COMMUNITY BENEFIT NARRATIVE REPORTING
DOCTORS COMMUNITY HOSPITAL

DECEMBER 15, 2016

Effective for FY2016 Community Benefit Reporting

Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore MD 21215

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BACKGROUND

The Health Services Cost Review Commission's (HSCRC or Commission) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission's response to its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

On January 10, 2014, the Center for Medicare and Medicaid Innovation (CMMI) announced its approval of Maryland's historic and groundbreaking proposal to modernize Maryland's all-payer hospital payment system. The model shifts from traditional fee-for-service (FFS) payment towards global budgets and ties growth in per capita hospital spending to growth in the state's overall economy. In addition to meeting aggressive quality targets, the Model requires the State to save at least $330 million in Medicare spending over the next five years. The HSCRC will monitor progress overtime by measuring quality, patient experience, and cost. In addition, measures of overall population health from the State Health Improvement Process (SHIP) measures will also be monitored (see Attachment A).

To succeed in this new environment, hospital organizations will need to work in collaboration with other hospital and community based organizations to increase the impact of their efforts in the communities they serve. It is essential that hospital organizations work with community partners to identify and agree upon the top priority areas, and establish common outcome measures to evaluate the impact of these collaborative initiatives. Alignment of the community benefit operations, activities, and investments with these larger delivery reform efforts such as the Maryland all-payer model will support the overall efforts to improve population health and lower cost throughout the system.

For the purposes of this report, and as provided in the Patient Protection and Affordable Care Act ("ACA"), the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA), as provided in the ACA, must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify

community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization obtains input from persons who represent the broad interests of the community served by the hospital facility (including working with private and public health organizations, such as: the local health officers, local health improvement coalitions (LHICs) schools, behavioral health organizations, faith based community, social service organizations, and consumers) including a description of when and how the hospital consulted with these persons. If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input, who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNA include, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP)(http://dhmh.maryland.gov/ship/);
(2) the Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(3) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(4) Local Health Departments;
(5) County Health Rankings (http://www.countyhealthrankings.org);
(6) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(7) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(8) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);
(9) CDC Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);
(10) CDC Community Health Status Indicators (http://wwwn.cdc.gov/communityhealth)

(11)Youth Risk Behavior Survey (http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx)
(12)Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;

(13)For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNA involving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;

(14)Survey of community residents; and

(15)Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/)

(16)CRISP Reporting Services

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY, as provided in the ACA, must:

a. Be approved by an authorized governing body of the hospital organization;

b. Describe how the hospital facility plans to meet the health need, such as how they will collaborate with other hospitals with common or shared CBSAs and other community organizations and groups (including how roles and responsibilities are defined within the collaborations); and

c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

HSCRC Community Benefit Reporting Requirements:

GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below.

For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
183	9725			Prince Georges County 20% Source: http://www.countyhealthranking	Prince George's County 16% Source: http://www.md-medicaid.org/eligibility/new/index.cfm
		20706	**Lanham** Holy Cross of Silver Spring Laurel Regional Prince George's Hospital Center		
		20785 20784	**Cheverly/Landover** Prince George's Hospital Center Laurel Regional (20784)		
		20743 20747	**Capital Heights/District Heights** Prince George's Hospital Center (20743) Medstar Southern Maryland (20747)		
		20774	**Kettering/Upper Marlboro** Holy Cross of Silver Spring MedStar Southern Maryland Prince George's Hospital Center Anne Arundel Medical Center		
		20770	**Greenbelt** Laurel Regional		
		20721 20720	**Bowie** Prince George's Hospital Center No other Maryland Hospital (20720)		
		20737	**Riverdale** Washington Adventist Prince George's Hospital Center		

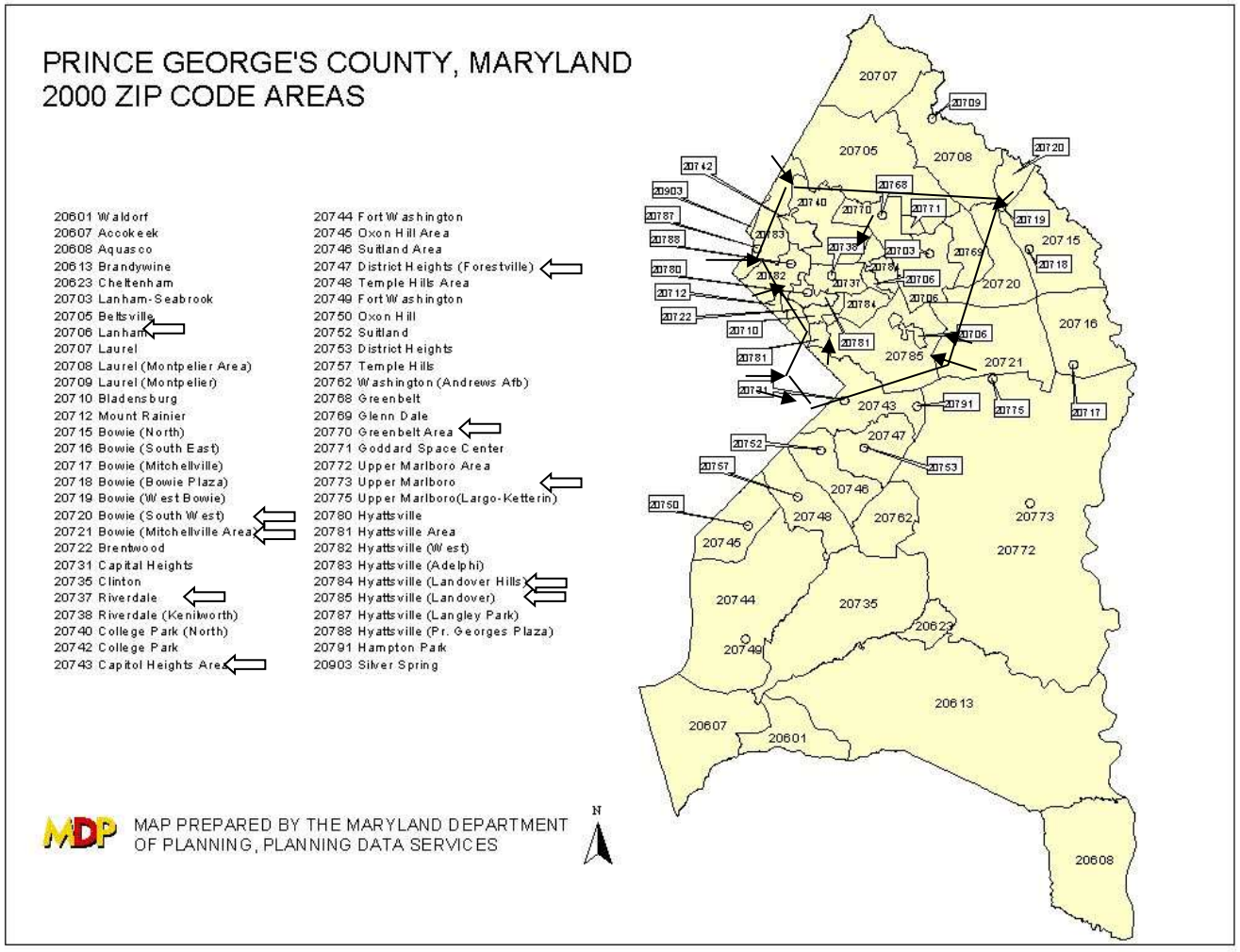

Figure 1 Prince George's County by Zip Code (Zip Codes with 60% of discharges)

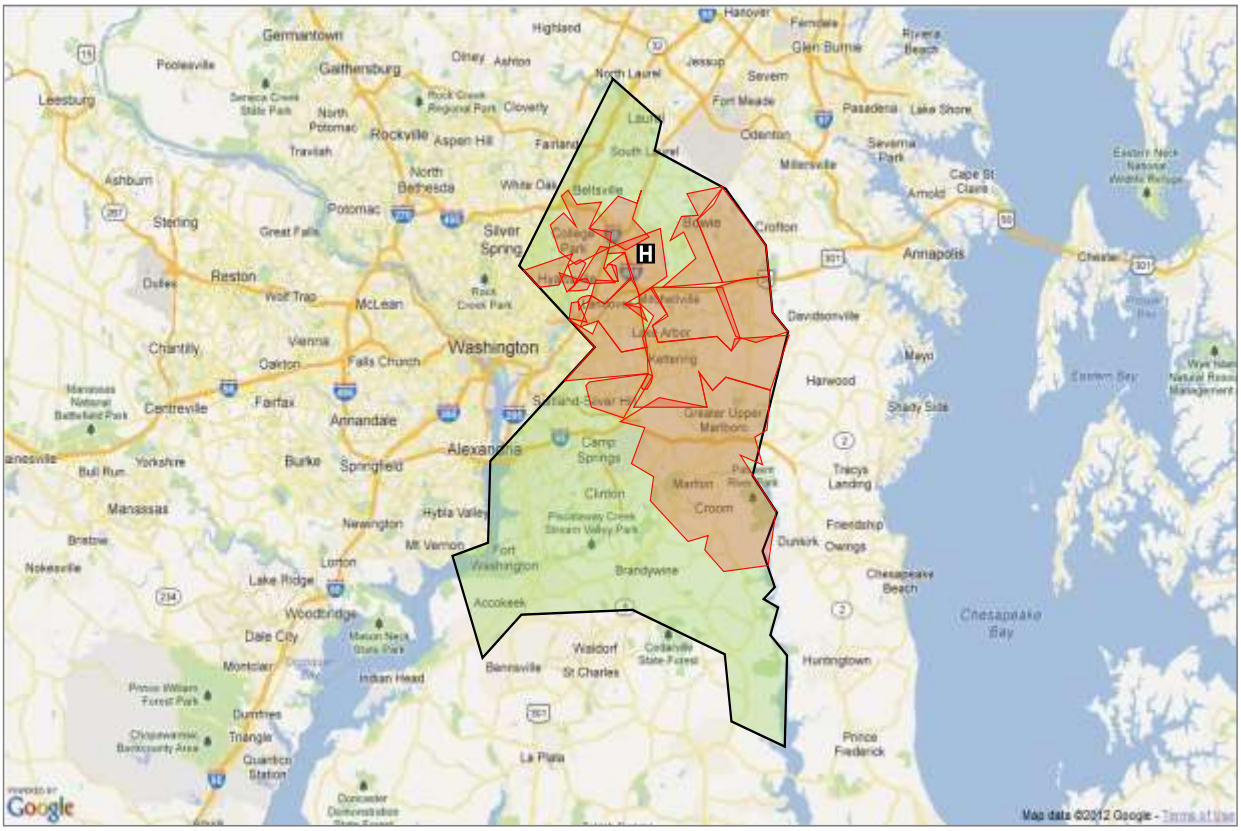

Figure 2: Doctors Community Hospital Catchment

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Describe in detail the community or communities the organization serves.

(For the purposes of the questions below, this will be considered the hospital's Community Benefit Service Area – "CBSA". This service area may differ from your primary service area on page 1. Please describe in detail.)

(1) General Description of the Prince George's County that encompasses the majority of Doctors Community Hospital's Community Benefit Service Area.

Doctors Community Hospital serves a large portion of Prince George's County residents. Prince George's County consists of 60% of our *Community Benefit Service Area (CBSA).* The Primary Service Area of 60% totals 6, 055 admissions. Per County Health Rankings 890,081 residents[1] live in Prince George's County, or 15% of Maryland's residents.

Over 125,000 patient encounters occurred seen in FY2015 at Doctors Community Hospital, of which 88% of the patients live in Prince George's County catchment area (see Figure 2). Source for this data is from the hospital's system as reported using billing computer systems.

Per the County Health Rankings Figure 3, our CBSA has an average household income of $71,682 increased from prior year's $69,258 which is less than the state's average of $72,484. The population is 62.8% African American while the state is 29.2% African American. This is the same as prior year, as is many of the other demographic factors.

Other health outcomes, the social/economic and physical environment factors are noted in Figure 3 on the next page.

[1] http://www.countyhealthrankings.org/app/maryland/2015/rankings/prince-georges/county/outcomes/overall/additional

Demographics					
	2013	2015	2015		Maryland
Population					
% below 18 years of age	24.00%	23.00%	22.70%		22.70%
% 65 and older	10.00%	10.00%	10.80%		13.40%
% Non-Hispanic African American	63.00%	63.00%	62.80%		29.20%
% American Indian and Alaskan Native	1.00%	1.00%	1.00%		0.60%
% Asian	4.00%	4.00%	4.50%		6.10%
% Native Hawaiian/Other Pacific Islander	0.00%	0.00%	0.20%		0.10%
% Hispanic	15.00%	15.00%	16.20%		9.00%
% Non-Hispanic white	n/a	15.00%	14.50%		53.30%
% not proficient in English	5.00%	5.00%	5.10%		3.00%
% Females	52.00%	52.00%	51.90%		51.50%
% Rural	2.00%	2.00%	2.00%		12.80%
Health Outcomes					
Diabetes	11%	11%	12%		10%
HIV prevalence			830		633
Premature age-adjusted mortality			348.2		320.8
Infant mortality			9.9		7.7
Child mortality			77.8		55.2
Health Behaviors					
Food insecurity			15%		13%
Limited access to healthy foods	3%	4%	4%		3%
Motor vehicle crash deaths			12		10
Drug poisoning deaths			6		13
Health Care					
Uninsured adults	21%	20%	20%		15%
Uninsured children			5%		4%
Health care costs	$8,484	$8,592	$8,607		$9,263
Could not see doctor due to cost	14%	11%	15%		11%
Other primary care providers			2,782:1		1,439:1
Social & Economic Factors					
Median household income	$69,258	$71,169	$71,682		$72,482
Children eligible for free lunch	46%	46%	49%		36%
Homicides			13		8

Figure 3: Prince George's County Data provided by County Health Rankings http://www.countyhealthrankings.org/app/maryland/2015/rankings/prince-georges/county/outcomes/1/additional

2. For purposes of reporting on your community benefit activities, please provide the following information:

a. Use Table II to provide a detailed description of the Community Benefit Service Area (CBSA), reflecting the community or communities the organization serves. The description should include (but should not be limited to):

(i) A list of the zip codes included in the organization's CBSA, and

(ii) An indication of which zip codes within the CBSA include geographic areas where the most vulnerable populations reside.

(iii) Describe how the organization identified its CBSA, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the community definition section of the organization's federally-required CHNA Report (26 CFR § 1.501(r)–3).

Some statistics may be accessed from the Maryland State Health Improvement Process, (http://dhmh.maryland.gov/ship/). the Maryland Vital Statistics Administration (http://dhmh.maryland.gov/vsa/SitePages/reports.aspx), The Maryland Plan to Eliminate Minority Health Disparities (2010-2014)(http://dhmh.maryland.gov/mhhd/Documents/Maryland_Health_Disparities_Plan_of_Action_6.10.10.pdf), the Maryland ChartBook of Minority Health and Minority Health Disparities, 2nd Edition (http://dhmh.maryland.gov/mhhd/Documents/Maryland%20Health%20Disparities%20Data%20Chartbook%202012%20corrected%202013%2002%2022%2011%20AM.pdf), The Maryland State Department of Education (The Maryland Report Card) (http://www.mdreportcard.org) Direct link to data– (http://www.mdreportcard.org/downloadindex.aspx?K=99AAAA)

(2) General Description, by Zip Code, of the communities that comprise the majority of Doctors Community Hospital's Community Benefit Service Areas

Note: The hospital's Primary Service Area and Community Benefit Service Area are the same.

- ***Lanham, Maryland – Zip Code 20706***

Lanham is an unincorporated community and census-designated place in Prince George's County, Maryland, in the United States.[1] As of the 2010 census it had a population of 10,157.[2] The terminal of the Washington Metro's Orange Line, as well as an Amtrak station, are across the Capital Beltway in New Carrollton, Maryland. Doctors Community Hospital is located in Lanham.[3])

Demographics

According to the U.S. Census Bureau, Lanham has a total area of 3.6 square miles (9.2 km2), of which 3.5 square miles (9.1 km2) is land and 0.02 square miles (0.05 km2), or 0.54%, is water.[5]

The racial mix of the population is: 65.60% Black, 23.3% Hispanic, 14.0% White, 3.10% Asian, 2.4% two or more races, 0.40% American Indian, and 01.10% other race.

References

1. U.S. Geological Survey Geographic Names Information System: Lanham, Maryland

2. "Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data (DP-1): Lanham CDP, Maryland". U.S. Census Bureau, American Factfinder. http://factfinder2.census.gov. Retrieved November 12, 2014.

3. "Doctors Community Hospital". *Doctors Community Hospital website*. Doctors Community Hospital. 2009-01-29. http://www.dchweb.org/.

4. "National Register Information System". *National Register of Historic Places*. National Park Service. 2010-07-09. http://nrhp.focus.nps.gov/natreg/docs/All_Data.html.

5."Geographic Identifiers: 2010 Demographic Profile Data (G001): Lanham CDP, Maryland". U.S. Census Bureau, American Factfinder. http://factfinder2.census.gov.

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- ***Cheverly, Maryland – Zip Code 20784***

In its over 80 years, the **Town of Cheverly** has grown from farmland to a small livable community just minutes from the Nation's Capital. Cheverly is 1.27 square miles in area, and the 2010 U.S. Census survey counted a population of 6,173 residents.

The Town is located in the western portion of Prince George's County, Maryland, just a mile from the northeastern Washington, D.C. border. Cheverly largely lies between two major road arteries -- the Baltimore-Washington Parkway and Maryland Route 50. Established as a planned residential community, Cheverly is convenient to Washington, D.C. by Metro bus and rail, and to retail shopping centers in the surrounding communities.

Demographics

Cheverly is home to the Prince George's Hospital Center and the Publick Playhouse for the Performing Arts.[3] Cheverly's ZIP codes are 20784 and 20785. As of the census[5] of 2000, there were 6,433 people, 2,258 households, and 1,637 families residing in the town. The population density was 4,769.9 people per square mile (1,839.8/km²). There were 2,348 housing units at an average density of 1,741.0 per square mile (671.5/km²). The racial makeup of the town was 33.86% White, 56.79% African American, 0.17% Native American, 2.50% Asian, 0.03% Pacific Islander, 3.22% from other races, and 3.44% from two or more races. Hispanic or Latino of any race were 6.76% of the population.

There were 2,258 households out of which 39.8% had children under the age of 18 living with them, 48.8% were married couples living together, 17.1% had a female householder with no husband present, and 27.5% were non-families. 20.4% of all households were made up of individuals and 4.7% had someone living alone who was 65 years of age or older. The average household size was 2.85 and the average family size was 3.30.

References

1. U.S. Geological Survey Geographic Names Information System: Cheverly, Maryland

2. "Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data (DP-1): Cheverly town, Maryland". U.S. Census Bureau, American Factfinder. http://factfinder2.census.gov. Retrieved December 9, 2011.

3. "Publick Playhouse". Maryland-National Capital Park and Planning Commission. http://www.pgparks.com/places/artsfac/publick.html.]

4. "US Gazetteer files: 2010, 2000, and 1990". United States Census Bureau. 2011-02-12. http://www.census.gov/geo/www/gazetteer/gazette.html. Retrieved 2011-04-23.

5. "American FactFinder". United States Census Bureau. http://factfinder.census.gov. Retrieved 2008-01-31.

6. a b "Community Summary Sheet, Prince George's County". Cheverly, Maryland. Maryland State Highway Administration, 1999. 2008-05-10. http://www.sha.maryland.gov/oppen/pg_co.pdf.

7. M-NCPPC Illustrated Inventory of Historic Sites (Prince George's County, Maryland), 2006.

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Retrieved from http://www.cheverly-md.gov/Pages/index

- ***Landover, Maryland – Zip Code 20785***

Landover is an unincorporated community and census-designated place in Prince George's County, Maryland, United States.[1] As of the 2010 census it had a population of 23,078.[2]

Landover was named for the town of Llandovery, Wales.[3] According to the U.S. Census Bureau, it has an area of 4.07 square miles (10.55 km^2), of which 0.004 square miles (0.01 km^2), or 0.13%, is water.[4] The Prince Georges County Sports and Learning Complex is in Landover. Landover also had career based colleges such as Fortis College [9] that offers programs including bio-technician, medical assisting, and medical coding and billing.

Demographics

Landover's health insurance coverage is 51.5% private, 33.2% public assistance and 17.2% uninsured. There are 12% of the families and 4.7% of married couples below the poverty levels. The racial makeup of the town was 9.90% White, 81.90% African American, 0.40% Native American, 0.70% Asian, 0.10% Pacific Islander, 14.60% Hispanic, and 2.40% from two or more races.

References

1.U.S. Geological Survey Geographic Names Information System: Landover, Maryland

2. "Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data (DP-1): Landover CDP, Maryland". U.S. Census Bureau, American Factfinder. http://factfinder2.census.gov. Retrieved December 20, 2011.

3."Profile for Landover, Maryland, MD". ePodunk. http://www.epodunk.com/cgi-bin/genInfo.php?locIndex=2651. Retrieved August 25, 2012.

4. "Geographic Identifiers: 2010 Demographic Profile Data (G001): Landover CDP, Maryland". U.S. Census Bureau, American Factfinder. http://factfinder2.census.gov. Retrieved December 20, 2011.

5. "Facility Locations." Giant Food. Retrieved on September 6, 2011. 8301 Professional Place, Suite 115 Landover, MD 20785."

6. "National Register Information System". National Register of Historic Places. National Park Service. 2010-07-09. http://nrhp.focus.nps.gov/natreg/docs/All_Data.html.

7."Harlem Renaissance Festival". Festival Media Corporation. http://www.festivals.com/viewevent.aspx?eventid=2aWwZDqLM2w%3D. Retrieved August 24, 2012.

8."Prince George's County Public Schools". Prince George's County Public Schools. http://www1.pgcps.org/. Retrieved August 24, 2012.

9. Fortis College - Landover

10. U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, County Business Patterns, Economic Census, Survey of Business Owners, Building Permits, Census of Governments.vLast Revised: Tuesday, 08-Jul-2014 06:44:21 EDT

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- ***Greenbelt, Maryland – Zip Code 20770***

The **Greenbelt Historic District** is a national historic district located in Greenbelt, Prince George's County, Maryland, United States. The district preserves the center of one of the few examples of the Garden City Movement in the United States. With its sister cities of Greenhills, Ohio and Greendale, Wisconsin, Greenbelt was intended to be a "new town" that would start with a clean slate to do away with problems of urbanism in favor of a suburban ideal. Along with the never-commenced town of Greenbrook, New Jersey, the new towns were part of the New Deal public works programs.[3]

Demographics

As of the census [9] of 2000, there were 21,456 people, 9,368 households, and 4,965 families residing in the city. The population density was 3,586.6 people per square mile (1,385.3/km²). There were 10,180 housing units at an average density of 1,701.7 per square mile (657.3/km²).

As of 2010 Greenbelt had a population of 23,068. The racial and ethnic composition of the population was 30.10% White, 47.80% Black, 0.30% Native American, 9.70% Asian, 0.10% Pacific Islander, 3.30% from two or more races and 14.30% Hispanic or Latino.[11]

There were 9,368 households out of which 26.9% had children under the age of 18 living with them, 33.1% were married couples living together, 15.0% had a female householder with no husband present, and 47.0% were non-families. 35.0% of all households were made up of individuals and 5.8% had someone living alone who was 65 years of age or older. The average household size was 2.29 and the average family size was 3.00.

In the city the population was spread out with 21.9% under the age of 18, 12.5% from 18 to 24, 39.1% from 25 to 44, 19.8% from 45 to 64, and 6.7% who were 65 years of age or older. The median age was 32 years. For every 100 females there were 91.8 males. For every 100 females age 18 and over, there were 88.2 males.

In the 2000 census, the median income for a household in the city was $46,328, and the median income for a family was $55,671. Males had a median income of $39,133 versus $35,885 for females. The per capita income for the city was $25,236. About 6.0% of families and 10.2% of the population were below the poverty line, including 12.7% of those under age 18 and 7.2% of those ages 65 or over.

References

1."National Register Information System". National Register of Historic Places. National Park Service. 2008-04-15. http://nrhp.focus.nps.gov/natreg/docs/All_Data.html.

2.a b "Greenbelt, Maryland Historic District". National Historic Landmark summary listing. National Park Service. http://tps.cr.nps.gov/nhl/detail.cfm?ResourceId=2203&ResourceType=District. Retrieved 2008-03-03.

3. "Greenbelt Historic District". National Historic Landmarks in Maryland listing. Maryland Historical Trust. http://www.mht.maryland.gov/nr/NRDetail.aspx?HDID=658&FROM=NRNHLList.aspx. Retrieved 2008-06-13.

4. National Register of Historic Places Inventory-Nomination: PDF (32 KB), National Park Service, , 19 and Accompanying photos, exterior and interior, from 19 PDF (32 KB)

5. a b c d e f g h i j k l m Lampl, Elizabeth Jo; Pitts, Carolyn (March 22, 1996). "National Register of Historic Places Inventory Nomination" Greenbelt Historic District". National Park Service. http://pdfhost.focus.nps.gov/docs/NHLS/Text/80004331.pdf. Retrieved 2009-03-22.

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- ***Capitol Heights, Maryland – Zip Code 20743***

Capitol Heights is a town in Prince George's County, Maryland, United States.[1] The population was 4,337 at the 2010 census.[2] Development around the Capitol Heights Metro station has medical facilities and eateries to support the community. The Washington Redskins football stadium is just to the east of Capitol Heights, near the Capital Beltway (I-95/495) and Hampton Mall shopping center which has a new hotel and eateries. The town borders Washington, D.C.

Demographics

As of the census[4] of 2000, there were 4,138 people, 1,441 households, and 1,014 families residing in the town. The population density was 5,047.3 people per square mile (1,948.4/km²). There were 1,603 housing units at an average density of 1,955.2 per square mile (754.8/km²). The racial makeup of the town was 92.85% Black or African American, 4.81% White, 0.27% Native American, 0.36% Asian, 0.36% from other races, and 1.35% from two or more races. Hispanic or Latino of any race were 0.87% of the population.

There were 1,441 households out of which 37.5% had children under the age of 18 living with them, 35.2% were married couples living together, 28.5% had a female householder with no husband present, and 29.6% were non-families. 25.7% of all households were made up of individuals and 8.0% had someone living alone who was 65 years of age or older. The average household size was 2.87 and the average family size was 3.41.

In the town the population was spread out with 30.8% under the age of 18, 6.9% from 18 to 24, 32.6% from 25 to 44, 21.4% from 45 to 64, and 8.3% who were 65 years of age or older. The median age was 34 years. For every 100 females there were 84.8 males. For every 100 females age 18 and over, there were 78.8 males.

The median income for a household in the town was $46,667, and the median income for a family was $53,826. Males had a median income of $36,950 versus $35,225 for females. The per capita income for the town was $18,932. About 9.3% of families and 11.4% of the population were below the poverty line, including 15.8% of those under age 18 and 9.6% of those age 65 or over.

References

1. U.S. Geological Survey Geographic Names Information System: Capitol Heights, Maryland

2."Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data (DP-1): Capitol Heights town, Maryland". U.S. Census Bureau, American Factfinder. http://factfinder2.census.gov. Retrieved December 8, 2011.

3. "US Gazetteer files: 2010, 2000, and 1990". United States Census Bureau. 2011-02-12. http://www.census.gov/geo/www/gazetteer/gazette.html. Retrieved 2011-04-23.

4."American FactFinder". United States Census Bureau. http://factfinder.census.gov. Retrieved 2008-01-31.

5. "Chad Scott". databaseFootball.com. http://www.databasefootball.com/players/playerpage.htm?ilkid=SCOTTCHA01. Retrieved November 6, 2012.

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Retrieved from http://en.wikipedia.org/wiki/Capitol_Heights,_Maryland

- ***Kettering, Maryland – Zip Code -20774***

Kettering is an unincorporated area and census-designated place (CDP) in Prince George's County, Maryland, United States.[1] The population was 12,790 at the 2010 census,[2] primarily African-American. The name Kettering was created by a suburban housing developer in the 1960s when development began. Kettering is adjacent to Prince George's Community College, the upscale gated community of Woodmore, Six Flags America, Evangel Temple megachurch, and the community of Largo at the end of the Washington Metro Blue Line. Watkins Regional Park in Kettering offers a large playground, a colorful carousel, miniature golf, a miniature train ride, and various animals.

Demographics

As of the census[4] of 2000, there were 11,008 people, 3,814 households, and 2,955 families residing in the CDP. The population density was 2,016.5 people per square mile (778.4/km²). There were 3,958 housing units at an average density of 725.0/sq mi (279.9/km²). The racial makeup of the CDP was 5.78% White, 90.62% African American, 0.19% Native American, 1.24% Asian, 0.47% from other races, and 1.71% from two or more races. Hispanic or Latino of any race was 0.95% of the population.

There were 3,814 households out of which 36.3% had children under the age of 18 living with them, 50.0% were married couples living together, 23.3% had a female householder with no husband present, and 22.5% were non-families. 18.4% of all households were made up of individuals and 1.7% had someone living alone who was 65 years of age or older. The average household size was 2.86 and the average family size was 3.24.

In the CDP the population was spread out with 26.6% under the age of 18, 7.1% from 18 to 24, 30.6% from 25 to 44, 29.1% from 45 to 64, and 6.6% who were 65 years of age or older. The median age was 37 years. For every 100 females there were 81.3 males. For every 100 females age 18 and over, there were 75.8 males.

The median income for a household in the CDP was $78,735, and the median income for a family was $82,777. Males had a median income of $47,059 versus $45,243 for females. The per capita income for the CDP was $30,398. About 0.8% of families and 1.9% of the population were below the poverty line, including 1.9% of those under age 18 and 2.0% of those ages 65 or over.

References

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2."Profile of General Population and Housing Characteristics: 2010 Demographic Profile Data (DP-1): Kettering CDP, Maryland". U.S. Census Bureau, American Factfinder. http://factfinder2.census.gov. Retrieved December 20, 2011.

3."US Gazetteer files: 2010, 2000, and 1990". United States Census Bureau. 2011-02-12. http://www.census.gov/geo/www/gazetteer/gazette.html. Retrieved 2011-04-23.

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Retrieved from http://en.wikipedia.org/wiki/Kettering,_Maryland

- ***Bowie, Maryland – Zip Code 20721& 20720***

Bowie is a city of 54,727 residents, according to the 2010 Census, located in Prince George's County, and convenient to Washington, DC, Annapolis, and Baltimore. The city consists of approximately 18-square miles. There are more than 1,100 acres set aside as parks or as preserved open space, including over 22 miles of paths and trails, and 75 ball fields. Bowie has a nonpartisan city government directed by a mayor and six council members. The City Council meets on the first and third Mondays of most months in sessions that are open to the public.

Bowie is a city in Prince George's County, Maryland, United States.[1] The population was 54,727 at the 2010 census. Bowie has grown from a small railroad stop to the largest municipality in Prince George's County, and the fifth most populous city[2] and third largest city by area in the state of Maryland.

According to the city's 2009 State of the Environment report, the city has a total area of 18 square miles (47 km^2), of which 0.04 square miles (0.10 km^2), or 0.12%, is water.[13]

Demographics

As of the 2010 Census, Bowie had a population of 54,727. 99.5% of the population lived in households with a total of 19,950 households. The racial and ethnic composition of the population was 38.9% non-Hispanic white, 47.9% non-Hispanic black, 0.3% Native American, 4.1% Asian, 0.1% Pacific Islander, 1.9% from some other race and 3.6% from two or more races. 5.6% of the population was Hispanic or Latino of any race.[14]

As of the census[15] of 2010, there were 54,727 people, 18,188 households, and 13,568 families residing in the city. The population density was 3,121.9 people per square mile (1,205.5/km^2). There were 18,718 housing units at an average density of 1,162.5 per square mile (448.9/km^2).

The racial makeup of the city was: 41.40% White, 48.70% Black or African American, 2.95% Asian, 2.92% Hispanic or Latino (of any race), 2.30% from two or more races, 0.93% Other races, 0.30% Native American and 0.03% Pacific Islander.

There were 19,950 households of which 37.0% had children under the age of 18 living with them, 53.2% were married couples living together, 14.0% had a female householder with no husband present, 4.3% had a male householder with no wife present, and 28.5% were non-families. 23.4% of all households were made up of individuals and 7.7% had someone living alone who was 65 years of age or older. The average household size was 2.73 and the average family size was 3.23.

According to a 2007 estimate, the median income for a household in the city was $99,105, and the median income for a family was $109,157.[16] Males had a median income of $52,284 versus $40,471 for females. The per capita income for the city was $30,703. About 0.7% of families and 1.6% of the population were below the poverty line, including 1.0% of those under age 18 and 1.8% of those age 65 or over.

Rank by Per Capita Income in Prince George's County: 7

Rank by Per Capita Income in Maryland: 65

References

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- ***Riverdale, Maryland – Zip Code 20737***

Riverdale Park is a town in Prince George's County, Maryland, United States.[1] The population was 6,956 at the 2010 census.[2] Riverdale Park is located at 76°55'47"W / 38.96278°N 76.92972°W / 38.96278; -76.92972 (38.962810, -76.929699)[3]. According to the United States Census Bureau, the town has a total area of 1.7 square miles (4.3 km^2), of which 0.03 square miles (0.07 km^2), or 1.50%, is water.[4]

Demographics

As of the census [5] of 2000, there were 6,690 people, 2,172 households, and 1,437 families residing in the town. The population density was 4,212.7 people per square mile (1,624.5/km^2). There were 2,321 housing units at an average density of 1,461.5 per square mile (563.6/km^2). The racial makeup of the town was 39.91% White, 38.51% African American, 0.49% Native American, 4.25% Asian, 0.12% Pacific Islander, 12.99% from other races, and 3.74% from two or more races. Hispanic or Latino of any race was 28.27% of the population.

There were 2,172 households out of which 38.4% had children under the age of 18 living with them, 42.0% were married couples living together, 16.4% had a female householder with no husband present, and 33.8% were non-families. 23.9% of all households were made up of individuals and 4.1% had someone living alone who was 65 years of age or older. The average household size was 3.06 and the average family size was 3.60.

In the town the population was spread out with 28.7% under the age of 18, 12.2% from 18 to 24, 38.7% from 25 to 44, 15.6% from 45 to 64, and 4.9% who were 65 years of age or older. The median age was 29 years. For every 100 females there were 110.6 males. For every 100 females age 18 and over, there were 109.3 males.

The median income for a household in the town was $44,041, and the median income for a family was $49,904. Males had a median income of $30,053 versus $30,200 for females. The per capita income for the town was $19,293. About 9.0% of families and 12.0% of the population were below the poverty line, including 16.0% of those under age 18 and 7.2% of those ages 65 or over.

References

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- ***Districts Heights, Maryland – Zip Code 20747***

District Heights is an incorporated city in Prince George's County, Maryland, United States, located near Maryland Route 4.[1] The population was 5,837 at the 2010 census. For more information, see the separate articles on Forestville, Maryland and Suitland.

District Heights is 9.85 miles (15.85 km) away from central Washington, D.C.

According to the United States Census Bureau, the city has a total area of 0.9 square miles (2.3 km^2), all of it land.

Demographics

As of the 2010 Census the population of District Heights was 5,837. The racial and ethnic composition of the population was 4.25% non-Hispanic white, 89.5% non-Hispanic black, 0.2% Native American, 0.6% Asian, 1.15 from some other race and 1.9% from two or more races. 3.7% of the population was Hispanic or Latino or any race.[3]

As of the census[4] of 2000, there were 5,958 people, 2,070 households, and 1,538 families residing in the city. The population density was 6,649.1 people per square mile (2,556.0/km²). There were 2,170 housing units at an average density of 2,421.7 per square mile (930.9/km²). The racial makeup of the city was 9.20% White, 87.95% African American, 0.12% Native American, 0.86% Asian, 0.20% from other races, and 1.68% from two or more races. Hispanic or Latino of any race was 0.49% of the population.

There were 2,070 households out of which 38.3% had children under the age of 18 living with them, 39.6% were married couples living together, 28.2% had a female householder with no husband present, and 25.7% were non-families. 22.1% of all households were made up of individuals and 5.0% had someone living alone who was 65 years of age or older. The average household size was 2.88 and the average family size was 3.36.

In the city the population was spread out with 30.8% under the age of 18, 8.3% from 18 to 24, 29.3% from 25 to 44, 23.6% from 45 to 64, and 8.0% who were 65 years of age or older. The median age was

34 years. For every 100 females there were 84.9 males. For every 100 females age 18 and over, there were 76.1 males.

The median income for a household in the city was $52,331, and the median income for a family was $61,220. Males had a median income of $37,129 versus $32,443 for females. The per capita income for the city was $21,190. About 4.5% of families and 5.9% of the population were below the poverty line, including 9.0% of those under age 18 and 6.1% of those ages 65 or over.

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Table II: Prince George's County

Characteristic or determinant	Response County/Value		Source
Community Benefit Service Area(CBSA) Target Population: target population, by sex,	**Prince George's County:** Target Population By Sex Male Female	2015 Population by Age 902,303 2015 Male Population by Age 434,002 2015 Female Population by Age 468,301	http://admin.dchweb.thehcn.net/index.php?module=DemographicData&type=user&func=ddview&varset=1&ve=text&pct=2&levels=1 Demographics information provided by Claritas, under these terms of use.
by race,	Race: White African American Am Ind/AK Native Asian Other	White 172,878 (19.16%) Black/Af Amer 567,986 (62.95%) Am Ind/AK Native 4,468 (0.50%) Asian 39,823 (4.41%) Native HI/PI 596 (0.07%) Some Other Race 85,385 (9.46%) 2+ Races 31,167 (3.45%)	
by ethnicity and	Ethnicity Hispanic/Latin Not Hispanic/Latin	Hisp/Lat 150,493 (16.68%) Not Hisp/Lat 751,810 (83.32%)	
by average age	Ages:		

	under 18 (not our patients) 18+ 25+ 65+ Average Median Age	2015 Pop, Age <18 207,078 (22.95%) 2015 Pop, Age 18+ 695,225 (77.05%) 2015 Pop, Age 25+ 599,403 (66.43%) 2015 Pop, Age 65+ 104,084 (11.54%) 2015 Median Age 36.3	
Median Household Income within the CBSA	By zip code and income levels CBSA highlighted	20607 $118,720 20608 $80,357 20613 $107,493 20623 $125,500 20705 $75,624 20706 $71,382 20707 $79,613 20708 $68,266 20710 $48,765 20712 $50,000 20715 $108,117 20716 $93,577 20720 $127,797 20721 $115,276 20722 $52,672 20735 $97,827 20737 $57,413 20740 $61,467 20742 $19,545 20743 $58,140 20744 $87,657 20745 $62,067 20746 $61,784 20747 $61,404 20748 $63,007 20762 $57,500 20769 $96,546 20770 $60,914 20772 $103,299 20774 $89,522 20781 $60,467 20782 $57,730 20783 $58,068 20784 $60,380 20785 $61,971 Maryland $74,567 Prince George's $73,192	

Percentage of households with incomes below the federal poverty guidelines within the CBSA	By zip code and number of families CBSA highlighted	20607 87 (3.02%) 20608 9 (3.59%) 20613 95 (2.65%) 20623 13 (1.74%) 20705 484 (7.94%) 20706 625 (6.75%) 20707 483 (5.99%) 20708 380 (6.18%) 20710 366 (17.47%) 20712 296 (15.25%) 20715 109 (1.60%) 20716 115 (2.13%) 20720 114 (1.92%) 20721 122 (1.61%) 20722 135 (10.79%) 20735 387 (4.00%) 20737 479 (10.93%) 20740 244 (5.67%) 20742 6 (46.15%) 20743 1,129 (11.67%) 20744 736 (5.26%) 20745 727 (9.98%) 20746 576 (7.80%) 20747 1,018 (10.21%) 20748 814 (8.64%) 20762 74 (7.82%) 20769 82 (4.58%) 20770 508 (8.47%) 20772 279 (2.41%) 20774 414 (3.54%) 20781 181 (7.01%) 20782 753 (11.04%) 20783 1,164 (12.71%) 20784 562 (8.87%) 20785 1,141 (12.01%) Prince George's 14,884 (7.02%) Maryland 106,980 (7.13%)	
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links: http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2010ACS.shtml DCH used: The US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces estimates of health	Adults without Health Insurance by Race/Ethnicity	20%	URL of Source: http://www.countyhealthrankings.org/app/#!/maryland/2015/rankings/prince-georges/county/outcomes/overall/additional http://dchweb.thehcn.net/index.php?module=Trackers&func=display&ti

insurance coverage for all states and counties. In July 2005, SAHIE released the first nationwide set of county-level estimates on the number of people without health insurance coverage for all ages and those under 18 years old. SAHIE releases estimates of health insurance coverage by age, sex, race, Hispanic origin, and income categories at the state-level and by age, sex, and income categories at the county-level.			d=1
Percentage of Medicaid recipients by County within the CBSA.	Prince George's County	14.76% 825,284 in Prince George's county versus 5,589,768 in Maryland	http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_09_1YR_B27007&prodType=table 2009 census
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).	Prince George's County	Black=77.2 years (dropped from 78.4 years) White=80.3 years	Report dated 2010-2012 dates: See SHIP website: http://dhmh.maryland.gov/ship/SitePages/Home.aspx Healthy Living/life expectance

Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).

Table 3.7 Unadjusted Mortality Rates per 100,000 for All Causes, Top Five Leading Causes of Death, and Remaining Other Causes Among Adult Prince George's Residents Age 65 and Older in 2006

	Region	All Causes	Heart Disease	Cancer	Cerebro-vascular Disease	Diabetes	Chronic Lower Respiratory Disease	Other Causes	Total Population, Age 65+
	Prince George's County	4380.7	1418.0	1005.0	213.4	174.8	155.6	1413.9	72,637
Inside Beltway	North PUMA 1	4361.2	1453.7	985.3	129.2	242.3	145.4	1405.3	6,191
Inside Beltway	North Central PUMA 3	4154.8	1446.0	916.5	173.1	152.8	142.6	1323.8	9,820
Inside Beltway	South Central PUMA 4	4743.6	1570.5	1121.8	170.9	267.1	160.3	1453.0	9,360
Inside Beltway	South PUMA 7	4429.4	1503.7	1119.0	221.5	244.8	128.2	1212.2	8,579
Outside Beltway	North PUMA 2	3854.1	1023.7	808.7	301.1	103.2	189.3	1428.1	11,624
Outside Beltway	Central PUMA 5	4160.4	1215.2	1072.3	214.5	150.1	135.8	1372.5	13,989
Outside Beltway	South PUMA 6	4948.8	1759.2	1024.9	229.5	137.7	175.9	1621.6	13,074
	Total number of deaths in county, Age 65+	3182	1030	730	155	127	113	1027	

SOURCE: Deaths--Maryland Department of Health and Hygiene Vital Statistics Administration, http://www.vsa.state.md.us/html/reports.html; Population denominator for mortality rate calculation---2006 American Community Survey.

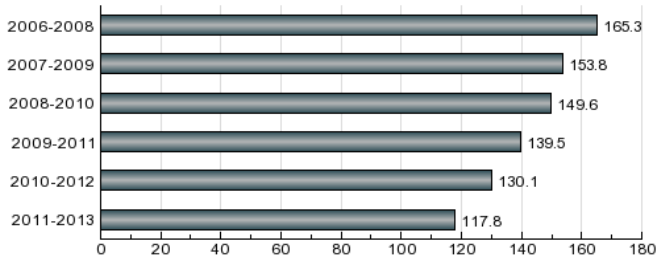
PUMA rate ≥ 50% below County rate | PUMA rate 25% to 50% below County rate | PUMA rate 25% above or below County rate | PUMA rate 25% to 50% above County rate | PUMA rate ≥ 50% above County rate

Key diagnosis that Doctors Community Hospital has initiatives to serve the community.

Coronary Heart Disease

a. Age-Adjusted Death Rate due to Coronary Heart Disease by Gender

b. Age-Adjusted Death Rate due to Coronary Heart Disease : Time Series



http://www.princegeorgescountymd.gov/pgcha/pdfs/rand-assessing-health-care.pdf

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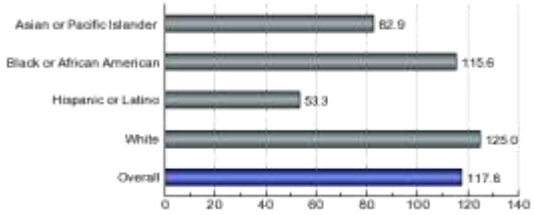
URL of Data:

http://dchweb.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=index&topic=0&group=category&breakout=all

c. Age-Adjusted Death Rate due to Coronary Heart Disease by Race/Ethnicity

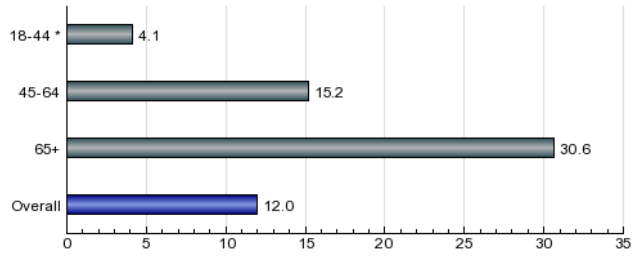
d. Age-Adjusted Death Rate due to Coronary Heart Disease by Race/Ethnicity



deaths/100,000 population

Diabetes

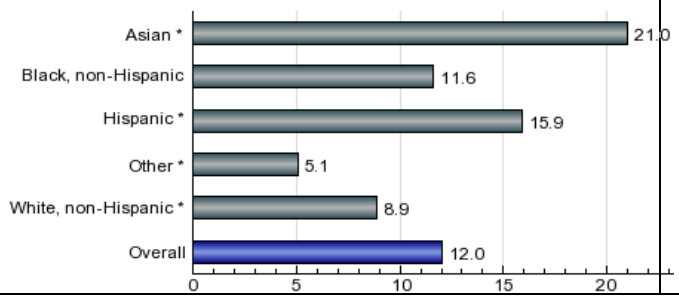
(1) Adults with Diabetes by Gender



percent

* Value may be statistically unstable and should be interpreted with caution.

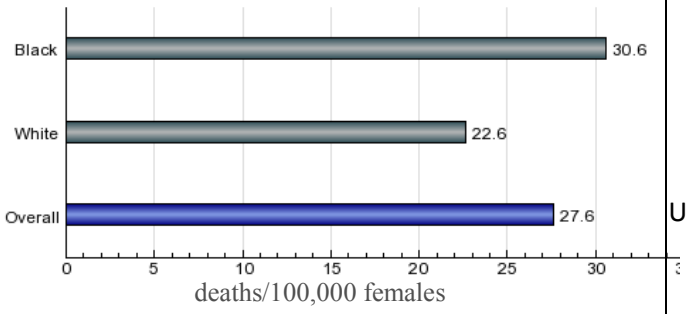
(2) Adults with Diabetes by Race/Ethnicity



percent
* Value may be statistically unstable and should be interpreted with caution.

Breast Cancer

a. Age-Adjusted Death Rate due to Breast Cancer by Race/Ethnicity



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<tr>
<td>Available detail on race, ethnicity, and language within CBSA.

See SHIP County profiles for demographic information of Maryland jurisdictions.</td>
<td colspan="2">
<table>
<tr><th></th><th>Prince George's County</th><th>Maryland</th></tr>
<tr><td>Demographics</td><td></td><td></td></tr>
<tr><td>Population</td><td>890,081</td><td>5,928,814</td></tr>
<tr><td>% below 18 years of age</td><td>22.70%</td><td>22.70%</td></tr>
<tr><td>% 65 and older</td><td>10.80%</td><td>13.40%</td></tr>
<tr><td>% Non-Hispanic African American</td><td>62.80%</td><td>29.20%</td></tr>
<tr><td>% American Indian and Alaskan Native</td><td>1.00%</td><td>0.60%</td></tr>
<tr><td>% Asian</td><td>4.50%</td><td>6.10%</td></tr>
<tr><td>% Native Hawaiian/Other Pacific Islander</td><td>0.20%</td><td>0.10%</td></tr>
<tr><td>% Hispanic</td><td>16.20%</td><td>9.00%</td></tr>
<tr><td>% Non-Hispanic white</td><td>14.50%</td><td>53.30%</td></tr>
<tr><td>% not proficient in English</td><td>5.10%</td><td>3.00%</td></tr>
<tr><td>% Females</td><td>51.90%</td><td>51.50%</td></tr>
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</td>
<td>URL of Data:

http://admin.dchweb.thehcn.net/index.php?module=DemographicData&type=user&func=ddview&varset=1&ve=text&pct=2&levels=1</td>
</tr>
<tr>
<td>Other - Diabetes</td>
<td>Doctors Community Hospital serves diabetes patients. This county has 10.0% of its population affected by diabetes, as compared to 10.0% in Maryland.

(prior year 13.5% and 8.3% respectively)</td>
<td>13.5%</td>
<td>URL of Data:

http://dchweb.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=index&topic=110&group=category&breakout=all

http://www.countyhealthrankings.org/app/maryland/2015/rankings/prince-georges/county/outcom</td>
</tr>
</table>

			es/overall/additional
Other - Illiteracy	This county has a 14.40% illiteracy rate (less than high school graduation) as compared to 11.39% in Maryland. (prior year14.62% and 11.15% respectively)	14.40%	URL of Data: http://admin.dchweb.thehcn.net/index.php?module=DemographicData&type=user&func=ddview&varset=1&ve=text&pct=2&levels=1

Table II Supplemental – County Health Rankings Reflects Prince George's County below Top US Performers or Maryland most categories

	Prince George's County	Error Margin	Top U.S. Performers*	Maryland	Rank (of 24)
Health Outcomes					16
Length of Life					19
Premature death	7,192	6,990-7,393	5,200	6,459	
Quality of Life					13
Poor or fair health	13%	12-14%	10%	13%	
Poor physical health days	2.9	2.6-3.1	2.5	3	
Poor mental health days	3	2.7-3.3	2.3	3.2	
Low birthweight	10.30%	10.1-10.5%	5.90%	9.00%	
Health Factors					15
Health Behaviors					9
Adult smoking	14%	13-15%	14%	15%	
Adult obesity	34%	32-36%	25%	28%	
Food environment index	7.4		8.4	8.2	
Physical inactivity	23%	21-24%	20%	23%	
Access to exercise opportunities	99%		92%	94%	
Excessive drinking	10%	9-11%	10%	15%	
Alcohol-impaired driving deaths	34%		14%	34%	
Sexually transmitted infections	685		138	451	
Teen births	34	33-35	20	29	
Clinical Care					23
Uninsured	16%	15-17%	11%	12%	
Primary care physicians	1,780:1		1,045:1	1,131:1	
Dentists	1,712:1		1,377:1	1,392:1	
Mental health providers	945:01:00		386:01:00	502:01:00	
Preventable hospital stays	48	47-50	41	54	
Diabetic monitoring	81%	79-83%	90%	84%	
Mammography screening	61.70%	59.7-63.8%	70.70%	64.60%	
Social & Economic Factors					16
High school graduation	73%			83%	
Some college	59.30%	58.1-60.5%	71.00%	67.50%	
Unemployment	6.80%		4.00%	6.60%	
Children in poverty	14%	12-17%	13%	14%	
Income inequality	3.7	3.6-3.7	3.7	4.5	
Children in single-parent households	45%	43-46%	20%	34%	
Social associations	7.8		22	9	
Violent crime	624		59	506	
Injury deaths	48	46-50	50	54	
Physical Environment					13
Air pollution - particulate matter	12.6		9.5	12.5	
Drinking water violations	0%		0%	16%	
Severe housing problems	21%	20-21%	9%	17%	
Driving alone to work	65%	64-65%	71%	73%	
Long commute - driving alone	57%	56-58%	15%	47%	

* 90th percentile, i.e., only 10% are better

** Please see http://www.countyhealthrankings.org for more information.

http://www.countyhealthrankings.org/app/maryland/2015/rankings/prince-georges/county/outcomes/overall/snapshot

Note: Blank values reflect unreliable or missing data

iii. The CHNA was comprised of both quantitative health information and qualitative feedback from the community. This multi-faceted approach ensured a profile of the county's health that examined various perspectives and data sources. The three research components included secondary data, community surveys and focus group testing.

With insight about the overall health status of Prince George's County, DCH can investigate strategies to address some of those concerns.

II. COMMUNITY HEALTH NEEDS ASSESSMENT

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

   __X__Yes (next one may be performed with County Health Department and all hospitals in county)

   ____No

Provide date here. _6_/_29_ /_13_ (mm/dd/yy)

If you answered yes to this question, provide a link to the document here.

The Prince George's County Health Department (PGCHD) lead a comprehensive CHNA process with the five area hospitals to complete a comprehensive county- wide CHNA in June 2016. The PGCHD convened an additional review with the five hospitals in September of 2016 to discuss individual implementation plans for collaboration and to avoid duplication, and another community-wide planning meeting in November 2016.

Link to Doctors Community Hospital's Community Health Needs Assessment 2013

Link to Prince George's County Community Health Needs Assessment June 2016

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 4?
   _X__Yes

   ___No

If you answered yes to this question, provide the link to the document here.

Link to Doctors Community Hospital's Community Health Needs Assessment Implementation Strategy 2013:

Yes new implementation plan is attached, but this report is based on the 2013 Implementation plan.

Link to Doctors Community Hospital's Health Needs Assessment Implementation Plan 2016

In addition to being accessible via the site's search tool, this information has been assessable three primary ways.

1. Health & Wellness page
2. About Us > Commitment to the Community page
3. Community Benefits Report footer link that appears on the bottom of every page

See Appendix for the Assessment and Implementation Strategy

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

a. Is Community Benefits planning part of your hospital's strategic plan?

_**X**_ Yes

____No

b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB process and describe the role each plays in the planning process (additional positions may be added as necessary.

i. Senior Leadership

1. _**X**__CEO, provides the guidance and objectives in the development of the Implementation Plan. Is the liaison to the Board of Directors.
2. _**X**_CFO, provides the financial perimeters for the Community benefit programs and assisted with data collection.
3. _X_Other (please specify)
    a. Vice President, Foundation, provides the leadership for the development and follow through of the Community Benefit and Implementation Plan.
    b. CMO provided guidance and data for the Implementation Plan and programs.

ii. Clinical Leadership

1. _X__Physician (CMO, Utilization Review) assisted in the development of the Implementation Plan and review

2. _X__Nurse (CNO, Director, Nursing), Provided expertise in staff and support needed to initiate programs.
3. _X__Social Worker, provided data for the development of Plan and programs
4. _X__Other (Director of Transitional Care) provided direction and data for the Implementation Plan and programs.

iii. Population Health Leadership and Staff

1. _X___ Population health VP or equivalent (please list) Dr. Sinil Madan, VP Population Health and CMO
2. . ____ Other population health staff (please list staff)

Describe the role of population health leaders and staff in the community benefit process

Population Health and CMO arrived in the middle of FY 2016. He provided guidance and direction establishing the Implementation Plan.

iv. Community Benefit Department/Team

The below team was responsible for collecting data, analyzing the data and completing the CHNA and the Implementation Plan.

1. _X__Individual (Community Resource Coordinator 1 FTE, Director, Volunteers and Community Relations 1 FTE,) Charges with collecting data and completing the CHNA and Implementation Plan
2. _X_Committee (Executive Team: CEO, VP Foundation, COO, CFO, CNO, CMO, CIO, VP HR, Directors Marketing, Physician Integration, Transitional Care, Physician Liaison, Social Worker, Nursing Leadership, Utilization Review Committee) Helped to provide analysis of data and guidance for developing implementation plan,
3. _X_Other (Director of Decision Support and Reimbursement) provided guidance and financial data for the process.

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet _X_yes _____no

Narrative _X_yes _____no

Conducted by the Community Benefits Department and Team

d. Does the hospital's Board review and approve the completed FY Community Benefit report that is submitted to the HSCRC?

Spreadsheet _X _yes _____no

Narrative _X__yes _____no

Review is done after submission at the first Board meeting in January each year.

Excerpt from DCH Planning Document:
2014-16 CHNA Implementation Plan and Community Benefits Reporting

During the several years, DCH has established many free community health programs, partnerships and new initiatives that are well aligned with 2011-15 Prince George' s County Health Plan and 2016 Prince George's County CHNA priorities and key recommendations. The hospital's transition to a population health module in 2014 and its close partnership with the Prince George's County Health Department and other clinical and community partners, also drove the development of its programs. The goal for 2016-2019 is the reorganization of DCH population/community health and ambulatory services programs under one unit, to better integrate and community based programs to Triple Aim clinical goals and outcomes required by DCH and HSCRS.

DCH Community Health Programs and Initiatives are established and are continued through the following using the following guides:

- CHNA Needs Assessments and Evaluation and Outcomes of Key Initiatives
- Methodology and criteria from its transition to a Population Health module in 2014. Criteria includes:
  - Triple Aim
  - Prince George's County Health Plan and 2015 Primary Care Strategic Plan
  - Community Partnerships
  - Internal Human and Financial Resources
  - Survey Responses
  - Direct Community Request
- HSCRC Community Benefit Reporting Guidelines

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

a. Does the hospital organization engage in external collaboration with the following partners:

_____ Other hospital organizations
___X__ Local Health Department
___X__ Local health improvement coalitions (LHICs)
_____ Schools
_____ Behavioral health organizations
___X__ Faith based community organizations
_____ Social service organizations

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

Organization	Name of Key Collaborator	Title	Collaboration Description
Prince George's County Health Department	Pamela Creekmur	Health Officer	Shared data
City of Greenbelt	Judith Davis	Previous Mayor	Focus Group Participation
State Legislature	Anne Healy	Maryland state delegate	Focus group participation
Prince George's Community College	Charlene Dukes	President	Minority Outreach and Focus Group
City of New Carrollton	Sarah Potter Robbins	City Council Member	Focus Group Participation
Riverdale Baptist Church	Brian Mentzer	Pastor	Focus group and survey
General Conference of Seventh Day Adventist	Dwayne Leslie	Pastor	Focus group and survey assistance
Mary's Center	Maria Gomez	President	Focus Group participation &

			program development
ALL Shades of Pink	Denise Whalen White	Director	Survey and program development

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

___X__yes _____no

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

__X___yes _____no

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This Information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

For example: for each principal initiative, provide the following:

a. 1. Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.
2. Please indicate whether the need was identified through the most recent CHNA process.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/)
(Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)

c. Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?

d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?

e. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results.

f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative? (please be sure to include the actual dates, or at least a specific year in which the initiative was in place)

g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.

h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.

    i. What were the measurable results of the initiative?

    ii. For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.

i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.

j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?

k. Expense:
A. what were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.
B. of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Table III A. Initiative 1 - Prevalence of Diabetes

Identified Need Was this identified through CHNA process	Need was identified by CHNA Process, HCI –Data, and Hospital Admissions -- Prevalence of Diabetes In Prince George's County
Hospital Initiative	A. On the Road Diabetes Program- The Joslin Center in collaboration with Prince George's County Health Department provide in-depth education and free A1c screening to county residents. B. Joslin Diabetes Center will offer Nutrition Seminars at Health Fairs.
Total Number of People within the target population	102,000 (12% of Prince George' s adult Population of 903,000 – who are diabetic or pre-diabetic)
Total number of people reached by the intiative within the target population	217 county residents attended classes and were offered A1C screening
Primary Objectives	1. To provide diabetes education to 250 residents and outreach and screening to 500 county residents 2. To increase diabetes self-management education and knowledge of participants and caregivers in the program. 3. To reduce A1C levels of residents in the program that are above normal and abnormal. 4. Develop and implement a comprehensive evaluation of program to assess and improve services by developing effective interventions, strategies and solutions to ensure healthier behaviors are being reinforced for long term management.
Single or Multi-Year Initiative Time Period	A. 2013-2017 b. Partnership just renewed for another 1 year period, but evaluation will update version for 2017.
Key Collaborators in delivery of the initiative	Prince George's County Health Department Maryland Park and Planning Commission (Prince George's County) Local faith-based organizations
Impact/Outcomes of hospital Initiative	Aligned with Objectives 1) People Served: 217 Participated in Education Classes in FY15-16. Over 600 people were provided information and screened in community outreach activities. 2) Education: (Pre-and Post Test measures) - Pre-Test Questionnaire 48% scored 80% or higher. Post-Class Questionnaire: 75% scored 80% or higher

	3) Clinical Outcomes: A1C* tests are offered during the initial classes as well as three months later to measure patient and program success. • 70% of participants who repeated their A1C test have maintained or reduced their A1C levels, thus decreasing their risk of future complications. • 100% of participants with A1C levels greater than 9 (poorly controlled diabetes) reduced their A1C levels. • 81% of participants with A1C levels greater than 7% (elevated glucose levels) reduced their A1C levels. Nearly 70% saw a decrease in their A1C levels between class 1 and class 2. Those with more elevated A1C levels at Class 1 experienced larger decreases: participants with an A1C of 10 or more decreased by an average of 1.72 percentage points by Class 2. **Evaluation:** Outside Evaluator completed 3-year review. Findings are under review.
Continuation of Initiative	Yes, we will continue to partner with the Prince George's Health Department. Recommendations from independent evaluation completed in October of 2016 for the first 3 year period (2013-2016) are being reviewed and incorporated for the next year.

A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $129,876	B. Direct offsetting revenue from Restricted Grants $25,000

Table III A. Initiative 2- High Incidence of Breast Cancer

Identified Need Was this identified through the CHNA process?	High Breast Cancer incident with low results in Breast Cancer Screening. Program affirmed from CHNA process and reaffirmed through a 2015 Study of African American women in Prince George's County.
Hospital Initiative	Collaboration with Susan G. Komen Foundation for a grant titled: "The Prince George's County Continuum of Breast Care
Total number of people within the target population	Total population targeted are approximately 90,000 women, with a focus on lower income and medically underserved population

Total number of people reached by the target population	Since June of 2012 there have been **3774** free screenings mammograms To date, 23 breast cancers were identified. **3** patients were diagnosed too late for effective treatment but the other 20 were successfully linked to treatment
Primary Objective of the initiative	By the end of the project, we will create a community-based continuum that will increase utilization of breast screening by uninsured and underserved women. 1) Increase numbers of women receiving early screening and increase education and literacy about breast care and risks. 2) Decrease fragmentation/length of time between abnormal screening and initiation of treatment including 1) 15 percent of the women with abnormal findings will have been navigated by the Imaging Navigator. Ensure a 70% adherence rate for cases requiring 3 and 6 month follow-up imaging. 3) Increase compliance rates to treatment plans. Ensure that 90% of women who are screened and have abnormal findings are navigated into diagnostic resolution within 12 days. At least 80% of women who have been diagnosed with breast cancer will be navigated into an oncology consult within 10 days of diagnosis. Ensure 80% of women diagnosed with breast cancer will adhere to initial treatment recommendations
Single or Multi-Year Initiative- Time Period	4 Year Period: CY 2012- CY 2015
Key collaborators in delivery of the Initiative	1)Prince George's County Health Department 2) African Women's Cancer Awareness Assoc. Outreach activities are conducted at churches and health fairs 2) All Shades of Pink, Inc 3) Zaida Morris 4) Nueva Vida 5) Mary's Center 7) First Baptist Church of Glenarden 8) Sisters International
Impact/Outcome of Hospital Initiative	. By the end of the project, we will create a community-based continuum that will increase utilization of breast screening by uninsured and underserved women. Objective 1: Establish staffing and infrastructure to support the community-based continuum of breast care. -Examine % of staff positions filled every 6 months. -Confirm navigator program launched. -Staffing/Infrastructure includes: 100% filled. 1)Program Coordinator 2)Treatment Navigator (In-kind) 3)The navigator program has been designed and launched. Recent purchase of an integrated navigation system that requires minimal manual input. 4) Screening navigator hired Objective 2: By the end of the first project year, a breast care navigation network will be

	established with the community providers. -Ensure personnel in place -Evaluate staff every six months -Review and revise MOU with community partners -Track referrals -Memorandum's Of Understandings have been established with community partners to offer free screening mammograms and follow-up exams through outreach and transportations efforts. Conduct Outreach with partners in Latino Community The Community Clinic, Casa of Maryland, Franklin Park Clinic and St. Bernardita Church and retail stores in the Latino community. 8) First Baptist Church of Glenarden – Shabbach! Ministries This partnership provides transportation two times per month to and from the partner centers in Langley Park. 9) Prince George's Breast & Cervical Program: We partnered with PGBCC Program to offer free screening mammograms, bra fittings, and clinical breast exams to the women age 40 – 65 years of age
Evaluation Outcomes - tied to objectives	1) Since June of 2012 there have been 3774 free screenings mammograms To date, **23** breast cancers were identified. **3** patients were diagnosed too late for effective treatment but the other 2**0** were successfully linked to treatment 2036 follow-up mammograms/or sonograms were performed and 283 minimally invasive biopsy procedures.. 72% of the women seen were Latina. Other key data includes screening mammograms by age: 59% are ages 40-49; 27% are ages 50-59; 10% are ages 60-69; and 4% are under 40 years old. 2) Decrease fragmentation/length of time between abnormal screening and initiation of treatment including 1) 15 percent of the women with abnormal findings will have been navigated by the Imaging Navigator**.** **Ensure a 70% adherence** rate for cases requiring 3 and 6 month follow-up imaging. Outcome: We had a 73% adherence rate. 3) Increase compliance rates to treatment plans. Ensure that 90% of women who are screened and have abnormal findings are navigated into diagnostic resolution within 12 days. At least 80% of women who have been diagnosed with breast cancer will be navigated into an oncology consult within 10 days of diagnosis. Ensure 80% of women diagnosed with breast cancer will adhere to initial treatment recommendations. **Outcome: Patients are navigated into resolution within 17 days.** 100% are navigated into treatment consults within 10 days of diagnosis. 85% of the patients adhere to initial treatment recommendations.
Continuation of Initiative	This program will transition to the Prince George's County Breast and Cervical Cancer Program in January 2017, and will continue for at least through July 2019.

C. Total Cost of Initiative for Current Fiscal Year D. What amount is Restricted Grants/Direct offsetting revenue	C. Total Cost of Initiative $526,000	D. Direct offsetting revenue from Restricted Grants 250,000

Table III A. Initiative 3 Cardiovascular Disease and Related Risk Factors

Identified Need Was this identified through the CHNA process	Cardiovascular Disease and related Risk Factors according to the Blueprint for a Healthy Prince Georges: Cardiovascular disease is the leading cause of death in Prince George's County and a key contributor to the County's racial gap in life expectancy. Twenty-eight percent of County residents have cardiovascular disease. The County's 2008 age-adjusted death rate from heart disease was significantly higher than the Maryland average (280.4 versus 252.8 per 100,000). For African American Prince Georgians, the age-adjusted death rate was 338.4 per 100,000 compared to 228.7 per 200,000 for Whites. Yes it was identified through the CHNA
Hospital Initiative	Provide 3-4 Carotid Artery Screenings at health events, such as Health Fairs and other events
Total Number of people within target population	77 % of the county population above 18 years of age =69,5225
Total number of people reached by the initiative with in the target population	80 people received screenings
Primary Objective of the initiative	To screen residents for potential risk of vascular disease
Single or Multi-Year Initiative- Time Period	Multi-year, ongoing
Key Collaborators in the delivery of the initiative	City of Greenbelt, local faith based organizations

Impact/Outcome of Hospital Initiative	There is a decrease in deaths in the county from cardiovascular disease, education and screening help reinforce the importance of monitoring your cardiovascular health	
Evaluation Outcomes	Indicators from MDHMH indicate the decrease in deaths from Cardiovascular disease from 203 people 2009-2011 to 180 in 100,000 people in 2011-2013	
Continuation of Initiative	Yes, with plans to increase screenings	
E. Total Cost of Initiative for Current Fiscal Year F. What amount is Restricted Grants/Direct offsetting revenue	E. Total Cost of Initiative $2,480	F. Direct offsetting revenue from Restricted Grants none

Table III A. Initiative 4- Overweight/Obesity, Nutrition & Exercise

Identified Need Was it identified through the CHNA process?	Overweight/Obesity Nutrition & Exercise- **2009 RAND Report**, a comprehensive study, sponsored by the Prince George's County Council concluded that l County residents were more likely to be overweight or obese than those in the District, Maryland State, and Baltimore, Montgomery and Howard Counties. Yes, this was identified through the CHNA process
Hospital Initiative	Provide free educational seminars offered by the Diabetes Center options including nutrition, exercise and surgery at Health Fairs, local municipalities and churches
Total number of people within the target population	77 % of the county population above 18 years of age =69,5225
Total number of people reached by the initiative within the target population	4081 attendees at health events and programs
Primary Objective of the Initiative	Educate overweight Community on options to make personal changes and health risks of Obesity Educate community on better food choices

Single or Multi-Year Initiative Time Period	Multi-year	
Key Collaborators in delivery of the initiative	Doctors Community Hospital Associated Physicians Joslin Diabetes Center, Local Faith Based organizations and municipalities.	
Impact/Outcomes of the hospital initiative?	Gradual increase in attendees.	
Evaluation Outcomes	Indicators from the BRFSS Survey show a slight reduction in obesity of the adult population from 69.8% to 67.6%.	
Continuation of Initiative	Yes, ongoing	
G. Total Cost of Initiative for Current Fiscal Year H. What amount is Restricted Grants/Direct offsetting revenue	G. Total Cost of Initiative $13,200	H. Direct offsetting revenue from Restricted Grants zero

Table III A. Initiative 5- Need to Increase Graduation Rate in County

Identified Need	Need to increase High Graduation rate in County
Hospital Initiative	The hospital provides an opportunity for high students with identified learning needs to come to the hospital through a Job Sampling Program. The hospital has internship programs with 4 local high schools. The hospital is a sponsor and partner with the new Junior Achievement Financial Center in the

	county and sponsored a day of mentoring at the site.	
Total number of people within the target population	There were 35,495 high school students according to the 2014 Prince George's County schools official enrollment report.	
Total number of people reached by the initiative within the target population	The hospital provided over 60,000 hours of interaction with high school students in organized learning situations. There were 11,550 encounter with students	
Primary Objective of the Initiative	Provide students the opportunity to observe vocations that are within their reach after graduating high school. Provide mentoring opportunities for staff to work with students.	
Single or Multi-Year Initiative- Time Period	Ongoing multi-year	
Key Collaborators in delivery of the initiative	Prince George's County Schools and Junior Achievement	
Impact/Outcome of Hospital Initiative	The hospital was able to increase the number of encounters with students last year by 20% over last year.	
Evaluation of Outcomes	Indicators form the Maryland Department of Education show a slight increase in high school graduates for 2013 of 74.1 percent compared to 2012 at 72.9 percent.	
Continuation of Initiative	Yes, with plans to increase number of school programs	
I. Total Cost of Initiative for Current Fiscal Year J. What amount is Restricted Grants/Direct offsetting revenue	I. Total Cost of Initiative $418,790	J. Direct offsetting revenue from Restricted Grants None

Table III A. Initiative 6 Incidence of High Blood Pressure/Stroke

Identified Need Was it identified through the CHNA process	According to HCI/Maryland BRFSS 2013 Data, Incidence of High Blood Pressure is 37.9% for residents in Prince George's County. For residents 65+, it is over 76%, and near 50% (47.8) for those 45-65. DCH CHNA process also identified this a significant need.
Hospital Initiative	Provide Blood Pressure screening and stroke education at municipal, church and businesses, health events with in the community.
Total number of people within the target population	There are approximately 265,000 residents (37% residents 18+) potentially at risk that DCH is targeting for high blood pressure screenings.
Total number of people reached by the initiative within the target population	The hospital had **5433** encounters with people at screening events and through the stroke support meetings and stroke education programs with local schools.
Primary Objective of the initiative	1) Provide education regarding stroke, signs, symptoms and emergency response to potential stroke, and identify risks of stroke. 2) Utilize screening tool at health events as needed to screen the community for potential risk of high blood pressure 3) Provide Support for Stoke Group for survivors and caregivers To
Single or Multi-Year Initiative- Time Period	Ongoing –multi-year
Key collaborators in delivery of the initiative	American Heart Association, local municipalities, local faith based organizations
Impact/Outcome of the hospital Initiative	# encounters -- Was there an increase from 2015 to 2016 -noted There was a 68% increase in the number of encounters/screenings over last year. But the incidence of high blood pressure in the county is rising. 15% of those screened had abnormal findings. Implementation of follow-up program for those with abnormal finding (Hire PT medical assistant to
Evaluation of Outcomes	Evaluation - identified need to strengthen follow-up for those with abnormal findings. This includes follow-up with patients to see if they have seen primary care physician, or been referral to DCH mobile clinic, or other health resource.

Continuation of Initiative	Ongoing	
K. Total Cost of Initiative for Current Fiscal Year L. What amount is Restricted Grants/Direct offsetting revenue	K. Total Cost of Initiative $18,431	L. Direct offsetting revenue from Restricted Grants

Table III A. Initiative 7- Incidence of Prostate, colorectal and Other Cancers

Identified Need Was it identified through the CHNA process?	Incidence of Prostate, colorectal and Other Cancers Yes. Identified through CHNA Process
Hospital Initiative	Colorectal Screening with the Prince George's County Health Department (CPEST) Annual Prostate Screening
Total number of people within the target population	**Approximately 100,000.** The demographic and health data for Prince George's County shows that 89% of African Americans are insured as compared to only 47% of Latino residents. African Americans have much higher mortality rates for colorectal cancer than Caucasians in Prince George's County (22.8 % vs.13.4%). Similarly, while the incident rate is low for the Latino population, cancers are discovered at later stages. Nationally, colorectal cancer is the second highest cause of cancer deaths of Latino men and the third highest in women -- with a combined rate of 10.2 per 100,000. Despite the purported affluence of the area, African-American and Latino women in the County are **two to four** times more likely to be affected adversely by health disparities than white men and women. As per the Prince George's County Health Improvement Plan, DCH through its health and cancer early detection programs is working to reduce disparities and mortality rates.
Total number of people reached by the initiative within the target population	202 screened for colorectal cancer, 14 screened for prostate cancer.

Primary Objective of the initiative	1) In partnership with Prince Georges County Health Department the hospital will provide a minimum of **175** endoscopic screenings for people identified by the Health Department as under or uninsured. 2) Assist in education and outreach on cancer risk and prevention to Prince George's County residents. 3) Provide at least **25** digital exams and PSA screening to residents. 4) Provide follow-up services as needed for those with abnormal findings.
Single or Multi-Year Initiative- Time Period	Ongoing
Key collaborators delivery of the initiative	Prince George's County Health Department Local Urologist
Impact/Outcome of the hospital initiative	1) CPEST Program Number of people colonoscopy performed 202 Number of people with abnormal Findings 3 Number of people with cancers sent to surgery 1 2) DCH reached about 15,000 people on cancer education and outreach through mailings, health events and lectures, and online communications. 3) Prostate screenings 25
Evaluation of Outcomes	For 2017 DCH applied for an was awarded the 2017 contract from DHMH for the Cancer Prevention Education Screening and Treatment Program (CPEST) which provides support for colorectal screenings and education and outreach for all cancers. This program will allow DCH to both provide clinical and education components needed to effectively address and improve health outcomes for those at risk for this disease. DCH Cancer Programs are working much more collaboratively in education and outreach and has expanded partnerships for 2017.
Continuation of Initiative	Yes. Award 3 year contract from DHMH – 2017-2019.

M. Total Cost of Initiative for Current Fiscal Year N. What amount is Restricted Grants/Direct offsetting revenue	M. Total Cost of Initiative $115,138.00	N. Direct offsetting revenue from Restricted Grants None at this time

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Yes, illiteracy was identified in Prince George's County and Doctors Community Hospital will continue to work with the county officials and other non-profits to see how we can partner on this unmet need. A subset of illiteracy may be a result of the lack of understanding how to manage your care. Additional training and education is being considered.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) http://dhmh.maryland.gov/ship/SitePages/Home.aspx
COMMUNITY HEALTH RESOURCES COMMISSION http://dhmh.maryland.gov/mchrc/sitepages/home.aspx

Guided by Triple Aim goals, DCH uses the following key SHIP measures in the Hospitals population goals and objectives. Preventable Quality Indicators (PQI) composite rates to measure reduction in hospitalization rates due to short and long term diabetes complications; asthma, COPD, and other chronic diseases. DCH also uses SHIP guides to monitor reductions in ED visits from diabetes, hypertension and mental health, as well over all readmissions. In order to better achieve goals and monitor progress in FY 2016 and 2017, DCH has enhanced its inpatient and outpatient EMR systems and is using CRISP (Maryland's Health Information Exchange) to better track patients and achieve health outcomes. For FY 2017 new health and nutrition programs are targeted to better address goals for obesity as well as improve self-management for patients with chronic conditions previously identified.

VI. PHYSICIANS

1. As required under HG§19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

The Utilization Committee and Medical Staff Committee continue to identify gaps in the availability of specialist providers to serve the uninsured cared for by the hospital. Programs that are being evaluated and developed include the following:

- *Orthopedics (began the expansion in FY 2014).*
- *General Surgical Program (began the expansion in FY 2015)*
- *Vascular Program (began the expansion in FY 2015)*
- *Thoracic services*
- *Limited health services for the homeless*
- *Limited health services for undocumented resident*
- *Limited health services for the elderly with family working outside the county*
- *Limited availability of primary care physicians for sickle cell (DCH opened a clinic in FY 2014)*
- *Limited availability of primary care physicians to provide heart failure patients education and the tools to get them into a healthy lifestyle regiment. (DCH opened an education clinic in FY 2014)*
- *Started the Mobile Clinic program in FY 2016, but coordinate plans in FY 2015.*
- *Purchased Southern Maryland Integrated LLC (ACO)*

Under GBR, the hospital is working on population health initiatives with community physicians, and hopes to start an ACO to serve the patients of Prince George's County.

Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

- *DCH has 55+ Hospital-based physicians to care for inpatients, since the limited number of community physicians are not able to see outpatients and attend to their inpatients.*
- *DCH spent millions of dollars on emergency department on-call coverage since Prince George's County has a limited number of primary care physicians and patients flock to the emergency departments for care. DCH has over 30 contracts for the variety of specialties.*
- *DCH offered Medical Directorships to ensure that physicians participate in the leadership of the hospital and the services offered to the county's residents.*

DCH offered the payment to nursing homes and some physicians to care for patients who are uninsured in order to keep the patients out of the inpatient setting

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please use Table IV to indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

   None listed in CB Inventory sheet

Table IV – Physician Subsidies

Category of Subsidy	**Explanation of Need for Service**
Hospital-Based physicians	
Non-Resident House Staff and Hospitalists	
Coverage of Emergency Department Call	
Physician Provision of Financial Assistance	
Physician Recruitment to Meet Community Need	
Other – (provide detail of any subsidy not listed above – add more rows if needed)	

VII. APPENDICES

To Be Attached as Appendices:

1. Appendix I: Describe your Financial Assistance Policy (FAP):

a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

Doctors Community Hospital does the following to ensure patients are aware of our financial policies:

- *Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):*
  - *in a culturally sensitive manner,*
  - *at a reading comprehension level appropriate to the CBSA's population, and*
  - *in non-English languages that are prevalent in the CBSA.*
- *Posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;*
- *Provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;*
- *Provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;*
- *Offers assistance in completing government and DCH financial assistance paperwork, a the cost of DCH, and*
- *Discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.*

Processes for Charity Care:

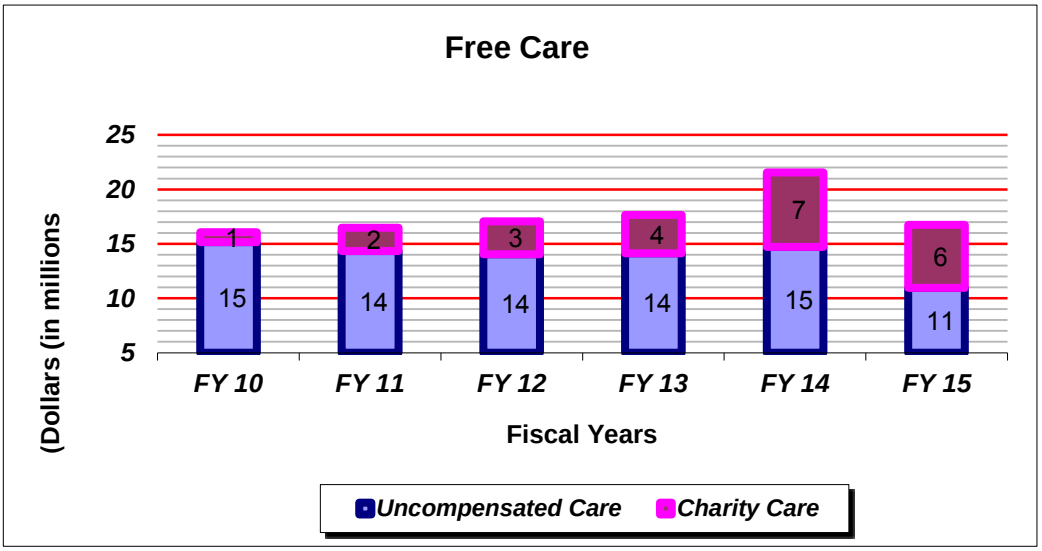
- *Notification Procedures regarding Charity care:*
- *There are signs posted in the Emergency Department, and all Admissions areas of the hospital.*
- *Each patient is given a brochure with the following information at time of admission and a copy is sent with any bills:*
- *There is a Spanish version of the brochure available as well.*
- *Financial Assistance*
- *Financial Assistance is available for patients who receive urgent or emergency services and do not have health insurance including Medicaid. Free care is provided for patients whose gross family*

income is at or below 200 percent of the Federal Poverty Guidelines. A 25-percent discount will be applied to qualified patients whose gross family income is above 200 percent of the Federal Poverty Guidelines.

- *Financial Assistance applications may be obtained at the Emergency Registration or Outpatient Registration Departments or by calling the Business Office at 301-552-8186.*
- *Upon request, an application will be mailed to the patient. To qualify, the applicant must also provide proof of family income and expenses.*
- *Maryland Medical Assistance*
- *Doctors Community Hospital provides case workers to assist patients with Maryland Medical Assistance applications who have received Inpatient or Emergency Outpatient care. Patients who have received Inpatient care and do not have insurance may contact one of the phone numbers listed below:*
- *Annually we have an announcement posted in the local newspapers as well.*

(See attached PDF)

History of Uncompensated Free Care- Chart



Appendix III: Include a copy of your hospital's FAP (label appendix III).

2. **Appendix III: Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) (label appendix III).**

(See attached PDF)

3. **Appendix V: Attach the hospital's mission, vision, and value statement(s)**

Description of Doctors Community Hospital Mission, Vision & Values

The main purpose of our hospital is to provide quality healthcare to our surrounding community, we have dedicated ourselves to doing just that. We have pledged to always do that to the best of our ability by providing a quality healthcare team, with quality tools, equipment and education.

VIII: The Community Benefit Reporting Tool

FY 2016 Data Collection Sheet

GENERAL INFORMATION

Hospital Name:	Doctors Community Hospital
HSCRC Hospital ID #:	21-0051
# of Employees:	1,502
Contact Person:	Mary Dudley
Contact Number:	301.552.8601
Contact Email:	MMudley@DCHealth.org

	UNREIMBURSED MEDICAID COST	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
T00	**Medicaid Costs**						
T99	Medicaid Assessments	N/A	N/A	$5,577,578.00	$0.00	$4,598,500.00	$779,078.00

	COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
A00	**COMMUNITY HEALTH SERVICES**						
A10	Community Health Education	636	3,163	$44,396.00	$27,457.52	$25,000.00	$46,743.52
A11	Support Groups	999	1,590	$35,304.00	$21,888.49		$57,192.49
A12	Self-Help				$0.00		$0.00
A20	Community-Based Clinical Services				$0.00		$0.00
A21	Screenings	3,512	1,603	$364,590.00	$226,045.60		$590,635.60
A22	One-Time/Occasionally Held Clinics				$0.00		$0.00
A23	Free Clinics				$0.00		$0.00
A24	Mobile Units				$0.00		$0.00
A30	Health Care Support Services				$0.00		$0.00
A40					$0.00		$0.00
A41					$0.00		$0.00
A42					$0.00		$0.00
A43					$0.00		$0.00
A44					$0.00		$0.00
A99	**Total Community Health Services**	4,539	6,555	444,180	$275,391.60	$25,000.00	$694,571.60

	A	B	C	D	E	F	G	H	I	J	K	L
38						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
39	B00	HEALTH PROFESSIONS EDUCATION										
40	B10	Physicians/Medical Students							$0.00		$0.00	
41	B20	Nurses/Nursing Students				25,972	325	$960,864.00	$0.00		$960,864.00	
42	B30	Other Health Professionals				13,178	1,216	$495,423.00	$0.00		$495,423.00	
43	B40	Scholarships/Funding for Professional Education							$0.00		$0.00	
44	B50								$0.00		$0.00	
45	B51								$0.00		$0.00	
46	B52								$0.00		$0.00	
47	B53								$0.00		$0.00	
48												
49	B99	Total Health Professions Education			TOTAL	39150	1541	$1,456,287.00	$0.00	$0.00	$1,456,287.00	
50												
51						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
52	C00	MISSION DRIVEN HEALTH SERVICES (please list)										
53	C10								$0.00		$0.00	
54	C20								$0.00		$0.00	
55	C30								$0.00		$0.00	
56	C40								$0.00		$0.00	
57	C50								$0.00		$0.00	
58	C60								$0.00		$0.00	
59	C70								$0.00		$0.00	
60	C80								$0.00		$0.00	
61	C90								$0.00		$0.00	
62	C91								$0.00		$0.00	
63												
64	C99	Total Mission Driven Health Services			TOTAL	0	0	$0.00	$0.00	$0.00	$0.00	
65												
66						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
67	D00	RESEARCH										
68	D10	Clinical Research							$0.00		$0.00	
69	D20	Community Health Research							$0.00		$0.00	
70	D30								$0.00		$0.00	
71	D31								$0.00		$0.00	
72	D32								$0.00		$0.00	
73												
74	D99	Total Research			TOTAL	0	0	0	$0.00	0	$0.00	

	A	B	C	D	E	F	G	H	I	J	K	L
75						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
76	E00	**Cash and In-Kind Contributions**										
77	E10	Cash Donations						$369,937.00	$0.00		$369,937.00	
78	E20	Grants							$0.00		$0.00	
79	E30	In-Kind Donations				1,145	10,227	$59,820.00	$0.00		$59,820.00	
80	E40	Cost of Fund Raising for Community Programs							$0.00		$0.00	
81												
82	E99	**Total Cash and In-Kind Contributions**			TOTAL	1145	10227	$369,757.00	$0.00	$0.00	$369,757.00	
83												
84						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
85	F00	**COMMUNITY BUILDING ACTIVITIES**										
86	F10	Physical Improvements and Housing							$0.00		$0.00	
87	F20	Economic Development				102	609	$43,399.00	$26,907.38		$70,306.38	
88	F30	Community Support				11,790	3,816	$434,870.00	$269,619.40		$704,489.40	
89	F40	Environmental Improvements							$0.00		$0.00	
90	F50	Leadership Development/Training for Community Members							$0.00		$0.00	
91	F60	Coalition Building				209	125	$87,400.00	$54,188.00		$141,588.00	
92	F70	Advocacy for Community Health Improvements							$0.00		$0.00	
93	F80	Workforce Development				1,542	90,310	$88,572.00	$54,914.64		$143,486.64	
94	F90								$0.00		$0.00	
95	F91								$0.00		$0.00	
96	F92								$0.00		$0.00	
97												
98	F99	**Total Community Building Activities**			TOTAL	13,743	94,860	654,241	405,629	0	1,059,870	
99												
100						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
101	G00	**COMMUNITY BENEFIT OPERATIONS**										
102	G10	Assigned Staff				1,190		$49,944.00	$30,965.28		$80,909.28	
103	G20	Community health/health assets assessments				28		$41,970.00	$26,021.40		$67,991.40	
104	G30								$0.00		$0.00	
105	G31								$0.00		$0.00	
106	G32								$0.00		$0.00	
107												
108	G99	**Total Community Benefit Operations**			TOTAL	1,218	0	$91,914.00	$56,986.68	$0.00	$148,900.68	
109												

	A	B	C	D	E	F	G	H	I	J	K	L
110	H00	CHARITY CARE (report total only)										
111	H99	Total Charity Care			TOTAL	$12,200,284.00						
112												
113		FINANCIAL DATA										
114		I10 INDIRECT COST RATIO				62.00%						
115												
116		I00 OPERATING REVENUE										
117		I20 Net Patient Service Revenue				$194,283,863.00						
118		I30 Other Revenue				$8,117,346.00						
119		I40 Total Revenue				$202,401,209.00						
120												
121		S99 TOTAL OPERATING EXPENSES				$186,693,541.00						
122												
123		I50 NET REVENUE (LOSS) FROM OPERATIONS				$15,707,668.00						
124												
125		I60 NON-OPERATING GAINS (LOSSES)				-$7,233,410.00						
126												
127		I70 NET REVENUE (LOSS)				$8,474,258.00						
128												
129						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
130	J00	FOUNDATION COMMUNITY BENEFIT										
131		J10 Community Services							$0.00		$0.00	
132		J20 Community Building							$0.00		$0.00	
133		J30 Mobile Health Clinic (Wellness on Wheels)				1,020	618	$150,000.00	$0.00		$150,000.00	
134		J31							$0.00		$0.00	
135		J32							$0.00		$0.00	
136												
137	J99	TOTAL FOUNDATION COMMUNITY BENEFIT				1,020	618	$150,000.00	$0.00	$0.00	$150,000.00	
138												

	A	B	C	D	E	F	G	H	I	J	K	L
139						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
140	H00	TOTAL HOSPITAL COMMUNITY BENEFIT										
141	A99	Community Health Services				4,539	6,655	444,180	275,392	25,000	694,572	
142	B99	Health Professions Education				39,140	1,541	1,456,387	0	0	1,456,387	
143	C99	Mission Driven Health Care Services				0	0	0	0	0	0	
144	D99	Research				0	0	0	0	0	0	
145	E99	Financial Contributions				1,145	16,227	369,757	0	0	369,757	
146	F99	Community Building Activities				13,742	64,662	654,341	405,529	0	1,059,870	
147	G99	Community Benefit Operations				1,210	0	81,914	56,983	0	138,897	
148	H99	Charity Care				N/A	N/A	N/A	N/A	N/A	$12,209,284.00	
149	J99	Foundation Funded Community Benefit				1,000	630	150,000	0	0	150,000	
150	T99	Medicaid Assessments				N/A	N/A	5,377,436	0	4,598,000	779,076	
151												
152	H99	TOTAL HOSPITAL COMMUNITY BENEFIT				60,814	83,703	8,544,015	738,004	4,623,500	16,858,843	
153												
154	L99	% OF OPERATING EXPENSES				9.01%						
155	Y99	% of NET REVENUE				192.44%						
156												

Z:\Community Benefit\2016\DCH FY16_CB_Data Collection Tool.xlsx x/s 5 of 5 12/15/2016

Appendix IX: Community Health Needs Assessment and Implementation Strategy

(See attached PDF)

Appendix V: Prince George's County Health Action Plan
http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/improvement.asp

(See Attached PDF)

Appendix VI: Blueprint for a Healthy Prince George's County, 2011 – 2014
http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/improvement.asp

(See attached PDF)

TO: Camille Bash, Vice President Finance

FROM: Stella Reed, Director Patient Financial Services

DATE: October 20, 2014

SUBJECT: HSCRC Annual Filing 2014

Attached, please find the following data:

PDF File	Letter dated May 30, 2014, stating Policies and Procedures have been reviewed by the Hospital Board of Directors.
PDF File	Credit and Collection Policy
PDF File	Financial Assistance Policy with Exhibits A- D
PDF File	Accounts Receivable Clearing House Agreement dated 7/13/2010
PDF File	Accounts Receivable Clearing House W-9 Form
PDF File	Accounts Receivable Outsourcing Agreement dated 1/31/2016
PDF File	Debt Collection Financial Assistance Report FYE 2014
PDF File	English and Spanish Brochure page for Financial Assistance

DOCTORS COMMUNITY HOSPITAL
8118 Good Luck Road
Lanham, Maryland 20706-3596
301-552-8118

DATE: May 30, 2014

TO: Camille Bash, Vice President, Finance
Stella Reed, Director, Patient Financial Services

FROM: Heidi Riedlbauer, Secretary, Board of Directors

SUBJECT: Policies and Procedures for Patient Financial Services

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This memorandum certifies that the Annual Collections Policy was reviewed and approved by the Hospital's Board of Directors at the May 29, 2014 Board of Directors Meeting.

Heidi L. Riedlbauer
Secretary, Board of Directors

Doctors Community Hospital
Hospital Policy

Subject: Credit and Collection Policy | Policy Number: 030

Date: October 1, 1995
Last Revised Date: November 2010 | Page 1 of 4

Philip B. Down, President
Approved by:

PURPOSE:
The purpose of this policy is to establish an organization that consolidates the financial management activities of the hospital so that controls meet accounting standards, ensures optimal cash flow, meets all compliance standards and minimizes bad debt. It is the goal of the hospital to enhance relations among the hospital, the patient, the physicians and the community by performing all activities in a professional, courteous and timely manner.

GENERAL POLICY: The Director of Patient Financial Services is responsible to ensure that subordinate staff seeks collection of hospital debt at the earliest possible opportunity, unless patients have applied for financial assistance. (See Financial Assistance Policy Number 050)

Patient's Request for Estimate of Charges:
The patient may make a request for an estimate of charges for all services excluding emergency services, to the Hospital's Business Office during normal working hours of Monday through Friday from 8:00 a.m. to 4:30 p.m. The hospital's business office will provide the patient an estimate of charges in writing by one of the following written methods, US mail, e-mail, or fax.

Insurance
Insurance benefits are verified and authorizations are sought at time of patient scheduling for elective procedures or within 24 hours of an unplanned admission. Hospital staff bill insurance accounts on an electronic billing system and perform billing follow-up of accounts. Insurance follow-up is consistently completed until the claim is paid or acknowledged by the insurance. Denied claims are analyzed to determine if appeal should be initiated. Claims are appealed when there is evidence that technical denials or medical necessity denials should be challenged.

Self-Pay Collection
Collection efforts are made during the registration process seeking payment for self-pay accounts and or co-payments. The hospital sends an initial summary bill to all patients, which lists major service categories. Attached to summary bills is a Patient Financial Services Brochure, which provides information on billing and how to apply for Patient Financial Assistance (See Financial Assistance Policy 050).

Self-pay and residual self-pay balances are outsourced to a contracted agent who sends statements and letters seeking collection of hospital debt. The billing agent is directed to seek full payment at the earliest possible date and can accept monthly payment arrangements until the account is paid in full. The

billing/collection agent's collection activity to include statements and letters has been reviewed and approved by the hospital's Director of Patient Financial Services.

Sale of Debts: Neither the hospital nor its billing/collection agent will sell patient debts to businesses for the purpose of hospital profit for patient debt collection.

Credit Bureau Reporting
Credit bureau reporting is done in the name of the hospital's collection agent who analyses the account to ensure the balance due is the patient's liability and not due from an insurance company. All accounts placed with the Credit Bureau are sent to the Director of Patient Financial Services of the Hospital prior to placement reporting to review the data and respond to the hospital's collection agent, with approval or denial to report. Accounts are not reported until collection efforts were made with the patient by sending letters or making collection calls through the call center process for debt collection, which normally takes 6 months from placement date. The collection agent does not report accounts to the credit bureau when legal placement is made in order to ensure that the same debt is not reported twice to the credit bureau.

When patient debts are paid in full, the hospital's collection agent will notify the credit bureau, within 60 days that the debt has been satisfied and paid.
If a patient was reported to a credit bureau and it is determined that the patient qualified under a presumptive mean-test or qualifies for financial assistance, the hospital would report the debt as closed.

Bad Debt
The hospital classifies accounts as bad debt beyond 120 days from discharge date regardless of patient/guarantor payment activity since collection action is completed through the hospital billing/collection agent. The billing/collector agent, based upon payment history of the patient, may not have classified the debt as a bad debt in their system at the same time as the hospital. However, classification of the debt as a bad debt will not occur until the contracted billing/collection agent has exhausted collection efforts and the account is older than 120 days from discharge date, There could be circumstances when the debt would be placed earlier if return mail has been received and skip tracing is not successful. (See Bad Debt policy number 090).

Court Action
When collection efforts are not successful or the patient fails to meet payment commitments, legal action may be filed with the court. Prior to court filing, accounts are reviewed by the hospital's Patient Services Team Leader who oversees credit and collection duties.

Judgments and Liens:
The hospital will not force the sale or foreclosure of a patient's primary residence to collect a debt owed on a hospital bill. If a hospital holds a lien on a patient's primary residence, the hospital will maintain its position as a secured creditor with respect to other creditors to whom the patient may owe a debt.

Vacate Judgment
If it is determined that the patient qualifies for Financial Assistance for the period of time for the debt, the hospital will refund to the patient any payment amounts exceeding $25.00 within a 2 year period from the date of service was found to be eligible for Financial Assistance. (See Financial Assistance Policy 050). An exception will be if the patient did not cooperate in providing the data for the financial assistance application and in such cases the refund period will be limited to 30 days from the patient's request for Financial Assistance.

Interest
Neither the hospital nor its billing/collection agent charges pre-judgment interest to patients.

Patient Complaints:

All patient complaints received by hospital staff or the hospital's billing/collection agent are referred to the Director of Patient Financial Services. The Director of Patient Financial Services will refer any clinical complaints to the hospital's Risk Manager and place a bill hold on the account until resolution is determined. Other billing complaints are reviewed and response is sent to the patient as instructed by the Director of Patient Financial Services.

Discounts

Patients who pay the full amount at time of service are given a 2% discount, which is applied against total charges. The hospital does not provide any special discounts to payers, or contractual allowances outside the designated allowance as determined by the Health Services Cost Review Commission.

Doctors Community Hospital

Financial Assistance Policy

SUBJECT: Financial Assistance Policy

Policy Number 050

Prepared by: Patient Financial Services

Date: May 5, 2003

Revised: December 17, 2007
January 2008, May 2009,
Oct 2009, Feb 2010,
April 2010, May 2010, Aug 2010,
Nov 2010, June 2013, Mar 2014

Philip B. Down, President

Approved by

PURPOSE

To provide general information and guidelines to identify indigent persons who have no means of paying for medical services or treatments.

POLICY

General Statement:

The Patient Financial Services Department of the hospital is responsible for determining the eligibility for Financial Assistance patients. Referral for Financial Assistance is made by Registration, Billing, and Financial Counseling Staff within the department or by other departments such as, Nursing, Quality Assurance, Social Services, Physician Offices or the patient or a patient's family member with legal authority to act on behalf of the patient. Referral for Financial Assistance is also made by Medicaid Advocates and Collection Agents. The hospital will consider all medical debts for services provided within the hospital excluding purely cosmetic services.

1. Patient Education

Doctors Community Hospital recognizes its charitable mission to provide reasonable care to those patients who cannot afford Healthcare and has provided the following methods to communicate the Financial Assistance Program.

a. Published notices of available Financial Assistance are printed in local newspapers annually,
b. Signs are posted at emergency registration, outpatient registration and the hospital's business office in patient waiting areas,

c. Financial policy brochures written in English and Spanish, specifying who to call for Financial Assistance, medical assistance and billing questions, is available in patient lobby waiting areas of the hospital,
d. Financial policy brochures are provided to every inpatient at time of admission. The information is a hand-out as part of the Hospital's admission package,
e. Financial policy is provided to every patient with their initial summary bill,
f. Financial policy is provided to every patient upon patient request by the business office,
g. An overview of Financial Assistance is provided to all hospital employees as part of the annual employee orientation in order to provide direction or assistance to patients.

2. Eligibility Criteria

Patients will be considered for Financial Assistance regardless of race, sex, national origin or creed. To qualify for Financial Assistance, the following areas of eligibility must apply:

a. Free Care will be given to patients whose gross income is at or below 200 percent of the Federal Poverty Guidelines when considering number of family members in the household.

b. Reduced Cost Program is available with a 25% balance bill reduction when the family unit income is between 200 to 300 percent of the Federal Poverty Guidelines. Reduced cost program includes patient liability after third party payment such as deductible, coinsurance and co-payment amounts.

c. Medical Hardship is available for patients whose gross family income is between 200 and 500 percent of the Federal Poverty Guidelines, when hospital debt exceeds 25% of the family gross income for the family unit. and such eligibility will remain active during a 12 month period beginning on the date which the reduced cost medically necessary care was initiated. All immediate family members within the family household who have medical debts at Doctors Community Hospital will be considered. However, debts for other providers or account balances for patient deductible, coinsurance or co-payments will be excluded under the Medical Hardship Program.

3. Other Eligibility Consideration:

a. Self-pay patients enrolled in certain means-tested programs will qualify as presumptive Financial Assistance eligibility for free care by submitting proof of enrollment in a social service program within 30 days of request for free care. If the patient fails to summit the means-tested documentation within 30 days, upon patient request an additional 30 days will be granted for documentation. Programs that should be considered for presumptive assistance are as follows:

   i. Household with children in the free or reduced lunch program,
   ii. Supplemental Nutritional Assistance Program (SNAP),
   iii. Low income household energy assistance program,
   iv. Primary Adult Care Program,
   v. Women's, Infants and Children program (WIC),

b. In addition to programs listed in means-test for presumptive charity, the hospital will consider all accounts as free care without patient application or further proof when such patients' insurance eligibility through the hospital eligibility verification system indicate that the patient qualifies for a program such as pharmacy only or physician only coverage. Other state programs not mentioned where the patient is eligibility for assistance programs where there is no medical insurance coverage will also be considered.

c. Patients who qualify against credit bureau Propensity to Pay scoring when considering income estimates, household size and up to 200 % of federal poverty levels will have patient liability written off in full to presumptive charity.

d. The hospital may apply discretion and approve patients beyond the 12 month medical bill period when the patient's health status is severe or other financial circumstances prevent payment from the patient.

4. Ineligible Patients

The following is a list of situations where patients will not qualify for Financial Assistance.

a. Patients who have health insurance and services are payable by other third-party insurance,
b. Patients who refuse to complete the hospital's Financial Screening Application, when presumptive free care is not warranted,
c. A non U S citizen who traveled to the US primarily for the purpose of receiving medical services at no cost,
d. Patients whose credit bureau report validates the patient's application was false or misleading,
e. Patients who fail to provide supporting information to validate information contained on the Financial Assistance Application,
f. Patients whose monetary assets exceed $10,000 excluding up to $150,000 in a primary residence and retirement benefits where the IRS has granted preferential treatment.

5. Application Requests

Self pay patients, who do not meet the presumption means-test, are requested to complete an application when they apply for Financial Assistance. A Financial Screening Application (see Exhibit A) is given to the patient when one of the following situations occurs:

a. Patient requests Financial Assistance,
b. Patients or family member expresses inability to pay for medical debts,
c. Other hospital departments staff request Financial Assistance for the patient,
d. Medicaid Advocates or Collection Agents request Financial Assistance Application.

6. Application Process

Applicants are requested to complete the Financial Screening form and a cover letter listing documents to support program eligibility will be attached (see Exhibit B). Listed below is the required information, which must be received and verified prior to consideration for Financial Assistance, when presumptive meant test programs do not apply

a. All gross income for all family members of the household unit,
b. Other income such as, Alimony, Child support and stipends,
c. Assets as listed in Section Item 4, "Ineligible Patients" under section F of this document,
d. Monthly expenses for immediate family members of the household,
e. List of outstanding debtors,
f. List of medical debts owed or paid for the past 12 months for services at Doctors Community Hospital.

7. Approval Process

Excluding presumption programs, prior to approving patient applications, information is reviewed and additional verification of eligibility may be made by obtaining a credit bureau application. The patient generally is notified by letter, (see Exhibit C) unless the patient calls the office or makes a visit to the business office to determine eligibility. Patients are advised of the amount of eligibility and if there is any patient liability and who to call to make payment arrangements. Approval for write-off for Financial Services is made by the Director of Patient Financial Services with additional approval of the Vice President of Finance for account balances greater than $5,000.

8. Denial Process

Upon final review of the application and patient income and expense documents, patient's who do not qualify for the program are notified by letter indicating the reason for denial and how to request reconsideration if the patient disagrees with the hospital decision (see Exhibit D).

Exhibit A (1)

DOCTORS COMMUNITY HOSPITAL

"Slow for caring."

DOCTOR'S COMMUNITY HOSPITAL
8118 Good Luck Road
Lanham, Maryland 20706-3596

Financial Screening Form

Please Print Legibly

Patient Name _____ SS # ___-___-___

Patient Address _____

City _____ State _____ Zip Code _____

Birth Date ___/___/___ Home Phone No. ( ) ___-___ Work Phone No. ( ) ___-___

Spouse Name *(if applicable)* _____ SS # ___-___-___

Spouse Address *(if different from Patient)* _____

City _____ State _____ Zip Code _____

Birth Date ___/___/___ Home Phone No. ( ) ___-___ Work Phone No. ( ) ___-___

LIST ALL CHILDREN UNDER 21 YEARS OF AGE

Child's Name _____ Birth Date ___/___/___

Child's Name _____ Birth Date ___/___/___

Child's Name _____ Birth Date ___/___/___

Child's Name _____ Birth Date ___/___/___

Child's Name _____ Birth Date ___/___/___

RESPONSIBLE PARTY INFORMATION *(Do NOT Complete if Patient is Responsible Party)*

Responsible Party Name _____ SS # ___-___-___

Address _____

City _____ State _____ Zip Code _____

Birth Date ___/___/___ Home Phone No. ( ) ___-___ Work Phone No. ( ) ___-___

EMPLOYMENT INFORMATION

Place of Employment _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. ( ) ___-___ Extension _____ Supervisor Name _____

INSURANCE INFORMATION

Do you have health insurance? ..... ☐ Yes ☐ No

If YES, Name of Company _____ Policy # _____

Have you ever applied to a State Medical Assistance Program? ..... ☐ Yes ☐ No

If YES, Name of State _____ Birth Date ___/___/___

Did you receive assistance from the state? ..... ☐ Yes ☐ No

Exhibit A (2)

Please provide proof of income and expenses with this application:
Such as: Last 2 pay stubs, W-2 Forms, Bank Statements, Utility Bills, Mortgage Statements

MONTHLY INCOME

	GROSS	NET
Patient Salary		
Spouse / Other		
Soc. Sec. Income		
Disab. Income		
Pension Income		
Interest Income		
Unemployment		
TOTAL		

OTHER MONEY RECEIVED

Alimony		
Child Support		
Other		
TOTAL		

OTHER ASSETS

Name of Bank (Checking) _____
Account # _____
Name of Bank (Savings) _____
Account # _____
Name of Bank (Checking) _____
Account # _____
Name of Credit Union _____
Account # _____
Other Bank Account(s) _____

Do you own stocks? ..... ☐ Yes ☐ No
Do you own bonds? ..... ☐ Yes ☐ No
Do you own property? ..... ☐ Yes ☐ No

I have answered the questions in this application correctly to the best of my recollection and based on my records. I understand that the Account Review Committee of Doctors Community Hospital may request additional information from credit reporting agencies, employers and other third parties.

Applicant Signature _____
Date of Application _____

MONTHLY EXPENSES

Rent / Mortgage _____
To Whom Paid _____
Telephone No. ( ) ____ - ____ Ext. ____
Auto Payment _____
Year ____ Make ____ Model ____
Financed By _____
Phone No. ( ) ____ - ____ Ext. ____
Electricity _____
Gas Utility _____
Telephone _____
Alimony _____
Child Support _____
Credit Cards *(See Below)* _____
Medical / Dental *(See Below)* _____
TOTAL _____

DOCUMENT CREDIT CARDS & MEDICAL / DENTAL

List Credit Cards
Account # _____
Account # _____
Account # _____

List Medical / Dental

_____ _____
_____ _____
_____ _____

Other Expenses

_____
_____
_____
_____
_____
_____
_____
_____

Exhibit B

Dear Patient:

It is believed that you may qualify for the hospital's Financial Assistance Program. Hospital Financial Assistance is only considered when there are no other financial assistance programs, which pay medical debts or insurance coverage.

Financial Assistance help is limited to medical expenses for services at Doctors Community Hospital. The program does not cover services elsewhere or physician bills. If you qualify for the program, all or part of your medical expenses may be considered.

If you quality for one of the following programs, please complete the attached application form and only provide with your application proof of eligibility in any one of the social service programs such as;

Children with reduced or free lunch program,
Supplemental Nutritional Assistance Program (SNAP),
Low-income household energy assistance program,
Primary Adult Care Program (PAC),
Women, Infants and Children (WIC).

If you do not qualify for one of the social service programs as listed above, you must complete the attached application screening form and provide with your application sufficient documents to prove your total income and expenses. In addition, the hospital may perform a credit check at the hospital's expense, validating your eligibility for the program. Documents required to be considered for Financial Assistance are as follows:

Wage statements for all household members such as pay stubs,
Other income such as, alimony, child support and stipends,
Your W-2 forms for current and prior year,
Bank statements, which show income and expenses,
Statement of any other income received in your household,
Copies of monthly statements and expenses paid to creditors,
List of outstanding medical expenses, owed or paid to Doctors Community Hospital for the past 12 months.

Please provide documents supporting assets excluding retirement programs where benefits are listed as exclusions under the IRS.

If you are unemployed and receive help or other support for daily living, you may provide a letter from another source indicating what kind of help you are receiving such as free room and board, utilities payments etc.

Failure to provide information to support your need for Financial Assistance may disqualify your eligibility. Please send all information within 30 days of this letter to:

Leslie Meade, Lead Patient Accounts Coordinator
Doctors Community Hospital
8118 Good Luck Road
Lanham, MD 20706-3596
(301) 552-8186

MNEMONIC: CHARITY1 ACTIVE: Y NAME: FINANCIAL APPLICATION APPROVED
PAGE SIZE: 66 LINE LENGTH: 75 LEFT MARGIN: 20
AUTO SPOOL: AUTO SORT:

Exhibit C

DOCTORS COMMUNITY HOSPITAL
8118 GOODLUCK ROAD
LANHAM, MARYLAND 20706

[DATE]

[GUARANTOR NAME]
[GUARANTOR ADDRESS LINE]
[GUARANTOR CITY,STATE ZIP]

RE: [ACCOUNT #]
[PATIENT NAME]

Dear [GUARANTOR NAME]:

Your application has been approved for financial assistance for the following account(s):

ACCOUNT #	AMOUNT APPROVED	REMAINING BALANCE PAYABLE BY PATIENT

If there is a remaining balance on your account(s), please call the hospital's Business Office at 301-552-8092 to establish a payment plan.

Yours truly,

Leslie Meade
Collections Team Leader

Exhibit D

Dear Patient:

We regret to inform you that your application for financial assistance has been denied for the following reason (s).

_____ Your application was missing sufficient documentation to prove income and expenses,

_____ Your income exceeds eligibility criteria under the Federal Poverty Guidelines. Please contact our office at (301) 552-8092 to establish a payment plan,

_____ There is a conflict in the Credit Report and data reported with your application,

_____ Our records indicate that you have third-party insurance or you may qualify for a state program for Medical Assistance.

_____ Other reason (s) _____

_____

_____

_____

If you disagree with this decision, please provide missing information or contact me to provide reasons why your debts should be reconsidered for Financial Assistance by calling (301) 552-8186 within the next fifteen day (15) from the date of this letter to reopen your case.

Thank you,

Leslie Meade, Team Leader
Patient Accounts Coordinator

ARCH
ACCOUNTS RECEIVABLE CLEARING HOUSE

ADDENDUM TO MANAGEMENT SERVICES AGREEMENT

July 13, 2010

Ms. Stella Reed
Director, Patient Financial Services
Doctors Community Hospital
8118 Good Luck Road
Lanham, Maryland 20706

Dear Stella,

This shall serve as an Addendum to the Accounts Receivable Outsourcing Agreement dated January 31, 2006, by and between Doctors Community Hospital (DCH) and Accounts Clearing House, LLC (ACH).

- All Early-Out Services will be proved by Accounts Receivable Clearing House, LLC and all bad debt collections services will be under the auspices of Accounts Clearing House, LLC.

All other terms and conditions as set forth in the Accounts Receivable Outsourcing Agreement shall remain in force and are not affected by this Addendum.

If you are in agreement with these changes and clarifications, please sign where indicated below.

Doctors Community Hospital

By: Stella Reed
Stella Reed
Director, Patient Financial Services

Date: 7-14-2010

Accounts Clearing House, LLC/Accounts

By: RWatkins
Ronald Watkins
President

Date: 7-13-10

DOCTORS COMMUNITY HOSPITAL BUSINESS ASSOCIATES AGREEMENT

Specific definitions:

a. Business Associate. "Business Associate" shall mean Accounts Recievable Clearing House, LLC.
b. Covered Entity. "Covered Entity" shall mean Doctors Community Hospital.
c. Individual. "Individual" shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
d. Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
e. Protected Health Information. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR § 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
f. Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR § 164.501.
g. Secretary. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

Obligations and Activities of Business Associate

a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law.
b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement. [This provision may be included if it is appropriate for the Covered Entity to pass on its duty to mitigate damages to a Business Associate.]
d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
e. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. Business Associate agrees to provide access, at the request of Covered Entity, and in the time (in less than 45 days after receiving written request) and manner, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR § 164.524. [Not necessary if business associate does not have protected health information in a designated record set.]

g. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 at the request of Covered Entity or an Individual, and in the time and manner [Insert negotiated terms]. [Not necessary if business associate does not have protected health information in a designated record set.]

h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available [to the Covered Entity, or] to the Secretary, in a time and manner [Insert negotiated terms] or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

j. Business Associate agrees to provide to Covered Entity or an Individual, in time and manner [Insert negotiated terms], information collected in accordance with Section [Insert Section Number in Contract Where Provision (i) Appears] of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

k. The Covered Entity and Business Associate agree to negotiate to amend the Agreement as necessary to comply with any amendment to any provision of HIPAA or its implementing regulations set forth at 45 C.F.R. parts 160 and 164, including but not limited to, the Privacy Regulation, which materially alters either Party or both Parties' obligations under the Agreement. Both Parties agree to negotiate in good faith mutually acceptable and appropriate amendment(s) to the Agreement to give effect to such revised obligations. If the Parties are unable to agree to mutually acceptable amendment(s) within 30 days of the relevant change in law or regulations, either Party may terminate the Agreement consistent with its terms.

l. In the event that any provision of this Agreement violates any applicable statute, ordinance or rule of law in any jurisdiction that governs this Agreement, such provision shall be ineffective to the extent of such violation without invalidating any other provision of this Agreement.

m. Business Associate agrees to indemnify, defend and hold harmless the Covered Entity, its directors, officers, agents, shareholders, and employees against all claims, demands, or causes of action that may arise from Business Associate's employees, agents, or independent contractors improper disclosure of the protected health information and from any intentional or negligent acts or omissions.

n. The Agreement shall be governed by the laws of the State of Maryland and shall be construed in accordance therewith.

Permitted Uses and Disclosures by Business Associate

a. Specify purposes:

Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information on behalf of, or to provide services to, Covered Entity for the following purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity: Purposes: CAP SURVEY

Specific Use and Disclosure Provisions [only necessary if parties wish to allow Business Associate to engage in such activities]

a. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

b. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 42 CFR § 164.504(e)(2)(i)(B).

d. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with § 164.502(j)(1).

Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions [provisions dependent on business arrangement]

a. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.
b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
c. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity. [Include an exception if the Business Associate will use or disclose protected health information for, and the contract includes provisions for, data aggregation or management and administrative activities of Business Associate].

Term and Termination

a. Term. The Term of this Agreement shall be effective as of November 13, 2008, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section. [Term may differ.]
b. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
    1. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement.
    2. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
    3. If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.

c. Effect of Termination.

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy (in a manner that protects the confidentiality and privacy of the material) all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
2. In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon [Insert negotiated terms] that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

Miscellaneous

a. Regulatory References. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended.
b. Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
c. Survival. The respective rights and obligations of Business Associate under Section [Insert Section Number Related to "Effect of Termination"] of this Agreement shall survive the termination of this Agreement.
d. Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

Hospital Representative 7-14-2010 Date Business Associate 7-13-10 Date

BUSNASSOC3/05/03

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2

Name (as shown on your income tax return)
ACCOUNTS RECEIVABLE CLEARING HOUSE, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Exempt payee
☑ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
PO BOX 2373

Requester's name and address (optional)

City, state, and ZIP code
GLEN BURNIE, MD 21060-2373

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
26 2238344

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here — Signature of U.S. person ▶ [signature] Date ▶ 7-13-10

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ACCOUNTS RECEIVABLE OUTSOURCING AGREEMENT

THIS AGREEMENT is made by and between Doctor's Community Hospital, with its principal offices at 8118 Good Luck Road, Lanham, Maryland 20706 ("Client") and Accounts Clearing House, LLC, a Maryland corporation with its principle offices at 300 Hospital Drive, Suite 30, Glen Burnie, Maryland, 21061 (ACH) as of the date of execution by a duly authorized representative of ACH. The effective date of this Agreement shall be _____.

In consideration of the mutual promises, covenants and agreements contained in this Agreement, the parties agree as follows:

1. SERVICES.

1.1 Accounts Receivable Outsourcing. ACH will seek to obtain reimbursement for Client's charges for *"Accounts"* (see Exhibit 1) placed with ACH through the follow-up, rebilling and collection activities relating to such Accounts (the "Accounts Receivable Outsourcing"). All activities undertaken on behalf of Client shall be done in the name of the Client. During the term of this Agreement, ACH will be the sole provider of Accounts Receivable Outsourcing services to the Client for the *Accounts*. As part of ACH's Accounts Receivable Outsourcing Services, ACH will:

(a) provide follow-up, tracking, re-billing and collection efforts and related activities for the *Accounts*;
(b) staff and manage an off-site receivables management center to handle the re-billing, follow-up, tracking and collection activities for the *Accounts* to include providing an off-site manager for the supervision of the management of the *Accounts* and other personnel as deemed necessary by ACH to perform the Accounts Receivable Outsourcing Services required by this Agreement;
(c) If necessary, provide on-site staff support at no additional cost to Client;
(d) prepare and send to Client, ACH's standard monthly management reports;
(e) develop work flows and follow-up letters for collection of the *Accounts*, with said work flows and letters to be mutually agreed upon as to process, content and format;
(f) direct all payments on the *Accounts* to Client. Any payments received by ACH will be logged and forwarded to Client within two (2) business days;
(g) establish a mutually agreed upon procedure for handling unpaid *Accounts* and for the request, use, maintenance and return of Client's patient files. ACH will prepare monthly and send to Client a hard copy of all returned *Accounts*.

All *Accounts* placed with ACH must be placed for a minimum of 120 days. ACH reserves the right to establish and amend its follow-up and collection efforts and activities as ACH, in its opinion, subject to Client approval, deems to be appropriate for the management of the *Accounts*. All follow-up and collection efforts and activities shall be in accordance with patient relation's policies and procedures consistent with those employed by Client. ACH and Client will establish a mutually agreed upon procedure for handling unreimbursed Accounts and for the request, use, maintenance, and return of Client's patient files.

1.2 Third-Party Agreements. Client acknowledges that in order for ACH to perform the Accounts Receivable Outsourcing Services, ACH will be required to enter into agreements with third-party payers and fiscal intermediaries regarding the provision of electronic claims submission, eligibility verification, claims statusing and other similar services (the "Third-Party Agreements"). Client agrees to indemnify and hold ACH harmless from and against any and all claims, actions, suits, proceedings, costs, expenses, damages, and liabilities incurred by ACH, including court costs and attorney's fees, related to any claim by any other party to a Third-Party Agreement, arising out of or relating to Client's provision of inaccurate or incomplete information to ACH or Client's negligence or willful misconduct.

2. CLIENT RESPONSIBLITIES AND OBLIGATIONS.

2.1 General. Client will cooperate and cause its employees to cooperate with ACH in every reasonable respect as mutually agreed by Client and ACH to allow ACH to perform its duties under the Agreement.

2.2 Provision of Account Information. Client will furnish ACH with all appropriate information necessary to enable ACH to perform the Accounts Receivable Outsourcing Services under this Agreement. As part of said responsibility Client will provide ACH:

(a) All patient and billing information mutually deemed appropriate and necessary by ACH and Client regarding the *Accounts*;

(b) Access to requested patient files, UB92 and /or HCFA 1500 forms, face sheets, itemized bills and other relevant *Account* documentation; and

(c) Cash receipt and application information.

Client is responsible for providing the information identified above relating to the accounts to ACH in the required format as agreed upon by Client and ACH. ACH will have no responsibility for the accuracy of the information received or problems arising out of erroneous or incomplete information received from Client. Further Client warrants that all *Accounts* are valid and legally recoverable debts.

2.3 Installation of Telephone Lines. At ACH' request and cost, Client will make available within 10 days following the Effective Date, a private dedicated "voice grade" telephone line to be used for the transmission of Account information to ACH. In the event that this Agreement is terminated within twelve (12) months from its inception, all installation and monthly charges for this telephone line shall be the sole responsibility of Client.

2.4 Special Instructions. Client will notify ACH in advance of any special instructions to be used by ACH in providing Accounts Receivable Outsourcing Services (such as listing of specific patients who are to be excluded from follow-up and collection activities due to their "VIP" status or for any other reasons).

3. FEES

3.1 Monthly Fee. The fees payable to ACH for providing Accounts Receivable Outsourcing Services to Client will be based on terms as specified in Exhibit I.

3.2 Payment Terms. Client will pay to ACH, within forty-five (45) days from the date an invoice is delivered to Client, all payments due under this Agreement. Any amount payable under this Agreement and not paid within forty-five (45) days will be delinquent and shall bear interest at the lesser of one and one-half percent (1 ½%) per month or the maximum monthly rate allowed by the applicable state.

3.3 Fee Change. ACH shall have the right to adjust the monthly fee in the event that Client fails to disclose to ACH at or prior to this Agreement is executed, accurate and complete information relating to Client's accounts receivable profile, which information, if disclosed, would have led ACH to propose a higher or lower Monthly Fee. In the event that ACH increases or decreases the Monthly Fee, ACH will provide Client with ninety- (90) day's prior written notice of this change. If any proposed fee increase is unacceptable to Client, Client may terminate this Agreement upon ninety (90) day's prior written notice to ACH.

3.4 Statement. ACH each month will render to Client a written statement setting forth all payments on the *Accounts* made to ACH directly and all deductions.

3.5 Taxes. All taxes and other levies in the nature of sales, use or excise taxes as they apply to the State of Maryland resulting from the services provided to the Client by ACH hereunder shall be the responsibility of the Client and shall be paid by the Client directly.

4. INITIAL TERM, RENEWALS AND TERMINATION.

The initial term of this Agreement will be two (2) years commencing as of the executed date of the Agreement. This Agreement shall be self-renewing for additional one (1) year terms unless wither party delivers to the other, written notice of termination at least thirty (30) days prior to the expiration of the then current term. This Agreement may be terminated by either party, for any reason, upon thirty (30) days prior written notice to the other without penalty from the date of inception of signed Agreement unless otherwise specified in the Agreement. Upon any termination of this Agreement, (a) ACH will continue its efforts with respect to the Accounts assigned prior to and existing as of the date of termination for a period of ninety (90) days; (b) ACH will continue its efforts with respect to all *Accounts* where payment arrangements are being met according to agreed upon terms, until conclusion of the payment arrangements; and (c) Client will pay ACH the Monthly Fee with respect to the collections referenced in (a) and (b) above regardless of when collections are received and whether received by Client or ACH.

5. CONFIDENTIALITY

5.1 Confidentiality of ACH Information. Client acknowledges that the System employed by ACH in providing Accounts Receivable Outsourcing Services is confidential and the sole property of ACH. Client agrees not to disclose to any persons or entities other than ACH, any information it receives concerning ACH business practices or other secrets deemed to be confidential by ACH.

5.2 Confidentiality of Client Information. ACH agrees not to disclose to any persons or entities not affiliated with ACH, any information about Client or any of Client's patients received by ACH in the course of providing the Accounts Receivable Outsourcing Services except as required to provide the Accounts Receivable Outsourcing Services or as otherwise legally required. Notwithstanding the preceding sentence, Client agrees that ACH may use Client information for statistical compilation purposes so long as Client and patient identifying information is kept confidential in accordance with applicable laws, rules and regulations.(See Exhibit II)

5.3 Confidentiality of Contract Terms. Without ACH' prior written consent, Client will not in any manner or form, disclose, provide or otherwise make available to any third parties, in whole or in part, this Agreement or any terms hereof.

6. DISCLAIMER OF WARRANTIES

Client acknowledges that ACH has the incentive to perform Accounts Receivable Outsourcing Services in a timely and efficient manner. Client acknowledges however, that the timing and amounts of collections generated through the Live Treat Services are subject to numerous variables beyond ACH' control. **THEREFORE, EXCEPT FOR THE EXPRESS REPRESENTATIONS AND WARRANTIES SET FORTH IN THIS AGREEMENT, ACH DISCLAIMS ANY AND ALL REPRESENTATIONS AND WARRANTIES, EXPRESS, IMPLIED, OR STAUTORY, PERTAINING TO THE PERFORMANCE OF THE ACCOUNTS RECEIVABLE OUTSOURCING SERVICES HEREUNDER.**

7. LIMITATION OF LIABILITY

In no event will ACH be liable for lost profits or be responsible for the uncollectibility of any *Account*.

8. INDEMNIFICATION

Each party agrees to indemnify, defend and hold harmless the other party, their directors, officers, employees and agents from and against any claim, liability, loss or expense (including without limitation attorney's fees) arising directly or indirectly out of an act by a party or its directors, officers, employees or agents in connection with either party's duties or performance under this Agreement.

9. NON-INDUCEMENT

During the term of this Agreement and for a period of one (1) year thereafter, neither ACH nor Client will, without the prior written consent of the other, either directly or indirectly, on its own behalf or in the service of others, solicit, divert, or hire away, or attempt to solicit, divert, or hire away, any person employed by the other, whether or not such employee is a full-time, part-time, or temporary employee and whether or not such employee is pursuant to a written agreement, is for a determined period, or is at-will without the prior written consent of the parties.

10. ACCESS TO BOOKS, DOCUMENTS, AND RECORDS

The provisions of this Section 9 are included in this Agreement because of possible application to Section 1861(v)(1)(I) of the Social Security Act. If such section is not applicable to this Agreement, whether now or in the future, then this Section 9 will be deemed not part of this Agreement and will, or will thereafter, be considered null and void. If such provision is applicable to this Agreement, ACH agrees with the Client that until the expiration of four (4) years after furnishing the Accounts Receivable Outsourcing Services under this Agreement, ACH will make available to the Secretary of the United States Department of Health and Human Services (the "Secretary"), and the United States Comptroller General, and their duly authorized representatives, this contract and all books, documents and records necessary to certify the nature and extent of the costs of these services. If ACH carries out the duties of this Agreement through a subcontract worth $10,000 or more over a 12 month period with a related organization, the subcontract will also contain and access clause to permit access by the Secretary, the United States Comptroller General and their representatives to the related organization's books and records.

11. MISCELLANEOUS

11.1 Entire Agreement. This Agreement and the Exhibits referenced herein describe the entire agreement between the parties and will be binding upon and inure to the benefit of their successors and permitted assigns only with the express written consent of Client. This Agreement supercedes all prior written and oral agreements and understandings between ACH and Client pertaining to Accounts Receivable Outsourcing Services and can only be changed in writing executed by the parties against whom such change is sought to be enforced.

11.2 Notices. Any notice to be given under this Agreement will be in writing and will be effective on date of receipt if sent or delivered to:

If to ACH:	If to Client:
Boyce Reitterer President Accounts Clearing House, LLC 300 Hospital Drive, Suite 30 Glen Burnie, Maryland 21061	Dennis Scanlon Vice President, Finance Doctor's Community Hospital 8118 Good Luck Road Lanham, Maryland 20706

or in either case to such other address or individual as the party to be notified, by proper notice hereunder have directed.

11.3 Severability. If any provision of this Agreement, or portion thereof, is declared invalid, the remaining provisions will remain in full force and effect.

11.4 Assignment. This Agreement is binding upon and inures to the benefit of and is enforceable by ACH, Client and their respective legal representatives, permitted assigns and successors of interest. This Agreement will not be assigned or transferred, in whole or in part, by Client and may only be assigned by ACH with the express written consent of Client.

11.5 Governing Law. This Agreement is made and entered into and will be construed and interpreted in accordance with the laws of the State of Maryland.

11.6 Authority to Sign. ACH and Client acknowledge that they are duly authorized by appropriate corporate action to enter into this Agreement and that the Agreement is being signed by duly authorized agents authorized to act for their respective parties.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date executed by the duly authorized representative of ACH.

CLIENT: DOCTOR'S COMMUNITY HOSPITAL	ACCOUNTS CLEARING HOUSE, LLC
By:	By:
Title: Vice President, Finance	Title: President
Date: 1/31/06	Date: 1/31/06

EXHIBIT I

ACCOUNTS:

Phase I Accounts-

Those patient accounts and balances that are identified by financial class as Self Pay, Commercial, HMO, MCO, Worker's Compensation or any other insurance accounts identified by Client.

Client represents that monthly Self Pay accounts are profiled as of 12/15/05 as follows:

Aging:	# of Accounts	Gross Assignments	Contractuals/Writeoff %
0-30 days	3,700	$1,100,000	N/A
31-60 days			
61-90 days			
91-120 days			
121-150 days			
151-180 days			
181 + days			

Client represents that monthly Commercial accounts are profiled as of 12/15/05 as follows:

Aging:	# of Accounts	Gross Assignments	Contractuals/Writeoff %
0-30 days			
31-60 days			
61-90 days			
91-120 days	300	$250,000	N/A
121-150 days			
151-180 days			
181 + days			

Client represents that monthly Secondary accounts are profiled as of 12/15/05 as follows:

Aging:	# of Accounts	Gross Assignments	Contractuals/Writeoff %
0-30 days			
31-60 days	TBD	TBD	
61-90 days			
91-120 days			
121-150 days			
151-180 days			
181 + days			

The above-referenced amounts are an estimate and represent an accumulated backlog of insurance accounts. Client may, at its discretion make additional placements at time intervals to be determined.

FEE SCHEDULE:

Self Pay Accounts. Client agrees to assign to ACH, for a minimum of at least the first six months from the effective date of the Agreement, 100 % of all Self Pay Accounts. Client agrees to pay ACH a monthly fee of nine and one-quarter percent (9.25%) of all monies collected from the accounts identified as Self Pay. After the first six months, should Client only assign to ACH fifty-percent of the Self Pay Accounts, the fee shall the be nine and one-half (9.5 %) of all monies collected from the accounts identified as Self Pay. It is further agreed that the determination for changing the assignment percentage from 100% to 50% shall be predicated on a mutually agreed upon performance baseline as agreed upon by Client and ACH. Any payments received within five calendar days from the date of placement shall not be subject to any fee.

Commercial Accounts. Client agrees to pay ACH a monthly fee of six percent (6%) of all monies collected from the accounts identified as Commercial Accounts. Any payments received within seven calendar days from the date of placement shall not be subject to any fee.

Secondary Accounts. Client agrees to pay ACH a monthly fee of five percent (5%) of all monies collected from the accounts identified as Secondary Accounts. Any payments received within seven calendar days from the date of placement shall not be subject to any fee.

ADDITIONAL SERVICES

ACH will provide for the licensed use of the AegisEDI remit management and follow-up systems (ARIS) as described in attached AegisEDI Subscription Agreement.

Upon termination client shall reserve the right to continue use of ARIS. Fees for use will be the same as described in attached AegisEDI Subscription Agreement.

Should client decide to enforce the fifty percent assignment protocol on Self Pay Accounts as described in the Fee Schedule referenced above, ACH agrees to allow Client to retain the ARIS system at no charge. The only event that shall occur that will allow AegisEDI to implement the Fee Schedule in the Aegis EDI Subscription Agreement will be the termination of the Accounts Receivable Outsourcing Agreement or an assignment level on Self Pay Accounts lower than fifty percent of the total Self Pay Accounts.

ACH agrees to assume the ARIS Setup Costs as described in Exhibit A of the AegisEDI Subscription Agreement.

CLIENT: DOCTOR'S COMMUNITY HOSPITAL	ACCOUNTS CLEARING HOUSE, LLC
By:	By:
Title: VP Finance	Title: President
Date: 1/3/06	Date: 1/31/06

EXHIBIT H

INDEPENDENT CERTIFICATION AND AGREEMENT OF COMPLIANCE

I hereby certify that I am a duly authorized officer of the independent contractor named below ("Contractor). On behalf of Contractor and its officers, directors, employees, and agents, I certify that I have received and read the "Compliance Program Policy Manual" dated _____ of *Doctor's Community Hospital* and fully understand the requirements set forth in that document. I certify that Contractor shall act in full accordance with all rules and policies of *Doctor's Community Hospital*. These rules and policies include *Doctor's Community Hospital's* commitment to comply with all applicable federal and state laws, and *Doctor's Community Hospital's* commitment to conduct its business in compliance with the highest ethical standards.

To this end, Contractor expressly agrees that the *Doctor's Community Hospital* "Compliance Program Policy Manual" shall be incorporated within and made a part of the Contractor's Agreement with *Doctor's Community Hospital* and shall survive termination of this Agreement for any reason. Any failure of Contractor to comply with the rules and policies set forth in *Doctor's Community Hospital* "Compliance Program Policy Manual" or to report violations of these rules and policies may result in immediate termination by *Doctor's Community Hospital* of its Agreement with Contractor.

CLIENT: DOCTOR'S COMMUNITY HOSPITAL	ACCOUNTS CLEARING HOUSE, LLC
By:	By:
Title: VP Finance	Title: President
Date: 1/31/06	Date: 1/31/06

Debt Collection/financial Assistance Report

FYE 2014

Hospital Name: Doctors Commuity Hospital

Hospital Numb: 210051

1. Collection Agency Name

a. Accounts Receivable Clearing House
b.
c.
d.
e.
f.
g.
h.

2. Number of liens

i. 0

3. Number of extended payment plans

j. 1,823

FINANCIAL ASSISTANCE

4. Number of applications for financial assistanc received

k. 231

5. Number of applications for financial assistance approved

218

Note: represents number of applications not number of accounts

attach: DCH Policies and Procedures for assigning a debt to a collection agent for collection and for compensating such a collection agent for services rendered. (PDF format)

HSCRC

General Billing Information

About four days after receiving medical services, you will receive a Summary Bill in the mail. To request an itemized bill or if you have any questions, contact the Business Office:

7404 Executive Place, Suite 300 A
Seabrook, MD 20706
301-552-8093

While you are still at the hospital, you may pose your questions to the following:

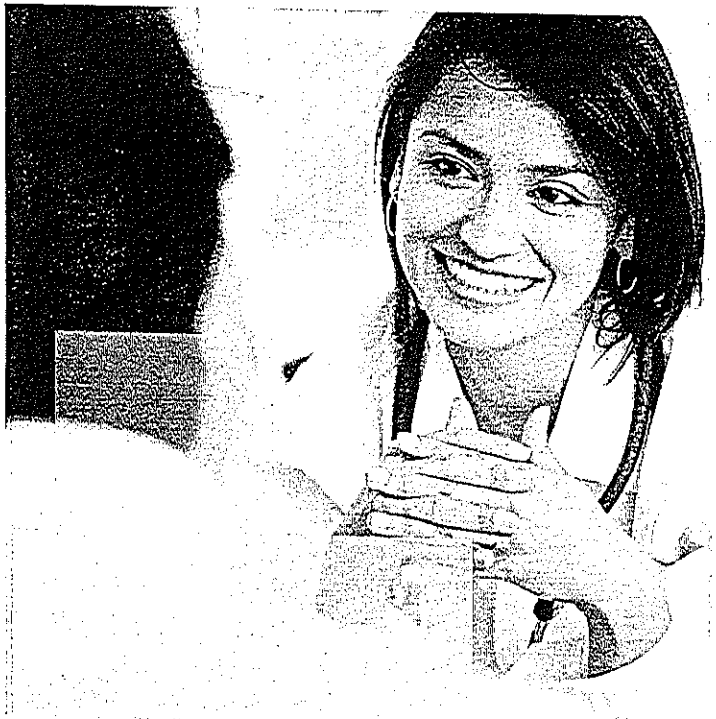
- **Outpatient Registration Department**
  Main Hospital, 2nd Floor
  Monday to Friday, 8:00 a.m. to 4:30 p.m.
- **Emergency Department Registration Office**
  Main Hospital, 1st Floor
  24 hours a day

Patient Obligation

- Pay your bills timely
- Provide your correct insurance information
- Notify the Business Office if your financial status changes and will impact your ability to pay the bill

Patient Rights

- Doctors Community Hospital or Medicaid may provide assistance to patients who meet the financial assistance criteria
- Patients who believe they were wrongly referred to a collections agency have the right to contact the Business Office to discuss this matter



How Does Health Insurance Billing Work?

After receiving services, we will bill your health insurance. To ensure that the claim was properly submitted, we will make a copy of your current identification and insurance cards.

Insurance companies require that we supply them with complete information on the person who carries the coverage. This information includes name, address, telephone number, date of birth, employment and social security number.

Incomplete information could cause a denial by your insurance provider, and you could be responsible for the balance.

If you are unable to provide complete insurance and subscriber information, we will not be able to bill your insurance.

Financial Assistance

Financial assistance is available for patients who receive services at Doctors Community Hospital. Patients may qualify for free care or partial care based on their family's gross income as applied to the Federal Poverty Guideline.

Applications for financial assistance may be obtained at emergency registration or outpatient registration at the hospital. **You can also call the Business Office at 301-552-8186 to have an application mailed to you.**

Mail the completed application as well as proof of family income and expenses to the following:

Doctors Community Hospital
Patient Financial Services
8118 Good Luck Road
Lanham, MD 20706

Maryland Medical Assistance

Doctors Community Hospital provides case workers to assist patients who received inpatient or emergency outpatient care with Maryland Medical Assistance applications. Patients who received inpatient care, and do not have insurance, may contact one of the telephone numbers listed below.

LAST NAME BEGINNING WITH:		
A-J	DECO	301-552-8116
K-Z	MEDLAW	301-552-8682

Additional Assistance

Emergency Outpatient Services

- **Contact DECO at 301-552-8116**

Medical Medicaid Applications for Other Outpatient Services

- **Contact the Maryland Department of Social Services at 800-332-6347, TTY 800-925-4434**

Servicios no facturados por Doctors Community Hospital

Es posible que su tratamiento en Doctors Community Hospital requiera los servicios de proveedores que facturan por separado. Estos proveedores le facturarán a su proveedor de seguros. Sin-embargo, si por algún motivo la compañía de seguros no paga por los servicios, es posible que usted reciba una factura. Si tiene preguntas respecto de las facturas de estos proveedores, comuníquese directamente con ellos. A continuación, se proporciona la información de contacto de algunos de los proveedores.

Para servicios profesionales:

- Clinical Laboratory Associates
- Diagnostic Imaging Associates
- Doctors Emergency Physicians
- Elliott & Wargotz Pathology
- Matrix House Physicians

Contacto:

- **Meridian Financial Management**
  301-498-2922

Para servicios profesionales:

- Joslin Diabetes Center
- The Center for Wound Healing

Contacto:

Asistencia financiera

Se encuentra disponible asistencia financiera para los pacientes que reciben atención para servicios de urgencias o emergencias. Se proporciona atención gratuita para los pacientes cuyo ingreso bruto familiar sea del 200% de las Pautas federales de pobreza, o menos.

Las solicitudes de Asistencia financiera pueden obtenerse en el Departamento de registro de emergencias o en el Departamento de registro de pacientes ambulatorios, o llamando a la Oficina comercial al *301-552-8186*.

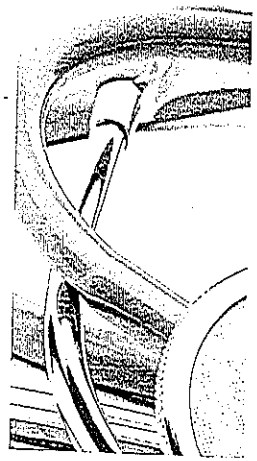
Si se solicita, se enviará al paciente una solicitud por correo. A fin de reunir los requisitos, el solicitante también debe presentar comprobantes del ingreso y de los gastos familiares.

Asistencia médica de Maryland

Para los pacientes que han recibido atención para pacientes hospitalizados o atención ambulatoria de emergencia, Doctors Community Hospital ofrece trabajadores de casos que ayudan a estos pacientes con las solicitudes de Asistencia médica de Maryland. Los pacientes que hayan recibido atención para pacientes hospitalizados y no cuenten con un seguro pueden llamar a uno de los siguientes números de teléfono:

Si su apellido comienza con:

	Contacto	Núm. de teléfono
A-J	DECO	*301-552-8116*
K-Z	MEDI AW	301-552-8682



Paying Your Bill

Bills for services rendered are to be paid upon receipt. **Co-payments are set by your insurance provider and are due at the time of service.**

Services Not Billed by Doctors Community Hospital

Your treatment at Doctors Community Hospital may require services of healthcare professionals who will bill your insurance provider separately. However, if for some reason the insurance company does not pay for the services, you may receive the bill. If you have questions about such bills, contact those professionals directly. Below is the contact information for some of these services.

Professional Services

+ Clinical Laboratory Associates
+ Diagnostic Imaging Associates
+ Doctors Emergency Physicians
+ Elliott & Wargotz Pathology

Contact Meridian Financial Management at 301-498-2922

+ Joslin Diabetes Center
+ Center for Wound Healing and Hyperbaric Medicine

Contact Universal Health Network at 888-846-5527

+ Southern Maryland Anesthesia & Associates, LLC

Contact Southern Maryland Anesthesia & Associates at 800-583-1360

Your private physician may also bill you. Please contact him/her directly to discuss those bills.

What If My Visit Is Due To A Motor Vehicle Accident?

We will ask for your automobile and health insurance information. Your automobile insurance will be billed first. If your automobile insurance does not pay the bill, your medical insurance will be billed next. We will bill you for any non-covered balances.

What If I Am Injured On The Job?

We will bill the workers' compensation insurance provider of your employer. If payment is not received from this provider, you are responsible for the bill.

What Does Medicare Cover?

Medicare Part A covers inpatient charges, and Medicare Part B covers outpatient charges that are considered "medically necessary."

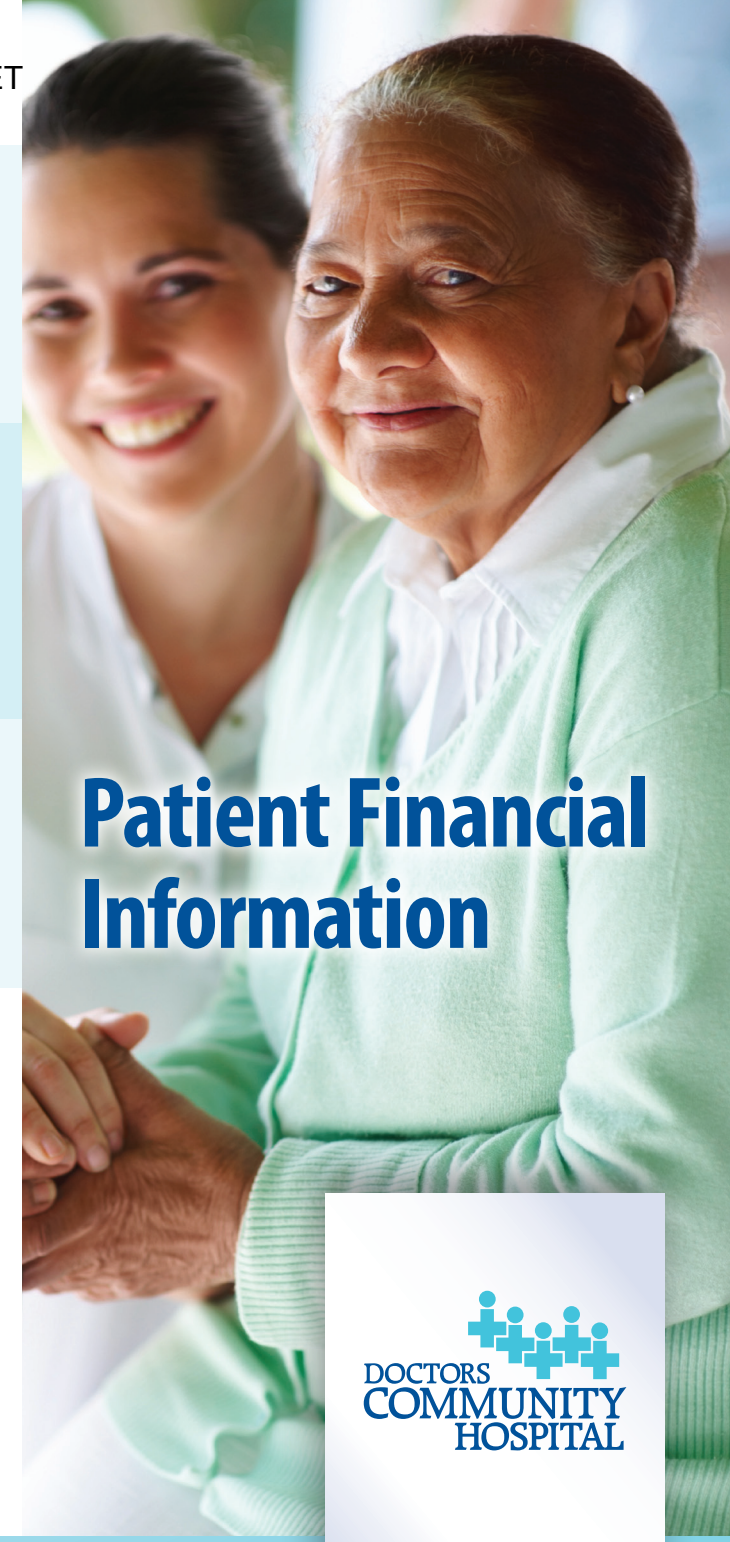
If your doctor orders a service that is not considered "medically necessary" by Medicare, you will be asked to sign an Advance Beneficiary Notice (ABN). The ABN is Medicare's way of informing you of the possibility that it might not pay for the service ordered. By signing the ABN, you agree to accept responsibility for payment if Medicare does not pay.

You can sign the ABN and agree to pay for service, or you can refuse the service. If you refuse, we encourage you to talk with your doctor about alternative options that would be covered by Medicare.

DOCTORS COMMUNITY HOSPITAL

8118 Good Luck Road
Lanham, Maryland 20706

PHONE 301-552-8118



Patient Financial Information

DOCTORS COMMUNITY HOSPITAL

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  Main Hospital, 1st Floor
  24 hours a day

Patient Obligation

- Pay your bills timely
- Provide your correct insurance information
- Notify the Business Office if your financial status changes and will impact your ability to pay the bill

Patient Rights

- Doctors Community Hospital or Medicaid may provide assistance to patients who meet the financial assistance criteria
- Patients who believe they were wrongly referred to a collections agency have the right to contact the Business Office to discuss this matter

How Does Health Insurance Billing Work?

After receiving services, we will bill your health insurance. To ensure that the claim was properly submitted, we will make a copy of your current identification and insurance cards.

Insurance companies require that we supply them with complete information on the person who carries the coverage. This information includes name, address, telephone number, date of birth, employment and social security number.

Incomplete information could cause a denial by your insurance provider, and you could be responsible for the balance.

If you are unable to provide complete insurance and subscriber information, we will not be able to bill your insurance.

Financial Assistance

Financial assistance is available for patients who receive services at Doctors Community Hospital. Patients may qualify for free care or partial care based on their family's gross income as applied to the Federal Poverty Guideline.

Applications for financial assistance may be obtained at emergency registration or outpatient registration at the hospital. **You can also call the Business Office at 301-552-8186 to have an application mailed to you.**

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Additional Assistance

Emergency Outpatient Services

Contact DECO at 301-552-8116

Medical Medicaid Applications for Other Outpatient Services

Contact the Maryland Department of Social Services at 800-332-6347, TTY 800-925-4434

Doctors Community Hospital
Community Health Needs Assessment Report

June 27, 2013

UPDATED JUNE 30, 2014: TO INCLUDE IMPROVEMENTS IN FORMAT AND EXPLANATION OF METHODOLOGY, ONLY. NO SURVEY DATA WAS CHANGED

EXECUTIVE SUMMARY

Doctors Community Hospital has a 37-year tradition of providing quality medical and surgical care to the residents of Prince George's County. To address the dominant healthcare needs of this community, the hospital recently performed both primary and secondary research to gauge the general market environment as well as the healthcare realities and perceptions of county members. With such information, tactics can be reinforced or developed to address the findings.

Among its 863,420 residents, Prince George's County's population includes predominately minorities – African Americans (65 percent) and Latinos (15 percent). About 74 percent of those who are ages 16 or older are employed – contributing to a medium income of $69,545, which is higher than the national average. Additionally, approximately 81 percent of residents are insured.

Even with these statistics, there are significant health disparities among Prince George's County residents. In fact, according to the Department of Health and Mental Hygiene's vital statistics report, the county is ranked 18 out of 24 among Maryland counties and leads in deaths caused by heart disease, cancer, cerebrovascular diseases, diabetes, accidents, assaults, influenza/pneumonia, HIV and hypertension/hypertensive renal disease. Moreover, the county has high incidences of obesity, diabetes, cardiovascular disease, breast cancer, tobacco use and asthma. (Appendix A has been included in this report, which further reflects disparities in Prince George's County relating to health and education as compared with residents of the District of Columbia and Virginia.)

In addition to the above data, the hospital conducted its own survey from December 2012 to April 2013. With a goal of identifying the dominant healthcare concerns of residents, respondents' top five issues were high blood pressure, weight loss/obesity, diabetes, nutrition/exercise and heart disease.

Dedicated to passionately caring for its patients and the community, Doctors Community Hospital has established tactics that addressed many of these health issues and concerns. These tactics included initiatives conducted by its specialty programs, support groups, community outreach coordinators and partnerships. This report will detail these programs as well as provide details regarding the aforementioned data.

HOSPITAL OVERVIEW

Doctors Community Hospital (DCH) is a not-for-profit corporation that was founded in 1975 by leading physicians who were committed to ensuring that county residents had convenient access to a wide range of medical and surgical services. In addition to the main hospital located in Lanham, it also has offices in Greenbelt, Bowie and Largo in Maryland.

In fiscal year 2012, the hospital employed about 1,462 employees with more than half being Prince George's County residents. Also, Doctors Community Hospital had a medical staff of 505 physicians.

Within a patient-centered environment, the hospital has focused on continuously elevating its high standards of quality. Accredited by the Joint Commission, the hospital has earned the Delmarva Excellence Award for Quality and Press Ganey Top Improver Award. Moreover, the hospital was ranked #1 for quality by Prince George's County residents in a University of Maryland survey.

THE COMMUNITY DCH SERVES

There is an estimated 834,000 residents in Prince George's County, which represents 15 percent of all Marylanders. This county represents 93 percent of the hospital's service market.

In fiscal year 2012, the hospital had 12,052 total admissions and performed 13,098 surgical services procedures. Also, in Doctors Community Hospital's Emergency Department, it had 54,312 visits. Generally, the major health conditions encountered in typical emergency departments include:

- Diabetes
- Cardiac
- Asthma and other pulmonary
- Cancer
- Renal failure
- Septicemia, influenza and other infections

THE COMMUNITY HEALTH NEEDS ASSESSMENT BACKGROUND

The purpose of the Community Health Needs Assessment (CHNA) was to gather information about the health needs, behaviors and conditions of Prince George's County residents.

The CHNA was comprised of both quantitative health information and qualitative feedback from the community. This multi-faceted approach ensured a profile of the county's health that examined various perspectives and data sources. The three research components included secondary data, community surveys and focus group testing.

With insight about the overall health status of Prince George's County, DCH can investigate strategies to address some of those concerns.

PROCESS AND METHODS USED TO CONDUCT THE ASSESSMENT

In this section we will describe the process and method to conduct the assessment including a description of the sources and dates of the data, analytical methods applied, gaps in information, and prioritization methods.

Secondary Data

One of the initial steps in developing the CHNA was collecting secondary data from reputable sources such as the United States Census Bureau and the Maryland Department of Health and Mental Hygiene (DHMH).

This report integrated not only more traditional physical health statistics including cancer rates, it also included demographic and household information. When reviewed collectively, this data revealed that social determinants such as income and education impacted health status, behaviors and outcomes. In fact, research showed that lower educational levels, poverty levels and race/ethnicity are risk factors for certain health conditions.

Demographic Statistics

Prince George's County is located in Maryland. Specifically, it is immediately north, east and south of Washington, D.C., and 18 miles from Baltimore City. The county is 485 square miles in size with 863,420 residents – making it the second most populous county in Maryland.

Some of the demographic information about this county includes:

- *Diversity* - Prince George's County is one of the most diverse of Maryland counties. With residents who speak more than 150 languages, residents come from all parts of the world, especially Mexico, Central America, Africa, South America, Haiti and other Caribbean nations.

- *Race/Ethnicity** – Minorities represent more than 80 percent of residents – African Americans (64.9 percent) and Hispanics/Latinos (16.9 percent). Also, this population consists of Caucasians (17.4 percent), Asian-American/Pacific Islanders (4 percent) and Native Americans (less than 1 percent).

- *Education* - The educational backgrounds of residents are comparable to national averages. This county's residents include 85 percent who have high school diplomas. Also, an estimated 27- 30 percent of residents who are ages 25 and older have a bachelor's degree or higher. In the United States, the educational background of citizens include 84 percent who have high school diplomas with about 29 percent of those ages 25 and older having a bachelor's degree or higher.

- *Income* - The population in the county is relatively affluent with a medium household income of $69,545 in comparison to the average of $50,740 in the United States.

However, the county has a substantial number of low income "working poor" who reside primarily in the densely populated communities of District Heights, Capital Heights and Hyattsville located inside the Capital Beltway. About 10 percent of county children live in poverty with about 43 percent of their families qualifying for the free lunch program. Also, approximately 17.5 percent of adults who live in the county are unable to afford to seek treatment from a doctor, which results in a lack of routine medical care and higher than average emergency department visits for treatment.

- *Employment* – A large percentage of the population is in the workforce with 74 percent of residents ages 16 and older being gainfully employed versus the 65 percent national average.

- *Insurance* – The Small Area Health Insurance Estimate revealed that the county has the highest percentage and absolute number of uninsured people in Maryland. Data from the 2008 Behavioral Risk Factor Surveillance System (BRFFS) showed that 19 percent of the county's population was uninsured (16 percent of African American and 12 percent of Caucasian adults).

- *Community Type* - The county had a mix of urban, suburban and rural communities. However, the majority of residents lived inside the Capital Beltway adjacent to the District of Columbia.

- *Recreational Facilities* – The county had an extensive array of parks and recreational facilities operated by the Maryland-National Capital Park and Planning Commission. They included more than 40 miles of trails, 27,000 acres of parklands, 43 community recreational centers, 10 aquatic facilities and a state-of-the-art sports complex.

- *Educational Facilities* – The county was home to the University of Maryland School of Public Health, Bowie State University School of Nursing and Prince George's County College's Nursing Program. It was also within close proximity to other academic and medical institutions that could provide resources to address community health needs.

Source: Blueprint for a Healthy Prince George's County 2011-2014

*** 2013 Population by Single Race and Ethnicity**

Single Race/Ethnicity	***Population***	***Percentage***
Black/African American	571,380	64.91 percent
White	153,542	17.44 percent
Hispanics/Latinos	149,109	16.94 percent

Some Other Race	84,722	9.63 percent
Asian	36,153	4.11 percent
2+ Races	29,284	3.33
American Indians/Alaskan Natives	4,565	.52 percent
Native Hawaiian/Pacific Islanders	577	.07 percent

Source: Health Communities Institute Dashboard

Health Status Indicators

- *Overall Health Rankings and Health Disparities* – A health report ranked Prince George's County 18 out of 24 among other Maryland counties. (The lowest score was 24.) This report gave the county an overall comparative poor health ranking for death rates occurring before the age of 75; percentage of people who reported being in fair or poor health; the number of days people reported being in poor physical health, smoking, obesity, binge drinking and receipt of clinical care; violent crime; liquor store density; unemployment rates; the number of children living in poverty; air pollution levels; and access to healthy foods.

  According to the DHMH Vital Statistics Annual Report, the leading causes of death in Prince George's County in 2009 included:

Cause of Death	***Ranking by Cause Death***
Diseases of the heart	1st
Malignant neoplasms (cancer)	2nd
Cerebrovascular diseases	3rd
Diabetes mellitus	4th
Accidents	5th
Assaults (homicides)	8th
Influenza and pneumonia	11th
HIV	12th

Essential primary hypertension and hypertensive renal disease	15th

Data from the 2009 Maryland Chartbook of Minority Health and Minority Health Disparities showed significant differences in mortality rates among specific groups. For example, from 2002 to 2006, African Americans in the county had higher mortality rates than Caucasians for all causes including for six of the top eight causes of death (excluding chronic lung disease and liver disease).

The mortality ratio disparity was greatest for HIV and kidney disease. African Americans experienced 4.3 times the HIV death rate than Caucasians. Also, African Americans experienced 2.4 times the kidney disease death rate than Caucasians.

Chronic Diseases and Related Conditions

- *Overweight/Obesity* – The percentage of overweight or obese county residents was among the highest in Maryland and the nation. This rate has steadily increased since 1995 for both adults and children. From 1995 to 2007, the number of overweight/obese county residents increased by 13 percent.

  Among children ages 18 or younger, about 48 percent were at risk for becoming obese or were currently overweight. African Americans were disproportionately affected by obesity. In fact, data from the 2008 BRFFS study showed that 76 percent of African Americans versus 62 percent of Caucasians were either overweight or obese.

- *Diabetes* – Twelve percent of county residents were diabetic. According to DHMH's Vital Statistics Administration, significant disparities existed in the county regarding diabetes-related deaths. The age-adjusted death rate for diabetes among African Americans was 47.1 per 100,000 and 21.9 per 100,000 for Caucasians. This rate was significantly higher than the Maryland age-adjusted diabetes death rates of 34.3 per 100,000 for African Americans and 21.7 per 100,000 for Caucasians. (Age-adjustment is a methodology used to compare rates among populations with differing age distributions.)

  The 2009 Vital Statistics Administration report indicated that Prince George's County had the highest number of actual diabetes deaths in the state (197), which was followed by Baltimore City (196) and Baltimore County (192).

- *Cardiovascular Disease and Related Risk Factors* – Cardiovascular disease was the leading cause of death in Prince George's County, and it was a key contributor to the county's disparity in life expectancy. About 28 percent of county residents had cardiovascular disease with related age-adjusted death rates that were significantly higher than the Maryland average (280.4 versus 252.8 per 100,000).

For African Americans, the age-adjusted death rate was 338.4 per 100,000 compared to 228.7 per 100,000 for Caucasians.

A comparison of BRFSS data from 2009 and 2010 showed that rates for certain chronic disease risk factors had an increasing trend in the county.

Risk Factors	***2009***	***2010***
Ever told you had a stroke?	1.2 percent	1.6 percent
Ever told you had diabetes?	10.9 percent	11.9 percent
Did not meet the Healthy People 2010 objective for moderate or vigorous physical activity?	56.5 percent	62.0 percent

- *Cancer* – Malignant neoplasms (cancers) were the second leading cause of death among county residents. In 2008, the county's age-adjusted mortality rate for all malignant neoplasms was 175.9 per 100,000. Among African Americans, the age-adjusted mortality rate was 202.2 per 100,000 compared to 151.6 per 100,000 for Caucasians.

  African-American women had higher breast cancer mortality (38.3 per 100,000) than Caucasian women (17.3 per 100,000). Regarding prostate cancer, African-American men had higher mortality rates (43.2 per 100,000) than those of Caucasian men (23.7 per 100,000). Such disparities were mirrored relating to African Americans with colorectal, pancreatic, and liver and biliary cancers.

- *Tobacco Use* – Approximately 12 percent of children ages 18 and younger smoked. Among adults ages 19 and older, about 16 percent smoked according to the 2010 County Health Rankings report. The percentage of African Americans in the county who currently smoked cigarettes daily was 4 percent compared to 16 percent of Caucasians.

- *Asthma* – Between 2004 and 2006, approximately 15 percent of county adults were diagnosed with asthma and 8 percent reported currently having asthma according to a DHMH profile. In 2006, this condition caused more than 6,000 asthma-related emergency department visits and 1,300 hospitalizations among county residents. The asthma-related emergency department visits were four times higher among African-American residents than among Caucasians. Accordingly, the hospitalization rate was approximately three times higher among African Americans than Caucasians.

Community Health Assessment Surveys

From December 2012 to April 2013, a community health assessment survey was distributed among community members, faith-based organizations, business leaders as well as current patients and their families.

With more than 500 surveys completed, respondents provided demographic information and selected their top four healthcare concerns. As shown in the below table, the five concerns that were most frequently selected were high blood pressure, weight loss/obesity, diabetes, nutrition/exercise and heart disease.

Health Issues	***Percentage Selected by Respondents in Their Top Four***
High blood pressure	16 percent
Weight loss/obesity	15 percent
Diabetes	14 percent
Nutrition and Exercise	13 percent
Heart disease	11 percent
Cancer – breast	10 percent
Sleep disorder	5 percent
Asthma	4 percent
Stroke	4 percent
Cancer – prostate	3 percent
Cancer – other	2 percent
Rehabilitation	2 percent
Sickle cell	1 percent

Wound care	.80 percent
Other	.20 percent

Focus Group Testing

Approximately 15 community members participated in a four-hour focus group. The participants identified five healthcare issues of most concern to them:

- Expanded community outreach and programs
- Mental health services
- Fitness and wellness programs
- Health promotion and nutrition classes
- Support groups for diabetes education and stress management

Methodology for prioritizing data collected

Members of the Community Health Needs Assessment committee used a criteria-based scoring system to prioritize the data collected into initiatives.

The Criteria-Based scoring System Tool:

	Triple Aim (30 Points)	**Prince George's County Health Plan** (20 Points)	**Community Partner** (15 Points)	**Internal Human and Financial Resources** (15 Points)	**Survey Responses** (10 Points)	**Direct Community Request** (10 Points)	**TOTAL POINTS**
Cancer (Breast)	30	20	15	15	10	10	100
Diabetes	30	20	15	15	10	10	100
Cancer (Colorectal)	30	20	15	15	0	10	90
Cardiovascular Disease and Related Risk Factors	30	20	5	5	10	10	80

High Blood Pressure	30	20	5	5	10	10	80
Nutrition and Exercise	30	20	5	5	10	10	80
Overweight/Obesity	30	20	0	5	10	10	75
Stroke	30	20	5	5	5	10	75
Cancer (Prostate)	30	20	5	5	5	10	75
Education	30	20	5	5	5	10	75
Sleep Disorders	30	0	0	5	5	10	50
Rehabilitation	30	0	0	5	5	10	50

EXISTING HEALTH CARE FACILITIES AND OTHER RESOURCES

Appendix B is a listing of the existing health care facilities and other resources, other than our hospital, within the community that could help meet the health needs identified in the CHNA.

IMPLEMENTATION STRATEGY

The implementation strategy was approved by the CHNA Committee on June 27, 2013. The authorizing governing body of the hospital also approved the strategy.

Health Needs Addressed by the Hospital

Many of the chronic illnesses and healthcare concerns mentioned in this report have been addressed as part of Doctors Community Hospital's ongoing commitment to care for the residents of Prince George's County. As part of our strategic planning process, the hospital will continue to assess the continuation of current as well as addition of new programs to favorably impact the health of the community.

The following chart is as a result of the prioritization of the data received from our community assessment survey processes following our methodology

Issue	*Total*
Diabetes	100
Cancer (Breast)	90
Cardiovascular Disease and Related Risk Factors	81.6
Overweight/Obesity	81.6
Nutrition and Exercise	80
Education	80
Cancer (Colorectal)	75
High Blood Pressure	75
Stroke	68.3

Cancer (Prostate)	51.6
Rehabilitation	48.3
Sleep Disorders	40

Below is a summary of each of the initiatives.

- *Diabetes* – The hospital's Joslin Diabetes Center in collaboration with the Prince George's County Health Department launched the On the Road Diabetes Program in April 2013. Participants received free diabetes screenings and in-depth education classes at various locations throughout the county. The program's goals were to serve at least 500 residents during 25 to 30 sessions in calendar year 2013.

- *Cancer (Breast) – The first of its kind in Prince George's County, the hospital's* Center for Comprehensive Breast Care provided free digital mammograms to underinsured and uninsured women in the county. With a one million dollar grant from Susan G. Komen, the center's goal was to provide free mammograms to 100 female residents monthly. Additionally, the center provided monthly support groups – one for women who were newly diagnosed with or receiving breast cancer, and the other for male caregivers of those who have breast cancer

- *Cardiovascular Disease and Related Risk Factors* – Each quarter, the hospital offered a cardiac rehab support group to help people regain their strength and mobility after treatment for a cardiovascular condition.

- *Overweight/Obesity* – It's Bariatric and Weight Loss Center offered free seminars throughout the year. Participants learned about various weight loss options including nutrition, exercise and surgery. Also, given the relationship between obesity and diabetes, the hospital's Joslin Diabetes Center had a nutritionist who helped patients learn how to make healthy dietary decisions.

- *Nutrition and Exercise* – Nutrition and exercise were important components of various outreach and educational programs provided by the hospital's Joslin Diabetes Center, Bariatric and Weight Loss Center and Cardiovascular Rehabilitation Program.

- *Education* – The hospital's Job Sampling Program provided opportunities for high school students to observe various vocations and work on skills-enriching projects. Along with evaluations that were part of each student's academic grades, this program focused on exposing students to career opportunities while helping those who had learning or socialization challenges.

- *High Blood Pressure* – The hospital participated in about five blood pressure screening events yearly; and it is investigating approaches to provide more screenings to better meet the growing requests from surrounding community churches, local businesses and government agencies.

- *Stroke* – The hospital offered a monthly stroke support group. Participants included stroke survivors and caregivers who were empowered to share their experiences while reinforcing their optimism, resiliency, determination and independence.

- *Cancer (Prostate)* – The hospital offered free prostate screenings. Conducted by board-certified urologists, these screenings included general education about prostate and urologic health.

- *Cancer (Colorectal)* – In partnership with Prince George's County's Health Department, the hospital provided free colonoscopies to low income county residents who were ages 50 or older; or younger than age 50 with a family history of colorectal cancer. This initiative resulted in 86 screenings with gastroenterologists identifying two cases of cancer.

- *Rehabilitation* –The hospital's lymphedema support group met quarterly at various times and dates to better accommodate participant's schedules. It offered an open and friendly environment for patients, friends and family members to discuss ideas, give hope, provide support and share information. Also, guest speakers presented on various lymphedema-related topics.

- *Sleep Disorders* –The hospital's Sleep Center performed several community screenings throughout the year. Also, it provided two educational opportunities. A support group focused on encouraging interactive discussions among people suffering from sleep apnea. A lecture series included speakers who addressed the health risks of various sleep disorders. At each educational group, participants learned how proper sleep and sleep disorder treatments reduced health-related problems such as diabetes, high blood pressure, heart disease and stroke.

<u>Unmet Health Needs</u>

Illiteracy-Illiteracy was identified in Prince George's County and Doctors Community Hospital will continue to work with the county officials to see how we can assist.

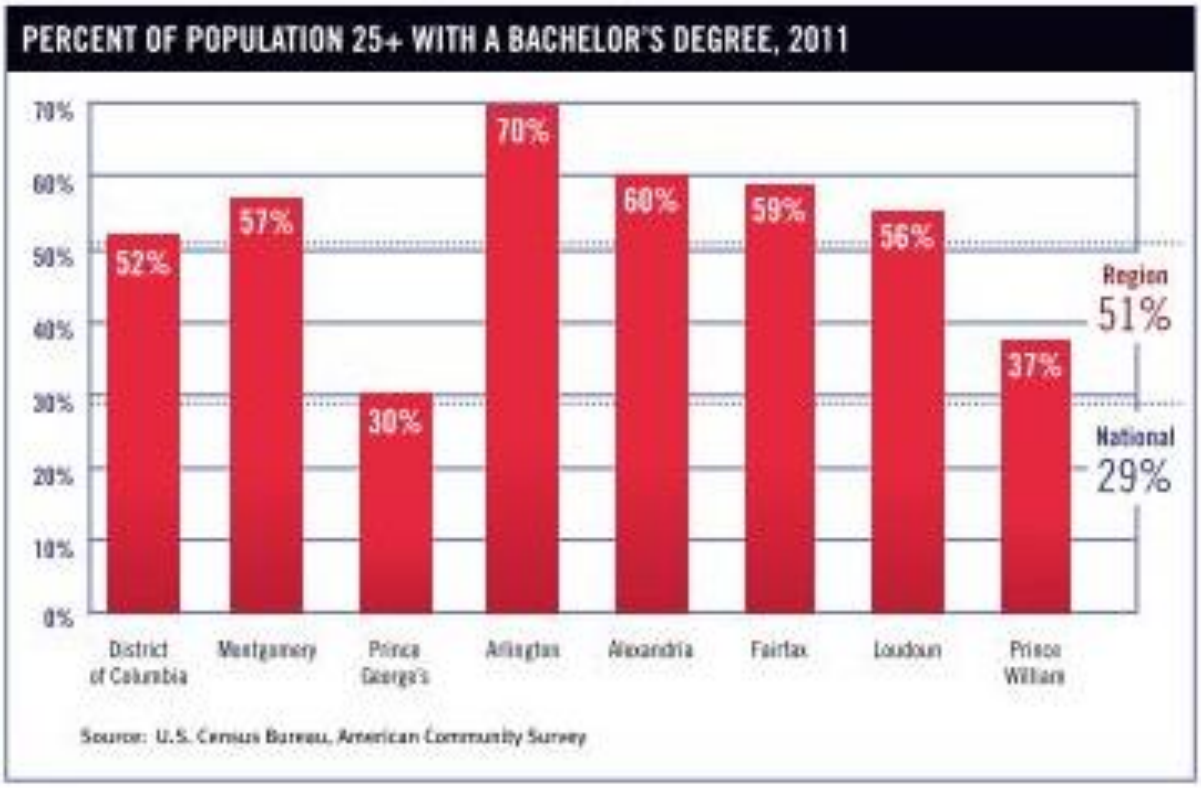
The hospital does not have the specialized resources needed to provide a program.

APPENDIX A: GEOGRAPHIC DISPARITIES

United Way of the National Capital Area Report

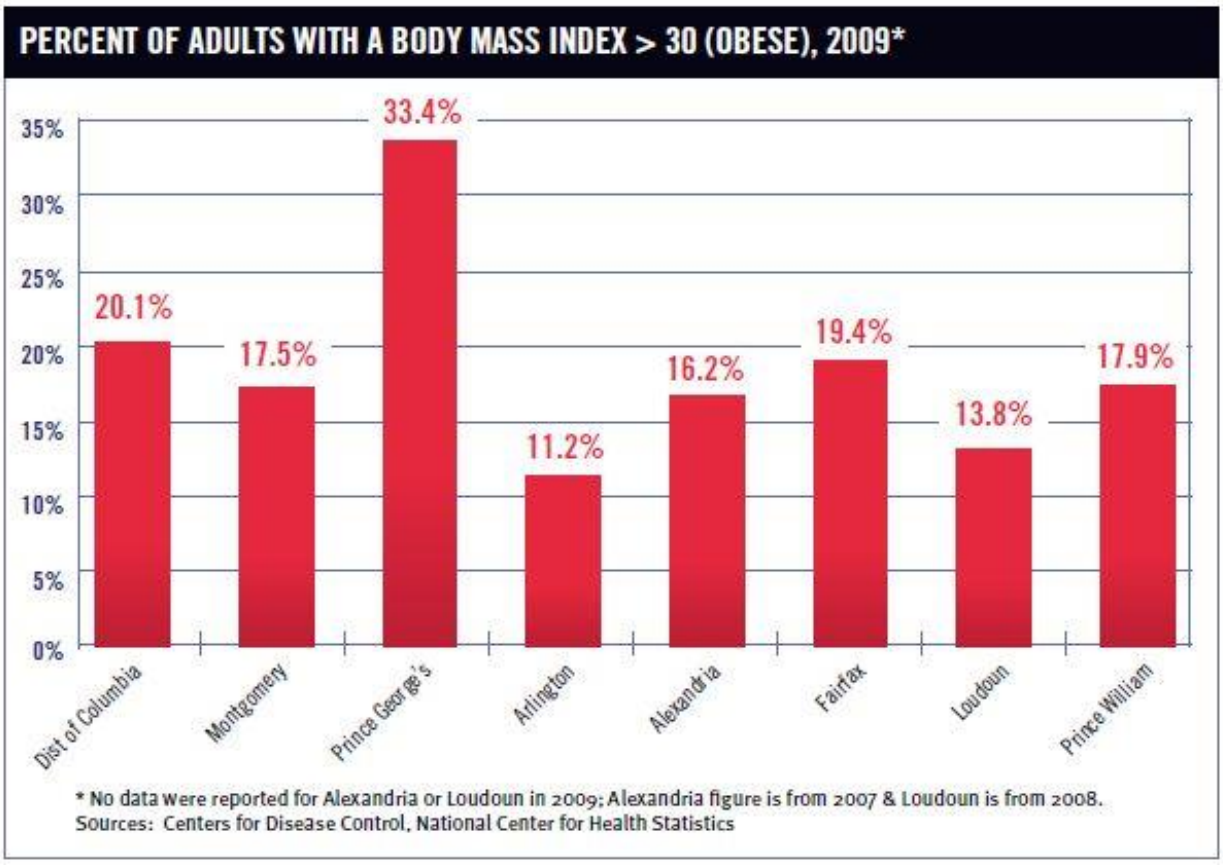
When compared to jurisdictions within a wider geographic area, numerous health and educational disparities that increasingly impact Prince George's County are further highlighted. In a May 2013 report, the United Way of the National Capital Area published a "Community Snapshot" with such information.

- Education – Approximately 30 percent of Prince George's County adults ages 25 and older had bachelor's degrees. In the District of Columbia, Montgomery County and four Virginia jurisdictions, a range of 37 to 70 percent of adults ages 25 and older had bachelor's degrees. These statistics represented a 7 to 40 percent gap.



Source: United Way of National Capital Area's May 2013 Community Snapshot

- Health – Approximately 33.4 percent of Prince George's County adults were obese. In the District of Columbia, Montgomery County and four Virginia jurisdictions, a range of 11.2 to 20.1 percent of adults were obese. These statistics represented a 13.3 to 22.2 percent gap.



Source: United Way of National Capital Area's May 2013 Community Snapshot

APPENDIX B: PRINCE GEORGE'S HEALTH FACILITIES

(insert pdf)

COLLABORATIONS AND SOURCES

Local Government and Health Departments
- Pamela B. Creekmur, Health Officer, Prince George's County Health Department
- Judith Davis, Mayor, City of Greenbelt
- Anne Healy, Maryland State Delegate
- Sarah Potter Robbins, City of New Carrollton

Minority Outreach
- Charlene Dukes, PhD, President Prince George's Community College
- Dwayne Leslie, General Conference of Seventh Day Adventist, Silver Spring, Maryland

Community Leaders and Programs
- Brian Mentzer, Pastor, Riverdale Baptist Church, Largo, MD
- Mary's Center, Hyattsville, MD

Breast Center Initiatives – Community Leaders
- Dr. Regina Hampton – professional fees for reading mammogram screenings as part of Susan G. Komen grant
- Center for Comprehensive Breast Care – share of the cost for a community navigator, van access and van
- African Women's Cancer Awareness Association – shares the cost for a community navigator
- Denise Whalen-White, Executive Director, All Shades of Pink Inc.

Surgical Services Improvements – Physician Leaders
- Dr. Richardo Scartascini, OB-GYN, Greenbelt, Maryland
- Dr. Jonah Murdock, Urologist, Greenbelt, Maryland
- Capital Orthopaedics Specialists, Lanham, Maryland

Technical Assistance
- Jennifer Belforte, MPH, Account Manager, Healthy Communities Institute
- The Advisory Board staff – Crimson Quality and Utilization products
- Intellimed Software – utilization reports
- County Health Rankings – services offered to county residents

Websites Visited and Resources Used for Secondary Data:
- Blueprint for a Healthy Prince George's County
- Centers for Disease Control and Prevention
- Healthy Communities Institute
- Maryland Vital Statistics Administration
- Rand Report on Prince George's County
- U.S. Health and Human Services
- University of Maryland's Prince George's County Health Environment Report

Website for Existing Health Care Facilities and other resources

- http://www.princegeorgescountymd.gov/sites/Health/Services/HealthServices/Pages/default.aspx

Community Benefit Committee – Doctors Community Hospital Representatives

- Robyn Webb-Williams, Vice President, Doctors Community Hospital Foundation
- Mary P. Dudley, Director, Community Relations and Volunteer Services
- Sabra Wilson, Community Resources Coordinator, Community Relations
- Sherri Moore, Development Officer, Doctors Community Hospital Foundation
- Angela Wilson, Director, Marketing and Communications
- Keith Mitchell, Web Support Specialist

Approved: Doctors Community Hospital Executive Staff June 27, 2013

Community Health Needs Assessment Implementation Plan

Identified Need	Hospital Iniative	Primary Objective of the Iniative	Iniative Time Period	Key Partners	Evaluation dates
Diabetes	On the Road Diabetes Program- The Joslin Center in collaboration with Prince George's County Health Department provide in-depth education and free diabetes screening to county residents.	To provide diabetes education and screening to 500 county residents	2012-2014	Prince George's County Health Department Local faith-based organizations	Annually in November
	Joslin Diabetes Center will offer Nutrition Seminars at Health Fairs.	Educate community on better food choices	ongoing		Annually in November
Breast Cancer	Collaboration with Susan G. Komen Foundation for a grant titled: "The Prince George's County Continuum of Breast Care	1) To reduce disparities in breast health care in Prince George's County residents. 2) To offer free screenings 3) To navigate those patients with abnormal findings 4) To assist residents in the screening process, up to an including medical or surgical treatment 5) To provide high quality outreach using existing community organizations. 6) To ensure early detection of breast disease and early treatment.	4 Year Period: CY 2012 - 2015	Dr Regina Hampton Capital Breast Care Center (CBCC) African Women's Cancer Awareness Association (AWCAA)	Every 6 months 6/30/12-12/31/16
Cardiovascular Disease and related Risk Factors	Provide 3-4 Carotid Artery Screenings at health events, such as Health Fairs, Womens Health Conference and other events	To screen residents for potential risk of vascular disesae	ongoing	City of Greenbelt, local faith based organizations	Annually in November
	Sponsor Cardiac Rehab and Women Heart support groups for individuals who have had a cardiac episode	To help individuals regain strength and return to a enhanced physical condition, after cardiac issues.	ongoing	Women Heart Organization American Heart Association	annually in November

Community Health Needs Assessment Implementation Plan

Identified Need	Hospital Iniative	Primary Objective of the Iniative	Iniative Time Period	Key Partners	Evaluation dates
Overweight/Obesity Nutrition & Exercise	Free eduational seminars offered by the Bariatric and Weight Loss Center teaching weight loss options including nutrition, exercise and surgery	Educate overweight Community on options to make personal changes and health risks of Obesity	ongoing		Annually in November
Need to increase High Graduation rate in County	`The hospital provides an opportunity for high students with identified learning needs to come to the hospital through a Job Sampling Program.	Provide students the opportunity to observe vocations that are with in their reach after graduating high school.	ongoing during the school year	Prinvce George's County Schools	Annually in May
Prostate & other Cancer s	Colorectal Screening with the Prince George's County Health Department	In partnership with Prince Geroges County Health Department the hospital will provide endoscopic screenings for people identifed by the Health Department as under or uninsured.	2012-2014	Prince George's County Health Department & local gastroendorologist	
	Prostate Screening	Provide a digital and PSA screening for prostate cancer for the community	annually each Fall	local Urologist	Annually in November
High Blood Pressure/Stroke	Provide Blood Pressure screening at municipal, church and business health events with in the community.	To screen community for potential health risk of high blood pressure	Ongoing		Annually in Novmeber
	Provide education regarding stroke, signs, symptoms and	to educate and screen the community for stroke risk	ongoing		Annually in November
	Provide Stroke Support Group for survivors and caregivers		ongoing		Annually in November
Rehabilitation	lymphedema support group met quarterly participant's schedules. It offers an open and friendly environment for patients, friends and family members to discuss ideas, give hope, provide support and share information. Each sessions has a education conponent on lymphedema-related topics	Provide education and support to individuals dealing with lyphodema issues. Most men and women have these issues due to post surgical side effects or trauma.	ongoing	local physicians	Annually in November

Community Health Needs Assessment Implementation Plan

Identified Need	Hospital Iniative	Primary Objective of the Iniative	Iniative Time Period	Key Partners	Evaluation dates
Sleep Disorders	Provide educational programs/screenings at health fairs and special events to help people identify potential sleep disorders	to educate and screen the community for harmful sleep disorders.	ongoing	Sleep Centers of America	annually in November
	Provide monthly support group meeting to give additional support to individuals struggling with harmfuil slee		ongoing		annually in November

2016

PRINCE GEORGE'S COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

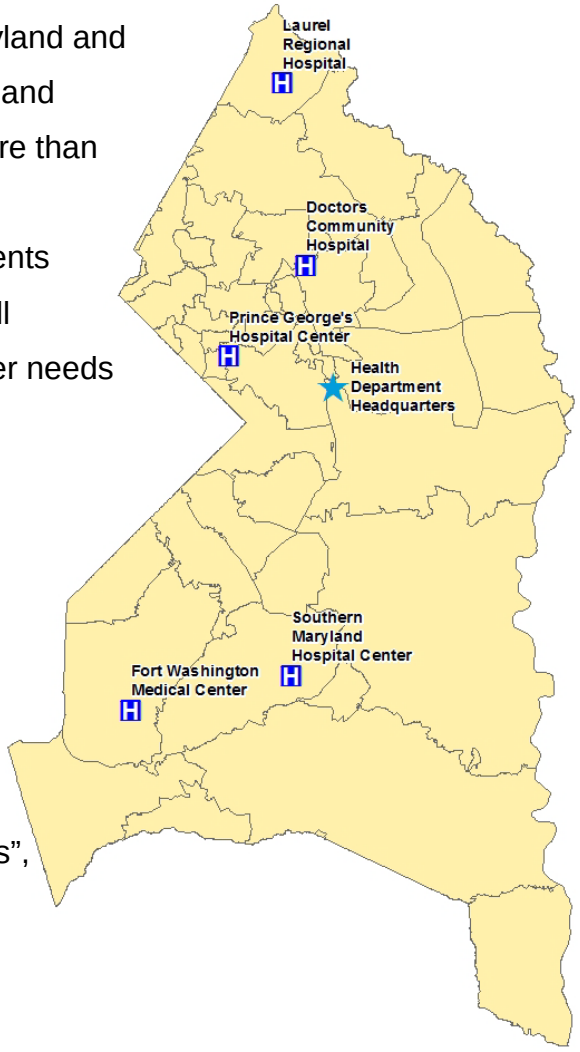
Prepared by:
Prince George's County
Health Department

Rushern L. Baker, III
County Executive

HEALTH DEPARTMENT
Prince George's County

INTRODUCTION

Prince George's County is located in the state of Maryland and borders Montgomery, Howard, Anne Arundel, Calvert and Charles Counties, and Washington, D.C. Home to more than 900,000 diverse residents, the county includes urban, suburban, and rural areas; one out of every five residents in the county are immigrants. The county, while overall considered affluent, has many communities with higher needs and poor health outcomes.



In 2015, the Prince George's County government and Maryland-National Capital Parks and Planning Commission conducted a special study to develop a Primary Healthcare Strategic Plan[1] in preparation for enhancing the healthcare delivery network. A key recommendation from the plan was to "build collaboration among Prince George's County hospitals", which included conducting a joint community health needs assessment (CHNA) with the Prince George's County Health Department.

CHNA Core Team

Doctors Community Hospital
Fort Washington Medical Center
Laurel Regional Hospital
MedStar Southern Maryland Hospital Center
Prince George's County Health Department
Prince George's Hospital Center

There are five hospitals located within the county: Doctors Community Hospital; Fort Washington Medical Center; Laurel Regional Hospital, MedStar Southern Maryland Hospital Center; and Prince George's Hospital Center. All five hospitals and the Health Department appointed staff (the core team) to facilitate the CHNA process. The core team began meeting in December 2015 to develop the first inclusive CHNA for the county.

[1] http://www.pgplanning.org/Resources/Publications/PHSP.htm

PROCESS OVERVIEW

The CHNA Process was developed to 1) maximize community input, 2) learn from the community experts, 3) utilize existing data, and 4) ensure a comprehensive community prioritization process. The Health Department staff led the CHNA process in developing the data collection tools and analyzing the results with input from the hospital representatives. The process included:

- A community resident survey available in both English and Spanish distributed by the hospitals and health department;
- Secondary data analyses that included the county demographics and population description through socioeconomic indicators, and a comprehensive health indicator profile;
- Hospital Service Profiles to detail the residents served by the core team;
- A community-based organization survey and key informant interviews;
- A comprehensive collection of community resources and assets; and
- An inclusive community prioritization process that included forty representatives from across the county.

While the core team led the data gathering process, there was recognition that there **must be shared ownership of the county's health**. The community data collection strategies and the prioritization process were intentionally developed with this in mind, and set the foundation for community inclusion moving forward. The prioritization process resulted in a community focus on:

- behavioral health,
- metabolic syndrome, and
- cancer,

while acknowledging that any strategies to address these issues in the county would have to include a consideration of the disparate social determinants of health. The results of this process will be used to guide the health department and hospitals in addressing the health needs of the county, with the insight and support of the CHNA participants.

KEY FINDINGS

Drivers of Poor Health Outcomes:

- **Poor social determinants of health drive many of our health disparities.**
    - Poverty, food insecurity, access to healthy food, affordable housing, employment, lack of educational attainment, inadequate financial resources, and a disparate built environment result in poorer health outcomes.
    - Resources may be available in communities with greater needs, but are of poorer quality. For example, a recent study in access to healthy foods in an urban area of the county show that there are many grocery stores, but they lack quality healthy food options.[2]
- **Access to health insurance through the Affordable Care Act has not helped everyone.**
    - Many residents still lack health insurance (some have not enrolled, some are not eligible).
    - Those with health insurance cannot afford healthcare (co-pays).
- **Residents lack knowledge of or how to use available resources.**
    - The healthcare system is challenging to navigate, and providers and support services need more coordination.
    - There are services available, but they are perceived as underutilized because residents do not know how to locate or use them.
    - Low literacy and low health literacy contribute to poor outcomes.
- **The county does not have enough healthcare providers to serve the residents.**
    - There is a lack of behavioral health providers, dentists, specialists, and primary care providers (also noted in the 2015 Primary Healthcare Strategic Plan for the county[3]).

[2] Prince George's County Food System Study, November 2015, http://www.mncppcapps.org/planning/Publications/PDFs/304/Cover%20page,%20Introduction%20and%20Executive%20summary.pdf

[3] Primary Healthcare Strategic Plan, 2015, http://www.pgplanning.org/Resources/Publications/PHSP.htm

- There is a lack of providers who accept public insurance.

- **The county lacks quality healthcare providers.**
  - Surrounding jurisdictions are perceived to have better quality providers.
  - There is a lack of culturally competent and bilingual providers.
- **Lack of ability to access healthcare providers**
  - There are limited transportation options available, and the supply does not meet the need. There is also a lack of transportation for urgent but non-emergency needs that cannot be scheduled in advance.

Leading Health Challenges

- **Chronic conditions such as heart disease, diabetes, and stroke continue to lead in poor outcomes for many county residents.**
  - Residents have not adopted behaviors that promote good health, such as healthy eating and active living.
  - An estimated two-thirds of residents are obese or overweight.
  - The lack of physical activity and increased obesity is closely related to residents with **metabolic syndrome**[4]**,** which increases the risk for heart disease, diabetes, and stroke.
- **Behavioral health affects entire families and communities, not just individuals.**
  - The ambulance crews, hospitals, police, and criminal justice system see many residents needing behavioral health services and treatment.
  - The county lacks adequate resources needed to address residents with significant behavioral health issues.
  - The stigma around behavioral health is an ongoing problem in the county.
- **While the trend for many health issues has improved in the county, we still have significant disparities. For example:**

[4] Metabolic Syndrome is a group of risk factors that raises the risk of heart disease and other health problems such as diabetes and stroke. The risk factors include: a large waist; high triglycerides (fat in the blood); low HDL or "good" cholesterol; high blood pressure, and high blood glucose (sugar). Source: NIH, accessed on 6/1/16, http://www.nhlbi.nih.gov/health/health-topics/topics/ms

- **Cancer:** By cancer site, Black residents in the county had higher incidence and mortality rates for breast, colorectal, and prostate cancers. However, overall, White non-Hispanic residents had a higher cancer mortality rate (2014).
- **HIV:** Prince George's County had the second highest rate of HIV diagnoses in the state in 2013, and had the highest number of actual cases in the state.
- **Asthma:** For adults, Black county residents have an age-adjusted hospitalization rate due to asthma that is more than twice as high as White, non-Hispanic residents (2010-2012).

Recommendations

- **More partnership and collaborative efforts are needed.**
  - Current coordinated efforts in the county were recognized as improving outcomes through care coordination and by and addressing systemic issues in the county.
- **More funding and resource for health.**
  - Successful efforts to improve resident health in the county are often limited in scope and effect due to lack of funding. Building public health capacity in the county requires the necessary resources.
  - Funding is needed to strengthen the health safety net and build capacity of local non-profits.
- **Increase community-specific outreach and education**
  - More outreach and education is needed, and should be tailored at a community-level to be culturally sensitive and reach residents.
  - Residents need education about the available resources, and how to utilize and navigate them.

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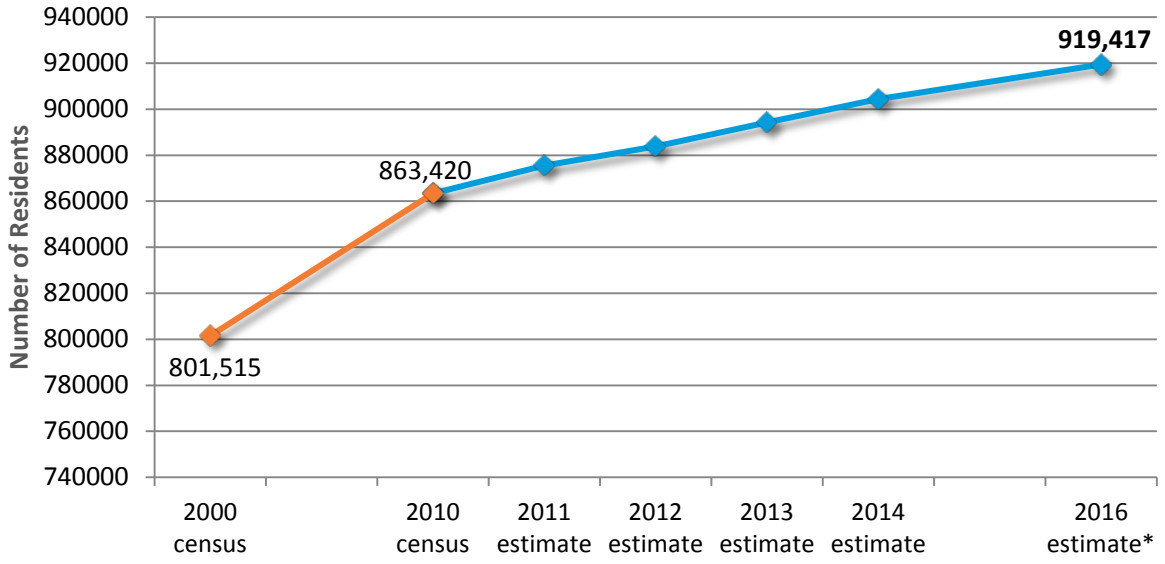
POPULATION PROFILE

Overall Population

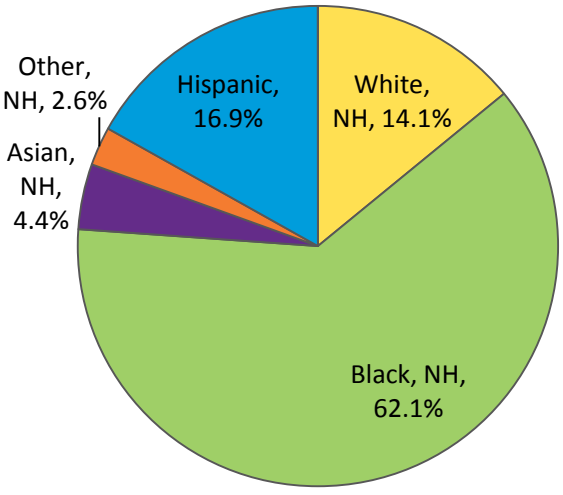
From 2000 to 2010, Prince George's County population grew by 7.7% to 863,420. The county is currently on track to surpass the growth of the previous decade with a 6.5% increase in population from 2010 to 2016.

Prince George's County Population, 2000-2016



Data Source: U.S. Census, Annual Population Estimates; * 2016 estimate provided by Claritas

Prince George's County by Race and Ethnicity, 2014



Over three-fourths of the population in the county is comprised of minorities, led by 62.1% Black, Non-Hispanic (NH) followed by the Hispanic population (16.9%). Between 2010 and 2014, the Hispanic population grew the fastest with an 18.3% increase. The Asian population grew by 13.6% and the Black or African American population grew by 2.3%. The White, Non-Hispanic population declined slightly, from 129,668 in 2010 to 128,234 in 2014.

Data Source: 2014 American Community Survey 1-Year Estimates, Table DP05

Population Demographics, 2014

2014 Estimates	Prince George's	Maryland	United States
Population			
Total Population	904,430	5,976,407	318,857,056
Male	435,891 (48%)	2,896,033 (48%)	156,890,101 (49%)
Female	468,539 (52%)	3,080,374 (52%)	161,966,955 (51%)
Race and Hispanic Origin			
White, Non-Hispanic (NH)	127,383 (14%)	3,133,653 (52%)	197,409,353 (62%)
Black, NH	561,215 (62%)	1,744,971 (29%)	39,267,149 (12%)
Asian, NH	39,434 (4%)	367,948 (6%)	16,513,652 (5%)
Other, NH	23,837 (3%)	173,656 (3%)	10,387,450 (3%)
Hispanic (any race)	152,561 (17%)	556,179 (9%)	55,279,452 (17%)
Age			
Under 5 Years	60,169 (7%)	369,754 (6%)	19,876,883 (6%)
5-17 Years	145,001 (16%)	980,790 (16%)	53,706,735 (17%)
18-24 Years	97,019 (11%)	562,215 (9%)	31,464,158 (10%)
25-44 Years	260,385 (29%)	1,598,270 (27%)	84,029,637 (26%)
45-64 Years	240,550 (27%)	1,643,118 (27%)	83,536,432 (26%)
65 Years and Over	101,306 (11%)	822,260 (14%)	46,243,211 (15%)
Median Age (years)	36.1	38.2	37.7

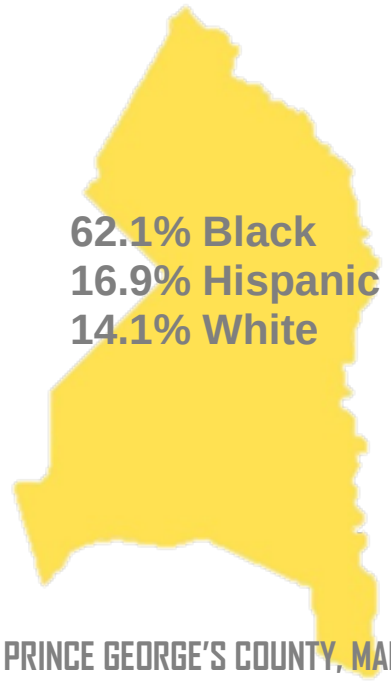
Data Source: 2014 American Community Survey 1-Year Estimates, Table DP05; U.S. Census Population Estimates

Prince George's County, Median Age by Race and Ethnicity, 2014

Race and Ethnicity	Median Age (yrs.)
White, NH	44.6
Black	38.6
Hispanic, Any Race	28.4
Asian	36.1

Data Source: 2014 American Community Survey 1-Year Estimates, Table B01002

Overall, the demographics of Prince George's County differ from the state of Maryland. While Maryland has a majority White, Non-Hispanic (NH) population, Prince George's County has a majority Black, NH population. Prince George's County also has a higher proportion of Hispanics than the state.



PRINCE GEORGE'S COUNTY, MARYLAND

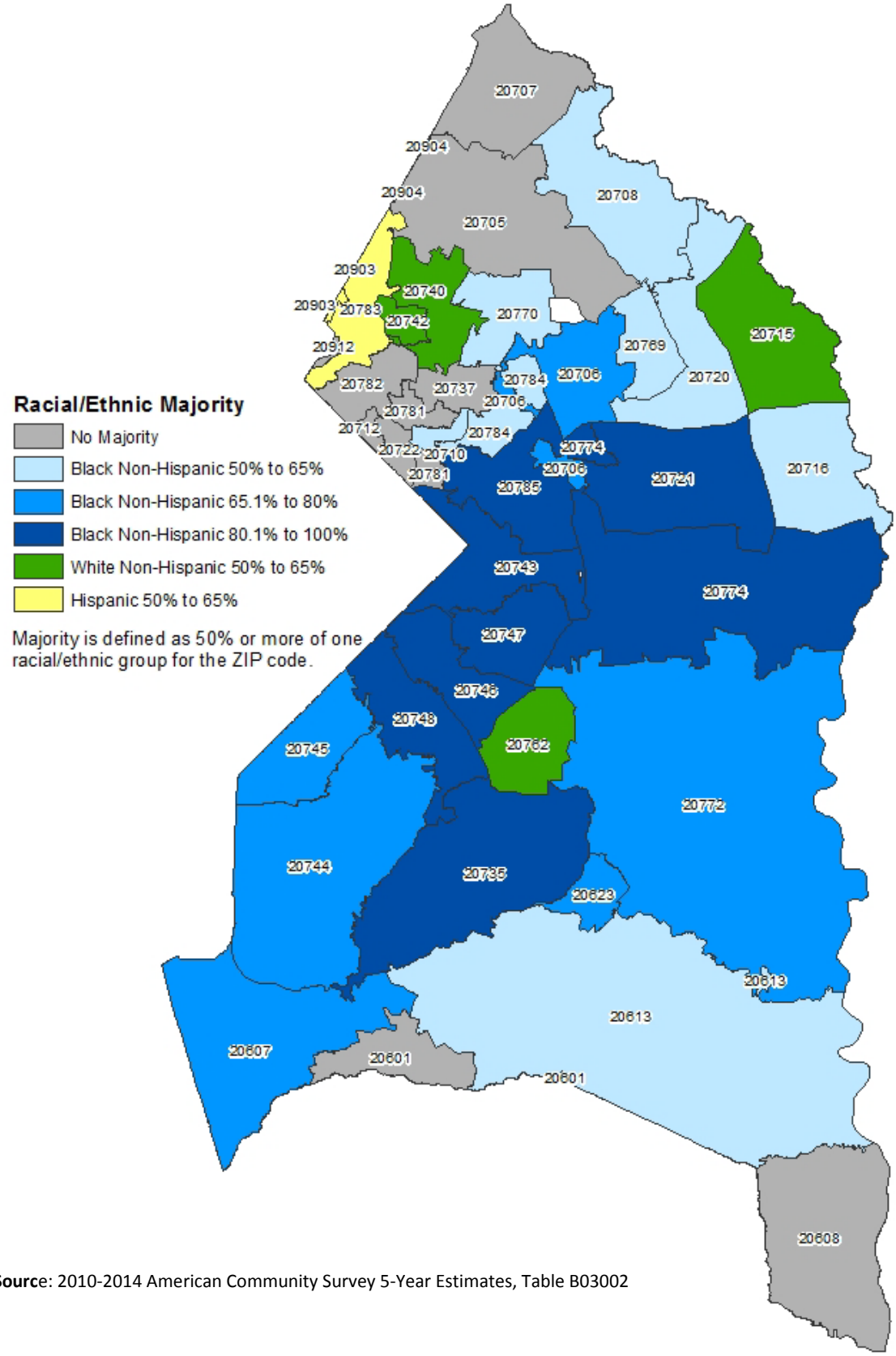
STATE OF MARYLAND

Overall, Prince George's County has a younger population compared to Maryland and the U.S. The median age in the county is 36.1 years, while the state is at 38.3 and the U.S. is at 37.7. This can also be seen by the age groups in Table 1; a larger percent of the County's population is under 45 years of age.

However, there are some variations by race and ethnicity, as demonstrated in Table 2, with the median age of the Hispanic population of 28.4, which is much younger compared to other residents. In contrast, the White, NH population is older, with a median age of 44.6.

By ZIP code, most of the county has a Black, Non-Hispanic majority as seen in Map 1. However, the northern part of the county is more diverse, with no majority population in many areas, and a few ZIP codes with a Hispanic or White, Non-Hispanic majority.

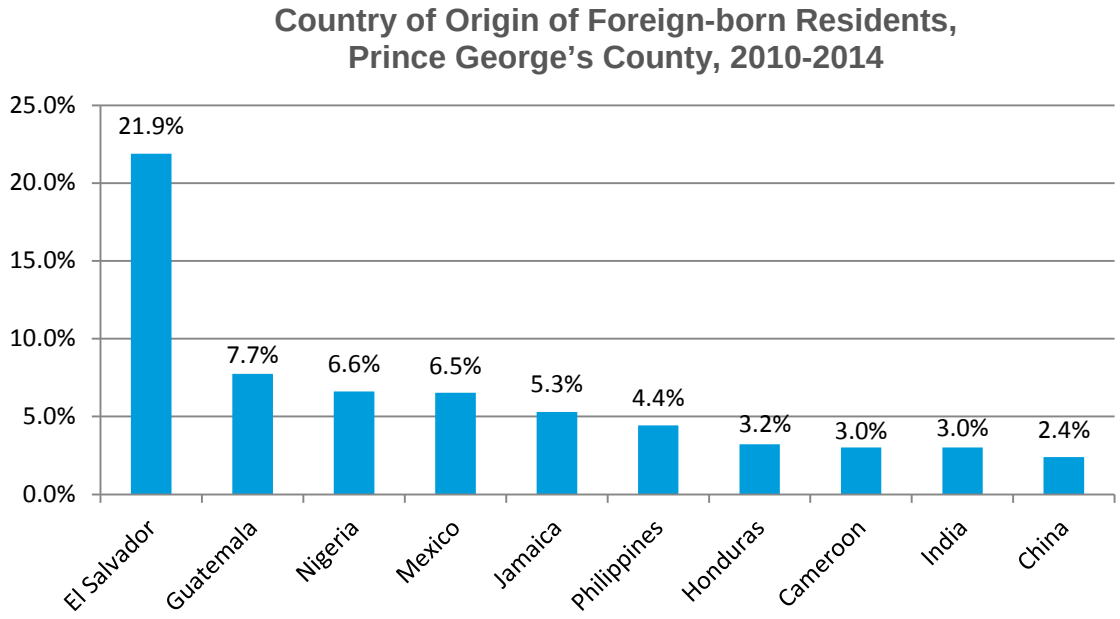
ZIP Codes by Population Racial and Ethnic Majority, Prince George's County, 2010-2014



Data Source: 2010-2014 American Community Survey 5-Year Estimates, Table B03002

Foreign Born Residents

In Prince George's County, 1 out of every 5 residents (21.8%)[1] are born outside the United States. The countries that contribute the most to the foreign-born population include El Salvador, Guatemala, Nigeria, Mexico, and Jamaica: these five countries account for nearly half of the total foreign-born population. Of the nearly 200,000 foreign born residents in the County, 40% are naturalized U.S. citizens with a median household income of $72,093, compared to $56,274 for the 60% who are not U.S. citizens.

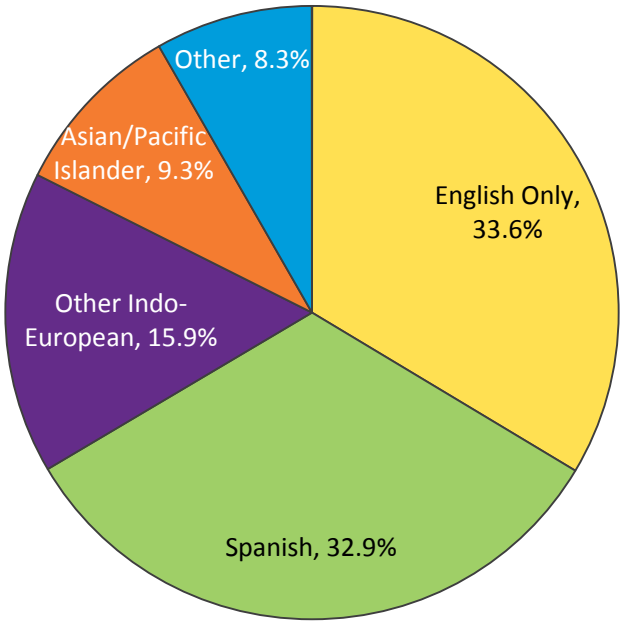


Data Source: 2010-2014 American Community Survey 5-Year Estimates, Table B05006

The majority of county foreign-born residents speak English (33.6%) or Spanish (32.9%). For those that speak languages other than English, 45% report speaking English "very well"; of those who do not speak English well, most (66.2%) are Spanish-speaking[2], which translates to approximately 47,000 residents.

[1] American Community Survey 1-year estimates, 2014, Table S0501
[2] American Community Survey 1-year estimates, 2014, Table C16005

Languages Spoken by Foreign Born Residents, Prince George's County, 2014



Data Source: 2014 American Community Survey 1-year estimates, Table C16005

Poverty

Over 10% of people in Prince George's County lived in poverty in 2014, which is similar to Maryland at 10.1% and lower than the United States at 15.5%. There are noticeable differences in poverty by gender with more women in poverty than men, and by age with 14% of children living in poverty. Racial and ethnic disparities also exist in the county: approximately 17% of Hispanic and Latino residents live in poverty, compared to 9.3% among the county's White non-Hispanic population and 8.6% among the county's Black population. Residents with more education had lower levels of poverty, while those without a high school degree had the highest level of poverty at 15.7%.

Individual Poverty Status in the Past 12 Months, Prince George's County, 2014 (N=882,402)

Indicators	Prince Georges County		Maryland	U.S.
	N	% Poverty	% Poverty	% Poverty
Total individuals in poverty	89,672	10.2%	10.1%	15.5%
Male	39,168	9.2%	9.1%	14.2%
Female	50,504	11.0%	11.1%	9.5%
Age				
Under 18 years	28,051	14.0%	13.0%	21.7%
18 to 64 years	55,609	9.6%	9.6%	14.6%
65 years and over	6,012	6.0%	7.4%	9.5%
Race & Ethnicity				
White, non-Hispanic	11,024	9.3%	6.9%	10.8%
Black	47,902	8.6%	14.6%	27.0%
Asian	3,212	8.6%	9.0%	12.5%
Hispanic (of any race)	25,684	17.1%	14.2%	24.1%
Educational Attainment (population 25 years+)				
Less than high school	13,596	15.7%	21.3%	27.8%
High school graduate (or equivalent)	14,566	9.3%	11.3%	14.7%
Some college, associate's degree	11,231	6.6%	7.4%	10.6%
Bachelor's degree and higher	8,091	4.3%	3.3%	4.7%

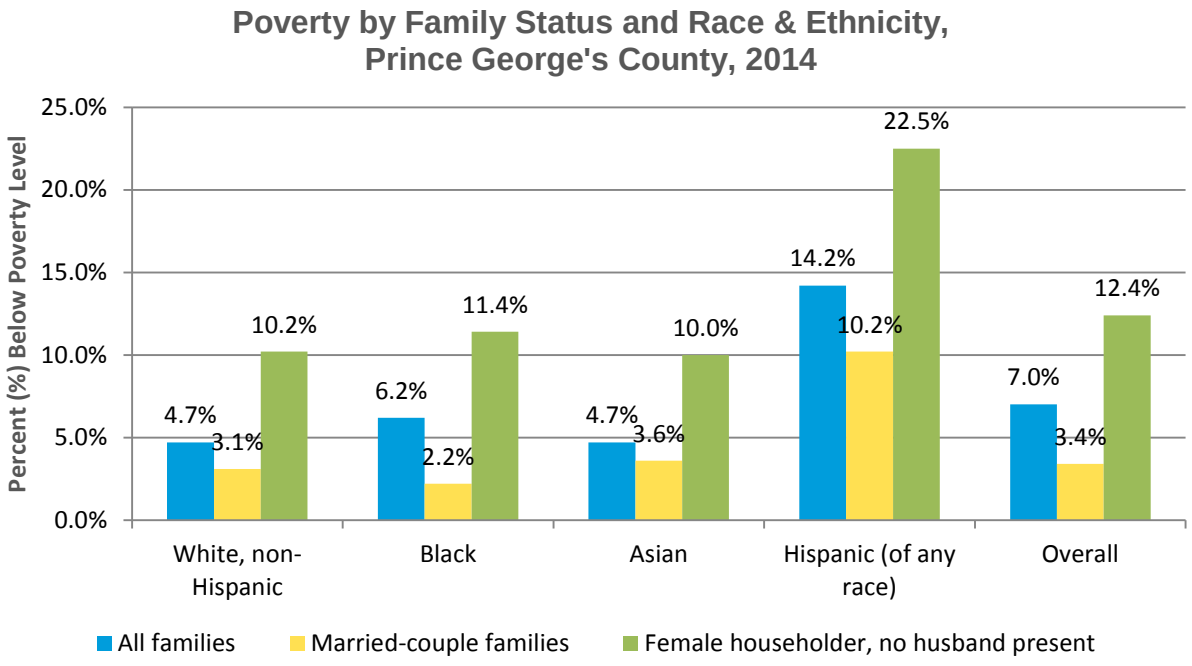
Data Source: American Community Survey 1-Year Estimates, 2014, Table S1701

Approximately 7% of families in Prince George's County live in poverty, which is similar to Maryland at 7.1% and lower than the United States at 11.3%. Fewer married couple families experience poverty (3.4%), but 12.4% of families with a female head of household lived in poverty. This figure increases to 17.6% among single-mother households with children under 18 years of age. Family poverty by race and ethnicity shows a disparity with approximately two times the percent of Hispanic families lived in poverty across the different families types.

Family Poverty Status in the Past 12 Months, 2014

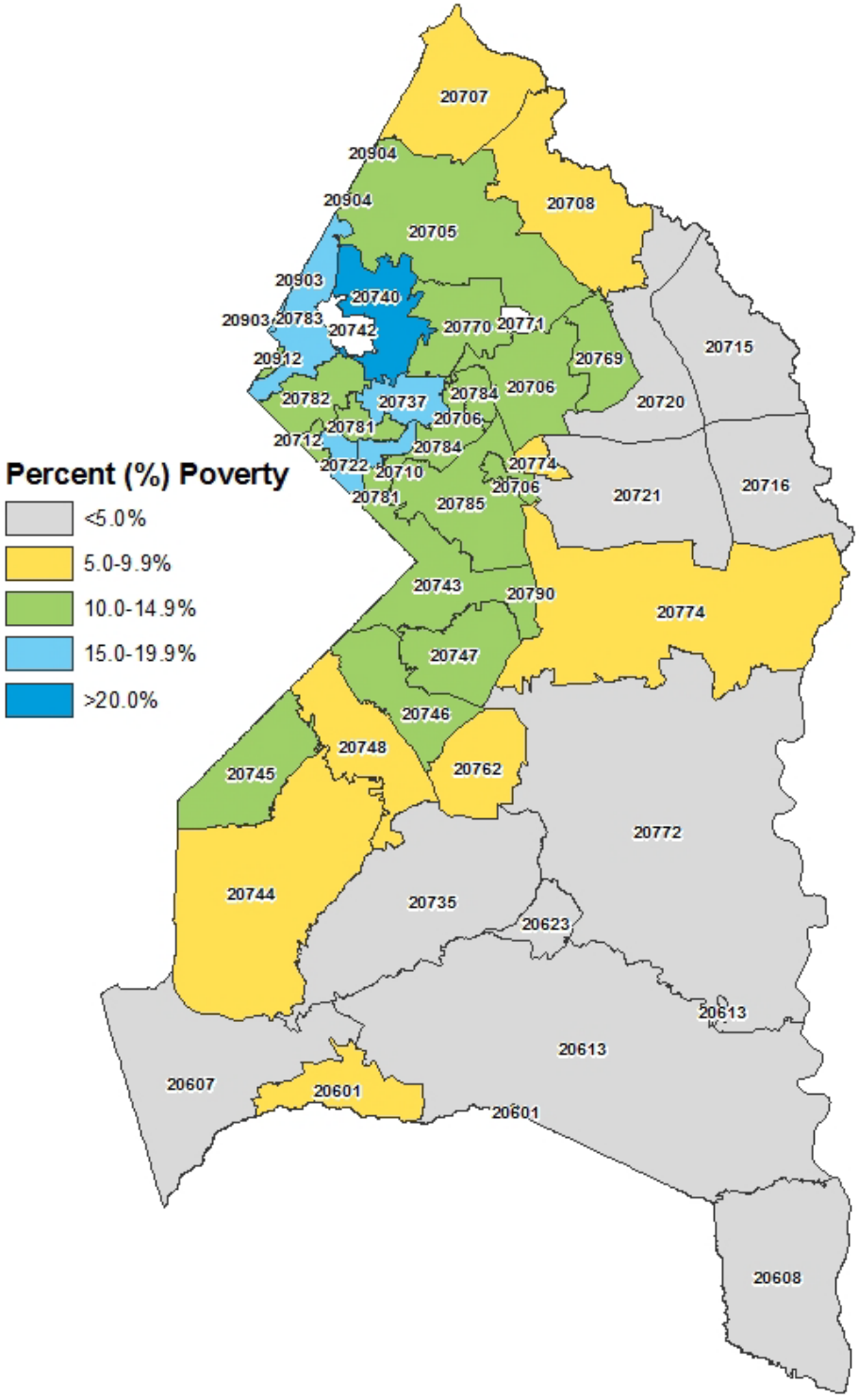
	Prince George's County % Poverty	Maryland % Poverty	United States % Poverty
All families	7.0%	7.1%	11.3%
With related children under 18 years	11.2%	10.8%	18.0%
Married couple families	3.4%	3.1%	5.6%
With related children under 18 years	5.7%	4.1%	8.2%
Families with female householder, no husband present	12.4%	18.5%	30.5%
With related children under 18 years	17.6%	25.4%	40.6%

Data Source: 2014 American Community Survey 1-Year Estimates, Table S1702



Data Source: 2014 American Community Survey 1-Year Estimates, Table S1702

Percent of Residents Living in Poverty by ZIP Code, Prince George's County, 2010-2014



Data Source: 2010-2014 American Community Survey 5-Year Estimates, Table S1701

Percent of Residents Living in Poverty by ZIP Code, Prince George's County, 2010 - 2014

ZIP	Area	Poverty Percentage
20601	Waldorf	5.6%
20607	Accokeek	1.8%
20608	Aquasco	3.2%
20613	Brandywine	3.5%
20623	Cheltenham	4.5%
20705	Beltsville	10.4%
20706	Lanham	10.4%
20707	Laurel	7.7%
20708	Laurel	7.1%
20710	Bladensburg	18.1%
20712	Mount Rainier	14.8%
20715	Bowie	2.9%
20716	Bowie	3.8%
20720	Bowie	3.3%
20721	Bowie	4.8%
20722	Brentwood	15.1%
20735	Clinton	4.9%
20737	Riverdale	16.5%
20740	College Park	25.8%
20743	Capitol Heights	12.3%
20744	Fort Washington	6.3%
20745	Oxon Hill	13.4%
20746	Suitland	11.0%
20747	District Heights	10.4%
20748	Temple Hills	8.4%
20762	Andrews Air Force Base	7.7%
20769	Glenn Dale	10.1%
20770	Greenbelt	11.7%
20772	Upper Marlboro	3.5%
20774	Upper Marlboro	6.0%
20781	Hyattsville	12.2%
20782	Hyattsville	13.9%
20783	Hyattsville	16.6%
20784	Hyattsville	10.0%
20785	Hyattsville	12.5%
20903	Silver Spring	18.3%
20904	Silver Spring	9.4%
20912	Takoma Park	10.1%

Data Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table DP03

Food Stamp/Supplemental Nutrition Assistance Program (SNAP) Benefits

Prince George's County had a higher percent of households that received food stamps/ SNAP benefits in 2014 (12.4%) compared to Maryland (11.6%), but was lower than the United States at 13.2%. In the County, over half (54.6%) of households receiving food stamps/SNAP include children under 18 years of age. An additional 27.1% of households receiving food stamps/SNAP included people over 60 years of age.

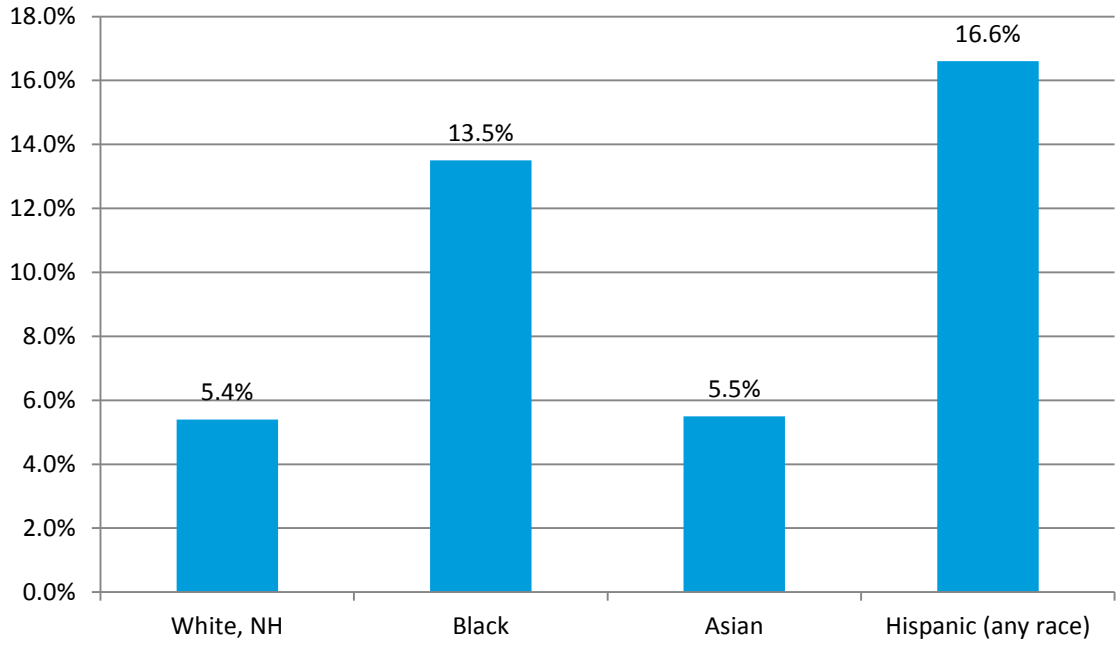
Percent of Household with Food Stamp/SNAP Benefits, 2014

	Prince George's County	Maryland	United States
Households Receiving Food Stamps/SNAP	12.4%	11.6%	13.2%

Data Source: 2014 American Community Survey 1-Year Estimates, Table S2201

For household s by race and ethnicity, a low percent of White, Non-Hispanic (NH) and Asian households received food stamps/SNAP in 2014 (5.4% and 5.5%, respectively). In contrast, 13.5% of Black households and 16.6% of Hispanic households received food stamps/SNAP.

Percent of Households Receiving Food Stamps/SNAP by Race and Ethnicity, Prince George's County, 2014



Data Source: 2014 American Community Survey 1-Year Estimates, Table B2205

Percentage of Households with Food Stamp/SNAP Benefits by ZIP Code, Prince George's County, 2010-2014

ZIP	Area	Percent of Households on SNAP
20601	Waldorf	8.8%
20607	Accokeek	2.8%
20608	Aquasco	9.1%
20613	Brandywine	4.2%
20623	Cheltenham	0.7%
20705	Beltsville	9.7%
20706	Lanham	10.1%
20707	Laurel	8.5%
20708	Laurel	8.2%
20710	Bladensburg	20.3%
20712	Mount Rainier	11.3%
20715	Bowie	2.4%
20716	Bowie	3.1%
20720	Bowie	3.3%
20721	Bowie	4.8%
20722	Brentwood	14.8%
20735	Clinton	6.3%
20737	Riverdale	15.7%
20740	College Park	5.4%
20743	Capitol Heights	19.0%
20744	Fort Washington	7.6%
20745	Oxon Hill	21.5%
20746	Suitland	13.4%
20747	District Heights	14.3%
20748	Temple Hills	12.6%
20762	Andrews Air Force Base	4.0%
20769	Glenn Dale	11.1%
20770	Greenbelt	9.5%
20772	Upper Marlboro	5.5%
20774	Upper Marlboro	7.5%
20781	Hyattsville	10.7%
20782	Hyattsville	9.7%
20783	Hyattsville	11.6%
20784	Hyattsville	14.2%
20785	Hyattsville	15.7%
20903	Silver Spring	13.1%
20904	Silver Spring	8.5%
20912	Takoma Park	9.5%

Data Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table DP03

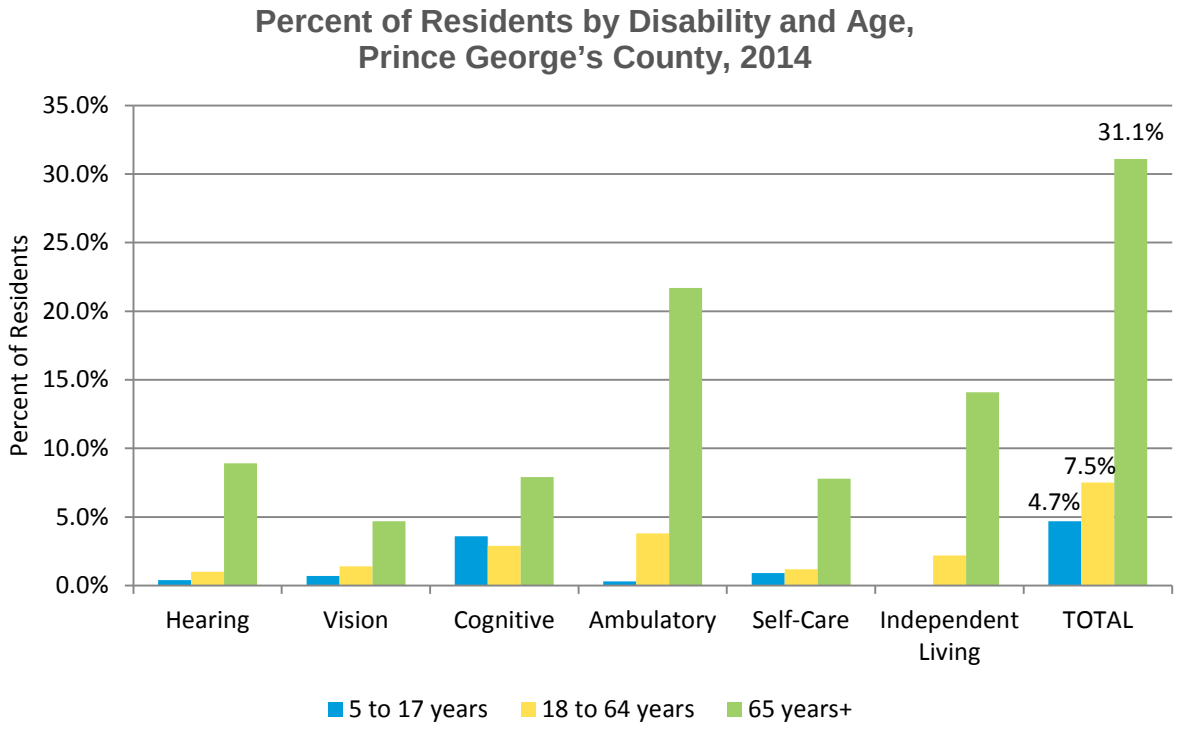
Disability

In 2014, an estimated 9.2% of the County's population lives with a disability. Some disabilities may occur with age, while others may be from birth, or from disease or accident. By race and ethnicity, the White, Non-Hispanic population is estimated to have the highest proportion of County residents with a disability at 12.9%. Over 31% of residents age 65 years and older have a disability; of those approximately two-thirds have an ambulatory disability.

Percent of Residents with a Disability, 2014

	Prince George's County	Maryland	United States
With a Disability	9.2%	10.6%	12.6%

Data Source: 2014 American Community Survey 1-Year Estimates, Table S1810



Data Source: 2014 American Community Survey 1-Year Estimates, Table S1810

Education

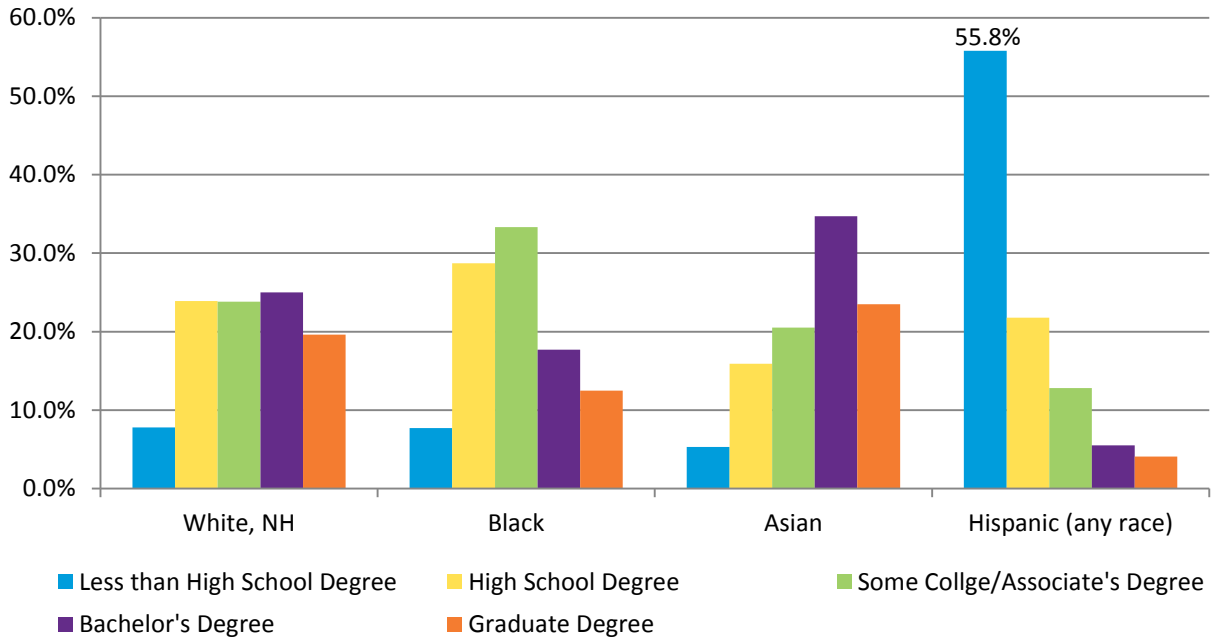
Approximately 85% of County residents age 25 years and older have at least a high school degree, which is lower than Maryland (90%) and the U.S. (87%).

Percent of Residents 25 Years and Older by Education, 2014

	Prince George's County (n=602,567)	Maryland (n=4,062,813)	United States (n=213,725,624)
Less than 9th Grade	7.4%	4.1%	5.6%
9th to 12th Grade, No Diploma	7.1%	6.3%	7.5%
High School Graduate	26.1%	25.7%	27.7%
Some College, No Degree	22.5%	19.1%	21.0%
Associate's Degree	5.9%	6.5%	8.2%
Bachelor's Degree	18.1%	20.7%	18.7%
Graduate or Professional Degree	12.9%	17.5%	11.4%

Data Source: 2014 American Community Survey 1-Year Estimates, Table S1501

Percent of Residents 25 Years and Older by Education and Race/Ethnicity, Prince George's County, 2014

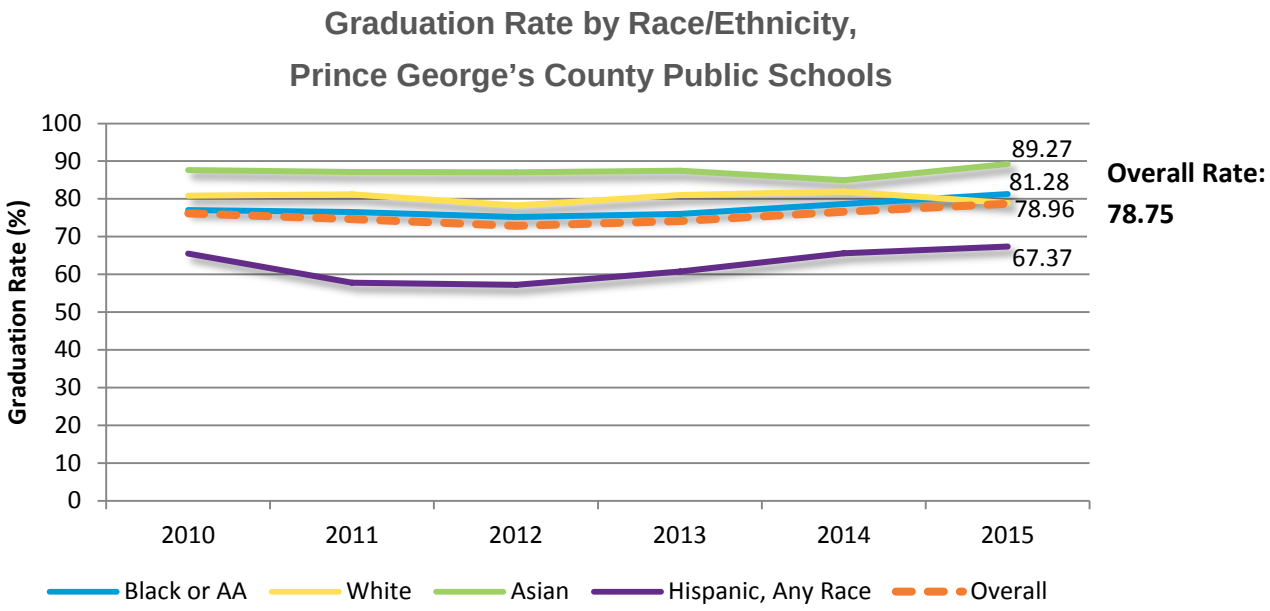


Data Source: 2014 American Community Survey 1-Year Estimates, Table B15002

While Prince George's County is similar to the U.S. (see Table 7) for those with Bachelor's Degrees and higher (31% and 30%), the County falls behind when compared to Maryland (38%). There is more of disparity when comparing the County to the neighboring jurisdiction of Washington, D.C., which has 55% of residents with a Bachelor's Degree or higher.

There are noticeable differences within the County by race and ethnicity (see Graph 6), with Asian residents having high educational attainment, followed by White, Non-Hispanic (NH) residents. Most Black residents do have a High School Degree, but fewer have a college degree compared to Asian and White, NH residents. The County's Hispanic residents have the most significant disparity, with over 50% lacking a High School Degree or equivalent, and less than 10% having a Bachelor's Degree or higher.

In 2015, 127,576 County children and adolescents enrolled in public schools. While the overall graduation rate has increased since 2012 (see Graph 7), Hispanic students are still less likely to complete high school in the County. Overall, Prince George's County has a lower graduation rate (78.75%) compared to Maryland (86.98%) in 2015. Part of that difference may be due to the graduation rate for Hispanic students in Maryland being over 10 percent higher (76.89% compared to 67.37% for the County).



Data Source: Maryland Report Card http://reportcard.msde.maryland.gov/

Percentage of Residents Without High School or Equivalent Education by ZIP Code, Prince George's County, 2010-2014

ZIP	Area	Percent Without High School or Equivalent
20601	Waldorf	16.4%
20607	Accokeek	17.8%
20608	Aquasco	4.0%
20613	Brandywine	14.5%
20623	Cheltenham	24.6%
20705	Beltsville	9.2%
20706	Lanham	15.7%
20707	Laurel	10.5%
20708	Laurel	7.1%
20710	Bladensburg	17.7%
20712	Mount Rainier	19.8%
20715	Bowie	4.2%
20716	Bowie	5.5%
20720	Bowie	2.1%
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20737	Riverdale	27.9%
20740	College Park	2.6%
20743	Capitol Heights	17.3%
20744	Fort Washington	10.1%
20745	Oxon Hill	24.5%
20746	Suitland	19.8%
20747	District Heights	14.0%
20748	Temple Hills	15.1%
20762	Andrews Air Force Base	0.2%
20769	Glenn Dale	26.5%
20770	Greenbelt	15.7%
20772	Upper Marlboro	17.1%
20774	Upper Marlboro	5.9%
20781	Hyattsville	35.7%
20782	Hyattsville	16.7%
20783	Hyattsville	37.2%
20784	Hyattsville	19.3%
20785	Hyattsville	16.2%
20903	Silver Spring	33.6%
20904	Silver Spring	10.8%
20912	Takoma Park	14.2%

Data Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Table S1501

Employment

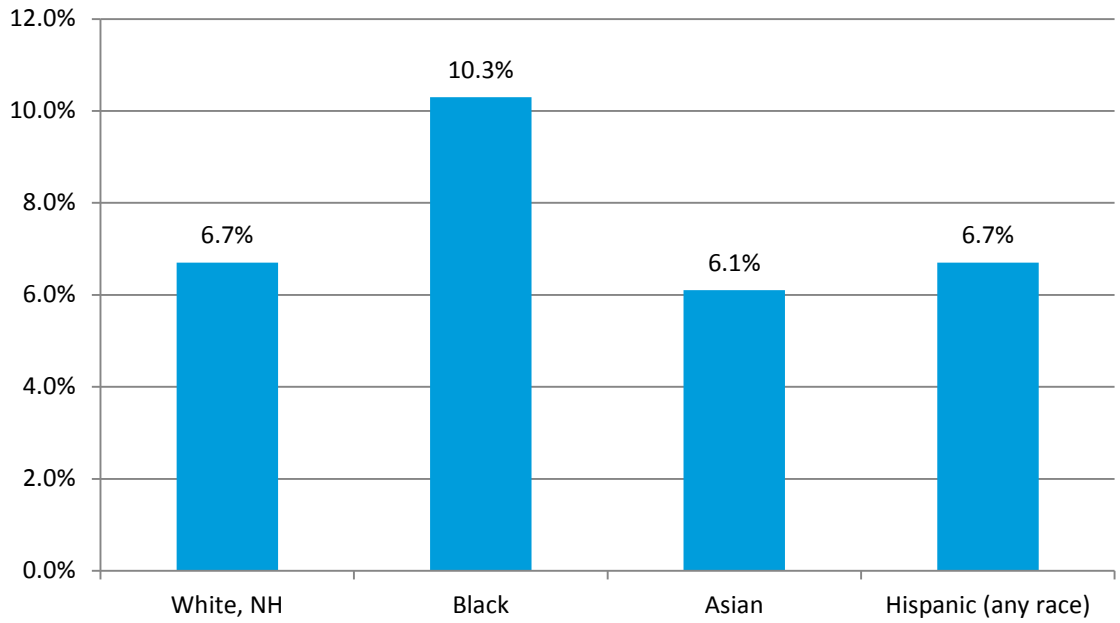
In 2014, 9.1% of Prince George's County residents were unemployed, which is higher than both Maryland and the U.S. at 7.2%. The county unemployment rate varies by education, disability status, and by race and Hispanic ethnicity. Overall, one-third of residents age 16 and older living in poverty are unemployed. Unemployment can result in residents being unable to acquire basic resources such as healthy food, housing, transportation, and health care and medication.

Unemployment Rate for Residents 16 Years and Older, 2014

	Prince George's County	Maryland	United States
Population 16 years and older	9.1%	7.2%	7.2%
Below Poverty Level	32.8%	30.5%	25.0%
With Any Disability	17.1%	16.0%	14.9%
Educational Attainment (Ages 25-64 Years)			
Less than High School	9.2%	12.7%	10.8%
High School Graduate	8.9%	8.1%	7.7%
Some College or Associate's Degree	8.4%	6.6%	6.1%
Bachelor's Degree or Higher	4.8%	3.4%	3.4%

Data Source: 2014 American Community Survey 1-Year Estimates, Table S2301

Unemployment Rate, Prince George's County, 2014

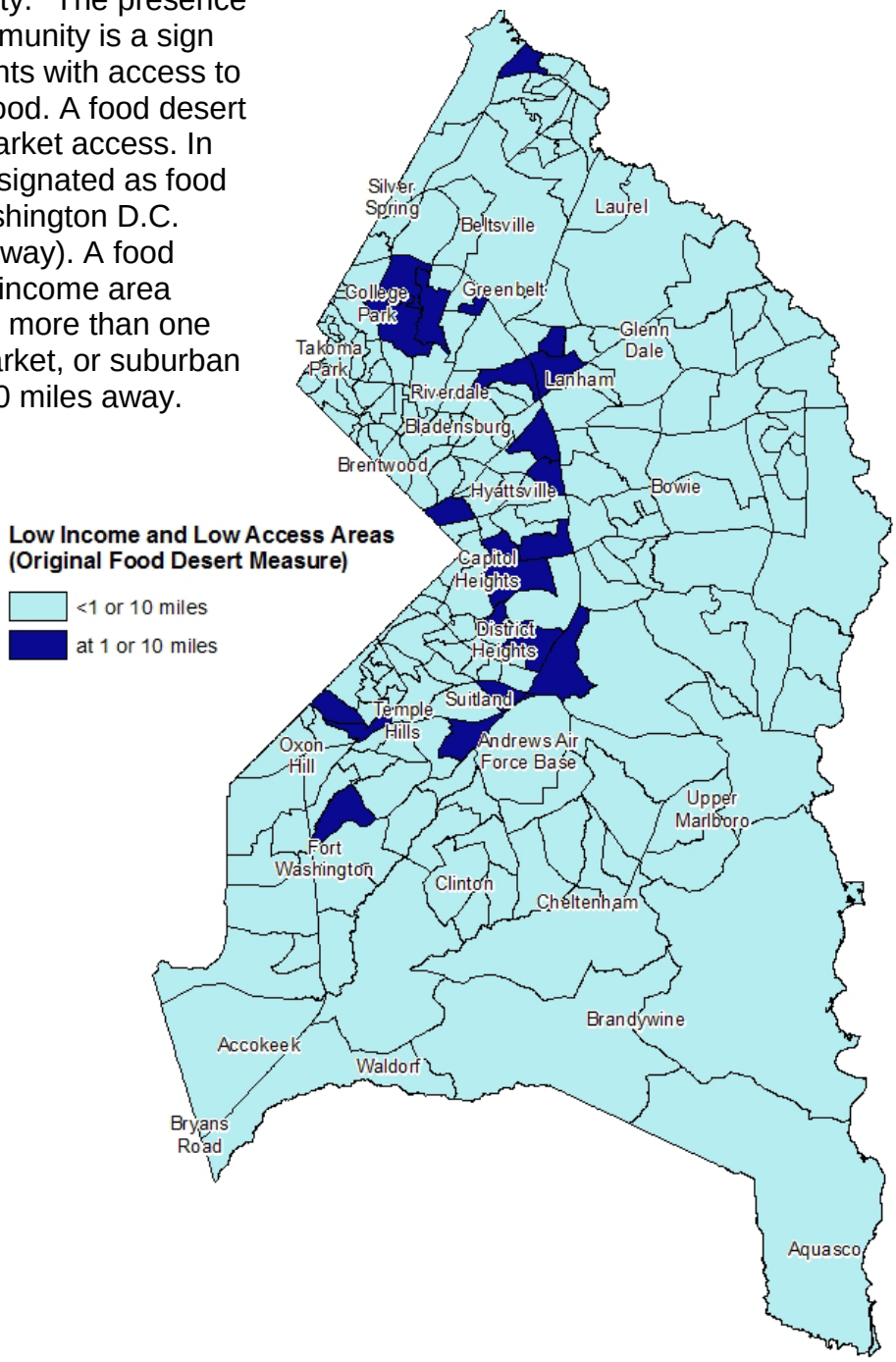


Data Source: 2014 American Community Survey 1-Year Estimates, Table S2301

Access to Food

Access to healthy food has been shown to increase fruit and vegetable consumption and lower the risk of obesity.[3] The presence of a supermarket in a community is a sign health by providing residents with access to affordable and nutritious food. A food desert is an area lacking supermarket access. In the county, most areas designated as food deserts are within the Washington D.C. metro area (inside the beltway). A food desert is defined as a low income area where urban residents are more than one mile away from a supermarket, or suburban residents are more than 10 miles away.

Food Deserts: Low Income and Low Access, Prince George's County, 2010



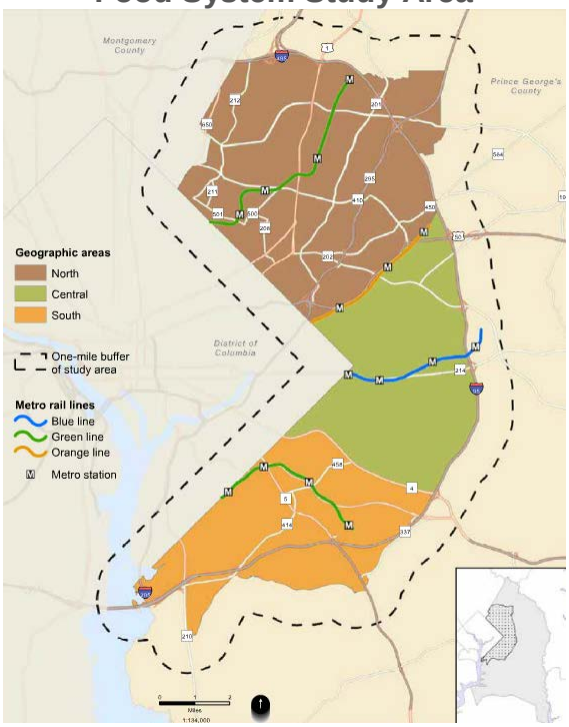
Data Source: United States Department of Agriculture, Economic Research Service, Food Access Research Atlas

[3] Robert Wood Johnson Foundtation, http://www.rwjf.org/en/library/research/2012/12/do-all-americans-have-equal-access-to-healthy-foods-.html

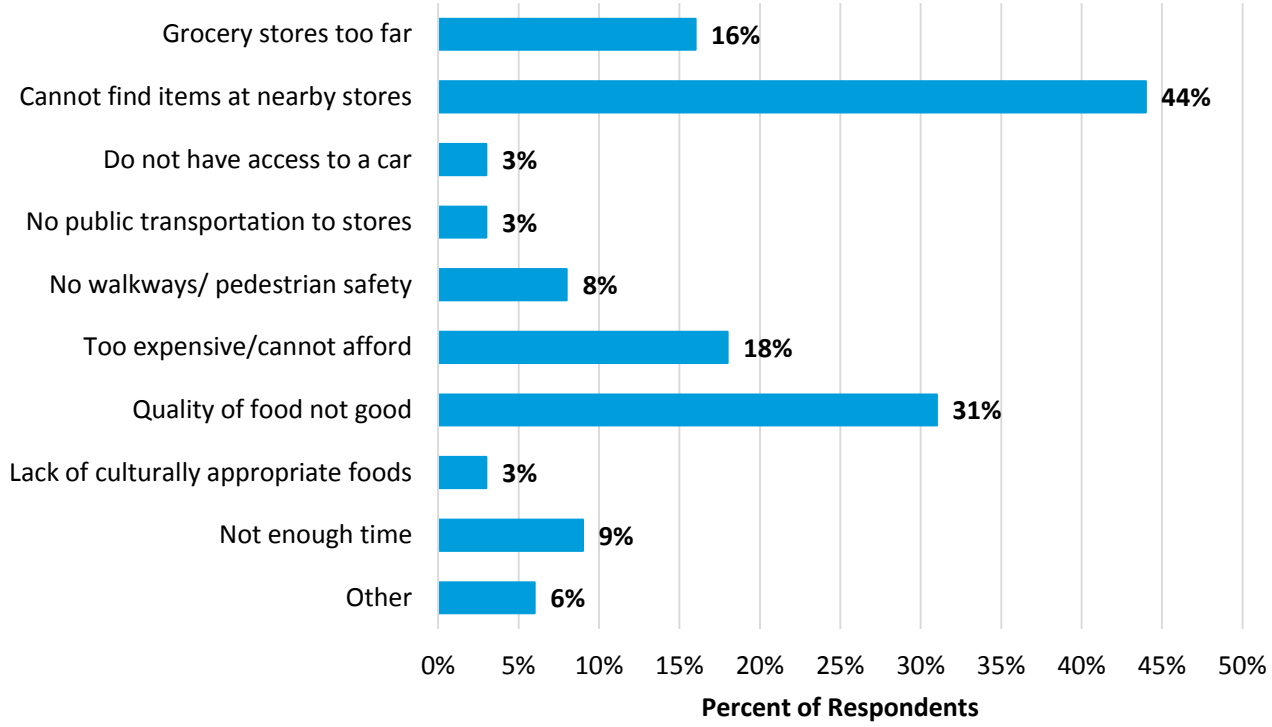
Prince George's County Food System Study, 2015

A 2015 food system study of the area of Prince George's County adjacent to Washington, DC, found that many residents had food access challenges " related to the quality of local stores and what they carry than the physical access to food outlets. Many residents do not patronize nearby supermarkets but travel elsewhere, even to other jurisdictions, where more variety and better quality food are sold for less".[4] This finding was confirmed by a survey of the local food outlets that indicated small markets had limited healthy food alternative available. The study area was noted to have numerous supermarkets, but that the quality and availability of food even within the same retailer varied.

Food System Study Area



Food Access Challenges



[4] Healthy Food for all Prince George's County, Maryland National Park and Planning Commission, Prince George's County Planning Department, 2015

Housing

There are fewer housing vacancies in Prince George's County (7.1%) compared to both Maryland (10.6%) and the U.S. (12.5%). The County has more single-family households (21%) compared to Maryland (14.7%) and the U.S. (13%).[5] The median value of homes in Prince George's County is $247,600 which is lower than the overall state ($280,220) but higher than the national value ($173,900).[6]

Housing Characteristics, 2014

Indicators	Prince George's		Maryland		U.S.	
	N	%	N	%	N	%
Total Housing Units	**330,514**		**2,422,317**		**133,962,970**	
Vacancy						
Occupied Housing Units	307,022	92.9%	2,165,438	89.4%	117,259,427	87.5%
Vacant Housing Units	23,492	7.1%	256,879	10.6%	16,703,543	12.5%
For Rent	10,033		54,918		2,963,407	
Occupied Housing Units						
Owner-occupied	185,502	60.4%	1,426,748	65.9%	73,991,995	63.1%
Renter-occupied	121,520	39.6%	738,690	34.1%	43,267,432	36.9%
Owner-Occupied Units Household Type						
Married couple family		48.9%		58.4%		60.0%
Male householder, no wife present		5.7%		4.2%		4.1%
Female householder, no husband present		16.7%		10.9%		9.2%
Nonfamily household		28.8%		26.5%		26.7%
Renter-Occupied Units Household Type						
Married couple family		23.0%		25.5%		27.1%
Male householder, no wife present		9.8%		6.3%		6.3%
Female householder, no husband present		25.6%		21.9%		19.6%
Nonfamily household		41.7%		46.3%		47.0%
Average Household Size						
Owner-occupied	2.97		2.77		2.71	
Renter-occupied	2.76		2.54		2.55	

Data Source: 2014 American Community Survey 1-Year Estimates, Tables B25004, S2501, S2502, B25010

[5] Census.gov Table S1101
[6] Census.gov Table DP04

Fair Market Rent

Approximately 40% of occupied housing units in Prince George's County are rentals (Table 8). The estimated median income for renters in the County is $50,792, which is 30% lower than the overall County median household income of $72,290. Based on the Fair Market Rent values, affordable housing can be a challenge in the County. When limited income has to be used for rent, these households may affect their ability to purchase other necessities, such as food, transportation and medical expenses. While the rental income in Prince George's County is greater than Maryland, the rental costs are also higher.

Fair Market Rent, 2015

	Prince George's County	Maryland
Fair Market Rent by Unit		
Efficiency	$1,167	$936
One bedroom	$1,230	$1,049
Two bedroom	$1,458	$1,281
Three bedroom	$1,951	$1,677
Four bedroom	$2,451	$1,957
Income Needed to Afford Fair Market Rent by Unit		
Efficiency	$46,680	$37,448
One bedroom	$49,200	$41,942
Two bedroom	$58,320	$51,249
Three bedroom	$78,040	$67,074
Four bedroom	$98,040	$78,299
Income of Renter		
Estimated renter median income	$50,792	$46,697
Rent affordable for households earning the renter median income	$1,270	$1,167

Data Source: National Low Income Housing Coalition, www.nlihc.org

Income

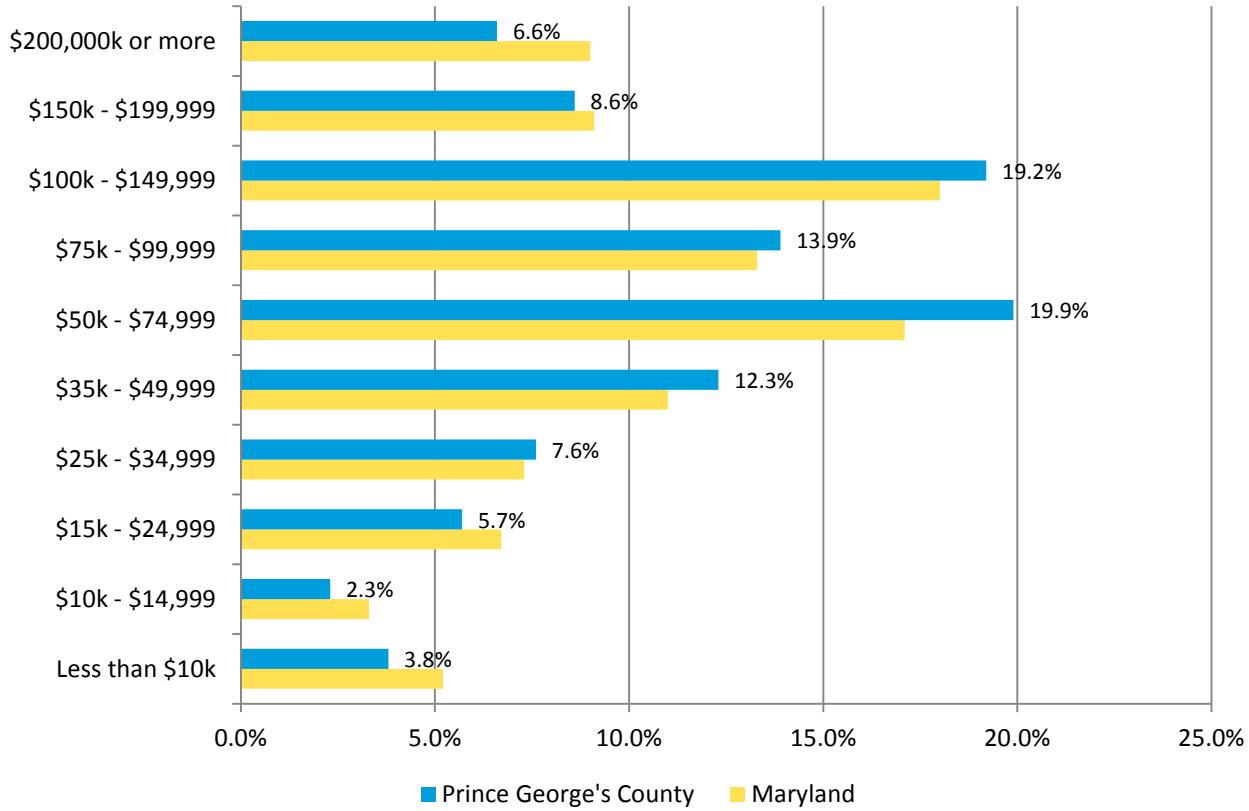
The median household income in the County is $72,290 which is lower than Maryland ($73,971), but is higher than the U.S. When looking at income by groups (Graph 8), Maryland has more residents making below $25,000 compared to Prince George's County; however, Maryland also has more residents making above $150,000 compared to Prince George's County, which helps to explain the higher mean and median income for the state.

Income in the Past 12 Months (In 2014 Inflation-Adjusted Dollars)

	Prince George's County	Maryland	United States
Median household income	$72,290	$73,971	$53,657
Mean household income	$89,171	$97,016	$75,591
Median family income	$83,167	$89,678	$65,910
Mean family income	$99,201	$112,887	$88,394

Data Source: 2014 American Community Survey 1-Year Estimates, Table S1901

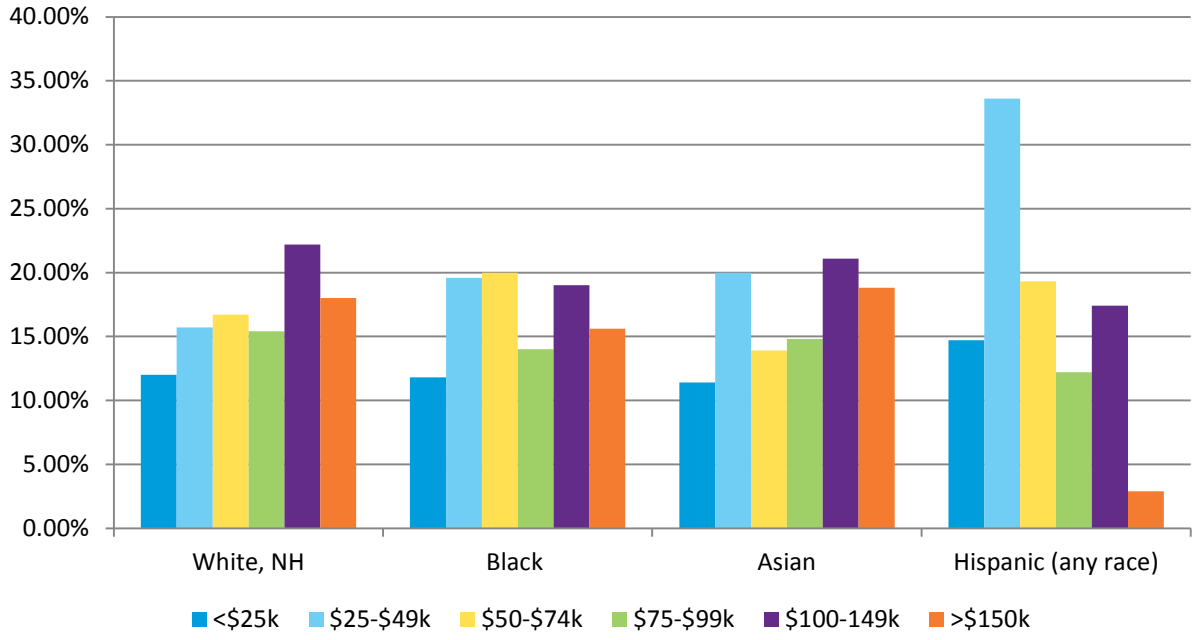
Household Income (In 2014 Inflation-Adjusted Dollars)



Data Source: 2014 American Community Survey 1-Year Estimates, Table S1901

Income by Race and Ethnicity in the County shows both that more White, Non-Hispanic (NH) and Asian households have an income over $100,000. The Hispanic population has an income disparity, with nearly half of the households with an income under $50,000, and only 3% of households earning over $150,000 compared to over 15% Black, Asian, and White, NH households.

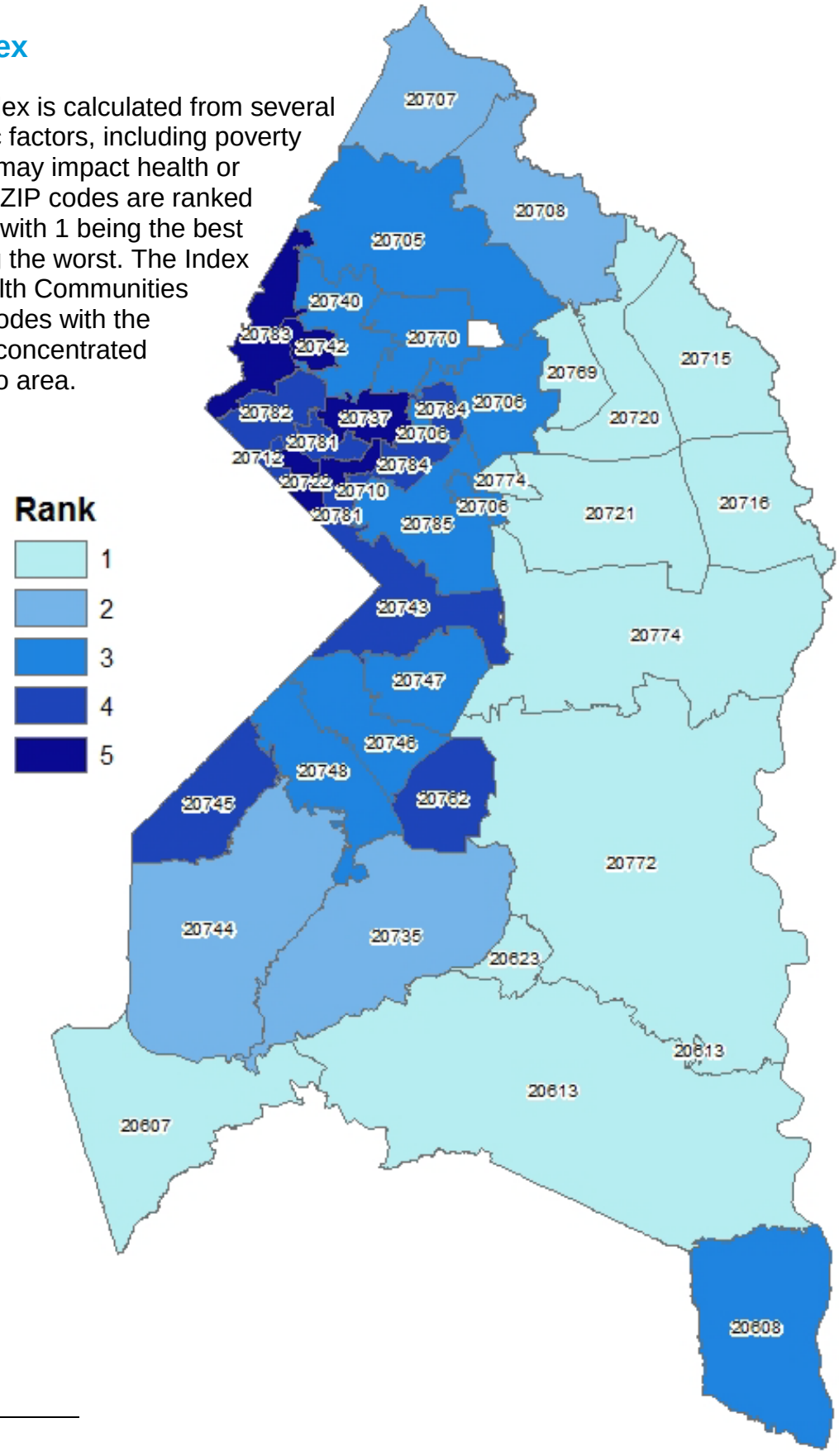
Household Income (In 2014 Inflation-Adjusted Dollars) by Race and Ethnicity, Prince George's County



Data Source: 2014 American Community Survey 1-Year Estimates, Table B19001

SocioNeeds Index

The SocioNeeds Index is calculated from several social and economic factors, including poverty and education, that may impact health or access to care. The ZIP codes are ranked based on the index, with 1 being the best ranking, and 5 being the worst. The Index is calculated by Health Communities Institute[7]. The ZIP codes with the highest ranking are concentrated within the D.C. metro area.



[7] www.pgchealthzone.org

HEALTH INDICATORS REPORT

Introduction

The following report includes existing health data for Prince George's County, compiled using the most current local, state, and national sources. This report was developed to inform and support a joint Community Health Needs Assessment for the Health Department and area hospitals, and was used as part of the Prioritization Process that included resident representation from across the county.

Methods

Much of the information in this report is generated through a variety of sources, including: Maryland Health Services Cost Review Commission; Maryland Vital Statistics Annual Reports, Maryland Department of Health and Mental Hygiene's (DHMH) Annual Cancer Reports, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention's CDC WONDER Online Database, Centers for Medicare and Medicaid Services, National Vital Statistics Reports, Maryland SHIP, and the Prince George's County Health Department data website: www.pgchealthzone.org. Some of the data presented, specifically some birth and death data as well as some emergency room and hospitalization data, were analyzed by the Health Department using data files provided by Maryland DHMH. The specific data sources used are listed throughout the report.

When available, state (noted as MD SHIP) and national (noted as HP 2020) comparisons were provided as benchmarks. Most topics were analyzed by gender, race and ethnicity, age group and ZIP Code level to study the burden of health conditions, determinants of health and health disparities.

Limitations

While efforts were made to include accurate and current data, data gaps and limitations exist. One major limitation is that Prince George's County residents sometimes seek services in Washington, D.C.; because this is a different jurisdiction the data for these services may be unavailable (Emergency Room Visits) or older (hospitalizations). Another major limitation is that the diversity of the county is often not captured through traditional race and ethnicity. The county has a large immigrant population, but data specific to this population is often not available related to health issue. Data with small numbers can also be difficult to analyze and interpret and should be viewed carefully. Current events can also affect data, such as the implementation of the Affordable Care Act (ACA). While the ACA has increased health insurance coverage, the data that is needed to fully understand how this has affected our residents is not yet available.

Definitions

Crude Rate - The total number of cases or deaths divided by the total population at risk. Crude rate is generally presented as rate per population of 1,000, 10,000 or 100,000. It is not adjusted for the age, race, ethnicity, sex, or other characteristics of a population.

Age-Adjusted Rate - A rate that is modified to eliminate the effect of different age distributions in the population over time, or between different populations. It is presented as a rate per population of 1,000, 10,000 or 100,000.

Frequency - Often denoted by the symbol "n", frequency is the number of occurrences of an event.

Health Disparity - Differences in health outcomes or health determinants that are observed between different populations. The terms health disparities and health inequalities are often used interchangeably.

Health People 2020 (HP 2020) – Healthy People 2020 is the nation's goals and objectives to improve citizens' health. HP2020 goals are noted throughout the report as a benchmark.

Incidence Rate - A measure of the frequency with which an event, such as a new case of illness, occurs in a population over a period of time.

Infant Mortality Rate - Defined as the number of infant deaths per 1,000 live births per year. Infant is defined as being less than one year of age.

Maryland SHIP (MD SHIP) – Maryland's State Health Improvement Plan is focused on improving the health of the state; measures for the SHIP areas are included throughout the report as a benchmark.

Prevalence Rate - The proportion of persons in a population who have a particular disease or attribute at a specified point in time (point prevalence) or over a specified period of time (period prevalence).

Racial and Ethnic Groups:

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American - A person having origins in any of the black racial groups of Africa.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam etc.

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

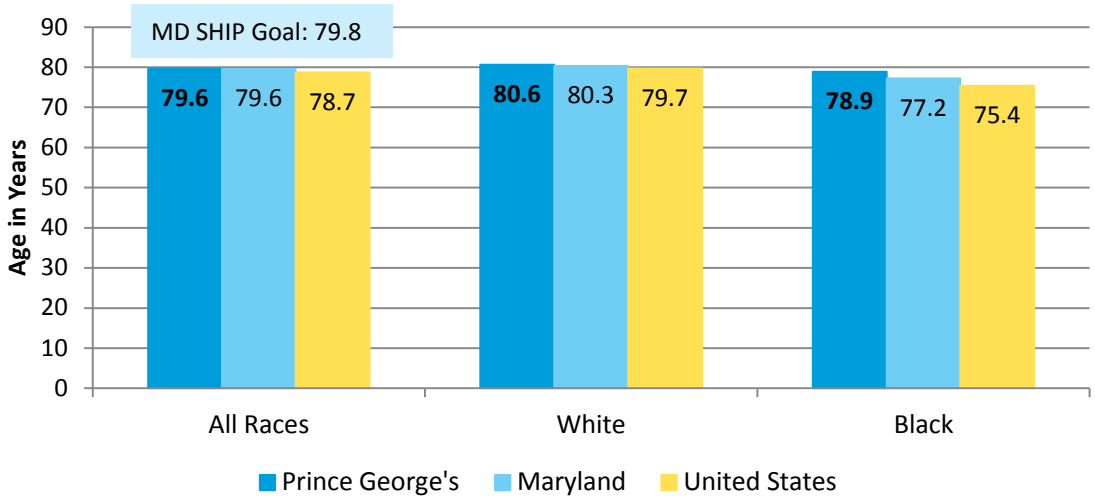
Table of Contents

Health Status Indicators

Life Expectancy

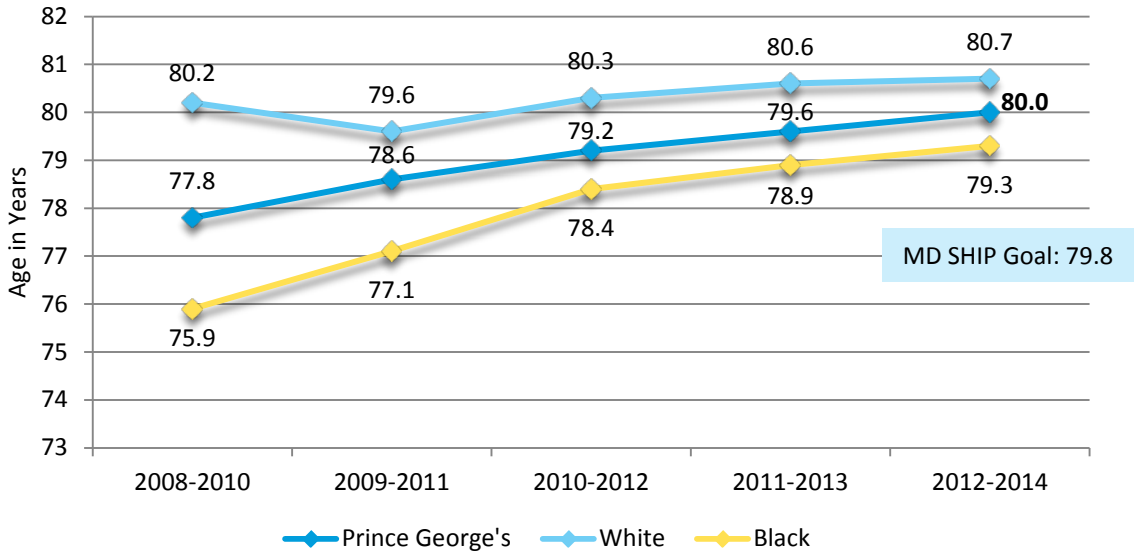
Prince George's County has a life expectancy about the same as Maryland and above the U.S. Life expectancy has steadily increased in the county, and the Maryland SHIP Goal of 79.8 years was met as of 2014. However, there is still a disparity in life expectancy by race, with White residents living longer on average than Black residents.

Life Expectancy at Birth by Race, 2011-2013



Data Source: National Vital Statistics Report, CDC http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf; Maryland Vital Statistics Annual Report 2014, Maryland Department of Health and Mental Hygiene

Life Expectancy at Birth by Race, Prince George's County, 2008-2014



Data Source: Maryland Vital Statistics Annual Report 2014, Maryland Department of Health and Mental Hygiene

Mortality

From 2012-2014, 16,585 deaths occurred to Prince George's County residents. The leading two causes of death in the county, heart disease and cancer, account for half of all resident deaths. Overall, the age-adjusted death rate for the county is higher than Maryland, but lower than the U.S. for 2012-2014. For the leading causes of death, the county's age-adjusted mortality rates are higher than Maryland and the U.S. for heart disease, cancer, stroke, diabetes, septicemia, nephritis, homicide, hypertension, and perinatal conditions.

Leading Causes of Death, 2012-2014

Cause of Death	Prince George's County Deaths		Age-Adjusted Death Rates per 100,000 Population			Healthy People 2020 Target	Maryland SHIP 2017 Goal
	Number	Percent	Prince George's	Maryland	U.S.		
All Causes	16,585	100%	720.3	706.3	729.7	---	---
Heart Disease	4,182	25.2%	185.8	171.6	169.1	---	166.3
Cancer	4,056	24.5%	166.4	163.3	163.6	161.4	147.4
Stroke	823	5.0%	37.8	36.9	36.5	34.8	---
Diabetes	683	4.1%	29.4	19.4	21.1	66.6	---
Accidents	667	4.0%	26.5	27.4	39.7	36.4	---
CLRD*	458	2.8%	21.0	31.4	41.4	---	---
Septicemia	370	2.2%	16.1	15.1	10.6	---	---
Influenza and Pneumonia	318	1.9%	15.0	16.2	15.2	---	---
Nephritis	305	1.8%	13.8	11.4	13.2	---	---
Alzheimer's	273	1.6%	14.5	14.5	24.3	---	---
Homicide	213	1.3%	7.8	7.0	5.2	10.2	9.0
Hypertension	199	1.2%	9.0	7.1	8.3	5.5	---
Perinatal Conditions	183	1.1%	7.2	5.2	4.2	3.3	---

*CLRD=Chronic Lower Respiratory Disease, includes both chronic obstructive pulmonary disease and asthma

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Overall, White non-Hispanic (NH) male residents have the highest age-adjusted death rate in the county, followed by Black NH males. White, NH, Asian NH, and Hispanic residents all have higher age-adjusted death rates than in Maryland.

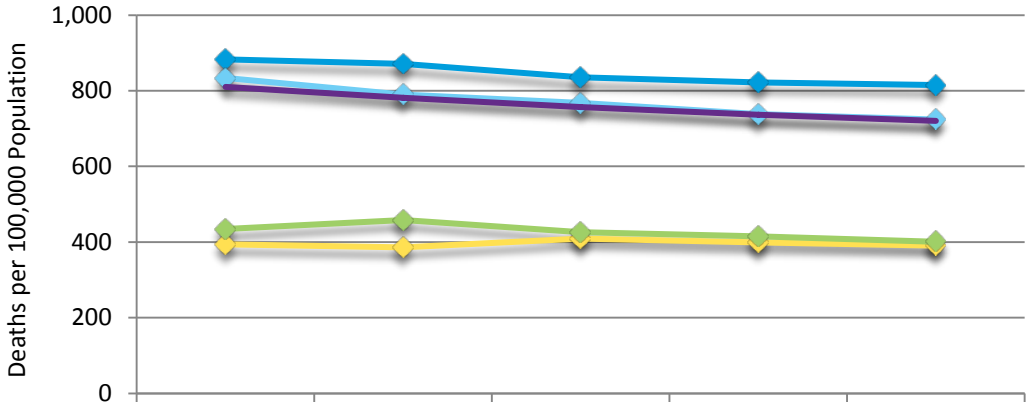
Age-Adjusted Death Rate per 100,000 by Race, Ethnicity, and Sex, 2012-2014

Race and Ethnicity	Prince George's County	Maryland	U.S.
White, Non-Hispanic	815.1	707.7	745.2
Male	953.4	832.1	875.0
Female	701.1	607.8	636.6
Black, Non-Hispanic	723.9	806.1	880.8
Male	888.7	1,002.4	1,076.4
Female	608.5	671.5	737.8
Hispanic, Any Race	390.8	323.6	532.2
Male	460.3	362.5	636.4
Female	330.2	285.4	445.9
Asian, Non-Hispanic	400.8	343.3	402.1
Male	*	390.4	479.6
Female	*	305.5	342.7
All Races and Ethnicities	720.3	706.3	729.7
Male	871.1	838.9	861.2
Female	609.6	603.4	621.6

*Rates unavailable due to low death counts

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

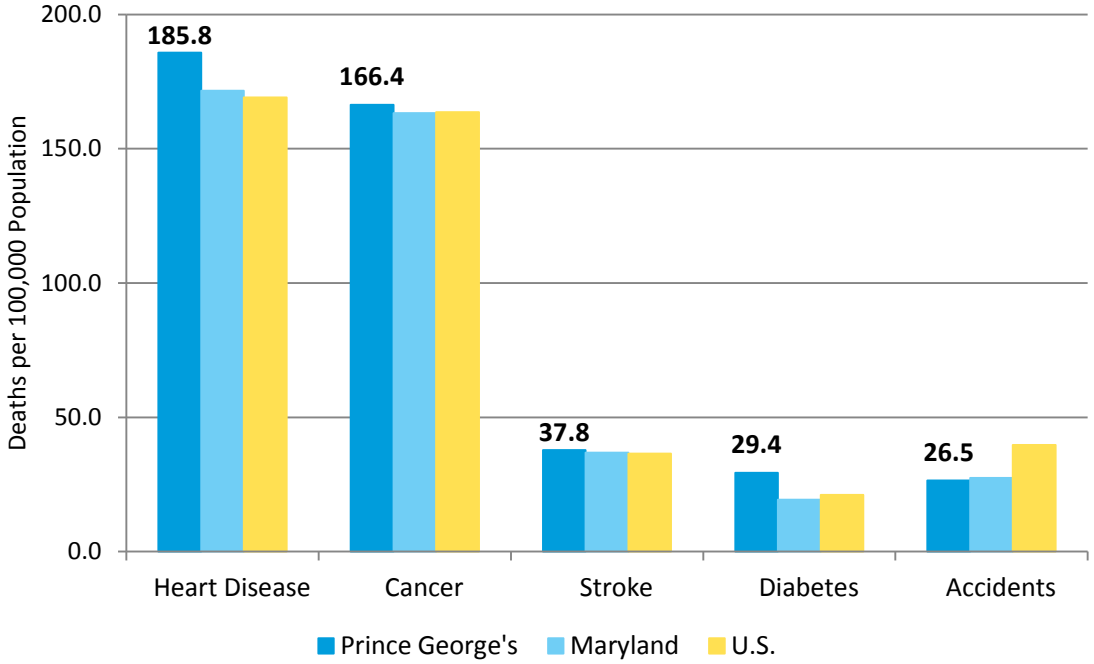
Age-Adjusted Death Rate per 100,000 for All Causes of Death by Race and Ethnicity, Prince George's County, 2008-2014



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
White NH	882.8	871.4	835.3	822.2	815.1
Black NH	833.6	790.0	767.6	738.2	723.9
Hispanic, Any Race	393.9	386.0	409.0	398.8	390.8
Asian NH	434.3	458.2	425.9	414.8	400.8
Prince George's	810.0	781.6	756.9	736.3	720.3

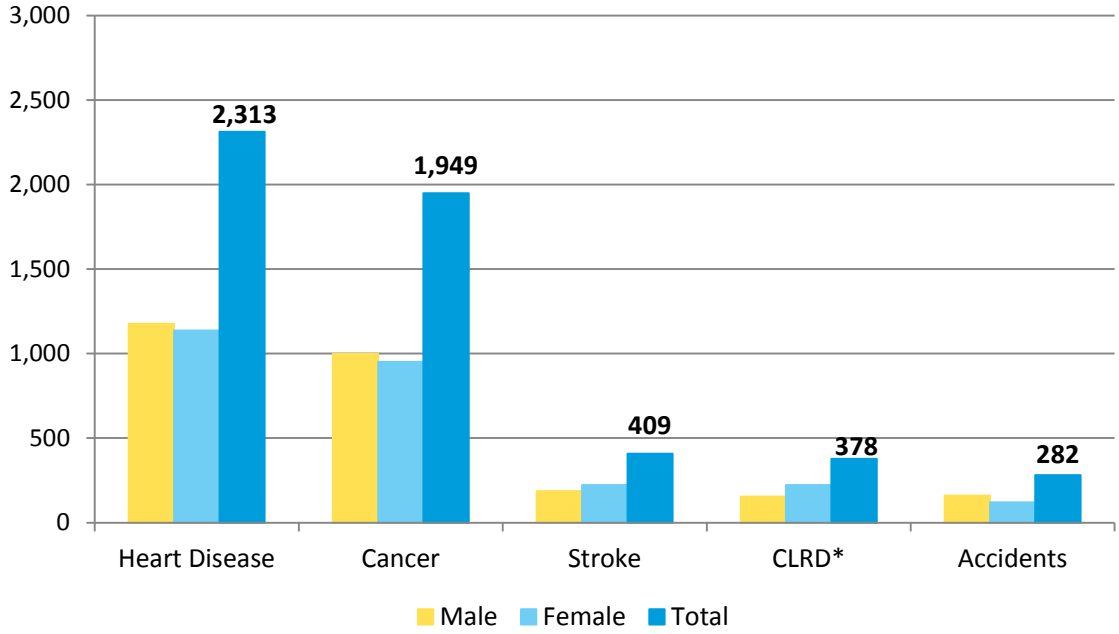
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death, Age-Adjusted Rates, 2012-2014



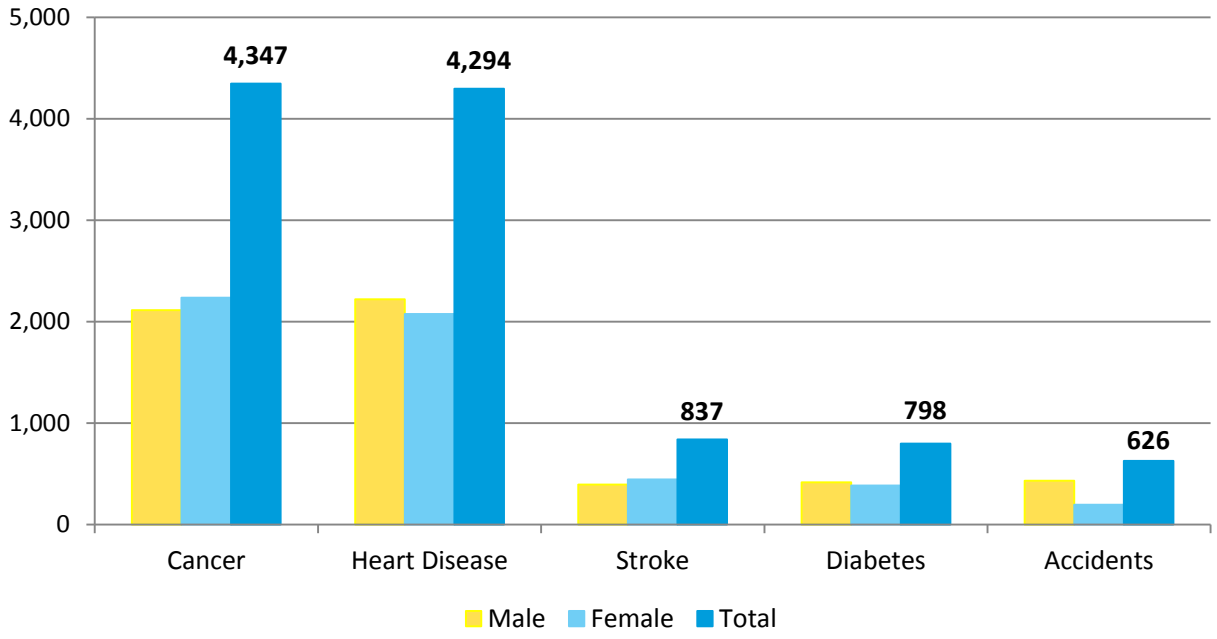
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death for White Non-Hispanic Residents, Prince George's County, 2010-2014 (N=8,462)



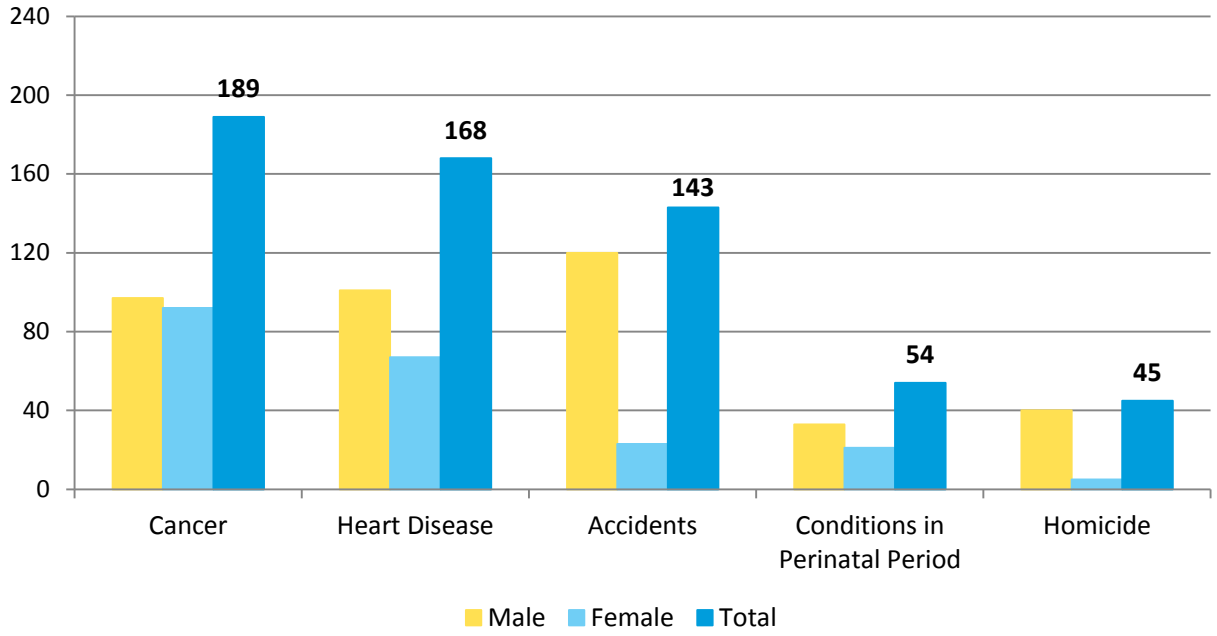
*CLRD=Chronic Lower Respiratory Disease, includes both chronic obstructive pulmonary disease and asthma
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death for Black Non-Hispanic Residents, Prince George's County, 2010-2014 (N=17,148)



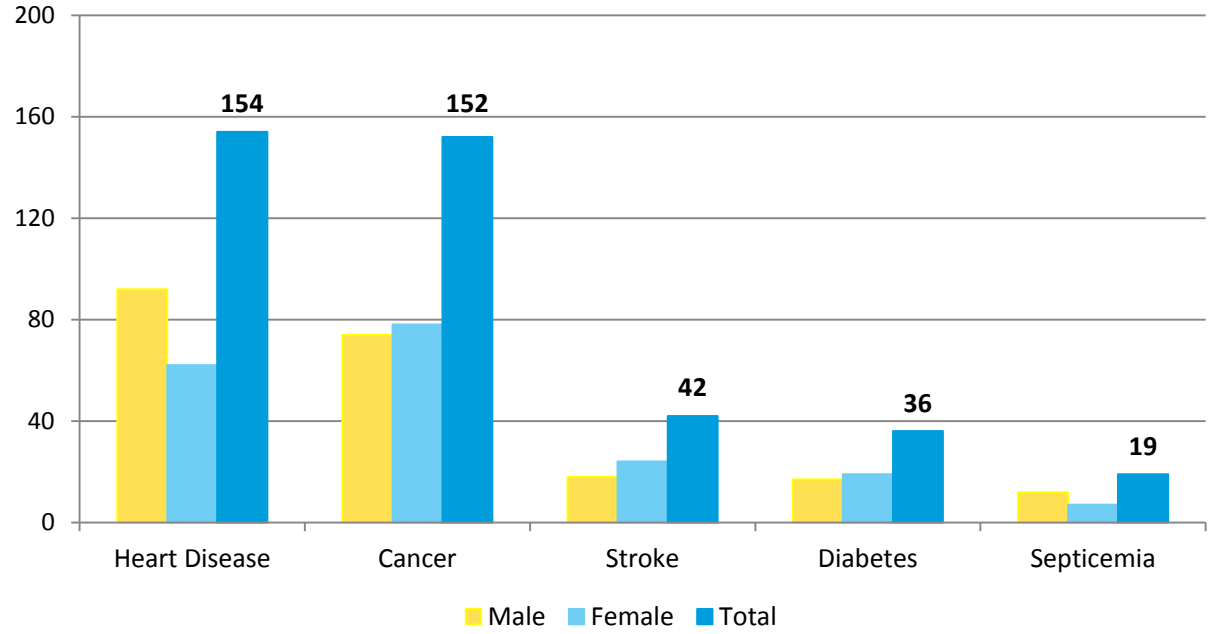
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death for Hispanic Residents of Any Race, Prince George's County, 2009-2014 (N=1,014)



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death for Asian Non-Hispanic Residents, Prince George's County, 2010-2014 (N=641)



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

While the leading cause of death by race and Hispanic ethnicity is consistently heart disease and cancer, there is variation for the remaining causes. For White non-Hispanic (NH), Black NH, and Asian NH residents the third leading cause of death is stroke, but for Hispanic residents it is accidents. Diabetes is a leading cause of death for both Black NH and Asian NH residents, while both perinatal period conditions and homicide are included in the five leading causes of death for Hispanic residents.

Emergency Department Visits

Emergency Department Visits*, Prince George's County, 2014

	Number of ED Visits	Age-Adjusted Rate per 1,000 Population
Race/Ethnicity		
White, non-Hispanic	27,761	206.9
Black, non-Hispanic	180,973	314.9
Asian, non-Hispanic	2,402	58.2
Hispanic	25,779	167.6
Sex		
Male	101,805	234.6
Female	149,605	315.9
Age		
Under 18 Years	40,508	197.4
18 to 39 Years	98,331	421.5
40 to 64 Years	82,942	227.4
65 Years and Over	29,630	292.5
Total	**251,411**	**276.2**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Emergency Department Visits* by Diagnosis, Prince George's County, 2014

	Principal Diagnosis	Frequency	Percent of Visits
1	Respiratory Symptoms	17,356	6.9%
2	Abdominal Pain	12,085	4.8%
3	General Symptoms	11,013	4.4%
4	Sprains and Strains	8,156	3.2%
5	Unspecified Back Pain	6,931	2.8%
6	Head and Neck Pain	6,689	2.7%
7	Upper Respiratory Infections	5,796	2.3%
8	Urinary Tract Infections	5,255	2.1%
9	Asthma	4,717	1.9%
10	Digestive System Symptoms	4,519	1.8%

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Hospital Admissions

Hospital Inpatient Visits* (Admissions), Prince George's County, 2014

	Number of ED Visits	Age-Adjusted Rate per 1,000 Population
Race/Ethnicity		
White, non-Hispanic	11,610	72.7
Black, non-Hispanic	42,359	76.1
Asian, non-Hispanic	1,250	31.3
Hispanic	6,782	51.6
Sex		
Male	26,558	66.5
Female	40,331	85.0
Age		
Under 18 Years	9,613	46.9
18 to 39 Years	16,776	57.1
40 to 64 Years	20,920	69.0
65 Years and Over	19,581	191.7
Total		

* Inpatient Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Inpatient Data File 2014, Maryland Health Services Cost Review Commission

Hospital Inpatient Visits* (Admissions) by Diagnosis, Prince George's County, 2014

	Principal Diagnosis	Frequency	Percent
1	Live Birth	9,655	14.4%
2	Hearing loss	2,174	3.2%
3	Pneumonia	1,241	1.9%
4	Cerebral Infarction	1,034	1.6%
5	Congestive Heart Failure	946	1.4%
6	Acute Kidney Failure	848	1.3%
7	Post-term Pregnancy, Delivered	751	1.1%
8	Urinary Tract Infection	735	1.1%
9	Obstructive Chronic Bronchitis	626	0.9%
10	Subendocardial Infarction	616	0.9%

* Inpatient Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Source: Inpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Access to Health Care

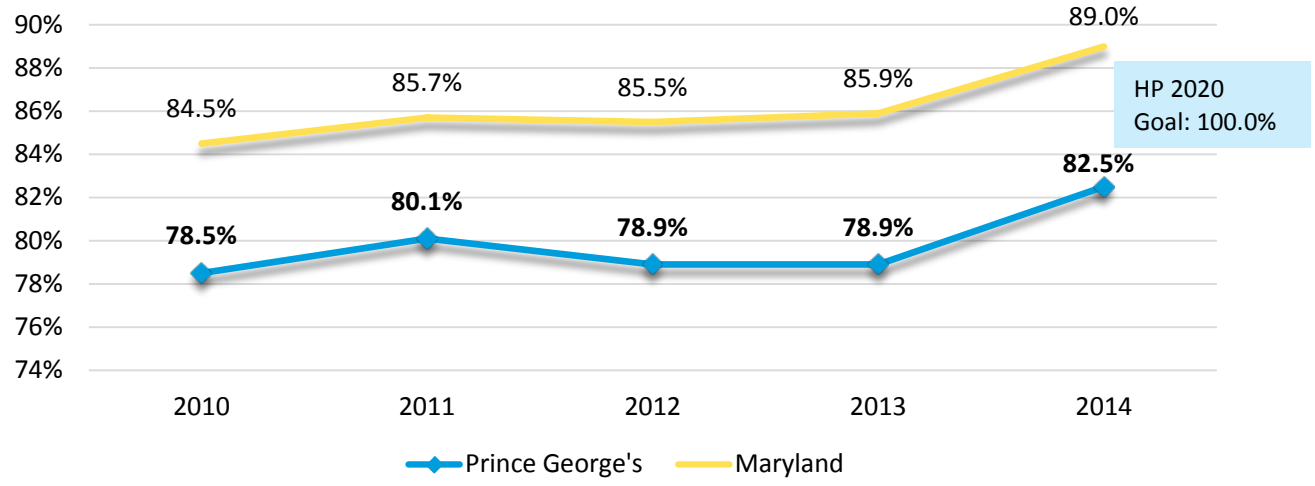
Access to quality, comprehensive health care services leads to an overall better quality of life through prevention and timely treatment for health issues. The implementation of the Affordable Care Act has resulted in an increase of county residents with health insurance, which is a key component to accessing care; however, the results are still being collected and will be reflected starting in 2015 data. Access to care goes beyond insurance, and includes provider proximity, ability to get an appointment with a medical provider, transportation, and ability to pay co-pays or fees.

Adults with Health Insurance, 2014

HP 2020 Goal: 100.0%	Prince George's	Maryland
Race/Ethnicity		
White, non-Hispanic	91.8%	93.5%
Black, non-Hispanic	89.5%	89.0%
Asian	84.6%	89.3%
Hispanic	47.1%	63.1%
Sex		
Male	78.9%	87.0%
Female	85.9%	90.9%
Age Group		
18 to 24 Years	84.2%	87.1%
25 to 34 Years	74.3%	84.8%
35 to 44 Years	77.9%	87.8%
45 to 54 Years	87.3%	91.3%
55 to 54 Years	90.9%	93.4%
Total	**82.5%**	**89.0%**

Data Source: American Community Survey

Adults with Health Insurance, 2010 to 2014



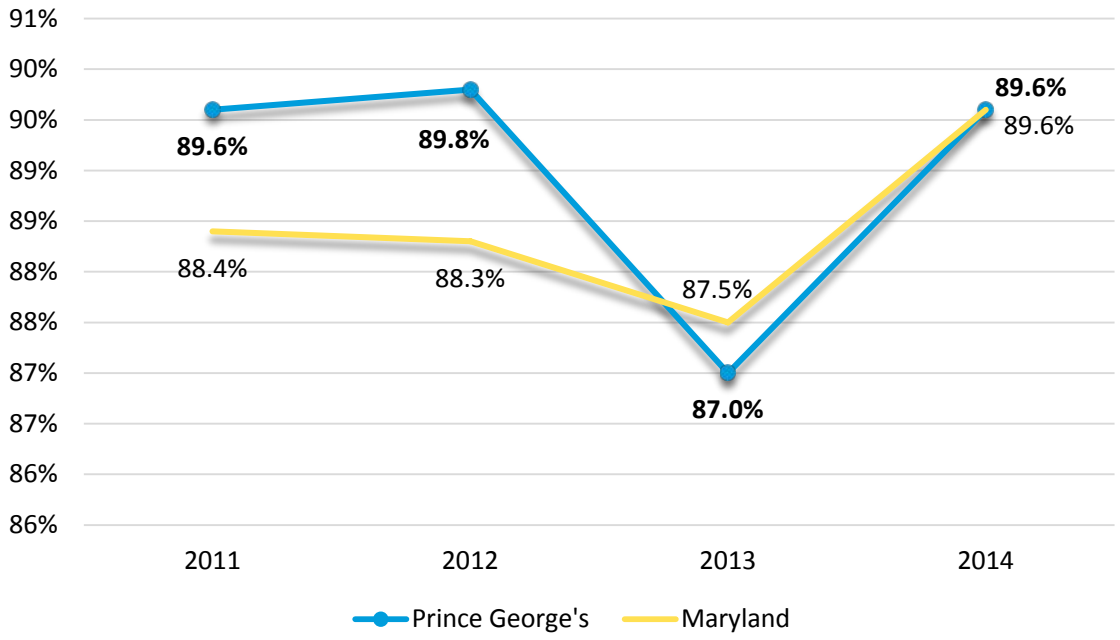
Data Source: American Community Survey

Adults who had a Routine Checkup Within the Last 2 Years, 2014

Demographic	Prince George's	Maryland
Race/Ethnicity		
White, non-Hispanic	88.4%	89.0%
Black, non-Hispanic	92.3%	93.5%
Hispanic	77.4%	77.9%
Sex		
Male	87.1%	86.2%
Female	91.9%	92.6%
Age Group		
18 to 44 Years	84.0%	84.2%
45 to 64 Years	95.2%	93.1%
Over 65 Years	96.3%	96.6%
Total	**89.6%**	**89.6%**

Data Source: 2014 Maryland BRFSS

Adults who had a Routine Checkup Within the Last 2 Years, 2011 to 2014



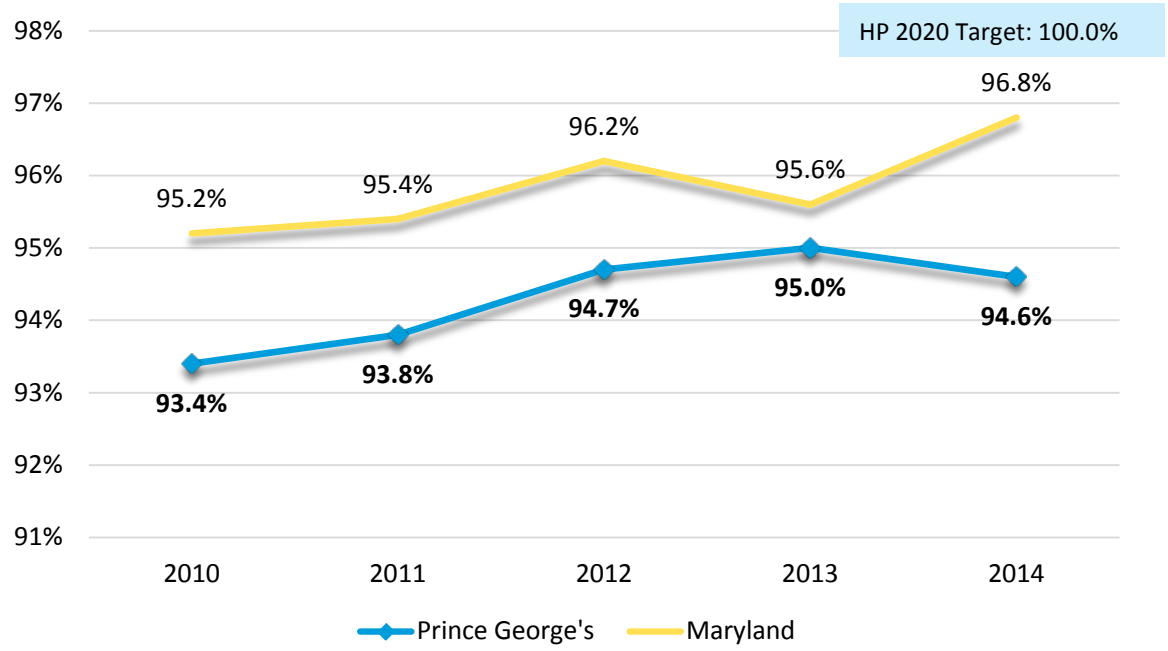
Data Source: MD BRFSS

Children with Health Insurance, 2014

HP 2020 Target: 100.0%	Prince George's	Maryland
Race/Ethnicity		
White, non-Hispanic	98.6%	97.9%
Black, non-Hispanic	97.0%	97.3%
Asian	98.3%	96.8%
Hispanic	86.1%	91.6%
Sex		
Male	94.9%	96.9%
Female	94.2%	96.8%
Age Group		
Under 6 Years	96.2%	97.4%
6 to 17 Years	93.7%	96.6%
Total	**94.6%**	**96.8%**

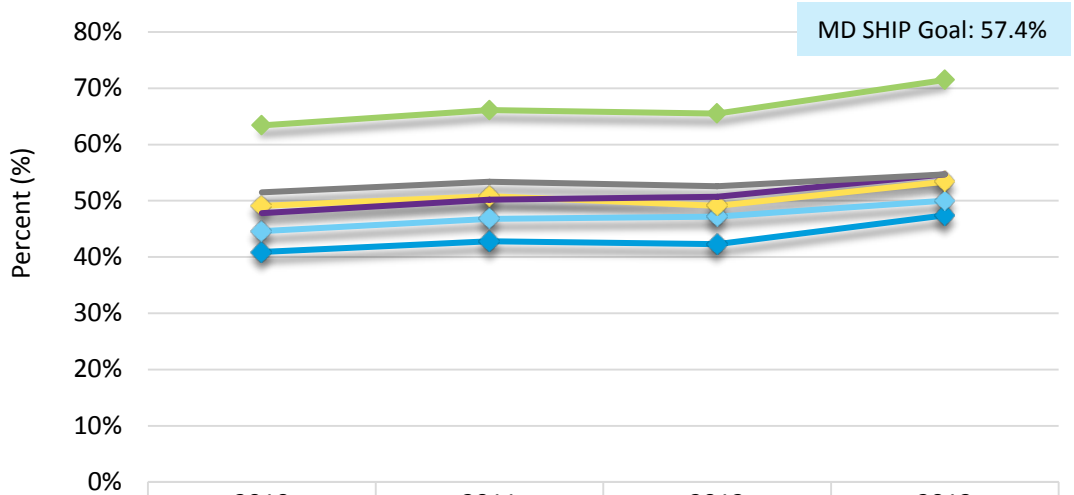
Data Source: American Community Survey

Children with Health Insurance, 2010 to 2014



Data Source: American Community Survey

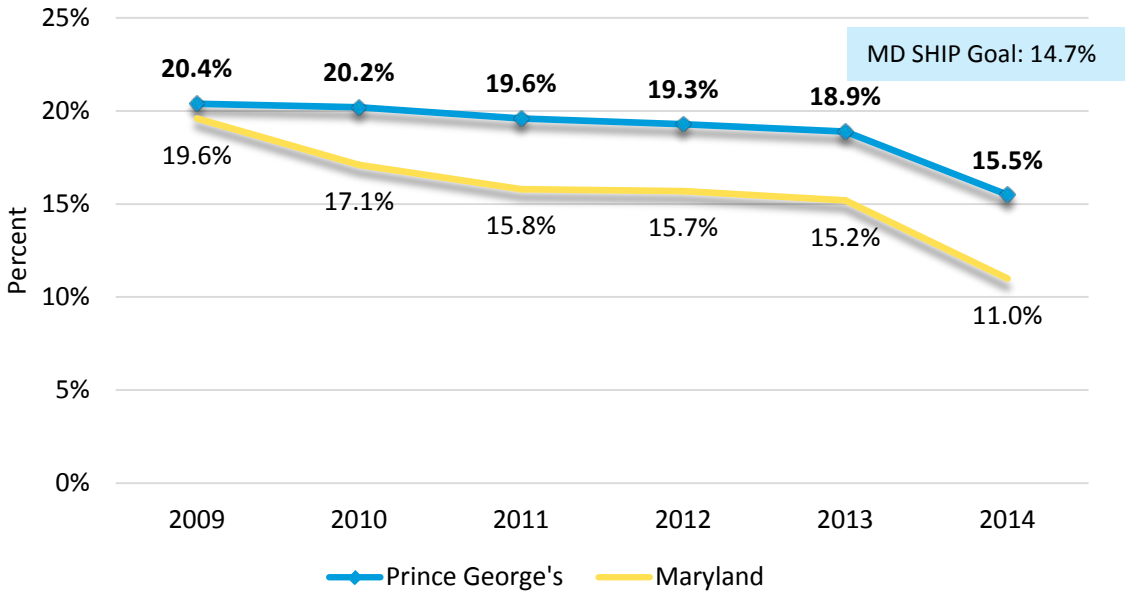
Adolescents Enrolled In Medicaid* Who Received a Wellness Checkup in the Last Year, 2010 to 2014



	2010	2011	2012	2013
PGC White NH	40.9%	42.8%	42.3%	47.4%
PGC Black NH	44.6%	46.8%	47.2%	50.0%
PGC Asian	49.1%	50.8%	49.2%	53.4%
PGC Hispanic	63.4%	66.1%	65.5%	71.5%
PGC	47.8%	50.2%	50.7%	54.7%
Maryland	51.5%	53.4%	52.6%	54.7%

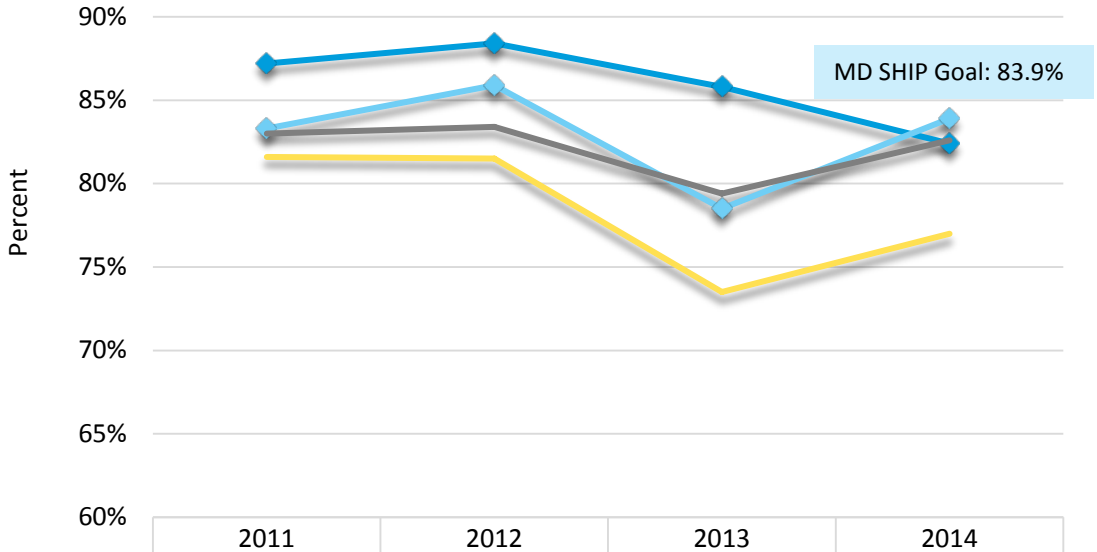
*Number of adolescents aged 13 to 20 years enrolled in Medicaid for at least 320 days
Data Source: Maryland Medicaid Service Utilization

Uninsured Emergency Department Visits, 2009-2014



Data Source: Maryland Health Services Cost Review Commission (HSCRC) Research Level Statewide Outpatient Data Files

Residents with a Usual Primary Care Provider, 2011 to 2014



	2011	2012	2013	2014
PGC White NH	87.2%	88.4%	85.8%	82.4%
PGC Black NH	83.3%	85.9%	78.5%	83.9%
PGC	81.6%	81.5%	73.5%	77.0%
Maryland	83.0%	83.4%	79.4%	82.6%

Data Source: Maryland DHMH BRFSS

Resident to Provider Ratios

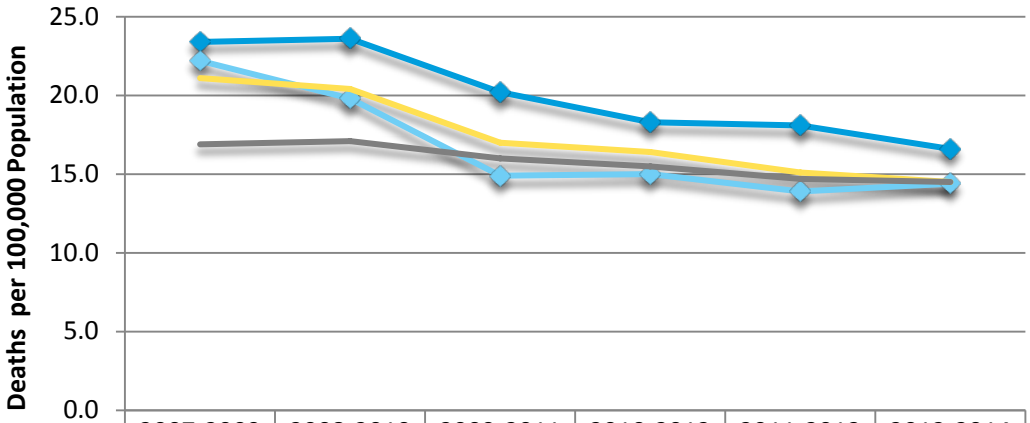
	Prince George's County Ratio	Maryland Ratio	Top U.S. Counties (90th percentile)
Primary Care Physicians (2013)	1,860:1	1,120:1	1,040:1
Dentists (2014)	1,680:1	1,360:1	1,340:1
Mental Health Providers (2015)	860:1	470:1	370:1

Data Source: 2016 County Health Rankings, www.countyhealthrankings.org

Diseases and Conditions

Alzheimer's Disease

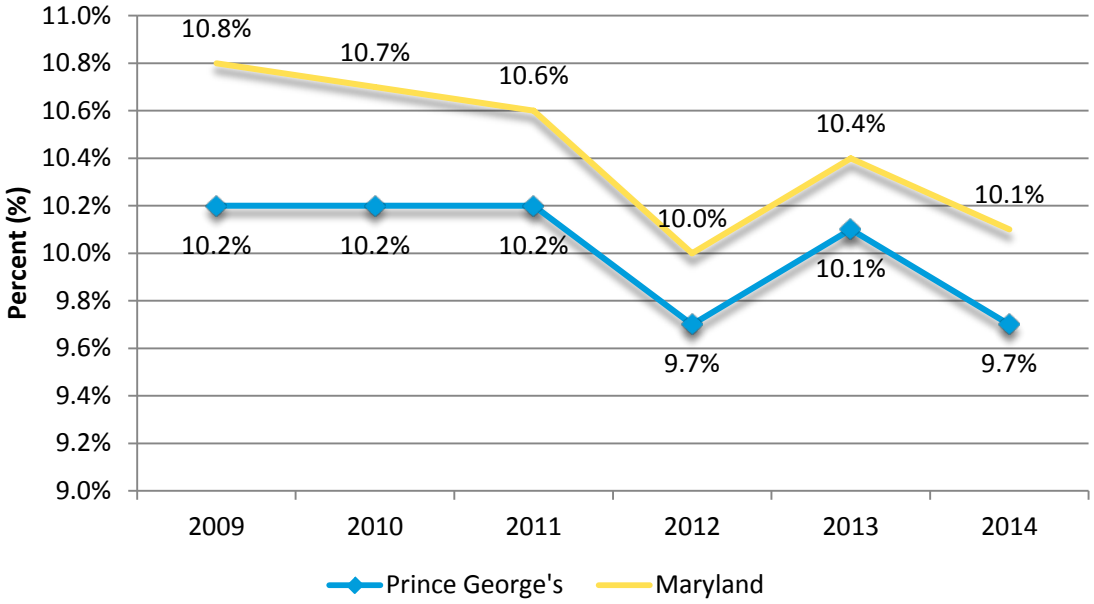
Age-Adjusted Death Rate per 100,000 for Alzheimer's Disease 2007-2014



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	23.4	23.6	20.2	18.3	18.1	16.6
PGC Black NH	22.2	19.8	14.9	15.0	13.9	14.4
PGC	21.1	20.4	17.0	16.4	15.1	14.5
Maryland	16.9	17.1	16.0	15.5	14.7	14.5

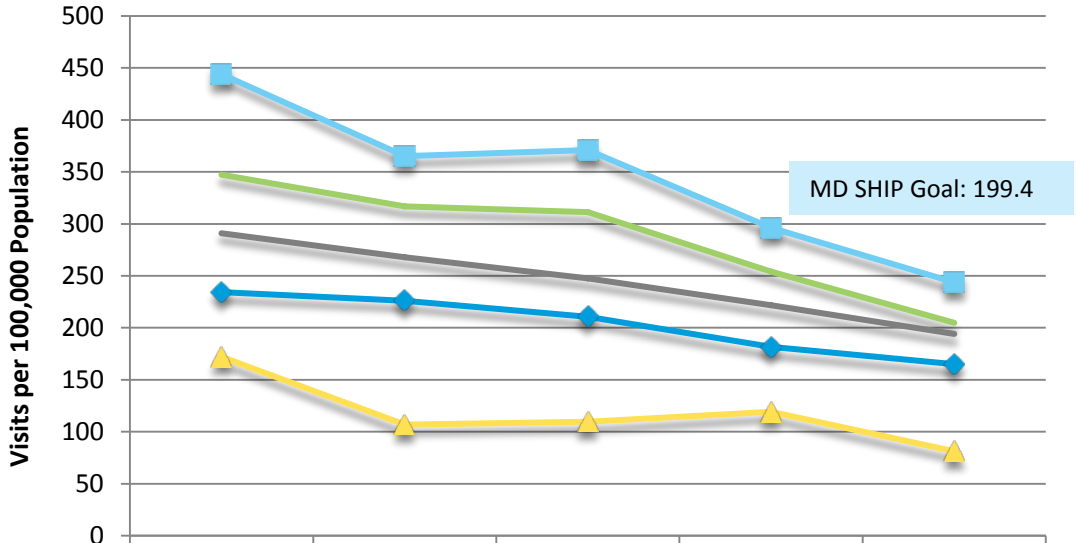
***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Percentage of Medicare Beneficiaries who were Treated for Alzheimer's Disease or Dementia, 2009 to 2014



Data Source: Centers for Medicare and Medicaid Services

Age-Adjusted Hospital Inpatient* Visit Rate Related to Alzheimer's and Other Dementias, 2011 to 2014



	2010	2011	2012	2013	2014
PGC White NH	234.2	226.0	210.7	181.5	165.0
PGC Black NH	444.1	365.3	370.9	296.1	243.7
Hispanic	172.0	106.7	109.5	119.1	81.2
PGC	347.4	316.8	311.2	254.0	204.8
Maryland	291.1	267.8	247.6	221.6	194.1

* Includes visits to Maryland and Washington, D.C. hospitals

Asian/Pacific Island Residents were not included due to insufficient numbers

Data Source: Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Inpatient Data Files

Cancer

Overview	
What is it?	Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues; there are more than 100 kinds of cancer.
Who is affected?	In 2011, 3,235 residents were diagnosed with cancer in the county, and the cancer incidence rate was 390.0 per 100,000 residents. In 2014, there were 1,417 deaths from cancer in the county, which accounted for one out of every four deaths. Prostate and breast cancer are the most common types of cancer in the county, and in 2011 accounted for 36% of all new cancer cases. Overall, Black residents have the highest age-adjusted rate for new cancer cases, while White non-Hispanic residents have the highest age-adjusted death rate for cancer. By site, lung and bronchus cancer has the highest age-adjusted death rate for county residents, followed by breast cancer.
Prevention and Treatment	According to the CDC, there are several ways to help prevent cancer: • Healthy choices can reduce cancer risk, like avoiding tobacco, limiting alcohol use, protecting your skin from the sun and avoiding indoor tanning, eating a diet rich in fruits and vegetables, keeping a healthy weight, and being physically active. • The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer; the hepatitis B vaccine can lower liver cancer risk. • Screening for cervical and colorectal cancers helps prevent these diseases by finding precancerous lesions so they can be treated before they become cancerous. Screening for cervical, colorectal, and breast cancers also helps find these diseases at an early stage, when treatment works best. Cancer treatment can involve surgery, chemotherapy, radiation therapy, targeted therapy, and immunotherapy.
What are the outcomes?	Remission (no cancer signs or symptoms); long-term treatment and care; death.
Disparity	Overall, men had a higher age-adjusted cancer incidence rate per 100,000 (475.5) than women (333.1), and Black residents had a higher rate (393.4) compared to White and Asian residents in 2011. In 2014, men had a higher cancer mortality rate at 199.4 compared to women (149.6), and White non-Hispanic (NH) residents had a higher mortality rate (208.3) compared to Black NH residents (167.7). By cancer site, Black residents in the county had higher incidence and mortality rates for breast, colorectal, and prostate cancers.
How do we compare?	Prince George's County 2011 age-adjusted cancer incidence rate was 390.0 per 100,000 residents, much lower than the state at 440.7; other Maryland counties range from 387.4 to 553.7 (2014 MD Cancer Report). The age-adjusted death rate for the county from 2012-2014 was 166.4, compared to Maryland at 163.3 with a range of 121.7 to 208.5 across Maryland counties. The county is similar to the state for cancer screening.

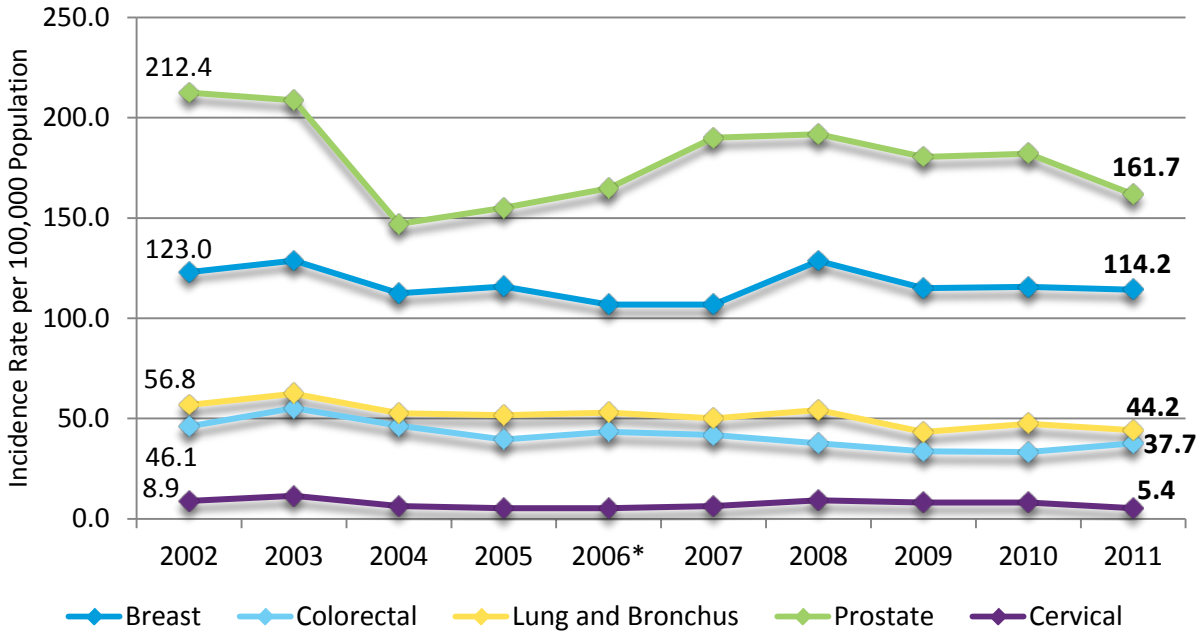
Overall, Prince George's County Age-Adjusted Cancer Incidence Rate is less than Maryland and the U.S, and for most leading types of cancer. An exception to this is Prostate Cancer with a county rate of 180.4 compared to Maryland at 148.7 and the nation at 143.6.

Cancer Age-Adjusted Incidence Rates per 100,000 Population by Site, 2007-2011

Site	Prince George's	Maryland	United States	HP 2020 Goal
All Sites	403.5	451.8	470.6	---
Breast (Female)	116.1	127.8	123.2	---
Colorectal	36.7	39.3	43.5	39.9
Male	42.0	45.1	50.3	---
Female	32.9	34.8	38.0	---
Lung and Bronchus	47.7	59.9	65.2	---
Male	59.8	69.9	79.0	---
Female	39.5	52.8	54.9	---
Prostate	180.4	148.7	143.6	---
Cervical	7.4	6.7	7.9	7.2

Data Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Report, 2014; CDC National Center for Health Statistics, CDC WONDER Online Database

Cancer Age-Adjusted Incidence Rates by Site, Prince George's County, 2002-2011



*2006 incidence rates are lower than actual due to case underreporting

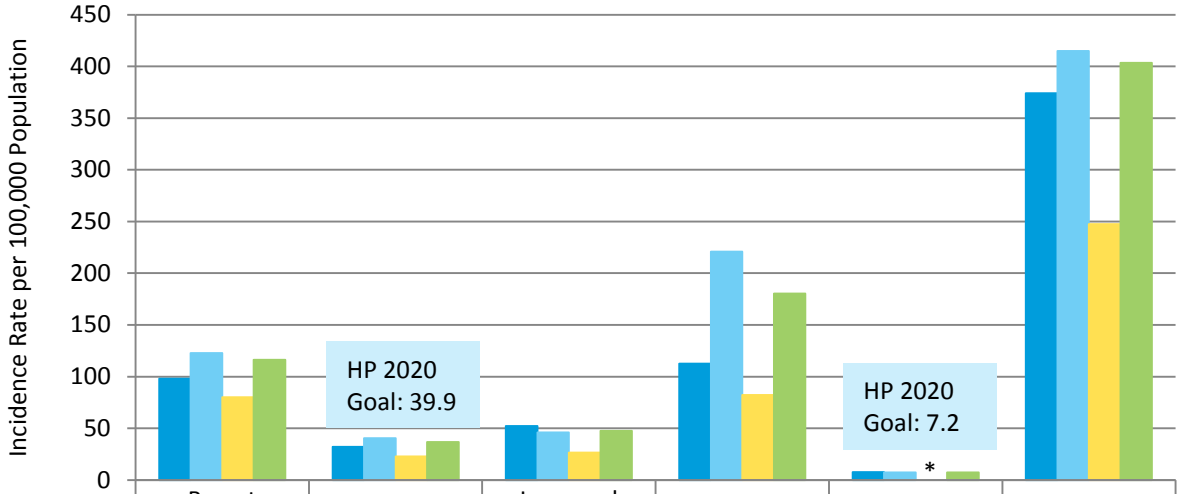
Data Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Reports

Cancer Age-Adjusted Incidence Rates by Site, Prince George's County, 2002-2011

Year	All Sites	Breast	Colon	Lung and Bronchus	Prostate	Cervical
2002	**435.0**	123.0	46.1	56.8	212.4	8.9
2003	**463.0**	128.7	55.1	62.4	208.7	11.4
2004	**386.3**	112.4	46.4	52.6	147.0	6.4
2005	**386.3**	115.8	39.5	51.7	155.0	5.3
2006*	**364.4**	106.8	43.4	53.0	164.7	5.3
2007	**409.8**	106.8	41.7	50.1	189.9	6.3
2008	**429.1**	128.6	37.7	54.2	191.7	9.2
2009	**387.6**	115.0	33.7	43.3	180.4	8.2
2010	**403.5**	115.6	33.3	47.4	182.0	8.2
2011	**390.0**	114.2	37.7	44.2	161.7	5.4

*2006 incidence rates are lower than actual due to case underreporting
Data Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Reports

Cancer Age-Adjusted Incidence Rates by Race, Prince George's County, 2007-2011

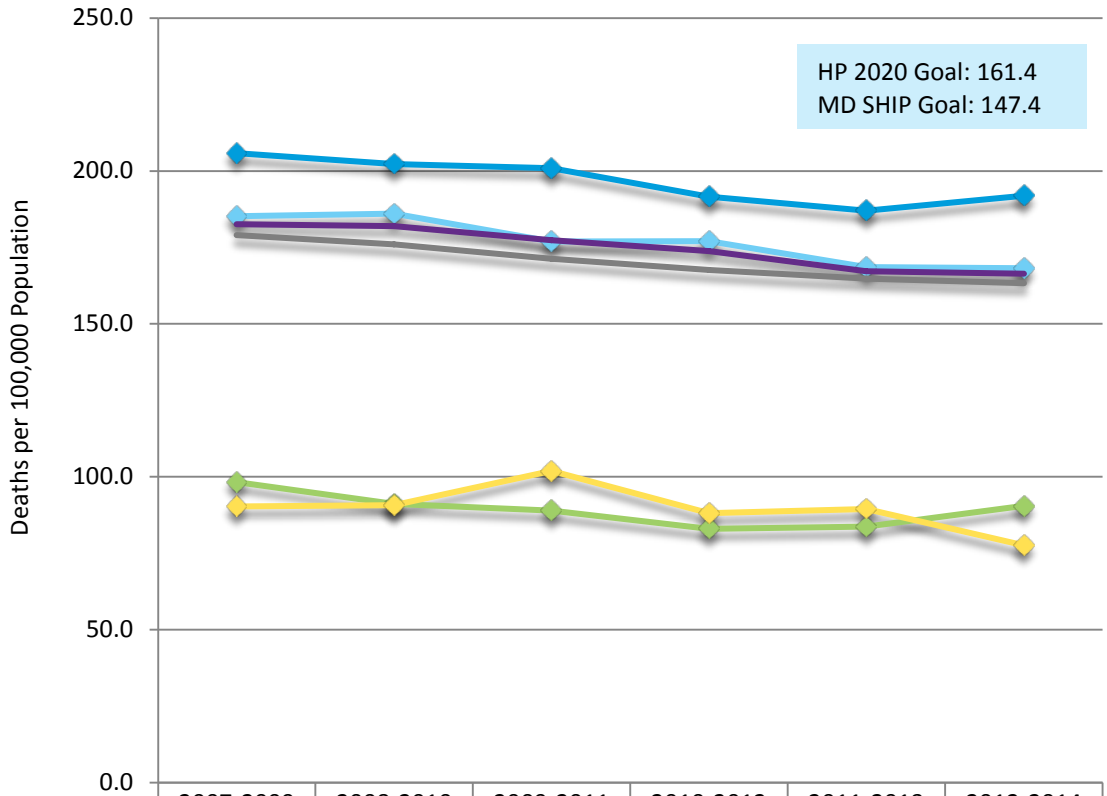


	Breast (Female)	Colorectal	Lung and Bronchus	Prostate	Cervical	All Sites
White	98.1	32.0	52.3	112.4	7.5	374.1
Black	122.7	40.4	45.9	220.8	7.4	415.0
Asian/PI	80.1	22.9	26.6	82.2	*	247.4
All Races	116.1	36.7	47.7	180.4	7.4	403.5

*Cervical cancer age-adjusted incidence rate unavailable for Asian/PI due to small number of cases
Data Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Report, 2014
Individuals of Hispanic origin were included within the White or Black estimates and are not listed separately

Deaths due to cancer decreased in the county by nearly 10% from 2007-2009 to 2012-2014; the county is nearing the Healthy People 2020 Goal to reduce the cancer death rate to 161.4. White, non-Hispanic (NH) residents have the highest age-adjusted death rate due to cancer at 191.9, followed by Black NH residents at 168.2.

Age-Adjusted Death Rate per 100,000 for Cancer by Race and Ethnicity, Prince George's County, 2007-2014



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	205.8	202.3	200.9	191.6	187.0	191.9
PGC Black NH	185.2	186.0	176.9	177.0	168.6	168.2
PGC Asian NH	98.3	91.2	89.0	83.0	83.7	90.5
PGC Hispanic	90.3	90.7	101.9	88.1	89.5	77.6
PGC	182.6	182.0	177.4	173.8	167.2	166.4
Maryland	179.0	176.0	171.3	167.6	164.8	163.3

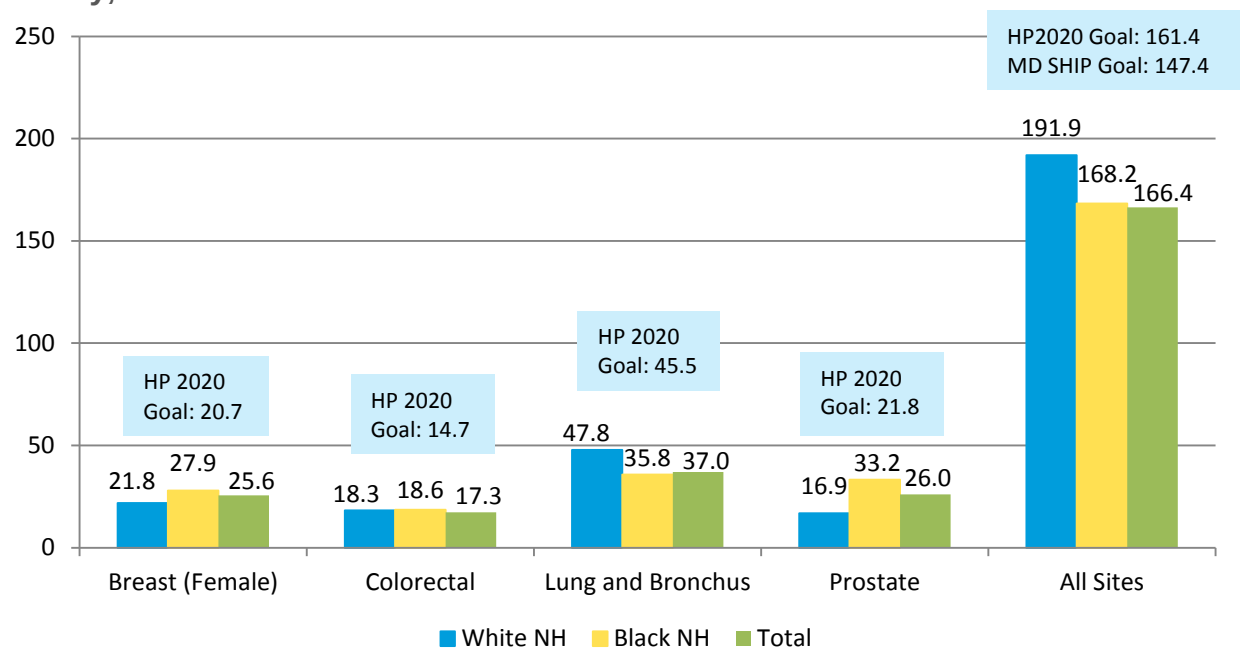
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Cancer Age-Adjusted Death Rates per 100,000 by Site and Sex, 2012-2014

Site	Prince George's	Maryland	United States	HP 2020 Goal	MD SHIP 2017 Goal
All Sites	**166.4**	163.3	163.6	161.4	147.4
Breast (Female)	**25.6**	22.7	20.9	20.7	
Colorectal	**17.3**	14.4	14.4	14.5	
Male	**22.1**	17.6	17.3	---	
Female	**13.6**	12.0	12.2	---	
Lung and Bronchus	**37.0**	41.9	43.4	45.5	
Male	**46.8**	50.5	53.8	---	
Female	**30.6**	35.7	35.5	---	
Prostate	**26.0**	19.6	19.2	21.8	
Cervical	**2.5**	1.9	2.3	2.2	

Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Report, 2014; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database; DHMH Maryland SHIP http://dhmh.maryland.gov/ship/Pages/home.aspx; Healthy People 2020 https://www.healthypeople.gov/

Cancer Age-Adjusted Death Rates by Race* and Hispanic Origin, Prince George's County, 2012-2014



***** Individuals of Hispanic origin and Asian/Pacific Islanders were not included due to insufficient numbers; Cervical cancer age-adjusted rates not shown by race due to insufficient numbers

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

.

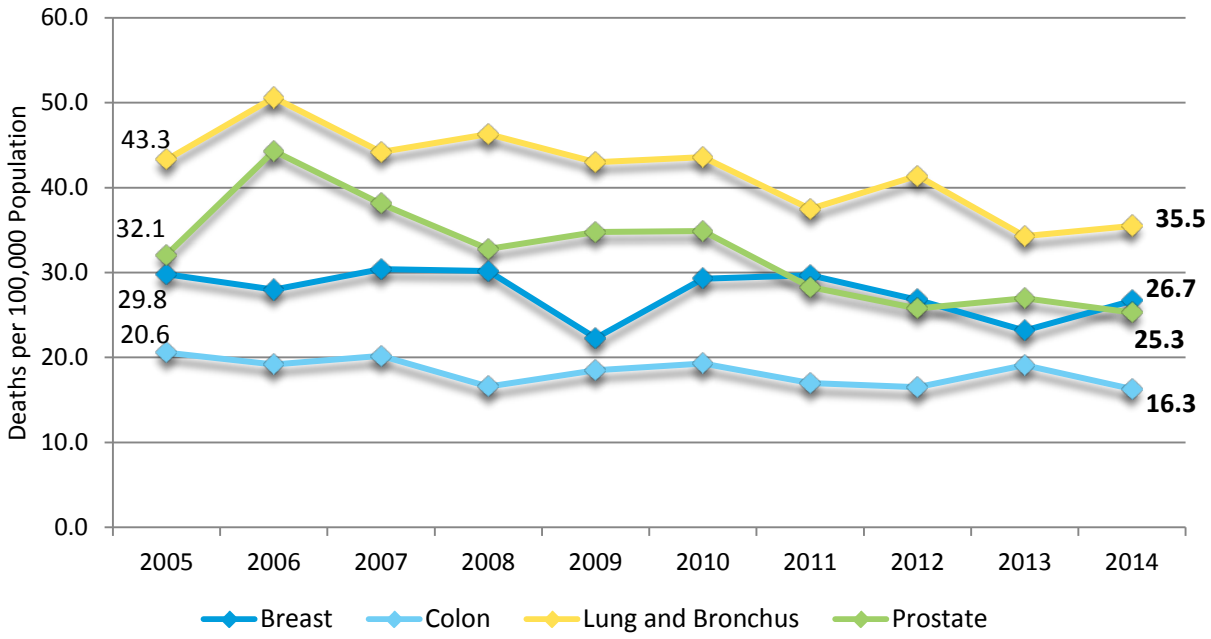
Cancer Age-Adjusted Death Rates per 100,000 by Site*, Prince George's County, 2005-2014

Year	All Sites	Breast (Female only)	Colon	Lung and Bronchus	Prostate
2005	189.4	29.8	20.6	43.3	32.1
2006	199.4	28.0	19.2	50.6	44.3
2007	184.5	30.4	20.2	44.2	38.1
2008	184.9	30.2	16.6	46.3	32.8
2009	178.8	22.3	18.5	43.0	34.8
2010	182.4	29.3	19.3	43.6	34.9
2011	171.3	29.7	17.0	37.5	28.3
2012	168.4	26.8	16.5	41.4	25.8
2013	162.1	23.2	19.1	34.3	27.0
2014	168.4	26.7	16.3	35.5	25.3

* Cervical cancer statistics not included due to insufficient numbers.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Cancer Age-Adjusted Death Rates by Site, Prince George's County, 2005-2014

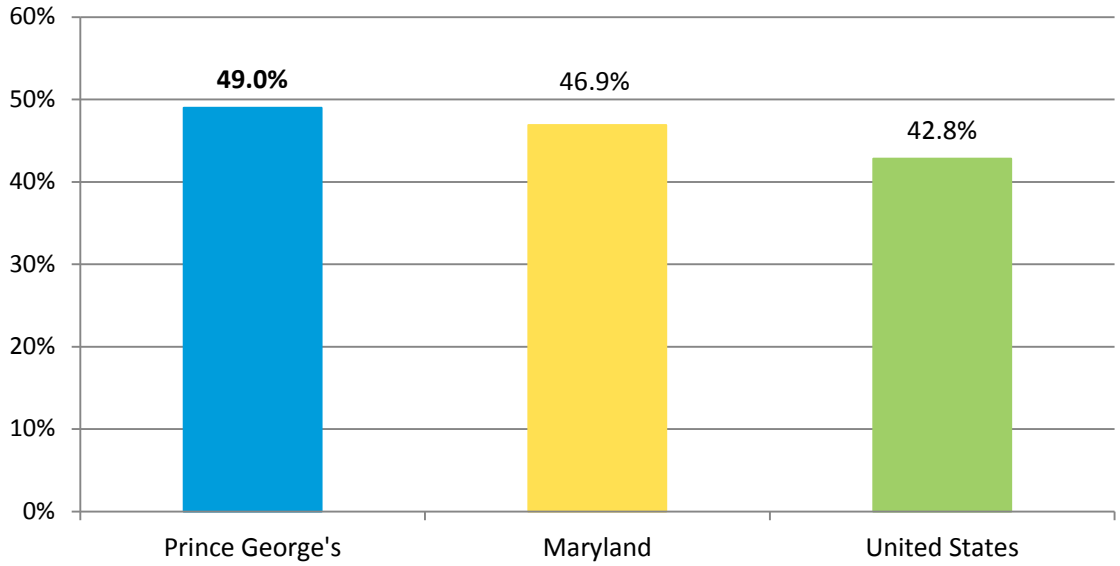


Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Cancer Screening

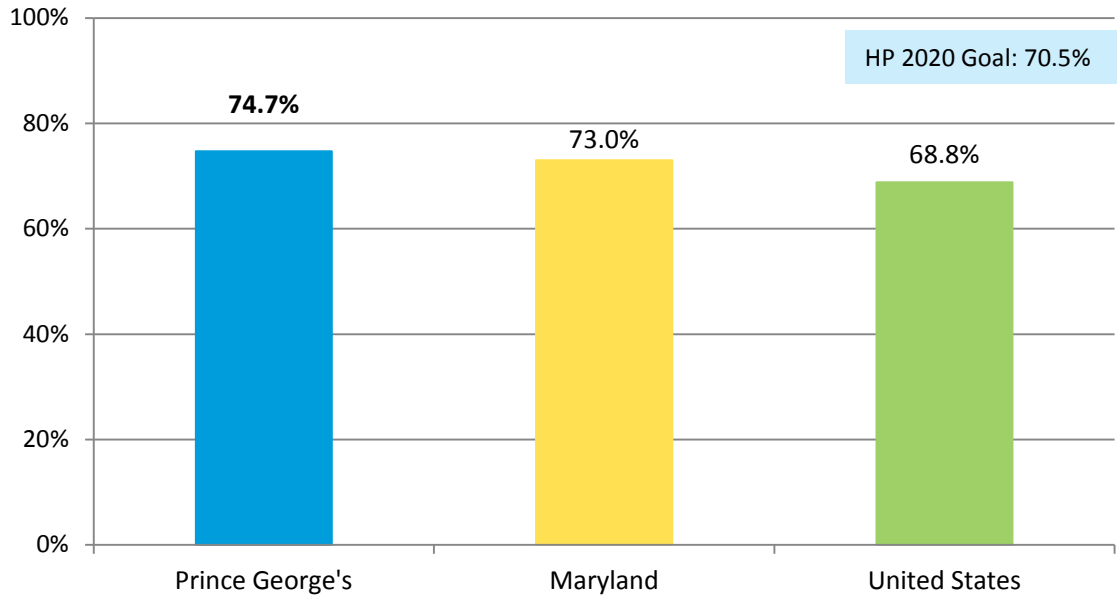
In 2014, Prince George's County had slightly higher cancer screening rates compared to the state and nation for prostate, colorectal, and breast cancers, and slightly lower screening rates for cervical cancer.

Men (40 years+) With a Prostate-Specific Antigen Test in the Past Two Years, 2014



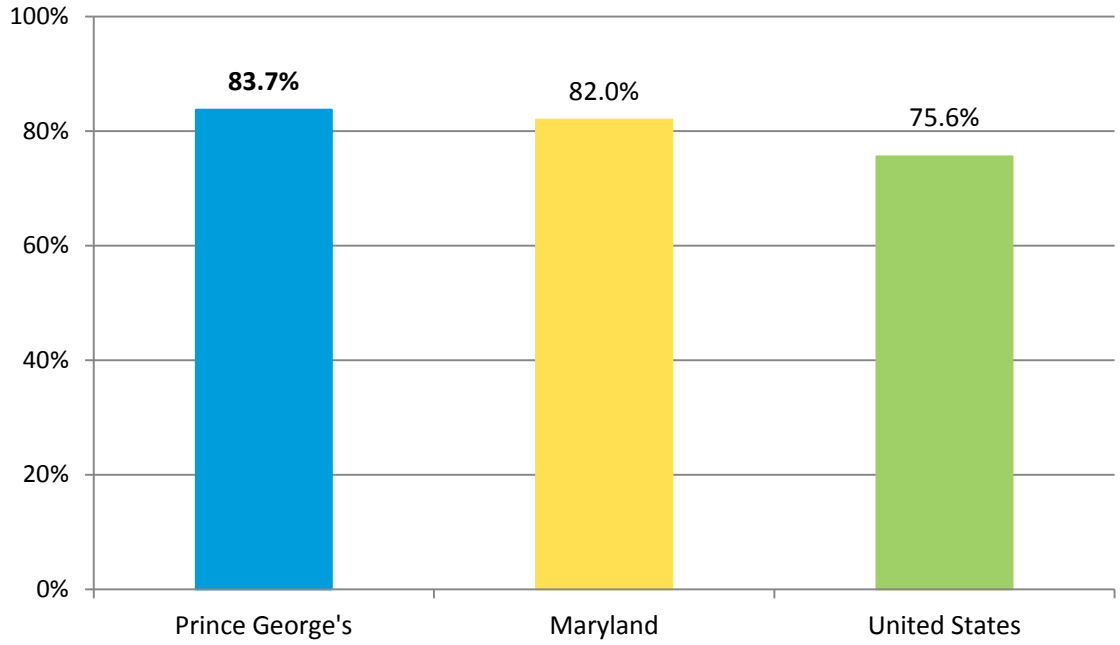
Data Source: 2014 Maryland BRFSS, DHMH; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

Men and Women (50 years+) who ever had a Colorectal Cancer Screening, 2014



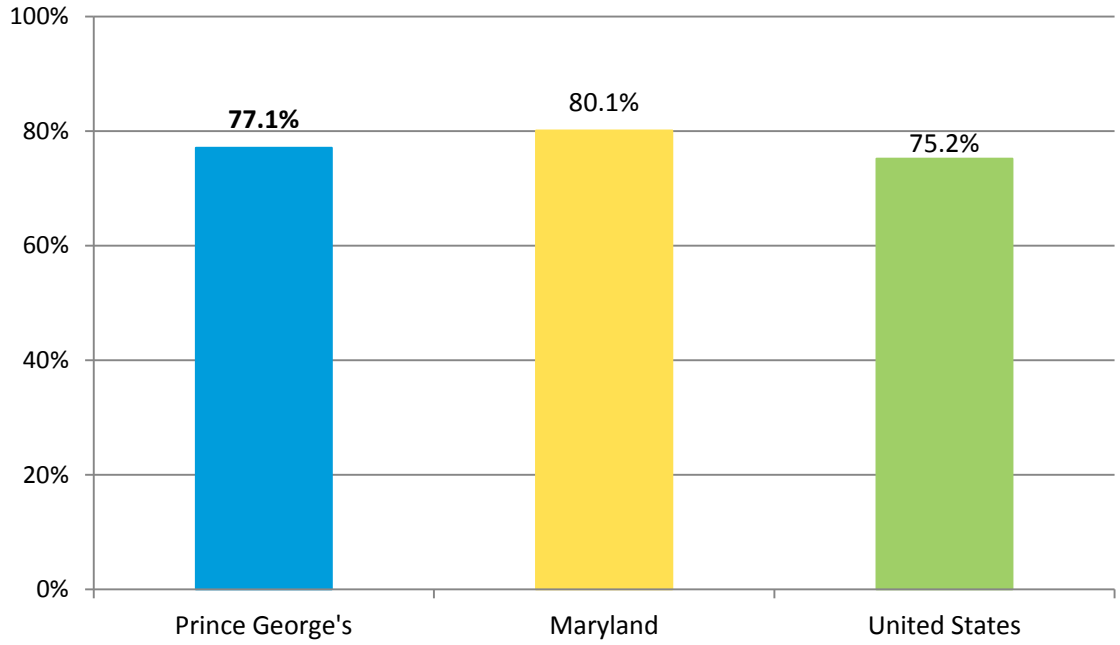
Data Source: 2014 Maryland BRFSS, DHMH; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

Women (50 years+) who had a Mammography in the Past 2 Years, 2014



Data Source: 2014 Maryland BRFSS, DHMH; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

Women (18 years+) who had a Pap Smear in the Past Three Years, 2014



Data Source: 2014 Maryland BRFSS, DHMH; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

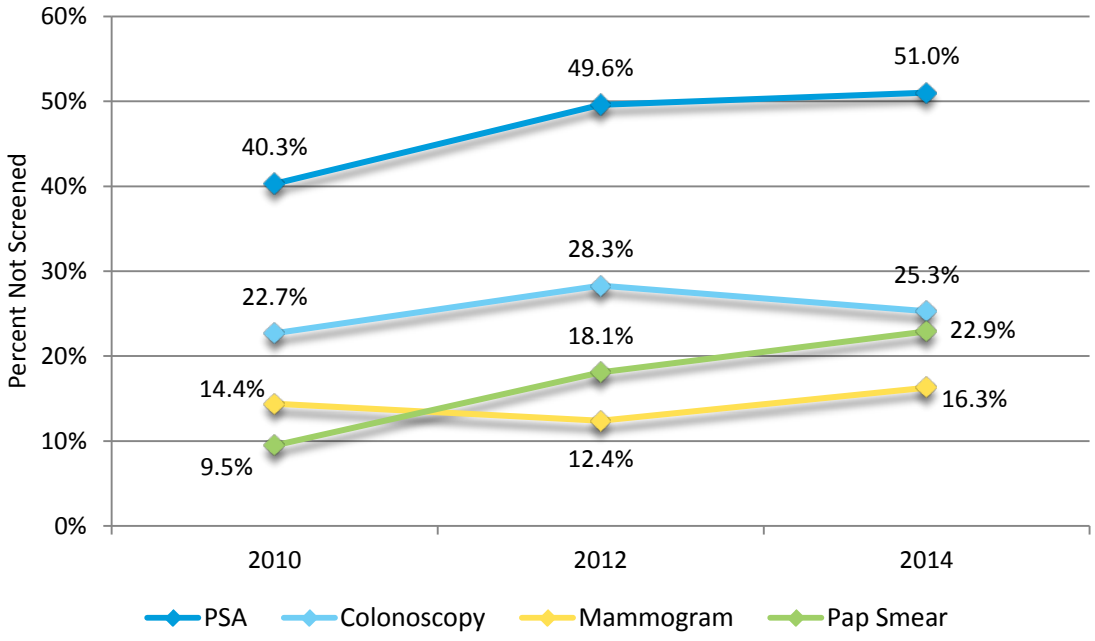
Cancer screening is important to find cancers early, when treatment is likely to work best. Many Prince George's County residents do not receive the recommended cancer screenings, which can result in cancer that progresses before it is detected.

Population Not Screened for Selected Cancer, Prince George's County, 2014

Cancer Screening	Target Group	Total Population	Percentage not Screened	Estimated Population not Screened
Prostate Specific Antigen (PSA) in past 2 years	Men 40 years and above	183,641	**51.0%**	**93,657**
Colorectal Cancer Screening	Men and women 50 years and above	277,992	**25.3%**	**70,332**
Mammography in past 2 years	Women 50 years and above	155,596	**16.3%**	**25,362**
Pap Smear in past 3 years	Women 18 years and above	368,450	**22.9%**	**84,375**

Data Source: 2014 Maryland BRFSS, DHMH; 2014 1-Year Estimates, U.S. Census Bureau, Table B01001 www.census.gov

Population Not Screened for Selected Cancers, Prince George's County, 2010-2014



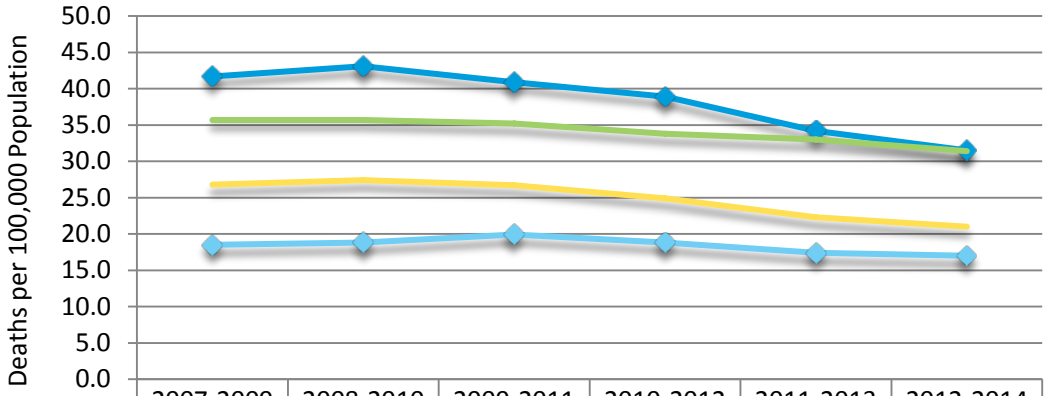
Data Source: 2010, 2012, 2014 Maryland BRFSS, DHMH www.marylandbrfss.org

Chronic Lower Respiratory Disease (CLRD)

CLRD are diseases that affect the lungs, which includes COPD (chronic obstructive pulmonary disease) and asthma. COPD consists of emphysema which means the air sacs in the lungs are damaged, and chronic bronchitis where the lining of the lungs are red and swollen and become clogged with mucus. Cigarette smoking is the main cause of COPD, and is strongly associated with lunch cancer. Asthma is a disease that also affects the lungs that is commonly is diagnosed in childhood. Asthma is described further below:

Asthma Overview	
What is it?	Asthma is a chronic disease involving the airways that allow air to come in and out of the lungs. Asthma causes airways to always be inflamed; they become even more swollen and the airway muscles can tighten when something triggers your symptoms: coughing, wheezing, and shortness of breath.
Who is affected?	14.3% (99.459) of adults are estimated to have asthma (MD 2014 BRFSS) and 13.9% (33,294) of children are estimated to have asthma (MD 2013 BRFSS).
Prevention and Treatment	Asthma cannot be prevented and there is no cure, but steps can be taken to control the disease and prevent symptoms: use medicines as your doctor prescribes and try to avoid triggers that make asthma worse. (NHLBI.NIH.gov; AAAAI.org)
What are the outcomes?	People with asthma are at risk of developing complications from respiratory infections like influenza and pneumonia. Asthma complications can be severe and include decreased ability to exercise, lack of sleep, permanent changes in lung function, persistent cough, trouble breathing, and death (NIH.gov).
Disparity	16.7% of Black, non-Hispanic (NH) adults are estimated to have asthma compared to 10.0% of White, NH adults. More females (18.5%) than males (9.6%) are estimated to have asthma and females have a higher rate of Emergency Department visits due to asthma. More younger adults are estimated to have asthma (16.2%) compared to adults ages 45 to 64 (11.4%) and 65 and older (13.1%). (2014 MD BRFSS). For adults, Black, NH county residents have an age-adjusted hospitalization rate due to asthma that is more than twice as high as White, NH residents. For children, American Indian and Alaskan Native residents have the highest age-adjusted hospitalization rate per 100,000 (33.6) followed by Black NH (18.5). Higher hospitalization rates are mostly concentrated around the Washington, D.C. border.
How do we compare?	While 14.3% of adult county residents have asthma, other Maryland counties range from 9.3% to 24.1%; the state overall is 13.5% (2014 MD BRFSS) and the U.S. is at 13.8% (BRFSS). Maryland has a slightly higher rate of Emergency Department visits due to asthma (ED visits to Washington D.C. are not included, which could affect county estimates).

Age-Adjusted Death Rate per 100,000 for Chronic Lower Respiratory Disease (CLRD) by Race and Ethnicity, 2008-2014



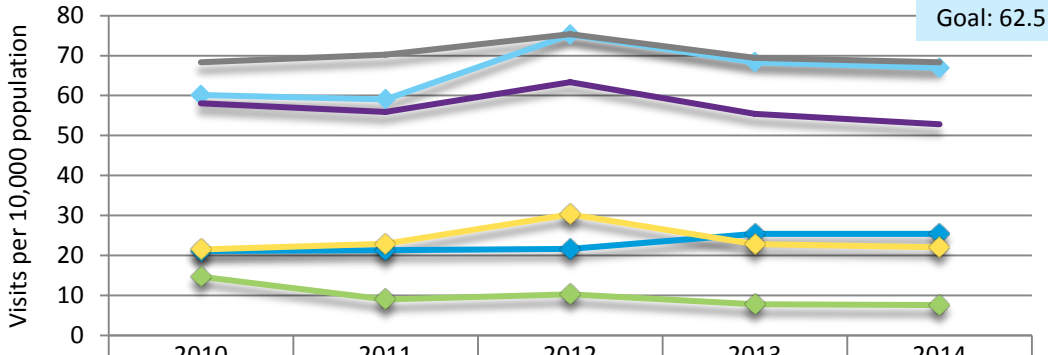
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	41.7	43.1	40.9	38.9	34.2	31.5
PGC Black NH	18.5	18.8	19.9	18.8	17.4	17.0
PGC	26.8	27.4	26.7	24.9	22.3	21.0
Maryland	35.7	35.7	35.2	33.8	33.0	31.4

***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Age-Adjusted Emergency Department* Visit Rate per 10,000 Population due to Asthma, 2010-2014

MD SHIP Goal: 62.5



	2010	2011	2012	2013	2014
PGC White NH	21.1	21.3	21.6	25.4	25.4
PGC Black NH	60.1	59.0	75.2	68.3	66.9
PGC Hispanic	21.5	22.9	30.3	22.8	22.0
PGC Asian NH	14.7	9.0	10.3	7.8	7.6
Prince George's	58.0	55.9	63.3	55.4	52.8
Maryland	68.3	70.2	75.3	69.4	68.3

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Maryland Health Services Cost Review Commission Outpatient File, Maryland SHIP

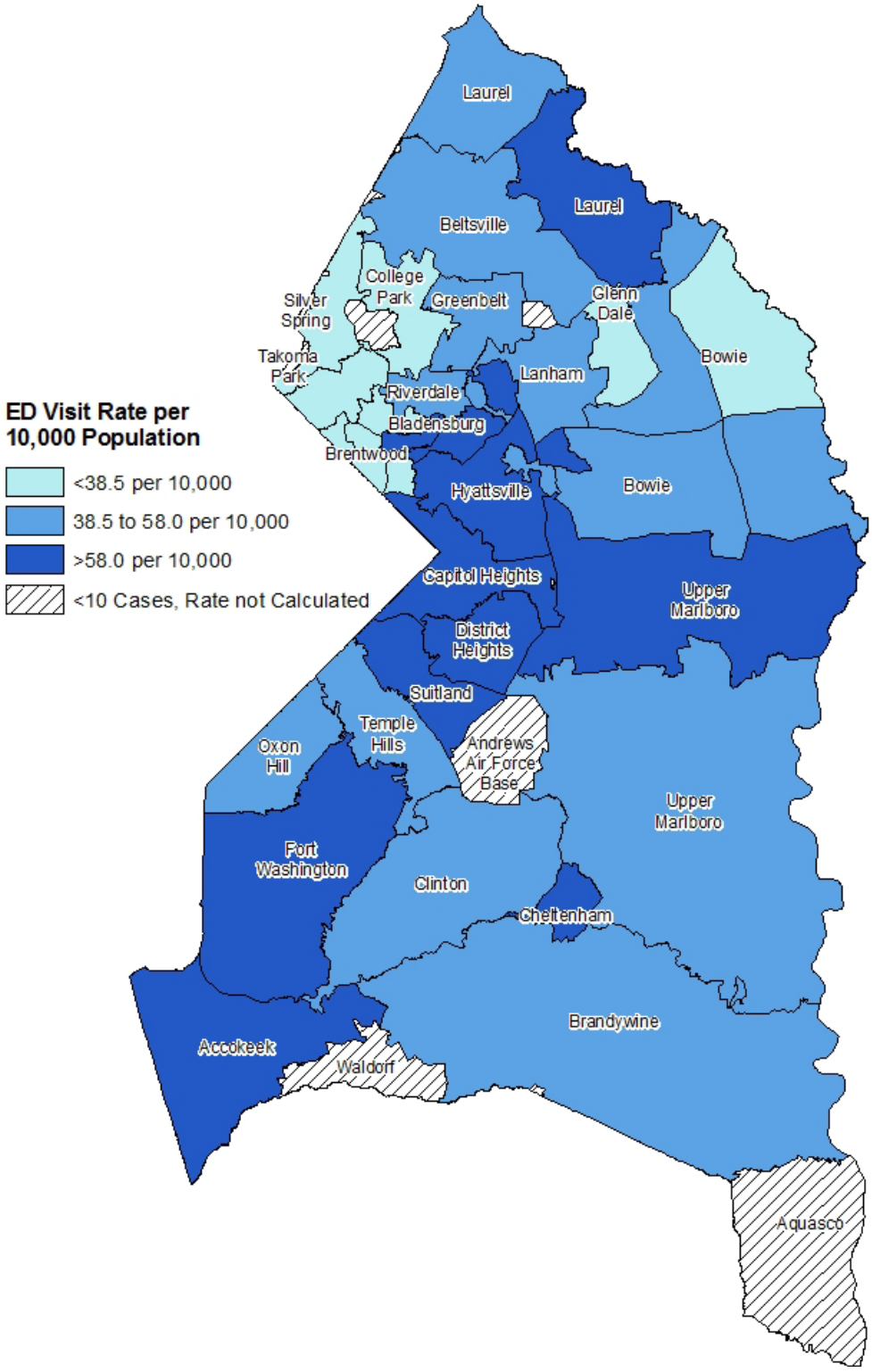
Emergency Department* Visits for Asthma, 2014

	Number of ED Visits	Age-Adjusted Visit Rate per 10,000 Population	
		Prince George's	Maryland
Race/Ethnicity			
White, non-Hispanic	297	25.4	26.7
Black, non-Hispanic	3,769	66.9	108.5
Asian, non-Hispanic	32	7.6	7.2
Hispanic	363	22.0	30.5
Sex			
Male	2,094	47.5	---
Female	2,623	56.5	---
Age			
Under 18 Years	1,580	77.0	---
18 to 39 Years	1,554	66.6	---
40 to 64 Years	1,315	36.1	---
65 Years and Over	268	26.5	---
Total	**4,717**	**52.8**	**68.3**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission; DHMH Maryland SHIP; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Emergency Department* Visit Rate per 100,000 Population, Asthma as Primary Discharge Diagnosis, Prince George's County, 2014

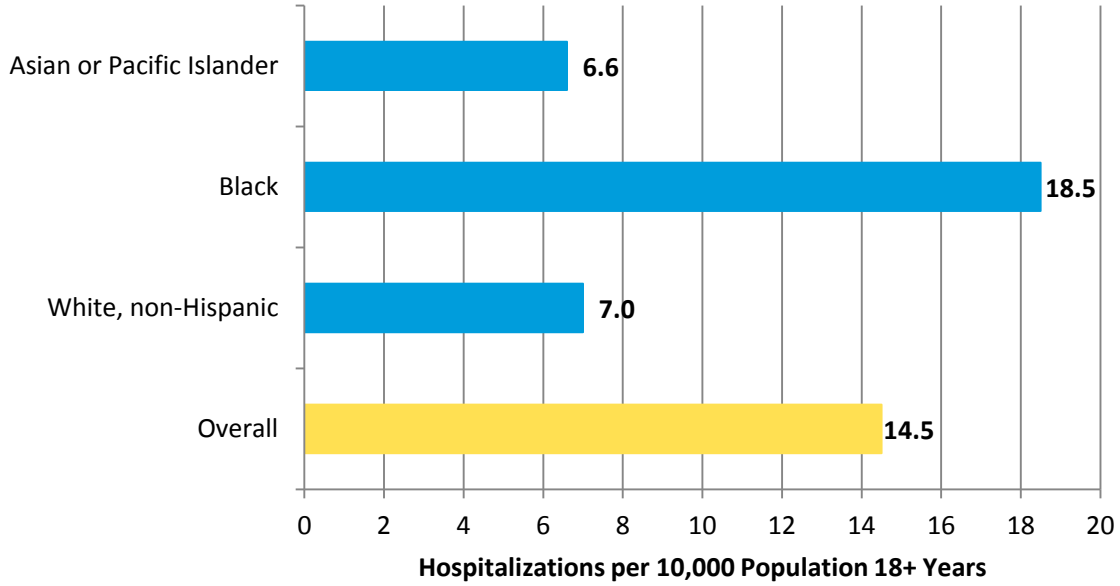


* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

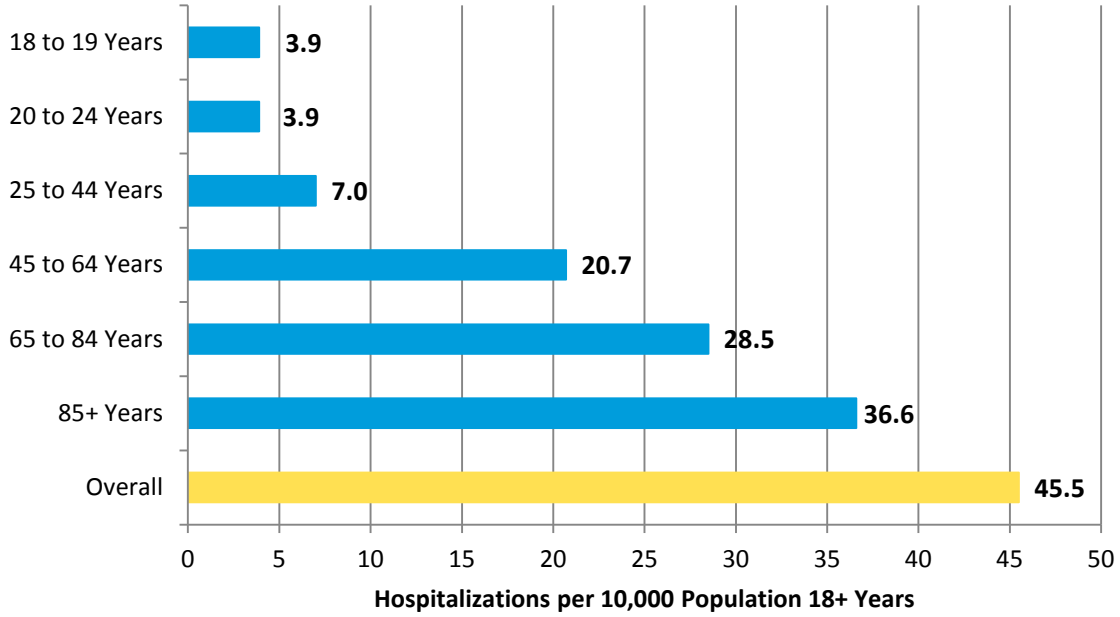
Adult Asthma

Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma by Race and Ethnicity, Prince George's County, 2010-2012



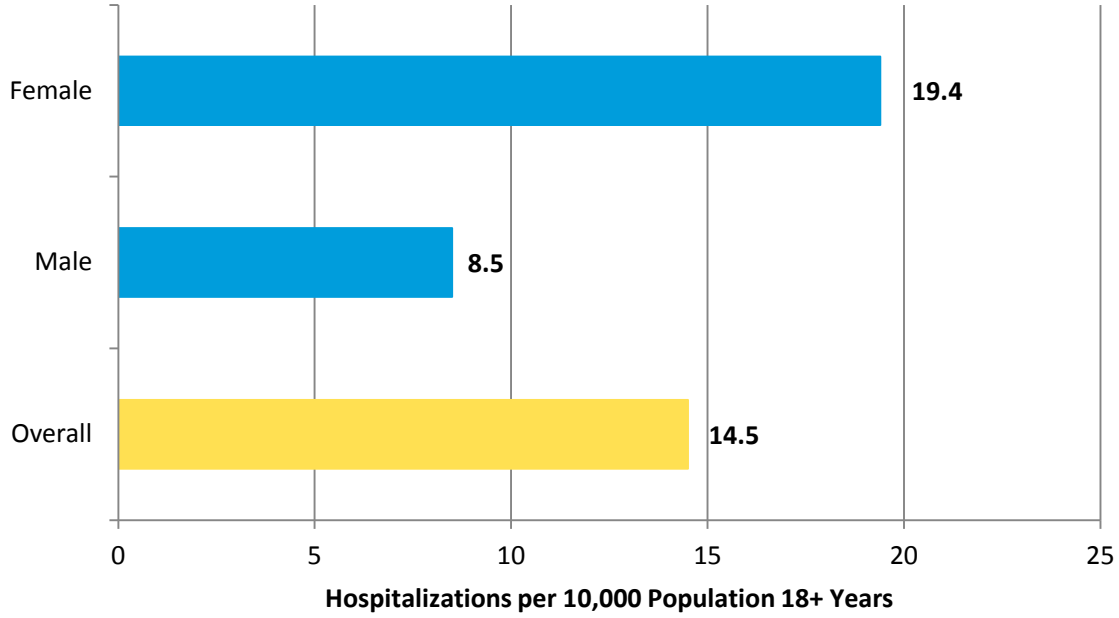
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma by Age Group, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

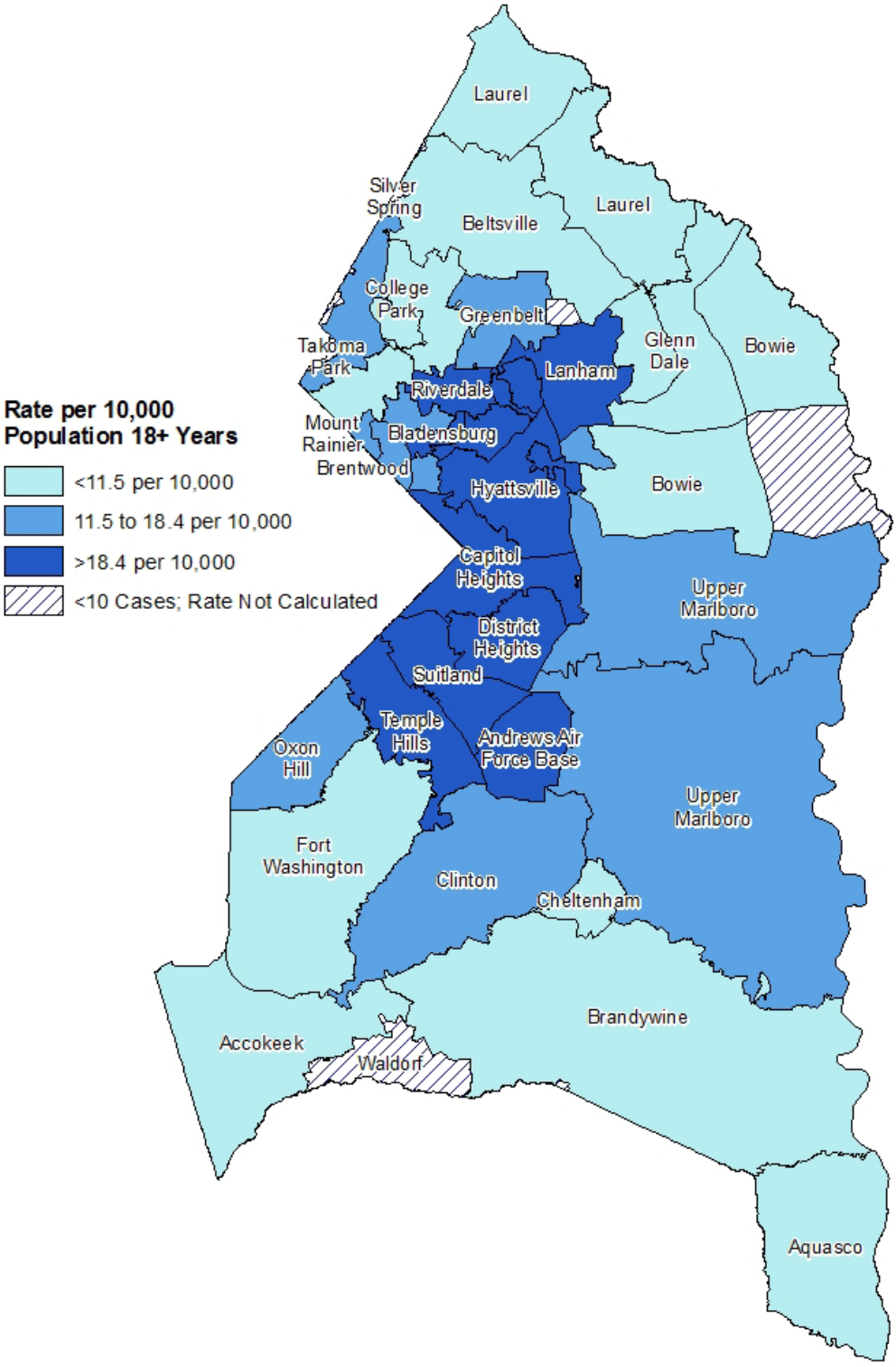
Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma by Sex, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma, Prince George's County, 2010-2012

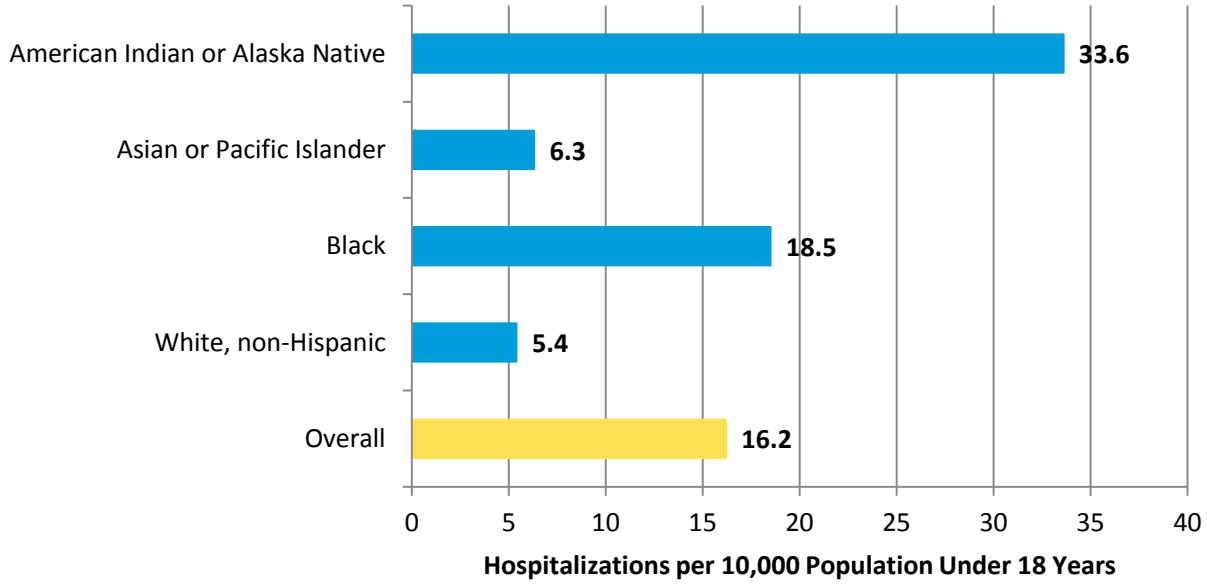


* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

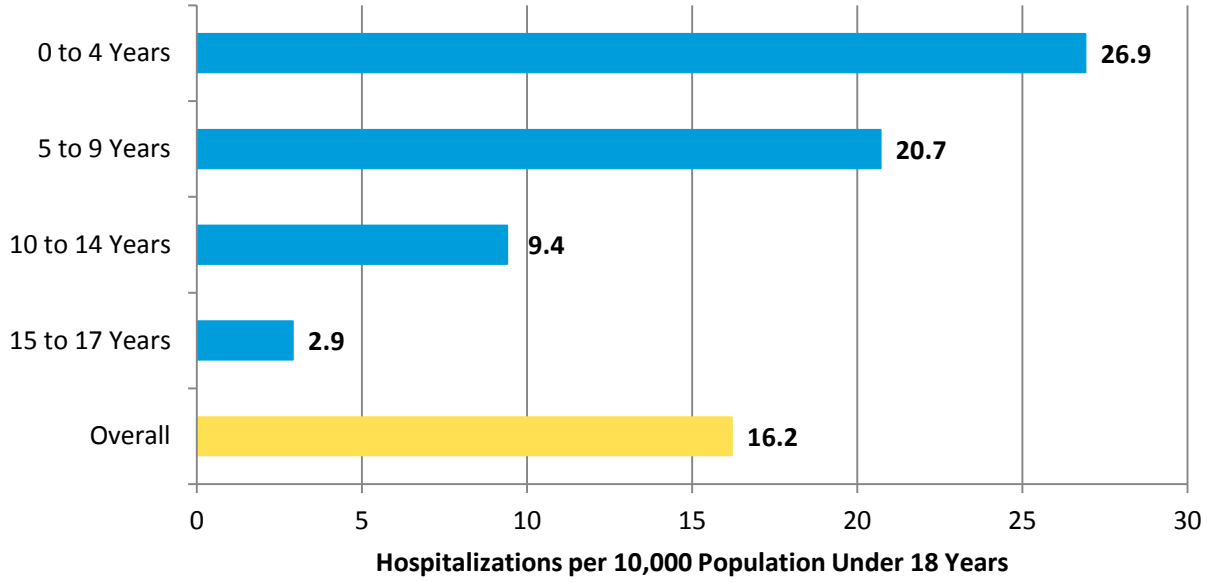
Pediatric Asthma

Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years) by Race and Ethnicity, Prince George's County, 2010-2012



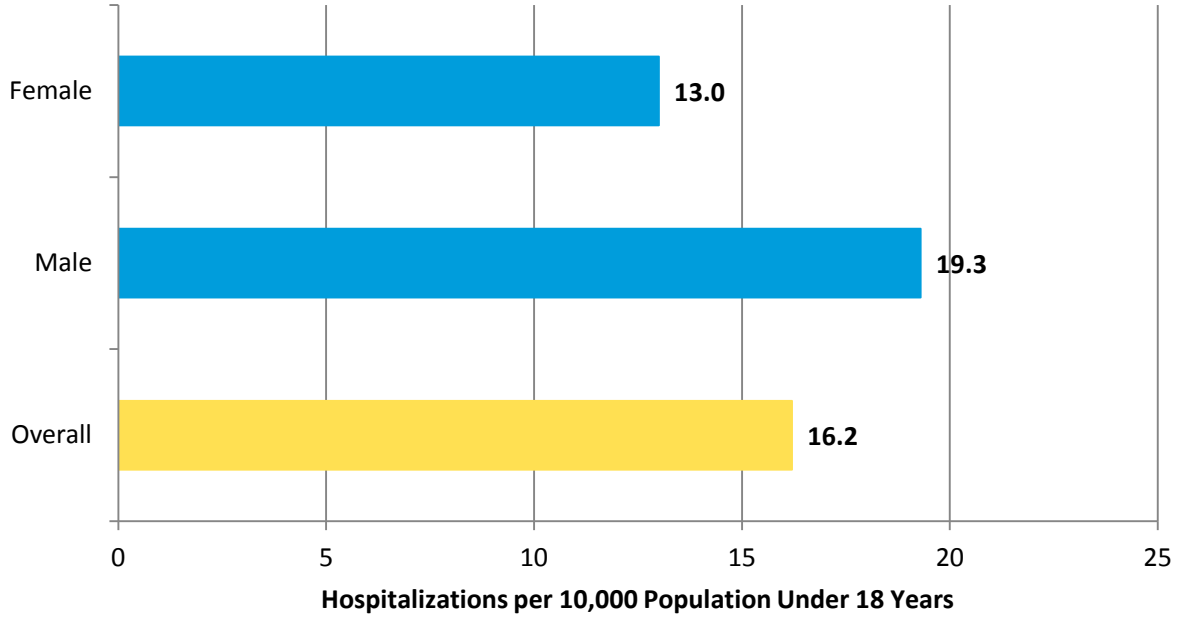
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years) by Age, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

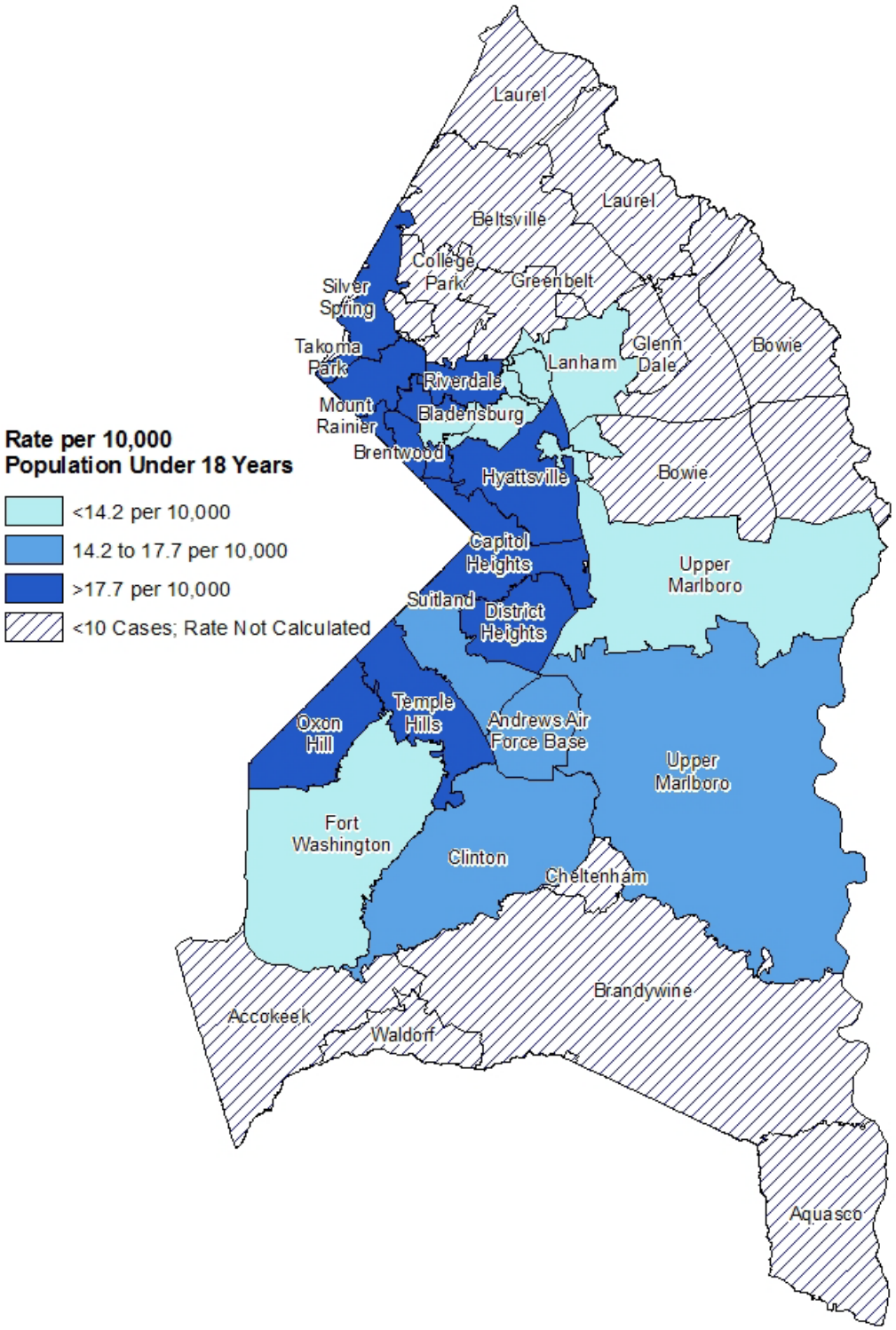
Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years) by Sex, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years), Prince George's County, 2010-2012

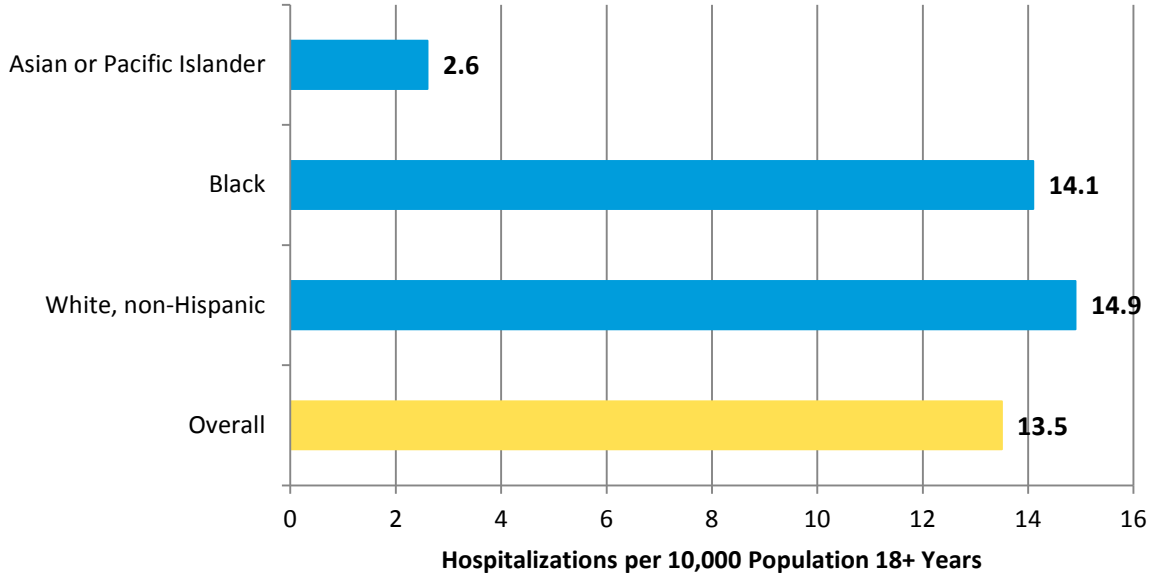


* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

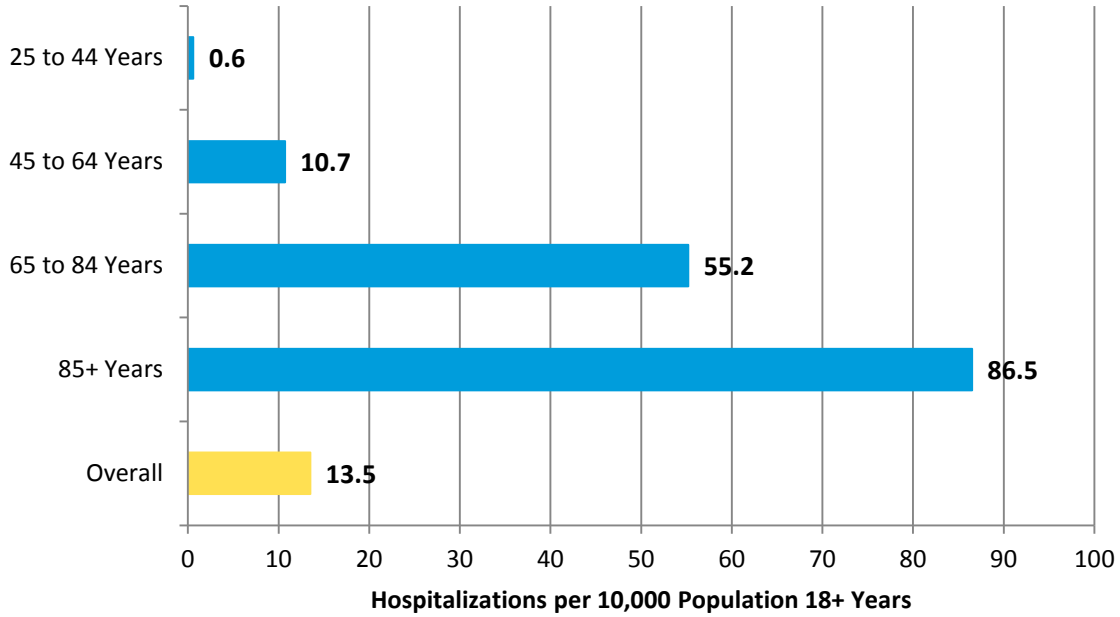
Chronic Obstructive Pulmonary Disease (COPD)

Age-Adjusted Hospital Inpatient* Visit Rate due to COPD by Race and Ethnicity, Prince George's County, 2010-2012



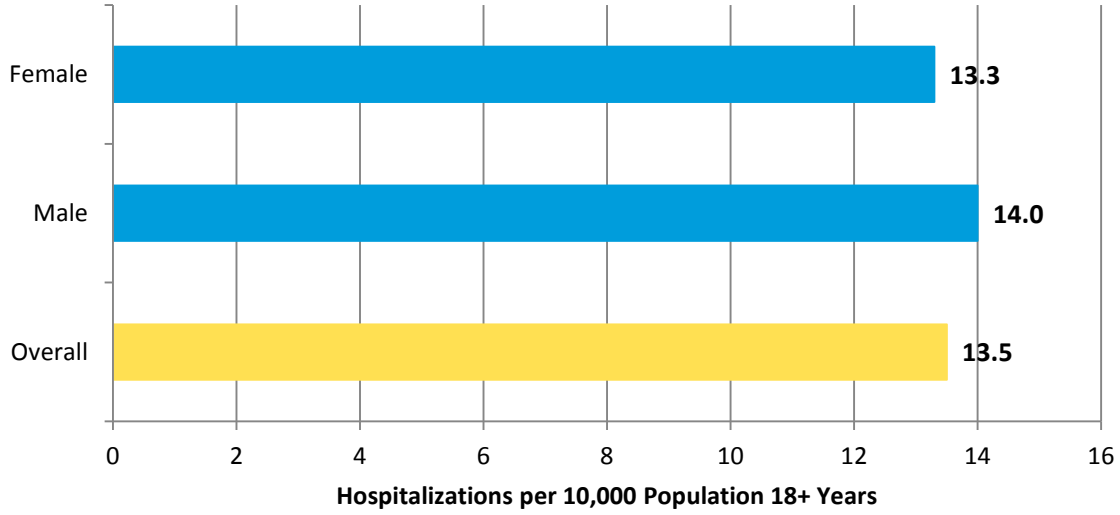
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to COPD by Age Group, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

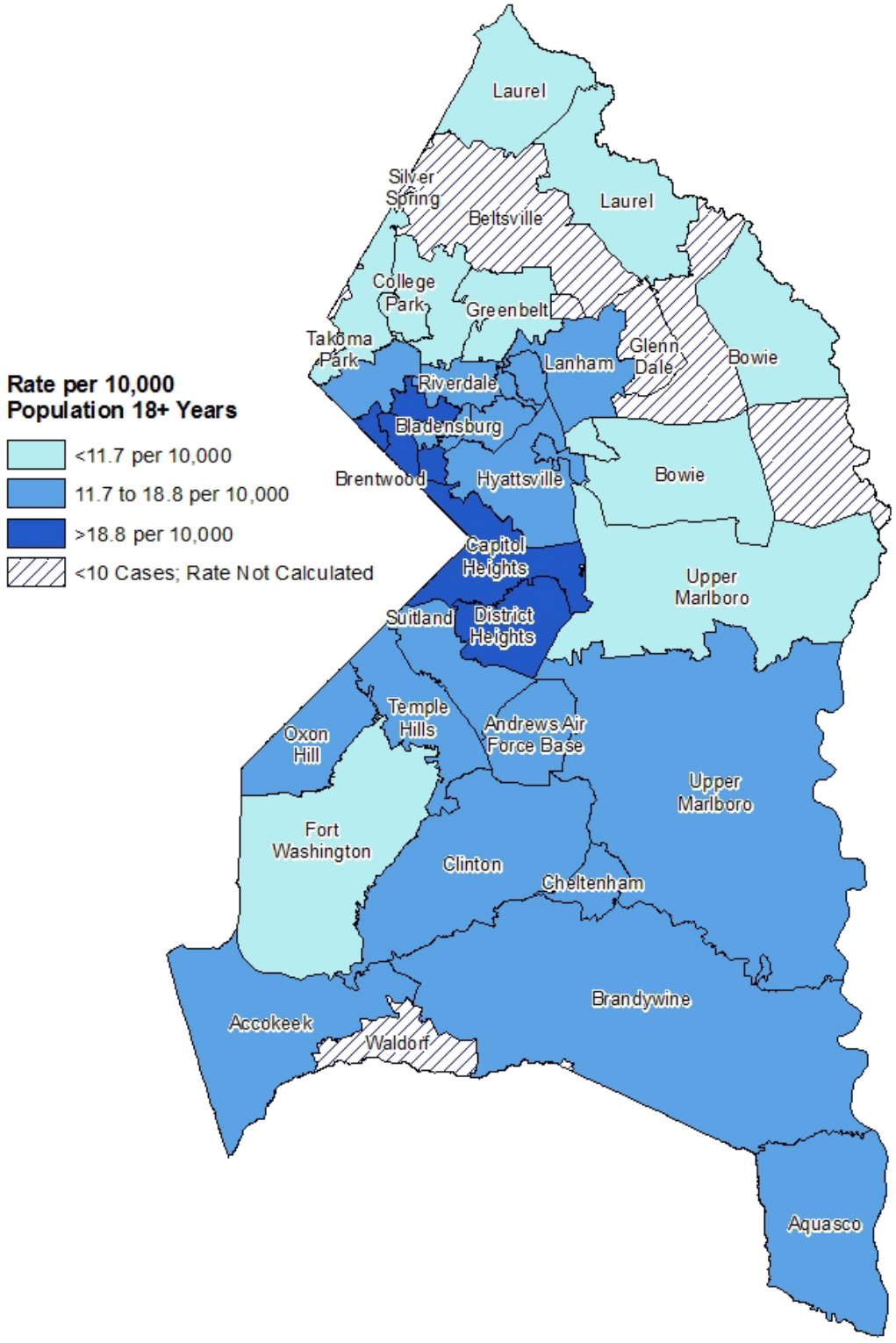
Age-Adjusted Hospital Inpatient* Visit Rate due to COPD by Sex, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to COPD, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Diabetes

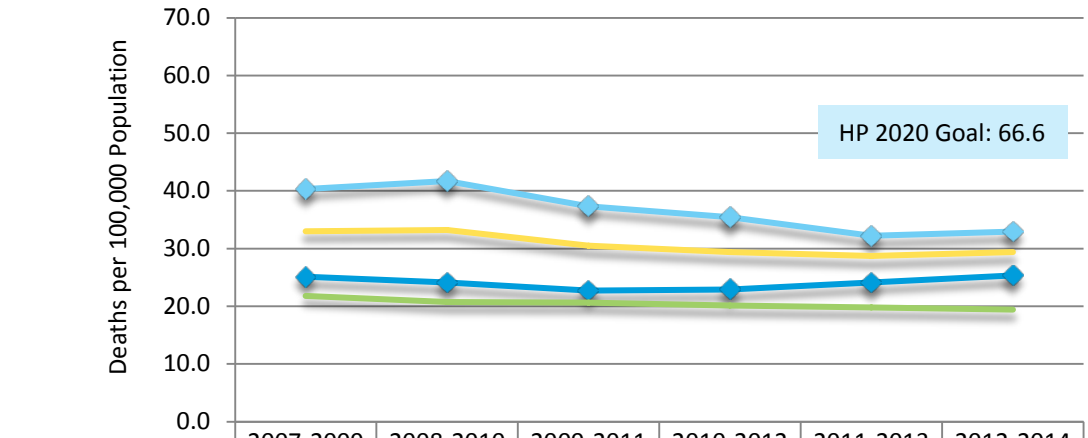
Overview	
What is it?	Diabetes is a condition in which the body either doesn't make enough of a hormone called insulin or can't use its own insulin, which is needed to process glucose (sugar) (Source: CDC).
Who is affected?	11.5% (78,525) of adults in the county are estimated to have diabetes, with an additional 71,065 with prediabetes. (2014 MD BRFSS). In 2014, 245 county residents died from diabetes.
Prevention and Treatment	• Diabetes can be prevented or delayed by losing a small amount of weight (5 to 7 percent of total body weight) through 30 minutes of physical activity 5 days a week and healthier eating. (Source: CDC Diabetes Prevention Program) • The goals of diabetes treatment are to control blood glucose levels and prevent diabetes complications by focusing on: nutrition, physical activity, and medication. (source: Joslin Diabetes Center)
What are the outcomes?	Complications from diabetes include: heart disease, kidney failure, lower-extremity amputation, and death
Disparity	13.7% of White, non-Hispanic (NH) and 13.4% of Black NH residents are estimated to have diabetes; Black NH residents have a higher age-adjusted death rate due to diabetes compared to White NH residents. More women (12.5%) are estimated to have diabetes compared to men (10.4%), but men have a higher rate of Emergency Department visits due to diabetes. Over one-third of residents aged 65+ (35.8%), and 13.8% of adults ages 45-64 are estimated to have diabetes. (2014 MD BRFSS).
How do we compare?	While 11.5% of county residents have diabetes, other Maryland counties range from 6.2% to 18.2%; the state overall is 10.2% (2014 MD BRFSS), and the U.S. is at 10.0% (BRFSS). Prince George's County has a much higher rate of deaths due to diabetes compared to the state.

Percent of Adults Who Have Ever Been Told By a Health Professional That They Have Diabetes, 2014 (Excludes Diabetes During Pregnancy)

	Prince George's County	Maryland
Sex		
Male	10.4%	10.4%
Female	12.5%	10.0%
Race/Ethnicity		
White, non-Hispanic	13.7%	10.0%
Black, non-Hispanic	13.4%	12.9%
Hispanic	2.0%	3.9%
Age Group		
18 to 34 Years	1.5%	1.5%
35 to 49 Years	5.4%	5.5%
50 to 64 Years	16.4%	15.1%
Over 65 Years	35.8%	23.2%
TOTAL	**11.5%**	**10.2%**

Data Source: Maryland BRFSS 2014

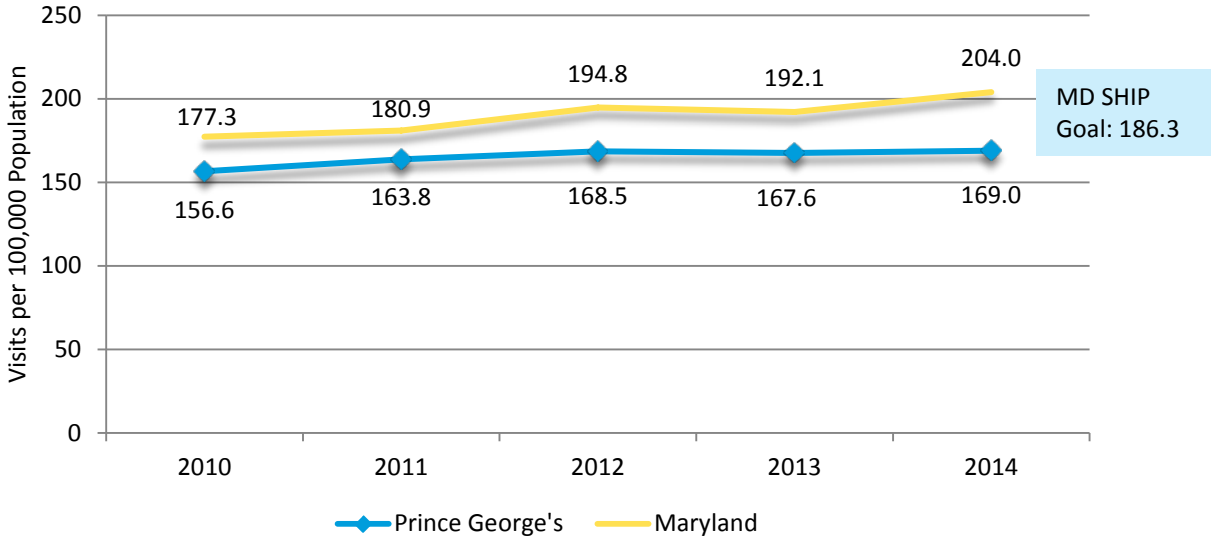
Age-Adjusted Death Rate per 100,000 for Diabetes, 2007-2014



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	25.1	24.1	22.7	22.9	24.1	25.3
PGC Black NH	40.3	41.7	37.3	35.4	32.2	32.9
PGC	33.0	33.2	30.5	29.4	28.7	29.4
Maryland	21.8	20.7	20.6	20.1	19.8	19.4

***** Individuals of Hispanic origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database;

Age-Adjusted Emergency Department* Visits per 100,000 Population due to Diabetes, 2010-2014



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Maryland Health Services Cost Review Commission Outpatient File

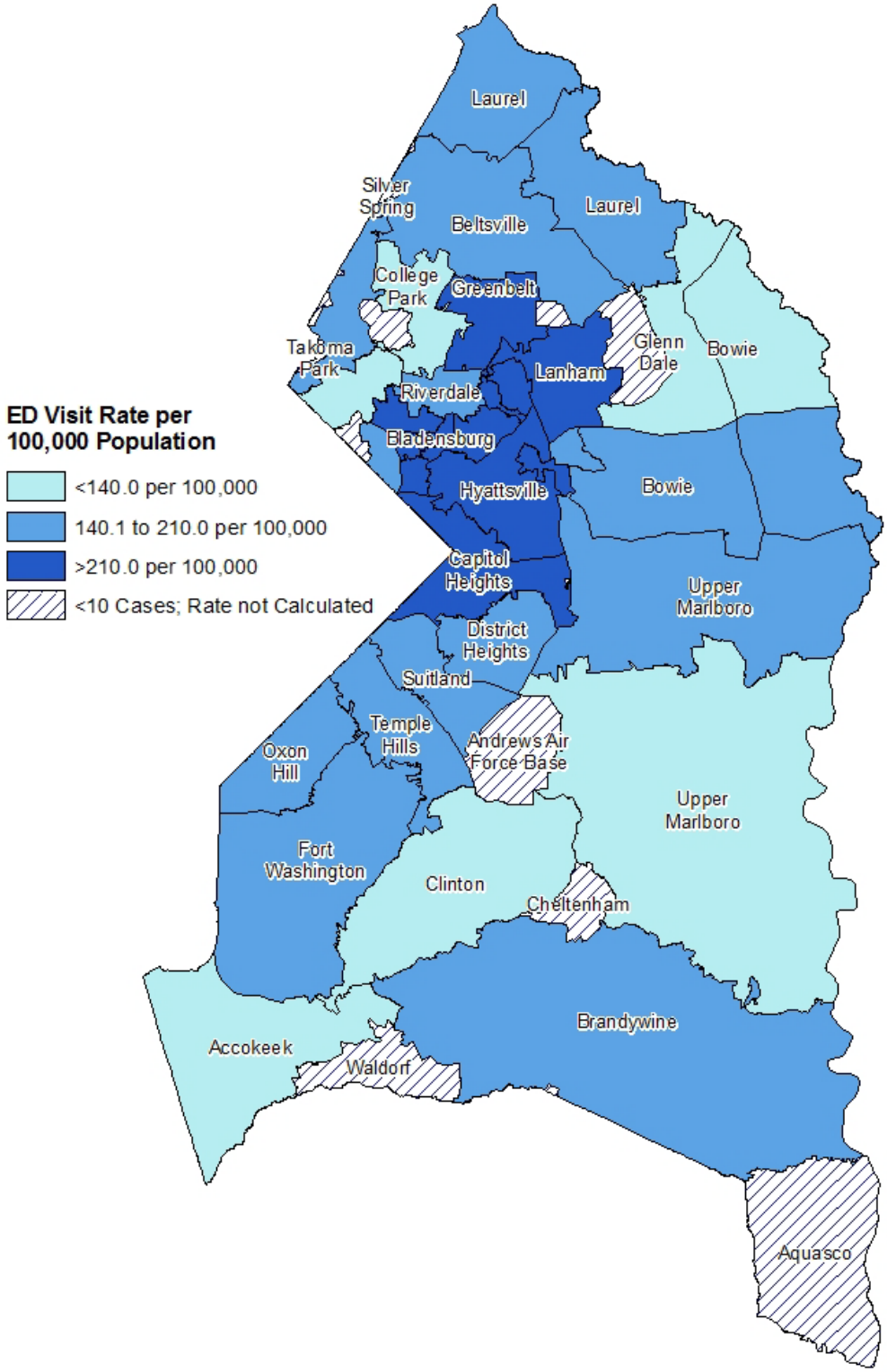
Emergency Department* Visits for Diabetes, 2014

	Number of ED Visits	Age-Adjusted Visit Rate per 100,000 Population	
		Prince George's	Maryland
Race/Ethnicity			
White, non-Hispanic	137	86.1	107.9
Black, non-Hispanic	1,198	200.2	309.4
Asian, non-Hispanic	<10	---	28.6
Hispanic	128	129.6	116.1
Sex			
Male	766	180.6	---
Female	800	159.8	---
Age			
Under 18 Years	46	22.4	
18 to 39 Years	321	137.6	
40 to 64 Years	827	226.8	
65 Years and Over	372	367.2	
Total	**1,566**	**169.0**	**204.0**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission; DHMH Maryland SHIP http://dhmh.maryland.gov/ship/; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

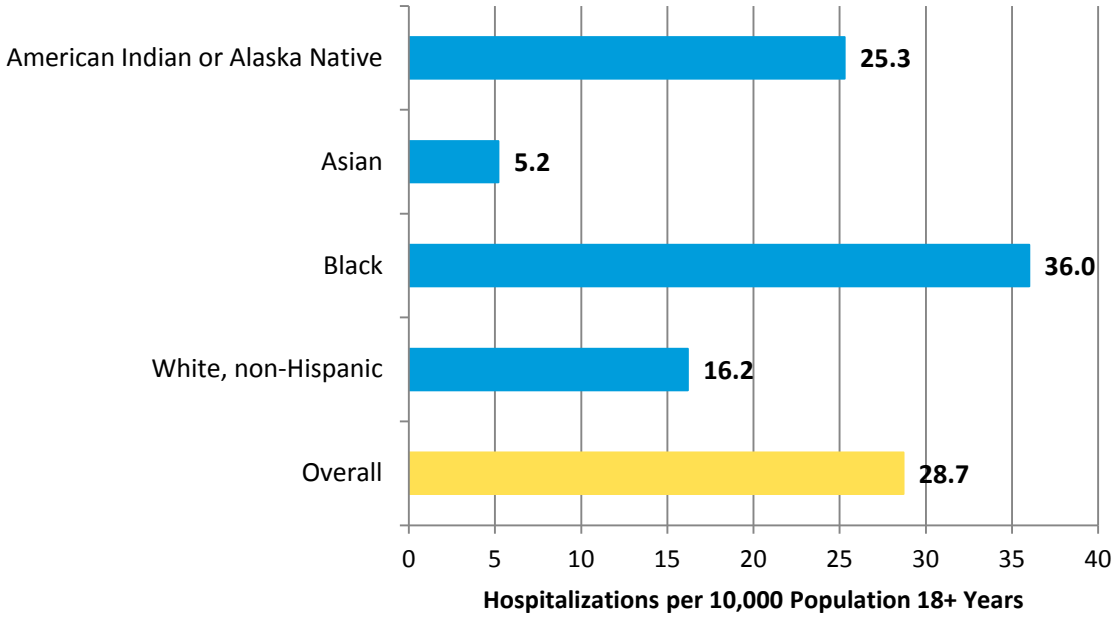
Emergency Department Visit Crude Rate per 100,000 Population, Diabetes as Primary Discharge Diagnosis, Prince George's County, 2014



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

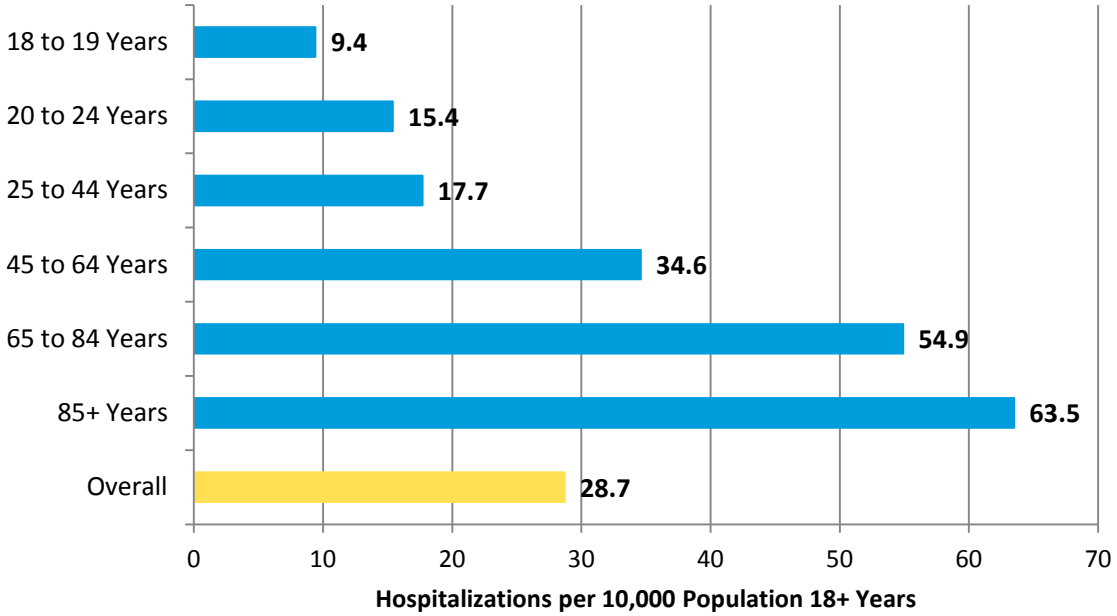
Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Race and Ethnicity, Prince George's County, 2010-2012



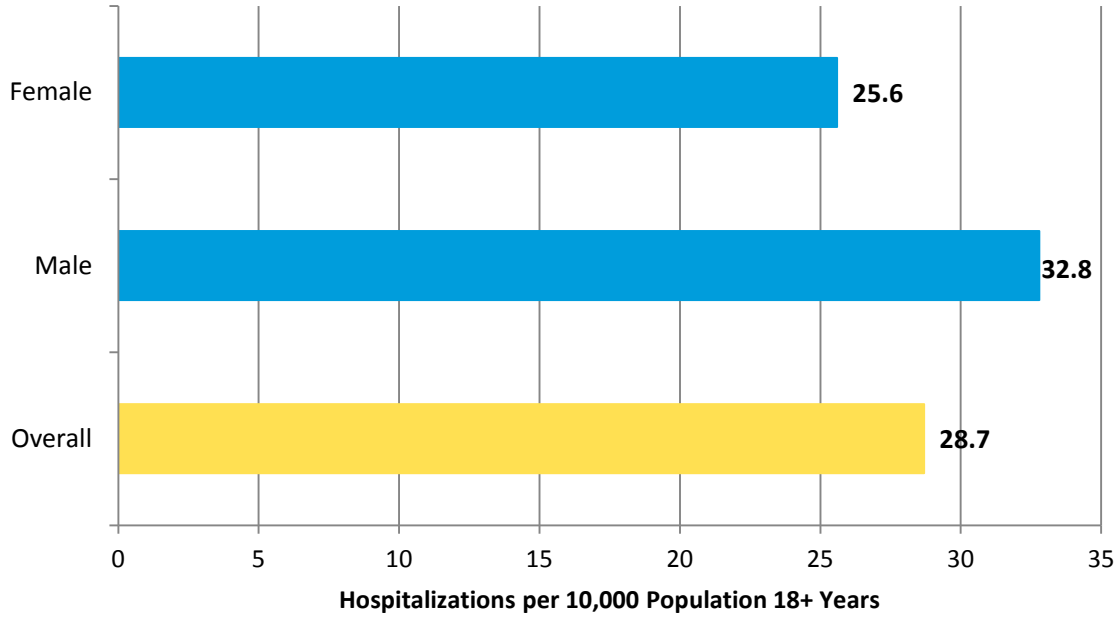
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Age Group, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Sex, Prince George's County, 2010-2012



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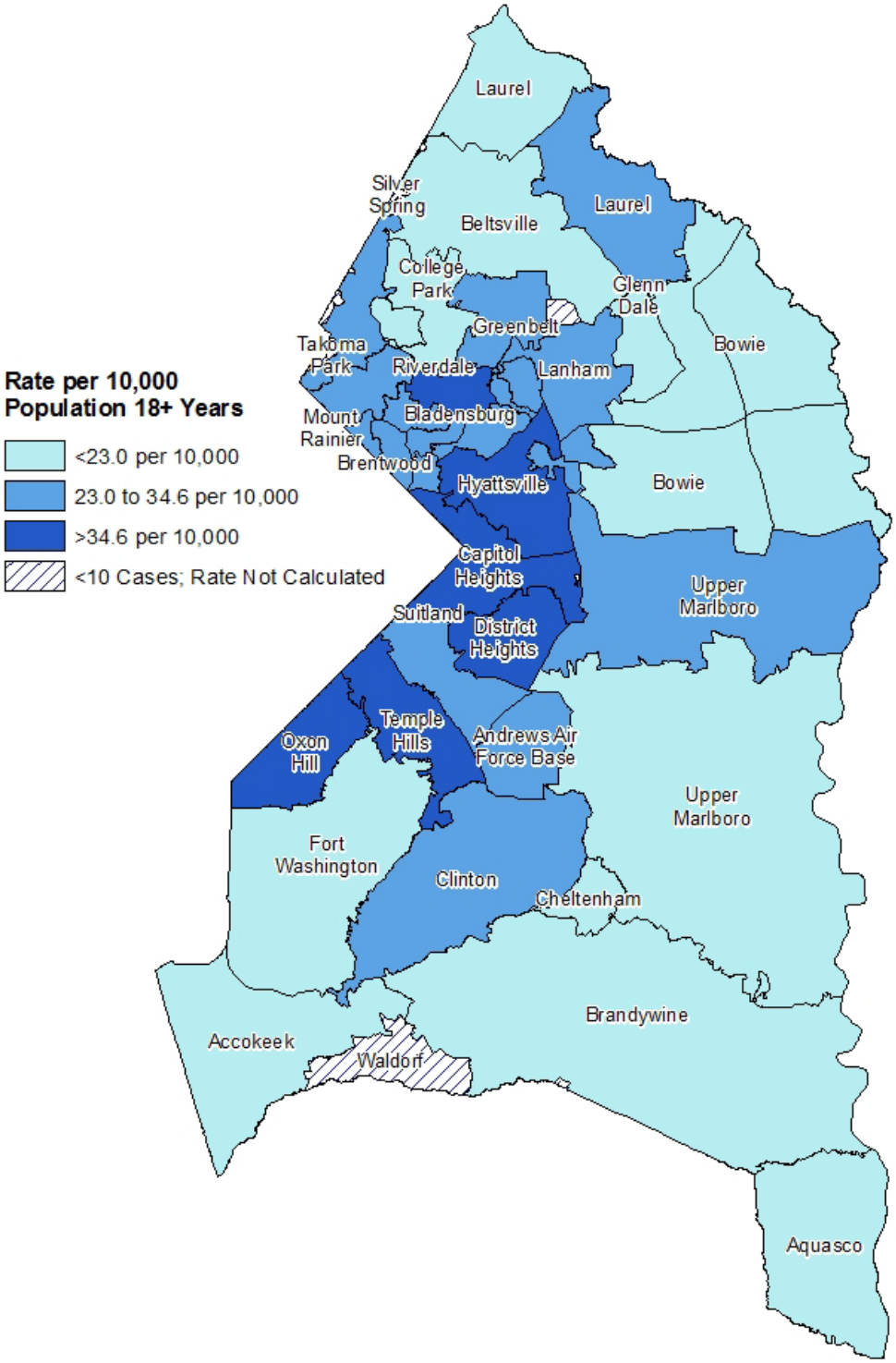
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes, Prince George's County, 2010-2012



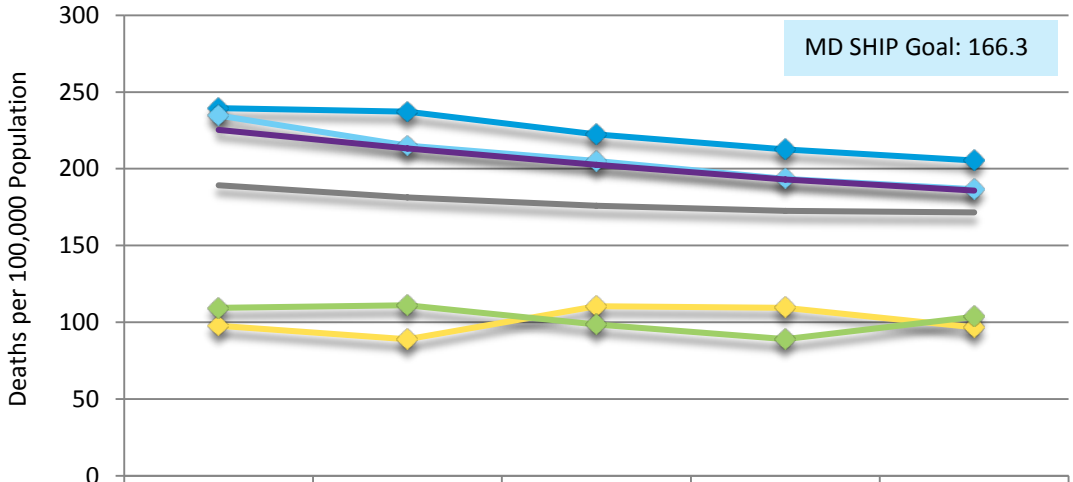
* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

Heart Disease

Overview	
What is it?	Heart Disease is a disorder of the blood vessels of the heart that can lead to a heart attack, which happens when an artery becomes blocked. Heart Disease is one of several cardiovascular diseases.
Who is affected?	Heart disease is a leading cause of death in the county with an age-adjusted death rate of 185.8 per 100,000 population in 2014. Heart disease accounted for 1,300 or 24% of deaths in the county in 2014.
Prevention and Treatment	• Eating a healthy diet, maintaining a healthy weight, getting enough physical activity, not smoking, and limiting alcohol use can lower the risk of heart disease. (Source: CDC). • The goals of heart disease treatment is to control high blood pressure and high cholesterol by focusing on: eating healthier, increasing physical activity, quitting smoking, medication, and surgical procedures. (Source: CDC).
What are the outcomes?	Complications of heart disease include: heart failure, heart attack, stroke, aneurysm, peripheral artery disease, and sudden cardiac arrest.
Disparity	Men have a higher rate of Emergency Department (ED) visits for Heart Disease than women, and more men die from heart disease. Black non-Hispanic residents have a higher rate of Emergency Department visits for Heart Disease, but White, non-Hispanic residents have a higher mortality rate (White non-Hispanic men have the highest mortality rate at 250.1 per 100,000 in 2012-2014). Residents 65 years of age and older account for 45% of Heart Disease ED visits.
How do we compare?	The age-adjusted death rate for Heart Disease for other Maryland counties range from 121.7 to 208.5 per 100,000 population; the state overall is 171.6 per 100,000 population, and the U.S. is at 169.1 per 100,000. While the county's age-adjusted death rate from Heart Disease has improved, it lags behind the state and nation at 185.8 per 100,000 population. From 2008-2010 to 2012-2014, there was a 17.5% decline in age-adjusted death rates for heart disease in the county.

Age-Adjusted Death Rate per 100,000 for Heart Disease by Race and Ethnicity, 2008-2014



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	239.5	237.1	222.3	212.7	205.4
PGC Black NH	234.6	215.0	205.1	193.5	186.7
PGC Hispanic	97.8	89.0	110.6	109.5	96.7
PGC Asian NH	109.4	111.1	98.6	89.1	103.7
PGC	225.3	213.2	202.7	193.1	185.8
Maryland	189.3	181.3	175.9	172.7	171.6

Data Source: CDC, National Center for Health Statistics, CDC WONDER Online Database

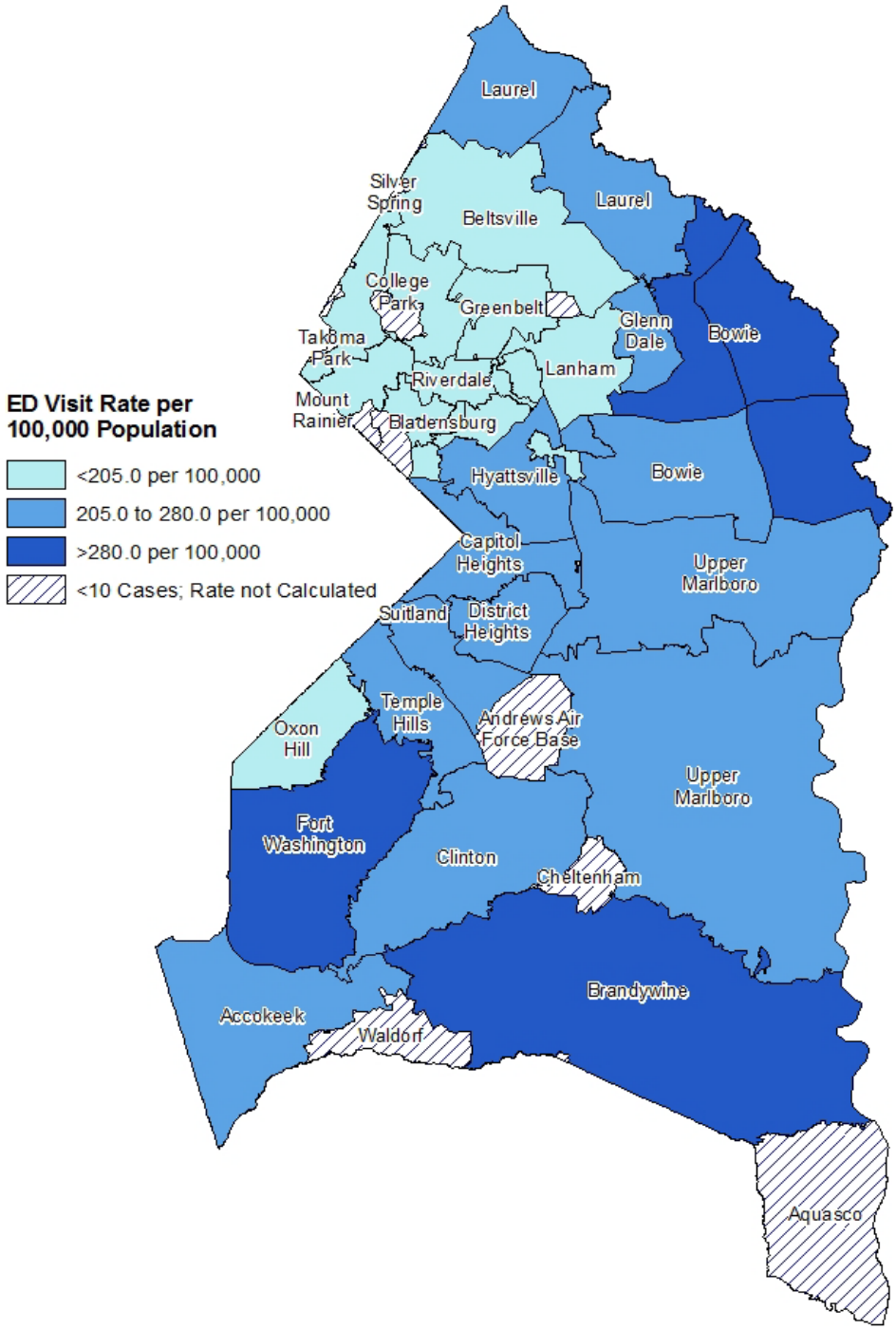
Emergency Department* Visits for Heart Disease, 2014

Demographic	Number of ED Visits	Age-Adjusted Rate per 100,000 Population
Race and Ethnicity		
White, non-Hispanic	**422**	**222.4**
Black, non-Hispanic	**1,433**	**257.4**
Asian, non-Hispanic	**18**	**48.2**
Hispanic	**55**	**62.6**
Gender		
Male	**1,056**	**273.2**
Female	**977**	**204.1**
Age		
Under 18 Years	**25**	**12.2**
18 to 39 Years	**226**	**96.9**
40 to 64 Years	**861**	**236.1**
65 Years and Over	**921**	**909.1**
Total	**2,033**	**234.6**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

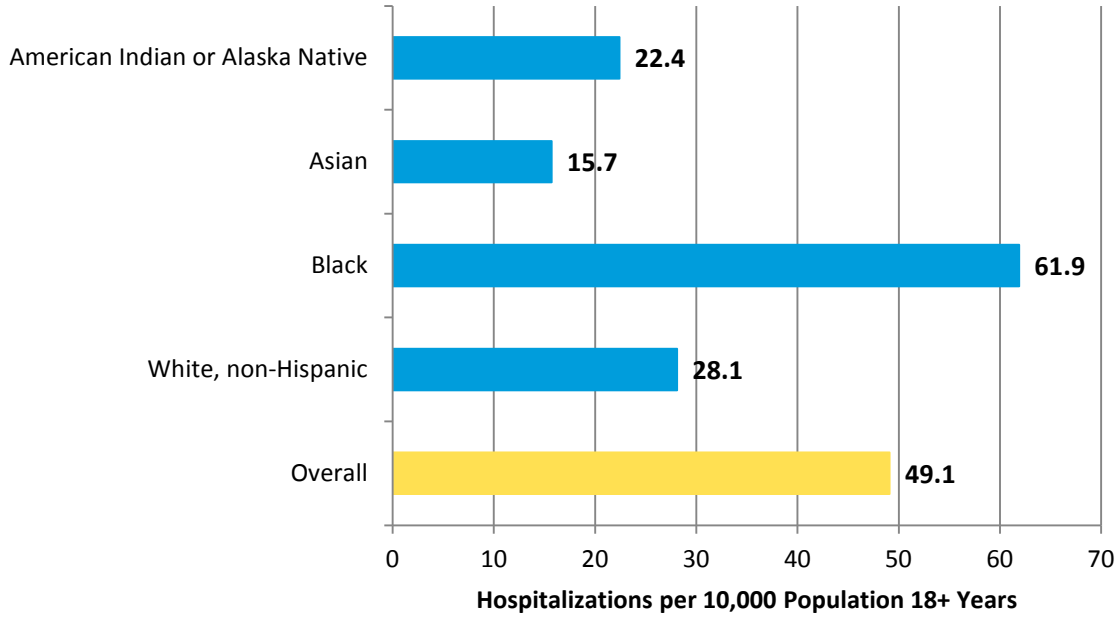
Emergency Department Visit* Crude Rate per 100,000 Population, Heart Disease as Primary Discharge Diagnosis, Prince George's County, 2014



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

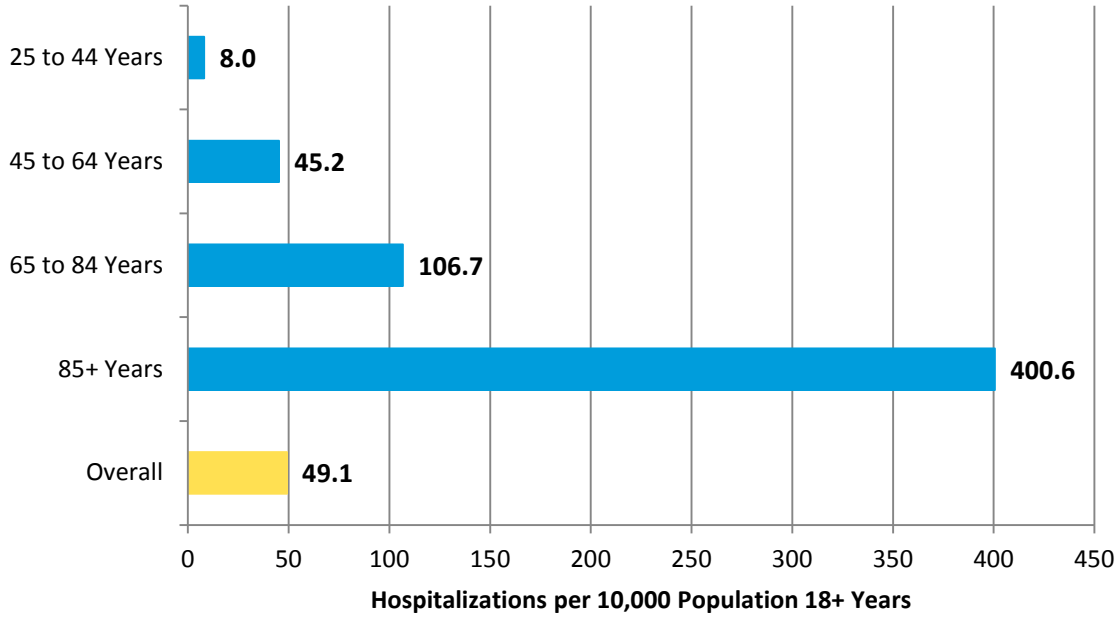
Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Race and Ethnicity, Prince George's County, 2010-2012



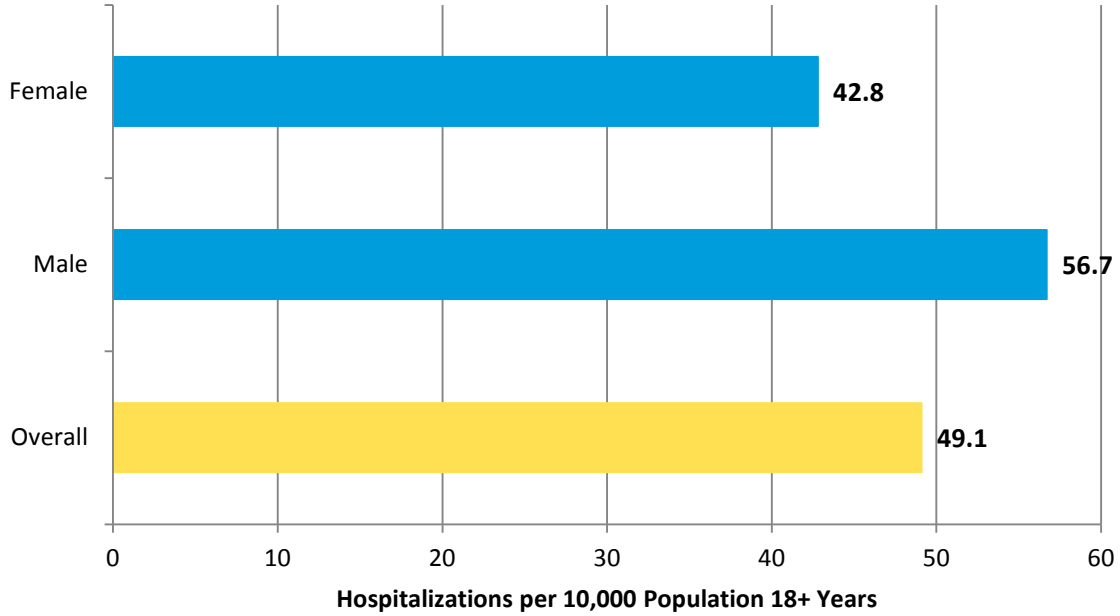
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission;

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Age, Prince George's County, 2010-2012



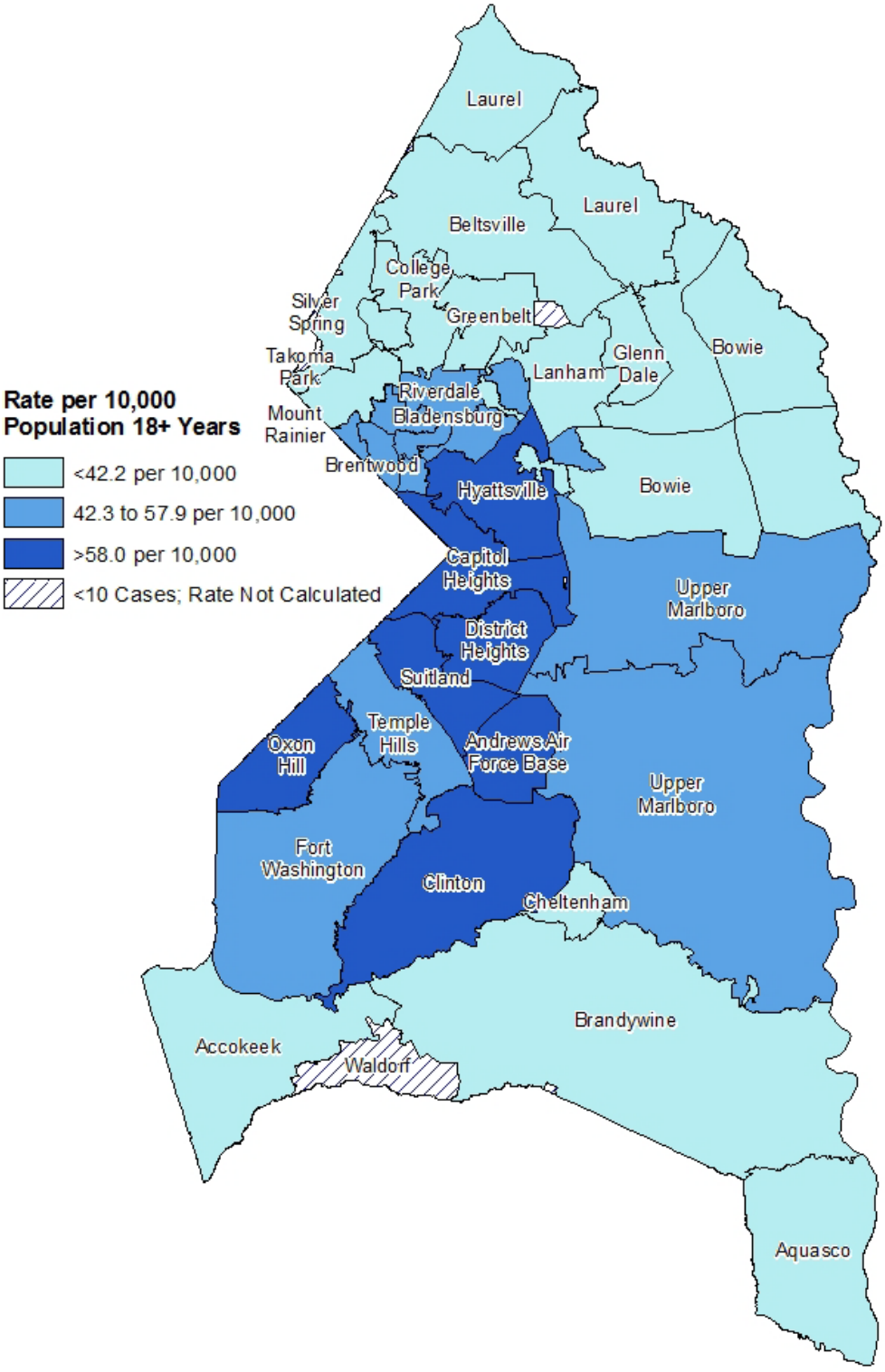
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Sex, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure, Prince George's County, 2010-2012



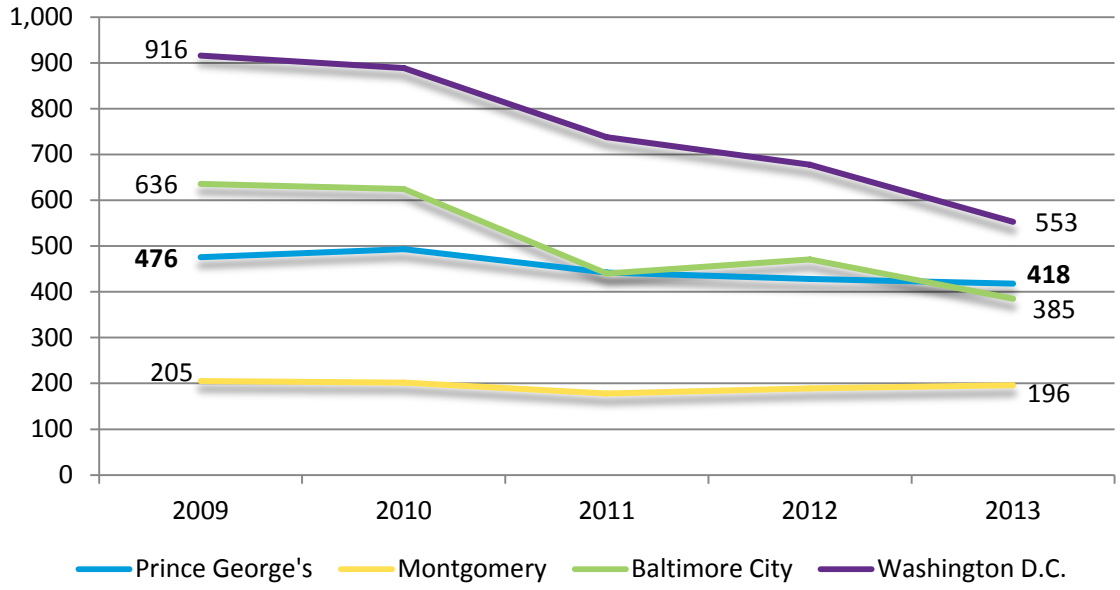
* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Human Immunodeficiency Virus (HIV)

Overview	
What is it?	HIV is a virus that attacks the body's immune system and can, over time, destroy the cells that protect us from infections and disease.
Who is affected?	In 2013, 418 residents were diagnosed with HIV, a rate of 56.2 per 100,000 population. The total number of living HIV cases (with or without AIDS) was 6,479. In 2013, 31 residents died from HIV with an age-adjusted death rate of 4.3 per 100,000 population.
Prevention & Treatment	• HIV can be prevented by practicing abstinence, limiting the number of sexual partners, never sharing needles, and using condoms the right way during sex. Medications are also available to prevent HIV. (CDC) • There is no cure for HIV but antiretroviral therapy (ART) is available which helps to control the virus so you can live a longer, healthier life and reduce the risk of transmitting HIV to others. (AIDS.gov)
What are the outcomes?	HIV weakens the immune system leading to opportunistic infections (OIs). OIs are the most common cause of death for people with HIV/AIDS and can include *Cryptococcus*, *cytomegalovirus* disease, *histoplasmosis*, *tuberculosis,* and *pneumonia*. (AIDS.gov)
Disparity	In 2013, 73% of new HIV cases occurred among men; by race and ethnicity, 85% of new cases were Black non-Hispanic residents. One-third of new HIV cases were ages 20 to 29 years (34%), and 46% were ages 30-49. Nearly 60% of new HIV cases in 2013 occurred among men who have sex with men, compared to Heterosexual exposure for 38% of new cases.
How do we compare?	Prince George's County had the second highest rate of HIV diagnoses in the state in 2013 (56.2 per 100,000 population) after Baltimore City; however the county had the highest number of actual cases in the state (418, Baltimore City had 385). The rate of HIV diagnoses in other Maryland counties range from 0.0 to 73.6 per 100,000 population. The state overall had a rate of 28.1 per 100,000 population and the U.S. had a rate of 13.4 per 100,000. In 2013, Prince George's County had 28% of new HIV cases in Maryland, but is only 15% of the total population for the state. New HIV cases in the county have decreased by 12% between 2009 and 2013, while the nearly jurisdictions of Washington, D.C. and Baltimore City decreased by 40%.

New HIV Cases by Jurisdiction, 2009-2013



Data Source: County Annual HIV Epidemiological Profile, 2013, DHMH; 2014 HAHSTA Annual Epidemiology and Surveillance Report for Washington, D.C

Demographics of New HIV Cases, 2013

MD SHIP Goal: 26.7	Prince George's		Maryland	
	Number	Rate*	Number	Rate*
Sex at Birth				
Male	305	86.4	990	41.6
Female	112	28.8	405	15.7
Race/Ethnicity				
Asian non-Hispanic	4	11.9	16	5.3
Black, non-Hispanic	355	75.5	1,041	72.8
White, non-Hispanic	19	16.4	211	7.7
Hispanic	25	23.1	77	19.2
Age				
13 to 19 Years	21	25.3	59	10.9
20 to 29 Years	141	102.5	414	50.7
30 to 39 Years	92	73.1	324	42.0
40 to 49 Years	99	77.5	300	35.9
50 to 59 Years	43	34.7	199	23.1
60+ Years	21	14.5	100	8.8
Country of Birth				
United States	323	58.3	1,109	27.1
Foreign-born	57	33.3	139	17.8
TOTAL	417	56.2	1,395	28.1

*Rate per 100,000 Adult/Adolescents 13 years or older

Data Source: County Annual HIV Epidemiological Profile, 2013, DHMH for Prince George's County, Maryland; Maryland State Health Improvement Process (SHIP)

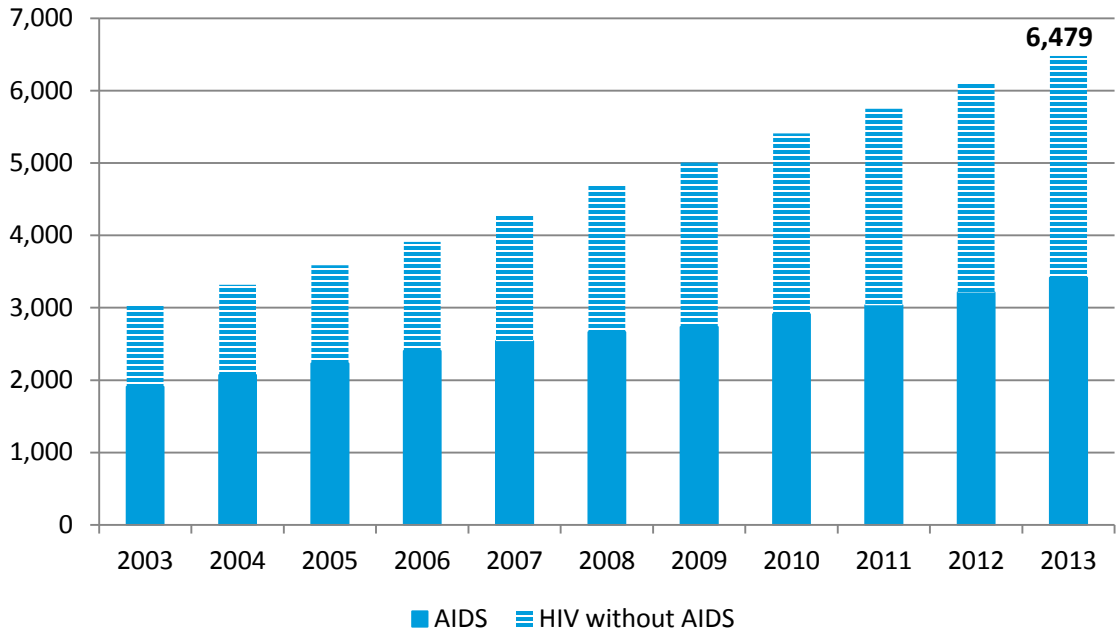
New HIV Cases by Exposure, 2013

	Prince George's		Maryland	
	Number	**Rate***	**Number**	**Rate***
Exposure				
Men who have Sex with Men (MSM)	139	59.4%	506	53.0%
Injection Drug Users (IDU)	**	**	52	5.4%
MSM & IDU	0	0.0%	15	1.6%
Heterosexual	88	37.6%	377	39.5%
Other	**	**	5	0.5%
No Reported Exposure	183		440	
TOTAL	**417**	**56.2**	**1,395**	**28.1**

**Data withheld due to low population and/or case counts

Data Source: County Annual HIV Epidemiological Profile, 2013, DHMH for Prince George's County

Living HIV Cases, Prince George's County, 2003 to 2013



Data Source: Prince George's County Annual HIV Epidemiological Profile, 2013, DHMH
http://phpa.dhmh.maryland.gov/OIDEOR/CHSE/SitePages/statistics.aspx

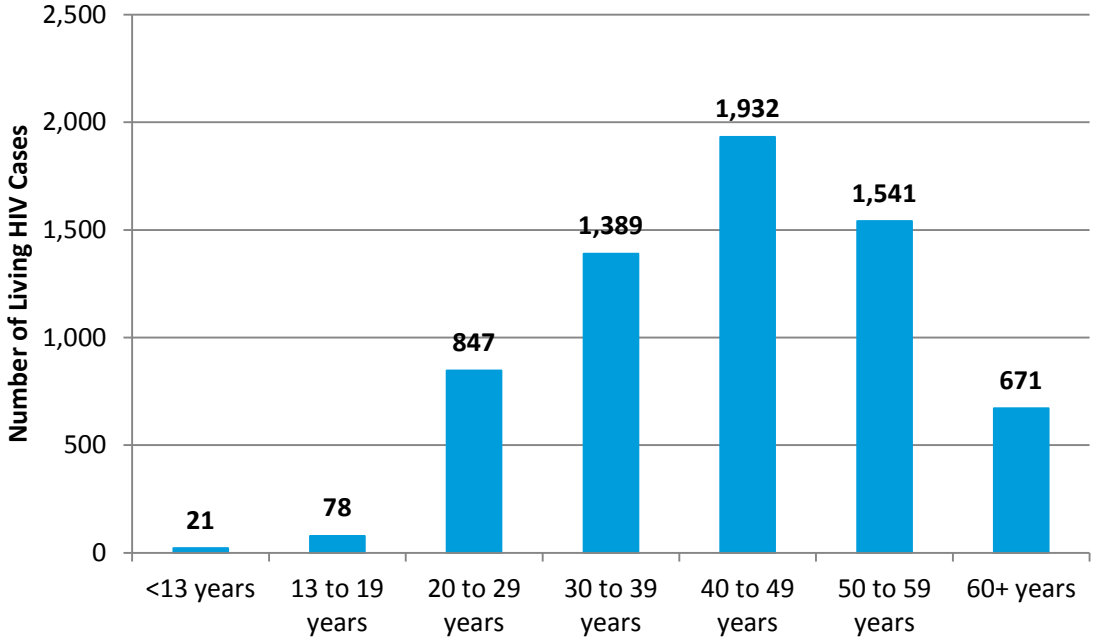
Demographics of Total Living HIV Cases, 2013

	Prince George's		Maryland	
	Number	Rate*	Number	Rate*
Sex at Birth				
Male	4,076	1,155.1	19,667	825.5
Female	2,305	591.7	10,639	412.2
Race/Ethnicity				
Asian non-Hispanic	26	77.2	163	54.3
Black, non-Hispanic	5,447	1,157.9	23,016	1,610.0
White, non-Hispanic	336	290.7	4,543	165.9
Hispanic	390	360.1	1,477	368.7
Current Age				
13 to 19 Years	78	94.1	260	48.2
20 to 29 Years	847	615.7	3,134	383.3
30 to 39 Years	1,389	1,104.2	5,107	662.5
40 to 49 Years	1,932	1,512.7	8,926	1,067.3
50 to 59 Years	1,541	1,245.3	9,364	1,083.9
60+ Years	671	463.6	3,896	343.3
Country of Birth				
United States	5,330	962.1	26,877	657.6
Foreign-born	738	431.5	2,368	303.4

*Rate per 100,000 Adult/Adolescents 13 years or older

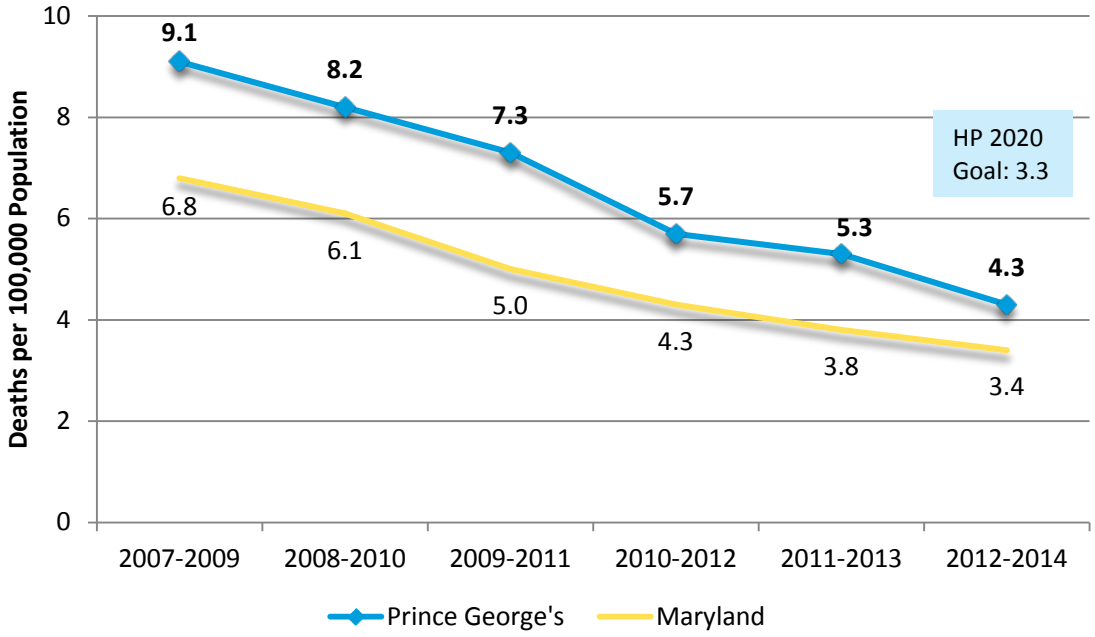
Data Source: County Annual HIV Epidemiological Profile, 2013, DHMH for Prince George's County, Maryland

Total Living HIV Cases by Current Age, Prince George's County, 2013



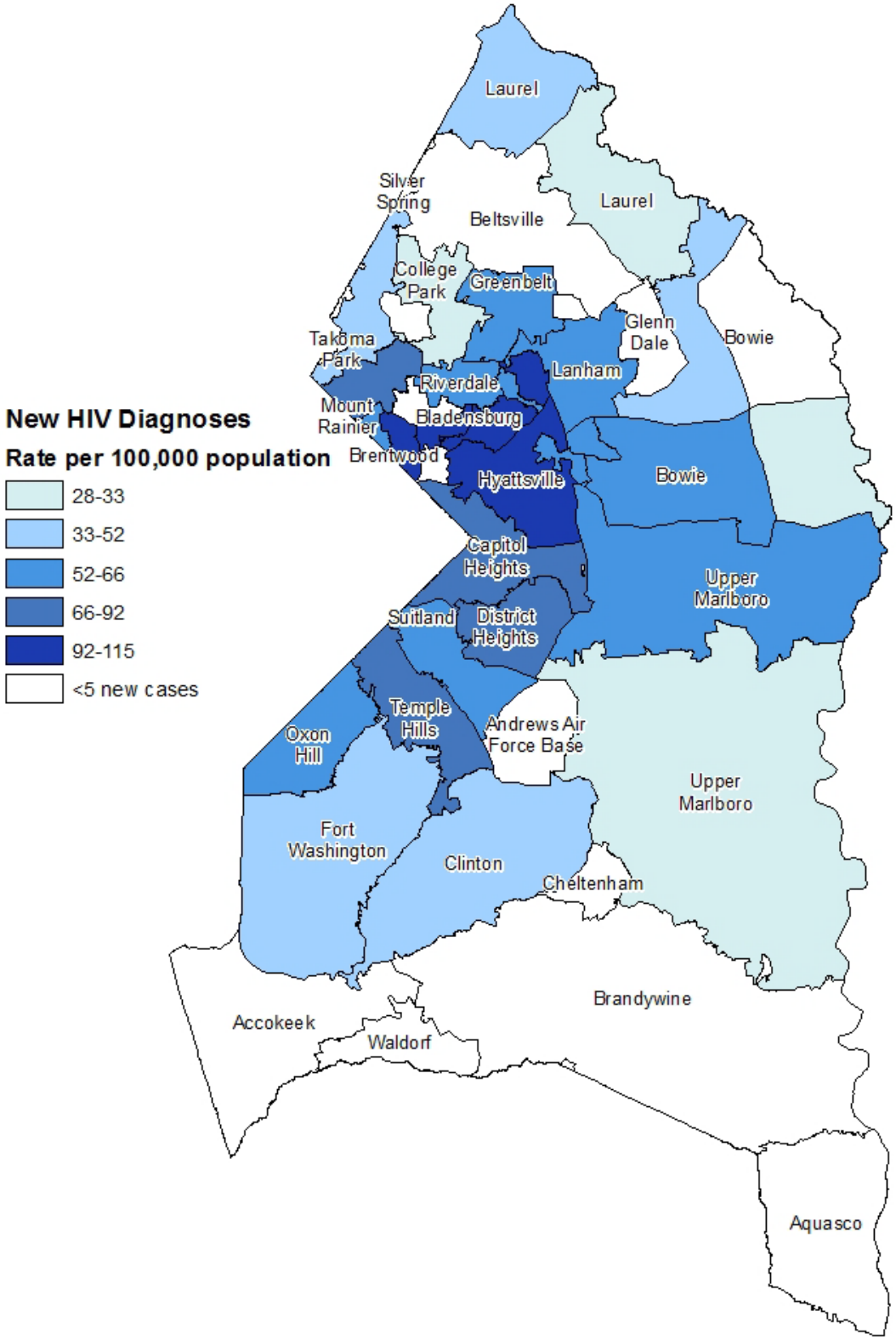
Data Source: Prince George's County Annual HIV Epidemiological Profile, 2013, DHMH

HIV Age-Adjusted Mortality Rate, Prince George's County Compared to Maryland, 2007-2014



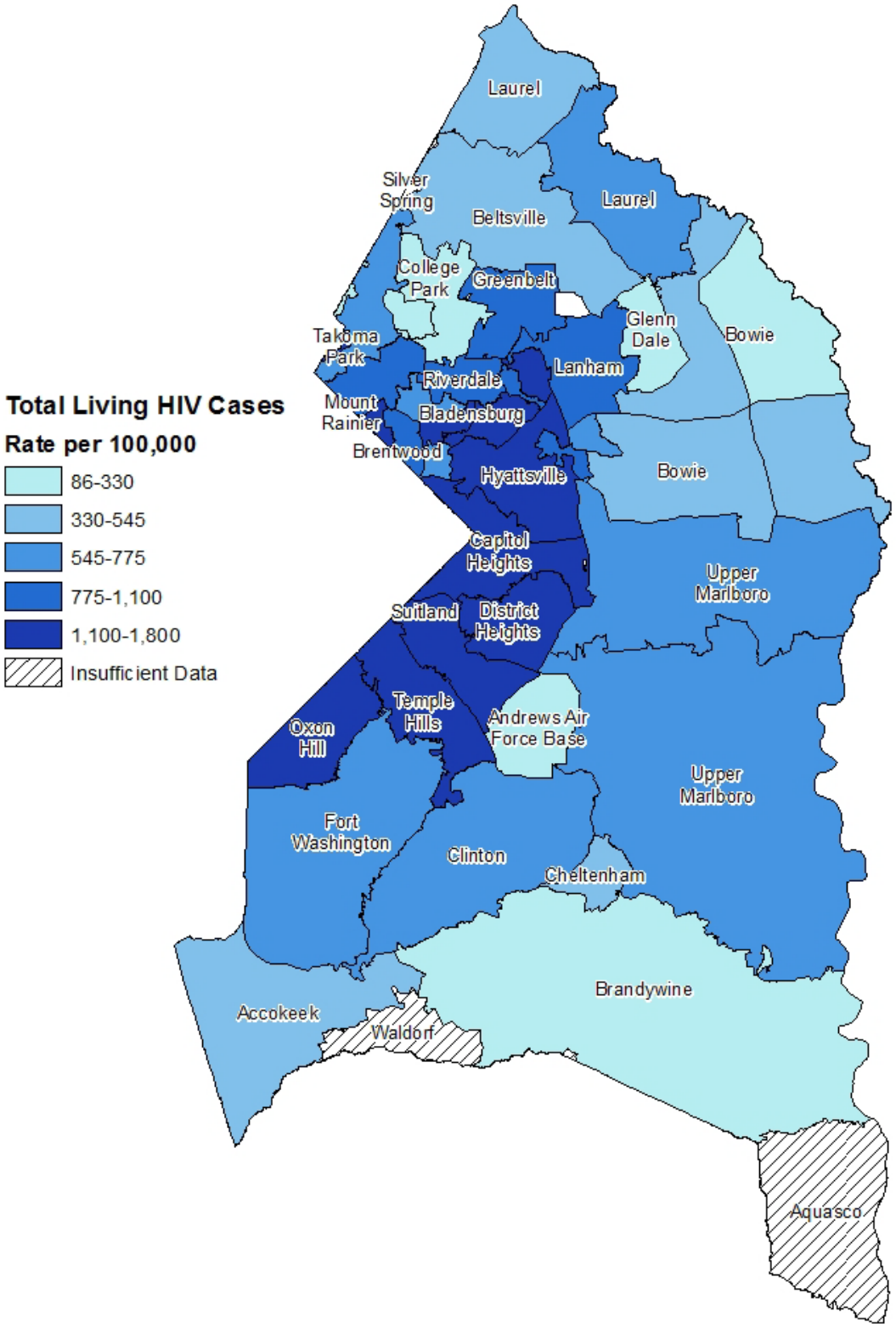
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database;

2013 New HIV Cases per 100,000 Population, Age 13 and Over



Data Source: Prince George's County Annual HIV Epidemiological Profile, 2013, DHMH

2013 Total Living HIV Cases per 100,000 Population, Age 13 and Over



Data Source: Prince George's County Annual HIV Epidemiological Profile, 2013, DHMH

Hypertension and Stroke

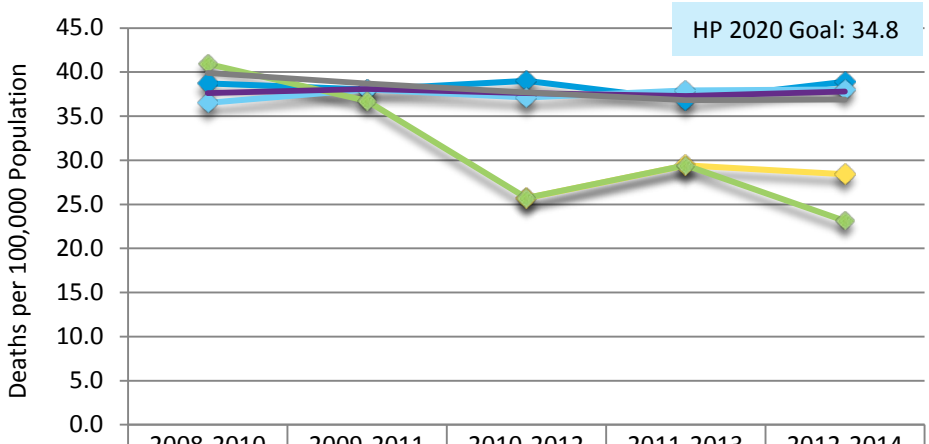
Overview	
What is it?	High blood pressure, or hypertension, is when the force of blood pumping through the arteries is too strong. Hypertension is a risk factor for stroke, which is when the flow of blood (and thus oxygen) to the brain is blocked.
Who is affected?	In the county, 37.9% (252,160) of adults are estimated to have hypertension (Maryland BRFSS 2013). Among Medicare beneficiaries, 4.6% were treated for stroke in 2014 (CMS). In 2014, 298 county residents died from stroke.
Prevention & Treatment	• Hypertension and stroke can be prevented by eating a healthy diet, maintaining a healthy weight, exercising regularly, avoiding stress, and limiting alcohol and tobacco use (source: CDC) • The goal of stroke treatment is to maintain healthy blood pressure through proper nutrition, exercise, and medication (source: American Heart Association).
What are the outcomes?	Complications from hypertension include damage to the heart and coronary arteries, stroke, kidney damage, vision loss, erectile dysfunction, angina, and death. (source: American Heart Association).
Disparity	In 2013, 29.9% of White, non-Hispanic (NH) and 42.6% of Black NH residents are estimated to have hypertension; Black NH residents have the highest age-adjusted Emergency Department visit rate. Slightly more men (38.7%) are estimated to have hypertension than women (37.1%), but women have a higher rate of Emergency Department visits due to hypertension. Both Black NH and White NH have a higher mortality rate due to stroke compared to Asian NH and Hispanic residents. Over 75% of residents aged 65+ and half of adults ages 50 to 64 are estimated to have hypertension (MD BRFSS 2013).
How do we compare?	Other Maryland counties range from 25.8% to 44.6% of residents with hypertension; the county (37.9% with hypertension) is higher than the state at 33.6% (Maryland BRFSS 2013) and the U.S. at 31.4% (BRFSS). The county has a slightly higher age-adjusted death rate due to stroke (37.8 per 100,000) compared to the state (36.9 per 100,000) and U.S (36.5 per 100,000).

Percent of Adults Who Have Ever Been Told By A Health Professional They Have High Blood Pressure, 2013

	Prince George's	Maryland
Overall	37.9%	33.6%
Sex		
Male	38.7%	33.9%
Female	37.1%	33.2%
Race/Ethnicity		
White, non-Hispanic	29.9%	33.3%
Black, non-Hispanic	42.6%	39.2%
Hispanic	29.9%	22.6%
Age Group		
18 to 34 Years	13.6%	11.4%
35 to 49 Years	36.1%	23.6%
50 to 64 Years	49.5%	45.6%
Over 65 Years	76.1%	66.3%

Data Source: Maryland BRFSS 2013

Age-Adjusted Death Rate per 100,000 for Stoke by Race and Ethnicity, Prince George's County, 2008-2014

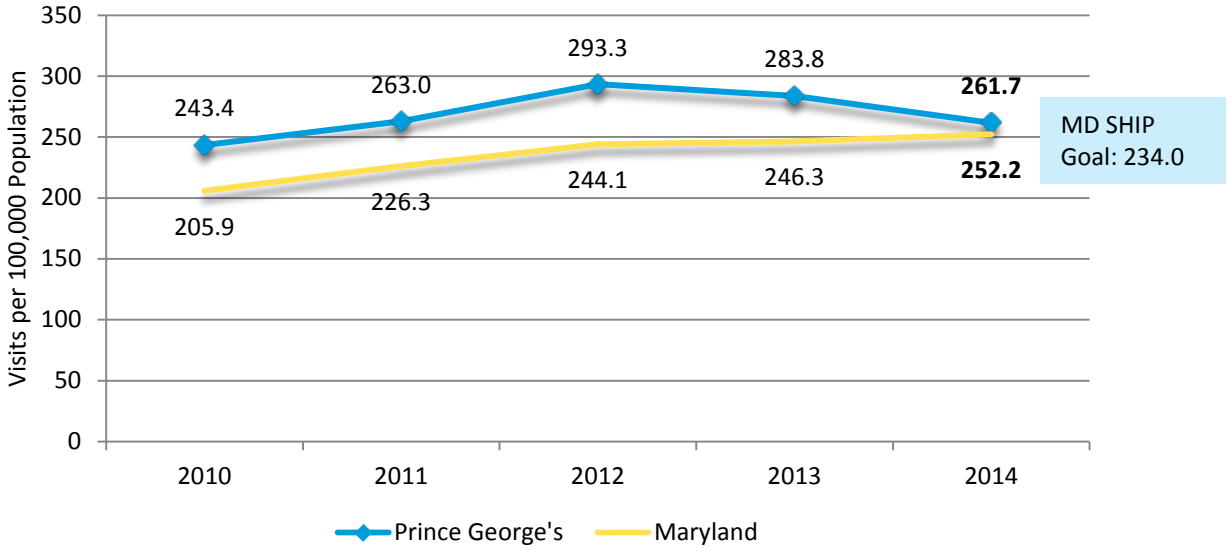


	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	38.7	38.0	39.0	36.8	38.9
PGC Black NH	36.5	38.0	37.1	37.9	38.0
Hispanic*, any race			25.7	29.4	28.4
PGC Asian NH	40.9	36.7	25.7	29.4	23.1
PGC	37.6	38.1	37.6	37.3	37.8
Maryland	39.9	38.7	37.7	36.8	36.9

*Rates are unavailable due to small numbers

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Age-Adjusted Emergency Department* Visits per 100,000 Population Due to Hypertension, 2010-2014



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Maryland Health Services Cost Review Commission, Maryland SHIP metrics http://dhmh.maryland.gov/ship

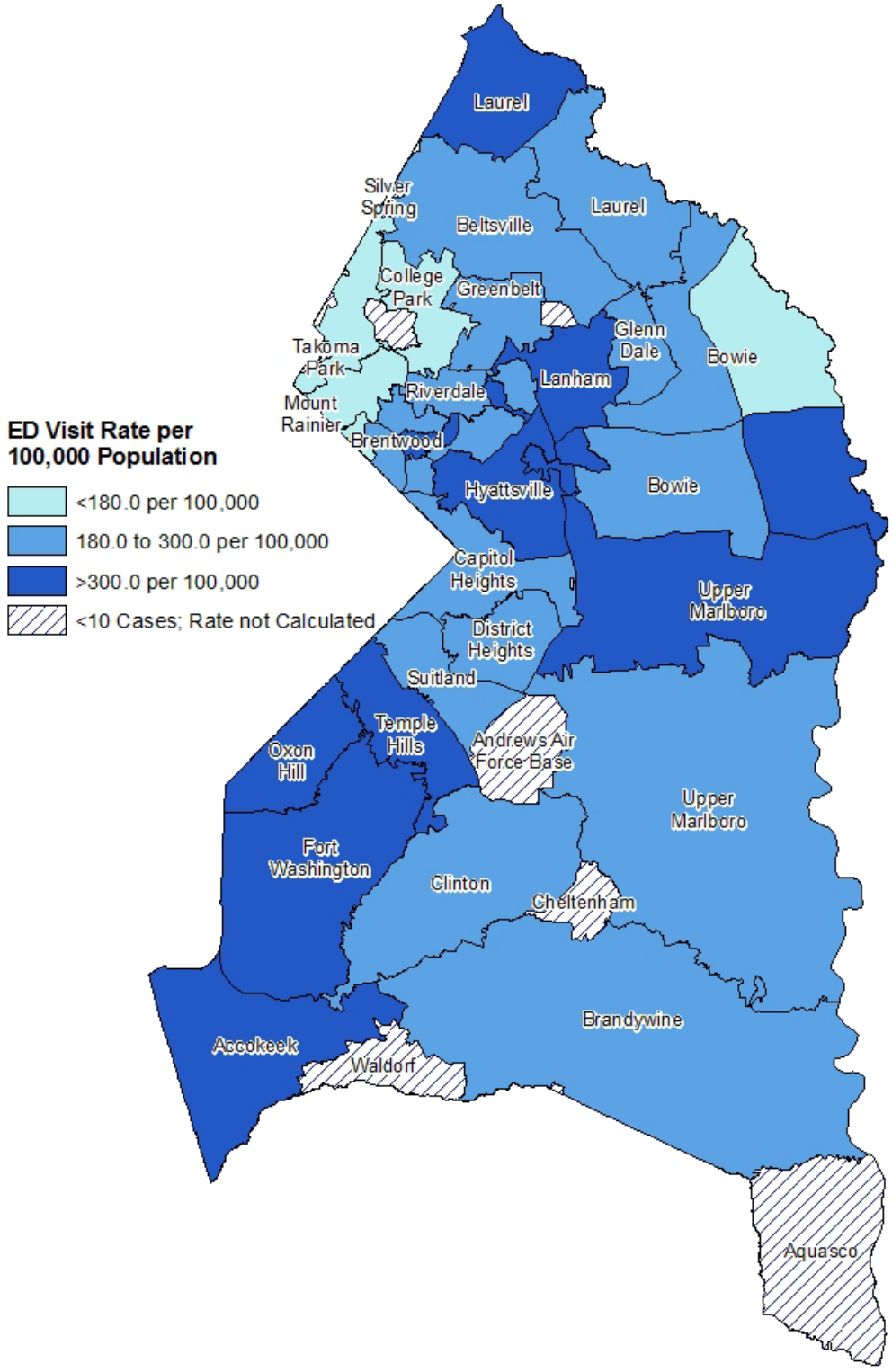
Emergency Department* Visits for Hypertension, 2014

Demographics	Prince George's County Number of ED Visits	Age-Adjusted ED Visit Rate per 100,000 Population	
		Prince George's County	Maryland
Race and Ethnicity			
White, non-Hispanic	178	**113.6**	113.2
Black, non-Hispanic	1,772	**295.3**	415.1
Asian, non-Hispanic	32	**72.3**	54.6
Hispanic	96	**93.9**	125.0
Gender			
Male	899	**212.7**	---
Female	1,290	**259.0**	---
Age			
Under 18 Years	<10	--	---
18 to 39 Years	342	146.6	---
40 to 64 Years	1,376	377.3	---
65 Years and Over	679	670.2	---
TOTAL	**2,189**	**261.7**	**252.2**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission; DHMH Maryland SHIP; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

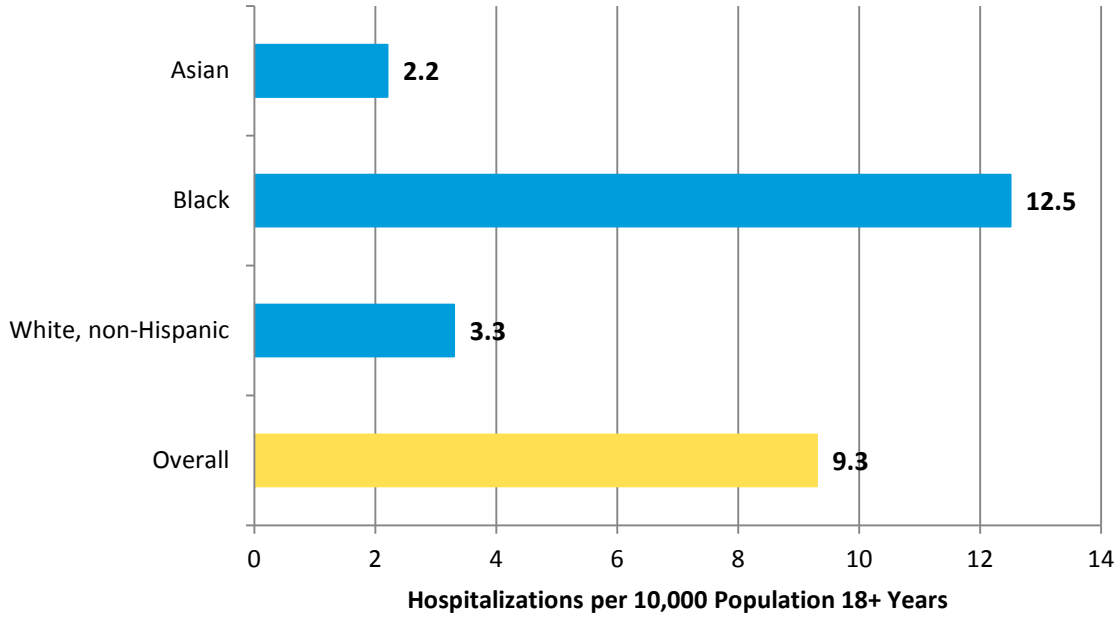
Emergency Department* Visit Crude Rate per 100,000 Population, Hypertension as Primary Diagnosis, Prince George's County, 2014



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

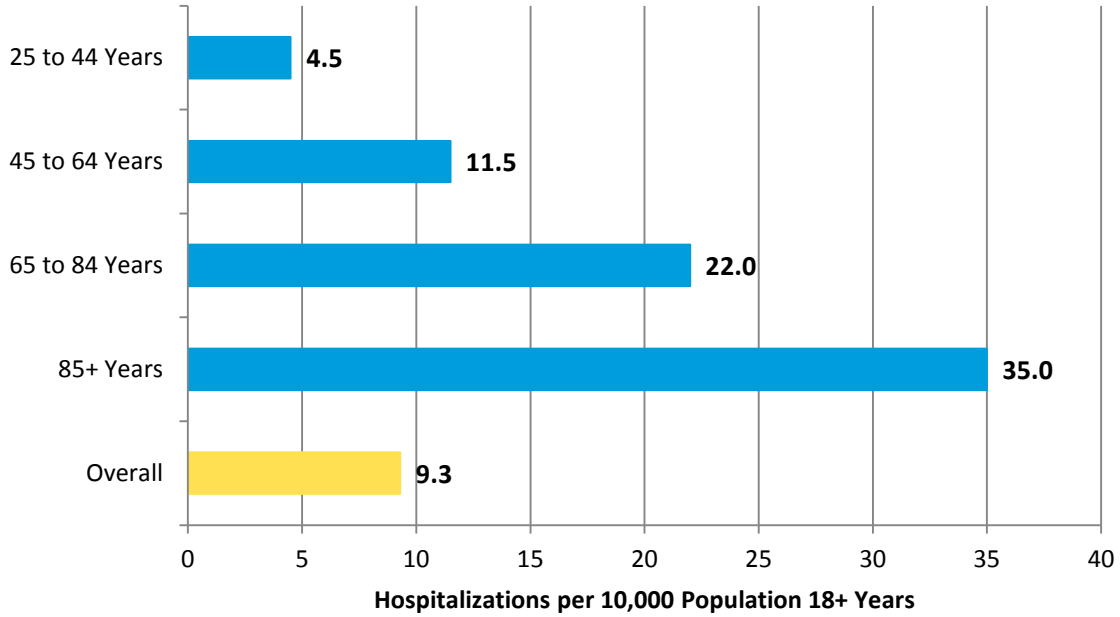
Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Race and Ethnicity, Prince George's County, 2010-2012



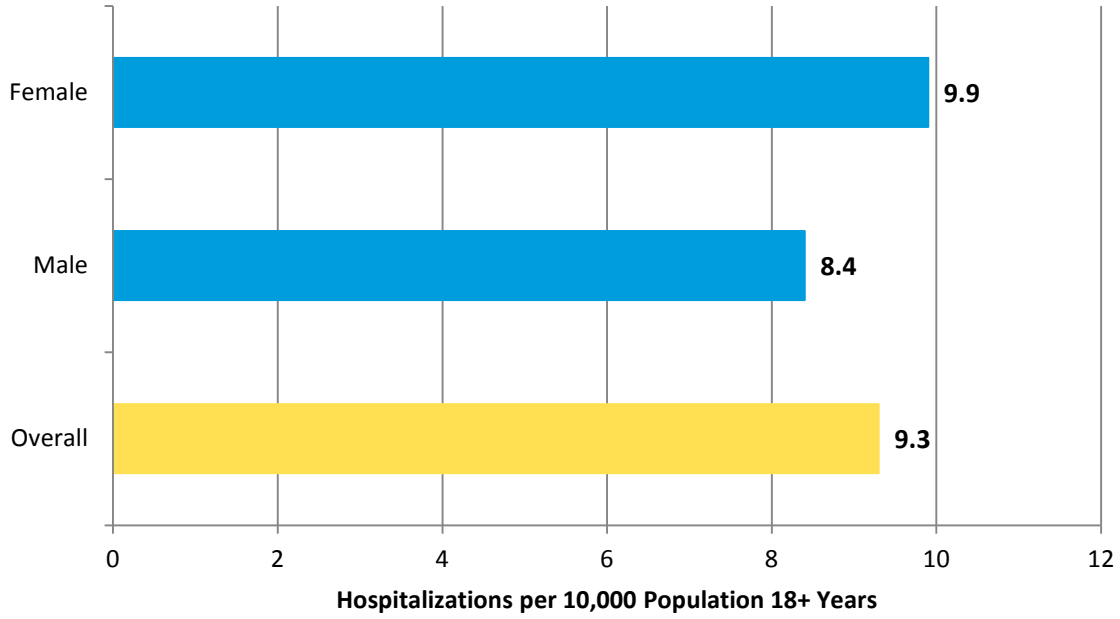
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Age Group, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

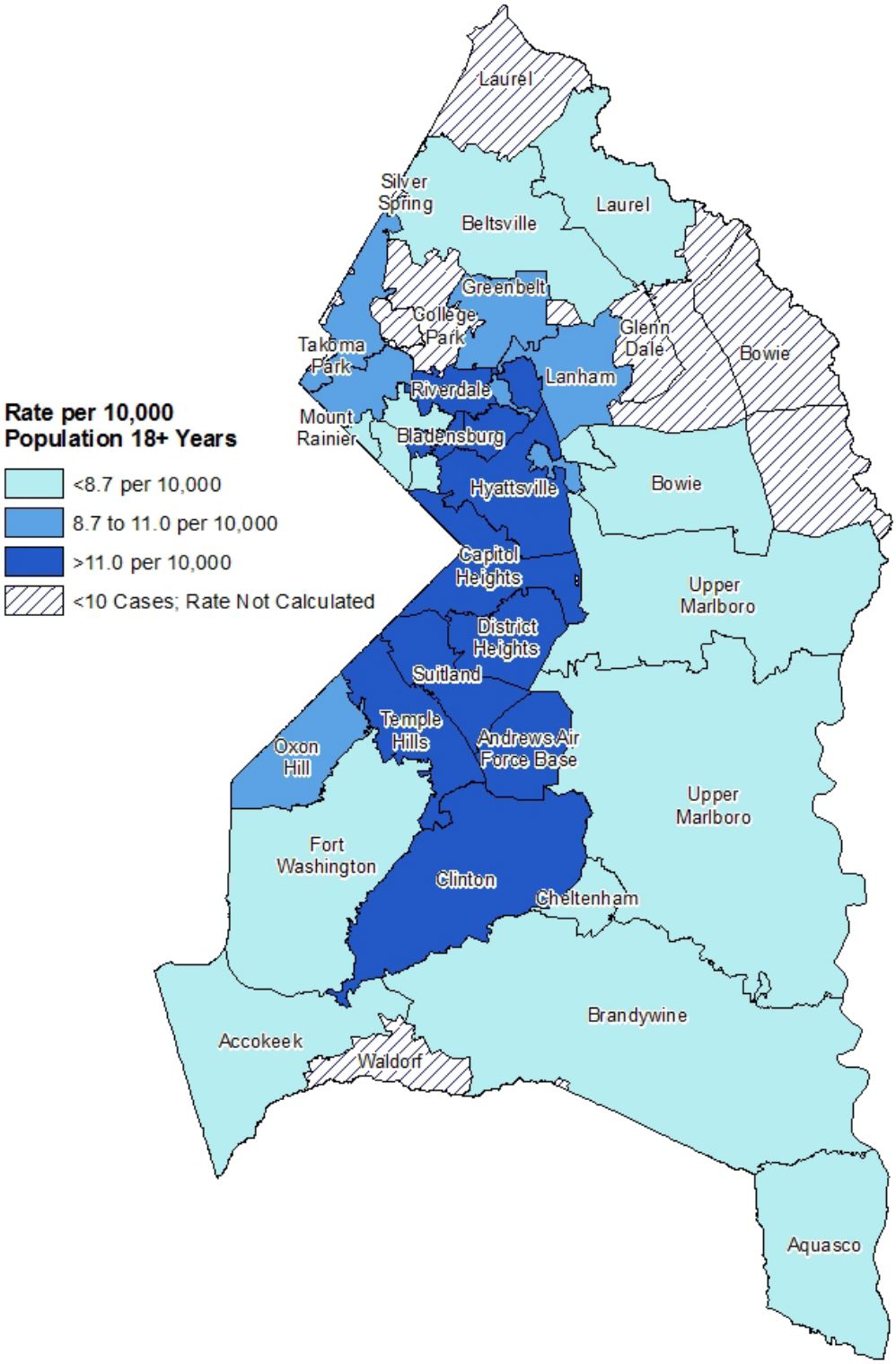
Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Sex, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

Infectious Disease

Selected Reportable Disease, Prince George's County, 2012-2014

Morbidity	2012	2013	2014	5-Year Mean
Campylobacteriosis	32	39	38	35
H. influenza, invasive	14	10	12	11
Hepatitis A, acute	7	3	3	5
Legionellosis	14	30	18	17
Measles	0	0	0	0
Meningitis, viral	43	28	78	60
Meningitis, meningococcal	0	0	0	1
Pertussis	34	18	9	16
Salmonellosis	86	70	82	88
Shiga-toxin producing E.coli	5	6	2	6
Shigellosis	36	22	59	32
Strep Group B	53	55	76	66
Strep pneumonia, invasive	44	36	47	45
Tuberculosis	50	43	50	47
Outbreaks				
Outbreaks: Gastrointestinal	17	7		
Outbreaks: Respiratory	2	1		
Animal-Related Illness				
Animal Bites	781	752	912	746
Animal Rabies	21	17	24	19

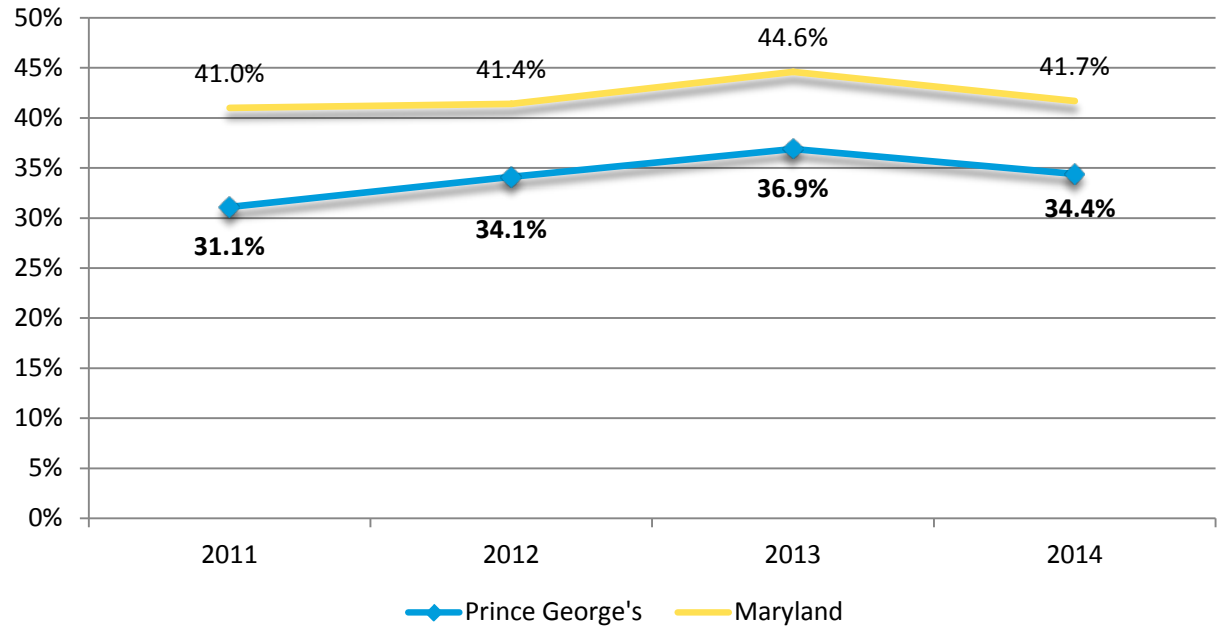
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Percent of Adults Who Had a Seasonal Influenza Shot or Influenza Vaccine Nasal Spray During the Past Year, 2014

	Prince George's	Maryland
Male	34.8%	38.0%
Female	34.1%	45.2%
Race/Ethnicity		
White, non-Hispanic	54.1%	45.4%
Black, non-Hispanic	35.7%	39.0%
Hispanic	12.1%	27.0%
Age Group		
18 to 34 Years	22.2%	30.1%
35 to 49 Years	24.1%	36.7%
50 to 64 Years	45.7%	44.9%
Over 65 Years	59.7%	62.1%
Overall	**34.4%**	**41.7%**

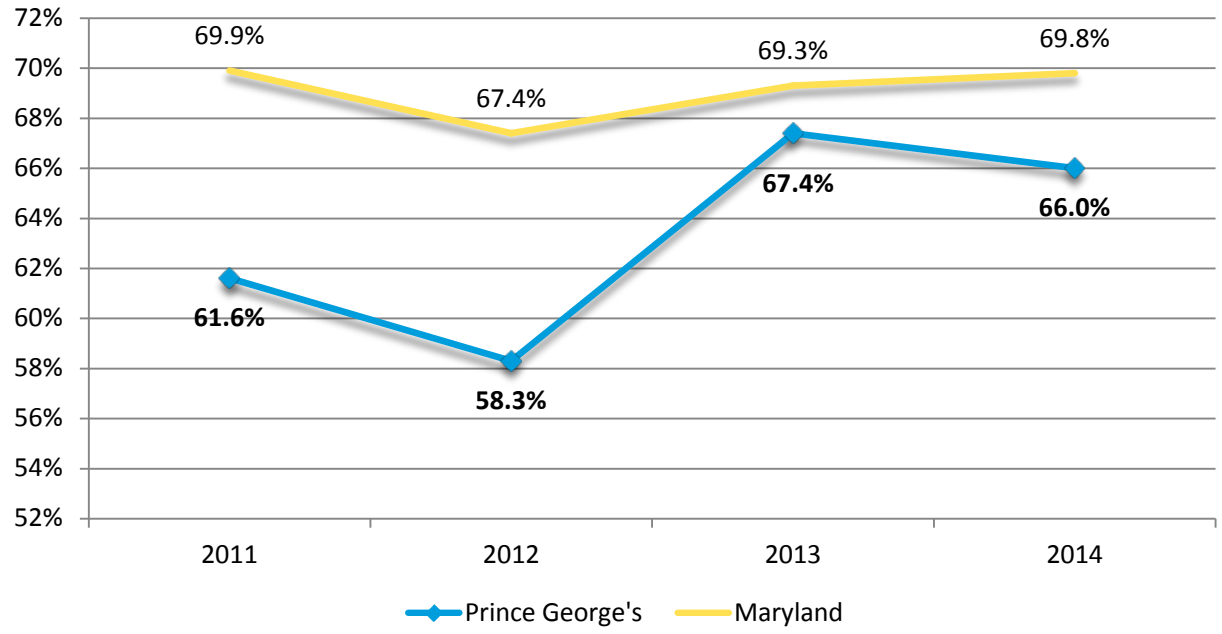
Data Source: Maryland BRFSS

Percent of Adults Who Had a Seasonal Influenza Shot or Influenza Vaccine Nasal Spray During the Past Year, 2011-2014



Data Source: Maryland BRFSS

Percent of Adults Age 65+ Who Ever Had a Pneumonia Vaccine, 2011-2014

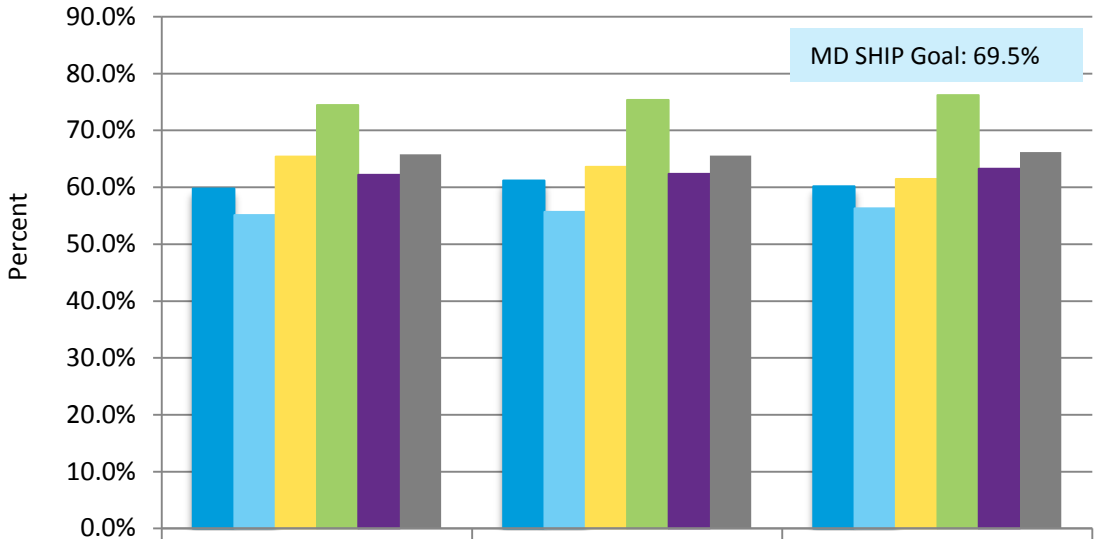


Data Source: Maryland BRFSS 2014

Lead Poisoning

Children can be exposed to lead through lead-based paint and dust with lead in it. Although lead paint was banned in 1978 it can be found in homes built before then, and the deterioration of the paint results in the contaminated dust. Lead exposure often occurs without symptoms and can go unrecognized; however, lead can affect nearly every system in the body. There is no safe blood lead level in children, and action is recommended with levels above 5 micrograms per deciliter. Lead poisoning can result in damage to the brain, slowed development and growth, learning and behavior problems, and hearing and speech problems (CDC).

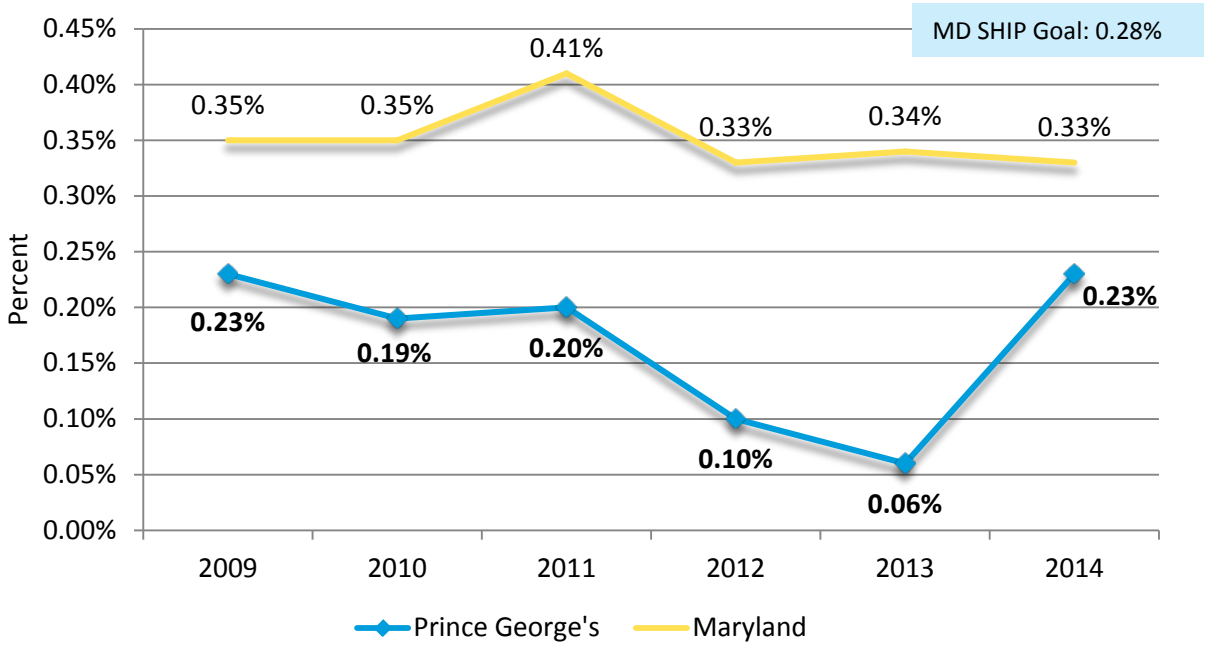
Percentage of Children Ages 12-35 Months Enrolled in Medicaid* Who Received a Blood Lead Test, 2011-2013



	2011	2012	2013
PGC White	59.8%	61.2%	60.2%
PGC Black	55.1%	55.7%	56.3%
PGC Asian	65.4%	63.6%	61.5%
PGC Hispanic	74.5%	75.4%	76.2%
Prince George's	62.2%	62.4%	63.3%
Maryland	65.8%	65.6%	66.2%

***** Includes children enrolled in Medicaid for at least 90 days
Data Source: Maryland Medicaid Service Utilization, Maryland SHIP website, http://dhmh.maryland.gov/ship

Percentage of Children Under Six Years of Age Tested for Blood Lead who have 10 or More Micrograms/Deciliter of Lead in Blood, 2009 to 2014



Data Source: Maryland Department of the Environment

Maternal and Infant Health

Live Birth Rate per 1,000 Population, 2014

	Prince George's	Maryland	United States
Live Births per 1,000 Population	13.6	12.3	12.5

Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, 2014; National Center for Health Statistics, National Vital Statistics Report, 2014

Number of Births by Race and Ethnicity of Mother, Prince George's County, 2014

Race/Ethnicity	Number of Live Births	Percent of Births	Rate per 1,000 population
White, NH	1,225	10.0%	9.3
Black, NH	7,211	58.7%	12.5
Hispanic, Any Race	3,241	26.4%	21.2
Asian	562	4.6%	12.3
American Indian/Alaska Native	33	0.3%	2.9
All Races	**12,288**	**100.0%**	**13.6**

Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, 2014

Number and Percent of Births by Age Group, 2014

	Prince George's		Maryland	United States
Age Group	Number	Percent	Percent	Percent
<15 years	5	0.04%	0.07%	0.1%
15 to 17 years	178	1.4%	1.3%	1.7%
18 to 19 years	455	3.7%	3.3%	4.6%
20 to 24 years	2,403	19.6%	17.4%	22.1%
25 to 29 years	3,329	27.1%	27.3%	28.7%
30 to 34 years	3,419	27.8%	30.8%	27.1%
35 to 39 years	1,962	16.0%	15.9%	12.8%
40 to 44 years	478	3.9%	3.5%	2.8%
45+ years	58	0.5%	0.3%	0.2%

Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, 2014; National Center for Health Statistics, National Vital Statistics Report, 2014

Infant Mortality Rate*, 2014

HP 2020 Goal: 6.3 MD SHIP Goal: 6.0	Prince George's	Maryland	HP 2020 Goal	MD SHIP Goal
Infant Mortality Rate per 1,000 Births	**6.9**	6.5	6.0	6.3

*U.S. rate is unavailable for 2014.

Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, 2014

Infant Deaths, 2012-2014

	2012	2013	2014
Prince George's County Infant Deaths			
White, non-Hispanic	4	6	3
Black, non-Hispanic	69	61	59
Hispanic (any race)	26	21	17
Total Deaths	103	92	85
Infant Mortality Rate: All Races per 1,000 Live Births			
Prince George's	**8.6**	**7.8**	**6.9**
Maryland	6.3	6.6	6.5
Infant Mortality Rate: White, non-Hispanic per 1,000 Live Births			
Prince George's	*	**5.4**	*
Maryland	3.8	4.6	4.4
Infant Mortality Rate: Black, non-Hispanic per 1,000 Live Births			
Prince George's	**9.6**	**8.7**	**8.2**
Maryland	10.4	10.6	10.7
Infant Mortality Rate: Hispanic (any race) per 1,000 Live Births			
Prince George's	**8.8**	**6.9**	**5.2**
Maryland	5.5	4.7	4.4

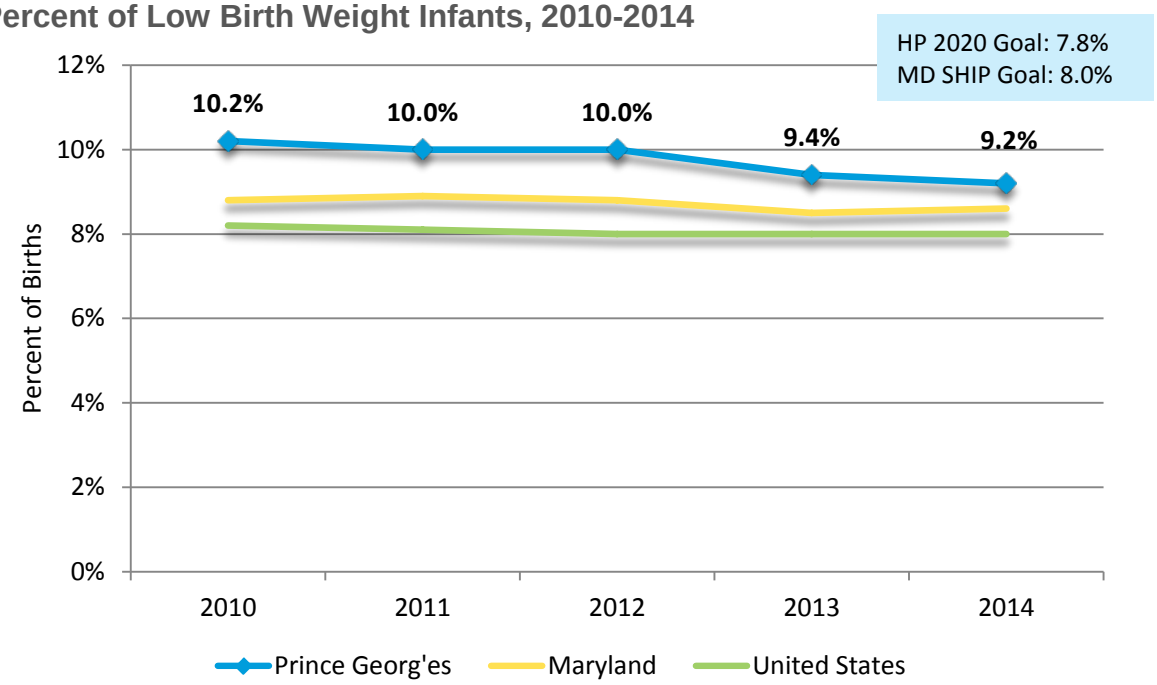
*Rates based on <5 deaths are not presented since they are subject to instability.
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Low Birth Weight (<2500g) by Race/Ethnicity and Age, 2014

HP 2020 Goal: 7.8% MD SHIP Goal: 8.0%	Prince George's	Maryland	United States
Race/Ethnicity			
White, NH	5.3%	6.6%	7.0%
Black, NH	11.0%	12.1%	13.2%
Asian/PI	8.0%	8.1%	*
Hispanic, any race	7.1%	7.3%	7.1%
Age Group			
Under 18 years	9.3%	11.1%	9.7%
18 to 19 years	12.5%	10.9%	9.2%
20 to 24 years	9.0%	9.3%	8.2%
25 to 29 years	8.3%	7.8%	7.4%
30 to 34 years	9.3%	7.9%	7.5%
35 to 39 years	9.2%	9.2%	8.7%
40 + years	13.1%	11.6%	11.6%
Overall	**9.2%**	**8.6%**	**8.0%**

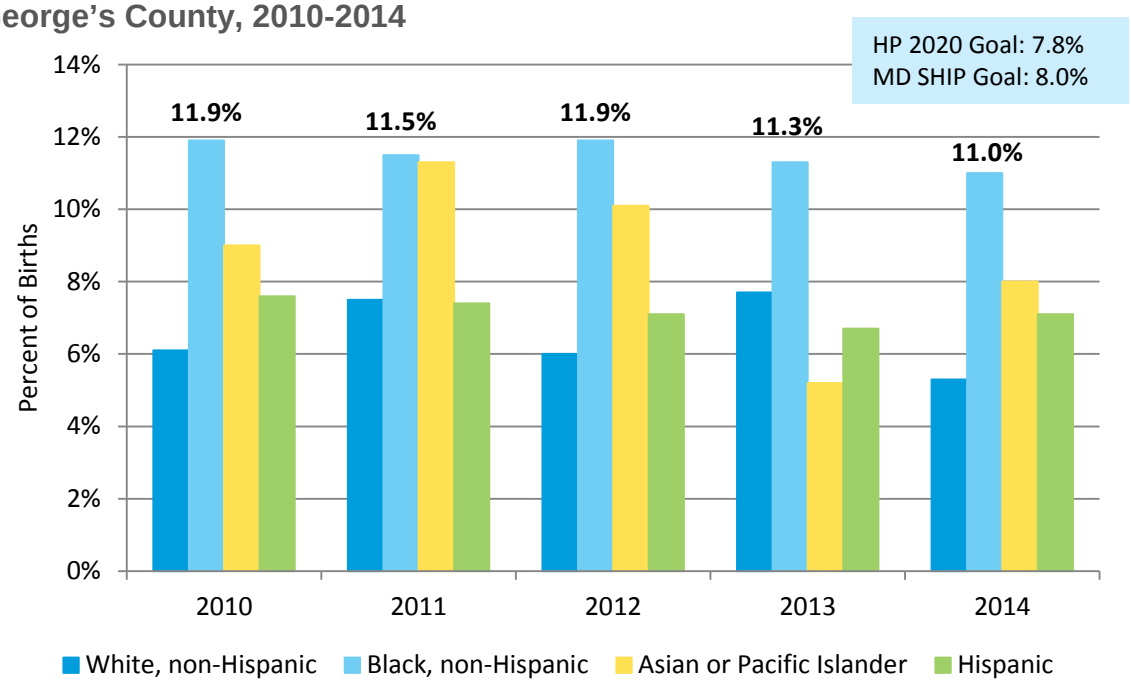
*Data not available for Asian/Pacific Islander
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, 2014; National Center for Health Statistics, Births Final Data for 2014

Percent of Low Birth Weight Infants, 2010-2014



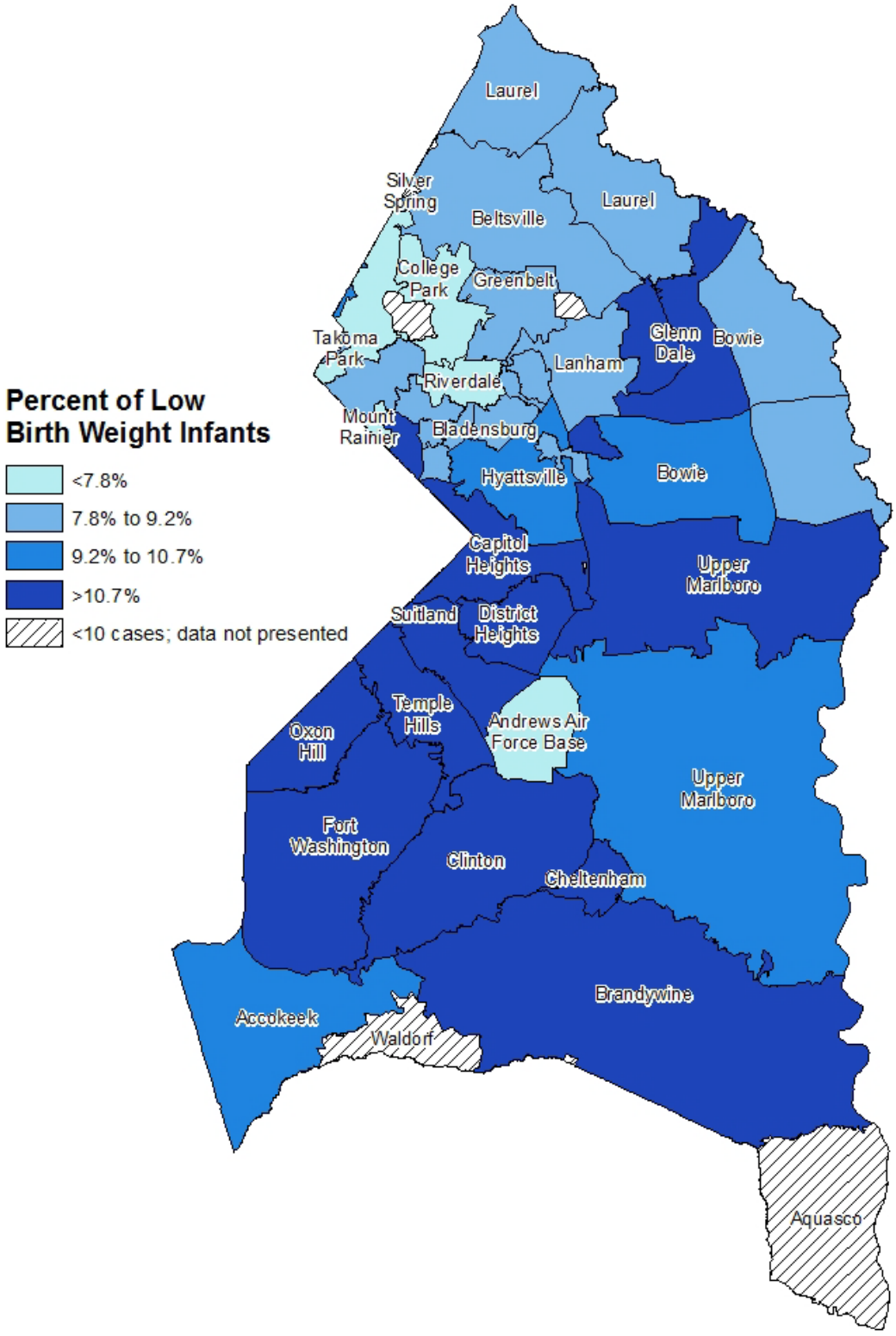
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, 2014; National Center for Health Statistics, National Vital Statistics Report

Percent of Low Birth Weight (<2500g) Infants by Race and Ethnicity, Prince George's County, 2010-2014



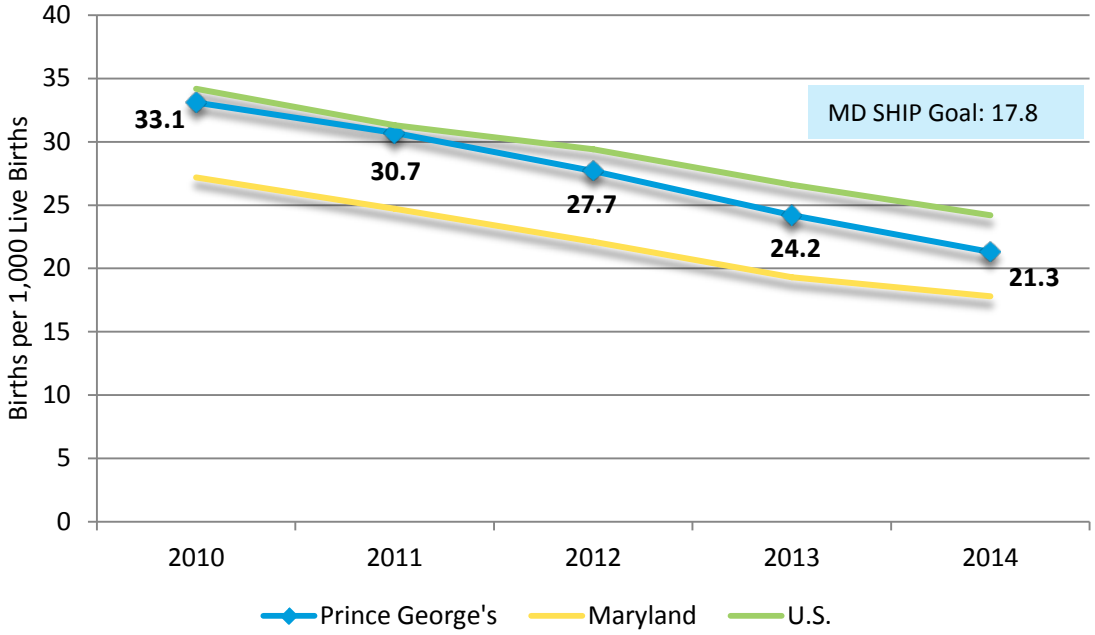
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Percentage of Low Birth Weight Infants by ZIP Code, Prince George's County, 2010-2014



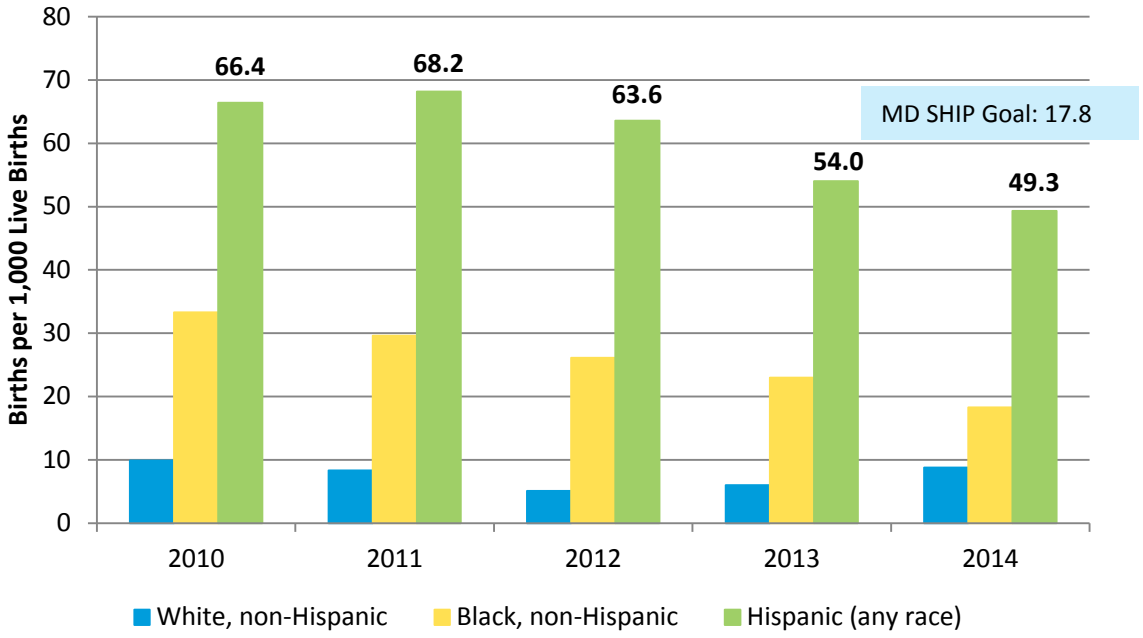
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Teen Birth Rate (Ages 15 to 19 Years), 2010-2014



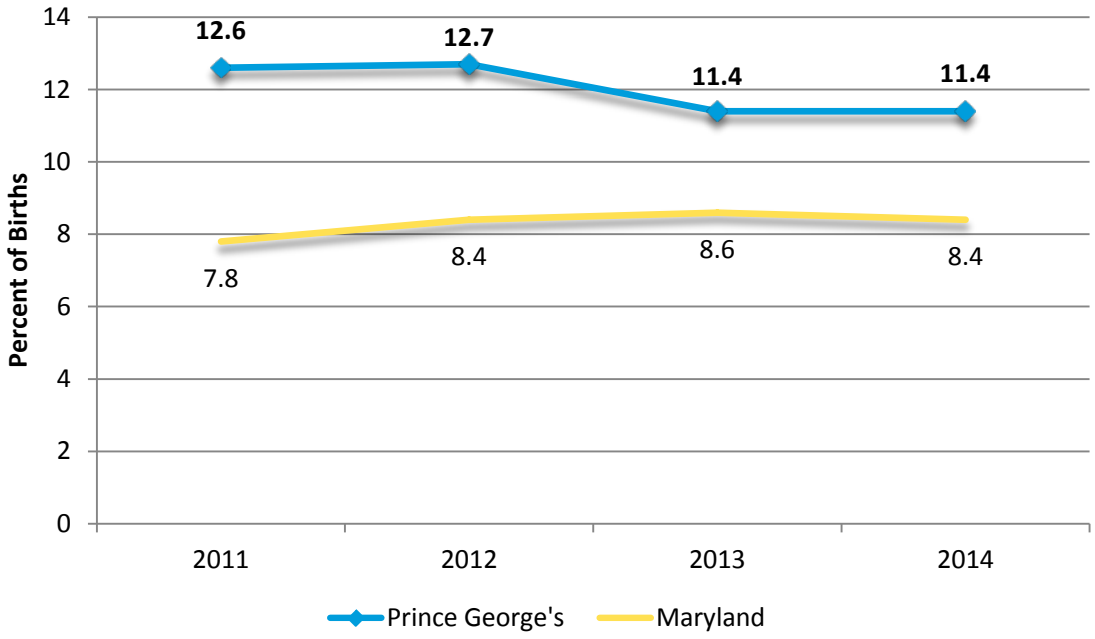
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration; National Center for Health Statistics, National Vital Statistics Report, 2014

Teen Birth Rate (Ages 15 to 19) by Race and Ethnicity, Prince George's County, 2010-2014



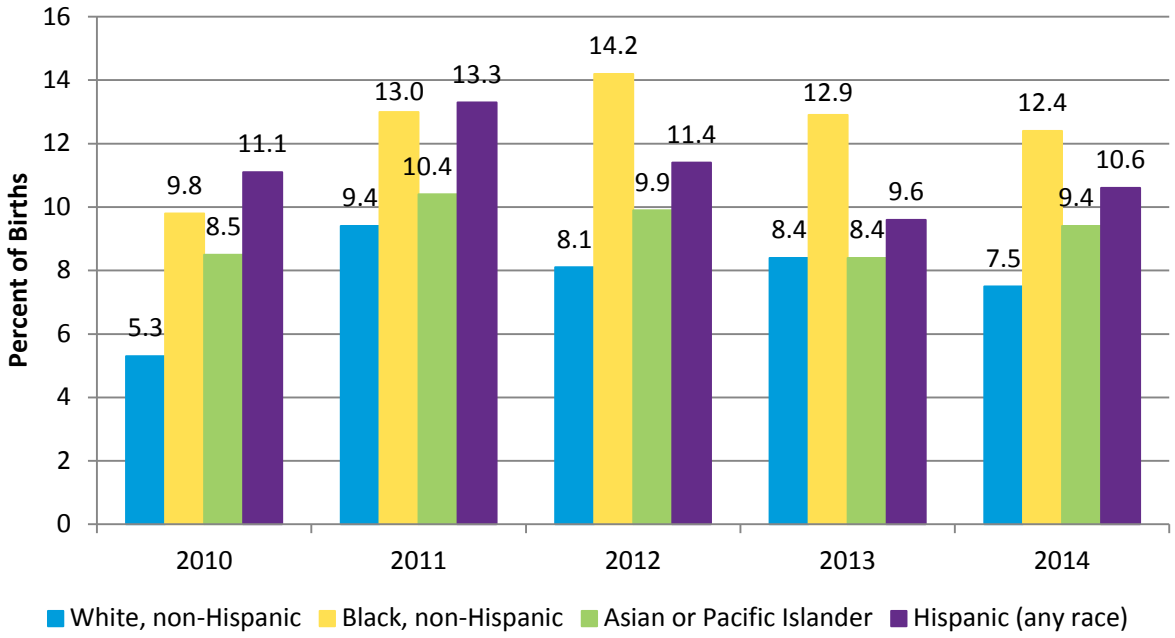
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Percent of Births with Late or No Prenatal Care*, 2011-2014



*Late care refers to care beginning in the third trimester.
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, Annual Report

Percent of Births with Late or No Prenatal Care by Race and Ethnicity, Prince George's County, 2010-2014

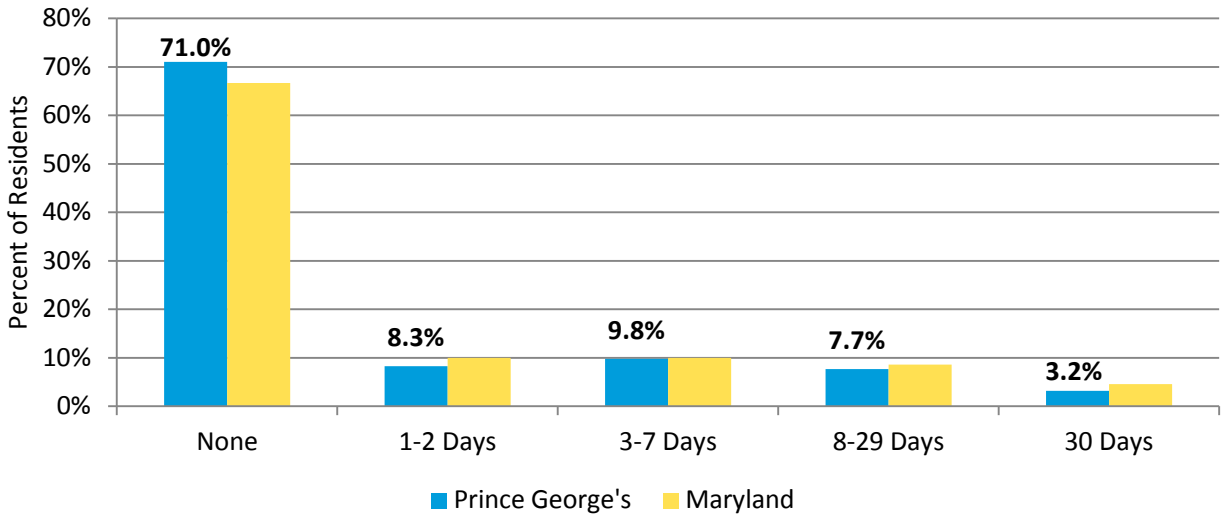


*Late care refers to care beginning in the third trimester.
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, Annual Report

Mental Health

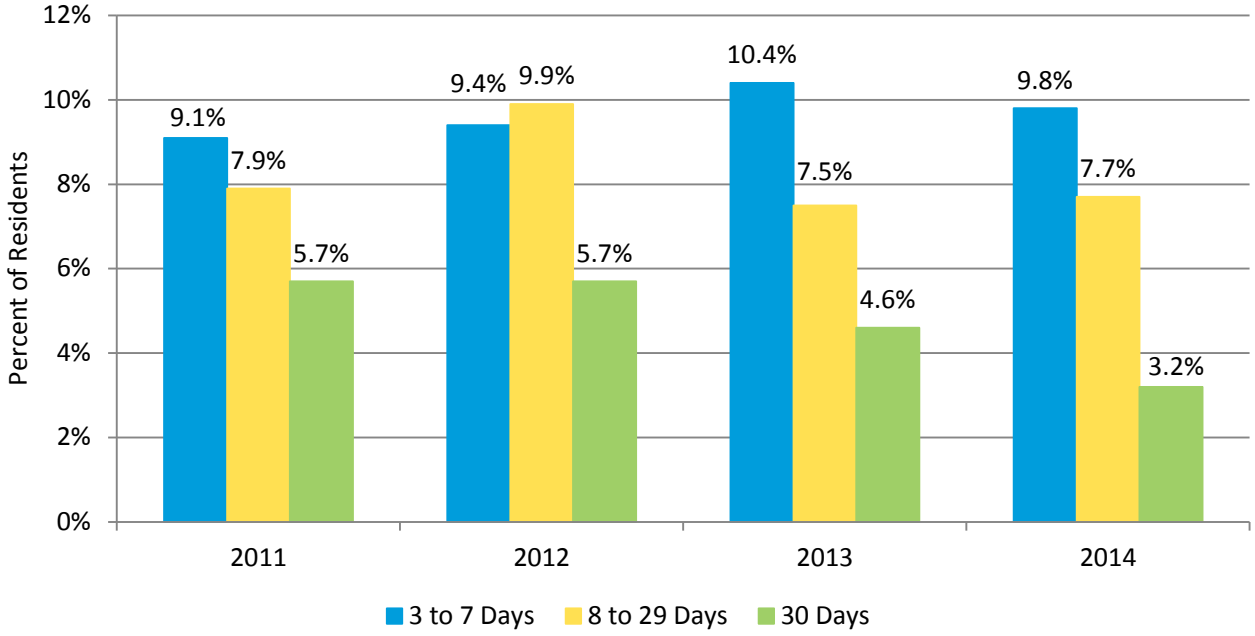
Overview	
What is it?	Mental health includes emotional, psychological, and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make choices.
Who is affected?	10.9% (74,502) of residents reported experiencing at least 8 days of poor mental health during the last 30 days (2014 MD BRFSS). In 2014, there were 51 suicide deaths in the county.
Prevention & Treatment	• Poor mental health prevention includes helping individuals develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors (SAMHSA.gov). • Mental health treatment includes psychotherapy, medication, case management, partial hospitalization programs, support groups, and peer support.
What are the outcomes?	Mental health covers a number of different conditions that can vary in outcomes. Early engagement and support are crucial to improving outcomes.
Disparity	White non-Hispanic residents had a higher Emergency Department (ED) visit rate related to mental health conditions compared to other county residents. The suicide rate was also higher among White non-Hispanics compared to other county residents.
How do we compare?	While 10.9% of county residents reported at least 8 poor mental health days, other Maryland counties range from 6.4% to 24.2%; the state overall is 13.2% (2014 MD BRFSS). The county has the lowest suicide age-adjusted death rate in the state.

Percent of Residents with Poor Mental Health Days within a Month, 2014



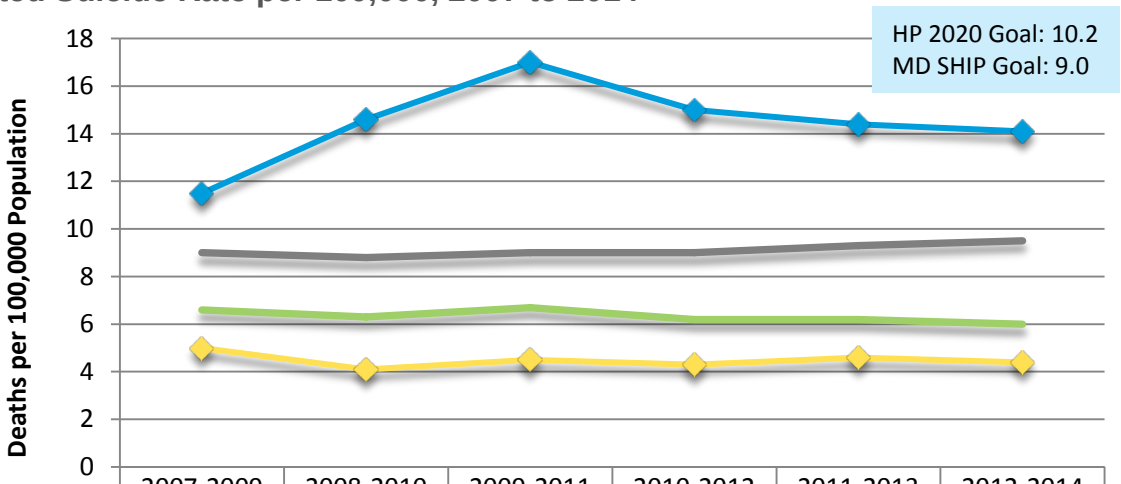
Data Source: 2014 Maryland BRFSS

Percent of Residents with Poor Mental Health Days within the Past Month, Prince George's County, 2011 to 2014



Data Source: 2014 Maryland BRFSS

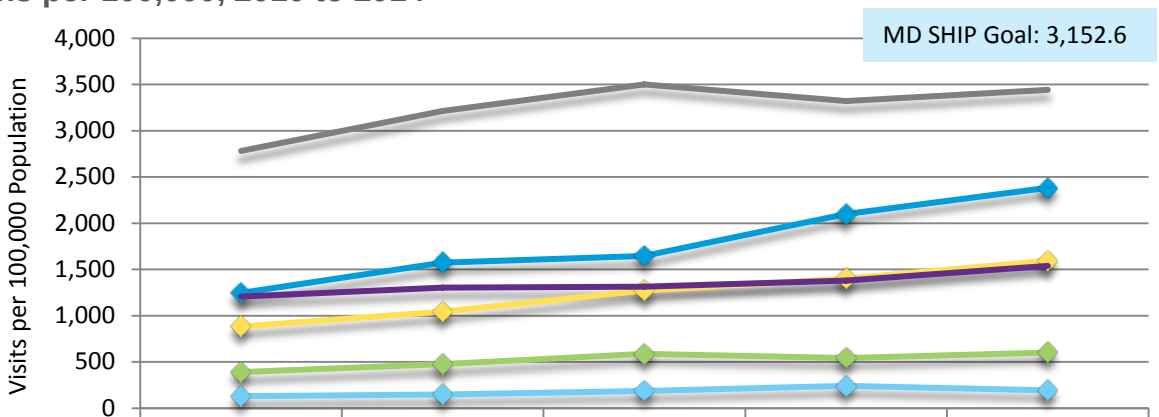
Age-Adjusted Suicide Rate per 100,000, 2007 to 2014



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	11.5	14.6	17.0	15.0	14.4	14.1
PGC Black NH	5.0	4.1	4.5	4.3	4.6	4.4
PGC Total	6.6	6.3	6.7	6.2	6.2	6.0
Maryland	9.0	8.8	9.0	9.0	9.3	9.5

***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Age-Adjusted Rate of Emergency Department* Visits Related to Mental Health Conditions per 100,000, 2010 to 2014



	2010	2011	2012	2013	2014
PGC White NH	1,245.7	1,573.5	1,646.1	2,097.2	2,381.9
PGC Black NH	882.4	1,042.1	1,270.6	1,400.5	1,591.8
PGC Asian NH	129.2	147.3	185.6	239.0	191.2
PGC Hispanic	389.4	474.7	586.4	542.3	601.2
PGC Total	1,206.2	1,304.3	1,314.5	1,379.5	1,539.3
Maryland	2,780.8	3,211.2	3,500.6	3,318.5	3,442.6

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: MD Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files

Emergency Department Visits* for Behavioral Health Conditions, Prince George's County, 2014

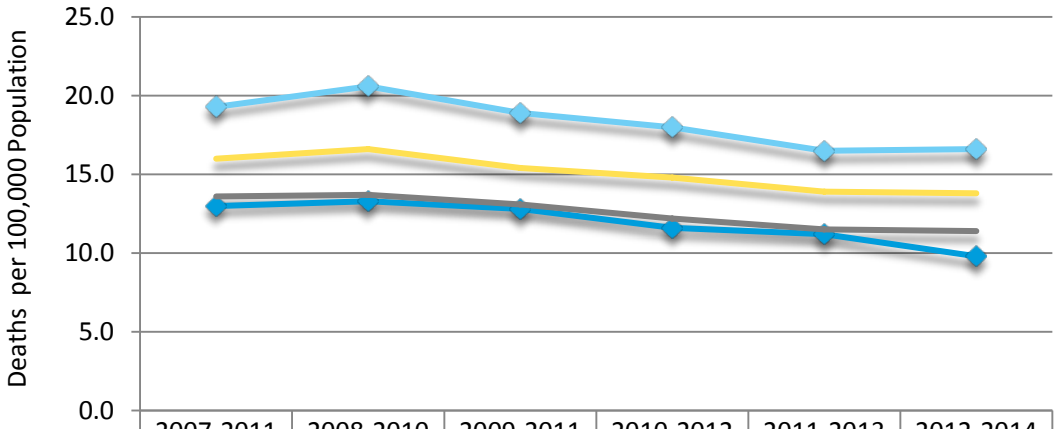
Behavioral Health Condition	Frequency	Percent
Alcohol-related disorders	1,795	26.2%
Mood disorders	1,497	21.9%
Anxiety disorders	1,225	17.9%
Schizophrenia and other psychotic disorders	829	12.1%
Drug-related disorders	652	9.5%
Miscellaneous disorders	298	4.4%
Suicide and intentional self-inflicted injury	252	3.7%
Adjustment disorders	165	2.4%
Disruptive behavior disorders	89	1.3%
Personality disorders	27	0.4%
Disorders usually diagnosed in infancy, childhood, or adolescence	13	0.2%
Total	**6,842**	

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County numbers and percent.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Nephritis (Chronic Kidney Disease)

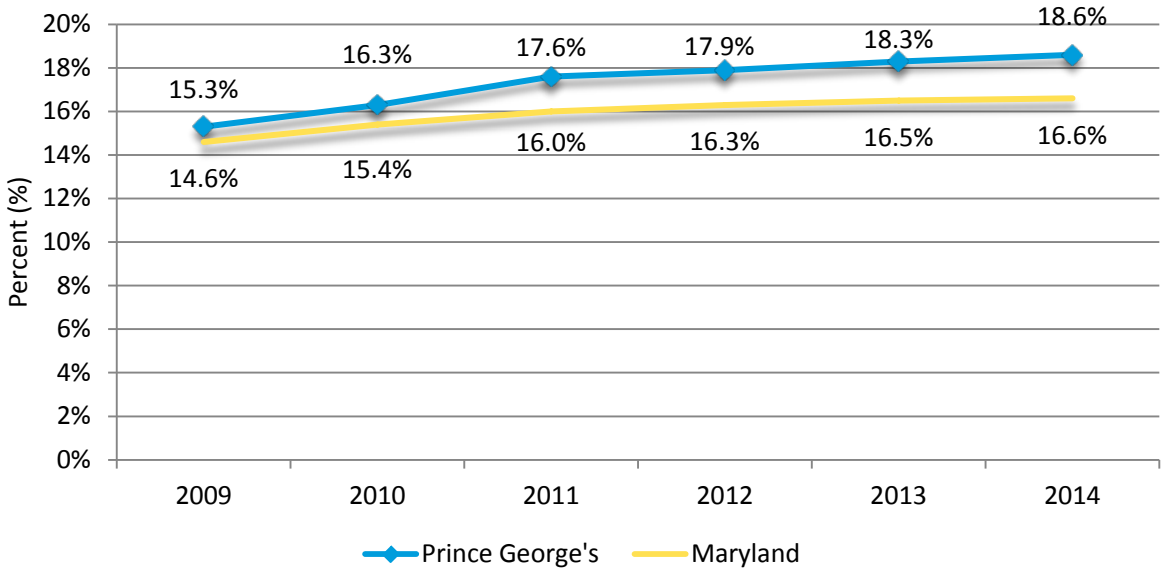
Age-Adjusted Death Rate for Nephritis, 2007-2014



	2007-2011	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	13.0	13.3	12.8	11.6	11.2	9.8
PGC Black NH	19.3	20.6	18.9	18.0	16.5	16.6
Prince George's	16.0	16.6	15.4	14.8	13.9	13.8
Maryland	13.6	13.7	13.1	12.2	11.5	11.4

***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Percentage of Medicare Beneficiaries Who Were Treated for Chronic Kidney Disease, 2009 to 2014



Data Source: Centers for Medicare and Medicaid Services

Obesity

Overview	
What is it?	Weight that is higher than what is considered a healthy weight for a given height is described as overweight or obese. Body Mass Index (BMI) is used as a screening tool for overweight or obesity that takes into consideration height and weight. Children and adolescents are measured differently based on their age and sex.
Who is affected?	34.2% (218,270) of adults in the county are estimated to be obese, and an additional 34.1% are considered to be overweight. (2014 MD BRFSS). In 2013, 52.6% (310,107) of adults did not meet physical activity recommendations of participating in at least 150 minutes of aerobic physical activity per week. In 2013, 13.7% of high school students were estimated as obese.
Prevention and Treatment	• The key to achieving and maintaining a healthy weight is not short-term dietary changes; it's about a lifestyle that includes healthy eating and regular physical activity. (CDC.gov). • Follow a healthy eating plan, focus on portion size, be active, reduce screen time and a sedentary lifestyle, and keep track of your weight (NHLBI.NIH.gov).
What are the outcomes?	Obesity causes an increased risk for hypertension, type 2 diabetes, heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and breathing problems, some cancers, low quality of life, and mental illness. (CDC.gov)
Disparity	In the county, more adult females (40.4%) than males (27.5%) are estimated to be obese. By age, more residents age 45 and are obese compared to those under 45 (2014 MD BRFSS). For adolescents, more Hispanic youth were obese compared to other students. More males (50.5%) than females (44.6%) participate in regular physical activity (2013 MD BRFSS).
How do we compare?	While 34.2% of county residents are obese, other Maryland counties range from 20.3% to 49.5%; the state overall is at 29.6% (2014 MD BRFSS) and the U.S. is at 29.5% (BRFSS). 47.4% of county residents met aerobic recommendations, other Maryland counties range from 32% to 55.3%; the state overall is 48% (2014 MD BRFSS) and the U.S. is at 50.6% (BRFSS). More county high school students are estimated to be obese (13.7%) compared to the state (11.0%) (YRBS).

How Obesity Is Classified

Body Mass Index (BMI)	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	Obese

Data Source: Centers for Disease Control and Prevention

Percent of Adults Who Are Obese, 2014

HP2020 Goal: 30.5%	Prince George's	Maryland
Sex		
Male	27.5%	27.8%
Female	40.4%	31.3%
Race/Ethnicity		
White, non-Hispanic	34.6%	27.9%
Black, non-Hispanic	38.9%	39.1%
Hispanic	20.9%	22.6%
Age		
18 to 44 Years	25.9%	25.8%
45 to 64 Years	42.8%	34.8%
Over 65 Years	42.9%	29.0%
Total	**34.2%**	**29.6%**

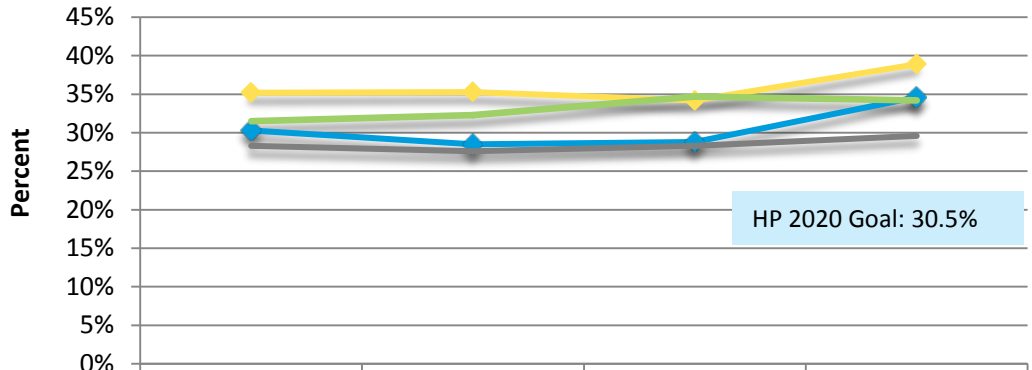
Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Adults Who Are Overweight, 2014

	Prince George's	Maryland
Sex		
Male	37.4%	40.7%
Female	31.1%	30.1%
Race/Ethnicity		
White, non-Hispanic	32.0%	34.8%
Black, non-Hispanic	35.9%	34.7%
Hispanic	34.6%	46.2%
Age		
18 to 44 Years	33.2%	32.0%
45 to 64 Years	35.7%	37.1%
Over 65 Years	33.9%	40.3%
Total	**34.1%**	**35.4%**

Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Adults Who Are Obese, 2011 to 2014

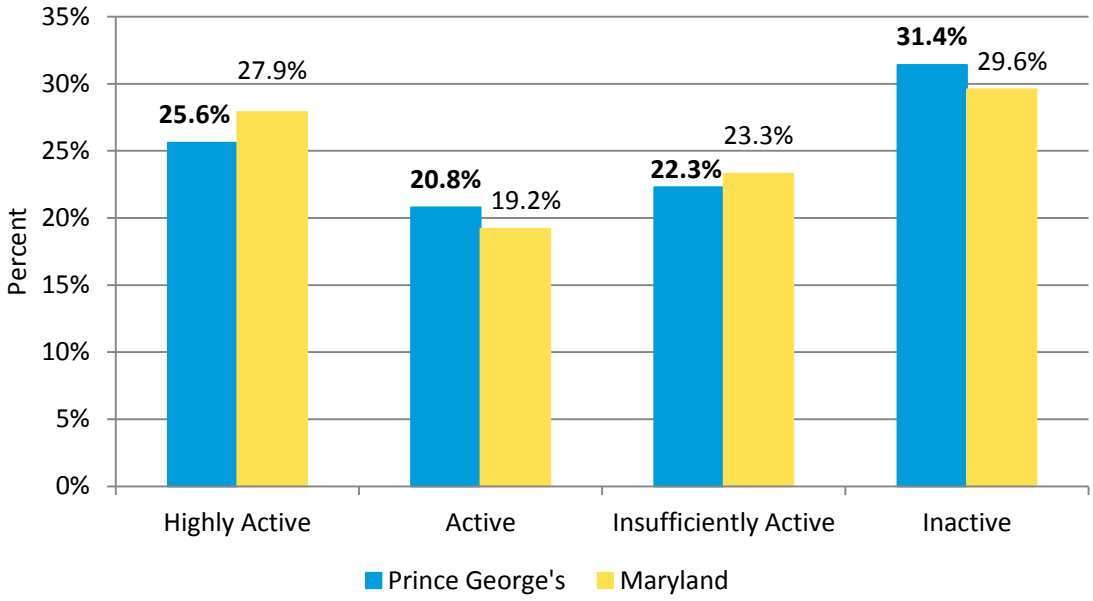


	2011	2012	2013	2014
PGC White NH	30.3%	28.5%	28.8%	34.6%
PGC Black NH	35.2%	35.3%	34.2%	38.9%
Prince Geroge's	31.5%	32.3%	34.7%	34.2%
Maryland	28.3%	27.6%	28.3%	29.6%

PGC White NH PGC Black NH Prince Geroge's Maryland

Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Adults by Physical Activity Level, 2014



Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Adults That Participated in at least 150 Minutes of Moderate Physical Activity or 75 Minutes of Vigorous Activity per Week, 2013

MD SHIP Goal: 50.4%	Prince George's	Maryland
Sex		
Male	50.5%	50.0%
Female	44.6%	46.0%
Race/Ethnicity		
White, non-Hispanic	49.3%	51.5%
Black, non-Hispanic	49.6%	45.4%
Hispanic	33.6%	30.0%
Age Group		
18 to 44 Years	50.0%	49.1%
45 to 64 Years	45.6%	48.1%
Over 65 Years	43.5%	45.4%
Total	**47.4%**	**48.0%**

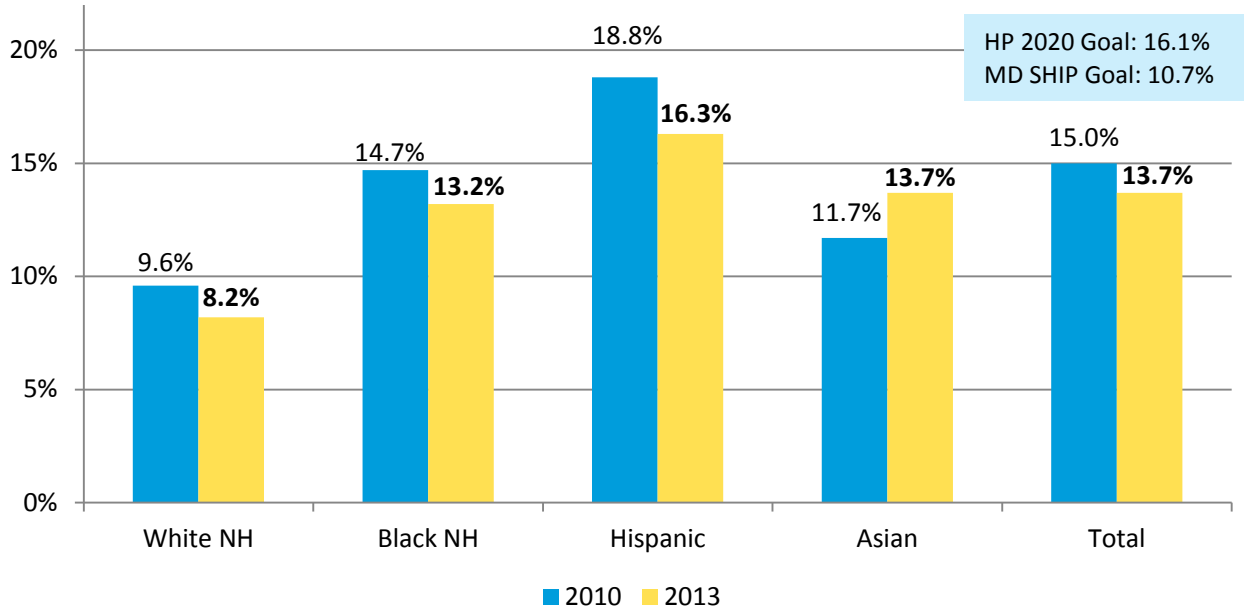
Data Source: Maryland Behavioral Risk Factor Surveillance System

Percentage of High School Students who are Obese, 2013

HP 2020 Goal: 10.7% MD SHIP Goal: 16.1%	Prince George's	Maryland
Sex		
Male	15.9%	13.8%
Female	11.3%	8.1%
Race/Ethnicity		
White, non-Hispanic	8.2%	9.1%
Black, non-Hispanic	13.2%	13.5%
Hispanic	16.3%	12.7%
Age Group		
15 or Younger	14.4%	11.1%
16 or 17 Years	12.6%	10.8%
18 or Older	15.1%	11.5%
Total	**13.7%**	**11.0%**

Data Source: 2013 Youth Risk Behavior Survey Report for Prince George's County and Maryland, Maryland DHMH

Percent of High School Students who are Obese, Prince George's County, 2010 and 2013



Data Source: Youth Risk Behavior Survey Report for Prince George's County and Maryland, Maryland DHMH

Percentage of High School Students Who Ate Fruits and Vegetables Five or More Times per day During the Past Week, 2013

	Prince George's	Maryland
Sex		
Male	21.4%	21.1%
Female	15.4%	19.0%
Race/Ethnicity		
White, non-Hispanic	16.7%	19.0%
Black, non-Hispanic	17.8%	19.6%
Hispanic	19.6%	22.1%
Age Group		
15 or Younger	17.8%	19.4%
16 or 17 Years	19.3%	20.3%
18 or Older	18.7%	22.4%
Total	**18.6%**	**20.1%**

Data Source: 2013 Youth Risk Behavior Survey Report for Prince George's County and Maryland, Maryland DHMH

Percentage of High School Students who were Physically Active for a Total of at Least 60 Minutes per day on Five or More of the Past Week, 2013

	Prince George's	Maryland
Sex		
Male	34.7%	46.8%
Female	25.0%	33.8%
Race/Ethnicity		
White, non-Hispanic	39.4%	47.4%
Black, non-Hispanic	29.2%	33.3%
Hispanic	29.7%	34.1%
Age Group		
15 or Younger	28.8%	42.4%
16 or 17 Years	31.3%	39.1%
18 or Older	25.1%	34.8%
Overall	**29.6%**	**40.1%**

Data Source: Youth Risk Behavior Survey Report for Prince George's County and Maryland, Maryland DHMH

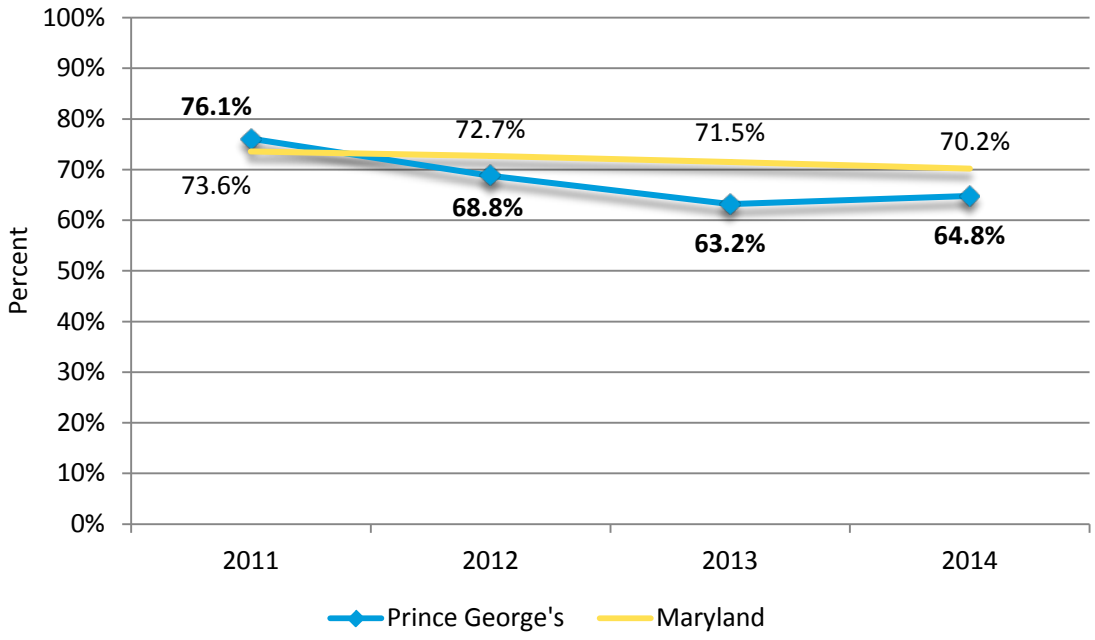
Oral Health

Percent of Adult Who Visited a Dentist in the Past Year, 2014

	Prince George's	Maryland
Sex		
Male	59.6%	66.2%
Female	69.5%	73.9%
Race/Ethnicity		
White, non-Hispanic	68.5%	74.7%
Black, non-Hispanic	64.7%	64.7%
Hispanic	58.1%	59.1%
Age Group		
18 to 34 Years	55.4%	67.2%
35 to 49 Years	64.2%	68.3%
50 to 64 Years	76.9%	74.8%
Over 65 Years	65.2%	69.9%
Total	**64.8%**	**70.2%**

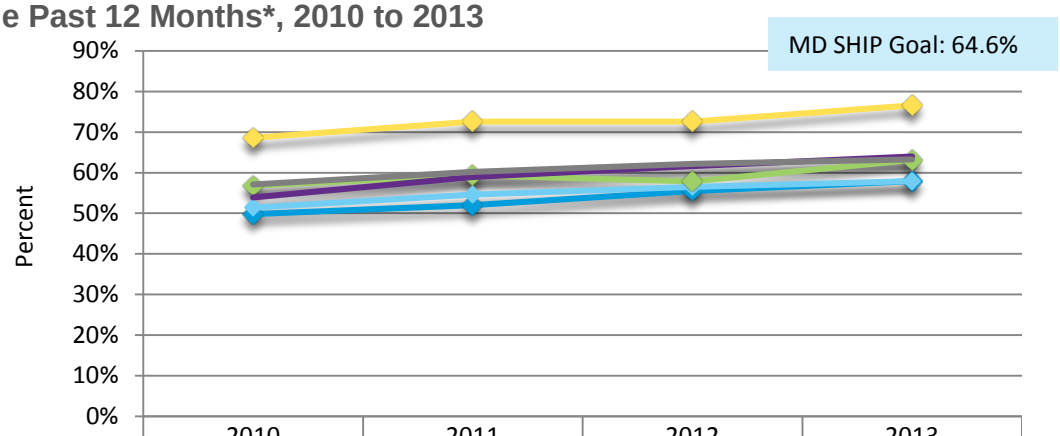
Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Adults who Visited a Dentist in the Past Year, 2011-2014



Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Children (0 to 20 years) Enrolled in Medicaid who had a Dental Visit within the Past 12 Months*, 2010 to 2013

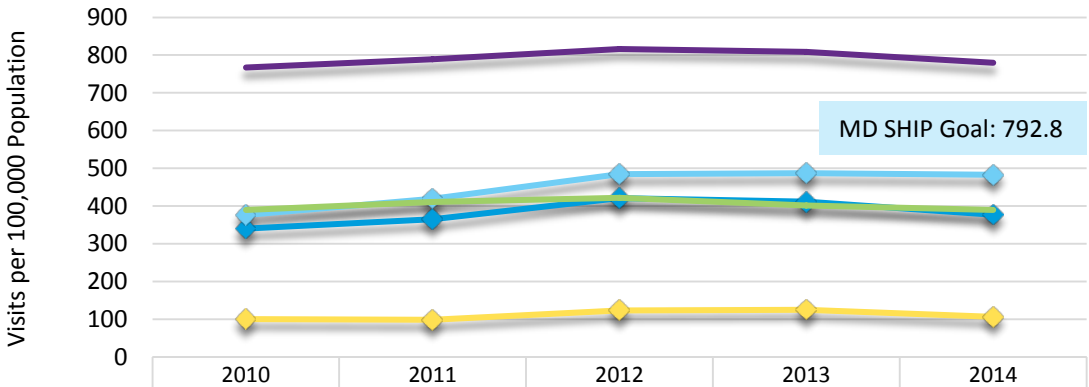


	2010	2011	2012	2013
PGC White	49.8%	52.0%	55.5%	57.9%
PGC Black	51.4%	54.6%	56.5%	57.9%
PGC Hispanic	68.6%	72.6%	72.6%	76.6%
PGC Asian	56.8%	59.3%	57.8%	63.1%
Prince George's	53.9%	58.9%	61.6%	64.0%
Maryland	57.1%	60.2%	62.2%	63.3%

*Only children enrolled in Medicaid for at least 320 days were included in the measure

Data Source: Maryland Department of Health and Mental Hygiene, Maryland State Health Improvement Process

Age-Adjusted Emergency Department Visit* Rate for Dental Care, 2010 to 2014

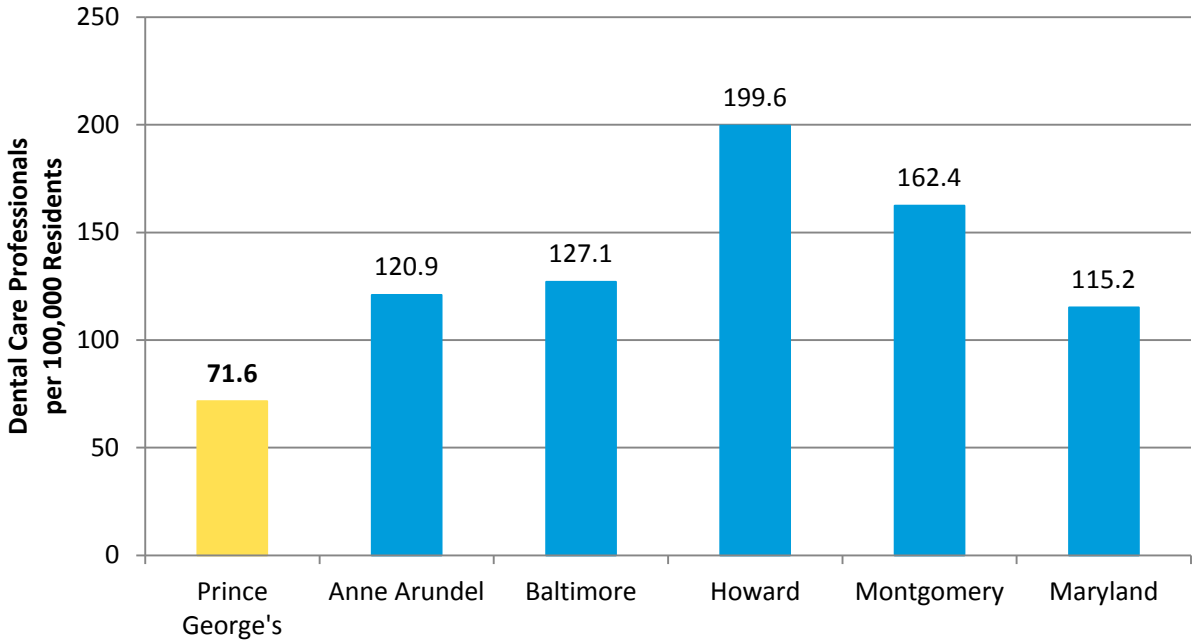


	2010	2011	2012	2013	2014
PGC White NH	340.7	365.5	421.4	411.7	377.7
PGC Black NH	376.8	419.9	484.6	487.2	483.2
PGC Hispanic	100.6	99.1	123.9	125.6	106.8
PGC	391.7	411.4	422.3	401.8	390.1
Maryland	767.5	789.6	816.7	809.0	779.7

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

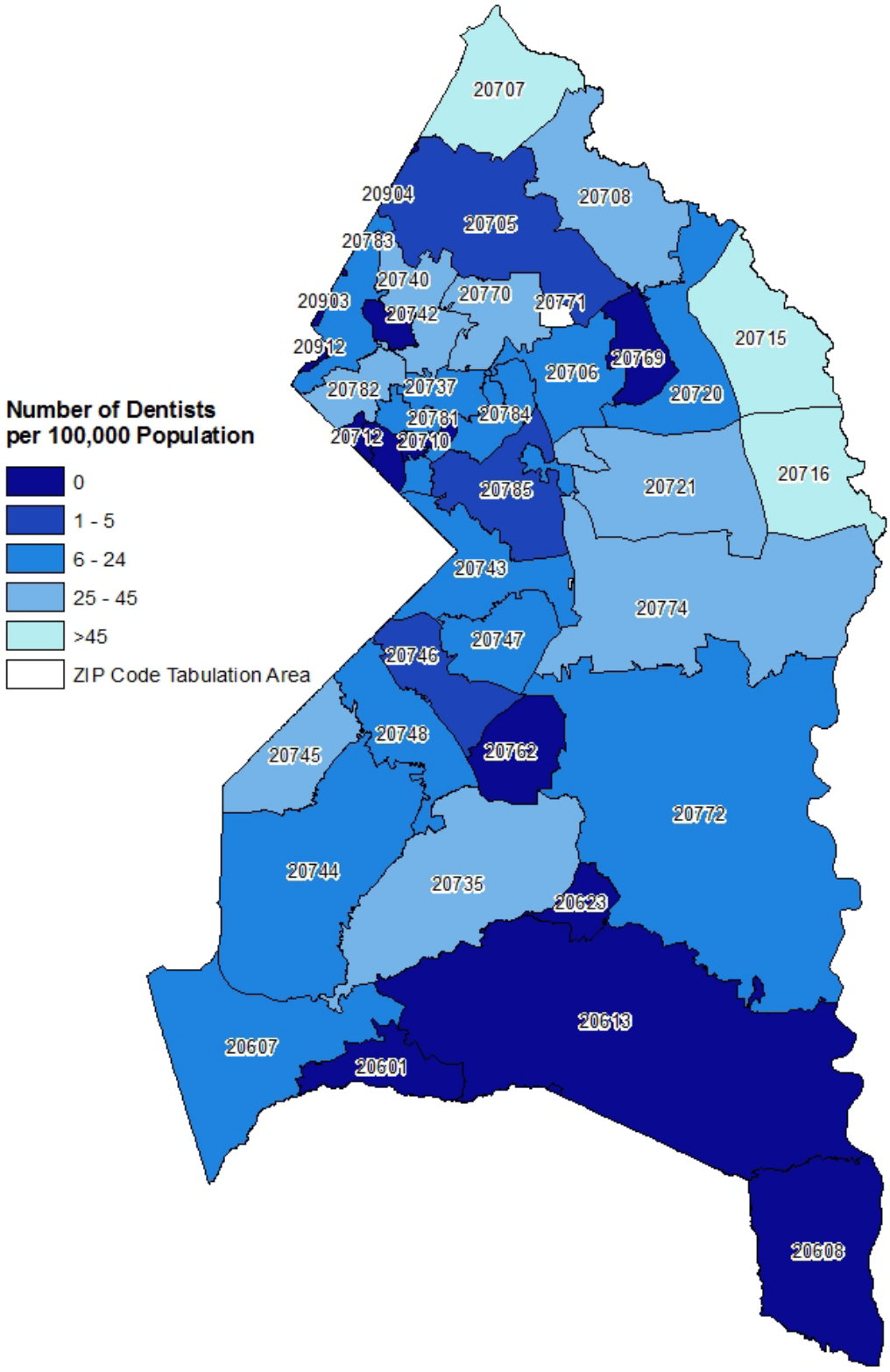
Data Source: Maryland Health Services Cost Review Commission (HSCRC) Research Level Statewide Outpatient Data Files

Rates of Dental Care Professionals per 100,000 Residents by Jurisdiction, 2011



Data Source: Transforming Health Public Impact Study, UMD SPH, page 120

Rate of Dentists per 100,000 Residents, Prince George's County, 2011



Data Source: Transforming Health Public Impact Study, UMD SPH, page 122

Sexually Transmitted Infections

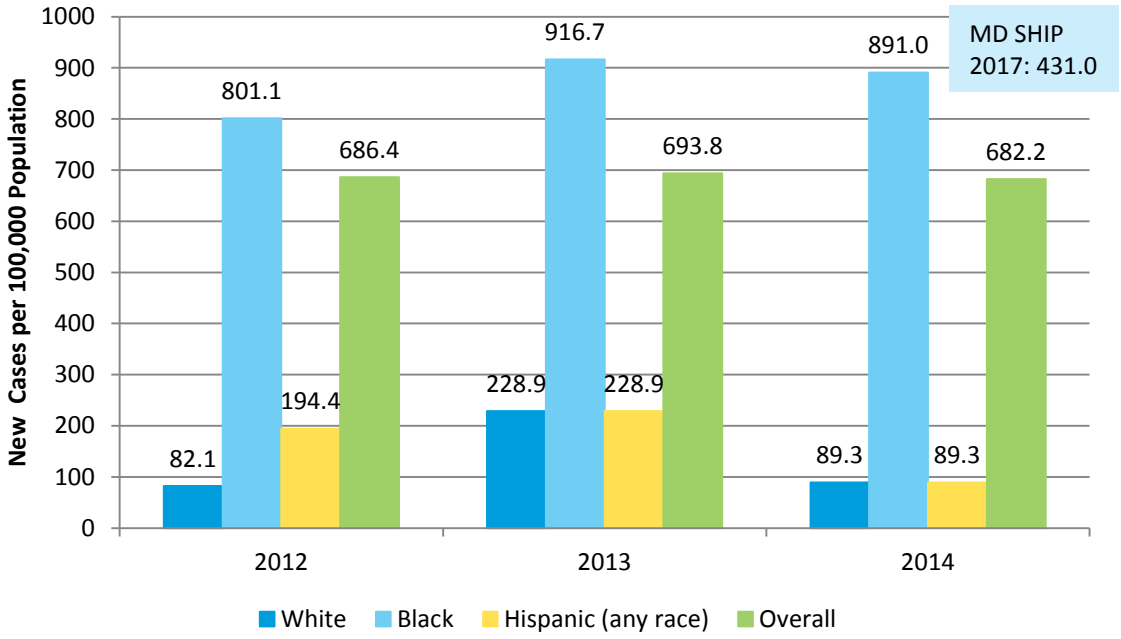
Number of Sexually Transmitted Infections, Prince George's County

STI	2012	2013	2014	5-Year Mean
Chlamydia	6,037	6,163	6,130	6,060
Gonorrhea	1,465	1,482	1,276	1,511
Syphilis*	83	122	111	99

*Includes both Primary and Secondary Syphilis

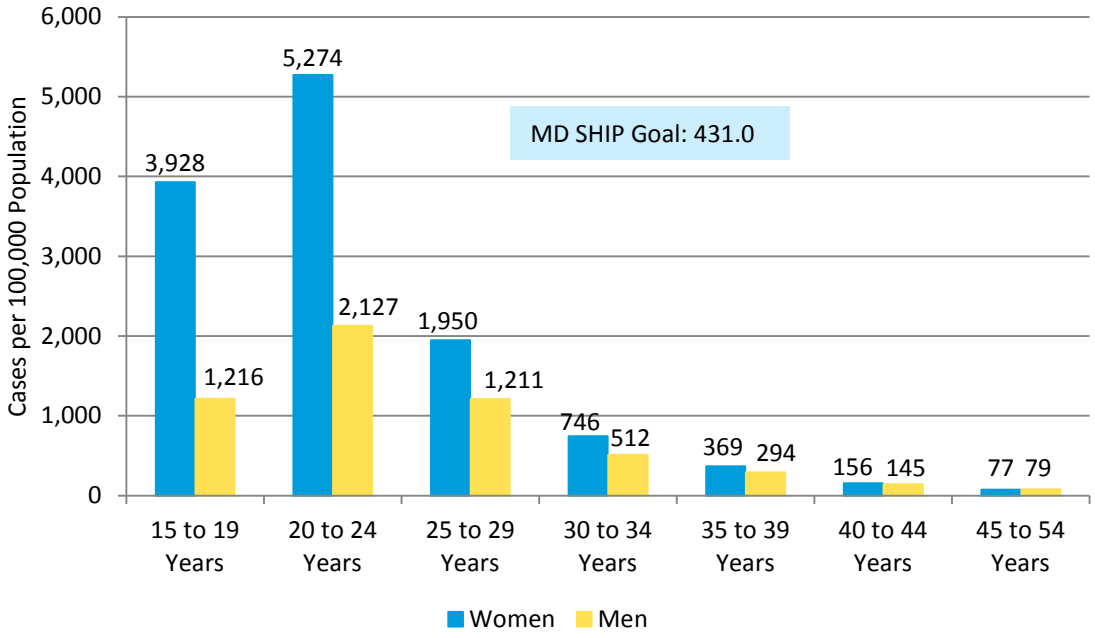
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Chlamydia Rates by Race and Ethnicity, Prince George's County, 2012-2014



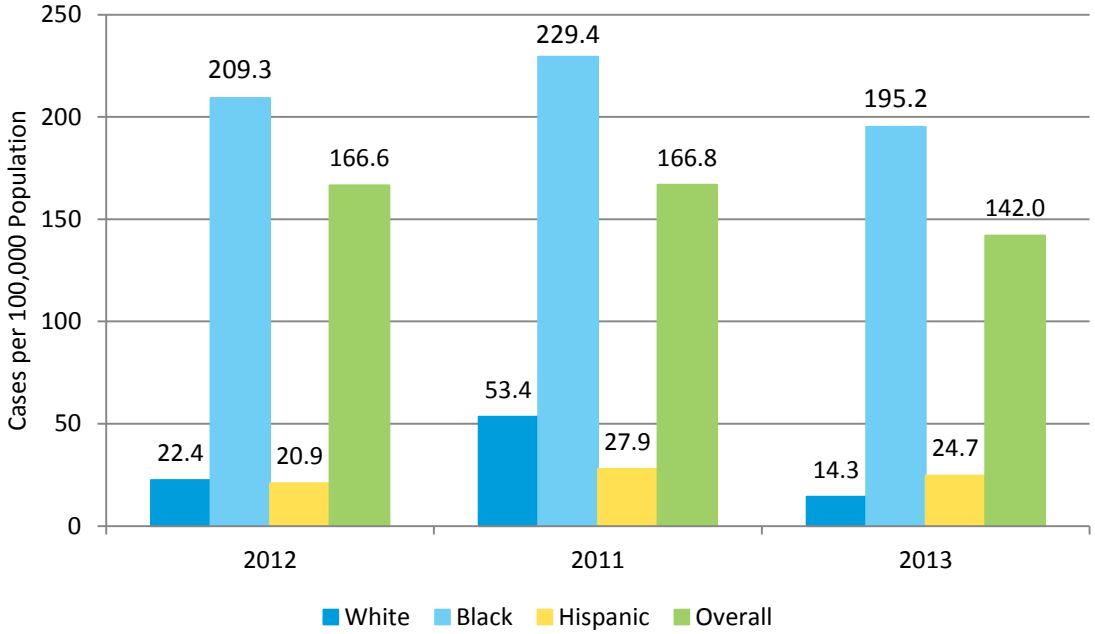
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Chlamydia Rates by Age Group and Sex, Prince George's County, 2014



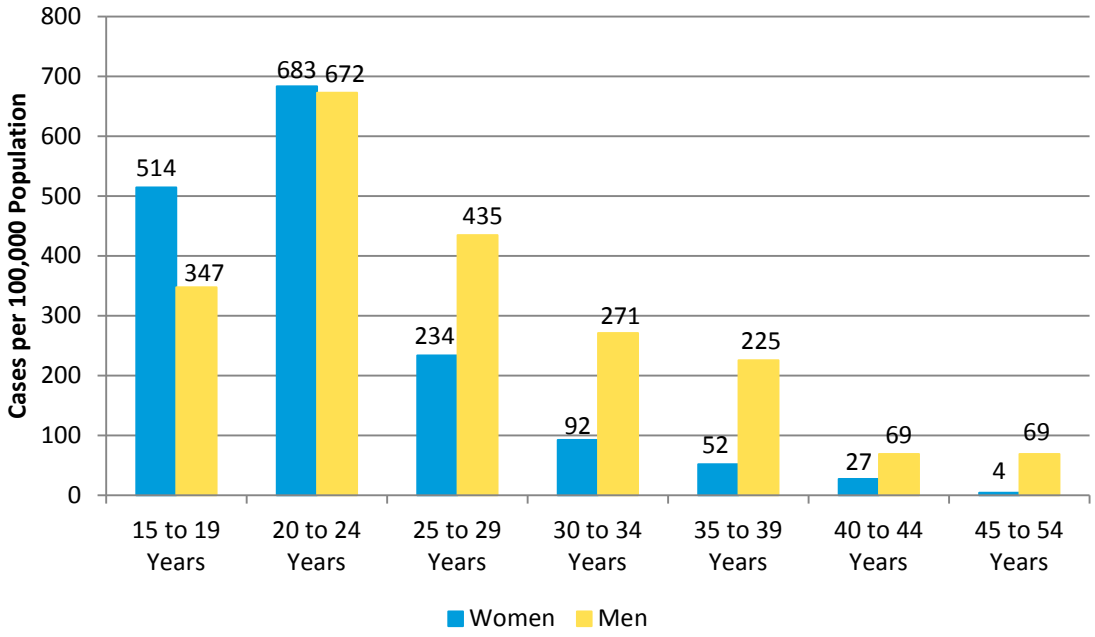
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Gonorrhea Rates by Race and Ethnicity, Prince George's County, 2012-2014



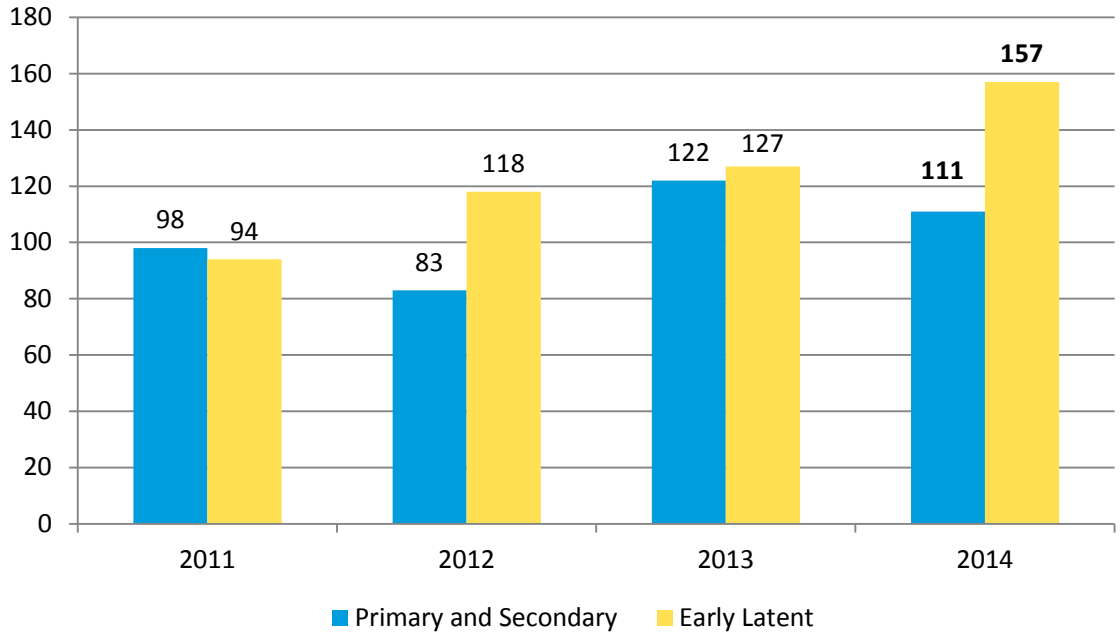
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Gonorrhea Rates by Age Group and Sex, Prince George's County 2014



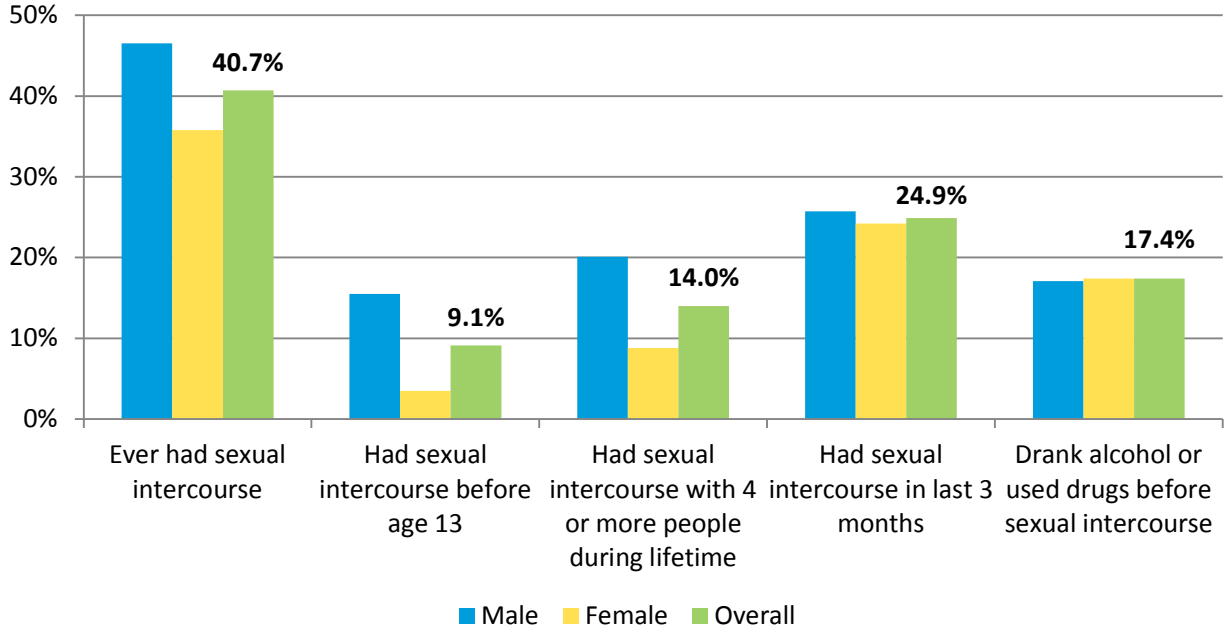
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Number of Early Syphilis Cases, Prince George's County, 2011-2014



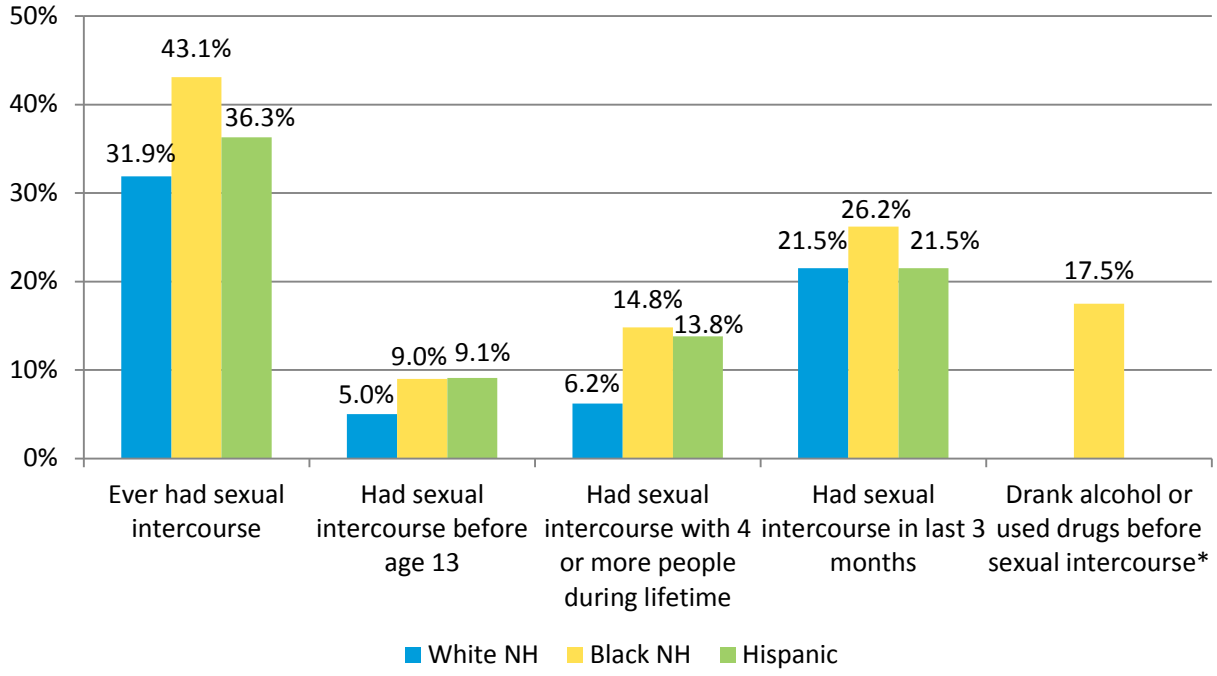
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Sexual Behavior of High School Students by Sex, Prince George's County, 2013



Data Source: 2013 Youth Risk Behavior Survey, Maryland Department of Health and Mental Hygiene

Sexual Behavior of High School Students by Race/Ethnicity, Prince George's County, 2013



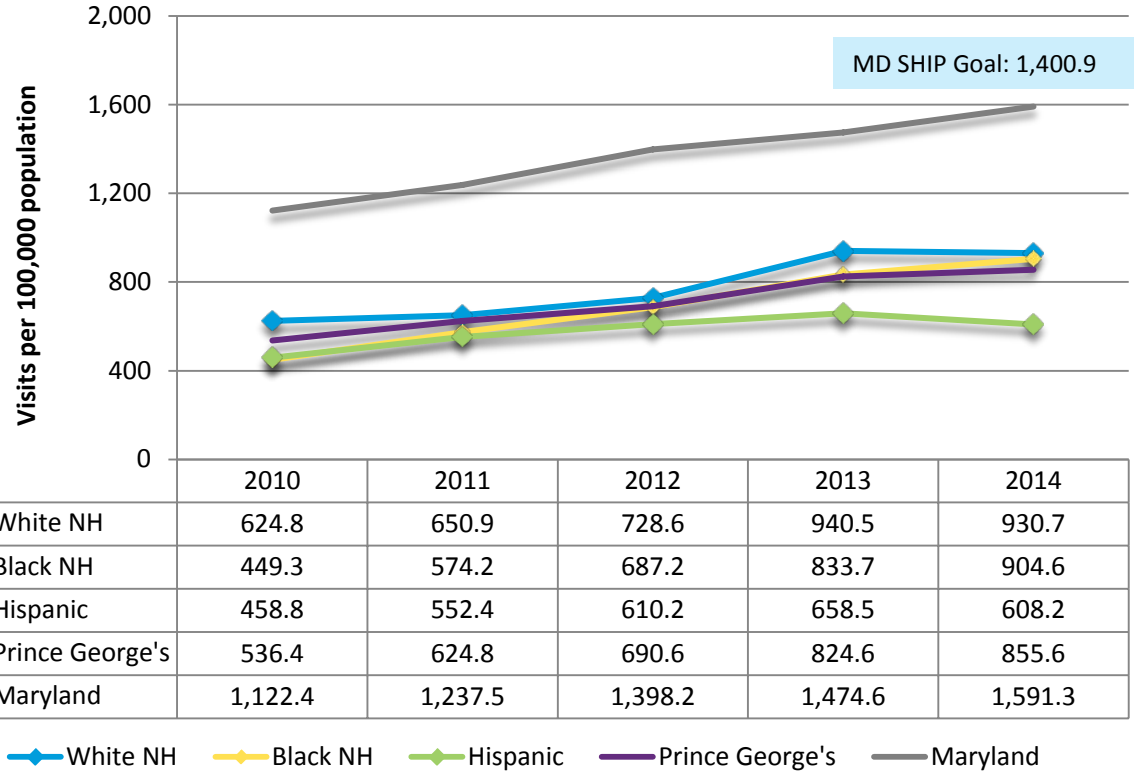
*Hispanic and White NH not displayed due to insufficient data

Data Source: 2013 Youth Risk Behavior, Maryland Department of Health and Mental Hygiene

Substance Use Disorder

Overview	
What is it?	Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school, or home. (SAMHSA.gov)
Who is affected?	In 2014, 14% of county residents reported binge drinking, and 4.5% indicated they chronically drink. There were 855.6 Emergency Room visits per every 100,000 county residents in 2014. In 2013, 13.3% of adolescents reported using tobacco. Between 2012 and 2014, there were 184 drug-induced deaths in the county of which 123 (67%) were White males.
Prevention & Treatment	• Substance use prevention includes helping individuals develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors (SAMHSA.gov). • Substance use treatment includes counseling, inpatient and residential treatment, case management, medication, and peer support.
What are the outcomes?	Substance use disorders result in human suffering for the individual consuming alcohol or drugs as well as their family members and friends. Substance use disorders are associated with lost productivity, child abuse and neglect, crime, motor vehicle accidents and premature death (SAMHSA).
Disparity	White non-Hispanic (NH) residents had a higher Emergency Department (ED) visit rate and a much higher drug-induced death rate compared to other county residents. A higher percentage of White NH residents also binge drink compared to other residents. For Adolescents, White NH residents also had a higher percent of tobacco use.
How do we compare?	The county has a lower drug-induced death rate compared to the state. The percent of residents reporting binge drinking for the county is lower than the state.

Age-Adjusted Emergency Department* Visit Rate per 100,000 Population due to Addictions-Related Conditions, 2011-2014



	2010	2011	2012	2013	2014
White NH	624.8	650.9	728.6	940.5	930.7
Black NH	449.3	574.2	687.2	833.7	904.6
Hispanic	458.8	552.4	610.2	658.5	608.2
Prince George's	536.4	624.8	690.6	824.6	855.6
Maryland	1,122.4	1,237.5	1,398.2	1,474.6	1,591.3

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County numbers and percent.

Data Source: Maryland Health Services Cost Review Commission Outpatient File, Maryland SHIP

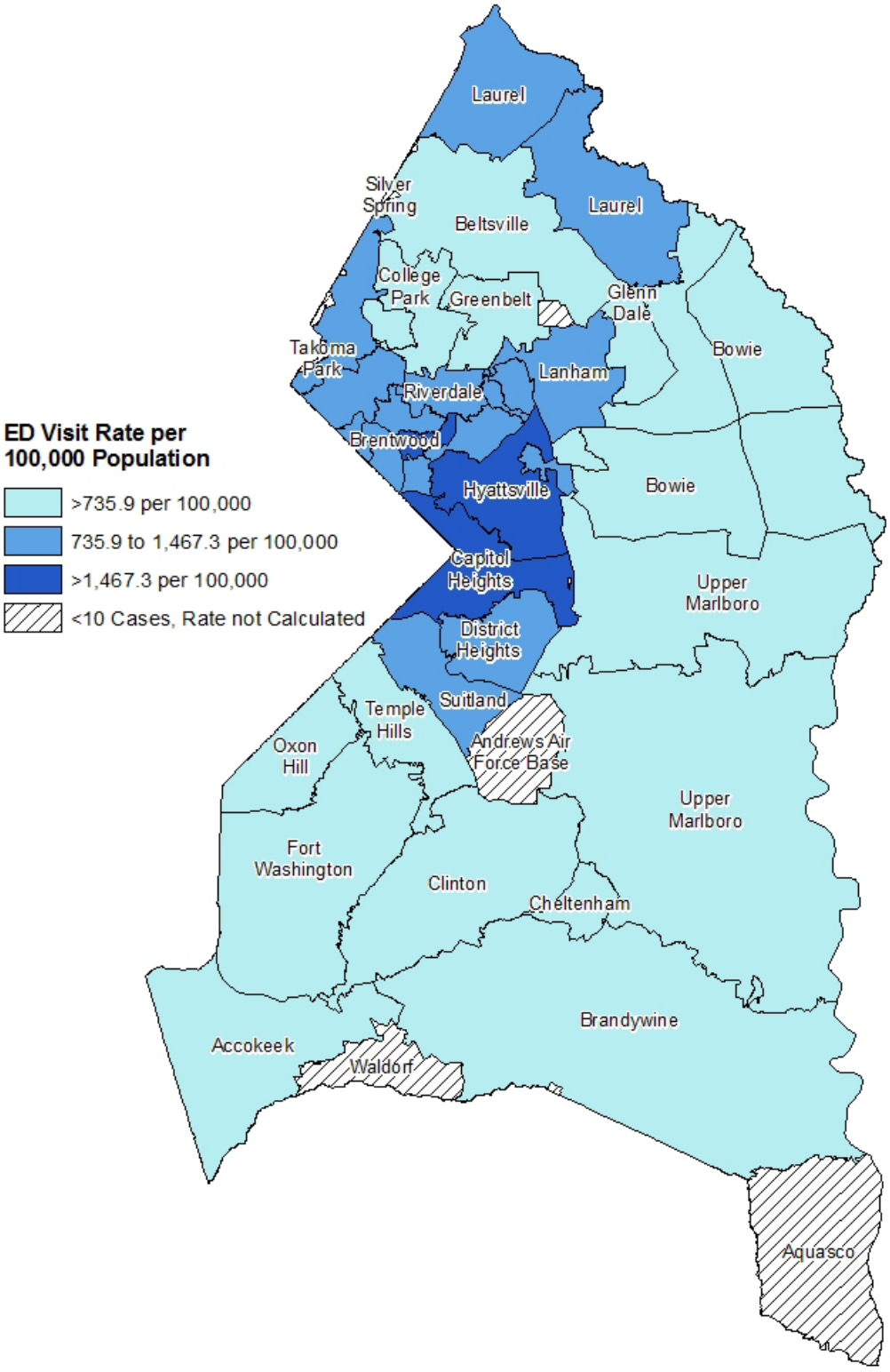
Emergency Department Visits* for Addictions-Related Conditions, Prince George's County, 2014

	Number of ED Visits	Age-Adjusted ED Visit Rate per 100,000 Population
Sex		
Male	5,551	1,204.1
Female	2,553	526.0
Age		
Under 18 Years	184	89.7
18 to 39 Years	4,424	1,896.6
40 to 64 Years	3,237	887.6
65 Years and Over	259	255.7
Total	**8,104**	**855.6**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County numbers and rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

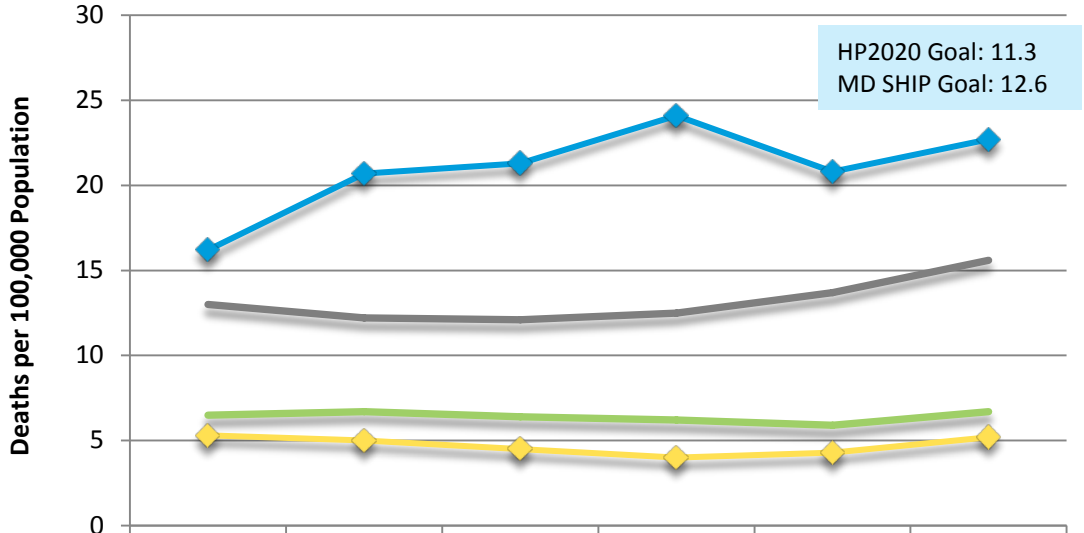
Emergency Department Visit* Crude Rate per 100,000 Population, Addictions-Related Conditions as any Discharge Diagnosis, Prince George's County, 2014



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

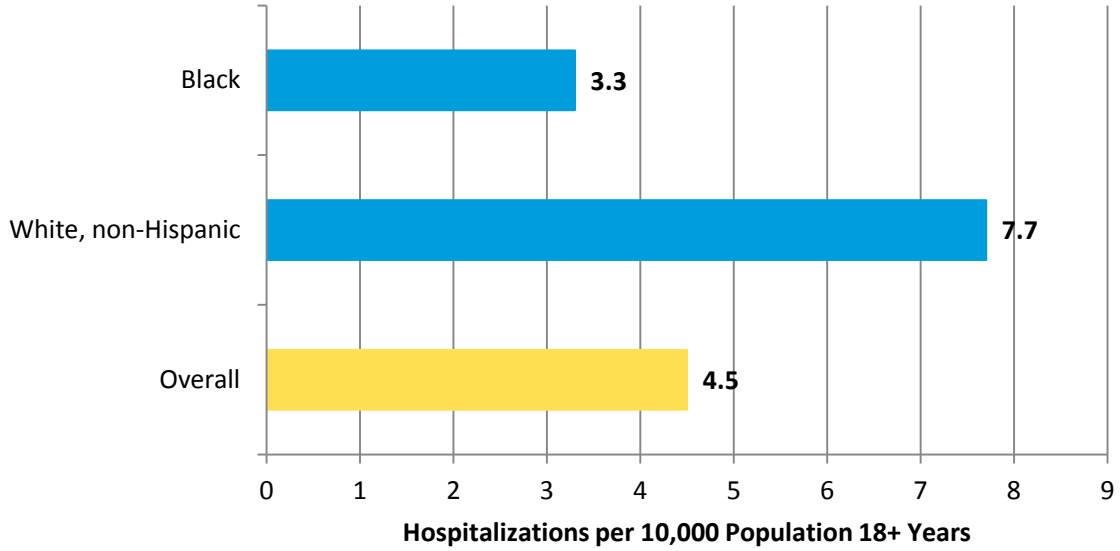
Drug-Induced Death Rate per 100,000 Population, 2007 to 2014



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	16.2	20.7	21.3	24.1	20.8	22.7
PGC Black NH	5.3	5.0	4.5	4.0	4.3	5.2
PGC Total	6.5	6.7	6.4	6.2	5.9	6.7
Maryland	13.0	12.2	12.1	12.5	13.7	15.6

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

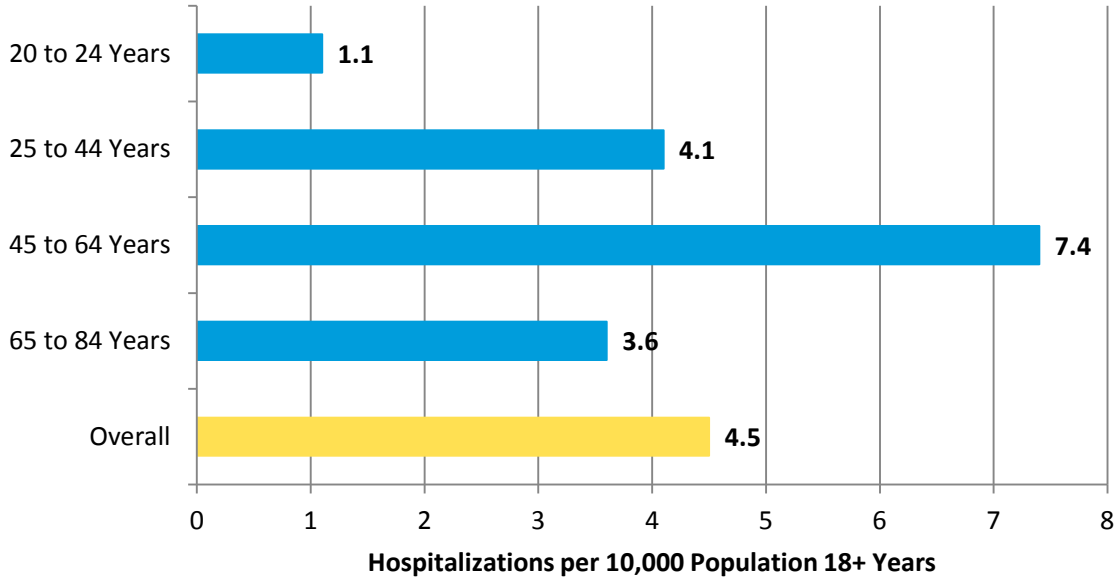
Age-Adjusted Hospital Inpatient* Visit Rate due to Alcohol Abuse by Race and Ethnicity, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals

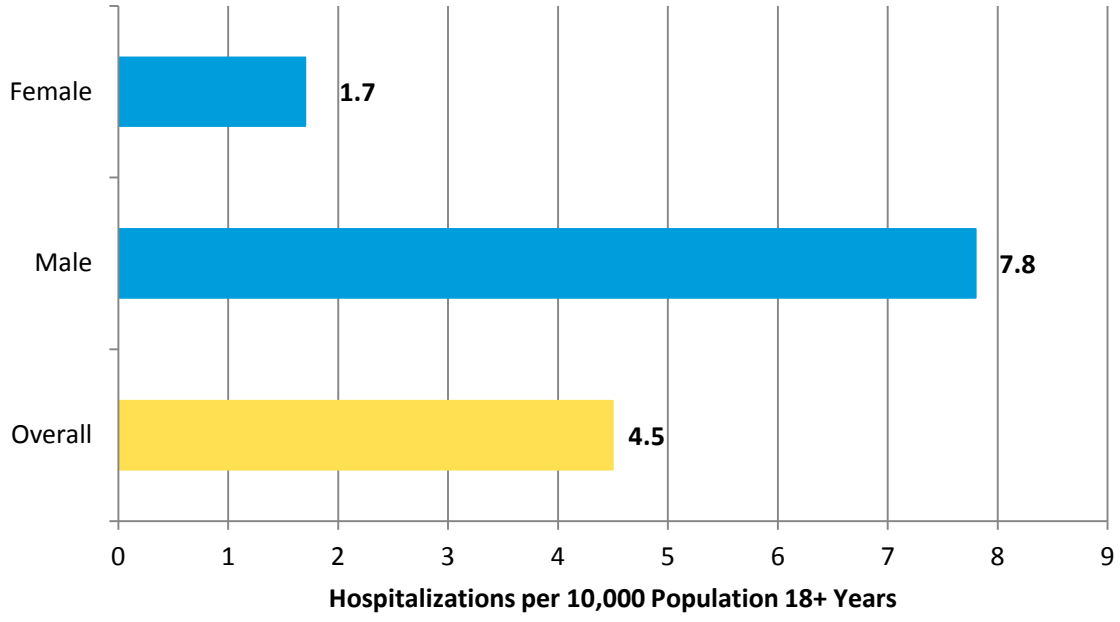
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Alcohol Abuse by Age Group, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Alcohol Abuse by Sex, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

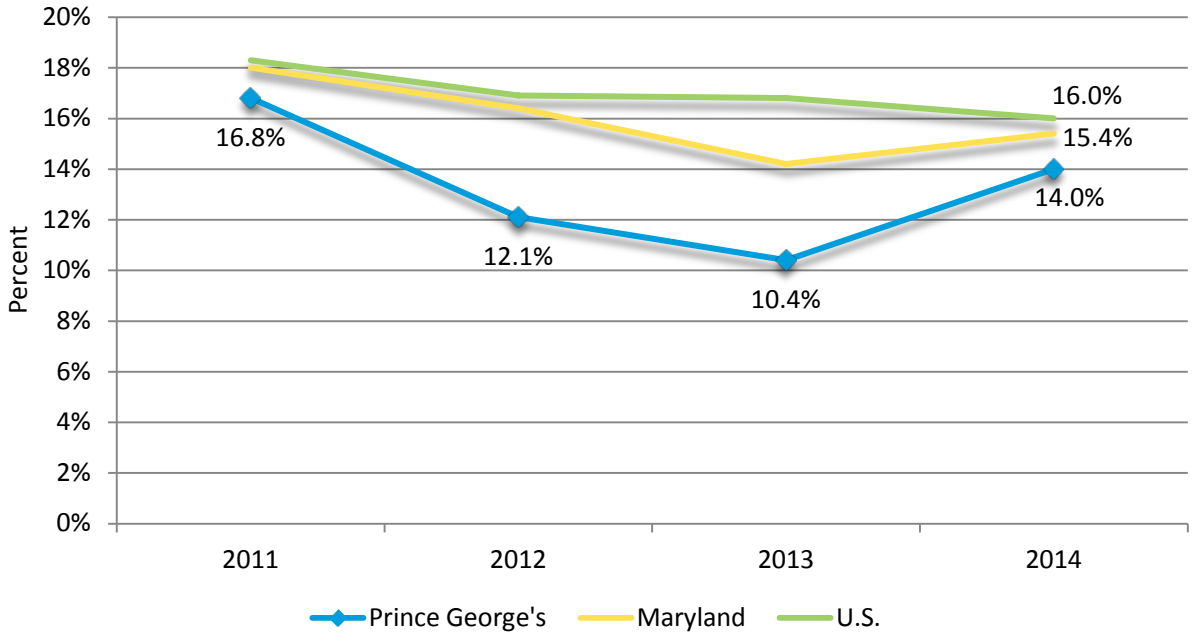
Percent of Adult Binge Drinkers* in the Past Month, 2014

	Prince George's	Maryland
Overall	14.0%	15.4%
Sex		
Male	18.4%	19.8%
Female	10.0%	11.5%
Race/Ethnicity		
White, non-Hispanic	21.3%	17.8%
Black, non-Hispanic	11.4%	12.8%
Hispanic	17.6%	13.8%
Age Group		
18 to 34 Years	21.4%	26.4%
35 to 49 Years	12.2%	15.0%
50 to 64 Years	11.9%	11.8%
Over 65 Years	5.3%	4.2%

*Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion

Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Adult Binge Drinkers* in the Past Month, 2011 to 2014



*Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion

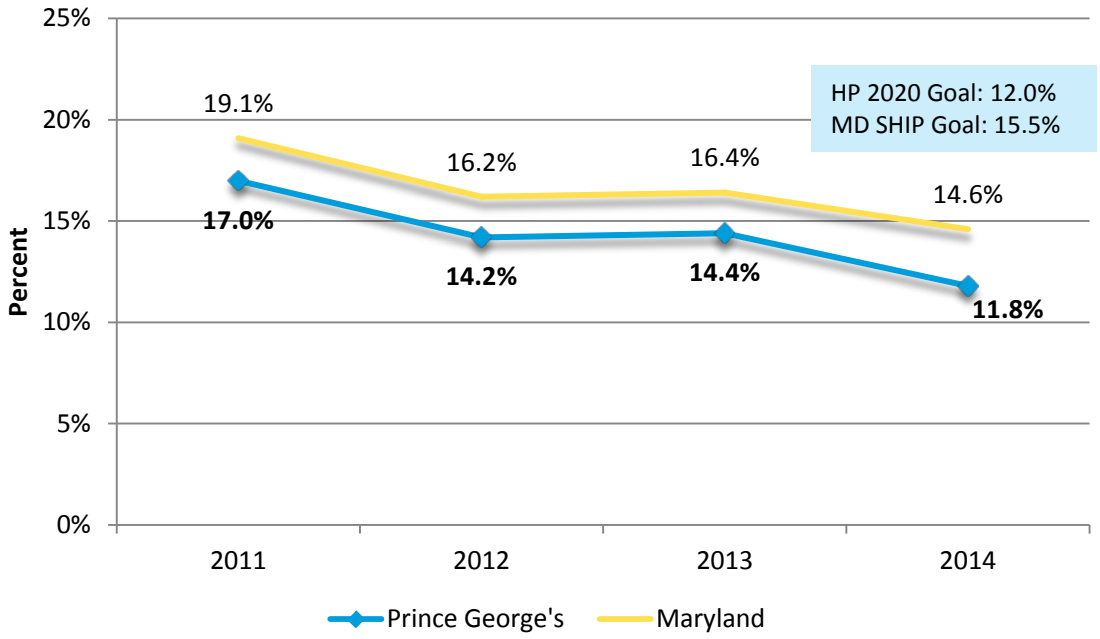
Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Residents Who Currently Smoke 18 Years and Older, 2014

	Prince George's	Maryland
Sex		
Male	14.7%	16.8%
Female	9.2%	12.7%
Race/Ethnicity		
White, non-Hispanic	15.3%	15.5%
Black, non-Hispanic	11.9%	16.8%
Hispanic	8.3%	8.1%
Age Group		
18 to 34 Years	7.4%	14.0%
35 to 49 Years	16.2%	17.1%
50 to 64 Years	16.1%	17.5%
Over 65 Years	7.2%	8.6%
Overall	**11.8%**	**14.6%**

Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percent of Current Adult Smokers, 2011 to 2014



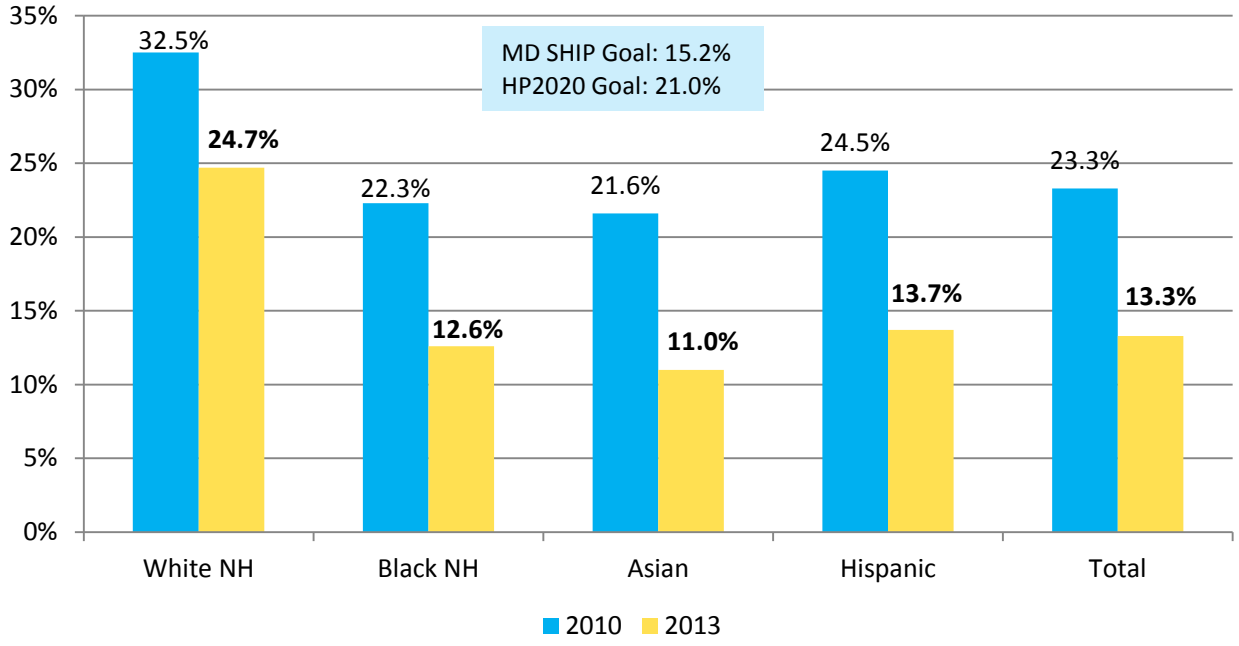
Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

Percentage of Students who Drank Alcohol During the Past Month, 2013

	Prince George's	Maryland
Sex		
Male	19.3%	29.3%
Female	26.5%	33.0%
Race/Ethnicity		
White, non-Hispanic	28.2%	37.4%
Black, non-Hispanic	22.9%	25.2%
Hispanic	23.1%	30.4%
Age Group		
15 or Younger	19.8%	23.5%
16 or 17 Years	24.6%	35.8%
18 or Older	32.7%	42.9%
Total	**23.2%**	**31.2%**

Data Source: 2013 Youth Risk Behavior Survey Report for Prince George's County and Maryland, Maryland Department of Health and Mental Hygiene

Adolescents Who Used Tobacco Products During the Past Month, Prince George's County, 2010 and 2013

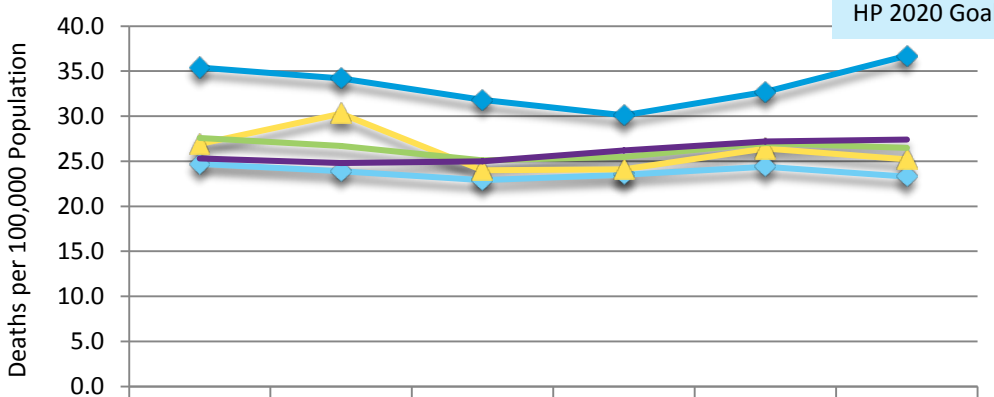


Data Source: 2013 Youth Risk Behavior Survey Report for Prince George's County and Maryland, Maryland Department of Health and Mental Hygiene

Unintentional Injuries (Accidents)

Age-Adjusted Death Rate per 100,000 for Unintentional Injuries, 2007-2014

HP 2020 Goal: 36.4

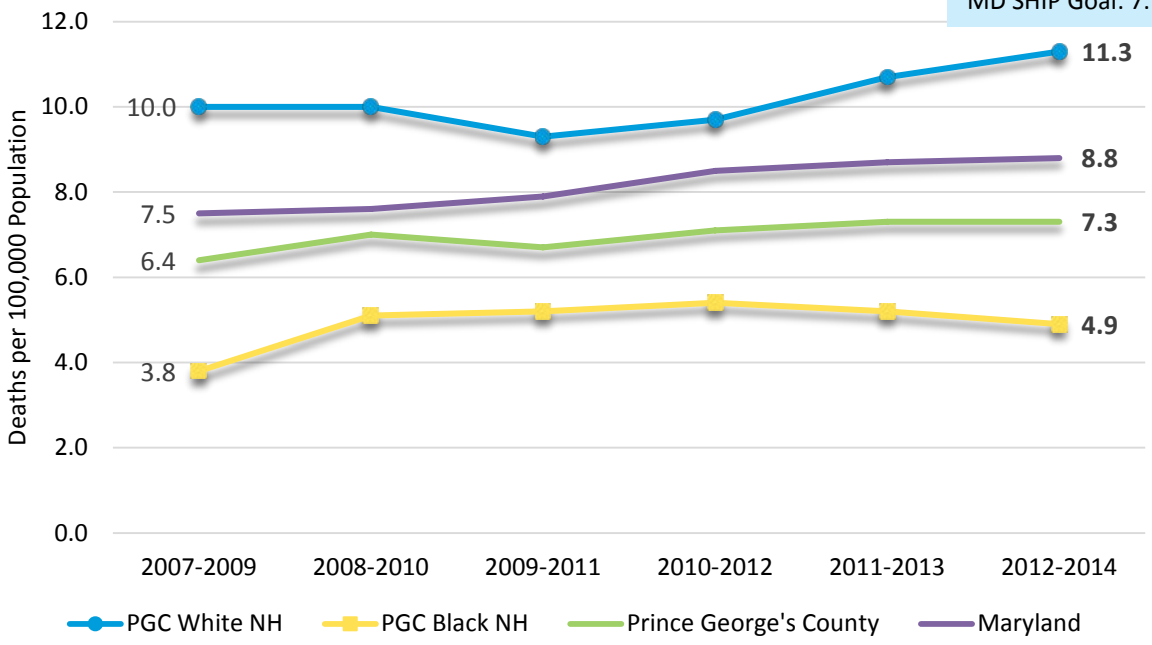


	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	35.4	34.2	31.8	30.1	32.7	36.7
PGC Black NH	24.7	23.9	22.9	23.5	24.4	23.3
PGC Hispanic	26.9	30.3	24.0	24.1	26.4	25.2
PGC	27.6	26.7	25.1	25.5	27.0	26.5
Maryland	25.3	24.8	25.0	26.2	27.2	27.4

***** Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

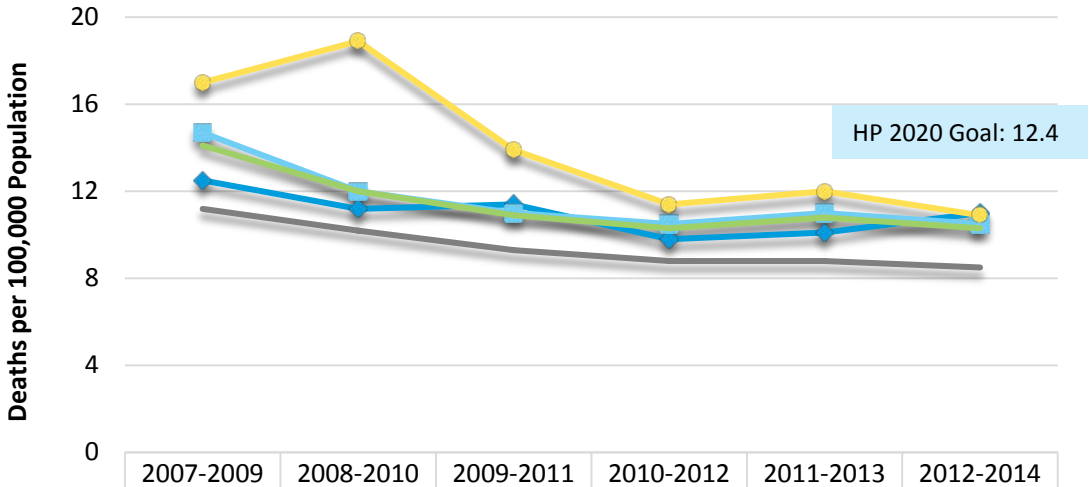
Age-Adjusted Fall-Related Death Rate, 2007 to 2014

HP 2020 Goal: 7.0
MD SHIP Goal: 7.7



***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database;

Age-Adjusted Death Rate due to Motor Vehicle Accidents, 2007 to 2014

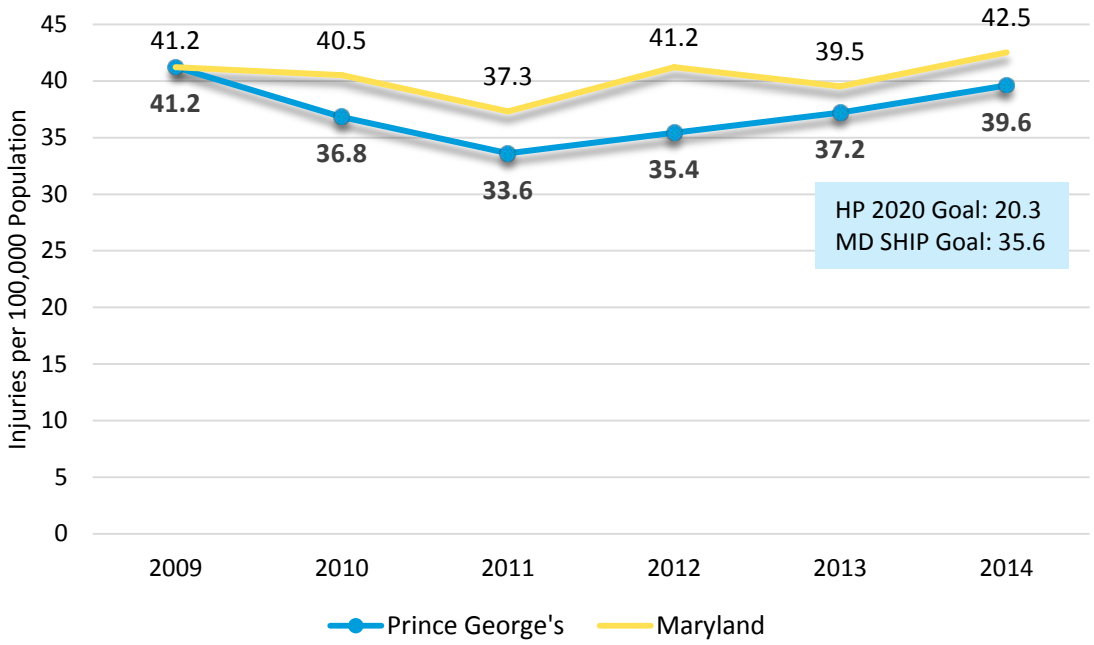


	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	12.5	11.2	11.4	9.8	10.1	11.0
PGC Black NH	14.7	12.0	11.0	10.5	11.0	10.5
PGC Hispanic	17.0	18.9	13.9	11.4	12.0	10.9
PGC	14.1	12.0	10.9	10.3	10.8	10.3
Maryland	11.2	10.2	9.3	8.8	8.8	8.5

***** Asian/Pacific Island Residents were not included due to insufficient numbers

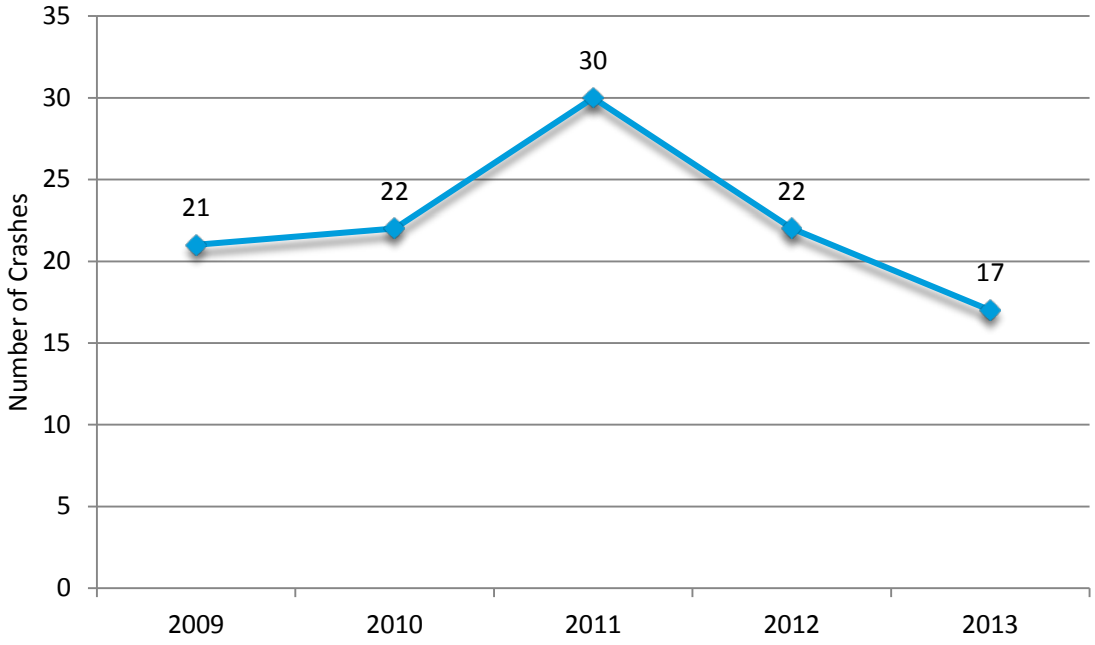
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database; Healthy People 2020 https://www.healthypeople.gov/

Pedestrian Injury Rate on Public Roads, 2009 to 2014



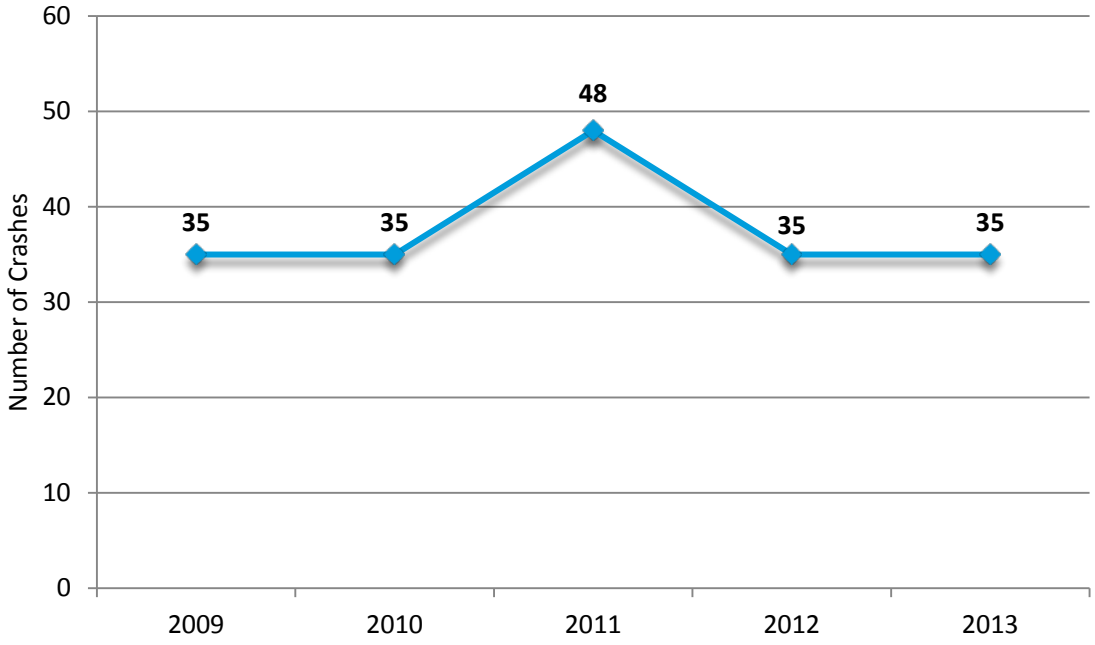
Data Source: Maryland State Highway Administration (SHA)

Fatal Motor Vehicle Crashes Involving Pedestrians on Foot, Prince George's County, 2009 to 2013



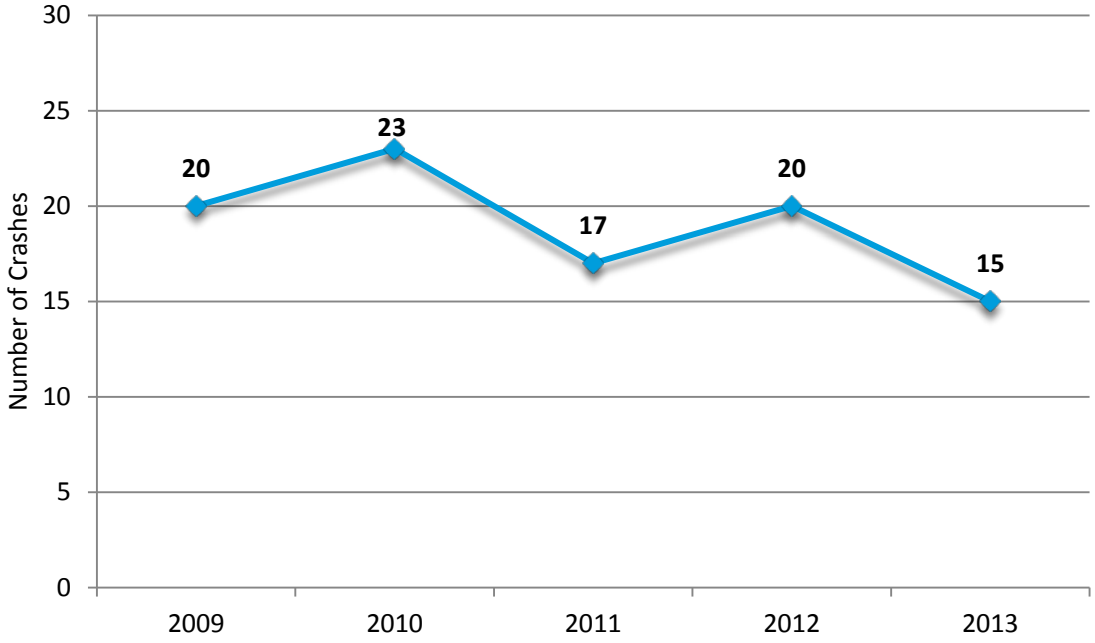
Data Source: Motor Vehicle Administration, Maryland Department of Transportation

Fatal Motor Vehicle Crashes Involving Distracted Driving, Prince George's County, 2009 to 2013



Data Source: Motor Vehicle Administration, Maryland Department of Transportation

Fatal Motor Vehicle Crashes Involving Driver Speed, Prince George's County, 2009-2013



Data Source: Motor Vehicle Administration, Maryland Department of Transportation

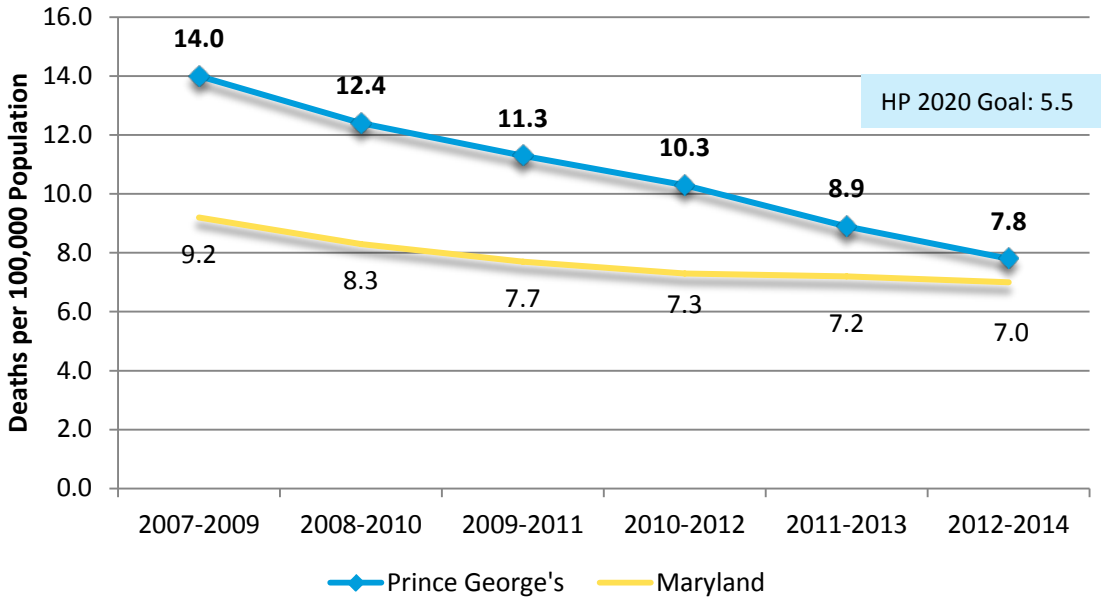
Violence and Domestic Violence

Overview	
What is it?	Violence affects all stages of life and includes child abuse, elder abuse, sexual violence, homicides, and domestic violence. Domestic violence is a pattern of abusive behavior including willful intimidation, physical assault, battery, and sexual assault used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can happen to anyone regardless of age, economic status, race, religion, sexual orientation, nationality, sex, or educational background (National Coalition Against Domestic Violence).
Who is affected?	There were 4,490 violent crimes (includes homicide, rape, robbery, and aggravated assault) in 2014, and 66 residents in the county died by homicide. (MD Vital Statistics). In 2014, there were 2,083 reports of domestic violence in the county and from July 2014 to June 2015 there were 14 domestic violence-related deaths. (Maryland Network Against Domestic Violence).

Prevention and Treatment	• Domestic violence prevention efforts depend on the population and include:
	  • Prevent domestic violence before is exists (primary prevention)
	  • Decrease the start of a problem by targeting services to at-risk individuals and addressing risk factors (secondary prevention)
	  • Minimize a problem that is clear evidence and causing harm (tertiary prevention) (Maryland Network Against Domestic Violence).

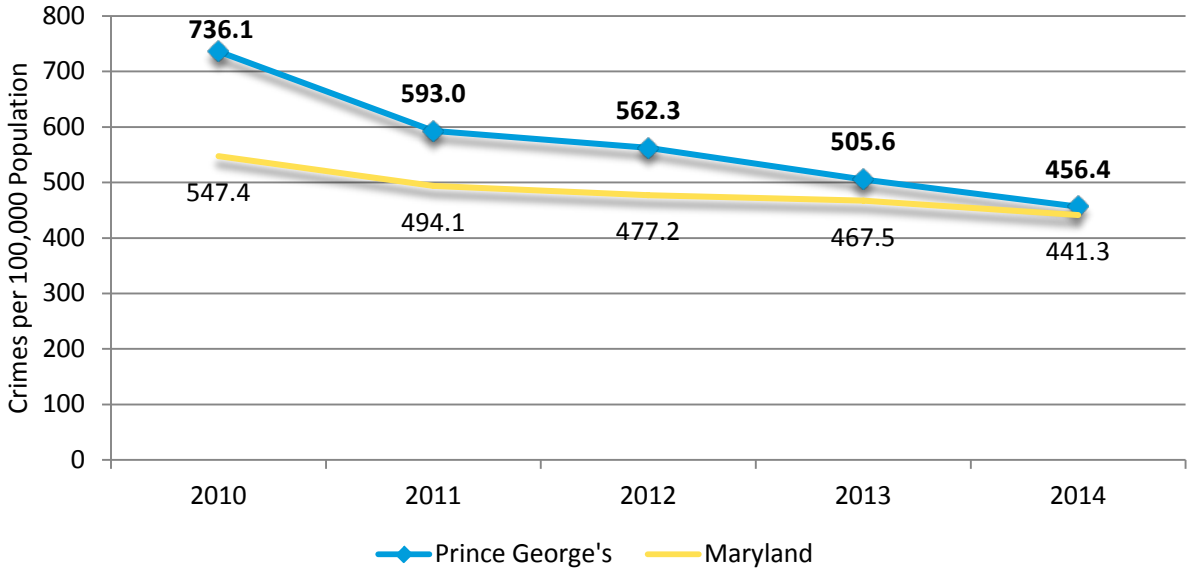
What are the outcomes?	Apart from deaths and injuries, domestic violence is associated with adverse physical, reproductive, psychological, social, and health behaviors. (CDC.gov).
Disparity	No data is currently available about disparities for violence and domestic violence. However, anyone can experience domestic violence. Women generally experience the highest rates of partner violence compared to males. Teenaged, pregnant, and disabled women are especially at risk. (MD Network Against Domestic Violence).
How do we compare?	The county's homicide rate in 2014 was 7.5; other Maryland counties ranged from 2.2 to 30.6; the state overall is 7.0 and the U.S. is at 5.8 per 100,000 population. The county's violent crime rate in 2013 was 505.6, the third highest in the state with a range from 118.8 to 1,406.4 among other Maryland counties, and the state rate was 467.5 per 100,000. The county ranked as the fifth lowest for the rate of domestic violence in 2014. (MD Governor's Office of Crime Control and Prevention)

Age-Adjusted Death Rate for Homicide, 2007 to 2014



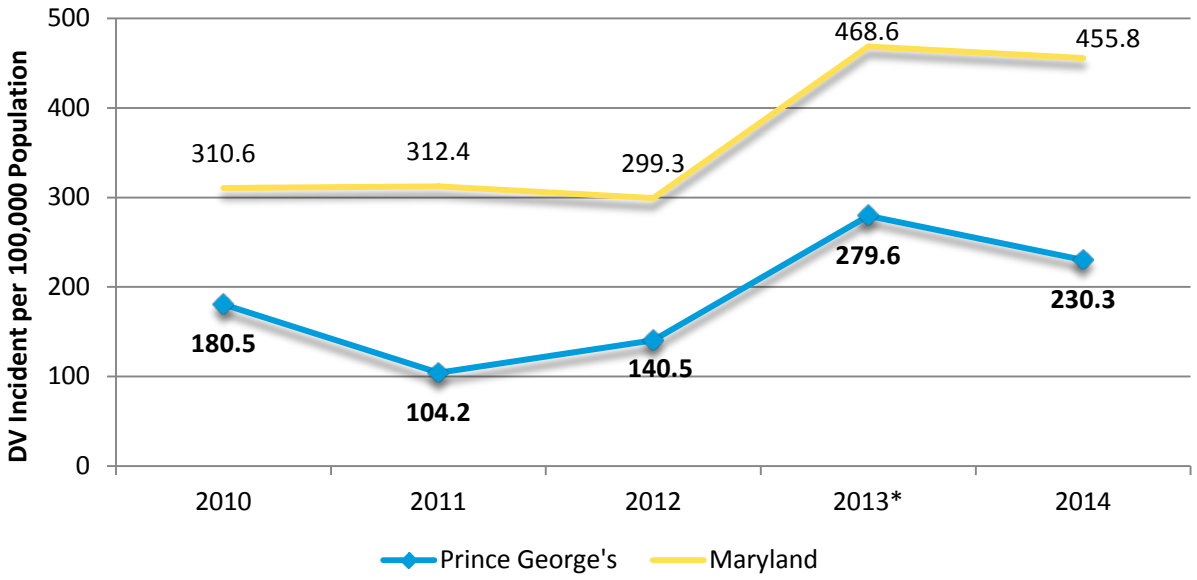
* Data unavailable by race and ethnicity.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Violent Crime* Rate, Prince George's County Compared to Maryland, 2010 to 2014



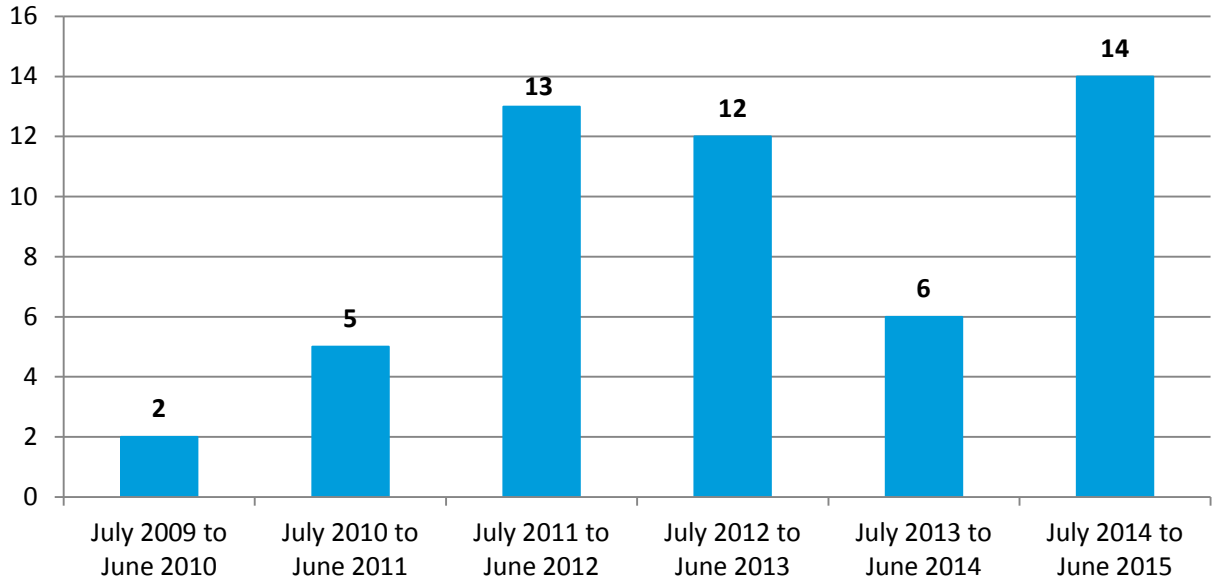
*Violent crimes include homicide, rape, robbery, and aggravated assault.
Data Source: Maryland Uniform Crime Report

Rate of Domestic Violence, 2010 to 2014



*In 2013, domestic violence data reporting was expanded to include additional relationships and reflect changes in Maryland law. This change explains the increase in the total number of Domestically Related Crimes reported.
Data Source: Maryland Uniform Crime Report

Domestic Violence-Related Deaths in Prince George's County, 2009 to 2015



Data Source: Maryland Network Against Domestic Violence

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KEY INFORMANT INTERVIEWS

Introduction

As part of the 2016 Community Health Needs Assessment conducted in partnership with the county's five hospitals, the Prince George's County Health Department (PGCHD) conducted key informant interviews with 24 County residents drawn from diverse backgrounds with varying perspectives on health in the County. The present report summarizes the approach to the interviews and the findings.

Key Findings

- The three most important health issues facing the County are improving access to primary care, improving access to healthy food, and increasing prevention efforts around chronic disease.
- The most important social determinants of health in the County are (1) lack of transportation; (2) immigration status that renders some residents uninsurable; (3) low health literacy and (4) poverty.
- The three most important barriers relative to the health and well being of residents are (1) limited access to healthcare due to lack of insurance, poverty, provider shortages, lack of transportation, and low health literacy; (2) limited access to healthy foods; and (3) poor adoption of behaviors and activities that promote healthy eating and active living.
- The leading physical health concerns are the incidence and prevalence of chronic disease- cardiovascular disease, hypertension, Type 2 diabetes in adults and Type 2 diabetes and asthma in children.
- The rising incidence of behavioral health problems among adults and children, the stigma around seeking help for mental conditions, and limited access to behavioral health services due to a lack of providers, are three pressing problems in the County.
- Environmental health challenges mainly affect children and are poor air quality that is associated with high rates of asthma and exposure to lead in older housing stock.
- Current health challenges are being addressed through direct services; community health education and outreach; and partnerships and collaborations

but the County needs to develop permanent solutions by allocating funding to expand and strengthen the health safety net and build the capacity of local non-profits to address the health needs of residents.

- Partnerships and collaborations that promote systems of care; the integration of primary and public health services ; and community care coordination hold promise of being effective approaches to tackling serious systemic problems in the County.
- More needs to be done to ensure the cultural and linguistic competency of providers and available services, particularly as they relate to vulnerable sub-populations such as the uninsured, the Piscataway Indians, and recent immigrants and refugees.

Methodology

Sample: PGCHD provided a consultant with the names of 38 individuals who were proposed by the five hospitals and PGCHD. These individuals represented Local government; patient advocates; faith-based organizations; the public school health service; local politicians; safety net providers; state government; physician providers; academia; private industry; local philanthropy and special populations – seniors, Hispanics, the Piscataway Indian tribe; veterans, and the disabled. The representatives live and work in all areas of the County. Of the 38 potential respondents 24 completed the interviews by the deadline set by PGCHD. Notably absent were respondents representing physician providers and academia. Despite repeated contacts representative of these groups did not respond to the request for an interview. **Appendix A** presents the list of persons who completed the interviews.

Interview Protocol: PGCHD approved the interview guide (see **Appendix B**) which consisted of 17 open ended questions with related probes. The guide addressed the following main topics- assets and barriers relative to health promotion in the County; opinions on the leading health threats currently facing the County; specific priorities in the areas of physical, behavioral and environmental health; and emerging threats to residents' health.

Implementation: The consultant conducted 20 of the 24 interviews by telephone. Interviews ranged from 30 to 45 minutes in duration and respondents were emailed the questions in advance of the interview. PGCHD extended the option of completing the interview questions in writing to four respondents who were unavailable by telephone

due to scheduling difficulties. All of the interview data were collected between March 10 and 31, 2016.

Analysis: Preliminary content analysis of the interview data occurred at the conclusion of each data collection activity. The consultant identified and recorded first impressions and highlights. The second stage of content analysis identified common categories and overarching themes that emerged as patterns in the data. In the presentation of the interview findings, key patterns are reported along with supportive quotes.

Question-by-Question Analysis

1. What is your organization/ program's role relative to the health and well being of County residents?

See **Appendix A** for a list of participants.

2. How long has your organization/ program played this role?

As stated earlier the interviewee sample was drawn to reflect various disciplines including local government; patient advocates; faith-based organizations; the public school health service; local politicians; safety net providers; state government; physician providers; academia; private industry; local philanthropy and special populations. Local government agencies represented included the County's health department; social services; family services; public housing; transportation; emergency response; division of aging; planning; and domestic violence and human trafficking prevention services, respectively. Three faith leaders representing the health ministries in their respective organizations also participated as did a representative from the County's Chamber of Commerce. Other respondents included a school health administrator; three safety net providers; five providers serving different special populations; one representative of a local philanthropy; and two local elected officials. These respondents averaged 15.5 years of active service in some aspect of healthcare in the County.

3. In your opinion has the health of County residents improved, stayed the same, or declined over the past few years? What makes you say that?

Roughly half (54%, 13) of the respondents believed that over the past few years, residents' health has improved. However, ten of the 13 emphasized that the improvement has been "slight" or "limited". Evidence cited for improvement included: the trend in the health status indicators presented in the County's 2015 Health Report[1]; residents' increasing awareness of and demands for prevention information and programming; and increases in the number of residents able to access healthcare due to the provisions of the Affordable Care Act and the County's Health Enterprise Zone. Nevertheless, the observed improvements were restricted, as one respondent voiced **"to persons who are in a position to take advantage of the resources in the County. For various reasons not everyone can do so."** Respondents who felt that residents' health has declined concur with that observation. They noted that a significant proportion[2] of the population continues to be uninsured, and several were concerned

[1] PGCHD, Office of Assessment and Planning, Health Report 2015

that the health status of the uninsured may not be adequately measured since they tend not to be included in routine surveillance and monitoring efforts. Others pointed to rising incidence of chronic disease (diabetes, hypertension, and cardiovascular disease) in adults and diabetes and asthma among children, as well as the aging of the population as signs of overall health decline. The increasing incidence of untreated behavioral health problems was another indicator cited by some as evidence of declining health.

4. What are the County's three most important assets/strengths relative to the health and well being of residents?

Perhaps due to the highly diverse nature of the sample, this question elicited a very wide range of answers. The most common responses were in descending order of frequency: the County's parks and recreation centers that promote active living; the proposed regional health center that holds promise of increasing residents' access to health care; and the Health Department that has assumed a proactive and collaborative approach to promoting the public's health.

5. What are the County's three most important barriers relative to the health and well being of residents?

In contrast to the variation observed in the responses to the question about the County's assets relative to health, there was a virtual consensus that the three most important barriers are in descending order of frequency cited: limited access to healthcare due to lack of insurance, poverty, provider shortages, lack of transportation, and low health literacy; limited access to healthy foods as evidenced by food desserts in some communities and the ubiquity of fast food restaurants; and poor adoption of behaviors and activities that promote healthy eating and active living.

<u>Access to Care:</u> With respect to access to healthcare, several respondents noted that although the ACA provided many previously uninsured or underinsured residents with insurance, some of these persons cannot afford the monthly premiums and/or co-payments for service. The provider shortage, particularly for primary care and pediatric, behavioral health and oral health services, also creates long waiting lists and effectively means that some residents will not receive needed care in a timely and efficient manner, if ever. While respondents believe that this problem may be redressed somewhat when the proposed regional health center opens, a few individuals pointed to the elimination of maternal and child health services as well as inpatient care at Laurel Regional Hospital and the cessation of PGCHD prenatal services as moves that have further curtailed access to care. In addition, several respondents observed that it is unreasonable to expect the proposed regional center alone to close the gaps in the

County's current frayed safety net. Safety net representatives who were interviewed noted that while their organizations deliver sliding scale services to uninsured residents, ultimately the service model is not viable because in some cases over 30% of all persons seeking care are uninsured. Also symptomatic of the lack of access is the fact that, according to EMS personnel who were interviewed, the fourth most common reason for medical emergency calls in the County is for generic sick patients, i.e. persons with a non-acute problem who lack a medical home and therefore seek care from an emergency department.

Transportation was mentioned so frequently and in relation to so many barriers to health that comments were sought from a manager at the County's Department of Public Works and Transportation, Office of Transportation. According to this individual the County currently provides transportation services to dialysis patients; seniors who eat the County's four senior centers; and the Call-a-Bus service that takes any County resident who is not served by or cannot use existing bus or rail services. However, priority is given to senior and persons with disabilities. The respondent noted that demand for all of these services far outstrips capacity and that would-be riders need to reserve a ride a minimum of two weeks in advance. The manager expressed that augmenting the current fleet of 41 vehicles and 45 drivers with ten (10) additional buses and ten (10) additional drivers would allow meet the present demand during business hours. However, demand is predicted to rise as the population ages. Furthermore, transportation services are not offered after business hours, or on weekends or holidays, and Call-a-Bus is only available between the hours of 8:30 and 3:30.

The lack of culturally and linguistically competent health services is also a barrier to access according to some respondents. This is particularly the case for persons with behavioral health conditions, where provider sensitivity and communication style may greatly influence the treatment intervention. Treatment approaches and/or providers that do not take into consideration patients' health beliefs discourage care seeking and hinder access.

Access to Healthy Food: According to respondents limited access to healthy food caused by food desserts, and the presence of numerous fast food establishments do not support healthy eating. Several respondents cited the closure of major supermarkets; the community's lack of awareness of the produce offered by and the location of local farmers markets; and limited transportation options that prevent residents from traveling to farmers markets or full service supermarkets as ongoing challenges to health. Others noted that the permitting process and other regulations surrounding the opening and operation of farmers markets are much more complicated

than those relative to fast food establishments. Perhaps as a result the fast food restaurant density in the County is .83/1000 residents as opposed to .58 for counties of comparable population and geographic size elsewhere in the country.[3] Yet, even when healthy food is accessible some residents do not necessarily access it. According to one respondent **"some family traditions around diet, they just are not healthy. Then culture plays a role. In all of the diverse cultures within the County there are foods that are tasty but bad for you. Unfortunately they are also often the most affordable foods."**

Personal/Behavioral Factors: Low health literacy and poverty were given as the main reasons for residents' not engaging in healthy eating and active living (HEAL) behaviors. Nearly all (92%, 22) of the respondents mentioned residents' lack of understanding of the importance of HEAL as a major barrier. One respondent observed that the needs of residents with limited or no proficiency in English are not addressed by current community health education efforts. Specifically, the Health Department's website does not provide information in Spanish, the second most commonly spoken language after English in the County, or any other language for that matter. As a result non-English speaking residents often lack accurate information about available resources and how to access them. Even in cases where there is no linguistic barrier, patient advocates report that the lack of coordination among the various health and social services and providers in the County makes navigating the system a challenge for many residents. While the Health Department's efforts to deploy community health workers (CHWs)are welcomed the consensus is that more are needed, with some respondents calling for **"a network of CHWs across the County"** that can raise community awareness of available services and how to access them.

The high cost of living in the County results in a significant number of working poor. These are often residents who work two or more jobs and commute long distances from home. Many struggle to achieve an optimal work–life balance that favors health. The average commute to work for County residents is 41 minutes versus 35 for the rest of the State. Roughly half (57%) of County residents who commute drive alone to work and commute for more than 30 minutes versus 47.2% for the rest of the State.[4] Roughly one in five (20.5%) of County residents suffer from severe housing problems that include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.[5] According to several patient advocates, the homeless population (particularly

[3] PGCHD PGC Health Zone. Accessed on April 5, 2016 at www.pgchealthzone.org
[4] Ibid
[5] Ibid

unaccompanied youth) suffers disproportionately because of their unstable living situation and often present for services in advanced stages of disease.

The parks and recreation centers touted as some of the County's most important health assets may not be readily accessible to some communities. Respondents observed that in fact, some residents in poorer neighborhoods may lack safe outdoor or even indoor space to engage in physical activity. Furthermore due to changes in the school curricula, children in these neighborhoods may not engage in physical education at school.

6. What do you think are the three most important social determinants of health in the County? (Social determinants of health are factors related to the social environment, physical environment, health services, and structural and societal characteristics.)

In descending order of frequency the social determinants that were mentioned were: Lack of transportation (see discussion under Question 5 above), immigration status that renders some residents uninsurable, and low health literacy and poverty tied in third place. A closer analysis of the responses indicate that in fact poverty could be singled out as the key determinant because poverty limits the transportation options such as owning and operating a personal vehicle, affording housing close to public transportation and/or affording the cost of public transportation. Undocumented status is typically a proxy for poverty. However, several interviewees noted that low health literacy has been observed even among the County's significant population of highly educated individuals. In this connection, one respondent observed that the County's low birthweight rate of 9.2%[6] is high even after controlling for maternal socioeconomic status and urged further study to explore the reasons behind this finding.

7. What do you think are the three most important physical health needs or concerns of County residents?

The incidence and prevalence of chronic disease- cardiovascular disease, hypertension, and Type 2 diabetes in adults and Type 2 diabetes and asthma in children are seen as the leading physical health concerns. The overwhelming majority (88%, 21) of respondents believe that low income residents, uninsured residents, and linguistic minorities are disproportionately affected by these conditions as these tend to be the persons who experience the most difficulty accessing healthcare, for reasons discussed earlier under Question 5. Oral and vision health particularly for the homeless

[6] Ibid

and for adults is also key concerns as they are typically not covered by basic insurance policies or included in safety net services.

8. What do you think are the three most important behavioral/mental health needs facing the County?

Virtually all (96%, 23) of the respondents expressed that the rising incidence of behavioral health problems among adults and children, the stigma around seeking help for mental conditions, and limited access to behavioral health services due to a lack of providers, are three pressing problems in the County. Respondents noted that substance abuse, depression, anxiety, and suicide provoked by the stresses of long commutes, high cost of living, limited social support, and for some immigrants, feelings of isolation from the greater community are prevalent concerns. Several observed that the County is home to the highest number of veterans in the state and yet veterans remain unaware of or are unwilling to seek mental health services despite the increasing prevalence of post traumatic stress disorder (PTSD) in this sub-population. Family dysfunction including the exposure of children and youth to violence within or outside the home is another contributor to the incidence of mental health conditions. A provider who serves the Hispanic population expressed the view that 60 to 70 percent of all physical problems actually have a root cause in mental health.

Seeking mental health treatment has traditionally been stigmatized in the African American community. A similar pattern is observed in the Hispanic population, whereas the Native American culture has its own approaches to the management of mental health, approaches that mainstream providers may not understand and/or respect. One respondent noted that few of the local faith organizations actively promote care seeking for mental disorders, yet faith organizations are a trusted if not the trusted source of health information, counseling and social support for many residents, particularly those who lack ready access to healthcare. Thus according to one respondent, perhaps a lack of awareness of and/or confidence in the available behavioral health resources may explain why only 7% of all Medicaid beneficiaries in the County access the available services.

When residents do attempt to seek behavioral health care however, they are often confronted by a lack of providers. PGCHD reports that it would like to cease offering direct services in behavioral health but cannot do so until private and safety net provider capacity in this area is significantly enhanced. The majority of behavioral health providers in the County do not accept insurance, necessitating efforts by the PGCHD to make the business case to providers as to why they should do so. EMS staff report that because of the provider shortage only the most acute cases are referred to behavioral

health providers. The rest are taken to the local hospitals that lack inpatient capacity and so end up returning to the community, experiencing another crisis, and entering an endless cycle between the community and under-resourced hospitals. Seniors lack providers trained to address their specific behavioral problems as do children and youth. Housing officials report that seniors with behavioral problems are often incapable of living independently in the community and are therefore at high risk of becoming homeless. As one official stated **"deinstitutionalization means there is nowhere for them to go."** Another respondent lamented that an entire generation of minority youth is at risk for mental health misdiagnoses because of the lack of pediatric behavioral health providers who are culturally competent. Similar concerns were expressed by respondents who serve recent immigrants and refugees, many of whom have suffered or continue to suffer trauma and different forms of abuse. Immigrant and refugee children in particular are in need of early intervention to detect and address problems proactively. Some attribute the County's rising incidence of domestic violence to untreated mental health issues.

9. What do you think are the three most important health-related environmental concerns facing the County?

The most commonly mentioned concern (75%, 18) was residential air quality which respondents felt might be responsible for the rising incidence of childhood asthma. Respondents noted that the County has made great strides in reducing exposure to secondhand smoke including the ban on smoking in all public housing which goes into effect on May 1, 2016. However, overcrowded, substandard, poorly maintained housing is said to be responsible for compromised air quality.

Additional concerns relate to lead exposure – a problem in parts of the County with older housing stock. Several respondents reflected that the community, particularly parents of young children, does not seem sufficiently aware of the dangers of lead. Others note that, given the recent, widely publicized problems with water quality in Flint, Michigan, water quality assessments should be conducted, particularly in poor neighborhoods in close proximity to the Anacostia River. Interestingly, none of these respondents was aware that childhood lead levels and water quality measures are both reported on the PGCHD health statistics website – www.pgchealthzone.org**.**

10. Now if you had to prioritize and select the three most important health issues facing the County from among those you just mentioned what would they be?

The three issues that were most commonly (75%, n=18) mentioned were: improving access to primary care, improving access to healthy food, and increasing prevention

efforts around chronic disease. These issues are seen as intertwined and fueled in large part by poverty, low health literacy and a provider shortage, as discussed earlier. Several respondents expressed the view that the success of the proposed regional health center will be in jeopardy if the County does not address the problem of care for the uninsured. One respondent wondered **"why won't the regional health center face the same problems as Prince George's Health Center if it has to treat the same if not a larger volume of uninsured patients? What's the plan for addressing that before the new center opens?"** Several responses mentioned the need to address super-users: persons who utilize hospital inpatient and emergency services because they either lack a medical home and/or do not practice effective self-management. One respondent estimated that effective management of super-users could save the County upwards of $6,000,000 annually in reduced healthcare costs. Efforts to expand access also need to be tailored to the specific cultural and linguistic needs of specials populations. For example, provider recruitment and professional development should include considerations of cultural and linguistic competency.

Respondents were equally adamant that the County must curtail the proliferation of fast food restaurants and work actively to end food deserts and make farmers markets and full service supermarkets readily accessible to all residents. To this end, several respondents believe that more needs to be done to promote farmers markets including the fact that many accept Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children (WIC) benefits. Respondents proposed that increased public and private collaboration to raise awareness of available services and resources through social marketing campaigns and enhancing the capacity of faith based and community based organizations would further this goal.

Many respondents appeared to agree with the view that the County **"should make health the center of all its planning- economic development, education, housing, transportation – all should revolve around the health of residents."** The consensus was that policies that support living wages, expansion of the safety net, and creation of more jobs within the County will reduce poverty and thereby reduce stress and allow residents to focus more on prevention and have the financial and other resources to practice effective preventive behaviors.

11. In what way does your organization/ program address each of the three issues you just mentioned?

Efforts to address the myriad of health problems and concerns raised by the respondents fell into three main categories –direct services; community health education and outreach; and partnerships and collaborations.

Direct Service: All of the direct service providers reported working at capacity and still being unable to meet the demand. Many predict that the demand for services will continue to rise and given the significant proportion of highly educated residents in the County, savvy consumers will increasingly demand high quality services. A few providers mentioned making a concerted effort to hire culturally and linguistically competent staff. All noted that in addition to the provider shortage the non-profit sector particularly in the area of supportive services is very underdeveloped often leaving providers with no referral options. To illustrate the paucity of options, one respondent stated that the County with a population of almost one million has just one domestic violence shelter with approximately 50 beds and a maximum stay of 89 days.

Education and Outreach: FBOs and CBOs were most likely to mention health education and outreach as their response to health issues facing the community. However, several respondents expressed that their organizations need capacity building so that they are better equipped to disseminate the latest information to their constituents. PGCHD has undertaken various countywide health education efforts including one around HEAL and is proposing additional efforts in the area of behavioral health. The Health Department is also using the HEZ as the incubator for its health literacy interventions with the goal of scaling them up countywide over time. EMS continues a practice of providing health education, e.g. the importance of daily blood glucose measurements for diabetics or the need for working smoke detectors in the home, during each resident encounter.

Partnerships and Collaborations: Several respondents praised PGCHD's efforts to form partnerships and collaborations such as the local health action coalition; the Community Care Coordination Team of the HEZ to address various public health issues in the County; the involvement of Maryland-National Capital Park and Planning Commission (MNCPPC) in the County's Primary Healthcare Strategic Plan; and prevention partnerships formed with local hospitals and advocacy groups such as the American Diabetes Association and the American Cancer Society. However, several providers observed that at times the Health Department, safety net providers, and private practices seemed to be in competition for limited resources. Some stated that more needs to be done to ensure that all stakeholders participate fully in various planning functions and that decisions are data-driven. Several respondents noted that the more needs to be done to integrate school health, public health and primary care. The existing four school-based health clinics are considered a step in the right direction but some respondents would like to see the clinics expanded to serve the entire school community including students' families, perhaps through extending current school health resources through the addition of federally qualified health center staff.

Some respondents complained that it is not clear that the results of various needs assessments, such as the present effort, are used to inform policy and programmatic decisions. At times assessment results appear to be deliberately ignored undermining efforts at collaboration. Additionally, several advocated for specialized studies to be conducted on the needs of special populations including but not limited to the Piscataway Indian tribe, the uninsured, the homeless, and recent immigrants as a way of engaging these groups.

12. How well is the County as a whole responding to these issues?

The County, particularly PGCHD, is lauded for its increasing efforts to partner with other public and private agencies, as discussed under Question 11. PGCHD is also seen as leading the effort to design interventions, solutions, and programs that are data-driven and evidence based. Respondents would like to see other County agencies adopt a similar approach as they work in the health arena.

However, overall the County received mixed marks on its efforts to address the various public health challenges raised by the respondents. Some respondents felt that the County faces an uphill battle to counter the negative image of Prince George's that tends to be presented in the media and that discourages economic growth including provider recruitment. Others believe that the battle involves dispelling deeply held personal, cultural beliefs that impact health behaviors and outcomes at the individual level. Another viewpoint is that County leaders do not recognize the interrelationship between economic development and health and as result proposed policies and programs in both areas are not synergistic. County bureaucracy is also seen as a hindrance to innovation and rapid response to identified problems.

Frustrations were voiced that very little has been done to address the following longstanding and well documented problems: access to care for the uninsured; improved transportation services to improve access to care; the proliferation of fast food establishments; adult oral health; and the needs of sub-populations particularly non-English speaking residents and the Piscataway Indians. Some respondents suggested that there may be efforts underway to address the above mentioned problems, but if they are not widely known in the community the resulting impression is that nothing is being done. Others voiced concerns that the Health Department is eliminating some direct service programs and Laurel Regional Hospital is transitioning to become an ambulatory care center in an environment where access to care continues to be limited for significant portions of the population. Again, many expressed doubts that the proposed regional center could completely or even partially correct the problems associated with caring for the uninsured in the absence of dedicated funds to reimburse

these costs. Thus Montgomery Cares is cited as model worthy of emulation in Prince George's County.

13. What more needs to be done and by which organizations/ programs?

As far as the County is concerned promoting service integration across public and private providers and developing systems of care for physical and behavioral health were noted as high priorities by most (75%, n=18) respondents. In this connection, respondents commended PGCHD's efforts around behavioral health. In general, respondents hoped that these efforts will lead to a strengthening of the safety net and address key barriers to care. PGCHD also needs to explore the use of telehealth to stretch the limited provider resources and do a better job of raising community awareness of available resources and how to access them. Additional recommendations for PGCHD include spearheading a more comprehensive but streamlined countywide, health planning process that engages a wide array of stakeholders; increased care coordination efforts; and leveraging the expertise of local academic institutions to ensure that proposed interventions are state of the art and evidence based.

The role of non profits was less clear, however. Respondents expressed the view that more non profits need to be involved in addressing the County's health needs but acknowledged that many lack the capacity to do so. Therefore, a pressing priority is capacity building for non-profits so that more may participate meaningfully in promoting and protecting the health of residents. Capacity building may include technical assistance in board development, grant writing, and program planning, monitoring and evaluation in addition to professional development to ensure that staff is linguistically and culturally competent. It is noteworthy, that respondents did not identify who should deliver the proposed capacity building or how it would be funded.

14. What resources are needed but not available to address each of the three issues?

All except one respondent stated that funding is the missing ingredient and the key resource needed. Respondents commented on the disparity in the funding accorded to health in the County when compared to the funding made available to the health departments of neighboring counties and the District. One respondent stated flatly **"Public health is not a top priority for the leadership of this County. Look at what we spend on health. Look at what Montgomery, Howard even the District spends on health. Look at what we spend on schools, libraries and public safety compared to health. It doesn't compare."** Several respondents observed that a significant proportion of the costs of many essential public health services such as the

safety net, medical transportation, basic primary care, and community behavioral health are covered by grant funding that may be eliminated at any time. In addition, safety net providers are currently unable to be reimbursed by insurers for much of the primary prevention services they offer. Given that the non-profit sector is currently unable to meet the demand for these and other services, this creates a highly unstable environment in which to attempt to promote public health. Another noted that new spirit of partnership and collaboration fostered by the Health Department is leading to innovative ideas but funding is needed to implement them. In the same vein, one respondent affirmed, **"You can't do great things without good staff and you have to pay good staff."**

15. What are the 3 most important <u>emerging</u> threats to health and well being in the County?

Only half of the respondents were able to cite any emerging threats. The three most commonly mentioned threats were- effective management of a mass disaster due to natural or terrorist forces; Zika; and the increasing demand for behavioral health services across the population. Several respondents felt that the County has no disaster relief plans or at least has not publicized any plans and residents do not appear cognizant of the threat of a mass disaster and how to respond. Related to this concern is the high probability that an infectious disease like Zika or Ebola could become epidemic in the County. Respondents note that the County is very diverse with residents coming from and traveling to all corners of the globe. One respondent queried **"what's to prevent an infectious disease from coming to the County and what do we do when it does?"**

One respondent predicted a silver tsunami as the population ages that will result in a growing demand for services related to dementia and Alzheimer's in addition to those needed by the growing population of veterans returning from stressful combat theaters. PCP addiction, synthetic marijuana use, and electronic cigarettes use, particularly among youth are other behavioral health problems that respondents expect to increase.

16. How is your organization/program addressing these emerging threats?

Respondents uniformly agreed that although they identified threats their organizations are hardly addressing them because they are too occupied with responding to current needs. In addition, some respondents believe that the three threats outlined above require a uniform, comprehensive approach by a County agency and not siloed actions undertaken by individual organizations. The proposed behavioral health system of care is considered to be such a comprehensive approach. Nevertheless, the District Heights

Police Force is poised to unveil a plan for mass evacuation in the event of a disaster. One FQHC has retained an infectious disease specialist to retrain its staff on the latest prevention protocols as they are released by the Department of Health and Mental Hygiene (DHMH). Another provider is offering online mental health screening as well as other mental health services and supports and has joined a workgroup that will be studying dementia in the County. These examples are illustrative of the individual actions taken by local entities to address threats that they have identified.

17. Do you have any other comments to add relative to health and the County?

The bulk of respondents' closing remarks centered on four key recommendations. The County needs to improve access to care by strengthening the safety net; improve health literacy; improve the cultural and linguistic competence of providers and services offered; and ensure stable levels of funding that are commensurate to the size and scope of identified and emerging health needs in the County.

Appendix A: List of Key Informants

NAME	ORGANIZATION	TYPE
Rev. Esther Gordon	First Baptist Church of Glenarden	Faith-based
Karen Bates, RN, MS	PGC Public Schools	School Health
David Harrington	PGC Chamber of Commerce	Business
Cathy Stasny, RD, L.D.	PGC Area Agency on Aging	Seniors
Maria Gomez	Mary's Center	FQHC, Hispanic Population
Melony Griffith	Greater Baden Medical Services.	FQHC
Kathleen Knolhoff	Community Clinic, Inc.	FQHC
Pamela Creekmur	PGC County Health Department	Local Government
Elizabeth M. Hewlett	Maryland-National Capital Park and Planning Commission	State Government
Gus Suarez	First Baptist Church of Laurel	Latino Population; Faith-based
Craig Moe	City of Laurel	Elected Official
Natalie Standing on the Rock Proctor	Wild Turkey Clan, Cedarville Band of Piscataway Indians	Tribal Leader
Reverend Robert Screen	River Jordan Project, Inc	Faith-based
Rosa Goyes	Mary's Center	FQHC, Hispanic Population
Marcus Daniels	United Way	Local Philanthropy
Christal Batey	City of Greenbelt Assistance in Living Program	Local Government; Seniors
Cynthia Miller	City of District Heights	Elected Official
Eric Brown	PGC Department of Housing and Community Development	Local Government; Housing
Renee Ensor-Pope	PGC Department of Social Services, Community Services Division	Local Government
Dennis Wood	PGC Fire/EMS Department	Local Government
Jackie Rhone	PGC Department of Family Services	Local Government; Domestic Violence and Human Trafficking
Carol-Lynn Snowden	PGC Department of Family Services	Local Government; Veterans
Michelle Howell	The ARC	Non profit, Disabled persons
Geralyn Bruce	PGC Department of Public Works and Transportation	Local Government

Appendix B: Community Health Needs Assessment

Key Informant Interview Protocol

1. What is your/your organization (program's) role relative to the health and well being of County residents?

2. How long have you/ your organization/ program played this role?

3. In your opinion has the health of County residents improved, stayed the same, or declined over the past few years? What makes you say that?

4. What are the County's three most important assets/strengths relative to the health and well being of residents?

5. What are the County's three most important barriers relative to the health and well being of residents?

6. What do you think are the three most important social determinants of health in the County? (Social determinants of health are factors related to the social environment, physical environment, health services, and structural and societal characteristics.)

7. What do you think are the three most important physical health needs or concerns of County residents?

8. What do you think are the three most important behavioral/mental health needs facing the County?

9. What do you think are the three most important health-related environmental concerns facing the County?

10. Now if you had to prioritize and select the three most important health issues facing the County from among those you just mentioned what would they be?

11. In what way does your organization/ program address each of the three issues you just mentioned?

12. How well is the County as a whole responding to these issues?

13. What more needs to be done and by which organizations/ programs?

14. What resources are needed but not available to address each of the three issues?

15. What are the 3 most important <u>emerging</u> threats to health and well being in the County?

16. How is you/ your organization/program addressing these emerging threats?

17. Do you have any other comments to add relative to health and the County?

COMMUNITY-BASED ORGANIZATION SURVEY

Introduction

Prince George's County is diverse; our growing population has a wide range of health needs and disparities. The Community-Based Organization Survey was developed as a strategy that complements the overall Community Health Assessment (CHA) goal of identifying the health needs and issues among the county's different populations, through establishments that work closely with them.

Methodology

The core CHA team provided lists of community-based partners and providers to be included in the survey; this included the membership of the Prince George's County Health Action Coalition, as well as hospital board members, partners, and community leaders. The survey was developed based on existing community surveys, with some modifications specific to the county. Efforts were made to ensure the survey questions corresponded with the Community-At-Large Survey which was also part of CHA data collection efforts. An email request was sent to approximately 250 participants by the Prince George's County Health Officer with an electronic link for the survey on March 4, 2016, with efforts made to resolve missing or incorrect emails. Two reminder requests were sent to those who had not yet participated during the collection period, and the survey closed on March 23, 2016.

The survey questions included multiple choice, ranking, and open-ended responses. Each multiple choice question is presented as a simple descriptive statistic. Questions 4 and 6 both required ranking; each ranked score was weighted in reverse order, with the participants first choice having the largest weight, and their last choice with a weight of one. For Question 4 there were three ranked slots, so a first choice was given a weight of 3; for Question 6 with five ranked slot the first choice was given a weight of 5. An example of how each response was weighted is provided in the table below, with 86 participants total responding to the question:

Rank	Number of Responses	Weight	Response*Weight	Sum of Weighted Responses/Total N
1	4	3	12	$\frac{12+6+2}{86}=0.23$
2	3	2	6	
3	2	1	2	

Open-ended response questions were initially reviewed for content analysis, which was used to identify common categories and overarching themes that emerged as patterns in the data.

Each response was then reviewed and analyzed according to the categories and themes, with summary responses presented to capture the participants' information.

Participation

Surveys were submitted by 92 participants, with a return rate of 36.8%. All areas of the county were represented by the participants (Question 19), and most ZIP codes had at least one expert participant (Question 20). Participants represented a variety of organizations (Question 18): not-for-profits (32.6%), Healthcare Providers (21.7%), Community Members (17.4%), Government Organizations (16.3%), Faith-Based Organizations (12.0%), and Social Service Organizations (8.7%); participants also worked with a variety of populations in the county (Question 21). Not all participants responded to every question; each question includes the number (N) of participants that did respond.

Key Findings

- ***Overall health***: Two-third of respondents indicated Prince George's County to be unhealthy or very unhealthy.
- ***Leading health issues***: Chronic disease and related issues including diabetes, obesity/overweight, and heart disease led as the most pressing health issues for the overall county. However, every health issue that was rated had over half of participants indicate it was at least a major or moderate problem in the county.
- ***Access to healthcare***: While nearly 60% of participants agreed or somewhat agreed that most residents could access a primary care provider, three-fourths disagreed or somewhat disagreed that county residents are able to access bilingual providers and mental health providers, closely followed by providers accepting Medicaid or other forms of medical assistance. More than half of participants also indicated issues with access to dentists and medical specialists. In addition, open-ended comments noted a lack of "quality" healthcare and providers in the county and that the available services need improvement.
- ***Leading barriers****:* The leading barriers to care varied by number of responses through the related questions, though the same list of issues was consistently included:
    - Inability to pay for care; those with co-pays could not afford them, and those without insurance could not afford overall care for those without insurance (also cited as a specific issue)
    - Transportation needs outstrip the available services and lack flexibility
    - Knowledge of available services and ability to utilize

- Basic unmet needs, including food insecurity and access to healthy foods (food deserts), transitional and permanent housing, employment, and overall adequate financial resources
- Access to healthcare providers included lack of primary care, but also included lack of specialists, lack of providers accepting a variety of insurance, and lack of enough hospitals in the county. The open-ended responses also included an overall lack of "quality" and "culturally appropriate" healthcare as a barrier. Lack of dental and behavioral health was also included as a barrier.
- Lack of insurance, both for those than have not yet applied and for those that do not qualify
- Cultural/language barriers were noted as an issue especially for immigrants, and affected their ability to access medical care, including basic tasks such as completing forms and enrolling in services.
- Trust and fear included issues with poor quality care as well as fear for residents who are not U.S. citizens

- ***Key resources to access healthcare***: One-third of participants noted a need for health navigation, education, and provision of information to residents as a key resource needed to improve access to care; some participants specified this should be tailored to communities with cultural sensitivity. This was followed by the need for transportation, affordable healthcare, and an increase in primary care and specialists, specifically increasing culturally competent providers located within communities who accept Medicaid and Medicare.

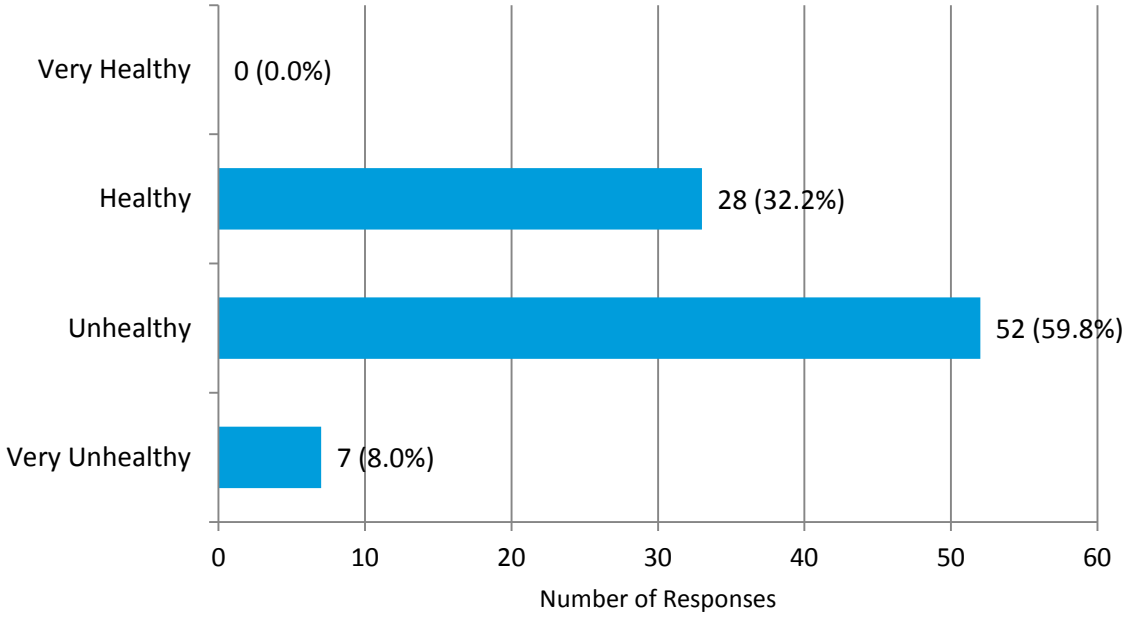
- ***Underserved populations***: The populations that were selected as most underserved included the homeless, the uninsurable, those with low incomes, immigrants, and non-English speaking.

- ***Recommendations to improve health:*** Participants echoed the Key Resources needed in this response, with 40% of participants identifying Health Education and Outreach as the leading recommendation, followed by increasing providers and improving access, affordable healthcare, and focusing on building partnerships and increasing funding to organizations that work to improve health.

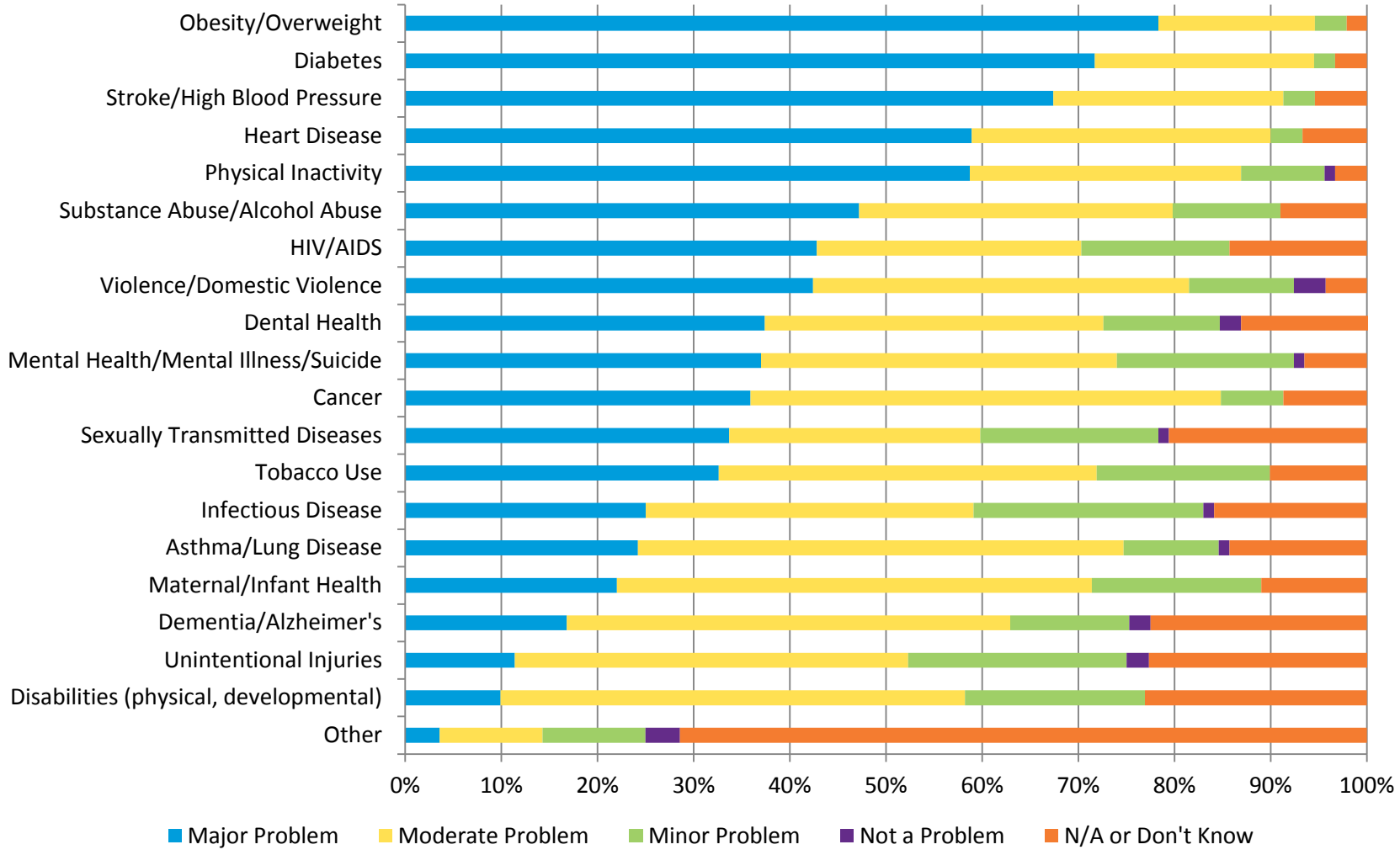
- ***What is working well:*** Participants noted improvement in collaboration and partnerships among healthcare providers, hospitals, health department, and community-based organizations. Programs focused on specific communities and community outreach and education were also viewed positively. Some participants noted that what is working well is often limited by available funding and resources.

Results

Question 1: How would you rate the overall health of Prince George's County? (N=87 responses)

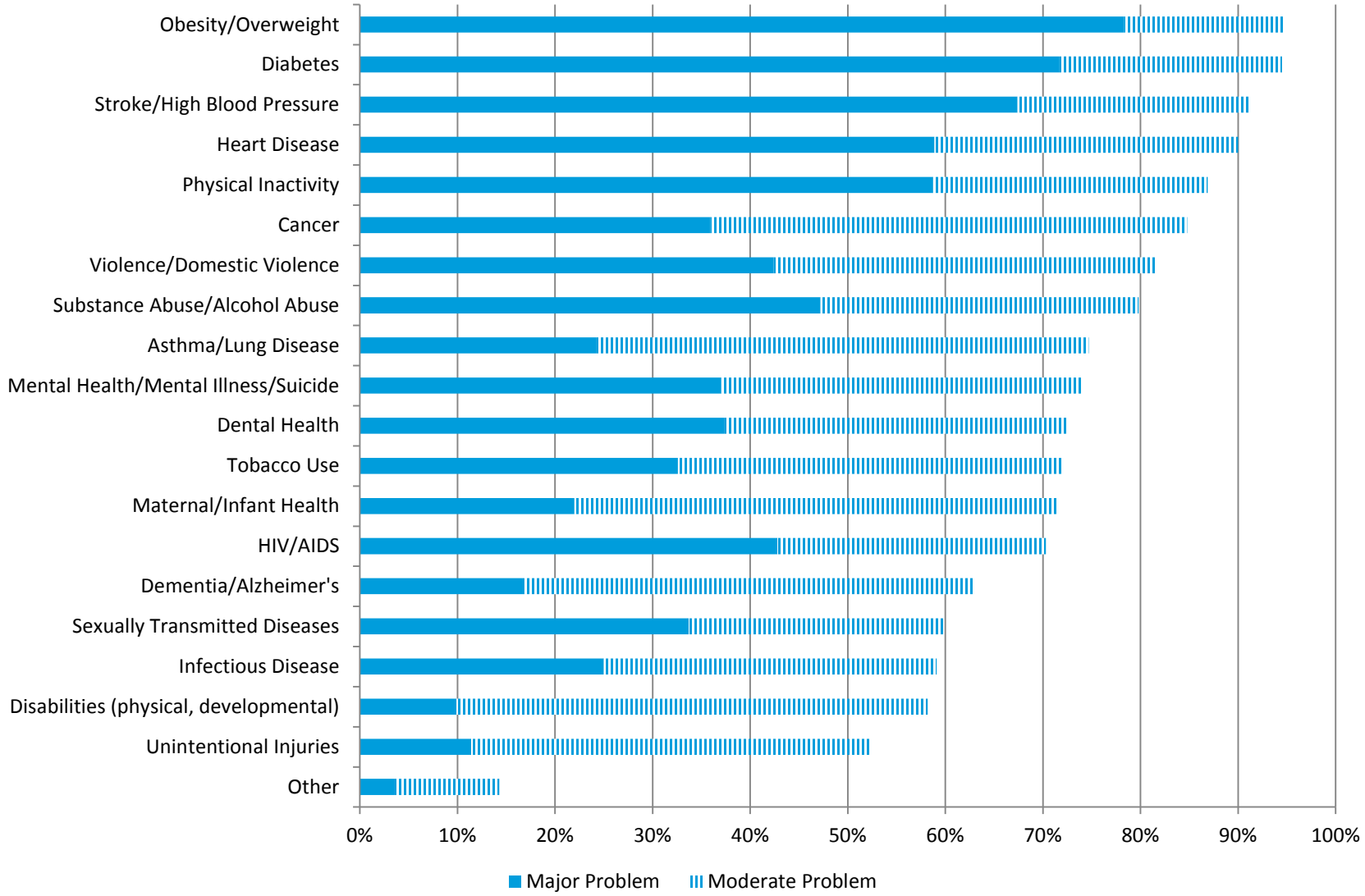


Question 2: Please rate the following health issues for Prince George's County. (N=92 responses)



"Other" Included: lead poisoning; kidney disease; health education disparity; hunger/lack of healthy food/lack of knowledge about healthy foods; residents with comorbidities; young adults lacking employment; pedestrian injury and death

Question 2: Please rate the following health issues for Prince George's County. Major and Moderate Responses

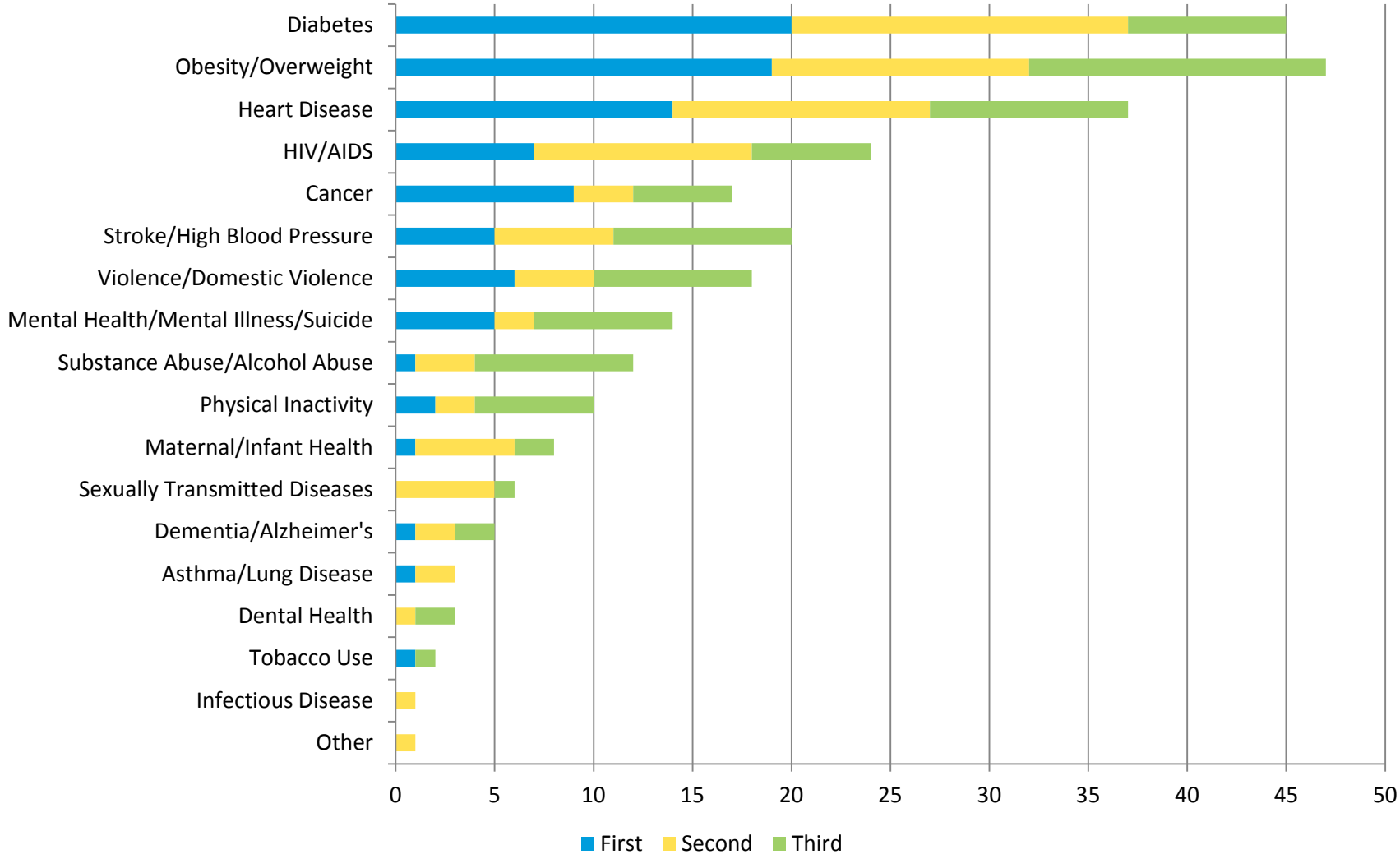


Question 3: Respondents were asked to share any additional information about health issues in the county in an open-ended response (N=21 responses). The responses are summarized in the table below; many responses included statements about multiple issues.

Issues mentioned	Number of Responses	Summary of Responses
Prevention/Addressing Issues	6	Need for prevention and focus on a variety of issues, including: cancer; breast cancer (mortality); crisis pregnancy & abortion; violence (gun); need more HIV prevention (condoms, needle exchange, PREP) and retention in care; dementia/Alzheimer's; heart disease/stroke; hepatitis treatment
Healthy Lifestyle	5	Need to focus on promoting healthy lifestyles; built environment (walkable/bike trails); encourage physical activity; opportunities for exercise are underutilized; county needs to focus more on prevention overall
Healthy Food/Food Desert/Food Security	5	Communities need more healthy food options available to them; too many fast food restaurants; areas of food insecurity impact ability to eat healthy (mentioned south county)
Health Disparities	3	The lower income population with chronic disease issues do not have the resources to address them and lacks access to care; disparity between different health issues needs to have a tailored response to the affected population; immigrant population is difficult to care for; stigma for those with HIV
Health Insurance/ Affordable Care	3	Concern for population that are un-and under-insured; inability for many to pay
Providers/Clinics	3	Not enough primary care and specialty providers; need for better access to primary care
Social Determinants of Health/Basic Needs	3	Overall lack of public health infrastructure, education, housing, poverty, crime, disengagement of residents, lack of resources and political will have to be addressed to improve health
Health Education and Campaigns	2	Focus on developing good habits at an early age; hospitals need to be involved in providing education
Hospitals/Acute Care	2	Hospitals need to help address local issues, and need to have services throughout the county within the communities; need for more and better quality healthcare facilities

"Other" Included: multiple tobacco stores opening recently in south county; need for improve the quality and number of mental health programs/providers

Question 4: From the list for Question 2, please select the three overall most important health issues in Prince George's County. (Shown in order of ranked score) (N=92 responses)



Question 5: Please rate the following statements about health care access in Prince George's County. (N=86 responses)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
Most residents in are able to access a primary care provider. (N=84)	14 (16.7%)	20 (23.8%)	37 (44.0%)	13 (15.5%)
Most residents are able to access a medical specialist. (N=82)	21 (25.6%)	23 (28.0%)	27 (32.9%)	11 (13.4%)
Most residents can access a mental health provider. (N=84)	32 (38.1%)	31 (36.9%)	17 (20.2%)	4 (4.8%)
Most residents are able to access a dentist. (N=79)	25 (31.6%)	20 (25.3%)	24 (30.4%)	10 (12.7%)
Transportation for medical appointments is available to the majority of residents. (N=81)	13 (16.0%)	38 (46.9%)	22 (27.2%)	8 (9.9%)
There are a sufficient number of providers accepting Medicaid or other forms of medical assistance. (N=68)	19 (27.9%)	31 (45.6%)	12 (17.6%)	6 (8.8%)
There are a sufficient number of bilingual providers. (N=72)	30 (41.7%)	24 (33.3%)	12 (16.7%)	6 (8.3%)

Question 5: Please rate the following statements about health care access in Prince George's County

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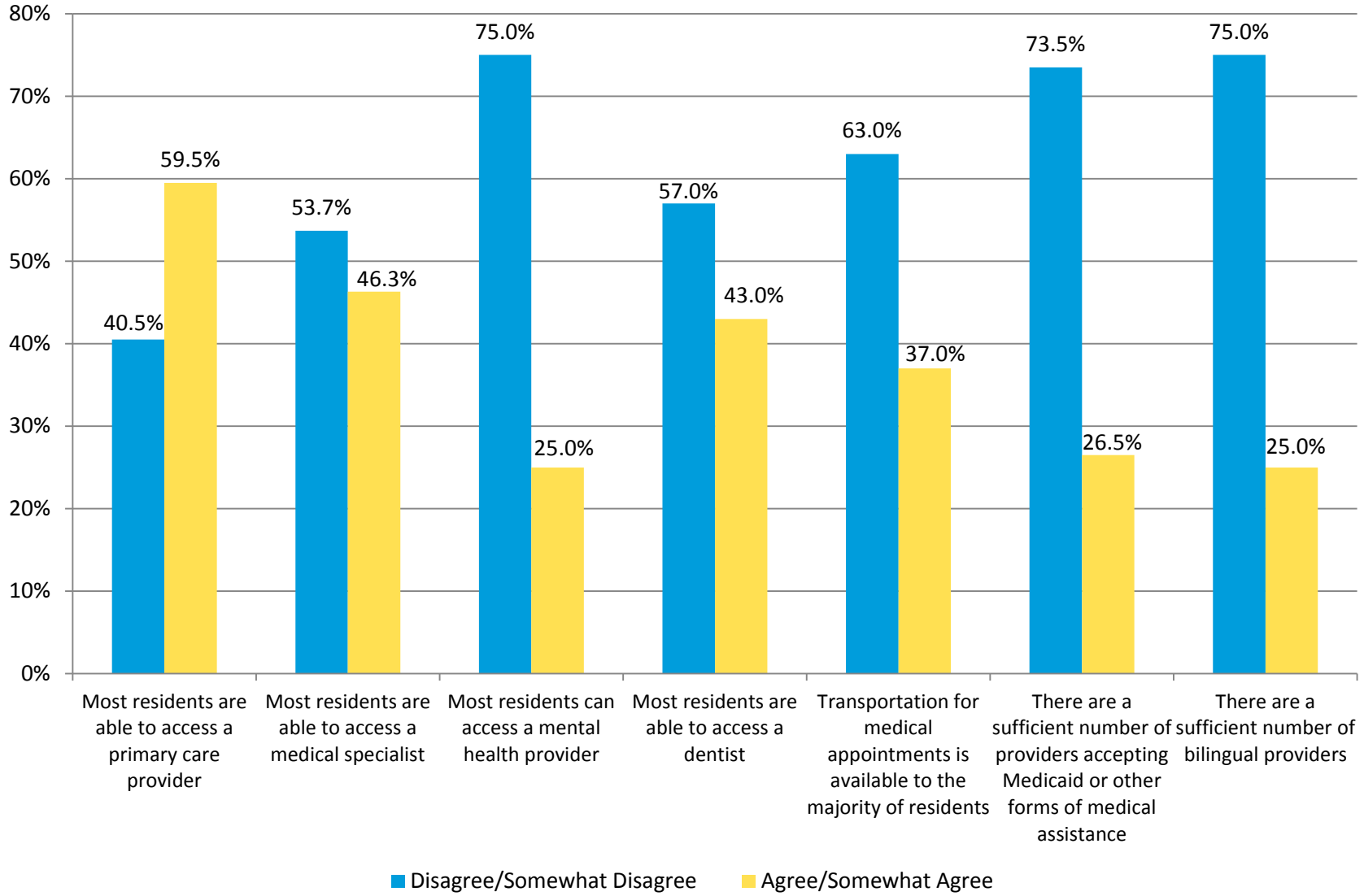
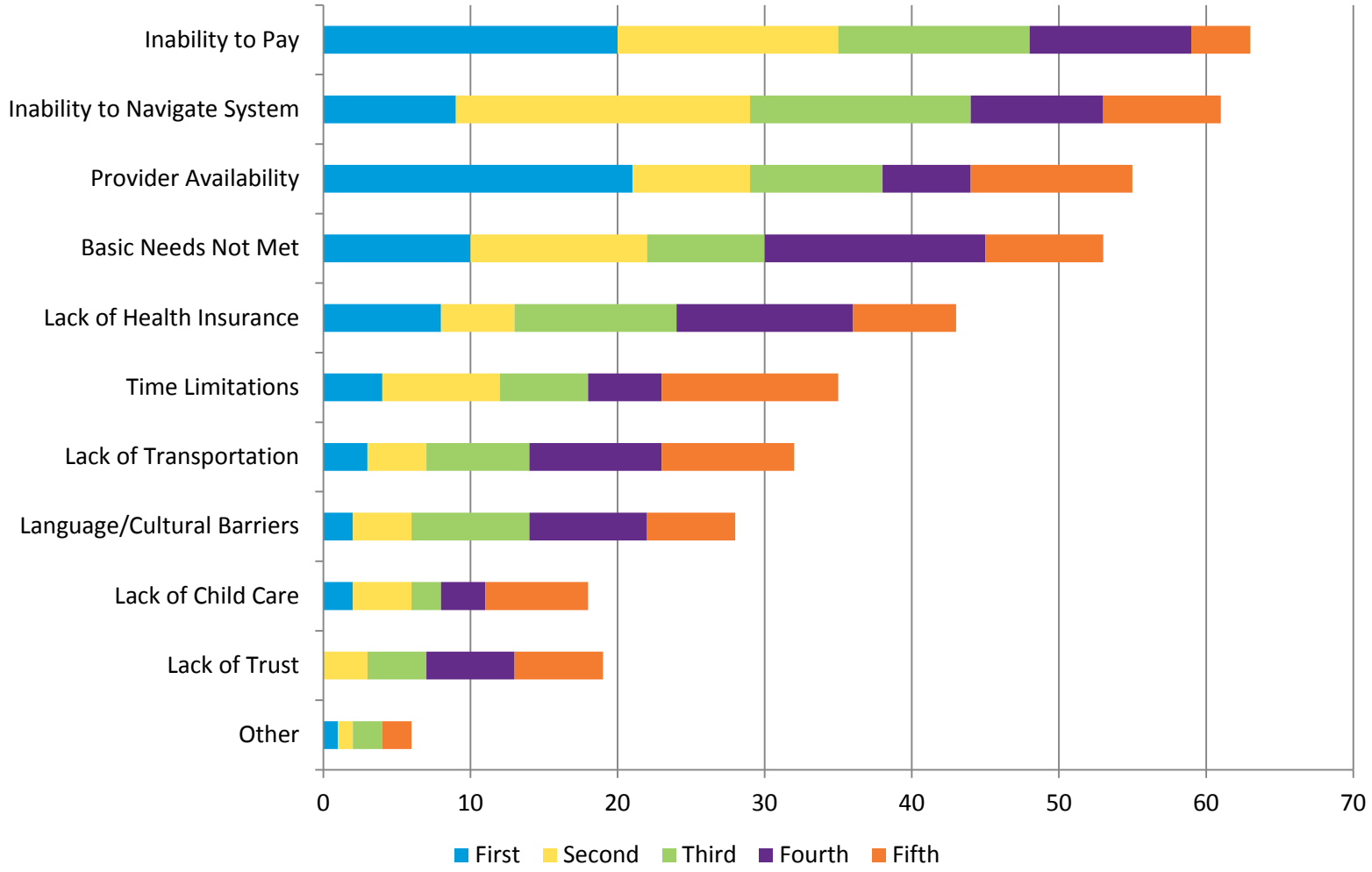


Question 6: Please rank the top five most significant barriers that keep people in Prince George's County from accessing health care. (Shown in order of ranked score) (N=86 responses)



"Other" Included: lack of investment in own health; lack of quality providers; fear by undocumented residents, social determinants of health; pattern of using hospital emergency department for regular care

Question 7: Respondents were asked to name two key resources that are needed to improve access to health care for County residents in an open-ended response (N=85 responses). The responses are grouped and summarized in the table below; some responses included statements about multiple issues.

Key Resources	Number of Responses	Summary of Responses
Health navigation, education, and information	28 (32.9%)	Need for: culturally sensitive help in navigating the health care system; health literacy education for consumers; help with using Medicaid and Medicare; community-level engagement
Transportation	18 (21.2%)	Need for: both more and more reliable transportation options; more timely transportation options for handicap population; more options for south county; increased call-a-bus services
Affordable Healthcare	16 (18.8%)	Need for: assistance with co-pays; services that people (even with health insurance) can afford
More Primary Care Providers	14 (16.5%)	Need for: providers who are culturally competent; providers who are physically located in the community; providers who accept Medicaid/Medicare
More Medical Specialists	13 (15.3%)	Need for: providers who accept Medicaid/Medicare; providers who are culturally competent; providers who are physically located in the community; providers who are academically-affiliated; providers specializing in HIV
Health Insurance	11 (12.9%)	Need to: locate and enroll those eligible for insurance; have coverage for those who do not quality for Obamacare (like Montgomery Cares)
Improved Healthcare Quality	10 (11.8%)	Need for: providers who are diverse, culturally competent, and trained in mental health issues; better quality labor and delivery services; better quality inpatient services
More Behavioral Health Providers	7 (8.2%)	Need for: providers who are culturally competent; providers and support services for behavioral health issues
Location of Medical Providers	6 (7.0%)	Need for: health care centers and services to be located in communities throughout the county; ensure clinic-oriented offices are available for physicians
Better Integration of Services	6 (7.0%)	Need for: culturally competent services; integrated prevention services; need for more one-stop-shops
Basic Needs (Housing, Food, Employment)	5 (5.9%)	Need for: more supportive housing
Dental Care Coverage	4 (4.7%)	Need for: dental coverage for Medicaid; Dental care that covers prevention, extractions, and dentures
More and improved support for FQHCs and community centers	3 (35%)	Need for: better support/funding for existing FQHCs and community healthcare centers; increase in the number of FQHC and community healthcare centers in the county
More provider hours	3 (3.5%)	Need for: weekend and evening appointments

Additional Resources mentioned by one respondent: nursing aides, emergency department services, resources for domestic violence, telemedicine, county policies more supportive of health care coverage

Question 8: Respondents were asked to share any additional information about barriers to health care in the county and their selection for Question 7 in an open-ended response (N=25 responses). The responses are summarized in the table below; some responses included statements about multiple barriers.

Barriers	Number of Responses	Summary of Responses
Lack of services tailored to different populations	5	Latinos are second largest group in county but there is a lack bilingual staff; there are difference in access to care by region and ethnicity; services are not tailored to the populations with the most need
Affordable Healthcare	4	Inadequate supply of affordable healthcare and insurance
Service Coordination	4	Lack of coordination to get residents connected with behavioral health services; need for more social/health service coordination; need for consistency across services; more challenging for non-English speaking residents
Providers	4	Lack of quality providers; lack of specialists accepting Medicaid; need to attract health care professionals to the county
Transportation	3	Need for more transportation options; need transportation for seniors;
Housing/Social Determinants	3	Lack of stable housing for low income; lack of transitional housing; lack of resources to improve the social determinants of health

Additional Barriers mentioned by one respondent: lack of resident motivation; lack of knowledge about health priorities in the county by providers/organizations; lack of routine health care access; lack of public health approach to addressing violence; residents with chronic health issues lack education and understanding of their issues

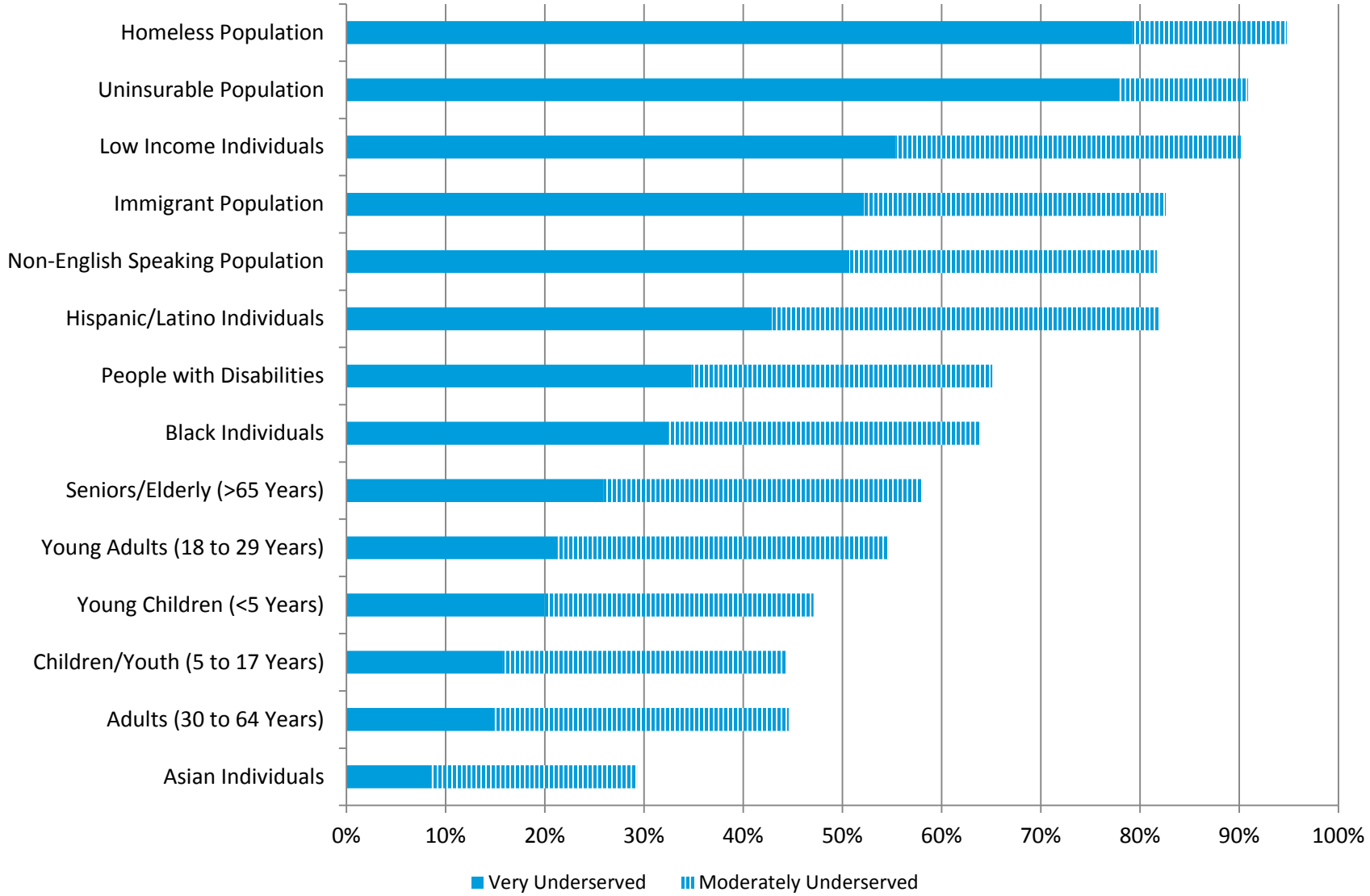
Question 9: Please indicate if you believe the following populations are underserved for health-related services and issues in Prince George's County. (N listed for each population)

	Very Underserved	Moderately Underserved	Somewhat Underserved	Not Underserved
Homeless Population (N=77)	61 (79.2%)	12 (15.6%)	3 (3.9%)	1 (1.3%)
Uninsurable Population (N=77)	60 (77.9%)	10 (13.0%)	5 (6.5%)	2 (2.6%)
Low Income Individuals (N=83)	46 (55.4%)	29 (34.9%)	5 (6.0%)	3 (3.6)
Immigrant Population (N=69)	36 (52.2%)	21 (30.4%)	10 (14.5%)	2 (2.9%)
Non-English Speaking Population (N=71)	36 (50.7%)	22 (31.0%)	10 (14.1%)	3 (4.2%)

Hispanic/Latino Individuals (N=77)	33 (42.9%)	30 (39.0%)	10 (13.0%)	4 (5.2%)
People with Disabilities (N=66)	23 (34.8%)	20 (30.3%)	16 (24.2%)	7 (10.6%)
Black Individuals (N=80)	26 (32.5%)	25 (31.3%)	25 (31.3%)	4 (5.0%)
Seniors/Elderly (>65 years) (N=81)	21 (25.9%)	26 (32.1%)	24 (29.6%)	10 (12.3%)
Young Adults (18 to 29 years) (N=75)	16 (21.3%)	25 (33.3%)	27 (36.0%)	7 (9.3%)
Young Children (Under 5 years) (N=70)	14 (20.0%)	19 (27.1%)	24 (34.3%)	13 (18.6%)
Children/Youth (5 to 17 years) (N=70)	11 (15.7%)	20 (28.6%)	28 (40.0%)	11 (15.7%)
Adults (30 to 64 years) (N=74)	11 (14.9%)	22 (29.7%)	36 (48.6%)	5 (6.8%)
Asian Individuals (N=58)	5 (8.6%)	12 (20.7%)	24 (41.4%)	17 (29.3%)
Other (N=3)	0	2	0	1

"Other" Included: young children who are part of the immigrant population are very underserved; veterans; the population that lacks health education

Question 9: Please indicate if you believe the following populations are underserved for health-related services and issues in Prince George's County. “Very” and “Moderately Underserved “Responses only.



Question 10: Respondents were asked what the primary barriers are for the populations listed in Question 9 in an open-ended response (N=80 responses). The responses are grouped and summarized in the table below; many responses included statements about multiple issues.

Primary Barriers	Number of Responses	Summary of Responses
Lack of Financial and Basic Resources	36 (45.0%)	For those with insurance, co-pays are too high; For those without insurance, health care is unaffordable; overall basic needs take priority over paying for medical care; lack of computer access
Access to Providers/Healthcare	30 (37.5%)	Providers need to be located within the community and have extended hours, need to provide quality care, and need to be culturally competent; need for more providers overall; need for more providers (including specialists) who see low income patients; need health care that is timely; long wait times on phone or in offices is not feasible due to jobs, limits to time on pre-paid cell phones
Cultural/Language Barriers	21 (26.3%)	Immigrant population are not treated with respect; lack of culturally competent healthcare; lack of diversity in languages spoken
Knowledge About Health and Services	20 (25.0%)	Lack of knowledge about available services increases use of emergency services; education needed about health and screenings
Navigation of Services/ Care Coordination	19 (23.8%)	Vulnerable populations need help connecting to available services; population released from jail/prison; need for healthcare advocates
Transportation	17 (21.3%)	Need for more transportation options
Lack of Insurance	15 (18.8%)	Uninsurable population will continue to have unmet health needs; Insurance is still not affordable for those who do qualify
Community Resources and Outreach	5 (6.25%)	Need for more public-private partnership; need for referral resources; lack of culturally competent community interventions; outreach and focus is not on more vulnerable populations; too much focus on African American population
Lack of Trust	4 (5%)	Fear and trust are a barrier to care
Inadequate Government Funding	2 (2.5%)	Need to serve more non-reimbursable residents

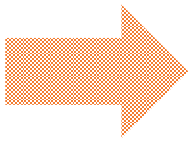
Additional Barriers mentioned by one respondent: immigration status, lack of access to medication

Question 11: Respondents were asked is being done well in Prince George's County in terms of health and well-being and by whom in an open-ended response (n=77 responses). The responses are grouped and summarized in the table below; many responses included statements about multiple health and wellness activities and contributing organizations.

What is being done well	Number of Responses	Summary of Responses
Collaboration/Partnerships	17 (22.1%)	Seeing more collaboration between health department, healthcare providers, hospitals, and community groups; better care coordination; need to align priorities and strategies and for more sharing of resources for collaborative efforts.
Community-Based Services/Programs	13 (16.9%)	Community-focused programs that provided services within the community were cited as working well, including: mobile units, services being provided at community events, focus on specific communities (Health Enterprise Zone in 20743), programs at nontraditional locations (such as Langley Park MSC, the Salvation Army).
Community Outreach/Education	12 (15.6%)	Increased visibility through community outreach and education efforts; getting information to the public through the media;
Nothing	3 (3.9%)	Respondents did not believe anything is being done well or has improved in the county.

What organizations are doing well for health	Number of Responses	Summary of Responses
Health Department	26 (33.8%)	Planning and bringing community groups and hospitals together for collaboration (Health Action Coalition, care coordination); community-focused programs and strategies; outreach.
Community-based Organizations	16 (20.8%)	Coordination of efforts; outreach; addressing social determinants of health; providing a safety net; taking services to the residents.
Hospitals	15 (19.5%)	Hospitals have increased their efforts, are doing more community programs (outreach, cancer screenings for women, diabetes); new planned hospital; working to get patients into primary care through partnerships.
Clinics/Providers Hospitals	9 (11.7%)	Overall there is better access to care and more providers available; quality of care is improvement; shift to patient centered medical homes; health care at FQHCs and community clinics are viewed as necessary services.
Other	8 (10.4%)	Department of Social Services was noted for health insurance enrollment activities; MNCPP was noted as an active partner for improving county health; efforts by overall County government to improve health and access to care; providing immunizations at schools.

Sixteen responses also included information about needed improvements. The most frequently mentioned was the need for more funding and resources, which was often cited as limiting what could be done well in the county. Also included were: need for better use of funds by the county (decisions driven by politics and "legacy building"); need for more and better funded Community-based organizations; better funding for FQHCs that could also help improve quality of care; addressing policies and laws that negatively affect public health and service provision; residents not knowing about available services, need for better coordination of priorities and of services and resources; wanting more visibility and effort from the health department, community-based organizations, providers, and hospitals, better oversight of funding meant to increase access of affordable care (end result is not always affordable).



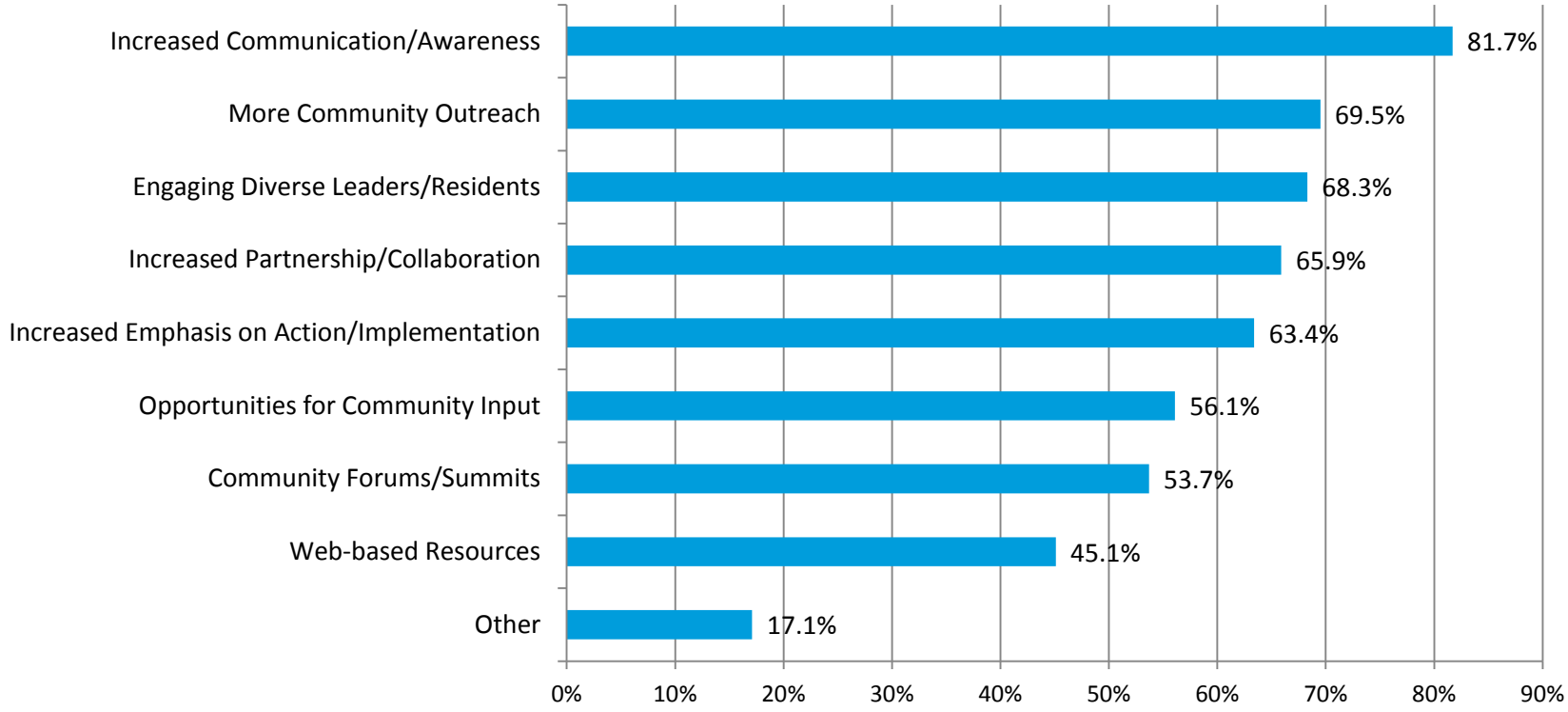
Question 12: Respondents were asked what recommendations or suggestions they have to improve health and quality of life in Prince George's County in an open-ended response (N=78 responses). The responses are grouped and summarized in the table below; many responses included multiple recommendations.

Recommendations	Number of Responses	Summary of Responses
Health Education and Outreach	31 (39.7%)	Tailor campaigns to diverse populations through the county; use a variety of media platforms; focus efforts on vulnerable and low income populations; provide information in a variety of languages
Increase and Improve Access to Providers & Clinics	19 (24.4%)	Improve provider/clinic proximity and hours; ensure providers/clinics are located throughout the county; increase specialists; more school-based healthcare; more specialty clinics (including one for seniors)
Affordable Healthcare	9 (11.5%)	Need assistance with co-pays; need options for uninsurable
Partnerships	9 (11.53%)	Hospitals, Community-based organizations (CBO), Health Department need to work together and share resources; need more care coordination among providers and services; continue to use the Health Action Coalition to address issues; County agencies need to work to strengthen and partner with CBOs
Increase Health Funding	8 (10.3%)	Need funding for resources; invest in citizens' health; better fund community-based organizations
Basic Needs	8 (10.3%)	Focus on job creation and education; ensure residents have basic needs met such as food and housing; focus on social determinants of health; access to healthy foods
Prevention and Screening	7 (9.0%)	Focus on HIV testing and prevention; work with adolescents (vaccination, work through schools for prevention); encourage exercise; work with employers to improve health of their workers

Recommendations	Number of Responses	Summary of Responses
Hospital Improvement	7 (9.0%)	Need to ensure hospitals are accessible throughout the county; existing hospitals need improved facilities and services to attract residents and physicians; affiliation with academic institutes is a positive; funding needs to be provided for new/improved facilities
Community Engagement	7 (9.0%)	Better engagement of diverse communities and vulnerable populations; better engagement beyond current areas of focus (TNI); work more with community leaders
Support CBOs	6 (7.7%)	Increase and expand CBOs in the county; train and utilize existing CBOs; more funds for CBOs that is not managed through County agencies
Quality Services and Providers	5 (7.7%)	Attract high quality providers; improve service quality; improve mental health services; provide better customer service
Transportation	4 (5.1%)	Increase transportation options; ensure transportation is available on weekends
Policy Changes	3 (3.8%)	Works towards policies for: nutrition labels in restaurants, less fast food restaurants and more access to healthy food, no smoking in public areas, require HPV vaccination, incentives to support quality providers and programs
Behavioral Health Providers	3 (3.8%)	Mental health services and substance use treatment need to be accessible; need more behavioral health services in the county
Community Health Workers (CHW)	2 (2.6%)	Increase CHWs in the communities; focus CHW efforts on residents with high hospital utilization
Data	2 (2.6%)	Collect and use data to inform program and interventions

Additional Key Resources mentioned by one respondent: better built environment; dental care; streamline enrollment process for programs/services (less paperwork); better government management of resources;

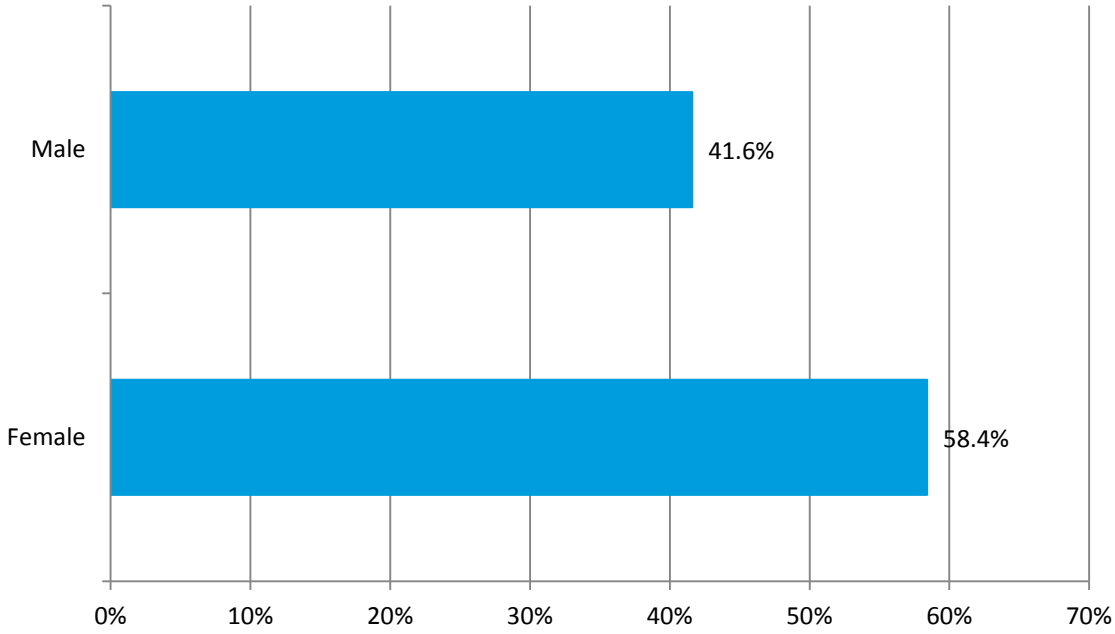
Question 13: What do you think could encourage and support more community involvement around health issues in Prince George's County (select all that apply)? (N=82 responses)



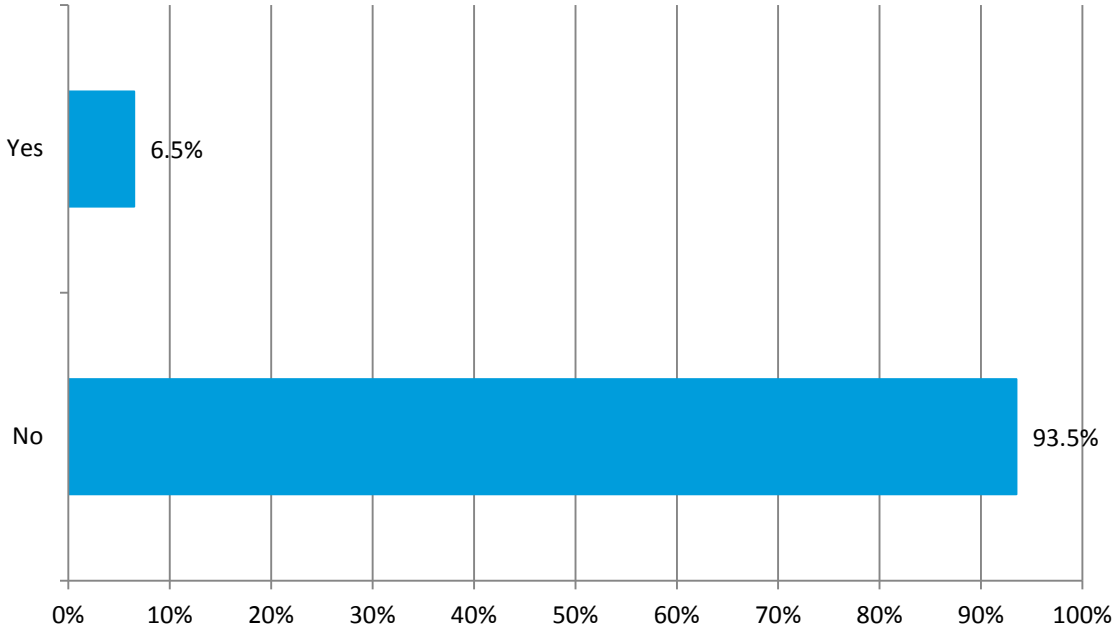
"Other" Included: More involvement of churches and school system; Use of media campaigns in coordination with community and faith-based organizations; incentives to attract mental health and medical specialists to the county; more engagement from providers regarding copayments; county policy around healthcare for contractors; better leadership; more community engagement and more effective outreach; provision of information about available services

Participant Profile

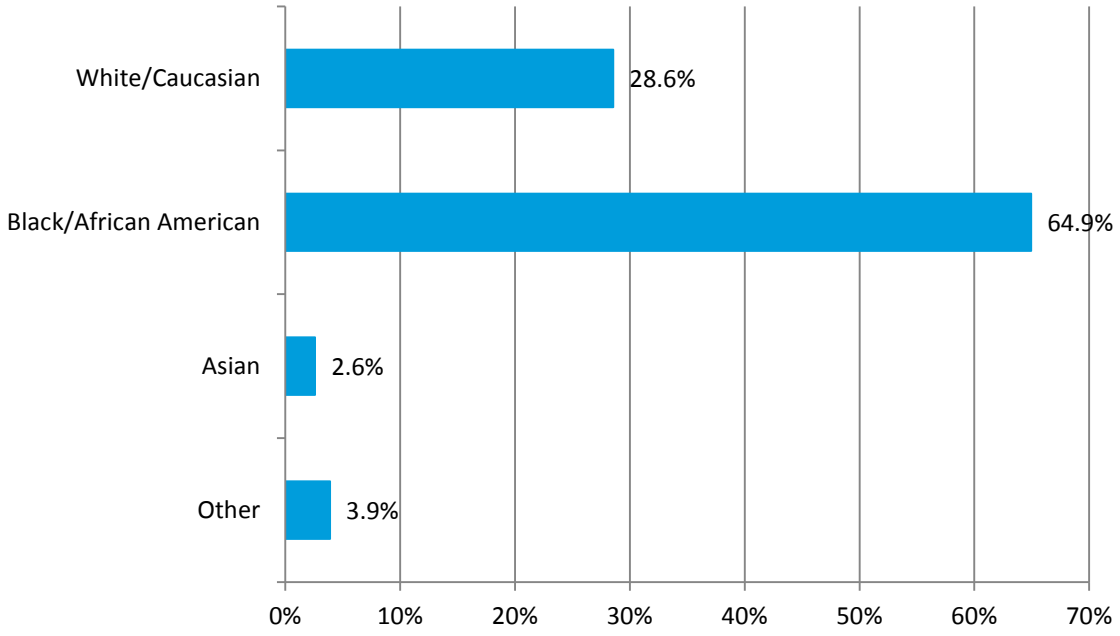
Question 15: What is your gender (N=77 responses)



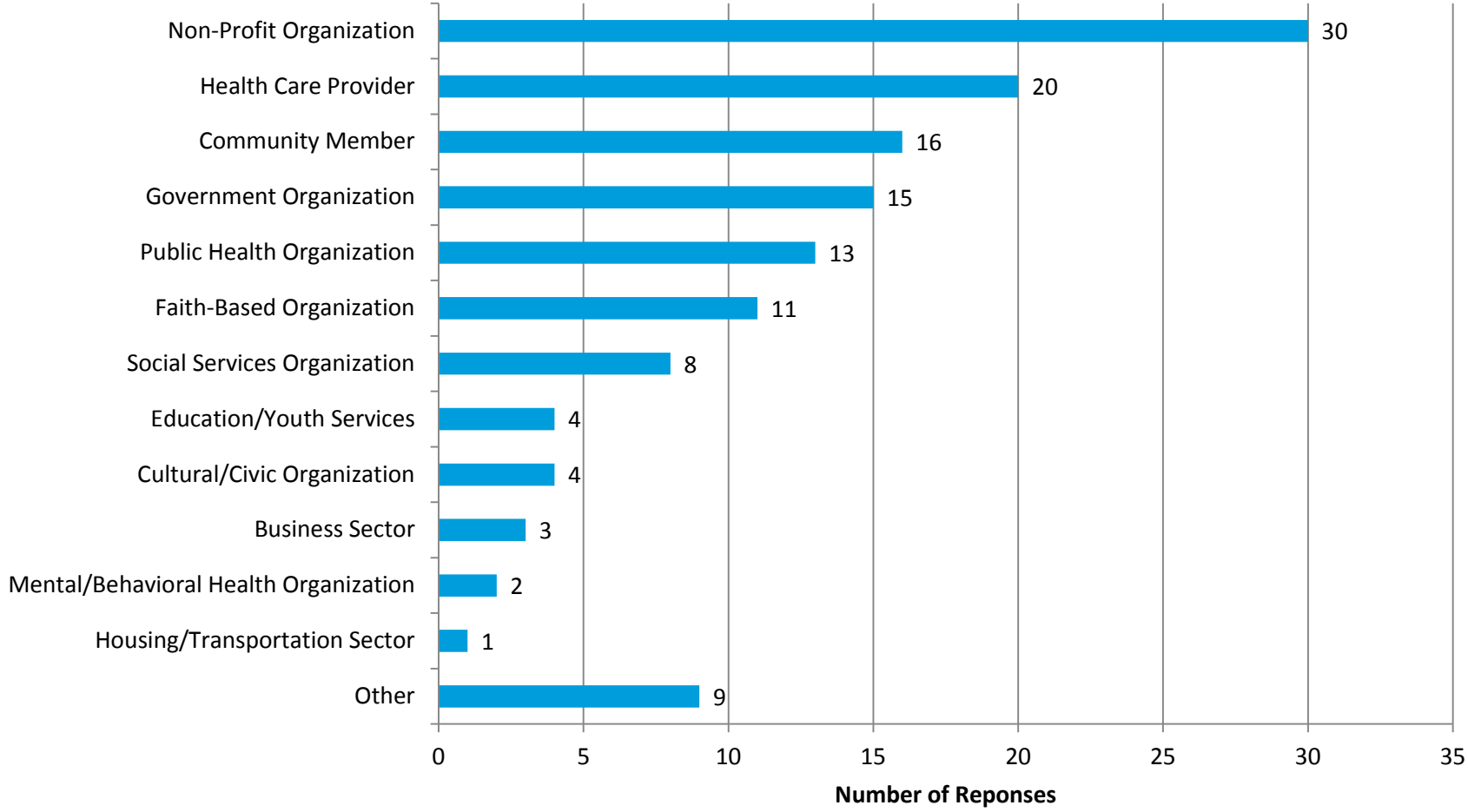
Question 16: Are you Hispanic or Latino? (N=77 responses)



Question 17: Which one of these groups would you say best represents your race? (N=77 responses)

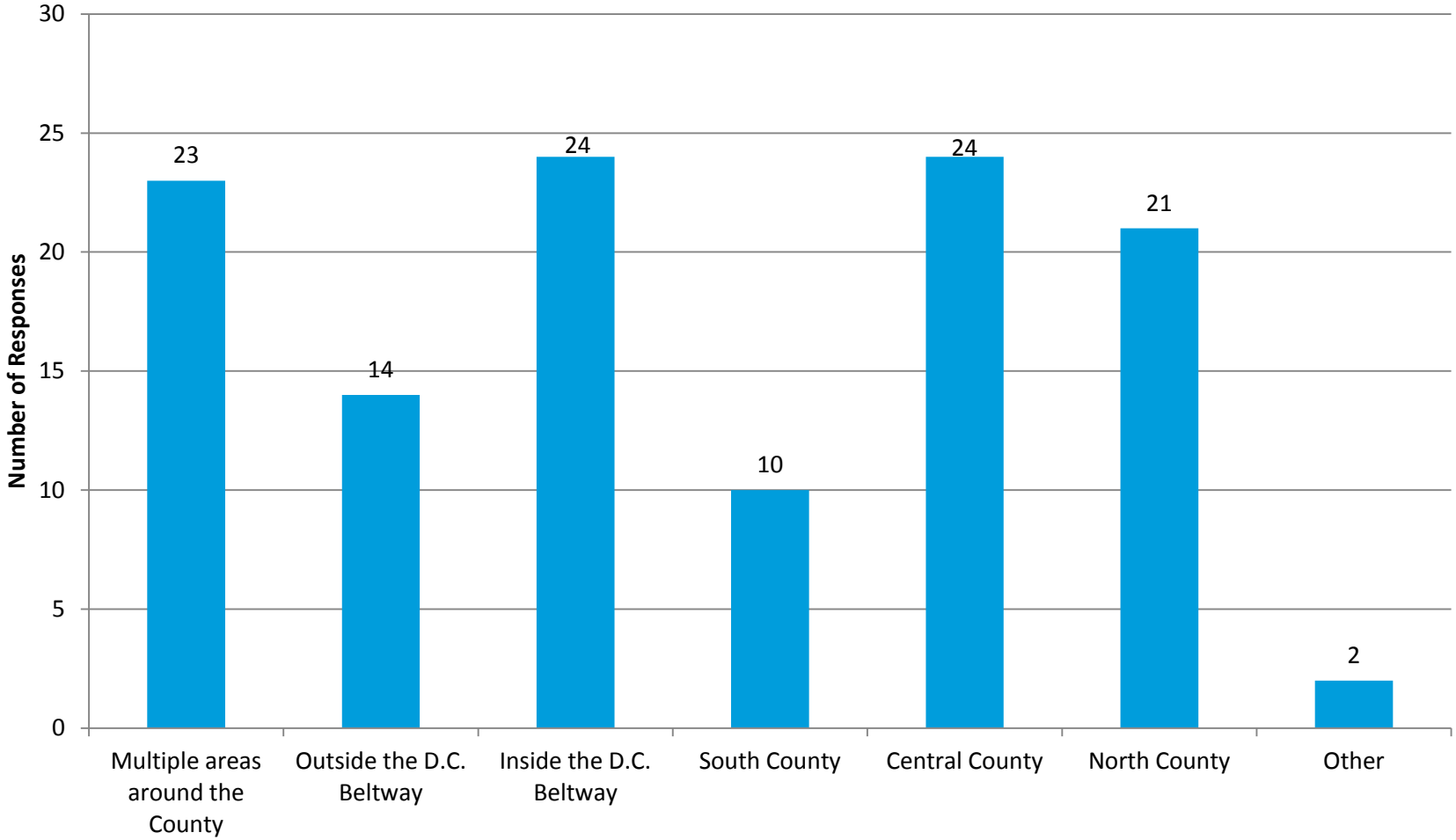


Question 18: Which of these categories would you say best represents your community affiliation? Participants were asked to select all that apply. (N=77 responses)



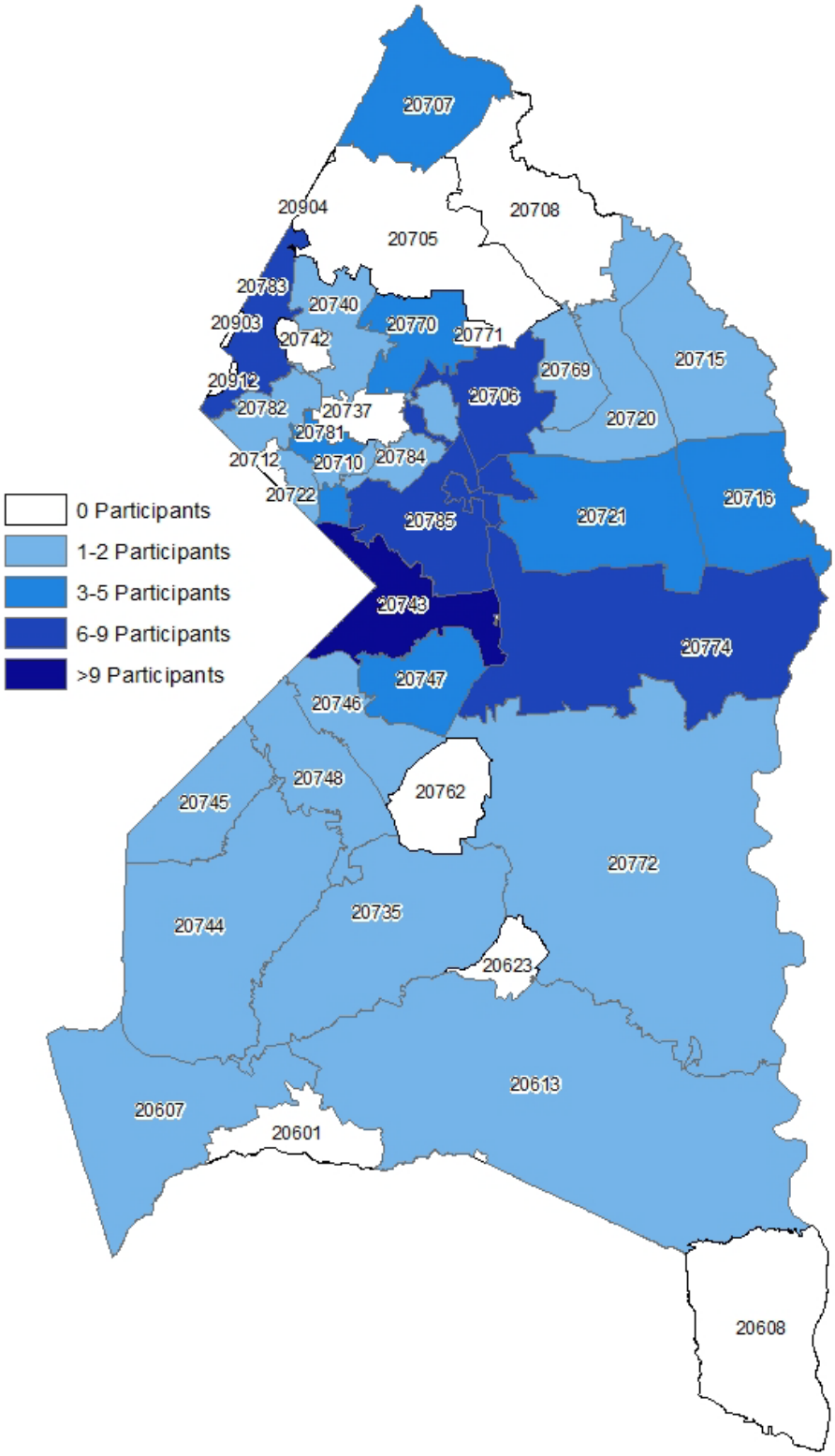
"Other" Included: FQHC; public housing; law enforcement; trade union; grant-funded program; resident of the county in addition to their position; mental health provider; academic; non-profit working with health care providers

Question 19: In what geographic part of Prince George's County are you most knowledgeable about the population? Participants were asked to select all that apply. (N=77 responses)

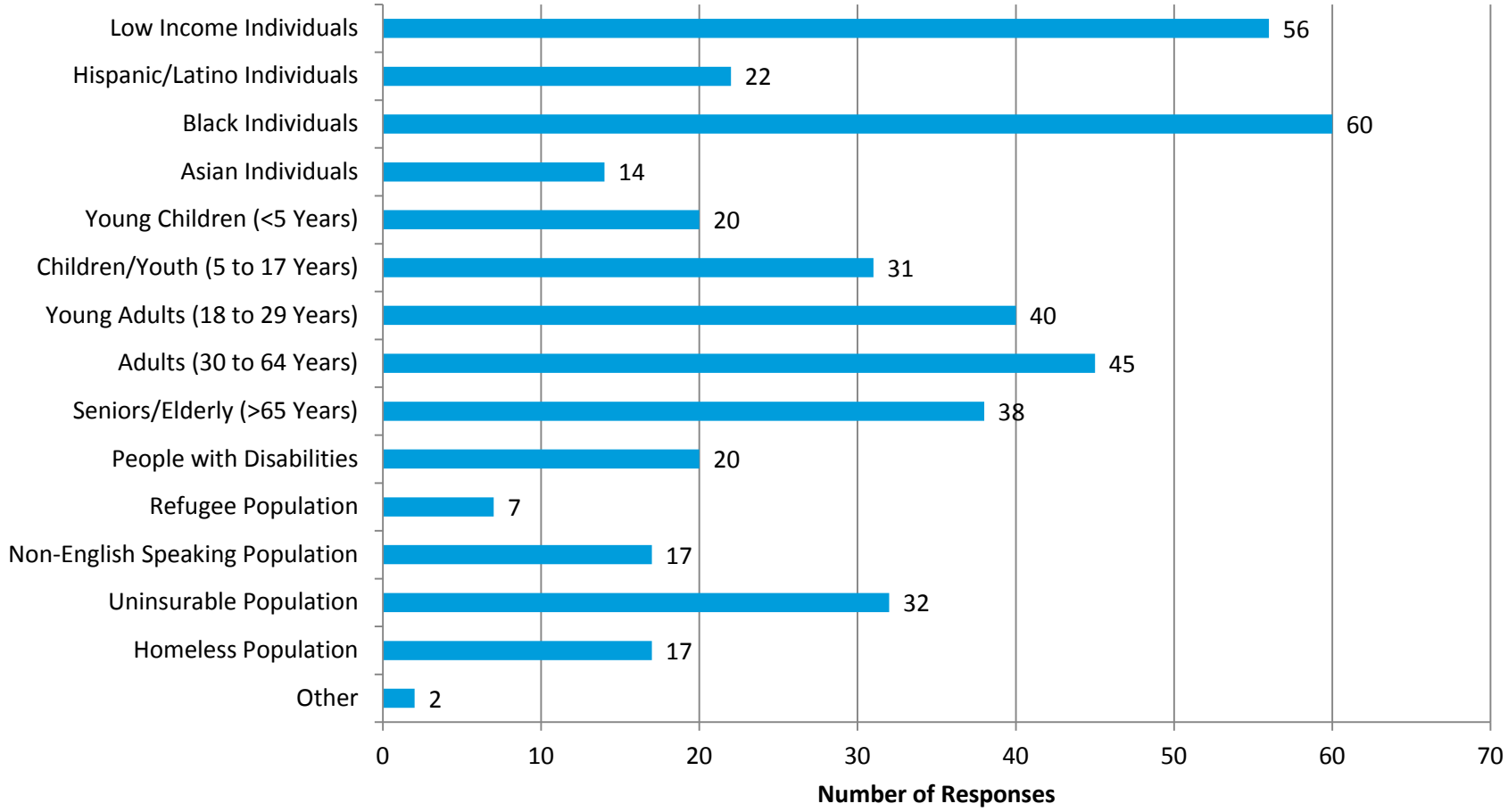


"Other" included: public housing throughout the county; county areas with a high Latino population

Question 20: What one ZIP Code in the county are you most knowledgeable about for the population (N=74 responses). Eight respondents listed multiple ZIP codes instead.



Question 21: Please select the types of populations you can represent in Prince George's County through either professional or volunteer roles. Participants were asked to select all that apply. (N=77 responses)



"Other" included: women; victims of domestic violence, undocumented families, and people with mental health and substance abuse issues

Question 22: Respondents were asked what are the most pressing needs of the population they serve based on their experience (N=73 responses). The responses are grouped and summarized in the table below; many responses included multiple needs.

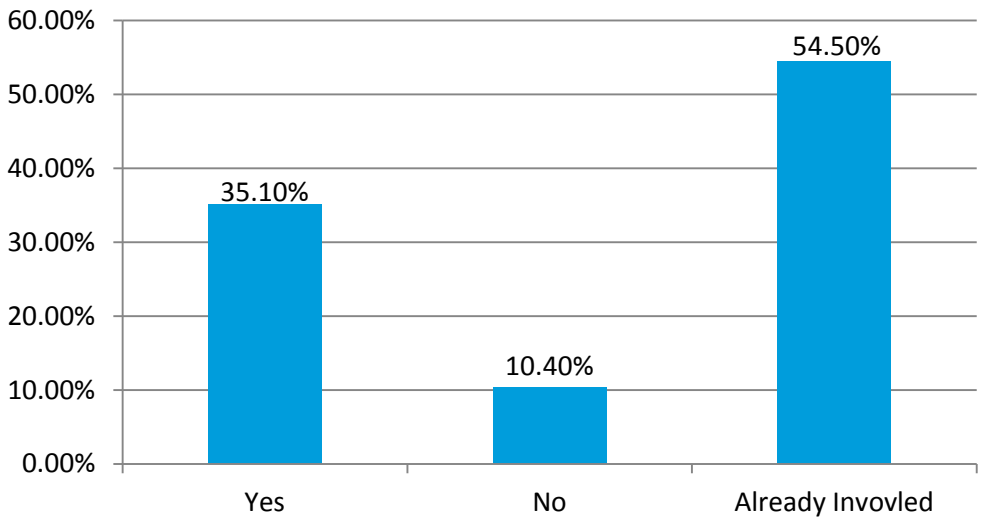
Needs for Service Population	Number of Responses	Summary of Responses
Access to Healthcare	36 (49.0%)	Improve provider/clinic proximity and hours; ensure providers and clinics are located throughout the county; increase specialists; better quality, more affordable, and more timely healthcare; culturally competent (mention of immigrants and LGTB)
Health Education and Outreach	22 (30.1%)	Tailor campaigns to diverse populations through the county (mentioned young black men, elderly, HIV, chronic diseases); promote knowledge about health and about available services; education about nutrition and healthy food; promote exercise
Basic Needs	19 (26.0%)	Focus on job creation and training; housing and transitional housing; ensure residents have basic needs met; financial assistance for basic needs; food security and access to healthy food
Insurance/Co-pay Assistance	12 (16.4%)	Need assistance with co-pays; need options for uninsurable
Navigation/Coordination	11 (15.1%)	Need help navigating healthcare system; help navigating public services; help understanding health insurance and care options
Transportation	7 (9.6%)	Increase transportation options; transportation for disabled and elderly
Behavioral Health Services	5 (6.8%)	Better access to mental health services and substance use treatment; more providers needed
Prevention and Screening	5 (6.8%)	Need more domestic violence prevention efforts; cancer screening; HIV prevention and testing; better overall access to prevention programs/services
General Resources	5 (6.8%)	Need for overall resources
Schools	3 (4.1%)	Need for better (higher quality) public schools
Child Care	2 (2.4%)	Need for child care, especially for single mothers
Language Services	2 (2.4%)	Need for translation services; need for English classes
Medication Assistance	2 (2.4%)	Need help in securing medications

Additional Needs mentioned by one respondent: trust of healthcare system; obesity and related chronic diseases (did not specify what the specific need was); dental care; and senior care.

Question 22: Respondents were asked to share any additional information about the health of Prince George's County (N=8 responses). The responses are grouped and summarized in the table below; the majority of these responses reiterated information that had already been provided in previous questions.

Additional Information	Number of Responses	Summary of Responses
Collaboration	3	Need for more collaboration among hospitals, physician organizations, government, schools and employers; more collaboration between hospitals and faith-based organizations
Increase in providers/hospitals	2	Need for more providers; need for more hospitals
Better healthcare quality	2	Need for better quality providers; providers receiving public funds need to be held accountable in use of funds, better practice management, and better patient outcomes
Obesity	1	Need to focus on obesity as a cause of many other health issues
Not-for-profits	1	Need a strategy to build capacity of health and social service not-for-profits
Care coordination and information	1	Need for residents to know about and be able to access services
Overall County services	1	Need for better infrastructure ,and better schools
County funding	1	Need for funding to be used for the public instead of politically-motived projects

Question 24: Would you be interested in becoming more involved in local health initiatives?



COMMUNITY RESIDENT SURVEY

Introduction

Prince George's County is home to over 900,000 residents and growing, with a wide range of health needs and disparities. The Community Resident Survey was a strategy developed to complement the overall Community Health Assessment (CHA) goal of identifying the health needs and issues for the county's diverse population by hearing directly from our residents.

Methodology

The Community Resident Survey was developed based on existing community surveys provided by the CHA core team and examples from successful CHAs with some modifications specific to the county. Efforts were made to ensure the survey questions corresponded with the Community-Based Organization Survey which was also part of CHA data collection efforts. The survey questions included mostly multiple choice and rating scales with a few open-ended responses for demographics and an option for writing in a response if the participant answered with "other".

The survey was translated into Spanish (the most common language spoken in the county after English), and was made available online and through printed copies. Due to time limitations, the survey was distributed as a convenience sample, with each participating hospital requested to help distribute the survey in their service area; two hospitals (Fort Washington Medical Center and Doctors Community Hospital) collected and entered surveys from their service area. The Health Department made the survey available by website, social media, and through provided services. Survey distribution began on March 14, 2016 and ended on April 8, 2016.

For analysis, each multiple choice and rating scale question is presented as a simple descriptive statistic. Because the surveys were collected as a convenience sample, the results were intended as an additional method of gaining community input in support of the overall process, while acknowledging the lack of an adequate sample size to statistically represent the county. Surveys were excluded if the majority of the survey was incomplete or if the participant did not indicate they were a county resident. The English and Spanish surveys were initially analyzed separately with the intent to combine the responses; however, due to notable differences in responses the survey results are presented separately. Each question includes the number (N) of responses.

Participation

Surveys were completed by 201 participants in English and 115 in Spanish for a total of 316 county residents. Nearly all areas of the county were represented by the participants with the exception of the most southern part of the county (a map of representation is available with

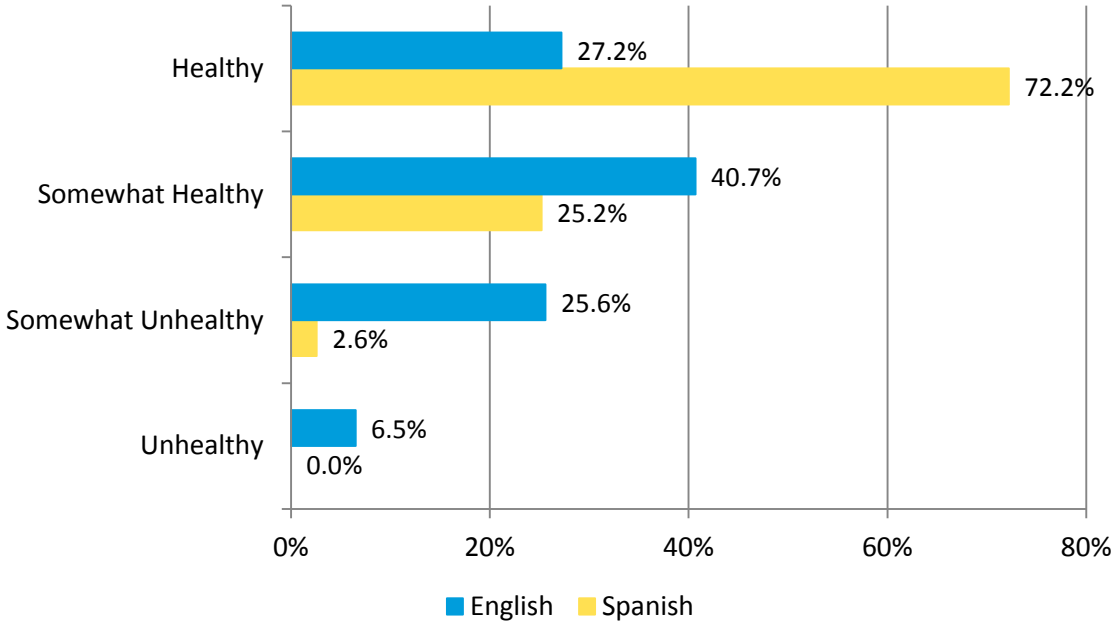
Question 13). The demographics of those responding to the survey differ from the overall county: only 46% of the participants were born in the U.S. which is lower than the county, while approximately 75% of the participants were women which is higher than the county. Spanish survey participants were mostly between the ages of 25-44 years, while English survey participants were more evenly distributed by age. Participants indicated a wide range of income and education; over half of the English participants indicated they had a college degree or more, compared to 2% of Spanish survey participants. The majority of Spanish survey participants had an annual income of less than $50,000.

Key Findings

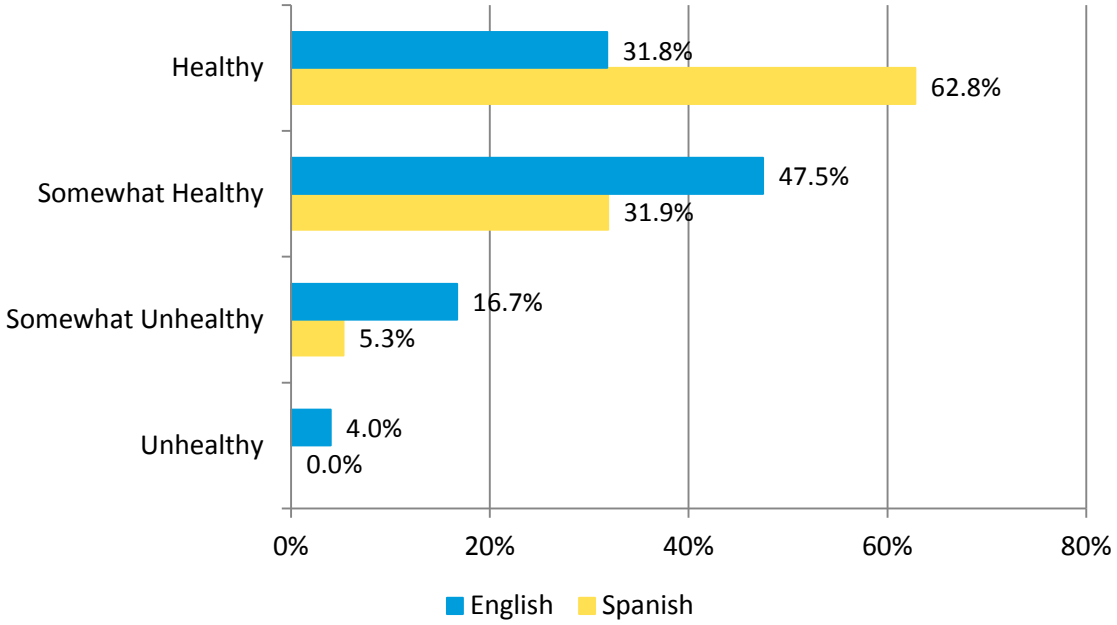
- ***Overall health***: Two-thirds of English survey participants indicated Prince George's County to be healthy or somewhat healthy, as did nearly all Spanish survey participants. Overall most survey participants also indicated their own community to be healthy or somewhat healthy.
- ***Leading health issues***: Chronic disease and related issues including diabetes, obesity/overweight, and heart disease led major health problems for the English survey participants, while HIV, diabetes, and cancer led for Spanish survey participants. However, nearly every health issue had over half of the overall participants indicate it was at least a major or moderate problem in the county.
- ***Access to healthcare***: Over 60% of English survey participants agreed or somewhat agreed that residents in their community could access a primary care provider and dentist; while 37% indicated that medication cost was a barrier. For the Spanish survey participants, over 30% of participants disagreed or somewhat disagreed that community members could access a primary care provider and dentist, and over half indicated medication costs was a barrier.
- ***Leading barriers****:* 35% of English survey participants indicated the inability to pay as a major barrier to care in their neighborhood, followed by time limitations (29%) and lack of health insurance (27%). For Spanish survey participants, 66% indicated lack of health insurance was a major barrier to care, followed by inability to pay (44%) and language and cultural barriers (39%).
- ***Health Care:*** Most of the English survey participants reported having health insurance (84%), and 80% reported seeing a primary care doctor within the last year. However, most of the Spanish survey participants did not have insurance (94%) and only 16% saw a primary care doctor in the past year. Nearly 20% of English survey participants and 27% of Spanish survey participants reported being unable to access needed medical care in the past year due to 1) lack of health insurance, 2) inability to pay, and 3) wait times to get an appointment that were too long.
- ***Recommendations to improve health:*** Overall, participants recommended increased communication and awareness followed by community-level outreach to encourage and support more community involvement around health issues in Prince George's County.
- ***Community Determinants of Health:*** For English survey participants, affordable housing was reported as a leading community issue followed by access to good schools and crime. For Spanish survey participants, crime was a leading community issue followed by affordable housing and a good economy.

Results

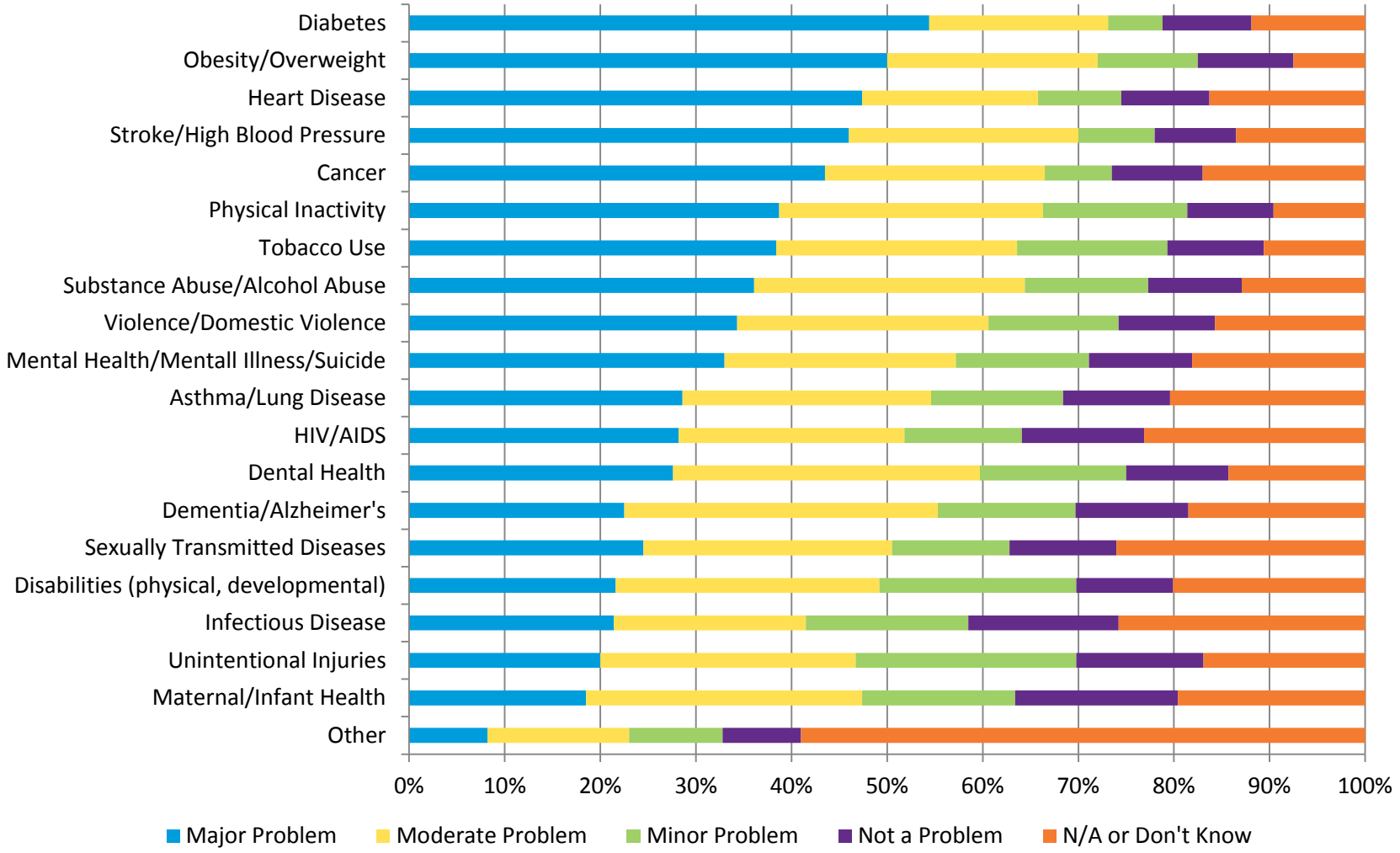
Question 1: How would you rate the overall health of Prince George's County?
(N=199 English responses; N=115 Spanish responses)



Question 2: How would you rate the overall health of your community?
(N=198 English responses; N=113 Spanish responses)

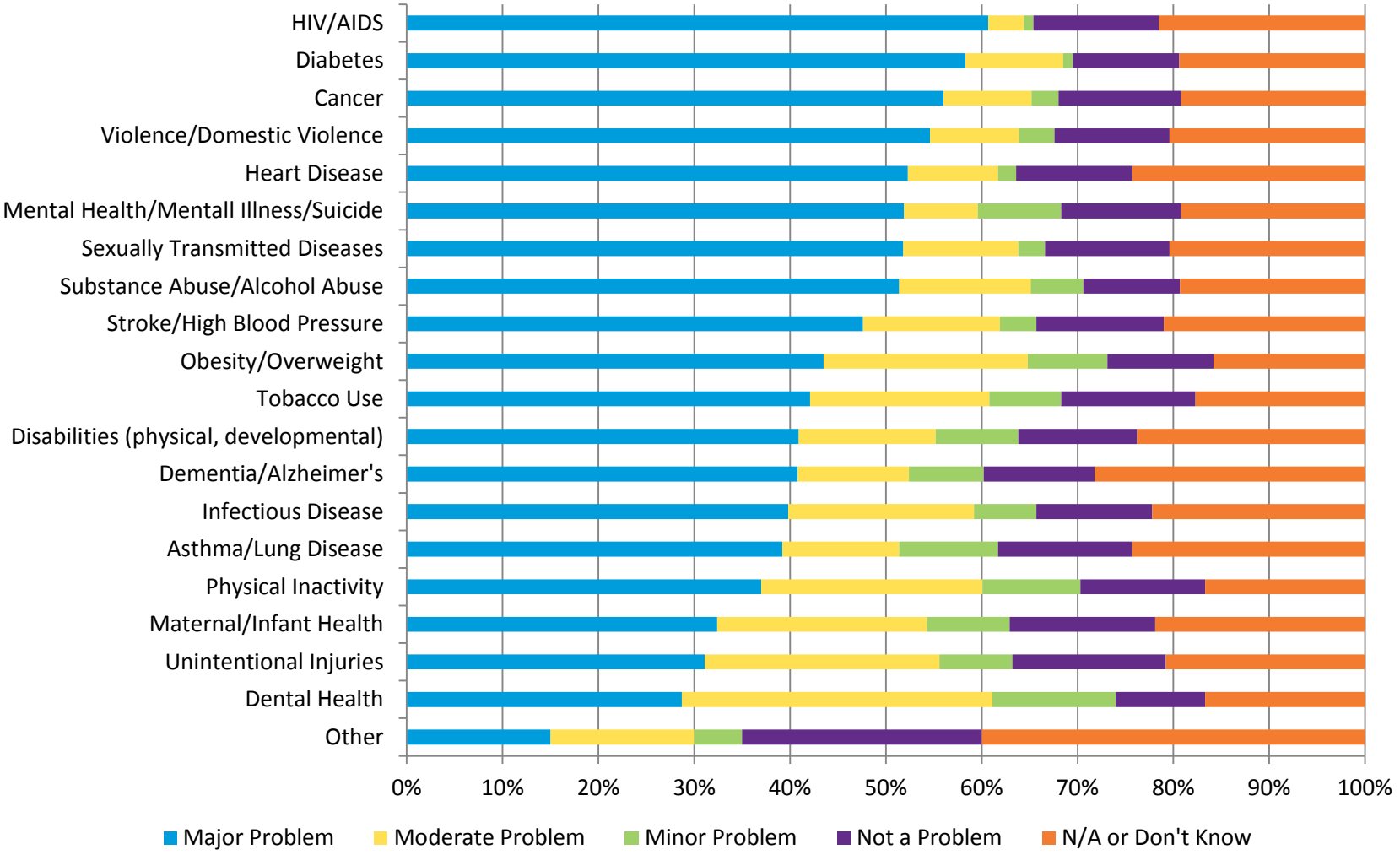


Question 3: Please rate the following health issues for your neighborhood or community. (N=200 English responses)



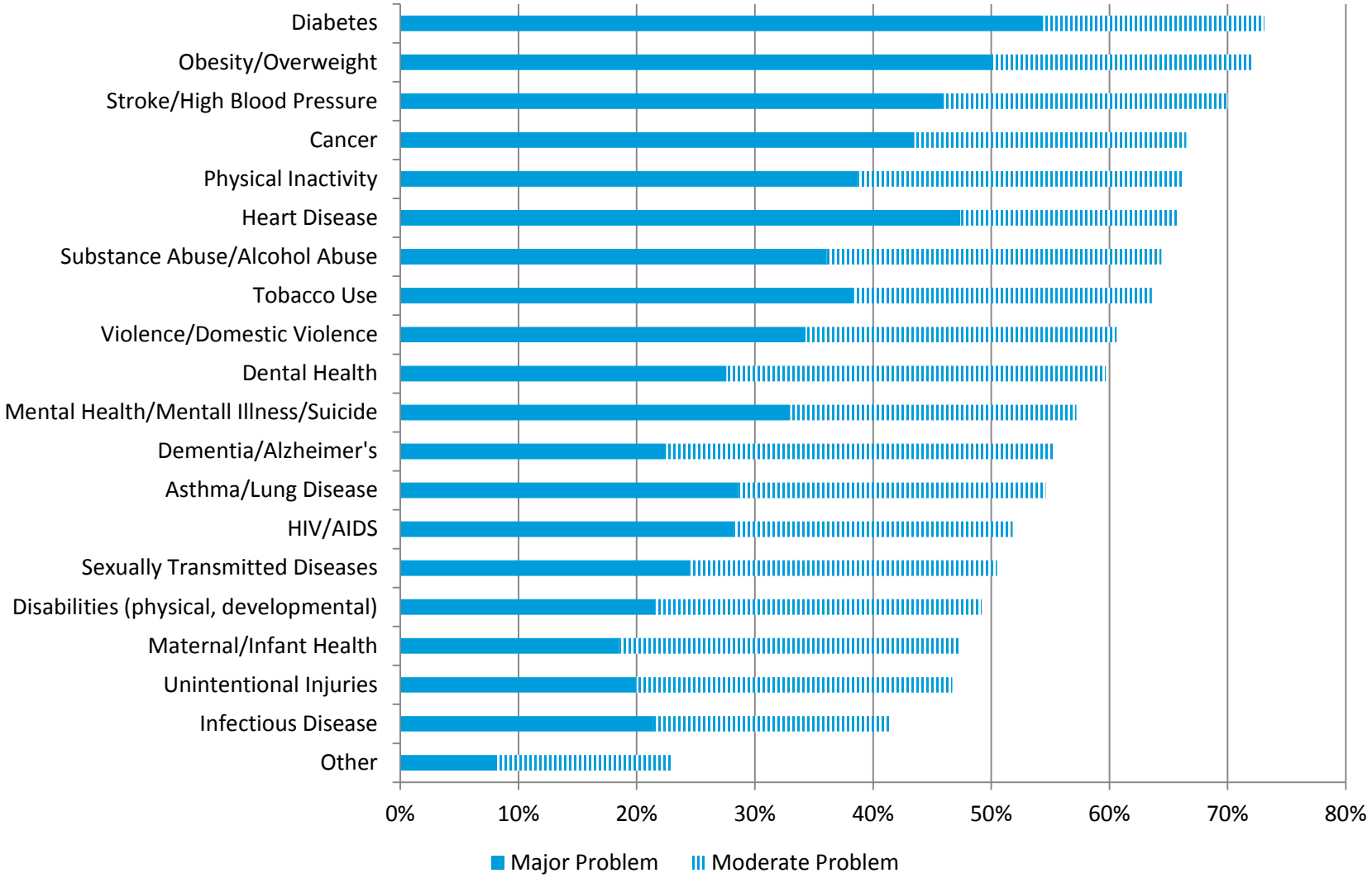
"Other" Included: teen violence; hearing; podiatry; vascular; lack of maternity clinic services

Question 3: Please rate the following health issues for your neighborhood or community. (N=109 Spanish responses)

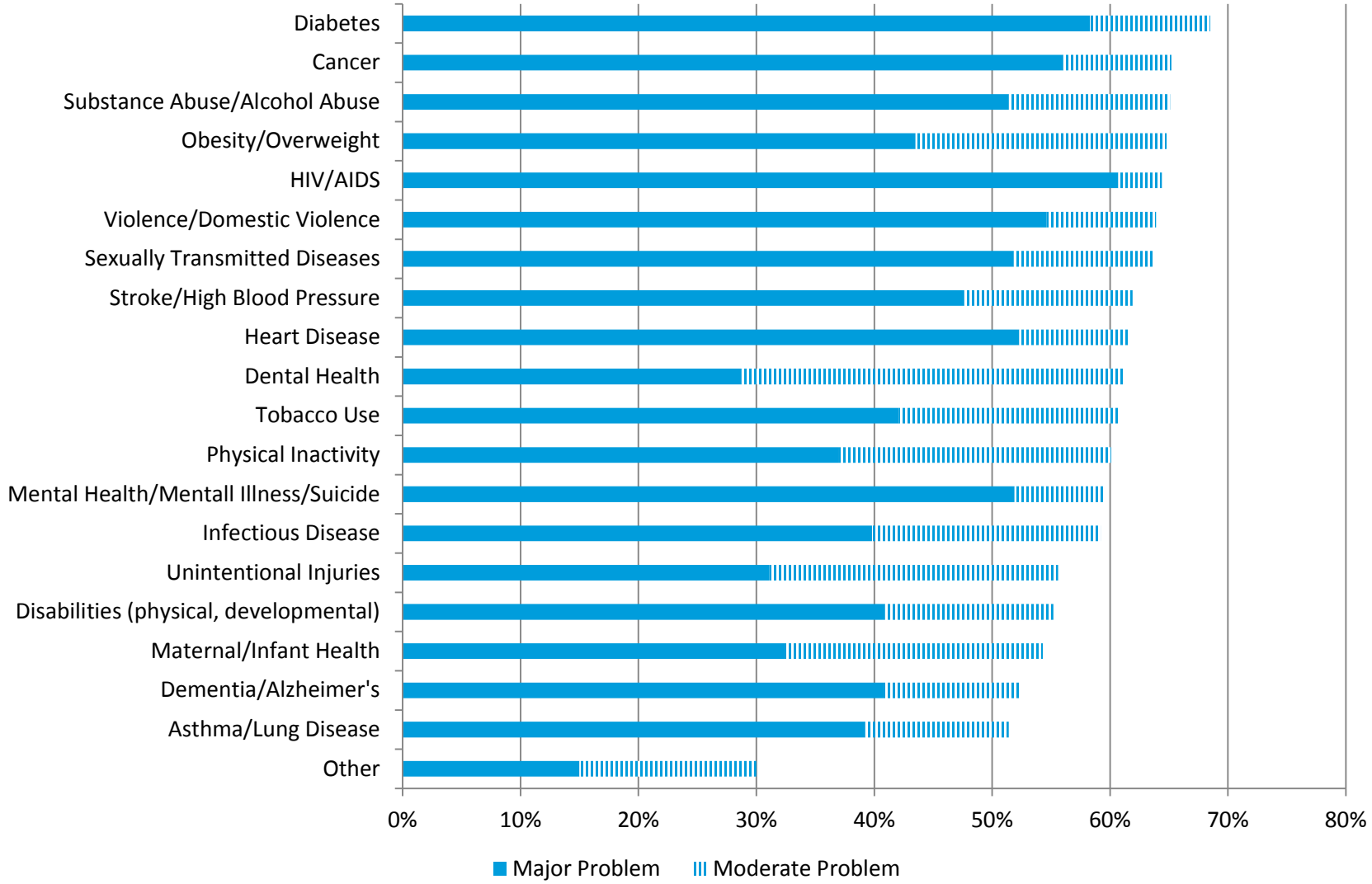


"Other" Included: drug abuse; the overall community's health

Question 3: Please rate the following health issues for your neighborhood or community. Major and Moderate Responses (N=200 English responses)



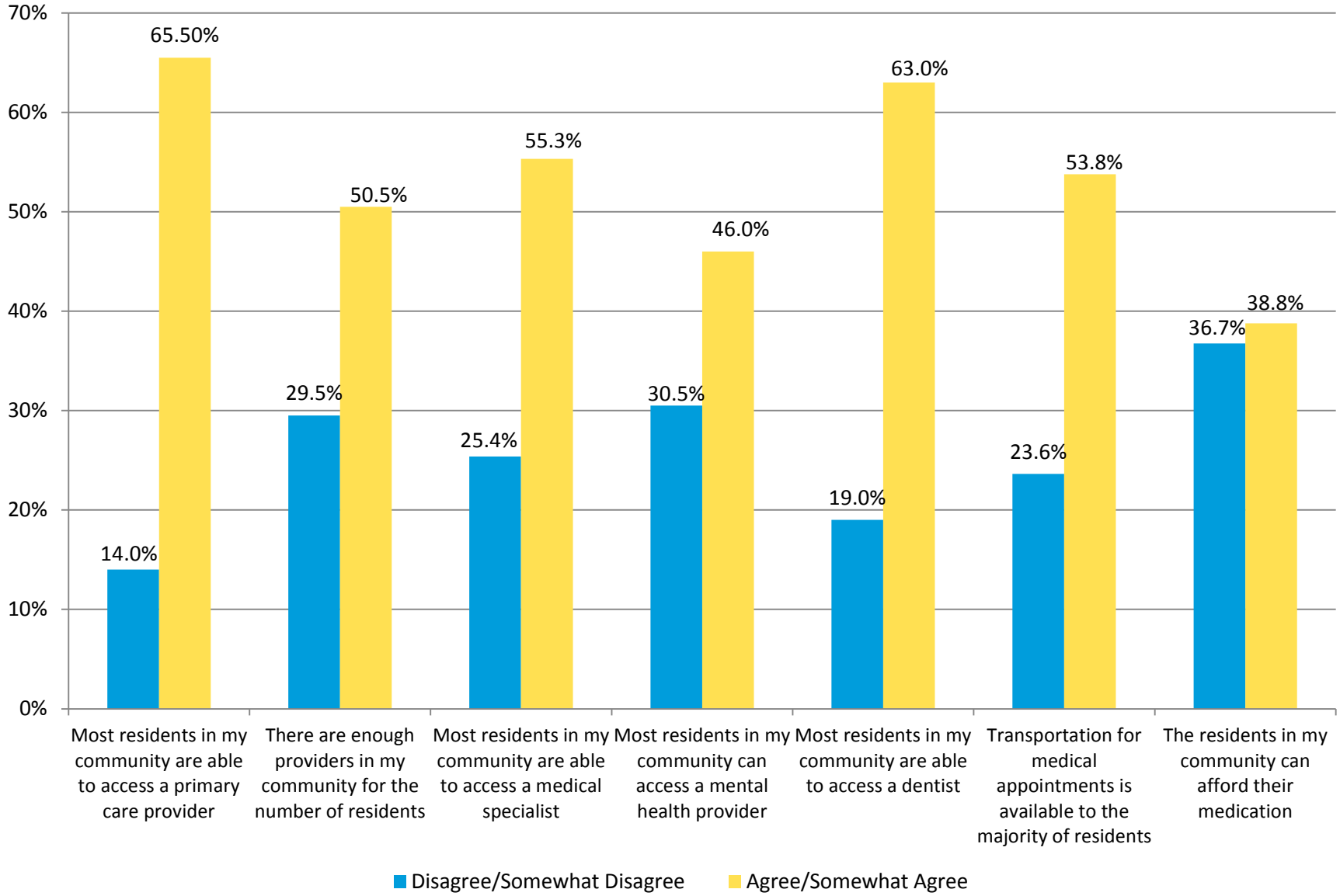
Question 3: Please rate the following health issues for your neighborhood or community. Major and Moderate Responses (N=109 Spanish responses)



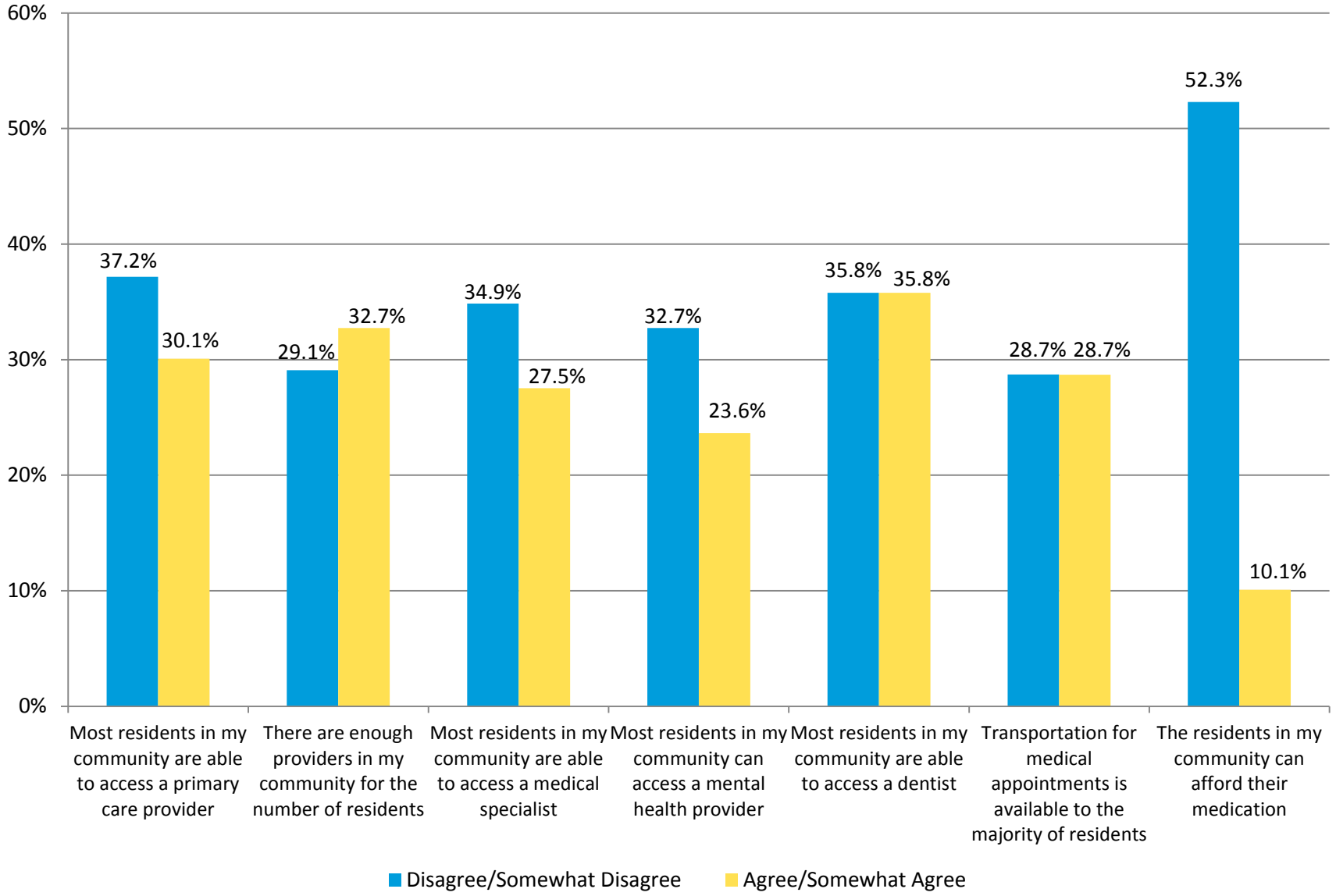
Question 4: Please rate the following statements about health care access in your community.

	Disagree		Somewhat Disagree		Somewhat Agree		Agree		NA/Don't Know	
	English	Spanish	English	Spanish	English	Spanish	English	Spanish	English	Spanish
Most residents in my community are able to access a primary care provider. (N=200; 113)	11 (5.5%)	29 (25.7%)	17 (8.5%)	13 (11.5%)	55 (27.5%)	15 (13.3%)	76 (38.0%)	19 (16.8%)	41 (20.5%)	37 (32.7%)
There are enough providers in my community for the number of residents. (N=200; 110)	28 (14.0%)	19 (17.3%)	31 (15.5%)	13 (11.8%)	44 (22.0%)	16 (14.6%)	57 (28.5%)	20 (18.2%)	40 (20.0%)	42 (38.2%)
Most residents in my community are able to access a medical specialist such as a dermatologist or neurologist. (N=197; 109)	26 (13.2%)	23 (21.1%)	24 (12.2%)	15 (13.8%)	58 (29.4%)	11 (10.1%)	51 (25.9%)	19 (17.4%)	38 (19.3%)	41 (37.6%)
Most residents in my community can access a mental health provider. (N=200; 110)	25 (12.5%)	20 (18.2%)	36 (18.0%)	16 (14.6%)	43 (21.5%)	10 (9.1%)	49 (24.5%)	16 (14.6%)	47 (23.5%)	48 (43.6%)
Most residents in my community are able to access a dentist. (N=200; 109)	15 (7.5%)	28 (25.7%)	23 (11.5%)	11 (10.1%)	55 (27.5%)	12 (11.0%)	71 (35.5%)	27 (24.8%)	36 (18.0%)	31 (28.4%)
Transportation for medical appointments is available to the majority of residents in my community. (N=199; 108)	17 (8.5%)	20 (18.5%)	30 (15.1%)	11 (10.2%)	54 (27.1%)	16 (14.8%)	53 (26.6%)	15 (13.9%)	45 (22.6%)	46 (42.6%)
The residents in my community can afford their medication. (N=196; 109)	32 (16.3%)	41 (37.6%)	40 (20.4%)	16 (14.7%)	44 (22.5%)	3 (2.8%)	32 (16.3%)	8 (7.3%)	48 (24.5%)	41 (37.6%)

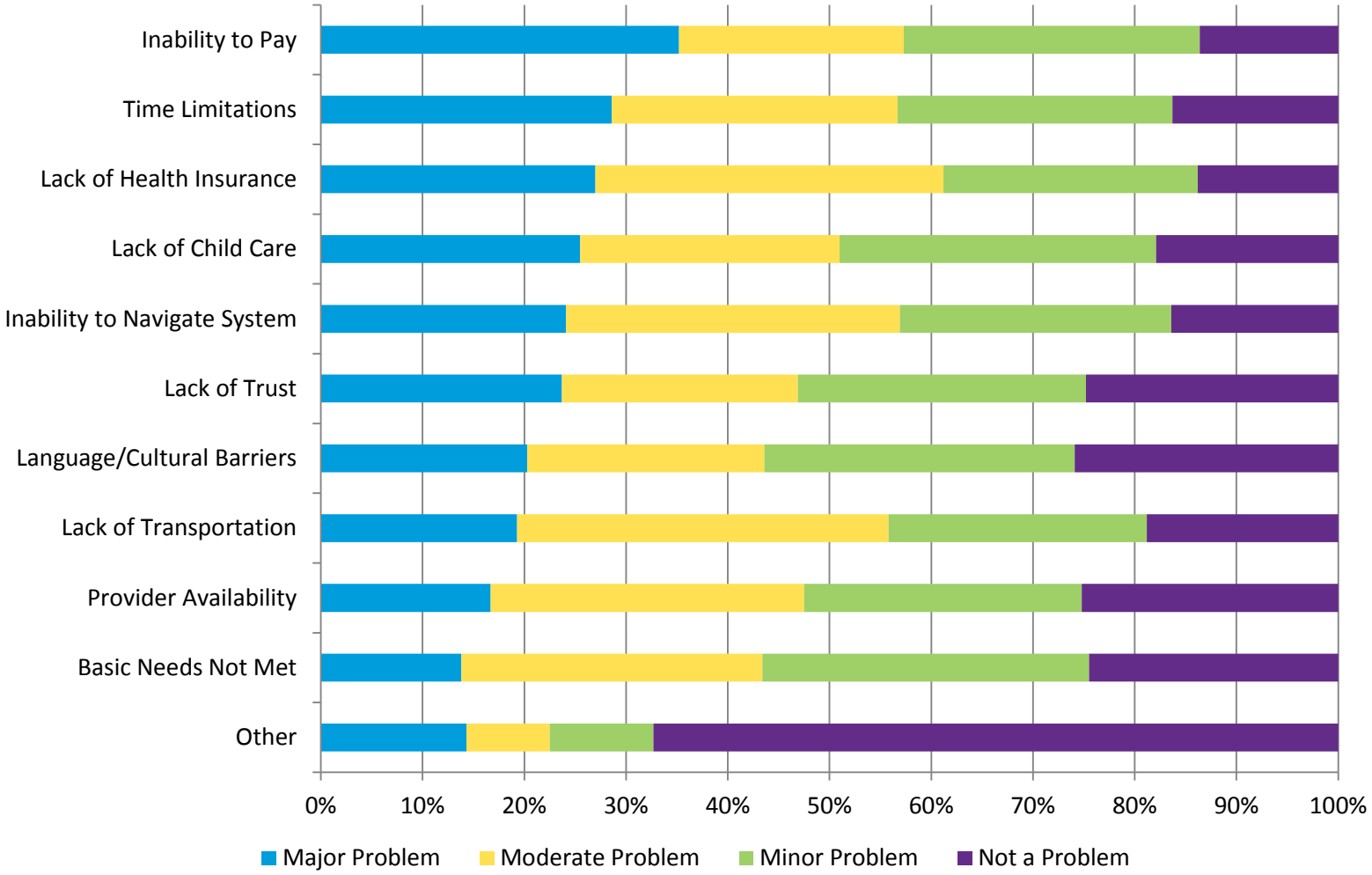
Question 4: Please rate the following statements about health care access in your community. (N=200 English responses).



Question 4: Please rate the following statements about health care access in your community. (N=113 Spanish responses)

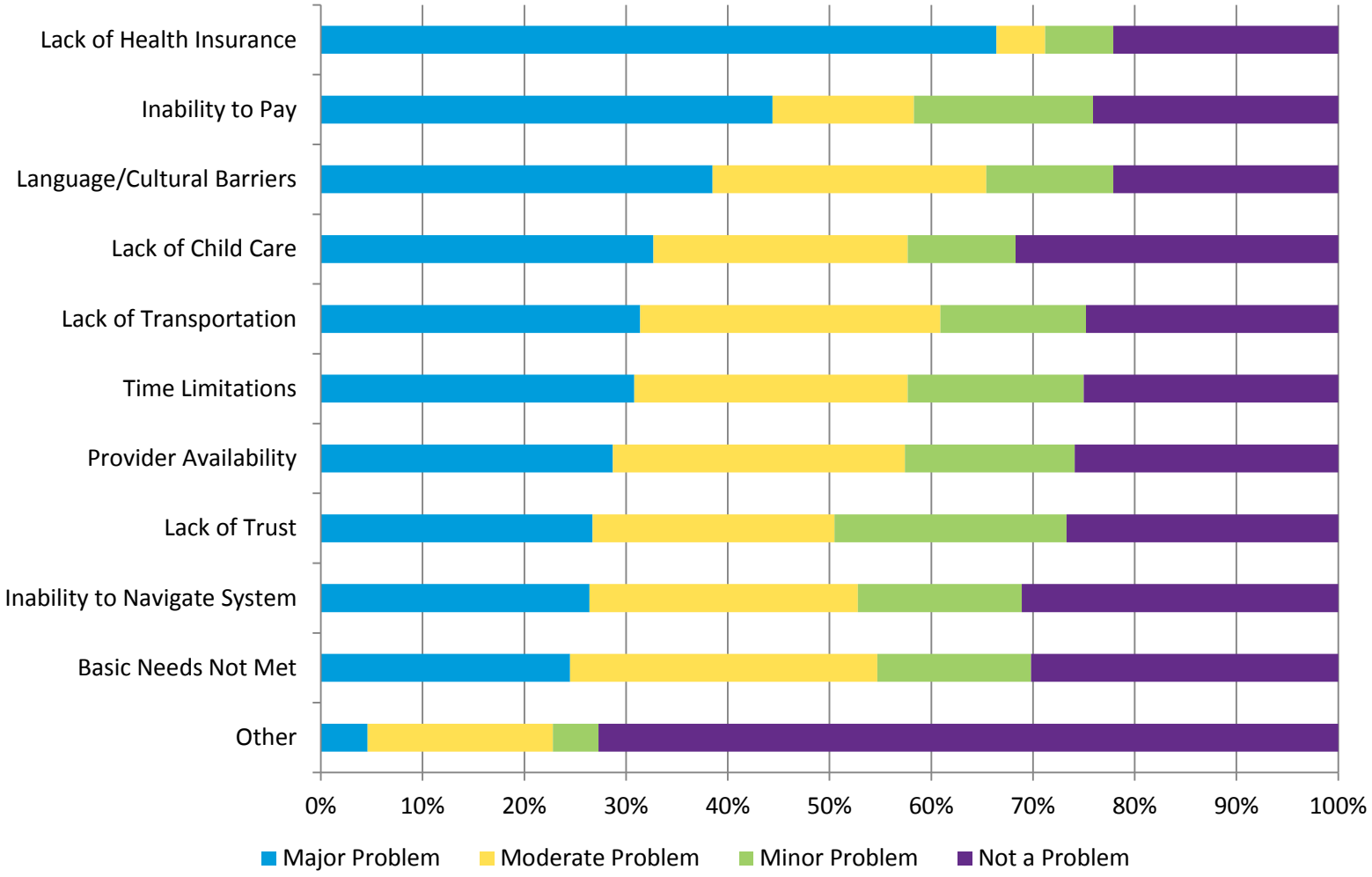


Question 5: Please rate if the following barriers keep people in your community from accessing healthcare. (N=198 English responses)



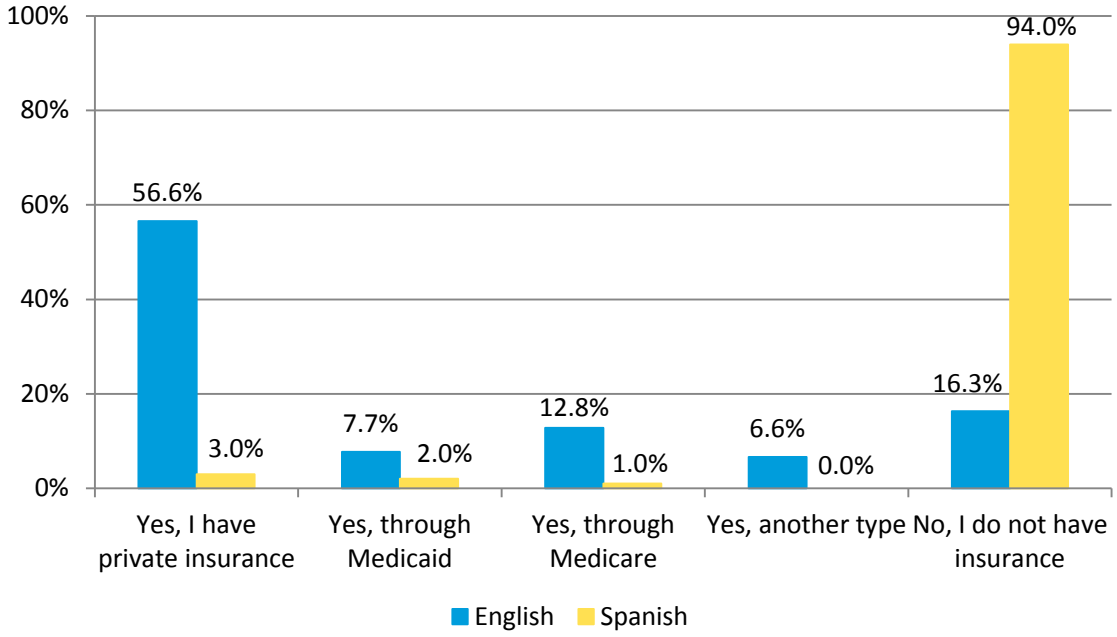
"Other" Included: lack of quality providers, hospitals, specialists, and dentists in the county; lack of appropriate transportation tailored to meet special health needs; urgent care clinics not accepting Medicare; lack of providers accepting insurance; residents whose insurance coverage lapses; lack of home care to support elderly; lack of personal responsibility for health

Question 5: Please rate if the following barriers keep people in your community from accessing healthcare. (N=112 Spanish responses)

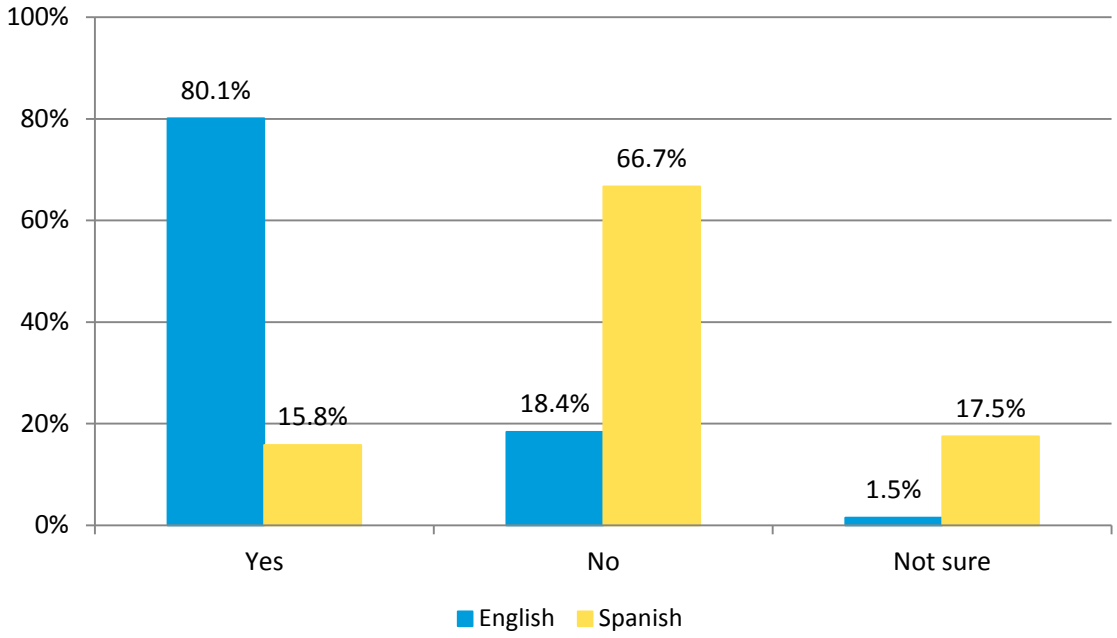


"Other" Included: "the family"

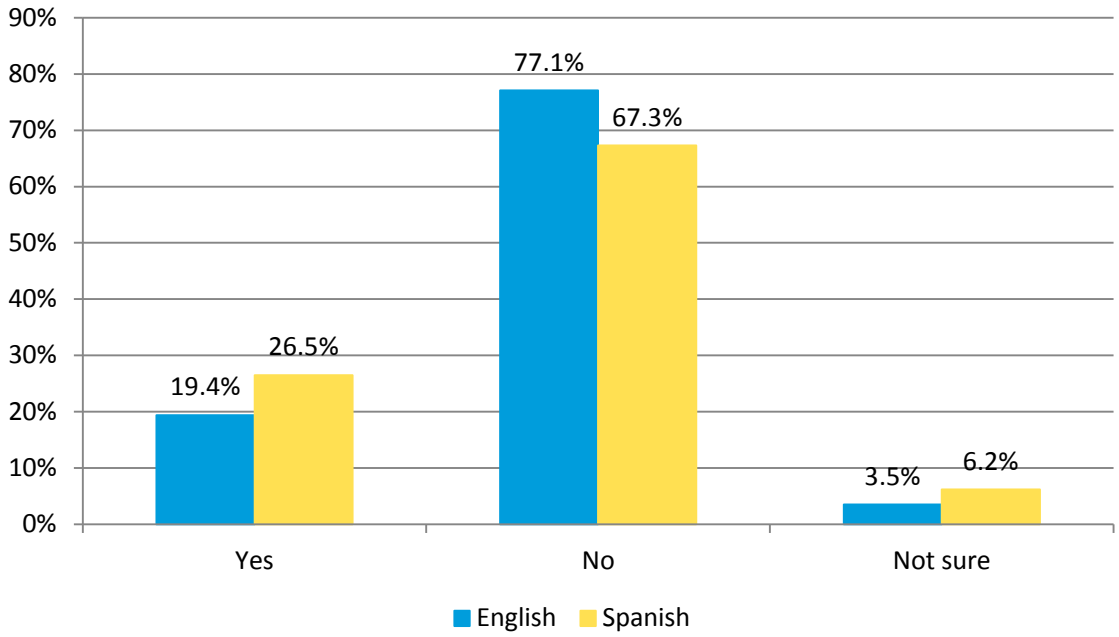
Question 6: Do you have health insurance? (N=196 English responses, N=100 Spanish responses)



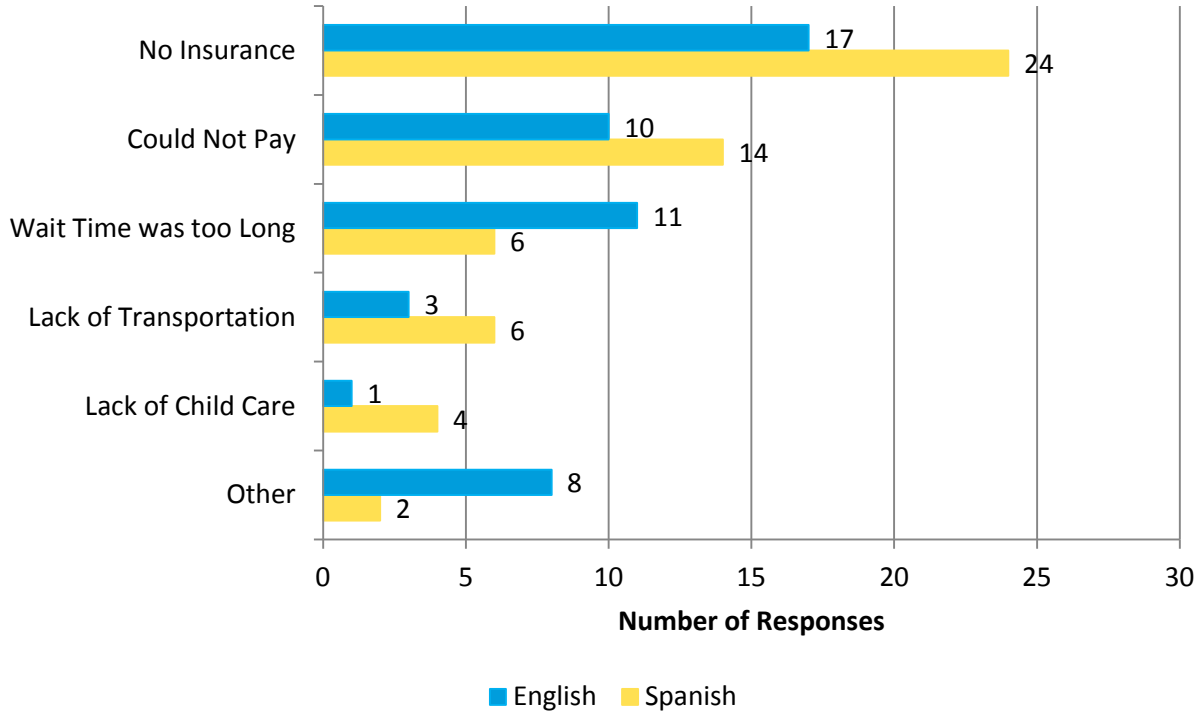
Question 7: Did you see a primary care doctor in the last year? (N=201 responses, N=114 Spanish responses)



Question 8: Has there been a time in the past year when you needed medical care but were not able to get it? (N=201 English responses; N=113 Spanish responses)



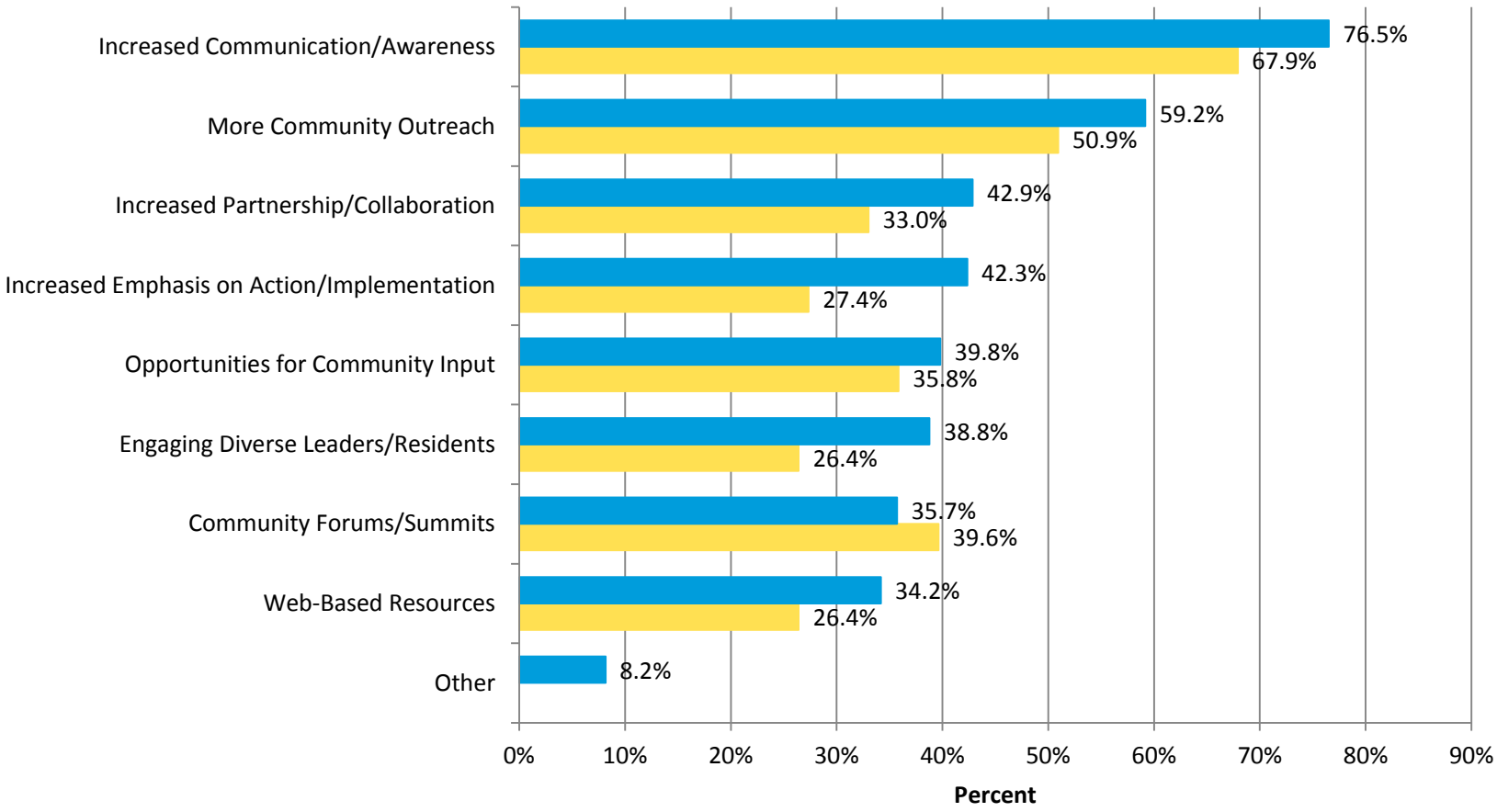
Question 9: If you answered that you were unable to get medical care, what prevented you from getting the medical care you needed (select all that apply)? (N=38 English responses; N=27 Spanish responses)



F**or English participants, "Other" included**: green card issues; doctor being fully booked for weeks; lack of quality healthcare in the county; Urgent Care not accepting Medicare; inadequate insurance, not having options close in proximity, and not being able to take time off work. Some participants did not select the items listed, but did include them as barriers in "other": transportation; co-payment; child care.

For Spanish participants, "Other" included: not having a Social Security Number, no place to go for a health consultation; no insurance and no money to pay for medical care; wait for Cobra enrollment after a job loss.

Question 10: What do you think could encourage and support more community involvement around health issues in Prince George's County (select all that apply)? (N=196 English responses; N=106 Spanish responses)



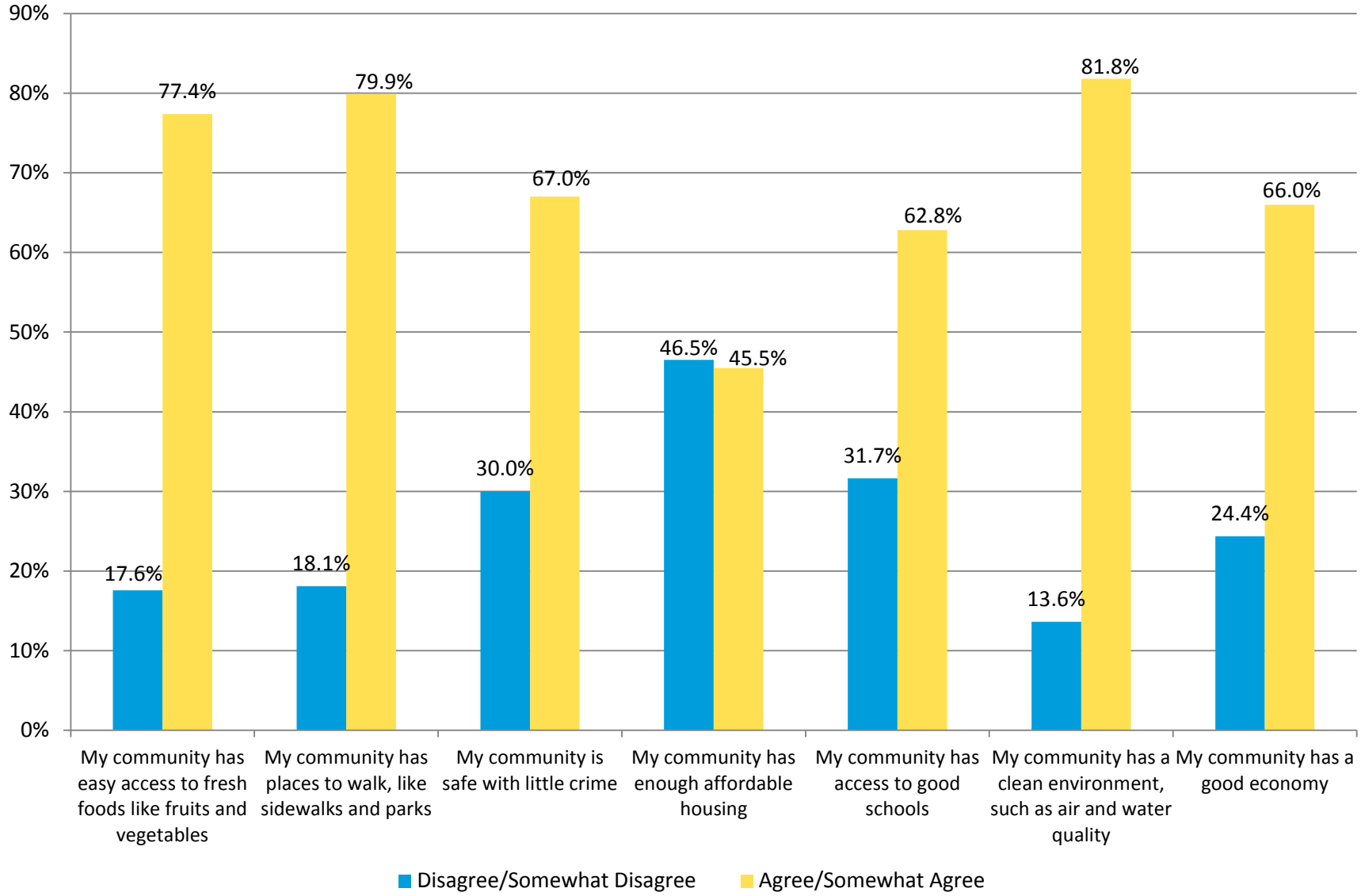
F**or English participants, "Other" included**: education on health risks, nutrition, prevention, health lifestyles; starting health education at an early age and tailoring education for culture and age groups; more funding for public health; using a variety of platforms for outreach (TV, radio, local store, schools); increase high quality healthcare providers; community-oriented events and partners; urgent cares that serve all insurance types; providing health-supporting services through schools, such as emergency mental health, immunizations, and access to bilingual providers; providing more education through the hospitals; adequate low income housing; more emphasis on prevention.

F**or Spanish participants, "Other" included**: community-level support; not needing to see a doctor; having insurance.

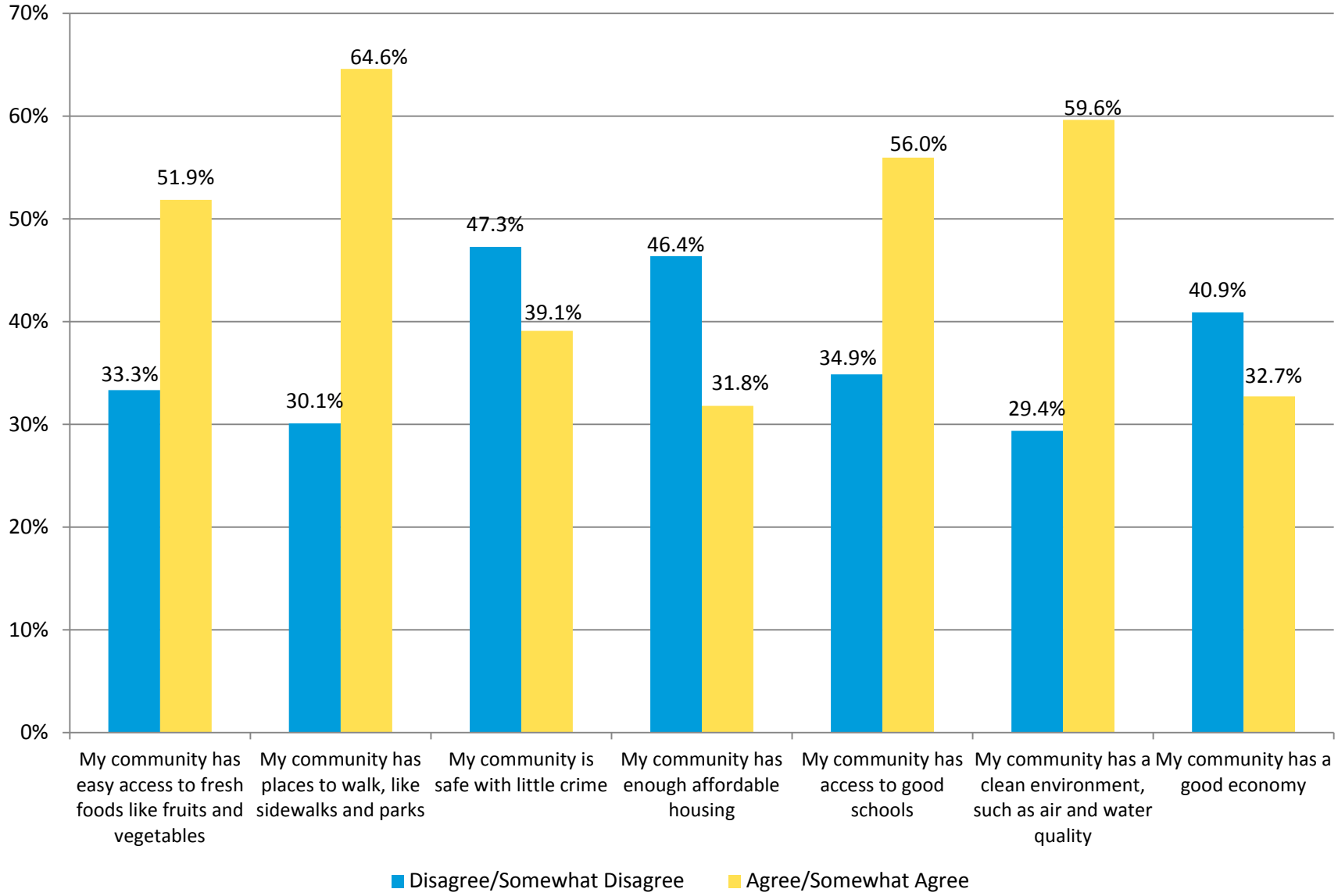
Question 11: Please rate the following statements about your community.

	Disagree		Somewhat Disagree		Somewhat Agree		Agree		NA/Don't Know	
	English	Spanish	English	Spanish	English	Spanish	English	Spanish	English	Spanish
My community has easy access to fresh foods like fruits and vegetables. (N=199; 108)	16 (8.0%)	18 (16.7%)	19 (9.6%)	18 (16.7%)	51 (25.6%)	22 (20.4%)	103 (51.8%)	34 (31.5%)	10 (5.0%)	16 (14.8%)
My community has places to walk, like sidewalks and parks. (N=199; 113)	15 (7.5%)	24 (21.2%)	21 (10.6%)	10 (8.8%)	39 (19.6%)	19 (16.8%)	120 (60.3%)	54 (47.8%)	4 (2.0%)	6 (5.3%)
My community is safe with little crime. (N=200; 110)	25 (12.5%)	28 (25.4%)	35 (17.5%)	24 (21.8%)	72 (36.0%)	15 (13.6%)	62 (31.0%)	28 (25.4%)	6 (3.0%)	15 (13.6%)
My community has enough affordable housing. (N=200; 110)	46 (23.0%)	24 (27.3%)	47 (23.5%)	21 (19.1%)	50 (25.0%)	17 (15.4%)	41 (20.5%)	18 (16.4%)	16 (8.0%)	30 (21.8%)
My community has access to good schools. (N=199; 109)	35 (17.5%)	21 (19.3%)	28 (14.1%)	17 (15.6%)	65 (32.7%)	23 (21.1%)	60 (30.2%)	38 (34.9%)	11 (5.5%)	10 (9.2%)
My community has a clean environment, such as air and water quality. (N=198; 109)	9 (4.6%)	17 (15.6%)	18 (9.1%)	15 (13.8%)	68 (34.3%)	20 (18.3%)	94 (47.5%)	45 (41.3%)	9 (4.5%)	12 (11.0%)
My community has a good economy. (N=197; 110)	20 (10.2%)	22 (20.0%)	28 (14.2%)	23 (20.9%)	68 (34.5%)	16 (14.5%)	62 (31.5%)	20 (18.2%)	19 (9.6%)	29 (26.4%)

Question 11: Please rate the following statements about your community. (N=200 English responses)

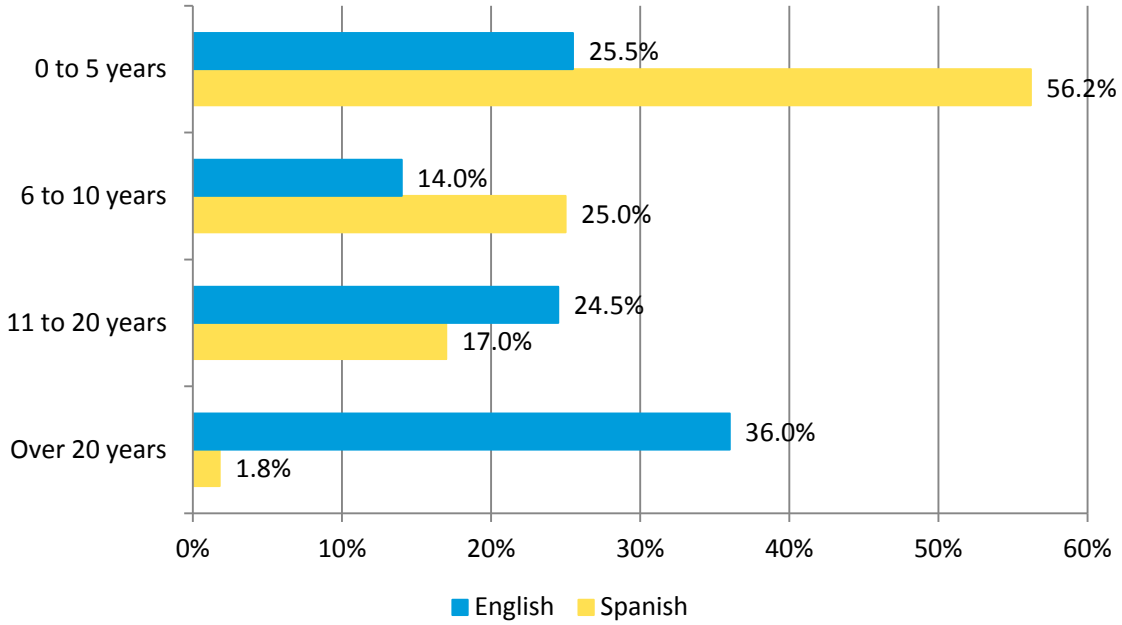


Question 11: Please rate the following statements about your community. (N=114 Spanish responses)

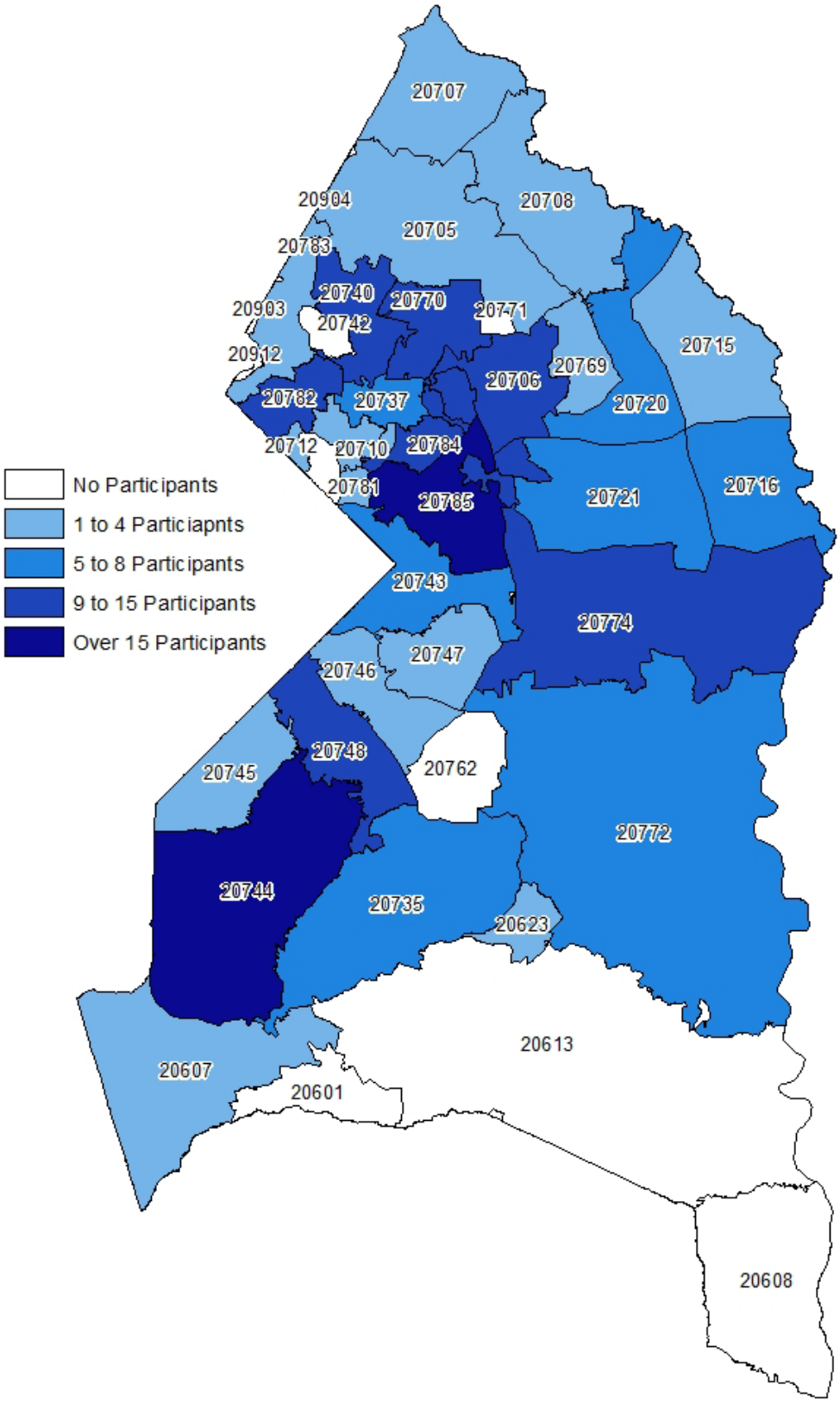


Participant Profile

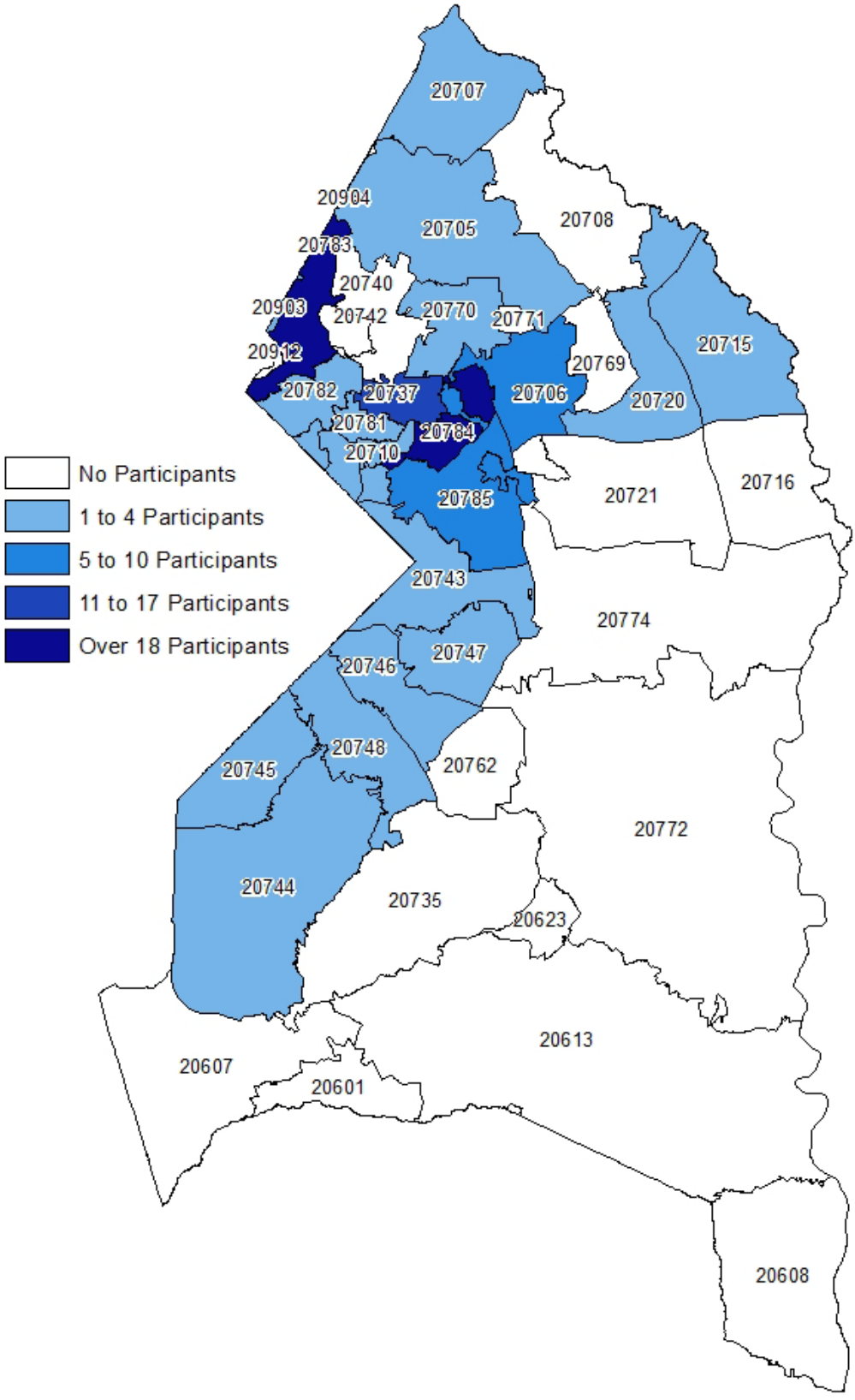
Question 12: How long have you lived in Prince George's County? (N=200 English responses; N=112 Spanish responses)



Question 13: What ZIP code do you live in? (N=199 English responses)



Question 13: What ZIP code do you live in? (N=90 Spanish responses)

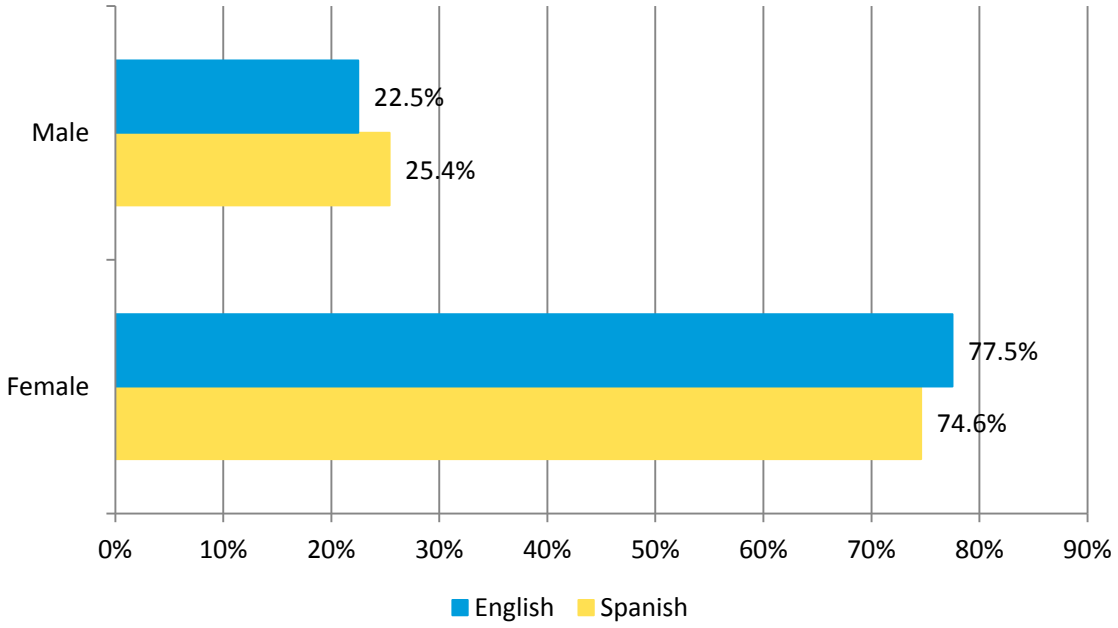


Question 14: What community do you live in? (N=175 English responses; 90 Spanish responses)

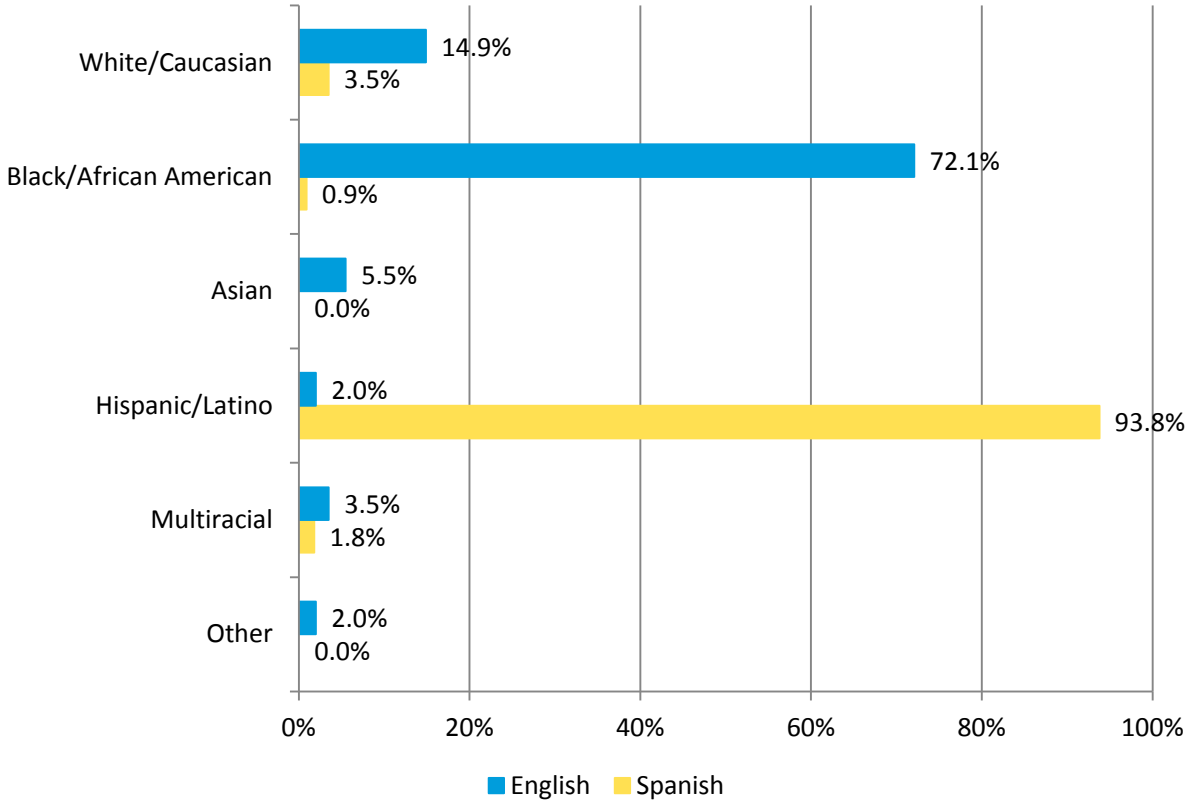
Community	English Participants	Spanish Participants
Accokeek	2	0
Adelphi	0	2
Beltsville	2	1
Bladensburg	1	3
Bowie	11	2
Brentwood	0	1
Camden	1	0
Capitol Heights	3	1
Cheltenham	1	0
Cheverly	2	1
Clinton	6	0
College Park	8	0
Deer Park	3	0
District Heights	4	1
Dodge Park	1	0
Fairwood	1	0
Fort Washington	13	1
Glenarden	2	1
Glenn Dale	1	0
Glensford	1	0
Greenbelt	8	2
Greenbriar	1	0
Hyattsville	12	26
King Square	0	1
Lake Arbor	1	0
Landover	5	5
Landover Hills	1	1
Langley Park	0	1
Lanham	7	7
Largo	1	0
Laurel	4	1
Maple Ridge	1	0
Marlton	1	0
Millwood Waterford	1	0
Mitchellville	3	0
Mount Rainier	0	1
New Carrollton	5	4
Northridge	1	0

Community	English Participants	Spanish Participants
Oxford Run	1	0
Oxon Hill	2	5
Prince George's County	14	3
Riverdale	3	16
Riverdale Park	1	0
Riverhill	1	0
Rose Valley	1	0
Seabrook	1	0
Seat Pleasant	1	0
Silver Spring	0	1
Suitland	1	1
Summerfield	1	0
Summit Creek	1	0
Tantallon	1	0
Temple Hills	3	0
Ternberry	1	0
University Park	10	0
Upper Marlboro	14	0
Westchester Park	2	0
Willow Hills	1	0
Woodland	0	1

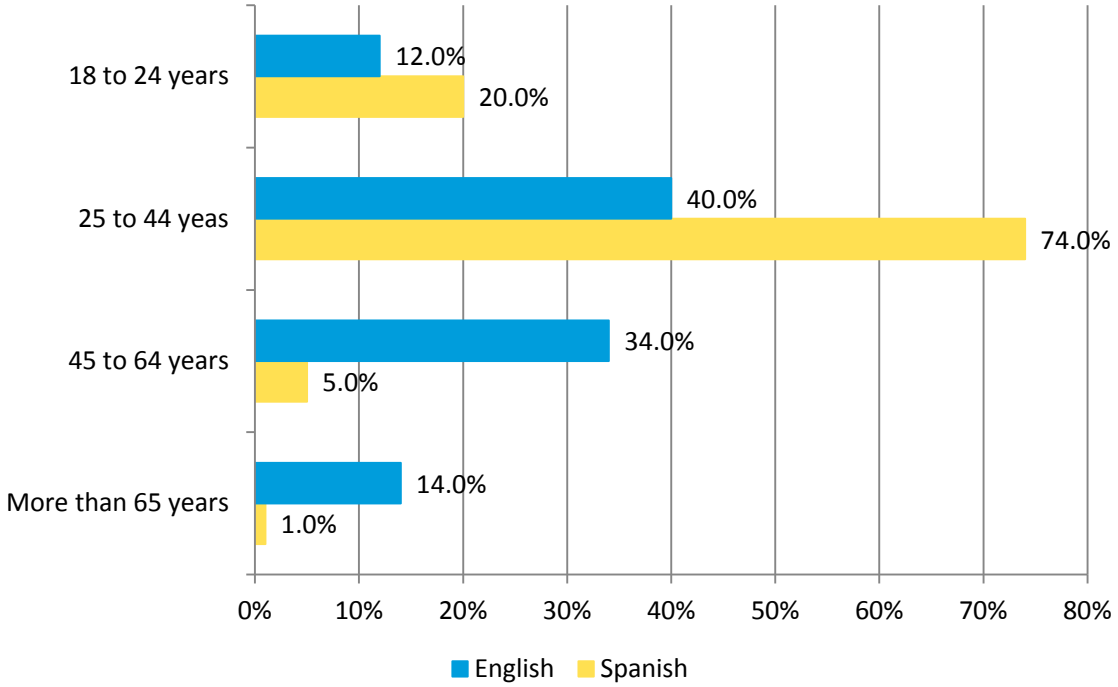
Question 15: What is your gender? (N=English 200 responses; N=114 Spanish responses)



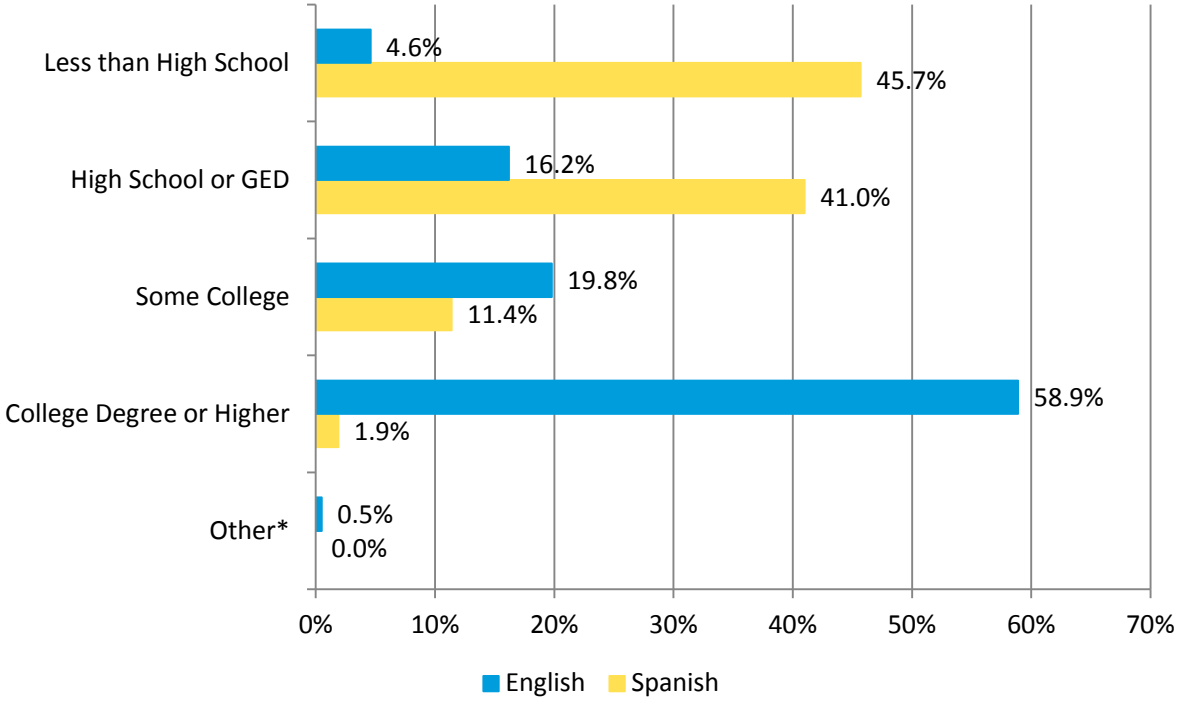
Question 16: What race/ethnicity best identifies you? (N=201 English responses; N=113 Spanish responses)



Question 17: How old are you? (N=200 English responses; N=100 Spanish responses)

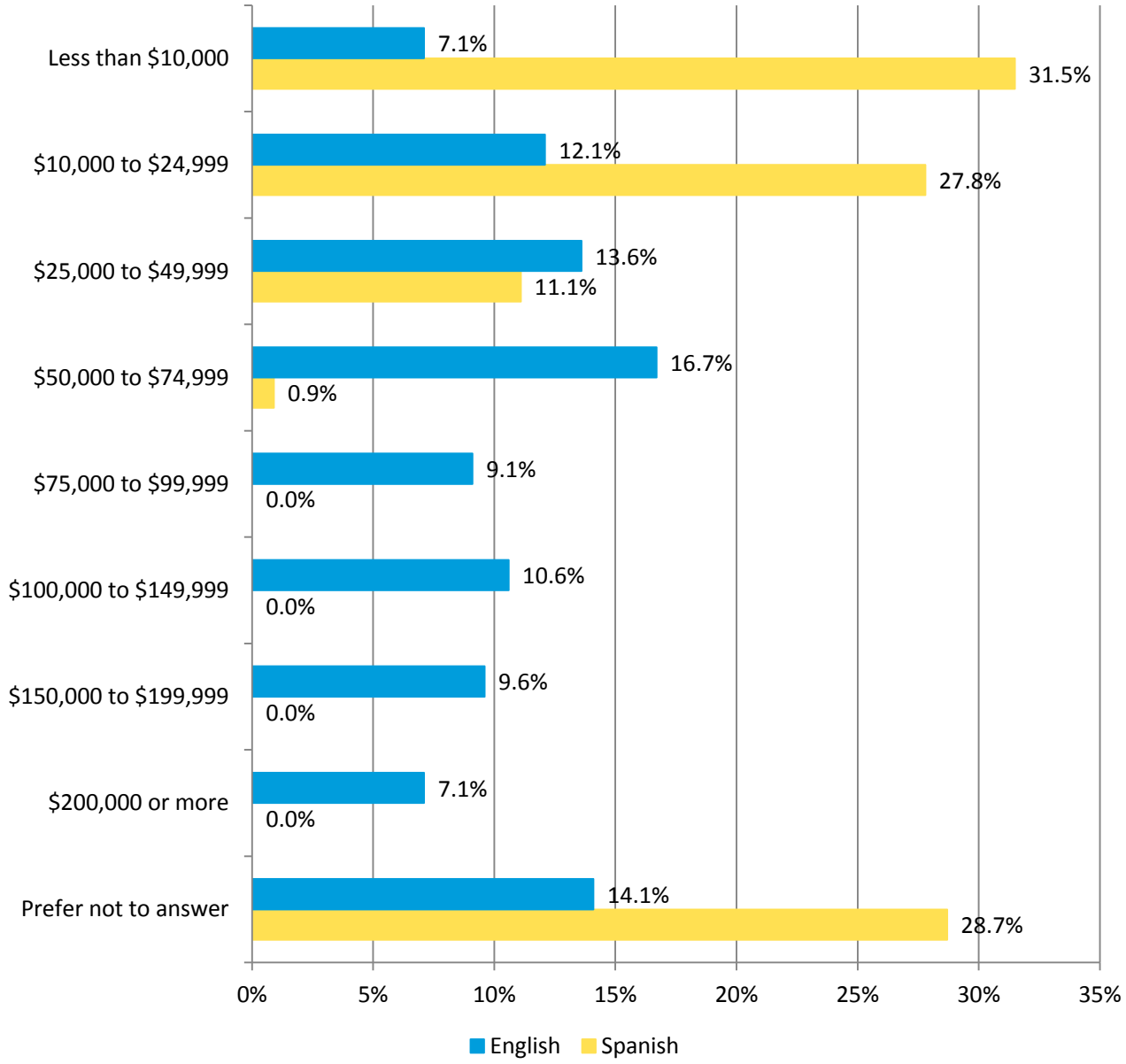


Question 18: What is the highest level of education you completed? (N=197 English responses; N=105 Spanish responses)



*Other included trade school

Question 19: What is your annual household income? (N=198 English responses; N=109 Spanish responses)



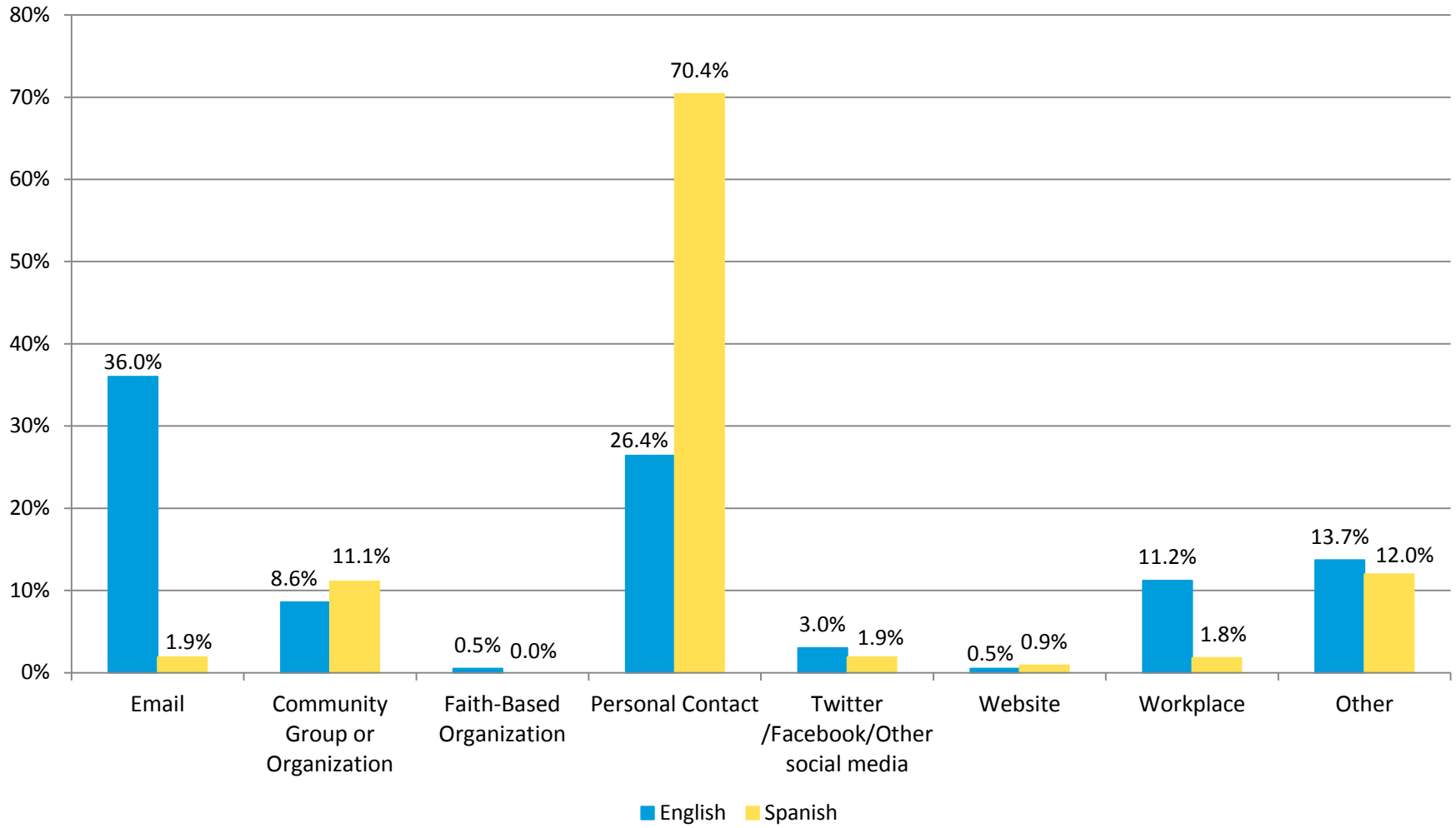
Question 20: What country were you born in? (N=195 English responses; N=110 Spanish responses)

Community	English Participants	Spanish Participants
Afghanistan	4	0
Burma	1	0
Cameroon	9	0
Central Africa	1	0
Chad	1	0
China	3	0
Congo	1	0
Ecuador	0	1
El Salvador	0	62
Finland	1	0
Germany	1	0
Ghana	2	0
Guatemala	1	16
Guinea	1	0
Honduras	0	16
India	2	0
Jamaica	2	0
Mexico	1	14
Nigeria	9	0
Okinawa	1	0
Philippines	2	0
Russia	2	0
Senegal	1	0
Sierra Leone	2	0
South America	2	0
Tanzania	1	0
Trinidad	1	0
USA	143	1

Question 21: What language do you speak at home? (N=198 English responses; N=109 Spanish responses)

Community	English Participants	Spanish Participants
Bimese	1	0
Chinese	3	0
Dari	1	0
English	169	2
English & Creole	2	0
English & Another	1	0
English & French	2	0
English & Scoalt	1	0
English & Finnish	1	0
English & Spanish	2	5
English & Toruba	1	0
French	2	0
Hindi	1	0
Krio	1	0
Pashto	1	0
Persian	2	0
Spanish	4	102
Swahili	1	0
Yoruba	2	0

Question 22: How did you receive this survey? (N=197 English responses; N=108 Spanish responses)



F**or English participants, "Other" included**: health clinics; health center;, healthcare provider; hospital; medical centers; dentists offices; emergency rooms; health department; immunization center; MD Health Teen Center.

F**or Spanish participants, "Other" included**: the hospital; health clinics; and he health department.

PRIORITIZATION PROCESS

Introduction

Prince George's County conducted the first ever joint Community Health Needs Assessment (CHNA) with a partnership between five local hospitals and the Health Department. This core team began the process of collecting primary and secondary data to describe the residents and health needs in the county. This data was planned to be used during the prioritization process to determine the overall county health priorities. The core team planned for broad community participation for the prioritization process to ensure residents were well represented, with the goal of consensus for shared community priorities. The prioritization meeting took place on April 22, 2016 with 40 participants.

Participants

The Prince George's County Health Department developed a list of prioritization participant roles using the CHNA key informant interviews as a starting point, with additions recommended by the consultant who conducted the interviews and Health Department leadership. Overall, 32 participant roles were recognized as necessary for adequate community representation during the prioritization process. Participants were selected to fill the specified roles as recognized leaders in the community, and each hospital provided representatives for their services area. A list of participant roles, individuals selected to fill those roles, and participation in the prioritization process is included in **Attachment A**. To ensure participation, an invitation and reminders about the meeting were sent by the Prince George's County Health Officer.

Process Summary

To make the best use of a one day prioritization meeting and ensure adequate discussion time for the issues, the core CHNA team selected ten issues to consider during the prioritization meeting using the primary and secondary data collected during the CHNA process:

- Asthma
- Cancer
- Diabetes
- Heart Disease
- HIV
- Hypertension/Stroke
- Mental Health
- Obesity
- Substance Use
- Violence/Domestic Violence

The selection process and issues not selected were presented to the participants, with time for discussion to acknowledge the challenges of these issues that was tracked through a "parking lot".

An agenda for the prioritization process meeting is included in **Attachment B**. The prioritization process began with an overview of the purpose of the CHNA, the steps taken to ensure community input in the process, and a data overview of the ten selected issues (**Attachment C**). The data overview included both the primary and secondary data collected during the CHNA process, as well as an active discussion by the participants who contributed information for the population they represented in their role. The presentation also included a discussion that **any prioritized health issue must include consideration of the social determinants of health, which were acknowledged as a significant factor for health disparity and poor outcomes in the county. The social determinants of health were framed as: Economic Stability, Education, Neighborhood and Built Environment, Social Community Context, and Health and Health Care.**

Each issue was also presented as a handout of the data available (example in **Attachment D**) that included the population affected, known disparities, and how we compare to the state, neighboring jurisdictions, and U.S., where possible. Participants posed questions, provided insight for the population represented, provided anecdotal examples and discussed data limitations, including the lack of data for specific populations, the challenges with obtaining data for services provided in Washington D.C. to our residents, and potential biases in how information such as death certificate and hospital diagnoses are determined, for example.

Prince George's County Health Department hired a consultant, Ribbon Consulting Group (Linda Scruggs and Ebony Johnson) to facilitate the prioritization process. The process was designed around consensus building and ensuring the community representation at the table was heard during the process. The consultants led the group through an initial prioritization with each participant given six stickers (dots). Each of the ten health issues was written on flip chart paper posted in the room, and participants were instructed to place the dots on the issues based on the trend, prevalence, severity of the issue, preventability, and comparison with state and national goals, as well as their knowledge of the county's population; the instructions also specified that up to two dots could be placed on one issue. The dots were counted to determine the top six issues to focus on for the afternoon session.

The initial results were in order by number of "dots":

1) Mental Health
2) Diabetes
3) Obesity
4) Hypertension/Stroke
5) Heart Disease
6) Asthma
7) Cancer
8) Violence/Domestic Violence
9) HIV
10) Substance Use Disorder

The results were reviewed, and the consultant led the group in a discussion about the issues not included in the top six. Participants were then given one additional dot and were instructed to place it on their top priority for the four issues ranked the lowest; this plus the group discussion resulted in cancer and violence/domestic violence being included for prioritization. The consultant then led the group in discussing the reduced list of issues, and

participants were encouraged to share their concerns of the population they were representing.

The final first round results that the group decided to further consider were:

1) Mental Health
2) Diabetes
3) Obesity
4) Hypertension/Stroke
5) Heart Disease
6) Asthma
7) Cancer
8) Violence/Domestic Violence

Discussion about the priorities focused on how mental health is overarching, and intersects with overall health and an individual's perception and judgment. The group also discussed how many of the top issues were related through a cardio-metabolic lens, and that identifying diseases with common causes and symptoms can help to reduce the collective impact.

In the afternoon session, a second round of prioritization was completed with participants each receiving four dots to place on the remaining issues and instructions that only one dot could be used per issue. The results of this second round were (in order):

1) Mental Health
2) Obesity
3) Diabetes
4) Cancer
5) Heart Disease

with Hypertension/Stroke, Asthma, and Violence receiving fewer votes. Through the following discussion, participants considered grouping Hypertension/Stroke with Heart Disease as overall cardiovascular health. This led to a further focus on the commonalities between the issues, and came to a consensus of two priority "groups"**. The final groupings were agreed upon by nearly all participants, and included:**

1) **Behavioral Health:** Mental Health, Substance Use, Domestic Violence/Violence
2) **Metabolic Syndrome:** Obesity, Diabetes, Heart Disease, Hypertension/Stroke

The participants also viewed the remaining issues of Cancer, Asthma, and HIV as "stand-alone" issues that would need to be considered individually. The participants reviewed the voting and discussion for these issues, and determined that an additional community priority would be:

3) **Cancer**

The overall consensus building process included discussion about the priorities, limitations, and need within the county (included in **Attachment E)**. Issues that affected the represented populations that were not included in the prioritization process were also discussed and captured through use of a “parking lot” and by staff taking notes throughout the process.

Parking Lot

Throughout the process, the consultant encouraged participants to document and discuss health issues not included in the prioritization process. These issues included:

- Dental
- Sexually Transmitted Infections
- Maternal and Child Health
- Dementia/Alzheimer’s
- Injury
- Disability
- COPD
- Lead
- Kidneys

The parking lot was discussed and reviewed for clarity and to access value for the prioritization process. It was determined that some of the parking lot areas would combine into other health areas, and others would be discussed in the future and considered within individual organizations and agencies. Overall, dental health was the issue most discussed, and several participants shared the challenges faced by the residents they serve to obtain dental care.

Conclusion

The participants were asked to continue to represent county residents beyond the prioritization meeting to monitor the progress for the CHNA plans and implementation for the selected priorities, and were asked about the frequency of meetings to review progress. The suggested meeting frequency included:

- Once per year (5 participants)
- 2 Times per year (9 participants)
- 4 Times per year (8 participants)
- Monthly (1 participant)

Overall, participants widely recommended ongoing updates, a focus on preventive care, and continued dialogue, education and coordination of resources and partnerships.

Attachment A: Prioritization Participants and Roles Represented

Name	Organization	Title	Category Represented	Attended
Kleinman, DDS, MScD, Dushanka	University of Maryland School of Public Health, Department of Epidemiology and Biostatistics	Associate Dean for Research and Professor	Academia	Yes
Terry, Milly	African Women's Cancer Awareness Association		African Immigrants	Yes
Grant, Teresa	PGC Department of Family Services	Community Developer/Program Manager	Aging Services	Yes
Carvana, Anthony	Community Counseling and Mentoring Services, Inc.	Executive Director	Behavioral Health	Yes
McDonough, Mary Lou	PGC Department of Corrections	Director	Criminal Justice System	Yes
Howell, Michelle	The ARC	Director, Quality Advancement & Nursing	Disabled Community	Yes
Shiver, Sanders	PGC Public Schools	Program Manager	Early Childhood	Yes
Hoban, Evelyn	PGC Health Department	Associate Director	Environmental Health	Yes
Hall,PhD, MPH, Clarence	PACANet USA	President	Faith-based Leaders	Yes
Belon-Butler, Elana	PGC Department of Family Services	Director	Family Services	Yes
Gomez, Maria	Mary's Center	CEO	FQHC/Community Clinics	Yes
LoBrano, MD, Marcia	Community Clinic, Inc.	Chief Medical Officer	FQHC/Community Clinics	Yes
Malloy, Colenthia	Greater Baden Medical Center	Executive Director	FQHC/Community Clinics	Yes
Matthews, Saundra	Community Clinic, Inc.	Nursing Director	FQHC/Community Clinics	Yes
Demus, Leslie	Heart to Hand	Community Health Worker	Frontline/Grassroots	Yes
Spann, Monica	PGC Health Department Health Enterprise Zone	Community Health Worker	Frontline/Grassroots	Yes

Name	Organization	Title	Category Represented	Attended
Aldoory, PhD, Linda	University of Maryland, Department of Communication	Associate Professor	Health Literacy	Yes
Wilson, Alicia	La Clinica del Pueblo	Executive Director	Hispanic Population	Yes
Moore, Major Elaine	PGC Police Department	Major	Law Enforcement	Yes
Cooper, MD, Carnell	Dimensions Healthcare System/Prince George's Hospital Center	Chief Medical Officer, Dimensions Healthcare System & VP, Medical Affairs, Prince George's Hospital Center	Medical Provider	Yes
Hall, MD, Trudy	Laurel Regional Hospital Center	VP, Medical Affairs	Medical Provider	Yes
Johnson-Threat, MD, Yvette	Medstar Southern Maryland Hospital Center	VP, Medical Affairs	Medical Provider	Yes
Moore, Sherri	Doctors Community Hospital	Development Officer	Medical Provider	Yes
Smith, MD, Sharnell	Ft. Washington Medical Center/Nexus	General Surgeon	Medical Provider	Yes
Sullivan, Tiffany	Dimensions Healthcare System	VP, Population Health	Medical Provider	Yes
Waters, MD, JD, FCLM, Victor	Ft. Washington Medical Center/Nexus	Chief Medical Officer	Medical Provider	Yes
Proctor, Natalie StandingontheRock	Wild Turkey Clan, Cedarville Band of Piscataway Conoy	Tribal Chairwoman	Native Americans	No
Dodo, Kodjo	PGC Health Department, WIC Program	Program Chief	Nutrition	No
Hewlett, Elizabeth	Maryland National Park and Planning Commission	Chairwoman	Parks and Recreation	Yes
Bryant, Tracy	United HealthCare Community Plan	Community Development Specialist	Payer	Yes
Moorehead, Creighton	Norvartis (formerly with Kaiser)	Pharmacist	Pharmacy	Yes
Amin, Mena	The Community Foundation, Prince George's County	Program Officer	Philanthropy	Yes
Barron, Erek	House of Delegates	Delegate	Policymaker	Yes
Owusu-Acheaw, Pokuaa	For Senator Joanne Benson	Staff Member	Policymaker	Yes
Creekmur, Pamela B.	PGC Health Department	Health Officer/Director	Prince George's Health Action Coalition	Yes

Name	Organization	Title	Category Represented	Attended
Harrington, David	PGC Chamber of Commerce	President	Private Business	No
Carter, MD, PhD, Ernest	PGC Health Department	Deputy Health Officer	Public Health Professionals	Yes
Brown, Eric	PGC Department of Housing and Community Development	Director	Public Housing Authority	No
Wood, Dennis	PGC Fire/EMS Department	Deputy Fire Chief	Public Safety/EMS	Yes
Frankel, Brian	PGC Fire/EMS Department	Asst. Chief, Emergency Medical Services	Public Safety/EMS	Yes
Bates, RN, MS, Karen	Office of School Health, Prince George's County Public Schools	Nursing Supervisor	School Health	Yes
Brown, Gloria	PGC Department of Social Services	Director	Social Services	Yes
Bruce, Geralyn	PGC Dept. Public Works & Transportation	Acting Chief, Transit Services	Transportation	Yes
Snowden, Carol Lynn	PGC Department of Family Services	Community Developer/Program Manager	Veterans	Yes

Attachment B: Prioritization Agenda

Prince George's County

Community Health Needs Assessment
Prioritization Session

Friday April 22, 2016
8:30 AM – 3:30 PM
Prince George's County Health Department
1801 McCormick Drive
Largo, MD 20774

AGENDA

8:30 AM – 9:00 AM	**Registration/Continental Breakfast**
9:00 AM – 9:30 AM	**Introduction/Expectations for the Day**
9:30 AM – 10:30 AM	**Data Overview**
10:30 AM – 10:45 AM	**Break**
10:45 AM – 11:45 AM	**Prioritization Round I**
12:00 AM – 12:45 PM	**Lunch**
12:45 PM – 2:00 PM	**Prioritization Round II**
2:00 PM- 2:15 PM	**Break**
2:15 PM – 3:30 PM	**Prioritization Round II**
3:30 PM	**Closing**

Attachment C: Prioritization Presentation

1. Background:

2011 Local Health Improvement Plan

1. Access to Care
- ACA Capital Connector Entity
- HEZ
- Collaboration with FQHCs/Providers

2. Chronic Diseases with Focus on Obesity
- Be a Part of the Healthy Revolution /HEAL
- On the Road Diabetes Program
- Step It Up initiative

3. Birth Outcomes (Infant Mortality)
- Infant at Risk Program

1. Background:

2011 Local Health Improvement Plan

4. HIV/STI/TB
- Routinizing Testing
- Linkage to care

5. Safe Physical Environments
- Health Impact Assessments
- Pedestrian Injury Education

6. Safe Social Environments
- Overdose Prevention Program
- Safe Neighborhoods Gun Violence Program

1. Background:

- UMD Transforming Health: Public Health Impact Study (2012) focus on healthcare services
- Primary Healthcare Strategic Plan (2015) also focused on healthcare services

2. The CHNA Process

- CHNA are an IRS requirement for hospitals
- CHNA are a requirement for public health accreditation

But most importantly…….

2. The CHNA Process

- It's time: communities and their needs change
- Responsibility to understand the needs of the community we serve
- Shared ownership of the community's health
- Community engagement is critical
- Community partner engagement is critical

2. The CHNA Process: What are the pieces

- Demographics and Population Description
- Health Indicators
- Key Informant Interviews (N=24)
- Community Expert Survey (N=92)
- Community-at-large Survey (N=225 English, N=124 Spanish)
- Resources and Assets Inventory

2. The CHNA Process: What are the pieces

- Prioritization Process
- Implementation
- Monitoring and Evaluation

3. Prioritization Process

- Data-driven
- Representative of the community
- Diverse stakeholder engagement
- Result in comprehensive community priorities
- Used to guide and help implement plans

3. Prioritization Process

Looking at the data:

- Magnitude of the Problem
- Trend
- Severity/consequences
- Perceived Preventability
- National/State Goals
  - HP 2020
  - Maryland SHIP

4. Social Determinants

- Economic Stability
  - Poverty, Employment, Food Security, Housing Stability
- Education
  - High School Graduation, Higher Education, Language and Literacy, Early Childhood and Education Development
- Neighborhood and Build Environment
  - Access to Healthy Foods, Housing Quality, Environmental Considerations, Crime

4. Social Determinants

- Social and Community Context
  - Social Cohesion, Civic Participation, Perceptions of Discrimination and Equity, Incarceration, Institutionalization
- Health and Health Care
  - Access to Healthcare, Access to Primary Care, Health Literacy

Health Issues for Prioritization

- Asthma
- Cancer
- Diabetes
- Heart Disease
- HIV
- Hypertension/Stroke
- Mental Health
- Obesity
- Substance Use
- Violence/Domestic Violence

What Was Not Selected:

- Maternal/Infant Health
- STIs
- Infectious Disease
- Dental Health
- Dementia/Alzheimer's
- Unintentional Injuries
- Disabilities
- Lead Poisoning
- Kidney Disease

Asthma

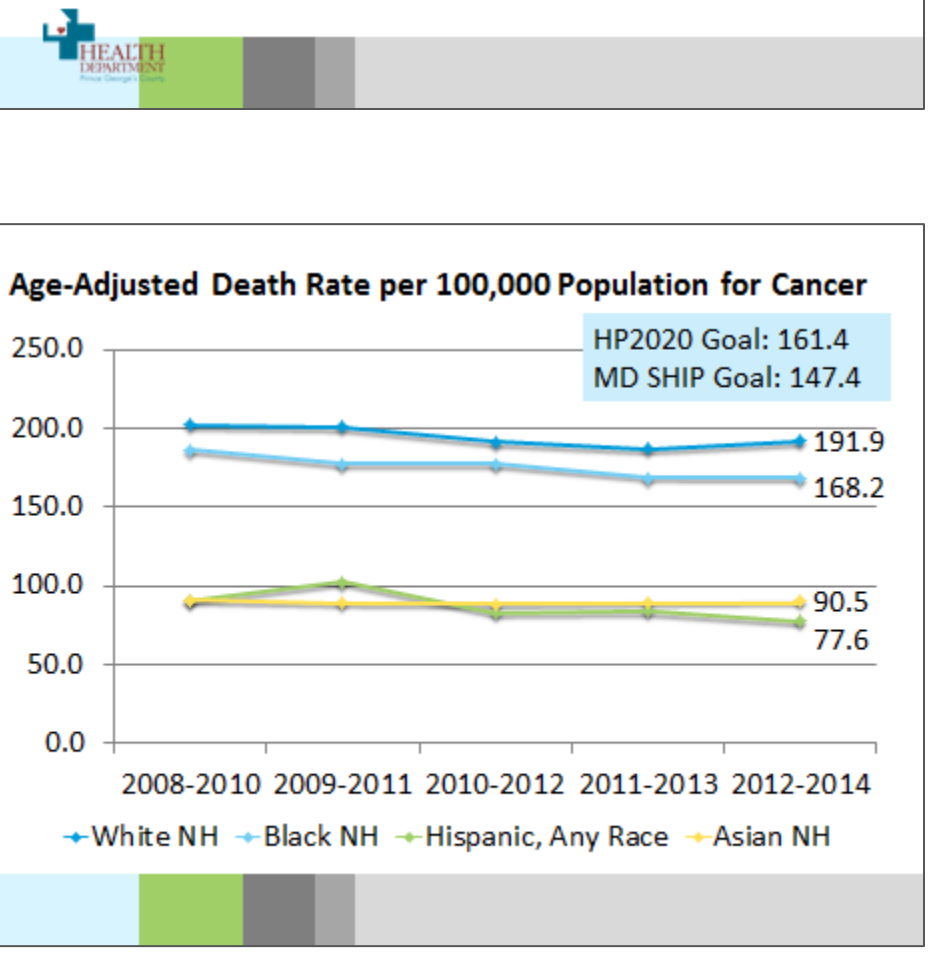
- 14.3%, or nearly 100,000 of adults are estimated to have asthma (MD 2014 BRFSS)
- 13.9% of children are estimated to have asthma (MD 2013 BRFSS).
- 16.7% of Black, non-Hispanic (NH) adults are estimated to have asthma compared to 10.0% of White, NH adults.
- More females (18.5%) than males (9.6%) are estimated to have asthma

Age-Adjusted Hospitalization Rate due to Pediatric Asthma, 2010-2012

Demographic	Hospitalizations per 100,000 Population <18 Years
Race and Ethnicity	
White, non-Hispanic	5.4
Black or African American	18.5
Asian or Pacific Islander	6.3
American Indian or Alaska Native	33.6
Age Group	
0 to 4 Years	26.9
5 to 9 Years	20.7
10 to 14 Years	9.4
15 to 17 Years	2.9
TOTAL	**16.2**

Cancer

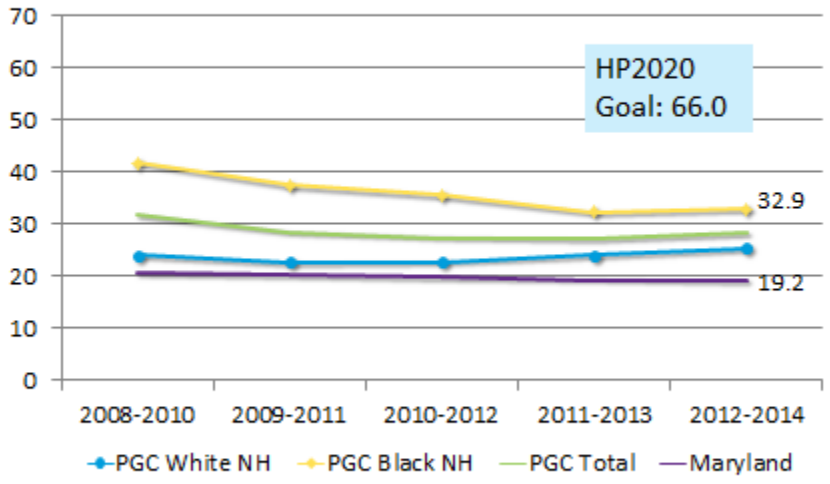
- In 2011, 3,235 residents were diagnosed with cancer in the county, and the cancer incidence rate was 390.0 per 100,000 residents
- In 2011, men had a much higher cancer incidence rate (475.5) than women (333.1)
- In 2011, Black residents had the highest cancer incidence rate
- In 2014, there were 1,349 deaths from cancer in the county, which accounted for one out of every four deaths



Diabetes

- Estimated 11.5% of adult residents (78,525) and nearly as many with pre-diabetes
- One in three residents over 65 has diabetes
- All community input noted diabetes as a leading issue (or the leading issue) in the county

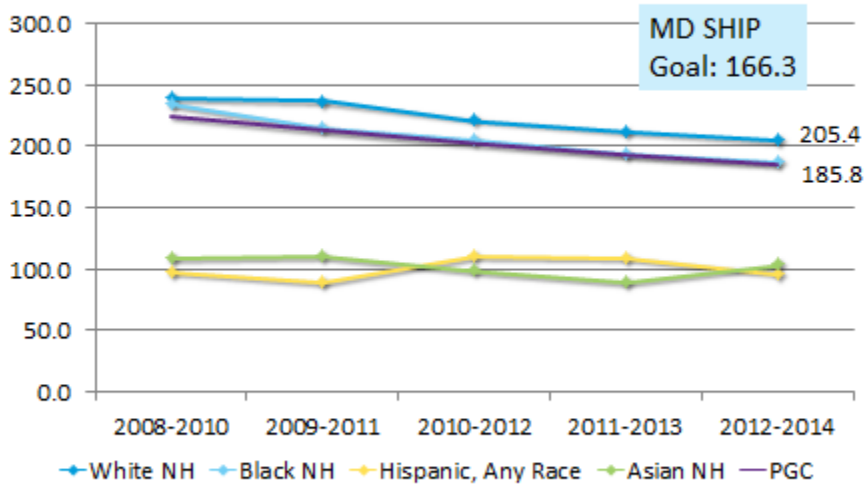
Age-Adjusted Death Rate per 100,000 Population for Diabetes, 2008-2014



Heart Disease

- Leading mortality rate in the county, and second highest by number (24% of deaths)
- Men have a higher mortality rate than women (233.5 versus 150.9)
- Black non-Hispanic residents have a higher ED Visit Rate for Heart Disease, but White, non-Hispanic residents have a higher mortality rate

Age-Adjusted Death Rate for Heart Disease per 100,000 Population, Prince George's County

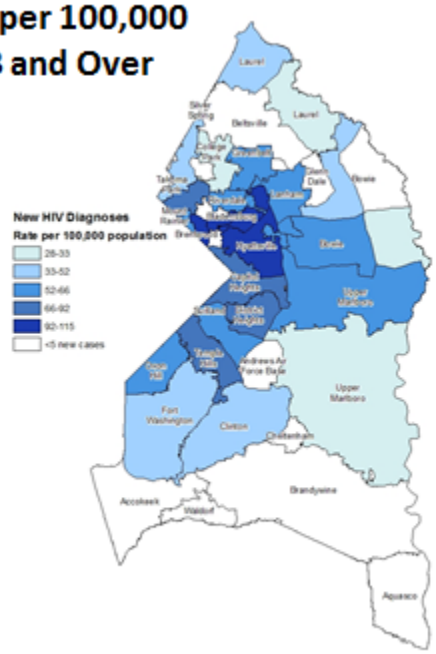


HIV

- 418 residents were diagnosed with HIV in 2013, a rate of 56.2 per 100,000.
  - From 2009 to 2013, new cases in Baltimore City and Washington, D.C. fell by 40%; the county only saw a 12% reduction
- 73% of new cases were men
- 85% of new cases were Black, non-Hispanic

2013 New HIV Cases per 100,000 Population, Age 13 and Over

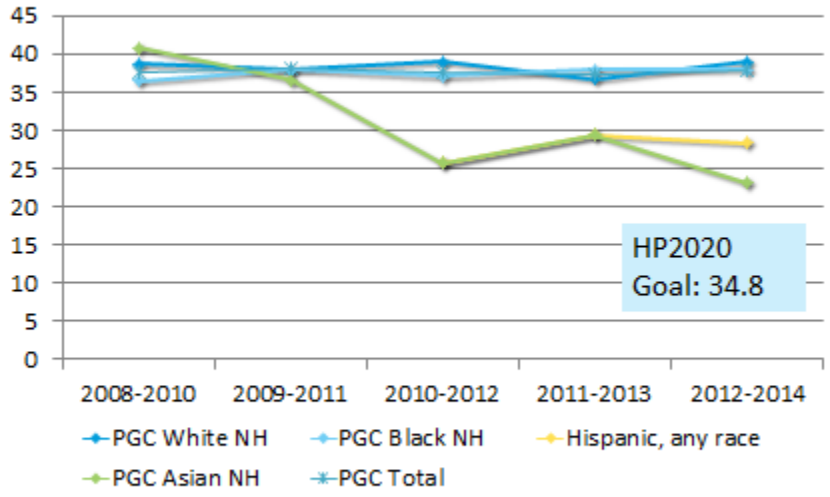
Maryland SHIP Goal: 26.7



Hypertension and Stroke

- Overall, 37.9% (252,160) of adults are estimated to have hypertension in the county
- Over 75% of residents aged 65+ and nearly half (47.8%) of adults ages 45 to 64 are estimated to have hypertension
- Black, not-Hispanic residents have more than double ED visit rate compared to the next closest group (White, not-Hispanic), but their mortality rate is about the same
- 279 residents died from strokes in 2014

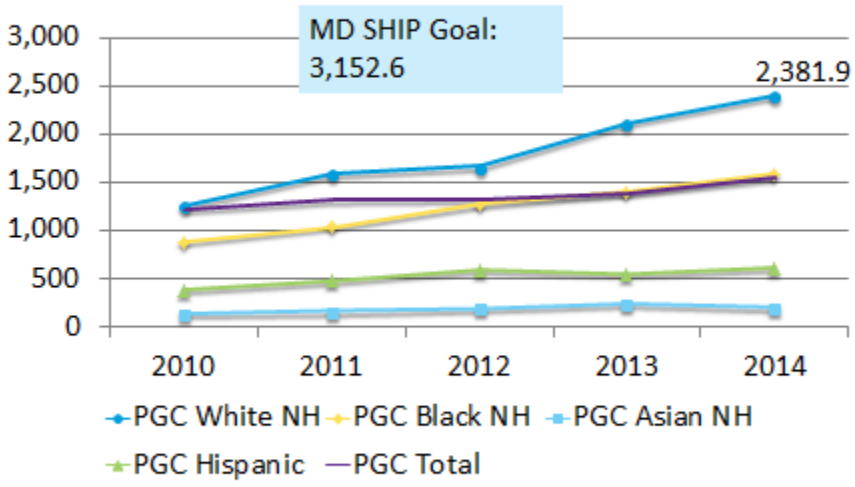
Age-Adjusted Death Rate per 100,000 for Stroke, Prince George's County



Mental Health

- 10.9% (74,502) of residents reported experiencing at least 8 days of poor mental health during the last 30 days (2014 MD BRFSS)
- In 2014, there were 51 suicide deaths in the county.
- White non-Hispanic residents had a higher Emergency Department (ED) visit rate related to mental health conditions compared to other county residents.
- The suicide rate was also higher among White non-Hispanics compared to other county residents.

Age-Adjusted Rate of Emergency Department* Visits per 100,000 Population Related to Mental Health Conditions, 2014



Obesity

- 34.2% (218,270) of adults in the county are estimated to be obese, and an additional 34.1% are considered to be overweight. (2014 MD BRFSS).
- More females (40.4%) than males (27.5%) are estimated to be obese.
- In 2013, 52.6% (310,107) of adults did not meet physical activity recommendations
- In 2013, 13.7% of high school students were considered obese .

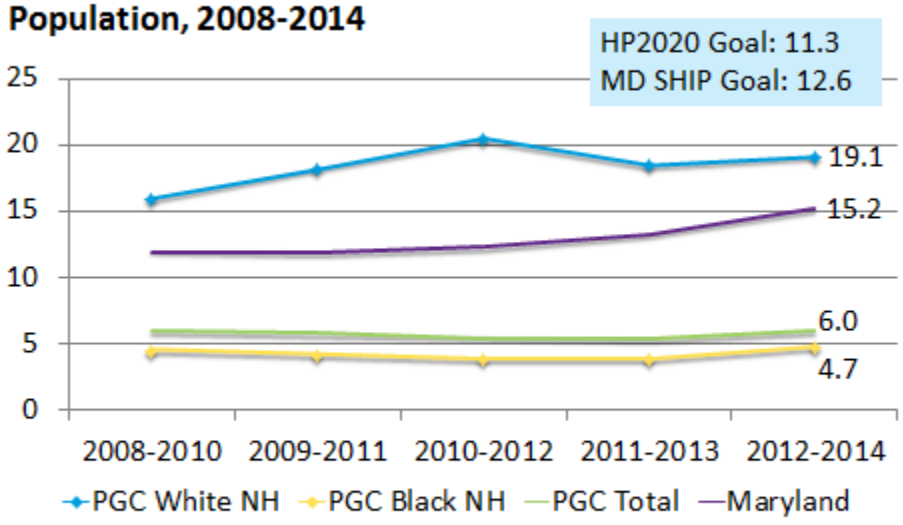
Percent of Adults Who Are Obese, 2014
Healthy People 2020 Goal: 30.5%

	Prince George's	Maryland
Overall	34.2%	29.6%
Sex		
Male	27.5%	27.8%
Female	40.4%	31.3%
Race/Ethnicity		
White, non-Hispanic	34.6%	27.9%
Black, non-Hispanic	38.9%	39.1%
Hispanic	20.9%	22.6%
Age Group		
18 to 44 Years	25.9%	25.8%
45 to 64 Years	42.8%	34.8%
Over 65 Years	42.9%	29.0%

Substance Use Disorders

- In 2014, 14% of county residents reported binge drinking, and 4.5% indicated they chronically drink (BRFSS).
- There were 855.6 Emergency Room visits per every 100,000 county residents in 2014.
- In 2013, 13.3% of high school students reported using tobacco.
- White non-Hispanic residents had a higher Emergency Department (ED) visit rate and higher drug-induced death rate compared to other county residents.

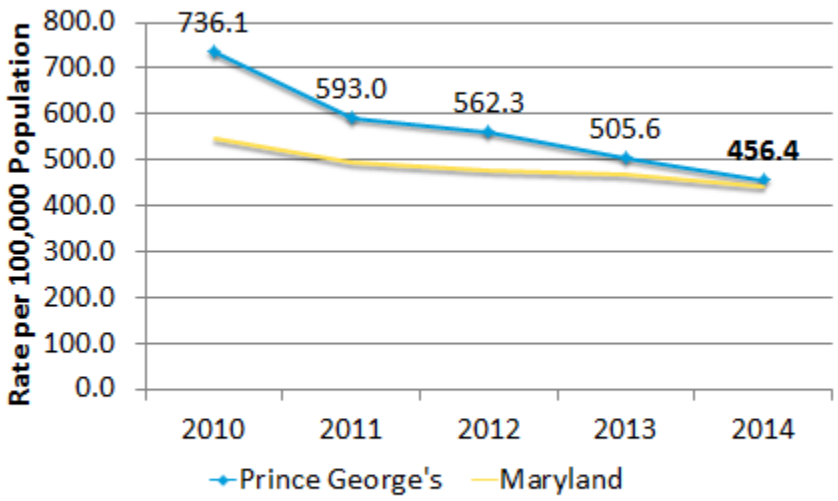
Age-Adjusted Drug-Induced Death Rate per 100,000 Population, 2008-2014



Violence/Domestic Violence

- There were 4,490 violent crimes (includes homicide, rape, robbery, and aggravated assault) in 2014, and 66 residents in the county died by homicide. (MD Vital Statistics).
- In 2014, there were 2,083 reports of domestic violence in the county . (Maryland Network Against Domestic Violence).
- From July 2014 to June 2015 there were 14 domestic violence-related deaths. (Maryland Network Against Domestic Violence).

Violent Crime* Rate, 2010 to 2014



Attachment D: Data Summary Example

Cancer

Overview	Prince George's County
What is it?	Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues; there are more than 100 kinds of cancer.
Who is affected?	In 2011, 3,235 residents were diagnosed with cancer in the county, and the cancer incidence rate was 390.0 per 100,000 residents. In 2014, there were 1,349 deaths from cancer in the county, which accounted for one out of every four deaths.
Prevention and Treatment	According to the CDC, there are several ways to help prevent cancer: • Healthy choices can reduce cancer risk, like avoiding tobacco, limiting alcohol use, protecting your skin from the sun and avoiding indoor tanning, eating a diet rich in fruits and vegetables, keeping a healthy weight, and being physically active. • The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer; the hepatitis B vaccine can lower liver cancer risk. • Screening for cervical and colorectal cancers helps prevent these diseases by finding precancerous lesions so they can be treated before they become cancerous. Screening for cervical, colorectal, and breast cancers also helps find these diseases at an early stage, when treatment works best. Cancer treatment can involve surgery, chemotherapy, radiation therapy, targeted therapy, and immunotherapy.
What are the outcomes?	Remission (no cancer signs or symptoms); long-term treatment and care; death.
Disparity	Overall, men had a higher cancer incidence rate (475.5) than women (333.1), and Black residents had a higher rate (393.4) compared to White and Asian residents in 2011 (Source: 2014 MD Cancer Report). Men also had a higher mortality rate at 197.7 compared to women (143.9), and Black residents had a slightly higher mortality rate (165.7) compared to White residents (161.7). By cancer type, Black residents in the county had higher incidence and mortality rates for breast, colorectal, and prostate cancers.
How do we compare?	Prince George's County 2011 age-adjusted cancer incidence rate was 390.0 per 100,000 residents, much lower than the state at 440.7; other Maryland counties range from 387.4 to 553.7 (2014 MD Cancer Report). The age-adjusted death rate for the county from 2012-2014 was 156.5, compared to Maryland at 162.0 with a range of 121.7 to 208.5 across the counties. The county is similar to the state for cancer screening.
Key Informant Interviews	Cancer was not specifically noted in the interviews.
Community Expert Survey	85% of respondents indicated cancer was a major or moderate issue in the county. Cancer was ranked as the fifth most important health issue.
Community-at-large Survey	66% of English survey participants and 62% of Spanish survey participants indicated cancer is at least a major or moderate problem in the county. Cancer was ranked as one of the top 5 health issues.

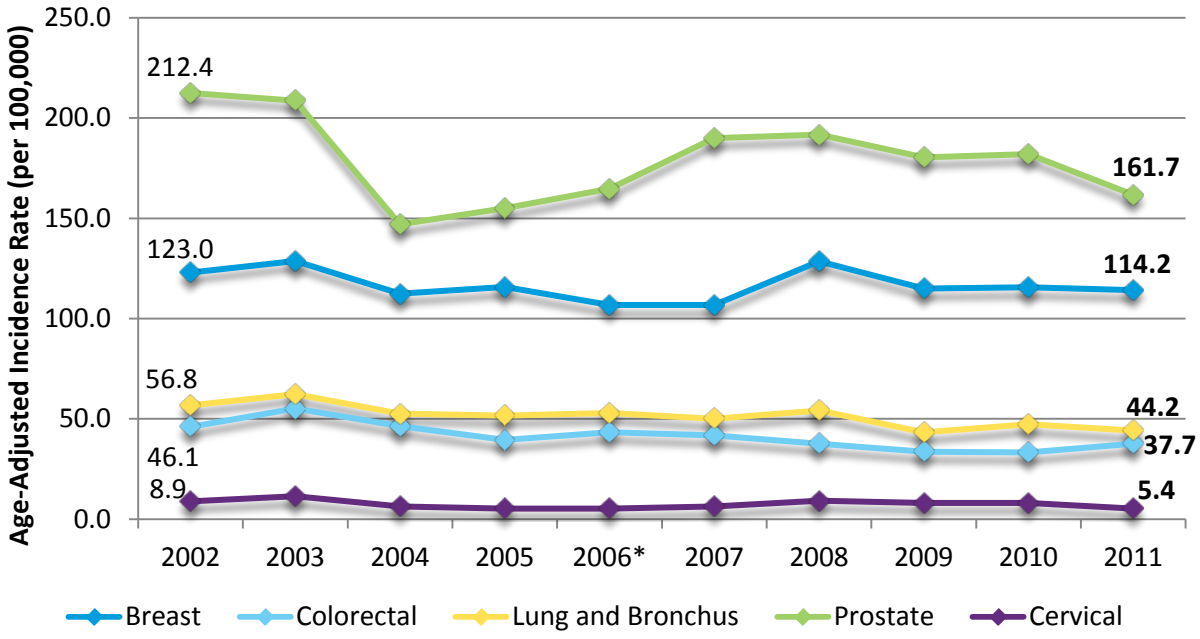
Cancer

Cancer Age-Adjusted Incidence Rates per 100,000 Population, Prince George's County

Year	All Sites	Breast	Colon	Lung and Bronchus	Prostate	Cervical
2002	435.0	123.0	46.1	56.8	212.4	8.9
2003	463.0	128.7	55.1	62.4	208.7	11.4
2004	386.3	112.4	46.4	52.6	147.0	6.4
2005	386.3	115.8	39.5	51.7	155.0	5.3
2006*	364.4	106.8	43.4	53.0	164.7	5.3
2007	409.8	106.8	41.7	50.1	189.9	6.3
2008	429.1	128.6	37.7	54.2	191.7	9.2
2009	387.6	115.0	33.7	43.3	180.4	8.2
2010	403.5	115.6	33.3	47.4	182.0	8.2
2011	390.0	114.2	37.7	44.2	161.7	5.4

* 2006 incidence rates are lower than actual due to case underreporting
Data Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Report, 2006-2014

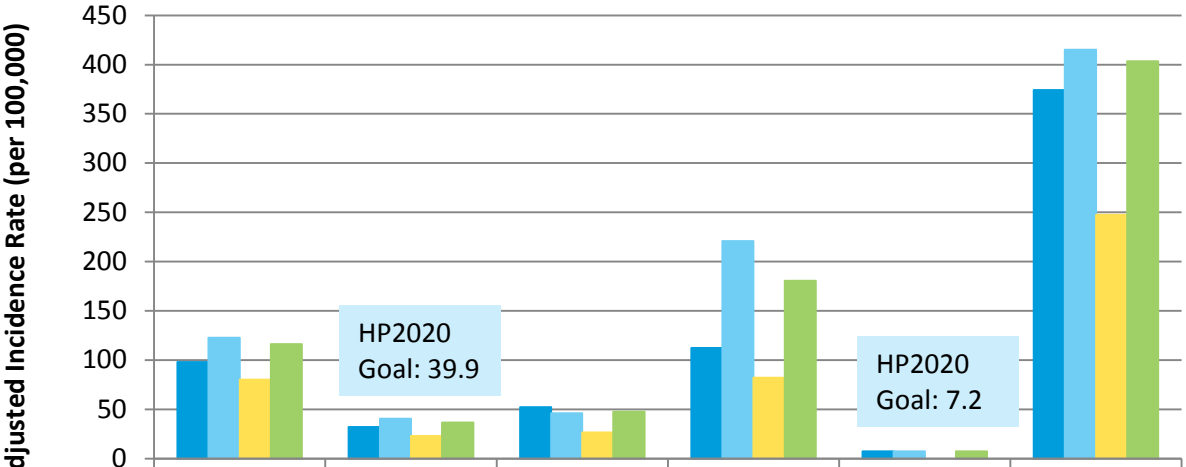
Cancer Age-Adjusted Incidence Rates by Type, Prince George's County, 2002-2011



*2006 incidence rates are lower than actual due to case underreporting
Data Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Report, 2006-2014

Cancer

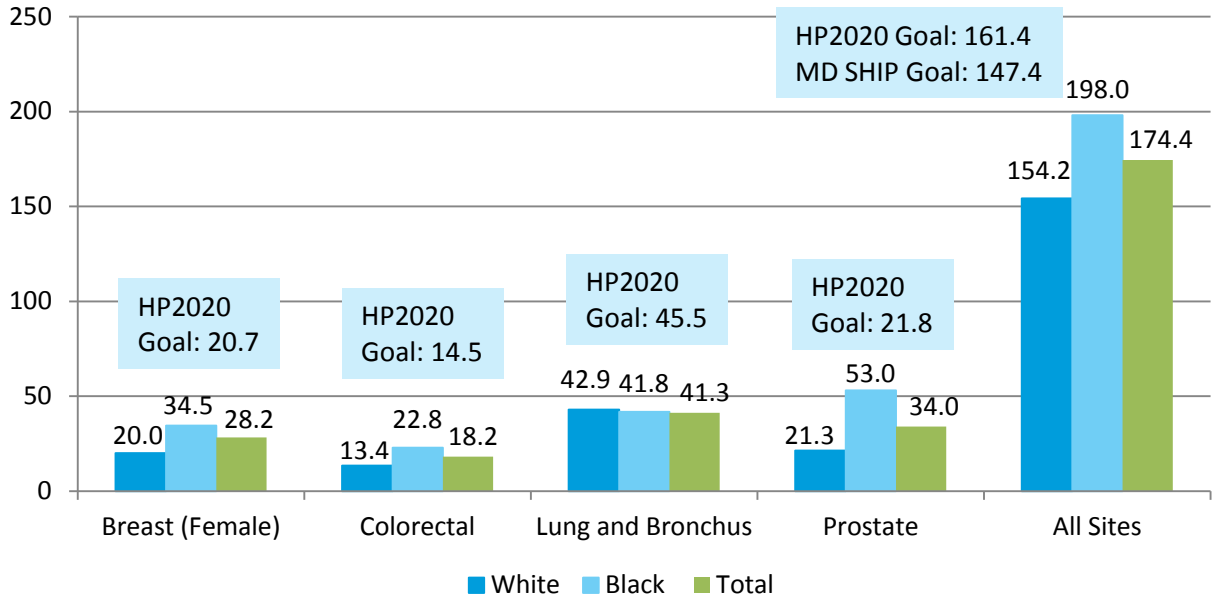
Cancer Age-Adjusted Incidence Rates by Race, Prince George's County, 2007-2011



	Breast (Female)	Colorectal	Lung and Bronchus	Prostate	Cervical*	All Sites
White	98.1	32.0	52.3	112.4	7.5	374.1
Black	122.7	40.4	45.9	220.8	7.4	415.0
Asian/PI	80.1	22.9	26.6	82.2		247.4
All Races	116.1	36.7	47.7	180.4	7.4	403.5

*Cervical cancer age-adjusted incidence rate unavailable for Asian/PI.
Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Report, 2014
Individuals of Hispanic origin were included within the White or Black estimates and are not listed separately

Cancer Age-Adjusted Mortality Rates by Race, Prince George's County, 2007-2011

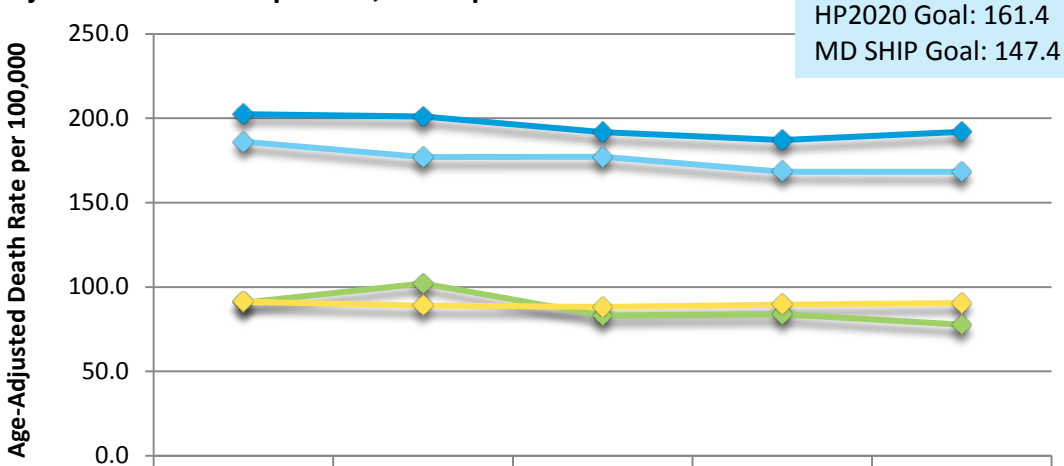


Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Report, 2014
Individuals of Hispanic origin were included within the White or Black estimates and are not listed separately; Asian/Pacific Islanders were omitted due to insufficient numbers.

Cancer

Age-Adjusted Death Rate per 100,000 Population for Cancer

HP2020 Goal: 161.4
MD SHIP Goal: 147.4



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
White NH	202.3	200.9	191.6	187.0	191.9
Black NH	186.0	176.9	177.0	168.6	168.2
Hispanic, Any Race	90.7	101.9	83.0	83.7	77.6
Asian NH	91.2	89.0	88.1	89.5	90.5

Data Source: CDC, National Center for Health Statistics, CDC WONDER Online Database

Residents Lacking Cancer Screening, Prince George's County, 2014

Cancer Screening	Target Group	Total Population	Percentage not Screened	Estimated Population not Screened
Prostate Specific Antigen (PSA) in past 2 years	Men 40 years and older	183,641	**51.0%**	**93,657**
Colorectal Cancer Screening with Sigmoidoscopy or Colonoscopy in past 2 years	Men and women 50 years and older	277,992	**41.0%**	**113,977**
Mammography in past 2 years	Women 50 years and older	155,596	**16.3%**	**25,362**
Pap Smear in the past 3 years	Women 18 years and older	368,450	**22.9%**	**84,375**

Source: 2014 Maryland BRFSS, DHMH www.marylandbrfss.org; 2014 1-Year Estimates, U.S. Census Bureau, Table B01001 www.census.gov

Attachment E: Prioritization Process Discussion Notes

Discussion after Data Presentation:

Data Needs and Observations

- Need for data from private providers and community health centers
- Need data from Urgent Care Centers
- Need information on children and health disparities
- Need data about Youth; Youth Risk Behavioral Survey (YRBS) data is not always routinely available (supposed to be collected every other year)
- Demographic designations in data collection tools may vary from the way respondents self-identify, and racial categories are too broad to capture the diversity within the county
- Mental Health data need to be broken into sub-groups. Mental health is too broad to understand all the issues
- Need measures of unmet need and gaps
- Need to look at health trends in children as predictors for health disparities in adults
- White men are most studied, and have the widest and best data sets
- Much current health data reflects deaths rates; need data on living cases across disparities
- Need to track the correlation between HIV and incarceration
- Data doesn't support high use of opioids in the county; PCP usage is high and a problem
- HIV incidence still trends younger in the county, but nationally HIV is becoming more of a problem in the older population

Insight Shared by Participants about their Service Population

- Immigrant communities may be missing from data reporting due to lack of insurance and inability to access health services or ED visits
- Undocumented PG residents may obtain services in DC where there is wider availability of immigrant-centered services
- There is likely a higher rate of women dying from heart disease that is undiagnosed. Many Black women are dying with significant heart damage. However, it is not being listed as the primary cause of death
- There is a lot of people who move in and out of various jurisdictions and seek health services in various settings for varied lengths of time
- Mental health / Suicidal ideations may be overlooked. May manifest with other presentations (self-medication, abuse, etc.)
- Mental illness is cross-cutting issue
- Hard to decouple substance abuse and mental health
- Lot of underreporting of substance abuse
- Many people have many health issues that are undiagnosed

- Culture is a key consideration - For some communities it is perceived as healthy / prosperous to be a bit overweight
- Uninsured is a social determinant that must be considered (approximately 10% of county residents are uninsured)

Additional Discussion

- Diverse communities need to be at the planning tables from the beginning
- Transportation needs to be a part of the equation
- Need more support for FQHC's and private providers to come into PG County

Discussion after Prioritization Round 1:

Discussion about Highest Ranked Issues

- Mental health is tied into perception, judgment
- Mental health was good to be highly selected
- Mental health is overarching. Hard to discuss any other health issues if people are not thinking clearly; votes demonstrate that everyone sees the intersection
- Cardio-metabolic lens. We can identify diseases with common risk factors to try to reduce the collective impact;

Discussion about Lower-ranking Issues (ranked 7-10)

- Violence and Domestic Violence are connected to the entire household, and have long-term and far-reaching effects.
- HIV has potential to be successful with the HIV education and prevention components
- HIV is important because it is connected to STI's
- HIV and substance use are connected to all of the health issues
- Surprise that cancer was rated so low given the data just presented; discussion that cancer may have ranked lower because it already receives a lot of attention

Closing Discussion after Prioritization Round 2:

- We have to treat the *reason* for the illness.
- Any intervention has to be broad enough to have an impact on the issues and the cause
- Obesity and diet impacts the gamut of health

- Keep obesity in the conversation. Can be good for adults and pediatric patients. Discussing obesity can lead to discussions on heart disease, diabetes, hypertension & stroke
- Need data on co-morbidities that occur with the prioritized issues
- Dental needs to be added across clusters (dental impacts cancer, surgery, elderly, maternal health, school)
- Need to address preventable deaths (asthma, suicide)
- Asthma is being treated but underreported

Additional feedback/recommendations received from participants during the day included:

- Using the Public Health Information Network (PHIN)
- Need for expanded funding
- Recommendation to pursue alternative services outside of the criminal justice system to address mental health crisis or substance abuse issues

Prince George's County
Resources and Assets, 2016

NAME	ADDRESS	ZIP CODE	TELEPHONE	POPULATION	Access	Advocacy & Legal Services	Awareness and Health Promotion	Case Management, Navigation or Care Coordination Services	Crisis, Emergency, or Financial Assistance Services	Disability Services	Early Childhood	Education and Self-Management	Food and Nutrition Services	Health Services	Housing	Prevention Services	Recreation and Physical Activity	Referral Services	Research	Screening & Testing	Senior Services	Support Groups, Counseling, and Recovery Services	Youth Services	SERVICES
Access to Wholistic and Productive Living Institute, Inc.	3611 43rd Avenue	20722	240.467.6215	General population			X					X				X			X					services in tobacco control, community participatory research, consulting, trainings, health disparities (infant mortality, cardiovascular disease, obesity, hypertension, cancer) prevention, promotion, interventions/policy and advocacy
Adam's House	5001 Silver Hill Rd	20746	240.492.2510	Male and female ex-offenders		X	X	X	X			X				X				X		X		individual and group counseling, HIV/AIDS & STI testing, health education, crisis intervention, family court services, and anger management
Adelphi/Langley Park Family Support Center	8908 Riggs Rd	20783	301.431.6210	Residents of Adelphi/Langley Park communities							X	X						X						education, employment readiness and links to community services. Emphasis on family literacy and parent/child activities
Adult Protective Services	925 Brightseat Rd	20785	301.909.2228	Adults residing in Prince George's County		X	X														X			provides protection and remedial activities on behalf of elders and dependent adults unable to protect their own interests
Adventist Community Services of Greater Washington	501 Sligo Avenue	20910	301.585.6556	General population								X	X											food bank, nutrition services, education services
Advocates for Youth	2000 M St. NW, STE 750	20036	202.419.3420	Adolescents		X	X					X											X	efforts that help young people make informed and responsible decisions about their reproductive and sexual health
Affiliated Sante' Group—Lanham	4372 Lottsford Vista Rd.	20706	301.429.2171	General population				X	X			X		X								X		manages mental health outreach, psychiatric recovery services, and crisis services
Affordable Behavioral Consultants	1400 Mercantile Lane, Suite 206	20774	301.386.7789	General population										X								X		Outpatient mental health counseling and treatment
Ager Road United Methodist Church	6301 Ager Road West	20782	301.422.2131	General population									X											food bank and nutrition services
Aging and Disabilities Resource Services Division: PGC Department of Family Services	6420 Allentown Road	20748	301.265.8450	Older adults		X	X	X	X	X		X	X	X		X		X			X			Health promotion and disease prevention, disease management education, meals and nutrition, at home assistance, subsidies, legal assistance, and senior care
Alcoholic Anonymous—Greater DC area			202.966.9115	General population with alcohol addiction issues														X				X		12-step programs for alcoholism
Alek's House	4200 Forbes Boulevard, Suite 122	20706	301.429.6100	General population																				counseling and therapy services for individuals, couples and families in and around Lanham, MD
American Cancer Society	7500 Greenbelt Center Drive, Set 300	20770	202.483.2600	General population		X	X					X				X			X			X		Education, advocacy, and services related to cancer prevention and control
American Diabetes Association: National Capital Area	1400 16th Street Northwest #410	20036	202.331.8303	General population		X	X					X							X					Provides resources on diabetes and diabetes prevention, including weight management information, nutrition education materials/information, and physical activity information on the website and in print.
American Heart Association-Maryland	217 E. Redwood St., 23rd Floor	21202	410.685.7074	General population		X	X					X				X			X					Advocacy, awareness, education, policy development, prevention, and research related to cardiovascular disease
American Lung Association in Maryland	211 E. Lombard St., #260	21202	202.747.5541	General population		X						X							X					Education, advocacy, and research related to lung disease
American Rescue Workers	716 Ritchie Road	20743	301.336.6200	General population					X			X	X									X		Christian addiction recovery services, food services, disaster relief, and continuing education
American Stroke Association-Maryland	218 E. Redwood St., 23rd Floor	21203	410.685.7075	General population		X	X					X				X			X					Advocacy, awareness, education, policy development, prevention, and research related to stroke
Anacostia River Trail System			301.699.2255	General population													X							Natural area parks and conservation sites
Application Counselor Sponsoring Entity by the MHBE			855.642.8572	Uninsured residents	X													X						To assist in enrolling individuals in Maryland Health Connection
Aquasco Farm	16665 Aquasco Farm Road	20608	301.627.6074	General population													X							Natural area parks and conservation sites
Arc Of Prince George's County	1401 McCormick Drive	20774	301.925.7050	Developmentally disabled residents and their families	X	X	X	X		X		X				X		X				X	X	advocacy, information and referral, and direct service through residential programs, day services, children's services, in-home supports, Career Counseling services, and case management
Arms Reach Foundation, Inc.	7700 Old Branch Ave, Suite B-104	20735	301.599.4101	General population										X								X		Psychiatric rehabilitation, therapeutic mentoring and group therapy
Ayuda, Inc.	1707 Kalorama Ave, NW	20009	202.387.4848	Immigrants residing in DC, Maryland and Virginia		X																		legal, domestic violence, and social services to immigrants

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Baden Community Center	13601 Baden-Westwood Rd	20613	301-888-1500	General population													X				X		X	Basketball courts, fitness room, gymnasium, picnic pavilion, playground, playing fields, licensed before and after school kids care program, Xtreme teens program
Battle-Carreno Clinical Services, LLC	14440 Cherry Lane Ct	20707	240.294.4129	General population										X				X				X		mental health counseling and treatment
Beacon House	601 Edgewood Street, NE	20017	202.529.7376	At-risk children, ages 5-18 years old, who reside in and around the Edgewood Terrace community in Ward 5													X						X	Provides free recreational, physical activity, and sports programs.
Beginning Again Therapeutic Counseling Services	8288 Telegraph Rd, Suite A	21113	301.875.4387	women and children										X				X				X		mental health counseling and treatment
Behavior Support Services			877.413.3088	Developmentally disabled residents and their families	X	X		X	X	X				X				X						DDA funded program to provide behavioral consultation, staff augmentation and emergency services
Bellydancers of Color: MamaSita's Cultural Center	6906 4th Street, NE	20012	202.545.888	Residents of African American, Hisp/Lat, Pac Island, Asian, Nat Am, Rom, Mid Eastern, Mediterranean, and/or E. Indian background													X							Organizes bellydancers of color for physical activity.
Beltsville Community Center	3900 Sellman Rd	20705	301-937-6613	General population													X						X	Athletic fields, fitness room, gymnasium, picnic area, Seniors programs, Xtreme Teens programs, pre-school room
Berwyn Heights Community Center	6200 Pontiac St	20740	301-345-2808	General population													X						X	Athletic field, fitness room, gymnasium, tennis courts, Seniors programs, Xtreme Teens program
Bethel House	6810 Floral Park Rd	20613	301.372.1700	General population					X				X									X	X	emergency food pantry, financial aid for rent and utilities, domestic violence and sex abuse counseling, NA meetings, youth mentoring
Better Choices, Better Health Arthritis				General population								X												education and self-management program for individuals with arthritis
Better Choices, Better Health®- Diabetes or Healthier Living with Diabetes				General population								X												education and self-management program for individuals with diabetes
Billingsley Point	6900 Green Landing Road	20772	301.627.0730	General population													X							Natural area parks and conservation sites
BiNet USA	4201 Wilson Blvd, #110-311	22203	800.585.9368	LGBTQ individuals		X	X					X				X								educational information regarding sexual orientation and gender identity with an emphasis on the bisexual and pansexual and allied communities
Bladensburg Community Center Park	4500 57th Ave	20710	301-277-2124	General population													X				X		X	Outdoor basketball courts, crafts, fitness, and game room, gymnasium, Xtreme Teens program, after-school program
Bladensburg Waterfront Park	4601 Annapolis Rd	20710	301.779.0371	General population													X							Natural area parks and conservation sites
Bowie Community Center	3209 Stonybrook Dr	20715	301-464-1737	General population													X						X	Gymnasium, meeting rooms, game room, Kids Care, Xtreme Teens program
Bowie Crofton Pregnancy Clinic	4341 Northview Dr	20716	301.262.1330	Women	X		X	X				X		X		X		X		X				Free, confidential health services related to pregnancy and sexual health concerns, including free pregnancy tests, ultrasound, abortion information, and STD/HIV testing and treatment.
Bowie Health Center	15001 Health Center Drive	20716	301.262.5511	general population										X										Freestanding Emergency Medical Facility
Bowie Pantry and Emergency Aid Fund	3120 Belair Drive	20715	301.262.6765	General population																				food bank and nutrition services
Bowie Youth And Family Services	2614 Kenhill Drive	20715	301.809.3033	Residents of Bowie community										X		X						X	X	mental health counseling and treatment, drug and alcohol prevention
Brentwood Foursquare Gospel Church	3414 Tilden Street	20722	301.864.1176	General population																				food banks and nutrition services
Building Better Caregivers Online				General population			X					X										X		education services for caregivers of people with traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), dementia, or other diagnosed memory impairments
Building Futures	1440 Meridian Place NW	20010	202.639.0361	Individuals with HIV/AIDS											X			X				X		housing and supportive services to persons living with HIV/AIDS
Calmra	5020 Sunnyside Ave, Ste. 206	20705	301.982.7177	Residents with cognitive disabilities						X				X	X									community and residential services for developmentally disabled adults
Camp Springs Senior Activity Center	6420 Allentown Road	20748	301.449.0490	Seniors ages 60+ years old								X					X				X			Offers fitness programs and health education classes, information, and referrals.
Cancer: Thriving and Surviving				Cancer survivors																		X		Educational program about life after cancer treatment

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Capital Area Food Bank	645 Taylor Street, NE	20017	202.526.5344	General population																				food bank and nutrition services
Capital Area Food Bank: Operation Frontline Program	4900 Puerto Rico Avenue, NE	20017	202.644.9800	General population									X											Cooking-based nutrition program that focuses on teaching cooking skills, nutrition basics, and food budgeting.
Capital Region Health Connection			240.773.8250	Residents of Montgomery and Prince George's Counties	X																			Enrolling individuals into qualified health plans
CASA de Maryland	8151 15th Avenue	20883	301.270.8432	Latino residents of Prince George's County	X																			Latino and immigration advocacy-and-assistance organization
Catholic Charities of Baltimore	320 Cathedral St	21201	410.547.5490	Children and families, seniors, immigrants, people living in poverty, and individuals with intellectual disabilities		X	X	X	X	X		X	X	X	X	X								Health services, education, food, foster care, residential services, shelters, crisis intervention, family navigator services, homeless services, and services for older adults
Catholic Charities: Archdiocese of Washington	924 G Street, NW	20001	202.772.4300	General population					X															food bank and emergency aid
Catholic Charities: Langley Park	7949 15th Avenue	20883	301.434.6453	General population					X															food bank and emergency aid
Cedar Heights Community Center Park	1200 Glen Willow Dr	20743	301-773-8881	General population													X				X		X	Dance and fitness room, gymnasium, preschool room, photography dark room, Xtreme Teens program, Seniors program
Cedarhaven Fishing Area	18400 Phyllis Wheatley Boulevard	20608	301.627.6074	General population													X							Natural area parks and conservation sites
Center For Healthy Families	4200 Valley Drive, Room 0142	20742	301.405.2273	General population										X								X		couple and family therapy clinic
Center For Therapeutic Concepts	1300 Mercantile Lane	20774	301.386.2991	General population										X				X				X		Outpatient mental health clinic and psychiatric rehabilitation program for adults and children
Central Baptist Church	5412 Annapolis Rd	20712	301.699.5886	General population																				food bank and nutrition services
Centro De Apoyo Familiar	6801 Kenilworth Ave	20737	301.328.3292	Latino families		X	X					X	X			X								The Comida Sana-Vida Sana/Healthy Eating-Healthy Living program provides healthy eating education and access to healthy food and other resources, primarily among Latinos and other low income immigrant communities.
Cheltenham Wetlands Park	9020 Commo Rd	20623	301.627.7755	General population													X							Natural area parks and conservation sites
Chesapeake Bay Critical Area Tour	16000 Croom Airport Road	20772	301.627.6074	General population													X							Natural area parks and conservation sites
Cheverly Health Center	3003 Hospital Drive	20785	301.583.7752	General population			X	X				X		X		X		X		X				Health services, family planning, STI/HIV/TB screening and treatment services, immunizations, health education, behavioral health services, and dental care
Children and Parents Program	501 Hampton Park Blvd	20743	301.324.2872	General population			X	X	X			X		X		X		X		X		X		addiction, mental health, rehabilitative and case management services to adult women, including pregnant women and women with children
Children, Youth and Families Division: PGC Department of Family Services	6420 Allentown Road	20748	301.265.8446	Children and families		X										X		X				X	X	After school programs, gang prevention, Children in Need of Supervision, Teen Court, Truancy Prevention Initiative, kinship care, home visiting, Local Access Mechanism, Local Care Teams, and Healthy Families
Children's Development Clinic: Prince George's Community College	301 Largo Rd, CE-123	20774	301.322.0519	Children 0–12 experiencing developmental delays						X	X	X		X									X	services for children in the areas of motor, language, reading and social skills
Children's National Medical Center: Upper Marlboro Outpatient Clinic	9400 Marlboro Pike, Ste 210	20772	301.297.4000	Children and adolescents	X		X				X	X	X	X		X							X	Outpatient specialty health services for children and adolescents
Church of Living God	1417 Chillum Rd	20883	301.559.8893	General population																				food bank and nutrition services
City of College Park Seniors' Program: Attick Towers	9014 Rhode Island Avenue	20740	301.345.8100	Senior residents of the city of College Park			X					X				X					X			Offers periodic Presentations on Senior Topics in Safety, Wellness, and Health.
City of College Park Seniors' Program: Spellman House	4711 Berwyn House Road	20740	301.220.0037	Senior residents of the city of College Park			X					X				X					X			Offers periodic Presentations on Senior Topics in wellness and health.
Clearwater Nature Center	10999 Thrift Rd	20735	301.297.4575	General population													X							Natural area parks and conservation sites
Clinton Baptist Church	8701 Woodyard Rd	20735	301.868.1177	General population																				food bank and nutrition services
Clyde Watson Boating Area	17901 Magruder's Ferry Road	20613	301.627.6074	General population													X							Natural area parks and conservation sites
College Park Community Center Park and Youth Soccer Complex	5051 Pierce Ave	20740	301-441-2647	General population													X						X	Dance and fitness room, gymnasium, soccer fields, teen room, after-school program, Xtreme Teens program

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College Park Youth And Family Services	4912 Nantucket Road	20740	240.487.3550	Residents of College Park										X				X				X		community outreach and family counseling
Columbia Park Community Center Park	1901 Kent Village Dr	20785	301-341-3749	General population													X						X	Gymnasium, office space, after-school programs, Xtreme Teens program
Community Advocates For Youth: Counseling Center	1300 Caraway Ct	20774	301.390.4092	General population		X	X	X	X			X				X								Provides victim advocacy and support services, crisis intervention, and community education
Community Clinic, Inc.	7676 New Hampshire Avenue	20912	301.431.2972	General population				X			X	X		X		X		X		X		X		medical, behavioral health, and WIC services
Community Clinic, Inc.	9001 Edmonston RD, STE 40	20770	240.790.3325	General population				X			X	X		X		X		X		X		X		family planning, prenatal care, and WIC services
Community Clinic, Inc.	9220 Springhill Lane	20770	240.624.2278	General population				X			X	X		X		X		X		X		X		Medical, Dental and Behavioral Health services
Community Counseling & Mentoring Services	1300 Mercantile Lane	20774	301.583.0001	General population			X	X						X		X		X		X		X	X	comprehensive mental health services including assessments, intervention and consultation, to children, adolescents and their families
Community Crisis Services, Inc.	PO Box 149	20781	301.864.7095	General population			X		X			X		X		X						X		crisis intervention and suicide prevention through outreach and 24-hour hotline services
Community Education Group	3233 Pennsylvania Ave SE	20020	202.543.2376	General population			X					X				X								HIV/AIDS awareness, education and prevention
Community Health Empowerment Through Education and Research (CHEER)	8545 Piney Branch Rd, STE B	20910	301.589.3633	General population			X					X				X			X					community health improvement education and research
Community Hospices of Maryland	11785 Beltsville Dr, STE 1300	20705	301.560.6000	General population										X										hospice
Community Legal Services Of Prince George's County	PO Box 734	20738	240.391.6370	low-income residents	X	X																		lawyer-referral organization matching low income clients with lawyers who would provide free advice.
Community Outreach and Development Corporation (CDC)	4719 Marlboro Pike, STE 104	20743	301.404.1551	general population		X		X	X		X	X	X											community development; early childhood development programs; food, clothing, financial assistance, and linkages to community-based services
Compassion Power	14817 Kelley Farm Road	20874	301.921.2010	men and families										X		X		X				X		anger management services and emotional abuse counseling
Contemporary Family Services	6525 Belcrest Rd	20782	301.779.0258	Families and children					X		X			X				X				X	X	Mental health services for foster children, foster families, and family psychiatric care
Cora B. Wood Senior Center	4009 Wallace Road	20722	301.699.1238	Seniors ages 60+ years old													X				X			Exercise classes provided by the National Institutes of Health Heart Center at Suburban Hospital
Cornerstone Baptist Church	3636 Dixon Street	20748	301.894.7998	General population																				food bank and nutrition services
Cosca Regional Park	11000 Thrift Rd	20735	301.868.1397	General population													X							Natural area parks and conservation sites
Crescent Ridge Adult Day Health	7001 Oxon Hill Rd	20745	301.567.1885	adults and seniors																	X			elder care
D. Leonard Dyer Regional Health Center	9314 Piscataway Road	20735	301.856.9520	General population			X	X			X	X		X		X		X		X		X	X	Health services, family planning, STI/HIV/TB screening and treatment services, immunizations, health education, behavioral health services
Damien Ministries	2200 Rhode Island Ave NE	20018	202.526.3020	People living with HIV/AIDS				X														X		Food bank, medical nutrition services, medical case management, and spiritual retreats
Deerfield Run Community Center	13000 Laurel-Bowie Rd	20708	301-953-7882	General population													X						X	Ball fields, basketball courts, classroom space, fitness and game room, gymnasium, playground, pre-school room, after-school program, Xtreme Teens program
Depression and Bipolar Support Alliance: Beltsville			301.937.6024	Individuals with depression and bipolar disorder and their families																		X		support groups
Destiny, Power & Purpose	4917 Marlboro Pike, Ste. 101	20743	301.420.2383	General population				X								X						X		ATR Care Coordination Agency for Prince Georges County; recovery and re-entry support services
Dimenions Healthcare System - Dimensions Healthcare Associates	7350 Van Dusen Road, Suite 260/Suite 350	20707	301.618.2273	general population			X							X		X				X				comprehensive healthcare services in the areas of dental care, women's health, men's health and family medicine to include pediatric health
Dimensions Healthcare System - Dimensions Healthcare Associates - Dr. Craig Persons	7501 Greenway Center Drive, Suite 220	20770	301.618.2274	general population			X							X		X				X				comprehensive healthcare services in the areas of dental care, women's health, men's health and family medicine to include pediatric health
Dimensions Surgery Center	14999 Health Center Drive	20716	301.809.2000	general population										X										Ambulatory surgical services
Dimensions Healthcare System - Family	2900 Mercy Lane	20785	301.618.2273	General population	X		X	X				X		X		X		X		X				comprehensive healthcare services in the areas of women's health,
Dimensions Healthcare System - Family	5001 Silver Hill Rd	20746	301.618.2273	General population	X		X	X				X		X		X		X		X				comprehensive healthcare services in the areas of dental care,
Dimensions Healthcare System - Rachel H.	3601 Taylor Street, Suite 108	20722	301.927.4987	Residents ages 55 years and older			X					X		X							X			Primary and continuing comprehensive medical and nursing services

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Dimensions Healthcare System - Wound	7400 Van Dusen Road	20707	301.725.4300	general population			X					X		X		X								health service dedicated to caring for persons with wounds that have
Dinosaur Park	13201 Mid-Atlantic Boulevard	20708	301.627.1286	General population													X							Natural area parks and conservation sites
District Heights Family And Youth Services Center	2000 Marbury Dr	20747	301.336.7600	General population				X				X				X		X					X	counseling program dedicated to promoting responsible behavior and appropriate family management skills
Diversified Counseling Service	9131 Piscataway Rd	20735	301.856.4477	General population										X									X	individual, group and couples counseling.
Doctors Community Hospital	8118 Good Luck Road	20706	301.552.8661	General population			X					X		X		X		X		X				Services including emergency care, inpatient care, preventive services, outpatient rehabilitation, and a comprehensive range of specialty services
Doctors Community Hospital-Support Groups	8119 Good Luck Road	20707	301.552.8662	General population																		X		Support group services for a comprehensive range of conditions and experiences
Dueling Creek Natural Area in Colmar Manor	Lawrence St	20722	301.927.2163	General population													X							Natural area parks and conservation sites
Educare Resources Center	107 Bonhill Drive	20744	301.203.0293	Mentally or developmentally disabled residents						X														services for more independent mentally and developmentally disabled who need supportive living services
Elizabeth House, FISH of Laurel	PO Box 36	20707	301.776.9296	General population																				food bank and nutrition services
Engaged Community Offshoots, Inc. aka ECO City Farms	6010 Taylor Road	20737	301.288.1125	general population									X											seeks to enhance food security, safety and access, to improve nutrition and health, to preserve cultural and ecological diversity, and to accelerate the transition to an economy based on preservation, recycling and restoration
Essential Therapeutic Perspectives	8100 Professional Place, Suite 205	20735	301.577.4440	children, adolescents, and families										X								X		behavioral and mental health care, including psychiatric rehabilitation
Evelyn Cole Senior Activity Center	5720 Addison Road	20743	301.386.5525	Seniors ages 60+ years old								X					X				X			Offers fitness programs and health education classes, information, and referrals.
Evergreen Health	7501 Greenway Center Drive, Suite 600	20770	240.542.0170	General population	X			X						X		X		X				X		non-profit insurance cooperative; primary care, care coordination, wellness services, preventive care, and behavioral health services
Fairland Regional Park	13950 Old Gunpowder Rd	20707	301.362.6060	General population													X							Natural area parks and conservation sites
Faith Community Baptist Church	13618 Layhill Rd	20906	301.460.8188	General population																				food bank and nutrition services
Family and Medical Counseling Service, Inc.	2041 MLK Jr Ave SE	20020	202.889.7900	Medically underserved community	X		X					X		X		X		X		X		X		Community health center providing medical, mental health, substance abuse education, treatment and referral services
Family Behavioral Services	6475 New Hampshire Ave, STE 650	20783	301.270.3200	General population, but specializes in adolescents				X						X		X						X		Consultation, case management, evaluations, medication monitoring, and individual, family or group counseling
Family Crisis Center of Prince George's County	3601 Taylor St	20722	301.779.2100	Individuals and family members affected by domestic violence		X			X			X				X								domestic violence victims and offenders, anger management counseling, emergency shelter, and legal advocacy
Family Matters of Greater Washington: Oxon Hill Center	6196 Oxon Hill Road	20745	301.839.1960	Youth, families and senior citizens		X		X	X		X					X		X			X	X	X	Provides assistance to children, youth, families and seniors with programs, including: therapeutic and traditional foster care; youth development programs; mental health/counseling services; psychiatric rehabilitation services, psychiatric assessments and medication management
Family Outreach Center of Ebenezer AME Church	7800 Allentown Rd	20744	301.248.5000	General population																				food bank and nutrition services
Family Service Foundation, Inc.	5301 76th Avenue	20784	301.459.2121	individuals with developmental disabilities and/or severe mental illness						X														mental health services, substance abuse counseling; community residential programs; and day habilitation
Family Services Foundation	8101 Sandy Springs Rd, STE 104	20707	301.317.0114	Developmentally disabled residents and their families						X														health and supportive services for developmentally disabled residents
First Baptist Church of Suitland	5400 Silver Hill Road	20747	301.735.6111	General population																				food bank and nutrition services
First Baptist of Upper Marlboro	7415 Crain Highway	20772	301.952.0117	General population																				food bank and nutrition services
First Metropolitan Facilities	5801 Allentown Rd	20746	301.316.2717	Children with developmental disabilities and their families						X													X	wraparound services for children with developmental disabilities
First New Horizon Baptist Church	9511 Piscataway Rd	20735	301.856.9177	General population																				food bank and nutrition services

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First United Methodist Church of Hyattsville-HIV/AIDS Awareness Ministry	6201 Belcrest Rd	20782	301.927.6133	General population			X									X				X				Hosts community group events as well as a free HIV/STI testing clinic once a month on the third Saturday of the month from 1 to 3 p.m.
Forestville New Redeemer Baptist Church	7808 Marlboro Pike	20747	301.736.4488	General population																				food bank and nutrition services
Fort Lincoln Medical Center	4151 Bladensburg Rd	20722	301.699.7700	General population			X					X		X		X				X				Family medicine physicians and other healthcare professionals providing comprehensive health care services for all members of the family, from prenatal and pediatric to geriatric care.
Fort Washington Forest Community Center	1200 Fillmore Rd	20744	301-292-4300	General population													X						X	Arts and crafts room, computer lab, fitness room, gymnasium, teen lounge area, fitness classes, Xtreme Teens program
Fort Washington Medical Center	11711 Livingston Rd	20744	301.292.7000	General population			X					X		X		X								37-bed acute care hospital with comprehensive services including: diabetes education, emergency care, general surgery, imaging, inpatient care, nursing services, orthopedics and preventive screenings
Fort Washington Medical Center-Diabetes Center	11711 Livingston Road	20744	240.766.4197	General population								X					X					X		Support services, education and referrals for the prevention and control of diabetes
Fort Washington Medical Center-Health Screenings	11711 Livingston Road	20744	301.686.9010	General population			X					X				X				X				Screening programs for prevention, detection, and intervention
Fran Uhler Natural Area	10300 Lemons Bridge Road	20720	301.627.6074	General population													X							Natural area parks and conservation sites
Freedom Way Baptist Church	1266 Benning Road	20743	301.736.0184	General population																				food bank and nutrition services
Galilee Baptist Church	2101 Shadyside Avenue	20746	301.420.5013	General population																				food bank and nutrition services
GapBuster, Inc.- Riverdale Office	6200 Sheridan St	20737	301.779.4252	Youth and young adults																			X	after-school tutoring, leadership development, college preparation and drop-out prevention programs
Gerald Family Care	4744 Marlboro Pike	20743	240.670.1003	Medically underserved residents	X		X					X		X		X		X		X				providing a full range of preventive, primary care, and wellness services
Gethsemane United Methodist Church	910 Addison Road South	20743	301.336.1219	General population																				food bank and nutrition services
Glassmanor Community Center Park	1101 Marcy Ave	20745	301-567-6033	General population													X						X	Fitness room, football/softball fields, game room, gymnasium, office space, playground, tennis court, after-school program, camps, mentoring, Xtreme Teens program
Glenarden/Theresa Banks Complex	8615 McLain Ave	20706	301-772-3151	General population													X				X		X	Arts and crafts room, basketball courts, computer lab, game room, fitness room, gymnasium, imagination playground, lighted tennis courts, picnic area, softball field, Xtreme Teens program, Seniors program
Glenn Dale Community Center Park	11901 Glenn Dale Boulevard (Rte 193)	20769	301-352-8983	General population													X				X		X	Arts and crafts room, fitness room, gymnasium, multipurpose room, office space, pre-school room, Xtreme Teens program, Seniors program
Global Vision Community Health Center	9171 Central Ave. Suite B11 and B12	20743	301.499.2270	Medically underserved residents	X		X					X		X		X		X		X				providing a full range of preventive, primary care, and wellness services
Good Luck Community Center Park	8601 Good Luck Rd	20706	301-552-1093	General population													X				X		X	Basketball courts, dance/multipurpose room, fitness room, gymnasium, imagination playground, picnic area, pre-school program, softball field, teen room, tennis courts, camps, Xtreme Teens program, Seniors program
Governor Bridge Natural Area & Canoe Launch	7600 Governor Bridge Rd	20716	301.627.6074	General population													X							Natural area parks and conservation sites
Greater Baden Medical Services	1458 Addison Rd. S	20743	301.324.1500	Medically underserved residents	X		X					X		X		X		X		X				Federally Qualified Health Center (FQHC) providing a full range of preventive, primary care, and wellness services
Greater Baden Medical Services: Women, Infants and Children Clinics	1458 Addison Rd. S	20743	301.324.1873	Medically underserved residents			X				X	X		X										nutrition and wellness services
Greenbelt Assistance In Living Program	25 Crescent Road	20770	301.345.6660	Senior citizens residing in the City of Greenbelt																	X			Support services to aid senior citizens living in place
Greenbelt Cares Youth and Family Service Bureau	25 Crescent Rd	20770	301.345.6660	General population					X					X								X		counseling program dedicated to promoting responsible behavior and appropriate family management skills; crisis counseling
Greenbelt Park	6565 Greenbelt Rd	20770	301.344.3948	General population													X							National Park services
GW Healing Clinic: Bridge to Care Clinic	3003 Hospital Drive	20785	301.583.3108	Medically underserved residents	X		X					X		X		X		X						Primary care clinic run by volunteers and students from George Washington University School of Medicine

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Gwendolyn Britt Senior Activity Center	4009 Wallace Road	20722	301.699.1238	Seniors ages 60+ years old								X					X				X			Offers fitness programs and health education classes, information, and referrals.
Harmony Hall Regional Center	10701 Livingston Rd	20744	301-203-6040	General population													X				X		X	Art gallery, fitness room, John Addison Concert Hall, multipurpose room with stage, play field, pre-school room, Southern Area Admin offices, Harmony Halls Seniors program, Teen programs
Harvest Temple Church of God	6608 Wilkins Place	20747	301.420.1417	General population																				food bank and nutrition services
Healthcare Dynamics International (HCDI)	4390 Parliament Place, Suite A	20706	301.552.8803	Providers and Health Systems			X					X												patients, caregivers and communities to collaborate to create healthier
Healthy Teens Center	7824 Central Avenue	20785	301.324.5141	Adolescents and young adults	X		X					X		X		X						X	X	reproductive health services, education and counseling services, youth and family mental health services
Heart to Hand	1300 Mercantile Lane, Suite 204	20774	301.772.0103	Residents with, or at-risk for, HIV/AIDS	X	X	X	X				X		X		X		X		X		X		support services to those with HIV/AIDS and other health disparities, including screening, support groups, case management, advocacy and treatment
Heartland Hospice care: Beltsville	12304 Baltimore Avenue	20705	866.834.1528	Individuals and families with end-of-life needs										X										Hospice services
Therapeutic Foster Care	3919 National Drive Suite 400	20866	301.495.0923	and Juvenile Services										X	X					X		X	X	living for pregnant and parenting teen mothers, and therapeutic foster
Help By Phone	PO Box 324	20738	301.699.9009	General population																				food bank and nutrition services
Henson Creek Trail			301.699.2255	General population													X							Natural area parks and conservation sites
Hillcrest Heights Community Center Park	2300 Oxon Run Dr	20748	301-505-0897	General population													X				X		X	Baseball field, computer lab, dance and fitness room, gymnasium, multipurpose room, playgrounds, teen lounge, tennis court, Xtreme Teens program, Seniors program
Homes for Hope	3003 G St SE, Apt A	20019	202.582.0169	Homeless individuals		X		X							X							X		services to initiate and promote the transition from homelessness to productivity and independence
Hope House Treatment Center	429 Main St	20707	301.490.5551	Individuals with narcotics addiction										X								X		Inpatient substance abuse treatment
House of Ruth of Maryland	2201 Argonne Drive	21218	240.450.3270	Individuals affected by domestic violence		X																		legal and advocacy services
Hunter Memorial	4719 Silver Hill Rd	20746	301.735.5761	General population																				food bank and nutrition services
Huntington Community Center	13022 8th St	20720	301-464-3725	General population													X				X		X	Arts and crafts room, basketball court, conference room, fitness room, gallery space, multipurpose room, playground, afterschool programs, Seniors programs, Xtreme Teens program
ICAC Inc.: Oxon Hill Food Pantry	4915 St. Barnabas Rd	20757	301.899.8358	General population																				food bank and nutrition services
Identity-Crossroads Youth Opportunity Center	7676 New Hampshire Ave	20912	301.422.1279	Youth involved with gangs or at risk for gang involvement																		X	X	interventions for gang-involved youth and youth at risk for gang involvement
Indian Queen Recreation Center	9551 Fort Foote Road South	20744	301-839-9597	General population													X						X	Athletic fields, basketball court, classroom space, gymnasium, playground, afterschool programs, Xtreme Teens program
Institute for Family Centered Services-MENTOR Maryland	4200 Forbes Blvd	20706	301.577.7931	Children and adolescents					X					X								X		Therapy Services, hourly support services, family centered treatment, wraparound service, and crisis intervention
Institute For Life Enrichment	4700 Berwyn House Rd	20740	301.474.3750	General population										X								X		psychotherapy and psychological services
Jericho City of Hope	8501 Jericho City	20785	301.333.0500	General population																				food bank and nutrition services
John E Howard Senior Activity Center	4400 Shell Street	20743	301.735.2400	Seniors ages 60+ years old								X					X				X			Offers fitness programs and health education classes, information, and referrals.
John E. Howard Community Center Park	4400 Shell St	20743	301-735-3340	General population													X				X		X	Athletic fields, gymnasium, game room, multipurpose room, picnic area, playground, tennis court, Xtreme Teen program, Seniors program
Judy Hoyer Center	8908 Riggs Road	20783	301.445.8460	Pre-kindergarten aged children							X													promotes school readiness through early childhood care and education as well as family support and health programs.
Jug Bay Natural Area	16000 Croom Airport Road	20772	301.627.6074	General population													X							Natural area parks and conservation sites
Kentland Community Center Park	2411 Pinebrook Ave	20785	301-386-2278	General population													X				X		X	Athletic fields, basketball courts, fitness and game room, golf training center, multipurpose room, picnic pavilion, playground, tennis courts, after-school program, Xtreme Teens program, Seniors program
Korean Community Services Center of Greater Washington	6401 Kenilworth Avenue	20737	301.927.1601	Asian Americans and new immigrants		X	X					X												Social, wellness, advocacy, education, and development services

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La Clínica del Pueblo	2831 15th Street, NW	20009	202.462.4788	Latino and immigrant populations	X	X	X	X				X		X		X		X		X		X		Federally qualified health center providing culturally appropriate clinical, mental health and substance abuse services; community health action; and interpreter services
Lake Arbor Community Center	10100 Lake Arbor Way	20721	301-333-6561	General population													X				X		X	Arts and crafts room, computer lab, dance and fitness room, gymnasium, multipurpose room, patio area, Xtreme Teens program, Seniors program
Lake Artemesia in Berwyn Heights and College Park	Berwyn Rd & 55th Avenue	20740	301.627.7755	General population													X							Natural area parks and conservation sites
Lakewood Family Clinic	1400 Mercantile Lane, Suite 180	20774	301.925.7022	General population	X		X		X			X		X		X					X			Provides comprehensive family care, with special programs for immigrants, homeless individuals, and individuals in crisis
Lambda Center	4228 Wisconsin Avenue, NW	20016	202.885.5610	LGBTQ individuals	X	X								X								X		mental health and substance abuse treatment services for the LGBT community, sliding scale
Langley Park Community Center	1500 Merrimack Rd	20784	301.445.4508	General population									X											food bank and nutrition services
Langley Park Senior Activity Center	1500 Merrimac Drive	20783	301.408.4343	Seniors ages 60+ years old								X					X				X			Offers fitness programs and health education classes, information, and referrals.
Lanham Church of God	9030 Second St	20706	301.340.8888	General population									X											food bank and nutrition services
Largo/Perrywood/Kettering Community Park School Center	431 Watkins Park Dr	20774	301-390-8390	General population													X				X		X	Arts and crafts room, dance and fitness room, game room, gymnasium, multipurpose room, pre-school area, showering areas, Xtreme Teens program, Seniors program
Larking Chase Care and Rehabilitation	15005 Health Center Drive	20716	301.805.6070	general population										X										Long-term care and rehabilitation
Latin American Youth Center-Langley Park (Maryland Multicultural Youth Center)	7411 Riggs Road, Suite 418	20783	301.431.3121	Latin American Youth	X	X	X	X				X			X			X				X	X	Counseling services, and case managers assist students with matters ranging from housing assistance, transportation, child care referrals
Latin American Youth Center-Riverdale (Center for Educational Partnership)(Maryland Multicultural Youth Center)	6200 Sheridan St	20737	301.779.2851	Latin American Youth	X	X	X	X				X			X			X				X	X	Counseling services, and case managers assist students with matters ranging from housing assistance, transportation, child care referrals
Laurel Advocacy & Referral Services (LARS)	311 Laurel Ave	20707	301.776.0442	Low-income and homeless individuals					X								X							utility assistance, referrals for addiction treatment and counseling
Laurel Regional Hospital	7300 Van Dusen Rd	20707	301.497.7914	general population	X		X		X			X		X		X				X				acute-care community hospital
Laurel Regional Hospital-Al-Anon	7300 Van Dusen Rd	20707	301.497.7914	general population																		X		Support program for family members of alcoholics
Laurel Regional Hospital-Alcoholics Anonymous	7300 Van Dusen Rd	20707	301.497.7914	general population																		X		Alcoholics Anonymous
Laurel Regional Hospital-Bipolar Support Group	7300 Van Dusen Rd	20707	301.497.7914	general population																		X		Bipolar Support Group
Laurel Regional Hospital-Childbirth Education Classes	7300 Van Dusen Rd	20707	301.497.7983	general population			X					X	X			X								Childbirth Education Classes
Laurel Regional Hospital-Diabetes Management Program	7300 Van Dusen Rd	20707	301.618.6555	general population			X					X	X			X								Diabetes Management Program
Laurel Regional Hospital-HeartSaver First Aid/CPR	7300 Van Dusen Rd	20707	301.497.7917	general population			X									X								CPR and Lifesaver Training courses
Laurel Regional Hospital-Nar Anon	7300 Van Dusen Rd	20707	301.497.7914	general population																		X		Support program for family members of individuals addicted to narcotics
Laurel Regional Hospital-Narcotics Anonymous	7300 Van Dusen Rd	20707	301.497.7914	general population																		X		Narcotics Anonymous
Laurel Regional Hospital-Rehabilitation Sharing Group (strokes and longtime illness)	7300 Van Dusen Rd	20707	301.497.7914	general population																		X		Support group for individuals undergoing long-term rehabilitation
Laurel Regional Hospital - Sleep Wellness Center	7300 Van Dusen Rd	20707	301.725.4300	general population			X					X		X										Comprehensive diagnostic and treatment program for patients suffering sleep-related health issues.
Laurel Regional Hospital-Smoking Cessation Program	7300 Van Dusen Rd	20707	301.618.6363	general population								X				X						X		Smoking Cessation
Laurel-Beltsville Oasis Youth Services Bureau	13900 Laurel Lakes Ave, STE 225	20702	301.498.4500	Children and youth up to age 18										X		X		X		X		X		Counseling for children and their families, anger management, parenting education, trauma treatment, substance abuse screening, referral to services, and crisis intervention

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Laurel-Beltsville Senior Activity Center	7120 Contee Road	20707	301.206.3350	Seniors ages 60+ years old								X					X				X			Offers fitness programs and health education classes, information, and referrals.
Maple Springs Baptist Church	4131 Belt Rd	20743	301.735.1020	General population									X											food bank and nutrition services
Marlow Heights Community Center Park	2800 St. Clair Dr	20748	301-423-0505	General population													X				X		X	Game and fitness room, playground, picnic area, tennis courts, Seniors program, Xtreme Teens program
Martha's Closet	5601 Randolph St	20784	301.262.3744	General population									X											food bank and nutrition services
Maryland Crime Victims Resource Center	1001 Prince George's Blvd, Set 750	20774	301.952.0063	Victims of crime		X																X		legal and advocacy services for victims of crime, including counseling, criminal justice education, community education, policy advocacy and court accompaniment
Maryland Disability Law Center	1500 Union Avenue	21211	800.233.7201	Individuals with disabilities		X				X														Free legal services to Marylanders of any age with all types of disabilities, who live in facilities, in the community or who are homeless
Maryland Division Of Rehabilitation Services	4451 Parliament Place	20706	301.306.3600	Individuals with disabilities		X				X														Programs and services that help people with disabilities go to work or stay independent in their homes and communities
Maryland Legal Aid Bureau	6811 Kenilworth Ave	20737	301.927.6800	Financially qualified residents and residents over 60		X																		Free civil legal services, including consumer rights, housing, elder rights, farmworker rights, benefits, employment, family and healthcare
Maryland Medicaid Pharmacy Program	201 W. Preston St.	21201	877.463.3464	Individuals eligible through Medical Assistance Program, HealthChoice, Family Planning Program, and Medicare Part D dual eligible	X									X										Pharmacy Services
Maryland National Guard-Family Assistance Center	18 Willow St.	21401	410.266.7514	Service members and military family members		X			X								X					X		Crisis intervention, legal resource information and referral, financial resource information and referral, Tricare information, ID cards and Deers information, and Community resource information and referral
Mary's Center	8908 Riggs Road	20783	301.422.5900	Medically underserved populations	X		X	X				X		X		X		X		X				Federally Qualified Health Center providing comprehensive, integrated set of health care, education and social services to help individuals and families achieve physical and mental health
Medstar-Southern Maryland Hospital Center	7503 Surratts Rd	20735	855.633.0205	General population					X					X		X								A range of medical and surgical specialties including emergency department and critical care services, outpatient radiology, surgical services, sleep disorders center, adult inpatient and day treatment mental health program, asthma and allergy center, physical and occupational therapy, cardiac care, orthopedics, and an oncology program
Melwood	5606 Dower House Road	20772	301.599.8000	Children, youth and adults with disabilities		X				X		X					X	X				X	X	Workforce development, therapeutic services, day-services, transition assistance, and services for veterans
Mental Health Association of Prince George's County	5012 Rhode Island Avenue	20781	301.699.2737	Individuals and families affected by mental illness		X	X					X												information, education and advocacy regarding mental illness
Metropolitan Mental Health Clinic	96 Truman Drive, Ste. 250	20774	301.324.0600	General population										X								X		Outpatient Mental Health Clinic and psychiatric rehabilitation program
Mission of Love	6180 Old Central Avenue	20746	301.333.4440	General population									X											food bank
Mount Calvert Historical and Archaeological Park	16801 Mount Calvert Road	20772	301.627.1286	General population													X							Natural area parks and conservation sites
Mount Rainier Nature and Recreation Center	4701 31st Place	20712	301.927.2163	General population													X							Natural area parks and conservation sites
Mt. Calvary Church	6700 Marlboro Pike	20747	301.735.5532	General population									X											food bank
Narcotics Anonymous: Referral Line			888.319.2606	Individuals with narcotics addiction																		X		support groups for recovering addicts
National Alliance for the Mentally Ill, Prince George's County	8511 Legation Road	20784	301.429.0970	Individuals and families affected by mental illness		X						X		X				X				X		Support, education, and advocacy related to mental illness
National Church of God	6700 Bock Road	20744	301.567.9500	General population									X											food bank and nutrition services
National Kidney Foundation-Maryland	1301 York Rd, STE 404	21093	410.494.8545	General population		X	X					X							X					Advocacy, education, patient services and research related to kidney diseases
New Revival Kingdom Church	7821 Parston Drive	20747	301.736.4535	General population									X											food bank and nutrition services

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North Brentwood Community Center Park	4012 Webster St	20722	301-864-0756	General population													X				X		X	Fitness and game room, gymnasium, playground, shower areas, tennis courts, Seniors program, Xtreme Teens program
North Forestville Community Center	2311 Ritchie Rd	20747	301-350-8660	General population													X				X		X	Gymnasium, multipurpose room, tennis court, community park and trails, Xtreme Teens program, Seniors program
Oakcrest Community Park School Center	1300 Capitol Heights Blvd	20743	301-736-5355	General population													X						X	Athletic fields, basketball courts, classrooms, community room, dance and fitness room, gymnasium, playground, summer camps, Xtreme Teens program, Prince George's County Boys and Girls Club
On Our Own of Prince George's County	10007 Rhode Island Ave	20740	301.699.8939	Adults with mental illness								X			X							X		self-management and recovery services for individuals with mental illness
Oxford House, Inc.	1010 Wayne Ave, STE 300	20910	800.689.6411	Individuals recovering from drug and alcohol addiction								X			X	X						X		Sober living facilities: democratically run, drug free, and self-supporting
Palmer Park Community Center Park	7720 Barlowe Rd	20785	301-773-5665	General population													X						X	Basketball court, computer lab, dance and fitness room, game room, gymnasium, playground, tennis court, Xtreme Teens program
Patuxent Community Center	4410 Bishopmill Dr	20772	301-780-7577	General population													X						X	Basketball court, gymnasium, multipurpose room, Xtreme Teens program, fitness classes
Patuxent River 4-H Center	18405 Queen Anne Road	20774	301.218.3079	General population													X							Natural area parks and conservation sites
Patuxent River Park	16000 Croom Airport Road	20772	301.627.6074	General population													X							Natural area parks and conservation sites
People Encouraging People	337 Brightseat Rd	20785	301.429.8950	Disabled residents and their families										X								X		Treatment, rehabilitation and support services for those with severe mental illness.
Peppermill Village Community Center Park	610 Hill Rd	20785	301-350-8410	General population													X						X	Athletic fields, basketball court, fitness room, game room, gymnasium, playground, tennis courts, trail with exercise stations, Xtreme Teens program, fitness classes, Seniors program
Potomac Landing Community Center Park	12500 Fort Washington Rd	20744	301-292-9191	General population													X						X	Basketball court, classroom space, football field, gymnasium, playground, Xtreme Teens program, fitness programs
Pregnancy Aid Center	4809 Greenbelt Rd	20740	301.441.9150	Low-income women, adolescents and newborns	X	X	X							X		X		X		X		X		Women's health clinic providing pregnancy, perinatal, cancer screening, Medicaid Assistance, counseling, birth control, STI, and teen services
Prince George's County Health Department	1701 McCormick Drive	20774	301.883.7879	Residents of Prince George's County	X		X	X			X	X		X		X		X	X			X	X	comprehensive public health services addressing family health, maternal and child health, immunizations, behavioral health, infectious diseases, environmental health, health access, health disparities, and overall health and wellness
Prince George's Child Resource Center	9475 Lottsford Rd, STE 202	20774	301.772.8420	Children, parents, and childcare providers		X	X					X												Support services to families, and training to child care providers, parents and human services workers
Prince George's Community College: Health Education Center	301 Largo Road	20774	301.336.6000	PGCC students, faculty and staff	X		X					X		X		X		X		X				Services that promote prevention, increase healthy lifestyle choices and prevent disease
Prince George's County Boys and Girls Club	7833 Walker Drive, Suite 430	20770	301.446.6800	Youth ages 5–18													X						X	Enrichment activities for youth ages 5–18
Prince George's County Department of Family Services	6420 Allentown Road	20748	301.265.8401	General population	X		X			X		X		X		X	X	X			X		X	Composed of three administrations that serve the aging, mentally-ill, disabled and children, youth and families in need of support and resources
Prince George's County Department of Parks and Recreation	6600 Kenilworth Avenue	20737	301.699.2255	General population								X					X							Fitness, recreation, and educational resources
Prince George's County Department of Parks and Recreation Community Centers	6600 Kenilworth Avenue	20737	301.699.2255	Residents and non-residents of Prince George's County													X				X		X	43 community centers located through the county offer a variety of recreation and fitness activities.
Prince George's County Department of Social Services	805 Brightseat Rd	20785	301.209.5000	General population	X	X	X	X	X	X		X	X	X		X		X			X		X	Intervention services that strengthen families, protect children and vulnerable adults, encourage self-sufficiency and promote personal responsibility
Prince George's County Department of Social Services-Child, Adult & Family Services	807 Brightseat Rd	20787	301.909.7002	Children and families		X	X	X	X			X						X				X		Services designed to assist the family develop new ways of communicating, coping with and overcoming barriers to their well-being

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Prince George's County Department of Social Services-Community Services	805 Brightseat Rd	20785	301.909.7000	General population					X				X		X									Housing and homeless, emergency shelter, energy program, food, and volunteer services
Prince George's County Department of Social Services-Family Investment Division	808 Brightseat Rd	20788	301.909.7003	General population	X				X		X		X	X	X								X	Program services include: Emergency Assistance, Food Supplement, Medical Assistance, Child Care Subsidy, and Temporary Cash Assistance.
Prince George's County Department of Social Services-Medical Assistance Program	806 Brightseat Rd	20786	301.909.7001	General population	X									X										Assistance may include payments for doctor's visits, exams, prescription costs, hospital bills, payment of Medicare premiums,
Prince George's County Public Schools Food and Nutrition Services	13300 Old Marlboro Pike, Room 8	20772	301.952.6580	Students attending Prince George's County Public Schools							X		X											Provides a total learning environment that enhances the development of lifelong healthy habits in wellness, nutrition, and regular physical activity.
Prince George's County Public Schools-Special Education Office	1400 Nalley Terrace	20785	301.618.8300	Individuals with disabilities attending Prince George's County Public Schools and their families	X					X	X	X											X	continuum of services to fully engage all students in the program of instruction
Prince George's County Sports and Learning Complex	8001 Sheriff Rd	20785	301.583.2400	General population								X					X							Fitness and educational resources
Prince George's Hospital Center	3001 Hospital Drive	20785	301.618.2000	general population			X					X		X				X		X				acute care teaching hospital and regional referral center
Prince George's Hospital Center- Alcoholics Anonymous	3001 Hospital Drive	20785	301.618.2112	general population																		X		Alcoholics Anonymous
Prince George's Hospital Center- Women's Heart Seminar Support Group	3001 Hospital Drive	20785	301.618.2449	general population																		X		Support Group for women with heart disease
Prince George's Hospital Center-Childbirth Education Classes	3001 Hospital Drive	20785	301.618.3275	general population			X					X				X								Childbirth Education Classes
Prince George's Hospital Center-Diabetes Management Program	3001 Hospital Drive	20785	301.618.6555	general population			X					X		X		X								Diabetes Management Program
Prince George's Hospital Center-Free HIV Testing Program	3001 Hospital Drive	20785	301.618.2487	general population										X						X				HIV Testing
Prince George's Hospital Center-Preemie Support Group	3001 Hospital Drive	20785	301.618.3280	general population										X		X						X		Parents of children born pre-maturely
Prince George's Hospital Center- Perinatal Diagnostic Center	3001 Hospital Drive	20785	301.618.3542	general population								X		X										In/outpatient referral Center providing the highest consultative services to those mothers who have medical complications prior to pregnancy.
Prince George's Hospital Center-Smoking Cessation Program	3001 Hospital Drive	20785	301.618.6363	general population			X					X		X		X						X		Smoking Cessation
Prince George's Hospital Center-Stroke Support Group	3001 Hospital Drive	20785	301.618.2024	general population																		X		Support group for stroke survivors, familes, friends and care givers
Prince George's Hospital Center-Survivors of Rape and Sexual Abuse Support Group	3001 Hospital Drive	20785	301.618.3154	general population																		X		Survivors of Rape and Sexual Abuse Support Group
Prince George's Hospital Center- Domestic Violence and Sexual Assault Center	3001 Hospital Drive	20785	301.618.3154	General population		X		X	X					X				X		X		X		Offers full range of services to victims/survivors of domestic violence and sexual violence to include crisis intervention, folow up counseling, forensic exams, victim advocacy and community education
Prince George's Plaza Community Center	6600 Adelphi Rd	20782	301-864-1611	General population													X				X		X	Fitness center, gymnasium, meeting room, multipurpose room, Xtreme Teens program, recreations programs, Seniors program
Progressive Life Center	8800 Jericho City Drive	20785	301.909.6824	Individuals and families with mental health needs				X						X								X	X	nonprofit, human services organization geared to serve children, youth and families through care management services, individual, family, and group counseling.
QCI Behavioral Health	9475 Lottsford Rd	20774	301.636.6504	Individuals, children and families with mental health needs	X		X	X	X			X		X		X						X		SPMI, SED, mobile services, includes service in shelters, step down
Rachel H. Pemberton Senior Health Center	3601 Taylor St., Set 108	20722	301.927.4987	Residents ages 55 years and older			X					X		X							X			primary and continuing comprehensive medical and nursing services
Renaissance Treatment Center	8001 Sheriff Road	20785	301.583.2400	Individuals with addiction and mental health needs								X		X		X		X				X		Addiction and mental health related programs

NAME	ADDRESS	ZIP CODE	TELEPHONE	POPULATION	Access	Advocacy & Legal Services	Awareness and Health Promotion	Case Management, Navigation or Care Coordination Services	Crisis, Emergency, or Financial Assistance Services	Disability Services	Early Childhood	Education and Self-Management	Food and Nutrition Services	Health Services	Housing	Prevention Services	Recreation and Physical Activity	Referral Services	Research	Screening & Testing	Senior Services	Support Groups, Counseling, and Recovery Services	Youth Services	SERVICES
Rims Center For Enrichment And Development	1895 Brightseat Road	20785	301.773.8201	children, adults, and families coping with mental illness								X		X		X						X		comprehensive mental and behavioral health care services through outpatient mental health clinic and psychiatric rehabilitation program
Rising Star Holy Temple	5312 Sheriff Road	20743	301.773.9655	General population									X											food bank and nutrition services
Rollingcrest/Chillum Community Center Park	6120 Sargent Rd	20782	301-853-2005	General population													X				X		X	Cardio fitness room, craft room, game room, gymnasium, meeting room, pre-school room, after-school program, Xtreme Teens program, Seniors program
RX for Healthy Weight Management: Capital Area Food Bank	645 Taylor Street, NE	20017	202.526.5344	Low-income overweight or obese Latino/Hispanic children			X						X			X							X	Provides free nutrition education classes for children, whose families are also involved. Topics include food preparation, healthy eating behavior, budget food shopping, and food safety. The first half of the class focuses on nutrition education, while a cooking demonstration takes place during the second half of the class. Two hour weekly classes for six weeks.
Saint Hugh of Grenoble Church	135 Crescent Road	20770	301.474.4322	General population									X											food bank and nutrition services
Salvation Army Adult Rehabilitation Center	3304 Kenilworth Avenue	20781	301.277.7878	Adults with substance or alcohol addiction	X		X					X				X						X		occupational work therapy, educational tutoring, counseling, and housing for addicts
Salvation Army of Prince George's County	4825 Edmonston Rd	20781	301.277.6103	Individuals and families in crisis	X		X	X	X					X		X						X		support services for individuals and families in crisis: addiction, emergency response, health services and family tracing
School House Pond in Upper Marlboro	14100 Governor Oden Bowie Drive	20772	301.627.7755	General population													X							Natural area parks and conservation sites
Seat Pleasant Activity Center	5720 Addison Rd	20743	301-699-2544	General population													X				X		X	Basketball courts, fitness room, game room, gymnasium, kitchen, multipurpose room, playground, Xtreme Teens program, Seniors program
SEED Food Distribution Center	6201 Riverdale Road	20737	301.458.9808	General population									X											food bank and nutrition services
Sexual Minority Youth Assistance League	410 7th St, SE	20003	202.546.5940	LGBTQ individuals		X	X					X										X	X	creates opportunities for LGBTQ youth to build self-confidence, develop critical life skills, and engage their peers and community through service and advocacy
Shabach Ministries	2101 Kent Village Drive	20785	301.322.9593	General population									X											food bank and nutrition services
SHARE Food Network	3222 Hubbard Road	20785	301.864.3115	General population									X											food bank and nutrition services
Sharing Pantry: Saint Pius X Parish	3300 Moreland Place	20715	301.262.2141	General population									X											food bank and nutrition services
South Bowie Community Center Park	1717 Pittsfield Ln	20716	301-249-1622	General population													X				X		X	Computer lab, community garden, conference room, gymnasium with basketball courts, fitness room, imagination playground, therapeutic sensory room, after-school programs, Xtreme Teen program, Seniors program, workshops
Southeast Church of Christ	3601 Southern Avenue	20746	301.423.2320	General population									X											food bank and nutrition services
Southern Regional Technology and Recreation Complex	7007 Bock Rd	20744	301-749-4160	General population													X				X		X	Adult and teen cafes, computer lab, dance studio, fitness room, gymnasium, multipurpose room, outdoor patio, recording studio, rock climbing wall, seminar rooms, science lab, teen fitness room, health and wellness classes, summer day camps, Xtreme Teens program
St. Ann's Center for Children, Youth and Families	4901 Eastern Avenue	20782	301.559.5500	Women and children			X		X		X	X		X	X	X				X		X	X	Housing and support programs, services for pregnant and parenting young women, child care, and education and employment services
St. Bernadine of Siena Catholic Church	2400 Brooks Drive	20746	301.736.0707	General population									X											food bank and nutrition services
St. Camillus	1600 Camillus Drive	20903	301.434.8400	General population									X											food bank and nutrition services
St. John's Episcopal Church	9801 Livingston Rd	20744	301.248.4290	General population									X											food bank and nutrition services
St. Margaret's Food Pantry	408 Addison Rd South	20743	301.366.3345	General population									X											food bank and nutrition services
St. Mark the Evangelist Catholic Church	7501 Adelphi Rd	20783	301.422.8300	General population									X											food bank and nutrition services
St. Paul's United Methodist Church	6634 St. Barnabas Rd	20745	301.567.4433	General population									X											food bank and nutrition services

NAME	ADDRESS	ZIP CODE	TELEPHONE	POPULATION	Access	Advocacy & Legal Services	Awareness and Health Promotion	Case Management, Navigation or Care Coordination Services	Crisis, Emergency, or Financial Assistance Services	Disability Services	Early Childhood	Education and Self-Management	Food and Nutrition Services	Health Services	Housing	Prevention Services	Recreation and Physical Activity	Referral Services	Research	Screening & Testing	Senior Services	Support Groups, Counseling, and Recovery Services	Youth Services	SERVICES
Start Early, Start Right: The Family Place	3309 16th Street, NW	20010	202.476.5539	Latino children ages 1-5 and their families			X					X	X			X	X							Offers a free obesity prevention/reduction program. Program consists of weekly classes that provide individual family counseling, behavior modification techniques, and information about nutrition, physical activity, and weight management. One parent attends each class session. Classes for parents are in Spanish; classes for children are in English. Both parents need to be Latino.
Stephen Decatur Community Center	8200 Pinewood Dr	20735	301-297-4648	General population													X				X		X	Basketball court, fitness and game room, gymnasium, playground, tennis courts, after-school programs, seniors program, Xtreme Teens program
Suitland Bog	6000 Block Suitland Rd	20747	301.627.7755	General population													X							Natural area parks and conservation sites
Suitland Community Park School Center	5600 Regency Ln	20747	301-736-3518	General population													X				X		X	Art room, basketball courts, computer room, conference room, fitness room, game room, gymnasium, kitchen, playground, science room, tennis courts, Kids Care, Xtreme Teens program
Takoma Park Food Pantry	7001 New Hampshire Ave	20912	240.450.2092										X											food pantry
Temple Hills Community Center Park	5300 Temple Hill Rd	20748	301-894-6616	General population													X				X		X	Fitness and game room, gymnasium, meeting room, multipurpose room, playground, tennis courts, Kids Care, Seniors program, Xtreme Teens program
The Center: A Home for GLBT	1111 14th St NW, Set 350	20005	202.682.2245	LGBT individuals	X	X	X					X				X		X		X		X		four core areas of service: health and wellness, arts & culture, social & support services, and advocacy and community building
TOPS Club Weight Loss Program: Grace Lutheran Church	2503 Belair Dr	20715	301.262.6447	Ages 9 years old to adults			X					X	X	X		X								Provides support system for people trying to lose weight naturally as well as by surgical means. Includes physical activity information, nutrition education, and weight management assistance. Nutrition education includes lessons on portion control and food planning, among other lessons.
Transition Center At Prince George's House	603 Addison Road South	20743	301.808.5317	Homeless individuals			X	X	X			X		X	X	X						X		Emergency shelter; Transitional housing; Meals; Housing Counseling; Substance Abuse Counseling; Mental Health Counseling; Career Counseling & Training Services.
Tucker Road Community Center Park	1771 Tucker Rd	20744	301-248-4404	General population													X						X	Fitness room, gymnasium, meeting room, picnic area, playground, showering areas, tennis courts, Kids Care program, Xtreme Teens program
United Communities Against Poverty	1400 Doewood Lane	20743	301.322.5700	General population									X											food bank and nutrition services
United Methodist Church of the Redeemer	1901 Iverson St	20748	301.894.8622	General population									X											food bank and nutrition services
University of Maryland: University Health Center	University of Maryland	20742	301.314.8180	Faculty, staff and students at the University of Maryland, College Park			X					X		X		X						X		Clinical, mental health, health promotion, and wellness services
Upper Marlboro Community Center Park	5400 Marlboro Race Track Road	20772	301-627-2828	General population													X						X	Activity room, athletic fields, fitness room, gymnasium, meeting room, playground, pre-school room, racquetball courts, tennis court, Kids Care program, Xtreme Teens program
Us Helping Us: People Into Living	3636 Georgia Ave, NW	20010	202.446.1100	Black, gay men				X						X		X				X		X		Prevention, HIV/STI screenings, case management, mental health services, support groups and women's services
Vansville Community Center	6813 Ammendale Rd	20705	301-937-6621	General population													X						X	Athletic fields, L.E.E.D. certified building, fitness room, gymnasium, storage area, tennis courts, Kids Care program, Xtreme Teens program
VESTA	9301 Annapolis Rd	20706	240.296.6301	adults with persistent mental illness, children, and veterans				X				X		X	X			X				X		rehabilitation programs, residential services, supported housing, outpatient mental health services and veterans services
Veterans Affairs (VA) Outpatient Clinic: Greenbelt	7525 Greenway Center Drive	20770	301.345.2463	Veterans	X	X	X	X		X		X		X		X		X		X		X		Primary and preventative care, comprehensive women's health care, audiology and mental health services
Veterans Affairs (VA) Outpatient Clinic: Southern Prince George's County	5801 Allentown Rd	20746	301.423.3700	Veterans	X	X	X	X		X		X		X		X		X		X		X		Primary and preventative care, comprehensive women's health care, audiology and mental health services
Walker Mill Garden Outreach Center	6974 Walker Mill Rd	20743	301.808.0096	General population									X											food bank and nutrition services
Walker Mill Regional Park	8840 Walker Mill Rd	20747	301.699.2400	General population													X							Natural area parks and conservation sites
Washington, Baltimore, & Annapolis Trail			301.699.2255	General population													X							Natural area parks and conservation sites
Watkins Regional Park	301 Watkins Park Drive	20774	301.218.6700	General population													X							Natural area parks and conservation sites

NAME	ADDRESS	ZIP CODE	TELEPHONE	POPULATION	Access	Advocacy & Legal Services	Awareness and Health Promotion	Case Management, Navigation or Care Coordination Services	Crisis, Emergency, or Financial Assistance Services	Disability Services	Early Childhood	Education and Self-Management	Food and Nutrition Services	Health Services	Housing	Prevention Services	Recreation and Physical Activity	Referral Services	Research	Screening & Testing	Senior Services	Support Groups, Counseling, and Recovery Services	Youth Services	SERVICES
Whitman-Walker Health	1701 14th St NW	20009	202.745.7000	General population with expertise in LGBT and HIV/AIDS care	X	X	X	X						X		X		X		X		X		Community health center serving the greater Washington, DC area, including individuals who face barriers to accessing care
William Beanes Community Center Park	5108 Dianna Dr	20746	301-568-7719	General population													X						X	Classrooms, gymnasium, playground, tennis courts, Kids Care, Xtreme Teens program
Women, Infants & Children: Prince George's County Health Department	7836 Central Avenue, STE A	20785	301.856.9600	General population			X				X		X			X								promote mother and child welfare and healthy behaviors
Woodrow Wilson Bridge Trail			301.699.2255	General population													X							Natural area parks and conservation sites
YMCA-Bowie (Trinity Lutheran Church)	6600 Laurel Bowie Road	20715	301.262.4342	General population			X					X				X	X				X			Provides physical activity opportunities, adult education classes, including health and wellness education programs with nutrition education, and health screenings.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Initiative Time Period	Key Partners	Evaluation dates
Behavioral Health:					
Mental Health, Substance Abuse, Domestic Violence/Violence	Behavior Evaluation Program: Through its IT and Patient Care programs, DCH provides a telehealth program for psychological consultations with Washington Adventist Hospital.	To increase access to mental health services for patients coming through the Emergency Room	Ongoing	Washington Adventist Hospital	Monthly
Metabolic Syndrome:					
Obesity	Free educational seminars offered by the Bariatric and Weight Loss Center teaching weight loss options including nutrition, exercise and surgery	Educate overweight Community on options to make personal changes and health risks of Obesity	Ongoing		Annually in November
	Joslin Diabetes Center will offer Nutrition Seminars at Health Fairs and community events	Educate community on better food choices and exercises for weight loss and management	Ongoing		Annually in November
Diabetes	On the Road Diabetes Program- The Joslin Center in collaboration with Prince George's County Health Department provide in-depth education and free diabetes screening to county residents. Began Spanish language program.	To provide diabetes education and screening to 500 county residents	Ongoing	Prince George's County Health Department. Local faith-based organizations La Clinica del Pueblo in Hyattsville.	Annually in November
Cardiovascular Disease and related Risk Factors	Provide 3-4 Carotid Artery Screenings at health events, such as Health Fairs, and other community events.	To screen residents for potential risk of vascular disease	Ongoing	City of Greenbelt, local faith based organizations	Annually in November
	Sponsor Cardiac Rehab and Women Heart support groups for individuals who have had a cardiac episode	To help individuals regain strength and return to a enhanced physical condition, after cardiac issues.	Ongoing	Women Heart Organization American Heart Association	Annually in November

High Blood Pressure/Stroke	Provide Blood Pressure screenings and education at municipal, church and business health events with in the community.	To screen community for potential health risk of high blood pressure	Ongoing		Annually in November
	Provide education regarding stroke, signs, symptoms and emergency response to potential stroke. Utilize screening tool at health events.	to educate and screen the community for stroke risk	Ongoing		Annually in November
	Provide Stroke Support Group for survivors and caregivers	To educate survivors and their families to in preventative measures.	Ongoing		Annually in November
Wellness on Wheels	Provide mobile health clinic to go into communities 2-4 times a week and as needed for health fairs and other community screening and health education events.	1) Provide free basic primary care services and follow-up to DCH patients being discharged from the hospital ER and the Hospital. 2) Provide basic primary care services in various sites in medically underserved communities throughout the county. 3) Provide preliminary screenings and follow-up and referral services to individuals out in the community	Ongoing	Prince Georges Health Department, Southern Management, Carrollton Enterprises, Walmart, City of Greenbelt, City of District Heights, other Community Organizations ,	Monthly

CANCER					
Breast Cancer	Collaboration with Susan G. Komen Foundation for a grant titled: "The Prince George's County Continuum of Breast Care New administrator for the Prince George's Count Breast and Cervical Cancer Program (BCCP) - Uninsured and underinsured women in Prince George's County **S**upport Groups	Komen: 1) To reduce disparities in breast health care in Prince George's County residents. 2) To offer free screenings 3) To navigate those patients with abnormal findings 4) To assist residents in the screening process, up to an including medical or surgical treatment 5) To provide high quality outreach using existing community organizations. 6) To ensure early detection of breast disease and early treatment. BCCP: It has similar goals as Komen but includes cervical cancer screening and navigation services. This program is funded through DHMH and DCH is underwriting most of the marketing and print costs for this program	Komen through– FY2016-17 BCCP – 3 Year Period FY2017-2019.	Capital Breast Care Center (CBCC) African Women's Cancer Awareness Association (AWCAA) Mary's Center Sister's International Churches and Sororities	Every 6 months 6/30/12-12/31/16
Tobacco Use	DCH Smoking Cessation Program	To provide education, awareness about the hazards of smoking and to provide support to stop smoking initiatives . Offer free smoking cessation sessions that provide information and pharmacological therapies, where needed to assist residents to quit smoking	Ongoing	PG Health Department, Bowie State University, American Lung Association	Annually in November

Prostate & other Cancer s	Colorectal Screening - Cancer Prevention Education Screening and Treatment Program (CPEST)	DCH now administers this program for the County, the hospital will provide endoscopic screenings and cancer navigation services for under or uninsured. Although screenings and some navigation will covered through state funds, DCH also provides cancer awareness and prevention to community members. DCH also provides free treatment and clinical support for diagnosed patients in this program should other sources of funds be exhausted.	FY2017 - 2019	Prince George's County Health Department & local gastroenterologists African Women's Cancer Awareness Association (AWCAA) Mary's Center Sister's International Churches and Sororities	Quarterly and Every 6- months
	Prostate Screening	Provide a digital and PSA screening for prostate cancer for the community	annually each Fall	local Urologist	Annually in November
Asthma					
Hospitalization due to Asthma	Provide a Smoking Cessation Class for the community	To educate smokers and assist them in the process of quitting smoking.		Bowie State University	
Drivers of Poor Health Outcomes					
Poverty/employment/education	`The hospital provides an opportunity for high students with identified learning needs to come to the hospital through a Job Sampling Program, internships, and economic development programs.	Provide students the opportunity to observe vocations that are with in their reach after graduating high school.	Ongoing during the school year	Prince George's County Schools and the Prince George's Econmic Development Board	Annually in May
Food Insecurity/Quality	Partnering with local municipalities and programs to promote Farmers Markets providing access to fresh food	To bring fresh foods to areas currently lacking resources.	Each Summer	City of Greenbelt and Catholic Charities	Annually in October

Health Insurance					
Lack of Insurance	Provide information and resources to the uninsured/underinsured	To assist individuals by connecting them to resources by distributing literature about state programs and through the hospital social media postings.	Ongoing	Maryland Medicaid	Annually in November
co-pays	Providing scholarships for wellness programs such as thecardiace Rehab Program	Cardiac Rehab Scholarship Program provides financial support for lower income patients with very high co-pays, under-insured or uninsured patients to have access to rehabilitation services deemed essential to a patients care plan.	Ongoing		Annually in November
Lack of Healthcare Providers					
Residents do not know how to locate available resources	To provide a resource for people to access programs in the community	The hopital Wesite provides a section Health & Wellness with a Community Resource section.	Ongoing	Prince George's County Health Dept.	Annually in November
Lack of Special ists and Primary Care Providers	Establish physicians offices throughout Prince George's County	To provide access to healthcare throughout the community	Ongoing	Local Primary Care and Speciality Phycians	Annually in November
Lack of culturally compentent and bilingual providers	Develop a healthcare partnership within the hispanic community	To provide access to healthcare throughout the community by partnering with La Clinica del Pueblo to provide services at their Hyattsville site.	Ongoing	La Clinical del Pueblo	Annually in November
APPROVED: 6/30/2016					

Rushern L. Baker, III
County Executive

HEALTH DEPARTMENT
Prince George's County

Prince George's County Health Action Plan 2012

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Prince George's County Health Action Plan 2012

1. Local Health Planning Coalition Description

The Local Health Planning Coalition Description, provided previously to Maryland Department of Health and Mental Hygiene (DHMH), can be viewed online at:

Overview:
http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/pdf/PGHAC_Overview_1-12.pdf

Coalition Members:
http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/pdf/membership.pdf

Adjunct Coalitions, Organizations and Committees:
http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/pdf/PGHAC_Adj%20Coals%20Orgs%20Ctees_1-12.pdf

2. Local Health Data Profile

Selection of the Priorities, Objectives, and Strategies included in Prince George's County's Health Improvement Plan (PGCHIP) took into consideration:

- The Health Department's federal, state, and local mandates for provision of services and programs and its available resources (funding and personnel) to implement strategies.
- The capacity of existing and potential community partners to share responsibility for meeting our health objectives
- The commitment of local political leaders (i.e. Board of Health) to monitor progress towards meeting our objectives and to consider health implications when making policy decisions and adopting legislation.
- Evidence-based best practices that address our objectives.
- National and statewide public health strategies for reducing HIV infection.

The first six Priorities with their corresponding Objectives and Strategies are in alignment with the Maryland State SHIP Vision Areas 1-6; however, we have re-arranged the Priorities in descending order of importance according to the extent to which the health concerns they address impact the population as a whole, demonstrate major disparities, and/or pose longstanding, complex challenges to their prevention and control in Prince George's County. Consequently, Access to Care is listed as our first priority, followed by Chronic Diseases, Infant Mortality/Reproductive Health, Infectious Diseases (HIV/AIDS, Sexually Transmitted Infections and TB), Safe Physical Environments, and Safe Social Environments.

The “County-Specific Health Priorities” address broader issues related to health care infrastructure, workforce, and systems issues of particular concern to County stakeholders.

For the purposes of the 2012 Local Health Action Plan, the Prince George’s Health Action Coalition selected strategies within four of our six Priority Areas - Access to Care, Chronic Diseases, Infant Mortality, and HIV/AIDS and Sexually Transmitted Diseases - as the priorities for Coalition and partner activity during calendar year 2012, as outlined in Section 4 (Local Health Improvement Priorities 2011- 2014) of this document.

A. SHIP Measures – Regional/County Profile (provided by DHMH)

The online County Profile can be viewed at:
http://eh.dhmh.md.gov/ship/SHIP_Profile_Prince_Georges.pdf

B. Additional Data Collected through Local Assessments, Surveys, and Other Methods

Additional data used to make decisions about the County’s priority health concerns was collected from a variety of sources, including input from local political and community leaders, key health care stakeholders, and County residents. This included:

- A review of **County-specific statistics** from the Maryland Department of Health and Mental Hygiene Vital Statistics Administration (DHMH VSA) reports, Behavioral Risk Factor Surveillance System (BRFSS) data, U.S. Census Bureau information, and other commonly used data sources. A summary of the County’s greatest health concerns based on this data is provided in the PGCHIP (Section entitled “The Health of Our Population and Health Care System - Where We Stand”).

- A review of the **2009 RAND Report**, a comprehensive study sponsored by the Prince George’s County Council of the health needs of County residents and the capacity of the County’s health care system to respond. A **summary** of the RAND data is provided in the online Prince George’s County Health Improvement Plan, and can be viewed at:
http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/pdf/LocalhealthPlanPrefinal.pdf

- A **comprehensive and detailed presentation** of the health data and study conclusions by the RAND researchers can be viewed in the RAND report entitled “Assessing Health and Health Care in Prince George’s County” located on the Prince George’s County Government’s Web site, and can be viewed at:

http://www.princegeorgescountymd.gov/pgcha/PDFS/rand-assessing-health-care.pdf

- A review of the "**Baker 2010 Transition Team Transition Report**, March 11, 2011". A Transition team was assembled by County Executive Rushern Baker to study the workings of all County Government agencies in order to seek ways to streamline operations and improve service delivery. The full online report is can be viewed at: http://www.princegeorgescountymd.gov/Government/ExecutiveBranch/PDF/Baker2010TransitionTeamTransitionReport.pdf

- Summary information from **nine "town hall" style forums** held by the Prince George's County Health Officer in July and August of 2009.

- A **consensus report** from a meeting of major State and local health officials and health care stakeholders, political and community leaders, health experts and community advocates in December 2010, sponsored by the Prince George's County Executive. The findings and recommendations of this group are published in a report entitled "Conversation on Building an Integrated Community-oriented Healthcare System in Prince George's County, Executive Summary, Prince George's Community College, December 14, 2010".

- Input from **meetings with the Prince George's County Council/Board of Health** between May and September 2011 that included a presentation by the Maryland Secretary of Health on the State Health Improvement Process (SHIP). In addition, the County Health Improvement Plan was presented between October-December 2011 at separate meetings with the County stakeholders for additional input and feedback.

- Results of a **survey of 126 County residents** attending an annual "Holiday Food and Fitness Expo" in November 2009, sponsored by Prince George's County Health Department (PGCHD), Maryland-National Capital Park and Planning Commission (M-NCPPC), and Prince George's County Public Schools (PGCPS).

- Input from **key County coalitions and community groups** at a meeting held on September 9, 2011, sponsored by the Maryland Department of Health and Mental Hygiene (DHMH) and PGCHD.

- Comments from participants at a **symposium entitled "Health √ (Check)**, The Prognosis for Prince George's County", held at Prince George's Community College on October 1, 2011 and sponsored by the National Harbor Chapter of Jack and Jill of America, Inc., Prince George's County Council Chair Ingrid M. Turner, and M-NCPPC Parks and Recreation.

- **Feedback from the community** during the public comment period when the draft Plan was posted on PGCHD Web site in October and November 2011.

In addition, between November 2011 and January 2012, the Prince George's County Health Department contracted with Abt SRBI to conduct a Behavioral Risk Factor Surveillance System (BRFSS) telephone survey in Prince George's County. Altogether, 1,125 households throughout the County were interviewed, with an additional 375 households "oversampled" in four Port Town communities, which have a large percentage of minority residents (predominantly African American/Black and Hispanics). The results of this survey will be available in March 2012.

Finally, a map of the County entitled "Number of Elevated Indicators by Zip Code, Prince George's County", provided by Maryland Department of Health and Mental Hygiene, will be used by the PGHAC to identify areas of the County where strategies and action steps outlined in this document (Section 4) will specifically be targeted (primarily inside the Capital Beltway 495/95). The online map can be viewed at:
http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/pdf/Elev+Hlth+Indic+by+Zip_11-11.pdf

3. Local Health Context

In addition to the formation of the Prince George's Health Action Coalition (PGHAC), a number of existing Coalitions have been included as partners in developing, implementing, and evaluating the Prince George's County Health Improvement Plan (PGCHIP) and Health Action Plan 2012. These Coalitions, listed in Section 1 (Local Health Planning Coalition Description) of this document, are considered to be Adjunct PGHAC members. As such, they will continue to independently meet according to their established meeting schedules as well as attend meetings of the PGHAC Coalition and its Workgroups in order to inform the health planning process.

4. Local Health Improvement Priorities 2012 (See Attachment A)

5. Local Health Planning Resources and Sustainability Plan

In a future meeting of the PGHAC, the Coalition will conduct an inventory of all the existing and anticipated assets and resources available among Coalition members, Coalition Workgroup members, Coalition Adjunct members and other key stakeholders to support implementation of the specific strategies outlined in the Health Action Plan 2012. These resources, both in-kind and direct funding, may include:

- Personnel (i.e. professional, administrative, clerical)
- Services (i.e. medical, social, educational, lab, language and deaf interpreter, other agency-specific)

- Training, meeting, and office space
- Equipment and Supplies (i.e. office, medical, lab, educational)
- Communication methods (websites, television, radio, publications, newsletters, other)
- Printing, reproduction, and postage
- Subscriptions to professional publications, grant directories, other sources that support research into best practices, funding
- Computers and computer software
- Training/conference funds and stipends for trainers
- Mileage reimbursement funds
- Agency mini-grants and other available direct funds

Each Coalition Workgroup and their designated Research Intern will also have an on-going responsibility to identify potential funding sources that can support the Prince George's County Health Action Plan 2012 and PGCHIP. If needed, a special Funding Workgroup will be established to oversee fund seeking activities. Administrative support staff will assist the Workgroups in responding to Requests for Proposals.

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Attachment A

Prince George's County Health Action Plan 2012: Action Plan for Priority 1

Implementation Period: **January 1 – December 31, 2012**

Name and Title of Person Completing Action Plan: **Gloria Brown, Co-Chair; Ben Ijomah, Co-Chair**

PGHAC Workgroup: **Access to Care Workgroup (Priority 1)**

Priority 1: Ensure that Prince George's County Residents Receive the Health Care They Need, Particularly Low Income, Uninsured/Underinsured Individuals				
County Outcome Objective		**Current County Baseline Data**		**2014 County Goal**
Increase the proportion of persons with health insurance		82.2% (percentage of civilian non-institutionalized ages 18-64 with any type of health insurance, BRFSS 2008-2010)		91.1% using midpoint to Healthy People (HP) 2020
Reduce the proportion of individuals who are unable to obtain, or delay obtaining, necessary medical care, dental care, or prescription medications		15.8% (percentage of people who reported that there was a time in the past 12 months when they **could not** afford to see a doctor, BRFSS 2008-2010)		15% using 5% decrease
Increase the proportion of low income children and adolescents who receive dental care		57.8% (percentage of low income children ages 4-20 enrolled in Medicaid that received a dental service in the past year, Medicaid Calendar Year 2009)		60.7% using 5% increase
Increasing Enrollment of Adults and Children in Medicaid, HealthChoice/MCHP, Other Health Programs				
Strategy (What?)	**Responsible Agencies (Who?)**	**Target Date for Completion (When?)**	**Action Steps (How?)**	**Performance Indicators**
#6: Place Medical Assistance eligibility/enrollment workers at strategic clinic sites (i.e. FQHCs).	Prince George's County Department of Social Services Maryland Department of Human Resources Maryland Department of Health and Mental	June 2012	1. Develop Medical Assistance (MA) Co Pay Contracts to place DSS Eligibility Workers at 3 FQHCs to process MA applications.	Eligibility Workers (3) placed at 3 FQHC sites Number of MA applications submitted for processing by Eligibility Workers and number actually approved. Percent increase over previous reporting period in the total

	Hygiene HealthChoice Program Community Clinic, Inc. (FQHC) Greater Baden Medical Services (FQHC) Mary's Center (FQHC)			number of MA applications processed by responsible agencies Percent increase from previous reporting period in the total number of County women and children enrolled in MA

Increasing Linkage to Care				
Strategy (What?)	**Responsible Agencies (Who?)**	**Target Date for Completion (When?)**	**Action Steps (How?)**	**Performance Indicators**
#6: Work with the Medical Society, Board of Physicians, Board of Pharmacy, and other medical associations to identify ways to increase access to dental, vision, and medical care (including specialty care), and to low cost prescriptions medication.	Prince George's County Health Department Medical Society Board of Physicians Board of Pharmacy Other medical professional associations (i.e. for Physician Assistants, Nurses, Nurse Practitioners, Dentists, Dental Hygienists, Opthalmologists and Optometrists) Greater Baden Medical Services (FQHC) Mary's Center (FQHC)	Throughout 2012	1. Designate at least 2 Prince George's Health Action Coalition (PGHAC) meetings to include representatives of identified medical professional associations for the purpose of identifying areas of the County and populations with access to care issues, the specific services that are needed to fill service gaps, and ways to increase access to care. 2. Convene monthly meetings of the PGHAC Access to Care Workgroup to follow-up on actions identified in the above-mentioned meetings. 3. Continue promoting existing services to the public on the part of all partners,	Meetings held; number and types of professional associations participating Geographic areas and populations with access to care issues identified Needed services identified Recommendations on ways to increase access to care identified, along with resources needed to implement recommendations Workgroup meetings held; actions undertaken and barriers to implementing actions identified Outreach and public information activities implemented; number

	Community Clinic, Inc. (FQHC) PGHAC members		using established and non-traditional outreach and public information methods/materials. Focus efforts on specifically reaching hard-to-reach, minority, non-English-speaking, and uninsured or underinsured County residents.	and types of materials distributed Percent increase over previous reporting period in the number of calls to the Health Department's Health*line* Program, a widely publicized free telephone information and referral service, from individuals seeking care Percent increase over the previous reporting period in the number of calls to other agency customer service or information desks from individuals seeking care Percent increase over the previous reporting period in the number of individuals served (by all partners)
#8: Provide up-to-date information to the public about the services available through existing providers including FQHCs and other safety net clinics.	Prince George's County Department of Family Services Prince George's County Department of Social Services Prince George's County Health Department Greater Baden Medical Services FQHC)	June 2012	1. Develop and/or revise safety net providers' informational flyers, brochures, and other materials describing their services and service locations for distribution to the public through established outreach activities, including website postings, health fairs, community events, etc. 2. Identify and use non-traditional outreach methods, materials and outlets to broaden distribution of safety net provider informational materials to	Informational materials updated and translated into relevant languages Number and types of materials distributed Number and types of distribution sources used Number, types, and locations of non-traditional outreach methods/outlets identified and used to distribute information to

	Community Clinic, inc. (FQHC) Mary's Center (FQHC) Pregnancy Aid Center Forestville Pregnancy Center Mobile vans (Governor's Wellmobile, Deamonte Driver Dental van, Mary's Center van, Children's Hospital van) Other community safety net providers Dimensions Healthcare and other hospitals serving County residents PGHAC members and other partners Prince George's County Memorial Library System Local churches, businesses, low income housing complexes and other non-traditional sites for distributing informational materials		the public, especially to hard-to-reach, non-English-speaking, low income, and uninsured/underinsured individuals. 3. Revise the widely used Health Department "Community Services Guide-at-a-Glance", a resource directory, for distribution to and use by all partners and provider agencies in referring individuals to needed care. Create an on-line version of the Guide-at-a-Glance that can be updated regularly and downloaded.	the public; number of materials distributed Community Services Guide-at-a-Glance revised and available on-line. Number of Guides distributed Number of partners using Guides for referring clients in need of services Percent increase over previous reporting period in the number of calls to the Health Department's Health*line* Program from individuals seeking care Percent increase over previous reporting period in the number of calls to other partner agencies' customer service or public information desks from individuals seeking care Percent increase over the previous reporting period in the number of individuals served (by all partners)

Prince George's County Health Action Plan 2012: Action Plan for Priority 2

Implementation Period: **January 1 – December 31, 2012**

Name and Title of Person Completing Action Plan: **John O'Brien, Chair; Karen Bates, Co-Chair; James Chesley, Co-Chair**

PGHAC Workgroup: **Chronic Diseases Workgroup (Priority 2)**

Priority 2: Prevent and Control Chronic Disease in Prince George's County, Particularly Among Minorities.				
County Outcome Objective		**Current County Baseline Data**		**2014 County Goal**
Increase the proportion of adults who are at a healthy weight		28.6% (percentage of adults at a healthy weight {not overweight or obese}, BRFSS 2008-2010) White Non-Hispanic – 39.6% Black – 13.0% Hispanic – 23.0% Asian – Not Available		30% using 5% increase White Non-Hispanic – 41.6% using 5% increase Black – 13.7% Hispanic – 24.2% Asian – Not Available
Reduce the proportion of children and adolescents who are considered obese		16.1% (percentage of youth ages 12-19 who are obese, MYTS 2008)		15.3% using 5% decrease
Increasing Access to Healthier Foods				
Strategy (What?)	**Responsible Agencies (Who?)**	**Target Date for Completion (When?)**	**Action Steps (How?)**	**Performance Indicators**
#1: Adopt local policies requiring chain restaurants to provide menu labeling that gives consumers information on nutritional values of in-store menu selections.	Prince George's County Health Department PGHAC members Prince George's County Office of the County Executive Prince George's County Council/Board of	April 2012 (Bills to be heard April 2013)	1. Research the strategies that neighboring jurisdictions used to successfully established menu labeling in their restaurants. Identify strategies that can be replicated in Prince George's County. 2. Prepare an educational packet and presentation that will be used to educate the County Council/Board of Health, County Executive's Office	Research completed; strategies identified for implementation in the County Educational packet and presentation prepared and presented to County Council/Board of Health,

	Health/County Executive's Office Restaurant owners and other menu labeling supporters		about the importance of menu labeling. 3. Using other jurisdictions' legislation as models, develop a draft of proposed legislation for presentation to the Prince George's County Council/ Board of Health and County Executive's Office. 4. Solicit owners of restaurants that have already adopted menu labeling in their stores, as well as other advocates of menu labeling, to provide support for the menu labeling proposed legislation.	County Executive's Office Proposed legislation drafted and presented to County Council/Board of Health, County Executive's Office Restaurant owners and other advocates identified and involved in educating County Council/Board of Health, County Executive's Office, about menu labeling Menu labeling legislation adopted Chain restaurants providing menu labeling in compliance with the legislation requirements (per Health Department restaurant inspections)
#2: Educate local leaders, restaurant owners, and the public about menu labeling and its impact on selection of healthy food choices, using media outlets, community events, educational materials, and	Prince George's County Health Department PGHAC members Restaurant owners and other menu labeling supported Local political, religious, academic, and other community leaders	Throughout 2012	1. Research the strategies that neighboring jurisdictions used to successfully established menu labeling in their restaurants. Identify strategies that can be replicated in Prince George's County. 2. Prepare an educational packet and presentation that will be used to educate local leaders, restaurant owners, the media, and the public about the importance of menu labeling. Include educational materials and	Research completed; strategies identified for implementation in the County Educational packet and presentation prepared Number and types of educational programs conducted; number of

other venues/methods.	Media		venues that reach minorities, non-English-speaking populations. 3. Identify the food deserts and high-risk geographic areas of the County with a concentration of fast-food chain restaurants to target educational efforts. 4. Solicit owners of restaurants that have already adopted menu labeling in their stores, as well as other advocates of menu labeling, to provide assistance in educating local leaders, restaurant owners, the media, and the public.	participants Number and types of venues (including media outlets) used to impart menu labeling information to leaders, restaurant owners, the public; number of individuals reached Number and locations of food deserts and high risk areas identified; number of educational programs presented in these areas; number of participants Restaurant owners and other advocates identified and involved in educating local leaders, restaurant owners, the media, and the public about menu labeling Menu labeling legislation adopted Chain restaurants providing menu labeling in compliance with the legislation requirements (per Health Department restaurant inspections)

#3: Increase public demand for healthier food choices at restaurants and food markets through education and advocacy; partner with the Food Supplemental Nutrition Education Program to assist with community education to low income and other at-risk communities.	Prince George's County Health and Human Services Agencies Food Supplemental Nutrition Education Program PGHAC members Restaurant owners Grocery store managers and owners Local farmers and farmers' markets Community sites where health fairs, community events, educational programs can be conducted (i.e Park and Planning Recreation Centers, schools, churches, local businesses, County government agencies, low income apartment complexes)	Throughout 2012	1. Prepare a public education program in conjunction with the Food Supplemental Nutrition Education Program that specifically reaches low income, minority, non-English-speaking, and other populations at risk for chronic diseases. 2. Identify the food deserts and high-risk geographic areas of the County where populations at greatest risk for chronic diseases reside, for targeted education, advocacy for farmers' markets, and implementation of other strategies that promote purchase of healthier foods 3. Explore with Verizon the possibility of offering free texting services to partners for the purpose of sending text messages to County residents regarding healthier food choices. 4. Identify free media, Website and internet internet outlets that can be used to educate the public about healthier food choices, including County government agency Websites. 5. Identify and implement strategies to promote greater consumer participation in local farmers' markets, greater consumer support for additional farmers' markets, and increased purchasing of locally grown foods.	Educational program prepared Number of educational programs presented; number of participants Number and locations of food deserts and high risk areas identified Number of educational programs presented in these areas; number of participants Number and types of activities that promote the purchase of healthier foods implemented Verizon contacted; if successful, text messages prepared and sent to County residents; number of text messages Verizon receives in response Media, Website, and internet outlets identified and used to deliver messages about healthier food choices; number of page views or visits to sites Strategies identified and implemented Number of new farmers' markets established Number of individuals using

				farmers' markets (estimates) Number of WIC food vouchers used at farmers' markets (or number of women on WIC using food vouchers at farmers' markets)
			6. Identify grocery stores willing to offer healthier food choices and incentives for consumers to purchase healthier foods. Develop a plan to implement healthier food selection strategies in these locations.	Grocery stores identified Plan developed; strategies and incentives that promote consumer purchase of healthier foods offered (i.e. increased use of locally grown food products, larger choice of fresh fruits and vegetables, in-store signage identifying healthier foods) Grocery store data on healthier food purchases
#5. Increase marketing of healthier foods, using the Get Fresh Baltimore model.	Prince George's County Health Department (WIC Farmers' Market Nutrition Program) Kaiser Permanente Get Fresh Baltimore Program Prince George's County Public Schools Maryland-National Capital Park and Planning Commission (Planning Department and Parks and	December 2012	1. Meet with Get Fresh Baltimore Program staff to identify elements of the Program that can be replicated in Prince George's County, i(i.e. establishment of a Get Fresh Prince George's Website, a virtual supermarket, community gardens) 2. Identify specific partners to be involved in establishing the Get Fresh Prince George's County Program. 3. Develop a plan for implementing the Get Fresh Program in the County, including strategies that reach minorities, non-English-speakers, low income, and other populations at	Meeting(s) held; strategies to be replicated in the County identified Partners identified Plan developed

	Recreation) Maryland Department of Agriculture University of Maryland Extension Grocery stores Farmers and farmers' markets Food Supplemental Nutrition Education Program Media Supplemental Nutrition Assistance Program (SNAP) Local municipalities with community gardens		risk for chronic diseases. 4. Identify geographic areas of the County and populations at greatest risk for poor eating habits and chronic diseases, for targeted 5. Identify funding and other resources needed to support the implementation of the Get Fresh Prince George's County Program.	 Target areas and populations identified Funding and other resources identified and procured Get Fresh Prince George's Program phased in as funding permits (fully operational by March 2013)
Promoting Physical and Recreational Activity				
Strategy (What?)	**Responsible Agencies (Who?)**	**Target Date for Completion (When?)**	**Action Steps (How?)**	**Performance Indicators**
#1: Support the implementation of the PGCPS new Fitness-Gram Program in grades K-12. (FitnessGram includes an	Prince George's County Public Schools PGHAC members	Throughout the 2012 school year	1. Provide ongoing school staff training to ensure the program is being uniformly implemented. 2. Review data collected from the assessment tools and compare with	Fitness-Gram Program implemented in grades k-12 Number of students participating in Program Student level of fitness (associated with being healthy)

assessment tool that obtains personal data to determine a student's fitness level).			previous yea's data to determine program effectiveness.	measured by data collected in assessment tools
#2: Work with the PGCPS including the School Wellness Councils to sustain the Healthy Schools Program and ensure compliance with the school system Wellness Policy that identifies increased physical activity for students, promotes healthier food and beverage choices in schools, and contributes to a healthier school environment in general.	Prince George's County Public Schools (School Wellness Councils) Kaiser Permanente PGHAC members	Throughout the 2012 school year	1. Secure grant funding to support/sustain the Healthy Schools Program. 2. Initiate the development of a strategic plan with interested partners to expand the Healthy Schools Program. 3. Increase the number of healthy food selections on the school menus. 4. Collect and analyzing BMI data from the Healthy Schools Program on an on-going basis.	Funding procured Plan developed Partners have a written agreement indicating support of the Healthy Schools Program Number of schools actively participating in the HSP (as evidenced by completion of the annual school health inventory); number of students participating Number and types of new menu items that meet new dietary guidelines Data on student purchases of healthy food items from school menus BMI data collected and analyzed
#3: Seek funding to pilot the implementation of the M-NCPPC and PGCHD's	Maryland-National Capital Park and Planning Commission Prince George's County	January 2013	1. Identify funding to support implementation of the Prescription-REC Program as a pilot project.	Funding identified Prescription-REC Program implemented

Prescription-REC Program for County residents with high blood pressure and/or high cholesterol who have a "prescription" from their health care provider to start an exercise regimen.	Health Department Local health care providers PGHAC members		2. Identify at least 3 physicians that will make 5 or more client referrals to the Prescription-REC Program and participate in the pilot to measure the Program's effectiveness in reducing high blood pressure and high cholesterol among clients. 3. Advertise the Prescription –REC Program, targeting geographic areas and populations at greatest risk for high blood pressure and/or high cholesterol.	Physicians identified and making referrals Number of clients referred, enrolled, and completing the Prescription-REC Program Number, types, and locations of advertising venues/formats used to promote the Prescription-REC Program Improvements in selected client health indicators (i.e. BMI, weight reduction, BP, Hemoglobin A1c, blood glucose) Client satisfaction surveys

Prince George's County Health Action Plan 2012: Action Plan for Priority 3

Implementation Period: **January 1 – December 31, 2012**

Name and Title of Person Completing Action Plan: **Elliot Segal, Co-Chair; Evelyn Reed, Co-Chair**

PGHAC Workgroup: **Infant Mortality Workgroup (Priority 3)**

Priority 3: Improve Reproductive Health Care and Birth Outcomes for Women in Prince George's County, Particularly Among African American Women.		
County Outcome Objective	**Current County Baseline Data**	**2014 County Goal**
Reduce infant deaths	Overall rate - 10.4 (number of infant deaths/1,000 live births, VSA 2007- 2009) White/Non-Hispanic rate - 10.6 Black rate - 13.3 Hispanic rate - 4.6 Asian rate - 2.7	Overall rate - 8.2 using midpoint to HP 2020 White/Non-Hispanic rate - 10.1 using 5% decrease Black rate - 12.6 using 5% decrease Hispanic rate - 4.4 using 5% decrease Asian rate - 2.6 using 5% decrease By 2012 reduce to 9.6/1,000 By 2013 reduce to 9.0/1,000 By 2014 reduce to 8.2/1,000
Reduce low birth weights (LBW) and very low birth weights	Overall - 10.6% (percentage of births that are LBW, VSA 2007-2009) White/Non-Hispanic - 7.6% Black - 12.5% Hispanic - 7.5% Asian - 7.7%	Overall - 9.2% using midpoint to HP 2020 White - 7.2% using 5% decrease Black - 11.9% using 5% decrease Hispanic - 7.1% using 5% decrease Asian - 7.3% using 5% decrease
Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester	Overall - 67% (percentage of births where mother received first trimester prenatal care, VSA 2007-2009) White/Non-Hispanic - 82.3%	Overall - 70.4 % using 5% increase White - 86.4% using 5% increase Black - 72.9% using 5% increase

		Black - 69.4% Hispanic - 52.7% Asian - 66.6%		Hispanic - 55.3% using 5% increase Asian - 69.9% using 5% increase
Linking Women to Prenatal Care and Women's Wellness Services				
Strategy (What?)	**Responsible Agencies (Who?)**	**Target Date for Completion (When?)**	**Action Steps (How?)**	**Performance Indicators**
#1: Expand existing prenatal care and women's health services to include screening and counseling for diabetes prevention and management (including gestational diabetes), weight management and nutrition counseling, substance abuse and smoking cessation services, referral to dental health services, mental health services and domestic violence prevention, and screenings and referrals for Medicaid.	MD Dept. of Health and Mental Hygiene – FIMR and SIDS data Fetal and Infant Mortality Review Team Greater Baden Medical Services (FQHC) Mary's Center (FQHC) Community Clinic, Inc. (FQHC) Mobile Vans (Governor's Wellmobile, Mary's Center van, March of Dimes) Dimensions Healthcare System Doctor's Community Hospital Southern Maryland Hospital Other hospitals serving County women	April 2012 December 2012	1. Identify all areas with high infant mortality (i.e. 20785, 20743, 20706) at the level of neighborhood/zipcode. a. Use IPO/FIMR and SIDS death certificate data to identify addresses and race/ethnicity. b. Use addresses and zipcodes to identify neighborhoods for more specificity in determining target areas for outreach purposes (see Action Step #10). 2. Work with providers of prenatal, preconception, inter-conception, and women's wellness services to inventory services currently provided (including family planning, patient navigator, and other services listed in the strategy statement) and to determine service gaps. 3. Identify barriers that may prevent women from seeking early and continual access to care and potential solutions. 4. Create referral mechanisms with new	Zipcodes and neighborhoods identified Addresses and racial/ethnic data identified Number of fetal and infant deaths by zipcode/neighborhood ascertained Inventory of existing services completed; gaps in service identified Barriers identified Short-term solutions identified and implemented Long-term solutions identified Referral mechanisms in place

	Pregnancy Aid Center Forestville Pregnancy Center Prince George's County Medical Society Improved Pregnancy Outcome Committee Local FIMR Team Prince George's County Department of Social Services TMAN (Treatment of Mothers of Addicted Newborns) Program Prince George's County Health Department (Maternity and Family Planning, Children and Parents, Dental Health, Healthline, School Health, and Infants At Risk Programs) Prince George County Department of Family Services Healthy Families Prince George's Program Prince George's County Public Schools	December 2012 March 2013	providers/partners and streamline the referral processes among existing providers/partner agencies to facilitate access to early and on-going care by pregnant women and women of childbearing age. 5. Work with providers and partners to develop a plan to expand/improve existing services and add new services in future years. 6. Work with partners to increase the proportion of women delivering a live birth who received preconception or inter-conception care services and practiced key CDC-recommended preconception and inter-conception health behaviors: a. Develop a form to be used by all county OB-GYN providers to collect needed information. b. Enlist all county OB/GYNs to use the new form to collect information regarding woman's wellness or preconception/inter-conception health visits at the first prenatal care visit for all pregnant women.	Preliminary plan developed that identifies new services that need to be created, existing services that need to be expanded (i.e. increased number of appointment slots, increased number of service locations and hours, added bi-lingual capacity) Services that can be created or expanded/improved right away and without additional resources in place; number of women served Form developed and in use by providers; data tabulated and analyzed Number of women who deliver an infant at term and of normal birth weight and who have received woman's wellness and preconception or interconception care services.

	Access to Wholisitc and Productive Living Institute (community-based organization that provides perinatal navigator, home visiting services to predominantly minority pregnant women) Domestic Violence Task Force PGHAC members	December 2012 September 2012	c. Forms will be submitted to the Health Department or other designated agency for tabulation and analysis. 7. Develop/update Resources and Referral List for OB/GYNS that identifies available services for treatment and monitoring of hypertension, diabetes, obesity, dental, smoking cessation and substance abuse; update the Health Department's "Community Services Guide-at-a-Glace" to include these services, for distribution to and use by all partner agencies in linking pregnant women and women of childbearing age to care. 8. Conduct outreach (seminar) to OB/GYN practitioner community at Prince George's Hospital Center (PGHC) regarding the importance of: a. Universal drug testing for all prenatal patients (schedule meeting with PGHC physicians and nurse-midwives, the representative from SSA/DHR and representatives from the TMAN Committee. b. Increasing the number of family planning and preconception /interconception care referrals from the practitioners to community providers.	Forms submitted; data tabulated and analyzed Resource list developed and distributed Number and types of outreach activities conducted; number of providers participating; number of providers who make positive evaluation comments after the seminar Number of pregnant women tested for drugs Number of referrals from Prince George's Hospital Center to community providers for family planning and preconception /interconception care

		December 2012 February 2013 December 2014 Throughout 2012	c. Expand wrap-around services to pregnant women such as housing, counseling, employment , assistance with domestic violence issues, that also reach women seeking care at private physician offices. Provide written information regarding these services at the time they renew their driver's license. 9. Once a year, convene a symposium to educate public and private providers and community health centers on the importance of preconception/interconception care to establish wellness before pregnancy for improvement of pregnancy outcomes, to share information on best practices, strengthen collaborations, etc. 10. Create a central data base for all pregnant women for the purposes of offering home visitation services and linking them and their families to a medical home and family planning services. 11. Continue providing outreach on the part of all partners to at-risk pregnant women and women of childbearing age, particularly those who reside in zipcodes and neighborhoods identified in Action Step #1, to inform them of the importance of early and on-going prenatal,	Types and numbers of wrap-around services provided; number of women who received these services Number of written materials distributed to women at Motor Vehicle Administration sites Symposium conducted; number of participants Number of pregnant women entered into data base. Number of pregnant women who received home visits and who were linked to a medical home and family planning Number, types, and locations of outreach activities undertaken by all agencies; number and types of materials distributed through outreach (including materials in Spanish and other languages)

			preconception/inter-conception, and women's wellness services. Focus on using strategies, outlets, and materials that reach minorities, non-English-speaking, and low income uninsured and underinsured women.	

Prince George's County Health Action Plan 2012: Action Plan for Priority 4

Implementation Period: **January 1 - December 31, 2012**

Name and Title of Person Completing Action Plan: **Reverend Tony Lee, Chair; Charlene Dukes**

PGHAC Workgroup: **HIV/STIs Workgroup (Priority 4)**

Priority 4: Prevent and Control Infectious Disease in Prince George's County, Particularly Among African Americans and Other Minorities.		
County Outcome Objective	**Current County Baseline Data**	**2014 County Goal**
Reduce new HIV infections among adults and adolescents	Overall rate - 56.4 (rate of new {incident} cases of HIV in persons age 13 and older per 100,000 population, IDEHA 2009) In progress for race specific data	Overall rate - 53.6 using 5% decrease
Reduce chlamydia trachomatis infections among young people	Overall rate - 631 (rate of chlamydia infections for all ages per 100,000 population, IDEHA 2009) White rate - 32.4 Black rate - 206.4 Hispanic rate - 74.8 Asian rate - Not Available (all ages)	Overall rate - 599.5 using 5% decrease White rate - 30.8 using 5% decrease Black rate - 196.1 using 5% decrease Hispanic rate - 71.1 using 5% decrease Asian rate - Not Available

Addressing HIV/AIDS				
Strategy (What?)	**Responsible Agencies (Who?)**	**Target Date for Completion (When?)**	**Action Steps (How?)**	**Performance Indicators**
#8: Expand outreach and prevention education efforts to include the use of innovative media and information	Prince George's County Public Schools Prince George's County Health Department Heart-to-Hand	December 2012	1. Identify target populations in zip codes identified by DHMH with increased incidence of Sexually Transmitted Infections. 2. Contact partnering agencies and identify new partners within target zip	Target populations identified New and existing partners identified; capacity to provide

technology methods such as online and social network services (i.e. Web sites, blogs, Facebook, Twitter, YouTube and Internet-Based Partner Services).	(community-based organization serving predominantly minority populations) Dimensions Healthcare System Prince George's County Department of Corrections University of Maryland (College Park) School of Public Health Bowie State University (HBCU - Historically Black University) Prince George's Community College Other academic institutions Faith-Based Organizations, particularly those serving minority and non-English speaking populations Apartment Management Companies, particularly those in target zip codes and serving low-income populations		codes defined above and assess their capacity to provide education and outreach (particularly to minority and non-English-speaking communities) to stem transmission rates. 3. Institute capacity-building opportunities for responsible agencies. 4. Develop and carry out coordinated outreach strategies with responsible agencies. 5. Develop partnerships with academic institutions to develop and undertake new media projects and a social media campaign.	education and outreach, particularly to minority and non-English-speaking communities, assessed Number and types of capacity building activities undertaken; number of participants Number and types of outreach strategies implemented; number of individuals reached Partnerships established Media campaign implemented; number of individuals reached Percent increase over previous reporting period in number of visits to Be STD Free Website: BeSTDfree.com Number and types of online and social media outlets used; number of page views to internet sites Percent increase over previous reporting period in the number of contacts made by the Health Department's STD Program (via Internet Partner Services) with anonymous sex partners of HIV/STI positive individuals who they met on social media sites/internet; percent increase over previous reporting period in

	Sexually Transmitted Infections Community Coalition PGHAC members Local and regional radio, newspaper, and television media outlets, particularly those reaching minority and non-English-speaking audiences On-line social media outlets, particularly those reaching minority and non-English-speaking audiences			the number of these individuals who are tested for HIV/STIs. Percent increase over previous reporting period in the overall number of individuals tested for HIV Number of new testing sites established and percent increase over previous reporting period in the number of first-time tested.

Rushern L. Baker, III
County Executive

HEALTH DEPARTMENT
Prince George's County

Prince George's County Health Improvement Plan 2011 to 2014

Blueprint For A Healthier County

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HEALTH DEPARTMENT
Prince George's County

Office of the Health Officer

Dear Fellow County Residents,

The arrival of 2012 marks an exciting time for Prince George's County. With the anticipated launching of nationwide health care reform in the near future and the elevation of health care as a priority under the leadership of County Executive Rushern L. Baker, III, we now have an unprecedented opportunity, unlike any time in the past, to make significant improvements in the health of all citizens and residents of our County.

To this end, I am pleased to announce the release of the Prince George's County Health Improvement Plan for 2012-2014 and beyond. This Plan provides a blueprint for creating new and innovative health programs, enhancing existing services, and making health systems changes at the local level that will help us to address our County's most pressing health concerns such as infant mortality, chronic conditions like diabetes and heart disease, HIV and other infectious diseases, access to care, substance abuse and domestic violence.

With support from our local hospitals, the public schools and other academic institutions, County agencies, the Maryland-National Capital Park and Planning Commission, and numerous other key health care providers and stakeholders, we are poised and ready to accept the challenge of transforming Prince George's County from one whose history of poor health outcomes overshadowed our many strengths to a County whose communities and residents serve as models for achieving health and well-being through partnerships, strategic planning, and effective resource management. In addition, our Plan includes strategies that are designed to help individuals adopt behaviors that lead to healthier lifestyles and greater quality of life for themselves, their families, and their neighbors.

As we embark on this new initiative, I invite you to join us in making Prince George's County one of the healthiest places in the world to live, work, and play. Health for all by the year 2020 need not be just a dream – together, and in collaboration with our many partners, we can make it happen!

Sincerely,

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Rushern L. Baker, III
County Executive

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Introduction

At the heart of any community's success and prosperity is the health of its residents. When people have affordable health care, safe neighborhoods, a clean environment, and access to physical activity, recreation, nutritious foods, and other resources that contribute to a healthy lifestyle, they are more equipped to excel in school, thrive in the workforce, and fulfill their civic responsibilities.

This County Health Improvement Plan was prepared by the Prince George's County Health Department with the assistance of numerous stakeholders. These include the County Council serving as the Board of Health, the Maryland Department of Health and Mental Hygiene, existing community coalitions, and key stakeholders concerned about the health status and health needs of our County's population.

The Plan addresses our County's most pressing and immediate health needs as well as overarching concerns of the health stakeholder community as a whole. Collectively, the priorities, objectives, and strategies are ambitious and cover a broad array of health issues. Included are initiatives and programs specific to individual agencies as well as strategies that address policy and systems changes and that reflect social determinants of health. We also considered the key concepts that underscore the "Place Matters Initiative" launched by the Joint Center for Political and Economic Studies Health Policy Institute.

The County Health Improvement Plan has a ten-year timeframe (through 2020); however, the year 2014 was selected as the initial target year for reviewing most of our objectives for three reasons: 1) to be in alignment with the Maryland State Health Improvement Process (SHIP) target dates, 2) to allow us the opportunity to evaluate progress towards reaching our health objectives and make adjustments to the Plan at the halfway point towards meeting Healthy People 2020 goals and 3) to enable us to assess our priorities as they relate to planned health care reform for the nation.

Since no organization alone can perform all of the activities listed, the Plan relies extensively on existing partnerships and the forging of new alliances among many community groups and agencies. In addition, a robust and on-going search for funding and other resources will be required.

There is already tremendous enthusiasm, optimism and resolve among our key health stakeholders and local political leaders to make this Plan succeed in creating a healthier Prince George's County. While the work will be challenging, the benefits will be great.

Purpose of the County Health Improvement Plan

The County Health Improvement Plan for Prince George's County is a statement of policy and strategies which provide a planning framework for improving the health status of County residents.

The intent of the Plan is to promote a high level of communication among a diverse constituency involved in health-related activities and to serves as a central focal point for all health planning activities in the County.

In addition, it is intended to serve as a guide to decision makers for the effective allocation of health resources in that it contains specific priorities, health outcome objectives, and strategies that will be addressed over the next four to ten years.

Prince George's County–Who We Are

Prince George's County, Maryland, is located immediately north, east, and south of Washington, D.C and 18 miles south of the City of Baltimore. Our County has 485 square miles and 863,420 residents, which makes us the second most populous jurisdiction in the State of Maryland. Prince George's County has a number of unique characteristics which factored significantly into the development of our County Health Improvement Plan:

- **We are one of the most culturally diverse counties in Maryland**. Our residents include individuals from 149 countries who collectively speak 165 languages and dialects.

- **The majority of our residents are people of color**. Over 79% of the population are minorities - African Americans represent 65% of the total population followed by Hispanics/Latinos (15%), Asian-American/Pacific Islanders (4%), and Native American Indians (less than 1%). White Caucasians comprise 19% of the population.

- **Our County is comprised of a mix of urban, suburban, and rural communities**. However, the majority of our residents live inside the Capital Beltway adjacent to the District of Columbia.

- **The educational attainment of our population is comparable to that of the nation.** 85% percent of our population versus 84% for the U.S. as a whole have a high school degree or higher. U.S. Census Bureau figures for 2008 show that 27% of County residents over age 25 have a bachelor's degree or higher.

- **Our population is relatively affluent**. The U.S. Census Bureau Community Survey for 2010 shows that the median household income of County residents was $69,545, considerably higher than the U.S. average of $50,740. However, the County has a substantial number of low income "working poor" who reside primarily in densely populated communities located inside the Capital Beltway. Almost 10% of the County's children live in poverty.

- **Unlike neighboring jurisdictions, our County's ability to generate revenue to provide public services is severely restricted** because of a 1978 amendment to the County Charter called TRIM (Tax Reform Initiative by Marylanders) that places a cap on the collection of real property taxes. Our current assessable tax base, especially with regard to commercial properties, is insufficient to address all of the County's needs.

- **A large percent of our population is in the workforce, more than the national average.** 74% of our population ages 16 and over are gainfully employed versus 65% for the nation; however, this is lower than the Maryland average.

- **We have a significant number of uninsured County residents**. Estimates vary among data sources, ranging from 80,000 (RAND Report) to 150,000 uninsured, with possibly another 150,000 to 200,000 who are underinsured. The 2006 Small Area Health Insurance Estimate reveals that the County has the highest percentage and absolute number of uninsured persons in Maryland. The 2008 Behavioral Risk Factor Surveillance System self-reported data reveals that 19% of the County's population is uninsured (16% of African Americans versus 12% of White adults).

- **Despite our shortage of primary care physicians and inadequate primary care safety net,** our County has only one Medically Underserved Area (MUA) designation and only one federally qualified health center (FQHC) whose headquarters are located in the County.

- **The County-owned Prince George's Hospital Center operated by Dimensions Healthcare System provides a substantial amount of uncompensated care to our County's sizeable uninsured/underinsured population, and essentially serves as the primary safety net provider for the indigent.** This has contributed to serious financial challenges for the Hospital system, which is now in the process of being restructured. Dimensions also operates the Laurel Regional Hospital and the Bowie Health Center.

- **Other hospitals in the County provide a variety of premier services relevant to our health priorities**. Southern Maryland Hospital Center operates two women's health centers and recently opened a newly expanded Women and Newborns Center. Doctor's Community Hospital houses the Joslin Diabetes Center and the Center for Women's Wellness. Ft. Washington Medical Center is a small facility that provides a range of services and Malcolm Grow Medical Center serves the Andrews Air Force Base community.

- **Our County has an extensive array of park and recreation facilities operated by the Maryland-National Capital Park and Planning Commission (M-NCPPC)** that includes over 40 miles of trails, over 27,000 acres of park land, 43 community recreation centers, 10 aquatic facilities, and a state-of-the-art sports complex offering programs that promote healthy lifestyles**.**

- **Our County is home to the University of Maryland School of Public Health (UMDSPH), Bowie State University School of Nursing, and Prince George's Community College Center for Health Studies and Academy of Health Sciences,** and is in close proximity to other academic and medical institutions that can lend resources to address our health needs.

Assessing Our Health Needs

To determine our County's priority health needs, we reviewed data from a variety of sources and sought input from local political and community leaders, key health care stakeholders, and County residents. This included:

- **A review of County-specific statistics** from the Maryland Department of Health and Mental Hygiene Vital Statistics Administration (DHMH VSA) reports, Behavioral Risk Factor Surveillance System (BRFSS) data, U.S. Census Bureau information, and other commonly used data sources.

- **A review of the 2009 RAND Report**, a comprehensive study sponsored by the Prince George's County Council, of the health needs of County residents and the capacity of the County's health care system to respond. The RAND Report concluded that…

  "The County's capacity to provide safety-net care beyond hospital and emergency care appears severely limited"… and that … "strengthening the Prince George's ambulatory care safety net is an urgent concern".

  Key findings of the RAND Report are presented in this Plan; however, a more comprehensive and detailed presentation of the health data and study conclusions by the RAND researchers can be viewed in the RAND report entitled "Assessing Health and Health Care in Prince George's County" located on the Prince George's County Government's Web site at:

  http://www.princegeorgescountymd.gov/pgcha/PDFS/rand-assessing-health-care.pdf

- **A review of the "Baker 2010 Transition Team Transition Report, March 11, 2011".** A Transition team was assembled by County Executive Rushern Baker to study the workings of all County Government agencies in order to seek ways to streamline operations and improve service delivery. Among the various subcommittees' recommendations were the following: making improvements to the County's health information technology infrastructure, establishing a health care system that is more patient-centered and community-based, and making improvements in the Prince George's County Health Department's (PGCHD) leadership and organizational structure. The full report is available at:

  http://www.princegeorgescountymd.gov/Government/ExecutiveBranch/PDF/Baker2010TransitionTeamTransitionReport.pdf

- **Summary information from nine "town hall" style forums** held by the Prince George's County Health Officer in July and August of 2009. In open discussions and

small groups, over 200 participants expressed the need for safer neighborhoods, clean water, healthier food choices in their communities, more open spaces and walking/bike trails to promote physical activity, and greater access to health information, screenings, and primary health care, especially for the uninsured.

- **A consensus report from a meeting of major State and local health officials and health care stakeholders, political and community leaders, health experts and community advocates** in December 2010, sponsored by the Prince George's County Executive. Using the findings of the RAND Report and the Washington AIDS Partnership Profiles Report as a backdrop, the participants concluded that there is a need for further dialogue and action leading to the establishment of a more comprehensive, inter-connected and community-oriented system of health care for Prince George's County. The strategies included in the "County-Specific Health Priorities" section of this health plan reflect the findings and recommendations of this group, which are published in a report entitled "Conversation on Building an Integrated Community-oriented Healthcare System in Prince George's County, Executive Summary, Prince George's Community College, December 14, 2010".

- **Input from meetings with the Prince George's County Council/Board of Health** between May and September 2011 that included a presentation by the Maryland Secretary of Health on the State Health Improvement Process (SHIP). Access to care, reducing infant mortality, decreasing the burden of HIV, and meeting the health needs of County women were specifically named as areas of greatest concern. In addition, the County Health Improvement Plan was presented between October-December 2011 at separate **meetings with the County Executive and his staff as well as the Directors of the County Government's Health and Human Services agencies** for additional input and feedback.

- **Results of a survey of 126 County residents attending an annual "Holiday Food and Fitness Expo**" in November 2009, sponsored by Prince George's County Health Department (PGCHD), Maryland-National Capital Park and Planning Commission (M-NCPPC), and Prince George's County Public Schools (PGCPC). Top health concerns identified by respondents included healthy eating, low cost health care, diabetes, high cholesterol, exercise, asthma, and overweight/obesity.

- **Input from key County coalitions and community groups** at a meeting held on September 9, 2011, sponsored by the Maryland Department of Health and Mental Hygiene (DHMH) and PGCHD. This meeting produced a substantial number of the strategies listed in this Plan and helped to solidify critical partnerships among agencies, providers, and community groups. Participants included:

- **Community Health Transformation Coalition and Leadership Team**, assembled in June 2011 to apply for a Centers for Disease Control (CDC) and Prevention Community Transformation Grant.

- **Health Action Forum**, a community advocacy group that promotes health systems changes to improve access to care.

- **Health Disparities Coalition**, originally assembled as a Tobacco Coalition when Cigarette Restitution grant funds were first awarded to the County.

- **Improved Pregnancy Outcome Coalition (IPOC)**, established in 2008 as part of a Minority Infant Mortality Reduction Project.

- **Minority Outreach and Technical Assistance (MOTA)** Group at Bowie State University, formed when the Cigarette Restitution Funds were first awarded to the County and dedicated to meeting the needs of minority populations.

- **Port Towns Community Health Partnership**, formed as part of a new initiative funded by Kaiser Permanente to improve the health of residents living in four historic port communities in the County.

- **Sexually Transmitted Infections Community Coalition (STICC of Metropolitan Washington, DC)**, a partnership of over thirty public and private stakeholders with a common interest to reduce the impact of HIV and other sexually transmitted infections (STIs) in the community.

- **Comments from participants at a symposium entitled "Health √ (Check), The Prognosis for Prince George's County",** held at Prince George's Community College on October 1, 2011 and sponsored by the National Harbor Chapter of Jack and Jill of America, Inc., Prince George's County Council Chair Ingrid M. Turner, and M-NCPPC Parks and Recreation. Over 100 people attended the symposium, where a draft of the County Health Improvement Plan was presented for public comment.

- **Feedback from the public** during the period when this Plan was posted on PGCHD Web site in October and November 2011.

The Health of Our Population and Health Care System–Where We Stand

A review of available County-specific health statistics shows that Prince George's County faces many challenges across a broad spectrum of health issues. Two significant themes are evident from the data analysis: disparities between minority and non-minority populations for many health conditions, and huge challenges related to access to care.

Key RAND REPORT Findings

Demographic

- Prince George's County is relatively affluent and highly diverse. The County has a large number of upper income Black residents and, compared to neighboring jurisdictions, the largest proportion of Hispanic and non-English speaking residents (second to Montgomery County).

- Many County residents commute outside the County (three in five work outside the County and one in five commutes more than 60 minutes to work). Compared to neighboring jurisdictions, County residents are least likely to live and work in the same county and most likely to work outside the state.
- In 2006, Prince George's County had a higher unemployment rate than any other neighboring jurisdiction except the District of Columbia.

- Among the County's seven Public Use Microdata Areas, communities varied widely for a number of socio-demographic characteristics; however, communities inside the Capital Beltway are more likely to be majority Black or Hispanic and lower income.

Health

- Compared to residents of the State and neighboring jurisdictions (except Baltimore City), Prince George's County residents were more likely to die from all reported causes of death combined, from five of the ten leading causes of death (heart disease, diabetes, accidents, septicemia, and kidney diseases), and from homicides and HIV/AIDS.

- County residents were significantly more likely to report that a health care provider told them they had a chronic condition than residents of Howard and Montgomery Counties and Maryland State.

- County residents were more likely to be overweight or obese than those in the District, Maryland State, and Baltimore, Montgomery and Howard Counties.

- Site specific (i.e. pancreas, ovaries, lungs) mortality rates from cancer are relatively high for Blacks in the County, while incidence rates are relatively low. This may indicate possible poor screening and detection rates for, and poor quality treatment of, identified cancers for Blacks as compared to Whites.

- The County has relatively high rates of asthma, obesity, HIV/AIDS, and homicide.

- Compared to surrounding jurisdictions, Prince George's County and the District of Columbia had the highest rates of infant mortality and low birth weight babies between the years 2000-2005.

Health Behaviors

- Compared to residents of neighboring jurisdictions, Prince George's County residents are less likely to drink heavily, less likely to exercise, more likely to smoke, and more likely to be overweight or obese. Within the County, however, those who are poor and less educated are more likely to drink heavily, smoke, not exercise, and not use seatbelts.

- In general, residents with more than a high school education reported more favorable health status on every measure except hypertension and overweight/obesity.

- Black County residents are less likely than Whites to report being vaccinated against flu and pneumonia, but more likely to report being tested for HIV, having received a mammogram within the last two years, and having had a cholesterol test within the past five years.

- Uninsured County residents use preventive care at sharply lower rates than insured residents.

Capacity and Access to Care

- An estimated 80,000 Prince George's County adult residents are uninsured, more than twice that of neighboring Howard County and approximately one-third more than in Montgomery County.

- Residents who lack health insurance are more likely than those with insurance to have no regular source of care, to miss care because of cost, and to have gone more than five years since their last dental exam (especially among Blacks).

- There is a shortage of primary care physicians (PCPs) in the County. Relatively few pediatricians practice in poor areas of the County, and adult PCPs and specialists are

concentrated in more affluent areas of the County located outside the Capital Beltway and near hospitals.

- Prince George's County appears to have an adequate hospital capacity relative to population growth; however, the County has a lower per capita supply of medical/surgical, obstetric, pediatric, and psychiatric beds as well as a lower per capita supply of emergency department (ED) treatment slots as compared to other jurisdictions.

- County residents use ED capacity more intensively than residents of other jurisdictions.

- The County lacks an adequate and comprehensive primary care safety net. Only one federally qualified health center (Greater Baden Medical Services) is headquartered in the County.

Patterns of Hospital and Emergency Department Use

- The County has higher rates of ambulatory care-sensitive hospitalizations and ED visits than surrounding jurisdictions.

- Prince George's County residents are more likely to leave the County for hospital and emergency care than are residents of Montgomery County and the District of Columbia.
- Prince George's Hospital Center discharges a disproportionate share of Medicaid patients, suggesting that it serves as a de facto safety net provider.

Other Pertinent Health Statistics (Highlights)*

- **Overall Health Ranking and Health Disparities:** Data from the County Health Rankings Report ranks Prince George's County 17 out of 24 among Maryland counties (24 being the lowest score). The 2010 report gives the County an overall comparative poor health ranking for the following:

    - death rates before the age of 75
    - the percentage of people who reported being in fair or poor health
    - the number of days people reported being in poor physical health
    - smoking, obesity, and binge drinking
    - receipt of clinical care
    - violent crime and liquor store density
    - unemployment rates and the number of children living in poverty
    - air pollution levels and access to healthy foods.

According to the *Maryland Department of Health and Mental Hygiene (DHMH) Vital Statistics Administration (VSA) Report*, the leading causes of death in 2009 for Prince George's County included:

Cause of Death	Ranking (Leading Causes of Death)
Diseases of the Heart	1st
Malignant Neoplasms	2nd
Cerebrovascular Diseases	3rd
Diabetes Mellitus	4th
Accidents	5th
Assaults (Homicides)	8th
Influenza and Pneumonia	11th
HIV	12th
Essential Primary Hypertension and Hypertensive Renal Disease	15th

The *2009 Maryland Chartbook of Minority Health and Minority Health Disparities* combined 2002-2006 data showed that Blacks or African Americans in Prince George's County had higher mortality rates than Whites for all-cause mortality and for six of the top eight causes of death (exceptions were chronic lung disease and liver disease). The mortality ratio disparity was greatest for HIV and kidney disease where Blacks or African Americans had 4.3 times the HIV death rate and 2.4 times the kidney disease death rate of Whites.

- **Chronic Diseases and Related Conditions**:

***Overweight/Obesity**:* The percentage of overweight or obese County residents is among the highest in the State of Maryland and nation and has steadily increased since 1995 for both adults and children. From 1995-2007, the number of County residents that were obese increased by 13%. Prince George's County and one other county had the highest obesity rates in the state (69%) in 2007, and *Behavioral Risk Factor Surveillance System (BRFSS)* data for 2010 shows this to have slightly increased to 70%. Among children up to age 18, 48% are at risk for obesity and are currently overweight. African Americans are disproportionately affected by obesity. The 2008 BRFSS data shows that 76% of Africans Americans were either overweight or obese, as compared to 62% of Whites.

Diabetes: According to the *Maryland VSA Reports*, 12% of County residents are diabetic. Significant disparities exist in the County regarding death rates due to diabetes. The age-adjusted death rate for diabetes in County African Americans is 47.1 per 100,000 versus 21.9 per 100,000 for Whites. This is significantly higher

than the Maryland age-adjusted diabetes death rates of 34.3 per 100,000 for African Americans and 21.7 per 100,000 for Whites. The 2009 Vital Statistics report indicates that Prince George's County had the highest number of diabetes deaths in the State (197), followed by Baltimore City (196) and Baltimore County (192).

According to the *2009 Maryland Pregnancy Risk Assessment Monitoring System Report*, 10% of women self-reported that diabetes was a complication during pregnancy. Within the Prince George's County Health Department maternity clinics, in 2010, 100 clients (17%) were diagnosed with gestational diabetes. Women who have had gestational diabetes have a 35 to 60 percent chance of developing diabetes in the next 10 to 20 years, and 5 to 10% of women with gestational diabetes are found to have Type 2 diabetes immediately after pregnancy.

Cardiovascular Disease and Related Risk Factors: Cardiovascular disease is the leading cause of death in Prince George's County and a key contributor to the County's racial gap in life expectancy. Twenty-eight percent of County residents have cardiovascular disease. According to DHMH's Vital Statistics Administration and Family Health Administration, the County's 2008 age-adjusted death rate from heart disease was disproportionately higher than the Maryland rate (280.4 versus 252.8 per 100,000). For African Americans, the age-adjusted death rate was 338.4 per 100,000 compared to 228.7 per 100,000 for Whites.

A comparison of BRFSS data from 2009 and 2010 shows that rates for selected chronic disease risk factors had an increasing trend in the County:

Risk Factor	2009	2010
Ever told you had a stroke?	1.2%	1.6%
Ever told you had diabetes?	10.9%	11.9%
Did not meet the Healthy People 2010 objective for moderate or vigorous physical activity.	56.5%	62.0%

Cancer: Malignant neoplasms (cancers) are the second leading cause of death among County residents. The County's 2008 age-adjusted mortality rate for all malignant neoplasms was 175.9/100,000 population, with disparities again appearing among African Americans. Their age-adjusted mortality rate was 202.2/100,000 compared to 151.6 deaths/100,000 for non-Hispanic Whites. African American women also have higher breast cancer mortality than White women – 38.3 deaths/100,000 versus 17.3/100,000. The prostate cancer death rate for African American men was higher (43.2/100,000) than that for White men (23.7/100,000). Disparities also exist for African Americans with regard to colorectal cancer, pancreatic cancer, and liver and biliary cancer.

The 2010 BRFSS survey shows that 22.7% of County residents ages 50+ have not had a sigmoidoscopy or colonoscopy, 25% of males ages 50+ have not had a Prostate Specific Antigen (PSA) test or digital rectal exam, 49.8% of people have never use sunscreen lotion with sun protection factor (SPF) 15 or higher when outdoors, and 15.4% of women ages 40+ have not had a mammogram or breast exam.

Tobacco Use: In Prince George's County, 12% of youth ages 18 and younger smoke, as do 16% of adults ages 19 and older according to the 2010 County Health Rankings Report. The percentage of African Americans in the County who currently report smoking cigarettes daily is 4% compared to 16% of Whites.

Asthma: The *September 2009 DHMH Asthma Profile* indicates that between the years 2004-2006, approximately 15% of County adults had been diagnosed with asthma and approximately 8% reported currently having asthma. In 2006, over 6,000 asthma-related ED visits and over 1,300 hospitalizations occurred among County residents. The asthma ED visit rate was four times higher among Black residents than among White residents and the hospitalization rate was approximately three times higher among Blacks than Whites.

- **Infant Mortality**: The current infant mortality rates for the County demonstrate that racial disparities still exist. The 2009 infant mortality rate for Blacks in the County was 11.1 per 1,000 live births, twice that for Whites (6.0) and Hispanics (6.0). Of note, the Hispanic infant mortality rate of 6.0 increased from 3.3 in year 2008. The County's overall infant mortality rate significantly declined between 2000-2004 and 2005-2009, and the infant mortality rate for Blacks significantly declined between 2008-2009; however, the infant mortality rate for Blacks has remained consistently higher than for Whites for a number of years.

- **Low Birth Weights:** Between the years 2000-2005, Blacks had the highest percentage of low birth weight babies in the County. In 2009, Blacks continued to have more low birth weight infants as compared to Whites and Hispanics: 8.0% for non-Hispanic Whites, 12.3% for Blacks, and 7.3% for Hispanics.

- **Late or No Prenatal Care:** In 2009 Prince George's County had the highest percent in Maryland of women of all ethnic backgrounds who received late or no prenatal care, and again, the data shows disparities: 7.7% of non-Hispanic Whites, 11.2% of Blacks, and 11.7% of Hispanics.

- **Substance Abuse**: It is estimated that 8% of the County's population has a chronic alcohol or other drug use problem. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that roughly 7% of County residents used an illicit drug in the past month. Year 2009 BRFSS data indicates that over 45% of residents used alcohol within the past 30 days, with 6% reporting binge

drinking. Among youth, substance abuse is a cause for concern. The Center for Substance Abuse Research (CESAR) 2008 data shows that 3.5% of County crashes and 5% of County fatal crashes involved alcohol or drug impaired drivers ages 16-20, and over 12% of youth ages 12-20 reported binge drinking in the past month. Between July 2008 and June 2009, over 3,700 County residents were enrolled in substance abuse treatment.

- **Domestic Violence:** In 2009, 1,073 domestic violence cases were reported in Prince George's County, the fifth highest number among all Maryland counties. While the number of domestic violence related deaths in the County have steadily declined every year since July 2006, between July 1, 2007-June 30, 2010, 21 individuals died as a result of domestic violence. In a four year period of time, the Domestic Violence Advocate Unit at the Prince George's County Sheriff's Department saw a significant increase in the number of domestic violence victims referred to them for services, from 274 in 2007 to 3,675 in 2010.

- **HIV/AIDS**: According to data from the Infectious Diseases Environmental Health Administration (IDEHA) of DHMH, Prince George's County Maryland is ranked second in the State for the number of AIDS and HIV cases. As of December 31, 2009, there were 5,463 total living HIV and AIDS cases in the County. The County's 2008 HIV prevalence rate was 666 per 100,000 as compared to compared to 515 per 100,000 for the State of Maryland. At the end of 2009, Prince George's County accounted for approximately 65% of all AIDS cases in Suburban Maryland.

  African Americans and other minorities in Prince George's County are disproportionately affected by HIV infection. Data through December 31, 2009 indicates that African Americans account for almost 88% of total living HIV cases, Hispanics account for 4.7% of total living HIV cases, and Whites represent 6.6% of total living HIV cases. The majority of the HIV cases occur in communities (zip codes) adjacent to the District of Columbia inside the Capital Beltway.

- **Other Sexually Transmitted Infections (STIs):** IDEHA data shows that in 2010, Prince George's consistently reported the highest number of cases in Maryland (excluding Baltimore City) of chlamydia, gonorrhea, and primary and secondary syphilis. Rates for these diseases were reportedly almost twice that of rates for the State of Maryland. Chlamydia and gonorrhea cases in the County were highest for those in age group 15-19 in 2008 (DHMH). This data has implications for HIV prevention based on the fact that persons infected with an STI are up to five (5) times more likely to get infected with HIV, if exposed. Conversely, those infected with HIV can transmit HIV more easily when having an STI.

- **Tuberculosis (TB):** According to the *2009 Maryland VSA Report*, there were 7 deaths in the State due to tuberculosis, 3 of whom were among Prince George's County residents. In 2010, Prince George's County was second in the state of

Maryland for TB Cases behind Montgomery County. Seventy-two percent (72%) of TB cases in Prince George's County occur in foreign-born clients. The TB Control Program exceeds the State of Maryland TB control objective of providing Directly Observed Therapy (DOT) services to at least 90% of TB cases.

- **Immunizations and Seasonal Flu Shots:** From 2007 to 2009, Prince George's County's vaccine coverage estimates among children 19-35 months of age were generally higher than those for the rest of the State of Maryland and Baltimore City in the National Immunization Survey. The County's vaccine coverage rates also increased in the most recent survey of the last two years, with over 95% of children ages 19-35 months being protected against diphtheria, tetanus, pertussis, haemophilus influenzae, hepatitis B, varicella and pneumococcal diseases. Prince George's County Health Department (PGCHD) Immunization Clinics serve approximately 5,000 children each year.

  Reliable PGCHD data on the administration of seasonal/H1N1 flu shots is not available due to problems with establishing an electronic data base in the 2009-2010 County-wide flu campaigns and subsequent loss of some data; however, the BRFSS data for 2009 shows that only 33.5% of County residents stated they had received a flu shot in the past year. This number only slightly improved in 2010 to 36.6%. Neighboring counties and the State of Maryland had markedly higher percents of their populations stating they had received a flu shot in the 2010 BRFSS survey - Montgomery County (48.6%), Howard County (47.7%), Anne Arundel County (43.3%) and the State of Maryland (43.0%). In sampling 58 out of 200 schools and 3 public clinics where flu shots were administered in Prince George's County during the 2009-2010 campaign, (a total of 1533 vaccinations given), the demographic data showed that 42.5% of vaccinations given were to African Americans, followed by 35% to Hispanics, 11% to Whites, 4% to Asians, and 1.6% to Native Americans in the County.

- **Motor Vehicle Accidents, Assaults (Homicides), and Intentional Self-Harm (Suicides):** The *2009 Maryland VSA Report* shows that Prince George's County had the highest number of deaths due to motor vehicle accidents in the State (94) and the second highest number of deaths (behind Baltimore City) due to homicides (99). Thirteen deaths by accident were among adolescents ages 10-19, ten of whom were Black adolescents and three were White. Twelve of the homicides were among adolescents ages 10-19, and ten of these deaths were among Black adolescents. The County also had the third highest number of suicides (57), after Baltimore County (88) and Montgomery County (66). Of the deaths by intentional self-harm, 2 were among adolescents ages 10-19, and both were White. Between 2000-2004, 374 young people committed suicide in Maryland, 51 of whom were Prince George's County residents (approximately 6/100,000).

- **Fall-Related Injuries and Drownings:** According to the 2008 statistical report on injuries in Maryland, Prince George's County ranked 3rd in the State for the number of injury-related emergency department visits (over 60,000), of which 12,501 were fall-related, and 5th in the State for the number of hospitalizations (1,728 fall-related). There were 55 fall-related deaths in 2008, 51 of which were among individuals ages 45 and over. According to the 2010 BRFSS Survey, 5.4% of County residents ages 45 and over fell once, and 2.1% fell twice in the past three months; of these falls, 27% of respondents said one fall caused an injury and 1.1% said two falls caused an injury. There were 14 drownings in 2008, four among individuals ages 0-24 and ten among individuals ages 35 and over.

- **Alzheimer's Disease:** According to the Maryland VSA 2007-2009 data, the County's age-adjusted death rate due to Alzheimer's disease was 19.2/100,000 population, higher than the State's death rate of 16.9/100,000, and 6th highest in the State. In 2009, there were 87 deaths due to Alzheimer's disease.

- **Dental Health:** 2010 BRFSS Survey data shows that 14.1% of County residents went two years or more since last visiting a dentist for any reason. Over 65% of County residents indicated they had never had a test or exam for oral cancer or mouth cancer and over 14% of County residents went two years or more since their last teeth cleaning.

- **Access to Care – Health Care Resources:** Only one federally qualified health center (FQHC), Greater Baden Medical Services (GBMS), has its headquarters in the County. It provides comprehensive primary care medical services at five locations. One of these sites, Suitland Health and Wellness Center, represents a partnership between PGCHD and GBMS. In 2007, GBMS provided care to approximately 5,200 uninsured patients.

  In recent years, Community Clinics, Inc. (CCI), a federally qualified health center based in Montgomery County, established a Women, Infants, and Children (WIC) distribution center and a family planning clinic at its Greenbelt location in Prince George's County. In addition, Mary's Center, Unity Health Clinics, and several non-FQHC safety net clinics located in neighboring jurisdictions provide care to County residents. However, these clinics combined can provide care to only a fraction of the County's uninsured. Access to care is further exacerbated by the growing number of County private physicians unwilling to accept Medicaid/Medicare patients.

  Prince George's County is not a Health Profession Shortage Area, although small portions of the County are federally designated as medically underserved areas or underserved populations. When comparing Prince George's County's health resources to those of neighboring jurisdictions, the differences are remarkable:

Jurisdiction	Number of Uninsured Under Age 65*	Number of Safety Net Clinics	Number of Primary Care Physicians per 100,000 Population (2010)**
Prince George's County	149,038	5	95
Montgomery County	123,741	11	217
Baltimore City	77,570	44 ***	191
Washington, D.C.	61,680	38 - 40	241.6****

* Small Area Health Insurance Estimates for Counties, 2007
** County Health Rankings Report, 2010
*** Mid-Atlantic Community Health Center Association (1/2009)
**** RAND Report (Area Resource File 2005 and U.S. Census Bureau)

- **Individuals with Special Needs**: A substantial number of Prince George's County residents are individuals with special health needs. This includes individuals with intellectual and developmental disabilities (i.e. autism, cerebral palsy, Down Syndrome), individuals who develop or acquire disabilities after the age of 21 (i.e. multiple sclerosis, traumatic brain injury), individuals with mental illnesses, veterans with health conditions acquired as a result of their service in Iraq, Afghanistan, the Persian Gulf War and other wars/conflicts), blind/visually impaired individuals, deaf/hearing impaired individuals, and the homeless.

  Currently there are approximately 1,850 Prince George's County residents with intellectual and developmental disabilities who are receiving State funded services from the Developmental Disabilities Administration (DDA). As of October 2011, there were 1,104 individuals on the waiting list for services from DDA. In fiscal year 2010, 835 families in Prince George's County applied for services from the Low Intensity Support Services Program, which provides up to $3,000 during a fiscal year to assist families with smaller needs; between these two programs, Prince George's County was able to serve 522 individuals and families.

  In fiscal year 2011, PGCHD's Infants and Toddlers Program served 1656 children ages 0-4 with developmental disabilities, and the PGCPS' September 30, 2010 enrollment data indicated that 14,381 students, or 11.4% of the student population, were children with disabilities (Maryland State Department of Education [MSDE], Maryland Special Education/Early Intervention Services Census Data and Related Tables, October 29, 2010). In school year 2009-10, there were 1,192 placements of students with disabilities in non-public school settings.

  The number of County residents with mental illnesses and the number of homeless individuals in Prince George's County are both difficult to quantify. However,

according to the SAMHSA 2008-2009 data, 16.71% of Marylanders ages 18+ reported a diagnosed mental illness in the past year; this translates to 144,277 Prince George's County residents with mental illnesses. The Prince George's County Department of Family Services (PGCDFS) Mental Health and Disabilities Administration reported that 10,792 individuals in Prince George's County were served in the Public Mental Health System in fiscal year 2011.

A "Point-in-Time" survey (one-day street count) of sheltered and unsheltered homeless individuals and families completed in partnership with the Council of Governments and eight other counties and cities in the Washington Metropolitan area indicated that in fiscal year 2011, 773 individuals in the County were homeless. Data from the Canadian Post-M.D. Education Registry shows that in fiscal year 2011, 6008 individuals and families in Prince George's County requested shelter assistance, and 1932 received shelter. The County currently funds three emergency shelters and one hypothermia overnight shelter for homeless people.

According to the Columbia Lighthouse for the Blind and Visually Impaired, there are approximately 11,000 County residents who are blind or visually impaired. This data reflects the number of individuals with self-declared eye issues related to all the leading causes of blindness and visual impairment. The National Institutes of Health and Johns Hopkins University estimate that between one in five and one in seven individuals in the U.S. are deaf or hearing impaired; these estimates translate to 123,346-172,684 deaf or hearing impaired Prince George's County residents.

According to the *U.S. Census Bureau State and County QuickFacts* for 2005-2009, there were 66,256 veterans residing in Prince George's County. The number of these veterans with special health care needs related to their service is unknown; however, the physical, mental, and emotional injuries and disabilities among veterans, particularly those who served in the Vietnam and Persian Gulf wars, Iraq, and Afghanistan, are well documented. Homelessness among veterans is also a problem; in fiscal year 2011, the County served 82 homeless veterans.

- Additional County-specific health data can be found at the DHMH Web site (see State Health Improvement Process [SHIP]) at:

  http://dhmh.maryland.gov/ship/measures.html .

Plan Development, Monitoring, and Evaluation

Selection of the Priorities, Objectives, and Strategies included in this Plan took into consideration:

- PGCHD's federal, state, and local mandates for provision of services and programs and its available resources (funding and personnel) to implement strategies.
- The capacity of existing and potential community partners to share responsibility for meeting our health objectives
- The commitment of local political leaders (i.e. Board of Health) to monitor progress towards meeting our objectives and to consider health implications when making policy decisions and adopting legislation.
- Evidence-based best practices that address our objectives.
- National and statewide public health strategies for reducing HIV infection.

The first six Priorities with their corresponding Objectives and Strategies are in alignment with the Maryland State SHIP Vision Areas 1-6; however, we have re-arranged the Priorities in descending order according to the extent to which the health concerns they address impact the broader community, demonstrate major disparities, and/or pose longstanding, complex challenges to their prevention and control in our County. The "County-Specific Health Priorities" address broader issues related to health care infrastructure, workforce, and systems issues of particular concern to County stakeholders. In no way do the Strategy statements reflect the totality of work that the Health Department and stakeholders listed in this Plan perform; rather, they represent substantive efforts, collaborative arrangements, and new approaches. It is important to note that for a number of Strategies to be implemented, a considerable infusion of new funding will be required, as well as the establishment of new and non-traditional partnerships.

To ensure that the County Health Improvement Plan is implemented and evaluated in terms of progress towards meeting the Plan's Health Objectives, the Health Department will establish a Prince George's Healthcare Action Coalition (PGHAC) lead by the Health Officer and comprised of critical stakeholders and consumers representing all major segments of the health care delivery system. Existing coalitions will be invited to serve as adjunct members of the PGHAC, lending their "content expertise" as it relates to each Priority.

The purpose of the PGHAC will be to assist the Health Officer as follows:

- developing an action plan for carrying our and evaluating the County Health Improvement Plan that includes a timeline, responsible agencies/individuals, and success measures

- developing a framework (methods, materials, and timeframe) for gathering pertinent data from each partner involved in implementing the Plan's strategies, for evaluation and reporting purposes

- monitoring all activities related to the County Health Improvement Plan to ensure that all aspects of the Plan are carried out in a coordinated fashion among the responsible agencies and individuals

- maintaining communications among partner agencies, adjunct coalitions, and individuals regarding all matters related to the County Health Improvement Plan and the local health planning process

- identifying when new partnerships are needed to carry out the Plan and assisting in establishing those partnerships

- advising the Health Officer when barriers to the Plan's implementation and evaluation arise and resolutions are needed, or when new health issues emerge that may impact the Plan.

- preparing information for the media, local political and community leaders, researchers, and the public regarding progress made towards improving the health status of the County

- coordinating public meetings or forums when needed to obtain input from County residents and health care consumers into the Plan and the health planning process

- coordinating the adoption of health information technology among all partners to enhance provider communication and improve the delivery of care to County residents.

Priority 1: Ensure that Prince George's County Residents Receive the Health Care They Need, Particularly Low Income, Uninsured/Underinsured Adults and Children.

(Corresponds with SHIP Vision Area 6: Ensure that Marylanders Receive the Health Care They Need)

County Outcome Objective	Current Baseline	2014 Target
Increase life expectancy in Prince George's County	77.5 years (life expectancy at birth, VSA 2009)	81.4 years using 5% increase
Increase the proportion of persons with health insurance	82.2% (percentage of civilian non-institutionalized ages 18-64 with any type of health insurance, BRFSS 2008-2010)	91.1% using midpoint to Healthy People (HP) 2020
Reduce the proportion of individuals who are unable to obtain, or delay obtaining, necessary medical care, dental care, or prescription medications	15.8% (percentage of people who reported that there was a time in the past 12 months when they **could not** afford to see a doctor, BRFSS 2008-2010)	15% using 5% decrease
Increase the proportion of low income children and adolescents who receive dental care	57.8% (percentage of low income children ages 4-20 enrolled in Medicaid that received a dental service in the past year, Medicaid Calendar Year 2009)	60.7% using 5% increase
Increase the percentage of adults who visited a dentist within the past year	70.7% (percentage who visited a dentist for any reason in the past year, BRFSS 2010)	74.2% using 5% increase
Reduce the proportion of preventable hospitalizations related to Alzheimer's disease and other dementias	11.5 (rate of hospital admissions [inpatient + outpatient] related to dementia/Alzheimer's per 100,000 population, Health Services Cost Review Commission [HSCRC] 2010)	10.9 - rate using 5% decrease

Note: A number of these strategies also address Priority 3.

Increasing Enrollment of Adults and Children in Medicaid, HealthChoice/Maryland Children's Health Program (MCHP), and Other Health Programs

Strategy 1: Improve the timely processing of HealthChoice/MCHP applications for pregnant women and children, enhance customer service to clients at the PGCHD's Regional Access Center, and continue to follow up on incomplete applications.

Strategy 2: Establish quick screening and prequalification processes that expedite eligible clients' enrollment in HealthChoice/MCHP and other government-sponsored health programs.

Strategy 3: Educate the public and providers about the eligibility requirements for the HealthChoice/MCHP, Medicaid Families and Children, Primary Adult Care, and Maryland Family Planning Programs, using methods and venues that target hard-to-reach women and children.

Strategy 4: Continue collaboration among the PGCHD's MCHP Program and other programs serving women and children (Healthy Start, Health*line*, Healthy Women/Healthy Lives, etc.) to identify potentially eligible clients and streamline their entry into HealthChoice/MCHP.

Strategy 5: Maintain communications between the PGCHD's MCHP Eligibility unit and the Prince George's County Department of Social Services (PGCDSS) to ensure that pregnant women and children receive a timely determination of eligibility.

Strategy 6: Place Medical Assistance eligibility/enrollment workers at strategic clinic sites (i.e. FQHCs).

Strategy 7: Increase awareness among the public and agencies serving children about the Kaiser Care for Kids Program that serves children ages 0-18 who are ineligible for MCHP; focus on reaching the Spanish-speaking community and families with undocumented children.

Strategy 8: Identify funding to adequately staff the Kaiser Bridge Program, and increase public awareness of the Program through widespread dissemination of informational materials and expansion of outreach efforts into non-traditional settings (i.e. unemployment offices, churches, non-profit organizations) where potentially eligible and hard-to-reach individuals seek services.

Increasing Linkage to Care

Strategy 1: Continue widespread dissemination of informational materials promoting the Health*line* Program that links pregnant women and children into care and expansion of outreach efforts into non-traditional settings (i.e. thrift stores, pawn shops, small strip mall businesses) to identify hard-to-reach individuals needing Health*line* services.

Strategy 2: Seek additional funding to enhance Health*line*'s capacity to assist clients having problems with their HealthChoice/MCHP providers and difficulty complying with appointment keeping, and to maintain communications with providers to improve the provision of health services and resolve barriers to care for enrollees.

Strategy 3: Work towards establishing a single-point-of-entry health and human services center that provides "one-stop shopping" (per the 2013 Capital Improvement Plan) for individuals needing primary health care and other services.

Strategy 4: Seek funding to create community patient navigators who facilitate access to a medical home and specialty care for individuals facing barriers to care.

Strategy 5: Explore funding to support the addition of public health nurses and/or social workers at low-income housing complexes to expedite residents' access to services.

Strategy 6: Work with the Medical Society, Board of Physicians, Board of Pharmacy and other medical associations to identify ways to increase access to dental, vision, and medical care (including specialty care), and to low cost prescription medication.

Strategy 7: Explore ways to increase the number of urgent care centers in the County to reduce inappropriate used of hospital emergency departments.

Strategy 8: Provide up-to-date information to the public about the services available through existing FQHCs and other safety net clinics.

Increasing Health Literacy

Strategy 1: Educate health care providers and the public about available health literacy tools that enable individuals to access and understand health information, navigate the health care delivery system, and participate in decision-making about their own health care.

Strategy 2: Expand the use of modern technology such as social media outlets and mobile phones to communicate health information to the public and clients, particularly to individuals without internet access.

Strategy 3: Partner with the University of Maryland School of Public Health (UMDSPH) to conduct research on ways to advance the health literacy of County residents.

Enhancing School-Based Health Care and Dental Health Services

Strategy 1: Assess all students seen at the County's four School-Based Wellness Centers (SBWCs) funded through Prince George's County Department of Family

Services (PGCDFS) for their health insurance status and history of annual physical exams; provide students who lack a primary care provider/insurance with an annual physical exam (and risk assessment), and refer them to MCHP, Kaiser Care for Kids Program, and dental providers willing to accept uninsured children.

Strategy 2: Seek funding to establish dental case management services in the four SBWCs and in existing community dental health programs to ensure that children and adults without a dental provider are linked to dental care.

Strategy 3: Work with Kaiser Permanente to pilot a project to provide on-site dental care to the students attending Bladensburg High School and its three feeder elementary and middle schools.

Strategy 4: Continue educating parents, the public, school officials, and others about the importance of early intervention in preventing dental problems and the low cost dental services available in the community, including the Deamonte Driver Dental Project (mobile van) and the dental care pilot project at Bladensburg High School.

Strategy 5: Develop and disseminate oral health messages for adults that stress the link between chronic diseases, infant mortality and oral health.

Strategy 6: Work with community partners to enhance the network of dental providers willing to treat Medicaid insured and uninsured children and adults in the County.

Strategy 7: Seek funding for existing safety net clinics to provide dental services to uninsured/underinsured adults and children.

Strategy 8: Continue serving on the Maryland Dental Action Coalition to advocate for increased Medicaid reimbursements for dental services, and to identify ways to improve the oral health of County residents through increased prevention, education, advocacy, and access to oral health care.

Addressing Alzheimer's Disease

Strategy 1: Partner with the National Capital Area Chapter of the Alzheimer's Association to provide widespread public information about the ten warning signs of Alzheimer's, the importance of early detection and intervention, and the steps individuals with Alzheimer's and their families/caretakers can take to enhance the quality of their care and safety of their environment.

Strategy 2: Work with the PGCDFS Aging Services Division to identify additional strategies for providing seniors who have Alzheimer's or other dementias with

information and services that enable them to better manage their disease and maintain maximum independence.

*Improving Health Care for Individuals with Special Needs**

* Also see Priority 2, Enhancing Access to Mental Health Services

Strategy 1: Continue collaboration between the PGCHD's Infants and Toddlers Program, The Arc, the PGCDFS, the Prince George's County Public Schools (PGCPS) Special Education Program, the Family Service Foundation, and other agencies serving County residents with intellectual and developmental disabilities to develop a consolidated multi-agency plan that outlines strategies and partnerships needed to address gaps in the delivery of health care to individuals with special needs.

Strategy 2: Continue assisting families of children enrolled in the Infants and Toddlers Program to ensure that children ages birth to three with special needs have updated immunizations and a medical home.

Strategy 3: Work with partner agencies serving individuals with disabilities to educate the public about the challenges they face in receiving health care, to increase public acceptance and support of persons with disabilities, and to eliminate the stigma associated with disabilities; enlist the faith community, local businesses that employ persons with disabilities, and other traditional and non-traditional partners in this effort.

Strategy 4: Identify a cadre of health care professionals (i.e. OB-GYNs and other physicians, nurses, dentists, physical therapists, nutritionists, social workers) willing to participate in training to increase their understanding of the unique needs of individuals with disabilities and to adapt their medical practices to better serve this population.

Strategy 5: Train health care providers to look for signs and symptoms of stress among their patients who are family members and caregivers of persons with special needs and to refer them to appropriate support services.

Strategy 6: Work with residential care providers to identify ways to make the environment healthier for and more supportive of the adoption of healthy lifestyles among individuals with special needs; offer educational programs that address the health care needs of direct care staff.

Strategy 7: Update the PGCHD's Community Services Guide-at-a-Glance to include agencies and programs that serve individuals with special needs; disseminate the Guide to community providers and agencies for use as a tool in linking clients with special needs and their families to available resources; ensure that these resources are made known to families by posting the information on agency Web sites and in their publications.

Strategy 8: Ensure that the Prince George's Healthcare Action Coalition (PGHAC) includes providers that serve populations with special needs and community advocates; establish a work group that focuses on improving care to individuals with special needs to reduce their risk for chronic diseases, dental problems, unintended pregnancy, sexually transmitted and other communicable diseases, sexual abuse, and substance abuse.

Strategy 9: Partner with PGCDFS Commission for Veterans, PGCDSS, the Homeless Services Partnership, the Salvation Army, and other organizations and agencies serving veterans and the homeless to identify ways to improve health service delivery to these populations.

Strategy 10: Increase public awareness of the County's Homeless Hotline which links individuals who are homeless or at risk of homelessness to needed services, as well as the 211 (Homelessness Prevention) Hotline, which assists individuals before they become homeless by providing mortgage/rental assistance and referral to other support services.

Strategy 11: Partner with the Columbia Lighthouse for the Blind and Visually Impaired, the Family Service Foundation, Gallaudet University, and other organizations serving blind/visually impaired and deaf/hearing impaired individuals to identify ways to improve health service delivery to these populations.

Strategy 12: Continue supporting the PGCDFS Mental Health and Disabilities Division's programs that serve individuals with mental illnesses and individuals in psychiatric crisis, particularly where collaborative agreements among community service providers are essential.

Strategy 13: Partner with PGCDFS, the Mental Health Association of Prince George's County, the National Alliance for the Mentally Ill, On Our Own, and other organizations serving individuals with mental illnesses to identify ways to improve health service delivery to this population.

Key Partners: The Arc, Board of Pharmacy, Board of Physicians, Columbia Lighthouse for the Blind and Visually Impaired, Community Clinics, Inc., community medical and dental providers, Deamonte Driver Dental Project, Dimensions Healthcare System, Doctors Community Hospital, Family Service Foundation, Forestville Pregnancy Center, Gallaudet University, Greater Baden Medical Services, Homeless Services Partnership, Improved Pregnancy Outcome Coalition, Kaiser Permanente, low-income housing complexes, managed care organizations, Maryland Dental Action Coalition, Mary's Center, Medical Society, Mental Health Association of Prince George's County, National Alliance for the Mentally Il, National Capital Area Chapter of the Alzheimer's Association, On Our Own, Pregnancy Aid Center, Prince George's County Commission for Persons with Disabilities, Prince George's County Department of Family Services, Prince George's County Department of Social Services, Prince George's County Health Department, Prince George's County Public Schools, residential care providers, Salvation Army, Southern Maryland Hospital Center, University of Maryland School of Public Health.

Priority 2: Prevent and Control Chronic Disease in Prince George's County, Particularly Among Minorities.

(Corresponds with SHIP Vision Area 5: Prevent and Control Chronic Disease)

County Outcome Objective	Current Baseline	2014 Target
Reduce deaths from heart disease	Overall rate - 224.2 (rate of heart disease deaths per 100,000 population (age-adjusted), VSA 2007-2009) White rate - 195.5 Black rate - 221.0 Hispanic rate - 66.4 Asian rate - 96.0	Overall rate - 188.5 using midpoint to HP 2020 White rate - 174.1 using midpoint to HP 2020 Black rate - 186.9 using midpoint to HP 2020 Hispanic rate - 63.1 using 5% decrease Asian rate - 91.2 using 5% decrease
Reduce the overall cancer death rate	Overall rate - 173.8 (rate of cancer deaths per 100,000 population [age-adjusted], VSA 2009) White rate - 199.0 Black rate - 181.9 Hispanic rate - 70.9 Asian rate - 87.0	Overall rate -167.2 using midpoint to HP 2020 White rate - 179.8 using midpoint to HP 2020 Black rate - 171.3 using midpoint to HP 2020 Hispanic rate - 67.4 using 5% decrease Asian rate - 82.7 using 5% decrease
Increase the proportion of adults who are at a healthy weight	28.6% (percentage of adults at a healthy weight [not overweight or obese], BRFSS 2008-2010) White Non-Hispanic - 39.6% Black - 13.0% Hispanic - 23.0% Asian - Not Available	30% using 5% increase White Non-Hispanic - 41.6% using 5% increase Black - 13.7% Hispanic - 24.2%
Reduce the proportion of children and	16.1% (percentage of youth ages 12-19 who are obese, MYTS 2008)	15.3% using 5% decrease

adolescents who are considered obese		
Reduce hypertension-related emergency department visits	Overall rate - 257.7 (rate of ED visits for hypertension [inpatient + outpatient] per 100,000 population, HSCRC 2010) White rate - 101.8 Black rate - 341.7 Hispanic rate - 54.3 Asian rate - 67.6	Overall rate - 244.8 using 5% decrease White rate - 96.7 using 5% decrease Black rate - 324.6 using 5% decrease Hispanic rate - 51.6 using 5% decrease Asian rate - 64.2 using 5% decrease
Reduce diabetes-related emergency department visits	Overall rate - 308.4 (rate of ED visits for diabetes [inpatient + outpatient] per 100,000 population, HSCRC 2010) White rate - 179.5 Black rate - 388.2 Hispanic rate - 101.6 Asian rate - Not Available	Overall rate - 293 using 5% decrease White rate - 170.5 using 5% decrease Black rate - 368.8 using 5% decrease Hispanic rate - 96.5 using 5% decrease Asian rate - Not Available
Reduce drug induced deaths	6.1 (rate of drug-induced deaths per 100,000 population, VSA 2007-2009)	5.8 - rate using 5% decrease
Reduce tobacco use by adults	13.3% (percentage of adults who currently smoke, BRFSS 2008-2010) White Non-Hispanic - 16.8% Black - 17.8% Hispanic - 5.7% Asian - Not Available	12.7% using midpoint to HP 2020 White Non-Hispanic - 14.4% using midpoint to HP 2020 Black - 14.9% using midpoint to HP 2020 Hispanic - 5.4% using 5%

		decrease Asian - Not Available
Reduce the proportion of youth who use any kind of tobacco product	23.3% (percentage of high school students grades 9-12 that have used any tobacco product in the past 30 days, Maryland Youth Tobacco Survey 2010)	22.2% using midpoint to HP 2020
Reduce the number of ED visits related to behavioral health conditions	713.1 (rate of ED visits for behavioral health conditions [inpatient + outpatient] per 100,000 population, HSCRC 2010) White rate - 740.7 Black rate - 778.3 Hispanic rate - 2243.9 Asian rate - 151.4	677.4- rate using 5% decrease White rate - 703.7 using 5% decrease Black rate - 739.4 using 5% decrease Hispanic rate - 2131.7 using 5% decrease Asian rate - 143.8 using 5 % decrease

Increasing Access to Healthier Foods *

* Also see Improving Our Environment under Priority #5

Strategy 1: Adopt local policies requiring chain restaurants to provide menu labeling that gives consumers information on nutritional values of in-store menu selections.

Strategy 2: Educate local leaders, restaurant owners, and the public about menu labeling and its impact on selection of healthy food choices, using media outlets, community events, educational materials, and other venues/methods.

Strategy 3: Increase public demand for healthier food choices at restaurants and food markets through education and advocacy; partner with the Food Supplement Nutrition Education Program to assist with community education to low income and other at-risk communities.

Strategy 4: Seek funding for educational programs that link healthy nutrition to other desirable outcomes (i.e. healthy pregnancy, reduced incidence of chronic disease).

Strategy 5: Increase marketing of healthier foods, using the Get Fresh Baltimore model.

Strategy 6: Develop and disseminate culturally and linguistically appropriate informational materials to educate the public about healthy nutrition and its impact on the body, healthy food selection and preparation; enlist the support of local chefs and restaurateurs in this effort.

Strategy 7: Adopt local policies providing incentives (tax credits, grants, loan programs, etc.) to supermarkets that lower prices on healthier food products and to attract new supermarkets to underserved areas.

Strategy 8: Identify funding to provide incentives to stores that offer healthier food choices at low cost, and advertise these incentives to the public; help connect local farmers with food outlets so that locally grown foods can be offered everywhere.

Strategy 9: Collaborate with supermarket corporate offices and local store managers to explore ways to provide incentives to customers that encourage the purchase of healthier foods.

Strategy 10: Adopt local policies to discourage consumption of calorie dense, nutrient poor foods through the use of incentives, land use and zoning regulations that place restrictions on the number and location of fast food restaurants, particularly in high-risk communities.

Strategy 11: Promote local farmers' markets and seek to add farmers' markets in food desert areas; appeal to local farmers to come to inner-Beltway locations by promoting their safety and the ability to accept food stamps and Women, Infants, and Children (WIC) Program vouchers for payment.

Strategy 12: Increase the number of needy families that participate in federal, state, and local government nutrition programs such as WIC, the Food Stamps Program, School Breakfast and Lunch Programs, the Child and Adult Care Food Program, the Senior Nutrition Program, the Afterschool Snacks and Supper Program, and the Summer Food Service Program.

Strategy 13: Enlist the faith-based community in providing education about healthy eating and chronic disease prevention, and explore funding to install computers in local churches where parishioners can access health information from Web sites.

Strategy 14: Encourage County residents to eat locally grown foods and educate them on methods for growing their own food, including gardening techniques (i.e. composting) and establishing community gardens; involve schools, local farmers, and municipalities in this effort.

Strategy 15: Encourage prenatal care providers to include nutrition education that teaches pregnant women how to purchase and prepare healthier foods to improve their health and that of their families.

Promoting Physical and Recreational Activity

Strategy 1: Support the implementation of the PGCPS new Fitness-Gram Program in grades K-12, which provides an individualized physical fitness plan for each participating student.

Strategy 2: Work with the PGCPS School Wellness Councils and the Healthy Schools Program to advocate for the adoption of school policies that increase physical activity for students, promote healthier food and beverage choices in schools, and contribute to a healthier school environment in general.

Strategy 3: Seek funding to pilot the implementation of the M-NCPPC and PGCHD's Prescription-REC Program for County residents with high blood pressure and/or high cholesterol who have a "prescription" from their health care provider to start an exercise regimen.

Strategy 4: Explore innovative ways to increase opportunities for physical and recreational activity in communities, schools, workplaces including:

- offering incentives to developers to build safe, attractive parks, playgrounds and recreation centers
- establishing joint use of school and community facility agreements allowing playing fields, playgrounds, and recreation centers to be used by the public when schools are closed
- promoting youth athletic leagues and worksite walking and other physical activity programs
- adopting a policing strategy to improve safety and security at parks
- promoting a culture of "everyday" physical activity (i.e. taking stairs, walking during breaks and lunchtime)
- offering discounts to consumers as incentives to use existing public and private health clubs and recreational facilities.

Promoting Clinical, Self-Management, and Other Services That Address Chronic Conditions

Strategy 1: Promote innovative community programs that address chronic diseases such as the Gaston and Porter Health Improvement Center's Women's Health Institute and Prime Time Sister Circles Program, the Children's National Medical Center's Obesity Institute, Southern Maryland Hospital Center's Fit 'N Fun Program, Cardiac Risk Reduction Center, and the Diabetes Self-Management Education Program, and the Doctor's Community Hospital's Joslin Diabetes Center; establish a mechanism for community providers to refer their at-risk clients.

Strategy 2: Identify best practices for diagnosis and management of high blood pressure and encourage physicians to incorporate them into their practices, including the use of electronic health record (EHR) prompts (i.e. Veteran's Administration model).

Strategy 3: Identify funding for a public education campaign to reinforce the risks of high blood pressure and to promote measures to reduce/control high blood pressure, including diet, physical activity, and medical management.

Strategy 4: Seek partnerships with hospitals, physician groups, and interested community groups to provide diabetes self-management education to those who are uninsured/underinsured; utilize services of diabetes educators.

Strategy 5: Seek funding to establish diabetes case management services that link uninsured/underinsured individuals to medical care, education, and supplies; include a hotline for those who have short-term needs.

Strategy 6: Offer diabetes prevention programs in non-clinical settings (i.e. M-NCPPC programs, schools).

Strategy 7: Work with physician groups to identify those at risk for diabetes and provide prevention education, including use of EHR prompts.

Strategy 8: Work with the American Association of Diabetes Educators to seek funding to recruit and train more minority diabetes educators; develop culturally and linguistically appropriate diabetes educational materials for our diverse population.

Strategy 9: Provide an assessment and physical exam to all students seen at the four SBWCs that include screening for obesity/overweight, and referral for further clinical and/or self-management programs as needed.

Strategy 10: Update the PGCHD's *Community Services Guide At-A-Glance* to feature providers and programs that address obesity, diabetes, hypertension, smoking cessation, weight management, and physical activity; disseminate the Guide (via Web sites and mailings) to community providers and agencies (including libraries) for use as a tool in linking individuals with chronic conditions to needed clinical care and self-management programs.

Strategy 11: Explore with PGCDFS and Prince George's Community College expanding their joint Living Well Chronic Disease Self-Management Program (from Stanford University) to serve a greater number of County residents diagnosed with chronic diseases.

Strategy 12: Partner with holistic health practitioners and other complementary and alternative medicine (CAM) providers to identify ways to integrate CAM into conventional health care practices and to promote chronic disease prevention and wellness models that will assist County residents adopt positive lifestyle changes and increase their level of personal responsibility for improving their health status.

Enhancing Health Care Providers' Skills in Treating and Preventing Chronic Diseases

Strategy 1: Seek funding to expand the PGCHD's Center for Healthy Lifestyles Initiative (CHLI) and to establish a Healthy Futures Training Institute (HFTI) through the UMDSPH. CHLI and HFTI will provide training and technical assistance to health care institutions, organizations, and providers to incorporate into their routine patient care practices evidence-based interventions for the following: reducing/managing overweight and obesity through physical activity and nutrition; controlling hypertension, diabetes, and high cholesterol; reducing cardiovascular disease; and preventing/reducing tobacco use.

Strategy 2: Expand the PGHAC to include members representing communities experiencing high rates of heart disease and other chronic conditions; establish work groups within the Coalition to continually research best practices and ways to incorporate them into standards of care for high blood pressure, high cholesterol, cardiovascular disease, etc.

Preventing and Treating Cancer

Strategy 1: Continue providing breast and cervical cancer screening (and referral for treatment) to women ages 40 and over who are uninsured/underinsured and whose incomes are at or below the 250% poverty level through the PGCHD's Breast and Cervical Cancer Screening Program (BCCP); fully implement the Expanded BCCP Program which will also serve men.

Strategy 2: Continue providing colorectal cancer screening and referral to appropriate entitlement programs for follow-up treatment to individuals ages 50 and over and who are uninsured/underinsured through the PGCHD's Colorectal Cancer Prevention, Education, Screening, and Treatment Program (CPEST).

Strategy 3: Partner with the American Cancer Society, Susan G. Komen For the Cure, and other agencies addressing cancer to provide public education on cancer prevention

and to encourage individuals to get recommended screenings (i.e. mammograms, colonoscopies, PSA tests); focus efforts on reaching African Americans and other minorities.

Strategy 4: Use the Maryland Comprehensive Cancer Control Plan as a guide for developing additional strategies to address cancer prevention, early detection and treatment, and disparities.

Strategy 5: Continue offering in the PGCHD's Immunization Clinics the Gardasil vaccine to males and females starting at age 11 to prevent genital warts caused by the human papilloma virus (HPV) and HPV-associated cancers (cancer of the cervix, vulva, vagina, penis, anus as well as head and neck cancer); continue educating the public about Gardasil's role in preventing genital warts and cancer.

Strategy 6: Seek funding to hire patient navigators who facilitate access to resources, financial assistance, transportation, and other needed services for individuals with breast and other cancers.

Increasing Public Awareness

Strategy 1: Work with community partners, the American Diabetes Association, American Heart Association, American Lung Association and other organizations to implement special initiatives that increase public awareness of measures to prevent chronic diseases and encourage adoption of healthier lifestyles.

Strategy 2: Develop and disseminate culturally and linguistically appropriate materials and messages about chronic disease prevention targeting the County's diverse populations, minorities and non-English speaking individuals.

Strategy 3: Place information on County agency and partner Web sites and in publications that provides tips for achieving a healthier lifestyle.

Creating Breastfeeding-Friendly Communities

Strategy 1: Establish a network of local hospitals interested in adopting practices to become baby-friendly; establish a network of OB/GYNs, family practice practitioners, and midwives who are supportive of breastfeeding and willing to promote it among clients and the community.

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Strategy 2: Encourage local employers, health care institutions, and child care settings to establish policies and programs that support worksite breastfeeding.

Strategy 3: Identify funds to conduct a multi-media campaign to improve public attitudes towards breastfeeding.

Strategy 4: Identify new venues where mothers seeking health and other services can be educated about the health benefits of breastfeeding for their infants and children and breastfeeding as a potential obesity prevention strategy.

Strategy 5: Establish a work group within the PGHAC that continually researches best practices for promoting breastfeeding in maternal health care settings (i.e. WIC, Family Planning, Nutrition, Early, Periodic, Screening, Diagnosis, and Treatment Programs) and the community.

Enhancing Access to Substance Abuse Treatment

Strategy 1: Continue implementing the Safety NET (Network for Entry into Treatment) Project that provides substance abuse treatment and education to adults and youth. This Program addresses substance abuse as a factor in criminal justice system entry and recidivism, and youth violence prevention.

Strategy 2: Continue implementing PLAN (Partnership for Learning Among Neighbors), an intensive assessment and re-integration program for detainees with co-occurring mental health and substance use disorders that place them at high risk for recidivism and poor health outcomes.

Strategy 3: Update agreements with the extensive network of public and private substance abuse treatment providers to ensure multiple pathways to care and to facilitate the seamless provision of screening, intake, referral, assessment, and treatment services for County residents.

Strategy 4: Increase the number of individuals in substance abuse treatment who belong to priority (highest risk, highest cost) populations that put other members of the general population at risk, including:

- parenting women and women of childbearing age, to reduce the risk for infant mortality, fetal alcohol syndrome, failure to thrive, and early initiation of alcohol, tobacco and other drug use (ATOD)
- injection drug users, to reduce the spread of HIV and hepatitis
- first-time marijuana users and DUI/DWI offenders, to reduce crash and non-crash injuries (i.e. falls and domestic violence) and ATOD-related deaths.

Strategy 5: Increase the number of individuals in substance abuse treatment who are at greatest risk for ATOD use by demographics or health status, including:

- Latinos, by offering more English-Spanish addiction treatment capability

- youth ages 12–16, who are retained in treatment 90 days or more, to enable parents/guardians to participate in the treatment process

- individuals with co-occurring disorders, to reduce jail recidivism.

Strategy 6: Sustain jail-based substance abuse treatment, and Juvenile and Adult Drug Court interventions to increase the number of other individuals at high risk who are enrolled in treatment.

Strategy 7: Increase the number of individuals connected to substance abuse treatment through Screening, Brief Intervention and Referral to Treatment (SBIRT) efforts at local hospitals, to reduce repeat emergency room use by individuals addicted to ATOD.

Strategy 8: Increase advertisement of the wide range of substance abuse prevention, treatment, and community support services available to County residents through a radio campaign and outreach to schools, communities, businesses, and faith-based organizations.

Promoting Smoke-Free Communities

Strategy 1: Support M-NCPPC's plan to expand its smoking ban to include the outdoor (open) spaces at all of its facilities.

Strategy 2: Work with partners to increase the number of smoke-free multi-unit housing properties in the County, particularly in areas most at risk for tobacco-related disease and disability (based on disease burden, socioeconomic status of residents, and size of the housing complex).

Strategy 3: Educate building managers, tenants, and tenant associations about the hazards of tobacco use and the steps to implement a smoke-free policy at their dwellings.

Strategy 4: Work toward the establishment of a smoke-free County by adopting legislation that bans smoking at all County and municipal government-owned properties (including outdoor spaces).

Strategy 5: Work with the University of Maryland Legal Resource Center for Tobacco Regulation, Litigation, and Advocacy to identify additional strategies leading to a smoke-free County.

Strategy 6: Work with partners to promote smoke-free college campuses.

Strategy 7: Work with partners to identify funds to conduct a County-wide campaign to educate at-risk adults and adolescents about the hazards of tobacco use and resources available for tobacco use cessation, using mass and social media outlets that appeal especially to youth; focus efforts on reaching County residents in the southern part of the County where tobacco use is more prevalent.

Strategy 8: Collaborate with existing school-based tobacco prevention programs to promote additional anti-tobacco messages to students.

Strategy 9: Explore with partners ways to train physicians, dentists, nurses, and other health care providers to deliver brief messages on the dangers of tobacco use and to refer their clients to available cessation programs.

Enhancing Access to Mental Health Services

Strategy 1: Support the implementation of PGCDFS Mental Health and Disabilities Administration, Fiscal Year 2012 Annual Plan* to develop and maintain a comprehensive, efficient, and cost effective system of community-based mental health care in Prince George's County, particularly as it relates to collaborative agreements among community service providers.

* A complete description of this Plan is available in the *Prince George's County Department of Family Services, Mental Health and Disabilities Administration, Fiscal Year 2010 Annual Report and Fiscal Year 2012 Annual Plan Update*.

Strategy 2: Continue to provide behavioral health condition screenings to County residents at various points of service entry where potentially at-risk individuals may be identified (i.e. women's wellness centers, SBWCs, Prince George's County Department of Corrections (PGCDOC), Youth Service Bureaus, PGCDFS, PGCDSS, and Adam's House).

Key Partners: Affiliated Santé, Alcohol and Drug Abuse Administration, American Association of Diabetes Educators, American Cancer Society, American Diabetes Association, American Heart Association, American Lung Association, Children's National Medical Center, community substance abuse treatment providers, complementary and alternative medicine and holistic health providers, Dimensions Healthcare System, Doctors Community Hospital, faith-based and non-profit community-based organizations, Food Supplement Nutrition Education (University of Maryland), Gaston and Porter Health Improvement Center, local businesses, local chefs, restaurateurs, farmers, and farmers' markets, Maryland-National Capital Park and Planning Commission multi-unit housing managers and tenant associations, Prince George's County Council/Board of Health, Prince George's County Executive, Prince George's County Courts, Prince George's County Criminal Justice Coordinating Council and Drug and Alcohol Advisory Committee, Prince George's County Department of Corrections, Prince George's County Department of Family Services, Prince George's County Department of Juvenile Services, Prince George's County Department of Social Services, Prince George's County Health Department, Prince George's County Memorial Library System, Prince George's County Parole and Probation Office, Prince George's County Police Department, Prince George's County Public Schools, Prince George's County State's Attorney's Office, private sector health care providers, Southern Maryland Hospital Center, supermarket corporate offices and grocery stores, Susan G. Komen For the Cure, University of Maryland Legal Resource Center for Tobacco Regulation, Litigation, and Advocacy, Youth Service Bureaus, University of Maryland School of Public Health.

<u>Priority 3</u>: Improve Reproductive Health Care and Birth Outcomes for Women in Prince George's County, Particularly Among African American Women.

(Corresponds with SHIP Vision Area 1: Improve Reproductive Health Care and Birth Outcomes)

County Outcome Objective	Current Baseline	2014 Target
Reduce infant deaths	Overall rate - 10.4 (number of infant deaths/1,000 live births, VSA 2007- 2009) White/Non-Hispanic rate - 10.6 Black rate - 13.3 Hispanic rate - 4.6 Asian rate - 2.7	Overall rate - 8.2 using midpoint to HP 2020 White/Non-Hispanic rate - 10.1 using 5% decrease Black rate - 12.6 using 5% decrease Hispanic rate - 4.4 using 5% decrease Asian rate - 2.6 using 5% decrease
Reduce low birth weights (LBW) and very low birth weights	Overall - 10.6% (percentage of births that are LBW, VSA 2007-2009) White/Non-Hispanic - 7.6% Black - 12.5% Hispanic - 7.5% Asian - 7.7%	Overall - 9.2% using midpoint to HP 2020 White - 7.2% using 5% decrease Black - 11.9% using 5% decrease Hispanic - 7.1% using 5% decrease Asian - 7.3% using 5% decrease
Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester	Overall - 67% (percentage of births where mother received first trimester prenatal care, VSA 2007-2009) White/Non-Hispanic - 82.3% Black - 69.4% Hispanic - 52.7% Asian - 66.6%	Overall - 70.4 % using 5% increase White - 86.4% using 5% increase Black - 72.9% using 5% increase Hispanic - 55.3% using 5%

		increase Asian - 69.9% using 5% increase

Note – A number of these strategies also address Priority 1.

Linking Women to Prenatal Care and Women's Wellness Services

Strategy 1: Expand existing prenatal care and women's health services to include screening and counseling for diabetes prevention and management (including gestational diabetes), weight management and nutrition counseling, substance abuse and smoking cessation services, referral to dental health services, mental health services and domestic violence prevention, and screenings and referrals for Medicaid.

Strategy 2: Continue working with key partners to secure funding for existing County prenatal care programs that serve high risk and very high risk uninsured pregnant women needing specialty perinatology, midwifery and other services.

Strategy 3: Work with the PGCDOC to ensure that incarcerated pregnant women receive prenatal care and are linked to community services upon release.

Strategy 4: Continue working with the PGCPS to ensure that pregnant adolescents receive prenatal care and are referred to family planning services after delivery.

Strategy 5: Identify resources to expand existing Healthy Start and perinatal navigator services that provide home visits and intensive follow-up for high risk pregnant women.

Strategy 6: Continue collaboration between PGCHD, PGCDFS, PGCDSS, and the Healthy Families Prince George's County Program to ensure that pregnant women receive needed prenatal, pediatric, mental health, health education, and other support services in a coordinated manner.

Strategy 7: Identify funding for and implement an advertising campaign to promote all of the women's wellness and prenatal care services available in the County and to encourage pregnant women to get into care early, focusing on reaching minority women.

Strategy 8: Work with local hospitals to identify ways to increase access to perinatology and fetology services for high risk pregnant women, as well as tubal ligation and vaginal births after c-section (VBACs).

Strategy 9: Increase availability of post-abortion counseling services.

Identifying Innovative Strategies to Address Infant Mortality

Strategy 1: Continue convening meetings of the Prince George's County Improved Pregnancy Outcome Coalition (IPOC) to identify best practices and seek resources for reducing infant mortality, and to advocate for policy, legislative, and systems changes that have an impact on infant mortality reduction; follow-up with providers to ensure they are initiating IPOC recommendations.

Strategy 2: Continue convening meetings of the Fetal and Infant Mortality Review (FIMR) Team to review infant mortality cases and to make recommendations to the Health Department regarding strategies to address the Team's specific findings.

Strategy 3: Recruit more hospital providers and primary care physicians to join the IPOC and FIMR.

Strategy 4: Provide information to pregnant women and women of childbearing age (including women with health insurance and higher incomes) about the risk factors that affect birth outcomes, especially focusing on African American women.

Promoting Family Planning Services

Strategy 1: Identify funding to implement an advertising campaign promoting existing community family planning services; focus on reaching minority women and adolescents through novel approaches.

Strategy 2: Continue partnerships between family planning providers in the County to ensure that available family planning appointment slots are filled through appropriate referral arrangements.

Strategy 3: Ensure that students seen at the four SBWCs are linked to family planning services in the community.

Strategy 4: Explore ways to engage male partners of sexually active women in seeking family planning services and supporting partner compliance with family planning methods.

Strategy 5: Ensure that obstetrics patients are provided with family planning education during prenatal care and referred to family planning services after delivery.

Strategy 6: Ensure that women who are ineligible for Title X family planning services, are uninsured/underinsured, have aged out or are over income limits, have access to women's wellness services.

Key Partners: Access to Wholistic and Productive Living Institute, Inc., Community Clinics, Inc., Dimensions Healthcare System, Doctors Community Hospital, Greater Baden Medical Services, Healthy Families Prince George's Program, FIMR Team, Forestville Pregnancy Center, Improved Pregnancy Outcome Coalition, Maryland Community Health Resources Commission, Maryland Department of Health and Mental Hygiene [DHMH] Family Health Administration and Office of Minority Health and Health Disparities, Mary's Center, Pregnancy Aid Center, Prince George's County Department of Corrections, Prince George's County Department of Family Services, Prince George's County Department of Social Services, Prince George's County Health Department, Prince George's County Public Schools, Southern Maryland Hospital Center, University of Maryland School of Medicine.

Priority 4: Prevent and Control Infectious Disease in Prince George's County, Particularly Among African Americans and Other Minorities.

(Corresponds with SHIP Vision Area 4: Prevent and Control Infectious Disease)

County Outcome Objective	Current Baseline	2014 Target
Reduce new HIV infections among adults and adolescents	Overall rate - 56.4 (rate of new [incident] cases of HIV in persons age 13 and older per 100,000 population, IDEHA 2009) In progress for race specific data	Overall rate - 53.6 using 5% decrease
Reduce chlamydia trachomatis infections among young people	Overall rate - 631 (rate of chlamydia infections for all ages per 100,000 population, IDEHA 2009) White rate - 32.4 Black rate - 206.4 Hispanic rate - 74.8 Asian rate - Not Available (all ages)	Overall rate - 599.5 using 5% decrease White rate - 30.8 using 5% decrease Black rate - 196.1 using 5% decrease Hispanic rate - 71.1 using 5% decrease Asian rate - Not Available
For patients with newly diagnosed TB for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months	91.7% of new TB cases have completed treatment (National TB Indicators Project, Centers for Disease Control and Prevention [CDC])	93.0% by 2015 to meet National TB Indicators Project goal
Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children	Varies according to specific vaccine administered - refer to National Immunization Survey for vaccine-specific data	Maintain high coverage levels

Increase the seasonal flu vaccine rates	33.9% (percentage of adults who have had a flu shot in the last year, BRFSS 2008-2010) White Non-Hispanic - 43.8% Black - 32.5% Hispanic - 24.9%	57% using midpoint to HP 2020 White Non-Hispanic - 61.9% using midpoint to HP 2020 Black - 56.3% using midpoint to HP 2020 Hispanic - 52.3% using midpoint to HP 2020

Addressing HIV/AIDS

Strategy 1: Increase routine HIV screening in clinical settings and targeted screening in non-clinical settings, including the PGCDOC, public substance abuse treatment programs, and the SBWCs (all located in areas with the highest morbidity rates); link HIV positives immediately to care, and high risk HIV negatives to other medical care and HIV prevention programs.

Strategy 2: Provide behavioral risk screening and evidence-based risk reduction education to persons living with HIV (PLWH) and HIV negative persons at highest risk, including men who have sex with men, high risk heterosexuals, at-risk youth, PGCDOC detainees, etc.

Strategy 3: Implement prevention education and outreach strategies that specifically target heterosexual women, especially minority women.

Strategy 4: Explore ways to integrate evidence-based risk reduction education into the curriculum at the schools where the four SBWCs are located.

Strategy 5: Continue to provide on-going partner services for PLWH, including newly infected and their partners and PLWH diagnosed with a new sexually transmitted infection (STI).

Strategy 6: Continue to refer or link PLWH identified through partner services to medical care and support, and assign Linkage to Care workers to assist PLWH not currently in care.

Strategy 7: Work with a behavioral specialist to develop criteria for providing on-going behavioral counseling to at-risk persons; provide behavioral counseling to PLWH who engage in high risk behaviors, high risk negatives with repeat STIs, high risk men who have sex with men, and high risk heterosexuals.

Strategy 8: Expand outreach and prevention education efforts to include the use of innovative media and information technology methods such as online and social network services (i.e. Web sites, blogs, Facebook, Twitter, YouTube and Internet-Based Partner Services).

Strategy 9: Increase awareness among medical providers of the HIV medical care and support services available to HIV infected residents, and encourage providers to make HIV testing a routine part of care.

Strategy 10: Use case finding activities and partner surveillance data to identify the most effective settings and geographic areas to conduct targeted outreach and education.

Strategy 11: Train the medical community to be more comfortable and proficient in discussing substance use, sexual history and sexual habits with their patients, and in addressing cultural and linguistic barriers to their care.

Strategy 12: Increase the involvement of the faith-based community and churches in providing culturally sensitive HIV/STI prevention education and in serving as sites for free HIV testing; explore funding to establish a position within the PGCHD dedicated to working with the faith-based community.

Strategy 13: Work with medical associations, pharmaceutical representatives, and local academic institutions to provide continuing education to medical providers to ensure that their clinical skills in treating HIV/AIDS patients are up-to-date.

Addressing Other Sexually Transmitted and Communicable Diseases

Strategy 1: Identify funding to support a new chlamydia initiative including its prevention, expanded treatment capabilities, and partner services to identify individuals in need of treatment.

Strategy 2: Work with the Sexually Transmitted Infections Community Coalition (STICC) and other community partners to explore the development of a regional plan to address HIV and other STIs.

Strategy 3: Develop and disseminate, through media outlets and innovative outreach approaches, culturally and linguistically appropriate educational materials and messages on the most common STIs and their prevention.

Strategy 4: Continue to work with the medical community in managing and co-managing all active tuberculosis (TB) cases to ensure appropriate treatment of all TB cases.

Strategy 5: Continue to provide directly observed therapy (DOT) services to all TB cases in order that treatment is completed for the prevention of spread of TB.

Ensuring that Children Receive Recommended Immunizations

Strategy 1: Continue collaborating with the PGCPS nurses to ensure that all enrolled children are in compliance with required immunizations; provide updates about immunization requirements and available services to public school system nurses during the yearly health services orientation.

Strategy 2: Continue to provide outreach to private and non-public schools regarding immunization requirements and review their student immunization records.

Strategy 3: Continue collaborating with WIC offices, PGCDFS, the Healthy Families Prince George's County Program, and other programs that serve County children to ensure that these children receive recommended immunizations.

Strategy 4: Expand outreach efforts through community health fairs, Web site listings, and other venues to increase public awareness of the importance of childhood vaccines and the availability of County immunization clinics for uninsured/underinsured children; develop educational materials and messages that specifically target immigrants and new refugees.

Strategy 5: Maintain high vaccination coverage levels of County children by continuing to provide free immunizations to children at PGCHD Immunization Clinics and the SBWCs.

Increasing Community Acceptance of Seasonal Flu Shots

Strategy 1: Carry out an aggressive public information campaign about the importance of getting a seasonal flu shot; include messages and media outlets targeting minority and non-English speaking populations.

Strategy 2: Continue providing free flu shots in existing PGCHD clinics (Maternity, Family Planning, Sexually Transmitted Disease (STD), TB, HIV Clinics, etc.).

Strategy 3: Collaborate with school officials, mayors of municipalities, public officials representing local councilmanic districts, community clinics, PGCDFS and other County agencies to identify venues accessible to the public where free flu shots can be provided, especially for elderly and other at-risk populations; partner with community groups and businesses to provide low cost flu shots.

Strategy 4: Use the County's Medical Reserve Corps and Citizen Emergency Response Team volunteers to help staff public flu clinics.

Strategy 5: Collaborate with community medical providers interested in providing flu shots to ensure they have sufficient vaccine and other resources to provide flu shots to the public.

Strategy 6: Promote universal acceptance of flu vaccinations among all healthcare workers.

Key Partners: Academic institutions, Citizen Emergency Response Teams and Medical Reserve Corps, Community Clinics, Inc., councilmanic district public officials, Dimensions Healthcare System, Greater Baden Medical Service, Healthy Families Prince George's County Program, Heart-to-Hand and other HIV/STD community partners, faith-based community and local churches, local businesses and community-based organizations, Mary's Center, mayors of local municipalities, medical associations and pharmaceutical representatives, Prince George's County Courts, Prince George's County Department of Corrections, Prince George's County Department of Family Services, Prince George's County Department of Social Services, Prince George's County Health Department, Prince George's County Public Schools, private medical providers, private and non-public schools, Reality House and Salvation Army Rehabilitation Program (community substance abuse treatment centers), Sexually Transmitted Infection Community Coalition.

Priority 5: Ensure that Prince George's County Physical Environments are Safe and Support Health, Particularly in At-Risk Communities.

(Corresponds with SHIP Vision Area 3: Ensure that Maryland Physical Environments are Safe and Support Health)

County Outcome Objective	Current Baseline	2014 Target
Reduce the rate of fall-related deaths	4.6 (rate of deaths associated with falls per 100,000 population, VSA 2007-2009)	4.37 - rate using 5% decrease
Reduce pedestrian injuries on public roads	47.8 (rate of pedestrian injuries, State Highway Administration 2007-2009)	34.1 - rate using midpoint to HP 2020
Reduce the number of drownings among children and adults	14 (count only, VSA 2008)	7 count only using 50% decrease
Reduce blood lead levels in children	74.6 (rate of new [incident] cases of elevated blood lead level in children under 6 per 100,000, Maryland State Department of Education [MSDE] 2009)	37.3 - rate using 50% decrease
Reduce the number of infant deaths from sudden unexpected infant deaths (SUIDs), including Sudden Infant Death Syndrome (SIDS), unknown cause, accidental suffocation and strangulation in bed	.9 (rate of SUIDs (including deaths attributed to SIDS, accidental suffocation and strangulation in bed [ASSB], and deaths of unknown cause per 1,000 live births, VSA 2005-2009)	.85 - rate using midpoint to HP 2020
Reduce salmonella infections transmitted through food	11.7 (rate of salmonella infections per 100,000 population, IDEHA 2010)	7.96 - rate using 32% decrease
Reduce hospital emergency department (ED) visits from asthma	Overall rate - 71.7 (rate of ED visits for asthma [inpatient and outpatient] per 10,000 population, HSCRC 2010) White rate - 25.8	Overall rate - 57.4 using 20% decrease White rate - 20.6 using 20% decrease

	Black rate - 90.9 Hispanic rate - 30.5 Asian rate - 17.7	Black rate - 72.7 using 20% decrease Hispanic rate - 24.4 using 25% decrease Asian rate - 14.2 using 20% decrease
Increase access to healthy food and venues for physical and recreational activity	13.6% (percentage of census tracts with food deserts, U.S, Department of Agriculture [USDA] 2000)	12.9% using 5% decrease

Preventing Fall-Related Deaths and Pedestrian Injuries*

* Note: See Addressing Alzheimer's Disease under Priority # 1 for additional strategies.

Strategy 1: Collaborate with Prince George's County's Interagency Committee to obtain a mini-grant to pilot test Safe Steps: A Falls Prevention Program for Seniors with an at-risk senior population.

Strategy 2: Support the Prince George's County Department of Public Works and Transportation and the PGCPS to implement a Safe Routes to Schools Program to increase the number of children safely walking and biking to school.

Strategy 3: Support the PGCDFS Aging Services Division's Health Promotion and Disease Prevention Program that educates senior citizens about healthy lifestyles, including falls prevention.

Strategy 4: Support more widespread enforcement of pedestrian and driving laws by the County and municipal Police Departments.

Strategy 5: Support implementation of the Maryland State Highway Administration's highway and traffic safety programs like the Click It or Ticket Program that promotes the proper use of child safety seats and seat belts and the Smooth Operator Program that addresses aggressive driving.

Strategy 6: Increase public education about pedestrian safety through use of multi-media venues and development and dissemination of culturally and linguistically appropriate educational materials.

Preventing Deaths from Drownings

Strategy 1: Partner with M-NCPPC to increase the number of free or low-cost swimming lessons available to low-income County residents.

Strategy 2: Provide written information on pool and water safety to apartment complex managers during PGCHD pool inspection visits for distribution to their residents.

Strategy 3: Post seasonal pool and water safety tips (including the role of alcohol as a risk factor) on County Web sites as well as tips for remaining safe during periods of flooding.

Eliminating Lead Poisoning

Strategy 1: Use Geographic Information System (GIS) technology to pinpoint where children with elevated blood lead levels live in the County in order to identify at-risk families and communities in need of intervention.

Strategy 2: Expand efforts to educate the public about sources of environmental lead, using novel outreach approaches and culturally and linguistically appropriate materials to specifically reach non-English speaking residents, immigrants, and other at-risk populations.

Strategy 3: Provide the medical community and organizations serving vulnerable populations with periodic lead poisoning prevention updates, including Web site listings, e-mail notices, and workshops.

Strategy 4: Expand collaboration with County medical providers to assure their awareness of current protocols for medical intervention/case management of children with elevated blood lead levels.

Strategy 5: Work with local remodeling contractors and their professional associations to enhance their understanding of ways to prevent lead-containing materials from contaminating the environment during renovations of older homes and buildings.

Strategy 6: Continue providing aggressive intervention and case management to children with elevated blood lead levels, education to their families to further reduce their environmental exposure to lead, and collaboration with their medical providers to assure healthy outcomes.

Strategy 7: Maintain County lead testing for uninsured and underinsured children who live in high risk areas and assure any needed medical follow-up.

Promoting Safe Sleep Practices for Infants

Strategy 1: Continue to provide parents of newborns who are at risk for having an unsafe sleeping environment education about safe sleep practices and a Pac n' Play crib.

Strategy 2: Explore ways to continue funding the PGCHD's Tomorrow's Children Initiative and seek other grants (from local businesses, community organizations, other sources) for providing safe cribs to needy County infants.

Strategy 3: Identify and train new IPOC members and other appropriate providers to be distributors of safe sleep education and cribs to families in need.

Strategy 4: Work with local hospitals to ensure infants being discharged at birth have access to a safe sleep environment and that all educational messages about safe sleep are consistent among providers of SIDS and safe sleep education.

Strategy 5: Collaborate with the PGCDFS and the Healthy Families Prince George's County Program to identify additional ways to educate parents about SIDS prevention.

Ensuring the Safety of Our Food

Strategy 1: Increase the number of high priority food service facility inspections and conduct intensive education and follow-up inspections targeting facilities that chronically fail to comply with critical item (food safety) standards.

Strategy 2: Provide handouts and educational materials for non-English speaking food facility owners and their employees, and enhance information pertinent to food service facilities on the PGCHD's Web site.

Strategy 3: Publish a list of chronic or egregious violators of food safety standards in the newspaper and on the PGCHD's Web site.

Reducing Asthma-Related Incidents

Strategy 1: Institute a Healthy Homes Program that assists families with asthmatic children to reduce or manage environmental triggers; explore ways to expand the program to include provision of asthma medications and supplies (and education on their proper use) for families in need.

Strategy 2: Use GIS and hospital data to identify zip codes with the highest number of asthma-related incidents among children, and develop and implement an educational program targeting families in these areas that focuses on helping them reduce or eliminate asthma triggers.

Strategy 3: Conduct home visits to families with asthmatic children to help them identify potential asthma triggers and to educate them about preventing or reducing future asthma incidents among their children.

*Improving Our Environment**

*Also see Increasing Access to Healthier Foods under Priority #2

Strategy 1: Adopt local policies that incorporate principles of smart growth and population health determinants to evaluate and issue permits for new land use, housing development, transportation, and urban renovation/revitalization projects for the purposes of improving the built environment (access to walking/biking trails, crosswalks, etc.).

Strategy 2: Identify geographic health priority areas in the County, using GIS mapping and a scoring system that includes health-related factors such as presence of full-service grocery stores, sidewalks, bike trails, etc., where greatest need exists for improved community design.

Strategy 3: Work with the Port Towns Healthy Eating/Active Living (HEAL) Partnership to promote the HEAL Project as a model for other communities to replicate that demonstrates the use of smart growth principles in community design.

Strategy 4: Educate local political and community leaders (i.e. Prince George's County Council/Board of Health), developers, building managers, tenant associations and the public about smart growth principles, population health determinants, and built environment best practices.

Strategy 5: Collaborate with M-NCPPC to implement their ACHIEVE Project that focuses on policies, systems, and environmental change to promote healthier lifestyles through improved community design.

Strategy 6: Explore ways to offer incentives to developers for creating remote parking and drop-off zones near schools, public facilities, and shopping malls, and for making improvements in stairway access in new construction and renovations.

Strategy 7: Use GIS technology to identify areas of the County that are food deserts and that are disproportionately affected by unhealthy food vending to determine communities at risk for unhealthy dietary behaviors and in greatest need of more healthy food sources.

Strategy 8: Educate community residents in identified high-risk areas about the impact of unhealthy food choices and the need to advocate for more accessible, healthy food sources.

Strategy 9: Work with the PGCPS and M-NCPPC to explore ways to establish community gardens at public schools in at-risk communities in order to increase access to fruits and vegetables by students and their families.

Strategy 10: Work with the PGCPS to explore ways to develop and implement a Healthier School Environment Action Plan in selected schools that promotes physical activity and healthy eating among students and staff.

Strategy 11: Encourage after-school programs, licensed child care facilities and family child care providers to adopt policies and practices that promote safe and healthy child care environments, to include healthy eating and physical activity.

Strategy 12: Continue monitoring public mental health services for compliance with Americans with Disabilities Act requirements through the PGCDFS Mental Health and Disabilities Division, to ensure a safe environment for individuals with mental illnesses.

Key Partners: Building managers, Care First Blue Cross/Blue Shield, community medical providers, contractors and their professional associations, Dimensions Healthcare System, Doctors Community Hospital, Food Supplement Nutrition Education (University of Maryland) Program, Healthy Families Prince George's County, Improved Pregnancy Outcome Coalition, licensed child care facilities and family child care providers, local businesses, Maryland-National Capital Park and Planning Commission (Planning Department), Maryland State Highway Administration, Port Town Healthy Eating/Active Living community leaders, Prince George's County Council/Board of Health, Prince George's County Department of Family Services, Prince George's County Department of Public Works and Transportation, Prince George's County Executive, Prince George's County Health Department, Prince George's County Interagency Committee, Prince George's County Police Department and municipal police departments, Prince George's County Public Schools, Prince George's County Transportation Planning Board, SIDS MidAtlantic, Southern Maryland Hospital Center, tenant associations.

Priority 6: Ensure that Prince George's County Social Environments are Safe and Support Health.

(Corresponds with SHIP Vision Area 2: Ensure that Maryland Social Environments are Safe and Support Health)

County Outcome Objective	Current Baseline	2014 Target
Decrease the rate of alcohol-impaired driving (.08+ blood-alcohol content [BAC] fatalities	0.3 (rate of deaths associated with fatal crashes where driver had alcohol involvement per 100 million Vehicle Miles of Travel, State Highway Administration 2009)	.29 - rate using 5% decrease
Reduce the suicide rate	6.3 (rate of suicides per 100,000 population, VSA 2007-2009)	5.99 - rate using 5% decrease
Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade	73.3% (percentage of students who graduate high school four years after entering 9th grade, MSDE 2010)	77% using 5% increase
Reduce fatal and non-fatal child maltreatment	3.6 (rate of non-fatal maltreatment cases reported to social services per 1,000 children under age 18, Department of Human Resources, FY 2010)	3.4 - rate using 5% decrease
Reduce domestic violence or reduce non-fatal physical assault injuries	62.7 (rate of ED visits related to domestic violence/abuse related per 100,000 population, HSCRC 2010)	59.6 - rate using 5% decrease

Addressing Underage and Adult Alcohol Use

Strategy 1: Work with partners to continue implementing the Communities Mobilizing Change on Alcohol (CMCA) Program, a project that involves a broad range of community support to discourage underage alcohol use by changing conditions in the physical, social, and cultural environment.

Strategy 2: Expand to other communities the Strategic Community Services, Inc. Communities That Care model, a program that addresses under-age drinking through the establishment of Prevention Councils that implement evidence-based strategies to educate and engage parents.

Strategy 3: Implement with partners other nationally recognized evidence-based substance abuse prevention programs at selected community sites, such as All Stars, Strengthening Families Adolescent Program, and Dare to Be You.

Strategy 4: Support the establishment of formal and informal neighborhood watch programs that enlist local residents to assist County and municipal Police Departments by identifying and reporting incidents of underage drinking, alcohol-impaired driving and other community hazards.

Strategy 5: Work with County and municipal Police Departments to develop strategies that encourage County residents to seek recreation opportunities that are safer alternatives to after-hour clubs.

Strategy 6: Promote the use of designated drivers, especially during holiday seasons and special events where alcohol use may increase.

Preventing Suicides

Strategy 1: Partner with Community Crisis Services, Inc. (which runs the Youth Suicide Prevention Hotline), the Prince George's County Response System, PGCDFS, and other health and human service providers about the availability of 24/7 counseling, support, and other services for individuals at risk of suicide, suicide attempters, their families and friends, and loss survivors.

Strategy 2: Partner with Community Crisis Services, Inc, to recruit and train lay individuals, professionals and other interested community residents in suicide prevention and intervention methods, using evidence-based programs such as the Substance Abuse and Mental Health Services Administration's (SAMHSA) SafeTALK (Suicide Alertness For Everyone), QPR (Quality Persuade and Refer), and ASIST (Applied Suicide Intervention Skills Training).

Strategy 3: Educate the public and health and human service providers about how to refer individuals in imminent danger of suicide to crisis services such as the Suicide Hotline or, when appropriate, to a crisis intervention team or the emergency room.

Strategy 4: Continue to provide a suicide risk assessment on every young person who presents for substance abuse services; refer cases to a crisis intervention service for follow-up or to the PGCDSS Child Protective Services (CPS) when cases meet criteria for medical neglect on the part of the parents or legal guardian.

Strategy 5: Work with the PGCPS to ensure that faculty and staff are trained on adolescent suicide risk factors and warning signs, and to help the school system develop a safety plan that includes clear protocols, lines of communication, and a crisis

team to be activated when risk of a suicide is identified or when a suicide attempt or completion by a student occurs.

Strategy 6: Ensure that every student at risk of suspension or expulsion for violent or illegal behavior receives immediate counseling for him/herself and family.

Strategy 7: Educate parents, adolescents, community leaders, faith leaders, and others about the risk factors that make adults and young people vulnerable to suicide (including the role of alcohol, other drugs, and handguns) and the services available to individuals at risk of suicide.

Increasing the High School Graduation Rate

Strategy 1: Continue to link students at risk of suspension or expulsion to needed community services and resources, including alternative educational programs (i.e. General Equivalency Diploma [GED]).

Strategy 2: Provide social work counseling and other appropriate interventions to every student seen at the County's four SBWCs who is truant or at risk for dropping out.

Strategy 3: Increase awareness among community providers and the public of the PGCDFS Gang and Truancy Prevention Initiatives, After-School Programs, Youth Service Bureau programs, and other programs that serve vulnerable and at-risk youth.

Addressing Child Maltreatment and Domestic Violence

Strategy 1: Assess students seen at the four SBWCs who self-identify or are identified by school personnel as being at risk for an unsafe school, home, or community environment and make referrals for further intervention, including referral to CPS.

Strategy 2: Encourage schools and parent groups to establish formal and informal school and neighborhood "watch" programs that specifically monitor and report incidents of bullying, and to form intervention teams to address the problem.

Strategy 3: Assess every student seen by a Social Worker at the four SBWCs for his/her risk for child abuse, sexual abuse, or maltreatment; refer suspicious cases to CPS for follow-up.

Strategy 4: Continue convening meetings of the Prince George's County Child Fatality Review Team (CFRT) to review child fatality cases and to make recommendations for preventing child abuse and neglect to the local partner agencies and DHMH.

Strategy 5: Conduct outreach to medical providers to ensure they are aware of their responsibility and have the necessary information to report cases of child abuse and neglect.

Strategy 6: Continue providing domestic violence and healthy relationship counseling to clients of the PGCHD, Shepherd's Cove Shelter, and the PGCDOC who self-identify or are identified by a health provider as a victim or potential victim of domestic violence.

Strategy 7: Continue convening meetings of the Domestic Violence Coordinating Council for the purpose of reviewing domestic violence cases, sharing information, and building resources to address domestic violence.

Strategy 8: Collaborate with the Maryland Network Against Domestic Violence (MNADV) for professional training of County health care workers who serve at-risk clients.

Strategy 9: Continue convening meetings of the Domestic Violence Fatality Review Team to review records of domestic violence related fatalities and to make recommendations to the MNADV for future interventions.

Strategy 10: Continue providing relationship counseling, anger management and effective communications training, and parenting classes through the County's Adam's House Program to individuals at risk for domestic violence who are identified by the State's Attorney's Office, Parole and Probation Office, Family and Child Support Courts, PGCDSS, and other agencies.

Strategy 11: Enlist the faith-based community and other groups to establish support groups for victims and potential perpetrators of domestic violence.

Strategy 12: Collaborate with key stakeholders serving on the Prince George's County Justice Center Task Force to establish a model center where victims of domestic violence can obtain a multitude of services in one location such as restraining orders, substance abuse treatment, videotaped testimony for court (in lieu of personal appearance), child care, etc.

Strategy 13: Work with local law enforcement agencies to educate the public about firearms safety practices.

Key Partners: Community-based organizations, Community Crisis Services, Inc., community liquor stores, Dimensions Healthcare System, Doctors Community Hospital, Family Crisis Center, insurance companies, local communities and municipalities, local driver education schools, Maryland Department of Health and Mental Hygiene Alcohol and Drug Abuse Administration, Maryland 4-H Program, Maryland-National Capital Park and Planning Commission, Maryland Network Against Domestic Violence, Maryland State Liquor Board, Prince George's County Alcohol and Other Drugs Coalition and Youth Councils, Prince George's County Child Fatality Review Team, Prince George's County Courts, Prince George's County Crisis Response System, Prince George's County Department of Corrections, Prince George's County

Department of Family Services, Prince George's County Department of Social Services, Prince George's County Domestic Violence Coordinating Council and Domestic Violence Fatality Review Team, Prince George's County Fire Department and Emergency Services, Prince George's County Health Department, Prince George's County Highway Safety Task Force, Prince George's County Justice Center Task Force, Prince George's County Parole and Probation Office, Prince George's County Police Department and municipal police departments, Prince George's County Public Schools, Prince George's County Sheriff's Department, Prince George's County State's Attorney's Office, Shepherd's Cove homeless shelter, Southern Management, Southern Maryland Hospital Center, Strategic Community Services, Inc.

County-Specific Health Priorities*

*Note: Specific partners are not listed in this section because it is assumed that all partners identified previously under Priorities 1-6 will work collectively with the LHAPC to address the County-Specific Health Priorities.

Priority 1: By 2015, enhance the health information technology infrastructure of Prince George's County in order to increase reimbursements for health services provided, improve patient care, and address disparities.

Strategy 1: Establish an agency-wide third party electronic billing system in the PGCHD that meets federal and state Health Information Portability and Accountability Act (HIPAA) and other requirements.

Strategy 2: Work with the Chesapeake Health Information System for our Patients (CRISP - Maryland Statewide Health Information Exchange [HIE]) and the Management Service Organization to adopt Meaningful Use of Electronic Health Record (EHR) technology. The benefits of EHR, called eHealth for Prince George's County, will include:

- improvements in the quality and coordination of care delivered
- decreased health care costs and greater provider accountability
- reductions in the provision of unnecessary services
- engagement of health care consumers in the decision-making process and self-care management
- improvements in the overall management of population health.

Strategy 3: Work with DHMH to develop strategies for collecting health statistics at the sub-County level (i.e. census tracts, zip codes) in order to target health initiatives in areas of the County with greatest need.

Strategy 4: Fully integrate the County Stat data reporting system into PGCHD and other County agency operations for the purpose of evaluating progress towards meeting County Health Improvement Plan health objectives, identifying deficiencies in service delivery and possible remedies, and providing reports on the health status of the County to the public.

Priority 2: By 2020, obtain public health national accreditation of the Prince George's County Health Department.

Strategy 1: Work with DHMH to determine the requirements, steps and a timeline for seeking public health national accreditation.

Priority 3: By 2020, build a comprehensive integrated community-oriented health care system that meets the needs of all County residents.

Strategy 1: Forge long-lasting public and private partnerships with critical community stakeholders for the purposes of conducting joint long and short-term strategic health planning, increasing addressing existing and emerging health issues of mutual concern, and managing resources to support essential services and new initiatives.

Strategy 2: Complete the process outlined in the Memorandum of Understanding (MOU) between the County, State of Maryland, University of Maryland Medical System, University System of Maryland and Dimensions Health Corporation to have the Prince George's County hospital system join the University of Maryland Medical System. This process includes the construction of a new regional medical center (RMC) in Prince George's County supported by a comprehensive ambulatory care network and a University of Maryland Baltimore health sciences presence within the County. The RMC would serve Prince George's County and southern Maryland.

The MOU also calls for:

- Physician/Provider Needs: Development of a strategy to address physician and other allied health care provider needs

- Strategic Plan for Discharging Liabilities: Development of a feasible plan and timeline for satisfaction of the Dimensions' liabilities

- Public Funding: The County and State shall execute a Letter of Intent that reflects their commitment to provide a total of $30 million of funding ($15 million each) through FY 2015 to support the Dimensions' operations and discharge of liabilities

- Reducing and Eliminating Operating Losses: Development of a plan and timeline for implementing cost-containment, quality enhancement, and clinical integration measures necessary to reduce and ultimately eliminate the Dimensions' operating losses.

  *Note: See "Prince George's County Hospital Authority Final Report and Recommendations, May 21, 2010" for a complete description of findings and recommendations.

Strategy 3: Move forward with implementing recommendations of the Prince George's County Executive's 2010 Transition Team to improve service delivery by Prince George's County health and human service agencies and other County agencies providing services that impact the health of County residents.

Strategy 4: Work with federal and state authorities to explore ways to achieve additional Medically Underserved Area (MUA), Medically Underserved Population (MUP) and Governor Exceptional MUP designations for the County, in an effort to increase the number of FQHCs and other safety net clinics in areas of the County where health resources are scarce.

Strategy 5: Leverage the existing resources of GBMC, CCI, Mary's Center, Dimensions Healthcare System, Children's National Medical Center, and other community providers to address the immediate need for additional well child, women's wellness, immunization, sick care, prenatal care, family planning, health education, dental, and other primary care services.

Strategy 6: Work towards the establishment of a primary care coalition that focuses on improving the quality and provision of primary care in the County through adoption of best practices, technology, and systems changes.

Strategy 7: Establish a Health Care Coordinating Council comprised of key health stakeholders that will inform the Prince George's County Council on issues requiring health policy and financing decisions, advise the Council in its role as the Board of Health, and participate in designing a comprehensive and integrated healthcare system for the County.

Strategy 8: Develop the County's grantsmanship capacity by establishing a unit within County government dedicated to the pursuit of federal, state, local, and private foundation resources.

Strategy 9: Explore opportunities to provide additional funding to community-based non-profit organizations and to critical programs that serve vulnerable populations but are severely underfunded and/or understaffed, such as the SBWCs and Health*line*.

Strategy 10: Partner with UMDSPH, Bowie State University, other academic institutions, private and non-profit organizations to determine opportunities for collaboration in the following areas: seeking funding for existing and new health initiatives, conducting community needs assessments and program evaluations, and carrying out research and demonstration projects that help to determine best practices needed to address our critical health concerns and to eliminate disparities.

Strategy 11: Tap the expertise and resources of the National Institutes of Health, Food and Drug Administration, other federal health agencies in the Washington Metropolitan area, Kaiser Permanente, other managed care organizations, health insurance companies, local businesses, faith-based organizations, and pharmaceutical and biomedical technology companies to identify ways to collaborate on special initiatives that enhance access to care.

Strategy 12: Partner with community groups such as Health Action Forum, the River Jordan Project, and Progressive Cheverly to identify ways to increase public input into long and short-range health planning for the County that reflects the concerns of all of the County's diverse populations.

Strategy 13: Develop and implement an educational campaign to significantly increase awareness among community providers, key stakeholders, partners, and the public about the comprehensive array of services available to vulnerable, at-risk, and special needs populations through the County Government's Health and Human Services agencies.

Strategy 14: Increase awareness among community providers, key stakeholders, partners, and the public about the various County agency programs that serve as expedited or single points of entry into care for specific populations, including PGCHD's Health*line* Program for pregnant women and children, PGCDFS's Local Access Mechanism for families seeking youth services, and PGCDFS's Maryland Access Point for family caregivers and persons with disabilities seeking services.

Priority 4: Throughout 2011 - 2015, work with partners to implement strategies that attract more licensed medical professionals and other health care workers to the County in order to address the severe health care workforce shortage.

Strategy 1: Explore ways to offer sign-on bonuses and/or other incentives to licensed health professionals considering positions in County Government.

Strategy 2: Partner with the UMDSPH, Bowie State University and Prince George's Community College to promote careers in public health among their students and to create student internships, preceptorships, and other programs that address the staffing needs of community health providers.

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Coalitions and Community Groups

- Child Fatality Review Team
- Community Health Transformation Coalition and Leadership Team
- Domestic Violence Coordinating Council
- Domestic Violence Fatality Review Team
- Fetal and Infant Mortality Review Team
- The Gaston and Porter Health Improvement Center
- Health Action Forum
- Health Disparities Coalition
- Improved Pregnancy Outcome Coalition
- Jack and Jill of America, Inc., National Harbor Chapter
- MICAW Insurance Agency
- Minority Outreach and Technical Assistance Group at Bowie State University
- Port Towns Community Health Partnership
- Prince George's County Justice Center Task Force
- Progressive Cheverly
- River Jordan Project, Inc.
- Sexually Transmitted Infections Community Coalition of Metropolitan Washington, DC

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Document Abbreviations

ACHIEVE	Action Communities for Health, Innovation, and Environmental Change
ASIST	Applied Suicide Intervention Skills Training
ATOD	Alcohol, Tobacco, and Other Drugs
BCCP	Breast and Cervical Cancer Program
BRFSS	Behavioral Risk Factor Surveillance System
CAM	Complementary and Alternative Medicine
CCI	Community Clinics, Inc.
CDC	Centers for Disease Control (and Prevention)
CESAR	Center for Substance Abuse Research
CHLI	Center for Healthy Lifestyle Initiatives
CMCA	Communities Mobilizing Change on Alcohol
CPEST	(Colorectal) Cancer Prevention, Education, Screening, and Treatment
CPS	Child Protective Services
DDA	Developmental Disabilities Administration
DHMH	(Maryland) Department of Health and Mental Hygiene
DOT	Directly Observed Therapy
DUI/DWI	Driving Under the Influence/Driving While Intoxicated
ED	Emergency Department
EHR	Electronic Health Record
FIMR	Fetal and Infant Mortality Review
FQHC	Federally Qualified Health Center
GBMS	Greater Baden Medical Services
GED	General Equivalency Diploma
GIS	Geographic Information Systems
HEAL	Healthy Eating/Active Living
HFTI	Healthy Futures Training Institute
HIE	Health Information Exchange
HIPAA	Health Information Portability and Accountability Act
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HP	Health People
HSCRC	Health Services Cost Review Commission
IDEHA	Infectious Diseases and Environmental Health Administration
IPOC	Improved Pregnancy Outcome Coalition
LBW	Low Birth Weight

MCHP	Maryland Children's Health Program
MCO	Managed Care Organization
MNADV	Maryland Network Against Domestic Violence
M-NCPPC	Maryland-National Capital Park and Planning Commission
MOU	Memorandum of Understanding
MSDE	Maryland State Department of Education
MUA	Medically Underserved Area
MUP	Medically Underserved Population
OB/GYN	Obstetrician/Gynecologist
PCP	Primary Care Physician
PGCDFS	Prince George's County Department of Family Services
PGCDOC	Prince George's County Department of Corrections
PGCDSS	Prince George's County Department of Social Services
PGCHD	Prince George's County Health Department
PGCPS	Prince George's County Public Schools
PGHAC	Prince George's Healthcare Action Coalition
PLAN	Partnership for Learning Among Neighbors
PLWH	Persons Living With HIV/AIDS
PSA	Prostate Specific Antigen
QPR	Quality Persuade and Refer
SafeTALK	Suicide Alertness for Everyone TALK
SafetyNET	Safety Network for Entry into Treatment
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention and Referral to Treatment
SBWCs	School-Based Wellness Centers
SIDS	Sudden Infant Death Syndrome
SIDS/MA	Sudden Infant Death Syndrome/MidAtlantic
SPF	Sun Protection Factor
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STICC	Sexually Transmitted Infections Community Coalition
SUID	Sudden Unexpected Infant Death
TB	Tuberculosis
UMDSPH	University of Maryland School of Public Health
USDA	United States Department of Agriculture
VBAC	Vaginal Birth After C-Section
WIC	Women, Infants, and Children

For More Information

Electronic copies of this document are available at www.princegeorgescountymd.gov/health.

If you wish to become a partner in carrying out the County Health Improvement Plan, or if you have questions or comments about this Plan, please call 301-883-7834.

FY 2016 Data Collection Sheet

GENERAL INFORMATION

Hospital Name:	Doctors Community Hospital
HSCRC Hospital ID #:	21-0051
# of Employees:	1,509
Contact Person:	Mary Dudley
Contact Number:	301-552-8601
Contact Email:	Mdudley@DCHweb.org

		UNREIMBURSED MEDICAID COST	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
T00		**Medicaid Costs**						
	T99	Medicaid Assessments	N/A	N/A	$5,377,576.00	$0.00	$4,598,500.00	$779,076.00

		COMMUNITY BENEFIT ACTIVITES	# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT
A00.		**COMMUNITY HEALTH SERVICES**						
	A10	Community Health Education	638	3,163	$44,286.00	$27,457.32	$25,000.00	$46,743.32
	A11	Support Groups	389	1,590	$35,304.00	$21,888.48		$57,192.48
	A12	Self-Help				$0.00		$0.00
	A20	Community-Based Clinical Services				$0.00		$0.00
	A21	Screenings	3,512	1,902	$364,590.00	$226,045.80		$590,635.80
	A22	One-Time/Occasionally Held Clinics				$0.00		$0.00
	A23	Free Clinics				$0.00		$0.00
	A24	Mobile Units				$0.00		$0.00
	A30	Health Care Support Services				$0.00		$0.00
	A40					$0.00		$0.00
	A41					$0.00		$0.00
	A42					$0.00		$0.00
	A43					$0.00		$0.00
	A44					$0.00		$0.00
A99		**Total Community Health Services**	4,539	6,655	444,180	$275,391.60	$25,000.00	$694,571.60

	A	B	C	D	E	F	G	H	I	J	K	L
38						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
39	**B00**	**HEALTH PROFESSIONS EDUCATION**										
40	**B10**	Physicians/Medical Students							$0.00		$0.00	
41	**B20**	Nurses/Nursing Students				25,972	326	$960,964.00	$0.00		$960,964.00	
42	**B30**	Other Health Professionals				13,178	1,215	$495,423.00	$0.00		$495,423.00	
43	**B40**	Scholarships/Funding for Professional Education							$0.00		$0.00	
44	**B50**								$0.00		$0.00	
45	**B51**								$0.00		$0.00	
46	**B52**								$0.00		$0.00	
47	**B53**								$0.00		$0.00	
48												
49	**B99**	**Total Health Professions Education**			**TOTAL**	39150	1541	$1,456,387.00	$0.00	$0.00	$1,456,387.00	
50												
51						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
52	**C00**	**MISSION DRIVEN HEALTH SERVICES (please list)**										
53	**C10**								$0.00		$0.00	
54	**C20**								$0.00		$0.00	
55	**C30**								$0.00		$0.00	
56	**C40**								$0.00		$0.00	
57	**C50**								$0.00		$0.00	
58	**C60**								$0.00		$0.00	
59	**C70**								$0.00		$0.00	
60	**C80**								$0.00		$0.00	
61	**C90**								$0.00		$0.00	
62	**C91**								$0.00		$0.00	
63												
64	**C99**	**Total Mission Driven Health Services**			**TOTAL**	0	0	$0.00	$0.00	$0.00	$0.00	
65												
66						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
67	**D00**	**RESEARCH**										
68	**D10**	Clinical Research							$0.00		$0.00	
69	**D20**	Community Health Research							$0.00		$0.00	
70	**D30**								$0.00		$0.00	
71	**D31**								$0.00		$0.00	
72	**D32**								$0.00		$0.00	
73												
74	**D99**	**Total Research**			**TOTAL**	0	0	0	$0.00	0	$0.00	

	A	B	C	D	E	F	G	H	I	J	K	L
75						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
76	**E00**	**Cash and In-Kind Contributions**										
77	**E10**	Cash Donations						$309,937.00	$0.00		$309,937.00	
78	**E20**	Grants							$0.00		$0.00	
79	**E30**	In-Kind Donations				1,145	10,227	$59,820.00	$0.00		$59,820.00	
80	**E40**	Cost of Fund Raising for Community Programs							$0.00		$0.00	
81												
82	**E99**	**Total Cash and In-Kind Contributions**			**TOTAL**	1145	10227	$369,757.00	$0.00	$0.00	$369,757.00	
83												
84						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
85	**F00**	**COMMUNITY BUILDING ACTIVITIES**										
86	**F10**	Physical Improvements and Housing							$0.00		$0.00	
87	**F20**	Economic Development				102	609	$43,399.00	$26,907.38		$70,306.38	
88	**F30**	Community Support				11,790	3,618	$434,870.00	$269,619.40		$704,489.40	
89	**F40**	Environmental Improvements							$0.00		$0.00	
90	**F50**	Leadership Development/Training for Community Members							$0.00		$0.00	
91	**F60**	Coalition Building				208	125	$87,400.00	$54,188.00		$141,588.00	
92	**F70**	Advocacy for Community Health Improvements							$0.00		$0.00	
93	**F80**	Workforce Development				1,642	60,310	$88,572.00	$54,914.64		$143,486.64	
94	**F90**								$0.00		$0.00	
95	**F91**								$0.00		$0.00	
96	**F92**								$0.00		$0.00	
97												
98	**F99**	**Total Community Building Activities**			**TOTAL**	13,742	64,662	654,241	405,629	0	1,059,870	
99												
100						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
101	**G00**	**COMMUNITY BENEFIT OPERATIONS**										
102	**G10**	Assigned Staff				1,190		$49,944.00	$30,965.28		$80,909.28	
103	**G20**	Community health/health assets assessments				28		$41,970.00	$26,021.40		$67,991.40	
104	**G30**								$0.00		$0.00	
105	**G31**								$0.00		$0.00	
106	**G32**								$0.00		$0.00	
107												
108	**G99**	**Total Community Benefit Operations**			**TOTAL**	1,218	0	$91,914.00	$56,986.68	$0.00	$148,900.68	
109												

	A	B	C	D	E	F	G	H	I	J	K	L
110	**H00**	**CHARITY CARE (report total only)**										
111	**H99**	**Total Charity Care**			**TOTAL**	$12,200,284.00						
112												
113		**FINANCIAL DATA**										
114	**I10**	INDIRECT COST RATIO				62.00%						
115												
116	**I00**	**OPERATING REVENUE**										
117	**I20**	Net Patient Service Revenue				$194,283,863.00						
118	**I30**	Other Revenue				$8,117,346.00						
119	**I40**	**Total Revenue**				$202,401,209.00						
120												
121	**S99**	**TOTAL OPERATING EXPENSES**				$186,693,541.00						
122												
123	**I50**	**NET REVENUE (LOSS) FROM OPERATIONS**				$15,707,668.00						
124												
125	**I60**	**NON-OPERATING GAINS (LOSSES)**				-$7,233,410.00						
126												
127	**I70**	**NET REVENUE (LOSS)**				$8,474,258.00						
128												
129						**# OF STAFF HOURS**	**# OF ENCOUNTERS**	**DIRECT COST($)**	**INDIRECT COST($)**	**OFFSETTING REVENUE($)**	**NET COMMUNITY BENEFIT**	
130	**J00**	**FOUNDATION COMMUNITY BENEFIT**										
131	**J10**	Community Services							$0.00		$0.00	
132	**J20**	Community Building							$0.00		$0.00	
133	**J30**	Mobile Health Clinic (Wellness on Wheels)				1,020	618	$150,000.00	$0.00		$150,000.00	
134	**J31**								$0.00		$0.00	
135	**J32**								$0.00		$0.00	
136												
137	**J99**	**TOTAL FOUNDATION COMMUNITY BENEFIT**				1,020	618	$150,000.00	$0.00	$0.00	$150,000.00	
138												

	A	B	C	D	E	F	G	H	I	J	K	L
139						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
140	K00	TOTAL HOSPITAL COMMUNITY BENEFIT										
141	A99	Community Health Services				4,539	6,655	444,180	275,392	25,000	694,572	
142	B99	Health Professions Education				39,150	1,541	1,456,387	0	0	1,456,387	
143	C99	Mission Driven Health Care Services				0	0	0	0	0	0	
144	D99	Research				0	0	0	0	0	0	
145	E99	Financial Contributions				1,145	10,227	369,757	0	0	369,757	
146	F99	Community Building Activities				13,742	64,662	654,241	405,629	0	1,059,870	
147	G99	Community Benefit Operations				1,218	0	91,914	56,987	0	148,901	
148	H99	Charity Care				N/A	N/A	N/A	N/A	N/A	$12,200,284.00	
149	J99	Foundation Funded Community Benefit				1,020	618	150,000	0	0	150,000	
150	T99	Medicaid Assesments				N/A	N/A	5,377,576	0	4,598,500	779,076	
151												
152	K99	TOTAL HOSPITAL COMMUNITY BENEFIT				60,814	83,703	8,544,055	738,008	4,623,500	16,858,847	
153												
154	U99	% OF OPERATING EXPENSES				9.03%						
155	V99	% of NET REVENUE				198.94%						
156												

APPENDIX B: PRINCE GEORGE'S HEALTH FACILITIES

HEALTH SERVICES *for You!*

http://www.princegeorgescountymd.gov/health

Health*line*: 1.888.561.4049 *Call Toll Free*

TTY/STS Dial 711 for Maryland Relay

Rushern L. Baker, III
County Executive

HEALTH DEPARTMENT
Prince George's County

OHO (8/12)

PROTECTING AND IMPROVING THE HEALTH OF OUR COMMUNITY

HEALTH SERVICES FOR YOU

If you live in Prince George's County, Maryland, our health services are for you!

Your County Health Department is here to help protect you from injury, disease and disability by assuring that you have access to quality health care.

Our staff is equipped to provide you with an array of specialized services—from immunizations to health insurance. We educate individuals and communities about disease prevention and assure that public facilities are safer through inspection, licensing and complaint investigations.

We encourage you to take charge of your health; to adopt a healthier lifestyle by educating yourself about healthy behaviors, getting routine screenings, and seeking help when you need it.

Keep this directory handy for reference, and take special note of emergency public health phone numbers.

If you need help or have any questions, just give us a call. We care about you!

The Prince George's County Health Department, by law and/or policy, does not permit discrimination in the delivery of services and employment on the basis of handicapped status, race, color or national origin; additionally, discrimination in any phase of employment practices, policies and procedures on the basis of religion, age, sex or political affiliation is prohibited. This encompasses all facilities and programs directly operated by Prince George's County Health Department, grant-in-aid programs, providers of health services receiving Federal funds through Prince George's County Health Department, contractors and subcontractors.

LOCATIONS

ADELPHI
Judy Hoyer Center
8908 Riggs Road
Adelphi, MD 20783

ANDREWS AIR FORCE BASE
1191 Menoher Drive
Room 116
Andrews AFB, MD 20769

CAPITOL HEIGHTS
CAP
501 Hampton Park Blvd.
Capitol Heights, MD 20743

CHEVERLY
Cheverly Health Center
3003 Hospital Drive
Cheverly, MD 20785

CLINTON
D. Leonard Dyer Regional Health Center
9314 Piscataway Road
Clinton, MD 20735

HYATTSVILLE
Metro Building 1
525 Belcrest Road
Suite 660
Hyattsville, MD 20782

1401 E. University Blvd.
Suite 201
Hyattsville, MD 20783

LANDOVER
Largo West Building
425 Brightseat Road
Landover, MD 20785

7824 Central Avenue
Landover, MD 20785

7836 Central Avenue
Landover, MD 20785

LARGO
Headquarters Building
1701 McCormick Drive
Largo, MD 20774

Largo Government Center
9201 Basil Court
Suite 318
Largo, MD 20774

LAUREL
13900 Laurel Lakes Avenue
Suite 220
Laurel, MD 20707

Oasis Youth Services Bureau
13900 Laurel Lakes Avenue
Suite 225
Laurel, MD 20707

SUITLAND
Suitland Health and Wellness Center
5001 Silver Hill Road
Second Floor
Suitland, MD 20746

NOTE: Not all of the following services are available at all locations. Call the service listing in advance for more information.

VOLUNTEER OPPORTUNITIES

Recruitment and training of Medical Reserve Corps (MRC) Volunteers, both medical and non-medical.

301-883-7802

IMPORTANT PHONE NUMBERS

Rabies exposure or incidence of other communicable/infectious disease outbreaks or emergency	**301-583-3750** Mon-Fri 8:00 a.m.-4:30 p.m. **240-508-5774** All other hours
Fire, loss of water, or sewage overflow in any food service facility	**301-883-7690** Mon-Fri 7:30 a.m.-4:00 p.m. **240-508-5868** All other hours
Special medical waste improper disposal	**301-883-7606** Mon-Fri 7:30 a.m.-4:00 p.m. **240-508-5868** All other hours
Well water or septic system problems (lack of water or overflow) at private residences and commercial businesses	**301-883-7681** Mon-Fri 7:30 a.m.-4:00 p.m. **240-508-5868** All other hours
General information—Voice	**301-883-7879** All hours
General information—TTY/STS via Maryland Relay	**Dial 711** All hours

WOMEN AND CHILDREN

FOR ALL WOMEN AND CHILDREN

Addiction, mental health, rehabilitation and case management services for adult women, including pregnant women and women with children.	**301-324-2872**
Addictions and mental health services for adult County residents age 18 years and older with substance abuse and related mental health problems including assessments, treatment, and case management; urinalysis and breathalyzer testing; individual, family and group counseling.	**301-583-5920** **301-856-9400**
Breast and cervical cancer screening, including mammograms and PAP tests, for women age 40 and over who meet financial criteria; **breast cancer support groups** in English and Spanish.	**301-883-3525**
Coordination of health care services (case management) including hospital and home nursing visits for high-risk mothers and infants, especially substance abusers, HIV-positives, premature infants, pregnant and parenting teens.	**301-618-2464**
Early intervention services for children 0-3 years with special needs or developmental delays and are County residents: developmental evaluations, service coordination, family support and training, referrals to community programs, educational and therapy services.	**301-856-9465**
Family planning including contraceptive counseling and devices, emergency contraception, pregnancy options information, Pap tests and abnormal Pap follow-up.	**301-583-3340** **301-856-9520**
FREE health insurance for pregnant women and children up to age 19 with low-to-average incomes.	Health*line* **1-888-561-4049**
Health insurance for children up to 19 years old who do not qualify for Medical Assistance for routine physical exams, laboratory tests, well-child health care, immunizations and X-rays.	**301-883-7858**
Health screenings for women of childbearing age to ensure optimal health prior to pregnancy, including family planning information; cholesterol, diabetes and high blood pressure screenings; nutritional counseling; folic acid supplements and referrals to other services.	**301-583-3313**
HIV services including counseling, testing, treatment and prevention.	**301-583-3700**
Immunizations against childhood diseases are provided free through scheduled appointments to children age 6 weeks to 20 years.	**301-583-3300**
Lead poisoning prevention including coordination of care for children with elevated blood lead levels from exposure to lead paint or lead products; community education.	**301-883-7230**
Medical services for uninsured children under 19 years of age who are County residents, and who cannot afford private insurance and do not qualify for any government health insurance program.	**301-883-7858**
Nutrition and breastfeeding education and support to low-income pregnant, breastfeeding and postpartum women, and children age birth to 5 years who are at nutritional risk.	**301-856-9600**
Pregnancy case management services for women at risk of poor birth outcomes including counseling, parenting information and referrals to other services.	**301-883-7230**
Reproductive health services for young women age 10 to 24 years, including comprehensive reproductive health services; education and counseling promoting cooperative relationships, good nutrition and healthy behaviors.	**301-324-5141**
Re-entry assistance services for ex-offenders transitioning back to the community including family planning, health education, relationship counseling, child support counseling, parenting groups, career development, job preparation and placement.	**301-817-1900**
Sexually-transmitted infection (STI) and HIV services including testing, counseling and treatment services for any age County resident (parental consent not required).	**301-583-3150** **301-583-7752**
Tobacco use prevention and cessation including free nicotine patches for County residents age 18 years and older.	**301-324-2989**

FOR PREGNANT WOMEN AND THEIR CHILDREN

Case management services and home visits for pregnant women at risk of poor birth outcomes and at-risk children up to age 2 years including counseling, parenting information and referrals to other health services.	**301-883-7230**
General dental services including dental treatment and referrals to specialty care for maternity patients referred from the Health Department's Maternal Health and Family Planning Program, uninsured children age 0-18 years, and children age 0-21 years enrolled in the Maryland Medicaid Healthy Smiles Program.	**301-583-5900**
Prenatal care and reproductive health services for uninsured and underinsured women including pregnancy testing, pre- and post-natal care, hospital delivery arrangements, referral to childbirth classes, family planning and emergency contraception, nutrition counseling, sexually-transmitted infection (STI) testing and counseling.	Health*line* **1-888-561-4049**

ADOLESCENTS

FOR ALL TEENS

Case management and support services for juvenile offenders who qualify to reduce their risk of becoming perpetrators or victims of violence.	**301-817-1900**
Educational programs for teens and their families addressing injury prevention due to underage drinking and distracted driving.	**301-324-2989**
FREE health insurance for children up to age 19 with low-to-average incomes.	Health*line* **1-888-561-4049**
High school-based health and social services for students attending Bladensburg, Fairmont Heights, Northwestern and Oxon Hill High Schools.	**301-883-7887**
HIV services including counseling, testing, treatment and prevention.	**301-583-3700**
Immunizations against childhood diseases are provided free through scheduled appointments to teens up to age 20 years.	**301-583-3300**
Medical services for uninsured children under 19 years of age who are County residents, and who cannot afford private insurance and do not qualify for any government health insurance program.	**301-883-7858**
Mental health and family counseling for children under age 18 and their families.	**301-498-4500**
Sexually-transmitted infection (STI) and HIV services including testing, counseling and treatment services for any age County resident (parental consent not required); referrals for adolescent HIV care.	**301-583-3150** **301-583-7752**
Substance abuse treatment services (outpatient) for County residents age 11 to 18 years including assessments; crisis counseling; individual, family and group counseling; urinalysis and breathalyzer testing.	**301-583-5941** **301-434-4890** **301-856-9400**

FOR FEMALES

Reproductive health services for young women age 10 to 24 years, including comprehensive reproductive health services; education and counseling promoting cooperative relationships, good nutrition and healthy behaviors.	**301-324-5141**

FOR MALES

Health services for male adolescents and young fathers including male family planning and health education, child support counseling, relationship counseling and parenting groups, G.E.D. preparation, career development and skill-building, job preparation and placement.	**301-817-1900**

MEN

Addictions and mental health services for substance abuse and related mental health problems for adult County residents age 18 years and older including assessments, treatment, and case management; urinalysis and breathalyzer testing; individual, family and group counseling.	**301-583-5920** **301-856-9400**
Health and social services for men and fathers, including male family planning and health education, relationship counseling, child support counseling, parenting groups, sports physicals, G.E.D. preparation, career development, job preparation and placement.	**301-817-1900**
HIV services including counseling, testing, treatment and prevention.	**301-583-3700**
Re-entry assistance services for ex-offenders transitioning back to the community including crisis intervention, assistance with domestic violence, and anger management.	**301-817-1900**
Sexually-transmitted infection (STI) and HIV services including testing, counseling and treatment services for any age County resident (parental consent not required).	**301-583-3150** **301-583-7752**
Tobacco use prevention and cessation including free nicotine patches for County residents age 18 years and older.	**301-324-2989**