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 2019.

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: MedStar Harbor Hospital	●	○	
Your hospital's ID is: 210034	●	○	
Your hospital is part of the hospital system called MedStar 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.

MedStar Harbor Hospital's community benefit efforts includes all residents of ZIP code 21225, the hospital's home ZIP code. The CBSA spans southern Baltimore City and northern Anne Arundel County, and includes four neighborhoods: Brooklyn, Brooklyn Park, Cherry Hill and Pumphrey. In particular, the hospital focuses on the Cherry Hill community. This area was selected due to its very high poverty rate and its proximity to the hospital, as well as the opportunity to build on pre-existing programs, services, and partnerships. Cherry Hill is historically a Black/African American neighborhood, with roots going back to the 17th century. After World War II, more than 600 housing units were built there by the United States War Housing Administration, specifically for African American war workers. Shortly after the war, these units were made into lowincome housing. Additional low-income housing units have been added throughout the years, making Cherry Hill one of the largest housing projects east of Chicago. 90.3% of Cherry Hill residents are Black/African American. 60.3% of Cherry Hill residents age 25 years and older have a high school education or less. The median household income for Cherry Hill in is $22,659, compared to $37,992 for the entire CBSA and approximately 57.2% of Cherry Hill families live in poverty. In terms of health care, the Cherry Hill community houses MHH, as well as a local branch of the Family Health Centers of Baltimore, which is a Federally Qualified Health Center (FQHC) providing health care services on a sliding fee scale. In addition, Baltimore City Health Department programs operate city-wide, and various mobile services—such as a needle exchange program, violence prevention, maternal and infant nursing, lead poisoning and abatement programs and others—in the Cherry Hill area According to the Cherry Hill Health Profile, the life expectancy at birth of a Cherry Hill resident is 69.5, compared to 73.6 in Baltimore City. The all-cause mortality rate In Cherry Hill is 124.6; the allcause mortality rate in Baltimore City is 99.5. High rates of type 2 diabetes and heart disease, including stroke, occur in this community. For a variety of reasons, including the high poverty rate and low rate of health care insurance coverage, many Cherry Hill residents often use the MedStar Harbor Hospital emergency department for primary care services. Despite the convenient neighborhood location of a FQHC, many residents do not utilize a primary care physician. Typically, a chronic condition, such as diabetes or heart disease, presents severe enough symptoms to warrant a trip to the emergency department. In many cases, several co-morbidities are found to be present at this time. Without primary care follow-up, however, these conditions usually cannot be addressed fully in the time allotted for the emergent issue. In other cases, patients may have symptoms of a much less serious illness—a simple cold, for example—but, since they do not have a primary health care provider, they also visit the emergency department for these ailments. As a result, many of their most basic health needs often are not met.

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
- ☑ Anne Arundel County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Prince George's 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.

☐ 20701	☐ 20776	☐ 21062	☐ 21146
☐ 20711	☐ 20778	☐ 21076	☑ 21225
☐ 20714	☐ 20779	☐ 21077	☐ 21226
☐ 20724	☐ 20794	☐ 21090	☐ 21240
☐ 20733	☐ 21012	☐ 21106	☐ 21401
☐ 20736	☐ 21032	☐ 21108	☐ 21402
☐ 20751	☐ 21035	☐ 21113	☐ 21403
☐ 20754	☐ 21037	☐ 21114	☐ 21404
☐ 20755	☐ 21054	☐ 21122	☐ 21405
☐ 20758	☐ 21056	☐ 21123	☐ 21409
☐ 20764	☐ 21060	☐ 21140	☐ 21411
☐ 20765	☐ 21061	☐ 21144	☐ 21412

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.

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.

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.

☐ Based on ZIP codes in your global budget revenue agreement. Please describe.

☐ Based on patterns of utilization. Please describe.

☑ Other. Please describe.

This geographic area was selected
based on hospital utilization data and
secondary public health data as well
as its high poverty rate and proximity
to the hospital.

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.medstarharbor.org/our-hospital/mission-vision-and-values/

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

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

> 06/30/2018

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

> https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?
> opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605

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.

> The CHNA is available online and in printed format.

Q47. ## Section II - CHNA Part 2 - Participants

Q48. 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 expla... 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 expla... 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 expla... 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 expla... 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)	☐	☐	☑	☑	☑	☐	☑	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☐	☑	☑	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Clinical Leadership (system level)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Population Health Staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Physician(s)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	

	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:
Nurse(s)	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Social Workers	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Community Benefit Task Force	☐	☐	☑	☑	☑	☑	☑	☑	☐	☐	
Hospital Advisory Board	☐	☐	☑	☑	☑	☐	☑	☑	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

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:	☑	☐	☐	☐	☐	☐	☐	☐	☐		
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department, Anne Arundel County Department of Health	☐	☑	☑	☑	☑	☑	☑	☑	☐		

Organization	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:
Local Health Improvement Coalition -- Please list the LHICs here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☑	☑	☐	☑	☑	☑	☐	☐	

	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 - K-12 -- Please list the schools here: Friendship Academy, Ben Franklin High School, New Era Academy	☐	☑	☑	☑	☑	☑	☑	☐	☐	
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: Behavioral Health Systems of Baltimore	☐	☑	☑	☐	☑	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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:
Post-Acute Care Facilities -- please list the facilities here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Cherry Hill Development Corporation	☐	✔	✔	☐	✔	✔	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Greater Baybrook Alliance	☐	✔	✔	✔	✔	✔	✔	☐	☐	

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.

06/30/2018

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

https://ct1.medstarhealth.org/content/uploads/sites/10/2014/09/MedStar-CHNA-Report-2018.pdf?
opt_id=oeu1569963601270r0.6936279411285973&_ga=2.100326170.503386410.1569963605-676437262.1569963605

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   ☐ Environmental Health   ☐ Oral Health

☐ Access to Health Services: Practicing PCPs   ☐ Family Planning   ✔ Physical Activity

☐ Access to Health Services: Regular PCP Visits   ☐ Food Safety   ☐ Respiratory Diseases

☐ Access to Health Services: ED Wait Times   ☐ Global Health   ☐ Sexually Transmitted Diseases

☐ Access to Health Services: Outpatient Services   ☐ Health Communication and Health Information Technology   ☐ Sleep Health

- [ ] Adolescent Health
- [ ] Arthritis, Osteoporosis, and Chronic Back Conditions
- [x] Behavioral Health, including Mental Health and/or Substance Abuse
- [x] Cancer
- [ ] Children's Health
- [ ] Chronic Kidney Disease
- [ ] Community Unity
- [ ] Dementias, Including Alzheimer's Disease
- [x] Diabetes
- [ ] Disability and Health
- [x] Educational and Community-Based Programs

- [ ] Health Literacy
- [x] Health-Related Quality of Life & Well-Being
- [x] Heart Disease and Stroke
- [ ] HIV
- [ ] Immunization and Infectious Diseases
- [ ] Injury Prevention
- [ ] Lesbian, Gay, Bisexual, and Transgender Health
- [ ] Maternal & Infant Health
- [x] Nutrition and Weight Status
- [ ] Older Adults

- [ ] Telehealth
- [x] Tobacco Use
- [ ] Violence Prevention
- [ ] Vision
- [ ] Wound Care
- [x] Housing & Homelessness
- [x] Transportation
- [x] Unemployment & Poverty
- [x] Other Social Determinants of Health
- [x] Other (specify) Food Access

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

In comparing the 2018 CHNA priorities to the 2015 CHNA priorities, similar needs and priorities were identified, including community health improvements to address chronic disease management and prevention (diabetes, heart disease, cancer). New to the priorities were the need to address behavioral health services (substance use and mental illness) and social determinants of health. The top areas for social determinants of health for MedStar Harbor Hospital to address include food access, transportation, and housing.

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

During FY19, key revisions were made across MedStar Health to more effectively impact the communities served throughout Maryland and Washington, DC. Several internal meetings were convened with leadership from each MedStar Health Hospital to review current practices and strategies. As a result of these meetings, the approach to the current Community Health Needs Assessment (CHNA) for the remainder of the three-year cycle (FY19-FY21) was revised. Using the standard categories, Health and Wellness, Access to Care and Social Determinants of Health to determine what to prioritize for the CHNA IRS requirements, each hospital agreed to select two to three strategies as priorities that have size and scale impact and measurable outcomes. MedStar Harbor Hospital's health priorities for the CBSA include health and wellness (chronic disease prevention and management, behavioral health) and social determinants of health (social needs screenings, Baltimore JOBS).

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.

	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	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)	
CB/ Community Health/Population Health Director (facility level)	[ ]	[ ]	[x]	[x]	[x]	[x]	[x]	[x]	[x]	[ ]	
	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)	[ ]	[ ]	[x]	[x]	[x]	[ ]	[ ]	[ ]	[x]	[ ]	
	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)	[ ]	[ ]	[x]	[x]	[x]	[x]	[x]	[x]	[x]	[ ]	
	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:

	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)	☐	☐	✔	✔	✔	☐	☐	☐	✔	☐	
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)	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Population Health Staff (system level)	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Community Benefit staff (facility level)	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Community Benefit staff (system level)	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Physician(s)	☐	☐	✔	☐	✔	☐	☐	✔	☐	☐	
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	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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
	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:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Baltimore City Health Department	☐	☐	☐	☐	✔	✔	✔	✔	☐	
Local Health Improvement Coalition -- Please list the LHICs here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Health	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐	

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:
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:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	✔	☐	☐	☐	☐	☐	☐	☐	☐	
School - K-12 -- Please list the schools here:	✔	☐	☐	☐	☐	☐	☐	☐	☐	
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:	✔	☐	☐	☐	☐	☐	☐	☐	☐	

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:
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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: National Alliance on Mental Illness	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

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.

> The internal review of the Community Benefit Report is performed by the Administrative Director, Population Health, the Financial Services Manager, and the CFO. The CFO provides oversight of the CBISA reporting function, auditing process and approval of Community Benefit funding. The CEO's signature is obtained through an attestation letter supporting their approval of the Community Benefit Report. The MedStar Health Corporate Office also conducts a review/audit of the hospital's Community Benefit Report annually.

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.

> MedStar Health's vision is to be the trusted leader in caring for people and advancing health. As part of MedStar Health's fiscal 2018-2020 system strategic plan (which acts as the umbrella plan for all MedStar hospitals), community health and community benefit initiatives and tactics are organized under the Evolving Care Delivery Model domain, with recognition of health disparities and an aim to integrate community health initiatives into the interdisciplinary model of care.

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.

Addressing Behavioral Health and Responding to the Opioid Epidemic

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: **Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify) Other: Food Access**

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?

11/1/2015

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.).

The diagnosis of mental health illness and substance use disorder in MedStar Harbor Hospital's service area is quite compelling. One out of five (110,468) Baltimoreans will experience a mental illness each year. One out of 20 (24,093) Baltimore City adults have a serious mental illness such as major depressive disorder, bipolar disorder, or schizophrenia. One out of 25 (19,275) Baltimore City adults need both mental health and substance abuse treatment. 14% of Americans with serious mental illness lack health insurance coverage.The total number of drug- and alcohol-related intoxication deaths in Maryland increased from 1,259 in 2015 to 2,089 in 2016 Percentage of driving deaths with alcohol involvement: 20 percent in Baltimore City and 36 percent in Anne Arundel County. Percentage of adults reporting binge drinking: 18 percent in Baltimore City and 20 percent in Anne Arundel County. The number of prescription opioid-related intoxication deaths in Maryland increased from 61 in 2010 to 113 in 2016.

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

55,000

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

41,613

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.

```
The Mosaic Group was a key consultant
to help identify, reduce, and prevent
problematic use, abuse, and dependence
on alcohol and illicit drugs. Their
efforts facilitated workflows, staff
training, and data support to initiate
and sustain the programs moving
forward. Baltimore City Health
Department were partners to provide
naloxone trainings on the hospital
campus and in community-based
settings. National Alliance on Mental
Illness served as the partner to
provide the peer-to-peer courses on
the hospital campus.
```

○ No.

Q89. Please describe the primary objective of the initiative.

The primary objective of this initiative is a multi-pronged solution to address behavioral health and support community members experiencing mental illness and/or substance use disorder. The approach seeks to save lives, connect individuals to treatment services, and provider a supportive forum to aid them with support.

Q90. Please describe how the initiative is delivered.

The first approach to this intervention is universally screening patients in the emergency department for substance use via Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocols. If patients screen positively, they are provided with a brief intervention from a hospital-based SBIRT Peer Recovery Coach focusing on overdose prevention education, harm reduction and naloxone distribution. An extension of the SBIRT program called Opioid Survivor Outreach Program is a community-based approach to working with opioid overdose survivors. These individuals provide harm reduction, education, and community-based coordination with patients.

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

☑ Count of participants/encounters | # of people screened, attended courses

☑ Other process/implementation measures (e.g. number of items distributed) | # of brief interventions, # referrals to treatment, # of patients provided supportive services

☐ 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

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

41,572 patients were screened for substance use in emergency department with 46,599 unique patient encounters. Of the 41,572 patients screened, 4,926 screened positively for substance use. Peer coaches provided 2,759 brief interventions with patients. 380 referrals to treatment were made and 251 people were linked to substance use treatment. 179 patients were engaged by MedStar Harbor Hospital's Opioid Survivor Outreach Program (OSOP) Coach. Of the 179 patients successfully engaged with the OSOP coach, 51 were referred to treatment while 44 were confirmed to be linked to treatment. 102 were linked to recovery support services, and 47 patients were provided naloxone kits. As additional efforts to address access to behavioral health resources, 26 people attended naloxone trainings and 15 people attended courses offered by the National Alliance on Mental Illness - Baltimore (NAMI).

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

The highest priority area MedStar focuses on is addressing access to behavioral health services, including mental health and substance use. In the neighborhood Cherry Hill , Drug- and/or Alcohol Induced Mortality is 4.8% compared to Baltimore City 4.5% (Baltimore City Neighborhood Profiles). Maryland reported 2,089 intoxication deaths in 2016 with almost 90% of those being opiate-related. Almost 700 of these deaths occurred in Baltimore City and an additional 336 in Baltimore County. In a review of overdose deaths in Maryland, it was found that 66% had at least one ER visit in the year prior to the death and 59% had an overdose-related visit.

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

Net Community Benefit = $296,391 Hospital Funds: Narcan Training = $1,198 Hospital Funds: SBIRT Screening = $290,715 Hospital Funds: NAMI Courses = $4,478

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Breast and Cervical Cancer Screening Program

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:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify) Other: Food Access

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?

01/01/2002

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.

```
Funding is provided through FY21
through the Maryland Department of
Health.
```

○ 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.).

The breast and cervical cancer program is provided to women age 40 and older that are low-income, uninsured or underinsured residents of Baltimore City.

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

1100

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

939

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.

```
Community partners such as faith
congregations and other community
events are leveraged to inform
community residents of screening
availablity.
```

◯ No.

Q107. Please describe the primary objective of the initiative.

The primary objective of this program is to provide free breast and cervical cancer screenings to low-income residents to diagnosis cancer promptly and begin treatment, if needed.

Q108. Please describe how the initiative is delivered.

The breast and cervical cancer program is provided to women age 40 and older that are low-income, uninsured or underinsured residents of Baltimore City. The program provides breast exams and pap tests by a gynecologist and a mammographer all in the same day. Nurse case managers follow up with patients with abnormal results and look to provide comprehensive and affordable options for treatment.

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

☑ Count of participants/encounters | Breast exams and PAP tests, referrals to treatment if needed

☐ 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 |

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

In FY19, 939 women were provided cervical and breast cancer screening services.

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

In 2012, the mortality rate for breast cancer in Baltimore City is 29.8 per 100,000 residents. This rate is higher than the entire state of Maryland. For breast cancer, Maryland has a mortality rate of 27.9. Further disparities in morality are demonstrated for black, non-Hispanic residents of Baltimore City. Breast cancer mortality for black, non-Hispanic residents of Baltimore City is 31.8 (Baltimore City Health Department – Vital Statistics Summary). MedStar Harbor Hospital's service area consists of 43.4% of black/African American residents (US Census). The breast and cervical cancer screening programs looks to screen individuals most at risk for cancer while also addressing health disparities in the hospital's community benefit service area.

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

Net Community Benefit = $546,447; Total Cost: $1,177,448 Grant Funding = $631,001

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Addressing Social Determinants of Health

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:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify) Other: Food Access

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?

8/1/2017

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.

[text box]

(○)

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.).

The characteristics of this target population included Cherry Hill, Brooklyn, Brooklyn Park, and Curtis Bay communities, ZIP code. This geographic area was selected based on hospital utilization data and secondary public health data as well as its high poverty rate and proximity to the hospital ZIP code 21225.

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

12750

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

436

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.

```
Through the Baltimore JOBS Program
MedStar Harbor trained and hired a
total of 9 community residents
surrounding the hospital as either a
community health advocate or peer
recovery coach. This work is part of a
larger collaborative as a
demonstration project with CMS.
MedStar Harbor Hospital collaborated
with the Baltimore City Health
Department, Baltimore Alliance of
Healthcare Careers, and Healthcare
Access Maryland to deliver this
initiative.
```

○ No.

Q125. Please describe the primary objective of the initiative.

The primary objective of this program is to hire community residents of MedStar Harbor Hospital's service area as community health advocates and screen vulnerable patients for unmet social needs as part of the initial intake process. Community health advocates aid social workers, case managers and medical assistants to link patients with social needs to community social service resources in their ZIP code.

Q126. Please describe how the initiative is delivered.

Community health advocates are part of the interdisciplinary care team on inpatient and emergency department units. They receive referrals from case management, social work, and other clinical teams for patients that have unmet social needs. As part of their workflow, they screen patients for social needs using MedStar's electronic medical record platform. Community health advocates work with patients to address unmet needs, including filling out applications and working on the patient's behalf to gain access to social services. These needs include access to food, housing, transportation, utility assistance, etc.

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

☑ Count of participants/encounters | # of screens completed

☑ Other process/implementation measures (e.g. number of items distributed) | % of patients screening positive for each social need domain (e.g. food, housing, etc.)

☑ Surveys of participants | Satisfaction survey at end of community health advocate engagement

☐ Biophysical health indicators

☐ Assessment of environmental change

☐ Impact on policy change

☑ Effects on healthcare utilization or cost | Readmission rate

☐ Assessment of workforce development

☐ Other

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

In FY19, 436 social needs screens were completed 317 were connected to social services/resources within the community. Of those screened, 59% report food insecurity, 49% report transportation barriers, 33% report the need for employment assistance, 15% report utility assistance needs, and 27% report housing insecurity. Patients engaged with a community health advocate consistently report a readmission rate of less than 11%. MedStar's EHR provides a risk algorithm that predicts that the readmission risk for patients that CHAs typically work with is 22-24%.

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

The need to focus on social determinants of health was identified in the 2018 CHNA process. The hospital identified Southern Baltimore City and Northern Anne Arundel County as its Community Benefit Service Area (CBSA), which includes all residents living in ZIP code 21225. According to the Maryland BRFSS, in 2002-2004, 36.7% of Maryland adults consumed three to four servings of fruits and vegetables a day, and 30.3% consumed one to two servings. Only 29.6% of adults in Maryland met the national recommendation for eating five or more servings of fruits and vegetables a day. 24% of MedStar Harbor Hospital CHNA respondents identified access to affordable, healthy food as a community need. As part of Baltimore Population Health Workforce Collaborative, hospitals in the Baltimore region trained and hired individuals from geographic areas of high economic disparities and unemployment. 28.8% of families live in poverty in Baltimore City with an unemployment rate 13.1%. 29% of MedStar Harbor Hospital CHNA survey respondents identified lack of transportation as a barrier to accessing care.

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

Net Community Benefit = $1,698.

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:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify) Other: Food Access

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
- [x] Other. Please specify. | Services for homeless, undocumented, and uninsured individuals

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	MedStar Harbor Hospital provides physicians (hospitalists) for patients who do not have primary care providers handling their stay. Our community includes many low income and minority families who have this requirement. The community needs for these services are being met and a negative margin is generated.
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
Other (provide detail of any subsidy not listed above)	Women's Services - Physician practices provide healthcare services of OB/GY. A negative margin is generated. A large number of our patients receiving these services are from minority and low-income families. Prenatal care is provided. OBGYN coverage is provided 24 hours a day. Preventative measures and improvement of the patient's health status are achieved. The services address a community need for women's health and children's services.
Other (provide detail of any subsidy not listed above)	Psychiatry - MedStar Harbor Hospital absorbs the cost of providing psychiatric supervision for the ED on a 24-7 basis. If these services were not provided patient would be transported to another facility to receive them. The community needs are being met and commitment
Other (provide detail of any subsidy not listed above)	Surgical PAs - Due to MHH's service area, it is difficult to recruit surgical specialists. Surgical PA's, however, are instrumental in assisting surgeons to provide a continuity of care to our patients. Our community requires these services, and a negative margin is generated.

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

Other subsidy not listed above - Hospice and Continuing Care - MedStar Harbor Hospital provides essential services of hospice care to a vulnerable population.

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.

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

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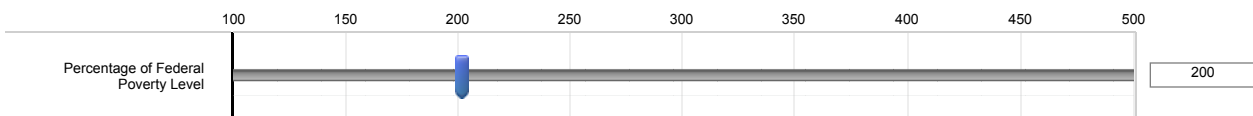
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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

	200	250	300	350	400	450	500	
Lowest FPL								200
Highest FPL								400
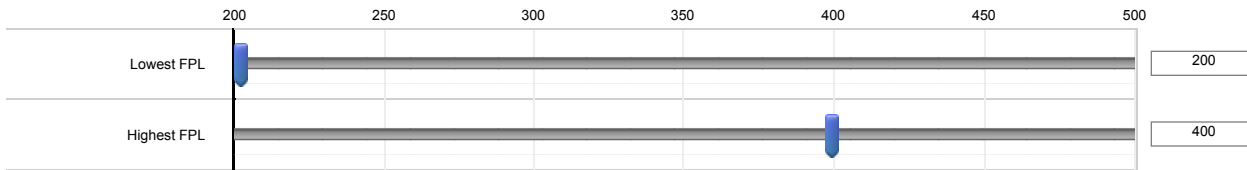
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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								200
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?

[   ]

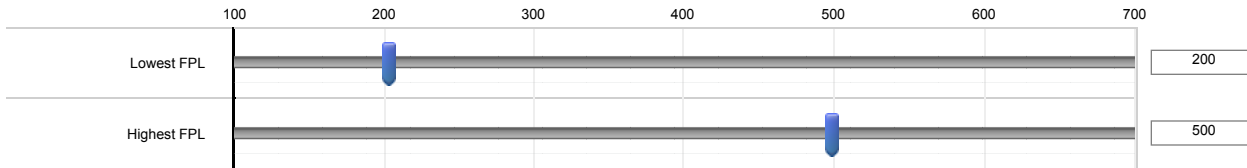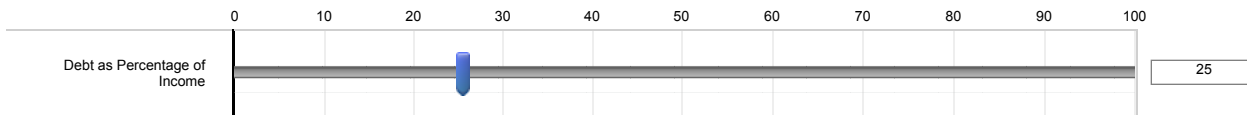*Q154.* (Optional) Please attach any files containing further information about your hospital's FAP.

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: (38.920806884766, -77.036003112793)

Source: GeoIP Estimation