Adventist HealthCare
Shady Grove Medical Center

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
305	**20,258**	**20874 –** Germantown **20878** – Gaithersburg **20850** – Rockville **20877** – Gaithersburg **20886** – Montgomery Village **20879** – Gaithersburg **20876** – Germantown **20852 –** Rockville	**Holy Cross:** 20877, 20874, 20852, 20886 **Johns Hopkins:** 20878 **Suburban:** 20852, 20850, 20878, 20874 **Adventist HealthCare Rehabilitation Hospital** 20874, 20878, 20850, 20877, 20886, 20879, 20876, 20852 **Adventist HealthCare Behavioral Health & Wellness Services Rockville** 20874, 20878, 20850, 20877, 20886, 20879, 20876, 20852	**Montgomery County:** 6.05% *(Percentage of patients in each county with self-pay option)*	**Montgomery County:** 22.5%

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

   Adventist HealthCare Shady Grove Medical Center primarily serves residents of Montgomery County, Maryland. Below, Figure 1 shows the percentages of discharges by county for Adventist HealthCare Shady Grove Medical Center:

County	Percentage
Montgomery	89%
Frederick	4%
Prince George's	2%
Other	5%

Figure 1. Adventist HealthCare Shady Grove Medical Center's Discharges by County, 2013

Approximately 80 percent of discharges come from our Total Service Area, which is considered Adventist HealthCare Shady Grove Medical Center Adventist Hospital'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:

Germantown (20874, 20876); Gaithersburg (20877, 20878, 20879); Rockville (20850, 20852); Montgomery Village (20886).

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

Rockville (20851, 20853); Potomac (20854); Clarksburg (20871); Derwood (20855); Silver Spring (20906); Damascus (20872); Boyds (20841); Gaithersburg (20882).

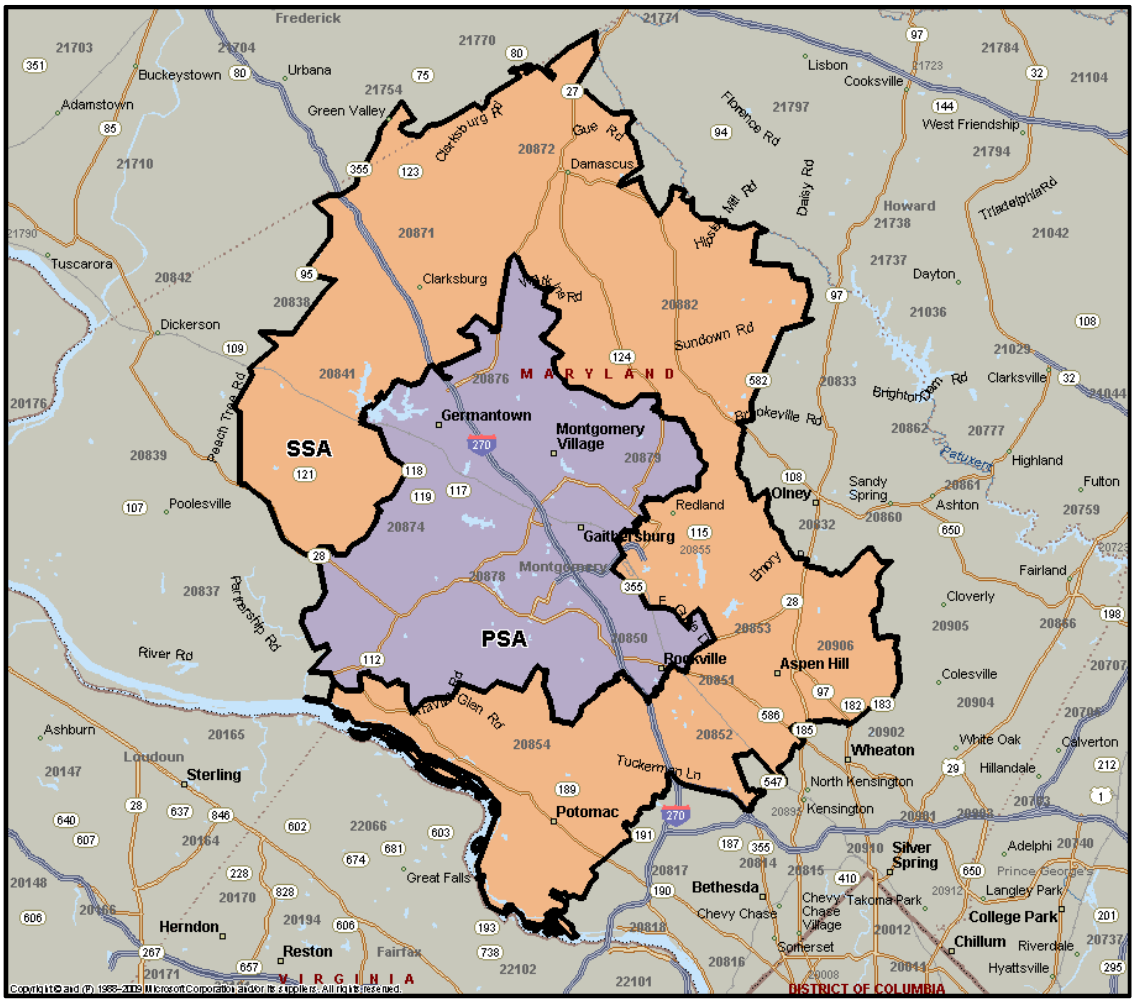


Figure 2. Map of Adventist HealthCare Shady Grove Medical Center's Primary (purple) and Secondary (orange) Service Areas, based on 2013 Inpatient Discharges

Our Community Benefit Service Area (CBSA), covering approximately 80 percent of discharges, includes 582,037 people (see Figure 3).

	2014 Estimates					
	White	**Black/AF American**	**Asian**	**Native American**	**Native HI/PI**	**Hispanic/ Latino**
Community Benefit Service Area (CBSA)	311,544	92,476	104,212	2,492	379	115,010
	53.53%	15.89%	17.90%	0.43%	0.07%	19.76%
Primary Service Area (PSA)	147,901	55,844	57,204	1,311	179	63,042
	49.06%	18.52%	18.98%	0.43%	0.06%	10.19%
Secondary Service Area (SSA)	163,643	36,632	47,008	1,181	200	51,968
	58.32%	13.06%	16.75%	0.42%	0.07%	18.52%

Figure 3. Population Estimates (2014) by Race/Ethnicity for Adventist HealthCare Shady Grove Medical Center's Community Benefit Service Area (80% of discharges), Primary Service Area (60% of discharges) and Secondary Service Area (20% of discharges)

Population demographics are rapidly changing in the state of Maryland, particularly among residents living in Montgomery County. We serve one of the most diverse communities in the United States, constantly undergoing the economic, social and demographic shifts that result from an ever-changing, ever-growing population. Over the past decade, Montgomery County has become both the most populous jurisdiction in Maryland, the second largest jurisdiction in the Washington, D.C. metropolitan area, and the 42nd most populous county in the nation, with the residents totaling greater than one million (U.S. Census Bureau, 2013). Racial and ethnic diversity has concurrently increased with this drastic increase in population numbers. Non-Hispanic whites now comprise only 47 percent of the population of Montgomery County, a decrease of more than 20 percent over the last two decades. For the first time, minorities account for more than half of Montgomery County's population, making it a "majority-minority" county. The percentage of Hispanics or Latinos in Montgomery County (18.3 percent) is more than double the percentage of Hispanics or Latinos in the state of Maryland (9 percent) (U.S. Census Bureau, 2013).

According to the U.S. Census Bureau, Maryland is one of the top ten destinations for foreign-born individuals, and 41 percent of the foreign-born in Maryland reside in Montgomery County.[1] The County's foreign-born population has gone from 12 percent in 1980 to currently more than 30 percent.[2] Immigrants contribute greatly to our community, and our hospital providers are committed to understanding their needs and working to treat them in a culturally competent manner.

As racial and ethnic minority populations become increasingly predominant, 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

[1] "Literacy, ESL and Adult Education." *Literacy Council of Montgomery County.* http://www.literacycouncilmcmd.org/litadultedu.html

[2] "Foreign-Born Population of Montgomery County Region, 1950-2000-Census Years." *Montgomery Planning.* 2000. http://www.montgomeryplanning.org/research/data_library/population/po34.shtm

examines health status and outcomes among different racial and ethnic populations in Montgomery County, with the goal of eliminating disparities, achieving health equity, and improving the health of all groups.

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

Table II

Community Benefit Service Area (CBSA) Target Population *(# of people in target population, by sex, race, ethnicity, and average age)*		
Demographics	**Montgomery County**	**Maryland**
Total Population	1,016,677	5,928,814
Gender		
Male	490,166	2,875,157
Female	526,511	3,053,657
Age		
Under 5 Years Old	66,010	366,712
5 to 19	196,261	1,138,851
20 to 64	618,823	3,629,383
65 and Over	135,583	793,868
Race/Ethnicity		
White Alone, NH	475,076	3,152,100
Black or African American Alone, NH	173,059	1,7,27,400
Native American & Alaskan Native Alone, NH	1,388	14,147
Asian Alone, NH	144,755	350,176
Native Hawaiian & Other Pacific Islander Alone, NH	157	2,588
Other Race Alone, NH	3,707	13,703
Two or More Races	32,585	136,951
Ethnicity		
Hispanic	185,950	531,749
Non-Hispanic	830,727	5,397,065
Source: U.S. Census, ACS 1-Year Estimate, 2013		

Median Household Income within the CBSA

Median Household Income

Montgomery County: $96,985

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

Household income has a direct influence on a family's ability to pay for necessities, including health insurance and healthcare services. A wide body of research points to the fact that low-income individuals tend to experience worse health outcomes than wealthier individuals, clearly demonstrating that income disparities are tied to health disparities. Throughout the CBSA served by Adventist Behavioral Health (in Montgomery County), across racial and ethnic groups, non-Hispanic whites have the highest median household income, while blacks and Hispanics have the lowest (see Figure 4). However, when looking at the state of Maryland as a whole, Asians have the highest median income.

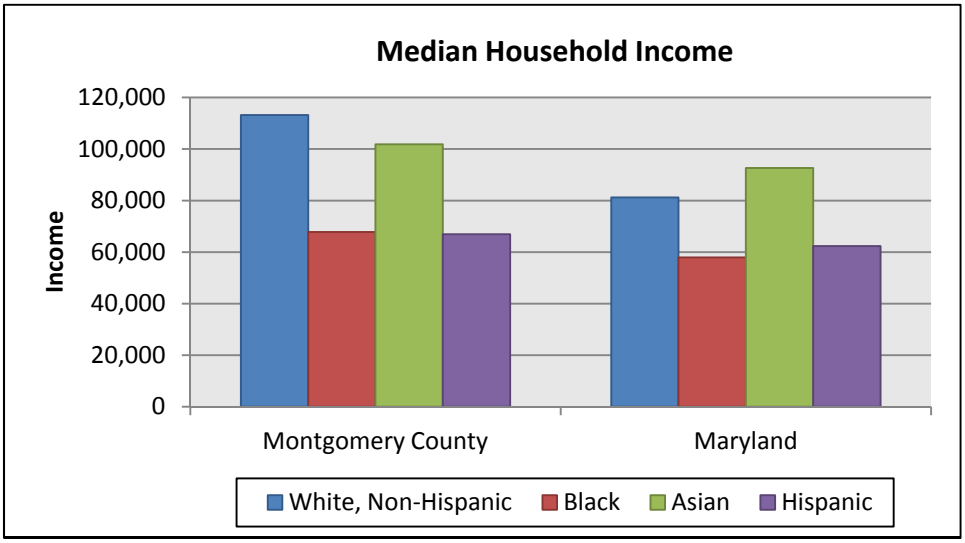


Figure 4. Median Household Income, Montgomery County and Maryland, by Race and Ethnicity 2013
(U.S. Census Bureau, ACS 1-Year Estimate, 2013)

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

From 2008-2012, Montgomery County experienced poverty levels lower than that of the state of Maryland overall. According to the U.S. Census Bureau, 6.5 percent of Montgomery County residents were living in poverty compared to 9.4 percent of Maryland residents.

Despite lower rates of poverty in Montgomery County compared to the state, racial disparities are still evident. Poverty levels among whites were the lowest at 3.90 percent and highest among Blacks and Hispanics at approximately 11 percent (see Figure 5).

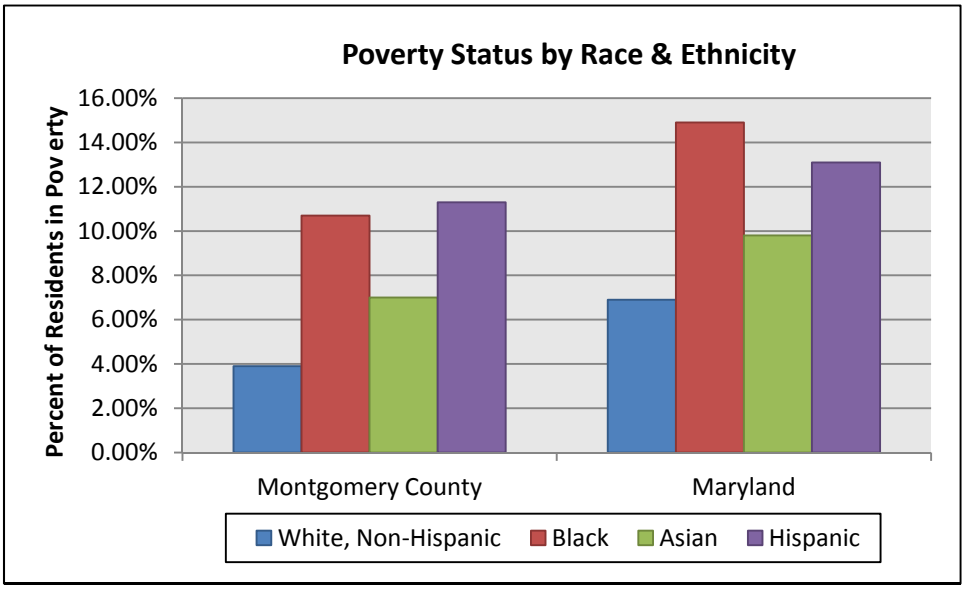


Figure 5. Poverty Rate by Race, Montgomery County and Maryland
(U.S. Census Bureau, ACS 1-Year Estimate, 2013)

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

Approximately 11.1 percent of all civilian non-institutionalized Montgomery County residents are uninsured (U.S. Census Bureau, ACS 1-Year Estimate, 2013). This number is compared to 10.2 percent of Maryland residents and 14.5 percent of U.S. residents (U.S. Census Bureau, ACS 1-Year Estimate, 2013).

Across both Montgomery County and Maryland, Hispanics are uninsured at rates significantly higher than whites, blacks, and Asians. Nearly 27 percent of Hispanics are uninsured in Montgomery County, which is only slightly lower than the 29.1 percent in Maryland (see Figure 6). Whites are least likely to be uninsured for both the county (3.3 percent) and state (6.1 percent).

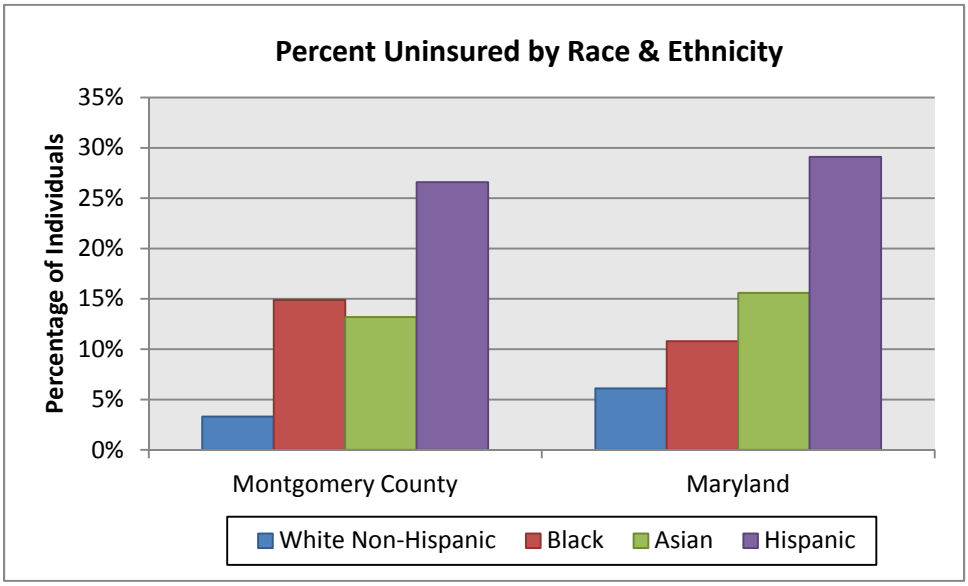


Figure 6. Percent Uninsured in Montgomery County and Maryland by Race & Ethnicity (U.S. Census Bureau, ACS 1-Year Estimate, 2013)

Percentage of Medicaid recipients by County within the CBSA.

Percentage of Medicaid Recipients by County within the CBSA

Montgomery County: 11.3% (113,823)

Source: U.S. Census Bureau, American Community Survey 1-Year Estimate, 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 Montgomery County is 83.6, 4 years greater than that of Maryland (79.3) and 1 year greater than the Maryland 2014 target of 82.5 years (see Figure 7). However, when stratifying by race, a significant gap can be seen between black and white residents. The life expectancy for white residents of Montgomery County is 83.9 years and for black residents is 80.5 years (see Figure 7).

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)
Montgomery	Increase life expectancy in Maryland	83.8	83.6	79.3	Black – 80.5 White – 83.9	Black – 76.4 White – 80.2	82.5	5.42%

Figure 7. Life Expectancy at Birth, Montgomery County, Maryland (Maryland SHIP County Profile, 2012)

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

Crude Mortality Rates

The mortality rate in Montgomery County is 573.2 per 100,000 population. This rate is lower than the mortality rate for the state of Maryland overall, at 749.6 per 100,000 population (see Figure 8). The highest mortality rates in both Montgomery County and Maryland are seen among white residents and the lowest among Hispanic residents.

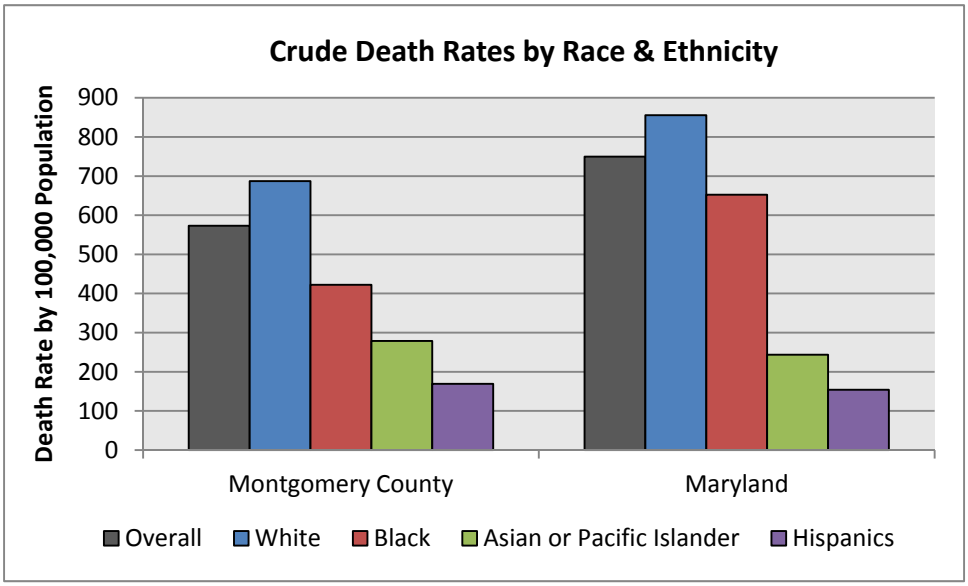


Figure 8. Crude Death Rates by Race & Ethnicity for Montgomery County and Maryland (Department of Health and Mental Hygiene. *Maryland Vital Statistics Annual Report.* (2012). Accessed: http://dhmh.maryland.gov/vsa/Documents/12annual.pdf)

Infant Mortality

Although Montgomery County has met and surpassed the Maryland SHIP 2014 target for infant mortality, black residents continue to experience higher rates of infant mortality than other racial and ethnic groups (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)
Montgomery	Reduce Infant Deaths	5.7	5.1	6.7	API--3.8 Black--9.1 Hispanic--3.0 NH White--4.7	Black--11.8 Hispanic--4.1 NH White--4.2	6.6	**-23.61%**

Figure 9. Infant Mortality Rate (per 1,000 Live Births), by Race/Ethnicity, Montgomery County, Maryland (Maryland SHIP County Profile, 2012)

Access to Healthy Food

Healthy Eating Behaviors

In Montgomery County, 29.6 percent (http://www.healthymontgomery.org/) of the adult population consumes five or more servings of fruits and vegetables daily. This proportion is slightly higher than Maryland's average of 27.1 percent (http://www.marylandbrfss.org/, 2010).

Adult females in Montgomery County consume more fruits and vegetables on a daily basis (36.9 percent) than the male population (21.4 percent) (see Figure 10).

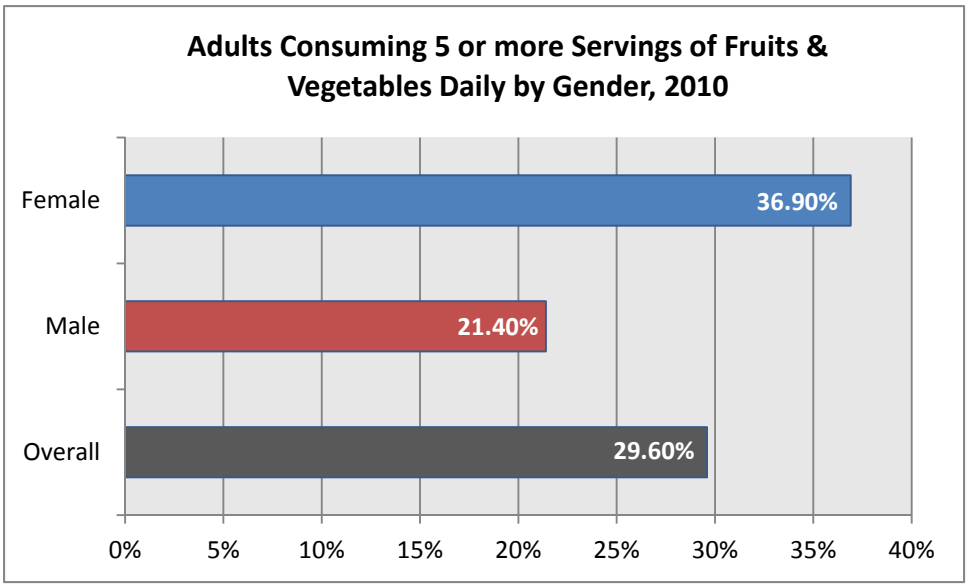


Figure 10. Adult Fruit and Vegetable Consumption by Gender, Montgomery County, 2010 (http://www.healthymontgomery.org/)

Differences in fruit and vegetable consumption can also be seen among racial and ethnic groups. A higher percentage of white and Asian populations consume 5 or more servings of fruits and vegetables daily compared to the county as a whole (33 and 31 percent, respectively). However, only 14.2 percent of the Hispanic population in the county consumes the recommended number of fruit and vegetable servings (see Figure 11).

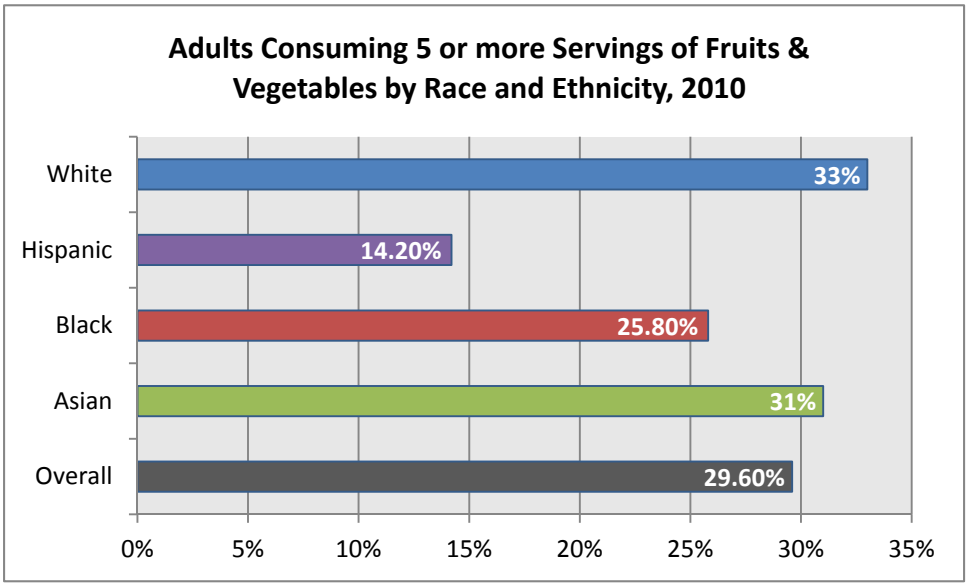


Figure 11. Fruit and Vegetable Consumption by Race and Ethnicity, Montgomery County, 2010 (http://www.healthymontgomery.org/)

Food Environment

Food deserts are defined by the USDA as urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. In 2010, 17.92 percent of the Montgomery County population was living in a census tract designated as a food desert compared to 22.55 percent of the Maryland population (see Figure 12).

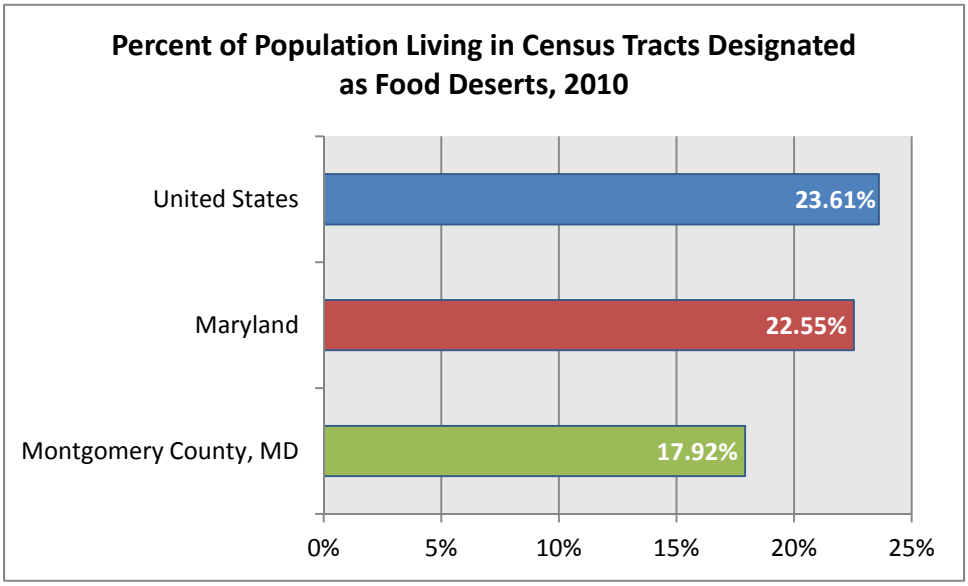


Figure 12. Percentage of Population living in Food Deserts in the United States, Maryland, and Montgomery County, 2010 (Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

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. In Montgomery County there are 21.2 grocery stores per 100,000 population, a rate very similar to that of Maryland (20.82 per 100,000 population) and the U.S. (21.4 per 100,000) (see Figure 13).

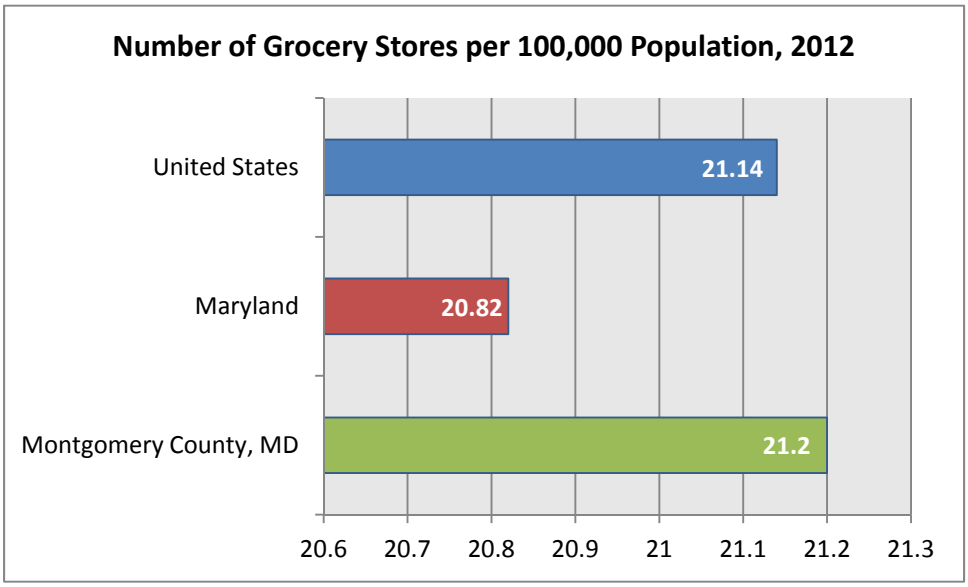


Figure 13. Grocery Store Access per 100,000 Population in the United States, Maryland, and Montgomery County, 2012 (Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

Fast food restaurant access has been on the rise over the past several years at the local and national levels. From 2008 to 2012, the rate in Maryland has increased from 78.43 to 85.77 per 100,000 population.[3] In Montgomery County, residents have access to fast food restaurants at a rate of 79.34 establishments per 100,000 population, a rate less than that of Maryland (85.77 per 100,000 population), but higher than that of the country overall (71.97 per 100,000 population) (see Figure 14).

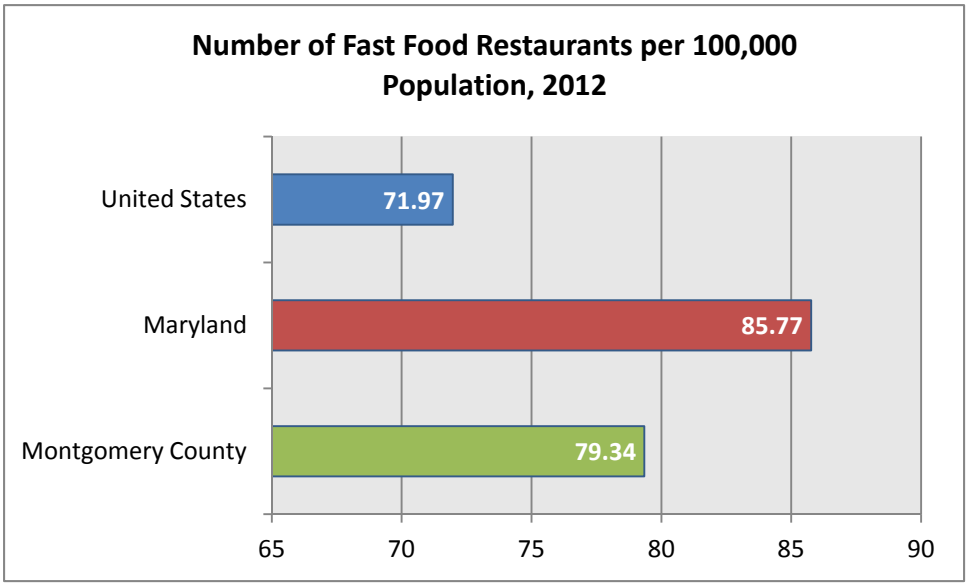


Figure 14. Number of Fast Food Restaurants per 100,000 Population in the United States, Maryland, and Montgomery County, 2012
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

Transportation

Commuting

The mean daily travel time to work for Montgomery County residents is 33.9 minutes (see Figure 15).

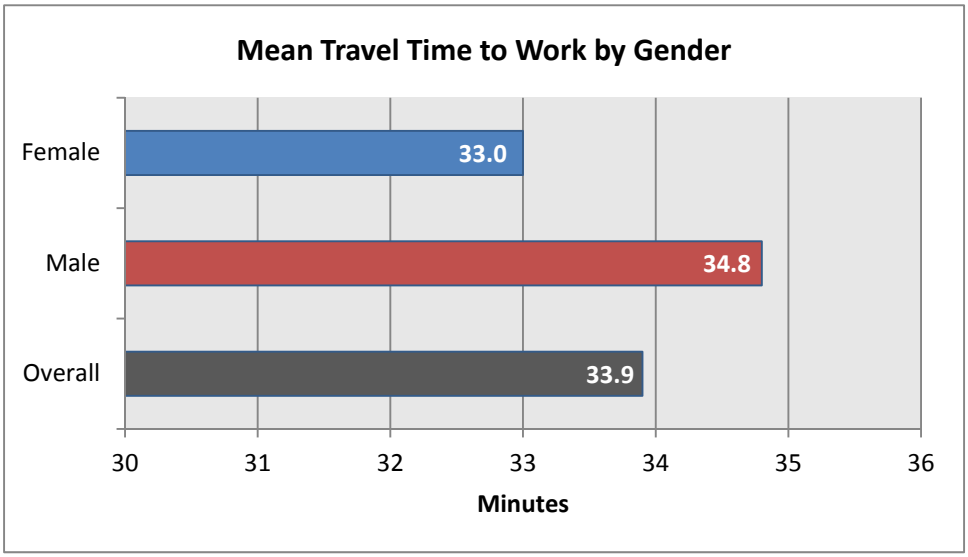


Figure 15. Mean Travel Time to Work in Minutes by Gender for Montgomery County, 2008-2012
(http://www.healthymontgomery.org/)

[3] Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

The majority of residents drive to work alone (66.3 percent) or utilize public transportation (15.6 percent) (see Figure 16).

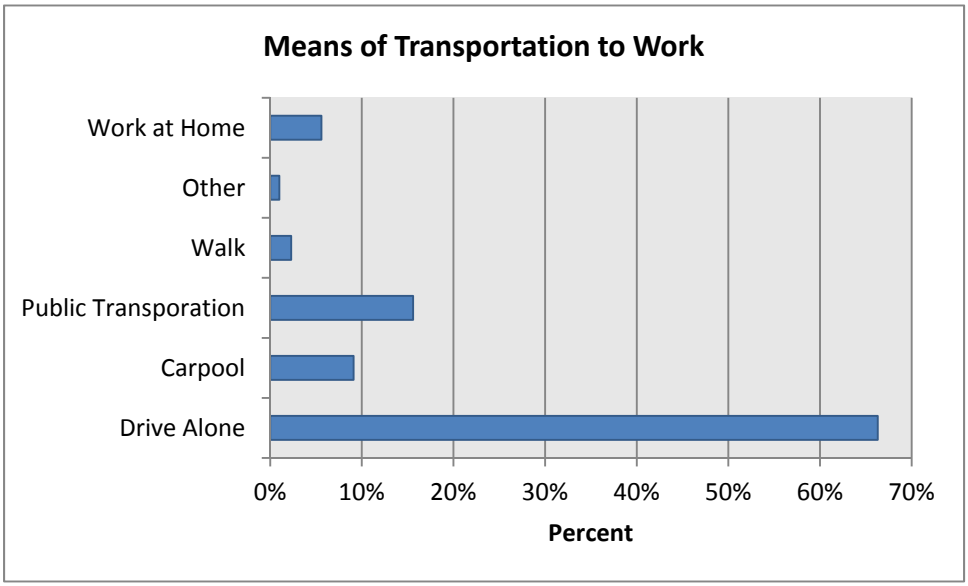


Figure 16. Means of transportation Utilized by Montgomery County Residents to Commute to Work (U.S. Census Bureau, ACS 1-Year Estimate, 2013)

Pedestrian Safety

The rate of pedestrian injuries on public roads in Montgomery County (40.7 per 100,000 population) is nearly equivalent to that of the state (40.5 per 100,000 population). Although the rate has decreased slightly from the 2011 baseline, it remains higher than the SHIP 2014 target of 29.7 per 100,000 population (see figure 17).

County	SHIP Objective	SHIP 2011 County Baseline	SHIP 2012 County Update	SHIP 2012 Maryland Update	Maryland SHIP 2014 Target	% Difference (Maryland vs. County)
Montgomery	Rate of pedestrian injuries	42.5	40.7	40.5	29.7	**0.38%**

Figure 17. Rate of Pedestrian Injuries per 100,000 Population, Montgomery County, 2012 (Maryland SHIP, 2012)

The pedestrian death rate in Montgomery County at 0.6 deaths per 100,000 population (http://healthymontgomery.org/, 2012), is lower than that of Maryland (1.63 per 100,000 population)[4] and the Healthy People 2020 target of 1.4 deaths per 100,000 population.

From 2008 to 2010 in Montgomery County, white non-Hispanic individuals experienced the highest number of traffic fatalities among both vehicle occupants and non-occupants. Due to the high percentage of traffic fatalities listed as having an unknown race and ethnicity, it is unclear if this trend continued into 2011 (see Figure 18).

[4] Traffic Safety Facts 2012 Data. U.S. Department of Transportation National Highway Traffic Safety Administration. April 2014. Accessed from: http://www-nrd.nhtsa.dot.gov/Pubs/811888.pdf

Montgomery County Traffic Fatalities					
Person Type by Race/Hispanic Origin		**2008**	**2009**	**2010**	**2011**
Occupants (All Vehicle Types)	**Hispanic**	**4**	**4**	**4**	**0**
	White, Non-Hispanic	**20**	**14**	**14**	**9**
	Black, Non-Hispanic	**9**	**3**	**8**	**1**
	Asian, Non-Hispanic	**0**	**1**	**0**	**0**
	All Other Non-Hispanic or Race	**3**	**5**	**3**	**1**
	Unknown Race and Unknown Hispanic	**0**	**1**	**3**	**19**
	Total	**36**	**28**	**32**	**30**
Non-Occupants (Pedestrians, Pedal Cyclists and Other/Unknown Non-Occupants)	**Hispanic**	**5**	**0**	**1**	**0**
	White, Non-Hispanic	**6**	**9**	**7**	**2**
	Black, Non-Hispanic	**2**	**1**	**0**	**1**
	Asian, Non-Hispanic	**0**	**0**	**0**	**0**
	All Other Non-Hispanic or Race	**0**	**1**	**2**	**0**
	Unknown Race and Unknown Hispanic	**2**	**0**	**5**	**7**
	Total	**15**	**11**	**15**	**10**
Total	**Hispanic**	**9**	**4**	**5**	**0**
	White, Non-Hispanic	**26**	**23**	**21**	**11**
	Black, Non-Hispanic	**11**	**4**	**8**	**2**
	Asian, Non-Hispanic	**0**	**1**	**0**	**0**
	All Other Non-Hispanic or Race	**3**	**6**	**5**	**1**
	Unknown Race and Unknown Hispanic	**2**	**1**	**8**	**26**
	Total	**51**	**39**	**47**	**40**

Figure 18. Traffic Fatalities by Person Type, Race, & Ethnicity for Montgomery 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_Montgomery%20County_2012.HTM)

Education

Graduation & Educational Attainment

In 2013, 88.3 percent of Montgomery County students graduated high school within 4 years. The 4 year graduation rate for the county is higher than that of the state (84.97 percent) and surpasses both the Maryland SHIP target of 86.1 percent (www.mdreportcard.org) and the Healthy People 2020 goal of 82.4 percent.

While the overall 4 year graduation rate in Montgomery County has exceeded both local and national targets, disparities are present among racial and ethnic groups. Asian students in the county have the highest graduation rates exceeding 95 percent while Hispanics have the lowest rates at 77.5 percent (see Figure 19).

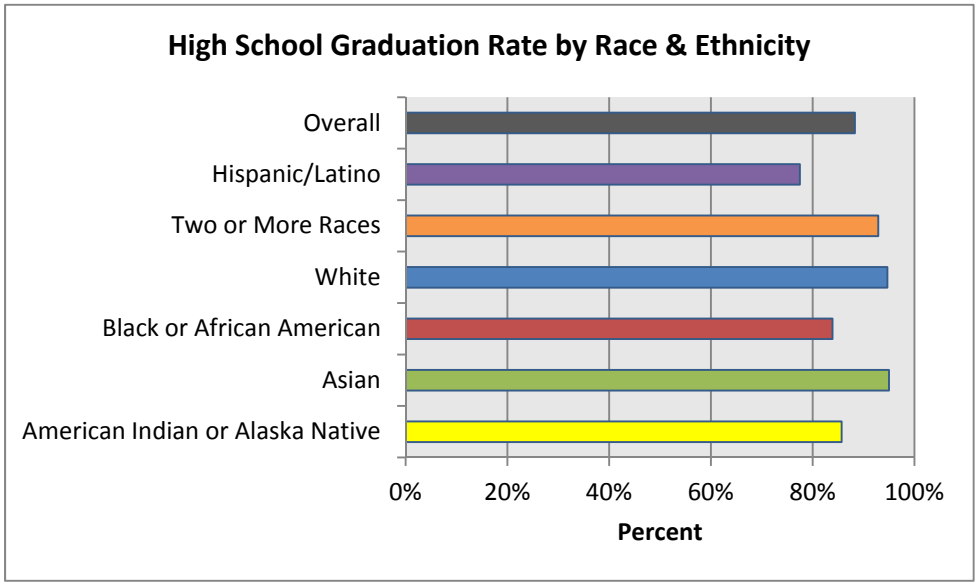


Figure 19. High School Graduation by Race/Ethnicity, Montgomery County, 2013 (http://www.healthymontgomery.org/)

Disparities in education by race and ethnicity become even more apparent at the college level. The overall percentage of adults 25+ in Montgomery County with a bachelor's degree or higher is 56.9 percent. However, when stratified, the percentage goes as high as 68.3 among whites and as low as 24.1 among Hispanics (see Figure 20).

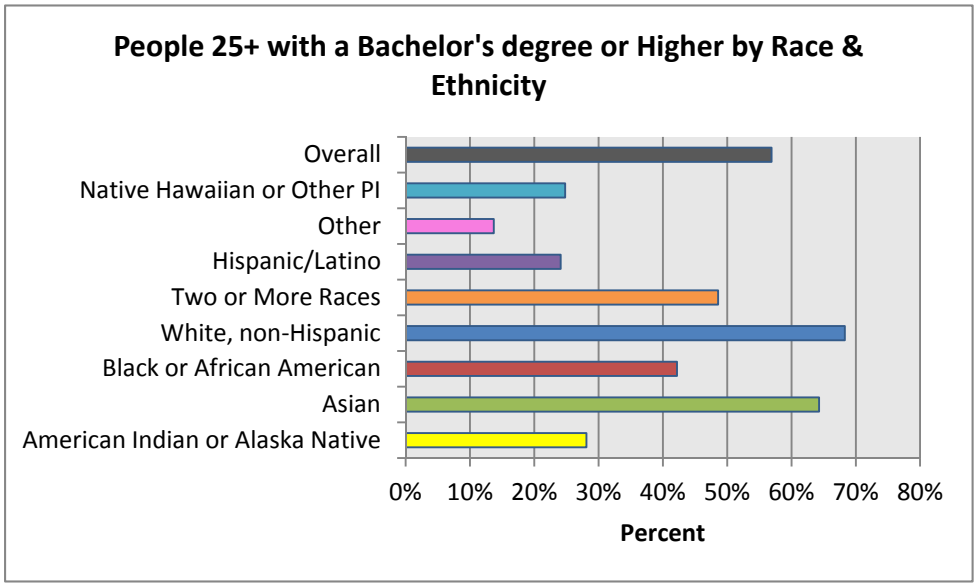


Figure 20. People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity, Montgomery County, 2008-2012 (http://www.healthymontgomery.org/)

Math & Reading Proficiency

Based on student scores on the Maryland School Assessment, approximately 87 percent of white and Asian 8th graders are proficient in math compared to only 49 percent of black and Hispanic students (see Figure 21).

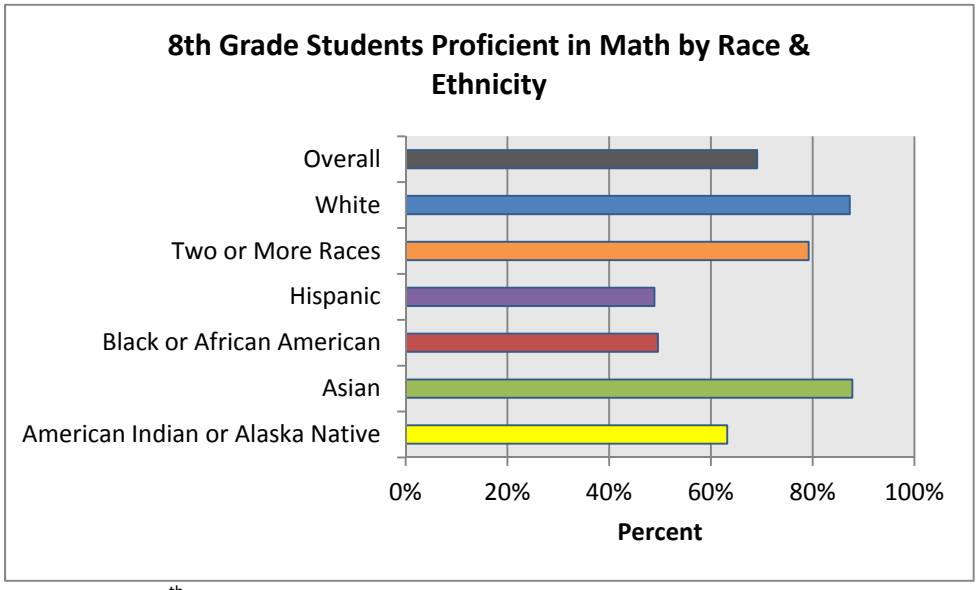


Figure 21. Percent of 8th Grade Students Proficient in Math by Race/Ethnicity, Montgomery County, 2014 (http://www.healthymontgomery.org/)

The same trend can be seen for reading proficiency. Approximately 94 percent of white and Asian 8th graders are proficient in reading compared to only 74 percent of black and Hispanic students (see Figure 22).

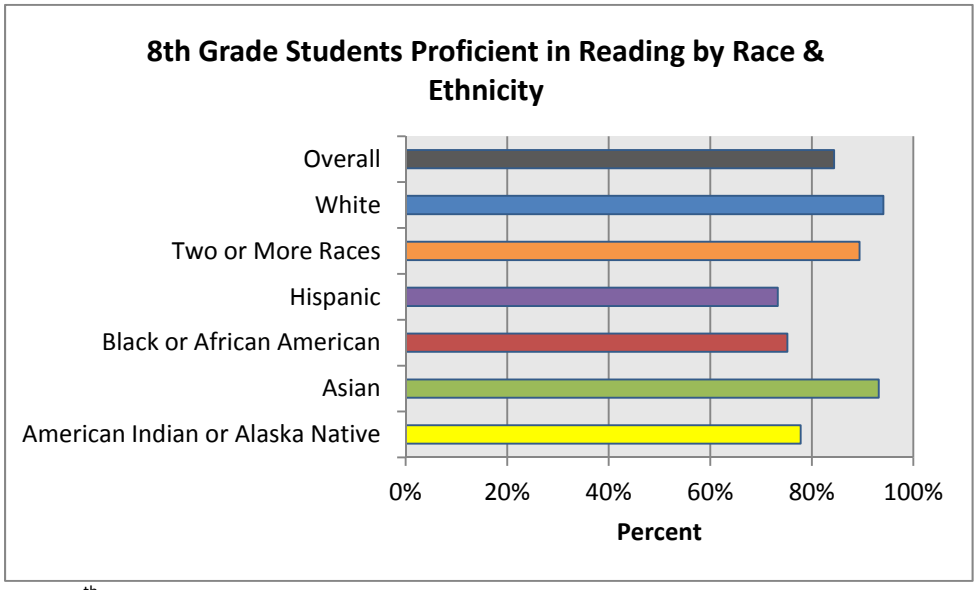


Figure 22. Percent of 8th Grade Students Proficient or Advanced in Reading by Race/Ethnicity, Montgomery County, 2014 (http://www.healthymontgomery.org/)

Readiness for Kindergarten

The percentage of children who enter kindergarten ready to learn in Montgomery County rose in 2012 but remained lower than that of the state overall. Hispanic and Native Hawaiian or Pacific Islander children were among those least likely to be prepared for kindergarten (71 percent for both). White (88 percent) and Asian (86 percent) children were among those most prepared to enter Kindergarten in Montgomery County (see Figure 23).

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)
Percentage of children who enter kindergarten ready to learn	74.0%	81.0%	AIAN–79% Asian–86% AA-77% Hispanic-71% NHOPI-71% White-88%	83%	85.0%	**-2.4%**

Figure 23. Percentage of Children entering Kindergarten Ready to Learn, Montgomery County, 2012
(Maryland SHIP, 2012)

Housing Quality

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 24).

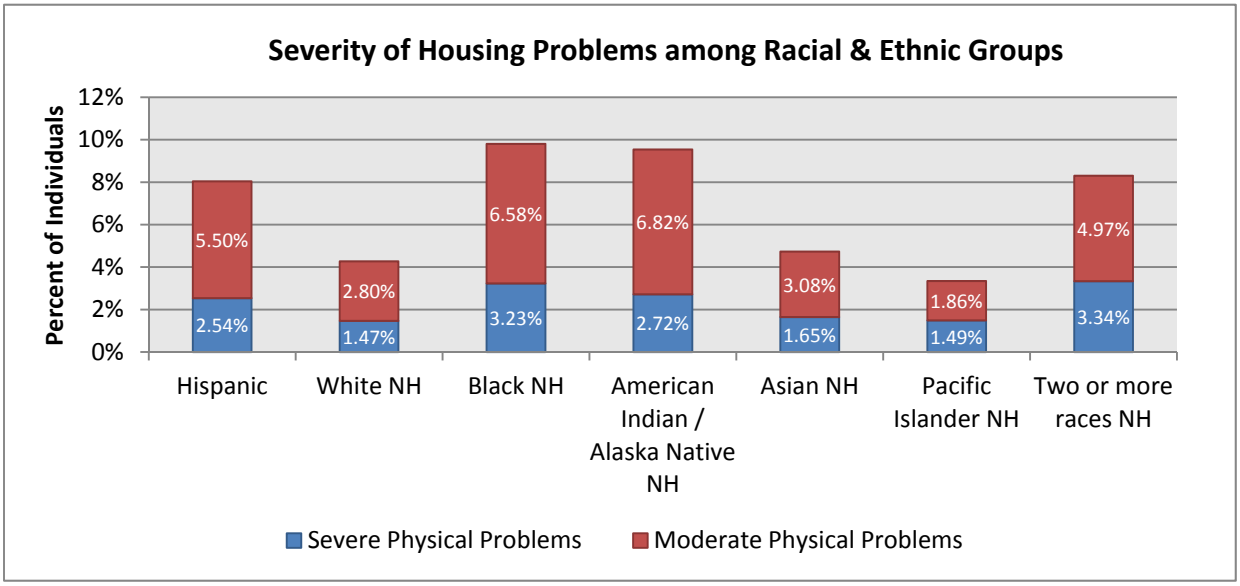


Figure 24. Housing Quality – Selected Physical Problems by Race, United States, 2011
Note: Includes problems with plumbing, heating, electrical, and upkeep
(U.S. Census Bureau, American Housing Survey, 2011)

At the local level, 16 percent of households in Maryland and 18 percent in Montgomery County were identified as having at least 1 of 4 severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (www.CountyHealthRankings.org, 2006-2010).

Montgomery County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 50.6 percent
- Homeowner vacancy rate: 1.4
  (Source: U.S. Census, ACS, 1-Year Estimate, 2013)
- Housing units: 382,241 (2013)
- Homeownership rate: 62.8 percent (2008-2012)
- Housing units in multi-unit structures: 33.2 percent (2008-2012)
- Median value of owner-occupied housing units: $455,800 (2008-2012)
- Households: 357,579 (2008-2012)
- Persons per household: 2.7 (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. Homelessness amplifies the threat of various health conditions and introduces new risks, such as exposure to extreme temperatures. People who experience homelessness have multidimensional health problems and often report unmet health needs, even if they have a usual source of care.

In Montgomery County in 2011, people of all ages were affected by homelessness. However, those between the ages of 45-61 made up the largest portion of the homeless population that utilized shelters (see Figure 25).

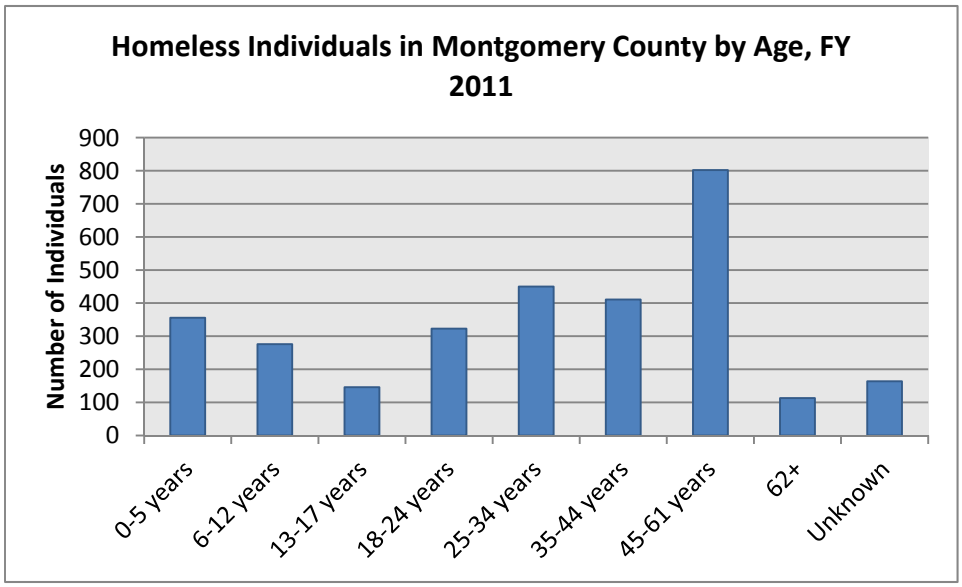


Figure 25. Individuals utilizing shelters in Montgomery County during FY 2011, by Age
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

The majority of these individuals identified as African American, with the next largest group identifying as white (see Figure 26). This population was also found to be predominantly non-Hispanic (see Figure 27).

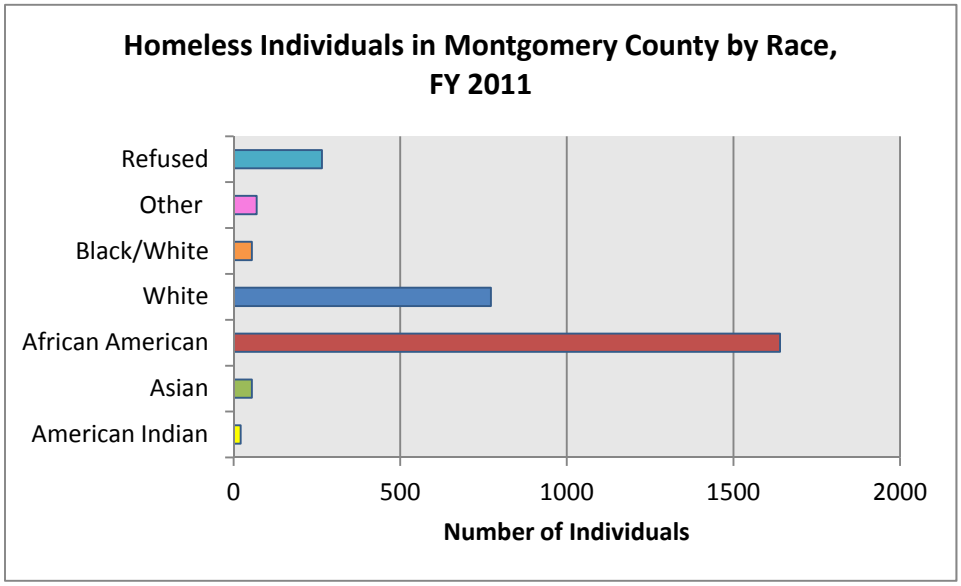


Figure 26. Individuals utilizing shelters in Montgomery County during FY 2011, by Race
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

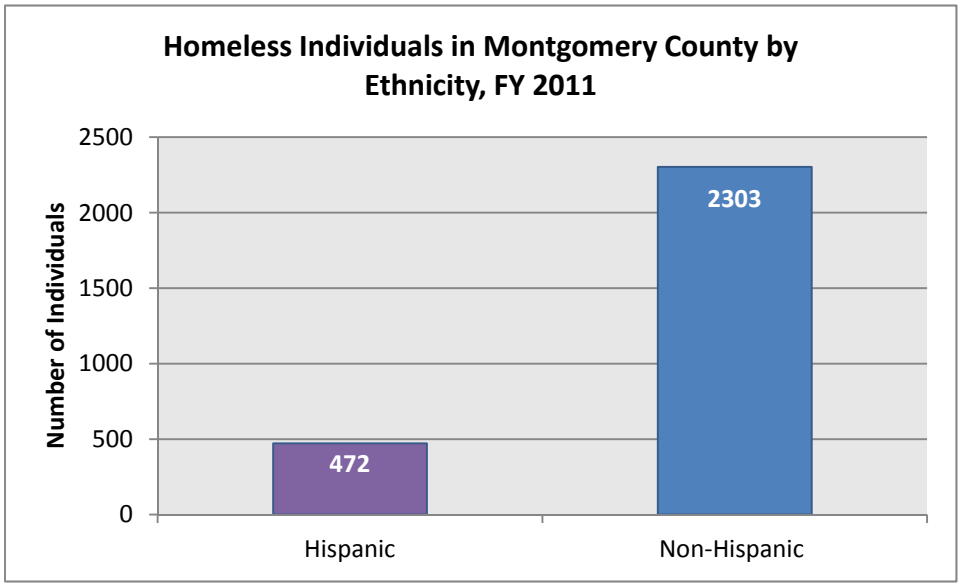


Figure 27. Individuals utilizing shelters in Montgomery County during FY 2011, by Ethnicity
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

Among these individuals, none were found to be chronically homeless, however, a large portion was found to have disabilities (see Figure 28).

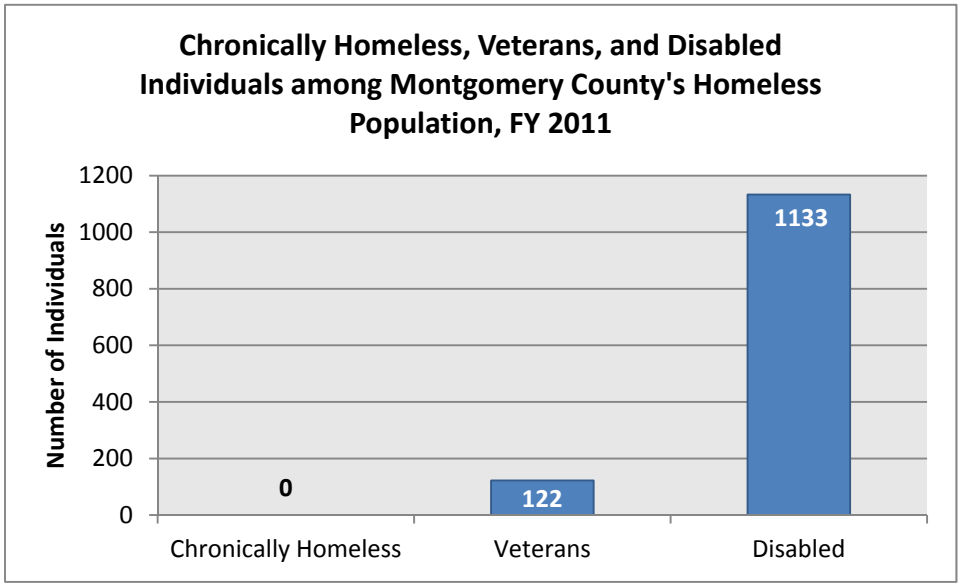


Figure 28. Individuals utilizing shelters in Montgomery County during FY 2011, Identified as Chronically Homeless, a Veteran, or Disabled
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

Available detail on race, ethnicity, and language within CBSA
See SHIP County profiles for demographic information of Maryland jurisdictions.

Demographics	Montgomery County	Maryland
Total Population*	1,016,677	5,928,814
Age, %*		
Under 5 Years	6.5%	6.2%
Under 18 Years	23.6%	22.7%
65 Years and Older	13.2%	13.4%
Race/Ethnicity, %*		
White	47.0%	53.3%
Black or African American	18.6%	30.1%
Native American & Alaskan Native	0.7%	0.6%
Asian	14.9%	6.1%
Native Hawaiian & Other Pacific Islander	0.1%	0.1%
Hispanic	18.3%	9.0%
Language Other than English Spoken at Home, % age 5+**	38.7%	16.5%
Median Household Income**	$96,985	$72,999
Persons below Poverty Level, %**	6.5%	9.4%
Pop. 25+ Without H.S. Diploma, %**	9%	11.5%
Pop. 25+ With Bachelor's Degree or Above, %**	56.9%	36.3%

*Sources: *U.S. Census Bureau, State and County Quick Facts, 2013 Estimates*
***U.S. Census Bureau, State and County Quick Facts, 2008-2012 Estimates*

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?**

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

   Provide date here. 04/18/2013 **(mm/dd/yy)**

   If you answered yes to this question, provide a link to the document here:
   http://www.adventisthealthcare.com/app/files/public/3166/2013-CHNA-SGAH.pdf

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

   _X_**Yes** 10/23/2013 **(mm/dd/yy)** **Enter date approved by governing body here:** October 23, 2013
   ___**No**

   If you answered yes to this question, provide the link to the document here:
   http://www.adventisthealthcare.com/app/files/public/3339/2013-CHNA-SGAH-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?**

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

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

      i. **Senior Leadership**

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

      ii. **Clinical Leadership**

         1. _X_**Physician** (Chief Medical Officer)
         2. _X_**Nurse** (CNE & VP of Patient Care Services)
         3. _X_**Social Worker** (Director of Case Management)

4. **_X_Other (please specify):** Allied Health Professionals

iii. Community Benefit Department/Team

1. **_X_Individual (please specify FTE):** 1 FTE Project Manager, Community Benefit
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 _X_Yes _____No
Narrative _X_Yes _____No

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

Spreadsheet ___Yes __X_No
Narrative ___Yes __X_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 1. Lung Cancer among the Asian Population (CHNA Implementation Strategy Initiative)

Identified Need	In the U.S., the leading cause of death among Asian/Pacific Islanders is cancer[5]. Lung cancer has been identified as the third most common cancer among this population with an incidence rate of 1.83 percent. Within Montgomery County, which accounted for 89 percent of Adventist HealthCare Shady Grove Medical Center's (SGMC) discharges in 2013, the Asian population (14.9 percent) is significantly higher than that of the state (6.1 percent) and the country (5.3 percent)[6]. Among the patients seen at SGMC, the incidence of lung cancer among the Asian population was found to be 9.9 percent, considerably higher than the national rate of 1.83 percent.
Hospital Initiative	SGMC has implemented a program to improve early screening and detection of lung cancer among the Asian population it serves. Through this initiative, SGMC offers low-dose CT lung cancer screenings for high-risk Asian Pacific Islander communities. Strategies for this initiative include: • An early detection lung cancer screening program targeted to the Asian population o Screening events take place on a quarterly basis o Interpreter services are made available at each screening event and during phone registration prior to each event • Routine follow-up processes for identified lung nodules o All suspicious lung nodules are reviewed by a multidisciplinary physician group o Participants are provided with a CD of their scans at the time of the screening o Screening results letters are sent to each participant as well as to their primary care physician o Participants recommended for follow-up are sent reminders via letters and phone calls at appropriate times • Tobacco cessation counseling o Tobacco cessation counselors attend each screening and provide participants with counseling and literature (available in top Asian languages in the area). ▪ Tobacco cessation literature alone was provided at the first two screenings; counseling began at the third screening event and will continue throughout the 3-year initiative o In addition, participants are provided the opportunity to enroll in Adventist HealthCare's free tobacco cessation program which includes 1 year of follow-up counseling and nicotine replacement therapy as needed • Community outreach to the Asian population o Targeted outreach takes place for each screening including reaching out to local Chinese and Korean physicians and physicians serving the Asian community in the hospital's service area, distributing translated flyers at local events, partnering with local community-based organizations serving the Asian community to spread the word about the screenings, and releasing advertisements in local Chinese and Korean language newspapers
Primary Objective	**Goal:** Improve the early screening and detection of lung cancer among the Asian population served by Adventist HealthCare Shady Grove Medical Center to improve their 5-year survival rate.

[5] http://www.cdc.gov/minorityhealth/populations/REMP/asian.html

[6] *U.S. Census Bureau, State and County Quick Facts, 2013 Estimates*

	Objectives: 1. Adventist HealthCare Shady Grove Medical Center will provide four annual lung cancer screening days targeted specifically to the Asian community. 2. Adventist HealthCare Shady Grove Medical Center will collaborate with Asian physicians, physicians serving the Asian community, and with community organizations to increase awareness of lung cancer screening programs. 3. Adventist HealthCare Shady Grove Medical Center will create a multi-disciplinary physician approach for the review of all suspicious lung nodules.
Single or Multi-Year Initiative Time Period	**Multi-Year:** These initiatives, in response to the 2013 CHNA findings, are being implemented in years 2014, 2015, and 2016.
Key Partners in Development and/or Implementation	**Key partners involved in the outreach for, and implementation of, this initiative include:** • Montgomery County Department of Health and Human Services Asian American Health Initiative • Pan Asian Clinic • Adventist HealthCare Shady Grove Radiology, Germantown Outpatient Imaging Center • SGMC Thoracic Services physicians • Lung Cancer Alliance • Asian physicians and physicians serving the Asian community in Adventist HealthCare Shady Grove Medical Center's service area
How were the outcomes evaluated?	**Objective 1**: SGMC tracked the number of screening events that took place, the number of individuals screened at each event, and the number of individuals with abnormal results recommended for follow-up. When registering for a screening, demographic data was also collected from each participant and tracked by SGMC staff. **Objective 2:** SGMC tracked their outreach and marketing efforts throughout the initiative, including the number of flyers distributed and the number of advertisements run in newspapers. **Objective 3**: SGMC tracked the dates of each multidisciplinary group meeting to ensure that the group met in a timely manner following each screening event. Result and follow up letters sent to each participant were tracked as well.
Outcomes (Include process and impact measures)	**Objective 1: *Provision of 4 Targeted Lung Cancer Screening Events Annually*** • **Process Measures** o 4 lung cancer screening events for the Asian population were held in 2014. o Screening event dates: March 30th, October 5th, October 25th, and November 16th *(an additional screening was scheduled for July 20th, however no individuals registered)* • **Impact Measures** o A total of 59 individuals were screened in 2014. o Demographics of Participants *(totals may not add up to 59 due to incomplete responses from participants)*: ▪ Gender: 18 males and 11 females ▪ Race: 29 Asian-Korean and 2 Asian-Chinese ▪ Age: 1 = 40-49 years old; 29 = 50-59 years old; 20 = 60-69 years old; 7 = 70-79 years old ▪ Smoking History: 25 participants indicated that they had a history of being a heavy smoker

<table>
<tr><td></td><td colspan="2">

Of the individuals screened in March and October (November results are pending):

36 had normal results
15 were found to have abnormal results and were recommended for follow-up (PET w/contrast = 3; 12 month = 5; 6 month = 5; 3 month = 1; pulmonology = 1)

12 individuals received tobacco cessation counseling at their screening. All of these individuals were Korean males.

<u>Objective 2</u>: Outreach and Awareness of Screening Program

Process Measures

The marketing department developed flyers for distribution at community events. Flyers were available in English, Korean, and Chinese. Newspaper ads were also developed and released prior to each screening in both the Korea Times and World Journal (Chinese newspaper).

Impact Measures

A total of 8 ads were placed in local Chinese and Korean newspapers. Each ad ran multiple times.
Approximately 100 flyers were distributed to physicians and organizations (e.g. churches and supermarkets) serving the Asian community, and at local events.

<u>Objective 3</u>: Multidisciplinary Physician Review

Process Measures

A multidisciplinary physician group was formed to review all suspicious lung nodules identified during the lung cancer screening events. The multidisciplinary group includes pulmonologists, thoracic surgeons, medical oncologists, and radiologists.

Impact Measures

The multidisciplinary group met on 2 occasions to review suspicious lung nodules identified during one of the 4 lung cancer screenings that took place in 2014.

Meeting dates: April 3rd (reviewing results from March 30th screening); October 30th (reviewing results from October 5th and October 25th screenings)
One additional meeting is scheduled for December to review findings from the November 16th screening

Results letters were sent to patients and their primary care physicians on April 10th for the March 30th screening, and on October 31st for the October 5th and October 25th screenings.

</td></tr>
<tr><td>Continuation of Initiative</td><td colspan="2">Adventist HealthCare Shady Grove Medical Center will continue to offer quarterly lung cancer screenings targeted to the Asian population in 2015 and 2016.</td></tr>
<tr><td>A. Total Cost of Initiative for Current Fiscal Year
B. What amount is Restricted Grants/Direct offsetting revenue</td><td>A. Total Cost of Initiative

Personnel (administrators, clinical staff, interpreters, tobacco cessation counselors): $7,026.81
Marketing & Translation Costs: $6,367.40
Supplies/Materials: $550.00
Low Dose CT Scan: 59 Scans x $110 = $6,490
CT Reading = 59 Scans x $60 = $3,540

Total Estimated Cost: $23,974.21</td><td>B. Direct offsetting revenue from Restricted Grants

Offsetting Revenue: Participant costs for the screening were $60.00 which directly offset the cost of the CT reading. None of the costs related to this initiative were provided through a restricted grant or donation.
59 Scans x $60 = $3,540

Total Direct Offsetting Revenue: $3,540</td></tr>
</table>

Table III

Initiative 2. Diabetes Management among the Uninsured Population (CHNA Implementation Strategy Initiative)

Identified Need	Across the state of Maryland, the number of people diagnosed with diabetes has grown from 6.8 percent in 1999 to 9.5 percent in 2012[7]. In Montgomery County, diabetes is the 8th leading cause of death and affects 7 percent of the adult population. Among the adult population in Montgomery County, minority and elderly populations are affected disproportionately by diabetes. Sixteen percent of adults 65 and over have been diagnosed compared to 11.7 percent of 45 to 64 year olds, and 0.5 percent of 18 to 44 year olds (www.healthymontgomery.org). Among minority populations, Black (9.8 percent), Asian (7.5 percent), and other minority groups (14.4 percent) experience higher incidence rates than non-Hispanic Whites (6.2 percent) (www.healthymontgomery.org). Disparities can also be seen for diabetes mortality rates. Compared to Whites, Blacks or African Americans experience a death rate 2.5 times that of Whites (2005-2009)[8].
Hospital Initiative	Adventist HealthCare Shady Grove Medical Center (SGMC) has implemented a program to improve diabetes control and management among uninsured individuals, particularly those in the Montgomery Cares Program. Through this initiative, SGMC has partnered with Primary Care Coalition and several safety net clinics to monitor and improve hemoglobin A1C screening frequency; and with Adventist HealthCare Shady Grove Medical Center Foundation to provide free diabetes education classes. Strategies for this initiative include: • Through Ambulatory Care EMR Support (ACES), implementing the eClinicalWorks EMR system at 8 safety net clinics (listed out below in the partners section) • Connecting the 8 safety net clinics to Adventist HealthCare's Health Information Exchange (HIE) • Providing training, support, data extraction, and patient reconciliation services to the 8 clinics for eClinicalWorks and the HIE • Partnering with Primary Care Coalition to conduct quarterly reviews of hemoglobin A1C screening frequency data among the 8 clinics • Partnering with the 8 clinics and the Adventist HealthCare Shady Grove Medical Center Foundation to offer diabetes education classes free of charge to the uninsured o Based on meetings with PCC and the medical directors of the 8 clinics, SGMC is currently in the process of developing a program curriculum, format, and referral process to address the needs of the target patient populations. It is anticipated that these classes will begin taking place in 2015. • Offering pre-diabetes classes free of charge. Classes follow an evidence-based curriculum developed by the National Diabetes Education Program and consist of two 2-hour sessions taking place every other month at SGMC.
Primary Objective	**Goal:** Among known patients with diabetes in the Montgomery Cares Program within Adventist HealthCare Shady Grove Medical Center's service area, improve the percent who receive the recommended number of hemoglobin A1C screenings each year.

[7] MD Department of Health and Mental Hygiene. Retrieved: http://fha.dhmh.maryland.gov/cdp/pdf/ReportDiabetes.pdf Accessed 2013.

[8] MD Department of Health and Mental Hygiene. Maryland Chartbook of Minority Health and Minority Health Disparities Data. Third Edition, December 2012. Retrieved: http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf

	Objectives: 1. SGMC will integrate Montgomery Cares Program participants to Adventist HealthCare's Health Information Exchange (HIE) Program through Ambulatory Care EMR Support (ACES). 2. SGMC will conduct a quarterly review of hemoglobin A1C data with Montgomery Cares Program providers and collaborate in offering interventions for improved compliance with recommended screening frequency. 3. SGMC will start providing diabetes education classes free of charge to the uninsured as part of the intervention for improved compliance with recommended screening frequency.
Single or Multi-Year Initiative Time Period	**Multi-Year:** These initiatives, in response to the 2013 CHNA findings, are being implemented at least through 2016.
Key Partners in Development and/or Implementation	**Key partners involved in this initiative include:** • Ambulatory Care EMR Support (ACES) program / Center for Connected Health • Adventist HealthCare Shady Grove Medical Center Foundation • Montgomery Cares Program • Primary Care Coalition • Partner safety net clinics and community centers: Mercy Health Clinic, Mobile Medical Care, Inc., Muslim Community Center Medical Clinic, Proyecto Salud, The People's Community Wellness Center, Chinese Culture and Community Services Center, Care for your Health, and the Mansfield Kaseman Clinic
How were the outcomes evaluated?	**Objective 1:** ACES was able to monitor and track the successful go live of each of the 8 clinics with both eClinicalWorks and connecting to the Adventist HealthCare HIE. **Objective 2:** ACES in collaboration with Primary Care Coalition were able to pull preliminary aggregate data from each of the 8 clinics for A1C screening frequency. In 2015 and 2016, this data will be pulled on a quarterly basis to determine where the greatest need for intervention is and to determine if improvements are being made in regard to A1C screening frequency compliance. **Objective 3:** • *Pre-Diabetes Classes:* Our diabetes outpatient education coordinator and class instructor tracks the number of pre-diabetes classes and the number of participants. Beginning in 2015, demographic data and course evaluation data will be collected as well. • *Diabetes Classes:* Diabetes classes for the uninsured will begin taking place in 2015. The number of classes and participants will be tracked by the diabetes outpatient education coordinator. Demographic data as well as pre- and post- test evaluation data will be collected from class participants.
Outcomes (Include process and impact measures)	**Objective 1: *Integrating safety net clinic partners onto Health Information Exchange*** • **Process Measures** o Staff from the 8 safety net clinics as well as staff from AHC have participated in a 6 week train-the-trainer program. • **Impact Measures** o As of September 2014, all 8 clinics have gone live with eClinicalWorks and have been connected to the Adventist HealthCare HIE.

<table>
<tr><td></td><td colspan="2"><u>Objective 2</u>: Hemoglobin A1C Data Review
• Process Measures
o ACES in collaboration with Primary Care Coalition were able to pull preliminary aggregate data from each of the 8 clinics for A1C screening frequency, which will serve as a baseline.

<u>Objective 3</u>: Providing Diabetes Education for the Uninsured
• Process Measures
o Diabetes Classes: SGMC has met with Primary Care Coalition in addition to the medical directors of the 8 clinics to ascertain the needs of their patient population in relation to diabetes education. SGMC is in the process of developing a culturally appropriate program curriculum, format, and referral process to address the needs of the target patient populations.
▪ Funding has been allocated from the Adventist HealthCare Shady Grove Medical Center Foundation to fund these classes for uninsured individuals
• Impact Measures
o Pre-Diabetes Classes: 5 pre-diabetes classes were held in 2014 free of charge, with a total of 20 participants.
▪ Classes were held in January, March, May, September, and November.</td></tr>
<tr><td>Continuation of Initiative</td><td colspan="2">Adventist HealthCare Shady Grove Medical Center will continue to maintain the HIE connectivity and support for the 8 clinics through 2016 and beyond. The free diabetes and pre-diabetes education classes will continue at least through 2016. As year-one of this initiative draws to a close, we would like to place a greater emphasis within our overarching goal on providing education to the uninsured to improve diabetes self-management. Although that was not stated in the original goal, we have come to see that the educational piece is very important, and we can move forward with that now that the groundwork has been laid with EMRs at the safety net clinics and funding has been secured from the hospital's foundation.</td></tr>
<tr><td>A. Total Cost of Initiative for Current Fiscal Year
B. What amount is Restricted Grants/Direct offsetting revenue</td><td>A. Total Cost of Initiative

eClinicalWorks & HIE (licensing, staff training and support, data extraction and patient reconciliation, HIE connectivity): $50,000

Diabetes Classes (planning and development personnel time): $1,408

Pre-Diabetes Classes (instructor time and class materials): $1,106.25

Total Estimated Cost: $52,514.25</td><td>B. Direct offsetting revenue from Restricted Grants

None of the costs related to this initiative were provided through a restricted grant or donation.</td></tr>
</table>

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
Cancer: Breast	15% more white women were diagnosed with breast cancer than black women, while 48% more black women died from breast cancer than white women.	Reach uninsured residents of Montgomery County through continued partnership with Mercy Health Clinic, Mobile Med, Mansfield Kaseman Clinic, Pan Asian Clinic, Women's Cancer Control Program, and Komen Foundation, by providing free early detection screenings and health education outreach.	Adventist HealthCare Shady Grove Medical Center will provide free mammogram screenings, navigation, biopsies, ultrasounds, surgeries, and treatment for the uninsured. Encourage prevention & early detection through education at community health fairs, and community locations serving vulnerable populations.	Track and analyze numbers of: mammograms and other screenings provided, breast cancer abnormality findings, and treatment provided. Track number of participants encountered and educated during community outreach. From January-November of 2014, a total of 798 free mammograms (96 diagnostic, 702 screening) and 28 free sonograms were provided. Demographics: • The majority of women were between the ages of 40 and 69 (38 percent were between 40 and 49, 40 percent were between 50 and 59, and 19 percent were between 60 and 69). • Sixty-five percent of women were Hispanic • 59 percent of women did not disclose their race, 13.5 percent were Asian, 13 percent were Black, and 15 percent were white
Cancer: Colorectal	Colorectal cancer is the 2nd leading cause of cancer-related death in U.S. Although the screening for and incidence of colorectal cancer among all races in Montgomery County is relatively comparable, mortality rates were much higher for blacks than whites or other races, indicating that	Reach target populations through continued partnership with Montgomery County Cancer Crusade, Mercy Health Clinic, Mobile Med, Mansfield Kaseman Clinic and Pan Asian Clinic, and provide early detection screenings and community health education/ outreach.	Provide colonoscopies for target population and refer patients with abnormal findings to Montgomery Cancer Crusades for further treatment. Encourage prevention & early detection through education at community health fairs, and community locations serving vulnerable populations.	Track and analyze numbers of: colonoscopies, treatments and outcomes, as well as community encounters. Continue to monitor incidence and mortality rates for colorectal cancer to ensure Montgomery County meets or exceeds the Healthy People 2020 target for decreasing colorectal cancer-related deaths.

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
	blacks may be getting systematically less or inferior follow-up care post screening.			In 2014, Adventist HealthCare partnered with 37 physicians and practices to provide low-income and uninsured individuals with free colorectal cancer screenings and follow-up care through Montgomery County.
Cancer: Other (Prostate, Cervical, Skin, Oral, Thyroid)	**Prostate cancer** - mortality rate in Montgomery County is 46% higher than the Maryland rate; 93% more black men died of prostate cancer than white men (Healthy Montgomery, 2012). **Cervical cancer** – incidence rate is greatest among Hispanic women (10.2 per 100,000), compared to black women (6.5 per 100,000) or white women (4.9 per 100,000) in Montgomery County. **Skin Cancer –** White men show the greatest disparity in both incidence and mortality rates compare to the Montgomery County average. **Oral Cancer** – Montgomery County's incidence rate is the lowest among Maryland's counties. **Thyroid Cancer** – Montgomery County has the highest incidence rates for thyroid cancer in Maryland.	Provide free cancer screenings to the community at the annual cancer screening days; provide educational lectures to target populations as well as education to the community at health fairs and various community locations.	Adventist HealthCare Shady Grove Medical Center partners with physicians to provide free annual cancer screenings to the community, targeting: breast, prostate, colorectal, oral, skin and thyroid cancer. Additionally, bilingual Cancer Outreach Coordinators encourage prevention and early detection by providing educational presentations and materials to underserved and at-risk populations at community locations.	Track and analyze numbers of: cancer screenings, abnormal findings, and treatment provided. Track number of participants encountered and educated through community outreach. 109 individuals participated in Adventist HealthCare Shady Grove Medical Center's Annual Cancer Screening Day in 2014. Of the 104 who completed an evaluation: • 37.6 percent were males & 62.4 percent were females • 38.5 percent were White, 10.6 percent were Black, 26.9 percent were Asian, <1 percent were American Indian/Alaska Native, 6.7 percent were other, and 16 percent did not respond • 26.9 percent were Hispanic and 44.2 percent were non-Hispanic A total of 421 screenings were completed (the majority of participants received more than 1 screening): • 90 thyroid • 42 prostate (PSA) • 37 rectal (DRE) • 81 colorectal • 53 breast

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				• 75 oral • 43 skin
Heart Disease and Stroke	**Heart Disease –** Heart disease was ranked as number one cause of death in U.S. by the CDC. Although on the decline in Maryland and Montgomery County due to improvements in treatment, it remains the leading cause of death in the County for people over 65 years (among whites 30%, blacks 26%, and Hispanics 22%). **Stroke –** One of the top five leading causes of death in the U.S. Mortality rates in Montgomery County have met the HP 2020 target, but health disparities between racial/ethnic groups persist. Black residents have the highest stroke death rate in the County at 34.4/100,000 compared to whites at 29.8, Asian/Pacific Islanders at 19.6, and Hispanics at 14.5.	Provide free screenings related to cardiovascular health at annual "Love Your Heart" community health fair. Provide strong cardiovascular community outreach, to include the following screenings to community: Lipid Profile, Vertical Auto Profile, Homocysteine, HsCRP, blood pressure, glucose and A1C. Provide free cardiovascular educational materials, blood pressure screenings and body composition screenings (BMI, weight, % body fat, % muscle) at health fairs, churches, senior and community centers around the County.	Adventist HealthCare Shady Grove Medical Center will continue to hold its annual "Love Your Heart" screening event to provide free screenings to community members for: blood pressure, cholesterol, glucose, waist circumference, BMI, body composition, and sleep apnea, as well as 1:1 counseling with a clinician. Adventist HealthCare Shady Grove Medical Center will continue offering Lipid Profile, Vertical Auto Profile, Homocysteine, HsCRP, blood pressure, glucose and A1C screenings, as well as providing free educational lectures to the community. Adventist HealthCare Shady Grove Medical Center will continue its "Healthy Choices Program" in Damascus to provide women of low socio-economic status information and support to assist them in making healthier choices for themselves and their children.	Track and analyze numbers of screenings and findings from screenings. Track the number of participants encountered and educated through community outreach. **Love Your Heart Event** At the 2014 annual Love Your Heart event held in Westfield Montgomery Mall in North Bethesda, 285 individuals received 1,704 free screenings. Participant Demographics: • 62.8 percent were female, 37.2 percent were male • 18.9 percent were Asian, 14 percent were Black, <1% were Native Hawaiian or other Pacific Islander, 61 percent were White, and 5.3 percent declined Completed Screenings: • 270 Cholesterol • 270 Glucose • 250 Blood pressure • 246 Body mass index • 245 Body composition • 184 Sleep apnea • 239 Waist-hip ratio All screening participants also received a counseling session with a health care professional to help them understand their results, risks, and next steps.

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				In addition to screenings, the event featured a heart healthy cooking demonstration, exercise demonstrations, and heart health talks by medical experts. **Complete Health Improvement Program (CHIP)** CHIP is a research-based lifestyle enrichment program designed to reduce disease risk factors through the adoption of better health habits and appropriate lifestyle modifications. In 2014, Adventist HealthCare Shady Grove Medical Center in partnership with Montgomery County implemented a CHIP pilot program. 11 Montgomery County residents participated in the 6 week pilot. Demographics: • 3 participants were between 50-55 years old; 5 were between 56-60 years old; and 3 were between 60-65 years old • 4 were African American and 7 were white • All 11 participants were non-Hispanic Results: • Average weight loss across the group was 7.6 pounds (224.35 down to 216.75) • Average systolic blood pressure dropped 8.7 points (136.91 down

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				to 128.27) • Average diastolic blood pressure dropped 2.55 points (80.18 down to 77.64) • Average body fat percentage rose by 0.5% • Average BMI dropped by 1.24 points (44.86 down to 42.72) • Average waist size dropped 2.14 inches and average hip size dropped by 1.96 inches • Average glucose dropped from 121 to 87 • Average cholesterol dropped from 131 to 110 **Community Heart Health Screenings** In addition, Adventist HealthCare Shady Grove Medical Center provides thousands of free heart health screenings at over 200 community events/activities each year. Heart health screenings include: • Blood pressure • Body mass index • Body composition • Waist to hip ratio **Clinical/Blood Draw Heart Health Screenings** In addition to the free screenings offered in the community, Adventist HealthCare Shady Grove Medical Center also offers a Heart Health Community Screening Program. Through this program,

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				individuals are able to register for an appointment or walk-in, and receive any of the following for a reasonable rate: • Vertical Auto profile • Lipid Profile • Homocystine • HsCRP • Glucose • A1c • PSA • Body fat analysis Individuals are able to select individual screenings or a screening package. Free blood pressure screenings are also provided to participants.
Obesity	According to Healthy Montgomery, 56.1% of County residents are either overweight or obese, and 21% of low-income children ages 2-5 in Montgomery County are overweight compared to 17% in Maryland.	Provide both individual (1:1) and group nutrition counseling, and health education related to exercise and nutrition to the community at a variety of community locations.	Provide 1:1 health education and group presentations about healthy nutrition and the importance of exercise at health fairs, senior and community centers, and faith-based organizations. Continue implementing the "Healthy Choices Program" for low-income women. Provide affordable individual nutrition counseling to the community. Begin new initiative: nutrition and fitness challenge program in collaboration with Dawson's Market (local natural foods market) – Adventist HealthCare Shady Grove Medical Center will provide 40 participants with free body composition	Track the number of participants encountered and educated through community outreach. Monitor rates of obesity and overweight at the county level. For Dawson's Market Challenge, track results of participants' body composition screenings over the course of 12 weeks to assess any changes (e.g. weight loss, improved BMI, etc.), and document any changes they have made with regard to nutrition and fitness over the course of the program. **Dawson's Market Challenge** A total of 40 individuals participated in the Dawson's Market Challenge, however only 10 completed the full program.

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
			screenings and related health education twice a week for 12 weeks.	Demographics: • 2 males and 8 females • Participants were between the ages of 22 and 59. Results: • At the conclusion of the program, participants had lost an average of 8 pounds. • The average BMI for the group was 29.42 at the start compared to 28.47 at the conclusion of the program. On average, participants' BMIs fell by 0.95 points. • The average blood pressure at the start of the program was 124/80 compared to 116/71 at the conclusion **Complete Health Improvement Program (CHIP)** CHIP is a research-based lifestyle enrichment program designed to reduce disease risk factors through the adoption of better health habits and appropriate lifestyle modifications. In 2014, Adventist HealthCare Shady Grove Medical Center in partnership with Montgomery County implemented a CHIP pilot program. 11 Montgomery County residents participated in the 6 week pilot. *See program details above in "Heart Disease and Stroke" section.*

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				Community Weight Related Screenings In addition, Adventist HealthCare Shady Grove Medical Center provides thousands of free weight related screenings at over 200 community events/activities each year. Relevant screenings include: • Body mass index • Body composition • Waist to hip ratio
Influenza	Incidence of influenza in Montgomery County for the 2011-2012 flu season was very low; however the rate of ED visits due to immunization-preventable pneumonia and influenza was much higher among younger adults (18-24 years old) than among any other adult age group.	Provide influenza vaccinations and to the community throughout the fall flu season in a variety of locations, including locations that have elderly adults with limited mobility (e.g. senior living facilities and housing).	Continue to provide low cost flu shot clinics throughout Montgomery County to children, adults and seniors at community centers, senior centers, faith-based organizations, the hospital, and subsidized apartment complexes. Adventist HealthCare Shady Grove Medical Center will continue its partnership with WTOP radio to provide hundreds of free flu shots to the community at large.	Document and track the number of influenza vaccinations provided to community members, and analyze provision of vaccine by variables such as age, ZIP code, and insurance or payment type. Adventist HealthCare Shady Grove Medical Center's "Help Stop the Flu" initiative aims to provide flu vaccines for community members in various easily accessible locations including: senior centers, low-income and senior apartment complexes, and faith-based communities, as well as the hospital. In addition to the flu shots themselves, we also provide health education on cold and flu prevention to community members. In 2014, approximately 712 flu vaccines were provided for the community through 20 outreach flu shot clinic events at a variety of locations throughout the community.

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
Maternal & Infant Health	Montgomery County has a relatively low infant mortality rate of 4.3 deaths per 1000 births; however, the infant mortality rate is much higher among black residents at 10.7 deaths per 1000 births.	Continue to provide the excellent care to expectant/new mothers, their families, and their infants by providing childbirth classes, infant care classes, breastfeeding classes, as well as a variety of support groups. Continue to collaborate with Montgomery County Health Department to provide prenatal services to low-income and uninsured residents.	In addition to childbirth, breastfeeding, and parenting classes, Adventist HealthCare Shady Grove Medical Center offers free programs to its patients, such as BEST (Breastfeeding, Education, Support & Togetherness) to promote and support breastfeeding, and Discovering Motherhood support group for new mothers. In partnership with Montgomery County Health Department, Adventist HealthCare Shady Grove Medical Center also provides prenatal services to low-income and uninsured residents, including: prenatal care, routine lab tests, classes and dental screenings.	Continue assessment and evaluation of Maternal and Infant programs through tracking numbers of participants and surveys of participant feedback. Monitor maternal and infant health status in Montgomery County. **BEST Program (Support Group)** The BEST (Breastfeeding Education, Support & Togetherness) Program provides breastfeeding moms and their babies with a comfortable and informal environment in which they are able to speak with a lactation consultant and other mothers in order to receiving information, support, and assistance. BEST is a free support group that meets for 1.5 hours on a weekly basis. From January through October 2014, BEST was held 41 times, with an average of 14 participants at each session, and approximately 586 encounters. **Discovering Motherhood (Support Group)** Discovering Motherhood, a free 2 hour weekly support group, provides a safe environment for new and soon to be moms to connect. Sessions are typically attended by 10-15 individuals. **Classes & Tours** Adventist HealthCare Shady Grove Medical Center also offers several classes for new and growing families at

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				reasonable rates. Classes include: • Childbirth (12 hours total; available as a 6 week, 4 week, 3 day, or 2 day program): Offered a total of 54 times per year • Refresher Childbirth (2 3-hour sessions): every other month • Express Childbirth (1 5-hour session): every other month • Baby Care Basics (1 2.5-hour session): monthly • Breastfeeding (1 2.5 hour prenatal class): 3-4 times per month • Fatherhood 101 (1 3-hour session): every other month • Big Brother & Big Sister (1 1.5-hour session): monthly • Grandparents (1 2-hour session): quarterly • Infant CPR (1 2-hour session): weekly Free maternity tours are offered to expectant families as well. Approximately 182 tours, with up to 20 individuals, take place each year. Tour participants are all provided with parking vouchers.

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
Senior Health	The percentage of Maryland residents over the age of 60 is expected to increase from 15% in 2010 to 25% by 2030. In Montgomery County, 6.2% of seniors live below the poverty level, with higher percentages among minority seniors and women.	Continue to provide community health outreach programs, education and health screenings to seniors at a variety of locations in the community served by Adventist HealthCare Shady Grove Medical Center.	Adventist HealthCare Shady Grove Medical Center offers community health programs for seniors at: Damascus Senior Center, Gaithersburg Up-County Senior Center, Rockville Senior Center, Revitz House, as well as numerous subsidized senior apartment complexes. Adventist HealthCare Shady Grove Medical Center's community health education and outreach to seniors covers a variety of topics such as: heart health, cholesterol screenings, blood pressure screenings, healthy nutrition, summer safety, disease prevention, cancer screening education, brain health, osteoporosis screenings and bone health, flu and pneumonia shots, education on the importance of exercise, lay person CPR and Basic First Aid instruction.	Track the number of participants encountered and educated through community outreach. Continue to monitor and assess senior health status in Montgomery County to assure needs are being met and addressed. **Clinical/Blood Draw Heart Health Screenings** *(see heart disease and stroke section above for details)* This program is offered regularly at several locations including: • Damascus Senior Center • Gaithersburg Upcounty Senior Center • Rockville Senior Center • Adventist HealthCare Shady Grove Medical Center **Monthly Blood Pressure Screenings** Free monthly blood pressure screenings are offered at various sites in the community such as: • Damascus Senior Center • Gaithersburg Upcounty Senior Center • Rockville Senior Center • Tower Oaks Apartments • Forest Oak Tower Apartments • Londonderry Apartments • Westfield Montgomery Mall • Adventist HealthCare Shady Grove Medical Center

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				Walking Club A free walking club is held weekly at Montgomery Mall. During the walking club, experts provide participants with free blood pressure and other health screenings, as well as information on local health services and events. From February to September 2014, the Walking Club was held 21 times and had over 500 encounters, with an average of 20 attendees at each session. **Cardiovascular Support and Activity Groups** Groups meet at least monthly to promote both disease prevention and disease management. Groups include: Heart to Heart, Stroke Club, Implantable Defibrillator, Diabetes Support Group, Congestive Heart Failure, and DVT (Deep Vein Thrombosis).

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 Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
Asthma	Rates of ED visits for asthma were lower for Montgomery County than for the state of Maryland; however, black Montgomery County residents had an asthma ED visit rate about 5 times higher than white residents, and hospitalization rates showed a similar trend.	Provide community members with resources on asthma through community outreach.	Montgomery County has established The Asthma Management Program, which focuses on reaching out to Latino Children. This program provides education, support and follow-up care. Additionally, the following organizations provide the community with asthma resources: American Lung Association of Maryland, Asthma and Allergy Foundation of America (Maryland Chapter), and the Maryland Asthma Control Program.	Adventist HealthCare Shady Grove Medical Center does not currently provide community outreach and educational programs specifically for asthma because asthma prevalence and rates of ED visits in Montgomery County are below rates statewide, and because there are other asthma resources available in the County. Adventist HealthCare Shady Grove Medical Center will continue to monitor trends in asthma to determine whether future reallocation of resources is needed to provide asthma-related community programs.
HIV/AIDS	Blacks represent about 18% of the Montgomery County population, yet 71% of HIV cases diagnosed in 2008 were black residents. While HIV-related deaths in the County have greatly decreased in the past decade, black residents account for almost 4 out of 5 HIV-related deaths, and had a death rate that was nearly 10 times higher than whites.	Continue to support other organizations that provide services related to HIV and AIDS.	Treatment and support of those with HIV or AIDS is provided by both private and public health care providers. The safety net clinics serving Montgomery County provide diagnostic services and treatment. Montgomery County Health Department provides HIV Case Management (including dental care, counseling, support groups, home care services, education and outreach to at-	Adventist HealthCare Shady Grove Medical Center does not currently provide community outreach and educational programs for HIV/AIDS due to limited financial resources. Adventist HealthCare's Center on Health Disparities led an initiative called Project BEAT IT! (Becoming Empowered Africans Through Improved Treatment of type 2

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			risk populations), clinical services, lab tests, and diagnostic evaluations. Maryland AIDS Administration educates public and health care professionals.	diabetes, HIV/AIDS, and hepatitis B), which was a grant-funded initiative from U.S. DHHS Office of Minority Health that provided culturally appropriate health education classes to health care providers and the African immigrant community to improve health outcomes related to these chronic and infectious diseases. The 20-month grant funded project ended in September 2013.
Behavioral Health	In Montgomery County 1 in 10 residents has been diagnosed with an anxiety disorder and nearly 17% have been diagnosed with a depressive disorder. The rate of hospital discharges for bipolar disorders in Montgomery County has increased and there was a two-fold increase in readmission rates in the past decade.	Continue to provide behavioral health referrals to Adventist Behavioral Health, whose main hospital campus is next to the campus of Adventist HealthCare Shady Grove Medical Center.	Four hospitals in Montgomery County provide inpatient/outpatient behavioral health care: Adventist Behavioral Health, MedStar Montgomery, Suburban Hospital, and Washington Adventist Hospital. In addition to private health care providers, there is an array of additional behavioral health services: Montgomery County Crisis Center, Reginald S. Lourie Center for Infants and Young Children, Children's National Medical Center – partial hospitalization programs, Psychiatric Rehabilitation	Adventist HealthCare Shady Grove Medical Center does not provide behavioral health services because these services are already provided by the neighboring specialty care hospital within its hospital system, Adventist HealthCare Behavioral Health and Wellness Services. In addition to Adventist HealthCare Behavioral Health and Wellness Services, there are many organizations that provide behavioral health services within the Adventist HealthCare Shady Grove

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			Programs for Children, Affiliated Community Counselors Inc., Anxiety and Depression Association of America, Access Team, City of Rockville Youth and Family Services, Community Connections, Mental Health Association, and National Alliance on Mental Illness (NAMI).	Medical Center service area.
Social Determinants of Health • Food Access • Housing Quality • Education • Transportation	**Food Access** – Montgomery County performs better than state and national baselines with regard to food deserts. **Housing Quality** – 50.6 percent of renters in Montgomery County spend 30% or more of household income on rent. In the area served by Adventist HealthCare Shady Grove Medical Center, shelters, transitional housing, and motel placements served nearly 8,000 residents (FY2008). **Education** – The percentage of children who enter kindergarten ready to learn in Montgomery County (81%) is lower than the state of Maryland baseline (83%).	Partner with and support other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.	**Food Access** – Adventist HealthCare Shady Grove Medical Center supports the Meals on Wheels Program and the City of Rockville's annual Holiday Food Drive. **Housing Quality** – Adventist HealthCare Shady Grove Medical Center supports and partners with a local non-profit organization called Interfaith Works, which provides shelter to approximately 744 homeless men and women each night, and has served 135,000 meals through its Homeless Service programs. Additionally, the Montgomery County Coalition for the Homeless has shelters and emergency housing as well as programs to provide permanent housing for families. This organization also	Adventist HealthCare Shady Grove Medical Center does not directly address many of the social determinants of health because those are not specialty areas of the hospital and Adventist HealthCare Shady Grove Medical Center does not have the resources or expertise to meet many of these needs. Instead, Adventist HealthCare Shady Grove Medical Center partners with and support other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	Transportation – Montgomery County ranks in the top quartile of longest commute times among all U.S. counties. The rate of pedestrian injuries on public roads in Montgomery County (40.7/100,000) is equal to that of the state (40.5/100,000) but remains much higher than the SHIP 2014 target of 29.7/100,000 population.		assists with applying for Medicaid, food stamps, and other entitlement programs, as well as transportation, education completion, and vocational assistance. **Education** – Local community colleges offer low-cost higher education opportunities. The Interagency Coalition to Prevent Adolescent Pregnancy works to reduce teen pregnancy – a common reason teenagers drop out of school. **Transportation** – For community members relying on public transportation, there is a Ride On bus stop located right next to Adventist HealthCare Shady Grove Medical Center's main entrance to the hospital. Adventist HealthCare Shady Grove Medical Center also helps to arrange transportation home for many patients upon discharge.	

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.

According to Healthy Montgomery, the percentage of adults in 2012 that reported being unable to afford to see a doctor was 10 percent (see Figure 29). When stratifying the data, disparities can be seen across different ages, races, and ethnicities. For instance, among adults ages 18 to 44, 11.4 percent are unable to see a doctor (see Figure 29), and among Hispanics and "other" racial groups, 18.3 and 17.9 percent respectively, are unable to afford to see a doctor (see figure 30). This leads to untreated conditions and adverse health outcomes, which often result in emergency room visits.

Based on the 2008 Maryland Physician Workforce Study, sponsored by the Maryland Hospital Association and MedChi, the Maryland State Medical Society, the capital area including Montgomery and Prince George's Counties, has shortages in 8 of 30 physician specialty groups[9]. Shortages were identified among primary care, hematology/ oncology, psychiatry, anesthesiology, diagnostic radiology, general surgery, and neurosurgery. A borderline physician supply was found in dermatology, physical medicine, radiation oncology, and vascular surgery. Across the state, medical specialists are projected to decrease from 40 per 100,000 state residents to 37 per 100,000 in 2015. However, the capital region is projected to be less significantly affected compared to other regions of the state due to lower retirement rates and higher rates of medical residents.

Adventist HealthCare Shady Grove Adventist Medical Center is committed to assisting with access to care and thus collaborates and partners with the safety net clinics in Montgomery County, including Mobile Medical Care, Inc. and Mercy Health Clinic, as well as subsidizing physician services in order to provide a continuum of quality care and narrow the gap in availability of providers.

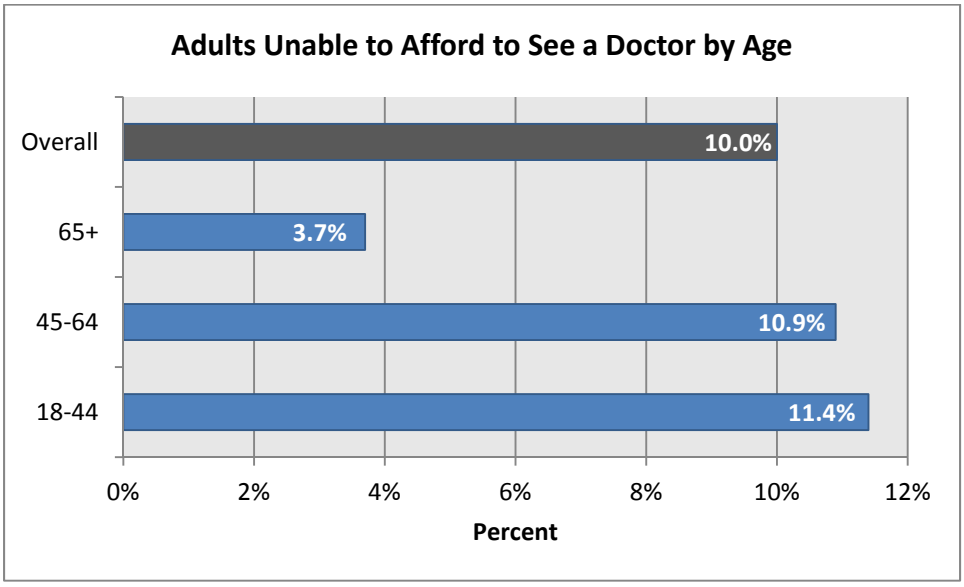


Figure 29. Percentage of Adults unable to Afford to see a Doctor by Age, Montgomery County, 2012 (www.HealthyMontgomery.org)

[9] Maryland Hospital Association & MedChi the Maryland State Medical Society. 2008. Maryland Physician Workforce Study.

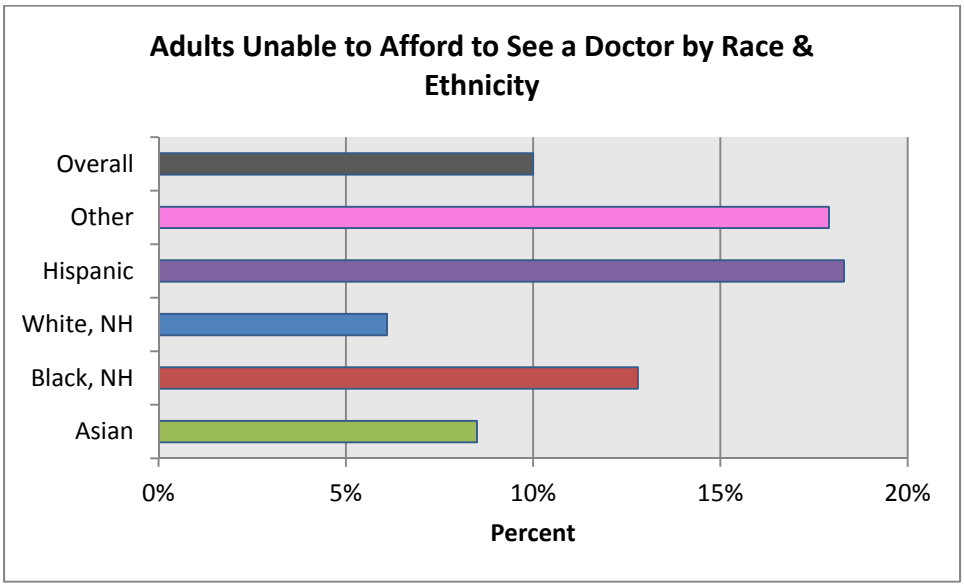


Figure 30. Percentage of Adults unable to Afford to see a Doctor by Race & Ethnicity, Montgomery County, 2012 (www.HealthyMontgomery.org)

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.

Adventist HealthCare Shady Grove Medical Center has determined it necessary to ensure that the Emergency Department and inpatient care areas provide continuous access to physician specialty services.

Specialty: Emergency Room – On Call Services

- Ophthalmology
- Orthopedic Surgery
- Otolaryngology (ENT)
- Neurology
- Neurosurgery
- Thoracic Surgery
- Urology

Department Coverage:

- *Critical Care* – the provision of physician intensivists to provide critical care services 24/7, and full-time physician ICU coverage.
- *Obstetrics and Gynecology* – provision of OB/GYN services with 24/7 on-site physician coverage, available to respond to emergent/urgent OB/GYN situations, inpatient consultations, requested outpatient follow-up until end of care episode, outpatient Maternity Center.
- *Pediatrics* – 24/7 physician coverage
- *Inpatient Surgical* – physician surgical hospitalists to provide general surgery services, with appropriate 24/7 physician staffing to respond to general surgery situations for patients who do not have an assigned physician, and to provide back-up assistance to medical staff and their private patients, as needed, 24/7 weekday hours back-up emergency surgical coveralls
- *Inpatient Hospitalists* – on-site 24/7 physician coverage of inpatient units and departments

The Following table describes the physician subsidies that Adventist HealthCare Shady Grove Medical Center provided:

Physician Category	Amount
Emergency Department On-Call	$309,236.70
Non-Resident House Staff and Hospitalist	$7,457,677.34
Sexual Support Center	$236,902.39
Recruitment of Physicians to meet community need	$2,582,152.82
Total	**$ 10,585,969.25**

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

Appendix I

Financial Assistance Policy Description

Adventist HealthCare Shady Grove Medical Center 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[1] 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.

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.

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

ADVENTIST HEALTHCARE
NOTICE OF AVAILIBILITY OF CHARITY CARE

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.

Size of Family Unit	Guideline
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

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:	4 of 12

ADVENTIST HEALTHCARE

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

□ Washington Adventist Hospital □ Adventist Behavioral Hospital

□ Shady Grove Adventist Hospital □ 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.

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

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

Revised July 2013

2013 POVERTY GUIDELINES

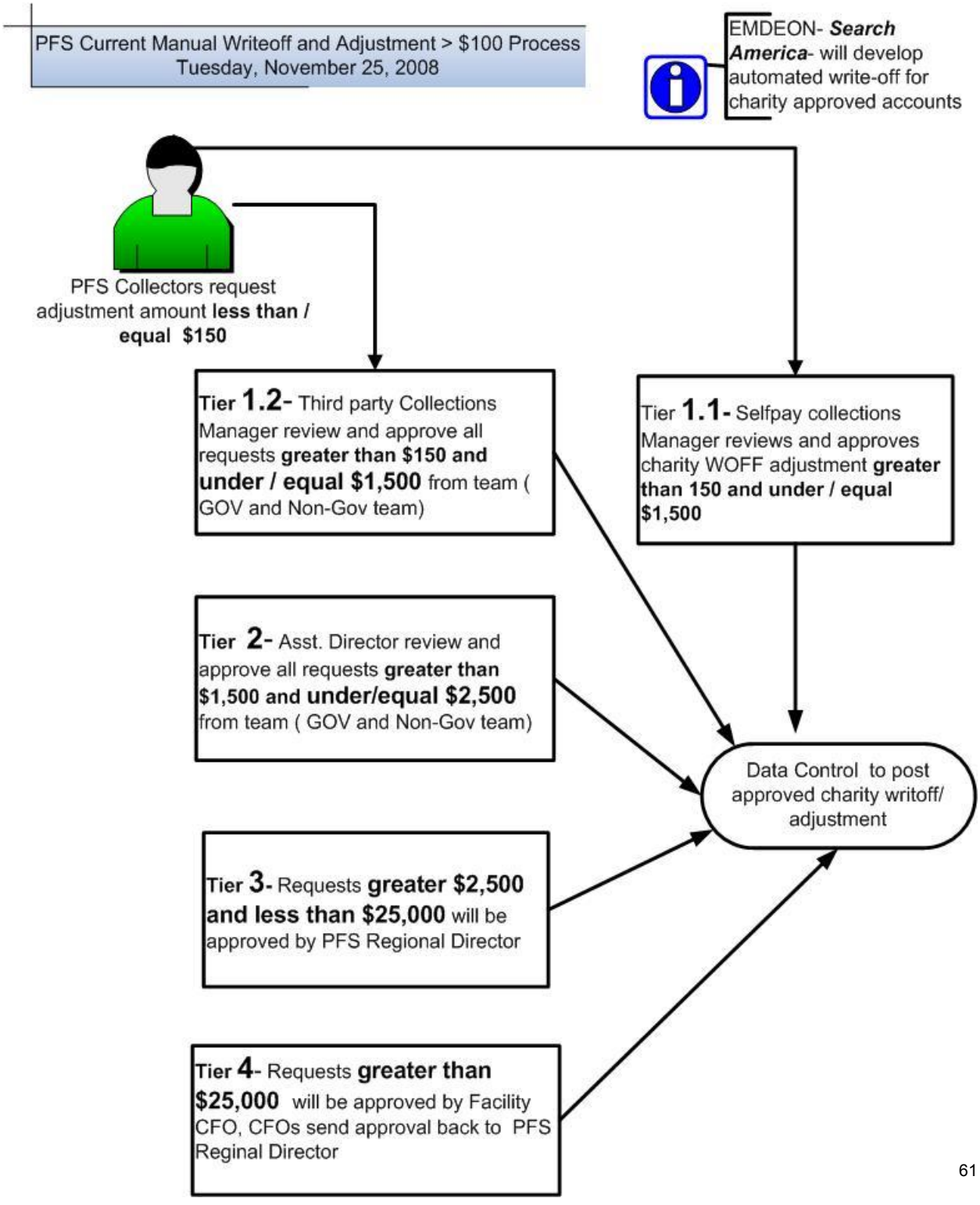
FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
1	100%	$11,490	100%	0%
2	100%	$15,510	100%	0%
3	100%	$19,530	100%	0%
4	100%	$23,550	100%	0%
5	100%	$27,570	100%	0%
6	100%	$31,590	100%	0%
7	100%	$35,610	100%	0%
8	100%	$39,630	100%	0%
FAMILY UNIT SIZE	**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%

6	150%	$47,385	100%	0%
7	150%	$53,415	100%	0%
8	150%	$59,445	100%	0%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%

FAMILY UNIT SIZE	INCOME GUIDELINE	ANNUAL INCOME	UNCOMPENSATED CARE AMOUNT	PATIENT RESPONSIBILITY AMOUNT
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**

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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	500%	$57,450	20%	80%
2	500%	$77,550	20%	80%
3	500%	$97,650	20%	80%

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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%


PFS Current Manual Writeoff and Adjustment > $100 Process
Tuesday, November 25, 2008
EMDEON- Search America- will develop automated write-off for charity approved accounts
PFS Collectors request adjustment amount less than / equal $150
Tier 1.2- Third party Collections Manager review and approve all requests greater than $150 and under / equal $1,500 from team (GOV and Non-Gov team)
Tier 1.1- Selfpay collections Manager reviews and approves charity WOFF adjustment greater than 150 and under / equal $1,500
Tier 2- Asst. Director review and approve all requests greater than $1,500 and under/equal $2,500 from team (GOV and Non-Gov team)
Data Control to post approved charity writoff/ adjustment
Tier 3- Requests greater $2,500 and less than $25,000 will be approved by PFS Regional Director
Tier 4- Requests greater than $25,000 will be approved by Facility CFO, CFOs send approval back to PFS Reginal Director

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. This hospital provides emergent and urgent care to all patients regardless of their ability to pay. 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.

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:

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