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.

### Section I - General Info Part 1 - Hospital Identification

Q2. Please confirm the information we have on file about your hospital for FY 2018.

<table>
<thead>
<tr>
<th>Is this information correct?</th>
<th>No</th>
<th>If no, please provide the correct information here:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The proper name of your hospital is: Doctors Community Hospital</strong></td>
<td>![Radio Button]</td>
<td>![Radio Button]</td>
</tr>
<tr>
<td><strong>Your hospital's ID is: 210051</strong></td>
<td>![Radio Button]</td>
<td>![Radio Button]</td>
</tr>
<tr>
<td><strong>Your hospital is part of the hospital system called None - Independent Hospital.</strong></td>
<td>![Radio Button]</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>As of July 1, 2019 Luminis Health</td>
</tr>
</tbody>
</table>

Q3. 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.

Q4. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

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

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

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

- Allegany County
- Anne Arundel County
- Baltimore City
- Baltimore County
- Calvert County
- Caroline County
- Carroll County
- Charles County
- Dorchester County
- Frederick County
- Garrett County
- Harford County
- Howard County
- Kent County
- King George County
- Queen Anne’s County
- Somerset County
- St. Mary’s County
- Talbot County
- Washington County
- Wicomico County
Q9. Please check all Allegany County ZIP codes located in your hospital’s CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q16. Please check all Cecil County ZIP codes located in your hospital’s CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital’s CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital’s CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital’s CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George’s County ZIP codes located in your hospital’s CBSA.

This question was not displayed to the respondent.
Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

- Based on ZIP codes in your Financial Assistance Policy. Please describe.
The CHNA was comprised of both quantitative health information and qualitative feedback from the community. This multi-faceted approach ensured a profile of the county’s health that examined various perspectives and data sources. The three research components included secondary data, community surveys and focus group testing. With insight about the overall health status of Prince George’s County, DCH can investigate strategies to address some of those concerns.

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

Q36. Section I - General Info Part 3 - Other Hospital Info

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

https://www.dchweb.org/about-us/mission-vision-and-values

Q37. Is your hospital an academic medical center?

- Yes
- No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41. Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?
Please use the table below to tell us about the internal participants involved in your most recent CHNA.

<table>
<thead>
<tr>
<th>N/A - Person or Organization was not Involved</th>
<th>N/A - Position or Department does not exist</th>
<th>Member of CHNA Committee</th>
<th>Participated in development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CB/ Community Health Population Health Director (facility level)</td>
<td>[ ]</td>
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<tr>
<td>CB/ Community Health Population Health Director (system level)</td>
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<tr>
<td>Senior Executives (CEO, CFO, VP, etc.) (facility level)</td>
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<tr>
<td>Senior Executives (CEO, CFO, VP, etc.) (system level)</td>
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</tr>
</tbody>
</table>

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

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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.

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

| 04/19/2019 |

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


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

- Yes
- No

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

This question was not displayed to the respondent.

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Q47. Section II - CHNA Part 2 - Participants

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Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

---
<table>
<thead>
<tr>
<th>Role</th>
<th>Involved</th>
<th>Participated in CHNA process</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other - If you selected “Other (explain),” please type your explanation below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse(s)</td>
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<td></td>
</tr>
<tr>
<td>Community Benefit staff (system level)</td>
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</tr>
<tr>
<td>Community Benefit staff (facility level)</td>
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<td></td>
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</tr>
<tr>
<td>Physician(s)</td>
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<tr>
<td>Nurse(s)</td>
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</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>CHNA Activities</th>
<th>Click to write Column 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A - Person or Organization was not Involved</td>
<td>Provided secondary health data Other (explain)</td>
</tr>
<tr>
<td>N/A - Person on CHNA Committee Position or Department does not exist</td>
<td>Participated in primary data collection Participated in identifying health needs Provided secondary health data Other (explain)</td>
</tr>
<tr>
<td>N/A - Person on CHNA Committee Member of CHNA Committee Participated in development of CHNA process Advised on CHNA best practices Participated in identifying priority health needs Participated in identifying community resources to meet health needs</td>
<td>Provided secondary health data Other (explain)</td>
</tr>
</tbody>
</table>

**Other Hospitals -- Please list the hospitals here:**
- Laurel Regional Hospital, Prince George's Hospital Center, Fort Washington Medical Center, Medstar Southern Maryland Hospital

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

**Other Social Workers**

**Local Health Department -- Please list the Local Health Departments here:**
- Prince George's County Health Department

**Other - If you selected "Other (explain)," please type your explanation below:**
| Maryland Department of Health | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| Maryland Department of Human Resources | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| Maryland Department of Natural Resources | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| Maryland Department of the Environment | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| Maryland Department of Transportation | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| Maryland Department of Education | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| Area Agency on Aging – Please list the agencies here: | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| Local Govt. Organizations – Please list the organizations here: | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| Faith-Based Organizations | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
| School - K-12 – Please list the schools here: | | | | | | | | | | Other - If you selected "Other (explain)," please type your explanation below. |
### Social Service Organizations

Enter school names:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A - Person or Organization was not involved</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### School - Colleges and/or Universities

Enter school names:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A - Person or Organization was not involved</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### School of Public Health

Enter school names:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A - Person or Organization was not involved</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### School - Medical School

Enter school names:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
</table>

### School - Dental School

Enter school names:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
</table>

### School - Pharmacy School

Enter school names:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
</table>

### Behavioral Health Organizations

Enter the organizations here:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
</table>

### Social Service Organizations

Enter the organizations here:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
</table>

### Post-Acute Care Facilities

Enter the facilities here:

<table>
<thead>
<tr>
<th>School</th>
<th>Member of CHNA Committee</th>
<th>Participated in the development of CHNA process</th>
<th>Advised on CHNA best practices</th>
<th>Participated in primary data collection</th>
<th>Participated in identifying priority health needs</th>
<th>Participated in identifying community resources to meet health needs</th>
<th>Provided secondary health data</th>
<th>Other (explain)</th>
</tr>
</thead>
</table>

Other - If you selected "Other (explain)," please type your explanation below:
Q51: Section II - CHNA Part 3 - Follow-up

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

- Yes
- No

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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.

It is a work in progress and we have been transitioning to Luminis Health System, it is 75% complete and should be adopted by 1/30/20.

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
- Cardiovascular Disease
- Child Health
- Diabetes
- Dental Health
- 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
- Heart Disease and Stroke
- HIV
- Intimate Partner Violence
- Mental Health
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The finding were almost identical to the priorities identified in the CHNA conducted by the hospital in 2016.

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.

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.

<table>
<thead>
<tr>
<th>Activities</th>
<th>N/A - Person or Organization was not Involved</th>
<th>N/A - Position or Department does not exist</th>
<th>Selecting Health Needs that will be targeted</th>
<th>Selecting the Initiatives that will be supported</th>
<th>Determining how to evaluate the impact of initiatives</th>
<th>Providing Funding for CB Activities</th>
<th>Allocating Budgets for Individual Initiatives</th>
<th>Delivering CB Initiatives</th>
<th>Evaluating the Outcome of CB Initiatives</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CB/ Community Health/Population Health Director (facility level)</td>
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<tr>
<td>CB/ Community Health/Population Health Director (system level)</td>
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<tr>
<td>Senior Executives (CEO, CFO, VP, etc.) (facility level)</td>
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</tbody>
</table>

Other - If you selected "Other (explain)," please type your explanation below.
### Board of Directors or Board Committee (facility level)

<table>
<thead>
<tr>
<th>Role</th>
<th>N/A - Person of Organization was not Involved</th>
<th>N/A - Position or Department does not exist</th>
<th>Selecting health needs that will be targeted</th>
<th>Selecting the initiatives that will be supported</th>
<th>Determining how to evaluate the impact of initiatives</th>
<th>Providing funding for CB activities</th>
<th>Allocating budgets for individual initiatives</th>
<th>Delivering CB initiatives</th>
<th>Evaluating the outcome of CB initiatives</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other - if you selected &quot;Other (explain)&quot;, please type your explanation below</td>
<td>![ ]</td>
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### Board of Directors or Board Committee (system level)

<table>
<thead>
<tr>
<th>Role</th>
<th>N/A - Person of Organization was not Involved</th>
<th>N/A - Position or Department does not exist</th>
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<th>Selecting the initiatives that will be supported</th>
<th>Determining how to evaluate the impact of initiatives</th>
<th>Providing funding for CB activities</th>
<th>Allocating budgets for individual initiatives</th>
<th>Delivering CB initiatives</th>
<th>Evaluating the outcome of CB initiatives</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other - if you selected &quot;Other (explain)&quot;, please type your explanation below</td>
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</tbody>
</table>

### Clinical Leadership (facility level)

<table>
<thead>
<tr>
<th>Role</th>
<th>N/A - Person of Organization was not Involved</th>
<th>N/A - Position or Department does not exist</th>
<th>Selecting health needs that will be targeted</th>
<th>Selecting the initiatives that will be supported</th>
<th>Determining how to evaluate the impact of initiatives</th>
<th>Providing funding for CB activities</th>
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### Clinical Leadership (system level)

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### Population Health Staff (facility level)

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### Community Benefit staff (facility level)

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### Physician(s)

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<tr>
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### Social Workers

<table>
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<tr>
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**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.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Other Hospitals -- Please list the hospitals here:</th>
<th>Local Health Department -- Please list the Local Health Departments here: Prince George's County Health Department</th>
<th>Local Health Improvement Coalition -- Please list the LHICs here:</th>
<th>Maryland Department of Health</th>
<th>Maryland Department of Human Resources</th>
<th>Maryland Department of Natural Resources</th>
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<tr>
<td>N/A - Person or Organization was not involved</td>
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Other - If you selected "Other (explain)", please type your explanation below:
Q64.

Q65.

Section III - CB Administration Part 2 - Process & Governance

Does your hospital conduct an internal audit of the 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

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

- Yes
- No
Q67. Please describe the community benefit narrative audit process.

The report is reviewed by the Executive team members.

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.

1) Growth of ambulatory services: Free mobile clinic & Free discharge clinic 2) Free TLC-MD care coordination services: Free medication reconciliation and Management, Free scales and glucose management. 3) Collaborations with underserved at LaClinica and Catholic Charities clinics

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

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

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

Q77. Based on the implementation strategy developed through the CHNA process, please describe three ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1
Q79. Name of initiative.

Prevalence of Diabetes

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

- Yes
- No

Q81. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health Literacy, Heart Disease and Stroke, HIV, Maternal & Infant Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health

Other:

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

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

Q82. When did this initiative begin?

07/01/2013

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

12% of the population of Prince Georges County that are diabetic or have pre-diabetes

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

102,000

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

1002

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?
Please describe the primary objective of the initiative.

1. To provide diabetes education to 250 residents and outreach and screening to 500 county residents.
2. To increase diabetes self-management education and knowledge of participants and caregivers in the program both in English and Spanish.
3. To create a follow through plan for participants in the program with A1C levels that are above normal and abnormal. Abnormal A1C results will be mailed to participants and communicated to provider via fax for English classes. La Clinica staff will follow up with participants with abnormal A1C results and assist with link to care for Spanish classes.
4. Develop and implement a comprehensive evaluation of program to assess and improve services by developing effective interventions, strategies and solutions to ensure healthier behaviors are being reinforced for long term management.

Please describe how the initiative is delivered.

A. On the Road Diabetes Program: The Joslin Center in collaboration with Prince George's County Health Department provide in-depth education and free A1c screening to county residents for Fiscal yr. 2017-18.
B. Joslin Diabetes Center will offer Nutrition Seminars at Health Fairs.
C. The Joslin Center added new collaboration with La Clinica de Pablo to provide in-depth education and free A1c screening to Spanish speaking county residents in 2017.

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

"Aligned with Objectives 1: People Served: 187 Participated in Education Classes in FY17-18. Approximately over 750 people were provided information and screened in community outreach activities. 2) Education: (Pre-and Post-test measures) - Pre-Test Questionnaire 4% scored less than 60% 54% scored 80% or higher. Post-Class Questionnaire: 100% scored 80% or higher 3) Clinical Outcomes: English Class • A1C screening done on 92 program participants • 46% with pre-diabetes • 34% with diabetes diagnosis • 20% without diabetes • 42% of diagnosed participants not at goal (less than 7%) • All participants were mailed A1C results. • Participants with abnormal A1C were called by diabetes educator for telephone counseling • 80% of results successfully sent to providers for patient follow-up (9% or above) Spanish Class • A1C screening done on 36 program participants • 27% of program participants needed navigation due to uncontrolled A1C (Between 7 - 8 (Follow-up with an endocrinologist) or 9 or above (Urgency)) • 60% of program participants with uncontrolled A1C provided contact information and were contacted by La Clinica Staff 50% of contacted program participants were linked to medical care Evaluation: Outside Evaluator completed 3-year review."

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

Need was identified by CHNA Process, HCI – Data, and Hospital Admissions – Prevalence of Diabetes In Prince George’s County – Reaffirmed in November 2016 and 2019 Evaluation

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

$70,876 no grants

(Optional) Supplemental information for this initiative.

Yes. Please describe who was involved in this initiative.

Prince George’s Health Department no longer providing grant/funding.
Maryland Park and Planning Commission
La Clinica del Pueblo
Local Faith based organizations

No.

Section IV - CB Initiatives Part 2 - Initiative 2
Q98. Does this initiative address a need identified in your most recently completed CHNA?

- Yes
- No

In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health Literacy, Heart Disease and Stroke, HIV, Maternal & Infant Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health

Other:

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

- Access to Health Services: Health Insurance
- Access to Health Services: Practicing PCPs
- Access to Health Services: Regular PCP Visits
- Access to Health Services: ED Wait Times
- Access to Health Services: Outpatient Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Behavioral Health, including Mental Health and/or Substance Abuse
- Cancer
- Children’s Health
- Chronic Kidney Disease
- Community Unity
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- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
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- 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) [ ]

Q100. When did this initiative begin?

01/02/2012

Q107. 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.
Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Total population targeted are approximately 90,000 women, with a focus on lower income and medically underserved population.

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

90,000

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

763

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.

<table>
<thead>
<tr>
<th>11) Dr. Luz Lopez Correa</th>
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<tbody>
<tr>
<td>10) Governor’s Wellmobile</td>
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<tr>
<td>9) Clinica del Pueblo</td>
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<tr>
<td>8) Pregnancy Aid Center</td>
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<tr>
<td>7) Spanish Catholic Center</td>
</tr>
<tr>
<td>6) Greater Baden Medical Services</td>
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<tr>
<td>5) Community Clinic, Inc</td>
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<tr>
<td>4) Mary’s Center</td>
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<tr>
<td>3) Casa de Maryland</td>
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and health fairs

Activities are conducted at churches and health fairs.

Please describe how the initiative is delivered.

1) To reduce disparities in breast health care in Prince George’s County residents. 2) To offer free screenings 3) To navigate those patients with abnormal findings 4) To assist residents in the screening process, up to an including medical or surgical treatment 5) To provide high quality outreach using existing community organizations. 6) To ensure early detection of breast disease and early treatment.

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

- Confirm navigator program launched.
- Staffing/Infrastructure includes: 100% Med. 1) Program Coordinator 2) Treatment Navigator (in-kind) 3) The navigator program has been designed and launched. Recent purchase of an integrated navigation system that requires minimal manual input. 4) Screening navigator hired (50% in-kind) 5) Objective 1: Establish staffing and infrastructure to support the community-based continuum of breast care.

To enhance and sustain a community-based continuum that will increase utilization of breast screening by uninsured and underserved women. 1) Increase numbers of women receiving early screening and increase education and literacy about breast care and risks. And to re-screen women from the prior year ensuring annual mammogram. 2) Decrease fragmentation/length of time between abnormal screening and initiation of treatment including: 1) 100% of the women with abnormal findings will have been navigated by the Imaging Navigator 2) Ensure a 75% adherence rate for cases requiring 3 and 6 month follow-up imaging 3) Increase compliance rates to treatment plans. Ensure that 90% of women who are screened and have abnormal findings are navigated into diagnostic resolution within 90 days. At least 90% of women who have been diagnosed with breast cancer will be navigated into an oncology consult within 60 days of diagnosis. Ensure 90% of women diagnosed with breast cancer will adhere to initial treatment recommendations.

By the end of the project, we will create a community-based continuum that will increase utilization of breast screening by uninsured and underserved women. Objective 1: Establish staffing and infrastructure to support the community-based continuum of breast care. The navigator program has been designed and launched. Recent purchase of an integrated navigation system that requires minimal manual input. 4) Screening navigator hired (50% in-kind) Objective 2: By the end of the first project year, a breast care navigation network will be established with the community providers. Personnel (Treatment Navigator) in place - Evaluate staff every six months - Track referrals - Memorandum’s Of Understandings have been established with community partners to offer free screening mammograms and follow-up exams through outreach and transportation efforts. Conduct Outreach with partners in Latino Community The Community Clinic, Casa of Maryland, Franklin Park Clinic and St. Bernardita Church and retail stores in the Latino community. 8) First Baptist Church of Glenarden – Shabbach Ministries This partnership provides transportation two times per month to and from the partner centers in Langley Park.

High Breast Cancer incidence with low results in Breast Cancer Screening. Program affirmed from CHNA process and reaffirmed through a 2015 Study of African American women in Prince George’s County.

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

<table>
<thead>
<tr>
<th>Grant received</th>
<th>$350,000.00</th>
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</table>

$106,000
Q115. Name of initiative.

Incidence of Colorectal and Other Cancers

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

- Yes
- No

Q117. In your most recently completed CHNA, the following community health needs were identified:

- Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Health Literacy, Heart Disease and Stroke, HIV, Maternal & Infant Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health

Other:

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

- Access to Health Services: Health Insurance
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- Chronic Kidney Disease
- Community Unity
- Dementias, including Alzheimer's Disease
- Diabetes
- Disability and Health
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Global Health
- Health Communication and Health Information Technology
- Health Literacy
- Health-Related Quality of Life & Well-Being
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury Prevention
- Lesbian, Gay, Bisexual, and Transgender Health
- Maternal and Infant Health
- Nutrition and Weight Status
- Older Adults
- Oral Health
- Physical Activity
- Respiratory Diseases
- Sexually Transmitted Diseases
- Sleep Health
- Telehealth
- Tobacco Use
- Violence Prevention
- Vision
- Wound Care
- Housing & Homelessness
- Transportation
- Unemployment & Poverty
- Other Social Determinants of Health
- Other (specify)

Q118. When did this initiative begin?

07/01/2016

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.

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

The demographic and health data for Prince George’s County shows that 89% of African Americans are insured as compared to only 47% of Latino residents. African Americans have much higher mortality rates for colorectal cancer than Caucasians in Prince George’s County (22.8% vs. 13.4%). Similarly, while the incident rate is low for the Latino population, cancers are discovered at later stages. Nationally, colorectal cancer is the second highest cause of cancer deaths of Latino men and the third highest in women — with a combined rate of 10.2 per 100,000.

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

100,000

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

256

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?
Q125. Please describe the primary objective of the initiative.

Provide colorectal cancer education, screening and navigation services for low-income, uninsured residents in Prince George’s County. Goal: serve 175 (target) men and women; 230 (stretch) in FY'18 Outcomes were evaluated by the number of men and women who received colonoscopy 1) Provide at least 25 digital exams and PSA screening to residents. 2) Provide follow-up services as needed for those with abnormal findings.

Q126. Please describe how the initiative is delivered.

Provide Colorectal Cancer Prevention, Education, Screening and Treatment (CPEST) to residents of Prince George's County

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

- Count of participants/encounters: 256 and 32 outreach events
- 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).

1) CPEST Program - Number of people colonoscopies performed 2256 Number of people with cancer findings undergoing treatment 5 2) DCH reached about 15,000 people relative to cancer education and outreach through mailings, health events and lectures, and online communications.

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

The Incidence of colorectal and other cancers was identified through CHNA process. Partnering with the Health Department and others to provide screening for early intervention. The demographic and health data for Prince George's County shows that 89% of African Americans are insured as compared to only 47% of Latino residents. African Americans have much higher mortality rates for colorectal cancer than Caucasians in Prince George's County (22.8% vs. 13.4%). Similarly, while the incident rate is low for the Latino population, cancers are discovered at later stages. Nationally, colorectal cancer is the second highest cause of cancer deaths of Latino men and the third highest in women – with a combined rate of 10.2 per 100,000. Despite the purported affluence of the area, African-American and Latino women in the County are two to four times more likely to be affected adversely by health disparities than white men and women. As per the Prince George's County Health Improvement Plan, DCH through its health and cancer early detection programs is working to reduce disparities and mortality rates.

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

$760,692 grant=$840,631

Q131. (Optional) Supplemental information for this initiative.

Yes. Please describe who was involved in this initiative.

Prince George's County Health Department FQHCs: Mary's Center, La Clinica del Pueblo, Greater Baden Medical Services, Elaine Ellis Center for Health and a myriad of local primary care practices

No.

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

Q133. Additional information about initiatives.
Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

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

[ ] Yes
[ ] No

Q136. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Access to Health Services: Practicing PCPs, Access to Health Services: Outpatient Services, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetest, Educational and Community-Based Programs, Health Literacy, Heart Disease and Stroke, HIV, Maternal & Infant Health, Nutrition and Weight Status, Physical Activity, Respiratory Diseases, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health

Other:

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

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

Q137. Why were these needs unaddressed?

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

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

Select Yes or No
Q139. (Optional) Did your hospital’s initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. Section V - Physician Gaps & Subsidies

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

- No gaps
- Primary care
- Mental health
- Substance abuse/detoxification
- Internal medicine
- Dermatology
- Dental
- Neurosurgery/neurology
- General surgery
- Orthopedic specialties
- Obstetrics
- Otolaryngology
- Other. Please specify:

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

- Hospital-Based Physicians
- Non-Resident House Staff and Hospitalists
- Coverage of Emergency Department Call
- Physician Provision of Financial Assistance
- Physician Recruitment to Meet Community Need
- Other (provide detail of any subsidy not listed above)
- Other (provide detail of any subsidy not listed above)

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

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.
Q146. Upload a copy of your hospital's financial assistance policy.

[Image: copy of FAP.pdf 1.9MB application/pdf]

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

[Image: Financial brochure.pdf 1.8MB 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.

Percentage of Federal Poverty Level

100 150 200 250 300 350 400 450 500

Lowest FPL

Highest FPL

200

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

Lowest FPL

Highest FPL

200

200

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.

Lowest FPL

Highest FPL

200

500

100 200 300 400 500 600 700

Debt as Percentage of Income

0 10 20 30 40 50 60 70 80 90 100

25

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: [Blank]

[Image: No, the FAP has not changed. Yes, the FAP has changed. Please describe: [Blank]]

Q153. [Blank]
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.