

SUBURBAN HOSPITAL | 2025-2026

# COMMUNITY IMPACT REPORT

**INSIDE:**

2025-2028  
COMMUNITY  
HEALTH NEEDS  
ASSESSMENT  
OVERVIEW  
FY25 COMMUNITY  
BENEFIT REPORT



SUBURBAN HOSPITAL

JOHNS HOPKINS MEDICINE



“Commitment in this community means not just delivering excellent care. It includes partnering with our neighbors and stakeholders, listening with purpose and engaging every day to build healthier, stronger lives together. We envision a future where every person has access to compassionate, high-quality care, where prevention and wellness are prioritized, and where we work with local businesses, schools and organizations to remove barriers and create opportunities for all. By investing our expertise, our resources and our hearts, we can strengthen the health of this community for years to come.”

– LEIGHANN SIDONE, D.N.P., R.N., C.E.N.P.,  
PRESIDENT AND CHIEF OPERATING OFFICER, SUBURBAN HOSPITAL

## Purposeful Action



Suburban Hospital, Johns Hopkins Medicine, is centered on caring for our community through a holistic approach to care that improves quality of life and helps people stay healthy, safe, empowered and out of the hospital. Our community health efforts are guided by local needs and designed to move the future of wellness forward.



For more than 80 years, we have cared for our friends, families and neighbors and we know that strong community connections are essential to building trust — especially as care extends beyond hospital walls into the places people live, work and play. Community health workers, diabetes educators and community health nurses help educate residents and keep them safe and healthy. Programs such as Intergenerational Tutoring and Senior Shape reduce isolation and support older adults to thrive and age in place with dignity.

These efforts reflect a broader commitment to community engagement and response to its most pressing needs. Through the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP), we identify priorities, shape strategies and focus on achieving excellent health outcomes for all. This community-centered approach is supported by long-standing collaborative partnerships.



In response to identified needs related to access to care, healthy living, well-being and strengthening essential community support, the four-hospital health system collaborative known as the Montgomery County Hospital Collaborative (MCHC) — which includes

Adventist HealthCare, Holy Cross Health, MedStar Health and Johns Hopkins Medicine —along with the Montgomery County Department of Health and Human Services, has developed a roadmap of measurable strategies to guide inclusive, data-driven progress across the county. This impact report highlights several ways the hospital serves with purpose and intention.

The Montgomery County Hospital Collaborative Model for Improved Health Outcomes

### Easy Access to Comprehensive Care



Access to Mental Health Providers  
Access to Primary Care Providers  
Access to Health Insurance

### Promotion of Healthy Living and Well-being



Chronic Disease Self-Management  
Physical Activity

### Support for Essential Community Services



Access to Affordable Housing  
Access to Healthy Food

### Health Outcomes

Heart Disease Mental Health Unintentional Injuries Cancer Diabetes Infections Maternal & Child Health

Morbidity Mortality Health Care Expenditure Health Status Life Expectancy



As they practiced reading skills, Nancy noticed the student's strong imagination and a love of storytelling. By the end of the school year, that enthusiasm had blossomed into a special accomplishment: the student wrote and illustrated her own storybook, then gave Nancy specific directions on how to staple the pages together.

The impact is clear:

- “Mutual impact is what makes this program so special. Students receive encouragement and individual support, and our volunteers gain a deep sense of purpose and connection. It’s not just tutoring; it’s relationships that make a lasting difference.”*



**2023**  
**MONTGOMERY COUNTY**  
**HOSPITAL COLLABORATIVE**  
**COMMUNITY HEALTH**  
**NEEDS ASSESSMENT**

   





# Bridging the Gap to Services

Serving as lifelines for hospital patients and families, community health workers (CHWs) navigate the complex needs of vulnerable individuals to local services and necessary resources. Through the **diabetes outpatient and heart failure VIP initiatives**, they assist patients who are hospitalized with chronic conditions such as diabetes and congestive heart failure (CHF).

Supporting community health nurses, **Amy B.**, **Kim C.** and Certified Diabetes Educator, **Leni B.**, CHWs **Esmeralda B.** and **Maggie L.** connect patients with life-changing resources and wrap-around services. Working a few hours each week, the CHWs follow up with patients, assess any unmet needs and link patients to appropriate resources with compassion and empathy.

Many patients face barriers related to health-related social needs such as medication costs, limited access to transportation and food insecurity. Some may seek free or low-cost community medical and dental clinics or housing assistance. CHWs aim to connect patients to critical resources, striving to ensure no need goes unmet. The demand for this support is evident: in FY25 alone, **1,962 requests** for assistance around health-related social needs were submitted, underscoring the

many challenges that stand in the way of recovery and long-term well-being.

As Amy notes, “The CHW role is key to improving health outcomes by providing extra support for individual’s concerns, facilitating engagement in chronic disease self-management tasks and helping secure follow-up care with healthcare providers. We are grateful to have Esmeralda and Maggie on our team!”

It’s because of this level of dedication from our CHWs that multiple messages of gratitude are left through voicemail, texts and in-person visit follow-ups.

“Thank you so much. I received the food.”

— grateful community member

“You are doing an excellent social service because you have listened and given your attention to our case.”

— grateful community member

“I received the food from Manna. I am dealing with so much.”

— grateful community member





# Moving Beyond Age: Finding Vitality in Group Fitness

For more than 25 years, **Senior Shape** has inspired adults ages 65 and older in Montgomery and Prince George's counties to improve their fitness, independence and social connections. In fiscal year 2025, **40,097** adults participated, reflecting the program's reach and the dedication of instructors, many of whom have led classes for over a decade.

By focusing on balance, strength, flexibility and cardiovascular health, Senior Shape also empowers those managing chronic conditions, limited mobility or social isolation. "Community is essential to healthy aging," said program coordinator, **Toney B.** "Senior Shape has become much more than exercise. It's a support network, reducing isolation. They can exercise, laugh, share stories and encourage each other while aging. It is a true measure of success."

Annual fitness assessment data show the percentage of participants who exceeded national standards in the categories below:

- ✓ 89% for cardiovascular endurance
- ✓ 67% for strength
- ✓ 56% for flexibility

Participants also reported health benefits, including:

- ✓ lower blood pressure
- ✓ improved blood sugar control
- ✓ weight loss
- ✓ fewer falls

Classes have also become important social hubs. Toney B. noted that many participants arrive as strangers and leave as friends, a development that reinforces adherence and contributes to sustained health improvements.

One longtime participant, Melanie D., described a personal transformation since joining classes at the Potomac Community Center. Initially unsure she could perform many exercises correctly and worried about injury, she now credits the program with her improved core strength and balance.

*"Thanks to the Senior Shape classes and instructors, I have become stronger," she said. "What I did not expect was how fun the classes can be. Instructors produce new sets of exercises, soundtracks, and even sometimes incorporate games into the classes. You leave refreshed in a good mood from having moved and strengthened your body."*



*"It's amazing to see how they can improve physically with the right guidance and challenge"*

— LUIS G., SENIOR SHAPE INSTRUCTOR



# Supporting Our Community \*July 2024 - June 2025

70,855

residents reached through community health improvement activities in Montgomery and Prince George's counties



371

students from residency programs to nursing and public health schools were mentored by Suburban staff



239

students participated in the 2024-2025 Medical Exploring Program



3,745

health improvement programs, screenings, wellness classes, community building activities

1,285

staff donated new socks to Stepping Stones and Bethesda Cares shelters



4,421

free rides provided for patients

Community nurses and CHWs connected patients to

1,962

health-related social needs services including food assistance, transportation and utilities programs.



40,000+

older adults stayed strong through the Senior Shape Program



423

patients were treated at the MobileMed Heart Clinic at Suburban Hospital

179

patients were treated at the MobileMed Endocrine Clinic at Suburban Hospital



200

units of blood collected through American Red Cross Blood Drives



140

individuals received extra help during the holiday season through the Annual Adopt a Family initiative

960

attendees of Virtual Dine, Learn and Move program



\$496,436

to offset the cost of transportation for patients and families



HEALTH EQUITY

ACCESS TO CARE

HEALTHY BEHAVIORS

SUBURBAN HOSPITAL

FY25 COMMUNITY BENEFIT & CHARITY CARE TOTAL

\$46,913,548



SUBURBAN HOSPITAL  
JOHNS HOPKINS MEDICINE

8600 Old Georgetown Road  
Bethesda, MD 20814  
301-896-3100 | [suburbanhospital.org](https://suburbanhospital.org)

