

Place Matters, Prince George's County, MD

Health Department (3)
State Representative
City Mayor
Pubic Health Corporation
Facilitator: Judith Burrell

Demographics:

- Demographics: 840,000
- African Americans: 62 %
- Whites: 28%
- Hispanics 10%
- Average income: \$55K
- Uninsured population: 130,000K
- Medicaid population: 99K

Uphill battle:

Health Department Budget:
\$ 70 million dollars compared to
the approximately \$2 billion
budget in the Washington, DC

Community Health Centers (Safety Net Clinics)

Baltimore City
(162,000 uninsured) 38 clinics

Prince George's County
(130,000 uninsured) 5 clinics

Washington, DC
(73,000 uninsured) 40 clinics

Team Focus:

Childhood Obesity

- 34% African-American kids > 95% percentile)
- 62% African-American Adults are overweight or obese.

Violence & Mental Health

- 38% of Maryland's homicides are in Prince George's County and it's related to alcohol, substance abuse and youth.

Community Assets Needed to Address the Obesity Epidemic

DHMH Statewide Evaluation (2006):

- In the State of Maryland, only eight (8) comprehensive clinics address pediatric obesity with/without eating disorders.
- All eight (8) clinics employ multi-disciplinary treatment methodologies (nutrition, exercise, psychological and behavioral therapy).
- **There are NO** clinics are in Prince George's County; two (2) in Montgomery County, three (3) in the Baltimore area, three (3) in Western Maryland.

Sustainability:

Supported by District Heights Mayor's office

- In the process of developing a Not-For-Profit as "pass through"
- DVD: State officials, Health officer

Institutionalization:

- Prince George's County Health Department
- Health Officer now on board
- Possibilities: MW-COG, local governments

**Communication: Framing
Communication & Marketing**

- Education of County Council Members – Board of Health
- Metropolitan Washington Council of Governments
- Local Management Board
- School System
- Plans to host a Countywide showing (UoMD) of unnatural causes w/ panel discussion
- DVD development

From Planning to Action:

- Benchmarking – Rand Corporation partnership to get health needs assessment done
- Survey of health-related activities being discussed Kaiser Permanente to support HD and “Upstream” work being done by Kaiser
- Task force/Advisory board being put together to develop a plan regarding mental health and youth violence piece.

Regarding Obesity:

- County Administrative Officers at COG – regional approach combined with local policy changes in a fiscally challenged environment.

- Moderately upstream plan to increase the usage of the evidence-based tool to assess obesity in children in the county.

- Delegate Griffith: Bill passed - Pilot program in 5 centers with supervised study rooms in facilities where kids can do supervised exercise.
- Working on MOU's at present.



Fed up with how her diet is going, Charlene takes a more serious aim at her target weight.

- Plans are in the works to explore support form school board for physical activity as a means to improving school performance and discipline.
- Several new high schools built in the community built without gymnasiums or school yards.

■ Plans for cost estimates and an investigation of legislation for BMI percentile check requirement at the beginning of each school year

■ Local Management board

■ Kaiser Permanente Community Health Initiative

PLACE-BASED COMMUNITY HEALTH INITIATIVE (CHI) COMPLEMENTS AND SUPPORTS PLACE MATTERS

- *Intensive, multi-level community health initiative in a defined geographic area*
- *Multi-sector partnerships and community/stakeholder partnerships*
- *7-10 year commitment focused on policy and built-environment change (upstream)*
- *Strategies to increase community access to physical activity and nutritious food*
- *Community Action Plan...Measurable outcomes...Plans for replication*

To steer and ultimately implement the initiative, a variety of partners have been engaged

MULTI-SECTOR PARTNERSHIPS AIM TO ENSURE SUSTAINABILITY

- *County Health Department, Planning Department, Community Foundation, nonprofits, funders*
- *Community residents and other stakeholders (support and ownership is key)*
- *Municipal representatives, County and State-level legislators*

The actual CHI site has been designated for a Wellness Opportunity Zone, which will formalize upstream strategies to build a healthy community. This Zone has the full support of the County Council and at least one member of the State Senate.

THE WELLNESS OPPORTUNITY ZONE AIMS TOWARD UPSTREAM STRATEGIES

- *Incentives and policies provided to support and encourage health & wellness*
- *Health Impact Assessment to gauge anticipated health benefits & costs of proposed development*
- *Grants or loans to support the implementation of initiatives to benefit the health and wellness of the residents*
- *Promote walking & biking by emphasizing resources for pedestrians & cyclists instead of automobiles*
- *Develop economic incentives to support a diverse mix of land uses*
- *Encourage development that supports a healthy economy that provides a variety of living-wage jobs.*

YOUTH VIOLENCE

- 38% of all violent crimes in the State of Maryland are committed in Prince George's County
- 40% of all violent crimes in Prince George's County are committed by persons under the age of 18
- 81% of violent crimes in Prince George's County are committed through use of a handgun
- Maryland has one of the highest rates of youth handgun killings in the United States
- A Prince George's County gun-dealer is the single largest source of guns used in crimes in the Metro Washington D.C. region

WHY IS THE LEVEL OF VIOLENCE SO HIGH? RISK FACTORS FOR YOUTH VIOLENCE

Individual Factors – Youth Ages 6 – 14

- Substance use (history)
- Psychological Conditions (restlessness, difficulty concentrating, risk-taking, hyperactivity*)
- Low IQ, Aggression, Antisocial attitudes, Antisocial beliefs (dishonesty*)
- Problem (antisocial) behavior, Physical violence (history)
- Crimes against persons (history)
- Being male, Exposure to television violence*

Peer Factors – Youth Ages 6 – 14

- Weak social ties, Antisocial & delinquent peers, Gang membership

WHY IS THE LEVEL OF VIOLENCE SO HIGH? RISK FACTORS (continued)

Family Factors – Youth Ages 6 – 14

- Poor parent-child relations (harsh or lax discipline, poor supervision, inconsistent discipline*)
- Low parental involvement, Antisocial parents, Abusive parents (parental neglect*)
- Broken home, Family conflict, Low SES

Community Factors – Youth 12 – 14

- Drugs, Neighborhood crimes, Neighborhood disorganization

School Factors – Youth Ages 6-14

- Poor attitude, Poor performance, Academic failure

VIOLENCE RECIDIVISM RATES ARE HIGH

- *Victims are at high-risk of repeat victimization*
- *Perpetrators report high rates of prior victimization*

CONVENE A "THINK TANK" FOR 3 SESSIONS TO CONSIDER

- *Use of a standardized tool to conduct a Community Assessment of attitudes, beliefs and environmental concerns that contribute to risk for violence*
- *A Recidivism Reduction Project targeting youth whose experience with perpetration of and victimization by violence is demonstrated*
- *Federal, State and County legislative options to limit handgun access.*

Lessons Learned:

- Bias against addressing obesity from institutional representatives.
- Political will is growing re: addressing the issue of obesity.
- Operational funding for further institutionalization of PM/SDH issues at County Level is limited.

Vision 2009:

- Continue to Develop Will around policy development
- Clarification of our Strategic Planning
- Coalescing community support
