



Office of the Health Officer

Prince George's County Health Enterprise Zone

Primary Care – Public Health Integrated Services Model

November 15, 2012



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County Executive

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Prince George's County Health Enterprise Zone:
 Primary Care – Public Health Integrated Services Model

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STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Annapolis, MD 21401, Room 336

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor
John A. Hurson, Chairman – Mark Luckner, Executive Director

Health Enterprise Zones Call for Proposals Cover Sheet FY2013

Applicant Organization:

Name: Prince George's County Health Department

Federal Identification Number (EIN): 526000998

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City: Largo State: MD Zip Code: MD County: Prince George's

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HEZ Project Name:

Health Enterprise Zone: Primary Care Public Health Integrated Services Model

STATEMENT OF OBLIGATIONS, ASSURANCES, AND CONDITIONS

In submitting its grant application to the Maryland Community Health Resources Commission (“Commission”) and by executing this Statement of Obligations, Assurances, and Conditions, the applicant agrees to and affirms the following:

1. All application materials, once submitted, become the property of the Maryland Community Health Resources Commission.
2. All information contained within the application submitted to the Commission is true and correct and, if true and correct, not reasonably likely to mislead or deceive.
3. The applicant, if awarded a grant, will execute and abide by the terms and conditions of the Standard Grant Agreement (attached).
4. The applicant affirms that in relation to employment and personnel practices, it does not and shall not discriminate on the basis of race, creed, color, sex or country of national origin.
5. The applicant agrees to comply with the requirements of the Americans with Disabilities Act of 1990, where applicable.
6. The applicant agrees to complete and submit the Certification Regarding Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children Act of 1994.
7. The applicant agrees that grant funds shall be used only in accordance with applicable state and federal law, regulations and policies, the Commission’s Call

for Proposals, and the final proposal as accepted by the Commission, including Commission-agreed modifications (if any).

8. If the applicant is an entity organization under the laws of Maryland or any other state, that is in good standing and has compiled with all requirements applicable to entities organized under that law.
9. The applicant has no outstanding claims, judgments or penalties pending or assessed against it – whether administrative, civil or criminal – in any local, state or federal forum or proceeding.

AGREED TO ON BEHALF OF, Prince George's Co. Health DepBY:
(Applicant Name)

Pamela B. Creekmur, Health Officer
Legally Authorized Representative Name (Please PRINT Name) Title

Pamela B. Creekmur Health Officer
Legally Authorized Representative Name (Signature) Title

3. Program Summary The Prince George’s County Health Enterprise Zone (PGCHEZ) will focus on Capitol Heights, zip code 20743, which includes the town of Capitol Heights, Fairmount Heights, Seat Pleasant and Coral Hills, a Transforming Neighborhoods Initiative (TNI) Community (in this proposal zip code 20743 and the cities and towns listed above are referred to as Capitol Heights, zip code 20743) which borders the District of Columbia, leads the County in negative statistics relative to low birth weight (LBW), poverty, crime, late/no prenatal care, and teen birth. The population is diverse with over 95% belonging to racial and/or ethnic minorities. The zip code is medically underserved with no practicing primary care physicians and only one healthcare clinic serving its 38,621 residents.

The Prince George’s County Health Department (PGCHD) has convened a wide range of community partners to expand the primary care resources and recruit primary care providers to establish five (5) Patient Centered Medical Homes (PCMH) to serve a minimum of 10,000 residents. PGCHEZ will provide these primary care providers with a package of benefits and incentives designed to attract and retain them in the Zone. All Zone providers and partners will be linked via a public health information network that integrates with the local and state health information exchanges which will enable PCMHs located within the PGCHEZ to share patient information among themselves, with local hospitals, partner programs and the Health Department. PGCHEZ will deploy Community Health Workers (CHWs) to facilitate access to care; provide patient navigation services; promote medication adherence; and coordinate care to minimize hospital readmissions.

PGCHEZ will be managed by PGCHD with input from a Coalition and a Community Advisory Board. Additional supports for the Zone will include the Prince George’s County Community Transformation Grant funded by the Centers for Disease Control and Prevention (CDC) and the locally funded Transforming Neighborhoods Initiative.

Formative evaluation will support data-driven decision making in all aspects of PGCHEZ. Ongoing process evaluation will capture performance data that will inform mid-course adjustment to the Zone’s operations. Outcome evaluation will assess the degree to which PGCHEZ has met the following goals in 20743 by December 31, 2016.

- Reduce Low Birth Weight (LBW) rate from 11.8 to 9.2 per 1000 live births.
- Improve the population to primary care physician to patient ratio from greater than 3500 to 1 to less than 3500 to 1
- Improve the nurse practitioner to patient ratio from 2.6 per 100,000 to 15.5 per 100,000
- Improve the dentist to patient ratio from 18.1 per 100,000 to 23.3 per 100,000
- Increase the number of Community Health Workers delivering services from 0 to 7
- Establish a network of wellness services and physical activity programming that engages a minimum of 5000 Capitol Heights residents annually.
- Reduce the hospital inpatient discharge rates for
 - ☞ Cardiac/ Circulatory from 126 per 10,000 to 103 per 10,000
 - ☞ Respiratory Disease from 79 per 10,000 to 65 per 10,000
 - ☞ Diabetes Mellitus 38 from per 10,000 to 31 per 10,000
 - ☞ Cerebrovascular Disease from 29 per 10000 to 24 per 10,000
- Reduce the Emergency Department (ED) visit rate for Asthma patients 17 and under from .90 per 100 visits to .59
- Reduce the ED visit rate for diabetes patients aged 20 and over, from 2.1 per 100 visits to 1.7
- Reduce the costs associated with ED visits by 10 % annually
- Reduce the costs associated with hospital readmissions by 10% annually

4. Purpose The Prince George’s County Health Department (PGCHD) is pleased to present its application to establish a Health Enterprise Zone (HEZ) in zip code 20743. Since part of its mission is to assure the availability of and access to quality health care services for all County residents, PGCHD welcomes the opportunity to not only redress health disparities for a particularly challenged community, Capitol Heights, but also to build new and reinforce existing health system infrastructure components through the proposed project. The timing of the HEZ is particularly fortuitous because PGCHD has just been awarded a Community Transformation Grant (PGCCTG) by the Centers of Disease Control and Prevention (CDC). This grant supports the refinement and expansion of primary care and public health infrastructure in underserved areas of the County. However it does not fund direct service, as will the HEZ. In addition, the County has launched its Transforming Neighborhoods Initiative (TNI) that aims to foster and sustain a thriving economy, great schools, safe neighborhoods and high quality healthcare by utilizing cross-governmental resources in six target neighborhoods (including the 20743 community of Coral Hills) that have significant and unique needs. Consequently, by leveraging the CTG, the TNI, other local partner resources, and existing PGCHD programs in combination with HEZ funding, PGCHD and its partners will create in Capitol Heights the blue-print for establishing and sustaining PCMHs in underserved communities throughout the County.

The proposed HEZ will serve as a catalyst for increasing access to health care, reducing health care costs, and improving health outcomes; as well as a laboratory in which to test, refine and scale-up models of provider recruitment, community-wide primary prevention, and local health information exchange. Furthermore, as the Maryland jurisdiction with the highest proportion (85%) of racial/ethnic minority residents, including the third highest proportion of immigrants, the majority of whom are low-income¹, Prince George’s County will use its HEZ to establish protocols for collecting disaggregated health outcome data for racial and ethnic sub-populations beyond the categories that are commonly captured by state, local and even national surveillance efforts. This is a critical need given the highly diverse population not just in 20743 but throughout the County. PGCHD is committed to promoting the design and delivery of services that are tailored to the needs of these sub-groups but the quality of data available to substantiate the needs is sorely lacking at this time. One of the most important contributions that the proposed HEZ will make to public health in the County is redressing the lack of health utilization and outcome data stratified by race and ethnicity. Through PGCHEZ we hope to establish and sustain the data collection, management and analysis protocols and procedures that will inform our long-term focus on health disparities.

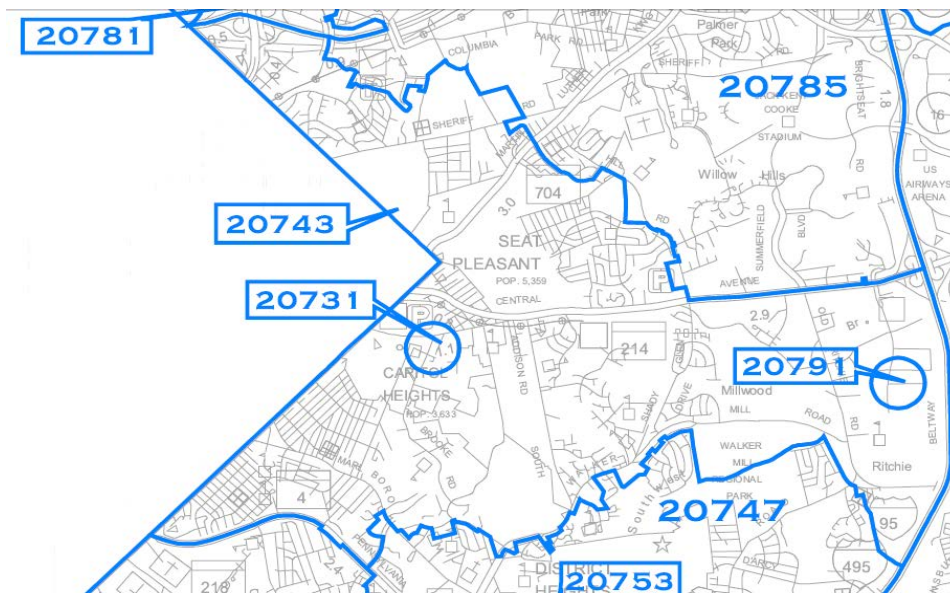
5. HEZ Geographic Description After a comprehensive review of the socioeconomic and epidemiological data and meetings with residents, health care providers, community leaders, and other stakeholders, PGCHD selected zip code 20743 HEZ target area. The factors that most influenced our decision were the highly disadvantaged status of the zip code as indicated by socioeconomic and health indicators (see maps in Appendix A); the demographic profile – majority Black with a considerable number of immigrants from Africa and the Caribbean, as well as Hispanics – which mirrors the County’s overall profile; and the willingness of the local leaders and residents to work with PGCHD and its partners to implement the Zone.

¹ Department of Legislative Services Office of Policy Analysis (2011) International Immigration to Maryland: Demographic Profile of the State’s Immigrant Community. Annapolis, Maryland

Figure 1 is a map of the zip code, which covers roughly 10 square miles, is located within the Capitol Beltway, an area that has longstanding lack of primary health care. It is urban and borders the District of Columbia.

A recent Washington Post article describes the economic blight, the lack of infrastructure, and the wavering hopes of residents for urban renewal that characterize the zip code.²

Figure 1: Map of Zip Code 20743 – Capitol Heights



As will be made evident from the forthcoming discussion, Capitol Heights is a location with immense need and changing the healthcare landscape here will pose a challenge to PGCHD and its partners. However, we

are confident that with community backing, funding from the State, innovative interventions and hard work we can transform how health services are delivered and achieve positive health outcomes for the residents of zip code 20743. If we can succeed in Capitol Heights then we believe that will generate the necessary political, community and financial investments to sustain the transformation and implement change in other parts of the County.

6. Community Needs Assessment Capitol Heights leads the County in negative statistics relative to preterm births, low birth weight (LBW), infant mortality, poverty, crime, protective orders, school readiness, child abuse, late/no prenatal care, teen birth.⁴ The median household income in 2010 was \$44,197 in comparison to the County’s median of \$71,260 and the State’s median of 70, 647.⁵ The proportions of residents living below the federal poverty level and 50% below the level, are 13.6% and 6.3% in contrast to 7.9% and 3.9% for the County and 9.1 and 4.8% for the State. The average unemployment rate in 2012 is 9.4% whereas the County’s rate is 6.6 % and the State’s rate is 7.6%.⁶ Roughly a quarter (23%) of residents has not

² Washington Post, October 17, 2012 In Capitol Heights, little change in spite of ‘a whole lot of planning’ around the Metro.

⁴ Number of Elevated Indicators by ZIP Code Prince George’s County, Maryland Prepared by DHMH, Center for Maternal and Child Health, November 2011 http://www.princegeorgescountymd.gov/Government/AgencyIndex/Health/pdf/Elev+Hlth+Indic+by+Zip_11-11.pdf Accessed October 29, 2012

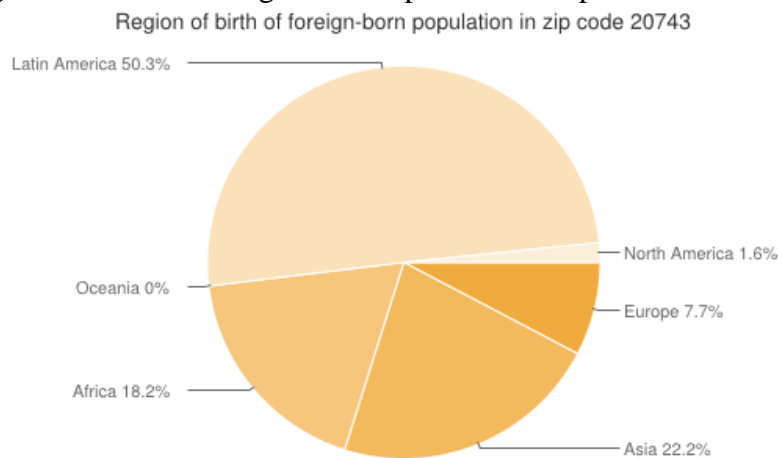
⁵ U.S. Census Bureau: State & County QuickFacts <http://quickfacts.census.gov/qfd/states/24/24033.html> Accessed October 29, 2012

⁶ U.S. Bureau of Labor Statistics, 2012. <http://www.bls.gov/ro3/mdlaus.htm> Accessed October 30, 2012

completed high school. Crime is a problem in Capitol Heights. The national median for violent crimes is 4 per 1000 residents but in 20743 it is 5.5 per 1000.

The population of Capitol Heights is predominantly Black (91 %) however 11% of Black residents are Caribbean immigrants and 13 % are African immigrants. Whites make up 3 percent of the population and American Indians, Asians, Native Hawaiian/ Pacific Islanders and multiracial persons constitute the remaining 6 percent. Hispanics of any race constitute 5.5 percent of the population.⁷ In roughly a third (30%) of the households one or more members primarily speak a language other than English. Almost half (48%) of the foreign born population are recent immigrants having arrived in the U.S. in 2000 or later. Figure 2 below illustrates the diversity in the region of origin among the foreign born population in Capitol Heights.

Figure 2: Region of birth of Foreign Born Population in Zip Code 20743⁸



Delivering health care services to such a diverse population presents particular challenges that are exacerbated by the lack of reliable, robust data on residents’ health care needs, utilization and outcomes. However, given that over 90% of the population belong to a racial and/or ethnic minority a comparison of the Maryland median with the values for Capitol Heights on several health indicators demonstrates significant disparities (see Table 1).

Table 1: Health Disparities in Capitol Heights

	Life Expectancy (2006-2010)	Average LBW Rate	Medicaid Enrollment	WIC Participation
Maryland Median	79.2	6.3	109	17.9
Capitol Heights	72.16	11.8	201.33	29.72

Inappropriate hospital use, including readmissions within 30 days, is also a problem for Capitol Heights. Although the zip code experienced negative population growth from 2000 to 2010 it still contributed to a significant percentage of the hospitalizations at Prince George’s Hospital Center, the County’s largest in-patient facility.⁹ A review of the Prevention Quality Indicator

⁷ U.S. Census Bureau, Census 2010.

⁸ Figure taken from City-Data.com <http://www.city-data.com/zips/20743.html> Accessed October 25, 2012

⁹ University of Maryland, School of Public Health (July, 2012) Transforming Health in Prince George’s County, Maryland: A Public Health Impact Study.

(PQI) ratings¹⁰ for the County’s urban zip codes indicates that Capitol Heights leads in almost every PQI category. Table 2 shows the PQI ratings for hypertension and conditions associated with obesity such as diabetes, heart failure, and angina

Table 2: PQI Ratings for All Urban Zip Codes in Prince George’s County

Zip Codes	Short term Diabetes	Long Term Diabetes	Hypertension	Heart Failure	Angina	Uncontrolled Diabetes
20623	1.46	0.73	0.73	7.65	2.55	0.36
20705	1.18	1.76	1.07	5.73	0.73	0.50
20706	1.55	3.54	1.96	9.43	1.01	0.67
20707	1.52	2.16	1.36	9.42	1.14	0.51
20708	1.64	1.76	1.37	7.87	1.33	0.55
20710	2.36	2.25	2.36	9.13	0.97	1.07
20712	1.88	2.55	1.44	9.41	1.44	0.55
20715	0.49	1.21	1.02	5.88	1.02	0.11
20720	0.81	1.14	0.76	5.33	0.62	0.24
20721	0.85	1.81	1.55	6.51	0.70	0.22
20722	0.88	3.15	1.93	12.61	1.58	0.70
20737	1.74	2.47	2.18	6.96	1.21	0.58
20740	0.73	1.42	0.38	3.44	0.63	0.07
20742	0.13	0.00	0.00	0.13	0.13	0.00
20743	2.46	6.71	4.53	20.35	2.05	1.11
20744	1.99	3.27	2.25	12.20	1.75	0.75
20745	2.50	3.97	2.85	13.78	1.51	0.74
20746	1.56	3.19	3.16	11.65	2.01	0.59
20747	2.15	3.55	2.57	13.08	1.50	1.10
20748	1.88	3.51	3.04	12.84	2.29	0.90
20762	0.00	0.00	0.00	0.34	0.00	0.00
20769	0.61	1.21	0.45	6.97	1.82	0.45
20770	1.11	2.18	1.03	3.97	1.19	0.52
20772	1.55	2.21	1.97	8.35	1.48	0.70
20781	0.87	2.45	2.36	7.87	1.22	0.87
20782	1.15	2.59	2.49	8.64	1.47	0.56
20783	1.26	2.45	1.62	6.59	0.88	0.36
20784	1.77	3.09	2.31	9.20	1.02	0.65
20785	2.85	4.85	4.17	14.15	1.94	1.00

The data show that per 100,000 residents in 20743 there are 0 primary care physicians; 2.6 nurse practitioners; 18.1 dentists; and 0 psychiatrists.¹¹ These ratios fall well below the recommended workforce levels.¹² As of May 2011 Capitol Heights had no active participants in the Maryland

¹⁰ Prevention Quality Indicator (PQI) ratings. PQI, were developed by the Agency for Healthcare Research and Quality (AHRQ), to identify ambulatory care-sensitive hospital admissions that could have been avoided if patients accessed high-quality outpatient care including prevention services. The higher the PQI rating the greater the proportion of hospital admissions that could have been avoided and the stronger the evidence that healthcare in the geographic area in question is lacking in some respect.

¹¹ University of Maryland, School of Public Health (July, 2012) Transforming Health in Prince George’s County, Maryland: A Public Health Impact Study.

¹².Maryland Primary Care Office, August 3, 2010 Sources: 2000 Census, 2006-2007 Maryland Board of Physicians

National Health Service Corps Participants, the Maryland J1 Visa Program or the Maryland Loan Assistance Repayment Program (LARP).¹³ As of March 2011, the municipality has met the criteria for a Maryland Health Professional Shortage Area (HPSA) geographic designation for primary care. Only one of the three federally qualified health centers (FQHC) currently operating in the County has a presence in Capitol Heights, although the zip code has a Maryland Medically Underserved Area/Population Designation. Capitol Heights has one school based health center, one facility providing behavioral health services, and one providing substance abuse services.

7. Core disease targets and conditions. In deciding which diseases and conditions to target PGCHD reviewed the available epidemiological data for Capitol Heights as well as the goals and objectives of ongoing interventions such as our recently awarded Community Transformation Grant (CTG) from the Centers for Disease Control (CDC), which could complement the focus of the proposed HEZ. Based on this review we selected five conditions: cardiovascular disease; respiratory disease; diabetes mellitus; cerebrovascular disease; and LBW.

Capitol Heights falls into the highest quintile for the age-adjusted rate for heart disease in all of the Maryland census tracts.¹⁴ In 2011 the hospital inpatient discharge rate for cardiac/circulatory diseases in 20743 was 126 per 10,000. For Respiratory disease the rate was 79 per 10,000. Asthma, a key condition in the category of respiratory disease, is the most common chronic disease of childhood. Zip code 20743 is an epicenter of asthma morbidity in southern Maryland. In fact, it is the single most common zip code of residence among Maryland patients served by the Children's National Medical Center's IMPACT DC Asthma Clinic since 2008. From July 2009 to December 2011, in 20743 the proportion of emergency room visits by patients 17 years of age and under due to asthma was .9. Among patients from 20743 in 2011, Diabetes Mellitus had a hospital discharge rate of 38 per 10,000 whereas the rate for Cerebrovascular Disease was 29 per 10000.¹⁵ As previously stated the LBW rate in Capitol Heights is 11.8 per 1000 live births

8. Goals. At first glance the goals we have set for PGCHEZ may appear very modest, but this is unavoidable given our starting point and financial and time constraints. Simply put, the state of primary care is so lacking in 20743 that, particularly with respect to workforce expansion, the Zone's proposed investments would have to increase exponentially to propel the zip code to the outer limits of recommended health workforce ratios and other performance standards by the end of the four year funding period. Nevertheless, we believe that through the Zone we can have a significant impact on the community's health and lay the groundwork for continuous improvement across all performance metrics by 2016. Thus, it is in this spirit that we formulated and present the following health improvement goals for PGCHEZ to reach by December 31, 2016 in support of all of the residents of zip code 20743.

a. Improved Health Outcomes

Goals: Reduce LBW rate from 11.8 to 9.2, the County's Local Health Improvement Plan (LHIP) 2014 goal; or an annual decrease of 6% i.e. 11.1 in 2013; 10.4 in 2014; 9.8 in 2015 and 9.2 in 2016.

¹³ Maryland Office of Health Policy & Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene

¹⁴ Office of Chronic Disease Prevention, Family Health Administration, DHMH Heart Disease Age-Adjusted Mortality Rate by Maryland Census Tract 2004-2008.

¹⁵ Maryland Health Care Cost Review Commission (HSCRC)

b. Expanded primary care workforce

Goals: Improve the population to primary care physician to patient ratio from greater than 3500 to 1 to less than 3500 to 1, equivalent to recruiting a minimum of 11 full-time primary care physicians to practice in 20743.

Improve the nurse practitioner to patient ratio from 2.6 per 100000 to 15.5 per 100000 or the equivalent of recruiting 5 full-time nurse practitioners.

Improve the dentist to patient ratio from 18.1 per 100,000 to 23.3 per 100,000 or the equivalent of recruiting 2 full-time dentists

c. Increased community health workforce

Goals: Increase the number of Community Health Workers delivering services from 0 to 7.

d. Increased community resources for health

Goals: Create a telehealth network and health information exchange that links all of the primary care providers serving 20743 with PGCHD and the hospital and specialty providers serving the zip code.

Establish a network of wellness services and physical activity programming that engages a minimum of 5000 Capitol Heights residents annually.

e. Reduced preventable hospitalizations and emergency department (ED) visits

Goal: Reduce the hospital inpatient discharge rates by 5% annually for the following conditions:

- ☞ Cardiac/ Circulatory from 126 per 10,000 to 103 by December 31, 2016
- ☞ Respiratory Disease from 79 per 10,000 to 65 by December 31, 2016
- ☞ Diabetes Mellitus 38 from per 10,000 to 31 by December 31, 2016
- ☞ Cerebrovascular Disease from 29 per 10000 to 24 by December 31, 2016

Reduce the ED visit rate for Asthma patients 17 and under from .90 per 100 visits to .59 or 10 % annually:

Reduce the ED visit rate for diabetes patients aged 20 and over, from 2.1 per 100 visits to 1.7 or by 5% annually

f. Reduced unnecessary costs in health care

Goals: Reduce the costs associated with ED visits by 10 % annually

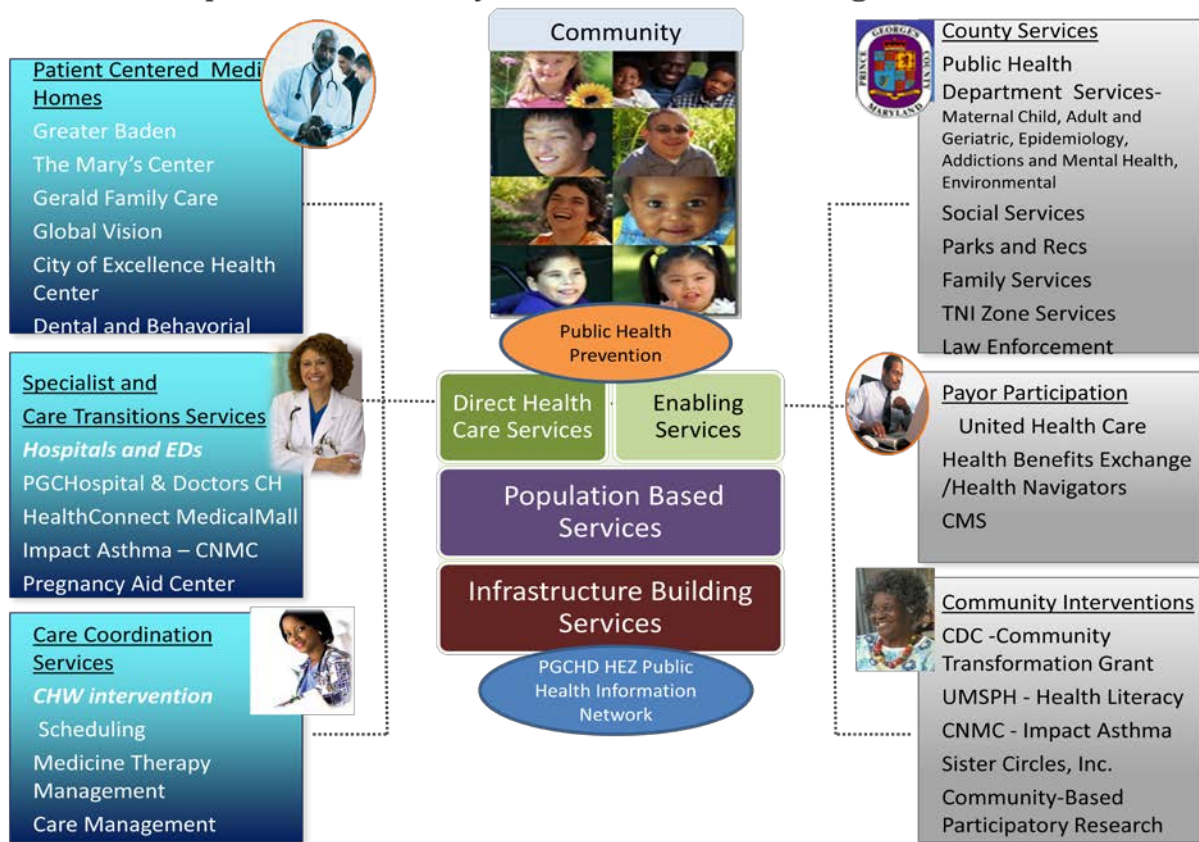
Reduce the costs associated with hospital readmissions by 10% annually

9. Strategies to Address Health Disparities. PGCHD has designed its HEZ around the concept of the patient-centered medical home. We see the proposed Zone as a means of not just bringing more and diverse primary care providers to Capitol Heights but more importantly of achieving the following:

- ☞ Enhancing access
- ☞ Building on consumer-driven health and patient satisfaction
- ☞ Promoting patient engagement and whole-person care
- ☞ Promoting health literacy
- ☞ Coordinating health care processes and utilization
- ☞ Improving outcomes

Figure 3 is a graphical representation of PGCHEZ. A discussion of specific PGCHEZ strategies follows.

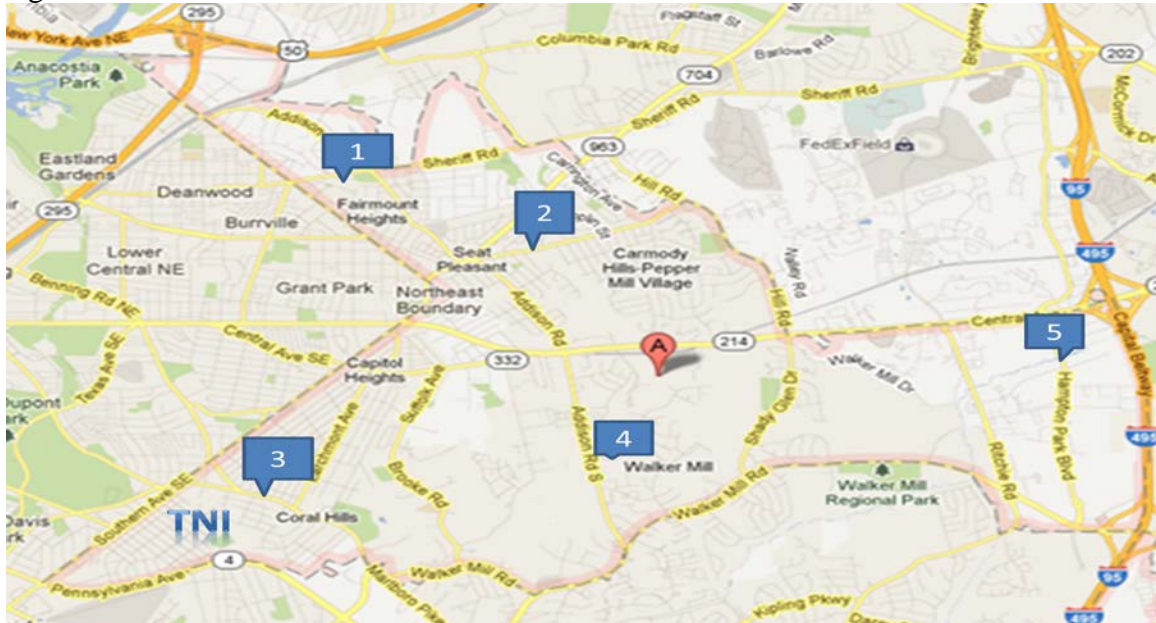
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a. Expanded primary care workforce - The County has several medically underserved areas, therefore PGCHD is interested in expanding the number of new providers that move into the Zone and not the relocation of providers from other areas into the Zone. Our approach involves recruiting providers who currently practice outside of the Zone to expand their practice into the Zone. As part of its preparation for responding to the HEZ Call for Proposals, PGCHD convened several primary care providers already operating in the County and elicited their views as to what steps could be taken to attract more providers to the County’s underserved areas. Then PGCHD conducted one-on-one meetings with selected providers who expressed an interest in being part of the proposed HEZ to review the group discussion findings and determine the structure and content of the package(s) of benefits and incentives that PGCHEZ will need to provide to recruit and retain high quality providers. Based on this formative research and ensuing discussions, PGCHEZ will offer a combination of grants, loan repayment assistance, and tax credits that are described more fully in Section 10 of this narrative, under “Use of Incentives and Payments.” In return for the incentives each provider has committed to establishing one patient-centered medical home staffed with a minimum of a full-time equivalent (FTE) of 1 physician and 1 FTE nurse practitioner and a satellite practice staffed by 1 FTE nurse practitioner. Based on projected need each PCMH and satellite will serve a minimum of roughly 2000 residents. PGCHD selected a diverse group of primary care providers so that the evaluation can compare and contrast the experiences across the group. Figure 4 below shows the tentative locations of the

PCMH hubs that will be created by the Zone’s five (5) primary care providers. Final decisions about the location of the Hubs and their spokes or satellites will be made in consultation with the PGCHEZ Coalition and Community Advisory Board (CAB), whose roles will be discussed in greater detail later in this narrative.

Figure 4: PGCHEZ Potential PCMH Hub Locations



Legend: 1 = Mary’s Center 2 = City of Excellence Health Center, 3 = Global Vision Medical Services, 4 = Expanded Greater Baden, and 5 = Gerald Family Care. TNI is the Transformation Neighborhood Initiative.

In Year 1, GBMS and Mary’s Center, the PGCHEZ FQHC partners will each establish a PCMH hub, staffed with a full time primary care physician, and a spoke-facility staffed by a nurse practitioner, in the Zone. GBMS, the only FQHC currently operating in the PGCHEZ target area, will expand its existing Capitol Heights practice which currently offers comprehensive primary and preventive care to adults and children, including prenatal care and WIC. Mary’s Center will establish services with a special focus on the Hispanic population residing in 20743. Because of Mary’s Center’s reputation in the Hispanic community and the Zone’s proximity to 20781, a zip code which is 21% Hispanic, we expect there to be a very high demand for the Center’s services. Mary’s Center has also agreed to serve as the Urgent Care provider for the Zone. In addition, the PGCHD is in discussions with Righttime Medical Care to provide urgent care services beginning in year 3.

In Year 2, two private providers Global Vision Foundation and Gerald Family Practice will establish their PCMHs in the Zone. Global Vision, a non-profit organization that works nationally and internationally to bridge health disparities through a focus on hypertension, diabetes, coronary artery disease, obesity, HIV, ophthalmic and dental services, will bring to bear its expertise in serving African and Caribbean immigrant populations and establish a PCMH that meets their needs in Capitol Heights. Gerald Family Care, a private practice with significant experience serving low income African American patients, is also one of the Maryland Multi-Payer Patient Centered Medical Home Pilot Clinics, a state demonstration project that aims to improve health care quality and reducing health care costs for Marylanders.

In Year 3, the City of Seat Pleasant will establish its PCMH as part of its recently launched economic development plan. The City will erect a state of the art Health and Wellness Center that will house a 24/7 primary care clinic and office space for board-certified primary care physicians and provide behavioral health, primary care, health literacy, dental care, gynecology, pediatrics, and gerontology services.

School-based services in the Zone will be strengthened by the addition of Children's National Medical Center's Mobile Health Program, which has been certified by the National Committee for Quality Assurance as a Level 3 Primary Care Medical Home. The Program which has operated in the District of Columbia since 1992 brings comprehensive medical and dental services to clients from birth to age 23 while eliminating many of the transportation and access barriers that prevail in underserved communities. Services include immunizations, physical examinations, chronic illness management, medical screenings, oral healthcare, psycho-educational evaluations and referrals for specialty services and legal services. To complement these services, educational seminars focused on nutrition, fitness, and raising awareness of chronic health conditions that disproportionately impact underserved communities are offered to our patient population. Finally, the Mobile Health Program has an established *Parent Advisory Committee and Grandparents Support Group* that aims to increase parental and caregiver involvement and patient compliance.

The Mobile Health Program has recently begun operating at Prince George County Title I and Turnaround Public Schools. The goal of the partnership is to provide safety net medical and dental services to children who do not have insurance or access to primary care providers. In addition, the Program includes the Referral Management Initiative (RMI) that provides wrap around and follow-up services relating to mental health, subspecialty care and other community resources for the family. The RMI team is composed of a licensed clinical social worker, a patient liaison and a masters-prepared social worker that assist families in areas such as applying for insurance, parenting classes, making specialty appointments, parent support resources, etc. This critical component of the program highlights the evolution of care coordination as the best practice model for improved clinical outcomes for high risk families.

Children's National is proposing a hybrid model of care for PGCHEZ which includes fixed-site direct patient care within an existing school-based health center (Fairmount Heights High School) within the HEZ and an enhanced mobile medical and dental presence at two other HEZ schools - Seat Pleasant Elementary School and Walker Mill Middle School. Mobile services will be made available twice a week as will the services at the fixed site.

b. Improved Quality of Service Delivery - PGCHEZ will employ a two pronged approach to improving the quality of service delivery. First we will leverage the PGCCTG which will create and train the Zone's primary care providers to use a Wellness Plan template, similar to the integrated care plan promoted by the Maryland Multi-Payer Patient-Centered Medical Home Program (MMPP), as part of the PGCCTG focus on promoting high-impact, quality clinical preventive services throughout its catchment area, including Capitol Heights. The Wellness Plan will be integrated into each patient's EHR. Providers will use the Plan to document patient data on blood pressure, weight, cholesterol level, cigarette use, alcohol use; immunization status; and receipt of cancer, HIV, STD, and Hepatitis B and C screening; as well as patients' dietary, physical activity and other behavioral goals. The Plan will also list all of the social and ancillary supportive services, such as case management, stress management, and physical fitness, to which the provider may refer patients. Each patient will receive a unique identifier and instructions on

how to access a password protected on-line copy of his or her personal Plan, and be referred to a PGCHEZ CHW who will monitor the patient to ensure that the Plan is implemented.

Because every Capitol Heights resident who receives primary care from a Zone provider will have a Wellness Plan and patient de-identified data from the Plans will be stored in an HEZ registry and exchanged with PGCHEZ evaluator via the HEZ health information exchange, we will be able to track the services delivered and utilization patterns across the Zone and by individual provider. These data will provide useful metrics of the quality of care that is received in the Zone. In its role as the Zone Coordinator, PGCHD will review the performance data and tie incentives to providers' ability to meet HEDIS and other quality standards. Additionally, the data will be disaggregated by race and ethnicity so that the Zone and its providers can sharpen their focus on reducing health disparities among racial and ethnic groups residing in the Zone.

In addition to the Wellness Plan which will cover the entire zip code, PGCHEZ will employ targeted approaches to improve the quality of care in three specific areas- *reducing hospital readmissions within 30 days; decreasing inappropriate ED use among children with asthma; and ensuring all pregnant women receive timely and adequate prenatal care.* To reduce hospital readmissions and ensure a seamless transition between hospital and outpatient care PGCHEZ will use the HealthConnect Model (HCM). HCM, an AHRQ-approved, evidence-based intervention,¹⁶ to link hospitalized patients who require long-term treatment for a chronic condition with CHWs. HCM was pioneered by the Jackson Medical Mall in Jackson, Mississippi and is now being implemented by Prince George's County Hospital Center (PGCHC). During its three month PGCHC trial only 5 out of 454 patients have been readmitted to hospital within 30 days of discharge. The group of patients was hospitalized for a variety of conditions including (diabetes 54%, COPD 14%, stroke 10 %, and 22% other). HCM services are covered by Medicare, Medicaid and private insurance and the model works for all races, ethnicities and genders and all chronic diseases, including mental illness.

Thanks to the Zone's Health Information Exchange, described fully in section *i. Improving Health Information Technology Tools* of this narrative, when any Capitol Heights resident is hospitalized at Prince George's County Hospital or Doctor's Hospital, both PGCHEZ partners, the HCM staff will be notified. The staff will contact the hospital and if the patient agrees to the services the HCM team consisting of a nurse and a CHW will create a 30 day disease management plan and through a series of home visits and telephone calls will follow and support the patient for 30 days after which the patient transitions to less intensive follow-up care. The team will assist the patient to communicate his/her needs directly to the primary care provider after the patient leaves the hospital; answer questions about the patient's follow-up plan; and assist with applications for social service programs and referral to and coordination with ancillary services.

Children's National Medical Center, will replicate its evidence-based IMPACT DC pediatric asthma program *to decrease inappropriate ED use among pediatric asthma cases* in Capitol Heights. Since 2002, the IMPACT DC Asthma Clinic has rigorously documented reduced ED visit rates and hospitalizations for children by nearly 50% in the first six months after enrollment. By targeting children at highest risk – those dependent on EDs and inpatient units for asthma care – the activities of IMPACT Asthma DC have been associated with a drop of 40% in the overall rate of ED visits by DC residents aged 1-17 years with asthma. The

¹⁶ E. A. Coleman; C. Parry; S. Chalmers; S-J Min (2006) The Care Transitions Intervention, Results of a Randomized Controlled Trial, *Arch Intern Med.*,166(17):1822-1828.

IMPACT Asthma intervention is grounded in the belief that effective longitudinal asthma care for inner city children is a broad continuum that involves the patient, his/her family, primary care provider, local ED and hospital, community pharmacist, insurance provider, and school nurse. Each child enrolled in IMPACT receives an Asthma Action Plan. In the case of PGCHEZ participants this plan will be a component of the more comprehensive Wellness Plan. All of the current Asthma Action Plans and IMPACT DC educational materials are available in both English and Spanish, and the staff is bilingual. The IMPACT Asthma is not designed to replace the care given by primary care providers in the primary medical care home, but rather to provide consultative and transitional care. Staff therefore stress that each child should receive follow-up care from his or her PCP at least every 3 months. The multiple activities of the IMPACT Asthma approach are valuable in themselves, but coordination with PCPs and school nurses is among the most crucial. This coordination will be ensured for Zone participants through the CHWs efforts as well as the standardized electronic transfer of asthma-related healthcare information via the Zone's health information exchange.

Ensuring all pregnant women receive timely and adequate prenatal care- The PGCHEZ Community Health Workers, discussed later in this narrative, will conduct outreach to women of childbearing age and once they are linked to a medical home, they will receive a Wellness Plan that based on a risk assessment will refer them to the appropriate program. The PGCHD Division of Maternal and Child Health (DMCH) will take the lead in ensuring that the Zone reaches its goal of reducing the low birth weight rate among Capitol Heights Residents. PGCHD-DCMCH will coordinate and expand the operations of three of its signature programs for adult women- Healthy Women/Healthy Lives which offers women of childbearing age comprehensive pre-conceptional care; Healthy Start which offers case management services to pregnant women a risk of poor birth outcomes due to maternal psychosocial and behavioral risk factors; and the Pregnancy Centering Program which convenes groups of eight to twelve women with similar gestational ages to create a supportive facilitated learning network that meets at monthly throughout pregnancy and early postpartum. In addition, the Pregnancy Aid Center has agreed to accept referrals for uninsured pregnant women from the PGCHEZ.

Children's Healthy Generations Teen Pregnancy Education, Prevention and Support Program will assist pregnant teenagers to access prenatal care. Generations has proven effective in preventing repeat pregnancies: the rate of rapid repeat pregnancy (within 24 months of the first child's birth) for all clients up to age 21 who have been in the program for at least 24 months is 9%, dramatically below repeat pregnancy rates for teen mothers documented in the research literature (which range from 30-65%). Further, over 80% of Generations mothers are currently in school or have graduated from high school. Nationally, only half of teen mothers attain a high school diploma by age 22. By age 2, over 90% of children in the program are up to date on their immunizations.

Children's will replicate Generations at two sites in Prince George's County, one at a patient-centered medical home and one school-based. Children's staff will work with the medical team at these two sites to provide comprehensive social work and mental health services to approximately 100 teen parents and their children. They will also provide parenting support for teen parents and education regarding teen pregnancy prevention for up to 200 students at the school-based site.

c. Addressing Community Barriers to Healthy Lifestyles – The proposed Zone focuses on prevention of chronic conditions that are often responsive to lifestyle changes, particularly increases in physical activity. PGCHD understands that the high crime rate in Capitol Heights

might discourage some residents from participating in outdoor exercise. Therefore, we met with public safety officials across the zip code and elicited promises of increased public safety presence in outdoor recreational space once the Zone becomes operational. In addition, increased public safety investments including stepped-up community policing as a result of TNI will likely improve overall safety in the Zone.

The Maryland National Capital Parks and Planning Commission (MNCPPC) is already a PGCCTG partner and Capitol Heights is a PGCCTG zip code. Therefore, Capitol Heights residents will have facilitated access to MNCPPC's Prescription REC program as well as other MNCPPC physical activity and wellness programs specifically tailored to their needs. Prescription REC is a three month program that links participants who have or are at risk for chronic disease with fitness trainers, nutrition education, health screenings and all of the physical activity equipment and outdoor trails and parks maintained by MNCPPC.

The PGCHEZ Project Director will engage the Prince George's County Public Schools (PGCPS) leadership to facilitate community use of school athletic facilities during non-schools hours as another wellness plan benefit. PGCHEZ will work with PGCPS and the Prince George's County School Health Council to expand the Alliance for a Healthier Generation's Healthy Schools Program and the FitnessGram Programs, respectively into all Capitol Heights schools. These programs are already being implemented in some of the County's schools. The Healthy Schools Program, which was founded by the American Heart Association and the William J. Clinton Foundation, promotes school-based healthy eating and physical activities and requires participants to meet or exceed stringent, evidence-based performance standards. FitnessGram is a fitness assessment and reporting program for youth, first developed in 1982 by The Cooper Institute in response to the need for a comprehensive set of assessment procedures in physical education programs. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity; muscular strength, muscular endurance, and flexibility; and body composition. Scores from these assessments are compared to Healthy Fitness Zone® standards to determine students' overall physical fitness and suggest areas for improvement when appropriate.

d. Use of Community Health Workers (CHWs) - In addition to the HCM CHWs previously described who will focus solely on preventing hospital readmission, PGCHEZ will deploy 10 CHWs trained and certified by the County's CHW Training Institute that is supported by CDC Community Transformation Grant funds. Each new main practice and its satellite be assigned a CHW who will be responsible for conducting outreach to link patients to the newly established medical homes, assist them in navigating the healthcare system, and refer them to social and other supportive services as needed.

When a Capitol Heights residents receives her/his Wellness Plan, discussed above under *b. Improved Quality of Service Delivery*, (s)he will be given a unique identifier as well as instructions on how to access a password-protected on-line copy of his or her personal plan, and be referred to a PGCHEZ CHW. The CHW will check in periodically with the patient to ascertain compliance with the plan; provide patient navigation services; assist with medication adherence; follow up on referrals; and assist with any difficulties that the patient encounters in accessing or utilizing services. PGCCTG already has referral systems in place so that the CHWs can assist residents not only with accessing primary care but also with using school-based fitness programs; health and wellness programs offered by MNCPPC; and community gardening efforts guided by ECO City Farms, a local community-based, urban agriculture entity. Additional non-

PGCCTG services that will be made available to Capitol Heights residents thanks to the Zone include behavioral and mental health services, substance abuse.

e. Strengthening Community and Environmental Policies - Research has found that secondhand smoke is a trigger for asthma¹⁷, one of the core disease targets of PGCHEZ, and that smoking bans and restrictions are effective in reducing exposure to secondhand smoke¹⁸. The PGCCTG initiative to promote a smoke-free policy in all multi-unit residences constitutes the primary environmental intervention for the PGCHEZ. However, instead of just focusing on multi-unit residences PGCHEZ will also promote the smoke-free policy in all workplaces, senior centers, recreation centers and other public meeting areas in Capitol Heights. Other supportive activities include CHW training in tobacco cessation counseling as part of the services they will offer the community. In addition, the Wellness Plan will include a smoking cessation component. Finally, PGCCTG projects will launch projects promoting community and backyard gardening as a means of transforming the environment.

f. Improving Access to Healthy Foods – The proposed Zone will leverage the healthy food initiatives that are part of the newly launched PGCCTG. These include:

Community, school and backyard gardens- The goal of this intervention is to demonstrate to the target population that it is possible to produce healthy food even in a highly urban environment. We believe that this strategy has a high potential for success because of the large proportion of immigrants –Hispanic, Caribbean and African- as well as African Americans with roots in the rural South that reside in the target communities. They come from a tradition of gardening and anecdotal evidence indicates widespread community support for a return to this traditional activity. The PGCHD CTG healthy eating partner, ECO City Farms, will lead these efforts. ECO City currently runs an urban farm in the County and has been active in promoting community gardens, back yard gardens, farmers’ markets, and community supported agriculture. They have also been successful in negotiating with MNCPPC to obtain rent-free land for agricultural purposes. For the proposed community gardens to be effective they must be in close proximity to residential neighborhoods. Therefore, PGCCTG is currently in discussions with MNCPPC, property managers and residents in all of the PGCCTG target zip codes, including the PGCHEZ zip code to identify potential rent-free space. Based on our review of existing community gardening initiatives in the region and contingent on our ability to secure the requisite rent-free space, we anticipate involving 100 Capitol Heights residents in some form of gardening.

We propose to implement a school gardening intervention that will encourage the youth of Capitol Heights to learn about where their food comes from and how to produce it in a healthy sustainable manner. To this end PGCHEZ and PGCCTG staff will meet with the administrators of the all schools in zip code 20743 to explore the possibility of establishing school community gardens worked by youth and their families. In another joint initiative, PGCHEZ and PGCCTG will conclude agreements with the Public Schools and the Department of Corrections to have working on community gardens to count as community service. [Note: in consultation with the Department of Corrections we will develop eligibility and screening criteria to prevent the involvement of any persons who could put the community at risk].

¹⁷ Maritz GS, Mutemwa M.. Tobacco smoking: patterns, health consequences for adults, and the long-term health of the offspring. Glob J Health Sci. 2012 May 30;4(4):62-75. doi: 10.5539/gjhs.v4n4p62.

¹⁸ Guide to Community Preventive Services. Reducing secondhand smoke exposure: smoking bans and restrictions. www.thecommunityguide.org/tobacco/environmental/smokingbans.html. Last updated June 14, 2012. Accessed July 27, 2012.

The PGCCTG Community Developers will be at the forefront of informing mobilizing residents and linking them to technical assistance, including the free seed program from the American the Beautiful Foundation (www.america-the-beautiful.org) that will enable them to engage in at a very minimum gardening if not farming. Once the community gardens are in bloom the Community Developers will guide residents on garden tours to build enthusiasm for this activity.

Community Supported Agriculture -Many of the most disadvantaged residents of Capitol Heights rely on public transportation and it is not always easy for them to transport groceries to their homes. Therefore, community supported agriculture (CSA) including a produce truck that operates similar to an ice cream truck and makes fresh produce deliveries to neighborhoods on a set schedule is another PGCCTG intervention that PGCHEZ will leverage. ECO City Farms will contact farmers in the region that have excess produce and serve as the drop off point for this food. Residents will have the option to sign up in advance (i.e. CSA) and receive a bag of produce that will be delivered by a PGCHD van at set intervals. Others may access the van when it is in their neighborhood and purchase produce that has not been allocated to CSA clients. The PGCCTG Nutritionist will work with Cooperative Extension's FSNE program to secure food stamp certification for the produce delivered by the van. Based on our review of similar programs in the region and contingent of finding sufficient supply to meet the demand, we anticipate that 300 Capitol Heights residents could support and benefit from CSA and/or produce truck purchases.

g. Engaging Racial and Ethnic Minority Persons- Capitol Heights is home to African Americans, Caucasians as well as Hispanics, Asians and a diverse group of African and Caribbean immigrants from whom English is a second language. Because ideas about health and wellness and care seeking are largely influenced by culture, we understand the importance of engaging racial and ethnic minority patients and providers proactively and from the outset of Zone operations. PGCHEZ will employ the following strategies:

Within the first month of Zone operations, establish a *Community Advisory Board (CAB)* with representation from all of the racial and ethnic minority groups that are resident in the County. The local coalitions and neighborhood associations that currently operate in the zip code and have agreed to partner with PGCHEZ will be instrumental in recruiting residents to join the CAB. The CAB will meet bi-monthly and provide guidance to PGCHEZ and the implementing partners relative to proposed HEZ activities. We will ensure that interpreter services in a wide range of languages are made available for all Zone services through the Health Department's Language Link service.

Convene *quarterly community forums* throughout the zip code in the community rooms of multi-unit housing complexes; in places of worship; community and recreation centers; schools; retail locations; in the waiting rooms of HEZ primary care practices; and anywhere else we can assemble an audience of 20743 residents, to present the HEZ Workplan and update residents on activities and elicit their feedback. Once again the local coalitions, the neighborhood associations, faith-based institutions, immigrant organizations such as the North West Fons' Council-USA, a Cameroonian immigrant advocacy group and the Caribbean Council of Prince George's County's (CCPGC's) will assist us in recruiting forum participants.

Reach patients via *mobile technology and social media*. As social media continues to grow in popularity, particularly amongst youth, the PGCHEZ will use its HIT resources to transmit health education and updates about Zone operations and services via these platforms.

Recruit foreign-born racial and ethnic minority providers who are eligible for the *J-1 Visa Waiver Program*. We know from the literature and experience that provider-patient racial/ethnic concordance can improve the care seeking experience. Therefore, PGCHEZ will do its utmost to recruit providers who reflect the racial/ethnic make-up of the residents of Capitol Heights.

h. Improving Built Environment- The City of Seat Pleasant, a PGCHEZ partner is taking the lead in improving the Built Environment in zip code 20743. The City recently announced plans to develop a 15 acre site into a multi-use center that will include a city hall, health and wellness center, recreation center, senior housing facility and a community center. As indicated in the City's letter of support for PGCHEZ, the proposed center will include space for primary care practice and related services. As this project goes forward, other PGCHEZ partners will lend their expertise to ensure that the project supports healthy outcomes. PGCHD will also invite Seat Pleasant leadership to share their experience with other communities in Capitol Heights and explore opportunities to expand the multi-center concept elsewhere in the zip code. To this end, PGCHEZ will work with Capitol Heights communities to identify and apply for public and private funding, for example, from Centers for Disease Control and Prevention's Healthy Community Design or the Kresge Foundation that will support environmental improvements.

i. Integration of Behavioral Healthcare - PGCHEZ's FQHC partners already include behavioral health as part of their PCMH model. Therefore, from the outset, these services will be available at their hub and satellite services. The PGCHD is integrating its Addictions and Mental Health division with the Mental Health Coordination division of the Department of Family Services into one division called Behavioral Health Services to be managed by the Department of Health. This division will facilitate linkages between other providers that expand into the zone and behavioral health providers who have already expressed an interest in working in the Zone. In addition, we will consider offering stress management and group support programs such as the Prime Time Sister Circles® (PTSC) an evidenced-based, culturally competent, holistic, 12 week support group that aims to improve the physical and emotional health of female participants and has been validated with a sample of minority women¹⁹.

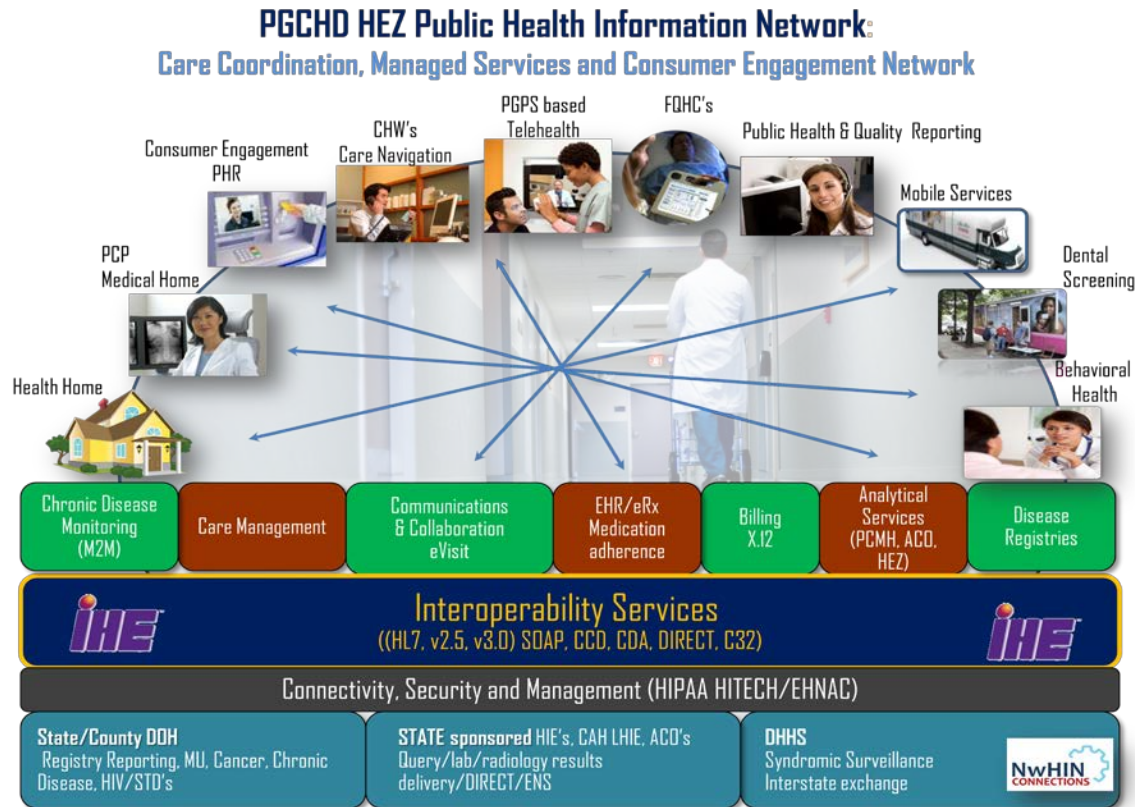
j. Improving Health Information Technology Tools - PGCHD will leverage current efforts in health information technology that are part of its Million Hearts project funded by DHMH to strengthen the health information technology (HIT) infrastructure in the HEZ. Zane Networks, a state MSO and a key partner in the County's Million Hearts project in conjunction with the County's Office of Information Technology Communications and Verizon, which is the County's EHR partner will lead the PGCHEZ HIT components and connect all PGCHEZ providers via telecommunications broadband as illustrated in Figure 5 below.

Since the County has already selected its HIT partners and vendors the process of establishing the health information network in the Zone will be fairly straightforward. We will have to ensure that we have the correct interface in place to ensure that the different EHR systems used by the Zone can link the providers to the network. Since different providers use different systems we will need to check the interface every time a new provider joins the Zone. Then we have to ensure that there is sufficient network connectivity and all other infrastructure components are in place to permit the information exchange. Finally we have to train the PCMH

¹⁹ Gaston MH, Porter GK, Thomas VG. Prime Time Sister Circles: evaluating a gender-specific, culturally relevant health intervention to decrease major risk factors in mid-life African-American women. *J Natl Med Assoc.* 2007 Apr;99(4):428-38.

staff, staff of partners that deliver clinical services, and the CHWs including those on the HCM and IMPACT Asthma teams, respectively, on how to use the system to exchange data.

Figure 5: PGCHEZ Public Health Information Network



Health Information Exchange services: The providers will be able to connect their electronic health records (EHRs) to the County's public health network and thereby conduct secure exchanges of Patient Health Information (PHI) amongst the network and through the State's Exchange with hospitals, clinics and DHMH for public health reporting. The EHRs will include the previously mentioned Wellness Plan which will be created for each patient by his/her primary care provider.

Telehealth: The HEZ will offer e-consult/virtual visit capability to providers and the CHWs to conduct home consults with patients as well consults with specialists and hospitalists. Patients who have internet access at home will be able to log into the patient portal that is part of the PGCHEZ HIT exchange and access their personal health record (PHR) in addition to health education tailored to their specific needs.

Longitudinal registries: Through data sharing agreements with participating providers PGCHEZ will house PHI and create longitudinal registries based on individual provider caseloads. These datasets will be used in quality improvement efforts, for performance assessment and to inform prospective research on the deployment of Zone resources, such as the CHWs care coordination and patient navigation services. This will result in less ED utilization and healthcare savings.

Managed IT services: The HEZ will provide IT managed services to include privacy and security compliance to reduce the risk of breach of PHI. Provider members will be provided

with a HIPAA risk assessment and complete privacy and security manual. All employees will receive annual HIPAA/HITECH training to minimize inappropriate use of PHI. All equipment will be monitored and configured to prevent housing of PHI on provider/staff computing or mobile devices, thereby reducing the possibility of breach resulting from an accidentally loss of computing devices within or outside of the practice.

k. Enhancing Provider Capacity to Serve non-English Speakers - Not only is the Capitol Heights population diverse but it is likely, particularly if the Zone recruits providers who use the J1 visa program, that the provider population will also be very diverse. In many cases, their prior educational and work experience has not prepared them to manage diverse patient populations in a culturally responsive manner. To this end, PGCHEZ will require all providers and their staff to take free on-line training in effective communication with non-English speakers provided by HRSA and CDC within 1 month of beginning work in the Zone. In addition, cultural competency experts who have been retained to advise on various Zone operations will also provide periodic in-services relative to effective communication and the Title VI interpreter services that will be available to Zone providers, patients and their families.

10. Use of Incentives and Benefits PGCHD has already held extensive discussions with prospective primary care partners and has established a cap of \$450,000 to cover the package of state income tax credits, hiring tax credits, loan repayment assistance, grant funds for electronic health records, grant funds for capital improvements and for equipment. Packages will be made available to support the hiring of 11 primary care physicians and 5 nurse practitioners. As shown in the budget and budget notes, the amounts offered are in line with similar incentive and loan repayment programs offered by other health workforce development initiatives. The proportion of CHRC funding sought for incentives and benefits is 28% of PGCHD' entire request for HEZ support. PGCHD has also entered into negotiations with United Medical to obtain additional funding that will offset the cost of delivering primary care services to the uninsured and uninsurable.

11. Cultural, Linguistic and Health Literacy Competency PGCHEZ will ensure the cultural and linguistic competency of its efforts in the following ways. We will:

1) Implement culturally competent interventions – every aspect of PGCHEZ operations will be designed to be culturally competent. To this end we have retained cultural competency experts from the staffs of the Health Improvement Center (creators of Prime Time Sister Circles and experts in African American health issues); Mary's Center (expert in Hispanic and immigrant health), and Global Vision (expert in African and Caribbean immigrant health) to advise us on the best strategies to adopt in reaching the various racial and ethnic minorities that comprise over 95% of the Capitol Heights residents. We have also recruited to the HEZ Coalition and the HEZ CAB representatives of organizations that are trusted by these communities so that they can create entrée for PGCHEZ. For example the Caribbean Council of Prince George's County is a well-respected advocacy group and their presence on the HEZ Coalition provides PGCHEZ with a seal of approval that will facilitate entrée into the community as well as community buy-in for the Zone. .

2) Focused Staff Recruitment and Training: We will engage the Welcome Back Center of Suburban Maryland whose mission is assist internationally trained health professionals to re-enter the health workforce. The Center will play a key role in enhancing the cultural and linguistic competency of the newly recruited Zone providers. The Center provides these professionals with the following services:

- ☞ Guidance and support, including individualized case management.
- ☞ Academic training, including English as a Second Language instruction and board exam preparation.
- ☞ On-the-job practical exposure to the U.S. healthcare system and mentoring at Maryland hospitals and other healthcare facilities.
- ☞ Pre-employment services for health-related jobs, career development support, and job readiness training.
- ☞ Leadership development for culturally competent transformative leaders.

We will select front-line staff – CHWs, receptionists, etc. -based on the recommendations of our community-based partners and the CAB. We are seeking persons who are already known in and respected by the target population. In this way we can maximize the likelihood of a positive response to our efforts.

3) Tailored interventions- The target population is diverse. Therefore, while the strategies remain the same, the actual implementation process may differ depending on the particular subgroup of the population that we are addressing. For example, we are developing several nutrition classes so that we can address the different cultures that reside in the community and not adopt a cookie cutter approach. A similar intent guides the services that the MNCPPC will offer. In addition the intensity of our focus on various sub-groups will be guided by the health statistics on disparities presented earlier in this narrative. For example, the data show that Hispanics have a particularly difficult time accessing health care. Therefore more resources in terms of outreach and follow-up hours will be devoted to this population to ensure that we have the desired impact. Conversely the problem of obesity/ overweight particularly affects blacks so we will heighten the focus of our Active Living and Healthy Eating interventions on this group.

4) Disaggregated Data- Our evaluation will disaggregate the outcomes by racial/ethnic group and zip code so that we can pinpoint with precision where we are having the desired results; what strategies are working for which population; and where adjustments need to be made.

5) Ongoing Review of PGCHEZ Patient Communication A sub group of the HEZ Coalition and the CAB will review all HEZ communication for patients, their families and the community at large, to ensure that they meet the following Health Resources and Services Administration Standards²⁰ for effective communication:

- **Acknowledge cultural diversity** and deal sensitively with cultural differences that affect the way patients navigate the health care system,
- **Address low health literacy** and bridge knowledge gaps that can prevent patients from adhering to prevention and treatment protocols, and
- **Accommodate low English proficiency** and effectively use tools that don't rely on the written or spoken word.

At a very minimum all PGCHEZ materials destined for patients will be written at the 5th grade level and translated into Spanish and other languages as recommended by the CAB.

6) A focused Health Literacy Intervention: PGCHD has recruited the University of Maryland's School of Public Health- Herschel S. Horowitz Center for Health Literacy to design and implement a project that will boost health literacy across the 20743 community. The Center will employ a community-based, participatory approach to designing and implementing a community level intervention. The Center will engage community residents in a variety of interventions, including but not limited to the following:

²⁰ HRSA Effective Communication Tools for Healthcare Professionals <http://www.hrsa.gov/healthliteracy/>

- ☞ Empowering health consumers by creating tactics for them to use when they communicate with health care practitioners (messages to community can use strategies from best practices in health communication, such as “ask me 3” approach)
- ☞ Supporting empowered health care interactions by piloting text message campaign and media promotion as part of the PGCCTG public education campaign.
- ☞ Harnessing the power of community-based activities, such as farmer’s markets, health fairs, and PTA meetings to share campaign messages

12. Applicant Organization and Key Personnel PGCHD has proven experience to implement and lead the proposed HEZ. Since 2011, PGCHD has facilitated the Prince George's Healthcare Action Coalition (PGHAC) which serves as a community health network and forum for collaboration to advance the state of health care in Prince George's County. Over 40 community-based organizations, elected officials, healthcare providers and county agencies are represented in the membership. PGHAC’s focus is to improve the health outcomes of county residents and navigate the Maryland State Health Improvement Process (SHIP) as well as the federal Healthy People 2020 goals. The Coalition is organized into five workgroups and the Chronic Disease and Access to Care Workgroups will be actively involved in the implementation of the proposed Zone activities.

PGHAC was instrumental in aiding PGCHD to submit its successful CTG proposal to CDC. Together, PGCHD and PGHAC have also collaborated to secure almost quarter of a million dollars in State funding to support expanding access to care and primary prevention and advance policies in support of food and menu labeling. The Coalition is also implementing a pilot project in chronic disease coordination for health disparities populations. The PGHAC Access to Care Workgroup recently completed a countywide gap analysis of the provider and healthcare consumers’ informational needs and used the findings to create an on-line guide to facilitate care coordination and referral. The Access to Care Workgroup is currently conducting stakeholder meeting with providers, patients and patient advocates to elicit ideas on strategies to improve access to primary care in the County. Because of the planned synergy between PGHAC and PGCCTG, we will be poised to utilize any relevant findings from these PGHAC activities to inform PGCCTG operations. The PGHAC HIV/Media Workgroup has just launched a social marketing campaign around HIV testing and screening and the Workgroup has agreed to share the best practices and lessons learned from this experience with the staff, consultants and partners who will implement the PGCCTG public education campaign.

For decades PGCHD has successfully managed a wide range of community based, multi-year programs. Since 2005 PGCHD has run the Family Diabetes Program. A team of experts from the PGCHD- nurses, diabetes educators, and nutritionists provide free diabetes education and case management to prevent the onset of diabetes and reduce the likelihood of complications among those already with diabetes. The Program provides culturally competent healthy lifestyle education and refers residents at risk for or with diabetes to medical care, nutritional support and social services. In addition the Program’s case management services assist persons newly diagnosed with diabetes and their families. From 2007 to 2008 PGCHD held a Safety Net Provider Grant from Kaiser Permanente of the Mid-Atlantic States. This grant supported activities designed to increase access to preventive and primary care in Suitland (20746) one of the PGCTG target communities. PGCHD conducted a multi-media outreach campaign involving television, radio, and print ads and full-length cable television special on health disparities, to inform Suitland residents about available services. The PGCHD also engaged the Greater Baden Medical Services, a local Federally Qualified Health Center (FQHC), to provide basic primary

care at a satellite clinic that was opened in Suitland. Services provided included- sick and well child care; family medicine; health screening and risk assessments for chronic disease; maternal and child health; family planning; and immunizations. Community health workers linked uninsured residents to care and assisted others to access diabetes education, food resource programs and support groups for a variety of conditions. As a result of this program, 750 Suitland residents were linked to care and able to access health services. We are currently in the early phases of our multiyear CDC community transformation grant and we are also implementing with DHMH funding a Million Hearts project.

Ernest Carter, M.D.Ph.D., a Deputy Health Officer for Prince George’s County, is proposed as the PGCHEZ Director. Dr Carter is a physician and medical informaticist with extensive experience in designing health information technology interventions for racially diverse, underserved and low literacy populations. Dr Carter currently manages the Adult and Geriatric, the Maternal and Child Health, the Epidemiology, and the Special Programs Divisions, respectively for PGCHD. Dr. Carter will contribute his time to PGCHEZ at no cost to the project. He will assume agency responsibility for the project and be responsible for management and budget review and oversight and ensuring that all PGCHD resources can be tapped as needed in support of Zone operations. Dr. Carter will ensure that the Zone operations are implemented according to the highest technical quality, on time and within budget. He will hold biweekly meetings with the Project Manager and the project team to discuss tasks and issues and assure consistent support is made available. Dr. Carter will also ensure that all project staff and consultants attend CHRC convened webinars, meetings, and trainings and that those working with patient data are HIPAA certified.

Janine Jackson, MBA, MS will serve as the Program Manager. Ms Jackson is an experienced senior financial manager, Center associate director, and program director with over 22 years of business and financial management, accounting, management, and cross-functional team leadership in private and nonprofit organizations. Her areas of expertise include project management and administration of U.S. government, foundation, and private-funded grants and contracts; financial management and accounting, reporting, and compliance; budget preparation tracking, and cost allocation; proposal development; and ongoing operations management and human resources, and departmental strategic planning. As Program Manager, Ms Jackson will oversee day-to-day operation of the Zone; assure overall grant compliance and the authorization, tracking, and reporting of all expenditures; supervision of project personnel; and oversight of technical plans and procedures to achieve the grant’s interventions. Ms. Jackson will also serve as the key point of contact for CHRC and handle all written and oral communication with the agency.

Geneva Pearson, RN will serve as the Patient Care Coordinator. Ms PearsOn is a nurse manager with over 40 years of nursing practice and over 25 years of nurse management. She currently is the manager of the CHWs in the PGCHD Million Hearts project. In this capacity, Ms. Pearson will supervise the CHWs.

Tiffany M. Pertillar, MSW, MPH is proposed as the Partner Services Coordinator. Ms. Pertillar has 5 years experience in healthy community initiatives, project management and liaison activities with HRSA community programs.

Ms. Pertillar will organize and manage all of the PGCHEZ partners. She will work with the PCMHs to inform them of partner services, identify gaps in services and assure that coordination care services that are needed by the patient centered medical home are made available.

Laurine Thomas, PhD has been retained as the PGCHEZ External Evaluator. Dr. Thomas has over two decades experience conducting community-based health services evaluations. She will be responsible for monitoring and evaluating PGCHEZ processes, outcomes and impacts. The resumes for all of these staff are included in Appendix B.

13. Coalition Organizations and Governance PGCHEZ represents a broad cross-section of community residents, providers, public health practitioners, local government officials and patient advocates. Appendix C lists Coalition members and the type of organization they represent. Membership is drawn from the PGHAC, previously described and charged with implementing the County’s LHIP; and from several local coalitions and civic associations. These include:

- the Healthy Heights Coalition, consisting of representatives from the Department of Parks and Recreation, PGCHD, University of Maryland-Extension, the County Council, University of Maryland-School of Public Health, MNCPPC Planning Department and Capitol Heights residents.
- The Healthy Heights Initiative focuses on improving the health of the Capitol Heights residents through: (1) increased access to fresh fruits and vegetables, (2) increased physical activity in after-school programs, and (3) decreased dependence on prescription medications, for blood pressure, cholesterol, etc. The Coalition has created a community action plan and is organized in workgroups that implement various areas of the plan.

Since 1999, the University of Maryland has partnered with the city of Seat Pleasant in Prince George’s County to form the Seat Pleasant-University of Maryland Health Partnership (SP-UMD Partnership). PGHCD has chaired the Community Advisory Committee for the SP-UMD Partnership. The SP-UMD Partnership has conducted a door-to-door community needs assessment, ethnographic studies, and health education workshops. In 2009, the SP-UMD Partnership was significantly enhanced through the formation of the University of Maryland School of Public Health Prevention Research Center (UMD-PRC) funded by the Centers for Disease Control and Prevention (CDC). PGHCD is represented on the Board of UMD-PRC and has steered the Center’s efforts to widen the focus of SP-UMD to neighboring underserved, predominantly minority communities in the 20743 zip code. This broadened UMD-PRC coalition includes various state and county governments, the U.S. Uniformed Public Health Service Corps, community organizations, foundations, university faculty and students, and other resources obtained through new partnerships and grant-making capabilities.

PGHD is also a member of the County’s Health Disparities Coalition which is run by the Maryland Center at Bowie State University. The Health Disparities Coalition brings together all organizations working in the area of health disparities in the County in addition to representatives from state and federal organizations such as the Maryland Department of Health and Mental Hygiene (DHMH) and the Office of Minority Health, to discuss ways to collaborate in redressing health disparities in the County.

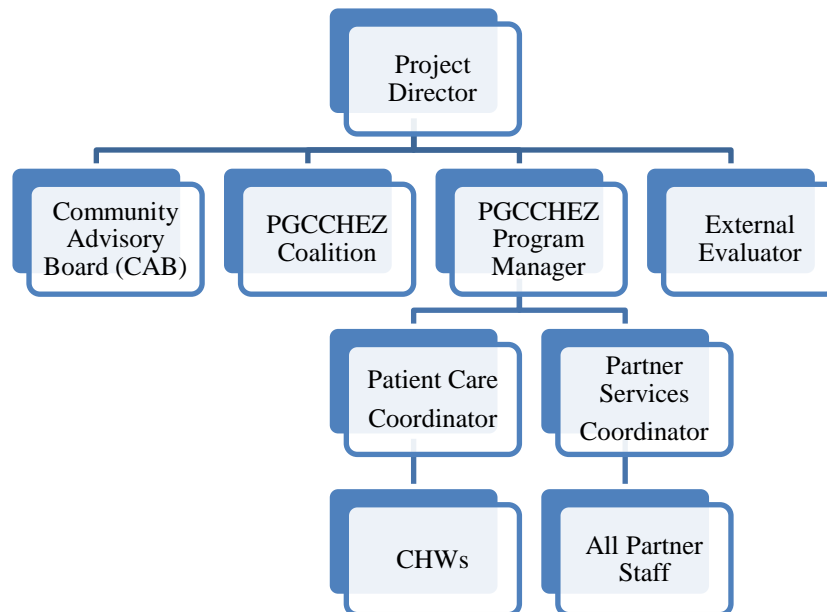
PGCHD has created a streamlined governance structure to maximize the inputs from the wealth of coalition resources that are interested in working in the Zone. As shown in the organizational chart below, the PGCHEZ Coalition, which will include representatives from all of the previously discussed coalitions and groups, will serve in an advisory role and be responsible for:

- ☞ Ensuring that proposed activities align with all Zone stakeholder interests

- ☞ Reconciling differences in opinion and approach, and resolve disputes arising from them
- ☞ Helping to maintain the Zone’s focus as emergent issues force changes to be considered
- ☞ Providing expert recommendations and guidance on Zone operations
- ☞ Advising on the Zone’s evaluation and risk management

The Coalition will be divided into 4 workgroups – Provider Relations; Community Relations; Monitoring and Evaluation; and Sustainability. The Internal Evaluator will work with each workgroup to develop a workplan that will be used to guide and monitor its activities. At least two CAB members will be represented on the PGCHEZ Coalition. The CAB itself is primarily responsible for eliciting and presenting the needs, views and concerns of patients and the community at large to the Zone’s Coalition and implementing staff. The Project Director, will co-chair the PGCHEZ Coalition. The other co-chair position will be held by the CAB chair. The Coalition and the CAB will meet monthly in Year 1 and once the key activities are underway bimonthly thereafter. Coalition workgroups will meet as needed to complete their tasks.

Figure 6: PGCHEZ Governance Structure



14. Work-plan.

See Appendix D

15. Evaluation Plan

PGCHD has retained an independent evaluator to conduct process and outcomes evaluation of PGCHEZ; to develop standard electronic progress report formats that all PGCHEZ sub-contractors and partners will use to submit monthly, quarterly and year-end progress reports; to assist in the compilation of the CHRC –mandated Milestone & Deliverable and Narrative Reports, respectively; to provide regular evaluation results briefings to the Coalition and the CAB; and to create reader-friendly, linguistically appropriate evaluation reports for consumption by the 20743 community-at-large. The Evaluator will also work closely with the External Evaluator selected by the CHRC. Internal Evaluation reports at the frequency specified by CHRC.

The *Process Evaluation* will document the implementation of all PGCHEZ activities to assess if they were implemented as planned; the degree to which the different activities worked synergistically to enhance the overall health and wellbeing of PGC residents; and the contextual and implementation factors that serve as barriers or facilitators to Zone operations. To set the foundation for the Process Evaluation, the Evaluator will create a Zone-wide work plan that will be linked to the individual work plans of subcontractors and partners. These plans will be monitored monthly and the findings included in the project’s Monthly Process Evaluation reports. Each sub-contractor/ Partner will use the standard progress report format to submit monthly electronic updates on each work plan goals. The Process Evaluation will track the number of primary care and specialty care providers that are recruited to the zone; the number of partner organizations that provide supportive clinical and ancillary services to the Zone’s residents; the number of 20743 residents served; the value of leveraged contributions to the Zone; and patient satisfaction with Zone services.

The Evaluator will collect process data via: focus groups with PGCHEZ providers, staff, patients and their families; key informant interviews with local/state officials who are in a position to influence PGCHEZ implementation and outcomes; observational studies of PGCHEZ operations; and document review of partner progress reports and meeting minutes, activity records and log sheets maintained by the PGCHD as the Coordinating Organization. In order to identify any operational problems proactively, the Evaluator will survey individual Coalition and CAB members, PCMH providers, representatives of other Zone partners, and PGCHD staff and patients on a quarterly basis relative to their satisfaction with the project.

The Evaluator will provide the Project Director with monthly summaries of the process findings that could be used to inform mid-course adjustments to the project. For example patient satisfaction data could be used to inform refinements to the CHW services. Process data will be also used to interpret and elaborate on the quantitative data that are collected for the outcome evaluation.

Outcomes Evaluation: As stated earlier in this narrative, currently there are no data on health outcomes disaggregated by race and ethnicity for zip code 20743. Therefore, upon notice of award, the Project Director and the Evaluator will meet with DHMH data analysts to explore options for establishing baseline measures. The metrics we propose to measure at baseline and annually thereafter are presented in Table 4 below. All of the data, except the cost data, will be made available to the Evaluator via the PHIN.

Table 4: PGCHEZ Outcome Data Metrics, Data Sources and Milestones

Outcome	Metric	Data Sources	Milestone
Improved perinatal outcomes	% of pregnant women receiving prenatal care in the first trimester	PGCHD MCH data for baseline EHR data available via the PHIN	10% increase annually over baseline
	Low birth weight rate	PGCHD MCH data for baseline EHR data available via the PHIN	6% decrease annually over baseline from 11.8 to 9.2 by December 31, 2016
Reduced preventable hospitalizations and emergency department (ED) visits	hospital inpatient discharge rates for Cardiac/ Circulatory Disease	Maryland Health Care Cost Review Commission (HSCRC)	5% decrease annually from baseline of 126 per 10,000 to 103 per 10,000 by December 31, 2016

	hospital inpatient discharge rates for Respiratory Disease from	Maryland Health Care Cost Review Commission (HSCRC)	5% decrease annually from baseline of 79 per 10,000 to 65 per 10,000 by December 31, 2016
	hospital inpatient discharge rates for Diabetes Mellitus	Maryland Health Care Cost Review Commission (HSCRC)	5% decrease annually from baseline of 38 from per 10,000 to 31 per 10,000 by December 31, 2016
	hospital inpatient discharge rates for Cerebrovascular Disease	Maryland Health Care Cost Review Commission (HSCRC)	5% decrease annually from Baseline 29 per 10000 to 24 per 10000 by December 31, 2016
Reduced preventable hospitalizations and ED visits	ED visit rate for Asthma patients 17 and under from	DHMH ESSENCE data	10% decrease annually from baseline of .90 per 100 visits to .59 per 100
	ED visit rate for diabetes patients aged 20 and over, from 2.1 per 100 visits to 1.7 or by 5% annually	DHMH ESSENCE data	5% decrease annually from baseline of 2.1 per 100 visits to 1.7 per 100
Reduced unnecessary costs in health care	ED costs	Prince George's County Hospital Center cost data Doctors' Hospital cost data	10% decrease annually over baseline
	Hospital readmission costs	Prince George's County Hospital Center cost data Doctors' Hospital cost data	10% decrease annually over baseline

Data Analysis: Qualitative data- After compiling qualitative data from the various sources, the Evaluator will conduct a preliminary content analysis to identify and record first impressions and highlights. The second stage of content analysis will center on identifying common categories and overarching themes that emerge as patterns in the data. Patterns will be reported along with supportive quotes. The third stage will involve integrating qualitative data with quantitative findings from surveys and or document review. Quantitative outcome data will be analyzed by comparing baseline and follow-up measures on the outcome indicators assessing the significance of the observed differences using t-tests.

16. Sustainability Plan. PGCHEZ was designed to be sustainable. Therefore, our FQHC partners will be the first to establish PCMHs in the Zone because they already have a model for increased reimbursement for Medicaid patients and are thus have a greater chance for financial viability while serving a medically underserved community. The two private providers will not establish their PCMHs until 2014 when the Health Benefit Exchanges mandated by the Affordable Care Act go into effect and persons who are not eligible for Medicare or Medicaid will be able to purchase insurance. The private providers will receive additional support to cover the costs of delivering services to the uninsured and uninsurable from payors such as United Health Care, two of the Zone's partners. PGCHD's long term sustainability as the Zone coordinator is assured because care coordination services are reimbursable when linked to a PCMH. Thus the Patient Care Coordinator, the Partner Services Coordinator and the CHWs, all PGCHD staff, will be covered. The Program Manager's role will diminish over time and be phased out once the Zone is fully operational.

Appendix D: Workplan for PGCHEZ (Note plan includes PGCCTG activities that support PGCHEZ operations)

Organization Name: Prince George's County Health Department					
HEZ Project Name: Prince George's County Health Enterprise Zone (PGCHEZ)					
Grant Program Name: Prince George's County Health Enterprise Zone (PGCHEZ)					
Goal 1: Increase accessibility and availability of primary care services in 20743					
Measure of Success: Primary care physician to patient ratio decreases from >3500:1 to 3500:1 by December 2016 Nurse practitioner to patient ratio increases from 2.6 per 100000 to 15.5 per 100000 by December 2016 Dentist to patient ratio increases from 18.1 per 100,000 to 23.3 per 100,000 by December 2016 10000 residents of 20743 receive care from a PCMH					
Objectives	Action Steps	Expected Outcome	Data & Evaluation Measures	Organization/ Person Responsible	Timeframe
<i>Objective 1: Establish 2 PCMH hubs and 2 satellite practices in Year 1</i>	Finalize location of 2 PCMH hub and 2 satellite practices	Stakeholder consensus on location of PCMH hubs and sites	Sites identified	Project Director PGCHEZ Coalition & CAB GBMS FQHC Mary's Center FQHC	Jan 2013
	Secure the sites	Lease or purchase agreements completed for 4 properties	Lease agreement or title to 4 properties	GBMS FQHC Mary's Center FQHC	Jan 2013
	Secure any additional funds needed for operations	Funding to cover build-out costs and services for uninsured/ uninsurable received from CareFirst and United Medical	Funding commitment letters received Funds transferred to relevant partner accounts	Project Director Care First United Medical GBMS FQHC Mary's Center FQHC	Jan-Feb 2013
	Site build out	2 PCMH hubs and 2 satellites established	4 sites are fully operational and ready to deliver services	GBMS FQHC Mary's Center FQHC	March-August 2013
	Providers recruited	5 PCPs, 2 NPs, 1 dentist recruited	Signed hiring contracts	GBMS FQHC Mary's Center FQHC	May-August 2013
	New PCMHs open for service First incentive payments made to providers	4000 Patients in 20743 begin seeking care at new PCMH	# of patient visits	GBMS FQHC Mary's Center FQHC Program Manager	September 2013 onwards
	<i>Objective 2: Establish 2 PCMH hubs and 2 satellite practices in</i>	Finalize location of 2 PCMH hub and 2 satellite practices	Stakeholder consensus on location of PCMH hubs and sites	Sites identified	Project Director PGCHEZ Coalition & CAB

<i>Year 2</i>				Global Vision Gerald Family Practice	
	Secure the sites for the Year 2 PCMHs	Lease or purchase agreements completed for 4 properties	Lease agreement or title to 4 properties	Global Vision Gerald Family Practice	July 2013
	Secure any additional funds needed for operations	Funding to cover build-out costs and services for uninsured/ uninsurable received from CareFirst and United Medical	Funding commitment letters received Funds transferred to relevant partner accounts	Project Director Care First United Medical Global Vision Gerald Family Practice	July 2013 –Aug 2013
	Site build out	2 PCMH hubs and 2 satellites established	4 sites are fully operational and ready to deliver services	Global Vision Gerald Family Practice	Sept 2013-Feb 2014
	Providers recruited	5 PCPs, 2 NPs, 1 dentist recruited	Signed hiring contracts	Global Vision Gerald Family Practice	Dec 2013-Feb 2014
	New PCMHs open for service First incentive payments made to providers	4000 Patients in 20743 begin seeking care at new PCMH	# of patient visits	Global Vision Gerald Family Practice Program Manager	March 2014 onwards
<i>Objective 3: Establish 1 PCMH hub and 1 satellite practice in Year 3</i>	Finalize agreement with City of Seat Pleasant Health & Wellness	City of Seat Pleasant and PGCHD reach agreement	Signed agreement with City of Seat Pleasant to establish PCMH	Project Director PGCHEZ Coalition & CAB City of Seat Pleasant Health & Wellness Center	April 2014
	Site build out	1 PCMH hub and 1 satellites established	2 sites are fully operational and ready to deliver services	City of Seat Pleasant Health & Wellness Center	May 2014-Dec 2014
	Providers recruited	1 PCP and 1 NP	Signed hiring contracts	City of Seat Pleasant Health & Wellness Center	Oct 2014-Dec 2014
	New PCMH & satellite open for service First incentive payments made to providers	2000 Patients in 20743 begin seeking care at new PCMH	# of patient visits	City of Seat Pleasant Health & Wellness Center Program Manager	Jan 2015 onwards

Goal 2: Improve Health Outcomes for the residents of zip code 20743					
Measures of Success: LBW rate in zip code 20743 decreases by 6% annually through December 31, 2016					
5000 residents live and/or work in smoke-free environments by December 31, 2016					
Objective		Expected Outcome	Data & Evaluation Measures	Organization/ Person Responsible	Timeframe
<i>Objective 1: Ensuring all pregnant girls and women receive timely and adequate prenatal care</i>	Establish Teen Pregnancy Services in 1 PCMH and school-based health facility	Culturally competent pregnancy services are made available	Signed contracts with PCMH providers	Children's Medical Fairmont High School	May 2013 –Aug 2013
	Conduct Outreach to pregnant teens	Increased awareness among teens of importance of seeking prenatal care early and consistently	# of pregnant teens linked to care	CHWs Fairmont High School	Sept 2013-Feb 2014
	Establish Adult Women reproductive health and pregnancy Services in PCMH	Culturally competent reproductive health and pregnancy services made available to adult women	Signed contracts with PCMH providers	PGCHD Maternal & Child Health Division	Dec 2013-Feb 2014
	Conduct targeted outreach to women of childbearing age	Increased awareness among women of the importance of pre-conceptual, prenatal and postpartum care	# of women receiving pre-conceptual care # and % of pregnant women receiving prenatal care in 1 st trimester	CHWs	March 2014 onwards
<i>Objective 2a: Increase number and proportion of persons living in smoke-free multi-unit housing in zip code 20743</i>	Create a list of all multi unit housing in the target area and conduct baseline multi unit housing survey to assess smoke-free policies	Location of all multi-unit housing in zip code 20743 mapped	List on file by target date	PGCCTG	Jan 2013
<i>Objective 2b: Increase workplaces, senior centers, recreation centers and other public meeting areas in zip code 20743 that are</i>	Design multi-lingual (English/Spanish) package education/awareness and technical assistance (TA) packages to	Culturally competent health education and health services information is made available to the community in multiple	Packages prepared by target date	PGCCTG	Jan 2013

<i>designated smoke-free</i>	educate property managers, landlords and tenants, and managers of workplaces, senior centers, recreation centers and other public meeting areas about smoke free living	languages			
	Organize and conduct community forums with tenant associations representatives, tenants, employers, employees, and housing counselors to assess knowledge, attitudes, behaviors and practices relative to second hand smoke	Diverse community residents provide input on proposed voluntary smoke-free policies	Outreach logs	PGCCTG Partner Relations Coordinator	Feb 2013
	Conduct outreach to the landlords of all multi unit housing and all workplace and facility managers to explain the benefits of a smoke-free housing policy	Persons managing the workplace or housing of 5000 Capitol Heights residents are informed about the benefits of smoke-free living	Technical assistance logs	PGCCTG	March 2013
	Provide ongoing technical assistance to landlords/ property and workplace managers on formulating and implementing a smoke-free policy		Survey data Forum data Public education campaign exposure rate data	PGCCTG	March 2013-Dec 2016
	Conduct a follow-up forums to gauge changes in residents' knowledge, attitudes, behaviors and practices relative to second-hand smoke		Evaluation Plan	PGCCTG Evaluator	Oct 2013; Oct 2014; Oct 2015; and Oct 2016
	Monitor implementation		Evaluation Plan	PGCCTG Evaluator	March 2013- Dec 2016

	and enforcement of smoke-free multi-unit housing policy including any differential enforcement				
Goal 3: Increase the number of community health workers (CHWs) delivering services					
Measure of Success: Number of CHWs increases from 0 to 7 by December 31, 2016					
Objective	Action Steps	Expected Outcome	Data & Evaluation Measures	Organization/ Person Responsible	Timeframe
<i>Cadre of 7 CHWs hired to support various primary care and public health interventions</i>	Hire and train 2 CHWs to work in PCMH; 1 to support HCM; and 1 to support IMPACT Asthma	4 CHWs hired and trained	Hiring contracts in place	Patient Care Coordinator PGCCTG CHW Institute	July 2013-Aug 2013
	CHWs deliver services	20743 Residents and FQHC PCMH patients receive CHW services	# of patients served Patient satisfaction ratings Referral agency satisfaction ratings	Evaluator Patient Care Coordinator	Sept 2013
	Hire and train 2 CHW to work in PCMH	2 CHWs hired and trained	Hiring contracts in place	Patient Care Coordinator PGCCTG CHW Institute	Jan 2014- Feb 2014
	CHWs begin delivering services	20743 Residents and Gerald Family & Global Vision PCMH patients receive CHW services	# of patients served Patient satisfaction ratings Referral agency satisfaction ratings	Evaluator Patient Care Coordinator	March 2014
	Hire and train 1 CHW to work in PCMH	1 CHW hired and trained	Hiring contracts in place	Patient Care Coordinator/ PGCCTG CHW Institute	Nov 2014- Dec 2014
	CHW begin deliver service	Residents and Seat Pleasant PCMH patients receive CHW services	# of patients served	Patient Care Coordinator	Jan 2015
Goal 4: Increase community resources for health					
Measure of Success: Public Health Information Network (PHIN) linking all Zone PCPs, Partners, and Patients is fully operational September 2013 Mobile and Fixed School Health services are established in 2 sites by March 2016 5000 Capitol Heights residents involved in community or backyard gardening and/or community supported agriculture by					

December 2016					
Objective	Action Steps	Expected Outcome	Data & Evaluation Measures	Organization/ Person Responsible	Timeframe
<i>Objective 1: Establish PHIN serving all Zone PMCH and satellite practices, Zone Partners and state and local HIE by September 2013</i>	Identify all the EHR systems used in the Zone and establish interface to allow information exchange	Providers and PGCHD agree on interface	Interface software and hardware purchased and installed	Zane Networks PGCHD OITC	Jan 2013- Mar 2013_ Year 1 PCMH Oct 2013-Jan 2014 – Year 2 PCMH Sept 2014- Nov 2014 – Year 3 PCMH
	Establish sufficient network connectivity	Providers have network connectivity in place		Zane Networks PGCHD OITC	April 2013- June 2013
	Establish disease condition registries	Stakeholder consensus on diseases to be tracked	# of Disease Registries established	Zane Networks PGCHD OITC PGCHD	July 2013
	Launch PHIN	2 Zone PCMH and 2 satellites linked to other Zone partners		Zane Networks	Sept 2013
	Train PCMH staff & CHWs on coordination care software that is part of the network	All Zone provider and partner staff will know how to use PHIN	PHIN Utilization data User satisfaction data	Zane Networks PGCHD OITC	August 2013 – Year 1 PCMH & CHWs Feb 2014 – Year 2 PCMH & CHWs Dec 2014 – Year 3 PCMH & CHWs
Objective 2: Expand school-based health services					
<i>Objective 2: Expand school-based health services</i>	Meet with leaders, Parent Teacher Associations, Coalition, CAB, Health Literacy & Cultural Competency Experts to discuss proposed Mobile Health Program	Stakeholder consensus on nature, scope and location of expanded services	Agreement with schools that will serve as fixed site/ host mobile services	Children’s National Medical Partner Relations Coordinator Capitol Heights Schools	April 2015- May 2015
	Set and publicize schedule of services			Partner Relations Coordinator	July 2015 onwards
	Deliver services			Children’s National Medical Team	September 2015
Objective 3: Increase access to healthy food					
<i>Objective 3: Increase access to healthy food</i>	Convene community forums to explore	Stakeholder input shapes number and	Meeting records	PGCCTG	January 2013

	interest in community gardens, backyard gardens and CSA	location of gardens			
	Convene representatives from Department of Housing & Community Development, Maryland National Capital Parks and Planning Commission (MNCPPC), Cooperative Extension, ECO City Farms property management companies, tenants' associations, and PGCPs to identify appropriate space to expand existing and create new school and community gardens and CSA vendors	Accessible, safe locations are identified for community gardening.	Meeting records	PGCCTG	January 2013
	Formalize agreements with the Prince Georges County Public Schools and Department of Corrections respectively to have working on community gardens count towards community service requirements for high school graduation and parole and probation requirements	Youth have the opportunity to earn community service credit through gardening.	Signed agreements on file	PGCCTG	January 2013
	Launch gardens and provide technical assistance to community gardeners	Locally grown food becomes more accessible to residents.	# of gardens planted	PGCCTG	March 2013 onwards
	Launch CSA service	Fresh affordable	# of deliveries made	PGCCTG	March 2013 onwards

		produce becomes more accessible to residents	# of families subscribing to CSA		
Goal 5: Reduce preventable hospitalizations and emergency department (ED) visits					
Measure of Success: By December 31, 2016 Hospital inpatient discharge rates decrease for the following conditions: <ul style="list-style-type: none"> ☞ Cardiac/ Circulatory from 126 per 10,000 at baseline to 103 per 10,000 ☞ Respiratory Disease from 79 per 10,000 at baseline to 65 per 10,000 ☞ Diabetes Mellitus 38 from per 10,000 at baseline to 31 per 10,000 ☞ Cerebrovascular Disease from 29 per 10000 at baseline to 24 per 10,000 By December 31, 2016 ED visit rate decrease for the following conditions: <ul style="list-style-type: none"> ☞ Asthma patients 17 and under from .90 per 100 visits to .59 per 100 ☞ Diabetes patients aged 20 and over from 2.1 per 100 visits to 1.7 per 100 					
Objective	Action Steps	Expected Outcome	Data & Evaluation Measures	Organization/ Person Responsible	Timeframe
<i>Objective 1: Create Patient Wellness Plans</i>	Create comprehensive Wellness Plan	Standardized prevention service template becomes available to Zone providers.	Plan is integrated into the Zone providers' EHRs	PGCCTG Partner Relations Coordinator Children's Hospital	Dec 2012-January 2013
	Ensure that culturally competent Wellness Plan components – community gardening ; Prescription REC; behavioral health; stress management etc. are available to community	Culturally competent primary prevention services are available to the community.	Signed partnership agreements on file Schedule of available activities on file	Partner Relations Coordinator MNCPPC PGCPS	Dec 2012-September 2013
	Pilot template with a sample of healthcare providers	Provider buy-in for the template is secured.	Template is revised in response to provider feedback	PGCCTG	February 2013-March 2013
	Design and install 1 computerized health kiosks providing online access to wellness plans via the HIT network	A centrally located kiosk facilitates PHR access for residents who lack Internet access at work or at home.	Kiosk is installed and operational.	PGCCTG Partner Relations Coordinator	April 2013-May 2013
	Conduct TA sessions with PCMH providers, CHWs & Hospital Partner staff to train them on Wellness Plan	Providers equipped to use Wellness Plan	# of providers requesting TA # providers in attendance at TA sessions	PGCTG Partner Relations Coordinator	June –August 2013
<i>Objective 2: Track Patient Compliance</i>	CHWs monitor patients' compliance with	Patients supported to adopt preventive	# of patients with Wellness Plans	CHWs Patient Care	September 2013 onwards

<i>with Plans</i>	Wellness Plans	behavior and practice self-management.		Coordinator	
	Track health care utilization outcomes	Data indicate whether Wellness Plans are effective.	Hospital Inpatient Discharge rates by condition, race/ethnicity ED visit rates	Evaluator	September 2013 onwards
Goal 6: Reduce unnecessary healthcare costs in 20743					
Measure of Success: Costs associated with ED visits by patients in 20743 are reduced by 10% annually					
<i>Objective 1: Reduce hospital readmissions</i>	Meet with hospital providers to establish referral & care coordination protocols; and source and format of readmission rate and cost data	Stakeholder consensus on how to capture and analyze cost data.	Protocols and procedures on file.	Partner Services Coordinator Evaluator HealthCare Connect Prince George's Hospital Center Doctors' Hospital	July 2013-Aug 2013
	Hospital refer patients to HCM team	HCM team assists patient to comply with discharge plan	# of patients readmitted within 30 days for index condition	Prince George's Hospital Center Doctors Hospital HCM Team Patient Care Coordinator	September 2013 onwards
	Hospitals provide readmission and cost data	Data indicate whether HCM services are effective	Cost per readmission	Prince George's Hospital Center Doctors Hospital Evaluator	September 2013 onwards

APPENDIX ITEM F - Global Budget Form

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Health Enterprise Zones - Global Budget Form Template (Blank)

Coordinating Organization Name: Prince George's County Health Department

HEZ Project Name: Prince George's County Health Enterprise Zone

Directions: All applicants must complete the Global Budget Template which provides the annual and total budget request by program benefit and incentive requested. Applicants should choose from the listed benefits and incentives (items 1-8). Applicants are **not** required to request funding in each benefit or incentives area. Applicants requesting CHRC Grant Funding for health programs are required to list each partnering organization and grant request amount under item 8. CHRC Grant Funding and complete the Program Budget Form for each organization. Add or remove lines for CHRC Grant Funding as needed.

Budget Request for Benefits and Incentives <small>Applicants should choose from the listed benefits and incentives (items 1-8) and do not need to request funding from each benefit</small>	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total HEZ Request
1. State Tax Credits	\$28,290	\$56,580	\$84,870	\$84,870	\$254,610
2. Hiring Tax Credits	\$50,000	\$50,000	\$40,000	\$0	\$140,000
3. Loan Repayment Assistance	\$160,000	\$160,000	\$80,000	\$80,000	\$480,000
4. Participation in the Patient Centered Medical Home Program	\$1,000	\$1,000	\$500	\$0	\$2,500
5. Electronic Health Records	\$15,000	\$15,000	\$15,000	\$0	\$45,000
6. Capital or Leasehold Improvements	\$300,000	\$300,000	\$150,000	\$0	\$750,000
7. Medical or Dental Equipment	\$50,000	\$50,000	\$25,000	\$0	\$125,000
8. CHRC Grant Funding*					\$0
8a. Prince George's County Health Department	\$707,373	\$647,850	\$654,912	\$600,964	\$2,611,100
8b. CNMC - Impact	\$147,518	\$149,605	\$155,033	\$159,378	\$611,534
8c. CNMC - Generations	\$127,092	\$127,533	\$131,115	\$134,804	\$520,544
8d. CNMC - Mobile	\$0	\$0	\$192,500	\$192,500	\$385,000
8e. UMSPH - Literacy	\$75,213	\$120,456	\$97,108	\$0	\$292,777
8f. Sister Circles	\$54,116	\$63,502	\$65,077	\$66,699	\$249,394
Subtotal for Benefits and Incentives	\$1,715,602	\$1,741,526	\$1,691,115	\$1,319,215	\$6,467,459
9. Data Collection and Evaluation**	\$171,560	\$174,153	\$169,112	\$131,922	\$646,746
10. Indirect Costs***	\$0	\$0	\$0	\$0	\$0
Totals	\$1,887,162	\$1,915,679	\$1,860,227	\$1,451,137	\$7,114,205

*Applicants requesting CHRC Grant Funding must also complete Program Budget Form

** Data collection and evaluation should be between 5-10% of the subtotal for benefits and incentives.

*** Indirect Costs may be no more than 10% of the subtotal for benefits and incentives.

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Health Enterprise Zones - Program Budget Template (Blank)

Organization Name: Prince George's County Health Department

HEZ Project Name: Prince George's County Health Enterprise Zone

Grant Program Name: PGCHEZ Care Coordination

Directions: HEZ application that include requests for CHRC Grant Funds (Line item 8 in the Global Budget Form) for health programs must complete this budget form for **each** organization requesting funds. Use the line-items below to provide the annual budget (Years 1 - 3) and the total organization's program budget request for the three-year program duration. Attached to this Program Grant Budget Template, submit a concise budget justification. In the budget justification, detail what is included in each line-item and describe how each item will support the achievement of program's goals and objectives.

Budget Request for CHRC Grant Funding <i>Add or remove lines as needed.</i>	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total Organization Request
Personnel Salary					
1a. 20% FTE - Earnest L. Carter, MD, PhD, Project Director	\$0	\$0	\$0	\$0	\$0
1b. 80% to 40% FTE - Janine Jackson, MBA, MS, Project Manager	\$92,000	\$92,000	\$92,000	\$46,000	\$322,000
1c. 50% FTE - TBD, Administrative Assistant	\$19,000	\$19,000	\$19,000	\$19,000	\$76,000
1d. 50% to 100% FTE - Tiffany M. Pertillar, MSW, MEd, Project Coordinator	\$35,000	\$70,000	\$70,000	\$70,000	\$245,000
1e. 50% FTE - Geneva Pearson, RN, Clinical Coordinator	\$32,500	\$32,500	\$32,500	\$32,500	\$130,000
1f. 30% FTE - Shirma Jack-Brisseau, Nutritionist	\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
1g. 2.5 to 5 - 100% FTEs - TBD, Community Health Worker	\$87,500	\$175,000	\$175,000	\$175,000	\$612,500
1. Personnel Subtotal	\$281,000	\$403,500	\$403,500	\$357,500	\$1,445,500
2. Personnel Fringe (7.65% - Rate)	\$21,497	\$30,868	\$30,868	\$27,349	\$110,581
3. Equipment/Furniture	\$203,800	\$111,300	\$117,900	\$117,000	\$550,000
4. Supplies	\$3,000	\$3,000	\$3,000	\$3,000	\$12,000
5. Travel/Mileage/Parking	\$1,800	\$1,800	\$1,800	\$1,800	\$7,200
6. Staff Trainings/Development	\$0	\$0	\$0	\$0	\$0
7. Contractual	\$125,000	\$50,000	\$50,000	\$50,000	\$275,000
8. Other Expenses	\$25,000	\$5,000	\$5,000	\$5,000	\$40,000
Direct Costs Subtotal (lines 1-8)	\$661,097	\$605,468	\$612,068	\$561,649	\$2,440,281
Indirect Costs (no more than 10% of direct costs)	\$46,277	\$42,383	\$42,845	\$39,315	\$170,820
Totals	\$707,373	\$647,850	\$654,912	\$600,964	\$2,611,100

APPENDIX ITEM H - Program Budget Form

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Health Enterprise Zones - Program Budget Template (Blank)

Organization Name: Childrens National Medical Center

HEZ Project Name: Prince George's County Health Enterprise Zone

Grant Program Name: CNMC - IMPACT Asthma

Directions: HEZ application that include requests for CHRC Grant Funds (Line item 8 in the Global Budget Form) for health programs must complete this budget form for **each** organization requesting funds. Use the line-items below to provide the annual budget (Years 1 - 3) and the total organization's program budget request for the three-year program duration. Attached to this Program Grant Budget Template, submit a concise budget justification. In the budget justification, detail what is included in each line-item and describe how each item will support the achievement of program's goals and objectives.

Budget Request for CHRC Grant Funding <i>Add or remove lines as needed.</i>	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total Organization Request
Personnel Salary					
1a. 50% FTE -TBD, Clinician	\$30,000	\$30,900	\$31,827	\$32,782	\$125,509
1b. 100% FTE - TBD, Site Coordinator	\$20,000	\$20,600	\$21,218	\$21,855	\$83,673
1c. 2 - 100% FTEs - TBD, Health Educators	\$32,000	\$32,960	\$33,949	\$34,967	\$133,876
1d. 100% FTE - TBD, Administrative Assistant	\$11,200	\$11,536	\$11,882	\$12,239	\$46,857
1e. 20% FTE - Caitlin Munoz, MPH, MSW, AE, IMPA	\$5,200	\$5,356	\$5,517	\$5,682	\$21,755
1f. 10% FTE - Molly Savitz, MSN, FNP, AE-C, IMPA	\$4,160	\$4,285	\$4,413	\$4,546	\$17,404
1g. 10% FTE - Deborah Quint, MPH, AE-C, IMPACT	\$0	\$0	\$0	\$0	\$0
1h. 10% FTE - Stephen J. Teach, IMPACT DC Found	\$0	\$0	\$0	\$0	\$0
1. Personnel Subtotal	\$102,560	\$105,637	\$108,806	\$112,070	\$429,073
2. Personnel Fringe (21% - Rate)	\$21,538	\$22,184	\$22,849	\$23,535	\$90,105
3. Equipment/Furniture	\$5,000	\$1,920	\$2,240	\$2,240	\$11,400
4. Supplies	\$4,810	\$5,984	\$6,764	\$6,764	\$24,322
5. Travel/Mileage/Parking					\$0
6. Staff Trainings/Development					\$0
7. Contractual					\$0
8. Other Expenses	\$200	\$280	\$280	\$280	\$1,040
Direct Costs Subtotal (lines 1-8)	\$134,108	\$136,005	\$140,939	\$144,889	\$555,940
Indirect Costs (no more than 10% of direct costs)	\$13,411	\$13,600	\$14,094	\$14,489	\$55,594
Totals	\$147,518	\$149,605	\$155,033	\$159,378	\$611,534

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION
Health Enterprise Zones - Program Budget Template (Blank)

Organization Name: Childrens National Medical Center

HEZ Project Name: Prince George's County Health Enterprise Zone

Grant Program Name: CNMC - GENERATIONS Program

Directions: HEZ application that include requests for CHRC Grant Funds (Line item 8 in the Global Budget Form) for health programs must complete this budget form for each organization requesting funds. Use the line-items below to provide the annual budget (Years 1 - 3) and the total organization's program budget request for the three-year program duration. Attached to this Program Grant Budget Template, submit a concise budget justification. In the budget justification, detail what is included in each line-item and describe how each item will support the achievement of program's goals and objectives.

Budget Request for CHRC Grant Funding <i>Add or remove lines as needed.</i>	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total Organization Request
Personnel Salary					
1a. 100% FTE - TBD, Family Service Coordinator	\$22,479	\$23,154	\$23,848	\$24,564	\$94,045
1b. 100% FTE - TBD, Psychologist	\$25,785	\$26,559	\$27,356	\$28,176	\$107,876
1c. 100% FTE - TBD, Fathers Family Service Coordinator	\$15,868	\$16,344	\$16,834	\$17,339	\$66,385
1d. 40% FTE - TBD, Program Manager	\$10,314	\$10,624	\$10,942	\$11,270	\$43,150
1e. 20% FTE - TBD, Director	\$7,698	\$7,928	\$8,166	\$8,411	\$32,204
1f. 20% FTE - TBD, Director of Research and Evaluation	\$4,945	\$5,094	\$5,247	\$5,404	\$20,690
1. Personnel Subtotal	\$87,089	\$89,702	\$92,393	\$95,165	\$364,349
2. Personnel Fringe (21% - Rate)	\$18,289	\$18,837	\$19,403	\$19,985	\$76,513
3. Equipment/Furniture	\$2,760	\$0	\$0	\$0	\$2,760
4. Supplies	\$3,000	\$3,000	\$3,000	\$3,000	\$12,000
5. Travel/Mileage/Parking	\$1,920	\$1,920	\$1,920	\$1,920	\$7,680
6. Staff Trainings/Development					\$0
7. Contractual					\$0
8. Other Expenses	\$2,480	\$2,480	\$2,480	\$2,480	\$9,920
Direct Costs Subtotal (lines 1-8)	\$115,538	\$115,939	\$119,195	\$122,549	\$473,222
Indirect Costs (no more than 10% of direct costs)	\$11,554	\$11,594	\$11,920	\$12,255	\$47,322
Totals	\$127,092	\$127,533	\$131,115	\$134,804	\$520,544

APPENDIX ITEM H - Program Budget Form

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Health Enterprise Zones - Program Budget Template (Blank)

Organization Name: Childrens National Medical Center

HEZ Project Name: Prince George's County Health Enterprise Zone

Grant Program Name: CNMC - MOBILE Health Program

Directions: HEZ application that include requests for CHRC Grant Funds (Line item 8 in the Global Budget Form) for health programs must complete this budget form for **each** organization requesting funds. Use the line-items below to provide the annual budget (Years 1 - 3) and the total organization's program budget request for the three-year program duration. Attached to this Program Grant Budget Template, submit a concise budget justification. In the budget justification, detail what is included in each line-item and describe how each item will support the achievement of program's goals and objectives.

Budget Request for CHRC Grant Funding <i>Add or remove lines as needed.</i>	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total Organization Request
Personnel Salary					
% FTE - Name, Title	\$0	\$0	\$0	\$0	\$0
% FTE - Name, Title	\$0	\$0	\$0	\$0	\$0
% FTE - Name, Title	\$0	\$0	\$0	\$0	\$0
1. Personnel Subtotal	\$0	\$0	\$0	\$0	\$0
2. Personnel Fringe (15% - Rate)	\$0	\$0	\$0	\$0	\$0
3. Equipment/Furniture	\$0	\$0	\$0	\$0	\$0
4. Supplies	\$0	\$0	\$0	\$0	\$0
5. Travel/Mileage/Parking	\$0	\$0	\$0	\$0	\$0
6. Staff Trainings/Development	\$0	\$0	\$0	\$0	\$0
7. Contractual	\$0	\$0	\$0	\$0	\$0
8. Other Expenses	\$0	\$0	\$175,000	\$175,000	\$350,000
Direct Costs Subtotal (lines 1-8)	\$0	\$0	\$175,000	\$175,000	\$350,000
Indirect Costs (no more than 10% of direct costs)	\$0	\$0	\$17,500	\$17,500	\$35,000
Totals	\$0	\$0	\$192,500	\$192,500	\$385,000

APPENDIX ITEM H - Program Budget Form

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Health Enterprise Zones - Program Budget Template (Blank)

Organization Name: University of Maryland School of Public Health

HEZ Project Name: Prince George's County Health Enterprise Zone

Grant Program Name: UMSPH - Health LITERACY Program

Directions: HEZ application that include requests for CHRC Grant Funds (Line item 8 in the Global Budget Form) for health programs must complete this budget form for **each** organization requesting funds. Use the line-items below to provide the annual budget (Years 1 - 3) and the total organization's program budget request for the three-year program duration. Attached to this Program Grant Budget Template, submit a concise budget justification. In the budget justification, detail what is included in each line-item and describe how each item will support the achievement of program's goals and objectives.

Budget Request for CHRC Grant Funding <i>Add or remove lines as needed.</i>	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total Organization Request
Personnel Salary					
1a. 15% FTE - TBD, Faculty Researcher	\$16,500	\$20,564	\$21,181	\$0	\$58,245
1b. 100% FTE - Graduate Student Assistant	\$31,000	\$57,953	\$39,794	\$0	\$128,747
					\$0
1. Personnel Subtotal	\$47,500	\$78,517	\$60,975	\$0	\$186,992
2. Personnel Fringe (21% - Rate)	\$9,975	\$16,489	\$12,805	\$0	\$39,268
3. Equipment/Furniture					\$0
4. Supplies	\$9,900	\$13,500	\$13,500	\$0	\$36,900
5. Travel/Mileage/Parking					\$0
6. Staff Trainings/Development					\$0
7. Contractual					\$0
8. Other Expenses	\$1,000	\$1,000	\$1,000	\$0	\$3,000
Direct Costs Subtotal (lines 1-8)	\$68,375	\$109,505	\$88,280	\$0	\$266,160
Indirect Costs (no more than 10% of direct costs)	\$6,838	\$10,951	\$8,828	\$0	\$26,616
Totals	\$75,213	\$120,456	\$97,108	\$0	\$292,777

APPENDIX ITEM H - Program Budget Form

MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION

Health Enterprise Zones - Program Budget Template (Blank)

Organization Name: Sister Circles, Inc.

HEZ Project Name: Prince George's County Health Enterprise Zone

Grant Program Name: Sister Circles

Directions: HEZ application that include requests for CHRC Grant Funds (Line item 8 in the Global Budget Form) for health programs must complete this budget form for **each** organization requesting funds. Use the line-items below to provide the annual budget (Years 1 - 3) and the total organization's program budget request for the three-year program duration. Attached to this Program Grant Budget Template, submit a concise budget justification. In the budget justification, detail what is included in each line-item and describe how each item will support the achievement of program's goals and objectives.

Budget Request for CHRC Grant Funding <i>Add or remove lines as needed.</i>	Year 1 (January - December 2013)	Year 2 (January - December 2014)	Year 3 (January - December 2015)	Year 4 (January - December 2016)	Total Organization Request
Personnel Salary					
1a. 20% FTE -TBD, Project Director	\$13,500	\$16,825	\$17,330	\$17,850	\$65,505
1b. 20% FTE - TBD, Team Leader/Facilitators	\$13,500	\$16,825	\$17,330	\$17,850	\$65,505
1c. 20% FTE - TBD, Administrative Assistant	\$4,650	\$5,795	\$5,969	\$6,148	\$22,563
1. Personnel Subtotal	\$31,650	\$39,445	\$40,629	\$41,848	\$153,572
2. Personnel Fringe (21% - Rate)	\$6,647	\$8,284	\$8,532	\$8,788	\$32,250
3. Equipment/Furniture					\$0
4. Supplies	\$10,400	\$9,500	\$9,500	\$9,500	\$38,900
5. Travel/Mileage/Parking					\$0
6. Staff Trainings/Development					\$0
7. Contractual					\$0
8. Other Expenses	\$500	\$500	\$500	\$500	\$2,000
Direct Costs Subtotal (lines 1-8)	\$49,197	\$57,729	\$59,161	\$60,636	\$226,722
Indirect Costs (no more than 10% of direct costs)	\$4,920	\$5,773	\$5,916	\$6,064	\$22,672
Totals	\$54,116	\$63,502	\$65,077	\$66,699	\$249,394

CHRC Grant Funding

Prince George's County Department of Health

PGC Health Enterprise Zone

PGCHEZ Care Coordination

Budget Narrative

1. Personnel Salary

- **Ernest L. Carter MD, PhD, (20% time) Project Director** is an in kind contribution to the project by PGCHD. He will provide overall project management and quality control as well as coordinate with HEZ and with the PGCHD support services.
- **Janine Jackson, MBA, MS, Project Manager, (80% time)**, will be responsible for the day-to-day direction of the project activities and overall contract compliance; authorization, tracking, and reporting of all expenditures; partner relations; supervision of project personnel; and oversight of technical plans and procedures to achieve the project interventions. \$92,000 in year ,2,3 and \$46,000 in year 4
- **Administrative Assistant, (50% time)** will provide administrative support for the project. \$19,000 in year 1 ,2,3 and 4
- **Tiffany M. Pertillar, MSW, MPH, and Partner Services Coordinator** (50% time in year 1 then 100% time in years 2, 3 and 4) will organize and manage all of the PGCHEZ partners. She will work with the PCMHs to inform them of partner services, identify gaps in services and assure that coordination care services that are needed by the patient centered medical home are made available. \$35,000 in year 1 and \$70,000 in years 2,3 and4
- **Geneva Pearson, RN, Clinical Coordinator, (50 % time, 1 FTE)**, will be responsible for managing CHWs in the PGCHEZ; coordinating and providing technical assistance to providers, issuing regular briefings to the County's providers. \$32,000 in years 1, 2, 3 and 4.
- **Ms Sharma Jack-Bissau, Nutritionist (30 % time)** will provide expertise in healthy eating and oversee the healthy eating components of PGHEZ. \$15,000 in years 1, 2, 3 and 4.
- **Community Health Workers** (100 % time, 2.5 FTE in year 1 increased to 5 FTEs in years 2, 3, and 4), will be responsible for (1) conducting outreach to adults and families residing in the PGHEZ target area to increase awareness of the need for health prevention and promotion activities and of available health and social services; (2) conducting needs assessments and linking adults and families to needed services; and (3) tracking families to ensure access to and receipt of services. \$87,500 in year 1 and \$175,000 in year 2, 3 and 4.
- **Christine Emmell, Marketing Manager** is an in kind contribution to the project by PGCHD. She will oversee the marketing activities, internet presence and social media outreach for PGCHEZ.

- **Financial Manager** is an in kind contribution to the project by PGCHD. He will be assigned by the county's OMB to oversee the financial management of the project.

1. Personnel Subtotal \$1,445,500

\$281000 for Year 1, \$403,500 for Year 2, \$403,500 for Year 3, \$357,500 for Year 4,

2. Personnel Fringe: (7 %) \$110,581

\$21,497for Year 1, \$30,868 for Year 2, \$30,868 for Year 3, \$27,349 for Year 4,

3. Equipment/Furniture. \$550,000

\$203,800 for Year 1, \$111,300 for Year 2, \$117,900 for Year 3, \$117,000 for Year 4,

Health information Exchange and Coordination Care software one time set up fee - \$100,000

Health information Exchange and Coordination Care software Recurrent cost - \$90,000 per year for years 1, 2, 3 and 4

Internet/Network connectivity Cost at \$2,500 per site per year is equal to: for 3 sites in the first year - \$7,500, 6 sites in year 2 - \$15,000, 9 sites in year 3 - \$22,500 and 9 sites in year \$22,500

Laptops: @ \$900 per laptop. Laptops will assist CHWs in data collection
\$1,800 for 2 laptops in years 1 and 2. \$900 for 1 laptop in year 3.

Cell phones: @ \$900 per year per cell phone. Cell phones are for CHW communication.
\$4,500 in years 1, 2, 3 and 4.

4. Supplies \$12,000

Standard supplies: These monies cover office supplies required to complete work
\$3,000 in years 1, 2, 3 and 4.

5. Travel/Mileage/Parking \$7,200

Cost of personnel travelling for coordination and community development includes gas cost, parking, etc. within the HEZ. \$1800 in years 1, 2, 3 and 4

6. Staff Trainings/Development \$0

7. Contractual \$275,000

Cost to HEZ Coalition and to the Prince George's County Action Coalition for hosting community activities, promotions, support to the Community Advisory Board (CAB), and operation cost. \$20,000 in years 1, 2, 3 and 4

PGCHZ will rent a 2,500 square foot space for neighborhood-based operations (1000 square feet) and Childrens National Medical Centers' Asthma Impact clinical activities (1500 square feet) at a cost of \$12 per sq ft or $\$12 \times 2500 \text{ sq ft per year} = \$30,000$ per year for years 1,2,3 and 4.

Build out cost for the clinical space above is estimated at \$50 per square foot or $\$50 \times 1500 \text{ sq ft} = \$75,000$ one time cost in year 1.

8. Other Expenses \$40,000

Project Website and Social media: PCGHEZ web site development cost. One time cost of \$25,000 in year 1, and \$5,000 per year for years 2, 3 and 4.

Direct costs Subtotal \$2,440,281

\$661,097 for Year 1, \$605,468 for Year 2, \$612,068 for Year 3, \$561,649 for Year 4,

Indirect Cost: \$170,820

\$46,277 for Year 1, \$42,383 for Year 2, \$42,845 for Year 3, \$39,315 for Year 4,

Total: \$2,611,100

\$707,373 for Year 1, \$647,850 for Year 2, \$654,914 for Year 3, \$600,964 for Year 4,

CHRC Grant Funding

Prince George's County Department of Health

Childrens National Medical Center

CNMC – Impact Asthma

Note: The cost for this project reflect a 60% reduction offset by project revenue

1. Personnel Salary

- **Clinician TBD** (50% time), the clinician, a physician or nurse practitioner will provide overall clinical oversight of all Impact patients. \$30,000 in year 1, \$30,900 in year 2, \$31,827 in year 3 and \$32,782 in year 4
- **Site Coordinator TBD**, (100% time), will be responsible for the day-to-day direction of the Impact Asthma activities. \$20,000 in year 1, \$20,600 in year 2, \$21,218 in year 3 and \$21,855 in year 4
- **Health Educators** (100 % time, 2 FTEs), will be responsible for conducting education to asthmatic children and families residing in the PGCTG target area to increase awareness and compliance with asthma therapies \$32,000 in year 1, \$32,960 in year 2, \$33,949 in year 3 and \$34,947 in year 4
- **Administrative Assistant**, (100% time, 1 FTE) will provide administrative support for the project. \$11,200 in year 1, \$11,536 in year 2, \$11,882 in year 3 and \$12,239 in year 4
- **Caitlin Munoz, MPH, MSW**, (20% time in year 1) will provide training and supervision to the staff based in the HEZ. \$5,200 in year 1, \$5,356 in year 2, \$5,517 in year 3 and \$5,682 in year 4
- **Molly Savitz, MSN, FNP**, (10 % time,) is the Clinical Director and will be responsible for training clinician and providing ongoing assistance for clinical issues. \$4,160 in year 1, \$4,285 in year 2, \$4,413 in year 3 and \$4,546 in year 4
- **Deborah Quint, MPH, and AE-C** (10 % time in year 1), will monitor progress of deliverables. No salary support
- **Stephen J. Teach M.D.** is the CNMC medical director and founder of the Impact Asthma project. He will provide broad oversight with no salary support.

1. Personnel Subtotal \$429,073

\$102,560 for Year 1, \$105,637 for Year 2, \$108,806 for Year 3, \$112,070 for Year 4,

2. Personnel Fringe: (21%) \$90,105

\$21,538 for Year 1, \$22,184 for Year 2, \$22,849 for Year 3, \$23,535 for Year 4,

3. Equipment/Furniture \$11,400

Laptops will assist in data collection and Cell phones for Health Educator communications

\$5000 for Year 1, \$1,920 for Year 2, \$2,240 for Year 3, \$2,240 for Year 4

4. Supplies \$24,322

These monies cover office supplies and printed material required to complete work

\$4,810 for Year 1, \$5,984 for Year 2, \$6,764 for Year 3, \$6,764 for Year 4

5. Travel/Mileage/Parking \$0

6. Staff Trainings/Development \$0

7. Contractual \$0,

8. Other Expenses \$1,040

Asthma Actions plans to summarize the treatment plan and serve as the authorization for medication use in public school

\$200 for Year 1, \$280 for Year 2, \$280 for Year 3, \$280 for Year 4,

Direct costs Subtotal \$555,940

\$134,108 for Year 1, \$136,005 for Year 2, \$140,939 for Year 3, \$144,889 for Year 4,

Indirect Cost: @ 10% \$55,594

\$13,410 for Year 1, \$13,600 for Year 2, \$14,094 for Year 3, \$14,489 for Year 4,

Total \$611,534

\$147,518 for Year 1, \$149,605 for Year 2, \$155,033 for Year 3, \$159,378 for Year 4,

CHRC Grant Funding

Prince George's County Department of Health

Childrens National Medical Center

CNMC – Generations

Note: The cost for this project reflect a 60% reduction offset by project revenue

1. Personnel Salary

- **Family Service Coordinator TBD** (100% time), social worker that will provide coordination teen mothers and their families social services. \$22,479 in year 1, \$23,154 in year 2, \$23,848 in year 3 and \$24,564 in year 4
- **Psychologist TBD**, (100% time), will be responsible oversight of mental and behavioral interventions \$25,785 in year 1, \$26,559 in year 2, \$27,356 in year 3 and \$28,176 in year 4
- **Fathers Family Service Coordinator** (100 % time, 2 FTEs), social worker that will focus on the social services issues of the teen fathers \$15,868 in year 1, \$16,344 in year 2, \$16,834 in year 3 and \$17,339 in year 4
- **Program Manager TBD**, (100% time), will be responsible for the day-to-day direction of the Generations activities. \$10,314 in year 1, \$10,624 in year 2, \$10,942 in year 3 and \$11,270 in year 4
- **Director** (10 % time), will be responsible for training clinician and providing ongoing assistance for all issues. \$7,698 in year 1, \$7,928 in year 2, \$8,166 in year 3 and \$8,411 in year 4
- **Director of research and Evaluation** will provide broad oversight and ongoing evaluation and feedback to the Generations project. \$4,945 in year 1, \$5,094 in year 2, \$5,247 in year 3 and \$5,404 in year 4

1. Personnel Subtotal \$364,349

\$87,089 for Year 1, \$89,702 for Year 2, \$92,393 for Year 3, \$95,165 for Year 4,

2. Personnel Fringe: (21%) \$90,105

\$18,289 for Year 1, \$18,837 for Year 2, \$19,403 for Year 3, \$19,985 for Year 4,

3. Equipment/Furniture \$2,760

Laptops will assist in data collection and Cell phones for Coordinator communications (without recurring cost)

\$2,760 for Year 1, and \$0 in years 2, 3 and 4

4. Supplies \$12,000

These monies cover office supplies and printed material required to complete work

\$3,000 for Year 1, \$3,000 for Year 2, \$3,000 for Year 3, \$3,000 for Year 4

5. Travel/Mileage/Parking \$7,680

Cost of personnel travelling for coordination includes gas cost, parking, etc. within the HEZ. \$1920 in years 1, 2, 3 and 4

6. Staff Trainings/Development \$0

7. Contractual \$0,

8. Other Expenses \$9,920

Consumable supplies for the group sessions. \$2,480 in years 1, 2, 3 and 4

Direct costs Subtotal \$473,222

\$115,538 for Year 1, \$115,939 for Year 2, \$119,195 for Year 3, \$122,549 for Year 4,

Indirect Cost: @ 10% \$47,322

\$11,554 for Year 1, \$11,594 for Year 2, \$11,919 for Year 3, \$12,255 for Year 4,

Total \$520,544

\$127,092 for Year 1, \$127,533 for Year 2, \$131,115 for Year 3, \$134,804 for Year 4,

CHRC Grant Funding

Prince George's County Department of Health Children's National Medical Center's Mobile Health Program

Budget Narrative

Personnel Salary (0)

1. Personnel Subtotal

2. Personnel Fringe

3. Equipment/Furniture (0)

4. Supplies (0)

5. Travel/Mileage/Parking (0)

6. Staff Trainings/Development (0)

7. Contractual (0)

8. Other Expenses (\$350,000)

\$0 for Year 1, \$0 for Year 2, \$175,000 for Year 3, \$175,000 for Year 4.

- The Mobile Vans will provide safety net medical and dental services to children who do not have insurance or access to primary care providers. In addition, the Program includes the Referral Management Initiative (RMI) that provides wrap around and follow-up services relating to mental health, subspecialty care and other community resources for the family.

Direct Costs Subtotal (\$350,000)

\$0 for Year 1, \$0 for Year 2, \$175,000 for Year 3, \$175,000 for Year 4

Indirect Cost (\$35,000)

\$0 for Year 1, \$0 for Year 2, \$17,500 for Year 3, \$17,500 for Year 4,

Total (\$385,000)

\$0 Year 1, \$0 for Year 2, \$192,500 for Year 3, \$ 192,500 for Year 4.

CHRC Grant Funding

Prince George's County Department of Health University of Maryland School of Public Health – HEZ Literacy Program

Budget Narrative

Personnel Salary \$186,992

- TBD, Faculty Researcher will provide overall project management and quality of the HEZ Literacy Program. The Graduate Assistant will provide administrative, technical and programmatic support to the Faculty Researcher. The HEZ Literacy Program will coordinate with the HEZ and PGCHD at a cost of the following: \$47,500 for Year 1, \$78,517 for Year 2, \$60,975 for Year 3, \$0 for Year 4.

1. Personnel Subtotal

47,500 for Year 1, \$78,517 for Year 2, \$60,975 for Year 3, \$0 for Year 4,

2. Personnel Fringe:

\$9,975 for Year 1, \$16,489 for Year 2, \$12,805 for Year 3, \$0 for Year 4,

3. Equipment/Furniture (\$0)

4. Supplies (\$36,900) \$9,900 in year 1, \$13,500 in year 2, \$13,500 in year 3 and \$0 in year 4. These monies will cover event costs, community incentives, printing and education materials required to complete work and to conduct the HEZ Literacy Program.

5. Travel/Mileage/Parking (0)

6. Staff Trainings/Development (0)

7. Contractual (0)

8. Other Expenses (\$3,000) \$1,000 for Year 1, \$1,000 for Year 2, \$1,000 for Year 3, \$0 for Year 4. These monies will be used to purchase cell phones and service.

Direct Costs Subtotal (\$226,160)

\$68,375 for Year 1, \$109,505 for Year 2, \$88,280 for Year 3, \$0 for Year 4,

Indirect Cost: (\$26,616)

\$6,838 for Year 1, \$10,951 for Year 2, \$8,828 for Year 3, \$0 for Year 4,

Total (\$292,777)

\$75,213 Year 1, \$120,456 for Year 2, \$97,108 for Year 3, \$0 for Year 4.

CHRC Grant Funding

**Prince George's County Department of Health
Sister Circles, Inc.
Sister Circles**

Budget Narrative

Personnel Salary \$153,572

- TBD, Project Director will provide overall project management and quality of the Sister Circle interventions. The Team Leader / Facilitator will convene the Sister Circle interventions with clients. The Administrative Assistant will provide administrative support to the staff and the program. The Sister Circles will coordinate with the HEZ and PGCHD at a cost of the following: \$31,650 for Year 1, \$39,445 for Year 2, \$40,629 for Year 3, \$41,848 for Year 4.

1. Personnel Subtotal

\$31,650 for Year 1, \$39,445 for Year 2, \$40,629 for Year 3, \$41,848 for Year 4,

2. Personnel Fringe:

\$6,647 for Year 1, \$8,284 for Year 2, \$8,532 for Year 3, \$8,788 for Year 4,

3. Equipment/Furniture (\$0)

4. Supplies (\$38,900) \$10,400 in year 1, \$9,500 in year 2, \$9,500 in year 3 and \$9,500 in year 4. These monies cover office supplies required to complete work and to conduct Sister Circle interventions.

5. Travel/Mileage/Parking (0)

6. Staff Trainings/Development (0)

7. Contractual (0)

8. Other Expenses (\$2,000) \$500 for Year 1, \$500 for Year 2, \$500 for Year 3, \$500 for Year 4. These monies will be used to purchase cell phones and service.

Direct Costs Subtotal (\$226,722)

\$49,197 for Year 1, \$57,729 for Year 2, \$59,161 for Year 3, \$60,636 for Year 4,

Indirect Cost: (\$22,672)

\$4,920 for Year 1, \$5,773 for Year 2, \$5,916 for Year 3, \$6,064 for Year 4,

Total (\$249,394)

\$54,116 for Year 1, \$63,502 for Year 2, \$65,077 for Year 3, \$66,699 for Year 4.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Carter, Ernest Lorenza	POSITION TITLE Deputy Health Officer		
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
Harvard College, Cambridge, MA	A.B.	06/1976	Physics
Harvard Medical School, Boston, MA	M.D.	06/1980	Neuroscience (minor in Pediatrics)
University of Pennsylvania, Philadelphia, PA	Ph.D.	12/1988	Bioengineering

A. Personal Statement

Dr. Ernest Carter is a deputy health officer for Prince George's County Health Department (PGCHD) with more than 25 years of experience managing and delivering pediatric patient care, as well as more than 15 years of experience in the field of community based health IT. At the PGCHD, he provides direct oversight for the divisions of Adult and Geriatric Care, Maternal and Child Health and Epidemiology and Disease Control as well as oversight of all clinical providers. At Westat, he was a senior physician informaticist that provided senior-level review and input for the development and implementation of electronic health records (EHRs), a patient-centered medical home information model, and EHR adoption. In previous work, Dr. Carter created and brought to market an Internet-based chronic disease telehealth self-management portal, in addition to overseeing business operations in the area of telemedicine. At Howard University Hospital, Dr. Carter developed, implemented, and managed community based telehealth chronic disease management projects in underserved areas of four major cities. As director of the Telehealth Science and the Advanced Technology Center at Howard, he created, implemented, and managed projects in telehealth, distance learning, and health IT in underserved populations. He also served as associate director of Howard's Material Science Research Center of Excellence, where he conducted research on electronic materials and their applications in bioengineering. In private business ventures, he had a key role in designing and operating retail-based clinics in four states, including the implementation of EHRs and personal health records, and he oversaw the development and deployment of telemedicine applications to link Howard University Hospital with facilities in the U.S. Virgin Islands and South Africa. In addition, Dr. Carter was chairman of the Department of Pediatrics at Washington Adventist Hospital and Director of Pediatric Services at Misericordia (now Mercy) Hospital of Philadelphia. He has managed the operations of neonatal intensive care units and provided direct patient care to critically ill and high-risk infants. He was an adjunct professor at the Howard University College of Medicine and an assistant professor in the university's School of Electrical Engineering.

B. Positions and Honors

Positions and Employment

1983 – 1984	Contract Physician, Children's national Medical Center, Washington, DC
1984 – 1986	Director of Pediatrics, Spectrum Health Services, Philadelphia, PA
1985 – 1995	Associate Director of Neonatal Intensive Care Unit, Methodist Hospital/Thomas Jefferson Medical College, Philadelphia, PA
1989 – 1995	Associate Director of the Material Science Research Center of Excellence/Assistant Professor, Howard University School of Electrical Engineering, Washington, DC
1993 – 2010	Contract Physician, Neonatal Community Associates at Holy Cross Hospital, Silver Spring, MD

- 1994 – 1995 Director of Pediatrics, Misericordia Hospital (now Mercy Hospital of Philadelphia), Philadelphia, PA
- 1994 – 2006 Director of Telehealth Science and Advanced Technology Center (1996-2006)/Director of Telemedicine (1994-1996), Howard University College of Medicine, Washington, DC
- 1996 – 1999 President, Telemedicine Solutions International, Inc., Silver Spring, MD
- 1996 – Present Vice President, Virgo-Carter Pediatrics, Silver Spring, MD
- 1997 – 1999 Chairman of the Department of Pediatrics, Washington Adventist Hospital, Takoma Park, MD
- 2003 – 2010 Co-Principal Investigator, Howard University Hospital, Washington, DC
- 2004 – 2011 President of Telemedicine (2010-2011)/Chief Executive Officer (2004-2010), VIPMedRx, Inc., Silver Spring, MD (company acquired in 2010 by WinSonic Digital Media Group/WDCSN, Atlanta, GA)
- 2006 – 2007 Chief Medical Officer, My Health Access, Inc., Houston, TX
- 2007 – 2008 Owner, Wellspot, Inc., Birmingham, AL
- 2011 – 2012 Senior Physician Informaticist, Westat, Rockville, MD
- 2012 – present Deputy Health Officer for Prince George's County Health Department

Other Experience and Professional Memberships

- 2009 – Present Member, Medical Advisory Board, CRISP: Clinical Excellence Committee for Maryland's Health Information Exchange
- 2002 – 2006 Board of Regents, National Library of Medicine
- 2004 – 2006 Member, Community Medical Advisory Board, OraSure, Inc.

Honors

- 1984 National Research Service Award, University of Pennsylvania
- 1984 – 1988 Robert Wood Johnson Minority Medical Faculty Development Research Fellowship
- 1989 – 1992 Digital Faculty Award, Digital Equipment Corporation
- 1989 Helen O. Dickens Award, University of Pennsylvania School of Medicine

C. Selected Peer-Reviewed Publications

- Carter, E.L. (1988). Theoretical determination of the optimal device design used in electrical stimulation of systemic osteoporosis. Doctoral dissertation, Department of Bioengineering, University of Pennsylvania, Philadelphia, PA.
- Carter, E.L., Vresilovic, E.J., Pollack, S.R., and Brighton, C.T. (1989). Field distributions in vertebral bodies of the rat during electrical stimulation: A parametric study. *IEEE Transactions on Biomedical Engineering*, 36(3), 333-345.
- Carter, E.L., Pollack, S.R., and Brighton, C.T. (1990). Theoretical determination of the current density distributions in human vertebral bodies during electrical stimulation. *IEEE Transactions on Biomedical Engineering*, 37(6), 606-614.
- Lacy, F., Kadima-Nzuji, M., Malveaux, F.J., and Carter, E.L., Jr. (1996). Distinguishing between activated and nonactivated eosinophils by AC impedance measurements. *IEEE Transactions on Biomedical Engineering*, 43(2), 218-221.
- Carter, E. (2007, January 1). Health IT adoption is critical. *Internal Medicine News*.
- Carter, E.L., Nunlee-Bland, G., and Callender, C. (2011). A patient-centric, provider-assisted diabetes telehealth self-management intervention for urban minorities. *Perspectives in Health Information Management*.

BIOGRAPHICAL SKETCH

NAME Thomas, Laurine R., Ph.D.	POSITION TITLE		
eRA COMMONS USER NAME (credential, e.g., agency login)	Evaluator		
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(S)	FIELD OF STUDY
Harvard University, Cambridge, MA	B.A.	1988	Psychology
Cornell University, Ithaca, NY	Ph.D.	1993	Health Services Planning & Evaluation

A. Personal Statement

As a health services researcher, Laurine Thomas has spent the past 20 years researching interventions and methodologies that might redress racial health disparities. Dr. Thomas' areas of expertise are community based health intervention and evaluation with a particular interest in chronic disease management. Over the course of her career, Dr. Thomas has designed, managed and implemented mixed-method formative, process and outcomes evaluations of domestic and international health services and public health programs in the areas of HIV/AIDS, maternal and child health, obesity prevention, and community based health planning for various clients including the United States Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), the United Nations Children's Fund (UNICEF), the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and the Ford Foundation, the Health Resources and Services Administration (HRSA), the Centers for Medicare and Medicaid Services, and the Centers for Disease Control (CDC). Dr. Thomas is proficient in quantitative and qualitative methods including survey design and implementation, regression analysis, cost analyses, ethnography, participatory methods, case studies, focus groups and document review.

B. Positions and Honors

1988	Elizabeth Agassiz Fellowship, Harvard University
1988	John Harvard Fellowship, Harvard University
1991, 1992	College of Human Ecology, Cornell University, International Research Grant
1991	The Mario Einaudi Center for International Studies Grant
1992-1993	President's Council of Cornell Women Research Grant
Sep 1993- Sept 1995	Agency for Healthcare Policy Research (AHCPR now AHRQ) Post Doctoral Fellow, RAND Corporation/University of California at Los Angeles, School of Public Health
Oct 1995-Sept 1998	Senior Analyst, Abt Associates, Health Services Research and Evaluation Division
Oct 1998-April 2004	Senior Research and Evaluation Officer, Academy for Educational Development, CABER
2004- 2008	Associate Director, Academy for Educational Development Center for Applied Behavior and Evaluation Research (CABER)

C. Selected Publications

- Thomas, L., Clarke, T., & Krolczak, A. (2008). Implementation of peer support demonstration project for HIV+ Caribbean immigrants: a descriptive paper. *Journal of Immigrant and Refugee Studies*, 6(4): 526-544.
- Thomas, L.R., Fox, S.A., Leake, B., & Roetzheim, R.G. (1996). "The Effects of Health Beliefs on Screening Mammography Utilization among a Diverse Sample of Older Women." *Women and Health*, 24(3): 77-94.

D. Research Support

Ongoing Research Support

Evaluator – Community Transformation Grant Prince George’s County, MD- The Prince Georges County Health Department (PGCHD) is implementing five interventions to promote smoke free residential environments; active living and healthy eating; and access to high quality preventive care for 360,000 residents in 11 zip codes within the Capital Beltway. The target community is highly diverse and affected by numerous health disparities including low rates of access to care and healthy food, high rates of obesity/overweight, and low uptake of preventive services. Dr. Thomas is leading the evaluation team for this effort.

Completed Research Support

Evaluator -Conversemos Intervention for Afro-Latino Transnational Communities - Conversemos is an interdisciplinary community-wide approach designed to reduce the prevalence of HIV/AIDS in Afro Latino communities in four countries through the creation of multi-level, community advocacy networks that spearhead the delivery of health and prevention messages and services in underserved communities. Dr. Thomas served as the technical lead on evaluation and research for the Ford Foundation-funded project implemented by Queens College, City University of New York.

Evaluator - Howard University College of Medicine Diabetes Telehealth Self-management Intervention for Urban Minorities - Dr. Thomas worked with a team of Howard University clinicians to evaluate an on-line diabetes self-management intervention for inner city African Americans funded by the National Institutes of Health –National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

Project Director - The HRSA Evaluation and Support Center for Peer Support Model Development and Evaluation for Caribbeans Living with HIV/AIDS (CHIVES) - This Special Projects of National Significance Initiative (SPNS), funded by the Health Resources and Services Administration –HIV/AIDS Bureau, supported five Ryan White funded sites that provided peer-support interventions for HIV positive Caribbean immigrants residing in the United States. Dr. Thomas directed the CHIVES Center that delivered program planning, implementation support, methodological expertise, training support, and technical assistance to the five sites. The Center also conducted the multi-site level, mixed methods process and outcomes evaluation of the Initiative.

Technical Advisor- Niger HIV/AIDS Behavioral Survey -Family Health and AIDS

Prevention Project (FHA) - FHA was a United States Agency for International Development (USAID)-funded effort to promote family planning, child survival and AIDS mitigation in West and Central Africa. FHA organized an awareness campaign around Wake Up Africa, a collection of AIDS prevention messages presented in a variety of mass media materials. Dr. Thomas led the design and implementation of a longitudinal, multi-site evaluation of Wake Up Africa. This effort required assisting locally-based Nigerien evaluators in sample selection, survey design including assessing the cross-cultural equivalence of questions in various local languages, piloting, and establishment of data collection and management systems. Dr. Thomas also led the multivariate analysis of baseline and follow-up data from a sample of over 2000 Nigerien youth and adults.

Technical Advisor- Cohort Evaluation Study, Linkages - LINKAGES was a USAID-funded global program providing technical assistance to organizations promoting breastfeeding. The Cohort Evaluation was conducted in Ghana and Bolivia to explore the determinants of change in infant feeding behavior among mothers of young children and the factors that sustain these behaviors. Dr. Thomas supervised the design of the research including instrumentation and analysis plans.

Senior Evaluation Analyst – HRSA Maternal and Child Health Bureau Community Integrated Service Systems (CISS) Evaluation – CISS, a 40-site demonstration project, provided integrated maternal and child health services to low-income, disadvantaged mothers and children. The CISS evaluation assessed program impacts on infant mortality and morbidity, maternal health status, and the accessibility, availability, and quality of integrated service models. Dr. Thomas provided the sites with technical assistance in developing monitoring and evaluation systems and analyzed data on barriers and facilitators to the implementation of integrated service systems for the final report.

JANINE N. JACKSON, MBA, MS
8401 Dunbar Avenue, Hyattsville, MD 20785
Home: (301) 324-3009
Cell: (202) 213-8191
fmiconsulting@verizon.net
janinenjackson@verizon.net

KEY QUALIFICATIONS: Experienced senior program director, financial manager, and Center associate director with over 24 years of business and financial management, accounting, management, and cross-functional team leadership in private and nonprofit organizations. Areas of expertise include project management and administration of U.S. government, foundation, and private-funded grants and contracts; financial management and accounting, reporting, and compliance; budget preparation, tracking, and cost allocation; proposal development; and ongoing operations management and human resources, and organizational strategic planning.

RECENT PROFESSIONAL EXPERIENCE

Partnership for Prevention (December 2010 to February 2012)

Robert Half Management Resources

Chief Financial Officer/Director of Finance and Administration

Served as interim CFO through Robert Half Management Services and hired full-time to work on financial deficit, management of delinquent vendor payables, implement internal financial controls to clear ongoing audit comments. Position accomplishments: Successfully managed a \$900K deficit for over a year; maintained order of financial management issues, documented, implemented, and ensured internal financial controls; established ongoing system and prepared timely monthly reconciliations and reports of funder expenses; recommended and hired senior accountant from an accounting firm to close monthly transactions and assist with financial statements for Board; reorganized human resources and benefits administration processes; Handled all human resources actions such as layoffs, voluntary terminations, and new hires; Monitored oversight and completed tasks for 2010 close and annual audit, and 2011 year end close; facilitated and trained outsourcing staff on all CFO position duties and to ensure seamless transition and eliminate full-time position for cost-cutting measures.

- ❖ Managed organizational and project budgets and finances to meet funder requirements and financial controls
- ❖ Oversaw the production and analysis of monthly financial reports and statements due to funders and vendors
- ❖ Approved and processed financial transactions for staff, clients, vendors, and project expenses according to budgets and allocated expenses
- ❖ Provided oversight for new business development opportunities and portfolio diversification
- ❖ Developed sound management policies for financial cost controls for research and technical projects
- ❖ Managed the human resources and benefits, administration and operations, meeting planning, and facilities functions for organization
- ❖ Served as member of senior management team with President and Vice President for Policy and Planning
- ❖ Supervised finance and operations staff, including finance associate and information technology staff
- ❖ Ensured compliance of grants, cooperative agreements, and contracts with US government, foundations, local organizations, and private clients
- ❖ Responsible for implementing corporate and program strategies related to health promotion and disease prevention

Follow My Lead Consulting (April 2008 – January 2011)

United States Industry Coalition, Inc. (December 2009 – January 2011)

Director of Finance and Operations/Organizational Development Consultant

Accomplishments in this capacity included: procured and managed implementation of processes for new Deltek GCS Accounting System from Procas Accounting software; improved human resources administration tasks and made system functionality more efficient; successfully completed 2009 annual audit and 990 Form; and oversaw new real estate lease agreement and organization move to new office space.

- ❖ Advised nonprofit executive staff and administrative staff on business, operations, and policy matters
- ❖ Provided direction and improved effectiveness of month-end close and financial reporting functions to government funding agencies
- ❖ Reviewed HUD proposal grants for private consulting assignments
- ❖ Managed financial cost structure, general ledger accounting and bank reconciliation, forecasting and budgeting, and assisted in implementation of internal controls, tax preparation and audit functions
- ❖ Oversaw specific financial performance goals and contributed to business decisions for cash flow management
- ❖ Reviewed human resources, technical, and financial objectives and devised plans to achieve goals
- ❖ Participated in regular meetings and decision-making of the executive, senior staff team
- ❖ Maintained subcontract and consultant agreements and overall project contract administration and compliance
- ❖ Coordinated real estate transactions with President and Executive VP
- ❖ Established and maintained relationships with financial institutions
- ❖ Evaluated strategic goals of the organization and provide management and leadership trainings

Academy for Educational Development (AED), June 1999 - March 2008***AED, Associate Director, Operations***

Successfully provided continuity of leadership, technical, and management oversight and guidance to project directors, task managers, and program staff of 16 to 21 employees by managing CABER's daily development and business operations, personnel, and proposal development. Consistently met all Operations goals in the Center for 2004-2007 and direct base financial projections by assuring project financial controls, client management, and contributing to adding to overall business strategy, development and management of annual project milestones for the Center.

- ❖ Managed all project budgets, grants, and contracts; financial; administrative; and operations business functions of the Center
- ❖ Provided corporate guidance to Center staff and assisted Center Directors with overall Center planning and day-to-day operations, financial management, and leadership
- ❖ Reviewed accounts payable and cost allocation and administration and responsible for CABER's financial reporting and conducting project management reviews
- ❖ Collaborated with Center management leading the business development and maintenance of the portfolios in identified growth areas in domestic health and leadership development
- ❖ Managed and handled overall project, management, and development budget preparation and tracking and served as a key business, financial, and operational resource for Center staff
- ❖ Oversaw the technical input of senior, mid-level, and junior-level staff, consultants, and subcontractors working under assigned project activities
- ❖ Served as financial and technical expert and provided direction on a range of leadership development programs and evaluation projects

AED, Project Director, National Urban League-GE Leadership Model Development

Completed a leadership development model under a grant funded by National Urban League (NUL) and General Electric (GE) Foundation as contracted by NUL. As the Project Director for this work, AED/CABER was tasked with developing a comprehensive Affiliate Leadership Development Model to be piloted in three Urban League Affiliate cities (Stamford, CT; Louisville, KY; and Cincinnati, OH). Successfully managed overall project planning; design and implementation; and guided the direction of project tasks, financial, operational, and other staffing resources to accomplish the benchmark goals and activities of NUL-GE's Leadership model deliverables. The model was designed to serve as an effective vehicle to analyze and enhance the leadership capacity for Urban League Affiliates and national staff to effectively position them in leading social reform issues in general, and in education, specifically.

- ❖ Developed tailor-made leadership development plans for each Affiliate CEO and executive leadership team
- ❖ Designed project tasks and conducted initial and follow-up assessment of pilot Affiliate sites using the leadership process model
- ❖ Designed interview tool and developed process model to assess the knowledge, skills, and disposition for social reform issues with a specific focus in education
- ❖ Prepared a Leadership Development Handbook with capacity assessment framework, leadership development plan and template, and portfolio of professional development opportunities

AED, Senior Finance and Operations Manager, CABER***AED, Finance and Operations Manager, CABER******AED, Finance and Operations Officer, CABER*****PREVIOUS WORK EXPERIENCE*****Administration Coordinator, Nursing Administration, Suburban Hospital, Department of Nursing Administration (October 1998-May 1999)***

Successfully maintained and updated licensure database and tracked all expired licenses for the nursing staff. Reorganized and updated the entire licensure database (ANSOS), issued suspension notices to all delinquent staff members, and met with Executive staff on status of hospital licensure system with 100% accuracy.

- ❖ Produced and distributed statistical reports to members of the Executive Staff
- ❖ Planned, developed, and implemented clinical and administrative policies and procedures for nursing department
- ❖ Maintained and monitored the hospital licensure database for all nursing staff

Office Manager, Washington Adventist Hospital, Rehab. Medicine (August 1997-October 1998)

Implemented new policies and procedures for scheduling and department functional operations and reorganized the employee personnel files and maintained them during Joint Commission on Accreditation of Hospital Organizations (JCAHO) hospital accreditation process. Developed a spreadsheet for tracking and reporting the monthly departmental statistics. Managed departmental operations and participated in supervisory planning for a staff of 16 employees.

- ❖ Handled training, orientation, and other human resources functions and prepared monthly reports, monitored therapists' productivity, and determined recommendations
- ❖ Developed and maintained policies and procedures in the rehabilitation department and managed and supervised front desk personnel

Office Manager, Deborah Bernal, M.D., Physical Medicine and Rehab. (November 1989-July 1997)

Researched and purchased a computerized billing and software system for medical practice. Planned and implemented the office policies, procedures, and protocol compiled and designed the first Office Handbook for Practice Management and Billing Procedures for the medical practice. Trained and updated all office personnel on computer equipment and handled computer transition from manual billing system.

- ❖ Prepared budget for review and evaluated monthly financial statements and performed programming and analysis of accounts receivables and accounts payables
- ❖ Regulated clinical services and management operations for the medical practice
- ❖ Conducted performance appraisals, evaluations, and personnel interviews
- ❖ Provided oversight, coordinated, and managed the proposal development process

EDUCATION

Master of Science, Concentration in **Not-for-Profit Management**, Graduate School of Management and Technology, University of Maryland University College, College Park, MD

Master of Business Administration, Sellinger School of Business Management Graduate Center, Loyola College in Maryland, Baltimore, MD

Bachelor of Science of Business Administration, Concentration in **Management and Health Care Administration** (Dean's List) Washington Adventist University formerly Columbia Union College, Takoma Park, MD

Computer Software

Microsoft Word, Excel, and PowerPoint, JAMIS, Crystal Reports, Hyperion Planning Budgeting System, Deltek GCS Premier, QuickBooks, Procas Government Accounting, and Internet

Grants Management

Administration of grants and cooperative agreements, OMB Circulars A-110, A-122, and A-133 and its compliance supplements, grant accounting terminology, and program implementation.

Geneva Lorick Pearson

9509 Ardwick Ardmore Road
Springdale, Maryland 20774-2512

Phone: 301-772-5374 (h)
301-661-6176 (c)

Fax: 301-772-6102

Email: morningglory49@hotmail.com

Qualifications

Dedicated and highly proficient Registered Nurse who views nursing as not only a career, but a calling.

- Highly recognized for involvement in caring/helping situations both in the healthcare arena and in the community.
- Realizes the importance of exercise and lifestyle changes in daily life, and is instrumental in developing programs to meet the needs of contact groups.
- Exceptional ability to multitask, but always remains patient-focused.
- Excellent communication and interpersonal skills. Personality type is people-focused or relationship oriented rather than task-oriented.
- Proficient in and is passionate about teaching life skills to others
- Experienced in administrative duties which include but is not limited to: creating and managing schedules, signing off on employee timesheets, leave requests, etc., assisting with department budgets, hiring personnel, disciplining, and conducting performance reviews.
- Outstanding computer skills including Word, Publisher, Internet Navigation, Health Connect, and Power Point.
- Superb writing skills including accuracy of information, document creation, memo writing, etc.
- Outstanding leadership qualities and is able to motivate team members.

Professional History

2007 to 2011

Kaiser Permanente, Prince George's/Hyattsville MD

Lead Nurse/Clinical RN, Pediatrics

Provides direct patient care including immunizations, treatments, IV therapy, teaching, etc.; triage patients; assess patients for specific conditions/needs; complete Newborn Assessments of infants 3-5 days old; accurately document patient encounters in the patient record; make daily work assignments for department staff; monitor the progress of special projects and activities; assist with development and revision of departmental policies; orient and train new employees; assist clinic coordinator in handling difficult and problematic work situations; contribute input into performance appraisals.

1992 to 2007

Kaiser Permanente, Landover/Largo MD

Lead Nurse/Clinical RN, Pediatrics

Provides direct patient care including immunizations, treatments, IV therapy, teaching, etc.; triage patients; assess patients for specific conditions/needs; accurately document patient encounters in the patient record; make daily work assignments for department staff; monitor the progress of special projects and activities; assist with development and revision of departmental policies; orient and train new employees; assist clinic coordinator in handling difficult and problematic work situations; contribute input into performance appraisals. (Served as Lead Nurse through 2005, at which time I resigned from the position to focus on balancing career and academic pursuits.)

1989-1992

Kaiser Permanente, Landover MD

RN, On-Call/Float Pool Nurse

Provided support for staff in different departments during shortages, vacations, etc.; provided direct patient care including immunizations, treatments, IV therapy, teaching, etc.; obtained nadir blood tests on oncology patients and followed protocols to determine if they were able to receive scheduled treatments; administered chemotherapy as ordered by oncologist; monitored patients for reactions to drugs; triaged patients; assessed patients for specific conditions/needs; accurately documented patient encounters in the patient record.

1985 to 1989

Temporaries, Inc., Washington DC (Previously Hospital/Home Care Temporaries)

RN, Oncology Coordinator

Job responsibilities included but was not limited to performing intake assessments for patients' inclusion in the home care program of Group Health Association; performing technical nursing skills as indicated (injections, IV infusions, phlebotomy, dressings/wound care, patient teaching, ventilator care, etc.); supervising Personal Care Aides; developing plans of care for patients; assessing the need for/recommending DME (Durable Medical Equipment); participating in oncology patient care rounds at GHA; assisting patients with end-of-life issues; providing support/care during patients' transition from life to death.

1985-1986

Hospital/Home Care Temporaries, Washington DC

Home Care Nurse

Job responsibilities included but was not limited to performing intake assessments for patients' inclusion in the home care program of Group Health Association; performing technical nursing skills as indicated (injections, IV infusions, phlebotomy, dressings/wound care, patient teaching, ventilator care, etc.); supervising Personal Care Aides; developing plans of care for patients with Physical and/or Occupational Therapists; assessing the need for/recommending DME (Durable Medical Equipment); participating in patient care rounds at GHA.

1981-1985

Providence Hospital, Washington DC

RN, On-Call/Float Pool Nurse

Provided support for staff in different departments during shortages, vacations, etc.; committed to 16-hrs per week with flexibility in department/specialty area; provided direct patient care including medications, treatments, monitoring IV's; patient teaching, etc.; monitored patients for reactions to medications; triaged patients; assessed patients for specific conditions/needs; accurately documented patient encounters in the patient record and developed plans of care according to needs.

1970-1980

Columbia Hospital (Richland Memorial Hospital), Columbia SC

RN, Assistant Head Nurse-PICU

Began nursing career as a Graduate Nurse and was rapidly promoted to Staff Nurse, Staff Nurse II, Assistant Head Nurse in Pediatrics, then in PICU. Provided direct patient care including medications, treatments, monitoring IV's; patient teaching, etc.; monitored patients for reactions to medications; triaged patients; assessed patients for specific conditions/needs; supervised medical assistants and clerical staff; evaluated departmental staffing needs and scheduled accordingly; served as liaison between physicians and nursing administrators; accurately documented patient encounters in the patient record and developed plans of care according to needs; assisted with maintaining budgets for the department; responsible for hiring, disciplinary action, and termination of employees.

Educational History

- 1970 graduated from the University of South Carolina with an Associate in Science Degree in Nursing
- 1978 – 1980 Resumed evening studies at USC, Fort Jackson Campus with a focus on Psychology courses
- 1991 enrolled in FBCG Bible Institute Classes
- 2005 Resumed studies at Sojourner Douglass College, Landover MD; area of concentration - Psychology/Counseling
- 2007 Completed the Leadership Institute at FBCG

Community Service, Volunteer Service, Instructional Experience

- Served as a member and Secretary of the Largo Events Committee (Largo Medical Center)
- 12-year Volunteer with Girl Scouts of America and Boy Scouts of America. Responsibilities included but were not limited to teaching first aid sessions to scouts; acting as Health Aide at meetings, on camping trips and other outings; reviewing and signing off on health forms before scouts were allowed to go on trips.
- Served as a parent volunteer in community schools. Participated in Career Fairs with "Nursing As A Career".
- Volunteers in the following annual Walks: Alzheimer's, Breast Cancer, Diabetes, Homeless, and March of Dimes.
- Served as coordinator in organizing Health Fairs from 1990-2000.
- Volunteer in organizing Blood Drives through the Washington Hospital Center's Blood Bank.
- Has been an active member and ministry leader at FBCG since February, 1990. Service areas include:
 - Responsible for writing the proposal for and organizing the Fitness Ministry
 - Assisted with reorganizing the Nurses'/Health Ministry. Served as President for ten (10) years. Served as an Advisor.
 - Served as an Instructor in the Bible Institute. Currently serves as an Instructor in Women's Ministry sessions, conferences, retreats, etc.
 - Served as Assistant Director of Women's Ministry for over 19 years. Responsibilities included: development, review and implementation of retreat and conference programs; selection of speakers/presenters; review and evaluation of ministry reports and plans; coordinating and submitting reports of ten (10) women's groups and nine (9) women's programs to the Department Head each month.
 - Wrote the proposal and developed the program vision for the Wives' Ministry at FBCG. Has served as Director since its inception (1996). Responsibilities include but are not limited to: development and revision of the Mission/Vision Statement, developing the teaching curriculum/syllabus for monthly meetings, mentoring women, developing and justifying the annual budget for the ministry, and identifying areas for community outreach.
 - Participates in the annual Teacher In-Service Training at FBCG.
- Served for two weeks as a missionary to Ghana, West Africa in 2004. Served in the health clinics and taught two sessions of training for women in Kumasi and Wale-Wale (interpreter required).
- Participated in domestic mission trip to Nanjemoy, Maryland in 2006.

References

Mrs. Rhonda Green 301- 343-3248
Ms. Hattie Porterfield 301- 439-3225
(additional references available upon request)

"COMMITTED TO EDUCATION, SERVICE, AND EXCELLENCE"**PROFESSIONAL PROFILE**

Tiffany Pertillar is an experienced professional with several years of maternal, child health and chronic disease public health expertise. Throughout her career, she has been recognized as an energetic and motivating leader with a proven ability to effectively manage multiple teams and projects while working in high-pressure situations. With polished presentation and management skills, Tiffany has excelled at providing high caliber health education and training in various community settings. Tiffany currently seeks a leadership opportunity, at an organization focused on maternal and child public health that will allow her to continue to hone and grow her program management acumen.

PROFESSIONAL EXPERIENCE**Society for Public Health Education**

January 2011—Present

Project Director, Healthy Communities Initiative

- Liaise with the Centers for Disease Control and Prevention on its Healthy Communities Initiative, primarily, serve as the Project Director for ACHIEVE (Action Communities, for Health, Innovation, and EnVironmental ChangE)
- Work with staff and grantees from Y-USA, National Recreation and Parks Association, National Association of Chronic Disease Directors, and National Association of City and County Health Officials to help accomplish policy, systems, and environmental changes that support healthy lifestyles.
- Manage all aspects of cooperative agreement including project budget, project implementation, and project reporting.
- Plan and provide technical assistance to national partners in support of the CDC's Healthy Communities Initiative
- Identify, develop, and distribute technical assistance resources and other products to national organizations and communities specifically focusing on policy and systems level interventions that support healthy lifestyles (Examples Include: Sustainability Assessment Tool, Sustainability Fact Sheets, ACHIEVE Key Messages, Coalition Development, Evaluation, Using Media)
- Author articles related to the ACHIEVE program to be published in SOPHE and CDC newsletters featuring environmental and systems changes from community partners
- Disseminate success strategies and lessons learned in community based engagement for chronic disease prevention as published in SOPHE journals and other publications to federal policymakers and other stakeholders (Examples Include: Policy Briefs, Congressional Briefings)
- Support planning of sessions at SOPHE national meetings and to chapters focusing on policy/systems level changes to enhance healthy communities, including training objectives, speaker communication, preparation of materials, and evaluations
- Lead ACHIEVE Translation & Dissemination and Communications workgroups and facilitate all conference calls and in-person meetings
- Plan, implement, and evaluate webinars and other opportunities for distance based training for project grantees and communities, as well as Action and Learning Institutes sponsored by other partners
- Research and conduct literature reviews on various topics related to chronic disease prevention and management.
- Maintain strategic alliances with national organizations by representing SOPHE on various task-forces and roundtables
- Develop and draft technical proposals for various FOA and RFP opportunities.
- Serve on NIH and PCORI grant review panels

HCD International***Project Manager***

October 2008 – January 2011

Consultant

January 2011—December 2011

- Serve as the liaison between the Health Resources and Services Administration (HRSA) and "The Business Case for Breastfeeding" participants
- Create and manage contract budgets for federal government projects
- Provide leadership to a dynamic team of professionals: graphic artists, translators, evaluators
- Manage the contractual work of 30 State Breastfeeding Coalitions (SBCs) and six (6) Healthy Start Programs throughout the United States
- Routinely facilitate health promotion and health education training in community based settings (over 20 trainings facilitated)
- Conduct oral presentations and advise SBCs on program requirements and expectations.
- Provide oversight for focus groups and develop written reports to summarize results for HRSA Project Officer
- Author monthly and annual reports for "The Business Case for Breastfeeding" and Spanish translation projects
- Provide logistical oversight for the Spanish translation of the Health Resources and Services Administration's Maternal and Child Health Bureau national publications: *Taking Care of Mother: "Nurturing Self as Well as Baby"* & *"The Business Case for Breastfeeding"*
- Provide logistical oversight for the Health Resources and Services Administration's Maternal and Child Health Bureau national initiative entitled: *"The Business Case for Breastfeeding"*
- Oversee the grant management process including the development of the grant guidance, the application process and participant selection process for the *"The Business Case For Breastfeeding"* initiative
- Provide technical guidance to State Breastfeeding Coalitions and Healthy Start Programs

- Develop evaluation tools to assess the impact of The Business Case for Breastfeeding on Breastfeeding exclusivity and duration rates, as well as its impact on childhood obesity.
- Evaluate and analyze State Breastfeeding Coalition public health interventions as they relate to "The Business Case for Breastfeeding" and the public health implications of breastfeeding
- Prepare reports and recommendations on critical program issues and identify successful practices
- Identify program recommendations for MCHB Project Officer
- Assist in the development of program goals for "The Business Case for Breastfeeding"
- Successfully author contract winning RFP responses
- Track various breastfeeding policies in the United States including the Health Care Reform Legislation
- Serve as the technical writer and editor for various government contracts and proposal development teams (i.e. The Department of Housing and Urban Development and the Health Resources and Services Administration)

**U.S. Department of Health and Human Services: Health and Resources Services Administration
Maternal and Child Health Bureau**

Social Work and Public Health Policy Intern—Field Placement and Capstone

September 2007-September 2008

- Reviewed grant applications for Healthy Start Programs and Perinatal Depression Initiatives.
- Attended inter-agency workgroups and worked collaboratively with other agencies on various public health issues such as suicide and mental health and their policy implications.
- Acted as a liaison between private agencies and the Federal government during mental health consortium meetings.
- Organized and attend teleconferences between the Maternal and Child Health Bureau and six State Perinatal Depression Services Grantees.
- Conducted research on various public health policy issues and concerns such as Assisted Reproductive Technology, Exclusive Breastfeeding, Mental Health, Suicide, and Maternal Depression.
- Conducted site visits to Healthy Start Sites to see if they meet national criteria as well as Perinatal Depression Services Grantees.
- Attended Strategic Plan Workgroup to plan the Maternal and Child Health Bureau Strategic Plan.
- Conducted a regional survey of emerging Maternal and Child Health topics.
- Produced a poster presentation on The Policy Implications of Assisted Reproductive Technology for the Association of Maternal and Child Health Programs Conference, *presented by Isadora Hare, MSW.*
- Reviewed grant applications for the Division of Healthy Start and Perinatal Services (i.e., Doulas, First Time Motherhood, and Inter-conception Care)
- Facilitated bi-weekly work group meetings to guide the development of the Perinatal Health Strategic Plan
- Conducted interviews with key informants and experts in the field in Maternal and Child Health (MCH)
- Conducted a Needs Assessment (Environmental Scan) to identify and prioritize emerging issues in MCH
- Developed a survey to be administered to experts and stakeholders in the MCH field
- Developed a five-year Perinatal Health strategic plan to be utilized by the Perinatal Health Specialist
- Presented strategic plan to the Maternal and Child Health Bureau stakeholders and the University of Maryland Baltimore

EDUCATION

University of Maryland Baltimore
Master of Public Health

MPH Concentration: Social and Behavioral Science
President, Global Health Student Organization

Baltimore, MD
May 2009

University of Maryland Baltimore
Master of Social Work

MSW Concentration/Specialization: Managerial Administrative Community Organization/Health
MSW Sub-specialization: Child and Family Health
International Social Work Organization

Baltimore, MD
May 2008

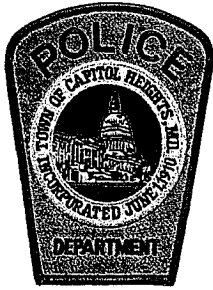
Geneva College
Bachelor of Science, Human Services

Beaver Falls, PA
May 2003

HONORS, AWARDS & FELLOWSHIPS, AND CERTIFICATIONS

Health Education Specialist Certification
Maternal and Child Health Leadership Scholar
Psi Chi National Honor Society Inductee

April 2010
August 2007-May 2008
Spring 2002



Town of Capitol Heights

-----"Professional, Accountable & Dedicated"-----

POLICE DEPARTMENT

401 Capitol Heights Boulevard – Capitol Heights, MD 20743 – (301) 420-2444

November 6, 2012
Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,

The Capitol Heights Police Department is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

Capitol Heights Police Department will be an active participant in the Health Enterprise Zone.

Sincerely,

A handwritten signature in black ink, appearing to read "Anthony L. Ayers, Sr." with a stylized flourish at the end.

Anthony L. Ayers, Sr.
Chief of Police
Capitol Heights Police Department
401 Capitol Heights Blvd.
Capitol Heights, Maryland 20743
301-420-2444 Work
alayers@capitolheightsmd.com



111 Michigan Avenue, N.W.
Washington, DC 20010-2970

November 10, 2012

Pamela B. Creekmur
Health Officer, Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Ms. Creekmur,

Children's National Medical Center is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

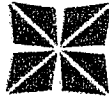
As the largest provider of pediatric inpatient and specialty services to the children of Prince George's County and the National Capital Region, Children's National Medical Center has worked directly for several years with entities in the proposed Health Enterprise Zone (HEZ) including: **1)** the NIH-funded Science Education Partnership program at Seat Pleasant Elementary School, and **2)** a consultative relationship of our Division of Adolescent and Young Adult Medicine, specifically the Burgess Clinic for HIV-affected youth, with the School-based Health and Wellness Center at Fairmount Heights High School. The advent of funding through this initiative will permit Children's National to expand its care delivery presence in the HEZ with the replication of selected, evidence-based health promotion/disease prevention programs, including: **1)** the IMPACT asthma management program focused on reducing ED visits and admissions, **2)** the Healthy Generations program aimed at infant mortality reduction, and **3)** the Mobile Health program which will augment school-linked pediatric primary care health services in the HEZ. All of these programs share a long-standing record of successful implementation and achievement of population-based targeted outcomes in geographically proximate Washington, DC. We welcome the opportunity to offer these services as new community-based assets in the HEZ, and Prince George's County at large. Further, through this expanded service delivery, Children's National will also provide a seamless consultative process for all pediatric inpatient and specialty care needs that emerge from the HEZ.

On behalf of the executive leadership team, should the funding be awarded, I commit that Children's National Medical Center will be an active participant in the Health Enterprise Zone activities. Thank you for extending this partnership opportunity.

Sincerely,

A handwritten signature in black ink that reads "Joseph L. Wright, MD, MPH". The signature is written in a cursive, slightly slanted style.

Joseph L. Wright, MD, MPH
Senior Vice President, Child Health Advocacy Institute
Chief External Affairs Officer



Dimensions Healthcare System
Prince George's Hospital Center

November 6, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

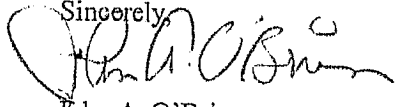
Dear Mrs. Creekmur:

Prince George's Hospital Center is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. We believe that this plan from the Prince George's County Health Department will favorably impact the three major concerns of 1) reducing health disparities, 2) improving health care access and health outcomes and 3) reducing the cost of care, hospital admissions and re-admissions. We understand that the Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health status disparities. We will work with the Prince George's County Health Department in this proposal to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

Prince George's Hospital Center is the primary emergency and hospital services provider for the target zip code. We are a partner with several health organizations to provide access to needed services for these communities. We currently work with the Prince George's County Health Department to provide prenatal care to high risk women along with screening services for breast and bowel cancers. We have in the past, and will continue to collaborate with the Health Department to do assessment, planning and outreach services that will help to reduce disparities and improve health status. We also have developed programs with the City of Seat Pleasant. This proposal helps to bring together all of our efforts toward health improvement in the 20743 zip code.

Prince George's Hospital Center is committed to the effort described in the Health Empowerment Zone proposal and will be an active participant.

Sincerely,


John A. O'Brien
President

Executive Offices
3001 Hospital Drive, Cheverly, Maryland 20785
301-618-2100 • FAX 301-618-3966
TTY 301-618-3170 • www.princegeorghospital.org



8118 Good Luck Road
Lanham, Maryland 20706-3596
301-552-8118

November 9, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

Re: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur:

Doctors Community Hospital supports the Health Enterprise Zone's grant application to the Maryland Community Health Resources Commission. This initiative will contribute to Prince George's County Health Department's dedication to reducing health disparities; improving healthcare access and health outcomes; and reducing the cost of care, hospital admissions and re-admissions.

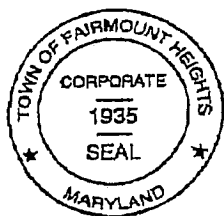
Your selection of zip code 20743 (Capital Heights, Seat Pleasant and Fairmont Heights) as a focus for this initiative will help many of those residents who are socioeconomically impoverished, medically underserved and characterized by health disparities. In fact, your department's proposal will increase medical, behavioral, dental and social services within this zip code by incentivizing healthcare providers to establish practices while providing and sustaining crucial services.

Our shared dedication to closing the healthcare disparity gap and improving the health of the community has included a collaboration that provides low-income women with access to free digital mammograms to detect this disease early. Moreover, we've coordinated on activities pertaining to evidence-based hospital readmission intervention, emergency room diversion and other specialty consultations. With such a history involving a mutual commitment to the medical wellbeing of our community, Doctors Community Hospital will proudly join the Prince George's County Health Department as a participant in the Health Enterprise Zone initiative.

Please contact me at 301-552-8085 or pgrenaldo@dchweb.org to discuss this significantly important endeavor.

Sincerely,

Paul Grenaldo
Chief Operating Officer



TOWN OF FAIRMOUNT HEIGHTS

6100 Jost Street
Fairmount Heights, Maryland 20743

(301) 925-8585 or 8586
Fax: (301) 925-8977

November 14, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,

Town of Fairmount Heights is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

The Town of Fairmount Heights a Prince George's County Municipality with a population of approximately 1500. Incorporated in 1935, The Town of Fairmount Heights is one of the oldest historic African American Towns in Prince George's County. Since our incorporation we have kept the legacy moving forward and earned a spot on the National Register for Historical Locations within our Country.

We support the plan for including Fairmount Heights in the Health Initiative. Contact person, Mayor Lillie Thompson Martin, Town of Fairmount Heights 6100 Jost Street, Fairmount Heights, Maryland 20743, telephone number 301-925-8585.

Sincerely,


Lillie Thompson Martin
Mayor

"A Government that serves its People"



Health Improvement Center
Women's Health Institute
Prime Time Sister Circles®

November 13, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,

The Gaston & Porter Health Improvement Center, Inc. (GPHIC) is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

For over 8 years, GPHIC has provided preventive health services through our Prime Time Sister Circles® to the residents of Prince George's County. We look forward to continuing our relationship with the Health Department through a Health Enterprise Zone.

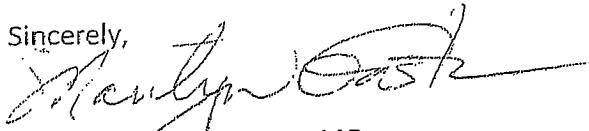
GPHIC is eager about the prospect of serving as a participant on the Health Enterprise Zone grant application. We are excited at the opportunity to expand our evidence-based Prime Time Sister Circles throughout the target area; providing technical assistance on adapting Prime Time Sister Circles (PTSC) model to diverse populations. We have documented throughout the PTSC the ability to reduce the risk of health disparities in mid to late life African American women.

GPHIC commends the Health Department for taking the initiative to pursue this opportunity. If funding is awarded the GPHIC will be an active participant in the Health Enterprise Zone.

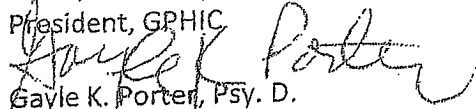
Health Improvement Center
Women's Health Institute
Prime Time Sister Circles[®]

Feel free to contact me at gastonandporter@gastonandporter.org, or call 301.983.9586.

Sincerely,



Marilyn Hughes Gaston, MD
President, GPHIC



Gayle K. Porter, Psy. D.
Vice-President, GPHIC



Gerald Family Care, P.C.
Melvin D. Gerald, M.D., M.P.H., Founder

Family Practice

November 6, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,

Gerald Family Care is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

Gerald Family Care, PC is a Family Practice group established on November 6th, 1974. We have been involved in Prince Georges County since 1977. Our goals are to provide primary, preventive and managed care services with the highest levels of professionalism, compassion, and caring to families and individuals in need of health care.

Gerald Family Care participates with the Prince George's County Health Department on its Health Action Coalition. Gerald Family Care will be an active participant in the Health Enterprise Zone. Gerald Family Care proposes to establish a Patient Centered Medical Home within the 20743 zip code area. With the support of grant funds from the Health Enterprise Zone, we will staff up to three new primary care providers in this zone.

Sincerely,

Melvin D. Gerald, MD MPH
President and CEO



Global Vision Foundation

"Global Services without Borders"

12108 Early Lilacs Path, Clarksville, MD 21029

November 7, 2012

Prince George's County Health Department
Health Officer Pamela B. Creekmur
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Health Officer Creekmur,

Global Vision Foundation (GVF) is pleased to provide this letter affirming our support for the Prince George's County Health Enterprise Zone Grant Application to the State of Maryland, Community Health Resources Commission. This Prince George's County Health Department effort will favorably impact three major concerns: (1) reducing health disparities, (2) improving health care access and health outcomes and (3) reducing care cost, hospital admissions and re-admissions within the 20743 zip code. This 20743 geographic area includes Capitol Heights, Seat Pleasant and Fairmount Heights and is a socioeconomically impoverished, medically underserved community that is characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

Global Vision Foundation is a 501c(3) non-profit organization committed to serve and help maintain viable and healthy communities locally, nationally, and internationally with a primary focus of changing lives for the better of ***One person, One family, and One Community at a Time.*** Since 2005, GVF's core passion has been engagement of neighborhoods, communities, churches and other health partner organizations to implement community-based initiatives and partnerships that address health disparities in designated communities. GVF's goal is to raise community and public awareness relating to disease prevention and the promotion of healthy lifestyles by developing and implementing long-term strategies that reduce the disease disparity of populations that are historically at risk for preventable diseases and disorders.

Global Vision Foundation will be an active participant in the Health Enterprise Zone. Our physicians, nurses and healthcare professional will support this effort by increasing access to quality health care in collaboration with Prince George's County Health Department. Our services will include screening for disease processes sometimes at the patient's home, utilizing Mobile Clinics and an onsite medical home. As will all GVF health initiatives, GVF will provide adequate follow-up and comprehensive treatment at a Primary Care Center for longer term care with the goal to reduce risk factors, prevent and delay progression of chronic diseases, promote wellness in children and adults and provide positive, sustainable health change in all communities. Please do not hesitate to contact me to should you have any questions or need additional information by calling (410) 963-5870 or sending email to blessedmd411@gmail.com.

Sincerely,

Toyin Opesanmi, M.D., AAHIVS

GREATER

Baden Medical Services



Taking care of our community

Greater Baden at Brandywine
7450 Albert Road 2nd Floor
Brandywine, MD 20613
301-888-2233 Fax 301-888-9133

Greater Baden at Capitol Heights
1458 Addison Road South
Capitol Heights, MD 20743
301-324-1500 Fax 301-324-6405

Greater Baden at Leonardtown
23140 Maskey Street, Suite 4
Leonardtown, MD 20650
301-997-1029 Fax 301-997-1489

Greater Baden at Nanjemoy
4375 Port Tobacco Road, Suite 101
Nanjemoy, MD 20662
301-753-4630 Fax 301-753-4562

Greater Baden at Oxon Hill
6188 Oxon Hill Road, Suite 801
Oxon Hill, MD 20745
301-686-1665 Fax 301-686-1190

Greater Baden at Suitland
5001 Silver Hill Road, 2nd Floor
Suitland, MD 20746
240-492-2500 Fax 240-492-2526



WIC Center - Brandywine
7450 Albert Rd. 2nd Floor
Brandywine, MD 20613
301-836-9654 Fax 301-836-9655

WIC Center - Capitol Heights
1472 Addison Road South
Capitol Heights, MD 20743
301-324-1873 Fax 301-324-2415

WIC Center - Oxon Hill
6188 Oxon Hill Road, Suite 801
Oxon Hill, MD 20745
301-686-1171 Fax 301-686-1190

WIC Center - Suitland
5001 Silver Hill Road, 2nd Floor
Suitland MD, 20746
240-492-2506 Fax 240-492-2526

GBMS is a Joint Commission Accredited
Federally Qualified Health Center



Pamela B. Creekmur, Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, Maryland 20774
November 7, 2012

Re: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Ms. Creekmur:

Greater Baden Medical Services, Inc. is pleased to provide this letter affirming our support of the Prince George's County Health Department's application to establish a Health Enterprise Zone. The Health Department will focus its efforts to favorably impact three major areas: reducing health disparities, improving health care access and outcomes, and reducing the cost of care, hospital admissions and readmissions. Prince George's Health Department has chosen zip code 20743 for the Health Enterprise Zone (Capitol Heights, Seat Pleasant and Fairmount Heights). The 20743 zip code area is socially impoverished, medically underserved and characterized by health disparities. Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices, and to provide and sustain crucial services for the residents of the area.

Greater Baden was founded by a consortium of agencies, including the Prince George's County Health Department, and has worked with the Health Department on many projects during its history. For example, Greater Baden developed a homeless outreach and health services program at the request of the Health Department. It also added primary care services at the Suitland Health and Wellness Center at the request of the Health Department. Greater Baden is an active participant in the county's development of the State Health Improvement Plan.

Greater Baden has made a commitment to expand its services in Capitol Heights as part of the Health Enterprise Zone project. We presently offer comprehensive primary and preventive care to adults and children, as well as prenatal care and WIC services in Capitol Heights. With the assistance of the Health Department, we will be able to increase clinical space in Capitol Heights, and increase the number of providers providing primary care in 20743. Behavioral health will also be added to the services offered by Greater Baden.

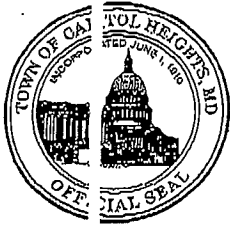
Greater Baden will be an active participant in the Health Enterprise Zone. Please feel free to contact me if you have any questions.

Sincerely,

Sarah Leonhard, M.D.
Chief Executive Officer

Administrative Offices

7450 Albert Road, 3rd Floor, Brandywine, MD 20613
Telephone 301-559-0460 • Fax 301-599-0463 • www.gbms.org



Kito A. James
Mayor

Incorporated Town of Capitol Heights

Vivian M. Dodson Municipal Center • One Capitol Heights Boulevard • Capitol Heights, Maryland 20743

Office: (301) 336-0626 • Fax: (301) 336-8706

kjames@capitolheightsmd.com • www.capitolheightsmd.com

November 8, 2012

Mrs. Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

Re: Health Enterprise Zones, State of Maryland, Community Health Resources
Commission

Dear Mrs. Creekmur:

The Town of Capitol Heights takes pleasure in providing this letter affirming our support of the Prince George's County Health Department Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission.

The Prince George's County Health Department will focus favorably to impact three major concerns: reducing health disparities; improving health care access and health outcomes; and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights because the area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services in this area by motivating healthcare providers to establish practices and to provide and sustain crucial services for the residents.

Although the Town of Capitol Heights previously has not had the opportunity to partner with the Prince George's County Health Department on issues affecting its citizenry, we certainly would appreciate the ability to do so.

The Town is dedicated to building avenues to health and wellness for its constituents by focusing on issues that impact and better serve the public. Over the last several years we have worked with local community groups on various projects to increase civic participation. I have also been active in the

Kito A. James Mayor	Marnitta L. King Councilwoman	Renita A. Cason Councilwoman	Kenneth D. Vinson Councilman	Tamil Perry Councilwoman	Monique Hunter Councilwoman	Victor L. James Sr., Councilman
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"One Town, One Vision, One Future"

Mrs Pamela B. Creekmur

Page Two

November 8, 2012

Healthy Heights (ACHIEVE) along with the City of District Heights. I believe that if we can educate the public and encourage them in the pursuit of a healthy and fulfilling life, then our service as leaders in the community would be accomplished.

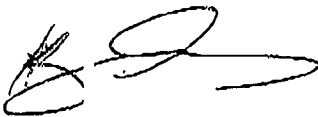
In a partnership with residents, GOT/HOPE was founded in Capitol Heights in 2011. This group provides "fresh" fruits and vegetables to local families on a monthly basis. The group uses the Town Hall as its base of operations and the Town has assisted the group with funding. This group stresses improving healthy living through proper nutrition. The group has served several hundred residents and has been highly successful in its mission.

Over the last 20 years, the Town has also partnered with homeowners and neighborhood groups like the Brooke Road Civic Association (BRW) and London Woods Homeowners Association. Both of these groups have community members with long-standing roots in the area. Some of the outcomes that the Town has supported are quality of life issues like neighborhood beautification and creating walkable communities. We have found that community partnerships have yielded more community buy-ins and a better understanding of our overall neighborhoods.

As a partner with Prince George's County, Capitol Heights will be active in getting broad-based support for this grant and supporting the location of medical services in our area. It is in that regard that the Town of Capitol Heights would be an active participant in the Health Enterprise Zone. We are excited about this opportunity, and we know that the right incentives in this area can greatly benefit from the relocation and/or addition of medical services.

I fully support this application and invite you to contact me directly if you have any questions, I may be reached at (301) 336-0626.

Sincerely,



Kitc A. James
Mayor

KAJ MBH:lch



Mary's
Center

November 9, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,

Mary's Center for Maternal and Child Care, Inc. is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes while reducing cost of care, and reducing hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant, and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved, and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental, and social services by incentivizing health care providers to establish practices and to provide and sustain crucial services for residents.

Mary's Center built and fully staffed a 10 patient medical clinic in Adelphi, Maryland which has been identified as a medically underserved area. The clinic stands as a real example of the collaborative efforts of Prince George's Health Department, Prince George's School System, Prince George's Judy Hoyer Child Resource Center, CareFirst, United Healthcare and several foundations. The clinic offers mobile dental services, medical services, mental health, and home visitation.

Mary's Center is committed to Prince George's County and will be an active participant of the Health Enterprise Zone. Mary's Center is prepared to work with our partners to secure gap funding needed to deliver the Mary's Center care delivery system that includes medical, social, education, mental health, and dental services in Prince George's County. As many of our partners know, Mary's Center was recently awarded an Innovation Grant through the CMMS department of Innovation. Mary's Center is prepared to extend this patient care delivery system into Prince George's County through partnering with Managed Care Organizations and Community Health Care Centers.

Sincerely,

David Tatro
Chief Operating Officer

November 9, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,

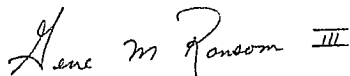
MedChi, The Maryland State Medical Society is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns: reducing health disparities, improving health care access and health outcomes, and reducing care cost, hospital admissions and re-admissions.

The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved, and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

MedChi is a proponent of the work that the Prince George's County Health Department is doing for the safety net community. We are active participants on their Healthcare Action Coalition, and work closely with physicians to support access to high quality care. We have collaborated on projects to enhance the efficiency of care delivery by developing health information technology across primary care practitioners. We look forward to the Health Enterprise Zone and other future efforts to improve population health.

MedChi intends to work with the Health Department and Maryland physicians to assist with outreach and promotion of this project. If you need additional information, please contact me.

Sincerely,



Gene M. Ransom, III
Chief Executive Officer



November 12, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive
Suite 200
Largo, MD 20774

Dear Mrs. Creekmur:

Medical Mall Health Services is pleased to provide this letter affirming our commitment to support the Prince George's County Health Department's Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care costs, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area, which includes, Capitol Heights, Seat Pleasant and Fairmont Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health inequity. The Prince George's County Health Department proposes to increase medical, behavioral, dental, and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

Medical Mall Health Services (MMHS) is a Maryland Corporation that provides healthcare solutions to reduce costs and improve patient outcomes for patients -- served by acute care hospitals, skilled nursing facilities, and Patient-Centered Medical Homes. Our services include community-based care transitions services, community-based intensive case management, medication management, and care coordination services. Our services are provided in a manner that provides measurable outcomes to the benefit of the patient, the health care facility, and the healthcare system.

The potential to expand the availability of primary care resources to 20743 directly impacts the work that MMHS has been doing at Prince George's Hospital Center. During the past year we have been working with Dimensions Health System and Prince George's County Health Department officials to implement an evidence-based intervention to reduce unnecessary readmissions to Prince George's Hospital Center. Part of our evidence-based intervention is to ensure that patients that are discharged from an acute care facility have a follow-up appointment with a primary care provider, within seven days of discharge from the hospital. The lack of medical assets in 20743 coupled with the multiple social determinants of health affecting this target population has made it difficult to link these consumers with a primary care provider that can meet the needs of the community. Through the expanded collaboration with the Health Department, MMHS will be an active participant in the Health Enterprise Zone, providing essential care coordination services for residents of the target zip code.

Sincerely,

A handwritten signature in black ink, appearing to read 'Timothy P. McNeill', is written over a horizontal line.

Timothy P. McNeill, RN, MPH
Chief Operating Officer

10110 Molecular Drive
Rockville, MD 20850
Phone: (202) 344-5465
E-Mail: timcneill@medicalmallhs.com



PregnancyAid Center

● ● ● ● A Clinic for Women & Newborns in Maryland



DATE

November 6, 2012
Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,
Pregnancy Aid Centers, Inc., (PAC) is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents. As the safety net provider for women's health services in Prince George's County, we are well aware of the need for primary care services in this area.

PAC and the Prince George's County Health Department have had a formal relationship for the past 20 years. PAC is contracted to provide Title X family planning services and breast and cervical cancer screening and treatment services.

PAC will be an active participant in the Health Enterprise Zone.

Sincerely,

Mary Jelacic
Executive Director

Prince George's County
Department of Social Services



Rushern L. Baker, III
County Executive

Gloria L. Brown
Director

November 13, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,

The Prince George's County Department of Social Services is pleased to provide this letter affirming our support of the Health Department's Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. It is my understanding that the Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

The Prince George's County Department of Social Services (DSS) is currently working with the Health Department to address the aforementioned outcomes in several ways. Specifically, to ensure that citizens receive timely and accurate access to medical benefits, DSS and the Health Department embrace a *No Wrong Door* approach to serving our citizens. Both Departments collaborate to implement the Child Fatality Review Board where we work collaboratively with other partners to review fatalities of youth in Prince George's County. From this Board recommendations are made for systemic and organizational improvements across government. Additionally, the Agencies work cooperatively to serve at-risk families through the Infants at Risk and Infants and Toddlers Programs. These programs send specialized services into many homes to include children at risk of abuse and neglect with the focus on improving health and other related outcomes.

Again, the Prince George's County Department of Social Services is extremely pleased to partner with and support the work of, the Prince George's County Health Department. Should additional information be required or you wish to contact me, please do so directly at 301.909.7077.

Sincerely,

Gloria Brown
Director



Martin O'Malley, Governor Anthony G. Brown, Lieutenant Governor Theodore Dallas, Secretary
805 Brightseat Road, Landover, MD 20785-4723 301-209-5000 TTY: 1-800-735-2258 www.princegeorgescountymd.gov

"Strengthening Families and Building Communities"



Rushern L. Baker, III
County Executive

THE PRINCE GEORGE'S COUNTY GOVERNMENT

Department of Family Services

November 13, 2012

Pamela B. Creekmur, Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Ms. Creekmur:

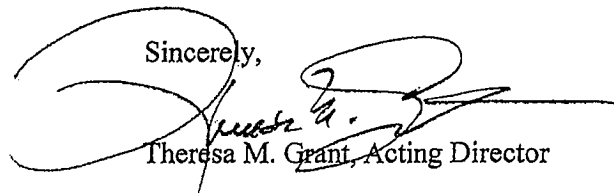
The Department of Family Services is pleased to provide this letter affirming our support of the Health Enterprise Zones Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

The Department of Family Services has a longstanding history of working with the Prince George's County Health Department through our collaborative efforts on working on the Local Management Board, the Healthcare Action Coalition, and more recently the Transforming Neighborhoods Initiative. In each of these efforts, we have successfully planned and developed services that are in alignment with the mission of the Health Enterprise Zones in the State of Maryland.

Historically, we have partnered with the Prince George's County Health Department to improve health outcomes for our youth by supporting the School Based Wellness Program in several of our high schools and the home visiting program designed to improved birth outcomes of new and expecting mothers. Additionally, we have worked together to provide funding for counseling services through the Health Department's Laurel-Beltsville Youth Services Bureau and we provide joint services which enable seniors who are at risk of entering long-term care facilities to receive supportive services in their home and/or community based settings.

The Department of Family Services affirms that we are committed to being an active participant in the Health Enterprise Zone. If you have any questions please do not hesitate to contact me at (301) 265-8466.

Sincerely,



Theresa M. Grant, Acting Director

Harriet Hunter Building – 6420 Allentown Road, Camp Springs, MD 20748
(301) 265-8427 (VOICE) • (301) 248-0813 (FAX) • 711 Maryland Relay Service



PRINCE GEORGE'S COUNTY GOVERNMENT
OFFICE OF THE COUNTY EXECUTIVE

Rushern L. Baker, III
County Executive

November 14, 2012

Mr. Mark Luckner
Executive Director
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, Maryland 21401

Dear Mr. Luckner:

I am pleased to support the grant application being submitted by the Prince George's County Health Department in response to the State of Maryland's Call for Proposals to create a Health Enterprise Zone within the County.

The geographical region chosen by the Prince George's County Health Department to bring crucial primary care, dental, behavioral and other health-related services is socioeconomically impoverished, medically underserved, and characterized by health disparities. A Health Enterprise Zone award will incentivize healthcare providers to establish practices and provide sustainable crucial services which will reduce health disparities, improve healthcare access and outcomes, as well as lower health care costs, hospital admissions, and re-admissions.

I embrace the opportunity to partner with the Towns of Capitol Heights and Fairmont Heights, the City of Seat Pleasant, and surrounding communities to develop a multi-faceted approach to improve the health of the residents located within the 20743 zip code. I am pleased to note that zip code 20743 also includes Coral Hills, a Transforming Neighborhoods Initiative Community. I commend the State of Maryland and the Community Health Resources Commission for investing in communities that are medically underserved with the resulting unhealthy outcomes.

I am committed to a collaborative relationship with all of our partners in this transformative endeavor, and am looking forward to a favorable decision on the grant application developed to improve the health status of Prince George's County residents.

Sincerely,

Rushern L. Baker, III
County Executive



2772 Rutland Road
Davidsonville, MD 21035
(443) 332-4260
(443) 332-4384 fax
www.myrighttime.com

November 14, 2012

Ms. Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

Re: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur:

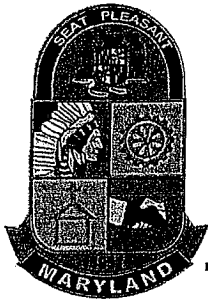
Righttime Medical Care provides urgent care services for patients of all ages from 7 a.m. to midnight, 365 days a year. We currently operate eight Care Center locations in Anne Arundel, Montgomery and Howard counties. We treat many residents of Prince Georges County in our Care Centers and collaborate with patients' primary care physicians to ensure continuity of care when the primary care physician is unavailable and an emergency room visit would be inappropriate. We are planning to open several additional locations in Maryland and Virginia.

Righttime Medical Care is pleased to provide this letter of support for the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns: reducing health disparities; improving healthcare access and outcomes; and reducing the cost of care, including through a reduction in the number of hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code, which includes Capitol Heights, Seat Pleasant and Fairmount Heights, as an area of focus. This area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for residents.

Righttime Medical Care would like to be considered for participation in the Health Enterprise Zone, as we consider plans for expansion. Please feel free to contact me at 443.332.4260 extension 8523 should you have further questions. Thank you.

Sincerely,

Stanford Coleman, MD, MBA
Chief Networking Officer, Vice President



City of Seat Pleasant

Eugene W. Grant, Mayor

November 6, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur,

The City of Seat Pleasant: A City of Excellence is pleased to provide this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department will focus to favorably impact three major concerns, reducing health disparities, improving health care access and health outcomes and reducing care cost, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

Since 1999, the City of Seat Pleasant has had a partnership with the University Of Maryland School Of Public Health for which the Prince George's Health Department has played a pivotal role. From that association the University Of Maryland School Of Public Health was successful in securing the designation as a Prevention Research Center. For the past three years the City of Seat Pleasant has held a number of Health Summits that have been supported by your Health Department. These summits which were widely supported by multidisciplinary NGO's and government agencies has produced a community based non-profit corporation whose mission is to improve the system and delivery of health care in the community. We have a long standing and successful relationship with the Prince George's County Health Department.

Seat Pleasant: A City of Excellence has partnered with the Prince George's County Health Department on a number of activities in the community. To that end, Seat Pleasant: A City of Excellence will be an enthusiastic and active participant in the Health Enterprise Zone. Specifically, Seat Pleasant: A City of Excellence is currently developing a multi-million dollar development within our borders that will include the erection of a state of the art Health and Wellness Center. The Health and Wellness Center will house a 24/7 primary care

6301 Addison Road ▪ Seat Pleasant MD 20743-2125 ▪ (301) 336-2600 ▪ Fax (301) 336-0029

www.seatpleasantmd.gov

clinic and office space for primary care physicians whom are board certified that is expected to include full service health care. These services will include but will not be limited to behavioral health, primary care, health literacy, dental care, gynecology, pediatrics, and gerontology. We have tentatively set a goal of attracting ten physicians to this site in the first two years. Additionally, the School of Public Health at the University of Maryland – College Park will work with our Health Partnership to provide Community-Based Participatory Research. Dr. Robert Gold has also pledged his support in providing medical students from the University Of Maryland School Of Medicine who will serve as interns at our site as well.

To that end, I wholeheartedly support and pledge our cities active involvement in the Prince George's County 20743 Health Enterprise Zone. If you have any questions, comments or concerns please feel free to contact me.

Yours in Excellent Service,

A handwritten signature in black ink, appearing to read 'E. Grant', with a long, sweeping flourish extending to the right.

Eugene W. Grant



UNITED COMMUNITIES AGAINST POVERTY, INC.

CHANGING THE WORLD BY EMPOWERING PEOPLE

November 8, 2012

Gwendolyn K. Ferguson
President/CEO
301.322.5700
301.322.3381 fax
www.ucnppgc.org

Mrs. Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

BOARD OF DIRECTORS

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Carolyn Lawson
Community Advocate

Nettle Walker Palmore
Community Advocate

Monte Stanford
Stanford Advisory Group, LLC

Arthur A. Turner, Jr.
Arthur Turner & Associates

Re: Health Enterprise Zones, State of Maryland, Community Health Resources Commission

Dear Mrs. Creekmur:

The United Communities Against Poverty, Inc. (UCAP) takes pleasure in providing this letter affirming our support of the Health Enterprise Zone's Grant Application to the State of Maryland, Community Health Resources Commission by the Prince George's County Health Department. The Health Department will focus services targeted to impact three major concerns: reducing health disparities; improving health care access and health outcomes; and reducing care cost, hospital admissions and re-admissions.

The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights because the area is socio-economically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services in this area by motivating healthcare providers to establish practices and to provide and sustain crucial services for the residents. UCAP also has a focus and conducts programs in this area. We fully support initiatives that improve the quality of life for Maryland residents.

We believe that these grant funds are vital and UCAP is supportive of avenues to health and wellness and improving health care access for all. We look forward to partnering with Prince George's County and other local entities in the pursuit of a healthy living and access to better healthcare.

If you have any questions or concerns, please contact me at (301) 322-5700, ext. 103.

Sincerely,

Gwendolyn Ferguson
President/CEO



6095 Marshalee Drive, Suite 100
Elkridge, MD 21075

November 13, 2012

Pamela B. Creekmur
Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, MD 20774

RE: Health Enterprise Zones, State of Maryland, Community Health Resources
Commission

Dear Mrs. Creekmur:

UnitedHealthcare Community Plan is pleased to provide this letter of support for the Prince George's County Health Department's Health Enterprise Zone Grant Application to the State of Maryland, Community Health Resources Commission. The Prince George's County Health Department initiative will focus to favorably impact three major concerns, reducing health disparities; improving health care access, health outcomes while reducing health care costs; and reducing hospital admissions and re-admissions.

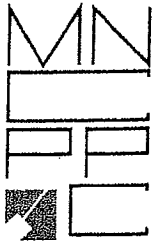
The Prince George's County Health Department has chosen the 20743 zip code geographic area which includes, Capitol Heights, Seat Pleasant and Fairmount Heights. The 20743 zip code area is socioeconomically impoverished, medically underserved and characterized by health disparities. The Prince George's County Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for the residents.

UnitedHealthcare's mission, "Helping people live healthier lives", aligns well with the Prince George's County vision for establishing a patient-centered medical home within zip code 20743. UnitedHealthcare Community Plan serves nearly 34,000 persons throughout Prince George's County in Maryland's HealthChoice and Primary Adult Care programs – 2,587 of whom reside in zip code 20743. UnitedHealth supports population health initiatives in Prince George's county and has participated in the Prince George's County Healthcare Action Coalition forums on expanding access to primary health care.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard W. Reeves'.

Richard W. Reeves
President and CEO



THE MARYLAND-NATIONAL CAPITAL PARK AND PLANNING COMMISSION

Department of Parks and Recreation

6600 Kenilworth Avenue Riverdale, Maryland 20737

301-699-2582

TTY: 301-699-2544

FAX: 301-864-6941

November 14, 2012

Ms. Pamela B. Creekmur, Health Officer
Prince George's County Health Department
1701 McCormick Drive, Suite 200
Largo, Maryland 20774

Dear Ms. Creekmur:

The Maryland-National Capital Park and Planning Commission, Prince George's County, Department of Parks and Recreation, is pleased to provide this letter affirming our support of the grant application to the State of Maryland, Community Health Resources Commission for Health Enterprise Zone project in Prince George's County, Maryland.

The Prince George's County Health Department will focus on impacting three major health concerns: reducing health disparities, improving health care access and health outcomes, hospital admissions and re-admissions. The Prince George's County Health Department has chosen the 20743 zip code geographic area, which includes, Capitol Heights, Seat Pleasant and Fairmont Heights. This area is socio-economically impoverished, medically underserved and characterized by chronic health disparities. We understand that the Health Department proposes to increase medical, behavioral, dental and social services by incentivizing healthcare providers to establish practices and to provide and sustain crucial services for residents.

Our agency is a longstanding supporter of the Prince George's County Health Department and a partner in various initiatives including the Healthy Heights Coalition and the Recreation Rx pilot program. We look forward to expanding our collaboration with further prevention strategies to improve the health outcomes in disadvantaged communities. Recreation and wellness specialists within the Prince George's County Department of Parks and Recreation will be active participants in the Health Enterprise Zone.

You may call my office or send an email directly to me for any further information on this partnership; 301-699-2582 or ronnie.gathers@pgparks.com.

Sincerely,

Ronnie Gathers, Director
Department of Parks and Recreation

c: Roslyn Johnson, Deputy Director, Facility Operations
Steven Carter, Chief, Sports, Health & Wellness Division