Adventist HealthCare
Washington Adventist Hospital

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
232	**11,620**	**20783 –** Hyattsville **20912 –** Takoma Park **20782 –** Hyattsville **20903 –** Silver Spring **20901 –** Silver Spring **20904 –** Silver Spring **20910 –** Silver Spring **20902 –** Silver Spring **20740 –** College Park **20906 –** Silver Spring **20737 –** Riverdale **20705 –** Beltsville	**Prince George's Hospital Center** 20737 **Holy Cross** 20904, 20902, 20906, 20901, 20910, 20903, 20783, 20705, 20912, 20782 **Johns Hopkins** 20904 **Montgomery General** 20902, 20904, 20906 **Suburban** 20902, 20906 **Doctors Community Hospital** 20737 **Laurel Regional Hospital** 20740, 20904, 20705 **Adventist HealthCare Behavioral Health and Wellness Services Rockville** 20906, 20902, 20904 **Adventist HealthCare Rehabilitation Hospital** 20782, 20901, 20904, 20902, 20910, 20906	**Prince George's County:** 13.58% **Montgomery County:** 13.99% *(Percentage of patients in each county with self-pay option)*	**Prince George's County:** 22.4% **Montgomery County:** 30.0%

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 Washington Adventist Hospital primarily serves residents of Prince George's County and Montgomery County, Maryland. Below, Figure 1 shows the percentages of discharges by county for Adventist HealthCare Washington Adventist Hospital:

County	Percentage
Prince George's	46%
Montgomery	40%
Washington, D.C.	7%
Other	7%

Figure 1. Adventist HealthCare Washington Adventist Hospital Discharges by County, 2013

Approximately 80 percent of discharges come from our Total Service Area, which is considered Adventist HealthCare Washington Adventist Hospital's Community Benefit Service Area "CBSA" (see Figure 2).

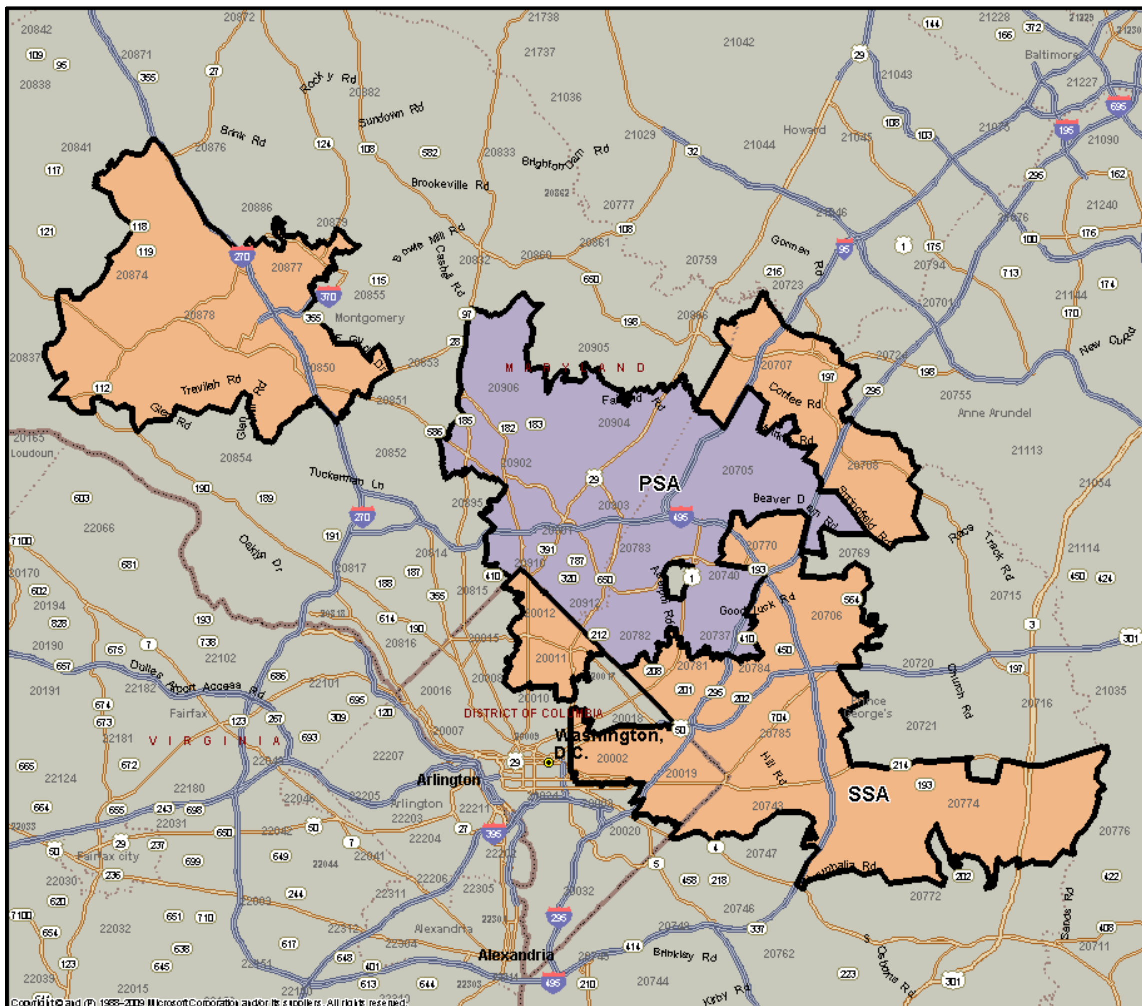

Figure 2. Map of Adventist HealthCare Washington Adventist Hospital's Primary and Secondary Service Areas based on 2013 inpatient discharges

Within that area, 60 percent of discharges are from the Primary Service Area including the following zip codes/cities:

Beltsville (20705); College Park (20740); Hyattsville (20783, 20782); Riverdale (20737); Silver Spring (20903, 20901, 20904, 20910, 20902, 20906); Takoma Park (20912).

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

Bladensburg (20710); Brentwood (20722); Capitol Heights (20743); Gaithersburg (20877, 20878); Germantown (20874); Greenbelt (20770); Hyattsville (20784, 20781, 20785); Lanham (20706); Laurel (20707, 20708); Mount Rainier (20712); Rockville (20850); Upper Marlboro (20774); Washington (20011, 20012, 20002, 20019).

Our Community Benefit Service Area (CBSA), covering approximately 80 percent of discharges, includes 1,178,270 people (see Figure 3).

	2014 Estimates					
	White	Black/AF American	Asian	Native American	Native HI/PI	Hispanic/ Latino
Community Benefit Service Area (CBSA)	381,299	509,859	97,689	6,587	968	257,350
	32.36%	43.27%	8.29%	0.56%	0.08%	21.84%
Primary Service Area (PSA)	180,348	134,707	39,803	3,463	475	142,071
	39.53%	29.52%	8.72%	0.76%	0.10%	31.14%
Secondary Service Area (SSA)	200,951	375,152	57,886	3,124	493	115,279
	27.83%	51.96%	8.02%	0.43%	0.07%	15.97%

Figure 3. Population Estimates (FY 2014) by Race/Ethnicity for Washington Adventist Hospital'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 and Prince George's Counties. 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. Prince George's County is one of the state's most populous jurisdictions, with a population increase of 7.7 percent in the last decade to a total of more than 863,420 residents by 2010, making it the third most populated jurisdiction in the Washington metropolitan area[1]. The 2013 population estimate for Prince George's County has reached 890,081 residents (Census.gov, Quick Facts, accessed 2014). Since 2000, it has experienced the second-largest population growth in Maryland, due largely in part to an increase in Hispanic residents. Every race or ethnicity, including black or African American, Asian and Pacific Islander, Hispanic or Latino, multiple races, and other races, has increased its presence in the past decade, except the white population, which has decreased by over 23 percent. The growth of the total population (all races/ethnicities combined) continues in the same upward trajectory it has seen since the county's inception.

Prince George's County's foreign-born population has also steadily increased over the last two decades; from 2000 – 2007 it increased at the highest rate in Maryland – 199.9 percent compared to a state average of 70.7 percent[2]. Currently, 24 percent of the county's residents are foreign-born. One fifth of the county's households speak a language other than English at home, and over 15 percent of the population speaks English less than

[1] "2010 Census Summary for Prince George's County." *Prince George's County Planning Department.* http://www.pgplanning.org/Assets/Planning/Countywide+Planning/Research/Facts+Figures/Demographic/2010+Census+Summary.pdf

[2] "Immigration and the 2010 Census." *Maryland Data Center: Census.* http://www.census.state.md.us/Immigration%20and%20the%202010%20Census_final.pdf

"very well." Spanish is the most frequently spoken language other than English, and among Spanish-speaking homes, about half speak English less than "very well."

Over the past decade, Montgomery County has become both the most populous jurisdiction in Maryland, the second largest jurisdiction in the Washington, DC metropolitan area, and the 42nd most populous county in the nation, with just over one million residents (Census.gov, Quick Facts, accessed 2014). 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 (2013 estimate). 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), and within the county, it outnumbers all populations other than non-Hispanic whites (Census.gov, Quick Facts – 2013 estimate, accessed 2014).

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.[3] Montgomery County's foreign-born population has gone from 12 percent in 1980 to currently more than 30 percent.[4] 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.

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

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

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	**Prince George's County**	**Montgomery County**	**Maryland**
Total Population	890,081	1,016,677	5,928,814
Gender			
Male	428,195	490,166	2,875,157
Female	461,886	526,511	3,053,657
Age			
Under 5 Years Old	59,438	66,010	366,712
5 to 19	171,616	196,261	1,138,851
20 to 64	562,578	618,823	3,629,383
65 and Over	96,449	135,583	793,868
Race/Ethnicity			
White Alone, NH	127,519	475,076	3,152,100
Black or African American Alone, NH	559,005	173,059	1,7,27,400
Native American & Alaskan Native Alone, NH	2,956	1,388	14,147
Asian Alone, NH	38,049	144,755	350,176
Native Hawaiian & Other Pacific Islander Alone, NH	98	157	2,588
Other Race Alone, NH	3,129	3,707	13,703
Two or More Races	15,234	32,585	136,951
Ethnicity			
Hispanic	144,091	185,950	531,749
Non-Hispanic	745,990	830,727	5,397,065
Source: U.S. Census, ACS 1-Year Estimate, 2013			

Median Household Income within the CBSA

Median Household Income
Prince George's County: $73,568
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 HealthCare Washington Adventist Hospital (Montgomery & Prince George's Counties), 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.

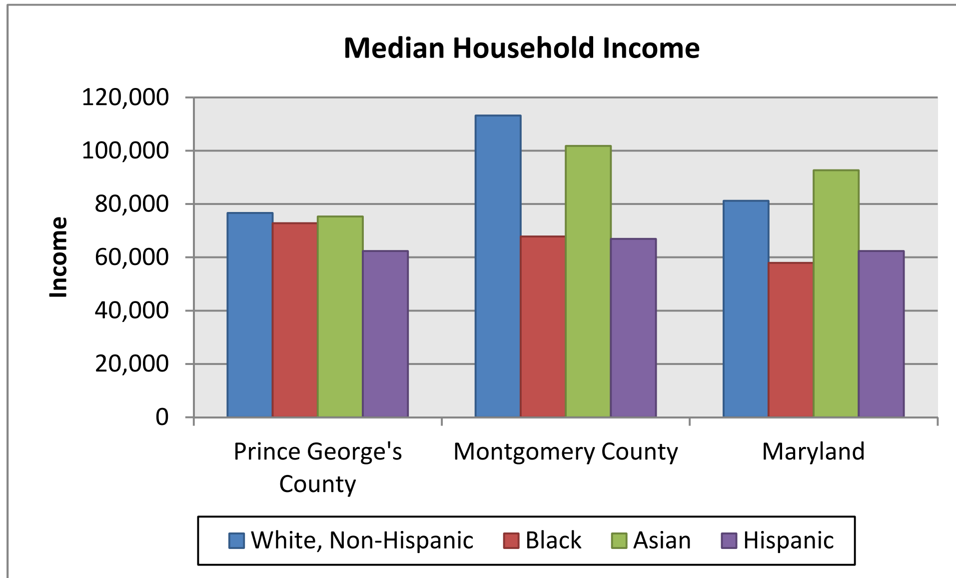

Figure 4. Median Household Income, Prince George's County, Montgomery County, and Maryland, by Race and Ethnicity 2013 (U.S. Census Bureau, ACS 1-Year Estimate, 2013)

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 and 8.7 percent of Prince George's 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).

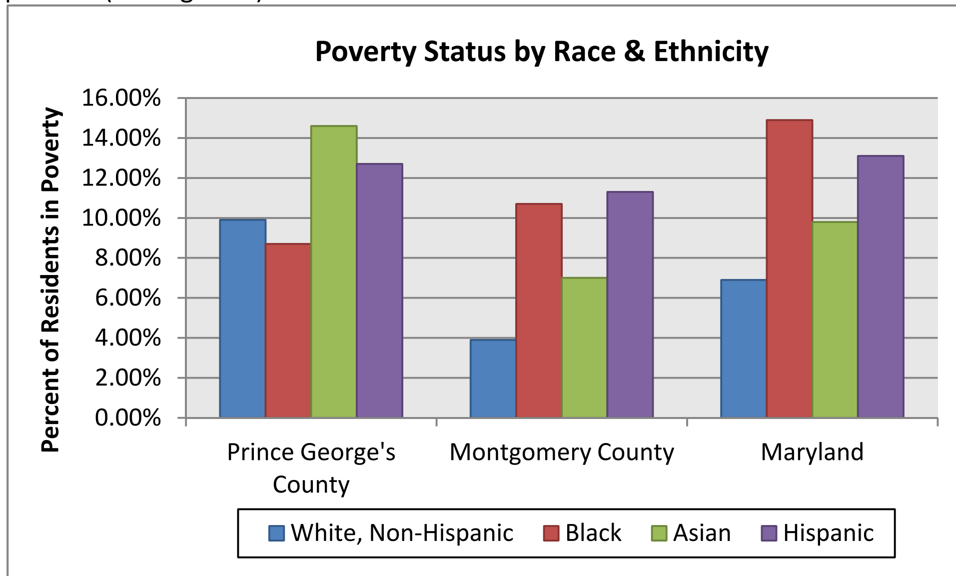

Figure 5. Poverty Rate by Race, Prince George's County, Montgomery County, and Maryland (U.S. Census Bureau, ACS 1-Year Estimate, 2013)

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

Approximately 11.1 percent of all civilian non-institutionalized Montgomery County residents and 15.5 percent of Prince George's 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 Montgomery County, Prince George's County, and Maryland, Hispanics are uninsured at rates significantly higher than whites, blacks, and Asians. Nearly 41 percent of Hispanics are uninsured in Prince George's County, compared to 26.6 percent in Montgomery County and 29.1 percent in Maryland (see Figure 6). Whites are least likely to be uninsured across Prince George's County, Montgomery County, and Maryland.

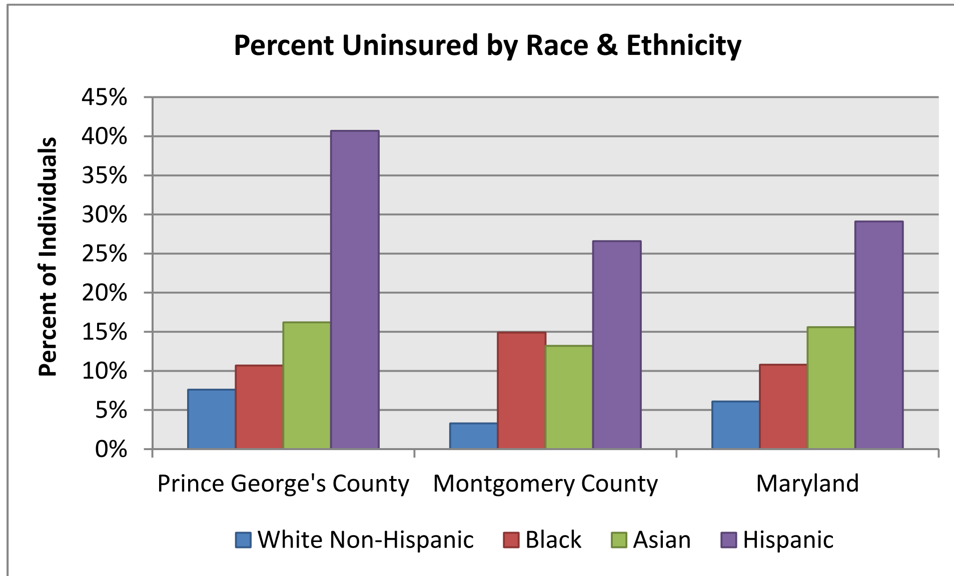

Figure 6. Percent Uninsured in Prince George's County, Montgomery County, and Maryland by Race & Ethnicity (U.S. Census Bureau, ACS 1-Year Estimate, 2013)

Percentage of Medicaid Recipients by County within the CBSA

Percentage of Medicaid Recipients by County within the CBSA
Prince George's County: 16.9% (149,008)
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 years, 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). In Prince George's County, the overall life expectancy is 77.8 years, which is 1.5 years less than that of Maryland (79.3 years). When stratifying by race, the life expectancy for white residents is 80.2 years, compared to only 75.9 years among black residents of Prince George's County.

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)
Prince George's	Increase life expectancy in Maryland	77.5	77.8	79.3	Black – 75.9 White – 80.2	Black – 76.4 White – 80.2	82.5	**-1.89%**
Montgomery		83.8	83.6		Black – 80.5 White – 83.9			**5.42%**

Figure 7. Life Expectancy at Birth, Prince George's and Montgomery Counties (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, and the mortality rate in Prince George's County is 570.7 per 100,000 population. These rates are 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 Montgomery County, Prince George's County, and Maryland are seen among white residents and the lowest among Hispanic residents.

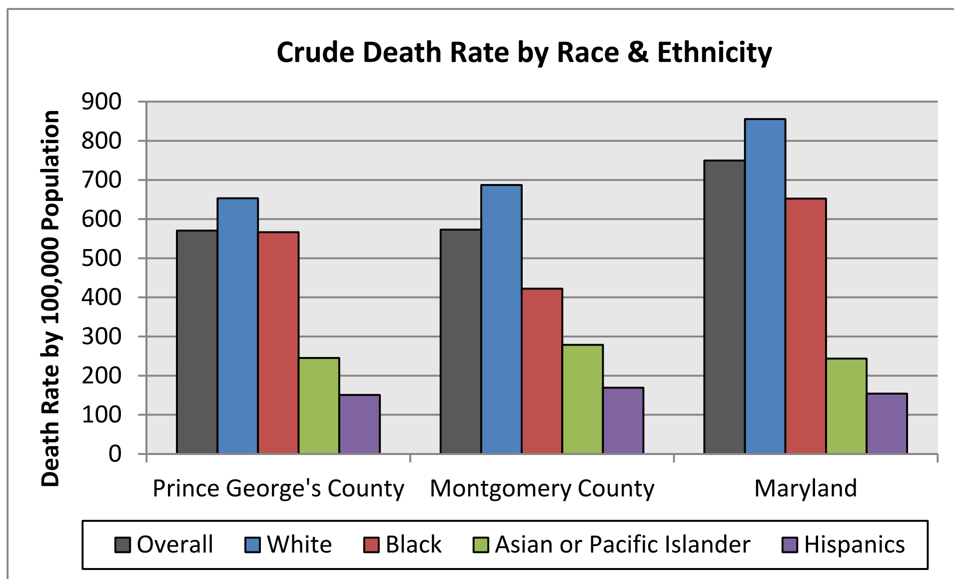

Figure 8. Crude Death Rates by Race & Ethnicity for Prince George's County, Montgomery County, and Maryland (Department of Health and Mental Hygiene. *Maryland Vital Statistics Annual Report.* (2012). Accessed: http://dhmh.maryland.gov/vsa/Documents/12annual.pdf)

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. In Prince George's County, which has a majority African American/black population, the rate of infant mortality (9.5 per 1,000 live births) is significantly higher than that of the state of Maryland (6.7 per 1,000 live births) (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)
Prince George's	Reduce Infant Deaths	10.4	9.5	6.7	Black--12.4 Hispanic--4.1 NH white--7.8	Black--11.8 Hispanic--4.1 NH White--4.2	6.6	**42.33%**
Montgomery		5.7	5.1		API--3.8 Black--9.1 Hispanic--3.0 NH White--4.7			**-23.61%**

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

Access to Healthy Food

Healthy Eating Behaviors

In Montgomery County, 33.3 percent of the adult population consumes five or more servings of fruits and vegetables daily. This proportion is higher than the Prince George's County average of 29.3 percent or Maryland's average of 27.6 percent (see Figure 10).

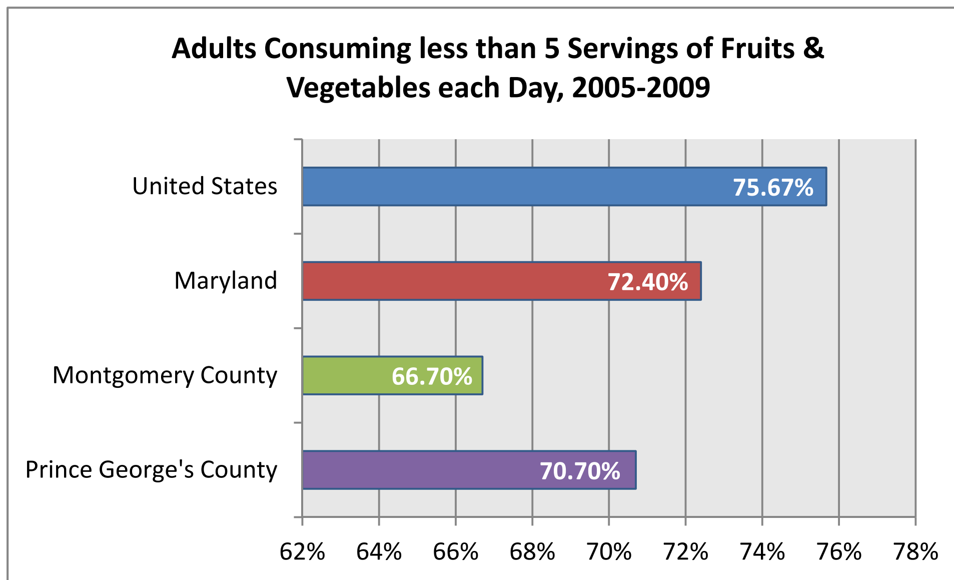

Figure 10. Adults who consume less than five servings of fruits and vegetables daily, in the United States, Maryland, Montgomery County, and Prince George's County, 2005-2009
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

In Montgomery County, there are differences in fruit and vegetable consumption among racial and ethnic groups. A higher percentage of white and Asian residents consume 5 or more servings of fruits and vegetables daily (33 and 31 percent, respectively) compared to the county as a whole (29.6 percent). However, only 14.2 percent of the Hispanic residents in the county consume the recommended number of fruit and vegetable servings (see Figure 11).

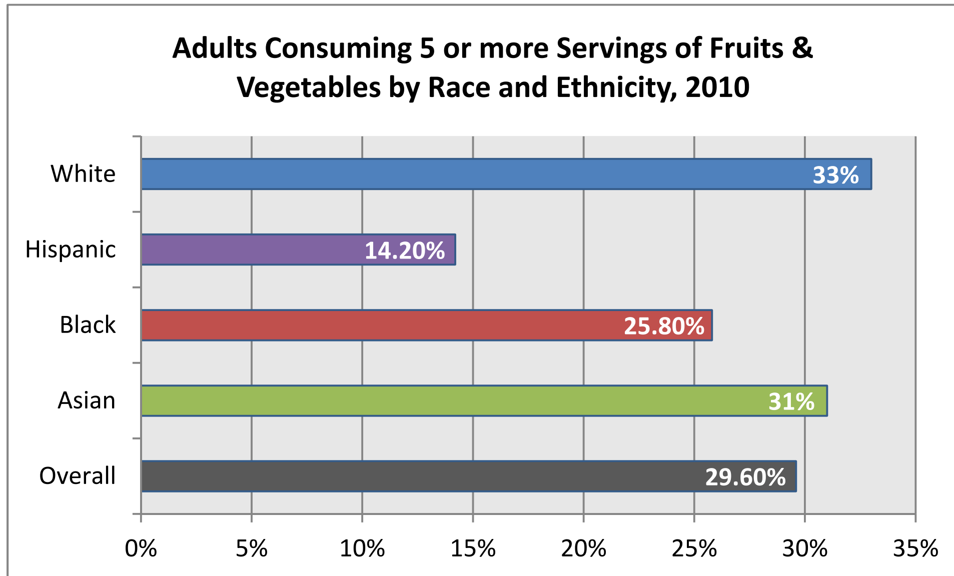

Figure 11. Fruit and Vegetable Consumption by Race and Ethnicity, Montgomery County, 2010 (http://www.healthymontgomery.org/)

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 and 28.14 percent of the Prince George's 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).

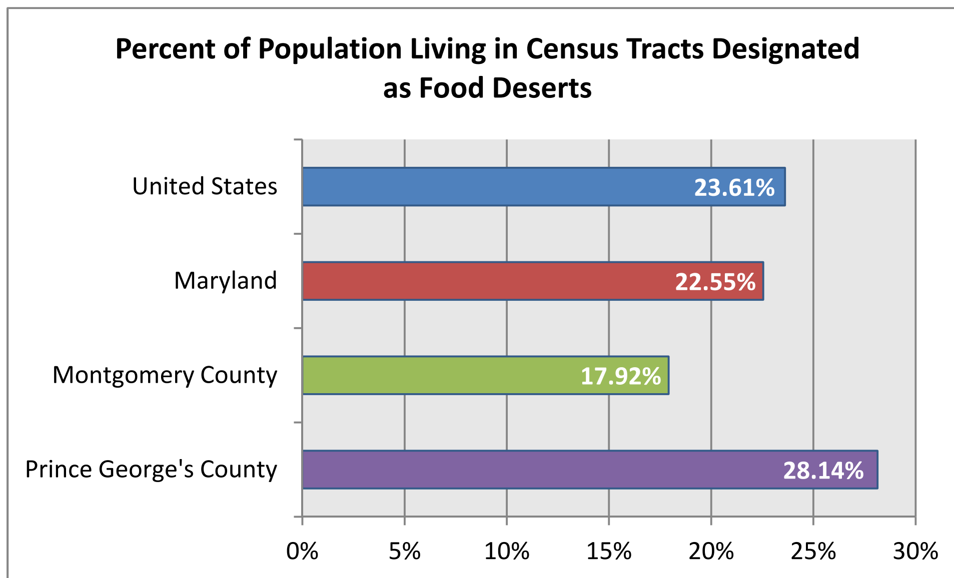

Figure 12. Percentage of Population living in Food Deserts in the United States, Maryland, Montgomery County, and Prince George's County, 2010
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

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). However, in Prince George's County, there are only 19.11 grocery stores per 100,000 population (see Figure 13).

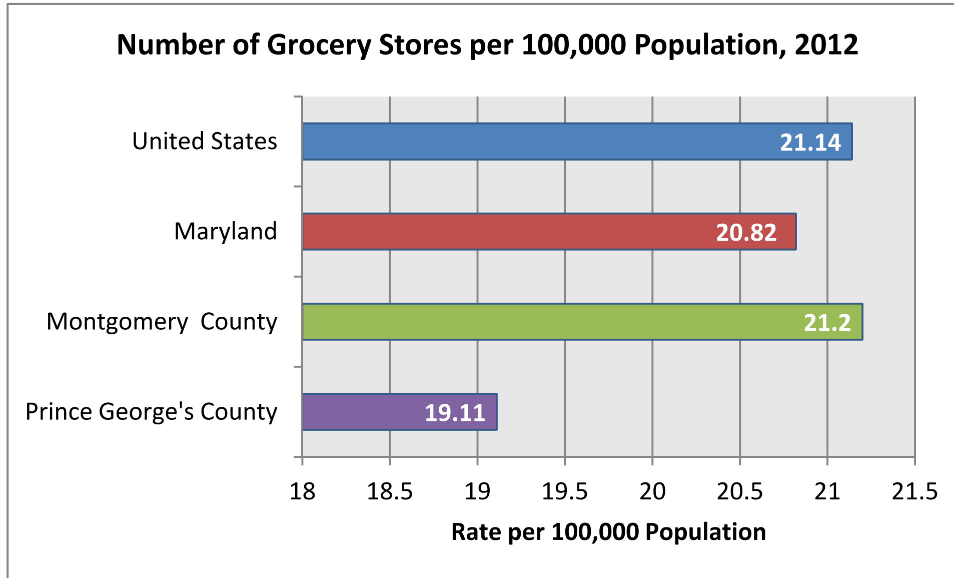

Figure 13. Grocery Store Access per 100,000 Population in the United States, Maryland, Montgomery County, and Prince George's County, 2012
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

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.[5] In Prince George's County, residents have access to fast food restaurants at a rate of 85.01 per 100,000 population, a rate higher than Montgomery County, (79.34 establishments per 100,000 population), and higher than that of the country overall (71.97 per 100,000 population), but slightly less than that of Maryland (85.77 per 100,000 population)(see Figure 14).

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

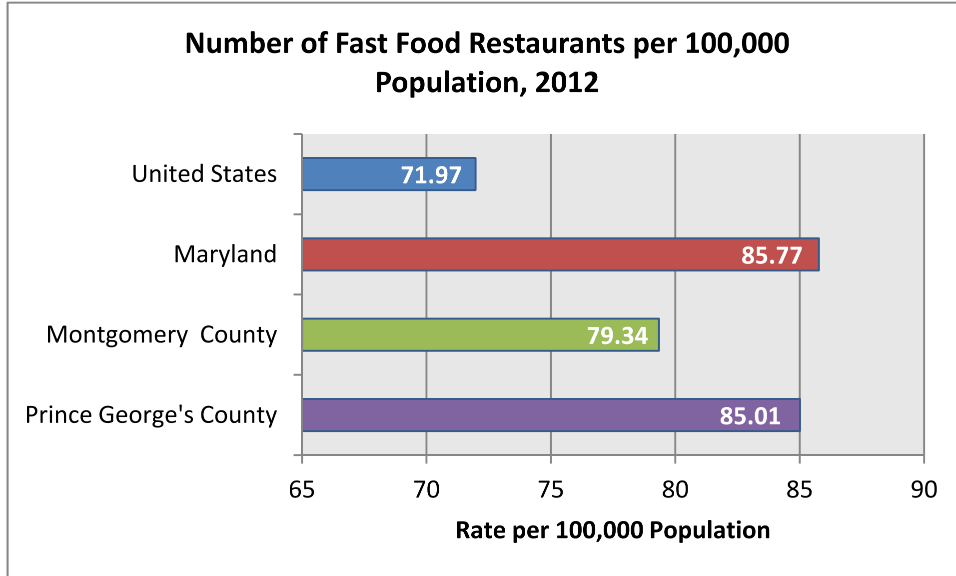

Figure 14. Number of Fast Food Restaurants per 100,000 Population in the United States, Maryland, Montgomery County, and Prince George's County, 2012
(Community Commons. *Community Health Needs Assessment*. (2013). Accessed: http://assessment.communitycommons.org/CHNA/)

Transportation

Commuting

The majority of both Prince George's and Montgomery County residents drive to work alone (about 66 percent) or utilize public transportation (15 - 16 percent) (see Figure 15).

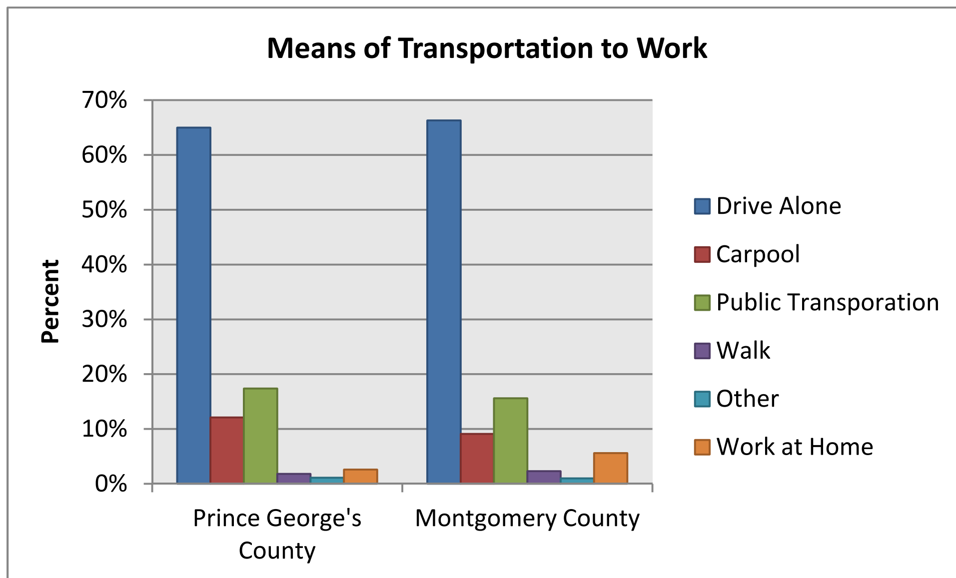

Figure 15. Means of transportation Utilized by Prince George's and Montgomery Counties' Residents to Commute to Work
(U.S. Census Bureau, ACS 1-Year Estimate, 2013)

The mean daily travel time to work for Montgomery County residents is 33.9 minutes (see Figure 16).

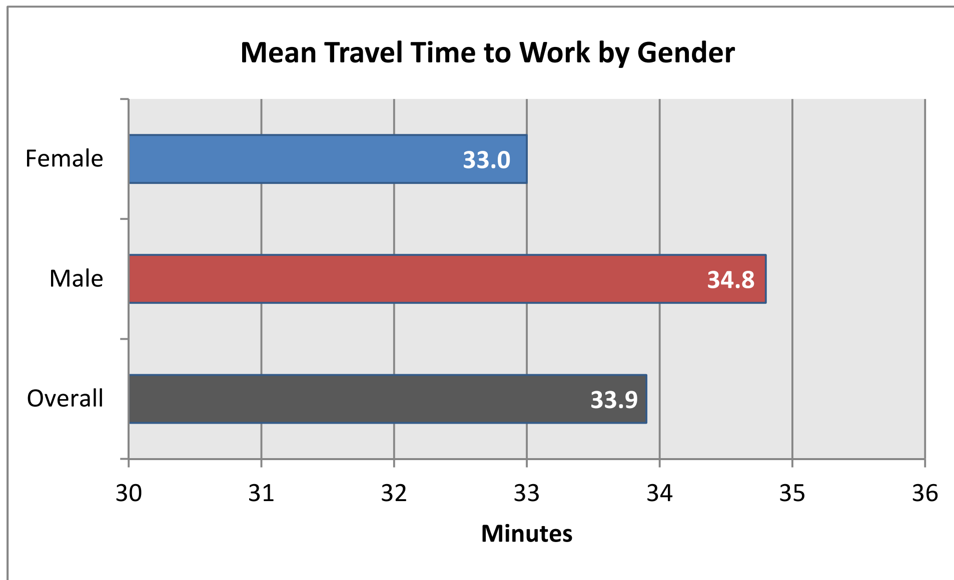

Figure 16. Mean Travel Time to Work in Minutes by Gender for Montgomery County, 2008-2012 (http://www.healthymontgomery.org/)

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), whereas the rate in Prince George's County is slightly higher at 41.5 per 100,000 population. Although the rates have decreased slightly from the 2011 baseline, they remain higher than the SHIP 2014 target of 29.7 per 100,000 population (see Figure 17).

<table>
<tr><th>County</th><th>SHIP Objective</th><th>SHIP 2011 County Baseline</th><th>SHIP 2012 County Update</th><th>SHIP 2012 Maryland Update</th><th>Maryland SHIP 2014 Target</th><th>% Difference (Maryland vs. County)</th></tr>
<tr><td>Prince George's</td><td rowspan="2">Rate of pedestrian injuries</td><td>44.3</td><td>41.5</td><td rowspan="2">40.5</td><td rowspan="2">29.7</td><td>**2.57%**</td></tr>
<tr><td>Montgomery</td><td>42.5</td><td>40.7</td><td>**0.38%**</td></tr>
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Figure 17. Rate of Pedestrian Injuries per 100,000 Population, Prince George's and Montgomery Counties, 2012 (Maryland SHIP, 2012)

The pedestrian death rate in Montgomery County at 0.6 deaths per 100,000 population, is lower than that of Maryland (1.63 per 100,000 population)[6] and the Healthy People 2020 target of 1.4 deaths per 100,000 population; however, the pedestrian death rate in Prince George's County at 2.5 deaths per 100,000 population is higher than both state and national rates[7].

[6] 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

[7] Traffic Fatalities by Person/Crash Type for Prince George's County, 2012. 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_Prince%20Georges_2012.HTM

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-A).

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-A. 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)

From 2008 to 2011 in Prince George's County, black non-Hispanic individuals experienced the highest number of traffic fatalities among both vehicle occupants and non-occupants. It is notable that there was a high percentage of traffic fatalities listed as having an unknown race and ethnicity; particularly in 2011 (see Figure 18-B).

Prince George's County Traffic Fatalities					
Person Type by Race/Hispanic Origin		**2008**	**2009**	**2010**	**2011**
Occupants (All Vehicle Types)	**Hispanic**	2	3	4	3
	White, Non-Hispanic	22	13	16	13
	Black, Non-Hispanic	61	49	38	26
	Asian, Non-Hispanic	1	0	0	0
	All Other Non-Hispanic or Race	2	0	1	1
	Unknown Race and Unknown Hispanic	3	9	9	31
	Total	91	74	68	74
Non-Occupants (Pedestrians, Pedal Cyclists and Other/Unknown Non-Occupants)	**Hispanic**	4	1	1	2
	White, Non-Hispanic	7	2	4	5
	Black, Non-Hispanic	24	15	9	9
	Asian, Non-Hispanic	0	0	1	0
	All Other Non-Hispanic or Race	0	1	1	0
	Unknown Race and Unknown Hispanic	4	5	8	15
	Total	39	24	24	31
Total	**Hispanic**	6	4	5	5
	White, Non-Hispanic	29	15	20	18
	Black, Non-Hispanic	85	64	47	35
	Asian, Non-Hispanic	1	0	1	0
	All Other Non-Hispanic or Race	2	1	2	1
	Unknown Race and Unknown Hispanic	7	14	17	46
	Total	130	98	92	105

Figure 18-B. Traffic Fatalities by Person Type, Race, & Ethnicity for Prince George's 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_Prince%20Georges_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. However, the 4-year high school graduation rate of Prince George's County students at 74.2 percent falls below both the state average and targeted goals (www.mdreportcard.org).

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 Montgomery County have the highest graduation rates, exceeding 95 percent, while Hispanic students have the lowest rates at 77.5 percent. A similar trend among race/ethnicities can be seen in Prince George's County as well (see Figure 19).

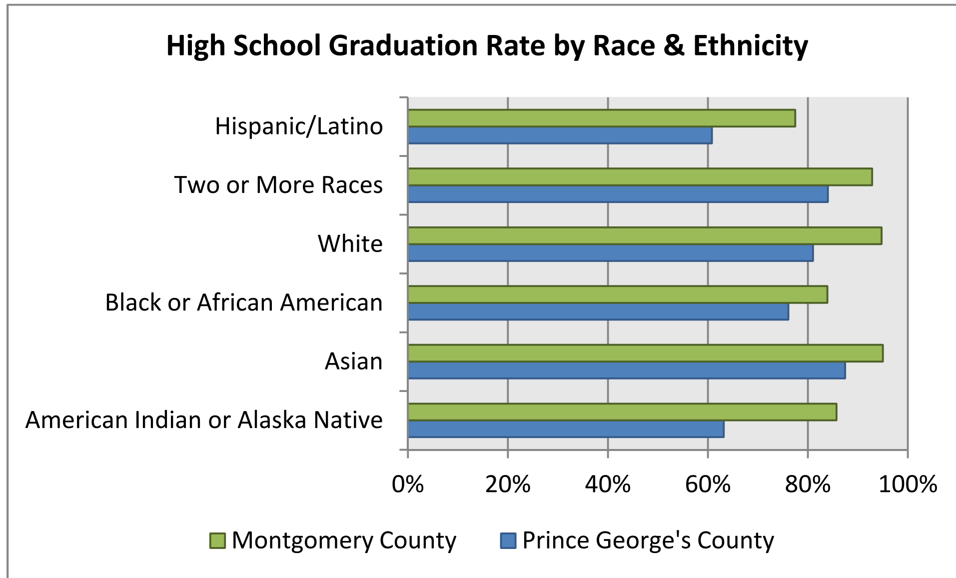

Figure 19. High School Graduation by Race/Ethnicity, Montgomery and Prince George's Counties, 2013 (http://www.MDReportCard.org/)

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).

In Prince George's County, the overall percentage of adults 25+ with a bachelor's degree is much lower at only 30.2 percent. When stratified by race and ethnicity, there are large disparities in Prince George's County as well, with 50.1 percent of Asians obtaining a bachelor's degree compared with 8.9 percent of Hispanics (see Figure 20).

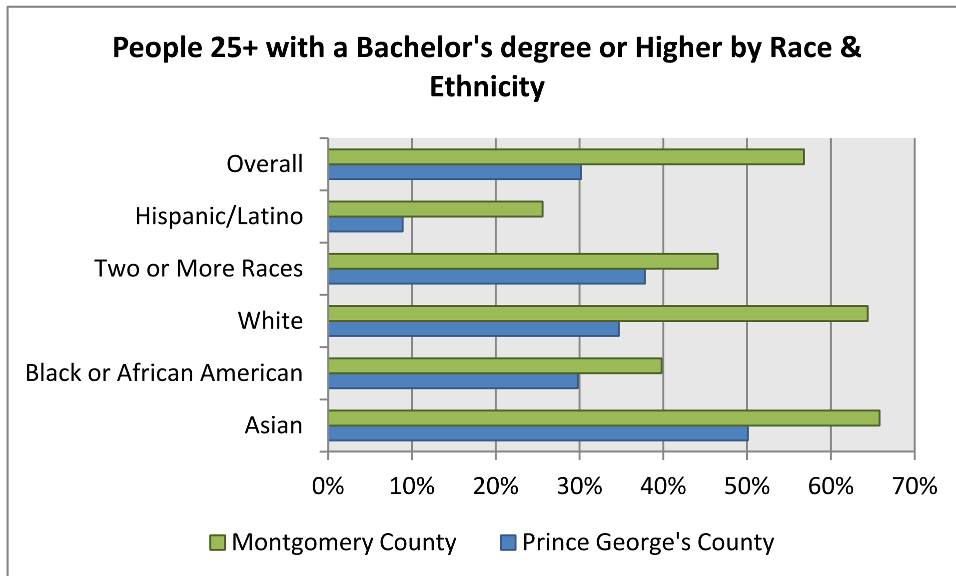

Figure 20. People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity, Montgomery and Prince George's Counties (U.S. Census Bureau, ACS 3-Year Estimate, 2011-2013)

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 in Montgomery County. In Prince George's County, there are also disparities in math proficiency among 8th graders of different races and ethnicities, with Asian students testing highest at 75.7 percent and black and Hispanic students testing at about 39 percent proficient (see Figure 21).

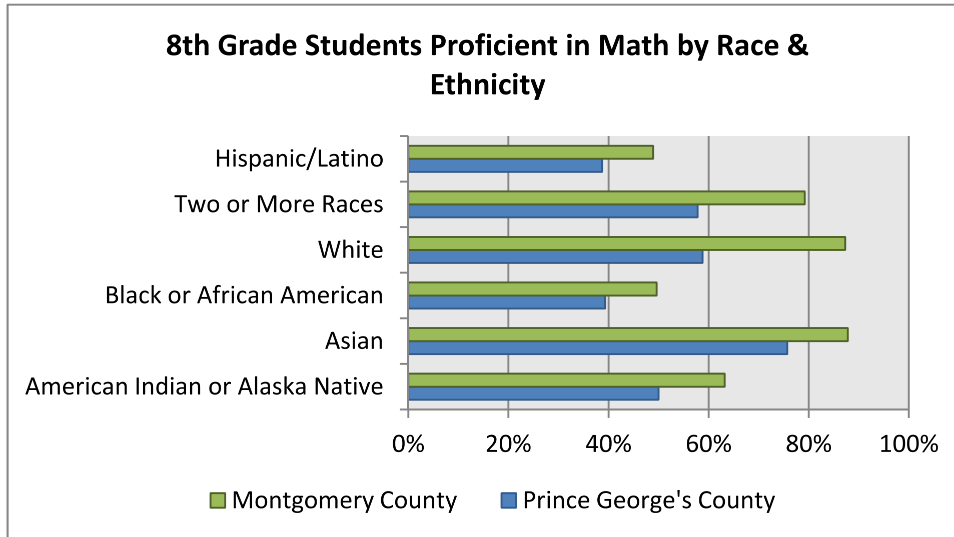

Figure 21. Percent of 8th Grade Students Proficient in Math by Race/Ethnicity, Montgomery and Prince George's Counties, 2013 (http://www.MDReportCard.org/)

The same trend can be seen for reading proficiency. In Montgomery County, approximately 94 percent of white and Asian 8th graders are proficient in reading compared to only 74 percent of black and Hispanic students. In Prince George's County, 87.3 percent of Asian 8th graders are proficient in reading compared to 73.3 percent of Hispanic 8th graders (see Figure 22).

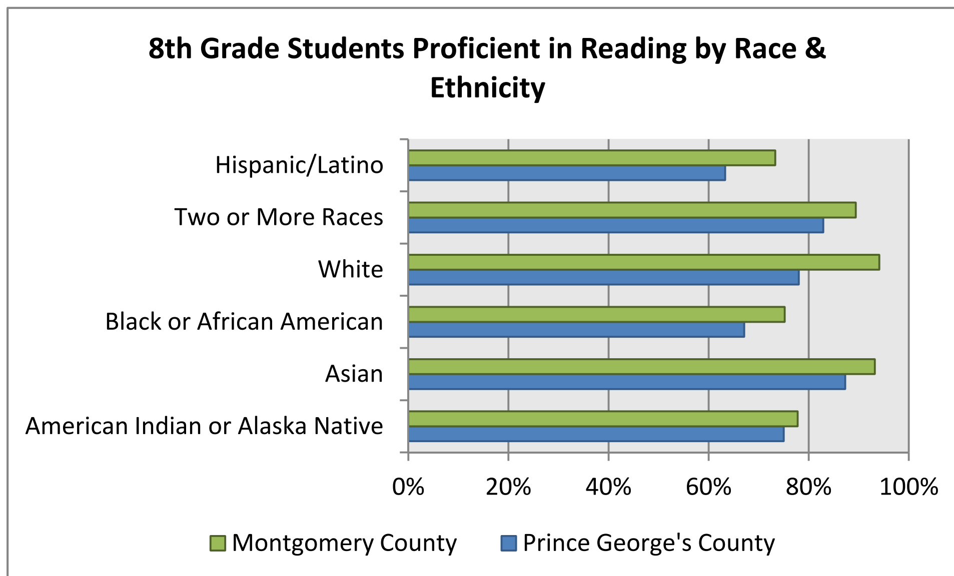

Figure 22. Percent of 8th Grade Students Proficient or Advanced in Reading by Race/Ethnicity, Montgomery and Prince George's Counties, 2013 (http://www.MDReportCard.org/)

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).

The percentage of children who enter kindergarten ready to learn in Prince George's County decreased in 2012 to 77 percent and remained lower than that of the state overall (83 percent). Hispanic children were the least likely to be prepared for kindergarten at 70 percent, while Native Hawaiian or Pacific Islander, Asian, and white children were among those most prepared to enter Kindergarten in Prince George's County at 86 percent, 82 percent, and 81 percent, respectively (see Figure 23).

County	SHIP Measure	County 2011 Baseline	SHIP 2012 County Update	SHIP 2012 County Update (Race & Ethnicity)	SHIP 2012 Maryland Update	Maryland Target 2014	% Difference (Maryland vs. County)
Prince George's County	Percentage of children who enter kindergarten ready to learn	79%	77%	AIAN–79%; Asian–82%; AA-79% Hispanic-70% NHOPI-86% White-81%	83%	85.0%	**-7.23%**
Montgomery County		74.0%	81.0%	AIAN–79%; Asian–86%; AA-77% Hispanic-71% NHOPI-71% White-88%			**-2.4%**

Figure 23. Percentage of Children entering Kindergarten Ready to Learn, Prince George's and Montgomery Counties, 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 United States, a disproportionate percentage of minority households are affected by moderate and severe housing problems (see Figure 24).

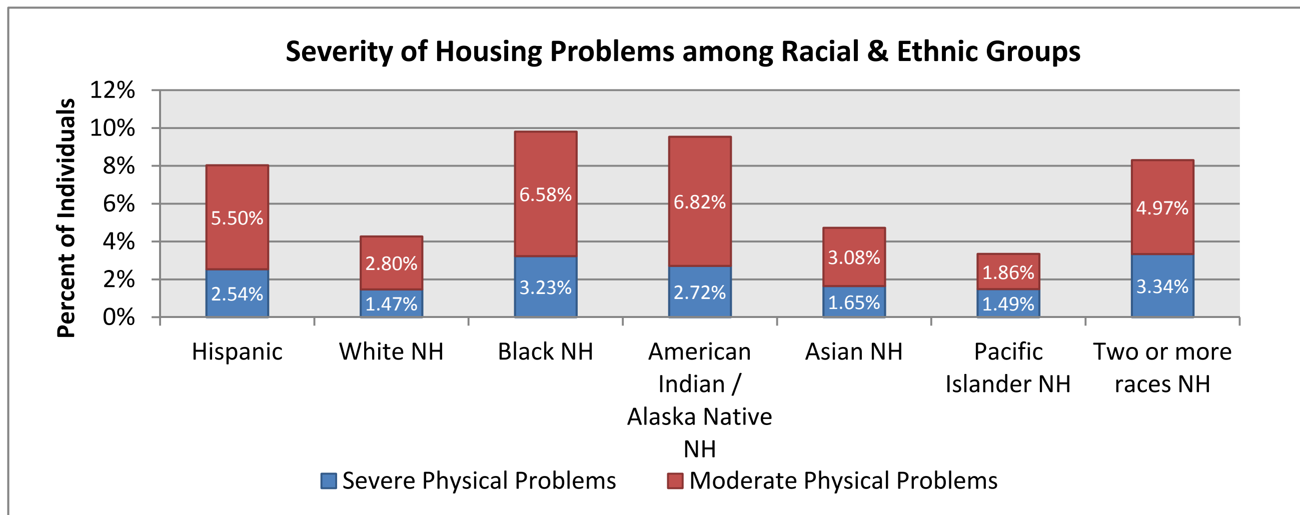

Figure 24. Housing Quality – Selected Physical Problems by Race, United States, 2011
Note: Includes problems with plumbing, heating, electrical, and upkeep
(U.S. Census Bureau, American Housing Survey, 2011)

At the local level, 16 percent of households in Maryland, 18 percent of households in Montgomery County, and 20 percent of households in Prince George's 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-YearEstimate, 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)

Prince George's County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 52.5 percent
- Homeowner vacancy rate: 1.3
  (Source: U.S. Census, ACS, 1-YearEstimate, 2013)
- Housing units: 329,324 (2013)
- Homeownership rate: 63.4 percent (2008-2012)
- Housing units in multi-unit structures: 32.1 percent (2008-2012)
- Median value of owner-occupied housing units: $289,400 (2008-2012)
- Households: 302,683 (2008-2012)
- Persons per household: 2.79 (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. In Prince George's County, the youngest residents between 0-5 years of age made up the largest portion of the homeless population that utilized shelters in 2011 (see Figure 25).

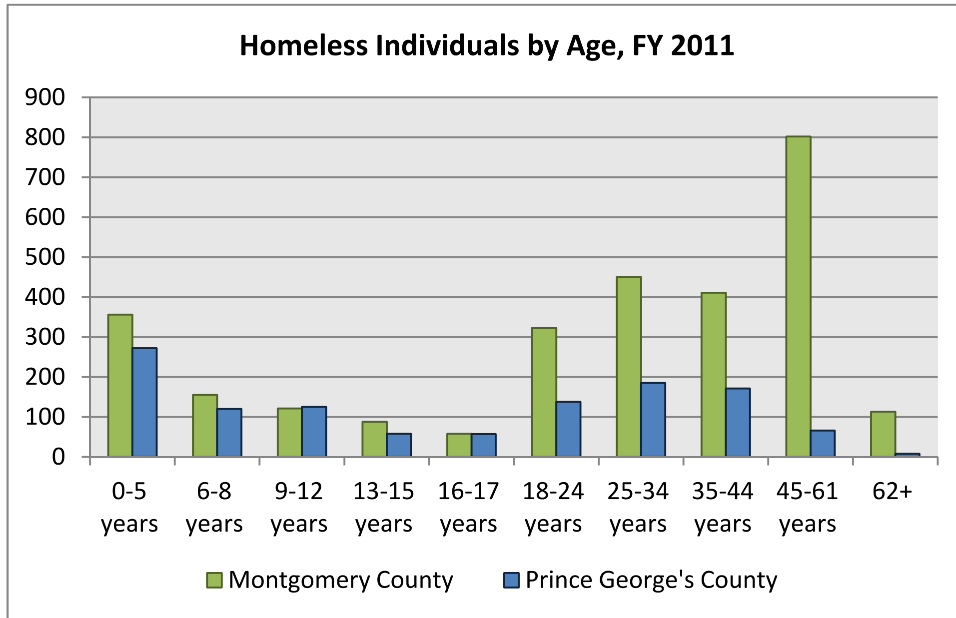

Figure 25. Individuals utilizing shelters in Montgomery and Prince George's Counties during FY 2011, by Age (Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

The majority of these individuals in both counties 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).

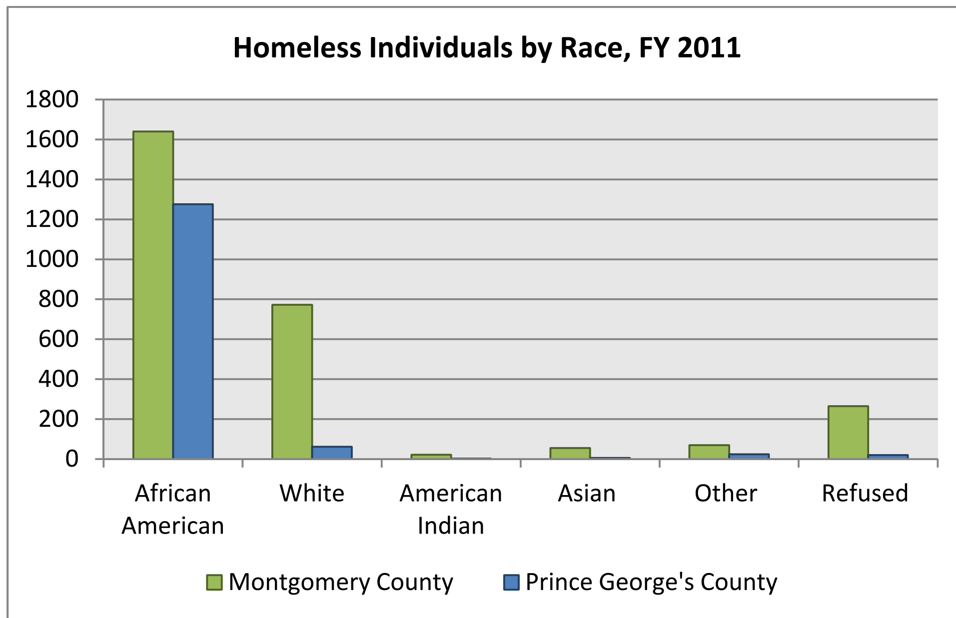

Figure 26. Individuals utilizing shelters in Montgomery and Prince George's Counties during FY 2011, by Race (Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

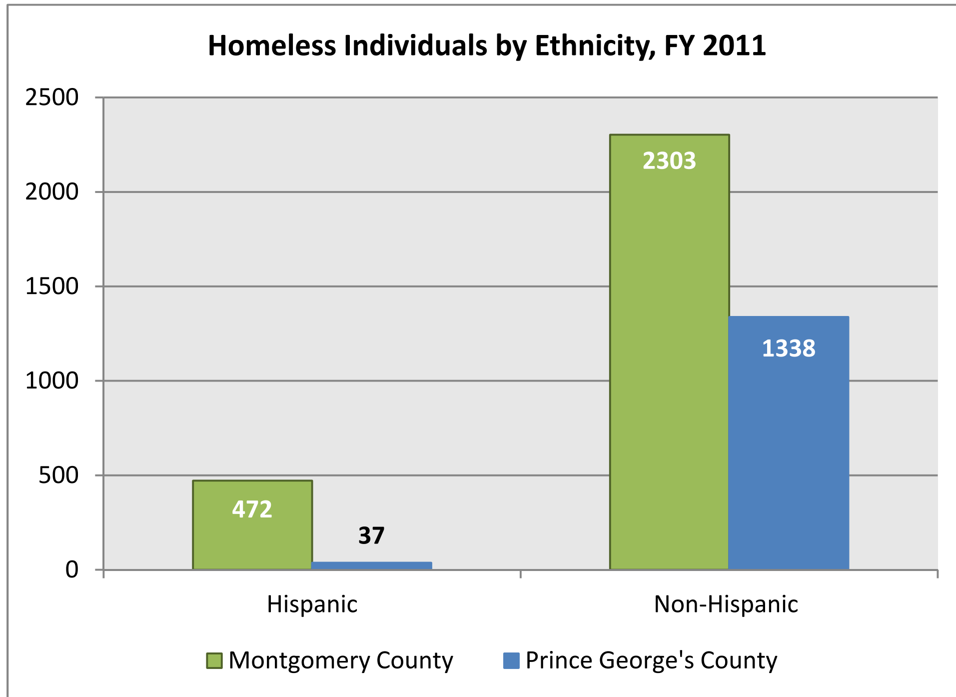

Figure 27. Individuals utilizing shelters in Montgomery and Prince George's Counties during FY 2011, by Ethnicity (Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

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

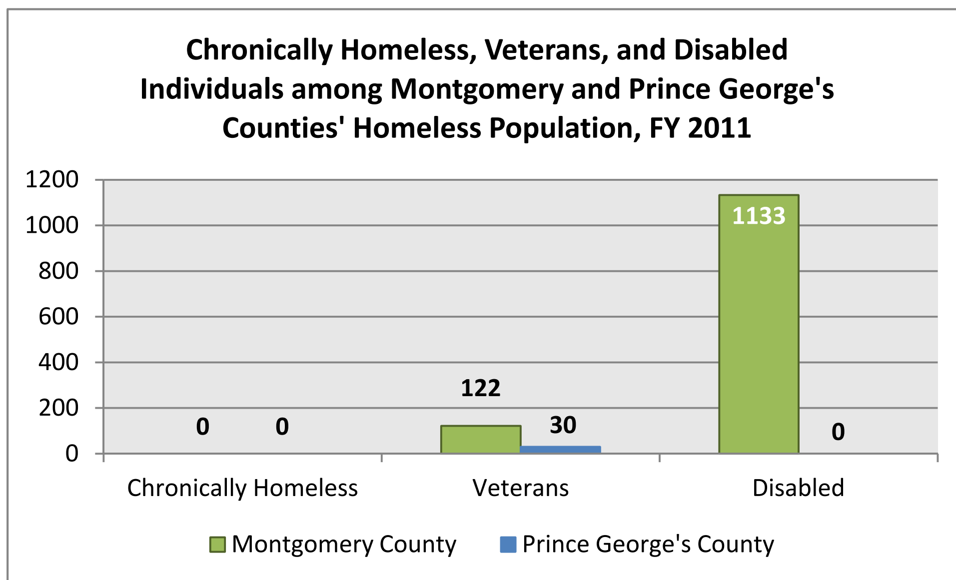

Figure 28. Individuals utilizing shelters in Montgomery and Prince George's Counties during FY 2011, Identified as Chronically Homeless, a Veteran, or Disabled
(Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

Available detail on race, ethnicity, and language within CBSA *See SHIP County profiles for demographic information of Maryland jurisdictions.*			
Demographics	**Prince George's County**	**Montgomery County**	**Maryland**
Total Population*	890,081	1,016,677	5,928,814
Age, %*			
Under 5 Years	6.7%	6.5%	6.2%
Under 18 Years	22.7%	23.6%	22.7%
65 Years and Older	10.8%	13.2%	13.4%
Race/Ethnicity, %*			
White	14.5%	47.0%	53.3%
Black or African American	65.1%	18.6%	30.1%
Native American & Alaskan Native	1.0%	0.7%	0.6%
Asian	4.5%	14.9%	6.1%
Native Hawaiian & Other Pacific Islander	0.2%	0.1%	0.1%
Hispanic	16.2%	18.3%	9.0%
Language Other than English Spoken at Home, % age 5+**	20.4%	38.7%	16.5%
Median Household Income**	$73,568	$96,985	$72,999
Persons below Poverty Level, %**	8.7%	6.5%	9.4%
Pop. 25+ Without H.S. Diploma, %**	14.4%	9%	11.5%
Pop. 25+ With Bachelor's Degree or Above, %**	29.5%	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/3167/2013-CHNA-WAH.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/3338/2013-CHNA-WAH-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 Community Benefits Project Manager
         2. **_X_ 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. Help Stop the Flu (CHNA Implementation Strategy Initiative)

Identified Need	Influenza – Persons most at risk include the elderly, the very young, and the immune-compromised. The ZIP code in which Adventist HealthCare Washington Adventist Hospital is located, 20912, had an immunization-preventable pneumonia and influenza rate of 12.1 ER visits/10,000 population (2009-2011), which is relatively high compared to 50% of Maryland counties, which have rates <8.9 ER visits/10,000 population. In Adventist HealthCare Washington Adventist Hospital's service area, the ZIP codes with the highest Emergency Room rates due to immunization preventable influenza and pneumonia included 20901, 20904, and 20912, with rates of 11.3, 11.2 and 12.1 ER visits/10,000 population, respectively (Healthy Montgomery, 2009-2011). A racial disparity exists within the population: the age-adjusted ER rate due to immunization-preventable pneumonia and influenza in Montgomery County was 17.5/10,000 among black residents compared to only 5.8/10,000 among white residents (Healthy Montgomery, 2009-2011). Although influenza vaccines (i.e., "flu shots") are widely available in Montgomery County, there are still many at-risk people who are not getting vaccinated due to barriers such as income, cultural barriers, and access to clinics.
Hospital Initiative	Adventist HealthCare Washington Adventist Hospital has implemented strategies to address high influenza-related Emergency Room rates in targeted areas. Strategies for this initiative include: • Partnering with community organizations, places of worship, senior centers, community centers, low-income housing complexes, and county health departments in Montgomery and Prince George's Counties to provide free or low cost vaccinations to residents with the greatest need. • Partnering with a micropractice located in ZIP code 20904 called "Care For Your Health" to provide vaccine to underserved patients. The patient population served by the Care for Your Health micropractice is 75% Hispanic, 12% Black, 5% White, 4% Asian, and 4% Other. The majority of patients are Spanish-speaking. • Partnering with local safety net clinics, Community Clinic, Inc. (FQHC) and Mobile Medical Care, Inc., to provide free flu vaccine to low-income, uninsured residents in Adventist HealthCare Washington Adventist Hospital's primary service area.
Primary Objective	**Goal**: Implement strategies to address high influenza-related Emergency Room rates in the population served by Adventist HealthCare Washington Adventist Hospital. Adventist HealthCare Washington Adventist Hospital'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.

	Objectives: 1. Adventist HealthCare Washington Adventist Hospital will partner with Community Clinic, Inc. (a local FQHC located in ZIP code 20912 serving uninsured patients), Mobile Medical Care, Inc. (a safety net clinic serving uninsured patients at multiple locations within the hospital's primary service area), and community organizations to provide free flu shots to residents with a greater need in ZIP codes with the highest ER rates due to immunization preventable influenza (20912, 20901, and 20904). 2. Adventist HealthCare Washington Adventist Hospital will partner with Care For Your Health (Dr. Anna Maria Izquierdo-Porrerra) to provide vaccine for micropractice patients. • Practice located in ZIP code 20904; secondary practice area to be covered includes 20901 and 20912. Practice primarily serves a linguistic and ethnic minority community.
Single or Multi-Year Initiative Time Period	**Multi-Year** This initiative has taken place every year since 2008, with extra emphasis on targeted ZIP codes in response to CHNA findings in the years 2014, 2015, and 2016.
Key Partners in Development and/or Implementation	Flu shots were provided at the following locations in 2014: • Care For Your Health Micropractice (Dr. Anna Maria Izquierda-Porrera) • Community Clinic, Inc. (FQHC) • Mobile Medical Care, Inc. (safety net clinic) • Takoma Park Community Center • Long Branch Community Center • Takoma Park Seventh Day Adventist Church • East County Community Recreation Center • The Oaks at Four Corners (HOC, affordable housing) • Springvale Terrace Retirement Community (affordable senior housing) • Gwendolyn E. Coffield Community Recreation Center • Greenbelt Community Center • Easter Seals • Hillandale Baptist Church • LabQuest/Food and Drug Administration • Elternhaus (senior housing) • Adventist HealthCare Washington Adventist Hospital
How were the outcomes evaluated?	At each of the flu shot clinics, all participants completed a consent form, which included information such as: address of residence (including ZIP code), race/ethnicity, gender, and age. This data was collected and analyzed in aggregate.
Outcomes (Include process and impact measures)	**Process:** Staff conduct a debrief/process evaluation at the end of each flu shot clinic to make adjustments and improvements for future flu shot clinics. **Impact:** • *Before* the CHNA Implementation Strategy was approved and put in place, Adventist HealthCare Washington Adventist Hospital already provided a total of **484** flu vaccines for the community in 2013.

<table>
<tr>
<td></td>
<td colspan="2">
• *After* the CHNA Implementation Strategy was approved and put in place, Adventist HealthCare Washington Adventist Hospital provided a total of **788** flu vaccines for the community in 2014, through partnerships with Community Clinic, Inc., Care for Your Health, Mobile Med, Inc., and numerous outreach flu shot clinic events at a variety of community locations.
• Of the 203 flu shots provided at community locations throughout the hospital’s service area, 28 flu shots were provided to residents of ZIP code 20912, 10 were provided to residents of ZIP code 20904, and 16 were provided to residents of ZIP code 20901. Community flu shot clinic sites included senior centers, low-income housing complexes, local congregations, and the hospital.
• 100 free flu shots (regular) were provided to the micropractice Care For Your Health (Dr. Anna Maria Izquierda-Porrera) located in ZIP code 20904
• 255 free flu shots (195 regular and 60 high dose) were provided to Community Clinic, Inc. (an FQHC serving uninsured patients) located in ZIP code 20912.
• 100 free flu shots (high dose) were provided to Mobile Med, Inc. (whose clinics provide primary care to uninsured patients).
• In addition to flu shot clinics, health education on cold and flu prevention was provided at a variety of community locations.
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<tr>
<td>Continuation of Initiative</td>
<td colspan="2">Adventist HealthCare Washington Adventist Hospital will continue to provide flu shots to residents of targeted ZIP codes in response to CHNA findings 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:
<u>$26,673.34</u>

Estimated Total Cost of Vaccine (regular and high dose) & Materials (syringes, gauze, bandages, emergency kits):
<u>$18,073.34</u>

Estimated Total Cost of Personnel time: <u>$8,600</u>
(nurse time = $1,091.50;
staff time= $7,508.50)

CALCUATIONS:
Community location flu shot clinics (vaccine + materials): $5,442.74 Total
• *118 high dose: $3,486 vaccine + $114.46 materials = $3,600.46*
• *76 regular: $1,368 vaccine + $249.28 materials = $1,617.28*
• *9 Pneumococcal vaccine = $225*

Vaccine provided to Community Clinic, Inc., Mobile Medical, Inc., and Care For your Health: $12,630.60
• *295 regular =$4,342.40*
• *290 high dose = $8,288.20*
</td>
<td>
B. Direct offsetting revenue from Restricted Grants:
<u>$9,340.03</u> *(potential – the majority of this money has not yet been received, and may or may not come through)*

• AHC will apply to be reimbursed by Medicare for 126 vaccines [NOTE: We have <u>not</u> been reimbursed by Medicare for the past 3 years, although we have applied, so there is no guarantee that we will recoup these costs]: Potential Medicare Reimbursement: $7,935.03
(108 high dose: $6,593.40
10 regular: $378
9 pneumococcal: $963.63)

• Self Pay (40): $1,120
• Conifer Health (19): $285
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Initiative 2. Behavioral Health Improvements (CHNA Implementation Strategy Initiative)

Identified Need	**Bipolar Disorder** – The rate of hospital discharges with a principal diagnosis of bipolar disorder increased for adults from 9.7 per 10,000 Montgomery Country residents in 1999 to 13.6 per 10,000 Montgomery Country residents by 2010. The rate of readmissions among this group also rose two-fold during that same time period (Montgomery County Behavioral Health Profile, 2012). **Alcohol and Substance Abuse** – In Adventist HealthCare Washington Adventist Hospital's service area, ZIP code 20912 had, by far, the highest Emergency Room rate due to alcohol abuse (121.2 compared to an average of 20.3 per 10,000 residents in CBSA) and hospitalization rate due to alcohol abuse (20.7 compared to an average of 6.6 per 10,000 residents in CBSA) (Healthy Montgomery, 2013). In Montgomery County, more men reported binge drinking (17.2%) than women (11.5%), and White adults (at 15.8%) were more likely than adults of other racial/ethnic groups to report engaging in binge drinking (BRFSS, 2010; accessed via Montgomery County Behavioral Health Profile, 2012). Nearly 40% of Montgomery County Medicaid recipients between 14-20 years of age received inpatient, outpatient, and/or professional services for substance abuse in 2011, and patients receiving these services were more likely to be Black (41.0%) than other groups (34% White, 18% Hispanic) (Montgomery County Behavioral Health Profile, 2012).
Hospital Initiative	Adventist HealthCare Washington Adventist Hospital has implemented strategies to address behavioral health (mental health and substance abuse) needs in the population it serves. The strategies include: • Referring admitted patients with identified conditions of substance abuse and/or chemical dependency to appropriate resources for intervention and follow-up as needed (e.g., outpatient rehabilitation programs and support groups) • Establishing a transitional care plan for discharged patients with bipolar disorder to connect them to an FQHC or primary care practice for care that includes integrated behavioral health and home based care • Strengthening a partnership with Victory Tower (low-income senior housing located in ZIP code 20912) to provide counseling resources and materials to residents regarding alcohol and substance abuse
Primary Objective	**Goal**: Implement strategies to address behavioral health (mental health and substance abuse) needs in the population served by Washington Adventist Hospital. **Objectives**: 1. Adventist HealthCare Washington Adventist Hospital will refer admitted patients with substance abuse/chemical dependency to appropriate resources for intervention and follow-up. 2. Adventist HealthCare Washington Adventist Hospital will establish a transitional care plan for discharged patients with bipolar disorder, to connect them to an FQHC or primary care practice for care that includes integrated behavioral health and home based case management services to reduce readmission rates. 3. Adventist HealthCare Washington Adventist Hospital will provide resources to Victory Tower (low-income senior apartment complex in ZIP code 20912) regarding alcohol and substance abuse.

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	We partner with and/or make referrals to the following organizations in order to implement these initiatives: • Family Services, Inc. (programs and services which address integrated health and behavioral health) • Victory Tower (low-income senior housing) • Community Clinic, Inc. (community-based health care agency offering behavioral health counseling to uninsured residents) • Kolmac Clinic (outpatient, alcohol and drug rehab center) • Avery Road Treatment Center (intermediate care facility, substance abuse treatment services) • The Cheverly Program (outpatient addictions treatment program for uninsured in Prince George's County) • Adventist Behavioral Health and Wellness (Rockville) • Local 12 step programs (e.g., Alcoholics Anonymous or Narcotics Anonymous) • Sheppard Pratt (mental health treatment programs) • Joseph S. Massey Unit (comprehensive addictions treatment) • Warwick Manor Behavioral Health, Inc. (inpatient addiction and co-occurring disorder treatment; partial hospitalization; intensive outpatient programs) • Hope House Treatment Center (alcoholism and addiction treatment program) • Father Martin's Ashley (drug addiction treatment center) • Seton House, Providence Hospital (hospital-based alcohol and addiction treatment center in Washington, DC)
How were the outcomes evaluated?	**Objective 1**: Adventist HealthCare Washington Adventist Hospital developed a process to use the electronic medical record to identify patients with alcohol/substance abuse/chemical dependency and then to monitor whether they received appropriate resources (e.g. chemical dependence counseling) and referrals for follow-up care post-discharge. **Objective 2**: Through Outpatient Case Management Services and the Population Health department, the hospital tracked referrals of patients with diagnosed bipolar disorder and whether they received adequate follow-up care post-discharge. Re-admission rates among patients diagnosed with bipolar disorder were also tracked on a monthly basis. **Objective 3:** The partnership with Victory Tower was strengthened, and all resources and services provided to the residents of Victory Tower were tracked.
Outcomes (Include process and impact measures)	**Objective 1**: ***Chemical Dependence Counseling, Resources, and Referrals*** Obj. 1 Process Measures: The CAGE questionnaire (to identify alcohol abuse) was added into the electronic medical record (EMR) on the behavioral health unit at Adventist HealthCare Washington Adventist Hospital, and we are currently working to expand that throughout the entire hospital. We are also working to add in the Addiction Severity Index, which is a more in-depth assessment. Substance abuse is currently addressed in the Social History section of the EMR hospital-wide (other than the Behavioral Health unit).

Starting July 17, 2014, a certified Chemical Dependence Counselor began counseling patients identified with conditions of substance abuse/chemical dependence. The Chemical Dependence Counselor conducts group counseling sessions two days a week (Mondays and Thursdays), and also meets with each patient one-on-one before, and sometimes also after, the group session. Patient logs are kept of those counseled. Evidence-based resources are being provided to each patient, tailored based on their specific needs (e.g., materials from SAMHSA, NAMI, and the latest research). The Chemical Dependence Counselor notes in the patients' files what materials they each receive. The Chemical Dependence Counselor uses ASIM criteria to determine the level of care that each individual needs, and then makes appropriate referrals to outside organizations (see list of partners above). Some referral organizations are able to come to the Emergency Room to meet with patients at the hospital. All referrals are noted in the patients' EMR.

Obj. 1 Impact Measures:
From July 1, 2014 – October 31, 2014, the Chemical Dependence Counselor provided counseling to 77 patients in group sessions, 11 patients for individual counseling, and 1 patient was seen in a family session. All patients that were counseled received discharge plans and referrals: 8 patients were referred to inpatient substance abuse rehabilitation; 16 patients were referred to a Day Treatment Program at Adventist HealthCare Washington Adventist Hospital; and 53 patients were referred back to the program or organization that referred them to the hospital. There were 41 female, 35 male, and 1 transgender patients seen, ranging from 19 – 94 years of age. The racial/ethnic breakdown of patients counseled was as follows: 26 black, 42 white, 8 Hispanic, and 1 Asian.

Objective 2: *Bipolar Disorder Transitional Care*

Obj. 2 Process Measures:
In 2014, Adventist HealthCare Washington Adventist Hospital began referring patients diagnosed with bipolar disorder to Family Services, Inc., and has been tracking these referrals through the Allscripts system. Family Services, Inc. provides the Population Health department at the hospital with a brief synopsis of care provided to each referred patient. The Case Management and Population Health Departments at the hospital have also been working with patients to set them up with a primary care provider if they do not already have one.

Family Services Inc. (FSI) attends rounds on the Behavioral Health Unit at Adventist HealthCare Washington Adventist Hospital twice per week to receive referrals, early in the admission. FSI will meet with the patient on the unit and explain the service. FSI will assist in scheduling a psychiatrist appointment and a primary care appointment and use the Adventist HealthCare Passports to give to the patients the important information that they need to take with them upon discharge. FSI will assist the patient in securing entitlements, insurance, and social support, as needed. FSI will make 3 phone calls, 2-3 home visits, and schedule the needed appointments during the 30 days from discharge date.

Obj. 2 Impact Measures:
Adventist HealthCare Washington Adventist Hospital has made 173 referrals of patients with diagnosed bipolar disorder to Family Services, Inc. from January 1, 2014 through October 31, 2014.

	The 30-day readmission rates of patients at Adventist HealthCare Washington Adventist Hospital with diagnosed bipolar disorder in 2014 were as follows: Average: 7.21 January – 6.52; February – 2.44; March – 3.77; April - 9.43; May – 8.62; June – 5.13; July – 10.81; August – 7.27; September 10.87 [*Note: The 30-day readmissions data for Oct-Dec 2014 is not yet available at this time*] **Objective 3**: ***Substance Abuse Resources for Victory Tower Apartments*** Obj. 3 Process Measures: Adventist HealthCare Washington Adventist Hospital's Community Health and Outreach staff worked with leaders at Victory Tower Apartments to strengthen the relationship between the hospital and the housing complex. In addition to resources related to alcohol and other substance abuse, Victory Tower requested that the hospital provide monthly blood pressure screenings, an ongoing lecture series (to include alcohol awareness, substance abuse, diabetes, high blood pressure, and sexually transmitted diseases), and health fairs. On November 26, 2014, the Chemical Dependence Counselor from Adventist HealthCare Washington Adventist Hospital began providing residents of Victory Tower with free one-on-one counseling on a weekly basis. If participants express interest, a support group for chemical dependence/substance abuse may be formed at this location. Obj. 3 Impact Measures: Adventist HealthCare Washington Adventist Hospital provided Victory Tower with educational and resource materials related to alcohol and other substance abuse from reputable sources, such as SAMSHA and NAMI, and replenishes these materials on a monthly basis, as needed. The hospital, as requested, started providing monthly blood pressure screenings and related health education counseling to the residents of Victory Tower in May 2014, with approximately 10-15 individuals participating in the screening each month. Adventist HealthCare Washington Adventist Hospital held a health fair at Victory Tower on November 19, 2014. The health fair included a guest lecture on alcohol and substance abuse from our Certified Chemical Dependence Counselor. The counselor was also available to speak to individuals one-on-one, having set-up a table in a private area with additional information and referral resources. The hospital also provided a lecture on diabetes from our Certified Diabetes Educator (RN). Finally, the hospital provided screenings for blood pressure, body composition/BMI, and grip strength to the residents, along with corresponding health education. There were 40 residents in attendance.
Continuation of Initiative	Adventist HealthCare Washington Adventist Hospital will continue these initiatives to address behavioral health needs in response to CHNA findings in 2015 and 2016.

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	**A. Total Cost of Initiative** Estimated cost of personnel time (program planning and administration; counseling; referral program and community outreach):$64,000 Estimated costs of materials: $1,000 **Total Estimated Costs:** $65,000	**B. Direct offsetting revenue from Restricted Grants**

Adventist HealthCare Washington Adventist Hospital'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 in Montgomery County. Prince George's County had a 43% higher death rate of breast cancer than Montgomery County.	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 Washington Adventist Hospital (WAH) 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 611 free mammograms (113 diagnostic, 498 screening) and 60 free ultrasounds were provided. **Demographics:** • The majority of women were between the ages of 40 and 69 (41 percent were between 40 and 49, 31 percent were between 50 and 59, and 21 percent were between 60 and 69) • Forty-four percent of women were Hispanic • Race: 45 percent of women did not disclose their race, 6 percent were Asian, 29 percent were Black, and 1 percent was 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	Reach target populations through continued partnership with Montgomery County Cancer Crusade, Mercy Health Clinic, Mobile Med, Mansfield Kaseman Clinic	Provide free 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	Track and analyze numbers of: colonoscopies, treatments and outcomes, as well as community encounters. Continue to monitor local incidence and mortality rates for colorectal cancer.

Adventist HealthCare Washington Adventist Hospital's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
	relatively comparable, mortality rates were much higher for blacks than whites or other races, indicating that blacks may be getting systematically less or inferior follow-up care post screening.	and Pan Asian Clinic, and provide early detection screenings and community health education/ outreach.	health fairs, and community locations serving vulnerable populations.	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 (Lung, Prostate, Cervical, Skin, Oral, Thyroid)	**General** – Prince George's County has higher mortality rates than the state of Maryland for most cancers. **Lung cancer –** incidence and mortality rates among black residents of Montgomery County are higher than among white residents. In Prince George's County, white residents have highest lung cancer incidence rates. **Prostate cancer** - mortality rate in Prince George's County is significantly higher than the state of Maryland rate; 93% more black men died of prostate cancer than white men in Montgomery County. **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	Provide free cancer screenings to the community at the annual cancer screening days; provide educational lectures to target populations as well as education to patients at the hospital, and to the community at health fairs and various community locations.	WAH 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. WAH also provides tobacco cessation education and counseling as well as nicotine replacement therapy (NRT) at no cost to eligible patients.	Track and analyze numbers of: cancer screenings, abnormal findings, and treatment provided. Track number of participants encountered and educated through community outreach. **Cancer Screening Day** 76 individuals participated in Adventist HealthCare Washington Adventist Hospital's Annual Cancer Screening Day in 2014. Of the 74 who completed an evaluation: • 46 percent were male & 53 percent were female • 40.5 percent were White, 28.4 percent were Black, 13.5 percent were Asian, 6.7 percent were other, and 10.8 percent did not respond • 20 percent were Hispanic and 40.5 percent were non-Hispanic A total of 422 screenings were completed (the majority of participants received more than 1

Adventist HealthCare Washington Adventist Hospital's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
	County. **Skin Cancer –** White men show the greatest disparity in both incidence and mortality rates compared to county averages. **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, while Prince George's County has the lowest rates.			screening): • 43 thyroid • 31 prostate (PSA) • 31 rectal (DRE) • 58 colorectal • 41 breast • 58 oral • 51 skin **Tobacco Cessation Program** Free tobacco cessation counseling is offered to all patients at Adventist HealthCare Washington Adventist Hospital who are smokers (or have quit within the last 12 months). Patients are provided with a brief counseling session with a trained tobacco cessation counselor. For those patients that are interested, a one year cessation program is available which includes follow up counseling via phone at 1 week, three months, 6 months, and 12 months post discharge. Participants are also provided with NRT as needed. From July 2013 through June 2014, approximately 1,400 patients were approached for initial tobacco cessation counseling. Of those individuals, approximately 120 agreed to participate in the 1 year program.

Adventist HealthCare Washington Adventist Hospital's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				The average quit rate for the program at 12 months is 31 percent.
Diabetes	Diabetes is 8th leading cause of death in Montgomery County and it disproportionately affects minority populations and the elderly. Diabetes is predicted to rise as these populations continue to increase in Montgomery County. The total health care related costs for the treatment of diabetes runs about $174 billion annually in the U.S., much of that is spent on hospitalizations and medical care.	Encourage prevention of diabetes through community health education at health fairs, senior and community centers. Ensure that patients at WAH who are diagnosed with diabetes receive appropriate education on how to manage their disease.	WAH will provide inpatient and outpatient services and education for diabetes, and its Center for Advanced Wound Care & Hyperbaric Medicine treats wounds due to complications of diabetes. Provide diabetic education classes. Encourage diabetes prevention through education at community health fairs and community locations.	Track and analyze numbers of participants encountered and educated through inpatient and outpatient diabetes education and through community outreach. Monitor rates of ER visits and hospitalizations due to diabetes. Free pre-diabetes classes are offered at Adventist HealthCare Washington Adventist Hospital every other month. Each class consists of two 2-hour sessions and is taught by a certified diabetes educator. In 2014, although the class was offered on 5 occasions, it only took place once with 2 participants due to a lack of registrants. In 2015, promotion for this course will be increased both internally to hospital staff as well as externally in the community.
Heart Disease and Stroke	**Heart Disease –** Heart disease was ranked as number one cause of death in U.S. by the CDC. The death rate from heart disease was higher in Prince George's County than in Maryland. Although on the decline in Maryland and Montgomery County due to improvements in treatment, it remains the leading cause of death in	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,	WAH 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. WAH will continue offering Lipid Profile, Vertical Auto Profile, Homocysteine, HsCRP, blood pressure, glucose and A1C	Track and analyze numbers of screenings and findings from screenings. Track the number of participants encountered and educated through community outreach. **Community Heart Health Screenings** Adventist HealthCare Washington Adventist Hospital provides thousands of free heart health screenings at over 200 community

Adventist HealthCare Washington Adventist Hospital's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
	Montgomery County for people over 65 years (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.	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 centers, and various community locations.	screenings, as well as providing free educational lectures to the community. WAH offers the Complete Health Improvement Program (CHIP), which counsels participants on healthy choices regarding diet and weight management.	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 Washington Adventist Hospital also offers a Heart Health Community Screening Program. Through this program, 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	Provide both individual (1:1) and group nutrition counseling, and health education related to	Provide 1:1 health education and group presentations about healthy nutrition and the importance of exercise at health fairs, senior and	Track the number of participants encountered and educated through community outreach. Monitor rates of obesity and overweight at the

Adventist HealthCare Washington Adventist Hospital's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
	21% of low-income children ages 2-5 in Montgomery County are overweight compared to 17% in Maryland. In Prince George's County, 69% of residents are overweight or obese and 48% of children are overweight or obese.	exercise and nutrition to the community at a variety of community locations.	community centers, and faith-based organizations. Provide affordable individual nutrition counseling to the community. WAH also offers the Complete Health Improvement Program (CHIP), which counsels participants on healthy choices regarding diet and weight management.	county level. Adventist HealthCare Washington Adventist Hospital 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
Maternal & Infant Health	Although infant mortality is decreasing, black residents of both Montgomery and Prince George's Counties continue to experience the highest rates. The adolescent birth rate in Prince George's County is significantly higher than the state average. Expectant Hispanic and black mothers in Montgomery and Prince George's Counties are more likely than white mothers to receive late or no prenatal care.	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 Maternity Partnership Program to provide prenatal services to low-income and uninsured residents.	In addition to childbirth, breastfeeding, and parenting classes, WAH 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 the Montgomery County Maternity Partnership Program, WAH provides prenatal services to low-income and uninsured residents, including: prenatal care, routine lab tests, education/classes and dental screenings. WAH also supports Mary's Center for Maternal and Child Care, which provides culturally and linguistically competent care to low-income, uninsured individuals and families.	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 and Prince George's County. **BEST Program (Support Group)** The BEST (Breastfeeding Education, Support & Togetherness) Program (formerly known as The Latch Clinic) 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.

Adventist HealthCare Washington Adventist Hospital's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				Classes & Tours Adventist HealthCare Washington Adventist Hospital also offers several classes for new and growing families at reasonable rates. Classes include: • Childbirth and Baby Care (2 6-hour sessions): monthly • Baby Care for Adoptive Parents (scheduled as needed) • Breastfeeding (1 2.5 hour session): monthly Free maternity tours are offered to expectant families as well. Tours take place twice every two weeks, with dates alternating between Saturdays and Wednesdays.
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 WAH.	WAH offers community health programs for seniors at: Long Branch Community Center, Takoma Park Community Center, Mid-County Community Center, Bowie Senior Center, Victory Towers, Green Ridge House, Springvale Terrace, as well as numerous other subsidized senior apartment complexes. WAH's community health education and outreach to seniors covers a variety of topics such as: heart health, cholesterol screenings, blood pressure screenings, healthy nutrition, fall prevention, summer safety, disease prevention, cancer screening education, brain health,	Track the number of participants encountered and educated through community outreach. Continue to monitor and assess senior health status in Montgomery and Prince George's Counties 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: • Schweinhaut Senior Center • Marilyn J. Praisner Community Center • Adventist HealthCare Washington Adventist

Adventist HealthCare Washington Adventist Hospital's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
			osteoporosis screenings and bone health, flu and pneumonia shots, education on the importance of exercise, lay person CPR and Basic First Aid instruction.	Hospital **Monthly Blood Pressure Screenings** Free monthly blood pressure screenings are offered at various sites in the community such as: • Schweinhaut Senior Center • Marilyn J. Praisner Community Center • Adventist HealthCare Washington Adventist Hospital • Takoma Park Community Center **Walking Club** A free walking club is held monthly at the mall at Prince George's. 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. **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 Washington Adventist Hospital (WAH) & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
Asthma	Rates of ER visits for asthma were lower for Montgomery and Prince George's Counties than for the state of Maryland; however, black residents of both Montgomery and Prince George's Counties had asthma ER visit rates about 5 times higher than white residents, and hospitalization rates showed a similar trend.	Provide community members with resources on asthma through community outreach.	WAH is in the process of hiring a new pulmonologist to help address this identified need. 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.	WAH does not currently provide community outreach and educational programs specifically for asthma because asthma prevalence and rates of ER visits in Montgomery County and Prince George's County are below rates statewide, and because there are other asthma resources available in the County. WAH will continue to monitor trends in asthma to determine whether future reallocation of resources is needed to provide asthma-related community programs.
HIV/AIDS	Prince George's County has the 2nd highest rate of HIV/AIDS prevalence in the region (after D.C.); nearly 88% of people living with HIV/AIDS in Prince George's County are black. Black residents represent about 18% of Montgomery County's population, yet 71% of HIV cases diagnosed in 2008 were black residents. While HIV-related deaths in	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,	WAH does not currently provide community outreach and educational programs for HIV/AIDS due to limited financial resources, and because many HIV/AIDS services are provided by other local organizations. Adventist HealthCare's Center on Health Disparities led an

Areas of Need Not Directly Addressed by Adventist HealthCare Washington Adventist Hospital (WAH) & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	Montgomery 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.		education and outreach to at-risk populations), clinical services, lab tests, and diagnostic evaluations. Prince George's County Health Department provides testing in locations throughout the County, as well as health assessments, physical exams, lab tests, and case management services. Whitman Walker Clinic offers a variety of services. Maryland AIDS Administration educates public and health care professionals.	initiative called Project BEAT IT! (Becoming Empowered Africans Through Improved Treatment of type 2 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.
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, while Prince George's County performs worse than state and national baselines. **Housing Quality** – 50.6 percent of renters in Montgomery County spend 30% or more of household	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 – Manna Food Center is a central food bank in Montgomery County that provides direct food assistance at 14 locations, assisting approximately 5% of Montgomery County residents. In Prince George's County, Community Support System's pantry serves over 7,000 people each year.	WAH does not directly address many of the social determinants of health because those are not specialty areas of the hospital and WAH does not have the resources or expertise to meet many of these needs. Instead, WAH partners with and supports other

Areas of Need Not Directly Addressed by Adventist HealthCare Washington Adventist Hospital (WAH) & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	income on rent. In the area served by WAH, shelters, transitional housing, and motel placements served nearly 8,000 residents (FY2008). The rate in Prince George's County is similar with 52.5 percent of renters spending 30% or more of household income on rent. **Education** – The percentage of children who enter kindergarten ready to learn in Montgomery County (81%) and in Prince George's County (77%) is lower than the state of Maryland baseline (83%). The percentage of students who graduate high school in 4 years is also lower in Prince George's County (74.2%) than in the state (84.9%). **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		**Housing Quality** – WAH 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 assists with applying for Medicaid, food stamps, and other entitlement programs, as well as transportation, education completion, and vocational assistance. The Housing Initiative Partnership in Prince George's County helps low-income residents buy homes, prevents foreclosure, and helps people stay in their homes through tax assistance and loan modification programs. **Education** – The Housing Initiative Partnership sponsors a 'Reading is Fundamental' program encouraging families	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 Washington Adventist Hospital (WAH) & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	29.7/100,000 population.		to read together, has a free library, sponsors summer reading programs, and offers an English as a Second Language (ESL) program for adults. 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 WAH and Ride On Bus 17 will drop off passengers directly at the main entrance to the hospital. WAH 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.

Adventist HealthCare Washington Adventist Hospital is committed to addressing access to care and has noted an increase in the number of specialties where there are not enough physicians willing to treat uninsured and underserved patients in our service area.

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[8]. 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 Washington Adventist Hospital partners with local safety net clinics including Community Clinic, Inc., Mobile Medical Care, Inc., and Mary's Center, as well as individual physician practices to narrow the gap in availability of specialist providers to serve the uninsured cared for by the hospital.

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.

These categories as defined by the Community Benefit report, would not be able to meet patient demand if they did not receive a subsidy from Adventist HealthCare Washington Adventist Hospital:

Hospital-based physicians with who the hospital has an exclusive contract:

- Anesthesia
- Emergency physicians
- Radiologists

Non-resident house staff and hospitalists:

- OB-Gyn
- Internal medicine
- Psychiatry

Coverage of emergency department on-call:

- Gastrointestinal surgery
- ENT
- Interventional cardiologists
- General surgery
- Plastic surgery
- Urology
- Thoracic and vascular surgery

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

- Psychiatry
- Neurology
- Neurosurgery
- Pediatric ophthalmology

Physician recruitment to meet community need:

- Cardiac, vascular and thoracic surgeons
- Ophthalmology
- Perinatologist
- Oncology
- Family medicine

The following table describes the physician subsidies that Adventist HealthCare Washington Adventist Hospital provided:

Physician Category	Amount
Emergency Department On-Call	$1,861,641.03
Non-Resident House Staff and Hospitalist	$9,332,975.61
Recruitment of Physicians to meet community need	$5,447,190.19
Total	**$16,641,806.83**

VI. APPENDICES

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

Appendix I

Financial Assistance Policy Description

Adventist HealthCare Washington Adventist Hospital 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 patient that financial assistance 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 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

Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Financial Assistance - Decision Rules/Application (see Master Policy 3.19 Financial Assistance)	Origin:	PFS
Reviewed:	02/09, 9/19/13	Authority:	EC
Revised:	03/11, 10/02/13	Page:	6 of 16

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)

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

Data Control to post approved charity writoff/ adjustment

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:

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