

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: MedStar Southern Maryland Hospital Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210062	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called MedStar Health.	<input checked="" type="radio"/>	<input type="radio"/>	

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.

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.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allegany County     | <input type="checkbox"/> Charles County    | <input checked="" type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County               |
| <input type="checkbox"/> Baltimore City      | <input type="checkbox"/> Frederick County  | <input type="checkbox"/> Somerset County                   |
| <input type="checkbox"/> Baltimore County    | <input type="checkbox"/> Garrett County    | <input type="checkbox"/> St. Mary's County                 |
| <input type="checkbox"/> Calvert County      | <input type="checkbox"/> Harford County    | <input type="checkbox"/> Talbot County                     |
| <input type="checkbox"/> Caroline County     | <input type="checkbox"/> Howard County     | <input type="checkbox"/> Washington County                 |
| <input type="checkbox"/> Carroll County      | <input type="checkbox"/> Kent County       | <input type="checkbox"/> Wicomico County                   |

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*This question was not displayed to the respondent.*

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

*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.

- |                                |   |   |                                |
|--------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> 20389 | <input type="checkbox"/> 20712            | <input type="checkbox"/> 20743            | <input type="checkbox"/> 20773 |
| <input type="checkbox"/> 20395 | <input type="checkbox"/> 20715            | <input type="checkbox"/> 20744            | <input type="checkbox"/> 20774 |
| <input type="checkbox"/> 20588 | <input type="checkbox"/> 20716            | <input type="checkbox"/> 20745            | <input type="checkbox"/> 20775 |
| <input type="checkbox"/> 20599 | <input type="checkbox"/> 20717            | <input type="checkbox"/> 20746            | <input type="checkbox"/> 20781 |
| <input type="checkbox"/> 20601 | <input type="checkbox"/> 20718            | <input checked="" type="checkbox"/> 20747 | <input type="checkbox"/> 20782 |
| <input type="checkbox"/> 20607 | <input type="checkbox"/> 20720            | <input type="checkbox"/> 20748            | <input type="checkbox"/> 20783 |
| <input type="checkbox"/> 20608 | <input type="checkbox"/> 20721            | <input type="checkbox"/> 20749            | <input type="checkbox"/> 20784 |
| <input type="checkbox"/> 20613 | <input type="checkbox"/> 20722            | <input type="checkbox"/> 20750            | <input type="checkbox"/> 20785 |
| <input type="checkbox"/> 20616 | <input type="checkbox"/> 20724            | <input type="checkbox"/> 20752            | <input type="checkbox"/> 20790 |
| <input type="checkbox"/> 20623 | <input type="checkbox"/> 20725            | <input type="checkbox"/> 20753            | <input type="checkbox"/> 20791 |
| <input type="checkbox"/> 20703 | <input type="checkbox"/> 20726            | <input type="checkbox"/> 20757            | <input type="checkbox"/> 20792 |
| <input type="checkbox"/> 20704 | <input type="checkbox"/> 20731            | <input type="checkbox"/> 20762            | <input type="checkbox"/> 20799 |
| <input type="checkbox"/> 20705 | <input checked="" type="checkbox"/> 20735 | <input type="checkbox"/> 20768            | <input type="checkbox"/> 20866 |
| <input type="checkbox"/> 20706 | <input type="checkbox"/> 20737            | <input type="checkbox"/> 20769            | <input type="checkbox"/> 20903 |
| <input type="checkbox"/> 20707 | <input type="checkbox"/> 20738            | <input type="checkbox"/> 20770            | <input type="checkbox"/> 20904 |
| <input type="checkbox"/> 20708 | <input type="checkbox"/> 20740            | <input type="checkbox"/> 20771            | <input type="checkbox"/> 20912 |
| <input type="checkbox"/> 20709 | <input type="checkbox"/> 20741            |   |                                |

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 and secondary public health data as well as its 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.medstarsouthernmaryland.org/our-hospital/our-mission/>

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?

MedStar Southern Maryland Hospital Center is a full-service acute care facility with more than 49,000 emergency room visits and nearly 12,000 admissions each year. Our hospital's commitment to advanced technology distinguishes it from community hospitals. Our hospital's Cardiac Catheterization Laboratory is the site of life-saving interventions for heart attack patients, elective angioplasties, and diagnostic procedures. MedStar Southern Maryland Hospital Center is also known for orthopedic surgery and has a strong partnership with MedStar Heart and Vascular Institute and the Cleveland Clinic Miller Family Heart & Vascular Institute. In 2010, we expanded the Women and Newborns Center, and our enhanced obstetrics and gynecology program includes private rooms and the region's only Level II Special Care Nursery.

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)

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](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 print 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										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)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/ Population Health Director (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Senior Executives (CEO, CFO, VP, etc.) (system level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
Board of Directors or Board Committee (facility level)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other - If you selected "Other (explain)," please type your explanation below:





Maryland Department of Human Resources

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 Natural Resources

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 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

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 Education

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:

Area Agency on Aging -- Please list the agencies 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:

Local Govt. 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:

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:

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 - Colleges and/or Universities -- Please list the schools 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:



School of Public Health -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

School - Medical School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:  
Niainani CHOICES Inc., APMI New Beginnings Recovery Center

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:  
Health Partners, District V Coffee Club

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:

N/A - Person or Organization was not involved	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

### 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](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.

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









	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	
Behavioral Health Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	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: <input type="text"/>
Social Service Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	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: <input type="text"/>
Post-Acute Care Facilities -- please list the facilities here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	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: <input type="text"/>
Community/Neighborhood Organizations -- Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	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: <input type="text"/>
Consumer/Public Advocacy Organizations - Please list the organizations here: <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	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: <input type="text"/>
Other -- If any other people or organizations were involved, please list them here: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	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: <input type="text"/>

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.

Walk with Ease - St.Charles Mall Walkers 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:  
**Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, 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.

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

Q82. When did this initiative begin?

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.

The initiative will end when (1) the space is no longer available or (2) there is no longer an interest in the program

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

Participants are mostly individuals who are 55+ years of age who have a goal of getting and remaining active by walking for at least 30 minutes per day. Most participants live in or around the service area (ZIP code 20735).

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

11,000

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

1,205

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.

St.Charles Towne Center Mall allows us to use their space every morning for 2 hours from Monday-Friday for the participants to walk around the building before the mall opens.

No.

Q89. Please describe the primary objective of the initiative.

MedStar Southern Maryland Hospital Center, in collaboration with St. Charles Towne Center Mall, hosts the mall walker program weekday mornings for CBSA residents. Members are encouraged to engage in physical activity during the allotted two hours by walking a pre-determined path. Each lap around the path is equivalent to one half mile. MedStar Southern Maryland Hospital Center Community Outreach associates are on-site to provide members with blood pressure screenings. Screenings are followed up with personal consultations, additional health related materials and resources. Each health screening performed is measured as a CBSA member who as a result of having received the screening, results and consultations, has increased the awareness of their health status. A Mall Walker Breakfast is hosted each month, hosted by various healthcare professionals to highlight relevant health related topics. The primary goal of this program is to increase the number of community members who are aware of their health status, and to increase the level of physical activity among participants.

Q90. Please describe how the initiative is delivered.

Participants walk in the mall's secure, well-lit, and climate controlled environment. Free blood pressure screenings and educational health materials are offered and distributed daily. Monthly guest speakers present on health topics as well.

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

- Count of participants/encounters Each participant is accounted for on a monthly basis. Each participant who receives a blood pressure screening is also accounted for.
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants Surveys on health status updates and educational seminar feedback are disbursed.
- Biophysical health indicators Decreased blood pressure, heart rate, and weight loss.
- 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).

In FY19, 5,082 blood pressure screenings were performed. Physicians and other medical professionals gave presentations to participants on related topics each month, for a total of 12 presentations. Approximately 60 people show up each month at the Mall Walkers Breakfast. Of the 60 participants, 40 reported seeing improvements over the year. It was discovered that several of these participants (10-15) were non-compliant with their diet and medication management, therefore ongoing support and education was provided daily.

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

The proportion of adults aged 18 years and older in Prince George's County with high blood pressure is 31.9%. The Walk with Ease – St.Charles Mall Walkers Program addresses arthritis, hypertension, and diabetes prevention and management. Of the 60 regular participants in FY19, 67% showed a decrease in blood pressure readings over a 2 month period. The reduction of blood pressure was contributed to regular participation in physical activity and diet modifications learned from monthly guest speakers. Nearly 45% of participants reported less joint pain over a 2 month period contributed to regular physical activity participation via monthly survey. Participation in the walking program has helped reduce arthritis risk as well.

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

Hospital funds \$31,090

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Smoking Cessation 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, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, 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.

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

Q100. When did this initiative begin?

07/01/2015

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.

MSMHC currently uses an outside organization to facilitate the smoking cessation classes. If and when the organization decides to no longer offer services to implement this program then the initiative will end.

Other. Please explain.

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

Participants are mostly individuals who are between 35-65 years of age who have a goal of reducing their health risks by ceasing tobacco use. Most participants live in or around the service area (ZIP codes 20747 and 20735). According to the CDC, Behavioral Risk Factor Surveillance System, in 2016, 13.7% of Maryland adult residents smoked.

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

4,500

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

18

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.

MSMHC worked with outside facilitators who were certified through the American Lung Association. These facilitators met with program participants on a weekly bases during program implementation.

No.

Q107. Please describe the primary objective of the initiative.

MedStar Southern Maryland Hospital Center, in collaboration with Optimal Public Health Solutions and the American Lungs Association, hosts the smoking cessation class weekly for CBSA residents. Members participate in a seven-week course to learn how to quit smoking and have alternative approaches to stress and stress management. The primary goal of this program is to increase the number of community members who are aware of their health status and to decrease risk factors.

Q108. Please describe how the initiative is delivered.

The Freedom From Smoking® program is for tobacco users who are ready to quit. Because most people already know that smoking is bad for their health, the program focuses almost exclusively on how to quit, not why to quit. The Freedom From Smoking® group clinic includes 8 sessions over seven weeks and features a step-by-step plan for quitting smoking. Each session is designated to help smokers gain control over their behavior. The clinic format encourages participants to work on the process and problems of quitting both individually and as part of a group.

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

- Count of participants/encounters Participants are accounted for each session and number of participants who attend the first session are compared to the number of participants who complete the class (7 weeks of courses) in its entirety.
- Other process/implementation measures (e.g. number of items distributed) Measurement of number of participants who quit smoking or reduce the amount of tobacco used because of the program.
- Surveys of participants Pre- and post test surveys are given.
- 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).

Outcomes are determined by the number of program participants who reduce the amount of tobacco used or cease tobacco use. In FY19, 18 Individuals were reached by the smoking cessation program with a 67% completion and quit rate.

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

The proportion of adults aged 18 years and older in Prince George's County who smoke is 10.3%. This is a slight decrease from previous year at 10.7%. The Smoking Cessation Program assists in helping Prince George's County smokers reduce their health risks by providing them with the necessary tools and education to quit smoking. During FY19 there was a 67% completion and quit rate for the program which accounted for 18 individuals who quit smoking.

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

Hospital Funds \$3,265

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Diabetes Support Group

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, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, 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.

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

Q118. When did this initiative begin?

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.).

Diabetes Support Group is a monthly group meeting for people with diabetes, pre-diabetes, or other risk factors for diabetes, and their friends and family members

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

3,800

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

183

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.

Prevention and management intervention

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

Yes. Please describe who was involved in this initiative.

No.

Q125. Please describe the primary objective of the initiative.

Diabetes Support Group is a monthly group meeting for people with diabetes, pre-diabetes, or other risk factors for diabetes, and their friends and family members. The objective is to equip participants with the tools necessary to prevent or manage their diabetes.

Q126. Please describe how the initiative is delivered.

MSMHC Diabetes Self-Management Program/Support Group, led monthly by a team of certified diabetes educators at the hospital, provides individual assessment, personalized meal plans, and up-to-date information on nutrition, monitoring, and self-care. The program, which serves about 200 people a year, empowers individuals by working with them to design an action plan to take control of their diabetes and prevent complications.

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



- Count of participants/encounters  Participants are accounted for during each group meeting
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants  Survey to assess diabetes education is given at the end of each monthly class.
- 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).

In FY19, the Diabetes Support Group held 12 meetings with a total of 114 encounters. Outcomes are determined by self-reported decreased diabetes risk (decreased A1C levels), and increased education of diabetes awareness. From the participant survey results, 100% reported an increase in their knowledge on how to prevent or manage diabetes.

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

In Prince George's County 12.3% of adults have been diagnosed with diabetes which is in the worst 25% of counties when compared to other MD Counties. In 2017 the emergency room visit rate due to diabetes per 100,000 population was 229.2. The Diabetes Self-Management Program/Support Group empowers members of the CBSA to take control of their diabetes by working through an action plan they design with certified diabetes educators. Participants self-reported decreased A1C levels throughout FY19 which in turn helps reduce diabetes-related readmission rates.

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

Hospital Funds \$780

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, Heart Disease and Stroke, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, 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.

Access to Health Services: Health Insurance

Heart Disease and Stroke

- 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
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and 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)

Q137. Why were these needs unaddressed?

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	<input checked="" type="radio"/>	<input type="radio"/>
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	<input type="radio"/>	<input checked="" type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input type="radio"/>	<input checked="" type="radio"/>
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	<input type="radio"/>	<input checked="" type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input type="radio"/>	<input checked="" type="radio"/>

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.

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 Southern Maryland 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	<input type="text"/>
Coverage of Emergency Department Call	<input type="text"/>
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	Women's & Children Services: Physician practices provide healthcare services for obstetrics and gynecology. A negative margin is generated. Many our patients receiving these services are from minority and low-income families. Prenatal care is provided. Ob-Gyn coverage is provided 24 hours a day. Preventive 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 for lower income and minority families.
Other (provide detail of any subsidy not listed above)	Psychiatric Services: MedStar Southern Maryland Hospital Center absorbs the cost of providing psychiatric supervision for the Emergency Department on a 24-7 basis. If these services were not provided, patients would be transported to another facility to receive them. The community needs are being met and commitment to patients is exhibited by providing these services.
Other (provide detail of any subsidy not listed above)	Multiple service lines are being subsidized because the patient population would have to travel a minimum of 43 miles for service.
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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)

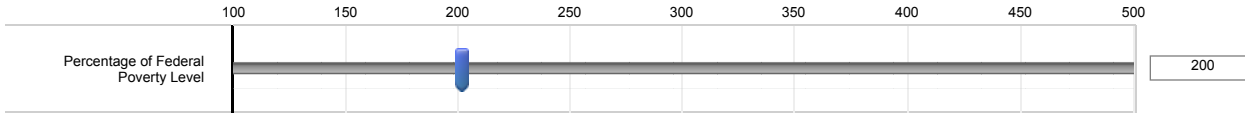
Q146. Upload a copy of your hospital's financial assistance policy.

[MedStar Corporate Financial Assistance Policy\\_07\\_2016.pdf](#)  
339.3KB  
application/pdf

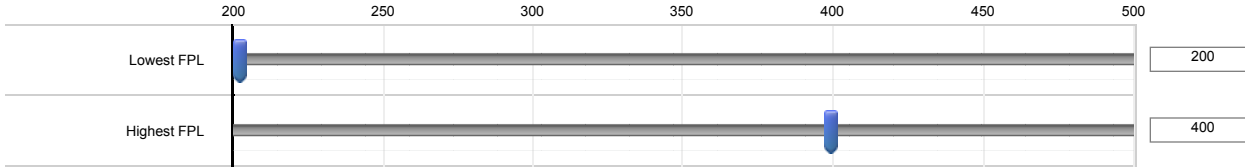
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[MedStar Patient Information Sheet.pdf](#)  
236.2KB  
application/pdf

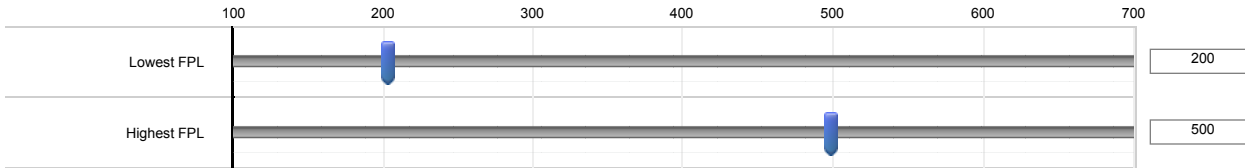
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



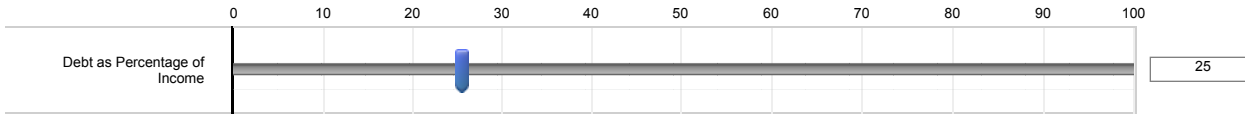
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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.



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



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](mailto: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:** GeolIP Estimation



The image shows a map of the Washington, D.C. area. A yellow pin is placed on the map, indicating a specific location. The map includes labels for several cities and states: Harrisburg, New Jersey, Wilmington, Baltimore, Annapolis, Washington, West Virginia, Virginia, Roanoke, and Richmond. The map also shows major roads and the Chesapeake Bay area.