

Suburban Hospital
Community Health Needs Assessment

2013



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE

**SUBURBAN HOSPITAL
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I. EXECUTIVE SUMMARY

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. Suburban Hospital's mission is to improve health with skill and compassion. The following values are its cornerstones: excellence, integrity, teamwork, accountability and compassion. Suburban Hospital prides itself in the distinction of the various major services offered to patients, as well as the community benefit services, programming and initiatives that extend beyond the hospital walls. The hospital serves a community that is diverse in racial and ethnic background, culture, life stage and socioeconomic status. In fact, Montgomery County is home to some of the most affluent communities in our nation. However, even with great resources, Montgomery County faces unique access to care challenges. There are approximately 989,794 residents living in Montgomery County, of which 48.7% are White non-Hispanic, 18.2% are Black, 17.5% Hispanic/Latino and 14.4% Asian/Pacific Islander. The per capita income for White non-Hispanics is \$63,243, whereas for Hispanics/Latinos it is only \$22,760. The premature death rate in Montgomery County is approximately 4,049 per 100,000 population (age-adjusted) compared to the state with 7,428 years of potential life lost before age 75. Approximately 9% of county residents smoke, 18% are obese, 17% of adults 20 years and older report no physical activity and 13% partake in excessive or binge drinking (County Health Rankings, 2012). In Montgomery County, 21% of residents rely on public health coverage, 11.7% of residents are uninsured and 6.8% lived below the federal poverty line in 2011. The high school graduation rate is 85%; unemployment sits at 5.6% and 19% of the adult county residents report inadequate social and emotional support (County Health Rankings, 2012).

Mandated by the Internal Revenue Service (IRS) to conduct a Community Health Needs Assessment (CHNA) every three years and to develop an implementation strategy, Suburban Hospital executed this process with a three-tiered approach: 1) collaborating with the Montgomery County Department of Health and Human Services and four other county hospitals to conduct a county-wide community health needs assessment called "Healthy Montgomery;" 2) engaging health experts by establishing a Community Benefit Advisory Council (CBAC) that advises on the direction of the needs assessment; and 3) conducting a community health survey to assess the needs and insights of the community members benefiting from Suburban's programs, services and activities.

The Healthy Montgomery CHNA revealed that the average infant mortality rate is 5.3 per 1,000 live births, but among African Americans that number increases to 10.1 verses 2.9 for their White counterparts. The average life expectancy of an individual living in Montgomery County is 83.7 years; however, it is 81 years for Blacks compared to 84 years for Whites. In Montgomery County, the leading causes of death for all races in 2011 were heart disease, cancer and stroke. 11.7% of the population is uninsured, meaning more than 110,000 residents do not have health insurance. Additionally, 13.5% of adult residents reported not being able to financially afford to see a doctor in the past year with Hispanics/Latinos reporting the highest financial barriers (41.9%).

Suburban Hospital surveyed 997 Montgomery County residents in the 13 zip codes that were determined to be part of its Community Benefit Service Area (CBSA) in order to gain a more comprehensive understanding of the community's health needs. Community members were surveyed with a questionnaire on issues related to biggest health concerns in the county; barriers to health; healthy lifestyle behaviors such as fruit and vegetable consumption, tobacco use, alcohol consumption, seatbelt use and stress management; and self-reported health status.

The community identified five major health issues in the county today: overweight/obesity, heart disease, cancer, high blood pressure/stroke and diabetes. These findings confirmed almost identical major health priorities to those of Healthy Montgomery. 52% of respondents said that 'cost' was the most significant barrier to receiving the health care they or others need, followed by lack of health insurance (46%), doctors not participating in an insurance plan (19%), difficulty getting an appointment with a doctor (17%), and not having transportation to medical appointments (12%). The surveyed community also reported on their personal health behaviors. Respondents said that 31% always engage in at least 20-30 minutes of moderate physical activity at least five days a week and 28% said they often engage in the recommended amount. Fruit and vegetable consumption was also assessed and 38% of the community reported always eating at least five servings every day compared to 5% who said never. The surveyed group revealed a high percentage of never using tobacco products (91%), never consuming more than five alcoholic drinks a week (66%), always wearing a seatbelt while traveling in a vehicle (92%), and always or often managing and controlling their stress (79%). When asked to rate their own health status, 29% said they have excellent health and 54% said they have good health. Only 13% reported fair health and 2% said poor health status.

II. PURPOSE AND BACKGROUND

A. Overview of Suburban Hospital

Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County and the surrounding area since 1943. The hospital provides all major services except obstetrics. One of nine regional trauma centers in Maryland, the hospital is the state-designated level II trauma center for Montgomery County with a fully equipped, elevated helipad. Suburban Hospital's busy Emergency/Shock Trauma Center treats more than 40,000 patients a year.

The hospital's major services include: a comprehensive cancer and radiation oncology center accredited by the American College of Surgeons Commission on Cancer; The NIH Heart Center at Suburban Hospital, providing cardiac surgery, elective and emergency angioplasty as well as inpatient diagnostic and rehabilitation services; orthopedics with joint replacement and physical rehabilitation; behavioral health; neurosciences including a designation as a Primary Stroke Center and a 24/7 stroke team; pediatrics and senior care programs.

Other services provided include: the NIH-Suburban MRI Center; a center for sleep disorders; state-of-the-art diagnostic pathology and radiology departments; an Addiction Treatment Center offering detoxification, inpatient and outpatient programs for adolescents and adults; prevention and wellness programs; and a free physician referral service (Suburban On-Call). Suburban Hospital is the only hospital in Montgomery County to achieve the Gold Seal of Approval™ by The Joint Commission for its joint replacement program.

During fiscal year 2012, Suburban Hospital was licensed to operate 233 acute care beds, and had 14,171 inpatient admissions.

B. The Community We Serve

Suburban Hospital is located in Montgomery County, one of the most affluent counties in the United States. Montgomery County is adjacent to the nation's capital, Washington, D.C., and is also bordered by the Maryland counties of Frederick, Carroll, Howard and Prince George's, and the State of Virginia.

Montgomery County is home to 1,004,709 people (2012 estimate). ("State and County Quick Facts: Montgomery County", 2013) The life expectancy is 83.7 years at birth, which is higher than the Maryland Baseline (79.5) and the projected National Baseline (78.7). The life expectancy for White non-Hispanic (84.0) is higher than Black non-Hispanic (81.0). ("Maryland Annual Vital Statistics Report", 2011) The median age is estimated to be 38.6 years, where currently 23.7% of the population is under the age of 18, and 12.6% are 65 years of age or older. ("2011 American Survey 1-year Estimates", 2011) By 2030, it is expected that Montgomery County will experience an increase in the overall senior population by 79%. Currently, one in eight Montgomery County residents is over the age of 65. (Montgomery County Snapshot – Council Districts by the Numbers, 2012)

Montgomery County prides itself on its racial diversity and cultural richness. The county's population is 48.7% White non-Hispanic, 18.2% Black and 14.4% Asian/Pacific Islander. Montgomery County has the largest population of Hispanics/Latinos (17.5%) in Maryland. Foreign-born residents account for 31.9% of the population in Montgomery County. ("2011 American Survey 1-year Estimates", 2011) It is not surprising to find that 38.1% of county residents speak a language other than English at home. ("State and County Quick Facts: Montgomery County", 2013) The most common spoken languages include Spanish (16.0%), other Indo-European (10.2%), and Asian and Pacific Islander languages (9.2%). ("2011 American Survey 1-year Estimates", 2011)

There are an estimated 359,496 households of which 34.8% have children under the age of 18 living with them, 51.9% are married couples living together, 11.4% are female householders without a husband present, and 32.4% are non-families. Non-families include householders living alone (27.3%), such as adults age 65 years or older living alone (8.9%). ("2011 American Survey 1-year Estimates", 2011)

Montgomery County has a high percentage (56.8%) of residents over 25 years of age who hold a bachelor's degree or higher. ("Healthy Montgomery: Community Dashboard", 2007-2011) The median household income is \$92,909 and the median family income is \$112,422. The male median income (\$72,370) continues to be significantly higher than the female median income (\$60,524). ("2011 American Survey 1-year Estimates", 2011) Although, the per capita income for the county is \$48,357, looking at specific racial/ethnic groups reveal great disparities. For example, the per capita income for White, non-Hispanics (\$65,073) is almost three times that of Hispanics/Latinos (\$22,882). ("Healthy Montgomery: Community Dashboard", 2013) In 2012, the unemployment rate in Montgomery County was 5.2%, which is lower than state (7.1%) and federal (8.1%) rates. (Montgomery County Snapshot – Council Districts by the Numbers, 2012)

Although, Montgomery County is listed as the 10th wealthiest county in the nation, poverty is more than present and its distribution spreads widely across the county (See Appendix A). In 2011, about 4.4% of families and 6.3% of the population lived below the federal poverty line, including 8.0% of those under age 18 and 6.5% of those 65 years or over. ("2011 American Survey 1-year Estimates", 2011) Compared to other races, African Americans/Blacks (11.2%), Latino/Hispanics (11.5%), and Native Hawaiians/Pacific Islanders (10%) have the highest rate of poverty in the county. ("Healthy Montgomery: Community Dashboard", 2013)

In Montgomery County, the average household size is 2.73 and the average family size is 3.33. ("2011 American Survey 1-year Estimates", 2011) To live in Montgomery County, without any private or public financial assistance, a family of three (one adult, one preschooler, and one school-aged child) requires an annual income of \$77,933. It is estimated that twice as many households of color spend 30.0% or more of their household income on rent compared to White households. ("Healthy Montgomery: Community Dashboard", 2013)

While 88.3% of the population is insured, 21.0% of residents rely on public health coverage. ("2011 American Survey 1-year Estimates", 2011) A closer look at the uninsured population (11.7%) reveals that an individual in the 18-34 age group is most likely to be uninsured (22.4%)

followed by the 35-64 age group (13.1%). ("Healthy Montgomery: Community Dashboard", 2007-2011)

C. Community Health Needs Assessment Background

Under Section 501(c) (3) of the Internal Revenue Code, nonprofit hospitals may qualify for tax-exempt status if they meet certain federal requirements. The 2010 Patient Protection and Affordable Care Act (ACA) added four basic requirements to the Code. One of the additional requirements for tax-exempt status is the provision of a community health needs assessment (CHNA) once every three years and an implementation strategy to meet the identified health needs. (Request for Comments Regarding Additional Requirements for Tax-Exempt Hospitals, 2010)

The purpose of a community health needs assessment is to identify the most important health issues surrounding the hospital using scientifically valid health indicators and comparative information. The assessment also identifies priority health issues where better integration of public health and healthcare can improve access, quality, and cost effectiveness of services to residents surrounding the hospital.

This report represents Suburban Hospital's efforts to share information that can lead to improved health status and quality of care available to our residents, while building upon and strengthening the community's existing infrastructure of services and providers.

III. APPROACH AND METHODOLOGY

Utilizing the Healthy People 2020 guidelines as vital information sources, Suburban Hospital maintains a close relationship with the Montgomery County Department of Health and Human Services (MCDHHS) in order to identify community health needs and set community benefit strategic programs and activities. To effectively identify and prioritize health needs for Montgomery County residents, Suburban Hospital has relied on a three-tiered approach to execute the Community Health Needs Assessment: (1) establishing the Healthy Montgomery Needs Assessment; (2) engaging health experts and key stakeholders; and (3) conducting a community health survey. Through this methodology, Suburban ensured maximized collaboration and leverage of resources, reduced redundancies and supported an ongoing health improvement process and infrastructure.

The Community Health Needs Assessment (CHNA) process presented an opportunity for Suburban Hospital to partner with the Montgomery County Department of Health and Human Services, along with four other Montgomery County hospitals to conduct a county-wide community health needs assessment as part of the Healthy Montgomery-Community Health Improvement Process. The needs assessment is financially supported by the five local hospitals, and presents the results of quantitative and qualitative data collection activities along with tools used in priority setting to improve the health and well-being of Montgomery County residents.

Furthermore, Suburban Hospital prioritized the need to supplement Healthy Montgomery data and findings to understand what the unmet health needs are in specific geographic locations within the county. This process included consultation with community stakeholders and leaders, and the development of a community health survey tool that allowed direct input from community members that already benefit from Suburban Hospital's community health improvement classes, events, and screenings. (See Appendix B: Community Input Survey Tool)

A. Healthy Montgomery

Initiated by the Montgomery County Department of Health and Human Services and the Urban Institute, Healthy Montgomery is a community health needs assessment process and is accessible online to the public at www.healthymontgomery.org. Launched initially in June 2009 as the Community Health Improvement Process (CHIP) and presided by the Healthy Montgomery Steering Committee, this formal needs assessment serves as a standard set of population-based health and social services data. The Healthy Montgomery health assessment collaborative is composed of members from the public health system, such as county government and public health officials, and members of health care provider organizations. Suburban Hospital is a permanent steering committee member serving on the Healthy Montgomery Advisory Council and has contributed \$25,000 annually since 2010 to support an ongoing health improvement process and infrastructure.

The Healthy Montgomery Community Health Improvement Process is a four-stage community-based process that builds on all past and current efforts to identify and improve health and well-being. In 2010/11, the first stage gathered quantitative data and established the Healthy Montgomery web-based database. In phase two, qualitative data were collected and a formal comprehensive, community-supported health needs assessment was completed. In October 2011, the Healthy Montgomery Steering Committee released six official health priorities for the county and an action plan was set to mark the end of the third phase. The final phase will focus on monitoring and evaluating the improvement process. The six official health priorities are presented later in this report.

B. Community Perspective

A close review of service utilization led to the identification of Suburban Hospital's primary service area (PSA). The PSA is defined as the Maryland postal zip code areas from which 60% of a hospital's inpatient discharges originated during the most recent 12-month period after the number of discharges are ordered from most to least. This information was provided by the Maryland Health Services Cost Review Commission (HSCRC).

As part of the PSA definition process, Suburban Hospital began to look at specific populations or communities of need to which the hospital allocates resources through its community benefits plan. This in-depth process required an analysis of data from the hospital's inpatient records, emergency department (ED) visits, and community health improvement initiatives and wellness activities. The product was a geographic area, identified as Suburban Hospital's Community Benefit Service Area (CBSA), containing the following 13 zip codes: 20814, 20817, 20852, 20854,

20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, and 20851. A close look reveals that Suburban Hospital's CBSA is not limited to just the primary service area.

Within the CBSA, Suburban Hospital focuses on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, racially/ethnically diverse populations, underserved seniors and at-risk youth. To supplement the comprehensive Healthy Montgomery needs assessment with a closer lens on the hospital's CBSAs, Suburban Hospital developed a quantitative and qualitative community health survey tool to obtain feedback from members of these communities.

In September 2012, the survey was administered throughout the CBSAs. Both electronic and paper copies were made available in English and Spanish to help reduce any language barriers. The electronic format is currently accessible through Suburban Hospital's official website. The specific objective of the survey was to gather community input and perspectives on the following topics:

- Biggest issues or concerns in the community
- Trends relative to demographics, the economy, the health care provider community, and community health status
- Problems people face in obtaining health care and/or social services
- Services lacking in the community
- Barriers and services related to chronic health conditions
- Recommendations for improving access to care and the health of the community

The population was sampled using a group administration method, which afforded the best opportunity to gain valuable opinions from community members who are part of the hospital's CBSA. The survey was distributed at existing community benefit program sites, such as wellness screenings, lectures, health fairs, meetings, classes, patient waiting room areas at safety-net clinics, and large-community events. A team of interviewers was assembled to distribute the self-administered questionnaire and to assist respondents with questions.

The survey distribution period concluded in November 2012. A total of 997 surveys were collected from more than 55 different locations and utilized for data analysis. The findings served as a primary source of information for behaviors, needs, and opinions about various health and community issues directly affecting Suburban Hospital's CBSA residents. This data, in combination with the findings from Healthy Montgomery and the guidance from the Community Benefit Advisory Council, are presented in the next sections and reveal a comprehensive health profile of the diverse communities within this unique county.

C. Health Experts

Suburban Hospital works directly with several community centers, organizations, institutes, and corporations, including the AARP, A Wider Circle, Alpha Phi Alpha Fraternity, American Heart Association, American Red Cross, and Bethesda Cares to name a few. Furthermore, Suburban Hospital representatives serve on numerous community coalitions, boards, committees, panels,

advisory groups, and local county commissions. Suburban Hospital's active role in these and similar community engagement activities serves as a catalyst for identification and prioritization of unmet or potential community health needs.

In 2011, Suburban Hospital identified the need to establish an Advisory Council that would guide and participate in the planning, development and implementation of programs and activities for the improvement of health in the community served by Suburban Hospital. In June 2012, the hospital held its first Community Benefit Advisory Council (CBAC) meeting. Chartered by the hospital's Board of Trustees and chaired by a trustee, the Advisory Council comprises of a diverse group of local businesses, non-for-profit executives and community advocacy leaders who represent the perspective of the county's medically underserved, low-income and racially/ethnically diverse populations. The Council represents diverse sectors of the Suburban Hospital service area and acts as a liaison with the community and the hospital to identify health improvement opportunities and needs.

The Council played a critical role in the development of the community health needs assessment process. Their role included providing a voice and insight to the needs of the community, analyzing needs assessment data and community assets. (See Appendix C: Community Benefit Advisory Council Members)

In addition to the expertise contributed by the Council, Suburban Hospital's Community Health and Wellness (CHW) Department served as a key player in shaping the CHNA process by integrating public health knowledge, principles and expertise. The CHW Department acted as a public health resource and guide, due in part to the educational background of the staff, and the strong relationships built in the community and firsthand knowledge of the major health concerns, barriers and needs.

IV. FINDINGS

This section presents the results of primary and secondary data collection activities for Suburban Hospital's Community Health Needs Assessment for use in setting the priorities for action to improve the health and well-being of Montgomery County residents.

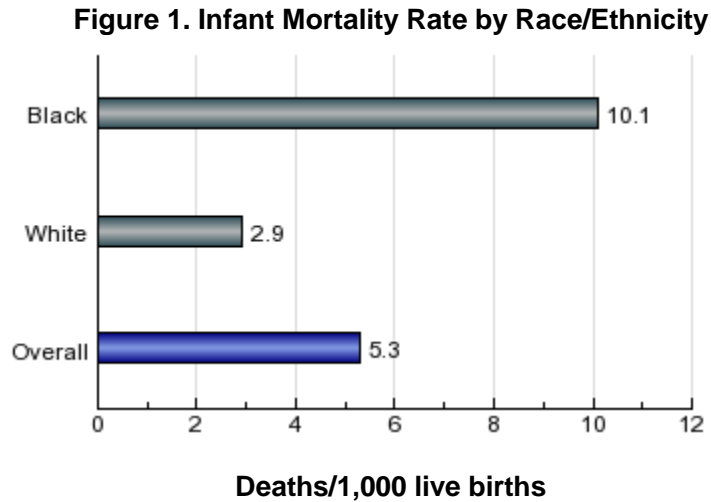
Montgomery County is ranked as the second healthiest county in Maryland. However, a detailed examination of the health and social determinants of data showed disparities between vulnerable populations, specifically among gender, life stages, racial/ethnic subpopulations, and geographic areas of the county.

A. Data Assessment

a. Infant Mortality Rates

Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal

complications during pregnancy. Within Montgomery County, the infant mortality rate for all races is 5.3 per 1,000 live births; among Whites 2.9 per 1,000 live births and among Blacks 10.1 per 1,000 live births. ("Healthy Montgomery: Community Dashboard", 2013)



Source: Healthy Montgomery, 2011

b. Life Expectancy

Life expectancy at birth measures the expected number of years that a newborn child will live. It is based upon the age-specific mortality rates for the whole population at the time of birth. (America's Health Ranking, 2012) The life expectancy at birth in Montgomery County is 83.7 years, which is higher than the Maryland Baseline (79.2) and the projected National Baseline (78.7). The life expectancy for White non-Hispanic is higher (84.0) than Black (81.0). ("Maryland Annual Vital Statistics Report", 2011)

c. Health Outcomes

To provide a broad overview of health and well-being of residents we first present the six leading causes of death among Montgomery County residents in 2011.

Figure 2. The Six Leading Causes of Death in Montgomery County, 2011

Cause of Death	Rank	Total Deaths	Percent of Total Deaths
<i>All Causes</i>	---	5,674	---
Diseases of the Heart	1	1,317	23.2%
Malignant Neoplasms	2	1,315	23.1%
Cerebrovascular Disease	3	316	5.6%
Accidents	4	227	4.0%
Alzheimer's Disease	5	183	3.2%
Diabetes Mellitus	6	163	2.9%

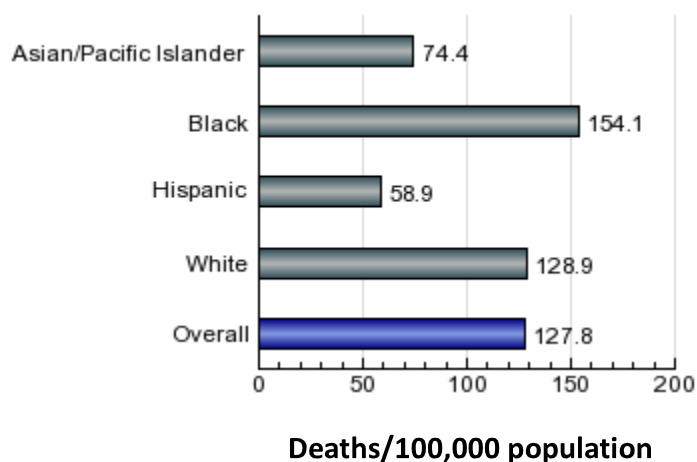
Source: Department of Health and Mental Hygiene Vital Statistics Administration, 2011

i. Heart Disease

Heart disease is a term that encompasses a variety of different diseases affecting the heart and is the leading cause of death in Maryland and the US. Heart disease can affect both men and women, without regard to ethnicity, race or socioeconomic status. There are several risk factors associated with this medical condition, including: stroke, diabetes, hypertension, high cholesterol, obesity, smoking, alcohol use, poor diet and inactivity. Due to the complexity of this disease, it can also incur higher health care costs.

The age-adjusted death rate due to heart disease in Montgomery County (127.8 deaths/100,000 population) is lower than the state of Maryland (162.0 deaths/100,000 population). Heart disease is more prevalent in women (196.4 deaths/100,000 population) than men (181.5 deaths/100,000 population). When comparing across different races and ethnicities, Blacks have the highest number of deaths associated with this health condition. See Figure 3. ("Healthy Montgomery: Community Dashboard", 2007-2011)

Figure 3. Age-Adjusted Death Rate due to Heart Disease by Race/Ethnicity



Source: Healthy Montgomery, 2011

ii. Malignant Neoplasms (Cancer)

Malignant Neoplasms or Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. A person’s risk for developing cancer can be lowered by avoiding certain risk factors, such as tobacco use, lack of physical activity, and high-fat/low fiber diets. In addition, prevention or delayed onset of cancer can be obtained through screening methods that allow early detection and removal of precancerous growths thereby improving health outcomes. Early detection methods are currently available for specific cancers.

Cancer ranks as the second leading cause of death in Montgomery County for both men and women. The county baseline for age-adjusted cancer rates is less in Montgomery County (130.1) than the Maryland (177.7) and National baseline (178.4). Cancer related deaths are more common in Blacks (163.7) and least in the Asian population (67.1). (State Health Improvement Process 2011, 2013) Cancer death rates are higher for men (151.3/100,000) than they are for women (117.9/100,000). (State Cancer Profiles, 2013) When looking at specific types of cancers, we find disparities among the racial/ethnic groups.

Figure 4. Age-Adjusted Death Rate due to Specific Cancer Type

Cancer Type	Rate per 100,000
Breast	19.9
Colorectal	11.4
Lung	29.0
Prostate	17.9

Source: Healthy Montgomery, 2013

Breast cancer is the leading cause of cancer deaths among women. However, Black women die more frequently from breast cancer than any other racial group. Recent data show that 31.6 per 100,000 Black women died of breast cancer compared to Hispanics (8.5/100,000) and Whites (19.1/100,000). Asian and Pacific Islander women have the lowest mortality rate (6.6/100,000).

Colorectal cancer ranks second in cancer related deaths. The Age-Adjusted Death Rate due to colorectal cancer in Montgomery County is 11.4 deaths/100,000 population. More men (14.4/100,000) than women (9.4/100,000) die from this disease, even though both groups get screened at almost equal rates. In Montgomery County, more Blacks (16.6/100,000) die from colorectal cancer than Whites (10.7/100,000) and Asian/Pacific Islanders (9.9/100,000). Hispanics (9.5/100,000) have the lowest death rate in the county for this cancer.

Prostate cancer is the most common type of cancer in men. The Age-Adjusted Death Rate due to prostate cancer for men is 17.9 deaths/100,000 males. This type of cancer claims more lives in Black men (29.8/100,000) than colorectal cancer. According to available data, the cancer affects more White men (17.7/100,000) than Asian/Pacific Islander men (9.0/100,000). County level data is unavailable for the Hispanic population.

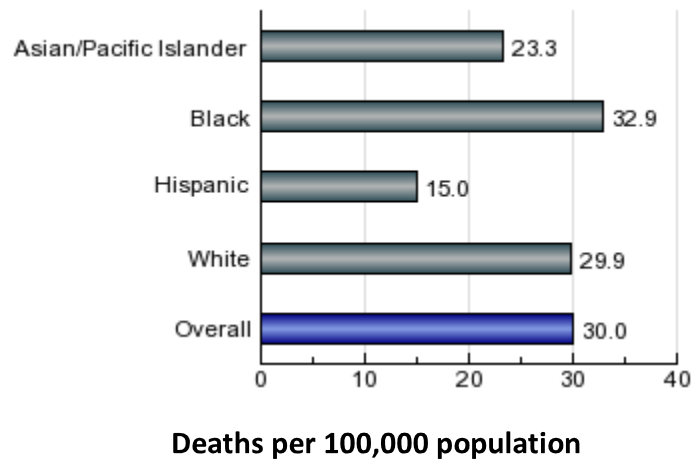
At the national level and in Montgomery County, lung cancer claims more lives than any other cancer. Although mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer in women continues to rise. Lung cancer mortality is high for both Blacks (33.1/100,000) and Whites (29.6/100,000). According to available data, Hispanics have the lowest rate (8.1/100,000) compared to all other groups. (Healthy Montgomery, 2011)

iii. Cerebrovascular Disease (Stroke)

Cerebrovascular diseases rank third among the leading causes of death in the U.S. Cerebrovascular disease can cause a stroke. Similar to heart disease, a stroke can be the result of several risk factors including hypertension, high cholesterol, diabetes, smoking, and is the number one cause of disability. It is also associated with high direct medical costs such as hospitalizations and doctor visits, as well as indirect costs including absence from work, disability and premature death. Each year, it is estimated, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. Although people of all ages are at-risk of suffering from a stroke, the risk more than doubles with each decade of life after age 55. (Healthy Montgomery, 2011)

Age-Adjusted Death Rate due to cerebrovascular disease (stroke) in Montgomery County is 30.0 deaths/100,000 population. Stroke death rates tend to be slightly higher for Blacks (32.9/100,000) than for Whites (29.9/100,000). Hispanics (15.0) have the lowest rate of deaths attributed to cerebrovascular disease.

Figure 5. Age-Adjusted Death Rate due to Cerebrovascular Disease by Race/Ethnicity



Source: Healthy Montgomery, 2011

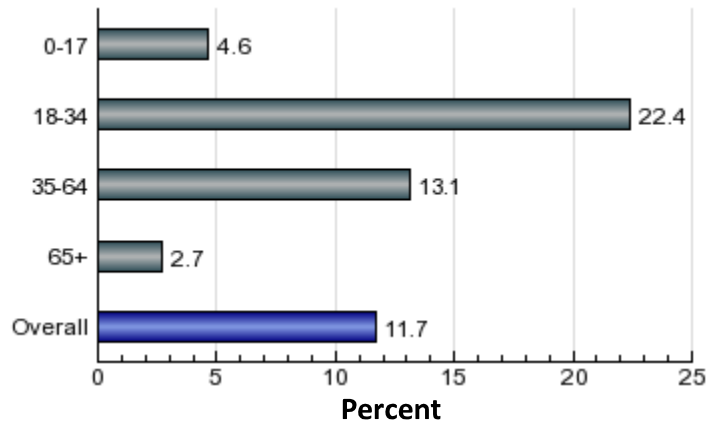
Hypertension or high blood pressure and high cholesterol are two modifiable risk factors that place individuals at significant risk of developing stroke and other chronic conditions. As of 2011, 31.8% of Montgomery County residents were reported to have high cholesterol. High cholesterol is more common in the age 65 and over population (50.2%), followed by the 45-64 years (41%), and 18-44 years (17.8%) age groups. High blood pressure is present in 21.6% of residents. Although, 56.5% of those with high blood pressure are age 65 and over, this condition is also present in younger age groups: 18-44 years (8.9%) and 45-64 years (26.4%). ("Healthy Montgomery: Community Dashboard", 2007-2011)

d. Access to Health Services

Individuals without health insurance have more difficulty accessing the health care system, are often unable to participate in preventive care programs, and have more unmet health needs. The result of not receiving timely care translates to decreases in quality of life, costly treatments, and adverse health outcomes. The costs associated with not receiving timely and adequate care places significant burden in our health care system. (America's Health Ranking, 2012)

Although, 88.3% of the population in Montgomery County is insured, only 67.2% have private health insurance while 11.7% of the population lacks health insurance coverage. This number translates to more than 110,000 residents (8,130 children and 102,154 adults). ("Healthy Montgomery: Community Dashboard", 2013)

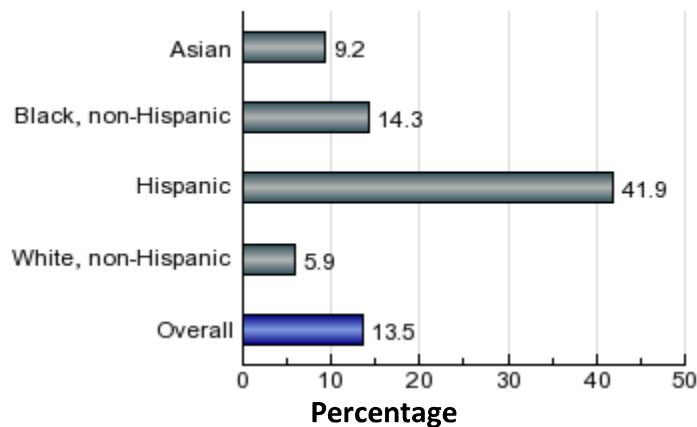
Figure 6. Persons without Health Insurance by Age



Source: Health Montgomery, 2011

People who do not have insurance and are unable to afford to see a doctor may not receive the proper medical services when they need them. In 2011, 13.5% of the adult population in Montgomery County reported being unable to see a doctor in the past 12 months. There is a significant variation in access to care among the racial/ethnic groups. Hispanics (41.9%) are the single race/ethnic group most affected by the inability to afford to see a doctor.

Figure 7. Adults Unable to Afford to See a Doctor by Race/Ethnicity



Source: Healthy Montgomery, 2011

e. Health Behaviors

Health behaviors are strong determinants that can affect the future health of an individual. Healthy Community Ranking lists five potentially modifiable behaviors that have an immediate or delayed effect on health, which are: smoking, obesity, binge drinking, sedentary lifestyles, and high school graduation.

The percentage of smokers in Montgomery County (9%) is less than the state of Maryland (17%) and the National Benchmark (14%). Obesity defined by a BMI greater than 30 is linked as a risk factor for diabetes, heart disease, and many other chronic conditions. In Montgomery County, 18% of adults are obese, with Whites and Blacks having the highest percentage of obese adults. ("County Health Rankings & Roadmaps", 2012)

Only 30% of adults in Montgomery County consume the recommended five or more servings of fruits and vegetables a day according to the Behavioral Risk Factor Surveillance System (BRFSS). ("Healthy Montgomery: Community Dashboard", 2013) In order to maintain a healthy weight and prevent chronic disease, numerous studies have shown that consuming vegetables and fruit in large quantities and varieties can decrease the risk of disease, especially cancer. Despite the numerous grocery stores, farmer's markets and specialty food stores in Montgomery County, a reported 2% of residents who are low-income do not live close to a grocery store. ("County Health Rankings & Roadmaps", 2012)

Physical activity has been linked with reducing many serious health conditions including obesity, heart disease, diabetes, colon cancer, and hypertension while improving mood and promoting healthy sleeping patterns. ("Healthy Montgomery: Community Dashboard", 2013) Approximately 52.6% of adults in the county engage in regular physical activity. Data for the age 18 and under is unavailable. ("Healthy Montgomery: Community Dashboard", 2013) Binge drinking, consumption of five or more alcoholic beverages at one occasion, is a serious problem and can lead to deadly consequences. The county level (13%) for excessive drinking is lower than the state (15%), but higher than the national benchmark (8%). ("County Health Rankings & Roadmaps", 2012)

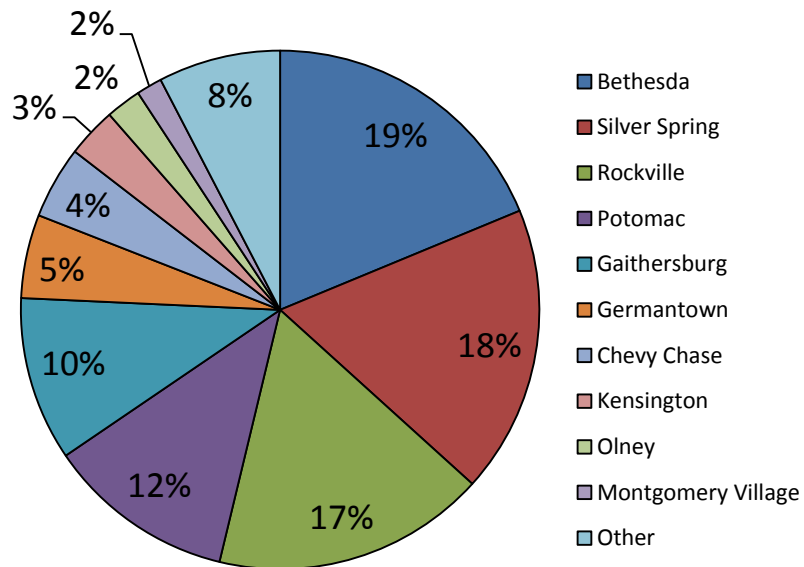
Research shows that adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime. The percentage of high school graduates in Montgomery County has increased over the past three years to 87.8%. ("Healthy Montgomery: Community Dashboard", 2013) The Montgomery County percentage of residents over 25 years of age who hold a bachelor's degree or higher (56%) is greater than the state of Maryland (35%). (State Health Improvement Process 2011, 2013) However, Native Hawaiian/Other Pacific Islanders (17.4%) and Hispanics (23%) are reported to have the lowest percent of bachelor's or higher degrees compared to other racial/ethnic groups. ("Healthy Montgomery: Community Dashboard", 2013)

B. Community Perspective: Health Survey Results

Suburban Hospital's community benefit programs focus on certain target populations such as uninsured individuals and households, underinsured and low-income individuals and households, ethnically diverse populations, underserved seniors and at-risk youth. The survey results presented serve as an information guide for the behaviors, needs, and opinions about various issues directly affecting Suburban Hospital's community benefit service area (CBSA) residents. The survey was administered in zip codes where existing Suburban Hospital community benefit activities take place.

A total of 1,152 surveys were collected and 997 of those surveys met the Montgomery County residence criteria needed to be included in the community health needs assessment. The health survey was administered in cities where Suburban Hospital’s 13 CBSA zip codes reside. However, when reviewing respondents’ home zip code data, there were 25 different cities represented (See Figure 8). Such information leads us to believe that although our community health improvement programs are geared toward specific geographic locations and corresponding residents, there are individuals from all over Montgomery County accessing and benefiting from these programs.

Figure 8. Survey Response per ZIP CODE



a. Survey Demographics (N=997)

i. Gender of Respondents

Male	34%
Female	66%

ii. Race/Ethnicity Representation

Caucasian	57%
African American	15%
Hispanic	11%
Asian/Pacific Islander	11%
Other	4%
No response	3%

iii. Age Distribution

Under 18	6%
19-24	3%
25-30	5%
31-40	11%
41-50	17%
51-60	17%
61-65	8%
65<	33%
No response	1%

iv. Primary Languages Spoken at Home

English	82%
Spanish	8%
Other Indo-European	5%
Asian/Pacific Islander	4%
Other	1%

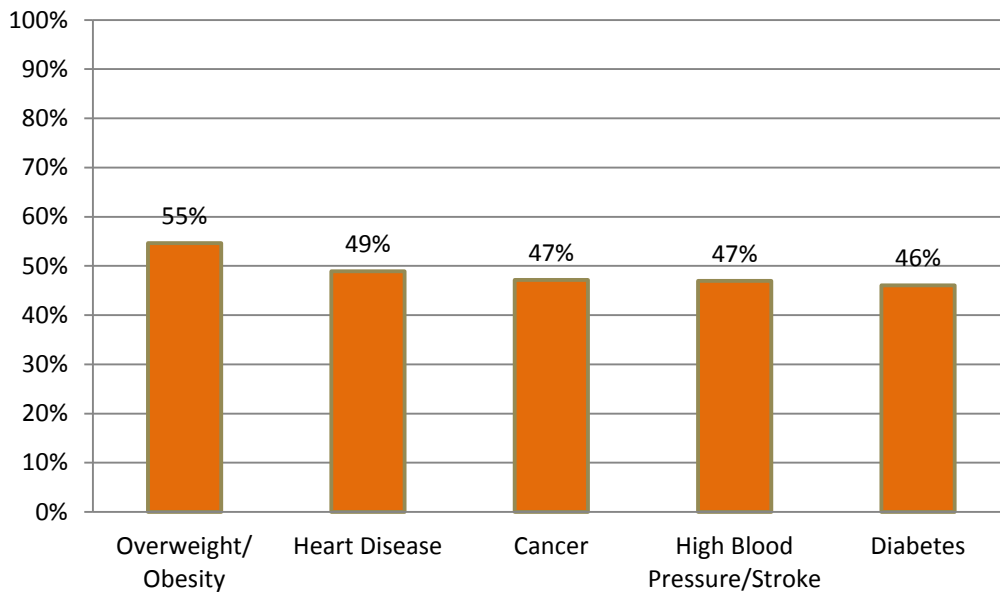
v. Highest Level of Education Completed by Respondent

No High School	2%
Some High School	7%
HS Graduate	10%
Greater than HS	77%
No answer	4%

b. Health Concerns

Respondents were asked what they believe to be the biggest health problems in Montgomery County today. Participants were given 13 different options to choose from, plus an option to write an open response. Figure 9 presents the top five health concerns, which are: obesity/overweight (55%), heart disease (49%), cancer (47%), high blood pressure/stroke (47%), and diabetes (46%).

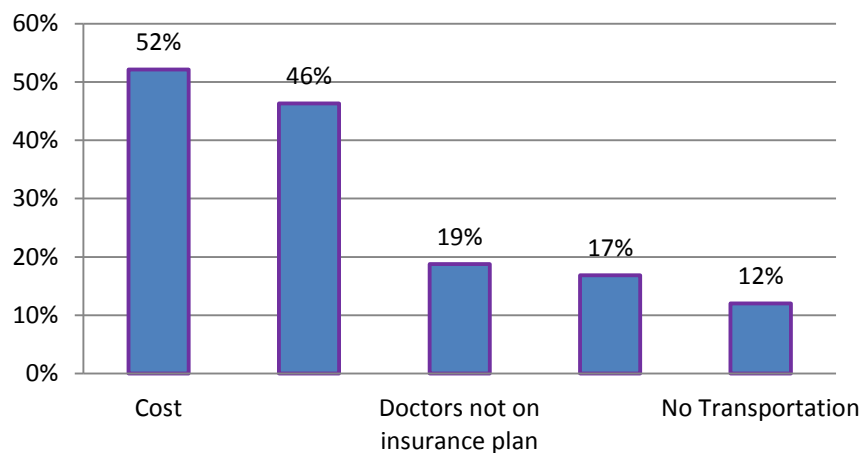
Figure 9. Top 5 Health Concerns



c. Health Barriers

Respondents were asked what problems keep Montgomery County residents from getting the health care they need. Participants were given eight different options to choose from plus an option to write an open response. Figure 10, presents the top five barriers to health as reported by respondents. Cost (52%) was found to be the single most important barrier to health followed by lack of health insurance (46%), doctors not participating in an insurance plan (19%), difficulties getting an appointment with a medical doctor (17%), and lack of transportation to medical appointments (12%).

Figure 10. Top 5 Barriers to Better Health



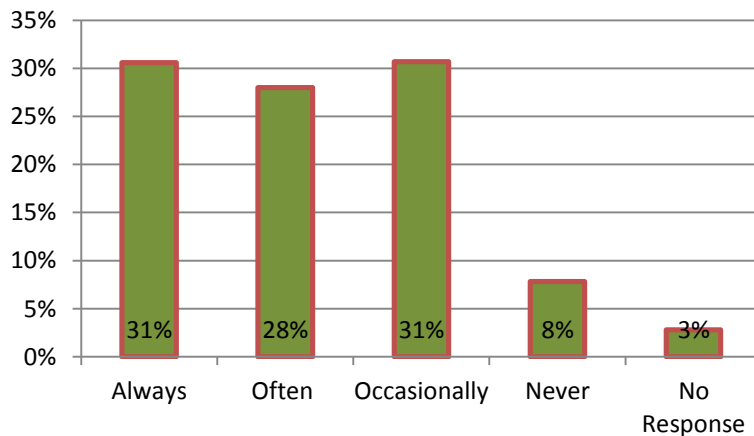
d. Healthy Behaviors

The American Academy of Family Physicians suggests that to improve health, individuals should, among other things, exercise regularly, eat a healthy diet, avoid any form of tobacco, drink alcohol in moderation (if any at all) and use a seatbelt when riding in a vehicle. (America’s Health Ranking Report, 2012) These behaviors have been identified as modifiable risk factors that can improve an individual’s health outcome.

i. Physical Activity

Respondents were asked how often they engage in moderate physical activity outside of work for at least 20 to 30 minutes at least 5 days per week. The 2008 Guidelines for Physical Activity for Americans define moderate physical activity as exercising 150 minutes of aerobic exercise a week plus two or more days of strength training exercises. (Centers for Disease Control) Exercise frequency was common among respondents; 31% reported always, 28% often, and only 8% never. However, this means that 69% of the sampled population is not always obtaining the recommended amount of exercise. See Figure 11.

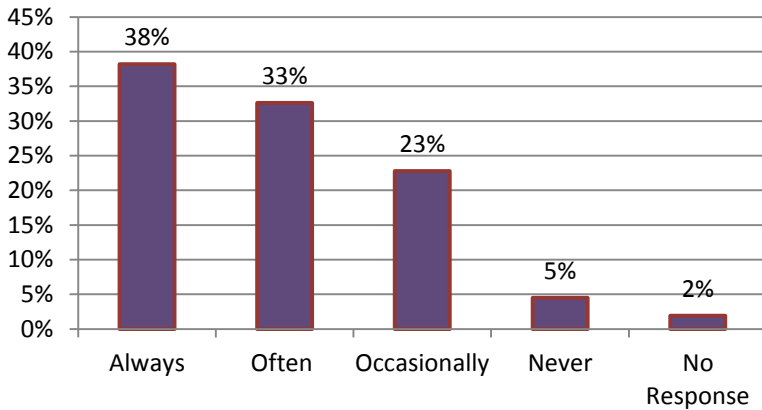
Figure 11. Exercise Frequency



ii. Fruit and Vegetable Consumption

Respondents were asked how often they consume at least five servings of fruits and vegetables every day. One serving is equal to one half cup. While 94% of respondents were found to consume fruits and vegetables, the frequency of consumption was not optimal. Less than 40% of respondents were found to always consume the recommended portion and quantity of fruits and vegetables. See Figure 12.

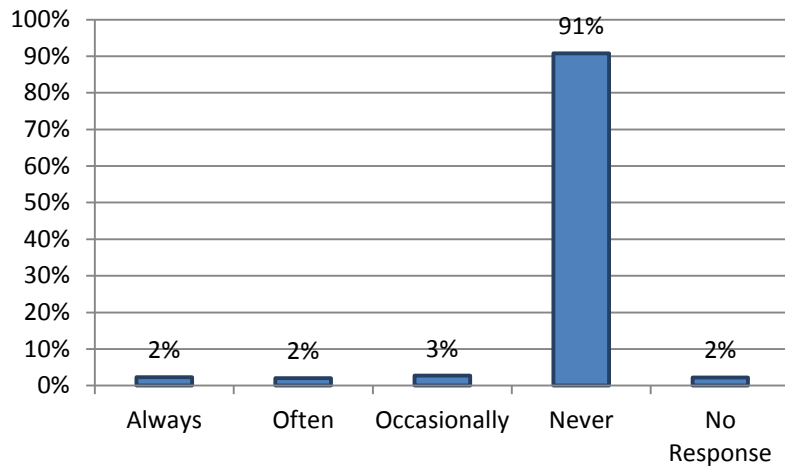
Figure 12. Fruit & Vegetable Consumption



iii. Tobacco

Usage of tobacco products is linked with poor health outcomes. Respondents were asked how often they use tobacco products such as: cigarettes, smokeless tobacco, cigars, and pipes. Figure 13, demonstrates that 91% of respondents do not use tobacco products. A smaller percentage (7%) of the sample population reported using some form of tobacco products. See Figure 13.

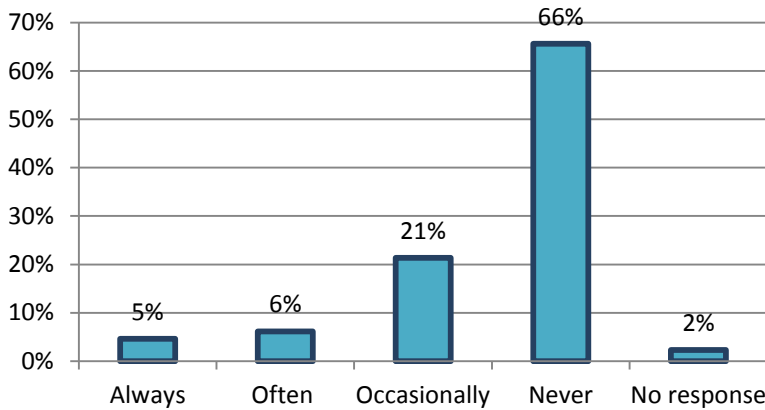
Figure 13. Tobacco Use



iv. Alcohol Consumption

When asked if they consume more than five alcoholic drinks a week (beer, liquor, wine), 66% of respondents answered never exceeding this quantity. A recommended moderate consumption of alcohol is equal to one drink a day for women and up to two drinks for men. Generally, anything more than moderate drinking can be harmful to one’s health. See Figure 14.

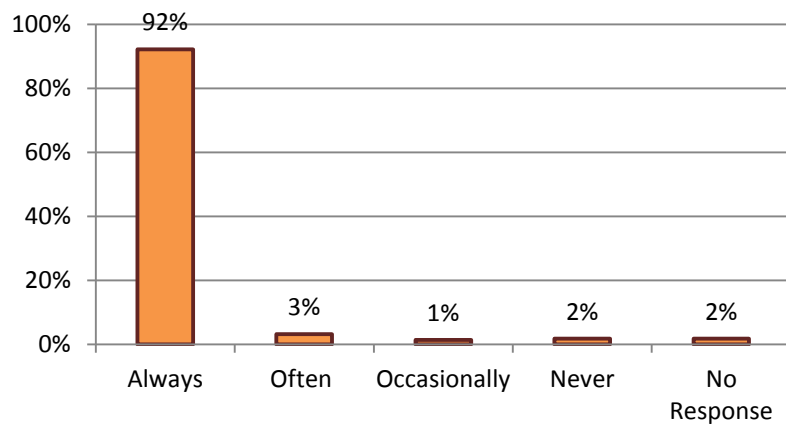
Figure 14. Alcohol Consumption



v. Seatbelt Usage

Statistics demonstrate that seatbelt use helps save lives. When assessing seatbelt usage while traveling in a vehicle, more than 90% of respondents were found to wear their seatbelt at all times. See Figure 15.

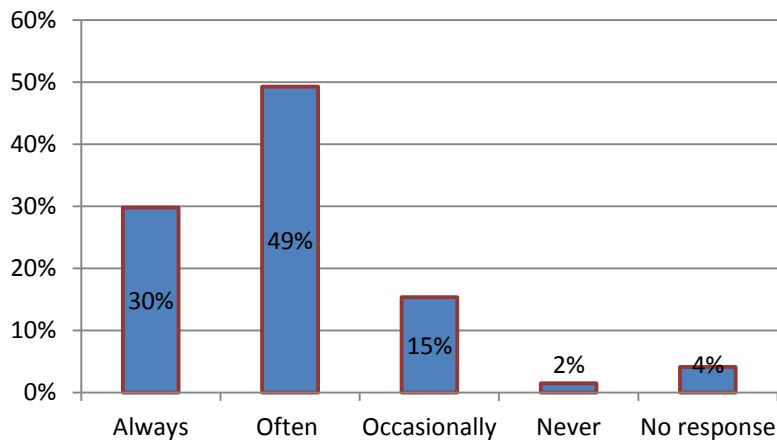
Figure 15. Seatbelt Use



vi. Stress Management

High levels of stress can lead to serious health problems. Effective stress management can reduce the negative impacts of stress in one’s life and health. Among those surveyed, 94% of respondents were found to be able to manage and control their stress. However, only 30% of individuals reported being able to manage their stress all the time, compared to those who are able to manage it often (49%) and occasionally (15%). See Figure 16.

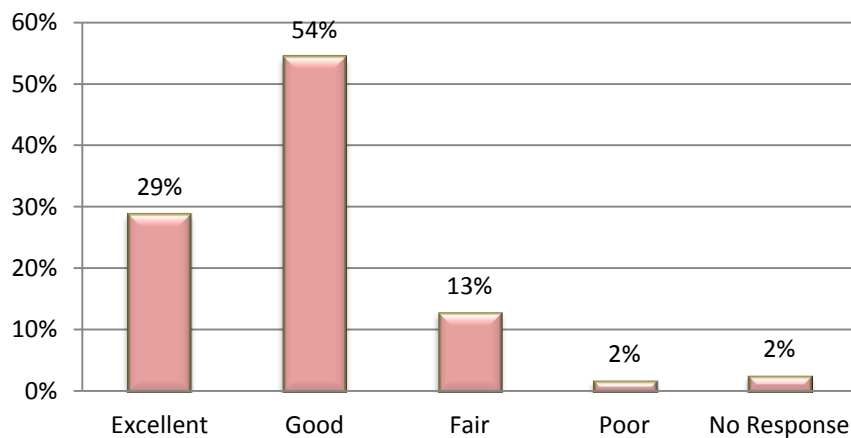
Figure 16. Stress Management



vii. Self-Reported Health Status

Self-reported health status is a strong prognostic indicator for subsequent mortality, in particular, for responses that fall in the fair and/or poor category. The majority of surveyed individuals reported to either have excellent (29%) or good (54%) health status. A small percentage (15%) reported having fair or poor health status. See Figure 17.

Figure 17. Self-Reported Health Status



C. Health Experts

The Healthy Montgomery Steering Committee includes twenty-five partners and community stakeholders that range from Montgomery County Department of Health and Human Services, Commission on Veterans Affairs, Council for Children, Youth and Families, Kaiser Permanente, M-NCPPC to the Montgomery County Council. As part of the Healthy Montgomery Steering Committee, Suburban Hospital engaged in prioritization activities and discussions to align

county-wide goals that would have a positive impact on the health of Montgomery County residents. A structured priority setting process led by numerous discussions based on recent health data guided steering committee members to the identification of six health priorities for Montgomery County.

In addition to Healthy Montgomery priority setting at a more local level, Suburban Hospital led a focus group with the hospital’s Health Advisory Council to not only share the findings from the community input survey, but also to include and align recommendations. The Advisory Council was in accordance with the findings for the top five health concerns as identified by community members (See Figure 9). After extensive discussion and a vote, mental health, was added to the list as an essential health issue in the community.

The health priorities aforementioned overlap or align with national, state, and local priorities. See Figure 18.

Figure 18. Comparison of Federal, State, and Local Health Priorities

Healthy People 2020: Leading Health Indicators	Maryland State Health Improvement Plan (SHIP) 2011	Healthy Montgomery
Mental Health, Substance Abuse, & Tobacco	Healthy Social Environments	Behavioral Health
Access to Health Services, Clinical Preventive Services	Healthcare Access	Obesity
Nutrition, Physical Activity, and Obesity	Chronic Diseases	Diabetes
Maternal, Infant, and Child Health	Healthy Babies	Maternal and Child Health
Oral Health, Reproductive and Sexual Health	Infectious Diseases	Cancer
Environmental Quality, Injury & Violence	Safe Physical Environments	Cardiovascular Health
Social Determinants		

Source: US Department of Health and Human Services, MD Department of Health and Mental Hygiene, and Healthy Montgomery, 2013

D. Data Gaps Identified

The Healthy Montgomery website was utilized as the main data resource for gathering quantitative data for Montgomery County residents. Where appropriate, census and state databases were also accessed to supplement needed data. Despite the search for various resources, there were specific limitations and availability of information on particular racial/ethnic groups. Currently, baseline data for variables aimed to measure social determinants of health are not all-inclusive, limiting group comparison analysis. Furthermore,

data at the local level is needed to be able to assess and evaluate health outcomes for specific geographic boundaries (i.e. Community Benefit Service Area zip codes).

V. SELECTING PRIORITIES

a. Hospital Priorities

As a result of using similar data sources and integrating historical partnership stakeholders in setting local health priorities over the years, the summary of key data findings conducted by Healthy Montgomery are similar, if not identical, to health inequities identified by Suburban Hospital through community member surveying and discussions with health experts. This relationship easily affords Suburban Hospital the ability to parallel its community health improvement efforts to the six priorities identified by the Healthy Montgomery Steering Committee in order to decrease Health Inequities, Lack of Access and Unhealthy Behaviors. The six official health priorities to be tracked, measured and evaluated over the next three years are presented below in no particular order:

- Behavioral Health
- Obesity
- Diabetes
- Maternal and Child Health
- Cancer
- Cardiovascular Health

These health priorities are detailed below in Figure 19.

Figure 19. Suburban Hospital’s Six Health Priorities

Hospital Priority	Behavioral Health
Quantitative Reason	<ul style="list-style-type: none"> – 741.2 per 100,000 population have used a hospital ED for a behavioral health condition (State Health Improvement Process 2011, 2013) – 19% of Montgomery County residents report not having adequate social and emotional support ("County Health Rankings & Roadmaps", 2012) – 77.2% of residents self-reported experiencing two or fewer days of poor mental health in the past month ("Healthy Montgomery: Community Dashboard", 2013) – The average number of mentally unhealthy days reported over a 30-day period is 2.6 ("County Health Rankings & Roadmaps", 2012) – 20.4% of Montgomery County residents use alcohol in excess and 14.3% smoke cigarettes ("Healthy Montgomery: Community Dashboard", 2013)

<p>Qualitative Reason</p>	<ul style="list-style-type: none"> – Suburban Hospital’s Advisory Council (N=15) unanimously voted mental health as a top health priority for Montgomery County – 28 % (N=997) of Community Input Survey Respondents reported mental health problems to be a top health concern for them – 27% (N= 997) of Community Input Survey Respondents reported smoking/drug and alcohol use to be a top health concern for the community – Only 30% (N=997) of Community Input Survey Respondents reported being able to “Always” manage their stress
<p>Hospital Strengths</p>	<ul style="list-style-type: none"> – Suburban Hospital provides multiple comprehensive Behavioral Health Services for individuals with emotional problems, mental illness and addictive diseases, as well as some services designed to foster mental health – Suburban Hospital offers support groups to help community members manage mental stress associated with chronic and acute health conditions – Suburban Hospital’s comprehensive community health improvement programs foster social support, particularly among the senior population, due to the continuous encounters with the same population
<p>Alignment with local, regional, state, or national goals</p>	<ul style="list-style-type: none"> – Healthy People 2020 Goal: Mental Health & Mental Disorders – Maryland State Health Improvement Plan 2011 Objectives 1 & 34 – Montgomery County Healthy Montgomery 2011 health priority: Behavioral Health
<p>Hospital Priority</p>	<p>Obesity</p>
<p>Quantitative Reason</p>	<ul style="list-style-type: none"> – 56.1% of adults in Montgomery County are obese or overweight (State Health Improvement Process 2011, 2013) – 8.4% of youth in Montgomery County are reported to be obese and (State Health Improvement Process 2011, 2013) 17% of adults report not being physically active ("County Health Rankings & Roadmaps", 2012) – 31 out of 42 zip codes in Montgomery County have healthy food outlets ("County Health Rankings & Roadmaps", 2012)

	<ul style="list-style-type: none"> – 55% of restaurants in the county are fast food establishments ("County Health Rankings & Roadmaps", 2012)
Qualitative Reason	<ul style="list-style-type: none"> – 55% (N=997) of Community Input Survey Respondents reported overweight and obesity to be a top health concern for them – 38% (N=997) of Community Input Survey Respondents reported "Always" consuming five servings of fruits and vegetables – 31% (N=997) of Community Input Survey Respondents reported "Always" engaging in moderate physical activity outside of work at least 20 to 30 minutes for a minimum of 5 days per week
Hospital Strengths	<ul style="list-style-type: none"> – Suburban Hospital's longstanding partnership with Sodexo links nutrition services, by registered dieticians, to communities outside the walls of the hospital – Suburban Hospital collaborates and leverages resources with local organizations to offer free seminars, cooking demos, walking programs, fitness programs, cooking classes to help improve community members' nutrition and exercise level – Suburban Hospital offers specialized weight and chronic disease management programs and services – Suburban Hospital supports Community Supported Agriculture (CSA) programs providing staff and their families the opportunity to purchase local fruits and vegetables on hospital property
Alignment with local, regional, state, or national goals	<ul style="list-style-type: none"> – Healthy People 2020 Goal: Nutrition & Weight Status – Maryland State Health Improvement Plan 2011 Objectives 1, 18, 30 & 31 – Montgomery County Healthy Montgomery 2011 health priority: Obesity
Hospital Priority	Diabetes
Quantitative Reason	<ul style="list-style-type: none"> – 5.1% of adults in Montgomery County have diabetes ("Healthy Montgomery: Community Dashboard", 2013) – The rate of ED visits for diabetes is 168.8 per 100,000 population (State Health Improvement Process 2011, 2013)

	<ul style="list-style-type: none"> - The age-adjusted death rate due to diabetes is 12.5 per 100,000 population ("Healthy Montgomery: Community Dashboard", 2013) - 83% of diabetic Medicare enrollees received HbA1c screening compared to 89% which is the national benchmark ("County Health Rankings & Roadmaps", 2012) - 11.7% of adults in Montgomery County do not have health insurance ("2011 American Survey 1-year Estimates", 2011) and 13.5% of adults could not afford to see a doctor in a 12-month period ("Healthy Montgomery: Community Dashboard", 2007-2011)
<p>Qualitative Reason</p>	<ul style="list-style-type: none"> - 46% (N=997) of Community Input Survey Respondents reported diabetes to be a top health concern for them - 28% (N=997) of Community Input Survey Respondents reported "lack of health insurance" as a barrier to health for themselves and/or others - 31% (N=997) of Community Input Survey Respondents reported the cost and not being able to afford to see a doctor to be barriers to health for themselves and/or others
<p>Hospital Strengths</p>	<ul style="list-style-type: none"> - Suburban Hospital's one-of-its kind specialty care clinic held in partnership with Mobile Medical Care, Inc. and the National Institutes of Health offers comprehensive endocrine-related treatment at low or free cost to the uninsured population - A long-standing partnership with a safety-net clinic, Proyecto Salud, provides uninsured individuals with quality diabetes management services and outpatient education - Inpatient Certified Diabetes Nurse Educator at Suburban Hospital - Support Group for patients with diabetes
<p>Alignment with local, regional, state, or national goals</p>	<ul style="list-style-type: none"> - Healthy People 2020 Goal: Diabetes - Maryland State Health Improvement Plan 2011 Objectives 1, 27, 37, & 39 - Montgomery County Healthy Montgomery 2011 health priority: Diabetes

Hospital Priority	Cancer
Quantitative Reason	<ul style="list-style-type: none"> – The death rate due to cancer is 130.1/100,000 (State Health Improvement Process 2011, 2013) – The age-adjusted death rate per 100,000 females due to breast cancer is 19.9 ("Healthy Montgomery: Community Dashboard", 2013) – The age-adjusted death rate per 100,000 population due to colorectal cancer is 11.4 ("Healthy Montgomery: Community Dashboard", 2013) – The age-adjusted incidence rate for prostate cancer is 162.1 cases per 100,000 males ("Healthy Montgomery: Community Dashboard", 2013) – 84.7% of women aged 50 and over who have had a mammogram in the past two years ("Healthy Montgomery: Community Dashboard", 2013) – 13.5% of adults could not afford to see a doctor in a 12-month period ("Healthy Montgomery: Community Dashboard", 2013)
Qualitative Reason	<ul style="list-style-type: none"> – 47% (N=997) of Community Input Survey Respondents reported Cancer to be a top health concern for them – 23% (N=997) of Community Input Survey Respondents reported access to health services to be a top health concern for them
Hospital Strengths	<ul style="list-style-type: none"> – Suburban Hospital has historical partnerships with organizations to deliver free cancer awareness programs, early prevention and service programs for prostate, colorectal, skin, and breast cancer – Suburban’s Cancer Center is affiliated with the Bethesda-based National Cancer Institute, offering patients access to extraordinary treatment options and clinical research trials – Cancer-focused patient navigators and support groups
Alignment with local, regional, state, or national goals	<ul style="list-style-type: none"> – Healthy People 2020 Goal: Cancer – Maryland State Health Improvement Plan 2011 Objectives 1, 26, 32, 33, & 39 – Montgomery County Healthy Montgomery 2011 health priority: Cancer

Hospital Priority	Cardiovascular Health
<p>Quantitative Reason</p>	<ul style="list-style-type: none"> – The age-adjusted death rate due to heart disease in Montgomery County is 127.8/100,000 deaths ("Healthy Montgomery: Community Dashboard", 2013) – 123.3 per 100,000 ED visits in Montgomery County hospitals were due to hypertension (State Health Improvement Process 2011, 2013) – 21.6% of the adult population has hypertension ("Healthy Montgomery: Community Dashboard", 2013) – 31.8% of adults who have had their blood cholesterol checked have been told that it was high ("Healthy Montgomery: Community Dashboard", 2013)
<p>Qualitative Reason</p>	<ul style="list-style-type: none"> – 49% (N=997) of Community Input Survey Respondents reported heart disease to be a top health concern for them – 47% (N=997) of Community Input Survey Respondents reported hypertension/stroke to be a top health concern for them
<p>Hospital Strengths</p>	<ul style="list-style-type: none"> – Through collaboration with the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health and Johns Hopkins Medicine, Suburban Hospital’s Heart Center offers state-of-the-art cardiac surgery, angioplasty, cardiac diagnostics and rehabilitation – Suburban’s HeartWell Program offers free cardiovascular health education, disease management, and nutrition classes at local senior centers throughout the county – Through partnerships with Montgomery County Departments of Recreation and Senior Services, Suburban Hospital is able to offer fitness exercise programs to the community – Suburban Hospital has a comprehensive health and wellness program available, from blood pressure and cholesterol screenings, educational seminars, and free exercise programs that promote a healthy cardiovascular system – One-of-its kind specialty care clinic held in partnership with Mobile Medical Care, Inc. and the National Institutes of Health, Suburban Hospital is able to offer comprehensive cardiovascular treatment services

	from diagnostic to open heart-surgery to uninsured Montgomery County residents at low or free cost
Alignment with local, regional, state, or national goals	<ul style="list-style-type: none"> – Healthy People 2020 Goal: Heart Disease and Stroke – Maryland State Health Improvement Plan 2011 Objective 1, 25, 28, 37, & 39 – Montgomery County Healthy Montgomery 2011 health priority: Cardiovascular Health
Hospital Priority	Maternal and Child Health
Quantitative Reason	<ul style="list-style-type: none"> – Infant mortality rate is 5.3 per 1,000 live births ("Healthy Montgomery: Community Dashboard", 2013) – 7.7% of newborns were considered low birth weight ("Healthy Montgomery: Community Dashboard", 2013) – 81% of women began prenatal care during their first trimester of their pregnancy ("Healthy Montgomery: Community Dashboard", 2013) – 7.7% of children live below the federal poverty level ("Healthy Montgomery: Community Dashboard", 2013) – 74.0% of children who entered kindergarten ready to learn (State Health Improvement Process 2011, 2013)
Qualitative Reason	<ul style="list-style-type: none"> – Suburban Hospital Call-Center receives an abundant amount of calls from parents inquiring about programs for their children – Suburban Hospital youth and child oriented programs, such as Safe Sitter and Medical Exploring, are always in high-demand
Hospital Strengths	<ul style="list-style-type: none"> – Suburban Hospital supports the YMCA Youth and Family Services by hosting parenting seminars – Suburban Hospital provides financial support to safety-net clinics in Montgomery County that treat specific patients requiring obstetric or pediatric care – Suburban Hospital has a partnership with Girls on the Run of Montgomery County affording girls the opportunity to become stronger physically, mentally, and emotionally

Alignment with local, regional, state, or national goals	<ul style="list-style-type: none"> – Healthy People 2020 Goal: Maternal, Infant, and Child Health – Maryland State Health Improvement Plan 2011 Objective 1, 6, 15, 17, & 31 – Montgomery County Healthy Montgomery 2011 health priority: Maternal and Child Health
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b. Hospital Programs/Activities that Support Other Key Health Needs

Montgomery County is ranked as the second healthiest county in Maryland. However, examinations of the health and social determinants of data showed disparities between vulnerable populations specifically among gender, life stages, racial/ethnic subpopulations, and geographic areas of the county. Based on these findings, Suburban Hospital utilizes data from Healthy Montgomery in addressing the community’s needs and health objectives. The following are five health indicators that Suburban Hospital strives to meet through various health education and awareness programs, initiatives, clinics and partnerships:

Figure 20. Suburban Hospital Programs/Activities that Support Other Key Health Needs

Health Outcome / Health Factor	Name of Program	Description of Services	Key Partners
Persons without Health Insurance	Emergency Department-Primary Care Connect (ED-PC Connect)	Linking emergency department low-income, uninsured patients with a Montgomery Cares primary care medical home	Three partner Montgomery Cares clinics: Proyecto Salud, Mobile Medical Care, Inc., and Holy Cross Health Center
	Montgomery Cares	Provides health services to low-income and uninsured Montgomery County residents through financial contribution	Primary Care Coalition, Proyecto Salud, Mobile Medical Care, Inc., and Holy Cross Health Center
	Covering the Uninsured Week	Experienced staff screen and counsel Maryland residents who are without health care	Suburban Hospital Patient Access Department

	Ama Tu Vida Health Festival	insurance for Medicaid eligibility, and other public health care insurance options Provides local residents with free cholesterol, glucose, and blood pressure testing to bridge the access to care gap	Montgomery County Department of Health and Human Services' Latino Health Initiative (LHI)
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Stroke Center at Suburban Hospital Stroke Ambassador Program Stroke Support Group for Survivors and Caregivers	The most advanced stroke treatment programs in the area providing a 24-hour stroke team, new technologies, inpatient care, and rehabilitation Train-the-trainer model to increase awareness of stroke signs and symptoms in the community A social worker facilitated session to help stroke survivors during the recovery phase of a stroke	National Institute of Neurological Disorders and Stroke (NINDS) American Heart Association & American Stroke Association The Bethesda Chapter of the Montgomery County Stroke Association
Adults unable to afford to see a doctor	NIH/MobileMed Heart Clinic, NIH/MobileMed Endocrine Clinic, ED/PC Connect, Montgomery Cares	Serve to increase access to care and allow patients an opportunity to receive care at little or no cost	National Institutes of Health, Mobile Medical Care Inc., Primary Care Coalition, Proyecto Salud Clinic, Holy Cross Health Center

Emergency/Trauma	<p>Regional Trauma Center</p> <p>Regional Emergency Preparedness</p> <p>Walk to School Day</p>	<p>State-designated regional trauma center for Montgomery County and the surrounding area</p> <p>A collaboration between federal and local authorities to create a sustainable infrastructure for efficient and effective local, regional disaster medical response</p> <p>Aimed to bring awareness and promote healthy habits, such as walking, and bringing the attention of enforcement to unsafe driving behaviors and needed policy changes at schools and in communities</p>	<p>Safe Kids Coalition</p> <p>Walter Reed National Military Medical Center and the National Institutes of Health Clinical Center, National Library of Medicine</p> <p>Montgomery County Safe Kids Coalition, Safe Roots, Emergency Medical Services</p>
Senior Health	<p>Senior Shape</p> <p>Community Seminars</p>	<p>Provides seniors with a safe, low-impact aerobic, exercise regimen that focuses on strength and weight training, balance, flexibility, stretching, and aerobic activity</p> <p>Physician guest speakers cover a</p>	<p>OASIS, Montgomery County Department of Recreation, Bethesda-Chevy Chase Regional Services Center</p> <p>Montgomery County Department</p>

		diverse range of health topics from Alzheimer’s to medication usage	of Recreation
	Mall Walking	Provide a safe and controlled environment to promote physical activity in the mall	Lakeforest and White Flint Mall
	Screenings	Daily blood pressure checks available throughout the community led by Suburban Hospital staff	Montgomery County Department of Recreation, Westfield Montgomery, Lakeforest and White Flint Mall

VI. IMPLEMENTATION STRATEGY

a. Unaddressed Identified Needs

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health related organizations—primary users of information found in CHNA’s—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone. Nor can they affect basic demographics like age or gender distribution patterns.

The Healthy Montgomery Steering Committee established six official health priorities to be tracked, measured and evaluated based on health inequities, lack of access, and unhealthy behaviors over the next three years. One of those health priorities includes Maternal and Child Health. Suburban Hospital may not be in a position to affect all of the changes required to address this health priority given that the hospital does not have an obstetrics designation or deliver babies. One reason for not seeking this designation is due to the fact that there are several other community hospitals within 5-10 miles of our Bethesda location that have an obstetrics program. While Suburban Hospital may not be able to directly address this health priority, the hospital does and will be able to indirectly support Maternal and Child Health initiatives through funding and programming of several other organizations which promote the health and well-being of children and their families.

b. Addressed Needs and Implementation Plan

In working with the Montgomery County Department of Health and Human Services and addressing the needs set by Healthy Montgomery, Suburban Hospital's Board of Trustees, President and CEO, and the organization's operations executive and leadership team will work thoroughly to ensure that the hospital's strategic and clinical goals are aligned with the six official health priorities: behavioral health, obesity, diabetes, maternal and child health, cancer, and cardiovascular health.

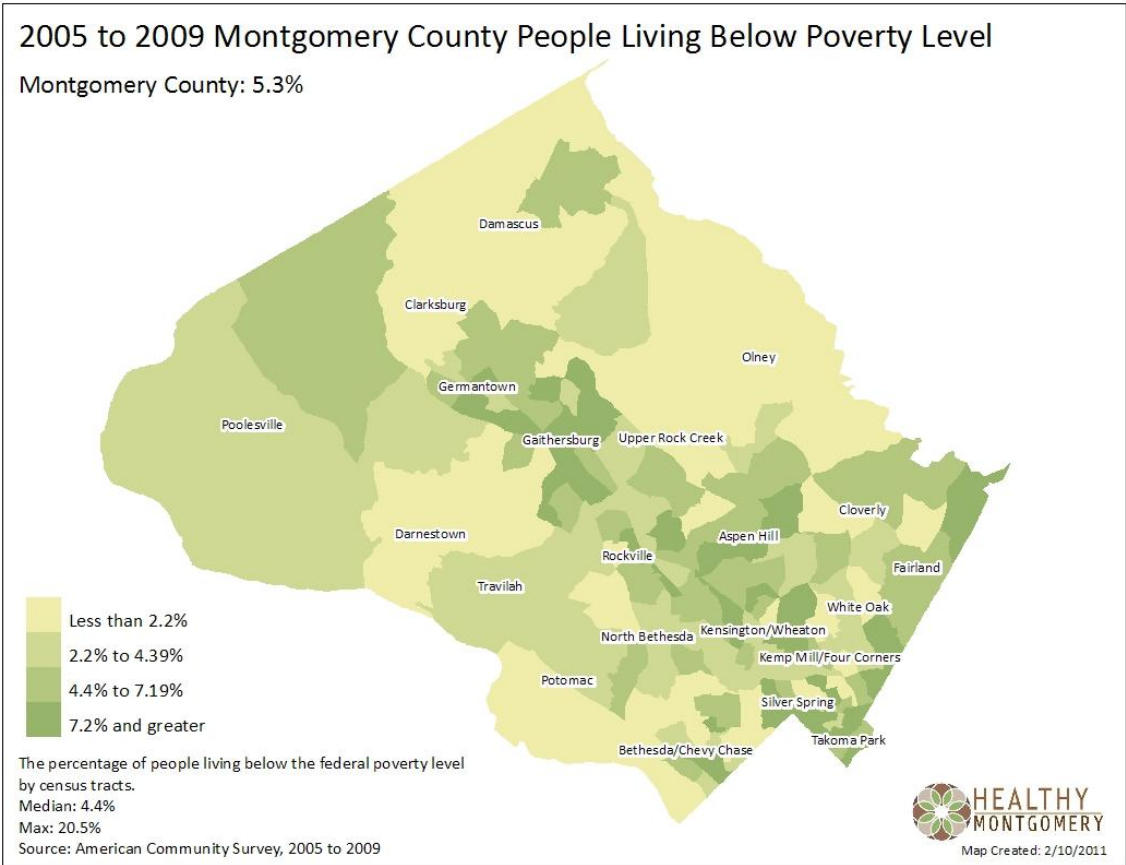
Furthermore, Suburban Hospital will aim to influence the decision making process and prioritization of Suburban Hospital's community benefit activities through the planning, monitoring and evaluation of unmet community needs over the next three years. Suburban Hospital's commitment to improving the health and well-being of our community will be demonstrated through the deliberate planning of health education initiatives and screenings; providing financial and in-kind support to community clinics and programming of wellness activities that directly align with our county's needs assessment and identified social determinants of health. Collaboration with several key partnerships, coalition committees, non-profit organizations, corporations, institutes and county government will be instrumental in leveraging resources to ensure that all stakeholders are engaged.

VII. CONCLUSION

Suburban Hospital is committed and invested in caring for the community it serves. Suburban has a long history of dedicating health initiatives to address the needs of vulnerable populations such as the under- and uninsured, low-income, racially and ethnically diverse, underserved seniors and at-risk youth. In collaboration with local community stakeholders and other aligned organizations that have a shared vision, Suburban has always strived to meet the needs and demands of those who reside in Montgomery County and beyond. Along with the establishment of the Healthy Montgomery Community Health Needs Assessment and the supporting specific data collected from Suburban Hospital's community benefit service area, the process in which the hospital prioritizes its efforts are more specialized, focused and deliberate to meet the identified community health needs, which include six established health priorities. The CHNA process has afforded Suburban Hospital the opportunity to sharpen our community health improvement lens, which will guide the organization to a specific focus on barriers to accessing health care, addressing community perceptions of major health concerns, considering demographic, economic and health care provider trends, addressing lack of available health services and leveraging resources to improve access to care and overall quality of life. Suburban Hospital and its partners will be working diligently over the next three years to ensure that the valuable information attained from the CHNA is an integral tool to measure and evaluate how established health targets and goals are achieved. The health implementation plan will continue to be an evolving hospital strategy and process to produce the best care and services for a happy and healthy life for all.

VIII. Appendices

a. APPENDIX A: Poverty Map for Montgomery County



APPENDIX B. Community Perspective Survey Tool

Suburban Hospital Community Health Needs Assessment

Help us build a healthier Montgomery County by taking our Community Needs Assessment Survey. This information will help to provide much needed health improvement and wellness programs in the area, keeping you and your family as healthy as possible. The results from this survey are confidential. This survey is also available online via www.suburbanhospital.org.

1. What is your home zip code? _____
2. Primary language spoken at home: _____
3. What is the highest level of education you have completed?
 No high school Some high school High school graduate Greater than high school
4. What is your gender?
 Male
 Female
5. What is your age range?
 Under 18 years
 19-24 years
 25-30 years
 31-40 years
 41-50 years
 51-60 years
 61-65 years
 Older than 65 years
6. What is your race/ethnicity?
 African American
 Asian/Pacific Islander
 Caucasian
 Hispanic
 Other: _____
7. What do you believe to be the biggest health problems in Montgomery County today? (Please check all that apply)

<input type="checkbox"/> Heart Disease	<input type="checkbox"/> High Blood Pressure/Stroke
<input type="checkbox"/> Cancer	<input type="checkbox"/> Traffic Accidents
<input type="checkbox"/> Diabetes/ Sugar	<input type="checkbox"/> Maternal /Child Health
<input type="checkbox"/> Asthma/ Lung Disease	<input type="checkbox"/> Overweight/ Obesity
<input type="checkbox"/> Smoking/ Drug and Alcohol Use	<input type="checkbox"/> Access to health care
<input type="checkbox"/> Mental Health issues (depression, anxiety, etc.)	<input type="checkbox"/> No health insurance
<input type="checkbox"/> Other	

If you checked "Other," please tell us what you think:

Please turn page over →

8. What do you think are the problems that keep you or other Montgomery County residents from getting the health care you/they need? (Please check all that apply)
- No health insurance
 - Too expensive/can't afford it
 - Difficulty getting an appointment with my doctor
 - No transportation
 - Doctor is too far away from my home
 - Doctor does not speak my language
 - I have health insurance, but local doctors are not on my insurance plan
 - Other

If you checked "Other", please tell us what you think:

9. Please circle the number which best identifies your response to each corresponding statement.

	Never	Occasionally	Often	Always
I engage in moderate physical activity outside of work for at least 20 to 30 minutes at least 5 days per week.	1	2	3	4
I eat at least five servings of fruits and vegetables every day (one serving equals one half cup).	1	2	3	4
I use tobacco products (cigarettes, smokeless tobacco, cigars, and pipes)	1	2	3	4
I drink more than 5 alcoholic drinks a week (beer, liquor, wine).	1	2	3	4
I wear a seat belt when traveling in a vehicle.	1	2	3	4
I am able to manage and control my stress.	1	2	3	4

10. How would you rate your current health status?

- Excellent
- Good
- Fair
- Poor

11. Do you have any ideas or recommendations for what Suburban Hospital can do to help decrease the health problems in Montgomery County and/or solve the problems with access to health service?
-

Thank you for completing this survey and helping in our review of the county's health status and health needs.

Office Use Only: Survey # _____	Date: _____	SL: _____
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APPENDIX C: Community Benefit Advisory Council Members

Chair:

Norman Jenkins
Founder and CEO
Capstone Development, LLC.

Members:

Mark Bergel, Ph.D.
Founder and Executive Director
A Wider Circle

Ken Hartman
Regional Services Director
Bethesda Chevy Chase Regional Services Center

Elizabeth McGlynn
Executive Director
Girls on the Run Montgomery County

Carmen Ortiz Larsen
President
AQUAS, Incorporated

Michael Smith, MD
Member
Alpha Phi Alpha Fraternity, Montgomery County Chapt

Crystal Carr Townsend
President
Healthcare Initiative Foundation

Belle Brooks O'Brien
Community Advocate

Jacqueline Schultz
Executive Vice President and Chief Operating Officer
Suburban Hospital

Marty Basso
Senior Vice President of Finance
Suburban Hospital

Leslie Ford Weber
Senior Vice President of Government and Community Relations; Director of the Office of
Government and Community Relations
Johns Hopkins in the National Capital Region

Dennis Parnell
Senior Vice President of Human Resources
Suburban Hospital

Robert Rothstein, MD
Vice President of Medical Affairs
Suburban Hospital

Chris Perkins
Senior Financial Analyst Financial Planning, Budget, & Reimbursement
Suburban Hospital

Ronna Borenstein
Senior Director, Marketing and Communications
Suburban Hospital

Brian Ebbitt
Director, Strategic Planning
Suburban Hospital

Monique L. Sanfuentes
Director, Community Health and Wellness
Suburban Hospital

Eleni Antzoulatos
Coordinator, Health Promotions
Suburban Hospital

Michelle Hathaway
Coordinator, Cardiovascular Health SM
Suburban Hospital

Patricia Rios
Supervisor, Community Health Improvement
Suburban Hospital

APPENDIX D: Healthy Montgomery Steering Committee Members

Co-Chairs:

Mr. George Leventhal
Councilmember, Montgomery County Council
Affiliation: HHS Sub-Committee, Montgomery County Council

Ms. Sharan London
Vice President, ICF International
Affiliation: Homeless Issues

Members:

Ms. Uma Ahluwalia
Director, Montgomery County Department of Health and Human Services
Affiliation: Montgomery County DHHS

Mr. Ron Bialek
President, Public Health Foundation
Affiliation: Commission on Health

Ms. Mary Dolan
Acting Chief, Functional Planning and Policy Division, Montgomery County Department of
Planning
Affiliation: Montgomery County Planning Department, M-MCPPC

Ms. Tammy Duell
Director, Medical Adult Day Care Program, Holy Cross Hospital
Affiliation: Commission on Aging

Ms. Wendy Friar
Vice President, Community Health
Affiliation: Holy Cross Hospital

Dr. Carol Garvey
Principal, Garvey Associates
Affiliation: Montgomery County Collaboration Council for Children, Youth and Families

Mr. Jeff Goldman
Executive Director, Government Programs
Affiliation: Kaiser Permanente

Mr. Thomas Harr
Executive Director, Family Services, Inc.
Affiliation: Family Services, Inc.

Ms. Karen Ho Chaves
Member, Asian American Health Initiative
Affiliation: Asian American Health Initiative

Ms. Lorrie Knight-Major
Member, Commission on Veterans Affairs
Affiliation: Commission on Veterans Affairs

Ms. Judy Lichty
Regional Director for Health and Wellness, Adventist Health Care
Affiliation: Adventist Health Care System

Ms. Kathy McCallum
Controller, Ronald D. Paul Companies
Affiliation: Mental Health Advisory Committee

Ms. Beatrice Miller
Assistant Director, Adult Medicine DC-SM, Kaiser Permanente
Affiliation: African American Health Program

Ms. Mary Miller
Administrative Director Oncology Program, MedStar Montgomery General Hospital
Affiliation: MedStar Montgomery General Hospital

Dr. Seth Morgan
Physician
Affiliation: Commission on People with Disabilities

Dr. Cesar Palacios
Executive Director, Proyecto Salud Health Center
Affiliation: Latino Health Initiative

Ms. Monique Sanfuentes
Director, Community Health and Wellness, Suburban Hospital
Affiliation: Suburban Hospital

Mr. John Smink
Recreation Specialist, Montgomery County Department of Recreation
Affiliation: Montgomery Recreation Department

Dr. Michael Stoto
Professor of Health Systems Administration and Population Health Georgetown University
School of Nursing and Health Studies
Affiliation: Academia

Dr. Ulder J. Tillman
Montgomery County Health Officer and Chief, Public Health Services
Affiliation: Montgomery County DHHS

Ms. Sharon Zalewski
Vice President, Primary Care Coalition of Montgomery County
Affiliation: Primary Care Coalition of Montgomery County

APPENDIX E: Suburban Hospital Community Health Needs Assessment Taskforce

- Norman Jenkins-Chairman SH CBAC, Founder and CEO of Capstone Development, LLC.
- Dr. Gene Green, President Suburban Hospital
- Jacqueline Schultz, Executive Vice President and Chief Operating Officer, Suburban Hospital
- Marty Basso, Senior Vice President of Finance, Suburban Hospital
- Leslie Ford Weber, Senior Vice President of Government and Community Relations; Director of the Office of Government and Community Relations for Johns Hopkins in the National Capital Region
- Dennis Parnell, Senior Vice President of Human Resources, Suburban Hospital
- Robert Rothstein, MD, Vice President of Medical Affairs, Suburban Hospital
- Chris Perkins, Senior Financial Analyst, Financial Planning, Budget, & Reimbursement
- Ronna Borenstein, Senior Director, Marketing and Communications, Suburban Hospital
- Adam Shapourian, Public Relations and Digital Marketing Coordinator, Suburban Hospital
- Brian Ebbitt- Director, Strategic Planning, Suburban Hospital
- Monique L. Sanfuentes, MA- Director, Community Health and Wellness, Suburban Hospital
- Leni Barry, RN- Care Manager HeartWell & Community Health and Wellness, Suburban Hospital
- Mary Flynn, RN- Care Manager HeartWell & Community Health and Wellness, Suburban Hospital

- Eleni Antzoulatos MPH, Coordinator, Health Promotions, Suburban Hospital
- Michelle Hathaway MPH, CHES, Coordinator, Cardiovascular Health SM, Suburban Hospital
- Roliette Gooding MHP, Coordinator, Community Health and Wellness, Suburban Hospital
- Patricia Rios MPH, Supervisor, Community Health Improvement, Suburban Hospital

References

Citizens Development Advisory Committee. (2012). Montgomery County Snapshot-Council Districts by the Numbers Presentation.

County Health Rankings & Roadmap. (2012). Retrieved from <http://www.countyhealthrankings.org/app/maryland/2012/montgomery/county/1/overall/snapshot/by-rank>

Department of Health and Mental Hygiene Vital Statistics Administration. (2011). *Maryland Vital Statistics Annual Report*. Retrieved from <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

Healthy Montgomery: Community Dashboard. (2013). Retrieved from <http://www.healthymontgomery.org>

Internal Revenue Service. Request for Comments Regarding Additional Requirements for Tax-Exempt Hospitals. Retrieved from <http://www.irs.gov/pub/irs-drop/n-10-39.pdf>

MD Department of Health & Mental Hygiene. (2013) State Health Improvement Process 2011. Retrieved from <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>

National Cancer Institute. (2013). State Cancer Profiles. Retrieved from <http://statecancerprofiles.cancer.gov>

State and County Quick Facts: Montgomery County. (2013) Retrieved from <http://quickfacts.census.gov/qfd/states/24/24031.html>

United Health Foundation. (2012). America's Health Ranking. Retrieved from <http://ahrsitefiles.s3.amazonaws.com/SiteFiles/Reports/Americas-Health-Rankings-2012-v1.pdf>

U.S. Census Bureau. (2011) American Community Survey 1-Year Estimates. Retrieved from <http://factfinder2.census.gov>

US. Department of Health & Human Services. (2013). Healthy People 2020. Retrieved from <http://www.healthypeople.gov/2020/default.aspx>