 ICE0001.SQP © 2010, Claritas Inc., © 2011 Thomson Reuters. All Rights Reserved

# APPENDIX 6

# COMMUNITY BENEFIT SERVICE AREA DEMOGRAPHICS

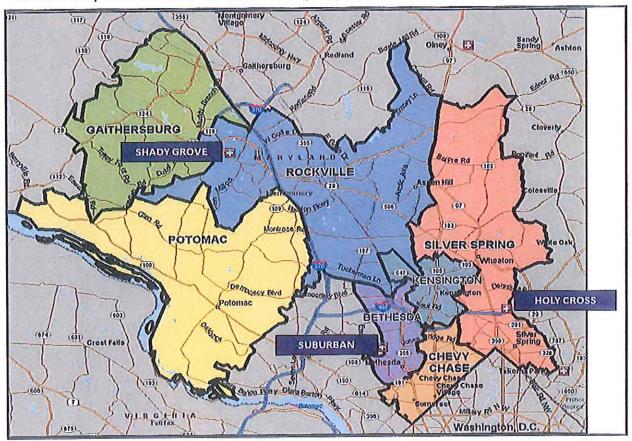
# FY 2011 Suburban Hospital Community Benefit Service Area Definition

Zip Code	City
20906	SILVER SPRING
20902	SILVER SPRING
20878	GAITHERSBURG
20852	ROCKVILLE
20910	SILVER SPRING
20854	POTOMAC
20850	ROCKVILLE
20853	ROCKVILLE
20895	KENSINGTON
20851	ROCKVILLE
20814	BETHESDA
20815	CHEVY CHASE

# Criteria used to define the Suburban Hospital Community Benefit Service Area (SH CBSA):

The SH CBSA is defined as the geographic region that includes zip codes that are common to the following:

- a) The top 20 zip codes from which Suburban Hospital ED visits originate\*
- b) The Top 20 zip codes from which Suburban Hospital FY11 inpatients originate\*
- c) The top 25 zip codes for Suburban Hospital Charity Care cases\*
- d) The Top 10 zip codes for Suburban Hospital Community Benefit Actitivites\*\*
- \*As defined by indicated residence of the recipient
- \*\* As defined by the total number of Suburban Hospital programs in the indicated zip code



# EXHIBIT 1

SUBURBAN HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

FISCAL YEAR 2010 - July 1, 2010 - June 30, 2011

Contributions																									9	•				•								(1)
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Number of Events	ARTNERSH			•	•	••	٠	•	•- •		-	-		.,	٠,			٣		-	٠-	•		•	- }	ß	-,	23	-	24		ដូដ	ដ	5	ti ti	121	ដដ	101
Event	COMMUNITY OUTREACH HEALTH PARTNERSHIPS		Organization Meeting	Medical Venturing Meeting Open House	Dr. Westerband Tour of ER/Trauma Bay & Melipad	Back to Belhesda	Plastic & Reconstructive Surgery	Check it Out Packet Assembly	Heart Walk Staff Table	Sutaring	Camp Ashbuton	Cardiothoracic Surgery	Adopt-A-Family	Pre-Med Opportunities in College	Adadon ingomen.	Transferred DET & Add FDD Chees	Heartraver AFD & Adult OPR Class	Heartsaver AED & Adult CPR Class	Community Health and Wellness	Rehabilitation (Physical, Speech, & Occupational Therapies)	Tour of BCC Rescue Squad	NIH Visit to Clinical Center	Open Heart Surgery Observation	Vall to Science Museum	End of the Year Program Wrap Up	Sublectal	Scotland Community Day	Full Shorts at Sociation Scotland Exercise Class	Scotland Happy Heart Hang Out	Subtotal		Potomac Community Center	Clara Barton Community Center	Lakeview House Serior Living	Coffield Community Center The Oaks at Olde Towne	Fox Hill Condominiums	Bethesda Replonal Service Center Senior Movie at Westfield Montgomery	Subtotal
Date		Crew 1934																									3/14/2010	7/2010 to 12/2010	2/9/2011		spings							
u		Medical Venturing Grew 1934																									Scotland Health Partnership 3/14/2010	77.			Monthly BP Screenings							

			23					
Contributions		<b>(•</b> )	ı	•	9-	a	•	
Volunteer Non- Clínical	-4	0 0	,	,	00 000000000	, , ,	3 2	11 kg = + 0 0 0
Volunteer Vo Clinical	1117	848 # 315	,		<u> </u>	4	8, 8	00000+0
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Number of Events	504 4 4 52 25 72 75	£ \$2 \$2 \$2	104	. 8 21	24 4444444444	4 5 20- 0	St. S	90
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Event		Subtotal	Subdotal	Subtotal		Subtotal	Subtotal	
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Date	alking		1 Cilnic	Monthly	Various As reeded Weekly	Stroke Ambassador Program	MM/NIH ENDO CLINIC @Suburban Hospital Clinic Meeting	American Rod Cross Blood Drive 9/21/2010 1/27/2011 4/20/2011 6/15/2011
#	Weekly Mail Walking	Senior Shape	Proyecto Salud Cilnic		ED-PC Project	Stroke Amber	MANNIH END	American Re

Ħ	Date	Event		Events	Encounters	Encounters	Minority	Clinical	Clinical	Contributions
		Subtotal		12	183	1,547	483	•	40	٠
			Section Sub-total	1,729	3,543	062,590	26,054	25	70	
		COMMUNITY HE	COMMUNITY HEALTH & WELLNESS EVENTS	S EVENT	S					
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July			Committee of the contract of the contract of	· Comment	\$	8				
	77472010	The Pain Connection Health Seminar at Friendship Heights Village Center		•	1:	4 =	4 6	•		
	0102/51/	Eating Well As You Age Gracetary at Rockville Center Center		. *	: \$		, °	•		
	7715/2010	A Woman's Guide to Healthy Eating		• •	3 8			•		
	0107/01/1	Paris Press Were made for wanter of neural semant at house year, Jensey Control of the		•	112		20	•		
í	7002010	Community Health and Welness fair sponsored by DB Consulting		•	8	8				
Aumust			Andready Charles Company of the Company				The second secon			
	8/11/2010	Pelvic Floor Treatments for Women at Friendship Heights Village Center		-	=	=	•	-		
	5/19/2010	Managing Your Medications at Rockville Senior Center		-	=			-		
	8/19/2010	Tipping the Scale to a Healthy Heart at Moliday Park Senior Center	And the designed with a gain to the responsibility of the first		SS	a president to as its	9	-		
September				The state of the s	S. Alban S. Santal	A	Carlotte Annual Carlotte	Section and Section		
The same of the sa	9/8/2010	Staying Firm on Your Feet Health Seminar at Friendship Meights Village Center		-	15			•		
	9/21/2010	Eating Well as You Age Gracefully Health Seminar at Holiday Park Senior Center		•	S			. 10		
	9/16/2010	Osteoarthills and Knee Replacement at Rockville Senior Center			ផ			-		
	9/16/2010	American University Wellness Fair		-	8	9		0	•	0
	9/22/2010	Staving in Circulation: Vascular Education Seminar at Suburban		٠	8			•		
	9/13/2010	Fall Prevention and Balance at Galthersburg Ucpounty Senior Center	And determined the community of the development was	-	7	to be seen to see	10	•		
October		The second control of	The state of the s	The same of the same of	Same Same	Sharmon and	-	One of the last of		
	10/2/2010	Back to Bethesda			200	200	8	11	*	
	10/13/2010	Your Arch Enemy Health Seminar at Friendship Heights Village Center		•	52		•	• 1		
	10/13/2010	Tummy Troubles Health Seminar at Hollday Park Senior Center		,-	is :			•		
	10/16/2010	Alpha Kappa Alpha Fratemity		•	45		4	- '	0	
	10/20/2010	Vascular Screening at Suburban		-	R			00		0
	10/21/2010	YMCA Parenting Seminar: Surviving until Graduation		••	ន					
	10212010	Tone Your Bones: Prevent Osteoporosis at Rockville Senior Center		•	19			- 1		
	10/21/2010	Key to the Cure		•	150		R	۵		
	10/25/2010	Armual Mobile Med Meeting		•	120					
	10252010	Golf Tournament		-	25					
	10/26/2010	Get Your Back on Track Health Seminar at Holiday Park Senior Center	The state of the s	-	55	and the same of th	The same of the sa			
November			And in case of the latest designation of the			-	Second Second			
	11/1/2010 & 11/2/2010			14	ខ្ល		8			
	117710	Langley Park health fair		-	8			0		
	11/9/2010	Stress: Calming it Down, Shaking it Loose Seminar at Hollday Park Senior Center		-	65					
	11/10/2010	Vascular Screening at Suburban		•	20			7		
	11/10/2010	Being Your Own Health Advocate with Dr. John Burton		•	52		0	,		
	11/10/2010	Sawy Eating for the Holidays at Friendship Heights Village Center		-	,			- 1		
	11/18/2010	Diabetes Management at Rockville Senior Center		۰.	2 4	<b>+</b> :	,	•		
	11/28/2010	Cholesterol: What is it? What do the numbers mean at Gaithersburg Upcounty Senior Center		-	9			(A)		

#	Date	Event	(f. Number of Events	f # of Encounters	Total Number of Encounters	Minority	Volunteer	Volunteer Non- Clinical	Contributions
December				SAME SECTION OF STREET			Walley Chan	L'Adda A Sanabah	
	12/8/2010	Take as Directed Ask the Pharmacist sominar at Friendablo Heights Village Center			2	P	-		
	12/9/2010	Diving out of Depression health seminar at Holiday Park Sarior Center	The second of th	The same of the sa	8	2			
January				William Allenda				**************************************	
0	1/12/2011	Dashing Away Knee Pain Health Seminar at Friendship Heights Village Conter			15 15	D	•		
172	1/24/2011 -2/4/2011			6	523	•			
Table 1									
The state of the s	2/8/2011		•	4	64	12	۳		
	2/0/2011	Diabetes Management Seminar at Friendship Heights Village Centor		•		8	۳		
	2/12/2011	Vas de la Salud - LHI Promotoras		-	20	8	0	0	
	2/17/2011	ealth Syr	•	4	97	so.	e		
March	March						CONTROL OF THE PARTY OF THE PAR	Commercial in	14
	3/8/2011	Exercise Heart Disease Away Health Sem				10	-		
	3/9/2011	Steep your Heart Out! Health seminar at Friendship Heights Village Center		-	23	E.	,-		
	3/9/2011	Keep Health in Mind when You Dine Seminar with Samantha Helier at Suburban			4	90			
	3/10/2011	Get Your Back On Track at Rockville Senior Center			6	2	-		
	3/22/2011	Covering the Uninsured 2011 at Suburban		•	14 14	20		n	
	3/24/2011	Covering the Uninsured 2011 at Suburban		-	7	6		n	
	3/24/2011			-	5 5	ဗ	-		
April Appropriate Control of the Con	经钱票 医静脉							Market and a second	:
	4/4/2011	Nutrition for Older Adults at Gelthersburg Upocumy Senior Center		_	15 15	5	-		
	4/5/2011	The ABC's of Blood Pressure Health Seminar at Friendship Heights Village Center		-			•		
	4/7/2011	YAMCA Perenting Seminar: Movie Screening of Race to Nowhere		-		8	0		
	4/13/2011	Northwood High School Wellness Conter		-		_	0	0	
	4/14/2011	Skh Cancer Health Seminar at Hollday Park Senior Center				2	-		
	4/14/2011	Modeal Staff Annual Meeling		<b>.</b>		9	P		0
	4/28/2011	The ABCs of Blood Pressure at Rockville Senior Center		-	12	63	•		
	4/28/2011	Bring your Child To Work day at Suburban Hospital		-		83			

ad	Date	Event	Number of Events E	# of Encounters	Total Number of Encounters	Minority	Voluntaer	Volunteer Non- Clinical	Contributions	
Will Samuel			ASSERVATION OF		THE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM		HINGSHEET STATES			
52.201	52/2011 & 5/3/2011	of the order of the control of the c	2	50	100	8	0			
1,0	5/14/2011	Lickenes to Learning Health Fair at Striver Elementary School	•	22	X	23	٥	0		
5	5/17/2011	Medicine for the Public Confronting Obesity	•	4	44	15				
75	5/21/2011	Unkages to Lenming Health Fair at Summit Hall Elementary School		8	8	8	-	0		
S	5/19/2011	Mobile Med Charity Fundralest	•	75	75	\$	0	0		
SE	5/21/2011	Vias de la Salud -L'Hi Promotoras	-	8	8	S	0	0		
57.5	5/21/2011	Aloha Kapos Aloha Fratemity	-	4	4	40	-	0		
2/5	5/24/2011	Medicine for the Public-Challenging Depression	-	19	101	8				
SE	5/25/2011	Rockville Senior Center Bone Density Screening for seniors	•-	35	88	ፍ	٥			
35	5/26/2011	Achou Relieve Your Sorbothne Alleroles at Rockville Senior Center	•	c		2	•			
Will Charles and Charles	State of the state							The state of the s		
6	6/1/2011	телетелеттелеттелеттелеттелеттелеттеле	**************************************	300	And the second second	701	one and a second			
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i d	S POCKET	Destroyer another interest to the second	•	3 2		3		•		
,		Managerial Valor Control and the Control of the Con	•	<u>:</u> ;		•				
ď	6/3/2011	8th Annual Maximizing Men's Health Symposium	•	R		9	•			
25	6/21/2011	A Prescription to Health seminar at Holiday Park Senior Center	-	45		2	•			
3	6/22/2011	St. Luke's Interviews	-	40		,				
39	6/30/2011	How to Avoid a Broken Heart at Rockville Senior Center	-	27	17	83	•			
		Subtostal	98	4,203	4,768	1,476	99	*		
numity Outread	nmity Outreach Walks/Fun-Runs	turs								
=	11/6/2010	Heart Walk Heart Walk Plannloo-June - Nov.	⊷ un	5000	5000	2000	20	16		
		A. Beculiment	9	182		654				
		B. AHA-Communication	7	10		ន				
		C. Hosp. Team Leader Interaction	Ħ	23		160		*:		
		D. T-Shirt Design Contest/Distribution	19	8		190				
11,	11/25/2010	28th Annual Turkey Chase	•	9100	9100	0.				
Ø	6/4/2011	Zznd Annual Susan G. Komen Global Race for the Cure	-	33,000	35,000	17500				
							i	•		
		Subtotal	B	49,137	52,559	23,320	20	<b>16</b>		
ort Groups										
< O	Monthly Quarterly	Montgomery County Stroke Association Support Group Montgomery County Stroka Association Board Meeting	ti 4	5 K	12d 50	<b>3</b> 5				
		Subtotal	*	35	170	55				

4.

# Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer	Volunteer Non- Cilnical	Contributions
WellWorks Worksite Programs								
7/14/2010	Vision Screenings at MASDAQ	-	8		0			
8/11/2010	Pulmonary Lung Function teating at NASDAQ	-	8		5			
9/8/2010	Cholesterol screening for Nith employees	-	5		2			•
9/8/2010	Sons Density for NIH employees	-	*		2			
9/8/2010	Blood Pressure screening for NIH employees	•	5		2			
9/22/2010	Nuclear Regulatory Commission Wellness Fair	•	200		75			
972/2010	One on one nutrition session for NASDAQ employees	•	6		D			
10/7/2010	IDB Health and Welhess Fair	•	55		Ş			
10/12/2010	Health and Wellness Fair at Sodexo	-	175	175	8			
1074/2010	Hoalth and Wellness Fair at Fitness Wiso	-	4		40			
10/19/2010	Health and Welness Fair at National Geospatial Agency	-	200		8			
10/26/2010	Blood Pressure screening for ASPH employees	-	72		^		1.4	
10/27/2010	Health and Wellness Fair for Marriott Employees	-	4		5			
11/4/2010	Health and Weliness fair for Hebrow Home Employees	-	5		9			
11/10/2010	Houlth and Welthese Fair at NASDAO	-	S		13			
12/1/2010	Cholosteral, Body Composition & Blood Pressure Screening at the American Society of Landscape Architects (ASLA)	•	K		5			
1772011	Bone Denaity and Blood Pressure Screenings for Kerwood Country Club Members	-	15		0			
1/19/2011	Nutrition in-service for the employees at ASLA	-	2		0			
22212011	Nutrition in-service for the employees at Leon Should and Company. PC	•	8		0			
3702011	Cholestarol Screening for Holton Arme employees	-	27					
3/16/2011	Stress Management In-service for ASLA	•	6		0			
4M2/2011	City of Rockville Wellness Fair - Blood Pressure screening	•	90		10			
4/28/2011	Nutrition in service at Eden Assists Living employees	•	20		10			
1100011	One on one mutition session for NASDAO employees	•			a			
5/4/2011	19: Served Senden Malleman fair	•	ı Ç		7			
			3 8		3 4			
LINZIER		-	8		8			
1102/21/2		-	2		5			
5/16/2011	Bone Density Screening for NiH amployees	-	8	es es	r			
6/14/2011 & 6/15/2011	Cholesterol Screening for the employees at Sports Honda and Sports Chevrolet	2	52	2	52			
11021/2011	Bone Density and Blood Pressure Screenings at NASDAQ Health and Wellness fair	-	12		50			
6/28/2011	Bone Dansity Screenings at Suburban Hospital Health and Wellness Fair for Employees	٠-	250	230	57			
	Subtotal	32	1,601	1,653	635	ě		
WellWorks Classes							0	
1								
	CDD for Edwards & Barmille	٠		ţ			•	
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	Community CPR	4	2	R	•			
	Superior Country	127	- 1	127			3	
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	Healthy Weigh	<u>د</u>	7	128		i	0	
	Learning to quid You can do it! Smoking Cessation Program	7	es.	ĸ	٠	٠	0	
	Cholesterol Screening	4	4	15	*		0	
	Ostooporasis Samening	4	4	18	•	٠		
	Touch of Mesuage Relaxation class	n	G	22	•	•	0	
	Leam to Understand your anger	r	4	12			0	
	Learn to Manage Your Anger	•	60	6	SS:•			
	Tei Chi for seniors	24	6	216	•			
	Oldona	5	140	2				
	Sumba Gold	1 40		108				
	Balanting Act	24	, Ç	67				
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	Canalia Variation		- 1	7 6	•			
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Date	ย	Event	9 <sub>1</sub>	Number of Events	# of To	Total Number of Encounters		Volunteer	Volunteer Non- Clinical	Contributions
		Subtotal		ħ	151	1,389	e de la constante de la consta			
	North Betheada Pule Middle School			4 (	\$ 5	8	nţ		0	
	Little Flower Middle School Westland Middle School Suburban Hospital			u ti	តី ⇔ង់ស៊	\$ 24 25	5 25 5	•	٥٥	
	ac.	Subtotal	•	*	8	36	83			
			Section Sub-total	220	55,396	60,903	25,534	98	9	
		SCHOOL P	SCHOOL PARTNERSHIPS							
Ashburton Elementary School Partnership Ashbur Ashbur Pillow I	on Elementary Chorus - Stepping Out Breakfast ton Adopt A Family Jelivery to Pediatric and Emergency Departments				8 2 5	8 2 5	រួះ អ៊ី 4	°n,	on	
Bells Mills Elementary School Partnership Scotlan	d Adopt A Family Holiday Program	of the control of the			3 =	3 E	# #	a t	v 2	
Brookhaven Elementary School Partnership		Subtotal		•	4	#	4	\$5	20	
	Adopt families for the holidays			•	e	ន	ន	ĸ	8	
		Subtotal		٠	90	30	8	×	30	
Seinesda Elementary School	Adopt A Family for the holidays			-	n	n	es	5	*	
	ns	Subtotal		٠	ħ	•	•	10	40	
Rosemary Hills Elementary School	School Adopt A Family for the holidays				5	92	5	5	ឧ	
a	ng.	Subtotal		•	92	5	92	10	20	
Check it Out Breast Cancer A 17222000 272201	Warriness Programs Montgomery Courny Public Schools Northwest High School Guine or chizeld High School Montgomery Blain High School Stone Ridge School of the Sacred Heart Hebrew Academy Pooleaville High Or Lado of Good Cemzel Montrees Christian School Verbine of Greeter Warbington Betheada-Chey Chaze High School Academy of the Holy Crees. Woodnen High School Academy of the Holy Crees. Woodnen High School John F. Kennedy High School John F. Kennedy High School GOO Planning Meeting CO Planning Meeting		entra de la companya		25	### ### ##############################	200 200 300 300 300 300 300 300 300 300	***********		
	គល -	Subtotal		ŧ	1,901	3,307	2,065	ħ	0	
			Section Subtotal	×	4,022	4,022	2,185	103	8	

Contributions																																																												
Volunteer Non- Cor		v		*	•	•	0	•				- 3	•	•	•				•		•			0		•	0		;	2		ā					ě	;	t;	10 to		-	•	,	۰ ۵		•	0	0	6	0	0	0		•	<b>.</b>	•	•	•	
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LLOZZILVE	Blood Presurre Screening at Langley Park Health Day 2011	-	25	3	130	•	9		
5/5/2011	Blood Pressure and BM/Body Fat Screening at CDC/FEMA-MDNPSC/FMS Amust Health & Wellness Expo	-	8	ន	4	0	0		
5/17/2011	PG County Parks and Rec Employee Health Fair, Blood Pressure and BM/Body Fat	-	S	8	S	0	٥		
575/2011	Total Cholesterol Screening at PG County Senior Health and Fitness Day	•	1	4	1				
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		•	•	\$	5	•			
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Monthly	Owendolyn Britt Schioty Center Health Seminal Schos	12	=	139	110	n	0		
Monthly	Sultand Dine & Learn Program (see below for list)					٥	0		
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DIAZICZIO	Ageless Living: the Secret of the Mediterrandah Diet		4	4	2	•	•		
922220	Whole-y Grainsi	-	12	12	-	0	0		
10/27/2010	Good Foods for Good Moves	•	20	20	20	0	•		
4414777740	Contract Contract Contract	•	1	\$	4	•			
01/2/11/11	cheer healthy contrast Executive	-	-		2	•	•		
1/26/2011	Cancelled due to snowstorm	٥	0	0	0	0	0		
2/23/2011	Myery Treathest Counts: Heart Healthy Cooking	_	25	12	25	0	٥		
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4/27/2011	Cultivate Your Spring Plate	-	20	90	2	0	0		
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Monthly	Langley Park Senior Activity Senior Health Seminar Senes (see below for topics)								
9/8/2010	Heart Health Cooking Demo at Lander Park Senior Activity Center	•	35	33	23				
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1/5/2011	New Year, New Beginning: Chack Your Cholesterol for 2011	••	24	25	ន				
2/4/2011	Heart Health Gloons	-	29	20	13				
3/16/2011	Strees Management		14	14	0				
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Magazini	Reminest calls to sussess other and Learn participants	=	044	440	24				
773/2010	Conference Call with Debbie Nortis from the Mindfulness Center re; new SoMD instructors	•	7	7	21	٥	0		
3716/2010	Conference Call with Variaville Comm. Center Staff and Instructor on Future of Class	•	4	4	64	0	0		
973/2010	Conference Call with Tienna Feaster to Plan Gwendolyn Britt Cookin Demo	•	•	•	•	•			
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11/12/2010	A Socio-Ecological Acordach to Eliminating Radial and Ethnic Social Conditions of Health Workshop at PG's Hombial Center	**	80	90	45	6	٥		
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0107/17/71	interview for calludgua, ovasnington Hispanic newspaper	-	7	7	7	•	0		
1/12/2011	Conference Call with Southern Management Corporation	-	~	7	0	0	0		
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100001	Conference and 18th Children from DO Conference Control	ं		•	•				
SINIE	Contractive call with Sylvia Cunton from PC neglin Action Fortin	-	-	-		•	3		
3/12/2011	Meeting: Natalie Webb Joins the Dine and Learn Toam as chef	-	-	•	-	0	0		
4/18/2011	Conference Planning Calls with Carle History for 4th Women's TEA Conference	•			•	c	C		
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	9/29/2010	Lewisdate Elementary School Health Fair	*	20		£	c	c	
	10/9/2010	Hoalth Fair with Mexican Embasey- Semana Binacional de Salud		6	88				
	10/31/2010	Harvest Community Day at Hunter Memorial AME Church, Suttland, MD	•	100		3 5			
	11/7/2010	Health Check 2010 at Langley Park Community Center		25		9 2			
	4/16/2011	4th Annual Delta Sigma Theta Health Fair	-	250		3 6		•	
	5/1/2011	Langley Park Health Day 2011	•	150		2 5		•	
	5/17/2011	PG Courty Parks and Restantion Employee Houth Enix	•	9 6		3 1		3 (	
	5/25/2011	PG Courty Societ Health and Filment Day	- •	2 4	•	8	0 (	<b>D</b> (	
	5/25/2011	Cooking Demo at City of District Heights Health Fair	•	2 2 3 1	115	115	0	0	
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	Twice a Week	Mt. Olive United Methodist Church Exercise Promum "Walking the Dounds"	Ç	ç	4		•	•	
	6/23/2011	Weight Scales distributed to 5 Health Ministry Town churches	•	2 4	ř	7	•	>	
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er.	Monthly	Blood Pressure at Our Lady Star of the Sea Catholic Church, Selomons, MD	45	2		450	9		
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	0102/2/01	Total Cholesteral Screening at Calvert Memorial Hospital Health and Wellness Expo/5k Bresst Cancer Run	-	24		m	0	0	
	4/17/2011	Total Cholesterol Screening at Crossroad Christian Church	•-	1	=	\$	0	0	
Health Fairs								•	
	7/18/2010	Minl-Health Fair at Crassroad Christian Church	•	37		tc.			
	10/2/2010	Caivert Memorial Hospital Health and Wellness Expol5k Breast Cancer Run	•	8	: 2	, 5	•		
	5/15/2011	Crossroad Christian Church Mini-Health Fair with derma-scan, bone density, massage		1 6		, t		•	
Meetings/Conference Calls	ance Calls			•		2		•	
17	Monthly	Calvert Momorial Hospital Hospit Ministry Team Meetings		15	465	F	•	•	
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		Funding the Meart Falture Program with purchase of home scales for patients	₹.	9	8	8	•	٥	
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Date	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer	Volunteer Non- Clinical	Contributions	
Support to Estate Planning							\$110,70	
Support to Stroke Ambassador Training Program							\$62.50	
Cookbooks to Proyecto Salud							\$156.00	
Support to Foundation							561.25	
Support to Meanweif Plu Clinics							\$62.00	
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Support to Marketing Support to Marketing							200.30	
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John Control Service States and Control Contro							507.20	
Support to Gwendolyn Britt Series Center Health Holiday Party							225.22	
Support to Suburban Hospital Ausflary							\$170.56	
Support to Boy Scott Treep							\$44.70	
Support to Medical Staff Office							\$24.20	
Succort to ICAP Health Fair							\$147.00	
Support to SOSC- presentation to 1st made class							240.60	
Support for Linkanes to Learning							\$117.60	
Support to Take Your Child to Work Day							\$176.70	
Support for YMCA Health Kide Day							\$200.00	
Support for Prince George's Country Parks and Recreation employees							\$139.50	
Support of Landley Park Day Health Fair							\$169.50	
Support of BCC Volunteer Services							559.20	
Support of Surmit His School							\$147.00	
Support of State Education Process							2146.30	
Surport for John Wood Resident Funt							2111 60	
Surport to Lakeforest Mal Kide Salew Ear							2139.00	
Support of Suburban Member New Pair							Su2 50	
Sumoof to AARP							15 800	
Suppose for Chaleston Screening at Abha Phi Ainha Health Fair							\$150.00	
Support for Cholesterol Screening for the Prince George's County Serier Health and Filness Day							5180.00	
Printing costs (or ED-DC Connect							25 1905	
Training for ED-PC Cornect							\$198.00	
Professional Grant Writing Training Workshop							\$1,090,00	
Support to Suitland Dine and Learn Program (Chefifistructor fees)							\$1,705,25	
Food for Dine and Learn Programs							5713.87	
Instructors for Free Serier Shape Class at Gwendolyn Britt in Prince George's County							\$4,050,00	
Instructors for Free Serior Shape Class at Vanswille in Prince George's County							\$630.00	
Instructor Support for Owendolyn Britt Senior Center & Langley Park Senior Center Health Seminar Series							\$1,283,30	
Food Expenses for Cooking Demos at Gwendolym Britt and Langley Park Health Seminar Series							\$146.65	
Calvert County Health Ministry Team Home Weight Scales Purchase (5)							\$114.35	
St. Mary's Hospital Home Scales Purchase (50)							\$1,566,95	
77182010 Total Cholesterol Screening at Crossroad Christian Church Cahert County (13)							554.47	
102/2010 Total Cholesterol Screening at Calvert Memorial Health and Welhess EvnoSt Broast Canoer Run (24)							5,100 56	
1/5/2011 Total Chotesterol Screening at Langley Park Senior Activity Center (24)							\$100.56	
2222011 Sultand Dire & Learn Program Total Chol (21)							207.99	
4/17/2011 Total Cholesterol Screening at Crosmood Christian Chart (11)							545.09	
4/16/2011 4th Annual Delta Stoma Theta Health Fair Total (Ctol (S.))							26 1363	
5/2/2011 Total Cholesterol at PG County Senior Health and Filmess Day (7)							2000	
67222011 Total Chelesterol at Sultand Dine & Leam Program (23)							296.37	

TOTAL

GRAND TOTAL

2,525 68,374 149,250

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203 \$83,385.86