



# Adventist HealthCare

## Behavioral Health & Wellness Services

### Eastern Shore

#### **COMMUNITY BENEFIT NARRATIVE**

*Effective for FY2014 Community Benefit Reporting*

#### **Health Services Cost Review Commission**

4160 Patterson Avenue  
Baltimore, MD 21215

**December 15, 2014**

**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
15	334	21613 – Cambridge 21804 – Salisbury 21801 – Salisbury 21811 – Berlin 21853 – Princess Anne 21874 – Willards 21403 – Annapolis 21114 – Crofton 21629 – Denton 21601 – Easton 21826 - Fruitland	<b>University of Maryland:</b> 21601, 21613  <b>Johns Hopkins:</b> 21811, 21801, 21403, 21804  <b>Dorchester General:</b> 21613  <b>Peninsula Regional Medical Center:</b> 21804, 21801, 21811, 21853, 21826  <b>Anne Arundel Medical Center:</b> 21403, 21114  <b>UM Shore Medical Easton:</b> 21601, 21613, 21629  <b>Atlantic General:</b> 21811, 21874	<b>Dorchester:</b> 0%  <b>Wicomico:</b> 0%  <b>Anne Arundel:</b> 0%  <i>(Percentage of patients in each county with self-pay option)</i>	<b>Dorchester:</b> 92.31%  <b>Wicomico:</b> 76.64%  <b>Anne Arundel:</b> 43.94%

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

Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore primarily serves residents of Wicomico County, Anne Arundel County, and Dorchester County, Maryland, which together account for 68 percent of patient discharges. Therefore, for the purpose of this report, we will focus on local data from Wicomico, Anne Arundel, and Dorchester Counties. Below, Figure 1 shows the percentages of discharges by

county for Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore:

County	Percentage
Wicomico	33%
Anne Arundel	20%
Dorchester	15%
Caroline	6%
Worcester	6%
Somerset	5%
Talbot	4%
Queen Anne’s	3%
Other	8%

**Figure 1.** Adventist Behavioral Health and Wellness Services Eastern Shore’s discharges by county, 2013

Approximately 80 percent of discharges come from our Total Service Area, which is considered Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore’s Community Benefit Service Area “CBSA” (see Figure 2). Within that area, 60 percent of discharges are from the Primary Service Area, including the following ZIP codes/cities:

Cambridge (21613); Salisbury (21804, 21801); Berlin (21811); Princess Anne (21853); Willards (21874); Annapolis (21403); Crofton (21114); Denton (21629); Easton (21601); Fruitland (21826).

We draw 20 percent of discharges from our Secondary Service Area including the following ZIP codes/cities:

Elkton (21921); Annapolis (21401, 21409); Edgewater (21037); Federalsburg (21632); Bivalve (21814); Odenton (21113); Hebron (21830); Laurel (19956); Arnold (21012); Glen Burnie (21061); Baltimore (21202); Crownsville (21032); Davidsonville (21035); Grasonville (21638); Hurlock (21643).

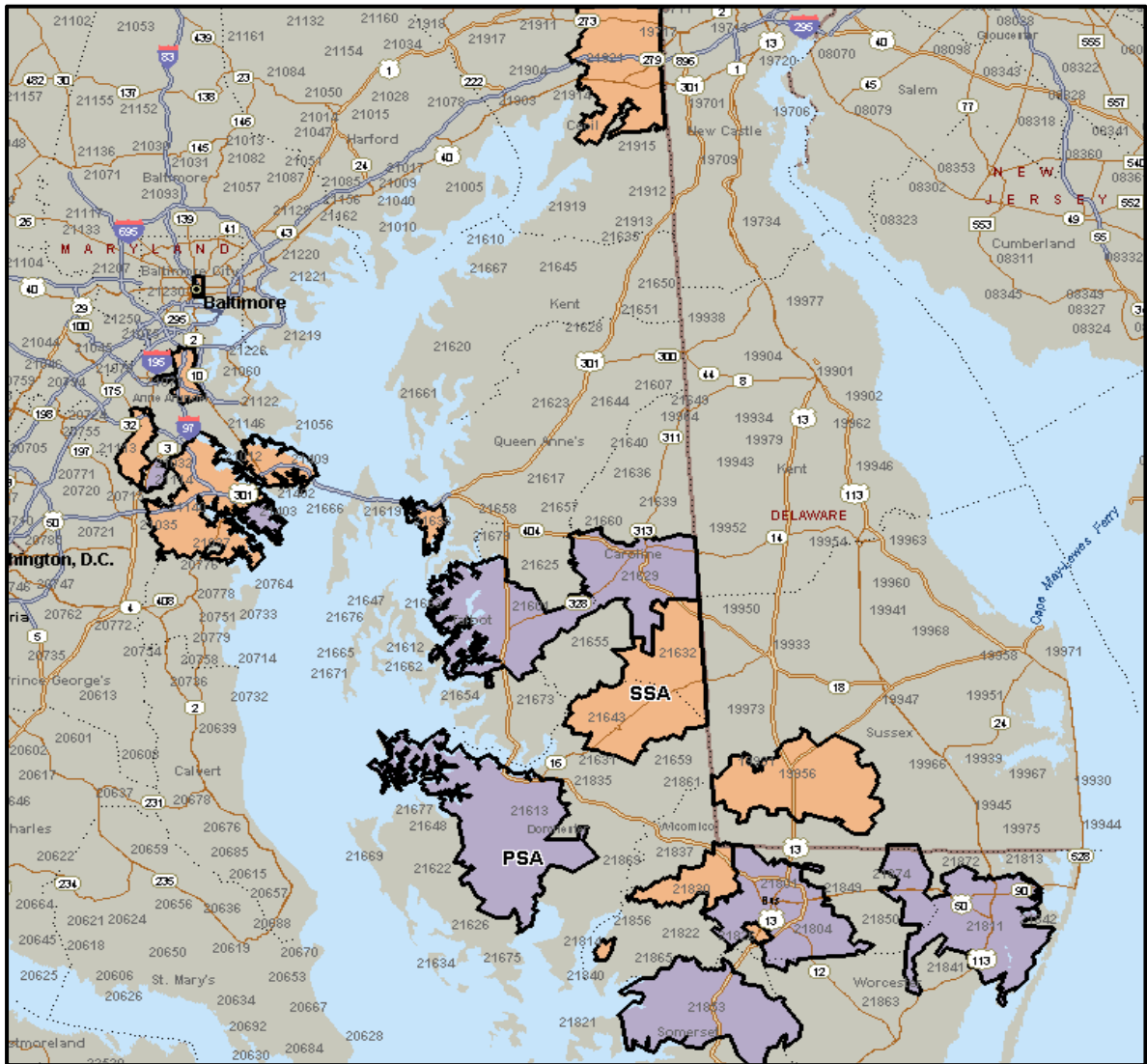


Figure 2. Map of Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore’s Primary Service Area (purple) and Secondary Service Area (orange) based on 2013 inpatient discharges.

Our Community Benefit Service Area (CBSA), covering approximately 80 percent of discharges, includes 518,920 people from the racial/ethnic categories below (see Figure 3).

	2014 Estimates					
	White	Black/AF American	Asian	Native American	Native HI/PI	Hispanic/Latino
<b>Community Benefit Service Area (CBSA)</b>	364,980	108,192	14,900	1,605	378	35,262
	70.33%	20.85%	2.87%	0.31%	0.07%	6.80%
<b>Primary Service Area (PSA)</b>	151,482	50,276	5,725	652	147	15,611
	68.62%	22.77%	2.59%	0.30%	0.07%	7.07%
<b>Secondary Service Area (SSA)</b>	213,498	57,916	9,175	953	231	19,651
	71.60%	19.42%	3.08%	0.32%	0.08%	6.59%

Figure 3. Population estimates (2014) by race/ethnicity for Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore’s Community Benefit Service Area (80 percent of discharges), Primary Service Area (60 percent of discharges) and Secondary Service Area (20 percent of discharges)

Population demographics are rapidly changing in the state of Maryland, including among residents living in Wicomico, Anne Arundel, and Dorchester County. Agriculture is Wicomico County’s main industry as the state’s top agricultural county known for its Perdue farms, while Dorchester County’s pristine rivers, marshlands, working boats, quaint waterfront towns and villages of fertile farm fields is known as the *Heart of the Chesapeake Country*. Anne Arundel County also borders the Chesapeake Bay, and is noted for a rich heritage. Over the past decade, the populations of these counties have continued to rise; racial and ethnic diversity is also increasing. The minority population is 34.6 percent in Wicomico County, 34.8 percent in Dorchester County, and 29.1 percent in Anne Arundel County, an increase for each over the last decade (U.S. Census State & County QuickFacts, 2013). Blacks/African Americans comprise the highest percentage of all minority groups at 24.9 percent of the population of Wicomico County, 28.1 percent in Dorchester County, and 16.4 percent in Anne Arundel County (see Table II) (U.S. Census State & County QuickFacts, 2013).

As racial and ethnic minority populations increase, concerns regarding health disparities grow – persistent and well-documented data indicate that racial and ethnic minorities still lag behind nonminority populations in many health outcomes measures. These groups are less likely to receive preventive care to stay healthy and are more likely to suffer from serious illnesses, such as cancer and heart disease.

Further exacerbating the problem is the fact that racial and ethnic minorities often have challenges accessing quality healthcare, either because they lack health insurance or because the communities in which they live are underserved by health professionals. As the proportion of racial and ethnic minority residents continues to grow, it will become even more important for the healthcare system to understand the unique characteristics of these populations in order to meet the health needs of the community as a whole. As a result, this report examines health status and outcomes among different racial and ethnic populations in Wicomico County, Dorchester County, and Anne Arundel County, with the goal of eliminating disparities, achieving health equity, and improving the health of all groups.

In response to the changing demographic characteristics of the communities surrounding their hospitals, Adventist HealthCare – the parent organization of Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore – has made cultural competence an organizational priority. Cultural competence refers to “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. *Competence* implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.”<sup>1</sup> In essence, cultural competence offers a means to “treat patients the way *they* want to be treated” – it is the actualization of the “platinum rule” guiding how Adventist HealthCare aims to provide care.

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

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<sup>1</sup> Office of Minority Health. (2001) *National Standards for Culturally and Linguistically Appropriate Services in Health Care*. Retrieved November 2013 from <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>.

Table II

<b>Community Benefit Service Area (CBSA) Target Population</b> (# of people in target population, by sex, race, ethnicity, and average age)				
<b>Demographics</b>	<b>Wicomico County</b>	<b>Anne Arundel County</b>	<b>Dorchester County</b>	<b>Maryland</b>
<b>Total Population</b>	100,481	550,181	32,645	5,884,640
<b>Gender</b>				
Male	47,886	271,968	15,630	2,849,994
Female	52,595	278,968	17,015	3,034,646
<b>Age</b>				
Under 5 Years Old	6,249	35,122	2,011	367,010
5 to 19	20,781	104,307	5,412	1,143,432
20 to 64	59,815	341,084	19,178	3,611,947
65 and Over	13,636	69,668	6,044	762,251
<b>Race/Ethnicity</b>				
White Alone, NH	69,459	411,018	21,995	3,414,147
Black or African American Alone, NH	23,904	86,118	8,939	1,736,386
Native American & Alaskan Native Alone, NH	95	1,194	0	16,240
Asian Alone, NH	2,739	19,277	418	342,718
Native Hawaiian & Other Pacific Islander Alone, NH	21	409	0	2,450
Other Race Alone, NH	1,238	14,263	604	204,891
Two or More Races	3,025	17,902	689	167,808
<b>Ethnicity</b>				
Hispanic	4,921	36,570	1,319	512,485
Non-Hispanic	95,560	513,611	31,326	5,372,155

Source: U.S. Census Bureau, ACS 3-Year Estimates, 2011-2013

**Median Household Income within the CBSA**

**Median Household Income**

Wicomico County: \$50,639

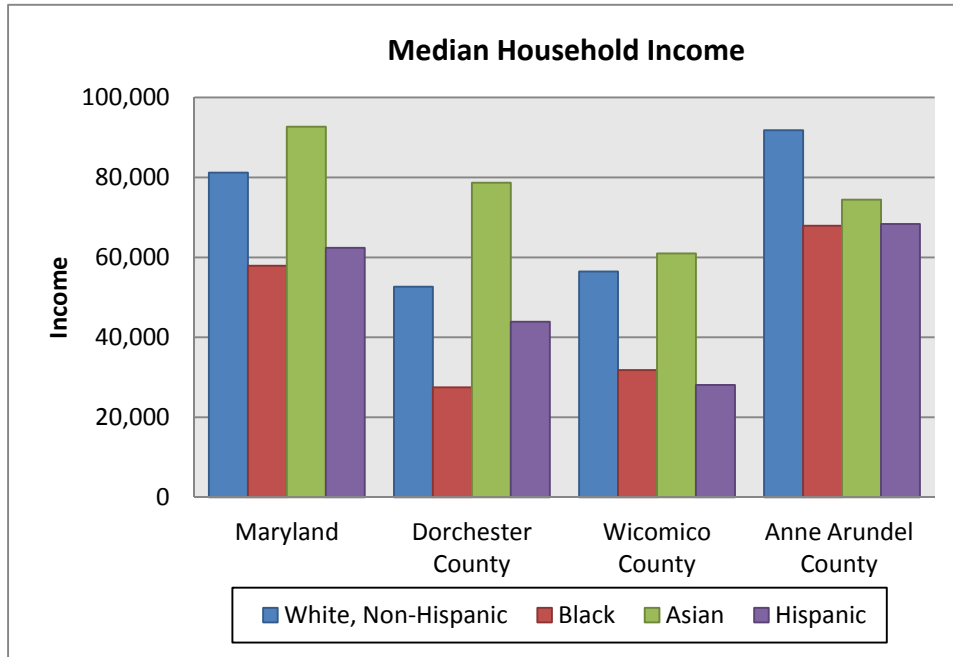
Anne Arundel County: \$86,987

Dorchester County: \$46,199

Source: U.S. Census Bureau, State and County Quick Facts, 2008-2012

Due to the specialized services offered, Adventist HealthCare Behavioral Health and Wellness Services Eastern Shore has a widespread and diverse community benefit service area. Among the counties that comprised the majority of discharges in 2013, the median household income ranges from as low as \$46,199 in Dorchester to as high as \$86,987 in Anne Arundel (U.S. Census Bureau, State and County Quick Facts, 2008-2012).

Great income disparities exist when broken down by racial/ethnic groups. Throughout the CBSA served by Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore, non-Hispanic Whites and Asians have the highest median household incomes among racial and ethnic groups, while Blacks and Hispanics are more likely to live in poverty (see Figure 4) (U.S. Census Bureau, ACS, 2010-2012). White households in Dorchester County had a median household income of \$52,670, white households in Wicomico County had a median household income of \$56,475, and white households in Anne Arundel County had a median income of \$91,815, while Hispanic and Black households had much lower median household incomes in all three counties (see Figure 4) (U.S. Census Bureau, ACS, 2010-2012).

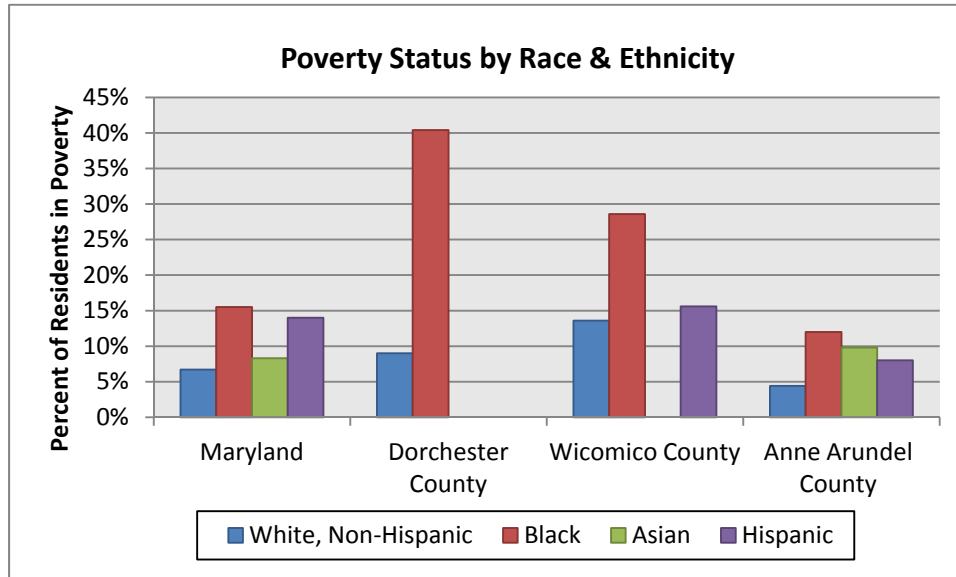


**Figure 4.** Median Household Income, Wicomico County, Anne Arundel County, Dorchester County, & Maryland (U.S. Census Bureau, ACS 2010-2012, 3-Year Estimates)

**Percentage of households with incomes below the federal poverty guidelines within the CBSA**

Both Wicomico County and Dorchester County experienced poverty levels higher than the state of Maryland overall. According to the U.S. Census Bureau, between 2008-2012, Dorchester County had 15.9 percent of its population living in poverty, while Wicomico County had 16.2 percent of its population living in poverty. For the same period, 5.9 percent of Anne Arundel County’s population lived in poverty, which was lower than Maryland overall.

In 2013, for Maryland overall, approximately 15 percent of Black and 13 percent of Hispanic residents were impoverished, compared to 7 percent of whites and 10 percent of Asians. For each of the 3 counties in the CBSA, non-Hispanic whites had the lowest rate of poverty compared to other racial and ethnic populations; in particular, there was a marked disparity in the poverty rate of Black residents compared to white residents.



**Figure 5.** Poverty Rate by Race, Maryland, Dorchester County, Wicomico County, and Anne Arundel County.

*Note: Values for Asian residents in Dorchester and Wicomico, and Hispanic residents in Wicomico not shown due to small sample sizes.*

(U.S. Census Bureau, ACS 3-Year Estimates, 2011-2013)

**Please estimate the percentage of uninsured people by County within the CBSA**

**Percent Uninsured**

Wicomico County: 11.7%

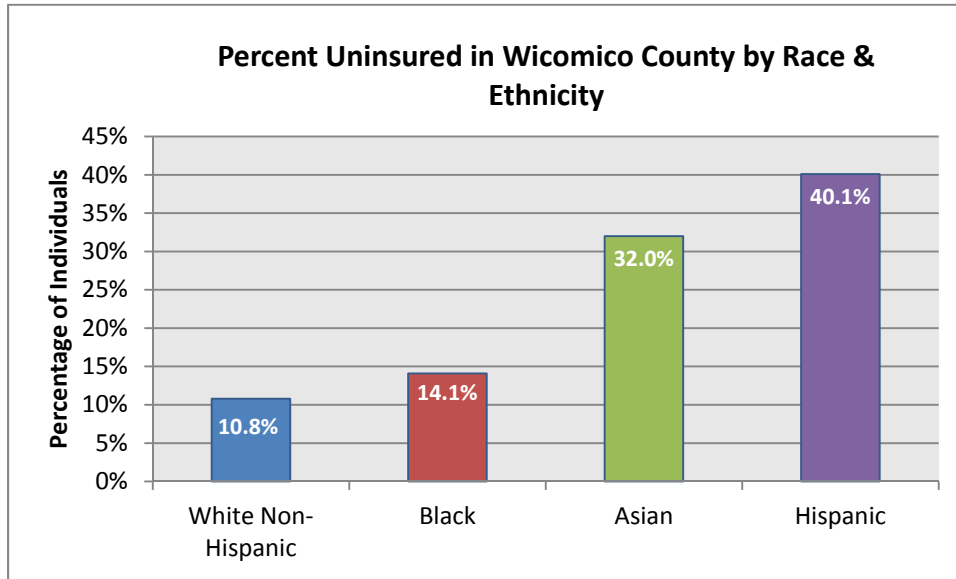
Anne Arundel County: 7.2%

Dorchester County: 10.4%

Source: U.S. Census Bureau, ACS 3-Year Estimates, 2011-2013

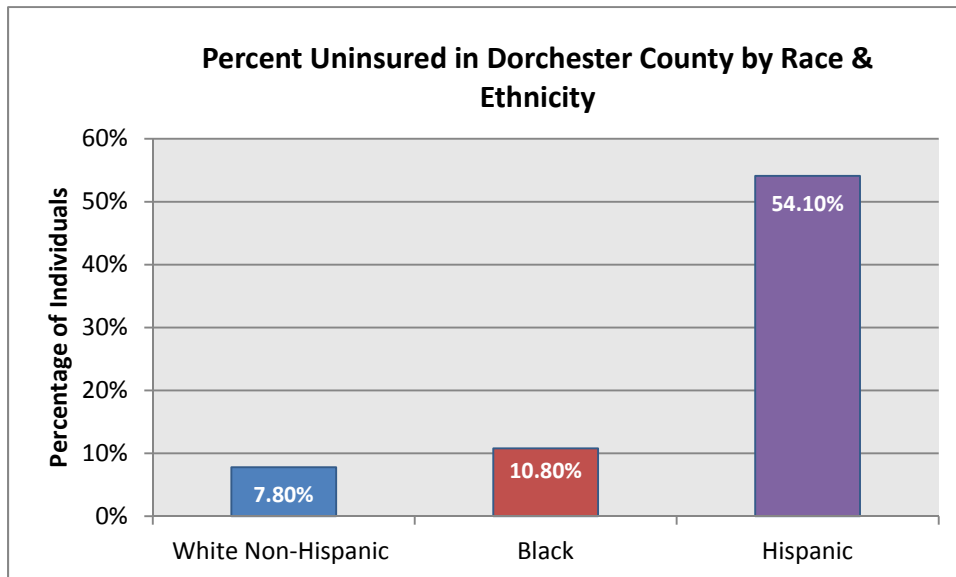
The 2013 1-year estimates for uninsured in Wicomico County show wide disparities between different racial and ethnic groups. More than 40 percent of the Hispanic population of Wicomico County was uninsured, as was 32 percent of the Asian population (see Figure 6). In comparison, for the same time period, only 29 percent of Maryland’s Hispanic population was uninsured, as was 16 percent of Maryland’s Asian population. By contrast, in 2013, only 11 percent of Wicomico’s non-Hispanic white population was uninsured. Fourteen percent of the Black population was uninsured (see Figure 6). While these numbers were relatively low, they were still higher than the statewide estimates for non-Hispanic whites (6%) or Blacks (11%).





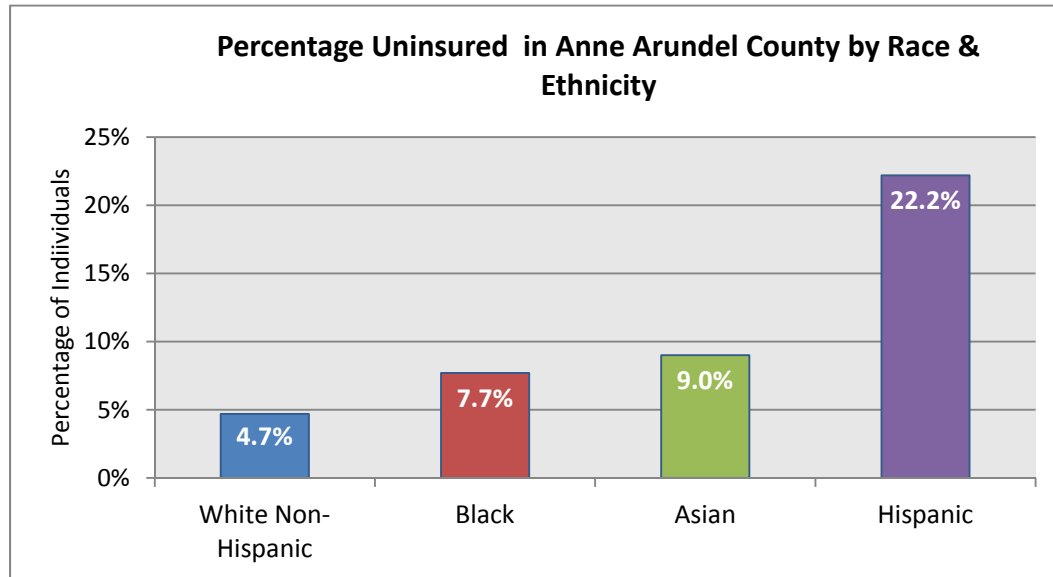
**Figure 6.** Percent Uninsured in Wicomico County by Race & Ethnicity.  
(U.S. Census Bureau, ACS 1-Year Estimate, 2013)

Three-year estimates (2011-2013) for uninsured in Dorchester County also reveal a very large racial/ethnic disparity. More than half of the Hispanic population, 54 percent, was uninsured during this period. In contrast, only 8 percent of the non-Hispanic white population and 11 percent of the Black population were uninsured (see Figure 7). All three groups had a higher percentage of uninsured compared to the state; for the same time period, the uninsured rate for Hispanics in Maryland was 31 percent, for non-Hispanic whites it was 6 percent, and for Blacks it was 11 percent.



**Figure 7.** Percent Uninsured in Dorchester County by Race & Ethnicity.  
(U.S. Census Bureau, ACS 3-Year Estimate, 2011-2013)

For Anne Arundel County, 22 percent of the Hispanic population was uninsured in 2013. In comparison, 9 percent of the Asian population and 8 percent of the Black population was uninsured. For non-Hispanic whites, only 5 percent of the population was uninsured (see Figure 8).



**Figure 8.** Percent Uninsured in Anne Arundel County by Race & Ethnicity.  
(U.s. Census Bureau, ACS 1-Year Estimate, 2013)

**Percentage of Medicaid recipients by County within the CBSA.**

**Percentage of Medicaid Recipients by County within the CBSA**

Wicomico County: 21.4% (21,228)

Anne Arundel County: 10.5% (55,928)

Dorchester county: 27.2% (8,765)

Source: U.S. Census Bureau, American Community Survey 3-Year Estimates, 2011-2013

**Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).**

According to the 2012 Maryland State Health Improvement Process, the overall life expectancy for Maryland was 79.3 years old. The overall life expectancy for Wicomico County was 76.8 years old. Among black residents of Wicomico County, the life expectancy was 74.9 years old, compared to 77.4 years old among white residents of Wicomico County. In Anne Arundel County, the overall life expectancy was 79.0 years. It was 79.2 years for whites, while it was 76.9 years for blacks. In Dorchester County, the overall life expectancy was 77.2 years old in 2012. Among black residents of Dorchester County, the life expectancy was 72.9 years compared to 79.0 years old among white residents (see Figure 9).

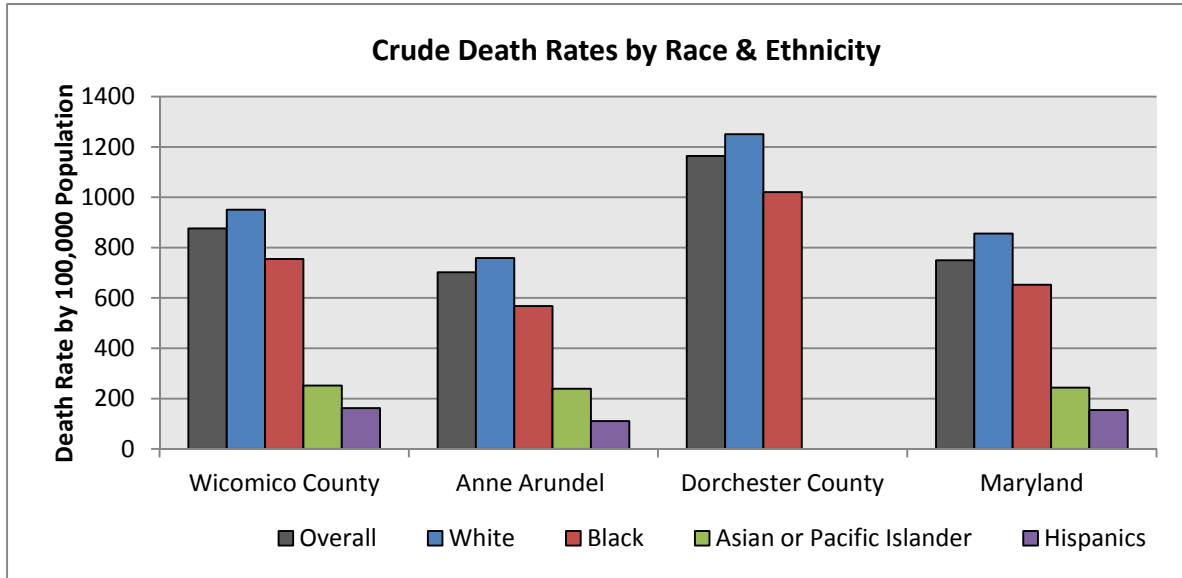
County	SHIP Objective	SHIP 2011 County Baseline	SHIP 2012 County Update	SHIP 2012 Maryland Update	SHIP 2012 County Update (Race/Ethnicity)	SHIP 2012 Maryland Update (Race/Ethnicity)	Maryland SHIP 2014 Target	% Difference (Maryland vs. County)
Wicomico	Increase life expectancy in Maryland	76.0	76.8	79.3	Black – 74.9 White – 77.4	Black – 76.4 White – 80.2	82.5	-3.15%
Anne Arundel		79.1	79.0		Black – 76.7 White – 79.2			-0.38%
Dorchester		76.5	77.2		Black – 72.9 White – 79.0			-2.65%

**Figure 9.** Life Expectancy at Birth, Wicomico County, Anne Arundel, and Dorchester County, Maryland, U.S.  
(Maryland SHIP, 2012)

**Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).**

**Crude Mortality Rates**

The 2012 mortality rates in Wicomico County, Anne Arundel County, and Dorchester County were 876.3, 701.9 and 1164.3 per 100,000 population, respectively. In Wicomico and Dorchester, rates were higher than the mortality rate for the state of Maryland overall, at 749.6 per 100,000 population. The Anne Arundel rate was lower than the Maryland rate (see Figure 10).



**Figure 10.** Crude Death Rates by Race & Ethnicity for Wicomico County, Anne Arundel County, Dorchester County, and Maryland  
 Note: Rates for Asian and Hispanic individuals for Dorchester County not included as they are based on <5 events.  
 (Maryland Vital Statistics Annual Report, 2012)

**Heart Disease**

The rate of heart disease deaths is higher in Wicomico County (255.0 per 100,000), Anne Arundel County (191.6 per 100,000) and in Dorchester County (198.5 per 100,000 population) than the rate of heart disease death statewide (182.0 per 100,000) (see Figure 11).

County	SHIP Objective	SHIP 2011 County Baseline	SHIP 2012 County Update	SHIP 2012 Maryland Update	SHIP 2012 County Update (Race/Ethnicity)	SHIP 2012 Maryland Update (Race/Ethnicity)	Maryland SHIP 2014 Target	% Difference (Maryland vs. County)
Wicomico	Reduce deaths from heart disease	242.7	255.0	182.0	Black – 262.1 White – 256.4	Black – 216.8 White – 174.2	173.4	40.11%
Anne Arundel		198.8	191.6		Black – 215.2 White – 193.1			5.27%
Dorchester		199.8	198.5		Black – 209.8 White – 195.3			9.07%

**Figure 11.** Rate of Heart Disease Deaths, Wicomico County, Anne Arundel, and Dorchester County, Maryland, U.S.  
 (Maryland SHIP, 2012)

**Infant Mortality**

The infant mortality rate is much higher in Dorchester County (16.9 per 1,000 live births) compared to the state of Maryland’s rate (6.7 per 1,000 live births). In Anne Arundel County, the overall infant mortality rate, 6.1 per 1,000 live births, is lower than Maryland’s. However, the rate for Blacks is more than double that of whites, 12.4 compared to 5.2 (per 1,000 live births) (see Figure 12).

County	SHIP Objective	SHIP 2011 County Baseline	SHIP 2012 County Update	SHIP 2012 Maryland Update	SHIP 2012 County Update (Race/Ethnicity)	SHIP 2012 Maryland Update (Race/Ethnicity)	Maryland SHIP 2014 Target	% Difference (Maryland vs. County)
Wicomico	Reduce infant deaths	8.0	6.9	6.7	N/A	Black – 11.8	6.6	2.72%
Anne Arundel		6.7	6.1		Black – 12.4 NH White – 5.2	Hispanic – 4.1		-9.05%
Dorchester		18.8	16.9		N/A	NH White – 4.2		152.16%

**Figure 12.** Infant Mortality Rate, by Race/Ethnicity, Wicomico, Anne Arundel, and Dorchester County, Maryland, U.S. (Maryland SHIP, 2012)

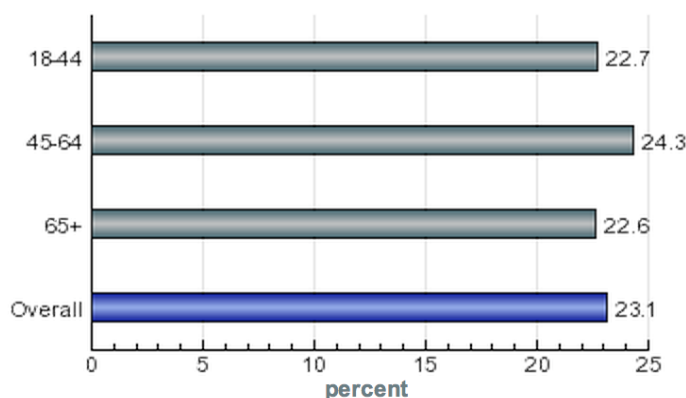
### Access to Healthy Food

#### Healthy Eating Behaviors

In Wicomico County, 70 percent of the adult population consumes five servings of fruits and vegetables daily. This proportion is slightly lower than Maryland’s average of 72.1 percent (Health Indicators Warehouse, 2013).

Wicomico County adults who eat five or more daily servings of fruits and vegetables are fairly evenly distributed among different age groups. However, more Wicomico County residents ages 45-64 eat five or more daily servings of fruits and vegetables, compared to other age groups (see Figure 13)

**Adult Fruit and Vegetable Consumption by Age**

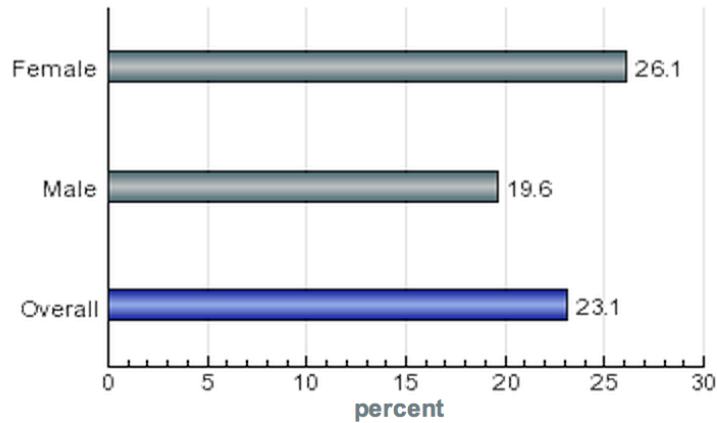


**Figure 13.** Adult Fruit and Vegetable Consumption by Age, Wicomico County, 2010

(Peninsula Regional Medical Center. Creating Health Communities Community Dashboard. *Wicomico County*. (2013). Accessed: <http://www.peninsula.org/body.cfm?id=627>)

In Wicomico County, more females than males report consuming five or more fruit and vegetable servings on a daily basis (26.1 percent compared to 19.6 percent)(see Figure 14).

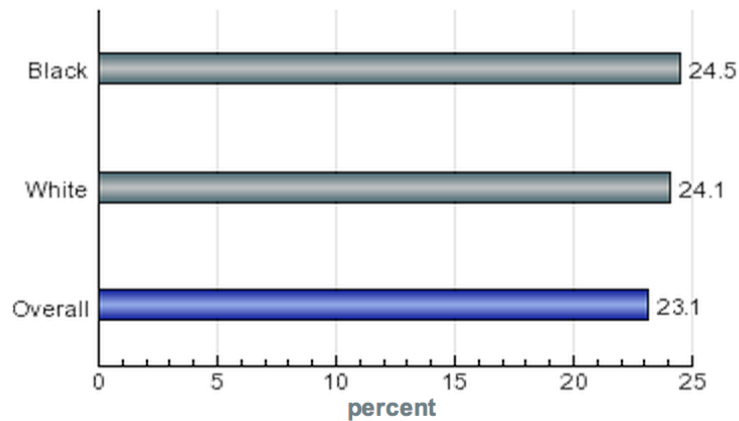
**Adult Fruit and Vegetable Consumption by Gender**



**Figure 14.** Adults Fruit and Vegetable Consumption by Gender, Wicomico County, 2010

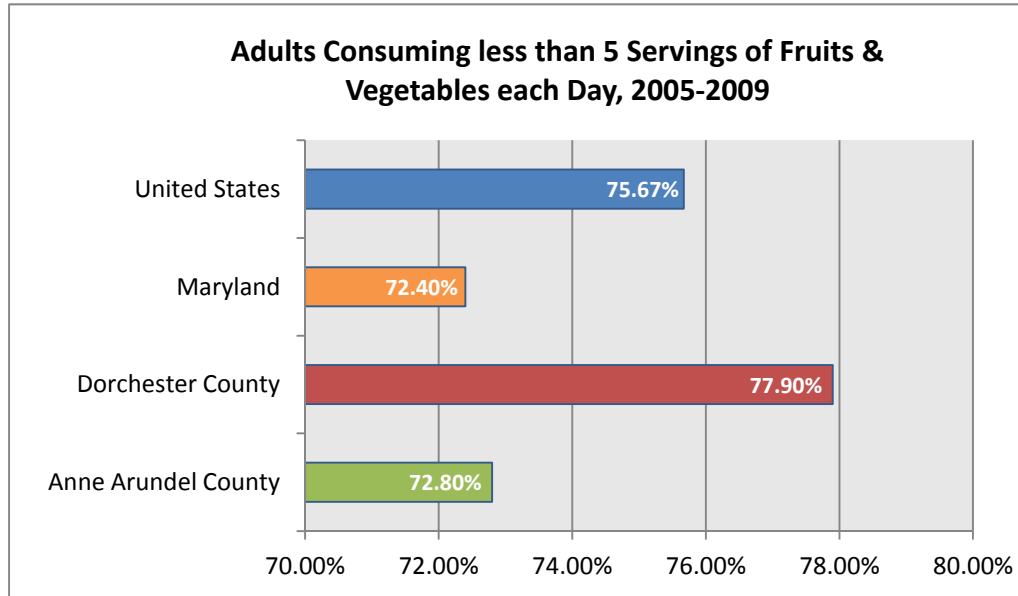
The percentage of Black and white adults in Wicomico County consuming five or more fruits and vegetables a day was approximately the same (see Figure 15).

**Adult Fruit and Vegetable Consumption by Race/Ethnicity**



**Figure 15.** Adult Fruit and Vegetable Consumption by Race/Ethnicity, Wicomico County, 2010

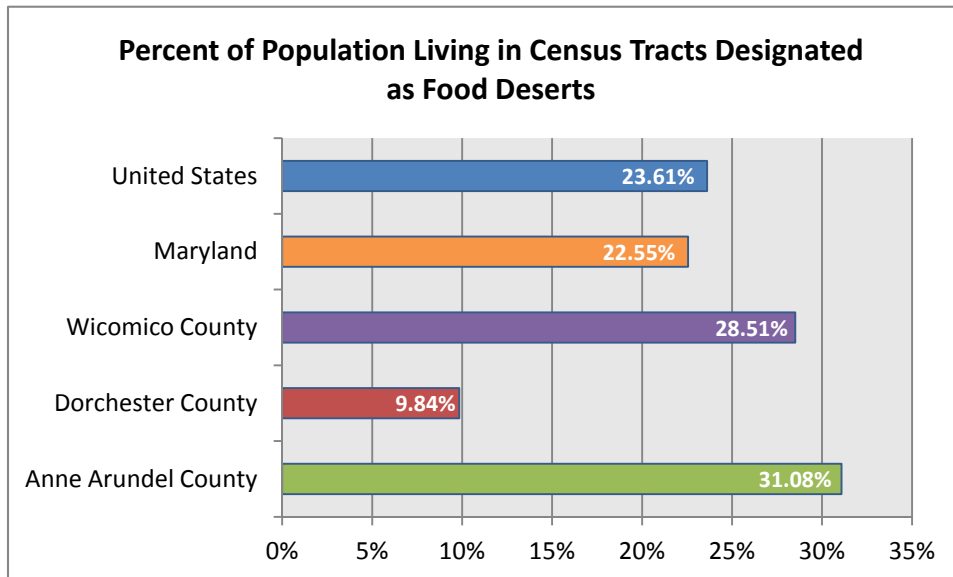
Of all adults in Dorchester County, 77.9 percent had consumed less than five servings of fruits and vegetables per day during 2005-2009. In Anne Arundel County, 72.8 percent of adults had consumed less than five servings of fruits and vegetables for the same time period. These rates are higher than the state of Maryland’s 72.4 percent of adults who consumed less than five servings of fruits and vegetables daily (see Figure 16).



**Figure 16.** Adults who consume less than five servings of fruits and vegetables daily, United States, Maryland, Dorchester County, and Anne Arundel County, 2005-2009  
 (Community Commons. *Community Health Needs Assessment*. (2013). Accessed: <http://assessment.communitycommons.org/CHNA/>)

**Food Environment**

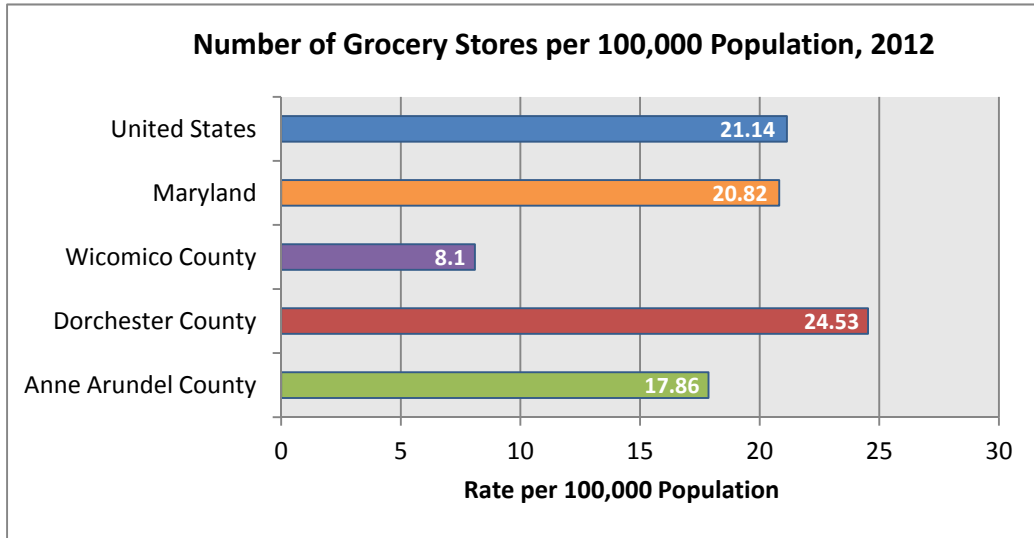
In 2010, 28.5 percent of the population in Wicomico County and 31.1 percent of the population of Anne Arundel County had low food access. These are much higher percentages of low food access than in Dorchester County (9.8 percent). In comparison, 22.6 percent of the population in the state of Maryland experienced low food access in 2010 (see Figure 17).



**Figure 17.** Percentage of the population living in census tracts designated as food deserts in the United States, Maryland, Dorchester County, Anne Arundel County, and Wicomico County, 2010  
 (Community Commons. *Community Health Needs Assessment*. (2013). Accessed: <http://assessment.communitycommons.org/CHNA/>)

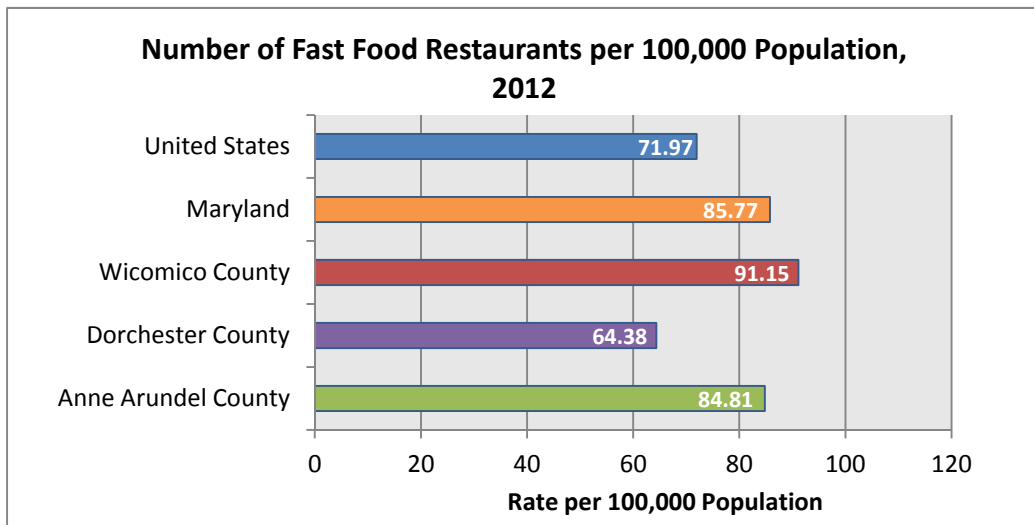
One measure of healthy food access and environmental influence on healthy behavior is access to grocery stores. The Community Commons defines grocery stores as supermarkets and smaller grocery stores primarily engaged in

retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments were included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores were excluded. In 2012, Wicomico County residents’ access to grocery stores was a relatively low 8.1 per 100,000 population, which was significantly lower than Dorchester County’s grocery store access at 24.5 per 100,000 population and Anne Arundel’s access at 17.9 per 100,000 population. In comparison, access in Maryland was 20.8 per 100,000 population (see Figure 18).



**Figure 18.** Grocery Store Access per 100,000 population in the United States, Maryland, Wicomico County, Dorchester County, and Anne Arundel County, 2012  
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: <http://assessment.communitycommons.org/CHNA/>)

In 2012, Wicomico County residents had access to fast food at a rate of 91.2 per 100,000 population, while Anne Arundel County residents had access of 84.8 per 100,000 population and Dorchester County residents had access of 64.4 per 100,000 population. In comparison, the rate of fast food access in the state of Maryland was 85.8 per 100,000 population, which is lower than the rate in Wicomico County, but higher than the rates in Dorchester County and Anne Arundel County (see Figure 19).



**Figure 19.** Number of Fast Food Restaurants per 100,000 populations in the United States, Maryland, Wicomico County, Dorchester County, and Anne Arundel County, 2012  
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: <http://assessment.communitycommons.org/CHNA/>)

**Transportation**

Lack of reliable transportation is a common barrier to accessing health care. For low-income people, even those with insurance, access problems remain when they do not have a dependable source of transportation. Unreliable or unavailable public transportation can prevent individuals from seeking care and cause them to miss scheduled appointments. This problem has been well documented across low-income groups – from rural to urban areas and across race and ethnicity. For example, the Children’s Health Fund reported that lack of transportation was among the top three persistent barriers to care for individuals across the nation.<sup>2</sup> Another study in Houston, Texas showed that people who do not use a car to get to medical appointments are more than three times more likely to miss an appointment compared to someone who uses a car.<sup>3</sup>

The rates of pedestrian injuries on public roads in Wicomico County and Anne Arundel County are significantly lower than the state baseline. The rate in Dorchester County is too small to compare to the state and national baselines (see Figure 20).

County	SHIP Objective	SHIP 2011 County Baseline	SHIP 2012 County Update	SHIP 2012 Maryland Update	SHIP 2012 County Update (Race/Ethnicity)	SHIP 2012 Maryland Update (Race/Ethnicity)	Maryland SHIP 2014 Target	% Difference (Maryland vs. County)
Wicomico	Reduce pedestrian injuries on public roads	36.9	32.9	40.5	N/A	N/A	29.7	-18.76%
Anne Arundel		36.3	35.0		N/A			-13.62%
Dorchester		10 (Count)	11 (Count)		Black – 72.9 White – 79.0			N/A

**Figure 20.** SHIP Measure of Rate of injuries to pedestrians per 100,000 in Wicomico, Anne Arundel, and Dorchester County, 2012

Traffic fatalities in Wicomico County, while already low, have been on the decline in recent years. In 2010 and 2011, there were eight fatalities of vehicle occupants (each year). This is down from the 12 occupant fatalities in 2008. For both 2010 and 2011, there were no non-occupant (e.g. pedestrians and cyclists) fatalities, whereas there were six in 2009 and two in 2008. For 2008-2011, non-Hispanic whites accounted for the majority of traffic fatalities (see Figure 21).

<sup>2</sup> Grant, R. et al. *Getting There, Getting Care: Transportation and Workforce Barriers to Child Healthcare in America*. The Children’s Health Fund. 2000.

<sup>3</sup> Yang, S. et al. *Transportation Barriers to Accessing Healthcare for Urban Children*. *Department of Pediatrics, Baylor College of Medicine*. November 2006.



Wicomico County Traffic Fatalities					
Person Type by Race/Hispanic Origin		2008	2009	2010	2011
Occupants (All Vehicle Types)	White Non-Hispanic	10	5	6	5
	Black, Non-Hispanic	2	2	2	1
	Asian, Non-Hispanic/Unknown	0	0	0	1
	Unknown Race and Unknown Hispanic	0	0	0	1
	<i>Total</i>	12	7	8	8
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	White Non-Hispanic	1	4	0	0
	Black, Non-Hispanic	1	2	0	0
	Asian, Non-Hispanic/Unknown	0	0	0	0
	Unknown Race and Unknown Hispanic	0	0	0	0
	<i>Total</i>	2	6	0	0
Total	White Non-Hispanic	11	9	6	5
	Black, Non-Hispanic	3	4	2	1
	Asian, Non-Hispanic/Unknown	0	0	0	1
	Unknown Race and Unknown Hispanic	0	0	0	1
	<i>Total</i>	14	13	8	8

**Figure 21.** Fatalities by Person Type, Race, & Ethnicity for Wicomico County, 2008-2011.  
 (National Highway Traffic Safety Administration, Traffic Safety Facts; Retrieved from:  
[http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24\\_MD/2012/Counties/Maryland\\_Wicomico%20County\\_2012.HTM](http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2012/Counties/Maryland_Wicomico%20County_2012.HTM))

In Anne Arundel County, there were a total of 29 vehicle occupant fatalities in 2011, up slightly from 2010. The majority of these fatalities were of non-Hispanic whites. There were a total of 13 non-occupant fatalities in 2011, again up from the previous year and again with non-Hispanic whites accounting for the majority of the fatalities. Overall, traffic fatalities for the county were down from 2008 (see Figure 22).

Anne Arundel County Traffic Fatalities					
Person Type by Race/Hispanic Origin		2008	2009	2010	2011
Occupants (All Vehicle Types)	Hispanic	0	0	0	0
	White Non-Hispanic	30	27	14	21
	Black, Non-Hispanic	9	6	8	2
	Asian, Non-Hispanic/Unknown	0	1	0	1
	Unknown Race and Unknown Hispanic	3	1	1	5
	<i>Total</i>	42	35	23	29
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	Hispanic	1	1	0	1
	White Non-Hispanic	4	10	5	7
	Black, Non-Hispanic	2	2	4	1
	Asian, Non-Hispanic/Unknown	0	1	0	0
	Unknown Race and Unknown Hispanic	0	1	2	4
	<i>Total</i>	7	15	11	13
Total	Hispanic	1	1	0	1
	White Non-Hispanic	34	37	19	28
	Black, Non-Hispanic	11	8	12	3
	Asian, Non-Hispanic/Unknown	0	2	0	1
	Unknown Race and Unknown Hispanic	3	2	3	9
	<i>Total</i>	49	50	34	42

**Figure 22.** Fatalities by Person Type, Race, & Ethnicity for Anne Arundel County, 2008-2011.

(National Highway Traffic Safety Administration, Traffic Safety Facts; Retrieved from:

[http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24\\_MD/2012/Counties/Maryland\\_Anne%20Arundel%20County\\_2012.HTM](http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2012/Counties/Maryland_Anne%20Arundel%20County_2012.HTM))

There were a total of four traffic fatalities, by occupants, in Dorchester County in 2011, more than in 2010 (1), but less than in 2009 (8). There was one non-occupant fatality in 2011, the same as in 2009 and 2008 (there were none in 2010). For 2008-2011, non-Hispanic whites account for the majority of traffic fatalities (see Figure 23).

Dorchester County Traffic Fatalities					
Person Type by Race/Hispanic Origin		2008	2009	2010	2011
Occupants (All Vehicle Types)	White Non-Hispanic	5	6	1	2
	Black, Non-Hispanic	0	1	0	0
	Asian, Non-Hispanic/Unknown	0	1	0	0
	Unknown Race and Unknown Hispanic	0	0	0	2
	<i>Total</i>	5	8	1	4
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	White Non-Hispanic	1	1	0	1
	Black, Non-Hispanic	0	0	0	0
	Asian, Non-Hispanic/Unknown	0	0	0	0
	Unknown Race and Unknown Hispanic	0	0	0	0
	<i>Total</i>	1	1	0	1
Total	White Non-Hispanic	6	7	1	3
	Black, Non-Hispanic	0	1	0	0
	Asian, Non-Hispanic/Unknown	0	1	0	0
	Unknown Race and Unknown Hispanic	0	0	0	2
	<i>Total</i>	6	9	1	5

**Figure 23.** Fatalities by Person Type, Race, & Ethnicity for Dorchester County, 2008-2011.  
(National Highway Traffic Safety Administration, Traffic Safety Facts; Retrieved from:  
[http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24\\_MD/2012/Counties/Maryland\\_Dorchester%20County\\_2012.HTM](http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2012/Counties/Maryland_Dorchester%20County_2012.HTM))

## Education

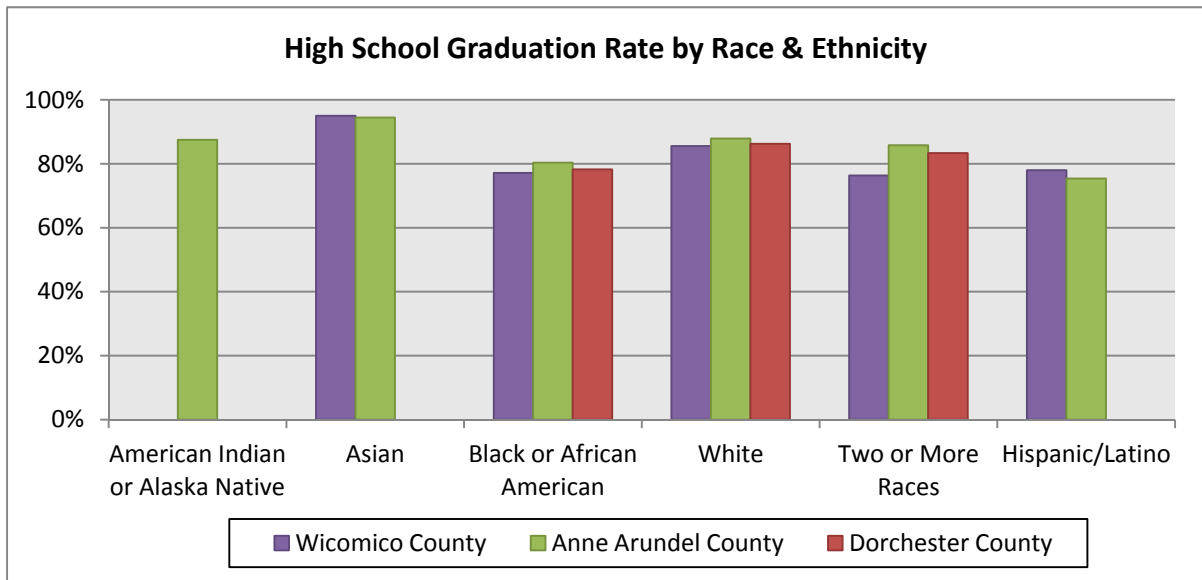
### Educational Attainment

Wicomico County performed slightly worse than the state baseline with regard to the percentage of students who graduate high school within four years. In 2013, 82 percent of students graduated within four years in Wicomico County (<http://www.peninsula.org/>), compared to 84.97 percent of students in Maryland ([www.mdreportcard.org](http://www.mdreportcard.org)). The rates for the county and state are both still below the Maryland 2014 SHIP target of 86.1 percent. In Anne Arundel County, 85.57 percent of students graduate in four years ([www.mdreportcard.org](http://www.mdreportcard.org)).

The overall graduation rate in Wicomico County is much lower than in the state of Maryland, and disparities in graduation rates are present among racial/ethnic groups. Of all racial and ethnic groups, Asians have the highest high school graduation rates (95 percent) and individuals identifying as two or more races have the lowest high school graduation rates (76.4 percent) (see Figure 24).

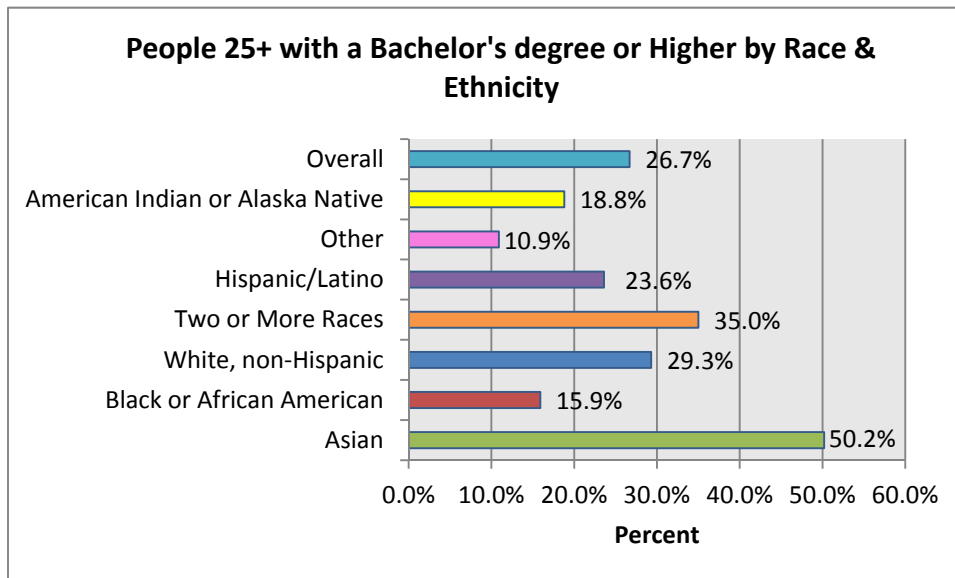
In 2013, Dorchester County performed slightly worse than the state baseline with regard to the percentage of students who graduate high school four years after entering 9<sup>th</sup> grade at 83.8 percent, compared to 84.97 percent statewide ([www.mdreportcard.org](http://www.mdreportcard.org)). The rate for both the Dorchester County and the state are both slightly lower

than the Maryland SHIP 2014 target of 86.1 percent. Dorchester County’s Black residents have the lowest percentage of students who graduate high school at 78.2 percent compared to Dorchester County’s white residents at 86.2 percent (see figure 24).



**Figure 24.** High School Graduation by Race/Ethnicity, Wicomico County, Anne Arundel County, Dorchester County, 2013  
 Note: Rates for American Indians (Wicomico & Dorchester), Asians (Dorchester) and Hispanics (Dorchester) are not included due to small sample sizes.  
[www.mdreportcard.com](http://www.mdreportcard.com)

In Wicomico County, there was a disproportionately higher percentage of Asians (50.2 percent) ages 25+ who have earned a bachelor’s degree or higher from 2008-2012 compared to other racial/ethnic groups (see Figure 25).



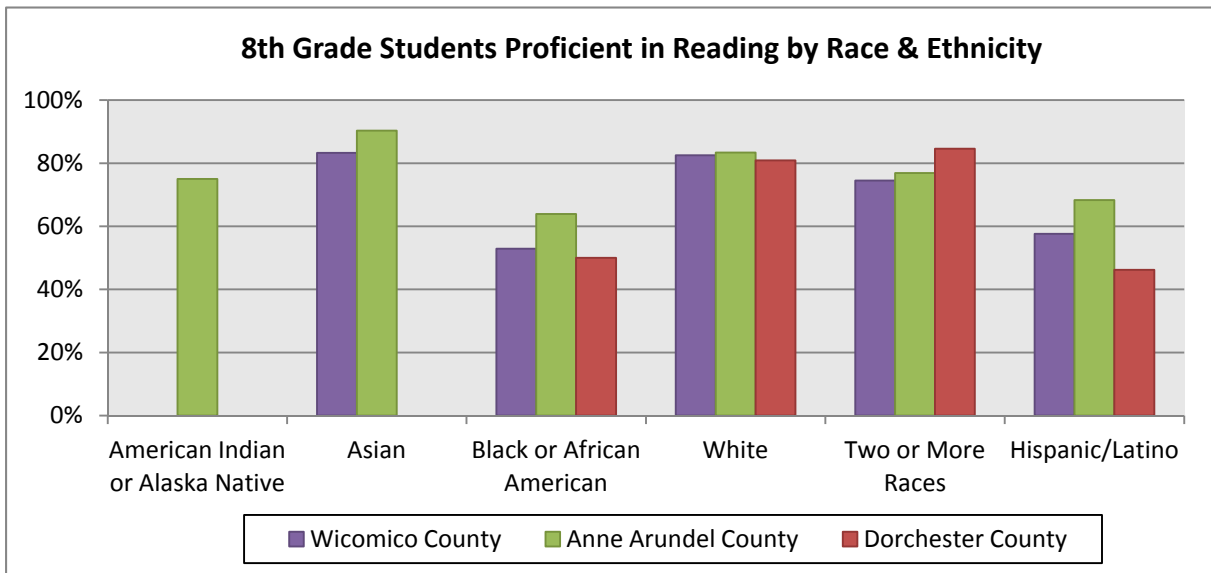
**Figure 25.** People 25+ with a Bachelor’s Degree or Higher by Race/Ethnicity, Wicomico County, 2008-2012  
 (Peninsula Regional Medical Center, Creating Healthy Communities; Retrieved from: [www.peninsula.org/chc](http://www.peninsula.org/chc))

**Math and Reading Proficiency**

Regarding student scores on the Maryland School Assessment, Asians in Wicomico County had the highest percentage of eighth grade students that are proficient or advanced in reading (83.3 percent), and whites had the second highest percentage at 82.5 percent. Blacks/African Americans and Hispanics had the lowest percentage of eighth grade students that are proficient or advanced in reading at 52.9 percent and 57.6 percent, respectively (see Figure 26).

Regarding student scores on the Maryland School Assessment in Dorchester County, students reporting two or more races represent the highest percentage of eighth grade students that are proficient or advanced in reading (84.6 percent), while whites had the second highest percentage at 80.9 percent. Blacks/African Americans and Hispanics had the lowest percentage of eighth grade students proficient or advanced in reading at 50.0 percent and 46.2 percent, respectively (see Figure 26).

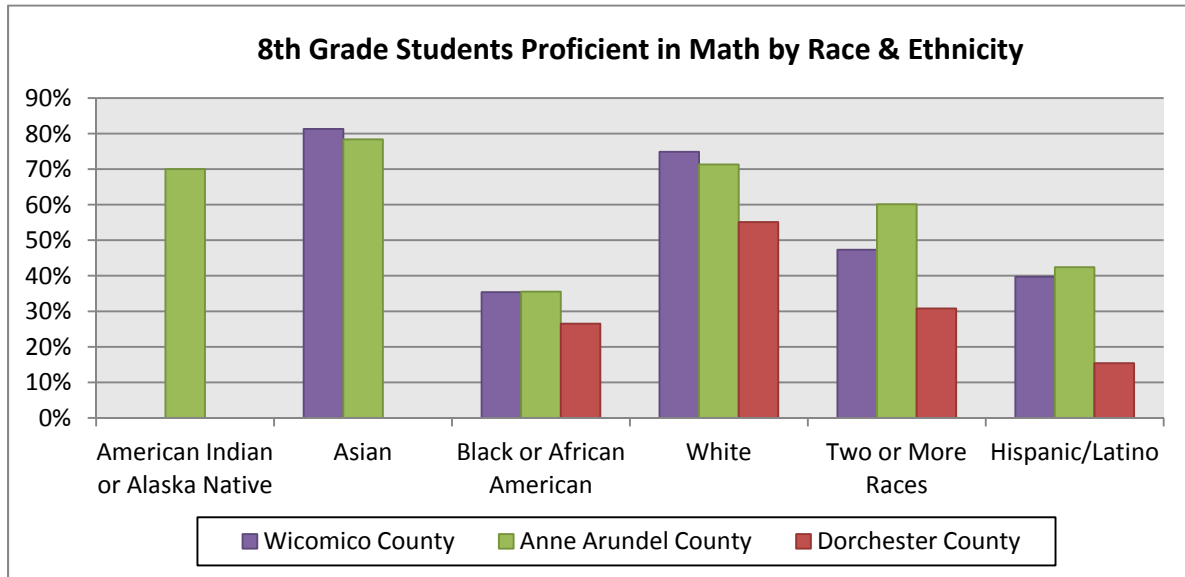
Regarding student scores on the Maryland School Assessment in Anne Arundel County, 90.3 percent of Asian students were proficient/advanced in reading in the eighth grade, the highest of all racial/ethnic groups. Non-Hispanic white students were the second highest, at 83.4 percent. In comparison, only 68.3 percent of Hispanic students and 63.9 percent of Black students demonstrated proficiency in reading (see Figure 26).



**Figure 26.** Percent of 8<sup>th</sup> Grade Students Proficient or Advanced in Reading by Race/Ethnicity, Wicomico County, Anne Arundel County, and Dorchester County, 2013

*Note: Rates for American Indians (Wicomico & Dorchester) and Asians (Dorchester) are not included due to small sample sizes. ([www.mdreportcard.com](http://www.mdreportcard.com))*

In both Wicomico and Anne Arundel County, Asian eighth grade students were the most proficient at math, at 81.3 percent and 78.4 percent, respectively. In Dorchester County, rates were typically lower for all racial/ethnic groups compared to the other two counties in the CBSA. For Black students in Dorchester County, only 26.5 percent of students were proficient in math; for Hispanic students, only 15.4 percent were proficient (see Figure 27).



**Figure 27.** Percent of 8<sup>th</sup> Grade Students Proficient or Advanced in Math by Race/Ethnicity, Wicomico County, Anne Arundel County, and Dorchester County, 2013

Note: Rates for American Indians (Wicomico & Dorchester) and Asians (Dorchester) are not included due to small sample sizes. ([www.mdreportcard.com](http://www.mdreportcard.com))

**Readiness for Kindergarten**

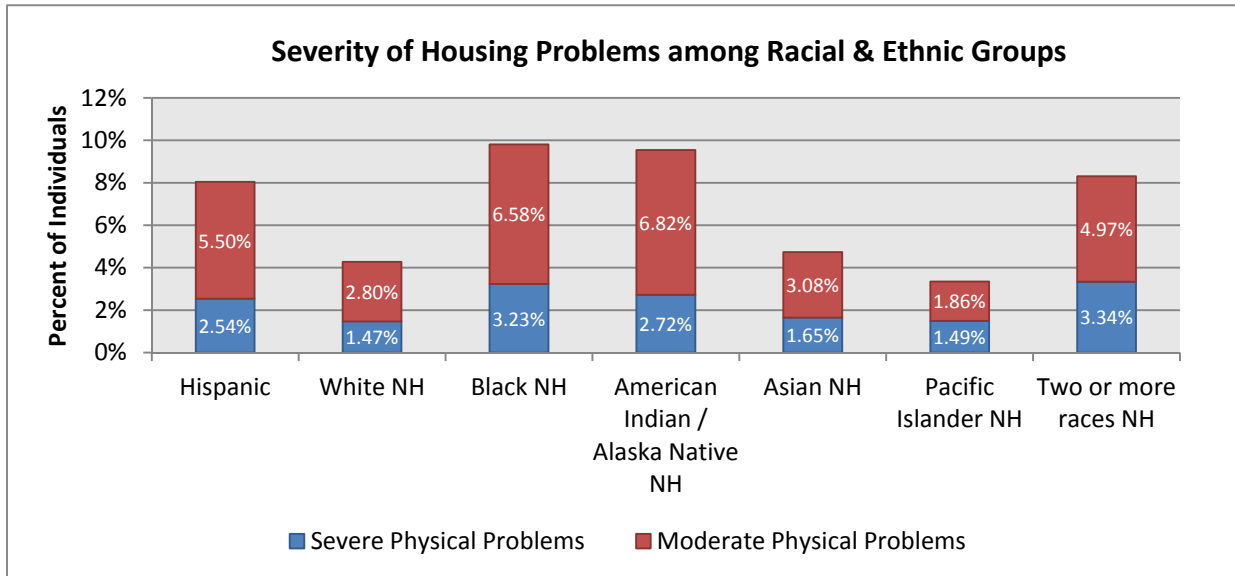
According to the SHIP 2012 county update, Dorchester County performed worse than the state as well as the 2014 target in regard to the percentage of children entering kindergarten ready to learn (see Figure 28). Wicomico and Anne Arundel counties both performed better than the state and have both also surpassed the 2014 target. Despite this, disparities remain evident in Wicomico and Anne Arundel Counties; blacks and Hispanics have the lowest rates of children entering kindergarten ready to learn compared to other groups.

County	SHIP Measure	County 2011 Baseline	SHIP 2012 County Update	SHIP 2012 County Update (Race & Ethnicity)	SHIP 2012 Maryland Update	Maryland Target 2014	% Difference (Maryland vs. County)
Wicomico County	Percentage of children who enter kindergarten ready to learn	87%	88%	AIAN--92% Asian--93% AA--84% Hispanic--78% White--92%	83%	85.0%	6.02%
Anne Arundel County		86%	86%	AIAN--90% Asian--91% AA--84% Hispanic--77% NHOPI--88% White--88%			3.61%
Dorchester County		79%	79%	Asian--100% AA--72% Hispanic--70% White--72%			-4.82%

**Figure 28.** Percentage of children who enter kindergarten ready to learn, Wicomic County, Anne Arundel County, and Dorchester County (Maryland SHIP, 2012)

### Housing Quality

A person’s living situation – the condition of their homes and neighborhoods – is a crucial determinant of health status. Across the country, a disproportionate percentage of minority households are affected by moderate and severe housing problems (see Figure 29).



**Figure 29.** Housing Quality – Selected Physical Problems by Race, United States, 2011  
 Note: Includes problems with plumbing, heating, electrical, and upkeep  
 (U.S. Census Bureau, American Housing Survey, 2011)

At the state level, 16 percent of households in Maryland were identified as having at least 1 of 4 severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. At the county level, Anne Arundel experienced lower rates of severe housing problems (14 percent) while Wicomico (18 percent) and Dorchester (20 percent) had rates higher than that of the state. ([www.CountyHealthRankings.org](http://www.CountyHealthRankings.org), 2006-2010)

#### Wicomico County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 51.4 percent
- Homeowner vacancy rate: 1.7 (2013)  
(Source: U.S. Census, ACS, 1-Year Estimate, 2013)
- Housing units: 41,413 (2013)
- Homeownership rate: 63.5 percent (2008-2012)
- Housing units in multi-unit structures: 19.6 percent (2008-2012)
- Median value of owner-occupied housing units: \$188,400 (2008-2012)
- Households: 36,518 (2008-2012)
- Persons per household: 2.6 people (2008-2012)  
(Source: U.S. Census, State and County Quick Facts)

#### Anne Arundel County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 32.2 percent
- Homeowner vacancy rate: 1.1 (2013)  
(Source: U.S. Census, ACS, 1-Year Estimate, 2013)
- Housing units: 217,028 (2013)
- Homeownership rate: 74.4 percent (2008-2012)
- Housing units in multi-unit structures: 17.5 percent (2008-2012)
- Median value of owner-occupied housing units: \$349,800 (2008-2012)
- Households: 198,761 (2008-2012)

- Persons per household: 2.63 people (2008-2012)  
(Source: U.S. Census, State and County Quick Facts)

**Dorchester County Housing Statistics**

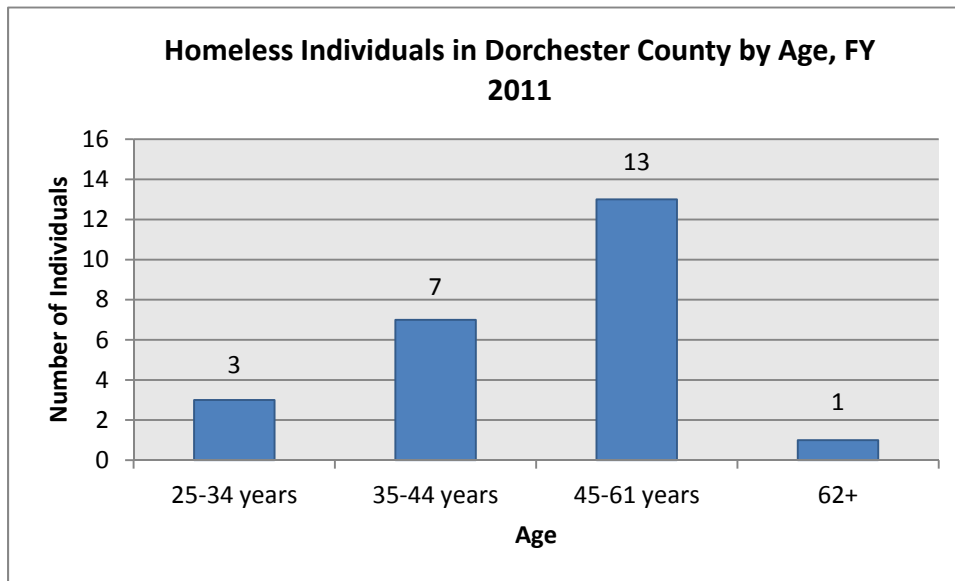
- Renters spending 30 percent or more of household income on rent: 55.9 percent
- Homeowner vacancy rate: 3.1 (2010-2012)  
(Source: U.S. Census, ACS, 1-Year Estimate, 2013)
- Housing units: 16,646 (2013)
- Homeownership rate: 68.3 percent (2008-2012)
- Housing units in multi-unit structures: 15.4 percent (2008-2012)
- Median value of owner-occupied housing units: \$200,000 (2008-2012)
- Households: 13,569 (2008-2012)
- Persons per household: 2.35 people (2008-2012)  
(Source: U.S. Census, State and County Quick Facts)

**Spotlight on Homelessness**

Perhaps the most extreme case of living situation having a negative impact on health is that of homelessness. In fiscal year 2011, in the state of Maryland, 21,947 individuals were reported as homeless to the Homeless Management Information System.<sup>4</sup>

Dorchester County

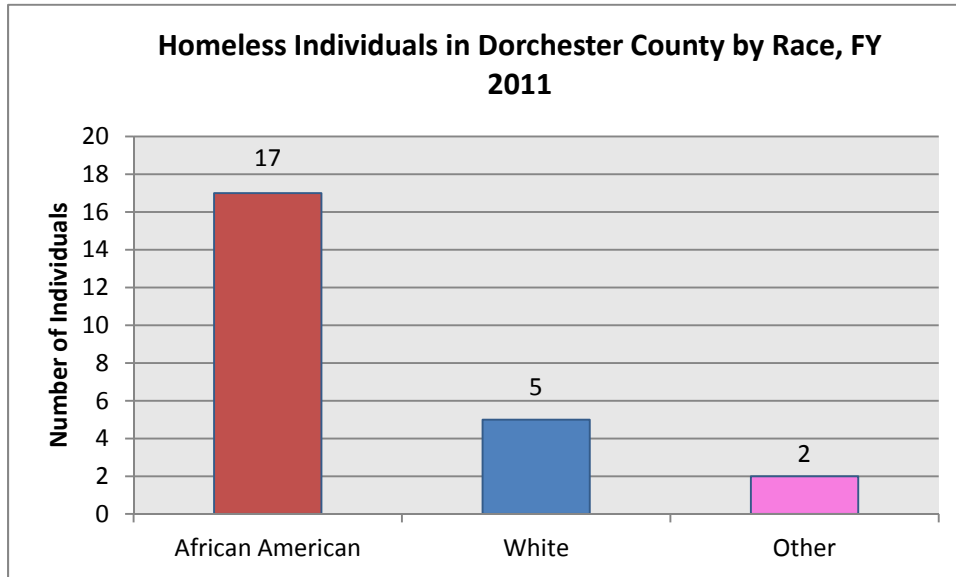
In Dorchester County, a total of 24 individuals were reported as homeless in FY 2011. Twenty-three individuals were between the ages of 25 and 61; one individual was older than 62 (see Figure 30). All of the individuals were of Hispanic ethnicity; 17 were African American, 5 were white, and 2 were ‘Other’ (see Figure 31). Of the 24 individuals, 7 were noted as chronically homeless, 5 were veterans, and 3 were disabled (see Figure 32).



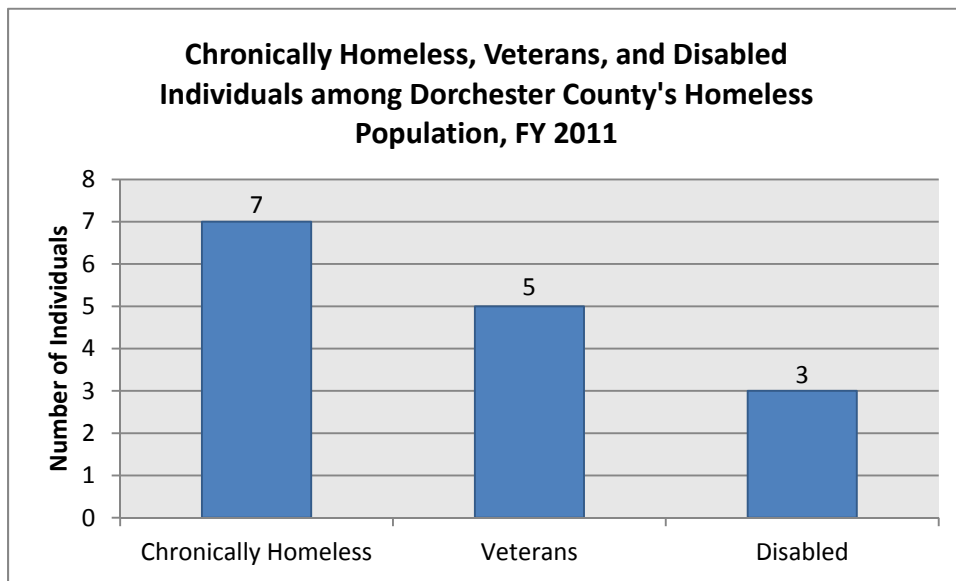
**Figure 30.** Individuals utilizing shelters in Dorchester County during FY 2011, by age  
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland

<sup>4</sup> [http://dlslibrary.state.md.us/publications/Exec/DHR/HU6-426\(b\)\(1\)-\(2\)\\_2011.pdf](http://dlslibrary.state.md.us/publications/Exec/DHR/HU6-426(b)(1)-(2)_2011.pdf)





**Figure 31.** Individuals utilizing shelters in Dorchester County during FY 2011, by race  
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland

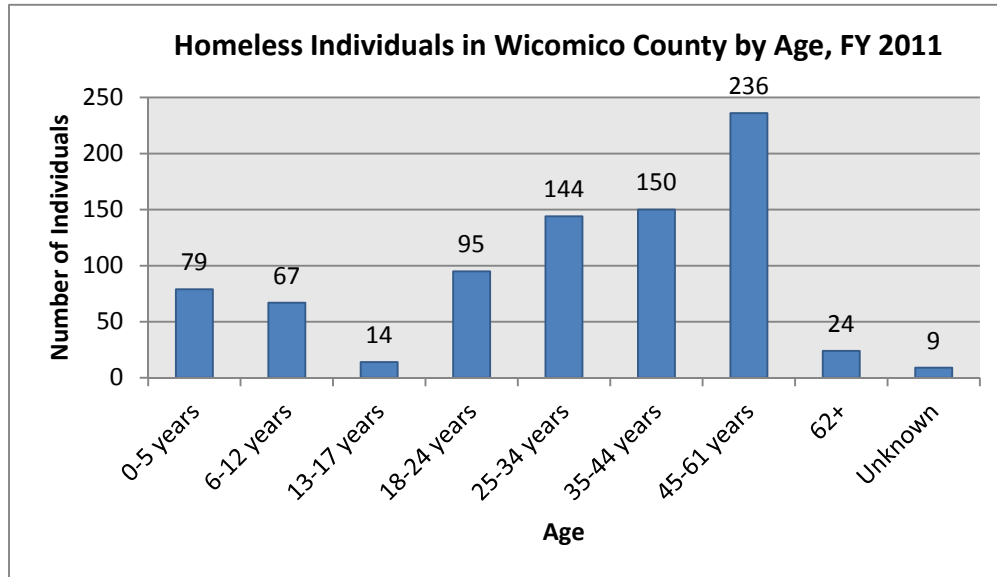


**Figure 32.** Individuals utilizing shelters in Dorchester County during FY 2011, identified as chronically homeless, a veteran, or disabled

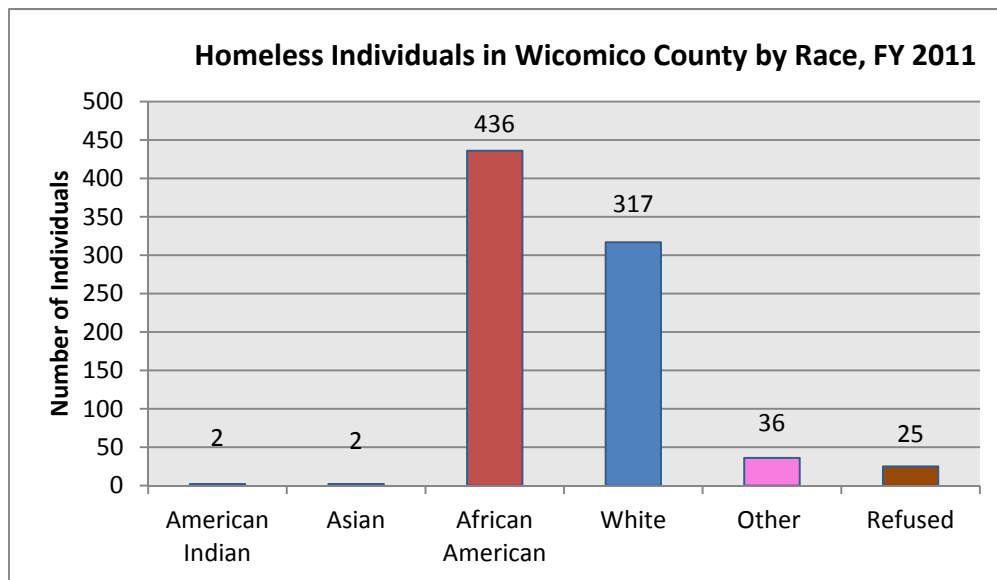
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland

Wicomico County

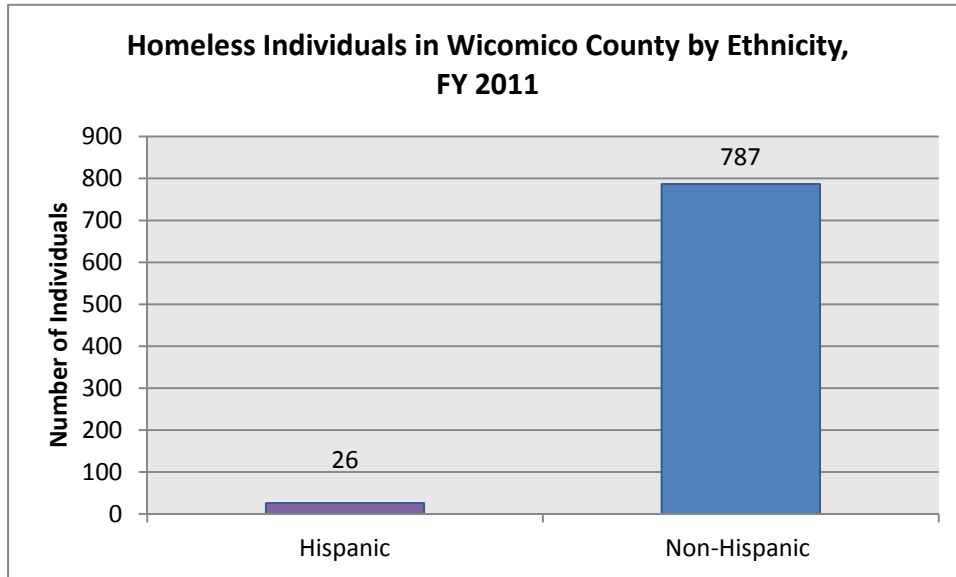
In Wicomico County, a total of 818 individuals were reported as homeless in FY 2011. More than a quarter of these individuals, 236, were between the ages of 45 and 61. Nearly one-fifth of the homeless individuals, 160, were children under the age of 18. Twenty-four were adults aged 62 or older (see Figure 33). The vast majority of homeless individuals were either African American (436) or white (317); the remaining individuals were either American Indian, Asian, Other/multi-racial, or refused (see Figure 34). Most of the homeless individuals in Wicomico County were non-Hispanic (see Figure 35). Of the homeless individuals, eleven were noted as chronically homeless, 67 were veterans, and 150 were disabled (see Figure 36).



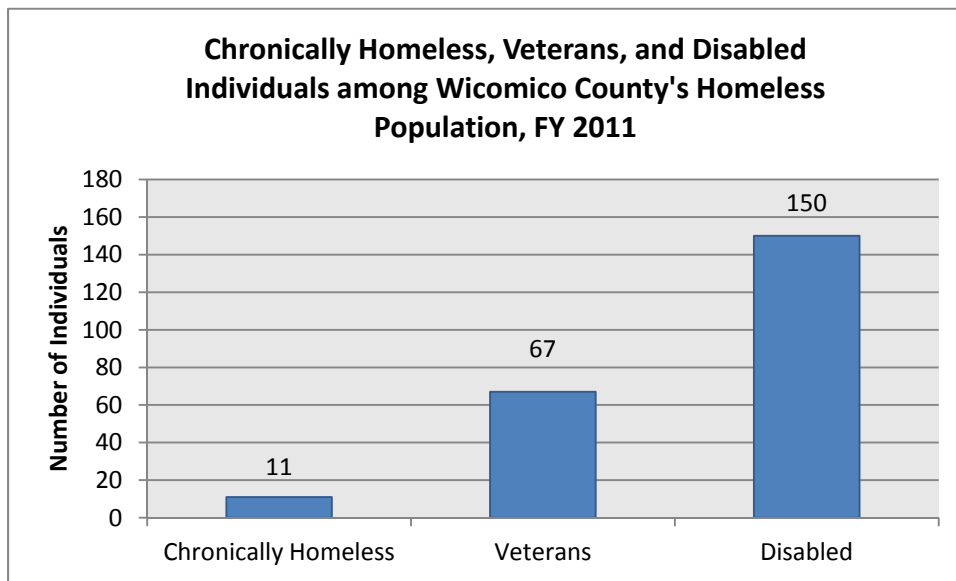
**Figure 33.** Individuals utilizing shelters in Wicomico County during FY 2011, by age  
 Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland



**Figure 34.** Individuals utilizing shelters in Wicomico County during FY 2011, by race  
 Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland



**Figure 35.** Individuals utilizing shelters in Wicomico County during FY 2011, by ethnicity  
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland

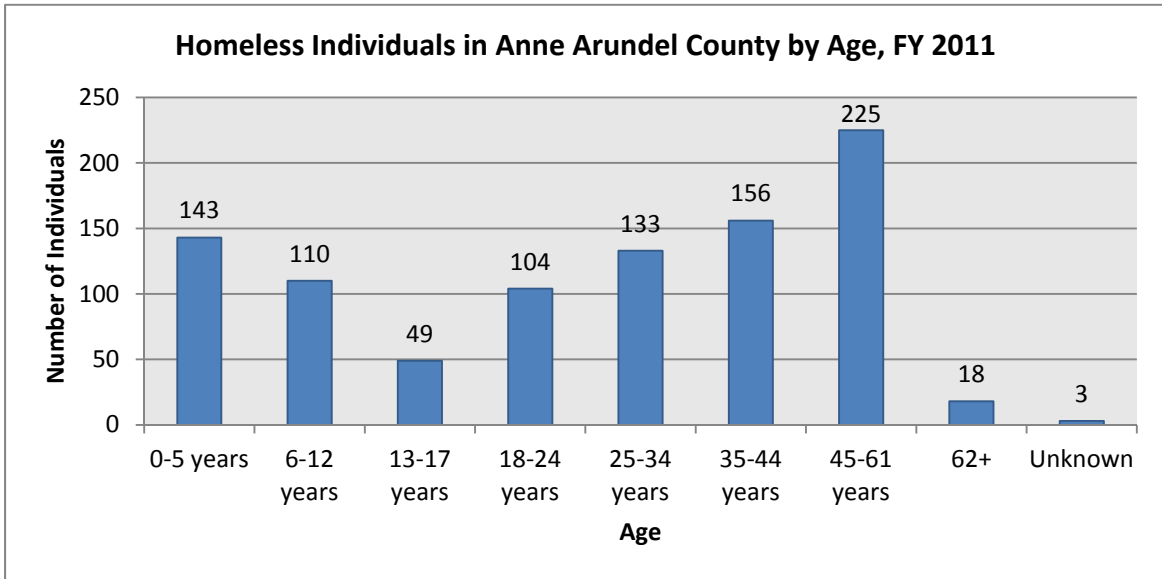


**Figure 36.** Individuals utilizing shelters in Wicomico County during FY 2011, identified as chronically homeless, a veteran, or disabled

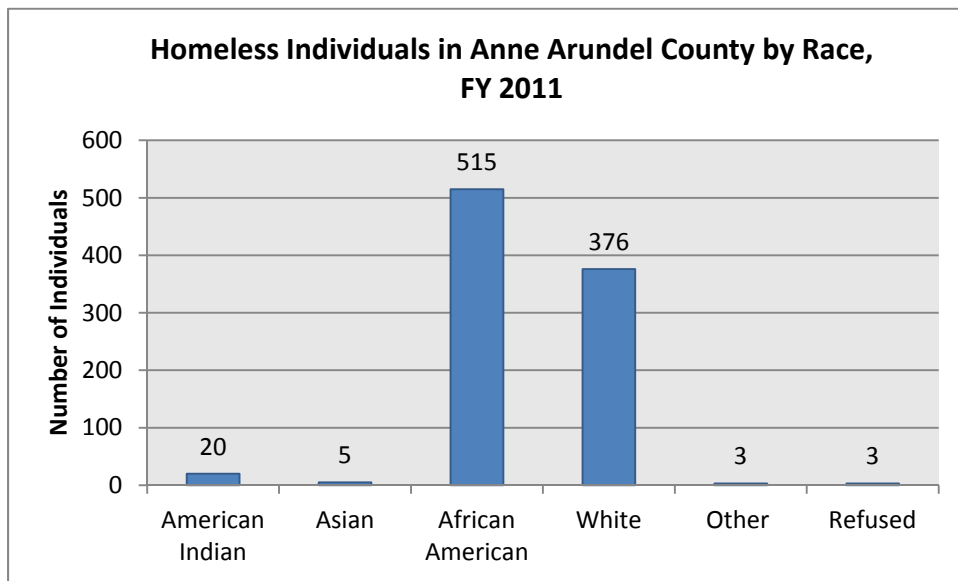
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland

Anne Arundel County

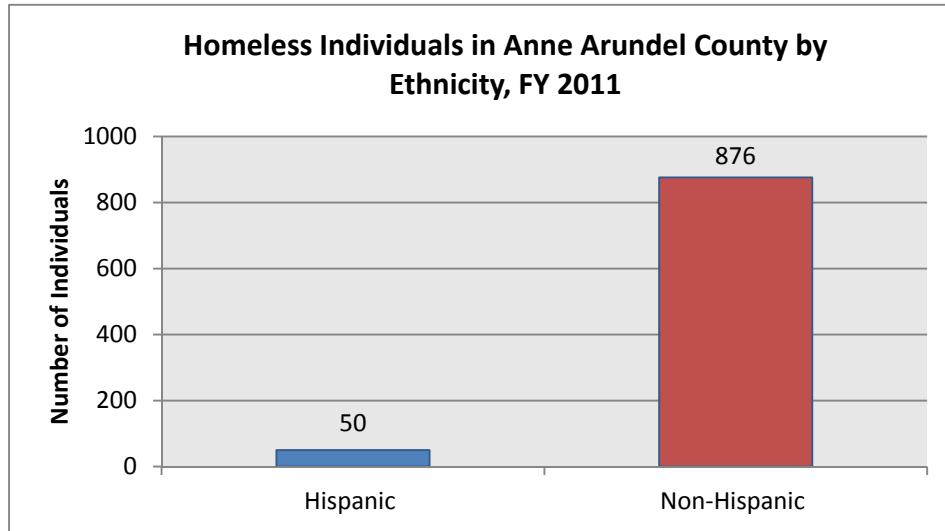
In Anne Arundel County, more than 900 individuals were reported as being homeless in fiscal year 2011. About one-fourth of these individuals were between the ages of 45-61; another 393 were adults between the ages of 18 and 44. More than 300 were children aged 0-17 (see Figure 37). The majority of individuals reported as homeless were Black or white (see Figure 38). More than 90% of the individuals were non-Hispanic (see Figure 39). A total of 171 individuals were chronically homeless, 56 were veterans, and 221 were disabled (see Figure 40).



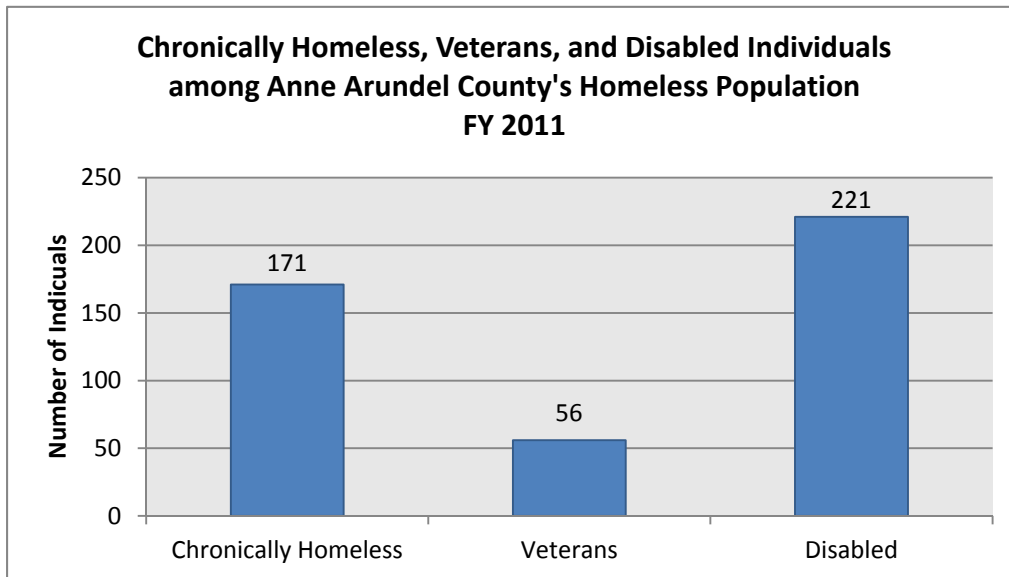
**Figure 37.** Individuals utilizing shelters in Anne Arundel County during FY 2011, by age  
 Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland



**Figure 38.** Individuals utilizing shelters in Anne Arundel County during FY 2011, by race  
 Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland



**Figure 39.** Individuals utilizing shelters in Anne Arundel County during FY 2011, by ethnicity  
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland



**Figure 40.** Individuals utilizing shelters in Anne Arundel County during FY 2011, identified as chronically homeless, a veteran, or disabled  
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland

Available detail on race, ethnicity, and language within CBSA See SHIP County profiles for demographic information of Maryland jurisdictions.				
Demographics	Wicomico County	Anne Arundel County	Dorchester County	Maryland
<b>Total Population*</b>	100,896	555,743	32,660	5,928,814
<b>Age, %*</b>				
Under 5 Years	6.1%	6.3%	6.1%	6.2%
Under 18 Years	21.9%	22.8%	21.1%	22.7%
65 Years and Older	14.1%	13.1%	19.3%	13.4%
<b>Race/Ethnicity, %*</b>				
White	65.4%	70.9%	65.2%	53.5%
Black or African American	24.9%	16.4%	28.1%	30.1%
Native American & Alaskan Native	0.4%	0.4%	0.5%	0.6%
Asian	2.9%	3.7%	1.2%	6.1%
Native Hawaiian & Other Pacific Islander	0.1%	0.1%	♣	0.1%
Hispanic	5.1%	6.9%	4.2%	9.0%
<b>Language Other than English Spoken at Home, % age 5+**</b>	10.0%	10.4%	4.9%	16.5%
<b>Median Household Income**</b>	\$50,639	\$86,987	\$46,199	\$72,999
<b>Persons below Poverty Level**, %</b>	16.2%	5.9%	15.9%	9.4%
<b>Pop. 25+ Without H.S. Diploma**, %</b>	14.5%	9.4%	16.6%	11.5%
<b>Pop. 25+ With Bachelor's Degree or Above**, %</b>	26.7%	36.8%	17.9%	36.3%
Sources: *U.S. Census State & County QuickFacts, 2013 Estimates **U.S. Census State & County QuickFacts, 2008-2012 ♣ Value greater than zero but less than half unit of measure shown				

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

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?

Yes  
 No

Provide date here. 010/23/2013 (mm/dd/yy)

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

<http://www.adventisthealthcare.com/app/files/public/3273/2013-CHNA-ABH-ES.pdf>

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

Yes 04/24/2014 (mm/dd/yy) Enter date approved by governing body here:  
 No

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

<http://www.adventisthealthcare.com/app/files/public/3448/2013-CHNA-ABH-ES-ImplementationStrategy.pdf>

### 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?

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.  CEO

2.  CFO

3.  Other (please specify): Executive Director for the Center for Health Equity and Wellness; Associate Vice President for Mission Integration & Spiritual Care

ii. Clinical Leadership

1.  Physician (Chief Medical Officer)

2.  Nurse (CNE & VP of Patient Care Services)

3.  Social Worker (Director of Case Management)

4.  Other (please specify): Allied Health Professionals

iii. Community Benefit Department/Team

1.  Individual (please specify FTE): 1 FTE Community Benefits Manager

2.  Committee (please list members): Executive Director, Center for Health Equity & Wellness; Associate VP, Mission Integration & Spiritual Care; Project Manager, Community Benefit; Manager, Community Health & Outreach; Financial Services Project Manager; Senior Tax Accountant, Finance; Planning & Marketing Analyst; Communications Specialist, Public Relations/Marketing; Director of Population Health & Case Management at Adventist HealthCare Washington Adventist Hospital; VP of Operations at Adventist HealthCare Shady Grove Medical Center; Director of Population Health and Case Management at Adventist HealthCare Shady Grove Medical Center; Community Liaison at Adventist HealthCare Behavioral Health & Wellness; and Cultural Diversity Liaison at Adventist HealthCare Rehabilitation Hospital.

3.  Other (please describe)

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

Spreadsheet     Yes     No  
Narrative         Yes     No

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

Spreadsheet     Yes     No  
Narrative         Yes     No

**If you answered no to this question, please explain why:**

The hospital's Board reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Community Benefit report that is submitted to the HSCRC (both spreadsheet and narrative) was reviewed and approved by Executive Leadership of the hospital. The Adventist HealthCare Board of Trustees only meets twice per year so they have not yet had a chance to review this report, but they will review this Community Benefit report when they next meet in Q1 2015.

#### 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) or, as an alternative, use Table IIIA, 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. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached examples of how to report.

**For example:** for each principal initiative, provide the following:

- **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.
- **Name of Initiative:** insert name of initiative.
- **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)
- **Single or Multi-Year Plan:** Will the initiative span more than one year? What is the time period for the initiative?
- **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.
- **How were the outcomes of the initiative evaluated?**



- **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?**
- **Continuation of Initiative: Will the initiative be continued based on the outcome?**
- **Expense: A. 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. B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?**

Table III

**Initiative Chemical Dependence/Substance Abuse among Adolescents (CHNA Implementation Strategy Initiative)**

<p><b>Identified Need</b></p>	<p>Illicit drug use in America continues to be an increasing problem. In 2012, an estimated 9.2 percent of the population (aged 12 or older) had used an illicit drug or abused a psychotherapeutic medication in the past month<sup>5</sup>. A large gap in treatment persists. In 2012 an estimated 8.9 percent of Americans needed treatment for a problem related to drugs or alcohol but only 1 percent received treatment at a specialty facility<sup>6</sup>. The drug-induced death rate in Maryland (14.4 per 100,000) exceeds the national average (12.7 per 100,000), with heroin being the primary reason for treatment<sup>7</sup>. Among Wicomico County residents, 14.2 percent reported binge drinking at least once during 30 days (2009-2011)<sup>8</sup>. The prevalence of binge drinking increased in Wicomico County from 9.5 percent in 2009 to 14.2 percent in 2011<sup>9</sup>.</p> <p>While <u>Active Parenting</u> workshops for parents of patients in the Residential Treatment Center (RTC) have previously been hosted, <i>chemical dependence</i> and <i>substance abuse prevention</i> education was previously not offered to parents and families of RTC patients. Also, based on statistics identified in the CHNA, a need existed to improve community prevention and education strategies with regard to chemical dependence/substance abuse. A lack of transportation to evening meetings was identified as a possible access barrier.</p>
<p><b>Hospital Initiative</b></p>	<p>Adventist HealthCare Behavioral Health &amp; Wellness Services, Eastern Shore implemented an initiative to increase chemical dependence/substance abuse awareness and education for community members in their service area.</p> <p>Strategies include:</p> <ul style="list-style-type: none"> <li>• Adapting their free Active Parenting Workshops to include chemical dependence and substance abuse education, including recognizing warning signs and symptoms for parents</li> <li>• Offering transportation services for Active Parenting Workshops</li> <li>• Educating parents, community members, and medical professionals about locally</li> </ul>

<sup>5</sup> Drug Facts: Nationwide Trends. National Institute on Drug Abuse. Revised January 2014. Accessed: <http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

<sup>6</sup> Drug Facts: Nationwide Trends. National Institute on Drug Abuse. Revised January 2014. Accessed: <http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

<sup>7</sup> Maryland Drug Control Update. (2010). Accessed: <http://www.whitehouse.gov>

<sup>8</sup> Peninsula Regional Medical Center. Creating Healthy Communities Community Dashboard. Wicomico County. (2011). Accessed: <http://www.peninsula.org/body.cfm?id=627&oTopId=627>

<sup>9</sup> Peninsula Regional Medical Center. Creating Healthy Communities Community Dashboard. Wicomico County. (2011). Accessed: <http://www.peninsula.org/body.cfm?id=627&oTopId=627>

	<p>available prevention and treatment resources</p> <ul style="list-style-type: none"> <li>• Partnering with local entities such as schools, faith-based organizations, and advocacy groups to expand community outreach and education</li> </ul>
<p><b>Primary Objective</b></p>	<p><b>Goal:</b> Provide drug awareness and education programs for community members to increase prevention and reduce the number of opiate or other substance dependent admissions for adolescents.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. The hospital will host free quarterly Active Parenting courses, incorporating chemical dependence and substance abuse education, to parents of patients currently in the Residential Treatment Center (RTC), as well as to other interested parents and/or community members.</li> <li>2. The hospital will deliver five (5) drug education programs annually for parents, community members, and medical professionals discussing substance abuse prevention and treatment resources in partnership with local community organizations.</li> </ol> <p>These activities will address the problem of chemical dependence, including alcohol abuse, that has been observed in the hospital's CBSA. The metrics that will be used to evaluate this initiative include measures such as: number of Active Parenting courses offered, number of drug education courses offered, number of attendees at each session, and participant satisfaction with the information provided. At the conclusion of the three year initiative in 2016, the rate of opiate or other substance dependent admissions for adolescents will be compared to that of 2013 to assess for change.</p>
<p><b>Single or Multi-Year Initiative Time Period</b></p>	<p><b>Multi-Year</b> The project was implemented in 2014 and will continue into 2016.</p>
<p><b>Key Partners in Development and/or Implementation</b></p>	<p>New community partnerships have been initiated with:</p> <ul style="list-style-type: none"> <li>• Mid-Shore Mental Health Systems</li> <li>• Wicomico/Somerset Core Service Agency</li> <li>• Children's Choice</li> <li>• MD Choices</li> <li>• Board of Education for all Eastern Shore counties</li> </ul>
<p><b>How were the outcomes evaluated?</b></p>	<p><b>Objective 1:</b> Adventist HealthCare Behavioral Health and Wellness Services Eastern Shore staff are tracking the number of Active Parenting Workshops as well as the number of attendees. In addition outreach efforts and utilization of free transportation services are tracked.</p> <p><b>Objective 2:</b> Adventist HealthCare Behavioral Health and Wellness Services Eastern Shore staff are tracking the community groups they have reached out to in order to provide chemical dependence/substance abuse education/presentations. The number of education programs and participants are being tracked as well.</p>
<p><b>Outcomes (Include process and impact measures)</b></p>	<p><b>Objective 1</b></p> <ul style="list-style-type: none"> <li>• <b>Process Measures:</b> <ul style="list-style-type: none"> <li>○ The existing Active Parenting course curriculum has been updated to include modules on drugs/chemical dependence, as well as sexuality and violence. This update expanded the curriculum from four modules to six modules.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Four therapists on staff have attended Active Parenting curriculum training in 2014.</li> <li>○ A questionnaire has been developed to distribute to class attendees, to receive feedback on the course, its effectiveness, and participant satisfaction.</li> <li>○ Dates for several courses have been planned and announced to parents of the residential treatment center patients and the community. Free transportation services were offered for the workshops. Scheduled dates for 2014 included June 4<sup>th</sup>, August 14<sup>th</sup>, and November 1<sup>st</sup>.</li> <li>○ The course was advertised via flyers and the Mid-Shore Mental Health Systems newsletter.</li> <li>○ Despite promotional efforts and free transportation, there have been no participants thus far. A questionnaire was distributed in order to identify potential barriers to attendance, however, none were returned.</li> </ul> <p><b>Objective 2</b></p> <ul style="list-style-type: none"> <li>● <b>Process Measures:</b> <ul style="list-style-type: none"> <li>○ Adventist HealthCare Behavioral Health and Wellness Services Eastern Shore is currently in the process of hiring a full-time chemical dependence counselor who will lead the effort in providing community-based education programs on chemical dependence and substance abuse.</li> </ul> </li> </ul>	
<p><b>Continuation of Initiative</b></p>	<p>The community education initiative will be continued into 2015 and 2016. The Active Parenting Workshop will likely be amended to better meet the needs of the community – as there have not been any participants. An inquiry will be made among parents of RTC residents as well as community members to ascertain what programs and resources would be most beneficial to them in addressing chemical dependence and substance abuse.</p>	
<p><b>A. Total Cost of Initiative for Current Fiscal Year</b> <b>B. What amount is Restricted Grants/Direct offsetting revenue</b></p>	<p><b>A. Total Cost of Initiative</b></p> <p>Personnel Time (planning and administration; participation in Active Parenting Workshop training): \$1,500</p> <p>Flyers/Promotion: \$40</p> <p><b>Estimated Total Costs: \$1,540</b></p>	<p><b>B. Direct offsetting revenue from Restricted Grants: None</b></p>

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.

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
<p><b>Cancer</b></p> <ul style="list-style-type: none"> <li>• Breast Cancer</li> <li>• Lung Cancer</li> <li>• Colorectal Cancer</li> <li>• Prostate Cancer</li> <li>• Cervical Cancer</li> <li>• Skin Cancer</li> <li>• Oral Cancer</li> <li>• Thyroid Cancer</li> </ul>	<p>In Wicomico County, overall cancer mortality rates are among the highest of all counties in Maryland.</p> <p><b>Breast Cancer:</b> Breast cancer incidence rates are higher in Wicomico and Dorchester Counties than both the state and national rates.</p> <p><b>Lung Cancer:</b> White residents of Wicomico County have a higher incidence and mortality rate than blacks for lung cancer. Incidence and mortality rates for lung cancer are higher in Wicomico County than the state of Maryland.</p> <p><b>Colorectal Cancer:</b> Despite relatively similar screening rates, mortality rates for blacks remain higher than for whites in Wicomico and Dorchester Counties.</p> <p><b>Prostate Cancer:</b> Prostate cancer incidence rates are higher in Wicomico and Dorchester Counties than</p>	<p>Support other organizations that provide services related to cancer. Alert patients to other local community or government organizations and resources as appropriate.</p>	<p>The Wicomico and Dorchester County Health Departments provide cancer diagnostic and clinical services for underserved populations.</p> <p>The Wellness for Women program offers breast examinations and screenings for uninsured or underinsured women.</p> <p>The University of Maryland Shore Regional Health System offers a full-range of services through the Shore Regional Cancer Center and Requard Center for Radiation Oncology. Outpatient services are provided at both Memorial Hospital and Dorchester General Hospital. The Breast Center at Memorial Hospital provides diagnostic services, genetic testing, counseling, and treatment. Peninsula Regional Medical Center provides cancer services through the Richard A.</p>	<p>ABHW Eastern Shore does not provide direct services around cancer as they fall outside the scope of the hospital as a behavioral health center. Cancer services are already provided by other local hospital, government and community entities in the ABH Eastern Shore service area.</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	<p>both the state and national rates.</p> <p><b>Cervical Cancer:</b> The incidence rate of Cervical Cancer in Wicomico County is higher than both the state and national rates. Nearly 88 percent of women in Wicomico County had a pap test in 2010.</p> <p><b>Skin Cancer:</b> Incidence rates of skin cancer in Wicomico and Dorchester Counties are higher than the Maryland and National rates. Incidence rates are higher among whites than other racial groups.</p> <p><b>Oral Cancer:</b> Wicomico and Dorchester Counties have similar incidence rates as the state of Maryland but much lower rates than the U.S. as a whole.</p> <p><b>Thyroid Cancer:</b> Wicomico has one of the lowest incidence rates of thyroid cancer in the state of Maryland.</p>		<p>Henson Cancer Institute.</p> <p>The American Cancer Society works with Peninsula Regional Medical Center and Shore Regional Cancer Center to provide supportive services through the “Look Good, Feel Better” program for women going through breast cancer treatment.</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
<b>Heart Disease &amp; Stroke</b>	Heart Disease: In 2012, Wicomico County experienced a 40.11 percent greater rate of death from heart disease compared to Maryland statewide, while Dorchester County residents had a 9.07 percent greater rate of death from heart disease compared to Maryland. Stroke: Mortality rates for stroke in Wicomico County have met the Healthy People 2020 target. The rates in Dorchester County remain high at 45.01 per 100,000 compared to the Healthy people 2020 target of 33.8 per 100,000.	Support other organizations that provide services related to heart disease. Alert patients to other local community or government organizations and resources as appropriate.	<p>The Guerrieri Heart &amp; Vascular Institute at Peninsula Regional Medical Center provides a comprehensive cardiac care program which is open to the community.</p> <p>Programs such as “Fitness Plus” offer community exercise classes as part of the Peninsula Regional Medical Care outreach.</p> <p>The Wagner Wellness Mobile Health Van provides free services to the Delmarva area including coastal cardiac checks, women’s heart checks, blood pressure screenings, and pulse oximetry testing.</p> <p>Women’s Heart Program provides women with heart disease risk assessments and follow-up.</p> <p>The Wicomico County Mended Hearts Chapter provides services to heart patients such as visiting programs, support group</p>	ABHW Eastern Shore does not provide direct services around heart disease and stroke as they fall outside the scope of the hospital as a behavioral health center. Heart disease and stroke services are already provided by other local hospital, government and community entities in the ABH Eastern Shore service area.

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>meetings, and education meetings. Support is offered at the hospital, online, or via phone visits.</p> <p>The American Heart Association serves residents in Wicomico and Dorchester counties by offering free screenings and educational materials.</p> <p>University of Maryland Shore Regional Health offers outpatient cardiovascular diagnostic and treatment services at Dorchester General Hospital, Memorial Hospital, and Shore Medical Office Pavilion. Inpatient services can be found at Memorial Hospital's accredited Primary Stroke Center.</p> <p>University of Maryland Shore Regional Health offers educational health programs and presentations on stroke prevention to interested community groups and organizations.</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
<b>Diabetes</b>	<p>In Dorchester County, the prevalence of diabetes is 13.5 percent, which is much higher than the state’s prevalence of 9.16 percent.</p> <p>In both Dorchester and Wicomico Counties, black residents visit the Emergency Room for diabetes approximately three times more frequently than white residents.</p>	<p>Support other organizations that provide services related to diabetes.</p> <p>Alert patients to other local community or government organizations and resources as appropriate.</p>	<p>The American Diabetes Association provides diabetes education in eight Eastern Shore counties.</p> <p>The University of Maryland Center for Diabetes and Endocrinology, located at Memorial Hospital, is the only diabetes specialty clinic on Maryland’s Eastern Shore.</p> <p>Peninsula Regional Medical Center offers a variety of programs and supportive services. In addition, the Center offers: a Diabetes Education Program, a 5 week Diabetes Self-Management Program which includes education in the areas of nutrition, foot care, blood glucose monitoring, and exercise. Free Diabetes support groups are also offered.</p> <p>Medical Nutrition Therapy gives diabetics the opportunity to develop a personalized self-</p>	<p>ABHW Eastern Shore does not provide direct services around diabetes as they fall outside the scope of the hospital as a behavioral health center. Services for those affected by diabetes are already provided by other local hospital, government and community entities in the ABH Eastern Shore service area.</p>



Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>management plan with a Registered Licensed Dietitian and may include instruction for blood glucose monitoring, insulin injections, and other injectable medications.</p> <p>The Tri-County Diabetes Alliance offers educational presentations, counseling, and free screenings to diabetics and people who may be at risk for developing diabetes.</p> <p>The Lifestyle Balance Program is a 16-week educational program for diabetics that focuses on healthy eating, physical activity, and weight-loss.</p>	
<b>Obesity</b>	In Wicomico County, 71.9 percent of adult residents are overweight or obese. The percentage of obese youth ages 12 to 19 in Dorchester County is 56.13 percent higher and in Wicomico County is 28.41 percent higher than the percentage statewide. Both counties also have a	Support other organizations that provide services related to obesity. Alert patients to other local community or government organizations and resources as appropriate.	Several organizations are providing guidance on improving nutrition including but not limited to: The Chronic Disease Prevention Program in Wicomico educating on the importance of eating well and being active; WIC providing nutritional education; Shore Health	ABHW Eastern Shore does not provide direct services around obesity as they fall outside the scope of the hospital as a behavioral health center. Services for those who are overweight or obese are already provided by other local hospital, government and community entities in the

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	level of physical inactivity much greater than the state of Maryland baseline.		<p>System provides nutrition counseling include weight control; and the Peninsula Regional Medical Center works with the Delmarva Bariatric and Fitness Center to provide free seminars and weight management and support groups.</p> <p>Additionally, approximately six support groups in Wicomico County specifically focus on addressing weight and touching on core issues such as food addiction, self-esteem, and lifestyle.</p>	ABHW Eastern Shore service area.
<b>Asthma</b>	In Dorchester County, rates of emergency department visits for asthma were 1.5 times higher than the rate of visits for the state of Maryland overall. Black residents in both Wicomico and Dorchester Counties had significantly higher rates of asthma related emergency department visits than white residents.	Support other organizations that provide services related to asthma. Alert patients to other local community or government organizations and resources as appropriate.	<p>The Asthma and Allergy Foundation provides educational materials, parental training, and support groups to families of children with asthma.</p> <p>Peninsula Regional Medical Center provides educational programs such as the Better Breathers Club, a free support group for adults with asthma and other respiratory problems, and</p>	ABHW Eastern Shore does not currently directly address asthma because it is not a specialty area of the hospital. Sufficient resources and expertise are not available to meet these needs. Additional resources are available in the community.

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>the American Lung Association’s Open Airways Program.</p> <p>Peninsula Regional also sponsors community activities for children with asthma including Camp Huff &amp; Puff and an overnight stay at the Salisbury Zoo for children with asthma.</p>	
<b>Influenza</b>	<p>In Wicomico County, approximately 47.5 percent of adults aged 65 and older received an influenza vaccine which was significantly lower than the national target of 90 percent. There were approximately 12 deaths from influenza from 2009-2011 in Wicomico County and 6 influenza related deaths in Dorchester County in 2009.</p>	<p>Support other organizations that provide services related to influenza. Alert patients to other local community or government organizations and resources as appropriate.</p>	<p>Various local entities provide influenza vaccinations to the community including the Community Health Services Division of the Wicomico Health Department, Peninsula Regional Medical Center through their annual “Drive-Thru Flu Clinic,” as well as local healthcare providers, physicians, and pharmacies.</p>	<p>ABHW Eastern Shore does not provide influenza services as they fall outside the scope of the hospital as a Behavioral Health center. Influenza services are already available through multiple providers in the ABH Eastern Shore service area.</p>
<b>HIV/AIDS</b>	<p>HIV/AIDS is more prevalent in Dorchester County than Wicomico County, however both counties experience far lower prevalence rates compared to the state of Maryland overall.</p>	<p>Support other organizations that provide services related to HIV/AIDS. Alert patients to other local community or government organizations and resources as</p>	<p>Wicomico County: The Wicomico County Health Department offers free, confidential and anonymous counseling and testing, partner notification, prevention education, and case</p>	<p>ABHW Eastern Shore does not provide direct services around HIV/AIDS as they fall outside the scope of the hospital as a behavioral health center. Services around HIV/AIDS are already provided by</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	<p>The HIV prevalence rate for black residents of Dorchester County is approximately 10 times higher than for white residents. In Wicomico County the prevalence among black residents is 6 times that of white residents.</p>	<p>appropriate.</p>	<p>management services.</p> <p>The HIV Seropositive Clinic provides care and assistance to uninsured residents 16 and older with HIV.</p> <p>The Ryan White C.A.R.E. act provides financial assistance to eligible residents who need help acquiring medications, specialty medical care, food and transportation.</p> <p>The Eastern Region HIV Care Consortium provides outpatient and support services for people that have been diagnosed with HIV.</p> <p>Housing Opportunities for Persons with AIDS provides financial assistance to cover the cost of rent and utilities for eligible persons with HIV and their families.</p> <p>Dorchester County: The Dorchester County Health Department offers a variety of services</p>	<p>other local hospital, government and community entities in the ABH Eastern Shore service area.</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>including confidential testing, case management, referrals, and support around insurance, transportation and housing.</p> <p>Two additional resources include the Pharaoh Program and Prevention with Positives program which help to empower individuals with HIV and provide transmission risk-reduction.</p>	
<p><b>Population Health</b></p> <ul style="list-style-type: none"> <li>• Maternal and Infant Health</li> <li>• Senior Health</li> </ul>	<p>Maternal and Infant Health: White expectant mothers in Wicomico County were more likely to receive early prenatal care than black and Hispanic expectant mothers. In both Wicomico and Dorchester Counties, infant mortality rates have been on the decline, however, they are still higher than Maryland’s overall infant mortality rate.</p> <p>Senior Health: The percent of Maryland residents over the age of 60 is expected to increase from 15 percent to 25</p>	<p>Support other organizations that provide services related to population health. Alert patients to other local community or government organizations and resources as appropriate.</p>	<p><b>Maternal and Infant Health:</b> Peninsula Regional Medical Center offers education/wellness classes and women’s health services.</p> <p>Special Treasures Are Remembered (STAR) is a program at Peninsula Regional Medical Center to support and assist women who have suffered the loss of an infant during or after pregnancy.</p> <p>Wicomico County Health Department’s Family Planning Program</p>	<p>ABHW Eastern Shore does not directly provide maternal and infant services or senior health services as they fall outside the scope of the hospital as a behavioral health center. Several resources for maternal, infant and senior health are available through community and government organizations in the ABH Eastern Shore service area.</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	percent by 2030. In Wicomico County, 9.1 percent of seniors live below the poverty level, with higher percentages among minority and female seniors.		<p>provides gynecological examinations, contraception, and vasectomy counseling. Free services include pregnancy testing, contraceptive counseling, and condoms.</p> <p>The Babies Born Healthy Program provides free services through the WIC program including multivitamins, pregnancy testing, and nurse assessment on contraception and family planning. May need to meet eligibility requirements.</p> <p>The Dorchester County Health Department offers services such as family planning, counseling, pregnancy testing, gynecological care, home visitations, case management, and immunization services.</p> <p>Additional services such as Maryland Children’s Health Program and the Medical Assistance for</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>Families program provide health benefits to those in need.</p> <p>Children’s Medical Services (CMS) program provides financial assistance for families to acquire special medical and rehabilitative care for children with chronic illnesses or disabilities of growth and development.</p> <p><b>Senior Health:</b> Delmarva Community Services, Inc. provides programs for senior citizens in Dorchester County including health education, housing, an advocacy services, in-home services, and nutrition.</p> <p>Pleasant Day Adult Day Care provides nursing care to seniors with chronic health conditions to allow them to live as independently as possible within their homes.</p> <p>Meals-on-Wheels assists seniors who cannot cook</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>or do not have transportation by delivering meals to their homes.</p> <p>Housing services offers comprehensive care at senior centers with preventive healthcare services, nutrition services, fitness programs, employment counseling, etc. Additionally, the Senior Assisted Group Home Subsidy Program provides low-to-moderate income senior citizens with access to assisted living in small group homes. Services include meals, personal care, and 24-hour supervision.</p> <p>The Richard A. Henson Wellness Center provides programs specifically for the elderly such as fitness classes, wellness and health education classes, health screenings, and Alzheimer’s support.</p>	
<p><b>Social Determinants of Health</b></p> <ul style="list-style-type: none"> <li>• Food Access</li> <li>• Housing Quality</li> </ul>	<p>Food Access: In 2010, 28.5 percent of the population in Wicomico County had low food access compared</p>	<p>Partner with and support other organizations in the community that specialize in addressing needs</p>	<p><b>Food Access:</b> Food stamps are available through the county Departments of Human Resources.</p>	<p>ABHW Eastern Shore does not directly address many of the social determinants of health as they fall</p>



Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
<ul style="list-style-type: none"> <li>• Education</li> <li>• Transportation</li> </ul>	<p>to 9.84 percent in neighboring Dorchester County, and 22.5 percent in Maryland overall.</p> <p>Housing Quality: In Wicomico County, 61.5 percent of renters spend 30 percent or more of their household income on rent compared to 41.4 percent in Dorchester County. In Wicomico County, 4.8 percent of the population is homeless compared to 0.2 percent in Dorchester County.</p> <p>Education: Wicomico County performed slightly lower than the state baseline with regard to percentage of students who graduate high school within four years, 81.1 percent compared to 82.8 percent. Dorchester county 4 year graduation rates at 78.5 percent were also lower than the state baseline. Both counties and the state performed below the Maryland 2014 target of 86.1 percent.</p> <p>Transportation: The rate of pedestrian injuries in Wicomico County in 2012</p>	<p>related to food access, housing quality, education, transportation, and other social determinants of health.</p>	<p>Dorchester County provides food banks and Holiday Assistance through the Salvation Army. The food bank provides food once every 6 months. Wicomico County also has over 26 pantries and soup kitchens.</p> <p>“Breakfast in Maryland” provides a healthy breakfast for schools in each county. After school programs provide healthy snacks, beverages and physical activity in conjunction with the Maryland Nutrition &amp; Physical Activity Plan.</p> <p>The Agape Food Pantry is available for residents of Dorchester County.</p> <p>The Summer Food Service Program provides reimbursement for organizations providing meals and snacks for children.</p> <p><b>Housing Quality:</b> Residents in Wicomico</p>	<p>outside the specialty areas of the hospital and sufficient resources and expertise are not available. Instead ABH Eastern Shore supports and partners with other organizations in the community that specialize in addressing needs related to food access, housing quality, education and transportation.</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	<p>was 32.9 per 100,000 compared to 40.5 per 100,000 in Maryland as a whole. The numbers in Dorchester were too small to compare to the state baseline with only a total of 11 pedestrian injuries for the year.</p>		<p>and Dorchester Counties who are experiencing economic difficulties can receive assistance from the Salvation Army, the Community Action Agency, and “Shore Up” which help the low income, working poor, and elderly with financial assistance and foreclosure counseling.</p> <p>The Maryland Energy Assistance Program (MEAP) assists with heating and electric bills. Delmarva Community Services, Inc. provides help for rent, mortgage payments, and energy bills</p> <p>“Project Home” manages the Certified Adult Residential Environment (CARE) housing programs and provides supportive housing and case management to disabled adults, including persons with AIDS.</p> <p>The Rental Allowance Program (RAP) provides</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>grants to give flat rent subsidies to low-income families that are either homeless or have an emergency housing need. The goal of this program is to enable households to move from homelessness to self-sufficiency.</p> <p><b>Education:</b> The Maryland One Stop Career Centers in Dorchester County and Wicomico County offers Adult Education and Literacy services and administers the statewide GED testing program. They also provide English as a Second Language (ESL) training in various locations in the area.</p> <p>The Wicomico County Library also offers a Testing and Education Center providing a Language Lab Center, which has computers for adult ESL students to learn computer skills.</p> <p>The Dorchester County Public School system works in partnership with</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>the community to provide tutors, decrease the suspension rate, and expand mental health services for students. They also reach out to homeless students. Wicomico County Board of Education also provides outreach to homeless children.</p> <p>“Pre-school For All” is a Pre-kindergarten Classroom to provide early learning opportunities to the community.</p> <p>Dorchester County’s “First Steps” program is a multi-disciplinary, early intervention program for children ages 3 to 6 and their families and provides tutoring, counseling, and parent education.</p> <p>The School Community/Multi-Service Centers of Dorchester County are designed to help children be successful through</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>tutoring, computer-assisted instruction, and school recreational activities.</p> <p><b>Transportation:</b> Delmarva Community Transit (DCT) provides a variety of transportation services for the community, including fixed route shuttle services in the Cambridge area, flexible routes linking Dorchester County to other areas of the Eastern Shore, and specialized service for senior citizens and persons with disabilities.</p> <p>Delmarva Community Services, Inc. (D.DU.S.T.) provides Para-transit services for seniors and those with disabilities as well as the general public. Medical Assistance Transportation for Wicomico County provides complementary non-emergency transportation to qualified</p> <p>Medical Assistance Recipients.</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>Shore Ride provides transportation services for customers who reside in rural areas (3/4 mile beyond a fixed route bus stop/transfer point) in Somerset, Wicomico and Worcester Counties for a fare of \$5.00 per ride. They also provide services for the elderly and disabled customers as well as Paratransit services.</p>	

## 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.

Based on the 2008 Maryland Physician Workforce Study, sponsored by the Maryland Hospital Association and MedChi, the Maryland State Medical Society, the eastern region including Wicomico and Dorechester Counties, has shortages in 18 of 30 physician specialty groups<sup>10</sup>. Shortages were identified among primary care, allergy, dermatology, endocrinology, gastroenterology, hematology/oncology, neurology, psychiatry, rheumatology, anesthesiology, diagnostic radiology, pathology, physical medicine, general surgery, ophthalmology, orthopedic surgery, thoracic surgery, and vascular surgery. In contrast, in the central region which includes Anne Arundel County, physician shortages were only found in 5 of 30 physician speciality groups. Shortages were identified among dermatology, hematology/oncology, emergency medicine, pathology, and thoracic surgery.

Across the state, medical specialists are projected to decrease from 40 per 100,000 state residents to 37 per 100,000 in 2015. In the eastern region, it is expected that shortages will increase in 2015, while in the central region physician supplies are expected to remain adequate.

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

In accordance with Adventist Healthcare’s mission of demonstrating God’s care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing, Adventist Behavioral Health & Wellness Services – Eastern Shore provided the following physician services, by category, as a community benefit in 2013:

#### Non-Resident House Staff & Hospitalists

- Adult Acute Care Services (Inpatient)
- Child & Adolescent Care Services (Inpatient)
- Outpatient Services

#### Physician Recruitment to Meet Community Need

- Adult Acute Care Services (Inpatient)
- Child & Adolescent Care Services (Inpatient)
- Outpatient Services

The following table details the dollar amount of physician subsidies that Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore provided:

Physician Category	Amount
Non-Resident House Staff & Hospitalist	\$498,492.40
Recruitment of Physicians To Meet Community Need	\$324,565.93
Continuing Care	\$2,708.51
Women’s & Children’s Services	\$11.79
<b>Total</b>	<b>\$825,778.63</b>

<sup>10</sup> Maryland Hospital Association & MedChi the Maryland State Medical Society. 2008. Maryland Physician Workforce Study.

## **VI. APPENDICES**

- 1. Describe your Financial Assistance Policy (FAP):**
  - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)**
  - b. Include a copy of your hospital's FAP. (label appendix II)**
  - c. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General 19-214.1(e). Please be sure it conforms to the instructions provided in accordance with Health-General 19-214.1(e).**
- 2. Attach the hospital's mission, vision, and value statement(s) (label appendix IV)**



## Appendix I

### Financial Assistance Policy Description

Adventist HealthCare Behavioral Health & Wellness Services Eastern Shore informs patients and persons of their eligibility for financial assistance according to the National CLAS standards and provides this information in both English and Spanish at several intervals and locations. The Hospital's Notice of Financial Assistance and Charity Care Policy is clearly posted in the emergency department and inpatient admitting areas so that patients are aware that they can request financial assistance if they do not have the resources necessary for the total payment of their bill. If a patient requests a copy of the Hospital's charity policy (FAP) at either the time of admission or discharge, a copy of the document is provided to them.

If the Hospital determines at the time a patient is admitted that they do not have the financial means to pay for their services the patient is informed that they can apply for financial assistance from the Hospital. If a patient is admitted without resolving how their bill will be paid, a financial counselor will visit their room to discuss possible payment arrangements. If the financial counselor determines if the patient qualifies for Medicaid, an outside contractor experienced in qualifying patients for Medicaid will speak to the patient to determine if the patient qualifies for Medicaid or some other governmental program.

As self-pay and other accounts are researched by representatives from the billing department after no payments or only partial payments have been received, the billing department will explain to the patients that financial assistants may be available if they do not have the financial means to pay their bill. If patients request financial assistance, at that time, a copy of the Hospital's charity application will be sent to them.

The Hospital has an outside contractor experienced in qualifying patients for Medicaid to review potential emergency room patients who may qualify for Medicaid.

## **Appendix II**

### **Financial Assistance Policy**

**ADVENTIST HEALTH CARE, INC.**  
**Corporate Policy Manual**  
**Financial Assistance – Decision Rules/Application**  
**(Formerly known as Charity Care Policy)**

Effective Date	01/08	Policy No:	AHC 3.19.0
Cross Referenced:	Financial Assistance - Decision Rules/Application (see Master Policy 3.19 Financial Assistance)	Origin:	PFS
Reviewed:	02/09, 06/15/10, 9/19/13	Authority:	EC
Revised:	05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13	Page:	1 of 12

**DECISION RULES:**

- A.** The patient would be required to fully complete an application for Charity Care and/or completion of the “Income” and “Family Size” portions of the State Medicaid Application could be considered as “an application for Charity Care.” A final decision will be determined by using; an electronic income estimator, the state of Maryland poverty guidelines and the review of requested documents. An approved application for assistance will be valid for twelve (12) months from the date of service and may<sup>1</sup> be applied to any qualified services (see “A” above), rendered within the twelve (12) month period. The patient or Family Representative may reapply for Charity Care if their situation continues to merit assistance.
1. Once a patient qualifies for Charity Care under this policy the patient or any immediate family member of the patient living in the same household shall be eligible for Charity Care at the same level for medically necessary care when seeking subsequent care at the same hospital during the 12 month period from the initial date of service.
  2. When the patient is a minor, an immediate family member is defined as; mother, father, unmarried minor natural or adopted siblings, natural or adopted children residing in the same household.
  3. When the patient is not a minor, an immediate family member is defined as: spouse, minor natural or adopted siblings, natural or adopted children residing in the same household.
- B.** Where a patient is deceased with no designated Executor, or no estate on file within the appropriate jurisdiction(s), the cost of any services rendered can be charged to Charity Care without having completed a formal application. This would occur after a determination that other family members have no legal obligation to provide Charity Care. After receiving a death certificate and appropriate authorization, the account balance will be adjusted via the appropriate adjustment codes 23001 – Account in active AR, 33001 – Account in Bad Debt.
- C.** Where a patient is from out of State with no means to pay, follow instructions for “A” above.
- D.** A Maryland Resident who has no assets or means to pay, follow instructions for “a” above.

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- e.** A Patient who files for bankruptcy, and has no identifiable means to pay the claim, upon receipt of the discharge summary to include debt owed to AHC, charity will be processed without a completed application and current balances adjusted as instructed in “b” above.
- f.** Where a patient has no address or social security number on file and we have no means of verifying assets or, patient is deemed homeless, charity will be processed without a completed application and current balances adjusted as instructed in “b” above.
- g.** A Patient is denied Medicaid but is not determined to be “over resource” follow instructions for “a” above.
- h.** A Patient who qualifies for federal, state or local governmental programs whose income qualifications fall within AHC Charity Care Guidelines, automatically qualifies for AHC Charity Care without the requirement to complete a charity application.
- i.** Patients with a Payment Predictability Score (PPS) of 500 or less, and more than 2 prior obligations in a Collection Status on their Credit Report and Income and Family Size are within the Policy Guidelines, charity will be processed without a completed application and current balances adjusted as instructed in “C” above.
- j.** If a patient experiences a material change in financial status, it is the responsibility of the patient to notify the hospital within ten days of the financial change.

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**NOTICE TO BE POSTED IN THE ADMISSIONS OFFICE, BUSINESS OFFICE AND THE  
EMERGENCY DEPARTMENT**

<p><b>ADVENTIST HEALTHCARE</b>  <b>NOTICE OF AVAILABILITY OF CHARITY CARE</b></p>
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Shady Grove Adventist, Adventist Behavioral Health, Washington Adventist Hospital and Adventist Rehab Hospital of Maryland will make available a reasonable amount of health care without charge to persons eligible under Community Services Administration guidelines. Charity Care is available to patients whose family income does not exceed the limits designated by the Income Poverty Guidelines established by the Community Services Administration. The current income requirements are the following. If your income is not more than six times these amounts, you may qualify for Charity Care.

<u>Size of Family Unit</u>	<u>Guideline</u>
1 _____	\$11,490
2 _____	\$15,510
3 _____	\$19,530
4 _____	\$23,550
5 _____	\$27,570
6 _____	\$31,590
7 _____	\$35,610
8 _____	\$39,630

**Note:** The guidelines increase **\$4,020** for each additional family member.

If you feel you may be eligible for Charity Care and wish to apply, please obtain an application for Community Charity Care from the Admissions Office or by calling (301) 315-3660.

Revised July 2013

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# ADVENTIST HEALTHCARE

Patient Financial Services, 820 West Diamond Ave, Suite 500, Gaithersburg, MD 20878

- |   |  |
|---|--|
| <input type="checkbox"/> Washington Adventist Hospital  | <input type="checkbox"/> Adventist Behavioral Hospital                 |
| <input type="checkbox"/> Shady Grove Adventist Hospital | <input type="checkbox"/> Adventist Rehabilitation Hospital of Maryland |

**CHARITY CARE APPLICATION- DEMOGRAPHICS**

Date: \_\_\_\_\_ Account Number(s) \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ US Citizen: \_\_\_\_\_ No Residence: \_\_\_\_\_

Marital Status:    \_\_\_ Married    \_\_\_ Single    \_\_\_ Divorced

Name of Person Completing Application \_\_\_\_\_

**Dependents Listed on Tax Form:**

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

**Employment: Patient employer**

**Spouse employer**

Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Social Security #: _____	Social Security #: _____
How long employed: _____	How long employed: _____

**TOTAL FAMILY INCOME            \$ \_\_\_\_\_**

**Note:** All Financial applications must be accompanied by income verification for each working family member. Be sure you have attached income verification for all amounts listed above. This verification may be in the following forms: minimum of 3 months' worth of pay-stubs, an official income verification letter from your employer and/or your current taxes or W-2s. If you are not working and are not receiving state or county assistance, please include a "Letter of Support" from the individual or organization that is covering your living expenses. Any missing documents will result in a delay in processing your application or could cause your application to be denied. Thank you for your cooperation.

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**CHARITY CARE APPLICATION- LIVING EXPENSES**

**EXPENSES :**

Rent / Mortgage	_____
Food	_____
Transportation	_____
Utilities	_____
Health Insurance premiums	_____
Medical expenses not covered by insurance	_____
Doctor: _____	
_____	
_____	
Hospital: _____	
_____	
TOTAL:	_____

Has the applicant ever applied or is currently applying for Medical Assistance?

Please Circle the appropriate answer: **YES or NO**

**If yes, please provide the status of your application below (caseworker name, DSS office location, etc.)**

**I hereby certify that to the best of my knowledge and belief, the information listed on this statement is true and represents a complete statement of my family size and income for the time period indicated.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return Application To: Adventist HealthCare  
 Patient Financial Services**

**ADVENTIST HEALTH CARE, INC.**  
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**Attn: Customer Service Manager**  
**820 West Diamond Avenue, Suite 500**  
**Gaithersburg, MD 20878**

**COMMUNITY CHARITY CARE APPLICATION- OFFICIAL DETERMINATION ONLY**

This application was:     **Denied /Approved /Need more information**

The reason for Denial:

What additional information is needed?:

Approval Details:

Patient approved for \_\_\_\_\_%  
\$\_\_\_\_\_ will be a Charity Care Adjustment  
\$\_\_\_\_\_ will be the patient's responsibility

Approval Letter was sent on \_\_\_\_\_

**AUTHORIZED SIGNATURES:**

\_\_\_\_\_  
**CS/COLLECTION MANAGER**  
**UP TO \$1500.00**

\_\_\_\_\_  
**Sr. ASSISTANT DIRECTOR**  
**UP TO \$2500.00**

\_\_\_\_\_  
**REGIONAL DIRECTOR**  
**UP TO \$25,000.00**

\_\_\_\_\_  
**VP of Revenue Cycle or HOSPITAL CFO**  
**OVER \$25,000.00**



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**2013 POVERTY GUIDELINES**

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	100%	\$11,490	100%	0%
2	100%	\$15,510	100%	0%
3	100%	\$19,530	100%	0%
4	100%	\$23,550	100%	0%
5	100%	\$27,570	100%	0%
6	100%	\$31,590	100%	0%
7	100%	\$35,610	100%	0%
8	100%	\$39,630	100%	0%
FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	125%	\$14,363	100%	0%
2	125%	\$19,388	100%	0%
3	125%	\$24,413	100%	0%
4	125%	\$29,438	100%	0%
5	125%	\$34,463	100%	0%
6	125%	\$39,488	100%	0%
7	125%	\$44,513	100%	0%
8	125%	\$49,538	100%	0%
FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	150%	\$17,235	100%	0%
2	150%	\$23,265	100%	0%
3	150%	\$29,295	100%	0%
4	150%	\$35,325	100%	0%
5	150%	\$41,355	100%	0%

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6	150%	\$47,385	100%	0%
7	150%	\$53,415	100%	0%
8	150%	\$59,445	100%	0%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	175%	\$20,108	100%	0%
2	175%	\$27,143	100%	0%
3	175%	\$34,178	100%	0%
4	175%	\$41,213	100%	0%
5	175%	\$48,248	100%	0%
6	175%	\$55,283	100%	0%
7	175%	\$62,318	100%	0%
8	175%	\$69,353	100%	0%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	200%	\$22,980	100%	0%
2	200%	\$31,020	100%	0%
3	200%	\$39,060	100%	0%
4	200%	\$47,100	100%	0%
5	200%	\$55,140	100%	0%
6	200%	\$63,180	100%	0%
7	200%	\$71,220	100%	0%
8	200%	\$79,260	100%	0%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	225%	\$25,853	90%	10%
2	225%	\$34,898	90%	10%
3	225%	\$43,943	90%	10%
4	225%	\$52,988	90%	10%
5	225%	\$62,033	90%	10%
6	225%	\$71,078	90%	10%
7	225%	\$80,123	90%	10%
8	225%	\$89,168	90%	10%

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<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	250%	\$28,725	80%	20%
2	250%	\$38,775	80%	20%
3	250%	\$48,825	80%	20%
4	250%	\$58,875	80%	20%
5	250%	\$68,925	80%	20%
6	250%	\$78,975	80%	20%
7	250%	\$89,025	80%	20%
8	250%	\$99,075	80%	20%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	275%	\$31,598	70%	30%
2	275%	\$42,653	70%	30%
3	275%	\$53,708	70%	30%
4	275%	\$64,763	70%	30%
5	275%	\$75,818	70%	30%
6	275%	\$86,873	70%	30%
7	275%	\$97,928	70%	30%
8	275%	\$108,983	70%	30%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	300%	\$34,470	60%	40%
2	300%	\$46,530	60%	40%
3	300%	\$58,590	60%	40%
4	300%	\$70,650	60%	40%
5	300%	\$82,710	60%	40%
6	300%	\$94,770	60%	40%
7	300%	\$106,830	60%	40%
8	300%	\$118,890	60%	40%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>

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1	350%	\$40,215	50%	50%
2	350%	\$54,285	50%	50%
3	350%	\$68,355	50%	50%
4	350%	\$82,425	50%	50%
5	350%	\$96,495	50%	50%
6	350%	\$110,565	50%	50%
7	350%	\$124,635	50%	50%
8	350%	\$138,705	50%	50%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	400%	\$45,960	40%	60%
2	400%	\$62,040	40%	60%
3	400%	\$78,120	40%	60%
4	400%	\$94,200	40%	60%
5	400%	\$110,280	40%	60%
6	400%	\$126,360	40%	60%
7	400%	\$142,440	40%	60%
8	400%	\$158,520	40%	60%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	450%	\$51,705	30%	70%
2	450%	\$69,795	30%	70%
3	450%	\$87,885	30%	70%
4	450%	\$105,975	30%	70%
5	450%	\$124,065	30%	70%
6	450%	\$142,155	30%	70%
7	450%	\$160,245	30%	70%
8	450%	\$178,335	30%	70%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	500%	\$57,450	20%	80%
2	500%	\$77,550	20%	80%
3	500%	\$97,650	20%	80%

**ADVENTIST HEALTH CARE, INC.**  
**Corporate Policy Manual**  
**Financial Assistance – Decision Rules/Application**  
**(Formerly known as Charity Care Policy)**

Effective Date 01/08  
 Cross Referenced: Financial Assistance - Decision Rules/Application  
 (see Master Policy 3.19 Financial Assistance)  
 Reviewed: 02/09, 9/19/13  
 Revised: 03/11, 10/02/13

Policy No: AHC 3.19  
 Origin: PFS  
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4	500%	\$117,750	20%	80%
5	500%	\$137,850	20%	80%
6	500%	\$157,950	20%	80%
7	500%	\$178,050	20%	80%
8	500%	\$198,150	20%	80%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	550%	\$78,994	10%	90%
2	550%	\$106,631	10%	90%
3	550%	\$134,269	10%	90%
4	550%	\$161,906	10%	90%
5	550%	\$189,544	10%	90%
6	550%	\$217,181	10%	90%
7	550%	\$244,819	10%	90%
8	550%	\$272,456	10%	90%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	600%	\$103,410	5%	95%
2	600%	\$139,590	5%	95%
3	600%	\$175,770	5%	95%
4	600%	\$211,950	5%	95%
5	600%	\$248,130	5%	95%
6	600%	\$284,310	5%	95%
7	600%	\$320,490	5%	95%
8	600%	\$356,670	5%	95%

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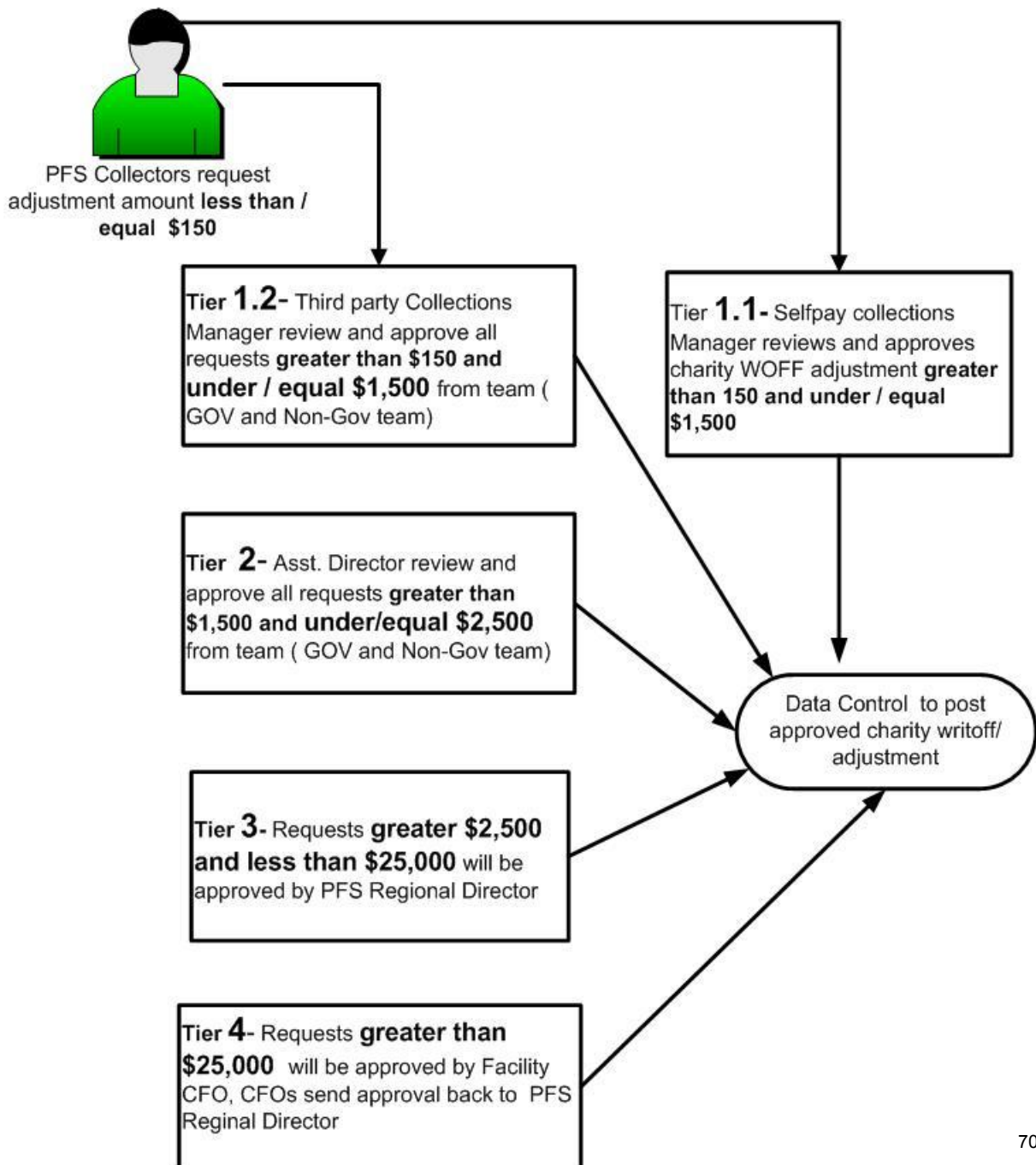
Effective Date 01/08  
 Cross Referenced: Financial Assistance - Decision Rules/Application  
 (see Master Policy 3.19 Financial Assistance)  
 Reviewed: 02/09, 9/19/13  
 Revised: 03/11, 10/02/13

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 Origin: PFS  
 Authority: EC  
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PFS Current Manual Writeoff and Adjustment > \$100 Process  
 Tuesday, November 25, 2008



EMDEON- **Search America**- will develop automated write-off for charity approved accounts



## Appendix III

### Patient Information Sheet

## Maryland Hospital Patient Information

### Hospital Financial Assistance Policy

Adventist HealthCare is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. In compliance with Maryland law, Adventist HealthCare has a financial assistance policy and program. You may be entitled to receive free or reduced-cost medically necessary hospital services. This facility exceeds Maryland law by providing financial assistance based on a patient's need, income level, family size and financial resources. Information about the financial assistance policy and program can be obtained from any Patient Access Representative and from the Billing Office.

### Patients' Rights

As part of Adventist HealthCare's mission, patients who meet financial assistance criteria may receive assistance from the hospital in paying their bill. Patients may also be eligible for Maryland Medical Assistance - a program funded jointly by state and federal governments. This program pays the full cost of healthcare coverage for low-income individuals meeting specific criteria (see contact information below). Patients who believe they have been wrongly referred to a collection agency have the right to request assistance from the hospital.

### Patients' Obligations

Patients with the ability to pay their bill have an obligation to pay the hospital in a timely manner. Adventist HealthCare makes every effort to properly bill patient accounts. Patients have the responsibility to provide correct demographic and insurance information. Patients who believe they may be eligible for assistance under the hospital's financial assistance policy, or who cannot afford to pay the bill in full, should contact a Financial Counselor or the Billing Department (see contact information below). In applying for financial assistance, patients have the responsibility to provide accurate, complete financial information and to notify the Billing Department if their financial situation changes. Patients who fail to meet their financial obligations may be referred to a collection agency.

### Contact Information

To inquire about assistance with your bill or to make payment arrangements, please call the Billing Office at (301) 315-3660. A hospital representative will be glad to assist you with any questions you may have.

If you wish to get more information about or apply for the Maryland Medical Assistance Program, you may contact your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434; or online at [www.dhr.state.md.us](http://www.dhr.state.md.us).

***\*Note: Physician services provided during your stay are not included on your hospital billing statement and will be billed separately.***

## Appendix IV

### Hospital Mission, Vision, and Value Statements

#### **Mission**

We demonstrate God’s care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing.

#### **Vision**

We will be a high performance integrator of wellness, disease management and health care services, delivering superior health outcomes, extraordinary patient experience and exceptional value to those we serve.

#### **Values**

Adventist HealthCare has identified five core values that we use as a guide in carrying out our day-to-day activities:

- a. **Respect:** We recognize the infinite worth of each individual and care for them as a whole person.
- b. **Integrity:** We are above reproach in everything we do.
- c. **Service:** We provide compassionate and attentive care in a manner that inspires confidence.
- d. **Excellence:** We provide world class clinical outcomes in an environment that is safe for both our patients and care givers.
- e. **Stewardship:** We take personal responsibility for the efficient and effective accomplishment of our mission.