COMMUNITY HEALTH NEEDS ASSESSMENT

2016

Suburban Hospital

Community Health Needs Assessment

2016

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Suburban Hospital is a community-based, not-for-profit hospital serving Montgomery County, MD and the surrounding area since 1943. Suburban Hospital's mission is to improve health with skill and compassion. The following values are its cornerstones: communication, integrity, teamwork, accountability and compassion. Suburban Hospital prides itself on the various major services offered to patients, as well as the community benefit services, programs 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. While 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 because of several social and economic disparities. There are approximately 1,016,677 residents living in Montgomery County, of which 47.0% are White non-Hispanics, 17.0% are Black non-Hispanics, 18.3% Hispanic/Latino and 14.0 % Asian/Pacific Islander. The per capita income for White non-Hispanic is $67,181 whereas for Hispanics/Latinos it is only $23,393. The premature death rate in Montgomery County is approximately 3,500 per 100,000 population (age-adjusted) compared to the state average of 6,400 years of potential life lost before age 75. Approximately 7.9% of county residents smoke, 57.4% are overweight or obese, 18% of adults 20 years and older report no physical activity, and 15% partake in excessive or binge drinking. In Montgomery County, 14.8% of residents rely on public health coverage, and 6.9% live below the federal poverty line. The high school graduation rate is 89.7%. Unemployment has decreased over the past three years to 4.4%, and 16.7% of adults report inadequate social and emotional support.

The average infant mortality rate in Montgomery County is 4.8 per 1,000 live births. Among Black non-Hispanics that number increases to 8.3 compared to 3.5 for their White non-Hispanic counterparts. The average life expectancy of an individual living in Montgomery County is 84.3 years; however, it is 82.4 years for Black non-Hispanics compared to 84.3 years for White non-Hispanic. In Montgomery County, the leading causes of death for all races are heart disease, cancer and stroke. Nearly 100,000 residents do not have health insurance, which is equivalent to 9.7% of the total population. Additionally, 10.4 % 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 (19.5%).

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) reviewing available local, state, and national datasets for core health indicators for Montgomery County; 2) engaging health experts and stakeholders to advise on the direction of the needs assessment; and 3) conducting a community health survey to assess the needs and insights of residents in high priority zip codes from Suburban's Community Benefit Service Area (CBSA).

Suburban Hospital surveyed 427 Montgomery County residents in the seven zip codes that were determined to be part of its Community Benefit Service Area high-need zip codes 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 their biggest perceived health concern; 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.

Community members identified five major health issues in the county today: overweight/obesity, heart disease, cancer, high blood pressure and diabetes. These findings aligned almost identically to the major health priorities of

Healthy Montgomery (Montgomery County's formal Community Health Improvement Process). Respondents said that 'cost' was the most significant barrier to receiving the health care they or others need (28%), followed by lack of health insurance (18%), lack of time (17%), and lack of information (11%). The community was asked to assess their personal health behaviors. Physical activity level was found to be low among respondents, where only 36% reported always engaging in at least 20-30 minutes of moderate physical activity at least five days a week. Fruit and vegetable consumption was also assessed and 27% of the community reported always eating at least five servings every day compared to 7% who said never. Overall, 82% of respondents never used tobacco products, 70% never consume more than five alcoholic drinks a week, 92% always wear a seatbelt while traveling in a vehicle, and 31% are always or often able to manage and control their stress. When asked to rate their own health status, 20% said they have excellent health and 55% said they have good health. While only 11% of respondents did not see a need to change their health behavior, 67% felt at risk of developing a disease.

Results from primary and secondary data, Suburban's medical area of expertise, county, state, and national health priorities were taken into consideration to identify the five the top five health needs for Suburban's community. After multiple prioritization discussions with stakeholders, the following main focus areas emerged for Suburban's 2016 Community Health Needs Assessment: obesity, cancer, diabetes, cardiovascular, and behavioral health. During the first assessment, conducted in 2013, these same conditions were identified as health priorities for Suburban Hospital. Suburban Hospital will continue to build upon existing programs addressing these five health areas and will work diligently with partners over the next three years to ensure that the valuable information attained from the CHNA is an integral tool for monitoring and evaluation of established health targets and goals.

3 INTRODUCTION

About the Federal Requirements

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) every three years and an implementation strategy to meet the identified health needs.[1]

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.

Background on Healthy Montgomery

Healthy Montgomery, launched in June 2009 and initiated by the Montgomery County Department of Health and Human Services, is the County's formal Community Health Improvement Process (CHIP).   Healthy Montgomery aims to improve access to health and social services, achieve health equity, and support optimal health and well-being for Montgomery County residents through a dynamic ongoing process that allows stakeholders to monitor and act on conditions affecting the health and well-being of its residents.

Healthy Montgomery is governed by a Steering Committee composed of members from the public health system, such as county government and public health officials, advocacy groups, academic institutions, minority health programs/initiatives, and members of health care provider organizations. Suburban Hospital is a permanent steering committee member, providing recommendations and technical expertise to help advance periodic county-wide needs assessments, identification and prioritization of health needs, leverage of population-based data and information, and the research and adoption of best-practice strategies for health improvement. In addition, since 2010, Suburban Hospital has contributed $25,000 annually to support an ongoing health improvement process and infrastructure. **See Appendix A for a list of Healthy Montgomery Steering Committee Members.**

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[1] Internal Revenue Bulletin: 2015-5; https://www.irs.gov/irb/2015-5_IRB/ar08.html

Overview of Suburban Hospital

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

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; 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 2015, Suburban Hospital was licensed to operate 220 acute care beds, and had 13,861 inpatient admissions.

4   THE COMMUNITY WE SERVE

Suburban Hospital's Definition of Community Served by Hospital Facility

A PSA or primary service area is defined as the postal zip code areas from which 60 percent of a hospital's inpatient discharges originated during the most recent 12 month period. This information is provided by the Maryland Health Services Cost Review Commission (HSCRC).   Suburban's Hospital's PSA includes the following zip codes: 20852, 20814, 20854, 20817, 20815, 20850, 20906, 20895, 20902, 20878, and 20874.

Suburban Hospital considers its Community Benefit Service Area (CBSA) as specific populations or communities of need to which the Hospital allocates resources through its community benefits plan. Within the CBSA, Suburban Hospital focuses 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.

To determine the Hospital's CBSA, data from Inpatient Records, Emergency Department (ED) Visits, and Community Health Improvement Initiatives and Wellness Activities were aggregated and defined by the geographic area

contained within the following sixteen zip codes: 20814, 20817, 20852, 20854, 20815, 20850, 20895, 20906, 20902, 20878, 20853, 20910, 20851, 20877 and 20874. Suburban's CBSA extends beyond its primary service area. **See Figure 1**.

Figure 1. Suburban Hospital Community Benefit Service Area (CBSA) Zip Codes.

Demographic Profile of Community Served

This section provides an overview of the demographics of Suburban Hospital's CBSA, with comparison to county, state, and national data as a reference where available. All data are sourced from Healthy Montgomery, Data Montgomery, and the US Census unless otherwise indicated.

Population

Montgomery County is home to 1,016,677 people.[2] Suburban CBSA residents makes up nearly 63% of the total population. The population in the CBSA is growing at a faster pace than the county, state, and national level.

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[2] 2015 County Health Ranking

Between 2010 and 2015, the population size in the CBSA grew by 6.4%. Both in the CBSA and at the County level, females make up 52% of the population.[3]

Table 1. Population Growth & Average Household Income

	SH CBSA[3]	Montgomery County	Maryland	USA
2010 Total Population	598,189	971,777	5,773,552	308,745,538
2015 Total Population	638,821	1,016,677	5,928,814	319,459,991
% Change 2010-2015	6.4%	4.4%	2.6%	3.4%
Average Household Income	$138,765	$97,873	$72,482	$74,165

Source: County Health Rankings & Truven Health Analytics, Inc.

Economic Characteristics

In Montgomery County, the average household size is 2.70 persons and the average family size is 3.22 persons.[4] 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.[5] The average household income in the CBSA is $138,765 compared to $97,873 in the County.[3] While the per capita income for the county is $49,038, looking at specific racial/ethnic groups reveals great disparities. For example, the per capita income for White non-Hispanic ($67,181) is almost three times that of Hispanics/Latinos ($23,393).[5] **See Figure 2.**
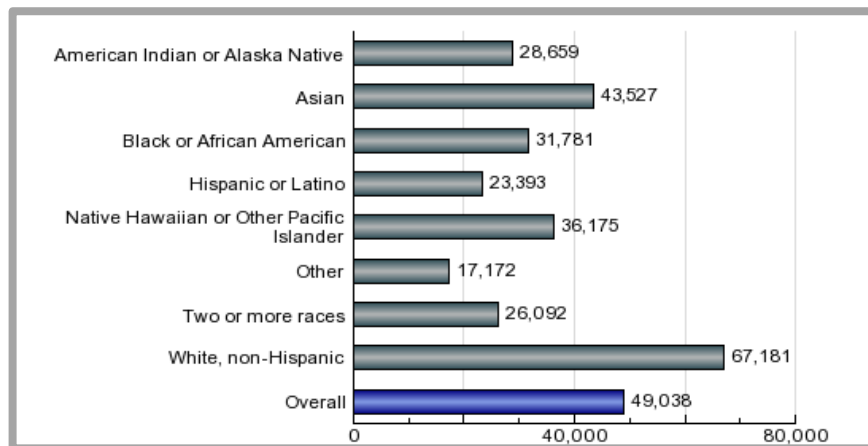

Figure 2. Per Capita Income by Race/Ethnicity

Source: Healthy Montgomery (2010-2014)

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[3] (Truven Health Analytics, 2015)

[4] (US Census Bureau FactFinder, 1)

[5] (Healthy Montgomery, 2010-2014)

At the County level, 6.9% of the total population and 4.5% of families live below the federal poverty line.[5] Poverty affects Montgomery County residents disproportionately. Black non-Hispanics (11.5%) and Hispanics/Latinos (11.4%) have the highest rates of poverty in the County. The least impoverished groups are White non-Hispanics (3.6%) and American Indian/Alaska Natives (4.4%).[6]

In the County, 51.5% of renters spend 30.0% or more of their household income on rent leaving minimal resources for other expenses, such as food, transportation, health, and savings (2010-2014).[5] Although the unemployment rate for Maryland remains at 5.8%, in Montgomery County it has decreased from 5.6% to 4.4% since 2013.[2]

Age

The premature death rate in Montgomery County is approximately 3,500 per 100,000 population (age-adjusted) compared to the state, with 6,400 years of potential life lost before age 75.[2] While infant mortality rates at the County level have decreased to 4.8 per 1,000 live births, the rate for White non-Hispanics has increased to 3.5 from 2.9 between 2011 and 2014. Hispanics/Latinos (7.8/1,000) and Black non-Hispanics have the highest (8.3/1,000).[7,5]

The average life expectancy in Montgomery County is 84.3 years at birth, which is higher than the Maryland baseline (79.6). The life expectancy for White non-Hispanics (84.3) is longer than Black non-Hispanics (82.4).[8] The median age in Montgomery County is estimated to be 38.5 years, where 23.5% of the population is under the age of 18, and 13.7% are 65 years of age or older.[4] The current and projected age distribution within Suburban's CBSA is similar to the County level (**See Table 2**).

Table 2. Suburban's CBSA Population Age Distribution

Age Group	Age Distribution				
	2015	% of Total	2020	% of Total	USA 2015 % of Total
0-14	119,379	18.7%	122,463	18.1%	19.1%
15-17	23,838	3.7%	25,964	3.8%	4.0%
18-24	48,925	7.7%	55,633	8.2%	9.9%
25-34	85,180	13.3%	78,386	11.6%	13.3%
35-54	182,077	28.6%	185,765	27.5%	26.3%
55-64	83,568	13.1%	91,893	13.6%	12.7%
65+	95,854	15.0%	115,821	17.1%	14.7%
Total	**638,821**	**100%**	**675,925**	**100%**	**100.0%**

Source: Truven Analytics Inc.

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[6] ("Healthy Montgomery: Community Dashboard", n.d.)

[7] (Montgomery Maryland State Health Improvement Process, 2014)

[8] (Maryland Vital Statistics Annual Report, 2013)

Ethnic/Racial Diversity

Montgomery County prides itself on its racial diversity and cultural richness. The County's population is 47.0% White non-Hispanic, 17.3% Black non-Hispanic, and 14.9% Asian.[4] Montgomery County has the largest population of Hispanics/Latinos (18.3%) in Maryland.[2] Foreign-born residents account for 32.4% of the population in Montgomery County. It is not surprising to find that 39.3% of county residents speak a language other than English at home.[4] The most common spoken languages, aside from English (60.7%), include Spanish (15.7%), other Indo-European (10.1%), and Asian and Pacific Islander languages (9.4%).[4] **Table 3** represents the racial/ethnicity distribution at the CBSA level, which mirrors County level information.

Table 3. Suburban Hospital CBSA Race/Ethnicity Distribution

Race/Ethnicity	2015 Pop	% of Total	USA % of Total
White non-Hispanic	312,333	48.9%	61.8%
Black non-Hispanics	86,654	13.6%	12.3%
Hispanic/Latino	121,084	19.0%	17.6%
Asian & Pacific Is. Non-Hispanic	97,898	15.3%	5.3%
All Others	20,852	3.3%	3.1%
Total	638,821	100%	100%

Source: Truven Health Analytics Inc. 2015

Education

Montgomery County has a high percentage (57.1%) of residents over 25 years of age who hold a Bachelor's Degree or higher. Asians (65%) and White non-Hispanics (69%) are the races/ethnicities in Montgomery County with the greatest attainment of Bachelor's Degrees or higher, while Hispanics/Latinos have the lowest rate (24.6%).[5] A college degree is important for obtaining high paying jobs and having access to healthcare services.

Within Suburban's CBSA, the percentage of individuals holding higher education degrees is slightly higher than the County. However, a closer look at the individual zip codes in the CBSA highlights zip code 20877 (Gaithersburg) as having the lowest (34.3%) and 20817 (Potomac) having the highest rate of individuals with a Bachelor's Degree.[6] **See figure 3** for a comparison of college degree attainment across the CBSA zip codes.
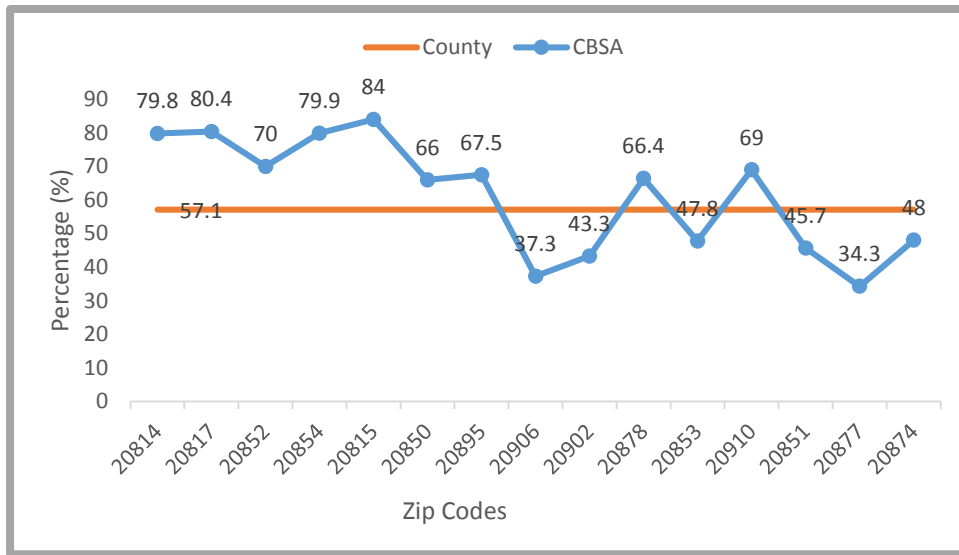
Figure 3. Percentage of people age 25 and over with a Bachelor's Degree

Healthcare Access

Whereas 87.2% of the population in Montgomery County is insured, 14.8% of residents rely on public health coverage. A closer look at the uninsured population (9.7%) reveals that an individual in the 18-34 age group is most likely to be uninsured (19.3%) followed by the 35-64 age group (10.9%). These numbers, however, have decreased in the past three years.[5]

Uninsured individuals make up 3.61% of Suburban's total CBSA population, less than the County average. Within Suburban's CBSA, individuals living in zip code 20854 (Potomac) are most likely to be insured. In comparison, residents in 20906 (Silver Spring) and 20877 (Gaithersburg) have the highest percentage of uninsured residents in Suburban's CBSA, with rates of 6.14% and 5.22% respectively. [3] **See Appendix B for 2015 Insurance Coverage Estimates for Suburban Hospital's CBSA.**
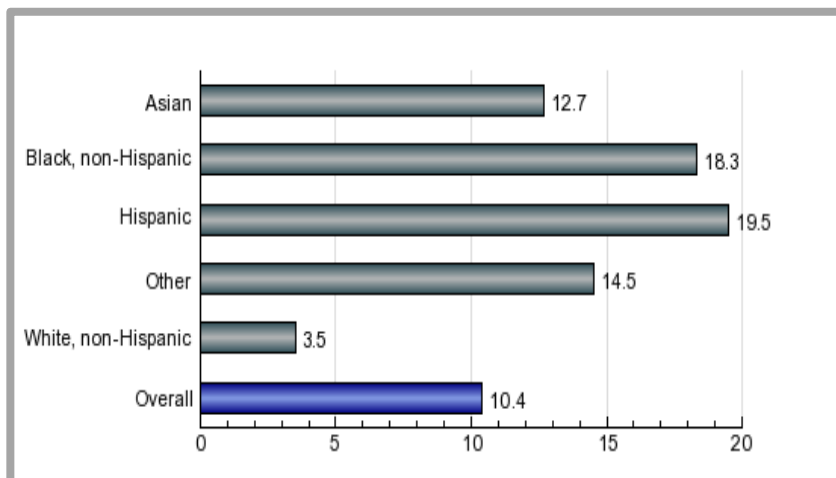
Figure 4. Adults Unable to Afford to See a Doctor by Race/Ethnicity

Source: Healthy Montgomery, 2014

People who do not have insurance and are unable to afford to see a doctor may not receive proper and timely medical services when needed. In 2014, 10.4% of the adult population in Montgomery County reported being unable to see a doctor in the past 12 months. This number decreased by 3% since 2011.[5] When accessing care, there is a significant variation among the racial/ethnic groups.   In Montgomery County, Hispanics/Latinos (19.5%) and Black non-Hispanics (18.3%) continue to be the major race/ethnic groups most affected by the inability to afford to see a doctor.[5] **See Figure 4**.

5   SUBURBAN HOSPITAL'S APPROACH TO COMMUNITY HEALTH NEEDS ASSESSMENT

To effectively identify and prioritize health needs for Montgomery County residents, Suburban Hospital implemented a three-part process to execute its Community Health Needs Assessment: (1) Engage health experts and key stakeholders, (2) review secondary datasets for core health indicators, and (3) collect primary data via a community health survey. Through this methodology, Suburban ensured optimum collaboration and leverage of resources, reduction of redundancies and support of an ongoing health improvement process and infrastructure.

Data Collection

Input from public health experts and stakeholders (i.e. CBAC, HM Steering Committee, Community Partners)

Primary Data Collection/ Community Health Survey for CBSA high need zip codes

Secondary Data (i.e. Healthy Montgomery, County Health Rankings, Vital Statistics, BRFSS, etc)

Heath Priorities Identification

Figure 5. Suburban Hospital's Data Assessment Process.

Health Outcomes

Top Leading Causes of Death in Montgomery County

The chances of pre-mature death in Montgomery County (3,500 per 100,000) is low compared to the state of Maryland (6,400 per 100,000) and that of all the other counties that make up the state.[2] Most recent data for Montgomery County reports 517.3 total deaths per 100,000 population. Cardiovascular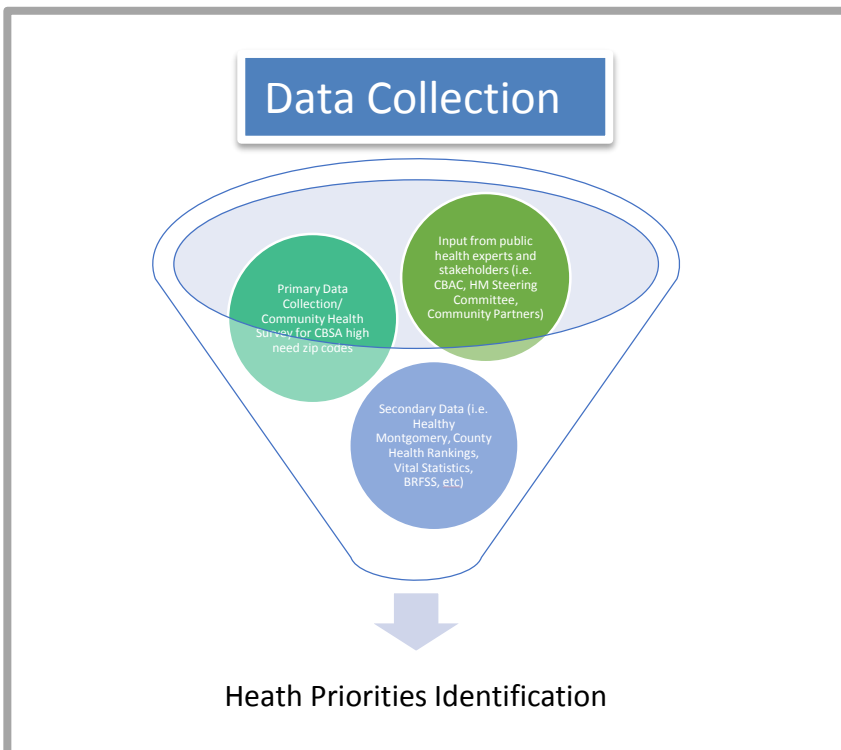 disease (158.7 per 100,000) continues to be the leading cause of death for Montgomery County residents, followed by malignant neoplasms (127.1 per 100,000), and chronic lower respiratory diseases (18.3 per 100,000).[9] **See Appendix C for a list of the top ten causes of death in Montgomery County**.

Data Montgomery, the County's portal to direct access to a variety of datasets, reveals that cardiovascular diseases and malignant neoplasms (cancer) were the top two main causes of mortality in Montgomery County for White non-Hispanics, Black non-Hispanics, and Hispanic/Latinos between 2012-2012. Differences in disease prevalence are seen outside these top two conditions, where the third leading cause of death for Black non-Hispanics is diabetes (26.4 per 100,000), accidents for Hispanics/Latinos (15.9 per 100,000), and chronic lower respiratory disease for White non-Hispanics (21.8 per 100,000).[9] See Figure 6.

Figure 6. Top Causes of Death by Race/Ethnicity Montgomery County, 2010-2012

	All causes	Cardiovascular diseases	Malignant neoplasms	Diabetes mellitus	Chronic lower respiratory diseases	Accidents (unintentional injuries)
Montgomery County	517.3	158.7	127.1	13.3	18.3	16.7
Black, non-Hispanic	610.2	196	142.1	26.4	13.4	11.7
White, non-Hispanic	540.9	162.5	134.3	11.3	21.8	18.4
Hispanic/Latino	328.2	95.9	85.3	14.2	7.1	15.9

Source: Data Montgomery

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[9] (Population Health Measures: Age-Adjusted Mortality Rates, n.d.)

Cardiovascular disease

Cardiovascular disease, or CVD, is not a single disease, it is but an umbrella term for multiple conditions that involve narrowing or blockage of the blood vessels of the heart, the brain, and the circulatory system. CVD is the leading cause of death in Maryland and the US. CVD can affect both men and women, without regard to ethnicity, race or socioeconomic status. Most forms of CVD include coronary heart disease and cerebrovascular disease. There are several risk factors associated with CVD. Some of these are: diabetes, hypertension, high cholesterol, obesity, smoking, alcohol use, poor diet and inactivity. Due to the complexity of this disease, it can incur higher health care costs.

Coronary heart disease is also known as heart disease. Over the years, the age-adjusted death rate due to heart disease has slowly decreased in Montgomery County. In fact, the mortality rate in Montgomery County (108.0 deaths per 100,000) is lower than the state of Maryland (172.8 death per 100,000).[9,10] Although this condition is not gender specific, men are more likely to die from heart disease than women. When comparing different races and ethnicities, Black non-Hispanics have the highest number of deaths associated with this health condition.[9] **See Figure 7.**
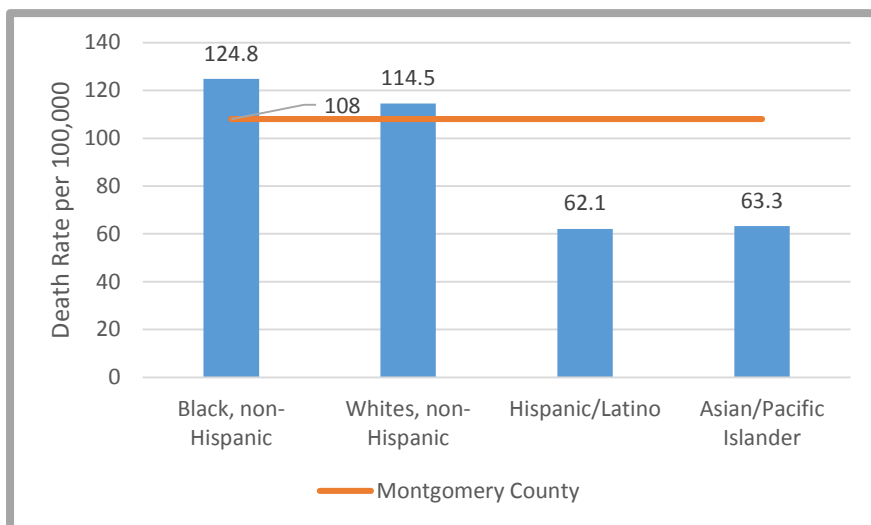
Figure 7. Age-Adjusted Death Rate per 100,000 due to Heart Disease by Race/Ethnicity.

Source: National Center for Health Statistics, 2011-2013

Cerebrovascular disease or stroke is the brain's equivalent of a heart attack.   The age-adjusted death rate due to stroke in Montgomery County is 25.6 deaths per 100,000 population. Cerebrovascular death rates tend to be slightly higher for Black non-Hispanics (27.3 per 100,000) than for White non-Hispanics (25.0 per 100,000). Hispanics/Latinos (20.7 per 100,000) have the lowest rate of deaths attributed to cerebrovascular disease.[10]

Hypertension, or high blood pressure, and high cholesterol are two modifiable risk factors that place individuals at significant risk of developing stroke, heart disease, and other chronic conditions. As of 2013, 38.1% of Montgomery County residents were reported to have high cholesterol. High cholesterol is more common among those 65 and over (55.3%), followed by 45-64 years (44.8%), and 18-44 years (21.6%) age groups.[6] High blood pressure is present

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[10] (National Center for Health Statistics, 2011-2013)

in 27.7% of County residents. Although 61.1% of those with high blood pressure are age 65 and over, this condition is also present in younger age groups: 18-44 years (9.0%) and 45-64 years (34.1%).[5] Males are more likely than women to suffer from higher cholesterol and hypertension.

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 achieved 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 baseline for age-adjusted cancer rates is less in Montgomery County (127.1 per 100,000) than in Maryland (160.9 per 100,000) and the National rate (163.2).[10] According to Data Montgomery, cancer related deaths are more common in Black non-Hispanics (142.1 per 100,000) than other racial/ethnic minorities.[9] Men are more likely to die of cancer (142.7 per 100,000) than women (110.9 per 100,000).[5]

Table 4. Montgomery County Age-Adjusted Death Rate due to Specific Cancer Type

Cancer Type	Rate per 100,000
Breast	18.8
Colorectal	9.7
Lung	25.9
Prostate	16.7

Source: Healthy Montgomery, 2008-2012

When looking at specific types of cancers, there are disparities among the various racial/ethnic groups. Breast cancer is the leading cause of cancer deaths among women. However, Black non-Hispanic women die more frequently from breast cancer than any other racial group. Recent Montgomery County data show that 27.1 per 100,000 Black non-Hispanic women died of breast cancer compared to 18.4 per 100,000 White non-Hispanic women. Hispanics/Latinas (7.4 per 100,000) and Asian and Pacific Islander (8.4 per 100,000) women have the lowest mortality rate from breast cancer.[5]

Colorectal cancer ranks fourth in cancer related deaths.   The age-adjusted death rate due to colorectal cancer in Montgomery County is 9.7 deaths per 100,000 population. More men (11.3 per 100,000) than women (8.6 per 100,000) die from this disease, even though both groups get screened at almost equal rates. In Montgomery County, more Black non-Hispanics (13.2 per 100,000) die from colorectal cancer than White non-Hispanics (9.1 per 100,000) and Asian/Pacific Islanders (9.7 per 100,000). Hispanics/Latinos (7.5 per 100,000) have the lowest reported death rate in the County for this cancer. [6]

Prostate cancer is the most common type of cancer in men. The age-adjusted death rate due to prostate cancer is 16.7 deaths per 100,000 males. Prostate cancer claims more Black non-Hispanics (28.1 per 100,000) lives than

colorectal cancer and is more common in this group than in White non-Hispanic men (16.7 per 100,000). County level data is unavailable for the Hispanic and Asian/Pacific Islander population.[6]

At the national level and in Montgomery County, lung cancer claims more lives than any other cancer. Although the mortality rate due to lung cancer among men has reached a plateau, the rate in women continues to rise. Lung cancer mortality is high for both Black non-Hispanics (30.9 per 100,000) and White non-Hispanic (26.5 per 100,000). According to available data, Asian/Pacific Islanders have an age-adjusted death rate of 18.2 per 100,000 due to lung cancer while Hispanics/Latinos have the lowest rate (11.1 per 100,000) compared to all other groups.[6]

Chronic Lower Respiratory Diseases

Chronic lower respiratory diseases (CLRD) refers to a group of conditions that affect the lungs. Currently, 6.8 million of adults in the US suffer from a type of CLRD. In Montgomery County, the age-adjusted death rate for CLRD is 18.3 per 100,000 – a decrease from previous years.[9] The most deadly CLRD is chronic obstructive pulmonary disease (COPD) which makes it difficult for an individual to breathe. Asthma, chronic bronchitis, and emphysema are the most common forms of COPD. Asthma accounted for 34.3 per 10,000 emergency room visits in 2011 and the age-adjusted hospitalization rate was 8.4 per 10,000 (2009-2011). [5]

COPD is more common among those 65 and older. Cigarette smoking has been identified as the main cause of COPD, but other factors such as air pollutants, genetics, and respiratory infections can contribute to the development of COPD.[11] In 2004, the healthcare expenditure for COPD reached over $20 billion. The average annual age-adjusted hospitalization rate due to COPD is 9.1 per 100,000 in Montgomery County (2009-2011).[5]

See Appendix C for mortality and morbidity rates by race and ethnicity for Montgomery County's leading causes of death.

Healthy Montgomery Core Measures Set

In 2013, through a multi-sectorial collaborative of local data experts, Healthy Montgomery identified a set of 37 community indicators that would represent the six health priority areas identified through the 2011 county-wide community health needs assessments. The six health priorities were: behavioral health, obesity, cancer, cardiovascular health, diabetes, and maternal and infant health. The 37 core indicators aim to capture key social determinant measures, help highlight areas of disparities and inequities, include metrics that are part of the Maryland State Health Improvement Process, Robert Wood Johnson's County Health ranking, and the national Healthy People 2020 Benchmarks. Furthermore, the 37 core measures presented in **Figure 6** allows planners, policy makers, and community members to establish common benchmarks and tracks progress towards important health and quality of life indicators.[6]

The 37 core indicators and their corresponding datasets are monitored and publicly available through Montgomery County's population-based database at www.healthymontgomery.org. The 37 core indicators serve as a systematic and quantitative source for comparing severity and improvement across the identified health priorities for Montgomery County. With the assistance of Montgomery County Department of Health and Human Services

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[11] (Centers for Disease Control and Prevention, 2015)

(DHHS), key core measures were analyzed and processed for all six Montgomery County hospitals' community benefit service areas, including Suburban Hospital. Therefore, these indicators and their available datasets were adopted as a source for secondary data for Suburban's CHNA.   **See Appendix D for an analysis of Core Measure Indicators for Suburban Hospital's CBSA.**

Figure 8. Healthy Montgomery Core Measure Indicators
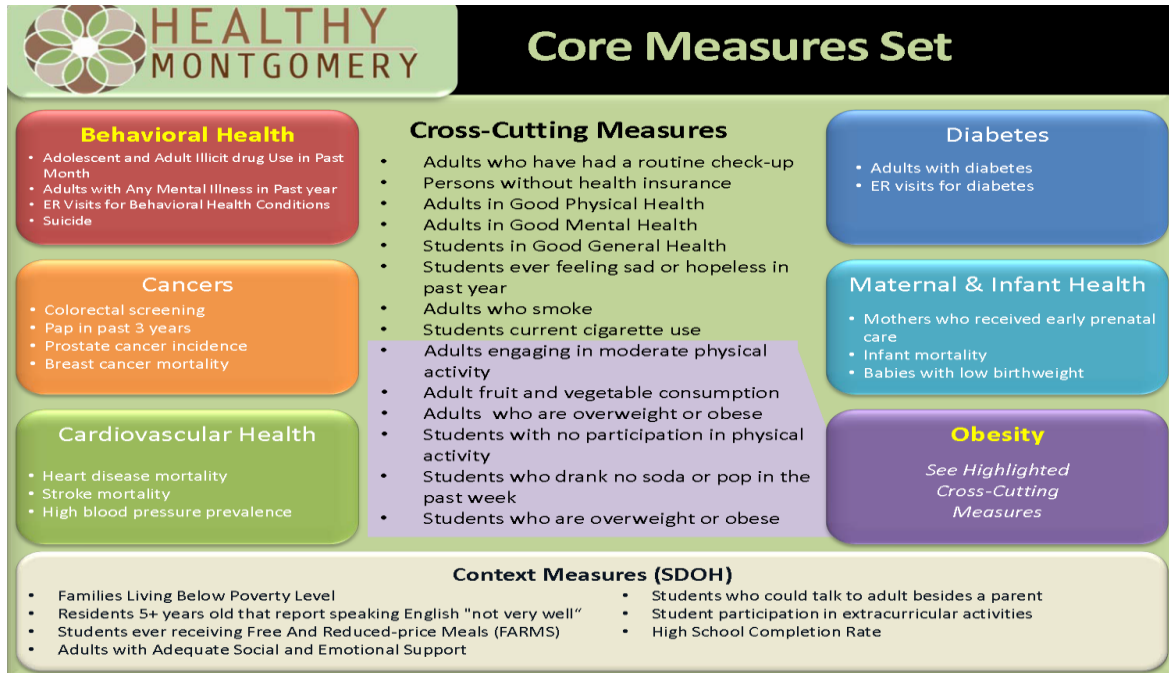
Data Gaps/Limitations Identified

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 for the health indicators mentioned in this report. 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 communities within Suburban's Community Benefit Service Area zip codes.

Top Inpatient Diagnoses at Suburban Hospital

All Patients Refined Diagnosis Related Groups (APR-DRG) is a classification system that categorizes patients according to their reason for hospital admission, severity of illness and risk of mortality.   It helps to monitor the

quality of care and the utilization of services in a hospital setting.[12] Suburban Hospital's top causes of hospitalizations, based on APR-DRG, for the past three years are reported in **Table 5**.

Suburban Hospital is distinguished as a Certified Stroke Center and Level II Trauma Center, as well as a Center of Excellence for cardiac care, orthopedics and joint replacement surgery, neurosciences and oncology.   The most common reasons for hospitalizations at Suburban is a reflection of the causes of morbidity in users and Suburban's area of medical expertise.

Table 5. Top APR-DRG Inpatient Diagnosis at Suburban Hospital

APRDRG	APR-DRG Description	2013	2014	2015
302	KNEE JOINT REPLACEMENT	780	864	1049
720	SEPTICEMIA & DISSEMINATED INFECTIONS	592	745	920
301	HIP JOINT REPLACEMENT	526	597	755
751	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES	572	518	539
753	BIPOLAR DISORDERS	462	455	458
194	HEART FAILURE	359	337	377
139	OTHER PNEUMONIA	354	290	336
45	CVA & PRECEREBRAL OCCLUSION W INFARCT	251	272	321
308	HIP & FEMUR PROCEDURES FOR TRAUMA EXCEPT JOINT REPLACEMENT	219	234	260
775	ALCOHOL ABUSE & DEPENDENCE	266	251	242

Source: Suburban Hospital, EPIC 2016

6   COMMUNITY INPUT

While secondary data (from sources such as Healthy Montgomery, County Health Rankings, Warehouse Indicators, Data Montgomery, and the MD Vital Statistics Report) provide a macroscopic view of the causes of morbidity and mortality in populations, Suburban Hospital prioritized the need to understand what the unmet health needs are in communities of greatest need within Suburban's Community Benefit Service Area zip codes through primary data analysis.   This process included the development and distributions of a community health survey tool that allowed the collection of direct input from community members residing in Suburban's Community Benefit Service Area (CBSA) high need zip codes. **See Appendix E: Community Health Survey Tool.**

Survey Sample Population Calculation

In 2004, Dignity Health and Truven Health Institute developed the Community Need Index, or CNI, to assist in identifying areas that have greater need than others. CNI scores range from 1 to 5, with the higher the score

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[12] (Shafrin, 2012)

reflecting the higher the need. CNI scores are calculated using socioeconomic barriers to health, such as income, cultural, education, insurance and housing. [13]

Suburban understands the importance of prioritizing and effectively distributing hospital resources to communities of greatest need. Suburban's 15 CBSA zip codes were rated using the CNI score system. Seven of the total CBSA zip codes (listed in **Table 6**) were identified to have a CNI score of 2.5 or greater.

Table 6. Suburban's CBSA top CNI score

City	Zip Code	CNI Score	Population Size
North Bethesda	20852	2.6	45,984
Germantown	20874	2.6	61,341
Rockville	20851	3.0	14,815
Silver Spring	20910	3.2	41,070
Wheaton-Glenmont	20902	3.6	51,468
Aspen Hill	20906	3.6	66,892
Gaithersburg	20877	3.8	36,133

To understand the greatest needs and barriers facing the residents of these seven zip codes a quantitative and qualitative community health survey tool was developed. The objective of this 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

- Perceived health risks and benefits

- Recommendations for improving access to care and the health of the community

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[13] (Truven Health Analytics)

Survey Data Collection

The population was sampled randomly, which afforded the best opportunity to gain valuable opinions of residents living in the identified seven zip codes. The survey was distributed throughout diverse locations, such as shopping centers, day laborer sites, public libraries, train and bus stops, food restaurant chains, senior centers, 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 started in March 2015 and reached completion in June of 2015. A total of 427 surveys were collected from more than 25 different locations and utilized for data analysis. While the county-wide health needs assessment process "Healthy Montgomery" provides a picture of the health status of Montgomery County residents at-large, the findings from the survey results served as a primary source of information for behaviors, needs, and opinions about various health and community issues directly affecting Suburban Hospital's seven vulnerable CBSAs.

Health Survey Results

Suburban Hospital community benefit programs target populations residing in 15 specific zip codes in Montgomery County. The 15 Community Benefit Service Area (CBSA) zip codes were rated using the Community Needs Index (CNI) score to determine those communities with the highest need. Seven zip-codes in Suburban's CBSA were identified to have the highest need, with a CNI score of 2.5 or higher. Residents from these seven zip codes were surveyed to understand barriers and drivers to health. The survey results presented serve as an information guide for the behaviors, needs, and opinions about various issues directly affecting those residents in the top seven CBSA zip codes.

Survey Demographics

The survey sample size for specific zip codes was dependent on the population size for that particular zip code. Zip code 20874 had the largest population size while 20851 had the smallest among all seven zip codes. The respondent distribution across the seven zip codes is represented in **Figure 9**.

Survey participation was evenly distributed among females (50%) and males (49%). Respondents reported English (67%) as their preferred language for communication, followed by Spanish (28%), and other (5%) languages such as French, Portuguese, Farsi, and Chinese.
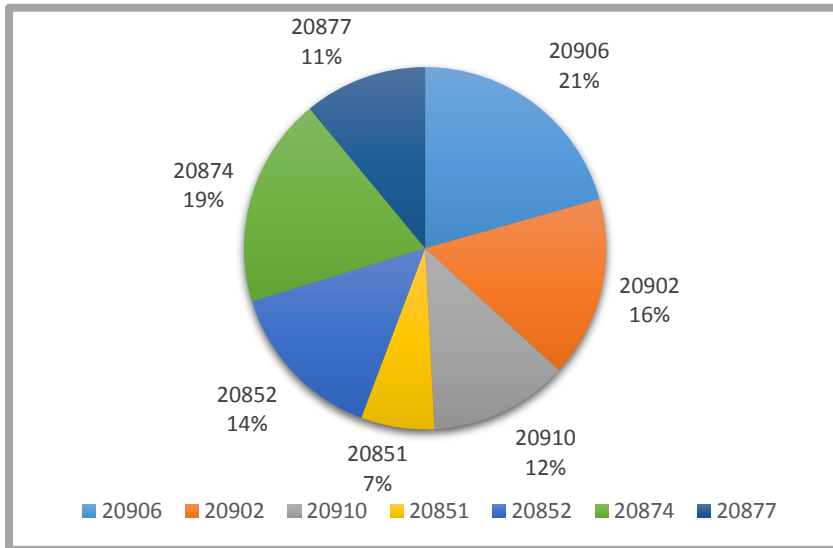
Figure 9: Survey Response by Zip Code

Montgomery County is one of the most diverse counties in the country. The level of diversity was evident at the zip code level, where 74% of respondents were found to be ethnically and racially diverse (**See Figure 10**). Nearly 70% of respondents were under the age of 50 years old.
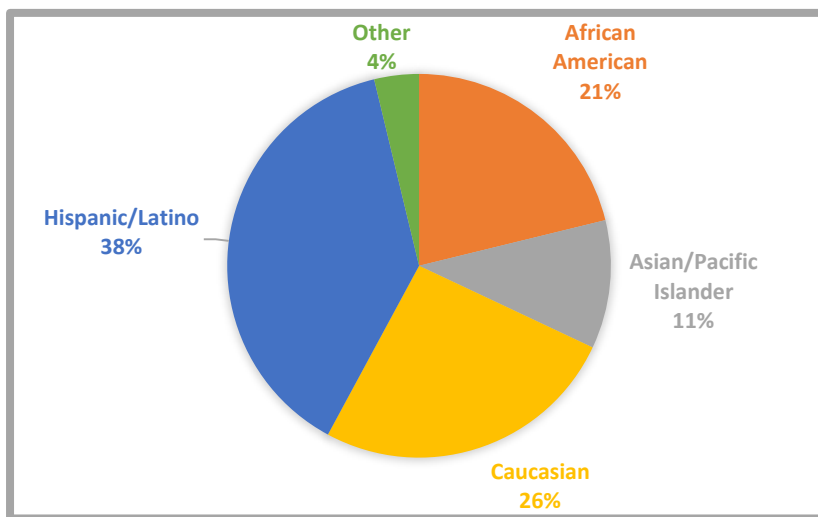
Figure 10. Survey Respondents Race & Ethnicity Distribution

Higher education level attainment has long been linked to better health. According to the Robert Woods Johnson Foundation, college graduates can expect to live five years longer than those who have not completed high school. Furthermore, 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 slowly increased over the years. Although 89.7% of students graduate from high school, Montgomery County has not reached the 2017 Maryland goal of

95%.[5,14] A Bachelor's degree is correlated with a better life. While 57.4% of residents in Montgomery County hold a Bachelor's degree, American Indians/Alaska Natives (25.7%) and Hispanics/Latinos (25.1%) are reported to have the lowest percent of individuals holding a bachelor's or higher degrees when compared to other racial/ethnic groups.[5] These percentages have increased over the years. Among the sampled population, only 38% of survey respondents reported having a Bachelor's degree or higher (**Figure 11**).
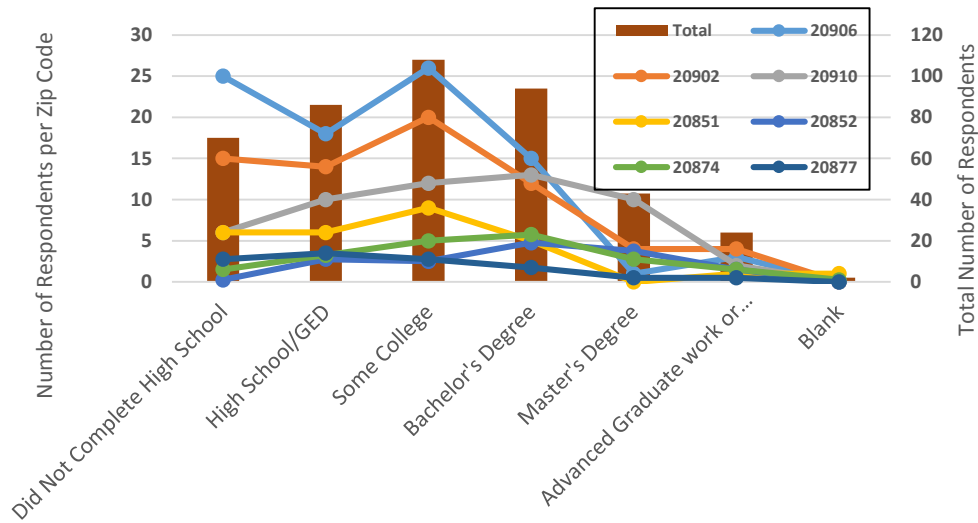

Figure 11: Survey Respondents Highest Level of Education Completed

Health 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 at all) and use a seatbelt when riding in a vehicle.[15] These behaviors have been identified as modifiable risk factors that can improve an individual's health outcome.

Physical Activity. 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. [6] Approximately 52.7% of adults in the County engage in regular physical activity, while 18% report physical inactivity.[2,6]

The 2008 Guidelines for Physical Activity for Americans define moderate physical activity as engaging in 150 minutes of aerobic exercise a week plus two or more days of strength training exercises. Survey respondents were asked how often they engage in moderate physical activity (at least 2.5 hours per week) outside of work. Exercise frequency was common among respondents. Thirty-six percent reported "always" exercising the recommended

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[14] (Montgomery Maryland State Health Improvement Process, 2014)

[15] (America's Health Ranking Report, 2012)

amount, 52% "often" and/or "occasionally," and 12% "never." Altogether 64% of the sampled population does not always obtain the recommended amount of exercise. **See Figure 12.**
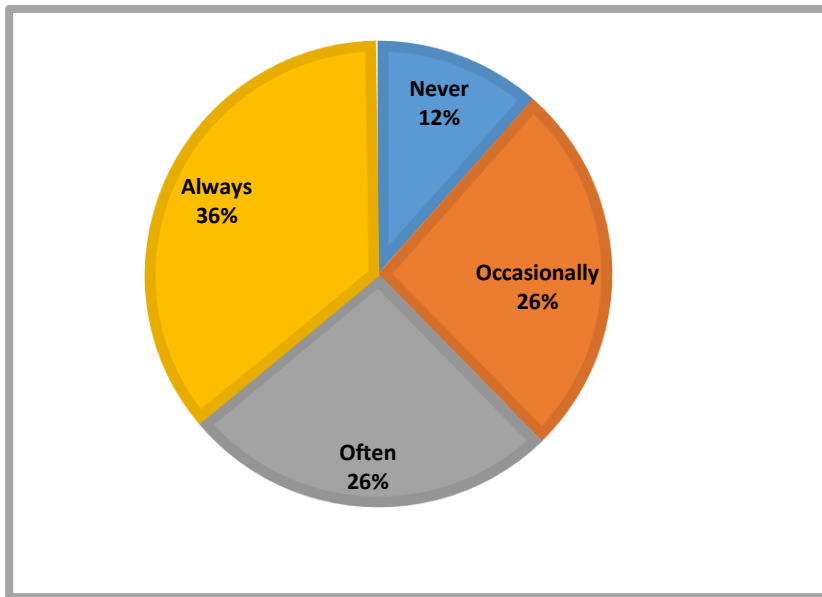
Figure 12. Survey Respondents Exercise Frequency.

Fruit and Vegetable Consumption. Only 29.6% 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).[6] In order to maintain a healthy weight and prevent chronic disease, numerous studies have shown that consuming vegetables and fruits in large quantities and varieties can decrease the risk of disease.

Survey respondents were asked to assess their frequency of fruits and vegetables consumption. One serving of fruit/vegetable is approximately equal to one-half cup. While 93% of respondents were found to consume fruits and vegetables, the frequency of consumption was not optimal. Consistent with the entire County, less than 30% of respondents were found to always consume the recommended portion and quantity of fruits and vegetables. **See Figure 13.**
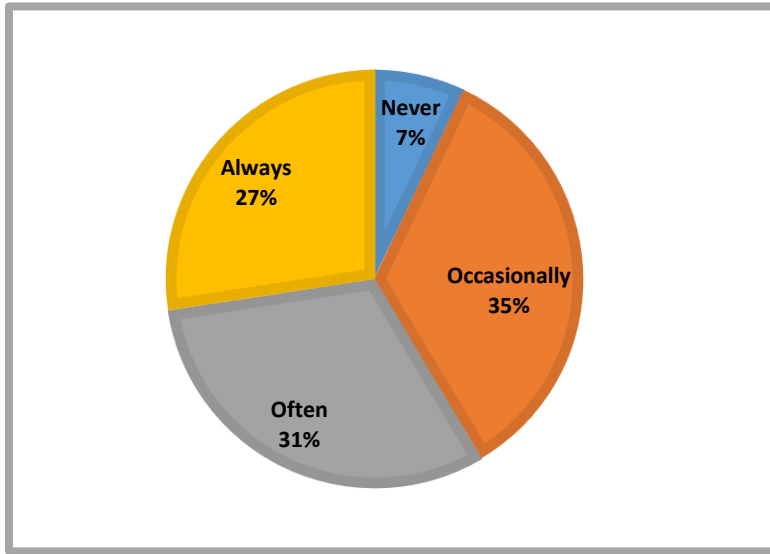
Figure 13. Survey Respondents Fruit and Vegetable Consumption

Tobacco. In Montgomery County, 7.9 % of the adult population currently smokes or smokes most days (2014).[14] Usage of tobacco products is linked with poor health outcomes, including pre-mature death. Respondents were asked how often they use tobacco products such as cigarettes, smokeless tobacco, cigars, and pipes. **Figure 14** demonstrates that 82% of respondents do not use tobacco products while 18% reported using some form of tobacco products- almost 2.5 times as many in the general county population).
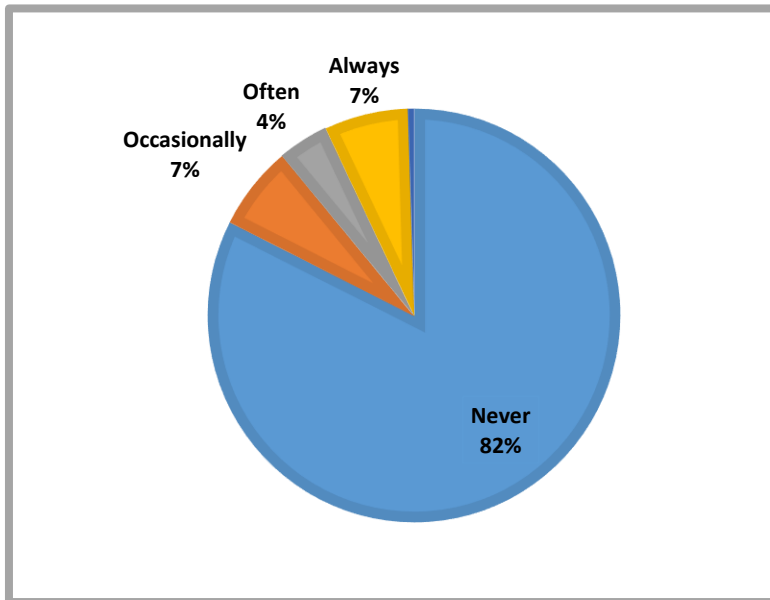
Figure 14. Survey Respondents Tobacco Use

Alcohol Consumption. Excessive drinking, defined as consumption of five or more alcoholic beverages at one occasion, is a serious problem and can lead to deadly consequences. A recommended moderate consumption of alcohol is equal to one drink a day for women and up to two drinks for men. Generally, anything greater than

moderate drinking can be harmful to one's health**.** The rate at the County level (15%) for excessive drinking is lower than the State (17%).[2] When asked if they consume more than five alcoholic drinks a week (beer, liquor, wine), 70% of respondents self-reported never exceeding this quantity. However, the rate of consumption was found to be twice as high as the overall County. **See Figure 15.**
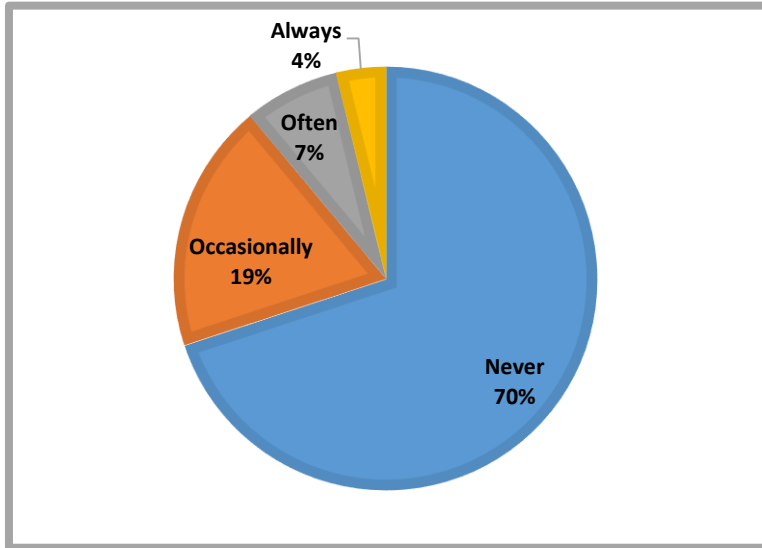
Figure 15. Survey Respondents Alcohol Consumption

Seatbelt Usage. The County's age-adjusted death rate due to motor vehicle collisions is 6.4 per 100,000 population.[6] Statistics demonstrate that seatbelt use helps save lives and prevent serious injury. When assessing seatbelt usage while traveling in a vehicle, more than 90% of respondents were found to wear their seatbelt at all times. The small percentage of participants that selected "never" as a response were individuals that used public transportation as their only source of transportation. Seatbelts are not made available in public buses or subways serving the Montgomery County area. **See Figure 16.**
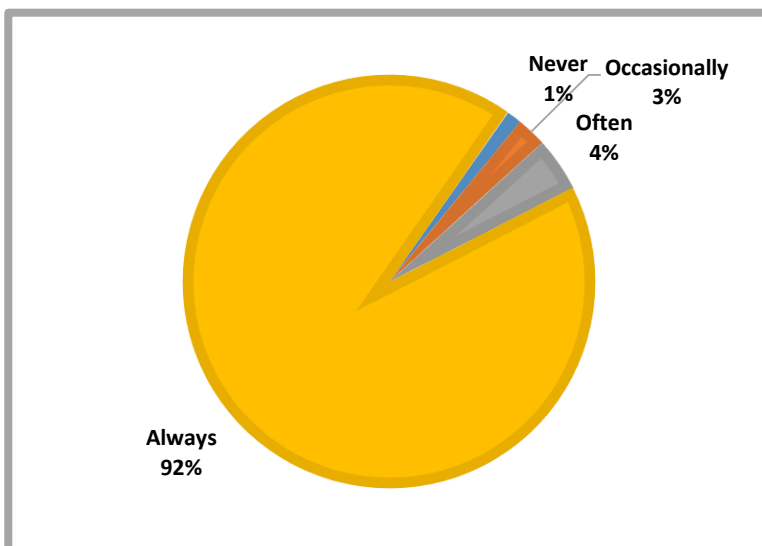
Figure 16. Survey Respondents Seatbelt Use

Stress Management. High levels of stress can lead to serious health problems. Effective stress management can reduce these negative impacts. 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 17.**
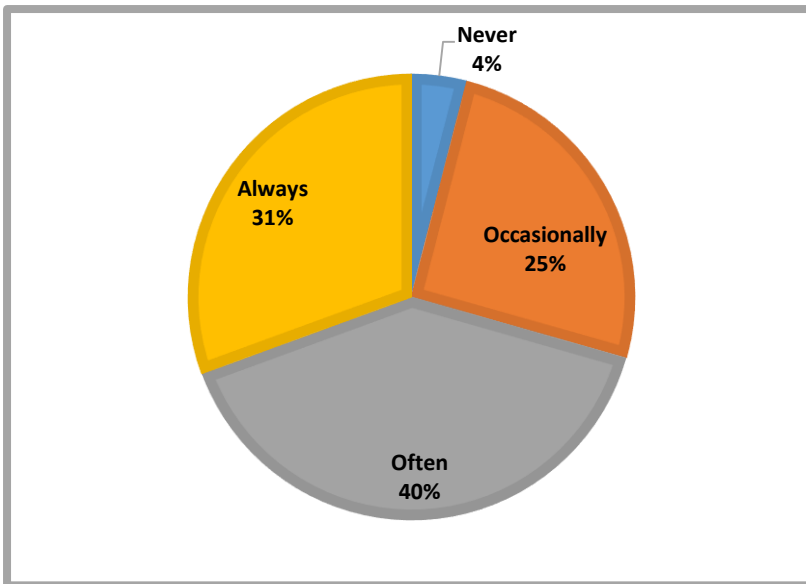
Figure 17. Survey Respondents Stress Management

Self-Reported Areas of Behavior Modification. A person's perceived health benefit serves as an indicator of a person's willingness to adapt secondary prevention behaviors and an assessment of how valuable the adaptation of a new behavior is to the person in decreasing their risk for developing a disease.[16] To assess perceived health benefit, respondents were asked to select an area of their health that needed the most improvement. Close to 90% of respondents indicated that they needed to improve certain health behaviors, with 35% indicating that physical activity was their top-rated area for behavior modification. Healthy eating and stress management were also listed as areas needing attention. **See Figure 18.**

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[16] Jones and Bartlett Publishers. Health Belief Model, Chapter 4
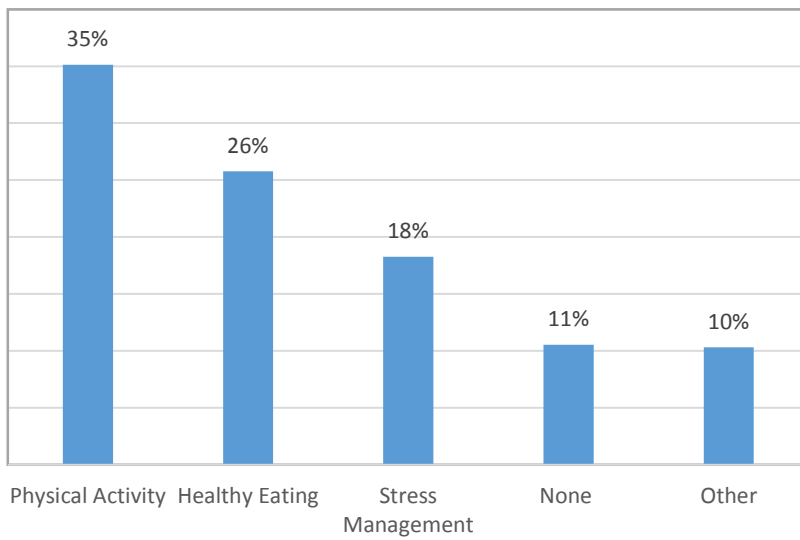
Figure 18. Self-Reported Areas of Behavior Modification by Survey Respondents

Health Priorities

Respondents were asked to rate their top five health concerns. Participants were given 13 different options to choose from, plus an option to write an open response. **Figure 19** presents the top five health concerns for the sample population, which are: diabetes/sugar (32%), high blood pressure/stroke (31%), cancer (26%), heart disease (25%), and overweight/obesity (20%).
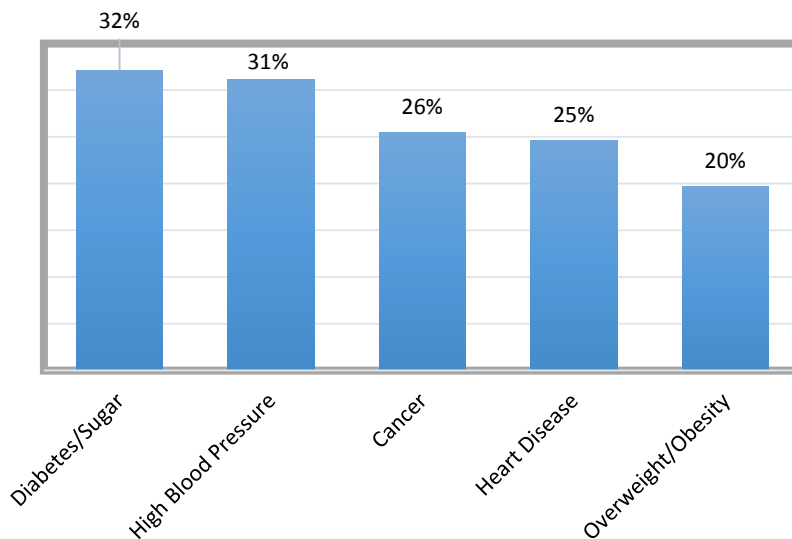
Figure 19: Top Five Health Concerns among Survey Respondents

Perceived risk is used to assess the likelihood to adopt a positive behavior to decrease one's risk. Participants were asked to assess their risk for developing a health condition. Sixty-five percent of respondents felt at risk for developing a health condition while 33% did not feel any risk. Diabetes (18%) was at the top of the list, followed by cancer (14%) and heart disease (14%). **See Figure 20.**
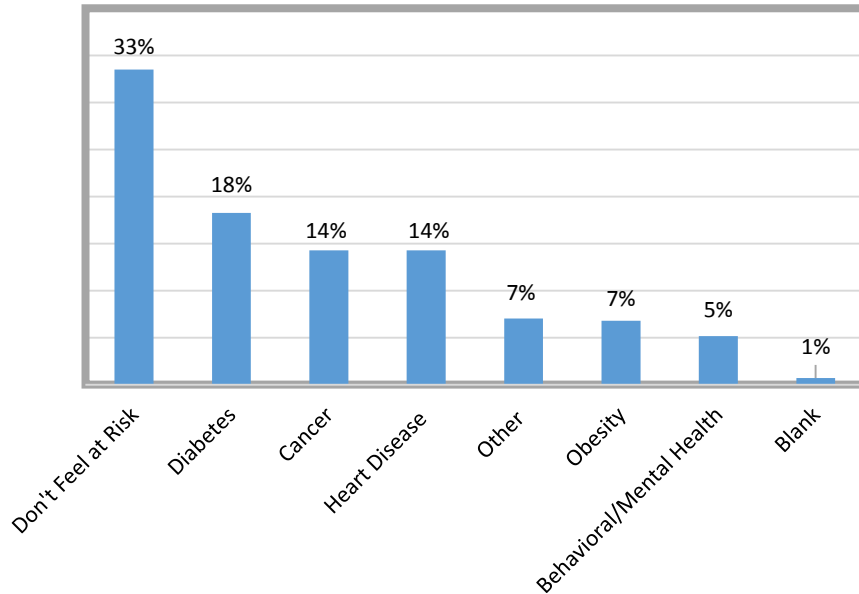
Figure 20. Perceived Health Risk among Survey Respondents

Self-Reported Health Status. Self-reported health status is a strong prognostic indicator for subsequent mortality, and in particular, for responses that fall in the fair and/or poor category. The majority of surveyed individuals reported to either have good (55%) or fair (22%) health status. A small percentage (4%) reported having fair or poor health status. At the County level, 10% of the adult population reported poor or fair health status.[2] **See Figure 21.**
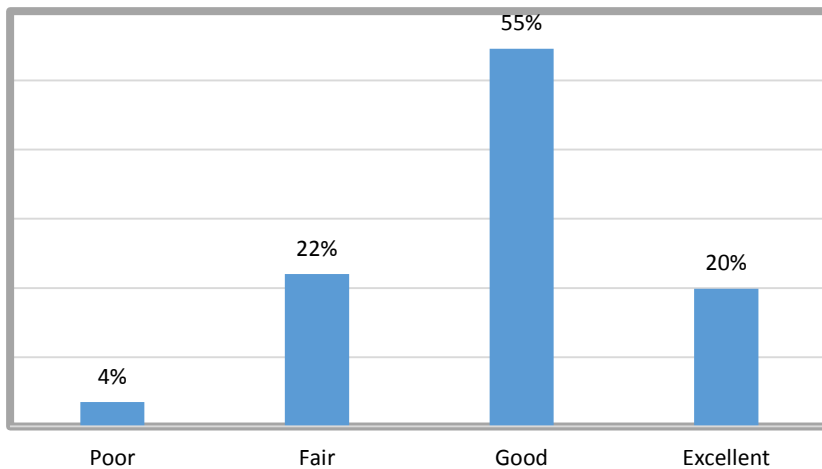
Figure 21. Survey Respondents Health Status

Health Barriers

Respondents were asked to share the barriers keeping them from getting the health care they need. Participants were given 10 different options to choose from plus an option to write an open response. **Figure 22** presents the top five barriers to health as reported by respondents. Cost (28%) was found to be the single most important barrier to health followed by lack of health insurance (18%), time (17%), and information (11%). However, 42% of participants stated they had no barriers preventing them from getting the care they need.
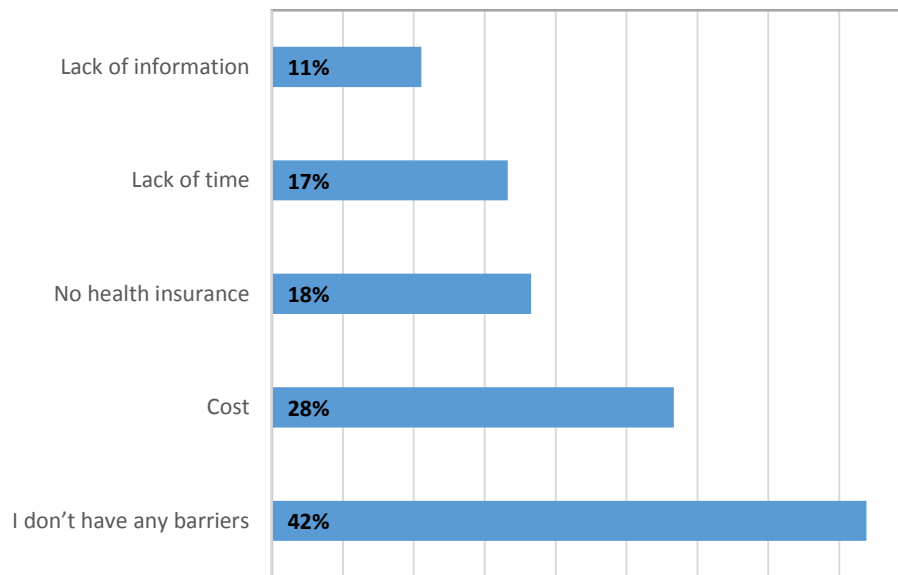
Figure 22. Survey Respondents Top Barriers to Better Health

7   SELECTING PRIORITIES

Identified Health Priorities

Suburban hospital began its priority setting process by identifying the main health issues affecting the community. The public health data previously presented was reviewed and used to assess the magnitude of top health problems in Montgomery County (i.e. causes of morbidity and mortality). The results from the community surveys helped to assess what common health conditions were of most importance to vulnerable residents in Suburban's CBSA. These findings were compared with Suburban's areas of medical expertise and current health improvement programs. Due to Suburban's active participation in the County's health improvement process -Healthy Montgomery- the County-wide six health priorities were also taken into consideration in the priority identification process. The outcome is a comprehensive list containing the top 10 health issues for Montgomery County, particularly Suburban Hospital's community benefit service area. **See Table 7. Health Needs Facing Suburban's Community.**

Table 7. Health Needs Facing Suburban's Community

	Primary Data (Community Input & Inpatient Diagnosis)	Secondary Data (County, National, & state Datasets)	Suburban Hospital's Medical Specialties	Suburban Hospital's Health Improvement Programs Programming	Healthy Montgomery Health Priorities
Cardiovascular diseases	√	√	√	√	√
Cancer	√	√	√	√	√
Diabetes mellitus	√	√		√	√
Chronic Lower Respiratory Diseases (CLRD)	√				
Accidents (unintentional injuries)	√		√		
Obesity		√		√	√
Behavioral Health	√	√	√	√	√
Maternal & Infant Health					√
Hypertension		√		√	
Dental		√			

Health Priority Setting

Suburban Hospital engaged in prioritization activities and discussions to align identified preliminary health needs with County-wide goals that would have a positive impact on the health of Montgomery County residents. The process included leading community conversations with key stakeholders to not only share findings from the multiple datasets, but also to include and align recommendations. Key stakeholders included member's from Suburban Hospital's Health Advisory Council, the United Way Regional Advisory Council, and Suburban's Patient and Family Education Committee.

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 is comprised 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 between 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, particularly in the prioritization process. Their role included providing a voice and insight into the needs of the community, and analyzing needs assessment data and community assets. 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.

The Montgomery County United Way Regional Council (MCUWRC) consists of volunteers from business, public, and nonprofit sectors in the County. Regional Council members serve as representatives of their community by providing advice about unique situations and needs. Moreover, the Council oversees the allocation of the United Way's Community Impact Fund grant for Montgomery County.

The Patient and Family Education Committee serves in an advisory capacity and as a resource for the staff of Suburban Hospital. The committee is responsible for the development of facility-wide patient and family education goals and plans and performs the following functions: assists in identifying facility-wide patient education needs and establishing priorities, reviews patient education materials (print, audiovisual, etc.) for quality and suitability for Suburban's patient population, and advises departments on how to obtain or develop educationally sound patient education materials. (**See Appendix G: Community Benefit Advisory Council, Montgomery County United Way Regional council, and Patient and Family Education Committee members)**

As prominent members of Montgomery County, members of the CBAC, MCURC, and Patient and Family Education Committee participated in the health need prioritization process, which involved extensive discussion and a vote to help rank essential health issues in the community. The results from the voting process is represented in **Figure 23**.

Figure 23. Ranking of Identified health Needs
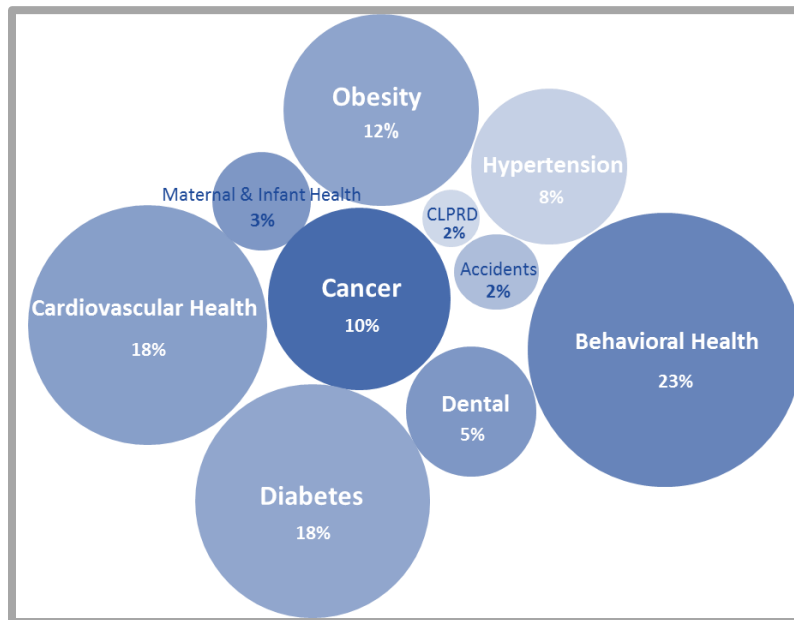
Health Priority Validation and Consensus

The structured priority setting process, led by numerous discussions based on recent health data, guided community stakeholders to the identification of five health priorities for Montgomery County. The five official health priorities to be tracked, measured and evaluated over the next three years are presented below in no particular order:

- Cardiovascular Disease
- Cancer
- Diabetes
- Behavioral Health
- Obesity

These five health priorities overlap or align with national, state, and local priorities (see Table 8) as well as Suburban's 2013 CHNA findings. This relationship affords Suburban Hospital the ability to parallel its community health improvement efforts to existing actions in order to decrease health inequities, lack of access and unhealthy behaviors.

Table 8. Comparison of Federal, State, and Local Health Priorities

Healthy People 2020: Leading Health Indicators	Maryland State Health Improvement Plan 2017 (SHIP)	Healthy Montgomery 2013
Mental Health, Substance Abuse, & Tobacco	Healthy Communities	Behavioral Health
Access to Health Services, Clinical Preventive Services	Access to Health Care	Cancer
Nutrition, Physical Activity, and Obesity	Qualitative Preventive Care	Obesity
Maternal, Infant, and Child Health	Healthy Beginnings	Maternal and Child Health
Social Determinants	Healthy Living	Diabetes
Environmental Quality, Injury & Violence		Cardiovascular Health
Oral Health, Reproductive and Sexual Health		

Source: US Department of Health and Human Services, MD Department of Health and Mental Hygiene, and Healthy Montgomery, 2016

8   IMPLEMENTATION STRATEGY

Addressed Needs and Implementation Plan

In working with the Montgomery County Department of Health and Human Services and addressing shared health priorities, 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 these five official health priorities: **behavioral health, obesity, diabetes, cancer, and cardiovascular health**. See Table 9.

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 the 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 2016 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. Suburban Hospital's annual *Community Benefit* report and the *2016 Implementation Strategy* report, both available through Suburban Hospital's website, will serve to guide and document progress for the identified five health priorities over the next three years.

Table 9. Suburban Hospital's Top 5 Health Priorities

↓ A decrease in rate since 2013 CHNA report
↑ An increase in rate since 2013 CHNA report

Hospital Priority	Behavioral Health
Quantitative Reason	− ↑ 1791.7 per 100,000 population have used a hospital ED for a behavioral health condition (2014)[14] − ↓ 16.7% of Montgomery County residents report not having adequate social and emotional support (2010) [6] − ↑ 80.4% of residents self-reported experiencing two or fewer days of poor mental health in the past month (2014)[6] − The average number of mentally unhealthy days reported over a 30-day period is 2.6 (2006-2012) [14] − ↓ 15.0% of Montgomery County adult residents use alcohol in excess and 7.9% smoke (2020-2012)[2,6]
Qualitative Reason	− Suburban Hospital's Advisory Council unanimously voted mental health as a top health priority for Montgomery County − 5 % of Community Input Survey respondents reported mental health problems to be a top health concern for them − Only 31% of Community Input Survey respondents reported being able to "Always" manage their stress

Hospital Initiatives	– 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
Alignment with local, regional, state, or national goals	– Healthy People 2020 Goal: Mental Health & Mental Disorders – Maryland State Health Improvement Plan 2017: Qualitative Preventive Care Measures (2 of 39 indicators) – Montgomery County Healthy Montgomery Health Priority: Behavioral Health
Hospital Priority	**Obesity**
Quantitative Reason	– ↑ 57.4% of adults in Montgomery County are obese or overweight (2013)[14] – ↓ 7.1% of children's and adolescents in Montgomery County are reported to be obese and only 52.7% of adults report getting the recommended amount of physical activity (2013)[6,14] – The food environment index (factors that contribute to a healthy food environment) for Montgomery County is 9.2 out of 10 (2015) [2]
Qualitative Reason	– 20% of Community Input Survey respondents reported overweight/obesity to be a top health concern for them – 27% of Community Input Survey respondents reported "Always" consuming five servings of fruits and vegetables – 36% 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 Initiatives	– Suburban Hospital's longstanding partnership with Sodexho 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	– Healthy People 2020 Goal: Nutrition & Weight Status – Maryland State Health Improvement Plan 2017: Healthy Living Measures (2 of 39)

	– Montgomery County Healthy Montgomery Health Priority: Obesity
Hospital Priority	**Diabetes**
Quantitative Reason	– ↑ 7.1% of adults in Montgomery County have diabetes (2014)[5] – ↓ The rate of ED visits for diabetes is 95.0 per 100,000 population (2014)[5] – ↑ The age-adjusted death rate due to diabetes is 13.3 per 100,000 population (2010-2012)[5] – ↑ 86% of diabetic Medicare enrollees received HbA1c screening[2] compared to 89% which is the national benchmark (2015)[2] – ↓ 9.7% of adults in Montgomery County do not have health insurance and 10.4% of adults could not afford to see a doctor in a 12-month period (2014)[6]
Qualitative Reason	– 22% of Community Input Survey respondents reported diabetes to be a top health concern for them – 18% of Community Input Survey respondents reported "lack of health insurance" as a barrier to health for themselves and/or others – 28% of Community Input Survey respondents reported cost as a barriers to health for themselves and/or others
Hospital Initiatives	– 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 – Two regional symposia featuring breakthroughs in treatment – Support Group for patients with diabetes – Quarterly pre-diabetes classes – Hospital Glucose Steering Committee & Diabetes Nursing Champions
Alignment with local, regional, state, or national goals	– Healthy People 2020 Goal: Diabetes – Maryland State Health Improvement Plan 2017: Qualitative Preventive Care Measures (1 of 39 indicators) – Montgomery County Healthy Montgomery Health Priority: Diabetes
Hospital Priority	**Cancer**
Quantitative Reason	– ↓ The death rate due to cancer is 127.1 per 100,000 (2011-2013) [6] – ↑ The age-adjusted death rate per 100,000 females due to breast cancer is 18.8 (2008-2012)[6] – ↓ The age-adjusted death rate per 100,000 population due to colorectal cancer is 9.7 (2008-2012)[6] – ↓ The age-adjusted incidence rate for prostate cancer is 137.0 cases per 100,000 males (2008-2012)[6]

	− ↓ 79.5% of women aged 50 and over who have had a mammogram in the past two years (2014)[6] − ↓ 10.4% of adults could not afford to see a doctor in a 12-month period (2014)[6]
Qualitative Reason	− 26% of Community Input Survey respondents reported Cancer to be a top health concern for them − 18% of Community Input Survey respondents reported access to health services to be a top health concern for them
Hospital Initiatives	− 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	− Healthy People 2020 Goal: Cancer − Maryland State Health Improvement Plan 2017: Qualitative Preventive Care Measures (1 of 39 of indicators) − Montgomery County Healthy Montgomery Health Priority: Cancer
Hospital Priority	**Cardiovascular Health**
Quantitative Reason	− ↓ The age-adjusted death rate due to heart disease in Montgomery County is 108.0 per 100,000 deaths (2012-2014)[6] − ↑ 141.0 per 100,000 ED visits in Montgomery County hospitals were due to hypertension (2014)[6] − ↑ 27.7% of the adult population in Montgomery County has hypertension and 53.5% of Medicare recipients were treated for hypertension (2013)[6] − ↑ 38.1% of adults who have had their blood cholesterol checked have been told that it was high (2013)[6]
Qualitative Reason	− 25% of Community Input Survey respondents reported heart disease to be a top health concern for them − 31% of Community Input Survey respondents reported hypertension/stroke to be a top health concern for them − 64% of Community Input Survey respondents reported not "always" engaging in the recommended amount of physical activity.
Hospital Initiatives	− 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 offers fitness exercise programs to the community

|	
	– Suburban Hospital has a comprehensive health and wellness program available, including 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 offers comprehensive cardiovascular treatment services including diagnostic to open heart-surgery to uninsured Montgomery County residents at low or free cost
Alignment with local, regional, state, or national goals	– Healthy People 2020 Goal: Heart Disease and Stroke – Maryland State Health Improvement Plan 2017: Quality Preventive Care Measures (3 of 39 indicators) – Montgomery County Healthy Montgomery Health Priority: Cardiovascular Health

Unaddressed Identified Needs

Suburban Hospital recognizes the importance of supporting needs that are outside the identified five health priorities through innovative leverage of resources with community partners in order to improve health outcomes for Montgomery County residents. As such, Suburban Hospital will continue to work directly - and contingent upon resource availability - 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, to support undressed needs and social determinants of health affecting vulnerable populations.

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 these health priorities includes Maternal and Child Health. Suburban Hospital is not 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. The 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 that promote the health and well-being of children and their families. For example, Suburban Hospital supports the YMCA Youth and Family Services by hosting parenting seminars at the hospital twice a year. Proceeds from the seminars go directly to the YMCA and support its programming available to the community's families. In addition, Suburban Hospital provides financial support to safety net clinics in Montgomery County that treat patients requiring obstetric or pediatric care. The Hospital is also the official health sponsor of Girls on the Run Montgomery County. Girls On the Run is an organization dedicated to inspire girls to be healthy and confident using running and an experience-based curriculum. The Hospital provides discounted CPR and First Aid training classes to the coaches, purchasing shoes and healthy snacks for students from Title I schools, and providing health tips on Girls on the Run Montgomery County website. The Hospital also provides indirect support to OASIS Montgomery's CATCH Healthy Habits program sponsored through an Amerigroup Foundation grant. CATCH Healthy Habits engages senior adults as mentors to teach children grades K-5 about healthy eating and active living in Montgomery and Prince George's Counties.

Community Assets

Suburban's long-standing commitment to health equity has promoted the design and implementation of best-practice models pertaining to obesity, diabetes, cardiovascular health, cancer, and behavioral health. Suburban Hospital has been addressing these five focus areas for many years and has established programing in Montgomery and Prince George's Counties. In the area of cardiovascular health, for example, Suburban Hospital has 35 recognized sites providing services ranging from blood pressure screenings to health education sessions to provision of specialty care. Figure 24 provides a snapshot, by health need, of the various locations where Suburban Hospital's health improvement programs are held across the County.   Health priority specific asset maps for Suburban Hospital sponsored programs is made available in **Appendix H**.
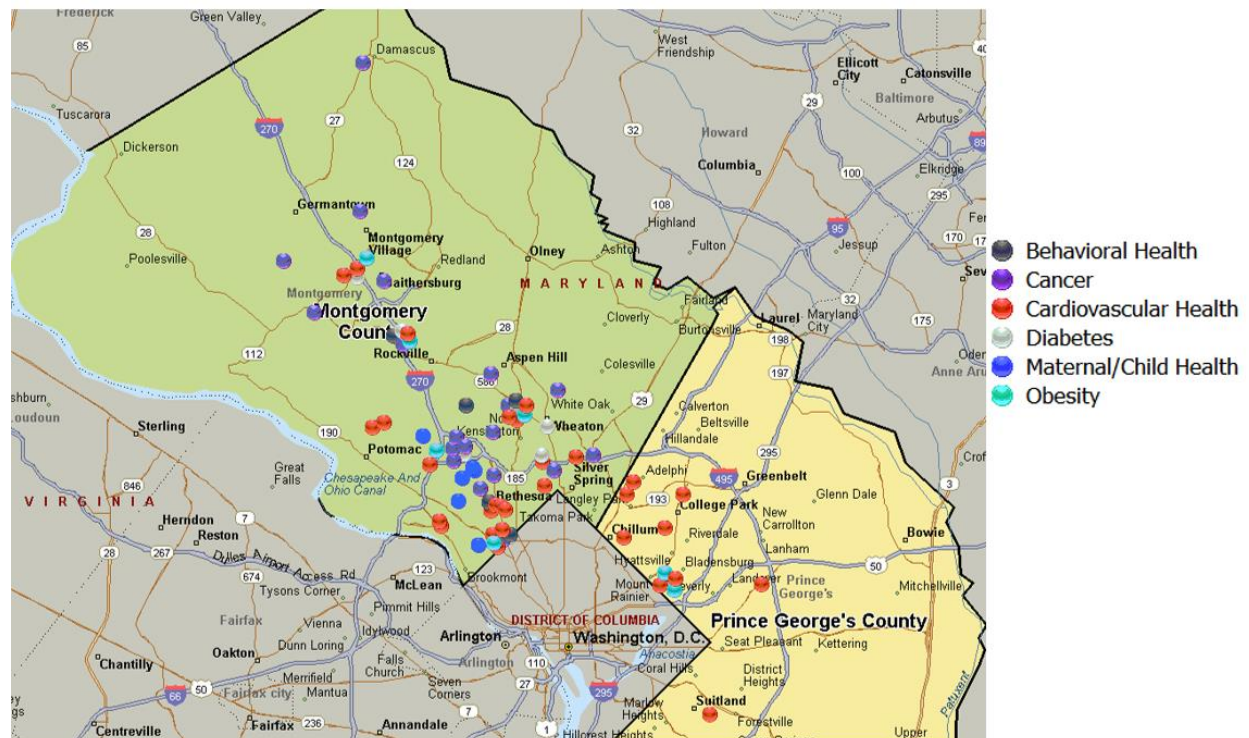
As part of the county-wide community health needs assessment conducted by Healthy Montgomery, the six hospital systems (Shady Grove Adventist, Holy Cross, Holy Cross Germantown, MedStar Montgomery, Suburban, and Washington Adventist) gathered information about existing community resources. **Appendix I** is a compilation resources, programs, funding etc. related to the identified Healthy Montgomery priority issue areas.

9 SUBURBAN HOSPITAL 2013 COMMUNITY HEALTH NEEDS ASSESSMENT EVALUATION

Suburban's initial Community Health Needs Assessment (CHNA) 2013 and Implementation Strategy (IS) were made publicly available through the hospital website on June 1, 2013. A statement accompanied the release of the report soliciting community stakeholder's feedback. Since it was published, the report has been referenced and used a guide internally and externally by various organizations, including Suburban's Cancer Program, Alpha Phi Alpha Fraternity, Healthy Montgomery, and Montgomery County's Senior Connection. To date, no input has been received regarding the content of the 2013 CHNA or the IS.

Health Improvement Measures

We measure progress in the areas of access, health inequities and unhealthy behaviors to assess our progress and generate solutions that promote safe and healthy communities. Suburban Hospital routinely monitors and evaluates the impact of community health improvement efforts in Suburban's Community Benefit Service Area. Program outcomes are shared with the County and State governing bodies, community partners, and program beneficiaries to share knowledge and engage stakeholders. Recently released results for key Suburban Hospital best-practice initiatives are presented in **Table 10**.

Table 10. 2013 Health Priorities Program Outcomes

CARDIOVASCULAR DISEASE	
Identified Need	Cardiovascular Disease; Access to specialty care. Heart disease continues to be the leading cause of death in Montgomery County as the age-adjusted rate in Montgomery County is 108.0 deaths per 100,000 [6] while in Suburban Hospital's CBSA, the age adjusted death rate is 111.7 per 100,000.[17] In addition, 9.7% of residents in Montgomery County do not have any type of health insurance coverage.[7]
Hospital Initiative	MobileMed/NIH Heart Clinic at Suburban Hospital
Primary Objective	The MobileMed/NIH Heart clinic at Suburban Hospital seeks to reduce the number of deaths associated with coronary heart disease in Montgomery County. A Cardiovascular clinic is held one night a week at Suburban Hospital where uninsured individuals have access to cardiac care, diagnostic tests, surgery and rehabilitation when needed, at little or no cost. Suburban aims to achieve this by increasing access to specialty care to uninsured, high-risk Montgomery County safety-net clinic patients and managing associated risk factors with coronary heart disease.
Initiative Time Period	Multi-Year; From July 1, 2014 to June 30, 2015, the clinic is opened every Thursday night from 3:30pm-8:00pm in the NIH Heart Center at Suburban Hospital. The clinic has been opened since October 2007.

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[17] Montgomery County Department of Health and Human Services, Public Health Services, Planning and Epidemiology Program. "Healthy Montgomery Core Measures Set: Montgomery County and Its Six Montgomery County Hospital Community Benefit Service Areas, 2009-2013 Results."

Key Collaborators in Delivery	Suburban Hospital, MobileMed, Inc., the National Institute of Heart, Lung and Blood (NHLBI), community cardiologists. Physicians, nurses, staff and administrators from the three partners-Suburban Hospital, the National Institute of Heart, Lung and Blood and MobileMed-volunteer their time to staff the cardiovascular clinic.
Impact/Outcome of Hospital Initiative	The clinic is evaluated by: – Number of at-risk patients served documented by their primary diagnosis. – Number of racial and ethnic patients served. Outcomes for FY 15: – In FY 15, there were 502 encounters, with 317 unduplicated patients. The top five conditions treated were: Hypertension (21% of encounters), Unspecified Chest Pain (9%), Coronary Atherosclerosis of Native Coronary Artery (8%), Other Chest pain (7%), and Unspecified Essential Hypertension (6%). The racial breakdown of clinic patients was as follows: 27% Black non-Hispanics, 14% Asian, 14% White non-Hispanic, 35% Other Race, 9% Unreported/Refused to Report, 0.6% Native Hawaiian or Other Pacific Islander. Out of the 317 patients who were treated, 45% reported their Ethnicity as Hispanic/Latino, 3% refused to report. – In comparison to FY14, there was nearly a three-fold increase in the number of patients treated for hypertension (28 in FY 14 vs. 68 in FY 15)
Evaluation of Outcome	The MobileMed/NIH Heart clinic at Suburban Hospital has been in operation since 2007. Over the 8-year period, the clinic has served 3,200 uninsured patients in need of cardiovascular specialty care. These are individuals that would have not received cardiovascular specialty care. During this same period, Suburban has provided more than 10 open-heart surgeries. Each year, the clinic measures its success by the number of patients it serves (short-term goal); effective treatment of the different conditions that put the patients at risk for cardiovascular disease (mid-term goal); and by improving their quality of life while reducing their risk from pre-mature coronary heart disease mortality (long-term goal).
DIABETES	
Identified Need	Diabetes; Access to specialty care. The Montgomery County average age-adjusted ER visit rate due to uncontrolled diabetes is 0.4 per 10,000 population aged 18 years and older. Within Suburban Hospital's CBSA, the age-adjusted rate due to uncontrolled diabetes is 2.9 per 100,000.[17] Nearly 10% of residents in Montgomery County do not have any type of health insurance coverage.[6]
Hospital Initiative	Mobile Med/NIH Endocrine Clinic at Suburban Hospital
Primary Objective	The MobileMed/NIH Endocrine clinic at Suburban Hospital seeks to reduce the number of deaths in Montgomery County associated from complications from endocrine diseases including diabetes. The endocrine clinic is held one night a week at Suburban Hospital where uninsured individuals have access to the specialty care of endocrine conditions and diseases, including diagnostic tests, examinations, and one-on-one consultation with a Suburban Hospital Registered Dietitian, at little or no cost. Suburban aims to achieve this by increasing access to specialty care to uninsured, high-risk Montgomery County safety-net clinic patients and managing associated risk factors with endocrine diseases.

	The objective of clinic is two-fold: 1.) Increase access of specialty care to patients who would not otherwise receive care; and 2.) Reduce the incidence of complications due to endocrine diseases including diabetes.
Initiative Time Period	Multi- Year; From July 1, 2014 to June 30, 2015, the clinic was open every Thursday night from 4:00 pm-7:30 pm at the Johns Hopkins Health Care and Surgery Center in Bethesda, MD. The clinic has been open since July 2011.
Key Collaborators in Delivery	Suburban Hospital, MobileMed., Inc., and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Physicians, nurses, staff and administrators from the three partners-Suburban Hospital, the National Institute of Diabetes and Digestive and Kidney Diseases and MobileMed-volunteer their time to staff the endocrine clinic.
Impact/Outcome of Hospital Initiative	The clinic is evaluated by: – Number of at-risk patients served documented by their primary diagnosis. – Improved health status of patients. – Number of racial and ethnic patients served. Outcomes: – In FY 15, there were 157 unduplicated patients; with 364 encounters. – The clinic continues to see improvements in Hemoglobin A1C (HbA1C) among diabetic patients, as patient's results remain stable or improved slightly in FY 15. The last report number averaged a drop from 8.9% to 7.8% (1.1 point decrease) – Of those 364 encounters, the top five diagnosis are: diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled (22.88% of encounters); goiter (8.50%); thyrotoxicosis (6.54%); diabetes with unspecified complication, type II or unspecified type, uncontrolled (6.54%), and hypothyroidism (5.88%). – The racial breakdown of clinic patients was 33% Black non-Hispanics, 12% Asian, 19% White non-Hispanic, 31% other race, 4% unreported/refused to report. – Of the 157 patients who were treated, 43% reported their ethnicity as Hispanic/Latino.
Evaluation of Outcome	The MobileMed/NIH Endocrine clinic at Suburban Hospital has been in operation since 2010. During the 5-year period, the clinic has served 1,500 uninsured patients in need of endocrine specialty care who would have otherwise not been seen. During this same period, there was an improvement of Hemoglobin A1C. Each year, the clinic measures its success by continued improvement of Hemoglobin A1C among diabetic patients (short-term goal); access to quality diabetes management and treatment for at-risk residents (mid-term goal); and by improving patient's quality of life while reducing their risk from complications from diabetes morbidity (long-term goal).
OBESITY AND BEHAVIORAL HEALTH	
Identified Need	Cardiovascular Health, Obesity, Behavioral Health. Heart disease continues to be the leading cause of death in Montgomery County as the age adjusted rate in Montgomery County is 108.0 deaths per 100,000 [6] while in Suburban Hospital's CBSA, the age adjusted rate is 111.7 deaths per 100,000.[17] Twenty-five percent of people over the age of 65 live alone. People who live alone are vulnerable to social

	isolation and lack of access to care.[6] Exactly 57.4% of adults in Montgomery County are either overweight or obese according to their Body Mass Index.
Hospital Initiative	Senior Shape Exercise Program
Primary Objective	The Senior Shape Program provides active seniors a safe, low to high impact exercise regimen that focuses on strength and weight training, balance, flexibility, stretching and aerobic activity for optimal cardiovascular benefits and stamina. Held in senior and community centers in Montgomery and Prince George's Counties, fitness assessments are performed bi-annually in order to measure the participant's balance, strength, flexibility and endurance. The goal of Senior Shape Program is to increase physical activity and fitness among the senior population by creating access to age-specific exercise programs and providing social support.
Key Collaborators in Delivery	Suburban Hospital Community Health and Wellness department, Montgomery County Department of Recreation (Holiday Park Senior Center, Margaret Schweinhaut Senior Center, Gaithersburg Upcounty Senior Center, Clara Barton Community Center, Potomac Community Center, Jane E. Lawton Community Center, Wisconsin Place Community Center), Bethesda Regional Services Center, and Parks and Recreation of Prince George's County (Gwendolyn Britt Community Center).
Impact/Outcome of Hospital Initiative	Suburban Hospital holds a bi-annual fitness assessment designed to test the Senior Shape members' balance, strength, flexibility and endurance against national data using 4 exercises. These exercises, held at the nine community centers in Montgomery and Prince George's Counties include the back scratch, arm curl, 8-foot up-and-go, and chair stand. Based on the fitness assessment results, all of the seniors either met or exceeded the national average for their age range. Please see below information for specifics. **Outcomes of Fitness Assessment:** Program participants= 500 Number of sessions held in FY 15 =1,100 Locations= 8 in Montgomery County & 1 in Prince George's County FY 15 program participant fitness assessment results: (table below)
Evaluation of Outcome	The Senior Shape Program classes are designed to improve the cardiovascular health and overall fitness of the participants. The results from the fitness assessment show that they are meeting or, in many cases, exceeding what is considered normal for their age range and therefore meeting the national fitness standard (short-term); increase participant's cardiovascular endurance (mid-term); and improving participant's quality of life while reducing their risk of coronary heart disease and risk factors associated with heart disease and obesity.

Test	Average Females	Average National Standard Females	Average Males	Average National Standard Males
Chair Stand (# of stands in 30 seconds):	15.73	7-14	15.02	11-16
Arm Curl (# of reps in 30 seconds):	20.17	10-17	21.60	13-19
2-minute step in place	101.57	63-95	111.52	74-104
Chair Sit & Reach (inches +/-)	+1.47	-4.5-5.0	-0.30	-6.5-4.0

CANCER	
Identified Need	Cancer. According to Healthy Montgomery, the age-adjusted death rate for breast cancer is 18.8 per 100,000 in Montgomery County (2008-2012)[6] Within Suburban's CBSA, the age-adjusted death rate is slightly higher at 18.9 per 100,000. Furthermore, the age-adjusted death rate among Black non-Hispanics is 30.4 compared to 19.9 in White non-Hispanics within Suburban's CBSA.[17] If detected early, breast cancer is highly treatable.
Hospital Initiative	*Check It Out* Program
Primary Objective	The Check It Out program is a free breast health awareness program where a Suburban Hospital Cancer Program nurse addresses to 11th and 12th grade young women in Montgomery County during one class period of school about the importance of breast health. In addition to the nurse, a breast cancer survivor, usually a member of the school facility, shares her story about her diagnosis and treatment with the young women, encouraging them to regularly perform self-breast health exams.
Initiative Time Period	The *Check It Out* program is offered every two years from January to April. In FY 15, it occurred from January 2015 to April 2015.
Key Collaborators in Delivery	Suburban Hospital Cancer Program and Community Health and Wellness Division, the Greater Washington Chapter of Hadassah, Montgomery County Public Schools, and local private high schools.
Impact/Outcome of Hospital Initiative	At every *Check It Out* session, participants were given a knowledge based evaluation which included twelve questions- 10 based on knowledge and 2 to assess their confidence level. Specifically, participants were asked: 1.) *Are all breast lumps cancer?* 99.50% answered correctly, that all breast lumps are not cancerous. 2.) *Does an injury to the breast cause cancer?* 98.20% answered correctly, that an injury to the breast does not cause cancer. 3.) Do *younger women develop breast cancer as often as older women?* 89.40% answered correctly, while young women could develop breast cancer, it occurs more frequently in older women. 4.) *Do large-breasted women have a greater chance of developing breast cancer than small-breasted women?* 97.40% answered correctly, that the chance of a women developing breast cancer does not depend on the size of her breasts. 5.) *Should women begin having mammograms at age 20?* 73.00% answered correctly, that women should begin to have mammograms after the age of 40. 6.) *Are breast self-exams (BSE) important for cancer detection?* 98.40% answered correctly that monthly breast self-examinations are an important tool for early detection. 7.) *When is the best time for a woman for perform a BSE?* 96.10% answered correctly that a woman should perform a breast self-examination 7 to 10 days after her period 8.) *If exercising 3 to 5 hours a week can help reduce the risk of breast cancer?* 97.90% answered correctly, that exercise does reduce the risk of breast cancer. 9.) *Can a woman is pregnant, is she still at risk for breast cancer*? 96.10% answered correctly, women can still get breast cancer even when pregnant.

	10.) *Does breast cancer only develop in women?* 98.10% answered correctly, men can also develop breast cancer
	11.) *Did Check It Out help them understand the importance of breast self-examination as a regular health habit?* 98.40% answered Yes
	12.) *Did the presence of a breast cancer survivor add to the learning experience?* 95.60% answered Yes
Evaluation of Outcome	Every two years, the Check It Out program measures its success by the number of students it is able to reach (short-term goal); increase awareness of breast awareness among the young women who attend the program (mid-term goal); and by improving the student's quality of life while reducing their risk from breast cancer mortality (long-term goal).

10   CONCLUSION

Suburban Hospital is committed to 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 with 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 specific supporting data collected from Suburban Hospital's community benefit service area, the process which the hospital prioritizes its efforts are more specialized, focused and deliberate to meet the identified community health needs, which include five established health priorities. The CHNA process has afforded Suburban Hospital the opportunity to sharpen the 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 continue to work 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 optimal health and quality of life for all.

11   APPENDICES

Appendix A. List of Healthy Montgomery Steering Committee Members

Organization	Name of Key Collaborator	Title	Collaboration Description
Montgomery County Council	Mr. George Leventhal	Councilmember	Co-chair of Healthy Montgomery
ICF International	Ms. Sharan London	Vice President	Co-chair of Healthy Montgomery
Montgomery County Department of Health and Human Services	Ms. Uma Ahluwalia	Director	Steering Committee Member, Healthy Montgomery
Public Health Foundation	Mr. Ron Bialek	President	Steering Committee Member, Healthy Montgomery
MedStar Montgomery Medical Center	Ms. Gina Cook	Marketing, Communications Manager	Steering Committee Member, Healthy Montgomery
Maryland General Assembly	Delegate Bonnie Cullison	Member of the House of Delegates	Steering Committee Member, Healthy Montgomery
Kaiser Permanente	Ms. Tanya Edelin	Senior Project Manager for Community Benefit	Steering Committee Member, Healthy Montgomery
Garvey Associates	Dr. Carol Garvey	Principal	Steering Committee Member, Healthy Montgomery
Primary Care Coalition of Montgomery County	Ms. Leslie Graham	President and Chief Executive Officer	Steering Committee Member, Healthy Montgomery
Family Services, Inc.	Mr. Thomas Harr	Executive Director	Steering Committee Member, Healthy Montgomery
Asian American Health Initiative	Ms. Karen Ho Chaves	Member	Steering Committee Member, Healthy Montgomery
Commission on Veterans Affairs	Ms. Lorrie Knight-Major	Member	Steering Committee Member, Healthy Montgomery
Commission on Aging	Dr. Samuel P. Korper	Member	Steering Committee Member, Healthy Montgomery

Montgomery County Department of Planning	Ms. Amy Lindsey	Senior Planner	Steering Committee Member, Healthy Montgomery
Holy Cross Hospital	Ms. Kimberley McBride	Community Benefit Officer	Steering Committee Member, Healthy Montgomery
Ronald D. Paul Companies	Ms. Kathy McCallum	Controller	Steering Committee Member, Healthy Montgomery
Carefirst Blue Cross Blue Shield/African American Health Program	Ms. Beatrice Miller	Senior Regional Care Coordinator/Member	Steering Committee Member, Healthy Montgomery
Commission on People with Disabilities	Dr. Seth Morgan, MD	Member	Steering Committee Member, Healthy Montgomery
Asian American Health Initiative	Dr. Nguyen Nguyen	Member	Steering Committee Member, Healthy Montgomery
Clinica Proyecto Salud / Latino Health Initiative	Dr. Cesar Palacios	Executive Director/ Member	Steering Committee Member, Healthy Montgomery
Montgomery County Recreation Department	Dr. Joanne Roberts	Program Member	Steering Committee Member, Healthy Montgomery
Suburban Hospital	Ms. Monique L. Sanfuentes	Director, Community Health and Wellness	Steering Committee Member, Healthy Montgomery
Georgetown University School of Nursing and Health Studies	Dr. Michael Soto	Professor	Steering Committee Member, Healthy Montgomery
Montgomery County Department of Health and Human Services	Dr. Ulder J. Tillman	Officer and Chief, Public Health Services	Steering Committee Member, Healthy Montgomery
Adventist Health Care	Dr. Deidre Washington	Research Associate, Center for Health Equity & Wellness	Steering Committee Member, Health Montgomery
Commission on Veterans Affairs	Ms. Marie Wood	Member	Steering Committee Member, Health Montgomery
Montgomery County Public Schools	Dr. Andrew Zuckerman	Chief of Staff	Steering Committee Member, Healthy Montgomery

Appendix B. 2015 Insurance Coverage Estimates for Suburban Hospital's CBSA

2015 Insurance Coverage Estimates
Area: Suburban_FY2015_CB_SA
Ranked by ZIP Code(Asc)

ZIP Code	ZIP City	2015 Adjusted Population								
		Total	Medicaid - Pre Reform	Medicaid Expansion	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	Uninsured
20814 Bethesda		29,349	2,455	1,145	3,495	531	1,543	18,789	464	926
20815 Chevy Chase		30,814	1,965	943	4,738	704	1,640	19,646	402	776
20817 Bethesda		36,685	1,935	1,016	4,793	709	2,074	24,931	453	773
20850 Rockville		52,497	4,786	2,337	5,393	830	2,742	33,782	861	1,767
20851 Rockville		14,556	1,292	665	997	160	803	9,895	266	478
20852 Rockville		46,769	4,604	2,213	5,495	835	2,343	28,795	805	1,678
20853 Rockville		30,499	3,178	1,423	3,478	524	1,528	18,681	497	1,191
20854 Potomac		51,401	2,236	1,152	7,059	1,041	2,985	35,431	575	922
20874 Germantown		62,031	5,434	3,067	2,971	514	3,480	43,436	1,161	1,968
20877 Gaithersburg		36,644	6,464	2,696	2,954	460	1,551	19,525	748	2,247
20878 Gaithersburg		65,168	4,450	2,649	4,907	783	3,729	45,942	1,050	1,659
20895 Kensington		20,683	2,014	1,013	2,364	358	1,036	12,833	325	740
20902 Silver Spring		52,020	6,406	3,108	4,185	655	2,555	31,844	987	2,279
20906 Silver Spring		67,761	9,720	4,004	10,118	1,515	2,845	34,876	1,142	3,542
20910 Silver Spring		41,944	6,156	2,718	3,253	521	1,949	24,417	811	2,118
Total		638,821	63,096	30,148	66,200	10,140	32,803	402,823	10,546	23,064

Appendix C. Top Ten Causes of Mortality in Montgomery County

Causes of Death, Montgomery County
2010-2012

Cause	Value
Other diseases of respiratory system	7.7
Nephritis, nephrotic syndrome and nephrosis	8.6
Septicemia	10.6
Influenza and pneumonia	13.2
Diabetes mellitus	13.3
Alzheimer's disease	14.5
Accidents (unintentional injuries)	16.7
Chronic lower respiratory diseases	18.3
Malignant neoplasms	127.1
Cardiovascular diseases	158.7
All causes of mortality	517.3

Appendix D. Mortality and Morbidity Rates by Race and Ethnicity for Montgomery County's Leading Causes of Death.

Health Indicator	Blacks, non-Hispanic	Whites, non-Hispanic	Hispanic or Latino	Asian/Pacific Islander	CBSA	MoCo	Definition
Cardiovascular Disease+	196	162.5	95.9			158.7	Age-Adjusted Death Rate per 1000,000 (2010-2012)
Heart Disease*	124.8	114.5	62.1	63.3	111.7	108.0	Age-Adjusted Death Rate per 100,000 (2011-2013)
Cerebrovascular Disease*	27.3	25.0	20.7	24.1	26.3	25.6	Age-Adjusted Death Rate per 100,000 (2011-2013)
Cancer+	142.1	134.3	85.3	88.4		127.1	Age-Adjusted Death Rate per 1000,000 (2010-2012)
Colorecal Cancer	13.2	9.1	7.5	9.7		9.7	Age-Adjusted Death Rate (2008-2012)
Prostate Cancer	28.1	16.7				16.7	Age-Adjusted Death Rate (2008-2012)
Breast Cancer	27.1	18.4	7.4	8.4		18.8	Age-Adjusted Death Rate (2008-2012)
Lung Cancer	30.9	26.5	11.1	18.2		25.9	Age-Adjusted Death Rate (2008-2012)
Adults with Diabetes (%)	7.6	7.2	2.9	9.3		7.0	Percentage of Adults who have ever been diagnosed with diabetes (2014)
ER Rate Due to Long-Term Complications	16.6	4.3		2.3		5.6	ER Visits/10,000 populations 18+ years n (2009-2011)
Diabetes Mellitus+	26.4	11.3	14.2			13.3	Age-Adjusted Death Rate per 100,000 (2011-2013)
Chronic lower respiratory disease+	13.4	21.8	7.1			18.3	Age-adjusted deaths per 100,000 (2010-2012)
Hospitalization due to Pediatric Asthma	21.5	6.4		8.4		12.3	Age-Adjusted per 10,000 populationn under 18 years (2009-2011)
Hospitalization Rate due to COPD	14.5	9.1			2.9	9.1	Age-Adjusted per 10,000 population 18+ years (2009-2011)
Accidents (Unintentional Injuries)+	11.7	18.4	15.9			16.7	Age-Adjusted per 10,000 population 18+ years (2010-2012)
Motor Vehicle Traffic*	5.2	3.6	6.6			4.1	Age-Adjusted Death Rate per 100,000 (2011-2013)
Falls deaths, unintentional*		8.5				7.4	Age-Adjusted Death Rate per 100,000 (2011-2013)
Poisoning deaths*	4.9	8.3				5.9	Age-Adjusted Death Rate per 100,000 (2011-2013)
Firearms-related deaths*	4.5	4.2				3.7	Age-Adjusted Death Rate per 100,000 (2011-2013)

Source
*Health Indicators Warehouse
Healthy Montgomery
+Data Montgomery

Appendix E. Core Measure Indicators for Suburban Hospital's CBSA

Behavioral Health	Measure	Source
Adolescent and adult illicit drug use <30 days	Percent of people aged 12 or older who used an illicit drug a month preceding survey	NSDUH
Adults with any mental illness <1yr	Percent of adults who had any mental illness in the past year	NSDUH
ER visits for behavioral health conditionals	Age Adjusted Rate-Per American Community Survey 100,000 Population	HSCRC ER
Suicide	Age Adjusted Rate-Per American Community Survey 100,000 Population	VSA Deaths

Cancers		
Colorectal Screening	Percentage of adults aged 50 and over who have had a blood stool test within the past two years	BRFSS
Pap in past 3 years	Percentage of women aged 18 and over who have had a Pap smear in the past three	BRFSS
Prostate cancer incidence	Age-Adjusted incidence rate for prostate cancer in cases per 100,000 males	NCI
Breast cancer mortality	Age Adjusted Rate- Per American Community Survey 100,000 Population	VSA Deaths

Cardiovascular Health		
Heart disease mortality	Age Adjusted Rate- Per American Community Survey 100,000 Population	VSA Deaths
Stroke mortality	Age Adjusted Rate- Per American Community Survey 100,000 Population	VSA Deaths
High blood pressure prevalance	Percentage of adults who have been told they have high blood pressure (above 140/90 mm Hg)	BRFSS

Diabetes		
Adults with diabetes	Percentage of adults who have ever been diagnosed with diabetes	BRFSS
ER visits for diabetes	Emergency room visit rate due to diabetes per 100,000 population	SHIP
Age-Adjusted Rate due to diabetes	Average annual age-adjusted emergency room visit rate due to diabetes per 10,000 population aged 18 years and older	HSCRC ER

Maternal & Infant Health		
Mother's who received early prenatal care	Percent of births to women with prenatal care beginning in the first trimester	VSA Births
Infant mortality	Crude Rate- Deaths Per 1,000 Live Births	VSA Deaths
Babies with low birth birthweight	Percent of births in which the newborn weighed less than 2,500 grams (5 pounds, 8	VSA Births

Obesity		
Adults engaging in moderate physical activity	Percentage of adults who participate in at least 150 minutes of aerobic physical activity per week	BRFSS
Adults fruit and vegetable consumption	Percentage of adults who eat fruits and vegetables five or more times per day	BRFSS
Adults who are overweight or obese	Percentage of adults who are overweight or obese according to the Body Mass Index (BMI)	BRFSS
Students with no partcipation in physicial activity	Percentage of high school students who were not physically active for at least 60 minutes on one day the past seven days	YRBS
Students who drank no soda or pop in the past week	Percentage of high school students who did not drink a can, bottle, or glass of soda or pop during the past seven days	YRBS
Students who are overweight or obese	Percentage of high school students who are overweight or obese according to BMI	YRBS

Cross-Cutting Measures		
Adults who have had a routine check-up	Percentage of adults that report having visited a doctor for a routine checkup within the last two years	BRFSS
Persons without health insurance	Percentage of people who do not have any type of health insurance coverage	ACS
Adults in good physical health	Percentage of adults who stated that they experienced two or fewer days of poor physical health in the past month	BRFSS
Adults in good mental health	Percentage of adults who stated that they experienced two or fewer days of poor mental health in the past month	BRFSS
Students in good general health	Percentage of high school students who described their health in general as "very good" or "excellent"	YRBS
Students ever feeling sad or hopeless in the past year	Percentage of high school students who felt so sad or hopeless almost every day for at least two consecutive weeks that they stopped doing some usual activities during the past 12 months	YRBS
Adults who smoke	Percentage of current smokers (smoked at least 100 cigarrettes in their lifetime and currently smoke)	BRFSS
Students current cigarette use	Percentage of high school students who smoked cigarettes on one or more of the past 30 days	YRBS

Context Measures (SDOH)

Families living below poverty level %	Percentage of families living below the federal poverty level	ACS
Residents 5+years old that report speaking English "not very well"	Percentage of the population aged 5 years and over who report speaking English less than "very well"	ACS
Students ever reveiving free and reduced-price meals (FARMS)	Percentage of students who now or in the past have received free or reduced price school lunches	MCPS
Adults with adequate social and emotional support	Percentage of adults who report they usually or always get the social and emotional support they need	BRFSS
Students who could talk to adult besides a parent	Percentage of high school students who would feel comfortable seeking help from one or more adults besides their parents if they had an important question affecting	YRBS
Students participation in extracurricular activities	Percentage of high school students who participate in any extracurricular activities at school	YRBS
High School Completion Rate	Percentage of people aged 25 years and over who have completed a high school degree or the equivalent	ACS

Sources:

Maryland Healthcare Services and Cost Review Commission annual emergency room outpatient discharges (HSCRC ER)
Maryland Department of Health & Mental Hygiene (DHMH), Vital Statistics Administration Annual Birth Files, Montgomery County (VSA Births)
Maryland Department of Health & Mental Hygiene (DHMH), Vital Statistics Administration Annual Death Files, Montgomery County (VSA Births)
National Survey on Drug Use and Health (NSDUH)
National Cancer Institute (NCI)
Maryland Behavioral Risk Factor Surveillance System (BRFSS)
Maryland Youth Risk Behavior Survey (YRBS)
American Community Survey (ACS)
Montgomery County Public Schools (MCPS)
Maryland State Health Improvement Process (SHIP) http://dhmh.maryland.gov/ship/SitePages/Home.aspx
Healthy Montgomery http://www.healthymontgomery.org/
State Cancer Profiles http://statecancerprofiles.cancer.gov/
http://www.dartmouthatlas.org/data/table.aspx?ind=198
 Community Commons sessment.communitycommons.org
Health Indicators Warehouse http://www.healthindicators.gov/

	State	County	CBSA	HP 2020 Goal	MD 2017 Goal
Behavioral Health					
Adolescent and adult illicit drug use <30 days	7.56	7		16.6	
Adults with any mental illness <1yr	17.4	17.9			
ER visits for behavioral health conditions	3442.6	1791.7	778.2		3152.6
Suicide	9	7.3	7.2	10.2	9
Cancers					
Colorectal Screening	16.5	23.1		70.5	
Pap in past 3 years	79.8	83		93	
Prostate cancer incidence	141.1	137			
Breast cancer mortality	23.7	18.8	**18.9**	20.7	
Cardiovascular Health					
Heart disease mortality	172.8	108.0	111.7	152.7	166.3
Stroke mortality	36.8	25.6	26.3	34.8	
High blood pressure prevalance	28	27.7		26.9	
Diabetes					
Adults with diabetes	10.1	7.1		7.2	
ER visits for diabetes	204	95.0	**583.3**		186.3
Age-Adjusted Death Rate due to diabetes		13.3			
Maternal & Infant Health					
Mother's who received early prenatal care (%)	66.6	63.1	73.1	77.9	66.9
Infant mortality	6.6	4.7	4.6	6	6.3
Babies with low birthweight (%)	8.6	7.5	**7.6**	7.8	8
Obesity					
Adults engaging in moderate physical activity		52.7		47.9	50.4
Adults fruit and vegetable consumption		29.6			
Adults who are overweight or obese	64.9	57.4			
Students with no partcipation in physical activity (teens)	18	16.5			
Students who drank no soda or pop in the past week	28.4	33			
Teens who are overweight or obese	25.8	20			

	State	County	CBSA	HP 2020 Goal	MD 2017 Goal
Cross-Cutting Measures					
Adults who have had a routine check-up	89.3	86.2			
Persons without health insurance	7.9	9.7		0	
Adults in good physical health	77.6	79.4		79.8	
Adults in good mental health	76.7	77.8		80.1	
Students in good general health	49.9	52.3			
Students ever feeling sad or hopeless in the past year	27	26.9			
Adults who smoke	14.6	7.9		12	15.5
Students current cigarette use (teens)	11.9	8.5			
Context Measures (Social Determinants Of Health)					
Families living below poverty level %	6.9	4.5			
Residents 5+years old that report speaking English "not very well"	6.3	15.1			
Students ever receiving free and reduced-price meals (FARMS)		43.3			
support		83.3			
Students who could talk to adult besides a parent	77.3	73.9		83.2	
Students participation in extracurricular activities	67.4	72.1			
High School Completion Rate (%)	89	89.7			

Appendix F. Community Health Survey Tool (English)

Code #: _____

SUBURBAN HOSPITAL
JOHNS HOPKINS MEDICINE

Community Health Survey

Your health and wellbeing is our passion. Help us prioritize your needs by participating in this confidential survey (also available online via www.suburbanhospital.org).

1. What is your home zip code? _____

2. What language do you prefer to speak? _____

3. What is the highest level of education you have completed?
    ☐ Did Not Complete High School   ☐ Bachelor's Degree
    ☐ High School/GED   ☐ Master's Degree
    ☐ Some College   ☐ Advanced Graduate work or Ph.D.

4. What is your gender?
    ☐ Male   ☐ Female

5. What is your age?
    ☐ Under 19 years   ☐ 41-50 years   ☐ 71-80 years
    ☐ 20-30 years   ☐ 51-60 years   ☐ 81-90 years
    ☐ 31-40 years   ☐ 61-70 years   ☐ Older than 91 years

6. What is your race/ethnicity?
    ☐ African American   ☐ Hispanic/Latino
    ☐ Asian/Pacific Islander   ☐ Other: _____
    ☐ Caucasian

7. Which health condition do you feel you are most at risk of developing? Please select ONLY <u>one</u>.
    ☐ Cancer
    ☐ Obesity
    ☐ Heart Disease
    ☐ Diabetes
    ☐ Behavioral/Mental Health
    ☐ Other:_____
    ☐ I don't feel at risk of developing any health conditions

8. What health concern(s) do YOU have? Please check **no more than five**.
    ☐ Heart Disease   ☐ Stroke
    ☐ Cancer   ☐ Traffic Accidents
    ☐ Diabetes/Sugar   ☐ Maternal/Child Health
    ☐ Asthma/Lung Disease   ☐ Overweight/Obesity
    ☐ Smoking/Drug and Alcohol Use   ☐ Access to Health Care
    ☐ Mental Health Issues (depression,   ☐ No Health Insurance
    anxiety, etc.)   ☐ Environmental Health
    ☐ High Blood Pressure   ☐ Dental
    ☐ Other   ☐ None

    If you checked "Other," please explain:

9. What barriers are keeping you from getting the health care YOU need? Please check <u>all</u> that apply.
   - ☐ No health insurance
   - ☐ Cost
   - ☐ No transportation
   - ☐ Lack of information
   - ☐ Difficulty getting an appointment with my doctor
   - ☐ Lack of time
   - ☐ Language
   - ☐ Child care
   - ☐ I have health insurance, but local doctors are not on my insurance plan
   - ☐ I don't have any barriers
   - ☐ Other

   If you checked "Other", please explain:

   _____

10. Please circle the number which best identifies your response to the following statements.

In the past month, I have:	Never	Occasionally	Often	Always
a. Been physically active outside of work for at least 2.5 hours a week (i.e. very brisk walking).	1	2	3	4
b. Eaten at least five servings of fruits and vegetables every day (1 serving = 1/2 cup).	1	2	3	4
c. Used tobacco products (cigarettes, cigars, smokeless tobacco, e-cigarettes, and pipes).	1	2	3	4
d. Consumed more than 5 alcoholic drinks a week (1 drink= 12 fl oz of beer, 1.5 fl oz shot "hard liquor", 5 fl oz of wine).	1	2	3	4
e. Worn a seat belt when traveling in a vehicle.	1	2	3	4
f. Been able to manage and control my stress.	1	2	3	4

11. Which area of your health do you think you need to improve the most? Please select ONLY <u>one</u>.
    - ☐ Physical activity
    - ☐ Healthy eating
    - ☐ Smoking/tobacco use
    - ☐ Alcohol consumption
    - ☐ Driving safety
    - ☐ Stress management
    - ☐ None

12. How would you rate your current health status?
    - ☐ Excellent
    - ☐ Good
    - ☐ Fair
    - ☐ Poor

Thank you for completing the survey.

Office Use Only:

Date: _____   Location: _____   Zip Code: _____   Surveyor: _____

Appendix G. Community Benefit Advisory Council

Organization	Name	Title	Description
Capstone Development, LLC	Mr. Norman Jenkins	Founder and CEO	Chairman of Suburban Hospital's Community Benefit Advisory Council; facilitates the Advisory meetings.
A Wider Circle	Dr. Mark Bergel, Ph.D.,	Founder and Executive Director	Member of Suburban Hospital's Community Benefit Advisory Council; offers unique community perspective as his organization works with the underserved population.
Community Advocate	Ms. Belle Brooks O'Brien	Resident of Montgomery County	Member of Suburban Hospital's Community Benefit Advisory Council
Healthcare Initiative Foundation	Ms. Crystal Carr Townsend	President	Member of Suburban Hospital's Community Benefit Advisory Council
Bradley Hills Village	Ms. Betsy Carrier Ms. Eva Cohen	Treasurer President	Member of Suburban Hospital's Community Benefit Advisory Council
Bradley Hills Village	Ms. Eva Cohen	co-President and chair	Member of Suburban Hospital's Community Benefit Advisory Council
Community Physician	Dr. Diane Colgan	Medical Staff Chair for Suburban Hospital	Member of Suburban Hospital's Community Benefit Advisory Council
Bethesda Chevy Chase Regional Services Center	Mr. Ken Hartman	Regional Services Director	Member of Suburban Hospital's Community Benefit Advisory Council; provides a facility to many CHW programs.
YMCA of Metropolitan Washington	Ms. Carla P Larrick	Vice President of Operations	Member of Suburban Hospital's Community Benefit Advisory Council
Girls on the Run	Ms. Elizabeth McGlynn	Executive Director	Member of Suburban Hospital's Community Benefit Advisory Council; Suburban Hospital supports GOTR as it official health sponsor providing financial support, training for coaches and health education at bi-annual races.

AQUAS, Incorporated	Ms. Carmen Ortiz Larsen	President	Member of Suburban Hospital's Community Benefit Advisory Council
Montgomery County Police Department	Mr. Michael Prather	Officer	Member of Suburban Hospital's Community Benefit Advisory Council; Partners with CHW to bring safety information to the Hospital's CBSA community.
Community Physician	Dr. Michael Smith	Radiologist and brother of Alpha Phi Alpha Fraternity, Montgomery County Chapter	Member of Suburban Hospital's Community Benefit Advisory Council; Partners with CHW in bringing health education to Alpha Phi Alpha Montgomery County Chapter
Montgomery County Police Department	Ms. Dana Stroman	Officer	Member of Suburban Hospital's Community Benefit Advisory Council; Partners with CHW to bring safety information to the Hospital's CBSA community.
Association of Community Cancer Centers	Ms. Lisa Townsend	Marketing Manager	Member of Suburban Hospital's Community Benefit Advisory Council
Aronson, LLC	Mr. Michael K. Yuen	Certified Public Accountant	Member of Suburban Hospital's Community Benefit Advisory Council

Appendix G. Montgomery County United Way Regional Council Members

Randy R. Schools, Council Chair, Nominating Chair	Bill Carey
President	Director of Membership and Community Relations
Recreation-Welfare Association	Strathmore Hall Foundation, Inc.
NIH-NOAA	5301 Tuckerman Lane
9000 Wisconsin Avenue	North Bethesda, MD 20852
Bethesda, MD 20892	**Office:** 301-581-5135
Office: 301-251-1743	**Email:** bcarey@strathmore.org
Email: schoolsr@ors.od.nih.gov	

Rudy Oswald, Community Impact Chair	Lawrence Cooper
Retired	General Counsel : DC Office of Cable TV, Film, & Entertainment
11804 Devilwood Dr.	District of Columbia Government
Potomac, MD 20854	1899 9th Street, NE,
Home: 301-340-7569	Washington, DC 20018
Email: rudyosw@verizon.net	(Bethesda Resident)
	Office: (202) 671-0066
	Email: lncooper@verizon.net

Michele M. Hamilton	Torrie Cooke
Retired from US Government Accountability Office (GAO)	Detective
10003 Stoneybrook Drive	Montgomery County Police Department
Kensington, MD 20895	18512 Office Park Drive
Home: 301-585-5521	Montgomery Village, MD 20886
Email: mhcager@aol.com	**Cell:** 240-793-1462
	Email: tcooke35@verizon.net

Jay Wilson	Tony Marciante
Sr Staff Accountant	Chef Proprietor & CSO
9520 Ament Street	Chef Tony's
Silver Spring, MD 20910	4926 St. Elmo Avenue
Cell: 404-295-5451	Bethesda, MD 20817
Email: jlwilson82@gmail.com	**Office:** 301-654-3737
	Email: alltonysmail@gmail.com

Patricia Rios	Frank Gangi
Supervisor, Community Health Improvement	Friendship Heights Store
Surburban Hospital	Nordstrom (Bethesda resident also)
8600 Old Georgetown Road	5333 Wisconsin Avenue,
Bethesda, MD 20814	Washington DC 20015
Office: (301) 896-2849	**Office:** 202.697.4100
Email: PRios@jhu.edu	**Email:** frank.gangi@nordstrom.com

Appendix G. Suburban Hospital Patient and Family Education Committee members

Name	Suburban Hospital Title
Atul Rohatgi MD	Hospitalist
Barbara Kohl PFAC	Community Member
Barbara Olivier	Manager, Patient Access
Cathy Clark	Nursing Supervisor, Nursing Education
Charlotte Savarino	Nurse, Pediatrics
Debbie Kovach PFAC	Community Member
Debra Scheinberg	Manager, Marketing & Communications
Jacky Schultz	EVP & COO, Administration
Judy Holloway	Coordinator, Quality Management
June Graft PFAC	Community Member
Karen Carlson	Director, OR Minor
Kathrine Carongoy	Nurse, Adult Surgical
Kristina Kepner	Nurse, Nursing Education
Leighann Sidone	VP CNO, Administration
Matilde Hazeley-Muhongi	Nurse, Intensive Care Unit
Norma Bent	Director, Care Coordination
Pamela Fogan	Director, Volunteer Services
Pamela Gurian	Nurse, PACU
Patricia Rios	Supervisor, Community Health & Wellness
Quentin Simeone	Coordinator, Clinical Support
Sarah Rassmussen	Eppic Informatics, MIS
Shawn Donnelly	Director, Managed Care
Steve Bokat PFAC	Community Member
Teresa MCCannon	Nurse Educator, Nursing Education
Toby Levin PFAC	Community Member

Appendix H. Suburban Hospital Program & Services Asset Map

Behavioral Health

SUBURBAN HOSPITAL

5 sites
- Support groups (host & facilitate)
  - Nutrition
  - Bipolar disorders
  - Stroke
  - Diabetes
  - Cancer
  - Respiratory
- Health education seminars
- Addiction treatment center (includes outreach)
- Mindfulness Meditation classes

Cardiovascular Health

SUBURBAN HOSPITAL

35 sites
- HeartWell Clinics
- Blood pressure screenings
- Cholesterol screenings
- MobileMed/NIH Heart Clinic
- Dine & Learn
- Physical activity classes
  - Senior Shape
  - Mall walking
  - Tai Chi
- Health education seminars and symposia
- Health fairs
- CPR classes
- Financial support for safety net clinics
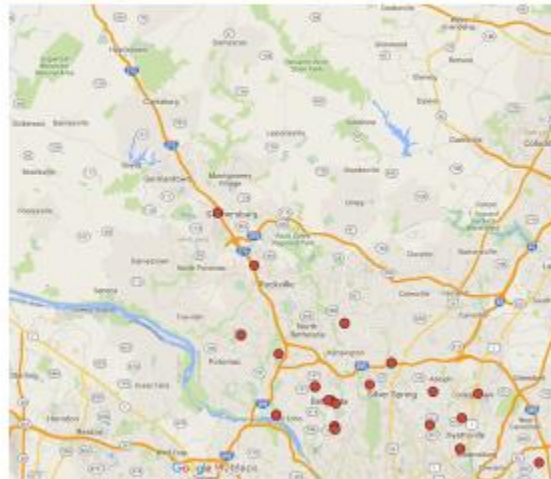
Diabetes

7 sites
- Pre-diabetes and diabetes management classes
- Support groups
- Nutrition counseling
- MobileMed/NIH Endocrine Clinic
- Health education seminars
- Diabetes symposium
- Financial support for safety net clinics
- Support of Protecyo Salud diabetes school

Obesity

9 sites
- Dine & Learn
- Senior Shape
- Physical activity
  - Girls on the Run
  - Fun runs
- Nutrition counseling
- Nutrition classes & seminars
- Cooking demonstrations
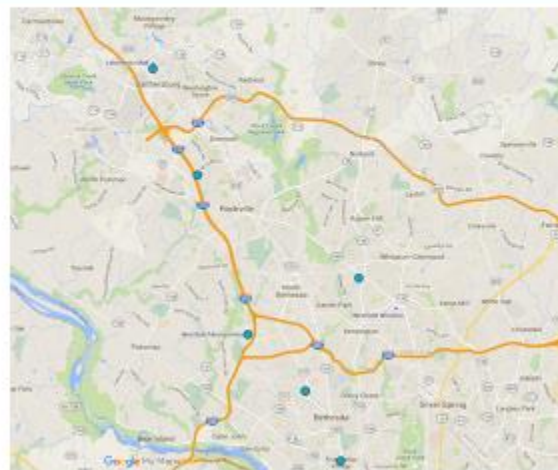
Cancer

24 sites
- Screenings (skin, head, neck)
- Free pap smears for Proyecto Salud patients
- Patient navigators
- Symposia
  - Breast
  - Prostate
- Survivor support groups
- Colorectal awareness day
- Health education seminars & classes
  - Check it Out (breast & testicular)
  - Yoga
  - Look Good, Feel Better
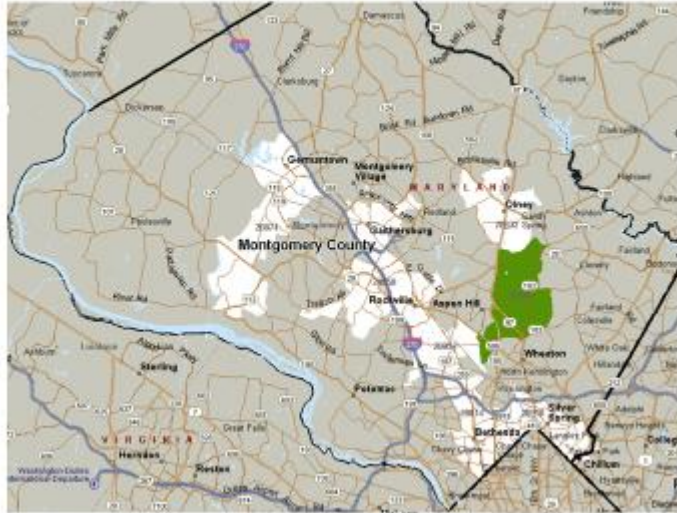
Maternal and Child Health

9 sites
- Safe Sitter
- Adopt-a-Family
- Parenting seminars
- Survival guide for first-time grandparents
- The Gabriel Project & Knots for Shots
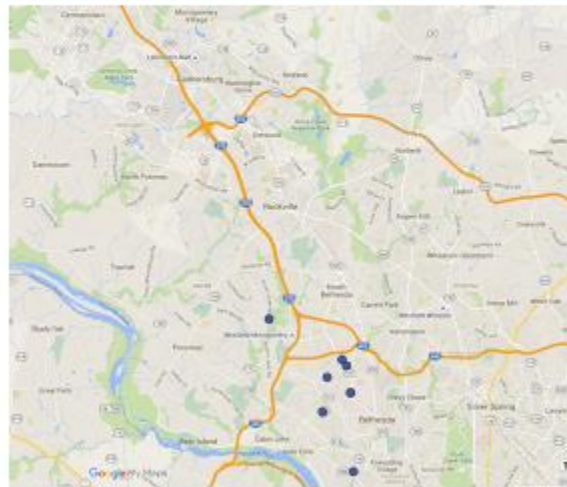
Appendix I. Asset Map for Montgomery County

Behavioral Health

Gradient shading based on number of programs in ZIP code; darker the shading, higher number of programs
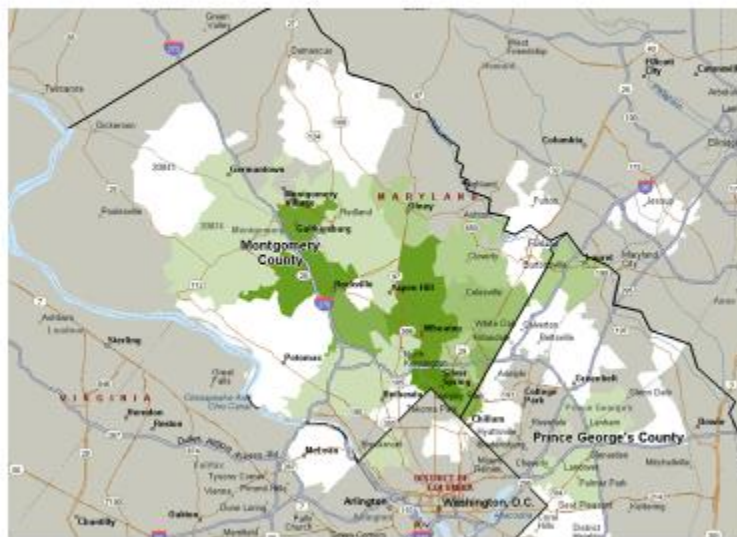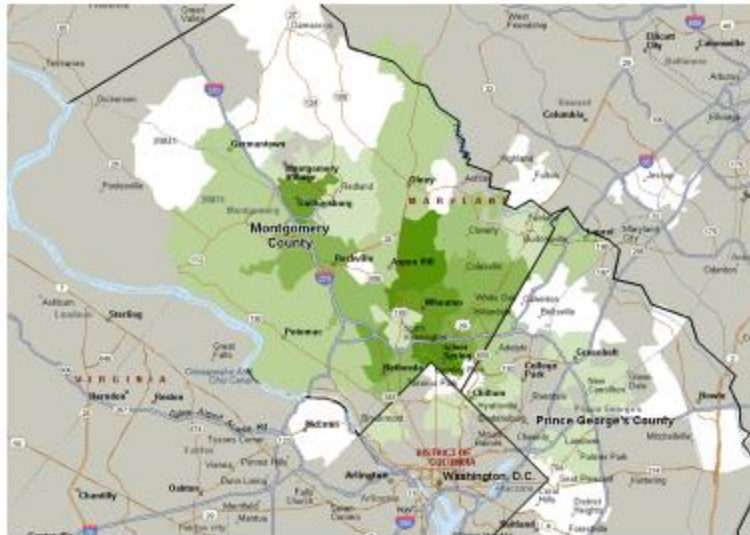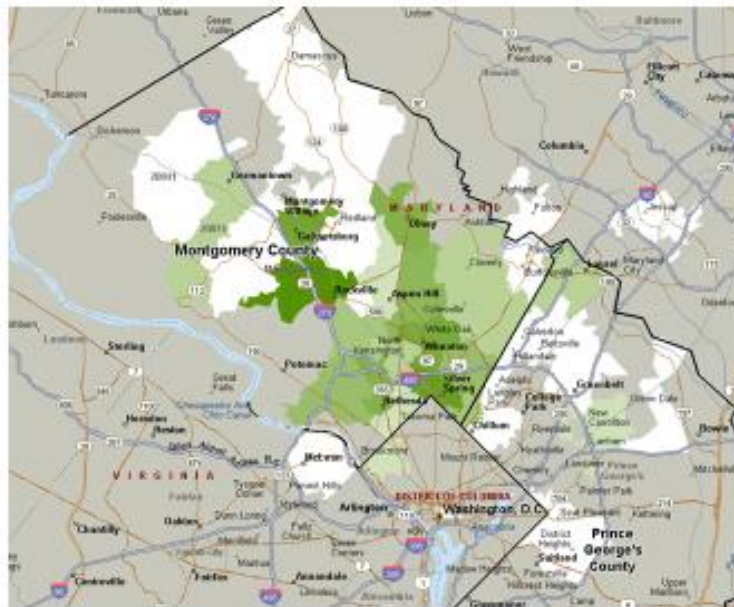

Obesity

Maternal and Infant Health

Diabetes

Cardiovascular

Cancer

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