Adventist HealthCare
Shady Grove Medical Center

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)*:
305	24,363	20874 20878 20850 20877 20886 20879 20876 20852	**Holy Cross Silver Spring** 20877, 20874, 20878 **Montgomery General** 20874 **Suburban** 20852, 20850, 20878, 20874 **Adventist HealthCare Physical Health & Rehabilitation** 20874, 20850, 20878, 20877, 20886, 20879, 20852 **Adventist HealthCare Behavioral Health & Wellness Services Rockville** 20874, 20850, 20878, 20877, 20886, 20876, 20879, 20852	**Montgomery County:** 7.4%	**Montgomery County:** 18.66%

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

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

Figure 1. Adventist HealthCare Shady Grove Medical Center's Discharges by County, 2014

Approximately 85 percent of discharges come from our Total Service Area, which is considered Adventist HealthCare Shady Grove Medical Center Adventist Hospital's Community Benefit Service Area "CBSA" (see Figure 2). Within that area, 60 percent of discharges are from the Primary Service Area including the following ZIP codes/cities:

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

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

Potomac (20854); Clarksburg (20871); Silver Spring (20906, 20902); Derwood (20855); Damascus (20872); Rockville (20853, 20851); Gaithersburg (20882); Boyds (20841); Poolesville (20837); Olney (20832); Bethesda (20817, 20814).

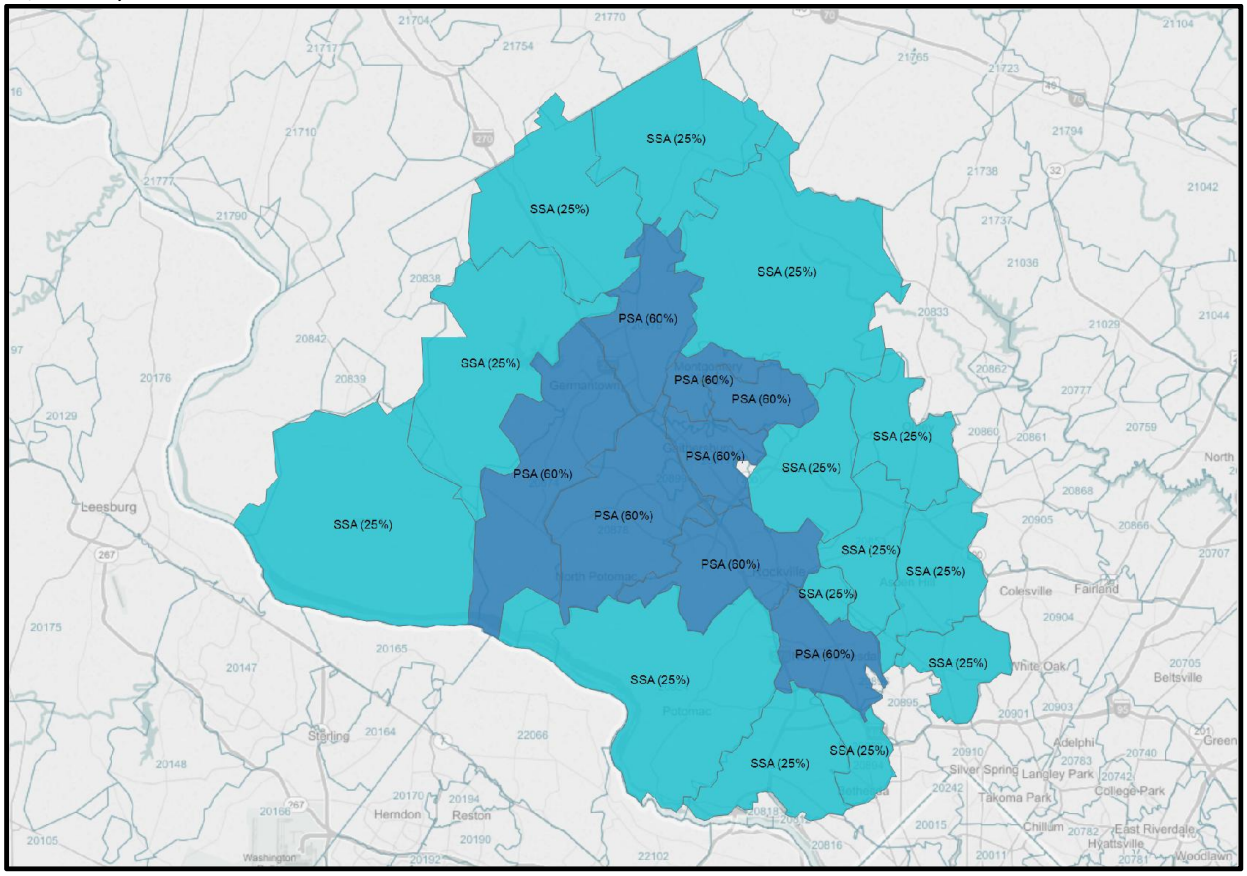


Figure 2. Map of Adventist HealthCare Shady Grove Medical Center's Primary (navy) and Secondary (teal) Service Areas, based on 2014 Inpatient Discharges

Our Community Benefit Service Area (CBSA), covering approximately 85 percent of discharges, includes 729,906 people (see Figure 3).

	2014 Estimates							
	White	**Black/AF American**	**American Indian / Alaska Native**	**Asian**	**Native HI/PI**	**Other Race**	**2+ Races**	**Hispanic/ Latino**
Community Benefit Service Area (CBSA)	411,404	108,066	3,133	119,071	490	56,407	31,335	141,769
	56.36%	14.81%	0.43%	16.31%	0.07%	7.73%	4.29%	19.42%
Primary Service Area (PSA)	177,021	59,856	1,477	66,446	222	26,409	16,007	68,779
	50.95%	17.23%	0.43%	19.12%	0.06%	7.60%	4.61%	19.80%
Secondary Service Area (SSA)	234,383	48,210	1,656	52,625	268	29,998	15,328	72,990
	61.28%	12.60%	0.43%	13.76%	0.07%	7.84%	4.01%	19.08%

Figure 3. Population Estimates (2014) by Race/Ethnicity for Adventist HealthCare Shady Grove Medical Center's Community Benefit Service Area (85% of discharges), Primary Service Area (60% of discharges) and Secondary Service Area (25% of discharges)

Population demographics are rapidly changing in the state of Maryland, particularly among residents living in Montgomery County. We serve one of the most diverse communities in the United States, constantly undergoing the economic, social and demographic shifts that result from an ever-changing, ever-growing population. Over the past decade, Montgomery County has become both the most populous jurisdiction in Maryland, the second largest jurisdiction in the Washington, D.C. metropolitan area, and the 42nd most populous county in the nation, with the residents totaling greater than one million (U.S. Census Bureau, 2014 Population Estimate). Racial and ethnic diversity has concurrently increased with this drastic increase in population numbers. Non-Hispanic whites now comprise only 46 percent of the population of Montgomery County, a decrease of more than 20 percent over the last two decades. For the first time, minorities account for more than half of Montgomery County's population, making it a "majority-minority" county. The percentage of Hispanics or Latinos in Montgomery County (18.7 percent) is more than double the percentage of Hispanics or Latinos in the state of Maryland (9.3 percent) (U.S. Census Bureau, 2014 Population Estimates).

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

[1] "Literacy, ESL and Adult Education." *Literacy Council of Montgomery County.* http://www.literacycouncilmcmd.org/litadultedu.html
[2] "Foreign-Born Population of Montgomery County Region, 1950-2000-Census Years." *Montgomery Planning.* 2000. http://www.montgomeryplanning.org/research/data_library/population/po34.shtm

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

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

b) In Table II, describe 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).

Table II

Median Household Income within the CBSA
Median Household Income Montgomery County: $98,221 Source: U.S. Census Bureau, State and County Quick Facts, 2009-2013 Household income has a direct influence on a family's ability to pay for necessities, including health insurance and healthcare services. A wide body of research points to the fact that low-income individuals tend to experience worse health outcomes than wealthier individuals, clearly demonstrating that income disparities are tied to health disparities. Throughout the CBSA served by Adventist HealthCare Shady Grove Medical Center (Montgomery County), across racial and ethnic groups, non-Hispanic whites have the highest median household income, while blacks and Hispanics have the lowest (see Figure 4). However, when looking at the state of Maryland as a whole, Asians have the highest median income.

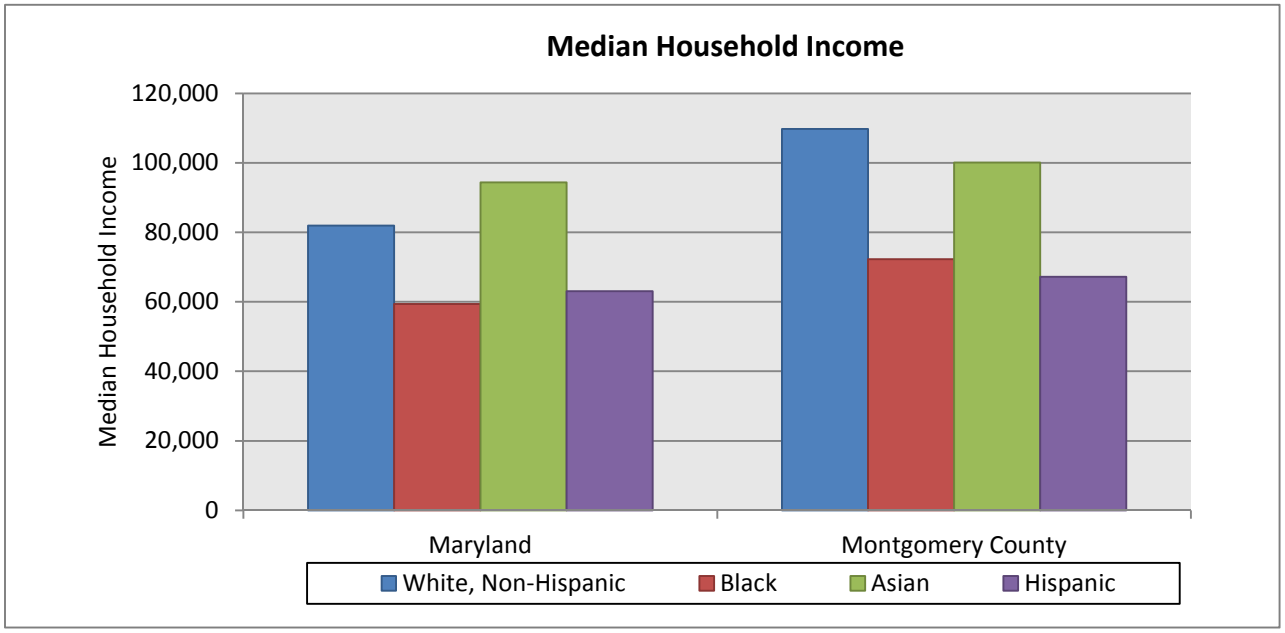


Figure 4. Median Household Income, Montgomery County, and Maryland by Race and Ethnicity 2014
(US Census Bureau, 2014 1-Year ACS Estimates)

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

From 2009-2013, Montgomery County experienced poverty levels lower than that of the state of Maryland overall. According to the U.S. Census Bureau, 7 percent of Montgomery County residents were living in poverty compared to 10.1 percent of Maryland residents.

Despite lower rates of poverty in Montgomery County compared to the state, racial disparities are still evident. Poverty levels among whites were the lowest at 3.80 percent and highest among Blacks at 11.5 percent and Hispanics at 10.5 percent (see Figure 5).

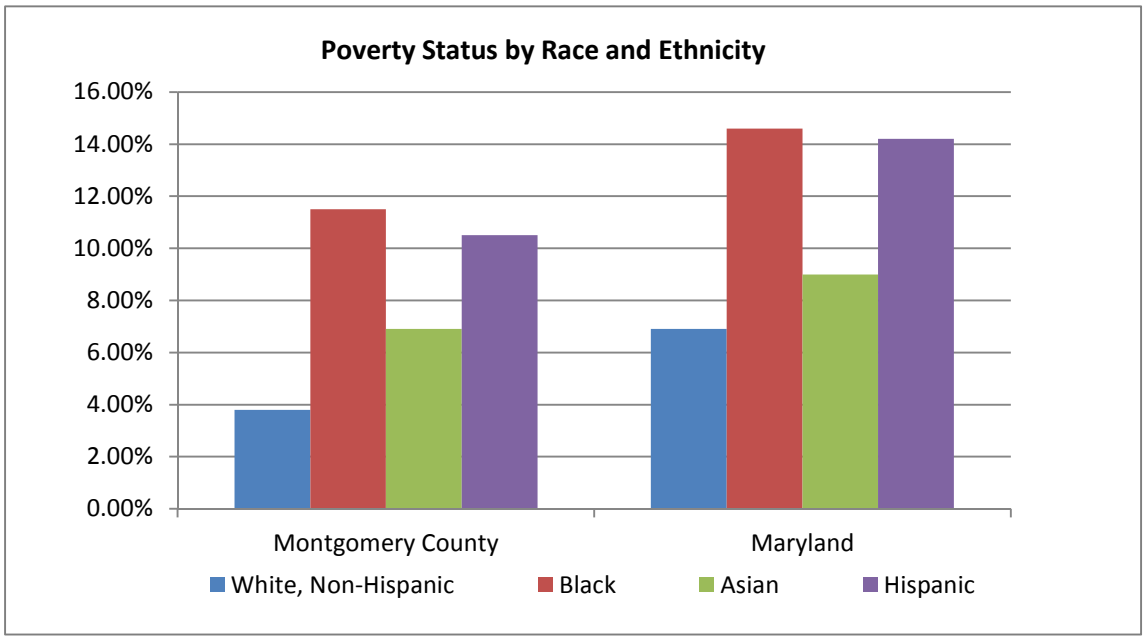


Figure 5. Poverty Status by Race and Ethnicity, Montgomery County, and Maryland 2014
(US Census Bureau, 2014 1-Year ACS Estimates)

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

Approximately 9.65 percent of all civilian non-institutionalized Montgomery County residents are uninsured (U.S. Census Bureau, ACS 1-Year Estimate, 2014). This number is compared to 7.87 percent of Maryland residents and 11.68 percent of U.S. residents (U.S. Census Bureau, ACS 1-Year Estimate, 2014).

Across Montgomery County and Maryland, Hispanics are uninsured at rates significantly higher than whites, blacks, and Asians. Twenty-five percent of Hispanics in Montgomery County and 26.6 percent in Maryland are uninsured (see Figure 6). Whites are least likely to be uninsured across Montgomery County and Maryland.

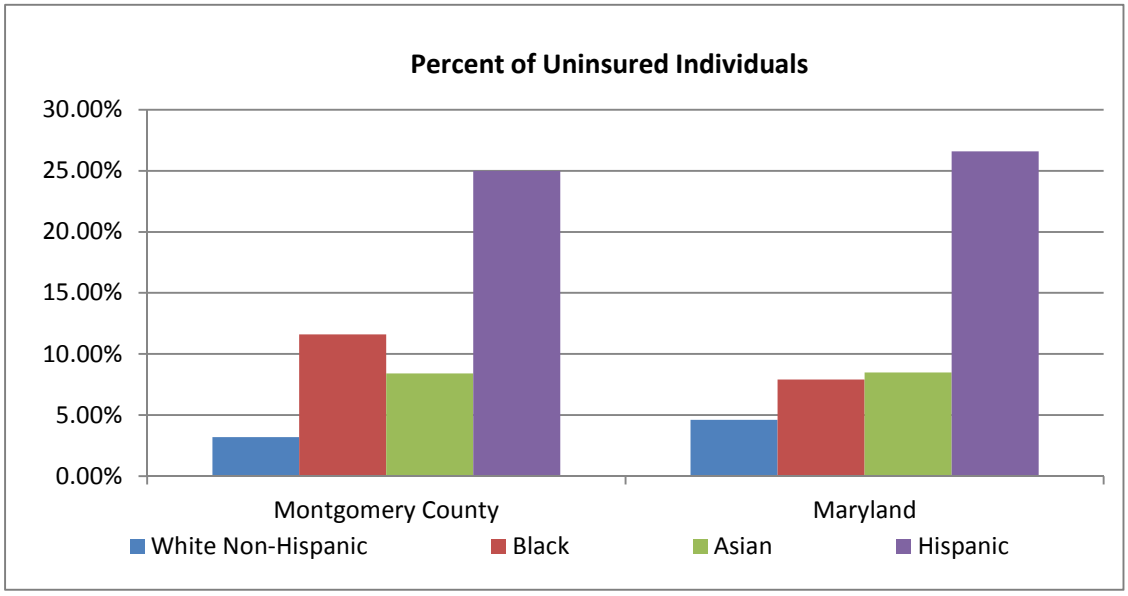


Figure 6. Percent Uninsured by Race and Ethnicity, Montgomery County, and Maryland, 2014 (US Census Bureau, 2014 1-Year ACS Estimates)

Percentage of Medicaid recipients by County within the CBSA.

Percentage of Medicaid Recipients by County within the CBSA

Montgomery County: 13.31% (136,035)

Source: U.S. Census Bureau, American Community Survey 1-Year Estimate, 2014

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

According to the 2013 Maryland State Health Improvement Process, the overall life expectancy for Montgomery County is 84.3 years, 4.7 years greater than that of Maryland (79.6) and 4.5 years greater than the Maryland 2017 target of 79.8 years (see Figure 7). However, when stratifying by race, a gap can be seen between black and white residents. The life expectancy for white residents of Montgomery County is 84.3 years and for black residents is 82.4 years (see Figure 7).

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
Montgomery	Increase life expectancy in Maryland	84.1	84.3	Black – 82.4 White – 84.3	79.6	Black – 77.2 White – 80.3	79.8

Figure 7. Life Expectancy at Birth in Montgomery County
(Maryland SHIP County Profile, 2013)

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

Crude Mortality Rates

The mortality rate in Montgomery County is 573.2 per 100,000 population. These rates are lower than the mortality rate for the state of Maryland overall, 766.5 per 100,000 population (see Figure 8). The highest mortality rates in Montgomery County and Maryland are seen among white residents and the lowest among Hispanic residents.

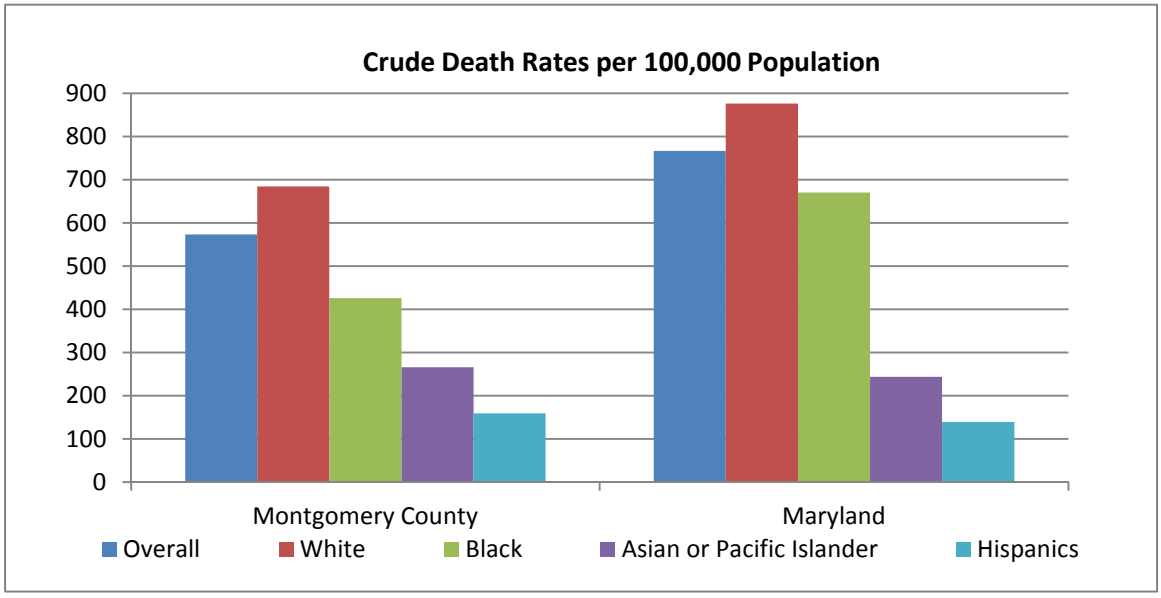


Figure 8. Crude Death Rate by Race and Ethnicity for Montgomery County and Maryland 2013
(Maryland Department of Health and Mental Hygiene, Maryland *Vital Statistics Annual Report, 2013.*
Accessed: http://dhmh.maryland.gov/vsa/Documents/13annual.pdf)

Infant Mortality

Although Montgomery County has met and surpassed the Maryland SHIP 2017 target for infant mortality, black residents continue to experience higher rates of infant mortality (9.9 per 1,000 live births) than other racial and ethnic groups (see Figure 9).

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
Montgomery	Reduce Infant Deaths	5.1	4.7	NH Black - 9.9 Hispanic - 2.6 NH White - 3.5	6.6	NH Black -10.6 Hispanic--4.7 NH White--4.6	6.3

Figure 9: Infant Mortality Rate (per 1,000 Live Births) by Race/Ethnicity, Montgomery County

Access to Healthy Food

Healthy Eating Behaviors

In Montgomery County, 33.3 percent of the adult population consumes five or more servings of fruits and vegetables daily. This proportion is higher than Maryland's average of 27.6 percent or the country's average of 24.33 percent (Figure 10).

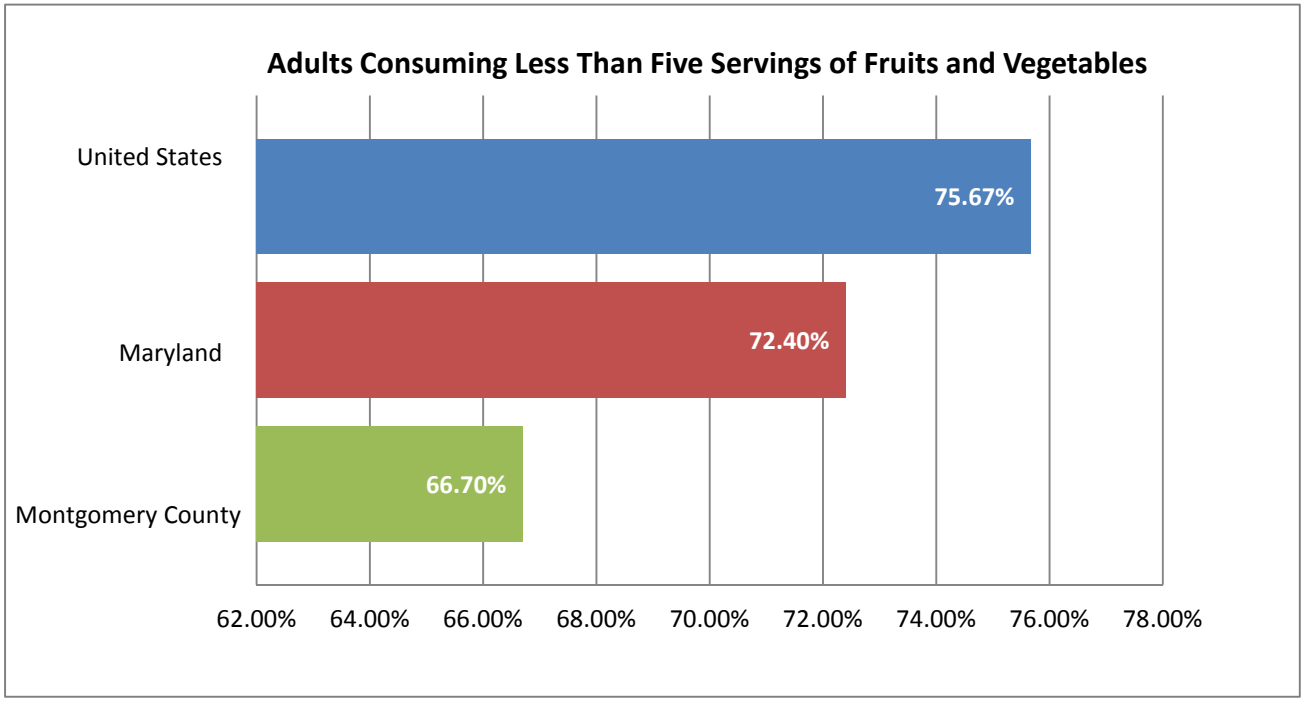


Figure 10. Adults Consuming Less Than 5 Servings of Fruits & Vegetables Each Day
(Community Commons. *Community Health Needs Assessment,* 2013.
http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

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

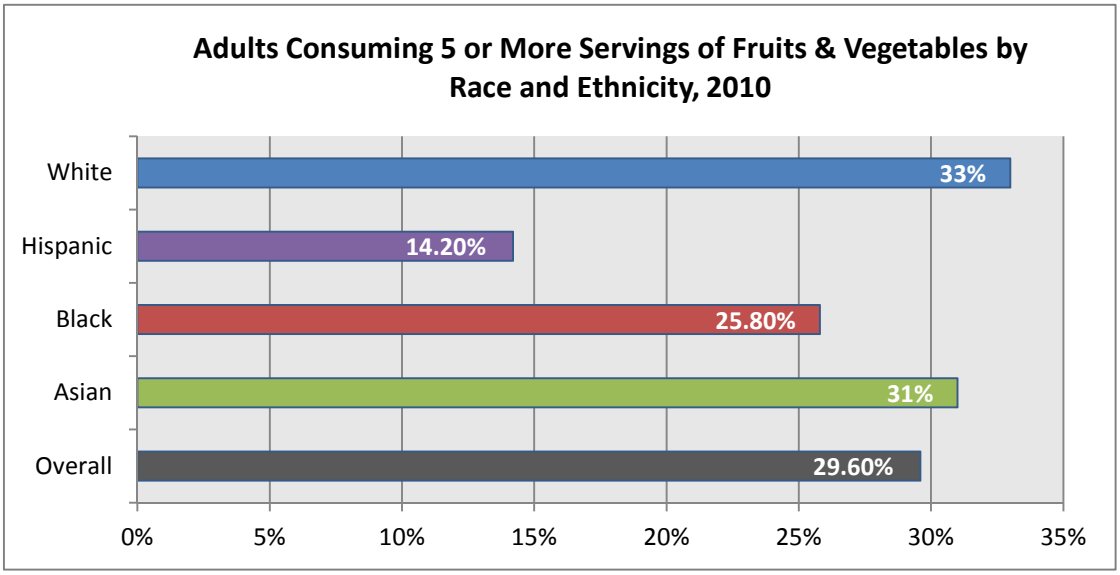


Figure 11. Fruit and Vegetable Consumption by Race and Ethnicity, Montgomery County, 2010 (http://www.healthymontgomery.org/)

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, 7.9 percent of the Montgomery County population experienced food insecurity, compared to 12.8 percent of the Maryland population and 15.8 percent of the country's population (see Figure 12).

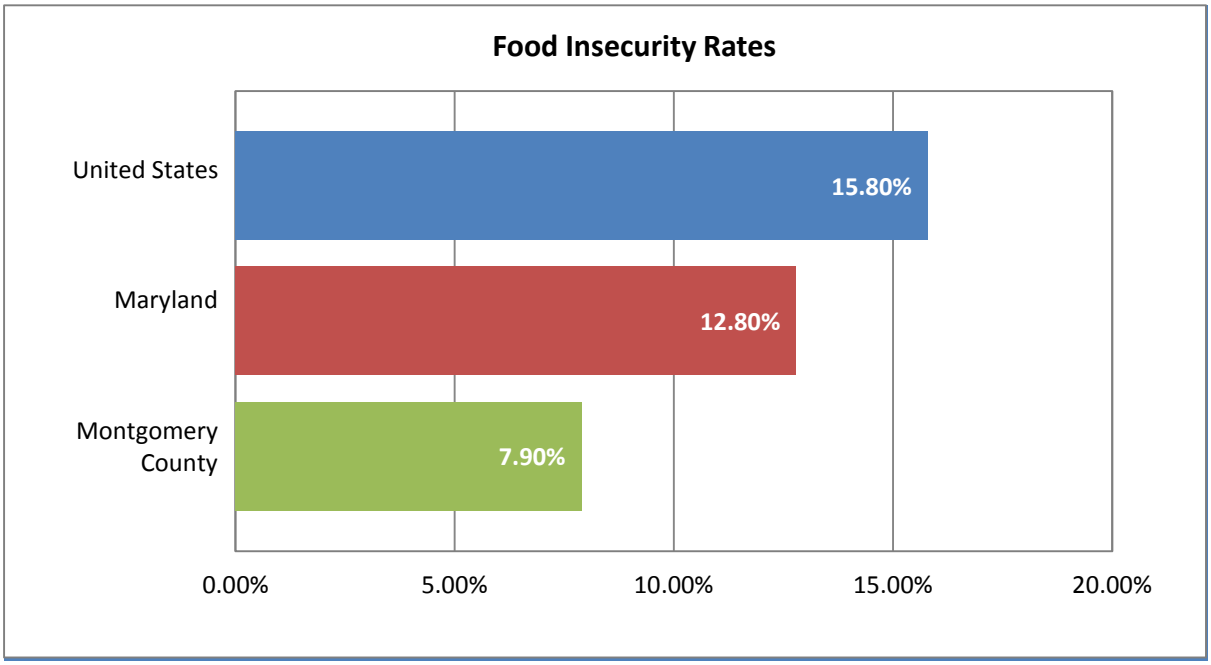


Figure 12. Percent of Food Insecure Population.
(Feeding America. *Map the Meal Gap,* 2013. Accessed: map.feedingamerica.org)

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. In Montgomery County there are 21.1 grocery stores per 100,000 population, a rate very similar to that of Maryland (21.5 per 100,000 population) and the U.S. (21.2 per 100,000) (Figure 13).

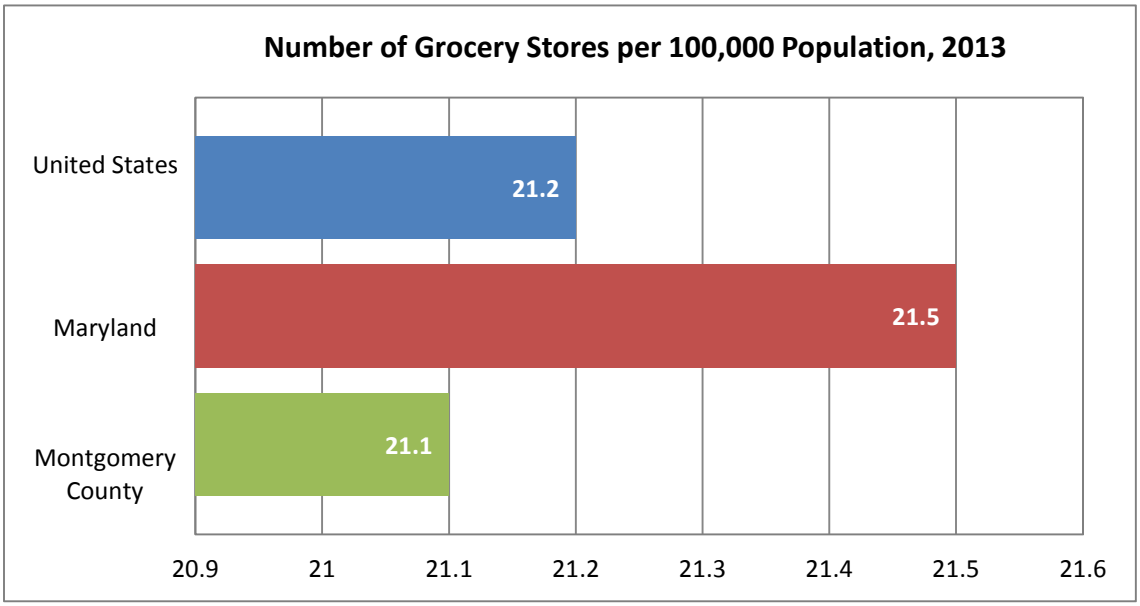


Figure 13. Number of Grocery Stores per 100,000 Population.
(Community Commons. *Community Health Needs Assessment,* 2013.
http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

Fast food restaurant access has been on the rise over the past several years at the local and national levels. From 2009 to 2013, the rate in Maryland has increased from 85.77 to 86.6 per 100,000 population.[3] Residents have access to fast food restaurants at a rate of 81.6 establishments per 100,000 population in Montgomery County, a rate higher than that of the country overall (72.7 per 100,000 population) but lower than that of Maryland (86.6 per 100,000 population) (see Figure 14).

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

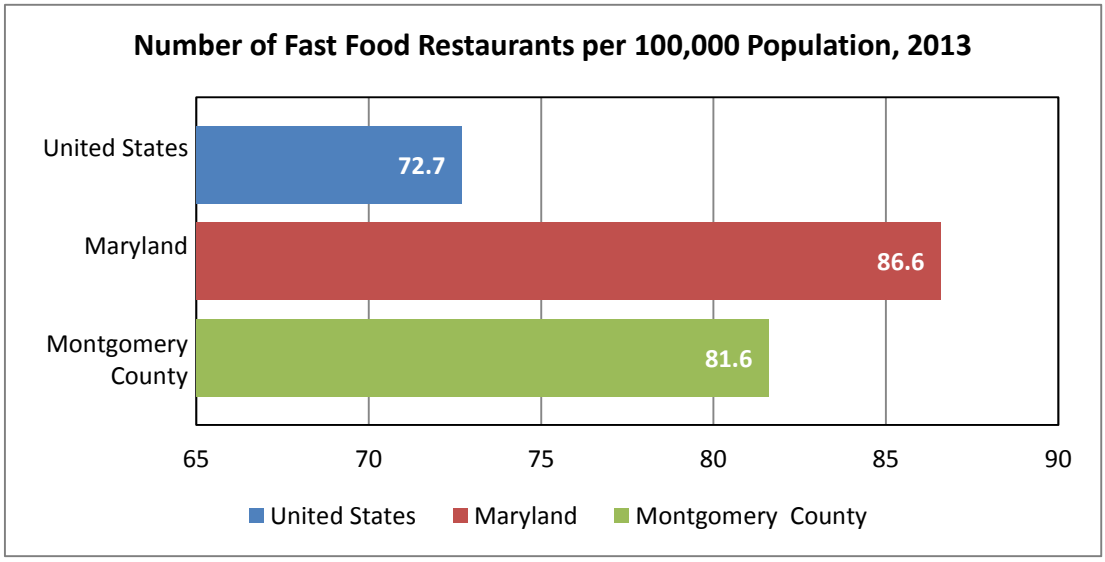


Figure 14. Number of Fast Food Restaurants per 100,000 Population.
(Community Commons. *Community Health Needs Assessment,* 2013.
http://assessment.communitycommons.org/CHNA/report?page=3&id=404)

Transportation

Commuting

The majority of Montgomery County (64.10 percent) residents drive to work alone or utilize public transportation (16 percent) (see Figure 15).

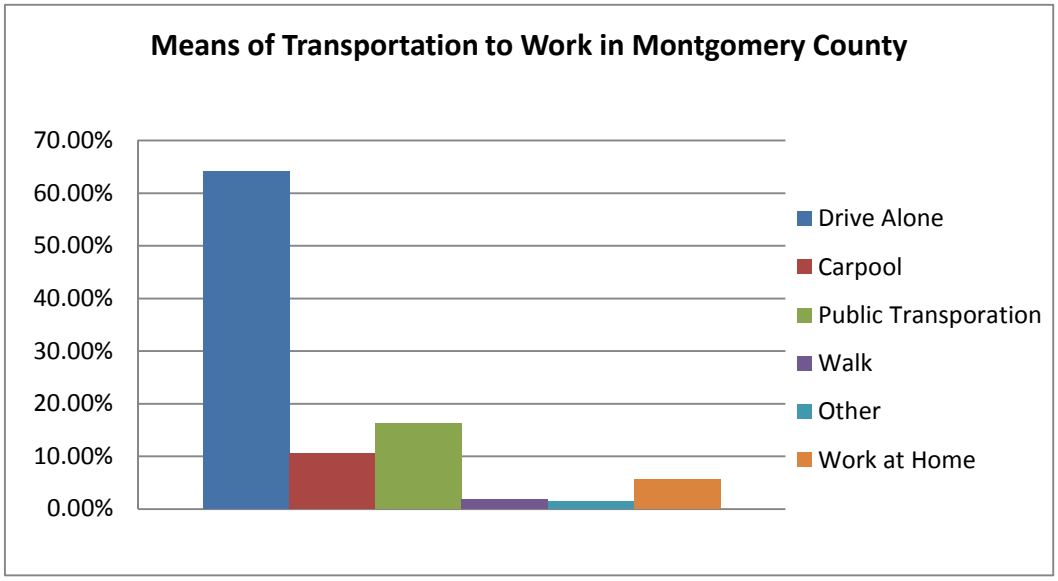


Figure 15. Means of Transportation to Work in Montgomery County.
(US Census Bureau, 2014 ACS 1-Year Estimates)

The mean travel time to work for Montgomery County is 34.2 minutes (Figure 16).

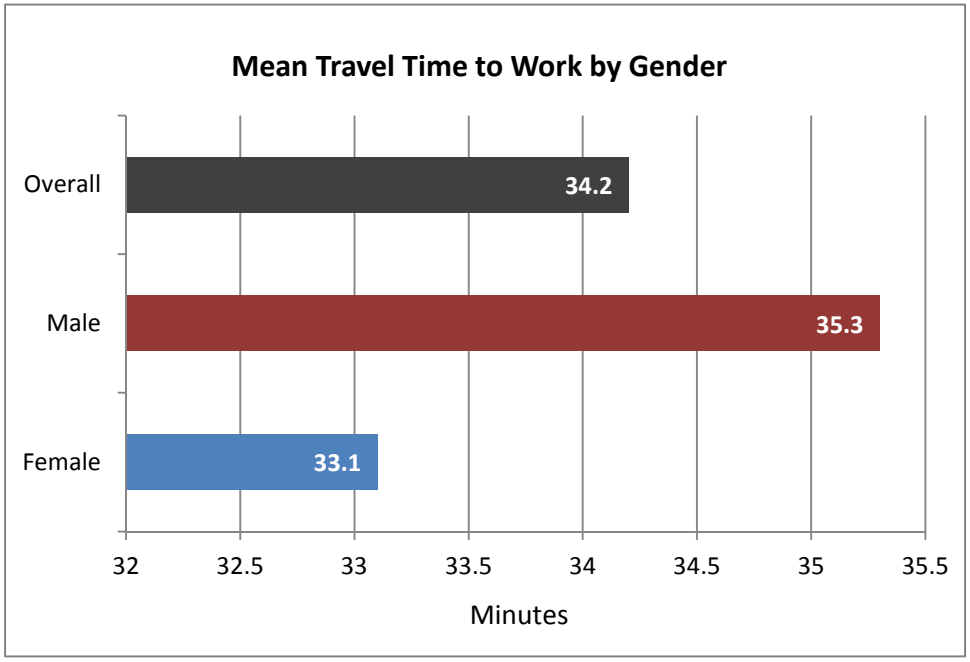


Figure 16. Mean Travel Time to Work by Gender for Montgomery County (Healthy Montgomery, 2009-2013)

Pedestrian Safety

The rate of pedestrian injuries on public roads in Montgomery County (41.3 per 100,000 population) is nearly equivalent to that of the state (42.5 per 100,000 population). The rates have increased since the 2013 County measures and they remain higher than the SHIP 2017 target of 35.6 per 100,000 population (see Figure 17).

County	SHIP Objective	SHIP 2012 County Measure	SHIP 2013 County Measure	SHIP 2014 County Update	SHIP 2014 Maryland Update	Maryland SHIP 2017 Target
Montgomery	Reduce rate of pedestrian injuries	38.9	35.6	41.3	42.5	35.6

Figure 17. Rate of Pedestrian Injuries per 100,000 Population, Prince George's and Montgomery Counties, 2014

The pedestrian death rate in Montgomery County at 1.2 deaths per 100,000 population is lower than that of Maryland (1.82 per 100,000 population)[4] and the Healthy People 2020 target of 1.4 deaths per 100,000 population. From 2009 to 2012 in Montgomery County, white non-Hispanic individuals experienced the highest number of traffic fatalities among both vehicle occupants and non-occupants (see Figure 18).

[4] Traffic Safety Facts 2013 Data. U.S. Department of Transportation National Highway Traffic Safety Administration. February 2015. Accessed from: http://www-nrd.nhtsa.dot.gov/Pubs/812124.pdf

Montgomery County Traffic Fatalities					
Person Type by Race/Hispanic Origin		2009	2010	2011	2012
Occupants (All Vehicle Types)	Hispanic	4	4	0	2
	White Non-Hispanic	14	14	9	11
	Black, Non-Hispanic	3	8	1	7
	Asian, Non-Hispanic/Unknown	1	0	0	0
	All Other Non-Hispanic or Race	5	3	1	3
	Unknown Race and Unknown Hispanic	1	3	19	7
	Total	28	32	30	30
Non-Occupants (Pedestrians, Pedal cyclists and Other/Unknown Non-Occupants)	Hispanic	0	1	0	0
	White Non-Hispanic	9	7	2	4
	Black, Non-Hispanic	1	0	1	2
	Asian, Non-Hispanic/Unknown	0	0	0	0
	All Other Non-Hispanic or Race	1	2	0	0
	Unknown Race and Unknown Hispanic	0	5	7	1
	Total	11	15	10	7
Total	Hispanic	4	5	0	2
	White Non-Hispanic	23	21	11	15
	Black, Non-Hispanic	4	8	2	9
	Asian, Non-Hispanic/Unknown	1	0	0	0
	All Other Non-Hispanic or Race	6	5	1	3
	Unknown Race and Unknown Hispanic	1	8	26	8
	Total	39	47	40	37

Figure 18. Montgomery County Fatalities by Person Type, Race and Ethnicity, 2009-2013
(National Highway Traffic Safety Administration, Traffic Safety Facts, 2013.
Retrieved: http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/24_MD/2013/Counties/Maryland_Montgomery%20County_2013.HTM)

Education

Graduation and Educational Attainment

In 2014, 89.69 percent of Montgomery County students graduated high school within 4 years. The 4 year graduation rate for the county is higher than that of the state (86.39 percent) and surpasses the Healthy People 2020 goal (82.4 percent), but falls short of the Maryland SHIP 2017 target of 95 percent (www.mdreportcard.org).

While the overall 4 year graduation rate in Montgomery County has exceeded national targets, disparities are present among racial and ethnic groups. Asian and white students in Montgomery County have the highest graduation rates, exceeding 95 percent; while Hispanic students have the lowest rates at 80.03 percent (see Figure 19).

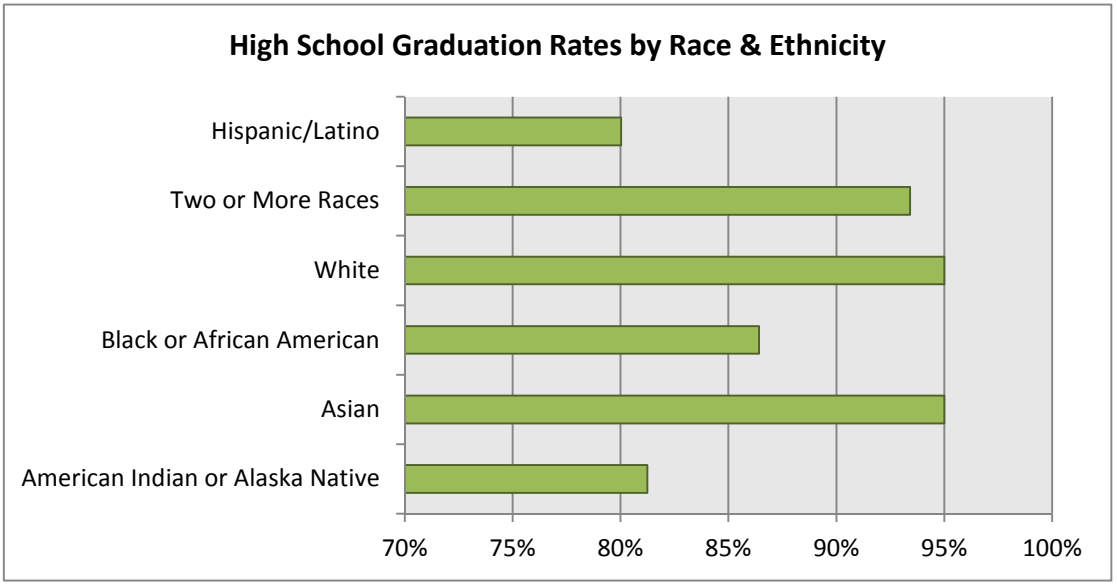


Figure 19. High School Graduation Rates by Race and Ethnicity for Montgomery County, 2014 (www.mdreportcard.org)

Disparities in education by race and ethnicity become even more apparent at the college level. The overall percentage of adults 25+ in Montgomery County with a bachelor's degree or higher is 58.46 percent. However, when stratified, the percentage goes as high as 66.29 among Whites and as low as 25.8 among Hispanics (see Figure 20).

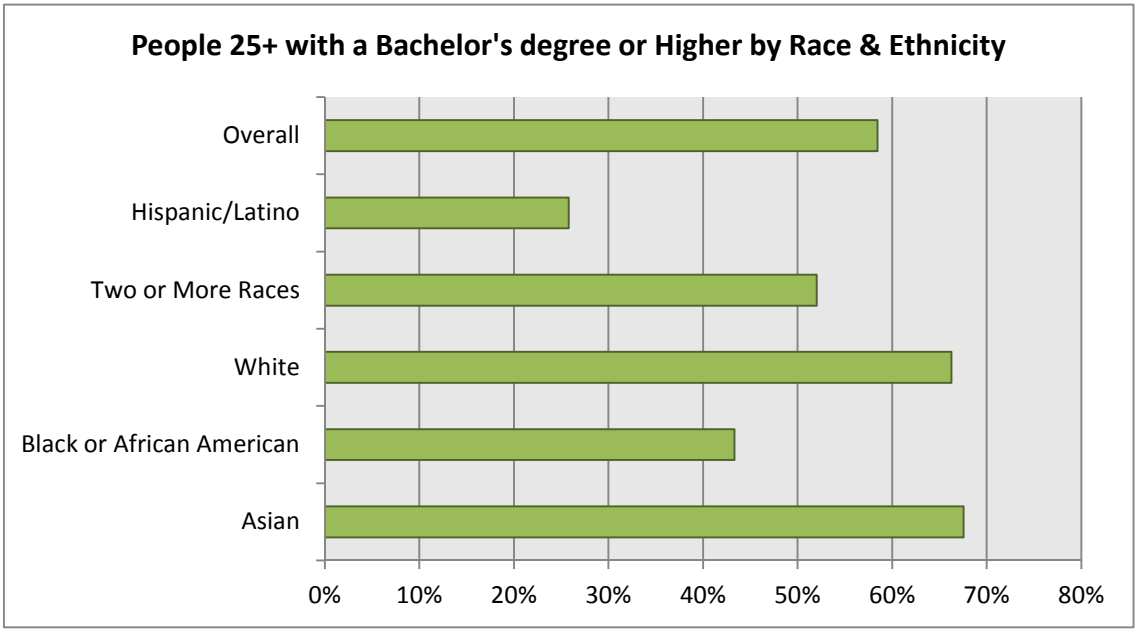


Figure 20. People 25 and over with a Bachelor's Degree or Higher by Race and Ethnicity for Montgomery County (US Census Bureau, 2014 1-Year ACS Estimates)

Reading and Math Proficiency

Based on student scores on the Maryland School Assessment, approximately 94 percent of white and Asian 8th graders are proficient in reading compared to 73 percent of Hispanic and 75 percent of Black students in Montgomery County (see Figure 21).

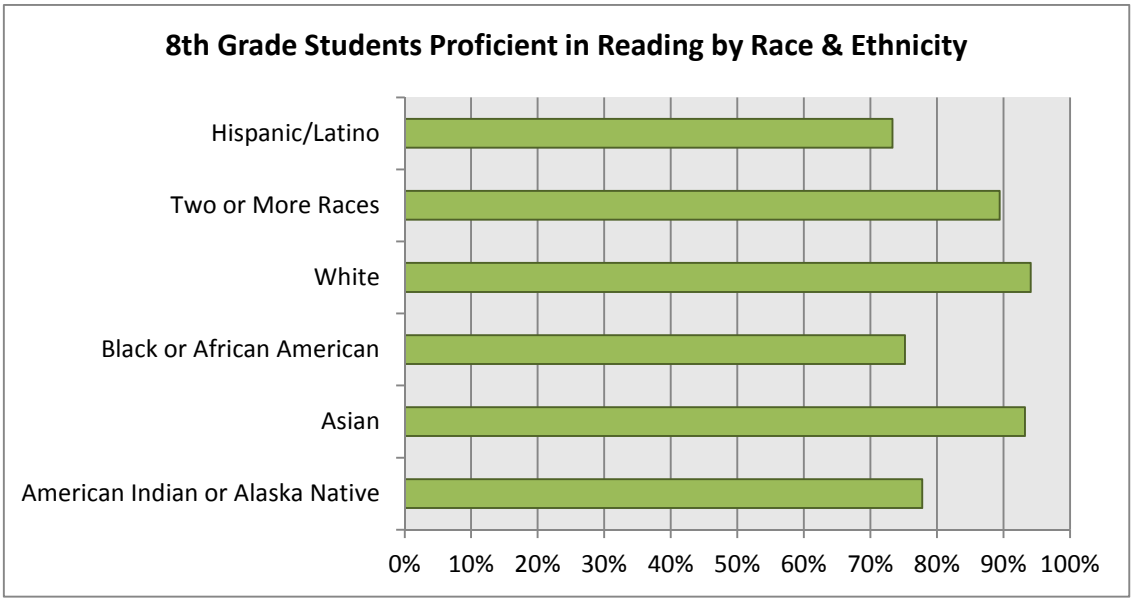


Figure 21. 8th Grade Students Proficiency in Reading by Race and Ethnicity for Montgomery County (www.mdreportcard.org)

The same trend can be seen for math proficiency. In Montgomery County, approximately 87 percent of white and Asian 8th graders are proficient in math compared to only 49 percent of black and Hispanic students (see Figure 22).

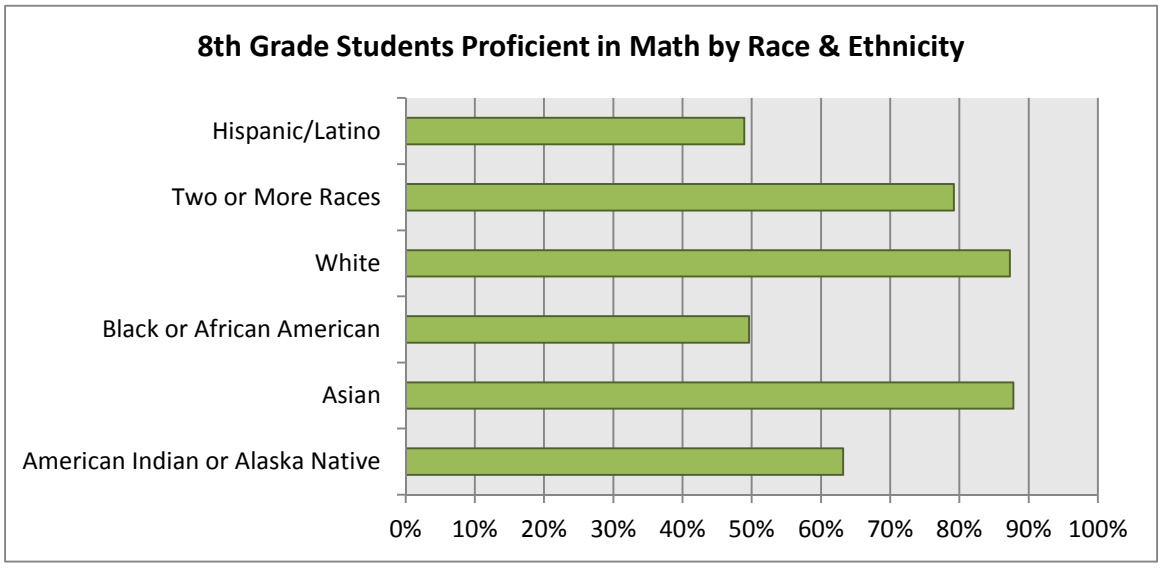


Figure 22. 8th Grade Students Proficiency in Math by Race and Ethnicity for Montgomery County (www.mdreportcard.org)

Readiness for Kindergarten

The percentage of children who enter kindergarten ready to learn in Montgomery County rose in 2013 but remained lower than that of the state overall. Hispanic children (71 percent) were among those least likely to be prepared for kindergarten. White (90 percent) and Asian (87 percent) children were among those most prepared to

enter Kindergarten in Montgomery County (see Figure 23).

County	SHIP Measure	County 2012-2013 Measure	SHIP 2013-2014 County Update	SHIP 2013-2014 County Update (Race & Ethnicity)	SHIP 2013-2014 Maryland Update	Maryland Target 2017
Montgomery County	Percentage of children who enter kindergarten ready to learn	80%	81%	Asian–87%; AA-78% Hispanic-71% White-90%	83%	85.5%

Figure 23. Percentage of Children Entering Kindergarten Ready to Learn, Montgomery County, 2014
(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 United States, a disproportionate percentage of minority households are affected by moderate and severe housing problems (see Figure 24).

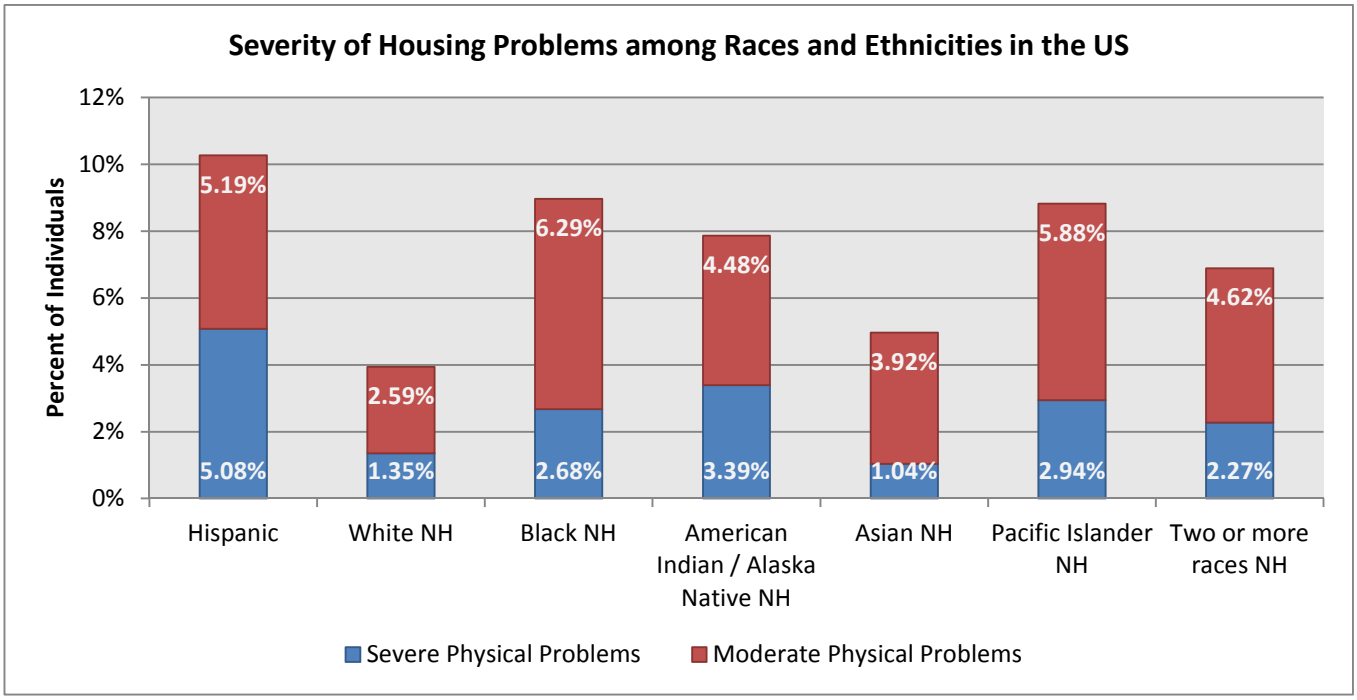


Figure 24. Severity of Housing Problems among Races and Ethnicities in the US, 2013
Note: Physical problems include plumbing, heating, electrical, and upkeep
(US Census Bureau, American Housing Survey, 2013)

At the local level, 17 percent of households in Maryland and 18 percent of households in Montgomery County were identified as having at least 1 of 4 severe housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (www.CountyHealthRankings.org, 2007-2011).

Montgomery County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 51.6 percent
- Homeowner vacancy rate: 1.1
- Housing units in multi-unit structures: 33.7 percent
  (Source: U.S. Census, ACS, 1-YearEstimate, 2014)
- Housing units: 385,721 (2014)
- Homeownership rate: 67.3 percent (2009-2013)
- Median value of owner-occupied housing units: $446,300 (2009-2013)
- Households: 360,563 (2009-2013)
- Persons per household: 2.72 (2009-2013)
  (Source: U.S. Census, State and County Quick Facts)

Spotlight on Homelessness

Perhaps the most extreme case of living situation having a negative impact on health is that of homelessness. Homelessness amplifies the threat of various health conditions and introduces new risks, such as exposure to extreme temperatures. People who experience homelessness have multidimensional health problems and often report unmet health needs, even if they have a usual source of care.

In January 2015, a Point-In-Time Enumeration survey found there has been an increase in the homeless population in Montgomery County (see Figure 25)[5].

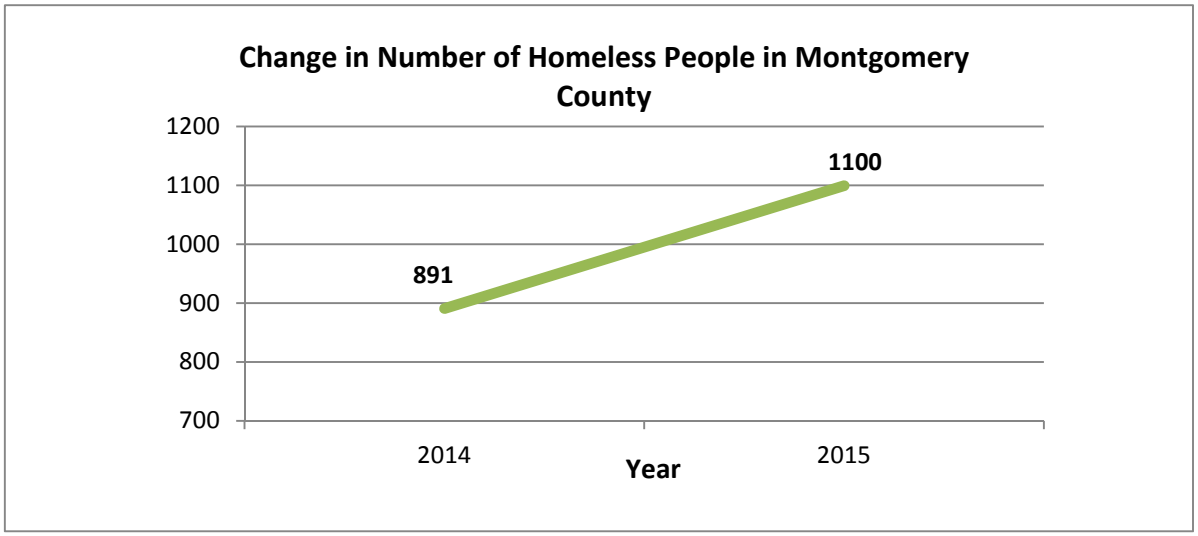


Figure 25. Change in Number of Homeless People in Montgomery County and Prince George's County from 2014 to 2015 (Metropolitan Washington Council on Governments Point-in-Time Survey, 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf)

In Montgomery County, the homeless population included 598 individuals and 159 homeless family units, made up of 184 adults and 318 children (see Figure 26).

[5] Homelessness in Metropolitan Washington. May 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf

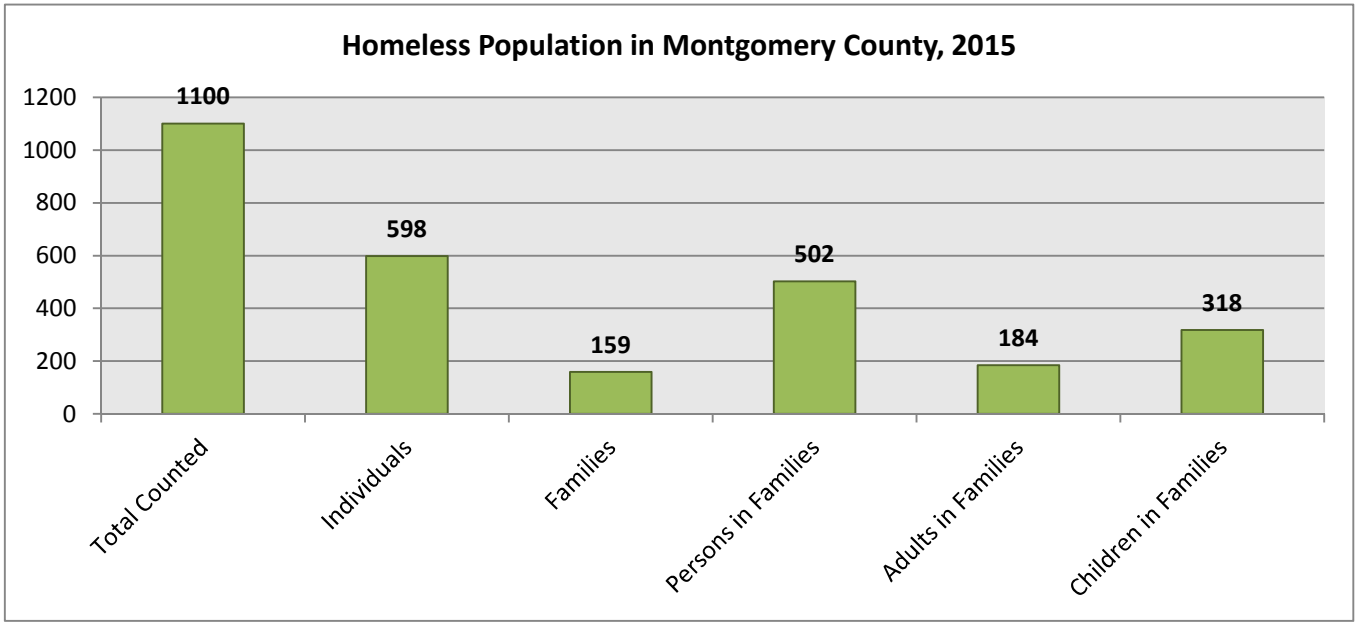


Figure 26. Homeless Populations in Montgomery County in 2015
(Metropolitan Washington Council on Governments Point-In-Time Survey, 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf)

Among the homeless populations, numerous individuals reported various health, mental, and physical issues. In Montgomery County, 162 individuals were chronically homeless, 24 were US veterans, 291 were victims of domestic violence, 144 were suffering from co-occurring disorders (mental and substance abuse), 80 were physically disabled, and 15 were living with HIV/AIDS (see Figure 27).

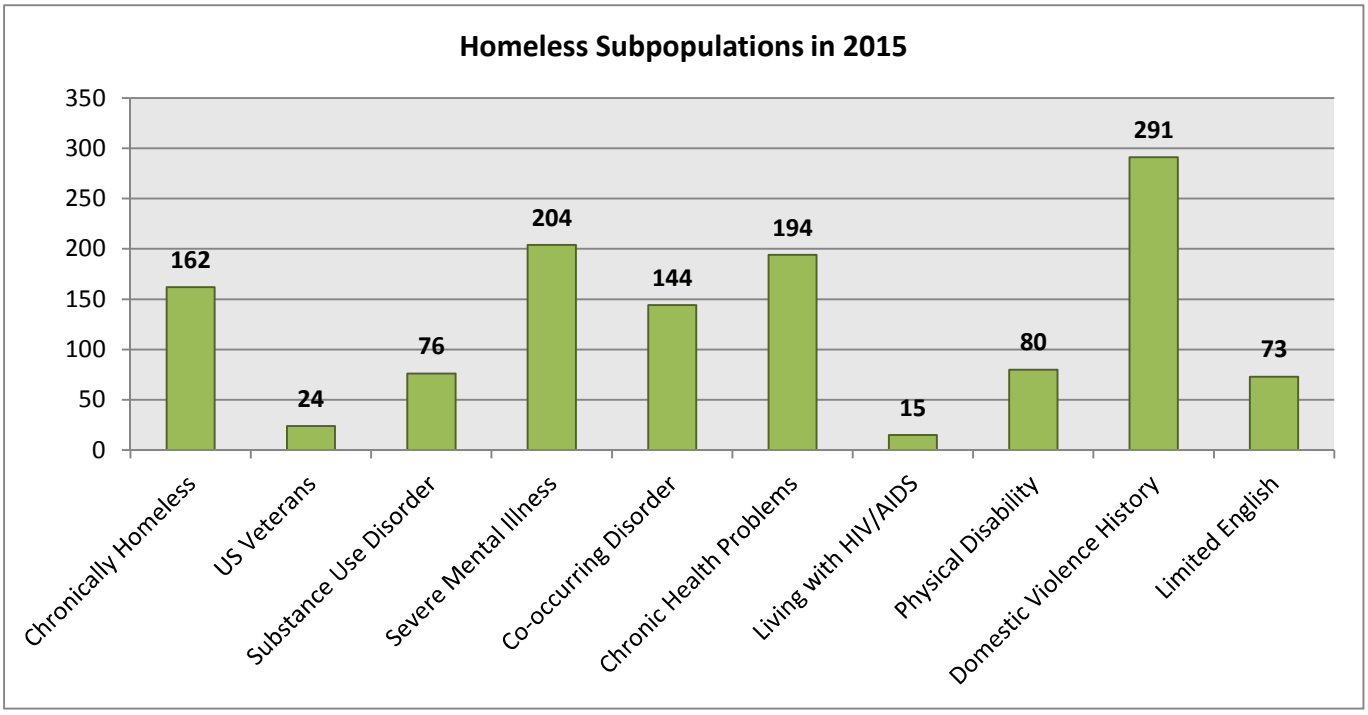


Figure 27. Homeless Subpopulations in Montgomery County in 2015
(Metropolitan Washington Council on Governments Point-In-Time Survey, 2015. Accessed: https://www.mwcog.org/uploads/pub-documents/v15bWlk20150514094353.pdf)

Exposure to Environmental Factors that Negatively Affect Health Status

Air Pollution

Air pollution, measured by ozone levels, poses a serious threat in Montgomery County. Ozone is an extremely dangerous gas that attacks lung tissues when breathed in. Based on the number of days its ozone levels surpass the US standards in three years, Montgomery County received a grade of D from the American Lung Association.
Source: Healthy Montgomery, 2013.

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

Demographics	**Montgomery County**	**Maryland**
Total Population*	1,030,477	5,976,407
Age, %*		
Under 5 Years	6.5%	6.2%
Under 18 Years	23.5%	22.6%
65 Years and Older	13.7%	13.8%
Race/Ethnicity, %*		
White	62.0%	60.1%
Black or African American	18.8%	30.3%
Native American & Alaskan Native	0.7%	0.6%
Asian	15.2%	6.4%
Native Hawaiian & Other Pacific Islander	0.1%	0.1%
Hispanic	18.7%	9.3%
Language Other than English Spoken at Home, % age 5+**	39.1%	16.7%
Median Household Income**	$98,221	$73,538
Persons below Poverty Level, %**	7.0%	10.1%
Pop. 25+ Without H.S. Diploma, %**	8.8%	11.3%
Pop. 25+ With Bachelor's Degree or Above, %**	57.1%	36.8%

*Sources: *U.S. Census Bureau, State and County Quick Facts, 2014 Estimates*
***U.S. Census Bureau, State and 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?**

   _X_Yes
   ___No

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

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).
http://www.adventisthealthcare.com/app/files/public/3166/2013-CHNA-SGAH.pdf

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

_X_Yes Enter date approved by governing body here (mm/dd/yy): 10/23/2013
___No

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

III. COMMUNITY BENEFIT ADMINISTRATION

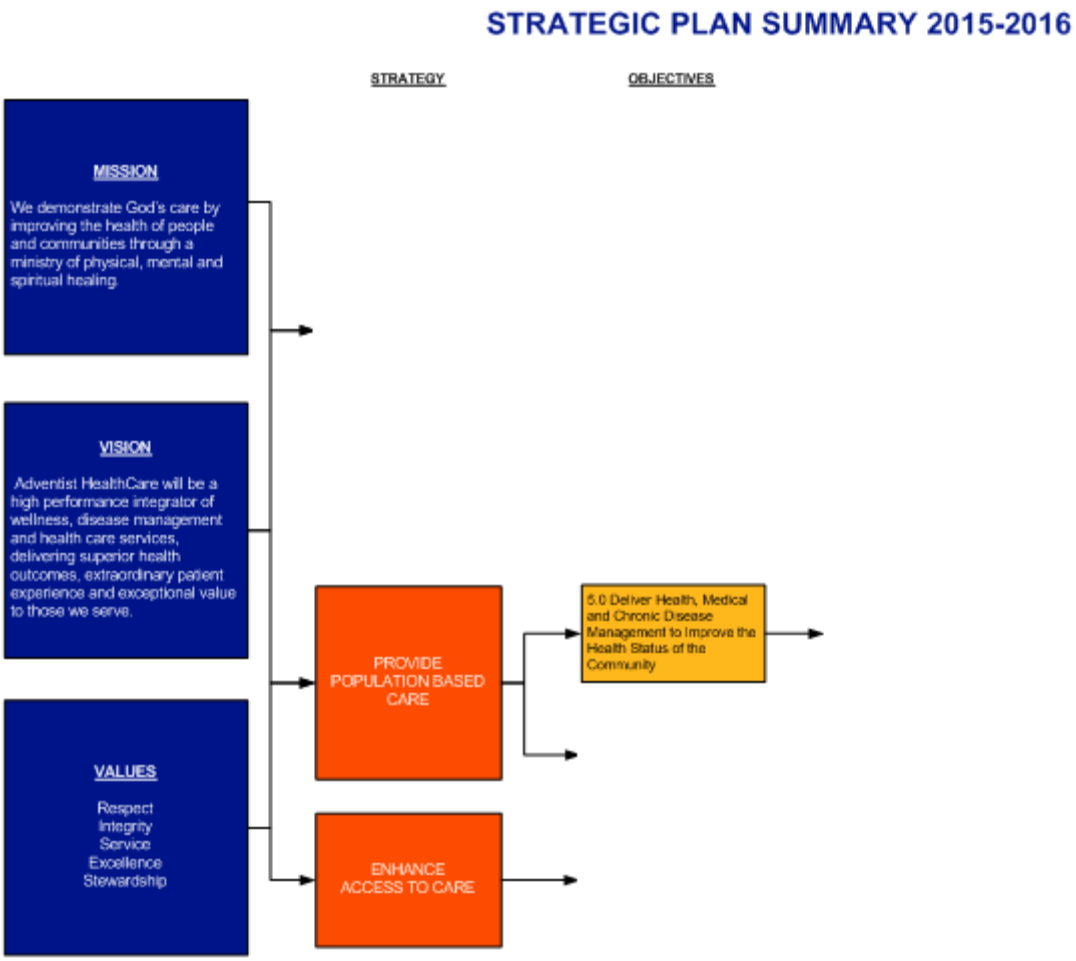
1. **Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?** *(Please note: these are no longer check the blank questions only. A narrative portion is now 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 Shady Grove Medical Center's 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 enhancing access to care. Specific objectives include delivering health, medical and chronic disease management to improve the health status of 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:** president's council)

Describe the role of Senior Leadership.
The senior leaders listed above as well as the other members of the president's council play a role in the community benefit planning for Shady Grove Medical Center. The president's council 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 VP of operations acted as a champion for the initiatives and served on the AHC Community Benefit Council on behalf of Shady Grove Medical Center. The CFO works closely with finance and provides final approval of financials submitted.

ii. Clinical Leadership

1. **_✓_Physician (**Radiology Director)

2. **_✓_Nurse (**Diabetes Outpatient Education Coordinator**)**
3. **___Social Worker**
4. **_✓_Other (please specify:** Executive Director, Service Lines; Director of Case Management**)**

Describe the role of Clinical Leadership
The diabetes outpatient education coordinator manages the execution of the diabetes programs in the community. She also plays a large role in the planning and evaluation of the program including identifying evidence-based methods and building community partnerships to better address the needs of the community. The Radiology Director and Executive Director of Service Lines provide management and oversight of the lung cancer screening program both at a conceptual level as well as on the ground. The Director of Case Management assists with planning and implementation of community benefit activities and plays a large role in community building as well. In additional she serves on the AHC Community Benefit Council on behalf of Shady Grove Medical Center.

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 and Wellness Rockville
- Director of Clinical Services at Behavioral Health and 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	**Healthy Montgomery**
Name of Key Collaborator	Healthy Montgomery Steering Committee Co-Chairs: • Mr. George Leventhal, Council Member, Montgomery County Council • Ms. Sharon London, Vice President, ICF International Additional Committee Members can be found here: http://www.healthymontgomery.org/index.php?module=htmlpages&func=display&pid=5000
Title	*See previous row*
Collaboration Description	Shady Grove Medical Center collaborates with Healthy Montgomery (HM), which serves as the Local Health Improvement Coalition in Montgomery County. SGMC contributes $25,000 annually to support the infrastructure of HM. SGMC worked with HM to complete a 2011 Community Health Needs Assessment, which helped to inform our CHNA, and the website maintained by HM provides current data which was utilized by SGMC to identify needs and set priorities. SGMC was also represented on the HM Steering Committee, which sets the direction for the group, and the Data Project subcommittee, which selected core measure indicators in the identified priority areas.

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

Dr. Deidre Washington, Research Associate at the Adventist HealthCare Center for Health Equity & Wellness is a member of the Healthy Montgomery Steering Committee on behalf of Shady Grove Medical Center, Washington Adventist Hospital, Behavioral Health & Wellness Services Rockville, and Physical Health & Rehabilitation. Dr. Washington, as well as Gina Maxham, MPH (Project Manager of Community Benefit, at the Center for Health Equity and Wellness) are also members of the Healthy Montgomery Community

Health Needs Assessment Committee on behalf of Shady Grove Medical Center, Washington Adventist Hospital, Behavioral Health & Wellness Services, and Physical Health & Rehabilitation.

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)

   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

Identified Need Was this identified through the CHNA process?	In the U.S., the leading cause of death among Asian/Pacific Islanders is cancer[6]. Lung cancer has been identified as the third most common cancer among this population with an incidence rate of 1.83 percent. Within Montgomery County, which accounted for 89 percent of Adventist HealthCare Shady Grove Medical Center's (SGMC) discharges in 2014, the Asian population (15.2 percent) is significantly higher than that of the state (6.4 percent) and the country (5.4 percent)[7]. Among the patients seen at SGMC, the incidence of lung cancer among the Asian population was found to be 9.9 percent, considerably higher than the national rate of 1.83 percent. This need was identified in the most recent CHNA (2014-2016).
Hospital Initiative	Low-dose CT Lung Cancer Screening for the Asian Community
Total Number of People Within the Target Population	According to the 2014 U.S. Census, there were approximately 65,706 Asians aged 55-74 years old in Montgomery County. Among this population, the Lung Cancer Screening program at Adventist HealthCare Shady Grove Medical Center targeted Asians with a significant history of smoking, exposure to second hand smoke and exposure to asbestos.
Total Number of People Reached by the Initiative Within the Target Population	**Total People Reached: 24** • 17 individuals received a low-dose CT lung cancer screening • 7 individuals were counseled for tobacco cessation
Primary Objective of the Initiative	The primary objective of this initiative is to improve the early screening and detection of lung cancer among the Asian population served by Adventist HealthCare Shady Grove Medical Center to improve 5-year survival rates. Through this initiative, SGMC offers quarterly discounted low-dose CT lung cancer screenings for high-risk Asian/Pacific Islander communities. Men and women meeting any of the following criteria may participate: • Age 55-74 • Significant smoking history • Significant exposure to second hand smoke and/or previous asbestos exposure Interpreter services are made available at each screening event and during phone registration prior to each event. Additional strategies for this initiative include: • Routine follow-up processes ○ Participants are provided with a CD of their scans at the time of the screening ○ Screening results letters are sent to each participant as well as to their primary

[6] http://www.cdc.gov/minorityhealth/populations/REMP/asian.html
[7] *U.S. Census Bureau, State and County Quick Facts, 2014 Estimates*

	care physician ○ Individuals identified as not having a primary care provider are provided with referrals to a physician for follow-up care via SGMC's thoracic cancer navigator • Tobacco cessation counseling ○ Tobacco cessation counselors attend each screening and provide participants with a carbon monoxide screening, counseling, and tobacco cessation literature (available in top Asian languages in the area) ○ Participants are also provided with the opportunity to enroll in SGMC's free tobacco cessation program which includes 1 year of follow-up counseling and nicotine replacement therapy as needed • Community outreach to the Asian population ○ Targeted outreach takes place for each screening including reaching out to local Chinese and Korean physicians and physicians serving the Asian community in the hospital's service area, distributing translated flyers at local events, partnering with local community-based organizations serving the Asian community to spread the word about the screenings, and releasing advertisements in local Chinese and Korean language newspapers
Single or Multi-Year Initiative Time Period	**Multi-Year:** This initiative, in response to the 2013 CHNA findings, is being implemented in years 2014, 2015, and 2016.
Key Collaborators in Delivery of the Initiative	**Key partners involved in the outreach for, and implementation of, this initiative include:** • Adventist HealthCare Shady Grove Radiology • Montgomery County Department of Health and Human Services Asian American Health Initiative • Asian physicians and physicians serving the Asian community in Adventist HealthCare Shady Grove Medical Center's service area
Impact/Outcome of Hospital Initiative	**Screenings** • A total of four screening events were planned for 2015. Each screening event was scheduled from 8am-2pm. Pre-registration was preferred, however walk-ins were welcome. ○ Sunday, March 22nd: Two individuals pre-registered, however no participants attended the screening ○ Sunday, April 19th: No participants ○ Saturday, October 17th: Three participants ○ Saturday, November 14th: Fourteen participants • Participant Demographics *(totals may not add up to 17 due to incomplete responses from participants)*: ○ Gender: 8 males and 4 females ○ Race: 4 individuals identified as Asian without specifying further; 2 individuals identified as Asian Korean; 10 individuals identified as Asian Chinese ○ Age: 7 individuals were between the ages of 50-59; 7 individuals were between the ages of 60-69; 3 individuals were between the ages of 70-79 • Screening Results ○ 6 of the participants had normal results ○ 11 of the participants were found to have abnormal results

	Follow-Up • Following their screening, letters that included a copy of their report, their results, and follow-up recommendations were sent to each of the 17 participants. • All participants this year had a primary care provider on file. Results letters were sent to each of the primary care providers. **Tobacco Cessation Counseling** • 7 individuals were screened for carbon monoxide and counseled on tobacco cessation • 3 individuals enrolled in SGMC's free 1-year tobacco cessation program **Outreach** • A total of 6 advertisements were placed in local Chinese newspapers prior to the March and April screenings. • A new flyer was developed and translated into Chinese and Korean and distributed to 75 local area providers who serve the Asian population. • Flyers were distributed at several local events geared toward the Asian community and were distributed to local businesses and organizations such as Asian supermarkets and the Montgomery County Asian American Health Initiative. • A targeted and translated direct mailer was sent to 1,474 households.
Evaluation of Outcomes	The Healthy People 2020 target for deaths related to lung cancer is 45.5 deaths per 100,000 population. Montgomery County's lung cancer mortality rate for 2008-2012 was 25.9 deaths per 100,000 and has continued to trend down. More specifically, the death rate due to lung cancer for Asian residents of Montgomery County is 18.2 per 100,000. While the rates for both Asian residents and Montgomery County overall meet the national target, SGMC has continued working towards increasing the 5-year survival rates of lung cancer patients.
Continuation of Initiative	Adventist HealthCare Shady Grove Medical Center will continue to offer discounted low-dose CT lung cancer screenings targeted to the Asian population in 2016. Following the March and April screenings, changes were made to the program in order to address barriers and improve outreach and access. • The screenings were moved to a more central location for the population being served (moved from Germantown to Rockville) • Screenings were moved from Sunday to Saturday to avoid common Sunday church/worship service hours • New marketing strategies were employed to increase awareness including a targeted mailing Efforts and lessons learned from 2015 are continuing to be evaluated in order to improve processes, awareness, and participation for the screenings in 2016. In order to increase access and participation, a potential change for next year that is being finalized will be to have ongoing screenings rather than only holding screenings on four distinct screening days. With this change, eligible individuals would be able to either make an appointment or come in Monday-Friday on a walk in basis. The program would continue to be marketed in the community and community physicians would be able to refer patients to the free screening program with ease using a script pad provided to them. In order to continue incorporating the tobacco cessation portion of the program, all participants will be provided with an informational and educational

	packet at the time of the screening, and will be followed-up with via phone by one of the tobacco cessation counselors.	
A. Total Cost of Initiative for Current Calendar Year B. What amount is from Restricted Grants/ Direct offsetting revenue	**C. Total Cost of Initiative** **Total Estimated Cost:** $8,903.65	**A. Direct offsetting revenue from Restricted Grants** **Total Direct Offsetting Revenue:** $1,020

Identified Need Was this identified through the CHNA process?	Across the state of Maryland, the number of people diagnosed with diabetes has grown from 6.8 percent in 2001[8] to 9.4 percent in 2012[9]. In Montgomery County, diabetes is the 6th leading cause of death[10] and affects 8.6 percent of the adult population. Among the adult population in Montgomery County, minority and elderly populations are affected disproportionately by diabetes. Nineteen percent of adults 65 and over have been diagnosed compared to 9.8 percent of 45 to 64 year olds, and 3.3 percent of 18 to 44 year olds (www.healthymontgomery.org). Among minority populations, Black (11.1 percent), Hispanic (10.7 percent), and other minority groups (11.7 percent) experience higher incidence rates than non-Hispanic Whites (8.2 percent) and Asians (4.4 percent). In Montgomery County, the death rate due to diabetes is 13.5 per 100,000 population (www.healthymontgomery.org). Compared to Whites, Blacks or African Americans experience a death rate 2.5 times that of Whites (2005-2009)[11]. This need was identified prior to the CHNA, but was also reinforced in the current CHNA (2014-2016).
Hospital Initiative	Diabetes Education and Self-Management in the Community (targeted to the uninsured/underinsured)
Total Number of People Within the Target Population	8.6% of adults in Montgomery County have been diagnosed with diabetes (MD BRFSS, 2013). Based on the U.S. Census Bureau 2014 population estimates, this includes approximately 67,793 adults in Montgomery County.
Total Number of People Reached by the Initiative Within the Target Population	**Total People Reached: 442** • 13 individuals attended a pre-diabetes class • 21 individuals participated in a group medical appointment at Mobile Med • 234 individuals participated in the nutrition and cooking classes • 13 individuals attended the DSMP workshop • 13 individuals attended a Healthy Lifestyle support group session • 148 individuals were educated on and received a screening for BMI and/or body fat percentage
Primary Objective of the Initiative	The primary objective of this initiative is to increase access to education and resources for uninsured diabetic individuals in Montgomery County in order to increase confidence and skills in better managing and controlling their diabetes. Adventist HealthCare Shady Grove Medical Center (SGMC) has implemented a series of initiatives to improve diabetes control and management. These initiatives (outlined below) are

[8] Department of Health and Mental Hygiene. Prevalence of Diabetes. Retrieved: http://phpa.dhmh.maryland.gov/dpcp/SitePages/Prevalence.aspx. Accessed 2015.
[9] Center for Disease Control and Prevention. Diabetes 2014 Report Card. Retrieved: http://www.cdc.gov/diabetes/pdfs/library/diabetesreportcard2014.pdf. Accessed 2015
[10] Maryland Vital Statistics Annual Report, 2013. Retrieved: http://dhmh.maryland.gov/vsa/documents/13annual.pdf. Accessed 2015.
[11] MD Department of Health and Mental Hygiene. Maryland Chartbook of Minority Health and Minority Health Disparities Data. Third Edition, December 2012. Retrieved: http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf

offered free of charge and are targeted to individuals with pre-diabetes as well as diabetes.

Pre-Diabetes Classes: SGMC's free pre-diabetes classes offer education on how to manage pre-diabetes and prevent type 2 diabetes in a two-class series. Each class in the two part series is approximately 2 hours in length. Classes are offered at SGMC every other month and are led by a Registered Nurse CDE (certified diabetes educator).

Mobile Med Shared Medical Appointments: This program provides informal diabetes self-management education to individuals in a group medical appointment setting at Mobile Med in Rockville. Patients that would benefit from additional diabetes education and support are identified by Mobile Med physicians and invited to these sessions. SGMC's outpatient diabetes educator provides diabetes education to the group as they each take a turn visiting their health care provider. While information topics are pre-planned, the sessions are kept informal allowing for the discussion to be guided by participants' concerns and information needs. These sessions take place every other month, lasting from 1-2 hours depending on participant volume and needs. Each participant also receives a diabetes self-management guide developed by the American College of Physicians.

Eat Well for Health – Nutrition & Cooking Class: These monthly hour long classes are designed for diabetes as well as cancer patients and survivors. Participants are able to learn how different foods affect their bodies and which ingredients can help support their health. Each class focuses on a different food group or theme and includes an educational session and Q&A led by a registered dietician followed by a cooking demonstration (and sampling) from Adventist HealthCare's executive chef. Each participant is provided with copies of the educational resources reviewed as well as the recipes demonstrated to take home with them.

Diabetes Self-Management Program (DSMP): Developed by Stanford University, the DSMP is an evidence-based workshop that is designed to be highly interactive and build participants' skills and confidence in managing their chronic condition and maintaining a healthy and active life. One workshop takes place over six weeks and includes a total of six, 2.5 hour sessions held weekly. Each workshop is led by two trained instructors. A total of 19 experienced health educators at Adventist HealthCare have been trained to be DSMP instructors. As of November 2015, Adventist HealthCare has an approved task order from Montgomery County HHS to offer 5 workshops in Montgomery County between November 2015 and July 2016.

Healthy Lifestyle Connections: Newly initiated in the spring of 2015, Healthy Lifestyle Connections is a peer led support group for individuals eager to make lifestyle changes to lower their risk for and/or better manage chronic disease (diabetes, heart disease, hypertension, and cancer, among others). In addition to the peer leader, an RN is present at each session to answer questions. The group was originally designed to provide continued support and resources for individuals who have participated in past programs such as the Complete Health Improvement Program (CHIP) as well as pre-diabetes and diabetes classes offered at SGMC. However, the group is open to anyone in the community and is offered monthly at Shady Grove Medical Center.

Community Health Screenings and Education: Partnering with groups such as community

	centers, residence communities, schools, non-profit organizations, and faith-based organizations, among others, SGMC offers free body fat and BMI screenings in the community. These screenings are offered at various events, locations, and times. Screenings are conducted by health educators that provide each individual with an overview of their results and what they mean as well as a brief counseling session, if desired, to discuss health behaviors, lifestyle, and additional resources.
Single or Multi-Year Initiative Time Period	With the exception of the Diabetes Self-Management Program and Healthy Lifestyle Connections, each of the programs described below are ongoing multi-year programs. The Diabetes Self-Management Program is currently funded for November 2015 through July 2016; however, SGMC anticipates continuing the program beyond that time frame. Healthy Lifestyle Connections is a new program that began in 2015 and is anticipated to be an ongoing support group.
Key Collaborators in Delivery of the Initiative	**Key collaborators involved in this initiative include:** • Mobile Med Rockville • Aquilino Cancer Center *(Eat Well for Health – Nutrition & Cooking Class)* • Sodexo *(Eat Well for Health – Nutrition & Cooking Class)* • Virginia Health Quality Center (VHQC) *(Diabetes Self-Management Program)* • Montgomery County Health & Human Services *(Diabetes Self-Management Program)*

Impact/Outcome of Hospital Initiative	**Pre-Diabetes Classes**
	• A total of five 2-session classes were held in 2015
	  ○ Classes took place in January, March, May, September & November
	  ○ There were a total of 13 participants across the five classes
	• Class participants were asked to complete an evaluation and rank each of the following on a scale of 1 (strongly disagree) to 5 (strongly agree). Eleven of the 13 participants completed evaluations, for which the results were as follows:
	  ○ The class objectives were met: 4.91
	  ○ The content was well organized: 4.72
	  ○ The class material was adequately covered: 4.72
	  ○ The class topics were relevant: 4.91
	  ○ The instructor was prepared for the class: 4.82
	  ○ The instructor demonstrated expertise in the subject matter: 4.91
	  ○ The instructor presented the material effectively: 4.82
	  ○ Overall, I was satisfied with the instructor: 4.82
	  ○ My knowledge and/or skills increased as a result of this class: 4.73
	  ○ Overall, I was satisfied with this class: 4.73
	
	Mobile Med Shared Medical Appointments
	• A total of six group medical appointment sessions were held in 2015
	  ○ Sessions took place in January, March, May, July, September & November
	  ○ There were a total of 21 participants across the six classes
	
	Eat Well for Health – Nutrition & Cooking Class
	• A total of 12 classes took place in 2015. Class topics and attendance were as follows:
	  ○ January: Incorporating Whole Grains, 20 attendees
	  ○ February: Hearty Stews with Beans & Grains, 20 attendees

- March: National Nutrition Month, 21 attendees
- April: Lean Proteins, 20 attendees
- May: Cooking with Beans, 15 attendees
- June: Orange Veggies & Fruits, 15 attendees
- July: Purple Veggies & Fruits, 12 attendees
- August: Farmers Markets, 24 attendees
- September: Safe Knife Skills, 11 attendees
- October: Fall Produce, 20 attendees
- November: Thanksgiving Sides, 28 attendees
- December: Healthy Holiday Sides, 28 attendees

Diabetes Self-Management Program (DSMP)

- 19 experienced health educators at Adventist HealthCare participated in a 4 day training provided by VHQC in the summer of 2015 to be trained and certified as instructors of the DSMP.
- One 6-week workshop was completed in 2015 (October 28th – December 2nd). The workshop took place at The Oaks at Four Corners, a senior apartment complex in Silver Spring.
  - 13 individuals attended the workshop, 9 of which "graduated" from the program (attended at least 4 of the 6 sessions).
  - Participant Demographics (approximately 9 of the 13 individuals provided demographic information):
    - Age Range: 64-81
    - Gender: 7 female, 2 male
    - Race: 4 White, 3 Black, 1 American Indian/Alaskan Native
    - Ethnicity: 6 Hispanic, 3 Non-Hispanic
    - Insurance: all 9 participants had Medicare, 6 of which also had Medicaid and/or private insurance.
    - Education: 4 participants had up to a high school diploma, 5 had at least some college education
    - Among the participants, 5 had type 2 diabetes, 2 had pre-diabetes, and 1 had type 1 diabetes
  - Although pre and post-test numbers were small, among those that did complete both assessments, increases were reported in fruit and vegetable consumption, exercise, blood sugar testing frequency, and frequency of checking their feet.
- As part of the task order with Montgomery County HHS, an additional 4 workshops are currently being scheduled to take place between January and July of 2016. Following the completion of this initial task order, SGMC plans to continue offering these workshops in the community.

Healthy Lifestyle Connections

- A total of four support group sessions were held in 2015
  - Sessions took place in May, June, September & November. An additional session is scheduled for December.
  - There were a total of 13 participants across the six classes

Community Health Screenings and Education

- Within SGMC's service area, the following screenings and corresponding health education were provided between January and mid-November:
  - Body Mass Index: 137

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

Underweight: 1.46%
Normal: 56.93%
Overweight: 24.09%
Obese: 17.52%

Body Composition/Body Fat Percentage: 148

Low: 9.46%
Normal: 54.73%
High: 23.65%
Very High: 12.16%

</td></tr>
<tr><td>Evaluation of Outcomes</td><td colspan="2">According to Maryland SHIP indicators, Montgomery County emergency department visit rates due to diabetes have increased from 86.8 per 100,000 in 2010 to 95.0 per 100,000 in 2014, reaching as high as 102.8 per 100,000 in 2013. These county-wide rates are significantly lower than the SHIP 2017 target, 186.3 ED visits per 100,000. However, among black residents in the county, the ED visit rates due to diabetes have increased from 207.1 per 100,000 in 2010 to 230.6 per 100,000 in 2014, with a high of 245 per 100,000 in 2013. These rates are much higher than the SHIP 2017 target. The diabetes initiative at SGMC has targeted high risk populations to better educate them about managing their diabetes and, in turn, reducing the high ED visit rates.</td></tr>
<tr><td>Continuation of Initiative</td><td colspan="2">Each of the programs described above as part of this initiative will be continuing into 2016. One of the barriers experienced has been low enrollment in the pre-diabetes classes. To address this, SGMC is working to increase promotion and will pilot offering the class at different times of the day including in the evenings. The Diabetes Self-Management Program, although new, has been received positively thus far. The Oaks at Four Corners has already requested that a second workshop be held at their location. Several additional requests for workshops have already come in as well for the spring of 2016.</td></tr>
<tr><td>D. Total Cost of Initiative for Current Calendar Year
E. What amount is from Restricted Grants/ Direct offsetting revenue</td><td>B. Total Cost of Initiative

Total Estimated Cost: $26,927.73</td><td>C. Direct offsetting revenue from Restricted Grants

Offsetting Funding: $3,163.33</td></tr>
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Identified Need Was this identified through the CHNA process?	Breast Cancer – Breast cancer is the leading cause of cancer death for women in the United States, with 1 in 8 women developing breast cancer at some point in their lifetime and about 1 in 36 dying from it[12]. Age, genetic disposition, obesity, and alcohol use are risk factors for breast cancer. The rates have declined in the past two decades due to early detection and advanced treatment. In Montgomery County, the breast cancer incidence rate is 126.6 per 100,000 women[13]. The breast cancer incidence rates for White and Black Montgomery County residents are the same (127.8 and 127.5 respectively). However, a disproportionately high breast cancer death rate exists in the African American population. The Black age-adjusted breast cancer death rate is 27.1, which is significantly higher than the White rate of 18.4. Lack of medical coverage, late detection and screening, and unequal access to advanced cancer treatments may contribute to the lower survival rates for African American women[14]. Lack of health insurance is the main barrier to breast cancer screening in the United States[15]. Thirty-two percent of women ages 40 and older with no health insurance had a mammogram within the past two years, which is less than half of the 71 percent of women with insurance. The need was identified prior to the CHNA but supported by the 2013 CHNA findings.
Hospital Initiative	Adventist HealthCare Shady Grove Medical Center Breast Cancer Screening & Support Program
Total Number of People Within the Target Population	According to the U.S. Census, Montgomery County has a population of 269,065 females over the age of 40. The Breast Cancer Screening and Support Program specifically targeted women who were underinsured or uninsured within this population.
Total Number of People Reached by the Initiative Within the Target Population	**Total People Reached: 579+** • 563 individuals were screened through the Breast Cancer Screening Program • 83 encounters in the Breast Cancer Support group • 16 individuals participated in Look Good, Feel Better
Primary Objective of the Initiative	The primary objectives of the initiative are: • To implement strategies that address breast cancer needs in the uninsured or underinsured population served by Adventist HealthCare Shady Grove Medical Center. • To reduce the incidence, prevalence, and mortality rates of breast cancer in Montgomery County by increasing access to preventive breast care and follow-up treatment for uninsured or underinsured women over 40. • To decrease the intervals between screening, diagnosis and treatment through cancer navigation. Adventist HealthCare Shady Grove Medical Center has implemented the following strategies to

[12] Healthy Montgomery. (2015). Age-Adjusted Death Rate due to Breast Cancer. Retrieved from http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=18904705

[13] Healthy Montgomery. (2015). Breast Cancer Incidence Rate. Retrieved from http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=18855415

[14] National Cancer Institute. (2008). Cancer Health Disparities. Retrieved from http://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet#q6

[15] Susan G. Komen Foundation. (2015). Disparities in breast cancer screening. Retrieved from http://ww5.komen.org/BreastCancer/DisparitiesInBreastCancerScreening.html

	address the breast cancer screening and support needs of the population it serves. **Breast Cancer Screening Program**: The Breast Cancer Screening Program provides free, comprehensive breast cancer services to women 40 years and over with limited or no health insurance in Montgomery County, MD. Patients are educated about the importance of breast health and given access to free mammogram and diagnostic services. These services include mammograms, biopsies, ultrasounds, diagnostic services, treatment referrals and patient navigation to women in need. **Breast Cancer Support Group:** The free Breast Cancer Support Group meets once a month, and provides support and information to individuals coping with breast cancer. Meetings are led by a team of patient navigators and a community outreach representative. Attendants are able to discuss their progress, challenges, and connect with other people affected by breast cancer. Current patients, survivors, caregivers, families and friends are welcome to attend. **Look Good, Feel Better:** Through a partnership with the American Cancer Society, Adventist HealthCare offers Look Good, Feel Better sessions to the community it serves. The program is aimed at improving self-image appearance through free group, individual, and self-help beauty sessions that create a sense of support, confidence, courage and community. The two-hour sessions are led by a certified cosmetologist who teaches make-up tips, turban use, wig care, and beauty-related information to women undergoing cancer treatment. Participants are also given a free makeup kit.
Single or Multi-Year Initiative Time Period	The implemented initiatives are multi-year initiatives.
Key Collaborators in Delivery of the Initiative	**Key collaborators involved in this initiative include:** • Mercy Health Clinic • Mobile Med • Mansfield Kaseman Clinic • Pan Asian Clinic • Women's Cancer Control Program • Komen Foundation (Funder) • Avon Foundation (Funder) • Montgomery Cares Primary Care Coalition (Funder) • American Cancer Society • Aquilino Cancer Center

Impact/Outcome of Hospital Initiative	**Breast Cancer Screening Program (January-November 2015)**
	• A total of 686 breast cancer screening and diagnostic services were provided for 563 individuals
	  ○ Screening Mammograms: 498
	  ○ Diagnostic Services including Mammograms and Sonograms: 188
	• Demographics:
	  ○ Age

	▪ <40: 1.13% ▪ 40-49: 39.66% ▪ 50-64: 44.90% ▪ 65 and over: 14.31% ○ Race ▪ White: 7.37% ▪ Black: 13.17% ▪ Asian: 13.88% ▪ American Indian/Alaska Native: 0.14% ▪ Other: 65.01% ▪ Unknown: 0.42% ○ Ethnicity ▪ Hispanic: 64.87% ▪ Non-Hispanic: 35.13% • Time to Follow-Up: Screening to Diagnostic Mammogram (January-September 2015) ○ The screening to diagnostic mammogram patient call back time frame has been on a downward trend all year, ranging from a high of 71.2 days in February to a low of 24.2 days in April. ○ Average: 38.9 days ○ While the numbers have been improving consistently, SGMC continues to work toward the American Society of Clinical Oncology standard of 15 days followed by "world class" status which is reached at 5 days. **Breast Cancer Support Group** • A total of 7 breast cancer support group sessions were held thus far in 2015. Sessions took place in January, March, April, May, September, October and November. An additional session is scheduled for December. • The session in October coincided with an annual survivorship event. • There were a total of 83 encounters in the support group. **Look Good, Feel Better** • Look Good, Feel Better was held 6 times in 2015. • There were a total of 16 participants for the year.
Evaluation of Outcomes	Healthy People 2020 set a target of 20.7 deaths per 100,000 females[16] for breast cancer. Montgomery County has met this target and even has a lower death rate due to breast cancer at 18.8 deaths per 100,000. According to the National Cancer Institute, recent trends show breast cancer rates in Montgomery County to be stable. The Breast Cancer Screening and Support Program at SGMC has been targeting specific populations with health care access barriers and providing them with the necessary screening and diagnostic services. Additionally, the breast cancer initiative at SGMC has been navigating the patients in their cancer screening, diagnosis and follow-up processes in order to lower the call back rate to the 15-day standard set by the American Society of Clinical Oncology. In 2015 alone, this initiative at SGMC has lowered the call back rate from 69.9 days in January to 31 days in September.
Continuation of Initiative	Yes, the program will continue into 2016. The need remains and positive results have been seen. • Despite the Affordable Care Act, referrals for the Breast Cancer Screening Program have

[16] Healthy People 2020 (2015). Cancer. Accessed: http://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives

	remained relatively consistent over the past three years. • With additional patient navigation efforts put into place, a significant decrease in time to follow-up has been seen among screening participants. Processes have also been changed to improve follow-up time. At each initial appointment, WCCP applications are completed for the participant so that follow-up is not delayed if needed. If no follow-up is required, the application is disposed of.	
F. Total Cost of Initiative for Current Calendar Year G. What amount is from Restricted Grants/ Direct offsetting revenue	**D. Total Cost of Initiative** **Total Estimated Costs:** $197,445.64	**E. Direct offsetting revenue from Restricted Grants** **Offsetting Funding:** $107,345.00

Identified Need Was this identified through the CHNA process?	Infant Mortality – The Maryland SHIP 2017 target is to reduce the infant mortality rate in Maryland to 6.3 deaths per 1,000 live births. The Healthy People 2020 infant mortality target rate is 6 deaths per 1,000 live births. Montgomery County exceeds both these goals by far, with an infant mortality rate of 4.7 deaths per 1,000 live births. Although the overall infant mortality rate in Montgomery County is relatively low, a disproportionately high rate exists in the African American population. The Black, non-Hispanic infant mortality rate is 9.9, almost three times the Hispanic and non-Hispanic White rates (2.6 and 3.5 respectively)[17]. Breastfeeding – According to the World Health Organization, exclusive breastfeeding reduces infant mortality caused by childhood illnesses and assists faster recovery during illness[18]. Despite these recommendations, breastfeeding remains low in the Black community. In 2008, the percentage of Black babies who were ever breastfed was 59%, which is significantly lower than the 75.2% of White babies and 80% of Hispanic babies[19]. The need was identified prior to the CHNA but supported by the 2013 CHNA findings.
Hospital Initiative	Adventist HealthCare Shady Grove Medical Center Maternal and Child Education & Support
Total Number of People Within the Target Population	Adventist HealthCare Shady Grove Medical Center primarily serves Montgomery County, which has a population of 204,161 women of childbearing age (15 to 44 years old)[20].
Total Number of People Reached by the Initiative Within the Target Population	An exact count of unique individuals across all of the programs listed below is unknown. Where available unique individuals are listed below in addition to encounters. • 608 encounters at B.E.S.T. support group sessions • 900 individuals took part in a breastfeeding class • 696 encounters at Discovering Motherhood support group sessions • 9 attendees and 16 encounters at Black Mothers Breastfeeding Club meetings • 267 individuals and 358 encounters on the Warm Line • 15 attendees at the perinatal support group • 142 attendees at the conference **Total encounters:** 2,637
Primary Objective of the Initiative	Adventist HealthCare Shady Grove Medical Center has implemented programs to address the maternal and child health needs of the community it serves by providing education, support, and resources to mothers and families. The primary objectives of the initiative are to: • continue employing strategies that address maternal child health needs, particularly around breastfeeding and infant mortality, in the population served by Shady Grove

[17] Healthy Montgomery. (2015). Infant Mortality Rate. Retrieved from http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=65
[18] World Health Organization. (2015). Nutrition. Retrieved from http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
[19] Centers for Disease Control and Prevention. (2013). Morbidity and Mortality Weekly Report. Progress in Increasing Breastfeeding and Reducing Racial/Ethnic Differences – United States, 200-2008 Births. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6205a1.htm
[20] U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates

Medical Center

- increase access to breastfeeding support programs and services for mothers in Montgomery County
- reduce infant mortality rate disparities in Montgomery County, particularly among the Black population

Breastfeeding Education, Support & Togetherness (B.E.S.T.): Through the B.E.S.T. program, Adventist HealthCare Shady Grove Medical Center provides a professionally-led support group for mothers to get information and support for initiating and continuing breastfeeding for six months or longer, as well as assistance with the challenges new mothers face.

Prenatal Breastfeeding Class: Held weekly, the Breastfeeding class is 2.5 hours in length and is designed to help expectant parents get off to the right start with breastfeeding after the birth of their baby. Expectant parents learn about the many benefits of breastfeeding and what to expect in the first few weeks as well as techniques to promote a successful experience. Partners are strongly encouraged and welcome to attend the class with expectant mothers.

Discovering Motherhood: Through the Discovering Motherhood program, Adventist HealthCare Shady Grove Medical Center provides a free, weekly postpartum support group for mothers with babies under 9 months of age to learn about age-appropriate play, safety and child-proofing the home, nutrition, and coping with the challenges of parenting.

Black Mothers' Breastfeeding Club: Through the Black Mothers' Breastfeeding Club, Adventist HealthCare Shady Grove Medical Center and Washington Adventist Hospital provide a monthly community-based, peer-led, and culturally-tailored support group for expecting and new Black/African-American mothers in order to promote breastfeeding in the Black communities of Montgomery and Prince George's counties. At each meeting participants are provided with a hot meal and have the opportunity to win door prizes. Children and partners are welcome to attend.

Warm Line: Through the Warm Line, Adventist HealthCare Shady Grove Medical Center and Washington Adventist Hospital provide telephone assistance for breastfeeding questions and concerns, as well as evidence-based information for breastfeeding mothers and families. The Warm Line is staffed by an IBCLC (International Board Certified Lactation Consultant) and is available 7 days a week/365 days a year at (240) 826-6667.

Perinatal Loss Group: Families that have experienced the loss of a baby during pregnancy or infancy can enroll in the Perinatal Loss Group, a free six-week support program at Adventist HealthCare Shady Grove Medical Center. The group is led by a Registered Nurse/Doula, who is an experienced bereavement specialist for perinatal and infant death.

"Before the Bough Breaks: Approaches to Reduce Disparities in Infant Mortality": The ninth annual Adventist HealthCare Center for Health Equity and Wellness Conference was held on Thursday, October 8, 2015, at College Park Marriott Hotel and Conference Center. The

	conference brought healthcare professionals and community members together to engage in a lively discourse regarding ways to address the significant disparities in infant mortality. The learning objectives for the conference were as follows: • Review disparities in infant mortality rates to build awareness among health care professionals • Describe the impact of social determinants of health on infant mortality • Discuss the roles of public health and health care in reducing disparities in infant mortality, regionally (within the Washington, DC/Baltimore metropolitan areas) • Discuss strategies for health care professionals to improve care and outcome for mothers and infants across the maternal/child continuum • Discuss the roles of mothers and fathers in improving health outcomes for infants • Discuss clinical support options, specifically doulas and nurse midwives This conference was approved to provide continuing education credits for nurses, physicians, and social workers.
Single or Multi-Year Initiative Time Period	BEST, Discovering Motherhood, the breastfeeding class, and the Warm Line are all ongoing multi-year initiatives. The Perinatal Loss Support Group was a new program developed in 2015 and will be ongoing. Black Mother's Breastfeeding Club is a one-year initiative beginning April 2015 and ending May 2016. The conference takes place annually however, the topic varies each year.
Key Collaborators in Delivery of the Initiative	**Key partners involved in the outreach for, and implementation of, this initiative include:** • Montgomery County Health Department • African American Health Program (AAHP) • Black Mothers' Breastfeeding Association (BMBFA) • The National Association of County and City Health Officials (NACCHO)
Impact/Outcome of Hospital Initiative	**B.E.S.T.** B.E.S.T. is held for 1.5 hours on a weekly basis. From January through the first week of December, B.E.S.T. was held 44 times with an average of 15 participants (mothers and babies) at each session. There have been a total of 608 encounters for the year thus far. **Prenatal Breastfeeding Class** The prenatal breastfeeding class is 2.5 hours in length and held 4 times a week. From January through the first week of December, the breastfeeding class was held 47 times with an average of 20 participants (mothers, babies, and partners). There have been a total of 900 encounters for the year thus far. Beginning in the fall, a follow-up survey was initiated to determine exclusive breastfeeding rates at 6 week post-partum. A total of 134 mothers have responded to the survey thus far. Seventy-Five percent of class participants have self-reported that they were exclusively breastfeeding at 6 weeks. **Discovering Motherhood** Discovering Motherhood is held for approximately 2 hours on a weekly basis. From January through the first week of December, Discovering Motherhood was held 48 times with an average of 22 participants (mothers and babies) at each session. There have been a total of 696 encounters for the year thus far.

	BMBFC* Black Mother's Breastfeeding Club is held for approximately 2 hours. There have been a total of 7 group meetings in 2015. An additional 5 meetings are planned for 2016. There have been a total of 9 participants and 16 encounters. Breastfeeding rates and exclusivity of breastfeeding have been tracked among participants to determine impact. However, due to the small number of participants, and many of the participants either not yet having given birth or their children being past the stage of breastfeeding, results are not yet available. **Warm Line*** A total of 267 individuals have called into the warm line and received breastfeeding support from January through November of 2015. There have been a total of 358 calls/encounters. **Perinatal Loss Group** The Perinatal Loss Group completed three 6-week sessions in 2015. Attendees included mothers, fathers, and maternal grandmothers. The groups have had from 2 to 7 mothers enrolled in the program at once. **""Before the Bough Breaks: Approaches to Reduce Disparities in Infant Mortality" (Conference)*** • There were a total of 142 attendees, with 82 attendees being from organizations other than Adventist HealthCare. The conference attendees were from various professional backgrounds, such as healthcare, academia, urban development and legislation. • Following the conference, attendees were asked to complete an evaluation. Of the 142 attendees, 83 completed the evaluation. ○ 91% strongly agreed or agreed that the topics were relevant to their work ○ 91- 100% strongly agreed or agreed that each of the conference objectives were met ○ When asked what the most important topics presented during the conference were, most attendees mentioned the role of racism in infant mortality, epigenetics, preconception health, as well as the impact of stress on birth outcomes and over the life course. • Continuing education credits were provided for nurses, physicians, and social workers. ***The BMBFC, Warm Line, and Conference are AHC programs that are joint efforts between Shady Grove Medical Center and Washington Adventist Hospital. The descriptions and outcomes for these programs have been listed on the reports for both hospitals. The costs and offsetting revenue for these programs has been split accordingly between the two reports.*
Evaluation of Outcomes	Maryland SHIP indicators show infant death rates have increased from 7.2 per 1,000 in 2010 to 9.9 per 1,000 in 2013 among black residents in Montgomery County. The SHIP indicators also show that approximately 10% of Hispanic residents in Montgomery County have babies with low birth weight, a rate much higher than their racial counterparts. The Maternal and Child Health initiatives at Adventist HealthCare Shady Grove Medical Center have been working towards meeting the infant mortality SHIP target of 6.3 per 1,000 and the babies with low birth

	weight SHIP goal of 8% by targeting the specific populations most affected. To address the high infant mortality rates among black residents, Black Mothers' Breastfeeding Club met 7 times in 2015; there was also a conference specifically focusing on disparities in infant mortality.	
Continuation of Initiative	All of the programs described above will be continued into 2016. The BMBFC will continue only until May 2016. Despite the need in the community, participation rates have been a struggle thus far with the program. Efforts have been made to address low participation rates but have not been very successful. In addition to offering both meals and prizes, the location, day and time of the club meetings have been changed to improve access. Various promotional efforts have been put into place as well. Additional efforts will be continued in order to increase participation in 2016. Although this program will likely be ending in 2016, Shady Grove Medical Center and Washington Adventist Hospital will continue exploring evidence-based practices and programs to better reach and meet the needs of current and expectant African American mothers.	
H. Total Cost of Initiative for Current Calendar Year I. What amount is from Restricted Grants/ Direct offsetting revenue	**F. Total Cost of Initiative** **Total estimated costs:** $72,356.09	**G. Direct offsetting revenue from Restricted Grants** **Total offsetting revenue and restricted grant funding:** $32,409.93

Identified Need Was this identified through the CHNA process?	Cigarette smoking is the leading preventable cause of death in the United States, accounting for more than 480,000 premature deaths each year[21]. Studies show that smokers have a life expectancy 10 years shorter than nonsmokers. Cigarette smoke, including secondhand smoke, contains carcinogens and has been linked to several types of cancers, stroke, coronary heart disease, bronchitis, and asthma (SmokeFree.gov). Smoking is highly correlated with lung cancer, which kills more people than any other cancer. The 2013 smoking rate in Maryland is 16.4% (MDQuit.org). Beyond health issues, cigarette smoking has also been correlated with lower productivity and higher absenteeism in the work environment. Therefore, smoking is a significant public health issue that needs to be addressed. The need was identified prior to the CHNA but supported by the 2013 CHNA findings.
Hospital Initiative	Adventist HealthCare Shady Grove Medical Center Tobacco Cessation Program
Total Number of People Within the Target Population	SGMC primarily serves Montgomery County, which has an adult population of 788,132[22]. In the 2013 measurement period, it was found that 8.2% of adults in Montgomery County are tobacco users[23]. Based on the US Census estimates, there are approximately 64,627 tobacco smokers in the County.
Total Number of People Reached by the Initiative Within the Target Population	**Total People Reached: 862** • 678 individuals received one-on-one tobacco cessation counseling • 105 individuals received tobacco cessation education and resources • 79 individuals were screened for carbon monoxide and were provided with tobacco cessation education and resources
Primary Objective of the Initiative	In the spring of 2015, Adventist HealthCare Shady Grove Medical Center established and implemented an evidence-based tobacco cessation program similar to that of Adventist HealthCare Washington Adventist Hospital. The primary objective of this initiative is to increase the number of current tobacco users who quit and stay quit and to reduce tobacco use among adults in Montgomery County, primarily to prevent lung cancer. The Tobacco Cessation Program works toward reducing lung, bronchial, and tracheal cancers as well as reducing premature deaths from smoking. The Program seeks to improve cancer, cardiovascular health, and other health outcomes, especially among underrepresented and underserved populations. The program consists of one-on-one tobacco cessation counseling as well as 1 year of follow-up phone counseling and free nicotine replacement therapy for those who consent to join the free program. The program also includes a large community outreach arm which focuses on education and carbon monoxide screening.

[21] Center for Disease Control and Prevention. Tobacco-Related Mortality. 2015.
[22] U.S. Census Bureau State and County Quick Facts, 2014 Estimates
[23] HealthyMontgomery.com, 2013 Measurement.

	Strategies for this initiative include:
	
	• **Initial tobacco cessation counseling**
	  ○ Certified tobacco cessation counselors meet with all admitted patients who have been identified as having a history of tobacco use during intake. This includes anyone who currently uses tobacco products or has quit within the last 12 months. Counselors discuss with patients their tobacco use history, assess their readiness to quit, and advise tobacco users to quit. This counseling takes place while the patient is in the hospital or over the telephone if a known tobacco user is discharged before receiving counseling.
	  ○ Following the initial counseling session, patients interested in joining the 1 year program provide verbal and written consent prior to enrollment.
	• **Outpatient follow-up support for one year**
	  ○ For those individuals who consent to the 1 year program, tobacco cessation counselors make follow-up calls at 1-week, 6 weeks, 3 months, 6 months, 9 months, and 12 months post enrollment. The counselors will use these telephone calls to provide additional counseling and determine the participants' needs and whether they have stayed quit.
	• **Nicotine Replacement Therapy (NRT)**
	  ○ Program participants are provided with nicotine replacement aids such as nicotine patches, gums, and/or lozenges to relieve nicotine cravings and reduce withdrawal symptoms. The NRT aids contain low doses of nicotine without the harmful toxins found in cigarette smoke. Multiple types and dosages of NRT are provided in order to best meet the needs of the program participants.
	• **Community outreach and education**
	  ○ In order to increase education and awareness in the community, tobacco cessation counselors complete additional outreach via presentations, lectures, health fairs, and screenings (carbon monoxide) in the community. At each of these events, certified counselors provide attendees with tobacco use prevention and cessation counseling as well as educational literature and resources (available in English, Spanish, and Korean). Attendees are also able to enroll in the 1-year tobacco cessation program to receive follow-up support calls and NRT.

Single or Multi-Year Initiative Time Period	**Multi-Year:** This initiative was first implemented in 2015 and is anticipated to continue into the foreseeable future.
Key Collaborators in Delivery of the Initiative	**Key partners involved in the outreach for, and implementation of this initiative include:** • Aquilino Cancer Center • Adventist Medical Group • Montgomery County Department of Health and Human Services • Maryland Department of Health and Mental Hygiene (Funder)
Impact/Outcome of Hospital	The SGMC Tobacco Cessation Program officially launched April 2015. The following outcomes are for April 1, 2015 – November 30, 2015.

Initiative	

Counseled Individuals: This includes all individuals who were counseled, both those that did and did not consent to take part in the full 1-year program.

- A total of 678 individuals received one-on-one tobacco cessation counseling.
    - Of the 678 individuals counseled, 173 consented to take part in the full 1-year program. Thirty six of these individuals have since dropped out or been lost to follow-up (an attrition rate of approximately 20%) leaving a total of 137 individuals currently enrolled in the program.
- There were an additional 105 individuals (family, friends, and caregivers) who were present during the initial one-on-one counseling and received tobacco cessation education and resources.

Consented Individuals' Demographics: Included below are demographic details for the 137 individuals currently enrolled in the program.

- Gender
    - Female: 56.2% (77)
    - Male: 43.07% (59)
    - No Response: 0.73% (1)
- Ethnicity
    - Hispanic: 3.65% (5)
    - Non-Hispanic: 85.4% (117)
    - No Response: 10.95% (15)
- Race
    - White: 44.53% (61)
    - Black: 37.23% (51)
    - Asian: 0.73% (1)
    - American Indian or Alaska Native: 1.46% (2)
    - Other: 4.38% (6)
    - No Response: 11.68% (16)
- Age Range
    - Age 20-29: 6.5% (9)
    - Age 30-39; 13.9% (19)
    - Age 40-49: 21.9% (30)
    - Age 50-59: 32.1% (44)
    - Age 60-69: 13.1% (18)
    - Age 70-79: 4.3% (6)
    - Age 80-89: 1.4% (2)
    - No Response: 6.5% (9)

Consented Individuals' Outcomes: Included below are outcome details for the 137 individuals currently enrolled in the program.

- Reductions in Tobacco Use and Quit Rates (Self-Report)
    - 1 Week: 67 individuals were reached for a follow-up call
        - Quit Rate: 21% (14 individuals)
        - Decreased Tobacco Use: 50.7% (34 individuals)
        - No Change in Tobacco Use: 25.4% (17 individuals)
        - Increased Tobacco Use: 2.9% (2 individuals)
    - 6 Week: 45 individuals were reached for a follow-up call

	▪ Quit Rate: 22.2% (10 individuals) ▪ Decreased Tobacco Use: 57.8% (26 individuals) ▪ No Change in Tobacco Use: 20% (9 individuals) ▪ Increased Tobacco Use: 0% (0 individuals) ○ 3 Month: 22 individuals were reached for a follow-up call ▪ Quit Rate: 40.1% (9 individuals) ▪ Decreased Tobacco Use: 36.4% (8 individuals) ▪ No Change in Tobacco Use: 18% (4 individuals) ▪ Increased Tobacco Use: 4.5% (1 individual) **Community Outreach and Screenings (January-November)** • A total of 79 individuals received a carbon monoxide screening and were provided with tobacco cessation education and resources at multiple community events. Carbon monoxide levels detected were as follows: ○ Non-Smoker: 41 individuals (51.9%) ○ Light smoker or exposed to second hand smoke: 29 individuals (36.71%) ○ Smoker: 6 individuals (7.59%) ○ Heavy Smoker: 3 individuals (3.80%)
Evaluation of Outcomes	Maryland SHIP indicators show the rate of Montgomery County adults who smoke has fallen from 11.3% in 2011 to 8.2% in 2013, a rate that is significantly lower than the SHIP 2017 target of 15.5%. The National Cancer Institute lists Montgomery County as the county with the lowest incidence rates of lung cancer (36.8 per 100,000 population) from 2008 to 2012 in the state of Maryland; recent trends show the rate of lung cancer is still falling in the county. The Tobacco Cessation Program at SGMC continues working to address its community's health needs regarding the reduction of tobacco use. The program has provided evidence-based smoking cessation counseling, free nicotine replacement therapy and a year-long follow-up to assist participants in reducing their tobacco use and quitting. From April to November 2015, the smoking cessation initiative at SGMC has seen a reduction in tobacco use among 36.4% of participants and a quit rate of 40.1% at 3 months.
Continuation of Initiative	SGMC will continue to offer the Tobacco Cessation Program. In its first 8 months, the program has seen very positive results. Program staff have overcome several barriers that can be expected when implementing a new program such as building the necessary IT infrastructure and spreading awareness among hospital staff, community physicians, community organizations, and community members. The program at Shady Grove Medical Center as well as the program at Washington Adventist Hospital have also received positive recognition on a larger scale including being selected for two poster presentations: • Completed: 2015 Maryland Chronic Disease Conference hosted by DHMH in September 2015 • Upcoming: 2016 Association for Community Health Improvement (ACHI) national conference in March of 2016 The program has already begun to grow and expand to meet demand. Steps have been taken to expand the program to Adventist HealthCare Physical Health and Rehabilitation (PH&R) patients. The necessary IT infrastructure is currently being put into place, and counseling is expected to begin in early 2016.

	Additional partnerships are also currently being cultivated with community organizations in order to increase awareness and reach among underserved populations. For example, a referral partnership with Pan-Asian Clinic is expected to begin in February of 2016 in order to reach low-income Asian Americans who smoke or utilize tobacco products.	
J. Total Cost of Initiative for Current Calendar Year K. What amount is from Restricted Grants/ Direct offsetting revenue	**H. Total Cost of Initiative** ***Total Estimated Cost:*** *$106,158.40*	**I. Direct offsetting revenue from Restricted Grants** ***Total Offsetting Revenue:*** *$70,899.20*

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
Cancer: Prostate, Cervical, Skin, Oral, Thyroid	**Prostate cancer** – mortality rate in Montgomery County is 46% higher than the Maryland rate; 93% more black men died of prostate cancer than white men (Healthy Montgomery, 2012). **Cervical cancer** – incidence rate is greatest among Hispanic women (7.5 per 100,000), compared to black women (6.8 per 100,000) or white women (4.6 per 100,000) in Montgomery County. **Skin Cancer –** White men show the greatest disparity in both incidence and mortality rates compare to the Montgomery County average. **Oral Cancer** – Montgomery County's incidence rate is the second lowest among Maryland's counties. **Thyroid Cancer** – Montgomery County has the second highest incidence rates for thyroid cancer in Maryland.	Provide free cancer screenings to the community at the annual cancer screening days; provide educational lectures to target populations as well as education to the community at health fairs and various community locations.	Adventist HealthCare Shady Grove Medical Center partners with physicians to provide free annual cancer screenings to the community, targeting: breast, prostate, colorectal, oral, skin and thyroid cancer. Additionally, bilingual Cancer Outreach Coordinators encourage prevention and early detection by providing educational presentations and materials to underserved and at-risk populations at community locations.	Track and analyze numbers of: cancer screenings, abnormal findings, and treatment provided. Track number of participants encountered and educated through community outreach. Thirty (30) individuals participated in Adventist HealthCare Shady Grove Medical Center's Annual Cancer Screening Day in 2015. Participant demographics were as follows: • 50% males, 50% females • 60% White, 3.3% Black, 30% Asian, 3.3% American Indian/Alaska Native, 3.3% other A total of 54 screenings were completed (the majority of participants received more than 1 screening): • 14 Prostate (PSA) • 13 Rectal (DRE) • 21 Oral • 6 Breast (CBE)
Heart Disease and Stroke	**Heart Disease –** Heart disease was ranked as number one cause of death in U.S. by the CDC. Although on the decline in Maryland and Montgomery County due to improvements in treatment, it remains the leading cause of death in the County, killing blacks (132.9 per 100,000) at a higher rate than	To emphasize the prevention of heart disease through risk factor identification and management by: • Providing free screenings related to cardiovascular health at annual "Love Your Heart" community health fair.	Adventist HealthCare Shady Grove Medical Center will continue to hold its annual "Love Your Sweetheart" screening event to provide free screenings to community members for: blood pressure, cholesterol, glucose, waist circumference, BMI, body composition, and sleep apnea,	Track and analyze numbers of screenings and findings from screenings. Track the number of participants encountered and educated through community outreach. **Love Your Sweetheart Event** At the 2015 Love Your Sweetheart event held at Aquilino Cancer Center in Rockville, 52individuals received 343 free screenings.

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
	whites (122 per 100,000). **Stroke –** One of the top five leading causes of death in the U.S. and the 3rd leading cause of death in Montgomery County. Mortality rates in Montgomery County have met the HP 2020 target, but health disparities between racial/ethnic groups persist. Black residents have the highest stroke death rate in the County at 34.9/100,000 compared to whites at 28.3, Asian/Pacific Islanders at 26.9, and Hispanics at 23.2.	• Providing strong cardiovascular community outreach by including the following screenings: Lipid Profile, Vertical Auto Profile, Homocysteine, HsCRP, blood pressure, glucose and A1C. • Providing free cardiovascular educational materials, blood pressure screenings and body composition screenings (BMI, weight, % body fat, % muscle) at health fairs, churches, senior and community centers around the County.	as well as 1:1 counseling with a clinician. Adventist HealthCare Shady Grove Medical Center will continue offering discounted Lipid Profile, Vertical Auto Profile, Homocysteine, HsCRP, blood pressure, glucose and A1C screenings, as well as providing free educational lectures to the community. Adventist HealthCare Shady Grove Medical Center will continue its work with the "Healthy Choices Program" in Damascus to provide women of low socio-economic status information and support to assist them in making healthier choices for themselves and their children.	Participant demographics: • 59.61% female, 23.08% male, and 17.31% unidentified • 17.31% Asian, 30.77% Black, 44.23% White, and 7.69% other Completed Screenings: • 55 Cholesterol • 55 Glucose • 51 Blood pressure • 30 Body mass index • 30 Body composition • 15 Carbon monoxide • 24 Sleep apnea • 24 Waist-hip ratio All screening participants also received a counseling session with a health care professional to help them understand their results, risks, and next steps. In addition to screenings, the event featured a heart healthy cooking demonstration and heart health talks by medical experts. **Healthy Heart Trivia** Throughout February 2015, Healthy Heart Trivia was held at several subsidized housing complexes in the SGMC hospital service area. Thirty-five (35) blood pressure screenings were completed, in addition to heart health education among

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**

				116 encounters.
				
				Community Heart Health Screenings
				In addition, Adventist HealthCare SGMC provides thousands of free heart health screenings at over 200 community events/activities each year. Heart health screenings include:
				• Blood pressure
				• Body composition
				  ○ Body mass index
				  ○ Body fat analysis
				
				1,021 blood pressure screenings were completed (including those listed above) and the results were as follows:
				• Normal readings:
				  ○ 21.06% (215) systolic
				  ○ 59.06% (603) diastolic
				• Prehypertension range:
				  ○ 49.76% (508) systolic
				  ○ 29.29% (299) diastolic
				• Stage 1 hypertension:
				  ○ 22.92% (234) systolic
				  ○ 9.7% (99) diastolic
				• Stage 2 hypertension:
				  ○ 5.48% (56) systolic
				  ○ 1.67% (17) diastolic
				• Hypertensive crisis:
				  ○ 0.78% (8) systolic
				  ○ 0.29% (3) diastolic
				
				137 BMI screenings were completed:
				• Underweight: 1.46% (2)

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				• Normal: 56.93% (78) • Overweight: 24.09% (33) • Obese: 17.52% (24) 148 body fat percentage screenings were completed: • Low body fat: 9.46% (14) • Normal body fat: 54.73% (81) • High body fat: 23.65% (35) • Very high body fat: 12.16% (18) **Clinical/Blood Draw Heart Health Screenings** In addition to the free screenings offered in the community, Adventist HealthCare SGMC also offers a Heart Health Community Screening Program. Through this program, individuals are able to register for an appointment or walk-in, and receive any of the following for a reasonable rate: • Vertical Auto profile • Lipid Profile • Homocystine • HsCRP • Glucose • A1c • PSA • Body fat analysis Individuals are able to select individual screenings or a screening package. Free blood pressure screenings are also provided to participants.

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				In 2015, there were 26 clinical/blood draw heart health screenings at Adventist HealthCare Shady Grove Medical Center.
Obesity	According to Healthy Montgomery, 17.9% of County resident adults are either overweight or obese, with Blacks (27.2%) and Hispanics (18.8%) being disproportionately more obese than their racial counterparts. Twenty percent of high school students in Montgomery County are overweight, with Hispanic (29.7%) and Black (25.8%) teens being overweight at higher rates than other races/ethnicities.	Provide both individual (1:1) and group nutrition counseling, and health education related to exercise and nutrition to the community at a variety of community locations.	Provide 1:1 health education and group presentations about healthy nutrition and the importance of exercise at health fairs, senior and community centers, and faith-based organizations. Continue taking part in the "Healthy Choices Program" for low-income women. Provide affordable individual nutrition counseling to the community.	Track the number of participants encountered and educated through community outreach. Monitor rates of obesity and overweight at the county level. **Community Weight Related Screenings** Adventist HealthCare Shady Grove Medical Center provides hundreds of free healthy weight related screenings at over 200 community events/activities each year. Relevant screenings include: • Body mass index • Body composition *(See Heart Disease and Stroke above for outcomes)*
Influenza	Influenza activity level across Maryland for the 2015-2016 flu season was minimal; however the rate of ED visits due to immunization-preventable pneumonia and influenza in Montgomery County was much higher among younger adults (18-24 years old) and Blacks than among any other adult age or racial group.	Provide influenza vaccinations to the community throughout the fall flu season in a variety of locations, including locations that have elderly adults with limited mobility (e.g. senior living facilities and housing).	Continue to provide low cost flu shot clinics throughout Montgomery County to children, adults and seniors at community centers, senior centers, faith-based organizations, the hospital, and subsidized apartment complexes. Adventist HealthCare Shady Grove Medical Center will continue its partnership with WTOP radio to provide hundreds of free flu	Document and track the number of influenza vaccinations provided to community members, and analyze provision of vaccine by variables such as age, ZIP code, and insurance or payment type. Adventist HealthCare Shady Grove Medical Center's "Help Stop the Flu" initiative aims to provide flu vaccines for community members in various easily accessible locations including: senior centers, low-income and senior apartment

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
			shots to the community at large.	complexes, and faith-based communities, as well as the hospital. In addition to the flu shots themselves, we also provide health education on cold and flu prevention to community members. In 2015, approximately 172 flu vaccines were provided for the community through 10 outreach flu shot clinic events at a variety of locations throughout the community.
Senior Health	According to the Maryland Department of Aging, the percentage of Maryland residents over the age of 60 is expected to increase from 18.6% in 2010 to 25.8% by 2030. In Montgomery County, 6.6% of seniors live below the poverty level, with higher percentages among minority seniors and women.	Continue to provide community health outreach programs, education and health screenings to seniors at a variety of locations in the community served by Adventist HealthCare Shady Grove Medical Center.	Adventist HealthCare Shady Grove Medical Center offers community health programs for seniors at: Damascus Senior Center, Gaithersburg Up-County Senior Center, Rockville Senior Center, as well as numerous subsidized senior apartment complexes. Adventist HealthCare Shady Grove Medical Center's community health education and outreach to seniors covers a variety of topics such as: heart health, cholesterol screenings, blood pressure screenings, healthy nutrition, summer safety, disease prevention, cancer screening education, brain health, osteoporosis screenings and bone health, flu and pneumonia shots, education on	Track the number of participants encountered and educated through community outreach. Continue to monitor and assess senior health status in Montgomery County to assure needs are being met and addressed. **Clinical/Blood Draw Heart Health Screenings** *(see Heart Disease and Stroke section above for details)* This program is offered regularly at Adventist HealthCare Shady Grove Medical Center. **Monthly Blood Pressure Screenings** Free monthly blood pressure screenings are offered at various sites in the community such as: • Damascus Senior Center • Gaithersburg Up-County Senior Center • Rockville Senior Center • Forest Oak Tower Apartments

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
			the importance of exercise, lay person CPR and Basic First Aid instruction.	• Londonderry Apartments • Westfield Montgomery Mall • Adventist HealthCare Shady Grove Medical Center **Walking Club** A free walking club is held at Montgomery Mall. During the walking club, experts provide participants with free blood pressure and other health screenings, as well as information on local health services and events. From January to April 2015, the Walking Club was held weekly with an average of 35 attendees at each session. From May to December 2015, the Walking Club was held monthly, with an average of 25 attendees at each session. **Cardiovascular Support and Activity Groups** Groups meet at least monthly to promote both disease prevention and disease management. Groups include: Heart to Heart, Heart Failure, Implantable Cardiac Defibrillator, DVT (Deep Vein Thrombosis) & PE and Sugarloafers Walk Club.

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 Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
Asthma	Rates of ED visits for asthma were lower for Montgomery County than for the state of Maryland; however, black Montgomery County residents had an asthma ED visit rate about 3.4 times higher than white residents, and hospitalization rates showed a similar trend.	Provide community members with resources on asthma through community outreach.	Montgomery County has established The Asthma Management Program, which focuses on reaching out to Latino Children. This program provides education, support and follow-up care. Additionally, the following organizations provide the community with asthma resources: American Lung Association of Maryland, Asthma and Allergy Foundation of America (Maryland Chapter), and the Maryland Asthma Control Program.	Adventist HealthCare Shady Grove Medical Center does not currently provide community outreach and educational programs specifically for asthma because asthma prevalence and rates of ED visits in Montgomery County are below rates statewide, and because there are other asthma resources available in the County. Adventist HealthCare Shady Grove Medical Center will continue to monitor trends in asthma to determine whether future reallocation of resources is needed to provide asthma-related community programs.
HIV/AIDS	Blacks represent about 18.8% of the Montgomery County population, yet 66.8% of HIV cases diagnosed in 2013 were black residents. While HIV-related deaths in the County have greatly decreased in the past decade, the death rate remains high among black	Continue to support other organizations that provide services related to HIV and AIDS.	Treatment and support of those with HIV or AIDS is provided by both private and public health care providers. The safety net clinics serving Montgomery County provide diagnostic services and treatment. Montgomery County Health Department	Adventist HealthCare Shady Grove Medical Center does not currently provide community outreach and educational programs for HIV/AIDS due to limited financial resources. Adventist HealthCare's Center on Health

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	residents at 9.7 HIV-related deaths per 100,000 population.		provides HIV Case Management (including dental care, counseling, support groups, home care services, education and outreach to at-risk populations), clinical services, lab tests, and diagnostic evaluations. Maryland AIDS Administration educates public and health care professionals.	Disparities (now the Center for Health Equity and Wellness) led an initiative called Project BEAT IT! (Becoming Empowered Africans Through Improved Treatment of type 2 diabetes, HIV/AIDS, and hepatitis B), which was a grant-funded initiative from U.S. DHHS Office of Minority Health that provided culturally appropriate health education classes to health care providers and the African immigrant community to improve health outcomes related to these chronic and infectious diseases. The 20-month grant funded project ended in September 2013.
Behavioral Health	In Montgomery County, 11.2 percent of the adult residents have been diagnosed with an anxiety disorder and nearly 15 percent have been diagnosed with a depressive disorder. Among the youth, 12-17 year olds, 10.7% were diagnosed with major depressive episodes in 2013. The rate of hospital	Continue to provide behavioral health referrals to Adventist Behavioral Health, whose main hospital campus is next to the campus of Adventist HealthCare Shady Grove Medical Center.	Four hospitals in Montgomery County provide inpatient/outpatient behavioral health care: Adventist Behavioral Health, MedStar Montgomery, Suburban Hospital, and Washington Adventist Hospital. In addition to private health care providers, there is an array of additional	Adventist HealthCare Shady Grove Medical Center does not provide behavioral health services because these services are already provided by the neighboring specialty care hospital within its hospital system, Adventist HealthCare Behavioral Health and Wellness

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	discharges for bipolar disorders in Montgomery County has increased and there was a two-fold increase in readmission rates in the past decade.		behavioral health services: Montgomery County Crisis Center, Reginald S. Lourie Center for Infants and Young Children, Children's National Medical Center – partial hospitalization programs, Psychiatric Rehabilitation Programs for Children, Affiliated Community Counselors Inc., Anxiety and Depression Association of America, Access Team, City of Rockville Youth and Family Services, Community Connections, Mental Health Association, and National Alliance on Mental Illness (NAMI).	Services. In addition to Adventist HealthCare Behavioral Health and Wellness Services, there are many organizations that provide behavioral health services within the Adventist HealthCare Shady Grove Medical Center service area.
Social Determinants of Health • Food Access • Housing Quality • Education • Transportation	**Food Access** – Montgomery County performs better than state and national baselines with regard to food deserts. **Housing Quality** – 51.6 percent of renters in Montgomery County spend 30% or more of household income on rent. In 2015, an annual survey found there were 1100 homeless people in Montgomery County **Education** – The percentage	Partner with and support other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.	**Food Access** – Adventist HealthCare Shady Grove Medical Center *supports the Meals on Wheels Program and the City of Rockville's annual Holiday Food Drive.* **Housing Quality** – Adventist HealthCare Shady Grove Medical Center *supports* and partners with a local non-profit organization called Interfaith Works, which provided shelter to 824 homeless men, women, and	Adventist HealthCare Shady Grove Medical Center does not directly address many of the social determinants of health because those are not specialty areas of the hospital and Adventist HealthCare Shady Grove Medical Center does not have the resources or expertise to meet many of these needs. Instead, Adventist HealthCare Shady Grove Medical Center partners with and supports

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	of children who enter kindergarten ready to learn in Montgomery County (81%) is lower than the state of Maryland baseline (83%). **Transportation** – Montgomery County ranks in the top quartile of longest commute times among all U.S. counties. The rate of pedestrian injuries on public roads in Montgomery County (41.3/100,000) is lower than that of the state (42.5/100,000) but remains higher than the SHIP 2017 target of 35.6/100,000 population.		children, while providing 13,073 income-qualified residents with free clothing and household goods in 2014 alone. Additionally, the Montgomery County Coalition for the Homeless has shelters and emergency housing as well as programs to provide permanent housing for families. This organization also assists with applying for Medicaid, food stamps, and other entitlement programs, as well as transportation, education completion, and vocational assistance. **Education** – Local community colleges offer low-cost higher education opportunities. The Interagency Coalition to Prevent Adolescent Pregnancy works to reduce teen pregnancy – a common reason teenagers drop out of school. **Transportation** – For community members relying on public transportation, there is a Ride On bus stop located right next to Adventist HealthCare Shady Grove Medical Center's main	other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			entrance to the hospital. Adventist HealthCare Shady Grove Medical Center also helps to arrange transportation home for many patients upon discharge.	

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. Shady Grove Medical Center's community benefit operations/activities are aligned with many of these initiatives. For example, in efforts to reduce cancer-related mortality and survival, SGMC offers free cancer screenings to community members. Also, free cardiovascular screenings (e.g. blood pressure and body composition) are offered at various health fairs, houses of worship, senior centers, etc., to reach populations that may not otherwise have access to these kinds of services. The Breast Cancer Screening program, which provides free, comprehensive breast cancer services to women over 40 with limited or no insurance, serves many African American and Latino women from underserved areas. Patients at-risk for diabetes, or with a diagnosis of diabetes, may be referred to one of several free diabetes programs, including a pre-diabetes class, a monthly nutrition and cooking class, a 6-week diabetes self-management program, and an ongoing support group for persons wishing to adopt a healthier lifestyle to reduce their risk or improvement management of chronic disease; these programs illustrate the integration of health care with various community resources, which, in turn, can lower readmission rates.

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.

According to Healthy Montgomery, the percentage of adults in 2012 that reported being unable to afford to see a doctor was 10 percent (see Figure 29). When stratifying the data, disparities can be seen across different ages, races, and ethnicities. For instance, among adults ages 18 to 44, 11.4 percent are unable to see a doctor (see Figure 29), and among Hispanics and "other" racial groups, 18.3 and 17.9 percent respectively, are unable to afford to see a doctor (see figure 30). Additionally, 9.7 percent of Montgomery County residents do not have health insurance (American Community Survey, 2014). This leads to untreated conditions and adverse health outcomes, which often result in emergency room visits.

Consistent with our mission and values, while also complying with Maryland State regulations, Shady Grove Medical Center is committed to ensuring that patients (or their guarantors) who are uninsured, underinsured and lack the adequate resources to pay for services, have access to medically needed care. The hospital recognizes the difficulty accessing quality outpatient care that uninsured and underinsured patients may face. Ensuring the provision of quality medical services regardless of a patient's ability to pay, the hospital has partnered with safety net clinics in Montgomery County. Through collaboration with such partners as Mercy Health Clinic and Mobile Med, Shady Grove Medical Center strives to ensure that patients are provided a continuum of care upon discharge from the hospital or emergency department. Patients are provided ongoing support and follow-up, such as preventive care, ancillary services, and health education specialty care. There are numerous specialty clinics available, such as diabetes, rheumatology and podiatry. If a patient is in need of services outside of those that the clinic has available, a referral nurse assists the patient, and accesses a network of partner clinics to obtain the specialty care needed. Further, as a participant in the Montgomery County Maternity Partnership, Shady Grove Medical Center operates a Maternity Center to help serve the uninsured pregnant women in Upper Montgomery county region. The hospital serves as a referral center for

high-risk pregnancies. There is the provision of continuity of care, as Shady Grove Medical Center has a laborist group that provides care both at the Maternity Center, and 24/7 coverage at the hospital.

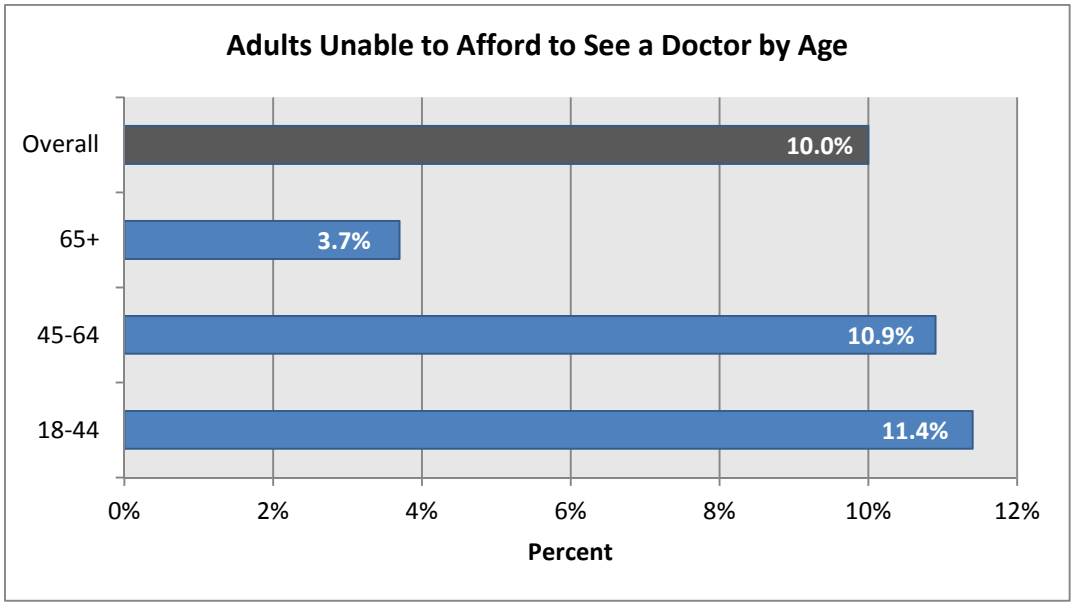

Figure 28. Percentage of Adults unable to Afford to see a Doctor by Age, Montgomery County, 2012 (www.HealthyMontgomery.org)

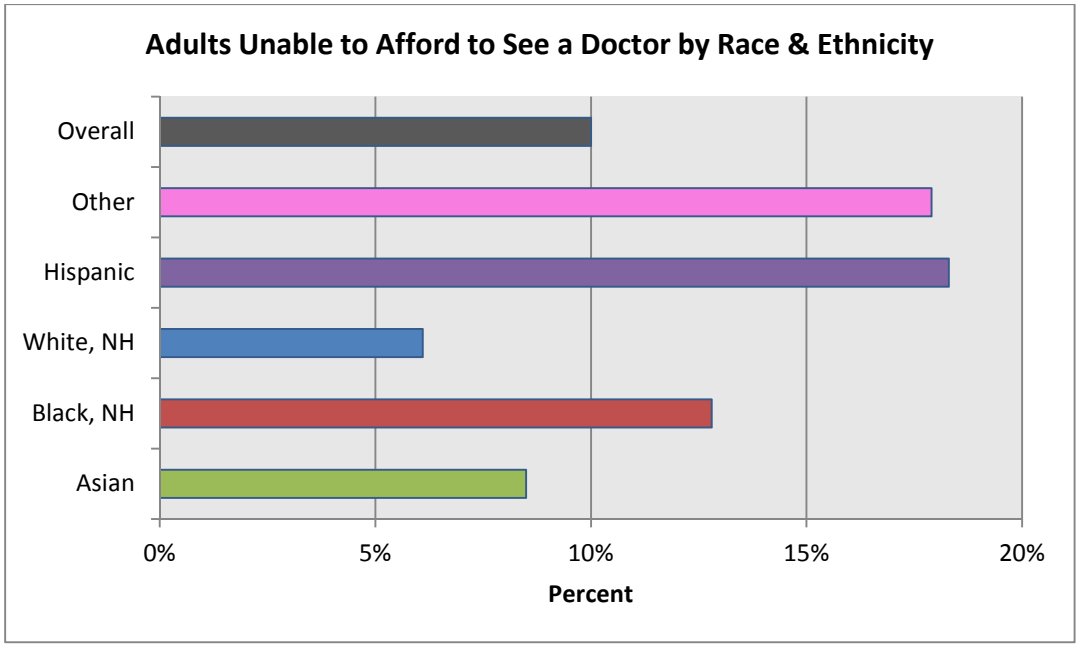

Figure 29. Percentage of Adults unable to Afford to see a Doctor by Race & Ethnicity, Montgomery County, 2012 (www.HealthyMontgomery.org)

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

financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

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

Specialty: Emergency Room – On Call Services

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

Department Coverage:

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

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

Physician Category	Amount
Emergency Department On-Call	$574,758.82
Non-Resident House Staff and Hospitalist	$8,384,656.74
Sexual Support Center	$276,226.82
Recruitment of Physicians to meet community need	$2,063,162.36
Total	**$ 11,298,804.74**

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

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

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

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

Appendix II

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 Shady Grove Medical Center 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 Shady Grove Medical Center. 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 Shady Grove Medical Center'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)

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

DECISION RULES:

A. The patient would be required to fully complete an application for Charity Care and/or completion of the "Income" and "Family Size" portions of the State Medicaid Application could be considered as "an application for Charity Care." A final decision will be determined by using; an electronic income estimator, the state of Maryland poverty guidelines and the review of requested documents. An approved application for assistance will be valid for twelve (**12**) months from the date of service and may[1] be applied to any qualified services (see "A" above), rendered within the twelve (**12**) month period. The patient or Family Representative may reapply for Charity Care if their situation continues to merit assistance.

1. Once a patient qualifies for Charity Care under this policy the patient or any immediate family member of the patient living in the same household shall be eligible for Charity Care at the same level for medically necessary care when seeking subsequent care at the same hospital during the 12 month period from the initial date of service.
2. When the patient is a minor, an immediate family member is defined as; mother, father, unmarried minor natural or adopted siblings, natural or adopted children residing in the same household.
3. When the patient is not a minor, an immediate family member is defined as: spouse, minor natural or adopted siblings, natural or adopted children residing in the same household.

B. Where a patient is deceased with no designated Executor, or no estate on file within the appropriate jurisdiction(s), the cost of any services rendered can be charged to Charity Care without having completed a formal application. This would occur after a determination that other family members have no legal obligation to provide Charity Care. After receiving a death certificate and appropriate authorization, the account balance will be adjusted via the appropriate adjustment codes 23001 – Account in active AR, 33001 – Account in Bad Debt.

C. Where a patient is from out of State with no means to pay, follow instructions for "A" above.

D. A Maryland Resident who has no assets or means to pay, follow instructions for "a" above.

E. A Patient who files for bankruptcy, and has no identifiable means to pay the claim, upon receipt of the discharge summary to include debt owed to AHC, charity will be processed without a completed application and current balances adjusted as instructed in "b" above.

F. Where a patient has no address or social security number on file and we have no means of verifying assets or, patient is deemed homeless, charity will be processed without a completed application and current balances adjusted as instructed in "b" above.

G. A Patient is denied Medicaid but is not determined to be "over resource" follow instructions for "a" above.

H. A Patient who qualifies for federal, state or local governmental programs whose income qualifications fall within AHC Charity Care Guidelines, automatically qualifies for AHC Charity Care without the requirement to complete a charity application.

I. Patients with a Payment Predictability Score (PPS) of 500 or less, and more than 2 prior obligations in a Collection Status on their Credit Report and Income and Family Size are within the Policy Guidelines, charity will be processed without a completed application and current balances adjusted as instructed in "C" above.

J. If a patient experiences a material change in financial status, it is the responsibility of the patient to notify the hospital within ten days of the financial change.

ADVENTIST HEALTH CARE, INC.

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ADVENTIST HEALTHCARE
NOTICE OF AVAILIBILITY OF CHARITY CARE

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

Size of Family Unit	**Guideline**
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

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

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Adventist HealthCare

820 West Diamond Avenue, Suite 600
Gaithersburg, MD 20878
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.

CHARITY CARE APPLICATION- LIVING EXPENSES

EXPENSES :

Rent / Mortgage _____

Food _____

Transportation _____

Utilities _____

Health Insurance premiums _____

Medical expenses not covered by insurance _____

Doctor: _____

_____

_____

Hospital: _____

_____

TOTAL: _____

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

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

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

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

Applicant Signature: _____ Date: _____

Return Application To: Adventist HealthCare
Patient Financial Services
Attn: Customer Service Manager
820 West Diamond Avenue. Suite 500
Gaithersburg, MD 20878

COMMUNITY CHARITY CARE APPLICATION- OFFICIAL DETERMINATION ONLY

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

The reason for Denial:

What additional information is needed?:

Approval Details:

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

Approval Letter was sent on _____

AUTHORIZED SIGNATURES:

_____
CS/COLLECTION 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

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

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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
1	250%	$29,175	80%	20%
2	250%	$39,325	80%	20%
3	250%	$49,475	80%	20%

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

7	350%	$126,105	50%	50%
8	350%	$140,315	50%	50%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%
FAMILY UNIT SIZE	**INCOME GUIDELINE**	**ANNUAL INCOME**	**UNCOMPENSATED CARE AMOUNT**	**PATIENT RESPONSIBILITY AMOUNT**
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%

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

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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Revised:	03/11, 10/02/13	Page:	12 of 16

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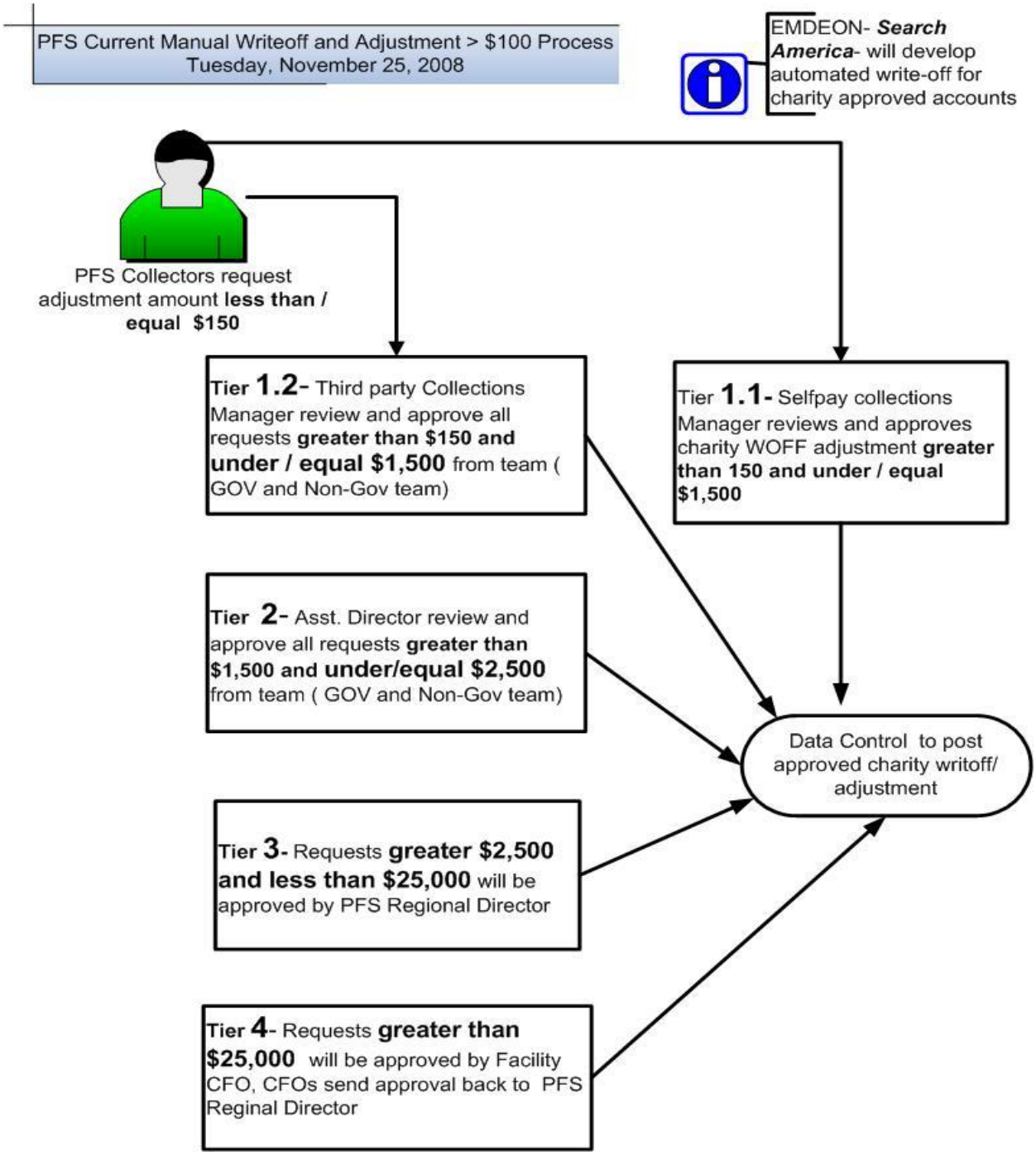

Appendix IV

Patient Information Sheet

Maryland Hospital Patient Information

Hospital Financial Assistance Policy

Shady Grove Medical Center 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, Shady Grove Medical Center 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.
Shady Grove Medical Center 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 (240) 826-5427 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 (240) 826-6056 for assistance.

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

Información del paciente de Maryland Hospital

Política de ayuda financiera del hospital

Shady Grove Medical Center Hospital está comprometido a cubrir las necesidades de salud de su comunidad a través de un ministerio de cuidado físico, mental y espiritual. Este hospital ofrece servicios de salud emergente y de urgencias a todos los pacientes, sin importar si tienen la capacidad de pagar. En cumplimiento con las leyes de Maryland, Shady Grove Medical Center tiene un programa y una política de ayuda financiera.

Usted podría tener el derecho a recibir servicios hospitalarios médicamente necesarios de manera gratuita o a un costo reducido.

Este hospital supera lo previsto en la ley de Maryland al ofrecer ayuda financiera con base en la necesidad, nivel de ingresos, tamaño de la familia y recursos financieros del paciente.

Para obtener información acerca del programa y de la política de ayuda financiera diríjase a cualquier representante de acceso de pacientes o a la oficina de cobranzas.

Derechos del paciente

Como parte de la misión de salud adventista, los pacientes que cumplan con los criterios para recibir ayuda financiera podrían recibir ayuda del hospital para el pago de su factura.

Los pacientes también podrían cumplir con los requisitos para participar en el programa Maryland Medical Assistance, financiado en conjunto por los gobiernos federal y estatal. Este programa paga el costo total de la cobertura de salud para individuos de bajos ingresos que cumplan con los criterios específicos (consulte la información de contacto que aparece más abajo).

Los pacientes que consideren que han sido remitidos por error a una agencia de cobranzas tienen derecho a solicitar ayuda al hospital.

Obligaciones del paciente

Los pacientes con capacidad de pagar sus facturas tienen la obligación de pagar a tiempo al hospital.

Shady Grove Medical Center se esfuerza en cobrar correctamente las cuentas de los pacientes. Los pacientes tienen la responsabilidad de entregar la información correcta acerca de sus datos demográficos e información de seguros.

Los pacientes que consideren que podrían calificar para el programa de ayuda financiera de acuerdo con las políticas del hospital o aquellos que no tengan capacidad de pagar la totalidad de la factura deberán contactar a un consejero financiero o al departamento de cobranzas (consulte la información de contacto que aparece más abajo).

Al solicitar ayuda financiera, los pacientes tienen la responsabilidad de entregar información financiera completa y veraz y de notificar al departamento de cobranzas si ocurren cambios en su situación financiera.

Aquellos pacientes que no cumplan con sus obligaciones financieras podrían ser remitidos a una agencia de cobranzas.

Información de contacto

Para solicitar un plan de pago de su factura llame al (240) 826-5427.

Para averiguar acerca de la ayuda financiera para el pago de su factura, llame a la oficina de cobranzas al (301) 315-3660.

Para averiguar acerca de ayuda médica llame al (240) 826-6056.

Nota: Los servicios que los doctores le proporcionen durante su estadía no están incluidos en su estado de cuenta del hospital y se le cobrarán por separado.

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.