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?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: Sinai Hospital of Baltimore, Inc.	◉	○	
Your hospital's ID is: 210012	◉	○	
Your hospital is part of the hospital system called LifeBridge Health.	◉	○	

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.

> Sinai Hospital Utilizes data powered by the Healthy Communities Institute and can be found at https://healthycarroll.org/lifebridge/

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

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	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☑ Baltimore City	☐ Frederick County	☐ Somerset County
☑ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☐ Kent County	☐ Wicomico County

☐ Cecil County   ☐ Montgomery 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.

☐ 21201	☐ 21212	☐ 21225	☐ 21237
☐ 21202	☐ 21213	☐ 21226	☐ 21239
☐ 21203	☐ 21214	☐ 21227	☐ 21251
☐ 21205	☑ 21215	☐ 21228	☐ 21263
☐ 21206	☐ 21216	☐ 21229	☐ 21270
☑ 21207	☐ 21217	☐ 21230	☐ 21278
☑ 21208	☐ 21218	☐ 21231	☐ 21281
☑ 21209	☐ 21222	☐ 21233	☐ 21287
☐ 21210	☐ 21223	☐ 21234	☐ 21290
☐ 21211	☐ 21224	☐ 21236	

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

☐ 21013	☐ 21092	☐ 21156	☐ 21225
☐ 21020	☐ 21093	☐ 21161	☐ 21227
☐ 21022	☐ 21094	☐ 21162	☐ 21228
☐ 21023	☐ 21102	☐ 21163	☐ 21229
☐ 21027	☐ 21104	☐ 21204	☐ 21234
☐ 21030	☐ 21105	☐ 21206	☐ 21235
☐ 21031	☐ 21111	☑ 21207	☐ 21236
☐ 21043	☑ 21117	☑ 21208	☐ 21237
☐ 21051	☐ 21120	☐ 21209	☐ 21239
☐ 21052	☐ 21128	☐ 21210	☐ 21241
☐ 21053	☐ 21131	☐ 21212	☑ 21244
☐ 21057	☑ 21133	☐ 21215	☐ 21250
☐ 21065	☑ 21136	☐ 21219	☐ 21252
☑ 21071	☐ 21139	☐ 21220	☐ 21282
☐ 21074	☐ 21152	☐ 21221	☐ 21284
☐ 21082	☐ 21153	☐ 21222	☐ 21285
☐ 21085	☐ 21155	☐ 21224	☐ 21286
☐ 21087			

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.

This question was not displayed to the respondent.

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?

☑

Based on ZIP codes in your Financial Assistance Policy. Please describe.

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Please view full narrative in the
other section that follows.
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☑ Based on ZIP codes in your global budget revenue agreement. Please describe.

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Please view full narrative in the
other section that follows.
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☑ Based on patterns of utilization. Please describe.

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Please view full narrative in the
other section that follows.
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☑

Other. Please describe.

Sinai Hospital of Baltimore is located in the northwest quadrant of Baltimore City, serving both its immediate neighbors and others from throughout the Baltimore City and County region.The neighborhoods surrounding Sinai are identified by the Baltimore Neighborhood indicators Alliance as Sounthern Park Heights and Pimlico/Arlington/ Hilltop. These two eighborhoods make up the great majority of community health benefit activities, both by virtue of where the activities take place and because the majority of participants in those activities live in these neighborhoods. However, Sinai Hospital does not have an addrss requirement for participationin community benenfit activity, so those activities serve people living in 21215, 21207,21208,21209, 21117,21216, 21071 those zip codes include the following communities: Pimlico/Arington/Hilltop; Southern Park Heights; Howard Park/ West Arlington; Dorchester/Ashburnton; Greater Mondawmin; and Penn North/Reservoir Hill. Together, these zip codes and community designations define the hospital's Communtiy Benefit Service Area. This entire area is predominately African American with a below average median faily income, above average rates fo unemployment, and other social determining factors that contribute to poor health. The most vulnerable populations reside in 21215,21207, 21208, 21209 and 21216. A majority of Sinai;s interventions focus on the neighborhoods within 21215. To futher illustrate the social facors that influence the health of those in our CBSA, the following highlights many social deterinants in the area closest to the hospital and in whih the majority of community benefit participants live, Southern Park Heights (SPH) and Pimlico/Arlington/Hilltop (PAH). Relying on data from The 2017 Baltimore Neighborhood Health Profiles, the median household income for SPH was $26,015 and PAH's median household income was $32,410. This is compared to Baltimore City's median household income of $41,819. The percentage of families with incomes below the federal poverty guidelines in SPH was 46.4% and in PAH, 28.4%; compared to 28.8% in Baltimore City. The average unemployment rates for SPH and PAH were 23.6% and 17.1% respectively while Baltimore City's unemployment rate recorded in 2017 was 13.1%.   The racial composition and income distribution of the aboveindicated zip codes reflect the racial segregation and income disparity characteristic of the Baltimore metropolitan region. For example,SPH and PAH have a predominantly African American population at 94.5% and 96.3% respectively. This is in contrast to the neighboring Mount Washington/Coldspring community in which the median household income is $76,263 and the unemployment rate was 4.5%. The racial/ethnic composition of the MW/C community is much more complex but the population is predominantly (65.8%) white.

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.

http://www.lifebridgehealth.org/Sinai/AboutSinai.aspx

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?

Founded in 1866 as the Hebrew Hospital and Asylum, Sinai has evolved into a Jewish -sponsored health care organization providing care for all people. Today, Sinai is a 504-bed community teaching hospital that provides patient care in a variety of settings including inpatient, surgical, outpatient, as well as a trauma unit (Level II designation), a high risk Neonatal Unit, a state-of-the-art Emergency Department and responsive community outreach and community health improvement programs. Sinai has 16 Centers of Excellence, including the Lapidus Cancer Institute, Berman Brain & Spine Institute, and Samuelson Children's Hospital. Sinai is the most comprehensive and largest community hospital in Maryland, and is the state's third largest teaching hospital. Community teaching hospitals such as Sinai find one of their greatest strengths is their clinicians' commitment to direct patient care. The residents and medical students who train at Sinai have chosen a community-teaching setting over a classic academic medical center setting. Sinai provides medical education and training to 2,000 medical students, residents, fellows, nursing students, and others each year from the Johns Hopkins University, University of Maryland, and teaching institutions in the Baltimore/ Washington/ Southern Pennsylvania region. Sinai is a member of LifeBridge Health – a Baltimore-based health system composed of Sinai Hospital, Northwest Hospital, Carroll Hospital, and Levindale – and is a constituent agency of The ASSOCIATED: Jewish Community Federation of Baltimore.

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 most recent CHNA completed? (MM/DD/YYYY)

03/15/18

Q44. Please provide a link to your hospital's most recently completed CHNA.

http://www.lifebridgehealth.org/uploads/public/documents/community%20health/2018/CHNA-2018.pdf

Q45. Did you make your CHNA available in other formats, languages, or media?

◉ Yes
○ No

Q46. 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 to key stakeholders.

Q47. Section II - CHNA Part 2 - Participants

	CHNA Activities										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)	
CB/ Community Health/Population Health Director (facility level)	☐	☐	✔	✔	✔	✔	✔	✔	✔	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	✔	✔	✔	✔	✔	✔	✔	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	✔	☐	☐	☐	✔	✔	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	✔	☐	☐	☐	✔	✔	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	✔	☐	✔	☐	✔	✔	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	✔	☐	✔	☐	✔	✔	☐	☐	
Clinical Leadership (facility level)	☐	☐	✔	✔	✔	✔	✔	✔	✔	☐	
Clinical Leadership (system level)	☐	☐	✔	✔	✔	✔	✔	✔	✔	☐	
Population Health Staff (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:
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 expla |

Q49. Section II - CHNA Part 2 - Participants (continued)

Q50. 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 in the 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: UMMC, Medstar Health, St. Agnes, Johns Hopkins Healthcarem and Mercy Medical Center	☐	✔	✔	✔	✔	✔	✔	✔	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department	☐	✔	✔	✔	✔	✔	✔	✔	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore City LHIC	☐	✔	✔	✔	✔	✔	✔	✔	☐	
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 in the 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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☑	☑	☑	☐	Jewish Community Services
School - K-12 -- Please list the schools here: Pimlico Elementary and Middle	☐	☐	☐	☐	☐	☑	☑	☑	☐	
School - Colleges and/or Universities -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Category	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the 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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here: Helping Up Mission, CHANA, Comprehensive Housing Assistance Inc	☐	☐	☐	☐	☐	☑	☑	☑	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Medstar Totla Elder Care, BaltimoreMedical System, Banner Neighborhoods Community Center, Chase Brexton, Zeta Healthy Aging Partnership, Mary Harwin Senior Center, League for People with Disabilities, Center for Urban Families, Park Heights Community Health Alliance, Park Heights Rennisance, Promise Heights, Green and Healthy Homes Initiative, Medstar Center for Successful Aging	☐	☐	☐	☐	☐	☑	☑	☑	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Disabiltiy Rights Maryland	☐	☐	☐	☐	☐	☑	☑	☑	☐	
Other -- If any other people or organizations were involved, please list them here: American Heart Association and American Diabetes Association	☐	☐	☐	☐	☐	☑	☑	☑	☐	

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

- ⦿ Yes
- ○ No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

> 3/15/18

Q54. Please provide a link to your hospital's CHNA implementation strategy.

> With website redesign, the link is currently not working, see document posted below. We are working to resolve this

Q55. 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.

Q56. 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
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☑ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☑ Community Unity
- ☐ Dementias, Including Alzheimer's Disease
- ☑ Diabetes
- ☑ Disability and Health
- ☑ Educational and Community-Based Programs

- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☑ Health-Related Quality of Life & Well-Being
- ☑ Heart Disease and Stroke
- ☑ HIV
- ☑ Immunization and Infectious Diseases
- ☑ Injury Prevention
- ☑ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal & Infant Health
- ☑ Nutrition and Weight Status
- ☐ Older Adults

- ☐ Oral Health
- ☑ Physical Activity
- ☑ Respiratory Diseases
- ☑ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☑ Tobacco Use
- ☑ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☐ Housing & Homelessness
- ☐ Transportation
- ☐ Unemployment & Poverty
- ☑ Other Social Determinants of Health
- ☐ Other (specify) [   ]

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

> The only significant change from the previous survey is there was greater attention to issues related to violence, mental health and substance abuse.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

Q60. Section III - CB Administration Part 1 - Participants

Q61. 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.

	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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
CB/ Community Health/ Population Health Director (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☑	☑	☑	☑	☑	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☑	☑	☑	☑	☑	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Clinical Leadership (system level)	☐	☐	☑	☑	☑	☐	☐	☐	☐	☐	
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 initiatives	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)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
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)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q62. Section III - CB Administration Part 1 - Participants (continued)

Q63. 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

Organization	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: UMMC, Medstar Health, St. Agnes, Johns Hopkins Healthcarem and Mercy Medical Center	☐	☑	☐	☑	☐	☐	☐	☐	☑	these organizations held some of the focus groups after the initial survey to get more community feedback
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department	☐	☐	☐	☑	☐	☐	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Baltimore City LHIC	☐	☑	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	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		☑								
School - K-12 -- Please list the schools here: Pimlico Elementary and Middle		☑					☑	☑		
School - Colleges and/or Universities -- Please list the schools here:	☑									
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:	☑									
School - Dental School -- Please list the schools here:	☑									
School - Pharmacy School -- Please list the schools here:	☑									
Behavioral Health Organizations -- Please list the organizations here:	☑									
Social Service Organizations -- Please list the organizations here: Helping Up Mission, CHANA and Comprehensive Housing Assistance, Inc.		☑	☑				☑	☑		
Post-Acute Care Facilities -- please list the facilities 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:
Community/Neighborhood Organizations -- Please list the organizations here: Medstar Total Elder Care, Baltimore Medical System, Banner Neighborhoods Community Center, Chase Brexton, Zeta Healthy Aging Partnership, Mary Harwin Senior Center, League for People with Disabilities, Center for Urban Families, Park Heights Community Health Alliance, Park Heights Renissance, Promise Heights, Green and Healthy Homes Intitiative, Medstar Center for Successful Aging	☐	☑	☑	☐	☐	☐	☑	☑	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Disability Rights Maryland	☐	☑	☑	☐	☐	☐	☑	☑	☐	
Other -- If any other people or organizations were involved, please list them here: American Heart Association and American Diabetes Associatio	☐	☑	☑	☐	☐	☐	☑	☑	☐	

Q64. Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- ☑ Yes, by the hospital's staff
- ☑ Yes, by the hospital system's staff
- ☐ Yes, by a third-party auditor
- ☐ No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- ○ Yes
- ◉ No

Q67. Please describe the community benefit narrative audit process.

This question was not displayed to the respondent.

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ◉ Yes
- ○ No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- ◉ Yes
- ○ No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

⦿ Yes
◯ No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

> The Community Health Needs Assessment results are prioritized by community leaders and system leadership. A Community Benefit plan is created from this prioritization process. The community benefit plan is used to identify needs and priorities for the organizational strategy.

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. 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.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

> Diabetes Medical Home Extender Program

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

⦿ Yes
◯ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance   ☐ Heart Disease and Stroke

☐ Access to Health Services: Practicing PCPs   ☐ HIV

☐ Access to Health Services: Regular PCP Visits   ☐ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times   ☐ Injury Prevention

☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☑ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☑ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☑ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q82. When did this initiative begin?

2013

Q83. Does this initiative have an anticipated end date?

- ◉ No, the initiative has no 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 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.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Baltimore has approximately 620,000 residents, 63 percent of whom are African American, and 23 percent of whom live below the poverty line. Baltimore residents suffer from high rates of disease and unhealthy behaviors: 20 percent of African Americans in Baltimore report having an unmet medical need in the last 12 months; and 34 percent of residents are obese, with significantly higher rates among those with the lowest incomes. Community leaders have voiced their desire for health services to help them make better lifestyle choices. Sinai Hospital of Baltimore launched the Diabetes Medical Home Extender Program to help program participants learn to manage their diabetes and become active participants in their overall health. 1- Program eligible clients will be assessed for initial health status and needs. 80 clients will receive services from the Diabetes Medical Home Extender Program (MHE), by June 30, 2019 2- : 90% of clients who begin to receive MHE services will be visited by CHWs at least 3 times within the first 30 days of program enrollment to identify and address barriers to health improvement, promote adherence to ambulatory care plans, and gather client health data to be entered into CERNER by June 30, 2019. 3-By June 30, 2019, 90% of clients will have their health status checked every 3 months by reviewing available A1C, kept medical appointments and glucose levels; to include number of routine versus emergency medical encounters, monitored for improvement on a quarterly basis. If improvement is not shown, then the Individual Service Plan will be modified accordingly. 4- Clients participating in the MHE for 6 months will be assessed to determine if they meet the criteria for successful program completion or display an ongoing need to continue to receive program services 5-With the assistance of program RN, 90% of Clients participating in the MHE program will work to identify areas of need in health self-care management and receive education and support to advance their personal health knowledge and health self-care management skills. Typical Nursing Diagnosis: Readiness for enhanced self-health management and readiness for enhanced knowledge as evidenced by voluntary program participation.

Q85. Enter the estimated number of people this initiative targets.

550

Q86. How many people did this initiative reach during the fiscal year?

49 individuals accepted services and received a Start of Care. The 49 new clients joined the 27 existing clients receiving services totaling 76 clients who were enrolled in the DMHE program during the year

Q87. 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.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

Jewish Community Center
The Maryland Dept of Health
Baltimore Jewish Council
The Diabetes Resource Center at Sinai

○ No.

Q89. Please describe the primary objective of the initiative.

The Diabetes Medical Home Extender Program offers home-based services by community health workers (CHWs) and a registered nurse to high-risk diabetic patients. The program breaks down barriers to primary and specialty care, educates clients about their diabetes, and makes referrals to available community resources. To participate in the program, patients must meet all of the following criteria: current admission to either Sinai Hospital or Northwest Hospital and at least one additional hospital admission or emergency department (ED) visit within the past 12months; a glucose reading of greater than 300 mg/dl or less than 40 mg/dl and/or HbAlC greater than 9 percent; and live within specific zip codes. All services are provided free of charge and target low-income, underserved persons.

Q90. Please describe how the initiative is delivered.

Once a patient is identified as eligible, he or she is assigned to a CHW. The CHW visits the patient while he or she is in the hospital to explain the program and determine the patient's interest. Once a patient expresses interest and intent to participate in the program, the CHW schedules a start-of-care visit within 72 hours of discharge from the hospital. The start-of-care visit includes the nurse and the CHW, who together conduct an initial assessment of the patient's needs. Within 48 to 72 hours after the start-of-care visit, a debrief is held with the program supervisor, CHW and RN to discuss and plan for the patient's needs. The patient is then seen weekly by the CHW and two additional times by the nurse. Patient progress is reviewed at 30 days, 90 days and 6 months after enrolling in the program. At 6 months the patient's progress in the program is reviewed, and possible program completion is considered. If a patient is not ready for successful program completion, a continued service plan is made.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

☐ Count of participants/encounters

☐ Other process/implementation measures (e.g. number of items distributed) [_____]

☐ Surveys of participants [_____]

☑ Biophysical health indicators [cumulative changes in maintaining and improving behavioral and biometric outcome]

☐ Assessment of environmental change [_____]

☐ Impact on policy change [_____]

☐ Effects on healthcare utilization or cost [_____]

☐ Assessment of workforce development [_____]

☐ Other [_____]

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

We track success of the program by comparing the number of inpatient admissions and ED visits for each client in the 90 days prior to entering the program and the 90 days after entering the program.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

Baltimore has approximately 620,000 residents, 63 percent of whom are African American, and 23 percent of whom live below the poverty line. Baltimore residents suffer from high rates of disease and unhealthy behaviors: 20 percent of African Americans in Baltimore report having an unmet medical need in the last 12 months; and 34 percent of residents are obese, with significantly higher rates among those with the lowest incomes. Community leaders have voiced their desire for health services to help them make better lifestyle choices. Sinai Hospital of Baltimore launched the Diabetes Medical Home Extender Program to help program participants learn to manage their diabetes and become active participants in their overall health.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Grant $250,000 Non Grant $94,000

Q95. (Optional) Supplemental information for this initiative.

FY19 Sinai-NW MHE WorkPlan4thquatersubmitted.docx
53.5KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Sinai Violence Intervention Program, Kujichagulia Center, M. Peter Moser Community Initiatives

Q98. Does this initiative address a need identified in your most recently completed CHNA?

◉ Yes

○ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance   ☐ Heart Disease and Stroke

☐ Access to Health Services: Practicing PCPs   ☐ HIV

☐ Access to Health Services: Regular PCP Visits   ☐ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times   ☑ Injury Prevention

☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☑ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☑ Other Social Determinants of Health
☑ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q100. When did this initiative begin?

> 2013

Q101. Does this initiative have an anticipated end date?

○ No, the initiative does not 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 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.

[   ]

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Kujichagulia Center targets young adults in Northwest Baltimore for Workforce Readiness Services as well as patients qualified for SVIP services because they were injured in street violence incidents.

Q103. Enter the estimated number of people this initiative targets.

Q104. How many people did this initiative reach during the fiscal year?

99 patients were approached at bedside with invitation to accept SVIP services. Ten (10) non-patient Secondary Trauma victims were served. 94 people (84 patients, 10 Secondary Trauma Victims) accepted SVIP services. Kujichagulia Center's Working Life Skills Readiness/VSP Internship (WLSR/I) program provided services to five (5) SVIP patients who now await funding to provide their Internship opportunities. Fifteen (15) WLSR/I participants from previous years approached us for assistance, advice, information, or to request support references for school or work activities in FY 2019.

Q105. 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.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

```
LifeBridge Vocation Services Program
(VSP)
Safe Streets
LifeBridge Development
Baltimore City Health Department
Park Heights Renaissance
Northwestern Police District
Baltimore City Police Department
(Headquarters) Langston Hughes
Community and Business Center
Northwest Employment Center
Pimlico Merchants Association
NPower
Department of Probation and Parole
Office of the Public Defender
Baltimore City State's Attorney's
Office
Center for Urban Families
Keys Development
Mayor's Employ Baltimore Convention
YO! Baltimore
Bridge Park Healthcare Center
Jai Medical
Social Security office
Maryland Vital Records
Motor Vehicle Administration
Baltimore City District Court
Circuit Court for Baltimore City
```

○ No.

Q107. Please describe the primary objective of the initiative.

Prevent violent retaliation and reduce street violence by creating a venue to escape the cycle of violence

Q108. Please describe how the initiative is delivered.

Youth Street Violence was identified as a top priority of concern of the Park Heights Community. Kujichagulia Center is now fully staffed to provide SVIP for female as well as male victims of violence. Direct services now include relocation for safety, mental health services for secondary trauma victims (patient relatives and partners), and wraparound services specific to patient's postdischarge circumstances. Upon recognition of the need to provide services to more victims of street violence in the community, the program has been expanded to serve both men and women of all age groups

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☐ Count of participants/encounters
- ☐ 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 | eduction in Inpatient admissions within 30 days of the intervention
- ☑ Assessment of workforce development | Workforce Readiness/Lifeskills program
- ☐ Other

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

Hospital Responders conducted Bedside Visits with 99 patients treated for street violence injuries. • Most frequent patient ZIP codes were 21215, 21216, 21207, and 21217. • 69% of these patients were treated for GSW • 19% knife wounds • 10% non-weapon assaults • 2% combination injury (Stabbing & Assault) injuries • 94 patients accepted SVIP services, resulting in 2,236 points of service actions for patients. • 10 clients served were Secondary Trauma Victims, usually family members or partners of SVIP patients, who suffered psychological trauma and economic challenge because the primary victim of violence could not fulfill roles in the household or family • 92% of patients were African American, 9% multi-racial or no designation, 1% White • Most requested services were for Crisis Intervention (assist handling immediate post-injury needs), Housing assistance, and Mental Health assistance • One patient enrolled in and completed the Vehicles for Change Automobile Mechanic Certification program. • Six patients were relocated to different areas of the city under the SVIP Safe Housing program. • SVIP Trauma Support Group successfully supports 8 patients as they return to the community

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

Provide service coordination, advocacy, education and support • Address trauma through ongoing social work support 2) Provide services for male opportunity youth residing in 21215 to secure a viable future. This includes: • Internship and job placement services • Providing on-going wraparound social services 3) Mentoring middle school students from Grade 5 – Grade 8 in Park Heights community regarding bullying and violence in the African American/Black community.

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

$34,696- Hospital Funding $186,000 Grant funded

Q113. (Optional) Supplemental information for this initiative.

Q114. Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

Community Health Education, Office of Community Health Improvement (OCHI)

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- ◉ Yes
- ○ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

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

Q118. When did this initiative begin?

Prior to 2013

Q119. Does this initiative have an anticipated end date?

◉ No, the initiative does not 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 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.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Patients over 18 years, utilizing LifeBridge Health facilities qualified for comprehensive adult wellness.

Q121. Enter the estimated number of people this initiative targets.

153,424

Q122. How many people did this initiative reach during the fiscal year?

2,439 individuals were educated through multiple forums and health fairs across Sinai, Northwest, and Levindale service areas

Q123. 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.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

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

American Heart Association, Kimberly
Mays, Senior Director - Community and
Multicultural Health • BCHD
Cardiovascular Disparities Task Force,
Emilie Gildie, Director of Tobacco Use
and Cardiovascular Disease Prevention
• Baltimore City Dept of Aging,
Reverend J. Worthy, Director of
Forest Park Senior Center • American
Stroke Association, Faye Elliott, RN
(Stroke Ambassador) • Sandra and
Malcolm Berman Brain and Spine
Institute Stroke Programs at LBH,
Lorraine Newborn-Palmer, RN Program
Coordinator • Shop Rite Howard Park,
Josh Thompson, Manager and Susan
Tran, Pharmacist • Park Heights
Community Health Alliance, Willie
Flowers, Executive Director • Various
community churches and local
businesses Impact

○ No.

Q125. Please describe the primary objective of the initiative.

The initiative is focused on improving health literacy

Q126. Please describe how the initiative is delivered.

> Provide health education offerings to the community • Provide tools for dealing with hypertension and other components of metabolic syndrome • Provide community-based offerings focused on health-related services and information

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☐ Count of participants/encounters [_____]
- ☑ 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 [_____]

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> Out of the events evaluated, more than 96% of participants stated that they planned to make lifestyle changes to be healthier. Attended 355 community-based forums by Community Health Education Staff • Provided 1865 hours of community education and support • Completed 23 community screenings

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

> This initiative provides a forum for the community to understand how to manage chronic conditions and overcome barriers to self-care.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> $94,861.

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (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.

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

- ⦿ Yes
- ◯ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Community Unity, Diabetes, Disability and Health, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke,

HIV, Immunization and Infectious Diseases, Injury Prevention, Lesbian, Gay, Bisexual, and Transgender Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Violence Prevention, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	◉	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	◉	○
Healthy Communities - includes measures such as domestic violence and suicide rate	◉	○
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	◉	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	◉	○

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
- ☐ Mental health
- ☐ Substance abuse/detoxification
- ☐ Internal medicine
- ☐ Dermatology
- ☐ Dental
- ☑ Neurosurgery/neurology
- ☑ General surgery
- ☐ Orthopedic specialties
- ☐ Obstetrics
- ☑ Otolaryngology
- ☑ Other. Please specify. | Dentistry,Vascular |

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, behavioral health, NICU, PICU, radiology, perinatology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Sinai Hospital provides coverage in each of these areas through contracted physicians, House Staff or Hospitalists and allocates a significant amount of resources to sustain these programs.
Non-Resident House Staff and Hospitalists	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, behavioral health, NICU, PICU, radiology, perinatology and general medicine care have the access they need both on an inpatient and outpatient basis, including 24/7 coverage. Sinai Hospital provides coverage in each of these areas through contracted physicians, House Staff or Hospitalists and allocates a significant amount of resources to sustain these programs.
Coverage of Emergency Department Call	To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Sinai Hospital contracts with various specialists to ensure 24/7 coverage in the ED.

Physician Provision of Financial Assistance	Hospital-employed physicians are required to see medical underserved, uninsured, Medicare and Medicaid patients.
Physician Recruitment to Meet Community Need	n/a
Other (provide detail of any subsidy not listed above)	n/a
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.

Sinai FA 0118 (003).pdf
301.2KB
application/pdf

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

Patient Information Sheet SHOB 090117.doc
31KB
application/msword

Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

	100	150	200	250	300	350	400	450	500
Percentage of Federal Poverty Level					●					300
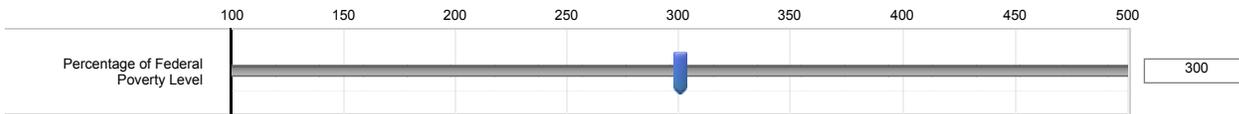
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500
Lowest FPL	●							
Highest FPL			●					301
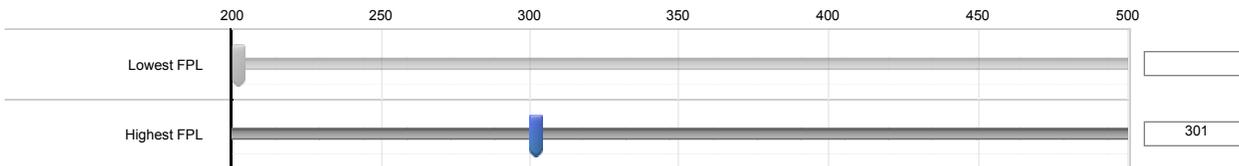
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700	
Lowest FPL								301
Highest FPL								500

Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												25
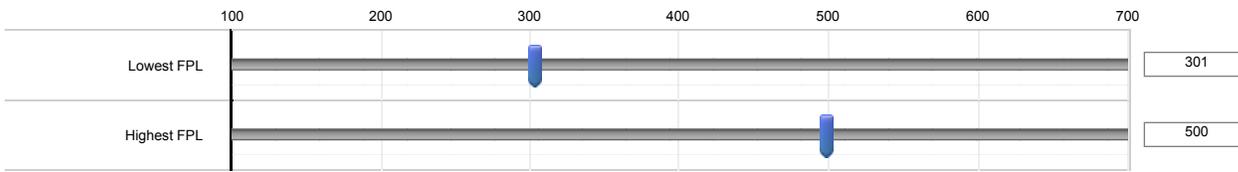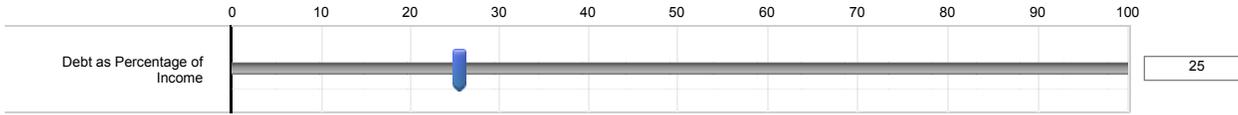
Q152. Has your FAP changed within the last year? If so, please describe the change.

⦿ No, the FAP has not changed.

◯ Yes, the FAP has changed. Please describe: [   ]

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

> There have been no material changes to the hospital's FAP since April 2016.

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Sinai FA 0118 (003).pdf
301.2KB
application/pdf

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (39.456695556641, -76.969596862793)

Source: GeoIP Estimation

Thank you for submitting Sinai Hospital of Baltimore's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- The answer to Question 92 on page 20 seems nonresponsive. Your answer lists metrics utilized but does not provide any outcomes of the initiative. Please provide any observed outcomes of the initiative, if available.
- For the violence intervention initiative, beginning on page 21, you have not provided responses for Questions 101 or 103. Please provide a response for anticipated end date of the initiative as well as an estimated target population size.
- In response to Question 126 on page 27, please provide more detail as to how the initiative is delivered.
- In response to Question 127 on page 27, you indicate that "Other process/implementation measures" were used to evaluate effectiveness. However, you do not provide further explanation. Please provide examples of the type of process/implementation measures used to determine effectiveness.
- In response to Question 141 on page 28, did you intend to select "Dental" instead of listing "Dentistry" under "Other?"

Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.