



# MedStar Health

MedStar Franklin Square Medical Center • MedStar Georgetown University Hospital  
MedStar Good Samaritan Hospital • MedStar Harbor Hospital  
MedStar Montgomery Medical Center • MedStar National Rehabilitation Network  
MedStar St. Mary's Hospital • MedStar Union Memorial Hospital  
MedStar Washington Hospital Center

## Community Health Assessment 2012

**MedStar Montgomery Medical Center**

**Full Report**

*Knowledge and Compassion*  
**Focused on You**

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## Executive Summary

MedStar Health conducted its first Community Health Assessments (CHA) as a system for each of the nine MedStar hospitals in fiscal year 2012 (July 1, 2011-June 30, 2012). This new systemwide effort was borne out of the need to create a more organized, formal and systematic approach to meeting the needs of underserved communities. This opportunity is especially relevant in light of growing momentum and increased scrutiny around how hospitals are making a measurable contribution to the health of the communities they serve. MedStar Health's CHAs comply with the new Internal Revenue Service (IRS) mandate requiring not-for-profit hospitals to conduct community health needs assessments once every three years.

MedStar Health's approach to the CHA is based on guidelines established by the IRS. The approach also incorporates best practice standards that have been published by nationally recognized leaders in the field, such as the Catholic Health Association,<sup>1</sup> the Association for Community Health Improvement<sup>2</sup> and the American Public Health Association.<sup>3</sup> The CHA allows hospitals to better understand the health needs of vulnerable or underserved populations; and subsequently, develop a plan that will guide future community benefit programming. MedStar Health hospitals will advance their work in the community by deploying community benefit resources to support a documented plan with measurable objectives.

The involvement of local residents, community partners, and stakeholders was a cornerstone of the CHA. Each hospital's assessment was led by an Advisory Task Force (ATF), which was comprised of a diverse group of individuals, including grassroots activists, community residents, faith-based leaders, hospital representatives, public health leaders and other stakeholder organizations, such as representatives from local health departments. ATF members reviewed quantitative and qualitative data and provided recommendations for the hospital's health priorities, specifically as they relate to the needs of underserved and low-income communities.

The findings from extensive data analyses were corroborated by stakeholder and community input. Heart disease was consistently identified as a priority for all of MedStar's acute hospitals. Diabetes and obesity were also high priorities for most hospitals. In addition to heart disease, diabetes and obesity, two of the acute hospitals identified unique priorities based on their needs assessment, coupled with existing goals or efforts with community partners. MedStar St. Mary's Hospital selected substance abuse to align with existing county priorities. MedStar Franklin Square Medical Center identified substance abuse and asthma due to its existing partnership with the Southeastern Network Collaborative and Baltimore County Public Schools. MedStar National Rehabilitation Hospital, MedStar's only free-standing specialty hospital, identified prevention of subsequent stroke among persons who speak Spanish as a primary language as an underserved population in the rehab community.

Each hospital identified a Community Benefit Service Area (CBSA) – a specific community or target population of focus, a very important aspect of the needs assessment. The impact of the hospitals' work in the CBSA will be tracked over time. Implementation strategies were developed and will serve as a roadmap for how the hospital will use its resources and collaborate with strategic partners to address the priorities.

Implementation strategies were endorsed by the hospital's Board of Directors and the Strategic Planning Committee of the MedStar Health Board of Directors. The MedStar Health Board of Directors approved each hospital's implementation strategy on June 20, 2012.

IRS Requirements for Tax Exempt Status:  
Community Health Assessments

In 2006, the Internal Revenue Service (IRS) initiated a study that examined the community benefit reporting methodologies of more than 500 not-for-profit hospitals. There were three key findings: 1) there were discrepancies in how hospitals were defining and reporting community benefit; 2) there was no standardized approach in determining how to use community benefit resources to best meet the needs of the community; and 3) some hospitals' community benefit contributions were not commensurate with their tax exempt status.<sup>4</sup> These findings have informed a national argument for developing more consistent community benefit reporting expectations for all not-for-profit hospitals.

On March 23, 2010, Congress approved the Patient Protection and Affordable Care Act (PPACA). The Act included a Community Health Assessment (CHA) mandate for not-for-profit hospitals. According to the mandate, the CHA must be conducted once every three years and it must include input from persons who represent the broad interests of the community, as well as those with public health expertise. Furthermore, an implementation strategy must be developed by the hospital and approved by its Board of Directors. The implementation strategy must be publicly available within the same tax year the CHA is conducted.<sup>5</sup>

## Systemwide Approach to the Community Health Assessment

MedStar Health hospitals conducted their CHAs in accordance with a framework established by the Corporate Community Health Department (CCHD). The CCHD provided project oversight and technical assistance to the hospital throughout the CHA process. The scope of the assessment included: determining key stakeholder roles and responsibilities; establishing data collection and data analyses methodologies; determining a Community Benefit Service Area (CBSA) and developing health priorities, implementation strategies and outcome measures.

### Roles and Responsibilities

- *Corporate Community Health Department* - Establish a CHA methodology for all hospitals; identify strategic partners; provide expertise and technical support as needed; ensure that processes, deliverables and deadlines comply with the IRS mandate.
- *Executive Sponsor* – Serve as liaison to the senior leadership team; ensure the hospital's selected priorities are aligned with the strengths of the organization.
- *Hospital Lead* – Serve as internal resource on existing community health programs and services; facilitate and document all activities associated with the assessment.
- *Advisory Task Force* – Review quantitative data; design data collection tool and review findings; recommend the hospital's Community Benefit Service Area and community benefit health priorities. *Task force members included grassroots activists, community residents, faith-based leaders, hospital representatives, public health leaders and other stakeholder organizations, such as representatives from local health departments.*
- *Hospital Boards* – Review and endorse the hospital's Community Benefit Service Area health priorities and implementation strategy.
- *Strategic Planning Committee of the MedStar Health Board* - Review and endorse each hospital's Community Benefit Service Area, health priorities and implementation strategy.
- *MedStar Health Board of Directors*– Approve each hospital's implementation strategy.

### Data Collection and Review

Advisory Task Force members analyzed quantitative and qualitative data to identify and confirm health priorities. In an effort to promote consistency in data collection and analysis among all hospitals, MedStar Health partnered with the Healthy Communities Institute (HCI)<sup>6</sup> and Holleran Consulting.<sup>7</sup>

#### *Quantitative Data*

The HCI provided a dynamic web-based platform that included over 130 Community Health indicators pulled from over 40 reputable sources. The platform allowed Advisory Task Force members to identify the most pressing health priorities in their service areas. Members were also able to identify health disparities based on varying health conditions.

HCI data were available by county or city and some measures were available by census tract. If more localized data were available, the CCHD facilitated efforts to ensure they were accessible to Advisory Task Force members. *Baseline data for indicators that were not available, but deemed important by some hospitals, will be determined as a FY13 implementation action step.*

### *Qualitative Data*

MedStar Health engaged Holleran, a public health consulting firm, to help each Advisory Task Force: 1) develop a community input tool; 2) conduct face-to-face community input sessions; 3) analyze findings and undergo a prioritization process; and 4) develop an approach to an implementation strategy.

Each ATF developed a community input survey that was disseminated to the residents and stakeholders of its CBSA. The tool included approximately 30 questions that allowed respondents to rate their perception of the level of importance around issues related to wellness and prevention, access to care and quality of life. Open-ended questions allowed them to offer suggestions on the hospital's role in addressing some of the community's most severe health issues. The majority of respondents completed the survey online. Hard copies were also available and respondents had the option to complete the survey over the phone. The survey was available in Spanish for hospitals that targeted Spanish speaking populations.

Over 900 surveys were completed systemwide. In an effort to capture a snapshot of the respondent population, demographic variables were collected for each respondent and aggregated in the hospital's final report. Variables included race, highest level of education, household annual income and health insurance status.

Face-to-face input sessions were open to residents and stakeholders of the targeted communities. Each hospital's session lasted 90 minutes. During the session, participants were asked the same questions that were included in the community input survey. However, respondents contributed their input through keypad technology, which allowed for more efficient prioritization of health concerns. The session concluded with breakout sessions that allowed participants to engage in guided conversations related to critical issues that impact the health of their community. The dialogue allowed facilitators to identify important trends and issues that would inform the hospital's approach to its implementation strategy.

In addition to face-to-face input sessions for the community at-large, another community input session was held with public health leaders in two jurisdictions where MedStar Health has more than one hospital – Baltimore City and the District of Columbia. There were 23 participants in the session held in the District of Columbia and 7 participants in the Baltimore City session. Participants included representatives from the Department of Health, federally qualified health centers, community clinics, the United Way, the Catholic Health Association, schools of public health and healthcare coalitions.

### Local, State and National Health Goals

In addition to reviewing primary and secondary data, Advisory Task Force members reviewed city, state and national health goals. For example, Maryland hospital task force members reviewed the priorities outlined in Maryland's State Health Improvement Process;<sup>8</sup> Baltimore City task force members reviewed Healthy Baltimore 2015;<sup>9</sup> and all task force members reviewed Healthy People 2020<sup>10</sup> targets. Awareness of these targets helped task force members understand the context of national, state and local jurisdiction health goals as they prioritized health issues.

As part of the assessment, all MedStar hospitals collaborated with or received input from their local health departments. For example, Baltimore City hospital presidents had a series of meetings with the Baltimore City Health Commissioner to explore opportunities to align the city's lead health priority, heart disease, with hospital activities.

## Summary of Systemwide Key Findings

Although Community Health Needs Assessments were specific to each hospital, all hospitals identified heart disease as a key health priority. All MedStar hospitals in Baltimore City and MedStar Georgetown University Hospital and MedStar Washington Hospital Center in the District of Columbia identified diabetes as a priority. Priorities were selected by quantitative data analyses and corroborated by stakeholder and community input.

*Key Finding: A high prevalence of heart disease with noteworthy gender and racial disparities in some jurisdictions.*

### Washington Hospitals

- *District of Columbia:* The age adjusted death rate due to coronary heart disease is 184.1 per 100,000. Compared to all US counties, this figure falls within the range of the worst quartile. The rate is also significantly higher than the Healthy People 2020 target (100.8/100,000).<sup>11</sup> The age adjusted death due to coronary heart disease is significantly higher in Blacks/African Americans (228.1/100,000) compared to Whites (116.0/100,000).<sup>11</sup> It is also significantly higher in men (247.2/100,000) than women (140.3/100,000).<sup>11</sup>
- *St. Mary's County:* The age adjusted death rate due to heart disease is 234.4 per 100,000.<sup>12</sup> Compared to all Maryland counties, this figure falls within the range of the worst quartile.<sup>12</sup>
- *Montgomery County:* 38.7% of Montgomery County residents age 18 and older have high cholesterol. This percentage is higher than the state average and ranks within the 25<sup>th</sup> to 50<sup>th</sup> percentile of all Maryland counties. It also exceeds the Healthy People 2020 target (13.5%).<sup>13</sup>

### Baltimore City Hospitals

- *Baltimore City:* The age adjusted death rate due to heart disease is 262.9/100,000.<sup>12</sup> Compared to all Maryland counties, this figure falls within the worst quartile.<sup>12</sup> The death rate is significantly higher in men (339.1/100,000) than women (209.9/100,000).<sup>12</sup>
- *Baltimore County:* 33.8% of Baltimore County residents age 18 and older have hypertension.<sup>13</sup> This percentage is higher than the state average and ranks among the worst quartile of all Maryland counties. It also exceeds the Healthy People 2020 target (26.9%).<sup>13</sup> The prevalence of hypertension is also higher in Blacks/African American (48%) than Whites (31.7%).<sup>13</sup>
- *Anne Arundel County:* The age adjusted death rate due to heart disease is 196.8 per 100,000. Compared to all Maryland counties, this figure falls within the range of the worst quartile.

*Key Finding: A high prevalence of diabetes with noteworthy racial disparities in the District of Columbia and Baltimore City.*

**District of Columbia**

10.9% of District of Columbia residents age 18 and older have been diagnosed with diabetes.<sup>14</sup> Compared to all US states, this percentage is within the worst quartile.<sup>14</sup> The prevalence of diabetes is significantly higher in Blacks/African Americans (17.5%) than Whites (3.6%).<sup>14</sup>

**Baltimore City**

12.9% of Baltimore City residents age 18 and over have diabetes<sup>13</sup> and the age adjusted death rate due to diabetes in Baltimore City is 31.9/100,000.<sup>12</sup> Compared to all Maryland counties, these figures rank among the worst quartile.<sup>13</sup> The prevalence of adults with diabetes is higher in Blacks/African Americans (15%) than Whites (9.6%) and the age adjusted death rate in Blacks/African Americans is higher (39.0/100,000) than whites (21.7/100,000).

**Heart Disease Statistics**

Measure	District of Columbia	St. Mary's County	Montgomery County	Baltimore City	Baltimore County	Anne Arundel County	Healthy People 2020
Age adjusted death rate due to heart disease (per 100,000)	184.1	234.4	131.0	262.9	196.6	198.8	N/A
% of adults with high blood pressure	26.1	24.0	24.5	<b>36.7*</b>	<b>33.8*</b>	<b>28.5*</b>	26.9
% of adults with high cholesterol	<b>34.6*</b>	<b>33.4*</b>	<b>38.7*</b>	<b>36.1*</b>	<b>36.2*</b>	<b>34.9*</b>	13.5

*\*percentage exceeds Healthy People 2020 goal*

*Key findings from surveys and community input sessions*

Over 900 surveys were completed throughout region and nine community input sessions were conducted. The following opportunities were consistently identified across the system:

**Wellness and Prevention:** Respondents expressed an ongoing need for programs and services that address heart disease, overweight/obesity, diabetes and cancer. Efforts to increase awareness of existing wellness and prevention services were also suggested.

**Access to Care:** Respondents recommended that providers bring health services directly into the communities that need them most. Increasing the accessibility of specialty care providers for the underinsured and uninsured and enhancing access to convenient and affordable transportation for medical visits were also high priorities.

**Quality of Life:** Respondents suggested comprehensive efforts to improve the quality and safety of neighborhoods to promote physical activity and healthy living. Increasing access to affordable healthy foods was also identified as a need.

## **Community Benefit Service Areas and Priorities**

### Community Benefit Service Areas

Each hospital's Advisory Task Force identified a Community Benefit Service Area (CBSA) – which is defined as a geography or target population that will serve as the hospital's priority for future community benefit programming. CBSAs were determined based on the following key considerations: 1) a high density of residents who are low-income or underserved; 2) the CBSA's proximity to the hospital; and 3) an existing presence of effective programs and partnerships.

The CBSA will benefit from an increased or expanded presence of community health services sponsored by the hospital and supported by its partners. Potential best practices will be piloted in the CBSA and existing evidence-based programs will be replicated in other CBSAs throughout the system. Services in the CBSA will include formal and more extensive data collection and tracking of outcomes to demonstrate a change in knowledge, skill, behavior or health status of persons impacted. Demographic variables, such as race/ethnicity, language, culture and insurance status will also be collected. Findings will support efforts to continuously improve services to ensure cultural and linguistic relevance. These efforts will contribute to local and national health disparity goals.

### Common Priorities

The terminology used to depict each priority was determined by the hospital's Advisory Task Force and based on what was preferred and resonated most with the community. For example, community members preferred the term "heart disease" over "cardiovascular disease" and some hospitals selected heart disease as a priority, while others selected a risk factor for heart disease as a priority. MedStar Georgetown University Hospital will focus on the reduction of hypertension in its service area and MedStar St. Mary's Hospital will implement activities aimed to reduce the percentage of obese or overweight residents in its service area. The majority of acute hospitals identified diabetes as a priority. While the terminology may be unique, many of the educational and preventive activities for heart disease, diabetes, obesity and hypertension are interrelated.

### Unique Priorities

Quantitative and qualitative findings, coupled with pre-existing partnerships allowed some hospitals to identify unique priorities. MedStar St. Mary's Hospital selected substance abuse based on quantitative data and alignment with a pre-determined county priority. MedStar Franklin Square Medical Center selected substance abuse and asthma due to a pre-existing partnership with the Southeastern Network Collaborative and Baltimore County Public Schools, respectively. MedStar National Rehabilitation Hospital identified prevention of recurrent stroke among persons who speak Spanish as a primary language as a unique and underserved population in the rehab community.

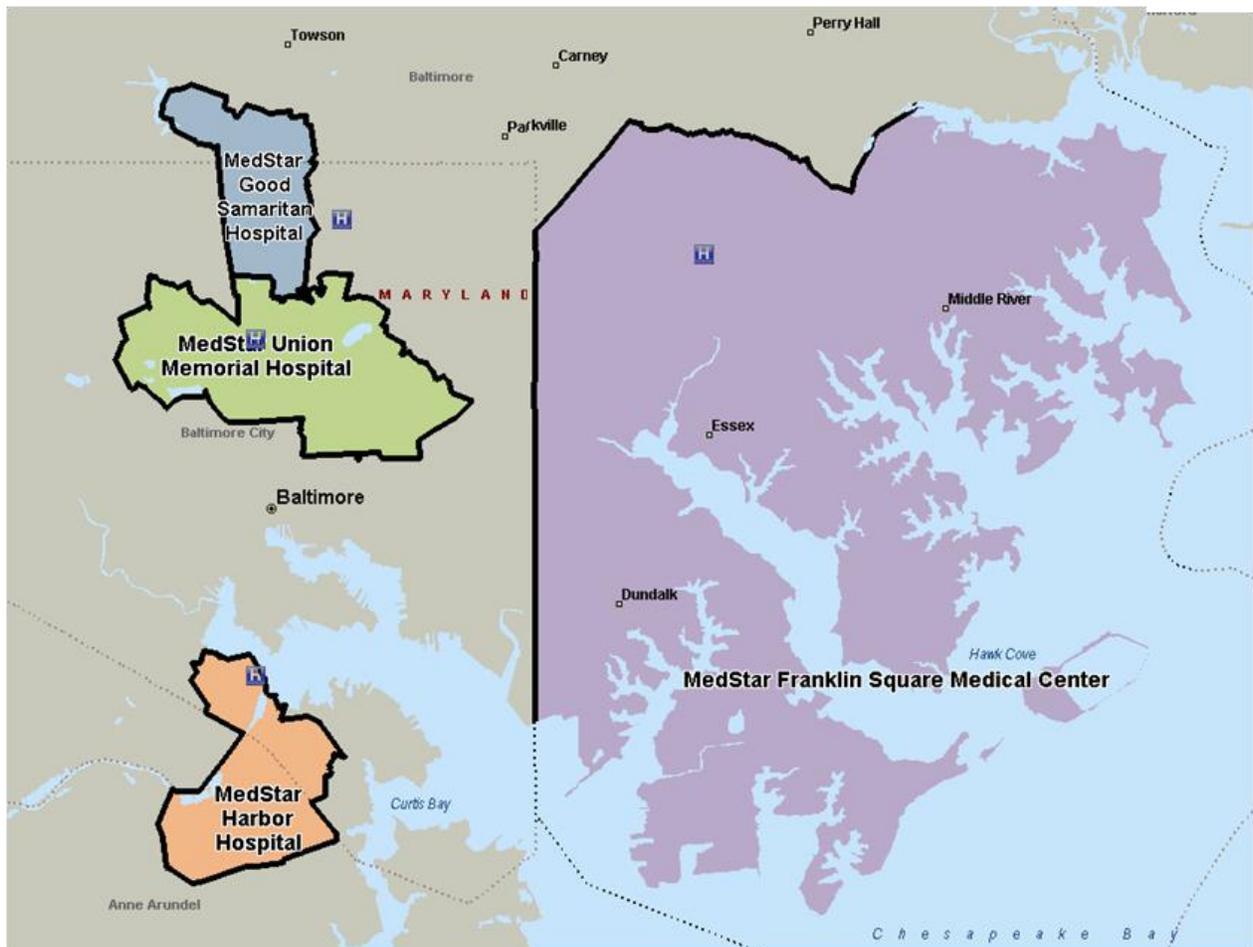
### Services Provided Outside of the CBSA

MedStar hospitals have a history of contributing to the health of the region by providing services outside of their CBSAs. These programs and services address health awareness, education, early detection and prevention of disease. Hospitals will continue to maintain a presence in these areas; however, the CBSA will serve as the population of focus. Activities within the CBSA will be evaluated or refocused for more rigorous outcomes tracking. Promising practices will be piloted and evidence-based programs will be replicated in the CBSA.

**Overview of Individual Hospital Community Benefit Service Areas and Health Priorities**

**Baltimore Hospitals**

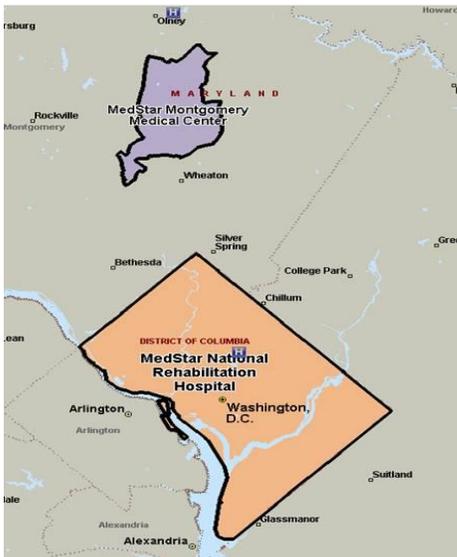
	<b>MedStar Franklin Square Medical Center</b>	<b>MedStar Good Samaritan Hospital</b>	<b>MedStar Harbor Hospital</b>	<b>MedStar Union Memorial Hospital</b>
Heart Disease	X	X	X	X
Diabetes		X	X	X
Substance Abuse	X			
Asthma	X			
<b>Community Benefit Service Area</b>	Southeast Baltimore County	Greater Govans	Cherry Hill / Brooklyn Park	North Central Baltimore City



Washington Hospitals

	MedStar Georgetown University Hospital	MedStar Montgomery Medical Center	MedStar National Rehabilitation Hospital	MedStar St. Mary's Hospital	MedStar Washington Hospital Center
Heart Disease	X	X		X	X
Diabetes	X			X	X
Obesity	X			X	X
Substance Abuse				X	
Stroke			X	X	
<b>Community Benefit Service Area</b>	Ward 6	Aspen Hill / Bel Pre	Spanish speaking stroke survivors and their caregivers	St. Mary's County with emphasis on Lexington Park	Ward 5

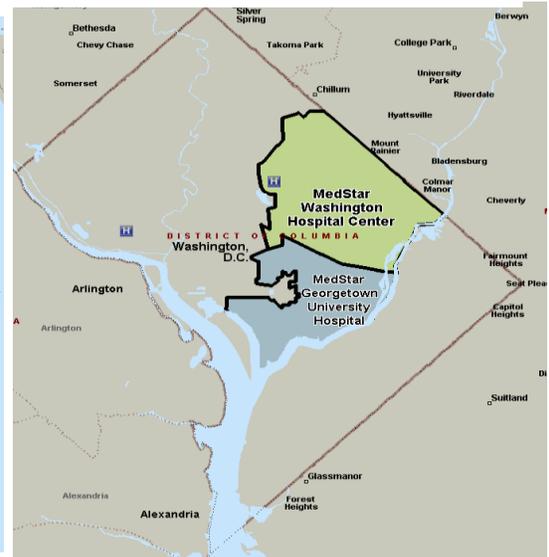
MedStar Montgomery Medical Center  
MedStar National Rehabilitation Hospital



MedStar St. Mary's Hospital



MedStar Georgetown University Hospital  
MedStar Washington Hospital Center



### Implementation Strategy Approach

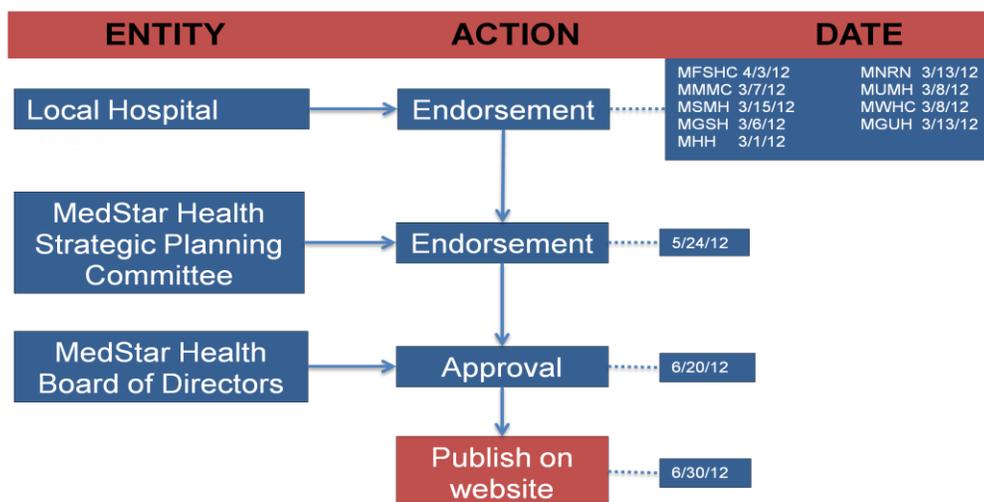
The Implementation Strategy serves as a roadmap for how community benefit resources will address the health priorities and contribute to the health of the communities served. In an effort to improve outcomes and measure progress over time, the activities are few and focused. The programming component of the Implementation Strategy is based on:

- Including specific short- and long-term measurable outcomes.
- Refining or expanding existing programs and services that are aligned with health priorities.
- Sustaining, enhancing or identifying new partners.
- Focusing on the expansion of services directly into communities of need.
- Identifying and testing promising practices for replication throughout the system.
- Developing common programming to support heart disease, the system priority.
- Leveraging expertise throughout the system.
- Sharing and using existing human and operating resources to support priorities.

The activities documented in the Implementation Strategy will undergo extensive evaluation. Process evaluations will support continuous quality improvement efforts to enhance how the activity is delivered and outcome evaluations will assess for a change in knowledge, skill or health status among persons impacted. In an effort to support local and national health disparity goals, mechanisms for more robust demographic data collection will be established. Examples include but are not limited to: race/ethnicity, primary language, culture and religious affiliation.

Each hospital’s Implementation Strategy was written by the Hospital Lead and supported by the Executive Sponsor. The strategy was endorsed by the hospital’s Board of Directors and the MedStar Health Board of Directors’ Strategic Planning Committee, and approved by the MedStar Health Board of Directors.

#### **IMPLEMENTATION STRATEGY ENDORSEMENT AND APPROVAL PROCESS**



## **Institutionalizing Performance**

### *Corporate Community Health Department (CCHD)*

The CCHD Department will provide systemwide leadership to optimize the outcomes of the hospital's implementation strategy. The Department will manage the activities of a Community Benefit Workgroup, identify a common platform for tracking and measuring performance, and identify new partners and sustain relationships with existing partners who support a systemwide strategy. The Department will also work with Hospital Leads to support the execution of implementation strategies and convene groups to support the replication of evidence-based programs across the system.

- **Community Benefit Workgroup**  
The Community Benefit Workgroup is comprised of Hospital Leads and other internal community health associates. The workgroup convenes quarterly and meetings are designed to promote information exchange, disseminate new guidelines and performance measures, ensure consistency in documentation and data collection, and advance the knowledge, skills and abilities of individual team members.
- **Tracking and Measurement**  
The Corporate Community Health Department will identify, develop and implement a common platform for documenting demographics and change in knowledge, skills or health status of persons impacted. The department will provide guidelines and provide technical support to promote consistency across all hospitals.
- **Partnerships**  
Heart disease is a systemwide priority for MedStar Health. Activities to prevent heart disease and promote healthy living among persons with heart disease are included in each hospital's implementation strategy. The CCHD Department will lead efforts to cultivate partnerships that will expand the hospitals' capacity to contribute to the reduction of heart disease in vulnerable populations. The CCHD will also explore opportunities to expand MedStar Health's partnership with the Department of Health and Human Services as a member of the Million Hearts Campaign.

### *Hospital Leadership*

Senior leaders who oversee the hospital's community benefit activities will support efforts to identify resources that can be allocated or reorganized to support the priorities and activities documented in the implementation strategy. Hospital leaders will also identify and support opportunities to integrate community benefit activities with the relevant requirements of each hospital's accreditation or certification programs.

### *Advisory Task Force, Board Leadership and Community Updates*

Annual updates on the progress of the implementation strategy will be provided to the hospital's Advisory Task Force, the Board of Directors and the MedStar Health Strategic Planning Committee. Updates will also be available to the community and stakeholders through the MedStar Health corporate website.

## Resources

- 1 [http://www.chausa.org/Assessing\\_and\\_Addressing\\_Community\\_Health\\_Needs.aspx](http://www.chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx)
- 2 <http://www.communityhlth.org/>
- 3 <http://www.apha.org/>
- 4 <http://www.irs.gov/pub/irs-tege/frepthosproj.pdf>
- 5 <http://housedocs.house.gov/energycommerce/ppacacon.pdf>
- 6 <http://www.healthycommunitiesinstitute.com/>
- 7 <http://www.holleranconsult.com/>
- 8 <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>
- 9 <http://www.baltimorehealth.org/healthybaltimore2015.html>
- 10 <http://www.healthypeople.gov/2020/default.aspx>
- 11 <http://wonder.cdc.gov/ucd-icd10.html>
- 12 <http://www.dhmh.state.md.us/>
- 13 <http://www.marylandbrfss.org/>
- 14 <http://apps.nccd.cdc.gov/brfss/>

*For more information on MedStar Health's Community Health Assessment, please contact the  
Corporate Community Health Department  
410-772-6693 or Jessica.Roach@medstar.net*

**MedStar Montgomery Medical Center  
Community Health Assessment FY2012**

**1. Define the hospital's Community Benefit Service Area (CBSA) and identify the hospital's community benefit priorities.**

MedStar Montgomery Medical Center's (MedStar Montgomery) Community Benefit Service Area includes residents in the Aspen Hill/Bel Pre neighborhood (ZIP code 20906) with a focus on persons aged 50 and older having risk factors that are linked to heart disease. This area was selected due to its close proximity to the hospital, coupled with a high density of residents with low-incomes.

While the primary focus will be on heart disease, the other identified community needs of cancer prevention and mental/behavioral health will be considered for future programming, with greater focus to begin in FY14.

**2. Provide a description of the CBSA.**

The area encompassed by ZIP code 20906 has 65,043 residents, over 40% of whom are age 54 or older. The population is racially diverse, with 44.3% White, 25.5% Black/African American, 12.3% Asian and 17.9% other (Claritas, 2011). According to the Montgomery County Department of Health and Human Services, the leading cause of death for both males and females in Montgomery County as a whole is cardiovascular disease (2009).

MedStar Montgomery Medical Center selected this area as the CBSA for several reasons. First, African American and Asian male populations in have the highest prevalence of heart disease, cholesterol and high blood pressure in the Montgomery County (Maryland Department of Health and Mental Hygiene; Maryland Behavioral Risk Factor Surveillance System). As nearly 38% of the Aspen Hill/Bel Pre population consists of these two groups, it represents a high risk area where cardiovascular health education can have the greatest impact.

Second, the hospital used the Catholic Healthcare West's Community Needs Index (CNI), which measures the severity of health disparities based on five healthcare access barriers: income, culture/language, education, insurance and housing. According to the CNI scoring methodology, a score of 1.0 indicates a zip code with the lowest socio-economic barriers, while a score of 5.0 represents a zip code with the most socio-economic barriers. Zip code 20906 scored 3.4 out of 5 indicating pervasive socioeconomic disparities in access to healthcare services.

**3. Identify community health assessment program partners and their expertise or contribution to the process.**

**Holleran** is a public health research and consulting firm with 20 years of experience in conducting community health assessments. The firm provided the following support: 1) assisted in the development of a community health assessment survey tool; 2) facilitated the community health assessment face-to-face group session; and 3) facilitated an implementation planning session.

**Montgomery County Department of Health and Human Services (DHHS)** provided countywide leadership to support the design of [www.healthymontgomery.org](http://www.healthymontgomery.org), a web-based, interactive platform that houses quantitative data based on 129 community health indicators. Using a dashboard methodology, the web-based portal supported the hospital's prioritization

process. As a financial supporter of [www.healthymontgomery.org](http://www.healthymontgomery.org), MMMC partners with the DHHS, other hospitals in the county, and community stakeholders to develop, support and execute a countywide community health improvement strategy.

**4. State who was involved in the decision-making process.**

To determine MedStar Montgomery Medical Center’s community benefit focus for FY12-FY14, the hospital formed an Advisory Task Force, which consisted of hospital personnel, community leaders and community members.

The Advisory Task Force reviewed local secondary data, coupled with state and federal community health goals. Task Force members also reviewed the hospital’s operating plan, as well as current community benefit programs and services. In partnership with Holleran, the team developed and helped disseminate a community health assessment tool around three key areas: 1) wellness and prevention; 2) access to care; and 3) quality of life.

In addition to quantitative and qualitative findings, the Task Force considered the hospital’s capabilities as well as local, regional and state health goals. Based on these findings, the team made a recommendation on the priorities. The priorities were approved by the hospital’s president, endorsed by the hospital board of directors, endorsed by the MedStar Health Board of Director’s Strategic Planning Committee and approved by the MedStar Health Board of Directors.

**Advisory Task Force Membership**

<b>Name</b>	<b>Title / Affiliation with Hospital</b>	<b>Name of Organization</b>
Nikki Yeager	Executive Sponsor / Vice President, Planning, Marketing and Business Development	MedStar Montgomery Medical Center
Veronica M. Everett	Lead / Community Outreach Coordinator	MedStar Montgomery Medical Center
Amy Matey	Co-Lead / Analyst	MedStar Montgomery Medical Center
Dr, Robert Larkin	Physician; Emergency Dept	Physician; Volunteer
Dr. Morton Albert	Physician; AMHC	Physician; Volunteer
Julie Bawa	Board Member	Project Officer, Public Health Analyst at US Dept of HHS
Margaret Simons	Community Member	Volunteer
Judith Thomas	Community Member	Proyecto Salud
Dr. Giuliana Centty	Board Member	Private Practice

**5. Justify why the hospital selected its community benefit priorities.**

<b>a) Heart Disease</b>	
<b>Quantitative evidence</b>	Heart disease is the leading cause of death in White, Latino and African American/Black men and women. (American Community Survey, U.S. Census Bureau, American Fact Finder, 2005-2009). Rates of high cholesterol have increased in the county from 30% in 2005 to 39% in 2009 ( <a href="http://app.nccd.cdc.gov/cdi">http://app.nccd.cdc.gov/cdi</a> ).
<b>Qualitative evidence</b>	74.2% (n=31) of Community Input Survey respondents, who live and/or work in the CBSA, classified the incidence of heart disease as “somewhat severe,” “severe” or “very severe.”
<b>Hospital strengths</b>	MedStar Montgomery Medical Center is a Certified Primary Stroke Center and Accredited Chest Pain Center, and one of only 4 recipients in the state of the 2011 Gold Performance Achievement Award, Action Registry-GWTG from the American College of Cardiology and American Heart Association.
<b>Alignment with local, regional, state or national health goals</b>	All local, regional, state and national health goals identify heart disease as a priority health condition. Healthy People 2020 HDS-1 through HDS-5 MD SHIP: Reduce deaths from heart disease
<b>Other justification</b>	N/A

**6. Does the hospital currently have community benefit activities that support other key health needs that were identified as important in the Community Health Assessment?**

<b>Condition / Issue</b>	<b>Classification</b>	<b>Name of Program / Description of Service</b>	<b>Key Partner</b>
Behavioral / Mental Illness	Access to Care	24-hour, 365 day help line; shuttle van to transport residents to and from programs	Kent Fangboner, Director AMHC
Behavioral / Mental Illness	Wellness & Prevention; Quality of Life	Postpartum Support Group	Regina Keefe, LCSW; Ann Waller, LCSW
Cancer (Breast)	Wellness & Prevention	WHIP, Women's Health Initiative Program	Proyecto Salud/Montgomery County DHHS
Cancer	Quality of Life	Monthly support group for patients, family and friends	MedStar Montgomery Medical Center's Cancer Care Navigator
Cancer	Wellness & Prevention	Ongoing lung cancer screening program	Oncology service line, MedStar Georgetown University Hospital and MedStar Washington Hospital Center

7. List other health priorities that were identified in the CHNA and describe why the hospital did not select them.

Condition / Issue	Classification	Provide statistic and source	Explanation
Mental / Behavioral Health	Quality of Life	54.9% (n=31) of Community Input Survey respondents rated mental/behavioral health as either “severe” or “very severe” within the CBSA	MedStar Montgomery Medical Center already addresses this concern through a full spectrum of programs, including a 24/7 Mental Health Help Line. MMMC provides transportation to and from programs for those in need. The hospital also hosts the county’s only postpartum support group.
Substance Abuse	Wellness & Prevention	22.6% (n=31) of Community Input Survey respondents rated substance abuse as either “severe” or “very severe” within the CBSA	MedStar Montgomery Medical Center already addresses this concern through a full spectrum of programs, including a 24/7 Mental Health Help Line. and provides transportation to and from programs for those in need.
Cancer (Breast)	Wellness & Prevention	Data shows there are 125.7 cases/100,000 females diagnosed with breast cancer in Montgomery County, which is ranked 13 <sup>th</sup> for highest incidence of breast cancer out of 24 counties in state of Maryland ( <a href="http://www.cancer.gov">www.cancer.gov</a> ) 25.8% (n=31) of Community Input Survey respondents rated cancer as either “severe” or “very severe” within the CBSA	MedStar Montgomery Medical Center is already addressing this issue through ongoing support programs. The hospital also has a partnership with Proyecto Salud through which it offers breast exams and follow-up care to underserved women.

Condition / Issue	Classification	Provide statistic and source	Explanation
Cancer (Lung)	Wellness & Prevention	<p>Data shows that lung cancer is the second most common cancer and the primary cause of cancer-related death in both men and women in the U.S. (<a href="http://seer.cancer.gov">http://seer.cancer.gov</a>)</p> <p>25.8% (n=31) of Community Input Survey respondents rated cancer as either “severe” or “very severe” within the CBSA</p>	<p>MedStar Montgomery Medical Center has an ongoing partnership with MedStar Georgetown University Hospital and MedStar Washington Hospital Center, through which it offers lung cancer screenings and diagnosis</p>
Diabetes	Wellness & Prevention	<p>38.8% (n=31) of Community Input Survey respondents rated diabetes as either “severe” or “very severe” within the CBSA</p>	<p>MedStar Montgomery offers support groups, health education talks and programs that adequately address this issue. Additionally, MedStar Montgomery feels that by focusing on heart disease factors, we will indirectly address this health concern.</p>
Overweight / Obesity	Wellness & Prevention; Quality of Life	<p>48.4% (n=31) of Community Input Survey respondents rated overweight/obesity as either “severe” or “very severe” within the CBSA.</p>	<p>MedStar Montgomery feels that by focusing on heart disease factors, we will indirectly address this health concern as well. Additionally, the hospital currently offers Yoga, Aerobics and Tai Chi courses to community members. It also partners with elementary schools in walking groups and hosts weight loss surgery seminars.</p>
Stroke	Wellness & Prevention	<p>19.3% (n=31) of Community Input Survey respondents rated stroke as either “severe” or “very severe” within the CBSA</p>	<p>MedStar Montgomery feels that by focusing on heart disease factors, we will indirectly address this health concern.</p>

**8. Describe how the hospital will institutionalize community benefit programming to support these efforts.**

The hospital's Implementation Strategy is a roadmap for how community benefit resources will be deployed and how outcomes will be reported. The Community Benefit Hospital Lead will oversee planning, programming, monitoring, and evaluation of outcomes. The Executive sponsor will support institutional efforts to re-organized or reallocate resources as needed. Annual progress updates will be provided to Advisory Task Force members and the hospital's Board of Directors. The progress report will also be publicly accessible via the hospital's website.

The MedStar Health Corporate Community Health Department (CCHD) will provide system-wide coordination and oversight of community benefit programming. The CCHD will oversee the agenda of the Community Benefit Workgroup, which is comprised of Community Benefit Hospital Leads and other community health professionals across the system. The purpose of the workgroup is to share best practices and promote consistency around data collection, tracking, and reporting that is consistent with internal policies and state and federal guidelines.

The CCHD will provide the MedStar Health Board of Director's Strategic Planning Committee with annual updates on the hospital's progress towards the goals documented in the Implementation Strategy.

**Resources**

- [www.chwhealth.org](http://www.chwhealth.org)
- American Community Survey, 2005-2009
- Claritas, 2011
- <http://app.nccd.cdc.gov/cdi>
- [www.cancer.gov](http://www.cancer.gov)
- [www.seer.cancer.gov](http://www.seer.cancer.gov)

**Implementation Strategy**

**Community Need:** Heart Disease

**Goal Statement:** To have an educated public with regard to heart disease prevention and management and available resources

**Target Population:** Males and females of all ethnicities in the geographic area of 20906 / Bel Pre/Aspen Hill.

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
1	<p>Cardiologists</p> <p>Nurse practitioners</p> <p>Nutritionists</p> <p>Vascular screening technicians</p> <p>MedStar Montgomery Medical Center Community Outreach Coordinator</p>	<p>Conduct heart disease-related education programs throughout the Aspen Hill/Bell Pre region</p>	<p>Quarterly health information talks on heart disease-related topics focused in Aspen Hill area</p> <p>Place heart disease prevention advertisements/articles</p>	<p>Increase knowledge of heart disease-related factors based on pre/post-test results<sup>1</sup></p> <p>Educate community on heart disease prevention with placement of two heart disease prevention ads/articles</p>	<p>Increase access of primary health care in Aspen Hill area<sup>1</sup></p>	<p>Holy Cross</p> <p>Montgomery County DHHS</p> <p>Community cardiac and vascular physician groups</p>	<p>Community Outreach Coordinator</p> <p>Director of Laboratory Services</p> <p>Medical Director, MedStar Montgomery Medical Center Laboratory Medicine</p>
2	<p>Health Ambassadors</p>	<p>Develop an ambassador program</p>	<p>Train four health ambassadors to extend educational reach</p>	<p>Increase contact with community with education and support</p>	<p>Continued support where needed to maintain community knowledge</p>		<p>Cardiologist</p> <p>Nurse Practitioner, Cardiac Services</p>
3	<p>MedStar Montgomery Medical Center Community Outreach Coordinator</p>	<p>Implement smoking cessation program</p>	<p>Offer two eight-week smoking cessation courses</p>	<p>Support persons wishing to quit smoking with program</p>		<p>American Lung Association</p>	<p>Physician Assistant, Cardiac Services</p>

MedStar Montgomery Medical Center

#	Resources	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes	Partnering Organizations	Responsible Party(ies)
4	<p>Cardiologists</p> <p>Nurse practitioners</p> <p>Nutritionists</p> <p>Vascular screening technicians</p> <p>MedStar Montgomery Medical Center Community Outreach Coordinator</p> <p>Health Ambassadors</p>	<p>Complement health education programs with heart disease-related screenings</p>	<p>Three cholesterol screenings of 15 persons or more with focus on Aspen Hill area</p> <p>Blood pressure screenings of 15 persons at various locations within designated community benefit area</p> <p>Semi-annual vascular screenings</p>	<p>Engage 20% or more of persons screened for cholesterol to attend information talks to educate them on how to decrease high cholesterol</p> <p>Engage 20% or more of persons screened for blood pressure reading to return for at least one follow-up screening</p> <p>Engage 20% or more of persons screened for blood pressure to attend health information talk on reducing high blood pressure</p> <p>Increase knowledge of factors contributing to vascular blockage/heart disease</p>	<p>Repeating lab work/rescreen to assess cholesterol numbers of at least 30% of originally screened persons</p>		<p>Community Outreach Coordinator</p> <p>Director of Laboratory Services</p> <p>Medical Director, MedStar Montgomery Medical Center Laboratory Medicine</p> <p>Cardiologist</p> <p>Nurse Practitioner, Cardiac Services</p> <p>Physician Assistant, Cardiac Services</p>
5		<p>Support new community clinic opening in Aspen Hill in April 2012</p>	<p>Support opening of Holy Cross Clinic in Aspen Hill</p>	<p>Educate community on opening of clinic</p>	<p>Clinic can serve as a medical home for community members</p>		

<sup>1</sup> Baseline will be established in 2013.

## **Appendix: Community Input Results**

### **Background Methodology**

Beginning in October 2011, staff from MedStar Health and Montgomery General Hospital partnered with Holleran to develop a questionnaire to gather feedback from community members. The purpose of the questionnaire was to garner feedback during “Community Input Sessions” and to distribute the questionnaire in the community via online and written data collection methodologies. Community members were also given the opportunity to complete the questionnaire over the telephone. The content of the questionnaire focused on perceptions of community needs and strengths across four key domains:

1. Access to healthcare services
2. Key health issues prominent in the community
3. Perceived quality of life
4. Availability of wellness and prevention initiatives

The hospital identified key individuals to serve on the “Advisory Task Force.” The purpose of the task force is to guide the efforts of the community assessment work and to serve as advisors with the hospital’s community benefit planning. Holleran staff worked with the Montgomery General Hospital Advisory Task Force members to supplement core questions identified by MedStar Health with additional questions that were customized to their hospital’s services and their specific community’s needs.

Given low attendance from the scheduled Community Input Session, the questionnaires were limited to what was gathered via online and written methods. Thirty-one (31) individuals from the surrounding community offered feedback via the questionnaire. It is important to note that the number of completed surveys and limitations to the random sampling yield results that are directional in nature and may not represent the entire population within the hospital’s service area.

The following report is a compilation of the responses from the completed questionnaire. This summary, in conjunction with secondary data from Healthy Communities Institute, will serve as the foundation for Montgomery General Hospital’s Implementation Planning and community benefit activities.

### Overview of Quantitative Results

#### *Respondent Demographics*

Again, it is important to note that only 31 individuals responded to the questionnaire, therefore the results are not generalizable to the entire population. The majority of the respondents were either residents in the community or public health and healthcare professionals. A smaller proportion of community leaders and other representatives responded to the survey. Roughly 77% were White and the largest proportion were between the ages of 45 and 64 (74.2%). The majority (80.6%) also reported having a college degree or higher. In alignment with education levels, the income levels were skewed to the higher categories, with roughly 67% reporting a household income of \$100,000 or greater. All respondents reporting having some form of health insurance coverage.

#### *Access to health services*

The initial set of questions focused on access to area healthcare and health services. Individuals were asked to respond to a series of statements whereby they agreed or disagreed with the corresponding statement (1=strongly disagree; 5=strongly agree). Individuals were most likely to agree that residents in the area are able to access primary care physicians or other health care providers (average rating of 4.3). Additional higher ratings were given for accessibility of medical specialists and dentists, with both garnering ratings of 4.2 on the five-point scale. Conversely, the lowest ratings were given for the availability of bilingual physicians and healthcare providers (rating of 2.6) and the availability of physicians and other healthcare providers who accept Medicaid or other forms of medical assistance (rating of 2.7). It is also noteworthy to mention that a number of individuals responded with “don’t know” to the items about bilingual providers and providers who accept Medicaid or other forms of medical assistance.

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements:		
Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care physician or other health care provider (family doctor; general practitioner; internist; pediatrician).	4.3	Agree
Residents in the area are able to access a medical specialist (oncologist, cardiologist).	4.2	Agree
Residents in the area are able to access a dentist when needed.	4.2	Agree
Residents in the area have access to transportation for medical appointments.	3.5	Agree
There are a sufficient number of physicians and other health care providers accepting Medicaid or other forms of medical assistance.	2.7	Neutral
There are a sufficient number of bilingual physicians and other health care providers in your community.	2.6	Neutral
Health prevention, screening and wellness are promoted well in your community.	3.8	Agree

*Key Health Issues*

Again, individuals were asked to respond on a scale of 1 through 5 to identify the health issues they perceived as the most severe in the community (5=very severe; 1=not at all severe). The table below outlines the average ratings on the 1 through 5 scale.

On a scale of 1 (not at all severe) through 5 (very severe), please rate how severe you believe the following are in your community:		
Factor	Mean Response	Corresponding Scale Response
Diabetes	3.2	Somewhat Severe
Cancer	2.9	Somewhat Severe
Heart Disease	3.1	Somewhat Severe
Stroke	2.9	Somewhat Severe
Obesity	3.7	Severe
Mental/Behavioral Illness	2.8	Somewhat Severe
HIV/AIDS	1.6	Slightly Severe
Substance Abuse	2.9	Somewhat Severe
Domestic/Family Violence	2.0	Slightly Severe
Abuse of Children	1.7	Slightly Severe
Asthma	2.7	Somewhat Severe
Sexually Transmitted Infections	2.2	Slightly Severe

Obesity concerns were rated as the most severe health issue in the community. This was well above the second-highest rated health issue, which was diabetes. Clearly these two issues are not mutually exclusive and the overlap is noteworthy. The two areas that received average ratings between ad 1.0 and 2.0, and thus were identified as not severe in the community, included HIV/AIDS and Child Abuse. To elaborate further, 48% of the respondents stated that HIV/AIDS is “not at all severe” in the area and nearly 39% responded that Child Abuse is “not at all severe” in terms of prominence in the community.

*Wellness & Prevention*

The awareness of and availability of area wellness and prevention services was assessed as well. Questions were asked about the availability of smoking cessation programs and services, diabetes education and management programs, and cardiovascular health services among others. The tables below outline the average 1 through 5 ratings for each item (1=strongly disagree; 5=strongly agree). In general, there were high levels of agreement across all of the statements, suggesting that individuals perceive that many of these programs are largely available to the residents in the area. The average ratings on the 1 through 5 scale range from a high of 4.3 to a low of 3.3.

The availability of both cancer screening programs and cancer support programs were rated as having the greatest availability with average ratings of 4.3 and 4.1 respectively. Generally speaking, the questionnaire respondents were in agreement that programs and support services are available for smoking cessation, diabetes prevention and management, and healthy lifestyle education. The two areas that were rated as being the least available include HIV/AIDS prevention and support programs (average rating of 3.3) and Substance Abuse prevention and education (average rating of 3.6).

**On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate your level of agreement with each of the following statements:**

Factor	Mean Response	Corresponding Scale Response
Smoking cessation programs/support are available in your community.	3.8	Agree
Diabetes prevention/education programs are available in your community.	3.9	Agree
Diabetes control/support programs are available in your community.	3.8	Agree
Cancer screening programs (mammography, prostate exams) are available in your community.	4.3	Agree
Cancer support programs are available in your community.	4.1	Agree
Healthy lifestyle (nutrition, exercise) education programs are available in your community.	3.9	Agree

**On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements:**

Factor	Mean Response	Corresponding Scale Response
Cardiovascular disease prevention/education programs are available in your community.	3.7	Agree
Cardiovascular disease control/support programs are available in your community.	3.7	Agree
HIV/AIDS prevention/support programs are available in your community.	3.3	Neutral
Substance abuse prevention/education programs are available in your community.	3.6	Agree

*Quality of Life*

The questionnaire was not limited to simply the clinical aspects of community health, but also garnered feedback on several of the known social determinants of health, such as the availability of recreational activities in the community, neighborhood safety, and the availability of fresh produce and other healthy foods. Similar to other sections on the questionnaire, individuals responded on a 1 through 5 scale with 1=very poor and 5=excellent. All of these community measures were rated favorable, with average ratings between 4.3 and 4.6. Nearly all of the survey respondents (90.3%) indicated that fresh produce and healthy foods are available to community residents. Similar high percentages (80%) noted that recreational activities and safe neighborhoods are “excellent” or “good.”

**On a scale of 1 (very poor) through 5 (excellent), please rate the quality/availability of each in the community:**

Factor	Mean Response	Corresponding Scale Response
Recreational activities	4.3	Good
Neighborhood safety	4.3	Good
Fresh produce and other healthy foods	4.6	Excellent

## Qualitative Results

The qualitative results represent the feedback garnered from the open-ended questions on the online and written surveys.

### *Suggestions to improve the access to quality health care services in the community*

Suggestions were made to partner with other organizations in the community to communicate what is available to residents. Promotions through a variety of media and advertising outlets were perceived to be the most successful. Mentions were made of the non-English speaking population in the area and that outreach and communications should take this into account. Specific recommendations were to promote not only availability of services, but days and hours when services are and are not available. Knowing that transportation can be a barrier for some, suggestions were made for the hospital to provide free shuttles from certain parts of the service area (e.g. free shuttle between Leisure World and the hospital).

Other recommendations were to increase staffing and services in the emergency room until the uninsured have other options for their healthcare. Continuity of care was voiced as a concern. It was also mentioned that there are too few specialists in the area, specifically neurosurgeons and endocrinologists.

The final theme that emerged with this question related to having consumers who are fully educated and fully aware of their responsibilities. Suggestions were made to reward patients who accept responsibility for their healthcare and outcomes. Many of these suggestions revolved around current healthcare reform initiatives and accountable care systems of reimbursement.

### *Top priorities that can be addressed in the community*

The questionnaire also asked respondents to identify what they perceived to be the top health priorities in the community. The most common health issue was obesity and related issues such as activity levels and nutrition. Many respondents perceived a significant gap in preventive care and education to the community about maintaining healthy lifestyles. Related to this health issue were mentions such as diabetes education and management, cardiovascular health and hypertension prevention and treatment. Specific concerns were mentioned with regard to the uninsured and underinsured and their inability to effectively manage their chronic illness, such as diabetes and hypertension. The affordability of medications was noted as a significant barrier. A final comment was made by a respondent with regard to the “revolving door” with substance abuse treatment and high recidivism rate.

### *Most significant health barriers in the community*

The most significant health barriers were reported to be limited public transportation, a large proportion of individuals who lack insurance, cost barriers, and a proportion of the population that is not educated on the health system and available services. It was mentioned that there are clinics with access to a primary care physician, but that patients have to wait too long to get an appointment. More difficulties and barriers exist with regard to appointments with specialists for the low income and uninsured. The low income and uninsured also encounter barriers in paying for needed medications. At the same time, those who do not speak English have limited options for care as many providers do not have bilingual staff.

### **Concluding Thoughts**

Several themes emerged from the questionnaire. Transportation was identified repeatedly throughout the questionnaire as a barrier to accessing health care. This is largely a barrier for the uninsured and low income. This group also has limited options with the availability of physicians and providers who accept Medicaid and other forms of medical assistance. These individuals encounter not only too few providers, but long waits and difficulty scheduling appointments.

A shortage of bilingual providers in the area is also presenting significant barriers. Many of the individuals who do not speak English are also among the uninsured and under-insured. It is suggested not only that more providers have bilingual staff, but that educational literature and hospital promotions of services take into consideration languages and communication channels outside of traditional English-speaking methods.

As next steps, it is suggested that Montgomery General Hospital and its Advisory Task Force examine the key health priorities and barriers, evaluate the scope of these issues and determine its greatest ability to impact for change.

**Questionnaire**

**ACCESS TO CARE/SERVICES**

1. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements:

Strongly disagree ← → Strongly agree

<b>HEALTHCARE</b>	
Residents in the area are able to access a primary care physician or other health care provider (family doctor; general practitioner; internist; pediatrician).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
Residents in the area are able to access a medical specialist (oncologist, cardiologist).	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
Residents in the area are able to access a dentist when needed.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
Residents in the area have access to transportation for medical appointments.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
There are a sufficient number of physicians and other health care providers accepting Medicaid or other forms of medical assistance.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
There are a sufficient number of bilingual physicians and other health care providers in your community.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know
Health prevention, screening and wellness are promoted well in your community.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Don't know

**KEY HEALTH ISSUES**

2. On a scale of 1 (not at all severe) through 5 (very severe), please rate how severe a problem you believe the following are in your community:

Not at all severe ←      → Very severe

a) Diabetes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Cancer	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Heart Disease	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Stroke	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Obesity	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Mental Illness/Behavioral Illness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
g) HIV/AIDS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
h) Substance Abuse	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Domestic/Family Violence	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Abuse of Children	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Asthma	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Sexually Transmitted Infections	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

**QUALITY OF LIFE**

3. On a scale of 1 (very poor) through 5 (excellent), please rate the quality of each in the community.

Very poor   ←→   Excellent

<b>NEIGHBORHOOD/ENVIRONMENT</b>						
Recreational activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Neighborhood safety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Availability of fresh produce and other healthy foods	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know

**WELLNESS & PREVENTION**

4. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements.

Strongly disagree ←→ Strongly agree

Smoking cessation programs/ support are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Diabetes prevention/education programs are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Diabetes control/support programs are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Cancer screening programs (mammography, prostate) are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Cancer support programs are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Healthy lifestyle (nutrition, exercise) education programs are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Cardiovascular disease prevention / education programs are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Cardiovascular disease control/ support programs are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
HIV/AIDS prevention/support programs are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know
Substance Abuse prevention/ education programs are available in your community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6 Don't know

**ROUNDTABLE DISCUSSION QUESTIONS**

1. What specific suggestions do you have for area hospitals and public health agencies to improve access to quality health care services in the community?
2. What are the top health priorities that the hospital or public health agencies can address in the community?
3. What are the most significant healthcare barriers in your community?