

City of Takoma Park, Maryland

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Suzanne R. Ludlow, City Manager

March 3, 2021

Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Executive Director Steffen:

Thank you for providing the City of Takoma Park the opportunity to comment on the proposal by Adventist Healthcare to reduce the hours of operation of its Takoma Park urgent care facility.

The City of Takoma Park believes that the request by Adventist Healthcare, Inc. to reduce the hours of the urgent care center is part of a continuous effort to move all of its health services away from Takoma Park. While we believe that the lower number of patients at the Takoma Park urgent care center is largely self-created by the lack of promotion and the unprofessional appearance of the facility, the City repeats the requests that it has had for years:

The City of Takoma Park asks the Maryland Health Care Commission to require Adventist Healthcare to provide critical primary and behavioral health services to residents in and near Takoma Park. The need for these services was clearly demonstrated throughout the Certificate of Need process when Adventist Healthcare requested authorization to move Washington Adventist Hospital out of Takoma Park. The City appreciated the conditions imposed by the Maryland Health Care Commission in the Certificate of Need decision. However, since that time, Adventist Healthcare has been diligently working to remove itself from the commitments made to the State of Maryland and to the City of Takoma Park.

The City of Takoma Park has been reeling from all the medical care that has been lost from our community. When the Certificate of Need was being finalized, we were assured that there were eight major health services that would remain in Takoma Park, including inpatient Behavioral Health, Rehabilitation Hospital beds, laboratory services, and a 24-hour urgent care center (in lieu of the free-standing emergency department the City requested).

Once the Certificate of Need was approved, Adventist Healthcare quickly began removing these important health facilities from Takoma Park. The most painful loss was the Behavioral Health unit, but the loss of the laboratory services and other health service components caused

tremendous difficulty for our residents as well. Other than the current temporary activity on the campus due to COVID-19 services, the urgent care facility is really the only health service remaining. And, it is by far the least attractive Adventist Healthcare urgent care facility in the AHC system; it may be the least attractive urgent care facility in the region. We have passed on complaints we have received from residents about the poor service and lack of basics, such as the lack for a time of a functioning EKG machine, and have not seen significant improvement.

Contrary to the inaccurate image of Takoma Park presented by Adventist Healthcare in its filing, the demographics of Takoma Park (see attachment) show the need we have for primary services. A majority of the population of Takoma Park is people of color. Black, Hispanic, Multiracial, and Asian households of Takoma Park each have lower median incomes than their Black, Hispanic, Multiracial, and Asian counterpart households in Montgomery County as a whole. Predominately, our residents of color live in the apartment buildings close to the Takoma Park campus, most within six blocks of the hospital building. And, Hispanic and Black residents in Takoma Park have been hit particularly hard by the pandemic, compared to their white neighbors.

As the pandemic eases, the temporary activity on the Takoma Park campus will end, leaving a largely vacant site. The urgent care center, which is not visible from any surrounding street, will eventually be the only activity on the property – a property that Adventist Healthcare intends to sell as soon as possible.

Contrary to the statements in their filing for reduced hours, Adventist Healthcare has done remarkably little promotion of its urgent care center. Many of the methods of promotion cited were ones done by or instigated by the City of Takoma Park itself. For some time after the urgent care opened, there was not even a sign identifying the facility. Most of the patients that arrived at the site were people who expected it to still be an emergency department and were either directed to an emergency department at a hospital elsewhere or left because the urgent care required insurance or other payment.

The Takoma Park urgent care center quickly gained a poor reputation because of its appearance. The center at first used a portion of the former emergency department that was in fair condition, but small. Now the center uses a different part of the emergency department that has a very shabby appearance. While the medical staff is deemed able, comments about the urgent care center on neighborhood listservs are unflattering at best and people are advised to go elsewhere. So, the poorer residents who live nearby are not well served by the urgent care facility and those residents with insurance and the ability to choose, choose to go to a facility that looks like a respectable medical office.

It is difficult to believe that the poor appearance and marketing of the urgent care center by Adventist Healthcare is anything but an intentional effort to reduce the use of the facility so that it may be closed.

We are in a pandemic and the need for expansive primary medical and behavioral health care is critical. But post-pandemic, the need for this care will not go away. It is why the City of Takoma Park worked so hard to retain behavioral health and laboratory services on the campus, and requested a free-standing emergency department in Takoma Park.

City of Takoma Park officials have long met monthly with Adventist Healthcare officials to discuss health services and the condition of the property. They have heard our concerns about the suicides and other mental health-related incidents in Takoma Park, including two residents in recent years who have jumped from high-rise apartment building windows, and many cases that require days of work for our Police and Housing staff. Many of these incidents occurred in recent years before the pandemic; many more difficult cases are occurring now, when isolation compounds illness.

Along with the District 20 Delegation, and in particular Delegate Lorig Charkoudian, and other representatives, the City of Takoma Park has urged Adventist Healthcare to step up to provide the primary health care services Takoma Park needs. Having community mental health care operate in conjunction with a well-run primary care center in Takoma Park would be particularly helpful and could reduce the need for the very limited inpatient behavioral health care beds that are available in Montgomery County. With the pandemic, mental health pressures – always high – have become overwhelming. Like many needs that have become clearer during the pandemic, the need for mental health care has always been here, but is more obvious now.

And, of course, our more vulnerable residents need COVID-19 vaccinations where they live. Adventist Healthcare could be an important piece of addressing the inequities in vaccine distribution in our area.

Again, we ask that the critical health needs acknowledged earlier by the Maryland Health Care Commission be addressed. Having a poor-quality urgent care center open through the night hours may not be the best use of Adventist Healthcare funds and is not meeting the needs of the Takoma Park community. However, the very real primary and behavioral health needs that were intended to be met through the commitments in the Certificate of Need still need to be met. We ask the Maryland Health Care Commission to ensure that they are.

Sincerely,

A handwritten signature in blue ink that reads "Suzanne R. Ludlow". The signature is written in a cursive style with a large initial 'S'.

Suzanne R. Ludlow
City Manager

cc: Takoma Park City Council

Response to Adventist Healthcare and Maryland Healthcare Commission

City of Takoma Park, March 3, 2021

Adventist Healthcare has presented misleading data on Takoma Park's demographics to justify withdrawing urgent care services relied on by the City's vulnerable populations.

By several measures, the Black and Brown communities in the City of Takoma Park that immediately surround the AHC Takoma Park urgent care center are at risk of being medically underserved. Their degree of risk may be higher than the communities surrounding other adjacent urgent care centers in Montgomery County.

Reducing urgent care services in the Takoma Park area during the middle of a global pandemic would deny vital health services to populations in close proximity to the AHC Takoma Park urgent care center. Reducing urgent care services would also exacerbate racial disparities in the City of Takoma Park that Adventist Healthcare overlooks in making this request.

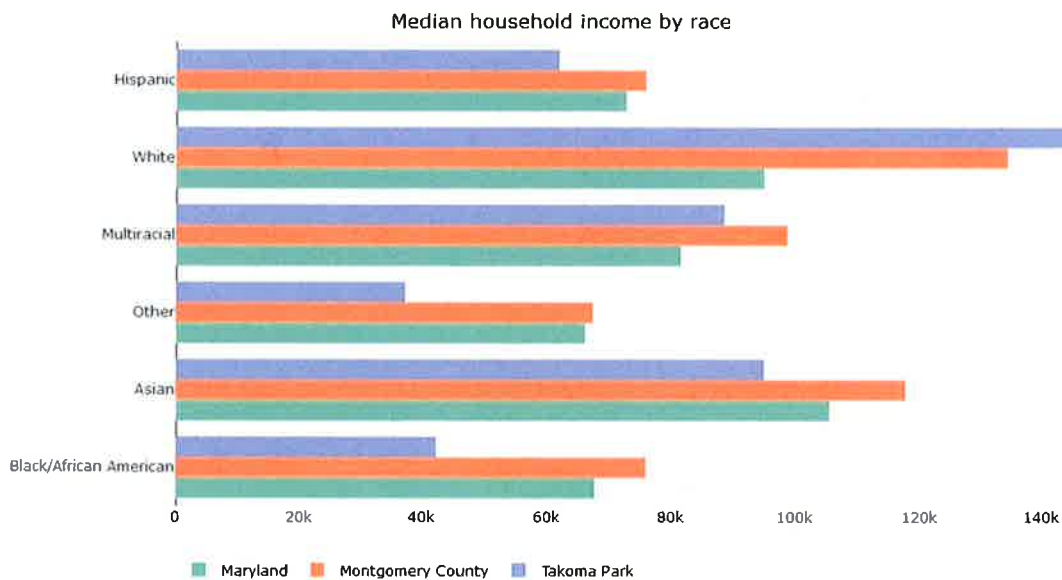
Methodologically, Adventist Healthcare:

- 1) **Relies on zip-code data from the 2015-2019 American Community Survey, when the ACS makes more-precise place-level data available.** The data below data come from the same 5-year ACS, but use place-level data for the City of Takoma Park, rather than the different boundaries of zip codes.
- 2) **Uses median home values and aggregated data not broken out by race and ethnicity.** Takoma Park's white population tends to have high income levels, be homeowners, and have high levels of educational attainment. Its Black population, Hispanic population, and population with a race of "other"—together larger than its white population (49%), representing 33%, 11.6%, and 5.7% of the city's population respectively—tend to have much lower incomes, are more likely to face poverty or unemployment, are much more likely to be renters, and have lower levels of educational attainment. Citing statistics like median home values almost entirely misses the non-white populations who are underserved in the City of Takoma Park.

In areas of education, housing-cost burden, and household income, Black and Hispanic residents experience a different Takoma Park than their white neighbors:

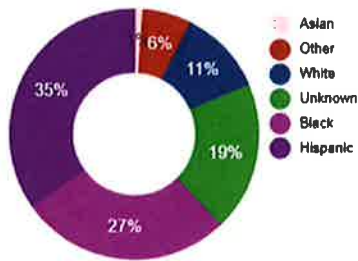
- 1) **47% of Takoma Park's population are renters, 76.9% of whom are people of color.** The racial divide in housing ownership and income reflects in cost burdens experienced by renters and homeowners. Even with rent stabilization in Takoma Park, 49.2% of renters are housing-cost burdened (spending at least 30% of their income on rent) and 17.9% are severely cost-burdened (spending 50% or more of their income on rent), compared to just 21.8% and 9% of owners.

- 2) **Educational disparities by race in Takoma Park surpass both the County and state.** Although 84% of white Takoma Park residents have a bachelor's degree or higher, 50.7% of Hispanic residents in Takoma Park do not have a high school degree, exceeding Maryland and Montgomery County by 16.3% and 19.7% respectively. 42% of Black residents in Takoma Park do not have any college education, exceeding the county's share by 15.4%. And although the large margin of error warrants caution, 76.8% of residents with a race of "other" do not have a high school degree, exceeding Maryland's rate by 32% and Montgomery County's by 37.1%.
- 3) **Racial disparities in household income are heightened in Takoma Park compared to either Montgomery County or Maryland both because non-white residents in Takoma Park earn less than Montgomery County and Maryland, and because white residents in Takoma Park earn more.** The median Black household in Takoma Park earns \$42,158, compared to \$75,960 in Montgomery County and \$67,583 in Maryland; the median Hispanic household in Takoma Park earns \$61,875, compared to \$76,042 in Montgomery County and \$72,758 in Maryland. By contrast, the median white household earns \$146,250 in Takoma Park, compared to \$134,575 in Montgomery County and \$95,238 in Maryland.

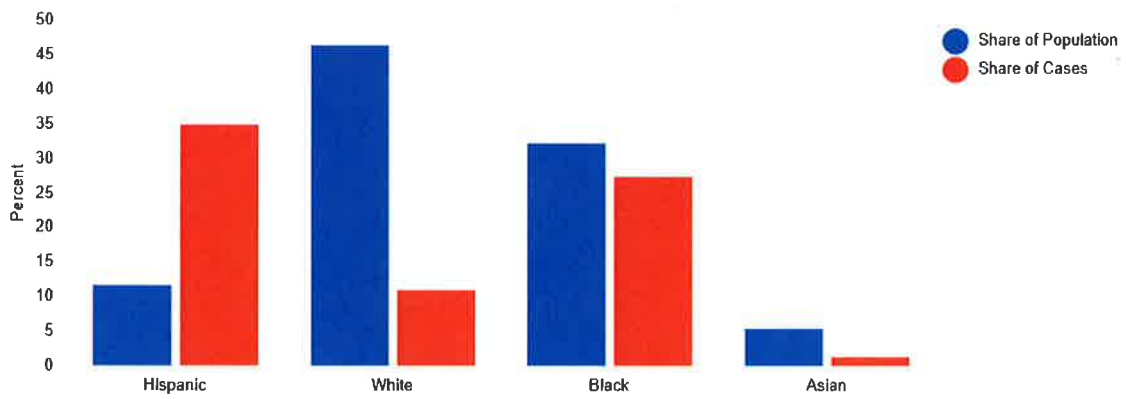


Finally, as shown on the Takoma Park [COVID-19 data dashboard](#), Black and especially Hispanic residents of Takoma Park are suffering disproportionately from the pandemic compared to their white neighbors.

Confirmed Cases by Race & Ethnicity



Share of Cases by Race/Ethnicity



Note: Cases with race "other" and "unknown" are excluded from the above chart because of difficulties comparing with population share, but make up 6.4% and 19.8% of all cases respectively.