

**Suburban Hospital
Fiscal Year 2015
Community Benefits Report**



JOHNS HOPKINS
M E D I C I N E

December 15, 2015

JOHNS HOPKINS HEALTH SYSTEM
FISCAL YEAR 2015 COMMUNITY BENEFIT REPORT NARRATIVE

SUBURBAN HOSPITAL

TABLE OF CONTENTS

CONTENTS	PAGE
I. General Hospital Demographics and Characteristics	1
II. Community Health Needs Assessment	11
III. Community Benefit Administration	12
IV. Community Benefit External Collaboration	22
V. Hospital Community Benefit Program and Initiatives.....	28
VI. Physicians	47

APPENDICES

Appendix I: Financial Assistance Policy Description

Appendix II: Description of changes to Hospital’s Financial Assistance Policy since the Affordable Care Act effect on January 1, 2014

Appendix III: Financial Assistance Policy

Appendix IV: Patient Information Sheet

Appendix V: Mission, Vision, and Value Statement

Appendix VI: Community Benefit Service Area Demographics

Appendix VII: Suburban Hospital FY 2015 CBSA Definition

Appendix VIII: Community Health Needs Assessment 2013 Implementation Strategy

Appendix IX: Suburban Hospital FY 2015 Strategic Plan

Exhibit 1: Suburban Hospital FY 2015 Community Benefit Programs and Initiatives

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

HOSPITAL INFORMATION:

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The Hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the Hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. Every year, more than 40,000 patients are treated at Suburban Hospital’s busy Emergency/Shock Trauma Center.

The Hospital’s major services include a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; The NIH Heart Center at Suburban Hospital, providing cardiac surgery, elective and emergency angioplasty as well as inpatient diagnostic and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designation as a Primary Stroke Center and a 24/7 stroke team; and senior care programs. In addition, Suburban Hospital provides services including the NIH-Suburban MRI Center; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call). Suburban Hospital is the only hospital in Montgomery County to achieve the Gold Seal of Approval™ by The Joint Commission for its joint replacement program.

1. Primary Service Area.

The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital’s inpatient discharges originated during the most recent 12 month period where the discharges from each zip code are ordered from largest to smallest number of discharges. This information was provided by the Health Services Cost Review Commission (HSCRC).

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
236	13,861	20852, 20814, 20854, 20817, 20815, 20850, 20906, 20895,	Holy Cross Hospital, Holy Cross Germantown Hospital, Shady Grove Adventist Hospital, Washington	1.5% in Montgomery County within Suburban’s PSA ¹	8.4% in Montgomery County within Suburban’s PSA ²

¹ JHM Market Analysis and Business Planning

² JHM Market Analysis and Business Planning

		20902, 20878, 20874	Adventist Hospital, Medstar Montgomery.		
--	--	---------------------------	--	--	--

1. Community Benefits Service Area.

a. Description of Community Benefit Service Area.

Suburban Hospital considers its Community Benefit Service Area (CBSA) as specific populations or communities of need to which the Hospital allocates resources through its community benefits plan and does not limit its community services to the primary service area. To determine the Hospital's CBSA, data from Inpatient Records, Emergency Department (ED) Visits, and Community Health Improvement Initiatives and Wellness Activities were aggregated and defined by the geographic area contained within the following sixteen zip codes: 20814, 20817, 20852, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, 20851, 20877 and 20874. Zip codes (20877-Gaithersburg and 20874-Germantown) were identified and included in the Hospital's CBSA due to an increase in patient and charity care cases and community health and wellness activities originating from those specific zip codes.

Within the CBSA, Suburban Hospital focuses on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors and at-risk youth. Although some of the zip codes selected for Suburban Hospital's CBSA are not immediately adjacent to Suburban Hospital, the Hospital does treat 33.6% of patients from the Silver Spring, Gaithersburg and Germantown areas (20902, 20906, 20910, 20878 and 20874) which is a 1.3% increase from Fiscal year 2014 at 32.3%. Furthermore, Suburban Hospital substantially supports safety net clinics and free health prevention and chronic disease programs in those designated areas.

In addition to the Primary and Community Benefit Service areas, the Hospital provides both in-kind and financial contributions to expand awareness of cardiovascular diseases and chronic disease management to neighboring counties including Prince George's, Calvert, and St. Mary's, which represent more racially and ethnically diverse and rural communities than the primary service area.

- **Geographic boundary** (city, zip codes, or county)
 - Charity care/bad debt: Of all hospital visits at Suburban, approximately \$4,092,481 supported services in charity care and \$5,851,053 was allocated to bad debt during FY 15. Within the CBSA zip codes, 1,885 patients' accounts had charity adjustments of \$2,659,307.54.
 - ED patient origin: The CBSA area accounted for 31,948 visits to Suburban Hospital, representing 72.8% of all FY 15 ED visits.
 - Medically underserved: Suburban Hospital financially supports three Montgomery Cares safety net clinics to expand access to primary care services within the Hospital's CBSA identified zip codes: Holy Cross Hospital Health Center in Gaithersburg (20877),

MobileMed (20814, 20817, 20854, 20852, and 20874) and *Clinica Proyecto Salud* (20902).

- Ethnic minorities: The CBSA includes a population which is 48.9% White, non-Hispanic; 13.6%, Black non-Hispanic; 19.0% Hispanic; 15.3% Asian and Pacific Islander non-Hispanic; 3.3% All others.
- Health disparities: 3.61% of the population is uninsured within the hospital’s CBSA.
- **Outreach approach** (hospital’s principal function or specialty areas of focus, e.g., Burn Center)

Suburban Hospital’s health improvement and outreach approach connects the hospital, community partners, local stakeholders and other resources with identified health needs. Building a healthy community goes beyond providing health care. Suburban Hospital not only aligns health priorities with the areas of greatest identified need, but also considers where the Hospital’s resources will generate the greatest impact. According to the CDC, heart disease continues to be the leading cause of death among African American/Black, white, non-Hispanic and Hispanics in the United States. Within Suburban Hospital’s CBSA, the age-adjusted death rate due to coronary artery disease correlates to those in the United States with the African American/black population having a higher age-adjusted death rate due to heart disease of 152.0 compared to the overall rate of 114.6 in Montgomery County, though a fairly lower rate compared to the state of Maryland (171.7).³ With that in mind, Suburban Hospital aligns its programs to reduce the gap in disparities within its CBSA. One example is through the Hospital’s funding of four HeartWell clinics in Suburban’s targeted CBSA. The goal of the clinics is to establish access to needed cardiovascular specialty care to vulnerable residents in the community. For the past twelve years, consistent health improvement initiatives such as HeartWell have provided thousands of seniors who have suffered heart attacks or advanced cardiovascular illness access to free cardiovascular health education, disease management, exercise, and nutrition classes. Under the care of four HeartWell nurses, individuals have the opportunity to visit four local senior centers throughout the county several days a week to receive ongoing follow-up care and support, thereby better managing their chronic disease and avoiding possible hospital re-admissions.

- **Target population** (uninsured, elderly, HIV, cardiovascular disease, diabetes)

While Suburban Hospital’s health improvement initiatives are targeted to the needs of various areas of our community, a Community Advisory Board and Visioning team was established in 1998. Composed of several public and private health officials along with other outside organization leaders, the team identified four specific target areas of need: 1.) A focus on health access of minority populations 2.) underserved seniors 3.) at-risk youth and 4.) management of chronic diseases including diabetes for the under/uninsured. Today, almost twenty years later, similar health priorities and areas of targeted focus serve as guiding principles for community health improvement. For instance, our area has a rapidly growing senior population; inside Suburban Hospital’s CBSA, 28.1% of the population is over the age of 55.⁴ In fact, Montgomery County has one of the longest life expectancy rates in the country (83.6 years) for women and (79.5 years) for men.⁵ As the community grows older, the need to care for the elderly in specific ways is expanding. For that reason the Hospital earned the NICHE (Nurses Improving Care for Health system Elders) designation from The Hartford Institute for Geriatric Nursing at New York University

³ Maryland State Improvement Process (SHIP), 2013, <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>

⁴ 2015 Truven Health Analytics Inc.

⁵ Institute for Health Metrics Evaluation, www.healthmetricsandevaluation.org, 2013

College of Nursing. NICHE is the only national geriatric initiative designed to improve the care of older hospitalized adults. With this prestigious designation, Suburban Hospital acknowledges the many distinct issues that older patients face, such as hearing and vision loss and gait and balance challenges, and has incorporated best practices in place to provide expert, patient-centered care for these individuals. Examples of this initiative include hospital-wide education programs to help sensitize staff to the specific needs of older adults, and environmental design changes to enhance function and comfort.

Additionally, the Community Health and Wellness Department conducts hundreds of community health improvement programs, screenings, classes, and seminars within the Hospital’s CBSA each year reaching populations from school age children to active seniors. Further detail of these partnerships and health initiatives are highlighted throughout the report.

b. Demographics.

Table II provides significant demographic characteristics and social determinants that are relevant to the needs of the community. (See Appendices VI and VII for maps and demographic information)

Table II

<p>Community Benefit Service Area (CBSA) Target Population (# of people in target population, by sex, race, ethnicity, and average age)</p>	<p>Total population within the CBSA: 638,821⁶</p> <p><u>Sex:</u></p> <p>Male: 306,807/48.03%</p> <p>Female: 332,014/51.97%</p> <p><u>Race/Ethnicity:</u></p> <p>White, non-Hispanic: 312,333/48.9%</p> <p>Black, non-Hispanic: 86,654/13.6%</p> <p>Hispanic: 121,084/19.0%</p> <p>Asian and Pacific Islander non-Hispanic: 97,898/15.3%</p> <p>All others: 20,852/3.3%</p> <p><u>Age:</u></p> <p>0-14: 119,379/18.7%</p> <p>15-17: 23,838/3.7%</p> <p>18-24: 48,925/7.7%</p> <p>25-34: 85,180/13.3%</p>
---	--

⁶ 2015 Truven Health Analytics Inc.

	<p>35-54: 182,077/28.5%</p> <p>55-64: 83,568/13.1%</p> <p>65+: 95,854/15.0%</p>
Median Household Income within the CBSA	Average household income within CBSA is \$138,765 compared to \$74,165 in the US. ⁷
Percentage of households with incomes below the federal poverty guidelines within the CBSA	In Montgomery County, 4.5% of households with incomes are below the federal poverty guidelines. ⁸
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html ; http://planning.maryland.gov/msdc/American_Community_Survey/2009A_CS.shtml	3.61% of the Suburban Hospital’s CBSA population is uninsured. ⁹
Percentage of Medicaid recipients by County within the CBSA.	14.6% of the Suburban Hospital’s CBSA population receives Medicaid. ¹⁰
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	<p>The life expectancy is 84.3¹¹ years at birth in Montgomery County, which is higher than the life expectancy in Maryland (79.6)¹² and the projected National Baseline (78.8).¹³ Compared with other counties in Maryland, Montgomery County has a higher life expectancy. Data for Suburban Hospital’s CBSA is not available at this time.</p> <p>The life expectancy in Montgomery County for White, non-Hispanic (84.3) individuals is slightly higher than Black, non-Hispanic (82.4).¹⁴</p>
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	Within Suburban Hospital’s CBSA, the infant mortality rate for all Races is 4.6 per 1,000 live births; among Caucasians is 3.6 per 1,000 live births and among African Americans is 9.9 per 1,000 live births and among Hispanics is 3.4 per 1,000 live births. ¹⁵

⁷ 2015 Truven Health Analytics Inc.

⁸ www.healthymontgomery.org

⁹ 2015 Truven Health Analytics Inc.

¹⁰ 2015 Truven Health Analytics Inc.

¹¹ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>

¹² Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>

¹³ National Vital Statistics Report, Final data for 2012, http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_09.pdf

¹⁴ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>

¹⁵ Healthy Montgomery Core Measures

	<p>Within Montgomery County, the infant mortality rate for all Races is 4.8 per 1,000 live births; among Caucasians is 3.6 per 1,000 live births and among African Americans is 8.3 per 1,000 live births and among Hispanics is 4.4 per 1,000 live births.¹⁶</p> <p>Age-Adjusted Death Rate due to Heart Disease within Suburban Hospital's CBSA is 111.7 deaths/100,000 population.¹⁷</p> <p>Age-Adjusted Death Rate due to Heart Disease by Race/Ethnicity within Suburban Hospital's CBSA:¹⁸</p> <ul style="list-style-type: none"> – 152.0/100,000 Black – 115.1/100,000 White – 56.0/100,000 Hispanic – 73.2/100,000 Asian/Pacific Islander <p>Age-Adjusted Death Rate due to Heart Disease in Montgomery County is 114.6 deaths/100,000 population.¹⁹</p> <p>Age-Adjusted Death Rate due to Heart Disease by Race/Ethnicity in Montgomery County:²⁰</p> <ul style="list-style-type: none"> – 132.9/100,000 Black – 122.0/100,000 White – 61.1/100,000 Hispanic – 66.1/100,000 Asian/Pacific Islander <p>Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) within Suburban Hospital's CBSA is 26.3 deaths/100,000 population.²¹</p>
--	---

¹⁶ Maryland Vital Statistics, Infant Mortality in Maryland, 2014, <http://dhmh.maryland.gov/vsa/Documents/prelim14.pdf>

¹⁷ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2008-2012 and 2009-2013 Results."

¹⁸ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2008-2012 and 2009-2013 Results."

¹⁹ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>

²⁰ Maryland State Improvement Process (SHIP), 2013, <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>

²¹ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2008-2012 and 2009-2013 Results."

	<p>Age-Adjusted Death Rate due to Cerebrovascular Disease by Race/Ethnicity within Suburban Hospital’s CBSA:²²</p> <ul style="list-style-type: none"> – 30.0/100,000 Black – 26.4/100,000 White – 16.9/100,000 Hispanic – 23.8/100,000 Asian/Pacific Islander <p>Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) is 26.5 deaths/100,000 population in Montgomery County.²³</p> <p>Age-Adjusted Death Rate due to Colorectal Cancer is 9.7 deaths/100,000 population.²⁴</p> <p>Age-Adjusted Death Rate due to Colorectal Cancer by Race/Ethnicity in Montgomery County:</p> <ul style="list-style-type: none"> – 9.1/100,00 White – 13.2/100,000 Black – 7.5/100,000 Hispanic – 9.7/100,000 Asian/Pacific Islander²⁵ <p>Age-Adjusted Death Rate due to Prostate Cancer for men is 16.7 deaths/100,000 males.²⁶</p> <p>Age-adjusted Death Rate due to Prostate Cancer by Race/Ethnicity in Montgomery County:</p> <ul style="list-style-type: none"> – 16.7/100,000 White – 28.1/100,000 Black – No data Asian/Pacific Islander – No data Hispanic¹⁸ <p>Within its CBSA, Suburban Hospital has several community initiatives and programs to prevent and decrease these four chronic disease rates.</p>
--	---

²² Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2008-2012 and 2009-2013 Results."

²³ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>

²⁴ National Cancer Institute, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

²⁵ National Cancer Institute, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

²⁶ National Cancer Institute, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>

<p>Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources)</p> <p>See SHIP website for social and physical environmental data and county profiles for primary service area information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx</p>	<p>1% of Montgomery County residents are low- income and do not live close to a grocery store compared to 3% of residents who live in the state. 26% of children enrolled in Montgomery County public schools are eligible for free lunch compared to 36% of children in Maryland.²⁷</p> <p>Within the CBSA, there are several grocery stores, produce stands and farmers markets enabling residents to choose healthier food options. In Montgomery County, most grocery stores along with several farmers markets, including the FRESHFARM Market in Silver Spring, MD 20910²⁸ and the Rockville Farmers Market in Rockville, MD 20850, accept food stamps.²⁹</p> <p>As of September 2015, 73,308 Montgomery County Residents were part of the Food Supplement Program which provides assistance to help low-income families to purchase healthy foods, a -0.6% decrease from September 2014 at 73,761.³⁰</p> <p>44.2% of Montgomery County Public School students now or have in the past received Free and Reduced Meals (FARMs).³¹</p> <p>7.9% of Montgomery county residents experienced food insecurity at some point during the year.³² 15.8% of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.³³</p>
<p>Transportation</p>	<p>Suburban Hospital and its outpatient facility are accessible to public transportation. The Ride-On bus system is the primary public transportation system and serves Montgomery County.³⁴ In addition, Washington Metro stations are located near the Hospital at the National Institutes of Health campus and in downtown Bethesda, a 30-minute walk to the hospital. Limited bike lanes are also available.³⁵</p> <p>The Capital Bike Share program installed 19 docks of bicycles near Suburban Hospital and NIH as part of the Montgomery County Bike Share program in 2014. Located on the corner of Old Georgetown Road and Southwick Road, one block from the</p>

²⁷ County Health Rankings & Roadmaps, www.countyhealthrankings.org

²⁸ Fresh Farm Markets, www.freshfarmmarkets.org/

²⁹ Maryland Farmers Market Association, <http://www.marylandfma.org/>

³⁰ Maryland Hunger Solutions, http://www.mdhungersolutions.org/facts_stats/index.shtml

³¹ Montgomery County Public Schools, 2014-2015, www.montgomeryschoolsmd.org/departments/regulatoryaccountability/glance/currentyear/schools/county.pdf

³² Feeding America, 2013. http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2013/MD_AllCounties_CDs_MMG_2013.pdf

³³ Feeding America, 2013. http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2013/MD_AllCounties_CDs_CFI_2013.pdf

³⁴ Montgomery County Department of Transportation, www.montgomerycountymd.gov/dot-transit/index.html

³⁵ Washington Metropolitan Area Transit Authority, www.wmata.com

	<p>as well from 12,586 in 2009 to 4,236 in 2013. However in 2014, there was a slight decrease to 1,495.⁴¹</p> <p>0% of people get water from public water systems that have received at least one health-based violation in the reporting period.⁴²</p>
Available detail on race, ethnicity, and language within the CBSA	<p>39.1% of Montgomery County residents speak a language other than English at home. 34.2% are Foreign-born persons living in Montgomery County.⁴³</p> <p>Montgomery County is ranked 11th as the most Linguistically Diverse County with 96 languages spoken in the nation.⁴⁴</p>
Minority owned businesses in Montgomery County ⁴⁵	<p>32.4%: Women owned</p> <p>12.4%: Black</p> <p>12.1%: Asian</p> <p>10.0%: Hispanic</p> <p>0.7%: American Indian- and Alaska Native</p> <p>0.1%: Native Hawaiian and Other Pacific Islander</p>
Economic Development	<p>Suburban Hospital is a partner of the Montgomery Business Development Corporation which is a non-partisan organization to provide a business-friendly perspective regarding economic development issues, including strategic planning, retaining and attracting business, and legislative and regulatory advocacy.⁴⁶</p> <p>Dr. Gene E. Green, President of Suburban Hospital and Leslie Ford Weber, Director of Government and Community Affairs served as a board members of the Montgomery County Chamber of Commerce during FY 15.</p> <p>Ronna Borenstein-Levy, Senior Director, Marketing and Communications, Community Division, National Capital Region was a board member of the Bethesda Chevy Chase Chamber of Commerce in FY 15 and the Hospital supports the BCC Chamber in several events supporting economic growth in Montgomery County.</p>

⁴¹ U.S. Environmental Protection Agency, www.epa.gov
⁴² County Health Rankings & Roadmaps, www.countyrankings.org
⁴³ American Community Survey, 2009-2013, www.census.gov
⁴⁴ U.S English Foundation, Inc., www.usefoundation.org/view/55
⁴⁵ US Census, Quick Facts, 2010, www.census.gov
⁴⁶ Montgomery Business Development Corporation, www.montgomerybdc.org

	<p>According to the Montgomery County Department of Economic Development, Suburban Hospital is one of the leading employers of Montgomery County, employing over 1,700 residents throughout Metropolitan Washington area. The Division of Small and Minority Business Empowerment within the Department of Economic Development of Montgomery County provides services to more than 80,000 small and minority businesses located in Montgomery County by creating initiatives and forming partnerships with community organizations, business groups, private enterprises, and other public agencies.⁴⁷</p> <p>The Maryland Women’s Business Center, located in zip code 20850, received a grant from the Citi Foundation that will help the center, which Rockville Economic Development Inc. launched in November 2011, foster successful, growing, women-owned businesses to benefit from its services, creating jobs and empowering women in our community.⁴⁸</p>
--	---

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

Yes
 No

Suburban Hospital completed its community health needs assessment 1.) through its collaboration with the Montgomery County Department of Health and Human Services and four other county hospitals to conduct a county-wide community health needs assessment called “Healthy Montgomery;” 2) engaging community experts by establishing a Community Benefit Advisory Council (CBAC) that advises on the direction of the needs assessment; and 3) conducting a community health survey to assess the needs and insights of the community members benefiting from Suburban’s programs, services and activities. Healthy Montgomery identified six health priorities to be tracked, measured and evaluated based on three lenses-health inequities, lack of access, and unhealthy behavior-listed below which are parallel to the health priorities identified from Suburban Hospital’s community health survey in no particular order.

Striving to reduce rate of disease and improve health quality associated with the six priorities, the Hospital has established health initiatives, programs and partnerships associated with each priority and is included in the Hospital’s implementation plan, serving the community’s needs.

- **Cardiovascular Health** – alignment with National Heart Lung and Blood Institute (NHLBI) and NIH Heart Center at Suburban Hospital which features an accredited open heart program;

⁴⁷ Montgomery Economic Development, www.choosemontgomerymd.com

⁴⁸ Maryland Women’s Business Center, www.marylandwbc.org

MobileMed/NIH Heart Clinic at Suburban Hospital; Latino Health Initiative; 4 HeartWell clinics throughout Montgomery County; American Heart Association.

- **Diabetes** – alignment with National Institutes of Diabetes and Digestive Kidney Diseases (NIDDK), MobileMed/NIH Endocrine Clinic at Suburban Hospital; various support groups at Montgomery County Department of Parks and Recreation centers; Diabetes education in partnership with Sibley Memorial Hospital; Diabetes Lite classes at Suburban Hospital.
- **Obesity** – partnership with Girls on the Run; various Senior Shape Exercise classes held Montgomery County Department of Parks and Recreation centers; Weight Management classes at Suburban Hospital.
- **Cancer** – alignment with National Cancer Institute (NCI); Montgomery County Cancer Coalition (MCCC); cancer-related support groups and symposia at Suburban; AVON Breast Cancer Crusade, Koman for the Cure; *Check It Out*; American Lung Association;
- **Behavioral Health** – Hospital understands current challenges with identifying and treating patients to appropriate referral services in Montgomery County; alignment with NAMI, Addiction Treatment Center at Suburban; support groups at Suburban Hospital.
- **Maternal and Child Health** – partnerships with YMCA Youth and Family Services; Girls on the Run of Montgomery County; Safe Sitter, Inc.; Montgomery County Public Schools; Safe Kids Coalition; Suburban Hospital’s Shaw Family Pediatric Emergency Center;

Provide date here. 03 / 21 / 2013 (mm/dd/yy)

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

http://www.hopkinsmedicine.org/suburban_hospital/community_health/needs_initiative/needs_assessment.html

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

Yes
 No

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

See Appendix VIII

III. COMMUNITY BENEFIT ADMINISTRATION

1. Decision making process of determining which needs in the community would be addressed through community benefits activities of the Hospital.

- 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.

Yes, Suburban Hospital's Community Benefit Strategic plan is incorporated into the Hospital's strategic plan to ensure that the system continues to build quality relationships with community partners in addressing the health needs of the community. Suburban Hospital's FY 15 strategic plan included the integration of four community benefit health improvement goals. The four goals were 1.) Increase access to quality diabetes management and treatment for CBSA and uninsured residents; 2.) Improve positive outcomes for mental health by providing programs that foster social and emotional support; 3.) Reduce frequency of hospital admission due to cardiovascular disease for uninsured Montgomery residents; 4.) Increase access to affordable exercise and nutrition programs for CBSA residents and school-aged children. These goals were measured and reported quarterly as part of the hospital's overall operation performance scorecard.

By the end of FY 15, all four goals were achieved. Among the performance measures used to evaluate goal attainment, included an increase in access of care, expansion of health promotion programs, and improved care management coordination. For example, additional Diabetes Support and Continuing Education Meetings were started at two area senior centers in Montgomery County, facilitated by the Hospital's HeartWell nurses. These meetings offer community members living with Diabetes an opportunity to learn the tools for optimal living with Diabetes. Topics discuss include nutrition, exercise, foot and eye care and stress management. Community members are able to provide encouragement to others living with Diabetes. Additionally, Pre-Diabetes Action classes held at Suburban Hospital were also added. In these classes, community members learn how diabetes progresses and what essential lifestyles modifications can slow or prevent the onset of diabetes. Taught by a registered nurse and certified diabetes educator, the Pre-Diabetes Action classes are ideal for anyone diagnosed with pre-diabetes or at-risk of developing diabetes due to family or personal healthy history.

See Appendix IX

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

In working with the Montgomery County Department of Health and Human Services and addressing the needs set by Healthy Montgomery, Suburban Hospital's Board of Trustees, President and CEO, and the organization's operations leadership team work thoroughly to ensure that the hospital's strategic and clinical goals are aligned with unmet community needs through the planning, monitoring and evaluation of its community benefit activities.

In addition, nursing leadership, community physicians, health partnership advisory boards, local government and business agencies, and other not-for-profit organizations continue to influence the decision making process and prioritization of Suburban Hospital's community benefit activities.

1. Senior Leadership ✓
 - I. Gene E. Green, M.D., M.B.A., President and CEO, Suburban Hospital
 - II. Jacqueline Schultz, Executive Vice President and Chief Operating Officer

- III. Marty Basso, Senior Vice President of Finance and Treasurer, Community Division, National Capital Region and Chief Financial Officer, Sibley Memorial Hospital and Suburban Hospital
- IV. Joseph Linstrom, Vice President of Operations
- V. June Marlin Falb, Vice President of Development
- VI. Queenie C. Plater, Vice President of Human Resources, Community Division, National Capital Region
- VII. Christine Stuppy, Vice President, Strategic Planning, Community Division, National Capital Region
- VIII. Ronna Borenstein-Levy, Senior Director, Marketing and Communications, Community Division, National Capital Region
- IX. Jason Cole, Senior Director of IT
- X. Brian Ebbitt, Senior Director of Administration
- XI. Wayne Stockbridge, Senior Director of Human Resources
- XII. Leslie Ford Weber, Director, Campus, Government and Community Affairs, Montgomery County

Senior Leadership plays a crucial role as active members of the Hospital’s CBAC by providing feedback and recommendations to the council on Hospital community benefit reporting and population health initiatives. In addition, several members of senior leadership contribute community benefit hours to the Hospital’s annual report. Below are a few examples:

- Gene E. Green, M.D., M.B.A., President and CEO, Suburban Hospital, meets regularly with community leaders in addressing the needs of the community and advises the Community Health and Wellness Department on population health initiatives. As a physician, he also offers a unique perspective in addressing the needs of the community. He also volunteered his clinical skills at *Clinica Proyecto Salud* in Silver Spring, Maryland in FY 15.
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer, represented the Hospital by serving on Montgomery Cares Program Advisory Board in FY 15 whose goal is to advise the community leaders on matters relating to the County’s uninsured residents.
- Marty Basso, Senior Vice President of Finance and Treasurer, Community Division, National Capital Region and Chief Financial Officer, Sibley Memorial Hospital and Suburban Hospital integrally involved in on-going discussion and meetings to vet and validate regulatory reporting of Community Benefit operations.
- Ronna Borenstein-Levy, Senior Director, Marketing and Communications, Community Division, National Capital Region, chairs a board committee for the Bethesda Chevy Chase Chamber of Commerce.
- Jason Cole, Senior Director of IT, supports the Hospital “Recycle My Computer” program which donates used hospital computers to community organizations which serve vulnerable communities.
- Leslie Ford Weber, Director, Campus, Government and Community Affairs, Montgomery County, represented the Hospital on the Montgomery County Chamber of Commerce and the Montgomery Business Development Corporation. Ms. Weber also works with the Hospital’s leadership and Board of Directors in approving community contributions which align with the Hospital’s health priorities in supporting non-for-profit organizations including the YMCA Bethesda-Chevy Chase, Girls on the Run Montgomery County and A Wider Circle and Bethesda Green. In FY 15, Suburban Hospital donated over \$3,839,229.00 of in-kind and cash donations.
- Brian Ebbitt, Suburban Hospital’s Senior Director of Administration, serves on Suburban’s Community Benefit Advisory Council and leads Suburban’s strategic planning process. Brian

provides continues council on the incorporation and alignment of community health improvement in the organization's strategic goal-setting process.

- Wayne Stockbridge, Senior Director of Human Resources, supports hospital initiatives including quarterly American Red Cross blood drives and the United Way campaign activities, advocating for Hospital employees to actively serve and meet community health needs on hospital time.

2. Clinical Leadership ✓

- i. Physicians: Robert Rothstein, M.D., Vice President of Medical Affairs; Diane Colgan, M.D., Board Chair of Medical Staff; Dr. Leila Hall, Medical Director, Shaw Family Pediatric Emergency Center.
- ii. Nurses: Barbara Jacobs, Chief Nursing Officer and Senior Director of Nursing, LeighAnn Sidone, Associate Chief Nursing Officer
- iii. Social Workers: Norma Bent, Corporate Director, Care Coordination Department
- iv. Other(s): Matthew Tovornik, Division Director, Orthopedic & Neurosurgery Service Lines and Rehabilitation; Beth Kane-Davidson, Director of Addiction Treatment Center; Shawn Donnelly, Department Director, Managed Care and Patient Access; Rev. Barbara McKenzie, Director of Pastoral Care; Rhonda Brandes, RD, LDN, Clinical Nutrition Manager;

As with senior leadership, clinical leadership plays an important role in community benefit process by working closely with the Community Health and Wellness Division on community health initiatives such as health education programs and specialty clinics. In addition, members of clinical leadership are also involved in contributing community benefit hours to the annual report. Below are a few examples:

- Dr. Robert Rothstein, Vice President of Medical Affairs, supports health improvement initiatives including the MobileMed/NIH Heart Clinic and MobileMed/NIH Endocrine Clinics at Suburban Hospital along with charity care support.
- Dr. Diane Colgan, Board Chair of Medical Staff, serves on the Hospital's CBAC and provides a physician perspective to population health and recruits physician participation.
- Dr. Leila Hall, Medical Director, Shaw Family Pediatric Emergency Center, volunteers her time educating Cub and Boy Scout troops on first aid and safety, providing health tips on the Girls on the Run Montgomery County website and attending the annual Bethesda Chevy Chase YMCA Healthy Kids Day.
- Matthew Tovornik, Division Director, Orthopedic & Neurosurgery Service Lines and Rehabilitation, offers a variety of free to low cost balance, fall prevention and joint health education classes and seminars at the local senior community centers so that seniors are able to prevent falls and improve their balance.
- Beth Kane-Davidson, Director of Addiction Treatment Center, travels throughout the Montgomery County high schools advises teens and parents on the dangers of substance abuse while offering a forum for open dialogue.
- Shawn Donnelly, Department Director, Managed Care and Patient Access and his team volunteers their time by registering clinic patients for the MobileMed/NIH Heart Clinic and MobileMed/NIH Endocrine Clinics at Suburban Hospital.
- Rhonda Brandes, RD, LDN, Clinical Nutrition Manager and her team of registered and licensed hospital dietitians donate their time and expertise at the MobileMed/NIH Endocrine clinic by educating diabetic patients on practical approaches to managing their diabetes through proper nutrition and food choices.

3. Community Benefit Operations ✓

The Community Health and Wellness (CHW) Division consists of five public health professionals who oversee 2,761 community health improvement programs, screenings, classes, seminars and activities serving 80,273 individuals throughout Montgomery County as well as Prince George’s, Calvert, Charles and St. Mary’s Counties. The Community Health and Wellness Division is also responsible for the Hospital’s Community Benefit Report and the Community Health Needs Assessment. Individuals manage the Community Benefit process by collecting, reporting and analyzing data and composing the narrative to the HSCRC. By working directly with Healthy Montgomery to complete the Hospital’s Community Health Needs Assessment, the Division also administers supplemental community feedback surveys, analyzing its results and composes the assessment and implementation plan during the three year cycle and submits to the IRS. Furthermore, the Division works collaboratively with the Montgomery County Health and Human Services Department, coalitions, community partners and leaders to ensure identified community needs are strategically aligned with the hospital’s health improvement infrastructure.

Staff from the Finance department work alongside the Community Health and Wellness Division and are responsible for calculating the dollars attributed to the Community Benefit report.

i. Individuals✓:

- Monique L. Sanfuentes, Director of Community Health and Wellness; (1 FTE)
 - Eleni Antzoulatos, Coordinator, Health Promotions and Community Wellness, Community Health and Wellness; (1 FTE)
 - Sezelle Gabriel Banwaree, Department Director, Finance and Treasury; (1 FTE)
 - Sara Demetriou, Coordinator, Health Initiatives and Community Relations, Community Health and Wellness; (1 FTE)
 - Brian Ebbitt, Senior Director, Administration; (1 FTE)
 - Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness; (1 FTE)
 - Joan Hall, Director, Finance Director, Clinical Economics, Reimbursement and Health Information; (1 FTE)
 - Lucas McCormley, Senior Financial Analyst, Finance and Treasury; (1 FTE)
 - Alan Poole, Senior Financial Analyst, Financial Planning, Budget, and Reimbursement; (1 FTE)
 - Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness; (1 FTE)
- Monique L. Sanfuentes, Director of Community Health and Wellness, oversees the community benefit and community health improvement processes. Sanfuentes works collaboratively with senior, clinical, and community leadership to make certain that identified community health priorities and initiatives are integrated and prioritized within the Hospital’s strategic and operation’s plans. Sanfuentes directs all aspects of the hospital’s community benefit operations which includes: financial contributions, health partnerships, community initiatives, strategic affiliations and collaboration with health coalitions, outreach activities, wellness programs and corporate projects.
- Eleni Antzoulatos, Coordinator, Health Promotions and Community Wellness, Community Health and Wellness, is responsible for producing Suburban Hospital’s Community Benefit Report by

collecting, evaluating, and reporting data received from hospital staff using CBISA software. She also produces the Community Benefit narrative, which is submitted to the HSCRC. Additionally, Antzoulatos oversees many Health Promotion and Community Wellness initiatives at Suburban Hospital through the healthy lifestyle programs known as WellWorks, which offers nutrition, safety and fitness classes to community members and Worksite Wellness initiatives, which help local businesses encompass healthy lifestyle practices within the workplace. Antzoulatos arranges Suburban Hospital's health and wellness seminars and special events, including the Annual Women's and Men's Health Symposia, alongside the physician liaison, marketing and service line administrators.

- Sezelle Gabriel Banwaree, Department Director, Finance and Treasury, supports the completion of the Community Benefit data collection sheet. She is responsible for providing the organization's monthly financial and statistical reports to assist in measuring compliance with performance metrics. Works closely with a multi-disciplinary team to develop the annual organization operating and capital budget.
- Sara Demetriou, Coordinator, Health Initiative and Community Relations, coordinates and evaluates Health Initiatives and Community Partnerships throughout Montgomery County working closely with both adolescents and older adult population. Programs like Senior Shape encourage residents 50 and over to build strength, flexibility and improve balance. In addition, Demetriou's oversight of ongoing blood pressure screenings conducted at various senior centers affords community members to access ongoing monitoring and links to other needed medical services. Throughout the academic school year, Demetriou coordinates and programs Medical Exploring in partnership with the Boy Scouts of America to provide a unique hands-on learning experience to students interested in pursuing careers in science and medicine. Furthermore, she collaborates closely with the local chapter of Hadassah to operate the *Check It Out* program which delivers breast cancer awareness and education to 11th and 12th grade female students. She also spends a portion of her time engaging hospital colleagues to contribute and participate in organization wide initiatives that support the United Way as well as the Adopt-A-Family Program. All of these programs contribute to the Hospital's Community Benefit Report.
- Brian Ebbitt is Suburban Hospital's Senior Director of Administration. Ebbitt serves on Suburban's Community Benefit Advisory Council and leads Suburban's strategic planning process. Ebbitt provides continuous council on the incorporation and alignment of community health improvement in the organization's strategic goal-setting process.
- Joan Hall, Director, Finance Director, Clinical Economics, Reimbursement and Health Information, supervises and ensures that the completion of the Community Benefit data collection sheet has met the HSCRC standards and guidelines. Hall supports the management of Suburban Hospital in monitoring the performance metrics/goals to achieve operational targets and utilizes internal and external information to report to health care regulatory agencies.
- Michelle Hathaway, Cardiovascular Health Promotions Coordinator, Community Health and Wellness, focuses on cardiovascular health improvement efforts in Prince George's, Calvert, Charles and St. Mary's counties and measures community benefit and health outcomes as a result of community outreach activities and resources programmed for community health education in those counties. Hathaway also plays a crucial role in producing the Community Health Needs Assessment and Implementation plan.
- Lucas McCormley, Senior Financial Analyst, Finance and Treasury, compiles and completes the financial data into the Community Benefit data collection sheet submitted to the HSCRC.
- Alan Poole, Senior Financial Analyst, Financial Planning, Budget, and Reimbursement, assisted in complying financial data into the Community Benefit data collection sheet submitted to the HSCRC.

- Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness spearheads the Hospital’s community health needs assessment and implementation processes as she works diligently with County health improvement team to provide feedback and recommendations on the community health improvement plan. She also leads diabetes education efforts for the community, and serves as a liaison for ethnic and multicultural populations. She works closely with safety net clinics and local health coalitions that increase access to chronic disease treatment and prevention for Montgomery County’s uninsured and underserved residents. Specific efforts include screening and education for colorectal cancer, hypertension and stroke, as well as nutritional counseling. Rios is also responsible for overseeing the hospital’s quarterly blood drive, and is the primary contact for public health internships and volunteering.

ii. Committee (please list members):

JHHS Community Benefit Advisory Council✓:

The Johns Hopkins Health System Community Benefit Advisory Council is comprised of hospital leadership and is responsible for developing a systematic approach that aligns community benefit objectives with JHM strategic priorities. The Advisory Council meets quarterly to discuss how JHM intends to fulfill both its mission of community service and its charitable, tax-exempt purpose.

- John Colmers*, Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System
- Deidra Bishop, Director, East Baltimore Community Affairs, Johns Hopkins University
- Elizabeth Edsall Kromm, Senior Director, Population Health and Community Relations, Howard County General Hospital
- Kenneth Grant, Vice President of General Services, The Johns Hopkins Hospital
- Dan Hale, Special Advisor, Office of the President, Johns Hopkins Bayview Medical Center
- Anne Langley, Senior Director, Health Policy Planning, Johns Hopkins Health System
- Amy Maguire, Vice President, Government and Community Affairs, All Children’s Hospital
- Marissa McKeever, Director, Government and Community Affairs, Sibley Memorial Hospital
- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Monique L. Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer, Suburban Hospital
- Sharon Tiebert-Maddox, Director, Financial Operations, Johns Hopkins Government and Community Affairs

*Chairperson

JHHS Community Benefit Work Group✓:

The Johns Hopkins Health System Workgroup is responsible for collecting and reporting community benefit activities to the president of JHHS and each hospital president and chief financial officer, the HSCRC and IRS annually. The Workgroup meets monthly to discuss data collection, community benefit planning and evaluation.

The Johns Hopkins Hospital

- Sherry Fluke, Finance Manager, Government and Community Affairs
- Sharon Tiebert-Maddox, Director, Strategic Initiatives, Government and Community Affairs
- William Wang, Associate Director, Strategic Initiatives, Government and Community Affairs

Johns Hopkins Bayview Medical Center

- Patricia A. Carroll, Community Relations Manager
- Kimberly Moeller, Director, Financial Analysis
- Selwyn Ray, Director, Community Relations

Howard County General Hospital

- Elizabeth Edsall Kromm, Senior Director, Population Health and Community Relations
- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Senior Project Manager Regulatory Compliance
- Scott Ryan, Senior Revenue Analyst

Suburban Hospital

- Eleni Antzoulatos, Coordinator, Health Promotions and Community Wellness, Community Health and Wellness
- Sezelle Gabriel Banwaree, Department Director, Finance and Treasury
- Sara Demetriou, Coordinator, Health Initiative and Community Relations, Community Health and Wellness
- Lucas McCormley, Senior Financial Analyst, Finance and Treasury
- Alan Poole, Financial Analyst, Finance
- Patricia Rios, Supervisor, Community Health Improvement, Community Health and Wellness
- Monique L. Sanfuentes, Director, Community Health and Wellness

Sibley Memorial Hospital

- Marti Bailey, Director, Sibley Senior Association and Community Health
- Cynthia McKeever, Manager, Finance Decision Support
- Marissa McKeever, Director, Government and Community Affairs

- Honora Precourt, Community Program Coordinator

All Children’s Hospital

- Jeff Craft, Administrative Director of Finance
- Alizza Punzalan-Randle, Community Engagement Manager

Johns Hopkins Health System

- Janet Buehler, Director of Tax
- Desiree de la Torre, Director, Community Health Improvement
- Bonnie Hatami, Senior Tax Accountant
- Anne Langley, Senior Director, Health Policy Planning

iii. Suburban Hospital Community Benefit Advisory Council✓:

Suburban Hospital’s Community Benefit Advisory Council (CBAC) is comprised of a diverse group of local business, non-for-profit executives and community advocacy leaders. Chartered by the Hospital’s Board of Directors and chaired by a system board trustee, the Advisory Council exists to guide and participate in the planning, development and implementation of programs and activities for the improvement of health in the community served by Suburban Hospital.

- Norman Jenkins, Founder and CEO of Capstone Development, LLC. (Chairman)
 - Mark Bergel, Ph.D., Founder and Executive Director, A Wider Circle
 - Belle Brooks O’Brien, Community Advocate
 - Crystal Carr Townsend, President, Healthcare Initiative Foundation
 - Betsy Carrier, co-President and chair, Bradley Hills Village
 - Eva Cohen, co-President and chair, Bradley Hills Village
 - Diane Colgan, MD, Community Physician and Medical Staff Chair for Suburban Hospital
 - Ken Hartman, Regional Services Director, Bethesda Chevy Chase Regional Services Center
 - Carla P Larrick, Vice President of Operations, YMCA of Metropolitan Washington
 - Elizabeth McGlynn, Executive Director, Girls on the Run Montgomery County
 - Carmen Ortiz Larsen, President of AQUAS, Incorporated
 - Michael Prather, officer, Montgomery County Police Department
 - Michael Smith, MD, Radiologist and brother of Alpha Phi Alpha Fraternity, Montgomery County Chapter
 - Dana Stroman, officer, Montgomery County Police Department
 - Lisa Townsend, Marketing Manager, Association of Community Cancer Centers
 - Michael K. Yuen, CPA, Aronson, LLC
- Suburban Staff
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer
 - Carolee Beckford, RN, Clinical Nurse Manager, Intensive Care Unit

- Ronna Borenstein-Levy, Senior Director, Marketing and Communications, Community Division, National Capital Region
- Brian Ebbitt, Senior Director, Administration
- Monique L. Sanfuentes, Director, Community Health and Wellness, Suburban Hospital
- Wayne Stockbridge, Senior Director of Human Resources
- Leslie Ford Weber, Director, Campus, Government and Community Affairs, Montgomery County

iv. Patient and Family Advisors ✓:

The Patient and Family Advisory Council (PFAC) brings together patient and family advisors and Suburban Hospital clinical, administrative, and executive staff to foster a culture of patient- and family-centered care. The PFAC works to help transform Suburban to a model of care that engages patients and their families as equal partners in care, exchanging information with them in useful and understandable ways, and encouraging and supporting their involvement in health care.

- Stephen Bokat
- Belle Brooks O'Brien
- Ellen Sue Brown
- Simon Fitall
- Howard Gilson
- June Graff
- Joel Hirschhorn
- Carol Hollins
- Kitty Jones
- Barbara Kahl
- Susan Kleimann
- Deborah Kovach
- Barrie Kydd
- Beverly Labourdette
- Toby Levin
- Sabiha Zubairi
- Staff Advisors
- Diane Colgan, MD, Medical Staff Chair
- Brian Ebbitt, Senior Director, Administration
- Barbara Jacobs, RN, Chief Nursing Officer and Senior Director of Nursing
- Kimberley Kelly, RN, Director, Critical Care
- Amir Nader, MD, Intensivist, Suburban Hospital
- Jennifer Raynor, Director, Pharmacy
- Atul Rohatgi, Hospitalist, Suburban Hospital
- Jacky Schultz, Jacqueline Schultz, Executive Vice President and Chief Operating Officer
- Beth Vanderscheuren, Manager, Patient and Family Experience

b. 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?)

The community benefit report is reviewed in detail by Suburban Hospital Executive Leadership, the Community Benefit Advisory Council (CBAC), the Planning and Finance Departments with includes a one on one with the CFO. Specifically, weeks before submitting the report, Johns Hopkins System hospital meet for a formal review with the System's President and CEO, Mr. Ronald Peterson. In addition, community benefit is integrated into the system's strategic plan and is reviewed quarterly with members of Management Communication Forum and the Hospital's Leadership Clinical Operations Team. The Johns Hopkins Health System's Executive Vice President, the Hospital's President and CFO all review and sign off the on the narrative and data collection before it is submitted to the HSCRC. Furthermore, the report is vetted though the Community Benefit Advisory Council chaired by Norman Jenkins and the Hospital's Board of Trustees chaired by David C. Silver.

c. 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.

Led by chairman, David C. Silver, the Hospital's Board of Trustees dedicates time at a board meeting to review and approve the Community Benefit Report. In addition to the Hospital's Board reviewing and approving the complete Community Benefit Report, the FY 15 community benefit inventory spreadsheet and narrative were also reviewed in detail by the CEO and CFO of the Johns Hopkins Health System prior to submission to the HSCRC.

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)

The Healthy Montgomery community health improvement process is a community-based effort to improve the health and well-being of Montgomery County residents. Healthy Montgomery is under the leadership of the Healthy Montgomery Steering Committee, which includes planners, policy makers, health and social service providers and community members. The community health improvement process includes data collection, identification of areas for improvement, priority-setting, strategic planning, implementation planning, and collaborative efforts to address the priority needs in Montgomery County and evaluate the success of the improvement efforts.

Organization	Name of Key Collaborator	Title	Collaboration Description
Montgomery County Council	Mr. George Leventhal	Councilmember	Co-chair of Healthy Montgomery
ICF International	Ms. Sharan London	Vice President	Co-chair of Healthy Montgomery
Montgomery County Department of Health and Human Services	Ms. Uma Ahluwalia	Director	Steering Committee Member, Healthy Montgomery
Public Health Foundation	Mr. Ron Bialek	President	Steering Committee Member, Healthy Montgomery
MedStar Montgomery Medical Center	Ms. Gina Cook	Marketing, Communications Manager	Steering Committee Member, Healthy Montgomery
Maryland General Assembly	Delegate Bonnie Cullison	Member of the House of Delegates	Steering Committee Member, Healthy Montgomery

Kaiser Permanente	Ms. Tanya Edelin	Senior Project Manager for Community Benefit	Steering Committee Member, Healthy Montgomery
Garvey Associates	Dr. Carol Garvey	Principle	Steering Committee Member, Healthy Montgomery
Primary Care Coalition of Montgomery County	Ms. Leslie Graham	President and Chief Executive Officer	Steering Committee Member, Healthy Montgomery
Family Services, Inc.	Mr. Thomas Harr	Executive Director	Steering Committee Member, Healthy Montgomery
Asian American Health Initiative	Ms. Karen Ho Chaves	Member	Steering Committee Member, Healthy Montgomery
Commission on Veterans Affairs	Ms. Lorrie Knight-Major	Member	Steering Committee Member, Healthy Montgomery
Commission on Aging	Dr. Samuel P. Korper	Member	Steering Committee Member, Healthy Montgomery
Montgomery County Department of Planning	Ms. Amy Lindsey	Senior Planner	Steering Committee Member, Healthy Montgomery
Holy Cross Hospital	Ms. Kimberley McBride	Community Benefit Officer	Steering Committee Member, Healthy Montgomery
Ronald D. Paul Companies	Ms. Kathy McCallum	Controller	Steering Committee Member, Healthy Montgomery
Carefirst Blue Cross Blue Shield	Ms. Beatrice Miller	Senior Regional Care Coordinator Member	Steering Committee Member, Healthy Montgomery

African American Health Program			
Commission on People with Disabilities	Dr. Seth Morgan, Physician	Member	Steering Committee Member, Healthy Montgomery
Asian American Health Initiative	Dr. Nguyen Nguyen	Member	Steering Committee Member, Healthy Montgomery
<i>Clinica Proyecto Salud</i> Latino Health Initiative	Dr. Cesar Palacios	Executive Director Member	Steering Committee Member, Healthy Montgomery
Montgomery County Recreation Department	Dr. Joanne Roberts	Program Member	Steering Committee Member, Healthy Montgomery
Suburban Hospital	Ms. Monique L. Sanfuentes	Director, Community Health and Wellness	Steering Committee Member, Healthy Montgomery
Georgetown University School of Nursing and Health Studies	Dr. Michael Soto	Professor	Steering Committee Member, Healthy Montgomery
Montgomery County Department of Health and Human Services	Dr. Ulder J. Tillman	Officer and Chief, Public Health Services	Steering Committee Member, Healthy Montgomery
Adventist Health Care	Dr. Deidre Washington	Research Associate, Center for Health Equity & Wellness	Steering Committee Member, Health Montgomery
Commission on Veterans Affairs	Ms. Marie Wood	Member	Steering Committee Member, Health Montgomery
Montgomery County Public Schools	Dr. Andrew Zuckerman	Chief of Staff	Steering Committee Member, Healthy Montgomery

Suburban Hospital's Community Benefit Advisory Council (CBAC) is comprised of a diverse group of local business, non-for-profit executives and community advocacy leaders. Chartered by the Hospital's Board of Directors and chaired by a system board trustee, the Advisory Council exists to guide and participate in the planning, development and

implementation of programs and activities for the improvement of health in the community served by Suburban Hospital. Working directly with the Community Health and Wellness Division, members of CBAC advise on the direction and implementation process of the Hospital's Community Needs Assessment and Community Benefit Report.

Capstone Development, LLC	Mr. Norman Jenkins	Founder and CEO	Chairman of Suburban Hospital's Community Benefit Advisory Council; facilitates the Advisory meetings.
A Wider Circle	Dr. Mark Bergel, Ph.D.,	Founder and Executive Director	Member of Suburban Hospital's Community Benefit Advisory Council; offers unique community perspective as his organization works with the underserved population.
Community Advocate	Ms. Belle Brooks O'Brien	Resident of Montgomery County	Member of Suburban Hospital's Community Benefit Advisory Council
Healthcare Initiative Foundation	Ms. Crystal Carr Townsend	President	Member of Suburban Hospital's Community Benefit Advisory Council
Bradley Hills Village	Ms. Betsy Carrier	co-President and chair	Member of Suburban Hospital's Community Benefit Advisory Council
Bradley Hills Village	Ms. Eva Cohen	co-President and chair	Member of Suburban Hospital's Community Benefit Advisory Council
Community Physician	Dr. Diane Colgan	Medical Staff Chair for Suburban Hospital	Member of Suburban Hospital's Community Benefit Advisory Council
Bethesda Chevy Chase Regional Services Center	Mr. Ken Hartman	Regional Services Director	Member of Suburban Hospital's Community Benefit Advisory Council; provides a facility to many CHW programs.

YMCA of Metropolitan Washington	Ms. Carla P Larrick	Vice President of Operations	Member of Suburban Hospital's Community Benefit Advisory Council
Girls on the Run	Ms. Elizabeth McGlynn	Executive Director	Member of Suburban Hospital's Community Benefit Advisory Council; Suburban Hospital supports GOTR as it official health sponsor providing financial support, training for coaches and health education at bi-annual races.
AQUAS, Incorporated	Ms. Carmen Ortiz Larsen	President	Member of Suburban Hospital's Community Benefit Advisory Council
Montgomery County Police Department	Mr. Michael Prather	Officer	Member of Suburban Hospital's Community Benefit Advisory Council; Partners with CHW to bring safety information to the Hospital's CBSA community.
Community Physician	Dr. Michael Smith	Radiologist and brother of Alpha Phi Alpha Fraternity, Montgomery County Chapter	Member of Suburban Hospital's Community Benefit Advisory Council; Partners with CHW in bringing health education to Alpha Phi Alpha Montgomery County Chapter

Montgomery County Police Department	Ms. Dana Stroman	Officer	Member of Suburban Hospital's Community Benefit Advisory Council; Partners with CHW to bring safety information to the Hospital's CBSA community.
Association of Community Cancer Centers	Ms. Lisa Townsend	Marketing Manager	Member of Suburban Hospital's Community Benefit Advisory Council
Aronson, LLC	Mr. Michael K. Yuen	Certified Public Accountant	Member of Suburban Hospital's Community Benefit Advisory Council

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

Montgomery County is specifically unique in that there are six hospitals located within a short distance of one another to serve community healthcare needs. For this reason, there was a deliberate decision to not have the hospitals serve as co-chairs and to focus on impartial stakeholders to lead in this role. For example, one co-chair of the County's LHIC is Council Member George Leventhal. However, Suburban Hospital is a committed and consistent steering committee lead of the County's LHIC, Healthy Montgomery (Monique L. Sanfuentes), Behavioral Health Task Force (BHTF) (Beth Kane-Davidson), Eat Well Be Active Partnership (Patricia Rios), Healthy Montgomery Community Needs Assessment committee (Patricia Rios and Michelle Hathaway) and the Healthy Montgomery Measurement & Evaluation Subcommittee (Patricia Rios and Eleni Antzoulatos). In addition, Suburban Hospital also hosted a Healthy Montgomery's Community Conversation, which provided guidance and feedback from the community for the county's community needs assessment.

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

Yes, Ms. Monique L. Sanfuentes is a member of the Healthy Montgomery Steering Committee and attends committee's quarterly meetings.

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Suburban Hospital recognizes the community's unmet or potential health needs by participating in community coalitions, partnerships, advisory groups, boards, panels, committees, and serving on local County commissions and working with public health officials at MCDHHS. In FY 15, Suburban Hospital delivered \$21,373,204.38 in community benefit contributions and conducted 2,761 community health improvement programs, screenings, classes, seminars and activities serving 80,273 individuals; of which 27,489 are from an ethnic minority group. As one of the fastest growing populations, minorities in Montgomery County represent 51.2% of Suburban Hospital's CBSA and as a result the Hospital targets programs within those groups to reduce health disparities. (See Exhibit 1)

In 1998, a Community Outreach Vision was established through a community health advisory council comprising health department officials and local community stakeholders. The council approved the following target areas of need: 1.) Access to Care, 2.) Management and Prevention of Chronic Disease, 3.) Underserved Seniors, and 4.) Vulnerable Youth. The Healthy Montgomery needs health assessment validated that the Community Outreach vision established seventeen years ago is still relevant today.

Suburban Hospital continues to work to distinguish health priorities and generate solutions to address the growing challenges of preventing chronic disease, increasing access to care, and building safe and healthy communities in its Community Benefit Service Area.

Below is an example of community benefit activities that met major community needs in FY 15.

- Nurses at four HeartWell clinics - located in Silver Spring, Gaithersburg, Wheaton and Chevy Chase- cared for an average of 863 patients per month, totaling 10,355 preventive clinic visits. The encounters include free blood pressure screenings, one-on-one counseling, disease prevention and management sessions, small and large group educational programs.
- Montgomery Cares patients have received access to expert care from cardiologists, specialty diagnostic screenings, and open heart surgery since the inauguration of the MobileMed/NIH Heart Clinic at Suburban Hospital in 2007, totaling more than 3,200 patient visits. In FY 15, there were 502 encounters, with 317 unduplicated patients at the MobileMed/NIH Heart Clinic.
- Close to 1,500 patients have access to the specialty care of endocrine diseases through the MobileMed/NIH Endocrine Clinic at Suburban Hospital that was established in July 2010. In FY 15, there were 364 encounters with 157 unduplicated patients at the MobileMed/NIH Endocrine Clinic.
- To expand access to primary care and medical services for vulnerable residents, Suburban Hospital financially supports *Clinica Proyecto Salud* and the Holy Cross Hospital Health Center in Gaithersburg, MD by donating \$200,000 in FY 15, which affords these safety net clinics the ability to extend their hours of operations and supplement additional health care providers.
- Cardiovascular outreach in Southern Maryland through the NIH Heart Center at Suburban Hospital supported nearly 444 events, engaging 10,038 individuals to improve healthy lifestyles in Prince George's, Calvert, and St. Mary's counties.
- Medical Exploring and Job Shadowing resulted in 21 educational events for 746 students interested in pursuing careers in medicine.

- The Safe Sitter course at Suburban has produced 1,328, 11-13 year- old graduates who learned safety essentials of babysitting in 2015.
- Since 2003, Suburban has hosted 24 YMCA parenting workshops that educated 1,899 families on issues facing parents today, from *“More Joy and Less Stress: Parenting with Courage and Uncommon Sense”* to *“Raising Kids who Can.”*
- 308 monthly blood pressure screenings conducted at area mall-walking programs and community centers contributed to assisting nearly 6,000 individuals to know their numbers and take better charge of their health in Montgomery and Prince George’s counties.
- 1,168 Senior Shape classes taught by certified exercise instructors built flexibility, strength, and healthy hearts for thousands of seniors across Montgomery and Prince George's counties.
- 52 health education seminars were coordinated by Suburban Hospital in senior centers throughout Montgomery County, reaching over 2,000 people. All education seminars are free, open to the public and advertised through the Hospital’s newsletter and social media. Topics ranged from: *“Boosting Your Brain Power”* and *“Eat Your Heart Out nutritional seminar”* to *“Exercise-A Powerful Medicine”* and *“Feel It in Your Bones.”*
- Since its inception seven years ago, the Knots for Shots health initiative program has provided uninsured and homeless county residents with a free hat, scarf or blanket in exchange for getting a flu shot and in doing so reaching out to more than 950 residents in Montgomery County who would otherwise not seek the vaccination.

1. Description of implementation strategy and initiatives

Table III, Initiative 1.MobileMed/NIH Heart Clinic at Suburban Hospital

Identified Need	Cardiovascular Disease; Access to specialty care. Heart disease continues to be the leading cause of death in Montgomery County as the age adjusted rate in Montgomery County is 114.6 deaths per 100,000 ⁴⁹ while in Suburban Hospital’s CBSA, the age adjusted death rate is 111.7 per 100,000. ⁵⁰ In addition, 9.7% of residents in Montgomery County do not have any type of health insurance coverage. ⁵¹ Yes, it was identified in the most recent CHNA process.
Hospital Initiative	MobileMed/NIH Heart Clinic at Suburban Hospital

⁴⁹ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhhm.maryland.gov/vsa/Documents/13annual.pdf>

⁵⁰ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁵¹ American Community Survey, 2014

Total Number of People within Target Population	The age adjusted rate in Montgomery County is 114.6 deaths per 100,000 ⁵² while in Suburban Hospital's CBSA, the age adjusted death rate is 111.7 per 100,000. ⁵³ In addition, 9.7% of residents in Montgomery County do not have any type of health insurance coverage. ⁵⁴
Total Number of People Reached by Initiative	In FY 15, there were 502 encounters, with 317 unduplicated patients who attend the MobileMed/NIH Heart Clinic at Suburban Hospital.
Primary Objective	The MobileMed/NIH Heart clinic at Suburban Hospital seeks to reduce the number of deaths associated with coronary heart disease in Montgomery County. A Cardiovascular clinic is held one night a week at Suburban Hospital where uninsured individuals have access to cardiac care, diagnostic tests, surgery and rehabilitation when needed, at little or no cost. Suburban aims to achieve this by increasing access to specialty care to uninsured, high-risk Montgomery County safety-net clinic patients and managing associated risk factors with coronary heart disease.
Single or Multi-Year Initiative Time Period	Multi-Year; From July 1, 2014 to June 30, 2015, the clinic is opened every Thursday night from 3:30pm-8:00pm in the NIH Heart Center at Suburban Hospital. The clinic has been opened since October 2007.
Key Collaborators in Delivery	Suburban Hospital, MobileMed, Inc., the National Institute of Heart, Lung and Blood (NHLBI), Community Cardiologists. Physicians, nurses, staff and administrators from the three partners-Suburban Hospital, the National Institute of Heart, Lung and Blood and MobileMed-volunteer their time to staff the cardiovascular clinic.
Impact/Outcome of Hospital Initiative	The clinic was evaluated by: <ul style="list-style-type: none"> – Number of at-risk patients served documented by their primary diagnosis. – Number of racial and ethnic patients served. Outcomes for FY 15: <ul style="list-style-type: none"> – In FY 15, there were 502 encounters, with 317 unduplicated patients. The top five conditions treated were: 401.1 Hypertension (21% of encounters), 786.50 Unspecified Chest Pain (9%), 414.01 Coronary Atherosclerosis of Native Coronary Artery (8%), 786.5 Other Chest pain (7%), and 401.9 Unspecified Essential Hypertension (6%). – In comparison to FY14, there was nearly a three-fold increase in the number of patients treated for hypertension (28 in FY 14 vs. 68 in FY 15) – The racial breakdown of clinic patients was as follows: 27% Black or African American, 14% Asian, 14% White, 35% Other Race, 9%

⁵² Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhhm.maryland.gov/vsa/Documents/13annual.pdf>

⁵³ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁵⁴ American Community Survey, 2014

	<p>Unreported/Refused to Report, 0.6% Native Hawaiian or Other Pacific Islander.</p> <ul style="list-style-type: none"> – Out of the 317 patients who were treated, 45% reported their Ethnicity as Hispanic and Latino, while 3% refused to report. 	
Evaluation of Outcome (Include process and impact measures)	<p>The MobileMed/NIH Heart clinic at Suburban Hospital has been in operation since 2007. Over the 8-year period, the clinic has served 3,200 uninsured patients in need of cardiovascular specialty care. These are individuals that would have not received cardiovascular specialty care. During this same period, we have provided more than 10 open-heart surgeries. Each year, the clinic measures its success by the number of patients it serves (short-term goal); effective treatment of the different conditions that put the patients at risk for cardiovascular disease (mid-term goal); and by improving their quality of life while reducing their risk from pre-mature coronary heart disease mortality (long-term goal).</p>	
Continuation of Initiative	<p>Yes, The MobileMed/NIH Heart Clinic is in its eighth year and continues to expand.</p> <p>Since the clinic is volunteer-based, one of the challenges has been to recruit enough nurses to support the clinic on a weekly basis. One of the ways to meet this challenge has been to increase recruitment efforts throughout the Hospital through an internal communication publication.</p> <p>The mechanism for which the clinic has been successful is through the collaborative process between Suburban Hospital, MobileMed and NHLBI while leveraging resources. For example, the Hospital donates the space and supplies and services to the clinic while NHLBI physicians from donate their time and MobileMed refers the patients to the clinic. This has served as a mechanism for success as it builds on strengthens of each partner.</p>	
Expense	A. Total Cost of Initiative	B. Direct offsetting revenue from Restricted Grants
<p>A. Total Cost of Initiative for Current Fiscal Year</p> <p>B. What amount is Restricted Grants/Direct offsetting revenue</p>	\$137,421.00	

Table III, Initiative 2. MobileMed/NIH Endocrine Clinic at Suburban Hospital

Identified Need	<p>Diabetes, Access to specialty care. The average age-adjusted ER visit rate due to uncontrolled diabetes is 0.4 per 10,000 population aged 18 years and older.⁵⁵ Within Suburban Hospital’s CBSA, the age-adjusted rate due to uncontrolled diabetes is 2.9 per 100,000.⁵⁶ 9.7% of residents in Montgomery County do not have any type of health insurance coverage.⁵⁷</p> <p>Yes, it was identified in the most recent CHNA process.</p>
-----------------	--

⁵⁵ The Maryland Health Services Cost Review Commission, 2009-2011.

⁵⁶ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁵⁷ American Community Survey, 2014

Hospital Initiative	Mobile Med/NIH Endocrine Clinic at Suburban Hospital
Total Number of People within Target Population	The average age-adjusted ER visit rate due to uncontrolled diabetes is 0.4 per 10,000 population aged 18 years and older. ⁵⁸ Within Suburban Hospital's CBSA, the age-adjusted rate due to uncontrolled diabetes is 2.9 per 100,000. ⁵⁹ 9.7% of residents in Montgomery County do not have any type of health insurance coverage. ⁶⁰
Total Number of People Reached by Initiative	In FY 15, there were 364 encounters with 157 unduplicated patients at the MobileMed/NIH Endocrine Clinic.
Primary Objective	<p>The MobileMed/NIH Endocrine clinic at Suburban Hospital seeks to reduce the number of deaths in Montgomery County associated from complications from endocrine diseases including diabetes. An Endocrine clinic is held one night a week at Suburban Hospital where uninsured individuals have access to the specialty care of endocrine conditions and diseases, from diagnostic tests, examinations, and one-on-one consultation with a Suburban Hospital Registered Dietitian, at little or no cost. Suburban aims to achieve this by increasing access to specialty care to uninsured, high-risk Montgomery County safety-net clinic patients and managing associated risk factors with endocrine diseases.</p> <p>The objective of clinic is twofold- 1.) Increase access of specialty care to patients who would not otherwise receive care and 2.) Reduce the incidence of complications due to endocrine diseases including diabetes.</p>
Single or Multi-Year Initiative Time Period	Multi- Year; From July 1, 2014 to June 30, 2015, the clinic is opened every Thursday night from 4:00 pm-7:30 pm at the Johns Hopkins Health Care and Surgery Center in Bethesda, MD. The clinic has been opened since July 2011.
Key Collaborators in Delivery	Suburban Hospital, MobileMed., Inc., and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Physicians, nurses, staff and administrators from the three partners-Suburban Hospital, the National Institute of Diabetes and Digestive and Kidney Diseases and MobileMed-volunteer their time to staff the endocrine clinic.
Impact/Outcome of Hospital Initiative	<p>The clinic is evaluated by:</p> <ul style="list-style-type: none"> - Number of at-risk patients served documented by their primary diagnosis. - Improved health status of patients. - Number of racial and ethnic patients served. <p>Outcomes for FY 15 :</p> <ul style="list-style-type: none"> - In FY 15, there were 364 unduplicated patients; 157 encounters. - The clinic continues to see improvements in Hemoglobin A1C (HbA1C) among diabetic patients, as patient's results remain stable or improved

⁵⁸ The Maryland Health Services Cost Review Commission, 2009-2011.

⁵⁹ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁶⁰ American Community Survey, 2014

	<p>slightly in FY 15. The last report number averaged a drop from 8.9% to 7.8% (1.1 point decrease)</p> <ul style="list-style-type: none"> – Of those 364 encounters, the top five diagnosis are: 250.00 Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (22.88% of encounters), 240.9 Goiter (8.50%), 242.90 Thyrotoxicosis (6.54%), 250.92 Diabetes with unspecified complication, type II or unspecified type, uncontrolled (6.54%), and 244.9 hypothyroidism (5.88%). – The racial breakdown of clinic patients was as follows: 33% Black or African American, 12% Asian, 19% White, 31% Other Race, 4% Unreported/Refused to Report. – Out of the 157 patients who were treated, 43% reported their Ethnicity as Hispanic and Latino. 	
Evaluation of Outcome (Include process and impact measures)	<p>The MobileMed/NIH Endocrine clinic at Suburban Hospital has been in operation since 2010. During the 5-year period, the clinic has served 1,500 uninsured patients in need of endocrine specialty care who would have otherwise not been seen. During this same period, we have seen an improvement of Hemoglobin A1C. Each year, the clinic measures its success by continued improvement of Hemoglobin A1C among diabetic patients (short-term goal); access to quality diabetes management and treatment for at-risk residents (mid-term goal); and by improving patient’s quality of life while reducing their risk from complications from diabetes morbidity (long-term goal).</p>	
Continuation of Initiative	<p>One of the challenges of the clinic has been to high turn around for a clinic administrator who was responsible for calling patients and registering them for the clinic in the last year. The Hospital has been working with MobileMed in finding stable, dedicated volunteers to help with registration of patients. The MobileMed/NIH Endocrine clinic celebrated its fifth year in FY 15 and continues to expand in FY16.</p>	
Expense	C. Total Cost of Initiative	D. Direct offsetting revenue from Restricted Grants
<p>C. Total Cost of Initiative for Current Fiscal Year</p> <p>D. What amount is Restricted Grants/Direct offsetting revenue</p>	\$8,633.00	

Table III, Initiative 3. Senior Shape Exercise Program

Identified Need	<p>Cardiovascular Health, Obesity, Behavioral Health. Heart disease continues to be the leading cause of death in Montgomery County as the age adjusted rate in Montgomery County is 114.6 deaths per 100,000⁶¹ while in Suburban Hospital’s CBSA, the age adjusted rate is 111.7 deaths per 100,000.⁶²</p>
-----------------	---

⁶¹ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>
⁶² Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

	Yes, it was identified in the most recent CHNA process.
Hospital Initiative	Senior Shape Exercise Program
Total Number of People within Target Population	Heart disease continues to be the leading cause of death in Montgomery County as the age adjusted rate in Montgomery County is 114.6 deaths per 100,000 ⁶³ while in Suburban Hospital's CBSA, the age adjusted rate is 111.7 per 100,000. ⁶⁴
Total Number of People Reached by Initiative	500 Montgomery County residents were enrolled in the Senior Shape classes during FY 15.
Primary Objective	The Senior Shape Program provides active seniors a safe, low to high impact exercise regimen that focuses on strength and weight training, balance, flexibility, stretching and aerobic activity for optimal cardiovascular benefits and stamina. Held in senior and community centers in Montgomery and Prince George's Counties, fitness assessments are performed bi-annually, in order to measure the participant's balance, strength, flexibility and endurance. The goal of Senior Shape Program is to increase physical activity and fitness among the senior population by creating access to age-specific exercise programs.
Single or Multi-Year Initiative Time Period	Ongoing, occurring from July 1, 2015 to June 30, 2015; Multiple exercise classes are held either once or twice a week at nine different senior centers in Montgomery and Prince George's Counties.
Key Collaborators in Delivery	Suburban Hospital Community Health and Wellness Division, Montgomery County Department of Recreation (Holiday Park Senior Center, Margaret Schweinhaut Senior Center, Gaithersburg Upcounty Senior Center, Clara Barton Community Center, Potomac Community Center, Jane E. Lawton Community Center, Wisconsin Place Community Center) Bethesda Regional Services Center, and Parks and Recreation of Prince George's County (Gwendolyn Britt Community Center).

⁶³ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>

⁶⁴ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

<p>Impact/Outcome of Hospital Initiative</p>	<p>Suburban Hospital holds a bi-annual fitness assessment designed to test the Senior Shape member’s balance, strength, flexibility and endurance against national data through 4 exercises. These exercises, held at the 9 community centers in Montgomery and Prince George’s Counties include the Back Scratch, Arm Curl, 8-foot Up-and-Go and Chair Stand. To make the exercises more relevant to their everyday life and to reflect the exercises they do in class as well as better align it with the health priority, we replaced the 8-foot up-and-go test with the 2 minute step in place and the Back Scratch test with the Chair Sit and Reach in the FY 15 assessment.</p> <p>Based on the fitness assessment results, all of the seniors either met or exceeded the national average for their age range. Please see below information for specifics.</p> <p>Outcomes of Fitness Assessment:</p> <p>Program participants= 500</p> <p>Number of sessions held in FY 15 =1,100</p> <p>Locations= 8 in Montgomery County & 1 in Prince George’s County</p> <p>FY 15 program participant fitness assessment results:</p> <table border="1" data-bbox="495 861 1412 1092"> <thead> <tr> <th>Test</th> <th>Average Females</th> <th>Average National Standard Females</th> <th>Average Males</th> <th>Average National Standard Males</th> </tr> </thead> <tbody> <tr> <td>Chair Stand (# of stands in 30 seconds):</td> <td>15.73</td> <td>7-14</td> <td>15.02</td> <td>11-16</td> </tr> <tr> <td>Arm Curl (# of reps in 30 seconds):</td> <td>20.17</td> <td>10-17</td> <td>21.60</td> <td>13-19</td> </tr> <tr> <td>2-minute step in place</td> <td>101.57</td> <td>63-95</td> <td>111.52</td> <td>74-104</td> </tr> <tr> <td>Chair Sit & Reach (inches +/-)</td> <td>+1.47</td> <td>-4.5-5.0</td> <td>-0.30</td> <td>-6.5-4.0</td> </tr> </tbody> </table>		Test	Average Females	Average National Standard Females	Average Males	Average National Standard Males	Chair Stand (# of stands in 30 seconds):	15.73	7-14	15.02	11-16	Arm Curl (# of reps in 30 seconds):	20.17	10-17	21.60	13-19	2-minute step in place	101.57	63-95	111.52	74-104	Chair Sit & Reach (inches +/-)	+1.47	-4.5-5.0	-0.30	-6.5-4.0
Test	Average Females	Average National Standard Females	Average Males	Average National Standard Males																							
Chair Stand (# of stands in 30 seconds):	15.73	7-14	15.02	11-16																							
Arm Curl (# of reps in 30 seconds):	20.17	10-17	21.60	13-19																							
2-minute step in place	101.57	63-95	111.52	74-104																							
Chair Sit & Reach (inches +/-)	+1.47	-4.5-5.0	-0.30	-6.5-4.0																							
<p>Evaluation of Outcome (Include process and impact measures)</p>	<p>The Senior Shape Program classes are designed to improve the cardiovascular health and overall fitness of the participants. The results from the fitness assessment show that they are meeting or, in many cases, exceeding what is considered normal for their age range and therefore meeting the national fitness standard (short-term); increase participant’s cardiovascular endurance (mid-term); and improving participant’s quality of life while reducing their risk of coronary heart disease and risk factors associated with heart disease and obesity.</p>																										
<p>Continuation of Initiative</p>	<p>Classes scheduled through 2015. The first Senior Shape class began in 2001, best practice models continue to replicate and we are on schedule to operate indefinitely. Challenge of program-has been inconsistent follow up of some Senior Shape participants in the fitness assessments.</p>																										
<p>Expense</p> <p>E. Total Cost of Initiative for Current Fiscal Year</p> <p>F. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>E. Total Cost of Initiative</p> <p style="text-align: center;">\$62,895.00</p>	<p>F. Direct offsetting revenue from Restricted Grants</p> <p style="text-align: center;">\$56,760.00</p>																									

Table III, Initiative 4. HeartWell

Identified Need	<p>Cardiovascular Health, Diabetes, Access to Care; Heart disease continues to be the leading cause of death in Montgomery County as the age adjusted rate in Montgomery County is 114.6 deaths per 100,000⁶⁵ while in Suburban Hospital’s CBSA, the age adjusted death rate is 111.7 per 100,000.⁶⁶</p> <p>The average age-adjusted ER visit rate due to uncontrolled diabetes is 0.4 per 10,000 population aged 18 years and older.⁶⁷ Within Suburban Hospital’s CBSA, the age-adjusted death rate due to uncontrolled diabetes is 2.9 per 100,000.⁶⁸</p> <p>Yes, it was identified in the most recent CHNA process</p>
Hospital Initiative	HeartWell
Total Number of People within Target Population	<p>Heart disease continues to be the leading cause of death in Montgomery County as the age adjusted rate in Montgomery County is 114.6 deaths per 100,000⁶⁹ while in Suburban Hospital’s CBSA, the age adjusted rate is 111.7 per 100,000.⁷⁰</p> <p>The average age-adjusted ER visit rate due to uncontrolled diabetes is 0.4 per 10,000 population aged 18 years and older.⁷¹ Within Suburban Hospital’s CBSA, the age-adjusted rate due to uncontrolled diabetes is 2.9 per 100,000.⁷²</p>
Total Number of People Reached by Initiative	In FY 15, HeartWell nurses cared for an average of 863 patients per month, totaling 10,355 preventive clinic visits at the four HeartWell clinic sites.
Primary Objective	HeartWell is a clinic-based hospital initiative whose objective is to reduce the frequency of hospital admissions due to cardiovascular disease and its co-morbidity, diabetes. Two nurses are stationed at four different HeartWell clinics held at four local senior centers in Montgomery County providing seniors with free blood pressure screenings, one-on-one counseling along with disease prevention and management sessions. In addition, the nurses also hold small and large group educational programs known as HeartWell in Action. Topics include: “Exercise-A Powerful Medicine,” “Menu Makeover” and “Fiber is Your Friend.” Furthermore, due to increase demand for diabetic support services within the county, the HeartWell nurses have also facilitate the Diabetes Support and Continuing Education Meetings at the Hospital and

⁶⁵ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhhm.maryland.gov/vsa/Documents/13annual.pdf>

⁶⁶ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁶⁷ The Maryland Health Services Cost Review Commission, 2009-2011.

⁶⁸ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁶⁹ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhhm.maryland.gov/vsa/Documents/13annual.pdf>

⁷⁰ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁷¹ The Maryland Health Services Cost Review Commission, 2009-2011.

⁷² Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

	<p>at the four senior centers. These meetings offer community members living with Diabetes an opportunity to learn about how to live an optimal life with Diabetes through nutrition, exercise, foot and eye care and stress management. In addition, community members are able to provide encouragement to others living with Diabetes.</p>
Single or Multi-Year Initiative Time Period	<p>Multi- Year; From July 1, 2014 to June 30, 2015, the clinic hours are as followed:</p> <p>Every Wednesday from 9:00 am – 2:00 pm and every Thursday from 9:00 am – 2:00 pm at Holiday Park Senior Center, 3950 Ferrara Drive, Wheaton, MD 20906</p> <p>Every Wednesday from 10:00 am – 2:00 pm at Margaret Schweinhaut Senior Center, 1000 Forest Glen Rd, Silver Spring, MD 20901</p> <p>Every Tuesday from 9:30 am to 2:00 pm at Gaithersburg Upcounty Senior Center, 80 Bureau Drive, Gaithersburg, MD 20878</p> <p>Every Tuesday from Noon to 4:00 pm at Friendship Heights Village Center, 4433 S. Park Avenue, Chevy Chase, MD 20815</p> <p>The Diabetes Support and Continuing Education Meetings occur on a monthly basis during HeartWell clinics hours at the senior centers as well at Suburban Hospital.</p> <p>Furthermore, several additional HeartWell in Action seminars educational programs facilitating by HeartWell nurses take place at Washington Montgomery OASIS and the senior centers mentioned above.</p>
Key Collaborators in Delivery	<p>Suburban Hospital Community Health and Wellness, HeartWell; Montgomery County Department of Parks and Recreation, Metropolitan Washington OASIS</p>
Impact/Outcome of Hospital Initiative	<p>The initiative is evaluated by:</p> <ul style="list-style-type: none"> – Number of patients in HeartWell clinics – Number of people attending HeartWell in Action lectures. – Number of people attending monthly Diabetes support group meetings – Each participant attending the Diabetes Support and Continuing Education Meetings were given an evaluation to measure their knowledge and self-confidence. <p>Outcomes for FY 15 :</p> <ul style="list-style-type: none"> – Suburban Hospital HeartWell nurses cared for an average of 863 patients per month, totaling 10,355 preventive clinic visits. – Over 2,000 community members attended HeartWell in Action lectures with topics ranging from Exercise and Diabetes to Stress Management and Nutrition. – 318 community members attended monthly support groups at Suburban Hospital and at area senior centers. – From Diabetes Support and Continuing Education Meetings, questions asked included:

	<ul style="list-style-type: none"> ○ 58% of participants responded that they received useful feedback from their questions. ○ 72% of participants responded that they received valuable resource material from attending the session. ○ 70% of participants responded that the information provided from the meeting would be used immediately. ○ 20% of participants responded that they received references of physicians and other healthcare providers to contact. ○ 81% answered yes, that they intend to try diabetes management techniques discussed at the meeting. ○ 1% answered no that they do not intend to try diabetes management techniques discussed at the meeting. ○ 1% answered Not Applicable to the question. ○ 43.48% of participants answered that they received greater confidence by attending the session. ○ 50.72% of participants answered that they increased their morale by attending the session. ○ 50.72% of participants answered that they received support from others with similar problems by attending the session. ○ 52.17% of participants answered that they received increased motivation in taking care of oneself by attending the session. 	
<p>Evaluation of Outcome (Include process and impact measures)</p>	<p>Every year, the HeartWell nurses reach a significant number of Montgomery County residents by facilitating weekly clinics where individual's blood pressure and heart rate are measured and provided one-on-one counseling if needed (short-term); increase participant's knowledge of timely heart health related topics through HeartWell in Action seminars and Diabetes Support and Continuing Education Meetings (mid-term) and expanding the health and well-being of Montgomery County seniors while reducing frequency of hospital admissions due to cardiovascular disease and its co-morbidity, diabetes (long-term).</p>	
<p>Continuation of Initiative</p>	<p>Clinics and seminars scheduled for FY 15. HeartWell in Action has expanded its outreach to additional community centers and Washington Metropolitan OASIS within CBSA.</p>	
<p>Expense</p> <p>G. Total Cost of Initiative for Current Fiscal Year</p> <p>H. What amount is Restricted Grants/Direct offsetting revenue</p>	<p>G. Total Cost of Initiative</p> <p style="text-align: center;">\$142,339.68</p>	<p>H. Direct offsetting revenue from Restricted Grants</p> <p style="text-align: center;">\$1,873.00</p>

Table III, Initiative 5. Suitland Dine and Learn Program

Identified Need	<p>Obesity, Cardiovascular Disease, Diabetes. The age-adjusted Death Rate in Prince George’s County is 180.0 deaths per 100,000⁷³ is disproportionately higher than in Montgomery County at 114.6 deaths per 100,000⁷⁴ while in Suburban Hospital’s CBSA, the age adjusted death rate is 111.7 per 100,000.⁷⁵</p> <p>African American adults in Prince George’s County are disproportionately affected by overweight and obesity with 73.5%⁷⁶ being overweight or obese compared to 68.5% of Caucasian adults⁷⁷ In Montgomery County, 69.8% African America adults are affected by overweight and obesity compared to 53.4 of Caucasian adults.⁷⁸</p> <p>Yes, it was identified in the most recent CHNA process. While not in Suburban Hospital’s CBSA, community improvement efforts are part of the Hospital’s commitment to expand access and care in Southern Maryland.</p>
Hospital Initiative	Suitland Dine and Learn Program
Total Number of People within Target Population	<p>The age-adjusted Death Rate in Prince George’s County is 180.0 deaths per 100,000 is disproportionately higher than in Montgomery County at 114.6 deaths per 100,000⁷⁹ while in Suburban Hospital’s CBSA, the age adjusted death rate is 111.7 per 100,000.⁸⁰</p> <p>African American adults in Prince George’s County are disproportionately affected by overweight and obesity with 73.5 percent being overweight or obese compared to 68.5 percent of Caucasian adults⁸¹</p> <p>In Montgomery County, 69.8% African America adults are affected by overweight and obesity compared to 53.4 of Caucasian adults.⁸²</p>
Total Number of People Reached by Initiative	During FY 15, the average number of attendees per Dine and Learn session was 17, resulting in 191 participants throughout the year.

⁷³ Prince George’s County Health Department, Health Report, 2015, <http://www.princegeorgescountymd.gov/sites/Health/Resources/Data-Policies-Laws/Data/Documents/2015%20Health%20Report%20FINAL%209-22-15%20web.pdf>

⁷⁴ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>

⁷⁵ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁷⁶ Prince George’s County Health Department, Health Report, 2015, <http://www.princegeorgescountymd.gov/sites/Health/Resources/Data-Policies-Laws/Data/Documents/2015%20Health%20Report%20FINAL%209-22-15%20web.pdf>

⁷⁷ Maryland BRFSS, 2011, www.marylandbrfss.org

⁷⁸ Maryland BRFSS, 2013, www.marylandbrfss.org

⁷⁹ Maryland DHMH Vital Statistics Annual Report, 2013, <http://dhmh.maryland.gov/vsa/Documents/13annual.pdf>

⁸⁰ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program.

"Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁸¹ Maryland BRFSS, 2011, www.marylandbrfss.org

⁸² Maryland BRFSS, 2013, www.marylandbrfss.org

<p>Primary Objective</p>	<p>Dine and Learn was implemented in 2008 in order to reduce cardiovascular health disparities and related co-morbidities among Prince George’s County residents, thereby decreasing the burden due to morbidity and mortality. Each monthly Dine & Learn session provides attendees with a blood pressure screening, an exercise demonstration led by a certified fitness instructor, a nutrition education lesson by a registered dietitian, and a heart healthy cooking demonstration with samples and recipes led by a registered dietitian who has a background in cooking. A bi-annual health assessment is conducted to measure the effectiveness of the program and measure health improvement among its attendants.</p>
<p>Single or Multi-Year Initiative Time Period</p>	<p>Multi-year Initiative, occurs on the last Wednesday of the each month from 6:00 pm to 8:00 pm from July 1, 2014 to June 30, 2015.</p>
<p>Key Collaborators in Delivery</p>	<p>NIH Heart Center at Suburban Hospital, Community Health and Wellness Division, Prince George’s County Health Department, Prince George’s County Department of Parks and Recreation</p>
<p>Impact/Outcome of Hospital Initiative</p>	<p>To evaluate the program and its effectiveness, the NIH Heart Center at Suburban Hospital takes the lead in conducting a free health assessment twice a year; at the beginning of the year in January and five months later in June. The pre- and post-health assessment includes:</p> <ul style="list-style-type: none"> – Blood pressure screening – Weight assessment – Total cholesterol screening – Waist circumference measurement <p>Results of assessments:</p> <ul style="list-style-type: none"> – The comparison sample size from January to June 2015 was too small to gather any significant conclusions. In January 2015, 14 individuals completed the assessment and 18 completed it in June. Despite the promising participation at each individual screening, a very limited number of attendees completed both screenings, leaving the sample size inconclusive. For FY 2015, the data is presented as two separate groups and draws overall inferences from the data sets. – The sample group in January had an average systolic blood pressure of 129 (pre-hypertensive) and a diastolic of 70 (normal). The average of the 18 individuals from June had a normal systolic (118) and a normal diastolic (69). Overall both sample groups maintain a healthy average blood pressure but attention needs to be drawn to the one pre-hypertensive reading to ensure that number does not continue to increase. – Due to the fact that the groups were not a pre and post-test sample, the Dine & Learn team was unable to assess how much weight was lost. Instead, the average weight in lbs. of the two groups (January – 215 lbs. and June – 197 lbs.) is compared. – Normal total cholesterol is less than 200. The Dine & Learn participants in January averaged 205 and those in June averaged 172. The June participants’ total cholesterol complements their average blood pressure (118/69), indicating that this group is making healthy lifestyle choices and lowering their risk for cardiovascular disease and other

	<p>chronic illnesses. The January attendees are slightly above normal and a 6-month follow up is necessary for comparison and recommendations.</p> <ul style="list-style-type: none"> - According to the U.S. Department of Health and Human Services (DHHS), a woman’s waist circumference should be 35 inches or less (men 40 inches or less). Waist circumference is a practical and effective tool to assess abdominal fat for chronic disease risk. A higher waist circumference (or a greater level of abdominal fat) is associated with an increased risk for type 2 diabetes, high cholesterol, high blood pressure and heart disease. The average waist circumference in January was 45 inches and in June the attendees’ averaged 41.5 inches. Both groups are over the recommendation which means that waist circumference is a risk factor for them.
<p>Evaluation of Outcome (Include process and impact measures)</p>	<p>Baseline data: From FY14 health assessment results</p> <ul style="list-style-type: none"> - From systolic readings, participants on average lowered their blood pressure from 134 (pre-hypertensive) to 120 which is normal blood pressure. For the diastolic results, participants maintained a healthy average reading (74) over the five month period. - The Suitland Dine & Learn participants lost an average of 7.2 lbs. from February to June 2014. This is a significant improvement from last year’s average weight loss of 4 lbs. from June 2012 to June 2013. - The Dine & Learn participants did excellent in this health indicator by lowering their total cholesterol from 190.4 to 177.7, a difference of 12.7. - The average waist circumference increased from 40.9 inches in February 2014 to 42.7 inches in June 2014. <p>Since the program’s inception, the Dine and Learn program has seen modest improvement from the health of its participants. Each year, Dine and Learn programs measures its success by the improvement of health metrics during the assessment (short-term goal); increase participation in the monthly seminars and in the pre and post health assessments (mid-term goal); and by improving the health and wellbeing of the Dine and Learn participants by reducing their risk of coronary heart disease and co-morbidities, diabetes and obesity (long-term goal).</p>
<p>Continuation of Initiative</p>	<p>Challenges of the Dine and Learn program include: high participation attrition and lost to follow up between pre and post-test assessment leaving the sample size inconclusive. Another limitation to note is that human error and improper tester technique when measuring the waist circumference could lead to inaccurate readings, making the average waist circumferences actually lower or higher than seen here. This is an area where continued training is needed to ensure proper measuring technique and reliability. In order to address these issues, the Dine & Learn team will address and assess any improvements in this area in promotion of program and training staff in accurate measurement of waist circumference.</p>

Expense	I. Total Cost of Initiative	J. Direct offsetting revenue from Restricted Grants
I. Total Cost of Initiative for Current Fiscal Year		
J. What amount is Restricted Grants/Direct offsetting revenue	\$3,351.73	

Table III, Initiative 6. Check It Out Program

Identified Need	Cancer. According to Healthy Montgomery, the age-adjusted death rate is 18.8 per 100,000 in Montgomery County. ⁸³ Within Suburban's CBSA, the age-adjusted death rate is slightly higher at 18.9 per 100,000. Furthermore, the age-adjusted death rate among African American is 30.4 compared to 19.9 in Caucasians within Suburban's CBSA. ⁸⁴ If detected early, breast cancer is highly treatable. Yes, it was identified in the most recent CHNA process.
Hospital Initiative	<i>Check It Out Program</i>
Total Number of People within Target Population	According to Healthy Montgomery, the age-adjusted death rate is 18.8 per 100,000 in Montgomery County. ⁸⁵ Within Suburban's CBSA, the age-adjusted death rate is slightly higher at 18.9 per 100,000. Furthermore, the age-adjusted death rate among African American is 30.4 compared to 19.9 in Caucasians within Suburban's CBSA. ⁸⁶
Total Number of People Reached by Initiative	2,376 of high school 11 th and 12 th grade young women from 11 Public and Private schools in Montgomery County attend the Check It Out program in FY 15.
Primary Objective	The Check It Out program is a free breast health awareness program where a Suburban Hospital Cancer Program nurse addresses the importance of breast self-examination to 11th and 12th grade young women in Montgomery County during one class period of school. In addition to the nurse, a breast cancer survivor, usually a member of the school faculty shares her story with breast cancer with the young women, encouraging them to regularly perform self-breast health exams.
Single or Multi-Year Initiative Time Period	The <i>Check It Out</i> program is offered every two years from January to April. In FY 15, it occurred from January 2015 to April 2015.

⁸³ National Cancer Institute, www.nci.gov, 2008-2012

⁸⁴ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program.

"Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

⁸⁵ National Cancer Institute, www.nci.gov, 2008-2012

⁸⁶ Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program.

"Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

Key Collaborators in Delivery	Suburban Hospital Cancer Program and Community Health and Wellness Division, the Greater Washington Chapter of Hadassah and Montgomery County Public Schools, and local private high schools.
Impact/Outcome of Hospital Initiative	<p>At every <i>Check It Out</i> session, participants are given a knowledge based evaluation which includes on twelve questions- 10 based on knowledge and 2 based on their confidence level.</p> <p>Outcomes from the FY 15 evaluations included:</p> <ol style="list-style-type: none"> 1.) When asked if all breast lumps are cancer: 99.50% answered false, that all breast lumps are not cancerous. 2.) When asked if an injury to the breast causes cancer: 98.20% answered false, that an injury to the breast does not cause cancer. 3.) When asked if younger women develop breast cancer as often as older women: 89.40% answered false, while young women could develop breast cancer, it occurs more frequently in older women. 4.) When asked if large-breasted women have a greater chance of developing breast cancer than small-breasted women: 97.40% answered false, that the chance of a women developing breast cancer does not depend on the size of her breasts. 5.) When asked if women should begin having mammograms at age 20: 73.00% answered false, that women should begin to have mammograms after the age of 40. 6.) 98.40% answered correctly that monthly breast self-examinations are an important tool for early detection. 7.) 96.10% answered correctly that a woman should perform a breast self-examination 7 to 10 days after her period 8.) When asked if exercising 3 to 5 hours a week can help reduce the risk of breast cancer: 97.90% answered true, that exercise does reduce the risk of breast cancer. 9.) When asked if a woman is pregnant, she does not need to perform a breast self-examination: 96.10% answered false, as women can still get breast cancer even when pregnant. 10.) When asked if only women develop breast cancer: 98.10% answered false as men can also develop breast cancer. 11.) When asked if the program help you understand the importance of Breast self-examination as a regular health habit? 98.40% answered Yes 12.) When asked did the presence of a breast cancer survivor add to the learning experience? 95.60% answered Yes
Evaluation of Outcome (Include process and impact measures)	No Baseline data was collected because a behavioral objective approach evaluation model was used to assess goal attainment. Every two years, the Check It Out program measures its success by the number of students it is able to reach (short-term goal); increase awareness of breast self-examinations among the young women who attend the program (mid-term goal); and by improving the student’s quality of life while reducing their risk from breast cancer mortality (long-term goal).
Continuation of Initiative	Challenges with Check It Out schools not participating in program, limited amount of time allocated to program; Hospital increase its communication with schools and seeking out support of school administration for support of program.

Expense	K. Total Cost of Initiative	L. Direct offsetting revenue from Restricted Grants
K. Total Cost of Initiative for Current Fiscal Year		
L. What amount is Restricted Grants/Direct offsetting revenue	\$11,541.00	\$1513.00

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.

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health related organizations—primary users of information found in CHNA’s—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone. Nor can they affect basic demographics like age or gender distribution patterns.

The Healthy Montgomery steering committee established six official health priorities to be tracked, measured and evaluated based on health inequities, lack of access, and unhealthy behaviors over the next three years. One of those health priorities includes Maternal and Child Health. Suburban Hospital may not be in a position to affect all of the changes required to address this health priority given that the hospital does not have an obstetrics designation or deliver babies. One reason for not seeking this designation is due to the fact that there are several other community hospitals within 5-10 miles of our Bethesda location that have reputable obstetrics programs. While Suburban Hospital may not be able to directly address this health priority, the Hospital does indirectly support Maternal and Child Health initiatives through funding and programming of several other organizations, which promote the health and well-being of children and their families. Notably, Suburban Hospital supports the YMCA Youth and Family Services by hosting parenting seminars at the hospital twice a year. Proceeds from the seminars go directly to the YMCA and support its programming available to the community’s families. In addition, Suburban Hospital provides financial support to safety net clinics in Montgomery County who treat specific patients requiring obstetric or pediatric care. The Hospital is also the official health sponsor of Girls on the Run Montgomery County providing discounted CPR and 1st aid training classes to the coaches, purchasing shoes and healthy snacks for students from Title I schools and providing health tips on Girls on the Run Montgomery County website. The Hospital also provides indirect support to OASIS Montgomery’s CATCH Healthy Habits program sponsored through an Amerigroup Foundation grant. CATCH Healthy Habits engages senior adults as mentors to teach children grades K-5 about healthy eating and active living in Montgomery and Prince George’s Counties.

Furthermore, the Shaw Family Pediatric Emergency Center at Suburban Hospital provides children of all ages with quality care in a kid-friendly, family-centered environment ensuring around-the-clock pediatric expertise and promotes continuity of care. Recognizing the unique medical needs of our youngest patients, a team of board-certified pediatricians and specially trained pediatric nurses treat everything

from sore throats to playground injuries and broken bones to complex illnesses and offers a full range of ancillary care, including radiology and laboratory services. The Center also offers support for children who are undergoing outpatient procedures.

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; and Maryland SHIP Selected Population Health Measures)

Through a collective collaboration with the Montgomery County Health Department and Healthy Montgomery and its defined six health priorities, Suburban Hospital aligns its day to day operations and goal setting with achieving the state's population health benchmarks along with the integration of the state's health improvement initiatives.

For example, the MobileMed/NIH Heart Clinic, MobileMed/NIH Endocrine clinic, HeartWell, and Senior Shape are designed to reduce age-adjusted mortality rate from heart disease, reduce diabetes-related emergency department visits and reduce hypertension related emergency department visits. Additionally, Suburban Hospital supports partners such as Girls on the Run whose goal is to reduce the percentage of children who are considered obese by promoting an active and healthy lifestyle to young girls. The Hospital also conducts the several American Lung Association's Freedom from Smoking classes which is the gold standard of smoking cessation program for over 25 years in part to reduce the percentage of adults who are current smokers.

Another measurable population health is the Care Partner Initiative. Here, the division of Community Health and Wellness and Care Coordination transition guide nurses work hand in hand on a collaborative effort to bridge the gap between hospital, community and improved quality of life. In examining hospital data, it was determined that the largest readmission rates were associated with those patients from the Adult Medical Unit. In order to measure improved readmission outcomes and better medication management, a community health nurse works with the patient and a voluntary Care Partner to provide education on the specific and potential needs that patient in advance of discharge to home. Examples include help with medications; follow up with medical care in the community, transportation and meals. The Care Partner is encouraged to be present at the time of discharge instruction to be best prepared to play a vital role in ensuring a safe, successful transition from hospital to home and across the continuum of care. Patients and their Care Partners are contacted after discharge to continue this effort and provide support. The Care Partner initiative is an evidence-based strategy useful in the prevention of hospitalizations and readmissions. The initiative engages and supports patients in managing their healthcare. The Care Partner is an instrumental, effective resource to assist patients in meeting the challenges they may face on a day-to-day basis that can impact health improvement and recovery.

As of 2010, Montgomery County had the highest number of individuals age 60+ of any Maryland jurisdiction and the third highest percentage of minority seniors. With this expanding senior population, Suburban Hospital is working collaboratively with the other six Montgomery County hospitals to reduce readmissions and improve the health and well-being of the county's senior population. Most recent, Suburban Hospital is directing its efforts toward the State's initiatives for improvement in population health is through the collaboration of an upcoming state innovation model-*NexusMontgomery*. One of the overarching goals of the *NexusMontgomery* collaboration is to establish a community-based care management approach to enhance the health and well-being of seniors, age 65 and up, to prevent hospital utilization. Though in FY 15, resources were dedicated to planning and model-design, the Community Benefit FY 16 report will highlight specific highlights and outcomes.

V. PHYSICIANS

1. Description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

Suburban Hospital is concerned about patient access to care, which is endangered by an identified shortage of physicians in Montgomery County practicing in primary care and in several specialties. A study from the Maryland Hospital Association and MedChi found shortages in Primary Care, Dermatology, Hematology/Oncology, Psychiatry, Anesthesiology, Emergency Medicine, Thoracic Surgery, and Vascular Surgery. Maryland also has only a borderline supply of orthopedic surgeons. Suburban Hospital is committed to expanding not only access to primary care for the uninsured, but also collaborates with local health partners like Montgomery Cares, Project Access, Primary Care Coalition, Catholic Charities, Mobile Medical Care, *Clinica Proyecto Salud*, NHLBI, NIDDK, community cardiologists and orthopedic surgeons to provide much needed specialty care, especially for those who suffer from chronic disease. A few examples of how Suburban Hospital and its partners are working to narrow the gap in availability of these specialty services are outlined below:

Every Thursday evening since October 2007, Suburban Hospital has operated a specialty cardiac clinic on-site with our partners Mobile Medical Care, Inc. and the National Heart, Lung and Blood Institute of the NIH. The clinic serves to provide access to care and alleviate the gap in specialty providers for cardiac patients. Referred from safety net clinics in the County operated by MobileMed, *Clinica Proyecto Salud* and the Holy Cross Hospital Health Centers, each patient is seen by a Suburban cardiologist and clinical staff from the NIH. In addition to coordinating the cardiologists and nurses who volunteer at the clinic, the Hospital absorbs the costs associated with free cardiovascular specialty diagnostic screenings and open-heart surgery for patients who require advanced care. The MobileMed/NIH Heart Clinic has provided expert care to over 4,200 patients to date and has conducted multiple open-heart surgeries at no cost to those patients who are in urgent need of these specialty care and inpatient services.

Based on the best practice model of the MobileMed/NIH Heart Clinic, Suburban Hospital, MobileMed Inc. and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) established a free endocrine clinic providing lifestyle and chronic disease management for people with endocrine diseases. Since opening its doors in July 2010, staff from Suburban Hospital, NIDDK and MobileMed volunteer their time once a week by providing diagnostic tests, laboratory services and free medical examinations and has treated nearly 2,000 patients. In addition, Endocrine clinic patients have the opportunity to meet one-on-one with Suburban Hospital Registered Dietitians for free nutrition consultations to review individual nutrition plans and examine challenges with dietary restraints.

Since 2004, Suburban Hospital has supported several specialty health initiatives targeted at *Clinica Proyecto Salud* patients, including Diabetes education and management. Suburban Hospital has provided a bilingual health educator who has taught hundreds of people living with Diabetes to better manage their Diabetes and lifestyle changes. In accordance with our 2008 agreement with Montgomery Cares, Suburban Hospital financially funds *Clinica Proyecto Salud* and the Holy Cross Hospital Clinic-Gaithersburg, increasing uninsured adult patients' access to primary care, which enables the clinics to employ additional healthcare providers, extend their hours, and provide additional patient appointments. The Holy Cross Hospital Health Center in Gaithersburg had a decrease in the number of unduplicated visits patients by 49.0% (5,973 FY 14 vs. 3,041 FY 15) and the number of encounters by 42.0% (19,036 FY 14 vs. 10,866 FY 15). The decrease of number patients is attributed to the Affordable Care Act which enables more residents the opportunity of health insurance. Those without insurance

who come to Suburban Hospital’s Emergency Department are referred each of these clinics for primary care and follow up. *Clinica Proyecto Salud’s* established patient population has benefited from the expansion of services at the Clinic’s existing site in Wheaton, MD, given its convenient location and access to public transportation. The partnership also provides *Clinica Proyecto Salud’s* patients with access to cardiac specialty care through the MobileMed/NIH Heart Clinic at Suburban Hospital.

2. Physician subsidies.

Critical to serving and meeting the health care needs of our community, Suburban Hospital provides subsidies to physicians for trauma on-call services that they would otherwise not provide to the Hospital. In FY 2015, Suburban paid a total of \$8,029,306.12 in subsidies to physicians for the following patient services for on-call coverage in the emergency department:

Trauma Call	ENT Call
Behavioral Health Call	OB/GYN Call
Urology Call	Anesthesiology Call
Cardiology Call	Stroke Call
Ophthalmology Call	Emergency Room Coverage
Vascular Call	Ortho and Spine Surgery
General Surgery	Hospital Intensivists
Hospitalists	Gastroenterology (ER)

VI. APPENDICES

- Appendix I: Financial Assistance Policy Description
- Appendix II: Description of changes to Hospital’s Financial Assistance Policy since the Affordable Care Act effect on January 1, 2014
- Appendix III: Financial Assistance Policy
- Appendix IV: Patient Information Sheet
- Appendix V: Mission, Vision, and Value Statement
- Appendix VI: Community Benefit Service Area Demographics
- Appendix VII: Suburban Hospital FY 2015 CBSA Definition
- Appendix VIII: Community Health Needs Assessment 2013 Implementation Strategy
- Appendix IX: Suburban Hospital FY 2015 Strategic Plan
- Exhibit 1: Suburban Hospital FY 2015 Community Benefit Programs and Initiatives

APPENDIX I: FINANCIAL ASSISTANCE POLICY DESCRIPTION

FINANCIAL ASSISTANCE POLICY DESCRIPTION

Description of 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 financial assistance policy.

Suburban Hospital maintains accessibility to all services regardless of an individual's ability to pay. The Hospital policy on charity care is to provide necessary emergency medical care to all persons regardless of their ability to pay and consider for charity care those patients who cannot pay the total cost of hospitalization due to lack of insurance coverage and/or inability to pay. Free care, sliding fee scales and extended payment plans are offered to eligible patients. Approval for charity care, sliding fee scales or payment plans is based on submission of a financial assistance application available upon request at each of our registration points of entry, via mail, or our website, www.hopkinsmedicine.org/suburban_hospital/.

The Patient Access Department provides all patients registered for emergency, outpatient, or inpatient care a copy of our Financial Assistance Information Sheet. Signs are posted in English and Spanish explaining the availability of financial assistance and where to call for assistance. The signs are located in the Emergency, Pediatrics, Cath Lab, and Financial Counseling Departments, as well as the main registration desk. A financial assistance application is given to every self-pay patient with instructions on how to apply and who to contact for assistance. The same information is provided to all other patients upon request. This information is also available in Spanish.

Suburban Hospital's Financial Counselors and Social Workers are trained to answer patients' questions about financial assistance and provide linkage to other community assistance resources prior to discharge. Registration and Patient Accounting staff is trained to answer questions regarding financial assistance and who to contact to apply. The Patient Access Department also has Medicaid Specialists onsite to assist patients in applying for Maryland Medical Assistance. All uninsured patients are screened for Medicaid upon admission and provided with information and referral for financial assistance. In addition, since implementation of the Affordable Care Act, Suburban Hospital now has staff members who are Certified Application Counselors and available to assist patients who have questions about eligibility requirements for the Maryland Health Insurance Exchange. Our Certified Application Counselors provide information and assist patients with initiation of online health exchange plan enrollment when requested.

APPENDIX II: DESCRIPTION OF CHANGES TO HOSPITAL'S FINANCIAL ASSISTANCE POLICY SINCE THE AFFORDABLE CARE ACT EFFECT ON JANUARY 1, 2014

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.

The Johns Hopkins Health System expanded its definition of Medical Debt to include co-payments, co-insurance and deductibles of patients who purchased insurance through a Qualified Health Plan.

JHHS defines a Qualified Health Plan as:

Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.

Notice of financial assistance availability was posted on each hospital's website and mentioned during oral communications. Policy was changed to state this is being done. This change is in response to IRS regulation changes.


Previously patient had to apply for Medical Assistance as a prerequisite for financial assistance. JHHS now requires that the patient must apply for Medical Assistance or insurance coverage through a Qualified Health Plan and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements.

For Medical Hardship

Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary Care billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles, *unless the patient is below 200% of Federal Poverty Guidelines.*

Suburban Hospital's Financial Assistance Policy is being changed to add an Appendix and language advising that the Appendix lists physicians that provide emergency and medically necessary care at the hospitals and whether the doctor is covered under the hospital's Financial Assistance policy. The Appendix will be updated quarterly and will be posted on the hospital website. The policy and the website instruct patients to direct any questions they may have concerning whether a specific doctor has a financial assistance policy separate and apart from the hospital's policy. This change is in response to IRS regulation changes. Changes expected to be made and approved by the hospital board by February 2015.

APPENDIX III: FINANCIAL ASSISTANCE POLICY

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	1 of 21
		<i>Supersedes</i>	05-15-13

POLICY

This policy applies to The Johns Hopkins Health System Corporation (JHHS) following entities: Howard County General Hospital (HCGH) and Suburban Hospital (SH).

Purpose

JHHS is committed to providing financial assistance to patients who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation.

It is the policy of the Johns Hopkins Medical Institutions to provide Financial Assistance based on indigence or excessive Medical Debt for patients who meet specified financial criteria and request such assistance. The purpose of the following policy statement is to describe how applications for Financial Assistance can be made, the criteria for eligibility, and the steps for processing each application.

JHHS hospitals will publish the availability of Financial Assistance on a yearly basis in their local newspapers, and will post notices of availability at patient registration sites, Admissions/Business Office the Billing Office, and at the emergency department within each facility. Notice of availability will be posted on each hospital website, will be mentioned during oral communications, also will also be sent to patients on patient bills. A Patient Billing and Financial Assistance Information Sheet will be provided to inpatients before discharge and will be available to all patients upon request.

Financial Assistance may be extended when a review of a patient's individual financial circumstances has been conducted and documented. Review for Medical Financial Hardship Assistance shall include a review of the patient's existing medical expenses and obligations (including any accounts placed in bad debt) and any projected medical expenses. Financial Assistance Applications and medical Financial Hardship Assistance may be offered to patients whose accounts are with a collection agency and will apply only to those accounts on which a judgment has not been granted so long as other requirements are met.

Definitions

Medical Debt

Medical Debt is defined as out of pocket expenses for medical costs resulting from medically necessary care billed by the JHHS hospital to which the application is made. Out of pocket expenses do not include co-payments, co-insurance and deductibles. Medical Debt does not include those hospital bills for which the patient chose to be registered as Voluntary Self Pay(opting out of insurance coverage, or insurance billing)

Liquid Assets

Cash, securities, promissory notes, stocks, bonds, U.S. Savings Bonds, checking accounts, savings accounts, mutual funds, Certificates of Deposit, life insurance policies with cash surrender values, accounts receivable, pension benefits or other property immediately convertible to cash. A safe harbor of \$150,000 in equity in patient's primary residence shall not be considered an asset convertible to cash. Equity in any other real property shall be subject to liquidation. Liquid Assets do not include retirement assets to which the Internal Revenue Service has granted preferential tax treatment as a retirement account, including but not limited to, deferred compensation plans qualified under the Internal Revenue Code or non qualified deferred compensation plans.

Immediate Family

If patient is a minor, immediate family member is defined as mother, father, unmarried minor siblings, natural or adopted, residing in the same household. If



**The Johns Hopkins Health System
Policy & Procedure**

Subject

FINANCIAL ASSISTANCE

<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	2 of 21
<i>Supersedes</i>	05-15-13

patient is an adult, immediate family member is defined as spouse or natural or adopted unmarried minor children residing in the same household.


Medically Necessary Care	Medical treatment that is absolutely necessary to protect the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice and not mainly for the convenience of the patient. Medically necessary care for the purposes of this policy does not include elective or cosmetic procedures.
Family Income	Patient's and/or responsible party's wages, salaries, earnings, tips, interest, dividends, corporate distributions, rental income, retirement/pension income, Social Security benefits and other income as defined by the Internal Revenue Service, for all members of Immediate Family residing in the household
Supporting Documentation	Pay stubs; W-2s; 1099s; workers' compensation, Social Security or disability award letters; bank or brokerage statements; tax returns; life insurance policies; real estate assessments and credit bureau reports, Explanation of Benefits to support Medical Debt.

PROCEDURES

1. An evaluation for Financial Assistance can begin in a number of ways:

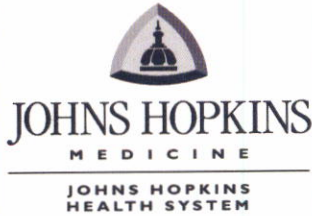
For example:

- A patient with a self-pay balance due notifies the self-pay collector or collection agency that he/she cannot afford to pay the bill and requests assistance.
 - A patient presents at a clinical area without insurance and states that he/she cannot afford to pay the medical expenses associated with their current or previous medical services.
 - A physician or other clinician refers a patient for Financial-Assistance evaluation for either inpatient or outpatient services.
2. Each Clinical or Business Unit will designate a person or persons who will be responsible for taking Financial Assistance applications. These staff can be Financial Counselors, Self-Pay Collection Specialists, Administrative staff, Customer Service, etc.
 3. Designated staff may meet with patients who request Financial Assistance to determine if they meet preliminary criteria for assistance.
 - a. All hospital applications will be processed within two business days and a determination will be made as to probable eligibility. To facilitate this process each applicant must provide information about family size and income, as defined by Medicaid regulations. To help applicants complete the process, a statement of conditional approval will be provided that will list the paperwork required for a final determination of eligibility.
 - b. Applications received will be sent to the JHHS Patient Financial Services Department for review; a written determination of probable eligibility will be issued to the patient.
 - c. At HCGH, complete applications with all supporting documentation submitted at the hospital are approved via the appropriate signature authority process. Once approved

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	3 of 21
		<i>Supersedes</i>	05-15-13

and signed off on, the approved applications will be sent to the JHHS Patient Financial Services Department's to mail patient a written determination of eligibility.

4. To determine final eligibility, the following criteria must be met:
 - a. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its' designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. The Patient Profile Questionnaire (Exhibit B) is used to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
 - b. All insurance benefits must have been exhausted.
5. To the extent possible, there will be one application process for all of the Maryland hospitals of JHHS. The patient is required to provide the following:
 - a. A completed Financial Assistance Application (Exhibit A) and Patient Profile Questionnaire (Exhibit B).
 - b. A copy of their most recent Federal Income Tax Return (if married and filing separately, then also a copy of spouse's tax return and a copy of any other person's tax return whose income is considered part of the family income as defined by Medicaid regulations).
 - c. A copy of the three (3) most recent pay stubs (if employed) or other evidence of income of any other person whose income is considered part of the family income as defined by Medicaid regulations.
 - d. A Medical Assistance Notice of Determination (if applicable).
 - e. Proof of disability income (if applicable).
 - f. Reasonable proof of other declared expenses.
 - g. Non-U.S. citizens must complete the Financial Assistance Application (Exhibit A). In addition, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO (HCGH) or Director of PFS and/or CFO (SH) to determine if additional information is necessary.
 - h. If unemployed, reasonable proof of unemployment such as statement from the Office of Unemployment Insurance, a statement from current source of financial support, etc...
6. A patient can qualify for Financial Assistance either through lack of sufficient insurance or excessive Medical Debt. Medical Debt is defined as out of pocket expenses excluding copayments, coinsurance and deductibles for medical costs billed by a JHHS hospital. Once a patient has submitted all the required information, the Financial Counselor will review and analyze the application and forward it to the Patient Financial Services Department for final determination of eligibility based on JHMI guidelines. At HCGH, the Financial Counselor will forward to Director, Revenue Cycle for review and final eligibility based upon JHMI guidelines.



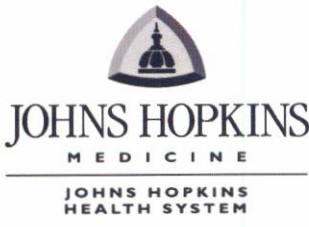
**The Johns Hopkins Health System
Policy & Procedure**

Subject

FINANCIAL ASSISTANCE

<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	4 of 21
<i>Supersedes</i>	05-15-13

- a. If the application is denied, the patient has the right to request the application be reconsidered. The Financial Counselor will forward the application and attachments for reconsideration to the CFO (HCGH) or Director PFS and CFO (SH) for final evaluation and decision.
 - b. If the patient's application for Financial Assistance is based on excessive Medical Debt or if there are extenuating circumstances as identified by the Financial Counselor or designated person, the Financial Counselor will forward the application and attachments to the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). This committee will have decision-making authority to approve or reject applications. It is expected that an application for Financial Assistance reviewed by the Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH) will have a final determination made no later than 30 days from the date the application was considered complete. The Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH) will base their determination of financial need on JHHS guidelines.
7. Each clinical department has the option to designate certain elective procedures for which no Financial Assistance options will be given.
 8. Services provided to patients registered as Voluntary Self Pay do not qualify for Financial Assistance.
 9. A department operating programs under a grant or other outside governing authority (i.e.: Psychiatry Program) may continue to use a government-sponsored application process and associated income scale.
 10. Once a patient is approved for Financial Assistance, Financial Assistance coverage shall be effective for the month of determination and the following six (6) calendar months. If patient is approved for a percentage allowance due to financial hardship it is recommended that the patient makes a good-faith payment at the beginning of the Financial Assistance period. Upon a request from a patient who is uninsured and whose income level falls within the Medical Financial Hardship Income Grid set forth in Appendix B, JHHS shall make a payment plan available to the patient. Any payment schedule developed through this policy will ordinarily not last longer than two years. In extraordinary circumstances and with the approval of the designated manager a payment schedule may be extended.
 11. **Presumptive Financial Assistance Eligibility.** There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% writeoff of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the means-tested social service programs listed by the Health Services Cost Review Commission in COMAR 10.37.10.26 A-2 are deemed Presumptively Eligible for free care provided the patient submits proof of enrollment within 30 days of date of service. Such 30 days may be extended to 60 days if patient or patients representative requests an additional 30 days. Appendix A-1 provides a list of life circumstances in addition to those specified by the regulations listed above that qualify a patient for Presumptive Eligibility.
 12. Financial Assistance Applications may only be submitted for/by patients with open and unpaid hospital accounts.
 13. Patients who indicate they are unemployed and have no insurance coverage shall be required to submit a Financial Assistance Application (Exhibit A) unless they meet Presumptive Financial Assistance

 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i></p>	<p>10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i></p>	<p>5 of 21</p>
		<p><i>Supersedes</i></p>	<p>05-15-13</p>

Eligibility criteria (see Appendix A-1). If patient qualifies for COBRA coverage, patient's financial ability to pay COBRA insurance premiums shall be reviewed by the Financial Counselor and recommendations shall be made to Director of Revenue Cycle and CFO (HCGH) or Director PFS and CFO (SH). Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services and for their overall personal health.

14. If a patient account has been assigned to a collection agency, and patient or guarantor requests financial assistance or appears to qualify for financial assistance, the collection agency shall notify PFS and shall forward the patient/guarantor a financial assistance application with instructions to return the completed application to PFS for review and determination and shall place the account on hold for 45 days pending further instruction from PFS.
15. Beginning October 1, 2010, if within a two (2) year period after the date of service a patient is found to be eligible for free care on the date of service (using the eligibility standards applicable on the date of service), the patient shall be refunded amounts received from the patient/guarantor exceeding \$25. If hospital documentation demonstrates the lack of cooperation of the patient or guarantor in providing information to determine eligibility for free care, the two (2) year period herein may be reduced to 30 days from the date of initial request for information. If the patient is enrolled in a means-tested government health care plan that requires the patient to pay-out-of pocket for hospital services, then patient or guarantor shall not be refunded any funds that would result in patient losing financial eligibility for health coverage.
16. This Financial Assistance policy does not apply to deceased patients for whom a decedent estate has or should be opened due to assets owned by a deceased patient. Johns Hopkins will file a claim in the decedents' estate and such claim will be subject to estate administration and applicable Estates and Trust laws.

REFERENCE¹

JHHS Finance Policies and Procedures Manual
 Policy No. FIN017 - Signature Authority: Patient Financial Services
 Policy No. FIN033 - Installment Payments

Charity Care and Bad Debts, AICPA Health Care Audit Guide

Code of Maryland Regulations COMAR 10.37.10.26, et seq
 Maryland Code Health General 19-214, et seq
 Federal Poverty Guidelines (Updated annually) in Federal Register

¹ NOTE: Standardized applications for Financial Assistance, Patient Profile Questionnaire and Medical Financial Hardship have been developed. For information on ordering, please contact the Patient Financial Services Department. Copies are attached to this policy as Exhibits A, B and C.



**The Johns Hopkins Health System
Policy & Procedure**

Subject

FINANCIAL ASSISTANCE

<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	6 of 21
<i>Supersedes</i>	05-15-13

RESPONSIBILITIES - HCGH, SH

Financial Counselor (Pre-Admission/Admission/In-House/Outpatient) Customer Service Collector Admissions Coordinator Any Finance representative designated to accept applications for Financial Assistance

Understand current criteria for Assistance qualifications.

Identify prospective patients; initiate application process when required. As necessary assist patient in completing application or program specific form.

On the day preliminary application is received, send to Patient Financial Services Department's for determination of probable eligibility.

Review preliminary application (Exhibit A), Patient Profile Questionnaire (Exhibit B) and Medical Financial Hardship Application (Exhibit C), if submitted, to make probable eligibility determination. Within two business days of receipt of preliminary application, mail determination to patient's last known address or deliver to patient if patient is currently an inpatient. Notate patient account comments.

If Financial Assistance Application is not required, due to patient meeting specific criteria, notate patient account comments and forward to Management Personnel for review.

Review and ensure completion of final application.

Deliver completed final application to appropriate management.

Document all transactions in all applicable patient accounts comments.

Identify retroactive candidates; initiate final application process.

Management Personnel
(Supervisor/Manager/Director)

Review completed final application; monitor those accounts for which no application is required; determine patient eligibility; communicate final written determination to patient within 30 business days of receiving completed application. If patient is eligible for reduced cost care, apply the most favorable reduction in charges for which patient qualifies.

Advise ineligible patients of other alternatives available to them including installment payments, bank loans, or consideration under the Medical Financial Hardship program if they have not submitted the supplemental application, Exhibit C. [Refer to Appendix B - Medical Financial Hardship Assistance Guidelines.]

Notices will not be sent to Presumptive Eligibility recipients.

Financial Management Personnel
(Senior Director/Assistant Treasurer or affiliate equivalent)
CP Director and Management Staff

Review and approve Financial Assistance applications and accounts for which no application is required and which do not write off automatically in accordance with signature authority established in JHHS Finance Policy No. FIN017 - Signature Authority: Patient Financial Services.



JOHNS HOPKINS
M E D I C I N E

JOHNS HOPKINS
HEALTH SYSTEM

**The Johns Hopkins Health System
Policy & Procedure**

Subject

FINANCIAL ASSISTANCE

Policy Number

FIN034H

Effective Date

10-23-13

Page

7 of 21

Supersedes

05-15-13

SPONSOR

CFO (HCGH, SH)
Director of Revenue Cycle (HCGH)
Director, PFS (SH)

REVIEW CYCLE


Two (2) years

APPROVAL



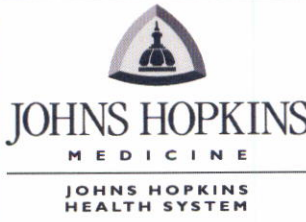
Sr. VP of Finance/Treasurer & CFO for JHH and JHHS

11-1-2013
Date

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	8 of 21
		<i>Supersedes</i>	05-15-13

**APPENDIX A
 FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY GUIDELINES**

1. Each patient requesting Financial Assistance must complete a JHM/Financial Assistance Application (also known as the Maryland State Uniform Financial Assistance Application) Exhibit A, and Patient Profile Questionnaire, Exhibit B. If patient wishes to be considered for Medical Financial Hardship, patient must submit Medical Financial Hardship Application, Exhibit C.
2. A preliminary application stating family size and family income (as defined by Medicaid regulations) will be accepted and a determination of probable eligibility will be made within two business days of receipt.
3. The patient must apply for Medical Assistance and cooperate fully with the Medical Assistance team or its designated agent, unless the financial representative can readily determine that the patient would fail to meet the eligibility requirements. A Patient Profile Questionnaire (see Exhibit B) has been developed to determine if the patient must apply for Medical Assistance. In cases where the patient has active Medical Assistance pharmacy coverage or QMB coverage, it would not be necessary to reapply for Medical Assistance unless the financial representative has reason to believe that the patient may be awarded full Medical Assistance benefits.
4. Proof of income must be provided with the final application. Acceptable proofs include:
 - (a) Prior-year tax return;
 - (b) Current pay stubs;
 - (c) Letter from employer, or if unemployed documentation verifying unemployed status; and
 - (d) A credit bureau report obtained by the JHM affiliates and/or Patient Financial Services Department.
 - (e) For non-U.S. citizens, the Financial Counselor shall contact the U.S. Consulate in the patient's country of residence. The U.S. Consulate should be in a position to provide information on the patient's net worth. However, the level of detail supporting the patient's financial strength will vary from country to country. After obtaining information from the U.S. Consulate, the Financial Counselor shall meet with the Director, Revenue Cycle and/or CFO to determine if additional information is necessary.
5. Patients will be eligible for Financial Assistance if their maximum family (husband and wife) income (as defined by Medicaid regulations) level does not exceed each affiliate's standard (related to the Federal poverty guidelines) and they do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
6. All financial resources must be used before the Financial Assistance can be applied. This includes insurance, Medical Assistance, and all other entitlement programs for which the patient may qualify. If it is clear that a non-U.S. citizen will not be eligible for Medical Assistance, a Medical Assistance Notice of Determination will not be necessary.
7. Patients who chose to become voluntary self pay patients do not qualify for Financial Assistance for the amount owed on any account registered as Voluntary Self Pay.
8. Financial Assistance is not applicable for non-essential services such as cosmetic surgery, convenience items, and private room accommodations that are not medically necessary. Non-hospital charges will remain the responsibility of the patient. In the event a question arises as to whether an admission is an "Elective Admission" or a "Medically Necessary Admission," the patient's admitting physician shall be consulted and the matter will also be directed to the physician advisor appointed by the hospital.

 <p>JOHNS HOPKINS M E D I C I N E JOHNS HOPKINS H E A L T H S Y S T E M</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i></p>	<p>FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i></p>	<p>10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i></p>	<p>9 of 21</p>
		<p><i>Supersedes</i></p>	<p>05-15-13</p>

9. Each affiliate will determine final eligibility for Financial Assistance within thirty (30) business days of the day when the application was satisfactorily completed and submitted. The Financial Counselor will issue the final eligibility determination.
10. Documentation of the final eligibility determination will be made on all (open-balance) patient accounts. A determination notice will be sent to the patient.
11. A determination of eligibility for Financial Assistance based on the submission of a Financial Assistance Application (Exhibit A) will remain valid for a period of six (6) months for all necessary JHM affiliate services provided, based on the date of the determination letter. Patients who are currently receiving Financial Assistance from one JHM affiliate will not be required to reapply for Financial Assistance from another affiliate.
12. All determinations of eligibility for Financial Assistance shall be solely at the discretion of the JHHS affiliate.

Exceptions

The Vice President, Finance/CFO may make exceptions according to individual circumstances.


FREE OR REDUCED COST CARE FINANCIAL ASSISTANCE GRID

<p align="center">TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES</p> <p align="right">Effective 2/1/14</p>						
# of Persons in Family	Income Level*	Upper Limits of Income for Allowance Range				
1	\$ 23,340	\$ 25,674	\$ 28,008	\$ 30,342	\$ 32,676	\$ 35,010
2	\$ 31,460	\$ 34,606	\$ 37,752	\$ 40,898	\$ 44,044	\$ 47,190
3	\$ 39,580	\$ 43,538	\$ 47,496	\$ 51,454	\$ 55,412	\$ 59,370
4	\$ 47,700	\$ 52,470	\$ 57,240	\$ 62,010	\$ 66,780	\$ 71,550
5	\$ 55,820	\$ 61,402	\$ 66,984	\$ 72,566	\$ 78,148	\$ 83,730
6	\$ 63,940	\$ 70,334	\$ 76,728	\$ 83,122	\$ 89,516	\$ 95,910
7	\$ 72,060	\$ 79,266	\$ 86,472	\$ 93,678	\$ 100,884	\$ 108,090
8*	\$ 80,180	\$ 88,198	\$ 96,216	\$ 104,234	\$ 112,252	\$ 120,270
**amt for each member	\$8,120	\$8,932	\$9,744	\$10,556	\$11,368	\$12,180
Allowance to Give:	100%	80%	60%	40%	30%	20%

*200% of Poverty Guidelines

**For family units with more than eight (8) members

EXAMPLE: Annual Family Income \$54,000
 # of Persons in Family 4
 Applicable Poverty Income Level \$47,700
 Upper Limits of Income for Allowance Range \$57,240 (60% range)
 (\$54,000 is less than the upper limit of income; therefore patient is eligible for Financial Assistance.)

 JOHNS HOPKINS MEDICINE <hr/> JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	10 of 21
		<i>Supersedes</i>	05-15-13

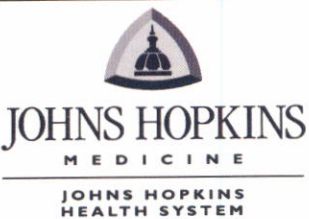
Appendix A-1

Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for financial assistance, but there is no financial assistance form on file. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with financial assistance. In the event there is no evidence to support a patient's eligibility for financial assistance, JHHS reserves the right to use outside agencies in determining estimate income amounts for the basis of determining financial assistance eligibility and potential reduced care rates. Once determined, due to the inherent nature of presumptive circumstances, the only financial assistance that can be granted is a 100% write off of the account balance. Presumptive Financial Assistance Eligibility shall only cover the patient's specific date of service and shall not be effective for a six (6) month period. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

- Active Medical Assistance pharmacy coverage
- QMB coverage/ SLMB coverage
- Primary Adult Care Program (PAC) coverage*
- Homelessness
- Medical Assistance and Medicaid Managed Care patients for services provided in the ER beyond the coverage of these programs
- Maryland Public Health System Emergency Petition patients
- active enrollees of the Chase Brexton Health Center (See Appendix C) (applicable for HCGH patients)
- active enrollees of the Healthy Howard Program (see Appendix D) (applicable for HCGH patient)
- Participation in Women, Infants and Children Programs (WIC)*
- Supplemental Nutritional Assistance program (SNAP) or Food Stamp eligibility *
- Households with children in the free or reduced lunch program*
- Low-income household energy assistance program participation*
- Eligibility for other state or local assistance programs which have financial eligibility at or below 200% of FPL
- patients referred to Suburban Hospital by organizations which have partnered with Suburban (See Appendix E)
- Patient is deceased with no known estate
- Health Department moms – For non-emergent outpatient visits not covered by medical assistance
- Patients that are determined to meet eligibility criteria established under former State Only Medical Assistance Program
- Patients returned by SRT as not meeting disability criteria but who meet the financial requirements for Medical Assistance

*These life circumstances are set forth in COMAR 10.37.10.26 A-2. The patient needs to submit proof of enrollment in these programs within 30 days of treatment unless the patient requests an additional 30 days.

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 11 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

**APPENDIX B
MEDICAL FINANCIAL HARDSHIP ASSISTANCE GUIDELINES**

Purpose

These guidelines are to provide a separate, supplemental determination of Financial Assistance. This determination will be offered to all patients who apply for Financial Assistance.

Medical Financial Hardship Assistance is available for patients who are not eligible for Financial Assistance under the primary section of this policy, but for whom:

- 1.) Medical Debt incurred over a twelve (12) month period exceeds 25% of the Family Income creating Medical Financial Hardship; and
- 2.) who meet the income standards for this level of Assistance are met.

For those patients who are eligible for reduced cost care under the Financial Assistance criteria and also qualify under the Medical Financial Hardship Assistance Guidelines, JHHS shall apply the reduction in charges that is most favorable to the patient.

Medical Financial Hardship is defined as Medical Debt for Medically Necessary treatment incurred by a family over a twelve (12) month period that exceeds 25% of that family's income.


Medical Debt is defined as out of pocket expenses for medical costs for Medically Necessary Care billed by the Hopkins hospital to which the application is made, the out of pocket expenses mentioned above do not include co-payments, co-insurance and deductibles.

The patient/guarantor can request that such a determination be made by submitting a Medical Financial Hardship Assistance Application (Exhibit C), when submitting JHM/Financial Assistance Application, also known as the Maryland State Uniform Financial Assistance Application (Exhibit A), and the Patient Profile Questionnaire (Exhibit B). The patient guarantor must also submit financial documentation of family income for the twelve (12) calendar months preceding the application date and documentation evidencing Medical Debt of at least 25% of family income.

Once a patient is approved for Medical Hardship Financial Assistance, Medical Hardship Financial Assistance coverage shall be effective starting the month of the first qualifying service and the following twelve (12) calendar months. It shall cover those members of the patient's Immediate Family residing in the same household. The patient and the Immediate Family members shall remain eligible for reduced cost Medically Necessary Care when seeking subsequent care at the same hospital for twelve (12) calendar months beginning on the date on which the reduced cost Medically Necessary Care was initially received. Coverage shall not apply to Elective Admissions or Elective or cosmetic procedures. However, the patient or the patient's immediate family member residing in the same household must notify the hospital of their eligibility for the reduced cost Medically Necessary Care at registration or admission.

General Conditions for Medical Financial Hardship Assistance Application:

1. Patient's income is under 500% of the Federal Poverty Level.
2. Patient has exhausted all insurance coverage.
3. Patient account balances for patients who chose to register as voluntary self pay shall not counted toward Medical Debt for Medical Financial Hardship Assistance.
4. Patient/guarantor do not own Liquid Assets in excess of \$10,000 which would be available to satisfy their JHHS affiliate bills.
5. Patient is not eligible for any of the following:
 - Medical Assistance

 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	FIN034H
	<i>Subject</i>	<i>Effective Date</i>	10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i>	12 of 21
		<i>Supersedes</i>	05-15-13

- Other forms of assistance available through JHM affiliates
6. Patient is not eligible for The JHM Financial Assistance Program or is eligible but the Medical Financial Hardship Program may be more favorable to the patient.
 7. The affiliate has the right to request patient to file updated supporting documentation.
 8. The maximum time period allowed for paying the amount not covered by Financial Assistance is three (3) years.
 9. If a federally qualified Medicaid patient required a treatment that is not approved by Medicaid but may be eligible for coverage by the Medical Financial Hardship Assistance program, the patient is still required to file a JHHS Medical Financial Hardship Assistance Application but not to submit duplicate supporting documentation.

Factors for Consideration

The following factors will be considered in evaluating a Medical Financial Hardship Assistance Application:


- Medical Debt incurred over the twelve (12) months preceding the date of the Financial Hardship Assistance Application at the JHHS treating facility where the application was made.
- Liquid Assets (leaving a residual of \$10,000)
- Family Income for the twelve (12) calendar months preceding the date of the Financial Hardship Assistance Application
- Supporting Documentation

Exceptions

The Vice President, Finance/CFO or designee may make exceptions according to individual circumstances.

Evaluation Method and Process

1. The Financial Counselor will review the Medical Financial Hardship Assistance Application and collateral documentation submitted by the patient/responsible party.
2. The Financial Counselor will then complete a Medical Financial Hardship Assistance Worksheet (found on the bottom of the application) to determine eligibility for special consideration under this program. The notification and approval process will use the same procedures described in the Financial Assistance Program section of this policy.

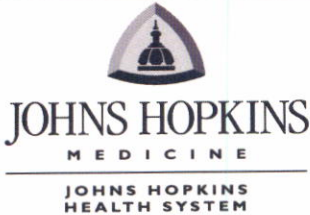
 JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i> FIN034H
	<i>Subject</i>	<i>Effective Date</i> 10-23-13
	FINANCIAL ASSISTANCE	<i>Page</i> 13 of 21
		<i>Supersedes</i> 05-15-13

MEDICAL HARDSHIP FINANCIAL GRID

Upper Limits of Family Income for Allowance Range

TABLE FOR DETERMINATION OF FINANCIAL ASSISTANCE ALLOWANCES			
Effective 2/1/14			
# of Persons in Family	Income Level**		
# of Persons in Family	300% of FPL	400% of FPL	500% of FPL
1	\$ 35,010	\$ 46,680	\$ 58,350
2	\$ 47,190	\$ 62,920	\$ 78,650
3	\$ 59,370	\$ 79,160	\$ 98,950
4	\$ 71,550	\$ 95,400	\$ 119,250
5	\$ 83,730	\$ 111,640	\$ 139,550
6	\$ 95,910	\$ 127,880	\$ 159,850
7	\$ 108,090	\$ 144,120	\$ 180,150
8*	\$ 120,270	\$ 160,360	\$ 200,450
Allowance to Give:	50%	35%	20%

*For family units with more than 8 members, add \$12,180 for each additional person at 300% of FPL, \$16,240 at 400% at FPL; and \$20,300 at 500% of FPL.



**The Johns Hopkins Health System
Policy & Procedure**

Subject

FINANCIAL ASSISTANCE

<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	14 of 21
<i>Supersedes</i>	05-15-13

**APPENDIX C (HCGH only)
FINANCIAL ASSISTANCE FOR CHASE BREXTON PATIENTS**

Purpose

Chase Brexton Health Services, Inc. is a non-profit, community based organization that provides a wide range of medical, psychological and social services on a non-discriminatory basis in Baltimore City, Baltimore County, and Howard County. Chase Brexton offers services to everyone regardless of their ability to pay. Chase Brexton cares for those who are uninsured or under-insured, those with Medicare and Medicaid, and those with commercial insurance. Chase Brexton has Case Managers that work with patients to determine eligibility for care at a low minimum fee, and/or appropriate programs and entitlements available to people with limited resources.

This procedure is for Howard County General Hospital registration sites, verification and scheduling and for Patient Financial Services. It outlines the treatment of patients that have qualified for Chase Brexton Health Services. It is the policy of HCGH to accept patients previously screened by Chase Brexton for financial assistance. Patients will not have to apply for assistance but will need to notify HCGH of their participation in this program.

Inpatient/Outpatient cases

All Chase Brexton inpatients are screened by the Howard County General Hospital's Financial Counselor for possible medical assistance. Appointments are made with Howard County General Hospital's in-house medical assistance Case Worker for the application process. If medical assistance is received, the claim is billed to Medical Assistance for payment. If the patient is not eligible for medical assistance, the insurance plan of FAR.PENDIN, FARB20, FARN40, FARN50, FARN70 FARN80, and FAR100 is assigned to the case and the claim will be automatically written off to the financial assistance/charity care allowance code when the final bill is released. The insurance code assignment is based on the level of charity care the patient has qualified for.

Insurance listed as:

FAR.PENDIN
FARB20
FARN40
FARN50
FARN70
FARN80
FAR100

Charity Care

Pending Verification
20% of charges
40% of charges
50% of charges
70% of charges
80% of charges
100% of charges

Patient to pay:

80% of charges
60% of charges
50% of charges
30% of charges
20% of charges
0% of charges

PROCEDURE

1. When a patient presents for services at HCGH and states they are associated with the Chase Brexton health center, the registration staff will enter the insurance code of FAR.PENDIN into Meditech if the patient hasn't been seen within the last 6 months. If the patient is in the system with a service date within the last 6 months and the patient was already identified as a Chase Brexton patient that met a certain level of charity care the registrar can allow the insurance code of (FARB20, FARN40 etc.) to be pulled forward.
2. The Sr. Financial Counselor receives a daily report with all patients registered with a FAR code.
3. The Sr. Financial Counselor will review all patients on the report daily to validate they are active with the Chase Brexton health center and what level of charity care they qualify for.



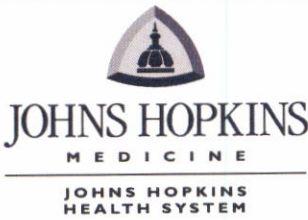
**The Johns Hopkins Health System
Policy & Procedure**

Subject

FINANCIAL ASSISTANCE

<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	15 of 21
<i>Supersedes</i>	05-15-13

4. The Sr. Financial Counselor is responsible for updating the insurance code to reflect the proper level of charity care and collecting the patient balance (if any).
5. The Sr. Financial Counselor is responsible for entering a form and through date into Meditech that the patient is eligible to receive this level of charity care.
6. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be changed to self pay and or other insurance as appropriate.

 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTH SYSTEM</p>	<p>The Johns Hopkins Health System Policy & Procedure</p>	<p><i>Policy Number</i> FIN034H</p>
	<p><i>Subject</i></p>	<p><i>Effective Date</i> 10-23-13</p>
	<p>FINANCIAL ASSISTANCE</p>	<p><i>Page</i> 16 of 21</p>
		<p><i>Supersedes</i> 05-15-13</p>

**APPENDIX D (HCGH only)
FINANCIAL ASSISTANCE FOR HEALTHY HOWARD PATIENTS**

Purpose

The Healthy Howard Access Plan is a new program effective January 1, 2009, designed to connect Howard County residents to affordable health care services and help the community overcome barriers to healthy living. The Plan is not insurance, but offers basic medical and preventative care to eligible residents who would otherwise not be able to afford or obtain health insurance.

This procedure is for Howard County General Hospital registration sites, verification and scheduling, and Patient Financial Services. It outlines the treatment of patients that are enrolled in the Healthy Howard Plan.

Inpatient/Outpatient cases

It is the policy of HCGH to accept Healthy Howard plan patients for referred scheduled services, and emergent/urgent services.

It is the responsibility of the patient to provide their Healthy Howard identification card or inform the registration/scheduling staff of Healthy Howard coverage at the time of service or scheduling.

It is the responsibility of the HCGH registration/authorization staff to verify that coverage is still active by checking eligibility via. MCNET (a web based system administered by JHHC).

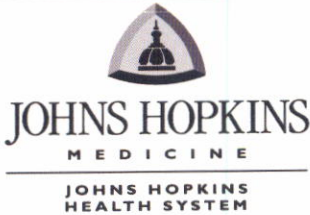
For Healthy Howard patients utilizing the emergency department, \$100 co-pay is due. However; if admitted or placed into observation the co-pay is waived.

The patient should be registered using the insurance code HLTH.HOW.

The HLTH.HOW insurance code has been programmed to automatically write off the charges to the financial assistance code when the final bill is released.

Procedure

1. When a patient presents for services at HCGH and either presents a Healthy Howard insurance card or notifies the registration staff that they are a member of Healthy Howard the registrar should verify eligibility using MCNET to validate the patient is an active enrollee.
2. If active, the Admission Counselor will register the patient with the insurance code HLTH.HOW.
3. If not active, notify the patient of ineligibility and ask if there is other insurance or means to pay. If not, provide the patient with the HCGH financial assistance application.
4. The Sr. Financial Counselor prints a report on a daily basis of all patients registered with HLTH.HOW.
5. The Sr. Financial Counselor will review all patients on the report to validate they are active with Healthy Howard.
6. The Sr. Financial Counselor is responsible to monitor Healthy Howard in-house inpatient admissions to determine if at some point the patient may become eligible for MD Medical Assistance. If so, the Sr. Financial Counselor will meet with the patient to assist in the application process.
7. The Sr. Financial Counselor is responsible for identifying registration errors and forwarding them to the Manager of Admissions for corrective action. These accounts will be corrected as appropriate.



**The Johns Hopkins Health System
Policy & Procedure**

Subject

FINANCIAL ASSISTANCE

<i>Policy Number</i>	FIN034H
<i>Effective Date</i>	10-23-13
<i>Page</i>	17 of 21
<i>Supersedes</i>	05-15-13

**APPENDIX E (Suburban Hospital only)
FINANCIAL ASSISTANCE FOR MONTGOMERY COUNTY AND LOCALLY BASED PROGRAMS FOR
LOW INCOME UNINSURED PATIENTS**

Purpose

Suburban Hospital is partnered with several Montgomery County, MD and locally based programs that offer primary care services and/or connection to local specialty and hospital based care. Based on agreements with these partnered programs, Suburban Hospital provides access to inpatient and outpatient care to patients who would not otherwise be able to access or afford medically necessary care.

Policy

Suburban Hospital shall accept charity referrals for medical necessary care from the following providers: Catholic Charities, Mobile Med, Inc., Montgomery County Cancer Crusade, Primary Care Coalition, Project Access, and Proyecto Salud. Care is provided to such patients based on meeting eligibility requirements for one of the aforementioned local programs.

Patients must provide a program generated referral for care as proof of their enrollment in one of the above programs to qualify for presumptive approval for 100% free care. Suburban Hospital shall base acceptance of such referrals on the referring programs' enrollment of patients using their income based eligibility requirements which for these designated programs is at or below a maximum of 250% of the federal poverty guidelines.

Procedure

1. When a patient is scheduled and/or presents for services at SH, the patient must provide a referral form from one of the above programs as proof of enrollment.
2. Once the referral form is received, the Scheduler or Registrar will apply to the account a designated insurance mnemonic for the referring partnered program.
3. If no referral form is received by the patient, the account will be registered as self pay. The patient has 30 days to produce a referral or proof of enrollment in one of the partnered programs. An additional 30 days will be allowed upon request from the patient.
4. A Financial Counselor and/or Registrar will check the real time eligibility or Maryland EVS System to verify enrollment in Maryland Medicaid. If enrolled, Medicaid will prevail and free care presumptive approval will not apply.
5. Each hospital account with a designated insurance mnemonic for one of the partnered programs will be subject to final review for the existence of a program referral prior to application of the program driven charity adjustment. Presumptive approval for 100% free care applies to a single episode of care (account) only.

Exhibit A

Howard County General Hospital
3910 Keswick Road, Suite S-5100
Baltimore, MD 21211



Maryland State Uniform Financial Assistance Application

Information About You

Name _____
First Middle Last

Social Security Number _____ - ____ - ____
US Citizen: Yes No

Marital Status: Single Married Separated
Permanent Resident: Yes No

Home Address _____

Phone _____

City State Zip code

Country

Employer Name _____

Phone _____

Work Address _____

City State Zip code

Household members:

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

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

Do you receive any type of state or county assistance? Yes No

Exhibit A

I. Family Income

List the amount of your monthly income from all sources. You may be required to supply proof of income, assets, and expenses. If you have no income, please provide a letter of support from the person providing your housing and meals.

	Monthly Amount
Employment	_____
Retirement/pension benefits	_____
Social security benefits	_____
Public assistance benefits	_____
Disability benefits	_____
Unemployment benefits	_____
Veterans benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self employment	_____
Other income source	_____
Total	_____

II. Liquid Assets

	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
Total	_____

III. Other Assets

If you own any of the following items, please list the type and approximate value.

Home	Loan Balance _____	Approximate value _____
Automobile	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Additional vehicle	Make _____ Year _____	Approximate value _____
Other property		Approximate value _____
Total		_____

IV. Monthly Expenses

	Amount
Rent or Mortgage	_____
Utilities	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No
For what service? _____
If you have arranged a payment plan, what is the monthly payment? _____

If you request that the hospital extend additional financial assistance, the hospital may request additional information in order to make a supplemental determination. By signing this form, you certify that the information provided is true and agree to notify the hospital of any changes to the information provided within ten days of the change.

Applicant signature

Date

Relationship to Patient

Exhibit B

PATIENT FINANCIAL SERVICES
PATIENT PROFILE QUESTIONNAIRE

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

1. What is the patient's age? _____
2. Is the patient a U.S. citizen or permanent resident? Yes or No
3. Is patient pregnant? Yes or No
4. Does patient have children under 21 years of age living at home? Yes or No
5. Is patient blind or is patient potentially disabled for 12 months or more from gainful employment? Yes or No
6. Is patient currently receiving SSI or SSDI benefits? Yes or No
7. Does patient (and, if married, spouse) have total bank accounts or assets convertible to cash that do not exceed the following amounts? Yes or No

Family Size:

Individual: \$2,500.00

Two people: \$3,000.00

For each additional family member, add \$100.00

(Example: For a family of four, if you have total liquid assets of less than \$3,200.00, you would answer YES.)

8. Is patient a resident of the State of Maryland?
If not a Maryland resident, in what state does patient reside? _____ Yes or No
9. Is patient homeless? Yes or No
10. Does patient participate in WIC? Yes or No
11. Does patient receive Food Stamps? Yes or No
12. Does patient currently have:
 Medical Assistance Pharmacy Only Yes or No
 QMB coverage/ SLMB coverage Yes or No
 PAC coverage Yes or No
13. Is patient employed? Yes or No
 If no, date became unemployed. _____
 Eligible for COBRA health insurance coverage? Yes or No

Exhibit C

MEDICAL FINANCIAL HARDSHIP APPLICATION

HOSPITAL NAME: _____

PATIENT NAME: _____

PATIENT ADDRESS: _____
(Include Zip Code)

MEDICAL RECORD #: _____

Date: _____

Family Income for twelve (12) calendar months preceding date of this application: _____

Medical Debt incurred at The Johns Hopkins Hospital (not including co-insurance, co-payments, or deductibles) for the twelve (12) calendar months preceding the date of this application:

Date of service	Amount owed
_____	_____
_____	_____
_____	_____
_____	_____

All documentation submitted becomes part of this application.

All the information submitted in the application is true and accurate to the best of my knowledge, information and belief.

Applicant's signature

Date: _____

Relationship to Patient

For Internal Use: _____ Reviewed By: _____ Date: _____

Income: _____ 25% of income= _____

Medical Debt: _____ Percentage of Allowance: _____

Reduction: _____

Balance Due: _____

Monthly Payment Amount: _____ Length of Payment Plan: _____ month

APPENDIX IV: PATIENT INFORMATION SHEET



PATIENT BILLING and FINANCIAL ASSISTANCE INFORMATION SHEET

Billing Rights and Obligations

Not all medical costs are covered by insurance. The hospital makes every effort to see that you are billed correctly. It is up to you to provide complete and accurate information about your health insurance coverage when you are brought in to the hospital or visit an outpatient clinic. This will help make sure that your insurance company is billed on time. Some insurance companies require that bills be sent in soon after you receive treatment or they may not pay the bill. Your final bill will reflect the actual cost of care minus any insurance payment received and/or payment made at the time of your visit. All charges not covered by your insurance are your responsibility.

Financial Assistance

If you are unable to pay for medical care, you **may qualify for Free or Reduced-Cost Medically Necessary Care** if you:

- Have no other insurance options
- Have been denied medical assistance or fail to meet all eligibility requirements
- Meet specific financial criteria

If you do not qualify for Medical Assistance or financial assistance, you may be eligible for an extended payment plan for your medical bill.

Call: 301-896-6088

With questions concerning:

- Your hospital bill
- Your rights and obligations with regard to your hospital bill
- Your rights and obligations with regard to reduced-cost medically necessary care due to financial hardship
- How to apply for free and reduced-cost care
- How to apply for Maryland Medical Assistance or other programs that may help pay your medical bills

For information about Maryland Medical Assistance

Contact your local department of Social Services

1-800-332-6347 TTY 1-800-925-4434

Or visit: www.dhr.state.md.us

Physician charges are not included in hospital bills and are billed separately.



HOJA INFORMATIVA SOBRE LA FACTURA DE PACIENTES Y LA ASISTENCIA FINANCIERA

Los derechos y obligaciones de la factura

No todos los costos médicos son cubiertos por el seguro. El hospital hace todo lo posible para estar seguro de que usted reciba la factura correcta. Depende de usted proveer la información completa y precisa sobre su cobertura de seguro médico cuando le traen al hospital o cuando visita la clínica ambulatoria. Esto ayudará a asegurar que se manden las facturas a su compañía de seguros a tiempo. Algunas compañías de seguro requieren que se manden las facturas tan pronto como usted recibe el tratamiento, de lo contrario pueden no pagarlas. Su factura final reflejará el verdadero costo de su cuidado, menos cualquier pago que se haya recibido o hecho al momento de su visita. Todo cobro no cubierto por su seguro es responsabilidad suya.

Asistencia financiera

Si usted no puede pagar por su cuidado médico, es posible que califique para cuidado médicamente necesario gratuito o de bajo costo si usted:

- No tiene otras opciones de seguro
- Le ha sido negada la asistencia médica, o no cumple con todos los requisitos de elegibilidad
- Cumple con criterios financieros específicos.

Si usted no califica para la Asistencia Médica o la asistencia financiera, es posible que sea elegible para un sistema de pagos extendidos para sus facturas médicas.

Llame a: 301-896-6088

Con sus preguntas referentes a:

- Su factura del hospital
- Sus derechos y obligaciones en cuanto a su factura del hospital
- Sus derechos y obligaciones de lo que se refiere a la reducción de costo, al cuidado médico necesario debido a dificultades financieras
- Cómo inscribirse para cuidado gratuito o de bajo costo
- Cómo inscribirse para la Asistencia Médica de Maryland u otros programas que le puedan ayudar a pagar sus facturas médicas.

Para más información sobre la Asistencia Médica de Maryland

Por favor llame a su departamento local de Servicios Sociales

1-800-332-6347 TTY 1-800-925-4434

O visite al: www.dhr.state.md.us

Los cobros de los médicos no se incluyen en las facturas del hospital, son facturas aparte.

APPENDIX V: MISSION, VISION, AND VALUE STATEMENT

MISSION

Improving health with skill and compassion.

VISION

As a member of Johns Hopkins Medicine, Suburban Hospital will foster the development of an integrated and innovative system of care that provides state of the art clinical care supported by a strong base of medical research and education.

VALUE STATEMENT

Suburban Hospital is a community-based hospital serving Montgomery County and the surrounding area since 1943. We are a not-for-profit healthcare provider guided by the needs of our patients and community. On June 30, 2009, Suburban Hospital became a member of Johns Hopkins Medicine. The designated trauma center for Montgomery County, Suburban Hospital is affiliated with many local healthcare organizations, including the National Institutes of Health. It is committed to continuous improvement and appropriate use of resources, and creates an environment that encourages the success and fulfillment of our physicians, staff, and volunteers.

Suburban Hospital will set the standard for excellence in healthcare in the Washington metropolitan region. Through our affiliations, we aspire to provide world-class patient care, technology, and clinical research.

VALUES

- ❖ Compassion
- ❖ Excellence
- ❖ Integrity
- ❖ Teamwork
- ❖ Accountability

APPENDIX VI: COMMUNITY BENEFIT SERVICE AREA DEMOGRAPHICS

Suburban Hospital
Community Benefit Service Area
FY 2015

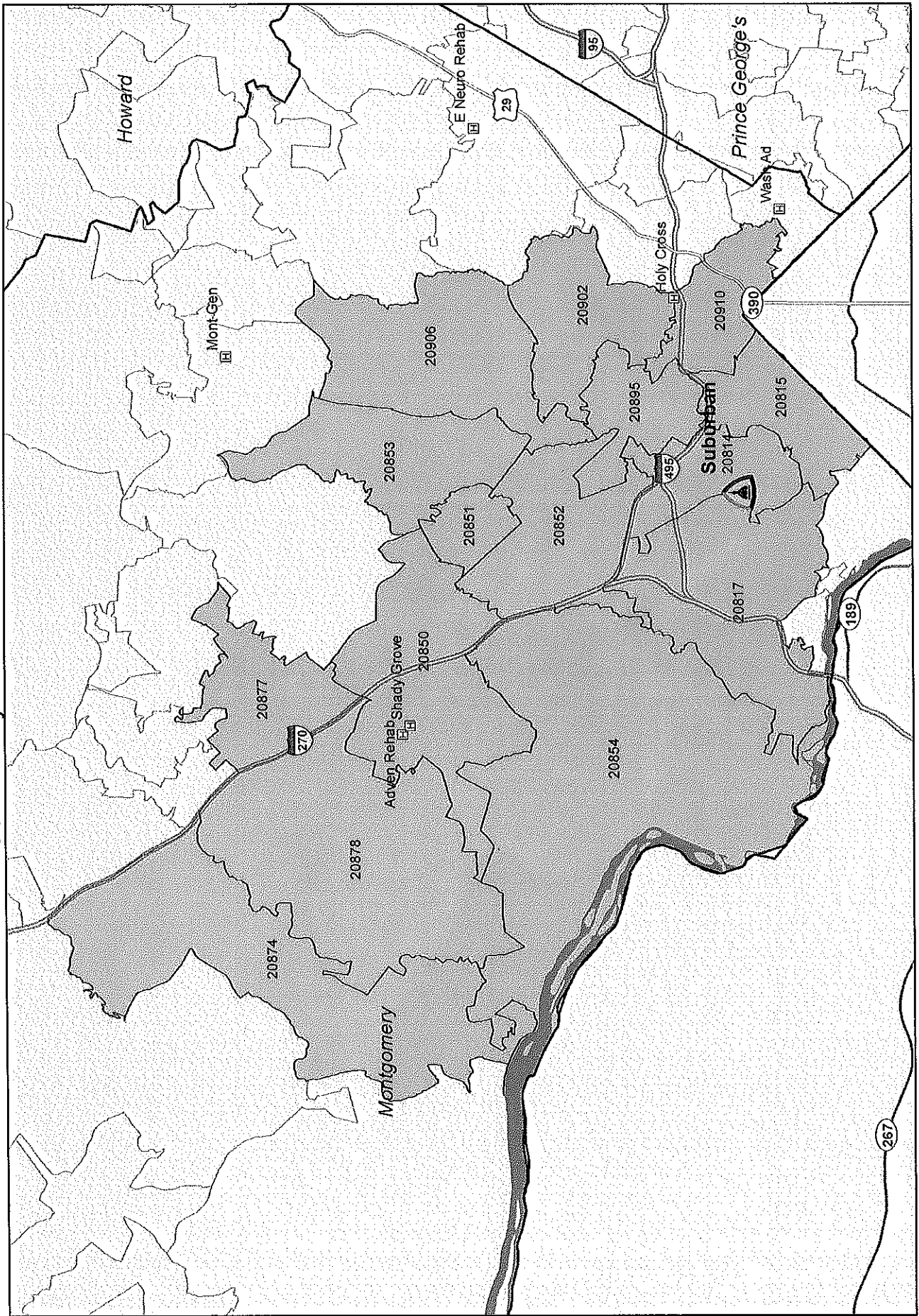
Source: HSCRC, DCHA, VHA
Includes Newborns

Zip Code	Zip City	SH Discharges	SH Market Share	All Hospital Discharges*	SH % Zip**
20852	Rockville	1,282	36.8%	3,488	9.5%
20817	Bethesda	1,095	43.5%	2,519	8.1%
20854	Potomac	1,083	34.2%	3,168	8.0%
20814	Bethesda	1,006	44.8%	2,248	7.4%
20815	Chevy Chase	785	32.0%	2,453	5.8%
20906	Silver Spring	613	7.5%	8,146	4.5%
20895	Kensington	486	28.7%	1,692	3.6%
20850	Rockville	482	12.1%	3,980	3.6%
20902	Silver Spring	387	7.9%	4,927	2.9%
20878	Gaithersburg	325	7.3%	4,447	2.4%
20853	Rockville	283	10.4%	2,727	2.1%
20874	Germantown	257	5.0%	5,132	1.9%
20910	Silver Spring	218	5.9%	3,680	1.6%
20851	Rockville	198	16.0%	1,239	1.5%
20877	Gaithersburg	194	5.2%	3,719	1.4%
TOTAL		8,694	16.2%	53,565	64.2%

*Includes Maryland, DC, and Northern VA Hospitals (Source: HSCRC, DC Hospital Association (DCHA), and Virginia Hospital Association (VHA))

**Note: SH had 13,533 discharges in FY2015

Suburban Hospital Community Benefit Service Area



2015 Insurance Coverage Estimates
 Area: Suburban_FY2015_CB_SA
 Ranked by ZIP Code(Asc)

ZIP Code	ZIP City	2015 Adjusted Population									
		Total	Medicaid - Pre Reform	Medicaid Expansion	Medicare	Medicare Dual Eligible	Private - Direct	Private - ES	Private - Exchange	Uninsured	
20814	Bethesda	29,349	2,455	1,145	3,495	531	1,543	18,789	464	926	
20815	Chevy Chase	30,814	1,965	943	4,738	704	1,640	19,646	402	776	
20817	Bethesda	36,685	1,935	1,016	4,793	709	2,074	24,931	453	773	
20850	Rockville	52,497	4,786	2,337	5,393	830	2,742	33,782	861	1,767	
20851	Rockville	14,556	1,292	665	987	160	803	9,895	266	478	
20852	Rockville	46,769	4,604	2,213	5,495	835	2,343	28,795	805	1,678	
20853	Rockville	30,499	3,178	1,423	3,478	524	1,528	18,681	497	1,191	
20854	Potomac	51,401	2,236	1,152	7,059	1,041	2,985	35,431	575	922	
20874	Germantown	62,031	5,434	3,067	2,971	514	3,480	43,436	1,161	1,968	
20877	Gaithersburg	36,644	6,464	2,696	2,954	460	1,551	19,525	748	2,247	
20878	Gaithersburg	65,168	4,450	2,649	4,907	783	3,729	45,942	1,050	1,659	
20895	Kensington	20,683	2,014	1,013	2,364	358	1,036	12,833	325	740	
20902	Silver Spring	52,020	6,406	3,108	4,185	655	2,555	31,844	987	2,279	
20906	Silver Spring	67,761	9,720	4,004	10,118	1,515	2,845	34,876	1,142	3,542	
20910	Silver Spring	41,944	6,156	2,718	3,253	521	1,949	24,417	811	2,118	
Total		638,821	63,096	30,148	66,200	10,140	32,803	402,823	10,546	23,064	

Demographics Expert 2.7
 2015 Demographic Snapshot
 Area: Suburban_FY2015_CB_SA
 Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	2015	2020	% Change
2010 Total Population	598,189	306,745,538	6.0%
2015 Total Population	638,821	319,459,991	5.7%
2020 Total Population	675,925	330,689,365	1.0%
% Change 2015 - 2020	5.8%	3.5%	
Average Household Income	\$138,765	\$74,165	

POPULATION DISTRIBUTION

Age Group	Age Distribution		USA 2015	
	2015	% of Total	2020	% of Total
0-14	119,379	18.7%	122,463	18.1%
15-17	23,838	3.7%	25,964	3.8%
18-24	48,925	7.7%	55,633	8.2%
25-34	85,180	13.3%	78,386	11.6%
35-54	182,077	28.5%	185,765	27.5%
55-64	83,568	13.1%	91,893	13.6%
65+	95,854	15.0%	115,821	17.1%
Total	638,821	100.0%	675,925	100.0%

HOUSEHOLD INCOME DISTRIBUTION

2015 Household Income	Income Distribution		USA	
	HH Count	% of Total	% of Total	% of Total
<\$15K	13,578	5.6%	5.6%	12.7%
\$15-25K	10,818	4.4%	4.4%	10.6%
\$25-50K	31,776	13.1%	13.1%	23.9%
\$50-75K	35,316	14.5%	14.5%	17.8%
\$75-100K	29,842	12.3%	12.3%	12.0%
Over \$100K	121,781	50.1%	50.1%	22.8%
Total	243,111	100.0%	100.0%	100.0%

EDUCATION LEVEL

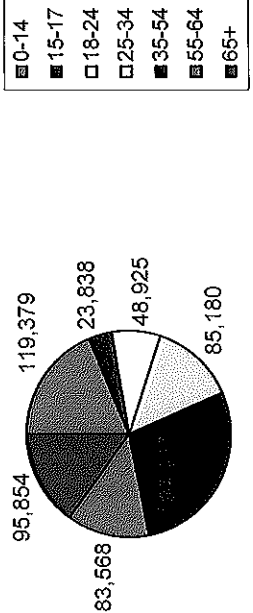
2015 Adult Education Level	Education Level Distribution		USA	
	Pop Age 25+	% of Total	% of Total	% of Total
Less than High School	21,971	4.9%	4.9%	5.9%
Some High School	16,731	3.7%	3.7%	8.0%
High School Degree	59,719	13.4%	13.4%	28.1%
Some College/Assoc. Degree	79,937	17.9%	17.9%	29.1%
Bachelor's Degree or Greater	268,321	60.1%	60.1%	28.9%
Total	446,679	100.0%	100.0%	100.0%

RACE/ETHNICITY

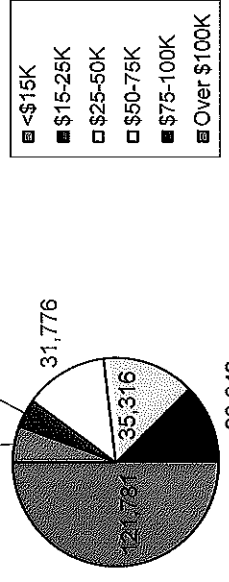
Race/Ethnicity	Race/Ethnicity Distribution		USA	
	2015 Pop.	% of Total	% of Total	% of Total
White Non-Hispanic	312,333	48.9%	48.9%	61.8%
Black Non-Hispanic	86,654	13.6%	13.6%	12.3%
Hispanic	121,084	19.0%	19.0%	17.6%
Asian & Pacific Is. Non-Hispanic	97,898	15.3%	15.3%	5.3%
All Others	20,852	3.3%	3.3%	3.1%
Total	638,821	100.0%	100.0%	100.0%

2015 Demographic Snapshot Charts

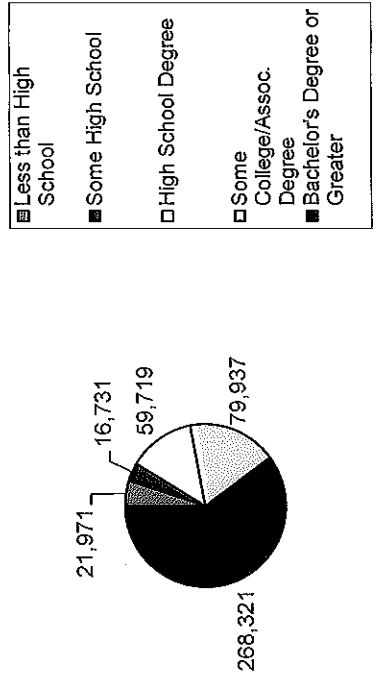
Population Distribution by Age Group



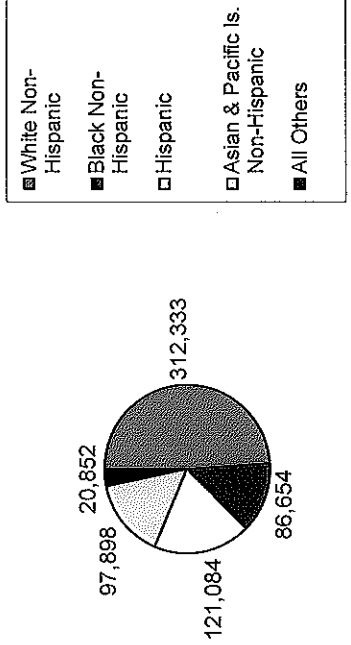
Current Households by Income Group



Population Age 25+ by Education Level



Population Distribution by Race/Ethnicity



APPENDIX VII: SUBURBAN HOSPITAL FY 2015 CBSA DEFINITION

FY 2014 Suburban Hospital Community Benefit Service Area Definition

Zip Code	City
20906	SILVER SPRING
20902	SILVER SPRING
20878	GAITHERSBURG
20852	ROCKVILLE
20910	SILVER SPRING
20854	POTOMAC
20850	ROCKVILLE
20853	ROCKVILLE
20895	KENSINGTON
20851	ROCKVILLE
20814	BETHESDA
20815	CHEVY CHASE
20817	BETHESDA
20877	GAITHERSBURG
20874	GERMANTOWN

Criteria used to define the Suburban Hospital Community Benefit Service Area (SH CBSA):

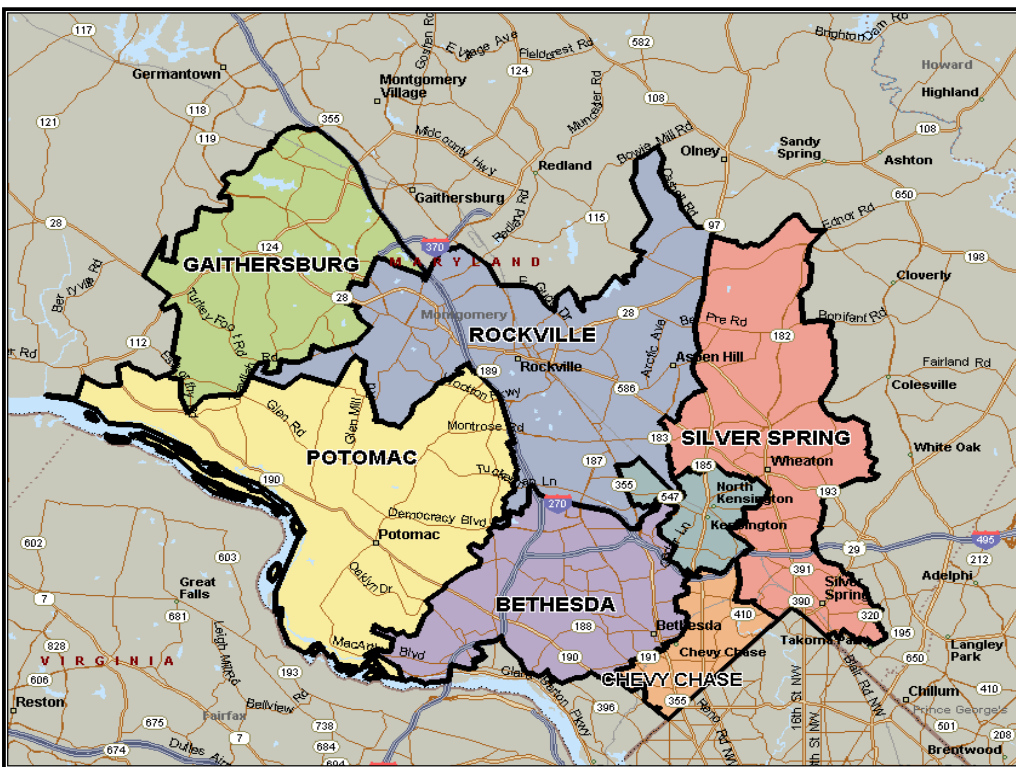
The SH CBSA is defined as the geographic region that includes zip codes that are common to the following:

- a) The top 20 zip codes from which Suburban Hospital ED visits originate*
- b) The Top 20 zip codes from which Suburban Hospital FY15 inpatients originate*
- c) The top 25 zip codes for Suburban Hospital Charity Care cases*
- d) The Top 10 zip codes for Suburban Hospital Community Benefit Activities**

*As defined by indicated residence of the recipient

** As defined by the total number of Suburban Hospital programs in the indicated zip code

Note: In FY 13 Suburban Hospital added zip code 20877 and 20874 to the previous year's service area definition



APPENDIX VIII: COMMUNITY HEALTH NEEDS ASSESSMENT 2013 IMPLEMENTATION STRATEGY

Suburban Hospital
Implementation Strategy

In response to the
Community Health Needs Assessment

Fiscal Year 2013



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

**SUBURBAN HOSPITAL
COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY
FY 2013**

TABLE OF CONTENTS

CONTENTS	PAGE
I. Introduction	
Overview of Suburban Hospital.....	3
Community Health Needs Assessment	3
II. Hospital Health Priorities	4
III. The Community We Serve.....	5
IV. Implementation Strategy	
a. Addressed Needs and Implementation Plan.....	5
b. Health Priority: Behavioral Health.....	7
c. Health Priority: Obesity	9
d. Health Priority: Cancer	11
e. Health Priority: Diabetes	13
f. Health Priority: Maternal and Child Health.....	15
g. Health Priority: Cardiovascular Health.....	16

Introduction

A. Overview of Suburban Hospital

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The Hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the Hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. Suburban Hospital's busy Emergency/Shock Trauma Center treats more than 40,000 patients a year.

The Hospital's major services include: a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; The NIH Heart Center at Suburban Hospital, providing cardiac surgery, elective and emergency angioplasty as well as inpatient diagnostic and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designation as a Primary Stroke Center and a 24/7 stroke team; pediatrics and senior care programs.

Other services provided include: the NIH-Suburban MRI Center; a center for sleep disorders; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call). Suburban Hospital is the only hospital in Montgomery County to achieve the Gold Seal of Approval™ by The Joint Commission for its joint replacement program.

During fiscal year 2012, Suburban Hospital was licensed to operate 233 acute care beds, and had 14,171 inpatient admissions.

B. Community Health Needs Assessment

Under Section 501(c) (3) of the Internal Revenue Code, nonprofit hospitals may qualify for tax-exempt status if they meet certain federal requirements. The 2010 Patient Protection and Affordable Care Act (ACA) added four basic requirements to the Code. One of the additional requirements for tax-exempt

status is the provision of a community health needs assessment (CHNA) once every three years and an implementation strategy to meet the identified health needs. (Request for Comments Regarding Additional Requirements for Tax-Exempt Hospitals, 2010)

In Fiscal Year 2013, Suburban Hospital conducted a community health needs assessment to identify the most important health issues surrounding the hospital using scientifically valid health indicators and comparative information. The assessment helped to identify priority health issues affecting Montgomery County as a whole and specifically residents' of Suburban Hospital's Community Benefit Service Area (CBSA). Suburban Hospital's Community Health Needs Assessment FY 2013 is available to the public via SuburbanHospital.org. This report describes Suburban Hospital's implementation strategy for addressing the identified health needs in the community in order to improve health status and quality of care available to our residents, while building upon and strengthening the community's existing infrastructure of services and providers.

Suburban Hospital Health Priorities

As a result of using similar data sources and integrating historical partnership stakeholders in setting local health priorities over the years, the summary of key data findings conducted by Healthy Montgomery are similar, if not identical to health inequities identified by Suburban Hospital through community member surveying and discussions with health experts. This relationship easily affords Suburban Hospital the ability to parallel its community health improvement efforts to the six priorities identified by the Healthy Montgomery Steering Committee in order to decrease Health Inequities, Lack of Access and Unhealthy Behaviors. The six official health priorities to be addressed, tracked, and evaluated over the next three years are presented below in no particular order:

- Behavioral Health
- Obesity
- Diabetes
- Maternal and Child Health
- Cancer
- Cardiovascular Health

The Community We Serve

Suburban Hospital is located in Montgomery County, one of the most affluent counties in the United States. Montgomery County is adjacent to the nation's capital, Washington, D.C., and is also bordered by the Maryland counties of Frederick, Carroll, Howard and Prince George's, and the State of Virginia.

A close review of service utilization led to the identification of Suburban Hospital's primary service area (PSA). The PSA is defined as the Maryland postal zip code areas from which 60 percent of a hospital's inpatient discharges originated during the most recent 12 month period after the discharges from each zip code are ordered from largest to smallest number of discharges. This information was provided by the Maryland Health Services Cost Review Commission (HSCRC).

As part of the PSA definition process, Suburban Hospital began to look at specific populations or communities of need to which the Hospital allocates resources through its community benefits plan. This in-depth process required an analysis of data from the Hospital's Inpatient Records, Emergency Department (ED) Visits, and Community Health Improvement Initiatives and Wellness Activities. The product was a geographic area, identified as Suburban Hospital's Community Benefit Service Area (CBSA) and contains the following thirteen zip codes: 20814, 20817, 20852, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, and 20851. A close look revealed that Suburban Hospital's CBSA is not limited to the primary service area.

Addressed Needs and Implementation Strategy

Suburban Hospital's CHNA taskforce conducted an analysis of current Suburban Hospital's community benefit activities, while also taking into consideration Suburban Hospital's major services of excellence, and found present efforts to be aligned, in some capacity, with the six health priorities mentioned above. Although, Suburban Hospital does not have an obstetrics designation or deliver babies - due to the fact that there are several other community hospitals within 5-10 miles of our Bethesda location that offer these kinds of services - the Hospital does indirectly support Maternal and Child Health initiatives through funding and programming of several other organizations which promote the health and well-being of children and their

families. Therefore, Suburban Hospital's implementation strategy aims to address all six identified health priorities.

Suburban Hospital's adopted health improvement plan connects hospital, community partners, local stakeholders and other resources with identified health needs. Suburban Hospital not only aligns health priorities with the areas of greatest identified need, but also considers where the Hospital's resources will generate the greatest impact. Therefore, over the next three years, Suburban Hospital will primarily focus its health improvement efforts to specific populations or communities of need to which the hospital allocates resources, identified above as the Community Benefit Service Area (CBSA). Within the CBSA, Suburban Hospital will focus on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors or at-risk youth.

Implementation Plan

Community Health Need: Behavioral Health

Target Population: CBSA Residents

Goal: Improve mental health through prevention and linkage to appropriate mental health services.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
B-1	Behavioral Health– Social and Emotional Support	Improve positive outcomes for mental health by providing programs that foster social and emotional support	CBSA Senior Citizens CBSA Adult Parents	Increase the proportion of seniors that participate in educational and community-based programs Provide tools and resources that improve family functioning and positive parenting	Support groups; Senior exercise programs; Mall Walking Parenting seminars; Turkey Chase; Safe Sitter	Montgomery County Department of Parks and Recreation, B-CC YMCA, B-CC Youth and Family Services, AARP, Montgomery County Stroke Association, Montgomery County Public and Independent Schools, OASIS, Leukemia & Lymphoma Society, Safe Sitter, Inc., John’s Hopkins University Press
B-2	Behavioral Health- Lack of Access	Increase knowledge of behavioral health resources in Montgomery County and facilitate access to available services	CBSA Medicare, Medicaid uninsured and, vulnerable populations Montgomery County residents	Collaborate with Healthy Montgomery to support the development of a centralized internet database for behavioral health services in the County Link patients in need of behavioral health services to appropriate community resources	Suburban On-Call; Behavioral Inpatient and outpatient services	Healthy Montgomery, Department of Health and Human Services, Montgomery Cares

Implementation Plan

Community Health Need: Obesity

Target Population: CBSA Population

Goal: Reduce obesity rates through the promotion of healthy lifestyles.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
O-1	Obesity- Unhealthy behaviors	Increase access to affordable exercise and nutrition programs	CBSA Residents School-aged children and youth	Provide structured exercise programs that focus on building strength, flexibility, stability, and cardiovascular health Improve access to healthy foods and weight management programs Collaborate and support organizations that promote physical activity in children and youth	Senior Exercise Programs, such as Tai Chi, Zumba Gold, Pilates, Senior Shape; Mall walking Healthy Weigh Series; Healthy Choices Class; Community Supported Agriculture Program; HeartWell; Nutrition Counseling Girl on the Run; Turkey Chase	Local mall management enterprises White Flint and Lakeforest Mall, Montgomery County Parks and Recreation, Friendship Heights Village Center, Girls on the Run of Montgomery County, Scotland Health Partnership, BCC YMCA, and BCC Rotary

0-2	Obesity- Health Inequities	Collaborate with residents in disadvantaged communities to develop supportive efforts that address health, social, and environmental inequities	Healthcare providers and CBSA residents	<p>Coordinate with public and private agencies to increase knowledge and utilization of available obesity reduction and preventions services</p> <p>Promote active and healthy lifestyles, weight management, through outreach educational programs</p>	Nutrition Seminars; HeartWell in Action; Create Your Weight; Healthy Cooking Series	Montgomery Cares, Primary Care Coalition, Mobile Medical Care, Inc., American Heart Association, Sodexo, Housing Opportunity Commission
-----	----------------------------	---	---	---	---	---

Implementation Plan

Community Health Need: Cancer

Target Population: CBSA Population

Goal: Improve cancer prevention and survivorship.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
C-1	Cancer- Education & Prevention	Increase awareness of cancer risk-factors	CBSA population	Partner with public and private organization to educate community members on risk-factors associated with cancer Deliver programs that help reduce risk for developing cancer	Check It Out; Local community race and walks fundraisers, Block it Out, Key to the Cure; Community Seminars; Smoking Cessation Program; Global Race for the Cure	Greater Washington Chapter of Hadassah, Montgomery County Public Schools, Lymphoma & Leukemia Society, Susan G. Komen, Montgomery County Cancer Crusade, and Saks 5 th Avenue
C-2	Cancer- Access to Care	Improve access to cancer prevention and early detection services	CBSA population	Leverage resources to link and/or deliver low-cost or free early detection cancer prevention screening and treatment programs	Skin, prostate, colorectal, breast, head-and neck and cervical cancer screenings; lung capacity testing	Project Access, Catholic Charities, Proyecto Salud Clinic, Alpha Phi Alpha Inc. Fraternity, Montgomery County Cancer Crusade, Sidney J. Malawer Memorial Foundation, Mobile Medical Care, Inc.

C-3	Cancer- Access to Care	Improve cancer patients' health outcomes	Cancer patients and survivors	<p>Provide cancer-specific patient navigation services; deliver information, knowledge, support, and guidance needed to manage a cancer diagnosis and treatment</p> <p>Design wellness classes and programs for cancer patients and survivors to reduce stress and anxiety around dealing with an illness and improve health outcomes</p>	<p>Two nurse patient navigators</p> <p>Look Good, Feel Better; Exercise Programs for Cancer Survivors; Cancer Specific Support Groups</p>	<p>American Cancer Society, Whole Foods, Leukemia & Lymphoma Society, Primary Care Coalition, Montgomery County Cancer Crusade</p>
-----	------------------------	--	-------------------------------	---	---	--

Implementation Plan

Community Health Need: Diabetes

Target Population: CBSA Population

Goal: Reduce diabetes prevalence and associated health complications.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
D-1	Diabetes- Access to care and Health Inequities	Increase access to quality diabetes management and treatment thereby delaying or reducing the onset of diabetes-related complications	Diabetic CBSA and uninsured residents	Partner with public and private organizations to deliver quality specialty endocrine medical treatment for free or low-cost Educate on healthy lifestyle modifications as a tool for proper diabetes self-management, including nutrition counseling services	Mobile Med/NIH Endocrine Clinic at Suburban Hospital; Financial and in-kind support to local clinics Diabetes Schools at Proyecto Salud; Support Groups, Nutrition Counseling Services; Nutrition Seminars	National Institutes of Health, Mobile Medical Care, Inc., Proyecto Salud Clinic, Sodexho, Holy Cross Health Center, and Proyecto Salud Clinic
D-2	Diabetes- Unhealthy Behaviors	Improve health-related behaviors to reduce risk of developing diabetes	CBSA residents	Offer programs that promote healthy eating and physical activity Distribute diabetes education material that improve knowledge on prevention and control	Pre-Diabetes Classes; Healthy Cooking Series; Health Fairs; Community Seminars; Exercise Programs; Ama Tu Vida; Healthy Weigh	National Institutes of Health, Mobile Medical Care, Inc., Proyecto Salud Clinic, Sodexho

Implementation Plan

Community Health Need: Maternal and Child Health

Target Population: CBSA Population

Goal: Improve health outcomes for youth and families.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
M-1	Maternal and Child Health- Access to Care/Health Inequities	Improve health and safety practices	CBSA youth and families	Through community partnerships implement programs that create health resources to appropriate training and life-saving safety skills	Knots for Shots; Safe Sitter, Safe Kids Day & Coalition, Scotland Day, CPR and 1 st Aid Classes; Self-Defense Classes	Suburban Hospital Auxiliary, Scotland Community Center, MC Department of Health & Human Services, Priority Partners, Scotland Health Partnership, Girls on the Run of Montgomery County
M-2	Maternal and Child Health- Social Determinants of Health/ Promote Healthy Behaviors	Empower youth to become future leaders	CBSA children and youth	Expose children and youth to opportunities that allow cognitive development and future career opportunities	Medical Exploring; Hospital Education Tours; Career Day; Shadowing Opportunities	BCC Chamber of Commerce, Boy Scouts of America, Safe Sitter, YMCA, BCC Rotary Club, Ashburton Elementary School, local Girl Scout Troops

Implementation Plan

Community Health Need: Cardiovascular Health

Target Population: CBSA Population

Goal: Improve cardiovascular health through prevention and timely treatment.

#	COMMUNITY HEALTH NEED	GOALS	TARGET POPULATION	ACTION PLAN	ACTIVITIES	PARTNERING ORGANIZATION
V-1	Cardiovascular Health- Access to care	Increase access to cardiovascular specialty care	Uninsured Montgomery County residents that suffer from complicated cardiovascular conditions	Expand access to cardiologists, specialty state-of-the art diagnostics screenings, treatment, and rehabilitation	Mobile Med/NIH Heart Clinic at Suburban Hospital; Project Access; Catholic Charities	National Heart, Lung and Blood Institute, Mobile Medical Care, Montgomery Cares, Primary Care Coalition, Proyecto Salud Clinic, Holy Cross Health Center, and the Archdiocese of Washington
V-2	Cardiovascular Health- Access to care	Reduce frequency of hospital admission due to cardiovascular disease	Montgomery County residents that have or are at-risk of developing a cardiovascular condition	Connect individuals to regular counseling, disease prevention and management education sessions available	HeartWell; Re-admission Initiative	Friendship Heights Community Center, Margaret Schweinhaut Senior Center, Holiday Park Senior Center, OASIS, Gaithersburg Senior Center
V-3	Cardiovascular Health- Unhealthy behaviors/Health Inequities	Increase awareness on risk factors associated with cardiovascular disease	CBSA residents	Assess individual's risk factors for cardiovascular disease through screenings and health assessment Deliver educational messages and programs that promote heart- healthy lifestyle	Body Composition, Blood Pressure, and Cholesterol Testing; Varicose Vein Screening; HeartWell In Action; Ama Tu Vida; Heart Smart Class; WellWorks Classes; Community Seminars	MCDHHS Latino Health Initiative, American Heart Association, Wolpoff Family Foundation, Housing Opportunity Commission, MC Department of Parks and Recreation

APPENDIX IX: SUBURBAN HOSPITAL FY 2015 STRATEGIC PLAN

**Johns Hopkins Medicine
FY15 Strategic Objectives**

Johns Hopkins Community Division
Affiliate: Suburban Hospital

GOAL	METRIC	Active Programs	FY15 Programs/Activities	√ +
Integration - Become the Model for an Academically Based Integrated, Health Care Delivery and Financing				
Increase access to quality diabetes management and treatment for CBSA and uninsured residents	Expand access to National Capital Region Diabetes education, programs and support groups.	1. Diabete Lite Program/Symposium 2. Mobile Med/NIH Endocrine Clinic @ SH	1. Diabetes Support Group- Two New HeartWell Locations 2. Pre-diabetes classes 3. Offer new class at HP or MSSC 4. Endocrinologist at SH- Dr. Park	Three resources or initiatives leveraged
Improve positive outcomes for mental health by providing programs that foster social and emotional support	1) Increase the proportion of seniors that participate in education and community-based programs; 2) Provide tools and resources that improve family functioning and positive parenting	1. Partnership with YMCA: Parenting seminars/Turkey Chase 2. JHU Press Book Series 3. Scotland Parnertship 4. Adopt-A-Family 5. Safe Sitter Classes 6. Support Groups	1. Invisible Treat Screening 2. Just one of kids Seminar 3. Grandparent Class 4. Beth Kane & CHW	Two or more programs launched.
Reduce frequency of hospital admission due to cardiovascular disease for uninsured Montgomery residents	Number of uninsured patients that are connected to counseling, disease prevention, and management education sessions	1. Heart Clinic @ SH 2. Scale Program @ SM 3. Health Fairs: Ama Tu Vida & Salvadorean Health Festival 4. HeartWell Nurse Program	1. BP Screening @ Scotland Community 2. Health Buddy Implementation 3. HeartWell CF Support Group at MSC	Two or more programs launched.
Increase access to affordable exercise and nutrition programs for CBSA residents and school-aged children	Expand access to CBSA exercise and nutrition programs.	1. Girls On The Run Partnership 2. Worksite Wellness 3. Senior Shape 4. Suitland Dine & Learn Program 5. Mall Walking at Lakeforest Mall 6. Endocrine Clinic Monthly Nutrition Counseling 7. HeartWell Program	1. WellWorks @ Holiday Park 2. New Class: Senior Shape Aerobic Strength & Stretch @ Clara Barton 3. New Location: Dine & Learn @ Rolling Crest Chillum 4. Catch Health Habits OASIS	Three resources or initiatives leveraged

EXHIBIT 1: SUBURBAN HOSPITAL FY 2015 COMMUNITY BENEFIT PROGRAMS AND INITIATIVES

FISCAL YEAR 2015 - July 1, 2014 - June 30, 2015

#	Date	Event	Number of Events	# of Encounters	Total Number of Encounters	Number of Minority Encounters	Volunteer Clinical	Volunteer Non-Clinical	Contributions
COMMUNITY OUTREACH HEALTH PARTNERSHIPS									
Medical Exploring Crew 1984									
	9/15/2014	Medical Exploring Open House	1	129	129	79	-	0	
	10/6/2014	Hospital Administration with Dr. Green	1	61	61	39	1	0	
	10/11/2014	Back to Bethesda	1	5	5	3	2	0	
	10/13/2014	Medical Exploring Program Kick-Off	1	55	55	34	-	0	
	11/3/2014	Suturing with Dr. Rotello	1	32	32	18	4	0	
	11/10/2014	Tour of ER/Trauma Bay & Helipad with Dr. Westerband	1	61	61	42	3	0	
	12/8/2015	Holiday Mixer/Adopt a Family	1	33	33	19	-	0	
	1/12/2015	Nursing	1	28	28	19	5	0	
	1/19/2015	CPR/AED training	2	20	40	27	2	0	
	1/20/2015	Tour of Consumer Product Safety Commission	1	21	21	13	-	0	
	2/2/2015	Dr. Thai Neurosurgery	1	41	41	27	1	0	
	2/16/2015	Tour of MedImmune	1	30	30	19	-	0	
	3/2/2015	Dr. Rotello Suturing	1	26	26	20	2	0	
	3/9/2015	Beth Kane Davidson Addiction Treatment	1	31	31	20	1	0	
	3/23/2015	Rita Tonner Epidemiology and Infectious Diseases	1	31	31	21	1	0	
	3/27/2015	Tour of NIH Intramural Sequencing Center	1	28	28	17	-	0	
	4/20/2015	B-CC Rescue Squad Tour	1	26	26	19	-	0	
	5/4/2015	Dr. Corcoran and Dr. Siegenthaler Cardiothoracic	1	31	31	21	4	0	
	5/18/2015	End of the Year Celebration	1	33	33	25	-	0	
	6/12/2015	Organization Meeting for School Year 2015-16	1	4	4	-	-	0	
		Subtotal	21	726	746	482	26	-	-
Scotland Health Partnership									
	Various	National Night Out Planning Meetings	3	7	21	4	1	-	
	8/5/2014	National Night Out at Scotland	1	150	150	130	5	1	
	10/8/2014	Knots for Shots at Scotland: Flu Vaccination Initiative	1	25	25	20	2	0	
		Subtotal	5	182	196	154	8	1	-
Monthly Blood Pressure Screenings									
		Potomac Community Center	12	15	180	54	-		
		Waverly House Senior Living	6	15	90	72	-		
		Clara Barton Community Center	12	16	192	180	-	0	
		Lakeview House Senior Living	12	7	84	78	-		
		Coffield Community Center	12	9	108	90	-		
		The Oaks at Olde Towne	12	15	180	180	-		
		Bethesda Regional Service Center	12	12	144	30	-		
		Subtotal	78	89	978	684	-	0	-
Weekly Mall Walking									
	Every Wednesday	"Rise n Shine" Lakeforest Mall (Wednesdays)	52	18	936	260	-		
		Subtotal	52	18	936	260	-	-	-

Support Groups	Monthly	Montgomery County Stroke Association Support Group	12	10	120	36		
		Subtotal	12	10	120	36	-	
Suburban Hospital Auxiliary	Various	Board Meetings	5	8	40	0	0	0
	10/8/2014	Auxiliary Luncheon	1	40	40	0	0	1
	5/21/2015	Auxiliary Luncheon	1	30	30	1		
		Subtotal	7	78	110	1	-	1
American Red Cross Blood Drive	Various	Donor Table Recruitment	9	60	540	0	0	0
	9/17/2014	Fall Blood Drive	1	47	47	7	20	27
	12/3/2014	Winter Blood Drive	1	36	36	6	20	16
	2/25/2015	Spring Blood Drive	1	44	44	8	20	24
	5/20/2015	Summer Blood Drive	1	43	43	9	20	23
		Subtotal	13	230	710	30	80	90
Diabetes Lite Program	8/14/2015	DM Education Committee Meetings	1	10	10	-	10	-
	Various	Diabetes Support Groups	4	10	40	-	-	-
	11/13/2014	Diabetes Symposium at Suburban Hospital	1	76	76	20	1	-
	4/23/2015	Diabetes Symposium at Sibley Hospital	1	25	25	2	-	-
	Various	Pre-Diabetes Class	5	15	75	3	5	-
		Subtotal	12	136	226	25	16	-
Cancer-Specific Education & Outreach	7/12/2014	HOC Health Fair @ the Willows	1	195	195	150	1	0
	8/5/2014	National Night Out	1	40	40	40	0	0
	9/25/2014	Monthly Health Seminar at Rockville Senior Center	1	15	15	15	1	0
	9/26/2014	Latino Women Symposium at Suburban Hospital	1	40	40	40	1	0
	11/20/2014	Great American Smokeout at Suburban Hospital	1	48	48	5	1	0
	3/3/2015	Wear Blue Day at Suburban Hospital	1	15	15	2	14	1
	3/4/2015	Wear Blue Day Facebook	1	1000	1000	250	0	0
	3/9/2015	Forest Oak Towers Health Fair	1	11	11	9	0	0
	3/12/2015	Colorectal Cancer Awareness Month Program: An Environmental Approach to Cancer Prevention	1	32	32	8	1	0
	4/26/2015	Rainbow Health Fair	1	25	25	21	0	0
	6/20/2015	Alpha Phi Alpha Presentation	1	35	35	35	0	0
	Various	SH Cancer Care Committee Meetings	3	12	36	5	36	-
		Subtotal	14	1,468	1,492	580	55	1
		Section Sub-total	214	2,937	5,514	2,252	185	93

COMMUNITY HEALTH & WELLNESS EVENTS
Health Fairs/Screenings/Education Seminars

Month	Date	Event Description	Count	Revenue	Expenses	Net	Other	Total
July	7/10/2014	Nothing to Sneeze At health seminar at Friendship Heights Village Center	1	8	8	-	1	
	7/24/2014	Know Your Hotspots/ How to Look Your Best At Any Age health seminar at the Rockville Senior Center	1	35	35	18	1	1
	7/31/2014	Senior Shape Lunch and Learn; Boosting Your Brain Power health seminar at the Kenwood Golf and Country Club	1	119	119	45	1	0
	7/31/2014	Diving Out of Depression health seminar at Holiday Park Senior Center	1	38	38	10	1	
August	8/3/2014	3rd Annual Salvadorian Health Festival	1	550	550	550	10	2
	8/13/2014	Helping Yourself and Others Survive after the Loss of a Loved One seminar at Friendship Heights Village Center	1	7	7	1	0	
	8/28/2014	Your 50's and Beyond: Recommended Medical Tests health seminar at the Rockville Senior Center	1	24	24	15	1	0
September	9/4/2014	Love Your Heart Everyday health seminar at the Rockville Senior Center	1	12	12	5	1	0
	9/10/2015	Get Back into Action with Joint Replacement health seminar at Friendship Heights Village Center	1	13	13	2	1	
	9/22/2014	Cub Scout Tour with Dr. Lella Hall	1	10	10	0	1	0
	9/10/2014	Healthy Eating after 50 Seminar at Leisure World	1	40	40	5	1	0
	9/18/2014	Invisible Threat Documentary Screening at Suburban Hospital	1	26	26	5	2	0
	9/23/2015	Stay Firm on Your Feet health seminar at Holiday Park Senior Center	1	50	50	12	1	
	9/25/2014	Get Back into Action with Joint Replacement health seminar at the Rockville Senior Center	1	20	20	6	1	
October	10/11/2014	Back to Bethesda	1	800	800	175	5	5
	10/8/2014	Saving Your Skin health seminar at Friendship Heights Village Center	1	18	18	5	2	
	10/23/2015	YMCA Parenting Seminar: More Joy and Less Stress: Parenting with Courage and Uncommon Sense at Suburban	1	30	30	10	0	
	10/23/2014	What To Expect During Your Hospital Stay seminar at the Rockville Senior Center	1	5	5	2	1	0
	10/29/2014	Concussion: What You Need to Know about Prevention and Treatment seminar at Suburban Hospital	1	30	30	5	3	2
	10/30/2014	United Way Kick-Off Day	1	500	500	100	0	1
	10/30/2014	United Way Kick-Off Day	1	500	500	100	0	1
November	11/6/2014	Just One of the Kids: Raising a Resilient Family When One of your Children has a Physical Disability seminar at Suburban	1	1	1	-	0	
	11/12/2014	Understanding Parkinson's Disease health seminar at Friendship Heights Village Center	1	18	18	5	1	
	11/13/2014	Homeless Resource Fair Day	1	321	321	250	12	0
	11/13/2014	Nothing to Sneeze At health seminar at Holiday Park Senior Center	1	40	40	15	1	
	11/13/2014	Boosting Your Brain health seminar at Quince Orchard Library with Leni Barry	1	28	28	10	1	
	11/20/2014	Healthy Holidays: Making a Difference in Your Diabetes health seminar at the Rockville Senior Center	1	4	4	1	1	0
December	12/4/2015	Bethesda Chamber of Commerce and BCC High School Career Day	1	8	8	1	8	-
	12/10/2014	How to Avoid a Broken Heart health seminar at Friendship Heights Village Center	1	11	11	4	1	
	12/18/2014	How to Stay Active During the Winter Months at Bedford Court	1	13	13	3	1	-
January	1/14/2015	Recipe for Healthy Bones seminar at Friendship Heights Village Center	1	15	15	3	1	
	1/22/2015	Exercise-A Powerful Medicine health seminar at the Rockville Senior Center	1	14	14	3	1	0
	1/28/2015	Nutrition for the Elderly health seminar at Leisure World (Rhonda Brandes)	1	35	35		1	0
February	2/10/2015	Rotary Heart Luncheon with Dr. Greg Kumkumian	1	70	70	4	1	
	2/11/2015	Eat Your Heart Out nutrition seminar at Friendship Heights Village Center	1	8	8	1	1	
	2/13/2015	Heart Health event at Suburban	1	500	500	250	0	
	2/26/2015	13th Annual Women's Health Symposium: Loving Yourself at Any Age at Suburban Hospital	1	85	85	30	4	
	2/26/2015	13th Annual Women's Health Symposium: Loving Yourself at Any Age at Suburban Hospital	1	85	85	30	4	
March	3/11/2015	Stay Firm on Your Feet seminar at Friendship Heights Village Center	1	28	28	10	1	
	3/12/2015	Heart Healthy Living seminar at Quince Orchard Library	1	15	15	5	1	
	3/18/2015	Wolf Scouts Tour w/ Dr. Hall	1	8	8	0	1	0
	3/18/2015	Boosting Your Brain Power health seminar at Meadowbrook Synagogue (Leni Barry)	1	10	10	0	1	0
	3/18/2015	Bladder, Bladder, What's the Matter seminar at Holiday Park Senior Center	1	50	50	18	1	
	3/26/2015	Feel It In Your Bones health seminar at the Rockville Senior Center	1	49	49	7	1	0
	3/30/2015	JHU-Montgomery County Bread Baking Event	1	375	375	150	6	
	3/31/215	Osher-Medicine: Advances in Health Research and Treatment with Dr. Wade Chien	1	50	50	3	1	
	3/31/215	Osher-Medicine: Advances in Health Research and Treatment with Dr. Wade Chien	1	50	50	3	1	
	3/31/215	Osher-Medicine: Advances in Health Research and Treatment with Dr. Wade Chien	1	50	50	3	1	
April	4/7/2015	Osher-Medicine: Advances in Health Research and Treatment with Dr. Monica Skarulis	1	45	45	5	1	
	4/8/2015	Boosting Your Brain Power seminar at Friendship Heights Village Center	1	21	21	5	1	
	4/9/2015	American University Panel Presentation	1	25	25	5	0	0
	4/14/2015	Understanding Parkinson's seminar at Holiday Park Senior Center	1	22	22	10	1	
	4/14/2015	Osher- Medicine: Advances in Health Research and Treatment with Dr. Keith Horvath	1	60	60	3	1	
	4/15/2015	"Life After 50" health seminar at the Women's Club (Margie Hackett)	1	30	30	5	1	0
	4/15/2015	Cub Scout Tour with Dr. Lella Hall	1	5	5	0	1	0
	4/21/2015	Osher- Medicine: Advances in Health Research and Treatment with Dr. Daniel Valaik	1	64	64	5	1	
	4/21/2015	USG Nursing Presentation	1	35	35	5	0	0
	4/23/2015	Act F.A.S.T with Stroke Awareness seminar at the Rockville Senior Center	1	31	31	5	0	0
	4/23/2015	YMCA Parenting Seminar: Raising Kids who Can at Suburban Hospital	1	17	17	10	0	
	4/24/2015	5th Annual Education Symposium: WHOLEistic Care for Seniors: Strategies for Clinicians and Caregivers	1	60	60	10	3	1
	4/28/2015	Osher- Medicine: Advances in Health Research and Treatment with Dr. Ted George	1	52	52	3	1	
May	5/5/2015	Osher- Medicine: Advances in Health Research and Treatment with Dr. Neil Adams	1	58	58	2	1	0
	5/12/2015	Ask the Pharmacists seminar at Holiday Park Senior Center	1	22	22	10	2	0
	5/14/2015	Stroke Prevention seminar at Quince Orchard Library	1	10	10	2	1	0
	5/28/2015	Happiness: An Inside Job health seminar at the Rockville Senior Center	1	15	15	7	1	0
	5/28/2015	Happiness: An Inside Job health seminar at the Rockville Senior Center	1	15	15	7	1	0

June								
	6/2/2015	Someone You Love: The HPV Epidemic documentary screening at Suburban Hospital	1	33	33	5	0	0
	6/7/2015	Ama Tu Vida Health Fair	1	250	250	250	5	0
	6/10/2015	Feel It in Your Bones seminar at Friendship Heights Village Center	1	32	32	6	1	0
	6/11/2015	Summer Safety seminar at Quince Orchard Library	1	10	10	1	1	0
	6/11/2015	12th Annual Men's Health Symposium at Suburban Hospital	1	62	62	20	1	0
	6/16/2015	Stay in Circulation seminar at Holiday Park Senior Center	1	45	45	11	1	0
	6/25/2015	Finding A Happy Balance health seminar at the Rockville Senior Center	1	18	18	4	1	0
		Subtotal	68	5,113	5,113	2,133	108	12
Community Health and Wellness Walks/Fun-Runs								
	11/16/2014	Girls on the Run 5K	1	120	120	50	2	2
	11/27/2014	31st Annual Turkey Chase	1	10,000	10,000	5000	0	1
	4/25/2015	YMCA Healthy Kids Day	1	75	75	30	3	0
	4/25/2015	A Wider Circle Race to End Poverty	1	500	500	250	0	0
	5/2/2015 & 5/3/2015	Avon Breast Cancer Walk	1	100	100	50	3	1
	5/9/2015	25th Annual Susan G. Koman Global Race for the Cure	1	1,000	1,000	500	2	
	5/17/2015	Girls On the Run 5K	1	450	450	250	1	1
		Subtotal	7	12,245	12,245	6,130	11	5
WellWorks Worksite Programs								
	9/11/2014	Cholesterol Screening at CSPS	1	80	80	25		
	9/14/2014	Health and Wellness Fair at NRC	1	70	70	15		
	9/18/2014	Cholesterol Screening at CSPS	1	45	45	10		
	10/22/2015	Health Seminar for Lockheed Martin Employees -A Woman's Guide to Urologic Health	1	25	25	5	1	
	10/29/2014	Cholesterol Screening at NASDAQ	1	40	40	15		
	11/6/2014	Health Fair at Choice Hotels	1	50	50	35		
	11/19/2014	Blood Pressure at Worksite Health Fair at Federal Occupational Health	1	50	50	40		
	4/16/2015	Cholesterol Screening at Sport Chevrolet	1	46	46	5		
	4/17/2015	Cholesterol Screening at Sport Honda	1	44	44	5		
	4/22/2015	The Big Event	1	150	150	50		
	4/22/2015	City of Rockville Health Fair	1	120	120	50		
	5/6/2015	Inter-American Development Bank employee health fair	1	75	75	75		
	6/25/2015	First Aid Training for employees of American Society of Healthsystem Pharmacists	1	14	14	3		
		Subtotal	13	809	809	333	1	6
WellWorks Classes								
		CPR for Friends & Family	4	7	28	3	-	
		First Aid Basic and Adult CPR	3	5	15	3	-	
		Pediatric First Aid and CPR	1	5	5	1	-	
		Heartsaver AED Adult CPR	3	5	15	4	-	
		Community CPR	4	3	12	2	-	
		Survival Guide for First Time Grandparents	4	6	24	-	-	
		Nutrition Counseling	108	1	108	-	-	
		Healthy Choices	30	5	150	15	-	
		Healthy Weigh	32	4	128	-	-	
		Freedom From Smoking	32	5	160	20	-	
		Better Breathers Club	2	3	6	1	-	
		Cholesterol Screening	2	6	12	3	-	
		Osteoporosis Screening	4	2	8	1	-	
		Learn to Understand your anger	2	6	12	1	-	
		Learn to Manage Your Anger	2	5	10	2	-	
		Touch of Massage	3	6	18	4	-	
		Tai Chi for Seniors	60	14	54	11	-	
		Zumba Gold	22	11	22	3	-	
		Balancing Act	8	11	88	20	-	
		Pilates for Seniors	48	15	720	100	-	
		Pilates for Seniors residents at Brighton Gardens of Friendship Heights	29	5	145	-	-	
		Let's Beat Procrastination	1	8	8	-	-	
		Simplify Your Life	2	8	16	2	-	
		Healthy Cooking Classes at Suburban Hospital	5	9	45	5	-	
		Healthy Cooking Classes at Healthtrax	1	8	8	-	-	
		Healthy Cooking Class at Holiday Park Senior Center	1	5	5	-	-	
		Mindfulness Meditation	25	9	225	-	-	
		Subtotal	438	177	2,047	201		

Senior Shape Exercise Program

Clara Barton Community Center								
Aerobics/Strength/Stretch (Monday & Wednesday)	104	58	6,032	603	-		0	
Aerobics/Strength/Stretch (Tuesday & Thursday)	104	16	1,664	166	-		0	
Weight Training	52	29	1,508	151	-		0	
Potomac Community Center								
Advanced Aerobics	36	19	684	68	-		0	
Aerobics/Strength/Stretch	104	58	6,032	905	-		0	
Bethesda Regional Service Center								
Aerobics/Strength/Stretch	52	30	1,560	152	0		0	
Weight Training	52	36	1,872	187	0		0	
Benjamin Gaither Center (formerly known as Gaithersburg Senior Center)								
Weight Training	52	16	832	125	0		0	
Flexible Strength	52	14	728	110	0		0	
Stability Ball	40	13	520	78	0		0	
Margaret Schweinhaut Senior Center								
Weight Training	52	33	1,716	257	0		0	
Stability Ball	52	10	520	78	0		0	
Holiday Park Senior Center								
Stability Ball	52	11	572	86	0		0	
Advanced Weight Training	52	20	1,040	156	0		0	
Weight Training	52	19	988	100	0		0	
Jane E. Lawton Community Center								
Weight Training	104	38	3,952	592	0		0	
Wisconsin Place Community Center								
Advanced Weight Training	52	20	1,040	104	-		0	
					-		0	
Subtotal	1,064	440	31,260	3,918				

Safe Sitter Program

Cabin John Middle School	8	9	72	10				
North Bethesda Middle School	18	15	270	20			0	
Pyle Middle School	24	15	360	26	-			
Westland Middle School	24	12	288	20				
Little Flower Middle School	3	5	15	-			0	
St Jane de Chantal	8	13	104	5				
Green Acres School	1	9	9	-				
Suburban Hospital	15	12	180	18				
Safe Sitter for 13- 14 year olds	3	10	30	5				
Subtotal	104	100	1,328	104				

Girls on the Run-Montgomery County

First Aid Classes	14	9	126	30				
Heartsaver AED/CPR	15	8	120	25				
Subtotal	29	17	246	55	-			

Section Sub-total 1,735 18,911 53,168 12,855 120 23

SCHOOL PARTNERSHIPS

Ashburton Elementary School Partnership

12/17/2014	Ashburton Chorus Visit	1	38	38	12	-		9
	Ashburton Adopt-A-Family Holiday Initiative	1	30	30	20	22		10
	Subtotal	2	68	68	32	22		19

Bells Mills Elementary School Partnership

	Bells Mills Adopt-A-Family Holiday Initiative	1	20	20	5	15		8
	Subtotal	1	20	20	5	15		8

Bethesda Elementary School Partnership

	Bethesda Elementary School Adopt-A-Family Holiday Initiative	1	20	20	11	20		40
	Subtotal	1	20	20	11	20		40

Bradly Hills Elementary School Partnership

10/30/2014	Bradley Hills Elementary School Halloween Tour	1	15	15	3	-		3
	Bradley Hills Adopt-A-Family Holiday Initiative	1	11	11	5	10		5
	Subtotal	1	26	26	8	10		8

Brookhaven Elementary School Partnership

	Brookhaven Elementary Adopt-A-Family Holiday Initiative	1	8	8	8	6		5
	Subtotal	1	8	8	8	6		5

Check It Out Breast Cancer Awareness Program- Montgomery County Public Schools

	CIO Planning Meeting	1	5	5	0	1		
	Academy of the Holy Cross	1	260	260	62	1		
	Damascus High School	1	191	191	70	1		
	Gaithersburg High School	1	190	190	68	1		
	Melvin J. Berman Hebrew Academy	1	35	35	20	1		
	Kennedy High School	1	71	71	45	1		
	Montgomery Blair High School	1	569	569	299	1		
	Northwest High School	1	373	373	105	1		
	Quince Orchard High School	1	336	336	95	1		

Stone Ridge of the Sacred Heart	1	148	148	50	1	
Watkins Mill High School	1	157	157	100	1	
Yeshiva of Greater Washington	1	37	37	1	2	
CIO Recap Meeting	1	4	4	0	1	
Subtotal	13	2,376	2,376	915	16	0
Section Subtotal	19	2,518	2,518	979	89	72

COMMUNITY PARTNERS

Community Health and Wellness Partnerships, Coalitions and Affiliations

A Wider Circle						
AARP						
Alpha Phi Alpha Fraternity						
American Red Cross						
American Lung Association						
Archdioceses Healthcare Network/Catholic Charities of Washington DC						
Ashburton Elementary School Blanket Donation						
BCC YMCA						
Bethesda Cares						
Bethesda Chevy Chase Rotary Club						
Bethesda-Chevy Chase Chamber of Commerce						
Boy Scouts of America						
Charles E. Smith Life Communities						
Girls on the Run of Montgomery County						
Jewish Social Service Agency						
Kaiser Permanente						
Latino Health Initiative						
Leadership Montgomery						
MobileMed Inc.						
Montgomery Cares						
Montgomery County Cancer Coalition						
Montgomery County Chamber of Commerce						
Montgomery County Department of Health and Human Services						
Montgomery County Department of Parks and Recreation						
Montgomery County Housing Opportunity Commission						
Montgomery County Office on Aging						
Montgomery County Public Schools						
Montgomery County Stroke Association						
Montgomery Hospice						
National Institutes of Health- National Heart Lung and Blood Institute						
National Institutes of Health-National Institute of Diabetes and Digestive and Kidney Diseases						
Primary Care Coalition						
Project Access						
Proyecto Salud Clinic						
Safe Kids Coalition						
Safe Sitter, Inc.						
Scotland Community Partnership						
Sunrise at Fox Hills						
United Way						
Village to Village Network Initiative						
Washington Metropolitan OASIS						
YMCA Youth and Family Services.						

Community Health and Wellness Partnerships, Coalitions and Affiliations Activities

A Wider Circle						
AARP Driver Safety Course	8	18	144	29		
American Lung Association	3	5	15	-		
AHCN Advisory Council/Catholic Charities of Washington, DC Meetings	6	15	90	65		
BCC-YMCA Board	4	25	100	-		
Bethesda Chevy Chase Rotary Club Meetings and Community Development events	52	70	3,640	360		
Bethesda Chevy Chase Rotary Club Special Events Meetings	6	20	120	24		
Bethesda-Chevy Chase Chamber of Commerce	2	400	800	560		
Charles E. Smith Life Communities	12	10	120	-		
Girls on the Run-Montgomery County Partnership Initiative	3	5	15	0		
Hispanic Chamber of Commerce	1	100	100	100		
Jewish Social Service Agency	1	3	3	0		
Latino Health Initiative	4	9	32	32		
LHSC- Community Engagement Workgroup	3	5	15	15		
Leadership Montgomery Workgroup meeting	1	500	500	150		
Kaiser Permanente	20	10	200	10		
Mobile Med/NIH Heart Clinic at Suburban Hospital	50	15	750	750		
MobileMed/NIH Endocrine Clinic at Suburban Hospital	50	12	600	600		
Montgomery Cares	2	30	60	10		
Montgomery County Cancer Coalition	4	10	40	30		
Montgomery County Chamber of Commerce	1	100	100	50		
Montgomery County Senior Sub-cabinet group-Health and Wellness Advisory Committee	5	10	50	2	1	0
NexusMontgomery	18	8	144	15		
Primary Care Coalition	3	8	24	20		
Project Access	2	2	8	-		
Safe Kids Coalition	2	6	12	2		
Sunrise at Fox Hills	3	5	15	-		
United Way	13	15	195	90		
Village to Village Network Initiative	12	20	240	10		
Washington Metropolitan OASIS	20	5	100	10		

		2015 Health and Wellness Forum: U.S. Chamber of Commerce Foundation	1	100	100	50		
		Innovations in Workplace and Community Wellness: Bridging Personal and Population Health U.S. Chamber of Commerce Foundation	1	70	70	40		
		Subtotal	313	1,611	8,402	3,024		
Community Benefit Operations								
		Suburban Hospital Community Benefit Advisory Council	3	15	45	9	1	
		Subtotal	3	15	45	9		
Community Health Needs Assessment								
		Rockville	1	25	25	25		
	3/13/2015	Wheaton-Glenmont	1	21	21	21	-	-
	3/27/2015	Gaithersburg	1	42	42	42	-	-
	4/1/2015	Silver Spring	1	15	15	10	-	-
	4/3/2015	Aspen Hill	1	39	39	35	-	-
	4/10/2015	Aspen Hill	1	7	7	7	-	-
	4/15/2015	North Bethesda	1	15	15	-	-	-
	4/16/2015	Silver Spring	1	4	4	-	-	-
	4/18/2015	North Bethesda	1	10	10	-	-	-
	4/22/2015	Gaithersburg	1	6	6	6	-	-
	4/26/2015	North Bethesda	1	16	16	4	-	-
	5/1/2015	Aspen Hill	1	18	18	15	-	-
	5/4/2015	Aspen Hill/Glenmont	1	41	41	40	-	-
	5/15/2015	North Bethesda	1	30	30	25	-	-
	5/17/2015	North Bethesda	1	15	15	-	2	1
	6/5/2015	Silver Spring	1	32	32	7	-	-
	6/7/2015	Germantown	1	34	34	30	1	-
	6/19/2015	Germantown	1	5	5	5	-	-
	7/9/2015							1
		Subtotal	18	375	375	272		3
								2
Community Health and Wellness State & County Health Initiatives								
		Healthy Montgomery CHNA Workgroup Meetings	6	10	60	8		
	Various	Youth Community Conversation @ Suburban	1	28	28	5	0	-
	5/18/2015	Healthy Montgomery Evaluation Workgroup	4	5	20	0	0	1
	Various	CHIP Community Health Improvement Process (Healthy Montgomery)	4	40	180	75	-	-
	Various							
		Subtotal	15	83	288	88		1
Partnership Meetings held at Suburban								
	10/27/2014	Annual Mobile Med Meeting at Suburban Hospital	1	75	75	50		
		Subtotal	1	75	75	50		
		Section Subtotal	350	2,159	9,185	3,443	4	3

SOUTHERN MARYLAND INITIATIVES

Prince George's County

Ongoing Cardiac Initiatives & Partnership Programs

	Twice Weekly	Senior Shape Exercise Class at Gwendolyn Britt Senior Activity Center	104	28	2,912	2,330		
	Once a Week	Tai Chi Class at Gwendolyn Britt Senior Activity Center	52	17	884	710		
	9/27/2014	8th Annual Celebration of Birthdays: Women's Wellness Day 2014	1	150	150	150		
Screenings								
	Every Monday	Blood Pressure Screenings at Prince George's County Glenarden Nutrition Program	52	14	728	728		0
	Every Tuesday	Blood Pressure Screenings at Gwendolyn Britt Senior Activity Center	52	17	884	707		0
	Every Tuesday	Blood Pressure Screenings at PG Plaza Community Center	52	14	728	473		0
	Once a month (Thurs.)	Blood Pressure Screenings at Spellman House Apts in partnership with Capital Area Food Bank	12	20	240	225		0
	Once a month (Wed.)	Blood Pressure Screening at Langley Park Senior Activity Center	10	13	134	122		0
	9/20/2014	BMI/Body Fat and Waist Circumference Screening at 5th Annual Health Fair at First United Methodist Church of Hyattsville	1	45	45	40		
	9/27/2014	BP and Waist Circumference Screenings at 8th Annual Celebration of Birthdays: Women's Wellness Day 2014	1	35	35	35		
	11/4/2014	Gwendolyn Britt Senior Shape Fitness Health Assessment	1	27	27	24		
	11/12/2014	Suitland Dine & Learn Mini-Health Screening: Blood Pressure, Weight and Waist Circumference	1	1	1	1		
	11/16/2014	Blood Pressure Screening at Langley Park Health Check 2014	1	50	50	50		
		Total Cholesterol, Blood Pressure, Waist Circumference and Weight Health Assessment Screening for Suitland Dine and Learn Program (Pre-test)	1	14	14	14		0
	1/28/2015	Gwendolyn Britt Senior Shape Fitness Health Assessment	1	33	33	30		0
	6/16/2015	Total Cholesterol, Blood Pressure, Waist Circumference and Weight Health Assessment Screening for Suitland Dine and Learn Program (Post-test)	1	18	18	18		0
Worksite Wellness								
	9/25/2014	Capitol Cadillac TC-HDL Cholesterol Screening in Greenbelt, MD	1	26	26	19		0
	5/7/2015	CDC, Department of Treasury- BFS, FEMA MDNPS 20th Anniversary Walk-Run & Health EXPO, Blood Pressure Screening	1	100	100	80		

Presentations/Seminars

2/26/2015	Loving Yourself at Any Age: Women's Health Symposium	1	4	4	4	0
Monthly	Gwendolyn Britt Senior Activity Center Health Seminar Series (see below topics)					
9/10/2014	100 Calorie Wonders Cooking Demo	1	21	21	20	
10/8/2014	Growing Older Does Not Mean Becoming Depressed	1	16	16	16	
12/10/2014	Heart Healthy Holiday Celebration	1	27	27	27	
4/22/2015	Smart Phone and Tablet Buffet	1	23	23	21	
6/10/2015	Get Back into Action with Joint Replacement	1	17	17	15	1
Monthly	Suitland Dine & Learn Program (see below topics)					
7/23/2014	The Perfect Picnic: Make Ahead, Take It To Go	1	10	10	10	
8/27/2014	Ready, Wrap and Roll	1	27	27	27	
9/24/2014	Get the Facts About Fat: Know Your Numbers	1	21	21	21	
10/22/2014	"Skinny Up" Your Fast Food Choices	1	14	14	14	
11/12/2014	Eat Healthy and Be Merry: Balance, Variety and Moderation	1	10	10	10	
1/28/2015	Take Charge! Make It a Healthy New Start	1	22	22	22	
2/25/2015	Smart Start Your Heart	1	15	15	15	0
3/25/2015	National Nutrition Month: Don't be Low on "D" Importance of Vitamins	1	20	20	20	0
4/22/2015	Good Morning Starters	1	5	2	5	0
5/27/2015	Ready for a Grilling Adventure? Chill, Grill, and Fill	1	18	18	18	0
6/24/2015	Herbs and Spices Makeover: Know It and Grow It	1	29	29	29	0
Monthly	Rollingcrest-Chillum Dine & Learn Program (see below topics)					0
10/28/2014	"Skinny Up" Your Fast Food Choices	1	10	10	8	0
1/13/2015	Take Charge! Make It a Healthy New Start	1	3	3	3	0
4/14/2015	Good Morning Starters	1	4	1	3	0
Monthly	Langley Park Senior Activity Senior Health Seminar Series (see below topics)					
8/20/2014	Body Fat Composition and BMI Screening Workshop	1	10	10	8	
10/22/2014	Stay In Sight, Keep Your Vision Right	1	18	18	15	1
11/19/2014	Eat Healthy and Be Merry: Balance, Variety and Moderation Cooking Demo	1	18	18	15	
1/21/2015	Waist Circumference Screening	1	14	14	13	
4/15/2015	Aromatherapy for Health	1	16	16	15	
6/17/2015	All You Need to Know about Social Security, Medicare, & Long Term Care	1	9	9	8	

Meetings/Conference Calls	Monthly	Suitland and Rollingcrest-Chillum Dine & Learn reminder emails and calls to participants	11	40	440	440	
	Quarterly	Suitland Dine & Learn calendar promotion blurbs to Suitland Community Center	4	1	4	4	
	Biannual	Reminder calls for Suitland Dine & Learn pre and post-health assessment appointments	2	25	50	50	
	7/22/2014	Conference Call with Gertie Hurley for Annual Women's Wellness Day	1	1	1	1	
	8/8/2014	Suitland Dine & Learn Planning Meeting/Conference Call	1	3	3	3	
	8/25/2014	Support Service for Gwendolyn Britt Senior Shape participant, Carmen Mitchell	1	10	10	10	
	9/5/2015	Planning Conference Call with Chef Nadine for upcoming cooking demo	1	1	1	1	
	9/11/2014	Site Visit to Rollingcrest-Chillum Community Center for Dine & Learn expansion	1	3	3	2	
	10/10/2014	Exercise Instructor Meeting with Balance Gym for teaching/subbing in PG County	1	4	4	1	
	10/16/2014	Rollingcrest-Chillum Dine & Learn Planning Conference Call for Pilot Session	1	4	4	3	
	11/21/2014 & 12/8/2014	Meeting to plan Gwendolyn Britt Heart Healthy Seminar with department intern	2	1	2	0	
	12/3/2014	Suitland Dine & Learn Conference Call to discuss exercise instructor and prgm enhancements	1	4	4	3	
	12/16/2014	Suitland Dine & Learn 2015 Planning In-Person Meeting	1	4	4	4	
	1/6/2015	2015 Suitland Dine & Learn Conference Call to meet new PG Parks and Recreation staff/partners	1	4	4	4	
	1/30/2015	Bootcamp demo with Balance Gym for teaching and subbing in PG County	1	4	4	1	
	3/23/2015	AT&T Smart Phone & Tablet Event at Gwendolyn Britt Senior Activity Center Planning Call	1	5	5	3	
	3/24/2015	Conference Call with PCCo Health Dept Deborah McGruder and Gil Douglass for Dine & Learn Expansion and Collaboration	1	2	2	2	
	4/13/2015	Rollingcrest-Chillum Dine & Learn Strategy and Promotion Plan Conference Call	1	3	3	3	
	5/8/2015	All Regions Council Meeting United Way, PG County	1	25	25	15	
	5/12/2015	Prince George's Healthcare Action Coalition (PGHAC) Meeting	1	45	45	40	
6/2/2015	Transforming Neighborhoods Initiative (TNI) Community Meeting for the Suitland/Coral Hills Area - Suburban and PGCHD presented to promote Dine & Learn Program	1	25	25	25		
6/4/2015	PGHAC: Chronic Disease Work Group Meeting/Conference Call	1	10	10	8		
Health Fairs	9/20/2014	5th Annual Community Multicultural Health & Wellness Fair at First United Methodist Church of Hyattsville	1	100	100	90	
	9/25/2014	Capitol Cadillac Employee Wellness Day Event, Greenbelt, MD	1	19	19	11	
	11/16/2014	Langley Park Health Check 2014 Fair	1	150	150	150	0
Calvert County							
Ongoing Cardiac Initiatives & Partnership Programs							
Screenings	2/22/2015	BP Kit Partnership Program - Friendship Community Baptist Church	1	1	1	0	
	5/28/2015	BP Kit Partnership Program - Calvary Bible Church	1	1	1	0	0
	42170	BP Kit Partnership Program Replenish BP cuff equipment for 3 churches	1	3	3	2	
	Twice a Week	"Walking Away the Pounds" weight-lifting exercise class at Mt. Olive United Methodist Church	96	6	576	576	
	Monthly	Blood Pressure at Our Lady Star of the Sea Catholic Church, Solomons, MD	12	18	216	44	-
	Monthly	Blood Pressure at Middleham/St. Peter's Parish, Lusby, MD and SMILE	12	13	156	56	-
	Monthly	Blood Pressure at Huntingtown United Methodist Church, Huntingtown, MD	12	12	144	36	-
	Monthly	Blood Pressure at Crossroad Christian Church, St. Leonard, MD	12	16	192	108	-
	Monthly	Blood Pressure at Waters Memorial United Methodist Church, St. Leonard, MD	12	10	120	5	0
	Monthly	Blood Pressure at Friendship Community Baptist Church, Dunkirk, MD (began in April 2015)	3	5	15	7	
Monthly	Blood Pressure at Calvary Bible Church, Lusby, MD (began in May 2015)	2	14	28	14		
Monthly	Weigh-Ins at Crossroad Christian Church, St. Leonard, MD	12	5	60	30		
9/13/2014	Total Cholesterol Screening at 5th Annual Health Fair at Middleham/St. Peter's Parish, Lusby, MD	1	38	38	18		
Meetings/Conference Calls	Monthly	Health Ministry Team Network Meetings at Calvert Memorial Hospital	10	12	120	62	0

St. Mary's County							
Ongoing Cardiac Initiatives & Partnership Programs							
	11/24/2014	MedStar St. Mary's Hospital's Congestive Heart Failure Program and Partnership: BP monitors and Bathroom Scales	1	40	40	40	
Meetings/Conference Calls							
	10/27/2014	Conference Call with new MedStar St. Mary's Hospital contact to review CHF Program Partnersh	2	1	2	0	
Section Subtotal:			444	1,711	10,038	8,010	2 0

Community Donations/ Community Contributions

Validation Parking Stickers for Mobile Med/NIH Endocrine Clinic	\$4,100.00
T-shirts for Ama Tu Vida	\$789.00
Community Contribution to Girls on the Run in Montgomery County	\$4,543.79
2015 YMCA Youth and Family Services Healthy Kids Recipe Book Sponsorship	\$1,000.00
Healthy Tips and Tastes Health Initiative at Gaithersburg Upcounty Senior Center	\$1,000.00
Sponsorship of YMCA parenting seminar	\$1,000.00
Loving Yourself at Any Age Beauty Bar	\$150.00
Food for the Women's Health Symposium	\$332.50
Sponsorship for YMCA Turkey Chase 2015	\$2,500.00
Instructors for Senior Shape Classes in Montgomery County	\$56,760.00
Instructors for Girls on the Run CPR and 1st aid classes	\$3,278.50
Blood Pressure Cards	\$500.00
Facility Rental for Senior Shape Classes at Potomac Community Center	\$600.00
Medical Equipment for MobileMed clinics- Oximeters	\$206.00
CHNA Incentive "Tote Bags" Survey	\$3,785.00
Printing costs for ED-PC Connect	\$50.00
Support to Suitland Dine and Learn Program (Chef/Instructor fees)	\$1,650.00
Food Expenses for Suitland Dine and Learn Program	\$1,026.73
Instructor Fees for Free Senior Shape Class at Gwendolyn Britt and Floor Exercise at PG Plaza in Prince George's County	\$5,535.00
Instructor Fees for Free Tai Chi Class at Gwendolyn Britt Senior Activity Center in Prince George's County	\$2,080.00
Instructor Fees for Gwendolyn Britt & Langley Park Senior Activity Centers Health Seminar Series	\$200.00
Food Expenses for Cooking Demos at Gwendolyn Britt & Langley Park Senior Activity Centers Health Seminar Series	\$110.00
St. Mary's Hospital Home Scales Purchase (70)	\$1,705.18
Contribution to purchase stethoscopes and BP cuffs for BP Kit Program in Calvert County	\$405.00
Suitland Dine and Learn Health Assessment Cholesterol Testing	\$134.08
Instructor Fees For Rollingcrest Dine and Learn Program	\$675.00
9.13.2014 Total Cholesterol Screening at 5th Annual Health Fair at St. Peter's Parish in Calvert County	\$159.22
9.20.2014 BMI/Body Fat TANTA screening at 5th Annual Health Fair at United Methodist of Hyattsville	\$150.00
8.20.2014 BMI/Body Fat TANTA screening at Langley Park Senior Center	\$150.00
4.15.2015 Aromatherapy seminar at Langley Park Senior Center	\$125.00

TOTAL

GRAND TOTAL	2,762	28,236	80,423	27,539	400	191	\$3,156.67
--------------------	--------------	---------------	---------------	---------------	------------	------------	-------------------