COMMUNITY BENEFIT NARRATIVE REPORTING

DECEMBER 15, 2017

Effective for FY2017 Community Benefit Reporting

Health Services Cost Review Commission
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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.

As provided by federal regulation (26 CFR §1.501(r)—3(b)(6)) and for purposes of this report, a **COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)** report is a written document that has been adopted for the hospital facility by the organization's governing body (or an authorized body of the governing body), and includes:

(A) A definition of the community served by the hospital facility and a description of how the community was determined;

(B) A description of the process and methods used to conduct the CHNA;

(C) A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(D) A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant; and prioritizing those significant health needs;

(E) A description of the resources potentially available to address the significant health needs identified through the CHNA; and

(F) An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).

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 & Roadmaps (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;
(15) Use of data or statistics compiled by county, state, or federal governments such as Community Health Improvement Navigator (http://www.cdc.gov/chinav/); and
(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 address health needs identified by the CHNA.

Required by federal regulations, the **IMPLEMENTATION STRATEGY** is a written plan that is adopted by the hospital organization's governing body or by an authorized body thereof, and:

With respect to each significant health need identified through the CHNA, either—
(i) Describes how the hospital facility plans to address the health need; or
(ii) Identifies the health need as one the hospital facility does not intend to address and explains why the hospital facility does not intend to address it.

HSCRC COMMUNITY BENEFIT REPORTING REQUIREMENTS

I. 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 acute care hospitals by the

HSCRC. Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

a. Bed Designation – The total number of licensed beds

b. Inpatient Admissions: The number of inpatient admissions for the FY being reported;

c. Primary Service Area (PSA) zip codes;

d. Listing of all other Maryland hospitals sharing your PSA;

e. The percentage of the hospital's uninsured patients by county. (Please provide the source for this data, e.g., "review of hospital discharge data");

f. The percentage of the hospital's patients who are Medicaid recipients. (Please provide the source for this data (e.g., "review of hospital discharge data.")

g. The percentage of the hospital's patients who are Medicare beneficiaries. (Please provide the source for this data (e.g., "review of hospital discharge data.")

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:**	**Percentage of the Hospital's Patients who are Medicare beneficiaries**
190	9977			Prince Georges County 100% Hospital discharge Data	Prince George's County 18% Source: http://www.md-medicaid.org/eligibility/new/index.cfm	45.8%
		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 20715	**Bowie** Prince George's Hospital Center No other Maryland Hospital			
		20737	**Riverdale** Washington Adventist Prince George's Hospital Center			

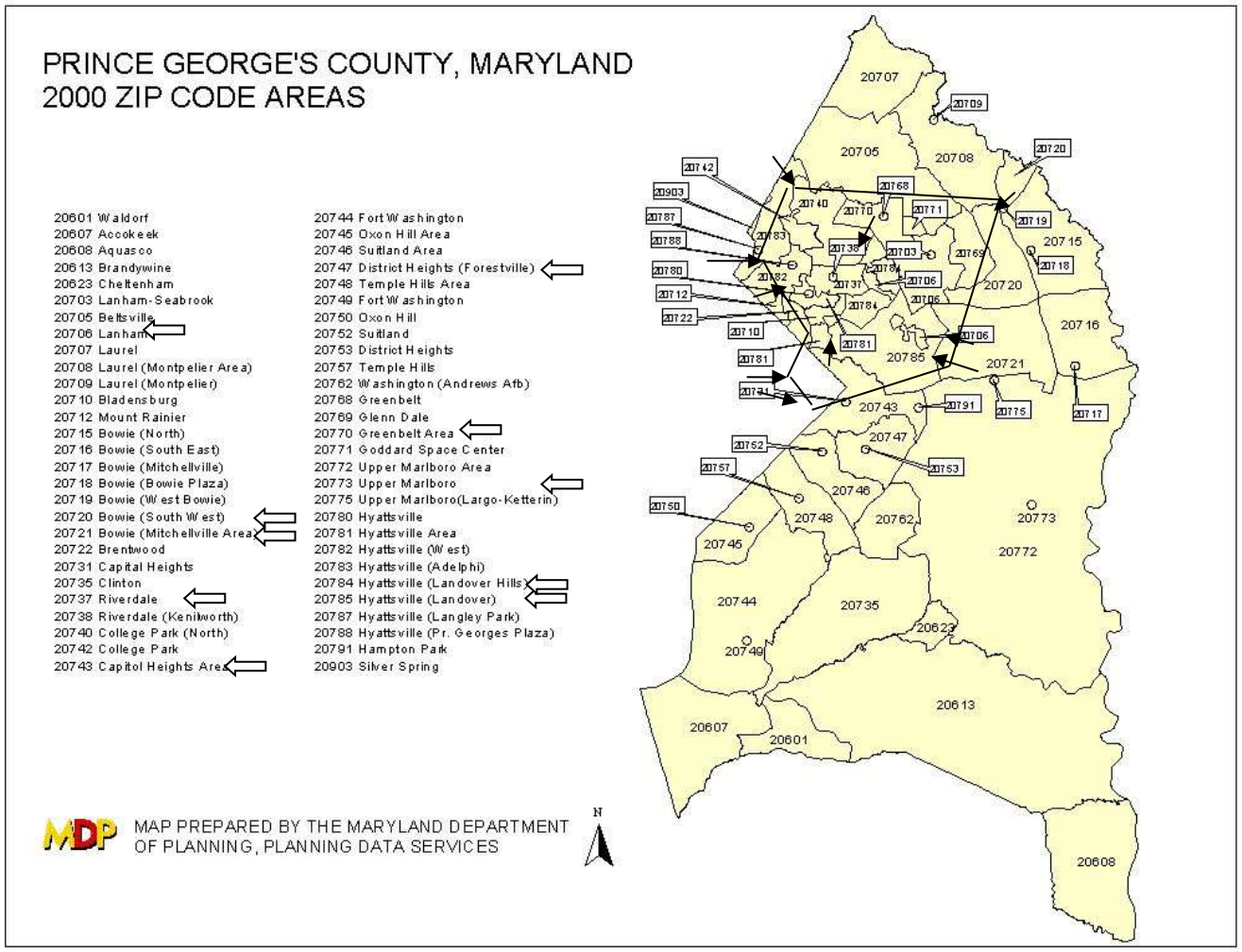

Figure 1 Prince George's County by Zip Code (Zip Codes with 60% of discharges)

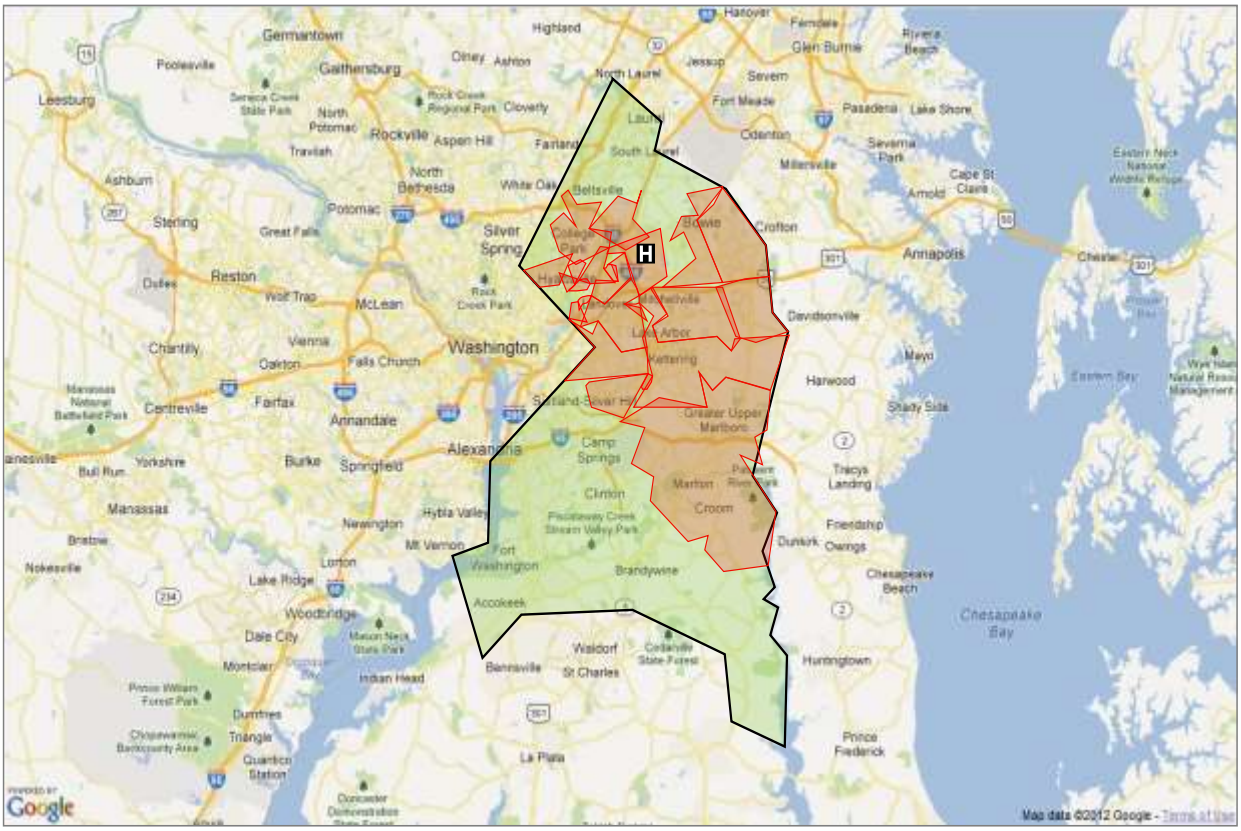

Figure 2: Doctors Community Hospital Catchment

1. **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 909,535 residents[1] live in Prince George's County, or 15% of Maryland's residents.

Over 125,100 patient encounters occurred seen in FY2017 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/2017/rankings/prince-georges/county/outcomes/overall/additional

Demographics				
	2013	2014	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.

Retrieved November 12, 2014.

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Retrieved from http://quickfacts.census.gov/qfd/states/24/2445550.html

Retrieved http://www.city-data.com/city/Lanham-Seabrook-Maryland.html

- ***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.

Sources of Information Retrieved November 12, 2014

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

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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Retrieved from http://en.wikipedia.org/wiki/Greenbelt,_MD#Demographics

- ***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.

Sources of Information Retrieved November 12, 2014

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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- ***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

Demographic Characteristic	Response County/Value		Source
Zip codes included in the organization's CBSA, indicating which include geographic areas where the most vulnerable populations (including but not necessarily limited to medically underserved, low-income, and minority populations) reside. Community Benefit Service Area(CBSA) Target Population: <u>target population,</u> <u>by sex,</u> <u>by race,</u> <u>by ethnicity</u>	**Prince George's County:** <u>Target Population</u> <u>By Sex</u> Male Female <u>Race:</u> White African American Am Ind/AK Native Asian Other <u>Ethnicity</u> Hispanic/Latin Not Hispanic/Latin	2015 Population by Age 902,303 2015 Male Population by Age 434,002 2015 Female Population by Age 468,301 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%) Hisp/Lat 150,493 (16.68%) Not Hisp/Lat 751,810 (83.32%)	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.

and 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	

Percentage of households in the CBSA with household income below the federal poverty guidelines	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%)	
For the counties within the CBSA, what is the percentage of uninsured for each county? 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/2009ACS.shtml; DCH used: The US Census Bureau's	Adults without Health Insurance by Race/Ethnicity	14%	URL of Source: 6http://www.countyhealthrankings.org/app/#!/maryland/2017/rankings/prince-georges/county/outcomes/overall/additional http://dchweb.thehcn.net/index.php?module=Trackers&func=display&tid=1

Small Area Health Insurance Estimates (SAHIE) program produces estimates of health 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.			
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	http://www.princegeorgescountymd.gov/pgcha/pdfs/rand-assessing-health-care.pdf

	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.

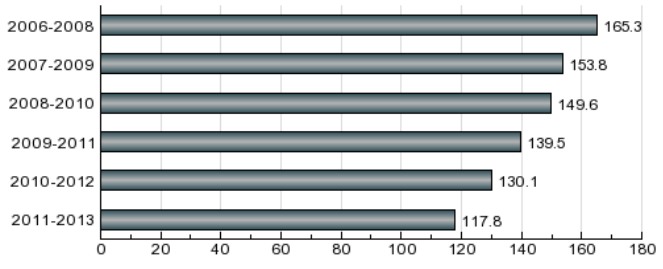
PUMA rate ≥ 50% below County rate | PUMA rate 25% to 50% below County rate | PUMA rate 25% above or below County rate | PUMA rate 25% to 50% above County rate | PUMA rate ≥ 50% above County rate

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

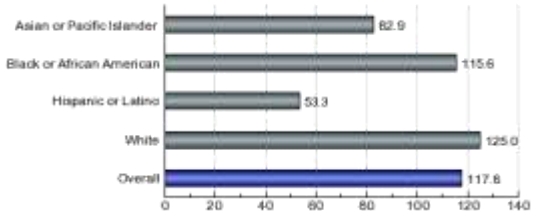


URL of Data:

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



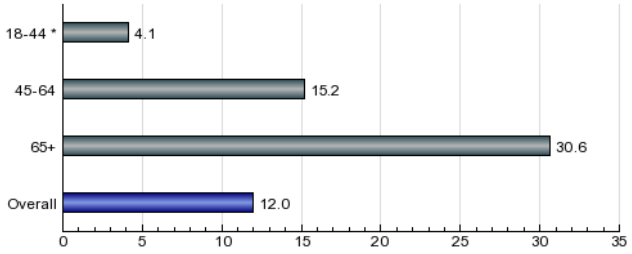
deaths/100,000 population

URL of Data:

Diabetes

(1) Adults with Diabetes by Gender

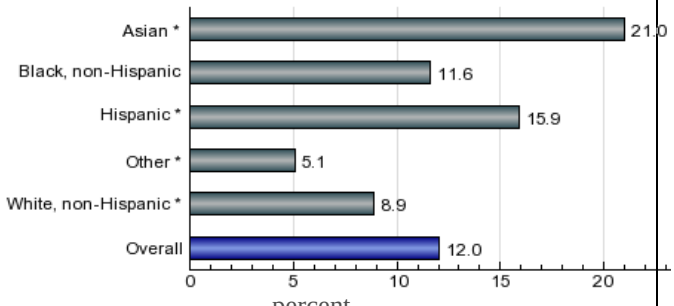
http://dchweb.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=index&topic=0&group=category&breakout=all



percent

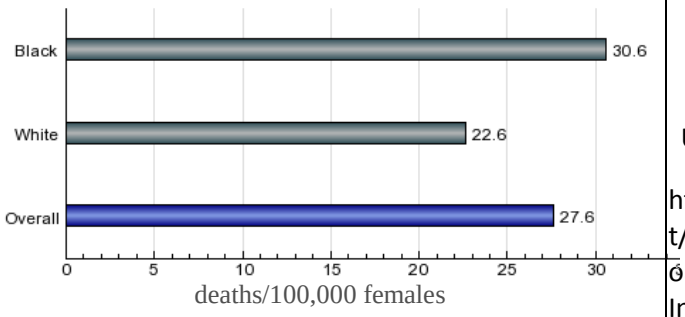
* Value may be statistically unstable and should be interpreted with caution.

(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**  	URL of Data: http://dchweb.thehcn.net/modules.php?op=modload&name=NS-Indicator&file=index&topic=0&group=category&breakout=all
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information: http://ship.md.networkofcare.org/ph/county-indicators.aspx	**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 Access Challenges** Grocery store too far 16% Cannot find items at nearby stores 44% Do not have access t a car 3% No public transportation to stores 3% No walkways/pedestrian safety 8% Too expensive/cannot afford 18% Quality of food not good 31% Lack of culturally appropriate foods 3% Not enough time 9% Other 6% **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	Healthy Food for all Prince George's County, Maryland National Park and Planning Commission, Prince George's County Planning Department, 2015 **Data Source**: 2014 American Community Survey 1-Year Estimates, Tables B25004, S2501, S2502, B2501

(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

5 Census.

Housing Characteristics, 2014 Indicators		**Prince George's**
Total Housing Units		**330,514**
Vacancy		
Occupied Housing Units	307,022	92.9%
Vacant Housing Units	23,492	7.1%
For Rent		10,033
Occupied Housing Units		
Owner-occupied	185,502	60.4%
Renter-occupied	121,520	39.6%
Owner-Occupied Units Household Type		
Married couple family		48.9%
Male householder, no wife present		5.7%
Female householder, no husband present		16.7%
Nonfamily household		28.8%
Renter-Occupied Units Household Type		
Married couple family		23.0%
Male householder, no wife present		9.8%
Female householder, no husband present		25.6%
Nonfamily household		41.7%
Average Household Size		
Owner-occupied		2.97
Renter-occupied		2.76

<table>
<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>
<tr><td>% Rural</td><td>2.00%</td><td>12.80%</td></tr>
</table>
</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/2016/rankings/prince-georges/county/outcomes/overall/additional</td>
</tr>
<tr>
<td>Other - Illiteracy</td>
<td>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)</td>
<td>14.40%</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>
</table>

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_/_2_ /_16_ (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 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

   Enter date approved by governing body/authorized body thereof here:
   _6_/ _30_/_16_ (mm/dd/yy)

   ___No

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

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

In addition to being accessible via the site's search tool, this information has been assessable via:

1. Health & Wellness page
2. About Us > Commitment to the Community page

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. Are Community Benefits planning and investments part of your hospital's internal strategic plan?

_**X**_ Yes

____No

If yes, please provide a description of how the CB planning fits into the hospital's strategic plan and provide the section of the strategic plan that applies to CB.

Excerpt from DCH Planning Doc:

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 use of 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

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,) Charged 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

e. Are Community Benefit investments incorporated into the major strategies of your Hospital Strategic Transformation Plan?

___X___Yes _____No

If yes, please list these strategies and indicate how the Community Benefit investments will be utilized in support of the strategy.

1) growth of Ambulatory services: Free mobile clinic & Free discharge clinic

2) Free TLC-MD care coordination services: Free medication reconciliation and Management , Free scales and glucose management

3) collaborations with underserved at LaClinica and Catholic Charities clinics

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:

___X_ Other hospital organizations
___X__ Local Health Department
___X__ Local health improvement coalitions (LHICs)
_____ Schools
_ _X___ Behavioral health organizations
___X__ Faith based community organizations
_ _X___ Social service organizations
_____Post Acute Care facilities

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 Donna Perkins Kristin Silcox Champ Thomascutty Anea Jordan Dr. Ernest Carter	Health Officer Epidemiologist PGCHD Staff	The staff completed the County Health Needs Assessment with help of all the hospitals in the County.
Dimensions Healthcare System	Michael Jacobs Sabra Wilson	Community Relations	Shared resources and provided guidance to the development of the County CHNA.
Fort Washington Medical Center	Judy Mitchell Keisha Ricks		Shared resources and provided guidance to the development of the County CHNA.
Medstar Southern Maryland Hospital Center	Dawnavan Davis Cheryl Richardson		Shared resources and provided guidance to the development of the County CHNA.
LRT Consulting	Dr. Laurie Thomas	Consultant	Conducted Key Informant Interviews
Ribbon Consulting Group	Linda Scruggs Ebony Johnson	Consultants	Facilitated the prioritization process
Maryland-National Capital Park & Planning Commission	Glendia Hatton		Administrative Assistance

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

__X___yes _____no

If the response to the question above is yes, please list the counties for which a member of the hospital organization co-chairs the LHIC. Prince Georges County

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

_X____yes _____no

If the response to the question above is yes, please list the counties in which a member of the hospital organization attends meetings or is a member of the LHIC. Prince George's County

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

Please use Table III to provide a clear and concise description of the primary need identified for inclusion in this report, 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.

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

a. 1. Identified need: This may have been identified through a CHNA, a documented request from a public health agency or community group, or other generally accepted practice for developing community benefit programs. Include any measurable disparities and poor health status of racial and ethnic minority groups. Include a description of the collaborative process used to identify common priority areas and alignment with other public and private organizations.

   2. Please indicate how the community's need for the initiative was identified.

b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based community health improvement initiatives may be found on the CDC's website using the following links: http://www.thecommunityguide.org/ or http://www.cdc.gov/chinav/), or from the County Health Rankings and Roadmaps website, here: http://tinyurl.com/mmea7nw.
   (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 or other negative health factor 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,

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. For collaborating organizations, please provide the name and title of at least one individual representing the organization for purposes of the collaboration.

h. Impact of Hospital Initiative: Initiatives should have measurable health outcomes and link to overall population health priorities such as SHIP measures and the all-payer model monitoring measures.

Describe here the measure(s)/health indicator(s) that the hospital will use to evaluate the initiative's impact. The hospital shall evaluate the initiative's impact by reporting (in item "i. Evaluation of Outcome"):

(i) Statistical evidence of measurable improvement in health status of the target population. If the hospital is unable to provide statistical evidence of measurable improvement in health status of the target population, then it may substitute:

(ii) Statistical evidence of measureable improvement in the health status of individuals served by the initiative. If the hospital is unable to provide statistical evidence of measureable improvement in the health status of individuals served by the initiative, then it may substitute:

(iii) The number of people served by the initiative.

Please include short-term, mid-term, and long-term population health targets for each measure/health indicator. These should be monitored and tracked by the hospital organization, preferably in collaboration with appropriate community partners.

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? To what extent do the measurable results indicate that the objectives of the initiative were met? (Please refer to the short-term, mid-term, and long-term population health targets listed by the hospital in response to item h, above, and provide baseline data when available.)

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? If not, why? 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, and grants associated with the fiscal year being reported.
B. Of the total costs associated with the initiative, what amount, if any, 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 – Reaffirmed in November 2016 Evaluation
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 initiative within the target population	53 county residents attended classes and were offered A1C screening* The program transitioned ot a new calendar year schedule with the first class starting on March 31st – November 2017(Only 3 classes were held as of 6/30))
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 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) LaClinica del Pueblo Local faith-based organizations
Impact/Outcomes of hospital Initiative	**Aligned with Objectives** **1) People Served:** 30 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. (Outcome's not available due to 90 testing which occurred

	after 6/30 time frame). **Evaluation:** Outside Evaluator completed 3-year review. Findings are under review and attached.	
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) were incorporated for the 2017. New program now partners with La Clinica del Pueblo for Spanish language classes which began in June 2017.	
A. Total Cost of Initiative for Current Fiscal Year B. What amount is Restricted Grants/Direct offsetting revenue	A. Total Cost of Initiative $70,876	B. Direct offsetting revenue from Restricted Grants No grants received during transition year.

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	Grant recipient from State of Maryland Department of Health: Prince Georges County Breast and Cervical Cancer Prevention Program (BCCP) – This program transitioned fully from the DCH's former Komen funded Prince George's Continuum Program ending in Dec. 2016.
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 July of 2016 there have been **593** screenings mammograms To date, 5 breast cancers were identified. They were all successfully navigated to treatment
Primary Objective of the initiative	To enhance and sustain 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) 90 percent of the women with abnormal findings will have been navigated by the Imaging Navigator. Ensure a 75% 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 60 days. At least 90% of women who have been diagnosed with breast cancer will be navigated into an oncology consult within 60 days of diagnosis. Ensure 80% of women diagnosed with breast cancer will adhere to initial treatment recommendations
Single or Multi-Year Initiative- Time Period	3 Year Grant: FY 2017 FY 2018 FY 2019
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 3) Casa de Maryland 4) Mary's Center

	5) Community Clinic, Inc 6) Greater Baden Medical Services 7) Spanish Catholic Center 8) Pregnancy Aid Center 9) Clinica del Pueblo 10) Governor's Wellmobile 11) Dr. Luz Lopez Correa
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	Since July of 2016 there have been 593 screening mammograms To date, 5 breast cancers were identified, all of whom were successfully linked to treatment. 72 follow-up mammograms/or sonograms were performed and 36 minimally invasive biopsy procedures. 73% of the women seen were Latina. Other key data includes screening mammograms by age: 48% are ages 40-49; 46% are ages 50-64; 6% are ages 65+. Decrease fragmentation/length of time between abnormal screening and initiation of treatment including 1) 90 percent of the women with abnormal findings will have been navigated by the Screening Navigator. **Ensure a 75% adherence** rate for cases requiring 3 and 6 month follow-up imaging. **Outcome: We had a 90% adherence rate.** Increase compliance rates to treatment plans. Ensure that 90% of women who are screened and have abnormal findings are navigated into diagnostic resolution within 60 days. At least 80% of women who have been diagnosed with breast cancer will be navigated into an oncology consult within 60 days of diagnosis (length of time due to the need to submit an application for the Breast and Cervical Cancer Diagnosis and Treatment program and await approval). Ensure 80% of women diagnosed with breast cancer will adhere to initial treatment recommendations. Outcome: 80 % of patients are navigated into resolution within 60 days**.**	
Continuation of Initiative	Current grant was awarded is through June 2019. DCH will reapply to be awarded the grant for FY 20-22.	
C. Total Cost of Initiative for Current Fiscal Year D. What amount is Restricted Grants/Direct offsetting revenue	C. Total Cost of Initiative $401,975.00 $51,975 (in-kind costs)	D. Direct offsetting revenue from Restricted Grants $350,000

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

Identified Need Was this identified through the CHNA process	Chronic conditions such as heart disease, diabetes, and stroke continue to lead in poor outcomes for many Prince Georges County residents. Yes, it was identified through the CHNA
Hospital Initiative	Provide 4-6 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	320 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 $4080	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?	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 syndrome4,** which increases the risk for heart disease, diabetes, and stroke. 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	8207 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 $16,287	H. Direct offsetting revenue from Restricted Grants NONE

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

Identified Need	Only 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%). Yes, It was identified through the CHNA process.
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	In 2015, 127,576 County children and adolescents enrolled in public schools.
Total number of people reached by the initiative within the target population	The hospital provided over 11920 hours of interaction with high school students in organized learning situations. There were 3785 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 from 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 $444,400	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	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. Yes, This was identified through CHNA process
Hospital Initiative	Provide Blood Pressure screening and stroke education at municipal, church and businesses, health events with in the community. Provide early education to grade school students and teach them how to Identify a stroke and to call 911.
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 **8207** encounters with people at screening events 1723 people received Blood Pressure & Cholesterol screening 105 through the stroke support meetings and 1200 young people 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 and Cholesterol 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	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 $45,015	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 Cancer Prevention, Education, Screening and Treatment (CPEST) Note: in FY17 DCH began management of CPEST without PGCHD. 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	218screened for colorectal cancer, 14 screened for prostate cancer. 23 screened for prostate Cancer
Primary Objective of the initiative	1) in FY17 the hospital had a goal to provide a minimum of **175** endoscopic screenings, to include 40 for uninsured and underinsured eligible Prince George's County men and women 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 FQHC – Mary's Center, LaClinica del Pueblo Local Urologist

Impact/Outcome of the hospital initiative	1) CPEST Program Number of people colonoscopy performed 218 Number of people with abnormal Findings 2 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 23	
Evaluation of Outcomes	For 2017 DCH applied for and was awarded the FY2017 contract from DHMH for the Cancer Prevention Education Screening and Treatment Program (CPEST) which provides support for colorectal screenings and health education and promotion for up to seven 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 **$531,355.67**	N. Direct offsetting revenue from Restricted Grants $300,236.84

2. Were there any primary community health needs identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples: the fact that another nearby hospital is focusing on that identified community need, or that the hospital does not have adequate resources to address it.) This information may be copied directly from the section of 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:

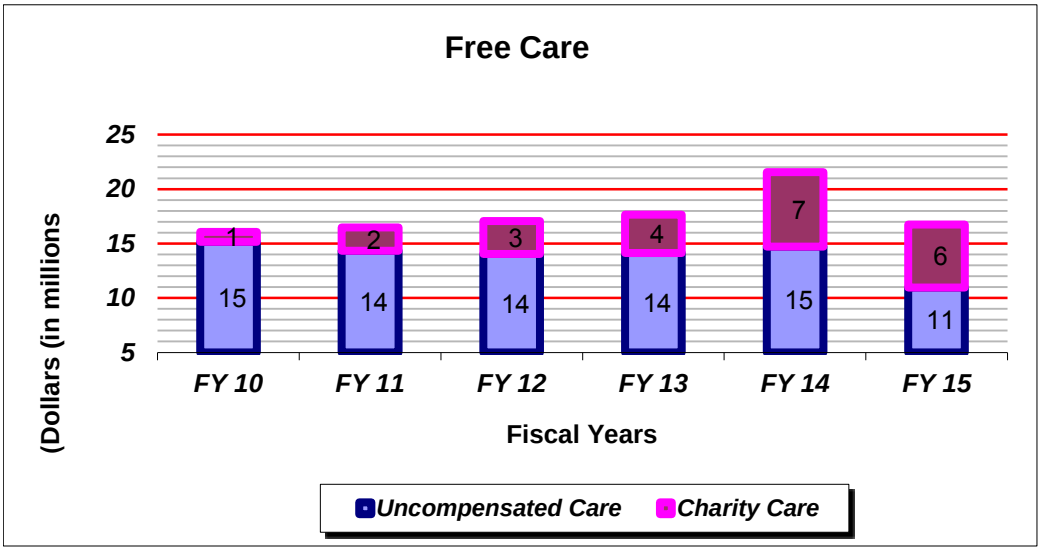
- *Notification Procedures regarding Charity care:*
- *There are signs posted in the Emergency Department, and all Admissions areas of the hospital.*
- *Each patient is given a brochure with the following information at time of admission and a copy is sent with any bills:*
- *There is a Spanish version 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.*

b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care coverage Expansion Option became effective on January 1, 2014 (label Appendix II). There were no changes to the policy, the Maryland Health Exchange was added to our Patient Financial Information Brochure.

(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.

Appendix VII: The Community Benefit Reporting Tool See attached pdf

Appendix III Community Health Needs Assessment and Implementation Plan See Attached PDF

Appendix I

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
Page 1 of 3

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 ___/___/___

Do 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.

Steven R Reed 7-14-2010 7-13-10

Hospital Representative Date Business Associate 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
☑ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....
☐ Other (see instructions) ▶

☐ Exempt payee

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 pr tient 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:

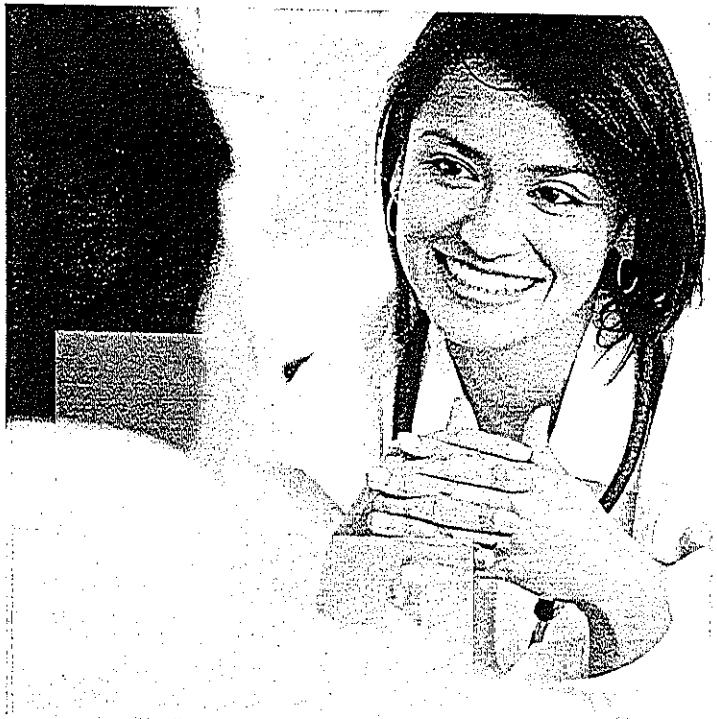
- **Outpatient Registration Department**
  Main Hospital, 2nd Floor
  Monday to Friday, 8:00 a.m. to 4:30 p.m.
- **Emergency Department Registration Office**
  Main Hospital, 1st Floor
  24 hours a day

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*.

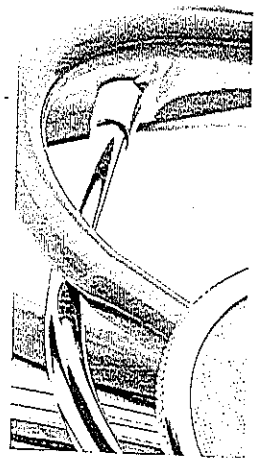
Si se solicita, se enviará al paciente una solicitud por correo. A fin de reunir los requisitos, el solicitante también debe presentar comprobantes del ingreso y de los gastos familiares.

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."

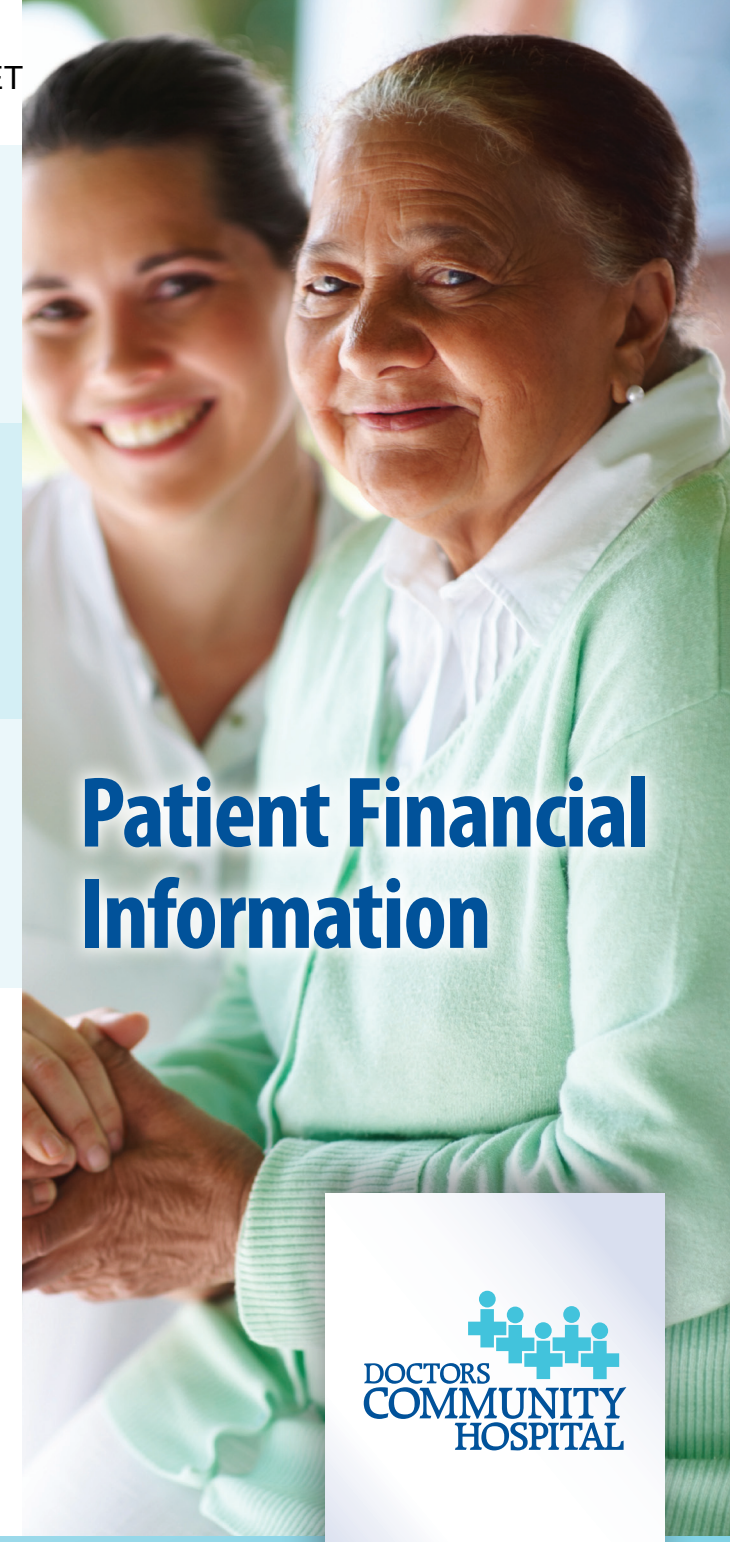
If your doctor orders a service that is not considered "medically necessary" by Medicare, you will be asked to sign an Advance Beneficiary Notice (ABN). The ABN is Medicare's way of informing you of the possibility that it might not pay for the service ordered. By signing the ABN, you agree to accept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

APPENDIX II

	A	B	C	D	E	F	G	H	I	J	K	L
1												
2						**FY 2017 Data Collection Sheet**							
3		**GENERAL INFORMATION**										
4												
5		**Hospital Name:**	Doctors Community Hospital									
6		**HSCRC Hospital ID #:**	21-0051									
7		**# of Employees:**					1,629					
8												
9		**Contact Person:**	Mary P. Dudley									
10		**Contact Number:**	301-552-8601									
11		**Contact Email:**	Mdudley@DCHweb.org									
12												
13												
14												
15												
16		**UNREIMBURSED MEDICAID COST**				**# OF STAFF HOURS**	**# OF ENCOUNTERS**	**DIRECT COST($)**	**INDIRECT COST($)**	**OFFSETTING REVENUE($)**	**NET COMMUNITY BENEFIT**	
17	**T00**	**Medicaid Costs**										
18	**T99**	Medicaid Assessments				N/A	N/A	$5,106,139.00	$0.00	$4,315,695.00	$790,444.00	
19		**COMMUNITY BENEFIT ACTIVITES**				**# OF STAFF HOURS**	**# OF ENCOUNTERS**	**DIRECT COST($)**	**INDIRECT COST($)**	**OFFSETTING REVENUE($)**	**NET COMMUNITY BENEFIT**	
20	**A00.**	**COMMUNITY HEALTH SERVICES**										
21	**A10**	Community Health Education				629	2,795	$58,070.00	$36,003.40		$94,073.40	
22	**A11**	Support Groups				386	1,526	$36,191.00	$22,438.42		$58,629.42	
23	**A12**	Self-Help							$0.00		$0.00	
24	**A20**	Community-Based Clinical Services							$0.00		$0.00	
25	**A21**	Screenings				4,160	2,142	$1,146,386.67	$710,759.74	$650,236.84	$1,206,909.57	
26	**A22**	One-Time/Occasionally Held Clinics							$0.00		$0.00	
27	**A23**	Free Clinics							$0.00		$0.00	
28	**A24**	Mobile Units				4,230	3,265		$189,903.00	$189,903.00	$0.00	
29	**A30**	Health Care Support Services							$0.00		$0.00	
30	**A40**								$0.00		$0.00	
31	**A41**								$0.00		$0.00	
32	**A42**								$0.00		$0.00	
33	**A43**								$0.00		$0.00	
34	**A44**								$0.00		$0.00	
35												
36	**A99**	**Total Community Health Services**			**TOTAL**	9,405	9,728	1,240,648	$959,104.56	$840,139.84	$1,359,612.39	
37												

	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				24,562	272	$982,480.00	$0.00		$982,480.00	
42	**B30**	Other Health Professionals				12,988	940	$509,334.00	$0.00		$509,334.00	
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**	37550	1212	$1,491,814.00	$0.00	$0.00	$1,491,814.00	
50												
51						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	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						$23,384.00	$0.00		$23,384.00	
78	**E20**	Grants							$0.00		$0.00	
79	**E30**	In-Kind Donations						$14,007.00	$0.00		$14,007.00	
80	**E40**	Cost of Fund Raising for Community Programs						$241,463.00	$0.00		$241,463.00	
81												
82	**E99**	**Total Cash and In-Kind Contributions**			**TOTAL**	0	0	$278,854.00	$0.00	$0.00	$278,854.00	
83												
84						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	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	$42,537.00	$26,372.94		$68,909.94	
88	**F30**	Community Support				12,200	3,785	$462,760.00	$286,911.20		$749,671.20	
89	**F40**	Environmental Improvements							$0.00		$0.00	
90	**F50**	Leadership Development/Training for Community Members							$0.00		$0.00	
91	**F60**	Coalition Building							$0.00		$0.00	
92	**F70**	Advocacy for Community Health Improvements				208	125	$56,200.00	$34,844.00		$91,044.00	
93	**F80**	Workforce Development							$0.00		$0.00	
94	**F90**	Loaned Instructor				1,840	60,000	$82,856.00	$51,370.72		$134,226.72	
95	**F91**								$0.00		$0.00	
96	**F92**								$0.00		$0.00	
97												
98	**F99**	**Total Community Building Activities**			**TOTAL**	14,350	64,519	644,353	399,499	0	1,043,852	
99												
100						# OF STAFF HOURS	# OF ENCOUNTERS	DIRECT COST($)	INDIRECT COST($)	OFFSETTING REVENUE($)	NET COMMUNITY BENEFIT	
101	**G00**	**COMMUNITY BENEFIT OPERATIONS**										
102	**G10**	Assigned Staff				220		$46,580.00	$28,879.60		$75,459.60	
103	**G20**	Community health/health assets assessments				12		$480.00	$297.60		$777.60	
104	**G30**	HCI contract				12		$20,490.00	$12,703.80		$33,193.80	
105	**G31**								$0.00		$0.00	
106	**G32**								$0.00		$0.00	
107												
108	**G99**	**Total Community Benefit Operations**			**TOTAL**	244	0	$67,550.00	$41,881.00	$0.00	$109,431.00	
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**	$6,756,740.00						
112												
113		**FINANCIAL DATA**										
114	**I10**	INDIRECT COST RATIO				62.00%						
115												
116	**I00**	**OPERATING REVENUE**										
117	**I20**	Net Patient Service Revenue				$199,714,675.00						
118	**I30**	Other Revenue				$5,783,460.00						
119	**I40**	**Total Revenue**				$205,498,135.00						
120												
121	**S99**	**TOTAL OPERATING EXPENSES**				$193,854,072.00						
122												
123	**I50**	**NET REVENUE (LOSS) FROM OPERATIONS**				$11,644,063.00						
124												
125	**I60**	**NON-OPERATING GAINS (LOSSES)**				-$10,967,744.00						
126												
127	**I70**	**NET REVENUE (LOSS)**				$676,319.00						
128												
129						**# OF STAFF HOURS**	**# OF ENCOUNTERS**	**DIRECT COST($)**	**INDIRECT COST($)**	**OFFSETTING REVENUE($)**	**NET COMMUNITY BENEFIT**	
130	**J00**	**FOUNDATION COMMUNITY BENEFIT**										
131	**J10**	Community Services						$189,903.00	$0.00		$189,903.00	
132	**J20**	Community Building							$0.00		$0.00	
133	**J30**								$0.00		$0.00	
134	**J31**								$0.00		$0.00	
135	**J32**								$0.00		$0.00	
136												
137	**J99**	**TOTAL FOUNDATION COMMUNITY BENEFIT**				0	0	$189,903.00	$0.00	$0.00	$189,903.00	
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				9,405	9,728	1,240,648	959,105	840,140	1,359,612	
142	B99	Health Professions Education				37,550	1,212	1,491,814	0	0	1,491,814	
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				0	0	278,854	0	0	278,854	
146	F99	Community Building Activities				14,350	64,519	644,353	399,499	0	1,043,852	
147	G99	Community Benefit Operations				244	0	67,550	41,881	0	109,431	
148	H99	Charity Care				N/A	N/A	N/A	N/A	N/A	$6,756,740.00	
149	J99	Foundation Funded Community Benefit				0	0	189,903	0	0	189,903	
150	T99	Medicaid Assesments				N/A	N/A	5,106,139	0	4,315,695	790,444	
151												
152	K99	TOTAL HOSPITAL COMMUNITY BENEFIT				61,549	75,459	9,019,261	1,400,484	5,155,835	12,020,650	
153												
154	U99	% OF OPERATING EXPENSES				6.20%						
155	V99	% of NET REVENUE				1777.36%						
156												

2016

PRINCE GEORGE'S COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

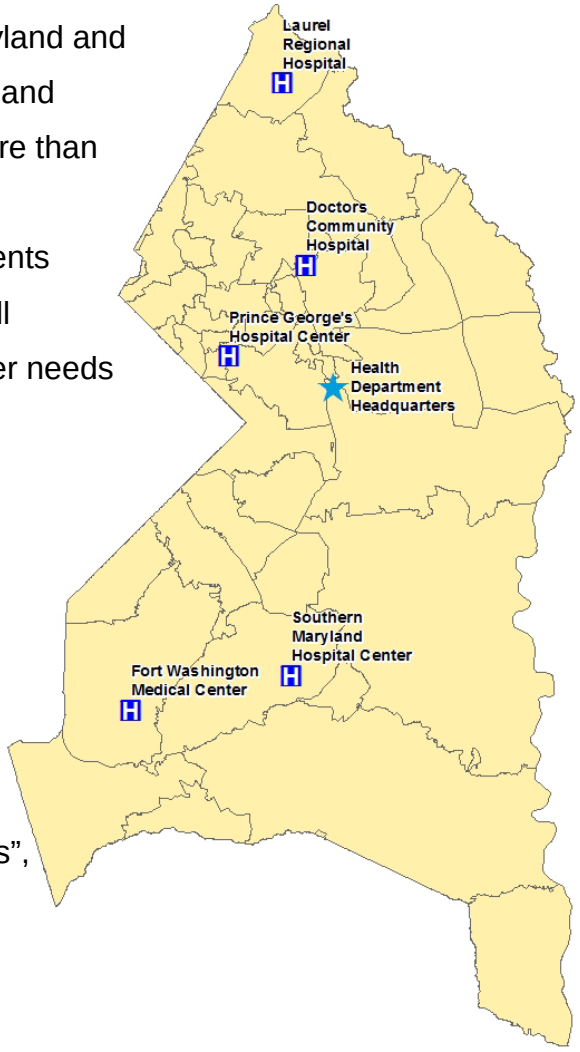
Prepared by:
Prince George's County
Health Department

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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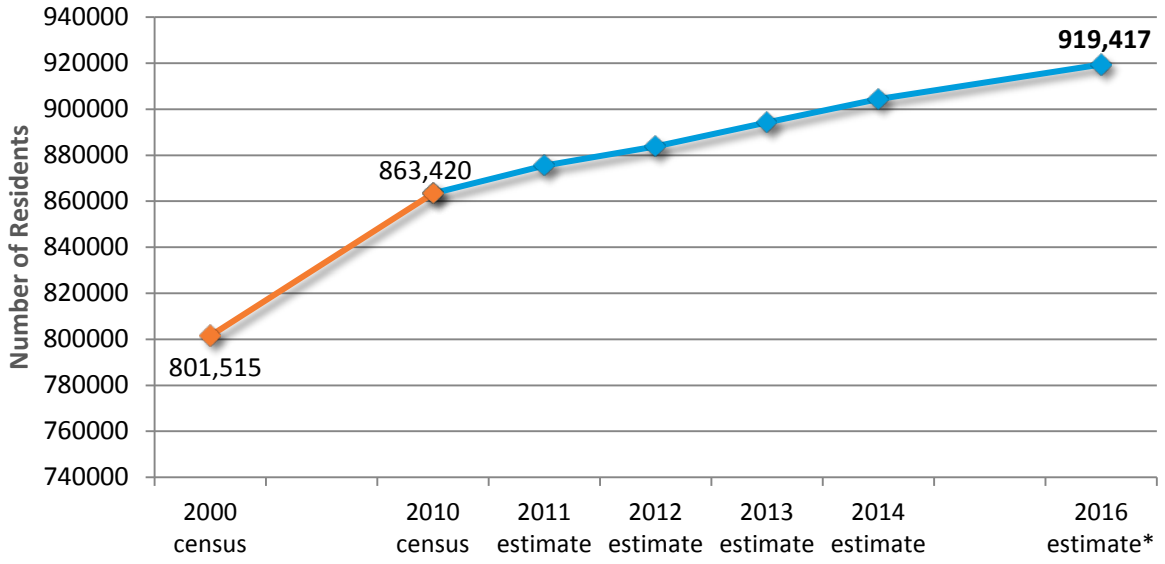
POPULATION PROFILE

Overall Population

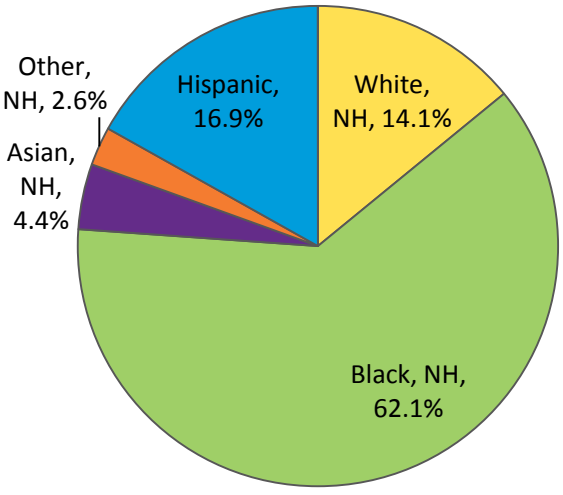
From 2000 to 2010, Prince George's County population grew by 7.7% to 863,420. The county is currently on track to surpass the growth of the previous decade with a 6.5% increase in population from 2010 to 2016.

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

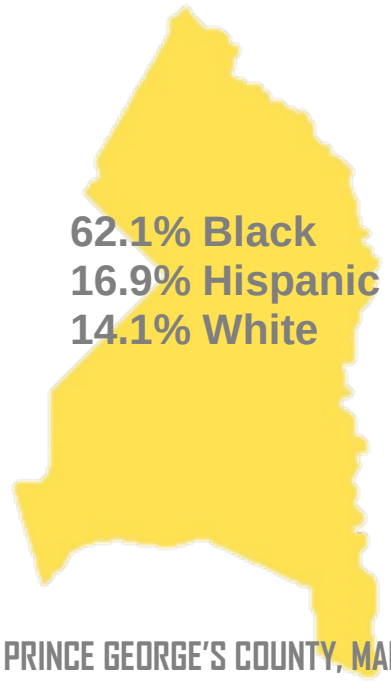
Data Source: 2014 American Community Survey 1-Year Estimates, Table DP05; U.S. Census Population Estimates

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

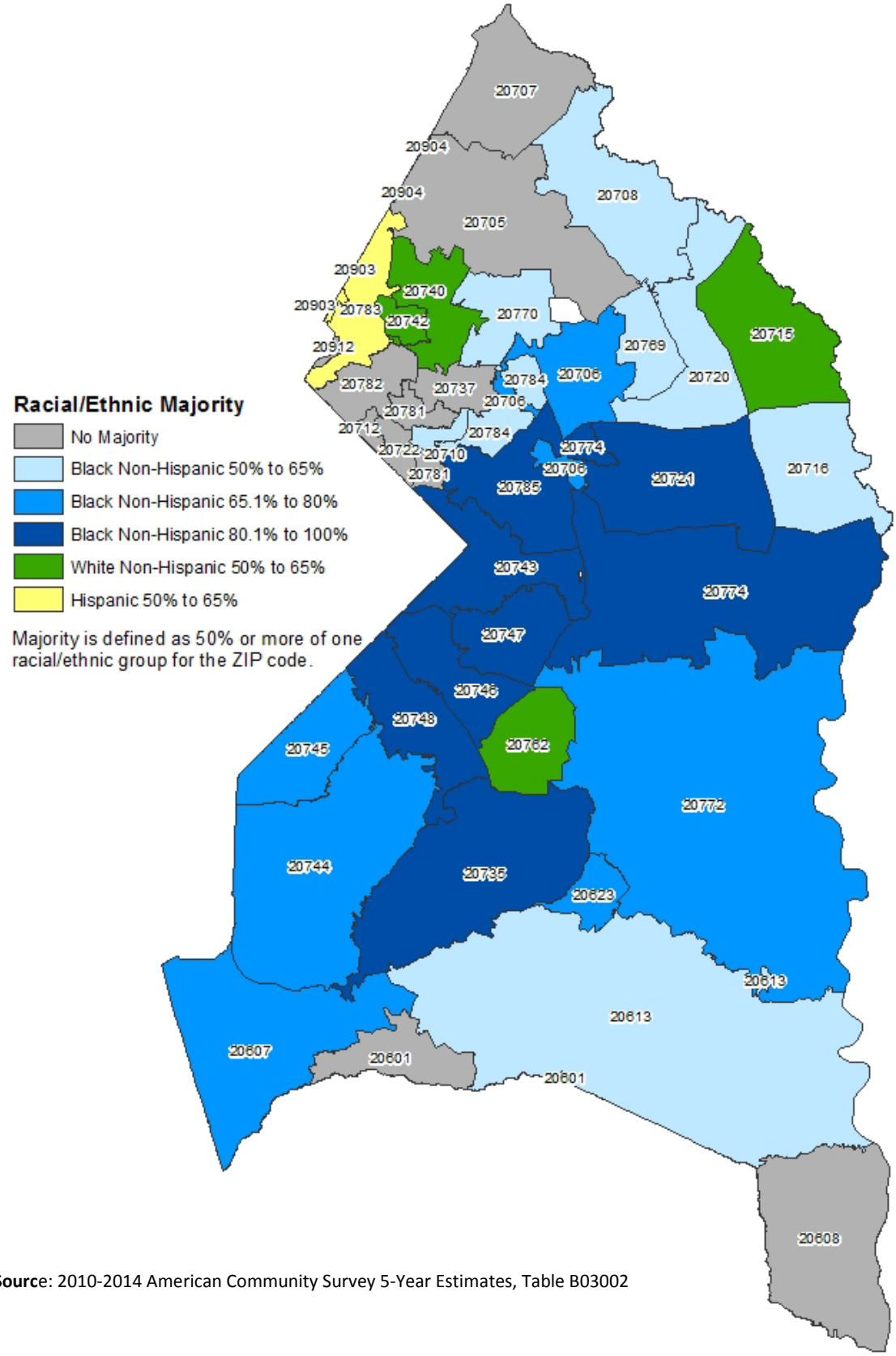
STATE OF MARYLAND

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.

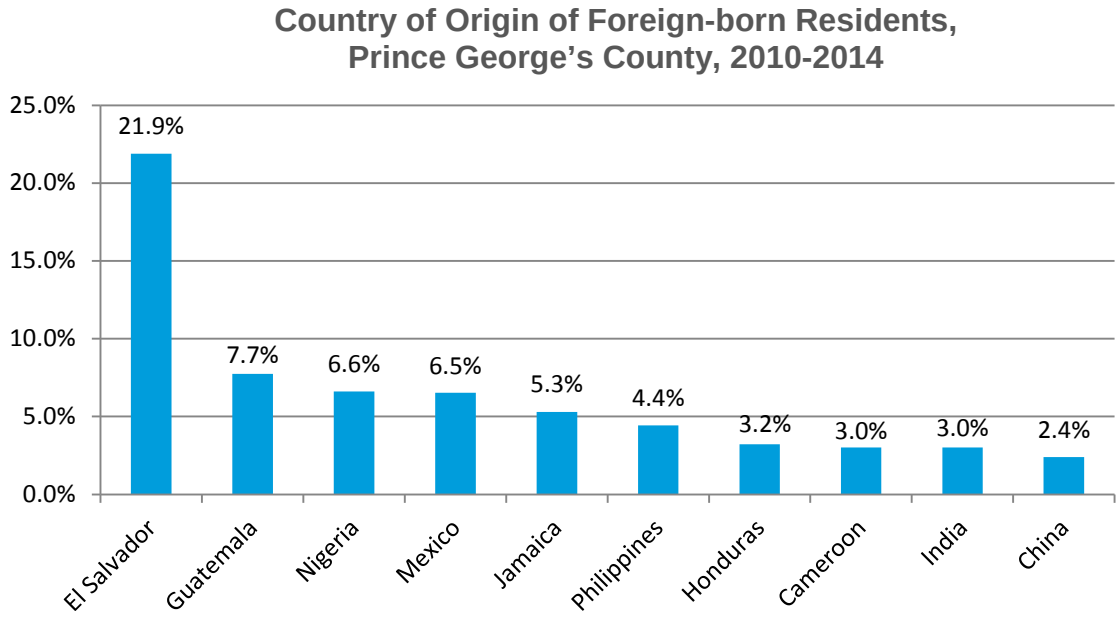
ZIP Codes by Population Racial and Ethnic Majority, Prince George's County, 2010-2014



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.

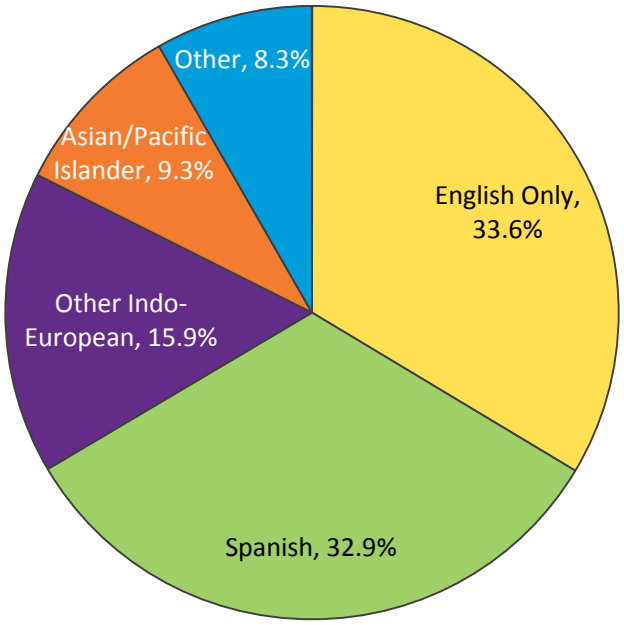


Data Source: 2010-2014 American Community Survey 5-Year Estimates, Table B05006

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%

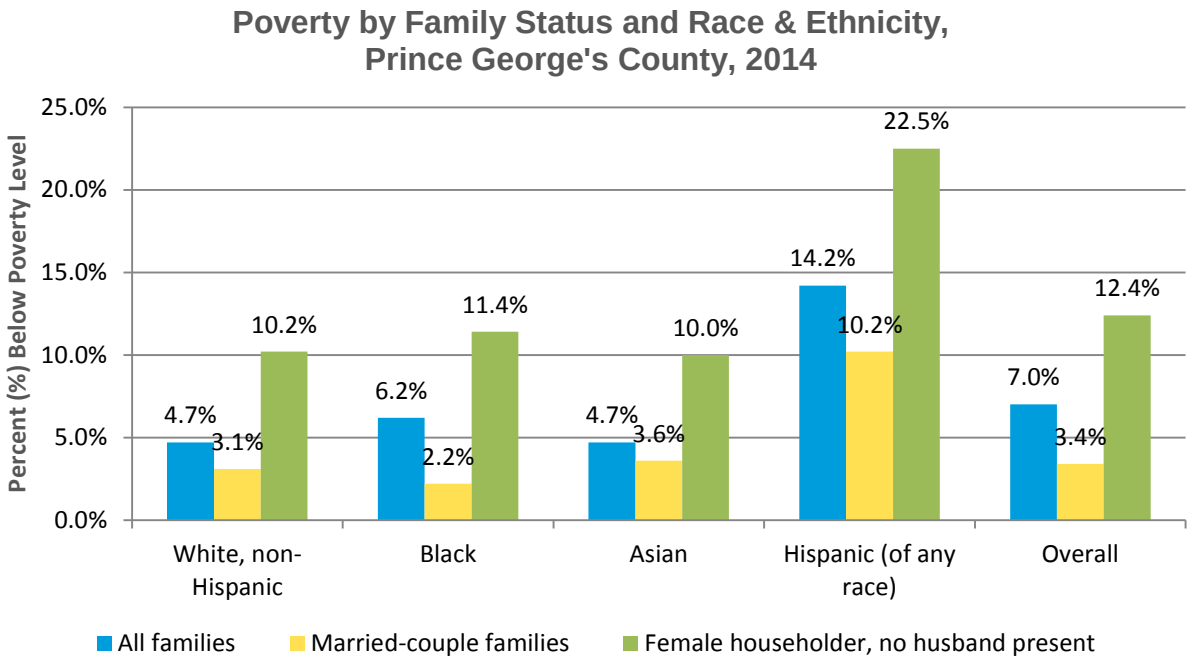
Data Source: American Community Survey 1-Year Estimates, 2014, Table S1701

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

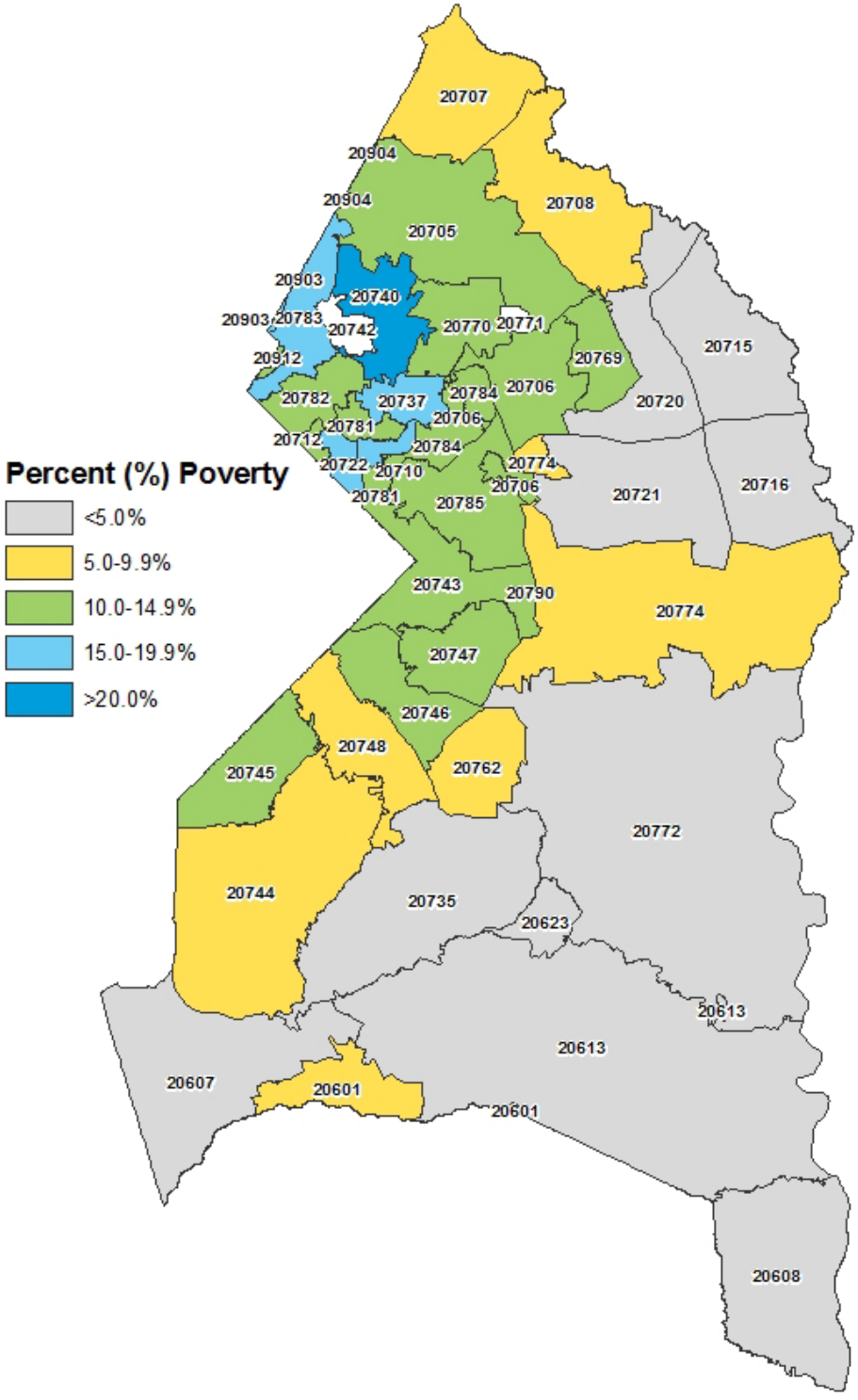
	Prince George's County % Poverty	Maryland % Poverty	United States % Poverty
All families	7.0%	7.1%	11.3%
With related children under 18 years	11.2%	10.8%	18.0%
Married couple families	3.4%	3.1%	5.6%
With related children under 18 years	5.7%	4.1%	8.2%
Families with female householder, no husband present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

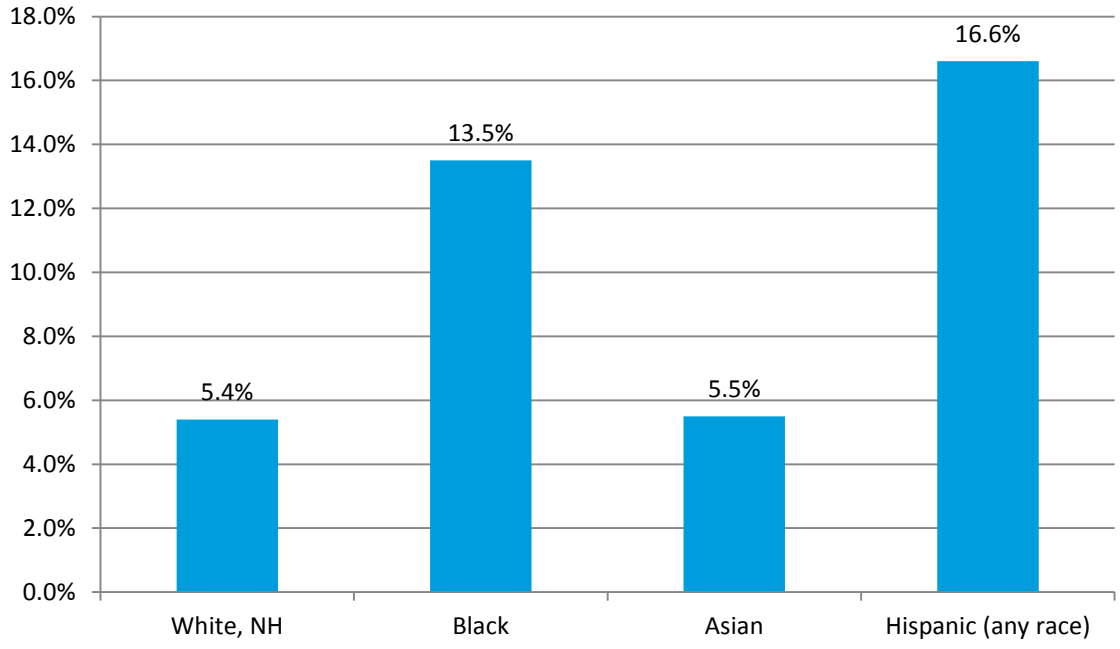
Percent of Household with Food Stamp/SNAP Benefits, 2014

	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

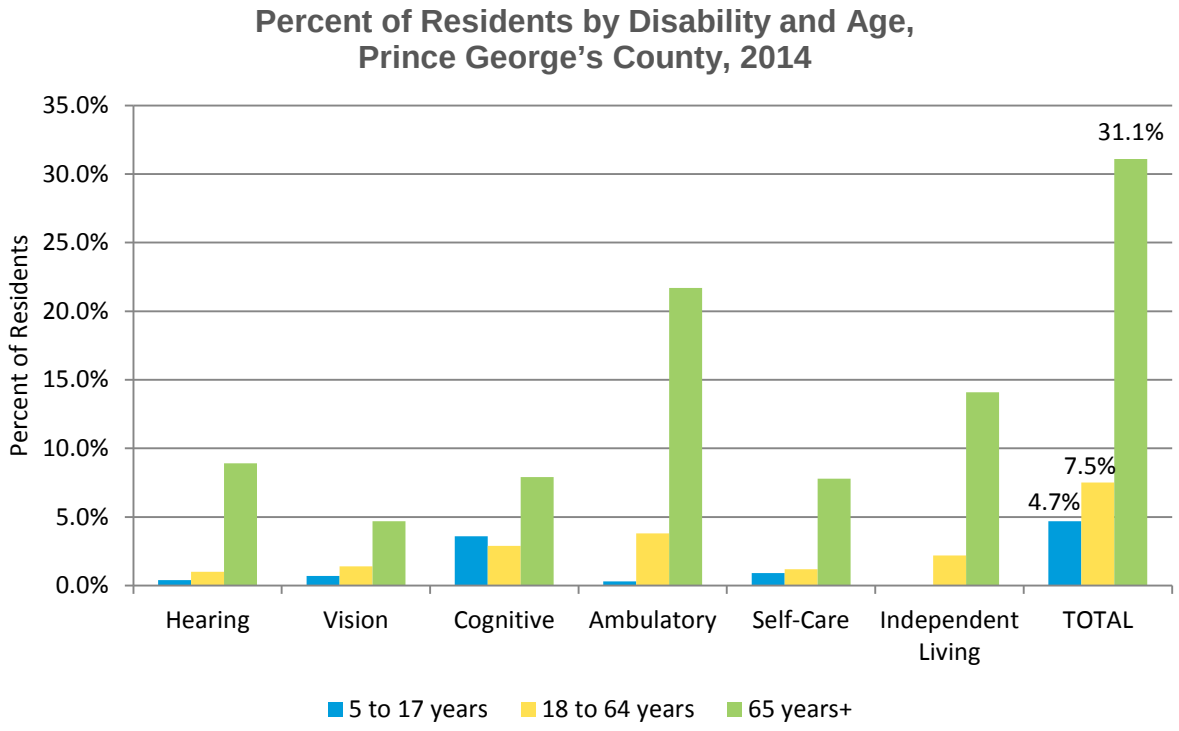
Disability

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

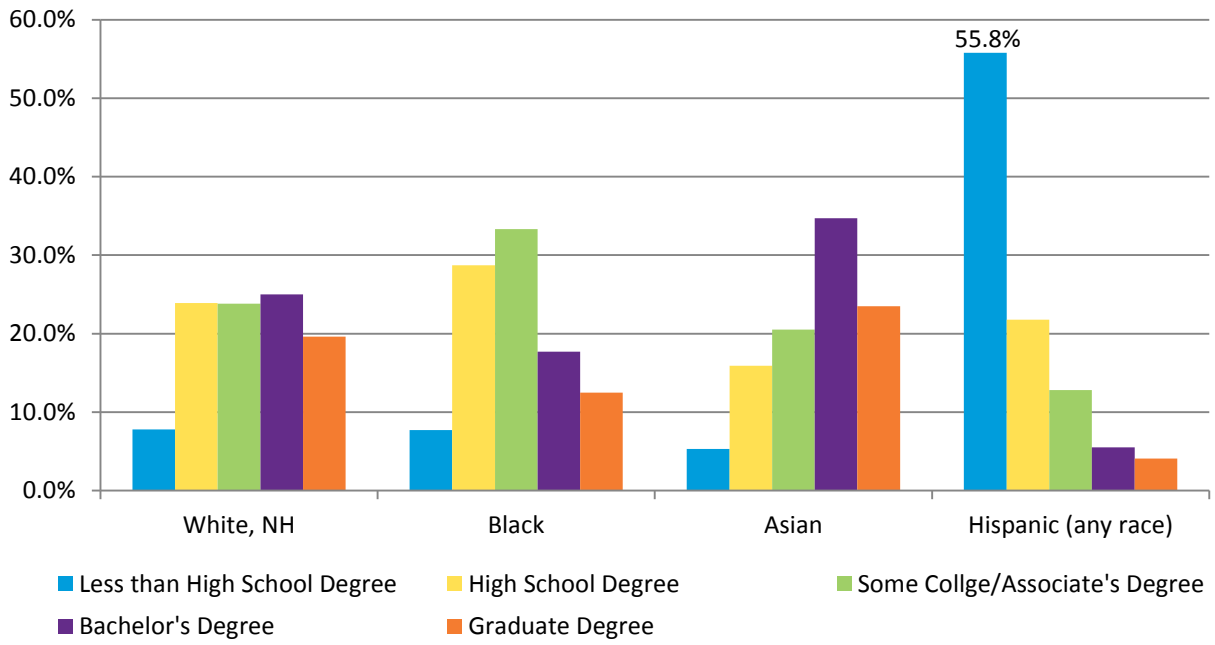
Approximately 85% of County residents age 25 years and older have at least a high school degree, which is lower than Maryland (90%) and the U.S. (87%).

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

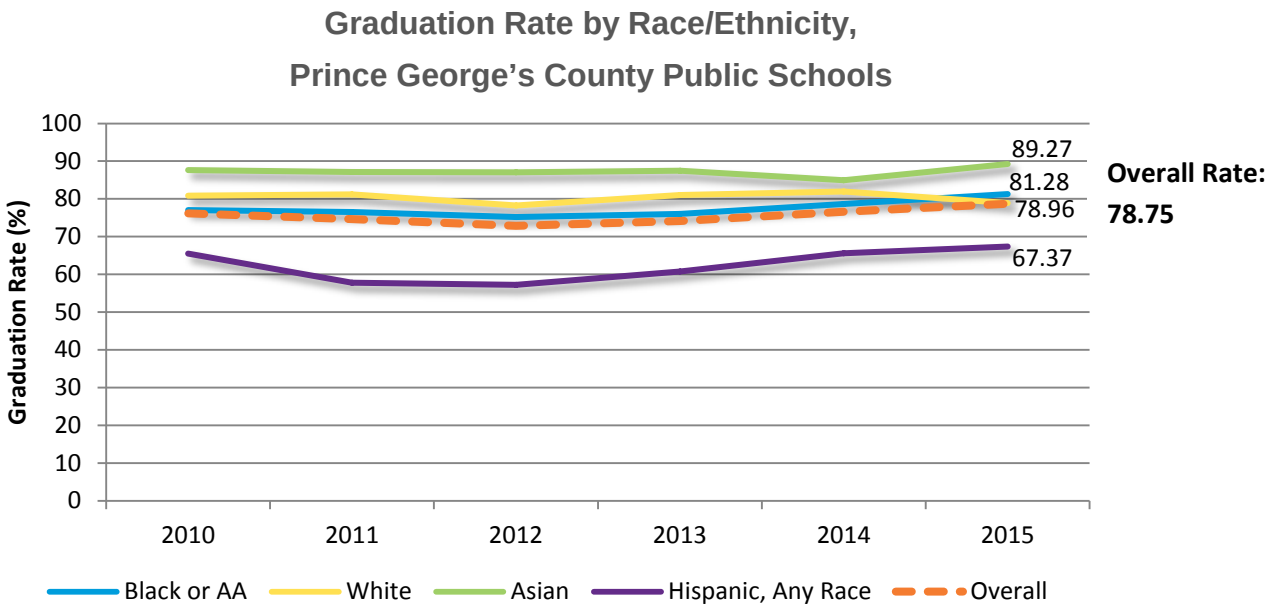


Data Source: 2014 American Community Survey 1-Year Estimates, Table B15002

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%
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20745	Oxon Hill	24.5%
20746	Suitland	19.8%
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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

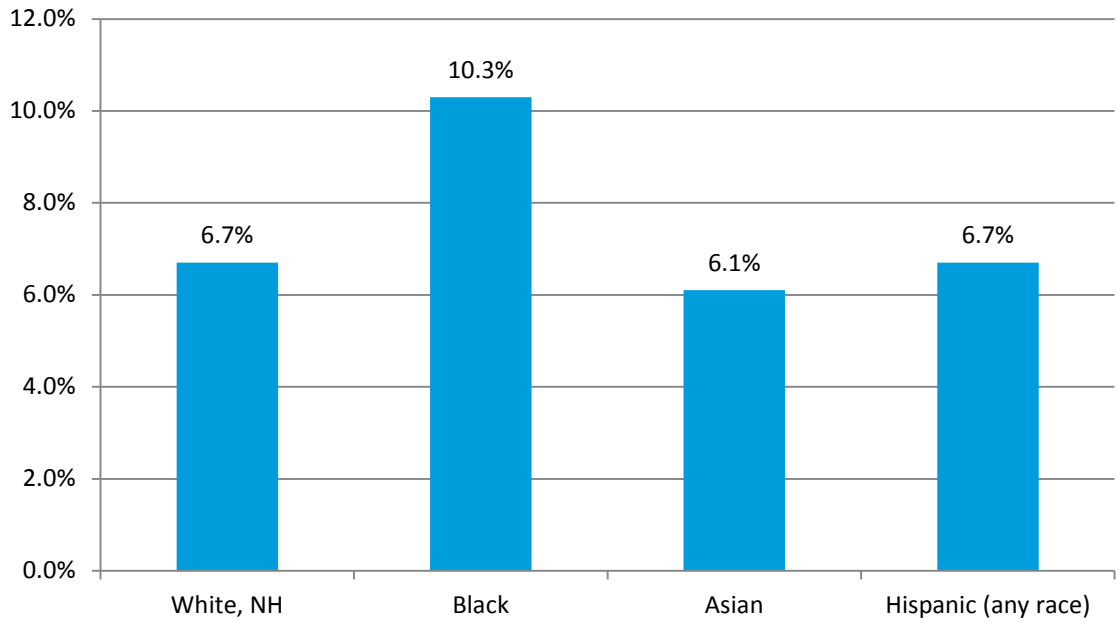
In 2014, 9.1% of Prince George's County residents were unemployed, which is higher than both Maryland and the U.S. at 7.2%. The county unemployment rate varies by education, disability status, and by race and Hispanic ethnicity. Overall, one-third of residents age 16 and older living in poverty are unemployed. 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

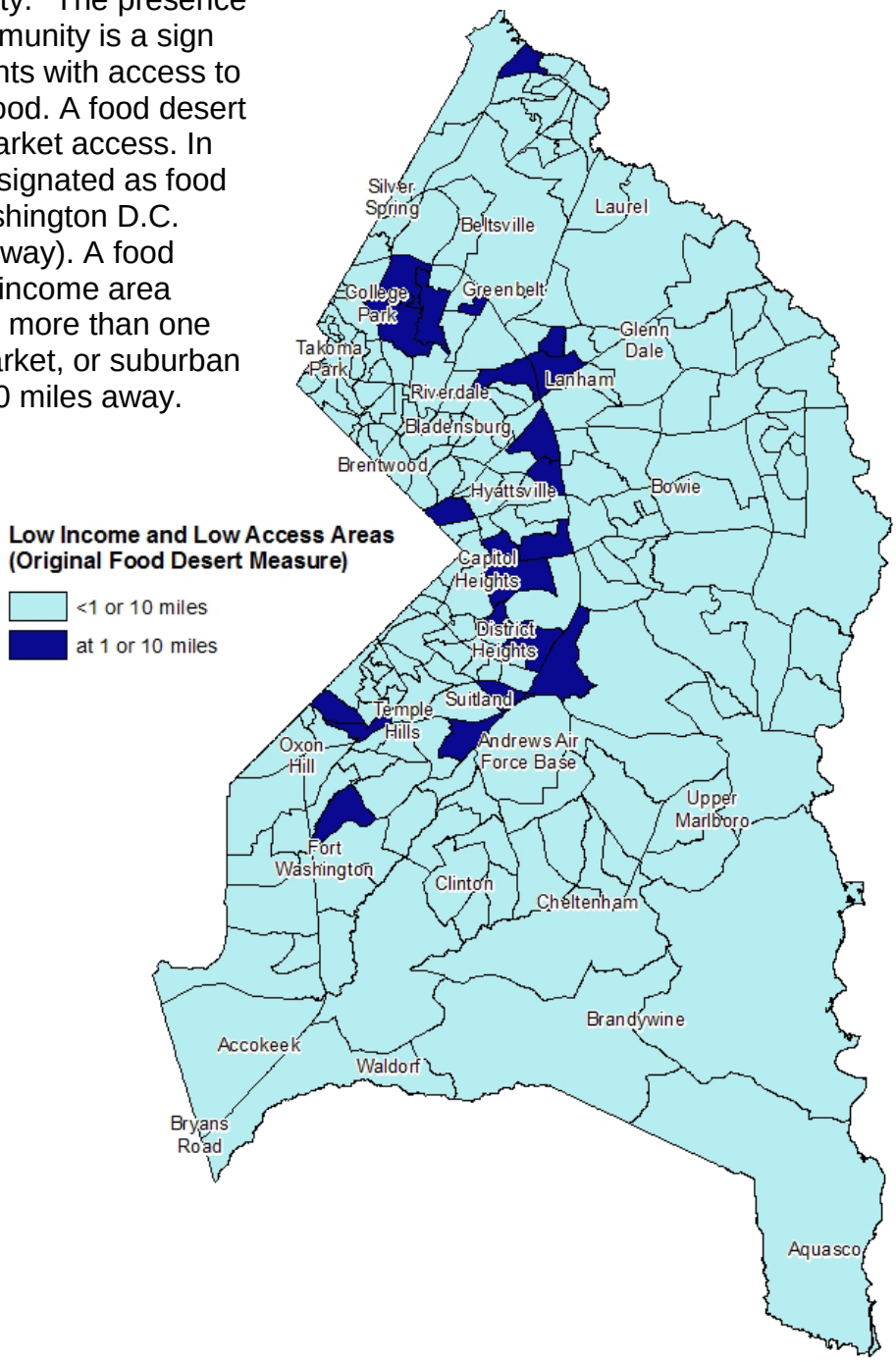


Data Source: 2014 American Community Survey 1-Year Estimates, Table S2301

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



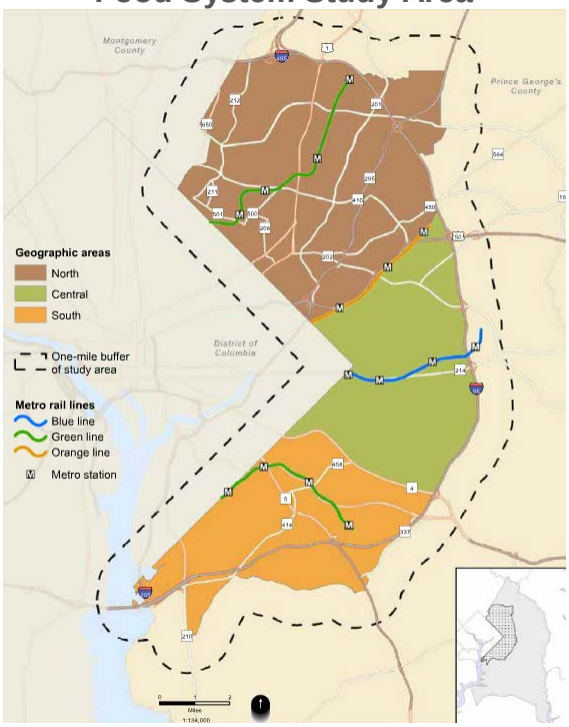
Data Source: United States Department of Agriculture, Economic Research Service, Food Access Research Atlas

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

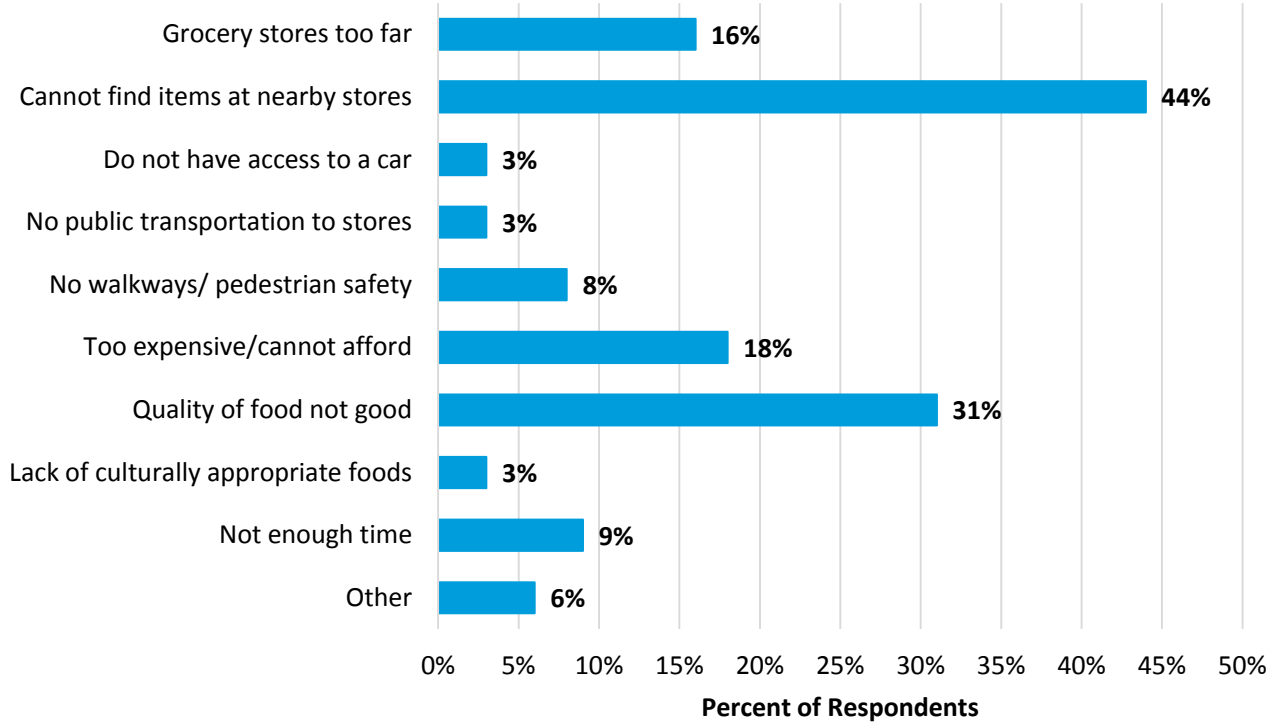
Prince George's County Food System Study, 2015

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

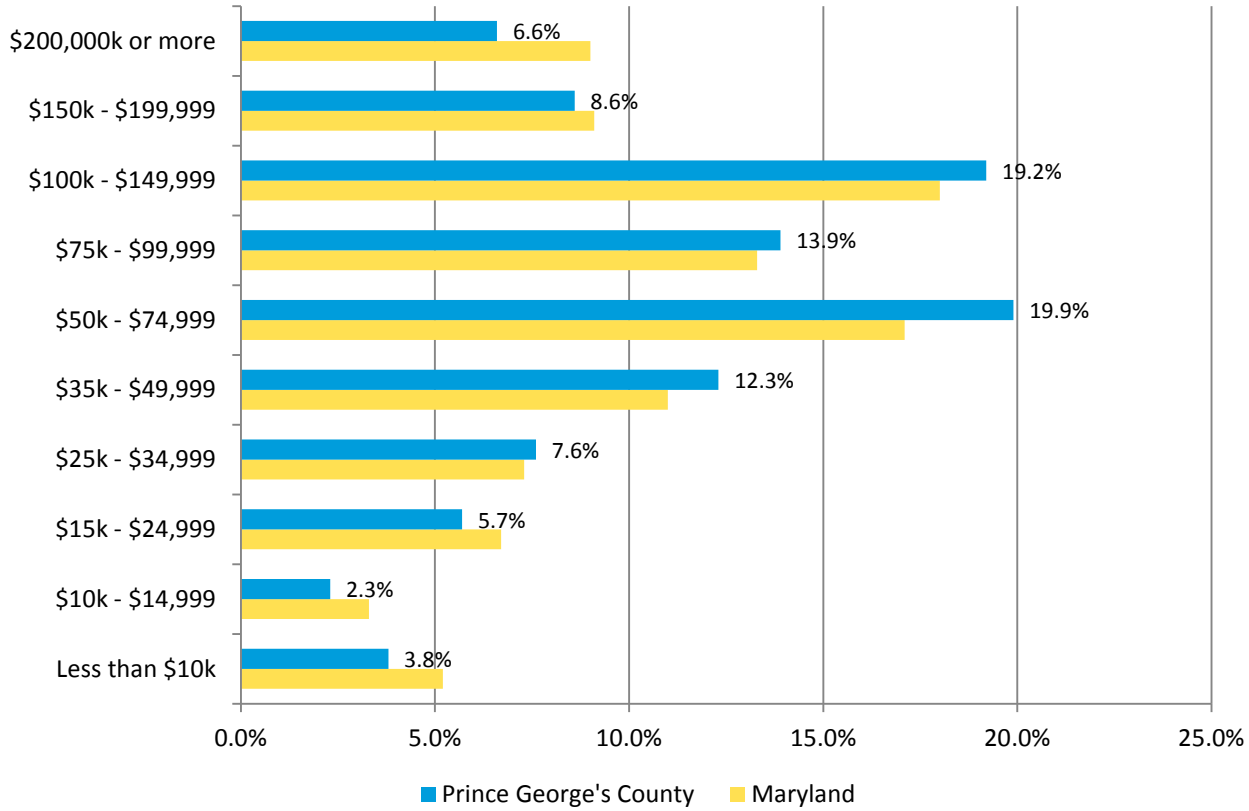
The median household income in the County is $72,290 which is lower than Maryland ($73,971), but is higher than the U.S. When looking at income by groups (Graph 8), Maryland has more residents making below $25,000 compared to Prince George's County; however, Maryland also has more residents making above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

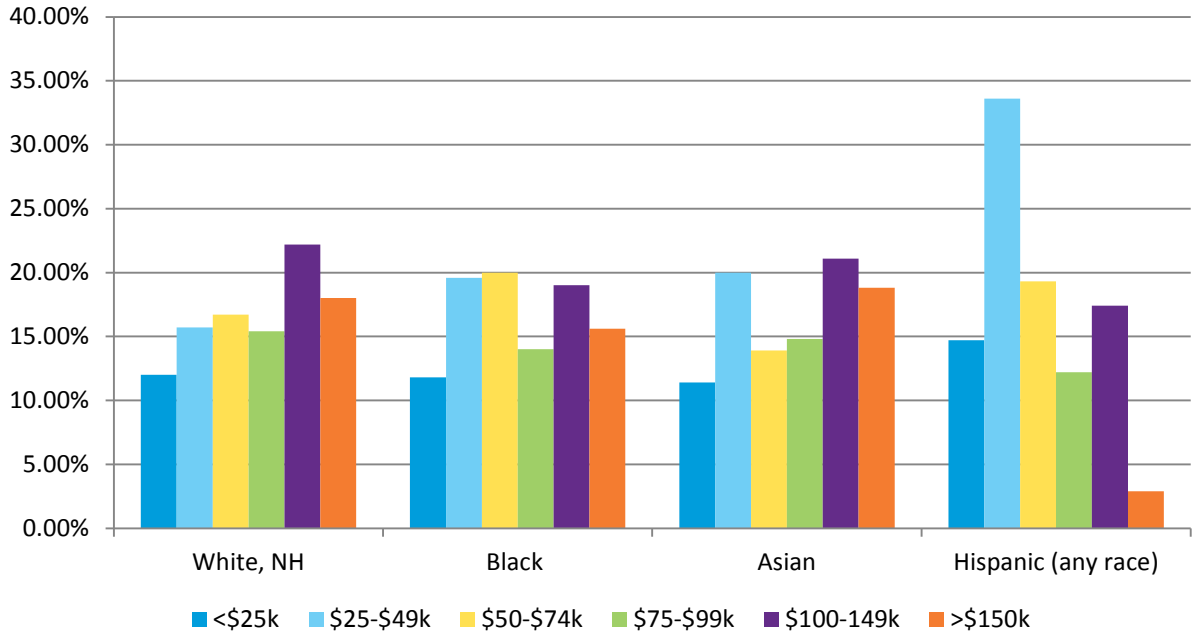
Household Income (In 2014 Inflation-Adjusted Dollars)



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.

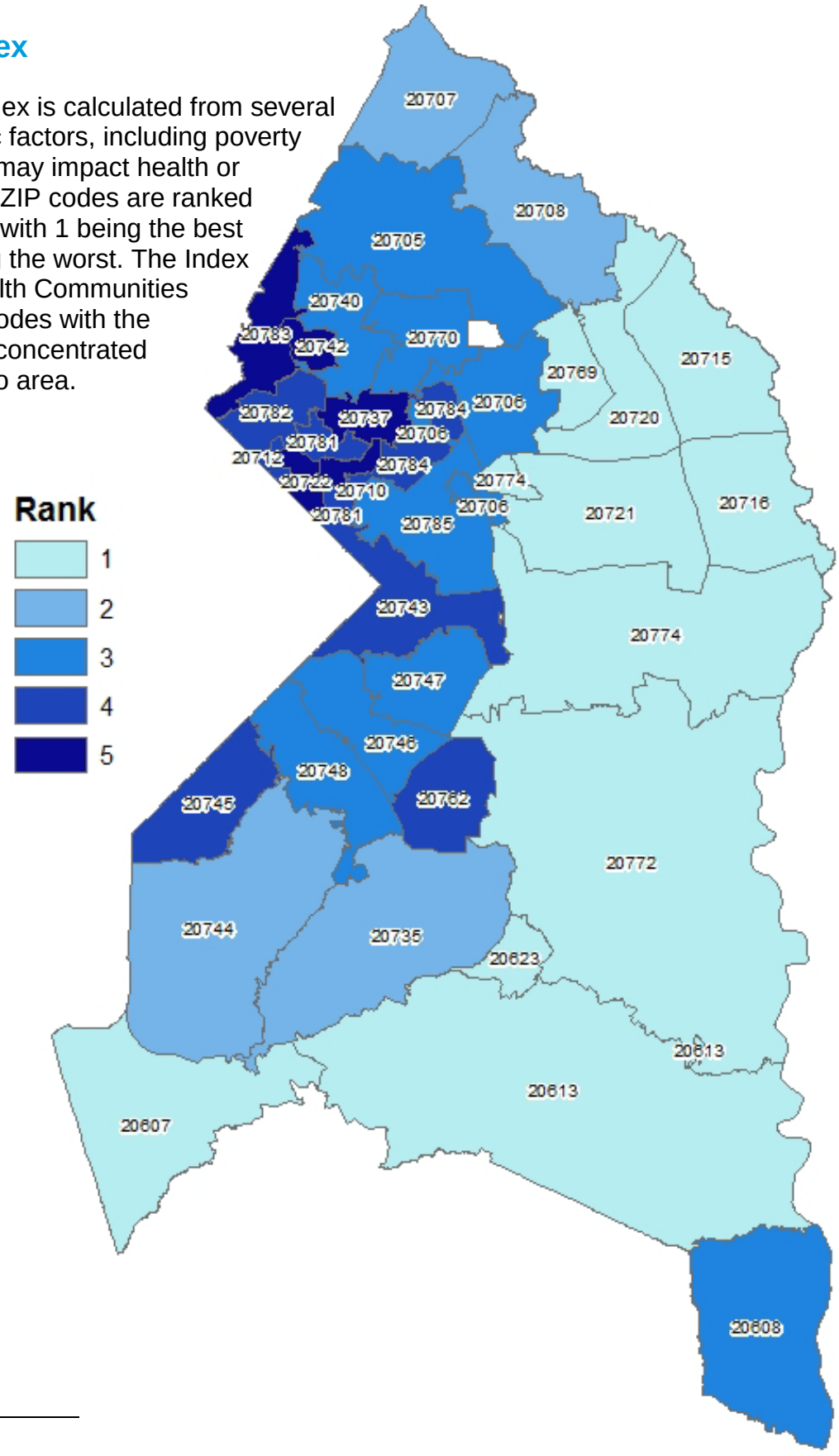
Household Income (In 2014 Inflation-Adjusted Dollars) by Race and Ethnicity, Prince George's County



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.

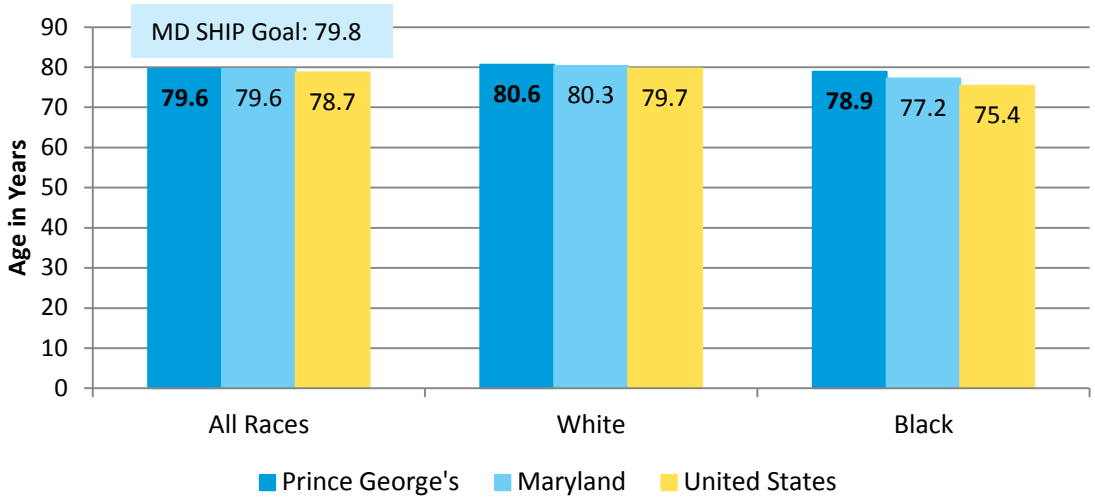
Table of Contents

Health Status Indicators

Life Expectancy

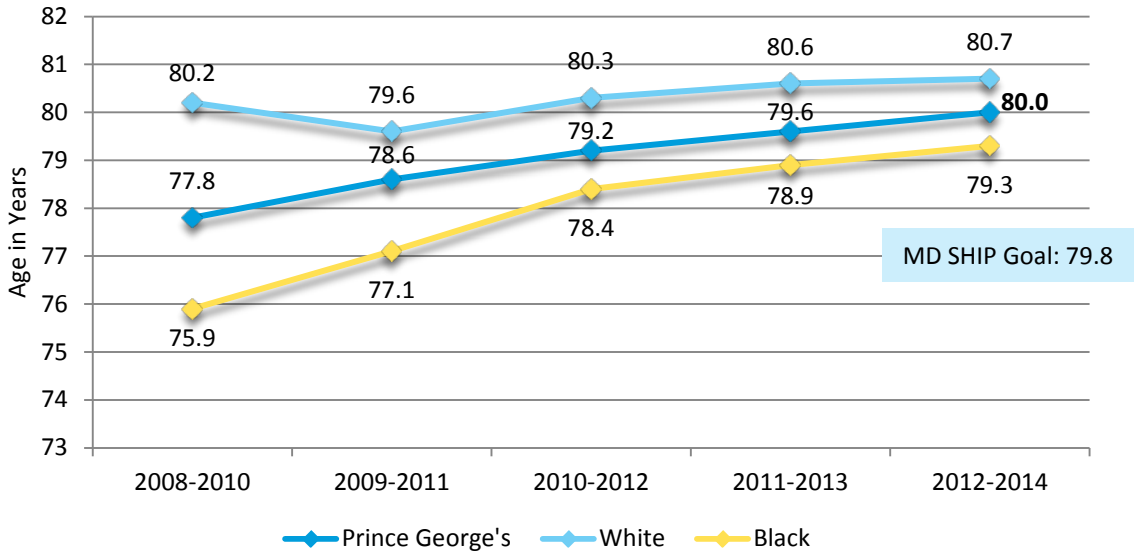
Prince George's County has a life expectancy about the same as Maryland and above the U.S. Life expectancy has steadily increased in the county, and the Maryland SHIP Goal of 79.8 years was met as of 2014. However, there is still a disparity in life expectancy by race, with White residents living longer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

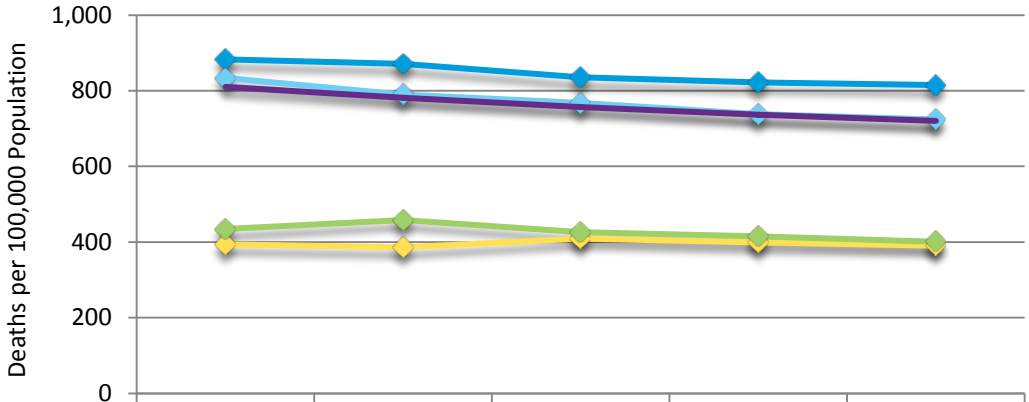
Age-Adjusted Death Rate per 100,000 by Race, Ethnicity, and Sex, 2012-2014

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

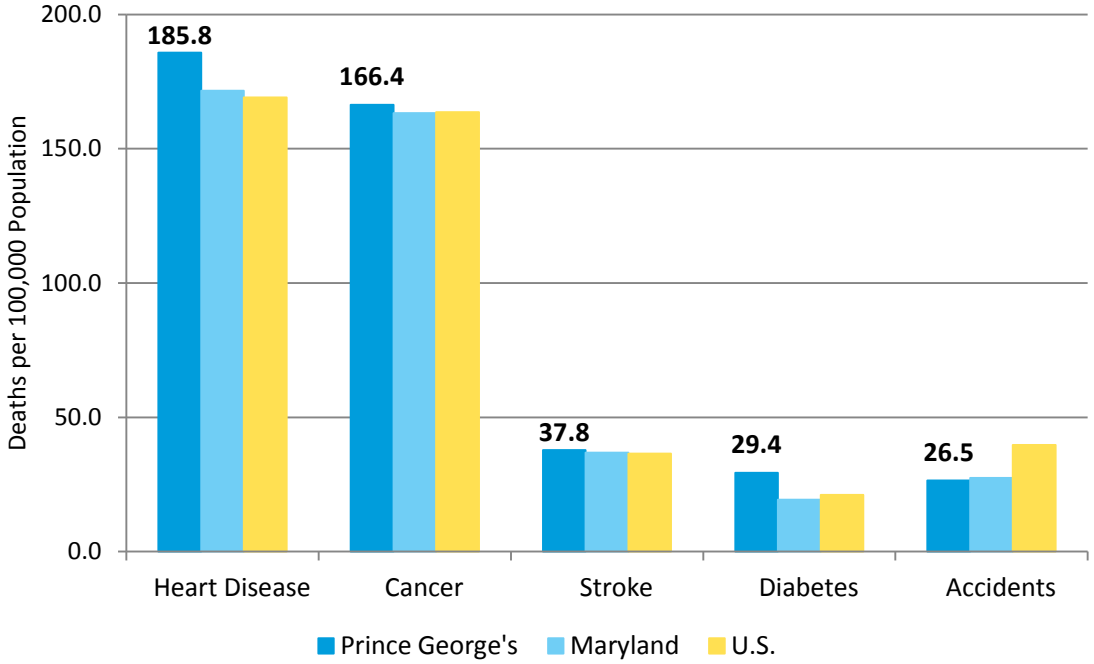
Age-Adjusted Death Rate per 100,000 for All Causes of Death by Race and Ethnicity, Prince George's County, 2008-2014



	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

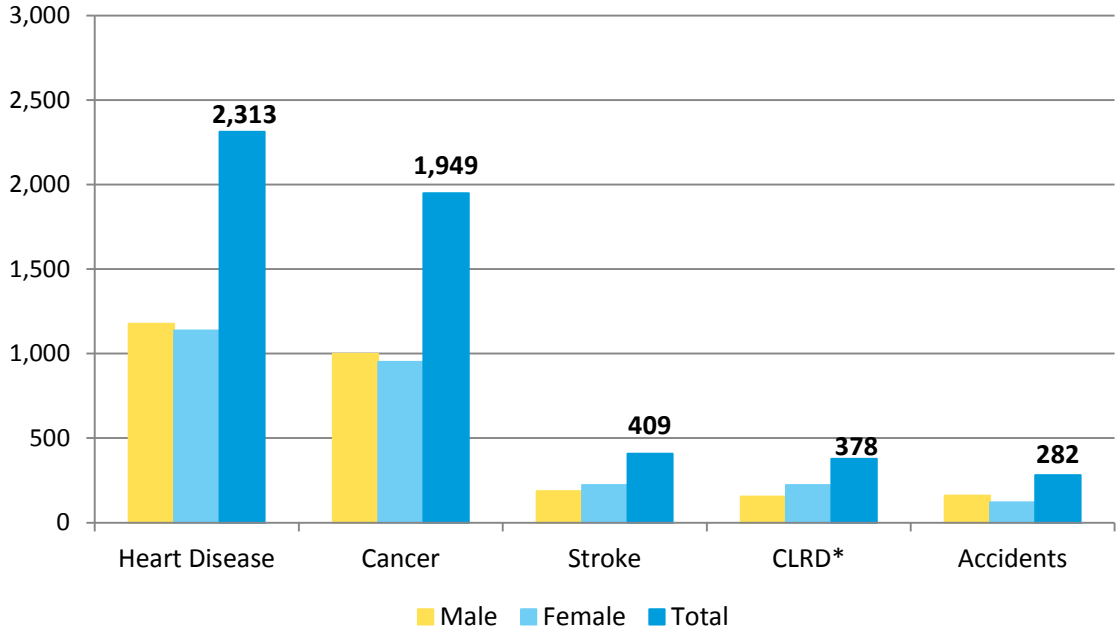
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

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



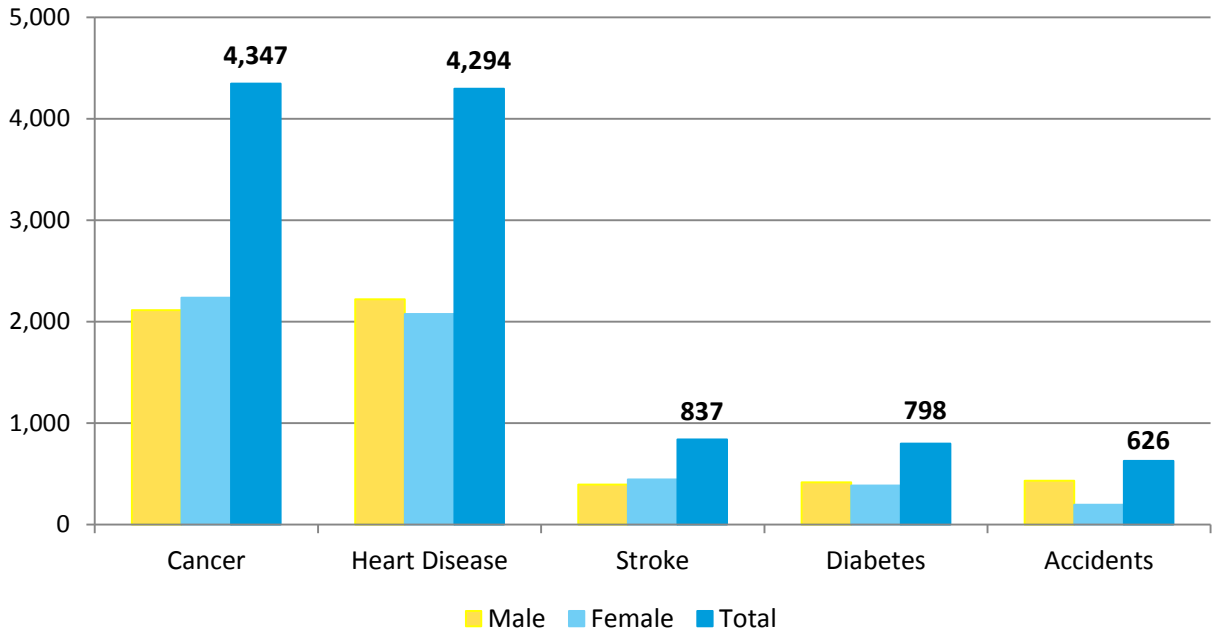
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

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



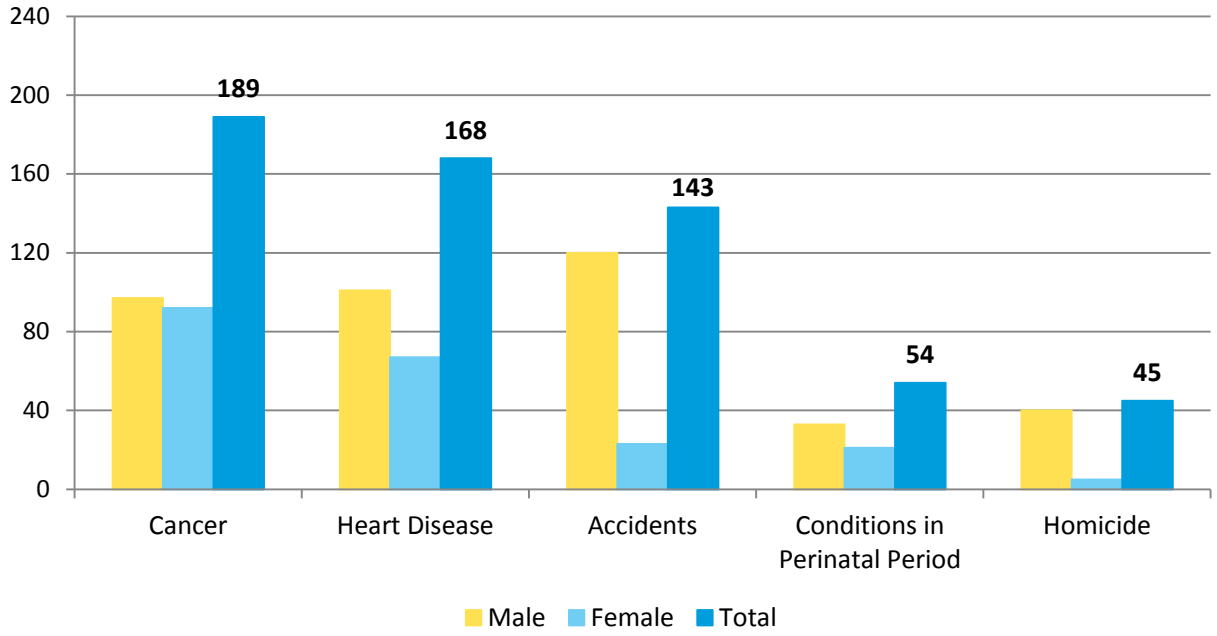
*CLRD=Chronic Lower Respiratory Disease, includes both chronic obstructive pulmonary disease and asthma
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

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



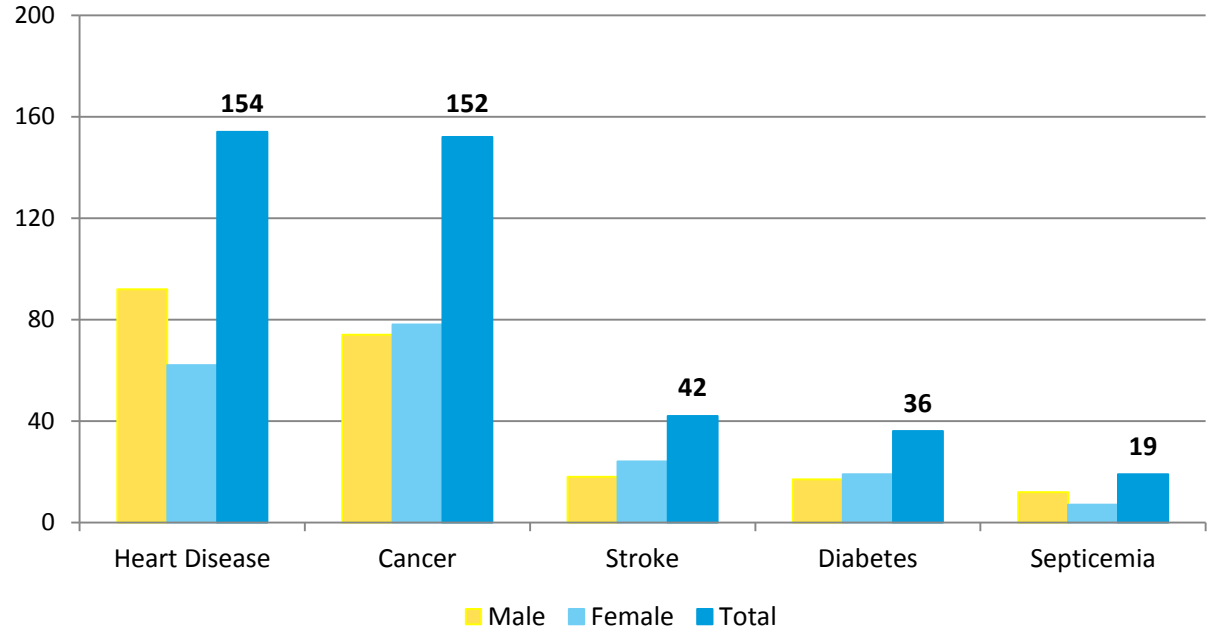
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

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

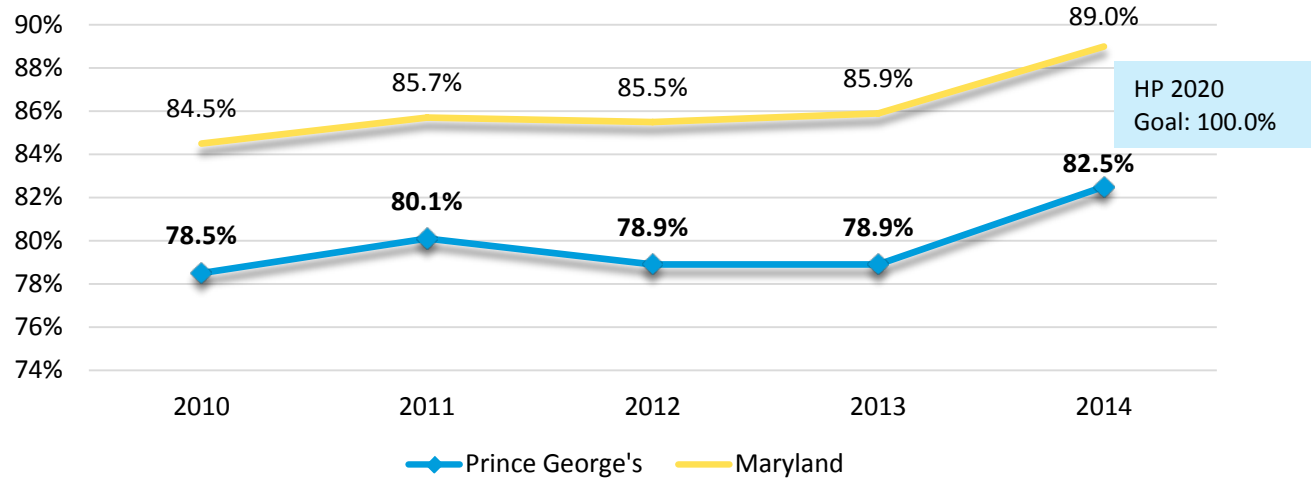
Access to quality, comprehensive health care services leads to an overall better quality of life through prevention and timely treatment for health issues. The implementation of the Affordable Care Act has resulted in an increase of county residents with health insurance, which is a key component to 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



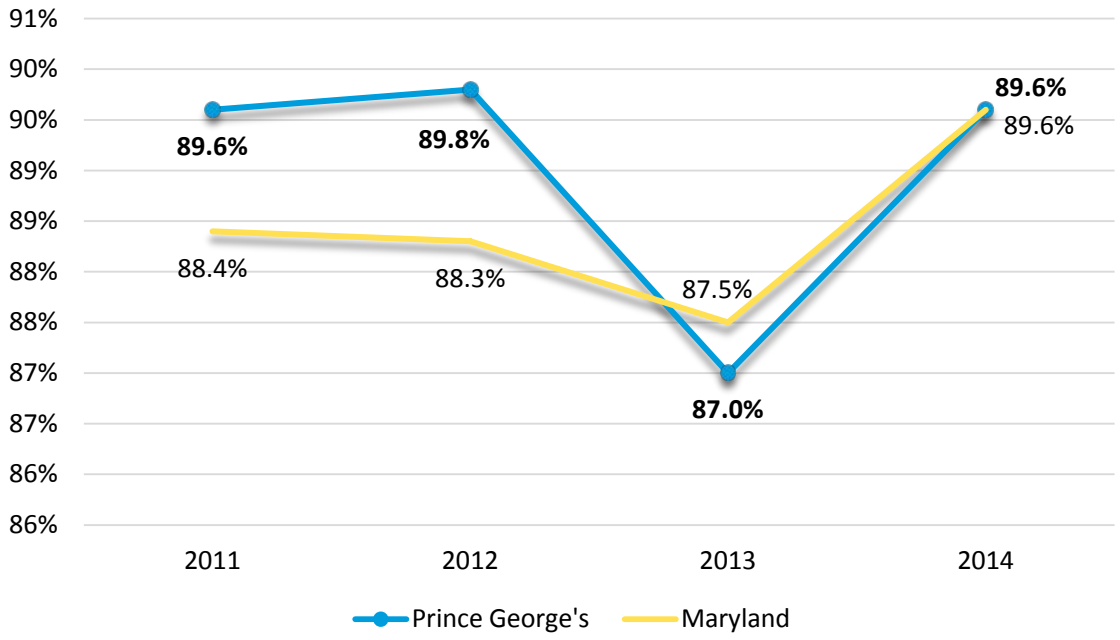
Data Source: American Community Survey

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



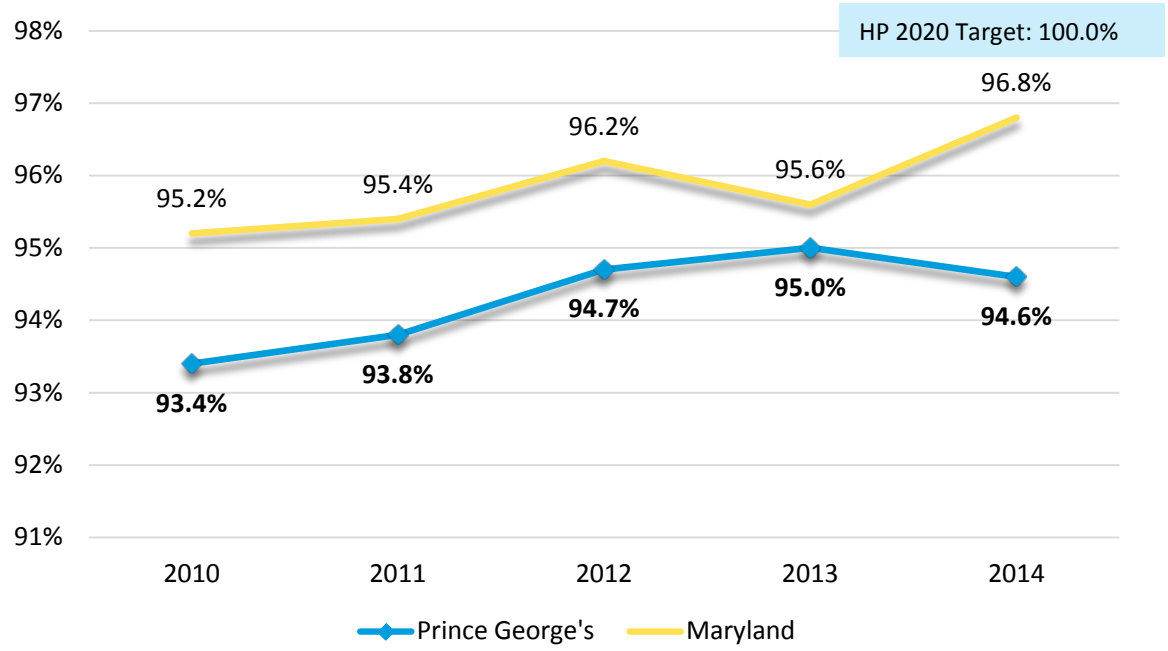
Data Source: MD BRFSS

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%**

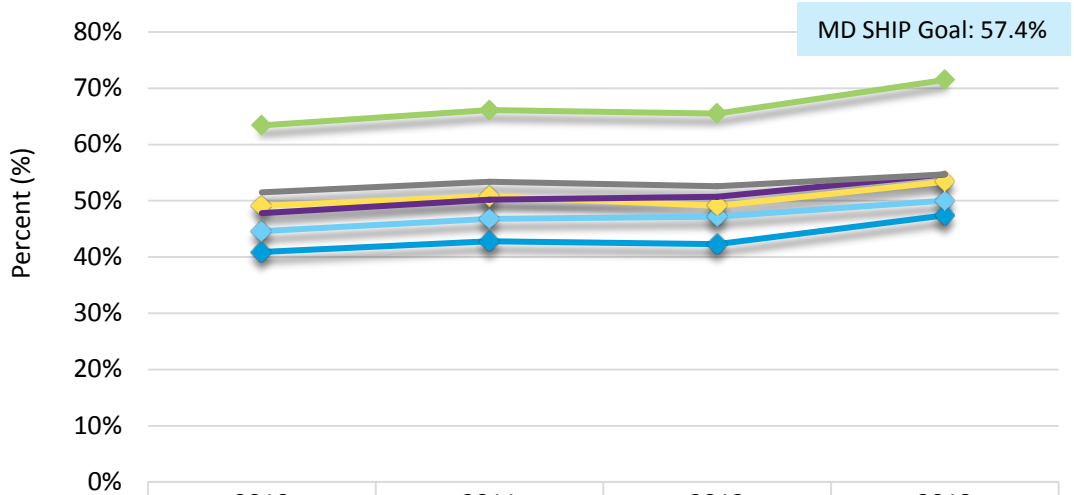
Data Source: American Community Survey

Children with Health Insurance, 2010 to 2014



Data Source: American Community Survey

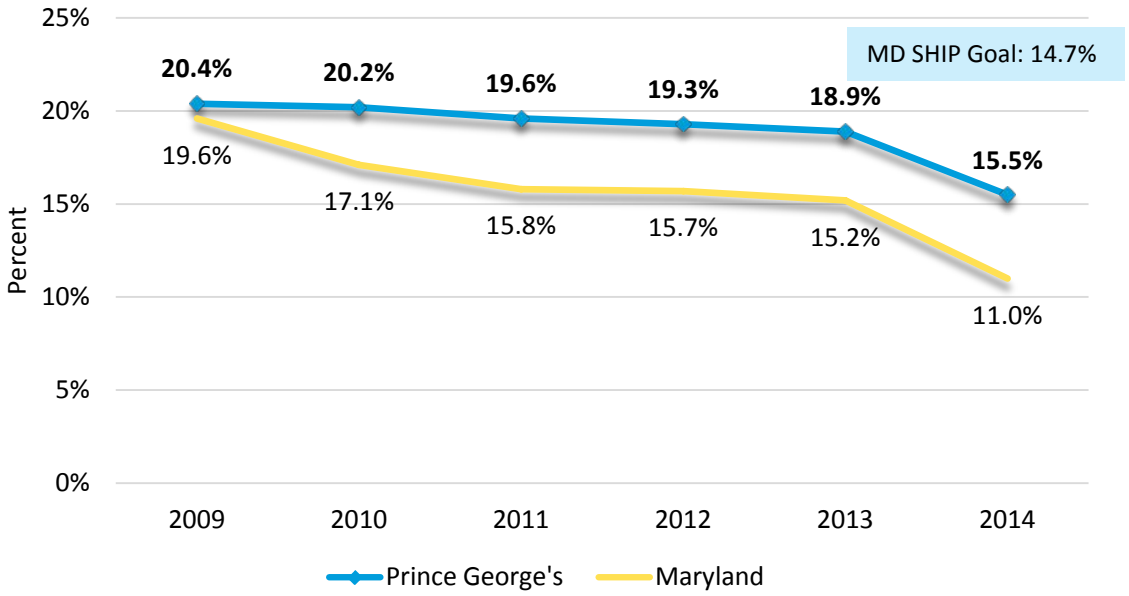
Adolescents Enrolled In Medicaid* Who Received a Wellness Checkup in the Last Year, 2010 to 2014



	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%

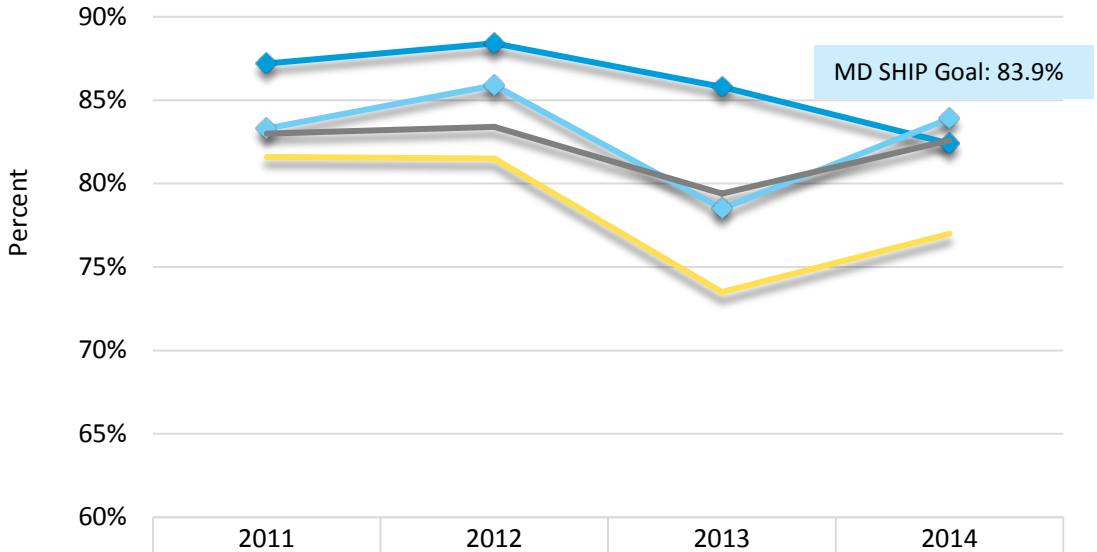
*Number of adolescents aged 13 to 20 years enrolled in Medicaid for at least 320 days
Data Source: Maryland Medicaid Service Utilization

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

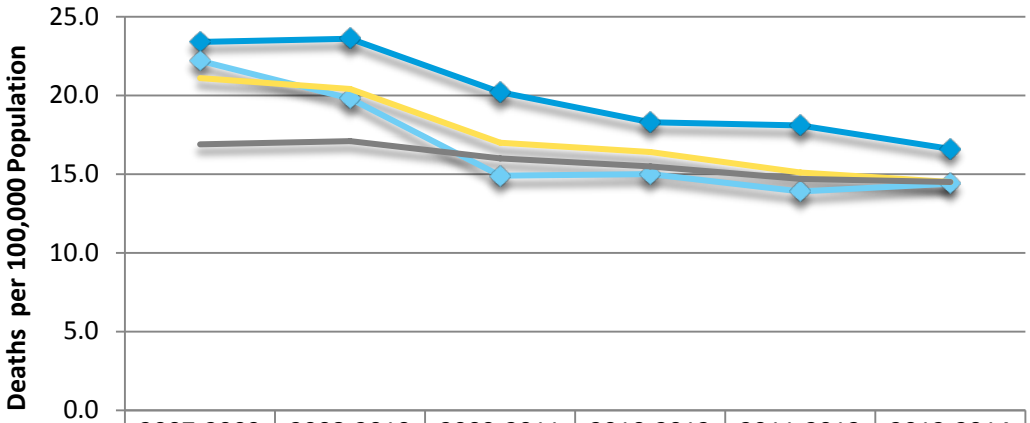
	Prince George's County Ratio	Maryland Ratio	Top U.S. Counties (90th percentile)
Primary Care Physicians (2013)	1,860:1	1,120:1	1,040:1
Dentists (2014)	1,680:1	1,360:1	1,340:1
Mental Health Providers (2015)	860:1	470:1	370:1

Data Source: 2016 County Health Rankings, www.countyhealthrankings.org

Diseases and Conditions

Alzheimer's Disease

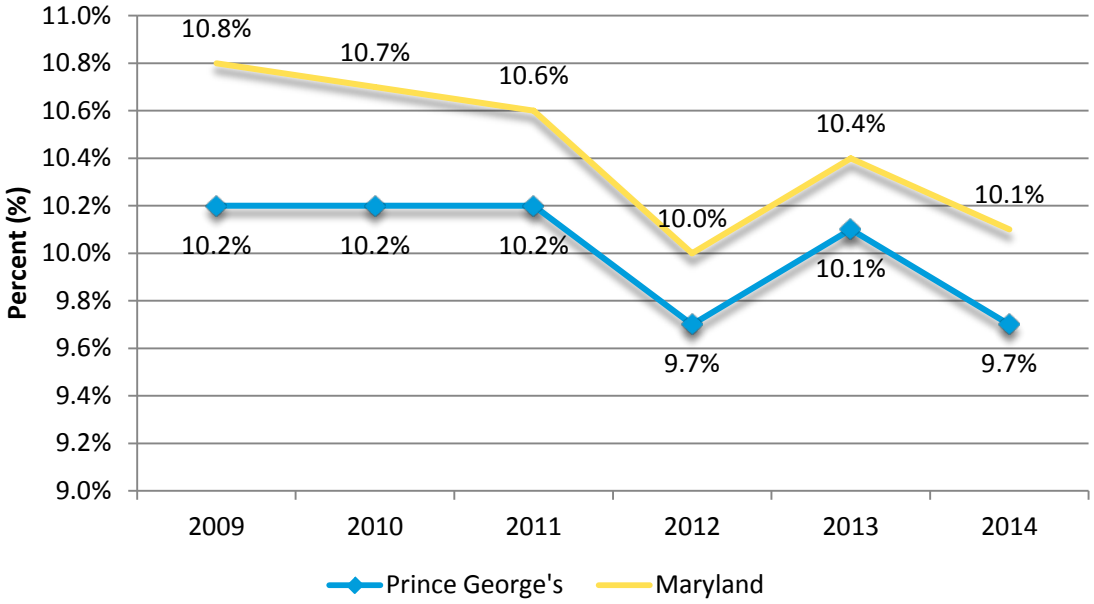
Age-Adjusted Death Rate per 100,000 for Alzheimer's Disease 2007-2014



	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

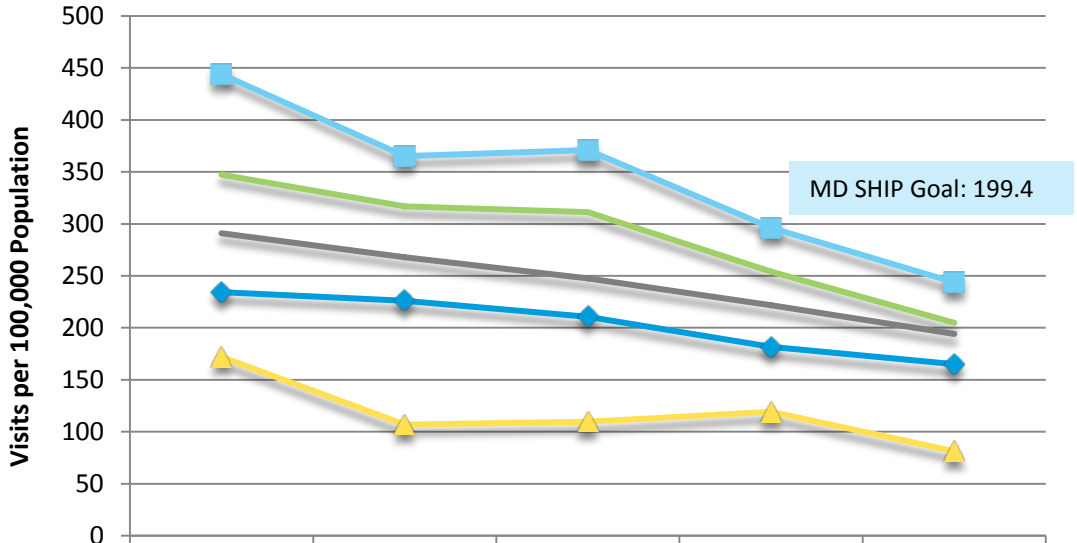
***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

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.

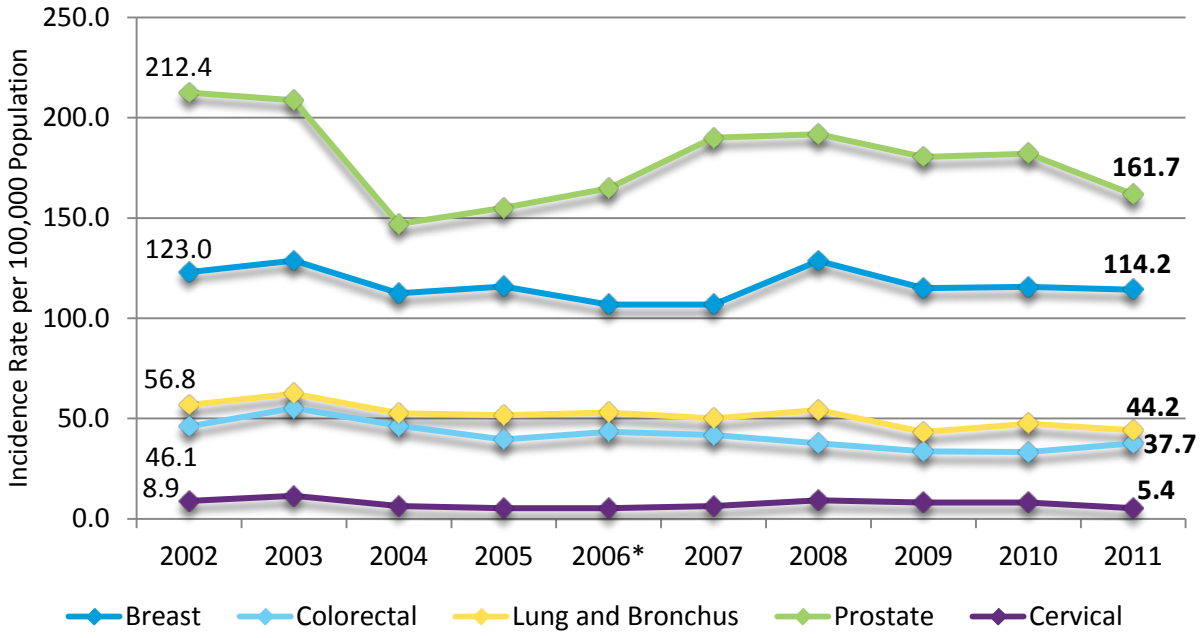
Overall, Prince George's County Age-Adjusted Cancer Incidence Rate is less than Maryland and the U.S, and for most leading types of cancer. An exception to this is Prostate Cancer with a county rate of 180.4 compared to Maryland at 148.7 and the nation at 143.6.

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

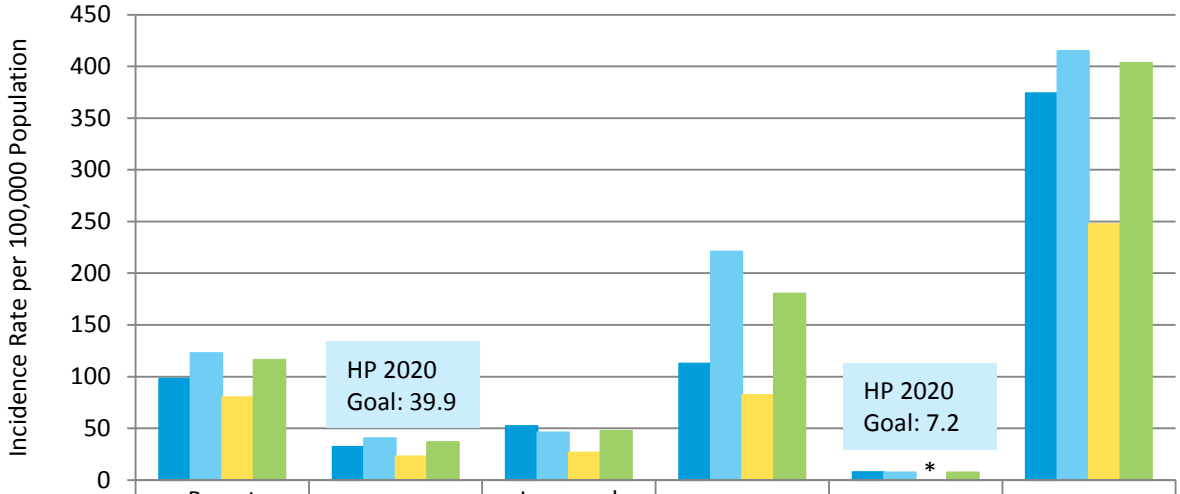
Data Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Reports

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

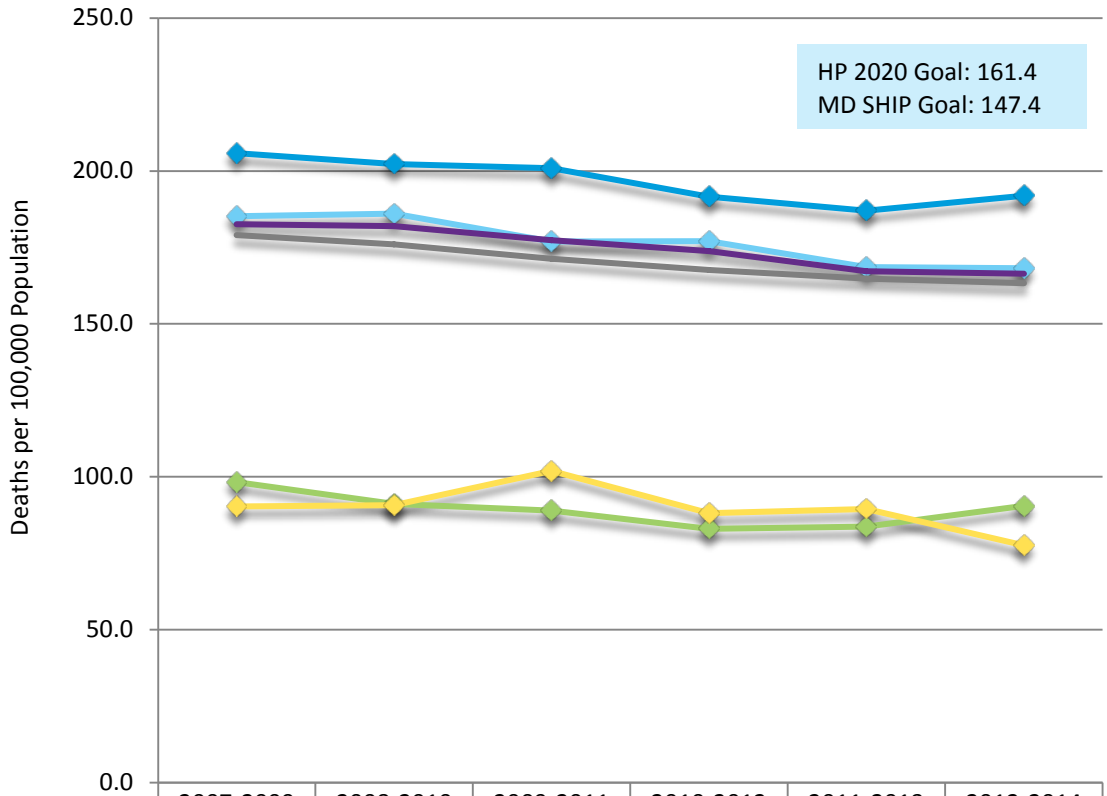


	Breast (Female)	Colorectal	Lung and Bronchus	Prostate	Cervical	All Sites
White	98.1	32.0	52.3	112.4	7.5	374.1
Black	122.7	40.4	45.9	220.8	7.4	415.0
Asian/PI	80.1	22.9	26.6	82.2	*	247.4
All Races	116.1	36.7	47.7	180.4	7.4	403.5

*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

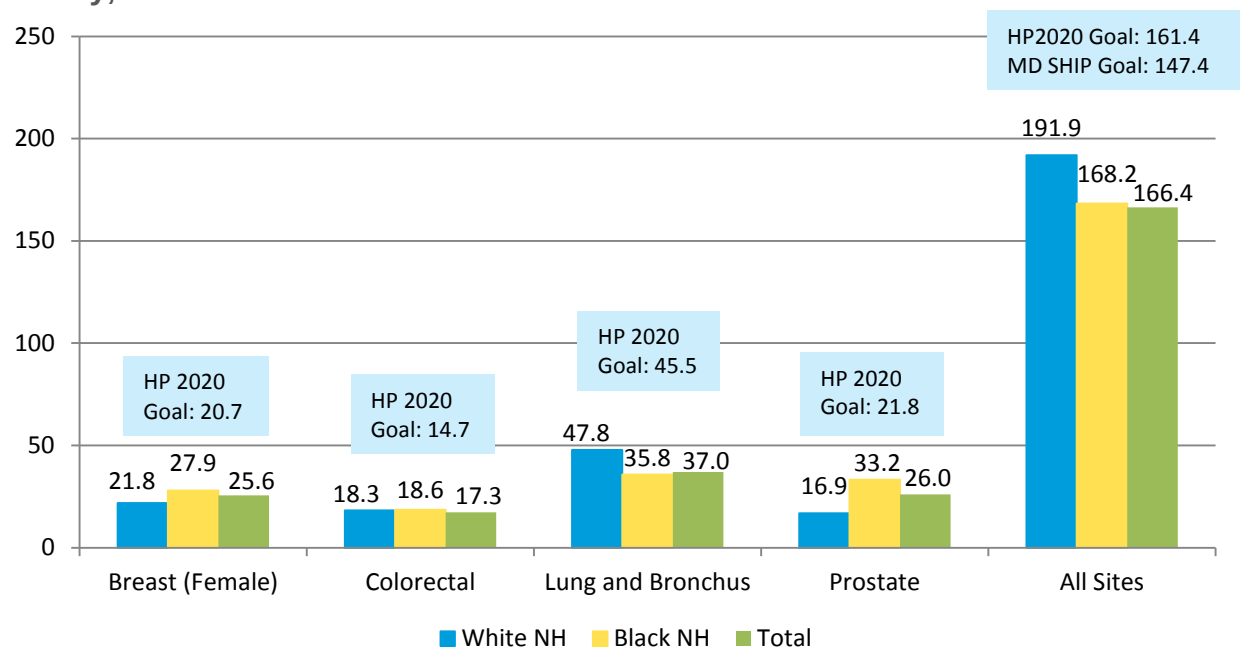
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

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

.

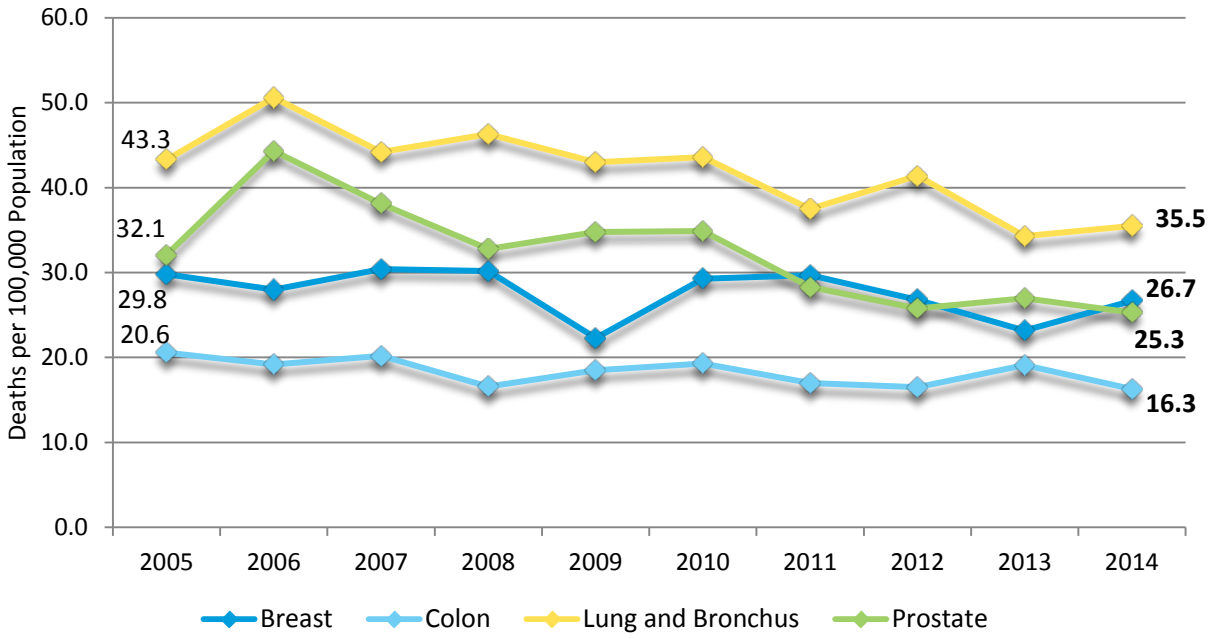
Cancer Age-Adjusted Death Rates per 100,000 by Site*, Prince George's County, 2005-2014

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

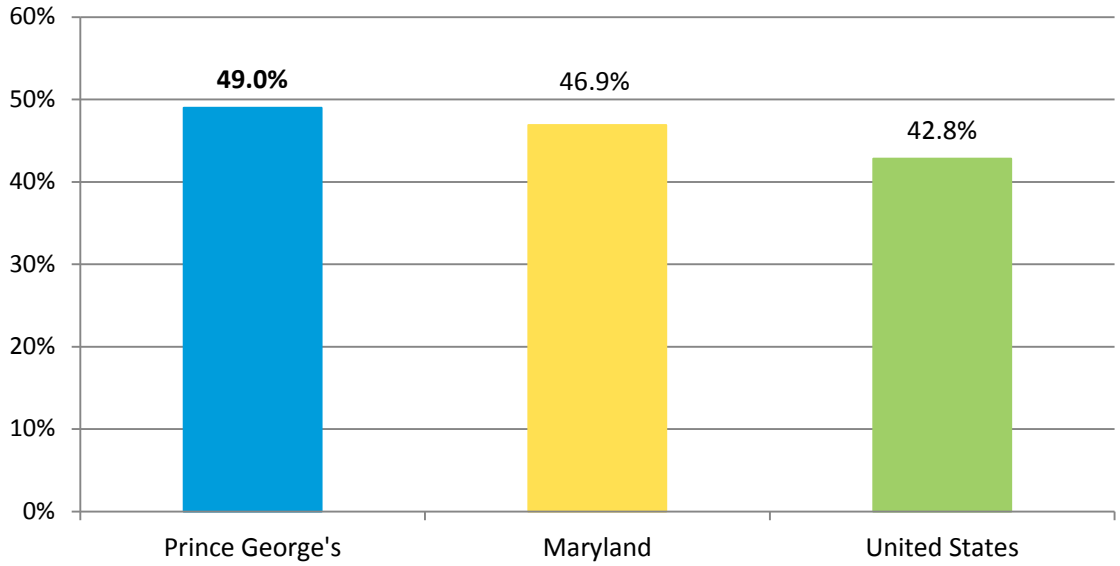


Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Cancer Screening

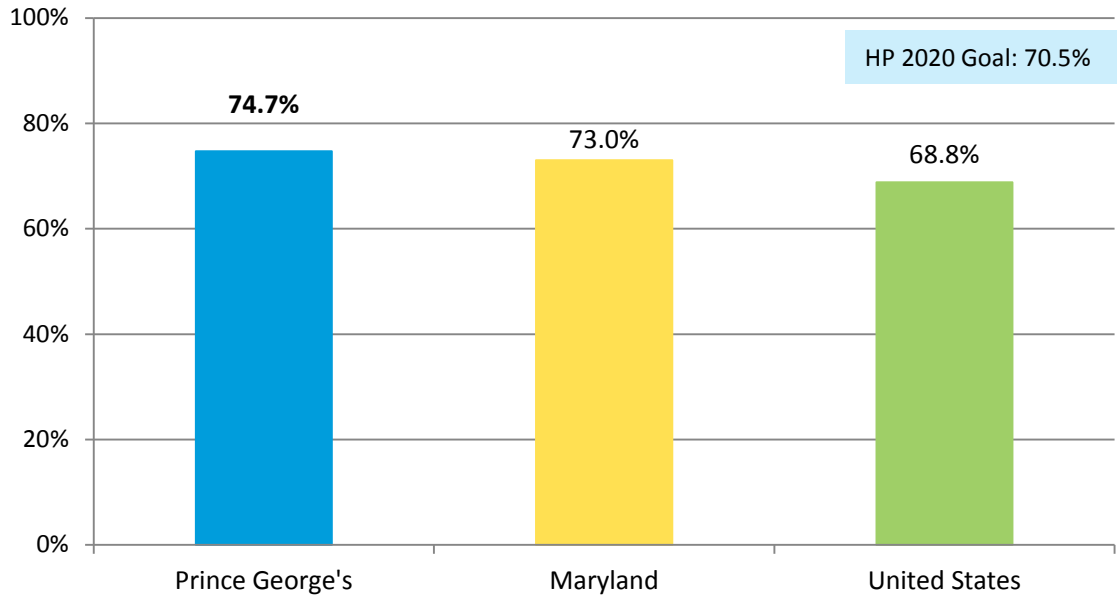
In 2014, Prince George's County had slightly higher cancer screening rates compared to the state and nation for prostate, colorectal, and breast cancers, and slightly lower screening rates for cervical cancer.

Men (40 years+) With a Prostate-Specific Antigen Test in the Past Two Years, 2014



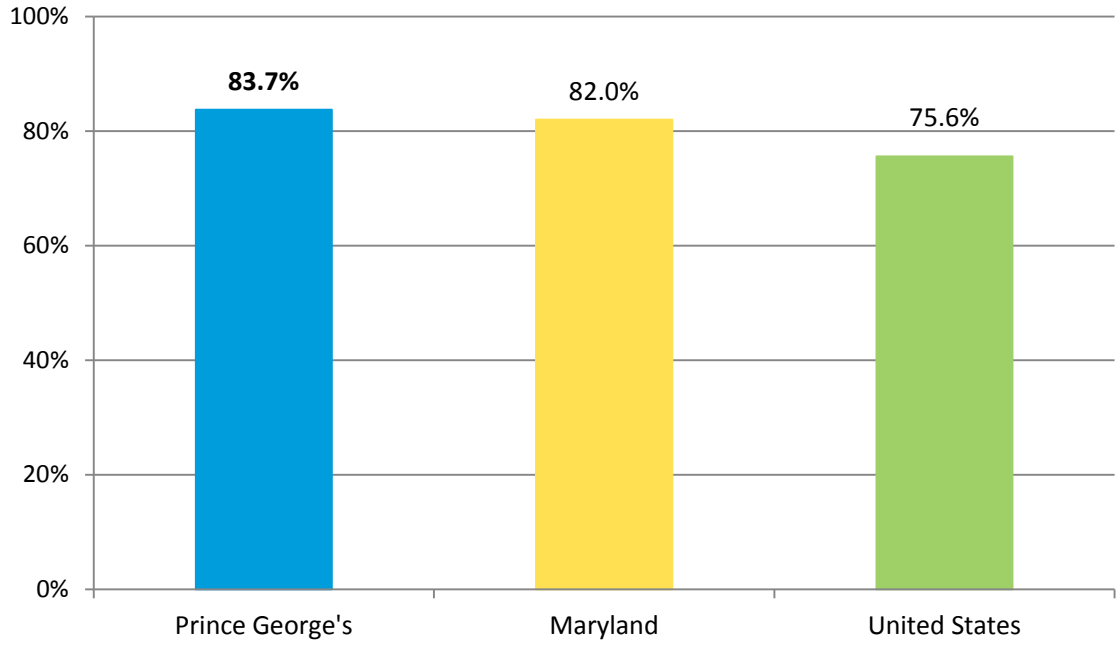
Data Source: 2014 Maryland BRFSS, DHMH; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

Men and Women (50 years+) who ever had a Colorectal Cancer Screening, 2014



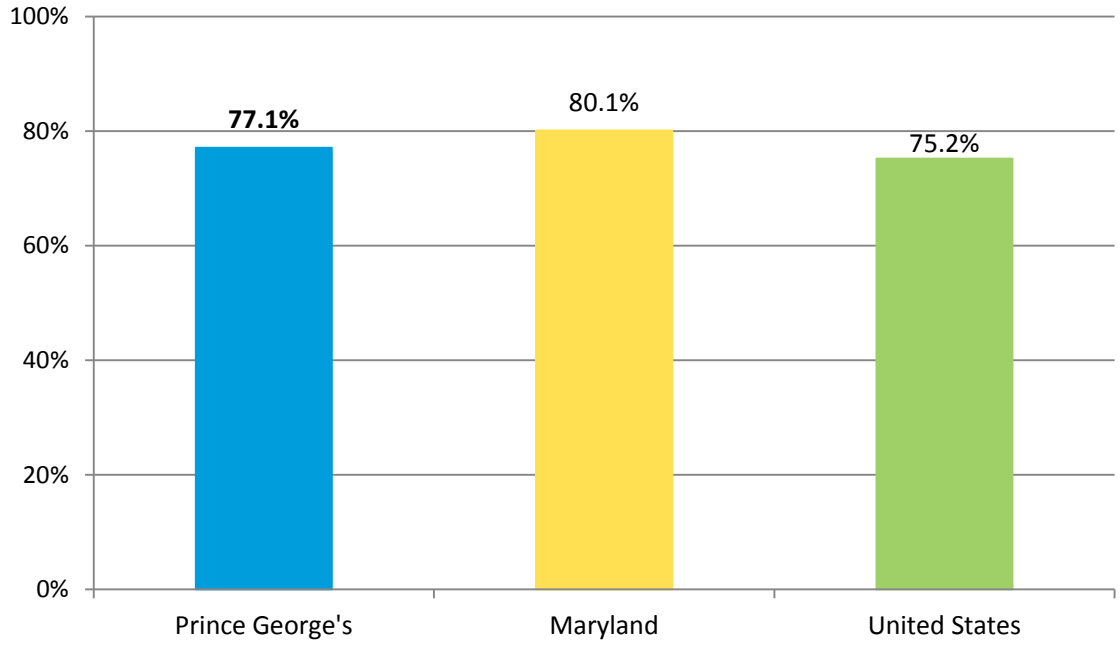
Data Source: 2014 Maryland BRFSS, DHMH; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

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

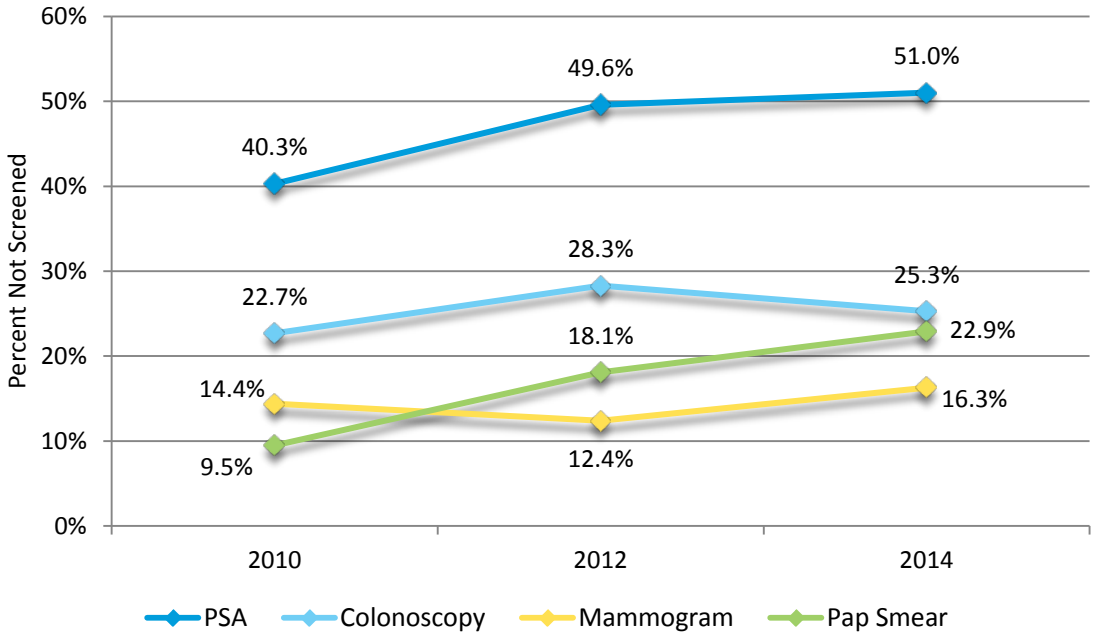
Cancer screening is important to find cancers early, when treatment is likely to work best. Many Prince George's County residents do not receive the recommended cancer screenings, which can result in cancer that progresses before it is detected.

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



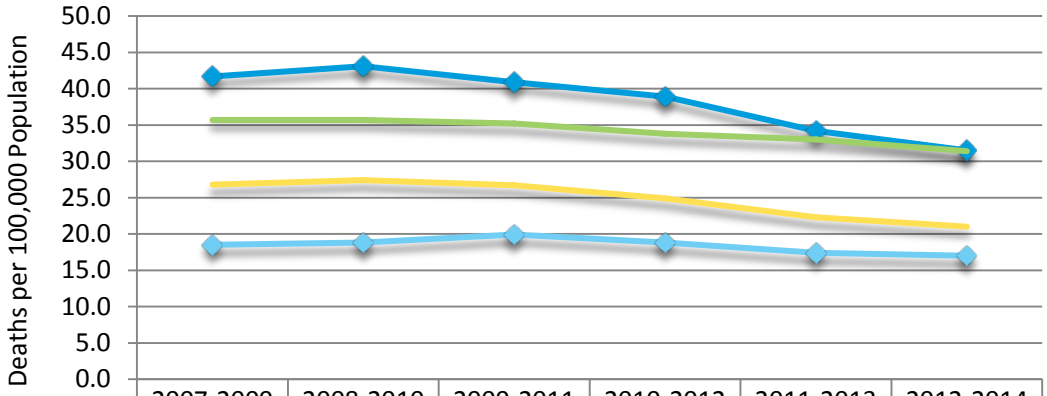
Data Source: 2010, 2012, 2014 Maryland BRFSS, DHMH www.marylandbrfss.org

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

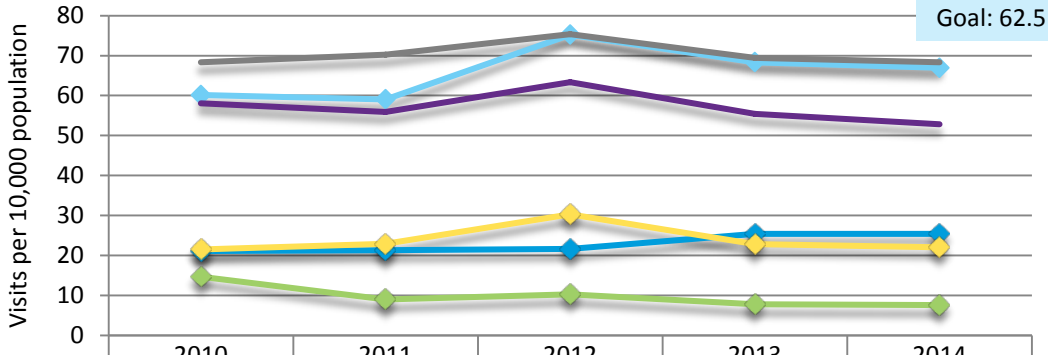


	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	41.7	43.1	40.9	38.9	34.2	31.5
PGC Black NH	18.5	18.8	19.9	18.8	17.4	17.0
PGC	26.8	27.4	26.7	24.9	22.3	21.0
Maryland	35.7	35.7	35.2	33.8	33.0	31.4

***** 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

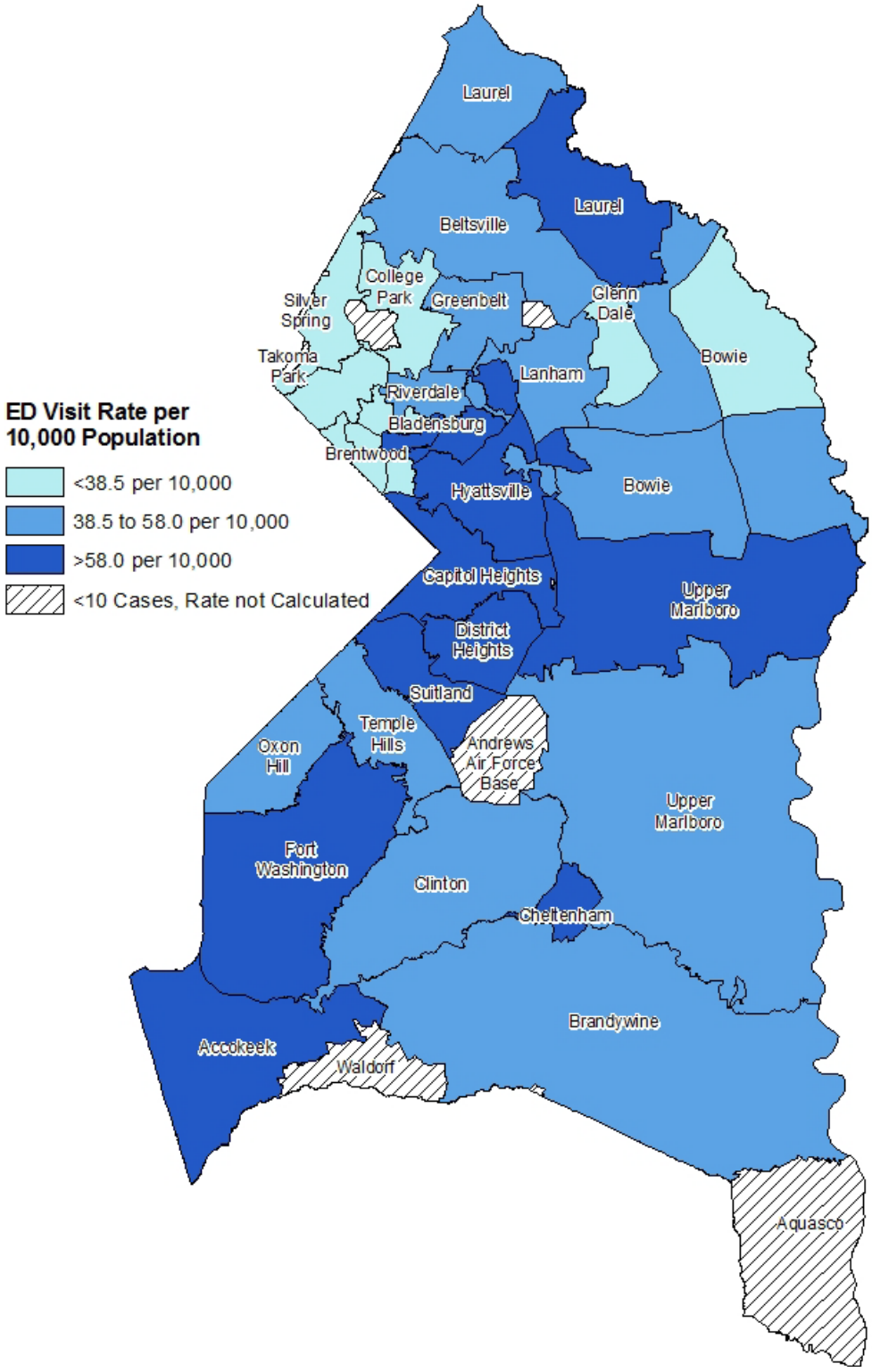
Emergency Department* Visits for Asthma, 2014

	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

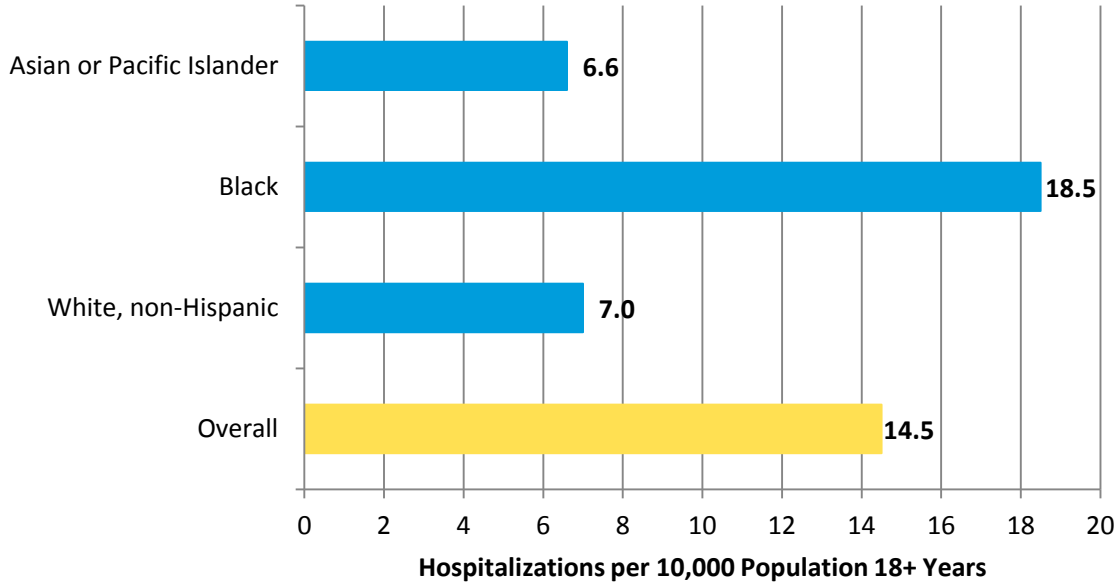


* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

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

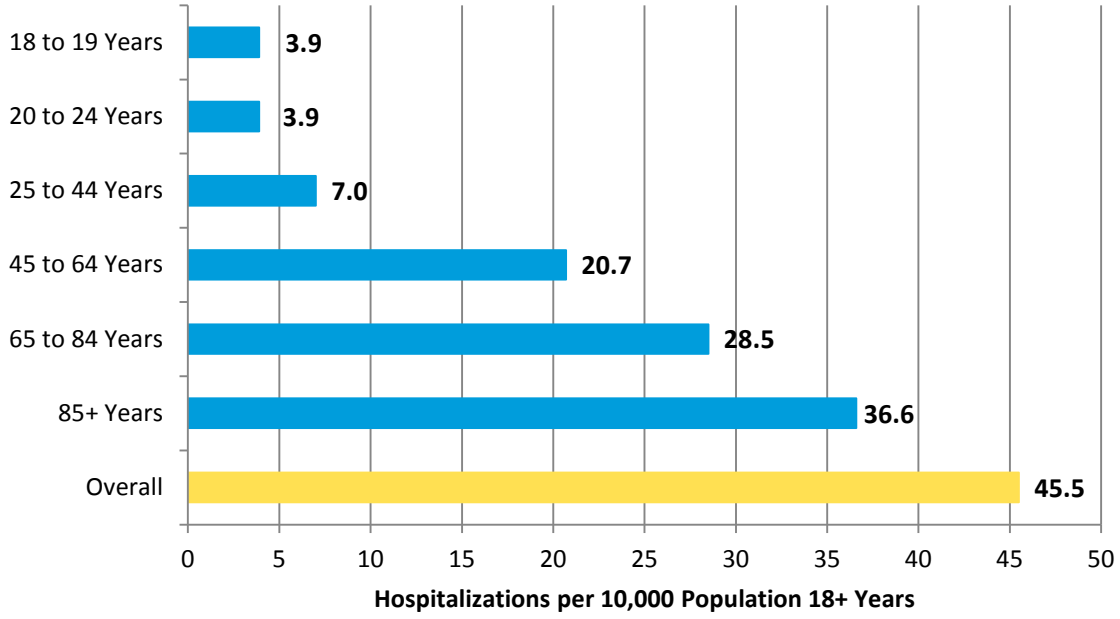
Adult Asthma

Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma by Race and Ethnicity, Prince George's County, 2010-2012



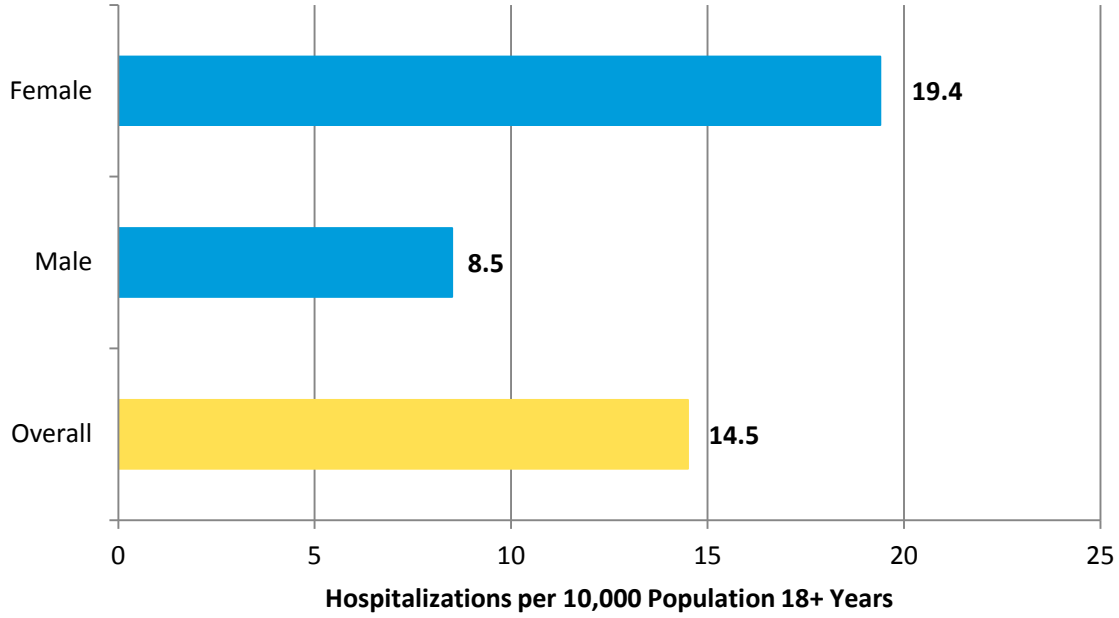
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

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

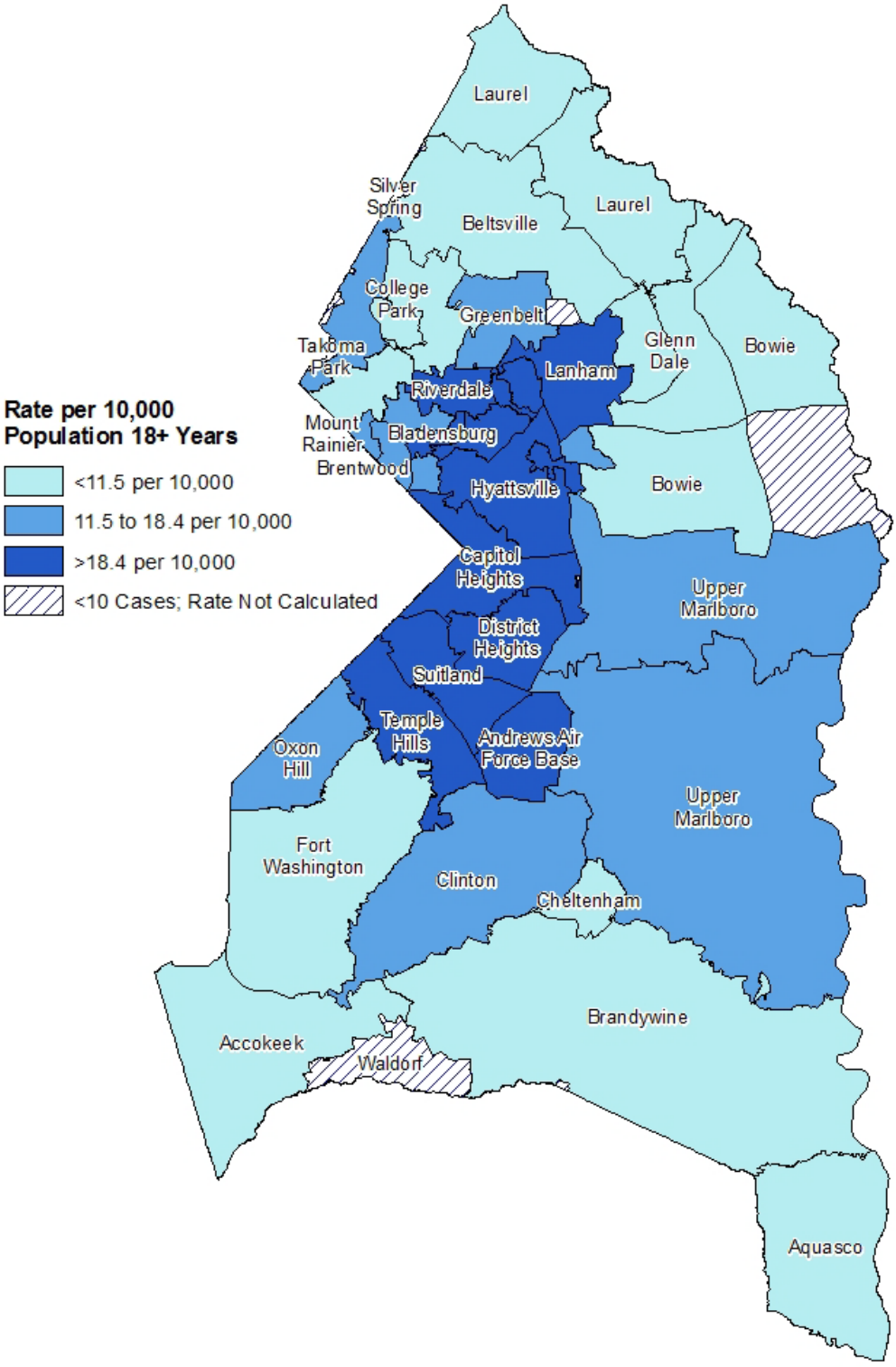
Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma by Sex, Prince George's County, 2010-2012



* 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

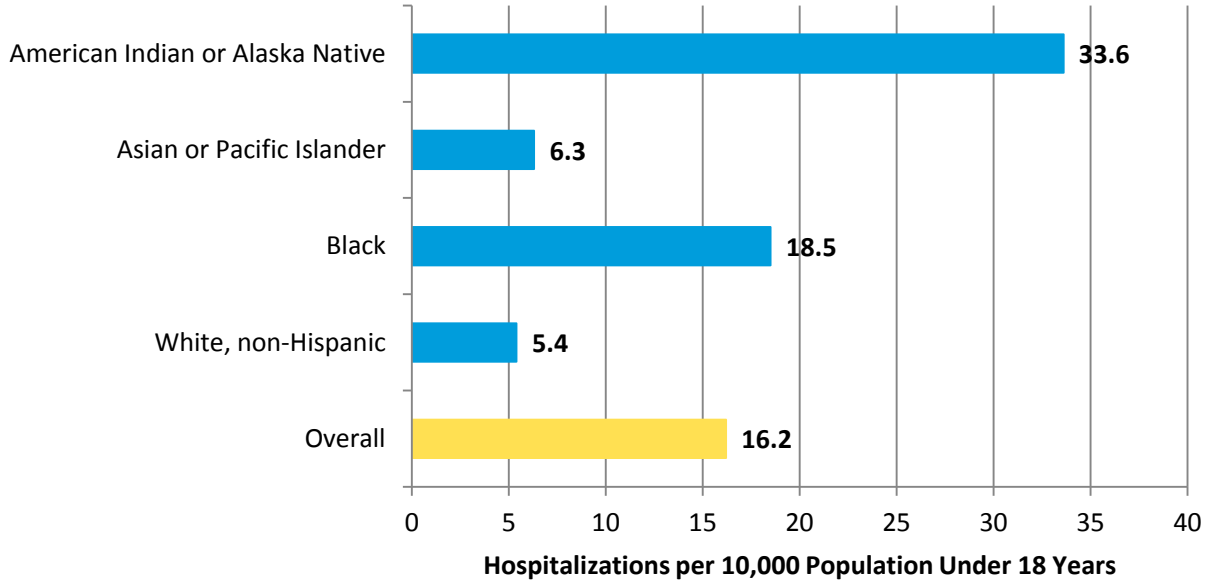


* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

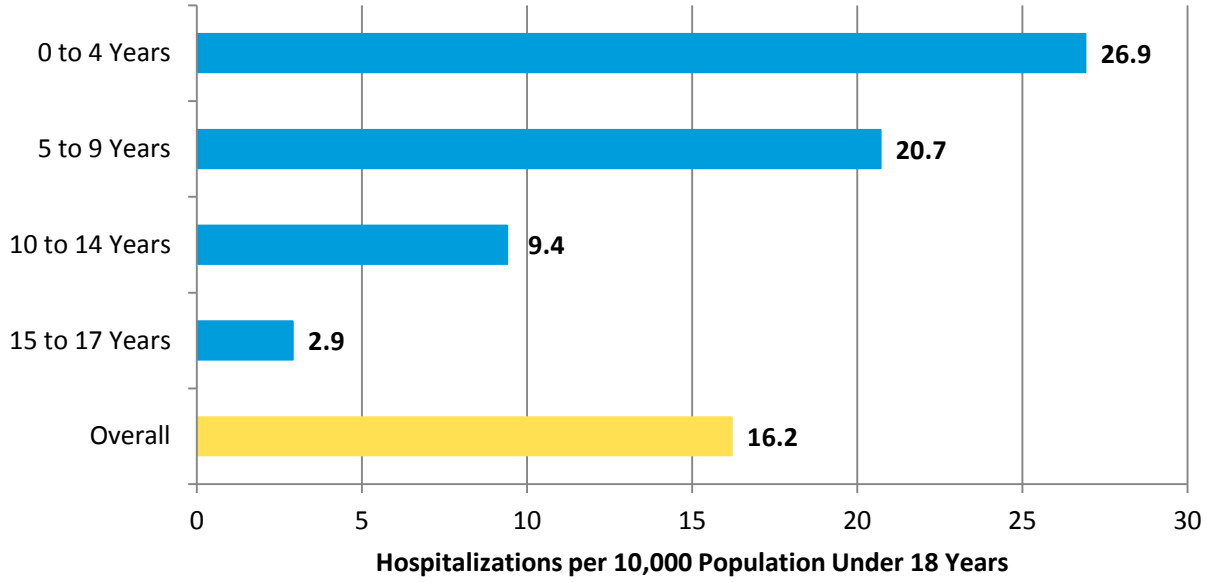
Pediatric Asthma

Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years) by Race and Ethnicity, Prince George's County, 2010-2012



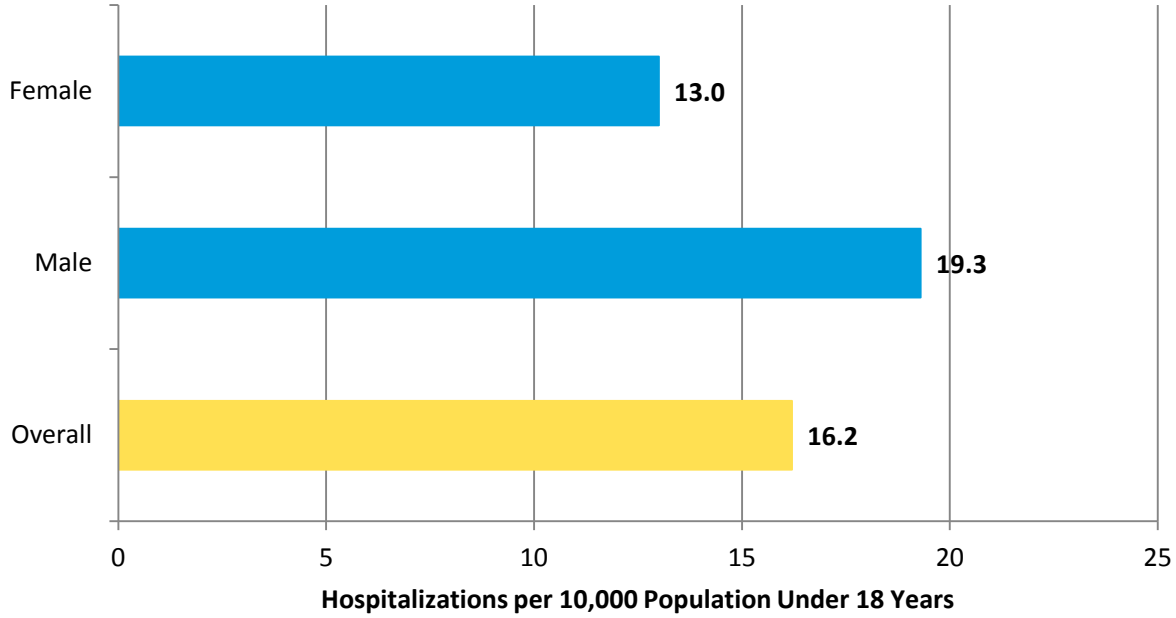
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

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

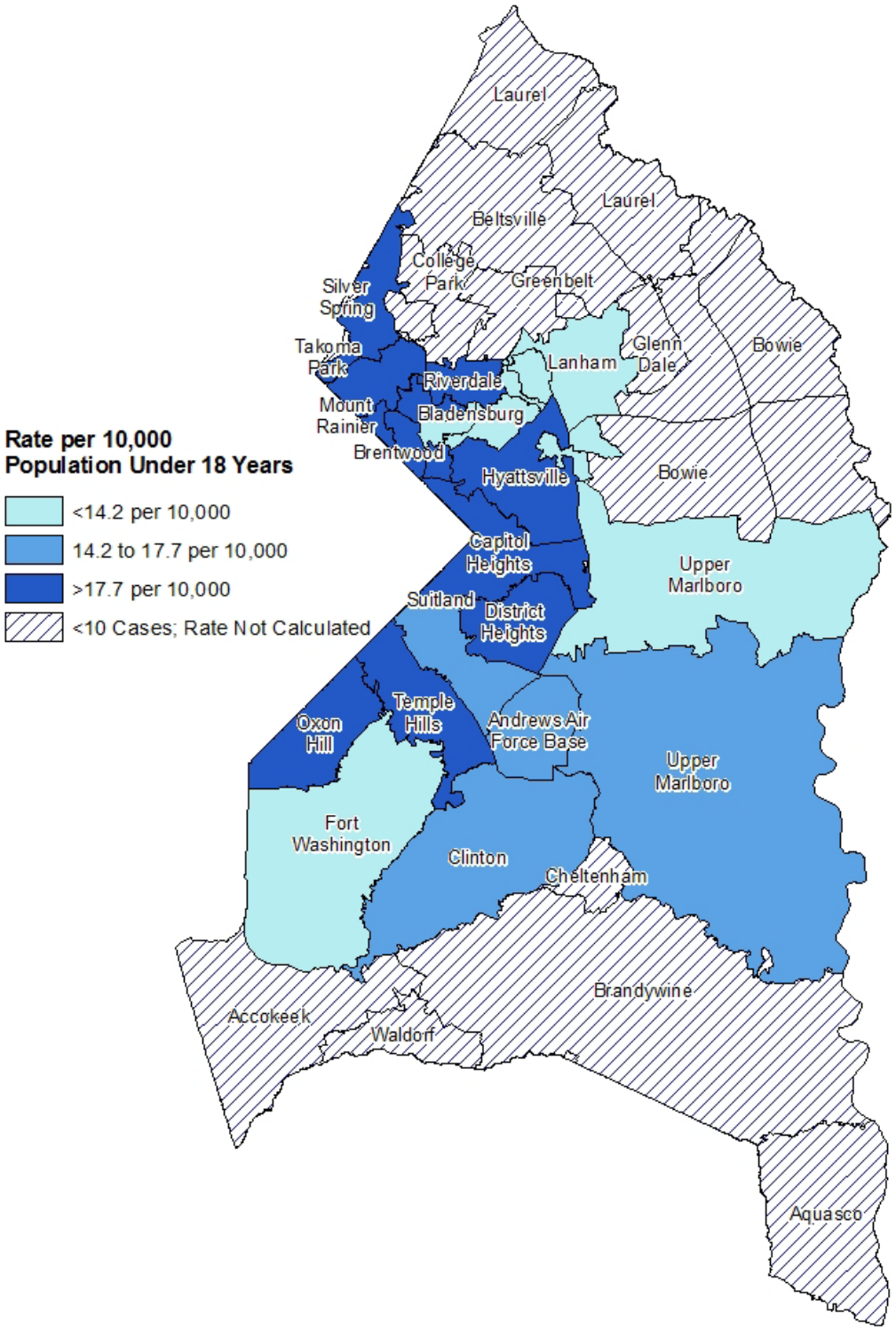
Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years) by Sex, Prince George's County, 2010-2012



* 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

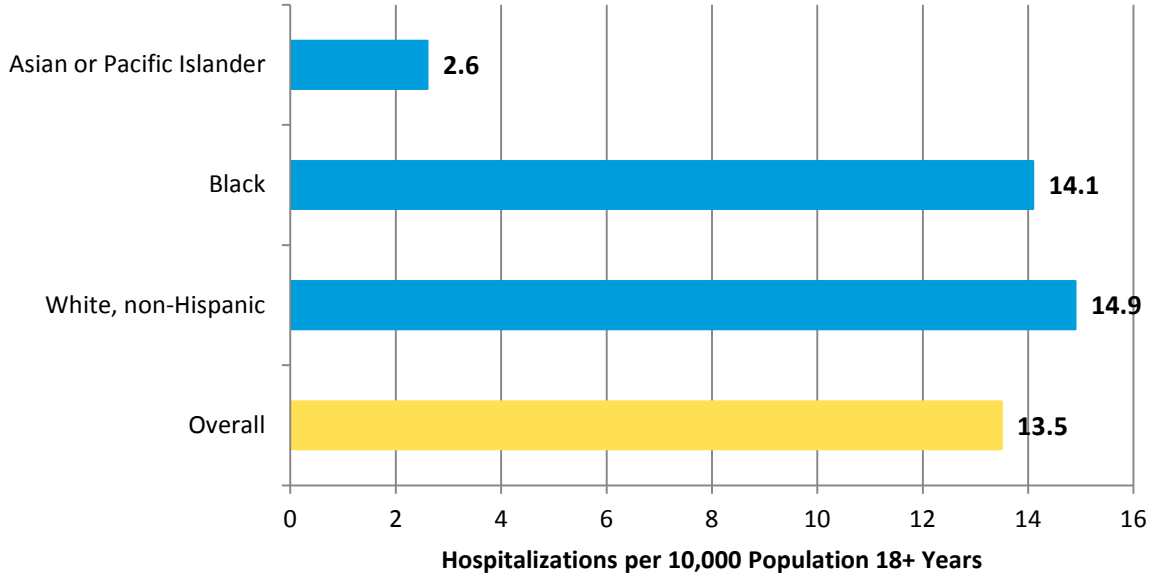


* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

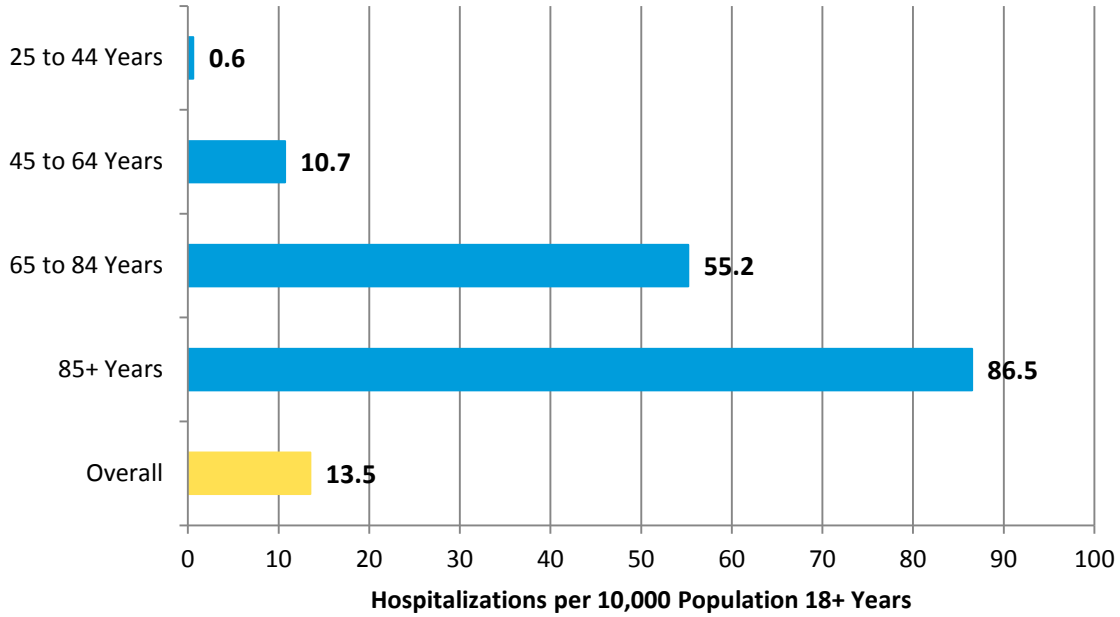
Chronic Obstructive Pulmonary Disease (COPD)

Age-Adjusted Hospital Inpatient* Visit Rate due to COPD by Race and Ethnicity, Prince George's County, 2010-2012



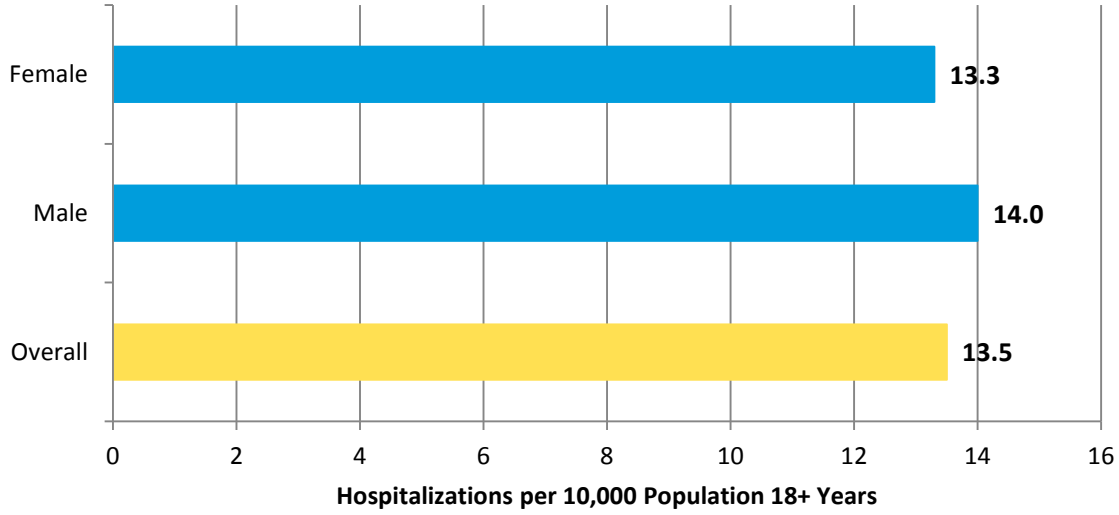
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

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

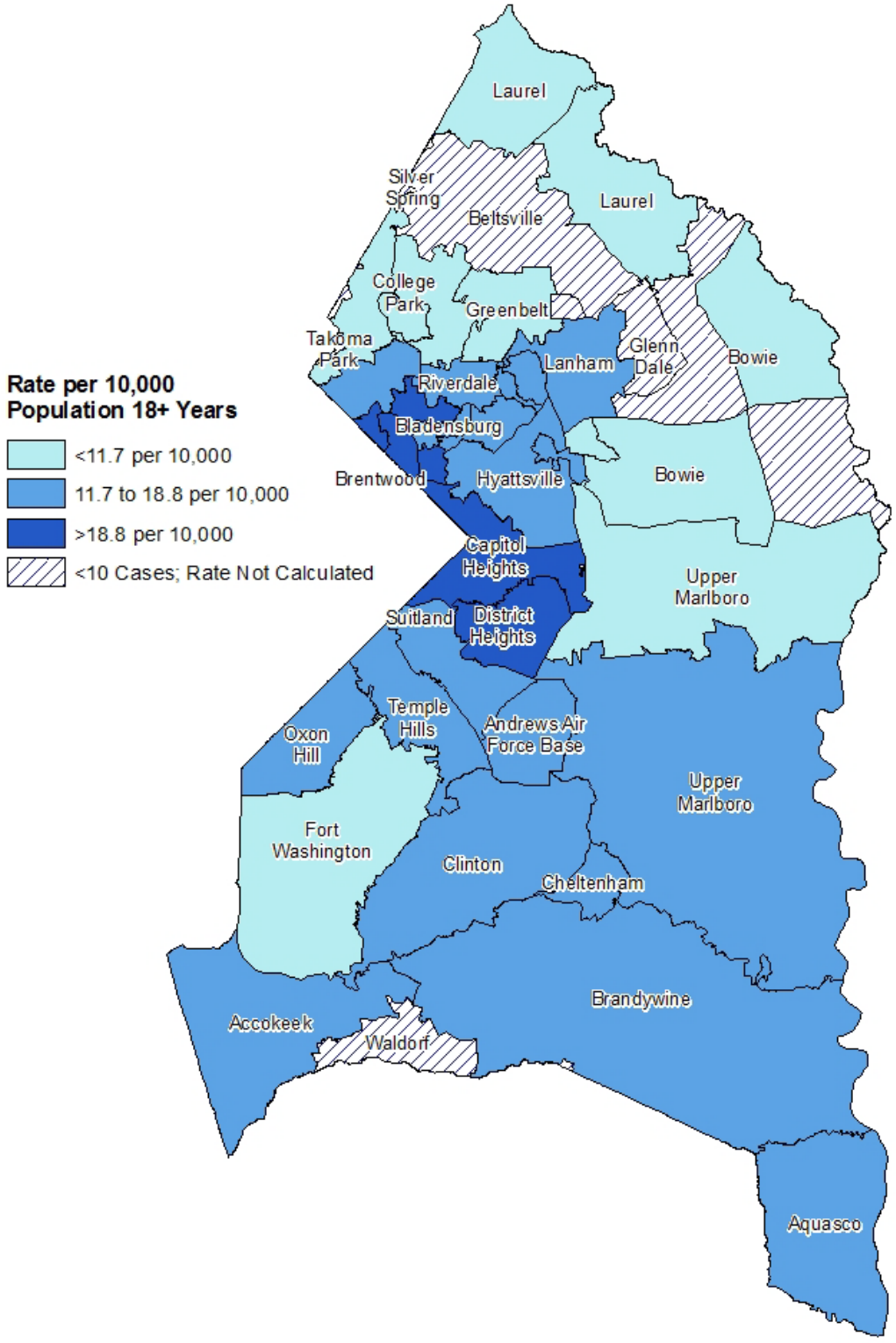
Age-Adjusted Hospital Inpatient* Visit Rate due to COPD by Sex, Prince George's County, 2010-2012



* 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

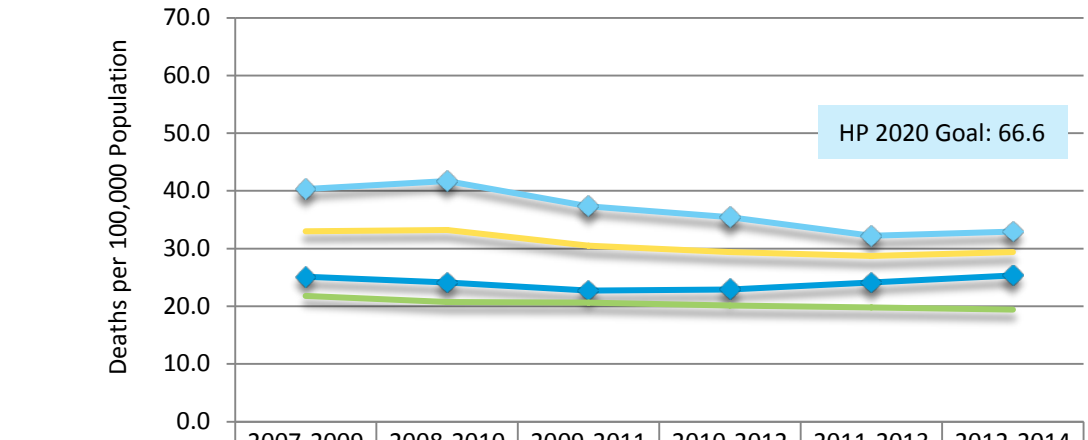
Overview	
What is it?	Diabetes is a condition in which the body either doesn't make enough of a hormone called insulin or can't use its own insulin, which is needed to process glucose (sugar) (Source: CDC).
Who is affected?	11.5% (78,525) of adults in the county are estimated to have diabetes, with an 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

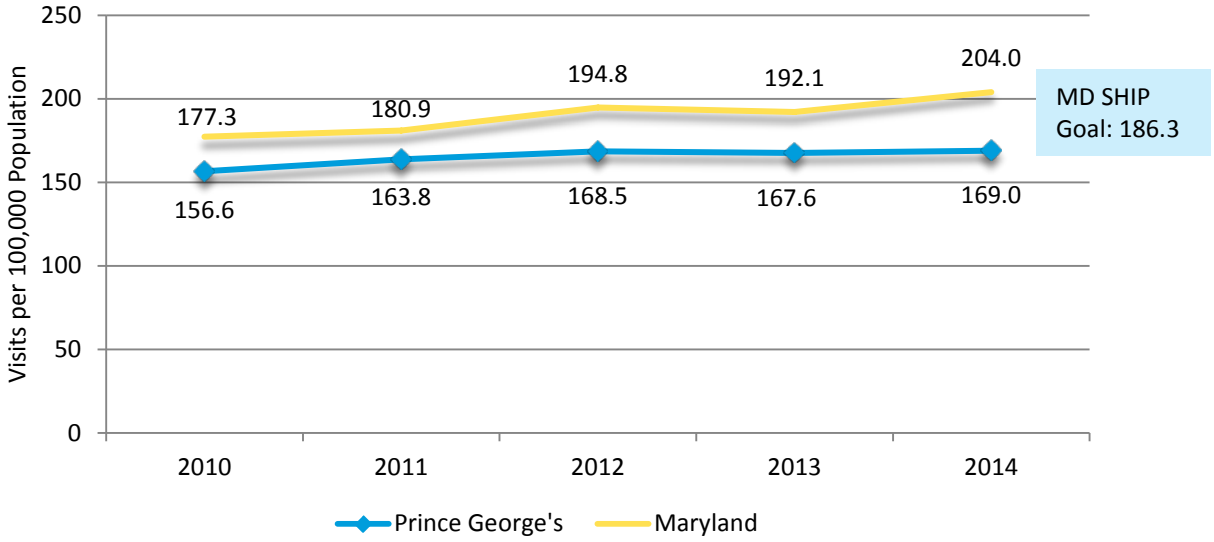
Age-Adjusted Death Rate per 100,000 for Diabetes, 2007-2014



	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

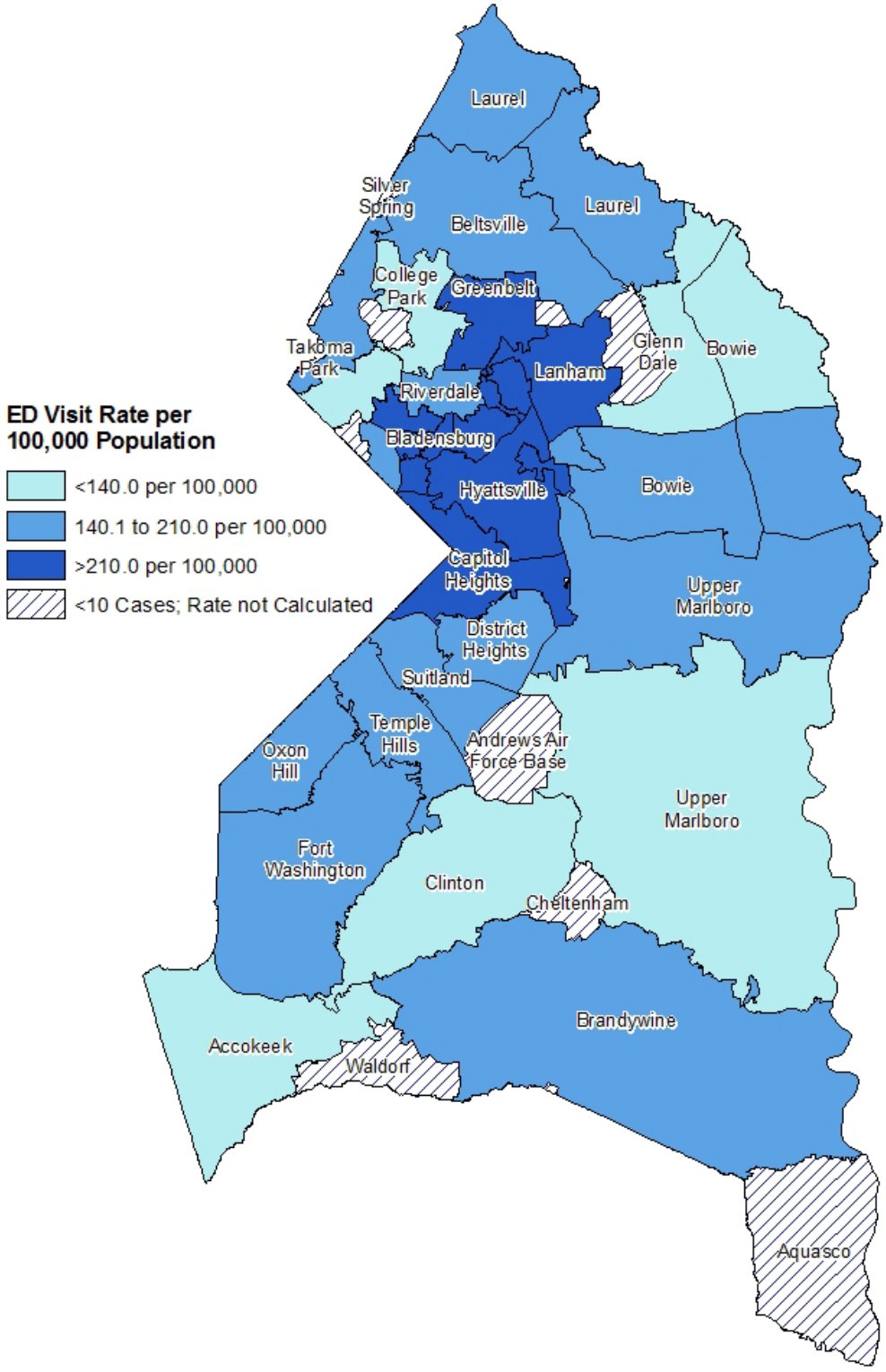
Emergency Department* Visits for Diabetes, 2014

	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

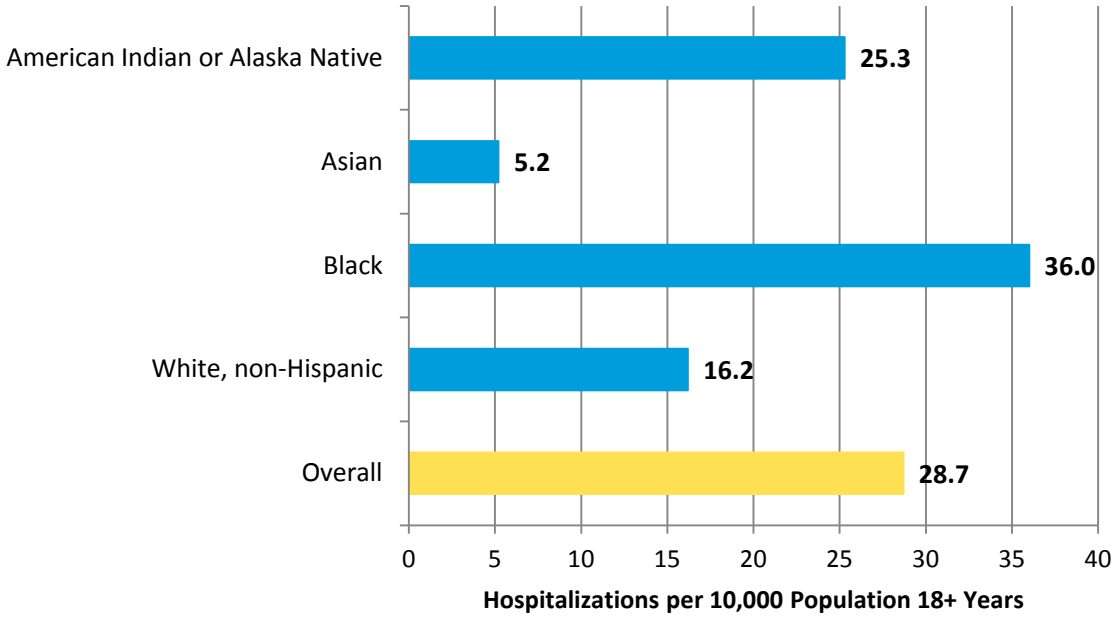
Emergency Department Visit Crude Rate per 100,000 Population, Diabetes as Primary Discharge Diagnosis, Prince George's County, 2014



* 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.

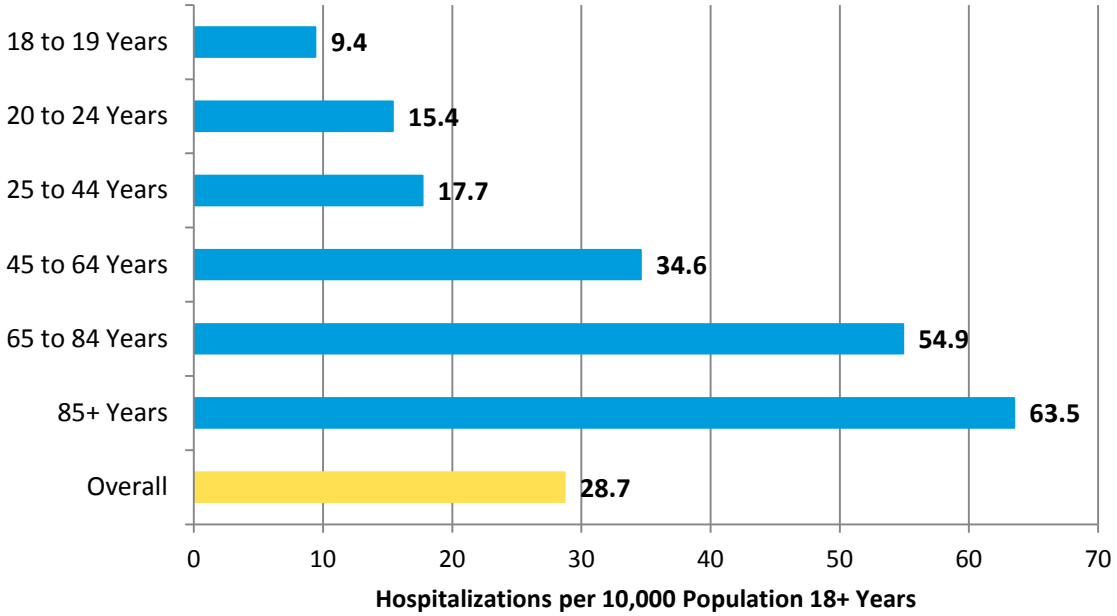
Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Race and Ethnicity, Prince George's County, 2010-2012



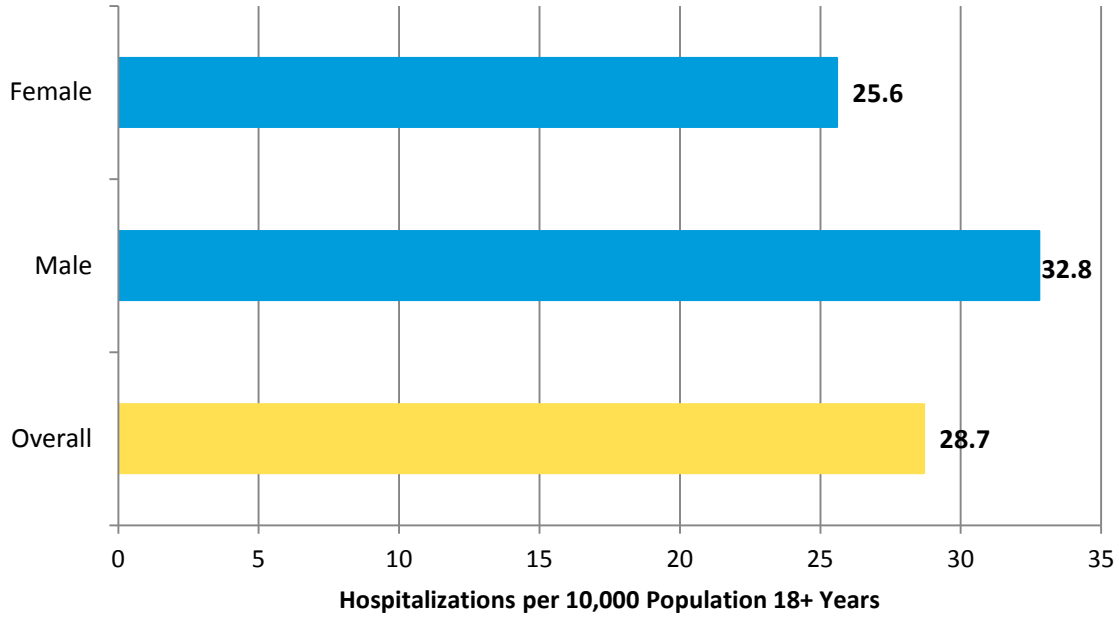
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

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

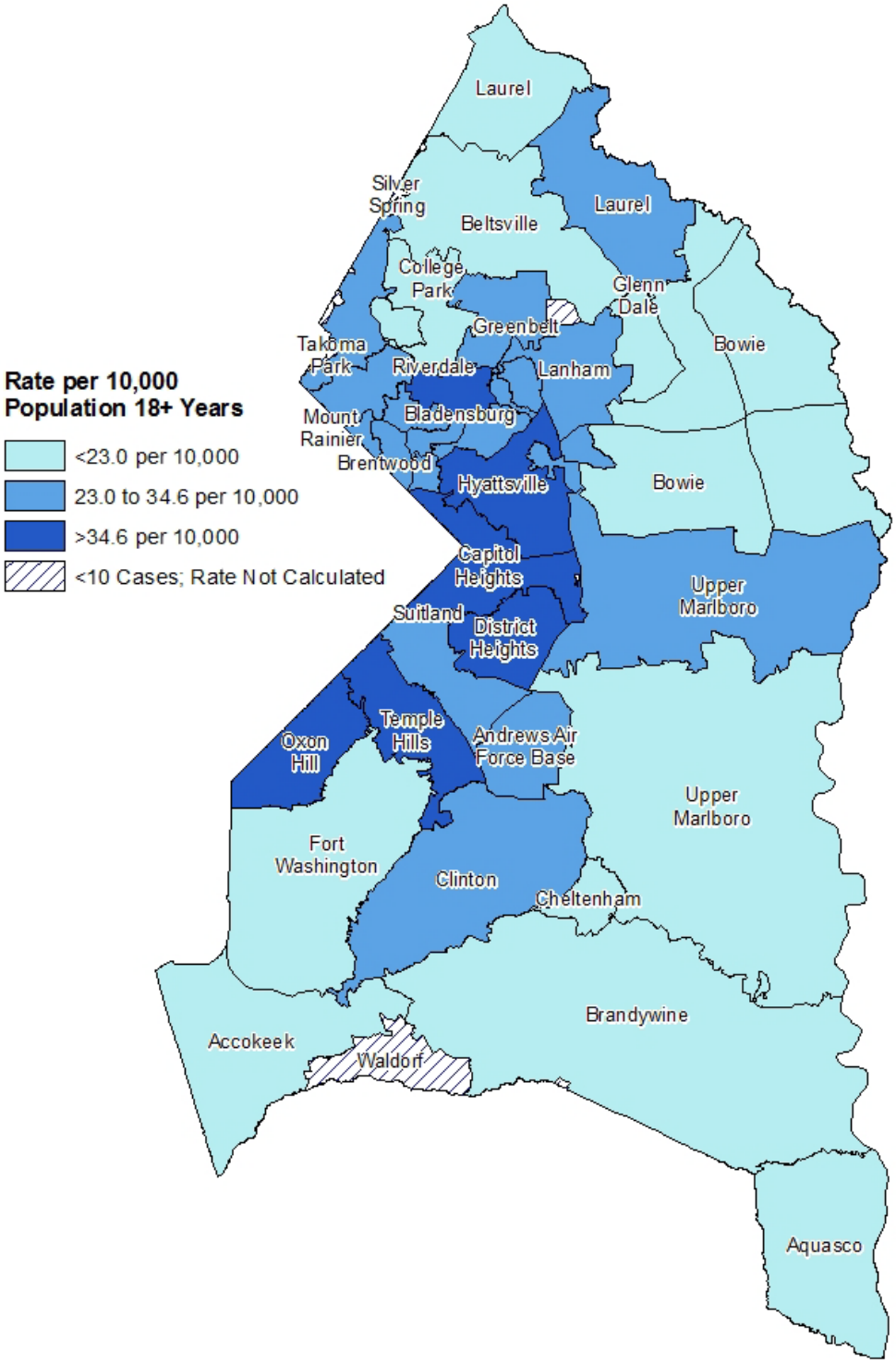
Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Sex, Prince George's County, 2010-2012



* 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, Prince George's County, 2010-2012



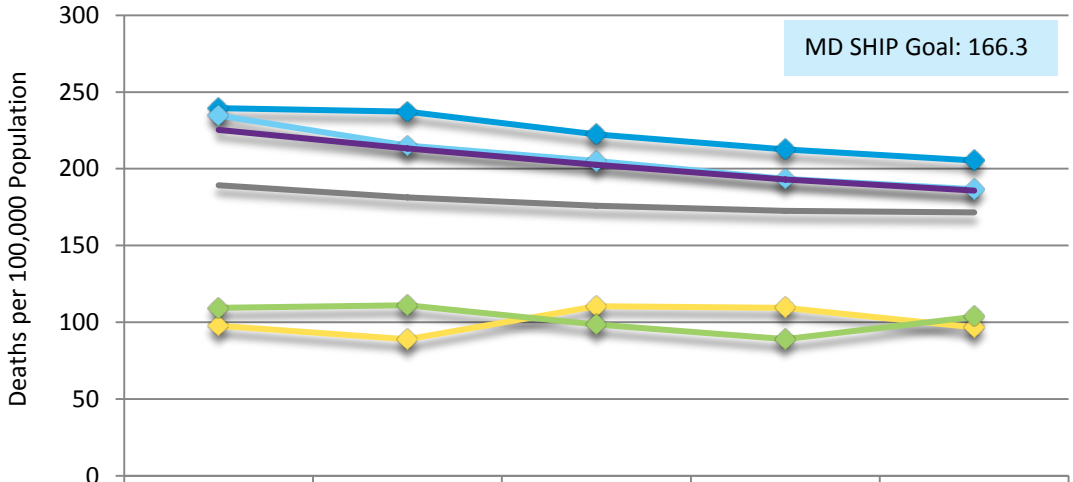
* Includes visits to Maryland and Washington, D.C. hospitals

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

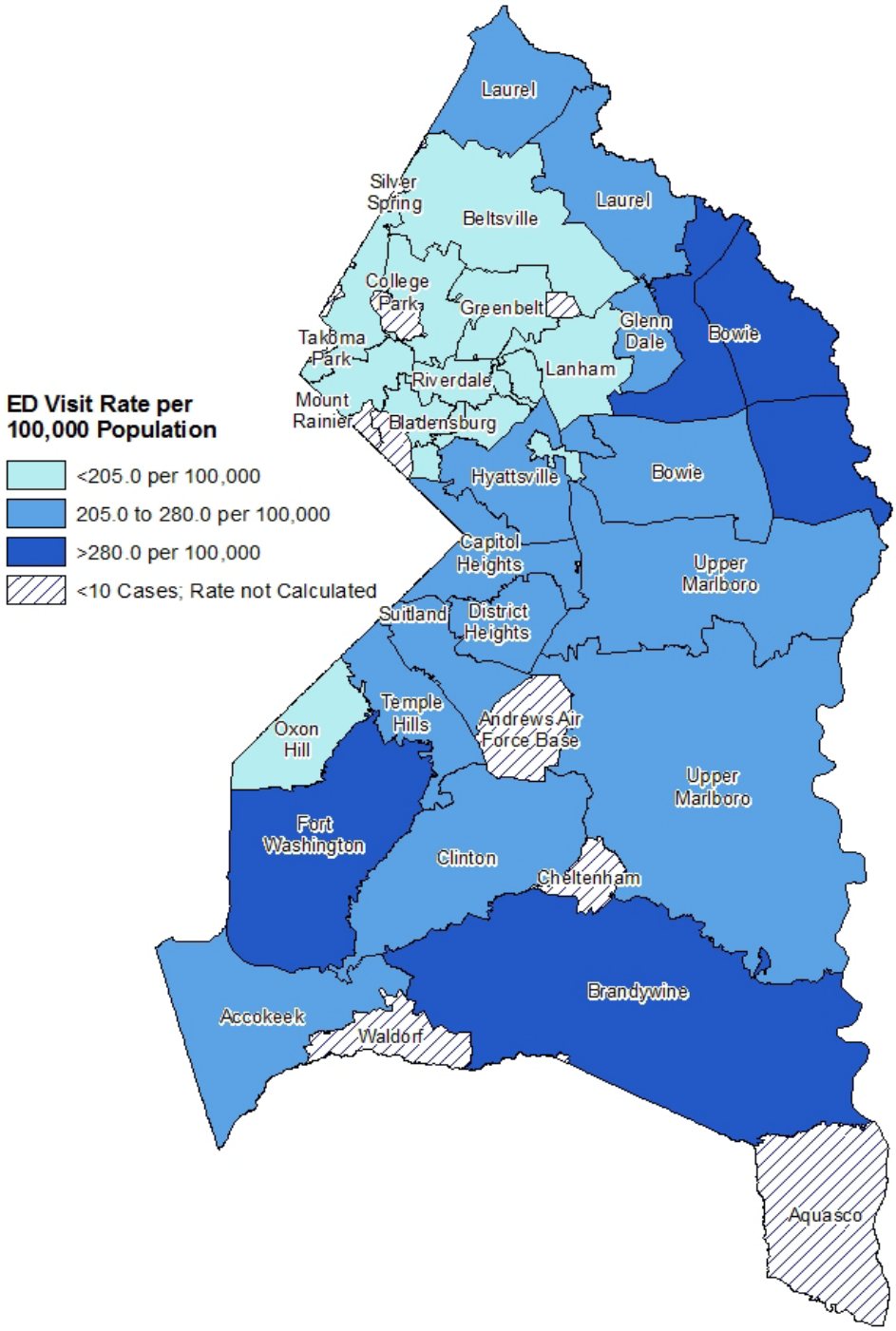
Emergency Department* Visits for Heart Disease, 2014

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

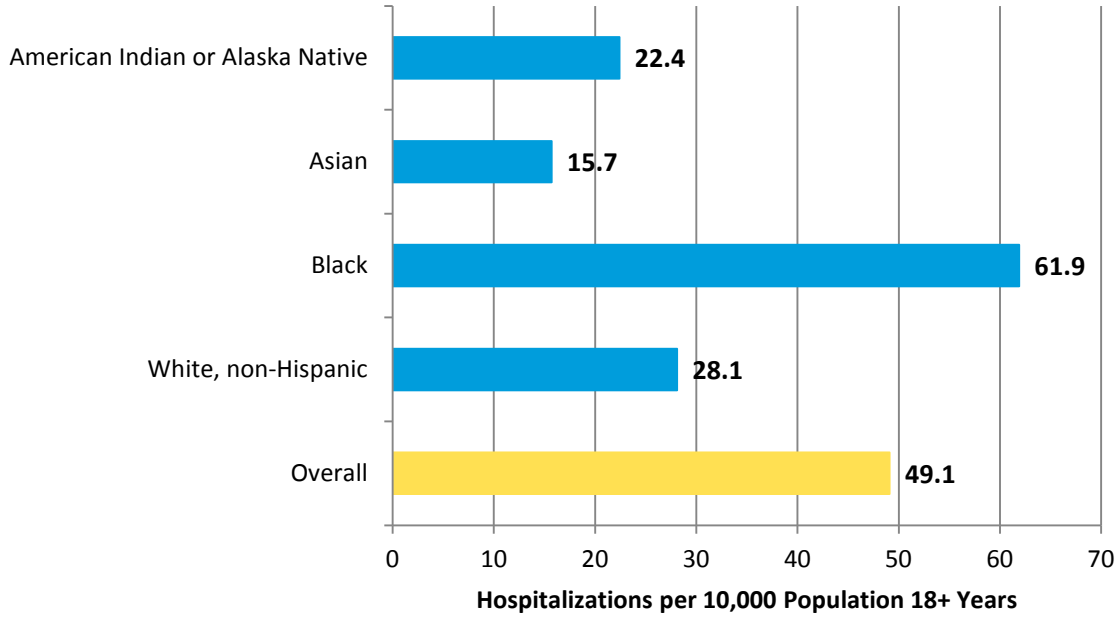
Emergency Department Visit* Crude Rate per 100,000 Population, Heart Disease as Primary Discharge Diagnosis, Prince George's County, 2014



* 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.

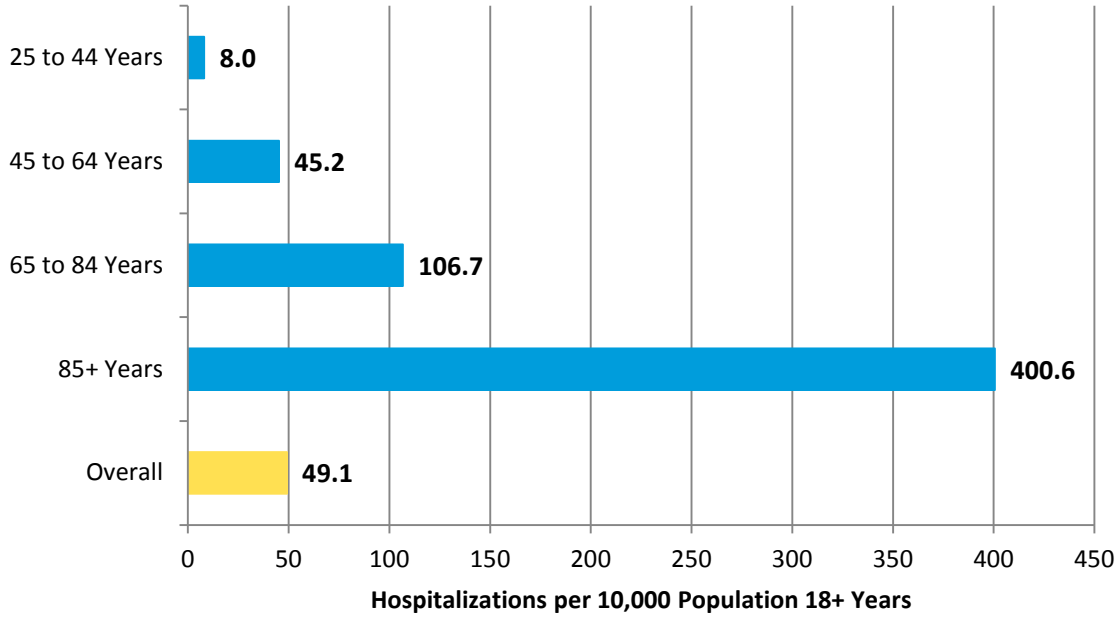
Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Race and Ethnicity, Prince George's County, 2010-2012



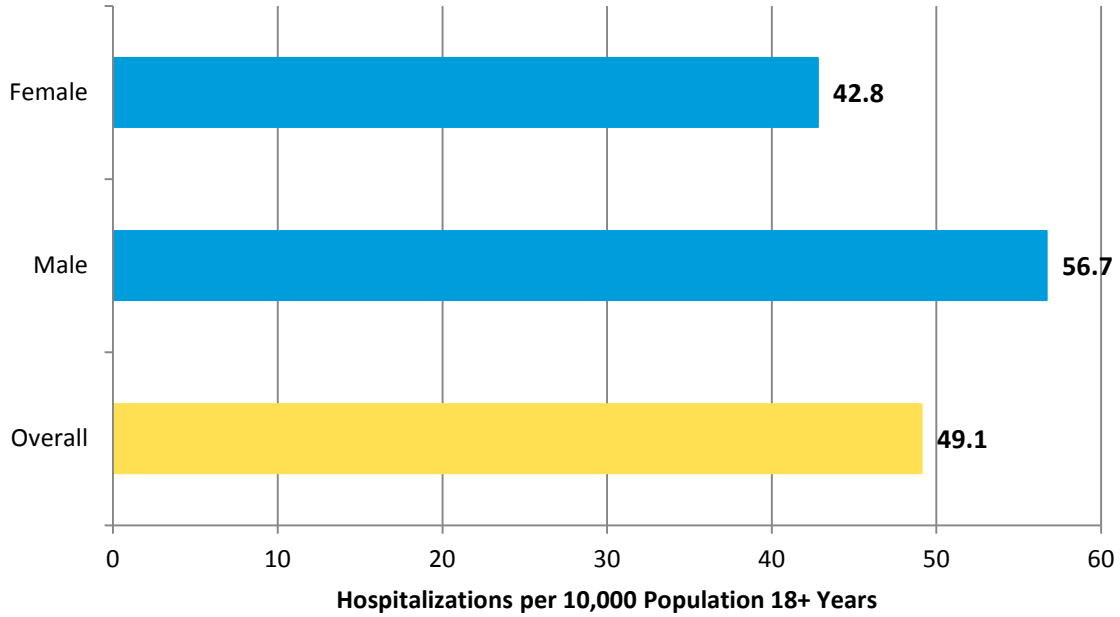
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission;

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Age, Prince George's County, 2010-2012



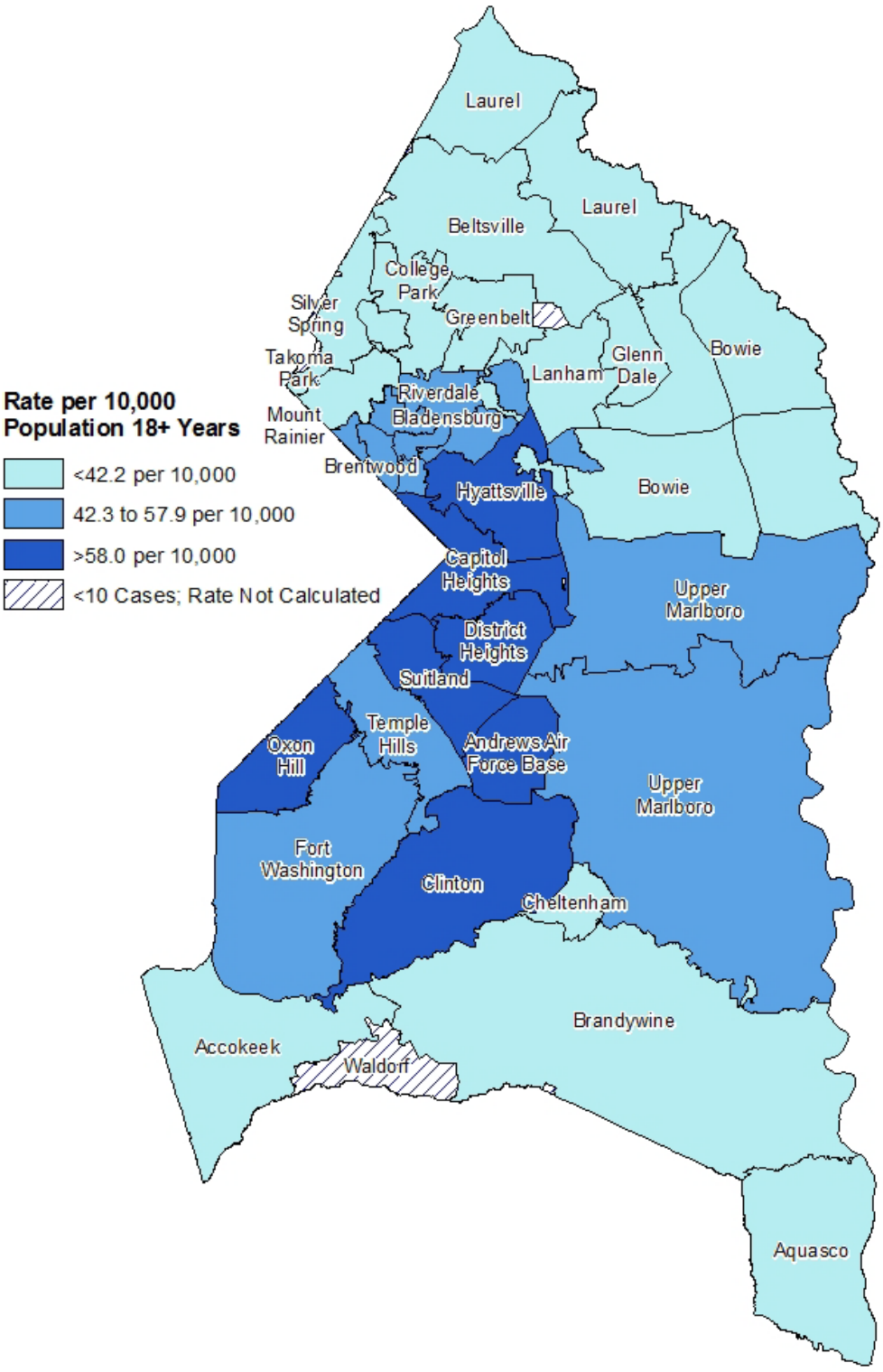
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission

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



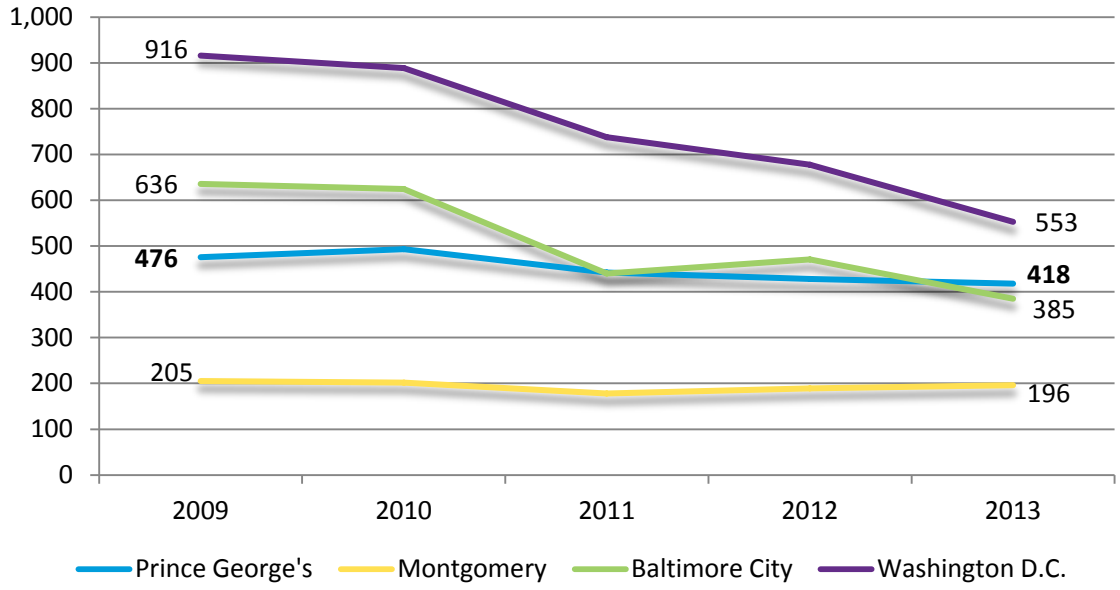
* Includes visits to Maryland and Washington, D.C. hospitals

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)

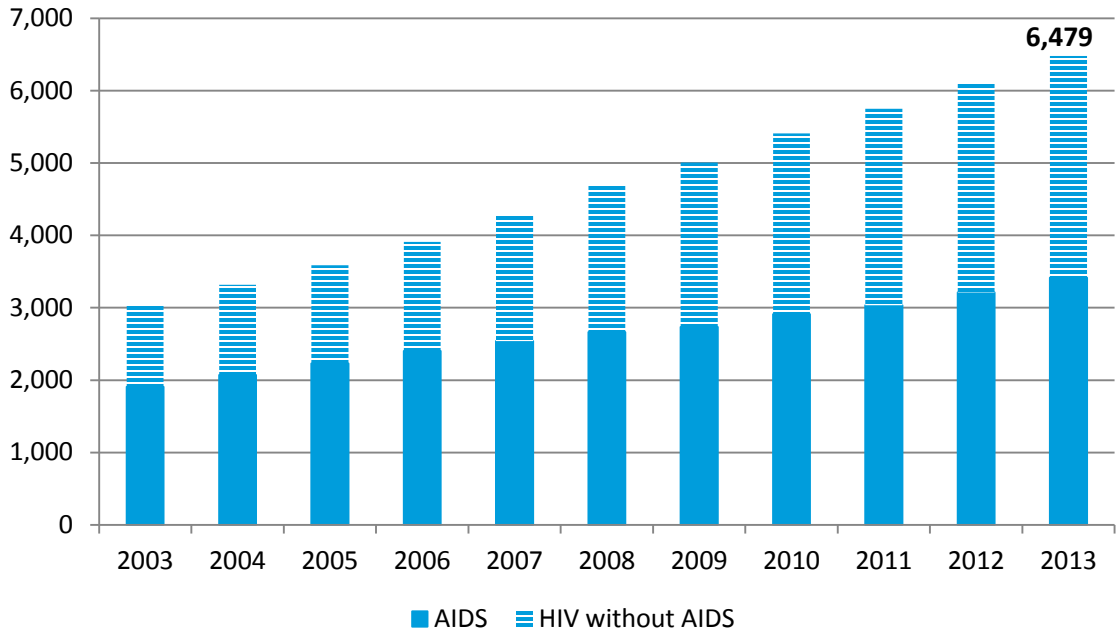
New HIV Cases by Exposure, 2013

	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

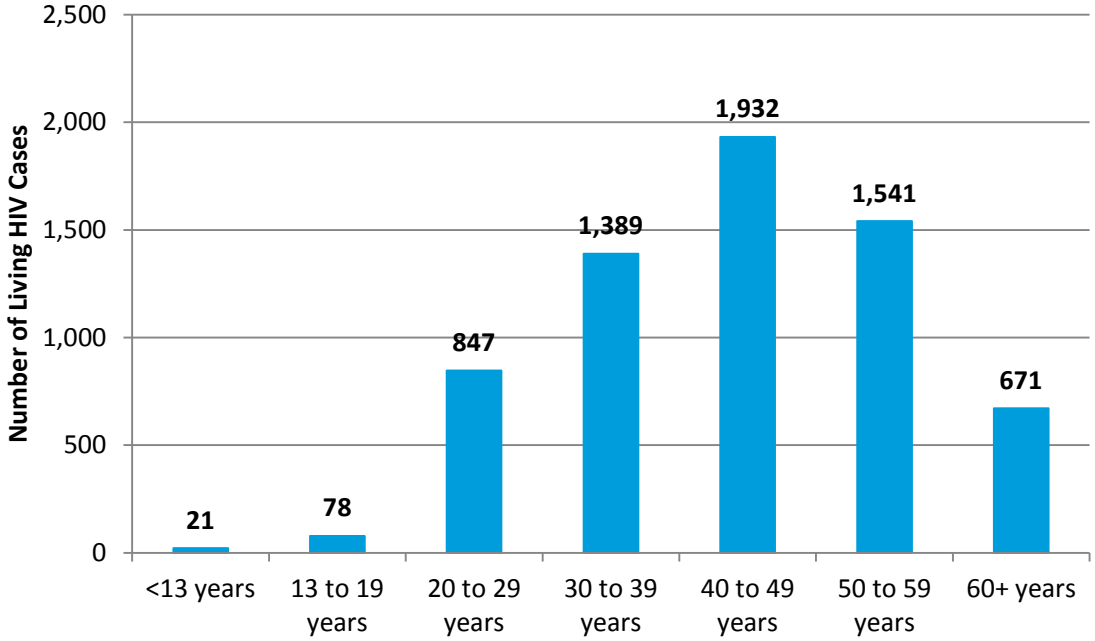
Demographics of Total Living HIV Cases, 2013

	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

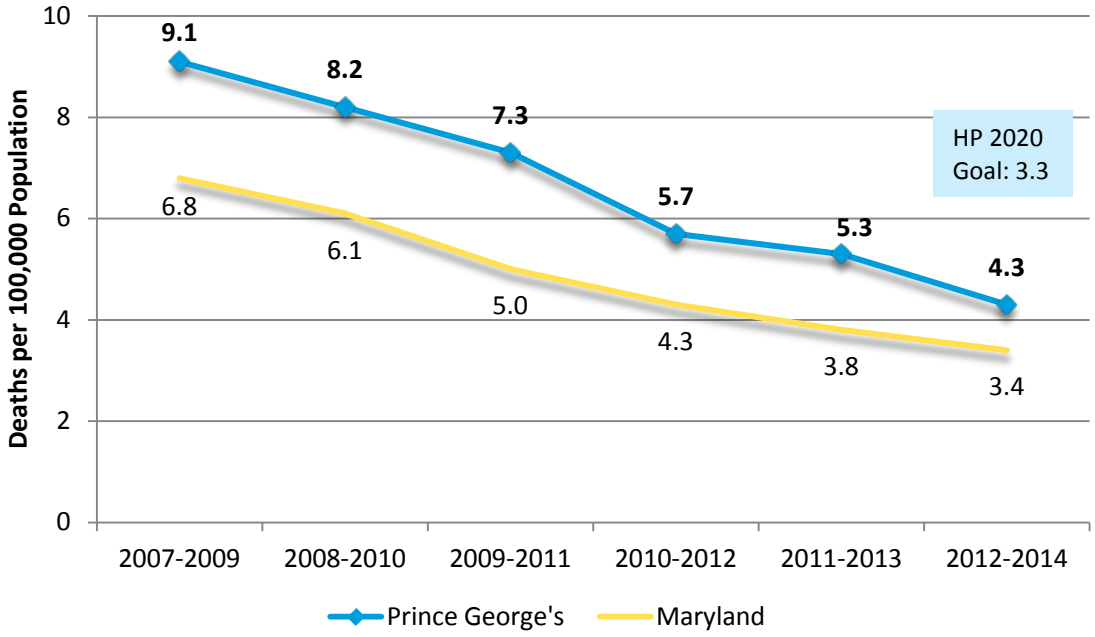
Data Source: County Annual HIV Epidemiological Profile, 2013, DHMH for Prince George's County, Maryland

Total Living HIV Cases by Current Age, Prince George's County, 2013



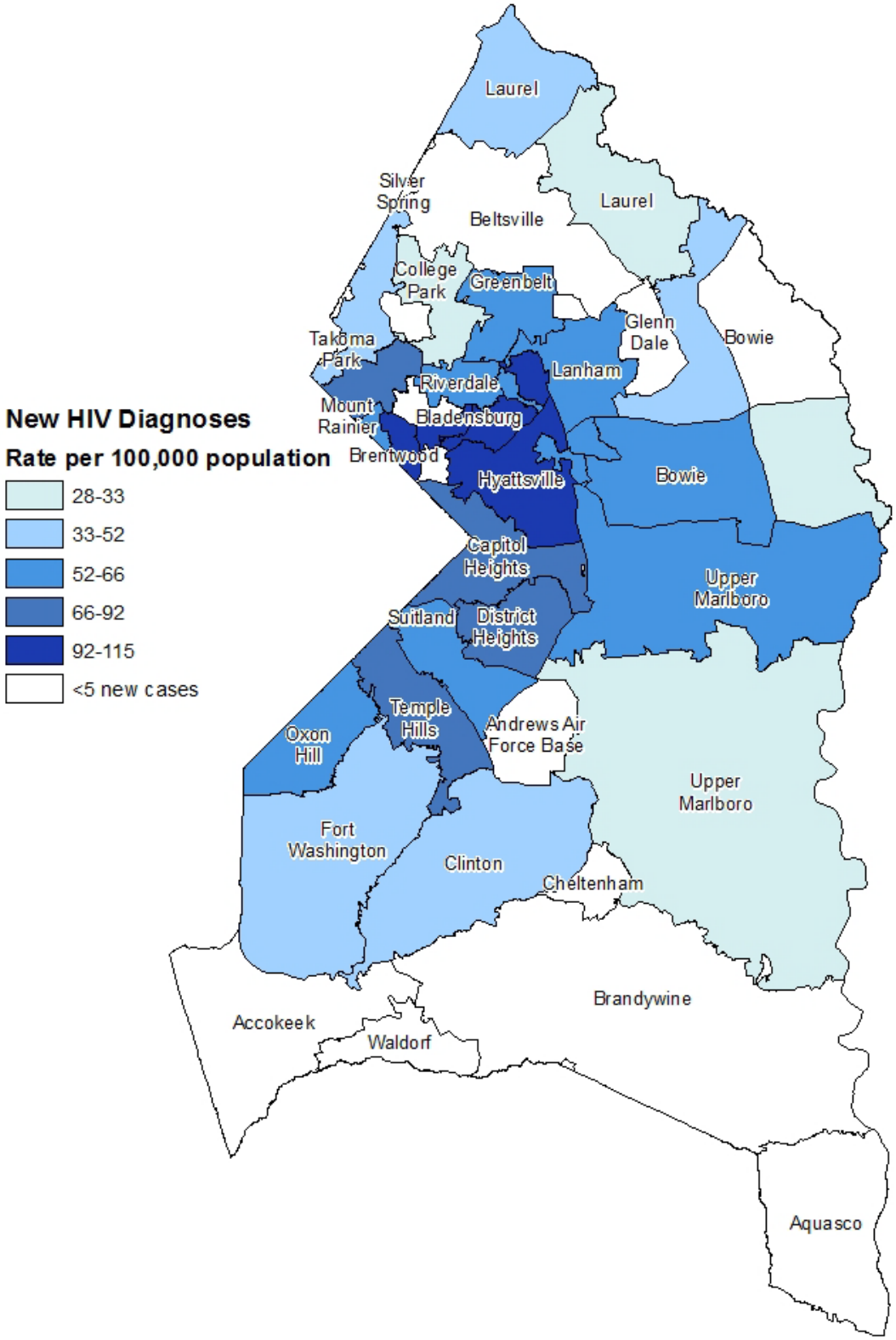
Data Source: Prince George's County Annual HIV Epidemiological Profile, 2013, DHMH

HIV Age-Adjusted Mortality Rate, Prince George's County Compared to Maryland, 2007-2014



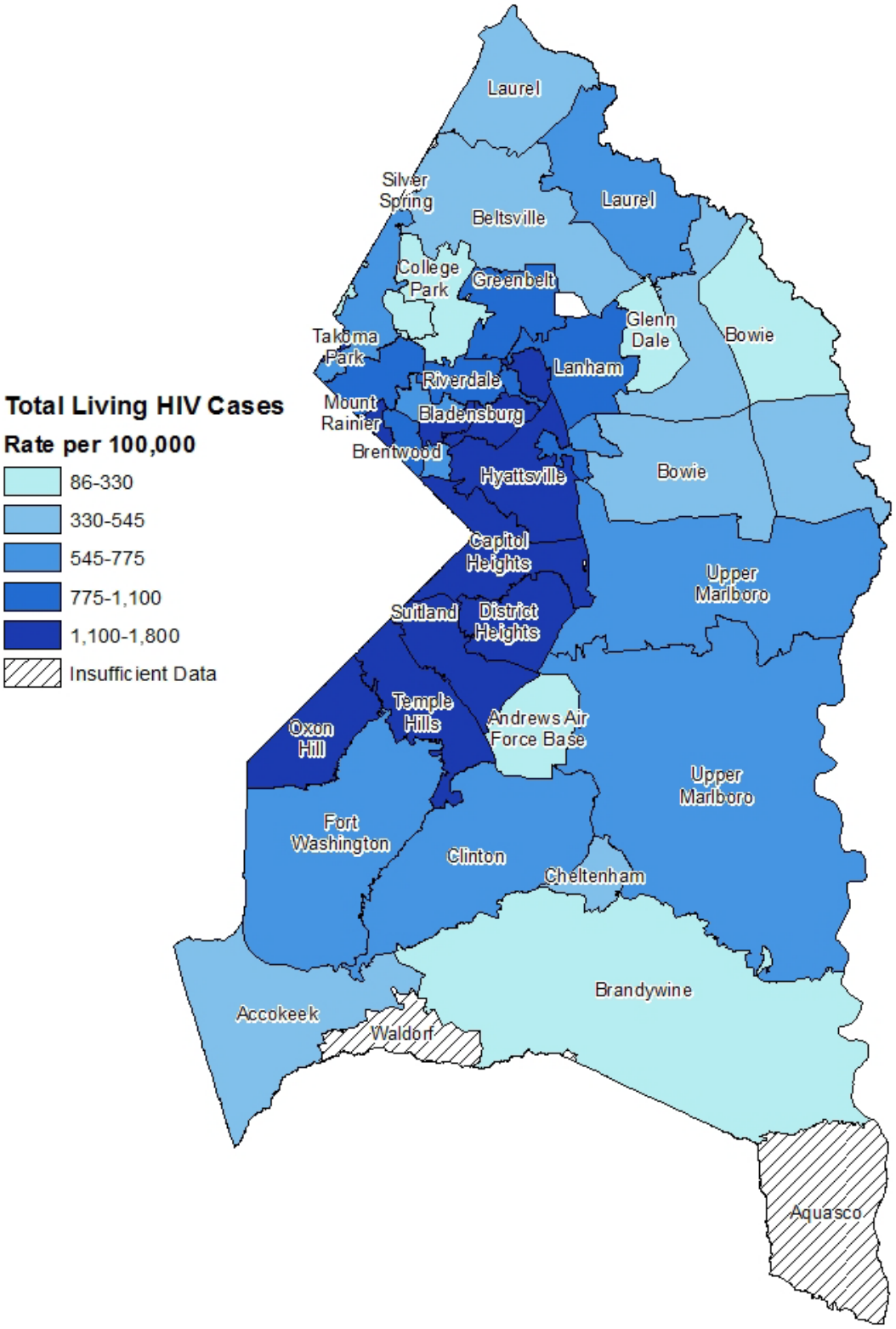
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database;

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

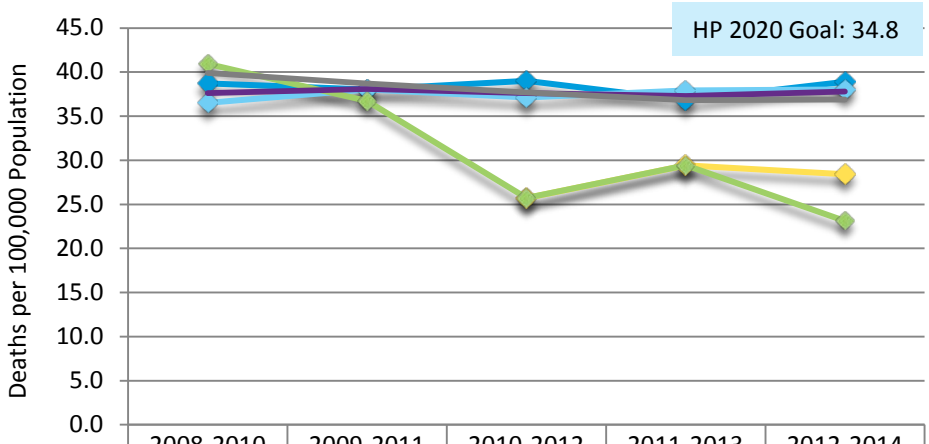
Overview	
What is it?	High blood pressure, or hypertension, is when the force of blood pumping through the arteries is too strong. Hypertension is a risk factor for stroke, which is when the flow of blood (and thus oxygen) to the brain is blocked.
Who is affected?	In the county, 37.9% (252,160) of adults 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

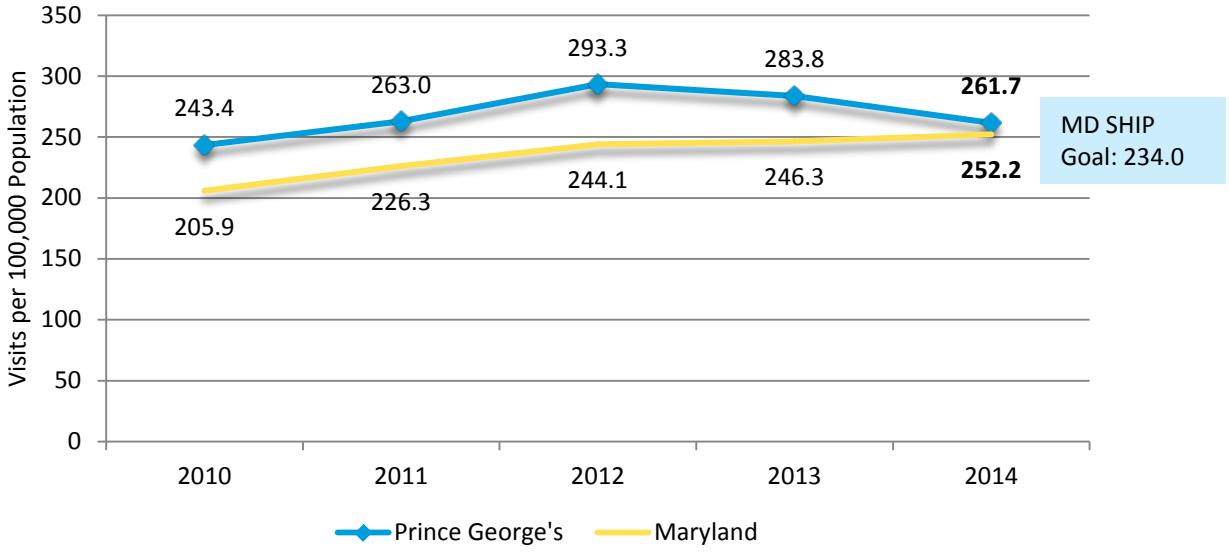


	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	38.7	38.0	39.0	36.8	38.9
PGC Black NH	36.5	38.0	37.1	37.9	38.0
Hispanic*, any race			25.7	29.4	28.4
PGC Asian NH	40.9	36.7	25.7	29.4	23.1
PGC	37.6	38.1	37.6	37.3	37.8
Maryland	39.9	38.7	37.7	36.8	36.9

*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

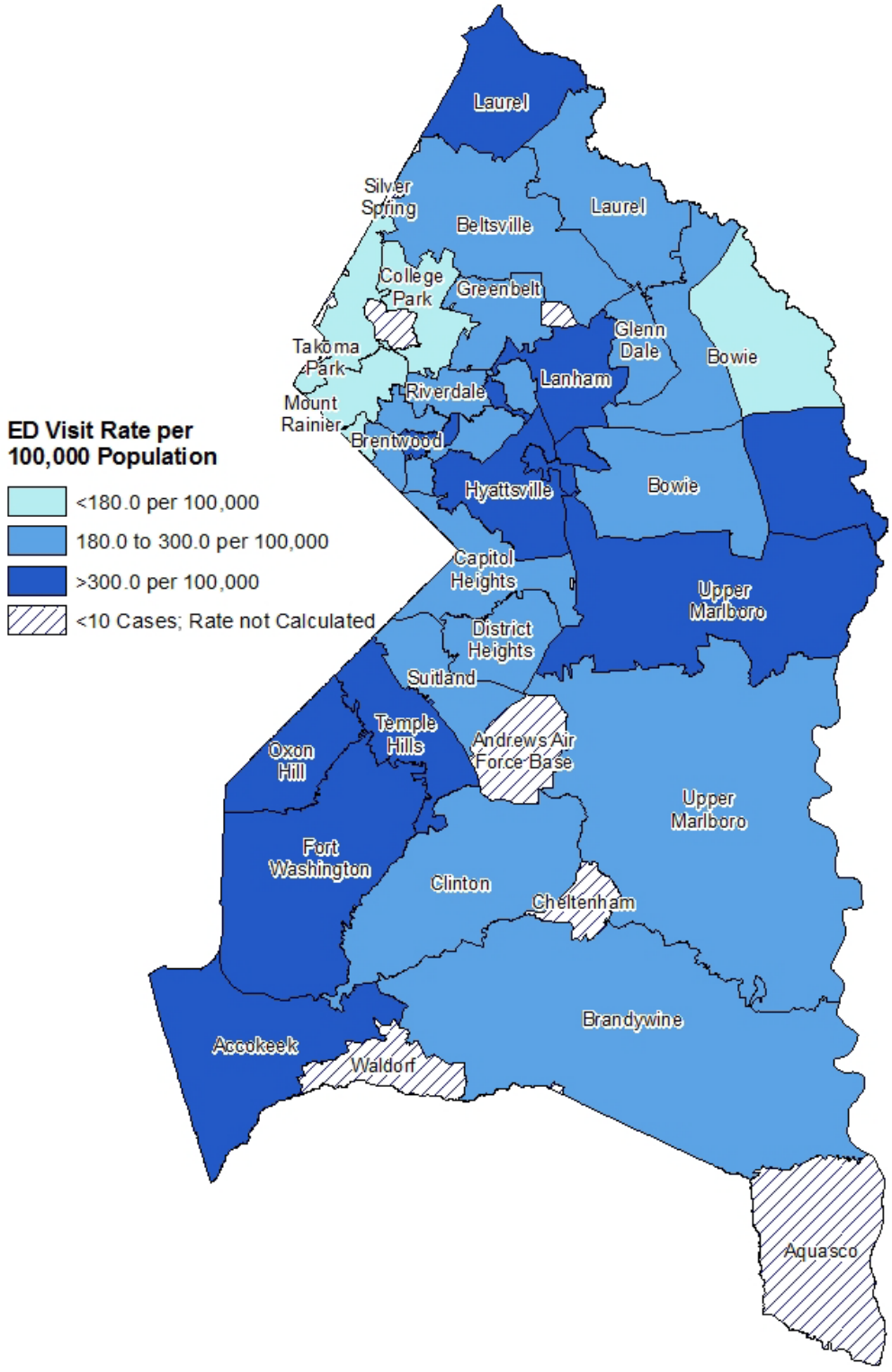
Emergency Department* Visits for Hypertension, 2014

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

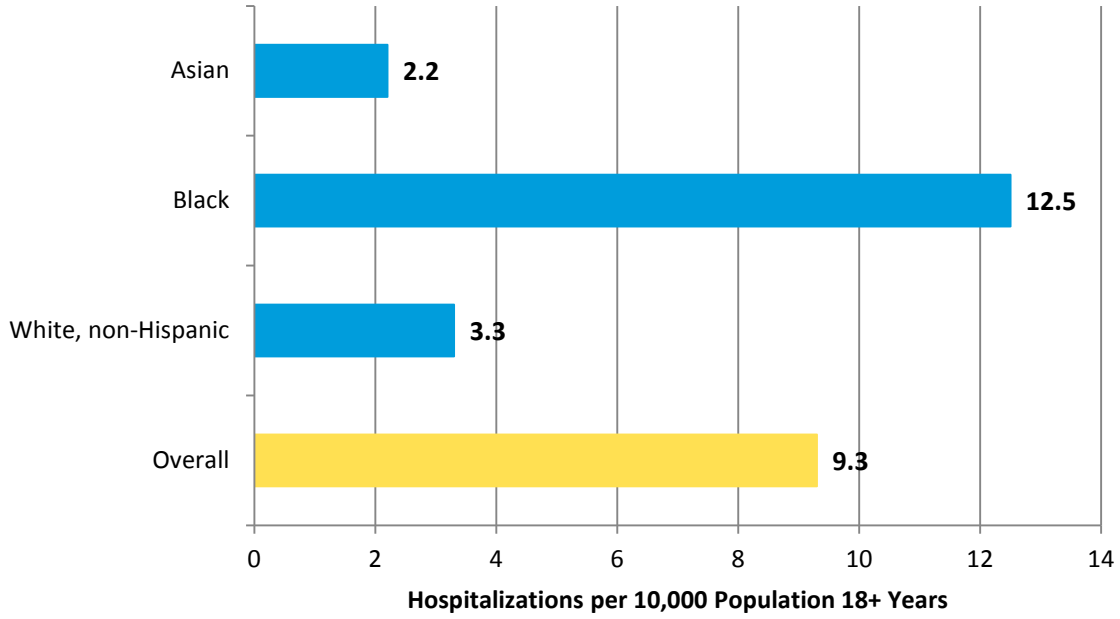
Emergency Department* Visit Crude Rate per 100,000 Population, Hypertension as Primary Diagnosis, Prince George's County, 2014



* 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.

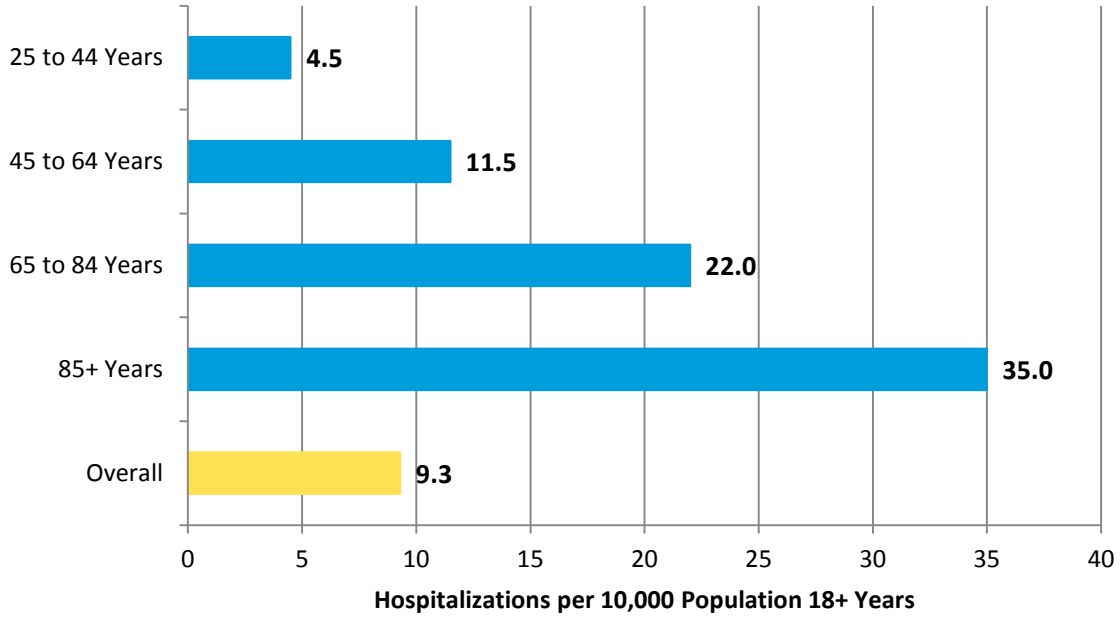
Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Race and Ethnicity, Prince George's County, 2010-2012



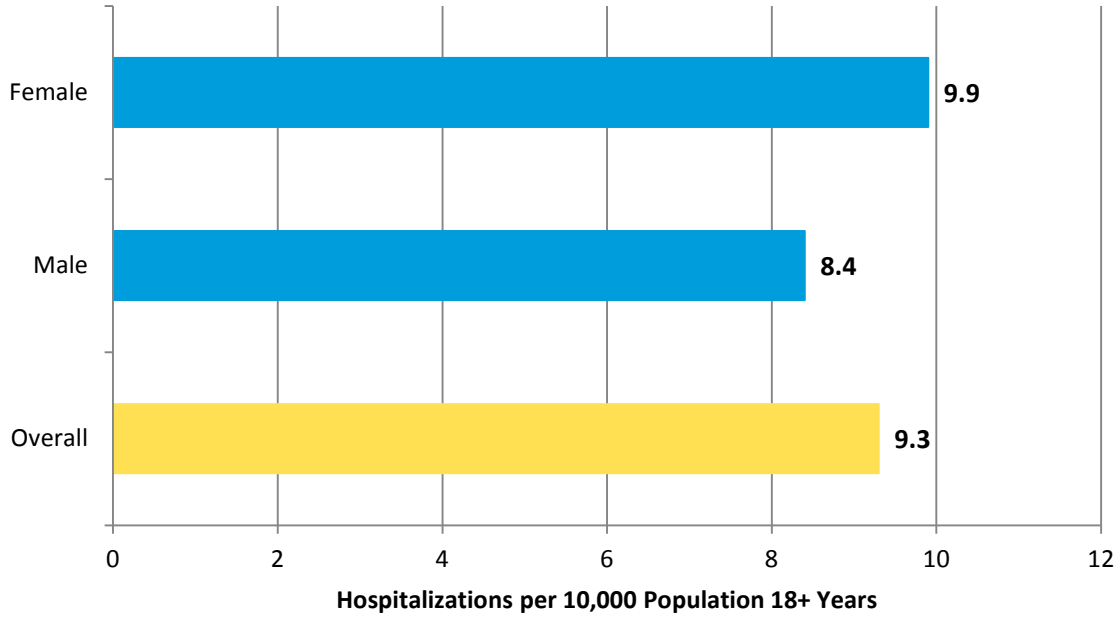
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

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

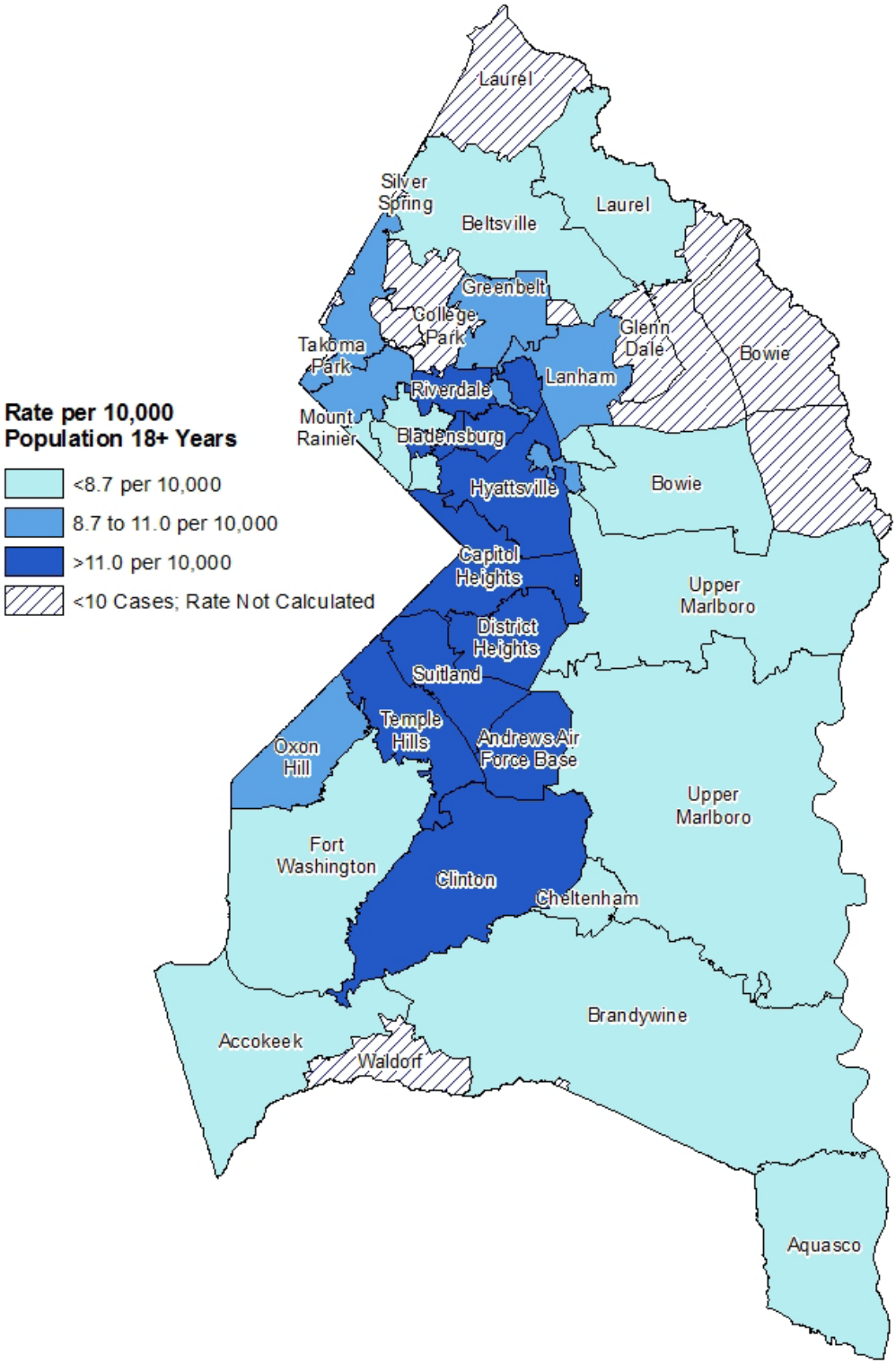
Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Sex, Prince George's County, 2010-2012



* 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

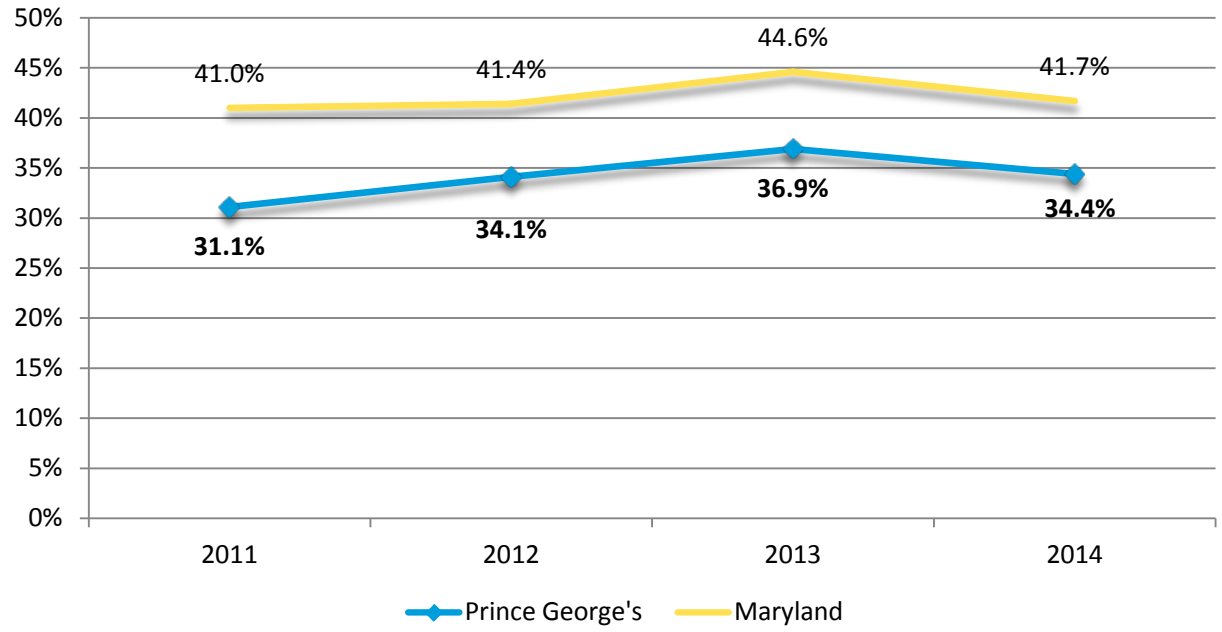
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

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%**

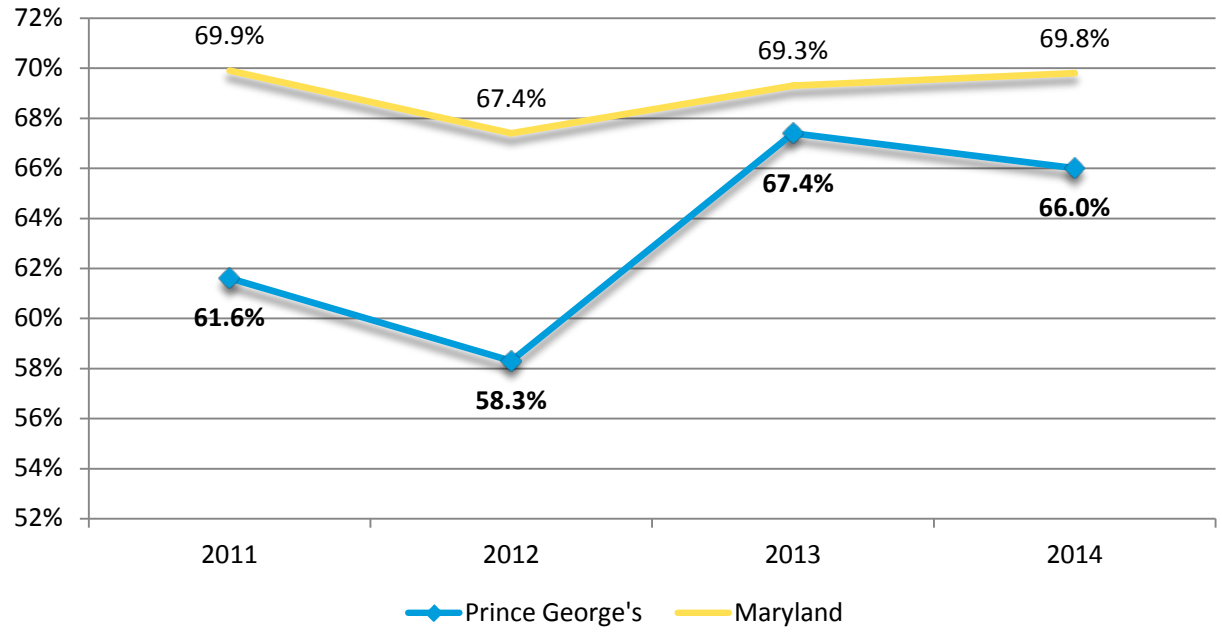
Data Source: Maryland BRFSS

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

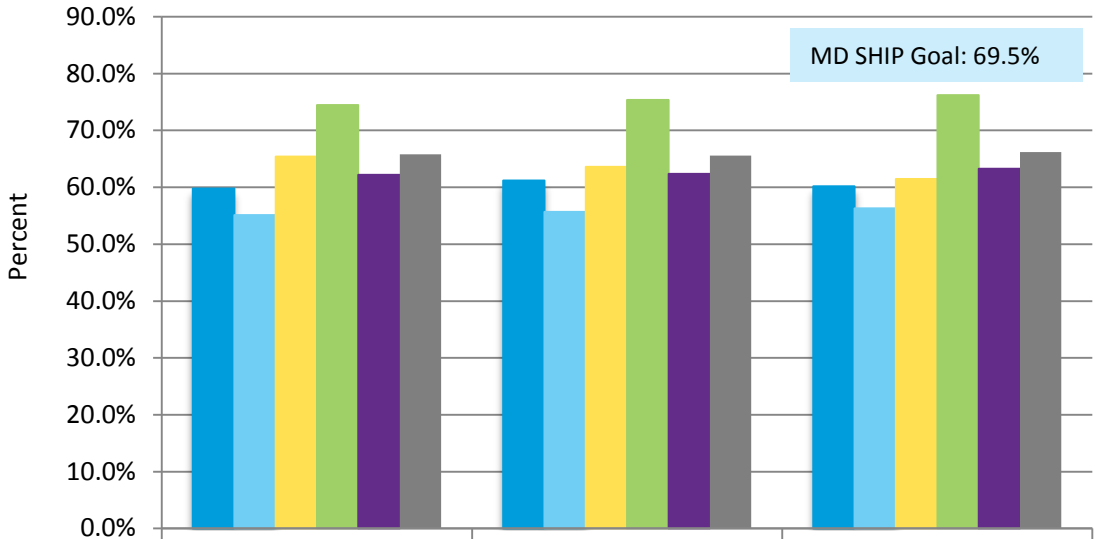


Data Source: Maryland BRFSS 2014

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).

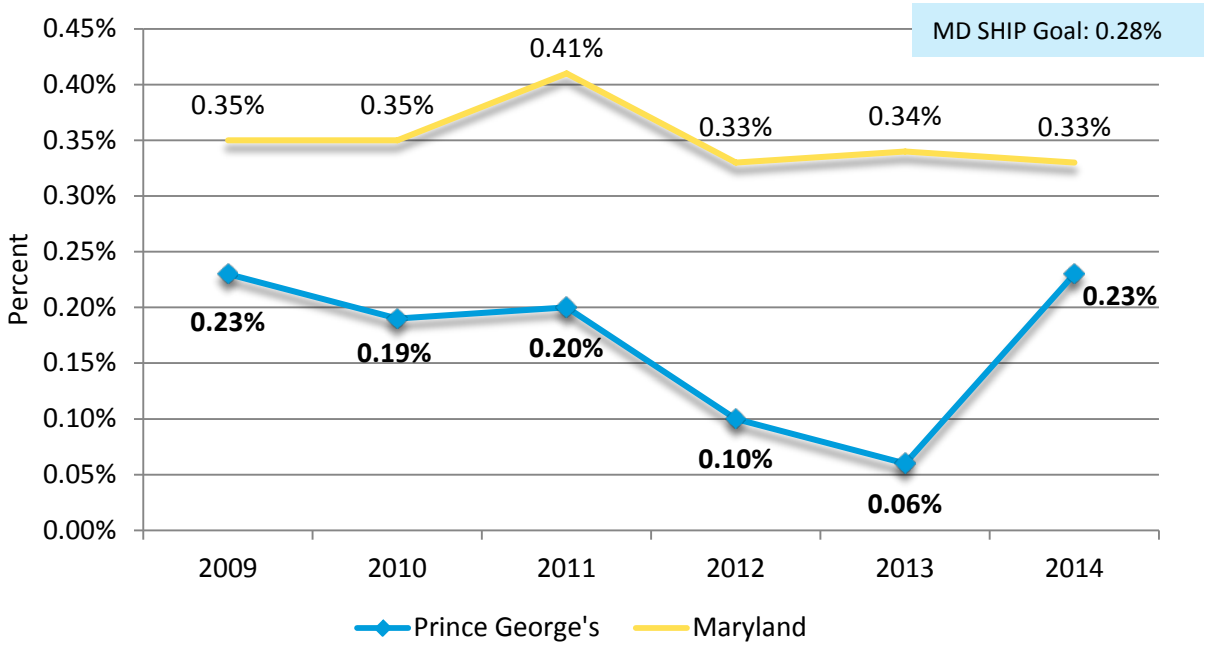
Percentage of Children Ages 12-35 Months Enrolled in Medicaid* Who Received a Blood Lead Test, 2011-2013



	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

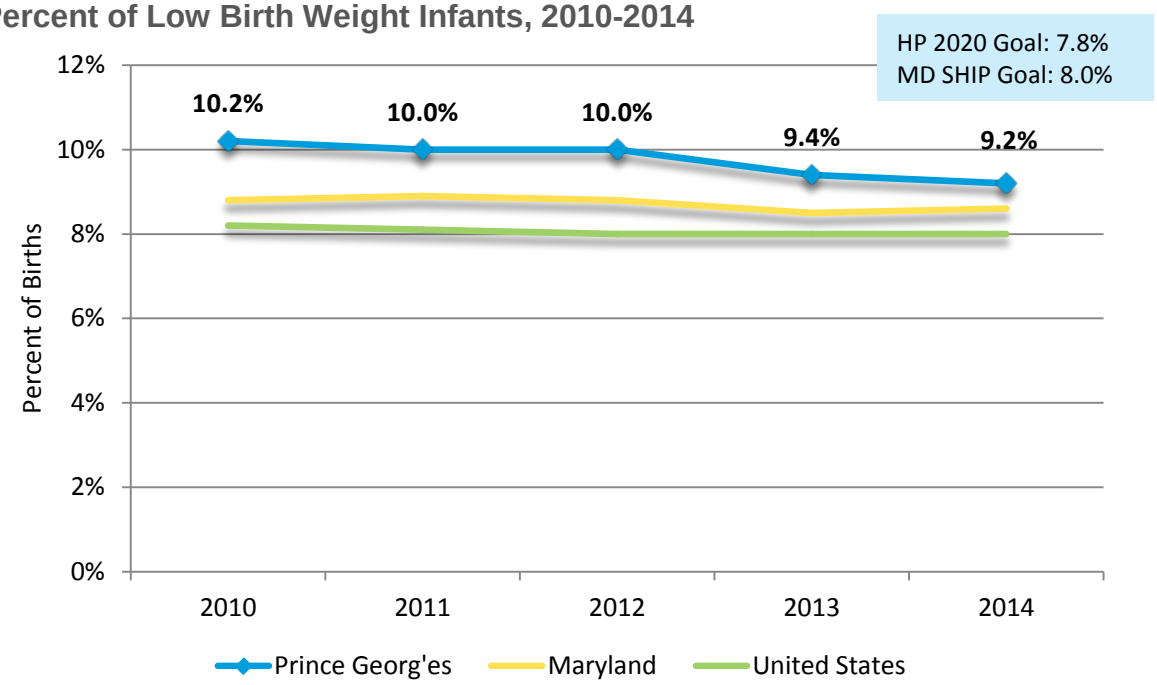
*Rates based on <5 deaths are not presented since they are subject to instability.
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

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%**

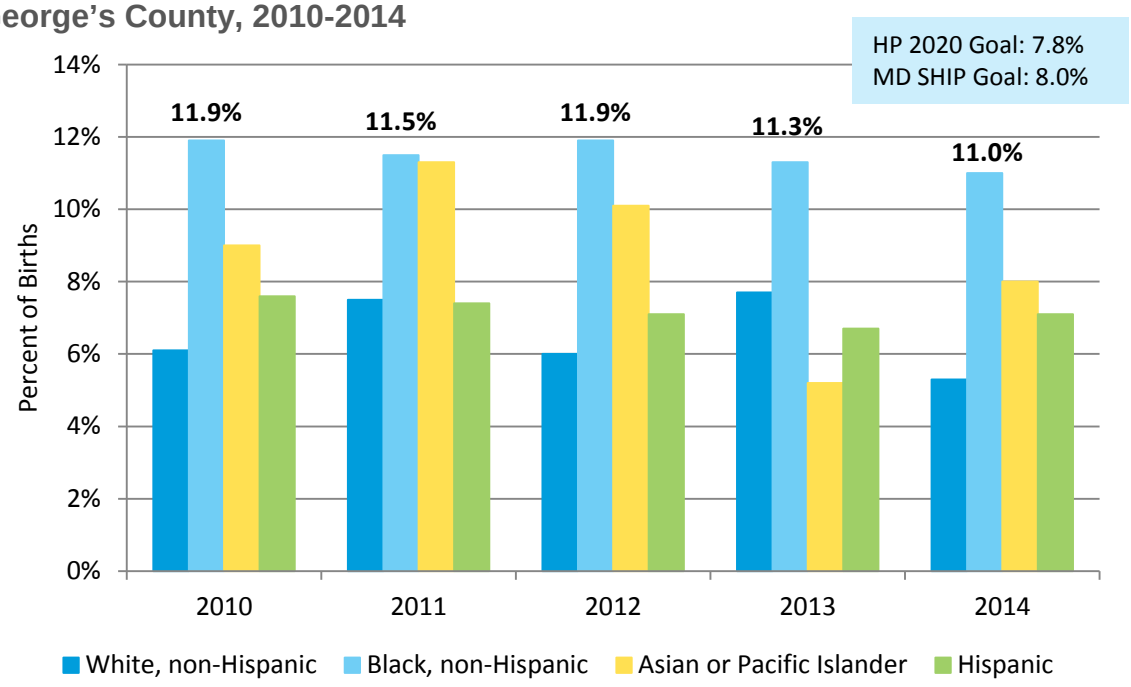
*Data not available for Asian/Pacific Islander
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, 2014; National Center for Health Statistics, Births Final Data for 2014

Percent of Low Birth Weight Infants, 2010-2014



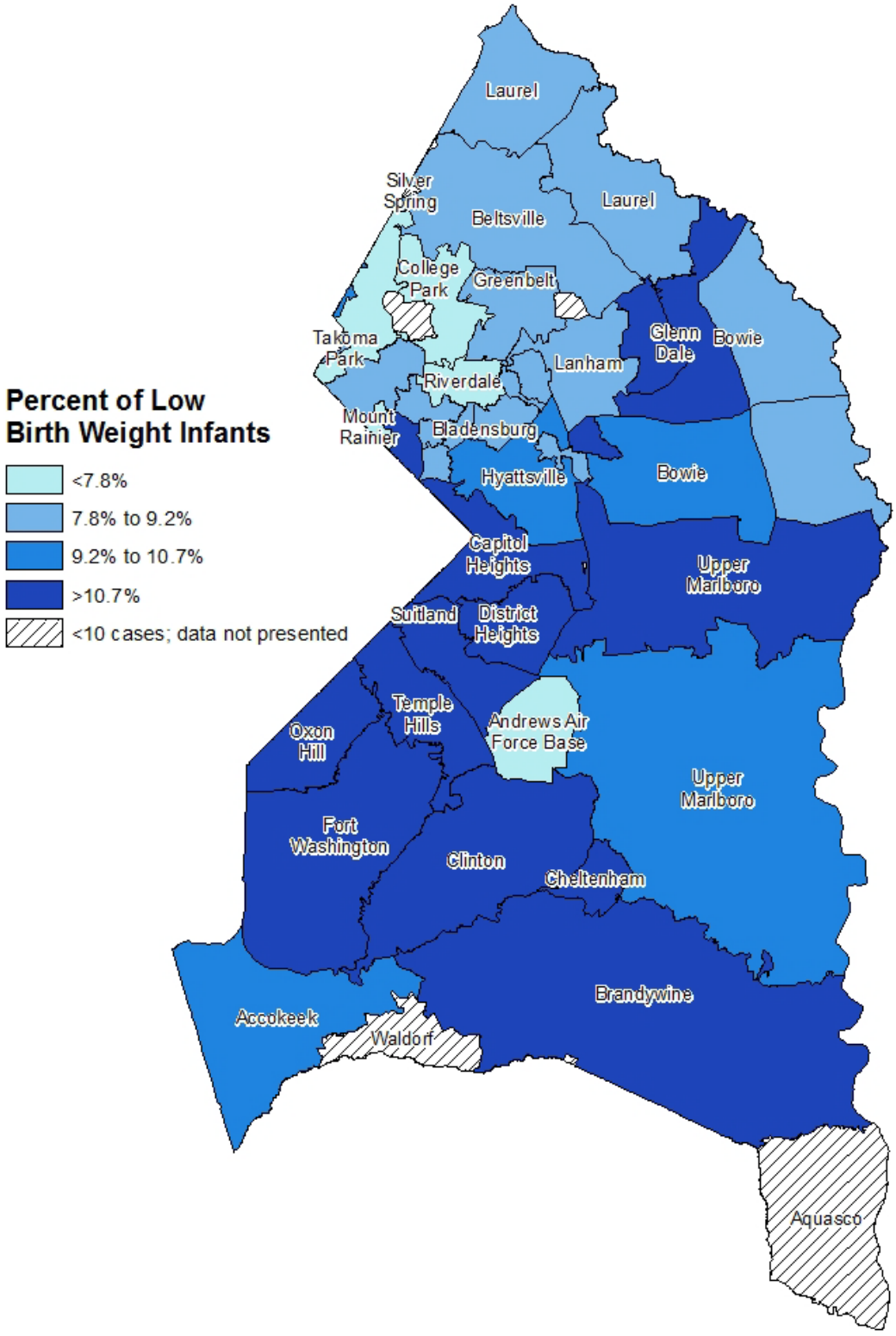
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, 2014; National Center for Health Statistics, National Vital Statistics Report

Percent of Low Birth Weight (<2500g) Infants by Race and Ethnicity, Prince George's County, 2010-2014



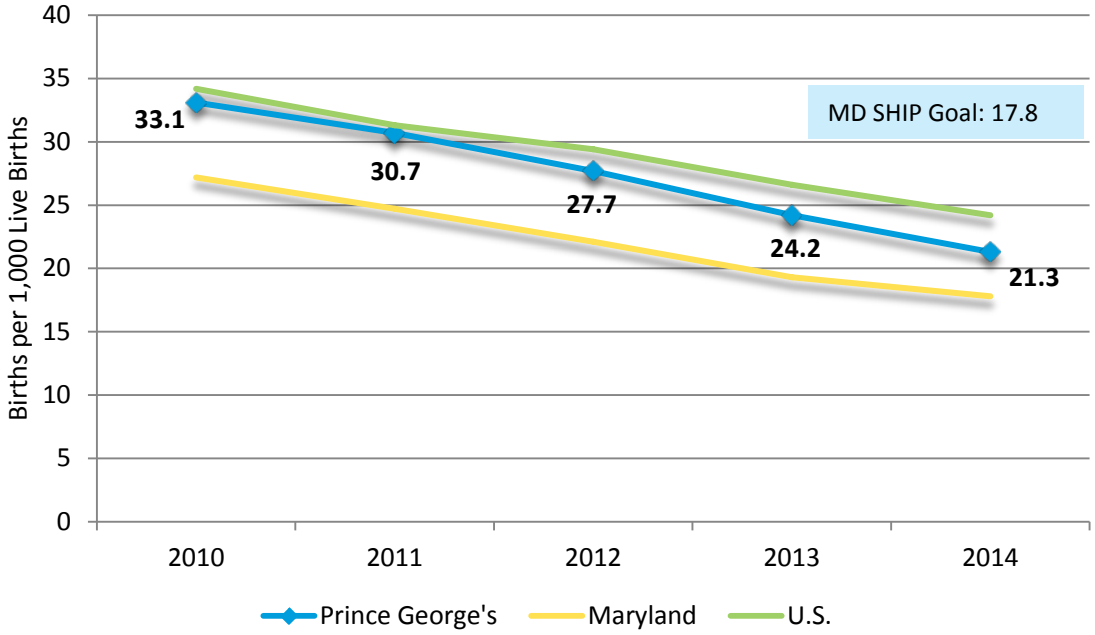
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Percentage of Low Birth Weight Infants by ZIP Code, Prince George's County, 2010-2014



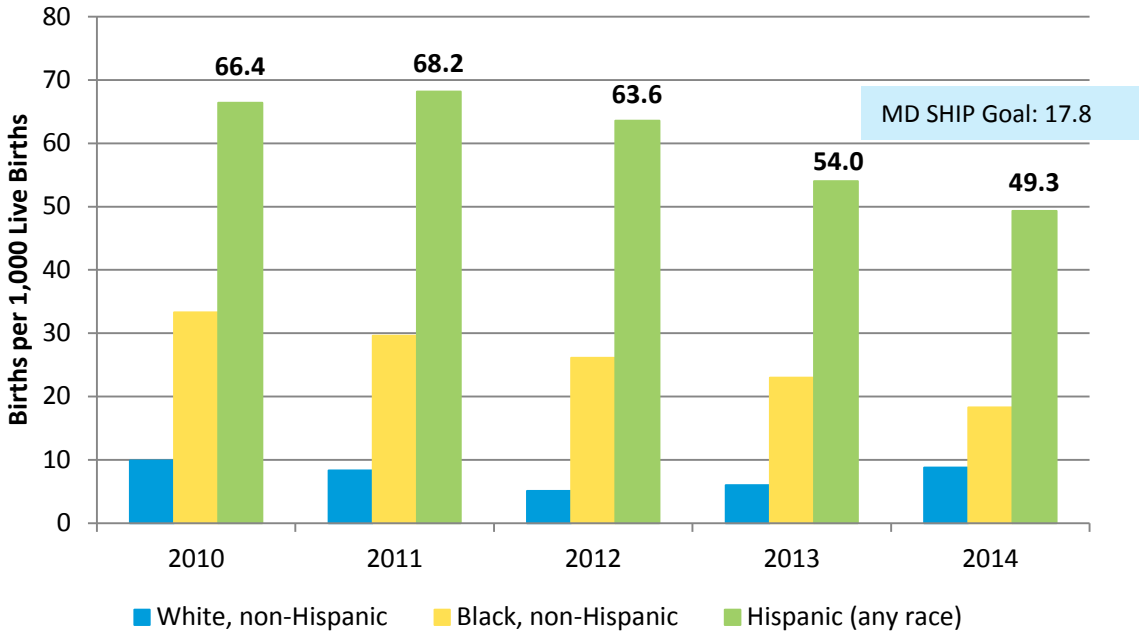
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Teen Birth Rate (Ages 15 to 19 Years), 2010-2014



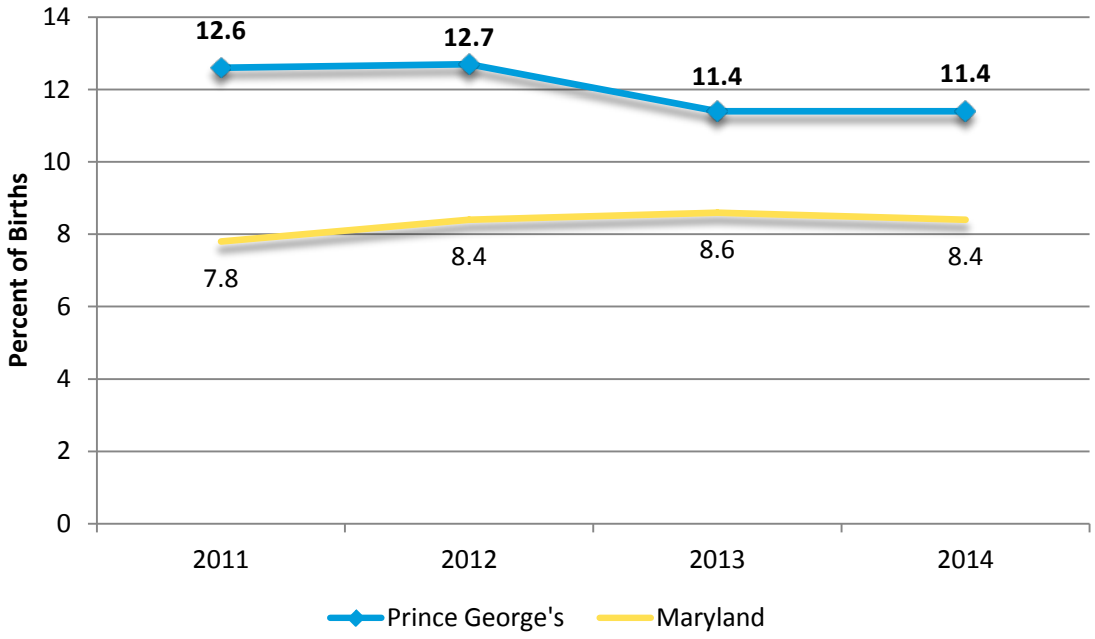
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration; National Center for Health Statistics, National Vital Statistics Report, 2014

Teen Birth Rate (Ages 15 to 19) by Race and Ethnicity, Prince George's County, 2010-2014



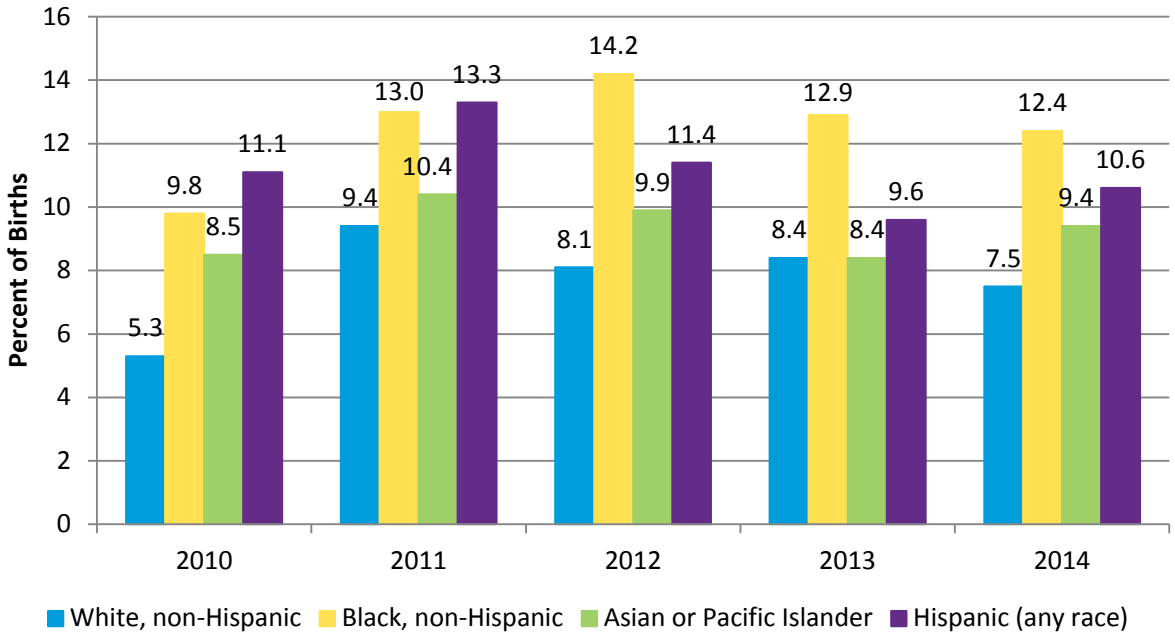
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

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

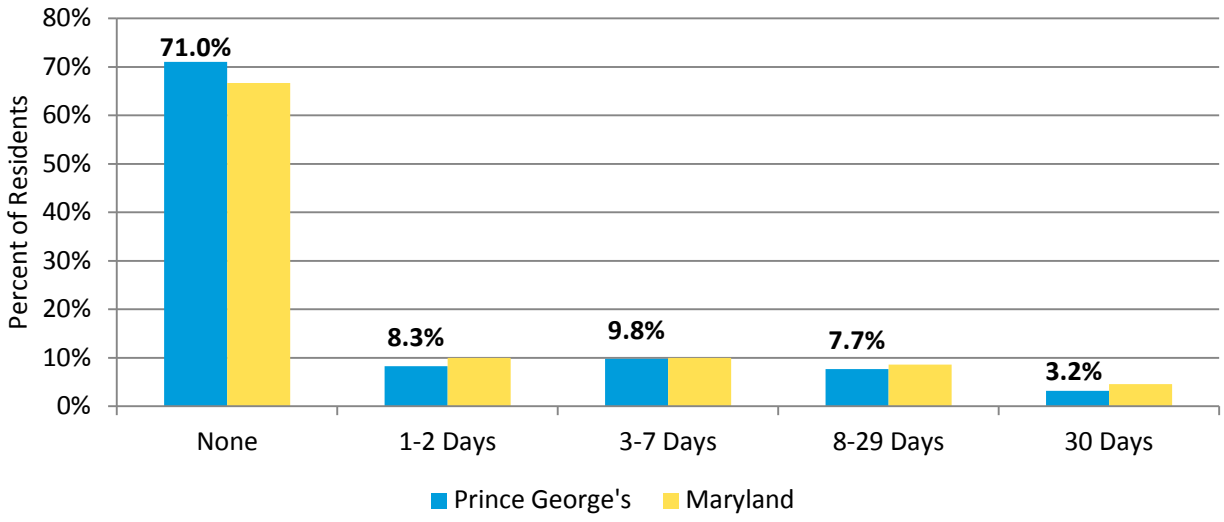


*Late care refers to care beginning in the third trimester.
Data Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration, Annual Report

Mental Health

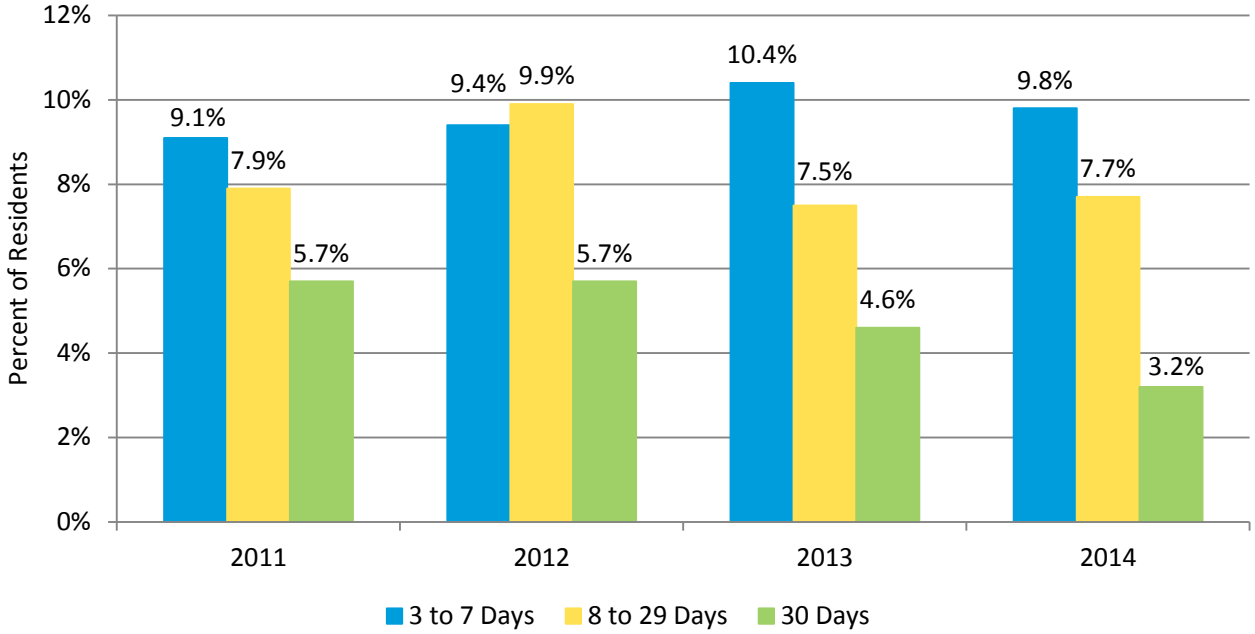
Overview	
What is it?	Mental health includes emotional, psychological, and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make choices.
Who is affected?	10.9% (74,502) of residents reported experiencing at least 8 days of 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



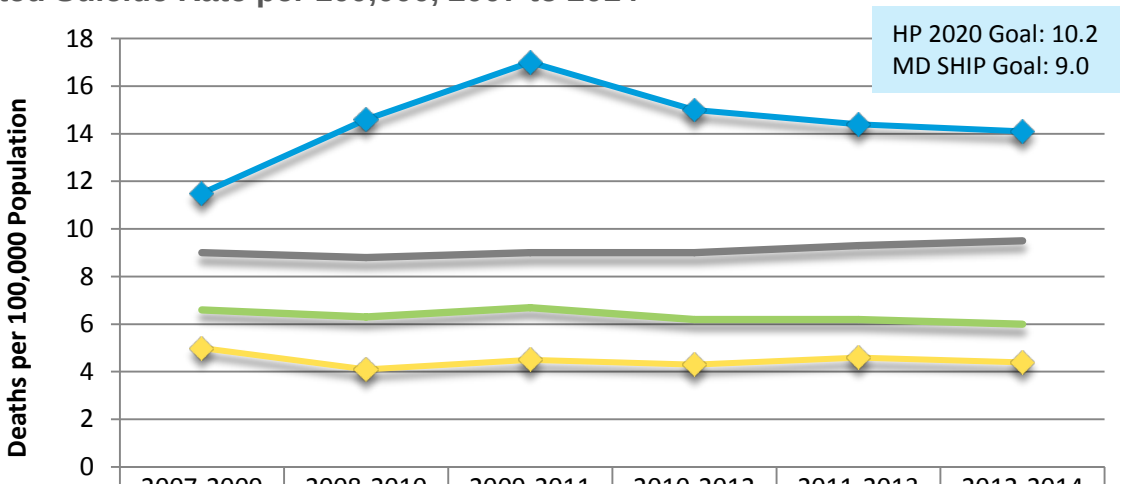
Data Source: 2014 Maryland BRFSS

Percent of Residents with Poor Mental Health Days within the Past Month, Prince George's County, 2011 to 2014



Data Source: 2014 Maryland BRFSS

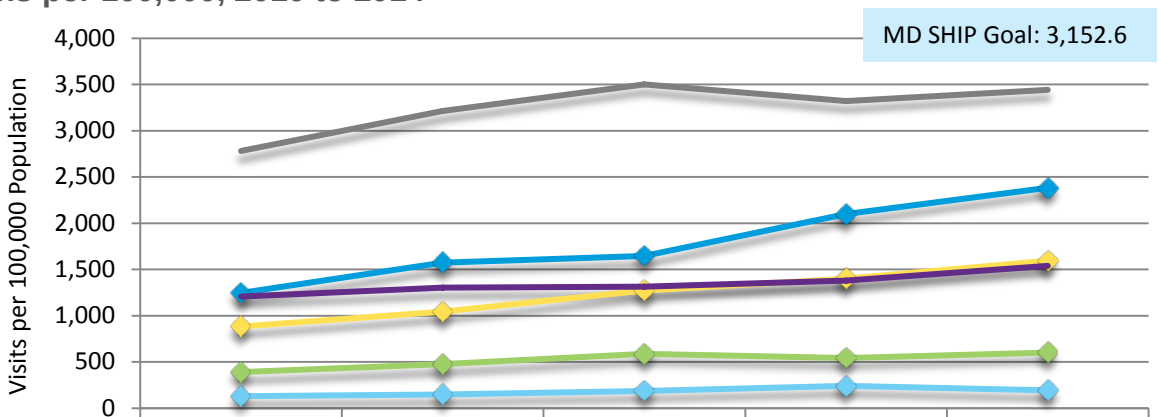
Age-Adjusted Suicide Rate per 100,000, 2007 to 2014



	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

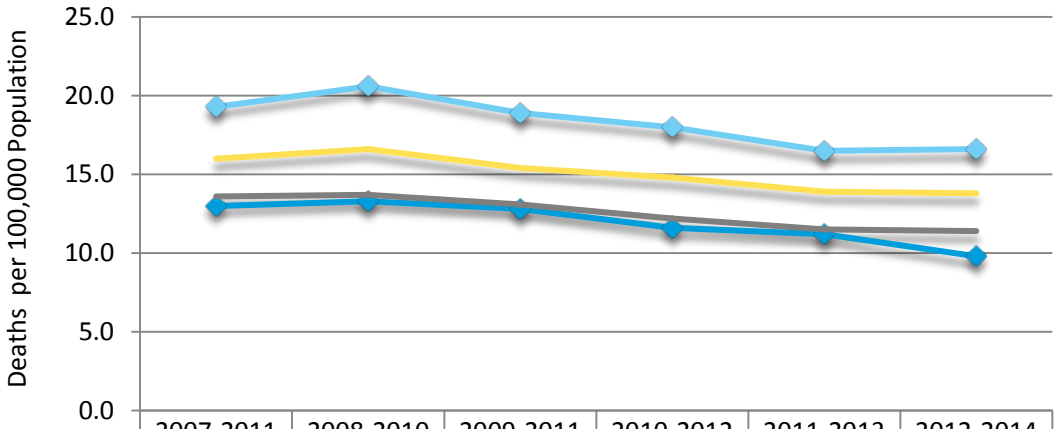
Behavioral Health Condition	Frequency	Percent
Alcohol-related disorders	1,795	26.2%
Mood disorders	1,497	21.9%
Anxiety disorders	1,225	17.9%
Schizophrenia and other psychotic disorders	829	12.1%
Drug-related disorders	652	9.5%
Miscellaneous disorders	298	4.4%
Suicide and intentional self-inflicted injury	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)

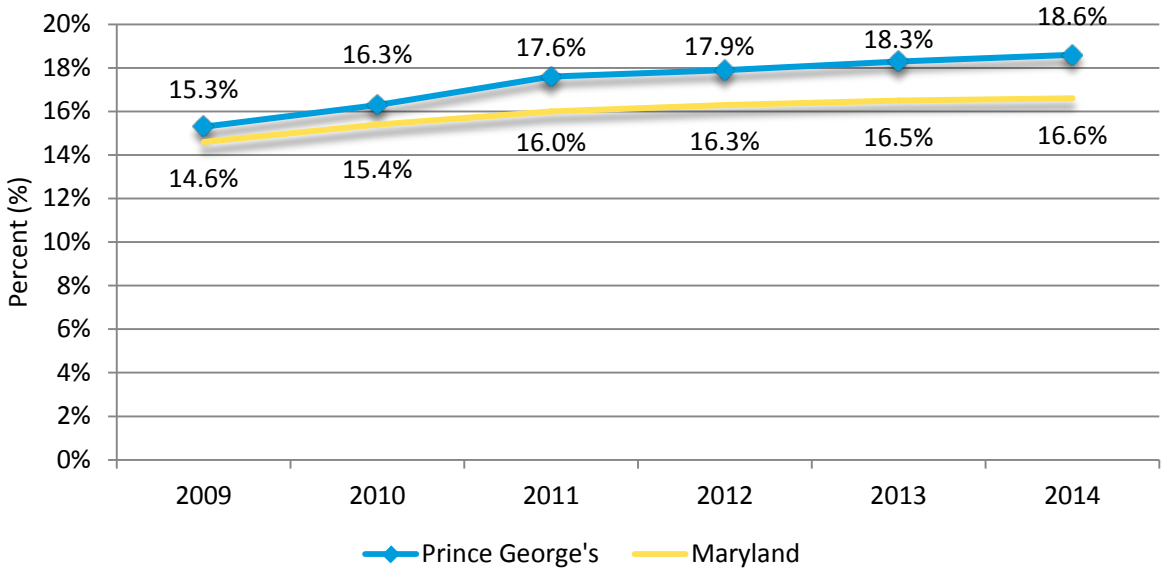
Age-Adjusted Death Rate for Nephritis, 2007-2014



	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%**

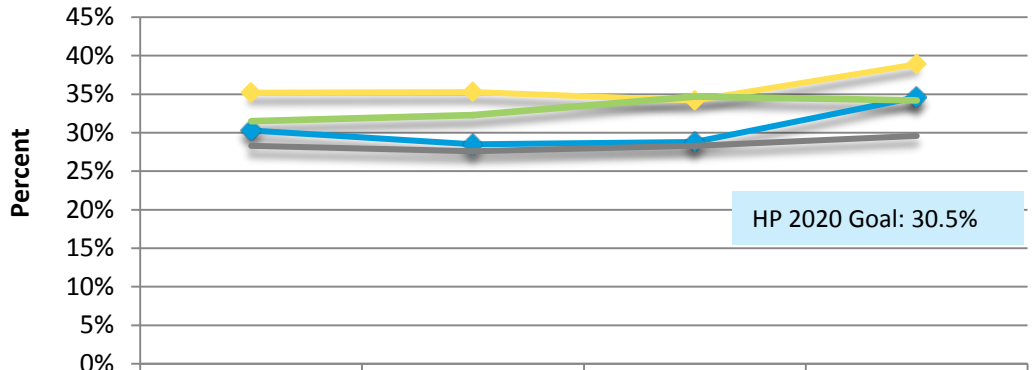
Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

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

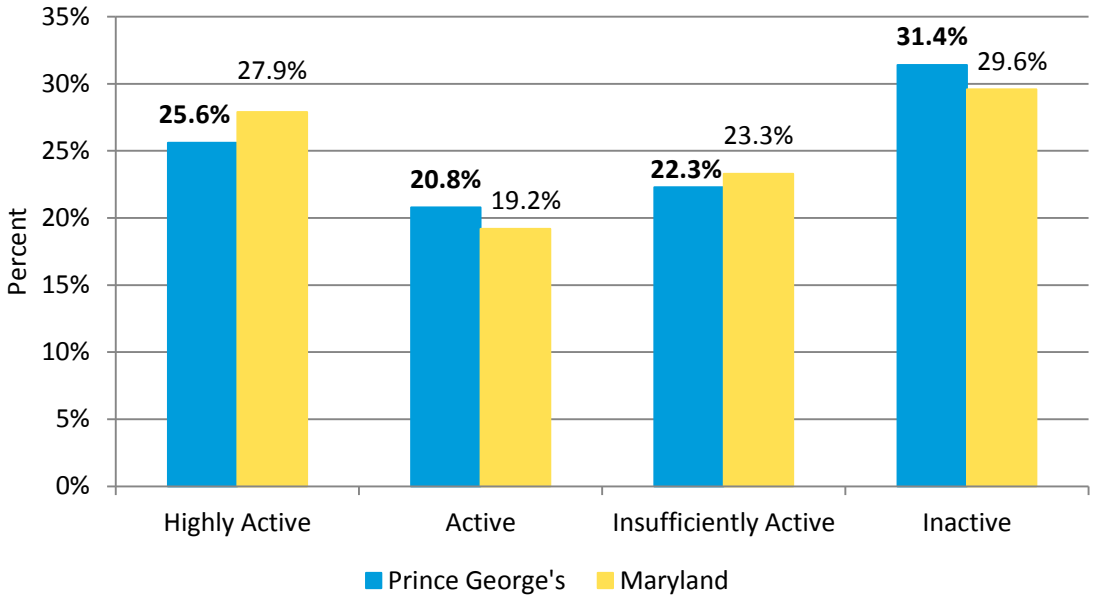


	2011	2012	2013	2014
PGC White NH	30.3%	28.5%	28.8%	34.6%
PGC Black NH	35.2%	35.3%	34.2%	38.9%
Prince Geroge's	31.5%	32.3%	34.7%	34.2%
Maryland	28.3%	27.6%	28.3%	29.6%

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%**

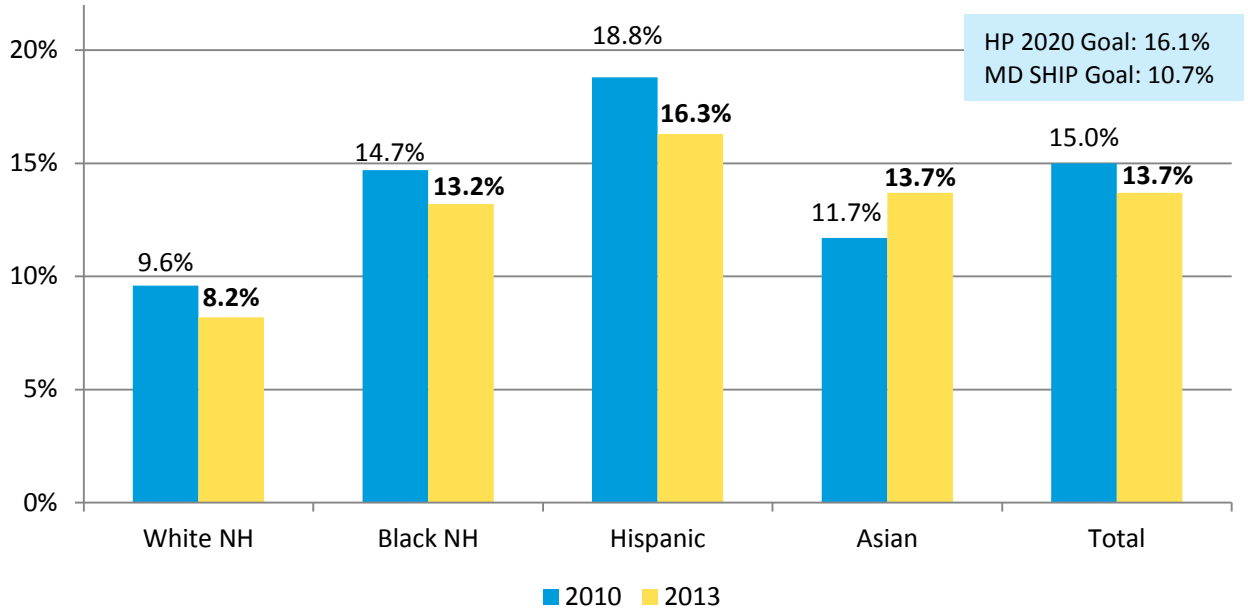
Data Source: Maryland Behavioral Risk Factor Surveillance System

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

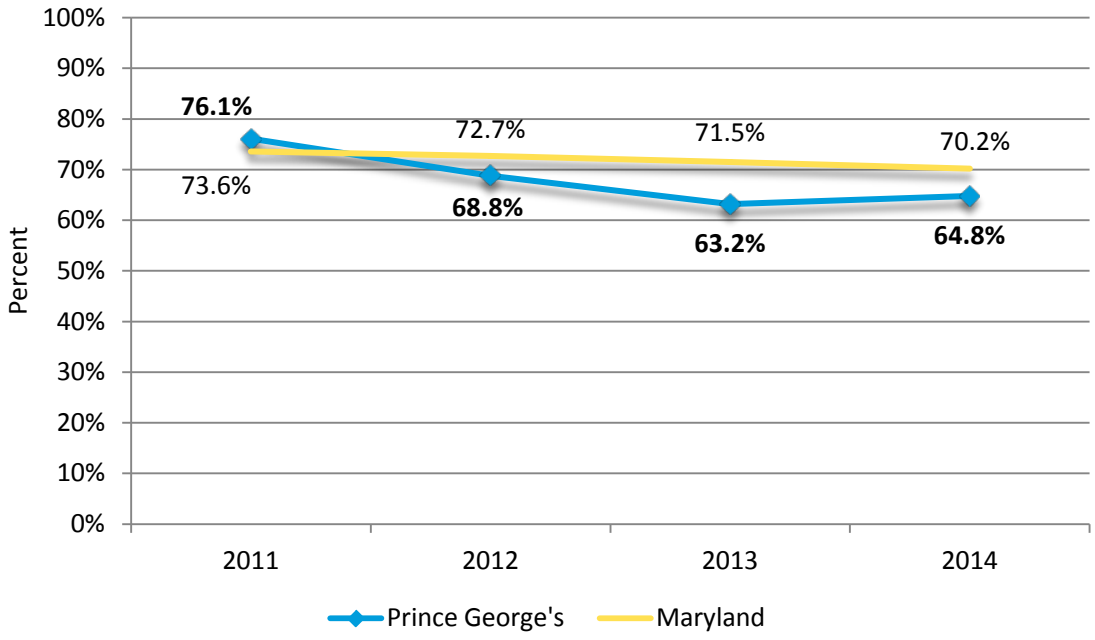
Oral Health

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%**

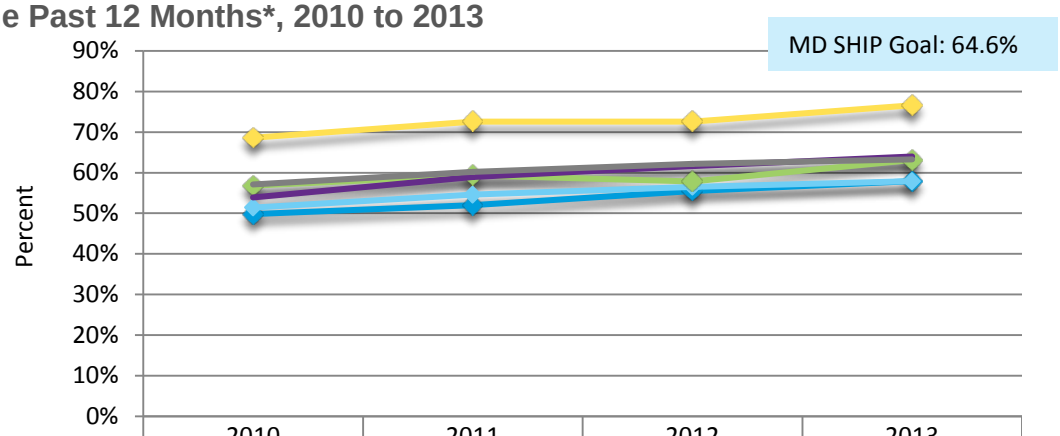
Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

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

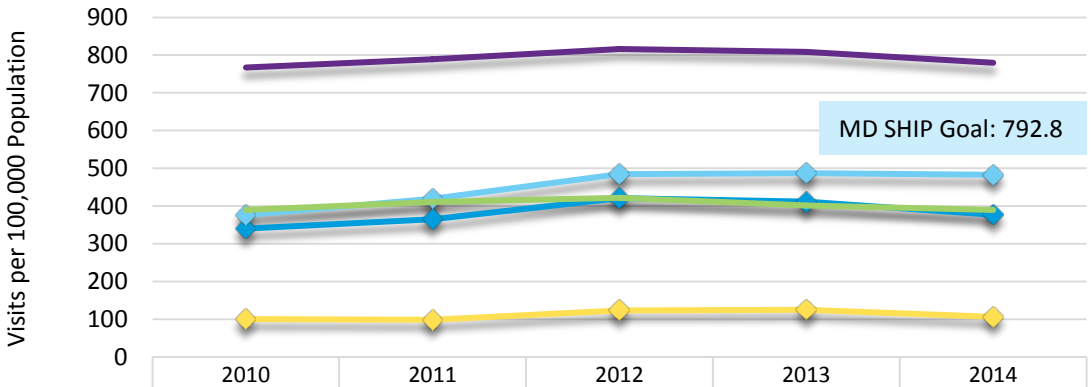


	2010	2011	2012	2013
PGC White	49.8%	52.0%	55.5%	57.9%
PGC Black	51.4%	54.6%	56.5%	57.9%
PGC Hispanic	68.6%	72.6%	72.6%	76.6%
PGC Asian	56.8%	59.3%	57.8%	63.1%
Prince George's	53.9%	58.9%	61.6%	64.0%
Maryland	57.1%	60.2%	62.2%	63.3%

*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



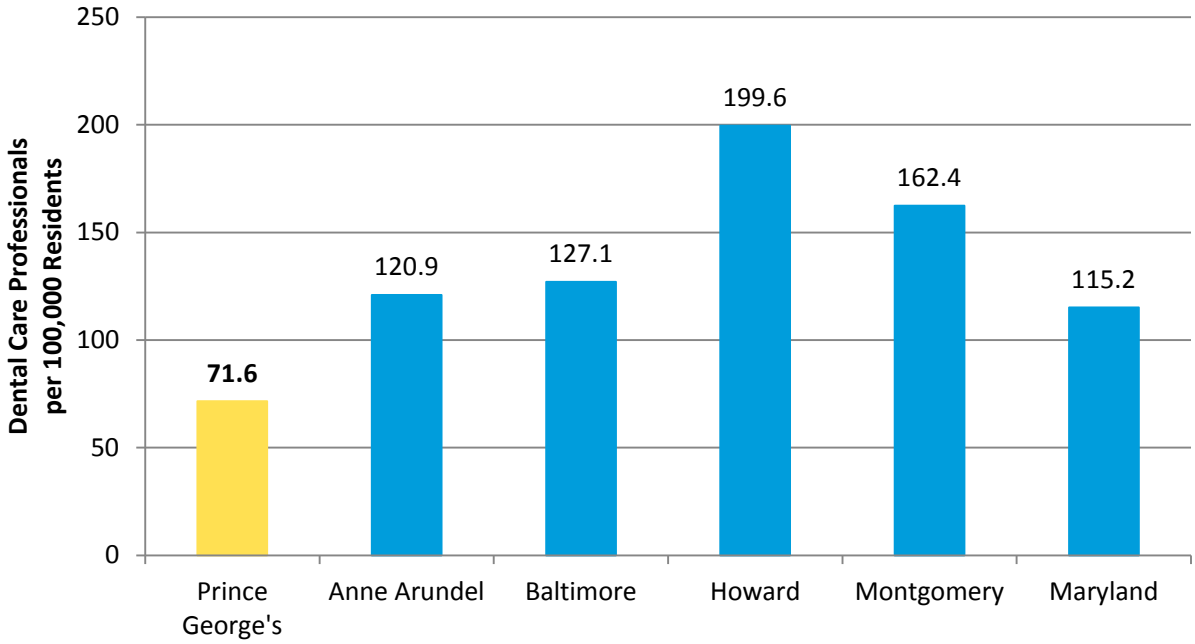
	2010	2011	2012	2013	2014
PGC White NH	340.7	365.5	421.4	411.7	377.7
PGC Black NH	376.8	419.9	484.6	487.2	483.2
PGC Hispanic	100.6	99.1	123.9	125.6	106.8
PGC	391.7	411.4	422.3	401.8	390.1
Maryland	767.5	789.6	816.7	809.0	779.7

PGC White NH PGC Black NH PGC Hispanic PGC Maryland

* 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.

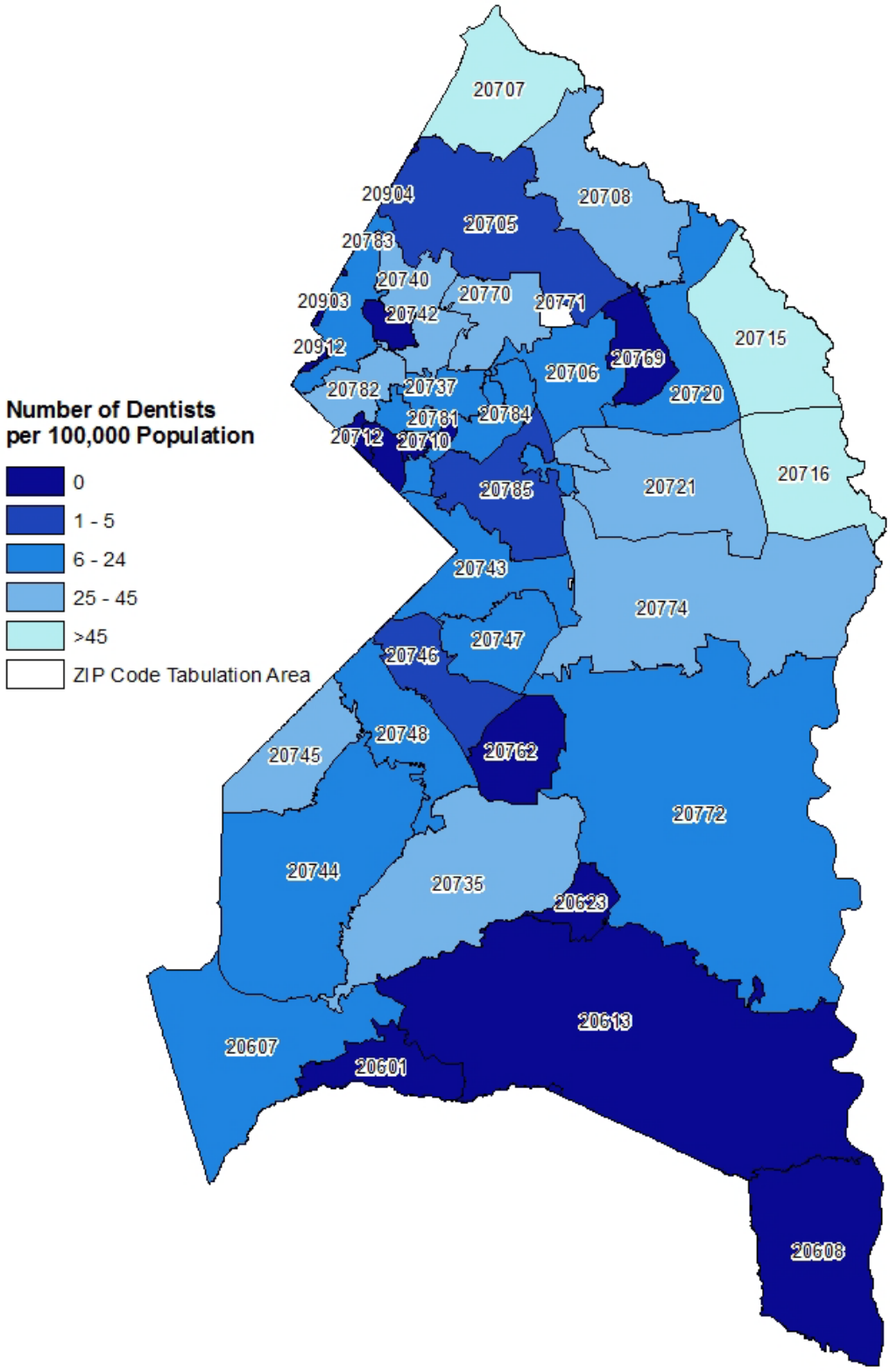
Data Source: Maryland Health Services Cost Review Commission (HSCRC) Research Level Statewide Outpatient Data Files

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

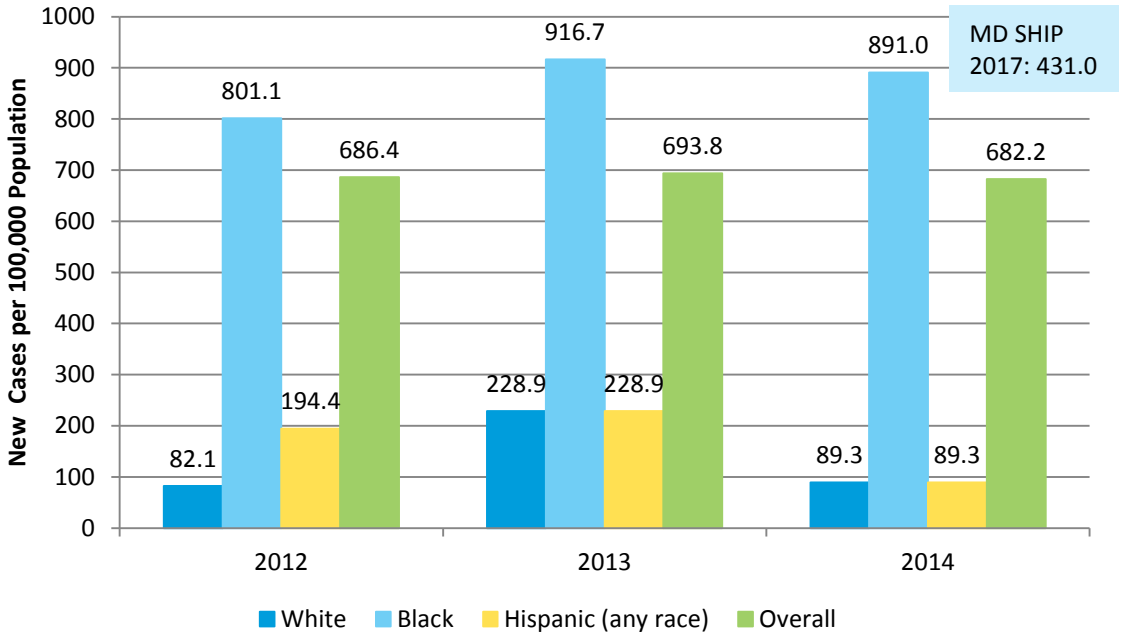
Number of Sexually Transmitted Infections, Prince George's County

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

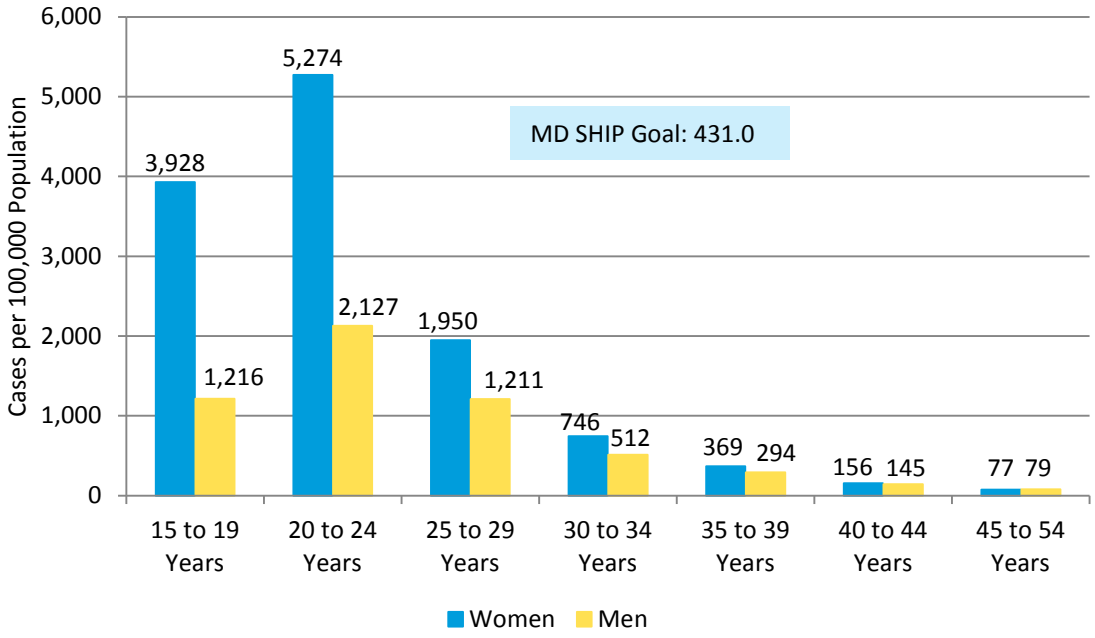
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Chlamydia Rates by Race and Ethnicity, Prince George's County, 2012-2014



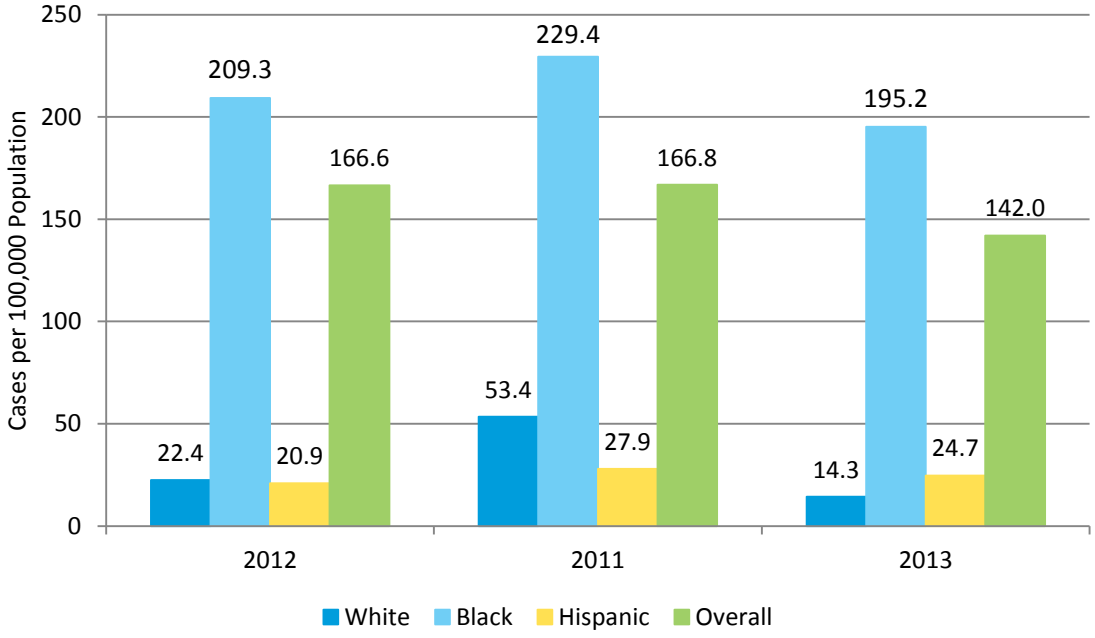
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Chlamydia Rates by Age Group and Sex, Prince George's County, 2014



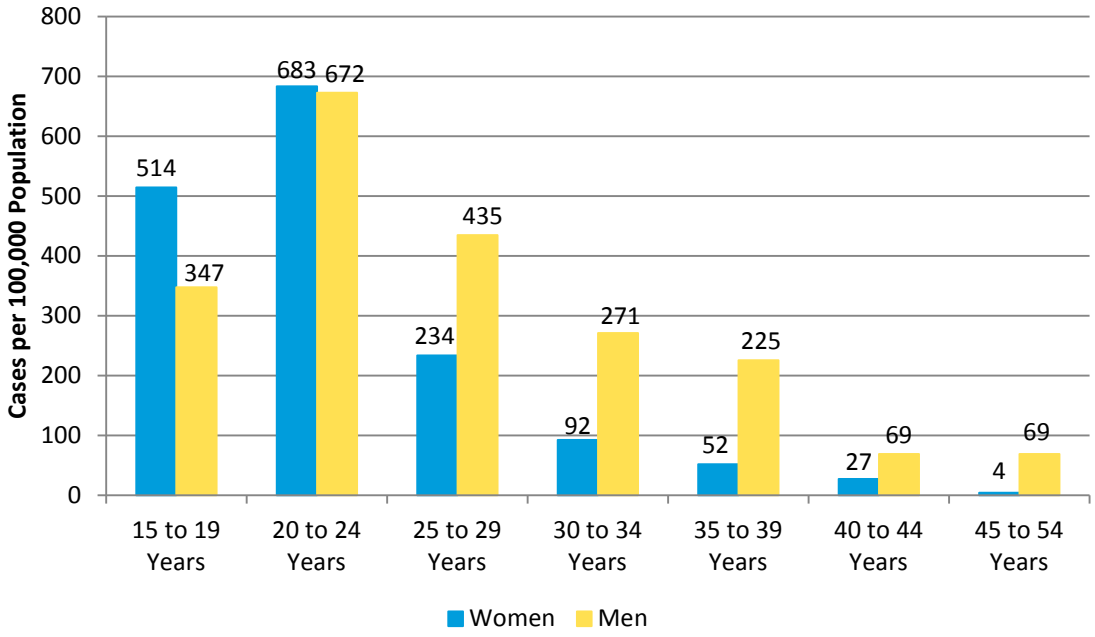
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Gonorrhea Rates by Race and Ethnicity, Prince George's County, 2012-2014



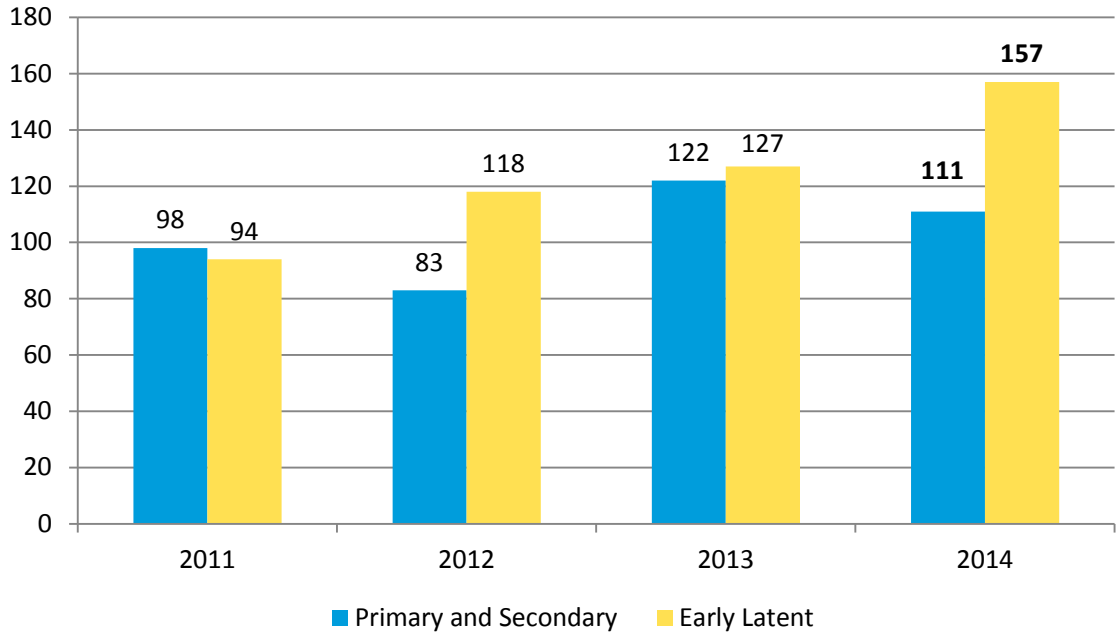
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Gonorrhea Rates by Age Group and Sex, Prince George's County 2014



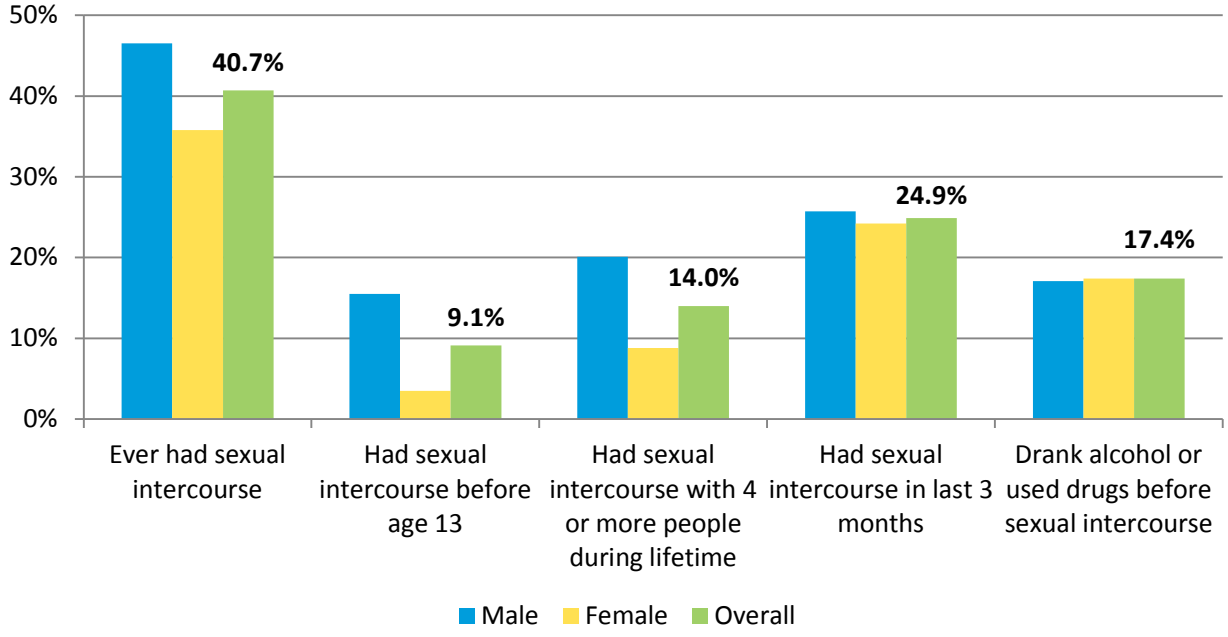
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

Number of Early Syphilis Cases, Prince George's County, 2011-2014



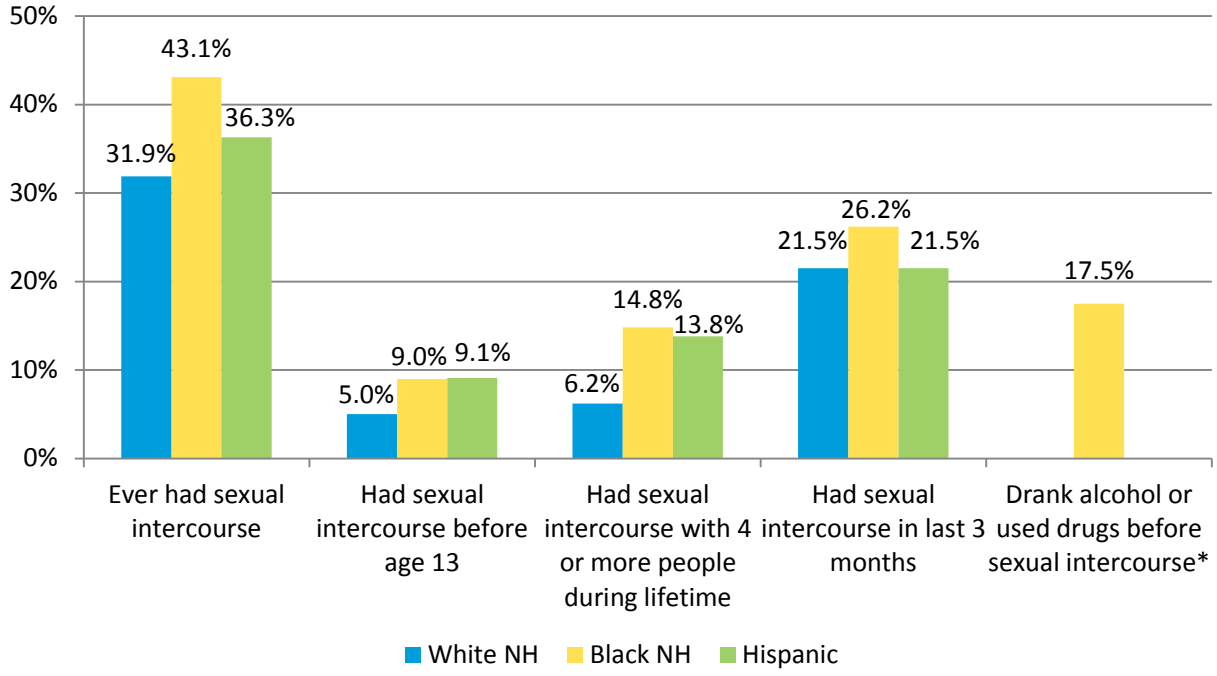
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH

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



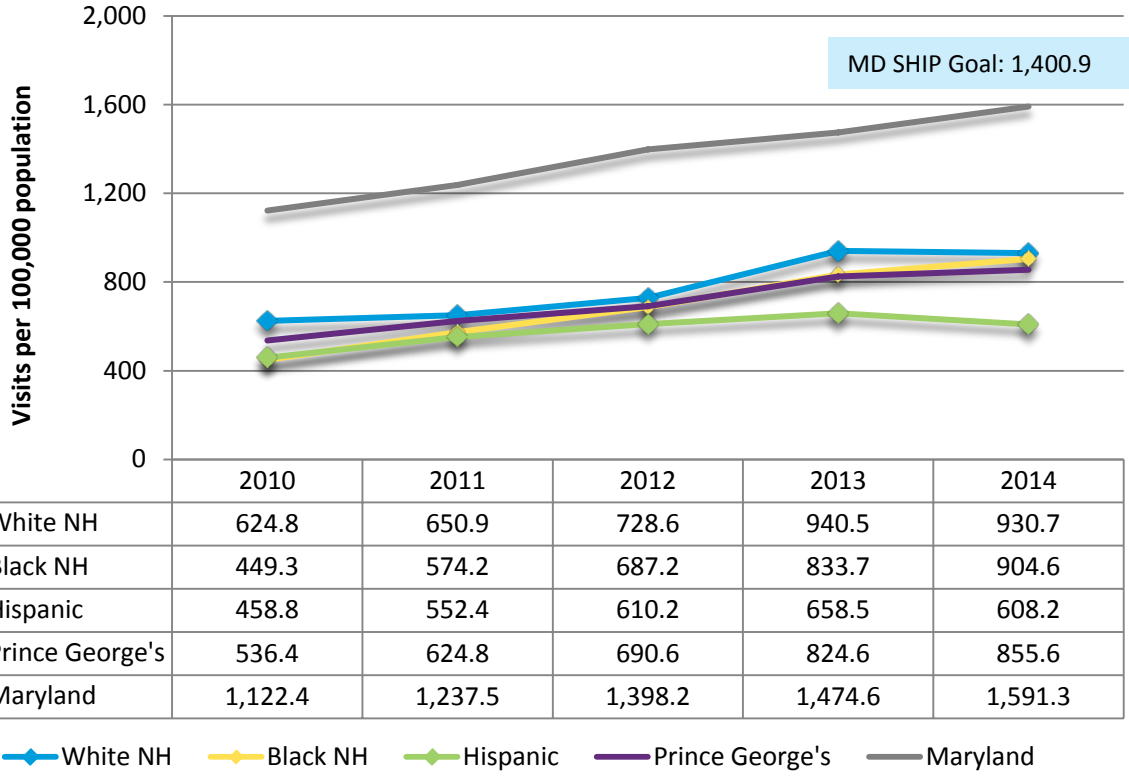
*Hispanic and White NH not displayed due to insufficient data

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

White NH Black NH Hispanic Prince George's Maryland

* 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

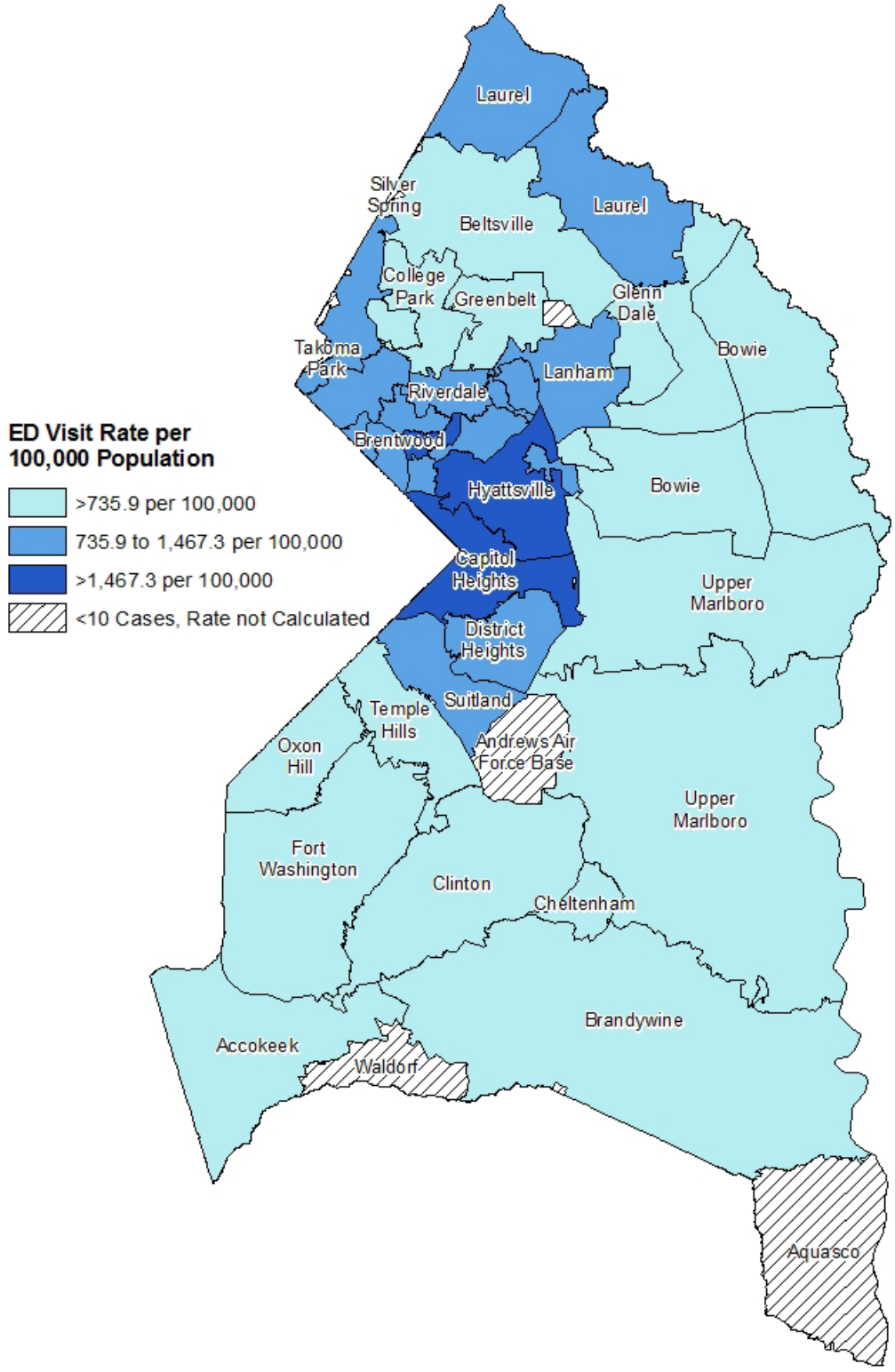
Emergency Department Visits* for Addictions-Related Conditions, Prince George's County, 2014

	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

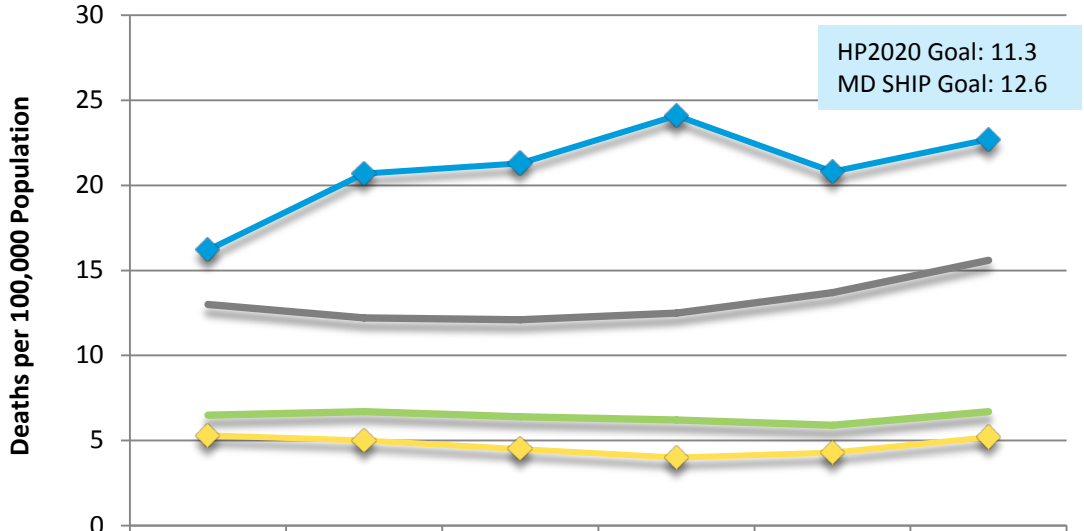
Emergency Department Visit* Crude Rate per 100,000 Population, Addictions-Related Conditions as any Discharge Diagnosis, Prince George's County, 2014



* 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

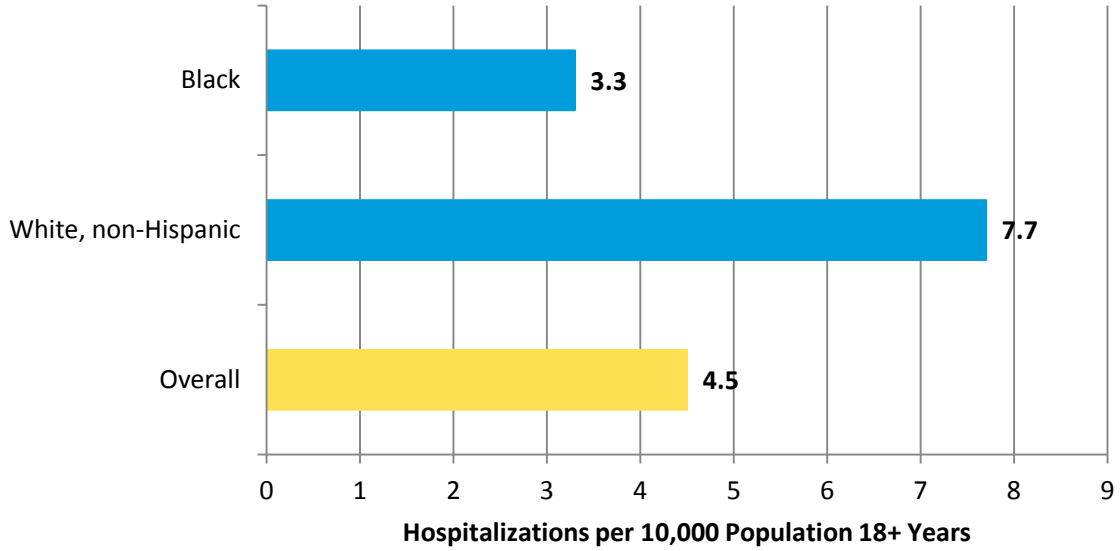
Drug-Induced Death Rate per 100,000 Population, 2007 to 2014



	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

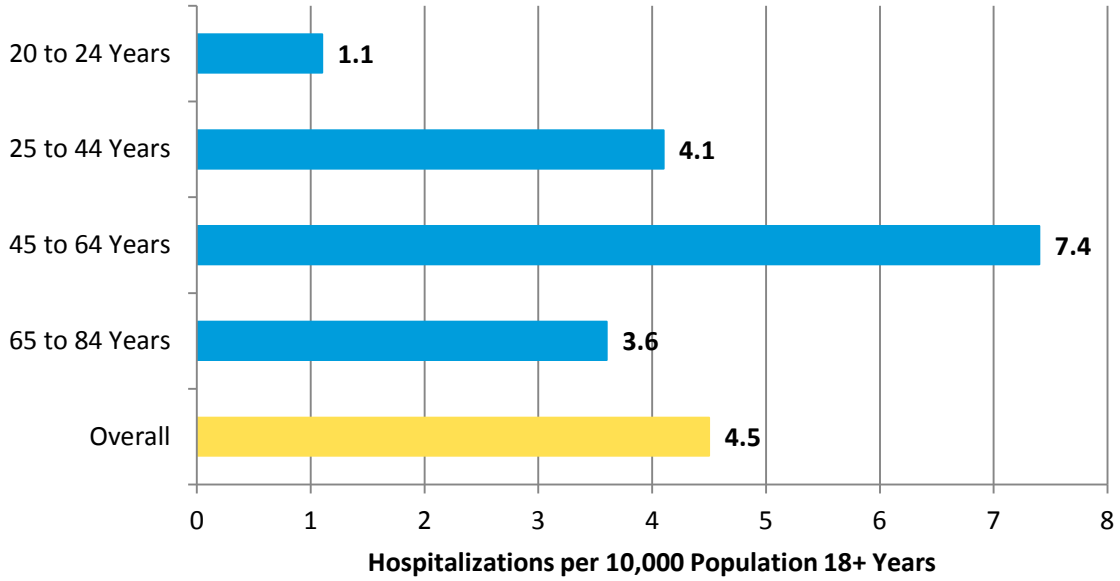
Age-Adjusted Hospital Inpatient* Visit Rate due to Alcohol Abuse by Race and Ethnicity, Prince George's County, 2010-2012



* Includes visits to Maryland and Washington, D.C. hospitals

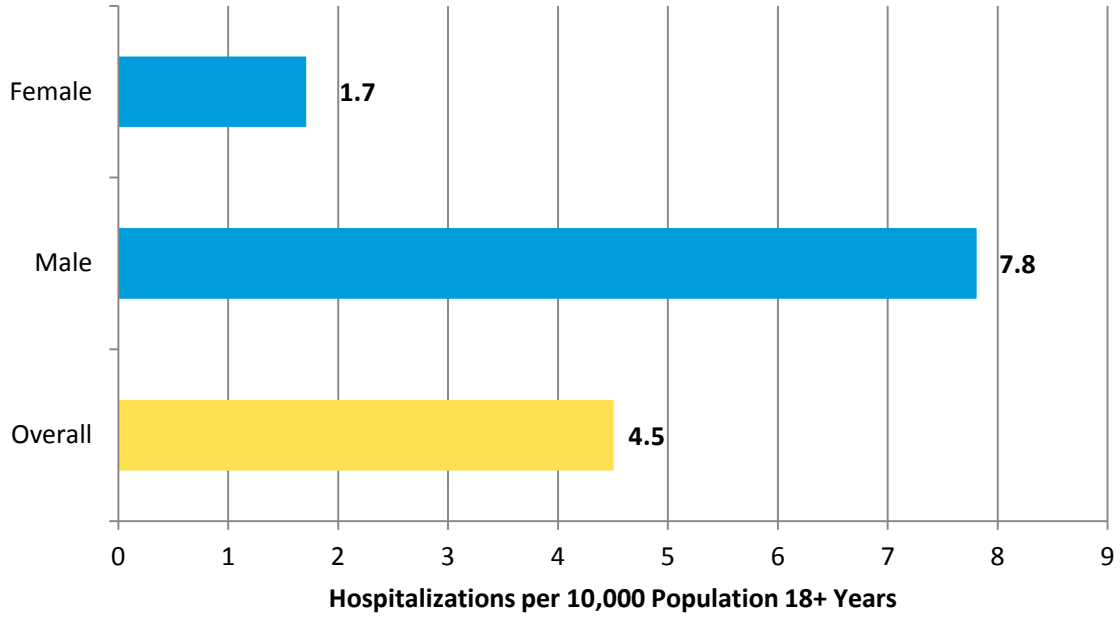
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

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

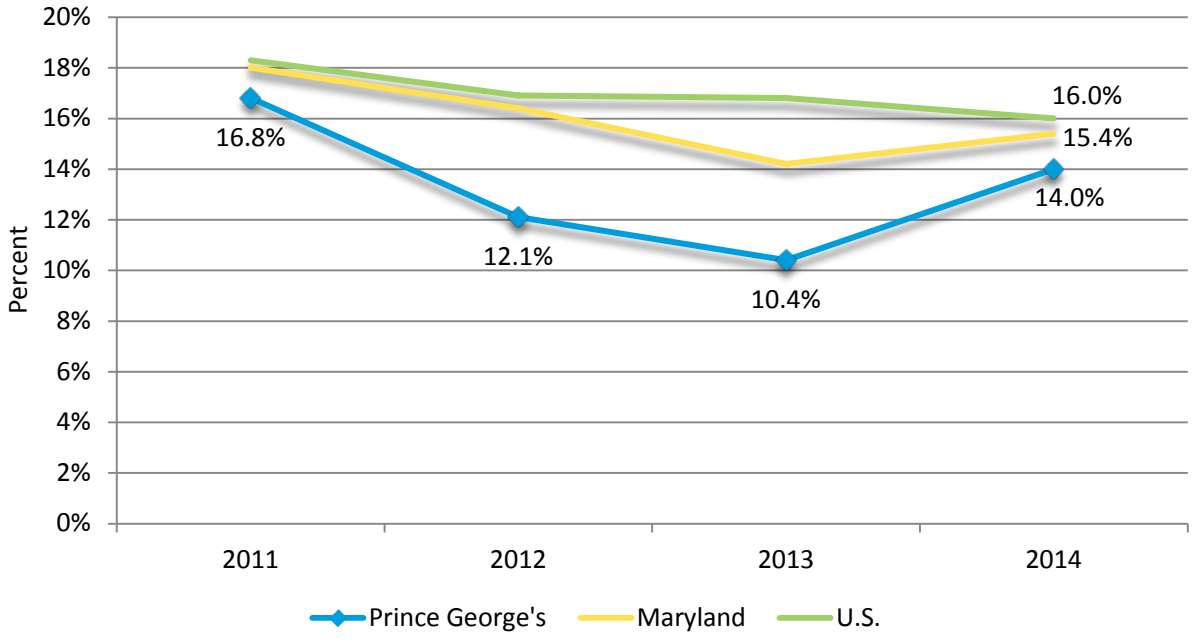
Percent of Adult Binge Drinkers* in the Past Month, 2014

	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

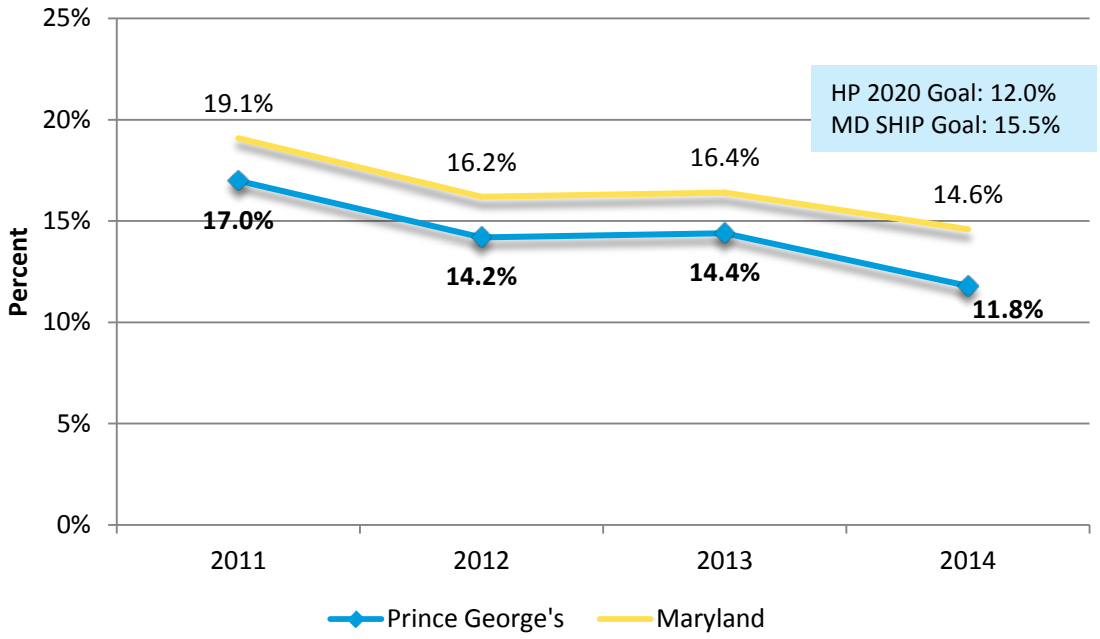
Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

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



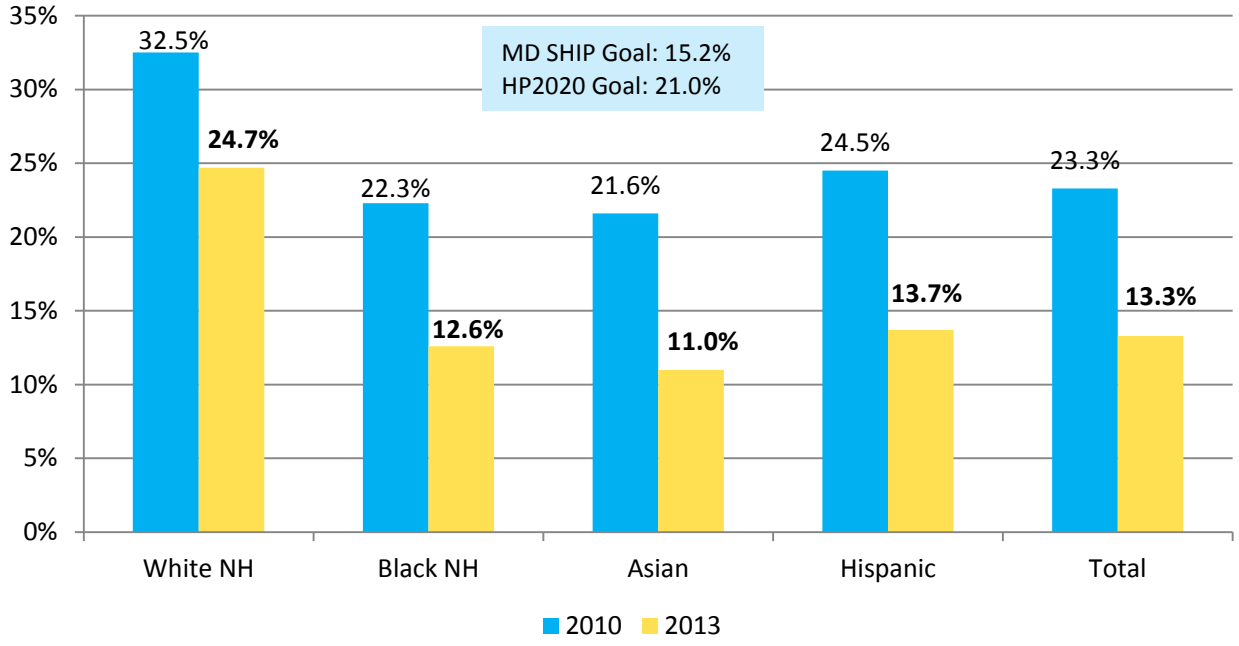
Data Source: Maryland Behavioral Risk Factor Surveillance System, DHMH

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

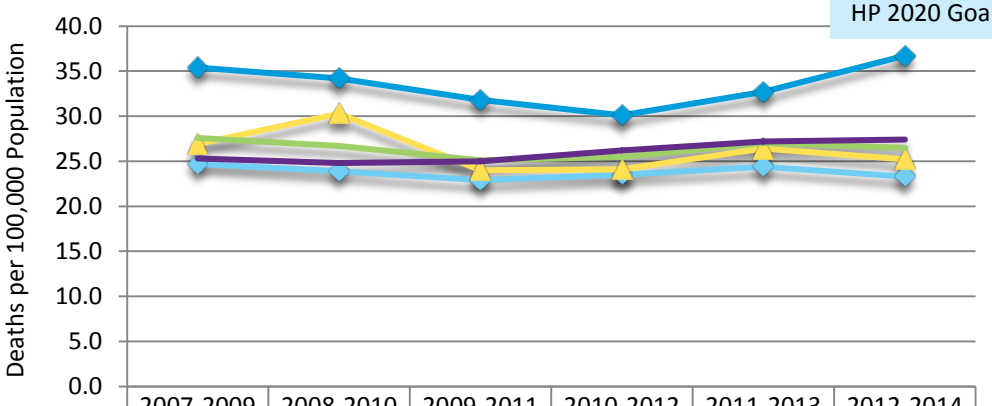


Data Source: 2013 Youth Risk Behavior Survey Report for Prince George's County and Maryland, Maryland Department of Health and Mental Hygiene

Unintentional Injuries (Accidents)

Age-Adjusted Death Rate per 100,000 for Unintentional Injuries, 2007-2014

HP 2020 Goal: 36.4

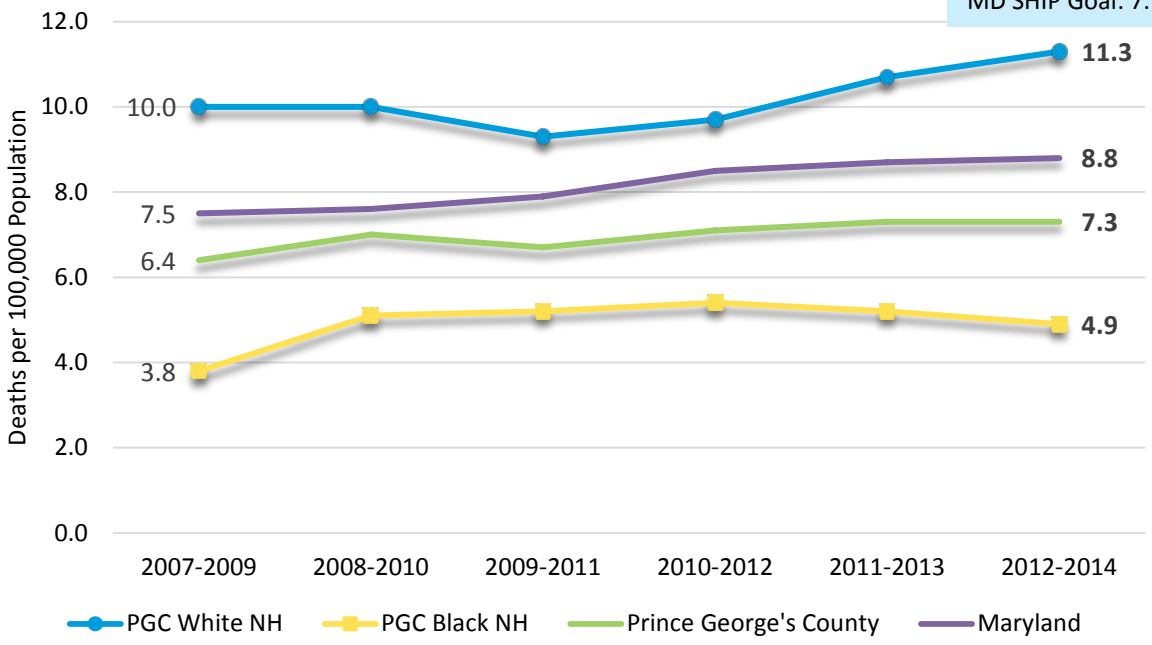


	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	35.4	34.2	31.8	30.1	32.7	36.7
PGC Black NH	24.7	23.9	22.9	23.5	24.4	23.3
PGC Hispanic	26.9	30.3	24.0	24.1	26.4	25.2
PGC	27.6	26.7	25.1	25.5	27.0	26.5
Maryland	25.3	24.8	25.0	26.2	27.2	27.4

***** 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

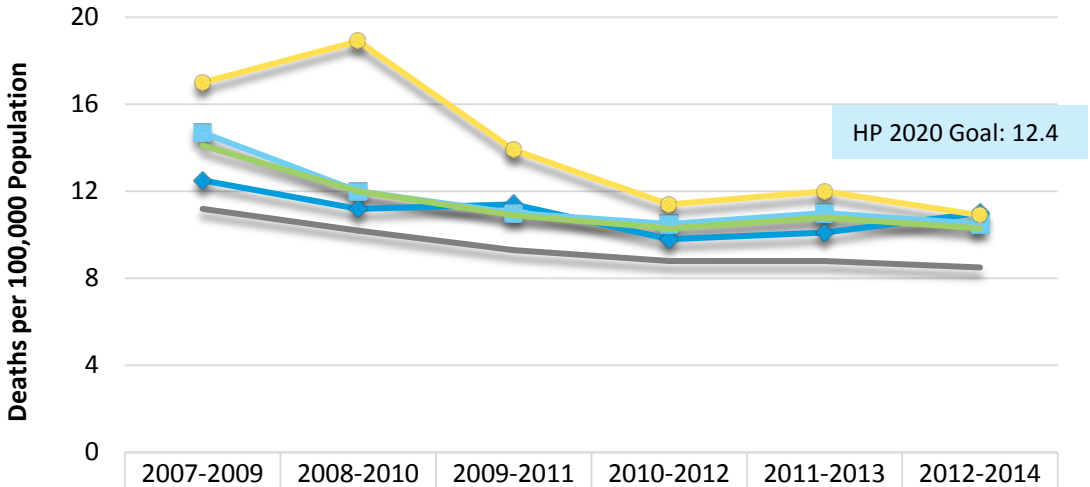
Age-Adjusted Fall-Related Death Rate, 2007 to 2014

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

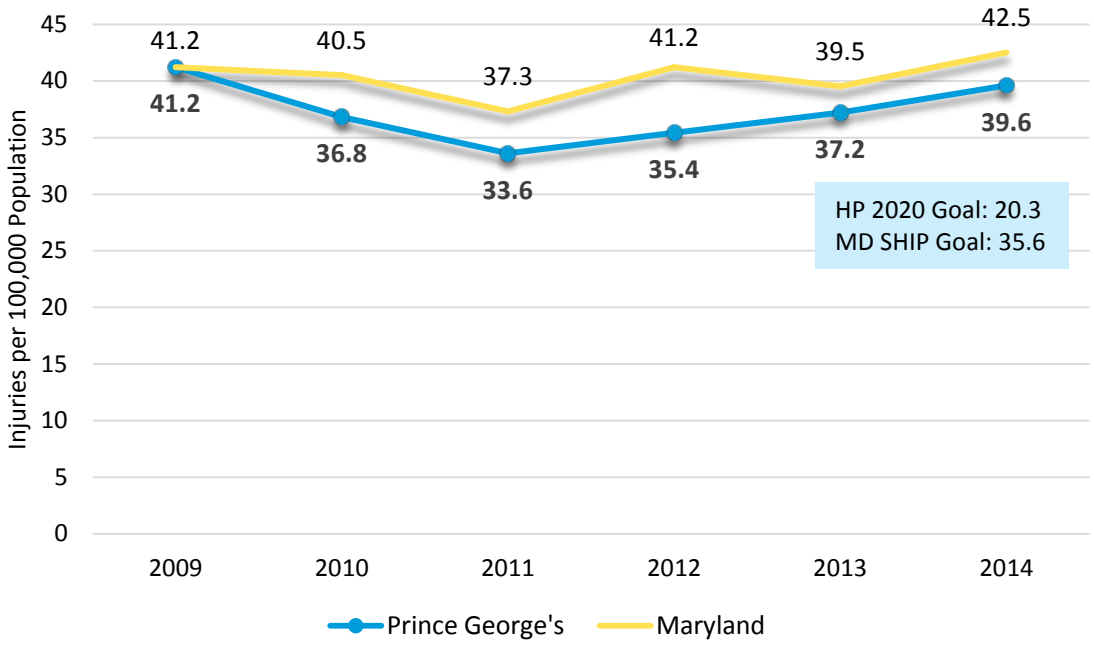


	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
PGC White NH	12.5	11.2	11.4	9.8	10.1	11.0
PGC Black NH	14.7	12.0	11.0	10.5	11.0	10.5
PGC Hispanic	17.0	18.9	13.9	11.4	12.0	10.9
PGC	14.1	12.0	10.9	10.3	10.8	10.3
Maryland	11.2	10.2	9.3	8.8	8.8	8.5

***** Asian/Pacific Island Residents were not included due to insufficient numbers

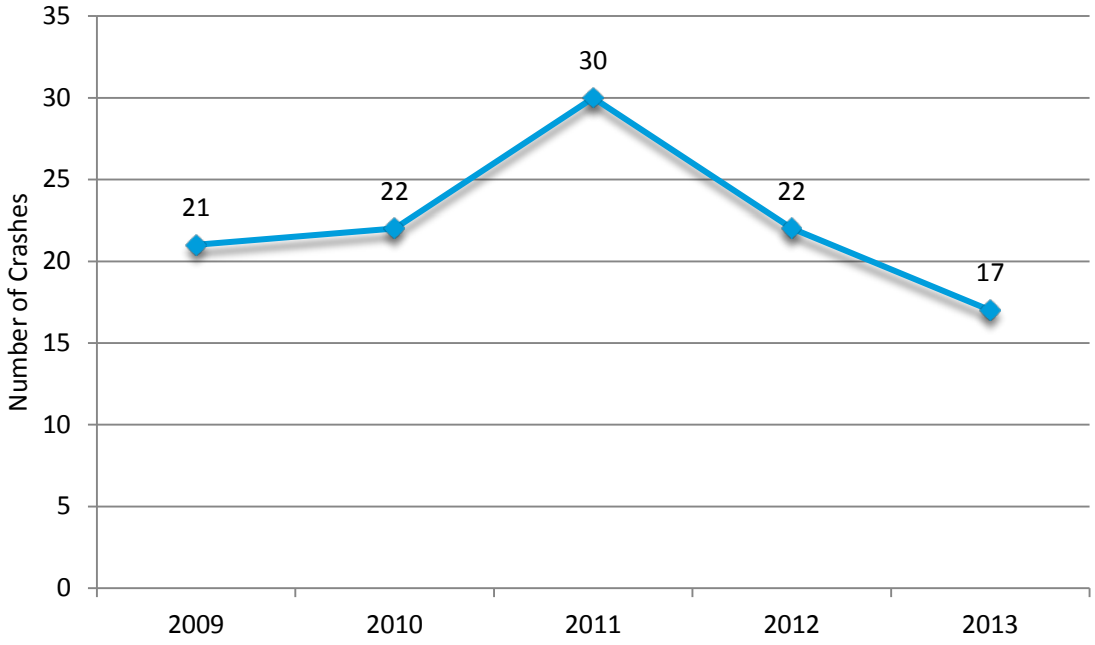
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database; Healthy People 2020 https://www.healthypeople.gov/

Pedestrian Injury Rate on Public Roads, 2009 to 2014



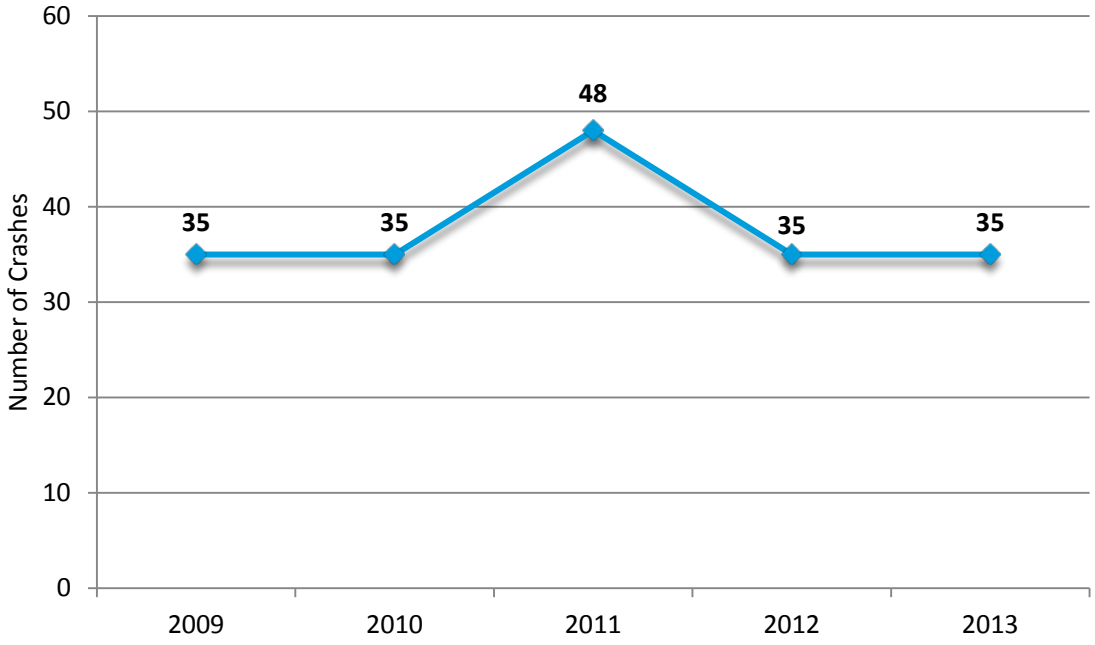
Data Source: Maryland State Highway Administration (SHA)

Fatal Motor Vehicle Crashes Involving Pedestrians on Foot, Prince George's County, 2009 to 2013



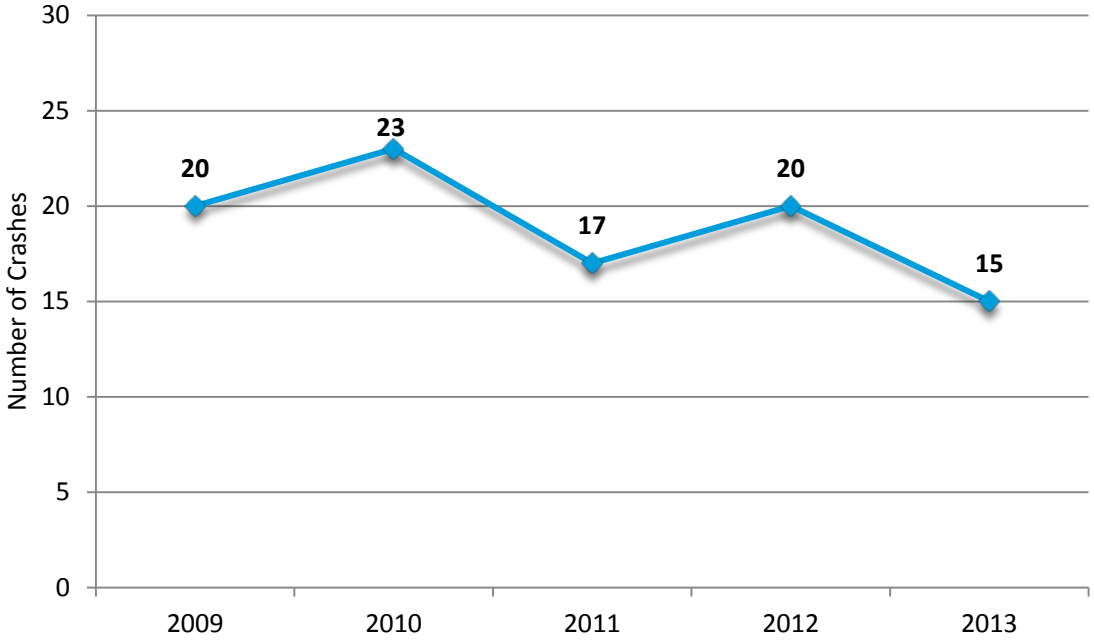
Data Source: Motor Vehicle Administration, Maryland Department of Transportation

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

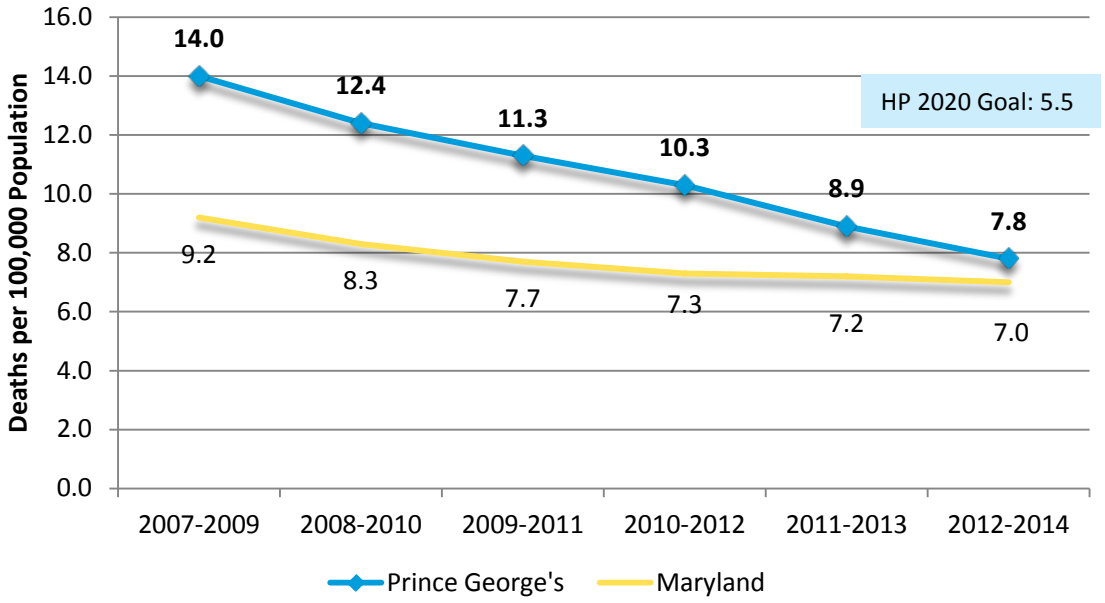
Violence and Domestic Violence

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).

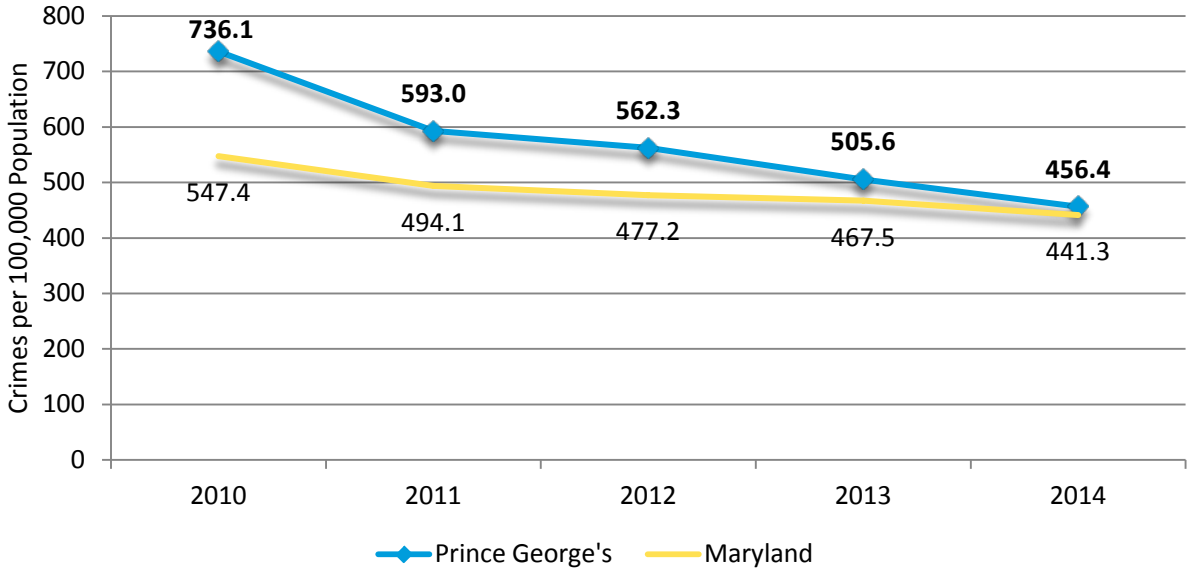
What are the outcomes?	Apart from deaths and injuries, domestic violence is associated with adverse physical, reproductive, psychological, social, and health behaviors. (CDC.gov).
Disparity	No data is currently available about disparities for violence and domestic violence. However, anyone can experience 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



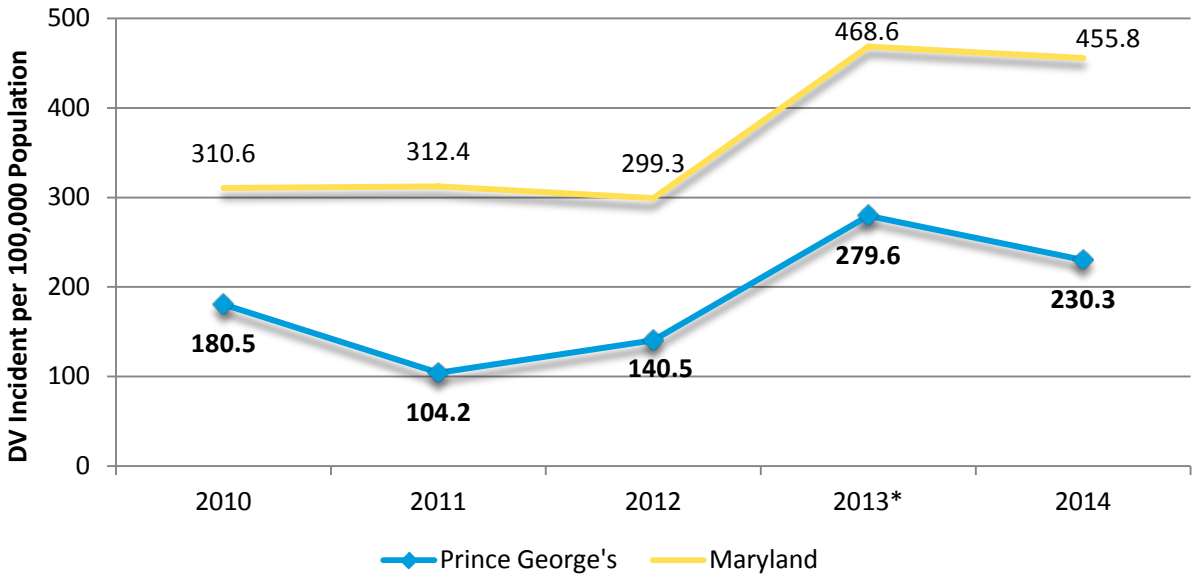
* Data unavailable by race and ethnicity.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Violent Crime* Rate, Prince George's County Compared to Maryland, 2010 to 2014



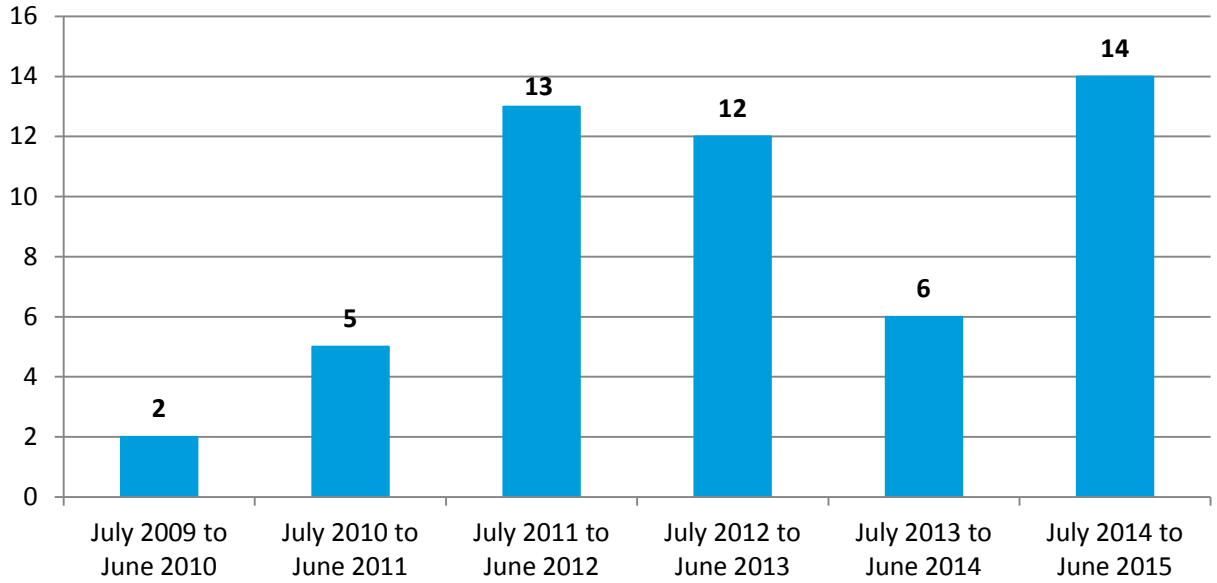
*Violent crimes include homicide, rape, robbery, and aggravated assault.
Data Source: Maryland Uniform Crime Report

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

Produced by:

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Prince George's County Health Department
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301-883-3108

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.

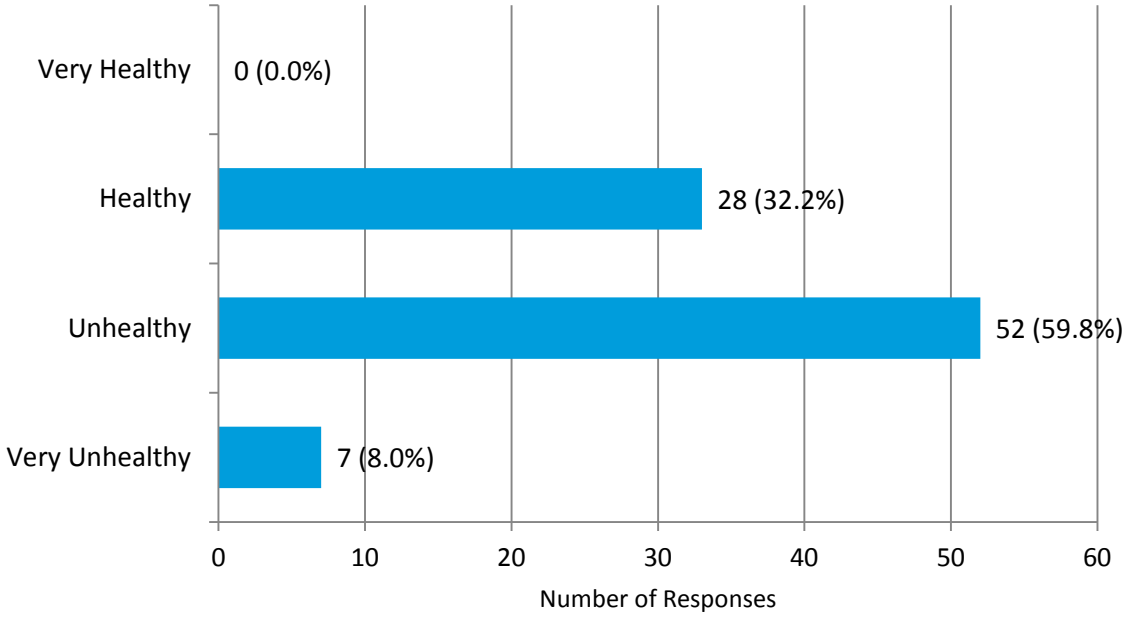
- ***Underserved populations***: The populations that were selected as most underserved included the homeless, the uninsurable, those with low incomes, immigrants, and non-English speaking.

- ***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.

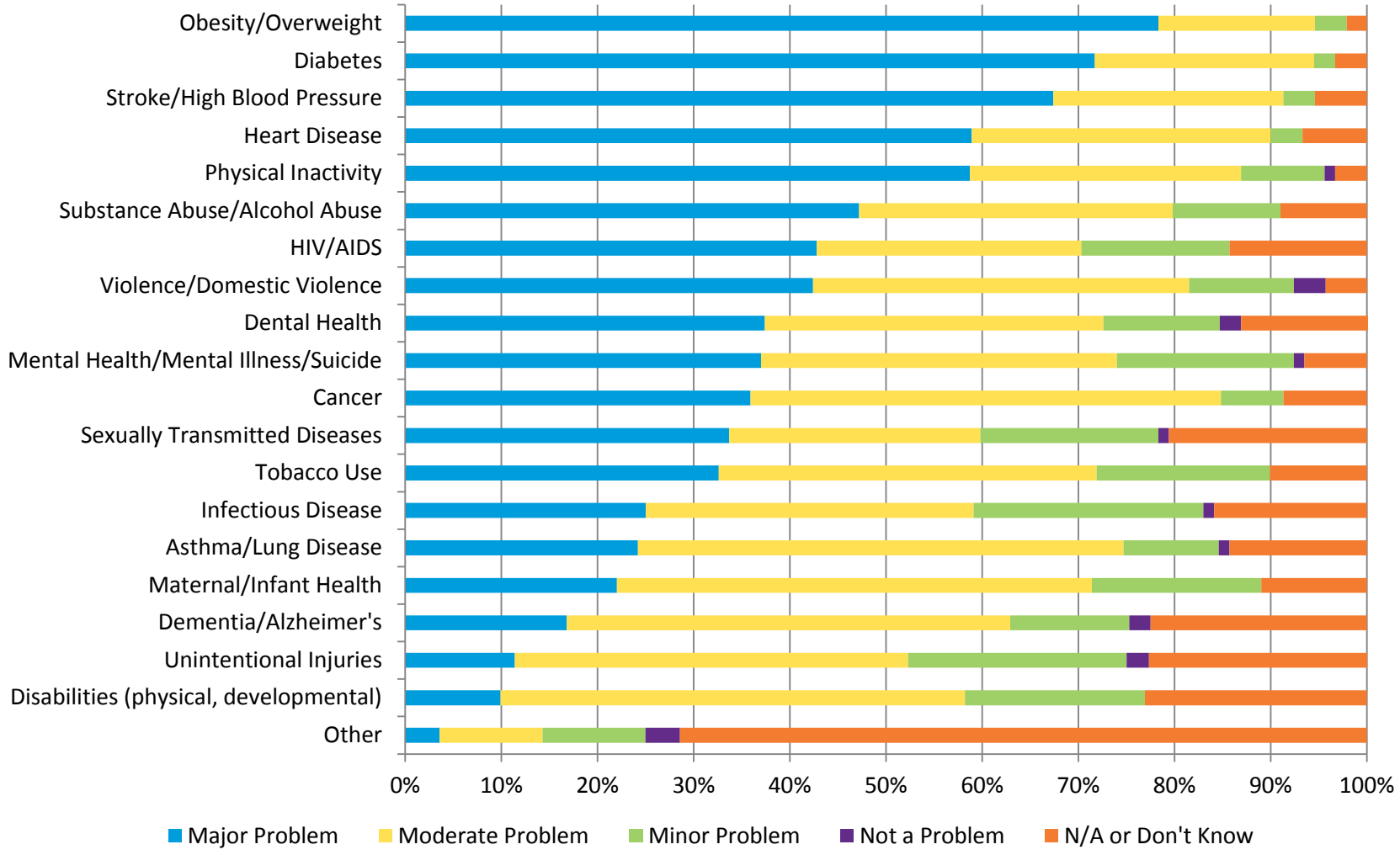
- ***What is working well:*** Participants noted improvement in collaboration and partnerships among healthcare providers, hospitals, health department, and community-based organizations. Programs focused on specific communities and community outreach and education were also viewed positively. Some participants 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)

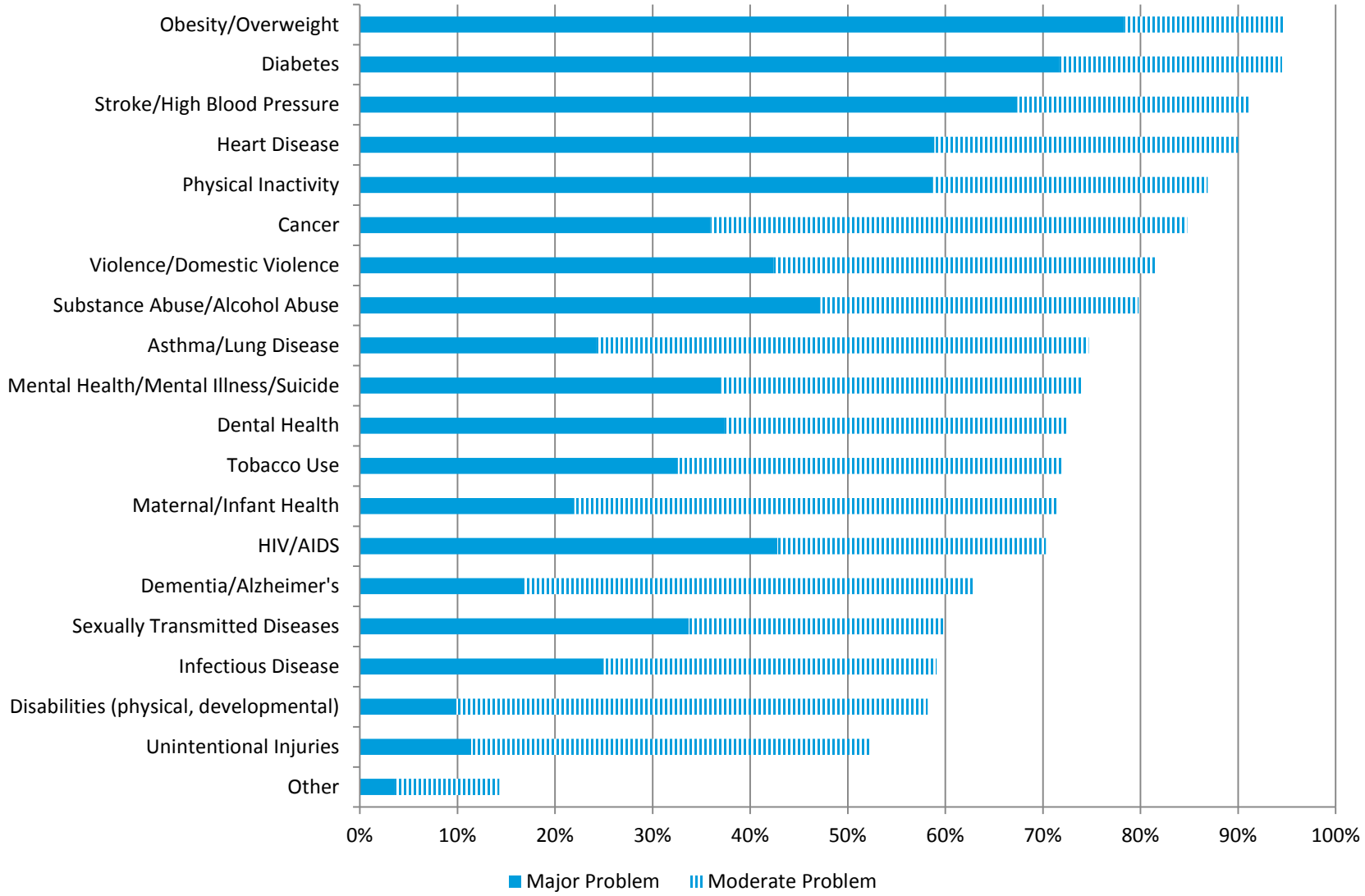


Question 2: Please rate the following health issues for Prince George's County. (N=92 responses)



"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

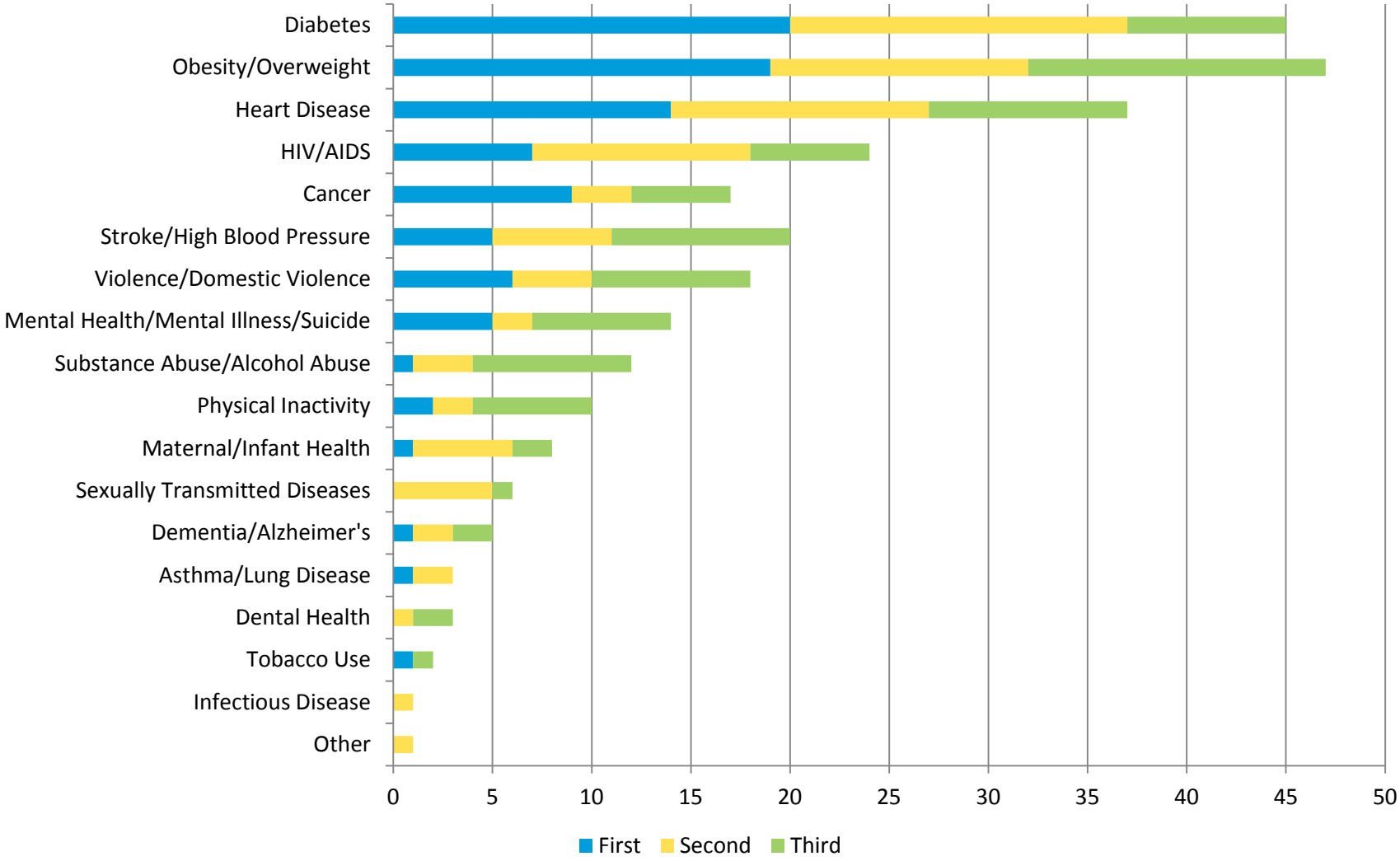


Question 3: Respondents were asked to share any additional information about health issues in the county in an open-ended response (N=21 responses). The responses are summarized in the table below; many responses included statements about multiple issues.

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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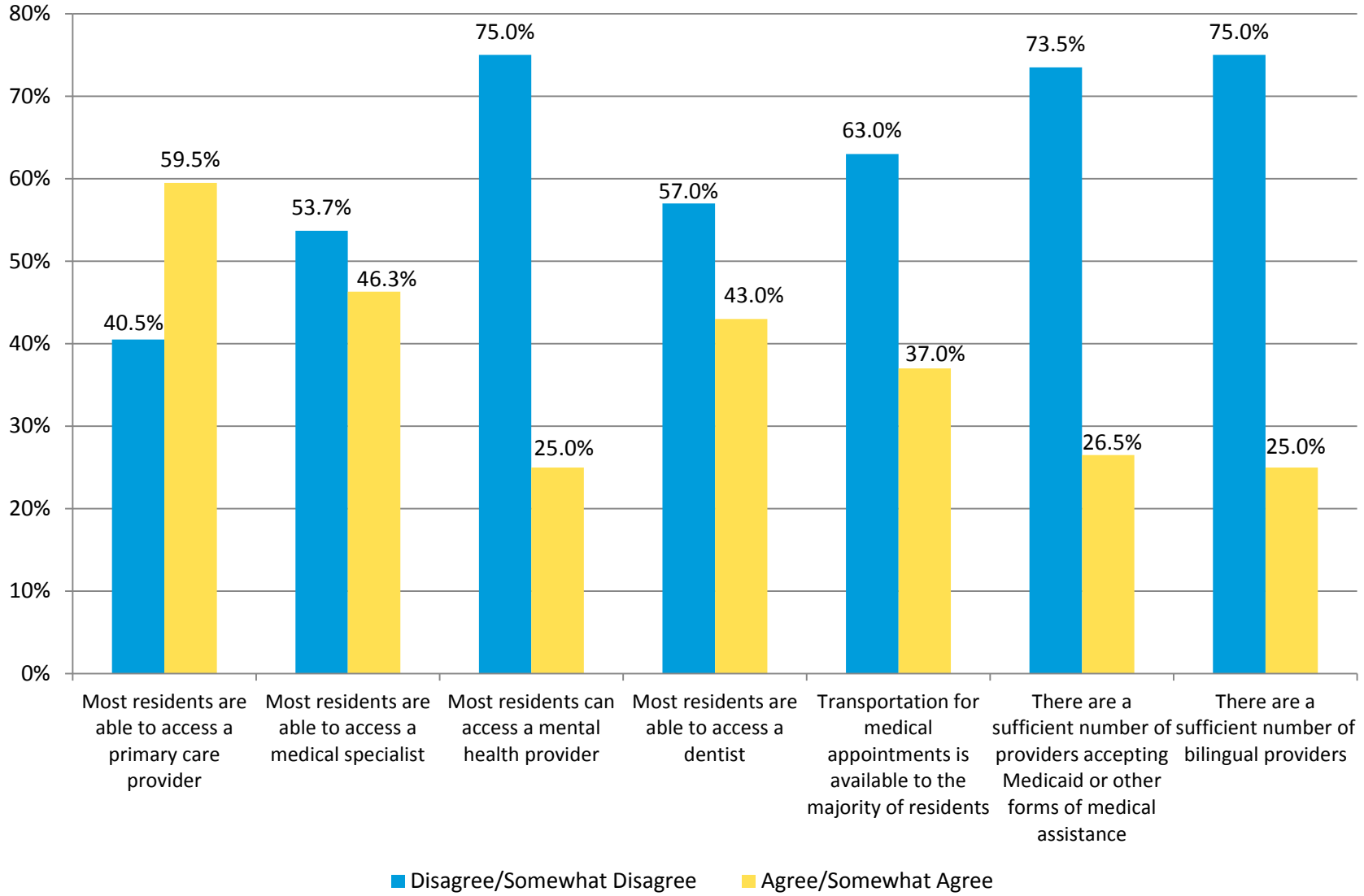
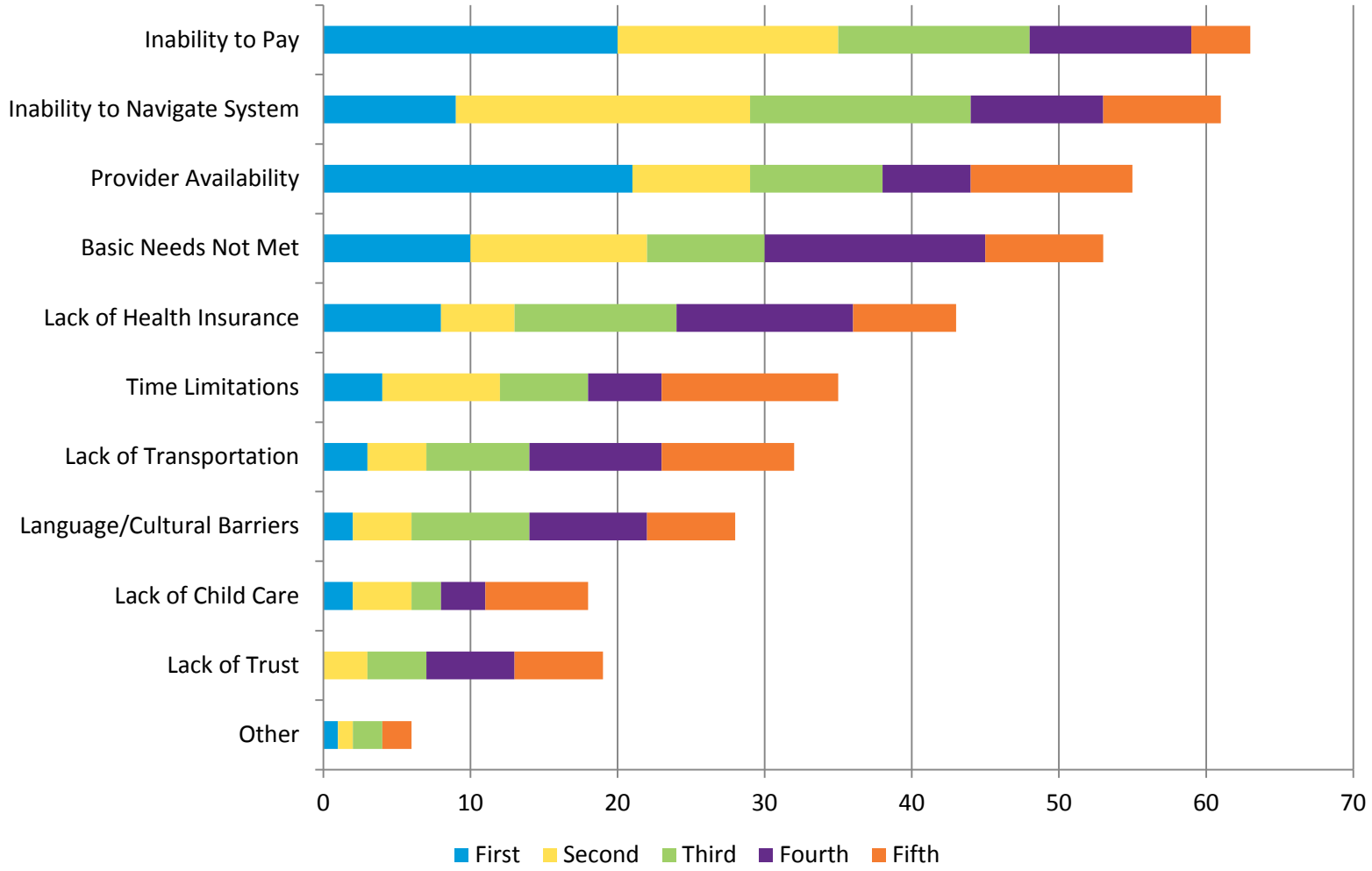


Question 6: Please rank the top five most significant barriers that keep people in Prince George's County from accessing health care. (Shown in order of ranked score) (N=86 responses)



"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

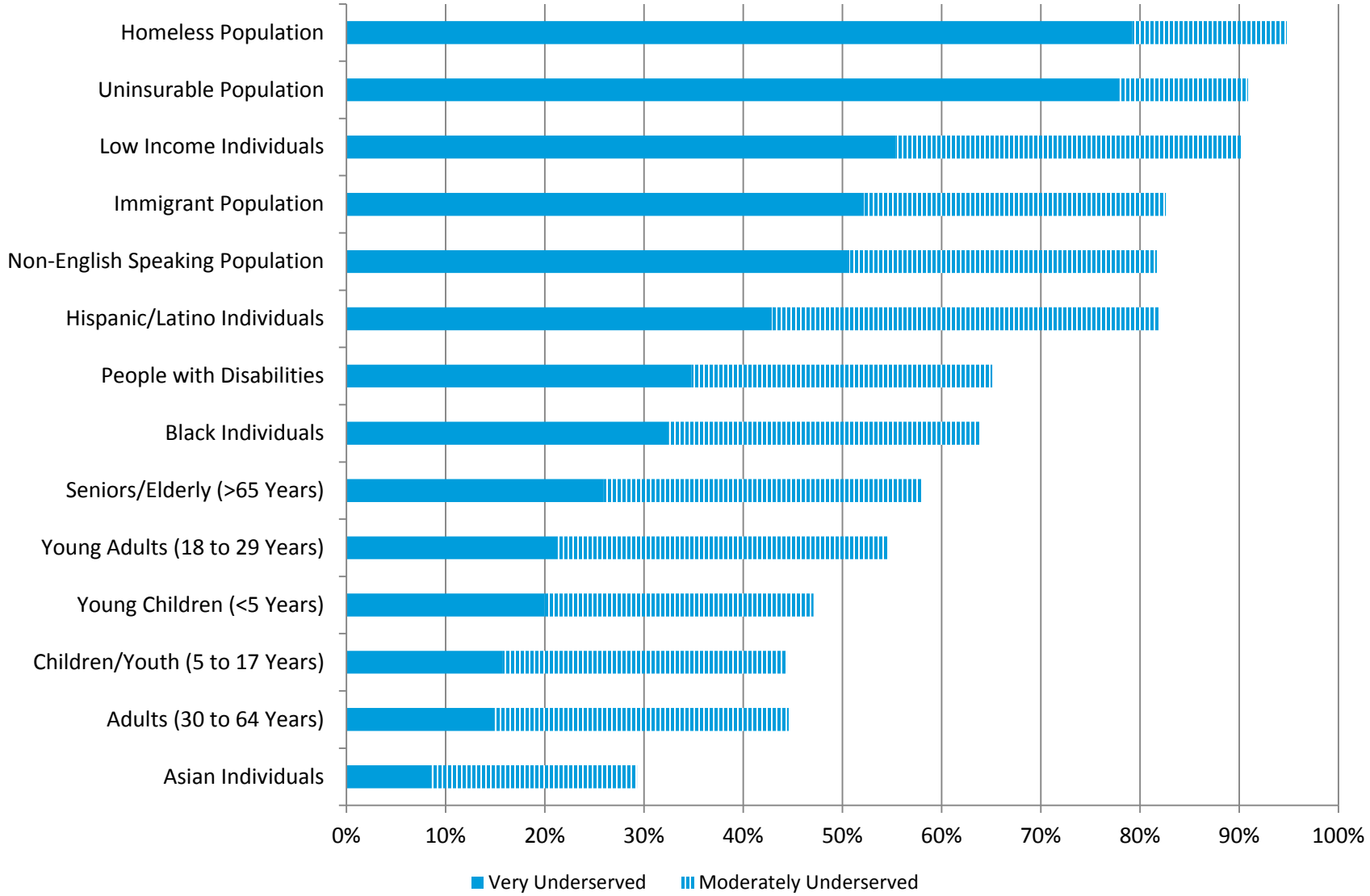
Question 9: Please indicate if you believe the following populations are underserved for health-related services and issues in Prince George's County. (N listed for each population)

	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

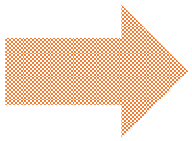
Additional Barriers mentioned by one respondent: immigration status, lack of access to medication

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).



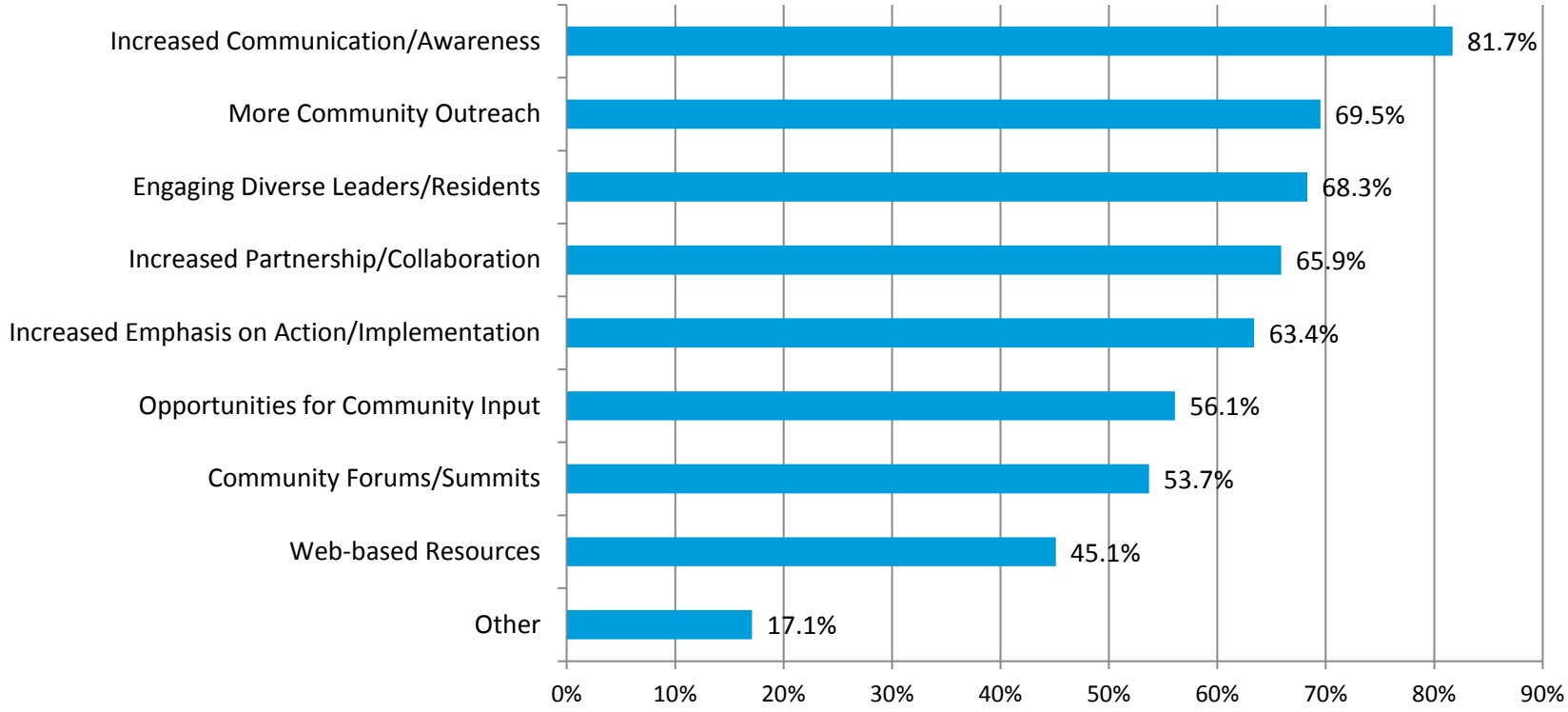
Question 12: Respondents were asked what recommendations or suggestions they have to improve health and quality of life in Prince George's County in an open-ended response (N=78 responses). The responses are grouped and summarized in the table below; many responses included multiple recommendations.

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;

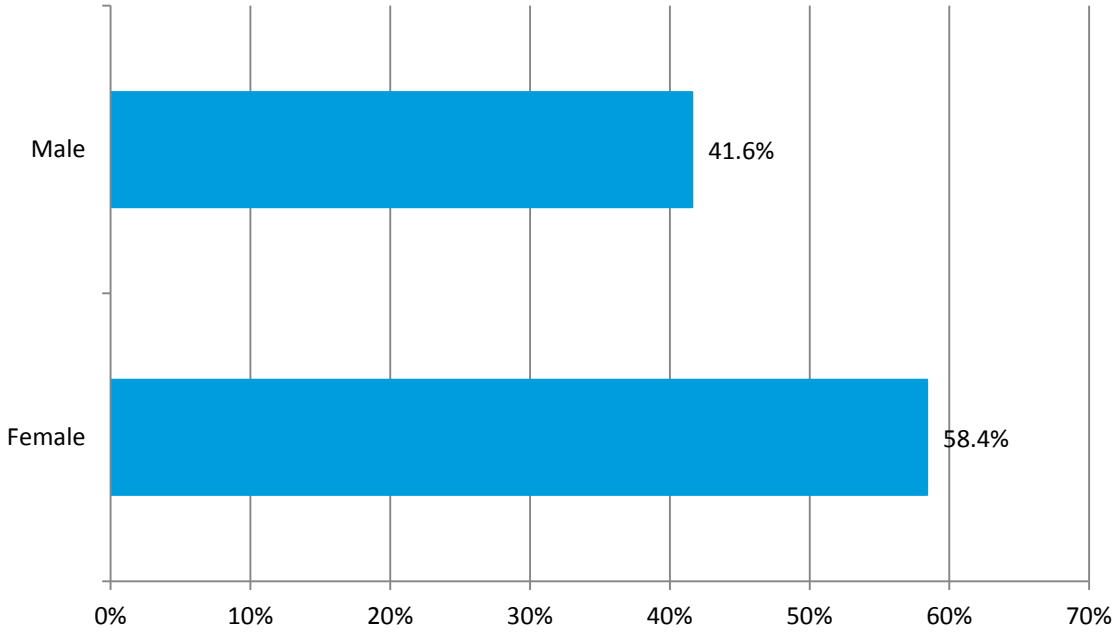
Question 13: What do you think could encourage and support more community involvement around health issues in Prince George's County (select all that apply)? (N=82 responses)



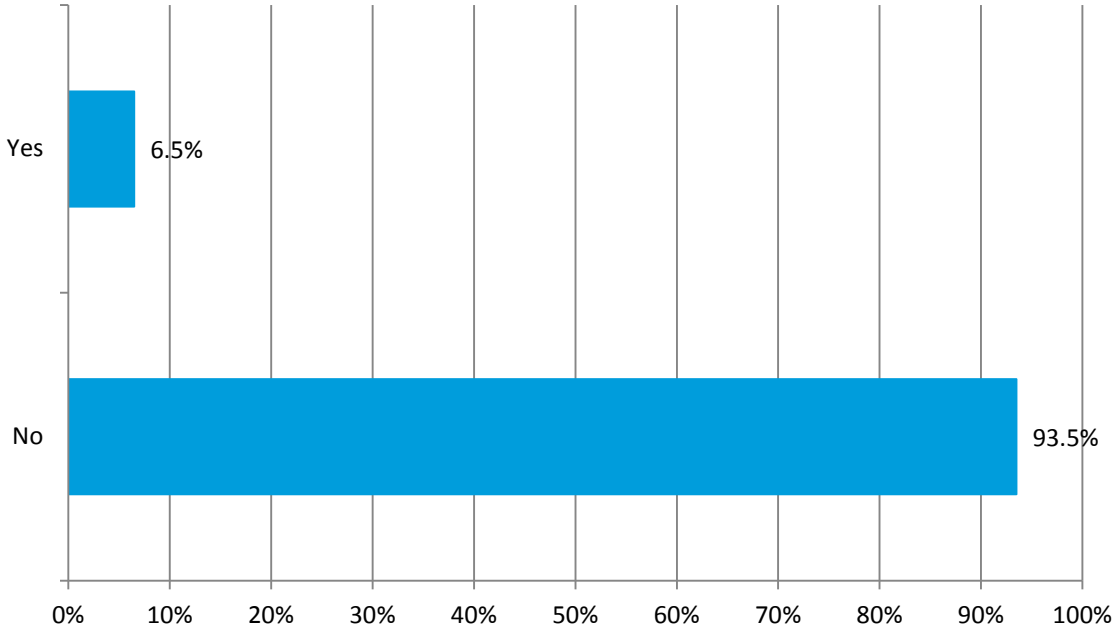
"Other" Included: More involvement of churches and school system; Use of media campaigns in coordination with community and faith-based organizations; incentives to attract mental health and medical specialists to the county; more engagement from providers regarding copayments; county policy around healthcare for contractors; better leadership; more community engagement and more effective outreach; provision of information about available services

Participant Profile

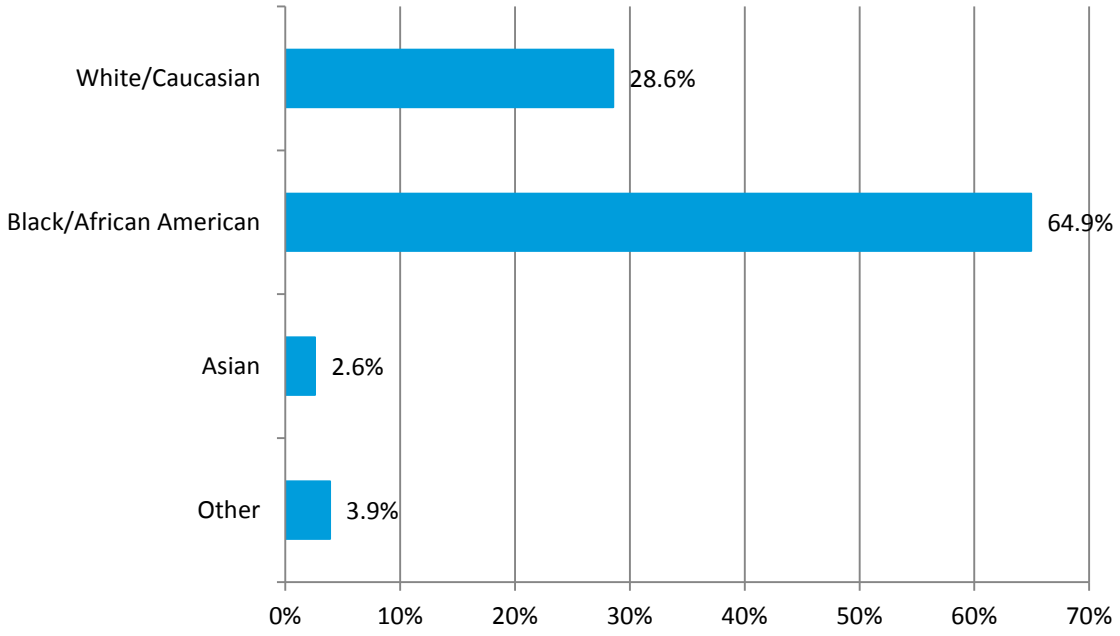
Question 15: What is your gender (N=77 responses)



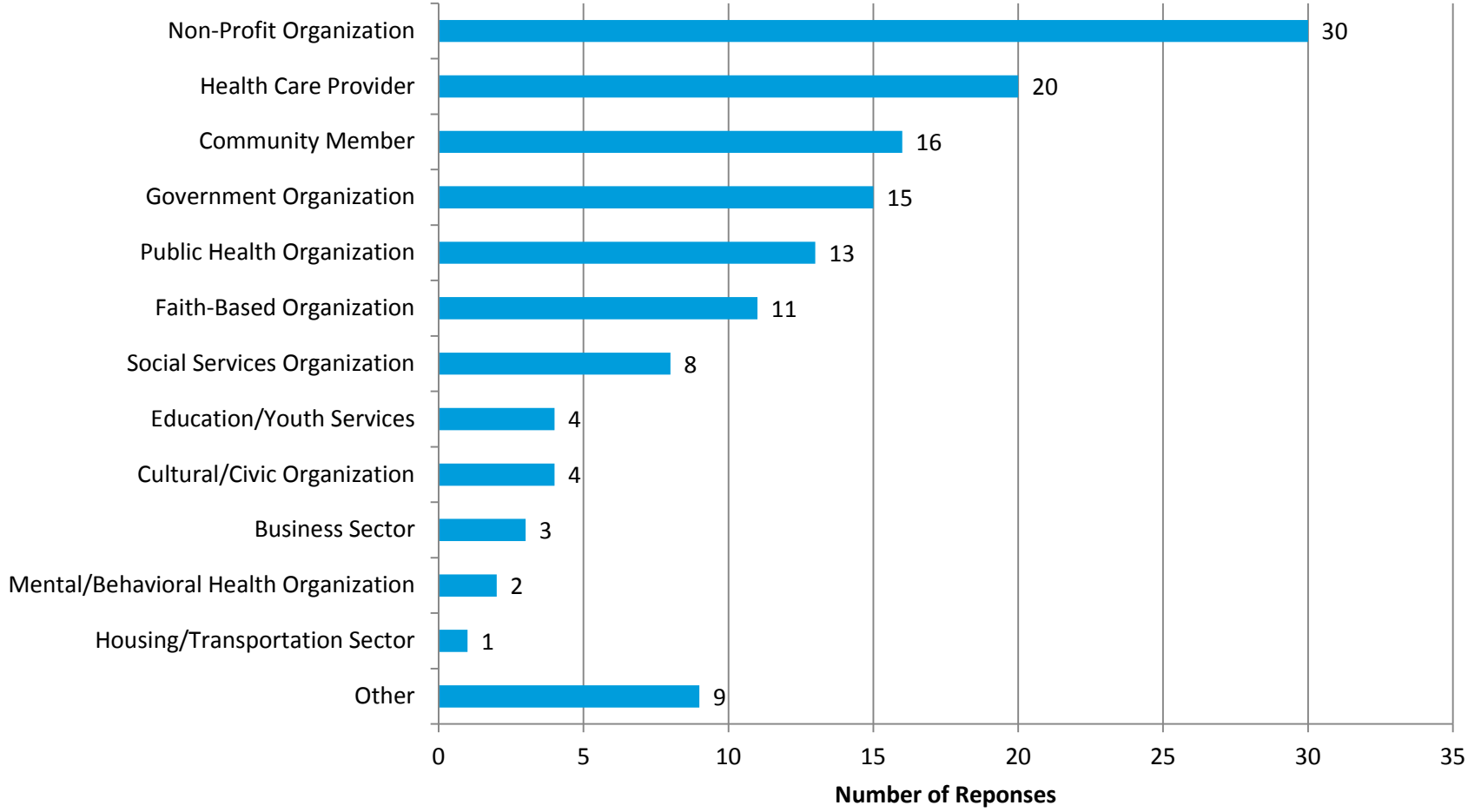
Question 16: Are you Hispanic or Latino? (N=77 responses)



Question 17: Which one of these groups would you say best represents your race? (N=77 responses)

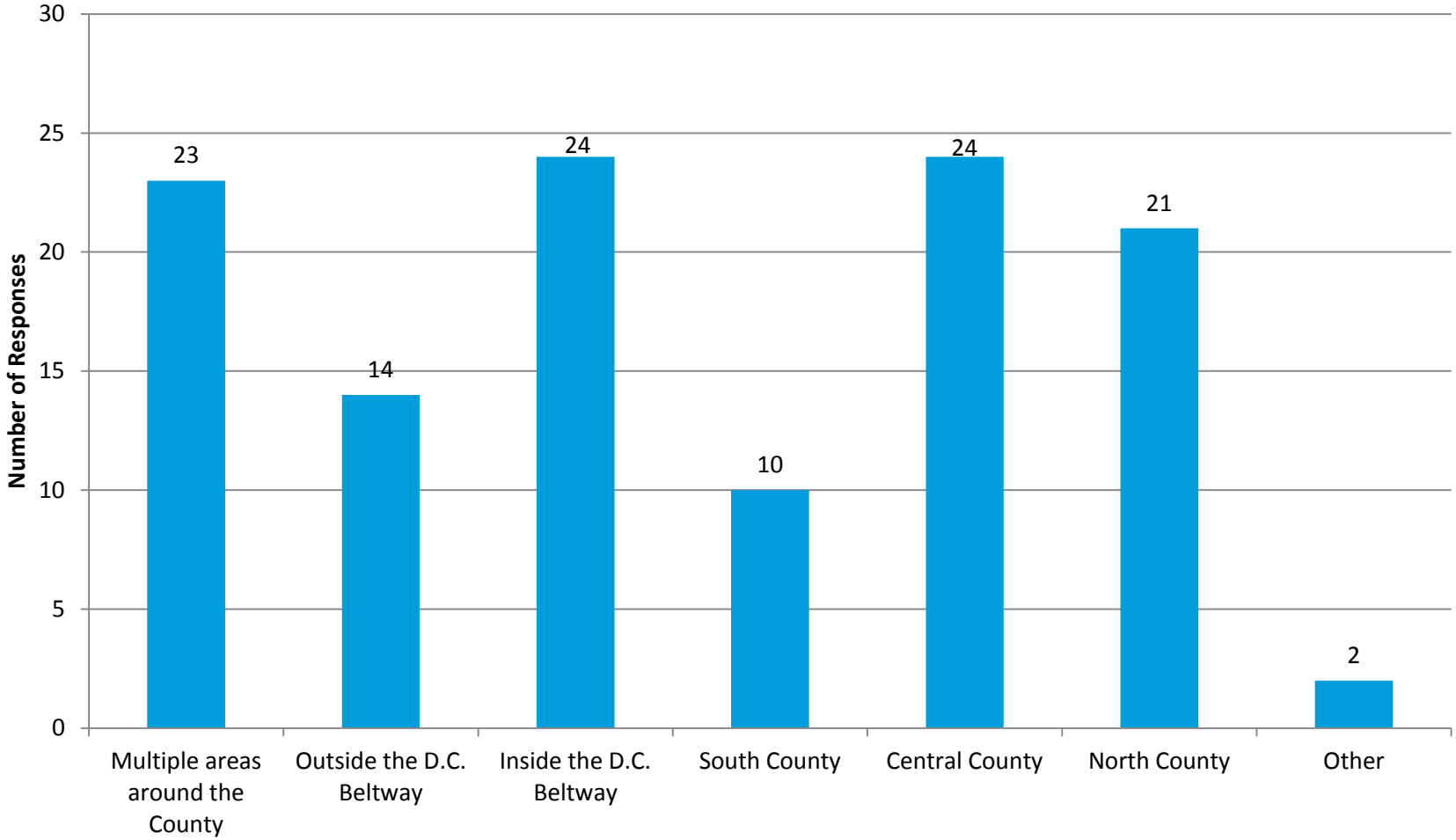


Question 18: Which of these categories would you say best represents your community affiliation? Participants were asked to select all that apply. (N=77 responses)



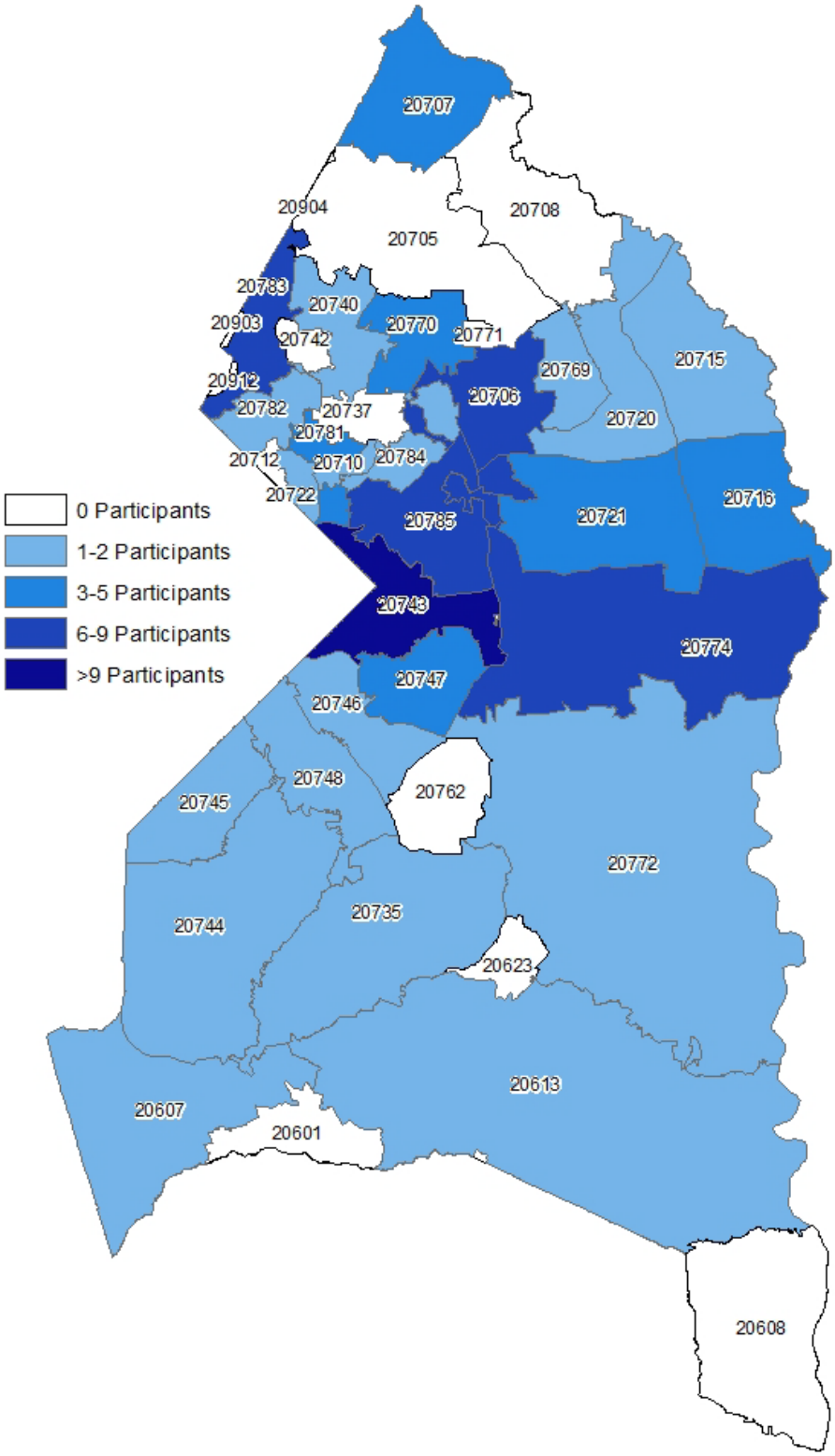
"Other" Included: FQHC; public housing; law enforcement; trade union; grant-funded program; resident of the county in addition to their position; mental health provider; academic; non-profit working with health care providers

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)

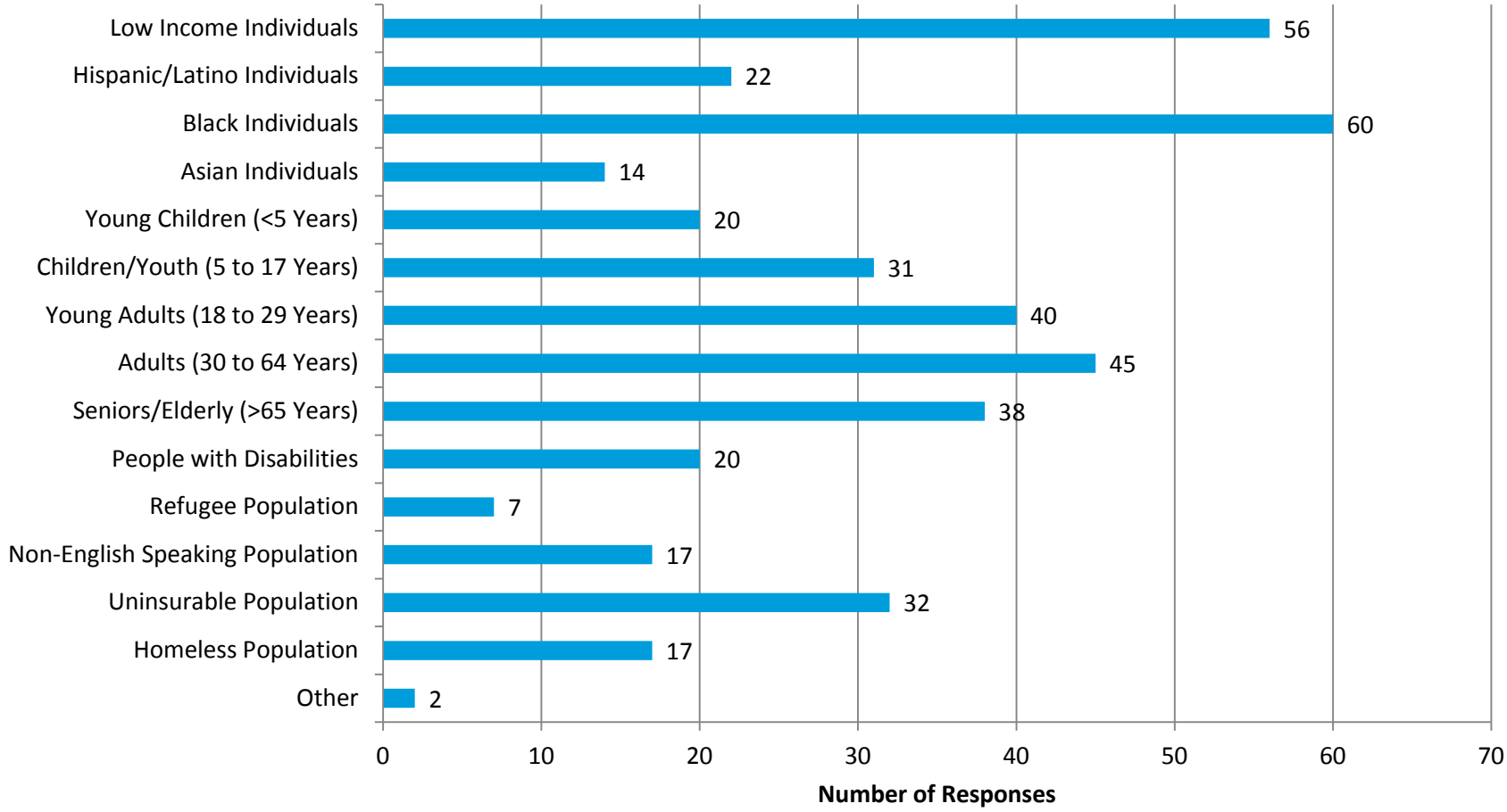


"Other" included: public housing throughout the county; county areas with a high Latino population

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.

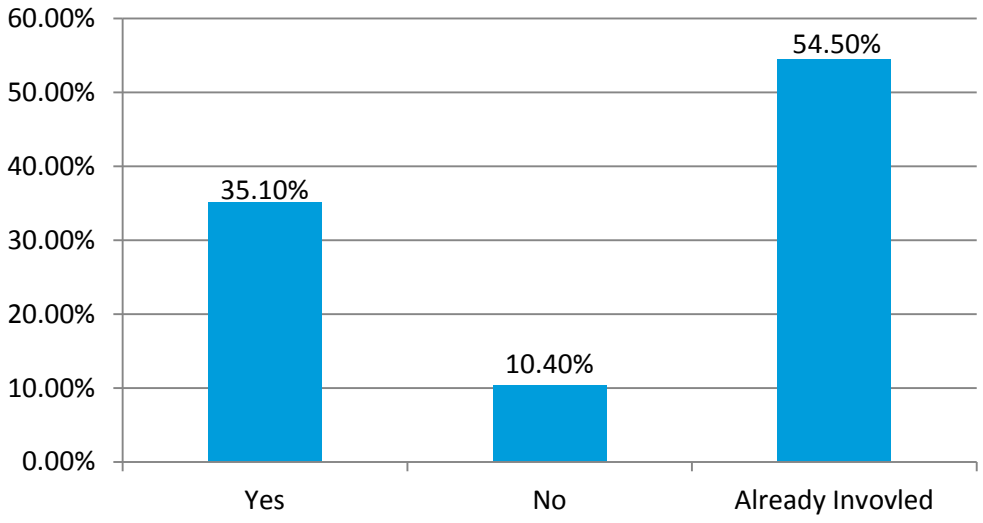
Needs for Service Population	Number of Responses	Summary of Responses
Access to Healthcare	36 (49.0%)	Improve provider/clinic proximity and hours; ensure providers and clinics are located throughout the county; increase specialists; better quality, more affordable, and more timely healthcare; culturally 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

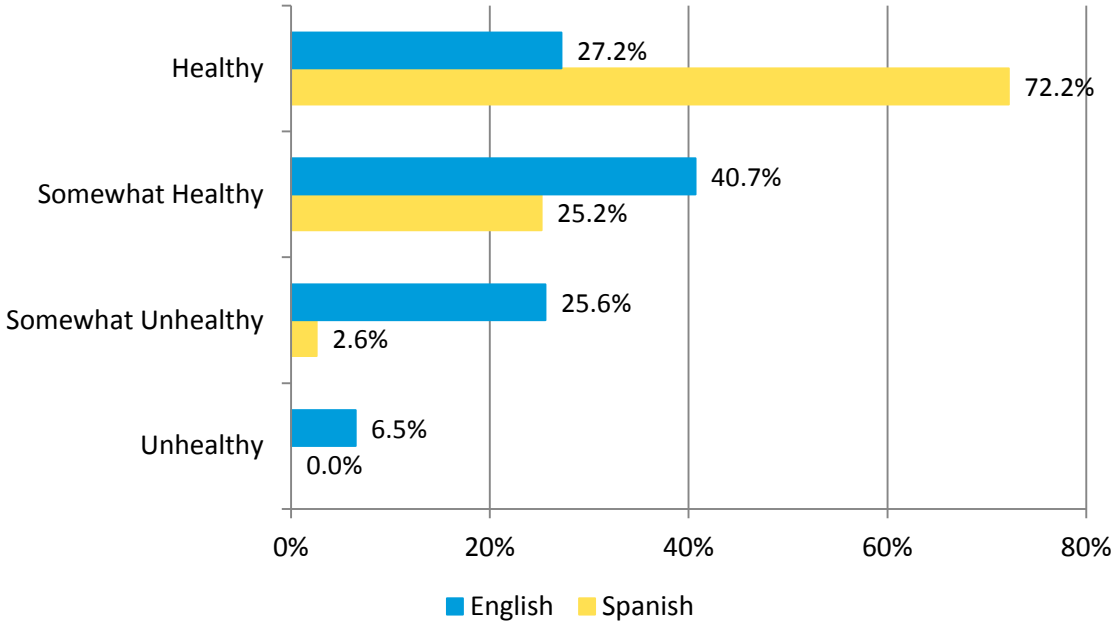
Question 13). The demographics of those responding to the survey differ from the overall county: only 46% of the participants were born in the U.S. which is lower than the county, while approximately 75% of the participants were women which is higher than the county. Spanish survey participants were 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

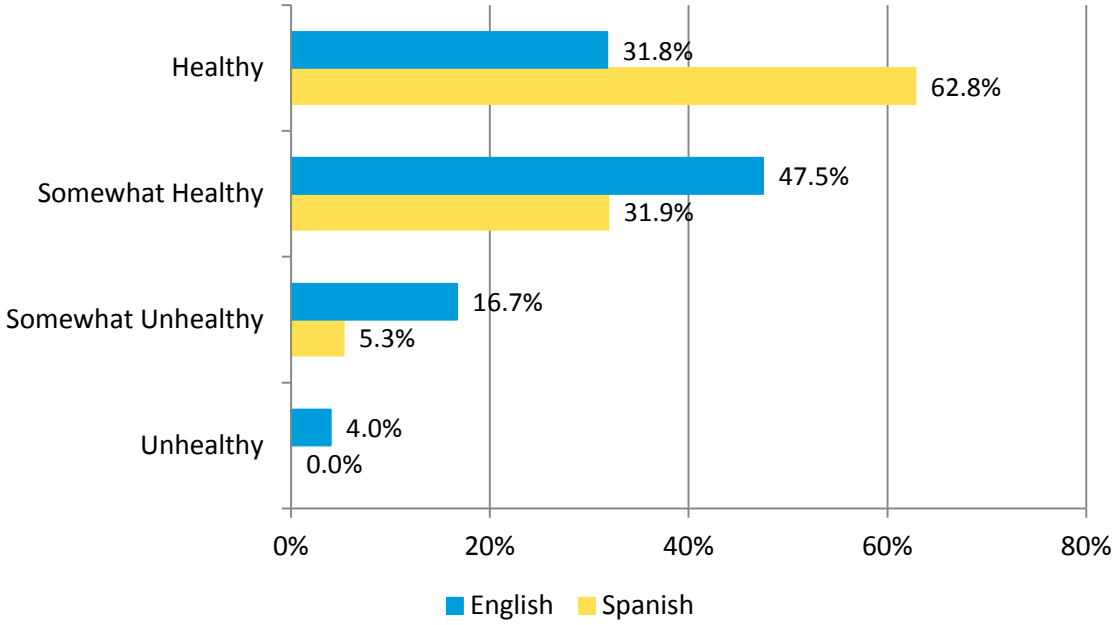
- ***Overall health***: Two-thirds of English survey participants indicated Prince George's County to be healthy or somewhat healthy, as did nearly all Spanish survey participants. Overall most survey participants also indicated their own community to be healthy or somewhat healthy.
- ***Leading health 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

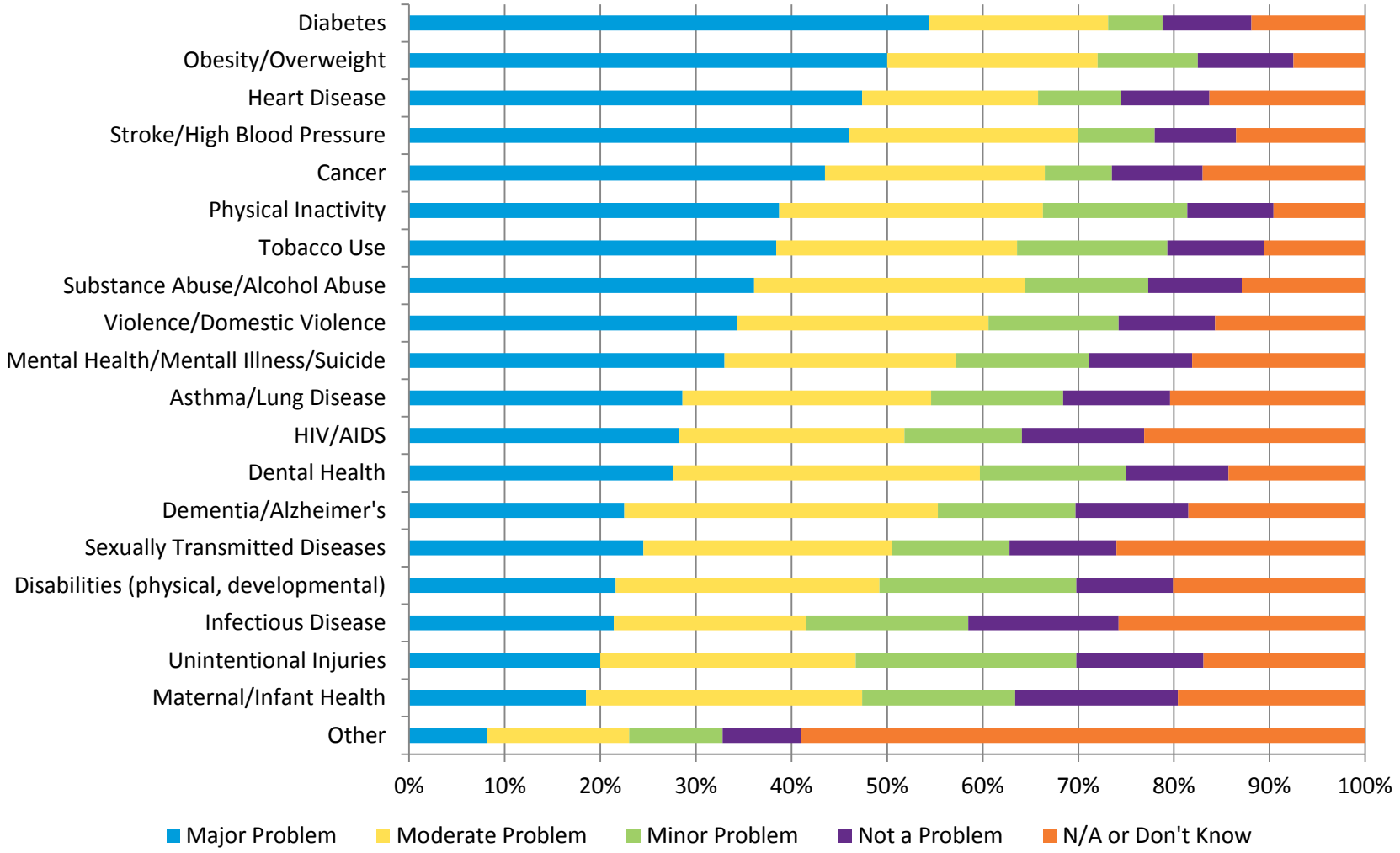
Question 1: How would you rate the overall health of Prince George's County?
(N=199 English responses; N=115 Spanish responses)



Question 2: How would you rate the overall health of your community?
(N=198 English responses; N=113 Spanish responses)

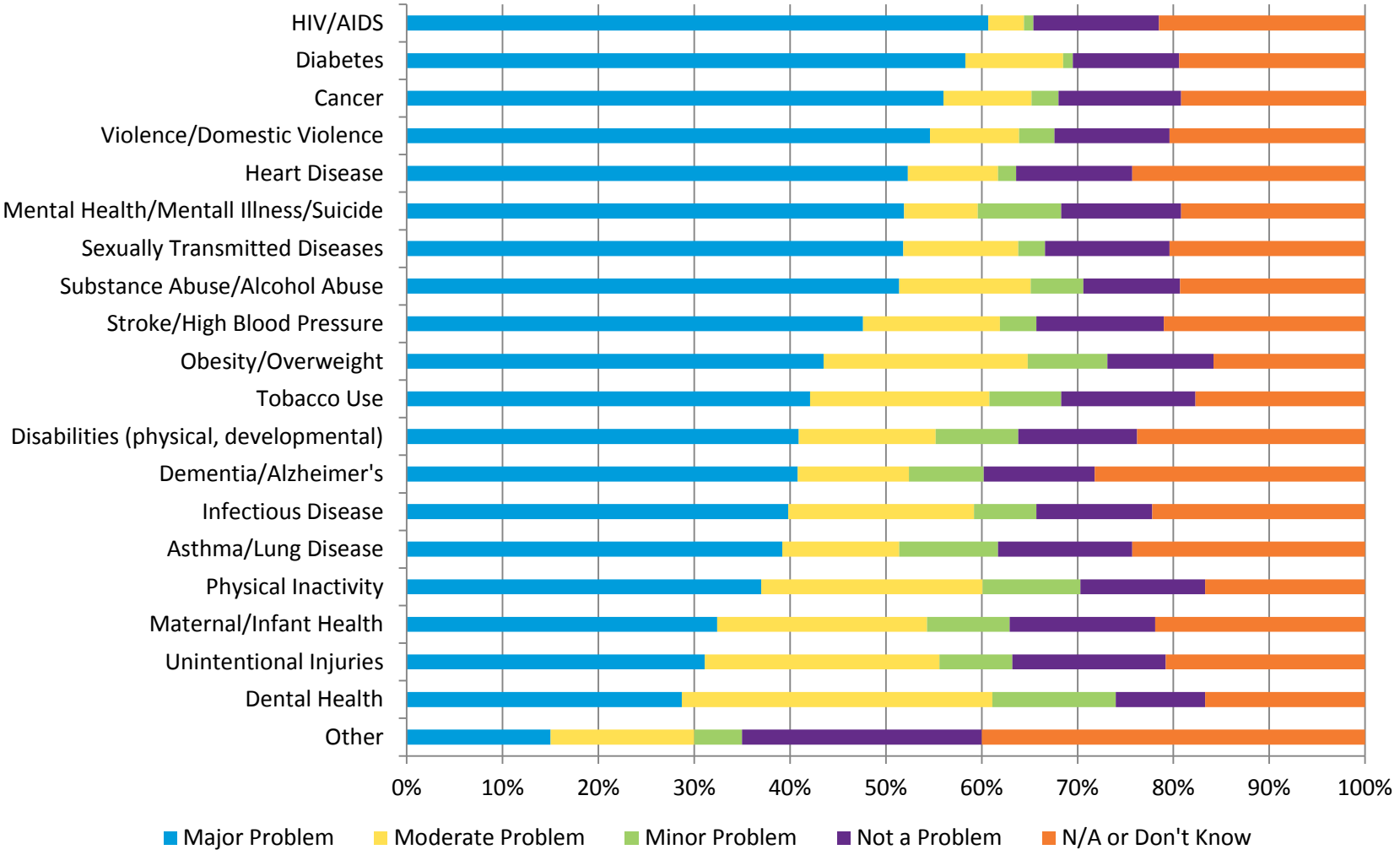


Question 3: Please rate the following health issues for your neighborhood or community. (N=200 English responses)



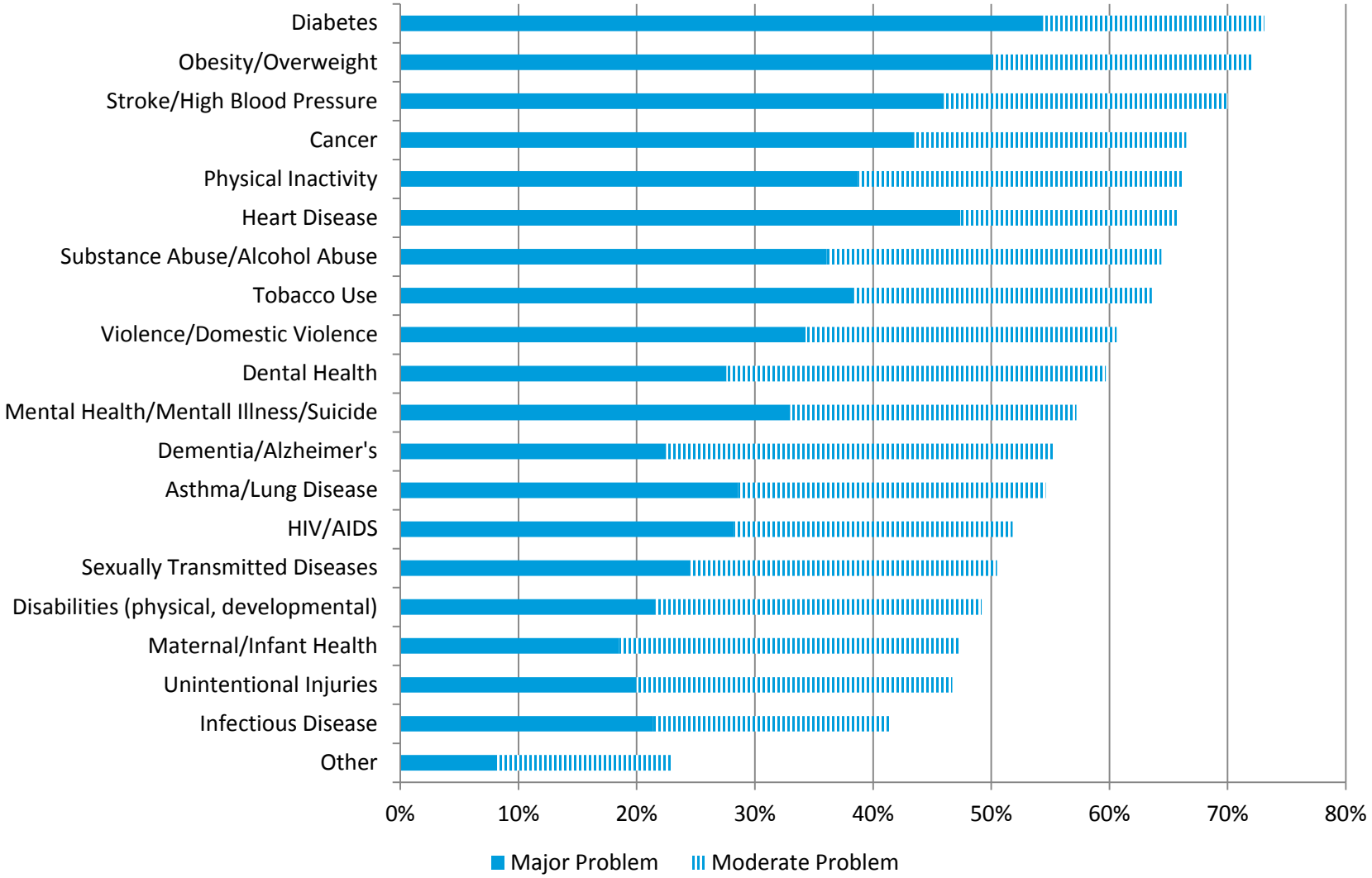
"Other" Included: teen violence; hearing; podiatry; vascular; lack of maternity clinic services

Question 3: Please rate the following health issues for your neighborhood or community. (N=109 Spanish responses)

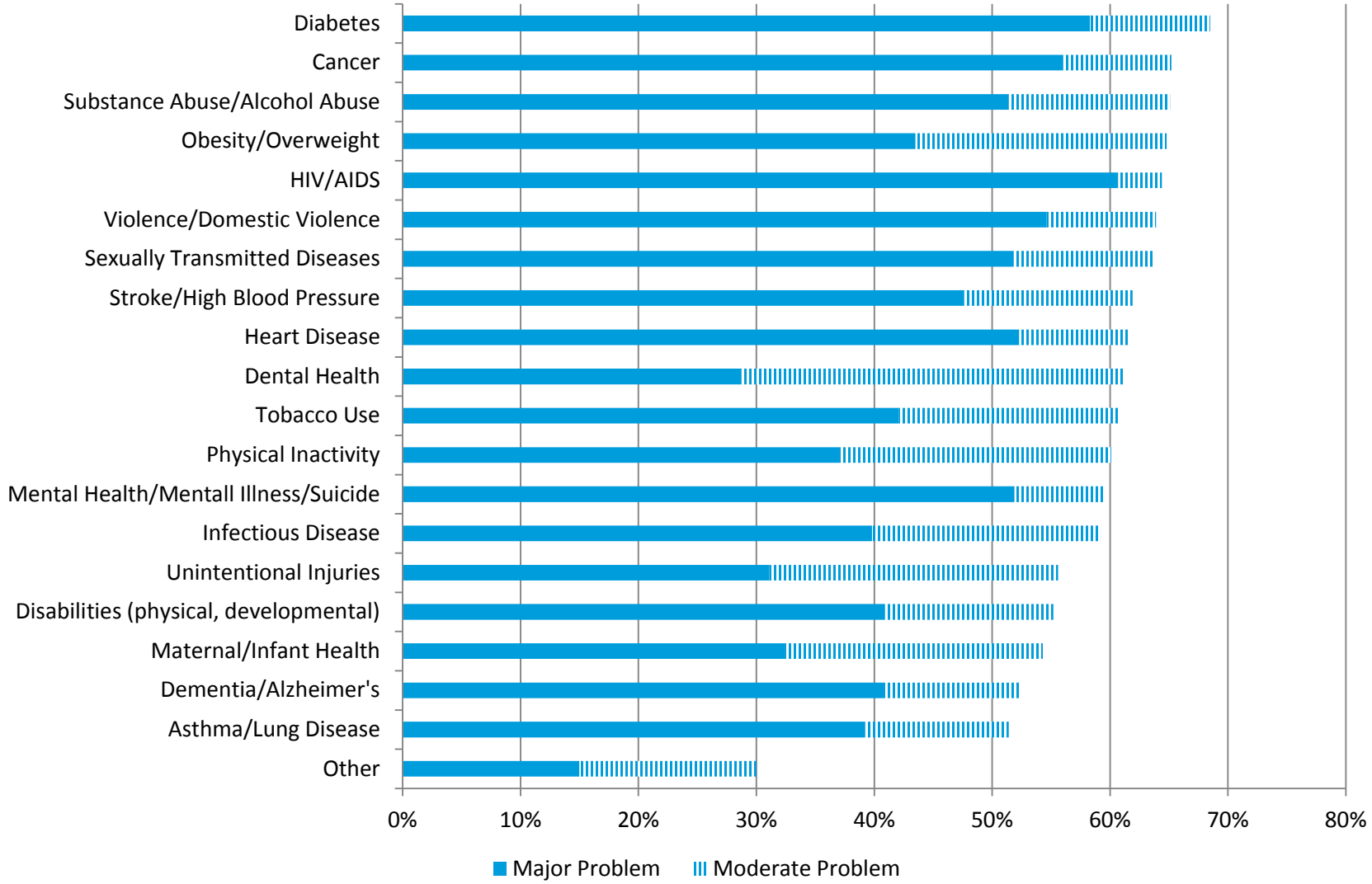


"Other" Included: drug abuse; the overall community's health

Question 3: Please rate the following health issues for your neighborhood or community. Major and Moderate Responses (N=200 English responses)



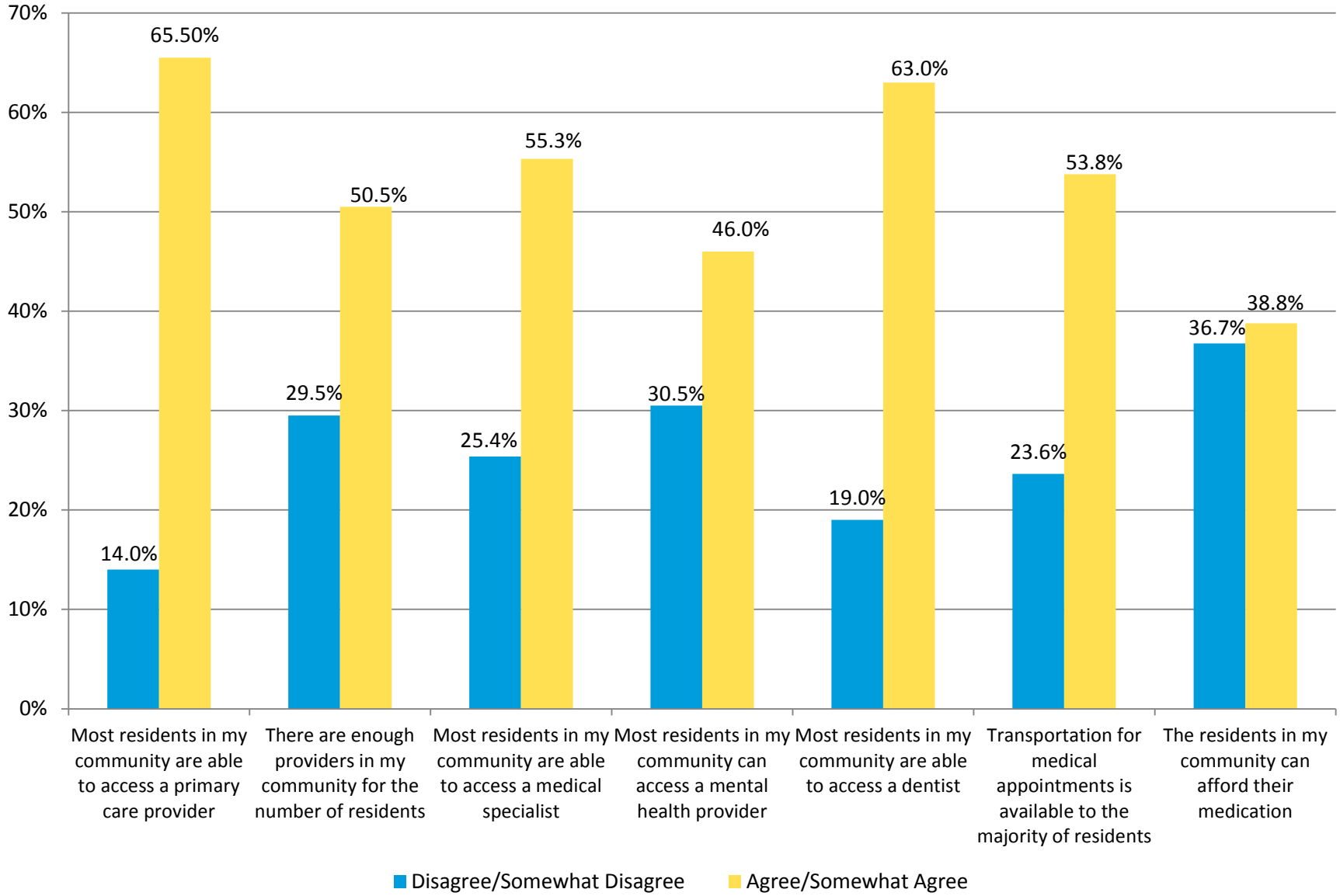
Question 3: Please rate the following health issues for your neighborhood or community. Major and Moderate Responses (N=109 Spanish responses)



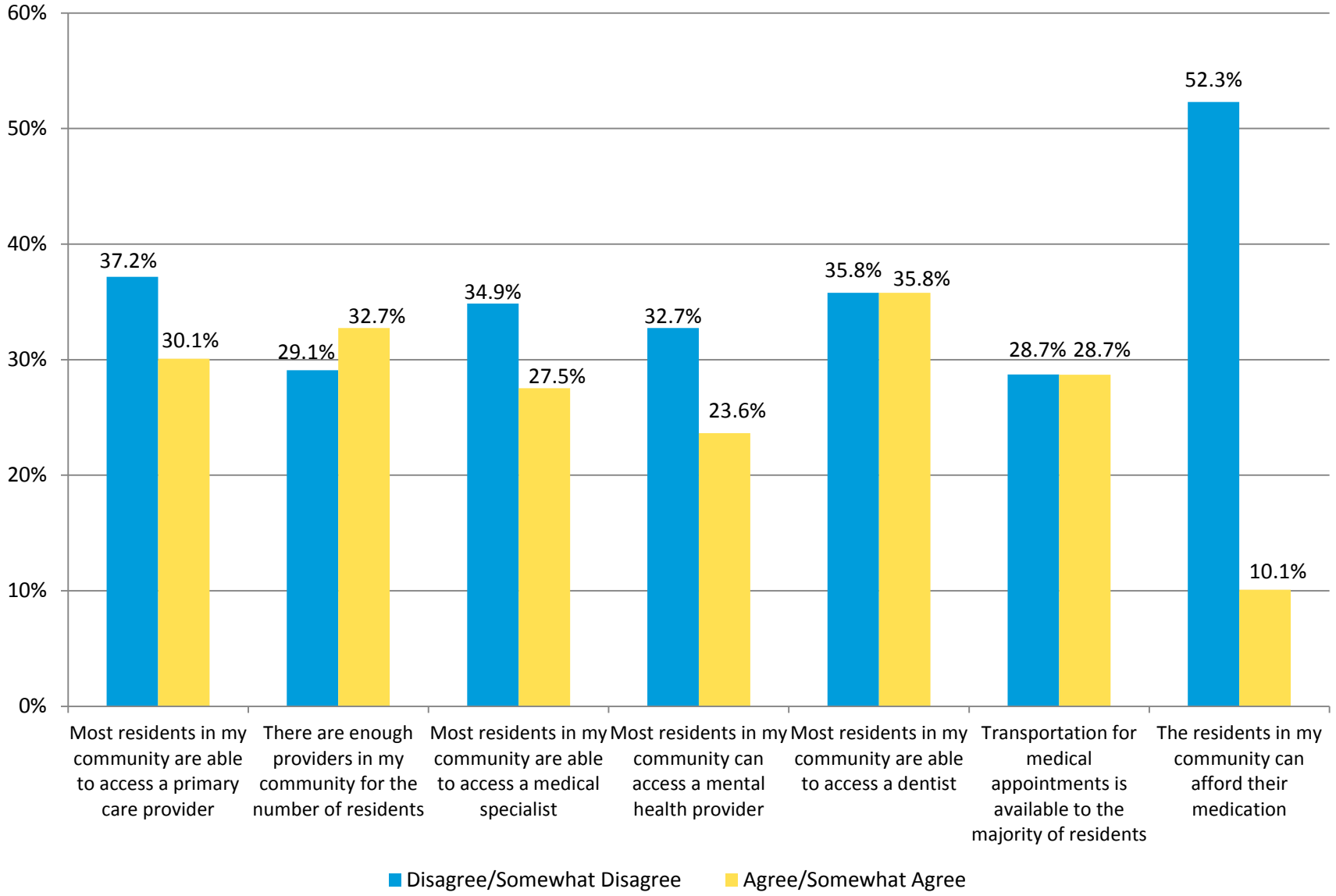
Question 4: Please rate the following statements about health care access in your community.

	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%)

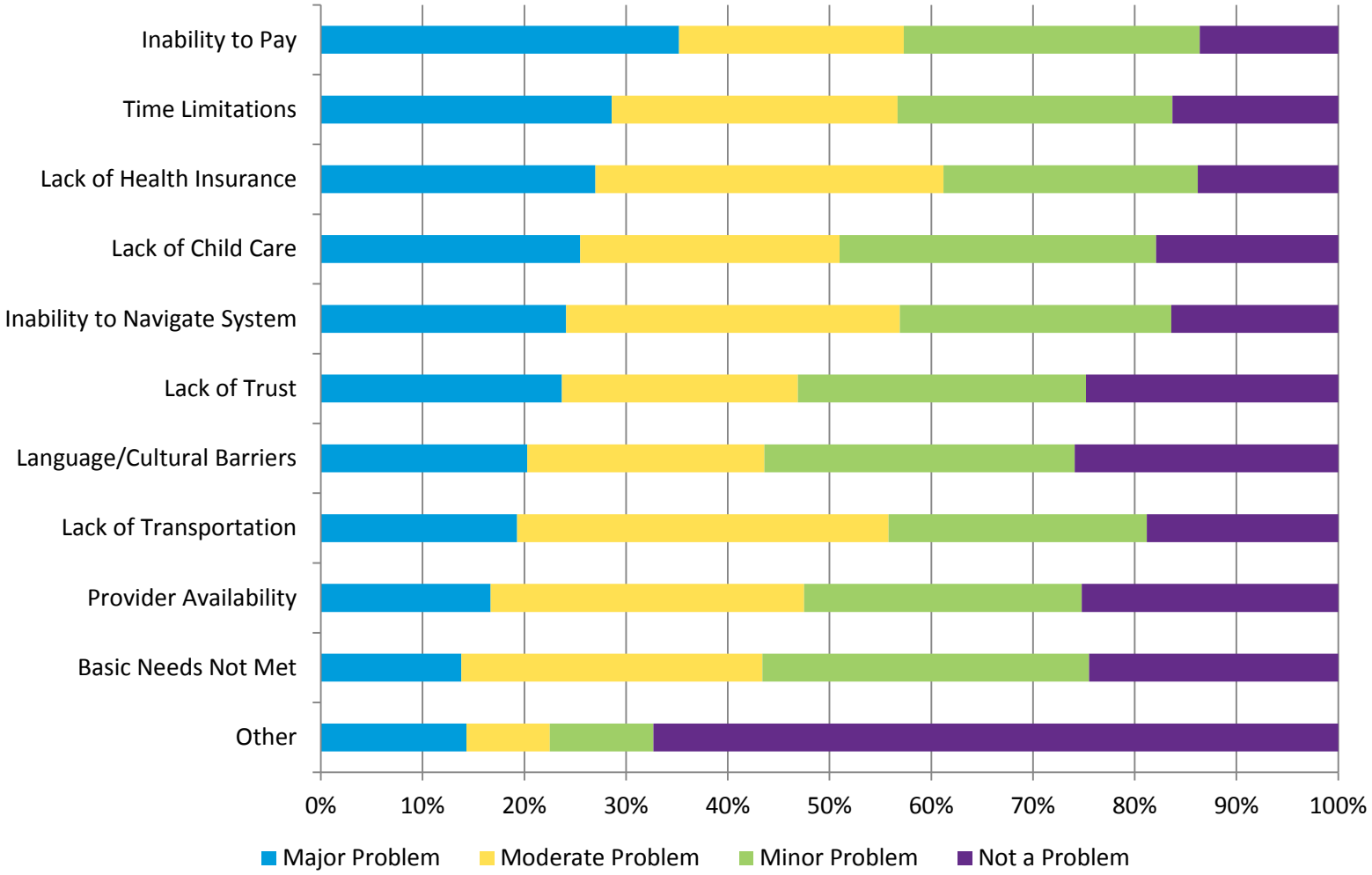
Question 4: Please rate the following statements about health care access in your community. (N=200 English responses).



Question 4: Please rate the following statements about health care access in your community. (N=113 Spanish responses)

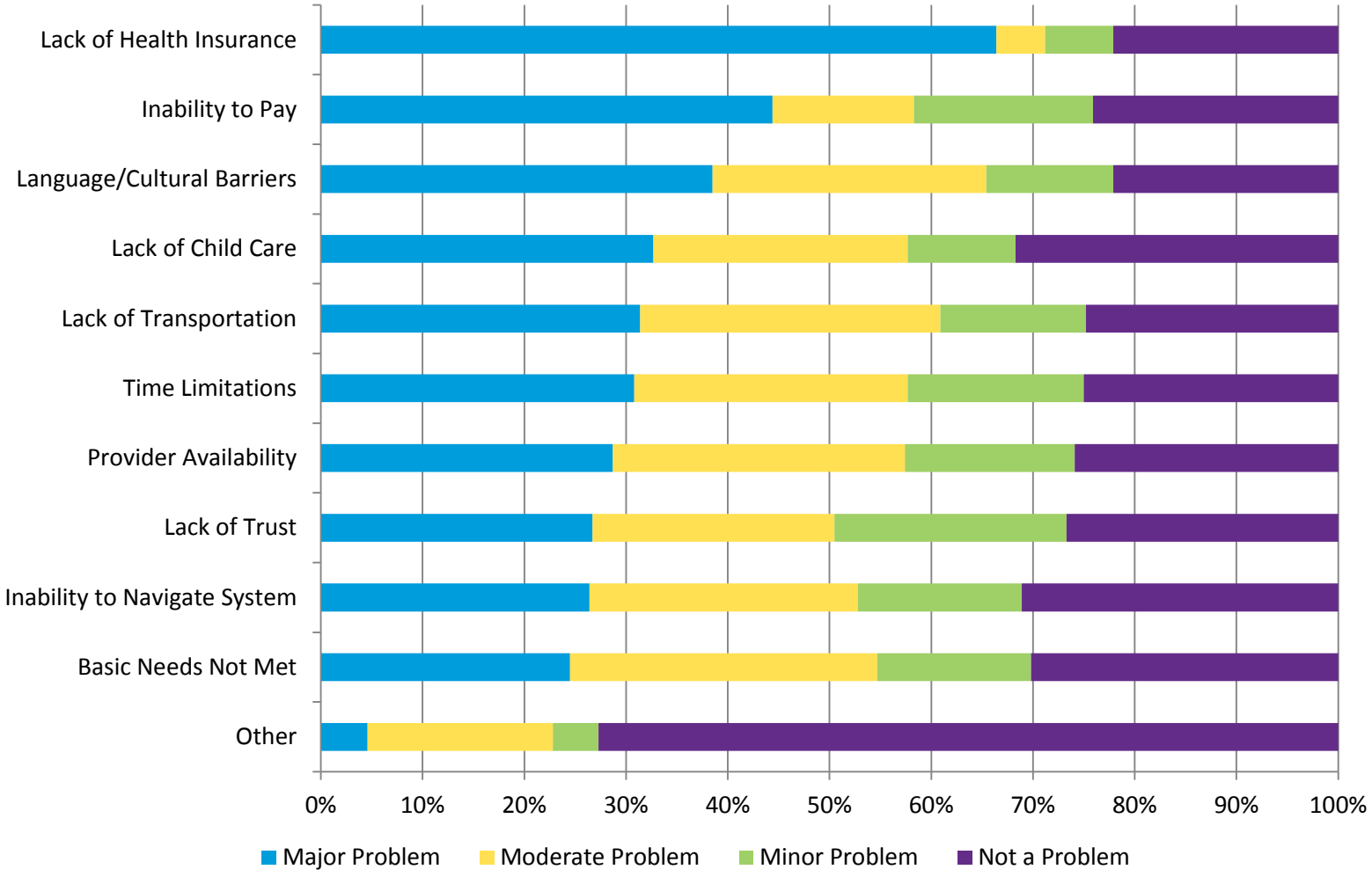


Question 5: Please rate if the following barriers keep people in your community from accessing healthcare. (N=198 English responses)



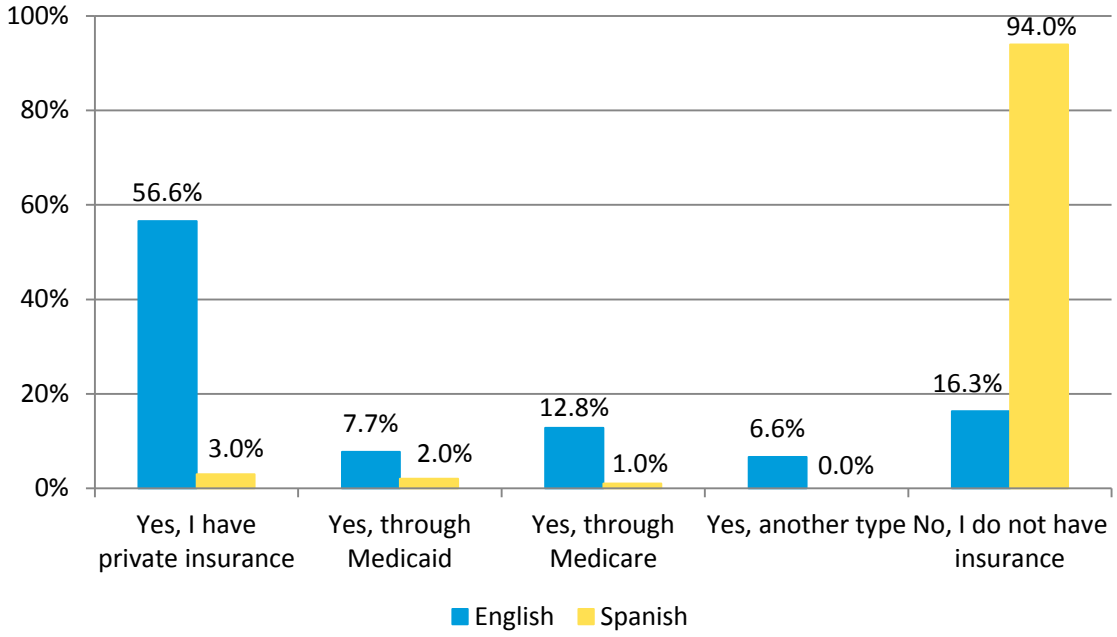
"Other" Included: lack of quality providers, hospitals, specialists, and dentists in the county; lack of appropriate transportation tailored to meet special health needs; urgent care clinics not accepting Medicare; lack of providers accepting insurance; residents whose insurance coverage lapses; lack 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)

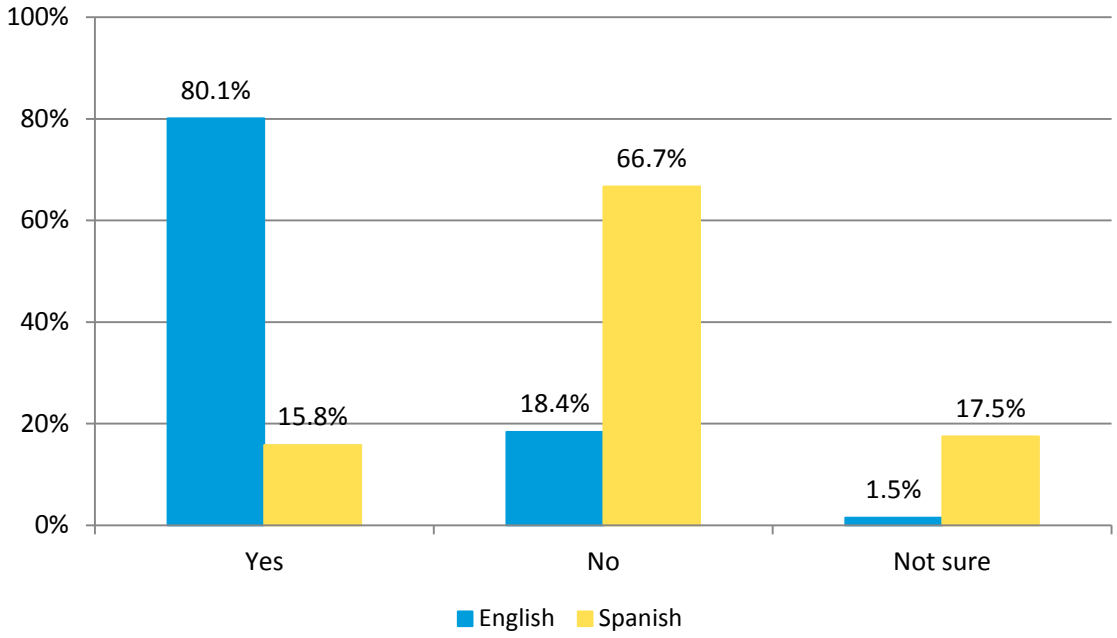


"Other" Included: "the family"

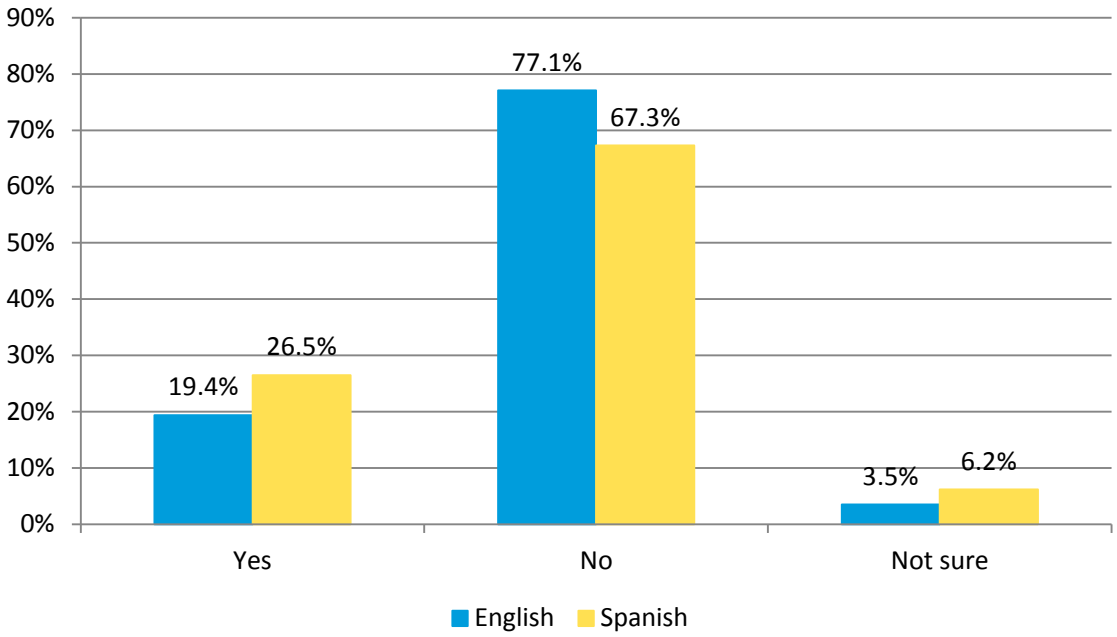
Question 6: Do you have health insurance? (N=196 English responses, N=100 Spanish responses)



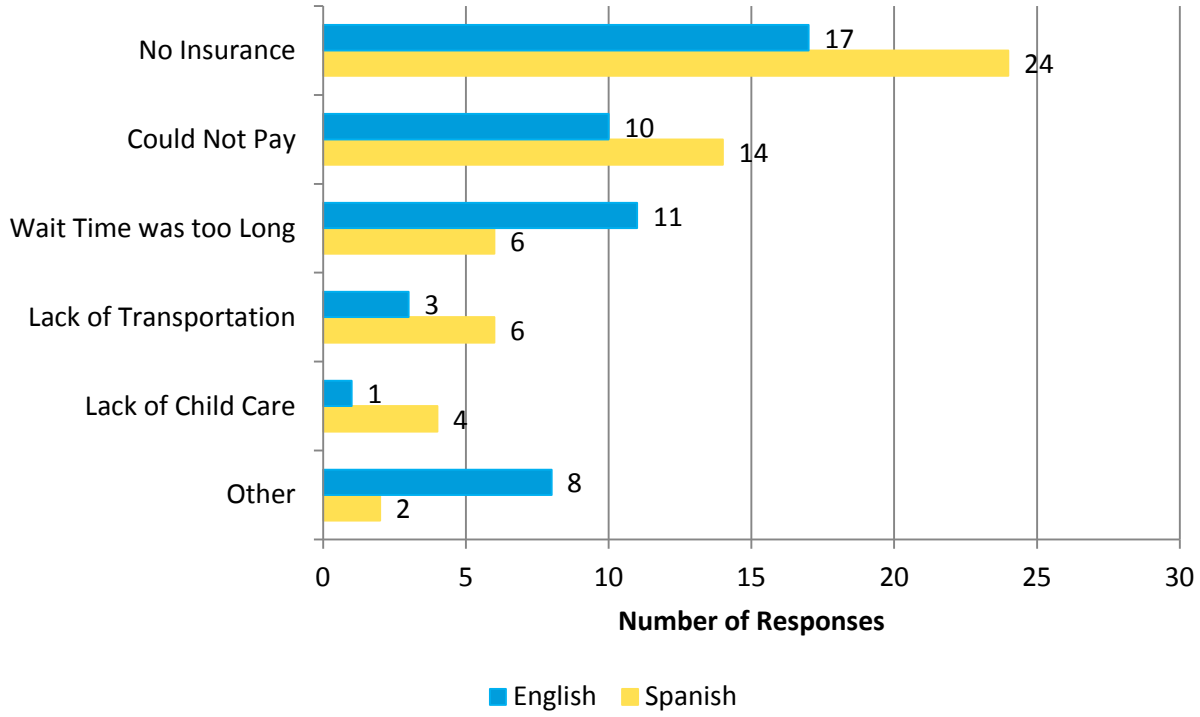
Question 7: Did you see a primary care doctor in the last year? (N=201 responses, N=114 Spanish responses)



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)



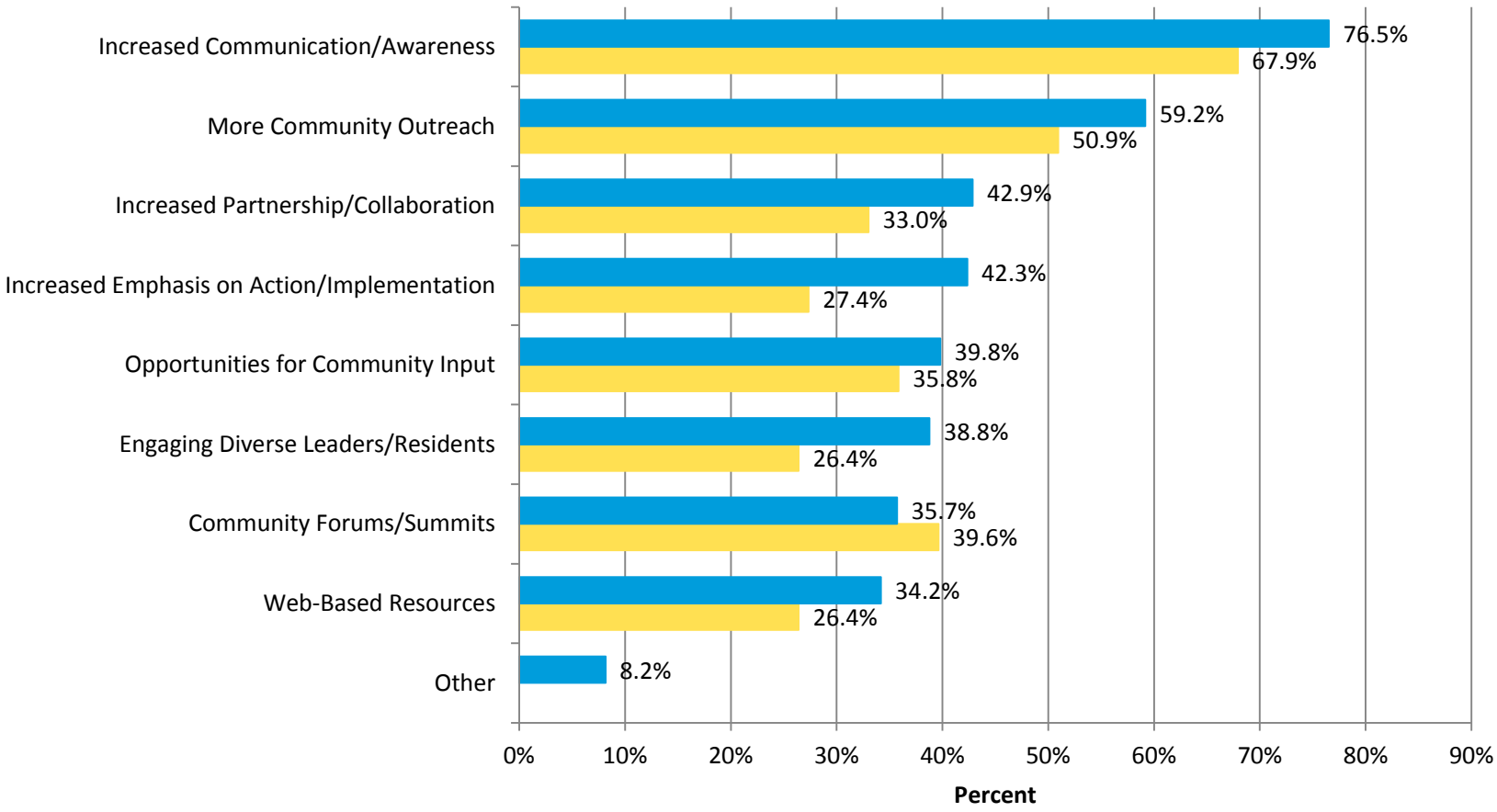
Question 9: If you answered that you were unable to get medical care, what prevented you from getting the medical care you needed (select all that apply)? (N=38 English responses; N=27 Spanish responses)



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)



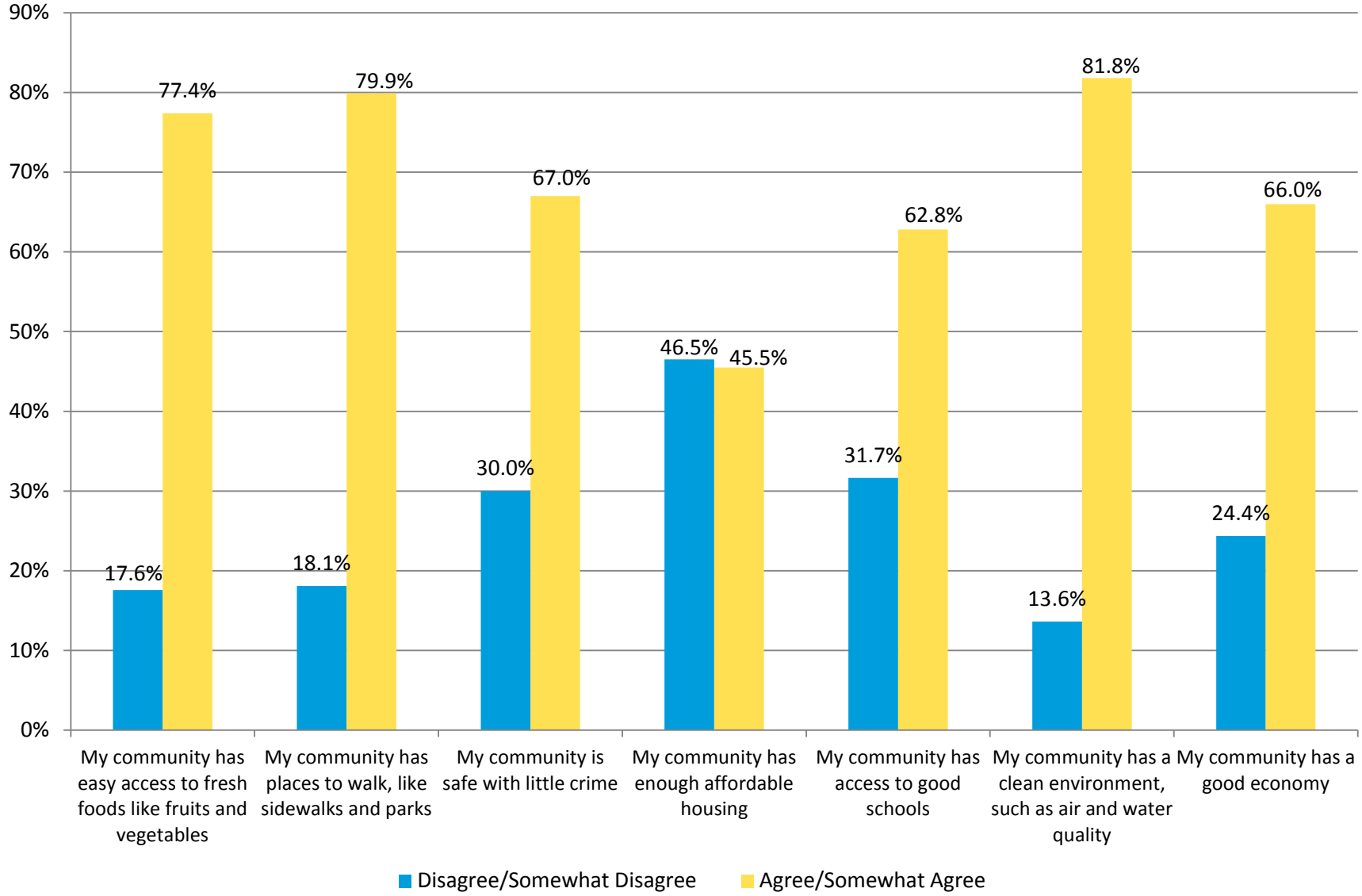
F**or English participants, "Other" included**: education on health risks, nutrition, prevention, health lifestyles; starting health education at an early age and tailoring education for culture and age groups; more funding for public health; using a variety of platforms for outreach (TV, radio, local 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.

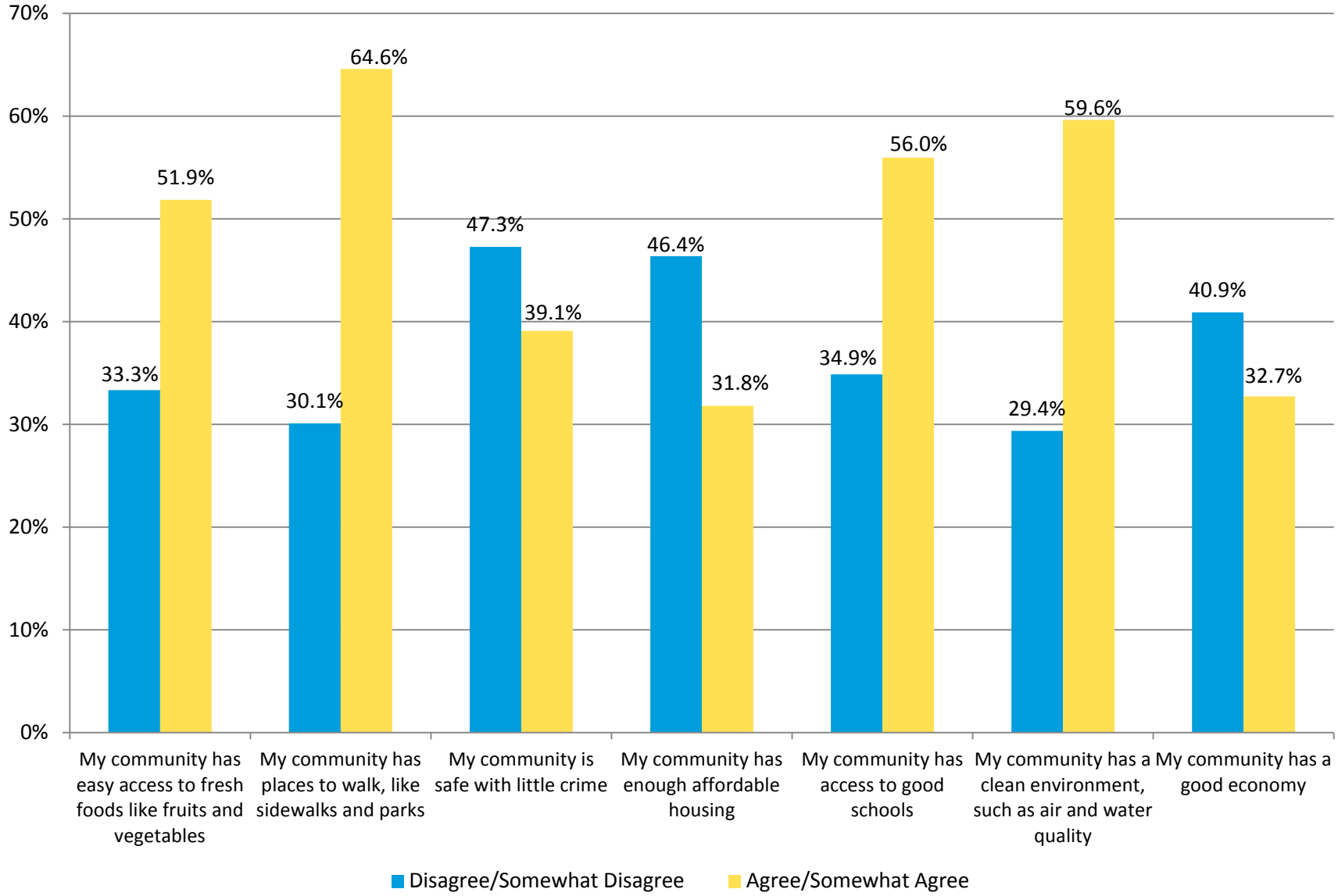
Question 11: Please rate the following statements about your community.

	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)

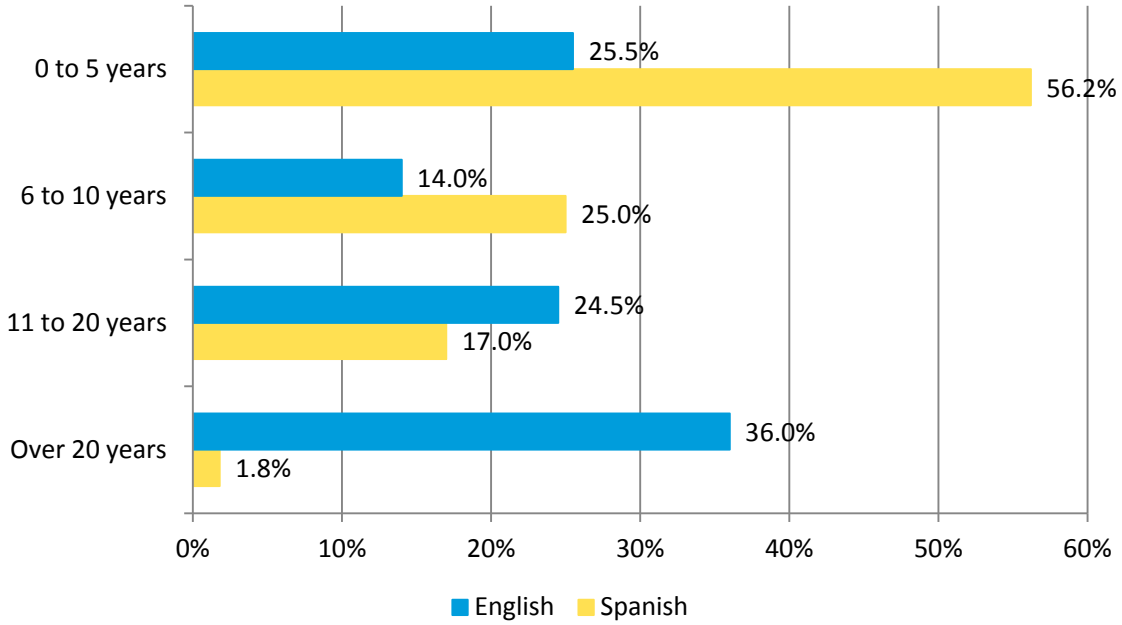


Question 11: Please rate the following statements about your community. (N=114 Spanish responses)

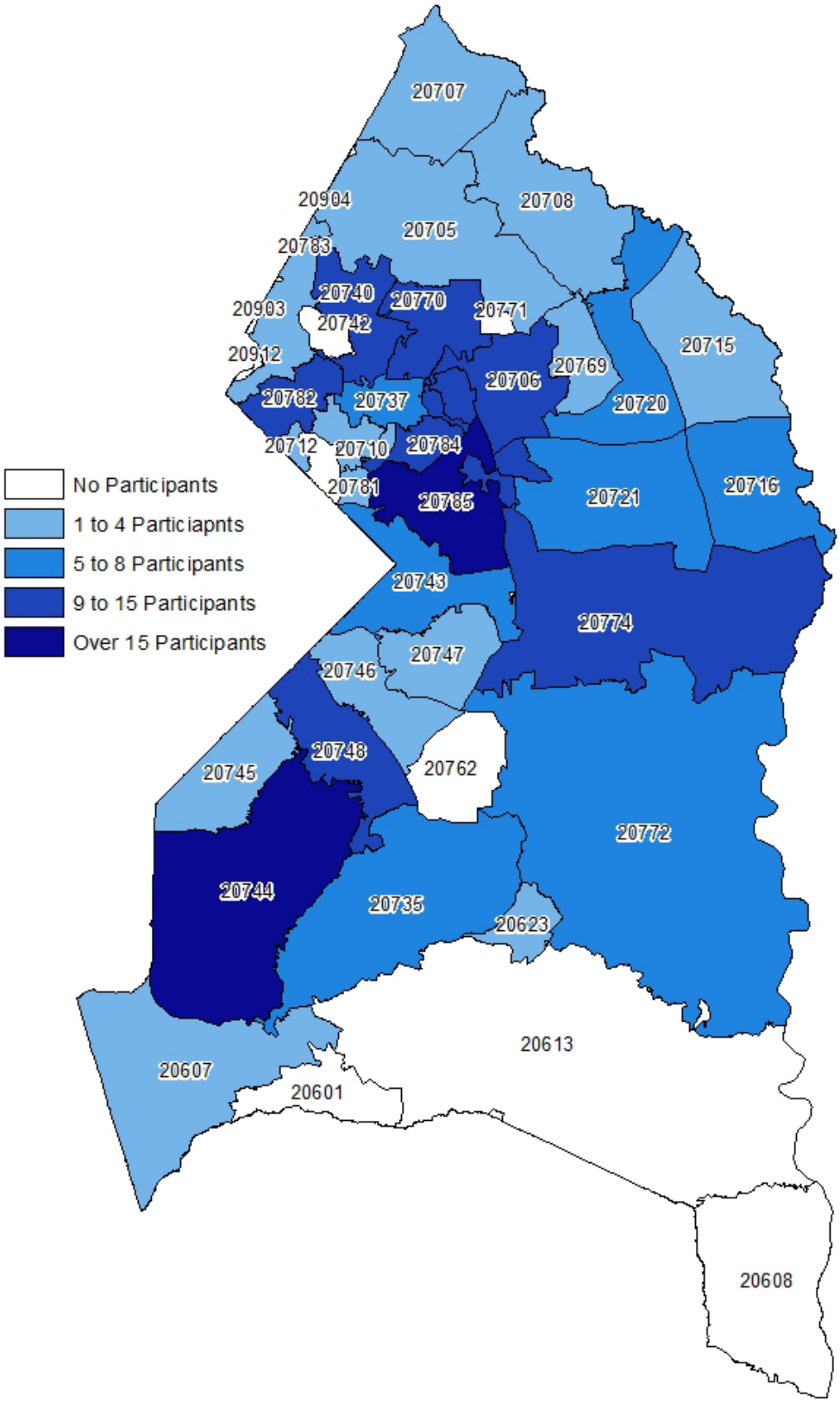


Participant Profile

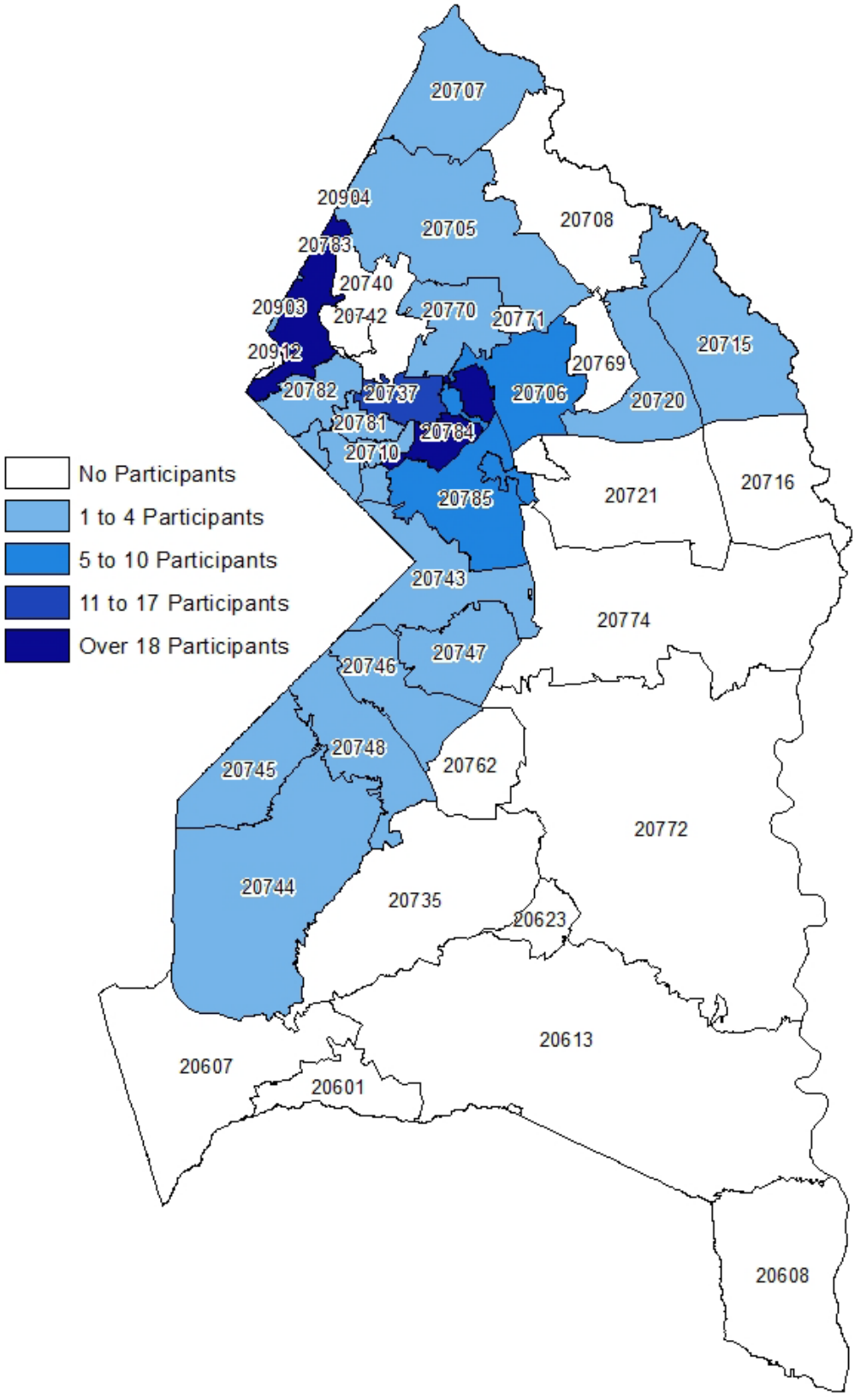
Question 12: How long have you lived in Prince George's County? (N=200 English responses; N=112 Spanish responses)



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)

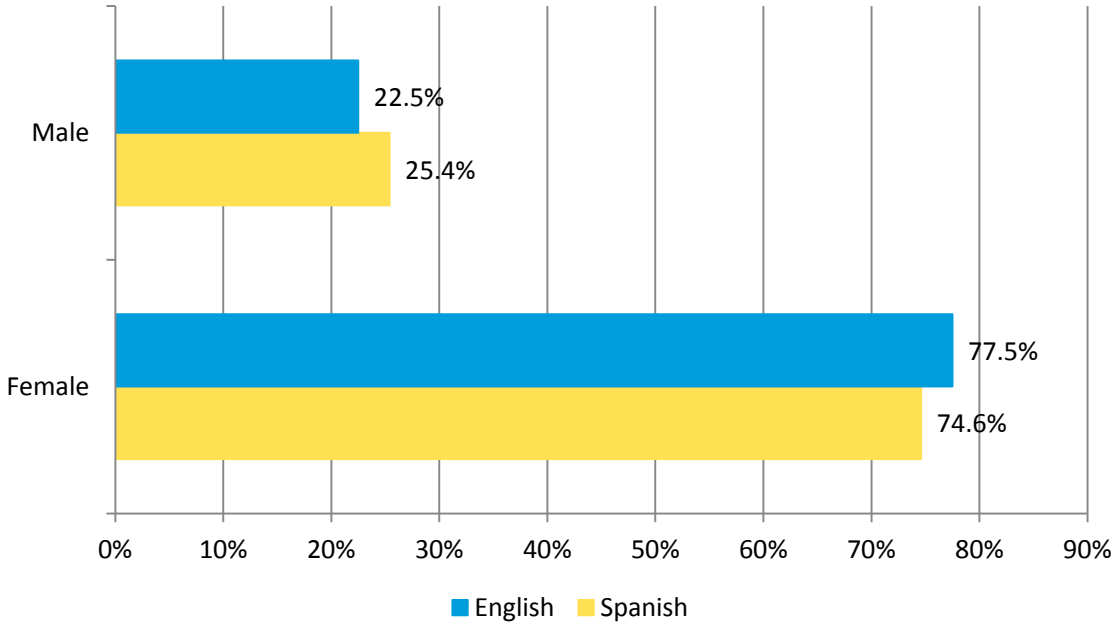


Question 14: What community do you live in? (N=175 English responses; 90 Spanish responses)

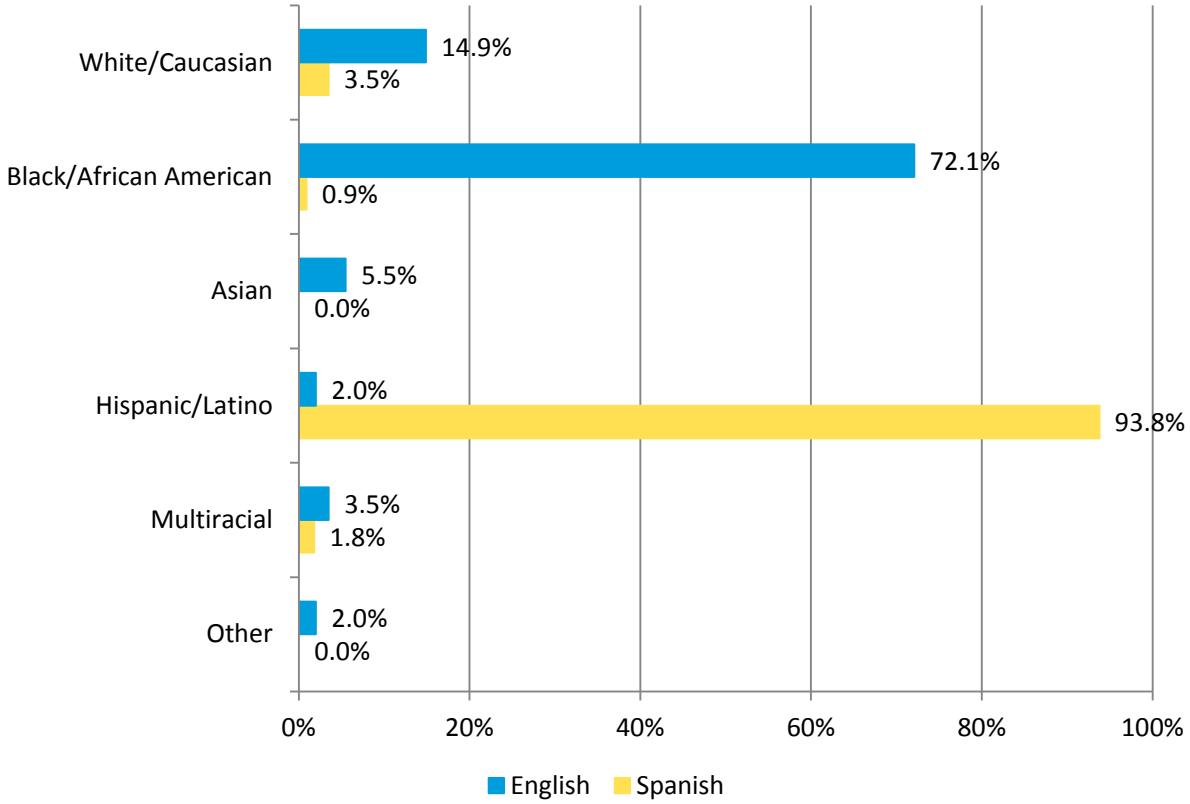
Community	English Participants	Spanish Participants
Accokeek	2	0
Adelphi	0	2
Beltsville	2	1
Bladensburg	1	3
Bowie	11	2
Brentwood	0	1
Camden	1	0
Capitol Heights	3	1
Cheltenham	1	0
Cheverly	2	1
Clinton	6	0
College Park	8	0
Deer Park	3	0
District Heights	4	1
Dodge Park	1	0
Fairwood	1	0
Fort Washington	13	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

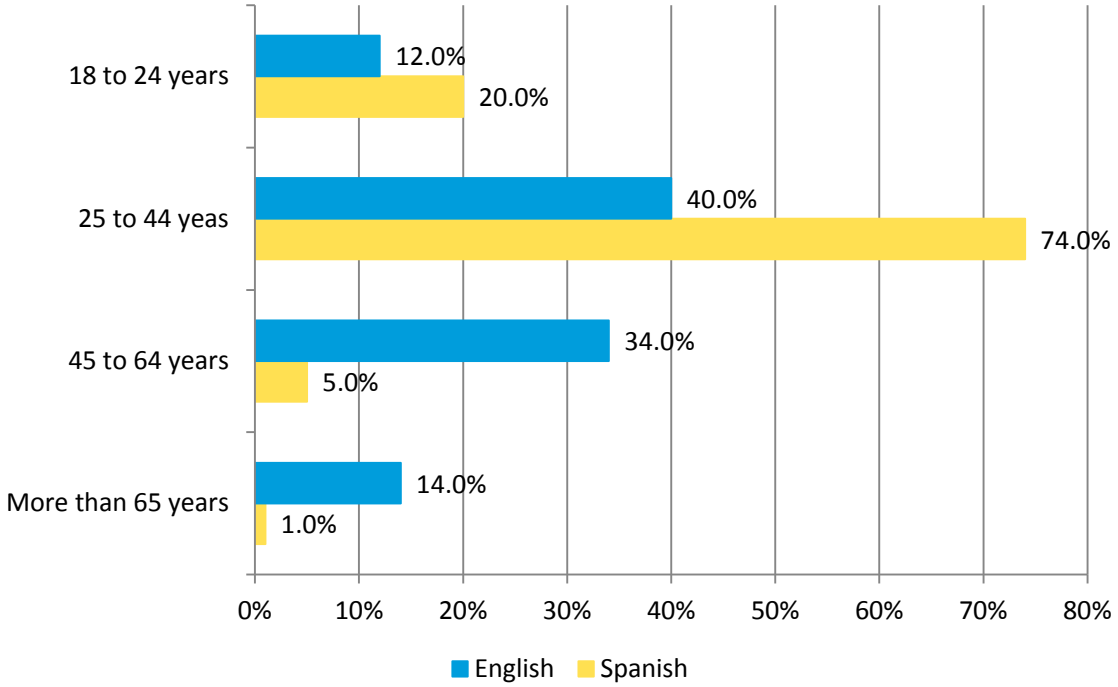
Question 15: What is your gender? (N=English 200 responses; N=114 Spanish responses)



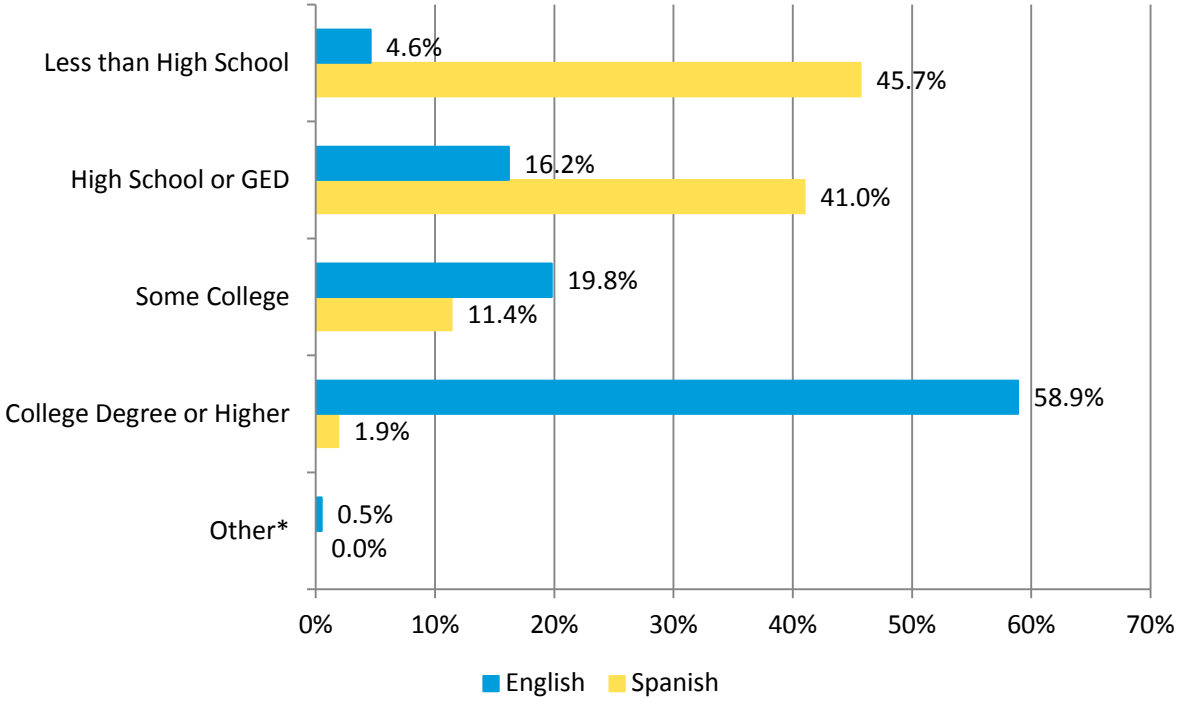
Question 16: What race/ethnicity best identifies you? (N=201 English responses; N=113 Spanish responses)



Question 17: How old are you? (N=200 English responses; N=100 Spanish responses)

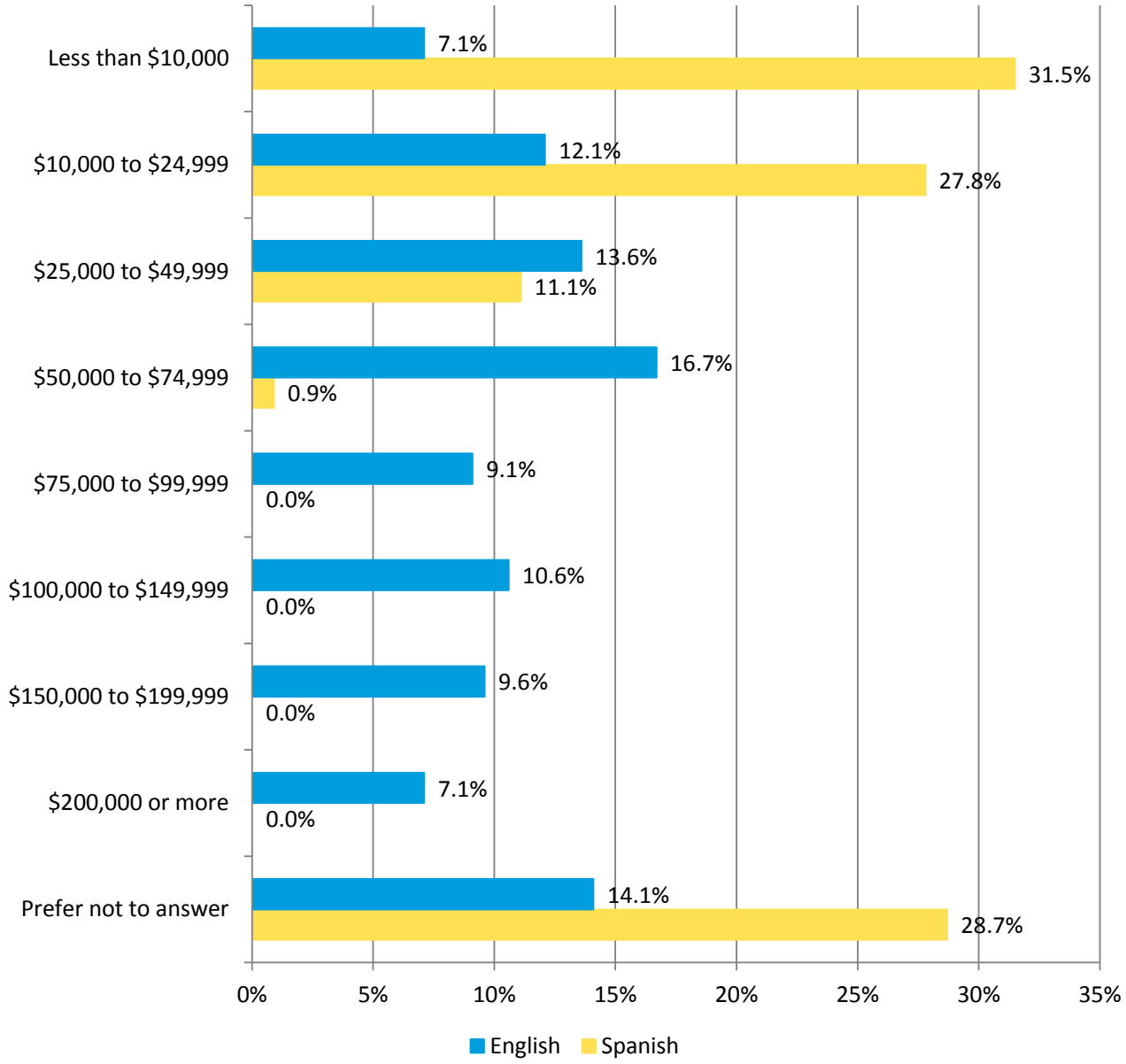


Question 18: What is the highest level of education you completed? (N=197 English responses; N=105 Spanish responses)



*Other included trade school

Question 19: What is your annual household income? (N=198 English responses; N=109 Spanish responses)



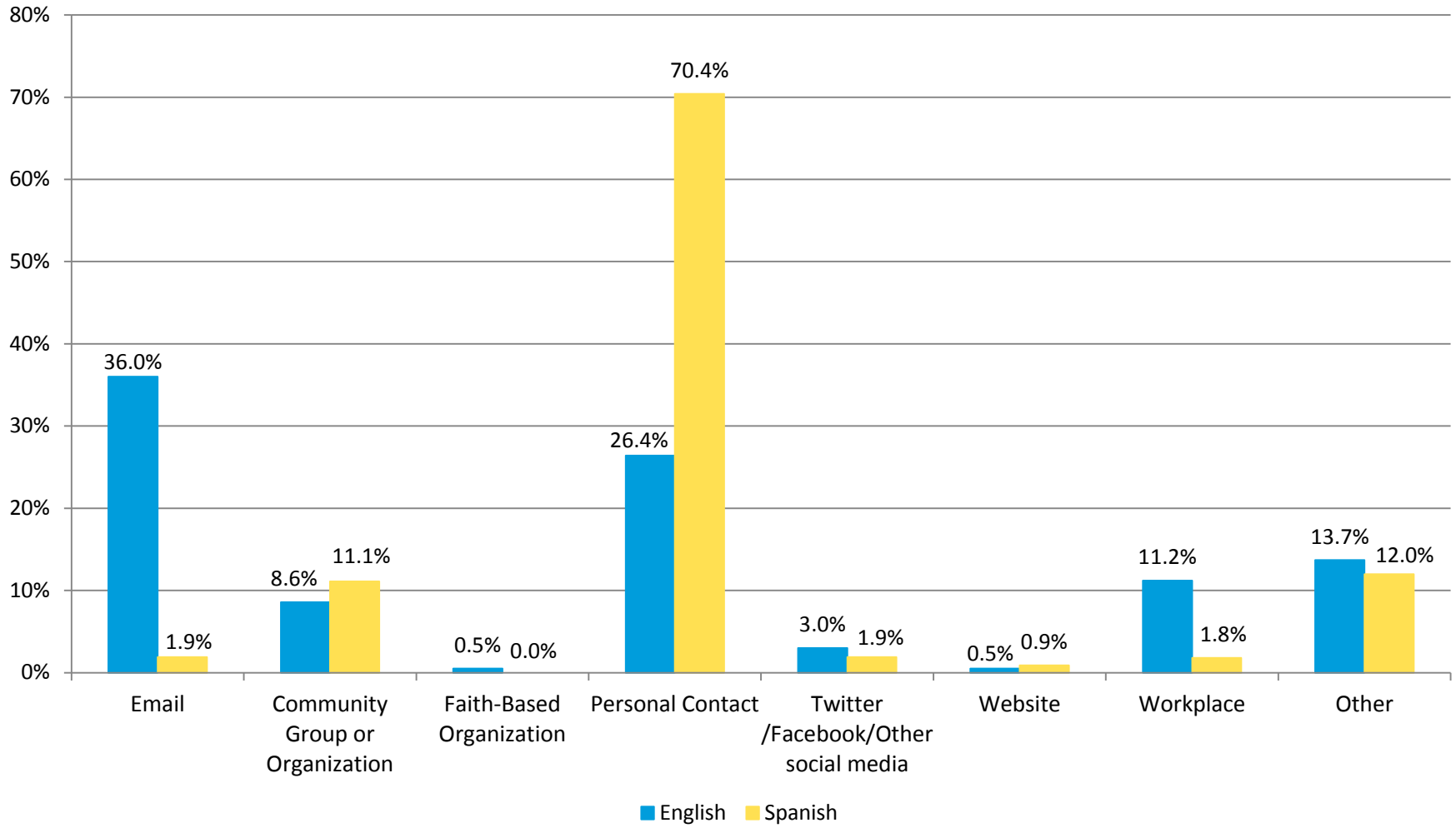
Question 20: What country were you born in? (N=195 English responses; N=110 Spanish responses)

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

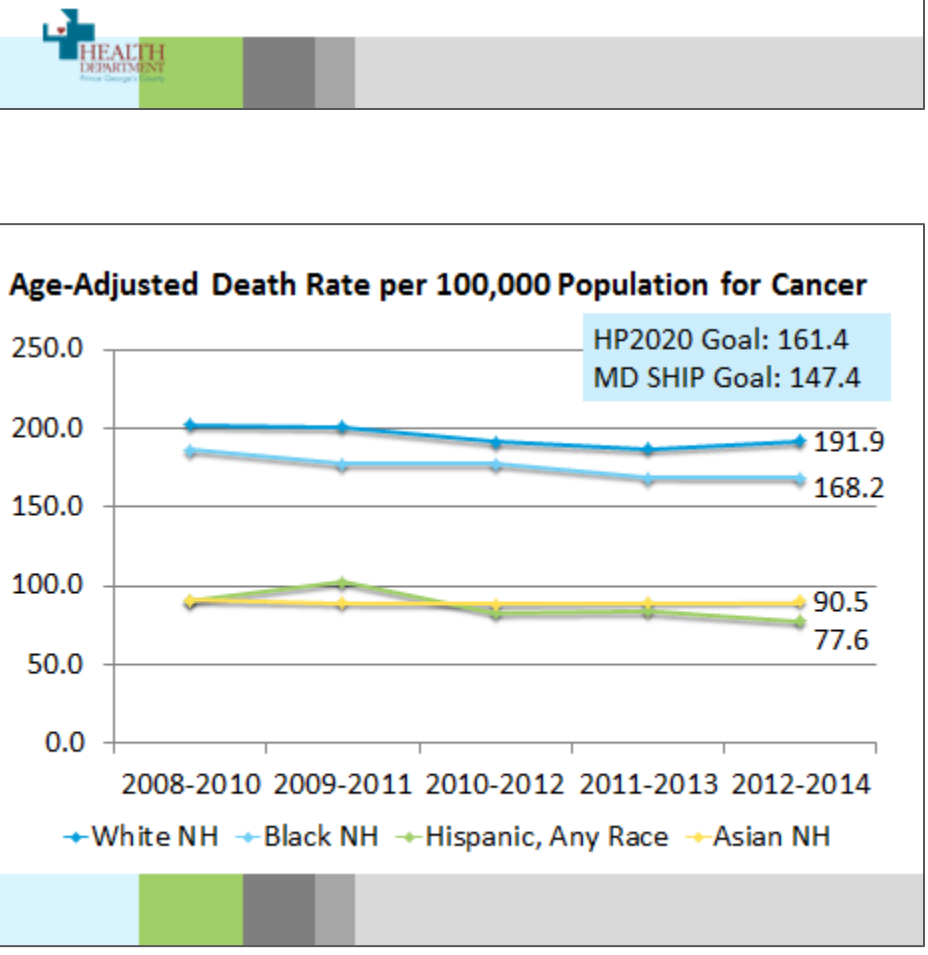
- 14.3%, or nearly 100,000 of adults are estimated to have asthma (MD 2014 BRFSS)
- 13.9% of children are estimated to have asthma (MD 2013 BRFSS).
- 16.7% of Black, non-Hispanic (NH) adults are estimated to have asthma compared to 10.0% of White, NH adults.
- More females (18.5%) than males (9.6%) are 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

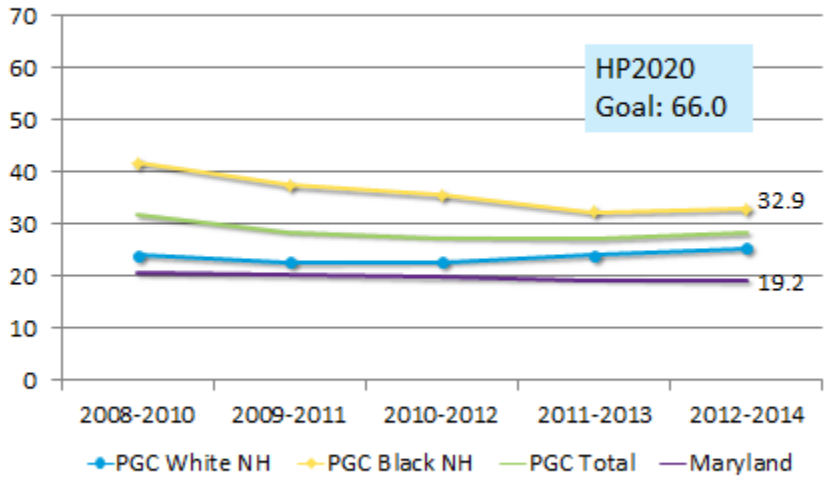
- In 2011, 3,235 residents were diagnosed with cancer in the county, and the cancer incidence rate was 390.0 per 100,000 residents
- In 2011, men had a much higher cancer incidence rate (475.5) than women (333.1)
- In 2011, Black residents had the highest cancer incidence rate
- In 2014, there were 1,349 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

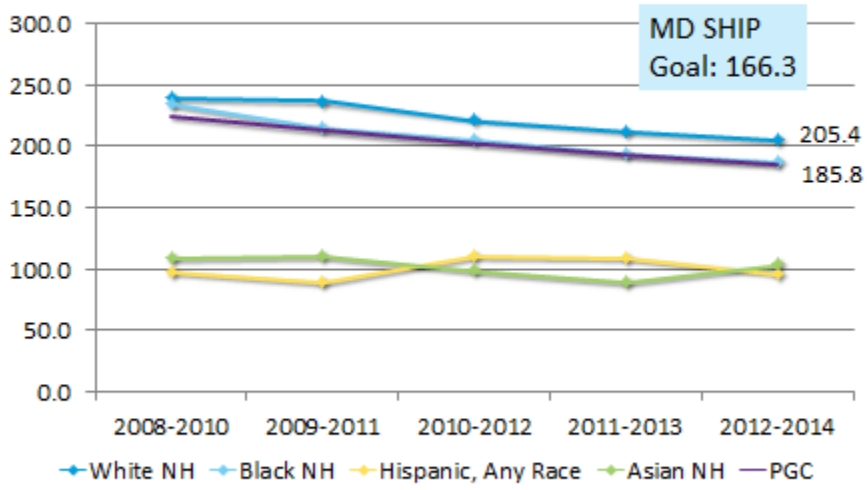
Age-Adjusted Death Rate per 100,000 Population for Diabetes, 2008-2014



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

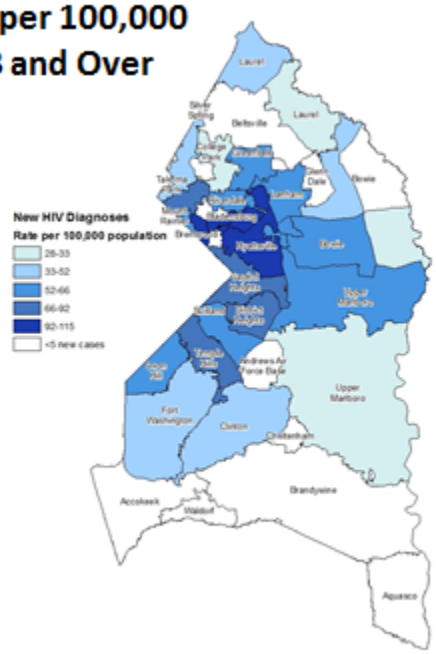


HIV

- 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

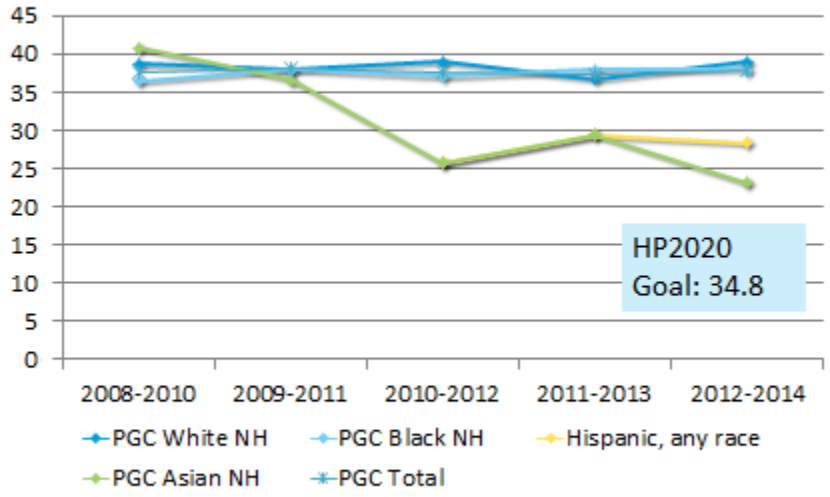
Maryland SHIP Goal: 26.7



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

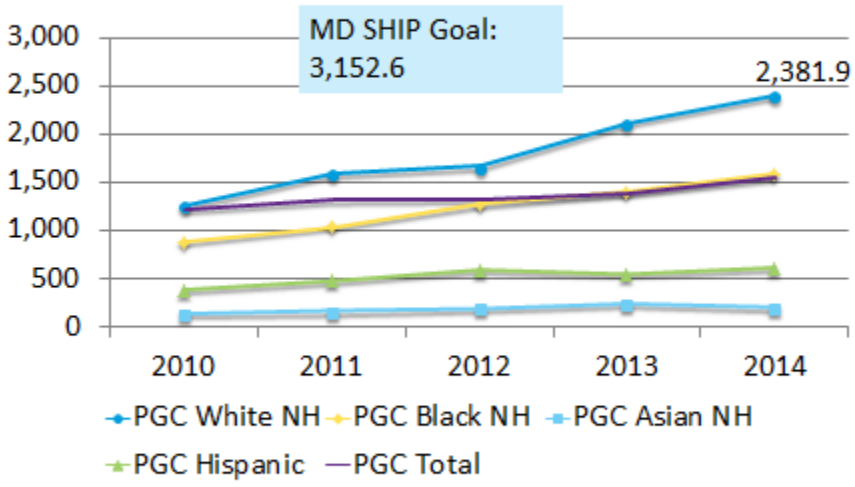
Age-Adjusted Death Rate per 100,000 for Stroke, Prince George's County



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 .

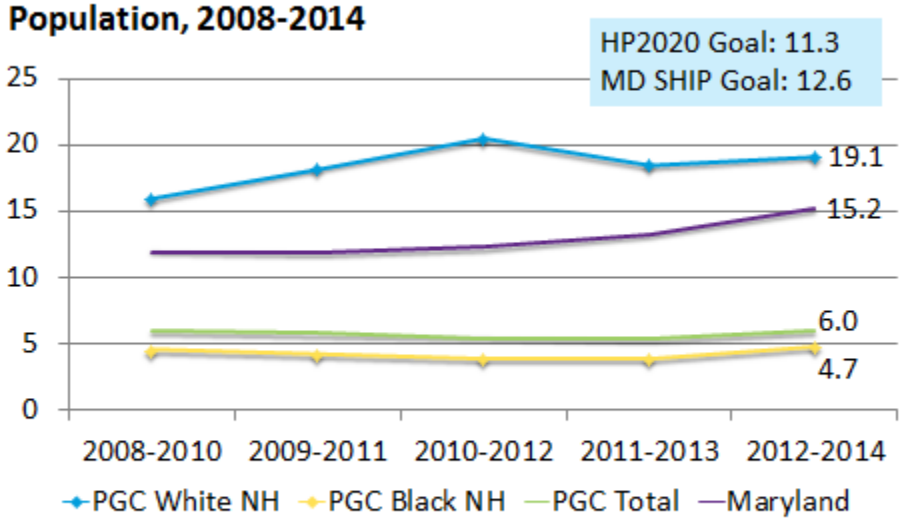
Percent of Adults Who Are Obese, 2014
Healthy People 2020 Goal: 30.5%

	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.

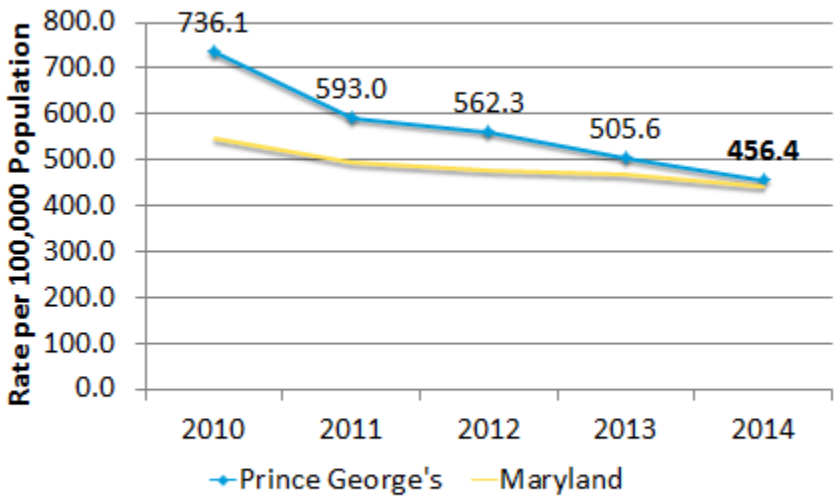
Age-Adjusted Drug-Induced Death Rate per 100,000 Population, 2008-2014



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.

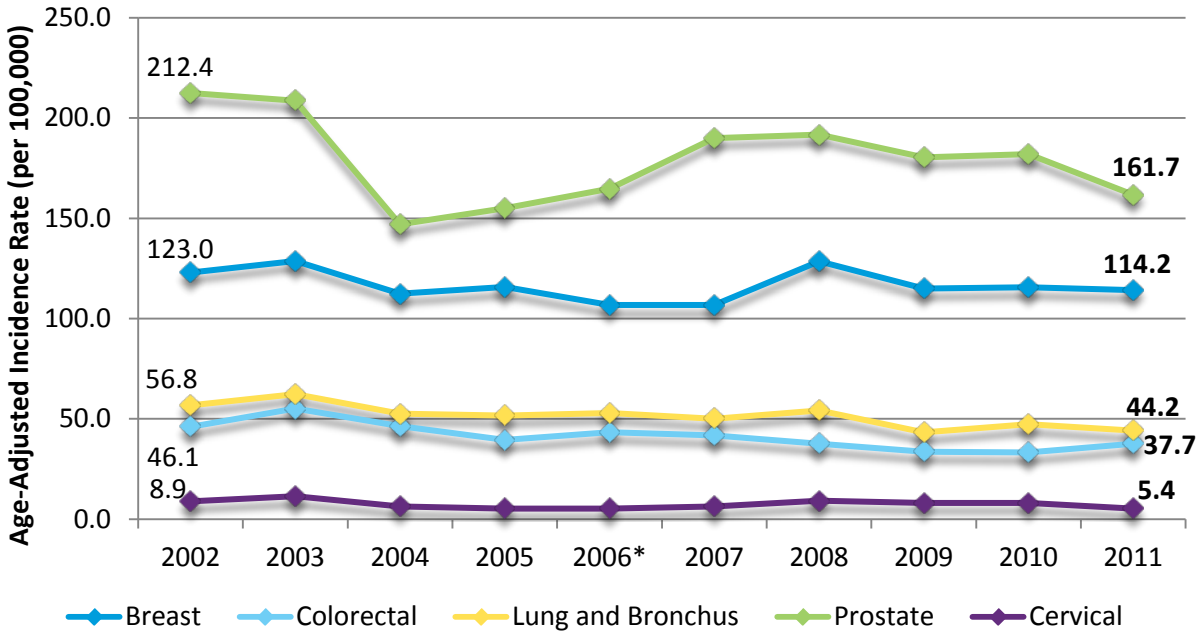
Cancer

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

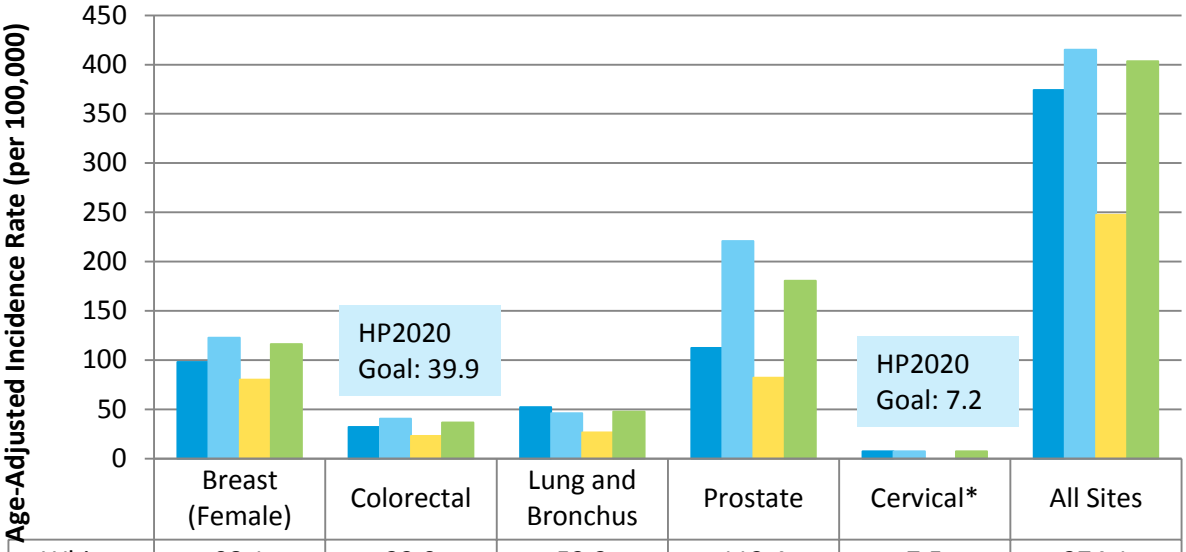
Cancer Age-Adjusted Incidence Rates by Type, Prince George's County, 2002-2011



*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

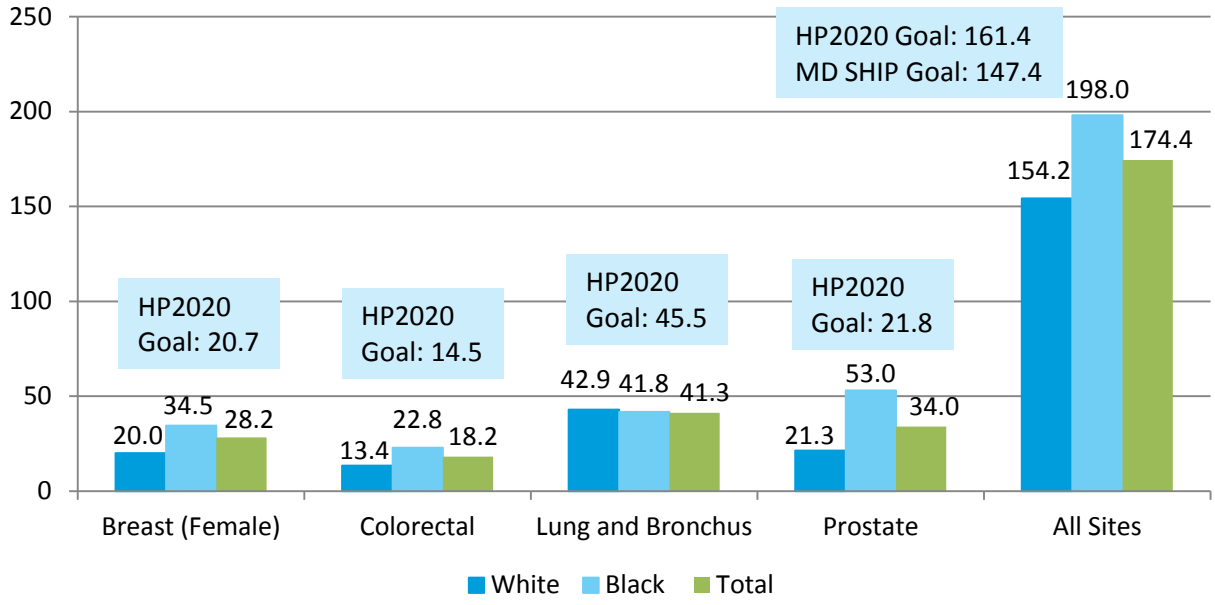
Cancer Age-Adjusted Incidence Rates by Race, Prince George's County, 2007-2011



	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

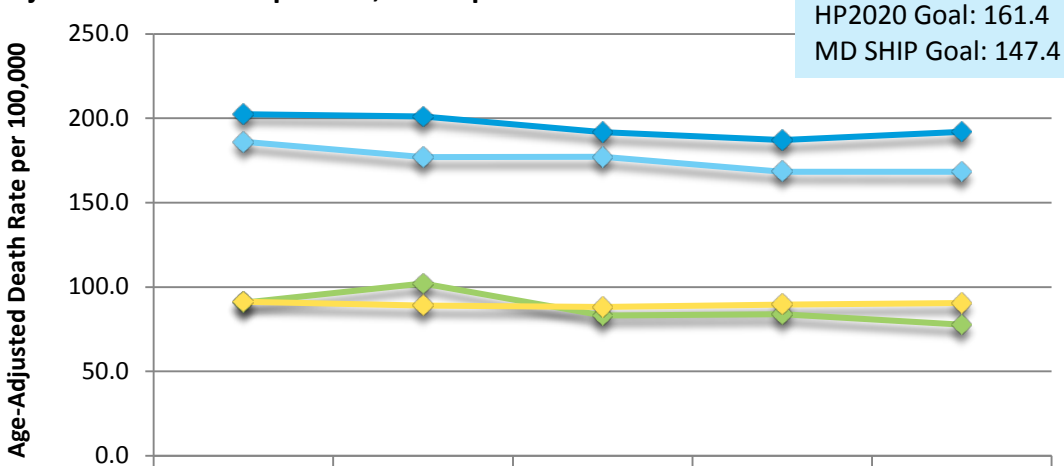


Source: Maryland Department of Health and Mental Hygiene, Annual Cancer Report, 2014
Individuals of Hispanic origin were included within the White or Black estimates and are not listed separately; Asian/Pacific Islanders were omitted due to insufficient numbers.

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

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
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

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
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

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
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

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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

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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

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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.

Attachment 2-Doctors Community Hospital Implementation Plan

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					