COMMUNITY BENEFIT NARRATIVE

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, MD 21215

December 15, 2016

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. **Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).**
    - Bed Designation – The number of licensed Beds;
    - Inpatient Admissions: The number of inpatient admissions for the FY being reported;
    - Primary Service Area Zip Codes;
    - List all other Maryland hospitals sharing your primary service area;
    - The percentage of the hospital's uninsured patients by county. (please provide the source for this data, i.e. review of hospital discharge data);
    - The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data, i.e. review of hospital discharge data, etc.).
    - The percentage of the Hospital's patients who are Medicare Beneficiaries. (Please provide the source for this data, i.e. review of hospital discharge data, etc.)

Table I

Bed Designation:	Inpatient Admissions (CY2015):	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Hospital's Uninsured Patients by County (CY2015):	Percentage of the Hospital's Patients who are Medicaid Recipients (CY2015):	Percentage of the Hospital's Patients who are Medicare Beneficiaries (CY2015):
305	21,212	20874 20878 20850 20877 20886 20879 20876 20852 20854	**Holy Cross of Silver Spring** 20852 **Johns Hopkins** 20854 **Suburban** 20852, 20854, 20850, 20878, 20874 **Union of Cecil County** 20874 **Adventist Rehabilitation** 20874, 20878, 20850, 20877, 20886, 20852, 20854	7.0% of overall patients were uninsured. Of these patients: 5.3% were from Montgomery County 1.21% were from outside of Maryland 0.24% were from PG County 0.11% were from Frederick County *Source: review of hospital discharge data*	21.5% *Source: review of hospital discharge data*	18.0% *Source: review of hospital discharge data*

			Brook Lane 20874, 20878, 20886, 20854 **Adventist Behavioral Health** 20874, 20878, 20850, 20877, 20886, 20879, 20876, 20852, 20854			

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):
   i. A list of the zip codes included in the organization's CBSA, and
   ii. An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.
   iii. Describe how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Table II

Zip Codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations reside

Zip Codes in the CBSA

Primary Service Area

20850 – Rockville, 20852 – Rockville, 20874 – Germantown, 20876 – Germantown 20877 – Gaithersburg, 20878 – Gaithersburg, 20879 – Gaithersburg, and 20886 – Montgomery Village

Secondary Service Area

20814 – Bethesda, 20817 – Bethesda, 20832 – Olney, 20837 – Poolesville, 20841 – Boyds, 20851 – Rockville, 20853 – Rockville, 20854 – Potomac, 20855 – Derwood, 20871 – Clarksburg, 20872 – Damascus, 20882 – Gaithersburg, 20901 – Silver Spring, 20902 – Silver Spring, 20904 – Silver Spring, and 20906 – Silver Spring

Household income can be considered a barrier to health and wellness as income can affect a family's ability to pay for necessities including, but not limited to: healthcare services; healthy foods; and education. A wide body of research points to the fact that low-income individuals tend to experience worse health outcomes than wealthier individuals, clearly demonstrating that income disparities are tied to health disparities.

Median Household Income within the CBSA (2015)		
Location	**Zip Codes**	**Median Household Income (2015)**
Montgomery County	20814	$115,359
	20817	$169,485
	20832	$126,762
	20837	$145,518
	20841	$152,853
	20850	$107,170
	20851	$82,017
	20853	$100,965
	20854	$192,649
	20855	$120,060
	20871	$126,543
	20872	$108,995
	20874	$81,769
	20876	$91,359
	20877	$65,853
	20878	$117,261
	20879	$88,777
	20882	$145,054
	20866	$101,358
	20901	$97,454
	20902	$85,044
	20904	$72,458
	20906	$71,423
	Overall	$99,435

Maryland	*Overall*	$74,551

*Note: Household income by zip code values are compared to the overall county median household income. Green indicates the location's income is above the county value. Red indicates the location's income is below the county value (i.e. a potentially vulnerable population.)

Figure 1. Household Income by zip codes, Montgomery County, and Maryland, 2015
(Source: U.S. Census Bureau, 2015 ACS 5-Year Estimates)

Median Household Income within the CBSA

Median Household Income
Montgomery County: $98,917
Source: US Census Bureau, 2015 1-Year ACS Estimates

Household income has a direct influence on a family's ability to pay for necessities, including health insurance and healthcare services. A wide body of research points to the fact that low-income individuals tend to experience worse health outcomes than wealthier individuals, clearly demonstrating that income disparities are tied to health disparities. Throughout the CBSA served by Adventist HealthCare Shady Grove Medical Center (Montgomery County), across racial and ethnic groups, non-Hispanic whites have the highest median household income ($122,191) while Blacks and Hispanics have the lowest ($63,862 and $68,126, respectively) However, when looking at the state of Maryland as a whole, Asians have the highest median income ($96,429) (see Figure 2).

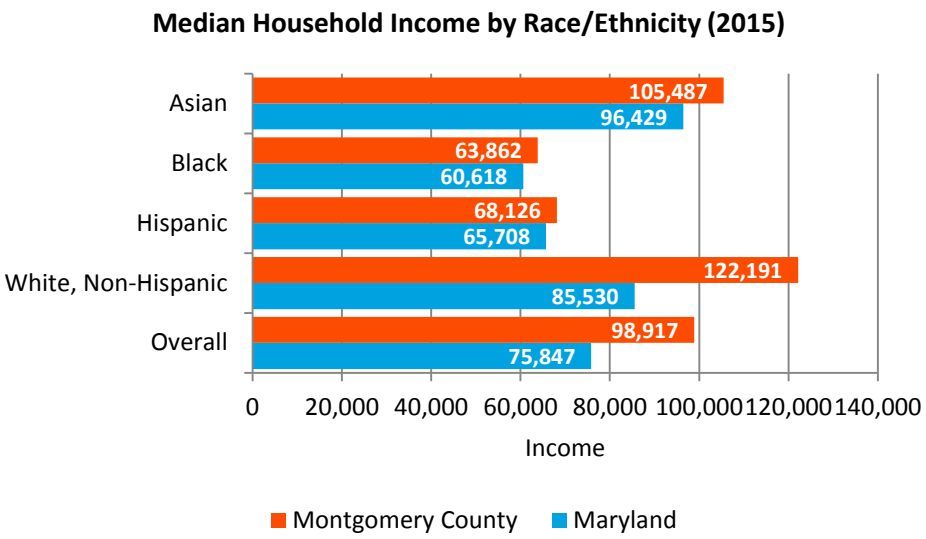


Figure 2. Median Household Income by Race and Ethnicity, Montgomery County and Maryland, 2015
(Source: US Census Bureau, 2015 1-Year ACS Estimates)

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

In 2015, Montgomery County experienced poverty levels lower than that of the state of Maryland overall. According to the U.S. Census Bureau, 7.5 percent of Montgomery County residents were living in poverty compared to 9.7 percent of Maryland residents.

Despite lower rates of poverty in Montgomery County compared to the state, racial disparities are still evident. Poverty levels among whites were the lowest at 3.6 percent and highest among Blacks at 12.1 percent and Hispanics at 13.1 percent (see Figure 3).

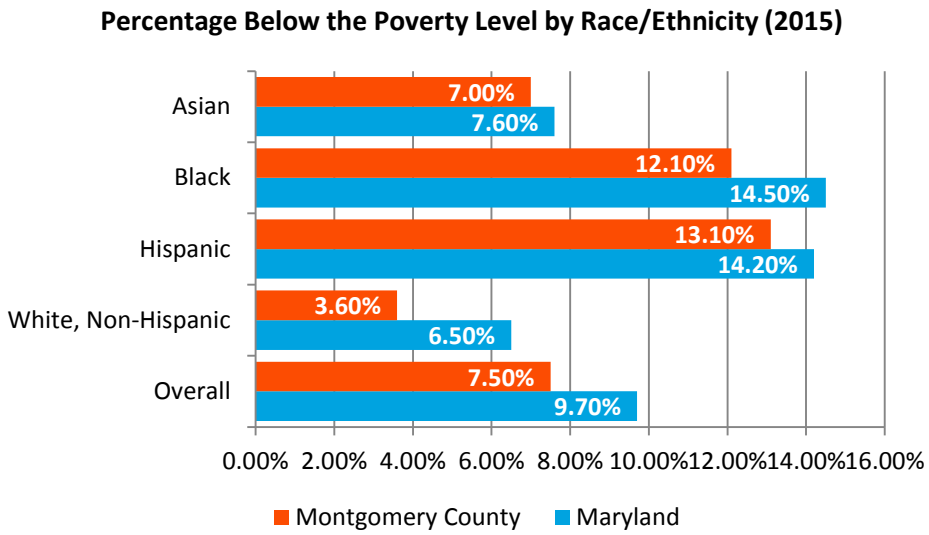


Figure 3. Poverty Status by Race and Ethnicity, Montgomery County, and Maryland, 2015
(Source: US Census Bureau, 2015 1-Year ACS Estimates)

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

Approximately 8.2 percent of all civilian non-institutionalized Montgomery County residents are uninsured. This number is compared to 6.6 percent of Maryland residents (see Figure 4).

Across Montgomery County and Maryland, Hispanics are uninsured at rates significantly higher than whites, Blacks, and Asians. Approximately 21.7 percent of Hispanics are uninsured in Montgomery County, compared to 23.6 percent in in Maryland (see Figure 4). Whites are least likely to be uninsured in the state overall and in Montgomery County.

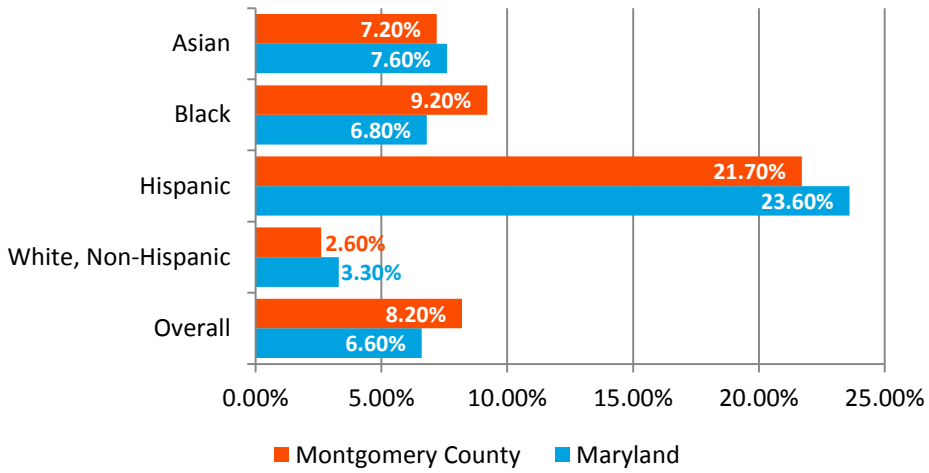


Figure 4. Percentage Uninsured by Race and Ethnicity, Montgomery County and Maryland, 2015
(Source: US Census Bureau, 2015 1-Year ACS Estimates)

Percentage of Medicaid recipients by County within the CBSA.

Percentage of Medicaid Recipients by County within the CBSA:
Montgomery County: 9.90% (102,634)
Source: US Census Bureau, 2015 1-Year ACS Estimates

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

According to the 2013 Maryland State Health Improvement Process (SHIP), the overall life expectancy for Montgomery County is 84.6 years, 4.8 years greater than the Maryland 2017 target of 79.8 years. However, when stratifying by race, a significant gap can be seen between Black and white residents. The life expectancy for white residents of Montgomery County is 84.4 years and 82.5 years for Black residents which is still higher than that of Maryland (79.8 years). When stratifying by race, the life expectancy for white residents is 80.7 years (see Figure 5).

County	SHIP Objective	SHIP 2013 County Baseline	SHIP 2014 County Update	SHIP 2014 County Update (Race/ Ethnicity)	SHIP 2014 Maryland Update	SHIP 2014 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Montgomery	Increase life expectancy in Maryland	84.3	84.6	Black – 82.5 White – 84.4	79.8	Black – 77.5 White – 80.4	79.8

Figure 5. Life expectancy at Birth (in years), Montgomery County, 2014
(Source: Maryland Department of Health and Mental Hygiene (DHMH) Vital Statistics Administration, 2014)

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

The mortality rate in Montgomery County is 573.2 per 100,000 population. This rate is lower than the mortality rate for the state of Maryland overall (764.5 per 100,000) (see Figure 6). Whites have the highest death rates in Montgomery County and the state of Maryland overall while Hispanics have the lowest death rates.

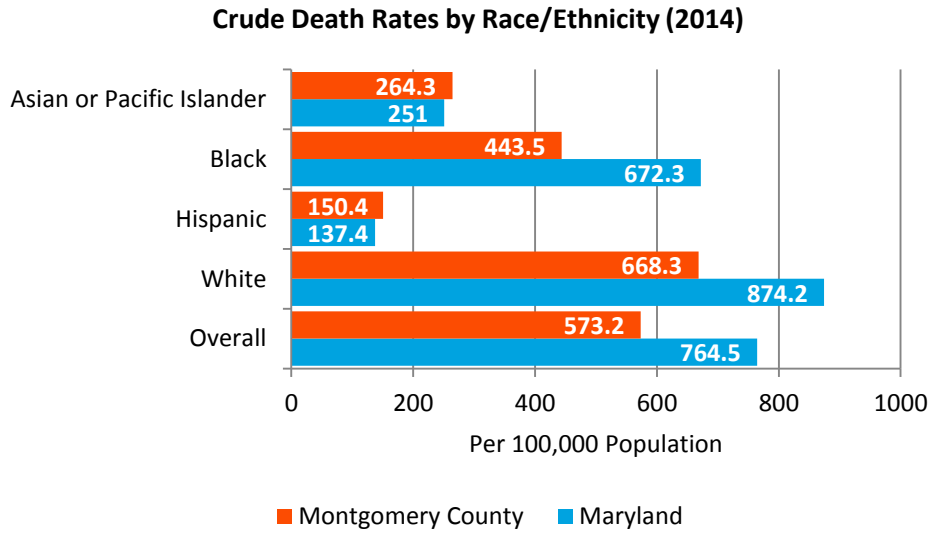


Figure 6. Crude Death Rate by Race and Ethnicity for Montgomery County and Maryland, 2014
(Source: Maryland Department of Health and Mental Hygiene, Maryland *Vital Statistics Annual Report, 2014*)

Infant Mortality Rate

Overall, Montgomery County (4.8 per 1,000 live births) has met the Maryland SHIP 2017 target (6.3 per 1,000 live births). Blacks in Montgomery County and the state overall are disproportionately affected by high infant mortality rate. They failed to meet the Maryland SHIP 2017 target (6.3 infant deaths per 1,000 live births) while Hispanics and whites met the target (see Figure 7).

County	SHIP Objective	SHIP 2013 County Baseline	SHIP 2014 County Update	SHIP 2013 County Update (Race/ Ethnicity)	SHIP 2014 Maryland Update	SHIP 2014 Maryland Update (Race/ Ethnicity)	Maryland SHIP 2017 Target
Montgomery	Reduce Infant Deaths	4.7	4.8	NH Black – 7.8 Hispanic – 4.4 NH White – 4.4	6.5	NH Black – 10.7 Hispanic – 4.4 NH White -- 4.4	6.3

Figure 7. Infant Mortality Rate (per 1,000 Live Births) by Race/Ethnicity in Montgomery County, 2014
(Source: DHMH State Health Improvement Process (SHIP), 2014)

Access to Healthy Food

Healthy Eating Behaviors

In Montgomery County, 66.7 percent of the adult population consumes less than five servings of fruits and vegetables daily. This proportion is lower Maryland's average of 72.4 percent (see Figure 8).

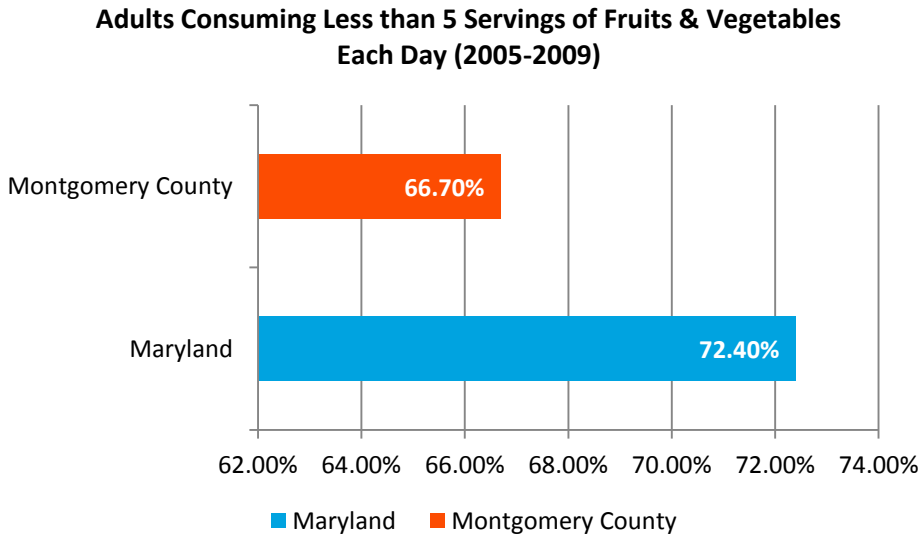


Figure 8. Adults Consuming Less Than 5 Servings of Fruits & Vegetables Each Day
(Source: Community Commons Community Health Needs Assessment, 2013)

Fruit and vegetable consumption varies among racial and ethnic groups in Montgomery County. A higher percentage of white (33 percent) and Asian (31 percent) residents consume the recommended five or more servings of fruits and vegetables daily, as opposed to the county as a whole (29.6 percent). However, Hispanics have the lowest percentage of adult fruit and vegetable consumption within the county, at 14.2 percent (see Figure 9).

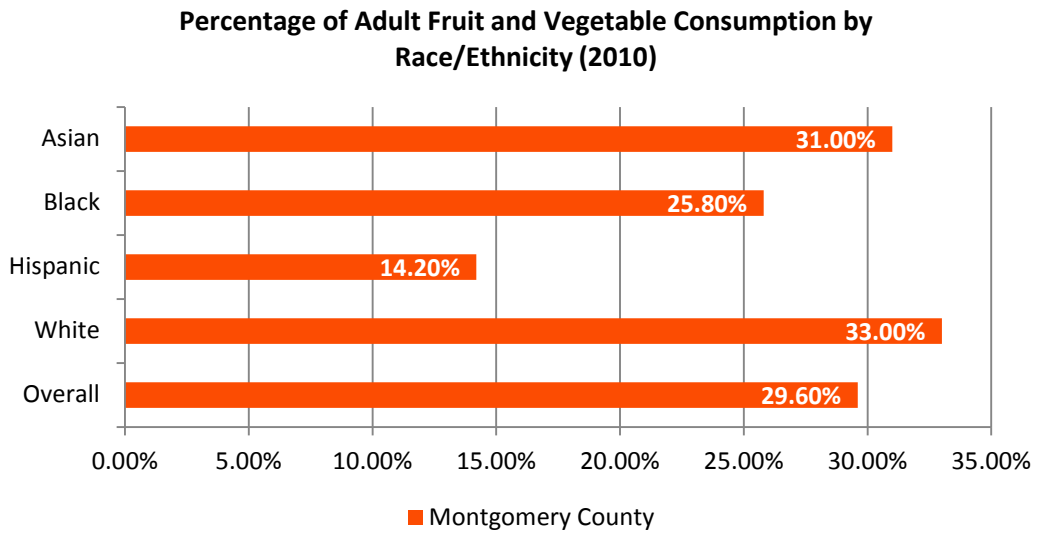


Figure 9. Fruit and Vegetable Consumption by Race and Ethnicity, Montgomery County, 2010
(Source: Healthy Montgomery)

Food Environment

The USDA defines food insecurity as the lack of access to enough food necessary for a healthy life, and limited or uncertain availability of adequately nutritious foods[1]. In 2014, 7.0 percent of Montgomery County experienced food insecurity which is lower than Maryland (12.7 percent) as a whole (see Figure 10).

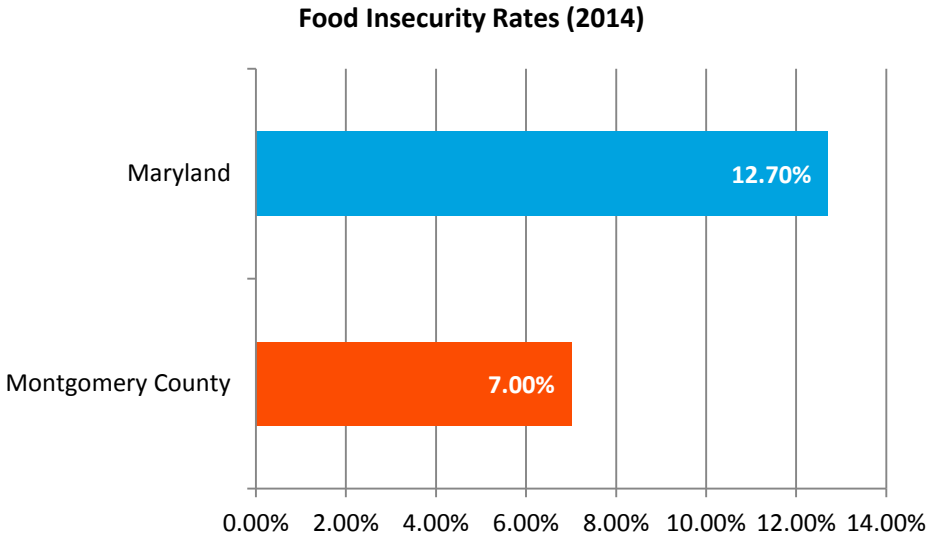


Figure 10. Percentage of Food Insecure Population, 2014
(Source: Feeding America, *Map the Meal Gap*, 2014)

One measure of healthy food access and environmental influence on healthy behavior is access to grocery stores. The Community Commons defines grocery stores as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. In Montgomery County there are 20.79 grocery stores per 100,000 population, a rate similar to Maryland (21.3 per 100,000 population) (see Figure 11).

[1] Feeding America (2016). Map the Meal Gap. Retrieved from: http://map.feedingamerica.org/county/2014/overall/maryland

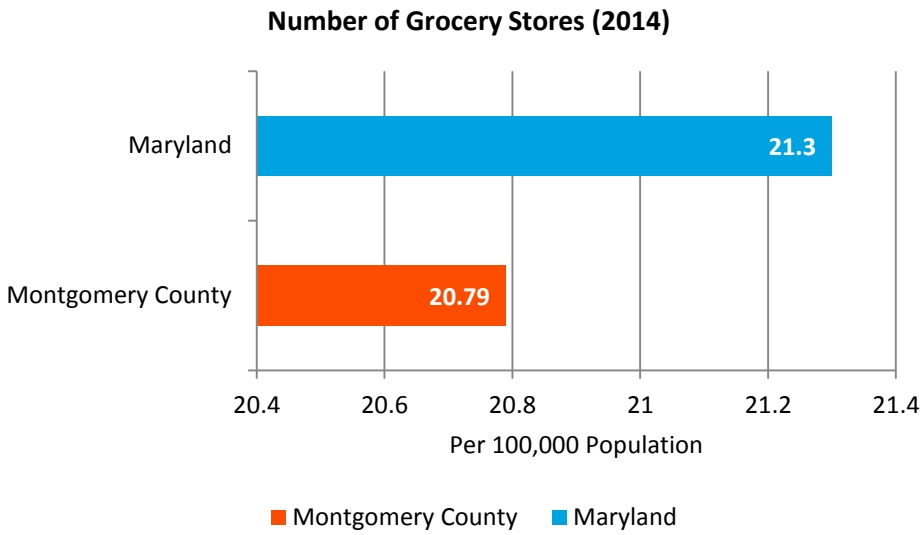


Figure 11. Number of Grocery Stores per 100,000 Population, 2014
(Source: Community Commons. Community Health Needs Assessment, 2014)

Fast food restaurant access has been rising at the local and national levels for the past several years. From 2009 to 2013, the rate in Maryland increased from 78.37 to 86.64 per 100,000 population[2]. In Montgomery County, residents have a lower rate of access to fast food restaurants (81.71 per 100,000 population) than Maryland (84.8 per 100,000) (see Figure 12).

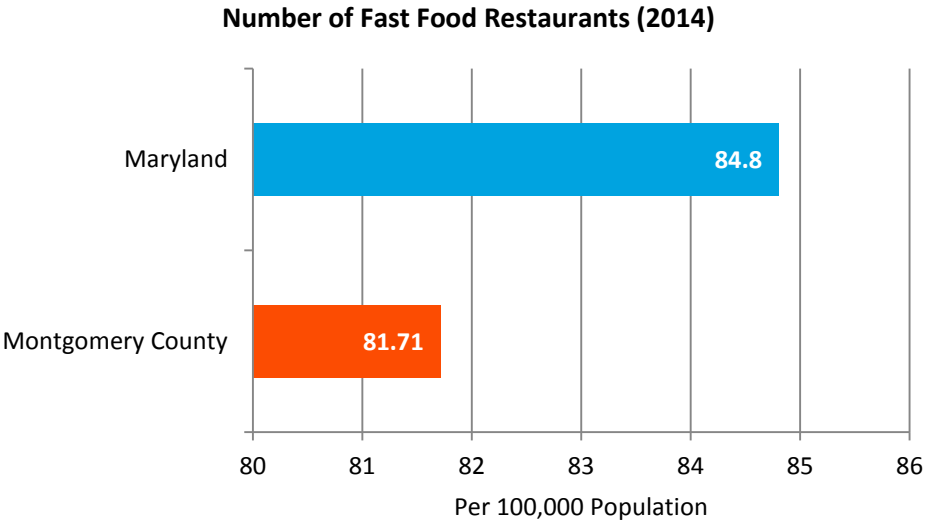


Figure 12. Number of Fast Food Restaurants per 100,000 Population, 2014
(Source: Community Commons. Community Health Needs Assessment, 2014)

Transportation

Commuting

The majority of both Montgomery and Maryland overall drive alone to work (65.6 percent and 73.8 percent, respectively) or utilize public transportation (15.9 percent and 9 percent, respectively) (see Figure 13).

[2] Community Commons. *Community Health Needs Assessment*. (2014). Retrieved from: http://assessment.communitycommons.org/CHNA/report?page=3&id=401&reporttype=libraryCHNA

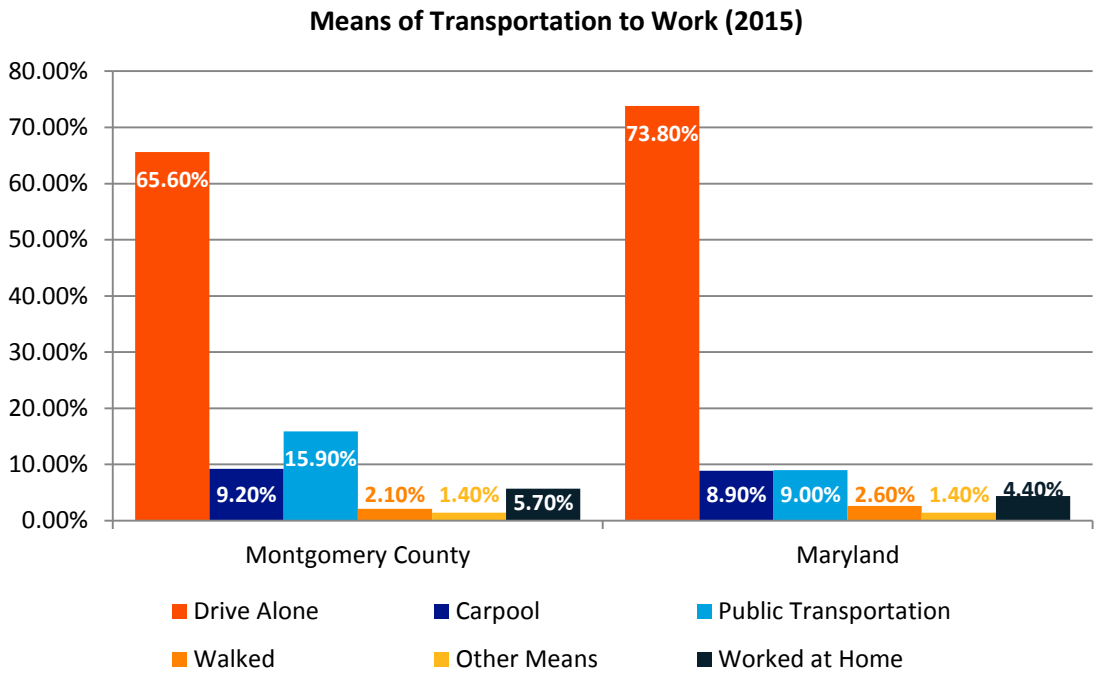


Figure 13. Means of Transportation to Work, Montgomery County and Maryland, 2015
(Source: US Census Bureau, 2015 ACS 1-Year Estimates)

The mean travel time to work for Montgomery County is 34.4 minutes; whereas the mean travel time for the state overall is 32.2 minutes (see Figure 14).

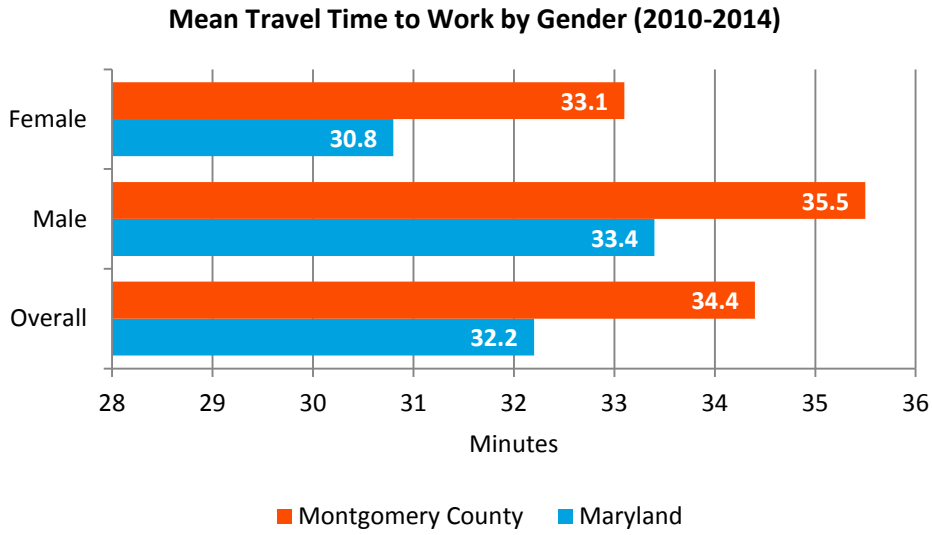


Figure 14. Mean Travel Time to Work by Gender for Montgomery County, 2015
(Source: Healthy Montgomery, 2010-2014; PGC Health Zone, 2010-2014)

Pedestrian Safety

The rate of pedestrian injuries on public roads in Montgomery County (41.3 per 100,000 population) is nearly equivalent to that of the state (42.6 per 100,000 population). The rates have increased since the 2013 County measures and they remain higher than the SHIP 2017 target of 35.6 per 100,000 population (see Figure 15).

County	SHIP Objective	SHIP 2012 County Measure	SHIP 2013 County Measure	SHIP 2014 County Update	SHIP 2014 Maryland Update	Maryland SHIP 2017 Target
Montgomery	Reduce rate of pedestrian injuries	40.1	35.6	41.3	42.6	35.6

Figure 15. Rate of Pedestrian Injuries per 100,000 Population, Montgomery County, 2014
(Source: Maryland SHIP, 2014)

The pedestrian death rate in Montgomery County at 1.18 deaths per 100,000 population, is higher than that of Maryland (0.91 per 100,000 population) and the Healthy People 2020 target of 1.4 deaths per 100,000 population[3].

From 2011 to 2014 in Montgomery County and the state overall, white non-Hispanic individuals experienced the highest number of traffic fatalities among both vehicle occupants and non-occupants (see Figure 16-A, 16-B).

Montgomery County Traffic Fatalities (2011-2014)

[3] U.S. Department of Transportation National Highway Traffic Safety Administration. *2013 Ranking of COUNTY Pedestrian Fatality Rates – Maryland*. Accessed from: http://www-fars.nhtsa.dot.gov/States/StatesPedestrians.aspx

Person Type by Race/Hispanic Origin		2011	2012	2013	2014
Occupants (All Vehicle Types)	Hispanic	0	2	5	4
	White Non-Hispanic	9	11	12	13
	Black, Non-Hispanic	1	7	6	4
	Asian, Non-Hispanic/Unknown	0	0	0	0
	All Other Non-Hispanic or Race	1	3	3	4
	Unknown Race and Unknown Hispanic	19	7	1	3
	Total	30	30	27	28
Non-Occupants (Pedestrians, Pedal cyclists and Other/Unknown Non-Occupants)	Hispanic	0	0	1	1
	White Non-Hispanic	2	4	6	4
	Black, Non-Hispanic	1	2	4	1
	Asian, Non-Hispanic/Unknown	0	0	1	1
	All Other Non-Hispanic or Race	0	0	0	0
	Unknown Race and Unknown Hispanic	7	1	1	4
	Total	10	7	13	11
Total	Hispanic	0	2	6	5
	White Non-Hispanic	11	15	18	17
	Black, Non-Hispanic	2	9	10	5
	Asian, Non-Hispanic/Unknown	0	0	1	1
	All Other Non-Hispanic or Race	1	3	3	4
	Unknown Race and Unknown Hispanic	26	8	2	7
	Total	40	37	40	39

Figure 16-A. Montgomery County Fatalities by Person Type, Race and Ethnicity, 2011-2014
(Source: National Highway Traffic Safety Administration, Traffic Safety Facts, 2014)

Maryland Traffic Fatalities (2011-2014)				
Person Type by Race/Hispanic Origin	2011	2012	2013	2014

Occupants (All Vehicle Types)	Hispanic	7	20	22	14
	White Non-Hispanic	179	234	192	176
	Black, Non-Hispanic	60	90	83	93
	American Indian, Non-Hispanic/Unknown	1	2	0	1
	Asian, Non-Hispanic/Unknown	1	4	1	1
	All Other Non-Hispanic or Race	4	12	18	10
	Unknown Race and Unknown Hispanic	122	46	32	38
	Total	374	408	348	333
Non-Occupants (Pedestrians, Pedal cyclists and Other/Unknown Non-Occupants)	Hispanic	3	3	5	6
	White Non-Hispanic	40	49	54	57
	Black, Non-Hispanic	21	35	42	27
	Asian, Non-Hispanic/Unknown	0	0	1	1
	All Other Non-Hispanic or Race	1	2	2	0
	Unknown Race and Unknown Hispanic	46	14	13	18
	Total	111	103	117	109
Total	Hispanic	10	23	27	20
	White Non-Hispanic	219	283	246	233
	Black, Non-Hispanic	81	125	125	120
	American Indian, Non-Hispanic/Unknown	1	2	0	1
	Asian, Non-Hispanic/Unknown	1	4	2	2
	All Other Non-Hispanic or Race	5	14	20	10
	Unknown Race and Unknown Hispanic	168	60	45	56
	Total	485	511	465	442

Figure 16-B. Maryland Fatalities by Person Type, Race and Ethnicity, 2011-2014
(Source: National Highway Traffic Safety Administration, Traffic Safety Facts, 2014)

Education

Graduation and Educational Attainment

In 2015, 89.36 percent of Montgomery County students graduated high school within four years. The four-year graduation rate for the county is lower than that of the state (86.98 percent. Both the state overall and Montgomery County surpassed the Health People 2020 high school graduation goal of 82.4 percent[4] (Figure 17).

[4] Healthy Communities (2016). Montgomery County: High school graduation rate. *Healthy Montgomery.* Retrieved from: http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=view&indicatorId=13&localeId=1259

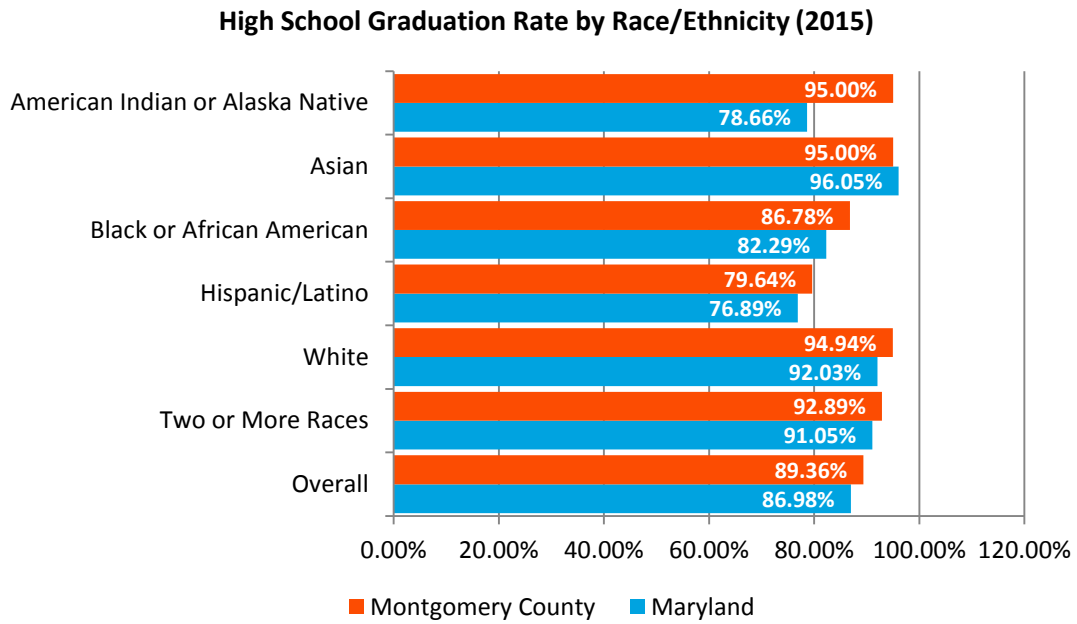


Figure 17. High School Graduation Rates by Race/Ethnicity in Montgomery County and Maryland, 2015
(Source: 2016 Maryland Report Card)

Disparities in education and ethnicity become even more apparent at the college level. The overall percentage of adults 25+ in Montgomery County with a bachelor's degree or higher is 27.15 percent which is higher than the state (21.12 percent). However, when stratified by race and ethnicity, Whites have the highest percentage in Montgomery County (71.14 percent), but more Asians over 25 have a bachelor's degree in Maryland (63.72 percent) than any other racial or ethnic group (see Figure 18).

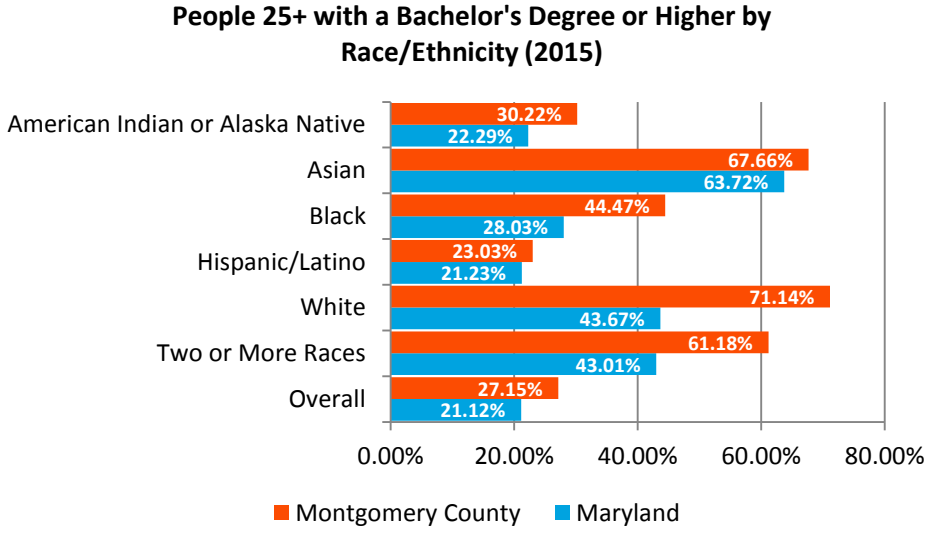


Figure 18. People 25 and Over with a Bachelor's Degree or Higher by Race/Ethnicity, 2015
(Source: U.S. Census Bureau, 2015 1-Year Estimates)

English and Algebra Proficiency

Based on student scores on the Maryland High School Assessment (HSA), 95 percent of white and approximately 93 percent of Asian 12th graders are proficient in English compared to 78 percent of Hispanic and about 80 percent of Black students in Montgomery County. More Asian 12th graders in Maryland (91.5 percent) test proficient in English

in Maryland than all other racial and ethnic groups while Black 12th graders have the lowest proficiency rate (73.1 percent) (see Figure 19).

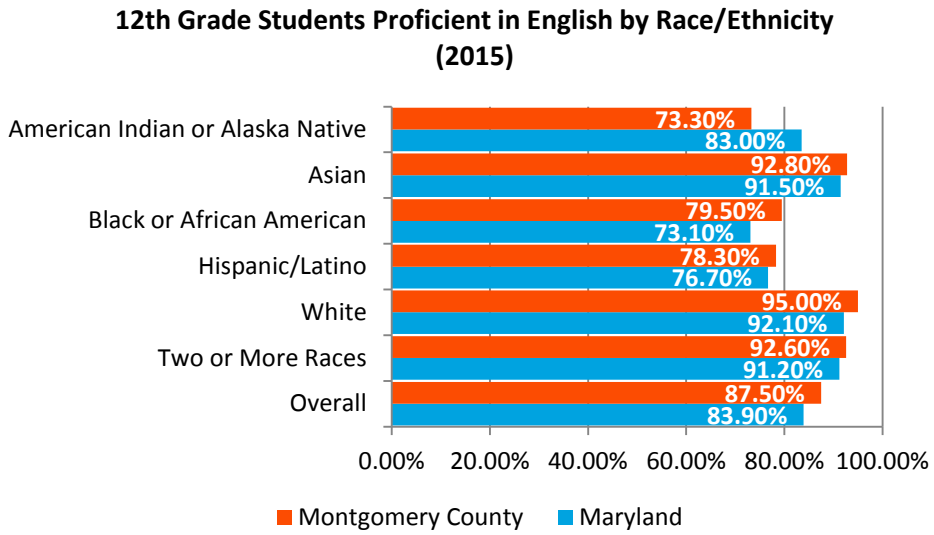


Figure 19. 12th Grade Students Proficient in English by Race/Ethnicity, 2015
(Source: 2016 Maryland Report Card)

A similar trend can be seen for algebra proficiency among 12th graders. In Montgomery County, at least 95 percent of both white and Asian 12th graders are proficient in algebra compared to 82.4 percent of American Indian or Alaska Native and 84.5 percent of Black students. Regarding the state overall, 87.4 percent of 12th graders are proficient in algebra. More white (96 percent) and Asian students (96.3 percent) have tested proficient in algebra than all other racial or ethnic groups within Maryland while Black students (75.3 percent) have the lowest proficiency rate (see Figure 20).

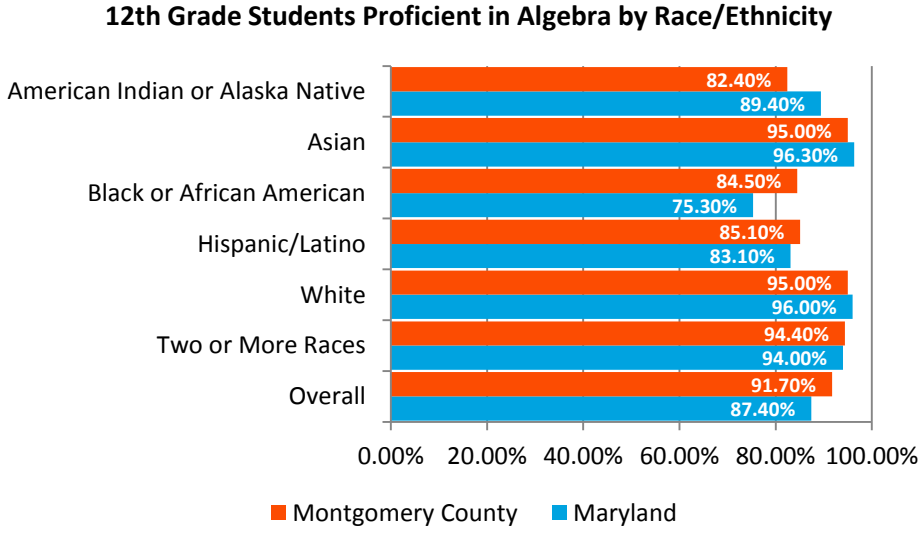


Figure 20. 12th Grade Students Proficient in Algebra by Race/Ethnicity, 2015
(Source: 2016 Maryland Report Card)

Readiness for Kindergarten

The percentage of children who enter kindergarten ready to learn in Montgomery County increased from 48 percent in 2014 to 49 percent in 2015, but is still higher than Maryland overall (45 percent). Hispanic children were among those least likely to be prepared for kindergarten in Montgomery County (28 percent). White (68 percent) and Asian (58 percent) children were among those most prepared to enter kindergarten in Montgomery County (see Figure 21).

County	SHIP Measure	County 2014 Measure	SHIP 2015 County Update	SHIP 2014 County Update (Race & Ethnicity)	SHIP 2015 Maryland Update	Maryland Target 2017
Montgomery County	Percentage of children who enter kindergarten ready to learn	48%	49%	Asian–58%; AA-40% Hispanic-28% White-68%	45%	85.5%

Figure 21. Percentage of Children Entering Kindergarten Ready to Learn, Montgomery County
(Source: Maryland SHIP, 2015)

Housing Quality

Housing Quality

A person's living situation – the condition of their homes and neighborhoods – is a crucial determinant of health status. Across the U.S., a disproportionate percentage of minority households are affected by moderate and severe housing problems (see Figure 22).

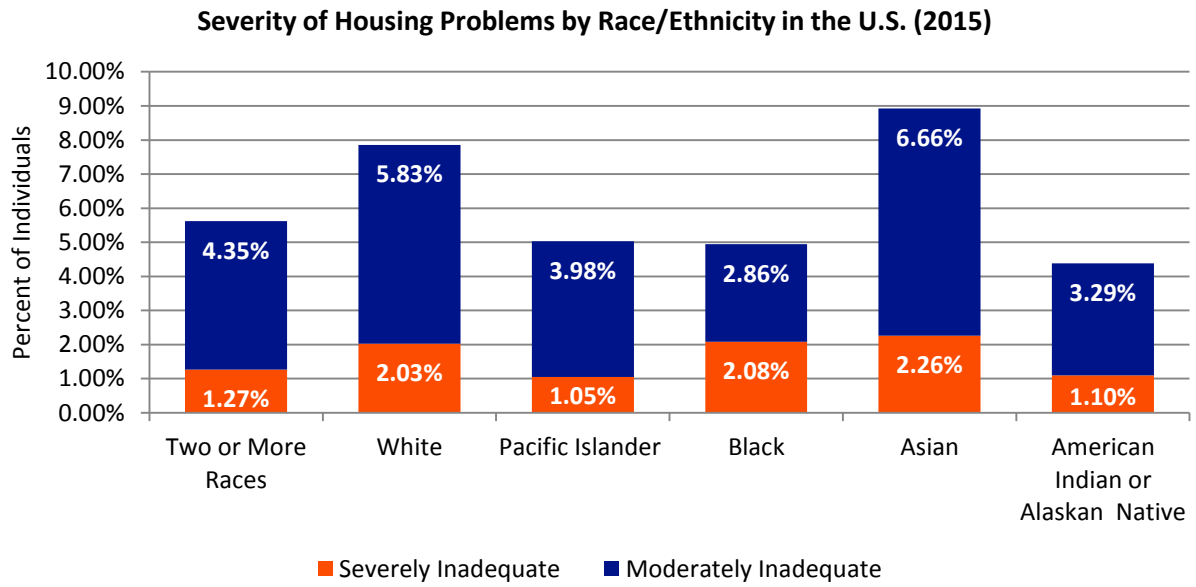


Figure 22. Severity of Housing Problems by Race/Ethnicity in the U.S., 2015
Note: Physical problems include plumbing, heating, electrical and upkeep
(Source: U.S. Census Bureau, American Housing Serving, 2015)

At the local level, 17 percent of households in Maryland and 18 percent of households in Montgomery County were

identified as having at least 1 of 4 severe housing problems: overcrowding; high housing costs; and lack of kitchen or plumbing facilities[5].

Montgomery County Housing Statistics

- Renters spending 30 percent or more of household income on rent: 52.7 percent
- Homeowner vacancy rate: 0.8
- Housing units in multi-unit structures: 34.3 percent
- Housing units: 389,030 (2015)
- Homeownership rate: 64.3 percent
  Median value of owner-occupied housing units: $474,900
  (Source: U.S. Census Bureau, ACS, 1-Year Estimate, 2015)
- Households: 365,235
- Persons per household: 2.76
  (Source: U.S. Census Bureau, QuickFacts, 2011–2015)

Spotlight on Homelessness

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

In January 2016, a Point-In-Time Enumeration survey found there has been a decrease in the homeless population in Montgomery since 2015 (Figure 23).

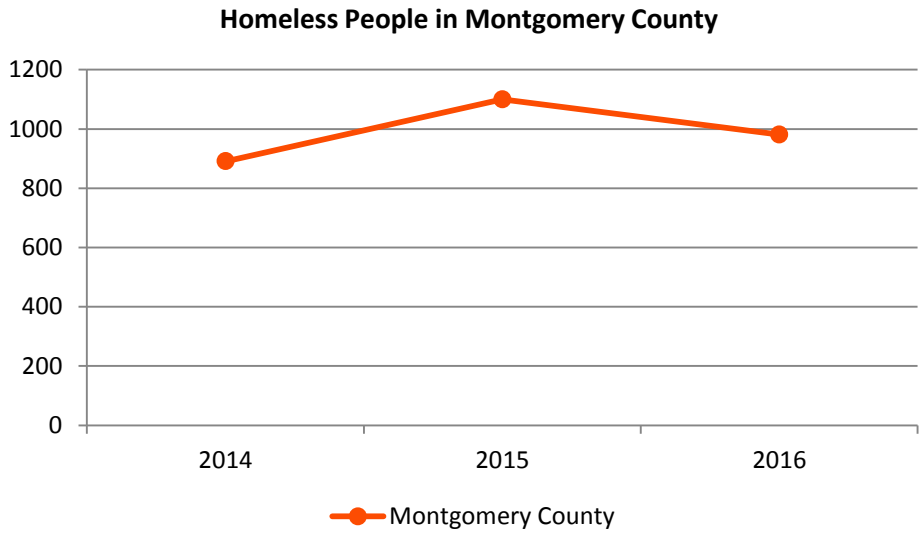


Figure 23. Number of Homeless People in Montgomery County from 2014 to 2016
(Source**:** Metropolitan Washington Council on Governments Point-In-Time Survey, 2016)

In Montgomery County, the homeless population in 2016 included 109 homeless family units, made up of 128 adults

[5] University of Wisconsin – Population Health Institute. (2016). Compare counties. *County Health Rankings*. Retrieved from: http://www.countyhealthrankings.org/app/maryland/2016/compare/snapshot?counties=24_031%2B24_033

and 230 children (Figure 24).

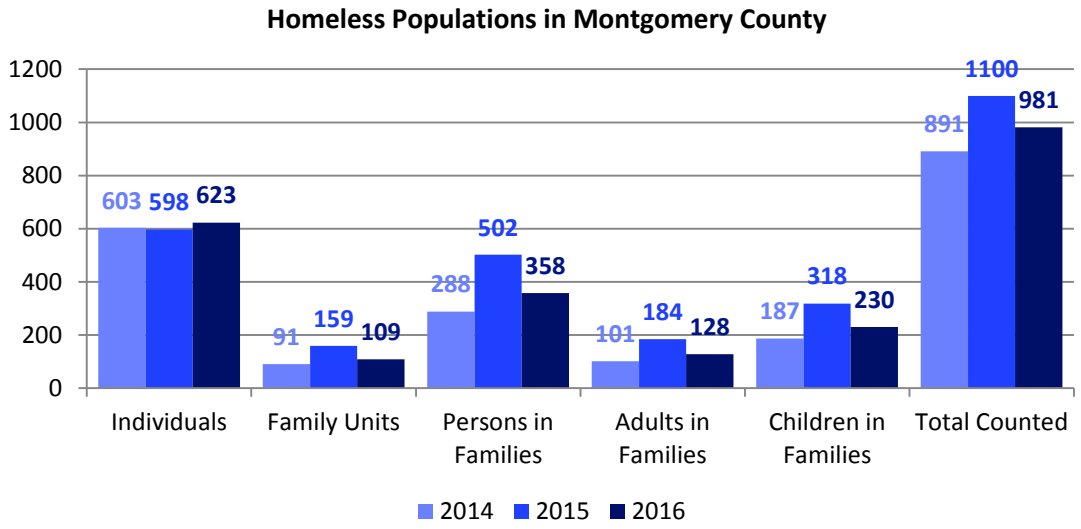


Figure 24. Homeless Populations in Montgomery County, 2014-2016
(Source: Metropolitan Washington Council on Governments Point-In-Time Survey, 2016)

Among the homeless populations, numerous individuals reported various health, mental, and physical issues. In Montgomery County, 151 individuals were chronically homeless, 17 were US veterans, 127 were victims of domestic violence, 114 were suffering from co-occurring disorders (mental and substance abuse), 80 were physically disabled, and 85 were individuals with limited English proficiency (Figure 25).

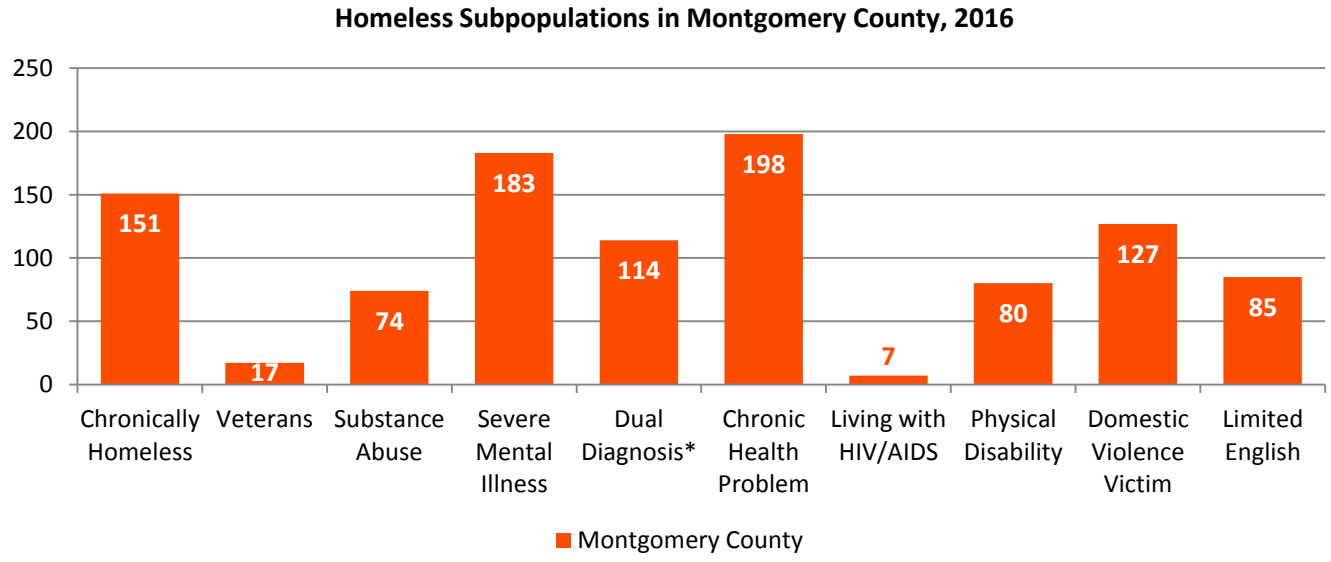


Figure 25. Homeless Subpopulations in Montgomery County in 2016
(Source: Metropolitan Washington Council on Governments Point-In-Time Survey, 2016)

Exposure to Environmental Factors that Negatively Affect Health Status

Air Pollution

Air pollution, measured by ozone levels, poses a serious threat in Montgomery County. Ozone is an extremely dangerous gas that attacks lung tissues when breathed in. Based on the number of days its ozone levels surpass the U.S. standards in three years, Montgomery County received a grade of D from the American Lung Association[6].

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

Demographics	Montgomery County	Maryland
Total Population*	1,040,116	321,418,820
Age, %*		
Under 5 Years	6.5%	6.2%
Under 18 Years	23.4%	22.9%
65 Years and Older	14.1%	14.1%
Race/Ethnicity, %*		
White	45.2%	61.6%
Black or African American	19.1%	12.6%
Native American & Alaskan Native	0.7%	1.2%
Asian	15.2%	5.6%
Native Hawaiian & Other Pacific Islander	0.1%	0.2%
Hispanic	19.0%	17.6%
Language Other than English Spoken at Home, % age 5+*	39.3%	20.9%
Median Household Income*	$98,704	$53,482
Persons below Poverty Level, %*	7.2%	13.5%
Pop. 25+ Without H.S. Diploma, %*	8.7%	13.7%
Pop. 25+ With Bachelor's Degree or Above, %*	57.4%	29.3%

Sources:
* U.S. Census Bureau. (2015). QuickFacts. Retrieved from: https://www.census.gov/quickfacts/table/PST045215/24031,24033,00

[6] Healthy Communities Institute. (2016). Annual ozone air quality, 2012-2014. *Healthy Montgomery*. Retrieved from: http://www.healthymontgomery.org/index.php?module=indicators&controller=index&action=view&indicatorId=167&localeTypeId=2&localeId=1259

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. **Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 1-2 within the past three fiscal years?**

   _X_Yes
   ___No

   Provide date here. 4/18 /2013 **(mm/dd/yy)**

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

   New CHNA will be completed and made available by December 31, 2016.

2. **Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 3?**

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

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

   New Implementation Strategy will be completed and made available by May 15, 2017.

III. COMMUNITY BENEFIT ADMINISTRATION

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

   a. **Are Community Benefits planning and investments part of your hospital's internal strategic plan?**

      _X_**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.

      As a part of Adventist HealthCare, Shady Grove Medical Center is dedicated to Community Benefit which aligns with the system's core mission and values. Within Shady Grove Medical Center's strategic plan, the hospital's commitment to Community Benefit is outlined and an overview of the infrastructure is described. Stemming from the upcoming CHNA (2017-2019) which will be released in December 2016, the strategic plan also outlines the health needs prioritization as was approved by the Board of Trustees. As

the implementation strategy is developed and put into place in the spring of 2017, the Community Benefit section of the strategic plan will be updated to include the specific initiatives, objectives and committed resources. The section of the strategic plan applying to Community Benefit is included below.

Community Benefit

Shady Grove Medical Center is dedicated to its mission of "demonstrating God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing." Community benefit is an embodiment of SGMC's dedication to enacting its community-based mission and improving the health and wellbeing of the communities it serves.

As a hospital and part of the Adventist HealthCare system, SGMC is committed to:

- Continually developing infrastructure to improve the implementation, evaluation, and reporting of its community benefit activities
- The alignment of clinical service lines and community benefit focus areas with needs identified through the community
- An investment of resources to improve population health (one of the 6 Pillars of Excellence) in the communities it serves

System-Wide Infrastructure

Center for Health Equity & Wellness (The Center): The Center aims to improve the health of communities by raising awareness of community health needs and local disparities, improving access to culturally appropriate care, and providing community wellness outreach and education.

Community Benefit Council (CBC): Composed of representatives from each of the four hospitals as well as from system wide-departments, the CBC functions to ensure that Adventist HealthCare is meeting all of the requirements for Community Benefit both on the state and federal levels.

Community Partnership Fund (CPF): The CPF provides funding for organizations whose activities support AHC's mission to improve the health and wellbeing of the community, especially for those that have poor access to care and poor health outcomes. Funding requests must align with AHC's funding objectives and priorities as outlined below:

- **Funding objectives**: health and wellness, partnerships, and capacity building
- **Priorities**: addressing a priority area of need identified in our hospitals' Community Health Needs Assessment, targeting populations in AHC's service area that are socially and economically disadvantaged or medically underserved, aligning with AHC's community-based mission, and having a measurable impact

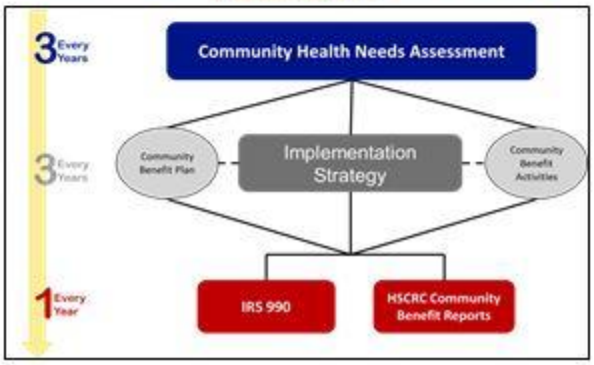
Community Health Needs Assessment Prioritization: 2017-2019

The prioritization of community health needs for the 2017-2019 time-frame was determined by SGMC's President's Council. The Council took the following factors into consideration: incidence and prevalence of the need in the community, presence and size of disparities, changes over time, alignment with county priority areas, existing resources and partnerships, needed resources and gaps, and potential for measurable and achievable outcomes. This prioritization will guide SGMC's planning, development and resource allocation for community benefit activities, including the Implementation Strategy, for 2017-2019.

Final Prioritization

1. Diabetes
2. Breast Cancer
3. Colorectal Cancer
4. Maternal/Child
5. Cardiovascular
6. Prostate Cancer
7. Flu
8. Housing
9. Obesity
10. Behavioral Health
11. Cervical Cancer
12. Lung Cancer
13. Food Access
14. Education
15. Asthma
16. Thyroid Cancer
17. HIV

AHC Community Benefit Implementation & Reporting Process Overview



b. **What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities?** *(Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process; additional positions may be added as necessary)*

i. Senior Leadership

1. **_X_CEO**
2. **_X_CFO**
3. **_X_Other (please specify:** President's Council; Community Partnership Fund Committee**)**

Describe the role of Senior Leadership
The senior leaders above, as well as the other members of the President's Council play a role in the community benefit planning for Shady Grove Medical Center. The President's Council, which includes the CEO, CFO, and several others, played a lead role in completing the prioritization process for the 2014-2016 CHNA as well as the 2017-2019 CHNA. For the 2017-2019 CHNA, the President's Council was presented with the key data findings. A sub-committee of the group then reviewed the data in more detail and completed the prioritization process for the hospital. This group, which included the CFO, CMO, and director of case management, will also be taking the lead in the hospital's implementation strategy development. In addition the CFO and director of case management are champions at the hospital for Community Benefit implementation and tracking and represent the hospital on AHC's Community Benefit Council. The CFO also works closely with finance to review and provide final approval of the financials spreadsheet that is submitted with this report.

ii. Clinical Leadership

1. **_X_Physician** (CMO)
2. **_X_Nurse** (Diabetes Outpatient Education Coordinator)
3. **___Social Worker**
4. **_X_Other (please specify:** Executive Director, Service Lines; Director of Case Management**)**

Describe the role of Clinical Leadership
The CMO, as mentioned above, played a critical role in the prioritization process for the 2017-2019 CHNA and will be a part of the team developing the subsequent Implementation Strategy. The Diabetes Outpatient Education Coordinator manages the execution of the diabetes programs in the community. She also plays a large role in the planning and evaluation of the program including identifying evidence-based methods and building community partnerships to better address the needs of the community. The Executive Director of Service Lines provides management and oversight of the lung cancer screening program both at a conceptual level as well as on the ground. The Director of Case Management assists with planning and implementation of community benefit activities and plays a large role in community building as well. In addition she serves on the AHC Community Benefit Council on behalf of Shady Grove Medical Center.

iii. Population Health Leadership and Staff

1. **_X_Population Health VP or equivalent (please list:** Sr. VP, Physician Networks & President, Adventist Medical Group**)**
2. **_X_Other population health staff (please list:** Director of Population Health Management**)**

Describe the role of population health leaders and staff in the community benefit process
The Sr. VP, Physician Networks & President, Adventist Medical Group is directly over the Center for Health Equity and Wellness which coordinates and manages AHC's community benefit efforts and reporting. He plays a large role in big picture community benefit planning including resource allocation and determining directions for community benefit investments. The Director of Population Health Management for AHC acts as a community benefit champion and is a member of AHC's Community Benefit Council.

iv. Community Benefit Operations

1. **_X_Individual (please specify FTE:** Project Manager, Community Benefit: .85FTE; Research Assistant: .5 FTE**)**
2. **_X_Committee (please list members:** Community Benefit Council & Community Partnership Fund Board. Members listed below for both.**)**
3. **_X_Department (please list staff:** Center for Health Equity & Wellness**)**
4. **___Task Force (please list members)**
5. **___Other (please describe)**

Briefly describe the role of each CB Operations member and their function within the hospital's CB activities planning and reporting process.
The Adventist HealthCare Center for Health Equity and Wellness coordinates the implementation and reporting of community benefit for the entire hospital system. This includes compliling the Community Health Needs Assessments and the annual Community Benefit Reports, as well as acting as the administrators for CBISA. The Center for Health Equity and Wellness also conducts a large number of community benefit initiatives including health education and screenings. This department includes the Project Manager, Community Benefit and the Research Assistant listed above. These individuals take the lead role in CHNA development, implementation strategy coordination with each of the hospitals, and community benefit reporting.

Adventist HealthCare has a Community Benefit Council with representatives from each of the 5 hospital entities in addition to key departments from the corporate office. The Council meets 4-6 times per year and takes part in the planning, execution, and monitoring of the community benefit activities taking place at their entities and across AHC. They also play a large role in the development of each hospital's CHNA, Implementation Strategy, and Community Benefit Reports. Members of the council include:

- Executive Director, Center for Health Equity and Wellness - CHAIR
- Project Manager for Community Benefit, Center for Health Equity and Wellness
- Director of Operations, Center for Health Equity and Wellness
- Research Assistant, Center for Health Equity and Wellness
- CFO, Shady Grove Medical Center
- Director of Case Management for SGMC and Washington Adventist
- Director of Population Health, Adventist HealthCare
- AVP, Rehabilitation at Adventist Rehabilitation
- Cultural Diversity Liaison at Adventist Rehabilitation

- Manager, Business Development at Behavioral Health and Wellness Rockville
- Project Accountant, Adventist HealthCare
- Senior Tax Accountant, Adventist HealthCare
- Financial Services Project Manager, Adventist HealthCare
- PR Marketing Coordinator, Adventist HealthCare

The Community Partnership Fund provides funding for organizations whose activities support the Adventist HealthCare Mission, especially those that have poort access to care and poor health outcomes. Funding priorities for the fund include:

- Activities that address a priority area of need identified in our hospitals' Community Health Needs Assessment
- Activities that target populations in Adventist HealthCare's service area that are socially and economically disadvantaged or medically underserved
- Activities that align with Adventist HealthCare's community-based mission
- Activities that have a measurable impact on the community being served

The Community Partnership Fund Board is in charge of setting funding priorities, managing application processes (application, selection, etc.), and reviewing funding requests. Members include:

- CEO, Adventist HealthCare
- Chief Development Officer
- Director of Public Policy
- President, Adventist Behavioral Health
- Executive Director, Center for Health Equity and Wellness
- Director of Operations, Center for Health Equity and Wellness
- Sr. VP/Chief HR Officer
- Vice President of Business Development
- Sr. VP/CQIO
- VP Public Relations/Marketing
- CMO, Shady Grove Medical Center
- VP, Mission Integration and Spiritual Care
- AVP, Rehabilitation

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

Spreadsheet	**__X__yes**	**_____no**
Narrative	**_____yes**	**__X__no**

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

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

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

Spreadsheet	**_____yes**	**__X__no**
Narrative	**_____yes**	**__X__no**

If no, please explain why.
The hospital's Board reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Adventist HealthCare Board of Trustees only meets twice per year so they have not yet had a chance to review this report, but they will review this Community Benefit report when they next meet in Q1 2017.

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:

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

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

Organization	Healthy Montgomery
Name of Key Collaborator	Healthy Montgomery Steering Committee Co-Chairs: • Mr. George Leventhal, Council Member, Montgomery County Council • Ms. Sharon London, Vice President, ICF International

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

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

_____yes __X__no

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

__X__yes _____no

Several Adventist HealthCare representatives take part in Healthy Montgomery. Marilyn Lynk, Executive Director of the Center for Health Equity and Wellness sits on the steering committee. Additional staff members also participate in committees such as the Community Health Needs Assessment Committee and the Chronic Disease Cluster planning group.

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

<u>For example</u>*: *for each principal initiative, provide the following:

a. 1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process

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

b. *Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/)*
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

c. *Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?*

d. *Total number of people reached by the initiative (how many people in the target population were served by the initiative)?*

e. *Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.*

f. *Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)*

g. *Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.*

h. *Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.*

   i. *What were the measurable results of the initiative?*

   ii. *For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.*

i. *Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.*

j. *Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?*

k. *Expense:*
A. what were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
B. of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III

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

Identified Need Was this identified through the CHNA process?	Across the state of Maryland, the number of people diagnosed with diabetes has grown from 6.8 percent in 2001[7] to 9.4 percent in 2012[8]. In Montgomery County, diabetes is the 6th leading cause of death[9] and affects 7 percent of the adult population. Among the adult population in Montgomery County, minority and elderly populations are affected disproportionately by diabetes. Nineteen percent of adults 65 and over have been diagnosed compared to 8.8 percent of 45 to 64 year olds, and 0.7 percent of 18 to 44 year olds (www.healthymontgomery.org). Among minority populations, Asians (9.3 percent) and Blacks (7.6 percent) experience higher incidence rates than non-Hispanic Whites (7.2 percent) and Hispanics (2.9 percent). In Montgomery County, the death rate due to diabetes is 12.5 per 100,000 population (www.healthymontgomery.org). Between 2005 and 2009, Blacks residents of Maryland experience a death rate 2.5 times that of Whites[10]. This need was identified prior to the CHNA, but was also reinforced in the current CHNA (2014-2016).
Hospital Initiative	Diabetes Education and Self-Management in the Community (targeted to the uninsured/underinsured)
Total Number of People Within the Target Population	Seven percent of adults in Montgomery County have been diagnosed with diabetes. Based on the U.S. Census Bureau 2015 population estimates, this includes approximately 54,435 adults in Montgomery County.
Total Number of People Reached by the Initiative Within the Target Population	**An exact count of unique individuals is not available for all of the activities below. When available, a unique individual is included in addition to encounters.** • 23 individuals attended a pre-diabetes class with 46 encounters • 19 individuals participated in a group medical appointment at Mobile Med • 257 encounters at the nutrition and cooking classes • 62 individuals attended the DSMP workshop with 186 encounters • 19 individuals participated in the Complete Health Improvement Program, with 114 encounters • 60 individuals were educated on and received a screening for BMI and/or body fat percentage with 120 encounters **Total Encounters: 742**
Primary	The primary objective of this initiative is to increase access to education and resources for

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

Objective of the Initiative	uninsured diabetic individuals in Montgomery County in order to increase confidence and skills in better managing and controlling their diabetes. Adventist HealthCare Shady Grove Medical Center (SGMC) has implemented a series of initiatives to improve diabetes control and management. These initiatives (outlined below) are offered free of charge and are targeted to individuals with pre-diabetes as well as diabetes. **Pre-Diabetes Classes:** SGMC's free pre-diabetes classes offer education on how to manage pre-diabetes and prevent type 2 diabetes in a two-class series. Each class in the two part series is approximately 2 hours in length. Classes are offered at SGMC every other month and are led by a Registered Nurse CDE (certified diabetes educator). **Mobile Med Shared Medical Appointments:** This program provides informal diabetes self-management education to individuals in a group medical appointment setting at Mobile Med in Rockville. Patients that would benefit from additional diabetes education and support are identified by Mobile Med physicians and invited to these sessions. SGMC's outpatient diabetes educator provides diabetes education to the group as they each take a turn visiting their health care provider. While information topics are pre-planned, the sessions are kept informal allowing for the discussion to be guided by participants' concerns and information needs. These sessions take place every other month, lasting from 1-2 hours depending on participant volume and needs. Each participant also receives a diabetes self-management guide developed by the American College of Physicians. **Eat Well for Health – Nutrition & Cooking Class:** These monthly hour long classes are designed for diabetes as well as cancer patients and survivors. Participants are able to learn how different foods affect their bodies and which ingredients can help support their health. Each class focuses on a different food group or theme and includes an educational session and Q&A led by a registered dietician followed by a cooking demonstration (and sampling) from Adventist HealthCare's executive chef. Each participant is provided with copies of the educational resources reviewed as well as the recipes demonstrated to take home with them. **Diabetes Self-Management Program (DSMP):** Developed by Stanford University, the DSMP is an evidence-based workshop that is designed to be highly interactive and build participants' skills and confidence in managing their chronic condition and maintaining a healthy and active life. One workshop takes place over six weeks and includes a total of six, 2.5 hour sessions held weekly. Each workshop is led by two trained instructors. A total of 25 experienced health educators at Adventist HealthCare have been trained to be DSMP instructors, 6 of which are able to provide the class in Spanish. **Complete Health Improvement Program (CHIP):** The Complete Health Improvement Program (CHIP) is a research-based, lifestyle enrichment program designed to reduce disease risk factors through the adoption of better health habits and lifestyle modifications. The goal of the program is to lower blood cholesterol, hypertension, and blood sugar level, as well as to reduce excess weight by improving dietary choices, enhancing daily exercise, increasing support systems, and decreasing stress. The 6 week program includes a total of 12 two-hour sessions held twice a week. **Community Health Screenings and Education:** Partnering with groups such as community centers, residence communities, schools, non-profit organizations, and faith-based

	organizations, among others, SGMC offers free body fat and BMI screenings in the community. These screenings are offered at various events, locations, and times. Screenings are conducted by health educators that provide each individual with an overview of their results and what they mean as well as a brief counseling session, if desired, to discuss health behaviors, lifestyle, and additional resources.
Single or Multi-Year Initiative Time Period	The pre-diabetes classes, mobile med shared medical appointments, eat well for your health cooking class, and the community screening are all multi-year initiatives. The Diabetes Self-Management Program was funded for November 2015 through July 2016 and has once again been funded December 2016-June 2017. However, SGMC anticipates continuing the program beyond that time frame.
Key Collaborators in Delivery of the Initiative	**Key collaborators involved in this initiative include:** • Mobile Med Rockville • Aquilino Cancer Center *(Eat Well for Health – Nutrition & Cooking Class)* • Sodexo *(Eat Well for Health – Nutrition & Cooking Class)* • Virginia Health Quality Center (VHQC) *(Diabetes Self-Management Program)* • Montgomery County Health & Human Services *(Diabetes Self-Management Program)* • Lifestyle Medicine Institute *(Complete Health Improvement Program - CHIP)*

Impact/Outcome of Hospital Initiative	**Pre-Diabetes Classes**
	• A total of six 2-session classes were held in 2016
	  ○ Classes took place in February, March, May, July, September, and November
	  ○ There were a total of 23 participants across the six classes
	• Class participants were asked to complete an evaluation and rank each of the following on a scale of 1 (strongly disagree) to 5 (strongly agree). Thirteen of the 23 participants completed evaluations, for which the results are as follows:
	  ○ The class objectives were met: 4.83
	  ○ The content was well organized: 4.85
	  ○ The class material was adequately covered: 4.75
	  ○ The class topics were relevant: 4.75
	  ○ The instructor was prepared for the class: 5.0
	  ○ The instructor demonstrated expertise in the subject matter: 5.0
	  ○ The instructor presented the material effectively: 5.0
	  ○ Overall, I was satisfied with the instructor: 5.0
	  ○ My knowledge and/or skills increased as a result of this class: 4.73
	  ○ Overall, I was satisfied with this class: 4.92
	
	Mobile Med Shared Medical Appointments
	• A total of four group medical appointment sessions were held in 2016
	  ○ Sessions took place in May, July, September, and November
	  ○ There were a total of 19 participants across the four sessions
	
	Eat Well for Health – Nutrition & Cooking Class
	• A total of 10 classes took place in 2016. Class topics and attendance are as follows:
	  ○ January: Eating Well in the New Year, 21 attendees
	  ○ February: Quick and Healthy Breakfast, 26 attendees
	  ○ March: National Nutrition Month – Savor the Flavor, 28 attendees

- April: Spring Fruits and Veggies at Local Farmers Markets, 22 attendees
- May: Celebrate Cinco de Mayo, 25 attendees
- June: Spice it up – Cooking with Herbs and Spices, 19 attendees
- July: A Healthy Cookout, 21 attendees
- August: Summer Bounty, 28 attendees
- September: Preparing Fall Produce, 28 attendees
- October: Cooking with Apples and their Nutritional Benefits, 17 attendees

Diabetes Self-Management Program (DSMP)

- Six experienced health educators at Adventist HealthCare participated in a 4 day training provided by VHQC in the summer of 2016 to be trained and certified as instructors of the DSMP. Four of these individuals are Spanish speakers and will be able to teach the class in Spanish.
- 8 staff members also attended an additional training in the fall. Stanford made updates to the program and materials. Instructors were therefore required to attend a one day training to be familiarized with the course changes in order to maintain their trainer certification.
- Six 6-week workshops were completed in 2016. The workshop took place at the Shady Grove Community Center, Rockville Senior Center, Gaithersburg Public Library, Ingelside at King Farm, Mid County Community Center, and White Oak Community Center.
  - 62 individuals attended the workshop, with a total of 257 encounters
  - Participant Demographics (approximately 51 of the 62 individuals provided demographic information):
    - Age Range: 47-94
    - Gender: 36 female, 15 male
    - Race: 38 White, 6 Black, 4 Asian, 3 American Indian/Alaskan Native
    - Ethnicity: 9 Hispanic, 43 Non-Hispanic
    - Health Insurance:
      - 15 Medicare only
      - 2 Medicaid only
      - 13 private insurance only
      - 8 Medicare and Medicaid
      - 13 Medicare and Private
    - Education:
      - 8^{th} grade or less: 3
      - High school diploma: 7
      - Some college/technical school: 10
      - College degree: 13
      - Graduate and/or professional degree: 17
    - Among the participants
      - 8 had prediabetes
      - 3 had Type 1 diabetes
      - 33 had Type 2 diabetes
      - 5 had no diabetes
      - 3 did not know if they had diabetes or not
  - Of the 62 participants, 24 completed the pre and post assessments and had the following outcomes:
    - 15 reported increase in fruit and vegetable consumption

	▪ 12 reported increase in exercise frequency ▪ 2 reported increase in blood sugar testing ▪ 11 reported increase in checking of feet **Complete Health Improvement Program (CHIP)** • A total of 12 two-hour sessions were held in May and June of 2016 o There were a total of 19 program participants • Outcomes for the program include: o Average weight loss of 5.6 pounds. The group as a whole lost 106.6 pounds. o Average decrease of 6.53 in systolic and 6 in diastolic blood pressure. o Average decrease of 1.12 in BMI. o Average decrease of 1.2 inches in waist circumference. The group as a whole lost 22.85 inches in waist circumference. o Average decrease of 1.46 inches in hip circumference. The group as a whole lost 27.7 inches from the hip. o Average drop of 0.12 in A1C scores. o Average drop of 11.12 mg/dl in cholesterol. o Among the 11 participants, each logged an average of 325,172 steps. The group as a whole logged 5,202,753 steps. • Class participants were asked to complete an evaluation and rank each of the following on a scale of 1 (strongly disagree) to 5 (strongly agree). Eighteen of the 19 participants completed evaluations, for which the results are as follows: o Learning life-changing material from course: 4.83 o Usefulness of item in their CHIP kits: 4.94 o Effectiveness of program in expanding knowledge of chronic health issues: 4.88 **Community Health Screenings and Education** • Within SGMC's service area, the following screenings and corresponding health education were provided between January and mid-November: o Body Mass Index: 60 ▪ Underweight: 1.67% ▪ Normal: 35% ▪ Overweight: 35% ▪ Obese: 21.67% o Body Composition/Body Fat Percentage: 60 ▪ Low: 1.67% ▪ Normal: 23.33% ▪ High: 35% ▪ Very High: 26.67%
Evaluation of Outcomes	According to Maryland SHIP indicators, Montgomery County emergency department visit rates due to diabetes have increased from 86.8 per 100,000 in 2010 to 95.0 per 100,000 in 2014, reaching as high as 102.8 per 100,000 in 2013. These county-wide rates are significantly lower than the SHIP 2017 target, 186.3 ED visits per 100,000. However, among black residents in the county, the ED visit rates due to diabetes have increased from 207.1 per 100,000 in 2010 to 230.6 per 100,000 in 2014, with a high of 245 per 100,000 in 2013. These rates are much higher than the SHIP 2017 target. The diabetes initiative at SGMC has targeted high risk populations to better educate them about managing their diabetes and, in turn, reducing the high ED visit rates.

Continuation of Initiative	Each of the programs described above as part of this initiative will be continuing into 2017.	
A. Total Cost of Initiative for Current Calendar Year B. What amount is from Restricted Grants/ Direct offsetting revenue	**A. Total Cost of Initiative** **Pre-Diabetes Classes Total Estimated Costs: $1,568.31** • Staff time: $1,508.32 • Materials (Informational booklets, handouts, folders): $59.99 **Mobile Med Shared Medical Appointments Total Estimated Costs: $361.71** • Staff time: $318.96 • Materials (low-literacy informational booklets): $42.75 **Eat Well for Health Nutrition & Cooking Class Total Estimated Costs: $4,590** • Staff time (nutritionist & diabetes educator): $3,150 • Chef (time and food): $1,440 **Diabetes Self-Management Program Total Estimated Costs: $17,391.46** • Instructor Staff Time (Class instruction and prep time): $11,234.68 • Instructor Training, Staff Time (4 day training for 6 staff members): $3,184 • Instructor Update Training, Staff Time (1 day training for 8 staff members): $1,503.46 • Travel:$ 103.59 • Textbook: $750.90 • Incentives: $199.88 • Materials (markers, poster board, name tags, etc.): $204.89 • Refreshments: $210.06 **CHIP Total Estimated Costs: $11,408.49** • Staff Time: $4,455.68 • Program Materials (CHIP Took Kits): $5,098 • Program Materials (Pedometers and Incentives): $95.38 • Food: $1,734.20 • Teaching Aids: $25.23	**B. Direct offsetting revenue from Restricted Grants** **Pre-Diabetes Classes: $0.00** **Mobile Med Shared Medical Appointments: $0.00** **Eat Well for your Health: $0.00** **Diabetes Self-Management Program: $13,316.73** • Grant from Montgomery County Health & Human Services **CHIP: $12,627.81** • Grant from Montgomery County Health & Human Services **Community Health Screenings and Education: $0.00**

	Community Health Screenings and Education Total Estimated Costs: $1,000 • Staff time: $1,000	

Table III
Initiative: Breast Cancer Screening and Support Program

Identified Need Was this identified through the CHNA process?	Breast cancer is the leading cause of cancer death for women in the United States, with 1 in 8 women developing breast cancer at some point in their lifetime and about 1 in 36 dying from it[11]. Age, genetic disposition, obesity, and alcohol use are risk factors for breast cancer. The rates have declined in the past two decades due to early detection and advanced treatment. In Montgomery County, the breast cancer incidence rate is 128.8 per 100,000 women[12]. The breast cancer incidence rates for White and Black Montgomery County residents are the same (130.2 per 100,000 females)[2]. However, a disproportionately high breast cancer death rate exists in the African American population. The Black age-adjusted breast cancer death rate is 23.1 per 100,000, which is much higher than the White rate of 18.5[1]. Lack of medical coverage, late detection and screening, and unequal access to advanced cancer treatments may contribute to the lower survival rates for African American women[13]. Lack of health insurance is the main barrier to breast cancer screening in the United States[14]. The need was identified prior to the CHNA but supported by the 2013 CHNA findings.
Hospital Initiative	Adventist HealthCare Shady Grove Medical Center Breast Cancer Screening & Support Program
Total Number of People Within the Target Population	According to the U.S. Census, Montgomery County has a population of 270,619 females over the age of 40. The Breast Cancer Screening and Support Program specifically targeted women who were underinsured or uninsured within this population.
Total Number of People Reached by the Initiative Within the Target Population	An exact count of unique individuals across all of the programs listed below is unknown. Where available, unique individuals are listed below in addition to encounters. • 681 screening and diagnostic services were provided to 590 unique individuals through the Breast Cancer Screening Program. • 34 encounters at the Breast Cancer Support group • 13 individuals participated in Look Good, Feel Better **Total People Reached:** 637+ **Total Encounters:** 728
Primary Objective of the Initiative	The primary objectives of the initiative are: • To implement strategies that address breast cancer needs in the uninsured or underinsured population served by Adventist HealthCare Shady Grove Medical Center. • To reduce the incidence, prevalence, and mortality rates of breast cancer in Montgomery County by increasing access to preventive breast care and follow-up treatment for uninsured or underinsured women over 40. • To decrease the intervals between screening, diagnosis and treatment through cancer

[11] Healthy Montgomery. (2015). Age-Adjusted Death Rate due to Breast Cancer. Retrieved from http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=18904705
[12] Healthy Montgomery. (2015). Breast Cancer Incidence Rate. Retrieved from http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=18855415
[13] National Cancer Institute. (2008). Cancer Health Disparities. Retrieved from http://www.cancer.gov/about-nci/organization/crchd/cancer-health-disparities-fact-sheet#q6
[14] Susan G. Komen Foundation. (2015). Disparities in breast cancer screening. Retrieved from http://ww5.komen.org/BreastCancer/DisparitiesInBreastCancerScreening.html

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

Impact/Outcome of Hospital Initiative	**Breast Cancer Screening Program (January-December 7, 2016)**
	• A total of 681 breast cancer screening and diagnostic services were provided for 590 individuals
	  ○ Screening Mammograms: 539
	  ○ Diagnostic Services including Mammograms and Sonograms: 142
	• Demographics:
	  ○ Age
	  ▪ <40: 0.3%

	▪ 40-49: 41.2% ▪ 50-64: 47.2% ▪ 65 and over: 11.3% ○ Race ▪ White: 5% ▪ Black: 17.8% ▪ Asian: 14% ▪ American Indian/Alaska Native: 0% ▪ Other: 62.9% ▪ Unknown: 0.3% ○ Ethnicity ▪ Hispanic: 63.78% ▪ Non-Hispanic: 36.22% • Time to Follow-Up: Screening to Diagnostic Mammogram (January-September 2016) ○ The screening to diagnostic mammogram patient call back time frame has been on a downward trend for the year, ranging from a high of 51 days in January to a low of 22 days in April. ○ Monthly Average: 31.3 days (compared to 37.8 days in 2015) ○ While the numbers have been improving consistently, SGMC continues to work toward the American Society of Clinical Oncology standard of 15 days followed by "world class" status which is reached at 5 days. **Breast Cancer Support Group** • A total of 7 breast cancer support group sessions were held thus far in 2016. Sessions took place in February, March, April, May, June, July and September. • There were a total of 34 encounters at the support group. **Look Good, Feel Better** • Look Good, Feel Better was held 5 times in 2015. • There were a total of 13 participants for the year.
Evaluation of Outcomes	Healthy People 2020 set a target of 20.7 deaths per 100,000 females[15] for breast cancer. Montgomery County has not met this target, with a mortality rate of 22.6 per 100,000. According to the National Cancer Institute, recent trends show breast cancer rates in Montgomery County to be stable. The Breast Cancer Screening and Support Program at SGMC has been targeting specific populations with health care access barriers and providing them with the necessary screenings and diagnostic services. Additionally, the breast cancer initiative at SGMC has been navigating the patients in their cancer screening, diagnosis and follow-up processes in order to lower the call back rate to the 15-day standard set by the American Society of Clinical Oncology.
Continuation of Initiative	Yes, the program will continue into 2017. The need remains and positive results have been seen. • Despite the Affordable Care Act, referrals for the Breast Cancer Screening Program have remained relatively consistent over the past three years. • With additional patient navigation efforts put into place, a significant decrease in time to follow-up has been seen among screening participants. Processes have also been changed

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

	to improve follow-up time. At each initial appointment, WCCP applications are completed for the participant so that follow-up is not delayed if needed. If no follow-up is required, the application is disposed of. In 2016, a Process Improvement project using the Baldrige model was initiated in order to continue to decrease follow-up time for patients.	
C. Total Cost of Initiative for Current Calendar Year D. What amount is from Restricted Grants/ Direct offsetting revenue	**C. Total Cost of Initiative** **Breast Cancer Screening Program Total Estimated Costs (January-November 2016):** $218,871.06 • Staff Time (program coordination and administration; patient navigation): $68,520.84 • Program Intern: $600 • Mammography Tech: $29,466.66 • Mammography Screening and Diagnostic Services: $120,283.56 **Breast Cancer Support Group Total Estimated Costs:** • Staff time: $215 **Look Good Feel Better Total Estimated Costs: $243.75** • Staff Time: $243.75	**D. Direct offsetting revenue from Restricted Grants** **Breast Cancer Screening Program (January-November 2016):** $75,718 • Grant Funding and reimbursements from Avon, Montgomery County Cigarette Restitution Fund, and the Primary Care Coalition **Breast Cancer Support Group: $0.00** **Look Good Feel Better: $0.00**

Table III
Initiative: Parent Education Programs

Identified Need Was this identified through the CHNA process?	Infant Mortality – The Maryland SHIP 2017 target is to reduce the infant mortality rate in Maryland to 6.3 deaths per 1,000 live births. The Healthy People 2020 infant mortality target rate is 6 deaths per 1,000 live births. Montgomery County exceeds both these goals by far, with an infant mortality rate of 4.8 deaths per 1,000 live births. Although the overall infant mortality rate in Montgomery County is relatively low, a disproportionately high rate exists in the African American population. The Black, non-Hispanic infant mortality rate is 7.8, almost twice the Hispanic and non-Hispanic White rates (both 4.4 per 1,000)[16]. Breastfeeding – According to the World Health Organization, exclusive breastfeeding reduces infant mortality caused by childhood illnesses and assists faster recovery during illness[17]. Despite these recommendations, breastfeeding remains low in the Black community. In 2008, the percentage of Black babies who were ever breastfed was 59%, which is significantly lower than the 75.2% of White babies and 80% of Hispanic babies[18]. In 2011, the exclusive breastfeeding rate at 3 months was 43.6% for all of Maryland[19]. The need was identified prior to the CHNA but supported by the 2013 CHNA findings.
Hospital Initiative	Adventist HealthCare Shady Grove Medical Center Parent Education
Total Number of People Within the Target Population	Adventist HealthCare Shady Grove Medical Center primarily serves Montgomery County, which has a population of 204,825 women of childbearing age (15 to 44 years old)[20].
Total Number of People Reached by the Initiative Within the Target Population	An exact count of unique individuals across all of the programs listed below is unknown. Where available, unique individuals are listed below in addition to encounters. • 582 encounters at B.E.S.T. support group sessions • 1149 encounters at Discovering Motherhood support group sessions • 31 encounters at Black Mothers Breastfeeding Club meetings • 455 individuals and 605 encounters on the Warm Line • 17 individuals and 95 encounters at the perinatal loss support group **Total encounters: 2,462**
Primary Objective of the Initiative	Adventist HealthCare Shady Grove Medical Center has implemented programs to address the maternal and child health needs of the community it serves by providing education, support, and resources to mothers and families.

[16] Healthy Montgomery. (2016). Infant Mortality Rate. Retrieved from http://www.healthymontgomery.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=65
[17] World Health Organization. (2016). Nutrition. Retrieved from http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/
[18] Centers for Disease Control and Prevention. (2013). Morbidity and Mortality Weekly Report. Progress in Increasing Breastfeeding and Reducing Racial/Ethnic Differences – United States, 200-2008 Births. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6205a1.htm
[19] Centers for Disease Control and Prevention (2014). *Breastfeeding Report Card.* https://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf
[20] U.S. Census Bureau, 2015 American Community Survey 1-Year Estimates

	The primary objectives of the initiative are to: • continue employing strategies that address maternal child health needs, particularly around breastfeeding and infant mortality, in the population served by Shady Grove Medical Center • increase access to breastfeeding support programs and services for mothers in Montgomery County • reduce infant mortality rate disparities in Montgomery County, particularly among the Black population **Breastfeeding Education, Support & Togetherness (B.E.S.T.):** Through the B.E.S.T. program, Adventist HealthCare Shady Grove Medical Center provides a professionally-led support group for mothers to get information and support for initiating and continuing breastfeeding for six months or longer, as well as assistance with the challenges new mothers face. **Discovering Motherhood:** Through the Discovering Motherhood program, Adventist HealthCare Shady Grove Medical Center provides a free, weekly postpartum support group for mothers with babies under 9 months of age to learn about age-appropriate play, safety and child-proofing the home, nutrition, and coping with the challenges of parenting. **Black Mothers' Breastfeeding Club:** Through the Black Mothers' Breastfeeding Club, Adventist HealthCare Shady Grove Medical Center and Washington Adventist Hospital provide a monthly community-based, peer-led, and culturally-tailored support group for expecting and new Black/African-American mothers in order to promote breastfeeding in the Black communities of Montgomery and Prince George's counties. At each meeting participants are provided with a hot meal and have the opportunity to win door prizes. Children and partners are welcome to attend. **Warm Line:** Through the Warm Line, Adventist HealthCare Shady Grove Medical Center and Washington Adventist Hospital provide telephone assistance for breastfeeding questions and concerns, as well as evidence-based information for breastfeeding mothers and families. The Warm Line is staffed by an IBCLC (International Board Certified Lactation Consultant) and is available 7 days a week/365 days a year at (240) 826-6667. **Perinatal Loss Group:** Families that have experienced the loss of a baby during pregnancy or infancy can enroll in the Perinatal Loss Group, a free six-week support program at Adventist HealthCare Shady Grove Medical Center. The group is led by a Registered Nurse/Doula, who is an experienced bereavement specialist for perinatal and infant death.
Single or Multi-Year Initiative Time Period	B.E.S.T., Discovering Motherhood, and the Warm Line are all ongoing multi-year initiatives. The Perinatal Loss Support Group was a new program developed in 2015 and will be ongoing. Black Mother's Breastfeeding Club was a one-year initiative beginning April 2015 and ending May 2016.
Key Collaborators in Delivery of the Initiative	**Key partners involved in the outreach for, and implementation of, this initiative include:** • Montgomery County Health Department • Black Mother's Breastfeeding Association (BMBFA) • The National Association of County and City Health Officials (NACCHO)

Impact/Outcome of Hospital Initiative	**B.E.S.T.**
	B.E.S.T. is held for 1.5 hours on a weekly basis. From January through the first week of December, B.E.S.T. was held 43 times with an average of 14 participants (mothers and babies) at each session. There have been a total of 582 encounters for the year thus far.
	• B.E.S.T. program started tracking breastfeeding status at 3 months in order to see if it was meeting the Healthy People 2020 exclusive breastfeeding target of 42.6%.
	  ○ A total of 83 mothers were contacted three months after they started attending B.E.S.T. Only 58 responded with their breastfeeding status.
	  ▪ Exclusively breastfeeding: 58.62% (34)
	  ▪ Breast milk and formula: 34.48% (20)
	  ▪ Not breastfeeding at all: 6.9% (4)
	
	Discovering Motherhood
	Discovering Motherhood is held for approximately 2 hours on a weekly basis. From January through November, Discovering Motherhood was held 38 times with an average of 30 participants (mothers and babies) at each session. There have been a total of 1,149 encounters for the year thus far.
	
	BMBFC*
	• Each Black Mother's Breastfeeding Club meeting is held for approximately 2 hours. There have been a total of 5 group meetings in 2016.
	• There have been a total 31 encounters.
	
	Warm Line*
	A total of 455 individuals have called into the warm line and received breastfeeding support from January through December 8, 2016. There have been a total of 605 calls/encounters.
	
	Perinatal Loss Group
	The Perinatal Loss Group completed three 6-week sessions in 2016. Attendees included mothers, fathers, and maternal grandmothers. The groups have had from 2 to 7 mothers enrolled in the program at once.
	
	*****_BMBFC and the Warm Line are AHC programs that are a joint effort between Shady Grove Medical Center and Washington Adventist Hospital. The description and outcomes for these programs have been listed on the reports for both hospitals. The costs and offsetting revenue for these programs have been split accordingly between the two reports._

Evaluation of Outcomes	Maryland SHIP measures show infant death rates among Blacks in Montgomery have fluctuated in recent years, going from 7.2 per 1,000 in 2010 to 10.4 per 1,000 in 2011 to 9.9 per 1,000 in 2013 to 7.8 per 1,000 in 2014. The SHIP indicators also show that approximately 11.3% of Black residents in Montgomery County have babies with low birth weight, a rate much higher than their racial counterparts. The Parent Education initiatives at Adventist HealthCare Shady Grove Medical Center have been working towards meeting the infant mortality SHIP target of 6.3 per 1,000 and the babies with low birth weight SHIP goal of 8% by targeting the specific populations most affected.
Continuation of Initiative	B.E.S.T., Discovering Motherhood, the Warm Line, and the Perinatal Loss Support group will all be continuing into 2017. The Black Mother's Breastfeeding Club concluded in May 2016 and will not be continued.

E. Total Cost of Initiative for Current Calendar Year F. What amount is from Restricted Grants/ Direct offsetting revenue	**E. Total Cost of Initiative** **BEST Total Estimated Costs: $7,313** • Instructor Time: $4,505.00 • Staff Coordination & Administrative Time: $2,808 **Discovering Motherhood Total Estimated Costs: $6,228** • Instructor Time: $3,420 • Staff Coordination & Administrative Time: $2,808 **Black Mother's Breast Feeding Club Total Estimated Costs: $2,953.64** • Staff time: $1,815 • Supplies and Catering: $1,138.64 **Warm Line Total Estimated Costs: $4,701.05** • Staff Time: $4,701.05 **Perinatal Loss Support Group Total Estimated Costs: $760.00** • Instructor Time: $760.00	**F. Direct offsetting revenue from Restricted Grants** **BEST: $0.00** **Discovering Motherhood: $0.00** **Black Mother's Breastfeeding Club: $2,131.50** • Grant from NACCHO **Warm Line: $0.00** **Perinatal Loss: $0.00**

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
Cancer: Lung, Prostate, Cervical, Skin, Oral, Thyroid	**Lung Cancer –** The incidence rate for lung cancer in Montgomery County is 35.4 per 100,000 population. The rate among the Asian population is 27.9 per 100,000. Among patients seen at Shady Grove Medical Center, the Asian patient population had a high lung cancer incidence rate of 9.9 percent. **Prostate Cancer** – mortality rate in Montgomery County is 46% higher than the Maryland rate; 61.39% more black men died of prostate cancer than white men. **Cervical Cancer** – incidence rate is greatest among Hispanic women (7.7 per 100,000), compared to black women (6.6 per 100,000) or white women (4.5 per 100,000) in Montgomery County. **Skin Cancer –** White men show the greatest disparity in both incidence and mortality rates compare to the Montgomery County average. **Oral Cancer** – Montgomery County's incidence rate is the second lowest among Maryland's counties. **Thyroid Cancer** – Montgomery County has the third highest incidence rates for thyroid cancer in Maryland.	Provide screenings and educational lectures to target populations as well as education to the community at health fairs and various community locations.	**Lung Cancer -** Adventist HealthCare Shady Grove Medical Center identified lung cancer among the Asian patient population as an area that needed to be addressed in the 2014-2016 CHNA. In previous years, screenings events were held quarterly for CT lung screenings. However, in 2016, in order to increase access, SGMC worked to increase awareness among local area physicians and provided them with script pads in order to refer patients to the Lung Cancer Screening program. This initiative will not be continuing into 2017. **Colorectal –** SGMC works with the Montgomery County Cancer Crusade to provide free colon cancer screenings to uninsured and underinsured individuals 50 years of age or older. **Cancer Overall –** Our cancer outreach team works with community organizations such as housing units, community centers and faith based organizations to provide cancer education. This may include presentations, demonstrations and screenings such as carbon	**Lung –** Tracking number of physicians reached out to and number of physicians providing patients with referrals **Colorectal –** Tracking referrals for screenings made by SGMC **Cancer Overall –** Tracking numbers of presentations and demonstrations as well as encounters. Tracking Carbon Monoxide screenings and health education counseling sessions.

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

Heart Disease and Stroke	**Heart Disease –** Heart disease was ranked as number one cause of death in U.S. by the CDC. Although on the decline in Maryland and Montgomery County due to improvements in treatment, it remains the leading cause of death in the County, killing blacks (123.4 per 100,000) at a higher rate than whites (114 per 100,000).
	Stroke – One of the top five leading causes of death in the U.S. and the 3rd leading cause of death in Montgomery County. Mortality rates in Montgomery County have met the HP 2020 target, but health disparities between racial/ethnic groups persist. Black residents have the highest stroke death rate in the County at 27.96/100,000 compared to whites at 24.7, Asian/Pacific Islanders at 22.4, and Hispanics at 20.8.
		To emphasize the prevention of heart disease through risk factor identification and management by:
		• Providing strong cardiovascular community outreach by including the following screenings: blood pressure, glucose and A1C.
		• Providing free cardiovascular educational materials, blood pressure screenings and body composition screenings (BMI, weight, % body fat, % muscle) at health fairs, churches, senior and community centers around the County.
			Adventist HealthCare Shady Grove Medical Center will continue to hold its annual "Love Your Sweetheart" screening event to provide free screenings to community members for: blood pressure, cholesterol, glucose, waist circumference, BMI, body composition, and sleep apnea, as well as 1:1 counseling with a clinician. Adventist HealthCare Shady Grove Medical Center will continue offering Lipid Profile, Vertical Auto Profile, Homocysteine, HsCRP, blood pressure, glucose and A1C screenings, as well as providing free educational lectures to the community. Adventist HealthCare Shady Grove Medical Center will continue its "Healthy Choices Program" in Damascus to provide women of low socio-economic status information and support to assist them in making healthier choices for themselves and their children.	Track and analyze numbers of screenings and findings from screenings. Track the number of participants encountered and educated through community outreach.
				
				Community Heart Health Screenings
				In addition, Adventist HealthCare SGMC provides thousands of free heart health screenings at over 200 community events/activities each year. Heart health screenings include:
				• Blood pressure
				• Body composition
				  ○ Body mass index
				  ○ Body fat analysis
				
				824 blood pressure screenings were completed and the results are as follows:
				• Normal readings:
				  ○ 25.73% (212) systolic
				  ○ 79.73% (657) diastolic
				• Prehypertension range:
				  ○ 43.81% (361) systolic
				  ○ 14.32% (118) diastolic
				• Stage 1 hypertension:
				  ○ 24.64% (203) systolic
				  ○ 5.34% (44) diastolic
				• Stage 2 hypertension:
				  ○ 4.49% (37) systolic
				  ○ 0% (0) diastolic
				• Hypertensive crisis:

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
				○ 0.85% (7) systolic ○ 0.12% (1) diastolic 60 BMI screenings were completed: • Underweight: 1.67% (1) • Normal: 35% (21) • Overweight: 35% (21) • Obese: 21.67% (13) • Unknown: 6.67% (4) 60 body fat percentage screenings were completed: • Low body fat: 1.67% (1) • Normal body fat: 23.33% (14) • High body fat: 35% (21) • Very high body fat: 26.67% (16) • Unknown: 13.33% (8)
Obesity	According to Healthy Montgomery, 20.3% of Montgomery County resident adults are either overweight or obese, with Blacks (27.2%) and Hispanics (18.8%) being disproportionately more obese than their racial counterparts. Twenty percent of high school students in Montgomery County are overweight, with Hispanic (29.7%) and Black (25.8%) teens being overweight at higher rates than other	Provide both individual (1:1) and group nutrition counseling, and health education related to exercise and nutrition to the community at a variety of community locations.	Provide 1:1 health education and group presentations about healthy nutrition and the importance of exercise at health fairs, senior and community centers, and faith-based organizations. Continue implementing the "Healthy Choices Program" for low-income women. Provide affordable individual nutrition counseling to the community.	Track the number of participants encountered and educated through community outreach. Monitor rates of obesity and overweight at the county level. **Community Weight Related Screenings** In addition, Adventist HealthCare Shady Grove Medical Center provides thousands of free weight related screenings at over 200 community events/activities each year. Relevant screenings include: • Body mass index • Body composition

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
	races/ethnicities.			*(See Heart Disease and Stroke above for outcomes)*
Influenza	Influenza activity level across Maryland for the 2016 flu season was minimal. Historically, the rate of ED visits due to immunization-preventable pneumonia and influenza in Montgomery County is much higher among younger adults (18-24 years old) and Blacks than among any other adult age or racial group.	Provide influenza vaccinations to the community throughout the fall flu season in a variety of locations, including locations that have elderly adults with limited mobility (e.g. senior living facilities and housing).	Continue to provide low cost flu shot clinics throughout Montgomery County to children, adults and seniors at community centers, senior centers, faith-based organizations, the hospital, and subsidized apartment complexes. Adventist HealthCare Shady Grove Medical Center will continue its partnership with WTOP radio to provide hundreds of free flu shots to the community at large.	Document and track the number of influenza vaccinations provided to community members, and analyze provision of vaccine by variables such as age, ZIP code, and insurance or payment type. Adventist HealthCare Shady Grove Medical Center's "Help Stop the Flu" initiative aims to provide flu vaccines for community members in various easily accessible locations including: senior centers, low-income and senior apartment complexes, and faith-based communities, as well as the hospital. In addition to the flu shots themselves, we also provide health education on cold and flu prevention to community members.

Adventist HealthCare Shady Grove Medical Center's Additional Community Programs addressing Identified Community Health Needs				
Focus Area	**CHNA Findings***	**Goal**	**Action**	**Evaluation of Outcomes**
Senior Health	According to the Maryland Department of Aging, the percentage of Maryland residents over the age of 60 is expected to increase from 18.6% in 2010 to 25.8% by 2030. In Montgomery County, 6.7% of seniors live below the poverty level, with higher percentages among minority seniors (especially Asians, Hispanics, and those who identify as other races) and women.	Continue to provide community health outreach programs, education and health screenings to seniors at a variety of locations in the community served by Adventist HealthCare Shady Grove Medical Center.	Adventist HealthCare Shady Grove Medical Center offers community health programs for seniors at: Damascus Senior Center, Gaithersburg Up-County Senior Center, Rockville Senior Center, as well as numerous subsidized senior apartment complexes. Adventist HealthCare Shady Grove Medical Center's community health education and outreach to seniors covers a variety of topics such as: heart health, cholesterol screenings, blood pressure screenings, healthy nutrition, summer safety, disease prevention, cancer screening education, brain health, osteoporosis screenings and bone health, flu and pneumonia shots, education on the importance of exercise, lay person CPR and Basic First Aid instruction.	Track the number of participants encountered and educated through community outreach. Continue to monitor and assess senior health status in Montgomery County to assure needs are being met and addressed. **Monthly Blood Pressure Screenings** Free monthly blood pressure screenings are offered at various sites in the community such as: • Damascus Senior Center • Gaithersburg Up-County Senior Center • Rockville Senior Center • Forest Oak Tower Apartments • Londonderry Apartments • Westfield Montgomery Mall • Adventist HealthCare Shady Grove Medical Center

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

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
Asthma	Montgomery County has lower asthma prevalence (9.9%) than the state (13.5%). Blacks have the highest incidence rate of asthma compared to other racial groups. Montgomery County also has a lower ER rate due to asthma (17.4 per 10,000) than the state (68.3 per 10,000). Those who identify as American Indian/Alaskan Native have the highest ER utilization rates.	Provide community members with resources on asthma through community outreach.	Montgomery County has established The Asthma Management Program, which focuses on reaching out to Latino Children. This program provides education, support and follow-up care. Additionally, the following organizations provide the community with asthma resources: American Lung Association of Maryland, Asthma and Allergy Foundation of America (Maryland Chapter), and the Maryland Asthma Control Program.	Adventist HealthCare Shady Grove Medical Center does not currently provide community outreach and educational programs specifically for asthma because asthma prevalence and rates of ED visits in Montgomery County are below rates statewide, and because there are other asthma resources available in the County. Adventist HealthCare Shady Grove Medical Center will continue to monitor trends in asthma to determine whether future reallocation of resources is needed to provide asthma-related community programs.
HIV/AIDS	Montgomery County has lower HIV/AIDS incidence rates (21.9 per 100,000) than the state (24.6 per 100,000). Blacks are disproportionately burdened by HIV/AIDS.	Continue to support other organizations that provide services related to HIV and AIDS.	Treatment and support of those with HIV or AIDS is provided by both private and public health care providers. The safety net clinics serving Montgomery County provide diagnostic services and	Adventist HealthCare Shady Grove Medical Center does not currently provide community outreach and educational programs for HIV/AIDS due to limited financial resources.

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			treatment. Montgomery County Health Department provides HIV Case Management (including dental care, counseling, support groups, home care services, education and outreach to at-risk populations), clinical services, lab tests, and diagnostic evaluations. Maryland AIDS Administration educates public and health care professionals.	Adventist HealthCare's Center on Health Disparities led an initiative called Project BEAT IT! (Becoming Empowered Africans Through Improved Treatment of type 2 diabetes, HIV/AIDS, and hepatitis B), which was a grant-funded initiative from U.S. DHHS Office of Minority Health that provided culturally appropriate health education classes to health care providers and the African immigrant community to improve health outcomes related to these chronic and infectious diseases. The 20-month grant funded project ended in September 2013.
Behavioral Health	In Montgomery County, 10.5 percent of the adult residents have been diagnosed with an anxiety disorder and nearly 15 percent have been diagnosed with a depressive disorder. Among the youth, 12-17 year olds, 10.6% were diagnosed with major depressive episodes.	Continue to provide behavioral health referrals to Adventist Behavioral Health, whose main hospital campus is next to the campus of Adventist HealthCare Shady Grove Medical Center.	Four hospitals in Montgomery County provide inpatient/outpatient behavioral health care: Adventist Behavioral Health, MedStar Montgomery, Suburban Hospital, and Washington Adventist Hospital. In addition to private health care providers, there is	Adventist HealthCare Shady Grove Medical Center does not provide behavioral health services because these services are already provided by the neighboring specialty care hospital within its hospital system, Adventist HealthCare Behavioral Health and

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
			an array of additional behavioral health services: Montgomery County Crisis Center, Reginald S. Lourie Center for Infants and Young Children, Children's National Medical Center – partial hospitalization programs, Psychiatric Rehabilitation Programs for Children, Affiliated Community Counselors Inc., Anxiety and Depression Association of America, Access Team, City of Rockville Youth and Family Services, Community Connections, Mental Health Association, and National Alliance on Mental Illness (NAMI).	Wellness Services. In addition to Adventist HealthCare Behavioral Health and Wellness Services, there are many organizations that provide behavioral health services within the Adventist HealthCare Shady Grove Medical Center service area.
Social Determinants of Health • Food Access • Housing Quality • Education • Transportation	**Food Access** – Montgomery County performs better than state and national baselines with regard to food deserts. **Housing Quality** – 51.6 percent of renters in Montgomery County spend 30% or more of household income on rent. In 2016, an annual survey found there were 981 homeless people in Montgomery County	Partner with and support other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.	**Food Access** – Adventist HealthCare Shady Grove Medical Center *supports the Meals on Wheels Program and the City of Rockville's annual Holiday Food Drive.* **Housing Quality** – Adventist HealthCare Shady Grove Medical Center *supports* and partners with a local non-profit organization called Interfaith Works, which provided shelter	Adventist HealthCare Shady Grove Medical Center does not directly address many of the social determinants of health because those are not specialty areas of the hospital and Adventist HealthCare Shady Grove Medical Center does not have the resources or expertise to meet many of these needs. Instead, Adventist HealthCare Shady

Areas of Need Not Directly Addressed by Adventist HealthCare Shady Grove Medical Center & Rationale				
Topic Area	**CHNA Findings***	**Goal**	**Resources**	**Rationale**
	Education – The percentage of children who enter kindergarten ready to learn in Montgomery County (81%) is lower than the state of Maryland baseline (83%). **Transportation** – Montgomery County ranks in the top quartile of longest commute times among all U.S. counties. The rate of pedestrian injuries on public roads in Montgomery County (41.3/100,000) is lower than that of the state (42.5/100,000) but remains higher than the SHIP 2017 target of 35.6/100,000 population.		to 824 homeless men, women, and children, while providing 13,073 income-qualified residents with free clothing and household goods in 2014 alone. Additionally, the Montgomery County Coalition for the Homeless has shelters and emergency housing as well as programs to provide permanent housing for families. This organization also assists with applying for Medicaid, food stamps, and other entitlement programs, as well as transportation, education completion, and vocational assistance. **Education** – Local community colleges offer low-cost higher education opportunities. The Interagency Coalition to Prevent Adolescent Pregnancy works to reduce teen pregnancy – a common reason teenagers drop out of school. **Transportation** – For community members relying on public transportation, there is a Ride On bus stop located right next to Adventist	Grove Medical Center partners with and support other organizations in the community that specialize in addressing needs related to food access, housing quality, education, transportation, and other social determinants of health.

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

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health?

The State's initiatives for improvement in population health include efforts to integrate medical care with community-based resources, a framework and measures (with targets) in distinct focus areas to continue to promote optimal health for all Maryland residents, promoting programs that enhance patient care and population health, and efforts to expand access to health care in underserved communities. Also, in the context of the State's unique all-payer rate setting model, hospitals are tasked with improving quality, including decreasing 30-day readmissions. Shady Grove Medical Center's community benefit operations/activities are aligned with many of these initiatives. For example, in efforts to reduce cancer-related mortality and survival, SGMC offers free cancer screenings to community members. Also, free cardiovascular screenings (e.g. blood pressure and body composition) are offered at various health fairs, houses of worship, senior centers, etc., to reach populations that may not otherwise have access to these kinds of services. The Breast Cancer Screening program, which provides free, comprehensive breast cancer services to women over 40 with limited or no insurance, serves many African American and Latino women from underserved areas. Patients at-risk for diabetes, or with a diagnosis of diabetes, may be referred to one of several free diabetes programs, including a pre-diabetes class, a monthly nutrition and cooking class, a 6-week diabetes self-management program, and an ongoing support group for persons wishing to adopt a healthier lifestyle to reduce their risk or improve management of chronic disease; these programs illustrate the integration of health care with various community resources, which, in turn, can lower readmission rates.

VI. PHYSICIANS

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

According to Healthy Montgomery, the percentage of adults in 2014 that reported being unable to afford to see a doctor was 10.4 percent (see Figure 26). When stratifying the data, disparities can be seen across different ages, races, and ethnicities. For instance, among adults ages 45 to 64, 12.8 percent are unable to see a doctor (see Figure 26), and among Hispanics and "other" racial groups, 19.5 and 14.5 percent respectively, are unable to afford to see a doctor (see Figure 27). While the percentage of adults unable to afford to see a doctor for the county overall has not changed since 2012, the percentage has increased among those under 65, as well as those who are Hispanic, Black, and Asian.

Additionally, 8.19 percent of non-institutionalized Montgomery County residents do not have health insurance, down from 9.7 in 2014 (American Community Survey, 2015). This leads to untreated conditions and adverse health outcomes, which often result in emergency room visits.

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

of partner clinics to obtain the specialty care needed. Further, as a participant in the Montgomery County Maternity Partnership, Shady Grove Medical Center operates a Maternity Center to help serve the uninsured pregnant women in Upper Montgomery county region. The hospital serves as a referral center for high-risk pregnancies. There is the provision of continuity of care, as Shady Grove Medical Center has a laborist group that provides care both at the Maternity Center, and 24/7 coverage at the hospital.

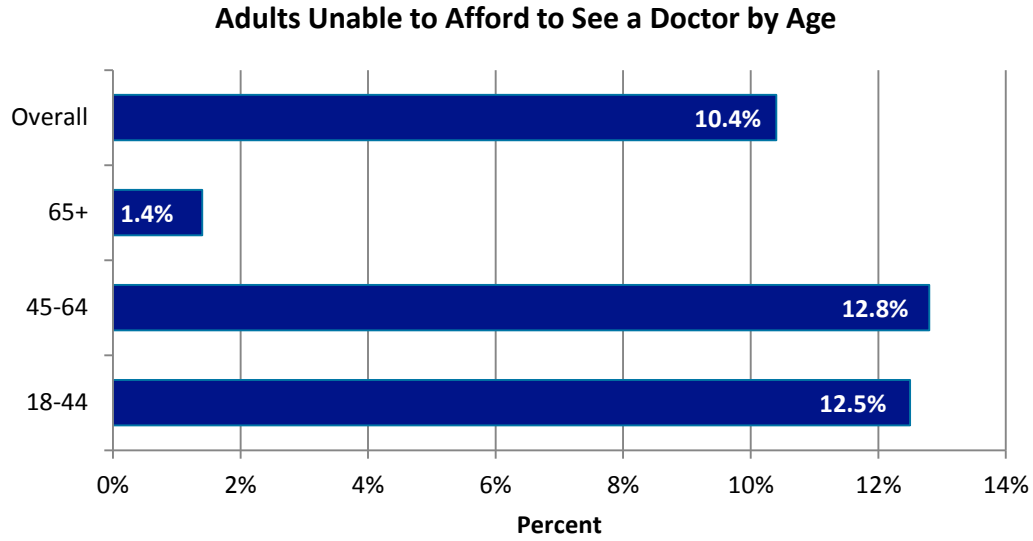


Figure 26. Percentage of Adults unable to Afford to see a Doctor by Age, Montgomery County, 2014 (www.HealthyMontgomery.org)

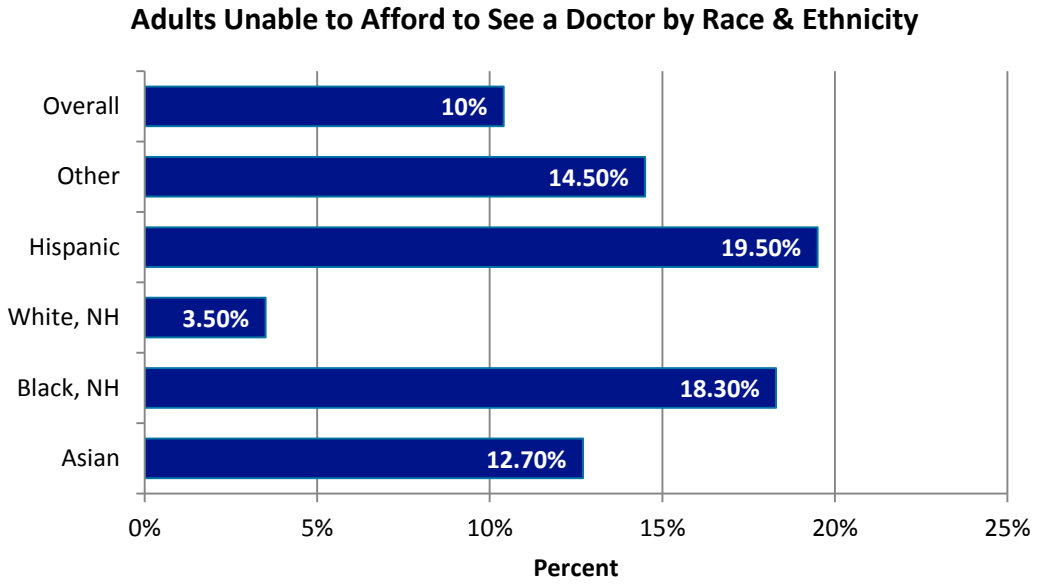


Figure 27. Percentage of Adults unable to Afford to see a Doctor by Race & Ethnicity, Montgomery County, 2014 (www.HealthyMontgomery.org)

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

Table IV – Physician Subsidies

Category of Subsidy	Amount	Explanation of Need for Service
Hospital-Based physicians	$0.00	N/A
Non-Resident House Staff and Hospitalists	$9,026,836	*Provision of 24/7 coverage of inpatient units and departments. Coverage ranges from that of comprehensive hospitalists services, to physician intensivists for the ICU, to surgical hospitalists available to respond to general surgery needs of patients, to pediatric physician services, to those of laborists onsite to provide OB/GYN services.*
Coverage of Emergency Department Call	$1,085,478	*Shady Grove Medical Center has determined it necessary to ensure that the Emergency Department and inpatient care areas provide continuous access to physician specialty services. The provision of services includes cardiac services, gastroenterology, ophthalmology neurology, neurosurgery, orthopedics, thoracic surgery, urology.*
Physician Provision of Financial Assistance	$0.00	N/A
Physician Recruitment to Meet Community Need	$3,647,422	*Shady Grove Medical Center continuously strives to meet the health care needs of its community. As such, the hospital has expanded physician support in primary care, expanded its cancer care services, enhanced its palliative care program, as well as other services to help meet the needs of the community.*
Other – (provide detail of any subsidy not listed above – add more rows if needed)	$0.00	N/A

VII. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):

a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

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

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
  - in a culturally sensitive manner,

  - at a reading comprehension level appropriate to the CBSA's population, and
  - in non-English languages that are prevalent in the CBSA.
- posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
- includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- besides English, in what language(s) is the Patient Information sheet available;
- discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).

c. Include a copy of your hospital's FAP (label appendix III).

d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e). Link to instructions: http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc (label appendix IV).

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

Appendix I

Financial Assistance Policy Description

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

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

As self-pay and other accounts are researched by representatives from the billing department after no payments or only partial payments have been received, the billing department will explain to the patients that financial assistance may be available if they do not have the financial means to pay their bill. If patients request financial assistance, at that time, a copy of the Hospital's financial assistance application will be sent to them.

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

Appendix II

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

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

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

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

Appendix III

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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

DECISION RULES:

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

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

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

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

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

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

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

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

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

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

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

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

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Revised:	05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13	Page:	3 of 12

ADVENTIST HEALTHCARE
NOTICE OF AVAILIBILITY OF CHARITY CARE

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

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

Note: The guidelines increase **$4,020** for each additional family member.

If you feel you may be eligible for Charity Care and wish to apply, please obtain an application for Community Charity Care from the Admissions Office or by calling (301) 315-3660. A written determination of your eligibility will be made two business days of the receipt of your completed application.

Revised 3/2015

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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Revised:	05/09, 06/09, 10/09, 06/15/10, 3/2/11, 10/02/13	Page:	4 of 12

Adventist HealthCare

820 West Diamond Avenue, Suite 600
Gaithersburg, MD 20878
www.AdventistHealthCare.com

☐ Washington Adventist Hospital ☐ Adventist Behavioral Hospital
☐ Shady Grove Adventist Hospital ☐ Adventist Rehabilitation Hospital of Maryland

CHARITY CARE APPLICATION- DEMOGRAPHICS

Date: _____Account Number(s)_____

Patient Name: _____ Birth Date: _____

Address: _____ Sex: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Social Security #: _____ US Citizen: _____ No Residence: _____

Marital Status: ___ Married ___ Single ___ Divorced

Name of Person Completing Application_____

Dependents Listed on Tax Form:

Name: _____ Age: ____Relationship:_____
Name: _____ Age: ____Relationship: _____
Name: _____ Age: ____Relationship: _____
Name: _____ Age: ____Relationship: _____

Employment: Patient employer	**Spouse employer**
Name: _____	Name:_____
Address: _____	Address: _____
Telephone #: _____	Telephone #:_____
Social Security #: _____	Social Security #: _____
How long employed: _____	How long employed: _____

TOTAL FAMILY INCOME $_____

Note: All Financial applications must be accompanied by income verification for each working family member. Be sure you have attached income verification for all amounts listed above. This verification may be in the following forms: minimum of 3 months' worth of pay-stubs, an official income verification letter from your employer and/or your current taxes or W-2s. If you are not working and are not receiving state or county assistance, please include a "Letter of Support" from the individual or organization that is covering your living expenses. Any missing documents will result in a delay in processing your application or could cause your application to be denied. Thank you for your cooperation.

CHARITY CARE APPLICATION- LIVING EXPENSES

EXPENSES :

Rent / Mortgage _____

Food _____

Transportation _____

Utilities _____

Health Insurance premiums _____

Medical expenses not covered by insurance _____

Doctor: _____

_____

_____

Hospital: _____

_____

TOTAL: _____

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

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

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

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

Applicant Signature: _____ Date: _____

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

COMMUNITY CHARITY CARE APPLICATION- OFFICIAL DETERMINATION ONLY

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

The reason for Denial:

What additional information is needed?:

Approval Details:

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

Approval Letter was sent on _____

AUTHORIZED SIGNATURES:

_____
CS/COLLECTION SUPERVISOR
UP TO $5,000.00

_____
REGIONAL DIRECTOR
UP TO $25,000.00

_____
VP of Revenue Cycle or HOSPITAL CFO
OVER $25,000.00

Revised 3/2015

2015 POVERTY GUIDELINES

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

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

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

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

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

ADVENTIST HEALTH CARE, INC.

Corporate Policy Manual

Financial Assistance – Decision Rules/Application

(Formerly known as Charity Care Policy)

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Effective Date	01/08	Policy No:	AHC 3.19
Cross Referenced:	Financial Assistance - Decision Rules/Application (see Master Policy 3.19 Financial Assistance)	Origin:	PFS
Reviewed:	02/09, 9/19/13	Authority:	EC
Revised:	03/11, 10/02/13	Page:	12 of 16

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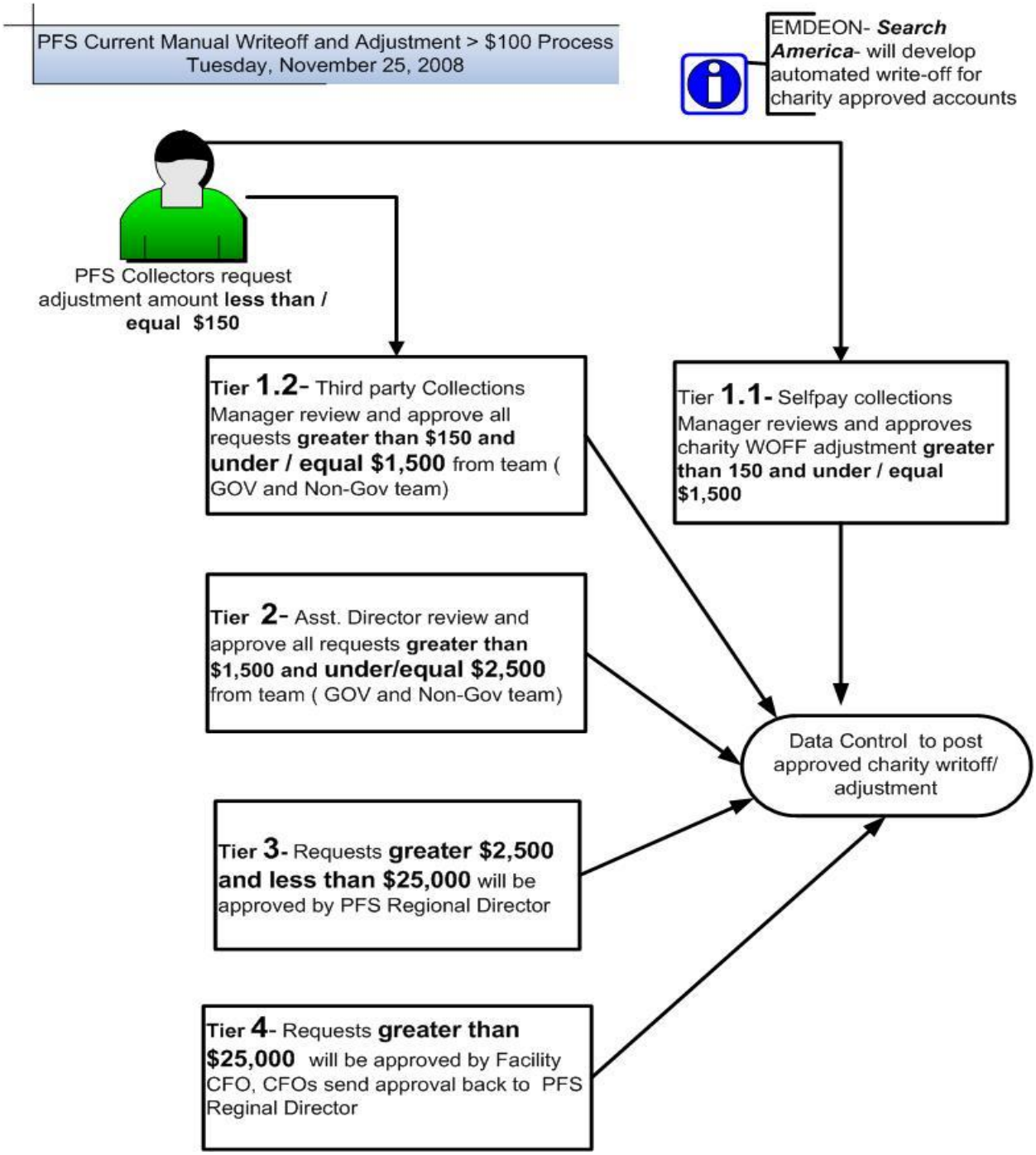

Appendix IV

Patient Information Sheet

Maryland Hospital Patient Information

Hospital Financial Assistance Policy

Shady Grove Medical Center is committed to meeting the health care needs of its community through a ministry of physical, mental and spiritual healing. This hospital provides emergent and urgent care to all patients regardless of their ability to pay.
In compliance with Maryland law, Shady Grove Medical Center has a financial assistance policy and program.
You may be entitled to receive free or reduced-cost medically necessary hospital services.
This facility exceeds Maryland law by providing financial assistance based on a patient's need, income level, family size and financial resources.
Information about the financial assistance policy and program can be obtained from any Patient Access Representative and from the Billing Office.

Patients' Rights

As part of Adventist HealthCare's mission, patients who meet financial assistance criteria may receive assistance from the hospital in paying their bill.
Patients may also be eligible for Maryland Medical Assistance - a program funded jointly by state and federal governments. This program pays the full cost of healthcare coverage for low-income individuals meeting specific criteria (see contact information below).
Patients who believe they have been wrongly referred to a collection agency have the right to request assistance from the hospital.

Patients' Obligations

Patients with the ability to pay their bill have an obligation to pay the hospital in a timely manner.
Shady Grove Medical Center makes every effort to properly bill patient accounts. Patients have the responsibility to provide correct demographic and insurance information.
Patients who believe they may be eligible for assistance under the hospital's financial assistance policy, or who cannot afford to pay the bill in full, should contact a Financial Counselor or the Billing Department (see contact information below).
In applying for financial assistance, patients have the responsibility to provide accurate, complete financial information and to notify the Billing Department if their financial situation changes.
Patients who fail to meet their financial obligations may be referred to a collection agency.

Contact Information

To make payment arrangements for your bill, please call (240) 826-5427 for assistance.

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

To inquire about Medical Assistance, please call (240) 826-6056 for assistance.

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

Información del paciente de Maryland Hospital

Política de ayuda financiera del hospital

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

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

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

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

Derechos del paciente

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

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

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

Obligaciones del paciente

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

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

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

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

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

Información de contacto

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

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

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

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

Appendix V

Hospital Mission, Vision, and Value Statements

Vision

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

Mission

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

Values

Respect: We recognize the infinite worth of the individual and care for each one as a whole person.

Integrity: We are above reproach in everything we do.

Service: We provide compassionate and attentive care in a manner that inspires confidence.

Excellence: We provide world class clinical outcomes in an environment that is safe for both our patients and caregivers.

Stewardship: We take personal responsibility for the efficient and effective accomplishment of our mission.