



# Adventist HealthCare

## Behavioral Health & Wellness Services

### Eastern Shore

#### **COMMUNITY BENEFIT NARRATIVE**

*Effective for FY2015 Community Benefit Reporting*

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

4160 Patterson Avenue  
Baltimore, MD 21215

**December 15, 2015**

**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 acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

Table I

Bed Designation:	Inpatient Admissions (CY2014):	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County (CY2014):	Percentage of Patients who are Medicaid Recipients, by County (CY2014):
15	357	21613 21804 21853 21801 21811 21629 21643 21401 21601 21673 21851 21822 21632	<b>University of Maryland</b> 21601, 21613, 21401  <b>Johns Hopkins</b> 21804, 21801  <b>Dorchester General</b> 21613, 21643  <b>Peninsula Regional Medical Center</b> 21804, 21801, 21853, 21811, 21851  <b>Anne Arundel Medical Center</b> 21401  <b>Memorial at Easton</b> 21601, 21613, 21629, 21632  <b>Atlantic General</b> 21811, 21851, 21801	<b>Wicomico County:</b> 0.68%	<b>Dorchester County:</b> 22.3%  <b>Wicomico County:</b> 18.24%  <b>Caroline County:</b> 8.78%  <b>Talbot County:</b> 8%

**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. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital’s Community Benefit Community.**

Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore primarily serves residents of Wicomico County, Dorchester County, and Anne Arundel County, which together account for 54 percent of patient discharges. Therefore, for the purpose of this report, we will focus on local data from Wicomico, Dorchester, and Anne Arundel Counties. Below, Figure 1 shows the percentages of discharges by county for Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore:

County	Percentage
Wicomico	21%
Dorchester	20%
Anne Arundel	13%
Somerset	10%
Caroline	9%
Worcester	7%
Talbot	6%
Other	14%

**Figure 1.** Adventist Behavioral Health & Wellness Services Eastern Shore’s discharges by county, 2014

Approximately 85 percent of discharges come from our Total Service Area, which is considered Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore’s Community Benefit Service Area “CBSA” (see Figure 2). Within that area, 60 percent of discharges are from the Primary Service Area, including the following ZIP codes/cities:

Cambridge (21613); Salisbury (21804, 21801); Princess Anne (21853); Berlin (21811); Denton (21629); Hurlock (21643); Annapolis (21401); Easton (21601); Trappe (21673); Pocomoke (21851); Eden (21822); Federalsburg (21632).

We draw 25 percent of discharges from our Secondary Service Area including the following ZIP codes/cities:

Fruitland (21826); Chester (21619); Annapolis (21403, 21409); Edgewater (21037); Greensboro (21639); Crisfield (21817); Vienna (21869); Delmar (21875); Linkwood (21835); Preston (21655); Arnold (21012); Crofton (21114); Shady Side (20764); Rock Hall (21661); Stevensville (21666); Parsonburg (21849); Snow Hill (21863); West River (20778); Gaithersburg (20877); Gambrills (21054); Glen Burnie (21061); Huntington (20639); Fort Meade (20755).

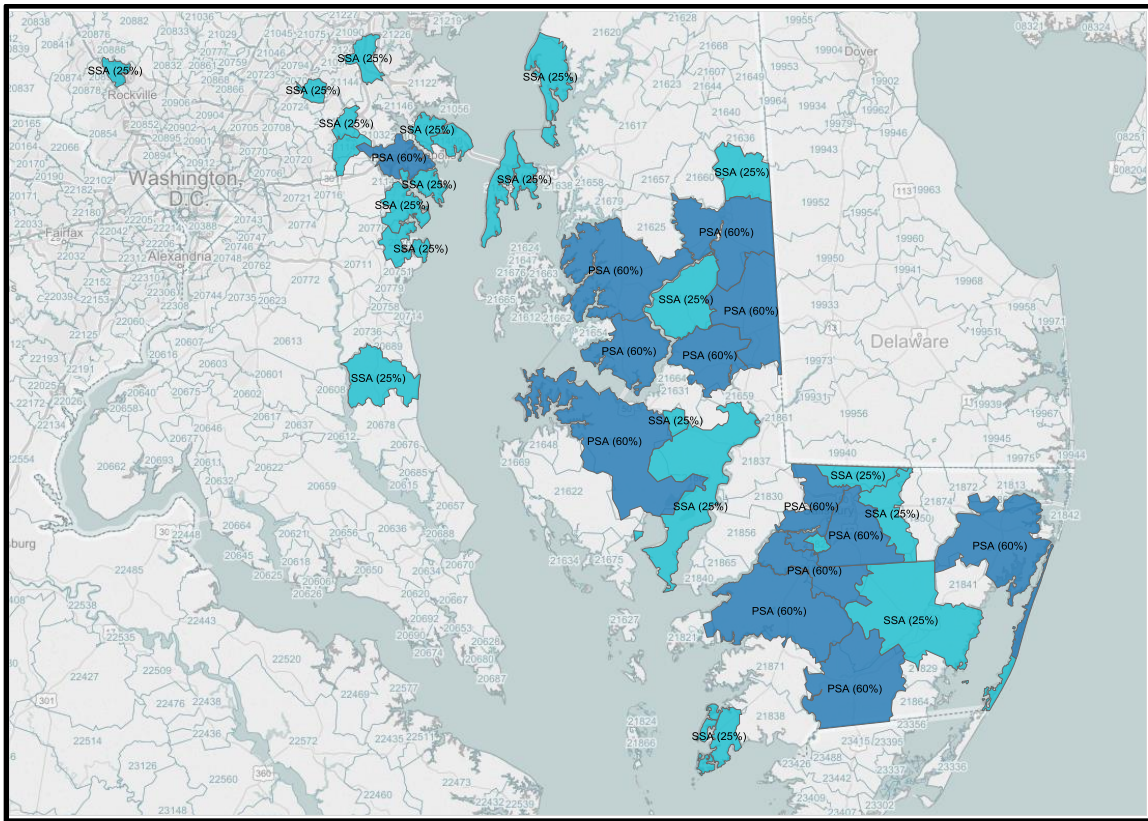


Figure 2. Map of Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore's Primary Service Area (navy) and Secondary Service Area (teal) based on 2014 inpatient discharges.

Our Community Benefit Service Area (CBSA), covering approximately 85 percent of discharges, includes 529,845 people from the racial/ethnic categories below (see Figure 3).

		2014 Estimates							
		White	Black/AF American	American Indian / Alaska Native	Asian	Native HI/PI	Other Race	2+ Races	Hispanic / Latino
<b>Community Benefit Service Area (CBSA)</b>		373,912	100,859	1,810	17,405	408	20,304	15,147	47,289
		70.57%	19.04%	0.34%	3.28%	0.08%	3.83%	2.86%	8.93%
<b>Primary Service Area (PSA)</b>		148,718	54,829	627	4,827	127	6,288	5,091	13,649
		67.44%	24.86%	0.28%	2.19%	0.06%	2.85%	2.31%	6.19%
<b>Secondary Service Area (SSA)</b>		225,194	46,030	1,183	12,578	281	14,016	10,056	33,640
		72.80%	14.88%	0.38%	4.07%	0.09%	4.53%	3.25%	10.87%

Figure 3. Population estimates (2014) by race/ethnicity for Adventist HealthCare Behavioral Health & Wellness Services, Eastern Shore's Community Benefit Service Area (85 percent of discharges), Primary Service Area (60 percent of discharges) and Secondary Service Area (25 percent of discharges)

Population demographics are rapidly changing in the state of Maryland, including among residents living in Wicomico, Anne Arundel, and Dorchester County. Agriculture is Wicomico County's main industry as the state's top agricultural county known for its Perdue farms, while Dorchester County's pristine rivers, marshlands, working boats, quaint waterfront towns and villages of fertile farm fields is known as the *Heart of the Chesapeake Country*. Anne Arundel County also borders the Chesapeake Bay, and is noted for a rich heritage. Over the past decade, the populations of these counties have continued to rise; racial and ethnic diversity is also increasing. The minority population is 35.2 percent in Wicomico County, 35.5 percent in Dorchester County, and 29.8 percent in Anne Arundel County, an increase for each over the last decade (U.S. Census State & County QuickFacts, 2014). Blacks/African Americans comprise the highest percentage of all minority groups at 25.2 percent of the population of Wicomico County, 28.3 percent in Dorchester County, and 16.6 percent in Anne Arundel County (U.S. Census State & County QuickFacts, 2014).

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

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

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

- b) In Table II, describe the population within the CBSA, including 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, transportation, education and healthy environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary).**

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

Table II

**Median Household Income within the CBSA**

**Median Household Income**

Anne Arundel County: \$87,430

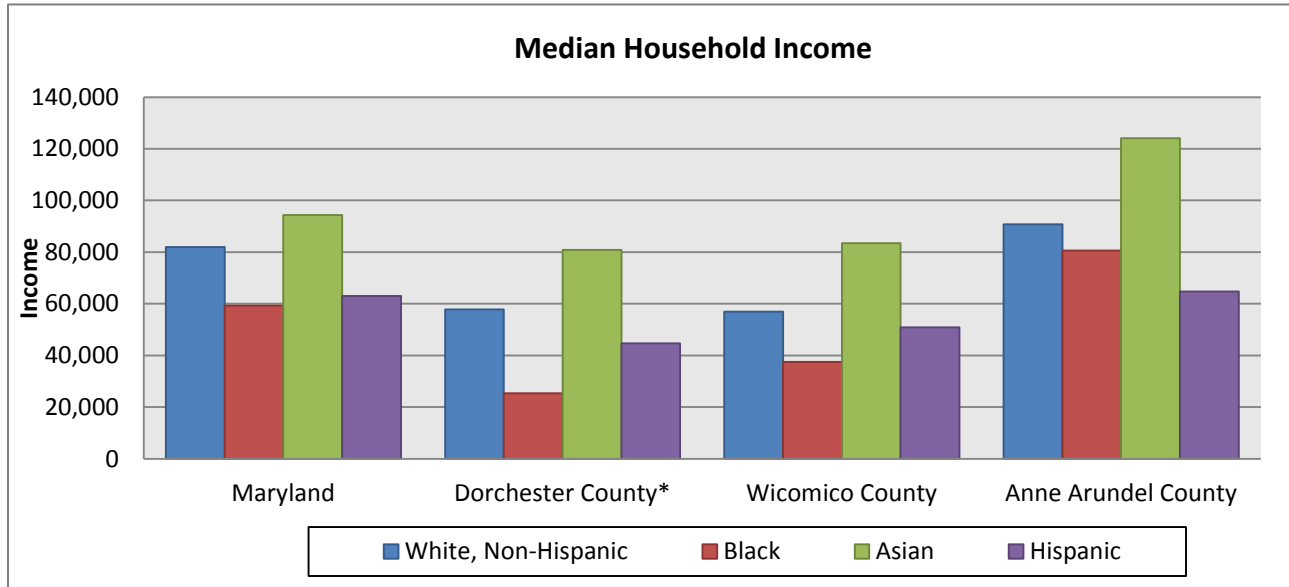
Dorchester County: \$46,361

Wicomico County: \$51,092

Source: U.S. Census Bureau, State and County Quick Facts, 2009-2013

Due to the specialized services offered, Adventist HealthCare Behavioral Health & Wellness Services Eastern Shore has a widespread and diverse community benefit service area. Among the counties that comprised the majority of discharges in 2013, the median household income ranges from as low as \$46,361 in Dorchester to as high as \$87,430 in Anne Arundel (U.S. Census Bureau, State and County Quick Facts, 2009-2013).

Great income disparities exist when broken down by racial/ethnic groups. Throughout the CBSA served by Adventist HealthCare Behavioral Health & Wellness Services Eastern Shore, non-Hispanic Whites and Asians have the highest median household incomes among racial and ethnic groups, while Blacks and Hispanics are more likely to live in poverty (see Figure 4) (U.S. Census Bureau, ACS, 2014). White households in Dorchester County had a median household income of \$57,803 (U.S. Census Bureau, ACS, 2011-2013), white households in Wicomico County had a median household income of \$56,475, and white households in Anne Arundel County had a median income of \$91,815, while Hispanic and Black households had much lower median household incomes in all three counties (see Figure 4) (U.S. Census Bureau, ACS, 2014).



**Figure 4.** Median Household Income, Wicomico County, Anne Arundel County and Maryland (U.S. Census Bureau, 2014 ACS 1-Year Estimates)

\*Dorchester County (U.S. Census Bureau, 2011-2013 ACS 3-Year Estimates)

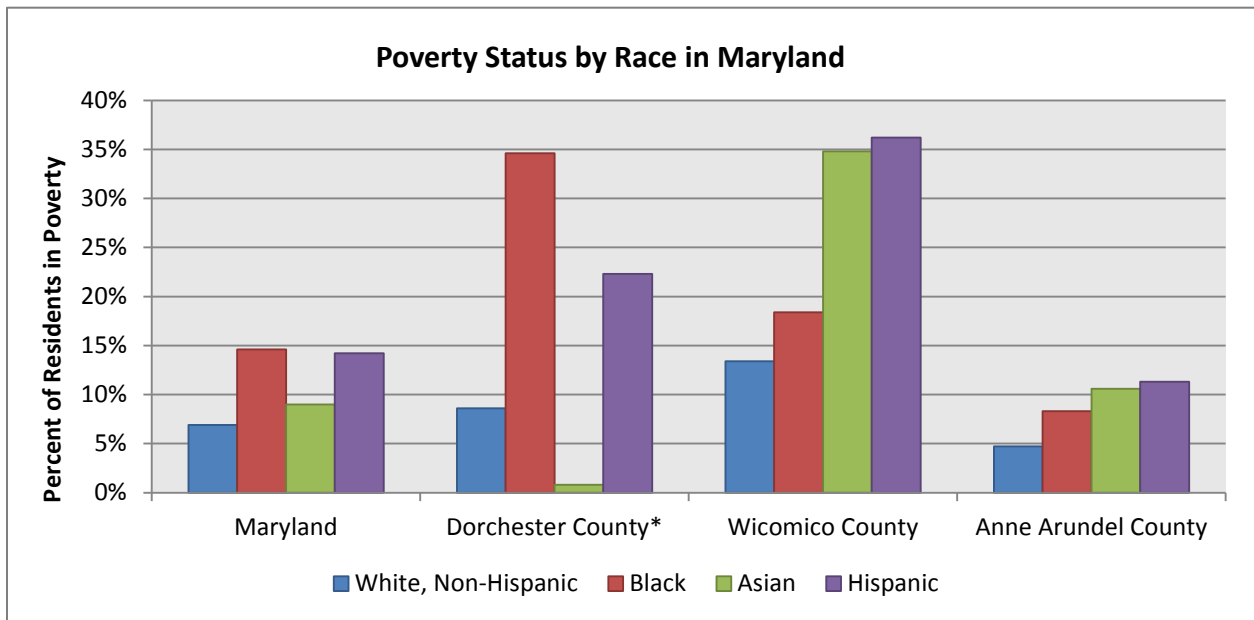
**Percentage of households with incomes below the federal poverty guidelines within the CBSA**

**Poverty Status**

Both Wicomico County and Dorchester County experienced poverty levels higher than the state of Maryland overall.

According to the U.S. Census Bureau, between 2009-2013, Dorchester County had 17.7 percent of its population living in poverty, while Wicomico County had 16.5 percent of its population living in poverty. For the same period, 7.3 percent of Anne Arundel County’s population lived in poverty, which was lower than Maryland’s 10.1 percent overall.

In 2014, for Maryland overall, approximately 15 percent of Black and 14 percent of Hispanic residents were impoverished, compared to 7 percent of whites and 9 percent of Asians. For Wicomico and Anne Arundel, non-Hispanic whites had the lowest rate of poverty compared to other racial and ethnic populations; in Dorchester County, Asians had the lowest rate of poverty (see Figure 5).



**Figure 5.** Poverty Status in Wicomico County, Anne Arundel County and Maryland (U.S. Census Bureau, 2014 ACS 1-Year Estimates)  
\*Dorchester County (U.S. Census Bureau, 2009-2013 ACS 5-Year Estimates)

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

**Percent Uninsured**

Wicomico County: 11.7%

Anne Arundel County: 7.2%

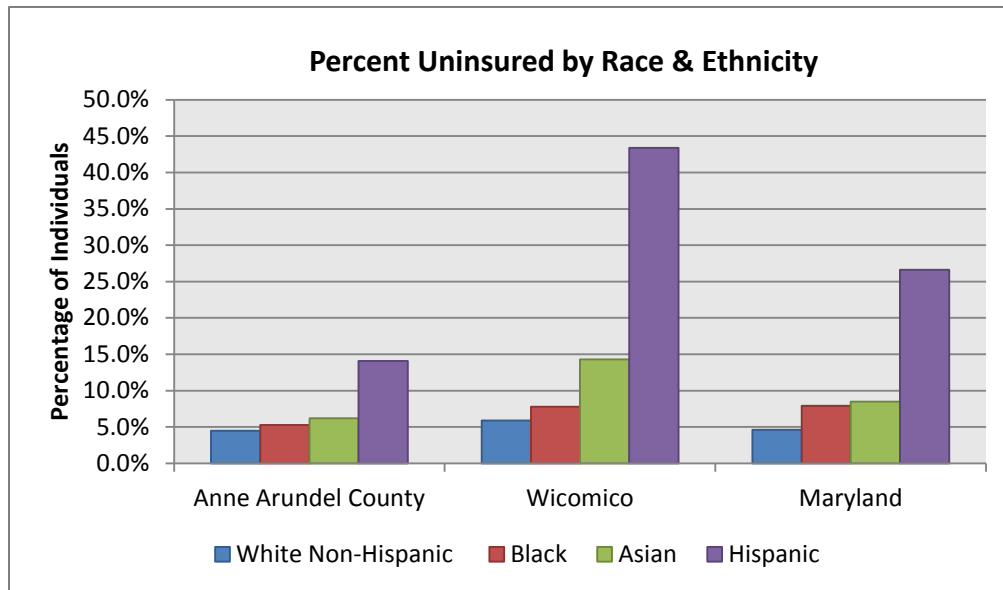
Dorchester County: 10.4%

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

The 2014 1-year estimates for the uninsured in Wicomico County show wide disparities between different racial and ethnic groups. More than 40 percent of the Hispanic population of Wicomico County was uninsured, as was 14 percent of the Asian population (see Figure 6). In comparison, for the same time period, only 26.6 percent of Maryland’s Hispanic population was uninsured, as was 8.5 percent of Maryland’s Asian population. By contrast, in 2014, only 6 percent of Wicomico’s non-Hispanic white population and 7.8 percent of the Black population were uninsured (see Figure 6). While these numbers were relatively low, they were still higher than the statewide estimates for non-Hispanic whites (4.6%).

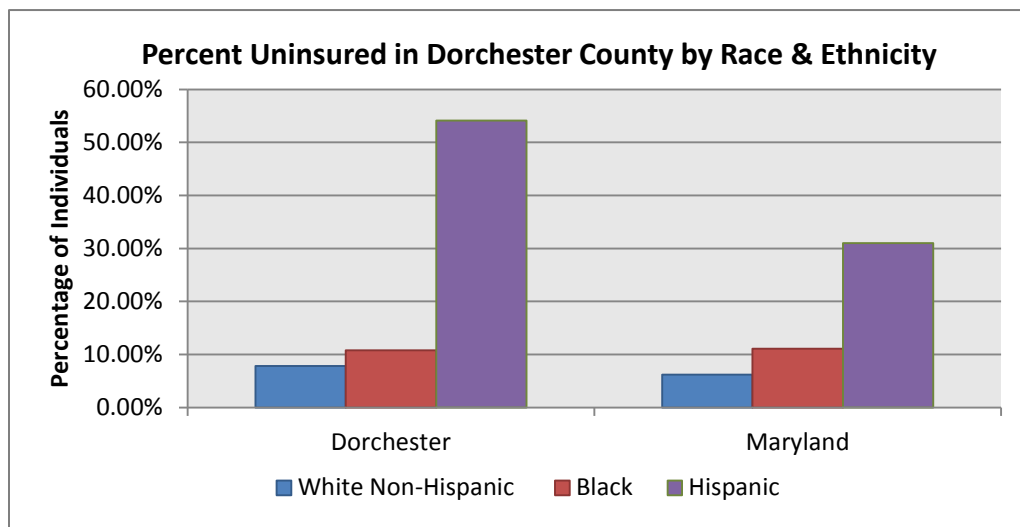
For Anne Arundel County, 14 percent of the Hispanic population was uninsured in 2014. In comparison, approximately

6 percent of the Asian population and 5 percent of the Black population was uninsured. For non-Hispanic whites, only 4.5 percent of the population was uninsured (see Figure 6).



**Figure 6.** Percent Uninsured in Wicomico County by Race & Ethnicity.  
(U.S. Census Bureau, ACS 1-Year Estimate, 2014)

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



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



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

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

Wicomico County: 21.4% (21,228)

Anne Arundel County: 10.5% (55,928)

Dorchester county: 27.2% (8,765)

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

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

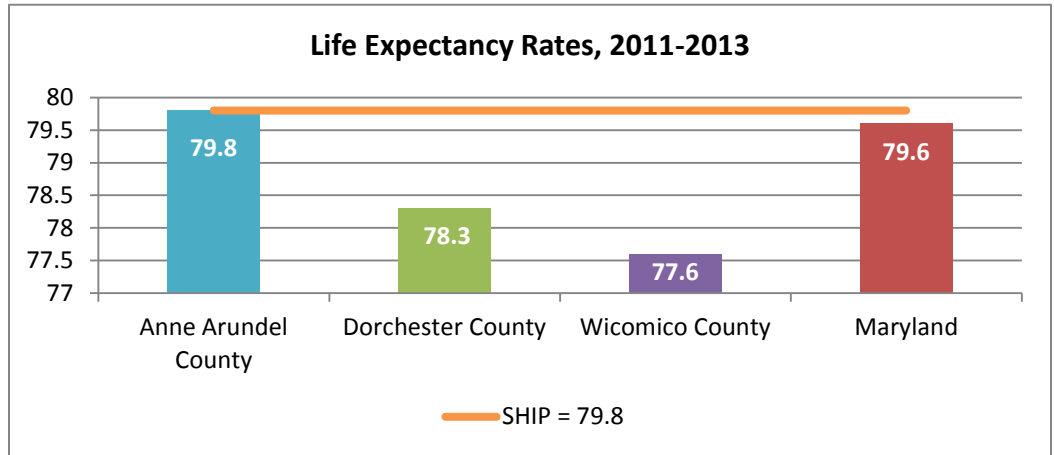
**Life Expectancy**

According to the 2013 Maryland State Health Improvement Process, the overall life expectancy for Maryland was 79.6 years old. The overall life expectancy for Anne Arundel was 79.8 years old. Among black residents of Anne Arundel County, the life expectancy was 77.8 years old, compared to 79.9 years old among white residents of Anne Arundel County. In Dorchester County, the overall life expectancy was 78.3 years. It was 75.4 years for whites, while it was 79.4 years for blacks. In Wicomico County, the overall life expectancy was 77.6 years old in 2013. Among black residents of Wicomico County, the life expectancy was 75.3 years compared to 78.4 years old among white residents (see Figure 8).

County	SHIP Objective	SHIP 2012 County Baseline	SHIP 2013 County Update	SHIP 2013 County Update (Race/Ethnicity)	SHIP 2013 Maryland Update	SHIP 2013 Maryland Update (Race/Ethnicity)	Maryland SHIP 2017 Target
Anne Arundel	Increase life expectancy in Maryland	79.8	79.8	Black – 77.8 White – 79.9	79.6	Black – 77.2 White – 80.3	79.8
Dorchester		78.1	78.3	Black – 75.4 White – 79.4			
Wicomico		78.0	77.6	Black – 75.3 White – 78.4			

**Figure 8.** Life Expectancy at Birth in Anne Arundel County, Dorchester County and Wicomico County (Maryland SHIP, 2013)

Overall, Anne Arundel County meets the Maryland State Health Improvement Process 2017 life expectancy goal of 79.8 years, whereas Dorchester County, Wicomico County and the state do not (see Figure 9).

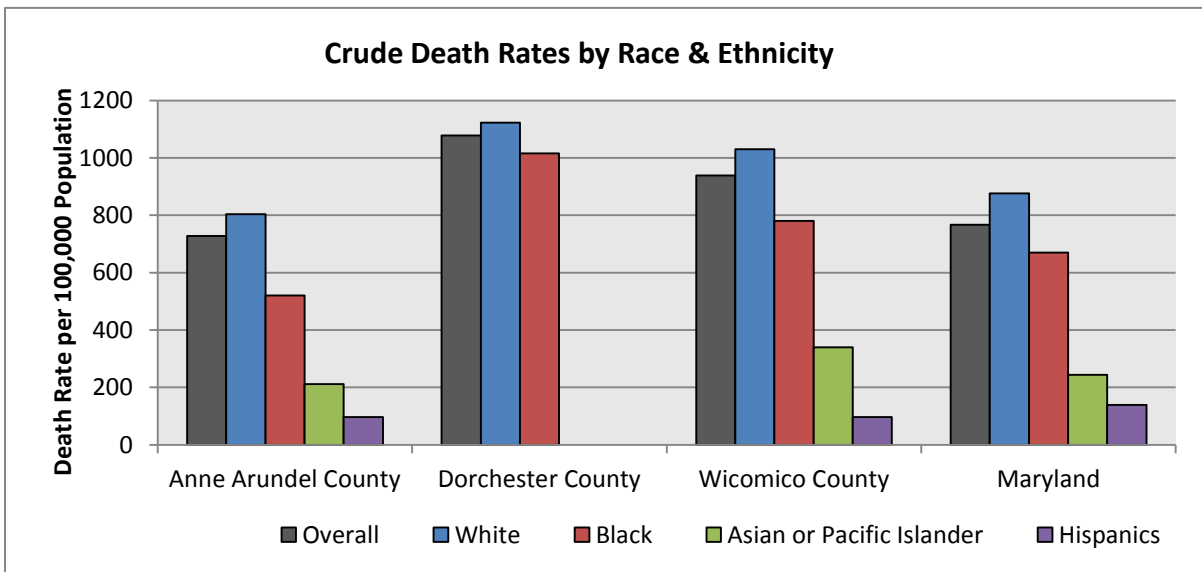


**Figure 9.** Life Expectancy at Birth in Anne Arundel County, Dorchester County and Wicomico County (Maryland SHIP, 2013)

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

**Crude Mortality Rates**

The 2013 mortality rates in Anne Arundel County, Dorchester County, and Wicomico County were 727.3, 1077.8 and 938.6 per 100,000 population, respectively. In Dorchester and Wicomico, rates were higher than the mortality rate for the state of Maryland overall, at 766.5 per 100,000 population. The Anne Arundel rate was lower than the Maryland rate (see Figure 10).

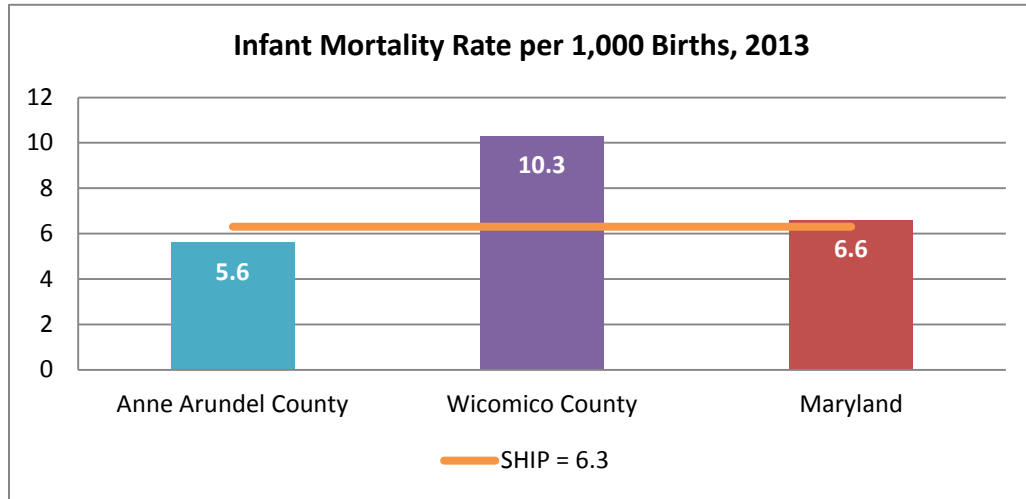


**Figure 10.** Crude Death Rates by Race & Ethnicity for Anne Arundel County, Dorchester County, Wicomico County and Maryland  
 Note: Rates for Asian and Hispanic individuals in Dorchester County not included as they are based on <5 events.

(Maryland Vital Statistics Annual Report, 2013. Retrieved from <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>)

**Infant Mortality**

The infant mortality rate is much higher in Wicomico County (10.3 per 1,000 live births) compared to the state of Maryland’s rate (6.6 per 1,000 live births). In Anne Arundel County, the overall infant mortality rate, 5.6 per 1,000 live births, is lower than Maryland’s (see Figure 11).



**Figure 11.** Infant Deaths per 1,000 Live Births in Anne Arundel County and Wicomico County (Maryland State Health Improvement Process, 2013)

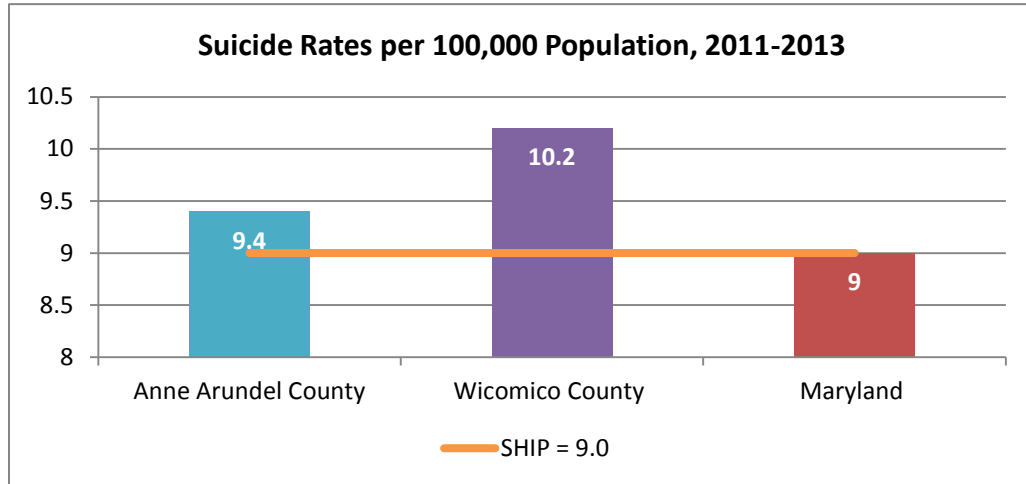
When the data is broken down by race and ethnicity, significant disparities are revealed. In Anne Arundel County, the infant death rate for Blacks is more than double that of whites, 10.8 compared to 3.9 (per 1,000 live births). Although data for Hispanics and non-Hispanic whites is not available, the infant mortality rate for Blacks in Wicomico is a staggering 23.1 deaths per 1,000 births, a rate 3.5 times higher than that of the state (see Figure 12).

County	SHIP Objective	SHIP 2012 County Baseline	SHIP 2013 County Update	SHIP 2013 County Update (Race/ Ethnicity)	SHIP 2013 Maryland Update	SHIP 2013 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2014 Target
Anne Arundel	Reduce infant deaths	6.4	5.6	Black – 10.8 Hispanic – 7.3 NH White – 3.9	6.6	Black – 10.7 Hispanic – 4.7 NH White – 4.6	6.3
Wicomico		10.8	10.3	Black – 23.1 Hispanic – NA NH White – NA			

**Figure 12.** Infant Deaths per 1,000 Live Births in Anne Arundel County and Wicomico County (Maryland State Health Improvement Process, 2013)

**Suicide Rates**

The rate of deaths due to suicide is higher in Wicomico County (10.2 per 100,000), and in Anne Arundel County (9.4 per 100,000) than the suicide rate statewide (9.0 per 100,000) (see Figure 13).



**Figure 13.** Suicide Rate per 100,000 Population in Anne Arundel County and Wicomico County, 2011-2013 (Maryland State Health Improvement Process, 2013)

A racial breakdown shows that the white population is more at risk of suicide than their racial counterparts (see Figure 14).

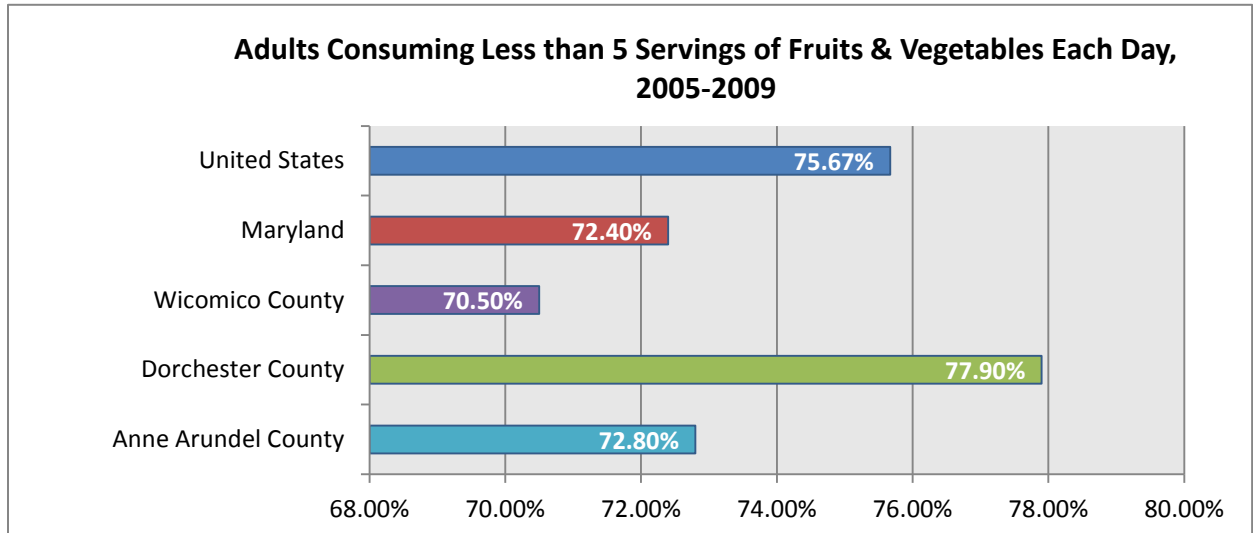
County	SHIP Objective	SHIP 2012 County Baseline	SHIP 2013 County Update	SHIP 2013 County Update (Race/ Ethnicity)	SHIP 2013 Maryland Update	SHIP 2013 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Anne Arundel	Reduce the suicide rate	9.3	9.4	Black – 0.0 White – 10.7	9.0	Black – 5.0 White – 12.2	9.0
Wicomico				9.4			

**Figure 14.** Suicide Rate per 100,000 Population in Anne Arundel County and Wicomico County, 2011-2013 (Maryland State Health Improvement Process, 2011-2013)

**Access to Healthy Food**

**Healthy Eating Behaviors**

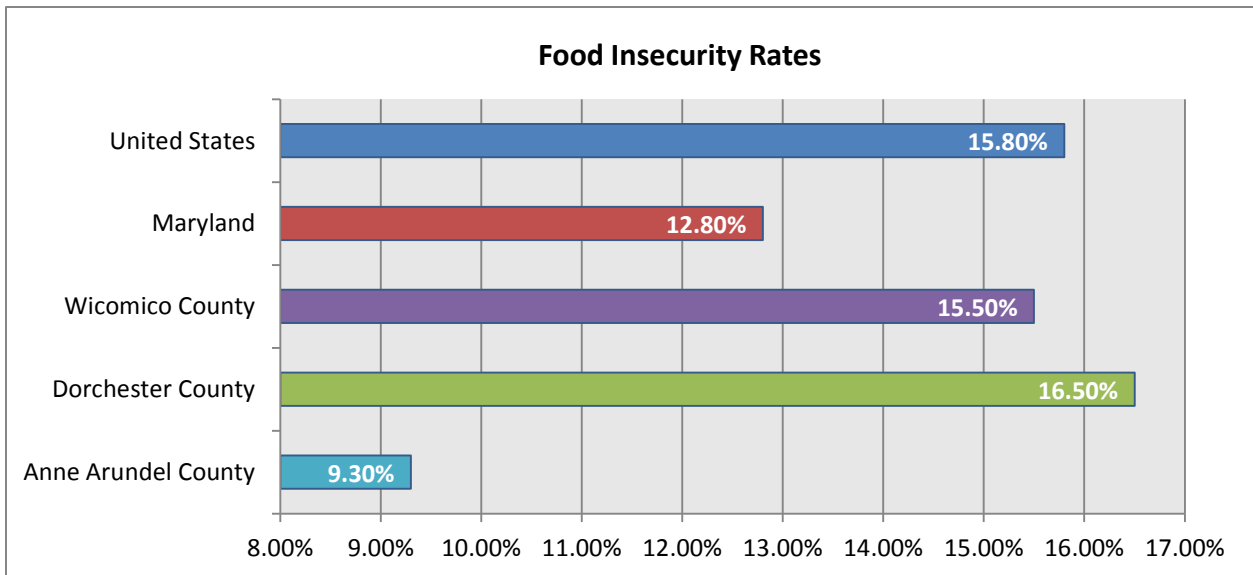
In Dorchester County, 77.9 percent of the adult population consumes less than five servings of fruits and vegetables daily, compared to 72.8 percent of the population in Anne Arundel County. In Wicomico County, 70.5 percent of the population consumes less than five servings of fruit and vegetables, a proportion that is slightly lower than Maryland’s average of 72.4 percent (see Figure 15).



**Figure 15.** Adults Consuming Less than Five Servings of Fruits and Vegetables Each Day (Community Commons. *Community Health Needs Assessment*, 2013. <http://assessment.communitycommons.org/CHNA/report?page=5&id=301>)

**Food Environment**

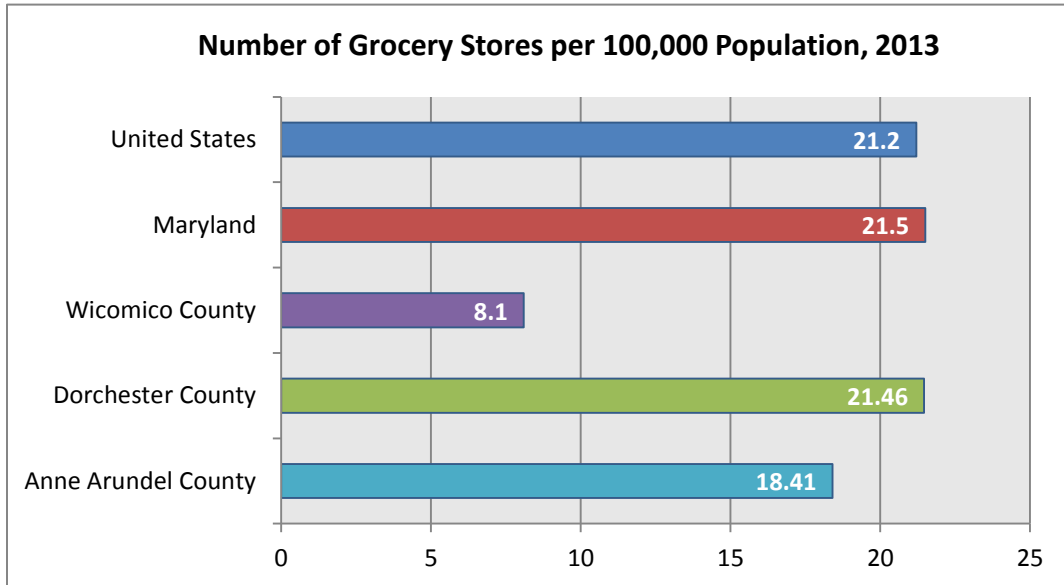
Food insecurity is defined by the USDA as lack of access to enough food for a healthy life and limited or uncertain availability of adequately nutritious foods (feedingamerica.org). In 2013, 16.5 percent of the Dorchester County and 15.5 percent of the Wicomico County population experienced food insecurity, compared to 12.8 percent of the Maryland population and 15.8 percent of the country’s population. Anne Arundel County suffered from food insecurity the least, at 9.3 percent (see Figure 16).



**Figure 16.** Food Insecurity Rates (Feeding America. *Map the Meal Gap*, 2013. Accessed: [map.feedingamerica.org](http://map.feedingamerica.org))

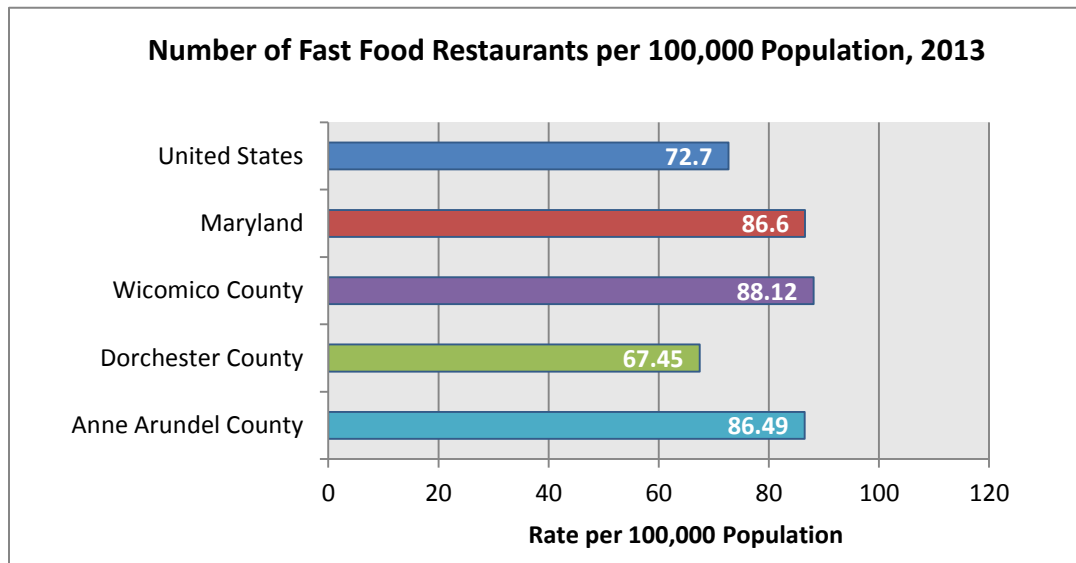
One measure of healthy food access and environmental influence on healthy behavior is access to grocery stores. The Community Commons defines grocery stores as supermarkets and smaller grocery stores primarily engaged in

retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments were included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores were excluded. In 2013, Wicomico County residents' access to grocery stores was a relatively low 8.1 per 100,000 population, which was significantly lower than Dorchester County's grocery store access at 21.46 per 100,000 population and Anne Arundel's access at 18.41 per 100,000 population. In comparison, access in Maryland was 21.5 per 100,000 population (see Figure 17).



**Figure 17.** Grocery Store Access per 100,000 population, 2013  
 (Community Commons. *Community Health Needs Assessment*. (2013). Accessed:  
<http://assessment.communitycommons.org/CHNA/report.aspx?page=3&id=402>)

In 2013, Wicomico County residents had access to fast food at a rate of 88.12 per 100,000 population, while Anne Arundel County residents had access of 86.49 per 100,000 population and Dorchester County residents had access of 67.45 per 100,000 population. In comparison, the rate of fast food access in the state of Maryland was 86.6 per 100,000 population, which is lower than the rate in Wicomico County, but higher than the rates in Dorchester County and Anne Arundel County (see Figure 18).



**Figure 18.** Number of Fast Food Restaurants per 100,000 populations, 2012  
 (Community Commons. *Community Health Needs Assessment*. (2013). Accessed:  
<http://assessment.communitycommons.org/CHNA/report?page=3&id=401>)

## Transportation

### Commuting

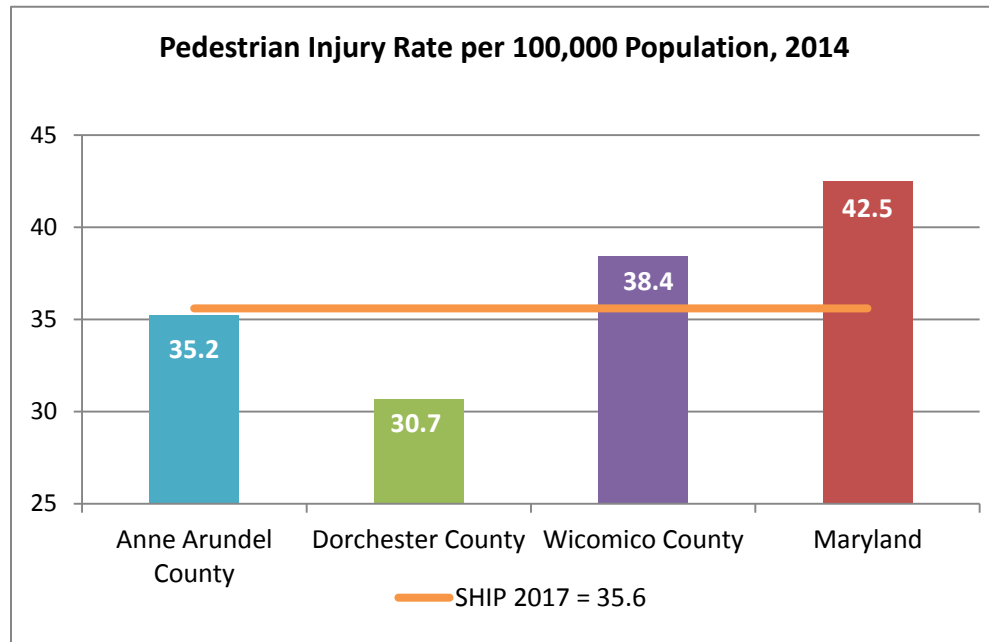
Lack of reliable transportation is a common barrier to accessing health care. For low-income people, even those with insurance, access problems remain when they do not have a dependable source of transportation. Unreliable or unavailable public transportation can prevent individuals from seeking care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

### Pedestrian Safety

The rates of pedestrian injuries on public roads in Anne Arundel County and Dorchester County are significantly lower than the state baseline. The rate in Wicomico County is the highest of the three counties. Both Wicomico County and the state of Maryland have higher rates of pedestrian injury than the SHIP goal of 35.6 per 100,000 population (see Figure 19).

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

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



**Figure 19.** SHIP Measure of Rate of injuries to pedestrians per 100,000 in Wicomico, Anne Arundel, and Dorchester County, 2014  
<http://dhmh.maryland.gov/ship>

In Anne Arundel County, there were a total of 42 vehicle occupant fatalities in 2012, an increase from the 2011 total of 29. The majority of these fatalities were of non-Hispanic whites. There were a total of 14 non-occupant fatalities in 2012, again up from the previous year and again with non-Hispanic whites accounting of for the majority of the fatalities. Overall, there has been an increase in both occupant and non-occupant traffic fatalities since 2010 (see Figure 20-A).



<b>Anne Arundel County Traffic Fatalities</b>					
Person Type by Race/Hispanic Origin		2009	2010	2011	2012
Occupants (All Vehicle Types)	Hispanic	0	0	0	0
	White Non-Hispanic	27	14	21	33
	Black, Non-Hispanic	6	8	2	3
	All Other Non-Hispanic or Race	1	0	1	1
	Unknown Race and Unknown Hispanic	1	1	5	5
	<i>Total</i>	35	23	29	42
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	Hispanic	1	0	1	0
	White Non-Hispanic	10	5	7	8
	Black, Non-Hispanic	2	4	1	5
	All Other Non-Hispanic or Race	1	0	0	0
	Unknown Race and Unknown Hispanic	1	2	4	1
	<i>Total</i>	15	11	13	14
Total	Hispanic	1	0	1	0
	White Non-Hispanic	37	19	28	41
	Black, Non-Hispanic	8	12	3	9
	All Other Non-Hispanic or Race	2	0	1	1
	Unknown Race and Unknown Hispanic	2	3	9	6
	<i>Total</i>	50	34	42	56

**Figure 20-A.** Fatalities by Person Type, Race, & Ethnicity for Anne Arundel County, 2009-2012.  
 (National Highway Traffic Safety Administration, Traffic Safety Facts; Retrieved from:  
[http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24\\_MD/2013/Countries/Maryland\\_Ane%20Arundel%20County\\_2013.HTM](http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2013/Countries/Maryland_Ane%20Arundel%20County_2013.HTM))

In Dorchester County, there were a total of four occupant traffic fatalities in 2012. There was one non-occupant fatality in 2012. For 2009-2012, non-Hispanic whites account for the majority of traffic fatalities. Overall, there has not been an increase in traffic fatalities in Dorchester County from the previous year (see Figure 20-B).

Dorchester County Traffic Fatalities					
Person Type by Race/Hispanic Origin		2009	2010	2011	2012
Occupants (All Vehicle Types)	White Non-Hispanic	6	1	2	3
	Black, Non-Hispanic	1	0	0	1
	All Other Non-Hispanic or Race	1	0	0	0
	Unknown Race and Unknown Hispanic	0	0	2	0
	<i>Total</i>	8	1	4	4
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	White Non-Hispanic	1	0	1	0
	Black, Non-Hispanic	0	0	0	0
	All Other Non-Hispanic or Race	0	0	0	0
	Unknown Race and Unknown Hispanic	0	0	0	1
	<i>Total</i>	1	0	1	1
Total	White Non-Hispanic	7	1	3	3
	Black, Non-Hispanic	1	0	0	1
	All Other Non-Hispanic or Race	1	0	0	0
	Unknown Race and Unknown Hispanic	0	0	2	1
	<i>Total</i>	9	1	5	5

**Figure 20-B.** Fatalities by Person Type, Race, & Ethnicity for Dorchester County, 2009-2012.

(National Highway Traffic Safety Administration, Traffic Safety Facts; Retrieved from: [http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24\\_MD/2013/Counties/Maryland\\_Dorchester%20County\\_2013.HTM](http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2013/Counties/Maryland_Dorchester%20County_2013.HTM))

In 2012, there were eight vehicle occupant and two non-occupant fatalities in Wicomico County. For the 2009-2012 period, non-Hispanic whites accounted for the majority of traffic fatalities (see Figure 20-C).

<b>Wicomico County Traffic Fatalities</b>					
Person Type by Race/Hispanic Origin		2009	2010	2011	2012
Occupants (All Vehicle Types)	White Non-Hispanic	5	6	5	4
	Black, Non-Hispanic	2	2	1	3
	Asian, Non-Hispanic/Unknown	0	0	1	0
	Unknown Race and Unknown Hispanic	0	0	1	1
	<i>Total</i>	7	8	8	8
Non-Occupants (Pedestrians, Pedalcyclists and Other/Unknown Non-Occupants)	White Non-Hispanic	4	0	0	1
	Black, Non-Hispanic	2	0	0	1
	Asian, Non-Hispanic/Unknown	0	0	0	0
	Unknown Race and Unknown Hispanic	0	0	0	0
	<i>Total</i>	6	0	0	2
Total	White Non-Hispanic	9	6	5	5
	Black, Non-Hispanic	4	2	1	4
	Asian, Non-Hispanic/Unknown	0	0	1	0
	Unknown Race and Unknown Hispanic	0	0	1	1
	<i>Total</i>	13	8	8	10

**Figure 20-C.** Fatalities by Person Type, Race, & Ethnicity for Wicomico County, 2009-2012.

(National Highway Traffic Safety Administration, Traffic Safety Facts; Retrieved from: [http://www-](http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2013/Counties/Maryland_Wicomico%20County_2013.HTM)

[nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24\\_MD/2013/Counties/Maryland\\_Wicomico%20County\\_2013.HTM](http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2013/Counties/Maryland_Wicomico%20County_2013.HTM))

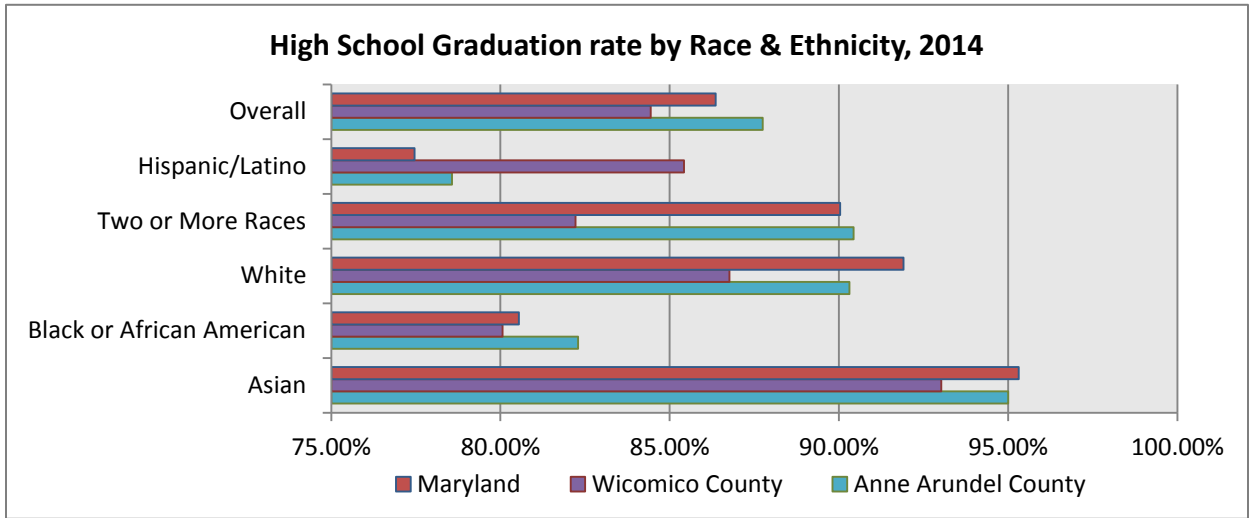
## Education

### Educational Attainment

Wicomico County performed slightly worse than the state baseline with regard to the percentage of students who graduate high school within four years. In 2014, 84.44 percent of students graduated within four years in Wicomico County ([www.mdreportcard.org](http://www.mdreportcard.org)), compared to 86.36 percent of students in Maryland ([www.mdreportcard.org](http://www.mdreportcard.org)). In Anne Arundel County, 87.75 percent of students graduate in four years ([www.mdreportcard.org](http://www.mdreportcard.org)). The rates for the counties and state are both still below the Maryland 2017 SHIP target of 95 percent.

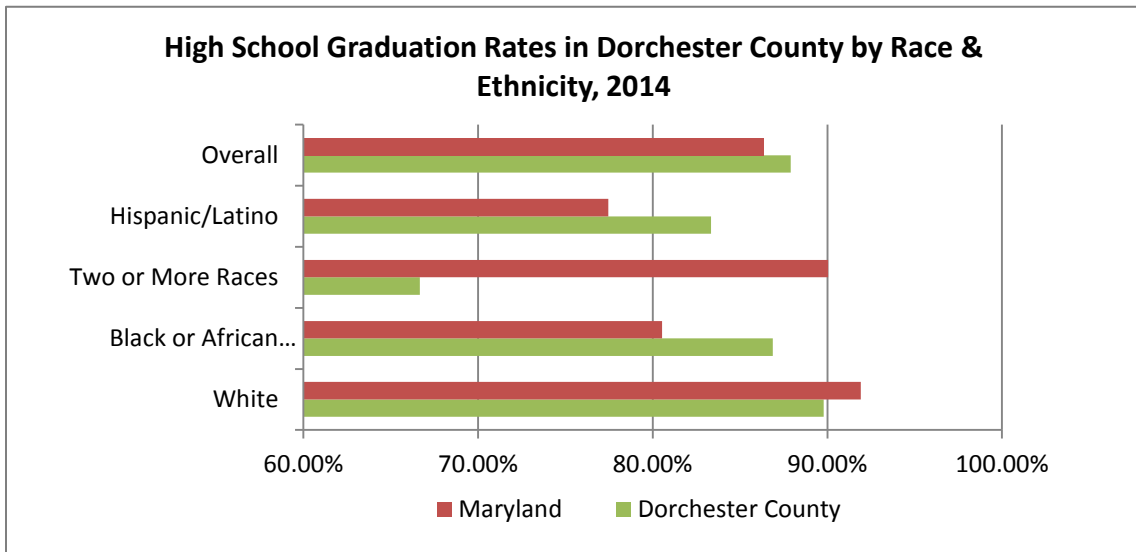
The overall graduation rate in Wicomico County is much lower than in the state of Maryland, and disparities in graduation rates are present among racial/ethnic groups. Of all racial and ethnic groups, Asians have the highest high school graduation rates (93 percent) and individuals identifying as two or more races have the lowest high school graduation rates (82.22 percent) (see Figure 21).

Although the overall graduation rate in Anne Arundel County surpasses that of the state, disparities are still evident at the racial/ethnic level. Asian, white and other students identifying as two or more races have the highest graduation rates at 95 percent, 90.31 percent, and 90.43 percent, respectively. Blacks and Hispanics have the lowest graduation rates at 82.29 percent and 78.57 percent, respectively.



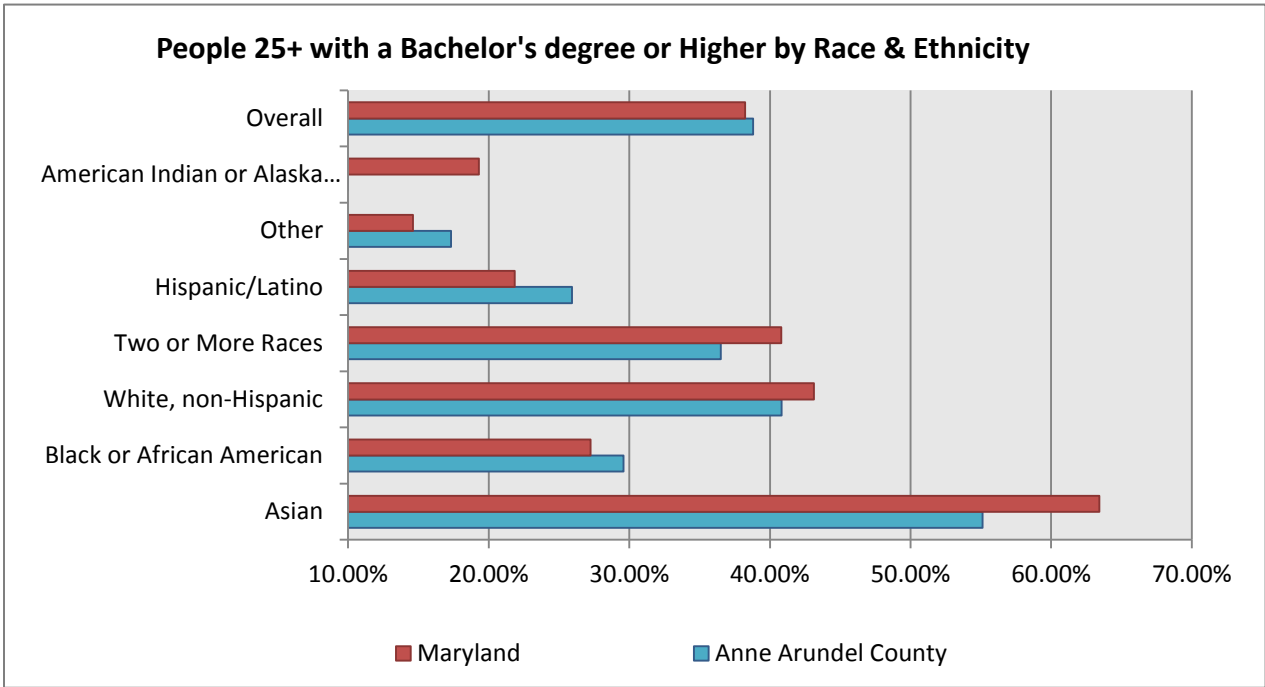
**Figure 21.** High School Graduation by Race/Ethnicity, Anne Arundel County, Wicomico County and Maryland, 2014 ([www.mdreportcard.com](http://www.mdreportcard.com))

In 2014, Dorchester County outperformed the state baseline with regard to high school graduation rates at 87.90 percent, compared to 86.36 percent statewide ([www.mdreportcard.org](http://www.mdreportcard.org)). The rate for both the Dorchester County and the state are both lower than the Maryland SHIP 2017 target of 95 percent. Dorchester County’s students identifying as two or more races have the lowest high school graduation rate at 66.67 percent compared to Dorchester County’s white residents at 89.78 percent (see Figure 22).



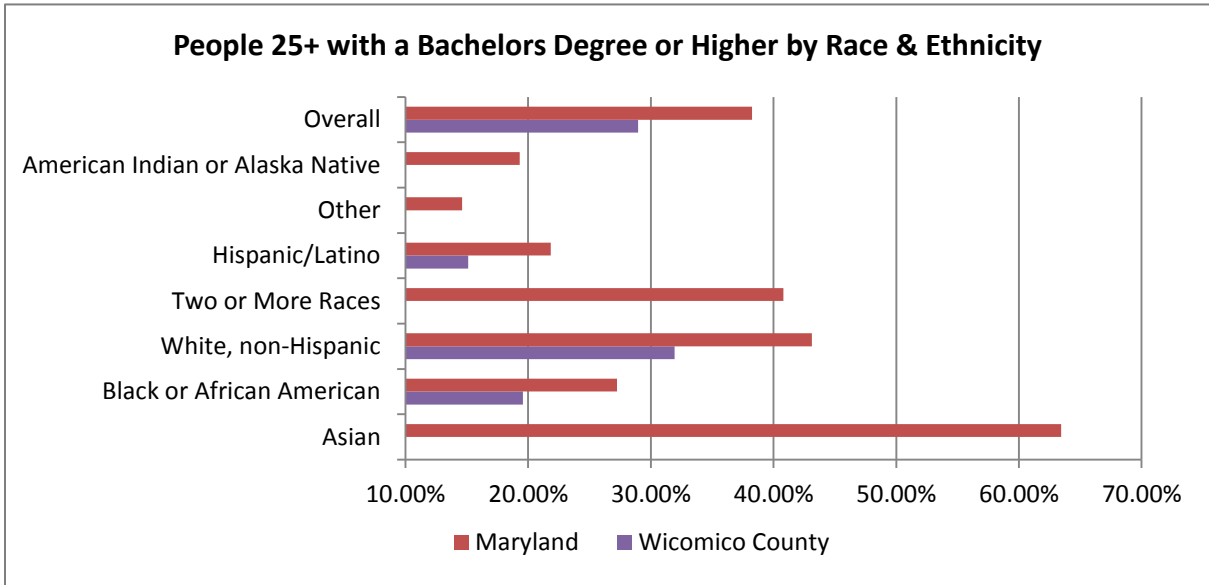
**Figure 22.** High School Graduation by Race/Ethnicity, Dorchester County and Maryland, 2014 ([www.mdreportcard.com](http://www.mdreportcard.com))

In Anne Arundel County, there was a disproportionately higher percentage of Asians (55.13 percent) ages 25+ who have earned a bachelor’s degree or higher compared to other racial/ethnic groups (see Figure 23).



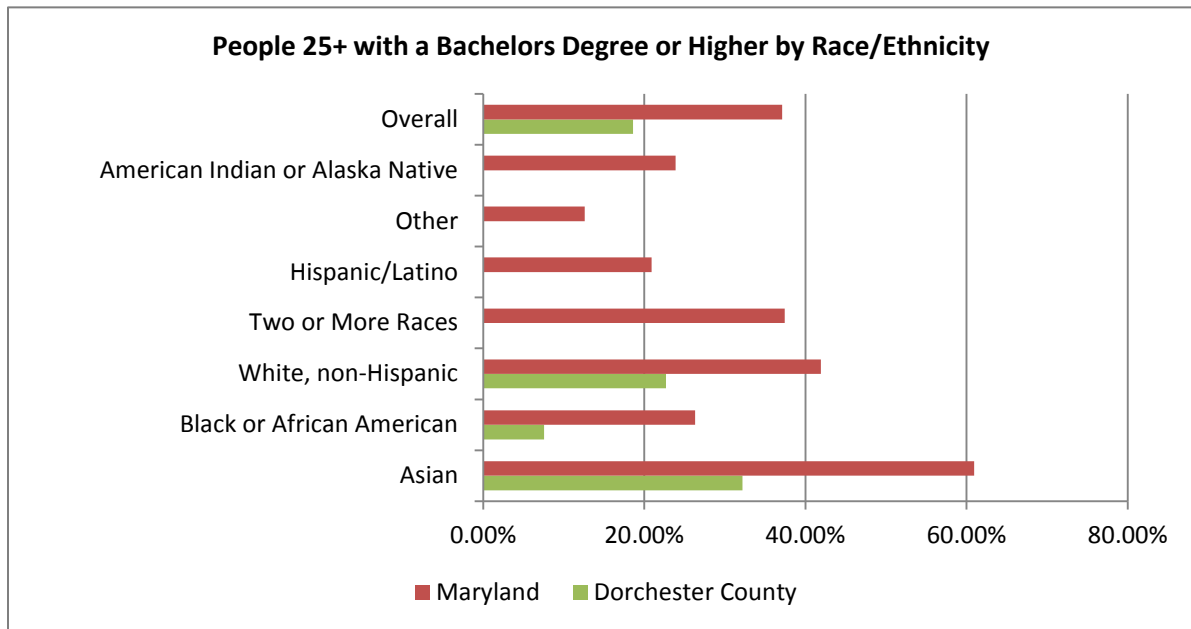
**Figure 23.** People 25+ with a Bachelor’s Degree or Higher by Race/Ethnicity, Anne Arundel County  
 Note: American Indian or Alaskan Native data not included due to small sample size  
 (U.S. Census Bureau, 2014 ACS 1-Year Estimates)

In Wicomico County, there was a higher percentage of Whites (31.93 percent) ages 25+ who have earned a bachelor’s degree or higher compared to other racial/ethnic groups (see Figure 24).



**Figure 24.** People 25+ with a Bachelor’s Degree or Higher by Race/Ethnicity, Wicomico County  
 Note: American Indian or Alaskan Native, Other, Two or More Races, and Asian data not included due to small sample size  
 (U.S. Census Bureau, 2014 ACS 1-Year Estimates)

In Dorchester County, there was a higher percentage of Asians (32.19 percent) ages 25+ who have earned a bachelor’s degree or higher compared to other racial/ethnic groups (see Figure 25).



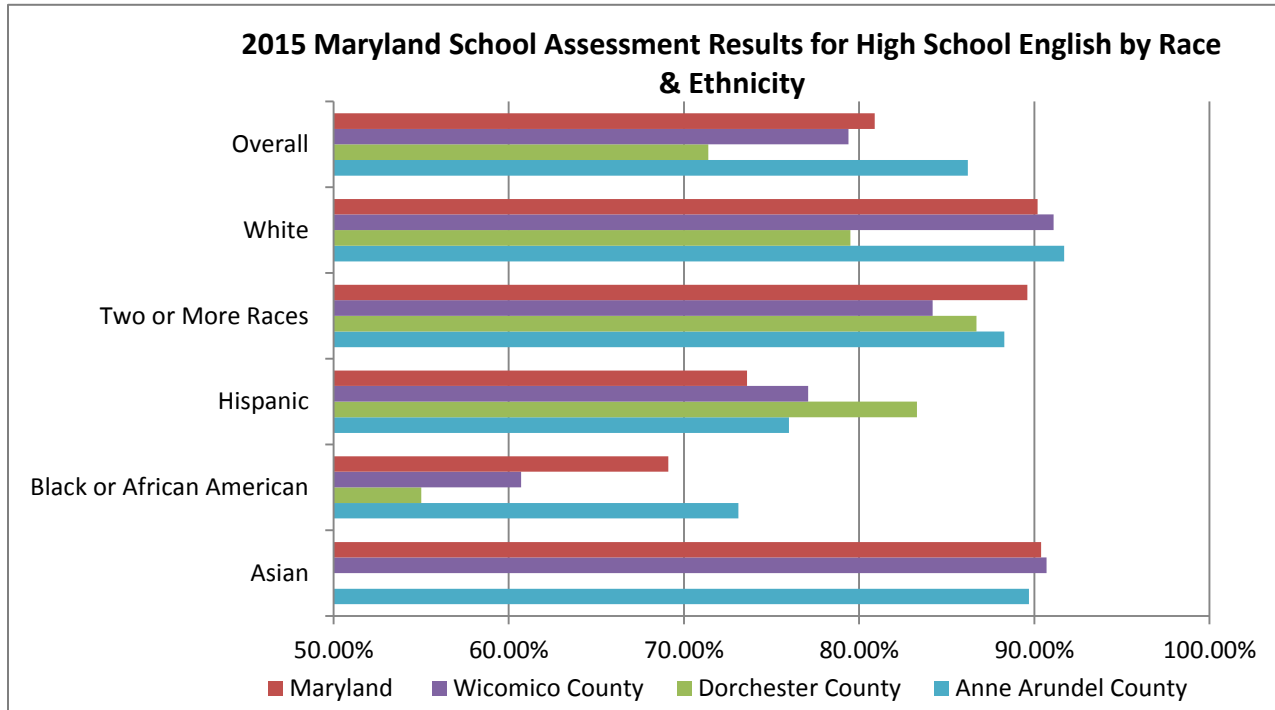
**Figure 25.** People 25+ with a Bachelor’s Degree or Higher by Race/Ethnicity, Dorchester County  
*Note: American Indian or Alaskan Native, Other, Hispanic/Latino, Two or More Races data not included due to small sample size*  
 (U.S. Census Bureau, 2011-2013 ACS 3-Year Estimates)

**High School English and Algebra Assessment**

Regarding student scores on the Maryland School Assessment for High School English, Whites in Wicomico County had the highest percentage of students that are advanced or proficient in the subject (91.1 percent), and Asians had the second highest percentage at 90.7 percent. Blacks/African Americans and Hispanics had the lowest percentage of students that are proficient or advanced in reading at 60.7 percent and 77.1 percent, respectively (see Figure 26).

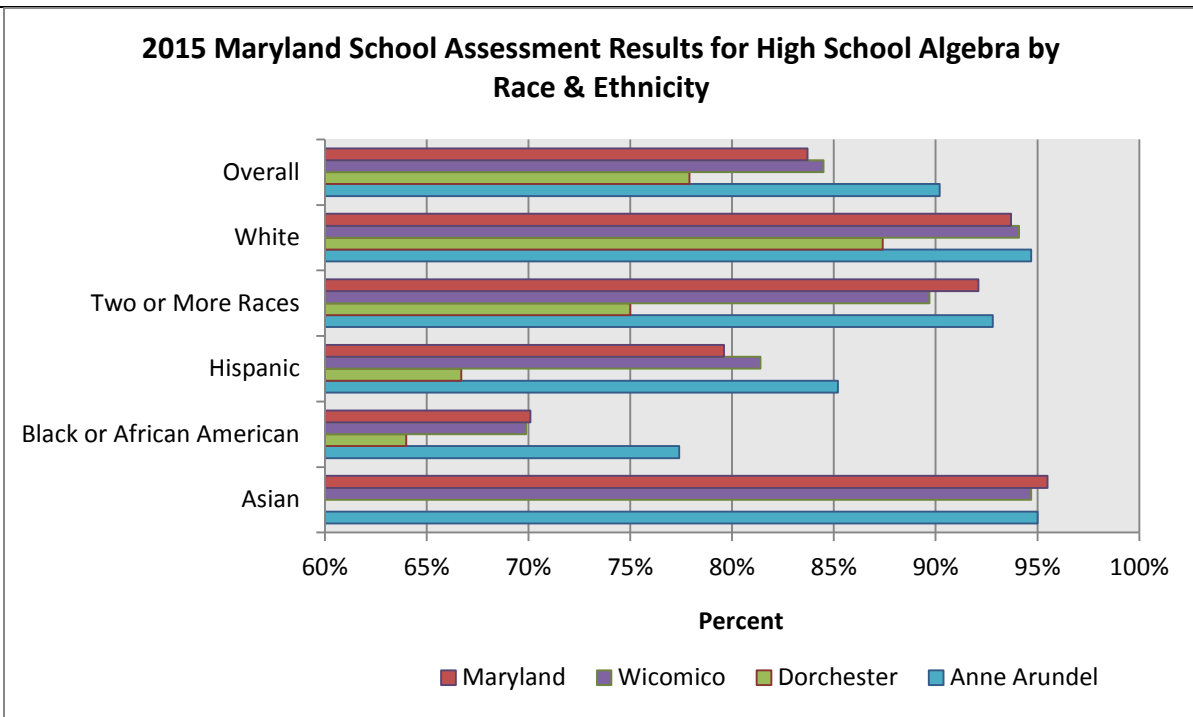
Regarding student scores on the Maryland School Assessment in Dorchester County, students reporting two or more races represent the highest percentage of students that are advanced or proficient in English (86.7 percent), while Hispanics had the second highest percentage at 83.3 percent. Blacks/African Americans had the lowest percentage of high school students advanced or proficient in English at 55 percent (see Figure 26).

Regarding student scores on the Maryland School Assessment in Anne Arundel County, 91.7 percent of white students were advanced or proficient in high school English, the highest of all racial/ethnic groups. Asian students were the second highest, at 89.7 percent. In comparison, only 76 percent of Hispanic students and 73.1 percent of Black students demonstrated proficiency in English (see Figure 26).



**Figure 26:** Percent of High School Students Advanced + Proficient in English by Race/Ethnicity, Wicomico County, Dorchester County, and Anne Arundel County, 2015  
 Note: Rates for (Dorchester) are not included due to small sample sizes.  
[www.mdreportcard.com](http://www.mdreportcard.com)

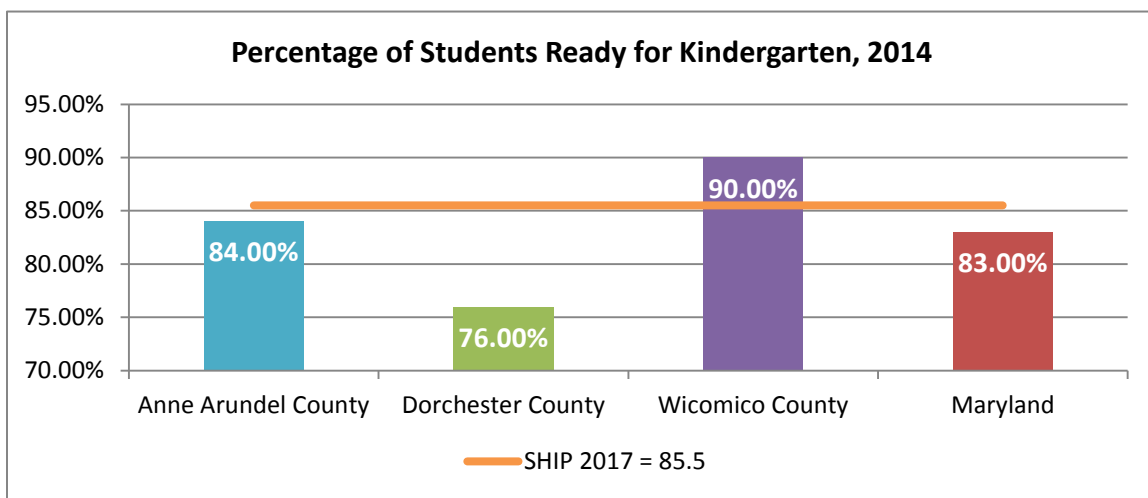
In both Wicomico and Anne Arundel County, Asian high school students were the most proficient in Algebra, at 94.7 percent and 95 percent, respectively. In both counties, Blacks were the least proficient in Algebra at 69.9 percent in Wicomico County and 77.4 percent in Anne Arundel County. In Dorchester County, rates were typically lower for all racial/ethnic groups compared to the other two counties in the CBSA. White students in Dorchester County rated the highest for proficiency in Algebra at 87.4 percent. For Black students in Dorchester County, only 64 percent were proficient in Algebra; for Hispanic students, only 66.7 percent were proficient (see Figure 27).



**Figure 27.** Percent of High School Students Advanced + Proficient in Algebra by Race/Ethnicity, Wicomico County, Dorchester County, and Anne Arundel County, 2015  
 Note: Rates for American Indians Asians (Dorchester) are not included due to small sample sizes.  
[www.mdreportcard.com](http://www.mdreportcard.com)

**Readiness for Kindergarten**

According to the SHIP 2014 county update, Dorchester County performed worse than the state as well as the 2017 target in regard to the percentage of children entering kindergarten ready to learn. Although Anne Arundel County performed better than the state, it fell short of the SHIP 2017 target. Wicomico County performed better than the state and also surpassed the 2017 target (see Figure 28).



**Figure 28.** Percentage of children who enter kindergarten ready to learn, Wicomico County, Anne Arundel County, and Dorchester County (Maryland SHIP, 2014)



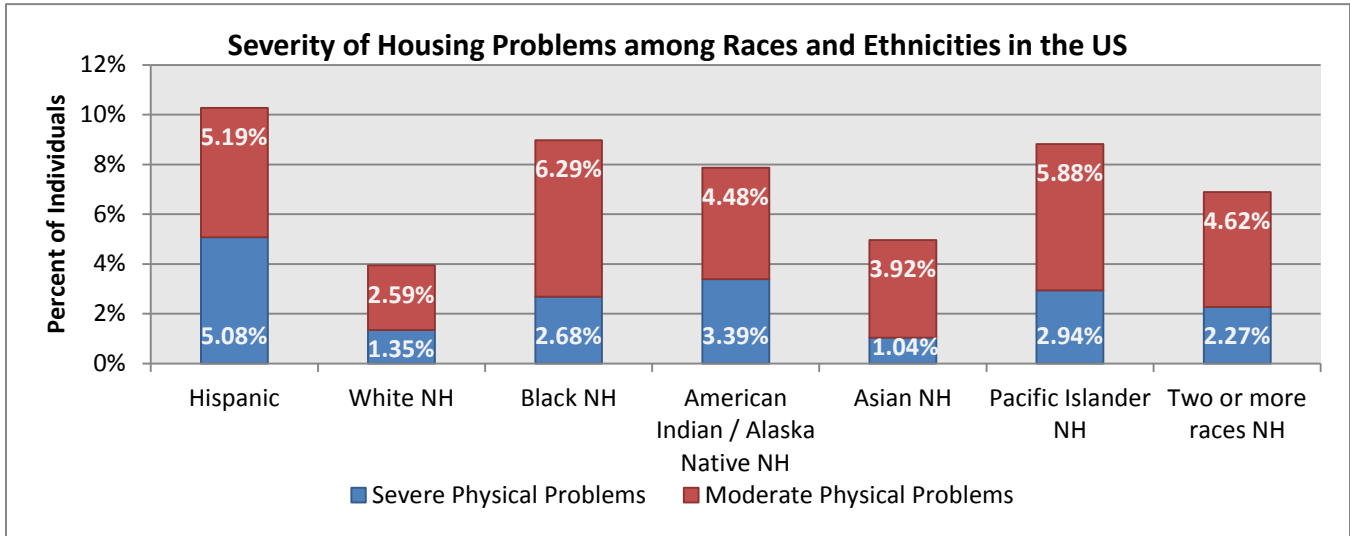
Disparities remain evident in Anne Arundel, Dorchester and Wicomico Counties in regards to the percentage of students entering kindergarten ready to learn (see Figure 29). In Anne Arundel County, African-American and Hispanics have the lowest rates at 80 percent and 76 percent, respectively, compared to their White (87 percent) and Asian (90 percent) counterparts. Similarly, African-Americans (69 percent) and Hispanics (70 percent) in Dorchester County have the lowest rates compared to the White (85 percent). In Wicomico County, Asians have the lowest rate at 83 percent.

County	SHIP Measure	County 2013 Baseline	SHIP 2014 County Update	SHIP 2014 County Update (Race & Ethnicity)	SHIP 2014 Maryland Update	SHIP 2014 Maryland Update (Race & Ethnicity)	Maryland Target 2017
Anne Arundel County	Percentage of children who enter kindergarten ready to learn	86%	84%	AA--80% Asian--90% Hispanic--76% White--87%	83%	AA – 80% Asian – 86% Hispanic – 73% White – 88%	85.5%
Dorchester County		77%	76%	AA--69% Asian--NA Hispanic--70% White--85%			
Wicomico County		89%	90%	AA--88% Asian--83% Hispanic--86% White--92%			

**Figure 29.** Percentage of children who enter kindergarten ready to learn, Wicomico County, Anne Arundel County, and Dorchester County (Maryland SHIP, 2014)

### Housing Quality

A person’s living situation – the condition of their homes and neighborhoods – is a crucial determinant of health status. Across the country, a disproportionate percentage of minority households are affected by moderate and severe housing problems (see Figure 30).



**Figure 30.** Severity of Housing Problems among Races and Ethnicities in the US, 2013

*Note: Physical problems include plumbing, heating, electrical, and upkeep*

(US Census Bureau, American Housing Survey, 2013)

At the state level, 17 percent of households in Maryland were identified as having at least 1 of 4 severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. At the county level, Anne Arundel experienced lower rates of severe housing problems (15 percent) while Wicomico (19 percent) and Dorchester (20 percent) had rates higher than that of the state. ([www.CountyHealthRankings.org](http://www.CountyHealthRankings.org), 2007-2011)

**Anne Arundel County Housing Statistics**

- Renters spending 30 percent or more of household income on rent: 44.83 percent
- Homeowner vacancy rate: 1.3 (2014)
- Housing units in multi-unit structures: 18.1 percent (2014)  
(Source: U.S. Census, ACS, 1-Year Estimate, 2014)
- Housing units: 218,903 (2014)
- Homeownership rate: 74.2 percent (2009-2013)
- Median value of owner-occupied housing units: \$340,000 (2009-2013)
- Households: 199,904 (2009-2013)
- Persons per household: 2.65 people (2009-2013)  
(Source: U.S. Census, State and County Quick Facts)

**Dorchester County Housing Statistics**

- Renters spending 30 percent or more of household income on rent: 53.1 percent
- Homeowner vacancy rate: 2.3 (2011-2013)
- Housing units in multi-unit structures: 15.7 percent (2011-2013)  
(Source: U.S. Census, ACS, 3-Year Estimate, 2013)
- Housing units: 16,702(2014)
- Homeownership rate: 65.9 percent (2009-2013)
- Median value of owner-occupied housing units: \$191,100 (2009-2013)
- Households: 13,386 (2009-2013)
- Persons per household: 2.39 people (2009-2013)  
(Source: U.S. Census, State and County Quick Facts)

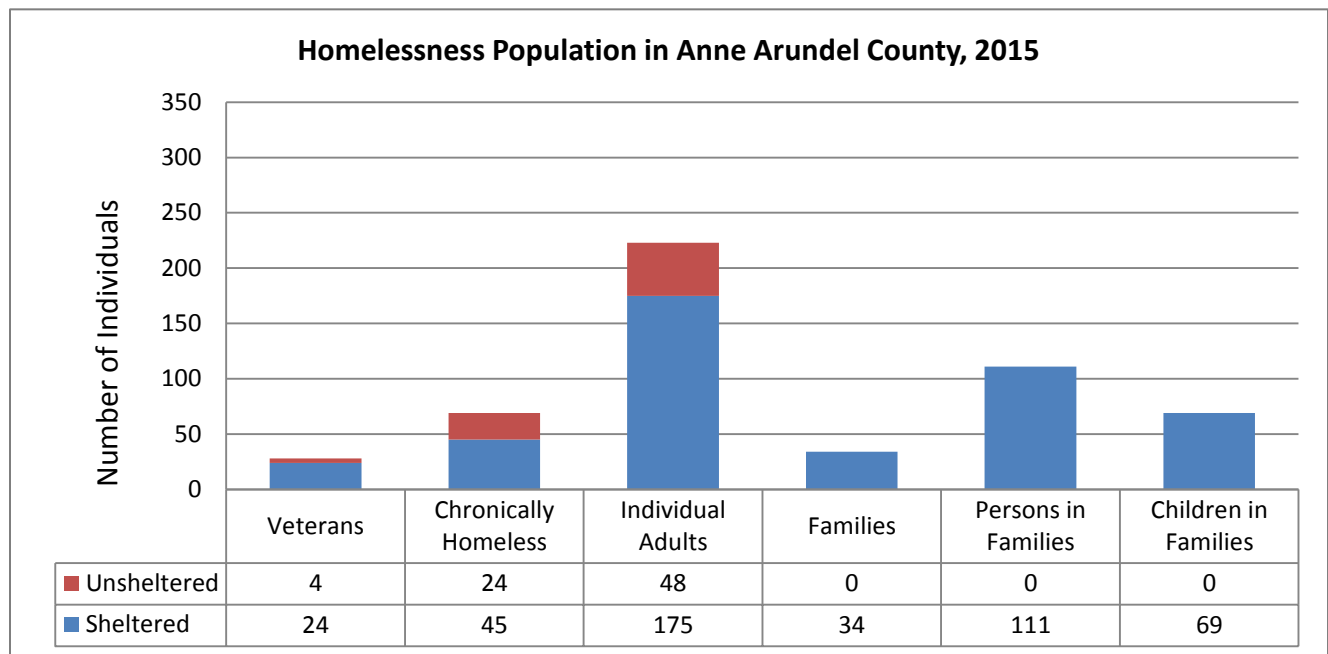
**Wicomico County Housing Statistics**

- Renters spending 30 percent or more of household income on rent: 53.9 percent
- Homeowner vacancy rate: 1.6 (2014)
- Housing units in multi-unit structures: 21.5 percent (2014)  
(Source: U.S. Census, ACS, 1-Year Estimate, 2014)
- Housing units: 42,146 (2014)
- Homeownership rate: 63.0 percent (2009-2013)
- Median value of owner-occupied housing units: \$181,900 (2009-2013)
- Households: 36,405 (2009-2013)
- Persons per household: 2.63 people (2009-2013)  
(Source: U.S. Census, State and County Quick Facts)

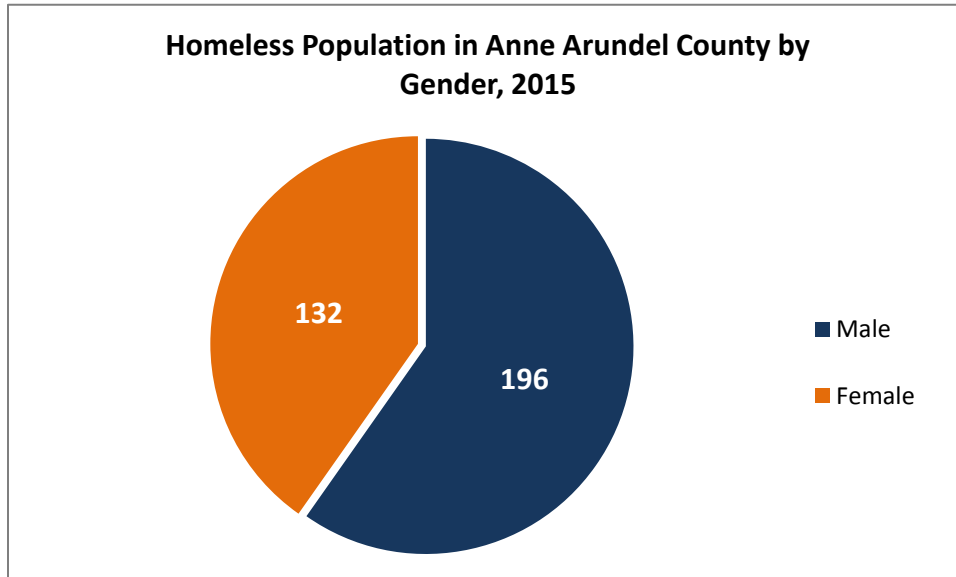
**Spotlight on Homelessness**

Anne Arundel County

In Anne Arundel County, 328 homeless individuals were counted in the Point in Time Survey conducted by the County’s Homeless Continuum of Care Planning Group (see Figure 31). Among the 328 individuals, 28 were veterans and 69 were chronically homeless. There were 69 homeless children counted. Of the counted individuals, 78 were unsheltered. Approximately 60 percent of the 328 individuals were male (see Figure 32).



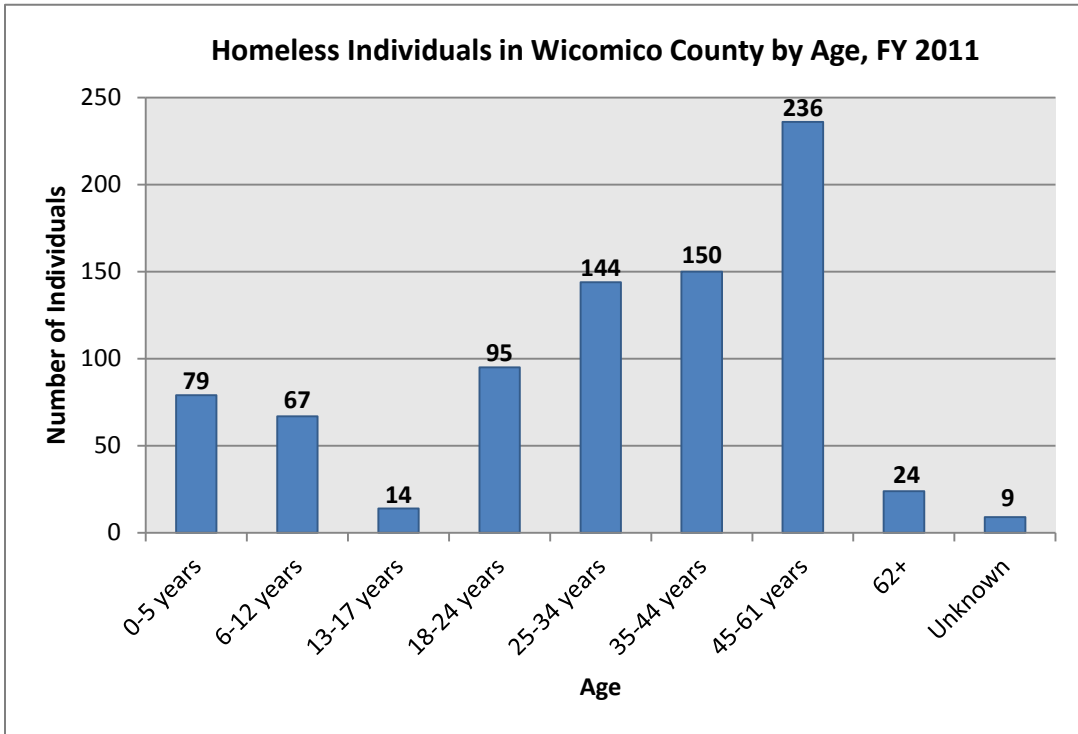
**Figure 31.** Homeless Population in Anne Arundel County  
(Anne Arundel County Point in Time Survey, January 2015. Accessed:  
[http://www.aacounty.org/Homeless/Resources/2015\\_PointInTimeReport.pdf](http://www.aacounty.org/Homeless/Resources/2015_PointInTimeReport.pdf))



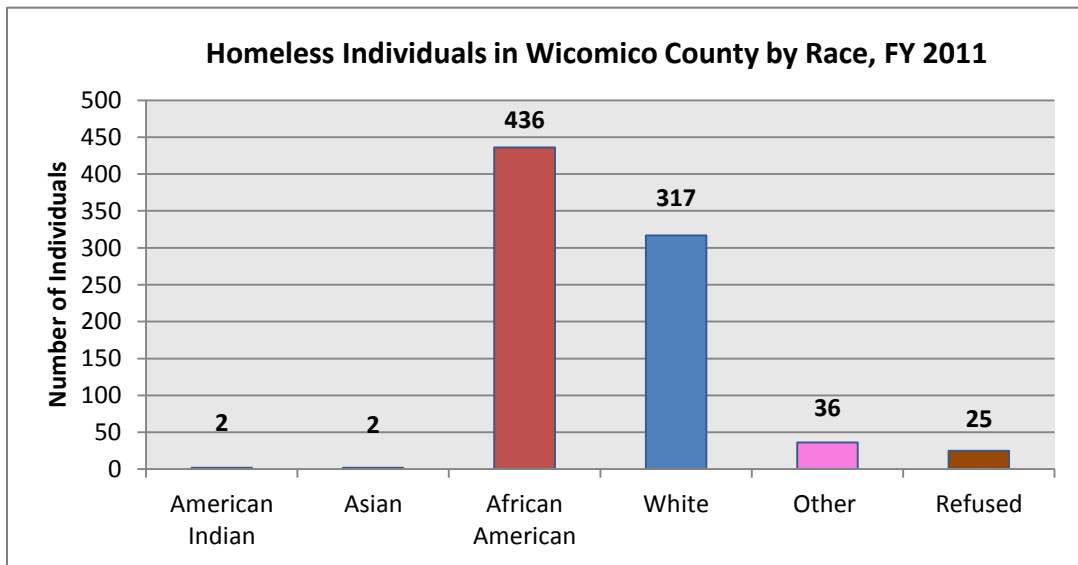
**Figure 32.** Homeless Population by Gender in Anne Arundel County (Anne Arundel County Point in Time Survey, January 2015. Accessed: [http://www.aacounty.org/Homeless/Resources/2015 PointInTimeReport.pdf](http://www.aacounty.org/Homeless/Resources/2015_PointInTimeReport.pdf))

#### Wicomico County

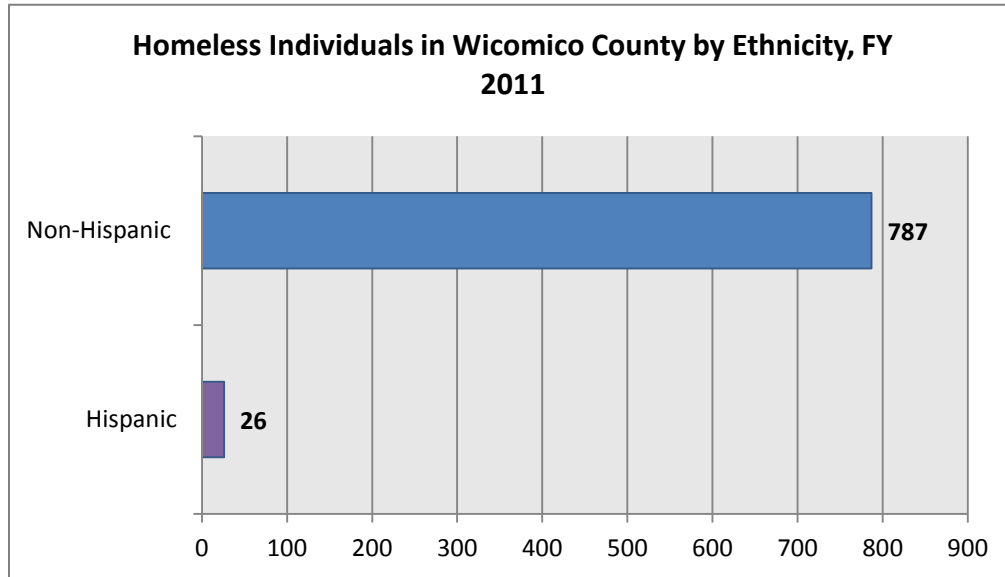
In Wicomico County, a total of 818 individuals were reported as homeless in FY 2011. More than a quarter of these individuals, 236 were between the ages of 45 and 61. Nearly one-fifth of the homeless individuals, 160, were children under the age of 18. Twenty-four were adults aged 62 or older (see Figure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



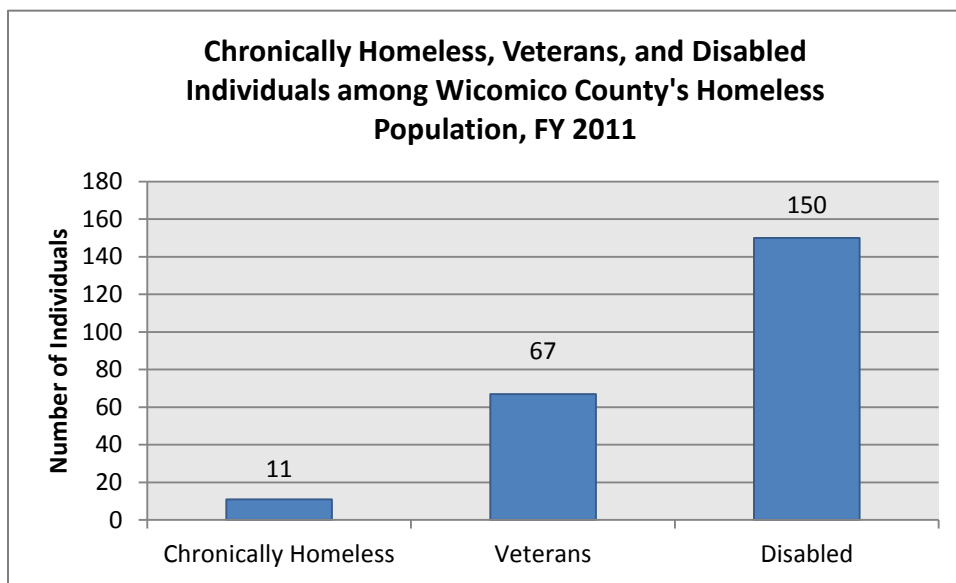
**Figure 33.** Individuals utilizing shelters in Wicomico County during FY 2011, by age  
 Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland



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



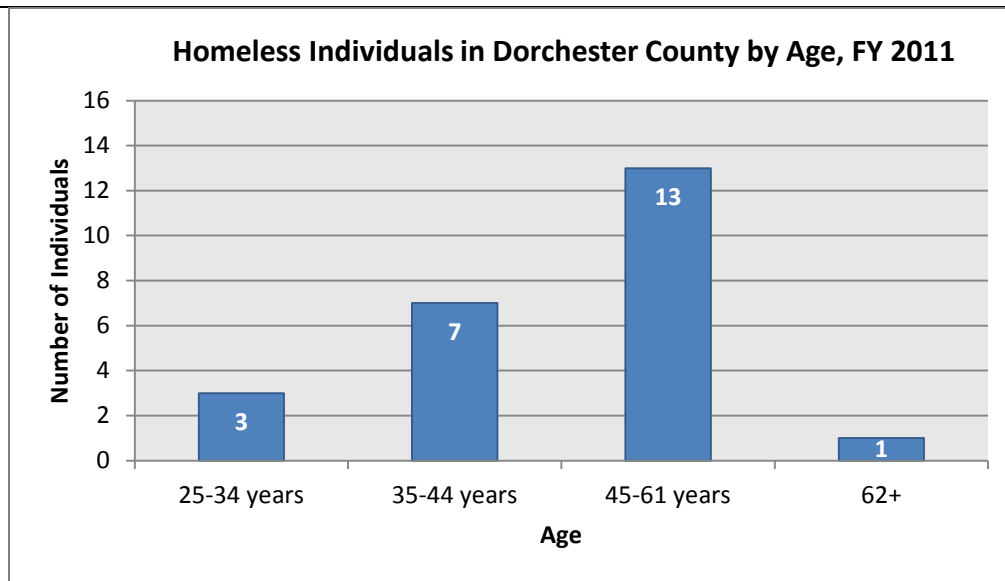
**Figure 35.** Individuals utilizing shelters in Wicomico County during FY 2011, by ethnicity  
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland



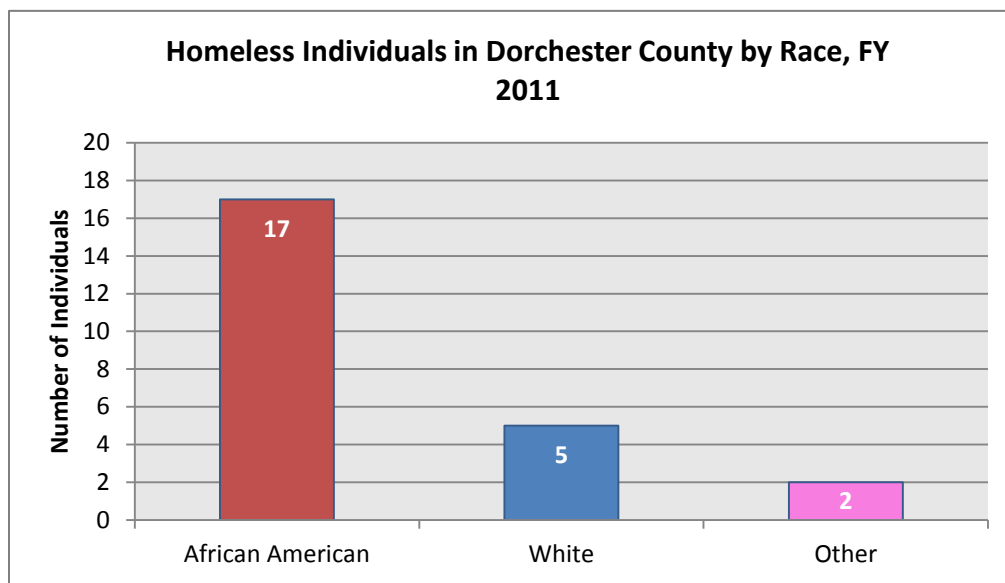
**Figure 36.** Individuals utilizing shelters in Wicomico County during FY 2011, identified as chronically homeless, a veteran, or disabled  
Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland

Dorchester County

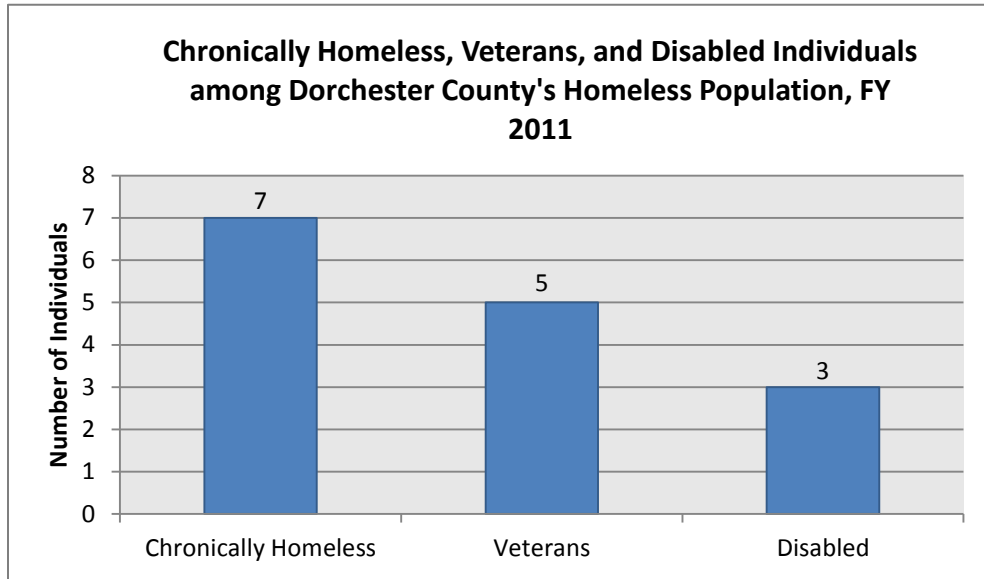
In Dorchester County, a total of 24 individuals was reported as homeless in FY 2011. Twenty-three individuals were between the ages of 25 and 61; one individual was older than 62 (see Figure 37). All of the individuals were of Hispanic ethnicity; 17 were African American, 5 were white, and 2 were 'Other' (see Figure 38). Of the 24 individuals, 7 were noted as chronically homeless, 5 were veterans, and 3 were disabled (see Figure 39).



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



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

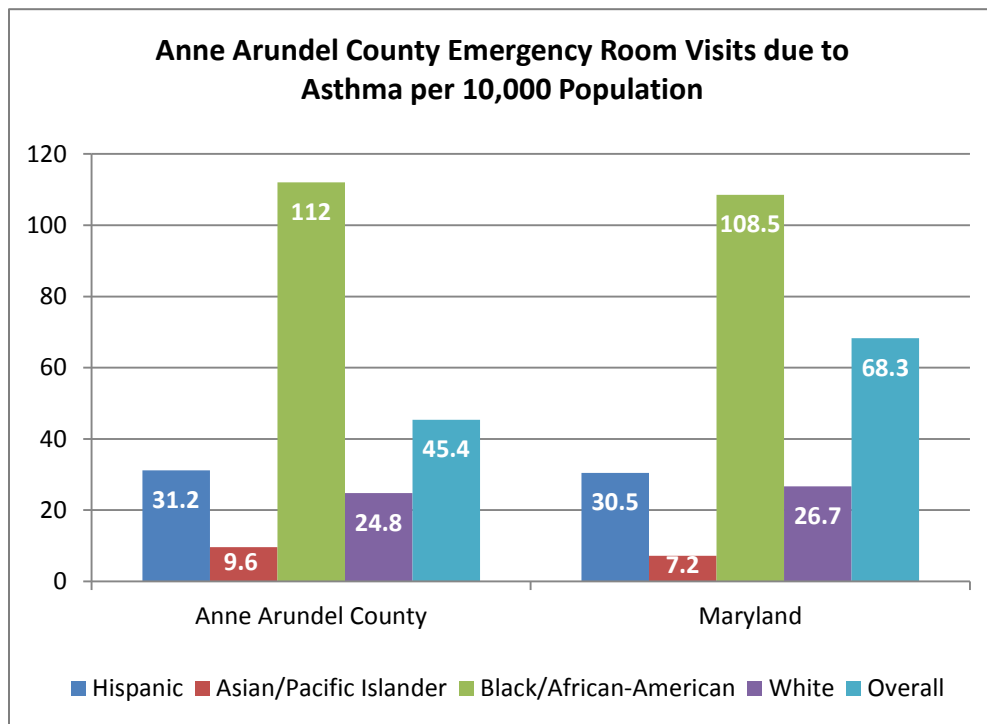


**Figure 39.** Individuals utilizing shelters in Dorchester County during FY 2011, identified as chronically homeless, a veteran, or disabled (Maryland Department of Human Resources, Annual Report on Homeless Services in Maryland)

**Exposure to Environmental Factors that Negatively Effect Health Status**

**Asthma**

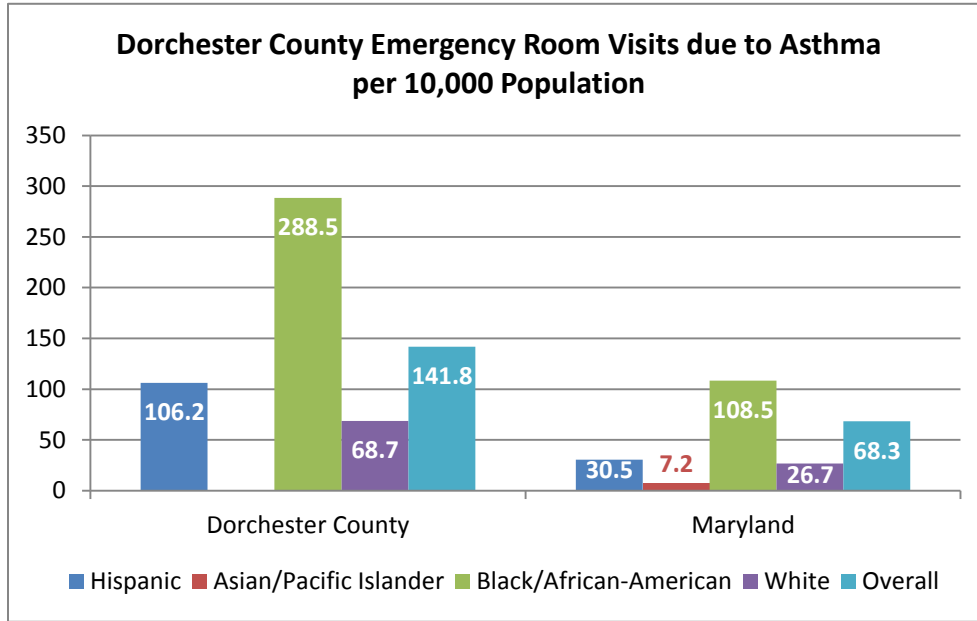
In Anne Arundel County, 45.4 individuals per 10,000 population visited the emergency room for asthma related issues, compared to the 68.3 individuals for the state (see Figure 40). A racial breakdown shows that significantly more African-Americans visit the ER for asthma at both the county and state levels.



**Figure 40.** Anne Arundel County emergency room visits due to asthma per 10,000 population (Maryland SHIP, 2014)

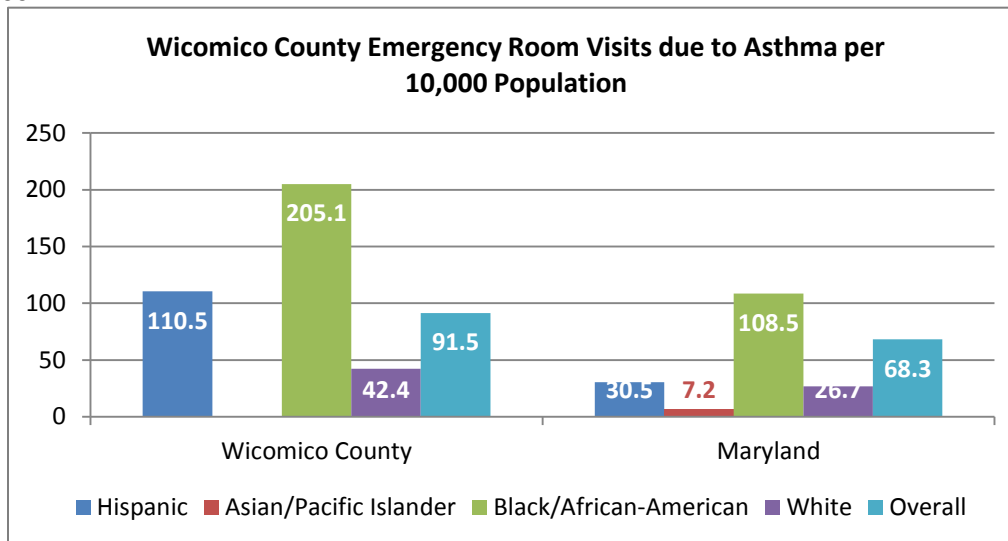


Dorchester County had the overall highest number of individuals visiting the emergency room for asthma related issues at 141.8 per 10,000 population (see Figure 41). Similar to Anne Arundel County, a racial breakdown shows that significantly more African-Americans (288.5 per 10,000) visit the ER for asthma at the county level than the state. Both the Hispanic (106.2 per 10,000) and White (68.7 per 10,000) populations also frequented the ER due to asthma at higher levels than the state, 30.5 per 10,000 for Hispanics and 26.7 per 10,000 for Whites.



**Figure 41.** Dorchester County emergency room visits due to asthma per 10,000 population  
*Note: Rate for Asians in Dorchester County not included due to small sample size (Maryland SHIP, 2014)*

Wicomico County follows the trend of the other two counties in the CBSA. Asthma related emergency room visits for the county were 91.5 per 10,000 population (see Figure 42). At the race/ethnicity level, Blacks had the highest asthma related ER visit rate at 205.1 per 10,000 population, followed by Hispanics at 110.5 per 10,000 population, and Whites at 42.4 per 10,000.



**Figure 42.** Wicomico County emergency room visits due to asthma per 10,000 population  
*Note: Rate for Asians in Wicomico County not included due to small sample size (Maryland SHIP, 2014)*

<b>Available detail on race, ethnicity, and language within CBSA</b>				
<b>Demographics</b>	<b>Wicomico County</b>	<b>Dorchester County</b>	<b>Anne Arundel County</b>	<b>Maryland</b>
Total Population*	101,539	32,578	560,133	5,976,407
<b>Age, %*</b>				
Under 5 Years	5.9%	6.2%	6.3%	6.2%
Under 18 Years	21.9%	21.4%	22.6%	22.6%
65 Years and Older	14.4%	19.7%	13.4%	13.8%
<b>Race/Ethnicity, %*</b>				
White	64.8%	64.5%	70.2%	52.6%
Black or African American	25.2%	28.3%	16.6%	30.3%
Native American & Alaskan Native	0.5%	0.5%	0.4%	0.6%
Asian	3.0%	1.1%	3.9%	6.4%
Native Hawaiian & Other Pacific Islander	0.1%	0.0%	0.1%	0.1%
Hispanic	5.2%	4.6%	7.2%	9.3%
Language Other than English Spoken at Home, % age 5+**	10.7%	5.3%	10.6%	16.7%
Median Household Income**	\$51,092	\$46,361	\$87,430	\$73,538
Persons below Poverty Level, %**	16.5%	17.7%	7.3%	10.1%
Pop. 25+ Without H.S. Diploma, %**	85.5%	83.2%	90.7%	88.7%
Pop. 25+ With Bachelor's Degree or Above, %**	26.3%	18.0%	37.1%	36.8%
Sources: *US Census State & County Quick Facts, 2014 Estimates. ** US Census State & County Quick Facts, 2009-2013 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?

Yes  
 No

Provide date here. 10/23/2013 (mm/dd/yy)

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

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

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

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

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

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

## III. COMMUNITY BENEFIT ADMINISTRATION

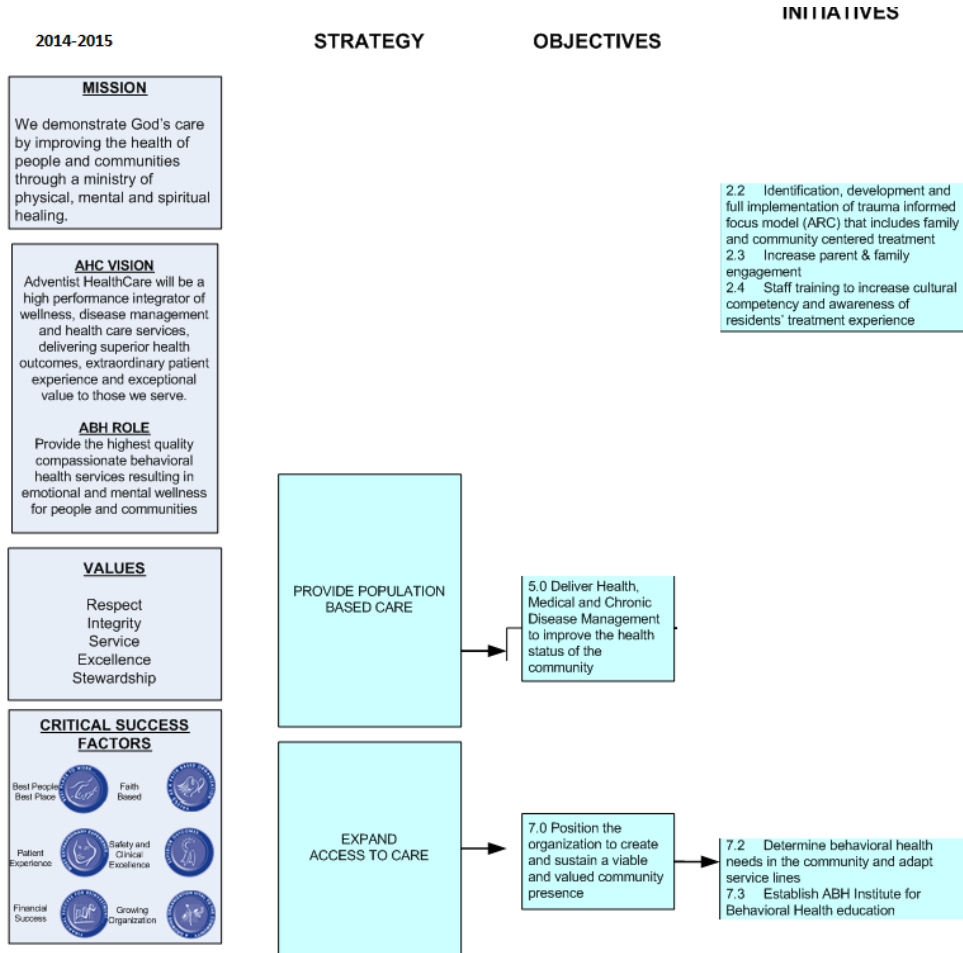
1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital? *(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b,)*

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

Yes  
 No

If yes, please provide a description of how the CB planning fits into the hospital's strategic plan, and provide the section of the strategic plan that applies to CB.

Community Benefit is integrated throughout Adventist HealthCare Behavioral Health & Wellness' strategic plan. Three guiding principles are listed on the strategic plan from which the strategies, objectives and initiatives directly stem. These guiding principles are the mission, vision, and values of the organization. AHC's mission is to demonstrate God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing. The values which include respect, integrity, service, excellence and stewardship, exemplify the ideals strived for in fulfilling the mission. Specific strategies listed on the strategic plan include providing population based care and expanding access to care. Specific outcomes and initiatives include delivery of health, medical and chronic disease management to improve the health status of the community, and determining behavioral health needs in the community.



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 describe the role each plays in the planning process (additional positions may be added as necessary))

**i. Senior Leadership**

1.  CEO
2.  CFO
3.  Other (please specify)

**Describe the role of Senior Leadership.**

The senior leaders listed above play a large role in the community benefit planning for Behavioral Health & Wellness Services. This leadership group, along with the clinical leaders below, played a lead role in completing the prioritization of needs process and provided input and approval on the implementation strategy prior to board approval. The CFO works closely with finance and provides final approval of financials submitted.

**ii. Clinical Leadership**

1.  **Physician**
2.  **Nurse**
3.  **Social Worker**
4.  **Other (please specify)**

**Describe the role of Clinical Leadership**

Clinical leadership assists with the planning and implementation of community benefit activities. The Director of Clinical Services was a champion for the community benefit initiatives and served on the Community Benefit Council as a representative for Behavioral Health & Wellness Services Eastern Shore.

**iii. Community Benefit Operations**

1.  **Individual (please specify FTE)**
2.  **Committee (please list members: Adventist HealthCare Community Benefit Council - members listed below)**
3.  **Department (please list staff)**
4.  **Task Force (please list members)**
5.  **Other (please describe)**

**Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.**

Adventist HealthCare has a Community Benefit Council with representatives from each of the 5 hospital entities in addition to key departments from the corporate office. The Council meets every other month and takes part in the planning, execution, and monitoring of the community benefit activities taking place at their entities and across AHC. They also play a large role in the development of each hospital's CHNA, Implementation Strategy, and Community Benefit Reports. Members of the council include:

- Executive Director, Center for Health Equity and Wellness (AHC) - CHAIR
- Project Manager for Community Benefit (AHC)
- Manager of Community Health and Outreach (AHC)
- VP of Operations of Shady Grove Medical Center
- Director of Case Management for SGMC and Washington Adventist (WAH)
- Director of Population Health (AHC)
- Chief Medical Officer at WAH
- AVP, Rehabilitation at Physical Health & Rehabilitation
- Cultural Diversity Liaison at Physical Health & Rehabilitation
- Manager, Business Development at Behavioral Health & Wellness Rockville
- Director of Clinical Services at Behavioral Health & Wellness Eastern Shore
- Project Accountant, AHC
- Senior Tax Accountant, AHC
- Financial Services Project Manager, AHC
- PR Marketing Coordinator, AHC

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

Spreadsheet      **yes**      **no**

Narrative       yes       no

**If yes, describe the details of the audit/review process (Who does the review? Who signs off on the review?)**

Prior to finalizing the spreadsheet, the finance team meets in person with the CFO to go over the spreadsheet in detail. The narrative is not formally audited; however, it is put together and reviewed in partnership with key hospital staff and leadership.

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

Spreadsheet       yes       no  
 Narrative       yes       no

**If no, please explain why.**

The hospital’s Board reviewed and approved the Community Health Needs Assessment and Implementation Strategy. 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 2016.

#### **IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION**

*External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.*

**a. Does the hospital organization engage in external collaboration with the following partners:**

- Other hospital organizations
- Local Health Department
- Local health improvement coalitions (LHICs)
- Schools
- Behavioral health organizations
- Faith based community organizations
- Social service organizations

**b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)**

Organization	Name of Key Collaborator	Title	Collaboration Description
N/A. The CHNA was conducted independently.			

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

\_\_\_\_\_yes    no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

\_\_\_\_\_yes    no

**V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES**

*This information should come from the implementation strategy developed through the CHNA process.*

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), 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 example of how to report.

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

- a. 1. *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. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.*
- 2. *Please indicate whether the need was identified through the most recent CHNA process.*

- b. *Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: <http://www.thecommunityguide.org/>) (Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: [www.guideline.gov/index.aspx](http://www.guideline.gov/index.aspx) )*
- c. *Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?*
- d. *Total number of people reached by the initiative (how many people in the target population were served by the initiative)?*
- e. *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.*
- f. *Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?*
- g. *Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.*
- h. *Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.*
  - *What were the measurable results of the initiative?*
  - *For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.*
- i. *Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.*
- j. *Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?*
- k. *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**

<p>Identified Need</p> <p>Was this identified through the CHNA process?</p>	<p>According to the National Alliance on Mental Illness, 20% of youth ages 13-18 have or will have a serious mental illness, 50% of students 14 or older with a mental illness drop out of school, and 70% of adolescents in the juvenile system have a mental illness<sup>4</sup>. Among youths ages 10-24, suicide is the second leading cause of death and 90% of those who commit suicide have an underlying mental illness. Adventist HealthCare Behavioral Health &amp; Wellness Services Eastern Shore mainly serves Wicomico, Dorchester and Anne Arundel Counties, which have high rates of domestic violence and emergency room visits due to mental health conditions, as well as suicides. Dorchester County has a higher rate of domestic violence (728.7 per 100,000) than Wicomico County (718.6 per 100,000) or Anne Arundel County (591.5 per 100,000). Dorchester County also has the highest rate of ER visits related to mental health conditions at 8551.1 ER visits per 100,000, followed by Wicomico County at 6207.9 ER visits per 100,000, and Anne Arundel County at 4509.9 ER visits per 100,000. Suicide rates are high for Wicomico County (10.2 per 100,000) and Anne Arundel County (9.4 per 100,000).</p> <p>There are four dimensions in the mental illness recovery process: health, home, purpose, and community (<a href="http://MentalHealth.gov">MentalHealth.gov</a>). Adventist HealthCare Behavioral Health &amp; Wellness Eastern Shore sought to strengthen the community dimension of the recovery process through providing post-treatment support for their adolescent patients and their families. This initiative connects patients and families with available community networks of support and, ultimately, improves the mental health trends in the community benefit service area.</p> <p>The need was identified prior to the CHNA, but supported by the 2013 CHNA findings.</p>
<p>Hospital Initiative</p>	<p>Post-Treatment Support for Adolescents and their Families</p>
<p>Total Number of People Within the Target Population</p>	<p>According to the U.S. Census, there are approximately 68,173 adolescents between the ages of 10 and 17 in Anne Arundel, Dorchester, and Wicomico Counties. Based on the NAMI incidence rates, approximately 13,634 adolescents in that population have had or will have mental illness. For this initiative, the target population was families with adolescents with behavioral and mental health needs on the Eastern Shore.</p>
<p>Total Number of People Reached by the Initiative Within the Target Population</p>	<p>Over 569 individuals were reached through this initiative.</p> <ul style="list-style-type: none"> <li>• 389 families were provided with resources</li> <li>• 180 individuals attended the Eastern Shore School Mental Health Coalition Conference</li> </ul>
<p>Primary Objective of the Initiative</p>	<p>The primary objective of this initiative is to provide parents and families with the resources and information they need to successfully support and foster the well-being of adolescents with behavioral and mental health needs.</p> <p>Strategies for this initiative include:</p> <ul style="list-style-type: none"> <li>• Providing parents/guardians of discharged adolescents with information including:</li> </ul>

<sup>4</sup> National Alliance on Mental Illness Mental Health Facts: Children & Teens, 2015. <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/ChildrenMHFacts10-26-15.pdf>

	<ul style="list-style-type: none"> <li>○ Resources, information, and tips for parents on assisting adolescents on the transition from care</li> <li>○ Resources, information, and tips on what to be watchful for that may indicate that additional care or follow-up may be needed</li> <li>○ Services and resources available in the community for additional support</li> <li>● In addition, Adventist HealthCare Behavioral Health &amp; Wellness Services Eastern Shore participated in Eastern Shore School Mental Health Coalition’s 5<sup>th</sup> annual conference as a sponsor. A hospital representative also had the opportunity to contribute to a planning committee meeting. This year’s conference was titled “Linking Mental Health to Academic Success: Enhancing Family Partnerships”. A large focus of the conference was highlighting the important role families play in meeting the behavioral health needs of their children and thus the importance of providing them support such as through partnerships with community stakeholders. The conference was open to community members, families, and professionals.</li> </ul>
Single or Multi-Year Initiative Time Period	This is a multi-year initiative.
Key Collaborators in Delivery of the Initiative	Eastern Shore School Mental Health Coalition
Impact/Outcome of Hospital Initiative	<p>Resources and information were provided to the families of each of the individuals discharged thus far in 2015:</p> <ul style="list-style-type: none"> <li>● 22 discharges from the residential treatment center</li> <li>● 264 discharges from acute care</li> <li>● 103 discharges from the partial hospitalization program</li> </ul> <p>There were a total of 180 attendees at Eastern Shore School Mental Health Coalition’s 5<sup>th</sup> annual conference titled “Linking Mental Health to Academic Success: Enhancing Family Partnerships”.</p>
Evaluation of Outcomes	<p>All three counties have a higher rate of domestic violence than the current state average (468.6 per 100,000) and the SHIP target (445 per 100,000). The rates of ER visits related to mental health conditions across the three counties were all higher than the Maryland state average of 3442.6 ER visits per 100,000 and the SHIP target of 3152.6 per 100,000. The suicide rates for Anne Arundel and Wicomico Counties were higher than the SHIP target of 9 suicides per 100,000 but lower than the Healthy People 2010 goal of 10.2 per 100,000. These indicators demonstrate the ongoing need for behavioral health support services.</p>
Continuation of Initiative	<p>Over the past 18 months Adventist HealthCare Behavioral Health &amp; Wellness Services Eastern Shore has been faced with many barriers and obstacles. Both leadership and staffing have been inconsistent due to a near complete turnover of personnel. This lack of consistency among both staff and leadership has made it difficult to cultivate and expand community partnerships and to deliver the programs and education that had been originally intended. The majority of resources had been diverted toward ensuring patients were receiving the highest quality of</p>

	<p>care and support needed, both during and beyond their treatment.</p> <p>An interim Executive Director has recently been appointed who was previously the Associate Vice President for Mission Integration &amp; Spiritual Care for Adventist HealthCare and presided over Community Benefit as part of his role. The interim Executive Director has been working diligently to address employee turnover and to renew community partnerships and develop new ones. Executive leadership of each Adventist HealthCare Behavioral Health &amp; Wellness Services entity is currently working collaboratively with the new Eastern Shore staff to both update the Strategic Plan as well as develop a new targeted plan of action for community benefit activities in 2016 and beyond that aligns with the state’s initiatives for improvement in population health.</p>	
<p>A. Total Cost of Initiative for Current Calendar Year</p> <p>B. What amount is from Restricted Grants/ Direct offsetting revenue</p>	<p><b>A. Total Cost of Initiative</b></p> <p>Estimated cost of initiative: \$2,800.00</p>	<p><b>B. Direct offsetting revenue from Restricted Grants</b></p> <p>There are no grants or offsetting revenue for this initiative.</p>

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

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

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	<p>both the state and national rates.</p> <p><b>Cervical Cancer:</b> The incidence rate of Cervical Cancer in Wicomico County is higher than both the state and national rates. Nearly 88 percent of women in Wicomico County had a pap test in 2010.</p> <p><b>Skin Cancer:</b> Incidence rates of skin cancer in Wicomico and Dorchester Counties are higher than the Maryland and National rates. Incidence rates are higher among whites than other racial groups.</p> <p><b>Oral Cancer:</b> Wicomico and Dorchester Counties have similar incidence rates as the state of Maryland but much lower rates than the U.S. as a whole.</p> <p><b>Thyroid Cancer:</b> Wicomico has one of the lowest incidence rates of thyroid cancer in the state of Maryland.</p>		<p>The American Cancer Society works with Peninsula Regional Medical Center and Shore Regional Cancer Center to provide supportive services through the “Look Good, Feel Better” program for women going through breast cancer treatment.</p>	
<b>Heart Disease &amp; Stroke</b>	<b>Heart Disease:</b> In 2012, Wicomico County	Support other organizations that provide services related	The Guerrieri Heart & Vascular Institute at Peninsula	ABHW Eastern Shore does not provide direct services around

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

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>The American Heart Association serves residents in Wicomico and Dorchester counties by offering free screenings and educational materials.</p> <p>University of Maryland Shore Regional Health offers outpatient cardiovascular diagnostic and treatment services at Dorchester General Hospital, Memorial Hospital, and Shore Medical Office Pavilion. Inpatient services can be found at Memorial Hospital's accredited Primary Stroke Center.</p> <p>University of Maryland Shore Regional Health offers educational health programs and presentations on stroke prevention to interested community groups and organizations.</p>	
<b>Diabetes</b>	<p>In Dorchester County, the prevalence of diabetes is 13.5 percent, which is much higher than the state's prevalence of 9.16 percent.</p> <p>In both Dorchester and</p>	<p>Support other organizations that provide services related to diabetes.</p> <p>Alert patients to other local community or government organizations and resources</p>	<p>The American Diabetes Association provides diabetes education in eight Eastern Shore counties.</p> <p>The University of Maryland</p>	<p>ABHW Eastern Shore does not provide direct services around diabetes as they fall outside the scope of the hospital as a behavioral health center.</p> <p>Services for those affected by</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	<p>Wicomico Counties, black residents visit the Emergency Room for diabetes approximately three times more frequently than white residents.</p>	<p>as appropriate.</p>	<p>Center for Diabetes and Endocrinology, located at Memorial Hospital, is the only diabetes specialty clinic on Maryland’s Eastern Shore.</p> <p>Peninsula Regional Medical Center offers a variety of programs and supportive services. In addition, the Center offers: a Diabetes Education Program, a 5 week Diabetes Self-Management Program which includes education in the areas of nutrition, foot care, blood glucose monitoring, and exercise. Free Diabetes support groups are also offered.</p> <p>Medical Nutrition Therapy gives diabetics the opportunity to develop a personalized self-management plan with a Registered Licensed Dietitian and may include instruction for blood glucose monitoring, insulin injections, and other injectable medications.</p> <p>The Tri-County Diabetes Alliance offers educational</p>	<p>diabetes are already provided by other local hospital, government and community entities in the ABH Eastern Shore service area.</p>



Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>presentations, counseling, and free screenings to diabetics and people who may be at risk for developing diabetes.</p> <p>The Lifestyle Balance Program is a 16-week educational program for diabetics that focuses on healthy eating, physical activity, and weight-loss.</p>	
<b>Obesity</b>	<p>In Wicomico County, 71.9 percent of adult residents are overweight or obese. The percentage of obese youth ages 12 to 19 in Dorchester County is 56.13 percent higher and in Wicomico County is 28.41 percent higher than the percentage statewide. Both counties also have a level of physical inactivity much greater than the state of Maryland baseline.</p>	<p>Support other organizations that provide services related to obesity. Alert patients to other local community or government organizations and resources as appropriate.</p>	<p>Several organizations are providing guidance on improving nutrition including but not limited to: The Chronic Disease Prevention Program in Wicomico educating on the importance of eating well and being active; WIC providing nutritional education; Shore Health System provides nutrition counseling include weight control; and the Peninsula Regional Medical Center works with the Delmarva Bariatric and Fitness Center to provide free seminars and weight management and support groups.</p> <p>Additionally, approximately</p>	<p>ABHW Eastern Shore does not provide direct services around obesity as they fall outside the scope of the hospital as a behavioral health center. Services for those who are overweight or obese are already provided by other local hospital, government and community entities in the ABHW Eastern Shore service area.</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>six support groups in Wicomico County specifically focus on addressing weight and touching on core issues such as food addiction, self-esteem, and lifestyle.</p>	
<b>Asthma</b>	<p>In Dorchester County, rates of emergency department visits for asthma were 1.5 times higher than the rate of visits for the state of Maryland overall. Black residents in both Wicomico and Dorchester Counties had significantly higher rates of asthma related emergency department visits than white residents.</p>	<p>Support other organizations that provide services related to asthma. Alert patients to other local community or government organizations and resources as appropriate.</p>	<p>The Asthma and Allergy Foundation provides educational materials, parental training, and support groups to families of children with asthma.</p> <p>Peninsula Regional Medical Center provides educational programs such as the Better Breathers Club, a free support group for adults with asthma and other respiratory problems, and the American Lung Association’s Open Airways Program.</p> <p>Peninsula Regional also sponsors community activities for children with asthma including Camp Huff &amp; Puff and an overnight stay at the Salisbury Zoo for children with asthma.</p>	<p>ABHW Eastern Shore does not currently directly address asthma because it is not a specialty area of the hospital. Sufficient resources and expertise are not available to meet these needs. Additional resources are available in the community.</p>
<b>Influenza</b>	<p>In Wicomico County, approximately 47.5 percent of</p>	<p>Support other organizations that provide services related</p>	<p>Various local entities provide influenza vaccinations to the</p>	<p>ABHW Eastern Shore does not provide influenza services as</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	<p>adults aged 65 and older received an influenza vaccine which was significantly lower than the national target of 90 percent.</p> <p>There were approximately 12 deaths from influenza from 2009-2011 in Wicomico County and 6 influenza related deaths in Dorchester County in 2009.</p>	<p>to influenza.</p> <p>Alert patients to other local community or government organizations and resources as appropriate.</p>	<p>community including the Community Health Services Division of the Wicomico Health Department, Peninsula Regional Medical Center through their annual “Drive-Thru Flu Clinic,” as well as local healthcare providers, physicians, and pharmacies.</p>	<p>they fall outside the scope of the hospital as a Behavioral Health center. Influenza services are already available through multiple providers in the ABH Eastern Shore service area.</p>
<b>HIV/AIDS</b>	<p>HIV/AIDS is more prevalent in Dorchester County than Wicomico County, however both counties experience far lower prevalence rates compared to the state of Maryland overall.</p> <p>The HIV prevalence rate for black residents of Dorchester County is approximately 10 times higher than for white residents. In Wicomico County the prevalence among black residents is 6 times that of white residents.</p>	<p>Support other organizations that provide services related to HIV/AIDS.</p> <p>Alert patients to other local community or government organizations and resources as appropriate.</p>	<p>Wicomico County: The Wicomico County Health Department offers free, confidential and anonymous counseling and testing, partner notification, prevention education, and case management services.</p> <p>The HIV Seropositive Clinic provides care and assistance to uninsured residents 16 and older with HIV.</p> <p>The Ryan White C.A.R.E. act provides financial assistance to eligible residents who need help acquiring medications, specialty medical care, food and transportation.</p> <p>The Eastern Region HIV Care Consortium provides</p>	<p>ABHW Eastern Shore does not provide direct services around HIV/AIDS as they fall outside the scope of the hospital as a behavioral health center. Services around HIV/AIDS are already provided by other local hospital, government and community entities in the ABH Eastern Shore service area.</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>outpatient and support services for people that have been diagnosed with HIV.</p> <p>Housing Opportunities for Persons with AIDS provides financial assistance to cover the cost of rent and utilities for eligible persons with HIV and their families.</p> <p>Dorchester County: The Dorchester County Health Department offers a variety of services including confidential testing, case management, referrals, and support around insurance, transportation and housing.</p> <p>Two additional resources include the Pharaoh Program and Prevention with Positives program which help to empower individuals with HIV and provide transmission risk-reduction.</p>	
<p><b>Population Health</b></p> <ul style="list-style-type: none"> <li>Maternal and Infant Health</li> <li>Senior Health</li> </ul>	<p><b>Maternal and Infant Health:</b> White expectant mothers in Wicomico County were more likely to receive early prenatal care than black and Hispanic expectant mothers. In both Wicomico and Dorchester</p>	<p>Support other organizations that provide services related to population health. Alert patients to other local community or government organizations and resources as appropriate.</p>	<p><b>Maternal and Infant Health:</b> Peninsula Regional Medical Center offers education/wellness classes and women’s health services.  Special Treasures Are</p>	<p>ABHW Eastern Shore does not directly provide maternal and infant services or senior health services as they fall outside the scope of the hospital as a behavioral health center. Several</p>

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	<p>Counties, infant mortality rates have been on the decline, however, they are still higher than Maryland’s overall infant mortality rate.</p> <p><b>Senior Health:</b> The percent of Maryland residents over the age of 60 is expected to increase from 15 percent to 25 percent by 2030. In Wicomico County, 9.1 percent of seniors live below the poverty level, with higher percentages among minority and female seniors.</p>		<p>Remembered (STAR) is a program at Peninsula Regional Medical Center to support and assist women who have suffered the loss of an infant during or after pregnancy.</p> <p>Wicomico County Health Department’s Family Planning Program provides gynecological examinations, contraception, and vasectomy counseling. Free services include pregnancy testing, contraceptive counseling, and condoms.</p> <p>The Babies Born Healthy Program provides free services through the WIC program including multivitamins, pregnancy testing, and nurse assessment on contraception and family planning. May need to meet eligibility requirements.</p> <p>The Dorchester County Health Department offers services such as family planning, counseling, pregnancy testing, gynecological care, home visitations, case</p>	<p>resources for maternal, infant and senior health are available through community and government organizations in the ABH Eastern Shore service area.</p>

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

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>Meals-on-Wheels assists seniors who cannot cook or do not have transportation by delivering meals to their homes.</p> <p>Housing services offers comprehensive care at senior centers with preventive healthcare services, nutrition services, fitness programs, employment counseling, etc. Additionally, the Senior Assisted Group Home Subsidy Program provides low-to-moderate income senior citizens with access to assisted living in small group homes. Services include meals, personal care, and 24-hour supervision.</p> <p>The Richard A. Henson Wellness Center provides programs specifically for the elderly such as fitness classes, wellness and health education classes, health screenings, and Alzheimer’s support.</p>	
<b>Social Determinants of Health</b>	<b>Food Access:</b> In 2010, 28.5 percent of the population in Wicomico County had low	Partner with and support other organizations in the community that specialize in	<b>Food Access:</b> Food stamps are available through the county Departments of Human	ABHW Eastern Shore does not directly address many of the social determinants of health

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



Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
	<p>Wicomico County in 2012 was 32.9 per 100,000 compared to 40.5 per 100,000 in Maryland as a whole. The numbers in Dorchester were too small to compare to the state baseline with only a total of 11 pedestrian injuries for the year.</p>		<p>assistance from the Salvation Army, the Community Action Agency, and “Shore Up” which help the low income, working poor, and elderly with financial assistance and foreclosure counseling.</p> <p>The Maryland Energy Assistance Program (MEAP) assists with heating and electric bills. Delmarva Community Services, Inc. provides help for rent, mortgage payments, and energy bills</p> <p>“Project Home” manages the Certified Adult Residential Environment (CARE) housing programs and provides supportive housing and case management to disabled adults, including persons with AIDS.</p> <p>The Rental Allowance Program (RAP) provides grants to give flat rent subsidies to low-income families that are either homeless or have an emergency housing need. The goal of this program is to</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>enable households to move from homelessness to self-sufficiency.</p> <p><b>Education:</b> The Maryland One Stop Career Centers in Dorchester County and Wicomico County offers Adult Education and Literacy services and administers the statewide GED testing program. They also provide English as a Second Language (ESL) training in various locations in the area.</p> <p>The Wicomico County Library also offers a Testing and Education Center providing a Language Lab Center, which has computers for adult ESL students to learn computer skills.</p> <p>The Dorchester County Public School system works in partnership with the community to provide tutors, decrease the suspension rate, and expand mental health services for students. They also reach out to homeless students. Wicomico County Board of Education also</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>provides outreach to homeless children.</p> <p>“Pre-school For All” is a Pre-kindergarten Classroom to provide early learning opportunities to the community.</p> <p>Dorchester County’s “First Steps” program is a multi-disciplinary, early intervention program for children ages 3 to 6 and their families and provides tutoring, counseling, and parent education.</p> <p>The School Community/Multi-Service Centers of Dorchester County are designed to help children be successful through tutoring, computer-assisted instruction, and school recreational activities.</p> <p><b>Transportation:</b> Delmarva Community Transit (DCT) provides a variety of transportation services for the community, including fixed route shuttle services in the Cambridge area, flexible routes linking Dorchester</p>	

Areas of Need not Directly Addressed by Adventist HealthCare Behavioral Health & Wellness Services – Eastern Shore				
Focus Area	CHNA Findings*	Goal	Resources	Rationale
			<p>County to other areas of the Eastern Shore, and specialized service for senior citizens and persons with disabilities.</p> <p>Delmarva Community Services, Inc. (D.DU.S.T.) provides Para-transit services for seniors and those with disabilities as well as the general public.</p> <p>Medical Assistance Transportation for Wicomico County provides complementary non-emergency transportation to qualified</p> <p>Medical Assistance Recipients.</p> <p>Shore Ride provides transportation services for customers who reside in rural areas (3/4 mile beyond a fixed route bus stop/transfer point) in Somerset, Wicomico and Worcester Counties for a fare of \$5.00 per ride. They also provide services for the elderly and disabled customers as well as Paratransit services.</p>	

**3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health?** (see links below for more information on the State's various initiatives)

The State's initiatives for improvement in population health include efforts to integrate medical care with community-based resources, a framework and measures (with targets) in distinct focus areas to continue to promote optimal health for all Maryland residents, promoting programs that enhance patient care and population health, and efforts to expand access to health care in underserved communities. Also, in the context of the State's unique all-payer rate setting model, hospitals are tasked with improving quality, including decreasing 30-day readmissions. Behavioral Health & Wellness Service's (Eastern Shore) community benefit operations/activities are aligned with many of these initiatives. In order to enhance patient care and population health, all parents/guardians are given several resources upon discharge of their adolescents to promote a successful transition back into the community. These resources include information for additional support and care, follow-up services, and warning signs that additional follow-up or care may be necessary.

## VI. PHYSICIANS

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

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

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

The psychiatrist shortages are magnified even more for our facility in Cambridge, MD because of the difficulty of recruiting child/adolescent psychiatrists to a very rural area. We are continually working with multiple physician recruitment companies as well as providing internal recruiting efforts but it is still only leading to 1-2 candidates per year. We are the only facility that treats the specific child/adolescent population for the service lines of acute inpatient and RTC out on the Eastern Shore.

**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.**

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<sup>5</sup> Maryland Hospital Association & MedChi the Maryland State Medical Society. 2008. Maryland Physician Workforce Study.

In accordance with Adventist Healthcare’s mission of demonstrating God’s care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing, Adventist Behavioral Health & Wellness Services – Eastern Shore provided the following physician services, by category, as a community benefit in 2014:

**Non-Resident House Staff & Hospitalists**

- Child & Adolescent Care Services (Inpatient)
- Adolescent Residential Treatment
- Adolescent Partial Hospitalization Treatment
- Outpatient Services

**Physician Recruitment to Meet Community Need**

- Child & Adolescent Care Services (Inpatient)
- Adolescent Residential Treatment
- Adolescent Partial Hospitalization Treatment
- Outpatient Services

Each of our programs requires physicians in order for treatment to be successful; psychiatrist, nurse practitioners and internal medicine physicians make up the foundation of our behavioral health facility. Due to the difficulty of recruiting physicians for our particular patient population, we sometimes have to pay outside of market rates in order to get quality physicians to meet our patient needs.

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

Physician Category	Amount
Non-Resident House Staff & Hospitalist	\$486,698.96
Recruitment of Physicians To Meet Community Need	\$239,333.64
<b>Total</b>	<b>\$726,032.60</b>

**VII. APPENDICES**

**To Be Attached as 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)**

For **example**, state whether the hospital:

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
  - in a culturally sensitive manner,
  - at a reading comprehension level appropriate to the CBSA’s population, and
  - in non-English languages that are prevalent in the CBSA.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;

- *includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or*
  - *discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.*
- b. *Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).*
- c. *Include a copy of your hospital's FAP (label appendix III).*
- d. *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). Link to instructions:*  
[http://www.hsrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD\\_HospPatientInfo/PatientInfoSheetGuidelines.doc](http://www.hsrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc) *(label appendix IV).*
- 2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).**

# Appendix I

## Financial Assistance Policy Description

Adventist HealthCare Behavioral Health & Wellness Services Eastern Shore informs patients and persons of their eligibility for financial assistance according to the National CLAS standards and provides this information in both English and Spanish at several intervals and locations. The Hospital's Notice of Financial Assistance and Charity Care Policy is clearly posted in the 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 patient access representative will visit their room to discuss possible payment arrangements. If the patient access representative determines if the patient qualifies for Medicaid, an outside contractor experienced in qualifying patients for Medicaid will speak to the patient to determine if the patient qualifies for Medicaid or some other governmental program.

As self-pay and other accounts are researched by representatives from the billing department after no payments or only partial payments have been received, the billing department will explain to the patients that financial 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 financial assistance application will be sent to them.



## Appendix II

### **Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014.**

Adventist HealthCare Behavioral Health & Wellness Services Eastern Shore is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. All patients, regardless of race, creed, sex, age, national origin or financial status, may apply for financial assistance at Adventist HealthCare Behavioral Health & Wellness Services Eastern Shore. Each application for Financial Assistance (charity care) will be reviewed based upon an assessment of the patient's and/or family's need, income and financial resources.

It is part of Adventist HealthCare Behavioral Health & Wellness Services Eastern Shore's mission to provide necessary medical care to those who are unable to pay for that care. This policy requires patients to cooperate with and avail themselves of all available programs (including Medicaid, workers compensation and other state and local programs) that might provide coverage for medical services.

The only change made to the financial assistance policy was the annual update to the Income Poverty Guidelines established by the Community Services Administration. It was not necessary to make any additional changes to the policy as the hospital considers Financial Assistance to any patient responsibility amount as long as the patient has followed our requirements.

## Appendix III

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

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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

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#### **DECISION RULES:**

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

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**Corporate Policy Manual**  
**Financial Assistance – Decision Rules/Application**  
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- 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.

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**ADVENTIST HEALTHCARE**  
**NOTICE OF AVAILABILITY 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 five time these amounts, you may qualify for Charity Care.

<u>Size of Family Unit</u>	<u>Guideline</u>
1	\$11,670
2	\$15,730
3	\$19,790
4	\$23,850
5	\$27,910
6	\$31,970
7	\$36,030
8	\$40,909

**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. A written determination of your eligibility will be made two business days of the receipt of your completed application.

Revised 3/2015

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820 West Diamond Avenue, Suite 600  
 Gaithersburg, MD 20878  
[www.AdventistHealthCare.com](http://www.AdventistHealthCare.com)

- 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.

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**CHARITY CARE APPLICATION- LIVING EXPENSES**

**EXPENSES :**

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

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

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

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

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

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

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

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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 SUPERVISOR**  
**UP TO \$5,000.00**

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

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

Revised 3/2015

**2015 POVERTY GUIDELINES**

**ADVENTIST HEALTH CARE, INC.**  
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<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
\1	100%	\$11,670	100%	0%
2	100%	\$15,730	100%	0%
3	100%	\$19,790	100%	0%
4	100%	\$23,850	100%	0%
5	100%	\$27,910	100%	0%
6	100%	\$31,970	100%	0%
7	100%	\$36,030	100%	0%
8	100%	\$40,090	100%	0%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	125%	\$14,588	100%	0%
2	125%	\$19,663	100%	0%
3	125%	\$24,738	100%	0%
4	125%	\$29,813	100%	0%
5	125%	\$34,888	100%	0%
6	125%	\$39,963	100%	0%
7	125%	\$45,038	100%	0%
8	125%	\$50,113	100%	0%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	150%	\$17,505	100%	0%
2	150%	\$23,595	100%	0%
3	150%	\$29,685	100%	0%
4	150%	\$35,775	100%	0%
5	150%	\$41,865	100%	0%
6	150%	\$47,955	100%	0%
7	150%	\$54,045	100%	0%
8	150%	\$60,135	100%	0%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>



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

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1	175%	\$20,423	100%	0%
2	175%	\$27,528	100%	0%
3	175%	\$34,633	100%	0%
4	175%	\$41,738	100%	0%
5	175%	\$48,843	100%	0%
6	175%	\$55,948	100%	0%
7	175%	\$63,053	100%	0%
8	175%	\$70,158	100%	0%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	200%	\$23,340	100%	0%
2	200%	\$31,460	100%	0%
3	200%	\$39,580	100%	0%
4	200%	\$47,700	100%	0%
5	200%	\$55,820	100%	0%
6	200%	\$63,940	100%	0%
7	200%	\$72,060	100%	0%
8	200%	\$80,180	100%	0%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	225%	\$26,258	90%	10%
2	225%	\$35,393	90%	10%
3	225%	\$44,528	90%	10%
4	225%	\$53,663	90%	10%
5	225%	\$62,798	90%	10%
6	225%	\$71,933	90%	10%
7	225%	\$81,068	90%	10%
8	225%	\$90,203	90%	10%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	250%	\$29,175	80%	20%
2	250%	\$39,325	80%	20%
3	250%	\$49,475	80%	20%

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4	250%	\$59,625	80%	20%
5	250%	\$69,775	80%	20%
6	250%	\$79,925	80%	20%
7	250%	\$90,075	80%	20%
8	250%	\$100,225	80%	20%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	275%	\$32,093	70%	30%
2	275%	\$43,258	70%	30%
3	275%	\$54,423	70%	30%
4	275%	\$65,588	70%	30%
5	275%	\$76,753	70%	30%
6	275%	\$87,918	70%	30%
7	275%	\$99,083	70%	30%
8	275%	\$110,248	70%	30%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	300%	\$35,010	60%	40%
2	300%	\$47,190	60%	40%
3	300%	\$59,370	60%	40%
4	300%	\$71,550	60%	40%
5	300%	\$83,730	60%	40%
6	300%	\$95,910	60%	40%
7	300%	\$108,090	60%	40%
8	300%	\$120,270	60%	40%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	350%	\$40,845	50%	50%
2	350%	\$55,055	50%	50%
3	350%	\$69,265	50%	50%
4	350%	\$83,475	50%	50%
5	350%	\$97,685	50%	50%
6	350%	\$111,895	50%	50%

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7	350%	\$126,105	50%	50%
8	350%	\$140,315	50%	50%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	400%	\$46,680	40%	60%
2	400%	\$62,920	40%	60%
3	400%	\$79,160	40%	60%
4	400%	\$95,400	40%	60%
5	400%	\$111,640	40%	60%
6	400%	\$127,880	40%	60%
7	400%	\$144,120	40%	60%
8	400%	\$160,360	40%	60%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	450%	\$52,515	30%	70%
2	450%	\$70,785	30%	70%
3	450%	\$89,055	30%	70%
4	450%	\$107,325	30%	70%
5	450%	\$125,595	30%	70%
6	450%	\$143,865	30%	70%
7	450%	\$162,135	30%	70%
8	450%	\$180,405	30%	70%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	500%	\$58,350	20%	80%
2	500%	\$78,650	20%	80%
3	500%	\$98,950	20%	80%
4	500%	\$119,250	20%	80%
5	500%	\$139,550	20%	80%
6	500%	\$159,850	20%	80%
7	500%	\$180,150	20%	80%
8	500%	\$200,450	20%	80%

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<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	550%	\$80,231	10%	90%
2	550%	\$108,144	10%	90%
3	550%	\$136,056	10%	90%
4	550%	\$163,969	10%	90%
5	550%	\$191,881	10%	90%
6	550%	\$219,794	10%	90%
7	550%	\$247,706	10%	90%
8	550%	\$275,619	10%	90%
<b>FAMILY UNIT SIZE</b>	<b>INCOME GUIDELINE</b>	<b>ANNUAL INCOME</b>	<b>UNCOMPENSATED CARE AMOUNT</b>	<b>PATIENT RESPONSIBILITY AMOUNT</b>
1	600%	\$105,030	5%	95%
2	600%	\$141,570	5%	95%
3	600%	\$178,110	5%	95%
4	600%	\$214,650	5%	95%
5	600%	\$251,190	5%	95%
6	600%	\$287,730	5%	95%
7	600%	\$324,270	5%	95%
8	600%	\$360,810	5%	95%

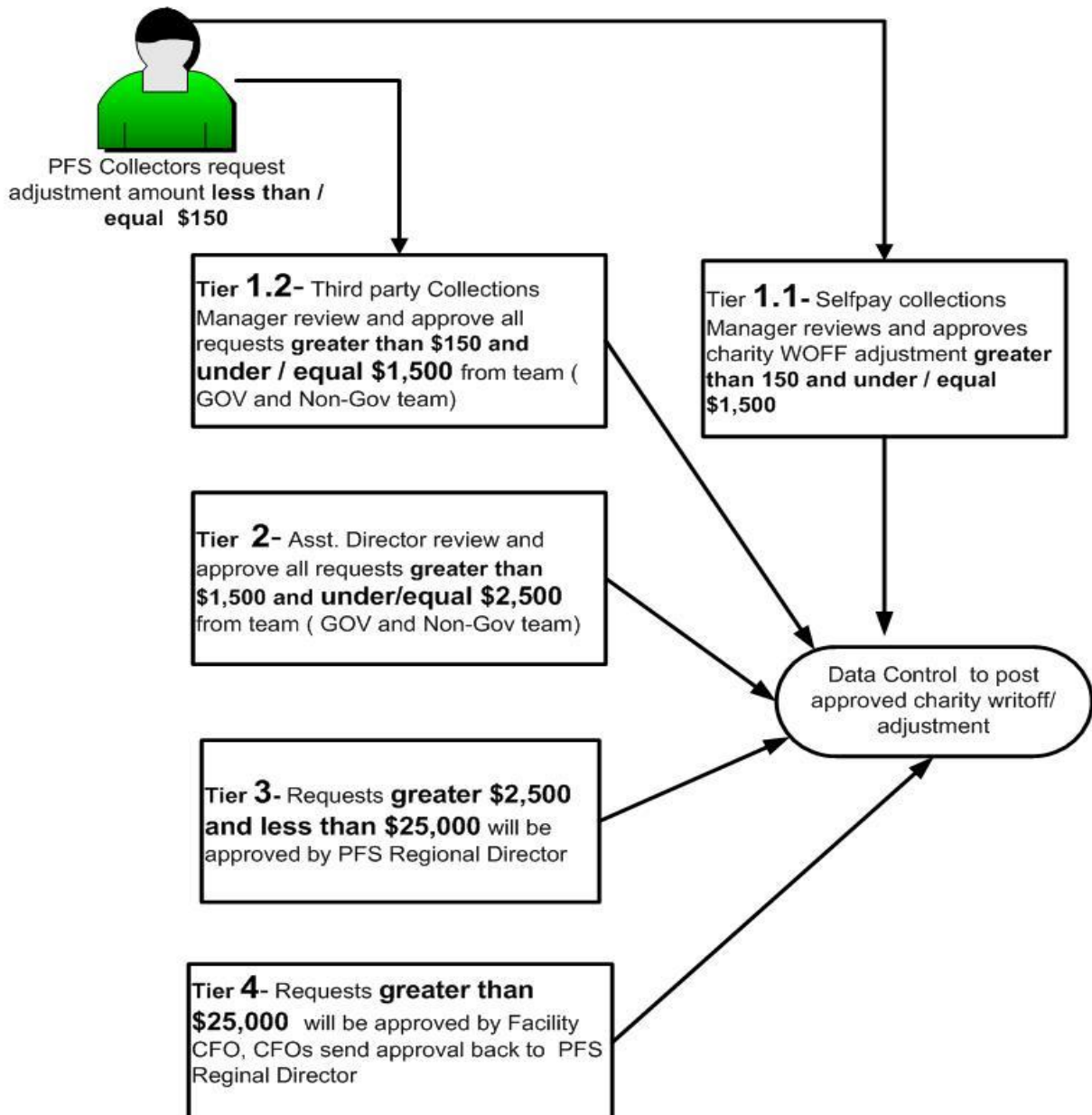
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PFS Current Manual Writeoff and Adjustment > \$100 Process  
 Tuesday, November 25, 2008

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



## Appendix IV

### Patient Information Sheet

## Maryland Hospital Patient Information

### Hospital Financial Assistance Policy

Adventist Healthcare Behavioral Health and Wellness Services 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, Behavioral Health and Wellness Services 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.

Behavioral Health and Wellness Services 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 make payment arrangements for your bill, please call (301) 315-3660 for assistance.

To inquire about assistance with your bill, please call the Billing Office at (301) 315-3660.

To inquire about Medical Assistance, please call (301) 251-4589 for assistance.

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

# Appendix V

## Hospital Mission, Vision, and Value Statements

### Mission

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

### Vision

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

### Values

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

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