Howard County General Hospital
Fiscal Year 2012
Community Benefits Report

HOWARD COUNTY GENERAL HOSPITAL
FY 2012
COMMUNITY BENEFITS REPORT

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I. DESCRIBING THE COMMUNITY SERVED BY THE HOSPITAL

Hospital Introduction

In FY 2012 Howard County General Hospital (HCGH or Hospital) was licensed to operate 249 beds. During the same period the Hospital had 15,667 inpatient admissions and 3,333 births. The hospital served 77,488 patients in its emergency department, and provided 68,253 other outpatient visits

Primary Service Area (PSA)

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

Table I

		Data Source
Primary Service Area zip codes	21042, 21043, 21044, 21045, 21046, 21075, 20723, 20794	Health Services Cost Review Commission (HSCRC).
All other Maryland hospitals sharing primary service area	Sheppard Pratt (Psychiatry only)	
Percentage of uninsured patients	5.5	2012 The Nielsen Company 2012 Thomson Reuters
Percentage of patients who are Medicaid recipients	7.5	2012 The Nielsen Company 2012 Thomson Reuters

Community Benefits Service Area (CBSA)

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

The hospital considers its CBSA as specific populations or communities of need to which the hospital allocates resources through its community benefits plan. The Hospital defines its CBSA using the zip codes contained within the geographic boundaries of the Howard County jurisdiction as set forth by the Maryland Department of Planning and Zoning. The combination of HCGH's status as the only acute care hospital in Howard County and the natural boundaries of the Patapsco and Patuxent rivers provide a level of "containment" of the local population for seeking health care and other services. Approximately 62% of HCGH's patients reside in the community, further supporting the definition of the Howard County jurisdiction as its CBSA.

B. CBSA Demographics and Social Determinants

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

Table II

Community Benefits Service Area (CBSA)	Howard County zip codes: 20701,20723,20759,20763,20777, 20794,20833,21029,21036,1042, 21043,21044,21045,21046,21075, 21076,21104,21163,21723,21737, 21738,21771,21784,21794,21797	MD Dept. of Planning Data Services Div. 2011
CBSA demographics, by sex, race, ethnicity, and average age	Total Population : 289,910 Sex: Male: 143,945/49.7% Female: 145,965/50.3% Race/Ethnicity: White Non-Hispanic: 163,161/56.3% Black Non-Hispanic: 54,035/18.6% Hispanic: 18,464/6.4% Asian and Pacific Islander Non-Hispanic: 43,566/15% All Others: 10,684/3.7% Age: 0-14: 60,411/20.8% 15-17: 14,705/5.1% 18-24: 23,435/8.1% 25-34: 34,513/11.9% 35-54: 95,038/32.8% 55-64: 33,569/11.6% 65+: 28,239/9.7%	2012 The Nielsen Company 2012 Thomson Reuters
Average Household Income within the CBSA Median HH Income	$116,905 $70,647	2012 The Nielsen Company 2012 Thomson Reuters
Percentage of households with incomes below the federal poverty guidelines within the	Persons below poverty level, 2006-2010: 4.2% (USA: 13.8%) Household Income below $15,000: 3.8% Household Income $15,000 – 24,999: 3.1%	http://quickfacts.census.gov/qfd/states/24/24027.html www.howardhealthcounts

CBSA		
Percentage of uninsured people within the CBSA	5.1%	2012 The Nielsen Company 2012 Thomson Reuters
Percentage of Medicaid recipients within the CBSA	7.0%	2012 The Nielsen Company 2012 Thomson Reuters
Life Expectancy within the CBSA, by race and ethnicity where data are available	The Howard County Life Expectancy baseline is 81.9 years at birth. It is above the State baseline at 78.7 and the National baseline at 77.9.	http://dhmh.maryland.gov/ship
Mortality Rates within the CBSA, by race and ethnicity where data are available	Heart Disease Deaths per 100,000: Howard County: 150.1 - White: 170 - Black: 166 Maryland: 193 - White: 184 - Black: 238 Cancer Deaths per 100,000: Howard County: 145.6 - White: 163 - Black: 167 Maryland: 176.8 - White: 177 - Black: 193 - Asian: 100.7 Infant Mortality Rate per 1,000 births Howard County: 5.8 Maryland: 7.3 White: 4.2 Black: 11.8	http://dhmh.maryland.gov/ship

Access to healthy food, quality of housing, and transportation within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)	<u>Limited Access to Healthy Foods:</u> • Howard County: 2% • Maryland: 4% <u>Quality of Housing</u>: Home ownership rate, 2006-2010: 74% Housing units in multi –unit structures, 2006–2010: 24.8% <u>Transportation:</u> Scheduled bus services operated daily throughout Eastern Howard County. County provides specialized curb-to-curb for senior citizens and individuals with disabilities. Four transportation programs under county oversight: • Howard Transit (fixed route) • HT Ride (ADA complimentary and para-transit service) • Howard Commuter Solutions (ride share/vanpool) • Work on Wheels (reverse commuter service). In addition, Neighbor Ride, a local non-profit, supplements public transportation 3.7% of HH have no vehicle.	http://www.countyhealthrankings.org/maryland http://quickfacts.census.gov/qfd/states/24/24027.htm http://howardcountymd.gov/DisplayPrimary.aspx?id+6442460766
Available detail on race, ethnicity, and language with the CBSA	<u>Race/Ethnicity</u>: White Non-Hispanic: 163,161 (56.3%) Black Non-Hispanic: 54,035 (18.6%) Hispanic: 18,464 (6.4%) Asian/Pacific Islander Non-Hispanic: 43,566 (15.0%) All Others: 10,684 (3.7%) <u>Language at Home</u>: Only English: 79.6% Other than English: 21.4% Spanish: 4.09% Asian/PI: 7.71% Indo-European: 7.05% Other: 1.47%	2012 The Nielsen Company 2012 Thomson Reuters www.howardhealthcounts

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. A description of the process our hospital used for identifying the health needs in our community and the resources used.

The purpose of the community health needs assessment is to identify the most important health issues in the community surrounding the hospital using scientifically valid health indicators and comparative information. The assessment also identifies priority health issues where better integration of public health and healthcare can improve access, quality, and cost effectiveness of services to residents surrounding the hospital. This report represents the hospital's efforts to share information that can lead to improved health status and quality of care available to our residents, while building upon and strengthening the community's existing infrastructure of services and providers.

Methods

Primary Data Collection

In FY 2012 HCGH, partnering with Howard County Health Department (HCHD), The Horizon Foundation (THF) and The Columbia Association (collectively "The Partners"), embarked upon an ambitious long term research initiative to measure health status of our community. By pooling financial resources the Partners are undertaking a bi-annual community health behaviors survey of Howard County residents. Modeled after the Behavioral Risk Factor Surveillance System (BRFSS), the Partners developed a 15 minute telephone survey to be administered to a demographically representative sample of 2000 Howard County residents. The first of four biannual administrations of the survey was put to field in the fall of 2012. Results of the survey were reported to the sponsors in November 2012, and at this writing are still being analyzed. The Partners have agreed to use the findings from this survey to inform the ongoing activities of the LHIC and individual organizations participating in LHIC to support individual and collaborative efforts to improve community health.

HCGH was one of three primary sponsors of a community wide Local Health Improvement Coalition (LHIC) convened in the fall of 2011. Working closely with lead sponsor, the HCHD, and THF, HCGH participated in a three month interactive exercise convening local stakeholders in community health improvement to review current health status information and establish shared health improvement priorities. In over 12 hours coalition meetings with more than 40 community organizations and dozens of hours of off-line data analysis and meetings with individual stakeholders, HCGH helped shape the final Howard County 2012-2014 Local Health Improvement Action Plan (LHIAP). The LHIAP final report, included herein as Exhibit A, focuses on three health improvement priorities:

- Increase access to health care
- Enable people of all ages to achieve and maintain a healthy weight through health eating and physical activity.
- Expand access to behavioral health resources and reduce behavioral health emergencies.

The report outlines the broad range of data and information reviewed by the LHIC to arrive at these collective priorities, as well as the interactive discussions that led to the final collective priorities.

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present a community profile, access to health care, chronic diseases, social issues, and other health indicators.

In addition to the community stakeholders identified on page 8, HCGH also analyzed information from numerous outside sources to determine health status at the most local level possible for the hospital's primary and community benefits service area. Sources included:

- *Budget Trends, Howard County Health and Human Services*, FY 2008 – 2011, Policy Analysis Center, Columbia, MD.(May 2011)
- *Howard County Maryland Self Sufficiency Indicators Report*, Policy Analysis Center, Columbia, MD, (September 2010)
- *Maryland DHMH State Health Improvement Plan* (http://dhmh.maryland.gov/ship/)
- Howard Health Counts (http://www.howardhealthcounts.org/) – a compilation of community health indicators published by the Horizon Foundation. This data source compares health indicators for Howard County to regional and national benchmarks.
- Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm)
- Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS)
- American Cancer Society publications
- American Heart Association publications
- Maryland Health Services Cost Review Commission Hospital utilization data

Overview of Key Findings

- *On the whole, Howard County is a relatively healthy community.* The Hospital's CBSA ranks in the top 50th percentile relative to comparative communities in 85 of the identified 102 indicators tracked in www.HowardHealthCounts.org , improving from 70 of 100 in 2011. Moreover, Howard County was ranked the healthiest county in Maryland by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute in 2010. All Maryland counties were ranked on health outcomes and a series of health determinants (including, but not limited to, tobacco use, diet and exercise, access to and quality of care, education, employment and income, and air quality). Howard County was ranked the healthiest place to live in both Health Outcomes and Health Determinants categories.

- *Despite such positive health indicators, there remain community health challenges, including:*
    - Obesity: Low income pre-school obesity (16%)
    - Mental Health: Reduced governmental funding for mental health services continues to drive the chronically mentally ill out of institutional settings, straining community based capacity (hospital and freestanding) to care for these residents. Additionally, not all community hospitals provide mental health and substance abuse services, resulting in Howard County providers caring for a disproportionate share of patients from other jurisdictions. Furthermore, care is complicated by a dearth of community based providers (Psychiatrists, mental health and substance abuse counselors) accepting any third party reimbursement for outpatient mental health and substance abuse care.
    - Access to Health Services: This is particularly challenging for the county's growing foreign born population, primarily of Hispanic and Asian origin.
    - Heart disease: High cholesterol prevalence (41.4%)
    - Breast Cancer: Breast Cancer Incidence Rate (131/100,000 females)
    - Lyme disease incidence rate (66.5 cases/100,000)

Collaboration

2. In seeking information about community health needs, below is a summary of organizations and individuals outside the hospital that were consulted, including representatives of diverse sub-populations within the CBSA.

- Howard County Health Officer and Howard County Health Department Staff
- Howard County Library
- Howard County Office on Aging
- Howard County Office of Citizen Services
- Howard County Fire and Rescue Services
- Howard County Police Department
- Howard County Public School System
- Howard County Mental Health Authority
- The Horizon Foundation
- The Columbia Foundation
- Chase Brexton Health Services (Federally Qualified Community Health Center)
- National Alliance for Mentally Ill, Howard County Chapter
- Korean American Citizen's Association of Howard County
- Gilchrist Hospice Care
- Numerous private practice physicians across many specialties serving Howard County
- HCGH Community Relations Council
- Association of Community Services of Howard County
- United Way of Central Maryland, Howard County Partnership Board
- Maryland Department of Mental Hygiene
- Asian American Health Center of Howard County
- Alianza de la Comunidad
- Conexiones
- Vantage House Retirement Community
- Howard County Muslim Foundation
- Elected Officials representing Howard County, including County Executive, County Council

Needs Assessment

3. **Date of the most recent needs identification process completed**: In collaboration with the Howard County Health Department the most recent needs assessment was completed in March 2012 (See page 6 and Exhibit A)

4. **Community Health Needs Assessment:** HCGH is in the process of conducting a community health needs assessment that conforms to the Patient Protection and Affordable Care Act. It will be completed by June 30, 2013.

   As noted on page 6 above, the Hospital was a lead sponsor of the Howard County Local Health Improvement Coalition, which developed the 2012 Local Health Improvement Action Plan. Now, hospital leadership is using the data, findings and relationships that served as critical inputs for that plan to complete its own "Affordable Care Act-compliant" community health needs assessment in FY 2013.

III. COMMUNITY BENEFITS ADMINISTRATION

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

The HCGH strategic plan includes consideration of community benefit. The mission, vision and values of the hospital are aimed at improving the health of the entire community (see Appendix 4). Core to the strategic plan are five strategic imperatives – clinical program development, talent development, clinical operations improvement, fiscal management and culture of caring and accountability. Within clinical program development, the hospital must develop programs to "*meet community needs*". Underlying the fiscal management imperative is the ensuring organizational sustainability so that it can pursue its mission *to improve the health of the entire community*. This is linked to the culture imperative which is working towards having the entire hospital share in a *culture of caring and accountability*.

2. What stakeholders in the hospital are involved in your hospital community benefits process/structure to implement and deliver community benefits activities? (Place a check to any individual/group involved in the structure of the CB process and provide additional information if necessary)
    a. Senior Leadership
        i. _x_ CEO
        ii. _x_ CFO
        iii. _x_ Other: V.P. Medical Affairs; SVP, Planning and Marketing; Chief Nursing Officer; SVP, Outcomes (please specify)
    b. Clinical Leadership
        i. _x_ Physicians (Physician Advisory Council)
        ii. __ Nurses
        iii. _x_ Social Workers and Case Managers
        iv. __ Other (please specify)
    c. Community Benefits Department/Team
        i. _x_ Individuals (two FTEs support the CB tracking and reporting)
        ii. __ Committee (please list members)
        iii. __ Other (please describe)

Ultimate leadership of the CB process begins at the governance level with the Hospital's board of trustees, which has identified community benefit as a fundamental goal of the Hospital articulated in its mission and vision. The board charges the president/CEO to carry out a community benefit program.

Operational leadership at all levels of the organization is involved in the community benefits administration process. At the executive management level, the CB Administration is co-led by the Hospital's Chief Financial Officer (measurement and tracking) and Senior V.P. of Planning and Marketing (community needs assessment and planning). All members of the executive leadership team support this process through their respective divisions. While all members of middle management are responsible for tracking and reporting on community benefit initiatives within their departments, specific leadership responsibility falls to the manager of regulatory compliance (compilation) and the director of community health education (needs assessment). All executives and middle managers are responsible for delivering community benefit through service to community health and human service organizations.

Finally, numerous Hospital employees as well as members of the professional staff (i.e. physicians and allied health professionals on the medical staff) deliver community benefit through health education, health partnerships with community organizations, participation in hospital sponsored community health events (e.g. health fairs, screenings, etc.) and targeted programs.

3. Is there an internal audit (i.e., an internal review conducted at the hospital) of the community benefits report?
    a. Spreadsheet (**Y**/ N)
    b. Narrative (**Y**/N)

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

IV. HOSPITAL COMMUNITY BENEFITS PROGRAM AND INITIATIVES

1. Brief introduction of community benefits program and initiatives, including any measurable disparities and poor health status of racial and ethnic minority groups.

Health disparities among different segments of the community are evident in Howard County, as illustrated below:

Measure	*County Baseline*	*White/ Non-Hisp.*	*Black*	*Asian*
Percentage of Adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)	41.5%	42.7%	28.4%	52.8%
Percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor (BRFSS 2008-2010)	7.2%	4.1%	12.8%	
Rate of ED visits for diabetes per 100,000 population (HSCRC 2010)	142.1	103.1	360.6	

HCGH provides community benefit to improve the health of Howard Countians through a wide range of initiatives, programs and partnerships with organizations that share its commitment to health improvement. These initiatives broadly include:

- Community health services: free screenings, education, support groups, etc.
- Education of health professionals: nurses, therapists, clinical technicians, etc.
- Mission driven services: direct care subsidized by hospital reserves.
- Financial contributions to health, human service and community organizations that share the hospital's mission of community health improvement.
- Community building: constructing or improving upon community based infrastructure to promote improvement of healthy living. For example, the Hospital continued its support of the healthy children's play area in the Columbia Mall, a centerpiece of the Howard County community, to promote healthy habits in a fun educational manner.

Several of the more significant initiatives are summarized below and set forth in detail in the following tables.

Healthy Howard (HH): HCGH has been a major partner in the "health access plan" conceived by Howard County government since its launch in 2009. HCGH has contributed in kind hospital services for all uninsured residents signing up for the HH Access Plan. During FY 2012 HCGH provided $1,326,877.53 of care to Healthy Howard participants.

Mall Wellness Fairs: HCGH has sponsored themed community health fairs (e.g. heart health, children's health, fitness, cancer detection and prevention) at the Mall in Columbia for the past five years. Each event, generally four hours long on a Saturday, brings together the hospital's healthcare providers, community physicians and representatives from local health and human service organizations to provide screenings, conduct health education and disseminate information about community health resources. Several hundred participants have taken advantage of the health offerings at each event.

Ethnic Health Fairs: In response to the unique health needs of emerging foreign born populations, HCGH has sponsored or co-sponsored several "ethnic targeted" health fairs each year for the past 8 years. In FY 2012 health fairs, were held to address needs of the fast growing Latino and Asian populations, as well as the underserved population in the southeast corner of the county.

Initiative 1. Healthy Howard

Identified Need	Access to Care – Underserved population
Hospital Initiative	Healthy Howard Hospital Care
Primary Objective	Increase access to health care in the acute hospital environment.
Single or Multi-Year Initiative Time Period	Multi-year
Key Partners in Development and/or Implementation	HCGH, Howard County Health Department, County Government
Evaluation Dates	Ongoing
Outcome (Include process and impact measures)	2,256 patients seen in FY12
Continuation of Initiative	Yes. However after implementation of the Affordable Care Act, Healthy Howard is expected to transform into a navigator organization, and as such the HCGH/HH relationship will evolve.
Cost of Initiative for Current FY	$1,326,877.53

Initiative 2. Access to Care of Diverse Populations

Identified Need	Access to care - Underserved Population
Hospital Initiative	Ethnic Health Fairs
Primary Objective	Screen for early intervention and prevention – Stroke, Heart Disease, Diabetes, Cancer and more.
Single or Multi-Year Initiative **Time Period**	Multi-year
Key Partners in Development and/or Implementation	HCGH and HCGH Medical Staff, local health and human service agencies, state and county government agencies.
Evaluation Dates	Ongoing
Outcome (Include process and impact measures)	Participants screened: Latino fair – 550; Asian/PI health fair - 1500
Continuation of Initiative	Yes
Cost of Initiative for Current FY	$12,000

Initiative 3. Access to care, Lower Income Populations

Identified Need	Access to Care
Hospital Initiative	Mall Health Clinics
Primary Objective	Provide health screenings and health education and resources to target population.
Single or Multi-Year Initiative **Time Period**	Multi-year
Key Partners in Development and/or Implementation	HCGH, HCGH Medical Staff, local health and human service agencies, Howard County Health Dept.
Evaluation Dates	Ongoing
Outcome (Include process and impact measures)	# Screened: Cardiovascular -160; Sports Medicine – 108; Healthy Kids – 213; Cancer Prevention and Early Detection - 125
Continuation of Initiative	yes
Cost of Initiative for Current FY	$48,700

2. Description of the community health needs that were identified through a community needs assessment that were not addressed by the hospital

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health related organizations—primary users of information found in CHNA's—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone. Nor can they affect basic demographics like age or gender distribution patterns.

The Howard County Community identified the need to expand access to behavioral health resources to reduce behavioral health emergencies. The Hospital will work with the Howard County Mental Health Authority, the Howard County Health Department and other organizations who are partners in the Local Health Improvement Coalition (LHIC) in an effort to address this. However, the dearth of community mental health providers, particularly the lack of those willing to accept insurance payments, limits the scope of change that any single organization such as the hospital can effect.

While the per capita incidence of Lyme Disease was identified as considerably greater than comparable communities, HCGH has not invested in programs to address this, principally due to limited human and financial resources. Rather, the hospital has chosen to focus resources on other priorities.

V. PHYSICIANS

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

HCGH has subsidized physicians in several specialties to incentivize them to accept on-call coverage responsibilities serving both the Hospital's Emergency Department (ED) and consultation and treatment of Hospital inpatients. One of the issues (but certainly not the only issue) compelling physicians to refuse hospital call without financial subsidy, is the burden of uninsured patients.

Many physicians in nearly every specialty practicing in Howard County either limit the number of uninsured patients and patients with Medical Assistance in their panels or refuse to accept non-paying patients altogether. The hospital's precise knowledge of this practice in the community based private physician setting is limited to information that physicians voluntarily report on their registration screens of the Hospital's physician referral service, and "telephone mystery shopping" conducted to ascertain status of accepting new patients. Few physicians complete this segment of the referral service profile. The Hospital's physician referral service periodically receives calls from individuals who report that they have been unable to find a physician willing to accept an uninsured patient without the ability to pay.

Through a grant to The Horizon Foundation HCGH supported the establishment of the Chase Brexton Health Services (CBHS) federally qualified health center in the county. Since CBHS opened its doors in Howard County in 2008 HCGH has collaborated with CBHS to streamline referrals of uninsured and underinsured patients between the two health providers. Most recently this included placement of a CBHS case manager in the HCGH emergency department to facilitate continuity of care after the emergency visit for targeted individuals lacking a primary care physician.

2. Physician Subsidies.

Howard County General Hospital provides subsidy to physicians for a range of services that they would otherwise not furnish to the hospital. In FY 2012 HCGH paid a total of $ $9,355,995 in subsidies to physicians for the following services, general surgery, otolaryngology, orthopedic surgery, urology, cardiology, oral and maxillofacial surgery, neurology, obstetrics/gynecology, psychiatry and anesthesiology. A significant portion of these subsidies were for call coverage in the emergency department (ED). The physician services provided through these subsidies are critical to the accomplishment of the HCGH mission to serve the health care needs of our entire community.

APPENDIX 1

FINANCIAL ASSISTANCE POLICY DESCRIPTION

Description of Financial Assistance Policy

HCGH provides necessary emergency medical care to all people regardless of their ability to pay. Financial assistance is available for those patients who cannot pay the total cost of hospitalization due to the lack of insurance coverage and/or inability to pay. If you do not have insurance, our financial counselors will schedule an interview with you to determine payment arrangements and/or assist you in completing a Medical Assistance application. Non-resident aliens are also eligible for financial assistance. For additional information, call a financial counselor at 410-740-7675. (Source: HCGH Patient Welcome Book)

HCGH informs its patients about the Financial Assistance policy through a number of tactics, including:

- Signs in English and Spanish are posted in patient waiting and registration areas that summarize the policy.
- A copy of the policy or a summary thereof with financial assistance contact information, is provided to every patient upon admission.
- A summary of the policy, with contact information for financial counselors, is provided to every patient without insurance who presents to the Emergency Department.
- All patients indicating a need for financial assistance are referred to a financial counselor who reviews with them the availability of various government benefits and programs, and assists them with application to such programs.

APPENDIX 2

FINANCIAL ASSISTANCE POLICY

APPENDIX 3

PATIENT INFORMATION SHEET

APPENDIX 4

MISSION

Provide the highest quality of care to improve the health of our entire community through innovation, collaboration, service excellence, diversity and a commitment to patient safety.

VISION

To be the premier community hospital in Maryland.

VALUE STATEMENT

Our values are rooted in providing unsurpassed service to everyone we encounter – patients, their families and caregivers, and our co-workers. These values – Communication, Anticipation of and Response to other's needs, Respect, and Engagement with others – reduced to the acronym CARE, are our credo for interactions with our patients and visitors as well as our co-workers.

EXHIBIT A: HOWARD COUNTY LOCAL HEALTH IMPROVEMENT PLAN

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APPENDIX 2

FINANCIAL ASSISTANCE POLICY

JOHNS HOPKINS MEDICINE / JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	Policy Number	FIN034H
		Effective Date	09-15-10
	Subject: FINANCIAL ASSISTANCE	Page	1 of 20
		Supersedes	01-15-10

POLICY

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

Purpose

JHHS is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or excessive Medical Debt for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.

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

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. This should include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt except those accounts on which a lawsuit has been filed and a judgment obtained) and any projected medical expenses. Financial Assistance Applications may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted.

Definitions

Medical Debt	Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing)
Liquid Assets	Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of $150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.
Immediate Family	If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.

Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.

PROCEDURES

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

   For example:

   - A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
   - A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
   - A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.

2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.

3. Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.

   a. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.

   b. Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.

   c. At HCGH, complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's dedicated Financial Assistance

application to mail patient a written determination of eligibility.

4. To determine final eligibility, the following criteria must be met:

   a. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.

   b. All insurance benefits must have been exhausted.

5. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:

   a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).

   b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).

   c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.

   d. A Medical Assistance Notice of Determination (if applicable).

   e. Proof of disability income (if applicable).

   f. Reasonable proof of other declared expenses.

   g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO (HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.

   h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...

6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle and/or CFO for review and final eligibility based upon JHMI guidelines.

   a. If the application is denied, the patient has the right to request the application be reconsidered. The

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

b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH) will base their determination of financial need on JHHS guidelines.

7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.

8. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.

9. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.

10. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.

11. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patient's representative requests an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.

12. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance Eligibility criteria (see Appendix A-1). If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Director of Revenue Cycle and or CFO (HCGH) or Director PFS or CFO (SH). Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a

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

13. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.

14. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding $25. If hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.

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

REFERENCE[1]

JHHS Finance Policies and Procedures Manual
Policy No. FIN017 - Signature Authority: Patient Financial Services
Policy No. FIN033 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq
Maryland Code Health General 19-214, et seq
Federal Poverty Guidelines (Updated annually) in Federal Register

RESPONSIBILITIES - HCGH, SH

Financial Counselor (Pre-Admission/Admission/In-House/ Outpatient) Customer Service Collector Admissions Coordinator Any Finance representative designated to accept applications for Financial Assistance	Understand current criteria for Assistance qualifications. Identify prospective candidates; initiate application process when required. As necessary assist patient in completing application or program specific form. On the day preliminary application is received, send to Patient

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

	Financial Services Department's for determination of probable eligibility. Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments. If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review. Review and ensure completion of final application. Deliver completed final application to appropriate management. Document all transactions in all applicable patient accounts comments. Identify retroactive candidates; initiate final application process.
Management Personnel (Supervisor/Manager/Director)	Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies. Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.] Notices will not be sent to Presumptive Eligibility or ED Financial Assistance recipients.
Financial Management Personnel (Senior Director/Assistant Treasurer or affiliate equivalent) CP Director and Management Staff	Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.

SPONSOR

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

REVIEW CYCLE

Two (2) years

APPROVAL

Vice President of Finance/CFO and Treasurer, JHHS

9-15-10
Date

APPENDIX A
FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES

1. Each person requesting Financial Assistance must complete a JHM/Financial Assistance Application (also known as the Maryland State Uniform Financial Assistance Application) Exhibit A, and Patient Profile Questionnaire, Exhibit B. If patient wishes to be considered for Medical Financial Hardship, patient must submit Medical Financial Hardship Application, Exhibit C.

2. A preliminary application stating family size and family income (as defined by Medicaid regulations) will be accepted and a determination of probable eligibility will be made within two business days of receipt.

3. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. A Patient Profile Questionnaire (see Exhibit B) has been developed to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.

4. Proof of income must be provided with the final application. Acceptable proofs include:
   (a) Prior-year tax return;
   (b) Current pay stubs;
   (c) Letter from employer, or if unemployed documentation verifying unemployed status; and
   (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
   (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.

5. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of $10,000 which would be available to satisfy their JHHS affiliate bills.

6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.

7. Patients who chose to become voluntary self pay patients do not qualify for Financial Assistance for the amount owed on any account registered as Voluntary Self Pay.

8. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations that are not medically necessary. Non-hospital charges will remain the responsibility of the patient. In the event a question arises as to whether an admission is "elective" or "necessary," the patient's admitting physician shall be consulted. Questions as to necessity may be directed to the physician advisor appointed by the hospital.

9. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the

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

10. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.

11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) will remain valid for a period of six (6) months for all necessary JHM affiliate services provided, based on the date of the determination letter. Patients who are currently receiving Financial Assistance from one JHM affiliate will not be required to reapply for Financial Assistance from another affiliate.

12. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exceptions

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

FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES

Effective 2/10/12

# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	$ 22,340	$ 24,574	$ 26,808	$ 29,042	$ 31,276	$ 33,510
2	$ 30,260	$ 33,286	$ 36,312	$ 39,338	$ 42,364	$ 45,390
3	$ 38,180	$ 41,998	$ 45,816	$ 49,634	$ 53,452	$ 57,270
4	$ 46,100	$ 50,710	$ 55,320	$ 59,930	$ 64,540	$ 69,150
5	$ 54,020	$ 59,422	$ 64,824	$ 70,226	$ 75,628	$ 81,030
6	$ 61,940	$ 68,134	$ 74,328	$ 80,522	$ 86,716	$ 92,910
7	$ 69,860	$ 76,846	$ 83,832	$ 90,818	$ 97,804	$ 104,790
8*	$ 77,780	$ 85,558	$ 93,336	$ 101,114	$ 108,892	$ 116,670
**amt for each member	$7,920	$8,712	$9,504	$10,296	$11,088	$11,880
Allowance to Give:	100%	80%	60%	40%	30%	20%

*200% of Poverty Guidelines
**For family units with more than eight (8) members

EXAMPLE:

Annual Family Income	$52,000
# of Persons in Family	4
Applicable Poverty Income Level	$46,100
Upper Limits of Income for Allowance Range	$55,320 (60% range)

($52,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

Appendix A-1

Presumptive Financial Assistance Eligibility

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

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

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

APPENDIX B
MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES

Purpose

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

Medical Financial Hardship Assistance is available for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom:
1.) Medical Debt incurred over a twelve (12) month period exceeds 25% of the Family Income creating Medical Financial Hardship; and
2.) who meet the income standards for this level of Assistance are met.

For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHHS shall apply the reduction in charges that is most favorable to the patient.

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

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

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

Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the same hospital for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to elective or cosmetic procedures However, the patient or the patient's immediate family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.

General Conditions for Medical Financial Hardship Assistance Application:

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

- Other forms of assistance available through JHM affiliates

6. Patient is not eligible for The JHM Financial Assistance Program or is eligible but the Medical Financial Hardship Program may be more favorable to the patient.

7. The affiliate has the right to request patient to file updated supporting documentation.

8. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.

9. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the Medical Financial Hardship Assistance program, the patient is still required to file a JHHS Medical Financial Hardship Assistance Application but not to submit duplicate supporting documentation.

Factors for Consideration

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

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

Exceptions

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

Evaluation Method and Process

1. The Financial Counselor will review the Medical Financial Hardship Assistance Application and collateral documentation submitted by the patient/responsible party.

2. The Financial Counselor will then complete a Medical Financial Hardship Assistance Worksheet (found on the bottom of the application) to determine eligibility for special consideration under this program. The notification and approval process will use the same procedures described in the Financial Assistance Program section of this policy.

MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

# of Persons in Family	300% of FPL	400% of FPL	500% of FPL
1	$ 33,510	$ 44,680	$ 55,850
2	$ 45,390	$ 60,520	$ 75,650
3	$ 57,270	$ 76,360	$ 95,450
4	$ 69,150	$ 92,200	$ 115,250
5	$ 81,030	$ 108,040	$ 135,050
6	$ 92,910	$ 123,880	$ 154,850
7	$ 104,790	$ 139,720	$ 174,650
8*	$ 116,670	$ 155,560	$ 194,450
Allowance to Give:	50%	35%	20%

*For family units with more than 8 members, add $11,880 for each additional person at 300% of FPL, $15,840 at 400% at FPL; and $19,800 at 500% of FPL.

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

Purpose

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

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

Inpatient/Outpatient cases

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

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

PROCEDURE

1. When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc,) to be pulled forward.

2. The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.

3. The Sr. Financial Counselor will review all patients on the report daily to validate they are active with the Chase Brexton health center and what level of charity care they qualify for.

4. The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper

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

5. The Sr. Financial Counselor is responsible for entering a form and through date into Meditech that the patient is eligible to receive this level of charity care.

6. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

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

Purpose

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

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

Inpatient/Outpatient cases

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

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

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

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

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

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

Procedure

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

Exhibit A

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

JOHNS HOPKINS
MEDICINE

Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number _____-____-_____ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

_____

_____ _____
City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

Name	Age	Relationship

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____
If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

Exhibit A

I. Family Income

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

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____		Approximate value	_____
Automobile	Make _____	Year _____	Approximate value	_____
Additional vehicle	Make _____	Year _____	Approximate value	_____
Additional vehicle	Make _____	Year _____	Approximate value	_____
Other property			Approximate value	_____
			Total	_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____ _____

Applicant signature Date

_____

Relationship to Patient

Exhibit B

PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #:_____

1. What is the patient's age? _____
2. Is the patient a U.S. citizen or permanent resident? Yes or No
3. Is patient pregnant? Yes or No
4. Does patient have children under 21 years of age living at home? Yes or No
5. Is patient blind or is patient potentially disabled for 12 months or more from gainful employment? Yes or No
6. Is patient currently receiving SSI or SSDI benefits? Yes or No
7. Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the following amounts? Yes or No

   Family Size:

   Individual: $2,500.00

   Two people: $3,000.00

   For each additional family member, add $100.00

   (Example: For a family of four, if you have total liquid assets of less than $3,200.00, you would answer YES.)

8. Is patient a resident of the State of Maryland? Yes or No
   If not a Maryland resident, in what state does patient reside? _____
9. Is patient homeless? Yes or No
10. Does patient participate in WIC? Yes or No
11. Does patient receive Food Stamps? Yes or No
12. Does patient currently have:
    - Medical Assistance Pharmacy Only Yes or No
    - QMB coverage/ SLMB coverage Yes or No
    - PAC coverage Yes or No
13. Is patient employed? Yes or No
    If no, date became unemployed. _____
    Eligible for COBRA health insurance coverage? Yes or No

Exhibit C

MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #:_____

Date: _____

Family Income for twelve (12) calendar months preceding date of this application: _____

Medical Debt incurred at The Johns Hopkins Hospital (not including co-insurance, co-payments, or deductibles) for the twelve (12) calendar months preceding the date of this application:

Date of service	Amount owed
_____	_____
_____	_____
_____	_____
_____	_____

All documentation submitted becomes part of this application.

All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.

_____ Date: _____
Applicant's signature

_____
Relationship to Patient

For Internal Use: Reviewed By:
_____Date:_____

Income: _____ 25% of income=_____

Medical Debt: _____Percentage of Allowance: _____

Reduction: _____

Balance Due: _____

Monthly Payment Amount:_____ Length of Payment Plan:_____months

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

JOHNS HOPKINS
MEDICINE

Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number ___-___-___ Marital Status: Single Married Separated
US Citizen: Yes No Permanent Resident: Yes No

Home Address _____ Phone _____

_____

_____ _____
City State Zip code Country

Employer Name _____ Phone _____

Work Address _____

_____
City State Zip code

Household members:

Name	Age	Relationship

Have you applied for Medical Assistance Yes No
If yes, what was the date you applied? _____
If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

I. Family Income

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

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____		Approximate value	_____
Automobile	Make _____	Year _____	Approximate value	_____
Additional vehicle	Make _____	Year _____	Approximate value	_____
Additional vehicle	Make _____	Year _____	Approximate value	_____
Other property			Approximate value	_____
		Total		_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

_____ _____

Applicant signature Date

_____

Relationship to Patient

JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
HEALTH SYSTEM

PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONAIRE

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____ (Include zip code)

MEDICAL RECORD #: _____

1.	What is the patient's age?	_____
2.	Is the patient a U.S. citizen or permanent resident?	Yes or No
3.	Is patient pregnant?	Yes or No
4.	Does patient have children under 21 years of age living at home?	Yes or No
5.	Is patient blind or is patient potentially disabled for 12 months or more from gainful employment?	Yes or No
6.	Is patient currently receiving SSI or SSDI benefits?	Yes or No
7.	Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the follow amounts?	Yes or No

Family Size:

Individual: $2,500.00

Two people: $3,000.00

For each additional family member, add $100.00

(Example: For a family of four, if you have total liquid assets of less than $3,200.00, you would answer, YES.)

8.	Is patient a resident of the State of Maryland?	Yes or No
	If not a Maryland resident, in what state does patient reside?	_____
9.	Is patient homeless?	Yes or No
10.	Does patient participate in WIC?	Yes or No
11.	Does household have children in the free or reduced lunch program?	Yes or No
12.	Does household participate in low-income energy assistance program?	Yes or No
13.	Does patient receive SNAP/Food Stamps?	Yes or No
14.	Is the patient enrolled in Healthy Howard and referred to JHH?	Yes or No
15.	Does patient currently have:	
	Medical Assistance Pharmacy Only	Yes or No
	QMB coverage/SLMB coverage	Yes or No
	PAC coverage	Yes or No
16.	Is patient employed?	Yes or No
	If no, date became unemployed.	_____
	Eligible for COBRA health insurance coverage?	Yes or No

PLEASE MAIL INFORMATION TO:
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211
ATTN: Financial Assistant Liaison

APPENDIX 3

PATIENT INFORMATION SHEET

5755 Cedar Lane
Columbia, Maryland 21044
410-740-7890
410-740-7990 (TDD)
www.hcgh.org

HOWARD COUNTY
GENERAL HOSPITAL
JOHNS HOPKINS MEDICINE

To our Patients and/or Family Members of our Patients:

It is estimated that more than 20,000 Howard County residents do not have health insurance and many more are under-insured. These circumstances can create a financial burden on individuals and families who need hospital services. Howard County General Hospital is aware of the financial difficulties caused by the cost of needed hospital services when health insurance is not adequate. To help members of our community who need hospital services and who` do not have adequate health insurance, Howard County General Hospital offers financial assistance.

Financial assistance is available to eligible individuals who can demonstrate a need for such assistance. That need is demonstrated by following the attached instructions and completing the attached application. Copies of documents must be provided to support the information in your application. The supporting documents required are outlined on the attached instructions.

The amount of financial assistance awarded depends on your level of income. You could qualify for as much as 100% financial assistance. If you qualify for this level of financial assistance you will not have to make any payments for the hospital services you receive. The lowest level of financial assistance is 20% and if you qualify for this level you would be responsible for 80% of hospital charges. Please note that the hospital's financial assistance applies only to charges for hospital services. Physician charges are not covered by the hospital's financial assistance program.

Once the application is fully completed and submitted to our Financial Counselor, we will make a preliminary determination of your probable eligibility within two (2) business days. Final determination may take longer and you will receive a final determination letter from the hospital that describes the level of financial assistance for which you qualify.

As described on the attached instructions, if you need assistance with the application or if you have questions, please contact Howard County General Hospital's Financial Counselor, Julie Harmon, at 410-740-7675.

Howard County General Hospital is committed to providing you the best medical care possible and providing financial assistance to those individuals in our community who find it difficult to pay for those services.

Sincerely,

Victor A. Broccolino
President and CEO

James E. Young
Senior Vice President and CFO

5755 Cedar Lane
Columbia, Maryland 21044
410-740-7890
410-740-7990 (TDD)
www.hcgh.org

HOWARD COUNTY
GENERAL HOSPITAL
JOHNS HOPKINS MEDICINE

A nuestros pacientes y/o a los familiares de nuestros pacientes:

Se estima que más de 20,000 residentes del condado de Howard no cuentan con seguro de salud y que una cantidad mayor cuenta con un seguro insuficiente. Estas circunstancias pueden generar una carga financiera para las personas y familias que necesitan servicios hospitalarios. Howard County General Hospital conoce las dificultades financieras causadas por el costo de los servicios hospitalarios necesarios en los casos en que el seguro de salud no es suficiente. Para ayudar a los miembros de nuestra comunidad que necesitan servicios hospitalarios y que no cuentan con seguro de salud suficiente, Howard County General Hospital ofrece asistencia financiera.

La asistencia financiera se encuentra disponible para personas elegibles que puedan demostrar que la necesitan. Esta necesidad se demuestra siguiendo las instrucciones y completando la solicitud que se adjuntan. Se deben proporcionar copias de los documentos para respaldar la información consignada en su solicitud. Los documentos de respaldo que deben presentarse se enumeran en las instrucciones adjuntas.

La cantidad de asistencia financiera otorgada depende de su nivel de ingreso. Usted puede reunir los requisitos para recibir una asistencia financiera de hasta el 100%. Si usted reúne los requisitos para este nivel de asistencia financiera no deberá efectuar ningún pago por los servicios hospitalarios que reciba. El nivel de asistencia financiera más bajo es del 20% y, si usted reúne los requisitos para este nivel, sería responsable del 80% de los cargos hospitalarios. Tenga en cuenta que la asistencia financiera del hospital se aplica únicamente a los cargos por servicios hospitalarios. Los cargos de médicos no se encuentran cubiertos por el programa de asistencia financiera del hospital.

Una vez que la solicitud se ha completado totalmente y se ha entregado a nuestra Asesora Financiera, tomaremos una determinación preliminar acerca de su posible elegibilidad en el término de dos (2) días hábiles. La determinación definitiva demorará más tiempo y recibirá una carta de determinación definitiva del hospital en la que se describirá el nivel de asistencia financiera para la que usted reúne los requisitos.

Como se describe en las instrucciones adjuntas, si necesita asistencia para completar la solicitud o si tiene preguntas, comuníquese con Julie Harmon, Asesora Financiera de Howard County General Hospital, llamando al 410-740-7675.

Howard County General Hospital ha asumido el compromiso de brindarle la mejor atención médica posible y de ofrecer asistencia financiera a aquellas personas de nuestra comunidad que tienen dificultades para pagar estos servicios.

Atentamente,

Presidente y Director Ejecutivo

Vicepresidente Sénior y Director Financiero

APPENDIX 4

MISSION

Provide the highest quality of care to improve the health of our entire community through innovation, collaboration, service excellence, diversity and a commitment to patient safety.

VISION

To be the premier community hospital in Maryland.

VALUE STATEMENT

Our values are rooted in providing unsurpassed service to everyone we encounter – patients, their families and caregivers, and our co-workers. These values – Communication, Anticipation of and Response to other's needs, Respect, and Engagement with others – reduced to the acronym CARE, are our credo for interactions with our patients and visitors as well as our co-workers.

EXHIBIT A: HOWARD COUNTY LOCAL HEALTH IMPROVEMENT PLAN

Howard County's Local Health Improvement Coalition: 2012-2014 Local Health Improvement Action Plan

Submitted to:

Madeleine A. Shea, Ph.D.
Director
Office of Population Health Improvement
Maryland Dept of Health and Mental Hygiene
201 W. Preston St.
Baltimore, MD 21201
Tel: 410-767-8649
mshea@dhmh.state.md.us

Submitted by:

Peter Beilenson, MD, MPH
Health Officer & Chair, Local Health Improvement Coalition
Howard County Health Department
7178 Columbia Gateway Drive
Columbia, MD 21046
Tel: 410-313-6363
pbeilenson@howardcountymd.gov

March 1, 2012

Howard County's Local Health Improvement Coalition: 2012-2014 Local Health Improvement Action Plan

1. Local Health Planning Coalition Description

See *Appendix A: Health Planning and Coalition Description*

2. Local Health Data Profile- Local Health Disparities and SHIP Data

The Howard County Local Health Improvement Coalition (LHIC) is responsible for guiding local health planning specifically as it relates to addressing health disparities and inequities in the local community. Local health data available from SHIP and other sources, despite their limitations (e.g., limited availability of data for Asian or Hispanic populations), demonstrate health disparities that require local attention and action.

Table 1 presents selected SHIP objectives for Howard County. In 2010, Blacks in Howard County had higher rates than the County baseline and than Whites (and Asians, for those indicators where data for Asians are available) for emergency department visits for diabetes, asthma, and hypertension. Racial/ethnic disparities also exist for the percentage of adults who were at a healthy weight (i.e., not obese/overweight) based on 2006-2008 BRFSS data, in which Asians demonstrated the highest proportion of healthy weights for adults (52.8%), followed by Whites (42.7%) and Blacks (28.4%). Blacks and Whites demonstrate a higher cancer mortality burden compared to Asians. It is also important to note data related to chronic disease mortality, morbidity, and risk factors that are *not* available at this time, including: mortality rates for heart disease among Hispanics and Asians; obesity/overweight prevalence among Hispanics; tobacco use among Hispanics; and the cancer death rate for Hispanics.

Table 1. Selected SHIP Objectives: Howard County Baseline vs. Racial/Ethnic Disparities

Obj. #	Objective Name	Objective Description	County Baseline	County Disparities
27	Reduce diabetes-related emergency department visits	Rate of ED visits for diabetes per 100,000 population (HSCRC 2010)	142.1	White--103.1 Black--360.6
17	Reduce hospital emergency department visits from asthma	Rate of ED visits for asthma per 10,000 population (HSCRC 2010)	50.5	White--30.0 Black--130.3 Asian--21.4 Hispanic--62.2
28	Reduce hypertension-related emergency department visits	Rate of ED visits for hypertension per 100,000 population (HSCRC 2010)	117.4	White--79.0 Black--312.8
30	Increase the proportion of	Percentage of	41.5%	White/NH--42.7%

	adults who are at a healthy weight	adults who are at a healthy weight (not overweight or obese) (BRFSS 2008-2010)		Black--28.4% Asian--52.8%
25	Reduce deaths from heart disease	Rate of heart disease deaths per 100,000 population (age adjusted) (VSA 2007-2009)	169.6	White--170.1 Black--165.6
26	Reduce the overall cancer death rate	Rate of cancer deaths per 100,000 population (age adjusted) (VSA 2007-2009)	161.2	White--199.0 Black--181.9 Asian--100.7
32	Reduce tobacco use by adults	Percentage of adults who currently smoke (BRFSS 2008-2010)	7.2%	White/NH--8.1% Black--7.4% Asian--5.1%
39	Reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines	Percentage of people who reported there was a time in the last 12 months they could not afford to see a doctor (BRFSS 2008-2010)	7.2%	White/NH--4.1% Black--12.8%

Source: DHMH, *Howard County Disparities*, Maryland SHIP, October 28, 2011

Addressing health disparities and implementing policies and programs to achieve greater health equity in Howard County is particularly important because of the increasing racial, ethnic, and linguistic diversity of the local population. The foreign-born population in Howard County has grown over the past decade. Data from 2006-2008 American Community Survey indicate that there are approximately 41,888 foreign-born individuals residing in the county. Of these, 55% are U.S. citizens. The number of county residents that speak a language other than English at home was 54,143 in 2009, representing 21% of the population age five and older.[1] Over the past decade, the Howard County Health Department has been spending significantly more on translation and interpretation services to account for increasing demand for services among the non-English speaking population. HCHD clinics and Healthy Howard's Door to Healthcare report serving a client population that collectively speaks a total of over 20 languages other than English. The significant numbers of undocumented County residents presents particular challenges to all organizations that deliver services to this population, whether they are publicly-funded agencies or private nonprofits.

[1] U.S. Census Bureau, 2009 American Community Survey 1-Year Estimates.

Additional areas of need flagged in the State Health Improvement Process (SHIP), include the proportion of children and adolescents receiving Medicaid who receive dental care, life expectancy at birth, the percentage of adults who have had a flu shot in the last year, and the percentage of children who enter kindergarten ready to learn.[2]

3. Local Health Context

Overview

Howard County is a relatively affluent, educated, and healthy community inhabited by 287, 085 residents. The county population increased 15% from 2000-2010. According to the 2010 Census, the age distribution of the Howard County population is similar to that of the state population. The racial/ethnic distribution in Howard County is 58% White, 18% Black, 14% Asian, and 6% Hispanic. From 2000-2010, Howard County's African American population grew by 39% and the County's Hispanic population increased by 123%.[3] Howard County's mortality and morbidity indicators are overall positive compared to most Maryland jurisdictions. Compared to other areas in the state, Howard County demonstrates a relatively low prevalence of chronic disease risk factors including physical inactivity, smoking, high blood pressure, and diabetes. However this is only part of the story.

Understanding Local Health Needs

Comparing Howard County to other Maryland jurisdictions does not offer a complete picture of the health needs and challenges faced here, particularly in the areas of chronic disease risk factor prevalence, chronic disease burden, and health disparities. Compared to state and national data on chronic disease risk factors, Howard County residents demonstrate a relatively low prevalence of physical inactivity, smoking, high blood pressure, and diabetes, which are all risk factors for chronic disease. However, despite their relatively low prevalence of these risk factors, Howard County residents are not immune to chronic disease risks. For example, Howard County residents have a higher risk of high cholesterol (41% vs. 37% State vs. 37% national). In addition, the percentage of Howard County adults who are overweight (35%) is equivalent to State and national rates (both 36%). Finally, while the percentage of Howard County adults who are obese (22%) is lower than the State and national data (26% and 27%, respectively), obesity prevalence is not as low as might be expected given the relatively high level of physical activity and relatively low levels of other risk factors previously discussed.[4]

The Howard County population also experiences a significant burden of chronic disease on par with statewide data. Statewide, 63.7% of deaths in Maryland are caused by chronic disease – heart disease, stroke, cancer, chronic obstructive pulmonary disease (COPD), and diabetes. The proportion of deaths due to chronic disease in Howard County is 60%, which represents the leading cause of death in Howard County.[5] Based on 2009 data from the Maryland Behavioral Risk Factor Surveillance Survey (BRFSS), cancer is the most prevalent chronic disease among Howard County residents, followed by diabetes, angina, heart attack, and stroke. In other words, the burden of chronic disease

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[2] State Health Improvement Process (SHIP), Maryland Department of Health and Mental Hygiene, *SHIP Profile: Howard County.* Available at: http://eh.dhmh.md.gov/ship/SHIP_Profile_Howard.pdf.

[3] 2010 U.S. Census Report. U.S. Census Bureau

[4] Maryland Department of Health and Mental Hygiene. *Burden of Chronic Disease: Howard County.* 2011.

[5] Maryland Department of Health and Mental Hygiene. *Burden of Chronic Disease: Howard County.* 2011.

is comparable to that across the state, despite the relatively healthy state of the County's population as compared to the State on other health indicators and outcomes.

Another important factor in assessing the specific local health needs in Howard County is an understanding of the demographics of the population served by the Howard County Health Department, which often have a higher proportion of Black and Hispanic clients and a lower proportion of White and Asian clients compared to the general population of the County. For example, the Howard County WIC program had a total enrollment of 4,935 women, infants and children as of December 2011. Of these, 34% were White, 29% Black, 23% Hispanic, and 9% Asian.[6] In the HCHD family planning clinic, 45% of women seen in FY10 self-identified as having limited English proficiency (LEP) and 52% of family planning clients were Hispanic. Howard County's family planning program has also experienced an increase in the number of foreign-born Asian clients from countries such as Burma, China, and Korea. In FY09, 15% of Asian family planning clients requested an interpreter.

A strong and overarching theme throughout all LHIC discussions to date has been the significant need for increased local capacity to deliver culturally-competent health services, navigators, and "connector" organizations to connect the uninsured, underinsured, and/or foreign-born and LES populations to health care and services.

Funding Landscape

At the same time that local population demographics are shifting and demand for public and community-based services is increasing, state funding for local public health has been cut significantly. During the 2011 Maryland General Assembly legislative session, state funding cuts to core public health funding were made permanent with the elimination of the population-based formula approach used since 1997, and Howard County took a 48% funding cut. Other substantial cuts have been made to other funding sources including chronic disease prevention, tobacco prevention and cessation (cut by 71%), substance abuse services, and cancer control. As a result, services have been cut or eliminated, positions have been eliminated or held vacant, and all available budget efficiencies have been exhausted.

In January 2012, HCHD applied to DHMH to receive a 5-year Community Transformation Grant award for work in the areas of childhood obesity prevention, tobacco prevention, and chronic disease prevention. Integrated into this proposal was additional departmental capacity to support the ongoing work of the LHIC over the coming years through a new Chronic Disease Prevention Coordinator whose scope of the work will include ensuring internal coordination among HCHD programs and coordination between HCHD and the LHIC member organizations. The CTG proposal was very well-aligned with the priorities of the Local Health Improvement Coalition, and almost all LHIC member organizations provided letters of support for the HCHD proposal.

Responding to the Need for Better Local Disparities Data

In 2011, a consortium of public and private partners (Howard County General Hospital, Horizon Foundation, the Columbia Association, and the Howard County Health Department) came together to discuss local health data needs. As a result, these organizations are collaborating on the development and implementation of a Biannual Health Survey to be administered four times starting in 2012-2013. We are currently working with our vendor, OpinionWorks, on designing the survey instrument, which will include questions that allow the collection of local health data and disparities data currently

[6] Howard County Health Department, WIC Program data, January 30, 2012.

unavailable to the LHIC, policymakers, and funders. In places on the Action Plan where "Obtain Local Measure" is indicated, the 2012 Biannual Health Survey will serve as the source for such data.

4. Local Health Improvement Priorities 2012-2014

Howard County Local Health Improvement Coalition has set three top priorities as the main focus of its work aimed to reduce disparities and improve outcomes. These priorities were chosen with consideration of the following criteria:

- High levels of disparities related to this health outcome.
- Improving this issue would affect large populations.
- Addressing the priority can improve a number of different health outcomes.
- There is a high cost and long-term impact of not addressing the issue.
- Organizations in the LHIC can make change happen related to the priority.
- Results can be quantified.

PRIMARY OUTCOMES: Disparities will be reduced and outcomes will improve in the three key priority areas. Specifically:

1. Access to health care will be increased and delays in accessing medical care will be reduced.
2. More people will achieve a healthy weight
3. Behavioral health services are available and fewer behavioral health emergencies occur.

RELATED OUTCOMES:

- Improve collaboration and shared vision between key stakeholders and systems – the hospital, school system, health department, nonprofit community, etc.
- Increase funding for addressing health disparities and improving health outcomes.
- Health and wellness services will be more accessible and appropriate for people of different cultures, language ability, and immigration status.
- Ensure local data is available on health disparities and their causes, including issues of race and ethnicity, undocumented status, income level, gender, and other factors.
- Raise awareness among residents of health disparities and their causes.
- Health access will be inclusive of services for mental health, substance abuse, and will meet the needs of people with disabilities.
- Develop and adopt new policies to improve health equity.
- Coordinate and publicize existing health, health education, and wellness services in Howard County.

OVERARCHING LHIC STRATEGIES TO ADDRESS DISPARITIES

- Include more people and organizations affected by disparities in the LHIC and other efforts to reduce disparities.
- Outreach and gather data on heath needs of specific populations including diversity in terms of income level, gender, race, ethnicity, language, and immigration status, as well as other characteristic such as veterans and military families, commuters, and farmers. Address gaps in data on health outcomes for Hispanic and Asian populations.
- Reach out to faith-based communities and nonprofit human services organizations.
- Devote more resources for language access.
- Ensure strategies are culturally and age appropriate.

PRIORITY #1: Increase access to health care.

Background: People having access to health care is fundamental to achieving improvement in nearly all health outcomes. Significant disparities in access exist in Howard County related to different racial groups and immigration status.

Measure

1a) Reduce the proportion of people who reported there was a time in the last 12 months they could not afford to see a doctor (obtain medical care, dental care, or prescriptions).

Data Sources and Definitions:

- BRFSS: Percentage of people who, in the last 12 months, have had a time when they could not afford to see a doctor (Source: SHIP)

Baseline Data

1a) The baseline data for this measure are:

County: 7.2%
African American: 12.8%
Hispanic: Not Available
White: 4.1%
Asian: Not Available

Goals

1a) By March 1, 2014, Howard County will achieve the following outcomes:

County: 5.8% (20% reduction)
African American: 7.2 % (55% reduction)
Hispanic: Obtain a local measure
White: 3.2 % (20% reduction)
Asian: Obtain a local measure

Strategies

A. Identify and reduce barriers to access to existing services such as lack of knowledge/information, language barriers, transportation and barriers for specific populations such as seniors, low-income residents, etc.
B. Collaborate among service providers to educate and share knowledge of available services and market the availability of services to communities affected by disparities.
C. Increase access to care for people who are not eligible for subsidized health care but aren't able to afford full coverage by providing funding for more services that are low-cost or free. Expand hours of operation to make them more accessible.
D. Enroll people who are eligible for existing programs. Current programs at DSS and Healthy Howard enroll people but do not have resources to meet growing demand or to do outreach.
E. Develop a County hotline for people who are uninsured or who are insured but need help connecting to the care they need.
F. Assess healthcare access through school enrollment and refer uninsured to a hotline for coverage.
G. Create greater access to care for undocumented immigrants.

H. Open access and eligibility for services at urgent care centers, inclusive of behavioral health services.
I. Promote preventive care for all populations by exploring standards and policies to ensure people have a medical home.

PRIORITY #2: Enable people of all ages to achieve and maintain a healthy weight through healthy eating and physical activity.

Background: Obesity prevention has been selected as a local health priority area because of its potential to improve a variety of important health outcomes that affect County residents and demonstrate health disparities, including diabetes, hypertension, heart disease, stroke, cancer and behavioral health problems. Healthy eating and active living not only improves health status, it is a wellness goal that when achieved enhances the quality of life and ability to be productive participants in society (students, employees, etc.) for individuals, families, and communities.

Measures

2a) Percentage of adults who are at a healthy weight (i.e., not overweight or obese) based on their Body Mass Index (BMI).

Data Sources and Definitions:

- Behavioral Risk Factor Surveillance Survey (BRFSS). Body Mass Index (BMI) determined through self-reported height and weight that is less than 25.0 kg/m^2. (Source: SHIP)

2b) Proportion of adolescents who are at a healthy weight (i.e., not obese) based on their Body Mass Index (BMI). Obese children have a BMI that is equal to or above 95% percentile for their age and height.

Data Sources and Definitions:

- Maryland Youth Tobacco Survey: The percentage of children who are obese are adolescents ages 12 to 19 attending public school who have a Body Mass Index (BMI) (determined through self-reported height and weight) equal to or above the 95th percentile for age and gender. (Source: SHIP)

2c) Proportion of children ages 2-14 who are at a healthy weight (i.e., not obese) based on their Body Mass Index (BMI). Obese children have a BMI that is equal to or above 95% percentile for their age and gender.

Data Sources and Definitions:

- WIC client data: BMIs for children ages 2-5 based on age and gender (Source: HCHD)
- FitnessGram data for 4^{th}-8^{th} grade students (Source: HCPSS)
- Healthy Childcare: BMIs for children ages 2-5 as a percentile for their age and gender (Source: Healthy Howard)

Baseline Data

2a) The baseline data for this measure are:
County: 41.5%
African American: 28.4%

Hispanic: Not Available
White: 42.7%
Asian: 52.8%

2b) The baseline data for this measure are:
County: 92.0%
African American: Not Available
Hispanic: Not Available
White: Not Available
Asian: Not Available

2c) To be determined by LHIC Obesity Prevention Working Group.

Goals for 2014

2a) By March 1, 2014, Howard County will achieve the following outcomes for this measure:
County: 50% (Increase of 20%)
African American: 40% (Increase of 40%)
Hispanic: Obtain a Local Measure
White: Obtain a Local Measure
Asian: Obtain a Local Measure

2b) By March 1, 2014, Howard County will achieve the following outcomes for this measure:
County: 96% (Increase of 43%)
African American: Obtain a Local Measure
Hispanic: Obtain a Local Measure
White: Obtain a Local Measure
Asian: Obtain a Local Measure

2c) By March 1, 2014, Howard County will achieve the following outcomes for this measure:
To be determined by LHIC Obesity Prevention Working Group.

Strategies:

A. Bring together and coordinate efforts among a wide group of players that have a stake in promoting healthy weight, including schools, parents, employers, faith-based organizations, health care providers, interest groups (such as associations focused on heart disease or diabetes), nonprofit organizations that provide nutritional support (such as food banks) and others.
B. Develop awareness campaigns and marketing messages such as the First Lady's "Let's Move" initiative. Create incentives for people and communities to participate, such as community targets for BMI.
C. Work with and educate health care providers, including Medicaid and CHIP providers, to include age-appropriate BMI screening and counseling as part of regular health check-ups.
D. Create a repository of resources for referrals for individuals and groups working on achieving a healthy weight.
E. Improve access to opportunities for physical activity by people with disabilities.
F. Help establish and revise wellness policies (schools, government offices, workplaces) to emphasize opportunities and incentives for physical activity and good nutrition. Look to new technology platform implemented by HCPSS for healthy workplace incentives.

G. Increase outreach and connections between mental health and eating behaviors.
H. Expand health coaching such as that offered by Healthy Howard to enable populations affected by disparities to gain access to health coaches and physical trainers.
I. Increase physical activity at schools through trained recess monitors and well-trained physical education teachers and ensure adequate time for physical activity.
J. Increase access to healthy food by expansion of programs like the SHARE program (boxes of groceries), food pantries, Community Action Council Garden, School Breakfast and First Class Breakfast programs, after-school supper program, summer food programs, senior nutrition programs, and adding EBT machines to enable people to buy food from farmers markets with food stamps.

PRIORITY #3: Expand access to behavioral health resources and reduce behavioral health emergencies.

Background: Access to behavioral health resources (including mental health and addictions) was identified as a significant gap in the county, especially for youth. Good behavioral health is related to a number of other important health outcomes, and may impact a person's ability to access the healthcare that they need.

Measure

3a) Rate of Emergency Department (ED) visits for a behavioral health condition per 100,000.

Data Sources and Definitions:

- HSCRC Emergency Department diagnostic code data (SHIP)

Baseline

3a) The baseline data for this measure are:
County: 806.7 ED visits per 100,000
African American: 1219.4
Hispanic: 442.3
White: 808.9
Asian: 233.1

Goal

3a) By March 1, 2014, Howard County will achieve the following outcomes for this measure
County: 645 ED visits per 100,000 (20% reduction)
African American: 806 ED visits per 100,000 (35% reduction)
Hispanic: 354 (20% reduction)
White: 645 (20% reduction)
Asian: 186 ED (20% reduction)

Strategies

A. Analyze SHIP data in collaboration with Howard County General Hospital to gain understanding of distribution of ICD codes for behavioral health ED visits.
B. Incorporate behavioral health assessments into preventive care, primary care and other assessments/screenings.
C. Promote emotional wellness as part of overall health.

D. Educate physicians, including pediatricians, to identify behavioral health issues.
E. Create an easy-access referral system, including a hotline number, to define eligibility for services and help people gain access to them.
F. Create a single point of entry for mental health and substance use issues.
G. Learn more about how behavioral health issues affect different populations and where disparities exist.
H. Analyze gaps and funding resources.
I. Identify and address administrative barriers to care.
J. Review capabilities of urgent care centers keep a current directory of services, and increase capacity of urgent care centers to include behavioral health services.
K. Educate the public about behavioral health issues, how to identify when friends or family may be having issues, and where to go for help. Incorporate into the school health curriculum.
L. Review behavioral health data and ensure all ages, including youth and seniors, have access to behavioral health services.

5. Local Health Planning Resources and Sustainability

Howard County's Local Health Improvement Coalition (LHIC) includes 50 actively engaged and dedicated stakeholders from across Howard County representing a variety of key agencies, organizations, and communities affected by health disparities. The LHIC has begun its work to improve health equity in the Howard County community by undertaking a transparent, inclusive local health improvement process that continuously engages diverse stakeholders, provides a more clear understanding of the prevalence and causes of local health disparities, and develops an action plan to improve local health outcomes in alignment with the State Health Improvement Process (SHIP).

The Coalition is accountable to the State for a 2-year Local Health Improvement Action Plan and will take immediate steps toward achieving its vision. The LHIC is committed to working within the County over the long term as it recognizes that achieving health equity will take time and perseverance. At the March 12 meeting, the LHIC will set a 2012-2013 meeting schedule for the full group and three working groups (one per priority area). In addition, the Health Department will immediately incorporate the LHIC measures into a new section of its "HealthStat" report, an internal performance measurement tool used in monthly meetings to track and evaluate progress in departmental programs and initiatives.

The Health Department will continue to provide high-level support for the LHIC's work in the areas of planning, communications, data collection and analysis, project management, and resource development. Potential funding sources to sustain and evaluate the outcomes of the Local Health Improvement Action Plan include the Maryland Community Health Resources Commission (CHRC) and Community Transformation Grant funding through the Department of Health and Mental Hygiene. Additional funding may be sought from in partnership with LHIC member organizations.

6. Timeline and Methods for the Community Health Needs Assessment (Optional)

Howard County General Hospital is a key member of the LHIC and reports that the goal is to complete the Community Health Needs Assessment by Fall 2012. Both the CHNA and Implementation Strategy will be completed by June 30, 2013.

Appendix A :
Health Planning and Coalition Description

Health Coalition and Planning Description

1st Funding Round Deadline – November 1, 2011
2nd Funding Round Deadline – December 31, 2011

1. **Jurisdiction/Region Name** Howard County

2. **Local Health Action Planning Coalition Leadership and Contact Information**

   a. Local/Regional Public Health Coalition Leader (Health Officer Name, Title, Address, Telephone, e-mail address)

   LHIC Chair: Dr. Peter Beilenson, Health Officer
   Howard County Health Department
   7178 Columbia Gateway Drive
   Columbia, MD 21046
   (410) 313-6363
   pbeilenson@howardcountymd.gov

   b. If applicable, Other (Name, Title, Organization, Telephone, e-mail address)

   LHIP Director: Nancy Lewin, MPH
   Director of Health Policy and Communications
   HCHD
   7178 Columbia Gateway Drive
   Columbia, MD 21046
   (410) 313-6360
   nlewin@howardcountymd.gov

   LHIC Staff: Colleen Nester
   Program Manager
   HCHD
   7178 Columbia Gateway Drive
   Columbia, MD 21046
   (410) 313-6231
   Cnester@howardcountymd.gov

3. **Local Health Action Planning Coalition Membership (names, titles, organizations)**

   Attached as separate document.

4. **Local Health Action Planning Coalition Structure (committees, workgroups and chairs)**

   Full Coalition: As of 12/31/11=39 members; as of 3/1/12 = 50 members
   Working Group: 17 volunteer members from the Full LHIC

5. **Health Planning Coalition Vision and Mission Statement**

VISION
All residents of Howard County will have access to health care and health outcomes will be equitable for all.

MISSION
Howard County's Local Health Improvement Coalition works to achieve health equity in Howard County and to identify and reduce health disparities.

EXPECTED 2- YEAR GOALS/OUTCOMES

a) Improve collaboration and shared vision between key stakeholders and systems – the hospital, school system, health department, nonprofit community, etc.

b) Increase funding for addressing health disparities and improving health outcomes.

c) Health and wellness services will be more accessible and appropriate for people of different cultures, language ability, and immigration status.

d) Ensure local data is available on health disparities and their causes, including issues of race and ethnicity, undocumented status, income level, gender, and other factors.

e) Raise awareness among residents of health disparities and their causes.

f) Health access will be inclusive of services for mental health, substance abuse, and will meet the needs of people with disabilities.

g) Develop and adopt new policies to improve health equity.

h) Coordinate and publicize existing health, health education, and wellness services in Howard County.

VALUES

- Evidence-based
- All stakeholders have a voice
- Inclusive of Howard County's diverse community
- Collaboration
- Transparency

ABOUT HOWARD COUNTY LOCAL HEALTH IMPROVEMENT COALITION

Howard County's Local Health Improvement Coalition (HCLHIC) includes more than 40 stakeholders from across Howard County. The HCLHIC works to improve health equity in the Howard County community by undertaking a transparent, inclusive local health improvement process that engages diverse stakeholders, provides a more clear understanding of the prevalence and causes of local

health disparities, and develops an action plan to improve local health outcomes in alignment with the State Health Improvement Process (SHIP).

6. **Activities/Schedules – Health Planning Coalition meeting dates and schedules (include link to local websites for public meeting schedules to be posted on the SHIP website)**

   Webpage: http://www.howardcountymd.gov/DisplayPrimary.aspx?Id=6442463227
   Meeting Schedule:

December 12, 2011:	10:00AM-12:00PM
January 9, 2012:	10:00AM-12:00PM
February 13, 2012:	10:00AM-2:00PM
March 12, 2012:	10:00AM-12:00PM

7. **Documents (Optional) –Local/Regional Community Health Assessments, Plans and other related documents as available for posting on the SHIP website.**

Submitted by Nancy Lewin - nlewin@howardcountymd.gov and (410) 313-6360

Finalized: December 21, 2011
Revise: March 1, 2012

Local Health Improvement Coalition: Howard County

Revised 3/1/12

Name	Organization	Title	Category	Contact Information
Beatty, Carol	The Arc of Howard County	Executive Director	Community Organization	cbeatty@archoward.org 410-730-0638
Beilenson, Dr. Peter	Howard County Health Department	Health Officer	Local health department	pbeilenson@howardcountymd.gov 410-313-6363
Benedict, Donna	Women Heart	Mid-Atlantic District, Women Heart Champion	Community organization	donnatb@yahoo.com 410-381-1753
Brown, Dayna	Office of Aging, Department of Citizen Services	Administrator	County government	dmbrown@howardcountymd.gov (410) 313-6535
Brown, Raymond	Howard County Public School System	Chief Operating Officer	Schools	Raymond_Brown@hcpss.org 410-313-5654
Butler, Dr. Georgene	Howard Community College	Division Chair, Health Sciences	Community organization	Gbutler@howardcc.edu 443-518-4414
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Doerr, Gail	Howard County Board of Health	Member	Board of Health	gaildoerr@gmail.com 410-458-9927
England, Brian	British American Auto Care	Owner	Healthy Workplaces	beengland@comcast.net 410-381-2700, Cell 410-952-6856
Garcia, Hector	FIRN Howard County	Executive Director	Community organization	hgarcia@firnonline.org 410-992-1923, ext. 11

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Gleichauf, Paul	Howard County General Hospital	Senior Vice President, Planning & Marketing	Hospital	PGleichauf@hcgh.org 410-740-7740
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Helsel, Susan	NAMI Howard County	Executive Director	Mental health agency	Shelsel.namihc@gmail.com 410-772-9300
Ingram, Andrea	Grassroots Crisis Intervention	Executive Director	Board to Promote Self-Sufficiency; Community organization	andrea@grassrootscrisis.org 410-531-6006
Lee, Yen Dr.	Asian American Healthcare Center	Representative	Nonprofit charitable organization (health)	fungkuang@yahoo.com 410-461-5146
Lee, Dr. David	Asian American Healthcare Center	Director	Nonprofit charitable organization (health)	Aahc2008@gmail.com 410-884-0888
Lewin, Nancy	Howard County Health Department	Director of Health Policy & Communications	Local health department	nlewin@howardcountymd.gov 410-313-6360
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Schneider, Glenn	Horizon Foundation	Chief Program Officer	Funder	gschneider@thehorizonfoundation.org 443-812-6995
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Shimabukuro, Kelli	Howard County Library	Community Education & Partnerships	Community organization	Kelli.shimabukuro@hclibrary.org 410-313-7763
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Smith, Tiffany	Howard County Department of Housing and Community Development	Chief of Staff	Howard County Department of Housing and Community Development	tlsmith@howardcountymd.gov 410-313-6491
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St. Clair, Duane	Association of Community Services	Executive Director	Community organization	Duane.stclair@acshoco.org 410-715-9545

Stevens, Julie	Houlihan's Restaurant	Owner	Business; Healthy Restaurants	jstevens@stevensmanagement.net 443-878-8761
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Wasserman, Dr. Barbara	Howard County Nutrition and Physical Activity Coalition (NPAC)	Chair	Community resident & organization	bpwasserman@jhu.edu 301-854-0033
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Wetherald, Laura	Howard County Department of Recreation and Parks	Bureau Chief	County agency	lwetherald@howardcountymd.gov 410-313-4645
Wildesen, Faith	Healthy Howard , Inc.	Community Health Promotion Manager	Community service provider	fwildesen@healthyhowardmd.org
Yang, Kristen	Asian American Healthcare Center	Representative	Health	veikp@verizon.net
Zimmerman, Kathy	Economic Development Authority	Agricultural Marketing Specialist	County agency	kzimmerman@hceda.org 410-313-6500
Zumbrun, Linda	Howard County Department of Social Services	Assistant Director for Community Initiatives	Community service provider	LZumbrun@dhr.state.md.us 410-872-8267

STAFF:

Name	Organization	Title	Category	Contact Information
Gay, Lauren	Howard County Health Department	Communications Intern	Staff to Coalition	lgay@howardcountymd.gov
Iliff, Heather	Maryland Nonprofits	Consultant	Facilitator	hiliff@mdnonprofit.org 301-537-9519
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