Anne Arundel Medical Center

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# Anne Arundel Medical Center

# Community Benefit Report

# FY2012

December 15, 2012

**Narrative Report FY12**

## I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

**Table I**

| Bed Designation | Inpatient Admissions | Primary Service Area Zip Codes (HSCRC) | All other Maryland Hospitals Sharing Primary Service Area: | Percentage of Uninsured Patients, by County | Percentage of Patients who are Medicaid Recipients, by County |
|---|---|---|---|---|---|
| 336 Licensed Beds in FY12[1] | 28,086 | 20715<br>20716<br>20717<br>20718<br>20765<br>20776<br>21012<br>21032<br>21035<br>21037<br>21061<br>21106<br>21113<br>21114<br>21122<br>21123<br>21146<br>21401<br>21402<br>21403<br>21404<br>21405<br>21409<br>21412<br>21619<br>21666 | University of MD,<br><br>Johns Hopkins,<br><br><br>Harbor Hospital,<br><br>Baltimore Washington Medical Center,<br><br>Doctors Community Hospital | 10.3% Uninsured[2] (Ages 18 to 64) | Anne Arundel Co. Medicaid Outpatients: AAMC's ER visits, Ambulatory Surgery cases, and Observation cases totaled 11,447 in FY12. This accounts for **17.0%** of those AAMC outpatients from Anne Arundel County. Medicaid Inpatients to AAMC totaled 1,923 in FY12. This accounts for **10.6%** of AAMC inpatients from Anne Arundel County.[3] |

[1] Maryland Health Care Commission Fiscal Year 2012 Licensed Bed Report

[2] Anne Arundel County 'Report Card of Community Health Indicators' May 2012 http://www.aahealth.org/pdf/aahealth-report-card-2012.pdf

[3] AAMC internal patient data

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

**a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1. Please describe in detail.)**

Anne Arundel County ("County") is the CBSA for Anne Arundel Medical Center (AAMC). South of Baltimore and east of Washington, D.C., the County is comprised of diverse communities with residents living in rural, suburban, and urban settings. The southern half of the County is primarily zoned "Residential Agricultural" per Anne Arundel County Department of Planning and Zoning[4], and is considered a rural area. Southern Anne Arundel County (south of Annapolis) accounts for only 11% of the County's total population.[5] This area is served by one federally-qualified health center in the Owensville/West River community. The median household income (2011) for South County is above the County and State median household income.

The northern half of the County is primarily urban and suburban and is served by two hospitals. For the purposes of this CBR, the entire county is profiled. The County is considered a high risk area for bioterrorism as it is home to the National Security Agency, the U.S. Naval Academy, Baltimore-Washington Thurgood Marshall International Airport, Fort Meade and its proximity to Washington, D. C. Base Realignment and Closure's (BRAC) 2007-2015 implementation, has caused the Fort Meade region (Odenton area) to expand to 56,800[6] military, government service civilian, and contractor employees and their families. The Fort Meade region is the epicenter of the Cyberspace and Information Assurance Industries, part of the DOD's Defense Information Systems Agency (DISA) and headquarters of Cyber Command. This has increased the demand for healthcare services in West County. Because of this, AAMC developed a medical office building in Odenton in partnership with Johns Hopkins Medicine.

Healthcare services are in demand throughout the County as a result of its industry, its geography, and its community needs. The lack of a broad web of public transportation is a barrier to receiving healthcare. The County is situated along the western shore of the Chesapeake Bay. Due to this, it consists of a series of peninsulas and comprehensive public transportation system is too expensive to maintain.[7] Because of this, there are only eight local bus lines that service the Annapolis area and four local lines that serve the western and northern parts of the County. Public transportation is in need of additional routes. Anne Arundel County's Transportation Division concluded its study: *Corridor Growth Management Plan* in July of 2012 with plans to provide more frequent bus transit service. These projects will depend on future funding and they do not seem to expand far into county neighborhoods.[8] As a result, only 3.3% of Anne Arundel County residents utilized public transportation to get to work.[9] Inadequate transportation is not only a barrier for employment; it is also a barrier to access other needed services, such as healthcare.

Race/Ethnicity for the County is as follows: White 72.4%, Black 15.2%, Hispanic 6.1%, Asian 3.4% and American Indian 0.3%.[10] In the southern half of Anne Arundel County (south of Annapolis), the

[4] http://www.aacounty.org/PlanZone\

[5] Nielsen Claritas 2011 population estimates

[6] http://www.aacounty.org/BRAC/Resources/20111018_BRAC_Beyond.pdf, Slide 4

[7] Anne Arundel County Local Health Plan 2011

[8] http://www.aacounty.org/planzone/transportation/transit.cfm.

[9] Nielsen Claritas 2011 county level demographic data

[10] http://www.aahealth.org/pdf/aahealth-report-card-2012.pdf

race/ethnicity breakdown differs from the total County as the Black population decreases to approximately 6% and the Hispanic population decreases to 3.8%, while the White population increases to 90% [11].

The Hispanic population has experienced significant growth in the County from 3.7% to 6.1% between 2007 and the County's current Report Card data (2010). It is projected that the Hispanic population will continue to grow an additional 24% over the next 5 years. In addition, the population of the residents who are 65 and older in the County is expected to grow 20.4% over the next five years.[12]

While the economic status of County residents is better than the state average, there is disparity. The 2011 median household income (HHI) in the County is $78,755 and by race: White HHI $83,138, Black HHI $60,892, and Hispanic HHI $71,568.[13] The County Report Card (2010 data) indicates that 3.3% of families/5.3% of individuals are living below the poverty level. The average unemployment rate for the civilian labor force for the County, 2012 to date is 6.2%.[14] The U. S. Bureau of Labor Statistics lists Maryland's 2011 average unemployment rate by race/ethnicity showing the White population at 5.7%; Black at 10.3%; Asian at 5.0%; and Hispanic at 7.0%. The State's unemployment rate was 7.0%.

County uninsured rate for 18 – 64 year olds is 10.3 %.[15] Generally, as shown by State statistics, the Hispanic population is the largest uninsured group with 35.2% lacking health insurance.[16]

Percentages of population at or below the federal Poverty level by race in Maryland show 10% of White population, 24% of Black population, 21% of Hispanic population, and 15% of other minority populations.[17]

Furthermore, mortality rates from heart disease and cancer are worse than the state's mortality rates (198.8 per 100,000 and 195.2 per 100,000 respectively). Therefore, current and future community health initiatives will need to broaden to focus on the prevention and management of these chronic diseases among the aged as well as those conditions that are disproportionately affecting the growing minority populations.[18]

The Hospital is located in the 21401 Annapolis community which has been identified by the State as an area eligible for "Health Enterprise Zone" status based on its low birth weight rate, its high Medicaid enrollment rate, and its high WIC enrollment.[19] A section of this zip code also is home to the very poor with a block group average household income of $14,632.[20]

[11] Nielsen Claritas 2011 population estimates

[12] Ibid.

[13] Ibid.

[14] http://www.dllr.state.md.us/lmi/laus/annearundel.shtml

[15] http://www.aahealth.org/pdf/aahealth-report-card-2012.pdf

[16] http://statehealthfacts.org/

[17] Ibid.

[18] Anne Arundel County Local Health Plan 2011

[19] http://eh.dhmh.md.gov/hez/index.html

[20] Nielsen Claritas 2011 demographic data

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

**Table II**

| | |
|---|---|
| Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age) – ANNE ARUNDEL COUNTY<br><br>http://www.aahealth.org/pdf/aahealth-report-card-2012.pdf | **Total Population:** 537,656<br>Male: 49.4%<br>Female: 50.6%<br><br>**Race** (NH = non-Hispanic)<br>White, NH: 72.4%<br>Black, NH: 15.2%<br>Hispanic: 6.1%<br>Asian, NH: 3.4%<br>American Indian, NH: 0.3%<br>Other, NH: 2.6%<br><br>**Median Age[21]:** 38.0 Years<br>0 – 4 Years: 6.6%<br>5 – 17 Years: 16.9%<br>18 – 64 Years: 64.2%<br>65+ Years: 12.3% |
| Median Household Income within the CBSA | $ 78,755[22] |
| Percentage of households with incomes below the federal poverty guidelines within the CBSA<br>http://www.aahealth.org/pdf/aahealth-report-card-2012.pdf | Families Below Poverty Level 3.3%<br>Individuals Below Poverty Level 5.3% |
| Please estimate the percentage of uninsured people by County within the CBSA<br>http://www.aahealth.org/pdf/aahealth-report-card-2012.pdf | 10.3% Uninsured (Ages 18 to 64) |
| Percentage of Medicaid recipients by County within the CBSA. – ANNE ARUNDEL COUNTY<br>http://chpdm-ehealth.org/eligibility/ | FY12 Average Medicaid Eligible population is 62,919 residents or 11.7%. |
| Life Expectancy by County/CBSA . – ANNE ARUNDEL COUNTY<br><br>http://dhmh.maryland.gov/vsa/Documents/11annual.pdf | 79.6 yrs. with race disparities<br><br>White 79.9 yrs<br>Black 77.2 yrs |

[21] Nielsen Claritas 2011 population estimates

[22] Nielsen Claritas 2011 county level demographic estimates

| | |
|---|---|
| Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).<br><br>http://dhmh.maryland.gov/vsa/Documents/11annual.pdf | Infant Mortality rate 5.1/1,000 births with disparities:<br>White (NH) 4.1<br>Black (NH) 13.4<br>Hispanic rate not available. |
| Mortality Age-Adjusted (A. A. Co.)<br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf | Mortality Rate (all races): 714.3/100,000 with disparities<br>White 692.5<br>Black 814.2<br><br>Mortality Rates of Chronic Lower Respiratory Disease: 40.3 (Other disease mortality rates listed in each section). |
| Access to healthy food – Fast Food restaurants as a % of all restaurants in County<br>http://www.countyhealthrankings.org/#app/maryland/2012/rankings/outcomes/overall | 58% of all restaurants in the County are Fast Food restaurants; 5% of population does not have access to healthy food. |
| Tobacco Use<br><br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf | At 27%, the County is above the State rate of 24.8% for the percentage of adolescents who used any tobacco product in the last 30 days.<br>Adults currently smoke 14.1%<br>White 14.7%<br>Black 15.8% |
| Premature death (Years of Potential Life Lost-YPLL)<br>http://www.countyhealthrankings.org/#app/maryland/2012/rankings/outcomes/overall | Ranked 9th best in MD for years of potential life lost before age 75 |
| Education<br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf | Pop. 25+ without H.S. Diploma 10.2%<br>Pop. 25+ Bachelor's Deg. or above 36.1% |
| Obesity<br>http://www.aahealth.org/pdf/aahealth-report-card-2012.pdf | Overweight by BMI 38.3% (extrapolated)<br>Obese by BMI 29.6% |
| Asthma<br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf | Rate of ED visits for asthma per 10,000 (ten thousand) population 78.6 with disparities:<br>White 45.3<br>Black 251.2<br>Asian 16.5<br>Hispanic 30.7 |
| Heart Disease<br><br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf | Mortality Rate: 198.8/100,000 which is above the State rate of 194.0<br>White 195.5<br>Black 221.0<br>Asian 109.6<br>Rate of ED visits for hypertension: 183.8/100,000<br>White-124.1 |

| | |
|---|---|
| http://www.marylandbrfss.org/ | Black-542.6<br>Asian-12.5<br>Hispanic-15.2<br><br>Total County: 4.6% told by a doctor they had an MI, by Race: Whites 5.6%, Blacks 1.9% |
| Cancer<br><br>http://fha.dhmh.maryland.gov/cancer/SiteAssets/SitePages/surv_data-reports/2012%20CRF%20Cancer%20Report.pdf | Mortality Rate: 195.2/100,000 which is well above the State rate of 177.7/100,000<br>White 199.0<br>Black 181.9<br>Asian 75.8<br>Hispanic 85.4<br><br>Age-Adjusted Cancer Incidence Rates<br>All Cancers:<br>Total Rate: 472.8 (Male 530.9/Fem 427.7)<br>Whites 476.1<br>Blacks 464.9<br>Hispanics 494.6<br><br>Lung & Bronchus:<br>Total Rate: 66.9 (Male 74.3/Fem 61.5)<br>Whites 68.9<br>Blacks 63.2<br><br>Female Breast Cancer:<br>Total Rate: 127.8<br>Whites 129.7<br>Blacks 109.3<br><br>Prostate Cancer:<br>Total Rate: 159.3<br>Whites 150.3<br>Blacks 223.8 |
| Diabetes<br><br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf<br><br>http://www.marylandbrfss.org/ | Mortality Rate: 22.0/100,000<br>Rate of ED visits for diabetes per 100,000 population (HSCRC 2010) Total: 315.3<br>White-255.0<br>Black-728.3<br>Hispanic-63.8<br><br>10.5% of County have a Diabetes diagnosis (excludes pregnancy) |
| Co-occurring disorders<br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf | Rate of drug induced deaths = 15/100,000<br>Rate of suicide = 9.6/100,000<br>Rate of ED visits for a behavioral health |

| | |
|---|---|
| http://www.marylandbrfss.org/ | condition 1,134.9/100,000 population (HSCRC 2010)<br><br>Alcohol: Binge Drinkers 18.4% above the State rate of 14.4% |
| Infant Mortality/ Low Birth Weight<br>http://eh.dhmh.md.gov/ship/SHIP_Profile_Anne_Arundel.pdf | Infant Mortality: Total 6.7%<br>White/NH-6.1%<br>Black- 12.0 %<br>Asian- 4.8 %<br>Hispanic-3.5%<br><br>Low Birth Weight: Total 8.5%<br>White/NH- 7.7%<br>Black- 13.2%<br>Asian- 8.2%<br>Hispanic- 5.4% |
| Access to primary care physicians | Estimated required Primary Care Physician FTEs to meet the demand in Anne Arundel County (2010)for these services:<br>99.4 Family & General Medicine FTEs<br>68.7 Internal Medicine FTEs<br>49.8 Pediatrics[23] FTEs<br>Shortage of Primary Care Physicians 89/100,000 per the Rand Report 2009 |

[23] The Advisory Board Company's Primary Care Volume Estimator Tool

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

**According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscal year 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.**

**For the purposes of this report and as described in Health General 19-303(a)(4), a community health needs assessment is a written document developed by a hospital facility (alone or in conjunction with others) that utilizes data to establish community health priorities, and includes the following:**

**(1) A description of the process used to conduct the assessment;**
**(2) With whom the hospital has worked;**
**(3) How the hospital took into account input from community members and public health experts;**
**(4) A description of the community served; and**
**(5) A description of the health needs identified through the assessment process (including by race and ethnicity where data are available).**

**Examples of sources of data available to develop a community needs assessment include, but are not limited to:**

**(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/ );**
**(2) SHIP's County Health Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);**
**(3) the Maryland Chart Book of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);**
**(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;**
**(5) Local Health Departments;**
**(6) County Health Rankings ( http://www.countyhealthrankings.org);**
**(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);**
**(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);**
**(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);**
**(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);**
**(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;**
**(12) For baseline information, a Community health needs assessment developed by the state or local health department, or a collaborative community health needs assessment involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;**

**(13) Survey of community residents; and**
**(14) Use of data or statistics compiled by county, state, or federal governments.**

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

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

   The hospital was also engaged in the Statewide Health Improvement Process (SHIP) through the Anne Arundel County Department of Health and its Local Health Improvement Coalition (Healthy Anne Arundel). The coalition was formed in December 2011 and included members from county government, schools, senior services agencies, correctional facilities, recreation and parks facilities, housing authority, hospitals, the faith community, and other public health services. The coalition reviewed and prioritized objectives outlined in SHIP and developed a plan to improve the health of county residents. AAMC met with representatives from the above mentioned groups in order to determine the health priorities of the community.

   The hospital's community benefit initiatives reflect the needs of our community. The following were resources utilized in collecting and analyzing data for FY12: Anne Arundel County Health Department's Annual (2011) Report card of Community Health Indicators, "Measuring Success" (2011), Anne Arundel County Health Department's Local Health Plan (2011), Anne Arundel County's Report Card of Community Health Indicators (May 2012), and the Anne Arundel County's report, "Poverty Amidst Plenty: A Guide to Action" (2010).

2. **In seeking information about community health needs, what organizations or individuals outside the hospital were consulted? Include representatives of diverse sub-populations within the CBSA, including racial and ethnic minorities (such as community health leaders, local health departments, and the Minority Outreach & Technical Assistance program in the jurisdiction).**

   AAMC consulted and collaborated with a variety of community and public health partners. With regard to the health issues of obesity, tobacco use, co-occurring disorders, diabetes, cancer prevention, and pre-natal care, AAMC collaborated and consulted with the Anne Arundel County Health Department, the Housing Authority of the City of

Annapolis (HACA), Anne Arundel County Public Schools, the Anne Arundel County Department of Aging and Disabilities, local religious organizations, the American Cancer Society, and others. The hospital also worked with the Anne Arundel County Fetal Infant Mortality Review Committee, the Maryland Patient Safety Center and Perinatal Learning Network with regard to improving access and outcomes surrounding pre-natal care.

Since access to primary care physicians is limited in the County, AAMC continues to work with the Anne Arundel County Department of Social Services, Lighthouse Shelter, HACA, the Community Action Partnership, Annapolis Youth Services Bureau, Centro de Ayuda (Center of Hope), Family & Children Services, and the faith community to improve and communicate health messages and access to care for the underserved and minority communities.

AAMC engaged in the SHIP process in FY2012, specifically with Healthy Anne Arundel, the local health improvement coalition. Collaboration with local agencies such as government, schools, Department of Aging, NAACP, Housing Authority, faith community, and other local public health organizations is crucial to address the needs of the county as well as address disparity issues.

With proximity to the Baltimore-Washington corridor and potential threat of bioterrorism, it has been important for AAMC to continue to monitor the emergency and disaster plan. The hospital collaborated with the Anne Arundel County Fire and Police Departments, Emergency Medical Services (city of Annapolis and County), and the US Naval Academy. They assisted in implementing and running drills as well as updating the plan.

AAMC also consults with individual community members to improve community education and outreach programs. The hospital utilizes input gained through the Pastoral Committee, a committee of religious leaders in the community, and the Patient and Family Advisory Group, former AAMC patients who live in the community, to determine where there is community need. The AAMC Community Health Center on Forest Drive in Annapolis convenes a committee in which key community stakeholders provide advice and information related to the underserved and uninsured populations of the County.

3. **When was the most recent needs identification process or community health needs assessment completed? (this refers to your *current* identification process and may not yet be the CHNA required process)**

   **Provide date here. (07/31/2011)**

   The community health needs assessment was completed in July 2011 as part of the ten-year strategic plan, *Vision 2020 Living Healthier Together*. The strategic plan is committed to further developing services and programming to serve the community. A primary goal of the plan is to partner with community health providers and community service organizations to build a care model in which population health is addressed.

NOTE: An updated Community Health Needs Assessment (CHNA) is in the finalization and approval process for the County as part of the partnership and collaboration between AAMC and the Healthy Anne Arundel Coalition. This project has been on-going since December 2011. Its anticipated release date is January, 2013. Therefore, AAMC elected to develop an update of the 2009 needs assessment instead of developing a new CHNA in FY2012.

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? **Please be aware, the CHNA will be due with the FY 2013 CB Report.**
   **_X_ Yes**
   **___No**

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

   See attached, AAMC's July 2011 Community Needs Assessment.

## III. COMMUNITY BENEFIT ADMINISTRATION

**1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?**

**a. Is Community Benefits planning part of your hospital's strategic plan?**

**_X_ Yes**
**___ No**

**b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and provide additional information if necessary):**

**i. Senior Leadership**

1. **_X__CEO**
2. **_X__CFO**
3. **_X__Other (please specify)** Vice President of Business Development, Chief Nursing Officer/Chief Operating Officer, Senior Vice President of Government Affairs, Vice President of Physician Services, Chair of Clinical Integration

**ii. Clinical Leadership**

1. **_X__Physician**
2. **_X__Nurse**
3. **___Social Worker**
4. **___Other (please specify)**

**iii. Community Benefit Department/Team**

1. **_ X __Individual (please specify FTE):** At least 0.5 FTE's.

2. **_ X __Committee (please list members)**
   AAMC's Strategic Planning Sub-Committee to the Board of Directors develops, reviews, and approves the Community Benefit Report and Strategic Plan. AAMC's CBR Team includes the Executive Director of Marketing, Communications and Wellness, the Manager of Health Promotion, community outreach nurses (askAAMC), community outreach dieticians, representatives from the hospital's service lines (including mother/baby, oncology, surgical, joint, spine, and drug and alcohol rehabilitation).

3. **_ X __Other (please describe)**
   The CBR Initiative is supported by the Director of Reimbursement, Reimbursement Financial Analyst, the Director of Decision Support, and the Manager of the Annapolis Outreach Center & Community Health Center, and several analysts.

**c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?**

**Spreadsheet__X___yes _____no**
**Narrative _ X _yes _____no**

**d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?**

**Spreadsheet _ X _yes _____no**
**Narrative _ X _yes _____no**

## IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

**1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and**

**outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative (at 10 point type).**

***For example***: **for each major initiative where data is available, provide the following:**

a. **Identified need: This includes the community needs identified in your most recent community health needs assessment as described in Health General 19-303(a)(4). Include any measurable disparities and poor health status of racial and ethnic minority groups.**

b. **Name of Initiative: insert name of initiative.**

c. **Primary Objective of the Initiative: This is a detailed description of the initiative and how it is intended to address the identified need. (Use several pages if necessary)**

d. **Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?**

e. **Key Partners in Development/Implementation: Name the partners (community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.**

f. **Date of Evaluation: When were the outcomes of the initiative evaluated?**

g. **Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data when available).**

h. **Continuation of Initiative: Will the initiative be continued based on the outcome?**

i. **Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.**

2. **Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.)**

While there are needs that the Anne Arundel County's Report Card of Community Health Indicators (May 2012) indicate, Anne Arundel Medical Center cannot meet all of these specific needs. First, Anne Arundel County had 13.0 days per year in which the Air Quality Index (AQI) exceeded 100. The Maryland baseline is 8.4 days per day. Individually, AAMC cannot provide services to reduce the AQI. Rather, this needs to be

a county initiative in which community members, industry, and county officials work to resolve this health hazard.

Obesity is a health need in the Anne Arundel County Community. AAMC spent FY2012 developing collaborations and partnerships with key community stake-holders on this issue. In fact, it was presented as a major initiative for our LHIC, Healthy Anne Arundel. We will spend FY2013 through FY2015 developing obesity prevention and treatment programs.

## V. PHYSICIANS

**1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.**

Population changes and the implementation of the Affordable Care Act (ACA) are projected to create demand for 52,000 additional U.S. primary care physicians (PCP) by 2025, according to a study in the *Annals of Family Medicine*.[24]

The Association of American Medical Colleges estimates that the U.S. will face a shortage of 90,000 doctors by 2020 and more than 130,000 by 2025.[25]

As identified in AAMC CBR narrative in FY2011, there is a significant shortage of PCPs in the region per the 2009 Rand Corporation Report (89 PCP's per 100,000 in Anne Arundel County). The Advisory Board Company's 2010 estimate for Primary Care Physician FTEs required to meet the needs of the population in Anne Arundel County amounts to 99.4 Family & General Medicine Physician FTEs, 68.7 Internal Medicine Physician FTEs, and 49.8 Pediatrician FTEs using their analysis tool. By 2015, The Advisory Board also projects an increased requirement of 10.6 FTE PCPs, spread across the three primary care specialties in the County to meet the increased population needs.

There are approximately 1,800 adults who visit the AAMC ER each year for non-urgent and preventable conditions. Therefore, AAMC continues to promote physician recruitment with regard to primary care physicians to the county. An additional five primary care physicians were recruited and employed for AAMC practices. This will continue to be a major initiative for the organization.

This shortage results in seriously limited access to primary care in parts of our Community Benefit Service Area. Building primary care access is essential to the Hospital's strategic plan, *Vision 2020*. Increased accessibility and coordinating health care increased the focus on prevention and improving the population health of our CBSA.

[24] The Advisory Board Company, using data on PCP visits and U.S. Census Bureau data

[25] http://www.reuters.com/article/2012/11/16/us-family-docs-idUSBRE8AF1FE20121116

The most significant effort put forth in FY2012 was to focus on the continued operations of the Community Health Center which was opened in FY2011 on Forest Drive in Annapolis with bilingual staff.

2. **If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.**

- The hospital maintains 24/7 inpatient coverage with the Hospitalist Program and physician coverage for Palliative Care Program, Neurology Stroke Program, Women's Pelvic Health, Thoracic Surgery Program, Neonatal Ophthalmology, Gyn Oncology Program, Surgical Oncology Program, Hematology/Medical Oncology Program, Annapolis Oncology Center & Breast Center, $10,841,391 (Line 92).
    - This coverage provides round the clock access for patients to needed specialties. It guarantees patient access to needed services.
- Emergency Department On-Call Physician(s), $469,127 (Line C91). AAMC provides funding for comprehensive Emergency Department medical staff coverage (24/7/365).
    - This coverage ensures there is always appropriate level of care in the ED in order to maintain quality patient care.
- The hospital contributed $62,000 (Line C10) in FY12, working in collaboration with the Anne Arundel County Health Department to provide physician(s) and mid-wives for patients that participate in the Anne Arundel County Department of Health Pre-natal Maternity Clinic, which provides care for uninsured Latina women whose infants would be Medicaid-eligible.
    - This coverage provided free pre-natal care to more than 180 women and their children.
- The hospital contributed $50,000 in FY12 (Line C40), working in collaboration with Johns Hopkins Physicians to treat uninsured patients that present at the Kent Island Urgent Care Center.
    - This program provided care to patients in their own community.

## VI. APPENDICES

***To Be Attached as Appendices*:**

1. **Describe your Financial Assistance Policy (FAP):**
    a. **Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)**

**For *example*, state whether the hospital:**

- **Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):**
  - **in a culturally sensitive manner,**
  - **at a reading comprehension level appropriate to the CBSA's population, and**
  - **in non-English languages that are prevalent in the CBSA.**
- **posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;**
- **provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;**
- **provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;**
- **includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or**
- **discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.**

**b. Include a copy of your hospital's FAP (label appendix II).**

**c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).**

Please see the attached Appendix I – Description of AAMC's Financial Assistance Policy, Appendix II – AAMC's Financial Assistance Policy and Appendix III – AAMC's Patient Information brochure in English and in Spanish and copy of AAMC's Financial Assistance and Billing resource web page for patients and their families at http://www.aahs.org/patients-visitors/billing.php.

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

Please see AAMC's mission, vision, and values attached as Appendix IV.

Table III

## Initiative 1.

| Identified Need | Hospital Initiative | Primary Objective of the Initiative | Single or Multi-Year Initiative Time Period | Key Partners and/or Hospitals in initiative development and/or implementation | Evaluation dates | Outcome (Include process and impact measures) | Continuation of Initiative | Cost of initiative for current FY? (See Instructions) |
|---|---|---|---|---|---|---|---|---|
| High mortality rate from Heart Disease and Lung Cancer | Smoking Cessation Initiative | Smoking is the most preventable risk factor for heart and lung disease. Reducing smoking rates in Anne Arundel County can improve health outcomes and reduce mortality from heart and lung disease.<br><br>A comprehensive Smoking cessation program is made available for free to the Anne Arundel County community. This includes adult and adolescent target audiences. Individual counseling is available for adults who are in-patients and out-patients. Classes are available for adolescents. Support groups to maintain cessation is available for adults. | Multi-year initiative; on-going | AAMC, American Heart Association, American Cancer Society, Anne Arundel County Schools, Physician groups, faith based community | Yearly | Inpatient Smoking Cessation Counseling encounters = 4,088<br><br>Outpatient individual Counseling = 172 encounters<br><br>Adult classes encounters = 613<br><br>Support group to maintain cessation = 12 encounters<br><br>Adolescent prevention classes in schools = 312 encounters<br><br>Adolescent prevention classes at Pathways (substance abuse treatment facility) = 57 encounters<br>Adults currently smoke 14.1%<br><br>27% of adolescents used any tobacco product in the last 30 days.<br><u>Cancer Rate for Lung & Bronchus:</u><br>Total Rate: 66.9/100,000 | The current activities will continue; increased outreach and education will focus on adolescent outreach since the smoking rates for teens continues to be high | $134,006 |

Table III

## Initiative 2.

| Identified Need | Hospital Initiative | Primary Objective of the Initiative | Single or Multi-Year Initiative Time Period | Key Partners and/or Hospitals in initiative development and/or implementation | Evaluation dates | Outcome (Include process and impact measures) | Continuation of Initiative | Cost of initiative for current FY? (See Instructions) |
|---|---|---|---|---|---|---|---|---|
| High rate of substance abuse in Anne Arundel County | Access to Substance Abuse Treatment | Decrease the rate of drug induced admissions and deaths<br><br>Decrease the rate of binge drinking.<br><br>Alcohol use is very prevalent in Anne Arundel County. Alcohol and drug addiction is a progressive illness, treatable through professional and compassionate care, strong family involvement, education and ongoing support. The goal is to help each individual stop the substance abuse cycle.<br><br>Access to care is critical for all individuals. The Pathways program provides no cost treatment services for low income patients. They also provide outpatient support for the patients post-discharge. | Multi Year Initiative | AAMC<br>AA County Public Schools, Department of Juvenile Justice, AA County Courts, AA County Department of Health | Yearly | No cost treatment beds for detox patients = 30 patients<br><br>Support groups for patients in recovery = 2,810 encounters<br><br>Rate of drug induced deaths = 15/100,000<br><br>Alcohol: Binge Drinkers 18.4% above the State rate of 14.4% | AAMC has focused on substance abuse disorders' initiatives in FY13. Two initiatives will be added to the existing substance abuse treatment program. Psychiatrists will be added to the ER on-call system, and there will be the implementation of a mental health unit within the ER to address mental health ER visits and admissions<br><br>This is due to the Rate of suicide = 9.6/100,000<br>Rate of ED visits for a behavioral health condition 1,134.9/100,000 population | $98,800 |

Table III

## Initiative 3.

| Identified Need | Hospital Initiative | Primary Objective of the Initiative | Single or Multi-Year Initiative Time Period | Key Partners and/or Hospitals in initiative development and/or implementation | Evaluation dates | Outcome (Include process and impact measures) | Continuation of Initiative | Cost of initiative for current FY? (See Instructions) |
|---|---|---|---|---|---|---|---|---|
| Disparities in Access to Primary Care Uninsured and Under-insured population | Primary Care Medical Home<br><br>**AAMC Community Health Center**<br><br>**Annapolis Outreach Center** | To provide access to quality, affordable healthcare to the uninsured and underinsured. Reduce emergency room visits by providing medical services with an emphasis on early intervention and prevention of disease. The AAMC Community Health Center employs bilingual staff.<br><br>Continue a free clinic to provide medical care to uninsured. The Annapolis Outreach Center employs bilingual staff.<br><br>NOTE: Both clinics were planned to operate in low income areas with large populations of minority individuals. This is to address the issues of health disparity in the county and access to care. | Multi year | AAMC<br><br>Department of Social Services<br><br>AA County Department of Health<br><br>Center for Hope (Centro de Ayuda)<br><br>MCHRC<br><br>City of Annapolis | Quarterly | FY12 Patient encounters = 6,506<br><br>FY12 Patient Encounters = 6,776 includes medical and dental care visits<br><br>Improve population health:<br><u>Mortality Rate :</u><br>714.3/100,000<br>Rate of ED visits for asthma per 10,000 (ten thousand) population 78.6<br>Rate of ED visits for hypertension: 183.8/100,000,<br>Rate of ED visits for diabetes per 100,000 population 315.3 | Yes; AAMC is working with the Housing Authority of Annapolis to design and build a health clinic in a Health Enterprise Zone. Planning has been initiated in FY2013. | $430,371<br><br>$260,841 |

## Description of Financial Assistance Policy

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

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

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

The hospital provides the opportunity to resolve questions regarding charges or insurance benefits paid via the AAMC Patient Financial Services Department in a patient-friendly environment.

# Anne Arundel Medical Center

**Procedure: Patient Financial Services – Hospital Financial Assistance, Charity Care, Billing & Collection Policy**

| | |
|---|---|
| **Effective Date:** | **December 1, 1997** |
| **Review Date:** | **August 15, 2012** |
| **F&A Committee Approval:** | **September 21, 2012** |
| **Board of Trustees Approval:** | **September 27, 2012** |

**Purpose:**

- **To assure the hospital communicates patient responsibility amounts in a fair and consistent manner.**
- **To provide opportunity to resolve questions regarding charges or insurance benefits paid.**
- **To assure the hospital meets the requirements of Maryland standards for hospital billing and collection practices, effective June 1, 2009**
- **To provide opportunity to resolve questions regarding charges or insurance benefits paid.**
- **To define the hospital's decision making process for referral for collection or legal action.**
- **To assure the hospital meets the requirements of Maryland standards for hospital billing and collection practices, effective June 1, 2009**

**Hospital Financial Assistance Policy Statement**

- To promote access to all for medically necessary services regardless of an individual's ability to pay
- To provide a method of documenting uncompensated care
- To ensure fair treatment of all applicants and applications

**Hospital Financial Assistance Communications**

- The Financial Assistance Signage is conspicuously displayed in English & Spanish in the Emergency Department, Cashiering & Financial Counseling.
- Financial Assistance Policy as well as a printable Uniform Financial Assistance application is posted on the AAMC website.
- English/Spanish table top tents display this information at every patient entry point and it is included in each patient guide located in the inpatient rooms.
- Registration staff and Financial Coordinators are trained on how to refer patients for financial assistance.
- The financial assistance application is available at all registration points – but in particular the Emergency Department.
- A brochure "What you need to know About Paying for Your Health Services" is available at every patient access point. The brochure was developed by Patient

Financial Services with guidance from Public Relations. This brochure includes information regarding financial assistance/contact points and is available in English/Spanish. Also, it is posted on AAMC's website.

- It is mandatory that all inpatients receive the "What you need to know about paying for your health services" brochure as part of the admission packet.
- Informational "business cards" are available through the patient access/registration staff to provide to the uninsured or any individual concerned about paying their hospital bill directing them to the hospital Financial Counseling office for assistance.
- Hospital Patient Financial Service staff receive extensive training on the revenue cycle and are incentivized to obtain AAHAM Technical (CPAT) certifications to demonstrate their expertise in billing and revenue cycle requirements.

**Charity Care**

- AAMC provides 100% charity to individuals with household income at or below 200% of the US Poverty guideline but deemed ineligible for any County, State or Federal Medicaid or other funding program.
- AAMC provides 100% charity to individuals enrolled in the Medicaid Primary Adult Care program and other means tested State & Local programs.
- AAMC provides a sliding fee scale for individuals with household income at or below 330% of the US poverty guideline but deemed ineligible for any County, State or Federal Medicaid or other funding program.
- AAMC provides financial assistance not only to the uninsured but to patients with a demonstrated inability to pay their deductibles, copayments and balance after insurance.
- The hospital excludes assets such as the patient's primary home, method of transportation and cash assets less than $15,000.
- For all income levels, AAMC will take into account special circumstances such as the amount of the bill compared to income and cumulative impact of all medical bills.
- AAMC developed an initiative with the A.A. County Department of Health to help provide free prenatal diagnostic testing for uninsured unregistered immigrants. These individuals are not eligible for any Medicaid program.
- AAMC participates with an Anne Arundel County specific program (REACH) administered through the AA County Department of Health to provide free care to low income uninsured or under-insured individuals (below 200% of the US Poverty Guideline). These individuals come to AAMC on an elective basis and are prescreened by the local Department of Social Services.
- Diagnostic and Treatment services are provide free of charge to referrals from the AAMC Outreach Free Clinic initiative located in downtown Annapolis.
- Payment plans, Interest Free

**Billing**

**Patient Statement of Charges:**

- A Summary Bill of charges, formally referred to as the Uniform Summary Bill is mailed to every inpatient within 15 days of discharge from the hospital. This contains information on the insurance company billed as well as how to contact the Patient Financial Services office for questions or assistance.
- Uninsured patients receive this Summary as well
- Each bill for outpatient services includes detail charge information on the first request for payment.
- At any time, the patient may request a copy of their detailed itemized bill.
- The HSCRC required Patient Billing Information sheet data is printed on the Uniform Summary Bill and the back of all patient billing statements.
- A representative list of services and charges is available to the public on the hospital's website and in written form. The website will be updated quarterly with the most recent average charge per case for each of the services.
- Requests and inquires for current charges for specific procedures/services will be directed to the ACP Financial Coordinator or if applicable the specific department Financial Coordinator. The Coordinator will communicate with the patient and the patient's provider of care to provide the best possible estimate of charges. Using the CPT code, service description and/or other supply/hospitalization time charge estimates are based on, a) review of the charge master for the CPT code/service description, and/or b) review of cost of similar surgical procedures/treatments/hospital stays. The patient will be informed cost quotes are estimates and could vary based on the actual procedure(s) performed, supplies used, hospital stay/OR time & changes in HSCRC rates. If the Coordinator requires guidance or additional information to provide the estimate he/she will contact the Reimbursement Department. Every effort will be made to respond to the request for charges within 2 business days depending on information needed to fulfill the patient's request.

**Patient Balance Billing:**

- From the point in which it is known that the patient has a balance for which they are responsible the hospital begins billing the patient to request payment.
- Each patient receives a minimum of 3 requests for payment over a 90 day period.
- Each patient bill includes contact information for financial assistance and states where to call to request a payment plan.
- Each bill informs the patient they may receive bills from physicians or other professionals.
- Short and Long term interest free payment plans are available. The hospital takes into account the balance of the bill and the patient's financial circumstances in determining the appropriate agreement.
- Should the patient contact Patient Financial Services Customer Service unit regarding inability to pay – financial assistance is offered and the financial assistance screening process begins.

**Collection Agency process:**

- If there is no indication from the patient or a representative that they cannot pay and no attempt at payment or reasonable payment arrangements is made, the account is referred to a collection agency.
- The collection agency referral would typically occur between 90 – 110 days from the first request to the patient to pay assuming the patient made no attempt to work out payment arrangements or indicated financial need.
- The final statement to the patient communicates the account will be referred to an external agency if the balance is not satisfied.

**Collections**

- The Director of Patient Financial Services oversees the hospital's business relationship with the Collection Agency.
- AAMC does not utilize a credit reporting bureau.
- AAMC does not charge interest to patients
- The collection agency performs a financial checkpoint before taking the next step to legal action.
- AAMC staff reviews each case before being referred for legal action
- The collection agency is educated on how to make referrals to AAMC's financial counseling department for individuals indicating they have an inability to pay.
- The collection agency will establish payment arrangements in compliance with AAMC's interest free commitment.
- As a last resort, AAMC will file suit for collection of debts.
- If the court makes judgment in the hospitals favor – a formal legal credit mark referred to as a "judgment" is placed on an individual's credit and remains intact for 10 years. Once the full payment is made the patient may request that the judgment reflects as satisfied on the credit rating.
- AAMC will file suit against estates and in some cases, when appropriate, trust funds.
- AAMC does actively enforce a lien against an individual's primary home.

Approved by CFO
Bob Reilly

Thank you for choosing Anne Arundel Medical Center for your health care needs. We understand this can be a challenging time for our patients, and we know that the financial aspect of hospitalization sometimes can be confusing.

To take the confusion out of the payment process, our Patient Financial Services Team is available to help you understand your hospital bill. We also can help you with payment options, including whether you are eligible for financial assistance through federal and state programs. We can answer general questions about the manner in which your insurance company processed your bill.

We have prepared this brochure to help answer the most commonly asked questions about billing. If your specific question is not listed here, please contact 443-481-6500 Monday – Friday between 8:30 a.m. and 4:00 p.m.

## Patient Financial Services Resources

Our Financial Counseling team is located at the Medical Park Campus, 2001 Medical Parkway, Annapolis, Maryland.

You may make an appointment to meet with a financial coordinator by calling:

Financial Assistance ..... 443-481-1401

Medical Assistance application 443-481-1401

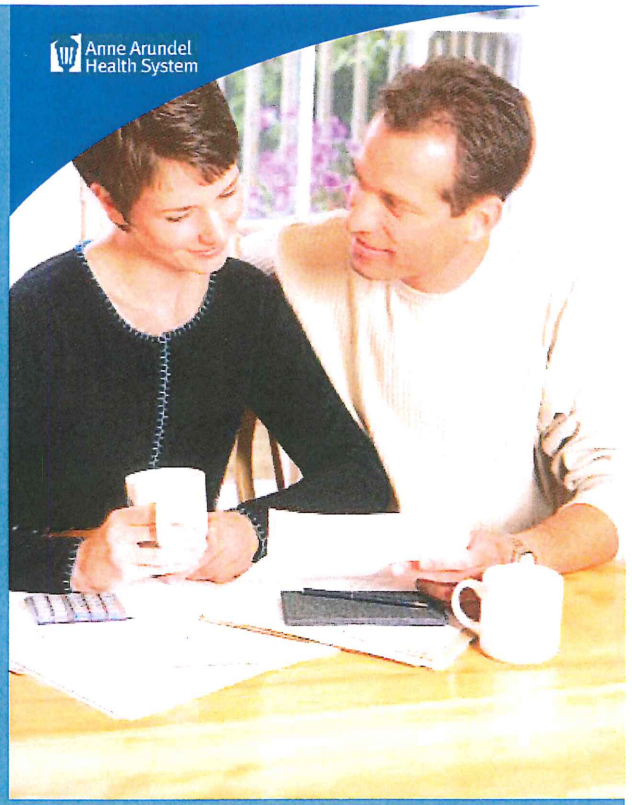
Payment Arrangements ..... 443-481-1401

If you have received a bill and have questions or wish to discuss payment arrangements you may call:

Questions about your bill ..... 443-481-6500

Payment Arrangements..... 443-481-6500

Anne Arundel Health System




# Patient Billing Information Q&A

Appendix III-1

# Patient Billing Information Q&A

### What is included in my hospital bill?

Your bill from Anne Arundel Medical Center is for services you receive from nurses, social workers, dietitians, therapists and other staff. It also includes charges for your room, meals, linens, supplies, medications, diagnostic tests and supervised professional services, such as those of respiratory and physical therapists.

### What is not included in my hospital bill?

You will be billed separately by your physicians, consulting physicians, and surgeons for services they provide to you. These services are NOT included in your hospital bill. Each physician who cares for you will send you a separate bill for services they provided. This includes physicians who may have treated you in the Emergency Department; those you may never see, including physicians who interpret diagnostic studies, such as X-rays, EKGs, and certain laboratory specimens; and anesthesiologists, staff pediatricians or internal medicine physicians who may have treated you during your stay.

### How does health insurance billing work?

When you receive services at Anne Arundel Medical Center, we will bill your health insurance provider on your behalf. To do this, and to assure the hospital is paid for services provided to you, we need a copy of your insurance card. We must supply complete and accurate information to your health plan, including your full name, address, phone number, date of birth, and Social Security number. Incomplete or incorrect information could mean a denial from your insurance provider. You could be held responsible for the balance of the invoice when an insurance provider delays, denies, or makes partial payment. Your insurance company may also require that you make your co-payment at the time of service.

If you cannot or will not provide complete insurance and subscriber information Anne Arundel Medical All cosmetic services and services not deemed medically necessary by your insurance company must be paid in full and in advance of the service.

### What if I Have a Managed Care or HMO Plan?

If you have a managed care or HMO plan and you are admitted to our emergency room, your plan may require you to contact your local office to obtain authorization for your admission within 24 hours of an emergency admission. Your health insurance card should provide you with your plan's telephone number. Anne Arundel Medical Center staff will attempt to contact your insurance plan with notification of your inpatient admission. Most HMO plans require you to obtain a referral or authorization for certain non-emergency services. Anne Arundel Medical Center will help you obtain the authorization.

Many HMOs require you to receive diagnostic services such as laboratory tests and X-rays at a designated provider, not at the hospital's outpatient department.

### What if my visit involves worker's compensation?

If we do not receive worker's compensation information from you or your employer you will be responsible for your bill. It is important that you provide your medical insurance benefit information as well, so any required authorizations or other steps to ensure coverage are followed. This will assist in protecting you and the hospital financially should worker's compensation deny payment. We need a copy of the denial in order to bill your insurance.

### What if my visit is due to a motor vehicle accident?

Anne Arundel Medical Center does not bill auto insurance providers. MVA patients are responsible for payment of services provided. It is important that you provide your medical insurance benefit information as well, so any required authorizations or other steps to ensure coverage are followed. This will assist in protecting you and the hospital financially should the auto insurance deny payment. We need a copy of the denial in order to bill your insurance.

for the treatment or diagnosis of an illness or injury. In most cases Medicare provides payment for "medically necessary" services. If your physician prescribes a service that may not be covered by Medicare you will be asked to sign an Advance Beneficiary Notice before service is provided stating that Medicare is not likely to pay for the service. By signing this form you agree to be responsible for payment.

### What are my options under Medicare?

If you have an Advance Beneficiary Notice you can sign it and agree to pay for the services yourself or you can refuse the service or treatment. If you refuse the service or treatment, we encourage you to talk with your physician about options that would be covered under Medicare. You have the right to appeal a Medicare decision of non-coverage. If you would like to file an appeal or have other Medicare-related questions, please call the Medicare Beneficiary Hotline at 1-800-633-4227.

### What if I can't pay on time?

We understand that certain circumstances may make it difficult for you to pay your bill on time. However, if your account becomes past due, Anne Arundel Medical Center will take action to recover the amount owed. Please call 443-481-6500 between the hours of 8:30 a.m. – 4:00 p.m., Monday through Friday, to discuss your circumstances. We want to help you protect your credit.

### What if I am unable to pay any portion of my bill?

If you are unable to pay your bill we can help you apply for state and federal programs that may pay all or a portion of your bill. Please call 443-481-1401 for assistance. Anne Arundel Medical Center offers financial assistance for those who do not qualify for state or federal programs but meet certain federal poverty guidelines. Also, you may be eligible for a partial reduction on the amount you owe.

Gracias por elegir el Centro Médico Anne Arundel para sus necesidades de atención de salud. Comprendemos que éste puede ser un momento difícil para nuestros pacientes, y sabemos que el aspecto financiero de la internación puede a veces resultar confuso.

A fin de clarificar el proceso de pago, nuestro Equipo de Servicios Financieros al Paciente se encuentra disponible para ayudarlo a entender la factura del hospital. También podemos ayudarlo con las opciones de pago, lo que incluye saber si califica para obtener asistencia financiera a través de programas federales y estatales. Podemos responder preguntas generales acerca del modo en que la compañía de seguros procesó su factura.

Hemos preparado este folleto para ayudarlo a responder las preguntas más frecuentes relacionadas con la facturación. Si su pregunta específica no se encuentra aquí, por favor comuníquese al 443-481-6500 de lunes a

## Recursos para los Servicios Financieros al Paciente

Nuestro equipo de asesoramiento financiero está ubicado en el Medical Park Campus, 2001 Medical Parkway, Annapolis, Maryland.

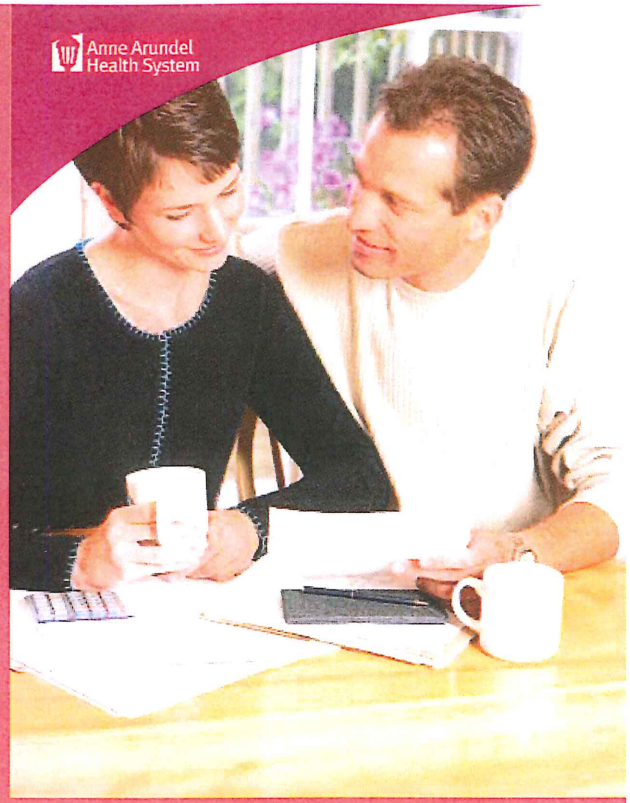
Puede concertar una cita con un coordinador financiero llamando a:

| | |
|---|---|
| Asistencia Financiera | 443-481-1401 |
| Solicitud de Asistencia Médica | 443-481-1401 |
| Planes de Pago | 443-481-1401 |

Si ha recibido una factura y tiene preguntas o desea conversar sobre los planes de pago, puede llamar a:

| | |
|---|---|
| Preguntas acerca de su factura | 443-481-6500 |
| Planes de Pago | 443-481-6500 |

Anne Arundel Health System




# Información sobre facturación para el paciente

## PREGUNTAS Y RESPUESTAS

# Información sobre Facturación para el Paciente

## ¿Qué está incluido en mi factura del hospital?

Su factura del Centro Médico Anne Arundel incluye los servicios que usted recibe de parte de enfermeros, trabajadores sociales, dietistas, terapeutas y otros miembros del personal. También incluye los costos de habitación, comidas, ropa blanca, suministros, medicamentos, exámenes de diagnóstico y servicios profesionales supervisados, tales como los de los terapeutas físicos y respiratorios.

## ¿Qué no está incluido en mi factura del hospital?

Se le facturarán por separado los servicios brindados por los médicos, médicos especialistas y cirujanos. Estos servicios NO están incluidos en su factura del hospital. Cada médico que lo atienda le enviará una factura por separado por los servicios brindados. Esto incluye los médicos que lo han tratado en el Departamento de Emergencias; aquellos que quizás usted nunca vea, incluso los médicos que interpretan los estudios de diagnóstico, tales como rayos X, electrocardiogramas y determinadas muestras de laboratorio; y anestesistas, pediatras o médicos internistas que lo hayan tratado durante su internación.

## ¿Cómo funciona la facturación del seguro de salud?

Cuando reciba servicios en el Centro Médico Anne Arundel, le facturaremos, en su nombre, a su prestador de seguro de salud A tal fin, y para asegurar que se le paguen al hospital los servicios brindados, necesitamos una copia de su tarjeta del seguro. Debemos suministrar información completa y precisa a su plan de salud, incluso su nombre completo, domicilio, número de teléfono, fecha de nacimiento y número del Seguro Social. Si la información no es correcta o está incompleta, su prestador de salud puede rechazar el pago. Usted puede ser responsable del saldo de la factura cuando un prestador de salud retrasa o rechaza el pago, o lo realiza en forma parcial. También es posible que la compañía aseguradora le exija que realice el copago al momento de recibir el servicio.

Si usted no puede proporcionar los datos completos sobre el seguro y el suscriptor, el Centro Médico Anne Arundel no puede presentar la factura ante su compañía de seguro. En tal caso, se lo considerará un paciente de la modalidad "autopago" y le pediremos que realice un depósito por los servicios.

## ¿Qué sucede si tengo un plan de atención médica administrada o de una organización para el mantenimiento de la salud (HMO)?

Si cuenta con un plan de atención médica administrada o de una HMO y es admitido en nuestra sala de emergencia, su plan puede exigirle que se comunique con la oficina local a fin de obtener autorización para su admisión dentro de las 24 horas posteriores a un ingreso de emergencia. Podrá encontrar el número telefónico del plan en la tarjeta de su seguro de salud. El personal del Centro Médico Anne Arundel intentará contactarse con su plan de seguro para notificar su admisión como paciente hospitalizado. La mayoría de los planes HMO le exigen que obtenga una derivación o una autorización para determinados servicios que no son emergencias. El Centro Médico Anne Arundel lo ayudará a obtener la autorización.

Muchos HMOs le exigen que los servicios de diagnóstico, tales como exámenes de laboratorio y rayos X, le sean proporcionados por un prestador designado y no en el departamento de pacientes externos del hospital.

## ¿Qué sucede si mi visita implica una compensación del seguro obrero?

Si no recibimos información sobre la compensación del seguro obrero de parte suya o de su empleador, usted será responsable de la factura. Es importante también que proporcione información acerca de los beneficios del seguro médico; de esta forma, se pueden cumplir con las autorizaciones requeridas o con cualquier otro paso que haya que seguir a fin de asegurar la cobertura. Esto ayudará para proteger financieramente tanto a usted como al hospital en caso de que la compensación del seguro obrero rechace el pago. Necesitamos una copia del rechazo a fin de facturar su seguro.

## ¿Qué sucede si mi visita se debe a un accidente automovilístico?

El Centro Médico Anne Arundel no factura a prestadores de seguros de automóviles. Los pacientes por accidentes de automóviles (MVA) son responsables por el pago de los servicios brindados. Es importante que también brinde información acerca de los beneficios del seguro médico; de esta forma, se pueden cumplir con las autorizaciones requeridas o con cualquier otro paso que haya que seguir a fin de asegurar la cobertura. Esto ayudará para proteger financieramente tanto a usted como al hospital en caso de que el seguro del automóvil rechace el pago.

## ¿Qué cubre Medicare?

"Necesidad Médica" es un término utilizado por Medicare para describir los servicios que Medicare considera "razonables y necesarios" para el tratamiento o diagnóstico de una enfermedad o lesión. En la mayoría de los casos, Medicare otorga el pago de servicios por "necesidad médica". Si su médico prescribe un servicio que puede no estar cubierto por Medicare, se le solicitará que firme una notificación anticipada de beneficios antes de que se brinde el servicio, donde se establece que es posible que éste no sea abonado por Medicare. Al firmar este formulario, usted se compromete a responsabilizarse por el pago.

## ¿Qué opciones tengo con Medicare?

Si usted tiene una notificación anticipada de beneficios, puede firmarla y aceptar que usted correrá con los gastos o puede rechazar el servicio o el tratamiento. Si rechaza el servicio o el tratamiento, le sugerimos conversar con su médico acerca de las opciones que cubre Medicare. Usted tiene derecho a apelar una decisión de no cobertura por parte de Medicare. Si desea interponer un recurso de apelación o tiene otras preguntas relacionadas con Medicare, sírvase llamar a la línea directa para beneficiarios de Medicare al 1-800-633-4227.

## ¿Qué sucede si no puedo pagar puntualmente?

Comprendemos que algunas circunstancias pueden dificultar el pago puntual de su factura. No obstante, si su cuenta se vence, el Centro Médico Anne Arundel tomará medidas a fin de recuperar el monto adeudado. Llame al 443-481-6500 entre las 08:30 a.m. y las 04:00 p.m., de lunes a viernes, para exponer sus circunstancias particulares. Queremos ayudarlo a proteger su crédito.

## ¿Qué sucede si no puedo pagar ninguna parte de mi factura?

Si no puede pagar la factura, podemos ayudarlo a postularse a programas federales y estatales que pueden cubrir el monto total o parcial. Por favor, comuníquese con el 443-481-1401 para solicitar asistencia. El Centro Médico Anne Arundel ofrece asistencia financiera a aquellos que no califiquen para los programas federales o estatales pero que cumplan con ciertas pautas federales de pobreza. Además, puede calificar para obtener una reducción parcial del monto adeudado.

Patients & Families

Advisors
Amenities & Guest Services
Caring Bridge
Contact Us
Financial Assistance & Billing
Forms for Patients
Hotels & Lodging
Maps & Directions
Patient Advocacy
Patient & Family Handbook
Patient Rights
Request Medical Records
Spiritual Care
Visiting Hours

« Patient and Families Home

# Financial Assistance & Billing

Thank you for choosing Anne Arundel Medical Center for your health care needs.

**What do you want to do today?**

**Understand my Bill**
Download our brochures:

- In English
- In Spanish

**Talk to Financial Counseling**
We can clarify:

- Payment options
- Eligibility for financial assistance
- General questions

443-481-6500

**See a list of charge estimates**

- Inpatient Procedures
- Outpatient Procedures
- Laboratory Procedures
- Radiology Procedures

**Quick Links**

443-481-6500

Mon.-Fri. 8:30am and 4pm

**Not able to pay?**
Anne Arundel Medical Center provides medically necessary services to all persons regardless of their ability to pay. If you think you cannot pay for a medically necessary service, please contact our Financial Counseling office to see if you qualify for financial assistance.

You must apply for these benefits. Please download the Maryland State Uniform Financial Assistance Application (PDF)

**Understanding your Medical Costs Before Treatment**
The following documents provide the historical range of charges for the most commonly used inpatient and outpatient services at AAMC, and the average charges for the service.

These tables are updated regularly, and are based on patient charges from the past six months. You can use these tables to estimate the charge for services that may incur.

The actual charges for services received may be higher or lower than the figures listed, and will vary depending upon the patient's condition and the level of care, or other services that are required and provided. Please contact our Financial Counseling Office for assistance, or for a more current price list at **443-481-6500**

The amounts reflect hospital charges only: AAMC does not employ most of the physicians who practice at the hospital. Each physician group that provides services will charge you separately. Please contact physician group directly for charge estimates.

- Inpatient Procedures (PDF)
- Outpatient Procedures (PDF)
- Laboratory Procedures (PDF)
- Radiology Procedures (PDF)

## Hospital Mission Statement

### Mission

To enhance the health of the people we serve.

### Vision

Living Healthier Together.

### Core Values

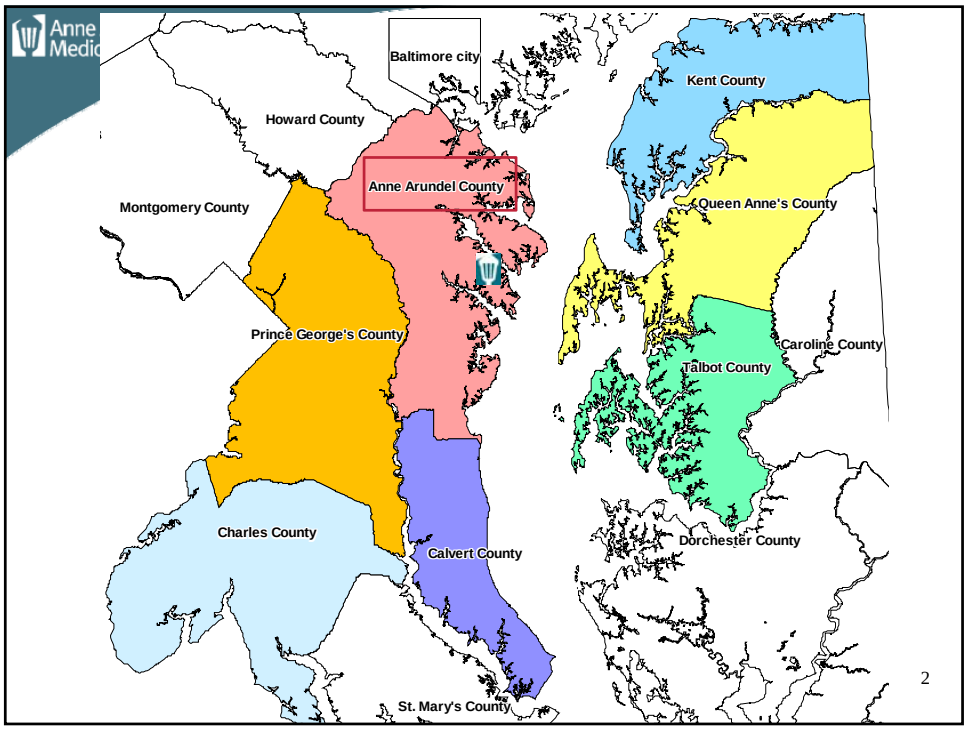
Passion for excellence is at the center of all that we do. The following values aid in this pursuit:

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

Anne Arundel Medical Center

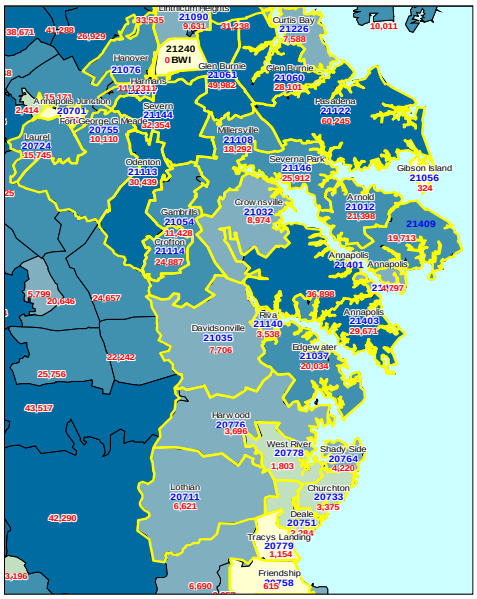
# Community Needs Assessment for Anne Arundel County

## July 2011



Anne Arundel Medical Center

# Anne Arundel County




**By Zip Code Boundaries, Town Names, and Total Population**



Anne Arundel Medical Center

# Key Findings

- 65+ population projected to grow nearly 20% by 2015 in the County
- County poverty rate & uninsured rate increased with the unemployment rate
- Physician Workforce studies in the State show shortages in Primary Care and multiple Specialties
- Increasing life expectancy in County to 79.1 yrs; mortality rate is 802 compared to US rate of 760 per 100,000 pop.
- Leading causes of death in County: 1st Cancer, 2nd Heart Disease
- Cancer incidence highest in the County for Lung and Breast; 43% use tobacco currently or formerly
- Diabetes prevalence 8%; over 66% county population is either overweight or obese (per BMI)
- County infant mortality rate is lower than State rate; Prince George's County highest in State
- Domestic Violence crimes in County - over 1,000 reported in 2010
- Mental illness, substance abuse & co-occurring illnesses put demands on available services in the County
  - "Jail" population, veterans, adolescents, & elderly at most risk
  - Suicide is 2nd leading cause of death in youths 10 to 17 yrs; accidental (unintended) injuries is 1st
  - Over 75% of surveyed 12th graders had ever tried drugs, alcohol, or tobacco

Anne Arundel Medical Center

# Demographics

## (Nielsen Claritas 2010 Pop & HHI)

| | Anne Arundel County | Calvert County | Charles County | Kent County | Prince George's County | Queen Anne County | Talbot County | Maryland | United States |
|---|---|---|---|---|---|---|---|---|---|
| **Population – 2010 (1)** | | | | | | | | | |
| Total Population | 515,313 | 90,025 | 142,759 | 20,374 | 816,803 | 48,042 | 36,495 | 5,665,977 | 309,038,974 |
| 5-Year % Growth | 1.5% | 6.5% | 5.9% | 2.4% | -0.5% | 6.5% | 2.6% | 2.1% | 4.1% |
| Male | 49.5% | 49.2% | 48.6% | 47.8% | 48.0% | 49.5% | 47.8% | 48.4% | 49.3% |
| Female | 50.5% | 50.8% | 51.4% | 52.2% | 52.0% | 50.5% | 52.2% | 51.6% | 50.7% |
| **Race*, Age and Ethnicity(1)** | | | | | | | | | |
| White | 77.1% | 81.1% | 52.4% | 80.8% | 23.0% | 88.5% | 82.8% | 60.3% | 72.3% |
| African American | 15.5% | 14.5% | 40.2% | 15.3% | 63.5% | 8.1% | 13.5% | 28.9% | 12.4% |
| Asian | 3.1% | 1.3% | 2.5% | 0.8% | 3.7% | 1.0% | 0.8% | 5.1% | 4.4% |
| American Indian | 0.3% | 0.3% | 0.7% | 0.1% | 0.3% | 0.2% | 0.2% | 0.3% | 0.9% |
| Hispanic, any race | 4.7% | 2.6% | 4.0% | 3.7% | 13.3% | 2.2% | 3.3% | 6.9% | 15.8% |
| Under 5 Years Old | 6.6% | 5.9% | 6.8% | 5.2% | 6.9% | 5.8% | 5.4% | 6.6% | 6.9% |
| 18 Years and Over | 76.0% | 75.8% | 74.1% | 81.2% | 75.6% | 77.1% | 80.4% | 76.2% | 75.7% |
| 65 Years and Over | 12.0% | 10.9% | 9.1% | 20.1% | 10.0% | 14.0% | 23.7% | 12.5% | 13.2% |
| Median Age | 38.1 | 37.4 | 35.5 | 40.9 | 35.9 | 39.7 | 44.7 | 37.7 | 37.0 |
| **Household and Economic Indicators** | | | | | | | | | |
| Median Household Income (1) | $84,320 | $89,681 | $86,273 | $51,871 | $71,476 | $79,163 | $62,517 | $70,826 | $52,795 |
| Below Poverty Level** | 6.8% | 5.4% | 6.4% | 14.4% | 7.8% | 7.3% | 8.8% | 9.2% | 14.3% |
| Unemployment Rate August 2011*** | 6.9% | 6.4% | 6.5% | 7.9% | 7.5% | 6.9% | 7.2% | 7.4% | 9.1% |
| Uninsured**(Ages <65) 2007 | 13.2% | 11.5% | 12.3% | 18.4% | 20.2% | 13.8% | 16.6% | 14.5% | 17.1% |

(1) Source: Nielsen Claritas, Inc. *Not all races are listed. ** U. S. Census Bureau, *** http://dllr.maryland.gov/lmi/laus/lausexcel/, http://www.bls.gov/web/laus/mstrtcr2.pdf

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Anne Arundel Medical Center

# Demographic Notes

- Anne Arundel County is ranked 19th in population growth for Maryland Counties; projected to grow 1.5% by 2015; State population is projected to grow 2.1% by 2015
- Anne Arundel County population aged 65+ ranks 5th in the State in 2010 and is projected to grow 19.8% by 2015; This age group is 12.0% of the total Anne Arundel Co. population in 2010 and projected to be 14.2% of total County pop. in 2015
- Anne Arundel County has a minority population of 22.9% in 2010, less than the State with 39.7% minority population (races which are non-white)
- Anne Arundel County median household income (HHI) at $84,320 ranks 5th in the State (24 counties), by race with median HHI of African Americans at $66,784 and Caucasian median HHI at $88,434

Source: Nielsen Claritas, Inc. 2010Est. and 2015Proj. demog. data

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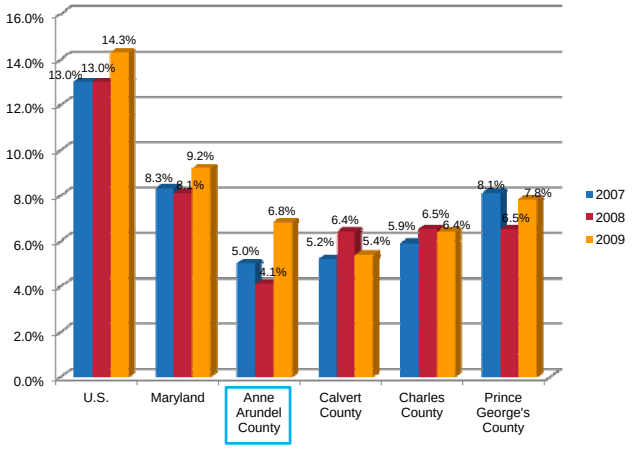
Anne Arundel Medical Center

# Poverty Trends




- Recently released data from the Current Population Survey and the American Community Survey shows the national rate and Maryland rate increased.
- Anne Arundel and Prince George's Counties have experienced an increase in their poverty levels. Calvert County experienced a decrease and Charles County's poverty rate remains essentially unchanged in 2009 compared to 2008 data.

*Source:* U.S. Census Bureau

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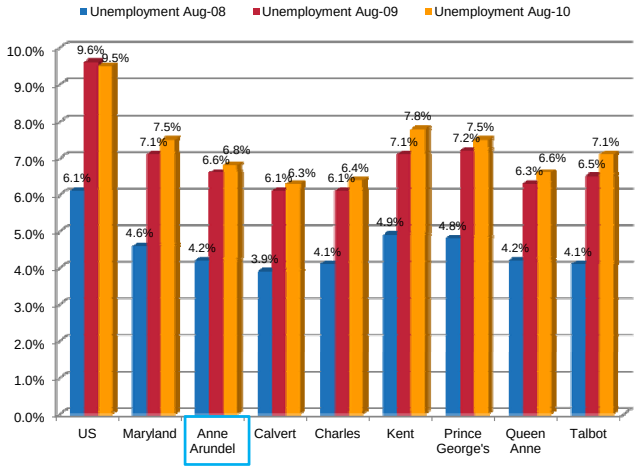
Anne Arundel Medical Center

# Unemployment




- Counties and the State of Maryland unemployment rates have all increased between August 2008 and August 2010.
- Anne Arundel County's unemployment rate is on an increasing trend as are other counties in Maryland.

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*Source:* Maryland Department of Labor, Licensing & Regulation

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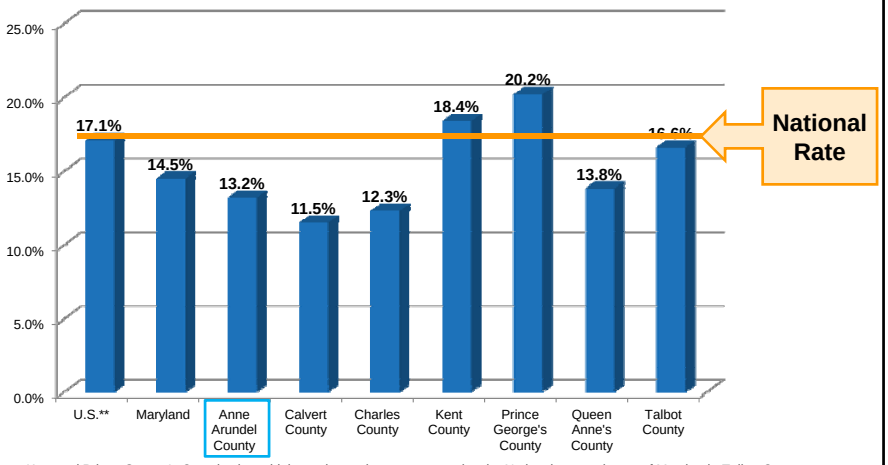
# Uninsured




- Kent and Prince George's Counties have higher uninsured rates compared to the National rate and state of Maryland. Talbot County has a rate greater than the Maryland rate.
- Anne Arundel, Calvert, Charles, and Queen Anne Counties have rates lower than the Maryland uninsured rate.

Note: Population under 65 yrs.

*Source:* U. S. Census Bureau Small Area Health Insurance Estimates

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Anne Arundel Medical Center

# Physician Workforce Shortages Identified

**Anne Arundel Medical Center Internal Review, ECG Mgmt. Consultants, Inc. Physician Community Needs Assessment 6/30/09**

- In 2011, AAMC's Medical Staff gaps were identified in primary care; and,
- In 2011, there are gaps in the availability of AAMC specialist providers, including outpatient specialty care, to serve the uninsured

**2009 Rand Corp. Report**

- In Anne Arundel County, there is a significant shortage of Primary Care Physicians: 89 PCP's per 100,000 residents

**2008 MHA/MedChi (MHCC) Physician Workforce Shortage Report**

Medical Specialties

- There are shortages across most medical specialties, and these are projected to increase through 2015
- Statewide shortages in Dermatology, Hematology/Oncology, and Psychiatry are expected to continue through 2015
- Every region of the state has a shortage of hematologists/oncologists
- Four of five regions have a shortage of psychiatrists
- By 2015, Gastroenterology is projected to experience a statewide shortage
- There are projected shortages for all pediatric specialties except for Neonatology

Surgical Specialties

- 25% of the surgical workforce is age 60 or older. By 2015, 32% of the current workforce is expected to retire.
- Critical Care Specialties-General Surgery, Thoracic Surgery, and Vascular Surgery—all have projected current statewide shortages with worsening shortages by 2015
- OB/GYN shortages are expected to continue through 2015
- The supply of general surgeons statewide meets only approximately 90% of the requirement, and is projected to fall to 80% by 2015
- By 2015, the supply of thoracic surgeons will be only half of what is needed to meet demand
- Only Neurosurgery and Otolaryngology (ENT) are projected to have resident retention adequate to cover retirements

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*Source:* ECG Management Consultants, Inc. Physician Community Needs Assessment – June 30,2009, Rand Corporation Report 2009 (Primary Care), & MHCC/MHA/MedChi 2008 rpt. http://www.mhaonline.org//File%20Library/Workforce/Workforce%20Overview/Maryland_Physician_Workforce_Report_Final_May___2008.pdf

Anne Arundel Medical Center

# 2009 Physician Surplus / (Deficit) by AAMC Service Areas

**Top 5 Specialties with Deficit**

| Specialty | Primary | Extended | Region | Future |
|---|---|---|---|---|
| Primary Care | 5.4 | (216.2) | (210.8) | (84.9) |
| Cardiac/Thoracic Surgery | (6.4) | (26.8) | (33.2) | (9.1) |
| General Surgery | (2.2) | (35.3) | (37.5) | (13.9) |
| OB/GYN | 6.9 | (17.7) | (10.9) | (7.9) |
| Psychiatry | (15.2) | (71.4) | (86.6) | (15.5) |
| **Total** | **(11.5)** | **(367.4)** | **(379.0)** | **(131.3)** |

**Top 5 Specialties with Surplus**

| Specialty | Primary | Extended | Region | Future |
|---|---|---|---|---|
| Cardiology | 4.0 | 6.6 | 10.5 | 0.3 |
| Nephrology | 0.2 | 6.8 | 6.9 | 1.8 |
| Orthopedics | 0.1 | 0.5 | 0.6 | 0.4 |
| Pulmonary Disease | 4.4 | 1.6 | 6.0 | (1.2) |
| Plastic Surgery | 5.0 | 2.6 | 7.6 | (2.6) |
| **Total** | **13.7** | **18.1** | **31.6** | **(1.3)** |

| | Primary | Extended | Region | Future |
|---|---|---|---|---|
| **Total Physician Surplus (Deficit)** | **25.2** | **(423.2)** | **(398.0)** | **(167.1)** |

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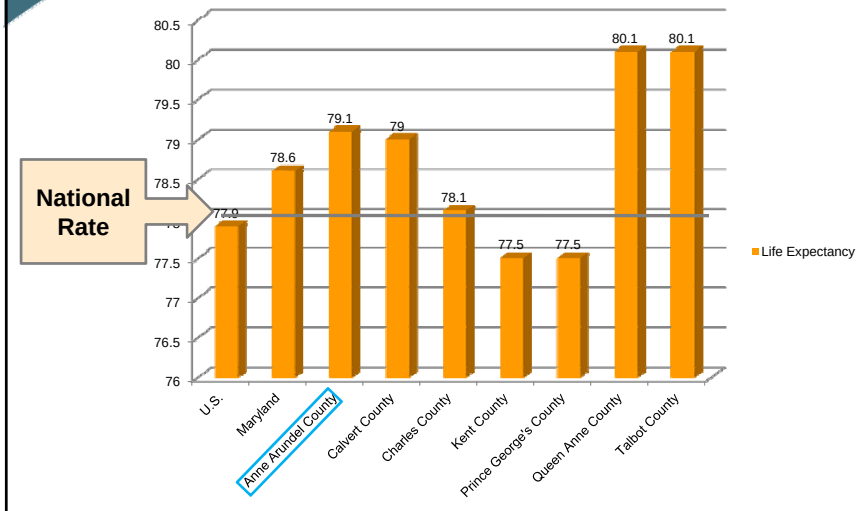
*Source:* ECG Management Consultants, Inc. Physician Community Needs Assessment – June 30,2009

Anne Arundel Medical Center

# Life Expectancy Rates

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*Source:* Maryland Vital Statistics Annual Report 2009, Maryland Dept. of Health and Mental Hygiene; for National rate http://www.cdc.gov/NCHS/data/nvsr/nvsr58/nvsr58_19.pdf

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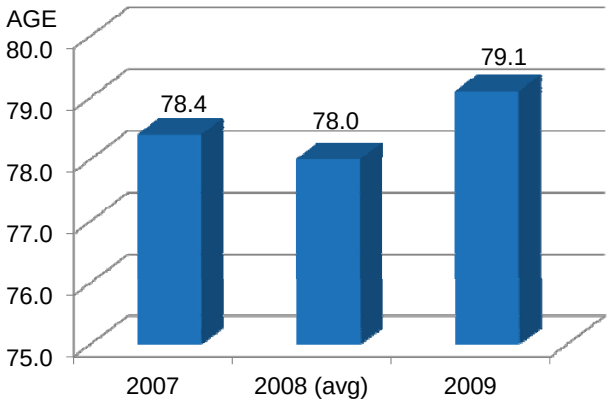
# Life Expectancy Rates
# A. A. County




*Source:* Maryland Vital Statistics Annual Report 2007,2008,2009, Maryland Dept. of Health and Mental Hygiene; for National rate http://www.cdc.gov/NCHS/data/nvsr/nvsr58/nvsr58_19.pdf

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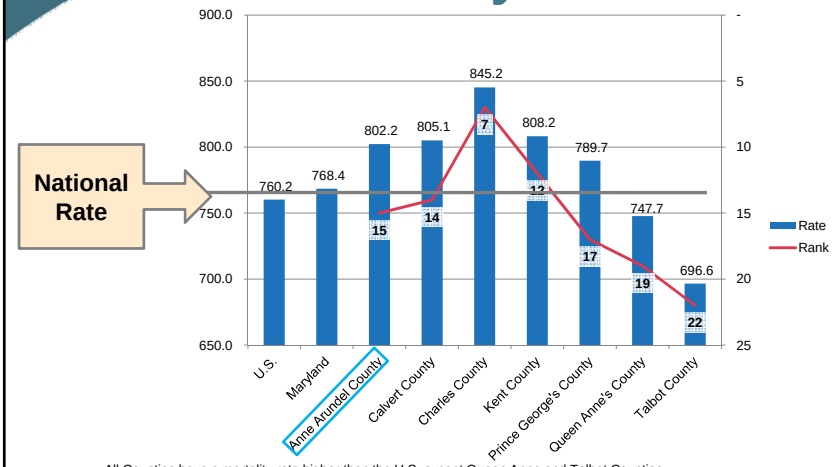
# Mortality Rates




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

*Source:* Maryland Vital Statistics Annual Report 2009, Maryland Dept. of Health and Mental Hygiene. Age-adjusted per 100,000 population, 2007-2009.

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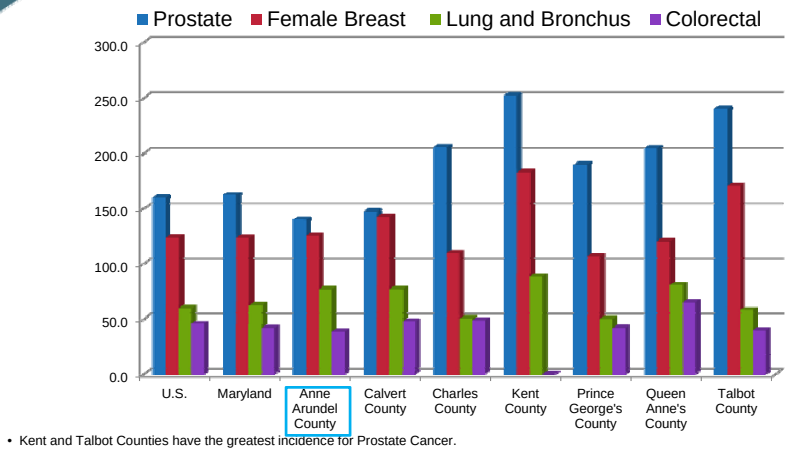
## Leading Cancer Incidence Rates




- Kent and Talbot Counties have the greatest incidence for Prostate Cancer.
- Kent and Talbot Counties have the greatest incidence rate for Female Breast Cancer.
- With the exception of Charles, Prince George's, and Talbot Counties, all Counties have an incidence rate greater than the U.S. and Maryland for Lung Cancer. Kent and Queen Anne Counties have the greatest incidence for Lung Cancer of these counties.
- Queen Anne County has the greatest incidence for Colorectal Cancer, greater than that of the State & U.S. No data for Kent Co.

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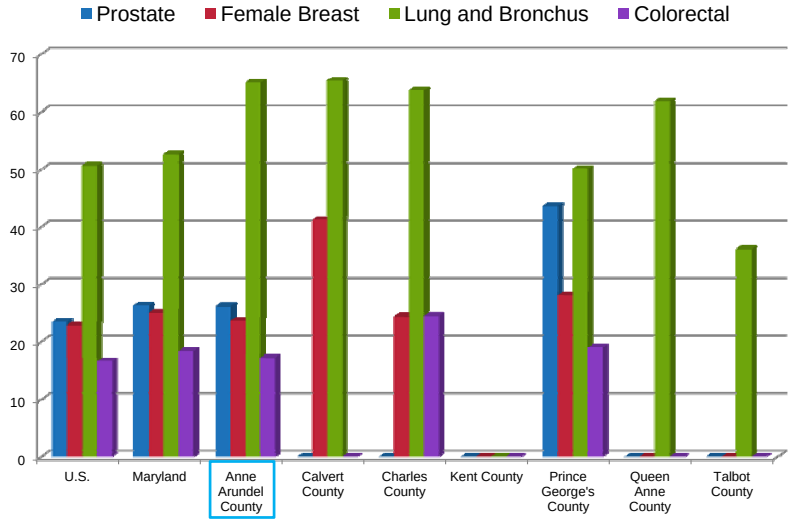
*Source:* Cancer Report 2010, Maryland Department of Health and Mental Hygiene. Rates are per 100,000 and age-adjusted to 2000 U.S. standard population.

Anne Arundel Medical Center

## Leading Cancer Mortality Rates*




*Source:* DHMH Cancer Report 2009, Maryland Department of Health and Mental Hygiene. Rates are per 100,000 and age-adjusted to 2000 U.S. standard population.

*NOTE: Mortality Rates for DHMH' s 2010 Cancer Report are not available until late summer, 2011, when an Updated 2010 Cancer Report is released (due to a lag in CDC data). Missing mortality rates due to low numbers.

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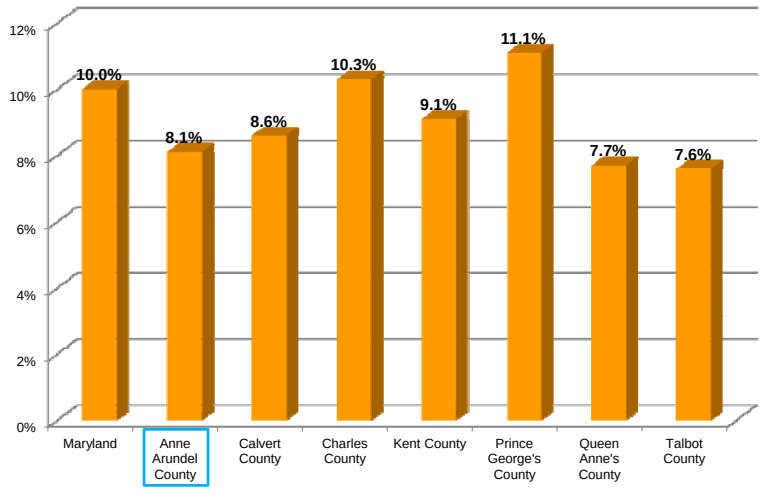
# Prevalence of Diabetes




*Source:* http://apps.nccd.cdc.gov/DDT_STRS2/CountyPrevalenceData.aspx?StateId=24&mode=DBT

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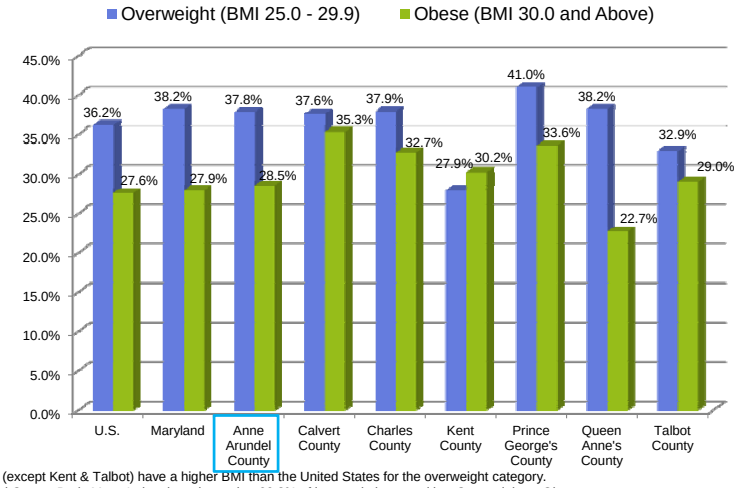
# Body Mass Index




- All Counties (except Kent & Talbot) have a higher BMI than the United States for the overweight category.
- Anne Arundel County Body Mass Index data shows that **66.3%** of its population are either Overweight or Obese.

*Source:* U.S. http://apps.nccd.cdc.gov/brfss/display.asp?cat=OB&yr=2009&qkey=4409&state=UB and Maryland Behavioral Risk Factor Surveillance System 2010 (2009 data) http://www.marylandbrfss.org/cgi-bin/broker.exe

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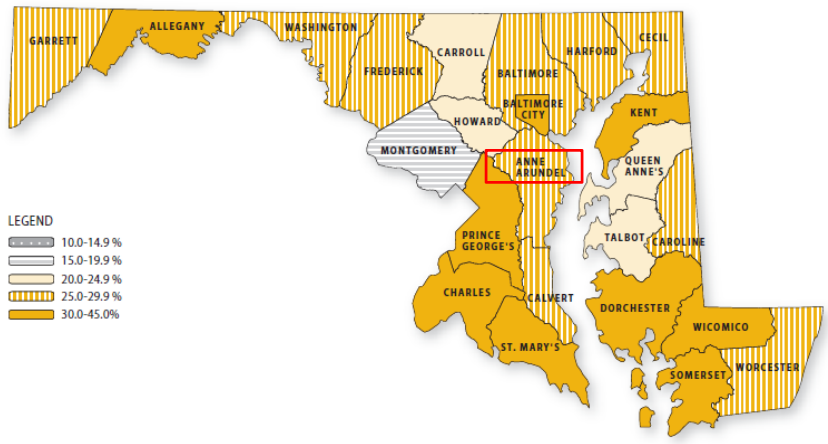
Anne Arundel Medical Center

# Adult Obesity in Maryland

FIGURE 6.3 Adult Obesity Prevalence in Maryland by Jurisdiction, 2006-2008




Source: Maryland BRFSS, 2006-2008.

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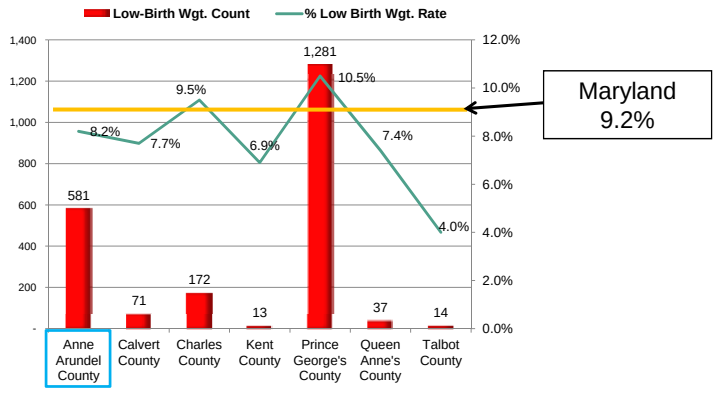
# Target Area – Low Birth Wgt. Rates




- Anne Arundel County's rate of Low Birth Weight infants is less that the Maryland rate by 1.0%

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*Source:* Maryland Vital Statistics Annual Report 2009 published 9/30/10 by Maryland Dept. of Health and Mental Hygiene. Incidence of live births, infants weighing 2,499 grams or less.

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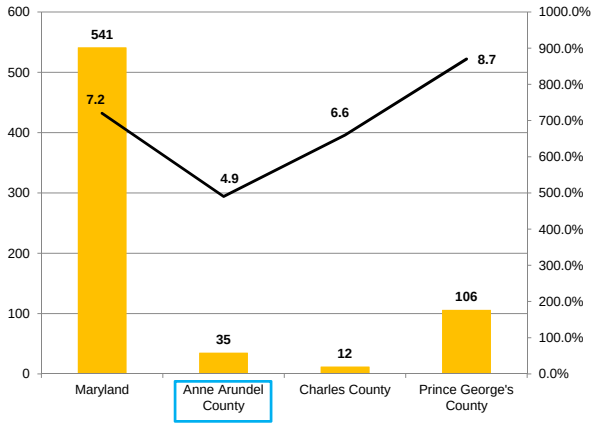
# Target Area – Infant Mortality




- Anne Arundel County has a lower infant mortality rate than the state. By race: White 4.1, African American 9.0.

*Source:* Maryland Vital Statistics Annual Report 2009 published 9/30/10 by Maryland Dept. of Health and Mental Hygiene. Rates are per 1,000 live births.

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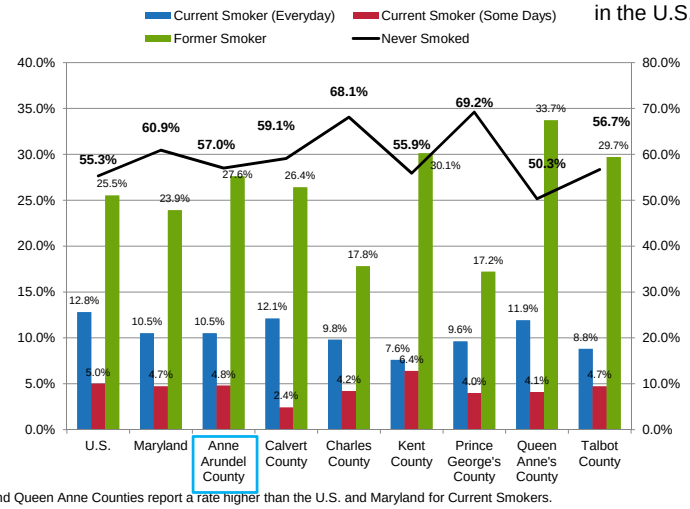
Anne Arundel Medical Center

# Adult Tobacco Use

**Maryland** Smoking Attributable Deaths per 100,000 = **261.9*** Ranking 29th in the U.S.




- Calvert and Queen Anne Counties report a rate higher than the U.S. and Maryland for Current Smokers.
- Charles and Prince George's Counties both report the highest percentage of respondents that have never smoked.

*Source:* U.S. http://apps.nccd.cdc.gov/brfss/display.asp?yr=2009&state=UB&qkey=4394&grp=0&SUBMIT3=Go
and Maryland Behavioral Risk Factor Surveillance System 2010 (2009 data) http://www.marylandbrfss.org/cgi-bin/broker.exe
* American Lung Association *State of Tobacco Control 2010*

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# Domestic Violence / Behavioral Health in A. A. County & at AAMC

- Emergency Room admissions (inpatient + outpatient) rate of domestic violence/abuse 54.1 per 100,000 pop. (A. A. County)
- CY2010, 1,394 domestic violence crimes reported in Anne Arundel Co.
- CY2010, 971 primary victims seen at AAMC for Abuse/Domestic Violence
- Behavioral Health-related conditions in E. R. admissions (inpatient + outpatient) rate of 1,134.9 per 100,000 pop. (A. A. Co.)

Source: DHMH, Maryland State Health Improvement Plan County Level Data: Anne Arundel County, via HSCRC, http://www.goccp.maryland.gov/msac/documents/2010_Crime_in_Maryland.pdf , AAMC internal data from Rae Leonard, Program Director

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Mental Health

# Mental Health Services – Adults in A. A. County

**Anne Arundel County's Core Service Agency (CSA)**

- Reports 274 residential beds in FY2010 - with four providers & 65 "Supported Housing" beds
  - Some of these beds are designated for adult special needs including co-occurring disorders, deaf, geriatric and conditional releases
- FY09 calls from 1,176 individuals were referred to/and received County and its networks' mental health services
- "Jail Population" is a continuing concern – "current structures and funding are problematic"
  - 2006 Survey of Inmates of Local Jails (SILJ) reported:
    - 64% of jail inmates have mental health problems
    - 30% of jail inmates reported symptoms of major depression
    - Nearly 75% of inmates with mental illness have co-occurring substance abuse problems
- Veterans Mental Health is also being supported by the County's CSA for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans
- The County's CSA has been a state leader in developing education and treatment focusing on the co-occurring problems of mental illness & substance abuse

*Continued next page*

Source: FY09 Annual Report of Anne Arundel County Mental Health Agency: http://www.aamentalhealth.org/documents/FINAL-AAPLAN.pdf

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Mental Health

- A. A. County Hospital Diversion program - Over 70% of individuals referred to Hospital Diversion have co-occurring mental illness and active substance abuse
  - Individual presents at an Emergency Room and meets the following criteria:
    - Is mentally ill
    - Is deemed a risk to self or others
    - Would traditionally be a candidate for inpatient services
    - Uninsured

- Five County Crownsville [Hospital] Alternatives Project
  - Anne Arundel, Calvert, Charles, Prince George's and St. Mary's
    - Crisis Beds
    - In-Home intervention Program for Children (IHIP-C):
    - In-Home intervention Program for Adults (IHIP-A):
    - Jail Mental Health Services
    - ACT (Assertive Community Treatment )& Housing

Note: COTAA = Community Outreach Team of Anne Arundel

*Continued next page*

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Source: FY09 Annual Report of Anne Arundel County Mental Health Agency: http://www.aamentalhealth.org/documents/FINAL-AAPLAN.pdf

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Mental Health

- **Crisis Response System** for immediate need of behavioral health services

**Anne Arundel County Crisis Response System Data for FY2009**

| | Target Annual Total | Actual Annual Total | Target Monthly Average | Actual Monthly Average |
|---|---|---|---|---|
| # Mobile Visits/Yr | 1,872 | 1,893 | 156 | 158 |
| # Trainings/Yr | 40 | 792 | 3 | 66 |
| # Calls Incoming/Outgoing/Yr | 16,800 | 19,424 | 1,400 | 1,619 |
| # Individuals Served/Yr | 3,600 | 3,658 | 300 | 305 |
| # of Urgent Care Visits/Yr | 500 | 750 | 42 | 63 |
| # of Persons Transported/Yr | 120 | 312 | 10 | 26 |
| # IHS Families served/ 3Xper mo/Yr/U | 40 | 69 | 1 | 6 |
| # of IHS Fam. visits/Yr | 72 | 172 | 6 | 14 |
| # of COTAA Consumers | 40 | 168 | 3 | 14 |
| # of COTAA Visits | 480 | 499 | 40 | 42 |
| # of Bed Days of Temp. Housing /Yr | 100 | 18 | 8 | 2 |

Note: COTAA = Community Outreach Team of Anne Arundel

https://www.thesantegroup.org/anne-arundel-crisis-response, A. A. County contracts with ASG (Affiliated Sante Group) which provides substantial savings to local area hospitals and jails by providing a safety net of services for those individuals with mental health issues that would otherwise receive care from the already overcrowded hospital and jail systems."

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Source: FY09 Annual Report of Anne Arundel County Mental Health Agency: http://www.aamentalhealth.org/documents/FINAL-AAPLAN.pdf

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Mental Health

# Adolescent Suicide

- Suicide is the 2nd leading cause of death among youth ages 10 to 17
- Completed suicides do not provide a comprehensive view of the extent of suicide in a community
- Many suicide attempts are unreported and self-inflicted injuries may result in minor injury, severe injury or disability
- In 2007, 13.2% of Maryland (14.5% in US) high school students reported that they had seriously considered attempting suicide during the past 12 months
- 7.5% (6.9% in U.S.) reported that they had actually attempted suicide during the same time period
- About 2.3% (2% in U.S.) made a suicide attempt that resulted in an injury, poisoning or overdose that required medical attention
- Suicide attempts are often associated with alcohol and drug use.
  - According to the National Violent Death Reporting System, for those tested for substances, 33% were positive for alcohol
  - Nearly 25% had evidence of opiates, including heroin and prescription pain medication.
- In Anne Arundel County, the problem of adolescent suicide and suicidal threats is ongoing

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*Source:* Anne Arundel County Dept. of Health , Adolescent Suicide, "*An Assessment of Adolescent Suicide Behavior in Anne Arundel County*", September 2010

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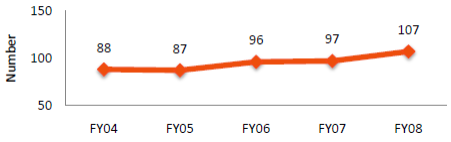
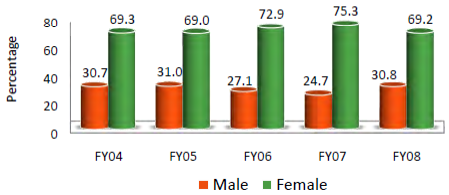
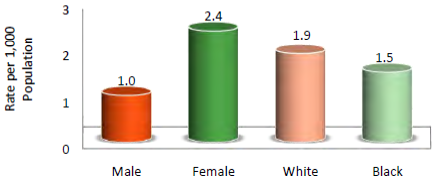
Mental Health

# Adolescents Self-Injury Stats A. A. Co.

**Emergency Room Visits for Self-Injury among Adolescents in Anne Arundel County by Year, Gender and Race, FY 2004-2008**

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*Source:* Anne Arundel County Dept. of Health , Adolescent Suicide, "*An Assessment of Adolescent Suicide Behavior in Anne Arundel County*", September 2010

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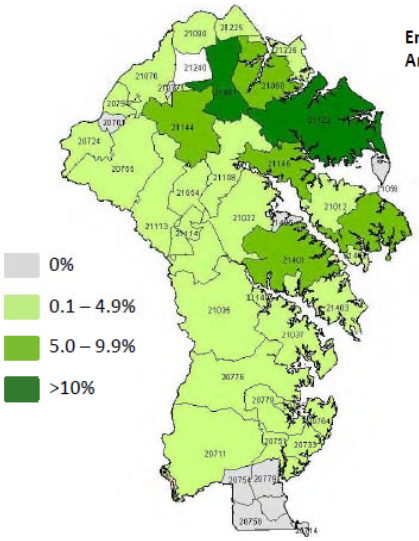
Mental Health

## ER Visits for Self-injury Adolescents in Anne Arundel County




**Emergency Room Visits for Self-injury among Adolescents in Anne Arundel County by Zip Code, FY 2004-2008**

By zip code, 32% of adolescents treated in emergency rooms for self-injury resided in Pasadena (21122), Severn (21144), and Severna Park (21146). Another 21% were from Glen Burnie (21061/21060). These percentages are likely reflective of population density rather than actual risk.

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*Source:* Anne Arundel County Dept. of Health , Adolescent Suicide, "*An Assessment of Adolescent Suicide Behavior in Anne Arundel County*", September 2010

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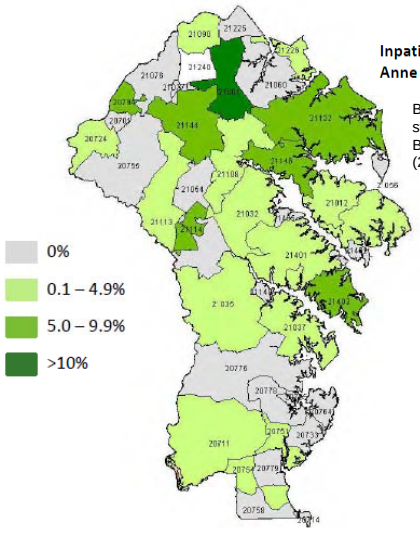
Mental Health

## Inpatient Hospital Discharges for Self-injury (Adolescents), A. A. Co.




**Inpatient Hospital Discharges for Self-injury among Adolescents in Anne Arundel County by Zip Code, FY 2004-2008**

By zip code, 55% of the adolescents discharged from inpatient hospital stays resided in 7 zip codes: Jessup (20794), Severn (21144), Glen Burnie (21061), Pasadena (21122), Severna Park (21146), Crofton (21114), and Annapolis/Eastport (21403).

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*Source:* Anne Arundel County Dept. of Health , Adolescent Suicide, "*An Assessment of Adolescent Suicide Behavior in Anne Arundel County*", September 2010

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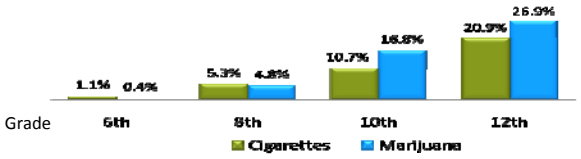
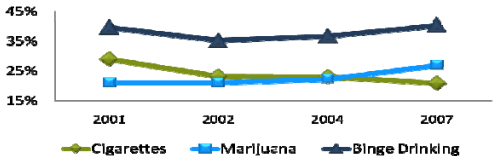
Substance Abuse

# Adolescent Substance Abuse in A. A. County

Substance Use* by Grade, Anne Arundel County, 2007




Substance Use* Among 12th Graders, Anne Arundel County, 2001-2007




*Percent of students reporting substance use in past month.

Source: 2007 Maryland Adolescent Survey published by Maryland Department of Education in 2008 (most recent)

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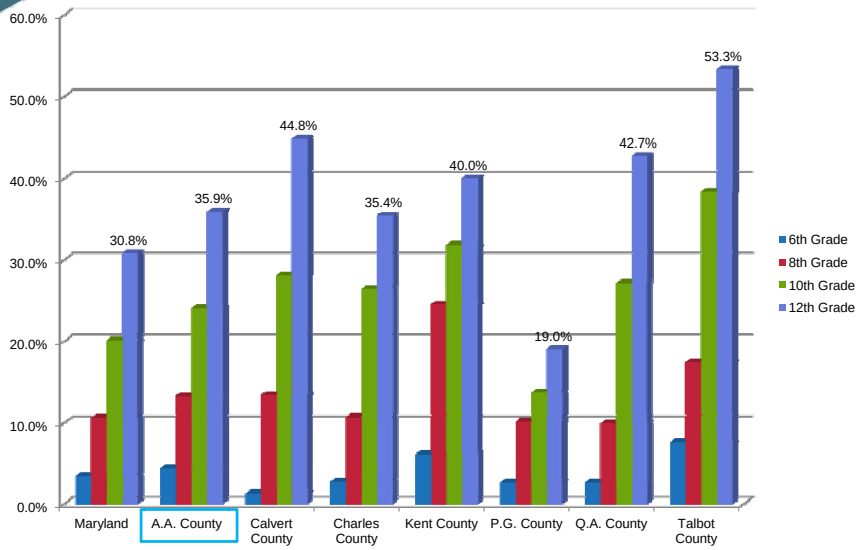
# Adolescent Trends of Tobacco




*Source:* 2007 Maryland Adolescent Survey, Maryland State Department of Education. ("The last MAS was administered in December 2007 and reported in the *2007 Maryland Adolescent Survey, October 2008*. Due to a current lack of funding, the Maryland State Department of Education has no immediate plans to administer the Maryland Adolescent Survey." – from the FY2012 Maryland State Budget for Public Education http://www.dbm.maryland.gov/agencies/operbudget/Documents/2012/Proposed/stdpted.pdf

No updated MAS report with county detail per State - Richard Scott, Md. Dept. of Ed. 410-767-0288

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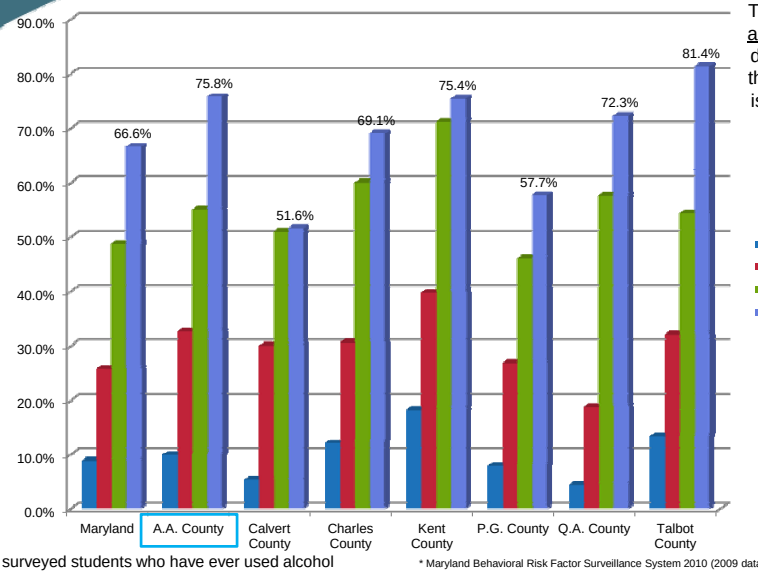
## Adolescent Trends of Alcohol




The rate of adult binge drinkers is the County is 18.4%.*

Note: % of surveyed students who have ever used alcohol

* Maryland Behavioral Risk Factor Surveillance System 2010 (2009 data)

*Source:* 2007 Maryland Adolescent Survey, Maryland State Department of Education. ("The last MAS was administered in December 2007 and reported in the *2007 Maryland Adolescent Survey, October 2008.* "Due to a current lack of funding, the Maryland State Department of Education has no immediate plans to administer the Maryland Adolescent Survey. " – from the FY2012 Maryland State Budget for Public Education http://www.dbm.maryland.gov/agencies/operbudget/Documents/2012/Proposed/stdpted.pdf

No updated MAS report with county detail per State - Richard Scott, Md. Dept. of Ed. 410-767-0288

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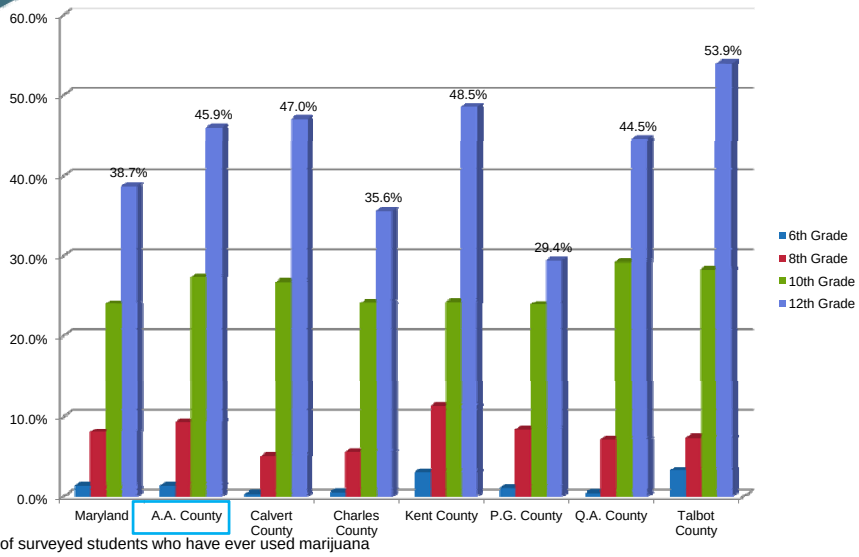
## Adolescent Trends of Marijuana




Note: % of surveyed students who have ever used marijuana

*Source:* 2007 Maryland Adolescent Survey, Maryland State Department of Education. ("The last MAS was administered in December 2007 and reported in the *2007 Maryland Adolescent Survey, October 2008.* Due to a current lack of funding, the Maryland State Department of Education has no immediate plans to administer the Maryland Adolescent Survey." – from the FY2012 Maryland State Budget for Public Education http://www.dbm.maryland.gov/agencies/operbudget/Documents/2012/Proposed/stdpted.pdf

No updated MAS report with county detail per State - Richard Scott, Md. Dept. of Ed. 410-767-0288

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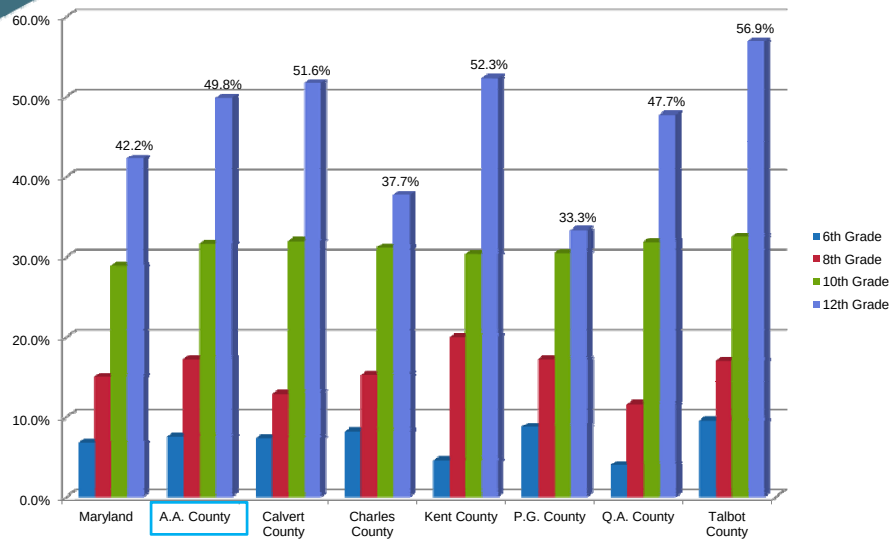
## Adolescent Trends of Other Drugs




*Source:* 2007 Maryland Adolescent Survey, Maryland State Department of Education. ("The last MAS was administered in December 2007 and reported in the *2007 Maryland Adolescent Survey, October 2008*. Due to a current lack of funding, the Maryland State Department of Education has no immediate plans to administer the Maryland Adolescent Survey. " – from the FY2012 Maryland State Budget for Public Education http://www.dbm.maryland.gov/agencies/operbudget/Documents/2012/Proposed/stdpted.pdf
No updated MAS report with county detail per State - Richard Scott, Md. Dept. of Ed. 410-767-0288

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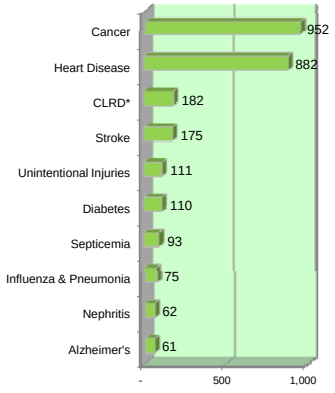
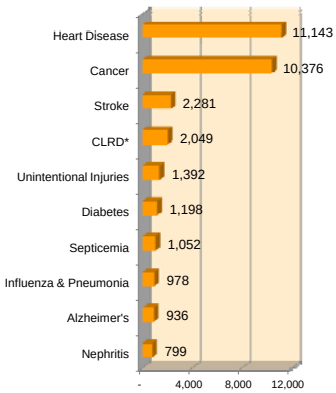
Anne Arundel County

## Leading Causes of Death

### Anne Arundel County




### Maryland




*CLRD=Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Death Certificate Data, Maryland Division of Health Statistics, Maryland Department of Health and Mental Hygiene (DHMH).
Maryland Vital Statistics Annual Report 2009 published 9/30/10.

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Anne Arundel County

| | Cases | | | | | | Mortality | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | A.A. County | | Maryland | | US | | A.A. County | | Maryland | US |
| Cause of Death | Rank | Cases | Rank | Cases | Rank | Cases | Rank | Rate | Rate | Rate |
| Cancer | 1 | 952 | 2 | 10,376 | 2 | 562,875 | 10 | 195.2 | 179.3 | 186.6 |
| Heart Disease | 2 | 882 | 1 | 11,143 | 1 | 616,067 | 15 | 198.8 | 196.8 | 204.3 |
| CLRD* | 3 | 182 | 4 | 2,049 | 4 | 127,924 | 13 | 41.9 | 35.6 | 42.4 |
| Stroke | 4 | 175 | 3 | 2,281 | 3 | 135,952 | 12 | 41.3 | 40.0 | 45.1 |
| Unintentional Injuries | 5 | 111 | 5 | 1,392 | 5 | 123,706 | 12 | 24.2 | 25.3 | 41.0 |
| Diabetes | 6 | 110 | 6 | 1,198 | 7 | 71,382 | 6 | 24.0 | 21.8 | 23.7 |
| Septicemia | 7 | 93 | 7 | 1,052 | 10 | 34,828 | 6 | 17.0 | 17.4 | 11.5 |
| Influenza & Pneumonia | 8 | 75 | 8 | 978 | 8 | 52,717 | 4 | 18.9 | 17.8 | 17.5 |
| Nephritis | 9 | 62 | 10 | 799 | 9 | 46,448 | 12 | 12.3 | 13.5 | 15.4 |
| Alzheimer's | 10 | 61 | 9 | 936 | 6 | 74,632 | 3 | 17.6 | 16.9 | 24.7 |
| **All Deaths** | **N/A** | **3,695** | | **43,763** | | **2,423,712** | **15** | **802.2** | **768.4** | **760.2** |

*CLRD=Chronic lower respiratory disease
*Source:* Maryland Vital Statistics Annual Report 2009 published 9/30/10 by Maryland Dept. of Health and Mental Hygiene and http://www.cdc.gov/NCHS/data/nvsr/nvsr58/nvsr58_19.pdf

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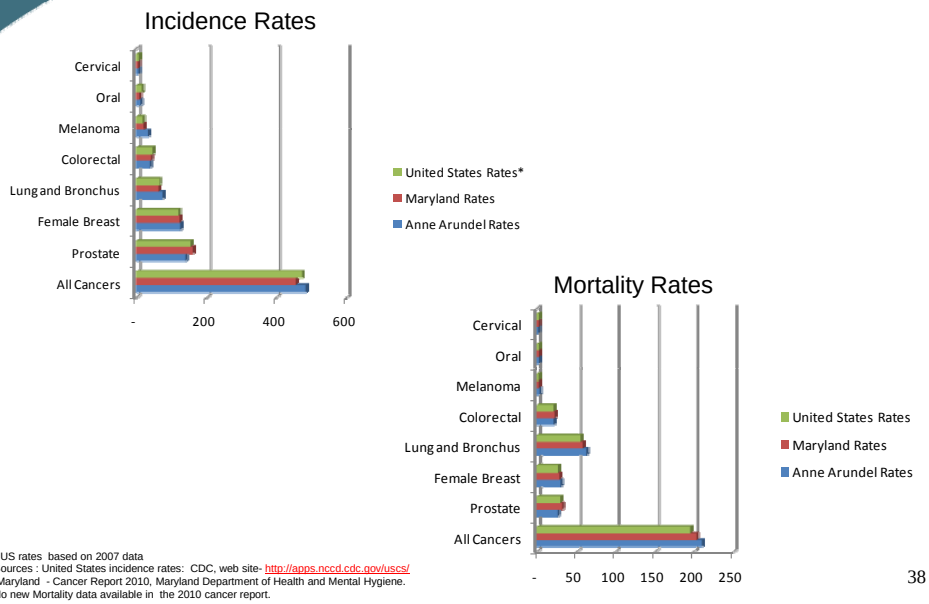
Anne Arundel County

# Cancer Incidence and Mortality




* US rates based on 2007 data
Sources : United States incidence rates: CDC, web site- http://apps.nccd.cdc.gov/uscs/
Maryland - Cancer Report 2010, Maryland Department of Health and Mental Hygiene.
No new Mortality data available in the 2010 cancer report.

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# Notes

| | Key Findings |
|---|---|
| | 5-Yr Projected average pop. growth for Anne Arundel Co. is 1.5% (2010 vs 2015) |
| | Poverty rate in Anne Arundel Co. increased from 4.1% in 2008 to 6.8% in 2009; State rate 9.2%. |
| | Anne Arundel County's unemployment rate is on an increasing trend as are other counties in Maryland. |
| | Anne Arundel County's Uninsured population rate is 13.2%, below the State rate of 14.5% |
| | Physician Workforce studies in the State show shortages in Primary Care and multiple Specialties, & aging physicians. Only Neurosurg and ENT are projected to have adequate numbers. |
| | PSA's greatest physician need is for Surgeons (Cardiac/Thoracic + General) and Psychiatrists; ESA's greatest need is in Primary Care (216 FTE's) |
| | Average Life Expectancy age in Anne Arundel County is 79.1 yrs. |
| | Anne Arundel Co. ranks 15th in State for mortality at 802.2 deaths per 100,000 pop out of 24 counties/jurisdictions. |
| | In Anne Arundel County lung cancer rates are higher than the U.S. and Maryland |
| | Lung cancer mortality is high in Anne Arundel County compared to Maryland and U.S. rates. |
| | Diabetes in Anne Arundel County at 8.1% is below the State rate of 10.0%. |
| | Like all other counties in Maryland, Anne Arundel County has a high rate of Overweight (37.8%) & Obese (28.5%) population based upon BMI, an increase from the 2008 data. |

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Note: Maryland has 24 jurisdictions – 23 counties & Baltimore City

Anne Arundel Medical Center

# Notes

| | Key Findings |
|---|---|
| | Anne Arundel County's rate of Low Birth Weight infants is less that the Maryland rate by 1.0% |
| | Corresponding to the percentage of low birth weight infants, Anne Arundel County's infant mortality at 4.9 is also lower than the State. Infant Mortality by race in A. A. Co: White 4.1, African American 9.0. |
| | Adult tobacco use in Anne Arundel County correlates to its high incidence of lung cancer 42.9% of respondents currently smoking or former smokers |
| | Domestic Violence crimes in County - over 1,000 reported in 2010 |
| | Suicide is 2nd leading cause of death in youths 10 to 17 yrs; accidental (unintended) injuries is 1st |
| | Over 75% of surveyed 12th graders had ever tried drugs, alcohol, or tobacco |
| | Anne Arundel County 12th graders exceeded the State's tobacco use rate (30.8%) with a rate of 35.9%. |
| | The State rate of alcohol use (ever used) by 12th graders was 66.6%. Anne Arundel County's was significantly higher at 75.8%. The rate of adult binge drinkers (alcohol) is the County is 18.4%. |
| | 45.9% of Anne Arundel County's surveyed 12th graders ever used marijuana, higher than the State rate of 38.7%. |
| | Anne Arundel County 12th graders ever using "other drugs" was 49.8%, higher than the State rate of 42.2%. |
| | Adult Obesity and Overweight rates for Anne Arundel County are 37.8% and 28.5%, respectively(2010 BRFSS) |
| | Anne Arundel Co.- Leading Causes of Death & Mortality rank in MD: 1.Cancer (10th), 2. Heart Disease (15th) |
| | Anne Arundel Co. Mortality rates for Cancer, Heart Disease, Chronic Lower Respiratory Disease, Stroke, Diabetes, Influenza/Pneumonia, and Alzheimer's are higher than the State rates. |
| | Anne Arundel Co. cancer incidence rates are above the State rates in Female Breast, Lung and Bronchus, melanoma, and oral cancers. |

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Anne Arundel Medical Center

# Reports

| U. S. and State Agencies | Title of Report | Date of Most Recent Report |
|---|---|---|
| **Md. Dept. of Health and Mental Hygiene** | Maryland Vital Statistics Annual Report 2009 | September 2010 |
| | Maryland Cancer Report 2010 | December 2010<br>Updated March 2011 |
| | Maryland Comprehensive Cancer Control Plan | July 26, 2011 |
| **Md. Dept. of Education** | 2007 Maryland Adolescent Survey | October 2008 |
| **CDC/ Md.BRFSS** | Maryland Behavioral Risk Factor Surveillance System – State of the State Report 2009 | November 2010 |
| **CDC** | Diabetes Data & Trends – online interactive | Regularly updated |
| **Md. Dept. of Labor, Licensing, & Regulation** | State and Local Unemployment Rates | June 2011 |
| **U.S. Bureau of Labor Statistics** | National Unemployment Rate | June 2011 |
| **ECG Management Consultants, Inc. (contracted)** | Physician Community Needs Assessment | June 30,2009 |
| **U.S. Census Bureau** | Small Area Health Insurance Estimates (SAHIE) | Regularly updated |
| | Small Area Income and Poverty Estimates (SAIPE) | Regularly updated |
| | 2009 American Community Survey | September 2010 |
| | http://quickfacts.census.gov/qfd/states/24000.html | Regularly updated |

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Anne Arundel Medical Center

| Agency | Title of Report | Dated |
|---|---|---|
| **MD DHMH,** MD Office of Chronic Disease Prevention | "Chronic Disease Data Brief"<br>(Applied for $4.1M "Community Transformation" grant from CDC) | July 2011 |
| **MD DHMH, MD Diabetes Prevention & Control Program** | Diabetes Fact Sheet 2009; "Burden of Diabetes in Maryland" | September 2010 |
| " | "Burden of Obesity in Maryland", "Burden of Heart Disease and Stroke", "Chronic Disease Data Brief" | 2010 |
| **Maryland Coalition to Control Diabetes (MCCD)** | Coalition of approximately 30 organizations; Advocate for health policy changes; Serve as an ongoing statewide forum to identify and address [diabetes] issues | N/A |
| **Coalition for a Healthy Maryland** | **Legislative Priorities**<br>**1. Combat Childhood Obesity in Maryland**<br>*Incentive:* Includes a tax deduction per child for efforts to reverse childhood obesity<br>Provided to parents of children participating in a qualified program designed to combat childhood obesity<br>**2. Reduce Smoking and Tobacco Use in Maryland**<br>*Incentive:* Includes a tax credit for cessation related efforts<br>Provided to users of qualified smoking / tobacco cessation programs<br>**3. Promote Senior Fitness & Wellness in Maryland**<br>*Incentive:* Annual tax deduction for seniors (65+) with qualified fitness & wellness expenses<br>**4. Promote Adult Physical Activity in Maryland**<br>*Incentive:* Annual tax deduction for qualified physical fitness expenses including the cost paid for certain exercise equipment and/or participation or membership in a health and fitness program<br>**5. Promote Healthy Weight Loss in Maryland**<br>*Incentive:* Annual tax deduction for eligible weight loss program fees<br>Provided to users of qualified weight loss programs<br>Precedent set by IRS<br>Incentives can create a sense of personal responsibility for improving one's health and create a climate for A Healthy Maryland | http://www.cfahm.org/index/about |
| **Maryland Dept. of State Police** | 2010 Crime Report to the Governor, "Crime in Maryland" | July 2011 |

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| Agency | Title of Report | Dated |
|---|---|---|
| **Trust for America's Health & RWJF** | "F as in Fat: How Obesity Threatens American's Future 2011" (Md. is 26th most obese state in the U.S.) | July 2011 |
| **Community Foundation of Anne Arundel County** | "Poverty Amidst Plenty: The Two Faces of Anne Arundel County" 2010 | May 2010 |
| **A. A. County Dept. of Health** | "Measuring Success" – Report Card of Community Health Indicators 2011 | May 2011 |
| **A. A. County Dept. of Health** | LOCAL HEALTH PLAN, Fiscal Year 2011 | 2010 |
| **A. A. County Dept. of Health** | FY10 Annual Report | 2010 |
| **A. A. County Dept. of Health** | Adolescent Suicide, "*An Assessment of Adolescent Suicide Behavior in Anne Arundel County*" | September 2010 |
| **A. A. Co. Mental Health Agency** | FY09 Annual Report of Anne Arundel County Mental Health Agency | 2009 |

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# APPENDIX

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Anne Arundel Medical Center

## Maryland BRFSS 2009
## HEALTHCARE ACCESS

Question:
Do you have any kind of **health care coverage**, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
Adults who answered 'No' are considered at risk.

**Who is at risk in Maryland?**

- An estimated 11.5% of Maryland adults do not have healthcare coverage.
- Men are less likely to have healthcare coverage as a group (14.2%) than women (9.1%); this difference is statistically significant.
- Black residents were significantly more likely not to have healthcare coverage (14.3%) than white residents (7.2%).
- Individuals with no healthcare coverage tended to be younger, have less education, or be from lower-income households.
- 26.8% of Marylanders who did not complete high school reported that they did not have healthcare coverage, and 38.9% of those earning under $15,000 a year reported that they did not have healthcare coverage.
- 12.6% of those with no coverage reported not having seen a doctor for a routine check-up in over 5 years compared to 3.8% that have coverage.
- Almost half of those with no coverage reported that they needed to see a doctor in the past year, but could not afford to do so (48.4%).

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Anne Arundel Medical Center

## Maryland BRFSS 2009
## DIABETES

Question:
Have you ever been told by a doctor that you have **diabetes** (excluding gestational diabetes)?
At risk: Adults who answered 'Yes' are considered at risk.

**Who is at risk in Maryland?**

- An estimated 399,000 Maryland adults (9.4%) were told by a doctor that they had diabetes. This number does not include those with undiagnosed diabetes, pre-diabetes, or women who were diagnosed while pregnant.
- There was no significant difference between the percentage of men and the percentage of women who had diabetes (10.2% and 8.6%).
- Black residents were significantly more likely to report having diabetes (14.6%) than white residents (7.8%).
- Older adults, individuals with less than a college education, and those with less income were significantly more likely to be diagnosed with diabetes.
- Of those who had been diagnosed with diabetes, 72.1% reported having an eye exam in which their pupils were dilated within the past year and 16.9% reported having been told that diabetes has affected their eyes or that they had retinopathy.
- Nearly half of those diagnosed with diabetes (48.2%) had never taken a class on how to manage their diabetes.

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