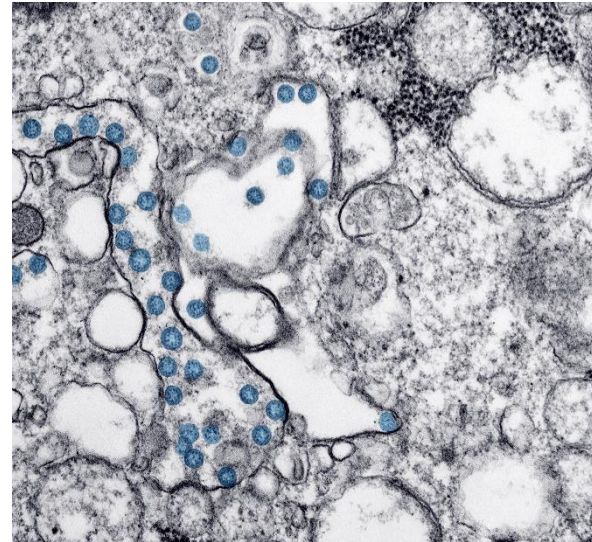
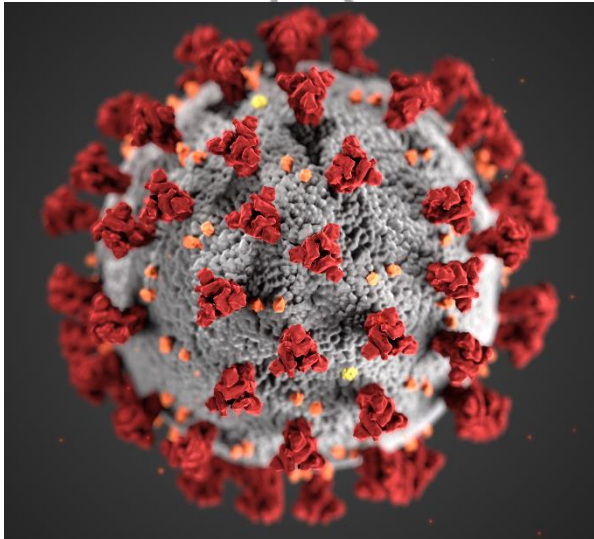


Prince George's County Health Department FY22 County Council Budget Hearing



Ernest L. Carter, MD, PhD
Health Officer
April 16, 2021

Overview

- Health Department (Pre-COVID Pandemic)
- Health Department (Post COVID Pandemic)
- FY22 Proposed Budget Allocation
- FY22 Programmatic/Infrastructural Focus
- Challenges
- Opportunities
- COVID Update

“Health departments provide public health protections in a number of areas, including: preventing the spread of communicable disease, ensuring food, air, and water quality are safe, supporting maternal and child health, improving access to clinical care services, and preventing chronic disease and injury. In addition, public health departments provide local protections and services unique to their community’s needs.

The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes seven capabilities:

- 1) Assessment/Surveillance,
- 2) Emergency Preparedness and Response,
- 3) Policy Development and Support,
- 4) Communications,
- 5) Community Partnership Development,
- 6) Organizational Administrative Competencies and
- 7) Accountability/Performance Management.

Practically put, health departments have to be ready 24/7 to serve their communities. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage them in support of public health protections.

<https://phnci.org/national-frameworks/fphs>

PUBLIC HEALTH INFRASTRUCTURE

- ✓ Assessment/Surveillance
- ✓ Emergency Preparedness and Response
- ✓ Policy Development and Support
- ✓ Communications
- ✓ Community Partnership Development
- ✓ Organizational Administrative Competencies
- ✓ Accountability/ Performance Management



Communicable
Disease Control



Chronic Disease
and Injury
Prevention



Environmental
Public Health



Maternal,
Child, and
Family Health

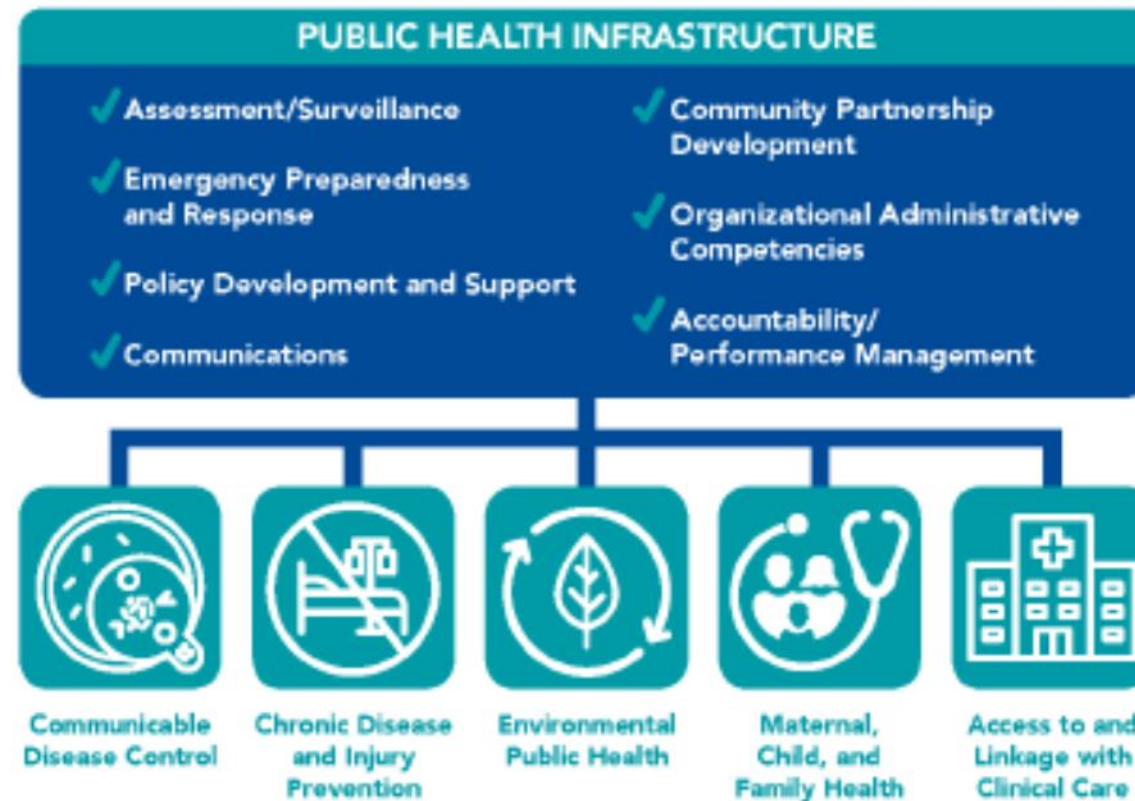


Access to and
Linkage with
Clinical Care

Three things to Consider

1. **Public health infrastructure** consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.
2. **Public health programs, or foundational areas**, are those basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.
3. **Local protections and services unique to a community's needs** are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.

Public Health Infrastructure (Foundational Capabilities)

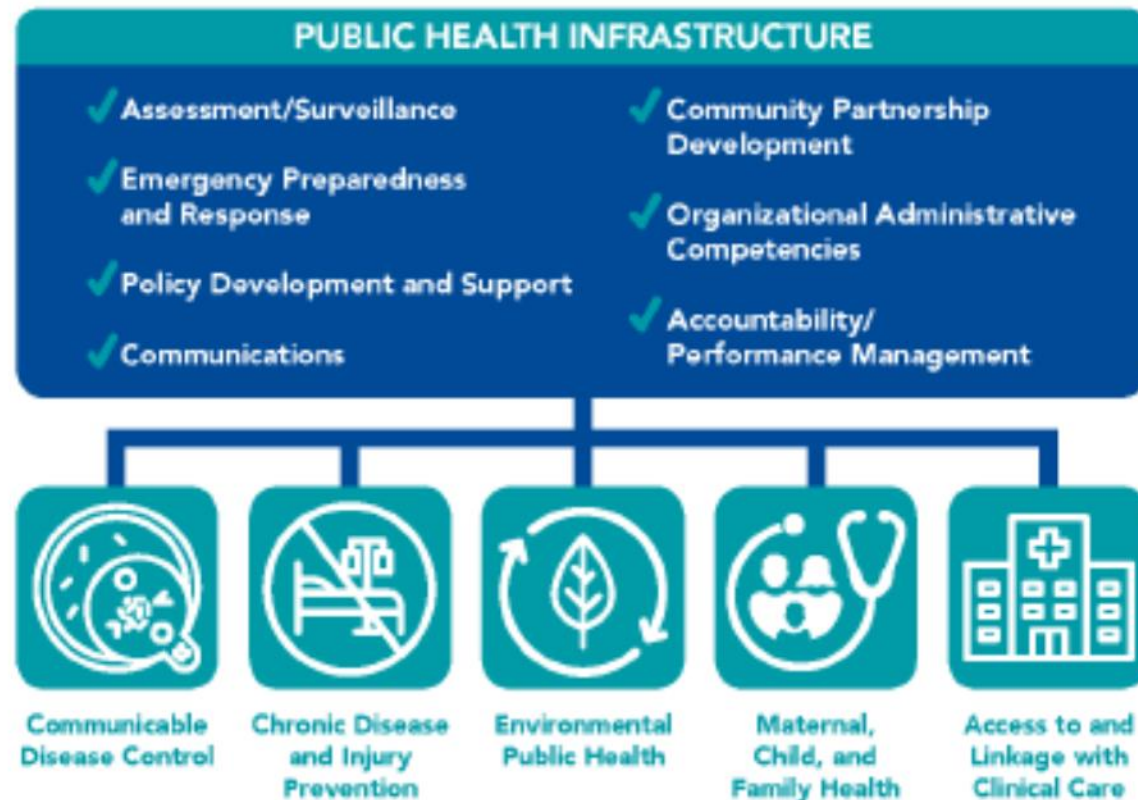


<https://phnci.org/national-frameworks/fphs>



**HEALTH
DEPARTMENT**
Prince George's County

Public Health Programs (Foundational Areas)



Health Department Pre-COVID Pandemic

- Majority Driven by State-Mandated Programs
- Low Programmatic Funding/Staffing in:
 - Disease Control/Surveillance
 - Healthcare for the Uninsured
 - School Based Wellness
 - Lead Poisoning Prevention
 - Dental Services
 - Behavioral Health Prevention & Crisis (Youth & Adult)
 - Population Health
 - Maternal Child Care

Health Department Post COVID Pandemic

- State-Mandated Programs
- Continuity of COVID Operations
 - Disease Control/Surveillance (Contact Tracing)
 - Vaccinations
 - Testing

FY22 Proposed Budget Allocation

Expenditures by Category - General Fund

Category	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Compensation	\$16,946,024	\$16,034,200	\$15,092,200	\$17,309,000	\$1,274,800	8.0%
Fringe Benefits	5,575,182	5,724,300	5,387,900	5,885,100	160,800	2.8%
Operating	5,645,445	9,519,900	16,646,500	9,628,900	109,000	1.1%
Capital Outlay	1,333	—	—	—	—	
SubTotal	\$28,167,984	\$31,278,400	\$37,126,600	\$32,823,000	\$1,544,600	4.9%
Recoveries	(1,801,084)	(2,480,100)	(2,480,100)	(2,680,500)	(200,400)	8.1%
Total	\$26,366,900	\$28,798,300	\$34,646,500	\$30,142,500	\$1,344,200	4.7%



FY22 Proposed Budget Allocation

GRANT FUNDS SUMMARY

Expenditures by Category - Grant Funds

Category	FY 2020 Actual	FY 2021 Budget	FY 2021 Estimate	FY 2022 Proposed	Change FY21-FY22	
					Amount (\$)	Percent (%)
Compensation	\$13,886,216	\$22,055,300	\$18,541,800	\$19,758,700	\$(2,296,600)	-10.4%
Fringe Benefits	3,940,610	5,513,800	5,526,400	3,062,600	(2,451,200)	-44.5%
Operating	14,635,360	43,324,300	55,997,800	35,778,700	(7,545,600)	-17.4%
Capital Outlay	—	—	—	—	—	
SubTotal	\$32,462,186	\$70,893,400	\$80,066,000	\$58,600,000	\$(12,293,400)	-17.3%
Recoveries	—	—	—	—	—	
Total	\$32,462,186	\$70,893,400	\$80,066,000	\$58,600,000	\$(12,293,400)	-17.3%



FY22 Programmatic/Infrastructural Priorities

- Population Health Improvement Strategy (MDH/State Initiative)
- Expansion of School Based Wellness
- Maternal Child Health
- Chronic Disease Prevention/Management
- Local Health Improvement Plan/Prince George's Health Action Coalition
- Asthma Program Expansion
- Accreditation
- EPIC Implementation (Electronic Health Record)
- Ongoing COVID Operations

Challenges

- Need for Additional Staffing/Resources
- Long-Term Fiscal Implications of Ongoing COVID/Coronavirus Operations
- Long-Term Fiscal Implications of General Public Health Demands/Requirements
- Meeting Performance Metrics While Addressing the Pandemic
- Cheverly Health Clinic (Need for Replacement Facility)

Opportunities

- New & Increased Public Health Funding Opportunities
- Health Information Technology Improvements/Implementation
- Additional Staffing
- Stronger Private/Public Community Partnerships (Post COVID)

COVID-19 UPDATES



Key Metrics

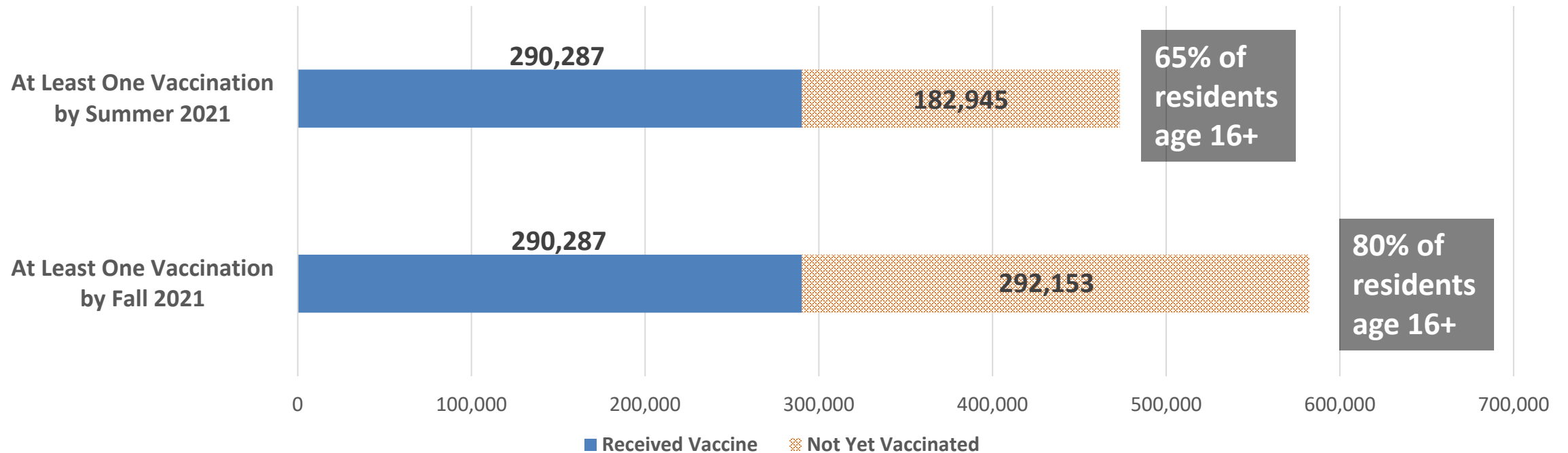
Risk Level and Reopening Phase	Percent of Positive Tests	Infection Rate	Average Daily Case Rate per 100,000 population	Available Hospital Capacity
Low (Phase 3)	0-3%	<0.9	1-5	>59.9%
Medium (Phase 2)	3.1%-5%	0.9-1.09	5-10	50-59.9%
High (Phase 1)	5.1%-10%	1.10-1.39	10-25	30-49.9%
Critical (Closed)	>10%	>1.39	>25	<30%
4/14/21	5.5%	1.03 (on 4/9)	20.5	47.2% (on 4/17)

Data as of 4/18/21

COVID-19 VACCINATIONS UPDATE

Resident Vaccinations

There are an estimated 728,050 residents ages 16 and older (the minimum age for vaccination). Our goal is to have 473,232 residents vaccinated by this summer, or 65% of this population and 80% by this fall. **We are now over 60% of the way towards our summer goal:** to date, approximately 290,000 residents have received at least one vaccination (61.3% of our summer goal). We anticipate revising our goal as new vaccines become available that include younger populations.

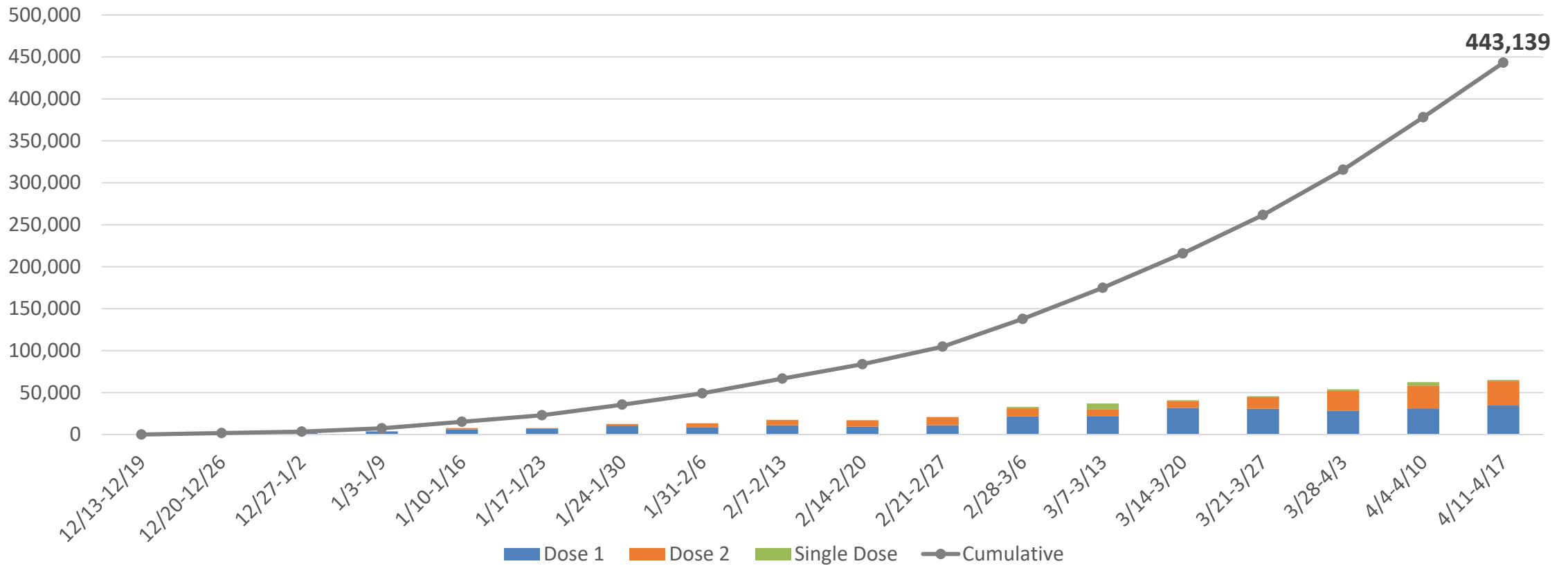


Data as of 4/17/21



Vaccinations by Date Received for Residents

Over 443,000 vaccines have been provided to 290,287 county residents (170,612 residents have received a second vaccination) in Maryland; 39.9% of our residents ages 16 and over have received at least one vaccine. Over 65,000 vaccinations were reported for last week, a new record high.



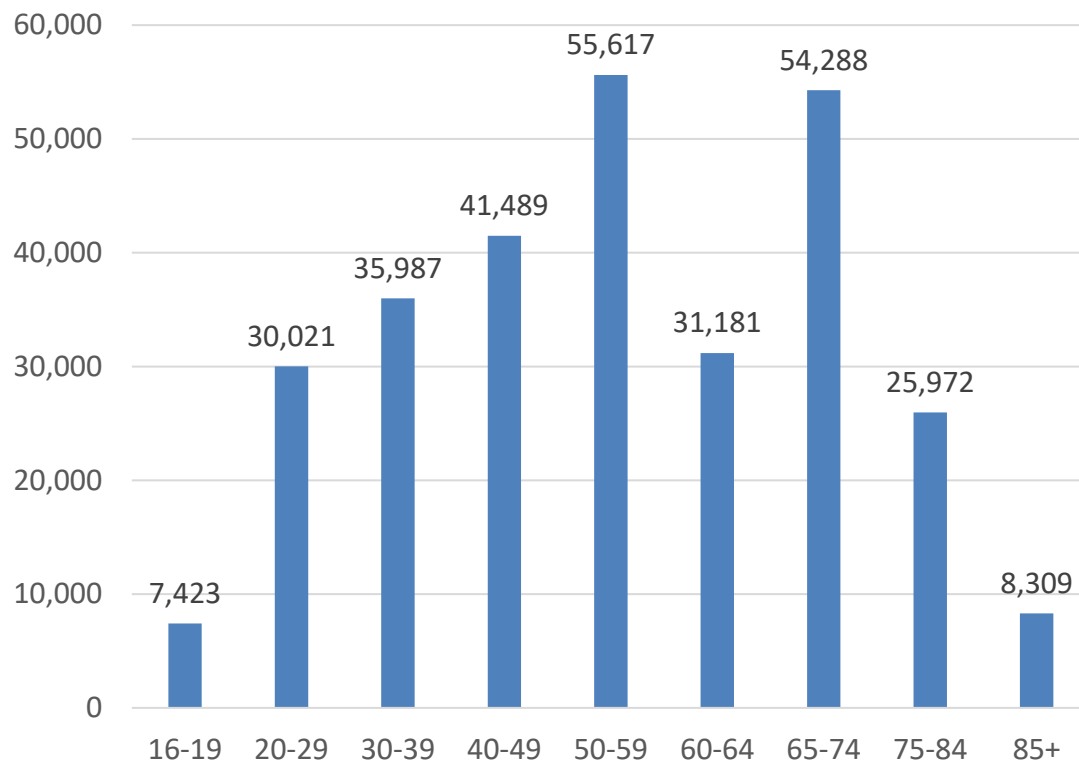
Data as of 4/17/21



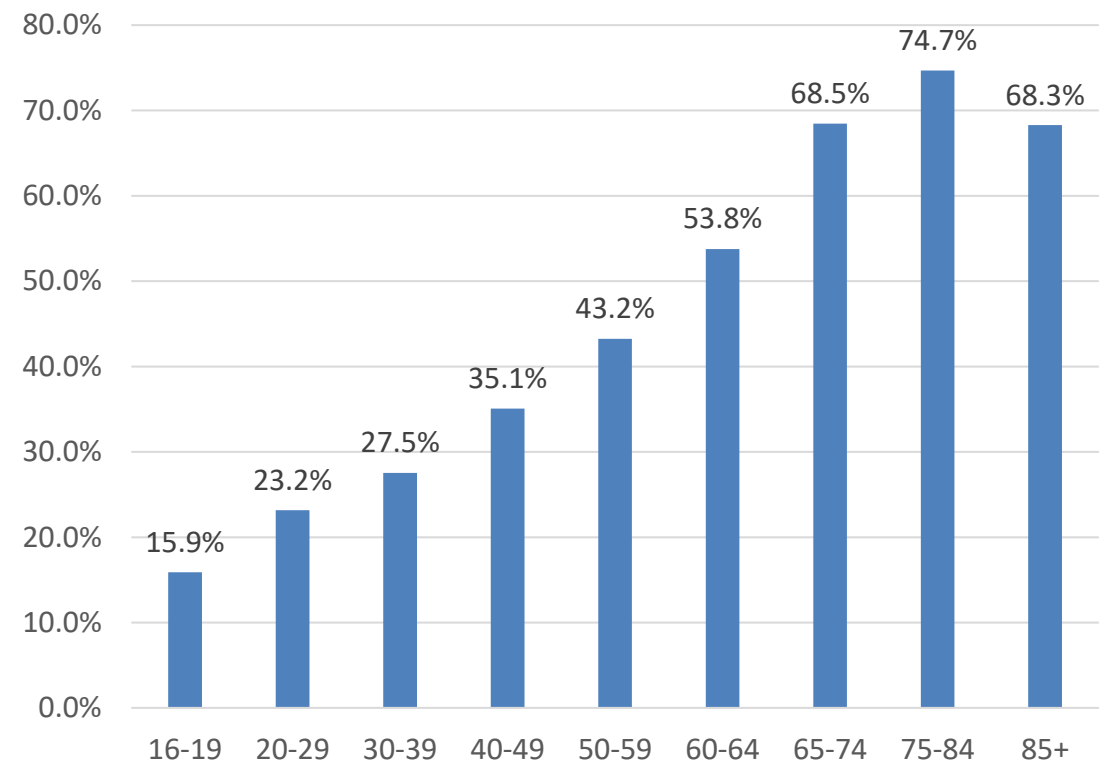
Residents Vaccinated by Age

Over two-thirds of seniors ages 65 and older in the county have received at least one vaccine, followed by more than half of residents ages 60-64 and 43% of residents ages 50-59 years.

Residents Vaccinated by Age



Percent Vaccinated by Population

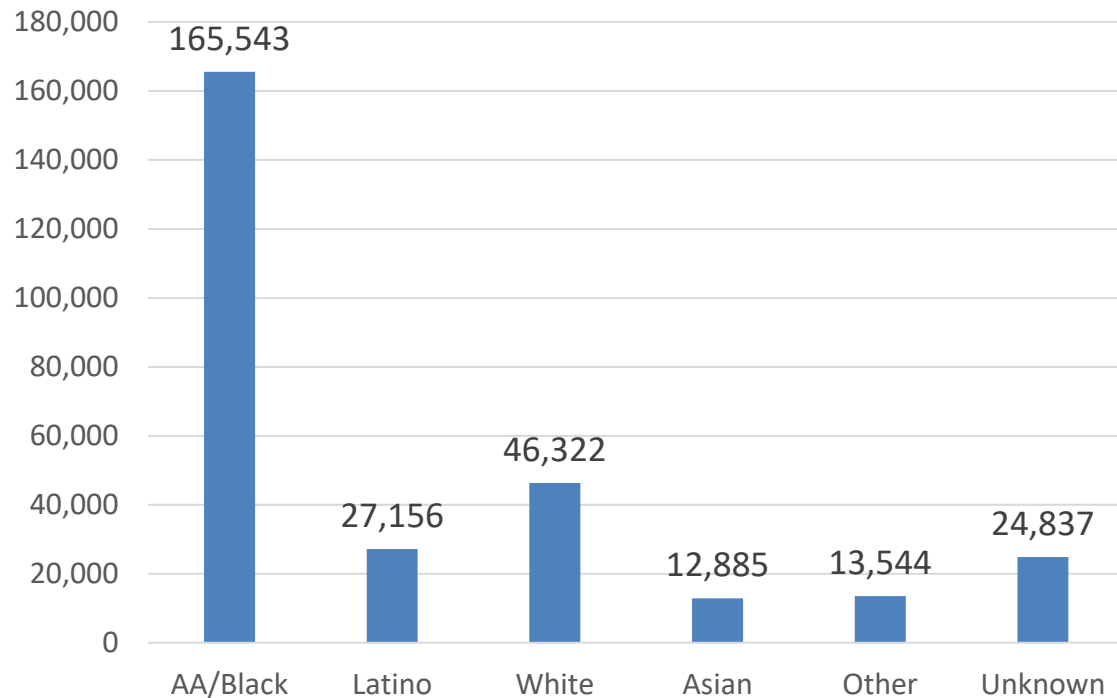


Data as of 4/17/21

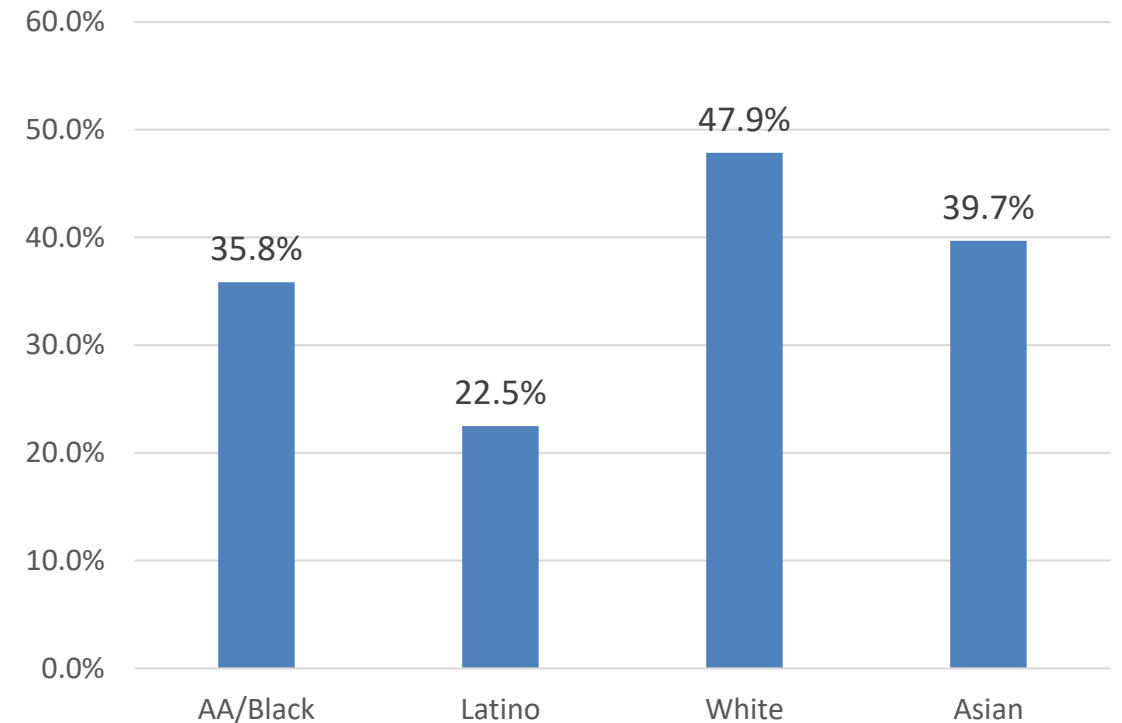
Residents Vaccinated by Race/Ethnicity

Nearly half of white residents ages 16 and older have received at least one COVID vaccine, followed by over one-third of Asian and Black or African American residents and more than one out of every five Latino residents.

Residents Vaccinated by Race/Ethnicity



Percent Vaccinated by Population (Ages 16+)



Data as of 4/17/21

Questions
