Prince George’s County Community Health Center Collaborative

Transformation Accelerator Shared Project
October 10, 2018
Health Equity

Health is a "State of complete physical, mental, and social well being, and not merely the absence of disease or infirmity."

*World Health Organization*

Health Equity is the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

*Healthy People 2020*
Reducing Health Disparities by Addressing Health Determinants

Health Disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Determinants of Health influence an individual’s or population’s health. “Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies.”

Healthy People 2020
Ecological Systems Theory

Figure 1.5

Transformation Accelerator
Shared Project Goals

• Create a shared impact statement and common “ask” for Prince George’s County policy-makers and elected officials.

• Increase Health Center participation in health planning processes and advocate for policies and programs that will improve the health of County residents.

• Educate County Executive and County Council members about the contributions of the Community Health Centers and advocate for support for health services for the uninsured and policies that improve the health and well-being of all County residents.

• Develop strategies to address key health concerns in Prince George’s County.
Strategy

• Create a briefing paper and develop a consensus advocacy position proposing a program to establish a primary health care program for the uninsured.

• Establish regular communication with the Chief Health Officer to request inclusion in health planning and propose a program for providing primary health care for uninsured County residents.

• Educate elected officials about the health disparities in Prince George’s County and the role of Community Health Centers in addressing these disparities.

• Promote the creation of a $3.5 million pilot program to address the health needs of lower-income, uninsured adults and request an investment of $1 million to expand the Care for Kids program to serve children who are ineligible for MCHIP.
## Comparison of Maryland County Indicators Ranked from 1 to 24

<table>
<thead>
<tr>
<th>Ranked Indicators</th>
<th>Prince George’s County</th>
<th>Montgomery County</th>
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<tbody>
<tr>
<td>Health Outcomes</td>
<td>14</td>
<td>1</td>
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<tr>
<td>Health Behaviors</td>
<td>10</td>
<td>1</td>
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<tr>
<td>Clinical Care</td>
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<td>2</td>
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<tr>
<td>Social &amp; Economic Factors</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>7</td>
<td>11</td>
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*County Health Rankings and Road Maps 2018*
Despite an $1.5 million in the Human Services budget, it still represents a small portion of the overall Budget.

It is significantly less than Investments of neighboring Maryland counties and the District of Columbia.
Sector Investment: Per Capita Regional Comparison, FY18

https://pgccouncil.us/586/CouncilConnection
April 6, 2018
Providing Care for the Uninsured

• Community Health Centers bear the burden of uncompensated care for uninsured residents, many of whom have complex health and socio-economic needs.

• Supporting care for the uninsured will reduce health disparities and improve the health of Prince George’s County residents.

• Investing in the primary health care infrastructure will ensure that quality health care services are available, accessible, and sustainable.

• There are many examples of successful, locally-funded programs designed to promote health equity that can be adapted for the County.
FQHCs in Prince George’s County

• In 2017, six FQHCs served 34,000 Prince George’s County residents at 11 facilities within the County and facilities in neighboring jurisdictions.

• Together, they provided:
  • 61,500 medical visits
  • 5,500 behavioral health visits
  • 2,500 dental visits
42% of Patients served in Prince George’s County lacked Health Coverage

Patients served in Prince George’s County are more likely to be uninsured or self-pay than in the District of Columbia or Montgomery County, both of which have locally-funded programs that cover lower-income, ineligible residents.
FQHCs Serve Under Resourced Communities and Vulnerable Residents

In 2016,

- 39% of patients were children under the age of 18
- 98% of patients were racial or ethnic “minorities”
- 73% of patients spoke a primary language other than English
FQHCs Contribute Health and Economic Resources to Prince George’s County

- Employ **322** Prince George’s County residents
- Engage **37.5** FTE clinicians and **6** licensed behavioral health professionals to practice in the County
- CHCs create opportunities for health professionals’ training including:
  - medical residency programs;
  - clinical rotations for social workers;
  - specialized programs for medical assistants and community health workers.
FQHCs Advocate on Behalf of their Communities

Data only tells part of the story; a person’s lived experience is a powerful tool for advocacy.

- Makes the data real and creates empathy
- Portrays needs in a personal, relatable and respectful way
- Exemplifies determination and resilience
- Provides patients and their families with a voice
- Illustrates the relationship between inequities, resulting health disparities and outcomes
So Tell Us Their Story . . .