PRINCE GEORGE’S COUNTY
PRIMARY HEALTHCARE
STRATEGIC PLAN PROJECT

REPORT OF LOCAL COMMUNITY MEETINGS

June 2014
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EXECUTIVE SUMMARY

A. Introduction

On March 31, April 1, April 2, and April 3, 2014 from 6:30-8:30 p.m. the Prince George’s County Executive’s Office, in partnership with The Maryland-National Capital Park and Planning Commission (M-NCPDC), hosted a series of community meetings to gather input for the Prince George’s County Primary Healthcare Strategic Plan. The meetings were designed to engage the community, capture qualitative information regarding the nature and magnitude of the County’s leading health concerns, and gain a better understanding of how the County, in collaboration with stakeholders, should act to expand and strengthen the County’s primary care system. The meetings were held in four community venues:

March 31 – Wayne K. Curry Sports & Learning Complex, Landover
April 1 – Laurel-Beltsville Senior Center, Laurel
April 2 – Southern Regional Technology and Recreation Complex, Fort Washington
April 3 – St. Margaret Church, Capitol Heights

The meeting objectives were to:

1. Confirm the major health concerns and access to care issues facing County residents.
2. Gather input from residents on the key factors associated with a strong primary care system.

Characteristics of Meeting Participants

- More than 100 community residents participated in the four community meetings.
- There was an even distribution of men and women and a disproportionate number of middle-aged and older adults. The majority of participants were African American, followed by Whites (non-Hispanic), then Hispanics, and finally Asians. Very few Hispanics and Asians participated.
- Sixty-six percent of participants had lived in Prince George’s County for more than 20 years.
- Approximately 50 percent of meeting participants opted to receive care outside the County.
- Approximately 75 percent of the meeting participants received their care at a private doctor’s office, 10 percent at a community clinic (e.g., Federally Qualified Health Center), and 6 percent at a hospital emergency room.
- Approximately 45 percent of participants said the most important factor in choosing a primary care doctor was the quality of the provider, 23 percent said it was whether the provider was in their insurance company’s network, and 16 percent said it was whether there was a one-stop-shopping approach to care.

B. Highlights from Findings

1. Major Health Concerns and Access to Care Issues

Meeting participants’ perceptions regarding major health concerns, risky behaviors, gaps in service, and root causes of poor health mirrored what we know from reviewing data compiled by the Prince George’s County Health Department and other sources.

- Primary health issues were perceived to be: obesity, lack of access to healthcare services, diabetes, heart disease, stroke, hypertension, cancer, asthma, Chronic Obstructive Pulmonary
Disease (COPD), mental health, substance abuse, HIV/AIDS, sexually transmitted infections (STIs), and oral health.

- Leading risky health behaviors were perceived to be: poor diet, lack of physical activity, lack of engagement in care, use of alcohol, use of illicit drugs, and tobacco use.
- Major gaps in healthcare services were perceived to be: primary medical care, dental care, mental healthcare/substance abuse services, and specialty care services, as well as a lack of access to health education and case/care management services.
- Major barriers to healthcare services were perceived to be: provider shortages (particularly for low-income populations), lack of transportation, cost, long wait-times for appointments, poor quality, limited access to after-hours or weekend care, and lack of health insurance (particularly for segments of the immigrant population).
- Leading causes of the health issues and behaviors listed above were perceived to be: lack of access to healthy foods, poverty, unemployment/economic issues, lack of education, cultural/linguistic barriers, low health literacy, genetic predisposition, and provider issues (e.g., service gaps, poor communication, poor coordination, etc.).

2. According to meeting participants, the key factors associated with strengthening the County's primary care system were related to: 1) primary care capacity/access, 2) quality/patient-centeredness, and 3) scope of service.

Primary care access/capacity

- Primary care provider shortages exist for large numbers of County residents, particularly in areas located inside the Capital Beltway and in the southern portion of the County.
- Lack of after-hours/weekend care was expressed by many as a major problem, which often led to inappropriate hospital emergency department utilization.
- Transportation barriers exist, particularly for those inside the Beltway, leading many residents to leave the County for care.
- Cost is a leading barrier to care and there are a very limited number of providers for low-income, Medicaid-insured, uninsured, or underinsured residents.
- Major gaps in access with respect to behavioral health, dental, medical specialty, and home healthcare services.
- Need to ensure access to outreach, insurance eligibility/enrollment services, case management services, chronic disease management, self-management support services, health education, screening, and other preventive services.
- Need to ensure access to holistic, integrative, and alternative medicine approaches.
- Access is particularly limited and fragmented for adults and children with special healthcare needs, including those with developmental and/or cognitive impairments.

High-Quality, Patient-Centered Care

- Need to ensure access to primary care providers who are trusted, who treat their patients with respect, and who provide quality, patient-centered care.
• Need to ensure that patients feel that they are a respected part of the healthcare team.
• Need to ensure access to culturally and linguistically competent and responsive care.
• Need to ensure that providers are highly qualified and applying state-of-the-art screening, diagnostic, and treatment protocols.
• Need to ensure that care is being guided and supported by state-of-the-art electronic medical record systems.
• Need to ensure that care is well-coordinated across practice settings and that systems are in place to facilitate communication, information sharing, and referrals.
• Need to ensure that there is a patient-friendly, respectful, competent front desk and clinical support staff at point of entry and beyond.
• Need to ensure access to state-of-the-art facilities and equipment.

**Scope of Service (Comprehensive Care)**

• Need to ensure that residents have access to a full continuum of care that is easily accessible, preferably in the County or in close proximity to where residents live.

• Need to ensure that patients have adequate access within the network of providers that is available to them through their health plan.

• Best if care of mental health, substance abuse, and specialty care services related to chronic disease management are integrated within the primary care setting.

3. **Meeting participants cited a range of factors related to outmigration.**

**Leading factors are:**

• Care perceived by many to be of higher quality outside the County.

• Some participants, and particularly those within the Capital Beltway, said it was often easier to find providers outside the County than inside the County due to transportation accessibility.

• Many residents have long-standing relationships with providers who practice outside the County, which are hard to break, and are often tied to where they work or their prior residence.

• For some, it is easier and faster to use transportation routes (e.g., roads, highways, public transportation lines, etc.) that lead them outside the County than to use smaller, more congested, or more circuitous routes to access services in the County.
INTRODUCTION

On March 31, April 1, April 2, and April 3, 2014 from 6:30-8:30 p.m. the Prince George’s County Executive’s Office, in partnership with The Maryland-National Capital Park and Planning Commission (M-NCPCC), hosted a series of community meetings to gather community input for the Prince George’s County Primary Healthcare Strategic Plan. The meetings were designed to engage the community, capture qualitative information regarding the nature and magnitude of the county’s leading health concerns, and gain a better understanding of how the County in collaboration with stakeholders should act to expand and strengthen the County’s primary healthcare system.

The meetings were held in four community venues.

March 31 – Wayne K. Curry Sports & Learning Complex, Landover
April 1 – Laurel-Beltsville Senior Center, Laurel
April 2 – Southern Regional Technology and Recreation Complex, Fort Washington
April 3 – St. Margaret Church, Capitol Heights

The meeting objectives were to:

3. Confirm the major health concerns and access to care issues facing County residents, and
4. Gather input from residents on the key factors associated with a strong primary care system

The meetings were organized and facilitated by staff at John Snow, Inc. (JSI). M-NCPCC selected the meeting locations and venues, invited the community, marketed the event, and provided logistical support. Betty Hager Francis, Deputy Chief Administrative Officer for Health, Human Services and Education, and Pam Creekmur, Health Officer, Prince George’s County Health Department, were present at each meeting to welcome the community and provide introductory remarks regarding the purpose and goals of the event.

Summary Characteristics of Participants

- More than 100 community residents participated in the four community meetings.
- Information on the gender, age, and race/ethnicity of participants was not formally captured but based on observation there was an even distribution of men and women and a disproportionate number of middle-aged and older adults. With respect to race/ethnicity, the majority of participants were African American, followed by Whites (non-Hispanic), Hispanics, and Asians. It should be noted that based on visual observation, it did not appear that many Hispanics or Asians participated.
- Sixty-six percent of participants had lived in Prince George’s County for more than 20 years and 22 percent of participants had lived in the County for more than 40 years.
- Approximately 33 percent participants said they attended the meetings because they wanted to help develop a strong healthcare system and another 33 percent said that they attended to help improve the health of the community.
- Approximately 50 percent of meeting participants opted to receive care outside the County. In 3 out of 4 meetings, the percentage of the participants who opted to receive care outside of the County was exactly 53 percent.
- Approximately 75 percent of the meeting participants received their care at a private doctor’s office, 10 percent at a community clinic (e.g., Federally Qualified Health Center), and 6 percent at a hospital emergency room.
• Approximately 45 percent of participants said the most important factor in choosing a primary care doctors was the quality of the provider, 23 percent said whether the provider was in their insurance company’s network, and 16 percent said whether there was a one-stop-shopping approach to care.

FINDINGS

1. **Major Health Concerns and Access to Care Issues Meeting participants’ perceptions regarding major health concerns, risky behaviors, gaps in service, and root causes of poor health mirrored what we know from reviewing data compiled by the Prince George’s County Health Department and other sources.**

• **Primary health issues** were perceived to be: obesity, lack of access to healthcare services, diabetes, heart disease, stroke, hypertension, cancer, COPD, asthma, mental health, substance abuse, HIV/AIDS, sexually transmitted infections (STI’s), and oral health.
  
  i. According to the anonymous polling that was done at the meeting using an automated, wireless keypad system, participants ranked obesity as the leading health concern (21 percent of participants) followed by lack of access to healthcare services (20 percent), diabetes (16 percent), heart disease/stroke (14 percent), mental health issues (9 percent), violence (8 percent), and other issues (12 percent).
  
  ii. Discussions were vibrant, free flowing, and respectful. Nearly everyone took the opportunity to express their views.
  
  iii. People spoke about the high rates of diabetes, hypertension, and heart disease/stroke but obesity, poor nutrition/eating habits, lack of access to healthy foods, lack of exercise, poverty/economic issues, and the fact that many have unmet service needs were the most dominant themes in this area.
  
  iv. Cancer, asthma, COPD, mental health, substance abuse, HIV/AIDS, and oral health were secondary themes but they resonated strongly across all groups as having a major impact on the health of the County.

• **Leading risky health behaviors** were perceived to be: poor diet, lack of physical activity, lack of engagement in care, use of alcohol and illicit drugs, and tobacco use.
  
  i. As discussed above, there was a clear understanding of the illnesses and diseases that were most prevalent in the County but most of the discussion revolved around risky behaviors, poor health habits, and access to care as the most significant health related concerns.

• **Major gaps in healthcare services** were perceived to be: primary medical care, dental care, mental healthcare, substance abuse services, and specialty care services as well as lack of access to health education and case/care management services.
  
  i. Service gaps are particularly extreme for low-income, Medicaid insured, uninsured, and certain immigrant residents inside the Beltway.
  
  ii. Geographic gaps exist across the County that hinder access for all, regardless of socio-economic status.
  
  iii. Participants discussed the importance of ensuring access to quality specialty care services, which some felt were lacking. People expressed the idea that you cannot have a strong primary care system unless you also have a strong specialty care referral network.
iv. There was extensive discussion regarding the lack of services for children and adults with special healthcare needs and/or with developmental and cognitive impairments. Most parents/caregivers of these healthcare consumers obtain services in Baltimore or Washington, D.C.

- **Major barriers to healthcare services** were perceived to be: provider shortages (particularly for low-income populations), lack of transportation, cost, long wait-times for appointments, poor quality, limited access to after-hours or weekend care, and lack of health insurance (particularly for certain segments of the immigrant population).
  
i. Transportation was said to be a major barrier for many, particularly for those inside the Beltway. Lack of transportation within the County leads many residents to take public transit outside of the County for care.
  
ii. Cost of services and poverty were discussed as a barrier to care for many.
  
iii. Lack of quality, long wait-times, lack of respect/trust were seen as significant barriers to care for some people that led them to migrate outside of the County for care.
  
iv. A few people spoke passionately about the challenges they faced finding affordable health insurance, particularly in the context of health reform.

- **Leading causes of the health issues and behaviors listed above** were perceived to be: lack of access to healthy foods, poverty, unemployment/economic issues, lack of education, cultural/linguistic barriers, low health literacy, genetic predisposition, and provider issues (e.g., service gaps, poor communication, poor coordination, etc.).
  
i. There was extensive discussion regarding existence of food deserts, where there was limited access to affordable, nutritional foods. Participants talked about the abundance of fast food establishments and limited places to buy fresh fruits, vegetables, and other unprocessed, high-quality food.
  
ii. There was extensive discussion regarding the impact of poverty and low socio-economic status, which hindered many residents’ ability to pay co-pays, fill medication prescriptions, take time off from work or pay for childcare to go to appointments, pay for transportation, etc.
  
iii. Unemployment and lack of education were also discussed as underlying issues that prevented individuals and families from getting jobs and taking the steps necessary to maintain a healthy lifestyle.
  
iv. Cultural and linguistic competence of providers and the health literacy of patients were also mentioned by a number of participants as root causes of poor health.

2. **According to meeting participants, the key factors associated with strengthening the County’s primary care system were related to: 1) primary care capacity/access, 2) quality patient-centeredness, and 3) scope of service.**

Primary care access/capacity

- **Primary care provider shortages** exist for large numbers of County residents particularly in areas located inside the Beltway and in the southern portion of the County regardless of insurance or income status.
• Lack of after-hours/weekend care was expressed by many as a major problem, which often led to inappropriate hospital emergency department utilization.

• Transportation barriers exist, particularly for those inside the Beltway, leading many residents to leave the County for care, often using public transportation.

• Cultural/linguistic competence is essential to building trust and ensuring that all County residents can communicate fully with their providers and receive the highest quality, patient-centered care.

• Cost is a leading barrier to care, and there are a limited number of providers who provide care to low-income, Medicaid insured, uninsured or underinsured residents.

• Major gaps in access with respect to behavioral health, dental, medical specialty, and home healthcare services. Not just lack of access to primary care but also the full range of outpatient services. Gaps are especially significant for the low-income population but are linked to particular geographic areas too.

• Need to ensure access to outreach and insurance eligibility/enrollment services, case management services, chronic disease management, self-management support services, health literacy, health screening and other preventive services to ensure every patient is receiving the services necessary to manage and cope with their illnesses.

• Need to ensure access to mental health, substance abuse, and oral health services for the entire County’s population, no matter of the income status of each patient.

• Access is particularly limited and fragmented for adults and children those with special healthcare needs, including those with developmental and/or cognitive impairments.

• Need to ensure access to home-based services for older adults and others with chronic or acute illness who have limited mobility.

**High-Quality, Patient-centered care**

• Need to ensure access to primary care providers that are trusted, that treat their patients with respect, and that provide quality, patient-centered care. Many meeting participants expressed that this was often a challenge and that providers were too often disrespectful and rushed them.

• Need to ensure a patient-friendly and positive atmosphere to ensure proper engagement in preventive, acute, and follow-up care.

• Need to ensure that patients feel that they are a respected part of the healthcare team.

• Need to ensure access to culturally and linguistically competent and responsive care.

• Need to ensure that providers are highly qualified (e.g., board certified, well-trained, have extensive experience) and applying state-of-the-art screening, diagnostic, and treatment protocols.

• Need to ensure that care is being guided and supported by state-of-the-art electronic medical record systems with data analytic capabilities to facilitate appropriate decision support, referrals, information sharing, treatment documentation, and patient-provider communication.

• Need to ensure that care is well-coordinated across practice settings and that there are systems in place that allow providers to communicate, share information, and facilitate seamless referrals.
Improved communication should ensure that care is tailored specifically to the patients’ needs and the providers are as prepared as possible.

- **Full range of primary care and specialty care services should be well-integrated.** Co-location of services that promote one-stop-shopping is optimal.

- **Need to ensure that there is a positive, courteous, respectful, and competent front desk and clinical support staff at point of entry and beyond.** Ensure there are limited wait-times, timely follow-up care, and respect for patient privacy.

- **Need to ensure access to state-of-the-art facilities, equipment, and services.**

- **Need to focus on marketing and fostering a positive public perception of available healthcare services.**

- **Need to facilitate secure and timely sharing of patient information across practice settings.**

**Scope of service (Comprehensive care)**

- **Need to ensure that residents have access to a full continuum of care that is easily accessible,** preferably in the County or in close proximity to where residents live.

- Need to ensure that patients have adequate access within the network of providers that is available to them through their health plan.

- **Mental health, substance abuse, dental, and other specialty services** related to chronic disease management should be integrated within the primary care setting.

- **Need to ensure access to holistic, integrative, alternative medicine** approaches to residents who are interested.

3. **Meeting participants cited a range of different factors that led to residents seeking primary medical, dental, and behavioral healthcare services outside the County.**

- Care perceived by many to be of higher quality outside the County.

- Many residents have long-standing relationships with providers located outside the County, and such historical ties are hard to break. Often tied to where they work or their prior residence.

- Some find it easier and faster to use transportation routes that lead them outside the County than it is to use smaller, more congested, routes to access services within the County.

- For some, their insurance provider networks require that they get care outside of the County. Even if their primary care services are in the County, their specialty care services are outside the County. This leads many to seek primary care outside the County so that it is more closely linked to their specialty care.

- Lack of access to care is often more about whether patients are appropriately engaged in care and aware of the importance of the services they need than it is about lack of primary care provider capacity.
APPENDICES

Appendix A: Summary of Polling Questions on Meeting Participant Characteristics
Appendix B: Summary Results from Tree Diagram Exercise on Leading Health Issues, Risky Behaviors, and Determinants of Health
Appendix C: Summary Results from Root Cause/Fishbone Diagram Exercise on Major Issues Associated with a Strong Primary Care System
Appendix D: Maps of Meeting Participants’ Place of Residence
Appendix E: Facilitators Guide
Appendix F: Marketing Materials
Appendix A: Summary of Polling Questions on Meeting Participant Characteristics

Meeting 1: March 31 – Wayne K. Curry Sports & Learning Complex, Landover
Meeting 2: April 1 – Laurel Beltsville Senior Center, Laurel
Meeting 3: April 2 – Southern Regional Technology and Recreation Complex, Fort Washington
Meeting 4: April 3 – St. Margaret Church, Capitol Heights

1. How long have you lived in Prince George’s County?

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Count</th>
<th>Percent</th>
<th>Count</th>
<th>Percent</th>
<th>Count</th>
<th>Percent</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>3</td>
<td>6.82%</td>
<td>4</td>
<td>20.00%</td>
<td>0</td>
<td>0.00%</td>
<td>2</td>
<td>5.71%</td>
<td>9</td>
</tr>
<tr>
<td>2 to 5 years</td>
<td>2</td>
<td>4.55%</td>
<td>1</td>
<td>5.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
<td>2.86%</td>
<td>4</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>1</td>
<td>2.27%</td>
<td>2</td>
<td>10.00%</td>
<td>0</td>
<td>0.00%</td>
<td>2</td>
<td>5.71%</td>
<td>5</td>
</tr>
<tr>
<td>11 to 20 years</td>
<td>8</td>
<td>18.18%</td>
<td>4</td>
<td>20.00%</td>
<td>2</td>
<td>18.18%</td>
<td>4</td>
<td>11.43%</td>
<td>18</td>
</tr>
<tr>
<td>21 to 30 years</td>
<td>10</td>
<td>22.73%</td>
<td>3</td>
<td>15.00%</td>
<td>2</td>
<td>18.18%</td>
<td>8</td>
<td>22.86%</td>
<td>23</td>
</tr>
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<td>31 to 40 years</td>
<td>9</td>
<td>20.45%</td>
<td>4</td>
<td>20.00%</td>
<td>6</td>
<td>54.55%</td>
<td>8</td>
<td>22.86%</td>
<td>27</td>
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<td>More than 40 years</td>
<td>11</td>
<td>25.00%</td>
<td>2</td>
<td>10.00%</td>
<td>1</td>
<td>9.09%</td>
<td>10</td>
<td>28.57%</td>
<td>24</td>
</tr>
<tr>
<td>Totals</td>
<td>44</td>
<td>100%</td>
<td>20</td>
<td>100%</td>
<td>11</td>
<td>100%</td>
<td>35</td>
<td>100%</td>
<td>110</td>
</tr>
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</table>

2. Why are you here? (Choose the one response that most describes your feelings.)

<table>
<thead>
<tr>
<th>Count</th>
<th>Percent</th>
<th>Count</th>
<th>Percent</th>
<th>Count</th>
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<th>Count</th>
<th>Percent</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to help develop a strong healthcare system</td>
<td>15</td>
<td>30.00%</td>
<td>11</td>
<td>45.83%</td>
<td>5</td>
<td>45.45%</td>
<td>12</td>
<td>30.00%</td>
<td>43</td>
</tr>
<tr>
<td>I want to advocate for a certain group of people who are at risk</td>
<td>9</td>
<td>18.00%</td>
<td>3</td>
<td>12.50%</td>
<td>1</td>
<td>9.09%</td>
<td>9</td>
<td>22.50%</td>
<td>22</td>
</tr>
<tr>
<td>I want to help improve the health of my community</td>
<td>20</td>
<td>40.00%</td>
<td>6</td>
<td>25.00%</td>
<td>3</td>
<td>27.27%</td>
<td>16</td>
<td>40.00%</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>12.00%</td>
<td>4</td>
<td>16.67%</td>
<td>2</td>
<td>18.18%</td>
<td>3</td>
<td>7.50%</td>
<td>15</td>
</tr>
<tr>
<td>Totals</td>
<td>50</td>
<td>100%</td>
<td>24</td>
<td>100%</td>
<td>11</td>
<td>100%</td>
<td>40</td>
<td>100%</td>
<td>125</td>
</tr>
</tbody>
</table>
3. What do you consider the leading health issues facing Prince George’s County? (Rank your top three issues, most important first)

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Meeting 1 Responses</th>
<th>Meeting 2 Responses</th>
<th>Meeting 3 Responses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weighted Count</td>
<td>Weighted Count</td>
<td>Weighted Count</td>
<td>Weighted Count</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Diabetes</td>
<td>189</td>
<td>110</td>
<td>9</td>
<td>308</td>
</tr>
<tr>
<td></td>
<td>15.16%</td>
<td>17.80%</td>
<td>11.69%</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>297</td>
<td>78</td>
<td>30</td>
<td>405</td>
</tr>
<tr>
<td></td>
<td>23.82%</td>
<td>12.62%</td>
<td>38.96%</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>82</td>
<td>89</td>
<td>0</td>
<td>171</td>
</tr>
<tr>
<td></td>
<td>6.58%</td>
<td>14.40%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Lack of access to quality and affordable healthcare services</td>
<td>226</td>
<td>151</td>
<td>18</td>
<td>395</td>
</tr>
<tr>
<td></td>
<td>18.12%</td>
<td>24.43%</td>
<td>23.38%</td>
<td></td>
</tr>
<tr>
<td>Substance abuse</td>
<td>36</td>
<td>26</td>
<td>0</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>2.89%</td>
<td>4.21%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Heart disease/stroke</td>
<td>185</td>
<td>72</td>
<td>10</td>
<td>267</td>
</tr>
<tr>
<td></td>
<td>14.84%</td>
<td>11.65%</td>
<td>12.99%</td>
<td></td>
</tr>
<tr>
<td>Violence</td>
<td>98</td>
<td>66</td>
<td>0</td>
<td>164</td>
</tr>
<tr>
<td></td>
<td>7.86%</td>
<td>10.68%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Lack of access to healthy foods</td>
<td>71</td>
<td>17</td>
<td>10</td>
<td>98</td>
</tr>
<tr>
<td></td>
<td>5.69%</td>
<td>2.75%</td>
<td>12.99%</td>
<td></td>
</tr>
<tr>
<td>Lack of access to safe and affordable places to exercise</td>
<td>37</td>
<td>0</td>
<td>0</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>2.97%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>9</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>2.09%</td>
<td>1.46%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1247</strong></td>
<td><strong>618</strong></td>
<td><strong>77</strong></td>
<td><strong>1942</strong></td>
</tr>
</tbody>
</table>

4. For those of you that have a usual source of care when you are sick or need advice about your health, is that place inside or outside the County?

<table>
<thead>
<tr>
<th>Source of Care</th>
<th>Meeting 1 Responses</th>
<th>Meeting 2 Responses</th>
<th>Meeting 3 Responses</th>
<th>Meeting 4 Responses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
<td>Percent</td>
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<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Private Doctor’s Office</td>
<td>19</td>
<td>76.00%</td>
<td>7</td>
<td>63.64%</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>76.00%</td>
<td></td>
<td>63.64%</td>
<td>10.11%</td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Department</td>
<td>1</td>
<td>4.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4.00%</td>
<td></td>
<td>0.00%</td>
<td>11.11%</td>
<td></td>
</tr>
<tr>
<td>Hospital-based outpatient department</td>
<td>3</td>
<td>12.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>12.00%</td>
<td></td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Community-based urgent care facility</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
<td>9.09%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0.00%</td>
<td></td>
<td>9.09%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Clinic or health center</td>
<td>2</td>
<td>8.00%</td>
<td>1</td>
<td>9.09%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>8.00%</td>
<td></td>
<td>9.09%</td>
<td>11.11%</td>
<td></td>
</tr>
<tr>
<td>I don’t have a place where I usually go</td>
<td>0</td>
<td>0.00%</td>
<td>2</td>
<td>18.18%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0.00%</td>
<td></td>
<td>18.18%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>25</strong></td>
<td><strong>100%</strong></td>
<td><strong>11</strong></td>
<td><strong>100%</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

5. For those of you who stay inside Prince George’s County for care when you are sick or need advice about your health, from which type of setting are you most likely to seek care?

<table>
<thead>
<tr>
<th>Setting</th>
<th>Meeting 1 Responses</th>
<th>Meeting 2 Responses</th>
<th>Meeting 3 Responses</th>
<th>Meeting 4 Responses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Private Doctor’s Office</td>
<td>19</td>
<td>76.00%</td>
<td>7</td>
<td>63.64%</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>76.00%</td>
<td></td>
<td>63.64%</td>
<td>11.11%</td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Department</td>
<td>1</td>
<td>4.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>4.00%</td>
<td></td>
<td>0.00%</td>
<td>11.11%</td>
<td></td>
</tr>
<tr>
<td>Hospital-based outpatient department</td>
<td>3</td>
<td>12.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>12.00%</td>
<td></td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Community-based urgent care facility</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
<td>9.09%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0.00%</td>
<td></td>
<td>9.09%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>Clinic or health center</td>
<td>2</td>
<td>8.00%</td>
<td>1</td>
<td>9.09%</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>8.00%</td>
<td></td>
<td>9.09%</td>
<td>11.11%</td>
<td></td>
</tr>
<tr>
<td>I don’t have a place where I usually go</td>
<td>0</td>
<td>0.00%</td>
<td>2</td>
<td>18.18%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0.00%</td>
<td></td>
<td>18.18%</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>25</strong></td>
<td><strong>100%</strong></td>
<td><strong>11</strong></td>
<td><strong>100%</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>
6. For those of you who go outside Prince George’s County for care when you are sick or need advice about your health, from which type of setting are you most likely to seek care?

<table>
<thead>
<tr>
<th></th>
<th>Meeting 1 Responses</th>
<th>Meeting 2 Responses</th>
<th>Meeting 3 Responses</th>
<th>Meeting 4 Responses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
</tr>
<tr>
<td>Private Doctor’s Office</td>
<td>14</td>
<td>63.64%</td>
<td>14</td>
<td>93.33%</td>
<td>3</td>
</tr>
<tr>
<td>Hospital Emergency</td>
<td>1</td>
<td>4.55%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Hospital-based outpatient</td>
<td>2</td>
<td>9.09%</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
</tr>
<tr>
<td>Community-based urgent</td>
<td>2</td>
<td>9.09%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>Clinic or health center</td>
<td>3</td>
<td>13.64%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>I don’t have a place where</td>
<td>0</td>
<td>0.00%</td>
<td>1</td>
<td>6.67%</td>
<td>0</td>
</tr>
<tr>
<td>usually go</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>22</td>
<td>100%</td>
<td>15</td>
<td>100%</td>
<td>4</td>
</tr>
</tbody>
</table>

7. What is the leading factor in choosing a regular/primary care doctor?

<table>
<thead>
<tr>
<th></th>
<th>Meeting 1 Responses</th>
<th>Meeting 2 Responses</th>
<th>Meeting 3 Responses</th>
<th>Meeting 4 Responses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
</tr>
<tr>
<td>Having the best healthcare</td>
<td>23</td>
<td>51.11%</td>
<td>10</td>
<td>41.67%</td>
<td>6</td>
</tr>
<tr>
<td>provider (highly respected,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nationally recognized, board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>certified)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is close by and I can</td>
<td>1</td>
<td>2.22%</td>
<td>2</td>
<td>8.33%</td>
<td>1</td>
</tr>
<tr>
<td>get there quickly (by car or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>public transit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having a range of medical</td>
<td>9</td>
<td>20.00%</td>
<td>4</td>
<td>16.67%</td>
<td>0</td>
</tr>
<tr>
<td>services in one location</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Top notch facilities</td>
<td>3</td>
<td>6.67%</td>
<td>1</td>
<td>4.17%</td>
<td>1</td>
</tr>
<tr>
<td>Best location (retail, food</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
</tr>
<tr>
<td>shopping, other services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>near by)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is within my healthplan</td>
<td>8</td>
<td>17.78%</td>
<td>6</td>
<td>25.00%</td>
<td>5</td>
</tr>
<tr>
<td>network</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reason</td>
<td>1</td>
<td>2.22%</td>
<td>1</td>
<td>4.17%</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>45</td>
<td>100%</td>
<td>24</td>
<td>100%</td>
<td>13</td>
</tr>
</tbody>
</table>
### Appendix B: Summary Results from Tree Diagram Exercise on Leading Health Issues, Risky Behaviors, and Determinants of Health

#### What are the leading healthcare issues, conditions, illnesses, or causes of death?

- Obesity
- Diabetes
- Heart Disease/Stroke
- Dental
- High Blood Pressure/Hypertension
- Dementia/Alzheimer’s
- Asthma
- HIV/STIs
- Mental Health (depression, stress, attention deficit disorder, autism, learning disabilities, posttraumatic stress disorder)
- Substance Abuse/Addiction
- Cancer
- Allergies
- Other Conditions (mentioned at only one meeting)
  - Chronic Pain
  - Accidents
  - Sickle Cell
  - Renal Disease
  - Infant Mortality
  - Vision and Hearing
  - Geriatric

#### What behaviors are related to these health issues and conditions?

- **Diet**
  - (overeating, poor nutrition, excess sugar and salt, not cooking)
- **Accessing Care**
  - (lack of preventative screening, not going to a primary care physician, going to the ED for care, delaying care)
- **Use of Drugs/Alcohol/Smoking**
- **Sedentary Lifestyles**
  - (not exercising, lack of exercise)
- **Education**
  - (not practicing safe sex, not understanding medication, poor disease management, not doing what you should for your health)

#### What are the root causes or reasons for these behaviors, health issues and conditions?

- **Food Access**
  - (food swamps, food deserts, affordability of fast food, no healthy food options, commercials/marketing toward unhealthy food, unhealthy school food options)
- **Insurance**
  - (limited insurance networks, enrollment struggles, system/administrative barriers, system navigation)
- **Transportation**
  - (no way to get to the doctor, lack of access to transportation, long drives)
- **Education**
  - (misunderstanding of Affordable Care Act, poor health literacy, lack of health/wellness education, no knowledge of available resources, high school drop-out rates, no physical education or recess at school)
- **Income**
  - (lack of income, unemployment, housing/homelessness, multiple jobs, lack of affordable medications)
- **Culture**
  - (genetics, priorities, stigma around getting care, language, religion, traditions)
- **Providers**
  - (little time with doctors, shortage of PCPs in neighborhoods, lack of available child care, no in-home care, no aging/care giver support, no specialty care, lack of preventative care, lack of mental health/substance abuse, lack of affordable dental care, long wait times for appointments, no case management support systems, alternatives to prescribing medications)
- **Environment**
  - (environmental factors, lack of walkable/bike friendly areas, violence, pedestrian safety/connectivity, pollution, lack of community gardens, cost for parks and rec facilities)
Appendix C: Summary Results from Root Cause/Fishbone Diagram Exercise on Major Issues Associated with a Strong Primary Care System

- What is the range of factors associated with a strong primary care system?
- Why do residents opt to seek primary medical, dental, and behavioral healthcare services outside the County?
- How do residents perceive the quality of primary care services in the County?

### Factor 1: Access
- For everyone- inclusive of diverse population, inclusive of those with developmental disabilities of all ages
- Location- convenience to work, within retail areas, neighborhood clinics, satellite mental health clinics, dispersed location
- Longer and extended hours- non-Emergency Department services available 24/7
- Transportation-linked to public transportation, provide transportation
- Enough primary care providers- more options for those inside the beltway
- Preventative Care- screening and sensitivity, comprehensive, aligned with schools, instead of going to Emergency Department
- Appointments available without long wait times
- Language and cultural competence
- Affordability- more safety net providers, education about Maryland programs, staggered payments of deductibles, correct billing practices, insurance accepted
- Comprehensive addiction services, mental health, developmental disabilities, those with communication deficits
- Health Information Technology/Telemedicine/data collection/accessible records
- Specialist referrals
- Within Insurance networks
- Education around resources available-resource inventory in a single location, community involvement
- In home services- visiting nurses after discharge

### Factor 2: Quality
- Respect and trust between patient and provider and staff- cultural competency
- Patient centered and patient driven care- personal attention
- Respected hospital affiliation- board certified
- Coordinated Care- including follow-up
- Efficient staff- timeliness, no long wait times
- Performance that can be measured
- Smartest doctors- knowledgeable about disease, treatment, and alternatives
- Positive front desk/first point of contact experience, customer service, patient friendly, cordial
- Positive and patient friendly atmosphere and attitude
- Reputation of provider and health system- patient experience spreads through word of mouth, lack of a positive recommendation
- Perceptions and marketing
- State of the act/latest technology-emergency medical record

### Factor 3: Patient Centered
- Patient engaged as a part of the team
- Treated based on personal data; awareness of individual needs
- Relationship with Doctor- listening, not rushed, know patient by name, history, protection of patient privacy
- Integrated/Coordinated Care- coordinate appointments, have an inventory of available resources (ex: connecting with the Housing Authority)
- Holistic and Alternative options, not just prescribing medications
- Address education and health literacy needs
- Provide comprehensive social work and patient advocacy in the facility
- Administrative- quick check-in, not restricted or dependent on insurance, space for children

### Factor 4: Providers and Staff
- Everyone treated with respect- cultural competency and sensitivity, good customer service
- Communication- effective and well-mannered, various languages, accessible through phone or email, able to explain things without using medical jargon
- Confidence that you will get something out of a doctor’s visit
- Trusting relationship and history with your provider- a partnership, good listener
- Use evidence-based practices
- Use of electronic medical records so that specialists have access to records

### Factor 5: Comprehensive
- Wide range or network of specialists
- Coordinated services- referrals and liked providers
- Mental Health services- inpatient, address those with developmental disabilities
- Access alternative services
- Access to dental care
- Connected to community services
- Coordinated with schools and families

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Community Meeting Report prepared by JSI
Appendix D: Maps of Meeting Participants’ Place of Residence

March 31 – Wayne K. Curry Sports and Learning Complex, Landover, MD
Green Dot= one participant, self-identified location of residence
April 1 – *Laurel-Beltsville Senior Center, Laurel, MD*

Green Dot= one participant, self-identified location of residence
Green Dot= one participant, self-identified location of residence
April 3 – St. Margaret Church, Capitol Heights, MD
Green Dot= one participant, self-identified location of residence
Appendix E: Facilitators’ Guide

Meeting Objectives and Key Questions

1. Review project purpose, the reason for the meeting, and the County’s vision for a new healthcare system.
   - Project Purpose
     i. Address healthcare disparities and improve health status
     ii. Strengthen the primary care system
     iii. Support the development of a Prince George’s County-based Integrated Delivery System and the Regional Medical Center
     iv. Support the development of healthcare as an important ingredient to economic growth and development

   - Meeting goal. The goal of meeting is to gather information from county residents regarding the leading health issues and how the County should act to improve health status, reduce healthcare disparities, and reduce barriers to access; and to build the capacity and strength of the County’s primary care system and explore how the County should act to fill gaps in primary care capacity, promote engagement in primary care, reduce primary care out-migration, and generally strengthen the primary care system in the County.

   - County Executive Office’s vision of County Health System. The vision is to create a comprehensive, integrated, delivery system that is second to none in the region. The health system will facilitate access to all needed services and ultimately improve health status, reduce health disparities, and act as an economic engine for the County. The new Regional Medical Center and the County’s community hospitals would be at the center of the delivery system but would be supported by a network of primary care, medical specialty care, behavioral health, oral health, and other types of clinical providers as well as a network of long-term care, rehab, and other tertiary care providers.

2. Confirm the major health concerns and access to care issues facing Prince George’s County residents
   - What are leading risky health behaviors?
   - What are leading causes of death and illness?
   - What are the major gaps in healthcare services in the County?
   - What are the major reasons residents do not get the care they need?
   - What is the strength of the County’s primary care system?
   - What are the factors associated with residents opting to seek care in and outside of the County?

3. Gather input from residents on the key factors associated with strengthening the County’s primary care system (Root cause analysis re: out-migration for primary, medical specialty, and dental care)
   - What is the range of factors associated with a strong primary care system? (Quality, accessibility/location, scope of service, cultural/linguistic competence, cost, how well services are connected, how well providers talk each other, etc.)
   - What are the leading factors associated with the primary care system? (Highest priority factors)
• Why do residents opt to seek primary medical, dental, and behavioral healthcare services outside the County? (Focus on primary medical care)
• How do residents perceive the quality of primary care services in the County?

Meeting Agenda and Schedule (6:30–8:30 p.m.)

6:30 - 6:45pm  Welcome/Purpose, Introductions, and Review of Agenda

Welcome and Purpose (JSI: Alec McKinney, Miguel McInnis, or Ann Keehn) (6:30–6:40 p.m.)

We have invited you here today because we share a common desire to improve the health of all citizens of Prince George’s County. With this squarely in mind, the County is embarking on a long-term effort to develop a comprehensive healthcare “system” that brings together all of the services you need, preferably right here in the County. The County strives for a “system” of care that provides the highest “quality” care, that is “accessible” to all residents, and that is tailored to meet the specific “needs” of everyone. The County cannot do this without your help. Getting your input is an essential ingredient, which is why we are here today.

Three weeks ago, the County kicked-off this process with a countywide meeting, which was held on Saturday morning, March 1. Nearly 300 residents showed up to show their support and provide some initial ideas about what they felt the major health issues and needs of residents were and what they wanted in their healthcare system. It was a great meeting, but it was a large meeting and was not designed to capture the more detailed information and the give and take discussion that is needed to ensure that the County develops a strong healthcare system for the County.

This meeting and three other meetings that are being organized this week throughout the County are being organized to build on our kick-off meeting. The meetings are smaller and have been designed to delve deeper and capture important information from residents.

Thank you for coming and being part of this effort. I cannot overstate the importance of your role. Your input is essential if the County is to design a system of care that ensures access to the “Right Care” at the “Right Time,” in the “Right Place.”

Review of Agenda for Meeting

• Welcome/Purpose, Agenda, and Introductions (6:30–6:45 p.m.)
• Review of major health issues/summary of health status (6:45–6:55 p.m.)
• Review of role of primary care and how it fits into system of care (6:55–7:05 p.m.)
• Getting to know the audience (7:05–7:15 p.m.)
• Short Break (7:15–7:25 p.m.)
• Community Input/Discussion (7:25–8:30 p.m.)
  1) Gather input from residents on the key factors associated with healthy living
  2) Gather input from residents on the key factors associated with strengthening the County’s primary care system

Introductions
Finally, let me tell you more about the major players and introduce myself and the JSI Team
- Planning Commission
- County Health Department
- Advisory Committee
- Stakeholder Committee

**John Snow, Inc.**

John Snow, Inc. is nationally recognized health and public health research and consulting firm that has been hired to provide guidance on how the County can strengthen the primary care system in the County. Specifically, the JSI team was hired to develop a strategic plan that would guide the County in how it could ensure that residents received the “right care”, in the “right place”, at the “right time”.

6:45–7:05 p.m.  
**Presentation of Major Health Issues/Summary of Health Status**  
(Pamela B. Creekmur, Prince George’s County Health Officer)  
**Review of Role of Primary Care in Overall System of Care**  
(Alec McKinney, Ann Keehn, or Miguel McInnis, John Snow, Inc.)

**Presentation of Major Health Issues/Summary of Health Status**

- Slides prepared by Pam Creekmur – Similar to data presented at March 1 Meeting but with more specific data. Focus on data, health outcomes, health disparities, social determinants of health

**Review of Role of Primary Care in Overall System of Care**

The University of Maryland School of Public Health conducted a comprehensive assessment, completed and published in 2012, which identified the leading health issues for the County. Ms. Creekmur discussed the major health issues and factors associated with illness and even death.

The School of Public Health assessment also reviewed the strength of the healthcare system in the County and assessed whether there were major gaps in services and identified the major reasons that residents did not get the care they needed.

I will not go into great detail regarding the assessment’s findings, although it was a fantastic study and I encourage you all to find it and review it. However, one of the leading findings was that there was a major shortage of primary care providers in the County.

Does everyone know what a primary care provider does or is? A primary care provider is the physician or advanced practice nurse that is responsible for keeping you well and/or helping you when you are sick. In today’s new system of care, he/she plays a critical role in orchestrating and coordinating the broad range of services that someone may need to keep them healthy.

John Snow, Inc. was hired as a part of the County’s response to recommendations contained in the School of Public Health Assessment. More specifically, JSI was asked to work with the County Planning Department, the Office of the County Executive, the County Health Department, other county officials, and the community to develop a strategy to strengthen the County’s primary care system. JSI was also hired to help the County strengthen plans for the new Regional Medical Center and ensure that the broad range of services are available and that they are coordinated with the Regional Medical Center and other County hospitals.
It is important to note that today, more than ever before, we understand that improving health is about more than simply improving primary care access, developing a first-rate Regional Medical Center that will work in collaboration with other County hospitals, and ensuring access to other healthcare services. Improving health and addressing healthcare disparities is about wellness, prevention, and disease management. It is about encouraging healthy behaviors and habits. Even more importantly it is about addressing the roots of poor health and developing strong, healthy, economically vibrant communities.

Healthcare services are important, yes. Ensuring access to high quality services, in the “right place” and the “right time” is absolutely critical factor but they are only part of the story.

**County Health Rankings' Model of Factors Impacting Health Outcomes**

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*Even when you do start talking about healthcare services, one must understand the full breadth of services that are important.*
There is a growing appreciation that primary care is at the heart of the system, which brings us back to why we are here today.

In summary, one of the overarching goals of health reform is to promote a “system” of care that is focused on public health and keeping communities well rather than on treating illness. This goal, along with reducing costs and improving the overall patient experience, is seen as the Holy Grail if we are to create an effective, efficient, and sustainable healthcare system.

7:05–7:15 p.m. Getting to Know the Audience

Where do people live: Show the Map and Distribution of Where People Live

Polling Questions

- How long have you lived in Prince George’s County?
  1. Less than 2 years
  2. 2 to 5 years
  3. 6 to 10 years
  4. 11 to 20 years
  5. 21 – 30 years
  6. 31 – 40 years
  7. 41+ years
• **Why are you here? (Choose the one response that most describes your feelings.)**
  1. I want to help develop a strong healthcare system
  2. I want to advocate for a certain group of people who are most at-risk
  3. I want to help improve the health of my community
  4. I wanted free food
  5. Other?

• **What do you consider the leading healthy issues facing Prince George’s County**
  * **(Rank your top three issues in order of priority, most important first)**
    1. Diabetes
    2. Obesity
    3. Mental health issues
    4. Lack of access to quality, accessible, affordable healthcare services
    5. Substance abuse issues
    6. Heart disease/stroke
    7. Violence
    8. Lack of access to healthy foods
    9. Lack of access to safe, accessible, and affordable places to exercise
    10. Other

Let’s take a brief 10 minute break.

7:15–7:25 p.m.  **Short Break**

• Please stretch your legs, get some refreshments, go to the bathroom if you need to but PLEASE now that we will get started promptly in 10 minutes

7:25–8:20 p.m.  **Primary Care Root Cause Analysis**

*OK, let me remind you about the major objectives of this meeting:* 

  1. Gather input from residents on the key factors associated with healthy living
  2. Gather input from residents on the key factors associated with strengthening the County’s primary care system

**Gather input from residents on the key factors associated with healthy living (7:25–7:50 p.m.)**

• Root Cause Analysis Exercise using Tree Diagram.

• Goal is to gather and discuss information related to:
  - What are the leading healthcare issues/conditions/illnesses/causes of death?
  - What are the behaviors related to these healthcare issues/conditions?
  - What are the root causes or reasons for these behaviors?
• First, the facilitator asks participants to take 1-2 minutes to think about and write down the **leading health conditions** or factors for a healthy life. Put one issue per sticky note.

After 1-2 minutes the facilitator asks audience to start naming issues and writes them in the leaves of the tree diagram.

Probes and discuss choices

• Second, the facilitator asks participants to take 1-2 minutes to think about and write down the **leading health behaviors** that have caused the health conditions or factors listed or discussed above. Put one issue per sticky note.

After 1-2 minutes facilitator asks audience to start naming behaviors and writes them on the diagram in the trunk area of the tree diagram.

Probes and discuss choices

• Third, the facilitator asks participants to take 1-2 minutes and think about and root causes or **underlying issues/reasons** that have led to the behaviors and ultimately caused the leading health conditions. Put one issue per sticky note.

After 1-2 minutes facilitator asks audience to start naming underlying issues and writes them among the roots of the tree diagram.

Probes and discuss choices.

• Fourth, the facilitator summarizes findings, probe, and asks participants to further explain the underlying issues. How do these impact behaviors and ultimately the health conditions identified?

**Sample probe:** You have identified lack of access to care as one of the underlying issues that has caused you to delay getting care, which has led to your diabetes. Can you tell me a bit more about why you lack access to care? Is it due to cost or transportation barriers? Why don't you have access to care?

**Sample probe:** You have identified lack of access to safe, affordable, accessible places to exercise as a reason why you do not get exercise, which has led to your obesity. Can you tell me a bit more about what is lacking or what you need with respect to places to exercise.
Gather input from residents on the key factors associated with strengthening the County’s primary care system (7:55–8:20 p.m.)

- Root Cause Analysis Exercise using Fishbone Diagram
- Goal is to gather and discuss information related to:
  - What is the range of factors associated with a strong primary care system? (Quality, accessibility/location, scope of service, cultural/linguistic competence, cost, how well services are connected, how well providers talk each other, etc.)
  - Why do residents opt to seek primary medical, dental, and behavioral healthcare services outside the County? (Focus on primary medical care)
  - How do residents perceive the quality of primary care services in the County?

- Polling Questions
  As a warm up and to gather some background information, I want to ask you some questions using the clicker system.

1. For those of you that have a usual source of care when you are sick or need advice about your health, is that place:
   a. Inside Prince George’s County
   b. Outside Prince George’s County

2. For those of you who stay inside Prince George’s County for care when you are sick or need advice about your health, from which type of setting are you most likely to seek care?
   a. Private Doctor’s office
   b. Hospital emergency department
   c. Hospital-based outpatient department
   d. Community-based urgent care facility
   e. Clinic or health center
   f. I don’t have a place where I usually go

3. For those of you who go outside Prince George’s County for care when you are sick or need advice about your health, from which type of setting are you most likely to seek care?
   a. Private Doctor’s office
   b. Hospital emergency department
   c. Hospital-based outpatient department
   d. Community-based urgent care facility
   e. Clinic or health center
   f. I don’t have a place where I usually go

4. What is the leading factor in choosing a regular/primary care doctor?
   a. Having the highest quality services (e.g., highly respected, nationally recognized, board certified healthcare providers)
   b. Ease of transportation getting to the Regional Medical Center.
   c. Having a broad array of medical services in one location
   d. Having a broad array of medical and other health related services (for example, retail pharmacy, health food store, physical therapist etc.) in one location
   e. Other Reasons
5. For those of you that have seen a specialty provider (cardiologist, oncologist, orthopedist) within the last year or so, was the provider’s office:
   a. Inside Prince George’s County
   b. Outside of Prince George’s County

6. What is the leading factor in choosing a specialty provider?
   a. Having the highest quality services (e.g., highly respected, nationally recognized, board certified healthcare providers)
   b. Ease of transportation getting to the Regional Medical Center.
   c. Having a broad array of medical services in one location
   d. Having a broad array of medical and other health related services (for example, retail pharmacy, health food store, physical therapist etc.) in one location
   e. Other Reasons

Fishbone Exercise

- First, the facilitator asks participants to take 1-2 minutes to think about and write down the leading factors associated with a high-quality primary care system. Put one issue per sticky note.

After 1-2 minutes facilitator asks audience to start naming the leading factors and writes them on the main branches of the fishbone.

Probe and discuss choices, make sure that there is some consensus around these leading factors.

- Second, the facilitator asks participants to take 1-2 minutes per main branch and think about the characteristics, root causes, or sub-factors that are associated with each major factor.

After 1-2 minutes facilitator asks audience to start naming characteristics, root causes, or sub-factors and writes them on the diagram in the smaller “bones” of the fishbone diagram.

Probe and discuss choices

- Third, the facilitator summarizes findings, probes, and asks participants to further explain the main root causes or characteristics explaining the major factors.

Sample probe: You have identified high quality care as one of the major components or factors associated with high quality primary care. Underneath quality care you have listed, access to board certified doctors as a major sub-factor associated with quality care. Can you tell me a bit more about why this important to you? Is this something that exists in the County?
Sample probe: You have identified “timely care when you want it” as a major component or factor associated with high quality primary care. Underneath this component you have listed lack of wait times to get an appointment and limited time sitting in the waiting room as a major sub-factor associated with timely access to care. Can you tell me a bit more about why this important to you? Is this something that exists in the County?

8:20–8:30 p.m. Wrap Up and Thank You

- Thank you for your time and thoughtful participation. The information that you have provided will be incorporated into our report of findings and our recommendations.
- As I mentioned, the information that you have provided today is critical to the success of the project and essential if we are to design a primary care system that is squarely focused on the needs of the community and addresses their concerns and interests with respect to how they want to access care.
- Our assessment will be completed over the next few months and reported back to the community in numerous ways, likely in late June.
- If you provide us with your e-mail, we will send you an invite to the final presentation of our findings and recommendations.
Appendix F: Marketing Materials

PRINCE GEORGE’S COUNTY INVITES YOU TO A COMMUNITY MEETING

LET YOUR VOICE BE HEARD
The future of our healthcare system depends on you! We want to hear from you about how to improve the quality of services for you, your family, and your community.

Come to the meeting place nearest you

MONDAY, MARCH 31
6:30–8:30 p.m.
Wayne K. Curry Sports & Learning Complex
8001 Sheriff Road, Landover, MD 20785

TUESDAY, APRIL 1
6:30–8:30 p.m.
Laurel Beltsville Senior Center
7120 Contee Road, Laurel, MD 20707

WEDNESDAY, APRIL 2
6:30–8:30 p.m.
Southern Regional Technology and Recreation Complex
7007 Bock Road, Fort Washington, MD 20744

THURSDAY, APRIL 3
6:30–8:30 p.m.
St. Margaret Church
408 Addison Road South
Capital Heights, MD 20743

REFRESHMENTS WILL BE PROVIDED
For further information call: Helen Gaynor, 301-952-4487
TTY: 301-952-4386