Rushern L. Baker, III
County Executive

HEALTH DEPARTMENT
Prince George's County

Prince George's County Health Improvement Plan 2011 to 2014

Blueprint For A Healthier County

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HEALTH DEPARTMENT
Prince George's County

Office of the Health Officer

Dear Fellow County Residents,

The arrival of 2012 marks an exciting time for Prince George's County. With the anticipated launching of nationwide health care reform in the near future and the elevation of health care as a priority under the leadership of County Executive Rushern L. Baker, III, we now have an unprecedented opportunity, unlike any time in the past, to make significant improvements in the health of all citizens and residents of our County.

To this end, I am pleased to announce the release of the Prince George's County Health Improvement Plan for 2012-2014 and beyond. This Plan provides a blueprint for creating new and innovative health programs, enhancing existing services, and making health systems changes at the local level that will help us to address our County's most pressing health concerns such as infant mortality, chronic conditions like diabetes and heart disease, HIV and other infectious diseases, access to care, substance abuse and domestic violence.

With support from our local hospitals, the public schools and other academic institutions, County agencies, the Maryland-National Capital Park and Planning Commission, and numerous other key health care providers and stakeholders, we are poised and ready to accept the challenge of transforming Prince George's County from one whose history of poor health outcomes overshadowed our many strengths to a County whose communities and residents serve as models for achieving health and well-being through partnerships, strategic planning, and effective resource management. In addition, our Plan includes strategies that are designed to help individuals adopt behaviors that lead to healthier lifestyles and greater quality of life for themselves, their families, and their neighbors.

As we embark on this new initiative, I invite you to join us in making Prince George's County one of the healthiest places in the world to live, work, and play. Health for all by the year 2020 need not be just a dream – together, and in collaboration with our many partners, we can make it happen!

Sincerely,

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Rushern L. Baker, III
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Introduction

At the heart of any community's success and prosperity is the health of its residents. When people have affordable health care, safe neighborhoods, a clean environment, and access to physical activity, recreation, nutritious foods, and other resources that contribute to a healthy lifestyle, they are more equipped to excel in school, thrive in the workforce, and fulfill their civic responsibilities.

This County Health Improvement Plan was prepared by the Prince George's County Health Department with the assistance of numerous stakeholders. These include the County Council serving as the Board of Health, the Maryland Department of Health and Mental Hygiene, existing community coalitions, and key stakeholders concerned about the health status and health needs of our County's population.

The Plan addresses our County's most pressing and immediate health needs as well as overarching concerns of the health stakeholder community as a whole. Collectively, the priorities, objectives, and strategies are ambitious and cover a broad array of health issues. Included are initiatives and programs specific to individual agencies as well as strategies that address policy and systems changes and that reflect social determinants of health. We also considered the key concepts that underscore the "Place Matters Initiative" launched by the Joint Center for Political and Economic Studies Health Policy Institute.

The County Health Improvement Plan has a ten-year timeframe (through 2020); however, the year 2014 was selected as the initial target year for reviewing most of our objectives for three reasons: 1) to be in alignment with the Maryland State Health Improvement Process (SHIP) target dates, 2) to allow us the opportunity to evaluate progress towards reaching our health objectives and make adjustments to the Plan at the halfway point towards meeting Healthy People 2020 goals and 3) to enable us to assess our priorities as they relate to planned health care reform for the nation.

Since no organization alone can perform all of the activities listed, the Plan relies extensively on existing partnerships and the forging of new alliances among many community groups and agencies. In addition, a robust and on-going search for funding and other resources will be required.

There is already tremendous enthusiasm, optimism and resolve among our key health stakeholders and local political leaders to make this Plan succeed in creating a healthier Prince George's County. While the work will be challenging, the benefits will be great.

Purpose of the County Health Improvement Plan

The County Health Improvement Plan for Prince George's County is a statement of policy and strategies which provide a planning framework for improving the health status of County residents.

The intent of the Plan is to promote a high level of communication among a diverse constituency involved in health-related activities and to serves as a central focal point for all health planning activities in the County.

In addition, it is intended to serve as a guide to decision makers for the effective allocation of health resources in that it contains specific priorities, health outcome objectives, and strategies that will be addressed over the next four to ten years.

Prince George's County–Who We Are

Prince George's County, Maryland, is located immediately north, east, and south of Washington, D.C and 18 miles south of the City of Baltimore. Our County has 485 square miles and 863,420 residents, which makes us the second most populous jurisdiction in the State of Maryland. Prince George's County has a number of unique characteristics which factored significantly into the development of our County Health Improvement Plan:

- **We are one of the most culturally diverse counties in Maryland**. Our residents include individuals from 149 countries who collectively speak 165 languages and dialects.

- **The majority of our residents are people of color**. Over 79% of the population are minorities - African Americans represent 65% of the total population followed by Hispanics/Latinos (15%), Asian-American/Pacific Islanders (4%), and Native American Indians (less than 1%). White Caucasians comprise 19% of the population.

- **Our County is comprised of a mix of urban, suburban, and rural communities**. However, the majority of our residents live inside the Capital Beltway adjacent to the District of Columbia.

- **The educational attainment of our population is comparable to that of the nation.** 85% percent of our population versus 84% for the U.S. as a whole have a high school degree or higher. U.S. Census Bureau figures for 2008 show that 27% of County residents over age 25 have a bachelor's degree or higher.

- **Our population is relatively affluent**. The U.S. Census Bureau Community Survey for 2010 shows that the median household income of County residents was $69,545, considerably higher than the U.S. average of $50,740. However, the County has a substantial number of low income "working poor" who reside primarily in densely populated communities located inside the Capital Beltway. Almost 10% of the County's children live in poverty.

- **Unlike neighboring jurisdictions, our County's ability to generate revenue to provide public services is severely restricted** because of a 1978 amendment to the County Charter called TRIM (Tax Reform Initiative by Marylanders) that places a cap on the collection of real property taxes. Our current assessable tax base, especially with regard to commercial properties, is insufficient to address all of the County's needs.

- **A large percent of our population is in the workforce, more than the national average.** 74% of our population ages 16 and over are gainfully employed versus 65% for the nation; however, this is lower than the Maryland average.

- **We have a significant number of uninsured County residents**. Estimates vary among data sources, ranging from 80,000 (RAND Report) to 150,000 uninsured, with possibly another 150,000 to 200,000 who are underinsured. The 2006 Small Area Health Insurance Estimate reveals that the County has the highest percentage and absolute number of uninsured persons in Maryland. The 2008 Behavioral Risk Factor Surveillance System self-reported data reveals that 19% of the County's population is uninsured (16% of African Americans versus 12% of White adults).

- **Despite our shortage of primary care physicians and inadequate primary care safety net,** our County has only one Medically Underserved Area (MUA) designation and only one federally qualified health center (FQHC) whose headquarters are located in the County.

- **The County-owned Prince George's Hospital Center operated by Dimensions Healthcare System provides a substantial amount of uncompensated care to our County's sizeable uninsured/underinsured population, and essentially serves as the primary safety net provider for the indigent.** This has contributed to serious financial challenges for the Hospital system, which is now in the process of being restructured. Dimensions also operates the Laurel Regional Hospital and the Bowie Health Center.

- **Other hospitals in the County provide a variety of premier services relevant to our health priorities**. Southern Maryland Hospital Center operates two women's health centers and recently opened a newly expanded Women and Newborns Center. Doctor's Community Hospital houses the Joslin Diabetes Center and the Center for Women's Wellness. Ft. Washington Medical Center is a small facility that provides a range of services and Malcolm Grow Medical Center serves the Andrews Air Force Base community.

- **Our County has an extensive array of park and recreation facilities operated by the Maryland-National Capital Park and Planning Commission (M-NCPPC)** that includes over 40 miles of trails, over 27,000 acres of park land, 43 community recreation centers, 10 aquatic facilities, and a state-of-the-art sports complex offering programs that promote healthy lifestyles**.**

- **Our County is home to the University of Maryland School of Public Health (UMDSPH), Bowie State University School of Nursing, and Prince George's Community College Center for Health Studies and Academy of Health Sciences,** and is in close proximity to other academic and medical institutions that can lend resources to address our health needs.

Assessing Our Health Needs

To determine our County's priority health needs, we reviewed data from a variety of sources and sought input from local political and community leaders, key health care stakeholders, and County residents. This included:

- **A review of County-specific statistics** from the Maryland Department of Health and Mental Hygiene Vital Statistics Administration (DHMH VSA) reports, Behavioral Risk Factor Surveillance System (BRFSS) data, U.S. Census Bureau information, and other commonly used data sources.

- **A review of the 2009 RAND Report**, a comprehensive study sponsored by the Prince George's County Council, of the health needs of County residents and the capacity of the County's health care system to respond. The RAND Report concluded that…

  "The County's capacity to provide safety-net care beyond hospital and emergency care appears severely limited"… and that … "strengthening the Prince George's ambulatory care safety net is an urgent concern".

  Key findings of the RAND Report are presented in this Plan; however, a more comprehensive and detailed presentation of the health data and study conclusions by the RAND researchers can be viewed in the RAND report entitled "Assessing Health and Health Care in Prince George's County" located on the Prince George's County Government's Web site at:

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

- **A review of the "Baker 2010 Transition Team Transition Report, March 11, 2011".** A Transition team was assembled by County Executive Rushern Baker to study the workings of all County Government agencies in order to seek ways to streamline operations and improve service delivery. Among the various subcommittees' recommendations were the following: making improvements to the County's health information technology infrastructure, establishing a health care system that is more patient-centered and community-based, and making improvements in the Prince George's County Health Department's (PGCHD) leadership and organizational structure. The full report is available at:

  http://www.princegeorgescountymd.gov/Government/ExecutiveBranch/PDF/Baker2010TransitionTeamTransitionReport.pdf

- **Summary information from nine "town hall" style forums** held by the Prince George's County Health Officer in July and August of 2009. In open discussions and

small groups, over 200 participants expressed the need for safer neighborhoods, clean water, healthier food choices in their communities, more open spaces and walking/bike trails to promote physical activity, and greater access to health information, screenings, and primary health care, especially for the uninsured.

- **A consensus report from a meeting of major State and local health officials and health care stakeholders, political and community leaders, health experts and community advocates** in December 2010, sponsored by the Prince George's County Executive. Using the findings of the RAND Report and the Washington AIDS Partnership Profiles Report as a backdrop, the participants concluded that there is a need for further dialogue and action leading to the establishment of a more comprehensive, inter-connected and community-oriented system of health care for Prince George's County. The strategies included in the "County-Specific Health Priorities" section of this health plan reflect the findings and recommendations of this group, which are published in a report entitled "Conversation on Building an Integrated Community-oriented Healthcare System in Prince George's County, Executive Summary, Prince George's Community College, December 14, 2010".

- **Input from meetings with the Prince George's County Council/Board of Health** between May and September 2011 that included a presentation by the Maryland Secretary of Health on the State Health Improvement Process (SHIP). Access to care, reducing infant mortality, decreasing the burden of HIV, and meeting the health needs of County women were specifically named as areas of greatest concern. In addition, the County Health Improvement Plan was presented between October-December 2011 at separate **meetings with the County Executive and his staff as well as the Directors of the County Government's Health and Human Services agencies** for additional input and feedback.

- **Results of a survey of 126 County residents attending an annual "Holiday Food and Fitness Expo**" in November 2009, sponsored by Prince George's County Health Department (PGCHD), Maryland-National Capital Park and Planning Commission (M-NCPPC), and Prince George's County Public Schools (PGCPC). Top health concerns identified by respondents included healthy eating, low cost health care, diabetes, high cholesterol, exercise, asthma, and overweight/obesity.

- **Input from key County coalitions and community groups** at a meeting held on September 9, 2011, sponsored by the Maryland Department of Health and Mental Hygiene (DHMH) and PGCHD. This meeting produced a substantial number of the strategies listed in this Plan and helped to solidify critical partnerships among agencies, providers, and community groups. Participants included:

- **Community Health Transformation Coalition and Leadership Team**, assembled in June 2011 to apply for a Centers for Disease Control (CDC) and Prevention Community Transformation Grant.

- **Health Action Forum**, a community advocacy group that promotes health systems changes to improve access to care.

- **Health Disparities Coalition**, originally assembled as a Tobacco Coalition when Cigarette Restitution grant funds were first awarded to the County.

- **Improved Pregnancy Outcome Coalition (IPOC)**, established in 2008 as part of a Minority Infant Mortality Reduction Project.

- **Minority Outreach and Technical Assistance (MOTA)** Group at Bowie State University, formed when the Cigarette Restitution Funds were first awarded to the County and dedicated to meeting the needs of minority populations.

- **Port Towns Community Health Partnership**, formed as part of a new initiative funded by Kaiser Permanente to improve the health of residents living in four historic port communities in the County.

- **Sexually Transmitted Infections Community Coalition (STICC of Metropolitan Washington, DC)**, a partnership of over thirty public and private stakeholders with a common interest to reduce the impact of HIV and other sexually transmitted infections (STIs) in the community.

- **Comments from participants at a symposium entitled "Health √ (Check), The Prognosis for Prince George's County",** held at Prince George's Community College on October 1, 2011 and sponsored by the National Harbor Chapter of Jack and Jill of America, Inc., Prince George's County Council Chair Ingrid M. Turner, and M-NCPPC Parks and Recreation. Over 100 people attended the symposium, where a draft of the County Health Improvement Plan was presented for public comment.

- **Feedback from the public** during the period when this Plan was posted on PGCHD Web site in October and November 2011.

The Health of Our Population and Health Care System–Where We Stand

A review of available County-specific health statistics shows that Prince George's County faces many challenges across a broad spectrum of health issues. Two significant themes are evident from the data analysis: disparities between minority and non-minority populations for many health conditions, and huge challenges related to access to care.

Key RAND REPORT Findings

Demographic

- Prince George's County is relatively affluent and highly diverse. The County has a large number of upper income Black residents and, compared to neighboring jurisdictions, the largest proportion of Hispanic and non-English speaking residents (second to Montgomery County).

- Many County residents commute outside the County (three in five work outside the County and one in five commutes more than 60 minutes to work). Compared to neighboring jurisdictions, County residents are least likely to live and work in the same county and most likely to work outside the state.
- In 2006, Prince George's County had a higher unemployment rate than any other neighboring jurisdiction except the District of Columbia.

- Among the County's seven Public Use Microdata Areas, communities varied widely for a number of socio-demographic characteristics; however, communities inside the Capital Beltway are more likely to be majority Black or Hispanic and lower income.

Health

- Compared to residents of the State and neighboring jurisdictions (except Baltimore City), Prince George's County residents were more likely to die from all reported causes of death combined, from five of the ten leading causes of death (heart disease, diabetes, accidents, septicemia, and kidney diseases), and from homicides and HIV/AIDS.

- County residents were significantly more likely to report that a health care provider told them they had a chronic condition than residents of Howard and Montgomery Counties and Maryland State.

- County residents were more likely to be overweight or obese than those in the District, Maryland State, and Baltimore, Montgomery and Howard Counties.

- Site specific (i.e. pancreas, ovaries, lungs) mortality rates from cancer are relatively high for Blacks in the County, while incidence rates are relatively low. This may indicate possible poor screening and detection rates for, and poor quality treatment of, identified cancers for Blacks as compared to Whites.

- The County has relatively high rates of asthma, obesity, HIV/AIDS, and homicide.

- Compared to surrounding jurisdictions, Prince George's County and the District of Columbia had the highest rates of infant mortality and low birth weight babies between the years 2000-2005.

Health Behaviors

- Compared to residents of neighboring jurisdictions, Prince George's County residents are less likely to drink heavily, less likely to exercise, more likely to smoke, and more likely to be overweight or obese. Within the County, however, those who are poor and less educated are more likely to drink heavily, smoke, not exercise, and not use seatbelts.

- In general, residents with more than a high school education reported more favorable health status on every measure except hypertension and overweight/obesity.

- Black County residents are less likely than Whites to report being vaccinated against flu and pneumonia, but more likely to report being tested for HIV, having received a mammogram within the last two years, and having had a cholesterol test within the past five years.

- Uninsured County residents use preventive care at sharply lower rates than insured residents.

Capacity and Access to Care

- An estimated 80,000 Prince George's County adult residents are uninsured, more than twice that of neighboring Howard County and approximately one-third more than in Montgomery County.

- Residents who lack health insurance are more likely than those with insurance to have no regular source of care, to miss care because of cost, and to have gone more than five years since their last dental exam (especially among Blacks).

- There is a shortage of primary care physicians (PCPs) in the County. Relatively few pediatricians practice in poor areas of the County, and adult PCPs and specialists are

concentrated in more affluent areas of the County located outside the Capital Beltway and near hospitals.

- Prince George's County appears to have an adequate hospital capacity relative to population growth; however, the County has a lower per capita supply of medical/surgical, obstetric, pediatric, and psychiatric beds as well as a lower per capita supply of emergency department (ED) treatment slots as compared to other jurisdictions.

- County residents use ED capacity more intensively than residents of other jurisdictions.

- The County lacks an adequate and comprehensive primary care safety net. Only one federally qualified health center (Greater Baden Medical Services) is headquartered in the County.

Patterns of Hospital and Emergency Department Use

- The County has higher rates of ambulatory care-sensitive hospitalizations and ED visits than surrounding jurisdictions.

- Prince George's County residents are more likely to leave the County for hospital and emergency care than are residents of Montgomery County and the District of Columbia.
- Prince George's Hospital Center discharges a disproportionate share of Medicaid patients, suggesting that it serves as a de facto safety net provider.

Other Pertinent Health Statistics (Highlights)*

- **Overall Health Ranking and Health Disparities:** Data from the County Health Rankings Report ranks Prince George's County 17 out of 24 among Maryland counties (24 being the lowest score). The 2010 report gives the County an overall comparative poor health ranking for the following:

    - death rates before the age of 75
    - the percentage of people who reported being in fair or poor health
    - the number of days people reported being in poor physical health
    - smoking, obesity, and binge drinking
    - receipt of clinical care
    - violent crime and liquor store density
    - unemployment rates and the number of children living in poverty
    - air pollution levels and access to healthy foods.

According to the *Maryland Department of Health and Mental Hygiene (DHMH) Vital Statistics Administration (VSA) Report*, the leading causes of death in 2009 for Prince George's County included:

Cause of Death	Ranking (Leading Causes of Death)
Diseases of the Heart	1st
Malignant Neoplasms	2nd
Cerebrovascular Diseases	3rd
Diabetes Mellitus	4th
Accidents	5th
Assaults (Homicides)	8th
Influenza and Pneumonia	11th
HIV	12th
Essential Primary Hypertension and Hypertensive Renal Disease	15th

The *2009 Maryland Chartbook of Minority Health and Minority Health Disparities* combined 2002-2006 data showed that Blacks or African Americans in Prince George's County had higher mortality rates than Whites for all-cause mortality and for six of the top eight causes of death (exceptions were chronic lung disease and liver disease). The mortality ratio disparity was greatest for HIV and kidney disease where Blacks or African Americans had 4.3 times the HIV death rate and 2.4 times the kidney disease death rate of Whites.

- **Chronic Diseases and Related Conditions**:

Overweight/Obesity*:* The percentage of overweight or obese County residents is among the highest in the State of Maryland and nation and has steadily increased since 1995 for both adults and children. From 1995-2007, the number of County residents that were obese increased by 13%. Prince George's County and one other county had the highest obesity rates in the state (69%) in 2007, and *Behavioral Risk Factor Surveillance System (BRFSS)* data for 2010 shows this to have slightly increased to 70%. Among children up to age 18, 48% are at risk for obesity and are currently overweight. African Americans are disproportionately affected by obesity. The 2008 BRFSS data shows that 76% of Africans Americans were either overweight or obese, as compared to 62% of Whites.

Diabetes: According to the *Maryland VSA Reports*, 12% of County residents are diabetic. Significant disparities exist in the County regarding death rates due to diabetes. The age-adjusted death rate for diabetes in County African Americans is 47.1 per 100,000 versus 21.9 per 100,000 for Whites. This is significantly higher

than the Maryland age-adjusted diabetes death rates of 34.3 per 100,000 for African Americans and 21.7 per 100,000 for Whites. The 2009 Vital Statistics report indicates that Prince George's County had the highest number of diabetes deaths in the State (197), followed by Baltimore City (196) and Baltimore County (192).

According to the *2009 Maryland Pregnancy Risk Assessment Monitoring System Report*, 10% of women self-reported that diabetes was a complication during pregnancy. Within the Prince George's County Health Department maternity clinics, in 2010, 100 clients (17%) were diagnosed with gestational diabetes. Women who have had gestational diabetes have a 35 to 60 percent chance of developing diabetes in the next 10 to 20 years, and 5 to 10% of women with gestational diabetes are found to have Type 2 diabetes immediately after pregnancy.

Cardiovascular Disease and Related Risk Factors: Cardiovascular disease is the leading cause of death in Prince George's County and a key contributor to the County's racial gap in life expectancy. Twenty-eight percent of County residents have cardiovascular disease. According to DHMH's Vital Statistics Administration and Family Health Administration, the County's 2008 age-adjusted death rate from heart disease was disproportionately higher than the Maryland rate (280.4 versus 252.8 per 100,000). For African Americans, the age-adjusted death rate was 338.4 per 100,000 compared to 228.7 per 100,000 for Whites.

A comparison of BRFSS data from 2009 and 2010 shows that rates for selected chronic disease risk factors had an increasing trend in the County:

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

Cancer: Malignant neoplasms (cancers) are the second leading cause of death among County residents. The County's 2008 age-adjusted mortality rate for all malignant neoplasms was 175.9/100,000 population, with disparities again appearing among African Americans. Their age-adjusted mortality rate was 202.2/100,000 compared to 151.6 deaths/100,000 for non-Hispanic Whites. African American women also have higher breast cancer mortality than White women – 38.3 deaths/100,000 versus 17.3/100,000. The prostate cancer death rate for African American men was higher (43.2/100,000) than that for White men (23.7/100,000). Disparities also exist for African Americans with regard to colorectal cancer, pancreatic cancer, and liver and biliary cancer.

The 2010 BRFSS survey shows that 22.7% of County residents ages 50+ have not had a sigmoidoscopy or colonoscopy, 25% of males ages 50+ have not had a Prostate Specific Antigen (PSA) test or digital rectal exam, 49.8% of people have never use sunscreen lotion with sun protection factor (SPF) 15 or higher when outdoors, and 15.4% of women ages 40+ have not had a mammogram or breast exam.

Tobacco Use: In Prince George's County, 12% of youth ages 18 and younger smoke, as do 16% of adults ages 19 and older according to the 2010 County Health Rankings Report. The percentage of African Americans in the County who currently report smoking cigarettes daily is 4% compared to 16% of Whites.

Asthma: The *September 2009 DHMH Asthma Profile* indicates that between the years 2004-2006, approximately 15% of County adults had been diagnosed with asthma and approximately 8% reported currently having asthma. In 2006, over 6,000 asthma-related ED visits and over 1,300 hospitalizations occurred among County residents. The asthma ED visit rate was four times higher among Black residents than among White residents and the hospitalization rate was approximately three times higher among Blacks than Whites.

- **Infant Mortality**: The current infant mortality rates for the County demonstrate that racial disparities still exist. The 2009 infant mortality rate for Blacks in the County was 11.1 per 1,000 live births, twice that for Whites (6.0) and Hispanics (6.0). Of note, the Hispanic infant mortality rate of 6.0 increased from 3.3 in year 2008. The County's overall infant mortality rate significantly declined between 2000-2004 and 2005-2009, and the infant mortality rate for Blacks significantly declined between 2008-2009; however, the infant mortality rate for Blacks has remained consistently higher than for Whites for a number of years.

- **Low Birth Weights:** Between the years 2000-2005, Blacks had the highest percentage of low birth weight babies in the County. In 2009, Blacks continued to have more low birth weight infants as compared to Whites and Hispanics: 8.0% for non-Hispanic Whites, 12.3% for Blacks, and 7.3% for Hispanics.

- **Late or No Prenatal Care:** In 2009 Prince George's County had the highest percent in Maryland of women of all ethnic backgrounds who received late or no prenatal care, and again, the data shows disparities: 7.7% of non-Hispanic Whites, 11.2% of Blacks, and 11.7% of Hispanics.

- **Substance Abuse**: It is estimated that 8% of the County's population has a chronic alcohol or other drug use problem. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that roughly 7% of County residents used an illicit drug in the past month. Year 2009 BRFSS data indicates that over 45% of residents used alcohol within the past 30 days, with 6% reporting binge

drinking. Among youth, substance abuse is a cause for concern. The Center for Substance Abuse Research (CESAR) 2008 data shows that 3.5% of County crashes and 5% of County fatal crashes involved alcohol or drug impaired drivers ages 16-20, and over 12% of youth ages 12-20 reported binge drinking in the past month. Between July 2008 and June 2009, over 3,700 County residents were enrolled in substance abuse treatment.

- **Domestic Violence:** In 2009, 1,073 domestic violence cases were reported in Prince George's County, the fifth highest number among all Maryland counties. While the number of domestic violence related deaths in the County have steadily declined every year since July 2006, between July 1, 2007-June 30, 2010, 21 individuals died as a result of domestic violence. In a four year period of time, the Domestic Violence Advocate Unit at the Prince George's County Sheriff's Department saw a significant increase in the number of domestic violence victims referred to them for services, from 274 in 2007 to 3,675 in 2010.

- **HIV/AIDS**: According to data from the Infectious Diseases Environmental Health Administration (IDEHA) of DHMH, Prince George's County Maryland is ranked second in the State for the number of AIDS and HIV cases. As of December 31, 2009, there were 5,463 total living HIV and AIDS cases in the County. The County's 2008 HIV prevalence rate was 666 per 100,000 as compared to compared to 515 per 100,000 for the State of Maryland. At the end of 2009, Prince George's County accounted for approximately 65% of all AIDS cases in Suburban Maryland.

  African Americans and other minorities in Prince George's County are disproportionately affected by HIV infection. Data through December 31, 2009 indicates that African Americans account for almost 88% of total living HIV cases, Hispanics account for 4.7% of total living HIV cases, and Whites represent 6.6% of total living HIV cases. The majority of the HIV cases occur in communities (zip codes) adjacent to the District of Columbia inside the Capital Beltway.

- **Other Sexually Transmitted Infections (STIs):** IDEHA data shows that in 2010, Prince George's consistently reported the highest number of cases in Maryland (excluding Baltimore City) of chlamydia, gonorrhea, and primary and secondary syphilis. Rates for these diseases were reportedly almost twice that of rates for the State of Maryland. Chlamydia and gonorrhea cases in the County were highest for those in age group 15-19 in 2008 (DHMH). This data has implications for HIV prevention based on the fact that persons infected with an STI are up to five (5) times more likely to get infected with HIV, if exposed. Conversely, those infected with HIV can transmit HIV more easily when having an STI.

- **Tuberculosis (TB):** According to the *2009 Maryland VSA Report*, there were 7 deaths in the State due to tuberculosis, 3 of whom were among Prince George's County residents. In 2010, Prince George's County was second in the state of

Maryland for TB Cases behind Montgomery County. Seventy-two percent (72%) of TB cases in Prince George's County occur in foreign-born clients. The TB Control Program exceeds the State of Maryland TB control objective of providing Directly Observed Therapy (DOT) services to at least 90% of TB cases.

- **Immunizations and Seasonal Flu Shots:** From 2007 to 2009, Prince George's County's vaccine coverage estimates among children 19-35 months of age were generally higher than those for the rest of the State of Maryland and Baltimore City in the National Immunization Survey. The County's vaccine coverage rates also increased in the most recent survey of the last two years, with over 95% of children ages 19-35 months being protected against diphtheria, tetanus, pertussis, haemophilus influenzae, hepatitis B, varicella and pneumococcal diseases. Prince George's County Health Department (PGCHD) Immunization Clinics serve approximately 5,000 children each year.

  Reliable PGCHD data on the administration of seasonal/H1N1 flu shots is not available due to problems with establishing an electronic data base in the 2009-2010 County-wide flu campaigns and subsequent loss of some data; however, the BRFSS data for 2009 shows that only 33.5% of County residents stated they had received a flu shot in the past year. This number only slightly improved in 2010 to 36.6%. Neighboring counties and the State of Maryland had markedly higher percents of their populations stating they had received a flu shot in the 2010 BRFSS survey - Montgomery County (48.6%), Howard County (47.7%), Anne Arundel County (43.3%) and the State of Maryland (43.0%). In sampling 58 out of 200 schools and 3 public clinics where flu shots were administered in Prince George's County during the 2009-2010 campaign, (a total of 1533 vaccinations given), the demographic data showed that 42.5% of vaccinations given were to African Americans, followed by 35% to Hispanics, 11% to Whites, 4% to Asians, and 1.6% to Native Americans in the County.

- **Motor Vehicle Accidents, Assaults (Homicides), and Intentional Self-Harm (Suicides):** The *2009 Maryland VSA Report* shows that Prince George's County had the highest number of deaths due to motor vehicle accidents in the State (94) and the second highest number of deaths (behind Baltimore City) due to homicides (99). Thirteen deaths by accident were among adolescents ages 10-19, ten of whom were Black adolescents and three were White. Twelve of the homicides were among adolescents ages 10-19, and ten of these deaths were among Black adolescents. The County also had the third highest number of suicides (57), after Baltimore County (88) and Montgomery County (66). Of the deaths by intentional self-harm, 2 were among adolescents ages 10-19, and both were White. Between 2000-2004, 374 young people committed suicide in Maryland, 51 of whom were Prince George's County residents (approximately 6/100,000).

- **Fall-Related Injuries and Drownings:** According to the 2008 statistical report on injuries in Maryland, Prince George's County ranked 3rd in the State for the number of injury-related emergency department visits (over 60,000), of which 12,501 were fall-related, and 5th in the State for the number of hospitalizations (1,728 fall-related). There were 55 fall-related deaths in 2008, 51 of which were among individuals ages 45 and over. According to the 2010 BRFSS Survey, 5.4% of County residents ages 45 and over fell once, and 2.1% fell twice in the past three months; of these falls, 27% of respondents said one fall caused an injury and 1.1% said two falls caused an injury. There were 14 drownings in 2008, four among individuals ages 0-24 and ten among individuals ages 35 and over.

- **Alzheimer's Disease:** According to the Maryland VSA 2007-2009 data, the County's age-adjusted death rate due to Alzheimer's disease was 19.2/100,000 population, higher than the State's death rate of 16.9/100,000, and 6th highest in the State. In 2009, there were 87 deaths due to Alzheimer's disease.

- **Dental Health:** 2010 BRFSS Survey data shows that 14.1% of County residents went two years or more since last visiting a dentist for any reason. Over 65% of County residents indicated they had never had a test or exam for oral cancer or mouth cancer and over 14% of County residents went two years or more since their last teeth cleaning.

- **Access to Care – Health Care Resources:** Only one federally qualified health center (FQHC), Greater Baden Medical Services (GBMS), has its headquarters in the County. It provides comprehensive primary care medical services at five locations. One of these sites, Suitland Health and Wellness Center, represents a partnership between PGCHD and GBMS. In 2007, GBMS provided care to approximately 5,200 uninsured patients.

  In recent years, Community Clinics, Inc. (CCI), a federally qualified health center based in Montgomery County, established a Women, Infants, and Children (WIC) distribution center and a family planning clinic at its Greenbelt location in Prince George's County. In addition, Mary's Center, Unity Health Clinics, and several non-FQHC safety net clinics located in neighboring jurisdictions provide care to County residents. However, these clinics combined can provide care to only a fraction of the County's uninsured. Access to care is further exacerbated by the growing number of County private physicians unwilling to accept Medicaid/Medicare patients.

  Prince George's County is not a Health Profession Shortage Area, although small portions of the County are federally designated as medically underserved areas or underserved populations. When comparing Prince George's County's health resources to those of neighboring jurisdictions, the differences are remarkable:

Jurisdiction	Number of Uninsured Under Age 65*	Number of Safety Net Clinics	Number of Primary Care Physicians per 100,000 Population (2010)**
Prince George's County	149,038	5	95
Montgomery County	123,741	11	217
Baltimore City	77,570	44 ***	191
Washington, D.C.	61,680	38 - 40	241.6****

* Small Area Health Insurance Estimates for Counties, 2007
** County Health Rankings Report, 2010
*** Mid-Atlantic Community Health Center Association (1/2009)
**** RAND Report (Area Resource File 2005 and U.S. Census Bureau)

- **Individuals with Special Needs**: A substantial number of Prince George's County residents are individuals with special health needs. This includes individuals with intellectual and developmental disabilities (i.e. autism, cerebral palsy, Down Syndrome), individuals who develop or acquire disabilities after the age of 21 (i.e. multiple sclerosis, traumatic brain injury), individuals with mental illnesses, veterans with health conditions acquired as a result of their service in Iraq, Afghanistan, the Persian Gulf War and other wars/conflicts), blind/visually impaired individuals, deaf/hearing impaired individuals, and the homeless.

  Currently there are approximately 1,850 Prince George's County residents with intellectual and developmental disabilities who are receiving State funded services from the Developmental Disabilities Administration (DDA). As of October 2011, there were 1,104 individuals on the waiting list for services from DDA. In fiscal year 2010, 835 families in Prince George's County applied for services from the Low Intensity Support Services Program, which provides up to $3,000 during a fiscal year to assist families with smaller needs; between these two programs, Prince George's County was able to serve 522 individuals and families.

  In fiscal year 2011, PGCHD's Infants and Toddlers Program served 1656 children ages 0-4 with developmental disabilities, and the PGCPS' September 30, 2010 enrollment data indicated that 14,381 students, or 11.4% of the student population, were children with disabilities (Maryland State Department of Education [MSDE], Maryland Special Education/Early Intervention Services Census Data and Related Tables, October 29, 2010). In school year 2009-10, there were 1,192 placements of students with disabilities in non-public school settings.

  The number of County residents with mental illnesses and the number of homeless individuals in Prince George's County are both difficult to quantify. However,

according to the SAMHSA 2008-2009 data, 16.71% of Marylanders ages 18+ reported a diagnosed mental illness in the past year; this translates to 144,277 Prince George's County residents with mental illnesses. The Prince George's County Department of Family Services (PGCDFS) Mental Health and Disabilities Administration reported that 10,792 individuals in Prince George's County were served in the Public Mental Health System in fiscal year 2011.

A "Point-in-Time" survey (one-day street count) of sheltered and unsheltered homeless individuals and families completed in partnership with the Council of Governments and eight other counties and cities in the Washington Metropolitan area indicated that in fiscal year 2011, 773 individuals in the County were homeless. Data from the Canadian Post-M.D. Education Registry shows that in fiscal year 2011, 6008 individuals and families in Prince George's County requested shelter assistance, and 1932 received shelter. The County currently funds three emergency shelters and one hypothermia overnight shelter for homeless people.

According to the Columbia Lighthouse for the Blind and Visually Impaired, there are approximately 11,000 County residents who are blind or visually impaired. This data reflects the number of individuals with self-declared eye issues related to all the leading causes of blindness and visual impairment. The National Institutes of Health and Johns Hopkins University estimate that between one in five and one in seven individuals in the U.S. are deaf or hearing impaired; these estimates translate to 123,346-172,684 deaf or hearing impaired Prince George's County residents.

According to the *U.S. Census Bureau State and County QuickFacts* for 2005-2009, there were 66,256 veterans residing in Prince George's County. The number of these veterans with special health care needs related to their service is unknown; however, the physical, mental, and emotional injuries and disabilities among veterans, particularly those who served in the Vietnam and Persian Gulf wars, Iraq, and Afghanistan, are well documented. Homelessness among veterans is also a problem; in fiscal year 2011, the County served 82 homeless veterans.

- Additional County-specific health data can be found at the DHMH Web site (see State Health Improvement Process [SHIP]) at:

  http://dhmh.maryland.gov/ship/measures.html .

Plan Development, Monitoring, and Evaluation

Selection of the Priorities, Objectives, and Strategies included in this Plan took into consideration:

- PGCHD's federal, state, and local mandates for provision of services and programs and its available resources (funding and personnel) to implement strategies.
- The capacity of existing and potential community partners to share responsibility for meeting our health objectives
- The commitment of local political leaders (i.e. Board of Health) to monitor progress towards meeting our objectives and to consider health implications when making policy decisions and adopting legislation.
- Evidence-based best practices that address our objectives.
- National and statewide public health strategies for reducing HIV infection.

The first six Priorities with their corresponding Objectives and Strategies are in alignment with the Maryland State SHIP Vision Areas 1-6; however, we have re-arranged the Priorities in descending order according to the extent to which the health concerns they address impact the broader community, demonstrate major disparities, and/or pose longstanding, complex challenges to their prevention and control in our County. The "County-Specific Health Priorities" address broader issues related to health care infrastructure, workforce, and systems issues of particular concern to County stakeholders. In no way do the Strategy statements reflect the totality of work that the Health Department and stakeholders listed in this Plan perform; rather, they represent substantive efforts, collaborative arrangements, and new approaches. It is important to note that for a number of Strategies to be implemented, a considerable infusion of new funding will be required, as well as the establishment of new and non-traditional partnerships.

To ensure that the County Health Improvement Plan is implemented and evaluated in terms of progress towards meeting the Plan's Health Objectives, the Health Department will establish a Prince George's Healthcare Action Coalition (PGHAC) lead by the Health Officer and comprised of critical stakeholders and consumers representing all major segments of the health care delivery system. Existing coalitions will be invited to serve as adjunct members of the PGHAC, lending their "content expertise" as it relates to each Priority.

The purpose of the PGHAC will be to assist the Health Officer as follows:

- developing an action plan for carrying our and evaluating the County Health Improvement Plan that includes a timeline, responsible agencies/individuals, and success measures

- developing a framework (methods, materials, and timeframe) for gathering pertinent data from each partner involved in implementing the Plan's strategies, for evaluation and reporting purposes

- monitoring all activities related to the County Health Improvement Plan to ensure that all aspects of the Plan are carried out in a coordinated fashion among the responsible agencies and individuals

- maintaining communications among partner agencies, adjunct coalitions, and individuals regarding all matters related to the County Health Improvement Plan and the local health planning process

- identifying when new partnerships are needed to carry out the Plan and assisting in establishing those partnerships

- advising the Health Officer when barriers to the Plan's implementation and evaluation arise and resolutions are needed, or when new health issues emerge that may impact the Plan.

- preparing information for the media, local political and community leaders, researchers, and the public regarding progress made towards improving the health status of the County

- coordinating public meetings or forums when needed to obtain input from County residents and health care consumers into the Plan and the health planning process

- coordinating the adoption of health information technology among all partners to enhance provider communication and improve the delivery of care to County residents.

<u>Priority 1</u>: Ensure that Prince George's County Residents Receive the Health Care They Need, Particularly Low Income, Uninsured/Underinsured Adults and Children.

(Corresponds with SHIP Vision Area 6: Ensure that Marylanders Receive the Health Care They Need)

County Outcome Objective	Current Baseline	2014 Target
Increase life expectancy in Prince George's County	77.5 years (life expectancy at birth, VSA 2009)	81.4 years using 5% increase
Increase the proportion of persons with health insurance	82.2% (percentage of civilian non-institutionalized ages 18-64 with any type of health insurance, BRFSS 2008-2010)	91.1% using midpoint to Healthy People (HP) 2020
Reduce the proportion of individuals who are unable to obtain, or delay obtaining, necessary medical care, dental care, or prescription medications	15.8% (percentage of people who reported that there was a time in the past 12 months when they **could not** afford to see a doctor, BRFSS 2008-2010)	15% using 5% decrease
Increase the proportion of low income children and adolescents who receive dental care	57.8% (percentage of low income children ages 4-20 enrolled in Medicaid that received a dental service in the past year, Medicaid Calendar Year 2009)	60.7% using 5% increase
Increase the percentage of adults who visited a dentist within the past year	70.7% (percentage who visited a dentist for any reason in the past year, BRFSS 2010)	74.2% using 5% increase
Reduce the proportion of preventable hospitalizations related to Alzheimer's disease and other dementias	11.5 (rate of hospital admissions [inpatient + outpatient] related to dementia/Alzheimer's per 100,000 population, Health Services Cost Review Commission [HSCRC] 2010)	10.9 - rate using 5% decrease

Note: A number of these strategies also address Priority 3.

Increasing Enrollment of Adults and Children in Medicaid, HealthChoice/Maryland Children's Health Program (MCHP), and Other Health Programs

Strategy 1: Improve the timely processing of HealthChoice/MCHP applications for pregnant women and children, enhance customer service to clients at the PGCHD's Regional Access Center, and continue to follow up on incomplete applications.

Strategy 2: Establish quick screening and prequalification processes that expedite eligible clients' enrollment in HealthChoice/MCHP and other government-sponsored health programs.

Strategy 3: Educate the public and providers about the eligibility requirements for the HealthChoice/MCHP, Medicaid Families and Children, Primary Adult Care, and Maryland Family Planning Programs, using methods and venues that target hard-to-reach women and children.

Strategy 4: Continue collaboration among the PGCHD's MCHP Program and other programs serving women and children (Healthy Start, Health*line*, Healthy Women/Healthy Lives, etc.) to identify potentially eligible clients and streamline their entry into HealthChoice/MCHP.

Strategy 5: Maintain communications between the PGCHD's MCHP Eligibility unit and the Prince George's County Department of Social Services (PGCDSS) to ensure that pregnant women and children receive a timely determination of eligibility.

Strategy 6: Place Medical Assistance eligibility/enrollment workers at strategic clinic sites (i.e. FQHCs).

Strategy 7: Increase awareness among the public and agencies serving children about the Kaiser Care for Kids Program that serves children ages 0-18 who are ineligible for MCHP; focus on reaching the Spanish-speaking community and families with undocumented children.

Strategy 8: Identify funding to adequately staff the Kaiser Bridge Program, and increase public awareness of the Program through widespread dissemination of informational materials and expansion of outreach efforts into non-traditional settings (i.e. unemployment offices, churches, non-profit organizations) where potentially eligible and hard-to-reach individuals seek services.

Increasing Linkage to Care

Strategy 1: Continue widespread dissemination of informational materials promoting the Health*line* Program that links pregnant women and children into care and expansion of outreach efforts into non-traditional settings (i.e. thrift stores, pawn shops, small strip mall businesses) to identify hard-to-reach individuals needing Health*line* services.

Strategy 2: Seek additional funding to enhance Health*line*'s capacity to assist clients having problems with their HealthChoice/MCHP providers and difficulty complying with appointment keeping, and to maintain communications with providers to improve the provision of health services and resolve barriers to care for enrollees.

Strategy 3: Work towards establishing a single-point-of-entry health and human services center that provides "one-stop shopping" (per the 2013 Capital Improvement Plan) for individuals needing primary health care and other services.

Strategy 4: Seek funding to create community patient navigators who facilitate access to a medical home and specialty care for individuals facing barriers to care.

Strategy 5: Explore funding to support the addition of public health nurses and/or social workers at low-income housing complexes to expedite residents' access to services.

Strategy 6: Work with the Medical Society, Board of Physicians, Board of Pharmacy and other medical associations to identify ways to increase access to dental, vision, and medical care (including specialty care), and to low cost prescription medication.

Strategy 7: Explore ways to increase the number of urgent care centers in the County to reduce inappropriate used of hospital emergency departments.

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

Increasing Health Literacy

Strategy 1: Educate health care providers and the public about available health literacy tools that enable individuals to access and understand health information, navigate the health care delivery system, and participate in decision-making about their own health care.

Strategy 2: Expand the use of modern technology such as social media outlets and mobile phones to communicate health information to the public and clients, particularly to individuals without internet access.

Strategy 3: Partner with the University of Maryland School of Public Health (UMDSPH) to conduct research on ways to advance the health literacy of County residents.

Enhancing School-Based Health Care and Dental Health Services

Strategy 1: Assess all students seen at the County's four School-Based Wellness Centers (SBWCs) funded through Prince George's County Department of Family

Services (PGCDFS) for their health insurance status and history of annual physical exams; provide students who lack a primary care provider/insurance with an annual physical exam (and risk assessment), and refer them to MCHP, Kaiser Care for Kids Program, and dental providers willing to accept uninsured children.

Strategy 2: Seek funding to establish dental case management services in the four SBWCs and in existing community dental health programs to ensure that children and adults without a dental provider are linked to dental care.

Strategy 3: Work with Kaiser Permanente to pilot a project to provide on-site dental care to the students attending Bladensburg High School and its three feeder elementary and middle schools.

Strategy 4: Continue educating parents, the public, school officials, and others about the importance of early intervention in preventing dental problems and the low cost dental services available in the community, including the Deamonte Driver Dental Project (mobile van) and the dental care pilot project at Bladensburg High School.

Strategy 5: Develop and disseminate oral health messages for adults that stress the link between chronic diseases, infant mortality and oral health.

Strategy 6: Work with community partners to enhance the network of dental providers willing to treat Medicaid insured and uninsured children and adults in the County.

Strategy 7: Seek funding for existing safety net clinics to provide dental services to uninsured/underinsured adults and children.

Strategy 8: Continue serving on the Maryland Dental Action Coalition to advocate for increased Medicaid reimbursements for dental services, and to identify ways to improve the oral health of County residents through increased prevention, education, advocacy, and access to oral health care.

Addressing Alzheimer's Disease

Strategy 1: Partner with the National Capital Area Chapter of the Alzheimer's Association to provide widespread public information about the ten warning signs of Alzheimer's, the importance of early detection and intervention, and the steps individuals with Alzheimer's and their families/caretakers can take to enhance the quality of their care and safety of their environment.

Strategy 2: Work with the PGCDFS Aging Services Division to identify additional strategies for providing seniors who have Alzheimer's or other dementias with

information and services that enable them to better manage their disease and maintain maximum independence.

*Improving Health Care for Individuals with Special Needs**

* Also see Priority 2, Enhancing Access to Mental Health Services

Strategy 1: Continue collaboration between the PGCHD's Infants and Toddlers Program, The Arc, the PGCDFS, the Prince George's County Public Schools (PGCPS) Special Education Program, the Family Service Foundation, and other agencies serving County residents with intellectual and developmental disabilities to develop a consolidated multi-agency plan that outlines strategies and partnerships needed to address gaps in the delivery of health care to individuals with special needs.

Strategy 2: Continue assisting families of children enrolled in the Infants and Toddlers Program to ensure that children ages birth to three with special needs have updated immunizations and a medical home.

Strategy 3: Work with partner agencies serving individuals with disabilities to educate the public about the challenges they face in receiving health care, to increase public acceptance and support of persons with disabilities, and to eliminate the stigma associated with disabilities; enlist the faith community, local businesses that employ persons with disabilities, and other traditional and non-traditional partners in this effort.

Strategy 4: Identify a cadre of health care professionals (i.e. OB-GYNs and other physicians, nurses, dentists, physical therapists, nutritionists, social workers) willing to participate in training to increase their understanding of the unique needs of individuals with disabilities and to adapt their medical practices to better serve this population.

Strategy 5: Train health care providers to look for signs and symptoms of stress among their patients who are family members and caregivers of persons with special needs and to refer them to appropriate support services.

Strategy 6: Work with residential care providers to identify ways to make the environment healthier for and more supportive of the adoption of healthy lifestyles among individuals with special needs; offer educational programs that address the health care needs of direct care staff.

Strategy 7: Update the PGCHD's Community Services Guide-at-a-Glance to include agencies and programs that serve individuals with special needs; disseminate the Guide to community providers and agencies for use as a tool in linking clients with special needs and their families to available resources; ensure that these resources are made known to families by posting the information on agency Web sites and in their publications.

Strategy 8: Ensure that the Prince George's Healthcare Action Coalition (PGHAC) includes providers that serve populations with special needs and community advocates; establish a work group that focuses on improving care to individuals with special needs to reduce their risk for chronic diseases, dental problems, unintended pregnancy, sexually transmitted and other communicable diseases, sexual abuse, and substance abuse.

Strategy 9: Partner with PGCDFS Commission for Veterans, PGCDSS, the Homeless Services Partnership, the Salvation Army, and other organizations and agencies serving veterans and the homeless to identify ways to improve health service delivery to these populations.

Strategy 10: Increase public awareness of the County's Homeless Hotline which links individuals who are homeless or at risk of homelessness to needed services, as well as the 211 (Homelessness Prevention) Hotline, which assists individuals before they become homeless by providing mortgage/rental assistance and referral to other support services.

Strategy 11: Partner with the Columbia Lighthouse for the Blind and Visually Impaired, the Family Service Foundation, Gallaudet University, and other organizations serving blind/visually impaired and deaf/hearing impaired individuals to identify ways to improve health service delivery to these populations.

Strategy 12: Continue supporting the PGCDFS Mental Health and Disabilities Division's programs that serve individuals with mental illnesses and individuals in psychiatric crisis, particularly where collaborative agreements among community service providers are essential.

Strategy 13: Partner with PGCDFS, the Mental Health Association of Prince George's County, the National Alliance for the Mentally Ill, On Our Own, and other organizations serving individuals with mental illnesses to identify ways to improve health service delivery to this population.

Key Partners: The Arc, Board of Pharmacy, Board of Physicians, Columbia Lighthouse for the Blind and Visually Impaired, Community Clinics, Inc., community medical and dental providers, Deamonte Driver Dental Project, Dimensions Healthcare System, Doctors Community Hospital, Family Service Foundation, Forestville Pregnancy Center, Gallaudet University, Greater Baden Medical Services, Homeless Services Partnership, Improved Pregnancy Outcome Coalition, Kaiser Permanente, low-income housing complexes, managed care organizations, Maryland Dental Action Coalition, Mary's Center, Medical Society, Mental Health Association of Prince George's County, National Alliance for the Mentally Il, National Capital Area Chapter of the Alzheimer's Association, On Our Own, Pregnancy Aid Center, Prince George's County Commission for Persons with Disabilities, Prince George's County Department of Family Services, Prince George's County Department of Social Services, Prince George's County Health Department, Prince George's County Public Schools, residential care providers, Salvation Army, Southern Maryland Hospital Center, University of Maryland School of Public Health.

<u>Priority 2</u>: Prevent and Control Chronic Disease in Prince George's County, Particularly Among Minorities.

(Corresponds with SHIP Vision Area 5: Prevent and Control Chronic Disease)

County Outcome Objective	Current Baseline	2014 Target
Reduce deaths from heart disease	Overall rate - 224.2 (rate of heart disease deaths per 100,000 population (age-adjusted), VSA 2007-2009) White rate - 195.5 Black rate - 221.0 Hispanic rate - 66.4 Asian rate - 96.0	Overall rate - 188.5 using midpoint to HP 2020 White rate - 174.1 using midpoint to HP 2020 Black rate - 186.9 using midpoint to HP 2020 Hispanic rate - 63.1 using 5% decrease Asian rate - 91.2 using 5% decrease
Reduce the overall cancer death rate	Overall rate - 173.8 (rate of cancer deaths per 100,000 population [age-adjusted], VSA 2009) White rate - 199.0 Black rate - 181.9 Hispanic rate - 70.9 Asian rate - 87.0	Overall rate -167.2 using midpoint to HP 2020 White rate - 179.8 using midpoint to HP 2020 Black rate - 171.3 using midpoint to HP 2020 Hispanic rate - 67.4 using 5% decrease Asian rate - 82.7 using 5% decrease
Increase the proportion of adults who are at a healthy weight	28.6% (percentage of adults at a healthy weight [not overweight or obese], BRFSS 2008-2010) White Non-Hispanic - 39.6% Black - 13.0% Hispanic - 23.0% Asian - Not Available	30% using 5% increase White Non-Hispanic - 41.6% using 5% increase Black - 13.7% Hispanic - 24.2%
Reduce the proportion of children and	16.1% (percentage of youth ages 12-19 who are obese, MYTS 2008)	15.3% using 5% decrease

adolescents who are considered obese		
Reduce hypertension-related emergency department visits	Overall rate - 257.7 (rate of ED visits for hypertension [inpatient + outpatient] per 100,000 population, HSCRC 2010) White rate - 101.8 Black rate - 341.7 Hispanic rate - 54.3 Asian rate - 67.6	Overall rate - 244.8 using 5% decrease White rate - 96.7 using 5% decrease Black rate - 324.6 using 5% decrease Hispanic rate - 51.6 using 5% decrease Asian rate - 64.2 using 5% decrease
Reduce diabetes-related emergency department visits	Overall rate - 308.4 (rate of ED visits for diabetes [inpatient + outpatient] per 100,000 population, HSCRC 2010) White rate - 179.5 Black rate - 388.2 Hispanic rate - 101.6 Asian rate - Not Available	Overall rate - 293 using 5% decrease White rate - 170.5 using 5% decrease Black rate - 368.8 using 5% decrease Hispanic rate - 96.5 using 5% decrease Asian rate - Not Available
Reduce drug induced deaths	6.1 (rate of drug-induced deaths per 100,000 population, VSA 2007-2009)	5.8 - rate using 5% decrease
Reduce tobacco use by adults	13.3% (percentage of adults who currently smoke, BRFSS 2008-2010) White Non-Hispanic - 16.8% Black - 17.8% Hispanic - 5.7% Asian - Not Available	12.7% using midpoint to HP 2020 White Non-Hispanic - 14.4% using midpoint to HP 2020 Black - 14.9% using midpoint to HP 2020 Hispanic - 5.4% using 5%

		decrease Asian - Not Available
Reduce the proportion of youth who use any kind of tobacco product	23.3% (percentage of high school students grades 9-12 that have used any tobacco product in the past 30 days, Maryland Youth Tobacco Survey 2010)	22.2% using midpoint to HP 2020
Reduce the number of ED visits related to behavioral health conditions	713.1 (rate of ED visits for behavioral health conditions [inpatient + outpatient] per 100,000 population, HSCRC 2010) White rate - 740.7 Black rate - 778.3 Hispanic rate - 2243.9 Asian rate - 151.4	677.4- rate using 5% decrease White rate - 703.7 using 5% decrease Black rate - 739.4 using 5% decrease Hispanic rate - 2131.7 using 5% decrease Asian rate - 143.8 using 5 % decrease

Increasing Access to Healthier Foods *

* Also see Improving Our Environment under Priority #5

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

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

Strategy 3: Increase public demand for healthier food choices at restaurants and food markets through education and advocacy; partner with the Food Supplement Nutrition Education Program to assist with community education to low income and other at-risk communities.

Strategy 4: Seek funding for educational programs that link healthy nutrition to other desirable outcomes (i.e. healthy pregnancy, reduced incidence of chronic disease).

Strategy 5: Increase marketing of healthier foods, using the Get Fresh Baltimore model.

Strategy 6: Develop and disseminate culturally and linguistically appropriate informational materials to educate the public about healthy nutrition and its impact on the body, healthy food selection and preparation; enlist the support of local chefs and restaurateurs in this effort.

Strategy 7: Adopt local policies providing incentives (tax credits, grants, loan programs, etc.) to supermarkets that lower prices on healthier food products and to attract new supermarkets to underserved areas.

Strategy 8: Identify funding to provide incentives to stores that offer healthier food choices at low cost, and advertise these incentives to the public; help connect local farmers with food outlets so that locally grown foods can be offered everywhere.

Strategy 9: Collaborate with supermarket corporate offices and local store managers to explore ways to provide incentives to customers that encourage the purchase of healthier foods.

Strategy 10: Adopt local policies to discourage consumption of calorie dense, nutrient poor foods through the use of incentives, land use and zoning regulations that place restrictions on the number and location of fast food restaurants, particularly in high-risk communities.

Strategy 11: Promote local farmers' markets and seek to add farmers' markets in food desert areas; appeal to local farmers to come to inner-Beltway locations by promoting their safety and the ability to accept food stamps and Women, Infants, and Children (WIC) Program vouchers for payment.

Strategy 12: Increase the number of needy families that participate in federal, state, and local government nutrition programs such as WIC, the Food Stamps Program, School Breakfast and Lunch Programs, the Child and Adult Care Food Program, the Senior Nutrition Program, the Afterschool Snacks and Supper Program, and the Summer Food Service Program.

Strategy 13: Enlist the faith-based community in providing education about healthy eating and chronic disease prevention, and explore funding to install computers in local churches where parishioners can access health information from Web sites.

Strategy 14: Encourage County residents to eat locally grown foods and educate them on methods for growing their own food, including gardening techniques (i.e. composting) and establishing community gardens; involve schools, local farmers, and municipalities in this effort.

Strategy 15: Encourage prenatal care providers to include nutrition education that teaches pregnant women how to purchase and prepare healthier foods to improve their health and that of their families.

Promoting Physical and Recreational Activity

Strategy 1: Support the implementation of the PGCPS new Fitness-Gram Program in grades K-12, which provides an individualized physical fitness plan for each participating student.

Strategy 2: Work with the PGCPS School Wellness Councils and the Healthy Schools Program to advocate for the adoption of school policies that increase physical activity for students, promote healthier food and beverage choices in schools, and contribute to a healthier school environment in general.

Strategy 3: Seek funding to pilot the implementation of the M-NCPPC and PGCHD's Prescription-REC Program for County residents with high blood pressure and/or high cholesterol who have a "prescription" from their health care provider to start an exercise regimen.

Strategy 4: Explore innovative ways to increase opportunities for physical and recreational activity in communities, schools, workplaces including:

- offering incentives to developers to build safe, attractive parks, playgrounds and recreation centers
- establishing joint use of school and community facility agreements allowing playing fields, playgrounds, and recreation centers to be used by the public when schools are closed
- promoting youth athletic leagues and worksite walking and other physical activity programs
- adopting a policing strategy to improve safety and security at parks
- promoting a culture of "everyday" physical activity (i.e. taking stairs, walking during breaks and lunchtime)
- offering discounts to consumers as incentives to use existing public and private health clubs and recreational facilities.

Promoting Clinical, Self-Management, and Other Services That Address Chronic Conditions

Strategy 1: Promote innovative community programs that address chronic diseases such as the Gaston and Porter Health Improvement Center's Women's Health Institute and Prime Time Sister Circles Program, the Children's National Medical Center's Obesity Institute, Southern Maryland Hospital Center's Fit 'N Fun Program, Cardiac Risk Reduction Center, and the Diabetes Self-Management Education Program, and the Doctor's Community Hospital's Joslin Diabetes Center; establish a mechanism for community providers to refer their at-risk clients.

Strategy 2: Identify best practices for diagnosis and management of high blood pressure and encourage physicians to incorporate them into their practices, including the use of electronic health record (EHR) prompts (i.e. Veteran's Administration model).

Strategy 3: Identify funding for a public education campaign to reinforce the risks of high blood pressure and to promote measures to reduce/control high blood pressure, including diet, physical activity, and medical management.

Strategy 4: Seek partnerships with hospitals, physician groups, and interested community groups to provide diabetes self-management education to those who are uninsured/underinsured; utilize services of diabetes educators.

Strategy 5: Seek funding to establish diabetes case management services that link uninsured/underinsured individuals to medical care, education, and supplies; include a hotline for those who have short-term needs.

Strategy 6: Offer diabetes prevention programs in non-clinical settings (i.e. M-NCPPC programs, schools).

Strategy 7: Work with physician groups to identify those at risk for diabetes and provide prevention education, including use of EHR prompts.

Strategy 8: Work with the American Association of Diabetes Educators to seek funding to recruit and train more minority diabetes educators; develop culturally and linguistically appropriate diabetes educational materials for our diverse population.

Strategy 9: Provide an assessment and physical exam to all students seen at the four SBWCs that include screening for obesity/overweight, and referral for further clinical and/or self-management programs as needed.

Strategy 10: Update the PGCHD's *Community Services Guide At-A-Glance* to feature providers and programs that address obesity, diabetes, hypertension, smoking cessation, weight management, and physical activity; disseminate the Guide (via Web sites and mailings) to community providers and agencies (including libraries) for use as a tool in linking individuals with chronic conditions to needed clinical care and self-management programs.

Strategy 11: Explore with PGCDFS and Prince George's Community College expanding their joint Living Well Chronic Disease Self-Management Program (from Stanford University) to serve a greater number of County residents diagnosed with chronic diseases.

Strategy 12: Partner with holistic health practitioners and other complementary and alternative medicine (CAM) providers to identify ways to integrate CAM into conventional health care practices and to promote chronic disease prevention and wellness models that will assist County residents adopt positive lifestyle changes and increase their level of personal responsibility for improving their health status.

Enhancing Health Care Providers' Skills in Treating and Preventing Chronic Diseases

Strategy 1: Seek funding to expand the PGCHD's Center for Healthy Lifestyles Initiative (CHLI) and to establish a Healthy Futures Training Institute (HFTI) through the UMDSPH. CHLI and HFTI will provide training and technical assistance to health care institutions, organizations, and providers to incorporate into their routine patient care practices evidence-based interventions for the following: reducing/managing overweight and obesity through physical activity and nutrition; controlling hypertension, diabetes, and high cholesterol; reducing cardiovascular disease; and preventing/reducing tobacco use.

Strategy 2: Expand the PGHAC to include members representing communities experiencing high rates of heart disease and other chronic conditions; establish work groups within the Coalition to continually research best practices and ways to incorporate them into standards of care for high blood pressure, high cholesterol, cardiovascular disease, etc.

Preventing and Treating Cancer

Strategy 1: Continue providing breast and cervical cancer screening (and referral for treatment) to women ages 40 and over who are uninsured/underinsured and whose incomes are at or below the 250% poverty level through the PGCHD's Breast and Cervical Cancer Screening Program (BCCP); fully implement the Expanded BCCP Program which will also serve men.

Strategy 2: Continue providing colorectal cancer screening and referral to appropriate entitlement programs for follow-up treatment to individuals ages 50 and over and who are uninsured/underinsured through the PGCHD's Colorectal Cancer Prevention, Education, Screening, and Treatment Program (CPEST).

Strategy 3: Partner with the American Cancer Society, Susan G. Komen For the Cure, and other agencies addressing cancer to provide public education on cancer prevention

and to encourage individuals to get recommended screenings (i.e. mammograms, colonoscopies, PSA tests); focus efforts on reaching African Americans and other minorities.

Strategy 4: Use the Maryland Comprehensive Cancer Control Plan as a guide for developing additional strategies to address cancer prevention, early detection and treatment, and disparities.

Strategy 5: Continue offering in the PGCHD's Immunization Clinics the Gardasil vaccine to males and females starting at age 11 to prevent genital warts caused by the human papilloma virus (HPV) and HPV-associated cancers (cancer of the cervix, vulva, vagina, penis, anus as well as head and neck cancer); continue educating the public about Gardasil's role in preventing genital warts and cancer.

Strategy 6: Seek funding to hire patient navigators who facilitate access to resources, financial assistance, transportation, and other needed services for individuals with breast and other cancers.

Increasing Public Awareness

Strategy 1: Work with community partners, the American Diabetes Association, American Heart Association, American Lung Association and other organizations to implement special initiatives that increase public awareness of measures to prevent chronic diseases and encourage adoption of healthier lifestyles.

Strategy 2: Develop and disseminate culturally and linguistically appropriate materials and messages about chronic disease prevention targeting the County's diverse populations, minorities and non-English speaking individuals.

Strategy 3: Place information on County agency and partner Web sites and in publications that provides tips for achieving a healthier lifestyle.

Creating Breastfeeding-Friendly Communities

Strategy 1: Establish a network of local hospitals interested in adopting practices to become baby-friendly; establish a network of OB/GYNs, family practice practitioners, and midwives who are supportive of breastfeeding and willing to promote it among clients and the community.

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Strategy 2: Encourage local employers, health care institutions, and child care settings to establish policies and programs that support worksite breastfeeding.

Strategy 3: Identify funds to conduct a multi-media campaign to improve public attitudes towards breastfeeding.

Strategy 4: Identify new venues where mothers seeking health and other services can be educated about the health benefits of breastfeeding for their infants and children and breastfeeding as a potential obesity prevention strategy.

Strategy 5: Establish a work group within the PGHAC that continually researches best practices for promoting breastfeeding in maternal health care settings (i.e. WIC, Family Planning, Nutrition, Early, Periodic, Screening, Diagnosis, and Treatment Programs) and the community.

Enhancing Access to Substance Abuse Treatment

Strategy 1: Continue implementing the Safety NET (Network for Entry into Treatment) Project that provides substance abuse treatment and education to adults and youth. This Program addresses substance abuse as a factor in criminal justice system entry and recidivism, and youth violence prevention.

Strategy 2: Continue implementing PLAN (Partnership for Learning Among Neighbors), an intensive assessment and re-integration program for detainees with co-occurring mental health and substance use disorders that place them at high risk for recidivism and poor health outcomes.

Strategy 3: Update agreements with the extensive network of public and private substance abuse treatment providers to ensure multiple pathways to care and to facilitate the seamless provision of screening, intake, referral, assessment, and treatment services for County residents.

Strategy 4: Increase the number of individuals in substance abuse treatment who belong to priority (highest risk, highest cost) populations that put other members of the general population at risk, including:

- parenting women and women of childbearing age, to reduce the risk for infant mortality, fetal alcohol syndrome, failure to thrive, and early initiation of alcohol, tobacco and other drug use (ATOD)

- injection drug users, to reduce the spread of HIV and hepatitis

- first-time marijuana users and DUI/DWI offenders, to reduce crash and non-crash injuries (i.e. falls and domestic violence) and ATOD-related deaths.

Strategy 5: Increase the number of individuals in substance abuse treatment who are at greatest risk for ATOD use by demographics or health status, including:

- Latinos, by offering more English-Spanish addiction treatment capability

- youth ages 12–16, who are retained in treatment 90 days or more, to enable parents/guardians to participate in the treatment process

- individuals with co-occurring disorders, to reduce jail recidivism.

Strategy 6: Sustain jail-based substance abuse treatment, and Juvenile and Adult Drug Court interventions to increase the number of other individuals at high risk who are enrolled in treatment.

Strategy 7: Increase the number of individuals connected to substance abuse treatment through Screening, Brief Intervention and Referral to Treatment (SBIRT) efforts at local hospitals, to reduce repeat emergency room use by individuals addicted to ATOD.

Strategy 8: Increase advertisement of the wide range of substance abuse prevention, treatment, and community support services available to County residents through a radio campaign and outreach to schools, communities, businesses, and faith-based organizations.

Promoting Smoke-Free Communities

Strategy 1: Support M-NCPPC's plan to expand its smoking ban to include the outdoor (open) spaces at all of its facilities.

Strategy 2: Work with partners to increase the number of smoke-free multi-unit housing properties in the County, particularly in areas most at risk for tobacco-related disease and disability (based on disease burden, socioeconomic status of residents, and size of the housing complex).

Strategy 3: Educate building managers, tenants, and tenant associations about the hazards of tobacco use and the steps to implement a smoke-free policy at their dwellings.

Strategy 4: Work toward the establishment of a smoke-free County by adopting legislation that bans smoking at all County and municipal government-owned properties (including outdoor spaces).

Strategy 5: Work with the University of Maryland Legal Resource Center for Tobacco Regulation, Litigation, and Advocacy to identify additional strategies leading to a smoke-free County.

Strategy 6: Work with partners to promote smoke-free college campuses.

Strategy 7: Work with partners to identify funds to conduct a County-wide campaign to educate at-risk adults and adolescents about the hazards of tobacco use and resources available for tobacco use cessation, using mass and social media outlets that appeal especially to youth; focus efforts on reaching County residents in the southern part of the County where tobacco use is more prevalent.

Strategy 8: Collaborate with existing school-based tobacco prevention programs to promote additional anti-tobacco messages to students.

Strategy 9: Explore with partners ways to train physicians, dentists, nurses, and other health care providers to deliver brief messages on the dangers of tobacco use and to refer their clients to available cessation programs.

Enhancing Access to Mental Health Services

Strategy 1: Support the implementation of PGCDFS Mental Health and Disabilities Administration, Fiscal Year 2012 Annual Plan* to develop and maintain a comprehensive, efficient, and cost effective system of community-based mental health care in Prince George's County, particularly as it relates to collaborative agreements among community service providers.

* A complete description of this Plan is available in the *Prince George's County Department of Family Services, Mental Health and Disabilities Administration, Fiscal Year 2010 Annual Report and Fiscal Year 2012 Annual Plan Update*.

Strategy 2: Continue to provide behavioral health condition screenings to County residents at various points of service entry where potentially at-risk individuals may be identified (i.e. women's wellness centers, SBWCs, Prince George's County Department of Corrections (PGCDOC), Youth Service Bureaus, PGCDFS, PGCDSS, and Adam's House).

Key Partners: Affiliated Santé, Alcohol and Drug Abuse Administration, American Association of Diabetes Educators, American Cancer Society, American Diabetes Association, American Heart Association, American Lung Association, Children's National Medical Center, community substance abuse treatment providers, complementary and alternative medicine and holistic health providers, Dimensions Healthcare System, Doctors Community Hospital, faith-based and non-profit community-based organizations, Food Supplement Nutrition Education (University of Maryland), Gaston and Porter Health Improvement Center, local businesses, local chefs, restaurateurs, farmers, and farmers' markets, Maryland-National Capital Park and Planning Commission multi-unit housing managers and tenant associations, Prince George's County Council/Board of Health, Prince George's County Executive, Prince George's County Courts, Prince George's County Criminal Justice Coordinating Council and Drug and Alcohol Advisory Committee, Prince George's County Department of Corrections, Prince George's County Department of Family Services, Prince George's County Department of Juvenile Services, Prince George's County Department of Social Services, Prince George's County Health Department, Prince George's County Memorial Library System, Prince George's County Parole and Probation Office, Prince George's County Police Department, Prince George's County Public Schools, Prince George's County State's Attorney's Office, private sector health care providers, Southern Maryland Hospital Center, supermarket corporate offices and grocery stores, Susan G. Komen For the Cure, University of Maryland Legal Resource Center for Tobacco Regulation, Litigation, and Advocacy, Youth Service Bureaus, University of Maryland School of Public Health.

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

(Corresponds with SHIP Vision Area 1: Improve Reproductive Health Care and Birth Outcomes)

County Outcome Objective	Current Baseline	2014 Target
Reduce infant deaths	Overall rate - 10.4 (number of infant deaths/1,000 live births, VSA 2007- 2009) White/Non-Hispanic rate - 10.6 Black rate - 13.3 Hispanic rate - 4.6 Asian rate - 2.7	Overall rate - 8.2 using midpoint to HP 2020 White/Non-Hispanic rate - 10.1 using 5% decrease Black rate - 12.6 using 5% decrease Hispanic rate - 4.4 using 5% decrease Asian rate - 2.6 using 5% decrease
Reduce low birth weights (LBW) and very low birth weights	Overall - 10.6% (percentage of births that are LBW, VSA 2007-2009) White/Non-Hispanic - 7.6% Black - 12.5% Hispanic - 7.5% Asian - 7.7%	Overall - 9.2% using midpoint to HP 2020 White - 7.2% using 5% decrease Black - 11.9% using 5% decrease Hispanic - 7.1% using 5% decrease Asian - 7.3% using 5% decrease
Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester	Overall - 67% (percentage of births where mother received first trimester prenatal care, VSA 2007-2009) White/Non-Hispanic - 82.3% Black - 69.4% Hispanic - 52.7% Asian - 66.6%	Overall - 70.4 % using 5% increase White - 86.4% using 5% increase Black - 72.9% using 5% increase Hispanic - 55.3% using 5%

		increase Asian - 69.9% using 5% increase

Note – A number of these strategies also address Priority 1.

Linking Women to Prenatal Care and Women's Wellness Services

Strategy 1: Expand existing prenatal care and women's health services to include screening and counseling for diabetes prevention and management (including gestational diabetes), weight management and nutrition counseling, substance abuse and smoking cessation services, referral to dental health services, mental health services and domestic violence prevention, and screenings and referrals for Medicaid.

Strategy 2: Continue working with key partners to secure funding for existing County prenatal care programs that serve high risk and very high risk uninsured pregnant women needing specialty perinatology, midwifery and other services.

Strategy 3: Work with the PGCDOC to ensure that incarcerated pregnant women receive prenatal care and are linked to community services upon release.

Strategy 4: Continue working with the PGCPS to ensure that pregnant adolescents receive prenatal care and are referred to family planning services after delivery.

Strategy 5: Identify resources to expand existing Healthy Start and perinatal navigator services that provide home visits and intensive follow-up for high risk pregnant women.

Strategy 6: Continue collaboration between PGCHD, PGCDFS, PGCDSS, and the Healthy Families Prince George's County Program to ensure that pregnant women receive needed prenatal, pediatric, mental health, health education, and other support services in a coordinated manner.

Strategy 7: Identify funding for and implement an advertising campaign to promote all of the women's wellness and prenatal care services available in the County and to encourage pregnant women to get into care early, focusing on reaching minority women.

Strategy 8: Work with local hospitals to identify ways to increase access to perinatology and fetology services for high risk pregnant women, as well as tubal ligation and vaginal births after c-section (VBACs).

Strategy 9: Increase availability of post-abortion counseling services.

Identifying Innovative Strategies to Address Infant Mortality

Strategy 1: Continue convening meetings of the Prince George's County Improved Pregnancy Outcome Coalition (IPOC) to identify best practices and seek resources for reducing infant mortality, and to advocate for policy, legislative, and systems changes that have an impact on infant mortality reduction; follow-up with providers to ensure they are initiating IPOC recommendations.

Strategy 2: Continue convening meetings of the Fetal and Infant Mortality Review (FIMR) Team to review infant mortality cases and to make recommendations to the Health Department regarding strategies to address the Team's specific findings.

Strategy 3: Recruit more hospital providers and primary care physicians to join the IPOC and FIMR.

Strategy 4: Provide information to pregnant women and women of childbearing age (including women with health insurance and higher incomes) about the risk factors that affect birth outcomes, especially focusing on African American women.

Promoting Family Planning Services

Strategy 1: Identify funding to implement an advertising campaign promoting existing community family planning services; focus on reaching minority women and adolescents through novel approaches.

Strategy 2: Continue partnerships between family planning providers in the County to ensure that available family planning appointment slots are filled through appropriate referral arrangements.

Strategy 3: Ensure that students seen at the four SBWCs are linked to family planning services in the community.

Strategy 4: Explore ways to engage male partners of sexually active women in seeking family planning services and supporting partner compliance with family planning methods.

Strategy 5: Ensure that obstetrics patients are provided with family planning education during prenatal care and referred to family planning services after delivery.

Strategy 6: Ensure that women who are ineligible for Title X family planning services, are uninsured/underinsured, have aged out or are over income limits, have access to women's wellness services.

Key Partners: Access to Wholistic and Productive Living Institute, Inc., Community Clinics, Inc., Dimensions Healthcare System, Doctors Community Hospital, Greater Baden Medical Services, Healthy Families Prince George's Program, FIMR Team, Forestville Pregnancy Center, Improved Pregnancy Outcome Coalition, Maryland Community Health Resources Commission, Maryland Department of Health and Mental Hygiene [DHMH] Family Health Administration and Office of Minority Health and Health Disparities, Mary's Center, Pregnancy Aid Center, Prince George's County Department of Corrections, Prince George's County Department of Family Services, Prince George's County Department of Social Services, Prince George's County Health Department, Prince George's County Public Schools, Southern Maryland Hospital Center, University of Maryland School of Medicine.

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

(Corresponds with SHIP Vision Area 4: Prevent and Control Infectious Disease)

County Outcome Objective	Current Baseline	2014 Target
Reduce new HIV infections among adults and adolescents	Overall rate - 56.4 (rate of new [incident] cases of HIV in persons age 13 and older per 100,000 population, IDEHA 2009) In progress for race specific data	Overall rate - 53.6 using 5% decrease
Reduce chlamydia trachomatis infections among young people	Overall rate - 631 (rate of chlamydia infections for all ages per 100,000 population, IDEHA 2009) White rate - 32.4 Black rate - 206.4 Hispanic rate - 74.8 Asian rate - Not Available (all ages)	Overall rate - 599.5 using 5% decrease White rate - 30.8 using 5% decrease Black rate - 196.1 using 5% decrease Hispanic rate - 71.1 using 5% decrease Asian rate - Not Available
For patients with newly diagnosed TB for whom 12 months or less of treatment is indicated, increase the proportion of patients who complete treatment within 12 months	91.7% of new TB cases have completed treatment (National TB Indicators Project, Centers for Disease Control and Prevention [CDC])	93.0% by 2015 to meet National TB Indicators Project goal
Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children	Varies according to specific vaccine administered - refer to National Immunization Survey for vaccine-specific data	Maintain high coverage levels

Increase the seasonal flu vaccine rates	33.9% (percentage of adults who have had a flu shot in the last year, BRFSS 2008-2010) White Non-Hispanic - 43.8% Black - 32.5% Hispanic - 24.9%	57% using midpoint to HP 2020 White Non-Hispanic - 61.9% using midpoint to HP 2020 Black - 56.3% using midpoint to HP 2020 Hispanic - 52.3% using midpoint to HP 2020

Addressing HIV/AIDS

Strategy 1: Increase routine HIV screening in clinical settings and targeted screening in non-clinical settings, including the PGCDOC, public substance abuse treatment programs, and the SBWCs (all located in areas with the highest morbidity rates); link HIV positives immediately to care, and high risk HIV negatives to other medical care and HIV prevention programs.

Strategy 2: Provide behavioral risk screening and evidence-based risk reduction education to persons living with HIV (PLWH) and HIV negative persons at highest risk, including men who have sex with men, high risk heterosexuals, at-risk youth, PGCDOC detainees, etc.

Strategy 3: Implement prevention education and outreach strategies that specifically target heterosexual women, especially minority women.

Strategy 4: Explore ways to integrate evidence-based risk reduction education into the curriculum at the schools where the four SBWCs are located.

Strategy 5: Continue to provide on-going partner services for PLWH, including newly infected and their partners and PLWH diagnosed with a new sexually transmitted infection (STI).

Strategy 6: Continue to refer or link PLWH identified through partner services to medical care and support, and assign Linkage to Care workers to assist PLWH not currently in care.

Strategy 7: Work with a behavioral specialist to develop criteria for providing on-going behavioral counseling to at-risk persons; provide behavioral counseling to PLWH who engage in high risk behaviors, high risk negatives with repeat STIs, high risk men who have sex with men, and high risk heterosexuals.

Strategy 8: Expand outreach and prevention education efforts to include the use of innovative media and information technology methods such as online and social network services (i.e. Web sites, blogs, Facebook, Twitter, YouTube and Internet-Based Partner Services).

Strategy 9: Increase awareness among medical providers of the HIV medical care and support services available to HIV infected residents, and encourage providers to make HIV testing a routine part of care.

Strategy 10: Use case finding activities and partner surveillance data to identify the most effective settings and geographic areas to conduct targeted outreach and education.

Strategy 11: Train the medical community to be more comfortable and proficient in discussing substance use, sexual history and sexual habits with their patients, and in addressing cultural and linguistic barriers to their care.

Strategy 12: Increase the involvement of the faith-based community and churches in providing culturally sensitive HIV/STI prevention education and in serving as sites for free HIV testing; explore funding to establish a position within the PGCHD dedicated to working with the faith-based community.

Strategy 13: Work with medical associations, pharmaceutical representatives, and local academic institutions to provide continuing education to medical providers to ensure that their clinical skills in treating HIV/AIDS patients are up-to-date.

Addressing Other Sexually Transmitted and Communicable Diseases

Strategy 1: Identify funding to support a new chlamydia initiative including its prevention, expanded treatment capabilities, and partner services to identify individuals in need of treatment.

Strategy 2: Work with the Sexually Transmitted Infections Community Coalition (STICC) and other community partners to explore the development of a regional plan to address HIV and other STIs.

Strategy 3: Develop and disseminate, through media outlets and innovative outreach approaches, culturally and linguistically appropriate educational materials and messages on the most common STIs and their prevention.

Strategy 4: Continue to work with the medical community in managing and co-managing all active tuberculosis (TB) cases to ensure appropriate treatment of all TB cases.

Strategy 5: Continue to provide directly observed therapy (DOT) services to all TB cases in order that treatment is completed for the prevention of spread of TB.

Ensuring that Children Receive Recommended Immunizations

Strategy 1: Continue collaborating with the PGCPS nurses to ensure that all enrolled children are in compliance with required immunizations; provide updates about immunization requirements and available services to public school system nurses during the yearly health services orientation.

Strategy 2: Continue to provide outreach to private and non-public schools regarding immunization requirements and review their student immunization records.

Strategy 3: Continue collaborating with WIC offices, PGCDFS, the Healthy Families Prince George's County Program, and other programs that serve County children to ensure that these children receive recommended immunizations.

Strategy 4: Expand outreach efforts through community health fairs, Web site listings, and other venues to increase public awareness of the importance of childhood vaccines and the availability of County immunization clinics for uninsured/underinsured children; develop educational materials and messages that specifically target immigrants and new refugees.

Strategy 5: Maintain high vaccination coverage levels of County children by continuing to provide free immunizations to children at PGCHD Immunization Clinics and the SBWCs.

Increasing Community Acceptance of Seasonal Flu Shots

Strategy 1: Carry out an aggressive public information campaign about the importance of getting a seasonal flu shot; include messages and media outlets targeting minority and non-English speaking populations.

Strategy 2: Continue providing free flu shots in existing PGCHD clinics (Maternity, Family Planning, Sexually Transmitted Disease (STD), TB, HIV Clinics, etc.).

Strategy 3: Collaborate with school officials, mayors of municipalities, public officials representing local councilmanic districts, community clinics, PGCDFS and other County agencies to identify venues accessible to the public where free flu shots can be provided, especially for elderly and other at-risk populations; partner with community groups and businesses to provide low cost flu shots.

Strategy 4: Use the County's Medical Reserve Corps and Citizen Emergency Response Team volunteers to help staff public flu clinics.

Strategy 5: Collaborate with community medical providers interested in providing flu shots to ensure they have sufficient vaccine and other resources to provide flu shots to the public.

Strategy 6: Promote universal acceptance of flu vaccinations among all healthcare workers.

Key Partners: Academic institutions, Citizen Emergency Response Teams and Medical Reserve Corps, Community Clinics, Inc., councilmanic district public officials, Dimensions Healthcare System, Greater Baden Medical Service, Healthy Families Prince George's County Program, Heart-to-Hand and other HIV/STD community partners, faith-based community and local churches, local businesses and community-based organizations, Mary's Center, mayors of local municipalities, medical associations and pharmaceutical representatives, Prince George's County Courts, Prince George's County Department of Corrections, Prince George's County Department of Family Services, Prince George's County Department of Social Services, Prince George's County Health Department, Prince George's County Public Schools, private medical providers, private and non-public schools, Reality House and Salvation Army Rehabilitation Program (community substance abuse treatment centers), Sexually Transmitted Infection Community Coalition.

<u>Priority 5</u>: Ensure that Prince George's County Physical Environments are Safe and Support Health, Particularly in At-Risk Communities.

(Corresponds with SHIP Vision Area 3: Ensure that Maryland Physical Environments are Safe and Support Health)

County Outcome Objective	Current Baseline	2014 Target
Reduce the rate of fall-related deaths	4.6 (rate of deaths associated with falls per 100,000 population, VSA 2007-2009)	4.37 - rate using 5% decrease
Reduce pedestrian injuries on public roads	47.8 (rate of pedestrian injuries, State Highway Administration 2007-2009)	34.1 - rate using midpoint to HP 2020
Reduce the number of drownings among children and adults	14 (count only, VSA 2008)	7 count only using 50% decrease
Reduce blood lead levels in children	74.6 (rate of new [incident] cases of elevated blood lead level in children under 6 per 100,000, Maryland State Department of Education [MSDE] 2009)	37.3 - rate using 50% decrease
Reduce the number of infant deaths from sudden unexpected infant deaths (SUIDs), including Sudden Infant Death Syndrome (SIDS), unknown cause, accidental suffocation and strangulation in bed	.9 (rate of SUIDs (including deaths attributed to SIDS, accidental suffocation and strangulation in bed [ASSB], and deaths of unknown cause per 1,000 live births, VSA 2005-2009)	.85 - rate using midpoint to HP 2020
Reduce salmonella infections transmitted through food	11.7 (rate of salmonella infections per 100,000 population, IDEHA 2010)	7.96 - rate using 32% decrease
Reduce hospital emergency department (ED) visits from asthma	Overall rate - 71.7 (rate of ED visits for asthma [inpatient and outpatient] per 10,000 population, HSCRC 2010) White rate - 25.8	Overall rate - 57.4 using 20% decrease White rate - 20.6 using 20% decrease

	Black rate - 90.9 Hispanic rate - 30.5 Asian rate - 17.7	Black rate - 72.7 using 20% decrease Hispanic rate - 24.4 using 25% decrease Asian rate - 14.2 using 20% decrease
Increase access to healthy food and venues for physical and recreational activity	13.6% (percentage of census tracts with food deserts, U.S, Department of Agriculture [USDA] 2000)	12.9% using 5% decrease

Preventing Fall-Related Deaths and Pedestrian Injuries*

* Note: See Addressing Alzheimer's Disease under Priority # 1 for additional strategies.

Strategy 1: Collaborate with Prince George's County's Interagency Committee to obtain a mini-grant to pilot test Safe Steps: A Falls Prevention Program for Seniors with an at-risk senior population.

Strategy 2: Support the Prince George's County Department of Public Works and Transportation and the PGCPS to implement a Safe Routes to Schools Program to increase the number of children safely walking and biking to school.

Strategy 3: Support the PGCDFS Aging Services Division's Health Promotion and Disease Prevention Program that educates senior citizens about healthy lifestyles, including falls prevention.

Strategy 4: Support more widespread enforcement of pedestrian and driving laws by the County and municipal Police Departments.

Strategy 5: Support implementation of the Maryland State Highway Administration's highway and traffic safety programs like the Click It or Ticket Program that promotes the proper use of child safety seats and seat belts and the Smooth Operator Program that addresses aggressive driving.

Strategy 6: Increase public education about pedestrian safety through use of multi-media venues and development and dissemination of culturally and linguistically appropriate educational materials.

Preventing Deaths from Drownings

Strategy 1: Partner with M-NCPPC to increase the number of free or low-cost swimming lessons available to low-income County residents.

Strategy 2: Provide written information on pool and water safety to apartment complex managers during PGCHD pool inspection visits for distribution to their residents.

Strategy 3: Post seasonal pool and water safety tips (including the role of alcohol as a risk factor) on County Web sites as well as tips for remaining safe during periods of flooding.

Eliminating Lead Poisoning

Strategy 1: Use Geographic Information System (GIS) technology to pinpoint where children with elevated blood lead levels live in the County in order to identify at-risk families and communities in need of intervention.

Strategy 2: Expand efforts to educate the public about sources of environmental lead, using novel outreach approaches and culturally and linguistically appropriate materials to specifically reach non-English speaking residents, immigrants, and other at-risk populations.

Strategy 3: Provide the medical community and organizations serving vulnerable populations with periodic lead poisoning prevention updates, including Web site listings, e-mail notices, and workshops.

Strategy 4: Expand collaboration with County medical providers to assure their awareness of current protocols for medical intervention/case management of children with elevated blood lead levels.

Strategy 5: Work with local remodeling contractors and their professional associations to enhance their understanding of ways to prevent lead-containing materials from contaminating the environment during renovations of older homes and buildings.

Strategy 6: Continue providing aggressive intervention and case management to children with elevated blood lead levels, education to their families to further reduce their environmental exposure to lead, and collaboration with their medical providers to assure healthy outcomes.

Strategy 7: Maintain County lead testing for uninsured and underinsured children who live in high risk areas and assure any needed medical follow-up.

Promoting Safe Sleep Practices for Infants

Strategy 1: Continue to provide parents of newborns who are at risk for having an unsafe sleeping environment education about safe sleep practices and a Pac n' Play crib.

Strategy 2: Explore ways to continue funding the PGCHD's Tomorrow's Children Initiative and seek other grants (from local businesses, community organizations, other sources) for providing safe cribs to needy County infants.

Strategy 3: Identify and train new IPOC members and other appropriate providers to be distributors of safe sleep education and cribs to families in need.

Strategy 4: Work with local hospitals to ensure infants being discharged at birth have access to a safe sleep environment and that all educational messages about safe sleep are consistent among providers of SIDS and safe sleep education.

Strategy 5: Collaborate with the PGCDFS and the Healthy Families Prince George's County Program to identify additional ways to educate parents about SIDS prevention.

Ensuring the Safety of Our Food

Strategy 1: Increase the number of high priority food service facility inspections and conduct intensive education and follow-up inspections targeting facilities that chronically fail to comply with critical item (food safety) standards.

Strategy 2: Provide handouts and educational materials for non-English speaking food facility owners and their employees, and enhance information pertinent to food service facilities on the PGCHD's Web site.

Strategy 3: Publish a list of chronic or egregious violators of food safety standards in the newspaper and on the PGCHD's Web site.

Reducing Asthma-Related Incidents

Strategy 1: Institute a Healthy Homes Program that assists families with asthmatic children to reduce or manage environmental triggers; explore ways to expand the program to include provision of asthma medications and supplies (and education on their proper use) for families in need.

Strategy 2: Use GIS and hospital data to identify zip codes with the highest number of asthma-related incidents among children, and develop and implement an educational program targeting families in these areas that focuses on helping them reduce or eliminate asthma triggers.

Strategy 3: Conduct home visits to families with asthmatic children to help them identify potential asthma triggers and to educate them about preventing or reducing future asthma incidents among their children.

*Improving Our Environment**

*Also see Increasing Access to Healthier Foods under Priority #2

Strategy 1: Adopt local policies that incorporate principles of smart growth and population health determinants to evaluate and issue permits for new land use, housing development, transportation, and urban renovation/revitalization projects for the purposes of improving the built environment (access to walking/biking trails, crosswalks, etc.).

Strategy 2: Identify geographic health priority areas in the County, using GIS mapping and a scoring system that includes health-related factors such as presence of full-service grocery stores, sidewalks, bike trails, etc., where greatest need exists for improved community design.

Strategy 3: Work with the Port Towns Healthy Eating/Active Living (HEAL) Partnership to promote the HEAL Project as a model for other communities to replicate that demonstrates the use of smart growth principles in community design.

Strategy 4: Educate local political and community leaders (i.e. Prince George's County Council/Board of Health), developers, building managers, tenant associations and the public about smart growth principles, population health determinants, and built environment best practices.

Strategy 5: Collaborate with M-NCPPC to implement their ACHIEVE Project that focuses on policies, systems, and environmental change to promote healthier lifestyles through improved community design.

Strategy 6: Explore ways to offer incentives to developers for creating remote parking and drop-off zones near schools, public facilities, and shopping malls, and for making improvements in stairway access in new construction and renovations.

Strategy 7: Use GIS technology to identify areas of the County that are food deserts and that are disproportionately affected by unhealthy food vending to determine communities at risk for unhealthy dietary behaviors and in greatest need of more healthy food sources.

Strategy 8: Educate community residents in identified high-risk areas about the impact of unhealthy food choices and the need to advocate for more accessible, healthy food sources.

Strategy 9: Work with the PGCPS and M-NCPPC to explore ways to establish community gardens at public schools in at-risk communities in order to increase access to fruits and vegetables by students and their families.

Strategy 10: Work with the PGCPS to explore ways to develop and implement a Healthier School Environment Action Plan in selected schools that promotes physical activity and healthy eating among students and staff.

Strategy 11: Encourage after-school programs, licensed child care facilities and family child care providers to adopt policies and practices that promote safe and healthy child care environments, to include healthy eating and physical activity.

Strategy 12: Continue monitoring public mental health services for compliance with Americans with Disabilities Act requirements through the PGCDFS Mental Health and Disabilities Division, to ensure a safe environment for individuals with mental illnesses.

Key Partners: Building managers, Care First Blue Cross/Blue Shield, community medical providers, contractors and their professional associations, Dimensions Healthcare System, Doctors Community Hospital, Food Supplement Nutrition Education (University of Maryland) Program, Healthy Families Prince George's County, Improved Pregnancy Outcome Coalition, licensed child care facilities and family child care providers, local businesses, Maryland-National Capital Park and Planning Commission (Planning Department), Maryland State Highway Administration, Port Town Healthy Eating/Active Living community leaders, Prince George's County Council/Board of Health, Prince George's County Department of Family Services, Prince George's County Department of Public Works and Transportation, Prince George's County Executive, Prince George's County Health Department, Prince George's County Interagency Committee, Prince George's County Police Department and municipal police departments, Prince George's County Public Schools, Prince George's County Transportation Planning Board, SIDS MidAtlantic, Southern Maryland Hospital Center, tenant associations.

Priority 6: Ensure that Prince George's County Social Environments are Safe and Support Health.

(Corresponds with SHIP Vision Area 2: Ensure that Maryland Social Environments are Safe and Support Health)

County Outcome Objective	Current Baseline	2014 Target
Decrease the rate of alcohol-impaired driving (.08+ blood-alcohol content [BAC] fatalities	0.3 (rate of deaths associated with fatal crashes where driver had alcohol involvement per 100 million Vehicle Miles of Travel, State Highway Administration 2009)	.29 - rate using 5% decrease
Reduce the suicide rate	6.3 (rate of suicides per 100,000 population, VSA 2007-2009)	5.99 - rate using 5% decrease
Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade	73.3% (percentage of students who graduate high school four years after entering 9th grade, MSDE 2010)	77% using 5% increase
Reduce fatal and non-fatal child maltreatment	3.6 (rate of non-fatal maltreatment cases reported to social services per 1,000 children under age 18, Department of Human Resources, FY 2010)	3.4 - rate using 5% decrease
Reduce domestic violence or reduce non-fatal physical assault injuries	62.7 (rate of ED visits related to domestic violence/abuse related per 100,000 population, HSCRC 2010)	59.6 - rate using 5% decrease

Addressing Underage and Adult Alcohol Use

Strategy 1: Work with partners to continue implementing the Communities Mobilizing Change on Alcohol (CMCA) Program, a project that involves a broad range of community support to discourage underage alcohol use by changing conditions in the physical, social, and cultural environment.

Strategy 2: Expand to other communities the Strategic Community Services, Inc. Communities That Care model, a program that addresses under-age drinking through the establishment of Prevention Councils that implement evidence-based strategies to educate and engage parents.

Strategy 3: Implement with partners other nationally recognized evidence-based substance abuse prevention programs at selected community sites, such as All Stars, Strengthening Families Adolescent Program, and Dare to Be You.

Strategy 4: Support the establishment of formal and informal neighborhood watch programs that enlist local residents to assist County and municipal Police Departments by identifying and reporting incidents of underage drinking, alcohol-impaired driving and other community hazards.

Strategy 5: Work with County and municipal Police Departments to develop strategies that encourage County residents to seek recreation opportunities that are safer alternatives to after-hour clubs.

Strategy 6: Promote the use of designated drivers, especially during holiday seasons and special events where alcohol use may increase.

Preventing Suicides

Strategy 1: Partner with Community Crisis Services, Inc. (which runs the Youth Suicide Prevention Hotline), the Prince George's County Response System, PGCDFS, and other health and human service providers about the availability of 24/7 counseling, support, and other services for individuals at risk of suicide, suicide attempters, their families and friends, and loss survivors.

Strategy 2: Partner with Community Crisis Services, Inc, to recruit and train lay individuals, professionals and other interested community residents in suicide prevention and intervention methods, using evidence-based programs such as the Substance Abuse and Mental Health Services Administration's (SAMHSA) SafeTALK (Suicide Alertness For Everyone), QPR (Quality Persuade and Refer), and ASIST (Applied Suicide Intervention Skills Training).

Strategy 3: Educate the public and health and human service providers about how to refer individuals in imminent danger of suicide to crisis services such as the Suicide Hotline or, when appropriate, to a crisis intervention team or the emergency room.

Strategy 4: Continue to provide a suicide risk assessment on every young person who presents for substance abuse services; refer cases to a crisis intervention service for follow-up or to the PGCDSS Child Protective Services (CPS) when cases meet criteria for medical neglect on the part of the parents or legal guardian.

Strategy 5: Work with the PGCPS to ensure that faculty and staff are trained on adolescent suicide risk factors and warning signs, and to help the school system develop a safety plan that includes clear protocols, lines of communication, and a crisis

team to be activated when risk of a suicide is identified or when a suicide attempt or completion by a student occurs.

Strategy 6: Ensure that every student at risk of suspension or expulsion for violent or illegal behavior receives immediate counseling for him/herself and family.

Strategy 7: Educate parents, adolescents, community leaders, faith leaders, and others about the risk factors that make adults and young people vulnerable to suicide (including the role of alcohol, other drugs, and handguns) and the services available to individuals at risk of suicide.

Increasing the High School Graduation Rate

Strategy 1: Continue to link students at risk of suspension or expulsion to needed community services and resources, including alternative educational programs (i.e. General Equivalency Diploma [GED]).

Strategy 2: Provide social work counseling and other appropriate interventions to every student seen at the County's four SBWCs who is truant or at risk for dropping out.

Strategy 3: Increase awareness among community providers and the public of the PGCDFS Gang and Truancy Prevention Initiatives, After-School Programs, Youth Service Bureau programs, and other programs that serve vulnerable and at-risk youth.

Addressing Child Maltreatment and Domestic Violence

Strategy 1: Assess students seen at the four SBWCs who self-identify or are identified by school personnel as being at risk for an unsafe school, home, or community environment and make referrals for further intervention, including referral to CPS.

Strategy 2: Encourage schools and parent groups to establish formal and informal school and neighborhood "watch" programs that specifically monitor and report incidents of bullying, and to form intervention teams to address the problem.

Strategy 3: Assess every student seen by a Social Worker at the four SBWCs for his/her risk for child abuse, sexual abuse, or maltreatment; refer suspicious cases to CPS for follow-up.

Strategy 4: Continue convening meetings of the Prince George's County Child Fatality Review Team (CFRT) to review child fatality cases and to make recommendations for preventing child abuse and neglect to the local partner agencies and DHMH.

Strategy 5: Conduct outreach to medical providers to ensure they are aware of their responsibility and have the necessary information to report cases of child abuse and neglect.

Strategy 6: Continue providing domestic violence and healthy relationship counseling to clients of the PGCHD, Shepherd's Cove Shelter, and the PGCDOC who self-identify or are identified by a health provider as a victim or potential victim of domestic violence.

Strategy 7: Continue convening meetings of the Domestic Violence Coordinating Council for the purpose of reviewing domestic violence cases, sharing information, and building resources to address domestic violence.

Strategy 8: Collaborate with the Maryland Network Against Domestic Violence (MNADV) for professional training of County health care workers who serve at-risk clients.

Strategy 9: Continue convening meetings of the Domestic Violence Fatality Review Team to review records of domestic violence related fatalities and to make recommendations to the MNADV for future interventions.

Strategy 10: Continue providing relationship counseling, anger management and effective communications training, and parenting classes through the County's Adam's House Program to individuals at risk for domestic violence who are identified by the State's Attorney's Office, Parole and Probation Office, Family and Child Support Courts, PGCDSS, and other agencies.

Strategy 11: Enlist the faith-based community and other groups to establish support groups for victims and potential perpetrators of domestic violence.

Strategy 12: Collaborate with key stakeholders serving on the Prince George's County Justice Center Task Force to establish a model center where victims of domestic violence can obtain a multitude of services in one location such as restraining orders, substance abuse treatment, videotaped testimony for court (in lieu of personal appearance), child care, etc.

Strategy 13: Work with local law enforcement agencies to educate the public about firearms safety practices.

Key Partners: Community-based organizations, Community Crisis Services, Inc., community liquor stores, Dimensions Healthcare System, Doctors Community Hospital, Family Crisis Center, insurance companies, local communities and municipalities, local driver education schools, Maryland Department of Health and Mental Hygiene Alcohol and Drug Abuse Administration, Maryland 4-H Program, Maryland-National Capital Park and Planning Commission, Maryland Network Against Domestic Violence, Maryland State Liquor Board, Prince George's County Alcohol and Other Drugs Coalition and Youth Councils, Prince George's County Child Fatality Review Team, Prince George's County Courts, Prince George's County Crisis Response System, Prince George's County Department of Corrections, Prince George's County

Department of Family Services, Prince George's County Department of Social Services, Prince George's County Domestic Violence Coordinating Council and Domestic Violence Fatality Review Team, Prince George's County Fire Department and Emergency Services, Prince George's County Health Department, Prince George's County Highway Safety Task Force, Prince George's County Justice Center Task Force, Prince George's County Parole and Probation Office, Prince George's County Police Department and municipal police departments, Prince George's County Public Schools, Prince George's County Sheriff's Department, Prince George's County State's Attorney's Office, Shepherd's Cove homeless shelter, Southern Management, Southern Maryland Hospital Center, Strategic Community Services, Inc.

County-Specific Health Priorities*

*Note: Specific partners are not listed in this section because it is assumed that all partners identified previously under Priorities 1-6 will work collectively with the LHAPC to address the County-Specific Health Priorities.

Priority 1: By 2015, enhance the health information technology infrastructure of Prince George's County in order to increase reimbursements for health services provided, improve patient care, and address disparities.

Strategy 1: Establish an agency-wide third party electronic billing system in the PGCHD that meets federal and state Health Information Portability and Accountability Act (HIPAA) and other requirements.

Strategy 2: Work with the Chesapeake Health Information System for our Patients (CRISP - Maryland Statewide Health Information Exchange [HIE]) and the Management Service Organization to adopt Meaningful Use of Electronic Health Record (EHR) technology. The benefits of EHR, called eHealth for Prince George's County, will include:

- improvements in the quality and coordination of care delivered
- decreased health care costs and greater provider accountability
- reductions in the provision of unnecessary services
- engagement of health care consumers in the decision-making process and self-care management
- improvements in the overall management of population health.

Strategy 3: Work with DHMH to develop strategies for collecting health statistics at the sub-County level (i.e. census tracts, zip codes) in order to target health initiatives in areas of the County with greatest need.

Strategy 4: Fully integrate the County Stat data reporting system into PGCHD and other County agency operations for the purpose of evaluating progress towards meeting County Health Improvement Plan health objectives, identifying deficiencies in service delivery and possible remedies, and providing reports on the health status of the County to the public.

<u>Priority 2</u>: By 2020, obtain public health national accreditation of the Prince George's County Health Department.

Strategy 1: Work with DHMH to determine the requirements, steps and a timeline for seeking public health national accreditation.

<u>Priority 3</u>: By 2020, build a comprehensive integrated community-oriented health care system that meets the needs of all County residents.

Strategy 1: Forge long-lasting public and private partnerships with critical community stakeholders for the purposes of conducting joint long and short-term strategic health planning, increasing addressing existing and emerging health issues of mutual concern, and managing resources to support essential services and new initiatives.

Strategy 2: Complete the process outlined in the Memorandum of Understanding (MOU) between the County, State of Maryland, University of Maryland Medical System, University System of Maryland and Dimensions Health Corporation to have the Prince George's County hospital system join the University of Maryland Medical System. This process includes the construction of a new regional medical center (RMC) in Prince George's County supported by a comprehensive ambulatory care network and a University of Maryland Baltimore health sciences presence within the County. The RMC would serve Prince George's County and southern Maryland.

The MOU also calls for:

- Physician/Provider Needs: Development of a strategy to address physician and other allied health care provider needs

- Strategic Plan for Discharging Liabilities: Development of a feasible plan and timeline for satisfaction of the Dimensions' liabilities

- Public Funding: The County and State shall execute a Letter of Intent that reflects their commitment to provide a total of $30 million of funding ($15 million each) through FY 2015 to support the Dimensions' operations and discharge of liabilities

- Reducing and Eliminating Operating Losses: Development of a plan and timeline for implementing cost-containment, quality enhancement, and clinical integration measures necessary to reduce and ultimately eliminate the Dimensions' operating losses.

  *Note: See "Prince George's County Hospital Authority Final Report and Recommendations, May 21, 2010" for a complete description of findings and recommendations.

Strategy 3: Move forward with implementing recommendations of the Prince George's County Executive's 2010 Transition Team to improve service delivery by Prince George's County health and human service agencies and other County agencies providing services that impact the health of County residents.

Strategy 4: Work with federal and state authorities to explore ways to achieve additional Medically Underserved Area (MUA), Medically Underserved Population (MUP) and Governor Exceptional MUP designations for the County, in an effort to increase the number of FQHCs and other safety net clinics in areas of the County where health resources are scarce.

Strategy 5: Leverage the existing resources of GBMC, CCI, Mary's Center, Dimensions Healthcare System, Children's National Medical Center, and other community providers to address the immediate need for additional well child, women's wellness, immunization, sick care, prenatal care, family planning, health education, dental, and other primary care services.

Strategy 6: Work towards the establishment of a primary care coalition that focuses on improving the quality and provision of primary care in the County through adoption of best practices, technology, and systems changes.

Strategy 7: Establish a Health Care Coordinating Council comprised of key health stakeholders that will inform the Prince George's County Council on issues requiring health policy and financing decisions, advise the Council in its role as the Board of Health, and participate in designing a comprehensive and integrated healthcare system for the County.

Strategy 8: Develop the County's grantsmanship capacity by establishing a unit within County government dedicated to the pursuit of federal, state, local, and private foundation resources.

Strategy 9: Explore opportunities to provide additional funding to community-based non-profit organizations and to critical programs that serve vulnerable populations but are severely underfunded and/or understaffed, such as the SBWCs and Health*line*.

Strategy 10: Partner with UMDSPH, Bowie State University, other academic institutions, private and non-profit organizations to determine opportunities for collaboration in the following areas: seeking funding for existing and new health initiatives, conducting community needs assessments and program evaluations, and carrying out research and demonstration projects that help to determine best practices needed to address our critical health concerns and to eliminate disparities.

Strategy 11: Tap the expertise and resources of the National Institutes of Health, Food and Drug Administration, other federal health agencies in the Washington Metropolitan area, Kaiser Permanente, other managed care organizations, health insurance companies, local businesses, faith-based organizations, and pharmaceutical and biomedical technology companies to identify ways to collaborate on special initiatives that enhance access to care.

Strategy 12: Partner with community groups such as Health Action Forum, the River Jordan Project, and Progressive Cheverly to identify ways to increase public input into long and short-range health planning for the County that reflects the concerns of all of the County's diverse populations.

Strategy 13: Develop and implement an educational campaign to significantly increase awareness among community providers, key stakeholders, partners, and the public about the comprehensive array of services available to vulnerable, at-risk, and special needs populations through the County Government's Health and Human Services agencies.

Strategy 14: Increase awareness among community providers, key stakeholders, partners, and the public about the various County agency programs that serve as expedited or single points of entry into care for specific populations, including PGCHD's Health*line* Program for pregnant women and children, PGCDFS's Local Access Mechanism for families seeking youth services, and PGCDFS's Maryland Access Point for family caregivers and persons with disabilities seeking services.

Priority 4: Throughout 2011 - 2015, work with partners to implement strategies that attract more licensed medical professionals and other health care workers to the County in order to address the severe health care workforce shortage.

Strategy 1: Explore ways to offer sign-on bonuses and/or other incentives to licensed health professionals considering positions in County Government.

Strategy 2: Partner with the UMDSPH, Bowie State University and Prince George's Community College to promote careers in public health among their students and to create student internships, preceptorships, and other programs that address the staffing needs of community health providers.

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- Community Health Transformation Coalition and Leadership Team
- Domestic Violence Coordinating Council
- Domestic Violence Fatality Review Team
- Fetal and Infant Mortality Review Team
- The Gaston and Porter Health Improvement Center
- Health Action Forum
- Health Disparities Coalition
- Improved Pregnancy Outcome Coalition
- Jack and Jill of America, Inc., National Harbor Chapter
- MICAW Insurance Agency
- Minority Outreach and Technical Assistance Group at Bowie State University
- Port Towns Community Health Partnership
- Prince George's County Justice Center Task Force
- Progressive Cheverly
- River Jordan Project, Inc.
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Document Abbreviations

ACHIEVE	Action Communities for Health, Innovation, and Environmental Change
ASIST	Applied Suicide Intervention Skills Training
ATOD	Alcohol, Tobacco, and Other Drugs
BCCP	Breast and Cervical Cancer Program
BRFSS	Behavioral Risk Factor Surveillance System
CAM	Complementary and Alternative Medicine
CCI	Community Clinics, Inc.
CDC	Centers for Disease Control (and Prevention)
CESAR	Center for Substance Abuse Research
CHLI	Center for Healthy Lifestyle Initiatives
CMCA	Communities Mobilizing Change on Alcohol
CPEST	(Colorectal) Cancer Prevention, Education, Screening, and Treatment
CPS	Child Protective Services
DDA	Developmental Disabilities Administration
DHMH	(Maryland) Department of Health and Mental Hygiene
DOT	Directly Observed Therapy
DUI/DWI	Driving Under the Influence/Driving While Intoxicated
ED	Emergency Department
EHR	Electronic Health Record
FIMR	Fetal and Infant Mortality Review
FQHC	Federally Qualified Health Center
GBMS	Greater Baden Medical Services
GED	General Equivalency Diploma
GIS	Geographic Information Systems
HEAL	Healthy Eating/Active Living
HFTI	Healthy Futures Training Institute
HIE	Health Information Exchange
HIPAA	Health Information Portability and Accountability Act
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HP	Health People
HSCRC	Health Services Cost Review Commission
IDEHA	Infectious Diseases and Environmental Health Administration
IPOC	Improved Pregnancy Outcome Coalition
LBW	Low Birth Weight

MCHP	Maryland Children's Health Program
MCO	Managed Care Organization
MNADV	Maryland Network Against Domestic Violence
M-NCPPC	Maryland-National Capital Park and Planning Commission
MOU	Memorandum of Understanding
MSDE	Maryland State Department of Education
MUA	Medically Underserved Area
MUP	Medically Underserved Population
OB/GYN	Obstetrician/Gynecologist
PCP	Primary Care Physician
PGCDFS	Prince George's County Department of Family Services
PGCDOC	Prince George's County Department of Corrections
PGCDSS	Prince George's County Department of Social Services
PGCHD	Prince George's County Health Department
PGCPS	Prince George's County Public Schools
PGHAC	Prince George's Healthcare Action Coalition
PLAN	Partnership for Learning Among Neighbors
PLWH	Persons Living With HIV/AIDS
PSA	Prostate Specific Antigen
QPR	Quality Persuade and Refer
SafeTALK	Suicide Alertness for Everyone TALK
SafetyNET	Safety Network for Entry into Treatment
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention and Referral to Treatment
SBWCs	School-Based Wellness Centers
SIDS	Sudden Infant Death Syndrome
SIDS/MA	Sudden Infant Death Syndrome/MidAtlantic
SPF	Sun Protection Factor
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
STICC	Sexually Transmitted Infections Community Coalition
SUID	Sudden Unexpected Infant Death
TB	Tuberculosis
UMDSPH	University of Maryland School of Public Health
USDA	United States Department of Agriculture
VBAC	Vaginal Birth After C-Section
WIC	Women, Infants, and Children

For More Information

Electronic copies of this document are available at www.princegeorgescountymd.gov/health.

If you wish to become a partner in carrying out the County Health Improvement Plan, or if you have questions or comments about this Plan, please call 301-883-7834.