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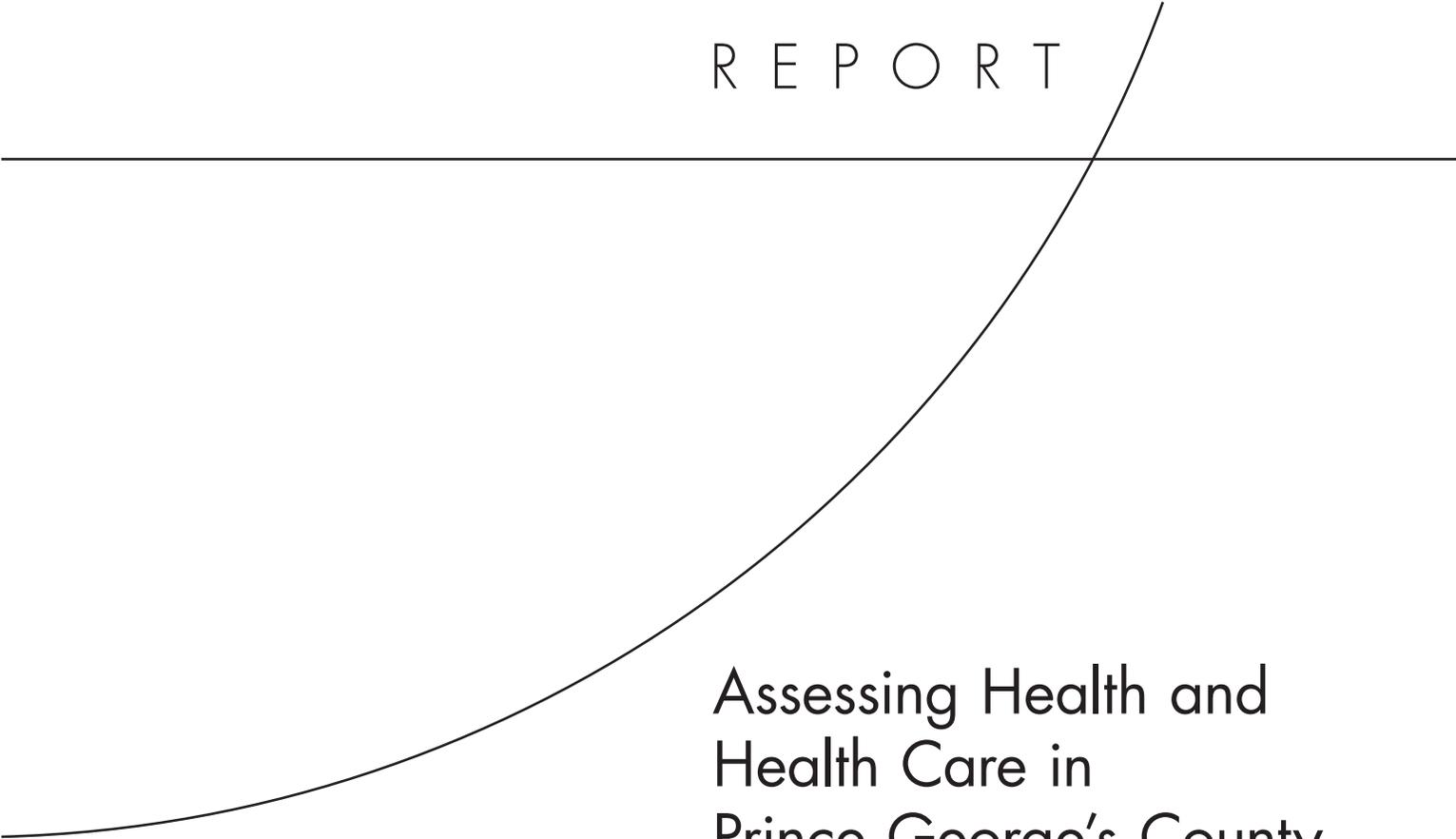
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R E P O R T



Assessing Health and Health Care in Prince George's County

Nicole Lurie, Katherine M. Harris, Regina A. Shih,
Teague Ruder, Amber Price, Linda G. Martin,
Joie Acosta, Janice C. Blanchard

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Executive Summary

Like most counties in the United States, Prince George's County, Maryland, faces the ongoing challenge of ensuring the health of its residents in the context of severe fiscal constraints. This challenge has grown more complex in the past decade, as the County's population has become increasingly diverse, demographically and sociodemographically.

To gain a clearer understanding of these challenges and how they might be addressed, the Prince George's County Council contracted with the RAND Corporation to study the changing health care needs of County residents and the capacity of the County's health care system to meet these needs. A team of RAND researchers reviewed existing studies and conducted original data analyses in three areas:

1. the demographic and health characteristics of Prince George's County residents
2. health care system access and capacity
3. patterns of hospital and emergency department use.

In conducting these analyses, the team also considered County health and health care dynamics against the background of surrounding jurisdictions, including other Maryland counties and the District of Columbia.

Demographic and Health Characteristics

Prince George's County is relatively affluent and highly diverse. Prince George's County is home to a large number of upper-income black residents. Compared with neighboring jurisdictions, Prince George's County also has the largest proportion of Hispanic residents and non-English-speaking residents, second to Montgomery County.

Many Prince George's residents commute outside the County. Three in five employed residents work outside Prince George's County. Compared with neighboring jurisdictions, County residents are the least likely to live and work in the same county and most likely to work outside the state and to commute 60 or more minutes to work.

The health status of Prince George's residents varies widely. Residents with less education are more likely to report a chronic condition than those with more education. At the same time, whites and blacks and people with household incomes above and below \$50,000 per year self-reported having a chronic condition at similar rates. Among Prince George's residents, relatively high rates of asthma, obesity, HIV/AIDS, and homicide are additional areas of concern.

The health behaviors and use of preventive care by adults within Prince George's varies widely. County residents who are poor and less educated are more likely to drink

heavily, smoke, not exercise, and not use seatbelts. Preventive care use among uninsured residents of Prince George's is sharply lower than among insured residents.

Capacity and Access in the County Health Care System

Prince George's residents are uninsured at relatively high rates. An estimated 80,000 County adult residents are uninsured, more than twice as many as neighboring Howard County and roughly one-third more than in Montgomery County.

Primary care physicians are in short supply in Prince George's County. Prince George's County has a substantially lower per capita number of primary care physicians compared with neighboring jurisdictions.

Prince George's appears to have adequate hospital capacity. Hospital capacity in Prince George's County appears to have kept pace with population growth. However, the County has a relatively low per capita supply of medical/surgical, obstetric, pediatric, psychiatric beds compared with neighboring counties. Prince George's appears to have a relatively low per capita supply of emergency department (ED) treatment slots compared with other jurisdictions. At the same time, County residents used ED capacity more intensively than residents of other jurisdictions.

Prince George's lacks a primary care safety net. The County's capacity to provide safety-net care, beyond hospital and emergency care, is limited. Relatively few primary care physicians practice in poorer areas of the County. Moreover, the County has only one federally qualified health center—Greater Baden Medical Services, Inc., which serves uninsured and low-income patients. Catholic Charities and Prince George's Hospital Center also run clinics that provide care to the uninsured. Together these clinics provide care for only a small proportion of the roughly 80,000 uninsured County adult residents.

Patterns of Hospital and Emergency Department Use

Ambulatory care-sensitive hospitalizations and emergency department admissions are concentrated in poor regions of Prince George's County. Ambulatory care-sensitive hospitalizations and ED visit rates by Prince George's residents under age 65 are highest for residents who lived in the southern portions of the County. Adult primary care physicians and specialists licensed in Prince George's County appear to practice in areas closer to the County's six hospitals and not in areas experiencing high numbers of ambulatory care-sensitive hospitalizations and ED visits.

A substantial proportion of Prince George's residents leave the County for hospital and emergency care. Patients from Prince George's County are more likely to cross jurisdictional borders to use hospitals and EDs compared with residents of Montgomery County and the District of Columbia. More than 50 percent of inpatient discharges and

more than 25 percent of ED visits by uninsured Prince George's residents are to hospitals located outside of the County.

Policy Implications

Strengthening the Prince George's ambulatory care safety net is an urgent priority.

The County lacks a well-functioning ambulatory care safety net. This finding, combined with daytime commuting patterns, suggests that more-affluent Prince George's County residents are able to use primary care providers outside of the County, either by necessity or preference. Use of care outside of the County is a less viable option for poor residents. The absence of a safety net threatens to perpetuate health disparities and lead to greater preventable use of care in expensive hospital settings. Options for expanding the County's capacity to care for poor and uninsured residents include strengthening and expanding existing safety-net capacity, investing in new infrastructure, expanding the primary care workforce, and stepping up efforts to screen and enroll individuals into Medicaid. The close proximity of many underserved residents to the District and Montgomery County suggests the possibility of regional partnerships.

Understanding the economic consequences of out-of-County use of inpatient and emergency care by Prince George's residents. The fact that a high proportion of residents work and receive medical care outside the County suggests that out-of-County use is driven by resident preferences, convenience, and provider referral patterns. Out-of-County use by insured residents results in lost revenue to County hospitals, lost revenue to local businesses serving them, and lost jobs for County residents. Likewise, out-of-County use by uninsured residents can increase political tensions to the extent that uncompensated costs are not subsidized by federal and state governments. Formulating appropriate policy responses requires a deeper understanding of the underlying causes of out-of-County use. If, for instance, County residents perceive the quality of out-of-County hospitals to be better, then anticipated economic growth in Prince George's may perpetuate existing demand patterns. If on the other hand, residents prefer to use care inside the County but are unable because of out-of-county commuting, then strategies aimed at building a stronger physician referral network, increasing the number of primary care physicians in the County, and increasing the availability of care on weekends and before- and after- hours may keep more patients in the County.