RAND | SOCIAL AND ECONOMIC WELL-BEING

MOVING FORWARD ▷▷

Implementing a *Health in All Policies* plan in Prince George's County

Anita Chandra, DrPH ▸ Ashley Kranz, PhD
September 29, 2020

Today's Talk

Study Overview

Key Findings and Recommendations

Next Steps for the County

ASHLEY M. KRANZ, ANITA CHANDRA, JAIME MADRIGANO, TEAGUE RUDER, GRACE GAHLON, JANICE C. BLANCHARD, CHRISTOPHER J. KING
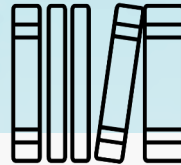
Assessing Health and Human Services Needs to Support an Integrated *Health in All Policies* Plan for Prince George's County, Maryland

Study **facts** and **features**

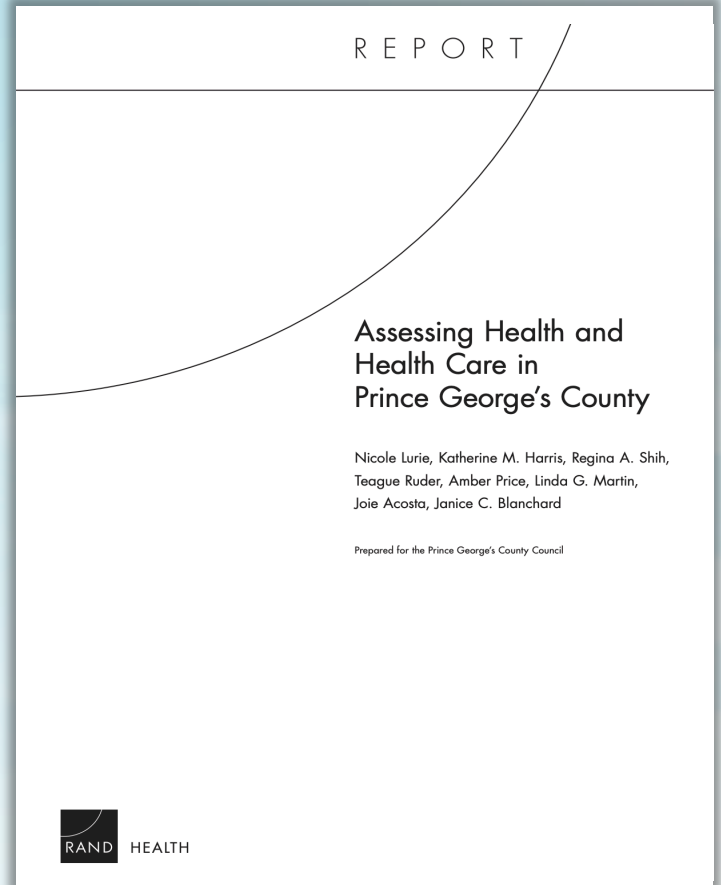Contracted by County Council, acting as the Board of Health

Builds on 2009 RAND report and other County reports

Views health issues in the County through a cross-sector, holistic lens

Many health indicators are **improving** since the 2009 report

- Fewer uninsured

- Lower obesity rate and smaller income-based differences in obesity rates

- Higher rates of dental visits among Black adults

- Legislation focused on access to healthy food & partnerships to promote health and access to care

REPORT

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

Prepared for the Prince George's County Council

RAND HEALTH

...but **challenges** remain

- More family physicians since 2009 Report, but still has fewer PCPs than nearby counties

- Continuing concerns about the primary care safety net, as more adults reported missed medical care due to cost

- Larger income-based disparities in percentage of residents reporting fair and poor health

Photo: Maryland Govpics via Flickr, CC 2.0

2020 study answers:

How can the County **go the last mile** ?

Photo: gguy via Adobe Stock

Three primary **study objectives**

Describe the health of County residents

Describe drivers of health across social, economic, and environmental contexts

Offer recommendations for *Health in All Policies*

We used multiple **methods**

1.Collect and analyze data	2. Talk with residents and stakeholders	3. Review budgets	4. Make recommendations
Data sources: County, public, and proprietary	• 3 focus groups for North, Central and South region county residents • Town Hall meeting, June 2019 • 1 focus group for adolescents and young adults • 23 interviews with orgs. knowledgeable about the health and human services needs of County residents	Review of department budgets helped us understand current use of a *Health in All Policies* approach	These include examples of strategies used to better align resources to address unmet needs

How does an integrated **_Health in All Policies_** approach work to improve health and well-being?

Historical & Systemic Inequities

- *Race/Ethnicity*
- *Class*
- *Immigration status*
- *Gender*
- *Sexual Orientation*

Note: Bulleted items in italics are examples only.

Built Environment

- *Access to healthy food*
- *Housing*
- *Transportation*

Natural Environment

- *Air quality*
- *Parks and land use*
- *Water quality*

Social & Economic Environment

- *Education*
- *Employment*
- *Poverty*
- *Safety*

Health Service Environment

- *Fire/EMS*
- *Health Care*
- *Public Health*
- *Schools*
- *Social & Family Services*

Well-Being and Health

Quality of Life
- *Chronic disease*
- *Life expectancy*

Physical & Behavioral Health
- *Oral health*
- *Mental health*
- *Substance use*

Behaviors
- *Alcohol and tobacco use*
- *Exercise*

Civic Engagement
- *Volunteerism*
- *Voter turnout*

Health in All Policies Efforts Impact Drivers of Health

Council Standing Committees:
- Education and Workforce Development
- Government Operations and Fiscal Policy
- Health, Human Services and Public Safety
- Planning, Housing and Economic Development
- Transportation, Infrastructure, Energy & Environment

County Agencies:
- Family Services
- Social Services
- Economic Development Corp
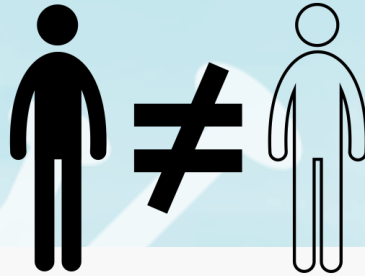- Environment
- Health
- Housing & Community Development
- Parks and Recreation
- Public Safety (Corrections, Fire/EMS, Police, Sheriff)
- Public Schools
- Public Works and Transportation

County Government Influences Drivers of Health and Designs *Health in All Policies* Efforts

Findings are relevant to today's " **triple pandemic** "

Health consequences

Systemic racism and resulting inequities

Economic challenges

Health consequences of pandemic **exacerbated** by already-stressed health system

Photo: zenstock via Adobe Stock

Photo: whyframeshot via Adobe Stock

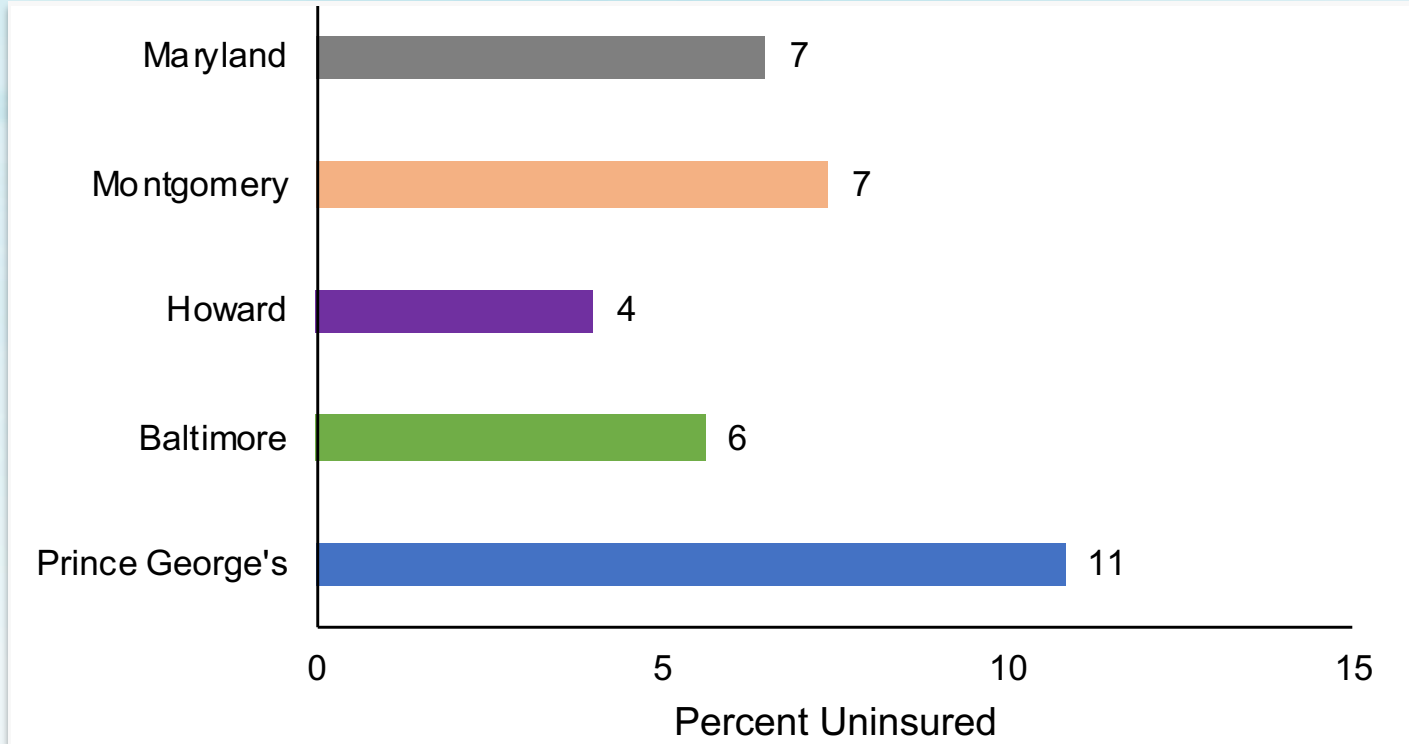**Challenges in accessing and navigating care**

Lack of insurance among many immigrants

Inefficient uses of health care services

- EMS calls for non-urgent needs
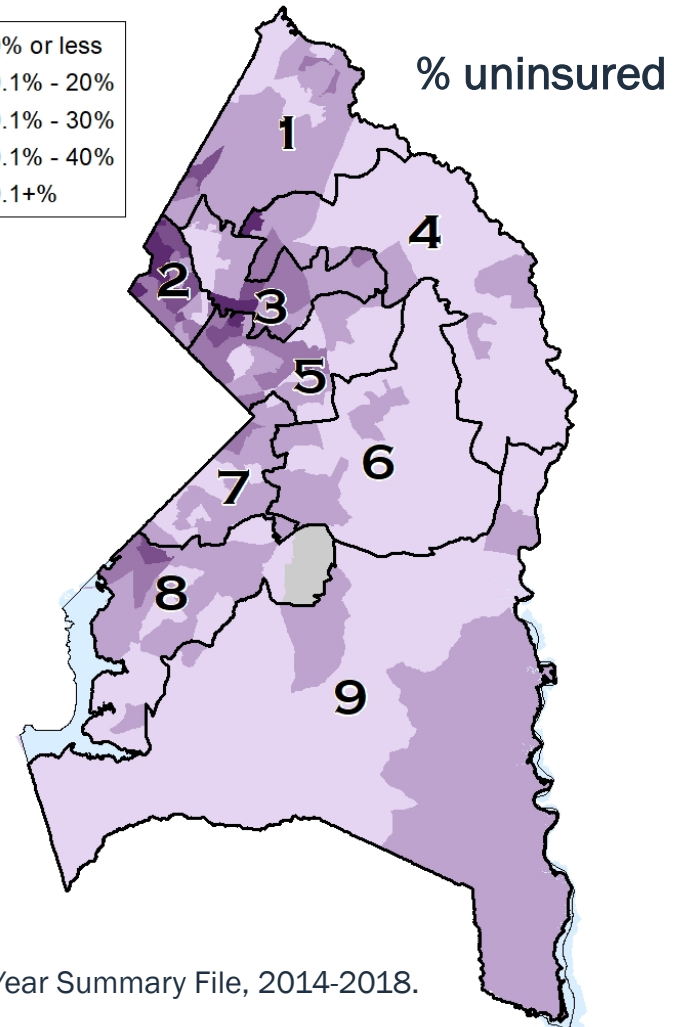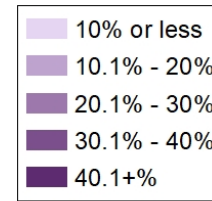- Use of emergency departments for preventable issues

Key Findings

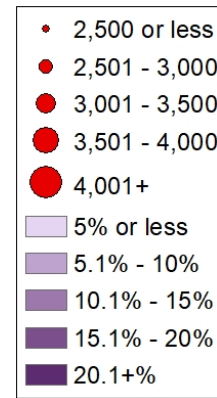# County has **high rates uninsured citizens** compared to other counties

Percent Uninsured

County	Percent Uninsured
Maryland	7
Montgomery	7
Howard	4
Baltimore	6
Prince George's	11

Source: American Community Survey 5-Year Summary File, 2014-2018.

There is **wide variation** in where the uninsured live in the County...

% uninsured

Legend:
- 10% or less
- 10.1% - 20%
- 20.1% - 30%
- 30.1% - 40%
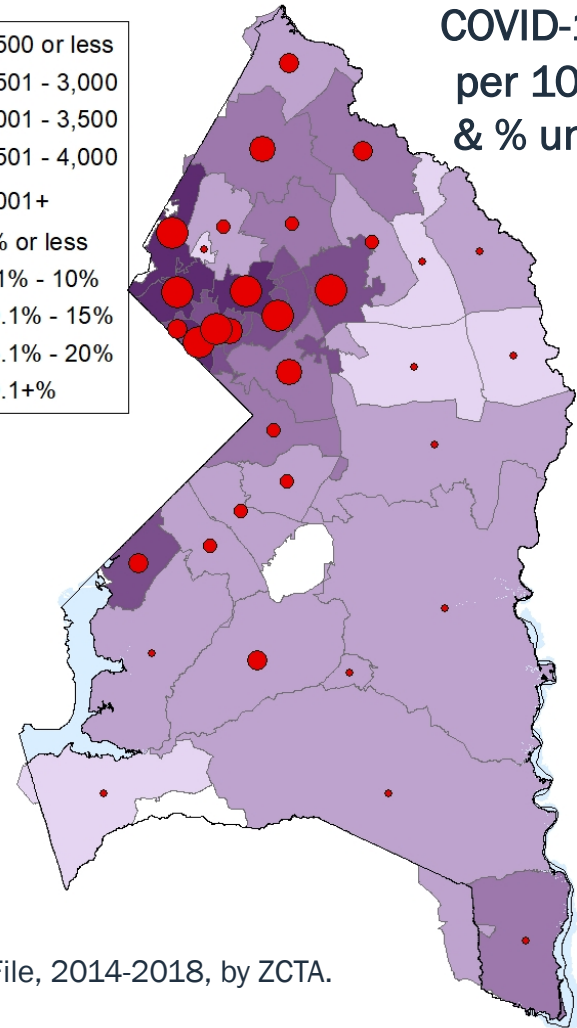- 40.1+%

Map regions labeled 1-9.

Key Findings

4

...and the communities with the most uninsured residents have been **hardest hit** by COVID-19

COVID-19 rates per 100k (red) & % uninsured (purple)

Legend:
- 2,500 or less
- 2,501 - 3,000
- 3,001 - 3,500
- 3,501 - 4,000
- 4,001+
- 5% or less
- 5.1% - 10%
- 10.1% - 15%
- 15.1% - 20%
- 20.1+%

Source: American Community Survey 5-Year Summary File, 2014-2018, by ZCTA. County COVID19 Dashboard as of 9/22/20.

Key Findings

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Rates of ED Visits for Children
per 100,000 Population, by Race and Ethnicity

	White	Black	Hispanic
Rate	20,714	30,595	39,460
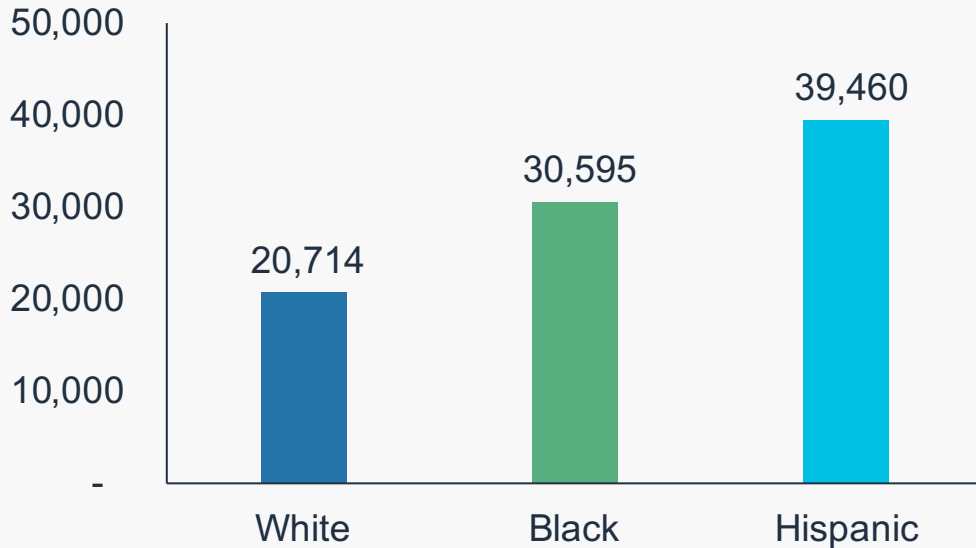
Rates of ED visits are nearly twice as high among Hispanic children as White children

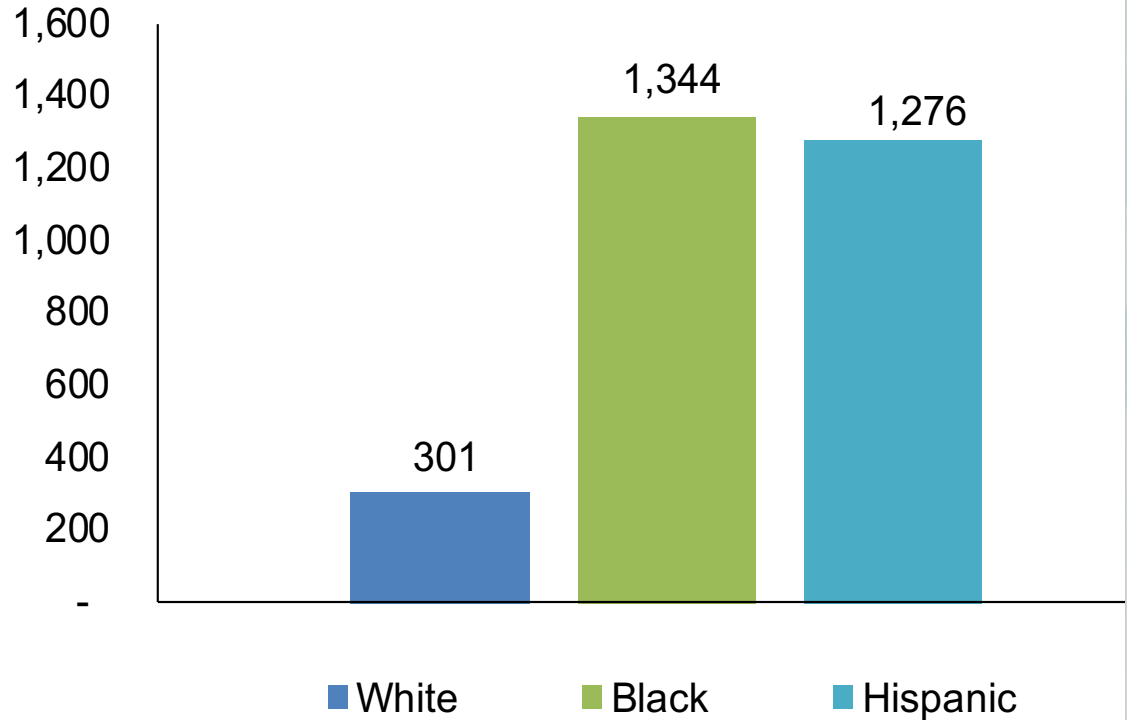SOURCE: 2017 Maryland Health Services Cost Review Commission and DC Hospital Association.

Asthma is **best managed** in **primary care** settings

Black and Hispanic children in the County had **high rates** of asthma-related ED visits

Rates of ED Visits for Asthma for Children per 100,000 Population, by Race and Ethnicity
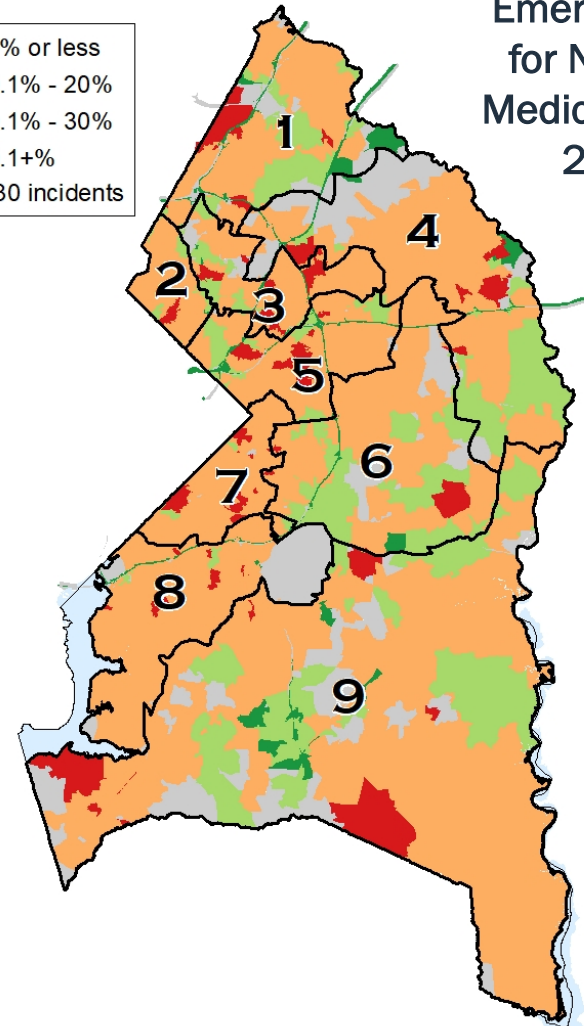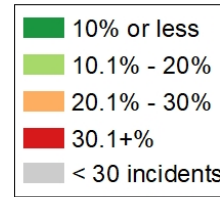
Race/Ethnicity	Rate
White	301
Black	1,344
Hispanic	1,276

■ White   ■ Black   ■ Hispanic

Source: 2017 Maryland Health Services Cost Review Commission and DC Hospital Association.
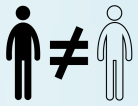
Key Findings

About **1 in 4**
911 calls for medical services were for non-urgent medical needs

Some communities had higher rates of calls for non-urgent medical needs
(**red regions** in map)

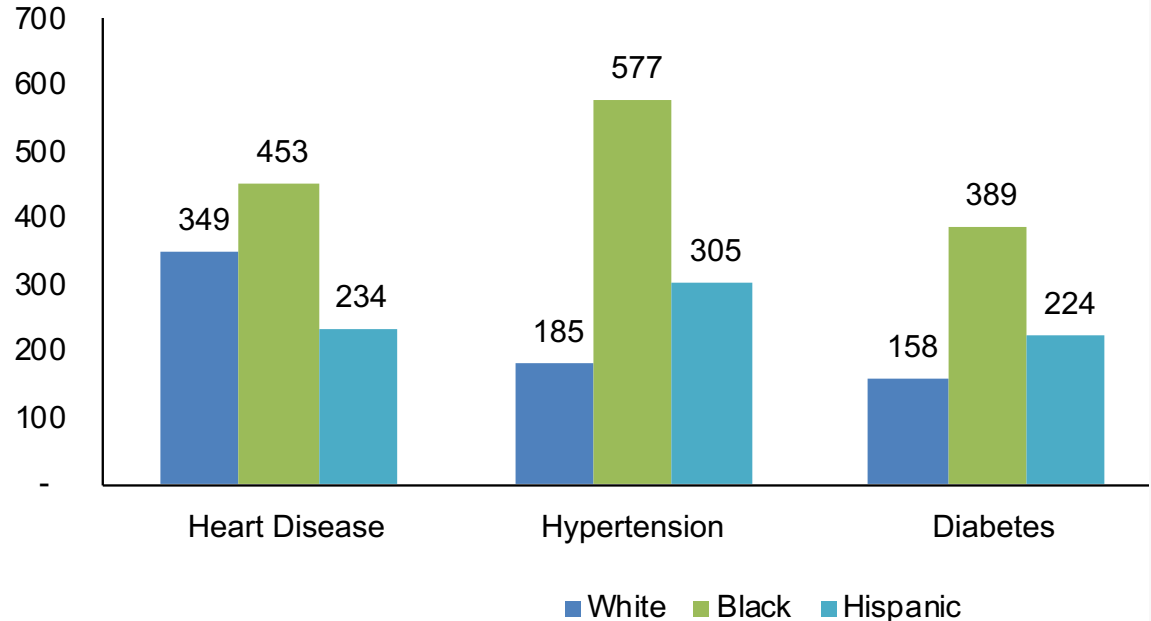Emergency Calls for Non-Urgent Medical Services, 2017-18

10% or less
10.1% - 20%
20.1% - 30%
30.1+%
< 30 incidents

1
2
3
4
5
6
7
8
9

Key Findings

Systemic racism was already contributing to <mark>worse health</mark> for marginalized communities
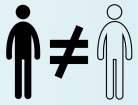
Health inequities are persistent, notably for infant mortality and hospitalizations for chronic health conditions

Black residents in the County had the highest rates of ED visits for conditions that are **risk factors for experiencing severe COVID-19**

Rates of ED Visits for Chronic Conditions for Adults per 100,000 Population, by Race, Ethnicity, and Condition

Heart Disease
- White: 349
- Black: 453
- Hispanic: 234

Hypertension
- White: 185
- Black: 577
- Hispanic: 305

Diabetes
- White: 158
- Black: 389
- Hispanic: 224

Legend: ■ White ■ Black ■ Hispanic

SOURCE: 2017 Maryland Health Services Cost Review Commission and DC Hospital Association.

Key Findings

Reforming public safety systems requires considerations of **funding alignment and equity**

Prince George's County Police Department was involved in **5 fatal civilian shootings in 2018** – the highest number of any agency in the state

8 in **10** jail inmates are Black
- 1 of 3 have mental health issues
- 9 of 10 have history of substance abuse

Residents expressed concern about significant mental and behavioral health needs in the County, especially for inmate and returnee populations

Key Findings

Addressing inequities requires recognition of the role of geography in shaping the **social determinants of health**

District 2
Predominantly Hispanic;
high rates of uninsurance;
teen birth rate more than double County rate

District 7
Predominantly Black;
low health literacy;
highest ED visit rates for adults & children

District 3
Highest poverty rate; numerous community "hot spots" of low-income individuals with poor access to healthy food
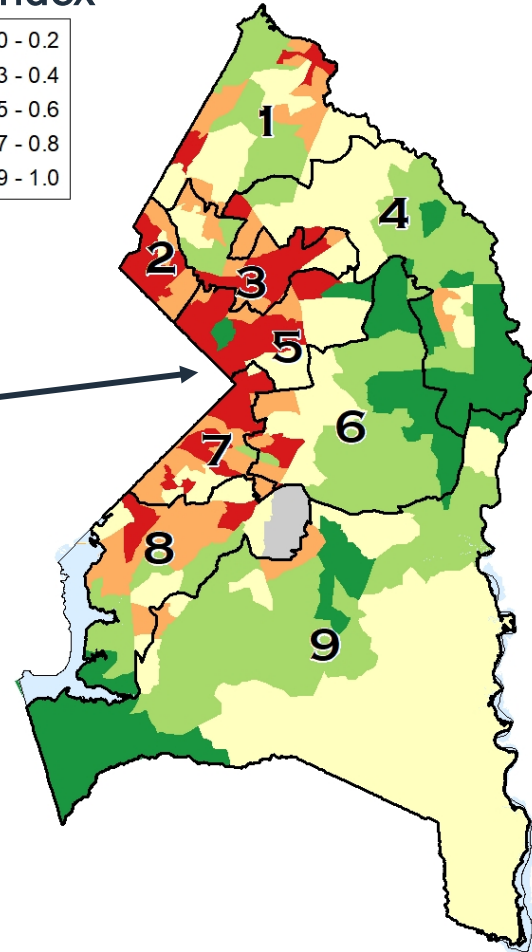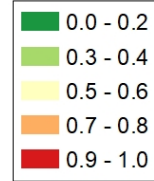
🔍 Key Findings
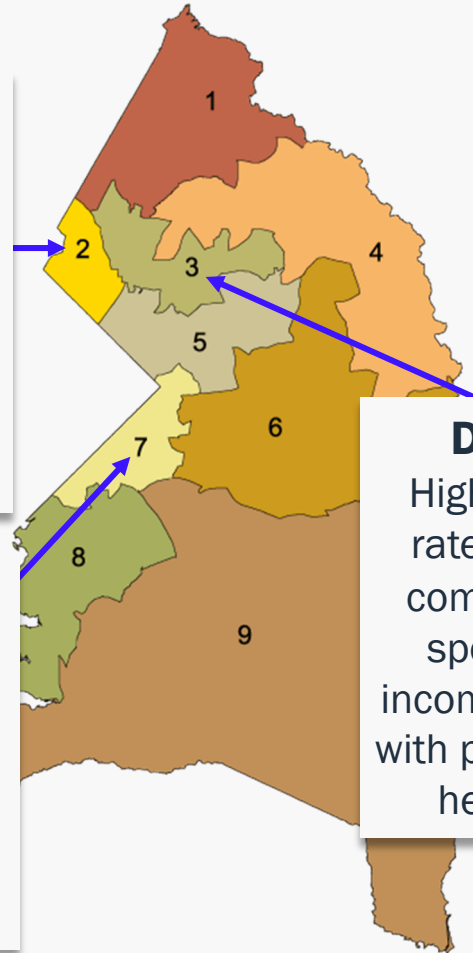
The **Social Vulnerability Index** illustrates **high vulnerability levels** in many inner-beltway communities

This 2016 index is measured using 15 items related to socioeconomic status, household composition and disability, minority status and language, and housing and transportation.

SVI index

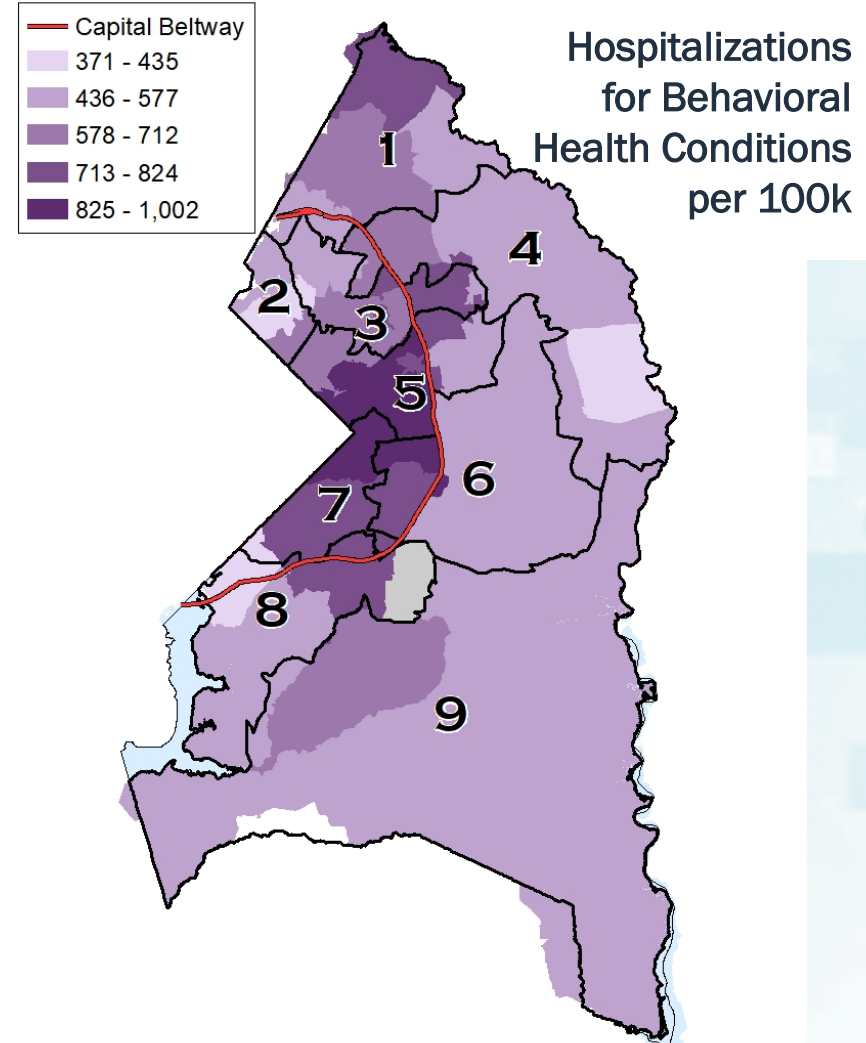|	
■	0.0 - 0.2
■	0.3 - 0.4
■	0.5 - 0.6
■	0.7 - 0.8
■	0.9 - 1.0

Key Findings

22

Geographic disparities persist across **many indicators**

Many inner-beltway communities also have high rates of inpatient hospitalizations for behavioral health conditions

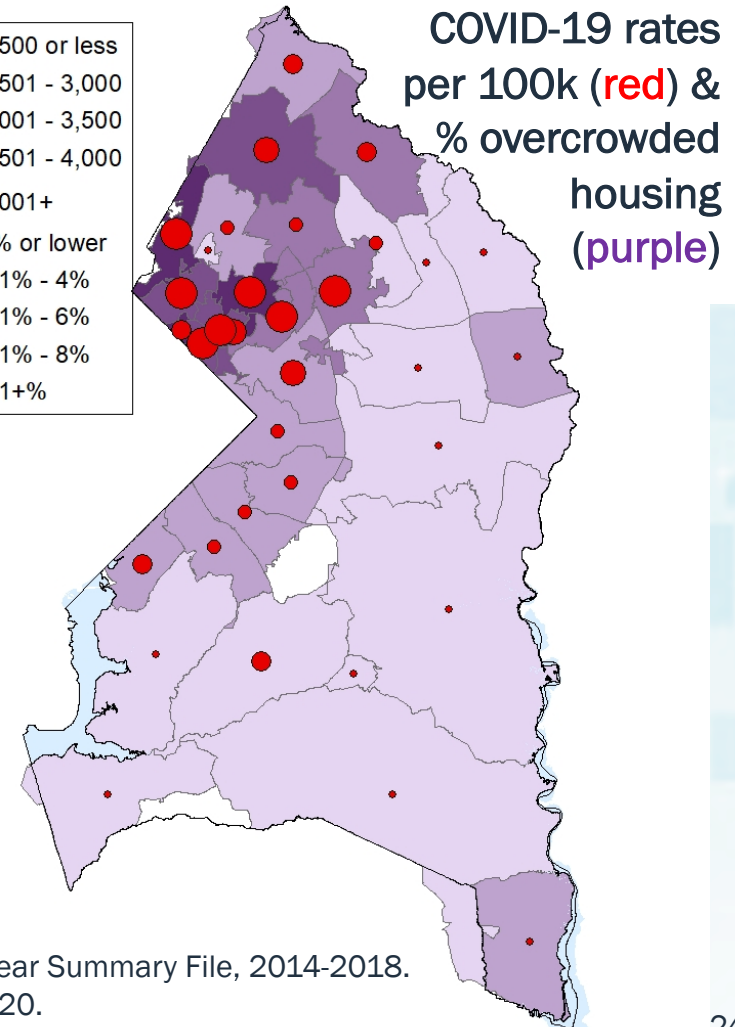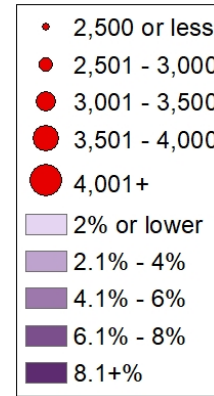Source: 2017 Maryland Health Services Cost Review Commission and DC Hospital Association.

Hospitalizations for Behavioral Health Conditions per 100k

Legend:
- Capital Beltway
- 371 - 435
- 436 - 577
- 578 - 712
- 713 - 824
- 825 - 1,002

Key Findings

23

Geographic disparities persist across **many indicators**

There's a strong correlation between communities with high rates of COVID-19 and high rates of overcrowded housing

COVID-19 rates per 100k (red) & % overcrowded housing (purple)

Legend:
- 2,500 or less
- 2,501 - 3,000
- 3,001 - 3,500
- 3,501 - 4,000
- 4,001+
- 2% or lower
- 2.1% - 4%
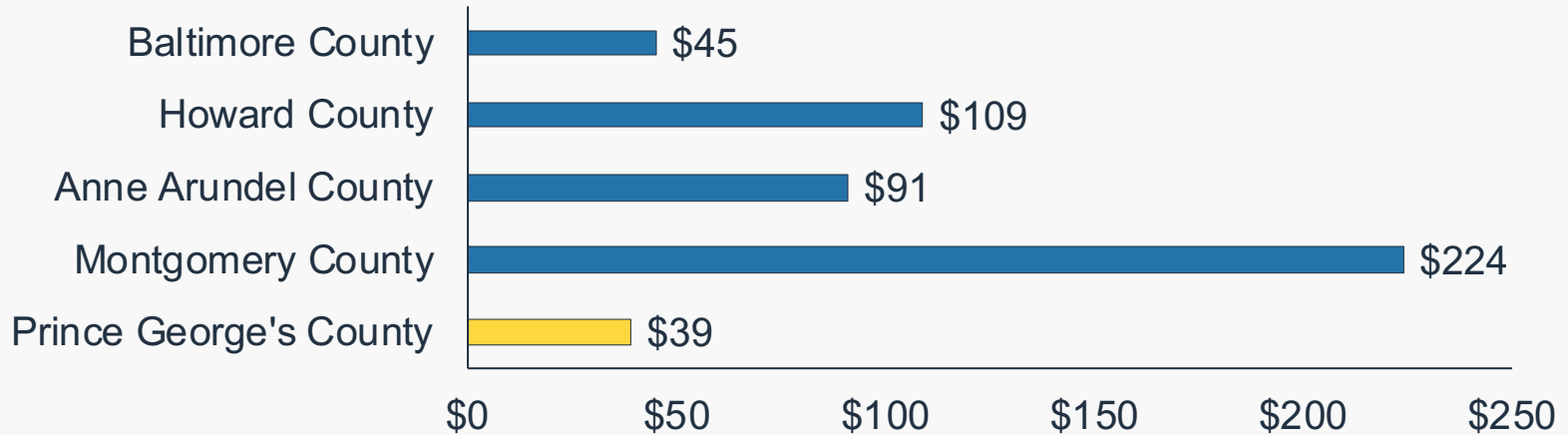- 4.1% - 6%
- 6.1% - 8%
- 8.1+%

Source: American Community Survey 5-Year Summary File, 2014-2018. County COVID19 Dashboard as of 9/22/20.

Key Findings

County HHS **spending is low**, and overall spending on health is spread across agencies

Total FY2018 General Fund Budget Spending for Health & Human Services per Person, by County

County	Spending
Baltimore County	$45
Howard County	$109
Anne Arundel County	$91
Montgomery County	$224
Prince George's County	$39

Estimated County HHS spending is **1/3 to 1/7** the per-person spending of nearby counties.

Going the last mile

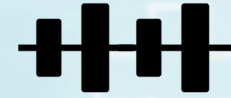Photo: Wayne Lee Sing via Unsplash, CC 2.0

Recommendations fall into **three broad areas**

Health in All Policies
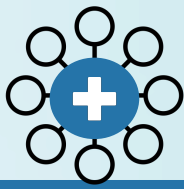
Invest in Data

Align Investments

- Some recommendations are for **Council action**
- Some recommendations for broader **County engagement**

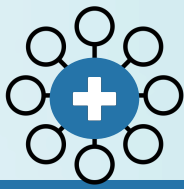- Some recommendations can **start today**
- Some will **take work**

Recommendations

Health in All Policies

Next steps: Council

Keep moving the County forward by **creating guidelines for governance** to support *Health in All Policies*

- **Define a shared set of health goals across departments** to create accountability across departments about how health will be integrated in policy design and development.

- **Guidelines can ensure a more coordinated approach** to integrated planning for health.

Recommendations

Next steps: Council

Health in All Policies

Keep moving forward the County forward by **implementing policies that promote health equity**, including design & economic environment decisions

- **Build upon the momentum of the County's Health Equity Workgroup,** and incorporate equity principles into decision-making for economic investment going forward.

- There are **examples of communities using equity lenses** on every community investment choice (Tacoma, WA) and making place-based investments (Detroit)
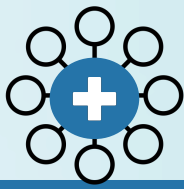
Recommendations

Invest in Data

Improve structures that support health and well-being data transparency and stewardship

Recommendations

Health in All Policies

Improve health and social **service integration** across full system of care

- **Improve the delivery and coordination of health services**, including better screening for social needs

- **Improve the accessibility, clarity, and usability** of health and human services promoting resources

Recommendations

Health in All Policies

Create an HHS
strategic plan

Recommendations

Invest in Data

Enhance the tracking of "whole health" data

- Identify data gaps

- Fund and implement systems to address these gaps

Recommendations

Next steps: Council & County

Align Investments

Engage the nontraditional health sector to participate in **"health mapping"**

- Give greater attention to how agencies beyond Health, Family Services, and Social Services are contributing to health outcomes.

Recommendations

"Health mapping" includes coding all agency budgets to flag health-influencing programs

Require each agency to analyze how their budget will help advance health & well-being to ensure that goals and investments are aligned – *a checklist or budget review tool can help*

Example of Health Mapping Checklist for Agencies

Does program contribute to…

- ✓ *Access to healthy food?*
- ✓ *Access to health care?*
- ✓ *Promote health equity?*
- ✓ *Access to safe, affordable, housing for all people?*
- ✓ *Job training/jobs that provide all residents a livable income?*

Next steps: <mark>County</mark>

Align Investments

Break down the silos between HHS funding streams

Consider ways to better leverage and coordinate grant funding

- **Pool funds** to meet overall goals vs. agency-specific

- **"Blended finance"** approach support broader well-being goals

Recommendations

An example of how think about integrated budgeting

Align Investments

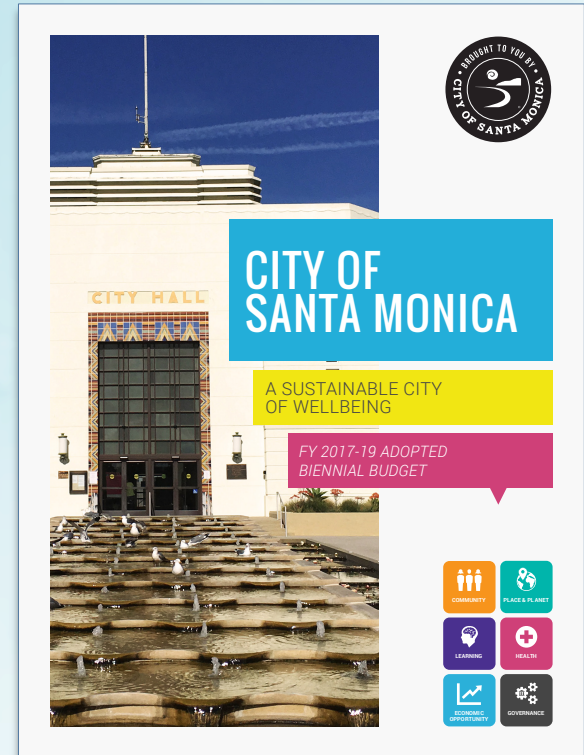| Health and well-being outcome/ goal	Key drivers of outcome	Agencies most linked to outcome	Program/or policy most relevant to outcome	Key program aims & alignment with outcome	Current reach of program/ policy	Evidence of effectiveness	Current resources allocated
Decrease unmet mental health needs	Early ID of needs across sectors (e.g., schools, jails)	Health	Continuum of Care	Wraparound services for those with MN needs	3 County districts	20% increase in individuals with MH needs who received social support services	$600,000 (Grant)
	Distribution of MH providers	Family Services	Healthy Heights				
		Corrections	MH Unit				
	Transportation to mental health (MH) services	Public Works & Transportation	Rideshare				

Recommendations

Cities like Santa Monica have done **integrated budget and policy** thinking

Outlook
Life Satisfaction, Flourishing, Happiness, Autonomy

Community	Place & Planet	Learning	Health	Economic Opportunity
Strong Local Networks	Built environment	Learning Status	Physical & Mental Health Status	Affordability
Civic Engagement	Natural environment	Access to Learning	Access to Resources	Opportunity
Community Identity	Mobility and access	Learning Behaviors	Healthy Behaviors	Business Diversity

Sample Measures

Community	Place & Planet	Learning	Health	Economic Opportunity
Voter participation	Public & active transit use	Service usage	Chronic disease rates	Income & employment
Public safety	Green space access	Graduation & literacy rates	Physical activity	Business diversity
Volunteering	Use of City resources	Sense of accomplishment	Work-life balance	Sense of economic security

Index populated with 100 data points from: city administrative data, non-city data (county, state, federal), resident wellbeing survey and social data (Twitter, Foursquare, etc.); run 2015, 2017, 2019 and ongoing
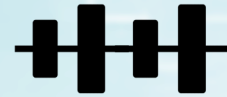

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A SUSTAINABLE CITY OF WELLBEING

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COMMUNITY · PLACE & PLANET · LEARNING · HEALTH · ECONOMIC OPPORTUNITY · GOVERNANCE

Recommendations

Health in All Policies

Invest in Data

Align Investments

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