

**PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT**  
**on behalf of the**  
**PRINCE GEORGE'S HEALTHCARE ACTION COALITION**



**YEAR 1 LHIC BASE FUNDING NARRATIVE REPORT TO THE**  
**MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION**

November 27, 2012

## 1. Overview of Activities Supported by the CHRC LHIC Grant Funds

In the original proposal to the MCHRC, base funding was to be used to support the following Prince George's Health Action Plan 2012 action steps:

### **Priority 1: Ensure that Prince George's County Residents Receive the Health Care They Need, Particularly Low Income, Uninsured/Underinsured Individuals**

#### **Strategy #8: Provide up-to-date information to the public about the services available through existing providers, including FQHCs and other safety net clinics.**

Base funds (\$5,063) - for PGHAC Access to Care Work Group to create new materials as needed and/or updating existing materials to ensure the public is aware of existing and new safety net services available to low income and uninsured/underinsured individuals who do not have a medical home for primary care and specialty care. Safety net providers include the federally qualified health centers, Health Department clinics, other County government human service agency programs, hospital community-based clinics and other reduced fee clinics. Base funding will cover the costs of designing, printing and reproducing materials, translating materials into Spanish (and other languages if needed), identifying established and non-traditional outreach methods to be used (including website postings), and distributing materials.

### **Priority 2: Prevent and Control Chronic Disease in Prince George's County, Particularly Among Minorities.**

#### **Strategy #1: Adopt local policies requiring chain restaurants to provide menu labeling that gives consumers information on nutritional values of in-store menu selections.**

#### **Strategy #2: Educate local leaders, restaurant owners, and the public about menu labeling and its impact on selection of healthy food choices, using media outlets, community events, educational materials, and other venues/methods.**

Base funds (\$3,164) - for PGHAC Chronic Disease Work Group to prepare educational packets and a presentation by the Research Intern assigned to work with the Prince George's Healthcare Action Coalition (PGHAC) Chronic Disease Workgroup. Preparation includes researching the salient points about menu labeling, developing talking points (i.e. PowerPoint presentation) for County political leaders and a press packet/press releases for the media, developing and reproducing informational materials for the public (including website listings), translating materials into Spanish and other languages (if needed), identifying established and non-traditional outreach methods to be used, and distributing materials.

**Note: Modifications to this activity are required and are included in the Grant Modification Request Form.**

Under the Affordable Care Act there is a mandate for restaurants that have over 15,000 chains to institute menu labeling. Consequently, Prince George's County Government opted to not pursue legislation requiring local menu to prevent duplicative of the federal effort. Therefore, this activity was not carried out and diversion of the funding to other activities is described in the Grant Modification Request Form.

**Priority 3: Improve Reproductive Health Care and Birth Outcomes for Women in Prince George's County, Particularly Among African American Women.**

**Strategy #1: Expand existing prenatal care and women's health services to include screening and counseling for diabetes prevention and management, weight management....etc. (see Action Plan Strategy statement for full listing of services).**

Base funding (\$10,000) - for PGHAC Infant Mortality Work Group to develop a standard form for use by all OB/GYN providers serving County women in collecting information regarding women's wellness or preconception/inter-conception health visits at the first prenatal visit for all pregnant women. Activities will include identifying the data to be collected, designing, printing, and reproducing the form; pilot testing the form with providers (including training providers on its use) and distributing the forms to providers. Funding will also be used to develop a central database of all pregnant women, using existing data bases and input from PGHAC and Adjunct Coalition members, and train partner agencies on its use. The data base will be developed with the intent of 1) offering pregnant women home visitation services and linking them and their families to a medical home and family planning services and 2) interfacing with EHR technology. Analysis of the data obtained from the forms and central database will be done by PGHAC and Adjunct Coalition members annually.

**Note: Modifications to this activity are required and included in the Grant Modification Request Form.**

Due to issues of patient confidentiality and the planned adoption of electronic health records, development of this form and database were deemed unnecessary and duplicative of effort. Therefore, this activity was not carried out and diversion of the funding to other activities is described in the grant Modification Request Form.

**Priority 4: Prevent and Control Infectious Disease in Prince George's County, Particularly Among African Americans and Other Minorities.**

**Strategy #8: Expand outreach and prevention education efforts to include the use of innovative media and information technology methods such as online and social network services.**

Base funds (\$4,500) - to design and conduct an assessment of existing and new partner agencies' capacity to provide HIV/AIDS and STI education and outreach, to stem transmission rates. The assessment will determine agency capacity to provide culturally and linguistically appropriate education and outreach and the ability to use online and social networking/social media outlets. In addition, the assessment will include focus groups with clients to determine the content of the education and outreach needed as well as the methods and venues that will most effectively reach minorities, non-English speakers and other at risk populations.

## 2. Achievement of LHIC Goals and Objectives (taken from PGHAC 2012 Action Plan)

The PGHAC Access to Care Work Group's goals and objectives for 2012 were to:

- increase the proportion of persons with health insurance
- reduce the proportion of individuals unable to obtain, or delay obtaining, necessary medical care, dental care, or prescription medications
- increase the proportion of low income children and adolescents who receive dental care

by:

- placing MA eligibility/enrollment workers at strategic clinic sites (2 workers have been placed at Greater Baden Medical Services and Community Clinics, Inc., by the Prince George's County Department of Social Services. Preliminary data shows that Greater Baden's eligibility worker processed 32 applications and enrolled 11, and Community Clinic's eligibility worker processed 25 applications in August 2012).
- working with the Board of Physicians, Medical Society, Board of Pharmacy, and other medical associations and medical providers to strategize ways to reduce barriers to and increase access to comprehensive low cost primary care services (including dental, vision, and others) specialty care, and prescription medications, for uninsured, underinsured low income individuals (first meeting held July 24, 2012 with 30 attendees. Priorities were identified and include the need to 1) develop an integrated health care system, 2) establish a health enterprise zone in the County, 3) provide on-going education to patients and providers, 4) improve case management and care coordination services, 5) establish after-hours services for patients, 6) search for grant funds to support priorities, and 6) focus on prevention and decrease the number of patients using ERs for their primary care. Second meeting planned for November 28, 2012).
- providing up-to-date information to the public about services available through existing providers including FQHCs and other safety net clinics (the widely-used Community Services Guide-at-a-Glance was revised to include the names, phone numbers and web addresses of many more safety net providers than were included in the 2007 version. The Guide was also translated into Spanish for the first time and placed on the Health Department's website. 10,000 hard copies will also be distributed throughout the County to both providers and consumers. Hundreds of thousands of County residents, including the large Spanish-speaking population, and service providers will now have easy access to safety net information that includes information about low cost health insurance, medical and dental care, specialty care, pharmacy assistance, etc. The Infant Mortality Work Group's Pregnant Mothers outreach card, and the Chronic Disease Work Group's

chronic disease prevention toolkit and mobile App also contributed to achievement of this strategy).

The PGHAC Chronic Disease Work Group's goals and objectives for 2012 were to:

- increase the proportion of adults who are at a healthy weight
- reduce the proportion of children and adolescents who are considered obese

by:

- adopting local policies requiring chain restaurants to provide menu labeling that gives consumers information on nutritional values of in-store menu selections (activity on hold as explained earlier)
- educating local leaders, restaurant owners, and the public about menu labeling and its impact on selection of healthy food choices, using media outlets, community events, educational materials, and other venues/methods (a chronic disease prevention toolkit was developed in both hard copy and website format in conjunction with Kaiser Permanente to educate the public about healthy food choices, the "Plate Method", how to read food labels, the role of salt, fats, and sugar in the diet, and how to incorporate more physical activity into adult and children's lifestyles. In addition, a "Fresh Prince George's" mobile App was developed using the "Get Fresh Baltimore" model to 1) provide consumers with information about where healthy restaurants with healthy food choices are located, 2) provide nutritional information and calorie counts of healthy food choices available in restaurants, 3) provide consumers with directions to healthy restaurants, and tool to rate these restaurants and individual meals, and to share the information with others. The App will also provide other important information to consumers in the near future (i.e. food delivery services, coupons. Thousands of County residents are expected to use the toolkit and mobile App to reduce their risk of obesity, high blood pressure, diabetes, and other lifestyle-related chronic diseases).
- increasing the public demand for healthier food choices at restaurants and food markets through education and advocacy; partner with the Food Supplemental Nutrition program to assist with community education to low income and other at-risk communities (currently exploring the formation of a County Food Policy Council to provide local, regional, and state governments, as well as County residents, information and advice about policies and programs that support community-based food systems; to strengthen the relationship between community planning, consumers, food producers, processors, and distributors; identify strategies to improve healthy food access and reduce the number of food deserts in the County)
- increasing marketing of healthier foods, using the Get Fresh Baltimore model (chronic disease prevention toolkit and mobile App)
- supporting the implementation of the Prince George's County Public School's new Fitness-Gram Program in grades K-12 that provides students with a personalized assessment of their fitness level (program underway in public schools)
- working with the Public School System's School Wellness Councils to sustain the Healthy Schools Program and to ensure compliance with the School System's Wellness

Policy (the PGHAC includes the head of Student Health Services for the public schools; she provides updates on the status of this program to her Work Group).

- seeking funding to pilot the implementation of the joint Maryland National Capital Park and Planning Commission and Health Department's Prescription REC program for County residents with high blood pressure, high cholesterol, etc. who have a prescription from their physician for a physical activity program (funding currently being sought; 3 physicians have already been identified to either pilot the program or make referrals).

The PGHAC Infant Mortality Work Group's goals and objectives for 2012 were to:

- reduce infant deaths
- reduce low birth weights and very low birth weights
- increase the proportion of pregnant women who receive prenatal care beginning in the first trimester

by:

- expanding existing prenatal care and women's health services to include screening and counseling for diabetes, weight management and nutrition counseling, substance abuse and smoking cessation, increased screenings and referrals for Medicaid, dental health services, etc. (developed a "Pregnant Mothers" outreach card (10,000) in English and Spanish for widespread distribution throughout the County, including at local pharmacies and grocery store pharmacy counters, nail and hair salons, etc. The card advertises the Health Department's Healthline Program, a toll-free information and referral service that links thousands of County residents, particularly uninsured pregnant women and children, to needed prenatal care and safety net services every year. The card is being disseminated to over 102 distribution sites in the County. Calls to Healthline, which currently number over 38,000 /year, will be monitored and are expected to significantly increase, as occurred in the past when a major campaign to promote Healthline was undertaken).

The PGHAC HIV/AIDS Work Group's goals and objectives for 2012 were to:

- reduce new HIV infections among adults and adolescents
- reduce Chlamydia trachomatis infections among young people

by:

- expanding outreach and prevention education efforts to include the use of innovative media and information technology methods such as on-line and social network services, including web sites, blogs, Facebook, Twitter, YouTube, and Internet-based Partner Services. (assisted in designing the Health Department's new multi-faceted KISS {Keeping It Sexually Safe} media campaign to educate the public about prevention of HIV/AIDS and other sexually transmitted infections and to assist those at risk /infected in getting tested/treated. Also assisted in re-designing the Health Department's beSTDfree.com website, which promotes KISS, to enhance the site's visual appeal and attract more visitors to the site, particularly those at greatest risk.

The website will be monitored for usage; thousands of County residents are expected to benefit from the information provided on the website. In addition, focus groups of County residents with HIV/AIDS or at risk of HIV/AIDS will be held in December 2012 to obtain input into ways that HIV providers can improve their capacity to deliver high quality, culturally competent services, particularly using social media outlets. Participants are being selected from 5 specific zip codes where HIV/AIDS is prevalent).

### 3. Major Activities Undertaken in First Year

Overall:

- PGHAC assisted in planning and participating in the DHMH-sponsored leadership meeting of all LHICs in the State, held October 17, 2012. The purpose of the meeting was to report on SHIP accomplishments, network among Coalitions regarding best practices, review selected local action models, and receive related updates from DHMH.
- Developed an organization brand for the PGHAC which included a logo and tagline, using a professional graphics and marketing vendor.

PGHAC Access to Care Workgroup:

- Placement of 2 (of 3 planned) additional eligibility workers at the Federally Qualified Health Centers Greater Baden, Mary's Center, Community Clinic, Inc.) to increase medical assistance enrollments of eligible individuals.
- Meetings with members of the Medical Society, Dental Society, Board of Physicians, Board of Pharmacy, and other community physicians held July 24, 2012 and scheduled for November 28, 2012.
- Revision of the Health Department's "Community Services Guide-at-a-Glance".
- Started making plans to conduct a survey, using GIS mapping technology, to identify areas of the County lacking access to primary and other health care. A qualified consultant will be retained to develop and test a survey instrument that would help with collecting zip code level data that matches specific diseases and conditions with socioeconomic and behavioral population data and that is mapped to specific geographical locations in order to help determine the impact of the placement of provider practices in Prince George's County.

PGHAC Chronic Disease Work Group:

- Submitted an application to the Maryland Department of Health and Mental Hygiene's Office of Chronic Disease Prevention and Office of Tobacco Prevention, Education, and Cessation for a Preventive Health Services Block grant. \$270, 471 awarded.
- Developed the chronic disease prevention toolkit in conjunction with Kaiser Permanente.
- Developed the "Fresh Prince George's" mobile App.

- Supported the Riverdale community's "Let's Walk" community event to promote physical activity.
- Currently exploring the creation of a County Food Policy Council.
- Presentations by a Nutritionist on September 29, 2012 of a "Dine and Learn" educational program for County residents at the Gethsemane United Methodist Church; focus was on making healthier food choices and food preparation techniques. Additional session sites are being identified for future presentations. A second presentation was held on October 24, 2012, and a third presentation is planned for November 30, 2012.

#### PGHAC Infant Mortality Work Group:

- Developed and distributed a "Pregnant Mothers" outreach card
- Identified a source for purchasing cribs to be distributed to families needing safe sleep environments for their newborns, as part of the Safe Sleep Initiative

#### PGHAC HIV/AIDS Work Group:

- Assisted in designing the KISS (Keeping It Sexually Safe) Campaign
- Assisted in re-designing the Health Department's beSTDfree.com website
- Participated in National HIV Testing Day June 27
- Participated in a Family Reunion Community Advocacy Day event at Benjamin Stoddert Middle school in September 2012, where HIV testing, and a soft launching of KISS and beSTDfree.com occurred
- Planned focus groups of individuals with HIV/AIDS or at risk of HIV/AIDS scheduled for December 2012.

#### 4. Lessons Learned from First Year Implementation

##### PGHAC Access to Care Workgroup:

Over the course of this year, the Access to Care Workgroup has worked diligently on improving access to care in Prince George's County in various ways. Increasing Medicaid enrollees and the physicians who accept Medicaid has been a major priority of the work group. With Dr. Ernest Carter and Leon Harris as Co-chairs for the greater part of the year, the work group has successfully developed and updated version of the Community Services at a Glance, a guide listing all service providers in the County. The Guide will be ready for dissemination by the beginning of January 2013. In addition, the work group hosted a dinner and has plans to host another dinner for MCOs and Physicians in the County. The purpose of the dinner meeting is to have a conversation with stakeholders in Prince George's County to determine how we can improve access to care and improve the number of physicians accepting Medicaid Insurance.

Lessons Learned as identified by the Access to Care Workgroup include the monthly conference calls as an effective meeting style. Each work group member has expressed great interest in and has demonstrated meaningful commitment to the workgroup. With this said, the conference calls have been successful in convening meetings and fostering dialogue between

people with a wide array of responsibility both personal and professional. The calls make it possible for members to contribute without having to be in the same room.

In addition, Medicaid Eligibility Workers have been placed at Federally Qualified Health Clinics in the County. These workers have been instrumental in, not only increasing Medicaid enrollees, but also closing the information gap by providing customer service (i.e. answering questions, providing resources etc) to individuals who visit the clinics. They have added value and fulfilled a role that was not previously anticipated. While there is still work to be done with regard to the medical assistance data sets, the methodology for collecting, sorting and analyzing the data has been developed yielding informative reports. This will provide data that will help service delivery in the future.

#### PGHAC Chronic Disease Work Group:

The Chronic Disease Work Group has accomplished many things. The Work Group has developed an educational Toolkit, appropriate for a diverse audience of citizens, community physicians, schools, and restaurants, to be used to educate multiple stakeholders about healthy eating and positive lifestyle changes. The lesson learned from developing the Toolkit was to get permission to use published content from copyrighted sources sometimes requires legal approval and causes time-consuming delays in completing projects.

The Work Group has facilitated seminars that addressed better food choices across target communities throughout Prince George's County, including churches, community centers, schools and health clinics. The initial seminars were conducted at the health fair event TACKLE (Transforming all communities and keeping lives enriched) on September 29<sup>th</sup> and Dine and Learn sessions at Suitland community center on October 24<sup>th</sup>. The Work Group has conducted outreach to the food industry across the County, to encourage them to embrace a shift to healthy foods and transparent menu options. The Work Group has come up with a "Fresh Prince George's" tool, which is a mobile application that offers access to healthier foods and has put forward a funding proposal for the mobile application.

The Work Group has been very thoughtful, innovative and productive. All the Work Group members have come together have been focused and contributed tremendously. The Work Group has come up with new ideas based on the previous experiences. For example, though the Get Fresh Baltimore model improved access to healthy foods for communities most at need in the Baltimore region, it was composed of high-cost, unsustainable components, particular its marketing and outreach efforts using conventional media outlets. The campaign in its entirety was discontinued when grant funding ended. Building on the innovative elements of Get Fresh Baltimore, the group proposed implementing "Fresh Prince George's," an affordable campaign delivered through mobile and social media technologies to increase access to healthy foods for county communities where disparities are highest and food deserts prevail. Over all the Work Group members are great leaders and work accomplished by the Work Group is tremendous. The lessons learned were from the Kaiser representative on the Work Group who gave us critical information about the challenges of the Get Fresh Baltimore initiative, which helped us to design a better plan for implementing "Fresh Prince George's".

#### PGHAC Infant Mortality Work Group:

The Work Group spent considerable time attempting to develop a tool to be distributed to all OB/GYNs serving pregnant County residents. The purpose of the tool was to gather important information about each pregnant woman and the outcome of her pregnancy that would, in turn, go into a database. The database was to be used to determine the risk factors for poor pregnancy outcomes and subsequent interventions to reduce infant mortality. In the course of developing the tool and database issues of client confidentiality arose, as well as realization that this activity was duplicative of other existing efforts and unnecessary, especially in light of adoption of electronic health records. Therefore, this activity was terminated. The Work Group also learned the following:

- A data person/epidemiologist is needed to establish capacity to monitor births, deaths, expectant mothers and children (especially those at risk), and to track pregnancy outcomes.
- The Health Department's *Healthline* Program, which links pregnant women to prenatal and other care, needs to set up a system to track incoming callers, referrals, and resulting activities, and to establish a system to track new MA enrollees not reached by phone.
- A coordinated system is needed for pregnant mothers to get applications for MA expedited through the Health Department to increase care above 46% for first trimester.

#### PGHAC HIV/AIDS Work Group:

The HIV/ STI Work Group has been successful in meeting its goals during the first year of service. Over the course of this year, the HIV/STI Work Group has worked together to provide access to HIV counseling and testing services in Prince George's County through a large community health event. The Work Group focused on communicating appropriate HIV/STI messages using social media. The Work Group collaborated with the Health Department's Division of Epidemiology and Disease Control to put together and rebrand the [www.beSTDfree.com](http://www.beSTDfree.com) current website to a state of the art ***Keeping It Sexually Safe (KISS)*** website with connections to Facebook, Twitter, and other social media. In addition, a new logo was professionally developed to brand the new website. The lesson learned was having an innovative designed website is exciting and refreshing, however, fitting it into a large government structure is difficult, but we were able to work out the challenges to launch the new website.

The process for the focus groups is underway. The HIV/ STI Work Group is working with the University of Maryland School of Public Health to ensure that the integrity of the conduct of the focus groups is preserved and that procedures required by the IRB to professionally conduct these workgroups are followed. The IRB process is taking longer than we anticipated. The lessons learned this year would be around conducting focus group and the importance of protecting the rights and confidentiality of human subjects. However, the focus groups will be completed before the end of December 2012.

#### 5. How Activities will be Sustained after CHRC Funding Ends.

Much of the funding from this grant is being used to develop written materials (i.e. safety net/menu labeling educational publications, powerpoint presentation and press packets, OB/GYN form, database of pregnant women), and not to support provision of services which may need to be on-going; therefore, once the initial one-time-only costs of creating and printing the items are incurred, continued funding will be needed solely for “maintenance efforts” such as future re-prints/revisions and materials distribution, or for sustaining entry of information into the database by a designated staff person. The HIV focus groups and HIV partner capacity assessment are also one-time only activities which will require no additional funding once completed.

To ensure funding is available for maintenance efforts supported by this grant, at a future meeting of the PGHAC, the PGHAC will conduct an inventory of all the existing and anticipated assets and resources (including funding) available among Coalition members, Coalition Work Group members, Coalition Adjunct members and other key stakeholders that can be leveraged. The PGHAC is fortunate to have a number of resource-rich members, including Kaiser Permanente, University of Maryland School of Public Health, Kaiser Permanente and Maryland-National Capital Park and Planning Commission. These resources, both in-kind and direct, may include:

- Personnel (i.e. professional, administrative, clerical)
- Services (i.e. medical, social, educational, lab, language and deaf interpreter, other agency-specific)
- Training, meeting, and office space
- Equipment and Supplies (i.e. office, medical, lab, educational)
- Communication methods (websites, television, radio, publications, newsletters, other)
- Printing, reproduction, and postage
- Subscriptions to professional publications, grant directories, other sources that support research into best practices
- Computers and computer software
- Training/conference funds and stipends for trainers
- Mileage reimbursement funds
- Agency mini-grants and other available direct funds

During CY 2013, the Coalition will seek either in cash or in-kind contributions from local retail organizations such as Giant Foods, Wegmans, CVS, Wal-Mart and Costco, as well as the many retailers and businesses at the National Harbor. The County is also home to over 800 churches, including mega-churches which support many charitable causes. The Coalition will also continue to explore potential funding opportunities with Maryland Department of Health and Mental Hygiene’s Office of Minority Health and the Center for Maternal and Child Health, Robert Wood Johnson, the HIV/AIDS Bureau of the Health Services and Resources Administration, and other major funding sources.

Each Coalition Work Group and its designated Research Intern will also have an on-going responsibility to identify potential funding sources that can support the grant-funded activities. These funding sources may include state and county funds, federal grants, private and non-profit

foundations, local businesses, and other organizations. The Research Interns will regularly check free grant-related online resources such as Grant Siren, Grants.gov, TheGrantsGuide.info, and FedMoney.org for free listings of available grants and grant writing resources. If needed, a special Funding Work Group will be established to oversee fund-seeking activities. Administrative support staff will assist the Work Groups in responding to Requests for Proposals.

#### 6. Leveraging of Additional Funds from Community Partners.

- In June 2012, the Health Department received a \$270,471 Preventive Health and Health Services Block grant from the Maryland Department of Health and Mental Hygiene's Office of Chronic Disease prevention and Office of Tobacco Prevention, Education, and Cessation. These funds will be used to support the Maryland "Million Hearts" initiative through a three-pronged approach: 1) use of expanded health information technology to improve communications between chronic disease patients and their providers, 2) train and deploy Community Health Workers as patient navigators to follow-up on patients with diabetes, hypertension, and high cholesterol, and 3) achieve environmental and policy changes through adoption of menu labeling by selected restaurants to promote healthier food choices.
- Submitted a proposal to Kaiser Permanente for \$72,000.000 to support development of the mobile App. Anticipate funding decision by December 31, 2012.
- Prince George's County Government provided \$100,000.00 in funding to cover costs of producing the Community Services Guide, developing the KISS campaign, revising the [www.beSTDFree.com](http://www.beSTDFree.com) website.
- Prince George's County Health Department provided funding for the branding/logo project for the PGHAC. The Health Department also covered costs of holding monthly PGHAC meetings (facility, refreshments, equipment purchase, printing, etc.). In addition, the Health Department funded Streetwize Foundation which emceed, videotaped, and photographed the Family Reunion Community Advocacy Day previously mentioned.