The MARYLAND
HEALTH SERVICES COST REVIEW COMMISSION

Carroll Hospital Center

FY 2018 Community Benefit Narrative Report

PART ONE: ORIGINAL NARRATIVE SUBMISSION

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

	Is this information correct?		
	Yes	No	If no, please provide the correct information here:
The proper name of your hospital is: Carroll Hospital Center	◉	○	
Your hospital's ID is: 210033	◉	○	
Your hospital is part of the hospital system called Lifebridge Health.	◉	○	
Your hospital was licensed for 146 beds during FY 2018.	◉	○	
Your hospital's primary service area includes the following zip codes: 21048, 21074, 21080, 21088, 21102, 21104, 21157, 21158, 21757, 21776, 21784, 21787, 21791	◉	○	
Your hospital shares some or all of its primary service area with the following hospitals: None	◉	○	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

Health Disparities Carroll County has several health disparities in a variety of areas, including Access to Health Services, Cancer, Diabetes, Exercise, Nutrition & Weight, Family Planning, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Older Adults & Aging, Other Chronic Diseases, Respiratory Diseases, Substance Abuse, Housing Affordability & Supply, and Wellness & Lifestyle. For a complete and updated list with data sources, visit our Disparities Dashboard powered by Healthy Communities Institute at: http://www.healthycarroll.org/assessments-data/our-community-dashboard/?hcn=DisparitiesDashboard Our Community Dashboard: http://www.healthycarroll.org/assessments-data/our-community-dashboard/

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Carroll County Demographic Characteristics.pdf
437.3KB
application/pdf

Q7. Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

- ☐ Allegany County
- ☐ Anne Arundel County
- ☐ Baltimore City
- ☐ Baltimore County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☐ St. Mary's County

- [ ] Calvert County
- [ ] Caroline County
- [x] Carroll County
- [ ] Cecil County
- [ ] Harford County
- [ ] Howard County
- [ ] Kent County
- [ ] Montgomery County
- [ ] Talbot County
- [ ] Washington County
- [ ] Wicomico County
- [ ] Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

- [x] 21048
- [x] 21074
- [x] 21102
- [x] 21104
- [x] 21136
- [x] 21155
- [x] 21157
- [x] 21158
- [x] 21757
- [x] 21776
- [x] 21784
- [x] 21787
- [x] 21791

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

- [x] Based on ZIP codes in your Financial Assistance Policy. Please describe.

Carroll Hospital primarily defines its community benefit service area as Carroll County. The hospital further defines primary service areas in our Financial Assistance Policy. These communities and zip codes include:
Primary
Finksburg (21048)
Keymar (21757)
Hampstead (21074)
Manchester (21102)
Mount Airy (21771)
New Windsor (21776)
Sykesville (21784)
Taneytown (21787)
Union Bridge (21791)
Upperco (21155)
Westminster (21157 & 21158)
Woodbine (21797)

- [ ] Based on ZIP codes in your global budget revenue agreement. Please describe.

- [ ] Based on patterns of utilization. Please describe.

- [ ] Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

https://www.carrollhospitalcenter.org/mission-vision

Q37. Is your hospital an academic medical center?

- ○ Yes
- ◉ No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

- ◉ Yes
- ○ No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's first-ever CHNA completed? (MM/DD/YYYY)

06/30/2012

Q44. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/09/2018

Q45. Please provide a link to your hospital's most recently completed CHNA.

http://www.healthycarroll.org/assessments-data/community-health-needs-assessment/

Q46. Did you make your CHNA available in other formats, languages, or media?

- ◉ Yes
- ○ No

Q47. Please describe the other formats in which you made your CHNA available.

Created printed copies and posted online at the link above. Also, developed an executive summary for key stakeholders.

Q48. Section II - CHNA Part 2 - Participants

Q49. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☐	☑	☐	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☑	☑	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☑	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☐	☐	☐	
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Nurse(s)	☐	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Social Workers	☐	☐	☐	☐	☐	☑	☑	☐	☐	☐	
Community Benefit Task Force	☐	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q50. Section II - CHNA Part 2 - Participants (continued)

Q51. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: LifeBridge Health Hospitals (Sinai, Northwest, Levindale)	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Carroll County Health Department	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: LHIC - Carroll County	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Maryland Department of Health	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here: Carroll County Bureau of Aging and Disabilities	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Carroll County Commissioners; City of Taneytown	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☑	☑	☐	☐	
School - K-12 -- Please list the schools here: Carroll County Public Schools; Gerstell Academy	☐	☐	☐	☐	☐	☑	☑	☐	☐	
School - Colleges and/or Universities -- Please list the schools here: McDaniel College; Carroll Community College	☐	☑	☑	☑	☑	☑	☑	☑	☐	
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Behavioral Health Advisory Board	☐	☑	☐	☐	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: Community Services Council, includes community nonprofits	☐	☐	☐	☐	☑	☑	☑	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: Carroll Lutheran Village, Long View Healthcare Center; Right at Home	☐	☐	☐	☐	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here: PFLAG - Carroll County; NAACP - Carroll County	☐	☐	☐	☐	☑	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here: Department of Citizen Services	☐	☐	☐	☐	☑	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: Access Carroll; Public Safety (EMS, fire, police)	☐	☐	☐	☐	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated int he development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q52. Section II - CHNA Part 3 - Follow-up

Q53. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- (•) Yes
- ( ) No

Q54. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

04/03/2018

Q55. Please provide a link to your hospital's CHNA implementation strategy.

http://www.healthycarroll.org/assessments-data/cb-hip/

Q56. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q57. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [x] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [x] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [x] Health-Related Quality of Life & Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [x] Heart Disease and Stroke
- [ ] HIV
- [x] Immunization and Infectious Diseases
- [x] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal & Infant Health
- [x] Mental Health and Mental Disorders
- [x] Nutrition and Weight Status
- [x] Older Adults
- [x] Oral Health
- [x] Physical Activity
- [ ] Preparedness
- [x] Respiratory Diseases
- [x] Sexually Transmitted Diseases
- [ ] Sleep Health
- [x] Social Determinants of Health
- [x] Substance Abuse
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other (specify)

Q58. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The needs identified in the previous CHNA overlap considerably and are nearly identical with the exception of more specific needs identified in the 2018 CHNA around prescription drug abuse and the addition of sexually transmitted diseases. There are obvious cross-relationships among several of the priority needs identified. Behavioral health, diabetes, cancer, and heart health all emerged as prominent health problems and share many risk factors and contributing behaviors. We intend to integrate fitness, nutrition, blood pressure awareness, and cholesterol and glucose screenings into programming whenever possible.

Q59. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q60. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Community-Health-Needs-Assessment-for-Carroll-County-EXECUTIVE-SUMMARY-31-Jan-2018.pdf
286.4KB
application/pdf

Q61. Section III - CB Administration Part 1 - Participants

Q62. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	Activities

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☑	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	☐	☐	☑	☐	☑	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (system level)	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit staff (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Physician(s)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Nurse(s)	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Workers	☐	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community Benefit Task Force	☐	☐	☑	☑	☑	☐	☐	☐	☑	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q63. Section III - CB Administration Part 1 - Participants (continued)

Q64. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: LifeBridge Health Hospitals (Sinai, Northwest, Levindale)	☐	☐	☐	☐	☐	☐	☐	☐	☑	Discuss best practices and process improvement
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Carroll County Health Department	☐	☑	☑	☑	☑	☑	☑	☑	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: LHIC - Carroll County	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	☐	☑	☑	☑	☐	☐	☑	☑	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Carroll County Bureau of Aging and Disabilities	☐	☐	☐	☐	☐	☐	☑	☑	☑	Collaborate on community benefit programs
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Govt. Organizations -- Please list the organizations here: Carroll County Government	☐	☐	☐	☐	☑	☐	☑	☐	☐	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☐	☐	☑	Collaborate on community benefit programs
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - K-12 -- Please list the schools here: Carroll County Public Schools	☐	☐	☐	☐	☐	☐	☐	☐	☑	Collaborate on community benefit programs; education for CCPS staff

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Colleges and/or Universities -- Please list the schools here: Carroll Community College; McDaniel College	☐	☐	☐	☐	☐	☐	☑	☐	☑	Collaborate on community benefit programs

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School of Public Health -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Behavioral Health Organizations -- Please list the organizations here: Access Carroll; Behavioral Health Advisory Board	☐	☑	☑	☑	☐	☐	☑	☑	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: Department of Citizen Services	☐	☐	☑	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Post-Acute Care Facilities -- please list the facilities here: Carroll Lutheran Village; Right at Home; Long View Healthcare Center	☐	☐	☐	☐	☐	☐	☑	☐	☑	Collaborate on community benefit programs

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q65. Section III - CB Administration Part 2 - Process & Governance

Q66. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- [x] Yes, by the hospital's staff
- [x] Yes, by the hospital system's staff
- [ ] Yes, by a third-party auditor
- [ ] No

Q67. Does your hospital conduct an internal audit of the community benefit narrative?

- (•) Yes
- ( ) No

Q68. Please describe the community benefit narrative review process.

The Community Benefit Committee reviews the community benefit narrative

Q69. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- (•) Yes
- ( ) No

Q70. Please explain:

This question was not displayed to the respondent.

Q71. Does the hospital's board review and approve the annual community benefit narrative report?

- (•) Yes
- ( ) No

Q72. Please explain:

This question was not displayed to the respondent.

Q73. Does your hospital include community benefit planning and investments in its internal strategic plan?

- (•) Yes
- ( ) No

Q74. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

The Carroll Hospital Board of Directors and senior leadership used results from the 2012 CHNA to inform the hospital's strategic plan, Vision 2020. With each subsequent CHNA, the hospital revises the strategic plan to ensure that the top identified needs —diabetes, heart health, cancer and behavioral health — were considered when determining strategies for service lines, facility planning and medical staff development. An example is the continued growth of our community health navigation services, free programs to help individuals better manage their chronic health conditions, including outpatient palliative care services and medication management. For more details on the hospital's strategic plan visit: http://www.carrollhospitalcenter.org/vision2020

Q75. (Optional) If available, please provide a link to your hospital's strategic plan.

http://www.carrollhospitalcenter.org/vision2020

Q76. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

The hospital has enjoyed a longstanding close relationship with the Carroll County Health Department, which resulted in the establishment of The Partnership for a Healthier Carroll County nearly 20 years ago, and the development of Access Carroll in 2005. Our Community Benefit Committee has representatives from the Carroll County Health Department, Access Carroll and The Partnership to ensure coordination of efforts and alignment with the LHIP and SHIP efforts.

Q77. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q78. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q79. Section IV - CB Initiatives Part 1 - Initiative 1

Q80. Name of initiative.

Behavioral Health

Q81. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q82. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [x] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [x] Substance Abuse
- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other. Please specify.

Q83. When did this initiative begin?

2005 for Primary Care Services and 2015 for Behavioral Health Services

Q84. Does this initiative have an anticipated end date?

- ( ) The initiative will end on a specific end date. Please specify the date.
- (•) The initiative will end when a community or population health measure reaches a target value. Please describe.

The initiative will end if there is no longer a need for medical care for low income, under insured population.

- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.
- ○ The initiative will end when a contract or agreement with a partner expires. Please explain.
- ○ Other. Please explain.

Q85. Enter the number of people in the population that this initiative targets.

8,389 estimated individuals in Carroll County with incomes below the Federal Poverty Guidelines Source: U.S. Census Bureau: State and County Quickfacts based on 2017 estimated population

Q86. Describe the characteristics of the target population.

low-income residents of Carroll County who need primary care, dental care, behavioral health services

Q87. How many people did this initiative reach during the fiscal year?

9,796 individuals served

Q88. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☑ Chronic condition-based intervention: treatment intervention
- ☑ Chronic condition-based intervention: prevention intervention
- ☑ Acute condition-based intervention: treatment intervention
- ☑ Acute condition-based intervention: prevention intervention
- ☐ Condition-agnostic treatment intervention
- ☑ Social determinants of health intervention
- ☐ Community engagement intervention
- ☐ Other. Please specify.

Q89. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ◉ Yes. Please describe who was involved in this initiative.

Access Carroll
Carroll County Health Department

- ○ No.

Q90. Please describe the primary objective of the initiative.

To provide primary care, dental and behavioral health services to low-income residents of Carroll County. To provide reduce number of emergency department visits related to mental health and addictions-related conditions.

Q91. Please describe how the initiative is delivered.

Access Carroll – A Patient-Centered and Integrated Health Care Home for Low-Income Residents of Carroll County, Maryland Primary medical care, dental and behavioral health services are provided by volunteer physicians, nurses and other medical professionals. By removing traditional barriers to quality health care, Access Carroll strives to help patients maintain good health and learn to manage any acute or chronic illnesses.

Q92. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters: 9,796 individuals served
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

Q93. Please describe the outcome(s) of the initiative.

FISCAL YEAR 2018 Medical Encounters = 6,594 (New Patients: 420) Behavioral Health Encounters = 6,991 (New patients: 354) Dental Encounters = 3,614 (New Patients: 532) Individuals Served: 9,796 Care Coordination/ Navigation individuals served = 1,123 Care Coordination Services include: * Specialty Care Referrals (Specialists, High End Diagnostics, Surgeries) * SSI/SSDI Applications * Homelessness Services (SOAR) * Individualized Case Management Sessions - "Bills and Pills" Case Management * Public Assistance Applications - including MA, SNAP, SAIL, Housing, Food * Transportation Services TOTAL Encounters = 17,119 Carroll Hospital referred 1,113 "self-pay" patients to Access Carroll for primary care follow-up after an emergency department visit to connect them with insurance and follow-up care.

Q94. Please describe how the outcome(s) of the initiative addresses community health needs.

Access Carroll's patient encounters have continued to grow each year for medical, behavioral and dental services. It is a vital community resource and continues to help many low-income individuals receive high quality health care, as well as care coordination.

Q95. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Access Carroll staff, hospital resources, etc.: $408,895 Free Diagnostic & Lab Services for Access Carroll Patients: $130,923 Total: $539,818

Q96. (Optional) Supplemental information for this initiative.

Q97. Section IV - CB Initiatives Part 2 - Initiative 2

Q98. Name of initiative.

Diabetes

Q99. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q100. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders

- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other. Please specify.

Q101. When did this initiative begin?

Ongoing - we have provide diabetes education for many years. The glucose screening for community began in FY 18

Q102. Does this initiative have an anticipated end date?

- ○ The initiative will end on a specific end date. Please specify the date.
- ◉ The initiative will end when a community or population health measure reaches a target value. Please describe.

  When there is no longer a need for pre-diabetes and diabetes education. When diabetes is not an issue for our community members.
- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.
- ○ The initiative will end when a contract or agreement with a partner expires. Please explain.
- ○ Other. Please explain.

Q103. Enter the number of people in the population that this initiative targets.

An estimated 17,617 adults in Carroll County have diabetes Source: U.S. Census Bureau: State and County Quickfacts based on 2017 estimated population and MD BRFSS 2017

Q104. Describe the characteristics of the target population.

People with a diagnosis of diabetes, people who are unaware they have diabetes, people at risk for developing diabetes.

Q105. How many people did this initiative reach during the fiscal year?

155

Q106. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ]

- [ ] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [x] Community engagement intervention
- [ ] Other. Please specify.

Q107. Did you work with other individuals, groups, or organizations to deliver this initiative?

- [x] Yes. Please describe who was involved in this initiative.

  Carroll County Bureau of Aging and Disabilities

- [ ] No.

Q108. Please describe the primary objective of the initiative.

To promote awareness of prediabetes and diabetes prevalence.

Q109. Please describe how the initiative is delivered.

The Diabetes Program started a Health Awareness Testing program licensed through DHMH. In FY18, we offered 8 screenings and tested glucose levels of 155 community members.

Q110. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters 155
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

Q111. Please describe the outcome(s) of the initiative.

Increased awareness of risk factors for diabetes and understanding of pre-diabetes for individuals participating in glucose screening

Q112. Please describe how the outcome(s) of the initiative addresses community health needs.

10.5% of adults have diabetes (2017) MD BRFSS 17.8 per 100,000 age-adjusted diabetes mortality rate (2017) Maryland Vital Statistics 129.4 emergency department visit rate due to diabetes (2014) MHCRC

Q113. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$6,500

Q114. (Optional) Supplemental information for this initiative.

Q115. Section IV - CB Initiatives Part 3 - Initiative 3

Q116. Name of initiative.

Heart Health

Q117. Does this initiative address a need identified in your CHNA?

- (•) Yes
- ( ) No

Q118. Select the CHNA need(s) that apply.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [ ] Oral Health
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other. Please specify.

Q119. When did this initiative begin?

Ongoing for many years

Q120. Does this initiative have an anticipated end date?

- ( ) The initiative will end on a specific end date. Please specify the date.
- (•) The initiative will end when a community or population health measure reaches a target value. Please describe.

  When we no longer have an issue of heart disease in our community

- ( ) The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.
- ( ) The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain.

Q121. Enter the number of people in the population that this initiative targets.

An estimated 66,609 adults in Carroll County have high blood pressure Source: U.S. Census Bureau: State and County Quickfacts based on 2017 estimated population and MD BRFSS 2017

Q122. Describe the characteristics of the target population.

Individuals with high blood pressure that may or may not be controlled with medication.

Q123. How many people did this initiative reach during the fiscal year?

1,972 blood pressure screening encounters; 3,000 reached by heart health education advertising and social media promotion

Q124. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☐ Chronic condition-based intervention: treatment intervention
- ☑ Chronic condition-based intervention: prevention intervention
- ☐ Acute condition-based intervention: treatment intervention
- ☐ Acute condition-based intervention: prevention intervention
- ☐ Condition-agnostic treatment intervention
- ☐ Social determinants of health intervention
- ☑ Community engagement intervention
- ☐ Other. Please specify.

Q125. Did you work with other individuals, groups, or organizations to deliver this initiative?

● Yes. Please describe who was involved in this initiative.

Community physicians
Carroll County Bureau of Aging and Disabilities
The Partnership for a Healthier Carroll County
Y in Central MD Hill Family Center

○ No.

Q126. Please describe the primary objective of the initiative.

To reduce the percentage of adults with high blood pressure To reduce the age adjusted death rate due to heart disease

Q127. Please describe how the initiative is delivered.

Heart Health Community Education & Screenings: Carroll Hospital has been focused for many years on educating the community about heart health, including hypertension, risk factors for heart disease, signs of a heart attack and more. This was accomplished through presentations, community education, blood pressure screenings, articles, newspaper ads and social media posts.

Q128. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑

Count of participants/encounters: 1,972 blood pressure screening encounters; 3,000 reached by heart health education advertising and social media promotion

- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost
- [ ] Assessment of workforce development
- [ ] Other

Q129. Please describe the outcome(s) of the initiative.

In 2017, Heart disease death rate per 100,000 population is 174.1 (2017 MD Vital Statistics) a decline from 2015 when it was 184.2 (2015 MD Vital Statistics). % of adults with high blood pressure is 39.7% (2017 MD BRFSS) - although this data point does not tell us if their high blood pressure is managed with medication.

Q130. Please describe how the outcome(s) of the initiative addresses community health needs.

Individuals are educated on the importance of controlling high blood pressure, risk factors and prevention of heart disease and signs of a heart attack.

Q131. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Approx. $30,000

Q132. (Optional) Supplemental information for this initiative.

Q133. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q134. Additional information about initiatives.

Q135. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

CommunityBenefitPlan.pdf
8.8MB
application/pdf

Q136. Were all the needs identified in your CHNA addressed by an initiative of your hospital?

- ( ) Yes
- (•) No

Q137. Please check all of the needs that were NOT addressed by your community benefit initiatives.

- [ ] Access to Health Services: Health Insurance
- [ ] Access to Health Services: Practicing PCPs
- [ ] Access to Health Services: Regular PCP Visits
- [ ] Access to Health Services: ED Wait Times
- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [ ] Blood Disorders and Blood Safety
- [ ] Cancer
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Heart Disease and Stroke
- [ ] HIV
- [x] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal and Infant Health
- [ ] Mental Health and Mental Disorders
- [ ] Nutrition and Weight Status
- [ ] Older Adults
- [x] Oral Health

- [ ] Dementias, Including Alzheimer's Disease
- [ ] Diabetes
- [ ] Disability and Health
- [ ] Educational and Community-Based Programs
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Family Planning
- [ ] Food Safety
- [ ] Genomics
- [ ] Global Health
- [ ] Health Communication and Health Information Technology
- [ ] Health-Related Quality of Life and Well-Being
- [ ] Hearing and Other Sensory or Communication Disorders
- [ ] Physical Activity
- [ ] Preparedness
- [ ] Respiratory Diseases
- [ ] Sexually Transmitted Diseases
- [ ] Sleep Health
- [ ] Social Determinants of Health
- [ ] Substance Abuse
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [ ] Other. Please specify.

Q138. How do the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? The State Health Improvement Process (SHIP) seeks to provide a framework for accountability, local action, and public engagement to advance the health of Maryland residents. The SHIP measures represent what it means for Maryland to be healthy. Website: http://ship.md.networkofcare.org/ph/index.aspx. To the extent applicable, please explain how the hospital's community benefit activities align with the goal in each selected measure.

Enter details in the text box next to any SHIP goals that apply.

Reduce infant mortality	
Reduce rate of sudden unexpected infant deaths (SUIDs)	
Reduce the teen birth rate (ages 15-19)	
Increase the % of pregnancies starting care in the 1st trimester	OB navigator reaches out to high risk patients
Increase the proportion of children who receive blood lead screenings	
Increase the % of students entering kindergarten ready to learn	
Increase the %of students who graduate high school	
Increase the % of adults who are physically active	
Increase the % of adults who are at a healthy weight	Hospital employs community nutrition educator and offers many weight management and healthy cooking classes throughout the year
Reduce the % of children who are considered obese (high school only)	
Reduce the % of adults who are current smokers	
Reduce the % of youths using any kind of tobacco product (high school only)	
Reduce HIV infection rate (per 100,000 population)	
Reduce Chlamydia infection rate	
Increase life expectancy	
Reduce child maltreatment (per 1,000 population)	
Reduce suicide rate (per 100,000)	
Reduce domestic violence (per 100,000)	
Reduce the % of young children with high blood lead levels	
Decrease fall-related mortality (per 100,000)	
Reduce pedestrian injuries on public roads (per 100,000 population)	
Increase the % of affordable housing options	
Increase the % of adolescents receiving an annual wellness checkup	
Increase the % of adults with a usual primary care provider	Care navigators reach out to patients that presented to the emergency department without a primary care doctor and offer to help connect them with one.
Increase the % of children receiving dental care	
Reduce % uninsured ED visits	Support and coordinate with Access Carroll, a free medical practice for low-income residents of Carroll County.
Reduce heart disease mortality (per 100,000)	Care navigators work with appropriate patients to ensure they can afford medications, get to drs appts. and are connected to resources to manage their heart disease. Hospital uses this indicator for measurement outcomes as related to our activities around heart disease,
Reduce cancer mortality (per 100,000)	
Reduce diabetes-related emergency department visit rate (per 100,000)	Care navigators work with appropriate patients to ensure they can afford medications, get to drs appts. and are connected to resources to manage their diabetes. Hospital uses this indicator for measurement outcomes as related to our activities around Diabetes
Reduce hypertension-related emergency department visit rate (per 100,000)	
Reduce drug induced mortality (per 100,000)	
Reduce mental health-related emergency department visit rate (per 100,000)	Hospital uses this indicator for measurement outcomes as related to our activities around mental health
Reduce addictions-related emergency department visit rate (per 100,000)	Hospital is part of county collaboratives to address opioid crisis. Psychosocial care navigators work with patients to connect them to appropriate resources.
Reduce Alzheimer's disease and other dementias-related hospitalizations (per 100,000)	
Reduce dental-related emergency department visit rate (per 100,000)	Access Carroll, supported by hospital, offers dental care to low income residents of Carroll County
Increase the % of children with recommended vaccinations	
Increase the % vaccinated annually for seasonal influenza	

Reduce asthma-related emergency department visit rate (per 10,000)	

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- [ ] No gaps
- [ ] Primary care
- [x] Mental health
- [ ] Substance abuse/detoxification
- [ ] Internal medicine
- [ ] Dermatology
- [ ] Dental
- [x] Neurosurgery/neurology
- [ ] General surgery
- [ ] Orthopedic specialties
- [ ] Obstetrics
- [ ] Otolaryngology
- [ ] Other. Please specify.

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY18, more than $8.9 million was spent to ensure care for all patients and recruiting and retaining physicians.
Non-Resident House Staff and Hospitalists	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY18, more than $8.9 million was spent to ensure care for all patients and recruiting and retaining physicians.
Coverage of Emergency Department Call	To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call totaled $1,226,807 in FY 18.
Physician Provision of Financial Assistance	Hospital-employed physicians are required to see medically underserved, uninsured, Medicare and Medicaid patients.
Physician Recruitment to Meet Community Need	To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY 18 included primary care, cardiology, gastroenterology, obstetrics/gynecology, psychiatry, surgery and neurology.
Other (provide detail of any subsidy not listed above)	Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, non-profit health care provider that cares for low-income and uninsured people in the area. Carroll Hospital contributed $408,895 to Access Carroll in FY 18 to cover salary and benefit expenses for the executive director, manager and one fulltime RN case manager. The hospital also provides laboratory and diagnostic imaging services to Access Carroll, captured under Charity Care, which totaled $130,923 in FY 18. This practice hopefully will continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to health and dental care when they need it, so that health conditions do not worsen due to their inability to pay for services.
Other (provide detail of any subsidy not listed above)	
Other (provide detail of any subsidy not listed above)	

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

Q145. Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

Financial Assistance Policy NEW FY19 .pdf
236.7KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Financial Assistance Policy Plain Language Summary.pdf
111.5KB
application/pdf

Q148. What is your hospital's household income threshold for medically necessary free care? Please respond with ranges as a percentage of the federal poverty level (FPL).

Household income threshold for medically necessary free care is 300% to 375% of FPL and 350% to 500% of FPL for medical hardship. See exhibit B of Financial Assistance Policy

Q149. What is your hospital's household income threshold for medically necessary reduced cost care? Please respond with ranges as a percentage of the FPL.

Household income threshold for medically necessary reduced cost care is 300% to 375% of FPL and 350% to 500% of FPL for medical hardship. See exhibit B of Financial Assistance Policy

Q150. What are your hospital's criteria for reduced cost medically necessary care for cases of financial hardship? Please respond with ranges as a percentage of the FPL and household income. For example, household income between 301-500% of the FPL and a medical debt incurred over a 12-month period that exceeds 25 percent of household income.

Criteria is 300% to 375% of FPL and 350% to 500% of FPL for medical hardship. For example, 300% of FPL would qualify for 100% free care reduction for services covered. If range falls slightly above it would be a 75% reduction. See exhibit B of Financial Assistance Policy

Q151. Provide a brief description of how your hospital's FAP has changed since the ACA Expansion became effective on January 1, 2014.

Carroll Hospital revised its Financial Assistance Policy (FAP) since January 1, 2014 to include more services and outline ways in which we can expand our financial assistance as more people are insured due to the Affordable Care Act Health Care Coverage Expansion Option. For example, patients with large deductibles may now be eligible for financial assistance. In addition, patients receiving services that are outpatient and considered "elective" are now being considered for FAP especially if there is a chronic disease diagnosis. Our goal is trying to influence the admission and re-admission rates by being able to treat patients in an alternate care setting. In the past, patients may have avoided the service all together due to cost. Now, we have the ability to include those services as part of the FAP process, on a case-by-case basis.

Q152. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

Q153. (Optional) Please attach any files containing further information about your hospital's FAP.

Q154. Summary & Report Submission

Q155.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Once you proceed to the next screen using the right arrow button below, you cannot go backward. For that reason, we strongly recommend that you use the Table of Contents to return to the beginning and double-check your answers.

When you click the right arrow button below, you will see a page with all of your answers together. You will see a link to download a pdf document of your answers, near the top of the page. You can download your answers to share with your leadership, board, or others as required by your internal processes.

Location Data

Location: (39.564193725586, -76.980697631836)

Source: GeoIP Estimation

PART TWO: ATTACHMENTS

Demographic Characteristic	Description	Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside.	21048 (Finksburg) 21074 (Hampstead) 21102 (Manchester) 21757 (Keymar) 21787 (Taneytown)* 21771 (Mount Airy) 21776 (New Windsor) 21791 (Union Bridge) 21157 (Westminster) 21158 (Westminster) 21797 (Woodbine) 21155 (Upperco) 21784 (Sykesville) **most vulnerable populations reside*	Source: https://maps.dhmh.maryland.gov/HEZ/
Median Household Income within the CBSA	Carroll County (2013-2017): $90,510	Source: U.S. Census Bureau: State and County Quickfacts https://www.census.gov/quickfacts/carrollcountymaryland
Percentage of households in the CBSA with household income below the federal poverty guidelines	Carroll County (2017 estimate): 5.0% 8,389 estimated individuals in Carroll County with incomes below the Federal Poverty Guidelines	Source: U.S. Census Bureau: State and County Quickfacts https://www.census.gov/quickfacts/carrollcountymaryland
For the counties within the CBSA, what is the percentage of uninsured for each county? This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Carroll County (2017): 3.4%	Source: 2017 American Community Survey 1-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_1YR_S2701&prodType=table
Percentage of Medicaid recipients by County within the CBSA.	10.8% Medicaid/ means-tested public coverage or approximately 17,989 recipients	Source: 2014 American Community Survey 1-Year Estimates http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S2701&prodType=table

Life Expectancy by County within the CBSA (including by race and ethnicity where data are available). **See SHIP website:** **http://dhmh.maryland.gov/ship/Pages/Home.aspx**	Carroll County: 2017 79.0 All Races 79.0 White 77.3 Black	Source: 2017 Maryland Vital Statistics https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2017annual.pdf
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). **http://dhmh.maryland.gov/ship/Pages/home.aspx**	Carroll County Death Rates per 100,000 All Races: 965.5 White: 1023.6 Black: 740.6 Asian or Pacific Islander: 393.5 Hispanic: 149.2	Source: 2017 Maryland Vital Statistics https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/2017annual.pdf
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) **See SHIP website for social and physical environmental data and county profiles for primary service area information:** **http://ship.md.networkofcare.org/ph/county-indicators.aspx**	In 2018, Carroll County was ranked #3 in the Robert Wood Johnson Foundation County Health Rankings • Food Insecurity: 6% *(percentage of population who lack adequate access to food)* • Limited Access to Healthy Foods: 3% *(percentage of population who are low income and do not live close to a grocery store)* • High School Graduation Rate: 96% • Air Pollution - Daily Fine Particulate Matter: 11.1 Mean Travel Time to Work: 35.6 minutes (2013-2017)	Source: 2018 County Health Rankings & Roadmaps Carroll County http://www.countyhealthrankings.org/app/maryland/2018/rankings/outcomes/overall SHIP http://ship.md.networkofcare.org/ph/county-indicators.aspx U.S. Census Bureau: State and County Quickfacts https://www.census.gov/quickfacts/carrollcountymaryland
Available detail on race, ethnicity, and language within CBSA. **See SHIP County profiles for demographic information of Maryland jurisdictions.** **http://ship.md.networkofcare.org/ph/county-indicators.aspx**	Carroll County Race/Ethnicity (2016) White: 92.5% Black: 3.6% Native American: 0.2% Asian: 1.8% Hispanic or Latino origin, 3.4% Carroll County Language Spoken at Home Only English: 94.8% Language other than English: 5.2% Spanish: 2.2% Other Indo European languages: 2.1% Asian and Pacific Island languages: 0.7% Other languages: 0.2%	Source: 2011-2015 American Community Survey 5-Year Estimates https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1601&prodType=table U.S. Census Bureau: State and County Quickfacts https://www.census.gov/quickfacts/fact/table/carrollcountymaryland,US/PST045216

Other:

Population

The U.S. Census Bureau's 2017 estimated population for Carroll County is 167,781, remaining relatively unchanged since 2010. The most densely populated areas are Westminster (21158/21157), Sykesville/Eldersburg (21784) and Mount Airy (21771).

- Persons under 5 years, percent 2017: 5.3%
- Persons under 18 years, percent 2017: 21.8%
- Persons 65 years and over, percent 2017: 16.4%
- Female persons, percent, 2017: 50.5%

Transportation

As a rural county, transportation issues have always been present. Many residents commute to work in the Baltimore or Washington, D.C., areas. The average commuter spends 35.6 minutes on his or her drive to work, which is slightly higher than the Maryland average of 32.7 minutes.* In-county travel is available through Carroll Transit System (CTS), which is the county's contracted public transportation system. CTS offers two services: deviated-fixed route and demand response. Other in-county transit support includes program transportation such as ARC Carroll County, Caring Carroll, Carroll County Health Department, Change, Carroll Lutheran Village, etc. Out-of-county public transportation is not available, with the exception of shuttles to the metro and several park-and-ride lots.

**Sources: American Community Survey and Carroll County Transit Development Plan* (http://ccgovernment.carr.org/ccg/aging/docs/Carroll%20Final%20Report.pdf)

Diversity

As the county's population has stayed the same, so has the diversity of its residents. According to the U.S. Census Bureau State and County QuickFacts 2017, the large majority of Carroll County's population is white, a significantly higher percentage than Maryland's (92.2% vs. 59.0%). The second and third highest populations are the same as Maryland, but also with significantly smaller percentages: Black or African American (3.7% vs. 30.8%), Hispanic or Latino (3.6% vs. 10.1%). The gender breakdown for Carroll County is roughly 50/50, with 50.5% female and 49.5% male. Despite a relatively homogenous population, Carroll Hospital recognizes the importance of ethnic and cultural awareness, as well as linguistic sensitivity in all outreach activities.

Economy

Carroll County economic and employment statistics are strong when compared to Maryland. The U.S. Census Bureau State and County QuickFacts 2017 show that 5.0% of Carroll County residents are living below the poverty level, as compared to 9.3% of Maryland residents. Carroll County's average household income (in 2017 dollars) was $90,510, more than $10,000 above the Maryland average of $78,916. Carroll County's average unemployment rate in 2017 was better than the Maryland average (3.3% vs. 4.3%)*.

**Source: Bureau of Labor Statistics, U.S. Department of Labor*

Education

Carroll County has a larger percentage of high school graduates than Maryland (92.2% vs. 89.8%); however, Carroll County has slightly fewer individuals with a bachelor's degree or higher than Maryland (34.6% vs. 39.0%), according to the U.S. Census Bureau State and County QuickFacts 2013-2017.

Housing

The rate of homeownership in Carroll County is high and is much higher than Maryland (81.8% vs. 66.8%). The average value of owner-occupied housing units also is higher than Maryland's average ($328,100 vs. $296,500), according to the U.S. Census Bureau State and County QuickFacts 2013-2017.

Births

Carroll County had 1,572 births in 2017, according to DHMH Vital Statistics Administration.

Community Health Needs Assessment

Executive Summary

Carroll County, Maryland
2018

CHNA Research Components

Primary Data:

An online Community Health Needs Survey was conducted with Carroll County residents between July 1 and August 31, 2017. The survey was designed to assess their health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

Key Informant Survey sessions were conducted with community leaders and partners. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

Five sessions of Targeted Populations Research were conducted through focus groups including African American, Hispanic/Latino, LGBT, Low Income and Older Adults community members.

Secondary Data:
The CHNA also includes extensive secondary data which expands the information available for the final prioritization and planning steps.

The following information was collected in the assessment:

Demographics

- Age
- Education
- Employment status
- Gender
- Income
- Marital status
- Number of children
- Race
- Veterans health
- Zip Code

Quality of Life

- Cognitive impairment
- Healthy days
- Healthy status

Health Access

- Health insurance
- Medication compliance
- Oral health
- Primary Care Physician
- Urgent care
- Visual health
- Tobacco use

Health Behaviors

- Breast/Cervical screening
- Child health
- Colon cancer screening
- Exercise
- Fruits and vegetables
- Immunizations
- Prostate cancer screening
- Second hand smoke
- Sugar sweetened beverages
- Sun exposure
- Tobacco use

Physical Health

- Angina/Coronary heart disease
- Asthma
- Auto-immune
- Cholesterol
- Congestive heart failure
- COPD
- Diabetes
- Heart attack
- HIV/AIDS
- Hypertension and high blood pressure
- Other cancer
- Skin cancer
- Stent or bypass
- Stroke

Behavioral Health

- Anxiety and Depression – Diagnosis and medication
- Illegal and legal substance use and abuse

Social Issues

- End of life planning
- Violence

CARROLL COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Background

The **Carroll County 2018 Community Health Needs Assessment (CHNA)** was prepared to provide valuable information to help determine the direction and structure necessary to continue addressing health needs in the community.

The first broad Health Needs Assessment for Carroll County was conducted in 1997 by a Steering Committee of 44 members, with many partners including Carroll County Government and the Carroll County Health Department. The action plan formed to address those needs after the Assessment called for a new collaborative vehicle that would facilitate the work of creating a healthier Carroll County community. The Partnership for a Healthier Carroll County, Inc. (The Partnership), was incorporated in 1999 to be that vehicle. The new organization was also established by Carroll Hospital as the entity to monitor and assess the health needs of our community on an ongoing basis.

The Partnership led a number of major and minor community health assessment projects between 1999 and 2010. When the Affordable Care Act of 2010 mandated a regular three-year community health needs assessment, The Partnership was already experienced in data collection, organization, and analysis, and well-equipped with the resources to carry out that work.

In October 2011, The Partnership Board of Directors voted unanimously to lead another CHNA for Carroll Hospital in compliance with elements of the 2010 Affordable Care Act. Also in October 2011, The Partnership's Board voted to serve as the Local Health Improvement Coalition (LHIC) for Carroll County, responsible for the development and implementation of a Local Health Improvement Plan (LHIP) that meets the requirements as proposed in the State Health Improvement Process (SHIP). In September 2012, The Partnership led a review of SHIP and CHNA data, with a collaborative group that included representatives from Carroll Hospital, the Carroll County Health Department and community members. This data review resulted in a *Community Benefit and Health Improvement Plan*, which after approval by the governance of Carroll Hospital and The Partnership, serves as a major part of each organization's corporate strategic plans.

The CHNA projects of 2012 and 2015 determined community health improvement priorities and supported the creation of *Sharing the S.P.I.R.I.T.* - the Carroll Hospital Board-approved Community Benefit and Health Improvement Plans for FY2014-FY2016 and the most recent plan for FY2017-FY2018. Beginning in July 2017, The Partnership began a comprehensive community health needs assessment (CHNA) process to evaluate the

health needs of individuals living in Carroll County, Maryland to prepare for planning in 2018.

The Partnership is committed to the people it serves and to our community where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. The CHNA Final Consolidated Report is a compilation of the overall findings of each research component in the CHNA process. The findings from the research will be utilized to prioritize public health issues and develop a community health improvement plan focused on meeting community needs. The CHNA allows The Partnership to take an in-depth look at the Carroll County community and prioritize its health needs. The final step in the CHNA process is forming an implementation plan to address those needs.

Methodology

Assessment research activities examined a variety of health indicators, including chronic health conditions, access to health care, and social determinants of health. Results are presented in two broad categories: 1. Primary data collected by our own staff via surveys and moderated group discussions, and 2. Secondary data acquired from credible local, state, and national organizations based on surveys and data collection that they perform. A brief synopsis of the research components are presented below:

Primary Data Research Components

- Online Community Health Needs Survey
- Key Informant Survey
- Targeted Populations Research

An online Community Health Needs Survey was conducted with Carroll County residents between July and August 2017. The survey was designed to assess their health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Surveys were completed throughout the county to promote geographical and ethnic diversity among respondents.

Key Informant Survey sessions were conducted with 78 community leaders and partners between July and August 2017. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.

Five sessions of Targeted Populations Research were conducted in focus sessions with different community groups including African American, Latino, Older Adult, LGBT (Lesbian, Gay, Bisexual and Transgender), and a lower income population group. Research participants were invited to complete a survey to identify needs of their

community. In addition, The Partnership led a moderated discussion with each group after completion of the online survey.

Secondary Data Research Components

This CHNA Final Consolidated Report also includes extensive secondary data which expands the information available for the final prioritization and planning steps in the CHNA process. The secondary data sections are:

- Demographics
- Our Community Dashboard
- Healthy Carroll Vital Signs
- State of Maryland Health Improvement Process and Local Health Improvement Plan
- Other Data

Community Representation

Community engagement and feedback are an integral part of the CHNA process. The Partnership sought community input through the online community health needs survey available to all residents, key informant interviews with community leaders and partners, and targeted populations research with minority and underserved population groups. Leaders and representatives of non-profit and community-based organizations as well as clergy and faith organization representatives gave their insights on the community, including the medically underserved, low income, and minority populations. Key partners, local experts, and community leaders, including public health professionals and health care providers, will participate in the prioritization and implementation planning process.

Prioritization

The Partnership, its members and community partners met in December 2017 and collaboratively prioritized community health needs based on all of the information components in this report.

Twenty-six participants met to hear an overview of key issues identified in the CHNA, followed by a more in-depth discussion of health items of particular concern to those in attendance and their organizations. Finally, voting on priorities took place by anonymous electronic voting. A prioritized list of issues was developed using the total scores from two criteria: seriousness of the issue and ability to impact.

An implementation plan will be developed to address these needs. All planning and approval processes will be completed by June 2018.

Top Identified Issues

After the prioritization process, the following health issues were identified as the most significant to address in Carroll County. They are presented in alphabetical order, and will be further refined as the Community Benefit Plan is reviewed and prepared for FY 2019 – FY 2021.

- Alcohol Abuse
- Cancer
- Dental Health
- Diabetes
- Heart Disease
- Illegal Substance Abuse
- Immunization
- Mental Health
- Obesity
- Physical Inactivity
- Prescription Drug Abuse
- Stroke
- Tobacco

These issues will be addressed in the Community Benefit Plan, as well as in other agencies' strategic plans, but emphasis will be placed on determining which organizations will play lead roles in those efforts. Furthermore, all issues facing Carroll County residents will be evaluated and plans for progress will continue. While the prioritization process is one in which the top issues are ruled in, all health issues will be monitored and addressed, as appropriate, to ensure improvements to the health and well-being of all individuals and families in Carroll.

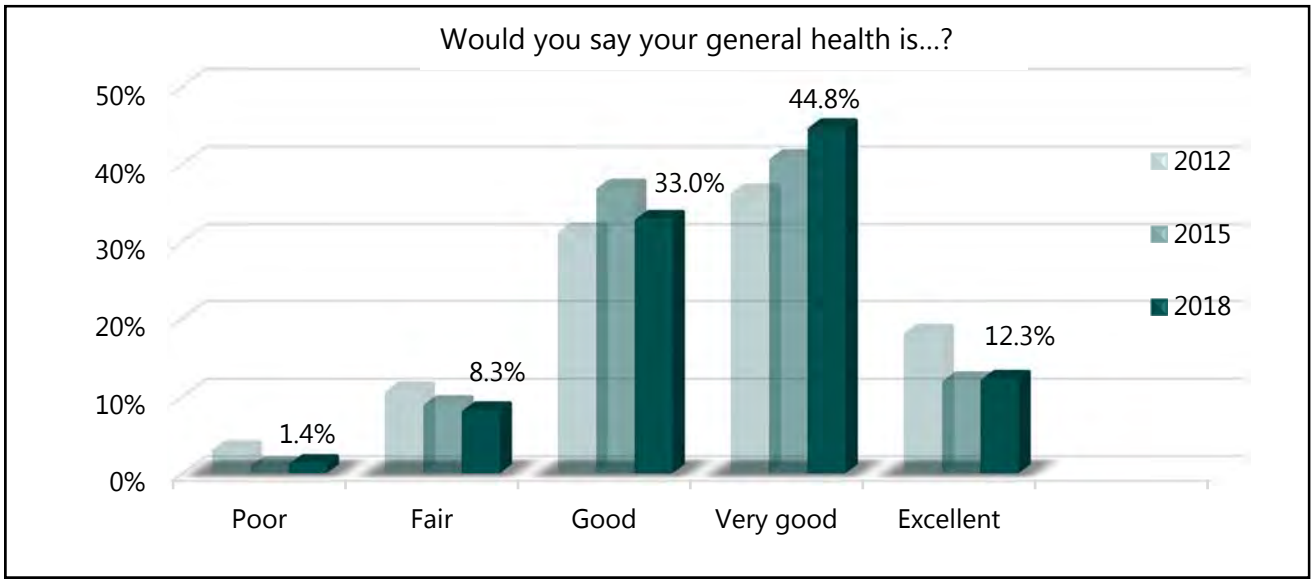
General Findings

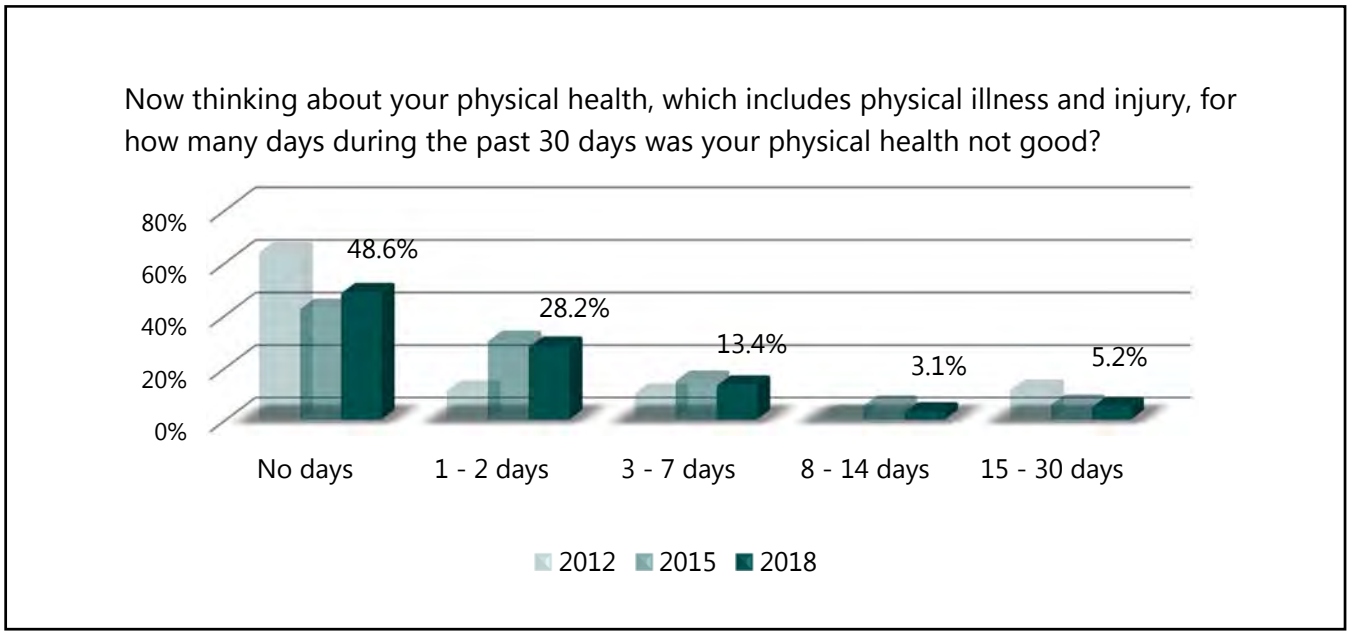
Demographics

- The majority of online survey and focus group respondents were from zip codes 21157, 21158, and 21784.
- In comparison to the Carroll County population, there was a much higher percentage of women than men completing the survey.
- The percentages related to race and age were more comparable to the county, with a majority of respondents indicating White/Caucasian, and more residents 45 years of age or older, than those younger than 45.

Quality of Life

- Residents completing the survey are enjoying more days of feeling healthy both physically and mentally compared with responses in 2015.
    - Self-reported measures of health on the online survey are favorable and in most cases the trends across 2012, 2015 and 2018 are positive. About 57% say their health is very good or excellent. Although there was a small decrease in those indicating that their health was "good", this was positively offset by an increase in "very good" and a consistent percentage for "excellent."
    - 65% reported that they didn't have any days in the past month where physical or mental health kept them for doing their usual activities which continues the gradual increase in healthy days from 2012 through 2015.
    - Carroll County's ranking as #1 in Quality of Life out of Maryland's 24 jurisdictions from Robert Wood Johnson Foundation's Health Rankings supports these trends.





Health Access

The community online survey focused on accessing services primarily for physical health, whereas the key informant and focus group discussions focused not only personal health, but also on the health of the community, including social determinants of health such as transportation and paying for services.

- An overwhelming 98.2% of online respondents reported that they have ***health insurance***.
    - Over the past four years, since the implementation of the Affordable Care Act, the percentage of uninsured Carroll residents has decreased from approximately 7% to 2% according to Enroll America.

- Survey respondents had fairly regular ***visits to providers***.
    - The majority of survey participants (92%) reported that they have at least one person they think of as their primary health care provider; however, this includes 38% who indicated that they have more than one. The possible use of specialists or multi-provider group practices as "primary" was not assessed.
    - 93.5% of respondents reported that they could get an appointment with this provider when they need one.
    - Respondents also reported that they had exams within the past year for both dental (77.1%) and vision (66.0%), as well as regular wellness visits for their children (91.5%).
    - However, there was a very small decline in the number of children getting wellness exams, even as the number of children getting dental exams remains high.

    - 33.7% of participants reported visiting an urgent care center in the past 12 months with the primary reasons cited as after office hours and wanting to be seen right away.

- When asked to pick all answers that apply, participants reported that they are most likely to get health information from two main resources:
    - Physician/health care provider (76%) and online websites (74%).
    - The third most frequently cited means was family/friends (36%). These same three sources were also the most commonly identified by focus group participants. The lowest ranked resources were national sources, health blogs, and television.
    - Many focus group participants recognized the inefficiency of hard copy resources, but said that written brochures, directories and instructions are helpful in many situations.

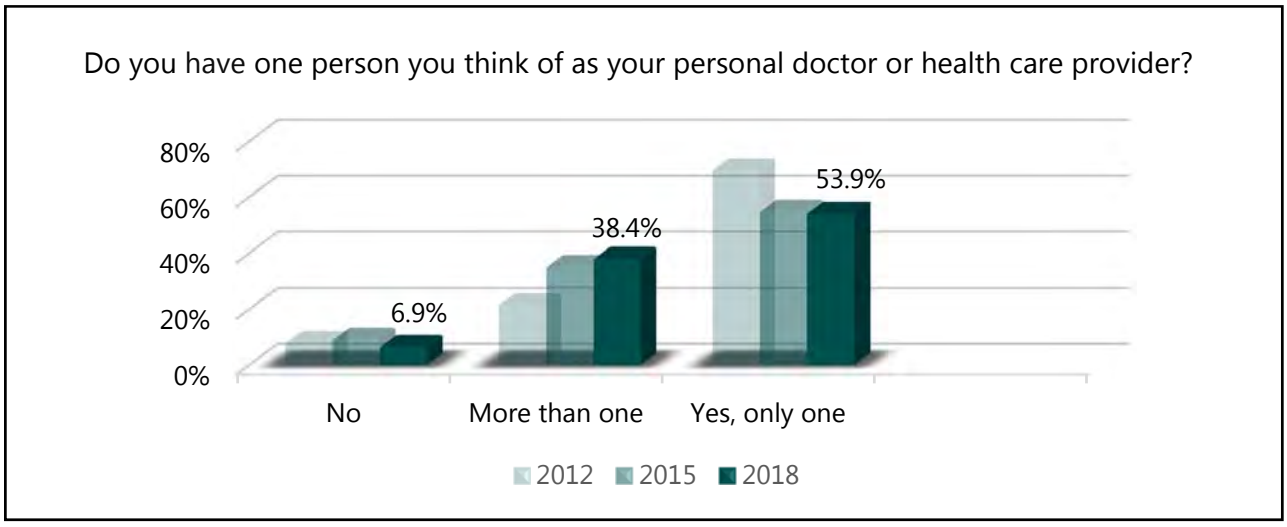
- Discussions within the older adult focus group included concerns about the **difficulties in getting to certain providers**, due to hours and transportation, as well as a lack of providers on-site and the fact that some offices are out of town.

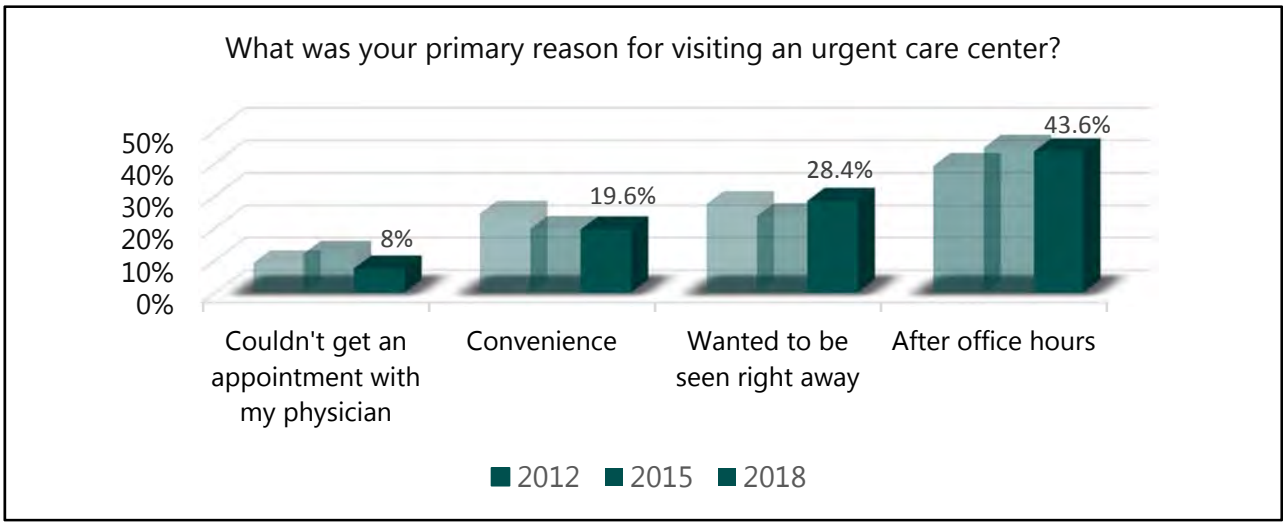
- ***Transportation*** was discussed at length in all key informant groups but with no consensus on the precise characterization of the problem or solutions.
    - Some key informants saw transportation affecting a small population and therefore consuming a disproportionate amount of discussion and proposed spending.
    - Participants on the Community Services Council, who are responsible for direct work with the consumer, see this issue as a higher need than many other sessions.
    - Certain concerns voiced by participants related more to the logistics of transportation, such as cost, scheduling and designated routes, rather than the availability of transportation.
    - The relationship of transportation to other social determinants of health was recognized, including economic challenges such as employment opportunities and access to medical care.

- Access measures may differ ***across different Carroll population groups***.
    - Behavioral Risk Factor Surveillance Survey (BRFSS) data show that a lower percentage of Carroll adults as well as a lower percentage of children covered by Medical Assistance visited a dentist in the preceding 12 months, when compared to other communities in Maryland.
    - Most recent SHIP measures show that Carroll has one of the lowest percentages in Maryland of adolescents on Medical Assistance who received a wellness checkup within the preceding year.

- Targeted populations have concerns about how their individual ***communities have unique challenges*** when accessing healthcare services.

- All focus groups expressed concern that the health provider community does not consistently focus on their needs, including lack of promotion and signage.
- In the African American and LGBT communities, this was seen in some providers' lack of knowledge about medical issues affecting their communities more than others (such as specific skin conditions in the African American community, and endocrine issues related to transgender individuals in the LGBT session).
- In the Hispanic community, there is concern about language barriers that exist for some individuals. In particular, this barrier is seen as affecting care when medical terminology and issues cannot be adequately communicated between provider and patient.
- Even when services are available, older adults expressed a general concern that it is difficult to know which providers in the community are focused on needs of the older adult community.





Where do you go to get your health information?

Your physician/healthcare provider	76.4%
Online websites	73.9%
Family/Friends	35.7%
Local providers organizations/resources	28.6%
Local sources (i.e. hospital, health dept.)	28.0%
National sources	23.3%
Health blogs	16.1%
Television	11.0%

Health Behaviors

Overall, health behaviors are positive with survey respondents, although trends are critical to follow.

- There are a number of factors considered related to ***diet***.
    - The percentage of people that never consume sugar-sweetened drinks increased from 35% in the 2015 CHNA to 47% in 2018. In addition, approximately 40% of participants reported eating fast or take-out food once per week which has remained relatively constant from 2012 (41.1%) and 2015 (41.0%).
    - BRFSS measures show our county's consumption of fruits and vegetables (84.3%) is higher than most other jurisdictions in Maryland, with the exception of Garret and Montgomery, which are higher. The Maryland rate is 78.7%. When respondents were asked if they had barriers to healthy eating, almost half said they did not. For those that reported barriers, the top two reasons were time and money.

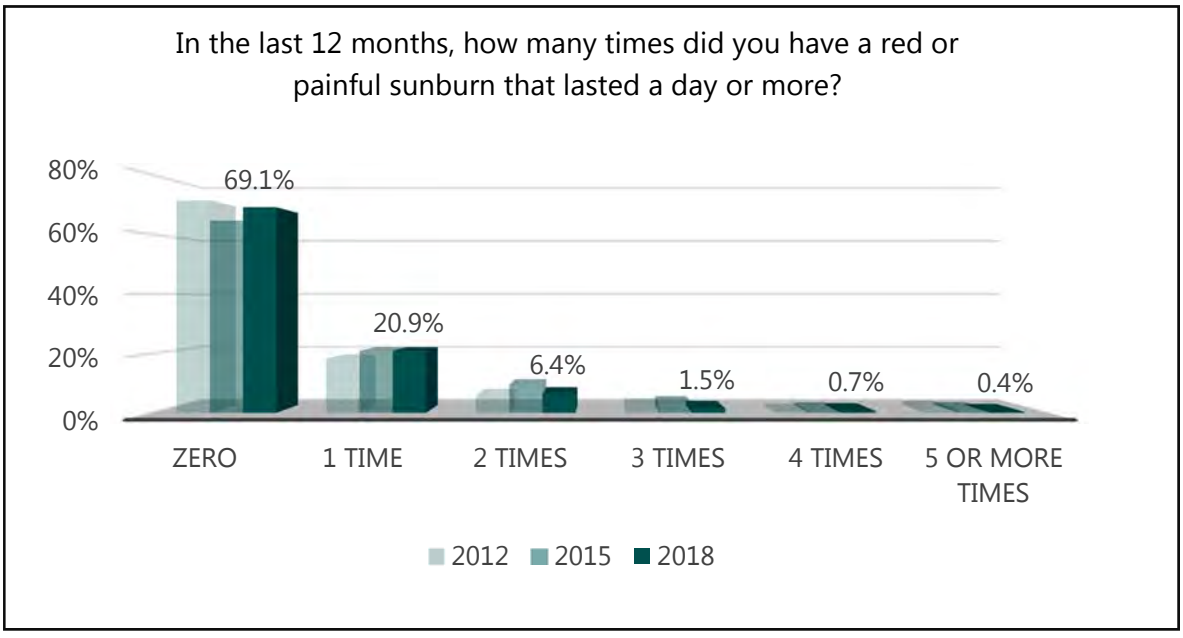
- **Sun safety** is critical as Carroll monitors skin cancer rates.
    - Data from the Maryland Cancer Registry show a consistently high melanoma incidence rate in Carroll and of particular concern is the higher rates as compared to other jurisdictions in Maryland.
    - A promising data point is that a majority of respondents reported not having any painful sunburns in the past 12 months. Although overall use of sun protection measures is high, the percentages of respondents wearing sunglasses (80%) and those using sunscreen with SPF of 15 or higher (78%) may not reflect the circumstances and consistency of use.

- Efforts to decrease **tobacco use** nationally and in Carroll have helped to improve this behavior.

- 93.9% of respondents report that they do not **smoke cigarettes**, and 97.6% not using smokeless tobacco products, there is a consistent decrease from the last two assessments in tobacco use.
- Exposure to second hand smoke is similarly showing a decrease from 2015.
- According to the CDC there remains some disparity in smoking rates nationally by race/ethnicity, education and poverty status and although not studied in the community survey may be important to assess.

- Trends in **physical activity** are encouraging.
  - Among respondents who participated in physical activity, the largest percentage of respondents, 43.4%, indicated they exercise between 31 and 60 minutes each time they exercise. Since 2015 there was an increase in those that indicated they exercised for more than an hour each time.
  - BRFSS data support the positive levels of physical activity in Carroll where the Healthy People 2020 target rates have been met; however, over time, these levels have remained static, and an increase in this percentage may have a positive impact on health in the county.

- Approximately 73% of respondents reported having had a **flu shot or vaccine** in the past year.
  - According to BRFSS data, there is an increasing trend in the rate of vaccination in Carroll in the 65+ population, although at 68.4%, it is still below the Healthy People 2020 goal of 90%.
  - The rate of flu vaccination in Carroll for all adults 18 and older in the BRFSS data (36.8%) doesn't compare as favorably to other communities in Maryland. The Maryland rate is 42.9%.



Sun Safety Measures	
Sunglasses	80.6%
Sunscreen with an SPF of 15 or higher	78.2%
Wide brimmed hat	40.3%
Lip balm with an SPF of 15 or higher	39.6%
Avoiding peak hours of 10 am and 4 pm	28.5%
Sun protective clothing	26.0%
Avoiding artificial UV light	24.7%
None	5.1%
Other	2.9%

Physical Health

Survey results showed that regular screening, as well as percentage of respondents reporting chronic health conditions and treatments were consistent to prior years' responses and also with other available data for Carroll. Focus groups reflected community- specific concerns. Early intervention and prevention remains a theme from previous assessments that was repeated throughout all key informants groups.

- Carroll residents appear to adhere to important early detection through **screening measures**.
    - The percentage of female respondents receiving screenings for breast and cervical cancer and the percentage of men having prostate cancer screenings were all within commonly accepted timeframes.
    - Although this was the first year asking about colon cancer screenings, the rate appears positive in Carroll with 79% of respondents having ever received a colon cancer screening. However, additional information would be needed to evaluate frequency of the screenings and the types of colorectal screenings.

- Approximately 9.3% of survey respondents indicated that a provider had ever told them they had **diabetes**, and another 10.6% indicated they had been told they had borderline diabetes (i.e., pre-diabetes). These numbers have remained essentially unchanged since 2015.

- Supporting these results, BRFSS data show 9.7% of Carroll residents have diabetes which meets the goal of 10.4% stated in the hospital Community Benefit Plan.
- There was a considerable decrease in the amount of times a health professional was seen for **management of diabetes** within the past year with a decrease of 39 percentage points in those who responded "none." All other options ranging from once to more than 10 times also decreased.
- A new question in 2018 showed that approximately 37% of those who had been diagnosed with diabetes were taking a statin.
- In the Hispanic and African American focus groups, diabetes was of particular concern. Given that national data show these groups have higher rates of diabetes, targeted efforts may be necessary to achieve positive outcomes for the community.

- 32.2% of online respondents had ever been told by a doctor that they had high **blood pressure**, and 10.3% told they were pre-hypertensive.
  - Survey data is consistent with BRFSS data for Carroll County showing rates of high blood pressure decreasing to 34% in 2015, but the county has still not met the Healthy People 2020 goal of 26.9%.
  - In addition, Carroll has not met four out of the six heart health indicators for Carroll County.
  - Heart health is only listed as a top 5 health issue with one group - older adults. There was no group that chose heart when asked which one had greatest impact. Specifically, the percentage of respondents choosing heart health as an issue declined for the African American population (from 50% in 2015 to 14% in 2018) and the Hispanic population (from 66% 2015 to 27% in 2018)
  - From 2015 -2018, an increase was seen from 83.2% to 92.2% in survey respondents who were taking medicine In order to **control their high blood pressure**. There was a decrease in those who reported to be making dietary changes such as changing their eating habits or cutting down on salt. There was a 5 percentage point increase in those who were exercising to control their high blood pressure.

- Rates of respondents having their blood **cholesterol** checked within the past two years has remained fairly consistent as compared with 2012 and 2015.
  - BRFSS data show the Carroll rate of 32.8% of adults with high cholesterol is still considerably higher than the Healthy People 2020 goal of 13.5%. However, this is slightly lower than in 2013 when the rate was 32.2%.
  - A new question in 2018 showed that 61.5% of those who had been diagnosed with high cholesterol were currently on medication for this diagnosis.

- Additional chronic health concerns reported by respondents were arthritis (39%), asthma (15%).

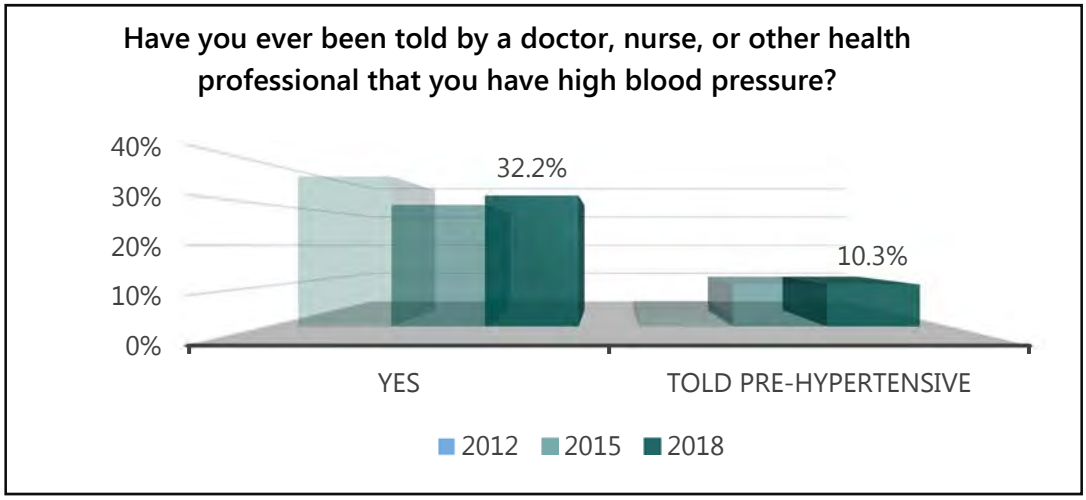
- It most likely requires further investigation, but when respondents who reported having one or more chronic conditions were asked what resources they needed to **manage their conditions,** more than half, 62.5% indicated "none."

- **Alzheimer's/Dementia** was the top General Health issue with the Older Adult focus group.
    - There were specific concerns voiced about identifying signs/symptoms of the disease in themselves and in a spouse. They experience providers who don't always address this issue. Although some participants noted that since Medicare covers a cognitive assessment, most providers would do so.

- Although **dental** issues did not necessarily rise to the high level of concern in the online survey, many key informants believed that dental services and/or insurance coverage to pay for dental services were lacking. The low income and Hispanic focus groups were the two populations that placed dental services and insurance as a top issue.

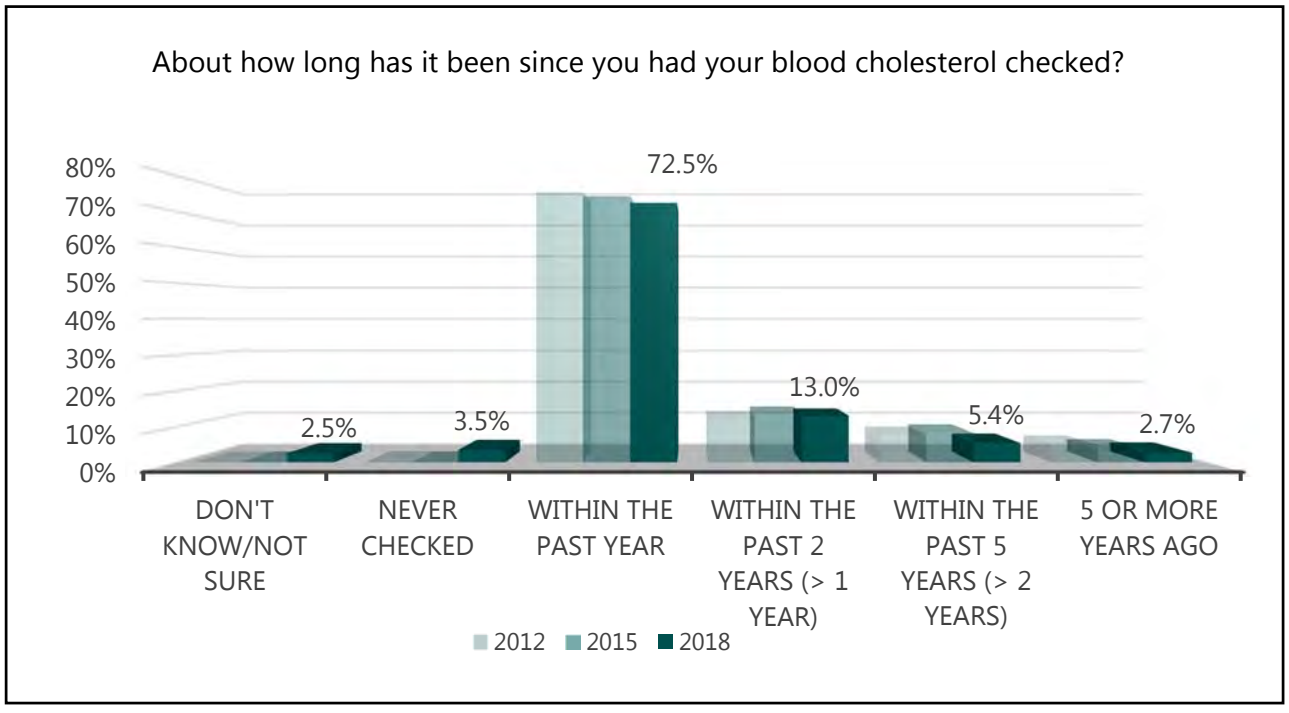
- In terms of compliance, 93% of respondents said that cost does not inhibit them from taking medicine.

- Many participants in both key informant and focus groups mentioned **obesity** as a persistent problem in Carroll County, as it is throughout the country.
    - A direct connection was made between obesity and many acute health issues along with most chronic conditions.
    - Discussions supported the consensus that lack of exercise leads to or exacerbates many illnesses, just as regular exercise leads to improved health and quality of life.
    - Participants believe it is imperative to continue and even expand programs and services that improve lifestyle in areas such as exercise and diet.



Actions to Control High Blood Pressure	2018	2015	2012
Taking medicine	92.2%	83.2%	87.3%
Changing eating habits	70.4%	73.6%	74.1%
Cutting down on salt	66.6%	80.1%	82.1%
Exercising	60.6%	55.8%	N/A

Chronic Condition	2018	2015	2012
Arthritis	38.7%	35.2%	37.1%
Asthma	15.1%	16.8%	17.4%
COPD	3.0%	3.5%	7.1%
Skin cancer	10.7%	6.4%	7.6%
All other types of cancer	11.0%	9.0%	8.5%



Behavioral Health

Mental health and illegal substance abuse were chosen as top health concerns throughout all key informant sessions and most focus groups. Older adults discussed how illegal drug abuse may not affect their community directly, but it is a top concern that affects friends, family and the community at large.

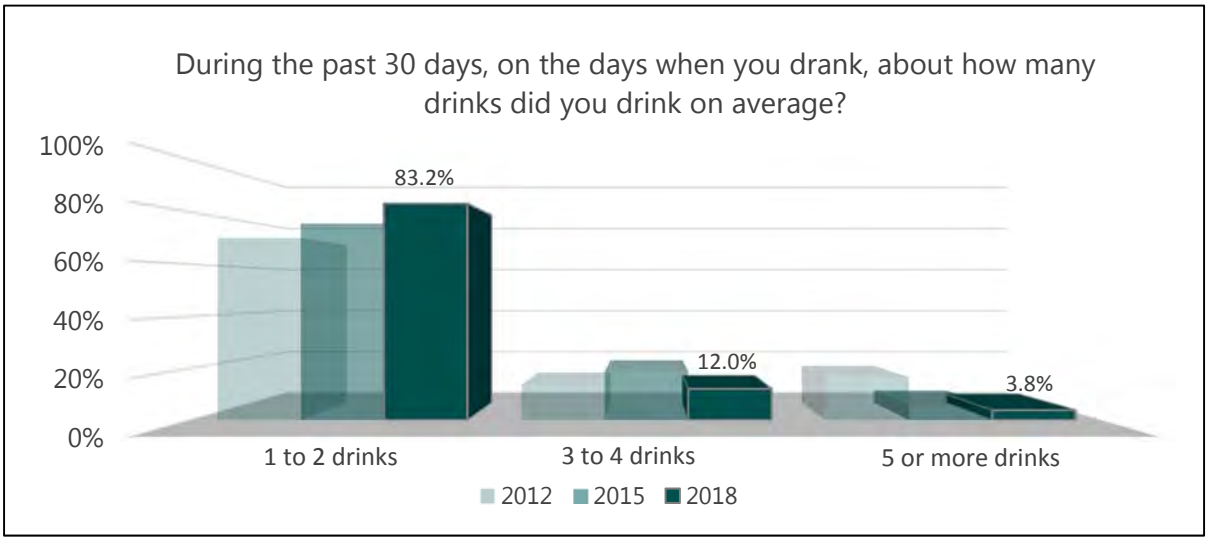
- An online survey question was added this year that specifically addressed **opioid use and abuse**. In addition, this topic was discussed in all key informant and focus groups.
    - Almost all online survey respondents, 99%, reported that they have not personally used opioids that were not prescribed to them and 91.5% responded that they did not have a family member or friend who misused prescription drugs.
    - In key Informant groups, substan*ce use/abuse and consumption*, particularly the opioid epidemic, is a primary concern and discussions were passionate. The connections between these issues and a wide range of other topics (e.g., mental health, employment, housing, somatic illness) makes it complicated and often overwhelming to address.
    - A problematic aspect of a discussion concerning this issue is the lack of agreement in terminology, particularly as it relates to prescription and illegal drugs, as well as questions about initiation with heroin versus prescription drugs.

- Approximately 65% of respondents reported consuming **alcohol** within the past 30 days, with an average of 1 to 2 drinks per occasion. Alcohol abuse was singled out as a pressing problem in four of the five focus groups. Only the older adult group did not choose this health issue.
    - Some key groups indicated that the intense community messaging concerning opioids may be somewhat obscuring issues related to all other substance abuse issues.
    - Online survey responses indicate that although a somewhat smaller number of people are drinking, there may be an increase in those that are drinking more heavily.
    - Alcohol Abuse was chosen as the most pressing health issue in the low income group and as the second most pressing issue in the Hispanic community. Both groups referenced the stigma associated with alcohol abuse and the concern that because it is a legal substance, associated problems are often not considered a health issue which leads to lack of treatment.
    - Secondary data often have differences in definition of drinking amounts; however, RWJF Health Rankings show that compared to other Maryland counties, Carroll has a higher rate of excessive drinking.
    - Similarly, BRFSS data show that although Carroll rates of binge drinking have met the Healthy People 2020 targets, at 18%, we are still higher than both Maryland and US rates.

- There were 67 **veterans** who completed the survey, including 18 who had served in a war zone. Of those that served in a war zone, 4 individuals reported that they have been diagnosed with depression, anxiety, or post-traumatic stress disorder.

- 18.7% of online respondents have been diagnosed with an anxiety disorder and of those, 38.6% were receiving treatment for a mental health condition or emotional problem. There was a decline in both of these percentages from 2015 to 2018.

- Key informants and focus group participants identified **mental health** as a matter that is interwoven with a host of other issues, making the problem difficult to define and solutions difficult to implement.
    - As with the opioid epidemic, mental health is an issue that affects entire families. The importance of mental health was directly linked to the impact on somatic health conditions and substance abuse issues.
    - The **stigma associated with mental illness** was identified as a serious barrier to diagnosing and treating these in quite a few focus groups and with key informants.
    - In the Hispanic community, the feeling was that mental illness is often thought of as just a behavior that can be moderated by the individual or related to temperament. Participants were especially concerned about this being why mental health is often not addressed in children.
- In the LGBT session, the issues related to **depression and suicide** were paramount. A lack of mental health providers with expertise in working with the LGBT community was seen as a huge concern.



Social Issues

A reoccurring topic that emerged during our Key Informant sessions was the perceived struggle that the middle class is now experiencing**.**

- Often mentioned was the lack of affordable housing options and the skyrocketing cost of health insurance, which were seen as disproportionately impacting the middle class.
    - In addition to health care, heated discussions occurred around the correlation between middle class incomes and limited job opportunities, housing and even the absence of activities and interests to entice young adults to stay in or move to Carroll.
    - There was a perception that although there are some employment opportunities available paying minimum wage and slightly above minimum wage, many informants reported that there are a lack of mid-level jobs into which people can progress. Those high skill and high level jobs that do exist in the county were also seen as having low turnover rates that also affect individuals' decisions to remain in the county.
    - Many informants felt that **millennials** not only can't afford to live or buy a home in Carroll County, but they also do not find living in the county as a good option as there are few activities or built environment amenities that are fitting for the younger population.

- A recognition that social determinants of health and **their impact on physical health** has increased exponentially.
    - When the community leaders were asked to name the top three issues, Employment Opportunities, Affordable Housing and Social Support were named
    - When asked which social determinants would have the greatest ability to impact health, Affordable Housing and Quality Health Care were tied as having the greatest impact.

- In all focus groups, the primary social determinants included **employment opportunities and affordable housing**, reflecting a basic need for stability before worries about healthcare can be addressed. The low income community expressed frustration that even job skills and education do not ensure employment due to a lack of experience or "getting your foot in the door."

- The low income focus group mentioned child development issues as a more concerning determinant than the other groups. This group had the largest family size although number of children was not asked of this group.

The full 2018 CHNA Consolidated Report contains comprehensive data and information from all survey components. This report is available on The Partnership website, healthycarroll.org, and in hard copy by request.

COMMUNITY BENEFIT
& Health Improvement Plan

Sharing the S.P.I.R.I.T.

FY 2019-2021

CARROLL HOSPITAL
a LifeBridge Health center

The Partnership
for a Healthier Carroll County

Table of Contents

Section 1 — Introduction

Mission, Vision & Values

MISSION

Our communities expect and deserve superior medical treatment, compassionate care and expert guidance in maintaining their health and well-being. At Carroll Hospital, our mission is to offer an uncompromising commitment to the highest quality health care experience for people in all stages of life. We are the heart of health care in our communities.

VISION

Carroll Hospital is a portal of health and wellness. We take responsibility for improving the health of our populations through care management and delivering high quality, low cost services in the most appropriate settings. We engage our community at all points of care and promise to provide a seamless health care experience.

Carroll Hospital and The Partnership for a Healthier Carroll County (The Partnership) share the same values, which are clearly defined and integrated in our signage, employment applications, community materials and more. Our values characterize all our actions and experience inspired by personal relationships and genuine compassion.

Our S.P.I.R.I.T. Values include:

Service: *Exceed customer expectations*

Performance: *Demonstrate accountability and achieve excellence in all that we do*

Innovation: *Take the initiative to make it better*

Respect: *Honor the dignity and worth of all with compassion*

Integrity: *Uphold the highest standards of ethics and honesty*

Teamwork: *Work together, win together*

Community Benefit Service Area

Carroll Hospital primarily defines its community benefit service area as Carroll County. The hospital further defines primary and secondary service areas in our Financial Assistance Policy. These communities and zip codes include:

Primary

Finksburg (21048)
Hampstead (21074)
Mount Airy (21771)
Sykesville (21784)
Union Bridge (21791)
Westminster (21157 & 21158)
Keymar (21757)
Manchester (21102)
New Windsor (21776)
Taneytown (21787)
Upperco (21155)
Woodbine (21797)

Secondary

Reisterstown (21136)

The Health Services Cost Review Commission (HSCRC) defines a hospital's primary service area as follows for the mandated community benefit report: "The Maryland postal zip code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12-month period available, where the discharges from each zip code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC." (Source: HSCRC FY 2017 Community Benefit Narrative Reporting Instructions).

By that definition, Carroll Hospital's primary service areas include community members living in the following postal zip code areas:

Westminster (21157)
Westminster (21158)
Manchester (21102)
Eldersburg/Sykesville (21784)
Hampstead (21074)

For the Community Benefit & Health Improvement Plan, we will align the community benefit primary service area definition with the hospital's Financial Assistance Policy definition.

Carroll Hospital Community Benefit Policy

In 2005, the Governing Board of Carroll Hospital established a board-level Community Benefit Policy to clarify and standardize the importance of this element of our mission as a community hospital and as a non-profit organization. Copy is attached in the Appendix.

Community Benefit Planning & Evaluation Committee Membership & Responsibilities

Membership on the Community Benefit Planning and Evaluation Committee is by appointment by the president of Carroll Hospital and includes a diverse group of clinical, financial, compliance, educational and community outreach leaders from the hospital. It also includes representatives from The Partnership, Access Carroll and the Carroll County Health Department.

The committee's charge includes:

1. Developing the Carroll Hospital Community Benefit & Health Improvement Plan for review and approval by the hospital's executive team, the Carroll Hospital Board of Directors and The Partnership's Board of Directors.
   - The plan must be based on information from our recent Community Health Needs Assessment (CHNA) and address verified community needs.
   - The plan must comply with all relevant aspects of the 2010 Affordable Care Act, the HSCRC Community Benefit Guidelines and the IRS 990 guidelines.
   - The Community Benefit & Health Improvement Plan will become an integrated component of the hospital's overall strategic plan and The Partnership's strategic plan.
   - Annual budget projection will include efforts to support Community Benefit & Health Improvement Plan objectives and strategies to address prioritized needs.
2. Reviewing and updating the Carroll Hospital board-approved policy (attached) regarding community benefit fulfillment by our hospital.
3. Providing guidance and assistance regarding the communication of our Community Benefit & Health Improvement Plan either via web, hard copy or other medium.
4. Rolling out and informing the Carroll Hospital Management Forum about the plan.
5. Annually monitoring our organizational compliance with the plan to include the impact we are having on the identified needs and to support required narrative reports to the HSCRC and IRS.
6. Reporting our annual evaluation of our Community Benefit & Health Improvement Plan performance and recommendations to the executive team and board of directors of both Carroll Hospital and The Partnership.

Maryland State Health Services Cost Review Commission

Each year, Carroll Hospital submits a comprehensive community benefit report to the HSCRC, which includes an accounting of community benefit activities conducted by the hospital and a narrative which supplements the financial report. The major categories covered in the report include: community health services, health professionals education, mission-driven health services, research, cash and in-kind contributions, community building activities, community benefit operations and charity care (financial assistance).

The detailed activities and financial data for the report are gathered throughout the year in Lyon Software's CBISA — an online community benefits data and reporting software.

In recognition of the importance of this work, a multi-step review and approval process is incorporated. The Community Benefit Planning & Evaluation Committee members review the preliminary expense report and narrative to consider expenditures in context with activities designed to impact the needs identified. The expense report is then reviewed internally by leaders, including the LifeBridge Health board's community mission committee, the hospital board and, ultimately, submitted to the HSCRC.

A community version of the report is published in the hospital's community newsletter, in its annual report, and on the web sites of the hospital and The Partnership. Progress toward the desired health improvement targets and outcomes of all health improvement efforts will be organized via the evaluation responsibilities of the Community Benefit Planning and Evaluation Committee, who will prepare an annual summary report to the board of directors of Carroll Hospital and The Partnership.

Carroll Hospital Former Community Benefit & Health Improvement Plans

A Community Benefit Planning and Evaluation Committee and formal written plan have been in place at Carroll Hospital and The Partnership for several years. The Community Benefit & Health Improvement Plans FY2014 to FY2016 and FY2017 to FY2018 were the previous plans by the hospital and The Partnership to address the 2012 and 2015 Community Health Needs Assessments, respectively.

See Appendix for a copy of the previous plans.

In the fall of 2011, the board of directors of The Partnership voted unanimously to undertake responsibility for a Community Health Needs Assessment (CHNA). The process would assure compliance with all requirements as defined by federal or state authorities and assure the hospital's ability to develop a hospital board-approved Community Benefit & Health Improvement Plan.

In previous years, The Partnership's Board of Directors assumed responsibility as the "Community Coalition" required in a separate but somewhat similar State Health Improvement Process (SHIP), and this year they built on this responsibility. In 2018, it was determined with the support of the Carroll Hospital, the Carroll County Health Department and the board of directors that The Partnership will now serve as the backbone organization for community health improvement in Carroll County under the Collective Impact Model. The Community Benefit & Health Improvement Plan as well as the Local Health Improvement Plan will both be components of the Common Agenda.

This coordination of efforts has proven to be an extremely successful process. The 2012 and 2015 Community Health Needs Assessments were used to create seamless plans reaching further than the anticipated Community Benefit and Local Health Improvement Plans. The outcomes were seen in other organizations' strategic plans throughout the county. Community engagement in the plan has been strong, and measurable progress has been captured via our Healthy Carroll Vital Signs data monitoring system.

We continue this process as we moved forward gathering more information with each assessment, providing longer term trending reports and measurable results and connecting with additional key informants and target populations while we streamline the efforts.

The Partnership integrates bi-annual measurement processes into all of its health improvement work known as "Healthy Carroll Vital Signs (HCVS)." These measures build on national benchmarks and improvement targets and have been nationally recognized for use in community health improvement work. All of this experience enhances The Partnership's ability to lead a process of this importance and exceptional scope.

There continues to be a strong integrated approach by the leaders at the Carroll County Health Department (CCHD) with Carroll Hospital's Sharing the S.P.I.R.I.T. Plan and The Partnership's strategic plan. The creation of a Community Health Plan is underway, which will incorporate both of the previously mentioned Plans as well as a broader community plan that will include local businesses, nonprofits and governmental agencies.

Advertising for online Community Health Survey

Assessment Overview

To assure compliance with all regulatory requirements, a multi-component process was determined necessary.

Components include:

Primary Data:

- An online **Community Health Needs Survey** was conducted with Carroll County residents between July 1 and August 31, 2017. The survey was designed to assess their health status, health risk behaviors, preventive health practices and health care access primarily related to chronic diseases and injury. A total of 1,254 resident surveys were completed. Additionally, this same survey was promoted to randomly selected residents at community events during this same timeframe, and an additional 46 surveys were completed.
- **Three Key Informant Survey sessions** were held with community leaders and partners. Key informants represented a variety of sectors, including public health and medical services, nonprofit and social organizations, children and youth agencies, and the business community. An additional and separate key informant session was held with mid-level, nonprofit direct service providers. The respondents were asked to complete the survey using their professional knowledge with the populations they serve. A total of 93 key informant surveys were completed.
- Five sessions of **Targeted Populations Research** were conducted using a survey tool that was aligned with the key informants. Focus groups included African American, Hispanic/Latino, LGBT, low income and older adult community members. We asked the respondents to complete the survey as it related to their identified population. A total of 92 surveys were completed.

Secondary data was collected and reviewed to reinforce and possibly identify any additional needs that may have been uncaptured in our primary data components. This extensive data includes:

- **County/Community Demographics:** This information was collected from the Carroll County Department of Economic Development. A good understanding of the ethnic diversity, age distribution, education and employment status, poverty status and more is the necessary context for considering all of this information.
- **Our Community Dashboard:** 100+ indictors were selected from a Maryland-specific list of core measures.
- **Healthy Carroll Vital Signs:** Data indicators are updated twice annually to report on the trending patterns of the plan's priority issues.
- **State of Maryland Health Improvement Process and Local Health Improvement Plan:** 38 high impact objectives were identified with a per-county profile serving as the baseline document.
- **Carroll Hospital Data:** Using the Horizon Performance Manager, readmission rates were tracked using nine recurring categories.
- **Maryland Rural Health Plan:** This Maryland Rural Health Association document gives life to the health care status of rural Marylanders.
- **Healthy Community Vision Project:** This project employed innovative methods to get community involvement in determining the key health issues facing Carroll County.
- **Other Data**
  - County Health Ranking, which is collected by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
  - *ALICE Study of Financial Hardship*, which is a United Way project. Alice stands for Asset Limited, Income Constrained, Employed.
  - *Summary of the Self-Sufficiency for Maryland 2016*, which is published by the Maryland Action Partnership and calculates how much income a family must earn to meet basic needs.

Information Gaps

While every attempt was made to design a comprehensive assessment, it may not measure all aspects of health in the community, nor can it adequately represent all possible populations of interest. For example, undocumented residents and members of all minority groups might not be represented in sufficient numbers.

It is important to note that the number of completed surveys and limitations to the sampling method yield results that are directional in nature and may not necessarily represent the entire population within Carroll County.

Summary

Details and findings from each component were combined for a "Consolidated Report," and an executive summary was created for a high level overview of the assessment results. A great deal of information is available for future reference and online at HealthyCarroll.org.

Then, working collaboratively, The Partnership's board, Carroll Hospital's board and executive team, local officials, representatives from the Needs Assessment Committee and the hospital's Community Benefit Planning and Evaluation Committee took the next critical step of prioritizing our focus for action in the next three years. A joint strategies meeting was then convened on December 15, 2017, and was facilitated by Teresa Shattuck, of Shattuck and Associates, after a thorough review of the assessment process, documentation and results.

During the survey process, the key informants and the focus groups were asked questions regarding social determinants of health. This year's process included nine social determinants of health in the presentation and discussion. Listed in alphabetical order:

1. Affordable housing
2. Early childhood education
3. Economic success
4. Educational attainment
5. Employment opportunities
6. Food security
7. Job skills
8. Quality health access
9. Social support

Social determinants listed below are in order of most identified:

1. Employment opportunities
2. Affordable housing
3. Quality health access
4. Job skills

The top 20 health issues identified through survey collection, County data, and moderated session were included in the prioritization process.

The 20 issues listed here in alphabetical order:

1. Alcohol abuse
2. Alzheimer's disease/dementia
3. Asthma
4. Cancer
5. Chronic respiratory disease/COPD
6. Congestive heart failure
7. Dental health
8. Diabetes
9. E-cigarettes/vaping
10. Heart health
11. Immunization/vaccination
12. Injury
13. Illegal substance abuse
14. Mental health
15. Obesity
16. Prescription drug abuse
17. Physical inactivity
18. Sexually transmitted diseases and infection
19. Stroke
20. Tobacco use

To narrow the topic areas for that prioritization process, we requested active input from attendees into determining the priority needs for the focus of the Community Benefit & Health Improvement Plan from among the list of the 20 items on previous page.

We used interactive electronic technology to capture the confidential votes of all attendees. The criteria for prioritization was on a 6-point scale. We had two criteria:

Seriousness

- How significant is the consequence if we do not address this issue?
- How pervasive is the scope of this issue? Does it affect the majority of our population or only a small fraction?
- Is it getting worse? Negative trend?

Ability to Impact

- Can we make a meaningful difference with this issue?
- What is our ability to truly make an impact?
- Are there known proven interventions with this issue?

Using the natural breaks that occurred during the prioritization, we were able to rule in 13 of the health areas as we continued in the planning process. Identifying and bringing together our community leaders and stakeholders for each of the 13 health areas afforded us the opportunity to dig deeper into the concentration of efforts, gaps and needs relative to the area. We were then able to systemize and establish roles and responsibilities. The results are as follows:

- Substance abuse disorders: illegal drug use, prescription drug abuse, alcohol, tobacco
- Dental health
- Primary and secondary prevention of chronic conditions: Physical inactivity, obesity, diabetes, cancer, heart disease, stroke
- Mental health

Identified Needs Not Addressed

Immunization/ Vaccination

It was determined that Carroll County's primary immunization concern is the Influenza immunization, which currently is being managed through a collaborative and cooperative process. Additionally, Carroll Hospital offers flu resource information to everyone who uses services as the hospital, as well as in outpatient settings to encourage individuals to get their vaccine. The resources list locations throughout the county where flu vaccines are offered. This information is also listed on the hospital's website and promoted via social media. Flu clinics are held every fall at senior centers as a collaborative initiative led by The Partnership's Healthy Aging Leadership Team with senior centers and a private pharmacy.

Dental Health/ Oral Hygiene

Access Carroll expanded on its primary care medical services to add dental care in fiscal year 2014. In addition, oral health screenings are offered as part of the hospital's annual health fair each year and throughout the county at community events. Additionally, the Partnership's Healthy Aging Leadership Team will evaluate possible roles for improving oral health. The Carroll County Health Department has a dental clinic for children and pregnant women who have medical assistance.

Key Community Benefit Issues

FY 2019 – 2021

During fiscal years 2019 to 2021, the hospital and partners will focus internal and external strategies with anticipated primary outcomes in the following top key issues. These were determined in collaboration with our community and local public health experts via the Community Health Needs Assessment process described above.

In priority order they are:

1. Behavioral health
2. Diabetes
3. Cancer
4. Heart health

These same four areas will simultaneously be addressed collaboratively with other community partners under the leadership of The Partnership.

Meeting the Need

The three-year plan will allow us to focus on the prevalent and high impact issues identified via our FY2018 Community Health Needs Assessment. We are interested in results, and this plan includes our proposed ideas on how to accomplish positive progress in the prioritized need areas.

To identify the priorities, several values were defined and applied via varied group efforts with key community involvement. Because improving community health requires varied intervention strategies, some identified needs will be met by collaborative strategies addressing not only the community external to Carroll Hospital, but also by focusing on hospital staff, volunteers and both patients and families (a.k.a. internal constituents). By addressing internal constituents alongside those external to the hospital, there is a consistency of message and an increased ability to positively impact the community.

As this is not Carroll Hospital's first Community Health Needs Assessment or our first Community Benefit & Health Improvement planning process, it was affirming to note the alignment of multiple strategic initiatives already underway by various departments in Carroll Hospital and also by our affiliates, The Partnership and Access Carroll.

Working closely with partners has been a hallmark of this community hospital that will continue. *Connecting people, inspiring action and strengthening community* are the distinguishing characteristics of The Partnership, which builds the engagement and active involvement of individuals and organizations toward measurable health improvement results. The Partnership's vision is to be a leader in implementing healthy community strategies.

The Partnership's Board of Directors has assumed the Collective Impact Model for Community Health Improvement. With this action, The Partnership will serve as the backbone organization for Carroll County, and a Common Agenda among our member organizations will be used. This is a very exciting endeavor for our community as we are able to move beyond collaboration and further the ability of the collective. The Partnership also will create a Community-level Health Plan that will not only include the Community Benefit & Health Improvement Plan and the Local Health Improvement Plan, the Rural Health Plan but also our partner organizations' and municipalities' efforts in addressing the prioritized community health needs.

All initiatives identified will be advanced under the accountability of Carroll Hospital except those specifically identified as accountable to The Partnership, Access Carroll or the Carroll County Health Department. All actions identified are expected to require the full three years of implementation to accomplish the desired health improvement impact and the targeted results.

There are obvious cross-relationships among several of the priority needs identified. Behavioral health, diabetes, cancer, and heart health all emerged as prominent health problems and share many risk factors and contributing behaviors. We intend to integrate fitness, nutrition, blood pressure awareness, and cholesterol and glucose screenings into programming whenever possible.

Despite a still relatively homogeneous population, we recognize the importance of ethnic and cultural awareness as well as linguistic sensitivity in all outreach activities.

The following outline arranges the needs, in the priority order determined with our community, and describes the need/key finding, objectives, strategies and anticipated outcomes associated with each priority.

We have also included indicators relative to each need area for use in measuring impact and results. The indicators will be tracked by The Partnership and Carroll Hospital. All will be reported publicly on The Partnership's website, HealthyCarroll.org.

Note: The Partnership will address health and wellness with complementary programming specifically for the growing older adult population. Initiatives will be in place to address the needs of this population. Access to health care will be addressed in continuity with The Partnership's Access Leadership Team, which also serves as the Local Health Improvement Coalition. In addition, the Coalition oversees the Local Health Improvement Plan, a component of the Maryland State Health Improvement Plan.

Behavioral Health

Mental Health, Substance Abuse and Alcohol Abuse

The pattern of co-occurrence among behavioral health issues and substance abuse is well documented. Thus, our plan to improve health status in these areas requires acceptance of that relationship and a dual diagnosis approach.

Carroll County has a reported 3,140.8 per 100,000 population age-adjusted emergency room visit rate due to mental health. This number has been on a downward trend since 2011 when it was 3,812.2 (2014, MDH).

Objective:

People across the lifespan are free of addiction and abuse of illegal substances and their effects. Carroll residents have access to integrated, principle-driven mental health systems of care providing recovery/resiliency-oriented services.

Strategies:

1. **Continue current programming:**
   a) Partnership with Maryland Department of Health (MDH), Youth Services Bureau, the Carroll County Health Department (CCHD) and others to improve communication and improved resources for mental health.
   b) Mental health provider education and outreach—radio talks on WTTR regarding depression and other top mental health issues.
   c) Promote availability of The Partnership's Substance Abuse and Mental Health Resource Directory for the community.
   d) Annual *Risky Business* educational conference produced in coordination with other partners including CCHD, The Partnership and others. The goal is to increase awareness of specific local issues related to substance abuse and/or mental health; to build collaborative opportunities for action, and to bring best practices or new ideas to the forefront. Target audience is school teachers, guidance counselors and mental health professionals, family members of persons receiving services related to substance abuse or mental health.
   e) Collaborate with the CCHD to expand variety and availability of best-practice tobacco-quit assistance programs; expand participation in those programs.
   f) Access Carroll in partnership with the CCHD will continue to be a site for tobacco cessation classes, services and supplies.

g) Continue to offer complementary health treatments such as acupuncture to use as an adjunct in managing behavioral health issues.

h) In collaboration with the CCHD, continue Peer Support Specialist program within many areas of the hospital, including the emergency department (ED), as well as Access Carroll. Hospital social work staff and Access Carroll staff have oversight of the program.

i) 22/7 coverage for case management in the ED.

j) Continue relationship with and access to Shoemaker Center and other local providers.

k) Participation in community fairs related to substance abuse issues and resources.

l) Active participation with the Criminal Justice Diversion program.

m) Continue with guidelines/hospital policy regarding controlled dangerous substances availability from Carroll Hospital's emergency department.

n) Continue active participation with the Opioid Overdose Prevention Coalition and Local Overdose Fatality Review Team and other related community groups.

o) Work with the CCHD-funded mobile crisis services for mental health and addiction.

p) Collaborate with the CCHD and The Partnership to use consistent messaging, including MDH messaging, to promote an anti-stigma campaign for mental health and substance use.

q) Continue nalxone education program and distribution of naloxone from ED in collaboration with the CCHD.

r) Hospital employs full-time behavioral health navigator who focuses on the outpatient population and sees individual patients in person, telephonically and also runs the outpatient adult and adolescent addiction education groups for psychiatric day programs.

s) Offer Accountable Care Organization (ACO) provider training on how prescriptions can lead to opiate addiction and the connection to heroin abuse. An ACO-wide pain contract will be offered for their use in their offices.

t) Access Carroll and the CCHD continue to offer behavioral health services for low-income and at-risk Medicare recipients, directly addressing the provider shortage in the community.

u) Continue working with the CCHD and local law enforcement in a collaborative effort between the behavioral health system, behavioral health consumers, family advocates and community services to provide Crisis Intervention Training (CIT).

2. Potential future programming:

a) Explore adding tele-psychiatry for behavioral health services within the LifeBridge Health system.

b) Evaluate implementing depression screening into Carroll Health Group primary care offices with the use of the PHQ9 and implanting social work into those offices.

c) Recruit behavioral health providers to staff outpatient services for patients.

d) Explore pilot to utilize Battlefield Acupuncture in the emergency department to manage pain while reducing the use of opioids.

e) Explore future training and distribution of naloxone to Carroll Health Group provider offices to be administered in the case of an overdose emergency within their offices.

Anticipated Outcome:

Reduction of avoidable readmissions for patients having high utilization (greater than three annually) of behavioral health unit services related to substance abuse and/or co-occurring mental health diagnoses.

Reduction of avoidable emergency department visits for patient having high utilization (greater than three annually) related to behavioral health diagnoses.

Indicators:

- Number of patients re-admitted to Carroll Hospital inpatient unit 3+ times/year for behavioral health diagnosis (Carroll Hospital)
- Suicide mortality—rate per 100,000 (MD Vital Statistics) — SHIP (MD Vital Statistics)
- ED visits related to mental health conditions—SHIP (Maryland Health Services Cost Review Commission)
- Drug-induced mortality rate (deaths caused by prescription or illicit drugs—rate per 100,000 SHIP (Maryland Vital Statistics)
- ED visits for addictions-related conditions—SHIP (Maryland Health Services Cost Review Commission)

Diabetes

9.7% of Carroll County adults have been diagnosed with diabetes (2016, MD BRFSS) and 28.5% of Carroll County Medicare beneficiaries were treated for diabetes in 2015, according to the Centers for Medicare & Medicaid Services.

Objective:

Through increased participation in diabetes education and screening opportunities, community residents with diabetes or prediabetes will achieve increased disease awareness, compliance and self-management education to prevent associated complications. Thus, there will be an improved health status for residents of Carroll County.

Strategies:

1. **Continue current programming:**
   a) Diabetes self-management education
   b) Diabetes and prediabetes education programs in outreach markets, including Mt. Airy
   c) Diabetes workshop annually
   d) Total Health Expo annually
   e) Senior expo annually
   f) The Partnership will lead and sustain a leadership team composed of community and subject matter experts, with a focus on health and wellness. Responding to the identified needs, this team will propose, develop and carry out the team-determined and agreed upon initiatives. These efforts will include a focus on physical activities and education addressing diabetes and pre-diabetes. Existing programming, such as Walk Carroll and Stay Strong, can be expanded or modified to best address issues of exercise and nutrition in this population.
   g) The Partnership will offer support to municipalities for increased physical activities with a focus on park development and work with the county to support the planning and implementation of the county-wide bicycle-pedestrian master plan.
   h) The Partnership and hospital collaborative Carroll's Cooking for Wellness™ classes including sessions directed at a variety of population and potentially held at sites throughout the community.
   i) Offer a free Diabetes Basics Class 6x/year for patients referred to the Diabetes Program that cannot meet their cost obligation.
   j) Continue to offer staff support to the Diabetes Prevention Program recognized through the CCHD.
   k) Offer no-cost diabetes and prediabetes screening to the community at scheduled dates and times throughout the year.

2. **Potential future programming:**
   a) Develop automatic referral process from Carroll Health Group practices to Diabetes Program for anyone with diabetes.
   b) Explore possibility of offering supplemental diabetes education and support in physician offices.
   c) Explore additional opportunities for diabetes education outreach and screening with the faith community.
   d) Assess current diabetes program and explore updates
   e) Collaborate with the CCHD to offer and refer patients and staff to the evidence-based, CDC-supported National Diabetes Prevention Program for people with prediabetes.
   f) Collaborate with the Bureau of Aging and Disabilities to promote the evidence-based *Living Healthy, Living Well with Diabetes* program for people with diabetes and prediabetes .

Anticipated Outcome:

Compliance with best practice standards for self-management of diabetes will be increased through education. Progression rate from pre-diabetes to diabetes will slow.

Indicators:

- Percentage of adults with diabetes (MD BRFSS)
- Age-adjusted death rate due to diabetes/rate per 100,000 (MD Vital Statistics/OCD)
- Emergency department visit rate due to diabetes—SHIP (Maryland Health Services Cost Review Commission)

Heart Health

Heart disease is the leading cause of death in our community. Carroll County is reporting 176.4 deaths per 100,000 population due to heart disease (Maryland Vital Statistics (MVA), 2016) and 46.3 deaths per 100,000 population due to cerebrovascular disease and stroke (MVA, 2016). The Healthy People 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000. Additionally, 32.8% of Carroll County adults have high cholesterol and 9.9% of Medicare beneficiaries in Carroll County have atrial fibrillation (2015, MD BRFSS; 2014, CMS).

Objective:

Increase focus on improving and maintaining cardiovascular health with an emphasis on addressing stroke and heart disease risk factors, recognition, early intervention and prevention.

Strategies:

1. Continue current programming:

a) Offer monthly blood pressure screenings at multiple locations throughout Carroll County, reaching all outreach markets, providing education and referrals as appropriate.

b) Provide education and blood pressure screening as requested to local businesses and organizations.

c) Promotion of Heart Month in February with education and awareness programs.

d) Increase risk awareness via promotion of Stroke Month in May to include educational programs and marketing.

e) Offer monthly stroke survivors support group.

f) Outpatient health navigators are made aware of every patient who is discharged from the hospital with a diagnosis of congestive heart failure and follow them as appropriate.

g) The Partnership will lead and sustain a leadership team composed of community and subject matter experts, with a focus of health and wellness. Responding to the identified needs, this team will propose, develop and carry out the team-determined and agreed upon initiatives. These efforts will include a focus on physical activities and education addressing cardiovascular health. Existing programming, such as stroke awareness, can be expanded or modified, while new initiatives can be implemented in response to community need.

h) *Lose to Win* – nutrition and weight loss program.

i) The Partnership and hospital collaborative *Carroll's Cooking for Wellness™* classes including sessions directed at a variety of population and potentially held at sites throughout the community.

j) Telemonitoring services at home are offered to patients with heart failure after hospital discharge or referral from physician or staff.

2. Potential future programming:

a) Explore opportunities for heart and stroke education outreach with the faith community.

b) Explore development of web linked videos on heart healthy eating.

c) The Partnership is currently exploring community gardens.

Anticipated Outcomes:

The community will maintain a continued downward trend in the death rate per 100,000 populations in Carroll County due to cardiovascular disease and stroke.

Indicators:

- Percentage of adults with high blood pressure (MD BRFSS)
- Percentage of adults with high cholesterol (MD BRFSS)
- Age-adjusted death rate due to CVA (stroke)—rate per 100,000 (MD Vital Statistics)
- Age-adjusted death rate due to heart disease—rate per 100,000 (MD Vital Statistics)
- Emergency department visit rate due to hypertension—SHIP (Maryland Health Services Cost Review Commission)
- Percentage of adults who engage in regular physical activity (150 min. moderate or 75 min. vigorous) (MD BRFSS)

Cancer

Cancer continues to be a leading cause of death in our community. The incidence of breast cancer and melanoma are greater in Carroll County than the Maryland State averages; early detection screening compliance rates for breast and colon are below the American Cancer Society recommended targets. A total of 71.3% of adults aged 50 and older have ever had a sigmoidoscopy or colonoscopy exam, and 78.1% of women aged 50 and older have had a mammogram in the past two years (2014, MD BRFSS).

Objective:

Decrease the burden of cancer in Carroll County by providing cancer education and screening opportunities with a focus on risk factors, prevention, early detection, and access to appropriate treatment and support.

Strategies:

1. **Continue current programming:**
   a) Promote cancer awareness months: write articles on cancer awareness and screenings in various media. Awareness marketed on hospital's social media channels, marquees and digital signage.
   b) Provide cancer education at health fairs, businesses and organizations, local events and Relay For Life.

c) Provide sun safety programs to elementary schools, Head Start, community pools, summer camps, 4-H Fair, The Boys & Girls Club, vacation bible schools, area colleges and health fairs. The Partnership will support skin cancer awareness and prevention programming with an emphasis on children and youth. Current programs include tree plantings to increase awareness of needed shade areas (*Safer in the Shade*) and use of protective measures for sun exposure (*Fun in the Sun*). Collaborative efforts with local child serving agencies and community pools.

   The Partnership will support skin cancer awareness as it affects the Healthy Aging Population. Skin cancer prevention, education and identification are the focus.

d) Offer free, one-on-one informational consultation and clinical breast exam screenings with Carroll Hospital's Center for Breast Health physicians to targeted areas of the community.

e) Offer skin cancer screenings onsite and at outreach locations.

f) Offer *Embrace to Win Weight Management Survivorship* program to cancer survivors (all cancer types) to improve health and decrease obesity, which could impact recurrence rates.

g) Offer cancer support group and breast cancer support group monthly. Offer prostate cancer support group every other month in partnership with local urology practice.

h) *Pink Fling* – a breast cancer awareness, education and fundraising event. Provides a fun afternoon with educational and inspirational speakers, breast cancer survivors and a silent auction.

i) Hold multidisciplinary breast conference every week.

j) Studio YOU, a special area in the Wellness Boutique on hospital campus, offering wigs, hats, breast prostheses, mastectomy bras custom order for a fee.

k) Center for Breast Health, a collaborative, team-based approach to breast care.

l) Referrals to Patient Assistance Funds.

m) Offer monthly "After Cancer" Survivorship e-newsletter.

n) Offer genetic counseling referrals.

o) Collaborate with Carroll County Health Department's Breast and Cervical Cancer Program (BCCP) and colorectal cancer program to increase awareness of cancer screening and services for low-income county residents.

p) Collaborate with Carroll County Health Department's Cigarette Restitution Fund to raise awareness of and offer a range of services to help people quit using tobacco.

2. Potential future programming:

a) Increase awareness and provide education on HPV and the HPV vaccination to the school systems in collaboration with the CCHD.

b) Coordinate with a provider practice to identify and refer patients who meet the criteria for lung cancer screening.

Anticipated Outcome:

Increase awareness and education of screening guidelines and recommendations as well as prevention for skin, breast, cervical and colon cancers.

Indicators:

- Age-adjusted mortality rate from cancer per 100,000—SHIP (MD Vital Statistics)
- Melanoma incidence—rate per 100,000 (MD Cancer Registry)
- Percentage of adults who smoke tobacco (MD BRFSS)
- Adolescents who use tobacco products – SHIP (Maryland Youth Risk Behavior Survey)

Section IV — Financial Assistance

Carroll Hospital is committed to ensuring that financial resources are not a barrier to anyone seeking health care in our community. Every effort is made to find a payment method that is fair and equitable to the patient. Flexible and individualized approaches are used to obtain services that are provided without discrimination on the grounds of race, color, sex, national origin or creed.

Through education and financial counseling, the underinsured and uninsured, and those who have declared a medical hardship, are directed to the most appropriate place to receive a reduced cost for medically necessary care.

This is accomplished by providing the following services:

- Screening for all federal/state programs as well as local funding and charitable programs. Payment options are communicated by signage, the patient information sheet, uniformed summary bill and the hospital website.
- Assistance with the application process for Medicaid, Medicare and Social Security Disability Insurance; every patient is assigned an advocate to ensure all necessary requirements are met in a timely manner, removing any barriers to the process such as documentation procurement. All associated fees are paid by the hospital.
- Our financial counselors are Maryland State Certified and recognized as advocates to many programs such as Qualified Medicare Beneficiary (QMB), and the SOAR (SSI/SSDI Outreach, Access and Recovery for people who are homeless) Program, which has an immediate impact and relief for homelessness. As advocates, we are able to complete the application process without the patient having to travel for interviews.
- Provide necessary interpreter services to eliminate any language barrier at no cost to our patients.
- Provide outpatient services through our affiliation with Access Carroll such as unlimited labs, a limited number of high-cost diagnostic studies and many other outpatient services (See Appendix for the matrix in Financial Assistance Policy for additional information).
- Education is provided on pharmacy assistance programs for either drastically reduced or free drug enrollment and provide assistance with completing the application.
- Assist patients with the COBRA insurance process and when appropriate, provide initial payment for COBRA coverage.
- Financial assistance is provided for either a total reduction of the bill or a sliding scale percentage based on yearly poverty guidelines. Carroll Hospital exceeds the Maryland State requirement of providing a reduction up to 150% of the Federal Poverty Guidelines by offering a reduction up to 375%. Once financial assistance is granted, the patient is covered for reduced-cost care for a 12-month period. The financial assistance policy (see Appendix) is reviewed and updated annually.
- Financial assistance is offered to a patient within the service area who qualifies for any means tested Federal or State program, waiving the application process.
- In conjunction with our local health department, community needs are identified and, through a collaborative effort, programs are developed to address the need. As an example, the *Best Beginnings* program addresses the large population of uninsured and ineligible for insurance community members in need of prenatal care. A sliding scale fee is offered based on income and used for all services necessary, including physician visits, to ensure a healthy pregnancy and ultimately a healthy baby.
- Our financial counselors are trained and updated on the many agencies within our community that potentially provide access to care for services such as drug addictions programs, shelters, etc. As part of a multi-agency collaboration, a yearly educational session is mandatory to ensure an understanding of the many options available to patients.
- The financial counselors work with many different entities on the patient's behalf in an effort to not only take care of the immediate need for services, but also to establish a plan for a continuation of care and remove the barriers that obstruct access.

Section V — Evaluation

Carroll Hospital's mission is to be the heart of health care in the community by committing to offer the highest quality health care experience for people in all stages of life. The hospital's board of directors recognizes the hospital's charitable mission to the community and governs the organization in a manner that assures that the hospital fulfills that commitment.

Management has sought input from key community stakeholders and the community by conducting a comprehensive health survey. Taking into account the findings of that survey, management has defined key health priorities, objectives and measures of success to advance the health of the community. The board of directors has ratified those priorities.

The president and executive council will assure that the identified priorities are incorporated into the yearly tactical/operational plan and long-range strategic plan of the organization. The board of directors will assume oversight to assure that the hospital carries out the overall strategies identified in the Community Benefit & Health Improvement Plan.

An annual evaluation of the Community Benefit & Health Improvement Plan will be conducted. This evaluation will assess:

- Resources: The sufficiency and allocation of resources available to operate the planned programs
- Activities: Progress toward completion of the proposed strategies
- Outcomes: To the extent an outcome has been established, benchmark progress toward achievement of the desired outcome

Using a standard format for evaluation, the Community Benefit Planning and Evaluation Committee (Committee) will conduct the detailed evaluation by reviewing both qualitative and quantitative information provided by the hospital, The Partnership and other applicable external resources/agencies. Based on the review of progress toward the achievement of Community Benefit & Health Improvement Plan objectives and outcomes, the Committee will make recommendations to continue, discontinue, modify or expand the program.

Additionally, The Partnership conducts a semi-annual review of the indicator measurements, which are then presented to The Partnership board twice a year.

Annually, the Committee will review the report of community benefit expenditures and accompanying narratives related to the Community Benefit & Health Improvement Plan. This report will be submitted to the HSCRC subsequent to that review. The results will also be the basis for information reported on the hospital's annual form 990 tax filing.

The LifeBridge Health board's community mission committee will evaluate the adequacy of the processes in place to validate the accuracy of the community benefit-related expenses and reporting of those results to external parties.

The board has the responsibility for monitoring the hospital's achievement of the individual objectives adopted in the Community Benefit & Health Improvement Plan. As such, the board will receive the results of the annual evaluation performed by the Community Benefit & Health Improvement Plan development team. This report will summarize the hospital's progress toward achievements of proposed strategies and desired outcomes, as well as any recommendations related to future programs.

Review Process Timeline

October/November	Community Benefit Planning and Evaluation Committee conducts evaluation of plan—Outcomes, Expenditures, and Narrative Support.
November	Community mission committee of the board reviews report of expenses and narrative submitted to the HSCRC.
December	The LifeBridge Health and Carroll Hospital boards approve final report. Plan expenditures and narrative reported to the HSCRC in conjunction with annual reporting requirements.
March-May	990 form filing is approved by the risk, audit and compliance committee. Annual budget process/goal development.
June	Annual evaluation of Community Benefit & Health Improvement Plan for fiscal year submitted to the Carroll Hospital board.

Hospital-Based Physicians

Inpatient

A shortage of primary or specialty providers has perhaps posed the most significant challenge in inpatient care delivery. Substantial physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY17, more than $8.6 million was spent to ensure care for all patients and recruiting and retaining physicians.

Outpatient

Equally important is access to physicians on an outpatient basis, not just for the uninsured, but for all patients, especially our growing Baby Boomer population. To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties.

The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY17 included primary care, cardiology, gastroenterology, obstetrics/gynecology, psychiatry, surgery and neurology.

Coverage in the Emergency Department

While Carroll Hospital cares for patients with no means to pay their medical expenses throughout the hospital, it is seen most acutely in the ED, where many underserved or uninsured patients often come for primary and emergent care.

Since all patients presenting to the ED are treated for any medical condition regardless of their ability to pay for care, the uninsured population poses a significant challenge, not only to the hospital but also to physicians providing care in the hospital and in the ED. Due in part to a lack of or minimal reimbursement, it has become increasingly difficult to find specialists to provide around-the-clock, on-call services for the ED. The more serious issue is that this trend affects not only our uninsured/underinsured patients, but all patients seeking treatment in our ED.

The likelihood that patients present more acutely in the low-income population and the accompanying increased potential for malpractice claims also has contributed to specialists choosing not to cover non-paying patients in the ED. That gap is most significant in surgical specialties, including orthopaedics, otolaryngology (ENT), general surgery and plastic surgery. There also has been increasing reluctance from other specialties with significant ED volumes, including vascular surgery, neurosurgery and neurology.

To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call totaled $854,602 in FY2015.

Access to Care—The At-Risk Population: Access Carroll

Another ongoing significant undertaking in the hospital's mission to continue to provide for the uninsured is our partnership with the Carroll County Health Department to fund Access Carroll, a private, nonprofit health care provider that cares for low-income and uninsured people in the area. Many Carroll Hospital affiliated physicians and specialists donate their time to and accept referrals from Access Carroll. In FY17, Access Carroll had 6,237 medical encounters (464 new patients), 4,231 dental encounters (513 new patients) and 4,800 behavioral health encounters (140 new patients) for a total of 15,268 encounters. This practice hopefully will continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to general health care when they need it, so that health conditions do not worsen due to their inability to pay for services.

Since 2005, Access Carroll has been helping its patients manage chronic diseases, including diabetes, hypertension, respiratory conditions, chronic pain and mental health issues. The practice features seven medical exam rooms, four dental suites, a centralized pharmacy and 4,200 square feet of space dedicated to behavioral health and recovery services.

Accountable Care Organization (ACO)
Physician-Hospital Organization (PHO)

The Carroll ACO and Carroll PHO are collaborations among physicians and Carroll Hospital that focus on care coordination and health information sharing and solutions. Led by physicians, the organizations are designed to solve large and complex challenges that frustrate physicians and their offices. ACOs have been found uniquely effective in delivering better care at lower costs in a manner that also improves the economic health of participating physician practices.

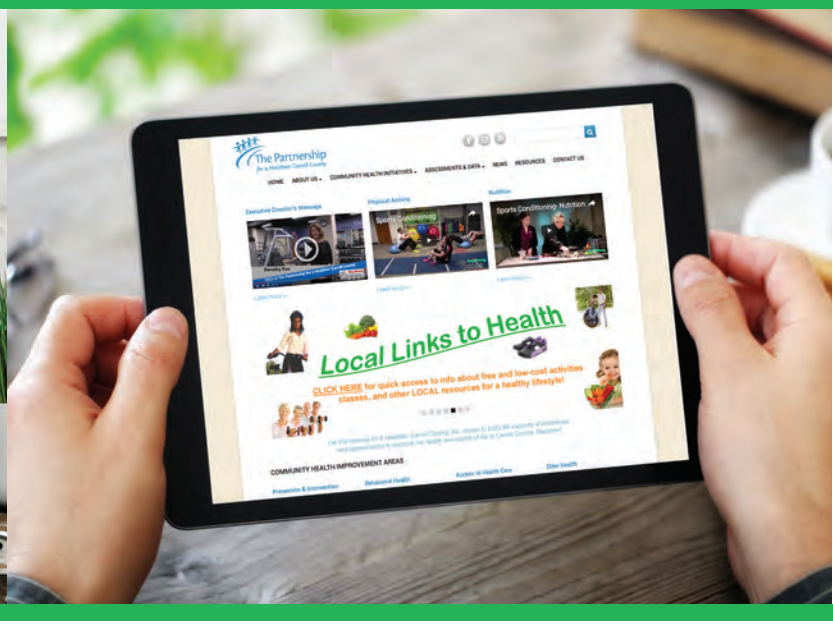
Two of the most significant benefits anticipated are better patient care and better outcomes. By providing physicians with evidence-based care plans developed by the physicians of the ACO/PHO and by connecting patients to clinical, educational and support resources, both patients and physicians will have the tools they need to improve the care process.

In addition, helping physicians understand and implement the connectivity they need to exchange health care information at a state and national level is crucial. Through its members, the ACO/PHO will have the expertise physicians can draw upon to implement systems that will qualify for Meaningful Use and allow for participation in CRISP, Maryland's Health Information Exchange.

We know that the key to success in the future will be collaboration, efficiency, cost reduction and quality. And, while we can never be certain what challenges health care will face in the future, what we do know is that it's changing rapidly. We also know that the Maryland Health Care Commission and Centers for Medicare and Medical Services will continue to pressure providers across the state and throughout the country to find ways to provide more coordinated care and reduce costs.

Carroll Hospital is making significant progress through its ACO/PHO and will continue to develop the organizations to integrate and improve patient care.

Section VII — Communication



Internal Communication

The Community Benefit & Health Improvement Plan will be shared with the boards of Carroll Hospital and The Partnership. The Community Benefit Report is shared with hospital leadership and the board of directors each year before it is submitted to the HSCRC.

An overview of the final report and progress on community benefit outcomes will be presented to management forum regularly and communicated to hospital staff through internal newsletters.

External Communication

The Community Benefit & Health Improvement Plan implementation strategy will be communicated at The Partnership's annual *We're On Our Way* community event, and will be posted on the hospital's and The Partnership's websites by June 30, 2018.

Carroll Hospital publishes the Community Benefit Report in its annual report to donors, distributed January/February each year, as well as the winter/spring issue of *A Healthy Dose*, the hospital's community magazine mailed to more than 50,000 households.

The report also is made available on the hospital's website (CarrollHospitalCenter.org) after February. The Community Benefit tab on the hospital's home page (CarrollHospitalCenter.org/Community-Benefit) links to a comprehensive overview of our various community benefit initiatives and programs. A link to this community benefit strategic plan also will be included on that page.

The HSCRC Community Benefit Report is submitted to the HSCRC in December and published as part of the state's community benefit report. It also is available on the HSCRC's website (hscrc.state.md.us).

Section VIII — Conclusion

This plan is a result of the collaborative work by the Community Benefit Planning and Evaluation Team. Each member's contributions are greatly appreciated.

Needs *not* addressed in our plan and what else we will do

- Four of 20 identified needs were selected as the priorities of this Community Benefit & Health Improvement Plan based on:
  1) Seriousness
  2) Ability to impact
- Information about the other needs, including full copies of all CHNA component results, is included in the Appendix of this plan, posted on the website and communicated to our diverse community partners for their use.
- While impact efforts will target the priorities for results, all of The Partnership's teams and Carroll Hospital will remain aware of the other needs, monitor any changing trends annually and remain open to plan modifications if assessments warrant that action.
- Any opportunity for collateral impact on a need other than the prioritized needs will be explored, measured and celebrated.

Ongoing Commitment to Community Benefit

- Inclusion in Carroll Hospital's and The Partnership's annual goal review and/or strategic planning processes.
- Introduction of Community Benefit & Health Improvement Plan to Carroll Hospital management forum and integration with annual performance review systems for accountability.
- Hardwired system and timeframe for impact expectations, results measurement and accountability.
- Hardwired system for results reporting and accountability to community mission committee of the LifeBridge Health Board, LifeBridge Health and Carroll Hospital boards as well as The Partnership Board.
- Delivery system transformations within Carroll Hospital and its subsidiaries, to address population health including a focus on prevention; continuous improvements in care quality and safety and efforts to advance care quality across the health care continuum have potential ability to impact results outside of the top four priority areas.

Section IX — Appendices

FY2017 – FY2018 Community Benefit Plan

FY2014 – FY2016 Community Benefit Plan

Carroll Hospital Financial Assistance Policy

Carroll Hospital Community Benefit Policy

FY2018 Community Health Needs Assessment

Title: Financial Assistance Policy	Effective Date: 2/7/2017
Document Owner: Lori Buxton	
Approver(s): Bridget Krautwurst, James Miller	

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

This policy may not be materially changed without the approval of the Board of Directors.

THIS POLICY WAS APPROVED BY THE BOARD OF DIRECTORS AND ALL APPROVERS ON 2/7/2017.

I. Policy:

It is the policy of the Carroll Hospital Center, Carroll Home Care, and Carroll Hospice (collectively "CHC") to adhere to our obligation to the communities we serve to provide medically necessary care to individuals who do not have the resources to pay for medical care. Services will be provided without discrimination on the grounds of race, color, sex, national origin or creed.

Any patient seeking urgent, emergent care, or chronic care at CHC will be treated without regard to a patient's ability to pay for care. CHC will operate in accordance with all federal and state requirements for the provision of healthcare services, including screening and transfer requirements under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA). Financial Assistance is available to patients who qualify in accordance to this policy.

II. Purpose:

This policy describes the criteria to be used in determining patient eligibility and outlines the guidelines to be used in completion of the financial assistance application process. The Hospital will use a number of methods to communicate the policy such as signage, notices, an annual advertisement in the local newspaper and the hospital website.

III. Definitions

A. Emergent Care: Care that is provided to a patient with an emergent medical condition and must be delivered within one to two hours of presentation to the Hospital in order to prevent harm to the patient. This includes: A medical condition manifesting itself by acute symptoms of sufficient severity (e.g. severe pain, psychiatric disturbances and/or symptoms of substance abuse, the health of a pregnant woman and/or her unborn child etc.) such that the absence of immediate medical attention could seriously jeopardize the patient's health.

B. Urgent Care: Care that must be delivered within a reasonable time in order to prevent harm to the patient. This includes care that is provided to a patient with a medical condition that is not life/limb threatening or not likely to cause permanent harm, but

requires prompt care and treatment, as defined by the Centers for Medicare and Medicaid Services (CMS) to occur within 12 hours.

C. Chronic Care: Care provide to patients in order to manage their disease and reduce their risk for hospitalization. These illnesses, characterized as ambulatory sensitive conditions, include conditions such as diabetes mellitus, CHF, COPD, angina, epilepsy, hypertension, and Asthma.

D. Elective Care: Care that can be postponed without harm to the patient or that is not medically necessary. An appropriate nursing or physician representative will be contacted for consultation in determining the patient status.

E. Medical Necessity: Any care that meets the definition of emergent, urgent, or chronic care.

F. Immediate family: A family unit is defined to include all individuals taken as exemptions on the income tax return for the individual completing the application, whether or not they were the individual filing the return or listed as a spouse or dependent. For homeless persons or in the event that a family member is not obtainable, the family unit size will be assumed to be one. If a tax return has not been filed, then income from all members living in the household will be considered.

G. Liquid Assets: Cash, checking/savings account balances, certificates of deposit, stocks, bonds, money market funds, rental properties etc. The availability of liquid assets plus annual income will be considered in relation to the current poverty guidelines published in the Federal Register. The first $10,000 of monetary assets, and up to $150,000 in a primary residence is excluded.

H. Medical debt: Out of pocket expenses, excluding copayments, coinsurance and deductibles, for medical costs billed by a hospital as defined under Maryland Code, Title 10, Subtitle 37.10.26 – *Patient Rights and Obligations – Hospital Credit and Collection and Financial Assistance Policies*.

IV. Patient Education and Outreach:

A. Patients who qualify for financial assistance can be identified either before or after services are provided. A determination of probable eligibility will be made within two business days following a patient's completion of the financial assistance application.

B. CHC will clearly post signage in English and Spanish to advise patients of the availability of financial assistance. Staff members will communicate the contents of signs to people who do not appear able to read. Signage will be posted in conspicuous places throughout the hospital, including each registration area and the billing department, informing patients of their right to apply for financial assistance. Inquiries are directed to the financial counselor at (410) 871-6718.

C. The CHC hospital website, all patient bills, and patient information sheet shall include the following information:
   1. A description of CHC's financial assistance policy;
   2. Contact information for the individual and/or office at the hospital that is available to assist the patient, the patient's family, or the patient's authorized representative in order to understand:
      a. The patient's hospital bill;
      b. The patient's rights and obligations with respect to the hospital bill;
      c. How to apply for the Maryland Medical Assistance Program, CHC Financial Assistance, Maryland Healthcare Connect, and any other programs that may help pay the bill.
   3. A description of the patient's rights and obligations regarding billing and collection practices under law.
   4. An explanation that physician charges are not included in the hospital bill and are billed separately.

D. An information sheet explaining patient's rights and responsibilities shall be provided to the patient, the patient's family, or the patient's authorized representative before discharge, with the hospital bill, and upon request.

V. Eligibility Criteria:

A. Patients seeking emergent, urgent, or chronic care services shall qualify for financial assistance consideration. CHC will use a consistent methodology to determine eligibility to include: income, family size, and available resources.

B. CHC will utilize the *Carroll Hospital Center Service Area (Exhibit A)* to determine the scope of the financial assistance program. All hospital, home care, and hospice services considered medically necessary for patients living in the service area are included in the program.

C. CHC will utilize the *Income Scale for CHC Financial Assistance (Exhibit B)* which is based on the most current Federal Poverty Guidelines to determine financial assistance eligibility.

D. CHC will utilize the *Maryland State Uniform Financial Assistance Application (Exhibit C).*

E. Non-United States citizens are not covered for financial assistance under this program.

F. All available financial resources shall be evaluated before determining financial assistance eligibility. This includes resources of other persons and entities who may have legal responsibility for the patient. These parties shall be referred to as guarantors for the purpose of this policy.

G. Applicants who meet eligibility criteria for Medicaid must apply and be determined ineligible prior to Financial Assistance consideration. Applicants that do not meet eligibility after the initial screening are waived from this requirement.

H. During open enrollment or the event of a major life change resulting in the loss of insurance coverage, the patient will be required to purchase coverage if eligible through the Maryland Health Connection. If it is determined that the patient cannot afford the insurance premium, the Hospital may pay the premium at the discretion of the Financial Assistance Committee.

I. Assessment forms shall identify all income sources on a monthly and annual basis (taking into consideration seasonal employment and temporary increases and/or decreases in income) for the patient/guarantor. If anyone in the family unit owns a business, the gross receipts and net income from the business will be considered. Additionally, current information must be submitted for business income and expenses. If current income and expenses are not available, the previous year's tax return 1040 and Schedule C must be submitted. Examples of income sources are:

1. Income from wages
2. Retirement/Pension Benefits
3. Income from self-employment
4. Alimony
5. Child support
6. Military family-allotments
7. Public assistance
8. Pension
9. Social Security
10. Strike benefits
11. Unemployment compensation
12. Workers Compensation
13. Veterans Benefits
14. Other sources, such as income and dividends, interest or rental property

J. All information obtained from patients and family members shall be treated as confidential. Assurances about confidentiality of patient information shall be provided to patients in both written and verbal communications.

K. Patients/guarantors shall be informed in writing of financial assistance determinations along with a brief explanation. Patients/guarantors shall be informed of the mechanism for them to request a reconsideration of the denial of free or reduced care. A copy of the letter shall be retained in the confidential central file, along with the patient/guarantor's application.

L. Financial assistance determinations shall remain in effect for future services provided for six months following approval.

M. Financial assistance eligibility decisions can be made at any time during the patient's interaction with the Hospital or the hospital's billing agents as pertinent information becomes available. The Financial Assistance Committee may grant financial assistance outside of the terms of this policy in response to the specific needs of a patient as needed.

N. Emergency room patients with a healthcare credit score below 534 will qualify for financial assistance for that visit only.

O. Patients referred to Carroll Home Care or Carroll Hospice from Carroll Hospital Center will be automatically eligible based on qualifying for hospital financial assistance. In addition, hospital based physician charges billed under the Carroll Hospital Center (CHC) will also be eligible (Reference: Exhibit D).

VI. Medical Financial Hardship

Maryland law requires identifying whether a patient has incurred a medical financial hardship. A financial hardship means medical debt, incurred by a family over a 12 month period that exceeds 25% of family income. Medical debt is defined as out of pocket expenses, excluding copayments, co-insurance, and deductibles, for medical costs billed by CHC. Services provided by the Hospital as well as those provided by hospital based physicians and billed by CHC are included in this policy and in consideration for medical financial hardship. Other hospitals' fees and professional fees (i.e. other physician charges) that are not provided by the CHC are not included in this policy (Reference: Exhibit D). For patients who have been deemed to have incurred a financial hardship, the hospital will provide reduced cost medically necessary care to patients with family income below 500% of the Federal Poverty Level.

If a patient qualifies for medical financial hardship, the patient or any immediate family member of the patient living in the same household shall remain eligible for reduced cost care when seeking subsequent care at CHC during the 12 month period beginning on the date on which the reduced cost care was initially received. It is the responsibility of the patient to inform the Hospital of their existing eligibility under a medical financial hardship for 12 months. In cases where a patient's amount of reduced cost care may be calculated using more than one of the above approaches, the amount which best favors the patient shall be used.

VII. Presumptive Financial Assistance Eligibility

Some patients are presumed to be eligible for financial assistance discounts on the basis of individual life circumstances (e.g., homelessness, lack of income, qualification for applicable federal or state programs, etc.). CHC will grant 100% financial assistance to US citizens determined to have presumptive financial assistance eligibility. CHC will internally document any and all recommendations to provide presumptive financial assistance discounts from patients and other

sources such as physicians, community or religious groups, internal or external social services or financial counseling personnel.

Individuals shall be asked to provide proof of qualification or participation in programs that, by their nature, are operated to benefit individuals with limited financial resources. Patients receiving the following services shall be considered eligible for presumptive financial assistance.

a. Patient has received care from and/or has participated in Women's, Infants and Children's (WIC) programs.
b. Patient is homeless.
c. Patient's family is eligible for and is receiving Maryland food stamps.
d. Patient's family is eligible for and is participating in subsidized school lunch programs.
e. The patient's home address and documentation evidencing status in an affordable or subsidized housing development.
f. Patient/guarantor's wages are insufficient for garnishment, as defined by state law.
g. Patient is deceased, with no known estate.

VIII. Appeals

Patient/guarantors shall be informed of their right to appeal any decision regarding their eligibility for financial assistance. An appeal letter, including any additional information that may be applicable, will be reviewed by the Assistant Vice President of Revenue Cycle. After review, a final decision along with the criteria used to reach the decision will be mailed to the patient.

IX. Late Discovery of Eligibility

CHC shall provide a refund of amounts exceeding $25.00 collected from a patient or guarantor of a patient who, within a 2 year period after the date of service, was found to be eligible for free care on the date of service.

X. Reference Documents

1. *Carroll Hospital Center Service Area* – Exhibit A
2. *Income Scale for CHC Financial Assistance* (Based on Federal Poverty Guidelines (updated annually) in Federal Register) – Exhibit B
3. Maryland State Uniform Financial Assistance Application – Exhibit C
4. Providers Covered under the Financial Assistance Policy - Exhibit D

CARROLL HOSPITAL CENTER

Exhibit A

Carroll Hospital Center
Service Area

Primary

Finksburg (21048)
Hampstead (21074)
Manchester (21102)
Keymar (21757)
Taneytown (21787)
Mount Airy (21771)
New Windsor (21776)
Union Bridge (21791)
Westminster (21157)
Westminster (21158)
Woodbine (21797)
Upperco (21155)
Sykesville (21784)

Secondary

Reisterstown (21136)

Carroll Home Care and Carroll Hospice

Primary

Carroll County
Baltimore County
Frederick County
Howard County

CARROLL HOSPITAL CENTER

Exhibit B

Income Scale for Carroll Hospital Financial Assistance

Based on 2018 Federal Guidelines (A)

Financial Assistance %		100%	75%	50%	25%
Persons in Family/Household	**Income**	**Income Multiple**			
		300%	**325%**	**350%**	**375%**
1	$12,140	$36,420	$39,455	$42,490	$45,525
2	$16,460	$49,380	$53,495	$57,610	$61,725
3	$20,780	$62,340	$67,535	$72,730	$77,925
4	$25,100	$75,300	$81,575	$87,850	$94,125
5	$29,420	$88,260	$95,615	$102,970	$110,325
6	$33,740	$101,220	$109,655	$118,090	$126,525
7	$38,060	$114,180	$123,695	$133,210	$142,725
8	$42,380	$127,140	$137,735	$148,330	$158,925
For families/households with more than 8 persons, add $4,320 for each additional person.					

(A) SOURCE: Federal Register, Document # 2018-00814 Pgs. 2642-2644

Exhibit B

Income Scale for Carroll Hospital Medical Hardship Assistance

Based on 2018 Federal Guidelines

Financial Assistance %		100%	75%	50%	25%
Persons in Family/Household	**Income**	**Income Multiple**			
		350%	**400%**	**450%**	**500%**
1	$12,140	$42,490	$48,560	$54,630	$60,700
2	$16,460	$57,610	$65,840	$74,070	$82,300
3	$20,780	$72,730	$83,120	$93,510	$103,900
4	$25,100	$87,850	$100,400	$112,950	$125,500
5	$29,420	$102,970	$117,680	$132,390	$147,100
6	$33,740	$118,090	$134,960	$151,830	$168,700
7	$38,060	$133,210	$152,240	$171,270	$190,300
8	$42,380	$148,330	$169,520	$190,710	$211,900
For families/households with more than 8 persons, add $4,320 for each additional person.					

CARROLL HOSPITAL CENTER

Exhibit C

Maryland State Uniform Financial Assistance Application

Information about You

Name

_____

First Middle Last

Social Security Number _____-_____-_____ Marital Status: Single Married Separated

US Citizen: Yes No Permanent Resident: Yes No

Home Address: _____ Phone: _____

_____

_____ Country: _____

City State Zip code

Employer Name: _____ Phone: _____

Work Address: _____

_____ Country: _____

City State Zip code

CARROLL HOSPITAL CENTER

Household members:

Name	Age	Relationship

Have you applied for Medical Assistance Yes No

If yes, what was the date you applied? _____

If yes, what was the determination? _____

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

CARROLL HOSPITAL CENTER

I. Family Income

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

Monthly Amount	
Employment	_____
Retirement/Pension Benefits	_____
Social security benefits	_____
Public assistance benefits, i.e.: food stamps	_____
Disability benefits	_____
Unemployment benefits	_____
Veteran's benefits	_____
Alimony	_____
Rental property income	_____
Strike benefits	_____
Military allotment	_____
Farm or self-employment	_____
Other income source	_____
TOTAL	_____

II. Liquid Assets	Current Balance
Checking account	_____
Savings account	_____
Stocks, bonds, CD, or money market	_____
Other accounts	_____
-$10,000 exclusion	_____
Total	_____

CARROLL HOSPITAL CENTER

III. Other Assets

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

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

IV. Monthly Expenses	Amount
Rent or Mortgage	_____
Car payment(s)	_____
Credit card(s)	_____
Car insurance	_____
Health insurance	_____
Other medical expenses	_____
Other expenses	_____
Total	_____

Do you have any other unpaid medical bills? Yes No

For what service? _____

If you have arranged a payment plan, what is the monthly payment? _____

Do you have medical debt that has been incurred by your family over a 12-month period that exceeds 25% of your family income? _____

CARROLL HOSPITAL CENTER

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

_____ _____

Applicant signature Date

_____

Relationship to Patient

CARROLL HOSPITAL CENTER

Exhibit D

Services and Providers Covered under the Financial Assistance Policy

Urgent, emergent, or chronic medically necessary hospital based charges for services rendered by the following provider groups are covered under this policy. Professional fee billing from these provider groups are *NOT* covered. Please contact the provider groups directly for more information on financial assistance.

Provider Group	Services
Capital Women's Care	Carroll Obstetrics & Gynecology Certified Nurse Midwife Obstetrics-Gynecology
Carroll Health Group, LLC	Acute Care Cardiology Cardiovascular Disease Certified Nurse Midwife Emergency medicine Endocrinology Family Medicine Family Practice Gastroenterology General Surgery Internal Medicine Neurology Nurse Practitioner Obstetrics-Gynecology Orthopedic Surgery Orthopedic Surgery Physician Assistant Psychiatry Surgery/Plastic Surgery Surgery/Surgical Assistant Wound Care
Carroll Hospital Cardiology	Cardiology
Carroll Regional Cancer Center, LLC	Hematology Oncology Radiation Oncology
Family Medical Center, LLC	Internal Medicine
LifeBridge Community Gastroenterology, LLC	Gastroenterology
Sinai Psychiatry Associates	Psychiatry
Windrush Behavioral Health, LLC	Nurse Practitioner

CARROLL HOSPITAL
a LifeBridge Health center

Financial Assistance Policy

Thank you for choosing Carroll Hospital for your care. Carroll Hospital provides emergency or urgent care to all patients regardless of ability to pay.

- You are receiving this information sheet because under Maryland law, all hospitals must have a financial assistance policy and inform their patients that they may be entitled to receive financial assistance for the cost of medically necessary hospital services. At Carroll Hospital, this assistance is available to patients who live in the hospital's primary and secondary service areas (Carroll County and parts of Pennsylvania and Baltimore County) and are U.S. Citizens who have a low income, do not have insurance, or their insurance does not cover medically necessary hospital care and they also are low-income.
- Carroll Hospital exceeds the legal requirements by providing full financial assistance to patients whose household income is at 300 percent above the poverty guidelines. Patients whose combined household income is more than 300 percent above the poverty guidelines may also be eligible for financial assistance on a sliding scale. To find out if you are eligible to apply for financial assistance, you will be required to provide the hospital with detailed and complete information.

Patients' Rights:

- Patients that meet the financial assistance policy criteria described above may receive financial assistance from the hospital.
- You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by state and federal governments that pays the full cost of health coverage for low-income individuals who meet certain criteria. If you have questions or would like more information, contact your local Social Security office at 1-800-925-4434.
- If you believe you have wrongly been referred to a collection agency, you have the right to contact the hospital to request assistance at 410-560-6300.

Patients' Obligations:

- Carroll Hospital strives to ensure that accounts are properly billed in a timely manner. It is your responsibility to provide correct insurance information.
- Patients with the ability to pay their bill are obligated to pay the hospital in a timely manner.
- If you do not have health coverage and believe you may be eligible for financial assistance, or if you cannot afford to pay the bill in full, you should contact the business office promptly at 410-560-6300 to discuss options.
- If you fail to meet the financial obligations of your bill, you may be referred to a collection agency. In determining whether a patient is eligible for free, reduced cost care or a payment plan, it is the obligation of the patient to provide accurate and complete financial information. If your financial position changes, you have an obligation to promptly contact the business office to provide updates/corrected information.

Physician Services:

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

Billing Questions:

- Contact the hospital business office at 410-560-6300.

To Apply for Financial Assistance:

- Ask a member of our registration staff
- Visit our financial counselors in the Admitting Department located off the main lobby of the hospital
- Call our financial counselors at **410-871-6718, Monday** through **Friday 8 a.m. – 4 p.m.**
- Or visit our website at **CarrollHospitalCenter.org/FA** to download an application

200 Memorial Avenue, Westminster, Maryland 21157 • 410-848-3000

CARROLL HOSPITAL
a LifeBridge Health center

Política de Ayuda Financiera

El Carroll Hospital suministra cuidado emergente o urgente para todos los pacientes, sin importar su habilidad de pagar.

- Usted está recibiendo esta hoja de información porque bajo la ley de Maryland, todos los hospitales deben tener una política de ayuda financiera e informar a sus pacientes que pueden tener derecho a recibir ayuda financiera por el costo de los servicios hospitalarios médicos necesarios. En el Carroll Hospital, esta ayuda está disponible para pacientes que viven en las áreas de servicio primarias y secundarias del hospital (El Condado de Carroll y partes de los Condados de Pennsylvania y Baltimore) y, que son ciudadanos americanos de bajos ingresos, no tienen seguro o su seguro no cubre el cuidado hospitalario médico necesario y también son de bajos ingresos.

- El Carroll Hospital excede los requisitos legales para suministrar asistencia financiera complete a pacientes con ingresos combinados 300 por ciento mayor de las guías de índice de pobreza. Los pacientes cuyos ingresos combinados son 300 por ciento mayor de las guías de índice de pobreza también pueden calificar para asistencia financiera en una escala móvil. Para ver si usted califica para aplicar a ayuda financiera, necesitará suministrar al hospital información completa y detallada.

Derechos de los Pacientes:

- Los pacientes que cumplen con el criterio de la política de ayuda financiera descrita arriba pueden recibir ayuda financiera por parte del hospital.

- Usted puede calificar para Asistencia Médica de Maryland. La Asistencia Medica es un programa fundado en conjunto con el estado y gobiernos federales que pagan el costo completo de cubierta de salud para individuos de bajos ingresos que cumplen con ciertos requisitos. Si tiene preguntas o le gustaría recibir más información, contacte su oficina local del Seguro Social al 1-800-925-4434.

- Si cree que equivocadamente ha sido referido a una agencia de cobros, tiene el derecho de contactar el hospital y pedir ayuda al 410-560-6300.

Obligaciones del Paciente:

- El Carroll Hospital se esfuerza para que todas las cuentas sean cobradas a tiempo. Es su responsabilidad suministrarnos su información de seguro correcta.

- Los pacientes que puedan pagar la cuenta serán obligados a pagar al hospital a tiempo.

- Si no tiene seguro de salud y cree que puede calificar para ayuda financiera o si no puede pagar el costo completo, debe contactar la oficina de negocios prontamente al 410-560-6300 para hablar de las opciones.

- Si no puede cumplir con las obligaciones financieras de su cuenta, puede ser referido a una agencia cobradora. Si se determina que un paciente califica para cuidado gratis, con costo reducido o un plan de pagos, es la obligación del paciente suministrar información financiera exacta y completa. Si su posición financiera cambia, tiene la obligación de notificarnos prontamente a nuestra oficina de negocios para suministrarnos la información actualizada/corregida.

Los servicios de los doctores suministrados durante su estadía serán cobrados por separado y no están incluidos en su cuenta del hospital.

Información de Contacto Importante:

Preguntas sobre facturación:
Oficina de Negocios del Hospital: 410-560-6300

Para aplicar para Ayuda Financiera:
Llame al 410-560-6300 o entre al www.hscrc.state.md.us/consumeruniform.cfm para descargar una aplicación.

Para aplicar para ayuda Médica:
Departamento de Servicios Sociales
1-800-332-6347, TIY 1-800-925-4434; O visite www.dhr.state.md.us

PART THREE: AMENDMENTS

Question

In the section on community benefit participants (Question 62), the "CB/Community Health/Population Health Director (system level)" was not involved, but in the section on CHNA activities (Question 49) this department does not exist. Please clarify the status of this department.

Answer

The wrong check box was selected in Q49. It should have been that the first option N/A – Person or Organization was not involved.

Question

(Question 148 and 149) In the section on financial assistance policies, the threshold for both free care and reduced cost care is 300-375% FPL. Please confirm our understanding that the hospital provides free care up to 300% FPL and reduced cost care from 301-375% FPL. If our understanding is incorrect, please state the FPL cutoffs for free care and, separately, for reduced cost care.

Answer

The response to Question 148 should read: Household income threshold for medically necessary free care is 300% - 324% for financial assistance and 350% - 399% for medical hardship circumstances.

The response to Question 149 should read: Household income threshold for medically necessary reduced cost care is 325% - 375% for financial assistance and 400% - 500% for medical hardship circumstances.