

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: Atlantic General Hospital Corporation	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210061	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called Atlantic General Hospital/Health System.	<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.

AGH FY19-21 CHNA, County Health Rankings, MD SHIP, Healthy People 2020, Worcester County Health Department Data, Community Survey, Healthy Communities Institute, US Census Bureau, CHSI, MHA Data, Vital Statistics

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 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 checked="" 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 checked="" type="checkbox"/> Wicomico County |

Cecil County

Montgomery County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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.

- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> 21817 | <input type="checkbox"/> 21838 | <input type="checkbox"/> 21866 |
| <input type="checkbox"/> 21821 | <input checked="" type="checkbox"/> 21851 | <input type="checkbox"/> 21867 |
| <input type="checkbox"/> 21822 | <input checked="" type="checkbox"/> 21853 | <input checked="" type="checkbox"/> 21871 |
| <input type="checkbox"/> 21824 | <input type="checkbox"/> 21857 | <input type="checkbox"/> 21890 |
| <input type="checkbox"/> 21836 | | |

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.

- | | | |
|---|--------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> 21801 | <input type="checkbox"/> 21826 | <input type="checkbox"/> 21852 |
| <input type="checkbox"/> 21802 | <input type="checkbox"/> 21830 | <input type="checkbox"/> 21856 |
| <input type="checkbox"/> 21803 | <input type="checkbox"/> 21837 | <input type="checkbox"/> 21861 |
| <input checked="" type="checkbox"/> 21804 | <input type="checkbox"/> 21840 | <input type="checkbox"/> 21865 |
| <input type="checkbox"/> 21810 | <input type="checkbox"/> 21849 | <input type="checkbox"/> 21874 |
| <input type="checkbox"/> 21814 | <input type="checkbox"/> 21850 | <input type="checkbox"/> 21875 |
| <input checked="" type="checkbox"/> 21822 | | |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> 21792 | <input checked="" type="checkbox"/> 21829 | <input checked="" type="checkbox"/> 21862 |
| <input checked="" type="checkbox"/> 21804 | <input checked="" type="checkbox"/> 21841 | <input checked="" type="checkbox"/> 21863 |
| <input checked="" type="checkbox"/> 21811 | <input checked="" type="checkbox"/> 21842 | <input checked="" type="checkbox"/> 21864 |
| <input checked="" type="checkbox"/> 21813 | <input checked="" type="checkbox"/> 21843 | <input checked="" type="checkbox"/> 21872 |
| <input checked="" type="checkbox"/> 21822 | <input checked="" type="checkbox"/> 21851 | |

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.

Appendix E: Definition of Hospital's Service Area. The HSCRC will use zip codes and/or counties for market analysis.
The Primary Service Area (PSA) of the Hospital consists of the following zip codes (or counties):
21811, 21842, 19975, 19945, 21813

Based on patterns of utilization. Please describe.

ED and IP utilization, targeted activities based upon diagnosis patient volumes

Other. Please describe.

Tri County partnerships expand CBSA. Close proximity, rural community, and lack of transportation to Delaware expands CBSA to Sussex County and Accomack County, Virginia

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.atlanticgeneral.org/about-us/vision-and-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?

AGH provides clinical site opportunities to various health occupations, i.e. rad tech, nursing, pharmacy interns, med student interns, etc., students/interns from local universities and colleges. Distance learners are provided local clinical site opportunities as well through their online studies and expanding partnerships with other universities in Maryland. AGH supports and provides high school mentoring opportunities to local tech school programs from Worcester, Wicomico, and Somerset counties and Project SEARCH.

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)

05/12/2019

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

<https://www.atlanticgeneral.org/documents/AGH-9313-CHNA-Report-2019-21-booklet-form-050319.pdf>

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

- Yes
 No

Q46. Please describe the other formats in which you made your CHNA available.

Public Dissemination This Community Health Needs Assessment is available to the public on its website <http://atlanticgeneral.org>. • Informs readers that the CHNA Report is available and provides instructions for downloading it; • Offers the CHNA Report document in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the image of the report; • Grants access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website. AGH will provide any individual requesting a copy of the written report with the direct website address, or URL, where the document can be accessed. AGH will also maintain at its facilities a hardcopy of the CHNA report that may be viewed by any who request it.

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

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

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 (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: PRMC, McCready	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local Health Department -- Please list the Local Health Departments here: Worcester, Wicomico, Somerset	<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"/>	
Local Health Improvement Coalition -- Please list the LHICs here: WCHD LHIC, Healthy Weight Coalition and Tri County SHIP, Resource Coordination Committee	<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"/>	
Maryland Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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:
MAC

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:
OIT, SAFE, Worcester CRT, Lower Shore CISM, Worcester Drug and Alcohol Board, OC Drug and Alcohol Council, Drug Overdose Fatality Review Team, Child Fatality Review Team, Worcester EMS, WCHD Planning Board, EMS Advisory Board, Domestic Violence Fatality Review Team, OC Local EMS Planning Board, Suicide Awareness Board, Tobacco Cancer Coalition, State Adv Council on Quality Care at End of Life

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:
Worcester County School Health Council

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)
<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"/>

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

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

N/A - Person or Organization was not involved	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"/>

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

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

N/A - Person or Organization was not involved	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"/>

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

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

N/A - Person or Organization was not involved	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"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated 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"/>

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

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

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated 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"/>

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

Behavioral Health Organizations -- Please list the organizations here:
Hudson Health Services, Worcester Warriors Against Opioid Use, NAMI

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Social Service Organizations -- Please list the organizations here:
SART, Cricket Center

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Post-Acute Care Facilities -- please list the facilities 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"/>

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

	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:
Community/Neighborhood Organizations -- Please list the organizations here: DMV Youth Council, Play It Safe	<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"/>	
Consumer/Public Advocacy Organizations - Please list the organizations here: ACS, March of Dimes, United Way, Worcester GOLD, Komen, Lower Shore Red Cross, Blood Bank, Save a Leg Save a Life, Habitat for Humanity, Big Bros Big Sisters	<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"/>	
Other -- If any other people or organizations were involved, please list them here: MD Society for Healthcare Strategy, MHA, Maryland eCare, DRHMAG, Healthcare Provider Council Delaware, Ocean Pines Chamber, Ocean City Chamber, Bethany/Fenwick Chamber	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

11/07/2019

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

<https://www.atlanticgeneral.org/documents/Implementation-Plan-CHNA-2019-21-FINAL-Revised-10.1.2019>

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
- 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
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision

- Children's Health
- Immunization and Infectious Diseases
- Wound Care
- Chronic Kidney Disease
- Injury Prevention
- Housing & Homelessness
- Community Unity
- Lesbian, Gay, Bisexual, and Transgender Health
- Transportation
- Dementias, Including Alzheimer's Disease
- Maternal & Infant Health
- Unemployment & Poverty
- Diabetes
- Nutrition and Weight Status
- Other Social Determinants of Health
- Disability and Health
- Older Adults
- Other (specify)
- Educational and Community-Based Programs

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

FY19-21 CHNA identified health needs: #1 Cancer #2 Diabetes/Sugar #3 Overweight/Obesity #4 Smoking, drug or alcohol use #5 Heart Disease #6 Mental Health #7 High Blood Pressure/Stroke #8 Access to Healthcare / No Health Insurance #9 Dental Health #10 Asthma / Lung Disease #11 Injuries #12 Sexually transmitted disease & HIV

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 (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 initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Develops strategic plan, sets organizational goals which guides community benefit activities
Senior Executives (CEO, CFO, VP, etc.) (system level)	<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"/>	<input type="checkbox"/>	
	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:

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 checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:
Board of Directors or Board Committee (system level)	<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"/>	
	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:
Clinical Leadership (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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Active role in strategic planning and implementation of community benefit activities
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	<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"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (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 checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Population Health Staff (system level)	<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"/>	Executive Care Coordination Team
	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:
Community Benefit staff (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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:
Community Benefit staff (system level)	<input 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"/>	
	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)	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:
Nurse(s)	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	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:
Social Workers	<input 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"/>	
	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:

Community Benefit Task Force

<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:

Hospital Advisory Board

<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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)

Involved with Senior Leadership strategic planning, goal setting and guiding CB initiatives

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

Other (specify)

<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="checkbox"/>
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:

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 Hospitals -- Please list the hospitals here: PRMC, McCreedy	<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 checked="" type="checkbox"/>	TriCounty outreach partnerships such as TriCounty Go RED	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Local Health Department -- Please list the Local Health Departments here: Worcester, Wicomico, Somerset	<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 checked="" type="checkbox"/>	TriCounty Partnerships	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Local Health Improvement Coalition -- Please list the LHICs here: Worcester LHIC, Tri County health planning	<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"/>		
	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	<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	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Maryland Department of Human Resources	<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	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Maryland Department of Natural Resources	<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	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	

Maryland Department of the Environment

Use MDE Data to target outreach

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

Maryland Department of Transportation

Data to target outreach

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

Maryland Department of Education

FARM data to target outreach

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

Area Agency on Aging -- Please list the agencies here:
MAC, Worcester Commission on Aging

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

Local Govt. Organizations -- Please list the organizations here:
Worcester County Government

location to provide outreach to county employees

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

Faith-Based Organizations

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

School - K-12 -- Please list the schools here:
Worcester County Public Schools

High School Mentoring; PAC; Integrated Health Literacy Program

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

School - Colleges and/or Universities -- Please list the schools here:
Salisbury Univ; UMES; WWCC; Del Tech, DE Univ; Frostburg, Chesapeake College; South Hills; Oakwood Univ; Lynchburg; Wilmington Univ

Health preceptorships/

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

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

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

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

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

School - Nursing School -- Please list the schools here:
Salisbury Univ; WWCC; Del Tech; Frostburg; Chesapeake College; DE Univ

nursing preceptorships/interns

N/A - Person or Organization was not involved
Selecting health needs that will be targeted
Selecting the initiatives that will be supported
Determining how to evaluate the impact of initiatives
Providing funding for CB activities
Allocating budgets for individual initiatives
Delivering CB initiatives
Evaluating the outcome of CB initiatives
Other (explain)

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

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

<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"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

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

<input type="checkbox"/>	<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"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

Behavioral Health Organizations -- Please list the organizations here:

<input type="checkbox"/>	<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"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

Social Service Organizations -- Please list the organizations here:

<input type="checkbox"/>	<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"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

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

<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"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

Community/Neighborhood Organizations -- Please list the organizations here:

<input type="checkbox"/>	<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"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

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

<input type="checkbox"/>	<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"/>
N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	

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

Other -- If any other people or organizations were involved, please list them here:

<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="checkbox"/>
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:

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.

Director Community Health – Community Benefit oversight: Community Education/Population Health, Outreach Providers and Health Literacy Liaison department management ; CB Committee Chair Population Health Clinical Assistant – performs CBISA data base reporting Outreach Providers – teach workshops, provide first aid and perform many health screenings in the community Community Benefit Committee – The reporters for each department- responsible for the data input for their department regarding Community Benefits. They meet quarterly and set annual goals for Community Benefits which stem from the organizational goals and the strategic plan. The meet quarterly to monitor the hospital's community benefits and to modify and plan accordingly to ensure goals are met. The audit is done quarterly by the Community Benefit Committee, Leadership Team, Senior Leadership and the Hospital Board of Trustees. The Community Benefit Committee and the Director Community Health sign off on the reporting.

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.

Community Benefits is a large part of the planning of the hospital's strategic plan. As we become more focused on population health management, we realize that the hospital's job starts way before someone darkens the doors of our facilities. The key is to coordinate care for our patients by doing all the "Right" things. That is why our strategic plans involve the "Right Principles: Right Care, Right People, Right Place, Right Partners and Right Hospital. Population Health: Community Education and Health Literacy are one of the key initiatives in the strategic plan and make up a large portion of our Community Benefit contribution. The role of the Senior Leadership team is to guide the operations of the organization: to develop the strategic plan, to set the annual organizational goals, which ultimately guides the community benefit initiatives. Clinical leadership is involved in the Strategic Planning each year. It is through their input that goals and directions are set for the organization. It is through the support of these teams (and course set by the goals) that Community Benefits are accomplished. Each department plays an active role in the process and implementation of the Community benefit goals each year. The Executive Care Coordination Team plays an active role in the care coordination process and implementation of the organizational goals, strategic plan, and community benefit goals. The team meets twice monthly.

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

<https://www.atlanticgeneral.org/documents/2020-Strategic-Plan-final.pdf>

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

AGH demonstrates that we are engaging partners to move toward specific and rigorous processes aimed at generating improved population health and collectively solving complex health and social problems that result in health inequities. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners. AGH collaborates with the following community partners: Other hospital organizations, Local Health Departments, Schools, Behavioral health organizations, Local health improvement coalitions (LHICs), Faith based community organizations, and Social service organizations.

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.

Increase community access to comprehensive, quality health care services.

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, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, 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 checked="" type="checkbox"/> Access to Health Services: Health Insurance | <input type="checkbox"/> Heart Disease and Stroke |
| <input checked="" 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 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 checked="" 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?

07/01/2018

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.).

Population Worcester County: Total Population 51,823; Population estimates, July 1, 2018, (V2018) 229,286 Sussex County, DE; Total Population 216,486; Provider Access 3500:1 Worcester County 2060:1 Somerset County 1870:1 Wicomico County 1165:1 Sussex County; Worcester County 78.3% have a regular PCP; Worcester County uninsured ED visits 7.6%; Adults with health insurance 91.1%; see uploaded attachment for demographic information

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

51,823

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

23,064

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.

Hospital Resources:

- Population Health Department
- AGH/HS
- Human Resources
- Registration/Billing Services
- Emergency Department
- Executive Care Coordination Team

Community Resources:

- Faith-based Partnership
- * Homelessness Committee
- Worcester County Healthy Planning Advisory Council
- Worcester County Health Department
- Local Food Pantries/Shelters/Maryland Food Bank
- Wagner Wellness Van
- Shore Transit
- Tri County Health Planning Council

*LHIC
*United Way
*Local Shelters
*Homeless Committee

No.

Q89. Please describe the primary objective of the initiative.

Reduce unnecessary healthcare costs and reduction in hospital admissions and readmissions during FY19; Reduce health disparities during FY19; Increase community capacity and collaboration for shared responsibility to address unmet health needs during FY19; Increase in awareness and self-management of chronic disease during FY19

Q90. Please describe how the initiative is delivered.

Through AGH's initiative to improve access to care reduction in unnecessary healthcare costs would be an impact of objectives improving access to care, educating the community on ED appropriate use, chronic illness self-management, and collaboration efforts with community organizations with a shared vision; Utilize Faith-based Partnerships, to provide access to high risk populations for education about healthy lifestyles and chronic disease management; Provide community health events to target minority populations by increasing relationships with faith-based partnerships, local businesses and cultural/ethnic community event; Educate community on financial assistance options to improve affordability of care and reduce delay in care; Partnering with community organizations and participation on committees that address access to care and health disparities; Provider recruitment to medically underserved area; Health equity campaign; Adult health literacy initiative; School-based telehealth pilot planning; Partner with homeless shelters and food pantries; Participate on local health planning councils and committees

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

- Count of participants/encounters
- Other process/implementation measures (e.g. number of items distributed)
- Surveys of participants
- Biophysical health indicators
- 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).

May 2019 (HSCRC) Inpatient readmission risk adjusted rate (MD only) – attainment Jan-Feb 2019 10.87% (Target 8.94%)-Population Health offered the following wellness workshops in FY19: HTN 1, CDSMP 0, CPSMP 1, Stepping On Falls/Malnutrition 4, DSMP 1, Building Better Caregivers NEW 1 = 8 total workshops. Will continue to monitor as part of an expanded MAC partnership in FY20. -Community Education Events/Health Fairs: 442 occurrences;-AGH Health Equity Steering Committee became chartered committee as part of MHA Health Equity Campaign. Community education on campaign x 1 community article in Care.giver. Goal of committee reduce health disparities tracking demographic data; diversity in leadership; and increase expand cultural awareness and competency across the organization. Will continue to monitor activity as initiatives create community outreach opportunities FY20;-Community health education events during FY19 targeting minority population: 44 events; topics included free health screenings, kidney health, stroke and heart health, colon cancer, hypertension, diabetes, etc;-Community health education events that educated community on financial assistance options to improve affordability of care and reduce delay in care.During FY19: 2 events – Ocean Pines Health Fair and Ocean City Health Fair; AGH Health Equity Steering Committee working on adult health literacy campaign utilizing tools such as Ask ME 3 for health system and shared at community outreach activities in order to promote patient engagement and communication with providers. Will continue to monitor through affiliation with United Way – community health literacy strategic planning and interventions; FY19 discussion and early planning for school based telehealth program partnership with WCPS. Will continue to monitor FY20 for implementation of program and steering committee efforts;-Continued relationship with local shelters and food pantries through Faith-Based Partnership to explore and assess need for opportunities to promote wellness via community education events and access to screenings. Will continue to promote relationship efforts FY19. Continuation of HSCRC Regional Grant partnership with PRMC Wellness Van outreach project FY2017 – FY2019. -Director Community Health active participation on the following committees FY19 to promote care coordination and community collaboration: Tri County Health Planning Council, Worcester County Healthy Planning Advisory Council LHIC, and Homelessness Committee (HOT);- Community Survey completed as part of CHNA FY19-21 -During FY19 the following providers were recruited to address medical underserved area needs: One MD Family Medicine and One PA-C Urology. Will continue to monitor as multiple provider recruitment came to fruition in FY20.

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

Access to care was the number one health priority area for AGH CHNA FY19-21. The initiative addresses ED utilization and hospital recidivism; community education/prevention/self-management, physician recruitment addressing medically underserved rural area needs, free community screenings addressing earlier detection, care coordination and referral to treatment. Financial and under- insured issues addressed at community events with linkage to primary care. Disparities addressed through health equity and removal of barriers to care. -The outcomes were evaluated based on the metrics discussed in the "Primary Objectives" section above. Long term measurements include: Community Survey to be completed as part of CHNA FY22-24 CHSI Maryland SHIP Healthy People 2020

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

\$289,139.00 total cost to the hospital for this initiative FY19 -includes: \$8,269.00 HSCRC funds for Wellness Van partnership with PRMC and McCready

Q95. (Optional) Supplemental information for this initiative.

[FY19_CB_TableIIINarrative_1_Access to Care.docx.pdf](#)
652.6KB
application/pdf

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

Q97. Name of initiative.

Decrease the incidence of advanced breast, lung, colon and skin cancer in the community

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, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, 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 type="checkbox"/> Nutrition and Weight Status |
| <input type="checkbox"/> Behavioral Health, including Mental Health and/or Substance Abuse | <input type="checkbox"/> Older Adults |
| <input checked="" 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 checked="" 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 checked="" 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?

07/01/2018

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.

Empty text box for describing end date criteria.

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

Empty text box for describing clinical measure criteria.

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

Empty text box for explaining grant money criteria.

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

Empty text box for explaining contract/agreement criteria.

- Other. Please explain.

Empty text box for other explanation.

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

Worcester County 533/100,000 persons Sussex County 548.8/100,000 persons Rate if all new cancer cases (2012-2016) <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
 Atlantic General Hospital is the only hospital in Worcester County, a DHMH federally-designated medically underserved area, a state-designated rural community, and a HRSA-designated Health Professional Shortage Area for primary care, mental health, and dental health. In AGH's service area, the top reasons for patients not seeking health care in our communities are cost, transportation, and lack of providers. Worcester County, MD Sussex County, DE MD Value MD SHIP 2017 HP 2020 People with usual PCP 78.3% (2016) NA 84.8% 83.9% NA Uninsured ED visits 7.6% (2014) NA 11.0% 14.7% NA Adults with health insurance 91.1% (2017) 91.6% (2017) NA NA 100% Child with health insurance 95.6% (2017) 96.4% (2017) NA NA 100% People with health insurance 92.2% (2017) NA NA NA 100% Source: <https://www.atlanticgeneral.org/community-health-wellness/creating-healthy-communities/>

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

51823

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

5,309

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.

Hospital Resources:

- Population Health Department
- Human Resources
- Foundation
- Women's Diagnostic Center
- Endoscopy
- Imaging
- Respiratory Therapy Department
- Regional Cancer Care Center
- AGH Cancer Committee

Community Resources:

- Worcester County Health Department
- Komen Consortium
- Relay for Life
- Women Supporting Women

No.

Q107. Please describe the primary objective of the initiative.

Increase awareness around importance of prevention and early detection and reduce health disparities; Increase provider services in community to provide for cancer related treatment; Improve access and referrals to community resources resulting in better outcomes Increase support to patients and caregivers; Increase participation in community cancer screenings – especially at-risk and vulnerable populations

Q108. Please describe how the initiative is delivered.

1) Increase awareness around importance of prevention and early detection and reduce health disparities a) Description: -Improve proportion of minorities receiving women's preventative health services -Improve proportion of minorities participating in community health screenings b) Metrics: Healthy People 2020 MD SHIP AGH databases AGH CHNA Vital Statistics 2) Increase provider services in community to provide for cancer related treatment a) Description: Recruit proper professionals in community to provide for cancer related treatment b) Metrics: Track provider recruitment FY19 3) Improve access and referrals to community resources resulting in better outcomes a) Description: Partner with local health agencies to facilitate grant application to fund cancer programs b) Metrics: Track grant opportunities and formal partnerships FY19 4) Increase support to patients and caregivers a) Description: Patients and caregivers need support throughout the cancer treatment process. Patients experience the physical and emotional stressors undergoing treatment while caregivers fulfill a prominent and unique role supporting cancer patients and multitude of services such as home support, medical tasks support, communication with healthcare providers and patient advocate. AGH community education opportunities provide support and promote an informed patient and caregiver. b) Metrics: Track cancer prevention and educational opportunities FY19 5) Increase participation in community cancer screenings – especially at-risk and vulnerable populations a) Description: -Provide community health screenings: -Improve proportion of minorities receiving colonoscopy screenings -Improve proportion of minorities receiving LDCT screenings -Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn through melanoma education and skin cancer screenings b) Metrics: Track community screening events and persons screened FY19

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

Count of participants/encounters

Other process/implementation measures (e.g. number of items distributed)

Surveys of participants

Biophysical health indicators

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

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

Objective 1: Increase awareness around importance of prevention and early detection and reduce health disparities Metrics: HP 2020 MD SHIP AGH database AGH CHNA Vital Statistics Outcome: AGH Regional Cancer Care Objective 2: Increase provider services in community to provide for cancer related treatment Metrics: Track provider recruitment FY19 • Outcome: Regional Cancer Care Center grand opening FY18 and first full fiscal year of operation FY19 promoting rural community access to state of the art cancer treatment services. As of the spring of 2018, the Burbage Regional Cancer Care Center offers genetic counseling services through its telehealth partnership with the University of Maryland Medical Center's Greenebaum Cancer Center. Telegenetics is available for individual with a family history of cancer and for patient sin treatment who are concern about their family's risk. FY19 was the first full fiscal year of operation and access to community. Objective 3: Improve access and referrals to community resources resulting in better outcomes Metrics: Track grant opportunities and formal partnerships FY19 • Outcome: Grant awards FY19 11/15/18 - SUBMITTED-AWARDED - Susan G. Komen Maryland - \$50,000 for Breast Cancer Patient Navigation Formal partnerships during FY19 include: Komen Local Health Departments Women Supporting Women Support Group Objective 4: Increase support to patients and caregivers Metrics: Track cancer prevention and educational opportunities FY19 • Outcome: The following community education activities were tracked in FY19: Increase awareness around importance of prevention and early detection and reduce health disparities – 35 events Improve proportion of minorities receiving women's preventative health services – 2 events Objective 5: Increase participation in community cancer screenings – especially at-risk and vulnerable populations Metrics: Track community screening events and persons screened FY19 • Outcome: Screenings provided at health fairs and clinical screening events FY19: Prostate Screenings, 48 persons screened, 18.7% referred for follow-up Respiratory Screenings, 73 persons screened, 19% referred for follow-up Skin Cancer Screenings (41 persons) provided at Ocean City Health Fair May 2019. AGH provided 8 screening events which were aimed to improve proportion of minorities participating in community health screenings. No community data available at this time to report on the proportion of minorities receiving colonoscopy screenings. Will continue to track FY20.

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

Cancer The 2019-2021 CHNA combined population health statistics, in addition to feedback gathered from the community in the form of surveys and focus groups. AGH used Healthy Communities Institute to provide health indicator and ranking data to supplement community data provided by partners of the collaboration. When combined, findings from the data and community feedback are particularly useful in identifying priority health needs and developing action plans to meet those needs. Cancer was identified as a community health concern and the number two prioritized health need in the 2019-21 CHNA. Prioritization was based on the following criteria: • Size and severity of the problem determined by what percentage of the population is affected by risks • Health system's ability to impact the need • Availability of resources According to Healthy People 2020, continued advances in cancer detection, research and cancer treatment have decreased cancer incidences and death rates in the United States. Despite continued advances, cancer remains a leading cause of death second to heart disease in the United States. (Healthy People 2020) The outcomes were evaluated based on the metrics discussed in the "Primary Objectives" section above. Long term measurements: AGH CHNA AGH databases Healthy People 2020 SHIP Measures Vital Statistics We will continue to monitor connections made to community programming for access to cancer prevention and screenings FY20.

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

\$10,858.00 Community education, free screening events, Speaker's Bureau, and Support Groups (Zero revenue for community education, speakers, groups and community clinical screening events)

Q113. (Optional) Supplemental information for this initiative.

[FY19_CB_TableIII Narrative 2 Cancer.docx](#)

65KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

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

Q115. Name of initiative.

Decrease incidence of diabetes in the community

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, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, 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 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 |

- 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
- 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)

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.).

Worcester County 14% Diabetes Prevalence Sussex County 13% Diabetes Prevalence (Data: County Health Rankings 2019) Access to Care The 2019-2021 CHNA combined population health statistics, in addition to feedback gathered from the community in the form of surveys and focus groups. AGH used Healthy Communities Institute to provide health indicator and ranking data to supplement community data provided by partners of the collaboration. When combined, findings from the data and community feedback are particularly useful in identifying priority health needs and developing action plans to meet those needs. Access to care was identified as a community health concern and the number one prioritized health need in the 2019-21 CHNA. Prioritization was based on the following criteria: • Size and severity of the problem determined by what percentage of the population is affected by risks • Health system's ability to impact the need • Availability of resources Atlantic General Hospital is the only hospital in Worcester County, a DHMH federally-designated medically underserved area, a state-designated rural community, and a HRSA-designated Health Professional Shortage Area for primary care, mental health, and dental health. In AGH's service area, the top reasons for patients not seeking health care in our communities are cost, transportation, and lack of providers. According to the Community Health Needs Assessment (CHNA) FY2019, the community rated the following as the top barriers to access health care: Worcester County, MD Sussex County, DE MD Value MD SHIP 2017 HP 2020 People with usual PCP 78.3% (2016) NA 84.8% 83.9% NA Uninsured ED visits 7.6% (2014) NA 11.0% 14.7% NA Adults with health insurance 91.1% (2017) 91.6% (2017) NA NA 100% Child with health insurance 95.6% (2017) 96.4% (2017) NA NA 100% People with health insurance 92.2% (2017) NA NA NA 100% Source: <https://www.atlanticgeneral.org/community-health-wellness/creating-healthy-communities/>

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

7250

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

1079

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.

Hospital Resources:

- Diabetes Outpatient Education Program
- Diabetes Support Group
- Population Health Department
- Emergency Department
- Foundation
- Endocrinology
- Outpatient Lab Services

Community Resources:

- Worcester County Health Department
- MAC, Inc.

- No.

Q125. Please describe the primary objective of the initiative.

Reduce unnecessary healthcare costs and decrease hospital admissions and readmissions; Increase awareness around importance of prevention of diabetes and early detection; Increase patient engagement in self-management of chronic conditions; Increase provider services in community to provide for diabetes related treatment; Increase community capacity and collaboration for shared responsibility to address unmet health needs.

Q126. Please describe how the initiative is delivered.

1) Reduce unnecessary healthcare costs and decrease hospital admissions and readmissions a) Description: Through AGH's initiative to improve access to care reduction in unnecessary healthcare costs would be an impact of objectives improving access to care, educating the community on ED appropriate use, Diabetes chronic illness self-management, Diabetes prevention, and collaboration efforts with community organizations with a shared vision. b) Metric: Track hospital admissions ED and inpatient FY19
2) Increase awareness around importance of prevention of diabetes and early detection a) Description: Strategy #1 -Provide diabetes screenings in community via health fairs and clinical screening events Strategy #2 - Increase prevention behaviors in persons at high risk for diabetes with prediabetes through community education opportunities and support groups. b) Metric: Strategy #1 - Track Diabetic community screening opportunities and support groups. Strategy #2 - Track community education opportunities that highlight Diabetes and pre-Diabetes. 3) Increase patient engagement in self-management of chronic conditions a) Description: AGH partners with MAC, local senior centers and faith-based partnerships to bring Stanford self-management workshops to the community to increase patient engagement and self-management of chronic disease b) Metric: Track DSMP wellness workshops 4) Increase provider services in community to provide for diabetes related treatment a) Description: Strategy #1 - Explore Diabetes Education opportunities via telehealth b) Metric: Strategy #1 -Track Diabetes Education telehealth opportunities 6) Increase community capacity and collaboration for shared responsibility to address unmet health needs a) Description: -Partner with local health agencies to facilitate grant applications to fund diabetes programs -DPP for associates b) Metric: -Track partnerships with local health agencies

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

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

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

Objective #1 -Reduce unnecessary healthcare costs and decrease hospital admissions and readmissions Metric: Track hospital admissions IP and ED FY19 • Outcome: AGH Internal Data: Diabetes (top 3 diagnosis codes) *see supplemental information attached Objective #2 -Increase awareness around importance of prevention of diabetes and early detection Metric: Strategy #1 - Track Diabetic community screening opportunities and support groups FY19 Strategy #2 - Track community education opportunities that highlight Diabetes and pre-Diabetes during FY19 • Outcome: Strategy #1 and Strategy #2 combined– Bayside Health Fair Worcester County Government Offices Wor Wic Employees Health Fair Worcester CARES Worcester County Health Fair Berlin Year of the Woman Health Fair Ocean City Health Fair Ocean Pines Health Fair Multiple Faith-based Partnership Church Health Fairs Diabetes Support Group x 14 Objective #3 - Increase patient engagement in self-management of chronic conditions Metric: Track DSMP wellness workshops during FY19 • Outcome: DSMP 1 workshops offered to the community FY19. Will continue to monitor FY20 with MAC facilitation of workshops. Objective #4 -Increase provider services in community to provide for diabetes related treatment b) Metric: Strategy #1 -Track Diabetes Education telehealth opportunities • Outcome: Strategy #1- No data to track for FY19. Will continue to monitor FY20. Objective #6 - Increase community capacity and collaboration for shared responsibility to address unmet health needs Metric: Track partnerships with local health agencies FY19 • Outcome: AGH continues to partner with the following: - Referral process in place with local health departments -Area Agencies on Aging/MAC -Faith-based partnerships -AGH continues to partner with local health agencies to facilitate grant applications to fund Diabetes Programs. Will continue to track FY20. -AGH and WCHD partnership which provided DPP training to expand services in Worcester targeting AGH employees and family members.

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

Diabetes The 2019-2021 CHNA combined population health statistics, in addition to feedback gathered from the community in the form of surveys and focus groups. AGH used Healthy Communities Institute to provide health indicator and ranking data to supplement community data provided by partners of the collaboration. When combined, findings from the data and community feedback are particularly useful in identifying priority health needs and developing action plans to meet those needs. Diabetes was identified as a community health concern and the number three prioritized health need in the 2019-21 CHNA. Prioritization was based on the following criteria: • Size and severity of the problem determined by what percentage of the population is affected by risks • Health system's ability to impact the need • Availability of resources According to the CDC National Center for Health Stats (2015), national data trends for people with Diabetes show a significant rise in diagnoses. In the U.S., Diabetes is becoming more common. Diagnoses from 1980 – 2014 increased from 5.5 million to 22 million. Multi-Year – Atlantic General Hospital is looking at data over the three year cycle that is consistent with the CHNA cycle FY19 – FY21. Updates per Implementation Plan metric for each Fiscal Year are provided in the HSCRC Report and to the IRS. The outcomes were evaluated based on the metrics discussed in the "Primary Objectives" section above. Primary Objectives Long Term Measurements: -Healthy People 2020 Objectives <https://www.healthypeople.gov/2020/topics--objectives/topic/diabetes/objectives> -Incidence of adult diabetes -Decrease ED visits due to acute episodes related to diabetes condition -County Health Rankings -MD SHIP

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

\$4,733.00 community education, screenings, health fairs and support groups (None related to community education, screenings, health fairs and support groups activities tracked in cost for initiative. Diab Carefirst Grant awarded in FY19 will include in FY20 update of Diab education via telehealth. WCHD DPP funds were used for associate participants only)

Q131. (Optional) Supplemental information for this initiative.

[FY19_CB_TableIIINarrative_3_Diabetes.docx](#)

106.2KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

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, Arthritis, Osteoporosis, and Chronic Back Conditions, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Heart Disease and Stroke, HIV, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, 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.

- | | |
|--|--|
| <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 checked="" type="checkbox"/> HIV |
| <input type="checkbox"/> Access to Health Services: Regular PCP Visits | <input checked="" type="checkbox"/> Immunization and Infectious Diseases |
| <input type="checkbox"/> Access to Health Services: ED Wait Times | <input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Educational and Community-Based Programs | <input checked="" 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"/> |

Q137. Why were these needs unaddressed?

Each of the health needs listed in the Hospital's CHNA as well as Worcester County Health Department's Community Needs Assessment is important and is being addressed by numerous programs and initiatives operated by the Hospital and/or other community partners of the Hospital. Needs not addressed as a priority area in the Implementation Plan are being addressed in the community by other organizations and by organizations better situated to address the need. Needs Not Addressed In Plan Rationale Dental/Oral Health -Need addressed by Worcester County Health Department's Dental Services for pregnant women and children less than 21 years of age - Priority Area Worcester CHIP -Need addressed by Lower Shore Dental Task Force & Mission of Mercy for adult population -Need addressed by AGH ED referral to community resources -Need addressed by Chesapeake Health Services, a federally funded dental clinic for Somerset and Wicomico Counties Injury & Violence -Need addressed by Worcester County Health Department Programs: Child Passenger Safety Seats (refer to Worc GOLD) Injury Prevention Highway Safety Program Safe Routes to School -Need addressed by Worcester County Sheriff's Department, State Police and Municipal Law Enforcement Agencies -Need addressed by AGH Health Literacy Program HIV & STD (<2% ea) -Need addressed by Worcester County Health Department Communicable Disease Programs

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 checked="" type="radio"/>	<input type="radio"/>
Healthy Communities - includes measures such as domestic violence and suicide rate	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	<input checked="" type="radio"/>	<input 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. Allergy Immunology,
Infectious Disease,
Nephrology

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	Category C - Medically Underserved Rural Area
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	Category C - Medically Underserved Rural Area
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
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.

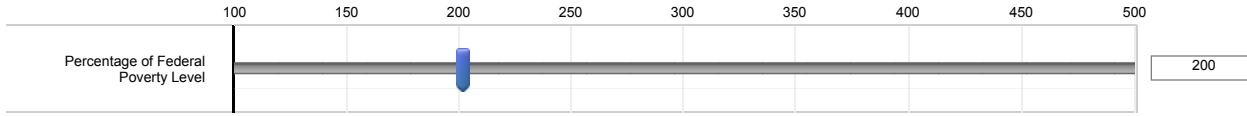
Q145. Section VI - Financial Assistance Policy (FAP)

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

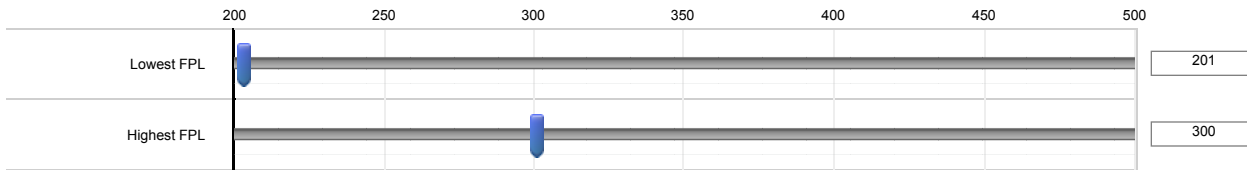
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[Plain-Language-Summary_Final.pdf](#)
134.2KB
application/pdf

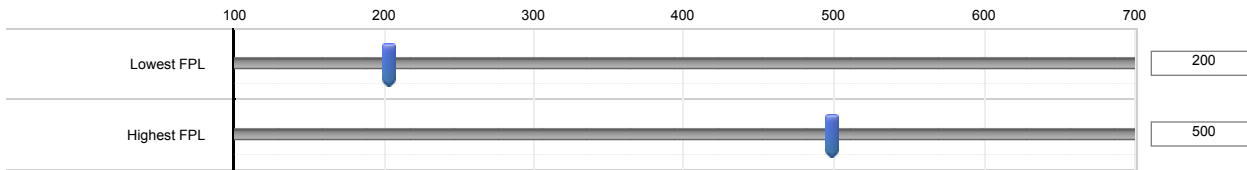
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



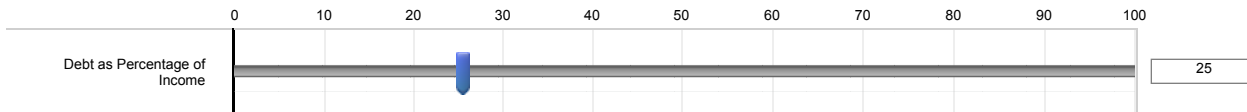
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's 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 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: ([38.345993041992](#), [-75.183296203613](#))

Source: GeoIP Estimation



The map displays the Washington, D.C. metropolitan area and surrounding regions. Key cities labeled include Washington, Baltimore, Annapolis, and Richmond. A yellow location marker is placed on the eastern shore of the Chesapeake Bay, near Annapolis, Maryland. The map also shows the state boundaries for Virginia and Maryland.

From: [Donna M. Nordstrom](#)
To: [Hilltop HCB Help Account](#)
Cc: [M Bruce Todd](#)
Subject: RE: Clarification Required - FY 19 CB Narrative
Date: Thursday, March 19, 2020 12:25:53 PM
Attachments: [image001.png](#)

[Report This Email](#)

- In response to Question 99 on page 20 of the attached you selected “Educational and Community-Based Programs” as a need addressed by the Decrease the Incidence of Cancer initiative but you did not select this need as identified by the CHNA in Question 56 on page 10. Please clarify whether you intended to select “Educational and Community-Based Programs” as a CHNA need in Question 56.

Remove Educational and Community Based Program from Question 99 on page 20

- In response to Question 117 on page 23 of the attached you selected “Educational and Community-Based Programs” as a need addressed by the Decrease the Incidence of Diabetes initiative but you did not select this need as identified by the CHNA in Question 56 on page 10. Please clarify whether you intended to select “Educational and Community-Based Programs” as a CHNA need in Question 56.

Remove Educational and Community Based Programs from question 117 on page 73

- In response to Question 136 on page 27 of the attached, where you select the CHNA needs that were unaddressed by the hospital, you selected a need that was not selected in Question 56 on page 10: “Violence Prevention.” Please indicate whether “Violence Prevention” should have been selected in Question 56, or should not have been selected in Question 136.

Violence Prevention should have been selected in Question 56.

- In response to Question 142 on page 28 you list the category of subsidy but do not provide an explanation for why the services would not otherwise be available to meet patient demand. Please provide an explanation.

Please remove Hospital-Based Physicians. This is an error.

The correct response is Physician Recruitment to Meet Community Need. Category C. We are a medically underserved rural community. In this rural area without the support of the hospital, we could not meet the needs of the community. If you need further explanation, please let us know what more information is required beyond being a medically underserved area.

Thank you. If any other responses are needed, please let me know. Have a great day.

Donna

Donna M. Nordstrom, RN, BSN, MS

Director Community Health
Atlantic General Hospital
Office: (410) 629-6820
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Cell: (410) 726-0839
Email: dnordstrom@atlanticgeneral.org



From: M Bruce Todd <mtodd@atlanticgeneral.org>
Sent: Monday, March 16, 2020 11:27 AM
To: Donna M. Nordstrom <dnordstrom@atlanticgeneral.org>
Subject: FW: Clarification Required - FY 19 CB Narrative

Donna do you get this?

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Monday, March 16, 2020 10:38 AM
To: M Bruce Todd <mtodd@atlanticgeneral.org>
Subject: Clarification Required - FY 19 CB Narrative

Good morning,

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

- In response to Question 99 on page 20 of the attached you selected "Educational and Community-Based Programs" as a need addressed by the Decrease the Incidence of Cancer initiative but you did not select this need as identified by the CHNA in Question 56 on page 10. Please clarify whether you intended to select "Educational and Community-Based Programs" as a CHNA need in Question 56.
- In response to Question 117 on page 23 of the attached you selected "Educational and Community-Based Programs" as a need addressed by the Decrease the Incidence of Diabetes initiative but you did not select this need as identified by the CHNA in Question 56 on page 10. Please clarify whether you intended to select "Educational and Community-Based Programs" as a CHNA need in Question 56.
- In response to Question 136 on page 27 of the attached, where you select the CHNA needs that were unaddressed by the hospital, you selected a need that was not selected in Question 56 on page 10: "Violence Prevention." Please indicate whether "Violence Prevention" should have been selected in Question 56, or should not have been selected in Question 136.

- In response to Question 142 on page 28 you list the category of subsidy but do not provide an explanation for why the services would not otherwise be available to meet patient demand. Please provide an explanation.

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