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: University of Maryland Baltimore Washington Medical Center	◉	○	
Your hospital's ID is: 210043	◉	○	
Your hospital is part of the hospital system called University of Maryland Medical System.	◉	○	

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.

UM BWMC uses our Community Health Needs Assessment and internal data. The quantitative portion of the CHNA consisted of a secondary data analysis of local, state and federal data sources. The Anne Arundel County Department of Health assisted with secondary data analysis. The CHNA includes estimates from hard to reach portions of the population, such as drug users, domestic violence victims, and homeless individuals. Data on these subpopulations primarily came from police reports, Emergency Department (ED) data, and the public school system. It only captures individuals who have come in contact with these services. Therefore, the CHNA may underestimate the true burden of some health issues within Anne Arundel County. Another limitation of the data in the report is that there is a delay between when secondary data is collected and made available. Focus groups (11) and key informant interviews (26) were used to solicit the thoughts and opinions of diverse Anne Arundel County residents, health care providers, social service providers and community leaders. A shortcoming of the qualitative data is that not all community perspectives will be obtained, although we did our best to engage a diverse and representative sample.

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

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

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

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

| ☐ Carroll County | ☐ Kent County | ☐ Wicomico County |
| ☐ Cecil County | ☐ Montgomery County | ☐ Worcester County |

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

This question was not displayed to the respondent.

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

☐ 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.

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.

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.

UM BWMC considers our Community
Benefit Service Area (CBSA) to be the
Anne Arundel County portions of our
primary and secondary service areas as
defined by our Global Budget Revenue
Agreement with the Maryland Health
Services Cost Review Commission.

The primary service area surrounding
UM BWMC where most of our discharges
originate from has some of the most
vulnerable, high-risk residents in
Anne Arundel County based on
socioeconomic and health data. We
make concerted efforts to reach
vulnerable, at-risk populations,
including the uninsured, racial/ethnic
minorities, persons with risky health
behaviors (e.g. smoking), and people
with chronic health conditions (e.g.
diabetes, cancer). Zip codes in our
secondary service area have more
localized pockets of community health
needs.

We have leadership roles in county-
wide collaborative population health
initiatives such as the Healthy Anne
Arundel Coalition (local health
improvement coalition), Bay Area
Transformation Partnership between UM
BWMC and Anne Arundel Medical Center,
and the Opioid Action Task Force.

☐ Based on patterns of utilization. Please describe.

☐ Other. Please describe.

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

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

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

https://www.umms.org/bwmc/about-us/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?

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)

06/18/2019

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

https://www.umms.org/bwmc/community/community-health-needs-assessment-and-implementation-plan

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.

Printed copies are available upon request.

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 explanation below:
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☑	☐	☑	☑	☑	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	☐	☑	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Board of Directors or Board Committee (system level)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	☐	☑	☐	☑	☑	☑	☐	☐	
Clinical Leadership (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	☐	☑	☑	☐	☑	☑	☑	☐	
Population Health Staff (system level)	☐	☐	☐	☐	☐	☐	☑	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	☑	☑	☑	☐	☑	☑	☑	☐	

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

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:
Other Hospitals -- Please list the hospitals here: Anne Arundel Medical Center	☐	✔	✔	✔	✔	✔	✔	☐	☐	
Local Health Department -- Please list the Local Health Departments here: Anne Arundel County	☐	✔	✔	✔	✔	✔	✔	✔	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Anne Arundel	☐	✔	✔	✔	✔	✔	✔	☐	☐	
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: Anne Arundel	☐	☐	☐	☐	✔	✔	✔	☐	☐	

	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: Anne Arundel County Partnership for Children, Youth and Families	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Faith-Based Organizations	☐	☐	☐	☐	☑	☑	☑	☐	☐	
School - K-12 -- Please list the schools here: Anne Arundel County Public Schools	☐	☐	☐	☐	☑	☑	☑	☑	☐	
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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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:
Behavioral Health Organizations -- Please list the organizations here: Anne Arundel County Mental Health Agency, Inc and Numerous Service Providers	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Social Service Organizations -- Please list the organizations here: Anne Arundel County Department of Social Services, YWCA of Annapolis and Anne Arundel County; Centro de Ayuda	☐	☐	☐	☐	☑	☑	☑	☐	☐	
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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Focus group and key informant interviews consisting of County residents, medical and behavioral health care providers, County legislative leaders	☐	☐	☐	☐	☑	☑	☐	☐	☐	

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.

06/17/2019

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

https://www.umms.org/bwmc/community/community-health-needs-assessment-and-implementation-plan

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- ☑ Access to Health Services: Health Insurance
- ☑ Access to Health Services: Practicing PCPs
- ☑ Access to Health Services: Regular PCP Visits
- ☑ Access to Health Services: ED Wait Times
- ☑ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☑ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, Including Alzheimer's Disease
- ☑ Diabetes
- ☐ Disability and Health
- ☑ Educational and Community-Based Programs

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

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

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

> The needs and priorities identified in our most recent CHNA and those identified in our previous CHNA were very consistent. Four of our five community benefit priorities remained unchanged - Chronic Health Conditions (Cancer, Cardiovascular Disease, Diabetes, Obesity/Overweight, Chronic Lower Respiratory Diseases), Behavioral Health, Maternal and Child Health, and Health Care Access and Utilization. One community benefit priority area was changed to "Healthy and Safe Communities" from "Community Support." This change was made to be more descriptive and to also better encompass community well-being and violence prevention.

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

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

Q60. Section III - CB Administration Part 1 - Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

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

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

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

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	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: Anne Arundel Medical Center	☐	☐	☐	☐	☐	☐	☑	☐	☑	Co-Chair of Healthy Anne Arundel Coalition
Local Health Department -- Please list the Local Health Departments here: Anne Arundel County Department of Health	☐	☐	☐	☑	☑	☑	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Anne Arundel	☐	☐	☐	☐	☐	☐	☐	☐	☑	Provided input into CHNA used to develop the Community Benefit Implementation Plan.

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 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: Anne Arundel County	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Local Govt. Organizations -- Please list the organizations here: Anne Arundel Partnership for Children, Youth and Families	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - K-12 -- Please list the schools here: Anne Arundel County Public Schools	☐	☐	☐	☐	☐	☐	☑	☐	☐	
School - Colleges and/or Universities -- 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 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: Anne Arundel County Mental Health Agency, An	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Anne Arundel County Partnership for Children Youth and Families and others	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: Churches, Zeta Phi Beta Sorority, YWCA	☐	☐	☐	☐	☐	☐	☑	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
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.

Community Benefit reporting is coordinated by the Manager, Community Outreach and Manager, Strategic Planning and Service Line Development. Data is collected throughout the year, with annual reporting occurring at the close of the fiscal year for some activities. The data is collected, validated, and entered into Lyon Software's Community Benefit Inventory for Social Accountability (CBISA) program. Maryland HSCRC Community Benefit guidance is consulted to determine what category to report community benefit activities under, along with other resources such as the Catholic Health Association and the VHA. Additionally, the University of Mary land Medical System convenes a monthly Community Health Improvement Committee meeting that includes leaders from community benefit reporting across the system. There is a roundtable at each meeting to discuss any questions or concerns related to community benefit reporting. The Finance Department calculates staff salary rates, the indirect cost ratios and the physician subsidy amounts. The Finance Department reviews and approves the HSCRC spreadsheet inventory report documents. The HSCRC Community Benefit narrative report and data collection tool are reviewed and approved by the Chief Financial Officer and Chief Operating Officer. The report is then reviewed and approved by the UM BWMC Board Finance Committee, the UM BWMC Board of Directors, and University of Maryland Medical System Senior Leadership.

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.

UM BWMC's Strategic Plan for Fiscal Years 2020-2024, a summary of which is available on our web site, includes several community benefit investments. Specifically, our Strategic Plan has the strategic goal of ease of access to care for our community. This includes comprehensive and affordable health care services that results in "right care in the right place at the right time" and investments in physician specialties to meet community needs. Physician investments counted in community benefit include primary care, transitional care, women's health, behavioral health,cardiology and Emergency Department on-call. This goal also calls for robust population health initiatives to reduce preventable utilization. Population health initiatives include community benefit classes and activities designed help people prevent and manage chronic conditions and screen for illnesses when they are most treatable. Our Annual Operating Plan, which is derived from our Strategic Plan, includes community benefit and population health priorities. UM BWMC's FY 19-21 Community Benefit Implementation Plan is a strategic framework that is reviewed each fiscal year and adjustments are made to the implementation strategies as appropriate based on community needs, available resources, best practices and lessons learned.

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.

Heartbeat for Health

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

- ◉ Yes
- ○ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, 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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Environmental Health, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Injury Prevention, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Violence Prevention, 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.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☐ Behavioral Health, including Mental Health and/or Substance Abuse
- ☐ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, including Alzheimer's Disease
- ☐ Diabetes
- ☐ Disability and Health
- ☑ Educational and Community-Based Programs
- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology

- ☑ Heart Disease and Stroke
- ☐ 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

☐ Health Literacy

☐ Health-Related Quality of Life & Well-Being

☐ Other Social Determinants of Health

☐ Other (specify) [_____]

Q82. When did this initiative begin?

[02/01/2006]

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.).

[• Open to the entire population of Anne Arundel County, 568,346 residents (Anne Arundel County Department of Health, County Report Card 2018). UM BWMC budgeted for 500 attendees in FY19. • 77.3% of Anne Arundel County residents are age 18 years and older, with 13.4% being 65 years and older (Anne Arundel County Department of Health, County Report Card 2018). • 35.75% of Anne Arundel County adults age 18 years and older have been told they have hypertension (2016 Maryland BRFSS, data by race/ethnicity not available at County level). • Percentage of overweight/obese adults (age 18 years and older) in Anne Arundel County: 2016: 67.9%; 2015: 63.7%; 2014: 70.6%; 2013: 63.1%; 2012: 63.7%; 2010: 67.9% (2016 Maryland BRFSS, data by race/ethnicity not available at County level).]

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

[500]

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

[554]

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.

```
[text box]
```

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

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

```
UM BWMC is the lead sponsor of this
initiative. Partners included:
• Y of Central Maryland (Deborah
Crites)
• UM Health Advantage (Kelley Ray)
• Anne Arundel County Public Library
(Kt Zawodny)
• Anne Arundel County Department of
Health (Emily Parker)
• MD Dermatology (Lisa Bell)
• Choice One Urgent Care (Stephen
Munier)
• Fiore Chiropractic (Dr. Drew
DelSignore)
• Anne Arundel Dermatology (Tina
Chappel)
• Anne Arundel County Crisis Response
(Lauren Dominick)
• Hearing Solutions (Janet Johnson)
• MD Insurance Administration (Gia
Wilkerson)
• Healthcare Access Maryland (Paris
Barnes)
• UM School of Medicine (Alicia Brown)
```

◯ No.

Q89. Please describe the primary objective of the initiative.

```
Provide an event to increase education and community awareness of heart health issues and prevention, importance of physical activity, while increasing access to free
health screenings and community resources.
```

Q90. Please describe how the initiative is delivered.

```
Heartbeat for Health was held on Saturday, February 23, 2019 at the Greater Annapolis Y in Arnold. This event was attended by more than 550 Anne Arundel County
residents who participated in heart healthy activities, health screenings and more. Attendees learned about the benefits of dance and exercise in the prevention of heart
disease, diabetes, nutrition and overweight/obesity, and learned what they can do daily to make healthy lifestyle changes. Community resources were also on hand to
supplement resident's needs.
```

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

☑ Count of participants/encounters
```
500 Anne Arundel County
residents checked into the
event. 54 participants were
from outside of Anne
Arundel County.
```

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

☑ Surveys of participants
```
343 participants completed
and returned exit surveys.
```

☐ Biophysical health indicators [_____]

☐ Assessment of environmental change [_____]

☐ Impact on policy change [_____]

☐ Effects on healthcare utilization or cost [_____]

☐ Assessment of workforce development [_____]

☑ Other
```
Vendors were asked to
complete exit surveys
listing the number of
participants who accessed
free screenings and if
abnormal findings were
found.
```

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

554 participants attended Heartbeat for Health and received health education. Of those that participated, 100 participants received a vascular screening coupon to receive a free vascular screening to include: carotid artery, peripheral artery disease, and abdominal aortic aneurysm screening. 92 participants were screened for high blood pressure, and 19 participants were screening for spinal concerns. 11 were found to have abnormal results. 53 participants were screened for high blood glucose levels, 3 were found to have abnormal results. All participants who participated in a screening were counseled on their results. Those with abnormal results were given education on how to carry out a healthier lifestyle, and were referred to follow up with their primary care physician as needed.

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

The most recent CHNA identified heart disease as the second leading cause of death in Anne Arundel County, accounting for 22% of all county deaths as of 2016 (Maryland Department of Health, Vital Statistics Administration, 2016).Mortality data can be used to track heart disease trends. In the CHNA, overweight/obesity was ranked as a significant health concern by Anne Arundel County. It is a major health problem and contributing factor to many other chronic health conditions, including heart disease. At the time of the CHNA, the percentage of overweight (Body Mass Index of 25 to 29.9) 18 years and older and obese adults (Body Mass Index 30 and over) in Anne Arundel County rose to over 68% (overweight: 37.2%; obese: 31%, Anne Arundel County Department of Health, 2018) from 63% in the previous three years.

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

$19,536

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Stork's Nest

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

- ◉ Yes
- ○ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, 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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Environmental Health, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Injury Prevention, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Violence Prevention, 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.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☐ Behavioral Health, including Mental Health and/or Substance Abuse
- ☐ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☐ Dementias, including Alzheimer's Disease
- ☐ Diabetes
- ☐ Disability and Health

- ☐ Heart Disease and Stroke
- ☐ 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

☑ 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?

```
10/01/2006
```

Q101. Does this initiative have an anticipated end date?

- ◉ No, the initiative does not have an anticipated end date.
- ○ The initiative will end on a specific end date. Please specify the date. [   ]
- ○ The initiative will end when a community or population health measure reaches a target value. Please describe.

- ○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

- ○ The initiative will end when external grant money to support the initiative runs out. Please explain.

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

- ○ Other. Please explain.

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

```
• As of 2017 there were 289,134 females residing in Anne Arundel County. The Storks' Nest program targets those women who are pregnant and between the ages of 15
and 44 years of age, and are most at risk for having preterm childbirth and a low birth weight baby. • The total female population between the ages of 15-44 years of age:
Non-Hispanic Black: 22,051; Non-Hispanic White: 71,273; Hispanic (all races): 10,466 (2017 Maryland DHMH Vital Statistics and Reports). • Anne Arundel County 2017
infant mortality rate (per 1,000 live births): Anne Arundel County: 4.1; White: 2.8; Black: 7.9 (2017 Maryland DHMH Vital Statistics and Reports). • Percentage of babies born
less than 5.5 pounds to mothers in Anne Arundel County: Anne Arundel County: 7.8%; White: 6.5%; Black: 12.3% (2017 Maryland DHMH Vital Statistics and Reports).
```

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

```
100
```

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

69

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.

  ```
  • March of Dimes (Maryland Chapter,
  Anne Eder)
  • Zeta Phi Beta Sorority (Jeanette
  James)
  • Assistance League of the Chesapeake
  (Mary O'Malley) provides the donations
  to help support the Stork's Nest
  Store.
  • Anne Arundel County Department of
  Health (Lisa Helms Guba) provides
  educational materials.
  ```

- ○ No.

Q107. Please describe the primary objective of the initiative.

Decrease infant mortality by reducing preterm and low birth weight births, and increase infant safe sleep behaviors by women in Anne Arundel County.

Q108. Please describe how the initiative is delivered.

Stork's Nest is a prenatal education program that offers several sessions a year in both English and Spanish. Any pregnant woman in Anne Arundel County is eligible to participate. Participants earn points by attending classes, going to prenatal care appointments and adopting healthy behaviors. Participants continue to earn points until their baby turns one year old by attending well-baby checkups and making sure immunizations are received on time. Points can be used to "purchase" pregnancy and infant care items at the Stork's Nest Store.

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

- ☑ Count of participants/encounters   69 women attended at least one class sessions during FY 2019.
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☑ Surveys of participants   Participants are followed up with at the three month and 12 month mark.
- ☐ 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).

• Reduce preterm and low birth weight births. UM BWMC tracks participant's gestational age at delivery and the weight of the baby. In FY 2019, 100% of participants who responded delivered a baby at 37 weeks gestation or more, and 100% of babies born at a weight of at least five pounds at birth. • Increase health behaviors to decrease infant mortality. UM BWMC tracks participant's awareness and education on safe sleep for infants and prenatal health. Support from community referral sources and participant enrollment signifies the participants are increasing utilization of prenatal education that may lead to a decrease in infant mortality. • 100% of participants in the program are provided a portable crib and safe sleep kit. FY 2019 outcomes of participants: babies born at 37 weeks gestation: 100%; babies born at 5 lbs. at birth: 100%; participants who acknowledge having a prenatal care provider: 91%; participants who received safe sleep education and free portable crib: 100%.

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

The most recent CHNA identifies disparities in the County's infant mortality rate and among related indicators such as prematurity and low birth weight. There has been a positive reduction in infant mortality in Anne Arundel County since the last CHNA, and since the Stork's Nest program started. • Anne Arundel County infant mortality rate (per 1,000 live births): Anne Arundel County: 2017: 4.1; 2015: 5.1; 2006: 7.7. White: 2017: 2.8; 2015: 3.7; 2006: 5.2. Black: 2017: 7.9; 2015: 9.3; 2006: 21.4; Hispanic: 2017: 5.3 (Maryland DHMH Vital Statistics and Reports). • Anne Arundel County low birth weight births. Percentage of babies born under 5.5 lbs.: White: 2017: 6.5%; 2015: 6.4%; 2006: 9.1%. Black: 2017: 12.3%; 2015: 12.5%; 2006: 14.8%; Hispanic: 2017: 7.2%; 2015: 7.2% (Maryland DHMH Vital Statistics and Reports). • Anne Arundel County premature birth percentages, births prior to 37 weeks gestation: White: 2017: 9.3%; 2015: 8.4%; 2006: 10.2%. Black: 2017: 12.1%; 2015: 12.1%; 2006: 14.1%. Hispanic: 2017: 7.7%; 2015: 9.6%; 2006: 9.3% (Maryland DHMH Vital Statistics and Reports). • Stork's Nest has shown positive outcomes for mom and baby. Through education and awareness UM BWMC has been able to increase the number of participants who are accessing prenatal care early in their pregnancy, 59% of women had their first prenatal visit by the end of their first trimester, and 87% of all women had their first prenatal visit before the end of their second trimester of pregnancy, adopting healthy pregnancy behaviors such as eating healthy and not smoking. And, increasing safe sleep awareness education and providing 100% of participants with a portable crib so that babies have a safe place to sleep.

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

$27,680

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Community Flu Vaccination Clinics

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

◉ Yes
◯ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, 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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Environmental Health, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Injury Prevention, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Violence Prevention, 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.

☐ Access to Health Services: Health Insurance

☐ Access to Health Services: Practicing PCPs

☐ Access to Health Services: Regular PCP Visits

☐ Access to Health Services: ED Wait Times

☑ Access to Health Services: Outpatient Services

☐ Adolescent Health

☐ Arthritis, Osteoporosis, and Chronic Back Conditions

☐ Behavioral Health, including Mental Health and/or Substance Abuse

☐ Cancer

☐ Children's Health

☐ Chronic Kidney Disease

☐ Community Unity

☐ Heart Disease and Stroke

☐ 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

☐ 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?

10/20/2012

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.).

• Open to the entire population of Anne Arundel County, 568,346 residents (Anne Arundel County Department of Health, County Report Card 2018). UM BWMC budgeted to provide 400 vaccines. • Under 5 years old: 6.2%; 18 years and over: 77.5%; 65 years and older: 13.8% (Anne Arundel County Department of Health, County Report Card 2019) • 5.8% of Anne Arundel County residents live below the poverty level (US Census Bureau, American Community Survey, 2016 Estimates). • Percentage of uninsured residents in Anne Arundel County, 2017: 5.4%; Hispanic uninsured residents: 22% (Anne Arundel County Department of Health, County Report Card 2019). • 12% of Anne Arundel County adults had insurances but reported being unable to see their provider due to the cost – high deductible insurance plans and copays (Anne Arundel County Department of Health, County Report Card 2019). • 2017 estimates for Primary Care ratio in Anne Arundel County: 1,450:1 (County Health Rankings, Anne Arundel County Department of Health 2018).

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

400

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

400

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.

```
UM BWMC is the lead sponsor of this
initiative. Partners included:
• Y of Central Maryland (Deborah
Crites)
• Gethsemane Church (Jennette Logan)
• Sarah's House
• St Bernadette Parish (Gary Maufer)
• St John Lutheran Church (Marivale
Kriewald)
```

○ No.

Q125. Please describe the primary objective of the initiative.

Provide easily accessible ways for community to receive a free flu vaccine from October through December, prior to peak influenza illness begin.

Q126. Please describe how the initiative is delivered.

Flu vaccination clinics were held at multiple locations and at multiple times throughout the fall, beginning October, 1, 2019. Anyone age 6 months old and older were able to obtain a free flu vaccine. UM BWMC partnered with a number of community partners to promote the clinics and utilized UM BWMC doctors and nurses to provide the vaccine during the clinic. Clinic hours ranged in hours from early morning, mid-morning, afternoon, evening, and weekend hours. 400 Anne Arundel County residents were vaccinated prior to the end of December 2018.

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

☑ Count of participants/encounters | 400 Anne Arundel County residents vaccinated.

☐ 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 | Hospital and provider data on the number of influenza cases presenting in the offices and/or emergency department.

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

400 residents, aged 6 months old and older, were vaccinated against influenza prior to the end of December 2018. All residents vaccinated were provided their vaccine, and educated on the importance of hand washing, health hygiene, and influenza risks, symptoms and what to do if they think they have the flu. Residents were also provided information on accessing urgent care and primary care locations as an option for care during illness.

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

The most recent CHNA identified that 2.8% of the 4,380 deaths that occurred in Anne Arundel County were from influenza and pneumonia. Based on the most recent CHNA it was also identified that Access to Health Care and Health Care Utilization was a priority area for Anne Arundel County. 5.8% of Anne Arundel County residents live below the poverty level (US Census Bureau, American Community Survey, 2016 Estimates); Percentage of uninsured residents in Anne Arundel County, 2017: 5.4%; Hispanic uninsured residents: 22% (Anne Arundel County Department of Health, County Report Card 2019); 12% of Anne Arundel County adults had insurances but reported being unable to see their provider due to the cost – high deductible insurance plans and copays (Anne Arundel County Department of Health, County Report Card 2019); 2018 Primary Care ratio in Anne Arundel County: 1,450:1 (County Health Rankings, Anne Arundel County Department of Health 2018). UM BWMC used this opportunity to increase flu vaccination coverage for Anne Arundel County in FY19 by increasing the number of available locations and clinic times, not charging for the vaccines providing, and not requiring proof of insurance. UM BWMC was also able to educate residents on the importance of hand washing, health hygiene, and influenza risks, symptoms and what to do if they think they have the flu. As well as provide information on accessing urgent care and primary care resources as an option for care during illness.

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

$7,090

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

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

○ Yes
◉ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, 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, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Environmental Health, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Injury Prevention, Maternal & Infant Health, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Tobacco Use, Violence Prevention, 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 ☐ 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) [_____]

Q137. Why were these needs unaddressed?

Lack of affordable dental services, environmental health concerns, and transportation barriers are community health needs identified through the CHNA not directly being addressed by UM BWMC. UM BWMC will support the advancement of community health improvement initiatives in these areas as feasible. UM BWMC does not provide routine dental care at this time, but we do refer patients to low-cost dental clinics for care. We subsidize oral surgery on-call services and have oral surgeons on our medical staff. UM BWMC partners with the Anne Arundel County Department of Health to divert dental patients presenting to the ED to providers in the community. Patients will be treated within 24-48 hours of their ED visit. Care coordination will be provided to prevent repeat ED visits. Environmental health concerns are being addressed by the Anne Arundel County Department of Health's Bureau of Environmental Health Services and other local environmental advocacy organizations. Public transportation is not in the scope of services that UM BWMC can provide as a hospital; however, we do provide some transportation assistance through our care management program and our Transitional Care Center. We also provide transportation assistance for participants in our Stork's Nest prenatal education program. Anne Arundel and surrounding county governments are collaborating to expand access to public transportation in the Central Maryland region. Other needs identified in the CHNA included affordable housing and affordable, quality child care. UM BWMC will support these priorities through participation in economic development initiatives and health professions training designed to help improve socioeconomic wellbeing of individuals and the local community.

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

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

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

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

[ ]

Q140. # Section V - Physician Gaps & Subsidies

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

☐ No gaps

☑ Primary care

☑ Mental health

☑ Substance abuse/detoxification

☐ Internal medicine

☐ Dermatology

☑ Dental

- ☐ Neurosurgery/neurology
- ☑ General surgery
- ☐ Orthopedic specialties
- ☑ Obstetrics
- ☐ Otolaryngology
- ☐ Other. Please specify. [   ]

100	150	200	250	300	350	400	450	500

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	UM BWMC contracts with and provides subsidies to a hospitalist services practice group and an anesthesia services provider to ensure appropriate coverage is available at all times.
Non-Resident House Staff and Hospitalists	These providers ensure the continuum and quality of care for inpatients who do not have a primary care provider available to manage their care while in the hospital (pediatric hospitalists and OB hospitalists also provide care in the Emergency Department). The hospitalist program helps to reduce PAU (reduce LOS, readmissions, ED visits), improve quality and safety, and increase patient satisfaction.
Coverage of Emergency Department Call	UM BWMC provides physician call pay to ensure there is always an appropriate level of specialist care in the Emergency Department to maintain quality patient care. Specialties that receive on-call subsidies include general surgery, cardiology, vascular surgery, orthopedic surgery, spine surgery, neurology, neurosurgery, gastroenterology, urology, gynecology, thoracic surgery, oral surgery, and otolaryngology. Without the availability on-call specialists, patients could face treatment delays, poorer health outcomes and decreased patient satisfaction.
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
Other (provide detail of any subsidy not listed above)	UM BWMC provides outpatient primary care through our traditional outpatient primary care clinics, senior care clinics for older adults, OB/GYN clinics and our Transitional Care Center for complex patients without a current primary care physician and for patients who need additional management before being safely transitioned back to the care of their existing primary care physician. The need for primary care and OB/GYN physicians was identified through the CHNA and a physician needs assessment.
Other (provide detail of any subsidy not listed above)	UM BWMC subsidizes cardiology due to the limited numbers of cardiologists practicing in this area, the impending retirement of several current cardiologists , and the cardiovascular disease burden in the community.
Other (provide detail of any subsidy not listed above)	

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

[   ]

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

UMMS CBO FA Pol Proc manual - Eff 07-01-2019.pdf
910.4KB
application/pdf

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

Patient Information Sheet.pdf
64KB
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.

100	150	200	250	300	350	400	450	500

| Percentage of Federal Poverty Level | | 276 |

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								277
Highest FPL								414
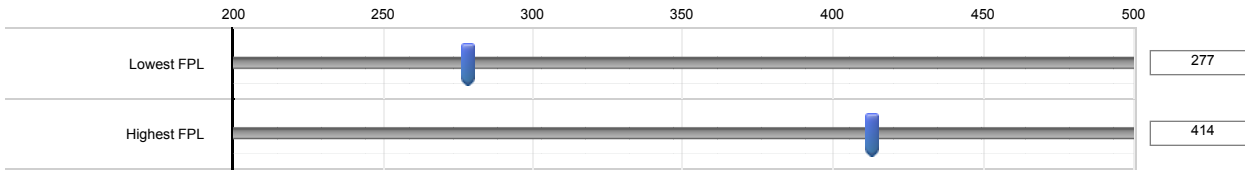
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over 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								277
Highest FPL								414

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

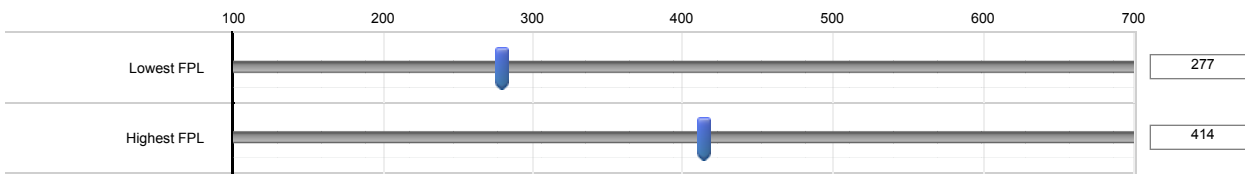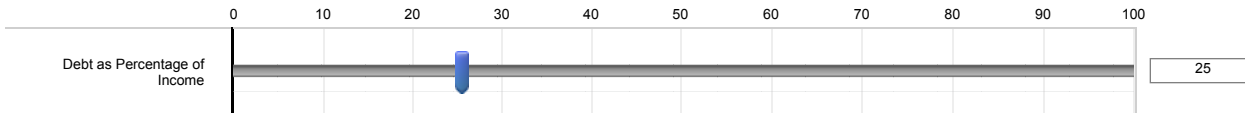|	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												25

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: (39.33610534668, -76.538902282715)

Source: GeoIP Estimation

Location Data

Location: (39.33610534668, -76.538902282715)

Source: GeoIP Estimation

Report This Email

Responses are indicated as requested below in **red**. Please let me know if you require anything additional. -Kim

- In Question 50, where you indicate how external organizations were involved in your CHNA process, on page 9 of the attached you did not select any boxes for "School – Colleges and/or Universities." Please indicate whether and how organizations of this type were involved.
  - N/A
- In Question 63, where you indicate how external organizations were involved in your community benefit activities, on page 15 of the attached you did not select any boxes for "School – Nursing School." Please indicate whether and how organizations of this type were involved.
  - N/A
- In Question 117 on page 23 of the attached, where you select the CHNA needs addressed by the Community Flu Vaccine Clinics, you indicated that one of the CHNA needs addressed by this initiative is "Immunization and Infectious Diseases." Your response to Question 56 on page 11 does not include "Immunization and Infectious Diseases" as one of the needs identified in the CHNA. Please indicate whether "Immunization and Infectious Diseases" should have been selected in Question 56, or should not have been selected in Question 117.
  - Should not have been selected for question 117. The CHNA need being addressed was access to care.
- In Question 127 on page 25 of the attached, discussing the type of evidence your hospital uses to judge the effectiveness of the initiative, you placed "Hospital and provider data on the number of influenza cases presenting in the offices and/or emergency department" in the "Other" category. We feel this should be in the "Effects on healthcare utilization or cost" category. Please indicate whether you agree with this change.
  - Agree with the change.
- In Question 136 on pages 26 and 27 of the attached, where you indicate which CHNA needs were unaddressed by your hospital during the fiscal year, you selected "Other Social Determinants of Health." In Question 117 on page 23, you indicated that the initiative addresses that need. Can you clarify your intention?
  - There are some social determinants that we are addressing. There are others that are outside of our scope and resources at this time (e.g. housing and child care)

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Sent: Friday, February 28, 2020 2:50 PM

To: Davidson, Kimberly <Kimberly.Davidson@umm.edu>; Jacobs, Donna <djacobs@umm.edu>

Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Subject: Clarification Required - UM BWMC FY 19 CB Narrative

Thank you for submitting University of Maryland Baltimore Washington Medical Center's FY 2019

Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In Question 50, where you indicate how external organizations were involved in your CHNA process, on page 9 of the attached you did not select any boxes for "School – Colleges and/or Universities." Please indicate whether and how organizations of this type were involved.
- In Question 63, where you indicate how external organizations were involved in your community benefit activities, on page 15 of the attached you did not select any boxes for "School – Nursing School." Please indicate whether and how organizations of this type were involved.
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Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.