COMMUNITY BENEFIT NARRATIVE REPORT

FY2013

PENINSULA GENERAL

BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) hospital community benefit programs.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

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

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes	All Other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:

Adult - 317 Newborn - 28 Transitional Care Unit - 30` (Hospital based skilled nursing facility)	Adult - 17,915 Newborn - 1,978 Transitional Care Unit - 738	21804 21801 21853 21811 21851 21875 21826 21842 21817 21863	Atlantic General Hospital McCready Memorial Hospital	Wicomico - 5.06% Somerset - 4.43% (based on HSCRC Primary Service Area patients.) Worcester - 3.81%	Wicomico - 21.55% Somerset - 23.97% Worcester - 21.19% (based on HSCRC Primary Service Area patients. Includes Medicaid Fee for Service and Medicaid HMO patients.)

2. For purposes of reporting on your community benefit activities, please provide the following information:
   a. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary). Some statistics may be accessed from:
      - The Maryland State Health Improvement Process. http://dhmh.maryland.gov/ship/
      - The County Health Profiles 2013 http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx
      - The Maryland Vital Statistics Administration. http://vsa.maryland.gov/html/reports.cfm
      - The Maryland Plan to Eliminate Minority Health Disparities (2010-2014). http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf
      - Maryland ChartBook of Minority Health and Minority Health Disparities 2nd Edition http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	Counties: Wicomico, Worcester, Somerset Zip Codes: 21801, 21804, 21811, 21813, 21814, 21817, 21821, 21822, 21824, 21826, 21829, 21830, 21837, 21838, 21840, 21841, 21842, 21849, 21850, 21851, 21853, 21856, 21861, 21863, 21864, 21865, 21871, 21872, 21874, 21875 Source: Peninsula Regional Records, Truven Health Analytics 2013 Total population within the CBSA: 177,422 Sex: Male 86,665 / 49% Female 90,757 / 51% Race: White Non Hispanic 120,207/67.8% Black Non-Hispanic 41,363/23.3% Hispanic 7,942/4.5% Asian & Pacific Non-Hispanic 3,516/2.0% All Others 4,394/2.5% Age: 0-14: 29,537/16.6% 15-17: 6,119/3.4% 18-24: 22,258/12.5% 25-34: 21,329/12.0% 35-54: 43,915/24.8% 55-64: 23,849/13.5% 65+: 30,415/17.2% Median Age: Wicomico 35.9 Worcester 49.1 Somerset 36.1 Source: Truven Health Analytics 2013
Median Household Income within the CBSA	Wicomico $49,043 Worcester $56,613 Somerset $41,671 Compared to Maryland $73,122 Compared to U.S. $51,272 Source: Truven Health Analytics 2013
Percentage of households with incomes below the federal poverty guidelines within the CBSA	Wicomico 9.9% Worcester 6.5% Somerset 11.8% Source: Healthy Communities (HCI) www.census.gov/acs/www/
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the	Wicomico 15.2% uninsured Worcester 9.9% uninsured

following links:http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Somerset 20.9% uninsured State of Maryland 10.1% uninsured Source: Truven Health Analytics 2013
Percentage of Medicaid recipients by County within the CBSA.	Wicomico 22.0% Medicaid Worcester 16.2% Medicaid Somerset 21.9% Medicaid State of Maryland 14.9% Medicaid Source: Truven Health Analytics 2013
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspxand county profiles:http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	Wicomico at birth is 76.8 Worcester at birth is 78.4 Somerset at birth is 76.3 State of MD at birth is 79.3 National Baseline is 78.7 Source: www.dhmh.maryland.gov/ship Maryland State Health Improvement Process
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	All causes of death for leading causes age adjusted death rates in Wicomico are 829.3 deaths/100,000 and Somerset 946.6 deaths/100,000 13% and 29% respectively higher than that of the State of Maryland at 732.5 deaths/100,000. All three counties; Wicomico, Worcester and Somerset age adjusted related deaths are greater than the State of Maryland in: Diseases of the Heart, Malignant Neoplasms and Chronic Lower Respiratory Diseases. For Diseases of the Heart: Wicomico is 31% higher Worcester is 1% higher Somerset is 57% higher For Malignant Neoplasms: Wicomico is 21% higher Worcester is 10% higher Somerset is 58% higher For Chronic Respiratory: Wicomico is 64% higher Worcester is 20% higher Somerset is 24% higher In 2012 infant mortality rates for all races in the Tri-County area were 17 deaths per 1,000 live births. Caucasians were 4 deaths per 1,000 live births and African Americans were 13 deaths per 1,000 live births Sources: Most Current Report -Maryland Vital Statistic 2011 dhmh.maryland.gov/vsa/documents/11annual.pdf

	Maryland Vital Statistics 2012 Preliminary Report
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health statusby County within the CBSA. (to the extent information is available from localor county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information:http://dhmh.maryland.gov/ship/SitePages/measures.aspx	Obesity continues to be a health issue; the density of fast food restaurants in several counties Wicomico and Somerset is considered very high. Benchmark: Fast Food Restaurant Indicator <= .57 is good Wicomico is .83 Worcester is 1.69 Somerset is .35 Fast food is often high in fat and calories and lacking in recommended nutrients. Frequent consumption of fast food increases the risk of our population being overweight or obese. Based upon the density of grocery stores per 1,000 population residents of Wicomico and Somerset have limited access to grocery stores that sell healthy food. Since these are rural counties we have a higher number of convenience stores which have less healthy food choices. Residents of these rural counties living outside of local cities typically use convenience stores for food purchases. The summer months increase the availability of fresh fruits and vegetables since these counties have a strong agricultural heritage and the density of famers markets per 1,000 population is comparatively high. Worcester County is a more affluent county and has a very positive grocery store density to population ratio. Transportation Peninsula Regional Medical Center and its Outpatient Services are accessible by Shore Transit, a division of the Tri-County Council for the Lower Eastern Shore of Maryland, the public transit agency for the Maryland lower eastern shore counties of Somerset, Wicomico and Worcester. Shore Transit offers public transportation via fixed route and origin-to-destination services. Peninsula Regional does make available transportation services for those in extenuating circumstances. Every effort will be made to assist patients receiving care under a series account like radiation oncology or chemo by utilizing various community resources. When community resources are not available, the transportation coordinator will arrange transportation as available through Hart to Heart Ambulance Services van transportation.

Transportation Resources
American Cancer Society
1-888-227-6333

Gene's Taxi
410-742-4444 (phone)
410-572-6034 (fax)

Tricia Hayden, Red Devils Coordinator
410-323-0136 (fax)

Hart to Heart
1-866-276-9554

Lisa Barnes, Patient Navigator-Social Worker

Education
According to Truven Health Analytics, Worcester County's population has a greater percentage college educated adults than either Wicomico or Somerset. Somerset County has a considerably low population of college educated adults compared to the State of MD and Nationally.

Wicomico Education Level

2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	3,709	5.7%	6.2%
Some High School	6,248	9.7%	8.4%
High School Degree	21,212	32.9%	28.4%
Some College/Assoc. Degree	17,133	26.5%	28.9%
Bachelor's Degree or Greater	16,261	25.2%	28.1%
Total	64,563	100.0%	100.0%

Worcester Education Level

2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,173	3.0%	6.2%
Some High School	3,155	8.1%	8.4%
High School Degree	13,156	33.7%	28.4%
Some College/Assoc. Degree	11,631	29.8%	28.9%
Bachelor's Degree or Greater	9,904	25.4%	28.1%
Total	39,019	100.0%	100.0%

Somerset Education Level

2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,135	7.1%	6.2%
Some High School	2,025	12.7%	8.4%
High School Degree	7,052	44.3%	28.4%
Some College/Assoc. Degree	3,516	22.1%	28.9%
Bachelor's Degree or Greater	2,198	13.8%	28.1%
Total			

	15,926 100.0% 100.0% Median Income Somerset County has the lowest median income subsequently the county has the lowest median home value. The housing industry is struggling in Somerset with a 5.5% foreclosure rate compared to 3.6% in Wicomico and 2.0% in Worcester County (HCI). Wicomico County Median HH Income, 49,043 Median Home , $177,238 Worcester County Median HH Income, $56,613 Median Home Value, $277,982 Somerset County Median HH Income, $41,671 Median Home Value, $133,453 Sources: Healthy Communities (HCI) www.ers.usda.gov/FoodAtlas/ www.shoretransit.org Truven Health Analytics 2013
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	Race: White Non Hispanic 120,207/67.8% Black Non-Hispanic 41,363/23.3% Hispanic 7,942/4.5% Asian & Pacific Non-Hispanic 3,516/2.0% All Others 4,394/2.5% Language: Predominately English is spoken at home by 90% of the population within our CBSA. The next highest language spoken at home is Spanish within the range of 3-6 percent, the remaining language is a mix of Asian, Indo-European and Other. When you review language spoke by zip codes there are instances where Spanish is spoken at home in the 8-12 percent range and even as high as 20% in some cities. Single Parent Households According to HCI Wicomico and Somerset County have a much higher percentage of single parent households. Adults and children in single-parent households are at a higher risk for adverse health effects, such as emotion and behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke, abuse alcohol and other substances Truven Health Analytics 2013 Healthy Communities Inc. (HCI)

Other	Regional Vision that includes Healthcare: Tri-County Council - Regional Vision for the Lower Eastern Shore of Maryland. The goal of this Council was to present a vision and establish blueprint for a desired regional destination. There were over 70 participants from 30 different economic sectors throughout the three counties of the Lower Eastern Shore of Maryland. Out of this process evolved broad vision statements for six vision element categories: i. Demographic Trends ii. The Environment iii. Infrastructure iv. Technology v. Education and Workforce Development vi. Business and Economic Development As part of this process one of the findings and vision identifies the need for technology development and the growing need for Tele-Medicine. Joining and strengthening our rural communities together through technology like tele-medicine will enhance the region's population health management infrastructure. We are continuing to review the application of tele-medicine and how it can be used to increase access to care in rural settings where transportation can sometimes be an issue. SWED is the Salisbury Wicomico and Economic Development Inc. its mission is to enhance the socio-economic environment of Salisbury, Wicomico County and region through the preservation and creation of productive employment opportunities. www.beacon.salisbury.edu www.swed.org

b. Please use the space provided to complete the description of your CBSA. Provide any detail that is not already stated in Table II (you may copy and paste the information directly from your CHNA).

See attachment below Section 1 CBSA.pdf

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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

For the purposes of this report, the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons

(whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNAinclude, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP) (http://dhmh.maryland.gov/ship/);
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) The Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) Local Health Departments (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);

(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;
(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNAinvolving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;
(13) Survey of community residents; and
(14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

X Yes
_ No

Provide date here.6/28/2013

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

(www.peninsula.org/chc) = www.peninsula.org at Quick Links, Creating Healthy Communities

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

X Yes
_ No

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

www.peninsula.org/chc) = www.peninsula.org at Quick Links, Creating Healthy Communities, 2013 Community Health Needs Assessment & Implementation Plan

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?
    a. Is Community Benefits planning part of your hospital's strategic plan?

    X Yes
    _ No

    If no, please provide an explanation

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

        1.X CEO
        2.X CFO
        3.X Other (Please Specify)
        VP of Planning Business Development/Chief Buisness Officer

        ii. Clinical Leadership

1.X Physician
2.X Nurse
3.X Social Worker
4.X Other (Please Specify)
Diabetes Deparment and PRMG Medical Group

iii.Community Benefit Department/Team

1.X Individual (please specify FTE)
Rhonda Lasher
2.X Committee (please list members)
Patti Serkes, Alonzo Tull, DanRusch, Autumn Romanowski, Mollie Reymann, Crystal Regels, Scott Phillips, Cathy Moore, Allissa Carr, Roger Follebout, Gwen Garland, Chris Hall
3.X Other (Please Specify)
Susan Cottongim, Regina Kundel

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

Spreadsheet X Yes _ No
If you answered no to this question, please explain why?

Narrative X Yes _ No
If you answered no to this question, please explain why?

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

Spreadsheet X Yes _ No
If you answered no to this question, please explain why?

Narrative X Yes _ No
If you answered no to this question, please explain why?

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This information should come from the implementation strategy developed through the

CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Please be sure these initiatives occurred in the FY in which you are reporting.

   For example for each principal initiative, provide the following:

   a Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.
   b. Name of Initiative: insert name of initiative.
   c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)
   d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
   e. Key Partners in Development/Implementation: Name the partners(community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
   f. How were the outcomes of the initiative evaluated?
   g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?
   h. Continuation of Initiative: Will the initiative be continued based on the outcome?
   i Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

Initiative 1

Identified Need	Please see attachments below for Hospital Community Benefit Program and Initiatives. Narrative Table III - Priority Diabetes (Mutliple Initiatives) Narrative Table III - Priority Obesity (Multiple Initiatives) Additional Context for Community Benefit Activities
Hospital Initiative	
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year InitiativeTime Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
Cost of initiative for current FY?	

Initiative 2

Identified Need	
Hospital Initiative	
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year InitiativeTime Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
Cost of initiative for current FY?	

Initiative 3

Identified Need	
Hospital Initiative	
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year InitiativeTime Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
Cost of initiative for current FY?	

Initiative 4

Identified Need	
Hospital Initiative	
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year InitiativeTime Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
Cost of initiative for current FY?	

Initiative 5

Identified Need	
Hospital Initiative	
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	
Single or Multi-Year InitiativeTime Period	
Key Partners and/or Hospitals in initiative development and/or implementation	
How were the outcomes evaluated?	
Outcome (Include process and impact measures)	
Continuation of Initiative	
Cost of initiative for current FY?	

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Using a Regional approach, significant resources including the local health departments, the Maryland SHIP county metrics, Maryland Vital Static Reports and feedback from Community Health Councils, many aspects of health status in the Tri-County area are very similar to those recorded nationwide. Access is a key issue for communities across the county and individuals living at the lowest income level. African-American residents were far more likely to indicate cost or lack of insurance has prevented a physician visit for them in the past two years. African-Americans and those living at or near the poverty level were two to four times more likely than residents overall to indicate they have had trouble getting dental care in the past two years. One-third of individuals living at the lowest income levels and one-fifth of African-Americans are without health insurance coverage, both segments being higher than the community overall. One positive finding is that local residents were more likely to have regular sources of care when compared to national findings.

In addition to the needs we and our partners have agreed to pursue together, there were a number of other health needs which (although important) were not a priority at this time. The health indicators we chose had outcomes measures much worse than the state, the nation and the Healthy People 2020 targets. We also felt that working together we could ultimately effect a positive change in our communities as collectively we had the expertise, desire and means to effectuate such a change.

Alternatively the health indicators we did not select will remain on our “watch list” and will continue to be monitored along with the other indicators. Some of those healthcare concerns on our “watch list” include:

As an update, there are some initiatives around the “watch list” for example; free skin cancer screenings were performed in FY2013. Screening is the first step in the process to stop the skin cancer in its tracks. We want to educate the

community that examining your skin on a regular basis can be a life-saving habit. The screenings are part of a national campaign to encourage early detection and teach prevention of skin cancer. More than 1 million new cases of skin cancer will be diagnosed in the United States this year. "The key to successful treatment of most types of skin cancer is early detection and treatment," said Thomas M. DeMarco, MD, Medical Director of the Richard A. Henson Cancer Institute. Current estimates is that one in five Americans will develop skin cancer in their lifetime and those rates are higher on Maryland's Eastern Shore.

Our limited human and financial resources as well as those of our partners do not allow us to pursue additional interventions. When resources permit, we will aggressively plan for expanding the number of health needs identified in our community health needs assessment.

V. PHYSICIANS

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

This fall Peninsula Regional engaged a consultant “AmeriMed” to assist in developing a “Medical Staff Development Plan” based on the healthcare needs of our medical service area. This report included an analysis of PRMC’s service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. Peninsula Regional feels it is important to continually monitor specialties where a significant amount of patient care within the service area is provided by older physicians, as a sudden or unexpected loss of coverage could have an adverse effect on provision of medical services to the community. AmeriMed recommends, however, that succession planning recruitment go hand-in-hand with high priority and growth recruitment, as newly recruited or existing physicians can frequently take in additional patient flows caused by physician retirement.

AmeriMed notes several vulnerable specialties on PRMC’s Medical Staff where succession planning may be prudent. This analysis hire is based on the total staff population without regard to status or FTE value of individual

physicians. The Executive Summary contains final recommendations based on actual FTE values of staff physicians.
Within the following specialties, at least half of PRMC staff physicians within the specialty are 55 or over:
These specialties are considered to be at risk and the Hospital and formal succession and/or contingency plans are being implemented.
Within the following specialties, at least a quarter of PRMC staff physicians within the specialty are 55 or over:
Peninsula Regional has embarked on the recommendation that succession planning discussions with physicians is important to serving the health care needs of a growing population.

As part of this Medical Staff survey interviewed physicians generally perceived that primary care was underserved in Peninsula Regional's overall market. Most expressed a need for both family medicine physicians and internists. Many spoke of closed practices that were full and busy, and others spoke of lengthy wait times. Some commented that there were many physician extenders practicing and that more extenders were also perceived as needed. AmeriMed recommends recruitment up to three internal medicine physicians and 2 family practice physicians based on market need.

Peninsula Regional is continuing to address physician shortages within our primary and secondary service areas. According to the 2012 "County Health Rankings" collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin, Peninsula Regional's primary service area has considerably fewer primary care physicians than the Maryland average. There is a correlation between having a healthy population and providing access and availability to primary care physician services. Wicomico County has the best ratio of population to primary care physicians of 1,074:1, which is still 30% below the Maryland average, and Somerset County has the worst at 2,010:1, which is 144% below Maryland's average of 824:1. In an effort to address these shortages, Peninsula Regional's "2009-2014" Strategic Plan Driving Strategy 1 states: Provide resources to expand the number and availability of physicians to fully support the needs of the region. Our ongoing Medical Staff Development Plan includes recruitment, retention and employment of physicians. Continued recruitment is underway for FP, IM and underserved specialties like dermatology, hematology/oncology, neurosurgery and general

surgery.

On November 21, 2012, Dr. Peggy Naleppa, President/CEO of PRMC signed a Memorandum of Understanding with the University of Maryland, Baltimore; University of Maryland, Eastern Shore and Salisbury University to explore the development of the following initiatives:

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

Peninsula Regional employs hospitalists – a physician who specializes in the care of hospitalized patients to coordinate and provide a consistent level of quality inpatient care. Inpatients benefit from having dedicated physicians available onsite to care for them, and primary care physicians also value hospitalists who can act as “inpatient partners” for their patients. Besides improving quality and access, employing Hospitalists also effectively reduces local community physician office wait times especially in our medically underserved areas. Freeing up time for community based family practice and internal medicine physicians is critical as our population continues to age - providing more office time and extended hours as necessary.

Rural hospitals and communities are typically challenged in both recruitment and retention of physicians due to numerous factors. Some of these challenges are due to the location and geography of the area and availability of healthcare resources. Retaining and recruiting resources in sub-specialties can be hard for regional rural hospitals and Peninsula Regional Medical Center is no exception.

To address specific community healthcare needs the Medical Center has had to recruit, retain, employ and subsidize some of the following sub-specialties; Pulmonary, Medical Oncology, Neurosurgery, Pediatric Specialties and Endo. Rural communities lack the cultural and educational resources that larger urban centers provide making it harder to retain and recruit these physicians, the spouse/significant other and children. It also may take several or more hours for

the population of the Eastern Shore to reach a quaternary medical center. Low population patterns by geography make it more costly and harder for communities and businesses to provide various types of services. Overall our local economy is not as robust as the urban centers as acknowledged by our low median income in the Tri-County area:

Wicomico $49,043

Worcester $56,613

Somerset $41,671

Compared to Maryland $73,122

Low median income, higher than average unemployment rates and many other factors puts rural communities at a disadvantage in providing some of these specialty healthcare services.

Exclusive contracting arrangements are common among the traditional hospital-based physician specialties and Peninsula Regional is no exception. The Medical Center is a regional ***rural*** hospital that serves three states and six counties. Serving a rural population of approximately 500,000 with a growing Medicare population (which is greater than the national average), physician recruitment is critical. In addition the Medical Center's primary service area has been identified as a Health Professional Shortage Area and a Medically Underserved Area by the Health Resources and Services Administration. Based upon our current "Medical Staff Needs Study," findings suggest evaluation for potential recruitment of an additional 126 physicians of varying specialties is needed to meet current and future demand.

As the only level III trauma center that serves the region, and an emergency room with over 85,000 visits annually, Peninsula Regional must have certain specialties on-call and exclusive contracts with provider groups to guarantee coverage and meet patient demand for these services. The regulatory requirements and benefits of having exclusive arrangements for a large rural tertiary hospital include some of the following:

The Medical Center's challenge as a large rural regional tertiary care provider has been to recruit and retain for underserved specialties, and to create comprehensive succession planning that supports the diverse medical needs of the region spread throughout a large geographical area.

Conclusion:

Rural providers and rural residents have issues unlike other more

metropolitan areas of our State. Over the next three years Peninsula Regional is committed to working on a Regional approach with our Tri-County Health Care Partners and several local hospitals on the selected identified State Healthcare Improvement Processes objectives (Diabetes, Obesity). We will continue to work with our other local and national healthcare organizations to promote our third initiative, healthy lifestyles. Peninsula Regional will continue to strengthen its community education & screening initiatives as it relates to diabetes, obesity and living a healthy lifestyle. We continually strive to meet the needs of the underserved/underinsured by providing free wellness screenings at local festivals, churches, civic organization and health fairs in the three lower counties, Wicomico, Worcester and Somerset.

Appendix I - Describe FAP

APPENDIX I

THE DAILY AND SUNDAY TIMES
DELMARVA'S LARGEST NEWSPAPER
618 BEAM STREET
SALISBURY, MARYLAND 21801
PHONE: 410-749-7171
FAX: 410-341-6709

PENINSULA REGIONAL MEDICAL CENTER
100 E. CARROLL ST.
SALISBURY, MD 21801
ATTN: KEITH DOUGHTY

Dear Sir/Madame:

Here is the Certification of Publication for your ad that was run
10/05/12

Sincerely,

NICOLE DAY, Legals Department
Legals Ext. 219

CERTIFICATION OF PUBLICATION

We hereby certify that the annexed: 10/17/2012

Notice of Availability: Financial Assistance

Was published on 10/5 '12 in THE DAILY TIMES

TheDalyTimes

APPENDIX I

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APPENDIX I

It is the intention of Peninsula Regional Medical Center to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render care at a reduced or zero cost.

Peninsula Regional Medical Center makes every effort to make financial assistance information available to our patients including but not limited to:

- An annual notice regarding financial assistance is published in a local, widely circulated newspaper.
- Appropriate notices are posted in patient registration, financial services, the emergency department, labor and delivery.
- Information and application is posted on the PRMC website.
- Language and sign language options are available to assist our population with those needs.
- Individual notice to patients and other persons regarding our financial assistance policy are available at community outreach events, prenatal services, pre-admission, and admission.
- Information insert is included in every patient bill in accordance with Health General Article §19-214.1.
- Information pamphlet is provided to patients at registration.
- Increased access and location availability to the patient at the hospital.
- Signage, brochures, bill inserts and web information all have a Spanish section that provides a way for our Spanish speaking individuals to get additional information.

Further detail information can be found in the attached policy found in Appendix 2.

Appendix II - Hospital FAP

APPENDIX II

Peninsula Regional Medical Center
Policy/Procedure

Finance Division

Subject: Financial Assistance

Affected Areas: Patient Accounting, Financial Services

Policy/Procedure Number: FD-162

Policy:

Peninsula Regional Medical Center will provide free and reduced-cost care to patients who lack health care coverage or whose health care coverage does not pay the full cost of their hospital bill. A patient's payment for reduced-cost care shall not exceed the charges minus the hospital mark-up.

Peninsula Regional Medical Center will provide free medically necessary care to patients with family income at or below 200% of the federal poverty level.

Peninsula Regional Medical Center will provide reduced-cost medically necessary care to low-income patients with family income between 201% and 300% of the federal poverty level.

Peninsula Regional Medical Center will provide reduced-cost medically necessary care to low-income patients with family income between 301% and 500% of the federal poverty level who have a financial hardship, as defined by Maryland law.

Procedure:

If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies. In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, Peninsula Regional Medical Center will provide care at reduced or zero cost.

When no third party assistance is available to cover the total bill and the patient indicates that they have insufficient funds, the following procedure will occur.

1) The Maryland State Uniform Financial Assistance Application should be completed by staff, in consultation with the patient, to make initial assessment of eligibility.

2) Compare patient's income to current Federal Poverty Guidelines (on file with Collection Coordinator). The Collection Coordinator will get new guidelines as published in the Federal Register annually. If patient is not eligible, stop here and pursue normal collection efforts.

3) If preliminarily eligible per Guidelines, send Maryland State Uniform Financial Assistance Application to patient/guarantor for completion and signature. Patient should attach appropriate documentation and return to representative within 10 days.

Upon receipt of the financial assistance request, the Representative will review income and all documentation. The patient must be notified within two business days of their probable eligibility and informed that the final determination will be made once the completed form and all supporting documents are received, reviewed, and the information verified. Income information will be verified using the documentation provided by the patient and external resources when available.

A financial assistance discount will be applied to the patient's responsibility in accordance with Attachment 1.

4) If ineligible, the Representative will notify the patient and resume normal dunning process and file denial with the account. The denials will be kept on file in the collection office. All denials will be reviewed by the Collection Coordinator level or above.

If household income is under the income criterion but documentation indicates the patient or family member has net assets that indicate wealth, the patient does not qualify for financial assistance. If the balance due is sufficient to warrant it and the assets are suitable, a lien will be placed on the assets for the amount of the bill. Collection efforts will consist of placement of the lien which will result in payment to hospital upon sale or transfer of the asset. Refer account to Collection Coordinator for filing a lien.

5. Collection Coordinator will review documentation.

a. If eligible, and under $2,500, the account will be written off to financial assistance and the "Request for Financial Assistance" form finalized. A copy is retained in the patient's file. The Representative will call the patient and notify them of the final determination of eligibility.

b. If eligible, and the balance is $2,500 or above, the Collection Coordinator will obtain the appropriate adjustment signature(s) and continue as per 5.a.

6. Peninsula Regional Medical Center will review only those accounts where the patient or guarantor inquire about financial assistance or in the normal working of the account there is indication that the patient may be eligible. Any patient/customer service representative, financial counselor, or collection representative may begin the request process.

   Pre-planned service may only be considered for financial assistance when the service is medically necessary. For example, no cosmetic surgery will be eligible. Inpatient, outpatient, emergency, and physician charges are all eligible.

7. Special exceptions:

   a. Financial assistance will be considered if patient is over income criterion, but have a financial hardship. A financial hardship exists when the amount of medical debt at Peninsula Regional Medical Center exceeds 25% of the family's income in a year. Financial hardship cases must be reviewed by Manager, Patient Accounts level or higher.

   b. A patient that has qualified for Maryland Medical Assistance is deemed to automatically qualify for PRMC's Financial Assistance program. The amount due from a patient on these accounts may be written off to Financial Assistance with verification of Medicaid eligibility. Normal documentation requirements are waived for financial assistance granted upon the basis of Maryland Medical Assistance eligibility.

   c. Patients who are beneficiaries/recipients of certain means-tested social services programs administered by the State of Maryland are deemed to have presumptive eligibility for PRMC's Financial Assistance program. The amount due from a patient on these accounts may be written off to Financial Assistance with verification of eligibility for one of these programs. Normal documentation requirements are waived for financial assistance granted upon the basis of presumptive eligibility.

8. Once a request has been approved, service three months before the approval and twelve months after the approval may be included in the adjustment. All encounters included with the application must reference the original encounter number where the electronic image of the application is stored. Service dates outside this fifteen month window may be included if approved by a Supervisor, Manager, or Director. Any amount exceeding $25 that has already been collected from the patient or guarantor for approved dates of service shall be refunded to the patient.

Note:	This policy was formerly part of FD-30 established in 11/85. Name was changed from Charity Care 8/05.
Date:	6/03 Split into policies FD-30 & FD-162.
Reviewed:	7/86, 7/89, 7/91, 12/13
Revised:	9/88, 4/92, 6/93, 2/95, 8/97, 7/98, 9/99, 6/02, 6/03, 9/04, 4/05, 8/05, 8/07, 3/09, 4/10, 5/10, 10/10, 12/11, 12/12

APPENDIX II

Updated 08-29-13 / Reviewed 12/01/13

If your family size is:	And, your family income is at or below:		
Family Size	200% Federal Poverty Guideline	201% up to 300% Federal Poverty Guideline	301% - 500% Federal Poverty Guideline with Financial Hardship
1	$22,980	$34,470	$57,450
2	$31,020	$46,530	$77,550
3	$39,060	$58,590	$97,650
4	$47,100	$70,650	$117,750
5	$55,140	$82,710	$137,850
6	$63,180	$94,770	$157,950
7	$71,220	$106,830	$178,050
8	$79,260	$118,890	$198,150
You receive a discount off PRMC bills of:	**100%**	**50%**	**25%**

APPENDIX II

PENINSULA REGIONAL
MEDICAL CENTER
Part of Peninsula Regional Health System

ADMINISTRATIVE POLICY MANUAL

Subject: Uncompensated Care / Financial Assistance

Effective Date:	August 1981
Approved by:	President/CEO
Responsible Parties:	Executive Director of Patient Financial Services
Revised Date:	12/86, 6/88, 3/90, 3/91, 7/93, 7/94, 8/98, 12/05, 8/08, 5/10, 10/10
Reviewed Date:	8/83, 12/85, 2/88, 6/92, 8/95, 7/96, 9/97, 6/00, 6/01, 10/02, 10/04, 12/11, 12/12, 12/13

POLICY

It is the intention of Peninsula Regional Medical Center to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render medically necessary care at zero cost for patients with income at or below 200% of the Federal Poverty Guideline and reduced cost for patients with income between 201% and 300% of the Federal Poverty Guideline. Financial assistance is considered for patients with income between 301% and 500% of the Federal Poverty Guideline that document a financial hardship as defined by Maryland law.

Patients requiring elective services may, through consultation with their physician, have their procedure postponed until such a time as the patient is able to make full payment or meet the established deposit. Elective procedure patients, who, according to their diagnosis and/or their physician, cannot be postponed, will be helped with obtaining assistance from agencies. If no assistance is available, and the patient requests, the account will be reviewed for possible financial assistance.

In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, the patient may be eligible for financial assistance.

ELIGIBILITY DETERMINATION PROCESS

1. Interview patient and/or family
2. Obtain annual gross income
3. Determine eligibility (preliminary eligibility will be made within 2 business days)
4. Screen for possible referral to external charitable programs
5. If the patient and/or family refuse to disclose financial resources or cooperate, the patient will be subject to standard collection efforts
6. The determination of eligibility (approval or denial) shall be made in a timely manner.

PUBLIC NOTIFICATION

- An annual notice regarding financial assistance will be published in a local, widely circulated newspaper.
- Appropriate notices will be posted in patient registration, financial services, the emergency department, labor and delivery and on the PRMC website.
- Individual notice to patients and other persons regarding our financial assistance policy are available at community outreach events, prenatal services, pre-admission, and admission.

ADMINISTRATION OF POLICY

Procedures are maintained in the Finance Division office related to the administration of the uncompensated care/financial assistance to patients' policy. Refer to Finance Division Policies FD-30, FD-53, FD-141, FD-162, and FD-167.

REFERENCE

Board of Trustees

Keywords
Financial Assistance
Federal Poverty Guidelines
Uncompensated
Charity Care

_____
Peggy Naleppa
President/CEO

Appendix III - Patient Information Sheet

APPENDIX III

THIS NOTICE REQUIRED BY MARYLAND LAW

Financial Assistance Policy

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Physician charges are not included in the hospital bill and are billed separately. Physician charges are not covered by Peninsula Regional Medical Center's financial assistance policy.

In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, the patient may be eligible for financial assistance.

Eligibility Determination Process

1. Interview patient and/or family
2. Obtain annual gross income
3. Determine eligibility (*preliminary eligibility within 2 business days*)
4. Screen for possible referral to external charitable programs
5. If the patient and/or family refuse to disclose financial resources or cooperate, the patient will be subject to standard collection efforts
6. The determination of eligibility (*approval or denial*) shall be made in a timely manner

How To Apply

- Call 1-800-235-8640 between 9:00 a.m. and 4:00 p.m., Monday through Friday.
- In person at the Financial Counselor's office (located in the Frank B. Hanna Outpatient Center lobby) between 8:30 a.m. and 4:30 p.m., Monday through Friday
- On the internet at www.peninsula.org. Click on Patients & Visitors then Patient Financial Services and Billing Information

Qualifications

Peninsula Regional Medical Center compares patients' income to the Federal Poverty Guidelines. In order to process your application we require the following information:

° An independent third party to verify your household income (one of the following)
    a. Recent pay stub showing current and year to date earnings
    b. Most recent tax return showing your Adjusted Gross Income or W-2 form
    c. Written documentation of Social Security benefits, SSI disability, VA benefits, etc.
    d. Letter from independent source such as clergy, neighbor, former employer, etc.

° Request, in writing, for help with your hospital bills.

- Completed and signed Financial Assistance Application

This information, and any information obtained from external sources, is used to determine your eligibility for financial assistance. The more information provided, the easier it is for us to determine your financial need. Peninsula Regional may request a credit report to support a patient's application for assistance.

Need Assistance?

If, at any time, you have questions about obtaining financial assistance, your hospital bill, your rights and obligations with regard to the bill, or applying for the Maryland Medical Assistance Program, please contact Peninsula Regional Medical Center's Financial Services department at 410-543-7436 or 1-800-235-8640.

Maryland Medical Assistance Program

To find out if you are eligible for Medical Assistance or other public assistance, please apply at your Local Department of Social Services (LDSS). If you are applying for assistance for a child or are pregnant, you may apply for the Maryland Children's Health Program (MCHP) at your Local Health Department (LHD). If you are elderly and only applying for assistance with paying your Medicare premiums, co-payments, or deductibles, you may apply at your LDSS for the Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) Program. QMB/SLMB applications may be filed by mail or in person. To receive an application, call your LDSS or the area Agency on Aging (AAA). For more information, you may call DHMH's Recipient Relations Hotline at 1(800) 492-5231 or (410) 767-5800.

Patients Rights and Obligations

Rights:

- Prompt notification of their preliminary eligibility determination for financial assistance.
- Guidance from Peninsula Regional on how to apply for financial assistance and other programs which may help them with the payment of their hospital bill
- Receipt of financial assistance for all services not payable by another program that meet the qualifications of Peninsula Regional Medical Center's Financial Assistance Policy.

Obligations:

- Submit complete and accurate information on the Uniform Financial Assistance Application in use in the state of Maryland.
- Attach supporting documentation and return the form to Peninsula Regional Medical Center in a timely manner
- Make payment in full or establish a payment plan for services not qualified under Peninsula Regional's Financial Assistance Policy

Cómo hacer la solicitud

- Llame al 1-800-235-8640 entre las 9:00 a.m. y las 4:00 p.m., de lunes a viernes
- Acuda en persona a la oficina del consejero financiero (Localizado en el vestíbulo Frank B. Hanna del Centro de attencion de Pacientes Externos) entre las 8:30 a.m. y las 4:30 p.m., de lunes a viernes
- A través de Internet, visite www.peninsula.org. Haga clic en Patients & Visitors (Pacientes y visitantes), luego en Patient Financial Services (Servicios financieros para pacientes) y después en Billing Information (Información de facturación)

APPENDIX III

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EXCEPTIONAL HEALTHCARE. EXCEPTIONAL PEOPLE.

PENINSULA REGIONAL MEDICAL CENTER

100 East Carroll Street • Salisbury, MD 21801-5493
410-546-6400 • 1-800-955-PRMC (7762)
TTY/TDD 410-543-7355
www.peninsula.org

BRO-086 (5/10)

Financial Assistance With Your Medical Bills

EXCEPTIONAL HEALTHCARE. EXCEPTIONAL PEOPLE.

PENINSULA REGIONAL MEDICAL CENTER

Financial Assistance Policy

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- An independent third party to verify your household income (one of the following)
  a. Recent pay stub showing current and year to date earnings
  b. Most recent tax return showing your Adjusted Gross Income or W-2 form
  c. Written documentation of Social Security benefits, SSI disability, VA benefits, etc.
  d. Letter from independent source such as clergy, neighbor, former employer, etc.
- Request, in writing, for help with your hospital bills.
- Completed and signed Financial Assistance Application

This information, and any information obtained from external sources, is used to determine your eligibility for financial assistance. The more information provided, the easier it is for us to determine your financial need. Peninsula Regional may request a credit report to support a patient's application for assistance.

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To receive an application, call your LDSS or the Area Agency on Aging (AAA). For more information, you may call the Department of Health and Mental Hygiene's Recipient Relations Hotline at 1-800-492-5231 or 410-767-5800.

Appendix VI - Mission, Vision, Value Statement

APPENDIX IV

EXCEPTIONAL HEALTHCARE. EXCEPTIONAL PEOPLE.

PENINSULA REGIONAL MEDICAL CENTER

MISSION

Improve the health of the communities we serve.

VALUES

- **Respect for every individual**
- **Delivery of exceptional service**
- **Continuous improvement**
- **Safety, effectiveness**
- **Trust and compassion**
- **Transparency**

VISION

As the Delmarva Peninsula's referral Medical Center, we will be the leader in providing a system of regional access to comprehensive care that is interconnected, coordinated, safe and the most clinically advanced. We will deliver an exceptional patient and family experience, while fostering a rewarding environment for physicians and employees. Together, Peninsula Regional Medical Center and its physicians will be a trusted partner in improving the health of the region.

3/12

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
8th Annual Breast Cancer Conference	10/11/2012
8th Annual Lung Cancer Conference	3/9/2013
BabyKicks Diaper Change Event	4/20/2013
Balance Class	11/6/2012
Breastfeeding Class at WIC office	6/30/2013
Cancer Support Services Lunch Bunch	11/28/2012
Colorectal awareness table	3/20/2013
CPR/AED training	3/16/2013
Delmarva Chicken Festival	6/22/2013
Delmarva Life on New Year's resolutions	1/7/2013
Diabetes Awareness Event	4/25/2013
Eastern Shore Breast Cancer Consortium - AGH	4/2/2013
Eastern Shore Oncology Conference	11/7/2012
Ed Randall's Bat for the Cure	8/29/2012
Exercise and Ostomy	1/15/2013
Family and Friends CPR	2/19/2013
Family and Friends CPR	10/11/2012
Family and Friends CPR informational talk	3/16/2013
Fruitland Lions Club	11/19/2012
GAIT presentation	4/9/2013
Grandparenting Class	4/9/2013
Grandparenting Class	9/12/2012
Grandparenting Class	6/4/2013
Health Fair at Community of Joy Church in Salisbur	6/22/2013
Health Fair at Sears	10/13/2012
Health fair UMES	4/17/2013
Heart month radio interview	2/4/2013
HVP DISCUSSION	6/26/2013
Info table for colorectal awareness	3/13/2013
instruction to police acadmey on health and wellne	7/10/2012
Komen Educational Symposium	9/20/2012
Komen Lay Outreach - Women of Wonder	2/4/2013
Medical Library Community Assistance	12/31/2012
Mid-Atlantic Surgical Group-Benefits of Exercise	4/23/2013
Mt. Zion Church Komen Lay presentation - Snow Hill	9/29/2012
National Nutrition Month activities	3/6/2013
Ocean Pines Health Fair	10/6/2012
Peninsula Partners Diabetes Presentation	9/18/2012
Peninsula Partners Heart Month Program	2/28/2013
Perdue Corporate Health Fair	3/22/2013
Perdue Health Fair	5/16/2013
Perdue Health Fair	3/28/2013
Perdue Rt 50 Diabetes Risk Assessments and Nutriti	3/20/2013
Pine Bluff School	5/8/2013
Pre-op Surgical Spine Class	3/6/2013
Pre-operative Surgical Spine Class	6/11/2013
Pre-operative Surgical Spine Class	6/19/2013
Prepared childbirth - weekend	8/10/2012
Prepared childbirth - weekend	10/27/2012

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
Prepared childbirth - weekend	12/15/2012
Prepared childbirth - weekend	2/22/2013
Prepared childbirth - weekend	4/12/2013
Prepared childbirth - weekend	6/7/2013
Pre-soccer practice presentation	3/10/2013
PRINCE STREET SCHOOL CAREER DAY	5/10/2013
Princess Anne Townhouses Program	6/13/2013
PRMC HealthFest	4/6/2013
Pulmonary Function Testing at Perdue Corporate	1/18/2013
REAL WOMEN SYMPOSIUM	4/11/2013
Safe Sitter	6/21/2013
Safe Sitter	6/28/2013
Safe Sitter Class	8/24/2012
Safe Sitter Course	7/20/2012
Safe Sitter Course	8/3/2012
Salisbury Area Chamber of Commerce	07/12-06/13
Salisbury Festival	4/27/2013
Salisbury Middle School Speaking Event	11/15/2012
Salisbury School Bike Safety	4/30/2013
Salisbury University Lunch and Learn	11/7/2012
Speaker CSS-LInda Hurley, Sleep Waves	4/6/2013
Speaker's Bureau	4/2/2013
Speaker's Bureau	5/6/2013
Speaker's Bureau	4/1/2013
Speaker's Bureau	5/7/2013
Speaker's Bureau	9/20/2012
Speaker's Bureau	11/14/2012
Speaker's Bureau	11/16/2012
Speaker's Bureau	1/28/2013
Speaker's Bureau	2/11/2013
Speaker's Bureau	4/12/2013
Speaker's Bureau	5/15/2013
Speaker's Bureau	1/15/2013
Speaker's Bureau	4/13/2013
Speaker's Bureau	4/18/2013
Speaker's Bureau	1/18/2013
Speaker's Bureau	2/19/2013
Speaker's Bureau	2/21/2013
Speaker's Bureau	4/25/2013
Speaker's Bureau- Eastern Shore Medical Group	10/19/2012
speaking at Mended Hearts	10/22/2012
Speaking at the Lodges at Naylor Mill	6/5/2013
Stepping Stones End of year event	5/24/2013
talk on healthy living	9/24/2012
Tri County Go Red	2/6/2013
TV Interview: Gluten-Free: Is It Worth It?	2/4/2013
Women's Symposium speaker	4/11/2013
WorWic Health Fair	10/25/2012
Healthy Pediatric Weight Management Program	07/12-06/13

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
Acupuncture & Cancer	4/17/2013
ALS Support Group	11/9/2012
ALS Support Group	8/10/2012
ALS Support Group	7/13/2012
ALS Support Group	10/12/2012
ALS Support Group	9/14/2012
ALS Support Group	2/8/2013
ALS Support Group	1/11/2013
ALS Support Group	5/10/2013
ALS Support Group	6/14/2013
BETER BREATHERS CLUB @ PRMC	3/13/2013
BETTER BREATERS CLUB @ PRMC	10/10/2012
BETTER BREATHER CLUB @ PRMC	6/12/2013
BETTER BREATHER CLUB AT PRMC	5/8/2013
BETTER BREATHERS CLUB @ PRMC	9/12/2012
BETTER BREATHERS CLUB @ PRMC	4/10/2013
BETTER BREATHERS CLUB @ PRMC	8/8/2012
BETTER BREATHERS CLUB @ PRMC	7/11/2012
BETTER BREATHERS CLUB AT PRMC	11/14/2012
BETTER BREATHERS CLUB AT PRMC	7/11/2012
BETTER BREATHERS CLUB AT PRMC	1/16/2013
Cancer Survivor Support Group	2/6/2013
Cancer Survivor Support Group	4/3/2013
Cancer Survivor Support Group	4/10/2013
Cancer Survivor Support Group	4/17/2013
Cancer Survivor Support Group	3/6/2013
Cancer Survivor Support Group	1/9/2013
Cancer Survivor Support Group	4/24/2013
Cancer Survivors Support Group	5/1/2013
Cancer Survivors Support Group	5/8/2013
Cancer Survivors Support Group	5/15/2013
Cancer Survivors Support Group	5/22/2013
Cancer Survivors Support Group	5/29/2013
Caregiver Support Group	4/3/2013
Caregiver Support Group	2/6/2013
Caregiver Support Group	3/6/2013
Caregiver Support Group	1/16/2013
Caregiver Support Group	4/17/2013
Caregiver Support Group	5/1/2013
Caregiver Support Group	6/5/2013
Caregiver Support Group	6/19/2013
Caregivers Support Group	5/15/2013
Caregivers Support Group	5/8/2013
Daibetes Support Group	2/11/2013
Diabetes Support Group	3/11/2013
Diabetes Support Group	1/14/2013
Diabetes Support Group	4/8/2013
Diabetes Support Group	12/10/2012
Diabetes Support Group Meeting	9/10/2012

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
Diabetes Support Group meeting	5/13/2013
Diabetes Support Group Meeting/Free Awareness even	11/12/2012
Head & Neck Cancer Support Group	4/16/2013
Head & Neck Cancer Support Group	6/18/2013
Head & Neck Cancer Support Group	5/21/2013
head and neck cancer support group	5/21/2013
head and neck cancer support group	6/18/2013
head and neck cancer support group	11/19/2012
Head and Neck Cancer Support Group	1/15/2013
Head and Neck Support Group	1/1/2013
Insulin Pump Club	8/20/2012
Insulin Pump Club	11/19/2012
Insulin Pump Club	5/6/2013
Insulin Pump Club	2/25/2013
Kids and Teens Diabetes Support Group	9/11/2012
Kids and Teens Diabetes Support Group	3/4/2013
Kids and Teens Diabetes Support Group	9/10/2012
Kids and Teens Diabetes Support Group	11/13/2012
Kids and Teens Diabetes Support Group	5/14/2013
Kids Teens Diabetes Support Group	1/8/2013
Lunch Bunch	2/27/2013
Lunch Bunch	1/30/2013
Lunch Bunch	6/26/2013
Lunch Bunch	4/24/2013
Lunch Bunch	5/29/2013
Lung Cancer Support Group	2/5/2013
Lung Cancer Support Group	4/2/2013
Lung Cancer Support Group	6/4/2013
Lung Cancer Support Group	5/7/2013
MAC Inc., Breast Cancer Survivors	7/17/2012
Man-to-Man Guest Speaker	6/12/2013
PENINSULA PARTNERS	11/7/2012
Presentation by Dr. Mansueti	10/9/2012
Renal Support Group	6/23/2013
Self-Management of Chronic Disease	4/3/2013
Self-Management of Chronic Disease	4/10/2013
Self-Management of Chronic Disease	4/17/2013
Self-Management of Chronic Disease	4/24/2013
Self-Management of Chronic Disease	5/8/2013
Speak about services available at R.A.H.C.I.	1/9/2013
Speaker-MAn to Man Prostate Group	1/9/2013
Stroke Support Group	6/5/2013
stroke support group	7/3/2012
stroke support group	1/8/2013
stroke support group	2/5/2013
stroke support group	3/5/2013
stroke support group	4/2/2013
stroke support group	5/7/2013
stroke support group	6/4/2013

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
Survivor Support Group	6/5/2013
Survivor Support Group	6/12/2013
Survivor Support Group	6/19/2013
Survivor Support Group	6/26/2013
VFW Prostate /Colo-Rectal Support Group	1/8/2013
VFW Prostate Colorectal Support Group	4/9/2013
VFW Prostate Colorectal Support Group	5/13/2013
VFW Prostate,Colorectal Support Group	2/12/2013
VFW Prostate/Colo-Rectal Support Group	3/12/2013
Cardiac Rehab Phase III/IV	07/12-06/13
Class - Self Management of Chronic Disease	4/3/2013
Class - Self Management of Chronic Disease	4/10/2013
Class - Self Management of Chronic Disease	4/17/2013
Class - Self Management of Chronic Disease	4/24/2013
Class - Self Management of Chronic Disease	5/1/2013
Class - Self Management of Chronic Disease	5/8/2013
Somerset County CRF Cancer/Tobacco Coalition	5/21/2013
Tobacco Coalition	4/11/2013
Peninsula Heart Line Tel-Assurance Program	07/12-06/13
Transport Services	07/12-06/13
ABI's Berlin	12/12/2012
ABI's in Oceanview	12/13/2012
ABI's in Oceanview	4/11/2013
ABIs in Onley, VA	11/14/2012
ABIs Somerset	10/10/2012
Apple Scrapple Bridgeville, Delaware	10/13/2012
blood pressure screening	6/20/2013
Blood Pressure Screening	5/8/2013
Blood Pressure Screenings	12/5/2012
Blood Pressure Screenings	6/19/2013
Body Fat/Diabetes Education	3/7/2013
Body Fat/Diabetes Education	3/8/2013
bone density	10/25/2012
bone density screenings at Perdue on Zion Church R	8/16/2012
Bone Health Week	8/20/2012
Bone Health Week	8/21/2012
Coastal Cardiac Checks	7/11/2012
Coastal Cardiac Checks in Princess Anne	7/11/2012
Coastal Cardiovascular Checks	8/8/2012
Coastal Cardiovascular Checks	6/12/2013
free blood prssure screenings	12/7/2012
free body composition screenings at Perdue	8/15/2012
free bone density screenings at Solo Cup	9/6/2012
Free Clinical Breast Exams	5/9/2013
free pft screenings at Perdue on Zion Church Rd	11/15/2012
Georgetown Cheers Senior Center	5/24/2013
Health Fest	4/5/2013
Health Fest	4/6/2013
Health Fest Steering Committee Meeting	2/26/2013

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
Healthfest	4/6/2013
Heart Month Health Fair	2/19/2013
Labinal Health Fair	6/25/2013
Macy's Blood Pressure Screenings-Heart Month	2/23/2013
Melanoma Monday	5/23/2013
Melanoma Monday Skin Cancer Screenings	5/6/2013
Mission of Mercy	3/16/2013
Mission of Mercy	3/15/2013
Mission of Mercy Dental Clinic	3/16/2013
MOBILE WELLNESS VAN	9/29/2012
OC pines healthfest	10/6/2012
Perdue Corporate bone density screenings	8/17/2012
Perdue Health Fair	2/14/2013
pulmonary function screenings	12/5/2012
Salisbury University Benefits Fair	4/2/2013
Skin Cancer Awareness	5/6/2013
Snow Hill Health Screenings	9/29/2012
Solo Cup Blood Pressure Screenings	12/6/2012
Solo Cup Blood Pressure Screenings	12/7/2012
Solo cup bone density screenings	9/7/2012
Sr. Health Day, YMCA	5/29/2013
Volunteer for Veteran's Day -MAC	6/14/2013
Wagner Wellness Van	07/12-06/13
Wellness Van in Snow HIll	9/29/2012
Women and Heart program	9/18/2012
women's heart	12/18/2012
Women's heart	7/26/2012
Women's heart	7/24/2012
women's heart program	1/22/2013
women's heart program free to Life Crisis	9/25/2012
Zion Church Health Fair	10/18/2012
Clear Channel Flu Shots	12/15/2012
Community Flu Shot Clinics	12/31/2012
Community Flu Shots	1/15/2013
Community Flu Shots	1/24/2013
Drive Thru Flu Clinic	10/4/2012
Drive Thru Flu Clinic	10/5/2012
Drive Thru Flu Clinic- Meetings	5/24/2013
Drive Thru Flu Clinic- Meetings	6/26/2013
Exercise and Hydration at Perdue Zion church road	6/20/2013
Flu Clinic in Snow Hill	11/8/2012
Hanna Outpatient Flu Shots	11/19/2012
Veterans Day Free Flu Shots	11/12/2012
Community Benefit Health Care Grant Program	07/12-06/13
Komen Professional Outreach - TLC OBGYN	8/23/2012
Del-Tech Student Clinical Rotation	11/16/2012
Komen Outreach/Wor-Wic Nursing Students	11/19/2012
Operating Room Orientation for PolyTech nursing st	11/12/2012
SU Leadership	Fall 2012

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
SU Leadership	Spring 2013
SU Leadership	7/12-6/13
Scholarships-Community Nursing	07/12-06/13
BLS for Healthcare Providers	4/16/2013
BLS for Healthcare Providers	2/18/2013
BLS for Healthcare Providers	1/22/2013
BLS for Healthcare Providers	4/30/2013
BLS for Healthcare Providers	11/8/2012
BLS for Healthcare PRoviders	6/19/2013
Clinical rotation for Parkside High School student	4/8/2013
Clinical rotations for Salisbury University studen	2/4/2013
Clinical rotations for Salisbury University studen	1/7/2013
Coastal Cardiovascular Conference	2/13/2013
Del Tech Student Rotation Training	12/20/2012
Delaware Tech Student Blood Bank Rotations	8/27/2012
Delmarva Education Scholarship Fair	1/12/2013
Diabetes and The Mouth Webinar	9/19/2012
full time speech-language pathology student	12/14/2012
Heartsaver First Aid CPR AED	2/6/2013
Heartsaver First Aid with CPR/AED	11/13/2012
Heartsaver First Aid with CPR/AED	9/13/2012
HS First Aid with CPR AED	6/27/2013
Microbiology clinical internship - Prakash Singh	8/1/2012
Microbiology clinical rotation	10/11/2012
Microbiology instruction - Jamie Gomas Pharmacy st	1/22/2013
Microbiology Internship - Brittany Adams	9/24/2012
Microbiology Internship - Kristen Ervin	11/1/2012
Microbiology internship - Matthew Lewis	10/11/2012
Microbiology laboratory overview - Parkside studen	1/29/2013
MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	1/7/2013
Parkside High School student rotation	1/2/2013
Pharmacy School Preceptor Program	8/31/2012
Pharmacy School Preceptor Program	9/30/2012
Pharmacy School Student Rotation	7/31/2012
Pharmacy Student Rotations	10/31/2012
Pharmacy Student Rotations	6/30/2013
Pharmacy Student Rotations	1/31/2013
Pharmacy Student Rotations	5/31/2013
Pharmacy Student Rotations	2/28/2013
Pharmacy Student Rotations	11/30/2012
Pharmacy Student Rotations	12/31/2012
physical therapy student	8/10/2012
physical therapy student	8/17/2012
physical therapy student	8/2/2012
Physical therapy student	3/13/2013
physical therapy student intern	7/6/2012
physical therapy student intern	7/24/2012
physical therapy student observation	7/6/2012
physical therapy student observation	7/26/2012

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
PT level 3 student from UMES	6/28/2013
Rapid Psychological First Aid workshop	5/30/2013
rehab observation	6/21/2013
Salsbury University Student Blood Bank Rotations	1/7/2013
speech therapy intern	7/11/2012
speech therapy student	7/3/2012
student intern	7/5/2012
student internship	10/2/2012
student observation	2/14/2013
student observation	1/24/2013
student observation	1/22/2013
student observation	7/24/2012
student observation	7/26/2012
student observation	9/27/2012
Student Observation	10/11/2012
Student observation	10/16/2012
student observation	11/1/2012
student observation	11/6/2012
student observation	11/8/2012
student observation	11/21/2012
student observation	12/12/2012
student observation	12/9/2012
student observation	1/7/2013
student observation hours	3/6/2013
student teaching	1/10/2013
student training	5/6/2013
student training	4/17/2013
STUDENT TRAINING	1/21/2013
STUDENT TRAINING	1/28/2013
STUDENT TRAINING	2/4/2013
STUDENT TRAINING	2/11/2013
STUDENT TRAINING	2/18/2013
STUDENT TRAINING	3/11/2013
STUDENT TRAINING	3/25/2013
STUDENT TRAINING	8/27/2012
STUDENT TRAINING	9/4/2012
STUDENT TRAINING	9/10/2012
STUDENT TRAINING	9/17/2012
STUDENT TRAINING	10/22/2012
STUDENT TRAINING	11/1/2012
STUDENT TRAINING	11/19/2012
STUDENT TRAINING	4/15/2013
STUDENT TRAINING	4/19/2013
STUDENT TRAINING	4/23/2013
STUDENT TRAINING	4/24/2013
STUDENT TRAINING	4/25/2013
STUDENT TRAINING	4/26/2013
SU MICROBIOLOGY ROTATION - ALICE MURPHY	4/9/2013
SU MICROBIOLOGY ROTATION - STEPHANIE LOTT	1/14/2013

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
SU Clinical Lab Science Student Rotations/Spec Che	5/10/2013
SU CLINICAL MICROBIOLOGY - RUDEINA MOHAMMED	1/22/2013
SU IMMUNOLOGY ROTATION	4/11/2013
SU IMMUNOLOGY ROTATION	2/25/2013
SU IMMUNOLOGY ROTATION - ALICE MURPHY	1/8/2013
SU IMMUNOLOGY ROTATION - ALICE MURPHY	1/9/2013
SU IMMUNOLOGY ROTATION - ANDREW DRUMMOND	4/15/2013
SU IMMUNOLOGY ROTATION - ANDREW DRUMMOND	4/16/2013
SU IMMUNOLOGY ROTATION - ANDREW DRUMMOND	4/17/2013
SU IMMUNOLOGY ROTATION - ANDREW DRUMMOND	4/18/2013
SU IMMUNOLOGY ROTATION - ANDREW DRUMMOND	4/19/2013
SU IMMUNOLOGY ROTATION - BOBBIE BRUMBLEY	2/19/2013
SU IMMUNOLOGY ROTATION - BRYANA STREETS	4/9/2013
SU IMMUNOLOGY ROTATION - BRYANA STREETS	4/12/2013
SU IMMUNOLOGY ROTATION - DEVON RINKEL	5/1/2013
SU IMMUNOLOGY ROTATION - DEVON RINKEL	5/2/2013
SU IMMUNOLOGY ROTATION - FARIN PHILLIPS	2/18/2013
SU IMMUNOLOGY ROTATION - FARIN PHILLIPS	2/20/2013
SU IMMUNOLOGY ROTATION - JALPA PATEL	1/28/2013
SU IMMUNOLOGY ROTATION - JALPA PATEL	1/29/2013
SU IMMUNOLOGY ROTATION - JALPA PATEL	1/30/2013
SU IMMUNOLOGY ROTATION - JALPA PATEL	1/31/2013
SU IMMUNOLOGY ROTATION - JALPA PATEL	2/1/2013
SU IMMUNOLOGY ROTATION - KIM COLE	4/24/2013
SU IMMUNOLOGY ROTATION - RUDEINA MOHAMMED	2/27/2013
SU IMMUNOLOGY ROTATION - RUDEINA MOHAMMED	2/28/2013
SU MICROBIOLOGY LABORATORY - KIM COLE	4/26/2013
SU MICROBIOLOGY ROTATION	5/3/2013
SU MICROBIOLOGY ROTATION - ALICE MURPHY	3/25/2013
SU MICROBIOLOGY ROTATION - ALICE MURPHY	3/26/2013
SU MICROBIOLOGY ROTATION - ALICE MURPHY	4/1/2013
SU MICROBIOLOGY ROTATION - ALICE MURPHY	4/8/2013
SU MICROBIOLOGY ROTATION - ALICE MURPHY	4/10/2013
SU MICROBIOLOGY ROTATION - CARRIE LENOX	5/2/2013
SU MICROBIOLOGY ROTATION - CHRISTINE KLINGLER	4/30/2013
SU MICROBIOLOGY ROTATION - CHRISTINE KLINGLER	2/28/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	3/8/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	4/2/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	4/3/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	4/4/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	2/25/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	2/26/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	2/27/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	3/1/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	3/4/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	3/5/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	3/6/2013
SU MICROBIOLOGY ROTATION - DEVON RINKEL	3/7/2013
SU MICROBIOLOGY ROTATION - FARIN PHILIPS	4/29/2013

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
SU MICROBIOLOGY ROTATION - FARIN PHILLIPS	4/25/2013
SU MICROBIOLOGY ROTATION - FARIN PHILLIPS	5/1/2013
SU MICROBIOLOGY ROTATION - FARIN PHILLIPS	4/23/2013
SU MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	1/8/2013
SU MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	5/8/2013
SU MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	1/9/2013
SU MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	1/10/2013
SU MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	1/15/2013
SU MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	1/16/2013
SU MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	1/17/2013
SU MICROBIOLOGY ROTATION - RUDEINA MOHAMMED	1/18/2013
SU SEROLOGY ROTATION - BRYANA STREETS	4/9/2013
SU SEROLOGY ROTATION - BRYANA STREETS	4/8/2013
SU Student rotation	2/4/2013
SU Student Rotation	2/5/2013
SU Student Rotation	2/6/2013
SU Student Rotation	2/7/2013
SU Student Rotation	2/8/2013
trach care instruction at Manokin Manor in Pricess	12/20/2012
Training of Del Tech Student in Chemistry Discipli	10/18/2012
UMES Pharmacy Student Rotations	4/30/2013
UMES Pharmacy Student Rotations	3/31/2013
UMES student	6/24/2013
UMES student	6/26/2013
UMES student intern	9/18/2012
UMES student intern	9/25/2012
UMES student intern	12/4/2012
UMES student interns	11/27/2012
UMES student internship	10/9/2012
UMES student internship	10/30/2012
UMES student observation	8/1/2012
UMES student observation	7/23/2012
umes student observation	7/25/2012
UMES student observation	7/30/2012
UMES student shadow	7/16/2012
UMES student shadow	7/18/2012
UMES students	4/30/2013
Educational Scholarships	1/31/2013
Scholarship Funds Awarded	2/28/2013
Scholarships- Community PT	07/12-06/13
Pediatric Specialties	07/12-06/13
Peninsula Partners	07/12-06/13
Trauma On-Call	07/12-06/13
Hospitalists	07/12-06/13
Physician Recruitment	07/12-06/13
Community Health Services	07/12-06/13
Article written	2/13
Community Foundation of the ES	6/7/2013
DE Technical	6/30/2013

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
Fruitland Falcon Youth Sports	6/30/2013
Girl Scouts of Chesapeake	1/31/2013
Glick Award Gala	11/30/2012
Joshua M Freeman Foundation	5/31/2013
Lower Shore American Red Cross	2/1/2013
MAC Inc	6/30/2013
MD Patient Safety	4/30/2013
National Kidney Foundation	5/31/2013
PAC 14 Inc	9/30/2012
UMES Foundation	3/31/2013
Village of Hope	6/30/2013
Wicomico County Board of Education	10/31/2012
Wor Wic Community College	8/31/2012
Bay to Bay Race	3/31/2013
5K FOUNDATION FUN WALK FOR CANCER	9/15/2012
Adopt-A-Family	12/18/2012
Adopt-A-Family	07/12-06/13
Baby Kicks	4/5/2013
Blood Bank of Delmarva Blood Drive	8/6/2012
Cancer Prevention Study (CPS-3)	11/8/2012
Celebration of Heroic Journeys	11/4/2012
Colorectal Cancer Prevention/screening Lunch and l	3/19/2013
Donation to Salisbury University	1/29/2013
Epilepsy 5K Walk/UMES Pharmacy	4/3/2013
Facility Meeting Rooms Used by Community Members	07/12-06/13
Fruitland Easter Parade	3/23/2013
Fruitland Falcon Youth Sports	5/31/2013
Heart and Sole 5K	2/3/2013
Heart and Sole 5K walk/run	2/3/2013
Making Strides for Breast Cancer	9/26/2012
March of Dimes	4/20/2013
March of Dimes	07/12-06/13
March of Dimes march for babies	4/21/2013
March of Dimes Walk Team Captain	4/22/2013
Millsboro Parade	12/12/2012
National Cancer Survivor's Day	6/2/2013
Ocean City Beach Patrol	7/18/2012
Pink Ribbon Classic at the Beach	10/1/2012
Pocomoke Cypress Festival	6/15/2013
Pocomoke Parade	11/26/2012
PRMC Foundation 5K Fun Walk	9/15/2012
RAHCI 5K Fun Walk/Run	9/15/2012
Red Cross Meeting	12/5/2012
Relay For Life	9/21/2012
Salisbury Christmas Parade	12/2/2012
Salisbury Parade	12/2/2012
Salvation Army - Ringing the Bell	12/10/2012
Salvation Army Bell Ringers	12/4/2012
Salvation Army Bell Ringers	12/11/2012

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
Salvation Army Bell Ringers	12/3/2012
Salvation Army Bell Ringing	12/12/2012
Salvation Army Flu Shots	10/18/2012
Salvation Army Golf Tournament	4/16/2013
Sherman's Birthday	5/17/2013
Sneakers and Creepers	11/4/2012
Sneakers and Creepers 5K Run Walk	11/4/2012
St Francis School Bike Rodeo	5/10/2013
'Tim Kennard run/walk	3/10/2013
UMES Student Fashion Show	4/25/2013
United Way	10/11/2012
United Way	10/15/2012
United Way	10/16/2012
United Way	9/7/2012
United Way	10/17/2012
United Way	9/14/2012
United Way	10/18/2012
United Way	10/22/2012
United Way	9/27/2012
United Way	10/1/2012
United Way	10/4/2012
United Way	10/5/2012
United Way	10/24/2012
United Way	10/9/2012
United Way	10/25/2012
United Way	11/1/2012
United Way	11/6/2012
United Way	10/10/2012
United Way	11/8/2012
United Way	11/9/2012
United Way	11/13/2012
United Way	11/16/2012
United Way	11/28/2012
United Way - 2012/2013 Campaign	10/22/2012
United Way C.S.E.	6/4/2013
United Way CEO Breakfast and Tours	9/7/2012
United Way Planning Meeting	9/17/2012
United Way -Presentation of Awards	11/20/2012
Volunteers for Alzheimer's Society Walk	10/27/2012
Walk-In Flu Clinic in Ed Center Auditorium	1/24/2013
Wicomico Highway Safety Mock Crash	4/19/2013
WMDT/4-Way Test "Good Morning Delmarva" Appearance	3/27/2013
Women Supporting Women Annual Walk	10/13/2012

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
DRHMAG	5/1/2013
DRHMAG Meeting	12/6/2012
DRHMAG Meeting	2/6/2013
DRHMAG Meeting - Meet new Region IV Rep	4/11/2013
DRHMAG phone meeting	1/3/2013
Emergency Management Committee meetings - total an	6/30/2013
Office of Preparedness and Response Conference cal	3/19/2013
OP&R Integrated Public Health Preparedness Meeting	4/22/2013
Wicomico County Emergency Management meeting	10/4/2012
Sharps Disposal	07/12-06/13
Community Disaster Planning	6/30/2013
Delaware Health Commission	3/7/2013
Delmarva Regional Healthcare Mutual Aid Group meet	5/1/2013
DHMH Regional Coalition Workshop	6/26/2013
Diabetes and Thyroid Disease	11/12/2012
Georgetown Chamber-Speaking Engagement	5/1/2013
Homeless Alliance of the Lower Shore COC	1/17/2013
HPP Monthly Conference Call	8/16/2012
Mended Hearts Group - Liasion	07/12-06/13
Mid-Delmarva YMCA	07/12-06/13
Millsboro Rotary-Speaking Engagement	6/11/2013
Opiate Prescription Task Force	2/20/2013
PHEP-HPP Grant Application Meeting	5/23/2013
Phone Conference with DHMH	1/23/2013
region IV Acute Hospital Task Force Meeting	7/30/2012
Region IV Coordinator Selection Meeting	1/31/2013
Region IV Health and Medical Preparedness Conferen	10/22/2012
Rotary Club of Salisbury	6/30/2013
Salisbury Rotary Meetings	6/30/2013
Salisbury Substance Abuse Coordinating Ctr	07/12-06/13
Tri County Diabetes Alliance	8/10/2012
Tri County Diabetes Alliance	9/28/2012
Tri County Diabetes Alliance	11/16/2012
Tri County Diabetes Alliance	1/25/2013
Tri County Diabetes Alliance	2/22/2013
Tri County Diabetes Alliance	5/31/2013
Tri County Diabetes Alliance	6/28/2013
Tri-County Health Planning Board	9/26/2012
Wicomico County Visioning Committee	6/30/2013
Wicomico Health Planning Board	5/3/2013
Worcester County Health Planning Advisory Council	6/30/2013
Restaurant Challenge	07/12-06/13
2013 College/Career Fair	3/11/2013
Annual Fall Career/Graduate Professional School Fa	9/27/2012
Career Day at Salisbury Christian School	4/22/2013
Career Exploration Day	2/19/2013
Carrier Presentation	12/12/2012
Exercise Science Career Night	11/8/2012
Inaugural Career Fair & Residency Showcase	10/26/2012

Peninsula Regional Medical Center	
Community Benefit Activity List	
FYE 06/30/13	
Activity Name	Activity Date
SU Health Professions Job Fair	3/13/2013
Tri-County Diabetes Alliance "Know Your Numbers" G	12/20/2012
Community Benefit Reporting Meeting	1/11/2013
Community Benefit Training	12/19/2012
MHA Community Benefit Conference	10/12/2012
Community Health Needs Assessment	6/30/2013

Section I Attachments

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

    a. **Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1.) This information may be copied directly from the section of the CHNA that refers to the description of the Hospital's Community Benefit Community.**

Peninsula Regional Medical Center (Medical Center) is located in Salisbury, Maryland, an approximate 116 mile drive from both Washington D.C. and Baltimore, Maryland. The Medical Center defines its primary service area as Wicomico County, Worcester County and Somerset County nestled on Maryland's lower Eastern Shore. The Medical Center's primary service area is considered rural with an estimated population of approximately 177,000. Since 2000 this population has grown an estimated 14% or 22,000 people.

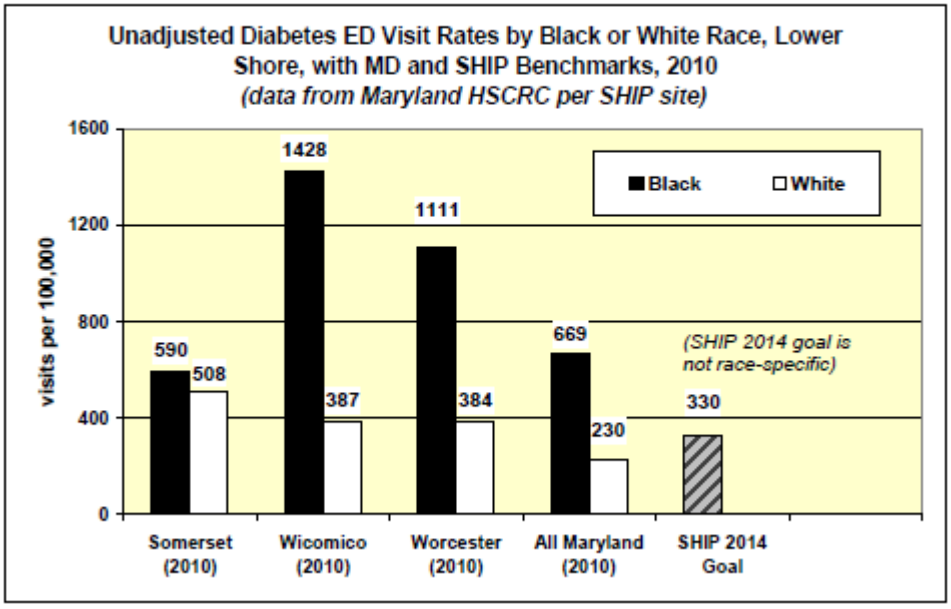
The Medical Center's secondary service area is unique in that it serves the residents of three states: Sussex County, Delaware, Accomack County, Virginia and Dorchester County, Maryland. Our community benefits service area (CBSA) is comprised of Maryland's three lower counties: Wicomico, Worcester and Somerset. Combined, these three counties had a population of approximately 177,000 in 2013 and are projected to grow 1.3 percent over the next five years to over 180,000 by 2018. Overall the primary and secondary service areas combined accounted for a total service area of 456,000 residents which is projected to grow to over 471,000 over the next five years or 3.3%.

All six counties can be classified as rural with a historic economic foundation in agriculture, poultry and tourism. Watermen and farmers have always comprised a large percentage of the peninsula population; however, their numbers have been declining with growth in the population and expansion of other small businesses. Ocean City, located in Worcester County is a major tourist destination; during the summer weekends the city hosts between 320,000 and 345,000 vacationers, and up to 8 million visitors annually. The six counties have a diversified economic base; however, it is predominately made up of small employers (companies with less than 50 employees). Some of the major employers include local hospitals, chicken industry companies like Perdue, and local college and teaching institutions. The median income of our community benefits service area is considerably less

($41,671 - $56,613) than Maryland's median income of $73,123. In addition, the June 2013 unemployment rate for each one of the counties is Wicomico 8.1%, Worcester 10.2% and Somerset 9.3% higher than both the state & national averages. The June 2013 unemployment rate for Maryland was 7.0% and the National rate was 7.6%.

Additional socio-economic demographic information indicates the number of elderly (those aged 65+) represent a greater portion of the total population in both the primary and secondary areas and will continue to grow over the next five years in each of the six counties between 10 and 16 percent. As a percentage of the population, Peninsula Regional's service area has a larger Medicare population than the state of Maryland. In fact, several counties have almost twice as many seniors (Medicare 65+). These additional elderly have chronic conditions, consume health care resources at higher rates, and generally require more time and attention than other population segments. According to Maryland's State Health Improvement Process (SHIP) the three lower counties Wicomico, Worcester and Somerset perform significantly worse than the State baseline rates in emergency room visits for asthma, diabetes and hypertension. In March of 2012, The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene assisted SHIP local planning groups in identifying issues of poor minority heath disparities. For Worcester and Wicomico, diabetes emergency room visits are considerably higher for Blacks than the Statewide Black rates, and higher than the White rates in the same county. The White rates are also higher than the Statewide White rate. Overall, these statistics indicate there is a community wide need for diabetes education and management.

Diabetes ED Visits



In 2012 the Office of Minority Health and Health Disparities concludes that some of the largest disparities between Black and White rates in Wicomico County, and between the county Black rates and the Statewide rates and goals, are seen for emergency department (ED) visits for diabetes, asthma and hypertension. The low Black rates for these visits seen in Somerset County may not reflect better Black health, since Somerset does not have favorable Black rates for the risk factors of smoking and obesity. There may be access to care issue producing the low Somerset ED visit rates. Large Black vs. White disparities is also seen for healthy weight in Somerset and Worcester and for smoking in Wicomico. For heart disease mortality, there is not a huge Black vs. White disparity because the mortality rates are considerably higher for both races than the statewide rates. For cancer mortality, the Black vs. White comparison is different in each county, but for all three counties the Black and White rates exceed the corresponding statewide rates and the SHIP 2014 and HP goals.

Section II Attachments

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a Community Health Needs Assessment (CHNA).

Please see Attached Peninsula Regional's "Community Health Needs Assessment and Implementation Plan FY2013."

The written document (CHNA) must include the following:

- A description of the community served by the hospital and how it was determined.
- A description of the process and methods used to conduct the assessment including a description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility.
- A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

All of these elements are included in Peninsula Regional's completed and comprehensive CHNA. Please see Attached Peninsula Regional's Community Health Needs Assessment and Implementation Plan FY2013 ***"Table of Contents."***

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

Peninsula Regional's CHNA plan is available to the Public, through our website under Quick Links - Creating Health Communities at (www.peninsula.org/chc). Available to the public is the current and comprehensive Community Health Needs Assessment and the Implementation Strategy. In addition, there is a Community Health Data and Resources section than can be accessed by the public, collaboration between Peninsula Regional Medical Center, Wicomico County; Atlantic General, Worcester County; and Edward McCready Memorial Hospital, Somerset County. As part of this Creating Healthy Communities Module available to the public is Disparity Dashboard, Demographics, Healthy People 2020 Tracker, Maryland SHIP Tracker and Promising Practices.

COMMUNITY DASHBOARD SAMPLE METRICS:

Diabetes		
Adults with Diabetes	Comparison: MD Counties	
Age-Adjusted Death Rate due to Diabetes	Comparison: MD Counties	

Heart Disease & Stroke		
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Comparison: MD Counties	
Age-Adjusted Death Rate due to Heart Disease	Comparison: MD Counties	
High Blood Pressure Prevalence	Comparison: MD Counties	

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization:

Approved by the Peninsula Regional's Community Needs Assessment Task Force 6/28/2013
Approved by Peninsula Regional Medical Center's Board of Trustees July 2013

b. Describe how the hospital facility plans to meet the health needs:

Please see Attached Peninsula Regional's "Community Health Needs Assessment and Implementation Plan FY2013." Table of Contents section 4) A Prioritized Description of Health Needs & Implementation Plan.

c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need:

Please see Attached Peninsula Regional's "Community Health Needs Assessment and Implementation Plan FY2013." Table of Contents section 4g) A Prioritized Description of Health Needs & Implementation Plan, Other Unmet Community Health Needs.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

   _x_ Yes
   ____ No

   Provide date here. **6/28/13** (mm/dd/yy)

If you answered yes to this question, provide a link to the document here.
Link:
(www.peninsula.org/chc) = www.peninsula.org at Quick Links, Creating Healthy Communities

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

x Yes
___No

If you answered yes to this question, provide the link to the document here.

Link:
(www.peninsula.org/chc) = www.peninsula.org at Quick Links, Creating Healthy Communities, 2013 Community Health Needs Assessment & Implementation Plan

EXCEPTIONAL HEALTHCARE. EXCEPTIONAL PEOPLE.

PENINSULA REGIONAL MEDICAL CENTER

Part of Peninsula Regional Health System

Community Health Needs Assessment and Implementation Plan

FY 2013

Approved by the Community Needs Assessment Task Force: June 28, 2013
Board Approval: July 2013

II. COMMUNITY HEALTH NEEDS ASSESSMENT

Table of Contents

Message from the President

Dear Friends and Neighbors,

For 116 years, Peninsula Regional Medical Center has had a proud heritage as a supportive and engaged innovator of healthcare services across the entire Delmarva Peninsula.

We find great pride in being the region's largest, busiest and oldest hospital, and embrace the responsibilities that come with caring, coaching and connecting with the 500,000 people who trust us for their healthcare needs each year.

As our change partners in healthcare, they bring to us passionate voices and fresh eyes as we, together, examine the needs of our communities.

In this most recent cycle, their message was clear: cancer, heart disease, stroke, diabetes and obesity are the concerns that they believe need to be our immediate focus. We agree, and will use the next few years to refine and expand those services with an emphasis on the Patient Centered Medical Home. We will transition from the hospital being the apex of the patient experience and further tilt that axis until our services revolve closer to the patient, near their homes and where it's most convenient to them.

One of our major roles is to create, fund and participate in a wide variety of community-based programs and services that benefit Delmarva families. Last year, PRMC provided over $24 million in financial, actual and in-kind contributions. Our Wagner Wellness van traveled thousands of miles providing free screenings. Our nurses administered hundreds of flu vaccinations to the less fortunate of our friends at local shelters and soup kitchens. Over 41,000 alone hours were spent on mission driven health services.

While outcomes matter and always will, the smiles and the hugs touch us equally as much. They inspire us to get up every day and bring our best game to the Medical Center, and not because we have to but because we want to.

Working with our partners throughout the area, we'll make this a stronger community, and teach our friends how to stay healthier.

We must. This is our home too.

Dr. Peggy Naleppa, MS, MBA, FACHE
President/CEO

I I. Community Health Needs Assessment

1) A Description of the Community Served by the Hospital

a) Overview of Peninsula Regional Medical Center

Peninsula Regional Medical Center, a non-profit, 317 acute care bed, 30 transitional care beds and 28 newborn & specialty care nursery beds hospital at the hub of the Peninsula Regional Health System, is a 116-year-old, fully Joint Commission accredited tertiary care facility featuring Delmarva's widest array of specialty and sub-specialty services. Over 300 physicians and 3,000 health care professionals and volunteers provide the care and compassion that nearly 500,000 patients rely on each year for inpatient, outpatient, diagnostic, subacute and emergency/trauma services. It has been the recipient of over 125 national awards and recognitions over the past six years for the safety and quality of care it provides patients and for the outcomes they experience. Peninsula Regional and its staff believe in A Culture of Always, where we work to ensure that we are performing at our best for Every Patient, Every Person, Every Time.

Peninsula Regional is an affiliate of the elite Johns Hopkins Clinical Research Network (JHCRN), a group of academic and community-based clinical researchers designed to provide new opportunities for research collaborations and accelerate the transfer of new diagnostic, treatment, and disease prevention advances from the research arena to patient care.

Peninsula Regional, as the regional leader in healthcare, welcomes over 2,000 babies annually, treats more than 85,000 people seeking emergency care, performs nearly 14,500 surgical procedures using robotics and minimally invasive techniques and admits more than 21,000 patients for care each year. This year, Peninsula Regional will generate over $300 million in economic benefit back into the local community and economy, while re-investing millions into new healthcare equipment upgrades.

Peninsula Regional also supports numerous affiliations with clinical educational programs at area two-year and four-year universities that expand nursing, physician assistant, respiratory therapy, and surgical technology opportunities for area students.

We emphasize meeting local community needs with services for which location is important (e.g., senior care, obstetrics and emergency) and broader community needs with more complex services (e.g., cancer, high risk obstetrics and neonatology, minimally invasive surgery and neurosciences). We reached 52,872 encounters through our community benefit outreach programs last year.

b) Organizational Commitment

2012 Community Activities Summary	Hours Given	Dollars Given
Community Health Services	21,818	$1,375,755
Health Professions Education	15,811	761,835

Mission Driven Health Services	41,559	6,177,811
Research	32	3,973
Financial Contributions	4055	144,883
Community Building Activities	288	176,021
Community Benefit Operations	171	8,332
Charity Care		13,903,600
Medicaid Assessments		1,626,859
Total	83,734	24,179,071

Figure 1. Community Activities

Peninsula Regional Medical Center's overall approach to community benefit is to target the intersection of documented unmet community health needs and our organization's key strengths and mission commitments. We fully integrate our commitment to community service into our management and governance structures as well as our strategic and operational plans, and we are rigorous in monitoring and evaluating our progress. We seek and nurture relationships with a broad range of collaborative partners to build community and organizational capacity.

Our values are:

- *Respect for every individual*
- *Delivery of exceptional service*
- *Continuous improvement*
- *Safety, effectiveness*
- *Trust and compassion*
- *Transparency*

This Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of children, adolescents and adults in Somerset, Worcester and Wicomico counties in Eastern Maryland. Subsequently, this information may be used by local hospitals, health departments and other community organizations to formulate strategies to improve community health and wellness.

The Community Health Needs Assessment process provides timely information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- Improve the resident's health status and improve overall quality of life through healthcare.

- To reduce the health disparities among the population by identifying segments that are most at risk for various diseases and injuries. Plans for targeting these individuals may then be developed as evidenced in Peninsula Regional's participation in many of the local community health organizations.

- Increase accessibility to preventative services for all community residents.

c) The Community We Serve

Certain primary service area statistics are tabulated not on the basis of county boundaries, but on the basis of the 43 zip codes all or part of which are in those primary service area counties. In fiscal year 2012, approximately 77% of the patients discharged from the Medical Center were residents of the primary service area, which had an estimated population of approximately 177,422 in 2013 and is expected to increase to 179,814 in 2017. The primary service area population has grown by an estimated 10% since 2000.

The secondary service area, accounting for 18% of Peninsula Regional's FY 2012 discharges, consists of 14 zip codes in the southern portion of Sussex County, Delaware and the northern portion of Accomack County, Virginia. These two counties had a population of approximately 247,000 in 2012 and have experienced growth since 2000 of 19%. The primary and secondary service areas combined accounted for 94% of Peninsula Regional's total patient discharges in fiscal year 2011. Additional demographic information indicates the number of elderly (those aged 65+) represent a greater portion of the total population in both the primary and secondary areas as compared to the State of Maryland (17.1% and 21.3% respectively vs. 13.3%). The elderly have additional chronic conditions, consume healthcare resources at higher rates, and generally require more time and attention than other population segments.

All six counties can be classified as rural with a historic economic foundation in agriculture, poultry and tourism. Watermen and farmers have always comprised a large percentage of the peninsula population; however, their numbers have been declining with growth in the population and expansion of other small businesses. Ocean City, located in Worcester County is a major tourist destination, during the summer weekends, the city hosts between 320,000 and 345,000 vacationers, and up to 8 million visitors annually. The six counties have a diversified economic base; however, it is predominately made up of small employers (companies with less than 50 employees). Some of the major employers include the local hospitals, chicken industry, and local colleges and teaching institutions. The median income of our service area is considerably less ($37,985-$47,654) than Maryland's median income of $68,467. In addition, the August 2012 unemployment rates for each one of the counties is Wicomico 8.2%; Worcester 7.6%; and Somerset has a high of 9.6%. The August 2012 unemployment rate for Maryland was 7.1% and the National rate was 8.1%.

Additional socio-economic demographic information indicates the number of elderly (those aged 65+) represent a greater portion of the total population in both the primary and secondary areas and will continue to grow over the next five years in each of the six counties between 11 and 18 percent. The elderly have additional chronic conditions, consume healthcare resources at higher rates, and generally require more time and attention than other population segments.

In March of 2012, The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene assisted SHIP local planning groups in identifying issues of poor minority health disparities. For Worcester and Wicomico, diabetes emergency room visits are considerable higher for Blacks than the Statewide Black rates, and higher than the White rates in the same county. The White rates are also higher than the Statewide White rate. Overall, these statistics indicate there is a community wide need for diabetes education and management.

d) Demographics

Peninsula Regional Medical Center is located in Salisbury, Maryland, an approximately 116 mile drive from both Washington D.C. and Baltimore, Maryland. The Medical Center defines its primary service area in general terms as Wicomico County, Worcester County and Somerset County on Maryland's Eastern Shore.

PRMC

Figure 1. Map of Counties services

Demographics		%	Source
Total Population	177,422		Thomson Reuters
Sex			Thomson Reuters
Male	86,665	49%	
Female	90,757	51%	
Age			Thomson Reuters
0 -14 years	29,537	16.7%	
15-18 years	6,119	3.4%	
18-24 years	22,258	10.1%	
25-34 years	23,849	13.4%	
35-54 years	43,915	24.8%	
55-64 years	23,849	13.4 %	
65+ years	30,415	17.1%	
Median Age: Wicomico	36.3		
Worcester	47.9		
Somerset	35.9		
Race/Ethnicity			Thomson Reuters

White	120,207	67.8%	
Black	41,363	23.3%	
Hispanic	7,9425	4.5%	
Asian & Pacific	3,5162	2.0%	
All Other	4,394	2.4%	

Figure 2. Demographics general (Thomson Reuters)

Demographics		%	Source
% of Uninsured people in CBSA			Thomson Reuters
Wicomico		19.7%	
Worcester		14.5%	
Somerset		30.7%	
Compared to MD		13.6%	
% of Medicaid people in CBSA			
Wicomico		19.1%	Thomson Reuters
Worcester		13.5%	
Somerset		17.2%	
Compared to MD		12.5%	
Life Expectancy in the CBSA			www.dhmh.maryland.gov/ship
Wicomico	76		
Worcester	79.4		
Somerset	74.7		
Compared to MD	78.6		
Compared to US	77.9		

Figure 3. Demographics CBSA (Thomson Reuters)

According to the Maryland Vital Statistics of 2011, all causes of death for leading causes age adjusted death rates in Wicomico are 829.3 deaths/100,000 and Somerset 946.6 deaths/100,000 13% and 29% respectively higher than that of the State of Maryland at 732.5 deaths/100,000. All three counties; Wicomico, Worcester and Somerset age adjusted related deaths are greater than the State of Maryland in disease of the heart, malignant neoplasm and chronic lower respiratory diseases. (www.dhmh.maryland.gov/vsa/documents/1 1annual.pdf)

Wicomico - Disease State	% Higher then the State of Maryland
Disease of the heart	31%
Malignant Neoplasm	21%
Chronic Respiratory	64%

Figure 4. Maryland Vital Statistics Annual Report 2011

Worcester - Disease State	% Higher then the State of Maryland
Disease of the heart	1%
Malignant Neoplasm	10%
Chronic Respiratory	20%

Figure 5. Maryland Vital Statistics Annual Report 2011

Somerset - Disease State	% Higher then the State of Maryland
Disease of the heart	57%
Malignant Neoplasm	58%
Chronic Respiratory	24%

Figure 6. Maryland Vital Statistics Annual Report 2011

Infant mortality rates for all races in the Tri-County area are 19 deaths per 1,000 live births. Caucasians are 9 deaths per 1,000 live births and African Americans are 10 deaths per 1,000 births. (www.dhmh.maryland.gov/vsa/documents/1 1annual.pdf)

Discharges by County	
County	Percentage
Wicomico	50.8%
Worcester	15.3%
Delaware	11.7%
Somerset	10.2%
Other	12.0%

Figure 7. Peninsula Regional Medical Center Discharge Data 2012

e) Income & Poverty

The combined average income for Wicomico, Worcester and Somerset is $45,205. This is 34% below the state and 14% below the US median household income levels. Somerset County has an even wider gap. There is a 45% difference between the State of Maryland and 28% below the US median household income levels. The research has shown that the lower income individuals health outcomes are worse than those who have a higher income.

Demographics		%	Source
Median Household Income			Thomson Reuters
Wicomico	$47,654		
Worcester	$49,977		
Somerset	$37,985		
Compared to MD	$68,467		
Compared to US	$52,434		
Households in Poverty (116% or below the federal poverty guidelines)			Healthy Communities (HCI) www.census.gov/acs
Wicomico		7.9%	
Worcester		6.2%	
Somerset		12.7%	

Figure 1 Income/Poverty levels

Key Snapshots

- The combined average income for Wicomico, Worcester and Somerset is $45,205. This is 34% below the state and 14% below the US median household income levels.

f) Access to Care/Health Insurance Coverage

National Snapshot

Achieving health equity focuses on access to comprehensive, quality health care services. Health care costs are high in the United States. Because of this, people without health insurance many times go without treatment or important medications. According to Healthy People 2020, nationally, in 2010, 4.6% of individuals were unable to obtain or delayed in getting necessary medical care. Rates decrease as family incomes increase. 7.0% of families whose incomes are below the Federal Poverty Level (FPL) were unable to get or were delayed in getting necessary medical care. http://www.healthypeople.gov/2020/topicsobjectives2020/nationalsnapshot.aspx?topicId=1

Local Snapshot

According the United States Census Bureau, in Wicomico County in 2011, 84.9% of Adults have health insurance, with the highest age group being 18-24 at 90.5%. The lowest age group insured was the 25-34 at 73.3%. Black or African Americans were at 79.8 insurance rates compared to Whites, non-Hispanic 89.5%. This information was not available for Somerset and Worcester Counties. http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

I I. Community Health Needs Assessment

2) A Description of the Process and Methods Used to Conduct the Assessment

a) Community Health Needs Assessment Background

Peninsula Regional Medical Center conducted a Community Needs Assessment Survey of 335 individuals. These individuals were Board Members, the Executive Team, Peninsula Partners (a community senior group), churches, the Lions and Rotary clubs and community wellness and screening events. In addition the survey was posted on our website, Facebook and blog.

Community Needs Assessment Survey

The survey was designed to obtain feedback from the community about health-related concerns. It was administered as follows:

- Via Paper Survey
  Paper surveys were administered during community events, including Rotary and Lion Club meetings; Peninsula Partners 55+ monthly meetings; and churches.

- Via the Internet
  An electronic form of the survey was administered through a link (Survey Monkey) was prominently displayed on the Peninsula Regional Medical Center website; and the link was published in multiple medical center publications; as well as emailed to various community groups.

Peninsula Regional Medical Center – Community Health Needs Assessment 2013

1. Do you have a Primary Care Physician? Yes/No

2. What do you think are the biggest health concerns affecting Delmarva? Check all that apply.
   a. Overweight/Obesity
   b. Diabetes/Sugar
   c. Heart Disease
   d. Mental Health
   e. Access to Health Care
   f. Asthma/Lung Disease
   g. Traffic Accidents
   h. SIDS
   i. High Blood Pressure/Stroke
   j. Smoking/Drug/Alcohol Use/Abuse
   k. Cancer
   l. HIV/AIDS
   m. STDs
   n. Dental Health
   o. Injuries

p. Other

3. What do you think are the reasons that prevent you or others in our area from getting the healthcare they need? Please check all that apply.
    a. No health insurance
    b. No transportation
    c. Too expensive
    d. Local doctors are not part of insurance plan
    e. Service that I/others need is not available here
    f. Doctor is too far from home
    g. Can't get an appointment with Physician
    h. Other

4. Where do you get the majority of your health information?
    a. Doctor, nurse, pharmacy
    b. Hospital
    c. Health Department
    d. Library
    e. Church
    f. Internet/Website
    g. Friends/Family
    h. Other

5. Do you have ideas or recommendations to help increase the health of the people on Delmarva or assist in access to healthcare services in our area? Please tell us…..

6. Please tell us about yourself.
    a. Your age range
        i. Under 18 years
        ii. 19-24 years
        iii. 25-30 years
        iv. 31-40 years
        v. 41-50 years
        vi. 51-60 years
        vii. 61-65 years
        viii. 65-70 years
        ix. 70+ years
    b. Gender
        i. Male
        ii. Female
    c. Ethnicity
        i. African American

ii. Caucasian
iii. Asian/Pacific Islander
iv. Hispanic
v. Other

d. County you live in
i. Wicomico
ii. Worcester
iii. Somerset
iv. Dorchester
v. Sussex
vi. Accomack

In order to be counted, please submit your survey in the postage paid envelope provided or mail to PRMC ATTN: Alissa Carr 100 East Carroll Street Salisbury, MD 21801 by **March 15, 2013**. Thank you for your help in our review of the needs of our community.

Within the survey, we assessed the level of participation each respondent has with a primary care provider. Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick and conditions can be more complicated. Results of the PRMC survey showed that 93% of the group had a primary care physician. Another question asked about the reason you or others from getting healthcare they need. Twenty-nine percent of the respondents felt it was because of lack of health insurance.

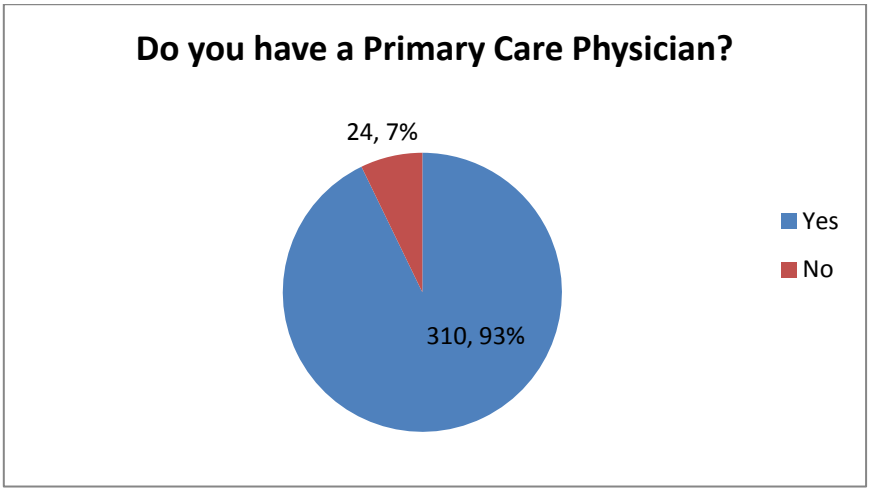


Figure 1. PRMC Community Needs Assessment Survey

According to the Community Dashboard, of the four counties tracked, Sussex DE, Somerset, MD, Wicomico, MD and Worcester, Somerset County has the lowest amount of providers at 34 for every 100,000 population.

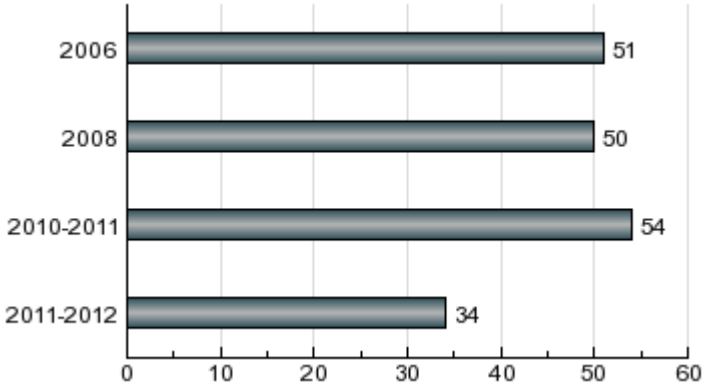


Figure 2. Community Dashborad Somerset; http://www.countyhealthrankings.org/rankings/data

In Wicomico County, 16.8% of adults are unable to afford to see a doctor and 81.6% have a routine checkup with a doctor. Both are in dangerously low levels. (MDBRFSS) Using the same data, 13.% of the Worcester County residents could not see a doctor due to costs.

Key Snapshots

- Another question asked on the Community Health Needs Assessment about the reason you or others from getting healthcare they need. Twenty-nine percent of the respondents felt it was because of lack of health insurance.
- In Wicomico County, 16.8% of adults are unable to afford to see a doctor and 81.6% have a routine checkup with a doctor.

Peninsula Regional Medical Center formed a Community Benefit Team (CBT) to guide and lead its community benefit activities, including conducting the Community Health Needs Assessment. The members of the CBT include: Patti Serkes, Education Director; Alonzo Tull, Protection Services Director; Dan Rush, Maintenance Supervisor; Autumn Romanowski, Wellness Manager; Mollie Reymann, Exercise Specialist; Crystal Regels, Child Care Director; Scott Phillips, Director of Supply; Cathy Moore, Librarian; Alissa Carr, Marketing Manager; Roger Follebout, Community Relations Director; Gwen Garland, Community Relations and Chris Hall, Vice President Strategy and Business Development.

As part of the Peninsula Regional's ongoing commitment and mission statement "To Improve the Health of the Communities We Serve," we continue to assess the health needs of the community. We attend monthly Tri-County Community Health Improvement Process meetings. These meetings are made up of Wicomico, Worcester and Somerset's Health Department, local hospitals, local and national community health organizations and other local healthy lifestyle programs. We synergize as a group working toward our identified SHIP (State Health Improvement Process) initiatives in addition to sharing with each other our program successes and sometimes failures. The diversity of the participants and the dynamics of this particular group allow us to keep a better pulse on the needs of the community which contributes to planning and formulation of tactics to meet local health objectives. Peninsula Regional clinicians and Executives attend various public meetings as requested by either entity as we exchange community health ideas, data or bring resources to bare that both parties can benefit from.

Peninsula Regional's Diabetes Department works and meets regularly with the Tri-County Diabetes Alliance to continue to assess the needs and create programs to raise awareness and improve the health of Eastern Shore residents with diabetes. On a quarterly basis Peninsula Regional meets with a Community Health Council which is made up of residents from the Tri-County area. This Council is instrumental in dialoging with the Hospital on topics related to local health needs and improve access to health services.

b) Identification of Resources Used in Indentifying Community Health Needs

There are many resources used to help identify the health care needs of Peninsula Regional's community benefits service area. Peninsula Regional's inpatient, outpatient and emergency room data are analyzed annually; reviewing clinical diagnosis codes and other demographic data such as age, sex, race and zip codes to identify health needs. Peninsula Regional also has a Community Health Council that meets twice a year. This Council is made up of local individuals from the Tri-County area and is instrumental in discussing health services, technology, access to health series and physicians needed within their local communities. In addition, every three years the Medical Center conducts a Medical Staff Development Survey, the overall purpose of this survey is to provide the community with adequate medical staffing for primary care physicians and specialists. Based upon the results of this survey Peninsula Regional will create a plan to recruit physicians for underserved areas and vulnerable specialties. An initiative in 2012 was the convening of a PFAC (Patient Family Advisory Council), which is a partnership between patients in the community and the Hospital. Our desire is for these patients to help shape our services, quality, processes and access to healthcare by providing pertinent feedback to what their needs are in relationship to the healthcare services we are delivering.

- Throughout the year Peninsula Regional utilized the following tools/resources to conduct community health needs assessments:

Thomson Rueters/Trueven: has a healthcare database that helps determine the prevalence and incidence rate of diseases by zip code. It is also useful in identifying chronic disease needs such as diabetes and asthma by zip code or census track in order to target that population for education and screening.

Creating Healthy Communities (www.peninsula.org): Peninsula Regional released in 2012 in collaboration with Atlantic General Hospital and McCready Foundation: "Creating Health Communities" a website based community health data dashboard made available to the public. This health metrics dashboard provides indicators on a variety of health and quality of life indicators in addition to health care disparities broke out by race, age, gender groups, etc.

These resources are used throughout the year as a benchmark tool to determine what health issues need to be addressed and to gauge any significant trends.

In the fiscal year 2013, Peninsula Regional Medical Center conducted a full-scale needs assessment. The following resources were utilized to complete the assessment.

- Community Needs Assessment Survey
- National HealthCare Disparities Report
- Maryland State Health Improvement Process Plan
- Maryland Vital Statistics
- Worcester County Community Health Improvement (CHIP) Plan
- Tri-County Community Health Improve (T-CHIP) Plan

Community Needs Assessment Survey
The survey was designed to obtain feedback from the community about health-related concerns. It was administered as follows:

- Via Paper Survey
  Paper surveys were administered during community events, including Rotary and Lion Club meetings; Peninsula Partners 55+ monthly meetings; and churches.

- Via the Internet
  An electronic form of the survey was administered through a link (Survey Monkey) was prominently displayed on the Peninsula Regional Medical Center website; and the link was published in multiple medical center publications; as well as emailed to various community groups.

National Healthcare Disparities Report
In 1999, Congress directed the Agency for Healthcare Research and Quality (AHRQ) to produce an annual report that tracks "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations." Titled the *National Healthcare Disparities Report* (NHDR), this report examines disparities in health care among designated priority populations. The referenced priority populations consist of groups with unique health care needs or issues that require special focus, such as racial and ethnic minorities, low-income populations, and people with special health care needs.

Maryland State Health Improvement Process (SHIP) Plan
The goal of the State Health Improvement Process (SHIP) is to provide a framework for accountability, local action, and public engagement to improve the health status of Marylanders. The SHIP includes 39 measures in 6 vision areas (healthy babies, healthy social environments, safe physical environments, infectious disease, chronic disease, healthcare access) that represent what it means for Maryland to be healthy.

Worcester County Community Health Improvement (CHIP) Plan
The plan outlines goals, objectives, strategies and activities to improve community health. It focuses on four priority areas that were determined after review of the 2012 Community Health Assessment (CHA). The CHA presents the health status of Worcester County residents through a variety of health indicators. The four priority areas include: promote healthy lifestyles; improve access to care; improve prevention and control of communicable diseases; and promote behavioral health.

Tri-County Community Health Improve (T-CHIP) Plan
The Tri-county (Somerset, Wicomico, and Worcester Counties) community of the Eastern Shore of Maryland through the Tri-County Health Planning Board (Local Health Improvement Coalition) developed a Tri-County Health Improvement Plan (T-CHIP). T-CHIP established two priority areas-diabetes and childhood obesity.

In addition to the Community Needs Assessment, Peninsula Regional uses input from its Health Council (community based), local and national community health organizations such as the American

Cancer Society, the March of Dimes, American Diabetes Association, Maryland's Office of Minority Health and Health Disparities local health department and state and national data sources such as the CDC Healthy People 2020 .

c) Limitations and Data Gaps Identified

Despite extensive efforts to prepare comprehensive sets of health access and health status indicators across races and ethnicities at the county level, the following limitations persist:

- No zip code level data were available for health findings.
- Often, databases do not differentiate races in persons of Hispanic origin.
- Many databases also group Asian Americans and Pacific Islanders in an "other" category.
- Much of the data were obtained from different sources with various data collection and publication protocols.
- Large amounts of county data collected, processed, and checked could not be used due to privacy concerns related to a small number of observations.
- Self-reporting in surveys can generate under-reporting or over-reporting, yielding unreliable estimates.
- No tests were performed to determine the statistical significance of data.

II. Community Health Needs Assessment

3. A Description of Health Needs Identified

a) Disease Incidence and Prevalence

i. CANCER

Impact

Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. Cancerous cells are also called malignant cells. If the spread is not controlled, it can result in death. There are many different kinds of cancer. Cancer can develop in almost any organ or tissue, such as the lung and/or bronchus, colon, breast, skin, bones, or nerve tissue. There are many causes of cancer, including benzene and other chemicals, drinking excess alcohol, environmental toxins, excessive sunlight exposure, genetic problems, obesity, radiation, viruses, and other unknown causes (National Cancer Institute at the National Institutes of Health, http://www.cancer.gov/cancertopics/cancerlibrary/what-is-cancer;).

National Snapshot

In recent years, cancer has been the second highest cause of death in the United States, with only heart disease surpassing it. In 2012, about 577,190 Americans are expected to die of cancer, which is more than 1,500 people a day. The three most common cancers in men in the United States are prostate cancer, lung cancer, and colon cancer; in women in the United States, the three most common cancers are breast cancer, colon cancer, and lung cancer (National Cancer Institute at the National Institutes of Health, http://www.cancer.gov/cancertopics/cancerlibrary/what-is-cancer;).

State Snapshot

Though the overall cancer incidence rate in Maryland is steadily declining at a pace comparable to the national rate, a deeper look at specific populations and counties indicates that disparities exist, especially concerning the rate of mortality (Maryland DHMH, Cancer Report, 2010).

Local Data

Locally in Wicomico County as shown by the Community Dashboard shows death rates for breast, colorectal, lung and prostate cancer higher than most counties in the United States. For Somerset County the death rates are lower for the above mention cancers, except for prostate cancer, that is higher than most counties in the United States. For Worcester County, breast cancer is the only cancer higher than most counties.
(http://statecancerprofiles.cancer.gov/deathrates/deathrates.html)

Malignant melanoma continues to be one of the cancers seen more frequently on the Eastern Shore than the rest of the state or country. Melanoma/skin cancer is one of the top 5 cancer sites for Peninsula Regional Medical Center. In fact, the percent of patients seen with melanoma/skin cancer is higher at Peninsula Regional Medical Center than the State of Maryland or even nationally. (PRMC 2012 Cancer Registry Data)

Key Snapshot

- Patients seen with melanoma/skin cancer is higher at Peninsula Regional Medical Center than the State of Maryland or even nationally.

- General cancer incidence rates are declining in Maryland.

ii. HEART DISEASE

Impact

Heart disease and stroke are among the most widespread and costly health problems facing out nation today, even though they are also among the most preventable. Heart disease and stroke are leading causes of death for both women and men. Coronary heart disease, often simply called heart disease, is the main form of heart disease. It is a disorder of the blood vessels of the heart that can lead to heart attack. A heart attack occurs when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart. Heart disease is one of several cardiovascular diseases, which are diseases of the heart and blood vessel system. Other cardiovascular diseases include stroke, high blood pressure, angina (chest pain), and rheumatic heart disease (National Heart Lung and Blood Institute, 2012).

National Snapshot

Heart disease and stroke are major causes of illness and disability and are estimated to cost the nation hundreds of billions of dollars annually in health care expenditures and lost productivity.
The total cost of cardiovascular disease is estimated at $448.5 billion annually (2008 estimate, AHRQ). Heart disease was ranked as the number one cause of death in the United States, causing 652,091 deaths in 2005 (Agency for Health Research and Quality. Accessed: http://www.ahrq.gov/qual/nhqr08/Chap2a.htm#heart).

State Snapshot

Heart disease and stroke affect portions of the population in Maryland disproportionately based on gender, race and ethnicity. Improvements in treatment have reduced the mortality rate for heart diseases by 25 percent between 2000 and 2009 (reduced by 22 percent among whites and 26 percent among blacks) (Maryland Vital Statistics Administration. Annual Report (2009). http://vsa.maryland.gov/doc/09annual.pdf). Although incidence rates have declined among all racial and ethnic groups in the state over the last several years, disparities among different racial/ethnic groups exist. White males have the highest prevalence rates of coronary heart disease, while blacks have the highest death rate, which suggests that minorities receive worse care, experience greater disease severity levels and, ultimately, worse health outcomes (MD DHMH, 2009).

In 2009, the death rate in Maryland for black males was 15 percent higher than white males and the death rate for black females was about 35 percent higher than white females. However, treatment in general is improving because over the last decade, diseases of the heart have resulted in about a quarter fewer deaths across Maryland.

Local Snapshot

When evaluating the information from the Community Dashboard, Worcester County death rates for heart disease is lower than most counties in the United States, however there is a high prevalence in high blood pressure and high cholesterol. For blood pressure, the prevalence is higher in the 65+ age group and cholesterol prevalence is higher in the 45-64 age group. (See figure 1 & 2)

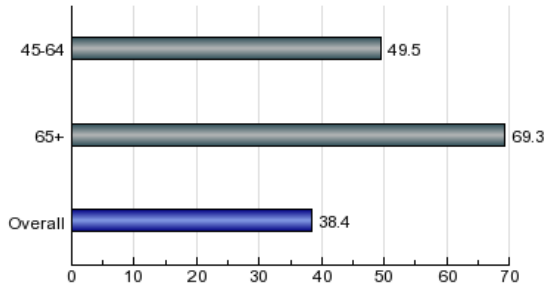


Figure 1. High Blood Pressure/age group
http://www.cdc.gov/brfss/

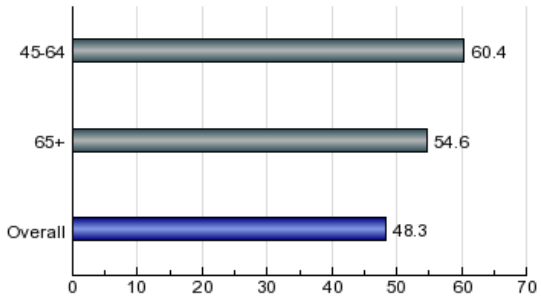


Figure 2. High Cholesterol/age group
http://www.cdc.gov/brfss/

For Wicomico County death rates for heart disease higher than most counties in the State of Maryland with blood pressure and cholesterol rates also higher than most counties Maryland. For both cholesterol and blood pressure, rates are higher in the 65+ age group.

The Community Dashboard for Somerset County reveals that like Wicomico, death rates are high due to heart disease, blood pressure prevalence is low compared to most counties in the United States, but high cholesterol are in the moderate category.

Wicomico County's Health Departments Report Card 2011, states that diabetes can lead to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, nerve damage, pregnancy complications and birth defects. Emergency department visits for diabetes related complications may signify that the disease is uncontrolled. For Wicomico County the rate is 624.9/100,000 compared to the state rate of 347.2/100,000. (Healthcare Services Cost Review Commission; HSCRC) Wicomico is almost double the rate of the state.

The Report Card also states that as many as one third of all adults who have diabetes do not know they have it. In Wicomico County, 9.7% of adults have been diagnosed with diabetes. (Centers for Disease Control) There could be as much as 29.1%.

Key Snapshot

- Worcester County has a high prevalence in high blood pressure and high cholesterol.
- For Wicomico County death rates for heart disease higher than most counties in the State of Maryland with blood pressure and cholesterol rates also higher than most counties Maryland.
- Somerset County reveals that like Wicomico, death rates are high due to heart disease
- Similar to data in national statistics, heart disease and stroke affect Maryland's white population more than its black population.

iii. STROKE/CEREBROVASCULAR DISEASE

Impact

A stroke, or cerebrovascular disease, sometimes called a brain attack, occurs when a clot blocks the blood supply to the brain or when a blood vessel in the brain bursts. Lifestyle changes and, in some cases, medication, can greatly reduce one's risk for stroke. Stroke can cause death or significant disability, such as paralysis, speech difficulties, and emotional problems. Some new treatments can reduce stroke damage if patients get medical care soon after symptoms begin (CDC, 2012).

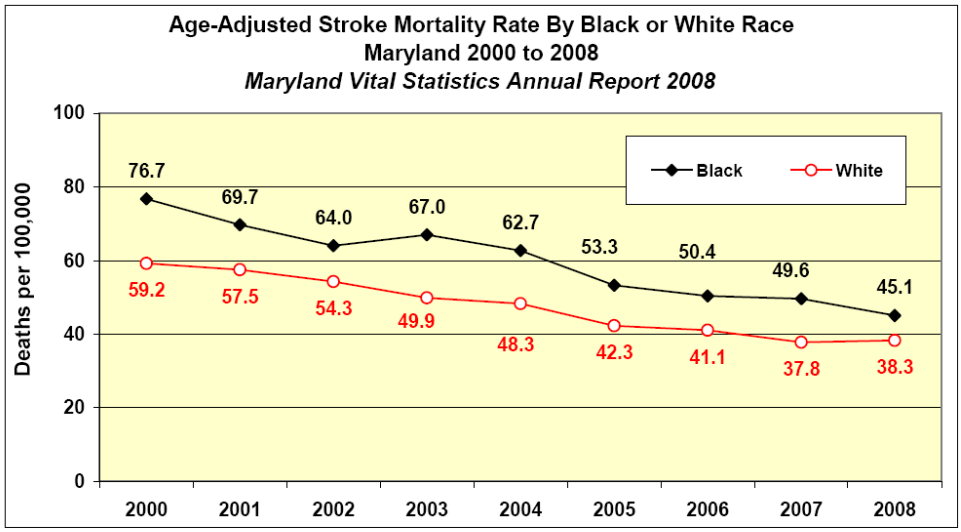
National Snapshot

Cerebrovascular disease, or stroke, is one of the top five leading causes of death in the United States. Heart disease is a risk factor for stroke. The risk of stroke can vary for different racial and ethnic groups. African Americans are at twice the risk of having a first stroke compared to whites; Hispanic Americans fall between the two. African Americans and Hispanics are more likely to die after suffering a stroke than whites (CDC, 2012).

State Snapshot

Cerebrovascular disease, or stroke, is the third leading cause of death in Maryland. Unlike coronary heart disease, the prevalence of stroke in Maryland differs nominally among racial and ethnic groups, as well as across years (MD DHMH, 2009).

Mortality rates for Maryland residents who suffered from stroke decreased from 2000 – 2008, during which time the rate decreased by 41.2 percent among blacks, by 35.3 percent among whites, and the mortality difference between the groups was reduced by 61.1 percent (see Figure 1) (MD Vital Statistics Administration, 2008).



Source: **Maryland Vital Statistics Annual Report 2008** ***[1]***

Figure 1. Age-Adjusted Stroke Mortality Rate by Race, Maryland, 2000-2008

Local Snapshot

In reviewing the data from the Community Dashboard, the death rate for all three counties, Wicomico, Worcester, and Somerset are low compared to the rest of the counties in the State of Maryland.

Key Snapshot

- The death rate for all three counties, Wicomico, Worcester, and Somerset are low compared to the rest of the counties in the State of Maryland
- Stroke, is the third leading cause of death in Maryland

iv. <u>DIABETES</u>

Impact

According to the American Diabetes Association, diabetes mellitus affects an estimated 25.8 million people in the United States, 8.3 percent of the total U.S. population, and of these, 7 million do not know they have the disease; it is the 7th leading cause of death. Diabetes is usually a lifelong (chronic) disease in which there are high levels of sugar in the blood. There are three types of diabetes. Type 1 can occur at any age, but it is most often diagnosed in children, teens, or young adults. In this disease, the body makes little or no insulin. Type 2 accounts for 95 percent of those diagnosed with diabetes among adults. The third type is gestational diabetes, which develops and is diagnosed as a result of pregnancy. (Centers for Disease Control and Prevention. *Diabetes Report Card 2012*. http://www.cdc.gov/diabetes/pubs/reportcard/diabetes-overview.htm)

Diabetes is a major cause of stroke, and is a leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the United States. Diabetes can lower life expectancy by up to 15 years and increases the risk of heart disease by 2 to 4 times. Overall, the risk for death among people with diabetes is about twice that of people of similar age without diabetes (CDC, National Diabetes Fact Sheet, 2011). Diabetes impacts diabetics and their families physically, financially, emotionally, in their home life, in their work, and in their day-to-day lives.

Diet, insulin, and oral medication to lower blood glucose levels are the foundation of diabetes treatment and management. It is also important for educational programs and self-care practices to maintain control of diabetes, allowing individuals to lead normal lives.

National Snapshot

Among U.S. seniors aged 65 and older, 10.9 million, or 26.9 percent, had diabetes in 2010; among people younger than 20, about 215,000 had either type I or type II diabetes (CDC, National Diabetes Fact Sheet, 2011). The number of people diagnosed with diabetes has risen from 1.5 million in 1958 to 18.8 million in 2010, an increase of epidemic proportions (see Figure 1)

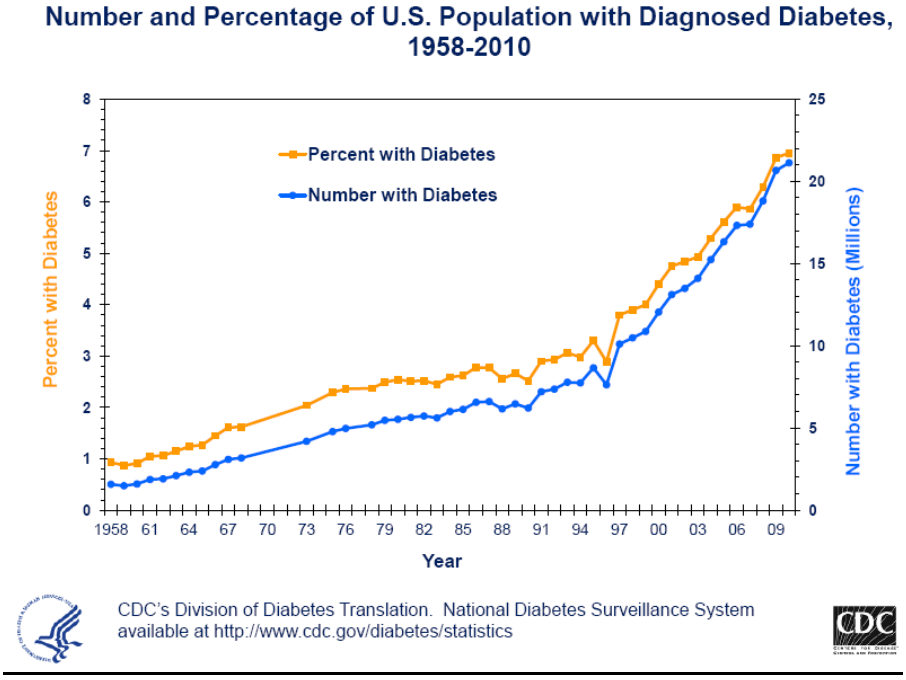


Figure 1. Number and Percentage of U.S. Population with Diagnosed Diabetes, 1958-2010

According to the National Diabetes Education Program, in 2010, 13.0 million men had diabetes (11.8 percent of all men ages 20 years and older) and 12.6 million women had diabetes (10.8 percent of all women ages 20 years and older). As obesity rates in American children continue to increase, Type II diabetes, a disease that used to be seen primarily in adults over 45, is becoming more common in young people. In the United States, compared to non-Hispanic whites, Asian Americans have an 18 percent higher risk of diagnosed diabetes, Hispanics/Latinos have a 66 percent higher risk, and non-Hispanic blacks have a 77 percent higher risk (NDEP, 2011).

The growth of diabetes has been exponential over the past decade, as is the cost of treatment and time lost. The National Diabetes Education Program estimates that the total health care and related costs for the treatment of diabetes run about $174 billion annually in the United States. Of this total, $116 billion is spent on hospitalizations, medical care, and treatment supplies, while $58 billion covers indirect costs like disability payments, time lost from work, and premature death (NDEP, accessed 2013).

State Snapshot

Maryland ranks 22nd in the country for diabetes based on data from 1990-2012 (America's Health Rankings, United Health Foundation, 2013). Across the state of Maryland, the number of people ever medically diagnosed with diabetes has grown from 6.8 percent in 1999 to 9.5 percent in 2012, which continues to be above the national level.4 In 2008, the average prevalence of diagnosed diabetes among white Marylanders was 7.5 percent and 12.3 percent among black Marylanders (MD DHMH). Black females had almost double the diabetes rates of white females at 12.5 percent and 6.8 percent, respectively (MD DHMH, 2008).

In 2011, 1,272 Maryland residents lost their lives to diabetes.5 From 2004 to 2008, black adults of all ages had significantly higher rates of diagnosed diabetes compared to non-Hispanic whites (MD DHMH, Maryland Chartbook of Minority Health, 2009).

Local Snapshot

Diabetes in Wicomico County for prevalence and death rates is better the most counties in the State of Maryland and specifically compared to Worcester and Somerset Counties.

In March of 2012, The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene assisted SHIP local planning groups in identifying issues of poor minority health disparities. For Worcester and Wicomico, diabetes emergency room visits are considerable higher for Blacks than the Statewide Black rates, and higher than the White rates in the same county. The White rates are also higher than the Statewide White rate. Overall, these statistics indicate there is a community wide need for diabetes education and management.

As mentioned earlier health care access section, Peninsula Regional Medical Centers conducted a Community Needs Assessment Survey. One of the questions asked was, "What do you think are the biggest health concerns affecting Delmarva?" Diabetes was the 2nd highest concern to the participants, with 15.2% was diabetes.

The incidence of adults with diabetes is at a higher level for Somerset and Worcester Counties, with most of them in the 65+ age group.

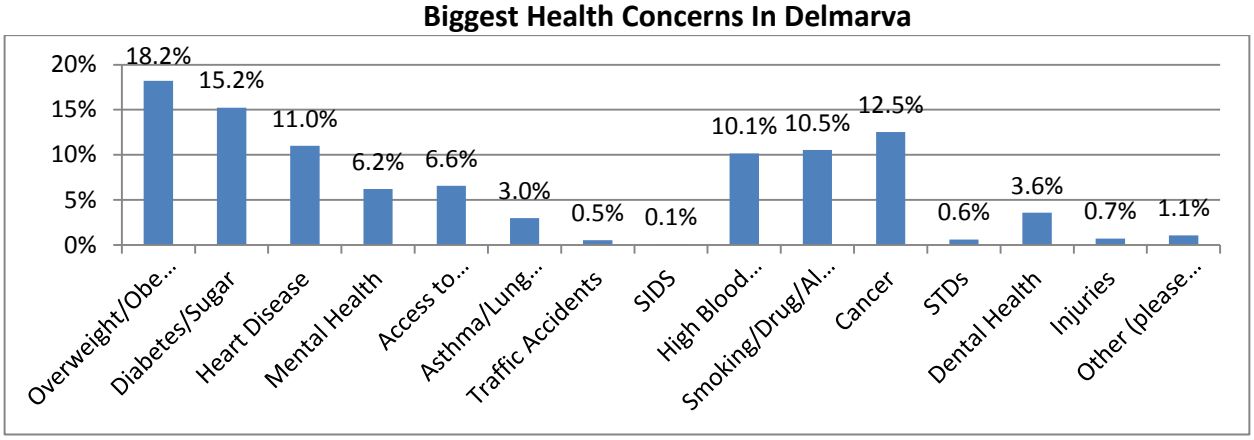


Figure 2. PRMC Community Needs Assessment Survey

Key Snapshot

- One of the questions in the PRMC survey was "What do you think are the biggest health concerns affecting Delmarva?" Diabetes was the 2nd highest concern to the participants, with 15.2%.
- For Worcester and Wicomico, diabetes emergency room visits are considerable higher for Blacks than the Statewide Black rates, and higher than the White rates in the same county.
- Maryland, the number of people diagnosed with diabetes has grown from 6.8 percent in 1999 to 9.5 percent in 2012, which continues to be above the national level.

v. <u>OBESITY</u>

Impact

Obesity is defined as having a Body Mass Index (BMI) that is greater than or equal to 30, while being overweight is defined as having a BMI of 25 – 29.9. Obesity has been linked to a number of diseases including diabetes, colorectal cancer, kidney cancer, breast cancer, and many types of cardiovascular disease (Cancer.gov, 2012). Childhood obesity is also on the rise due to the amount of sugary drinks and high energy foods that have become so easily available (CDC, 2013).

National Snapshot

The Centers for Disease Control and Prevention states that, sixty-eight percent of all Americans are overweight and approximately 147 billion dollars are spent on obesity-related diseases every year. The World Health Organization in 2009 stated that obese youth are at risk for factors associated with cardiovascular disease (e.g., high cholesterol or high blood pressure), bone and joint problems, sleep apnea, and poor self-esteem. Obese youth are at an increased risk of becoming obese adults and, therefore, are at risk for the associated adult health problems, such as heart disease, type 2 diabetes, stroke, cancer, and osteoarthritis.

State Snapshot

According to the Maryland Behavioral Risk Factor Surveillance System (BRFSS, 2010), nearly 2.7 million, or about 66.1 percent of Maryland adults, were classified as overweight or obese. Men were more likely to be classified as overweight or obese (73.4 percent) than women (59.1 percent), and black residents were more likely to be overweight or obese (74.0 percent) than white residents (62.9

percent); these differences are statistically significant. Adults with no college education and with a household income of less than $75,000 were significantly more likely to be overweight or obese.

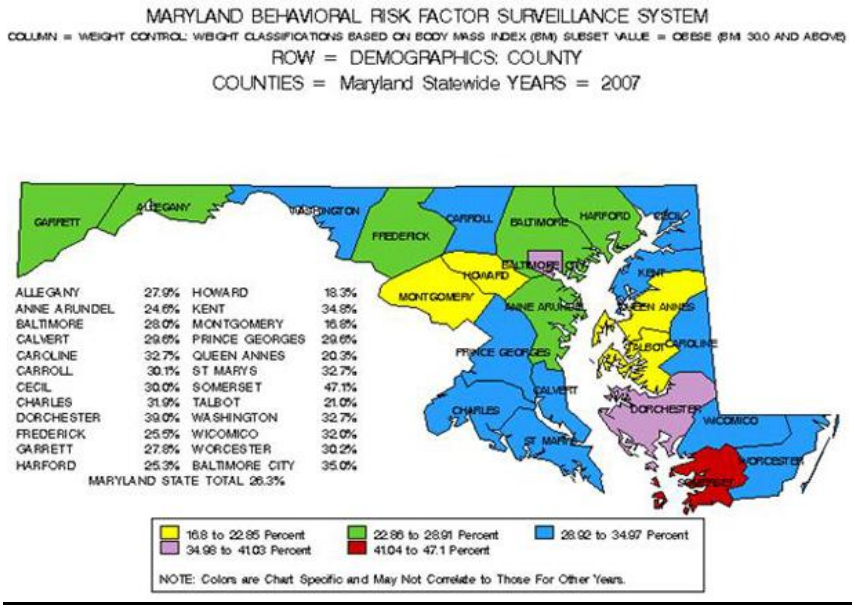


Figure 1. Distribution of Body Mass Index (Obese=30.0% and above) in Maryland (MD BRFSS, 2007)

State Snapshot

According to the Maryland State Department of Education's Maryland Youth Risk Behavior Survey (YRBS, 2009), the percentage of Maryland youth who are overweight or obese has not changed significantly between 2005 and 2009. One in 4 Maryland youth is overweight or obese. Although there are significantly more overweight or obese males than females, significantly more females describe themselves as overweight and are trying to lose weight.

Fruit, vegetable, and milk consumption among Maryland youth has remained steady between 2005 and 2009. There is little variation between males and females in fruit and vegetable consumption; however, significantly more males than females drink milk.

Local Snapshot

The Community Dashboard data showed that obesity or overweight for adults in Worcester County is better than most Maryland counties, for low-income preschool children it is higher than most counties in United States counties. Both Somerset and Wicomico counties have higher obesity or overweight adults than most counties in the State of Maryland. Low-income preschoolers in Wicomico County were moderately more obese than other counties in the United States, and Somerset County preschoolers were more obese than other counties across the United States. (http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx)

Key Snapshot

- Both Somerset and Wicomico counties have higher obesity or overweight adults than most counties in the State of Maryland.

- Low-income preschoolers in Wicomico County were moderately more obese than other counties in the United States, and Somerset County preschoolers were more obese than other counties across the United States
- Approximately 66 percent of Maryland adults are overweight or obese, with men more likely to be overweight or obese than women, and black residents more likely to be overweight or obese than white residents.

b) Population-Based Health

i. Minorities

Impact

The United States has become increasingly diverse in the last century. According to the 2010 US Census, approximately 36 percent of the population belongs to a racial or ethnic minority group. Though health indicators such as life expectancy and infant mortality have improved for most Americans, some minorities experience a disproportionate burden of preventable disease, death, and disability compared with non-minorities. http://www.cdc.gov/minorityhealth/

Local Snapshot

	Wicomico		Worcester		Somerset	
Indicator	Black, non-Hispanic	White, non-Hispanic	Black, non-Hispanic	White, non-Hispanic	Black, non-Hispanic	White, non-Hispanic
Adults Unable to Afford to See a Doctor by	35.3%	6.9%	*	*	*	*
Adults who have had a Routine Checkup by	77.8%	86.8%	*	*	*	*
Adults with Health Insurance	79.8%	89.5%	*	*	*	*
Children with Health Insurance	85.5%	97%	*	*	*	*
Age-Adjusted Death Rate due to Colorectal Cancer per 100,000 population	32.9	25.2	*	*	*	*
Age-Adjusted Death Rate due to Lung Cancer per 100,000 population	59.5	76.2	62	60.2	*	*
Age-Adjusted Death Rate due to Prostate Cancer per 100,000 population	58.1	25.4	*	*	*	*
Breast Cancer Incidence cases/100,000 female	112.2	128.4	118.5	132.4	115.2	97.8
Persons with a Disability	16.1%	14.3%	*	*	*	*
Adult Fruit and Vegetable Consumption	24.5%	24.1%	*	*	*	*
High Blood Pressure Prevalence	46.7%	38.1%	*	*	*	*
Mothers who Received Early Prenatal Care	62.6%	78.6%	58.4%	83.5%	79.5%	80%
Preterm Births	14.7%	9.4%	15.8%	9.1%	13.4%	7.1%
Adults who Smoke	41.9%	14.3%	*	*	*	*
Self-Reported General Health Assessment: Good or Better	84.1%	81.1%	*	*	*	*
Self-Reported Good Physical Health	84.3%	64.2%	*	*	*	*

Figure 1. PRMC Community Dashboard * Information not available

After reviewing the health indicators in figures 1 & 2, the data shows a difference in most areas between the Black, non-Hispanic and the White, non-Hispanic populations. These differences show not only health disparities, but income and education disparities too.

	Wicomico		Worcester		Somerset	
Indicator	Black, non-Hispanic	White, non-Hispanic	Black, non-Hispanic	White, non-Hispanic	Black, non-Hispanic	White, non-Hispanic
Median Household Income	$38,068	$57,708	$28,326	$63,129	$29,835	448,547
Children Living Below Poverty Level	31%	10.4%	39.%	9.7%	47.6%	15.2%
Families Living Below Poverty Level	18%	5.4%	21.6%	4.4%	25.5%	9.2%
People 65+ Living Below Poverty Level	18.4%	7.5%	28.5%	4.7%	10.6%	9.2%
People Living Below Poverty Level	23.2%	11.8%	24.5%	7.6%	35%	12%
High School Graduation	73%	86.9%	89.9%	77.8%	87.7%	8.75
People 25+ with a High School Degree or Higher	80.8%	88.2%	74.3%	91.1%	79%	83.6%
People 25+ with a Bachelor's Degree or Higher	15.3%	28.2%	10.1%	29.9%	11%	15.7%

Figure 2. PRMC Community Dashboard * Information not available

Key Snapshots

- For health indicators, income and education there are significant disparities between the Black, non-Hispanic and the White non-Hispanic.

ii. Seniors

Impact

During an individual's lifespan, many body functions naturally begin to decline. The changes are results of a combination of factors, including genes, lifestyle and disease. (Area Agency on Aging. *What is Normal Aging?* Accessed 2013. http://www.agingcarefl.org/aging/normalAging)

Normal aging brings about the following changes:

- **Eyesight** - loss of peripheral vision and decreased ability to judge depth. Decreased clarity of colors (for example, pastels and blues).
- **Hearing** - loss of hearing acuity, especially sounds at the higher end of the spectrum. Also, decreased ability to distinguish sounds when there is background noise.
- **Taste** - decreased taste buds and saliva.
- **Touch and Smell** - decreased sensitivity to touch and ability to smell.
- **Arteries** - stiffen with age. Additionally, fatty deposits build up in one's blood vessels over time, eventually causing arteriosclerosis (hardening of the arteries).
- **Bladder** - increased frequency in urination.
- **Body Fat** - increases until middle age, stabilizes until later in life, then decreases. Distribution of fat shifts - moving from just beneath the skin to surround deeper organs.
- **Bones** - somewhere around age 35, bones lose minerals faster than they are replaced.
- **Brain** - loses some of the structures that connect nerve cells, and the function of the cells themselves is diminished.

• **Heart** - is a muscle that thickens with age. Maximum pumping rate and the body's ability to extract oxygen from the blood both diminish with age.
• **Kidneys** - shrink and become less efficient.
• **Lungs** - somewhere around age 20, lung tissue begins to lose its elasticity, and rib cage muscles shrink progressively. Maximum breathing capacity diminishes with each decade of life.
• **Metabolism** - medicines and alcohol are not processed as quickly. Prescription medication requires adjustment. Reflexes are also slowed while driving, therefore an individual might want to lengthen the distance between oneself and the car in front and drive more cautiously.
• **Muscles** - muscle mass declines, especially with lack of exercise.
• **Skin** - nails grow more slowly. Skin is more dry and wrinkled. It also heals more slowly.
• **Sexual Health** - women go through menopause, vaginal lubrication decreases and sexual tissues atrophy. In men, sperm production decreases and the prostate enlarges. Hormone levels decrease.

National Snapshot

Demographics: The older U.S. population (age 65+) numbered 40.4 million in 2010, an increase of 5.4 million or 15.3 percent since 2000. They represented 13.1 percent of the U.S. population, which equates to over one in every eight Americans (see Figure 1).

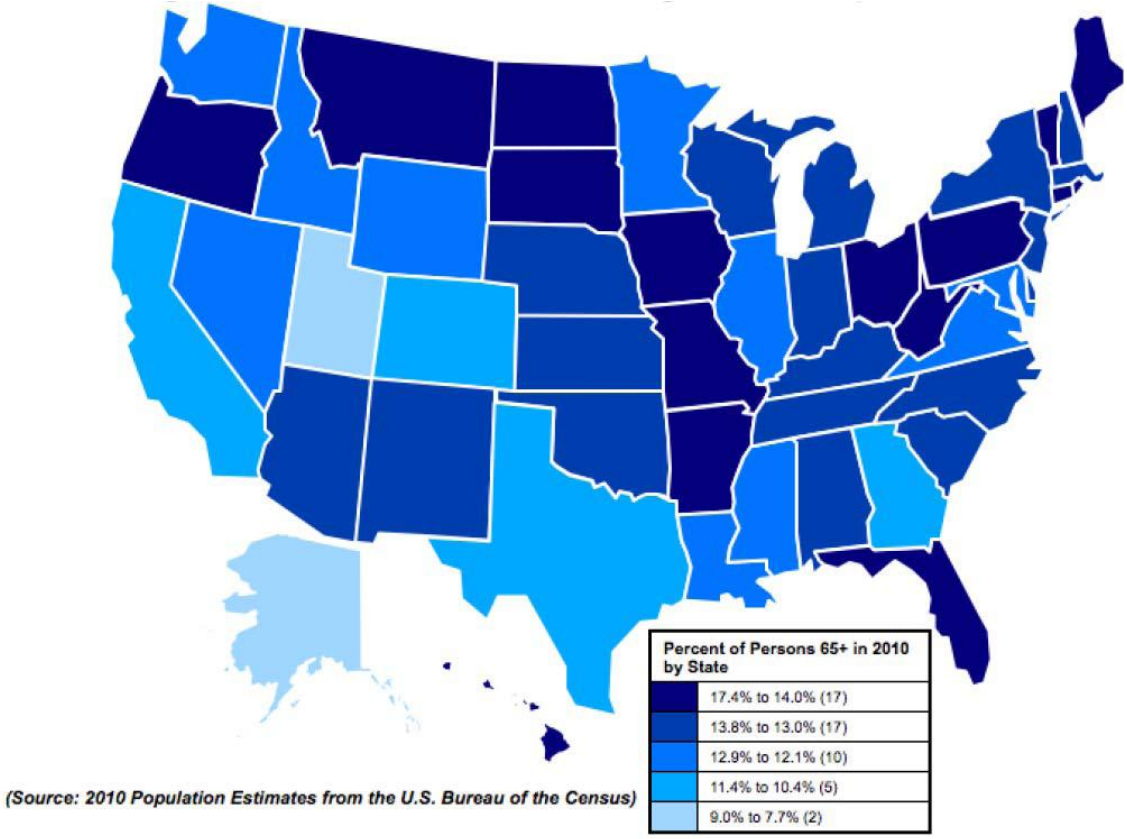


Figure 1. Persons Age 65+ as a Percentage of Total Population, United States, 2010

By 2030, it is estimated that there will be about 72.1 million seniors (19 percent of the total population), which is more than twice their number in 2000 (DHHS, administration on Aging, Profile 2011).

According to the U.S. DHHS Administration on Aging's report, *A Profile of Older Americans: 2011*, the number of Americans aged 45-64 who will reach 65 over the next two decades increased by 31 percent during this decade.

Minority populations have increased from 5.7 million in 2000 (16.3 percent of the elderly population) to 8.1 million in 2010 (20 percent of the elderly) and are projected to increase to 13.1 million in 2020 (24 percent of the elderly). In 2010, 20 percent of persons age 65+ in the United States were minorities: 8.4 percent were African American, 6.9 percent were persons of Hispanic origin (any race), about 3.5 percent were Asian or Pacific Islander, and less than 1 percent were American Indian or Native Alaskan. In addition, 0.8 percent of persons age 65+ identified themselves as being of two or more races (DHHS, Administration on Aging, Profile 2011).

Persons reaching age 65 have an average life expectancy of an additional 18.8 years (20.0 years for females and 17.3 years for males). Older women outnumber older men in the U.S. at 23.0 million older women to 17.5 million older men. Older men were much more likely to be married (72 percent) than older women (42 percent), and 40 percent of older women were widows in 2010 (see Figure 2).

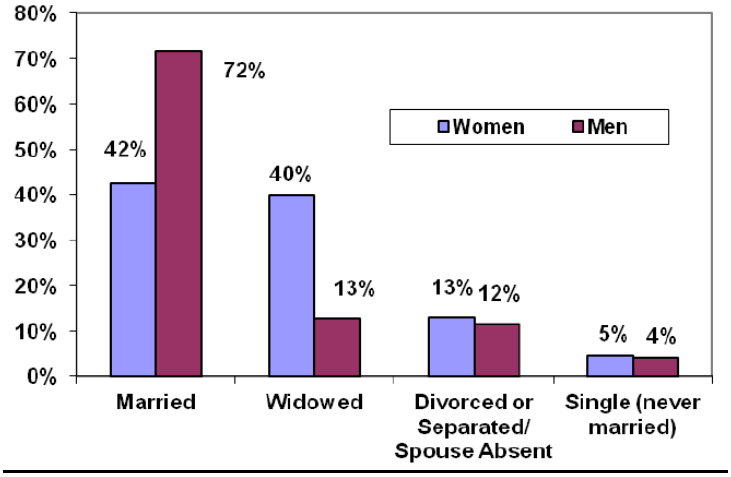


Figure 2. Marital Status of Persons Age 65+, United States, 2010 (Source: DHHS, Administration on Aging, 2011)

Over half (55.1 percent) of older non-institutionalized persons lived with their spouse in 2010, but the proportion living with their spouse decreased with age, especially for women. About 29 percent (11.3 million) of non-institutionalized older persons live alone (8.1 million women, 3.2 million men). Almost half of older women (47 percent) age 75+ live alone. Additionally, about 485,000 grandparents aged 65+ had the primary responsibility for their grandchildren who lived with them.

Living Arrangements of Persons 65+, 2010

Income & Poverty: The median income of older persons in 2010 was $18,819: $25,704 for males and $15,072 for females. Households containing families headed by persons 65+ reported a median income in 2010 of $45,763. The major sources of income as reported by seniors in 2009 were Social Security (reported by 87 percent of seniors), income from assets (reported by 53 percent), private pensions (reported by 28 percent), government employee pensions (reported by 14 percent), and earnings (reported by 26 percent). Social Security constituted 90 percent or more of the income received by 35 percent of beneficiaries in 2009 (22 percent of married couples and 43 percent of non-married beneficiaries).

Almost 3.5 million elderly persons (9.0 percent) were below the poverty level in 2010. During 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure (SPM) which takes into account regional variations in the livings costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. The SPM shows a poverty level for older persons of 15.9 percent (DHHS, Administration on Aging, Profile 2011).

Health: Elderly people are healthier today than they were 30 years ago. From 2000-2009, 40 percent of non-institutionalized seniors assessed their health as excellent or very good (compared to 64.7 percent of persons aged 18-64 years). There were differences among racial/ethnic groups on this measure, with older African Americans (26.0 percent), older American Indians/Alaska Natives (24.3 percent) and older Hispanics (28.2 percent) less likely to rate their health as excellent or very good than were older whites (42.8 percent) or older Asians (35.3 percent). Most seniors have at least one chronic condition and many have multiple conditions. In 2007-2009, the most frequently occurring conditions among seniors were: uncontrolled hypertension (34 percent), diagnosed arthritis (50 percent), and all types of heart disease (32 percent), any cancer (23 percent), diabetes (19 percent), and sinusitis (14 percent) (DHHS, Administration on Aging, Profile 2011).

Almost 63 percent of U.S. seniors reported in 2010 that they received an influenza vaccination during the past 12 months and 59 percent reported that they had ever received a pneumococcal vaccination. About 27.7 percent (of persons 60+) reported height/weight combinations that categorize them as obese. Almost 35 percent of persons aged 65-74 and 24 percent of persons 75+ reported that they engage in regular leisure-time physical activity. Only 9.5 percent reported that they are current smokers and only 5 percent reported excessive alcohol consumption. Furthermore, only 2 percent reported that they had experienced psychological distress during the past 30 days (DHHS, Administration on Aging, Profile 2011).

Mental Health: It can be difficult for health care workers, families and seniors themselves to distinguish between problems related to aging and those linked to mental illness. Depression is considered the most common mental disorder of people aged 65 and older. The symptoms of depression often appear in people who have other conditions, or can mimic the symptoms of dementia; its victims withdraw, cannot concentrate, and appear confused. Some experts estimate that as many as 10 percent of those diagnosed with dementia actually suffer from depression that, if treated, is reversible. Dementia (characterized by confusion, memory loss, and disorientation) is not an inevitable part of growing old. In fact, only about 10 percent of Americans aged 65 and older suffer from this condition. Of that number, an estimated 60 percent suffer from Alzheimer's disease, a type of dementia for which no cause or cure has been found. Alzheimer's disease, which causes some of the brain's cells to die, involves a part of the brain that controls memory. As it spreads to other parts of the brain, the illness affects a greater number of intellectual, emotional, and behavioral abilities. An adult's chances of developing the illness are one in 100, but the incidence increases with age. One million people older than 65 are severely afflicted with Alzheimer's disease and another two million are in the moderate stages of the disease. Seniors take many more medications than other age groups. Coupled with a slower metabolism, these substances can stay in the body longer and quickly reach toxic levels. Moreover, because many older people take more than one medication and may drink alcoholic beverages, there is a high risk that drugs will interact, causing confusion, mood changes, and other symptoms of dementia.

Health Care: In 2007, the rate of discharge from short stay hospitals by seniors (3,395 per 10,000 persons aged 65+) was about three times the comparable rate for persons of all ages (1,149 per 10,000 persons). The average length of stay for persons aged 65+ was 5.6 days compared to 4.8 days for persons of all ages. Seniors also averaged more office visits with doctors in 2007 (7.1 visits for those 65+ versus 3.7 visits for persons 45-65). In 2010, older consumers averaged out-of-pocket health care expenditures of $4,843, an increase of 49 percent since 2000. In contrast, the total population spent considerably less, averaging $3,157 in out-of-pocket costs. Older Americans spent 13.2 percent of their total expenditures on health, which is more than twice the proportion spent by all consumers (6.6 percent) (NCHS and Bureau of Labor Statistics, accessed via DHHS, Administration on Aging, Profile 2011)

Health Insurance Coverage: In 2010, almost all (93.1 percent) of non-institutionalized persons age 65+ were covered by Medicare. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. About 86 percent of non-institutionalized Medicare beneficiaries in 2009 had some type of supplementary coverage (see Figure 3).

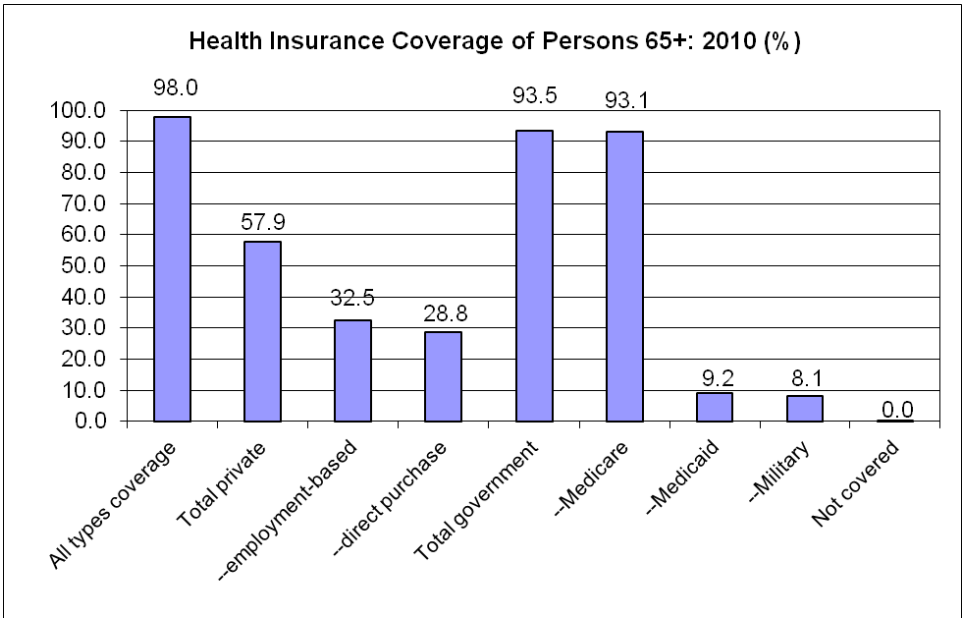


Figure 3. Health Insurance Coverage of Persons Age 65+, United States, 2010 (Source: DHHS, Administration on Aging, 2011. Note: Data is for the non-institutionalized elderly. A person can be represented in more than one category)

Disability/Activity Limitations: Some type of disability (i.e., difficulty in hearing, vision, cognition, ambulation, self-care, or independent living) was reported by 37 percent of seniors in 2010. Some of these disabilities may be relatively minor but others cause people to require assistance to meet important personal needs. Reported disability increases with age: 56 percent of persons over 80 reported a severe disability and 29 percent of the age 80+ population reported that they needed assistance. Presence of a severe disability is also associated with lower income levels and educational attainment (DHHS, Administration on Aging, Profile 2011).

In a study that focused on the ability to perform specific activities of daily living (ADLs), over 27 percent of community-resident Medicare beneficiaries over age 65 in 2009 had difficulty in performing one or more ADLs, and an additional 12.7 percent reported difficulties with instrumental activities of daily living (IADLs).

By contrast, 95 percent of institutionalized Medicare beneficiaries had difficulties with one or more ADLs and 74 percent of them had difficulty with three or more ADLs. Although nursing homes are being increasingly used for short-stay post-acute care, about 1.3 million elderly are in nursing homes (about half are age 85 and over). These individuals often have high needs for care with their ADLs and/or have severe cognitive impairment due to Alzheimer's disease or other dementias.

Almost all community resident seniors with chronic disabilities (over 90 percent) receive either informal care (from family or friends) or formal care (from service provider agencies) (National Long Term Care Survey, 1999).

State Snapshot

The number of older Marylanders is increasing, according to the Maryland Department of Aging. Of the 5.3 million people in Maryland in 2010, 15 percent (801,036) were over the age of 60. The percentage is expected to increase to 25 percent of Maryland's projected population of 6.7 million by the year 2030. Additionally, the number of older seniors over the age of 85 continues to grow rapidly. This cohort is projected to grow in number, statewide, from 98,126 in 2010 to 164,695 by the year 2030.3 Marylanders aged 60 and over, with functional disabilities related to mobility or personal care, which are living in the community, accounted for 237,004, over 19 percent of the total number of elderly Marylanders, in 2000. In 2000, 63,978 older Marylanders lived in poverty as defined by the federal poverty guidelines. Of Maryland's age 60+ minority populations in 2000, 15.7 percent lived in Montgomery County and 24.4 percent lived in Prince George's County (MD Department of Aging).

According to the American Association of Retired Persons (AARP), most seniors prefer to receive long-term care at home; however, Maryland spends almost 90 percent of the state's Medicaid funds on institutional care. In addition to the 11 percent that Maryland Medicaid spends on in-home care, 600,000 Marylanders are providing family care-giving to a loved one at home, which is valued at $6.6 billion. In 2007, Maryland's nursing homes had an occupancy rate of 87 percent. This care is expensive; the average nursing home private pay rate was $221 per day in 2008, which was the 13th highest rate in the nation. Maryland's average private pay rate for home health aides ($19 per hour) was right at the national average; its rate for Medicare-certified aides ($29 per hour) was lower than the national average; and its rates for adult day care ($69 per day) were higher than the national average in 2008 (AARP).

One in seven Maryland residents, and 86 percent of Maryland residents age 65 or older, received social security in 2010. Social Security makes up 50 percent or more of the income for half of Marylanders age 65+ and a quarter of Maryland seniors rely on Social Security as their only source of income.

Local Snapshot

PRMC socio-economic demographic information indicates the number of elderly (those aged 65+) represent a greater portion of the total population in both the primary and secondary areas and will continue to grow over the next five years in each of the six counties between 11 and 18 percent. The elderly have additional chronic conditions, consume healthcare resources at higher rates, and generally require more time and attention than other population segments. Self-reported general health and physical health is reported lower for adults over age 65 than those younger than 65.

Seniors 65+ Indicators vs. Other Age Groups						
	Worcester County		Wicomico County		Somerset County	
Indicator	Under 65 Rate %	65+ Rate %	Under 65 Rate %	65+ Rate %	Under 65 Rate %	65+ Rate %
Ability to afford to see a doctor	9.6	3.2	20.2	4.2	*	*
Having a routine check-up	89.4	96.9	80.5	95.2	*	*
Adults with Health Insurance	*	*	83.3	89.4	*	*
Adults with diabetes	9.8	30.2	6.3	26	*	*
Fruit & vegetable consumption	34.3	32.8	23.5	22.6	*	*
Engaging in moderate physical activity	19.8	23.9	39.8	27.6	*	*
Engaging in regular physical activity	48.3	52.4	52.6	36.6	*	*
Adults who are obese	36	36.1	46.6	31.3	*	*
Adults who are overweight or obese	68.1	71.9	72.1	73.6	*	*
High Blood Pres.	49.5	69.3	34.9	77.9	*	*
High Cholesterol	60.4	54.6	49.4	58.2	*	*
Mental Health Social & Emotional support	74.7	80.6	82.2	86.9	*	*
Self-reported good mental health	75.5	83.8	79.2	77.3	*	*
Adults with asthma	11.3	11.2	11.2	6.6	*	*
Adults who binge drink	15.9	4.6	17.4	3.9	*	*
Adults who smoke	22.2	10.1	13.9	3.8	*	*
Self-Reported General Health Assessments: Good or Better	79.6	75.7	82.4	69.4	*	*
Self-Reported Good Physical Health	80.8	68.7	70.2	67.2	*	*
Renters spending 30% or more of household income	42.9	57.6	57.4	64.2	61.6	41
Living below poverty level		6.8		9.1		9.3
High School Degree	92.3	80.7	87.9	72.8	84.2	72.6

Figure 4. *Data not available by age. Information provided by PRMC, Community Dashboard http://www.peninsula.org/body.cfm?id=627&oTopId=627

Key Snapshots

- seniors over the age 65 have better access to health care, having a routine check-up and having health insurance compared to those younger than individuals younger than 65
- blood pressure is higher, but high cholesterol prevalence is lower for the 65+ age group
- adults over age 65 have a higher incidence of diabetes than those younger than them
- 65+ individuals binge drink and smoke less than their younger counterparts
- The percent of Maryland residents over the age of 60 is expected to increase from 15 percent of the population in 2010 to 25 percent by 2030.

iii. Women and Children

Impact

The relationship between certain maternal behaviors and adverse pregnancy outcomes is well known; chief among these behaviors is the receipt of early and appropriate prenatal care. Ideally, prenatal care should begin in the first trimester of pregnancy, or, preferably, prior to conception.

This is especially important for minority women, as they experience higher rates of infant mortality and are also more likely to deliver low birth weight babies. Babies born prematurely are at a higher risk of death because they are likely to be underdeveloped and more susceptible to life-threatening infections, respiratory distress syndrome, cerebral palsy, and learning and developmental disabilities (NICHHD, 2012).

According to the Centers for Disease Control and Prevention, low birth weight is the single most important factor correlating with infant morbidity (CDC, Pediatric and Pregnancy Nutrition Surveillance System, 2009). Babies born weighing less than 2,500 grams (5.5 lbs.) who survive are at a higher risk for serious health problems than those infants who are born at healthy weights.

Infant mortality is defined as the rate at which babies die before 12 months of age, and is one of the most serious public health issues in the United States. It serves as an excellent indicator of the effectiveness of a country's health care system, as it is directly related to the quality and availability of health care and maternal health (Infant Mortality, CDC, 1997). One of the specific objectives of Healthy People 2020 is to decrease the number of infant deaths to fewer than 6.0 per 1,000 live births among all racial and ethnic groups (Healthy People, 2010).

National Data

Receipt of Prenatal Care: In the United States (2007), 70.8 percent of women who gave birth received prenatal care within the first three months of their pregnancies, while 7.1 percent either did not receive care until the last three months of their pregnancies or did not receive prenatal care at all (National Vital Statistics Reports, 2010).

Low Birth Weight: Nationally, 8.2 percent of all babies were born with a low birth weight and 12.2 percent were born preterm in 2009 (National Vital Statistics Reports, 2011). Infant Mortality: Despite advanced medical knowledge and technology, infant mortality continues to persist as a problem for minority populations in the United States. This is a particular concern for blacks across the country, as well as in Maryland, as the infant mortality rate in this group is significantly higher than for any other racial or ethnic group. Nationally, the infant mortality rate among black infants is 13.3 deaths per 1,000 live births, which is more than double the rate among whites at 5.6 deaths per 1,000 live births (U.S. Census Bureau, Current Population Survey, 2011).

State Data

Birth Rates: In 2009, there were 77,974 live births in Maryland, up from 74,880 in 2005 (MD Vital Statistics Administration, Annual Report, 2009).

Teenage mothers are at greater risk for having preterm and low birth weight babies, and are also therefore at greater risk of babies with infant mortality (Department of Health & Human Services,

Preventing Infant Mortality, 2006). In 2009, the birth rate among girls of all races between the ages of 15 and 19 in Maryland was 31.2 per 1,000 females. The adolescent Hispanic birth rate, however, was just over double that figure, at 66.4 (MD VSA, Annual Report, 2009).

Receipt of Prenatal Care: In Maryland, 6.3 percent of pregnant women of all races received late or no prenatal care in 2010 (MD Vital Statistics, Annual Report, 2010). Over the last 10 years, the percent of pregnant women receiving late or no prenatal care has increased across the board in Maryland, indicating that rates of appropriate prenatal care are declining.

Low Birth Weight: Compared to the nation, Maryland had a higher percentage of low birth weight babies at 8.8 percent in 2010 (MD Vital Statistics, Annual Report, 2010). The percent of babies born with low birth weight increased very slightly among all racial groups in Maryland between 2000 and 2009, potentially due to the fact that rates of early prenatal care are decreasing (see Figure 2). Black mothers delivered low birth weight babies almost twice as often as white mothers in 2009.

Infant Mortality: In 2010, Maryland had an overall infant mortality rate of 6.7 deaths per 1000 live births for all races, and the infant mortality rate among blacks is significantly higher than for any other racial/ethnic group. The leading cause of infant mortality is low birth weight and preterm births, followed by congenital anomalies, Sudden Infant Death Syndrome and maternal complications (MD Department of Health & Mental Hygiene, 2011). Despite the fact that more women are going without prenatal care, the infant mortality rate in Maryland overall and for white mothers decreased slightly from 2000 – 2009.

Breastfeeding: Breastfeeding is advantageous to both the mother and baby, and is also addressed in Healthy People 2020. For babies, breastfeeding has many benefits including being extremely nutritious and boosting their immune systems. Breastfed babies may be at a lower risk for Sudden Infant Death Syndrome, Type 1 diabetes, childhood leukemia, and atopic dermatitis. Mothers can also benefit from breastfeeding by lowering the risk of developing Type 2 Diabetes, postpartum depression, ovarian cancer, and breast cancer (Breastfeeding, Office on Women's Health, 2011). In 2007, 73 percent of mothers in Maryland had ever breastfed, compared to 75 percent of mothers in the United States. The World Health Organization recommends that women exclusively breastfeed for the first six months after birth, but only 45.5 percent of mothers in Maryland were breastfeeding after six months (National Immunization Survey, 2007).

Local Snapshot

Prenatal Care

Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth. Figure 1 shows that 79.5% women in Somerset County received prenatal care in the first trimester, 72.7% in Wicomico County and 77.8% in Worcester County.

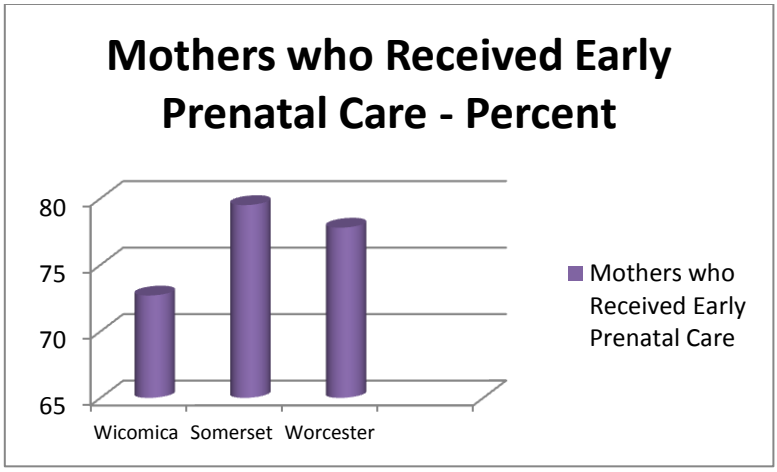


Figure 1. Mothers who Received Early Prenatal Care; PRMC Community Dashboard

Low Birth Weight Babies

Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit. Low birth weight is often associated with premature birth. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care. The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8%.

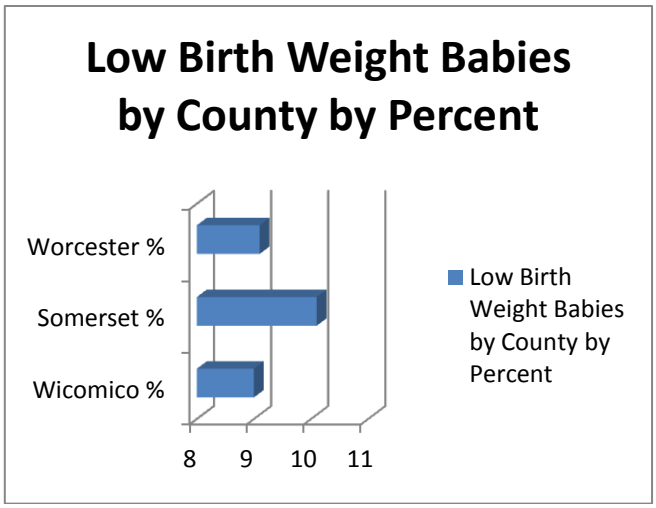


Figure 2. Low Birth Weight Babies; PRMC Community Dashboard

In figure 2 Somerset County has 10.1% of its babies that are born are considered low birth weight. Wicomico and Worcester are at 9 and 9.1%. All three of the counties are above the states percentage of 8.8%. The data from Maryland Department of Mental Hygiene also shows that there is a higher percentage of Black, non-Hispanic babies born with low birth weight in Worcester and Wicomico counties. Data was not available for Somerset County.

Infant Mortality Rate

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. (See figure 3)

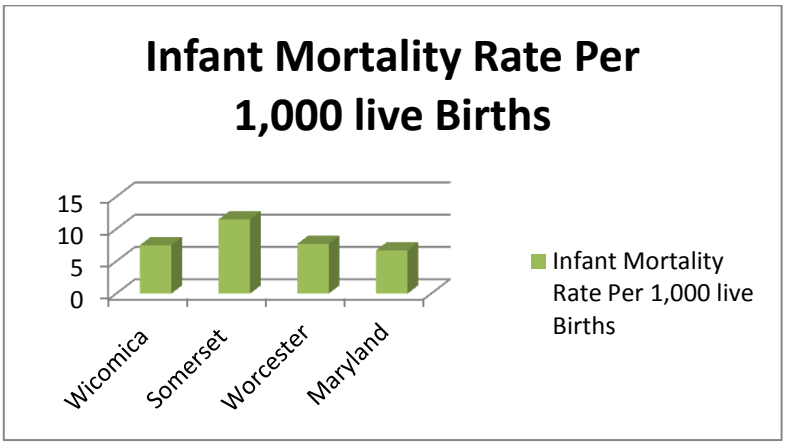


Figure 3. Infant Mortality Rate; PRMC Community Dashboard

Healthy People 2020 target is to reduce the infant mortality rate to 6 deaths per 1,000 live births and the State of Maryland average is 6.7 deaths per 1,000 lives. All three counties are above this target with Somerset at 11.5, Wicomico at 7.5 and Worcester is 7.7.

Preterm Births

Babies born premature are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The Healthy People 2020 national health target is to reduce the proportion of infants who are born preterm to 11.4%. Figure 4 below shows that all three counties are below the target.

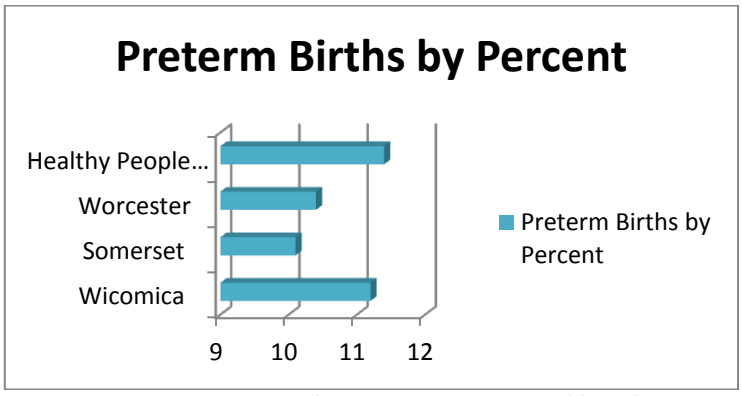


Figure 4. Preterm Births; PRMC Community Dashboard

Key Snapshot

- Prenatal care, 79.5% women in Somerset County received prenatal care in the first trimester, 72.7% in Wicomico County and 77.8% in Worcester County.

- Low birth weight babies - 10.1% of its babies that are born are considered low birth weight. Wicomico and Worcester are at 9 and 9.1%. All three of the counties are above the states percentage of 8.8%.
- Infant Mortality Rate- the State of Maryland average is 6.7 deaths per 1,000 lives. All three counties are above this target with Somerset at 11.5, Wicomico at 7.5 and Worcester is 7.7
- Across Maryland, rates of prenatal care are going down and rates of low birth weight are going up, but infant mortality continues to decrease as medical advances make it possible to save more at-risk babies.

iv. Mental Health

Impact

Mental health is essential to a person's well-being, healthy family and interpersonal relationships, and the ability to live a full and productive life. People, including children and adolescents, with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide—the 11th leading cause of death in the United States for all age groups and the second leading cause of death among people age 25 to 34.

Mental health disorders also have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer. Mental health disorders can have harmful and long-lasting effects—including high psychosocial and economic costs—not only for people living with the disorder, but also for their families, schools, workplaces, and communities. (Healthy People 2020)

Social and emotional support refers to the subjective sensation of feeling loved and cared for by those around us. Research has shown that individuals with social and emotional support experience better health outcomes compared to individuals who lack such support. For example, when individuals are exposed to stress, emotional support has been shown to decrease stress hormones and reduce blood pressure.

National Snapshot

One in four adults, or approximately 57.7 million Americans, experiences a mental health disorder in a given year. One in 17 adults lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorder, and about 1 in 10 children live with a serious mental or emotional disorder. (The National Alliance of Mental Illness. *Mental Illness: Facts and Numbers*. 2006. www.nami.org)

State Snapshot

Overview: Approximately 175,000 adults and 62,000 children out of the 5.6 million residents of Maryland live with a mental health illness (National Alliance on Mental Illness, 2010). Seven percent of Maryland residents reported use of illicit drugs in the past month, compared to approximately eight percent nationally (Maryland Drug Control Update, 2010). The drug induced death rate in Maryland exceeds the national average, with heroin being the primary reason for treatment admissions. (Maryland Drug Control Update. 2010.)

Local Snapshot

Self-perceived health status is a subjective measure of personal health. In the three Maryland counties that Peninsula Regional Medical serves the Community Dashboard looked at the Self-Reported Good Mental Health. In 2011 all three counties reported 77.6% or higher in good mental health. Adequate social and emotional support is associated with reduced risk of mental illness, physical illness and mortality. According to the PRMC Community Dashboard, residents in Somerset, Wicomico and Worcester Counties are moderate to high risk for low emotional support.

Key Snapshot

- Adequate social and emotional support is associated with reduced risk of mental illness, physical illness and mortality. According to the PRMC Community Dashboard, residents in Somerset, Wicomico and Worcester Counties are moderate to high risk for low emotional support.

c) Social Determinants of Health

The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

i. Food Access

Impact

According to PolicyLink a national research and action institute advancing economic and social equity, many low-income communities across the country, the only places to buy food are fast-food restaurants and convenience stores that sell fatty, sugary, processed products. Some communities have no food vendors of any kind. The lack of access to healthy food makes it difficult for families to eat well, fueling the country's growing obesity epidemic and the severe health problems that are associated with it.
(http://www.policylink.org/site/c.lkIXLbMNJrE/b.7634003/k.519E/Access_to_Healthy_Food.htm)

Policy Link also point to studies that find that rural communities face significant healthy food-access challenges. In one example from the Mississippi Delta, nearly three-quarters of households that qualify for food stamp benefits must travel more than 30 miles to reach a large grocery store or supermarket. Residents of underserved communities typically lack the transportation to easily make trips to stores in other parts of town.

Local Snapshot

Based upon the density of grocery stores per 1,000 population residents of Wicomico and Somerset have limited access to grocery stores that sell healthy food. Since these are rural counties we have a higher number of convenience stores which have less healthy food choices. Residents of these rural counties living outside of local cities typically use convenience stores for food purchases. (Healthy Communities (HCI) www.ers.usda.gov/FoodAtlas/)

The summer months increase the availability of fresh fruits and vegetables since these counties have a strong agricultural heritage. The Tri-County Health Weight Coalition has sponsored a Local Farmers Market Guide; the guide shares helpful websites, preparation tips, food safety tips and Farmers' Market locations in Wicomico, Worcester, and Somerset Counties. This guide is produced annually.

The guide also provides information on business that will deliver local produce to your home. (http://www.wicomicohealth.org/files/0/0/Tri-County%20Healthy%20Weight%20Coalition%20Brochure.pdf)

Worcester County is a more affluent county and has a very positive grocery store density to population ration.

Key Snapshot

- Since these are rural counties we have a higher number of convenience stores which have less healthy food choices.

ii. Housing Quality

Impact

HUD believes our communities should make homes available to families that are affordable and healthy. "Healthy Homes" is a century-old concept that promotes safe, decent, and sanitary housing as a means for preventing disease and injury. There is a lot of emerging scientific evidence linking health outcomes such as asthma, lead poisoning, and unintentional injuries to substandard housing. And, there are more than 6 million substandard housing units nationwide. (http://portal.hud.gov/hudportal/HUD?src=/program_offices/healthy_homes/healthyhomes)

Good-quality housing is a key element for ensuring a health community. Poor housing can lead to many health problems. Cramped and crowed conditions give rise to poor hygiene for via vermin and food and water contamination within the home. Poor indoor air quality leads to respiratory problems. Stress is also high for individuals living in poor housing and poverty. (http://www.who.int/water_sanitation_health/hygiene/settings/hvchap7.pdf) Areas with more households in public assistance programs have higher poverty rates. Public assistance income includes general assistance and Temporary Assistance to Needy Families.

Researchers looked at more than 17,500 5-year-old children in about 4,700 neighborhoods across the United States. Compared to children in wealthy areas, those in middle-class areas had a 17 percent greater risk of obesity, and those in poor neighborhoods had a 28 percent greater risk, the investigators found. (http://health.usnews.com/health-news/news/articles/2012/11/16/poor-neighborhoods-home-to-more-obese-kids-study) The same study stated that obesity risk was higher among children in neighborhoods with lower levels of education, while living in neighborhoods with a high percentage of foreign-born residents was associated with a 20 percent reduced risk of obesity, the study authors found

In the American Journal of Public Health a 2002 article on housing and health describes poor housing conditions being associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries and mental health. (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/)

Local Snapshot

Homeowners are more likely to improve their homes and to be involved in civic affairs, both of which benefit the individual and the community as a whole. In Somerset County the percent of households that need assistance has dropped from 2.4% to 1.9%. While both Wicomico and Worcester increased. (See figure 1)

Households with Cash Public Assistance Income

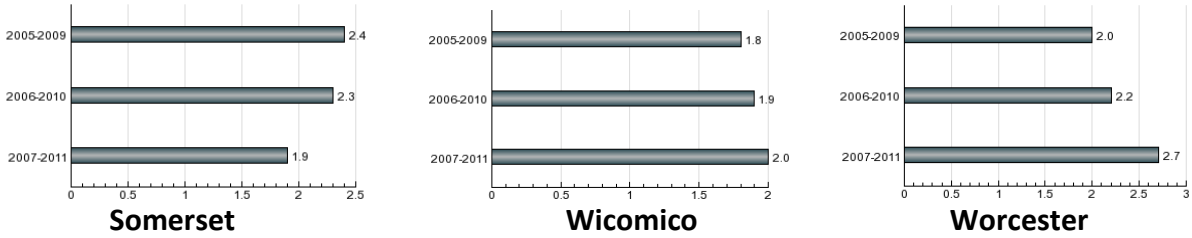


Figure 1: Community Dashboard; Source United States Census Bureau

Spending a high percentage of household income on rent can create a financial hardship, especially for lower-income renters. More renters in Somerset and Wicomico Counties are spending more the 30% of their household income than those in Worcester County. (See figure 2)

Renters Spending 30% or More of Household Income on Rent By Age

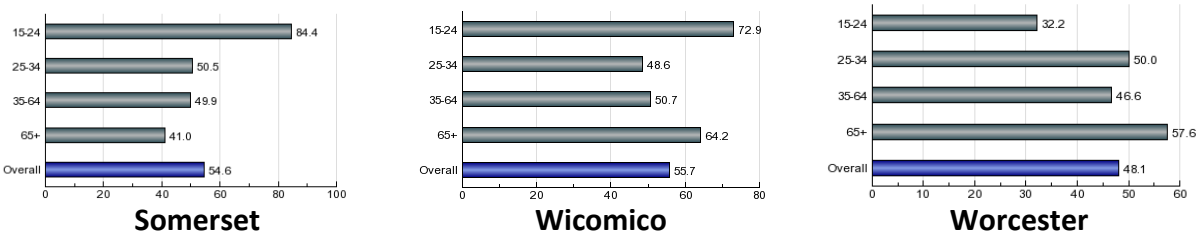


Figure 2: Community Dashboard; Source United States Census Bureau

Key Snapshot

- Somerset County the percent of households that need assistance has dropped from 2.4% to 1.9%.
- More renters in Somerset and Wicomico Counties are spending more the 30% of their household income than those in Worcester County.

iii. Education

Impact

One of the predictors of health and the quality of life is education. Focusing on both early childhood development and education is one of the best ways to improve the health of the community. (http://virtualmentor.ama-assn.org/2006/11/pfor1-0611.html) In a policy brief from the National Poverty Center it was noted by David M. Cutler and Adriana Lleras-Muney (2007), that better-educated people have lower death rates from common chronic and acute conditions.

Local Snapshot

Healthy People 2020 have a national health target to increase the proportion of students who graduate high school within four years of their first enrollment in 9th grade to 82.4%. In Somerset County in 2012, 83.6% students graduated high school within four years of their first enrollment in 9th. For Wicomico the rate was 81.1% and Worcester the rate was 93.1%. Worcester County's rate is

significantly higher than the Healthy People 2020 goal. (See figure 1) Maryland's baseline rate is 80.7% with a target of 84.7% in 2014. For Worcester County, all age groups achieve this except the 65+. For Wicomico County the 25-35 is below the target and for Somerset the 35-44 is below the target.

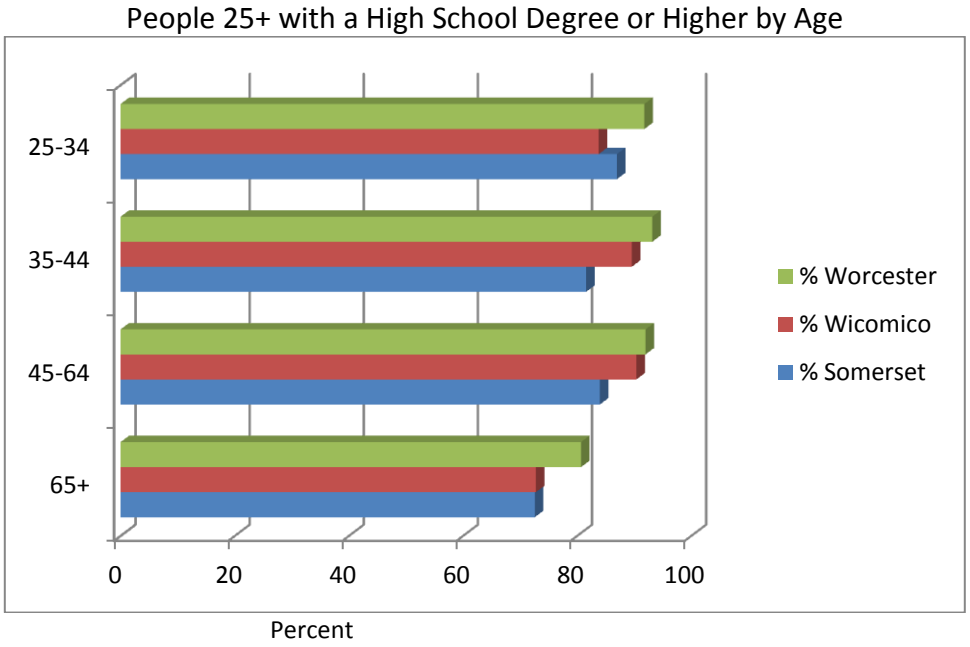


Figure 1. Community Dashboard; source United States Census Bureau 2011

Graduating high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates are also an important indicator of the performance of the educational system. In figure 2 we see that in Worcester and Wicomico the Hispanic/Latino group is below the state target percentage of 84.6% and the same for the Black/African American group in Wicomico.

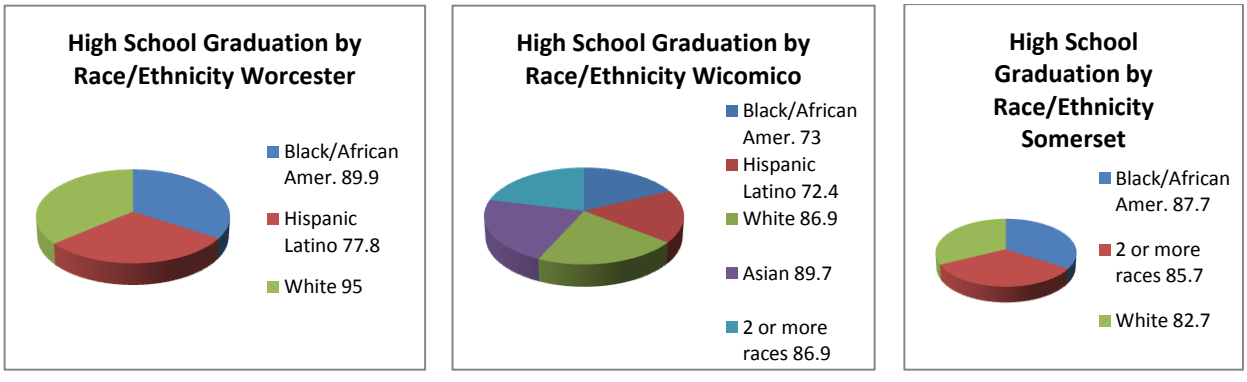


Figure 2. Community Dashboard; source United States Census Bureau 2011

Key Snapshot

- Graduation rates are an important indicator of the performance of the educational system. Worcester and Wicomico the Hispanic/Latino group is below the state target percentage of 84.6% and the same for the Black/African American group in Wicomico.

iv. Transportation

Impact

Access to appropriate transportation is a major health barrier for communities isolated by their remoteness. Efficient and affordable transportation systems ensure access to health care services, education and employment. The ability to use health care services declines as a person's distance from the health care location increases. Low-income, disability and increased age all play a role in decreased access to affordable health care.

Local Snapshot

Those individuals that do not own a car are limited to the ability to go to the supermarket, farmers markets, doctors' offices and hospitals. In Somerset County 8.9% of households do not own a vehicle, in Wicomico County 7.8% and in Worcester County 5.4%.

Peninsula Regional Medical Center and its Outpatient Services are accessible by Shore Transit, a division of the Tri-County Council for the Lower Eastern Shore of Maryland, is the public transit agency for the Maryland lower eastern shore counties of Somerset, Wicomico and Worcester. Shore Transit offers public transportation via fixed route and origin-to-destination services. (www.shoretransit.org).

Peninsula Regional does make available transportation service for those in extenuating circumstances.

Key Snapshot

- Access to appropriate transportation is a major health barrier for communities isolated by their remoteness.
- Those individuals that do not own a car are limited to the ability to go to the supermarket, farmers markets, doctors' offices and hospitals. In Somerset County 8.9% of households do not own a vehicle, in Wicomico County 7.8% and in Worcester County 5.4%.

I. Community Health Needs Assessment 2013

4) Prioritized Description of Health Needs & Implementation Plan

Table of Contents

a) Overview

Peninsula Regional Medical Center, a non-profit, 317 acute care bed, 30 transitional care beds and 28 newborn & specialty care nursery beds hospital at the hub of the Peninsula Regional Health System, is a 116-year-old, fully Joint Commission accredited tertiary care facility featuring Delmarva's widest array of specialty and sub-specialty services. Over 300 physicians and 3,000 health care professionals and volunteers provide the care and compassion that nearly 500,000 patients rely on each year for inpatient, outpatient, diagnostic, subacute and emergency/trauma services.

b) Mission Statement

Improve the health of the communities we serve.

c) Values

• Respect for every individual • Delivery of exceptional service
• Continuous improvement • Safety and effectiveness
• Trust and compassion • Transparency

Peninsula Regional Medical Center (PRMC) provides community members with a wide range of services. The current community health plan has been developed in response to both the Maryland's Health Services Cost Review Commission (HSCRC) and IRS 990 guidelines. A formal community needs assessment was completed in June 2013. This implementation plan outlines the way PRMC will meet its Community Benefit requirement.

Using a Regional approach, significant resources including the local health departments, the Maryland SHIP county metrics, Maryland Vital Static Reports and feedback from Community Health Councils, many aspects of health in the Tri-County area are very similar to those recorded nationwide. Access is a key issue for communities across the county and individuals living at the lowest income level. African-American residents were far more likely to indicate cost or lack of insurance has prevented a physician visit for them in the past two years. African Americans and those living at or near the

poverty level were two of four times more likely than residents overall to indicate they have had trouble getting dental care in the past two years. One-third of individuals living in the lowest income levels and one-fifth of African-Americans are without health insurance coverage, both segments being higher than the community overall. One positive finding is that local residents were more likely to have regular sources of care when compared to nation findings.

d) The Community We Serve

Certain primary service area statistics are tabulated not on the basis of county boundaries, but on the basis of the 43 zip codes all or part of which are in those primary service area counties. In fiscal year 2012, approximately 77% of the patients discharged from the Medical Center were residents of the primary service area, which had an estimated population of approximately 177,422 in 2013 and is expected to increase to 179,814 in 2017. The primary service area population has grown by an estimated 10% since 2000.

The secondary service area, accounting for 18% of Peninsula Regional's FY 2012 discharges, consists of 14 zip codes in the southern portion of Sussex County, Delaware and the northern portion of Accomack County, Virginia. These two counties had a population of approximately 247,000 in 2012 and have experienced growth since 2000 of 19%. The primary and secondary service areas combined accounted for 94% of Peninsula Regional's total patient discharges in fiscal year 2011. Additional demographic information indicates the number of elderly (those aged 65+) represent a greater portion of the total population in both the primary and secondary areas as compared to the State of Maryland (17.1% and 21.3% respectively vs. 13.3%). The elderly have additional chronic conditions, consume healthcare resources at higher rates, and generally require more time and attention than other population segments.

All six counties can be classified as rural with a historic economic foundation in agriculture, poultry and tourism. Watermen and farmers have always comprised a large percentage of the peninsula population; however, their numbers have been declining with growth in the population and expansion of other small businesses. Ocean City, located in Worcester County is a major tourist destination, during the summer weekends, the city hosts between 320,000 and 345,000 vacationers, and up to 8 million visitors annually. The six counties have a diversified economic base; however, it is predominately made up of small employers (companies with less than 50 employees). Some of the major employers include the local hospitals, chicken industry, and local colleges and teaching institutions. The median income of our service area is considerably less ($37,985-$47,654) than Maryland's median income of $68,467. In addition, the August 2012 unemployment rates for each one of the counties is Wicomico 8.2%; Worcester 7.6%; and Somerset has a high of 9.6%. The August 2012 unemployment rate for Maryland was 7.1% and the National rate was 8.1%.

Additional socio-economic demographic information indicates the number of elderly (those aged 65+) represent a greater portion of the total population in both the primary and secondary areas and will continue to grow over the next five years in each of the six counties between 11 and 18 percent. The elderly have additional chronic conditions, consume healthcare resources at higher rates, and generally require more time and attention than other population segments.

In March of 2012, The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene assisted SHIP local planning groups in identifying issues of poor minority health disparities. For Worcester and Wicomico, diabetes emergency room visits are considerable

higher for Blacks than the Statewide Black rates, and higher than the White rates in the same county. The White rates are also higher than the Statewide White rate. Overall, these statistics indicate there is a community wide need for diabetes education and management.

e) Alignment of Peninsula Regional's Community Health Plan to the Tri-County Health Improvement Plan and Wicomico County Health Improvement Plan.

As part of Maryland's SHIP (State HealthPlan Improvement Process) initiative, the Tri-County Health Improvement Plan (T-CHIP) is adopting SHIP objective 27: reduce diabetes complications and reduce diabetes related emergency department visits; and SHIP objective 31: reduce the proportion of children and adolescents who are considered obese or overweight. Peninsula Regional will continue to partner with T-CHIP and Wicomico County Health Department to create strategies and tactics around SHIP objective 27 and 29. By adopting the same health improvement objectives we hope to create alignment, synergy and efficient resource allocation for establishing and promoting these community healthcare improvement objectives. Some of the milestones we are currently reviewing and may adopt including: reducing the number of diabetes related emergency room visits, tracking the number of tri-county diabetes risk assessment tests administered and increasing community participation in diabetes management and education programs. In response to SHIP objective 31, Peninsula Regional is reviewing the possibility of establishing a pediatric weight loss clinic in addition to reviewing other initiatives like creating an education module on obesity for our Child Care Center or working with Tri-County Diabetes Alliance on creating Restaurant Programs that promote low-calorie or diabetic meals. These types of initiatives are currently being discussed.

Below are the major initiatives and key community based programs

f) Priority #1: Diabetes- Awareness, Education & Management Impact

According to the American Diabetes Association, diabetes mellitus affects an estimated 25.8 million people in the United States, 8.3 percent of the total U.S. population, and of these, 7 million do not know they have the disease; it is the 7th leading cause of death. Diabetes is usually a lifelong (chronic) disease in which there are high levels of sugar in the blood. There are three types of diabetes. Type 1 can occur at any age, but it is most often diagnosed in children, teens, or young adults. In this disease, the body makes little or no insulin. Type 2 accounts for 95 percent of those diagnosed with diabetes among adults. The third type is gestational diabetes, which develops and is diagnosed as a result of pregnancy. (Centers for Disease Control and Prevention. *Diabetes Report Card 2012*. http://www.cdc.gov/diabetes/pubs/reportcard/diabetes-overview.htm)

Diabetes is a major cause of stroke, and is a leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the United States. Diabetes can lower life expectancy by up to 15 years and increases the risk of heart disease by 2 to 4 times. Overall, the risk for death among people with diabetes is about twice that of people of similar age without diabetes (CDC, National Diabetes Fact Sheet, 2011). Diabetes impacts diabetics and their families physically, financially, emotionally, in their home life, in their work, and in their day-to-day lives.

Diet, insulin, and oral medication to lower blood glucose levels are the foundation of diabetes treatment and management. It is also important for educational programs and self-care practices to maintain control of diabetes, allowing individuals to lead normal lives.

National Snapshot

Among U.S. seniors aged 65 and older, 10.9 million, or 26.9 percent, had diabetes in 2010; among people younger than 20, about 215,000 had either type I or type II diabetes (CDC, National Diabetes Fact Sheet, 2011). The number of people diagnosed with diabetes has risen from 1.5 million in 1958 to 18.8 million in 2010, an increase of epidemic proportions (see Figure 1)

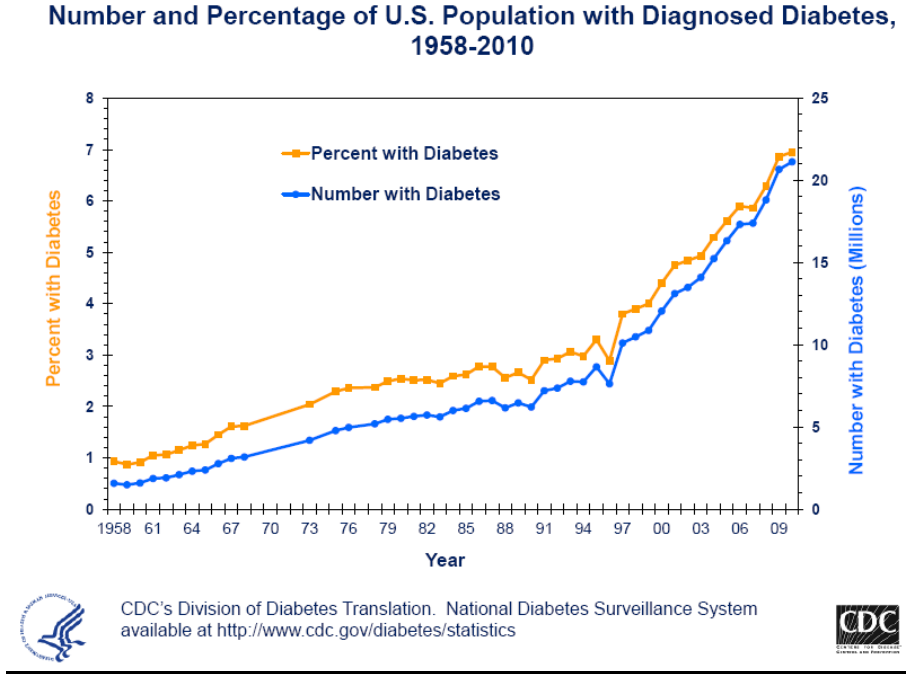


Figure 1. Number and Percentage of U.S. Population with Diagnosed Diabetes, 1958-2010

According to the National Diabetes Education Program, in 2010, 13.0 million men had diabetes (11.8 percent of all men ages 20 years and older) and 12.6 million women had diabetes (10.8 percent of all women ages 20 years and older). As obesity rates in American children continue to increase, Type II diabetes, a disease that used to be seen primarily in adults over 45, is becoming more common in young people. In the United States, compared to non-Hispanic whites, Asian Americans have an 18 percent higher risk of diagnosed diabetes, Hispanics/Latinos have a 66 percent higher risk, and non-Hispanic blacks have a 77 percent higher risk (NDEP, 2011).

The growth of diabetes has been exponential over the past decade, as is the cost of treatment and time lost. The National Diabetes Education Program estimates that the total health care and related costs for the treatment of diabetes run about $174 billion annually in the United States. Of this total, $116 billion is spent on hospitalizations, medical care, and treatment supplies, while $58 billion covers indirect costs like disability payments, time lost from work, and premature death (NDEP, accessed 2013).

State Snapshot

Maryland ranks 22nd in the country for diabetes based on data from 1990-2012 (America's Health Rankings, United Health Foundation, 2013). Across the state of Maryland, the number of people ever medically diagnosed with diabetes has grown from 6.8 percent in 1999 to 9.5 percent in 2012, which continues to be above the national level.4 In 2008, the average prevalence of diagnosed diabetes among white Marylanders was 7.5 percent and 12.3 percent among black Marylanders (MD DHMH). Black females had almost double the diabetes rates of white females at 12.5 percent and 6.8 percent, respectively (MD DHMH, 2008).

In 2011, 1,272 Maryland residents lost their lives to diabetes.5 From 2004 to 2008, black adults of all ages had significantly higher rates of diagnosed diabetes compared to non-Hispanic whites (MD DHMH, Maryland Chartbook of Minority Health, 2009).

Local Snapshot

Diabetes in Wicomico County for prevalence and death rates is better the most counties in the State of Maryland and specifically compared to Worcester and Somerset Counties.

In March of 2012, The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene assisted SHIP local planning groups in identifying issues of poor minority health disparities. For Worcester and Wicomico, diabetes emergency room visits are considerable higher for Blacks than the Statewide Black rates, and higher than the White rates in the same county. The White rates are also higher than the Statewide White rate. Overall, these statistics indicate there is a community wide need for diabetes education and management.

Priority #1 – Diabetes – IMPLEMENTATION PLAN

SHIP Objectives	Hospital Initiative - Goal	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones & Outcomes
Reduce Diabetes Complications	Provide Diabetes – Awareness,	Continue to create general	PRMC Diabetes Education	Collaborate with partners	Travel to community events	Track # of public fairs/events

as measured by SHIP 27. Reduce diabetes-related emergency department visits	Education & Management to the Community	public awareness around the high prevalence of diabetes in this region	Program Tri-County Health Departments Tri-County Diabetes Alliance	Provide paper assessment for diabetes	where at-risk populations are present for screenings and education	where assessments were & # of lives touched Track number of self assessment questionnaires completed Track Diabetes Support Group meetings Track hits to Diabetes website

SHIP Objectives	Hospital Initiative - Goal	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones & Outcomes
Reduce Diabetes Complications as measured by SHIP 27. Reduce diabetes-related emergency department visits	Provide Diabetes – Awareness, Education & Management to the Community	Diabetes Support Group for Teens and Kids	PRMC Diabetes Education Program	Collaborate with partners Provide paper assessment for diabetes	Group meetings once per month Advertise meetings in local publications	Track # of attendees to the support group Track # of physician referrals

SHIP Objectives	Hospital Initiative - Goal	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones & Outcomes
Reduce Diabetes Complications as measured by SHIP 27. Reduce diabetes-related emergency department visits	Provide Diabetes – Awareness, Education & Management to the Community	"Educating the Educators"	PRMC Diabetes Education Program Wicomico County Board of Education Wicomico County School Nurses	Collaborate on a adolescent diabetes awareness campaign Provide paper assessment for diabetes	Teach educators to relay & recognize the signs & symptoms of diabetes for early diagnosis	Track # of educators trained educators Track # of groups presented to

SHIP Objectives	Hospital Initiative - Goal	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones & Outcomes
Reduce Diabetes Complications as measured by SHIP 27. Reduce diabetes-related emergency department visits	Provide Diabetes – Awareness, Education & Management to the Community	Support and work with Tri-County Diabetes Alliance	Tri-County Health Departments UMES McCready Atlantic General TLC Salisbury Urban Ministries	Collaborate with community organizations addressing healthy lifestyle, exercise, obesity and diabetes management	Participate in all collaborative meetings and share information with the public online	Track # of Participate in all collaborative meetings

Priority #2 – Obesity – Reduce the # of residents in Wicomico, Worcester & Somerset who are considered overweight

Impact

Obesity is defined as having a Body Mass Index (BMI) that is greater than or equal to 30, while being overweight is defined as having a BMI of 25 – 29.9. Obesity has been linked to a number of diseases including diabetes, colorectal cancer, kidney cancer, breast cancer, and many types of cardiovascular disease (Cancer.gov, 2012). Childhood obesity is also on the rise due to the amount of sugary drinks and high energy foods that have become so easily available (CDC,
2013).

National Snapshot

The Centers for Disease Control and Prevention states that, sixty-eight percent of all Americans are overweight and approximately 147 billion dollars are spent on obesity-related diseases every year. The World Health Organization in 2009 stated that obese youth are at risk for factors associated with cardiovascular disease (e.g., high cholesterol or high blood pressure), bone and joint problems, sleep apnea, and poor self-esteem. Obese youth are at an increased risk of becoming obese adults and, therefore, are at risk for the associated adult health problems, such as heart disease, type 2 diabetes, stroke, cancer, and osteoarthritis.

State Snapshot

According to the Maryland Behavioral Risk Factor Surveillance System (BRFSS, 2010), nearly 2.7 million, or about 66.1 percent of Maryland adults, were classified as overweight or obese. Men were more likely to be classified as overweight or obese (73.4 percent) than women (59.1 percent), and black residents were more likely to be overweight or obese (74.0 percent) than white residents (62.9 percent); these differences are statistically significant. Adults with no college education and with a household income of less than $75,000 were significantly more likely to be overweight or obese.

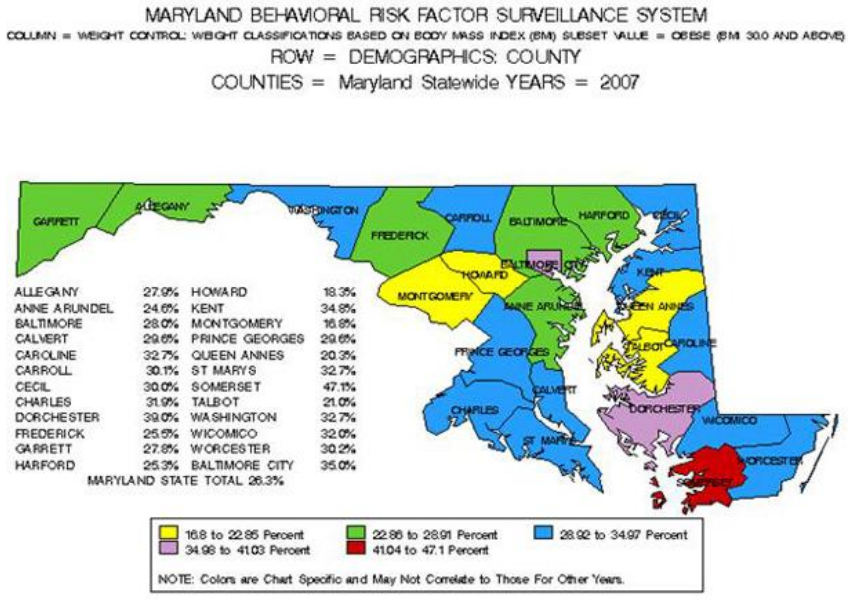


Figure 1. Distribution of Body Mass Index (Obese=30.0% and above) in Maryland (MD BRFSS, 2007)

The Maryland State Department of Education's Maryland Youth Risk Behavior Survey (YRBS, 2009), the percentage of Maryland youth who are overweight or obese has not changed significantly between 2005 and 2009. One in 4 Maryland youth is overweight or obese. Although there are

significantly more overweight or obese males than females, significantly more females describe themselves as overweight and are trying to lose weight.

Fruit, vegetable, and milk consumption among Maryland youth has remained steady between 2005 and 2009. There is little variation between males and females in fruit and vegetable consumption; however, significantly more males than females drink milk.

Local Snapshot

The Community Dashboard data showed that obesity or overweight for adults in Worcester County is better than most Maryland counties, for low-income preschool children it is higher than most counties in United States counties. Both Somerset and Wicomico counties have higher obesity or overweight adults than most counties in the State of Maryland. Low-income preschoolers in Wicomico County were moderately more obese than other counties in the United States, and Somerset County preschoolers were more obese than other counties across the United States. (http://ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.aspx)

Priority #2 – Obesity – IMPLEMENTATION PLAN

SHIP Objectives	Hospital Initiative - Goal	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones & Outcomes
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Reduce the # of residents in Wicomico, Worcester and Somerset who are considered overweight	PRMC will develop an educational module (including handouts) to be used whenever the Wagner Wellness Van participates in local community events	PRMC Health and Wellness Committee PRMC Education Department	Develop healthy plate and games for children Distribute material	Take Healthy Plate game to community events & encourage participation	Track # of venues information was distributed

SHIP Objectives	Hospital Initiative - Goal	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones & Outcomes
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Healthy Day Care Program	Implement Healthy Day Care Program for PRMC Day Care	PRMC Health and Wellness Committee PRMC Day Care	Develop healthy habits program for day care participants	Evaluate program materials appropriate for pre-schoolers Implement program	Track # of venues information was distributed Track consults/communication/education of parents

SHIP Objectives	Hospital Initiative - Goal	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones & Outcomes
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Restaurant Challenge	Create an appealing, nutritious, but tasty, restaurant dish.	PRMC Tri-County Diabetes Alliance	Develop an event with local restaurants that provides awards to winners	Implement program	Track # of restaurants participating Track # of community participants Track # of restaurants that use recipe after event

SHIP Objectives	Hospital Initiative -	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones &

	Goal					Outcomes
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Health Fest Expo	Provide screening and educator for under and uninsured community members	PRMC James M. Bennett High School	Promote program and hold screenings	Impalement program annually	Track # of attendees, # of screening participants and # of critical values

SHIP Objectives	Hospital Initiative - Goal	Hospital Objective	Key Partners	Strategies	Action Steps	Milestones & Outcomes
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Develop Healthy US Pediatric Weight Management Program	Provide screening and education for under and uninsured community members Physical Activity	PRMC CNMC YMCA Delmarva We Can PRMC Foundation	Hold several 12-week programs to educated children & families on health lifestyle choices	Implement program and effect change with our partners	Track # of enrolled participants Track weight loss Track program attendance Continued outreach steps

g) Other Unmet Community Health Needs

In addition to the needs we and our partners have agreed to pursue together, there were a number of other health needs which (although important) were not a priority at this time. The health indicators we chose had outcomes measures much worse than the state, the nation and Healthy People 2020 targets. We also felt that working together we could ultimately effect a positive change in our communities as collectively we had the expertise, desire and means to effectuate such a change.

Our limited human and financial resources as well as those of our partners do not allow us to pursue additional interventions. When resources permit, we will aggressively plan for expanding the number of health needs indentified in our community health needs assessment.

Alternatively the health indicators we did not select will remain on our "watch list" and will continue to be monitored along with the other indicators. Some of those healthcare concerns on our "watch list" include:

- Heart Disease & Stroke
- Skin Cancer
- Access to Health Care Services
- Mental Health

h) Next Steps

Peninsula Regional Medical Center will monitor and evaluate the milestones and outcomes annually with its Community Benefit Team and it community partners.

Section III Attachments

III. COMMUNITY BENEFIT ADMINISTRATION

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

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

x Yes
___No

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

i. Senior Leadership

1. _x_ CEO
2. _x_ CFO
3. _x_ Other Vice President /Chief Business Officer

ii. Clinical Leadership

1. _x_ Physicians (Dr. Charles Silvia, Dr. Jack Snitzer, Dr. Peter Abbott)
2. _x_ Nurse (Regina Kundel, Dee Abbott)
3. _x_ Social Worker (Amy Harman, Jane Vicker)
4. _x_ Other (Diabetes Department and PRMG Medical Group)

iii. Community Benefit Department/Team

1. _x_ Individual (Rhonda Lasher)
2. _x_ Committee (Community Benefit Team)
3. _x_ Other (Susan Cottongim, Registered Dietician, Diabetes Team)
(Regina Kundel, Nurse, Diabetes Team)

FY 2013 COMMUNITY BENEFITS TEAM	
Name	**Title**
Patti Serkes	Education Director
Alonzo Tull	Protection Services
Dan Rusch	Maintenance Supervisor
Autumn Romanowski	Wellness Manager
Mollie Reymann	Exercise Specialists
Crystal Regels	Child Care Director

Scott Phillips	Director of Supply
Cathy Moore	Librarian
Alissa Carr	Marketing Manager
Roger Follebout	Director Community Relations
Gwenn Garland	Community Relations Specialist
Chris Hall	Vice President Strategy Business Development

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

Spreadsheet ___x___yes _____no
Narrative ___x___yes _____no

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

Spreadsheet ___x___yes _____no
Narrative ___x___yes _____no

If you answered no to this question, please explain why.

Section IV Attachments

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 1.

Identified Need: *The Centers for Disease Control and Prevention states that, sixty- eight percent of all Americans are overweight and according to the Maryland Behavioral Risk Factor Surveillance System (2010) nearly 2.7 million or about sixty-six percent of all Maryland adults were classified as obese. Obesity has been linked to a number of diseases including diabetes, colorectal cancer, kidney cancer, breast cancer, and many types of cardiovascular disease. Childhood obesity is also on the rise due to the amount of sugary drinks and high energy foods that have become so easily available (CDC, 2013).*

Our Community Healthcare Dashboard indicates that both Somerset and Wicomico counties have higher obesity or overweight adults than most counties in the State of Maryland. Low-income preschoolers in Wicomico County were moderately more obese than other counties in the United States, and Somerset County preschoolers were more obese than other counties across the United States.

Adults with no college education and with a household income of less than $75,000 were significantly more likely to be obese (Maryland's BRFSS, 2010). The median income of our community benefits service area is considerably less ($41,671 - $56,613) than Maryland's median income of $73,123. In addition, the June 2013 unemployment rate for each one of the counties is; Wicomico 8.1%, Worcester 10.2% and Somerset 9.3% higher than both the state & national averages. Based upon the low density of grocery stores per 1,000 population residents of Wicomico and Somerset have limited access to grocery stores that sell healthy foods. The density of fast food/convenience stores is quite high which contributes to poor eating habits (HCI 2013).

As obesity rates in American children continue to increase, Type II diabetes, a disease that used to be seen primarily in adults over 45, is becoming more common in young people (NDEP,2011). Per Peninsula Regional's Community Needs Assessment questionnaire/survey "What do you think are the biggest health concern affecting Delmarva?" Diabetes was listed the 2nd highest concern. The correlating link between rising obesity and increasing prevalence and incidence rates of diabetes was key to choosing both these health care initiatives. Diabetes a chronic disease is a leading cause of stroke and kidney failure and the cost of not controlling the disease is monumental.

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Reduce the # of residents in Wicomico, Worcester and Somerset who are considered overweight	PRMC will develop an educational module (including handouts) to be used whenever the Wagener Wellness Van participates in local community events. Provide education awareness around obesity and provide body fat screenings. Other participatory community events.	Multi-Year 3 Year Plan	PRMC Health and Wellness Committee PRMC Education Department	Develop health plate and games for children and evaluate what they have learned Take these healthy plate games to community events and encourage participation Distribute materials and provide body fat screenings	Track number of venues information was distributed. There was a total of 30venues at which there were 650 encounters and 483 weight/healthy lifestyle screenings. Over 500 "Health Eating Coloring Books" passed out Over 300 "Fast Food Calorie Guides" distributed 200 + pedometers distributed Over 600 beach	Plan will continue	$6,428.69

Table III – FOR HOSPITAL COMPLETION
FY13

						balls and frisbees distributed to children to promote outdoor physical activity		

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Healthy Day Care Program	Implement a Health Day Care Program for PRMC Day Care	Multi-Year 3 Years	PRMC Health and Wellness Committee PRMC Day Care	Develop healthy habits program for day care participates and evaluate program materials appropriate for pre-schoolers Implement Program Evaluate healthy snack alternatives	Track number of times information was distributed: Music nutrition on a weekly basis was added & Health Food Plate Activity Track consults/communications/education of parents Impact Measures This year our strategy was to develop healthy habits for child snacks. Changes to the snack menu include substitution of corn dogs and sausage biscuits for cooked vegetables and bagel bread with apple butter. Two thirty minute exercise periods. Music nutrition was added as an educational session.	Plan to continue	

Table III – FOR HOSPITAL COMPLETION
FY13

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Restaurant Challenge	Create an appealing, nutritious, but tasty, lower fat restaurant dish. Develop awareness out in the community that menus need to have healthy low fat nutritious options.	FY2013	Peninsula Regional Tri-County Diabetes Alliance	Developed the event with local restaurants with awards provided to winners	Implementation and creation of awareness that restaurant menus can be nutritious, healthy and pleasing for patrons. Seven local restaurants participated, 1st place winner was SoBo's and the 2nd place winner was Market Street Inn. The healthy entrees were analyzed by a registered dietitian to make sure it met nutritional guidelines established by the American Association of Diabetes Educators.	FY 2013 Only	$496.93

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Health Fest Expo	Provide screenings and education for under and uninsured members of the community.	Annual Event	Peninsula Regional James M. Bennett High School	Promote program and hold screenings Well received by public	Approximately 1,000 local residents were screened Over 20 different screenings. Sample: Blood Pressure Height Weight Waist Measurement Body Fat Kidney Health Mental Health Assessment Oral Cancer Colorectal Breast Exam Bone Density Hearing Vision Diabetes Assessment Glaucoma Foot Sensation	We continue to plan this as an annual event	$38,564

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 5

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
SHIP 31. Reduce the proportion of children and adolescents who are considered obese.	Develop Healthy US Pediatric Weight Management Program	Provide pediatric obesity screenings and education for under and uninsured community members Increase breast feeding rates to help lower pediatric obesity (69% to currently 79%) Promote physical activity	Multi-Year 3 Years	PRMC CNMC YMCA DelmarvaWE Can PRMC Foundation Rotary International	Hold several 8-week programs to educate children & families on health lifestyle choices. Evaluate the lifestyle changes. Increase breast feeding rates to lower pediatric obesity In the near future collaborate with Priority Partners to refer pediatric obese patients	Third class began October 23rd with 14 children. The fourth class will begin in the spring of 2014 Track participants Track weight loss Track program attendance	Plan to continue	$534.47

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 1.

Identified Need: According to the American Diabetes Association, diabetes affects an estimated 25.8 million people in the United States, 8.3% of the population, and of these, 7 million do not know they have the disease - hence diabetes education and awareness is necessary. Diabetes impacts diabetics and their families physically, financially, emotionally, in their home life, in their work, and in their day-to-day lives (CDC, National Diabetes Fact Sheet, 2011). The number of people diagnosed with diabetes has risen from 1.5million in 1958 to 18.8 million in2010, an increase of epidemic proportions (CDC 2012). The growth of diabetes has been exponential over the past decade, as is the cost of treatment and time lost. The National Diabetes Education Program estimates the total healthcare costs and related costs for the treatment of diabetes run about $174 billion annually.

In the state of Maryland the number of people medically diagnosed with diabetes has grown from 6.8 percent in 1999 to 9.5 percent in 2012, which continues to be above the national level. The average prevalence of diagnosed diabetes among white Marylanders was 7.5 percent and 12.3 percent among black Marylanders. Black females had almost double the diabetes rates of white females at 12.5 percent and 6.8 percent, respectively (MD DHMH 2008)

Peninsula Regional conducted a Community Health Needs Assessment Survey (2013). One of the questions asked was, "What do you think are the biggest health concerns affecting Delmarva?" Diabetes was selected as the 2nd highest health concern. The incidence of adults with diabetes is at a higher level for Somerset and Worcester Counties, with most of them in the 65+ age group. For Worcester and Wicomico, diabetes emergency room visits are considerable higher for Blacks than the Statewide Black rates and higher than the White rates in the same county (Minority Health and Health Disparities 2012). Overall, these statistics indicate there is a community wide need for diabetes education and management.

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Reduce Diabetes Complications as measured by SHIP 27. Reduce diabetes related emergency department visits. We need to raise the level of diabetes awareness, education and management with the public.	Provide Diabetes Awareness, Education & Management to the Community	Continue to create general public awareness around the high prevalence of diabetes in this region. As part of this initiative we have collaborated with our partners to educate the public via various venues: Diabetes Prevention & Education Health Fairs Travel to Community Events Local Health Department Events Local School Presentations Diabetes Screenings (Paper) at civic events Diabetes support group meetings	This will continue to be a muli-3Year initiative; we currently have completed our 2nd year.	Peninsula Regional Center for Diabetes and Endocrinology Tri-County Health Departments Tri-County Diabetes Alliance Tri-County Healthy Weight Coalitions Lower Shore Health Reform Committee Wicomico County Diabetes Planning Committee	The outcomes are evaluated individually based upon response rate and participation and by the Community Benefits Task Force.	Travel to community events where at-risk populations are present for screenings and education. **In FY2013** Total Community Benefit Diabetes Encounters/Touch Points: 927 Health Fairs Attended: 5 Meetings with educators: 5 Diabetes Support Group Meetings: 22 Collaboration & Partnership Events: 15	Plan to Continue Plan to Continue Plan to Continue Plan to Continue Plan to Continue	$3,618.50

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 2

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Reduce Diabetes Complications as measured by SHIP 27. Reduce diabetes related emergency department visits.	Provide Diabetes Awareness, Education & Management to the Community	Diabetes Support Group for Teens and Kids	Multi-Year Initiative	Peninsula Regional Center for Diabetes and Endocrinology Partnership with parents	Outcomes are evaluated by the help and the education provided to these children in addition to physician referrals .	Group meetings: 6 Track # of attendees to the support group:40 Track # of physician referrals: (Did not tract this year)	Will Continue	$764.97

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 3

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Reduce Diabetes Complications as measured by SHIP 27. Reduce diabetes related emergency department visits.	Provide Diabetes Awareness, Education & Management to the Community	"Educating the Educators" Working with multiple educators to promote Adolescent Diabetes Awareness	Multi-Year 3 Year Plan	Peninsula Regional Center for Diabetes and Endocrinology Wicomico County Board of Education Wicomico County School Nurse Meetings	Continuing to engage and collaborate on creating an adolescent diabetes awareness campaign. Provision of paper assessment for diabetes.	Teach educators to relay & recognize the signs and symptoms of diabetes for early diagnosis. Track # of attendees: 74 Track # of joint meetings/groups presented to: 5	Plan to Continue	$1,231.97

Table III – FOR HOSPITAL COMPLETION
FY13

Initiative 4

Identified Need	Hospital Initiative	Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	How were the outcomes evaluated?	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Reduce Diabetes Complications as measured by SHIP 27. Reduce diabetes related emergency department visits.	Provide Diabetes Awareness, Education & Management to the Community	Support and partner with the TCDA, Tri-County Diabetes Alliance to create awareness, education and management of the diabetes population in the lower three counties.	Multi-Year	Peninsula Regional TCDA Tri-County Diabetes Alliance Tri-County Health Departments UMES McCready Hospital Atlantic General Hospital TLC Salisbury Urban Ministries	Outcomes are evaluated by the Tri-County Diabetes Alliance Members TCDA is following the Healthy People 2020 guidelines for diabetes and will increase the education and identification of those at risk for diabetes.	Track number of participants in all collaborative meetings: 10-15 per meeting 10 times per year. By the end of FY2014 The Tri-County Diabetes Alliance will educate and provide information to over 1,000 individuals through primary prevention efforts such as: "Know your numbers campaign" Diabetes self management Explore funding resources to expand diabetes prevention and education	Will Continue	$10,110.14

In addition, to the strategic community health benefit initiatives presented in Table III, the following are number of health benefit initiatives in more detail:

2013 Initiative - Health & Wellness HealthFest an Event for all Ages

Peninsula Regional Medical Center sponsored Healthfest on April 6th, 2013 at the James M. Bennett High School. HealthFest drew over 1,200 people during the day-long event, one of the largest of its kind on the Delmarva Peninsula. Many uninsured and underinsured individuals participated in the Health & Wellness Expo and were able to access over 25 free, health screenings and resources. The health screenings, performed by Peninsula Regional Medical Center healthcare specialists and other healthcare providers were available to everyone looking to find out how healthy they actually are, and to learn what they can do to lead an even healthier and more productive lifestyle. These screenings included height, weight, body fat, blood pressure, stroke assessment, vision, hearing, bone density, skin cancer, diabetes risk assessment, balance assessment, colorectal, depression/anxiety, lower body circulation, O2 saturation, prostate screening, scoliosis, cholesterol/blood glucose, oral cancer, and foot care. The Medical Center's Wagner Wellness Van was also in attendance and served as the screening location for hearing and vision testing. In addition to the free screenings there were various fun, and exciting activities in which people could participate. There was a fun walk, a K-9 demonstration, an obstacle course, a kid's health corner, a healthy cooking demonstration, a daVinci Surgical System Robot display and much more. Additionally, "Mega Heart" the world's largest inflatable walk-through heart exhibit provided everyone an interactive view of how the human heart functions. HealthFest was a health awareness and screening event in which all ages were encouraged to pursue healthy lifestyles.

Community Flu Shots

The mission of the Medical Center is to *"Improve the health of the communities we serve."* In fiscal year 2013, the Medical Center provided over 343 flu shots for a nominal fee and 933 free flu shots to the indigent and underserved in Wicomico, Worcester, Somerset and Sussex counties.

Sample Flu Shot Locations

Homeless Community-348

Mt. Zion Methodist and Macedonia Baptist Church -75

Kings Methodist-52

Joseph House- 91

St James Methodist Church-20

Life Crisis-16

Lower Shore Enterprises-87
Salvation Army-57
Seton Center-40
Village of Hope-26
Veterans Day-63
HALO Day Center-50
Mt Zion-8
Hanna Lobby-36
Miscellaneous/Social Services-23

Peninsula Regional Medical Center also provided over 4,610 flu shots for a nominal fee at the Arthur W. Perdue Stadium, home of the Shorebirds in Salisbury, Maryland. This drive-thru event enabled thousands in our community to become vaccinated from the flu. The flu shots administered by Peninsula Regional Medical Center will help protect friends and family from the harsh flu season.

Wagner Wellness Van

In FY2013 Peninsula Regional's Wagner Wellness Van has been the ambassador for healthy lifestyle choices and free healthcare screenings to the lower three counties Wicomico, Worcester and Somerset County populations. The Wagner Wellness Van provides health screening services, health education and wellness exhibits. The van and staff is on site at local community outdoor festivals providing the following screenings: height, weight, blood pressure, pulse oximetry, body fat analysis, grip strength, vision and hearing. In FY2013, the Wagner Wellness Van screened hundreds of people in multiple locations throughout our community. From outdoor events such as Apple Scrapple in Bridgeville, Delaware to Coastal Cardiac Checks in three states (Maryland, Delaware, and Virginia), the Van visits an array of locations.

The Van is stocked with healthy lifestyle pamphlets including disease specific educational pamphlets that teach the community how to identify the signs and symptoms of diabetes, heart attack or stroke. Other educational material includes what is cholesterol, understanding osteoporosis, and knowing your medication. The Wellness Van participates in local Christmas parades (Salisbury, Pocomoke, Millsboro and Berlin) using every opportunity to distribute educational material on Flu and Cold Symptoms in addition, to passing out fever strips. Peninsula Regional uses the Wagner Wellness Van at these events to make a community "connection" elevating awareness and providing information needed to build healthier lifestyles.

In an effort to expand access to health services, Peninsula Regional Medical Center and the Worcester County Health Department have collaborated to provide mobile office resource for mass Maryland health benefit exchange enrollment. Peninsula Regional will provide the Wagner Wellness Van and a driver to the Worcester County Health Department which has been designated as the agency to enroll individuals from Worcester, Wicomico and Somerset counties in the Maryland Health Benefit Exchange under the Accountable Care Act. As a Hospital we are working together with the local Health Departments to expand access to needed health services.

Hypertension and heart disease are very prevalent in our Community Benefits Service Area, which has prompted strategic initiatives around "Healthy Heart" community education and screenings. To reach the surrounding communities with screenings and a "Healthy Heart" message the Wagner Wellness Van visited many towns in three states during FY2013:

- Hockers Grocery Store in Oceanview, Delaware
- Berlin, Maryland
- Walmart in Onley, Virginia
- Family Dollar in Somerset County, Maryland

The Wagner Wellness Van continues to provide community based outreach and education on an array of preventive and chronic disease conditions that have been identified as priority. In addition, a "Community Outreach Resource Guide" is available to the public. This guide provides a list of local community-based healthcare services with telephone numbers such as:

- Medical Services @ (Sliding Scale)
- Health Department Services and Locations
- Prescription Resources
- Community Health Centers
- Three Lower Counties
- Hospital Services
- Primary Care Satellite Locations
- Dental Services
- Mental Health Services

Diabetes Outreach and Initiatives

Peninsula Regional is continuing its mission into FY2013-FY2014 our commitment to diabetes awareness, early detection and promotion of healthy lifestyles and diabetes prevention. In support of

this theme we serve as a preceptor to UMES dietetic interns. In addition, Wilmington College nursing students complete one of their clinical rotations working with our diabetic nurse educator for 15 hours.

Major studies have found that keeping your blood glucose levels as close to normal as possible can be lifesaving. Tight control can prevent or slow the progress of many complications of diabetes. priority. Intensive control of blood glucose levels will reduce the risk of certain health conditions which supports our selection of diabetes as a community healthcare priority:

- 76% reduction in eye disease
- 50% reduction in kidney disease
- 42% reduction in cardiovascular disease event

We also have support groups for all ages. There is an adult support group, kids and adolescents support group, and an insulin pump support group. These support groups inspire attendees to maintain a healthy weight, eat right, and regulate insulin shots and more.

Peninsula Regional continues to be involved as members in the Tri-County Diabetes Alliance. The prevalence of diabetes in the Tri-County region (Wicomico, Worcester, and Somerset) is 14.3% almost twice the national rate. The Alliance was created to help lower the number of Tri-County residents who have diabetes and initiate community awareness, prevention and education around this chronic disease. The purpose of the Tri-County Diabetes Alliance is to:

- Educate citizens on why it is important to know if you have diabetes.
- Guide citizens to community resources to learn about your risk of diabetes.
- Guide citizens to community services to help them manage their diabetes if diagnosed

The Tri-County Diabetes Alliance promotes through its website www.tridiabetes.org an event calendar that promotes free diabetes clinics and management workshops, "Am I at Risk" self diabetes risk assessment tool, local support groups, rotating eating well recipes, articles and information about diabetes, and other local diabetes support programs. As a member we have been involved in and have contributed to and continue to support the Tri-County Diabetes Alliance projects and initiatives.

Peninsula Regional hosts multiple diabetes support groups that meet monthly in addition to other free diabetes awareness events held throughout the year. These events may include free diabetes assessment screenings and/or free educational sessions provided by a registered dietician or an endocrinologist. Exercise physiologists will also talk about lowering your blood sugar risk by exercising. As an organization Peninsula Regional is committed to supporting diabetes education, awareness and prevention through many of its events and programs.

Support Groups and Peninsula Partners

In FY2013, Peninsula Regional Medical Center provided support groups for many community healthcare conditions like our stroke support group, diabetes support group, diabetes pump club, kids and teens diabetes support group, ALS support group, ostomy support group, lung cancer support group, and the laryngectomy head/ neck support group. The Medical Center also provided caregiver support, better breathers support, mended hearts support, and cancer survivor support. All support groups were free of charge and were open to the community. These support groups greatly encourage, educate and provide hope to the individuals who attend.

There were also various classes and events through Peninsula Partners which touched our community seniors, the fastest growing segment of the population. As a percentage of the population, Peninsula Regional's service area has a larger Medicare population than the state of Maryland. It is important that we target this population with specific healthcare messaging that will keep them healthy. This winter Peninsula Partners celebrated Heart Month and demonstrated senior exercise routines emphasizing safety and the effectiveness of remaining mobile. At the same event, Wicomico County Health Department talked about kicking the smoking habit, leading a healthy lifestyle and offered assistance to seniors as needed. In addition, Dr. William Todd of Emergency Services Associates discussed the importance of calling 911 and the role that EMS personnel play in emergency situations.

Dr. Charbel presented information on colorectal cancer, treatments and prevention to a group of seniors. This class helped educate seniors on the need for colonoscopy screenings and the value of maintaining a healthy lifestyle including scheduling preventative screenings.

In November Regina Kundell, CRNP, BC-ADM, shared with seniors how you can live a full and healthy life while handling the daily challenges accompanying diabetes. A question-and- answer session followed the presentation. Diabetes management and education is one of our top community healthcare priorities.

Peninsula Partners hosted a "Learn More About Cholesterol" event Steven Hearne, MD, a cardiologist with Delmarva Heart was a guest speaker in December, provided an educational session on why it is important to understand and control your cholesterol. Free cholesterol screenings were offered. During the month of December, Peninsula Partners also hosted a free educational seminar on hearing titled "I Will Hear Better This Year." Information was presented on hearing loss as we age and what can be done to improve our hearing.

Over the last several years Peninsula Partners has hosted an avoiding depression event for our community. This event helped break the chains of depression for our friends and families by explaining how to break the cycle of depression. Through regular exercise, sunshine, social events, talking with

friends and family, and a healthy diet Peninsula Partners showed how depression can be conquered. This event brought hope in our community.

The AARP Safe Driving Class is held annually as seniors learn how to drive defensively, minimize blind spots, safely change lanes, and maintain the proper following distance from other vehicles. The community also learned the effects of their medications while driving, how to use their vehicle's new technology, and the current laws regarding cell phones. This class gave our drivers important information concerning the road, their habits, and their vehicles. This class will continue to benefit the peninsula as the students drive carefully through our communities.

In conclusion these free educational classes and support groups, encourage, educate, and assist our community towards leading a healthier lifestyle. These events help build a bright and hopeful tomorrow through better health.

Social Work

Peninsula Regional's social workers are all involved in various community benefit meetings with the following local organizations:

Tri-County Alliance for the Homeless
Prescription Drug Task Force
Tri-County APS Coalition
Wicomico Multi D at MAC, Inc.
Priority Partners Peri-Natal Drug Prevention Committee
Center for Clean Start

Alignment of Peninsula Regional's Community Health Plan to the Tri-County Health Improvement Plan & Wicomico County Health Improvement Plan.

As part of Maryland's SHIP (State HealthPlan Improvement Process) initiative, the Tri-County Health Improvement Plan (T-CHIP) has adopted SHIP objective 27: reduce diabetes complications and reduce diabetes related emergency department visits; and SHIP objective 31: reduce the proportion of children and adolescents who are considered obese or overweight. Peninsula Regional will continue to partner with T-CHIP and the Wicomico County Health Department to create strategies and tactics around SHIP objective 27 and 29. By adopting the same health improvement objectives we hope to create alignment, synergy and efficient resource allocation for establishing and promoting these community healthcare improvement objectives. Some of the milestones we are currently reviewing and may adopt include: reducing the number of diabetes related emergency room visits, tracking the

number of tri-county diabetes risk assessment tests administered and increasing community participation in diabetes management and education programs. In response to SHIP objective 31, Peninsula Regional is reviewing how to increase enrollment in our collaborative pediatric weight loss clinic in addition to improving upon and continuing other key diabetes initiatives. We continue to support and attend the Tri-County Diabetes Alliance which is applying for a grant that will focus on reducing ED visits for diabetes through a diabetes case management model. These types of initiatives are continuing to be discussed and moved forward.