2019
PRINCE GEORGE'S COUNTY

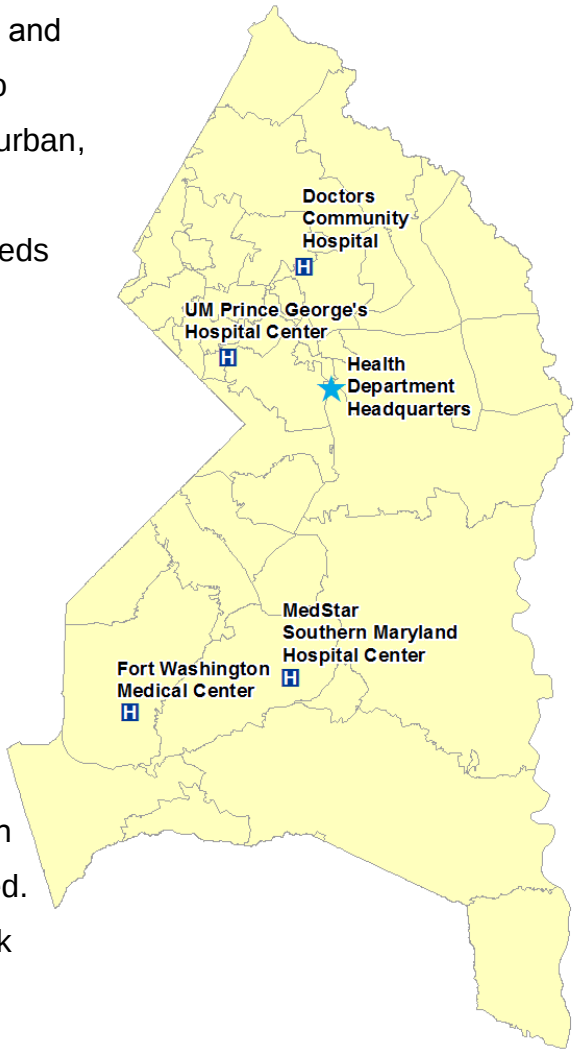
COMMUNITY HEALTH ASSESSMENT

Prepared by:
Prince George's County Health Department
Office of Assessment and Planning
Health-OAP@co.pg.md.us

HEALTH DEPARTMENT
Prince George's County

INTRODUCTION

Prince George's County is located in the state of Maryland and is part of the Washington, D.C. metropolitan area. Home to more than 900,000 diverse residents, the county includes urban, suburban, and rural regions. The county, while overall considered affluent, has many communities with higher needs and poor health outcomes.



In 2015, the Prince George's County government and Maryland-National Capital Parks and Planning Commission conducted a special study to develop a Primary Healthcare Strategic Plan[1] in preparation for enhancing the healthcare delivery network. A key recommendation from the plan was to "build collaboration among Prince George's County hospitals", which included conducting a joint community health assessment (CHA) with the Prince George's County Health Department. In 2016, the first inclusive CHA was completed. The hospitals and Health Department agreed to again work collaboratively to update the 2016 CHA in 2019.

CHA Core Team

Doctors Community Health System
Fort Washington Medical Center
MedStar Southern Maryland Hospital Center
Prince George's County Health Department
Prince George's Healthcare Action Coalition
University of Maryland Capital Region Health

There are four hospitals located within the county: Doctors Community Hospital; Fort Washington Medical Center, MedStar Southern Maryland Hospital Center; and UM Prince George's Hospital Center. All four hospitals and the Health Department appointed staff to facilitate the 2019 CHA process. The core team began meeting in September 2018 and included leadership from the Prince George's Healthcare Action Coalition during the data review and prioritization process.

[1] http://www.pgplanning.org/Resources/Publications/PHSP.htm

PROCESS OVERVIEW

The CHA Process was developed to 1) maximize community input, 2) learn from the community experts, 3) utilize existing data, and 4) ensure a comprehensive prioritization process. Elements of the Mobilizing for Action through Planning and Partnerships (MAPP)[2] process where used in the 2019 CHA to shift data collection towards community perceptions of health and consideration of the local health system. The Core Team developed a shared Vision at the start of the process of

"A community focused on health and wellness for all."

The group agreed upon five shared values to provide focus, purpose, and direction for the CHA process:

- Collaboration
- Equity
- Trust
- Safety
- Prevention

The Core Team were also asked to consider what they would like the local health system to look like in five to ten years. The emergent themes included:

- all residents to feel safe accessing health-related services (regardless of immigration status);
- residents will have a better perception of health care in the county;
- better utilization of local services;
- a system that allows residents to access services close to home;
- consideration of needs of all residents.

In summary, the Core Team envisioned **"a system that is perceived as available to serve all with quality services"**.

The Health Department staff led the CHA process in developing the data collection tools and analyzing the results with input from the hospital representatives. The process included:

- A community resident survey available in English, Spanish, and French distributed by the hospitals and health department;

[2] https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

- Secondary data analyses that included the county demographics and population description through socioeconomic indicators, and a comprehensive health indicator profile;
- Hospital Service Profiles to detail the residents served by the core team;
- A community expert survey and key informant interviews; and
- A prioritization process that included the Core Team and Prince George's Healthcare Action Coalition leadership.

While the Core Team led the data gathering process, there was recognition that **health is a shared responsibility**. The community data collection strategies and the prioritization process were intentionally developed with this consideration and set the foundation for coordination moving forward.

After initially reviewing the data collection results (the data reviewed is available in the Prioritization Process section), the Core Team determined that the priorities selected in the 2016 CHA should remain the 2019 priorities based on the community and expert input in the process that focused on these areas, the challenges remaining in the county from the population and health indicators, and acknowledgment that it is realistic for such substantial priorities to require more than three years to "move the needle". The 2019 priorities will continue to be:

- the social determinants of health,
- behavioral health,
- obesity and metabolic syndrome, and
- cancer.

The results of this process will guide the health department and hospitals in addressing the health needs of the county. Additionally, the Core Team committed to reconvene to coordinate assets and resources to addresses the priorities and determine opportunities for further collaboration.

KEY FINDINGS

Drivers of Poor Health Outcomes:

- **Social determinants of health drive many of our health disparities.**
    - Poverty, food insecurity, access to healthy food, affordable housing, employment, lack of educational attainment, inadequate financial resources, access to care, and a disparate built environment result in poorer health outcomes.
    - Growth in the county, while benefiting some, may harm others. For example, in just 3 years the income needed for an efficiency rental has grown by over $13,000. However, the median renter household income has grown by only $3,000, potentially making affordable housing less attainable for some residents.
    - Education was a consistent concern for residents and key informants; resident surveys ranked good schools as the third most important aspect of a healthy community. There is notable disparity in high school graduation rates, with only 66% of Hispanic students graduating compared to 85% and higher for other groups.
    - Resources available in communities with greater needs continue to be perceived as lower quality, such as healthcare and fresh food.
- **Access to health insurance through the Affordable Care Act has not helped everyone.**
    - Many residents still lack health insurance (some have not enrolled, some are not eligible).
    - Those with health insurance struggle to afford healthcare (such as co-pays, high premiums, and deductibles) and prescriptions, and difficulty accessing care due to transportation challenges.
- **Residents lack knowledge of or how to use available resources.**
    - The healthcare system is challenging to navigate, and providers and support services need more coordination.
    - There are services available, but they are perceived as underutilized because residents do not know how to locate or use them.

- Low literacy and low health literacy contribute to poor outcomes.

- **The county does not have enough healthcare providers to serve the residents.**
  - There is a lack of behavioral health providers, dentists, specialists, and primary care providers (also noted in the 2015 Primary Healthcare Strategic Plan for the county[3]). While there has been some growth in providers, it has struggled to keep pace with the population growth and has been unable address deficits.
- **There is a perception that the county lacks quality healthcare providers.**
  - Surrounding jurisdictions are perceived to have better quality providers; residents with resources are perceived as often traveling outside the county for healthcare needs.
  - There is a lack of culturally competent and bilingual providers.
- **Lack of ability to access healthcare providers**
  - There are limited transportation options available, and the supply does not meet the need. There is also a lack of transportation for urgent but non-emergency needs that cannot be scheduled in advance.
  - The distribution of providers is uneven in the county; some areas have a high geographic concentration of providers, while other areas have very few or no providers available nearby.
- **Disparities in health outcomes are complicated**
  - Even though Black, non-Hispanic residents are more likely to be screened for cancer, they still have higher cancer mortality rates. The infant mortality rate for Black, non-Hispanic residents is significantly higher compared to other race/ethnic groups. It is challenging to determine how elements such as stress, culture, structural racism, and implicit bias contribute to health disparities along with the social determinants of health, healthcare access, and healthcare utilization, for example.

[3] Primary Healthcare Strategic Plan, 2015, http://www.pgplanning.org/Resources/Publications/PHSP.htm

Leading Health Challenges

- **Chronic conditions such as heart disease, diabetes, and stroke continue to lead in poor outcomes for many county residents.**
    - Residents have not adopted behaviors that promote good health, such as healthy eating and active living.
    - An estimated three-fourths of adults and one-third of high school students in the county are obese or overweight.
    - The lack of physical activity and increased obesity is closely related to residents with **metabolic syndrome**[4]**,** which increases the risk for heart disease, diabetes, and stroke.
- **Behavioral health needs often overlap with other systems and can be exacerbated by other unmet needs such as housing.**
    - The hospitals, public safety, and criminal justice system see many residents needing behavioral health services and treatment.
    - The county lacks adequate resources needed to address residents with significant behavioral health issues.
    - Homeless residents often have unmet behavioral health needs, but addressing those needs is not often possible without stable housing.
    - Stigma around behavioral health continues to be an ongoing challenge in the county.
- **While the trends for many health issues have improved in the county, we still have significant disparities. For example:**
    - **Cancer:** Black residents in the county had higher mortality rates for breast, and prostate cancers, despite having higher screening rates.
    - **HIV:** Prince George's County had the second highest rate of HIV diagnoses in the state in 2017 and had the highest number of actual cases in the state.
    - **Substance Use:** White, non-Hispanic residents have a drug-related mortality rate nearly three times higher compared to Black, non-Hispanic residents (2015-2017).

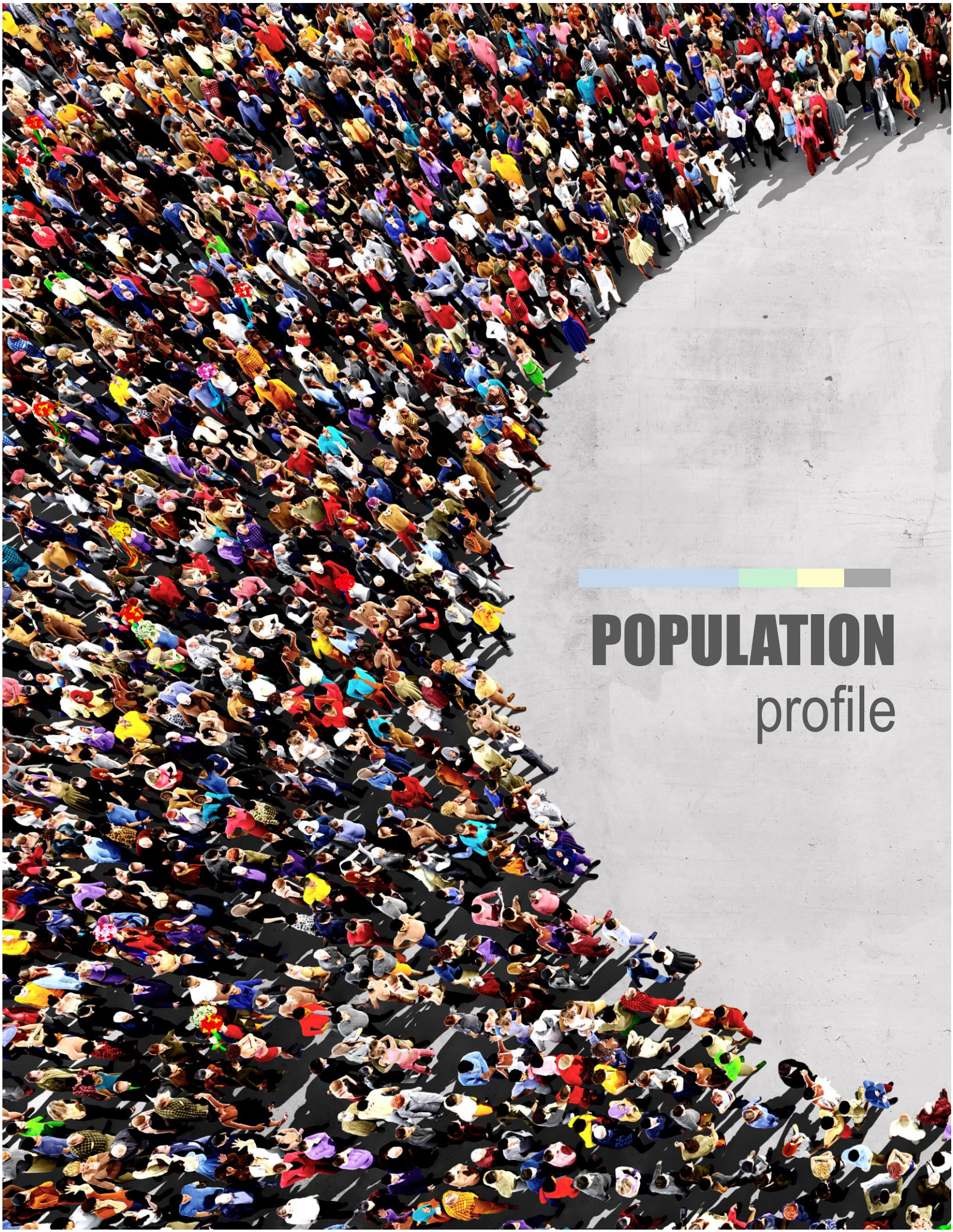
[4] Metabolic Syndrome is a group of risk factors that raises the risk of heart disease and other health problems such as diabetes and stroke. The risk factors include: a large waist; high triglycerides (fat in the blood); low HDL or "good" cholesterol; high blood pressure, and high blood glucose (sugar). Source: NIH, accessed on 6/1/16, http://www.nhlbi.nih.gov/health/health-topics/topics/ms

- **Teen Births:** The Hispanic Teen Birth Rate is four times higher than Black, non-Hispanic teens and eleven times higher than White, non-Hispanic teens (2017).

Recommendations

- **Increase care coordination resources**
  - Trained community health workers were recognized as improving health outcomes for residents by navigating services and ensuring residents have the support and knowledge they need.
  - Residents need education about the available resources, and how to utilize and navigate them.
- **Increase community-specific outreach and education**
  - Similar to the 2016 findings, more outreach and education is needed at a community-level to be culturally sensitive and reach residents.
- **More funding and resource for health and support services.**
  - Funding is needed to strengthen the health safety net for those unable to access health insurance or unable to afford what is available.
  - There must be a focus on ensuring basic needs are being met for residents experiencing vulnerabilities in order for them to manage their health.
- **Attract a culturally-diverse quality healthcare workforce.**
  - One in five residents in the county were born outside the U.S. A diverse workforce would potentially help to address the cultural and language barriers experienced by residents.
  - Incentives to attract and academic partnerships to develop a quality workforce are needed to address identified deficits as well as increase provider availability in the county.
- **Increased partnerships and collaborative efforts are needed.**
  - Current coordinated efforts in the county were recognized as improving outcomes through care coordination and by and addressing systemic issues in the county.

TABLE OF CONTENTS



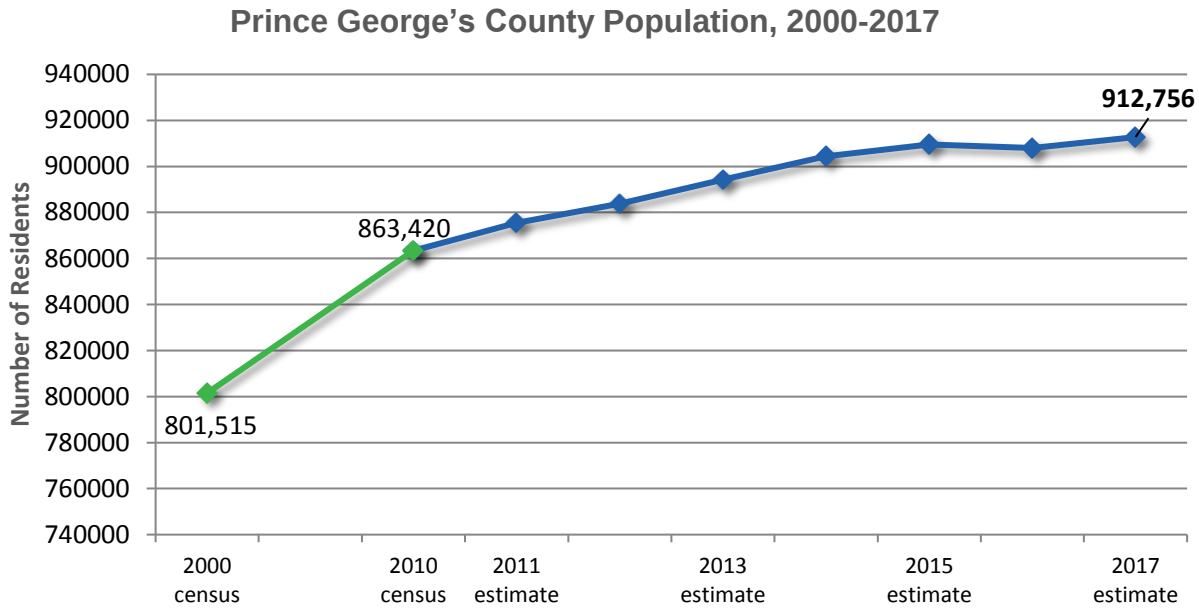
POPULATION
profile

POPULATION PROFILE

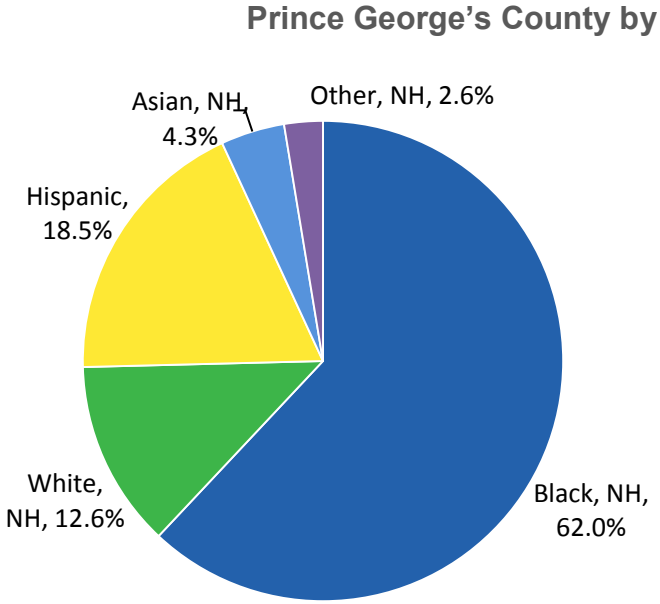
TABLE OF CONTENTS

Overall Population

Prince George's County is the second largest jurisdiction in Maryland. The population of Prince George's County increased by over 110,000 residents since 2000. Between 2010 and 2017, the population increased by nearly 50,000 or 5.7%.



Data Source: U.S. Census, Annual Population Estimates;



The racial and ethnic composition of Prince George's County differs from Maryland and the United States. Black, non-Hispanics represent the majority of residents (62.0%), followed by Hispanics (18.5%). Since 2010, the Hispanic population has grown rapidly by 31.1%. The Asian, non-Hispanic population grew by 11.6% and the Black, non-Hispanic population grew by 3.2%. The White, non-Hispanic population declined by roughly 14,000 residents.

Data Source: 2017 American Community Survey 1-Year Estimates, Table DP05

Population Demographics, 2017

2017 Estimates	Prince George's	Maryland	United States
Population			
Total Population	**912,756**	**6,052,177**	**325,719,178**
Female	472,979 (52%)	3,116,355 (51%)	165,316,674
Male	439,777 (48%)	2,935,822 (49%)	160,402,504
Race and Hispanic Origin			
Black, NH	566,032 (62%)	1,776,692 (29%)	40,129,593 (12%)
Hispanic (any race)	169,032 (19%)	612,709 (10%)	58,846,134 (18%)
White, NH	115,126 (13%)	3,066,146 (51%)	197,285,202 (61%)
Asian, NH	38,838 (4%)	389,297 (6%)	17,999,846 (6%)
Other, NH	23,721 (2%)	207,333 (3%)	11,458,403 (3%)
Age			
Under 5 Years	59,081 (6%)	363,313 (6%)	19,795,159 (6%)
5-17 Years	144,244 (16%)	983,637 (16%)	53,853,524 (17%)
18-24 Years	90,094 (10%)	537,623 (9%)	30,820,412 (9%)
25-44 Years	256,964 (28%)	1,609,807 (27%)	86,083,640 (26%)
45-64 Years	245,420 (27%)	1,655,211 (27%)	84,350,731 (26%)
65 Years and Over	116,953 (13%)	902,586 (15%)	50,815,712 (16%)
Median Age (years)	37.2	38.7	38.1

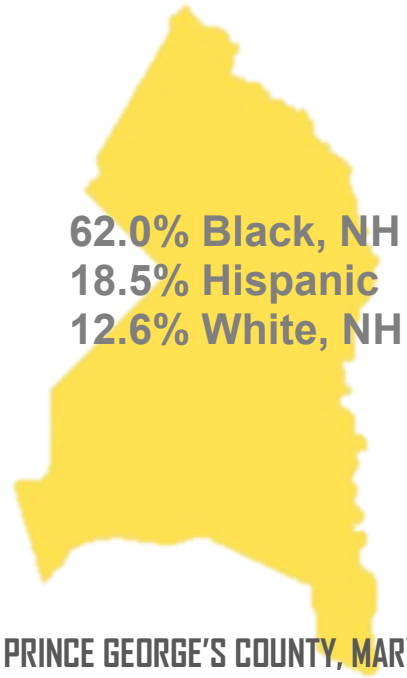
Data Source: 2017 American Community Survey 1-Year Estimates, Table DP05; U.S. Census Population Estimates

Prince George's County, Median Age by Race and Ethnicity, 2017

Race and Ethnicity	Median Age (yrs.)
Black	39.3
Hispanic, Any Race	28.7
White, NH	46.2
Asian	39.2

Data Source: 2017 American Community Survey 1-Year Estimates, Table B01002

Overall, the demographics of Prince George's County differ from the state of Maryland. While Maryland has a majority White, non-Hispanic (NH) population, Prince George's County has a majority Black, NH population. Prince George's County also has a higher proportion of Hispanic residents compared to the state.



PRINCE GEORGE'S COUNTY, MARYLAND

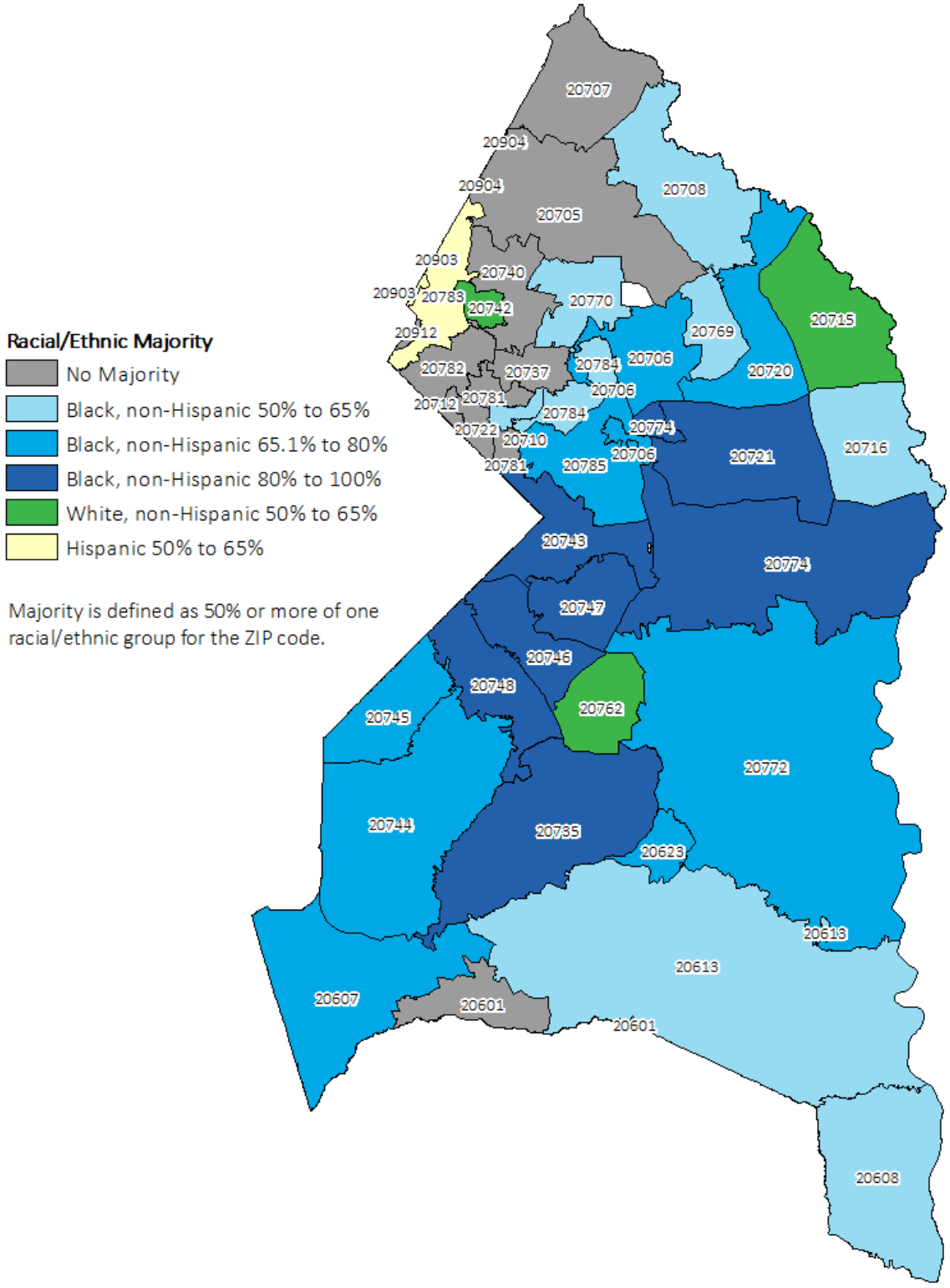
STATE OF MARYLAND

As of 2017, the median age in the county is 37.2 years, an increase of 1.1 years compared to 2014. However, the median age of the state and the United States remains higher than the county (38.7 and 38.1 years respectively). The population of county residents age 65 years and older is increasing: in 2014, 11% of the overall population was over the age of 65; in 2017, the 65 and older age group represents 13% of the population.

However, the median age varies substantially by race and ethnicity in the county. There is a 17.5 year difference between the median age of White, non-Hispanic residents (46.2 years) and Hispanic residents (28.7 years) in Prince George's County.

Reflective of the majority of the overall county population, the majority of ZIP codes in the county have a population of at least 50% Black, non-Hispanic residents. The northern part of the county continues to be more diverse with more ZIP codes with no race/ethnicity majorities.

ZIP Codes by Population Racial and Ethnic Majority, Prince George's County, 2013-2017

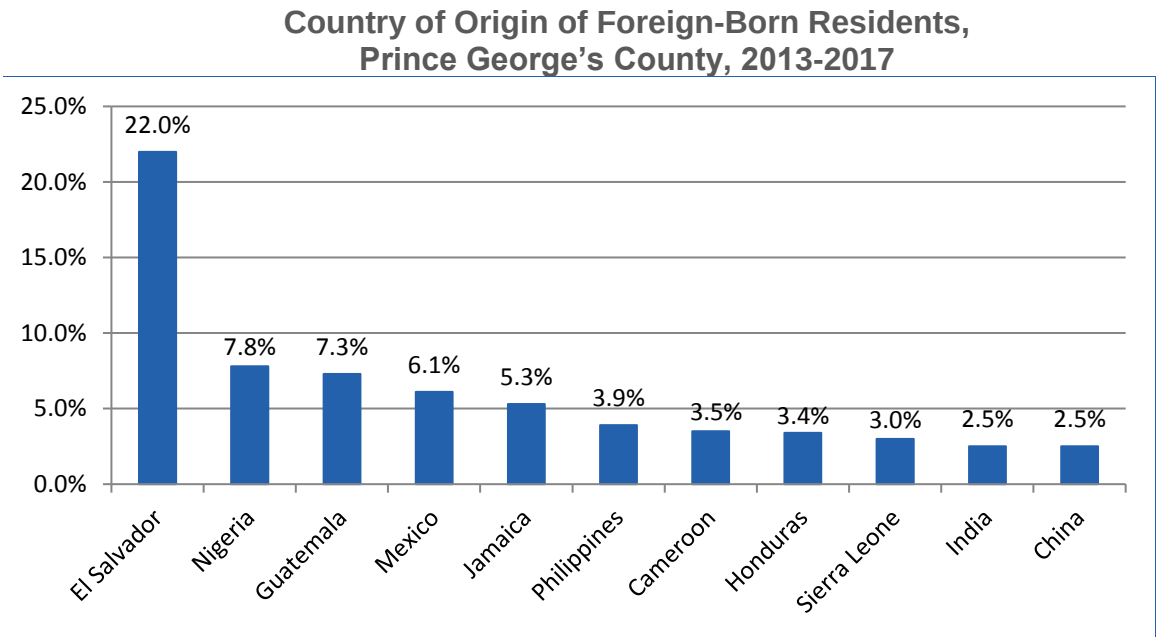


Data Source: 2013-2017 American Community Survey 5-Year Estimates, Table B03002

Foreign Born Residents

In Prince George's County, 1 out of every 5 residents (22.6%)[1] are born outside the United States. The countries that contribute the most to the foreign-born population include El Salvador, Nigeria, Guatemala, Mexico, and Jamaica: these five countries account for nearly half of the total foreign-born population. Residents born in the African countries of Cameroon and Sierra Leone increased compared to the previous 5-year period.

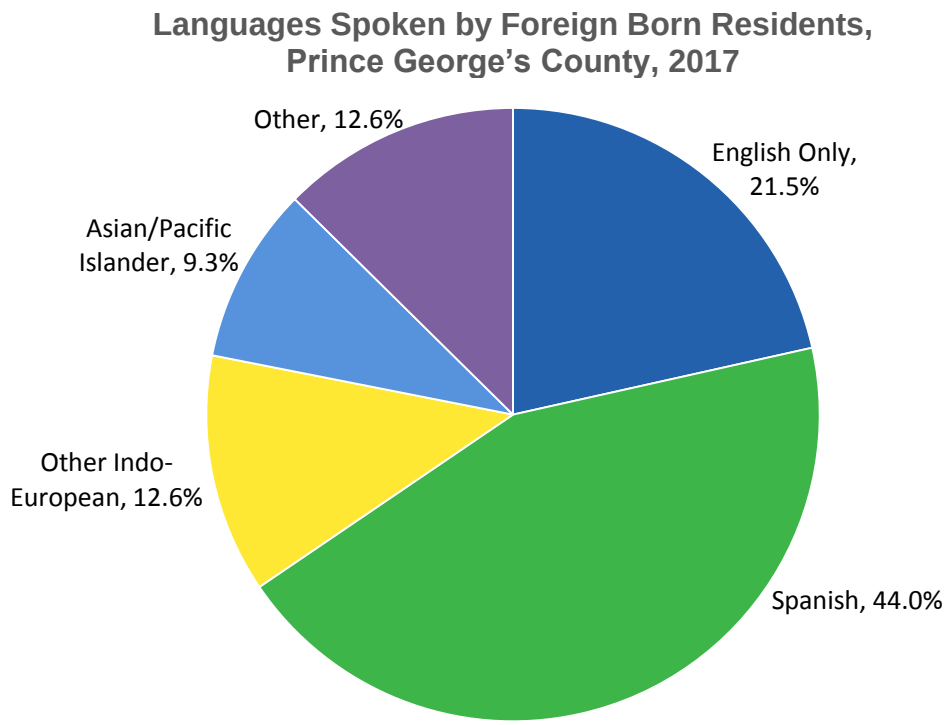
In 2017, there were over 200,000 foreign-born residents in the County. Of those residents, 45% are naturalized U.S. citizens with a median household income of $88,036, compared to $60,269 for the 55% who are not U.S. citizens.



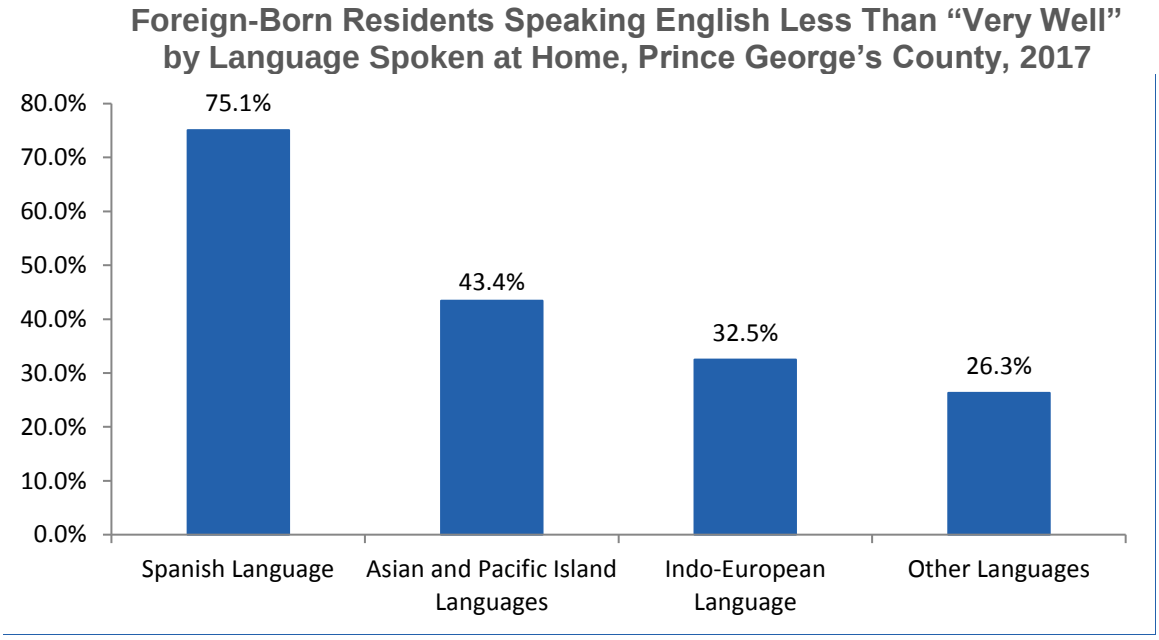
Data Source: 2013-2017 American Community Survey 5-Year Estimates, Table B05006

One in five (21.5%) of foreign-born residents speaks English as their primary language, down from 33.6% in 2014. Of the three-quarters of foreign-born residents speaking a language other than English, 44.5% report speaking English "very well." However, comfort with the English language is not the same for all foreign-born residents. Three out of four Spanish-speaking residents report speaking English less than "very well," substantially higher than residents speaking Asian, Indo-European and other languages.

[1] American Community Survey 1-year estimates, 2017, Table S0501



Data Source: 2017 American Community Survey 1-year estimates, Table C16005



Data Source: 2017 American Community Survey 1-year estimates, Table C16005

Poverty

The proportion of individuals living in poverty in Prince George's County decreased to 8.4% in 2017 from 10.2% in 2014. The proportion of individuals living in poverty is lower in the county compared to Maryland and the U.S, but disparities continue to exist across several sociodemographic factors. One in ten females live in poverty in the county, compared to only 6.9% of males. The proportion of individuals living in poverty decreases with age and higher levels of educational attainment. Eleven percent of children (under 18 years of age) in the county live in poverty as of 2017. Poverty across individuals of different races and ethnicities also varies. About 13% of Hispanic residents in the county live in poverty, compared to 8.4% of White, non-Hispanic and 7.0% of Black, non-Hispanic residents.

Individual Poverty Status in the Past 12 Months, Prince George's County, 2017

Indicators	Prince Georges County		Maryland	U.S.
	N	% Poverty	% Poverty	% Poverty
Total individuals in poverty	74,902	8.4%	9.3%	13.4%
Male	29,778	6.9%	8.4%	12.2%
Female	45,124	9.7%	10.1%	14.5%
Age				
Under 18 years	22,031	11.0%	12.0%	18.4%
18 to 64 years	45,004	7.8%	8.6%	12.6%
65 years and over	7,867	6.9%	7.9%	9.3%
Race & Ethnicity				
Black	39,460	7.0%	13.3%	23.0%
Hispanic (of any race)	21,501	12.8%	13.1%	19.4%
White, non-Hispanic	8,987	8.4%	6.3%	9.6%
Asian	2,556	6.9%	7.0%	11.1%
Educational Attainment (population 25 years+)				
Less than high school	11,860	14.9%	20.4%	24.7%
High school graduate (or equivalent)	13,667	8.3%	11.6%	13.7%
Some college, associate's degree	9,219	5.3%	7.0%	9.5%
Bachelor's degree and higher	6,919	3.5%	3.2%	4.3%

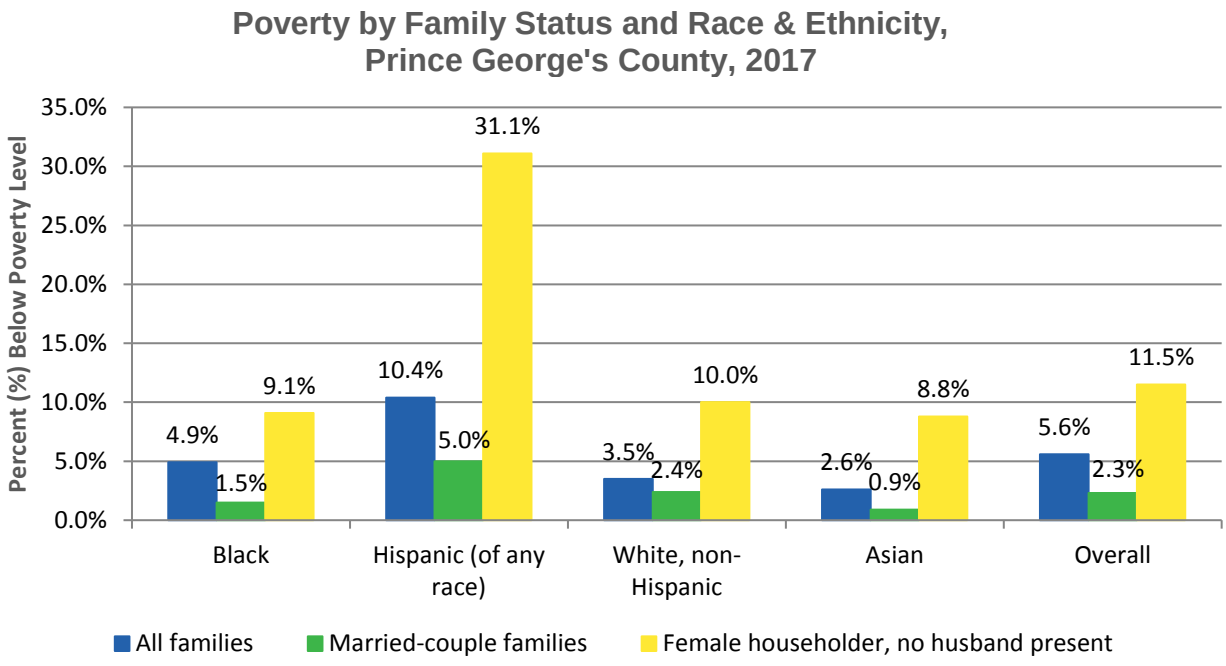
Data Source: American Community Survey 1-Year Estimates, 2017, Table S1701

Poverty status among families in Prince George's County decreased from 7% in 2014 to 5.6% in 2017, lower than both Maryland at 6.2% and the United States at 9.5%. Over one in ten (11.5%) families with only a female head of household lives in poverty in the county, a figure that increases to 17.7% if the household has children under age 18. Almost one-third of Hispanic families with only a female head of household live in poverty in 2017, which is two times higher compared to single female households of other race/ethnicities.

Family Poverty Status in the Past 12 Months, 2017

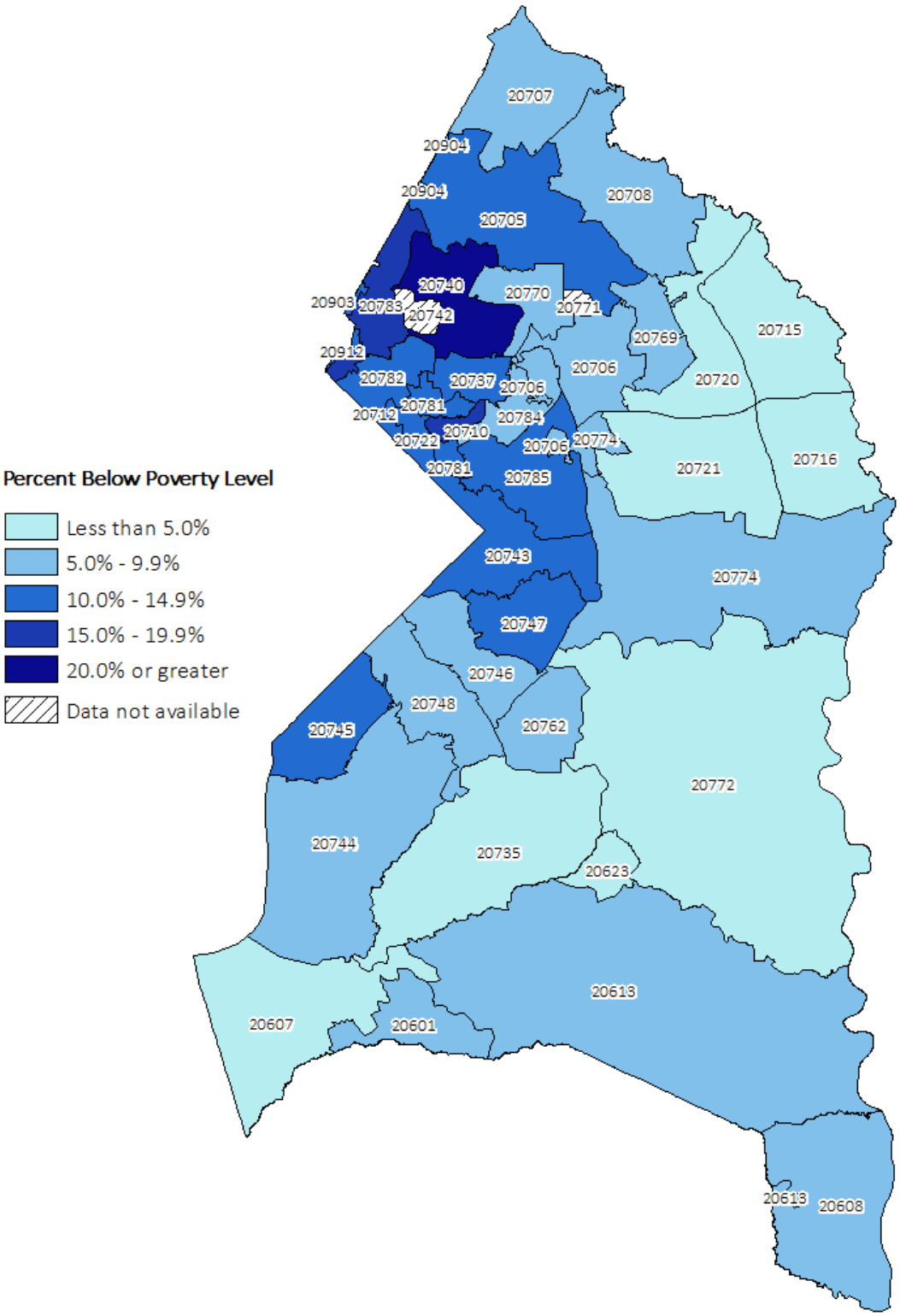
	Prince George's County % Poverty	Maryland % Poverty	United States % Poverty
All families	5.6%	6.2%	9.5%
With related children under 18 years	8.4%	9.2%	15.0%
Married couple families	2.3%	2.6%	4.8%
With related children under 18 years	3.3%	2.8%	6.6%
Families with female householder, no husband present	11.5%	17.4%	26.2%
With related children under 18 years	17.7%	24.5%	35.7%

Data Source: 2017 American Community Survey 1-Year Estimates, Table S1702



Data Source: 2017 American Community Survey 1-Year Estimates, Table S1702

Percent of Residents Living in Poverty by ZIP Code, Prince George's County, 2013-2017



Data Source: 2013-2017 American Community Survey 5-Year Estimates, Table S1701

Percent of Residents Living in Poverty by ZIP Code, Prince George's County, 2013 - 2017

ZIP	Area	Poverty Percentage
20601	Waldorf	6.0%
20607	Accokeek	3.1%
20608	Aquasco	5.8%
20613	Brandywine	5.2%
20623	Cheltenham	1.6%
20705	Beltsville	10.4%
20706	Lanham	9.4%
20707	Laurel	7.5%
20708	Laurel	7.2%
20710	Bladensburg	19.4%
20712	Mount Rainier	10.7%
20715	Bowie	3.6%
20716	Bowie	4.3%
20720	Bowie	3.2%
20721	Bowie	4.7%
20722	Brentwood	12.6%
20735	Clinton	4.9%
20737	Riverdale	14.8%
20740	College Park	23.5%
20743	Capitol Heights	13.5%
20744	Fort Washington	8.5%
20745	Oxon Hill	11.7%
20746	Suitland	9.5%
20747	District Heights	10.5%
20748	Temple Hills	8.7%
20762	Andrews Air Force Base	5.4%
20769	Glenn Dale	5.6%
20770	Greenbelt	9.3%
20772	Upper Marlboro	4.5%
20774	Upper Marlboro	6.1%
20781	Hyattsville	10.4%
20782	Hyattsville	11.7%
20783	Hyattsville	15.4%
20784	Hyattsville	7.6%
20785	Hyattsville	11.8%
20903	Silver Spring	13.7%
20904	Silver Spring	8.5%
20912	Takoma Park	11.6%

Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table DP03

Food Stamp/Supplemental Nutrition Assistance Program (SNAP) Benefits

Prince George's County had a lower proportion of households receiving food stamps/ SNAP benefits in 2017 (8.6%) compared to Maryland (10.3%) and the United States (11.7%). Almost 40% of county residents receiving food stamps/SNAP have a disability and 37.9% have at least one person in the household over 60 years of age.

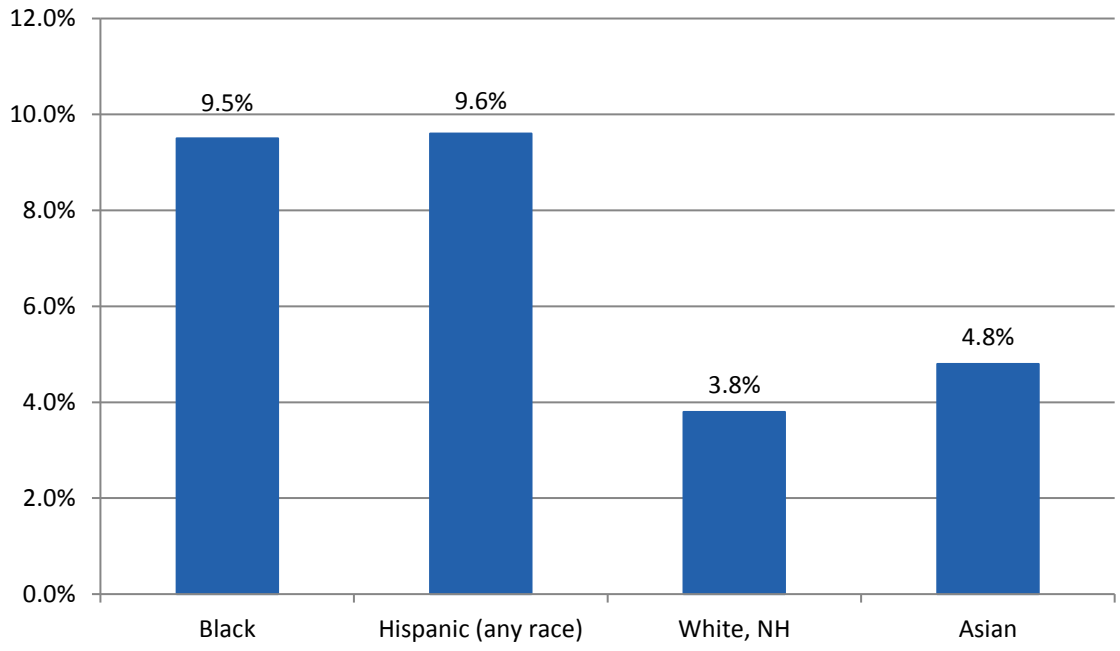
Percent of Household with Food Stamp/SNAP Benefits, 2017

	Prince George's County	Maryland	United States
Households Receiving Food Stamps/SNAP	8.6%	10.3%	11.7%

Data Source: 2017 American Community Survey 1-Year Estimates, Table S2201

Almost one in ten Hispanic (9.6%) and Black, non-Hispanic (9.5%) households received food stamps/SNAP in 2017, twice that of White, non-Hispanic (3.8%) and Asian (4.8%) households. Households receiving food stamps/SNAP across county ZIP codes ranged from 2.4% (Cheltenham) to 24.9% (Bladensburg).

Percent of Households Receiving Food Stamps/SNAP by Race and Ethnicity, Prince George's County, 2017



Data Source: 2017 American Community Survey 1-Year Estimates, Table B22005

Percentage of Households with Food Stamp/SNAP Benefits by ZIP Code, Prince George's County, 2013-2017

ZIP	Area	Percent of Households on SNAP
20601	Waldorf	6.1%
20607	Accokeek	7.8%
20608	Aquasco	6.6%
20613	Brandywine	4.9%
20623	Cheltenham	2.4%
20705	Beltsville	9.1%
20706	Lanham	10.2%
20707	Laurel	7.6%
20708	Laurel	9.3%
20710	Bladensburg	24.9%
20712	Mount Rainier	15.0%
20715	Bowie	2.6%
20716	Bowie	4.7%
20720	Bowie	3.4%
20721	Bowie	4.3%
20722	Brentwood	14.9%
20735	Clinton	6.9%
20737	Riverdale	18.6%
20740	College Park	7.5%
20743	Capitol Heights	21.2%
20744	Fort Washington	7.2%
20745	Oxon Hill	19.0%
20746	Suitland	14.6%
20747	District Heights	14.6%
20748	Temple Hills	13.8%
20762	Andrews Air Force Base	2.5%
20769	Glenn Dale	10.8%
20770	Greenbelt	9.8%
20772	Upper Marlboro	7.5%
20774	Upper Marlboro	7.0%
20781	Hyattsville	9.8%
20782	Hyattsville	10.1%
20783	Hyattsville	10.5%
20784	Hyattsville	12.8%
20785	Hyattsville	17.0%
20903	Silver Spring	15.4%
20904	Silver Spring	10.1%
20912	Takoma Park	11.3%

Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table DP03

Income

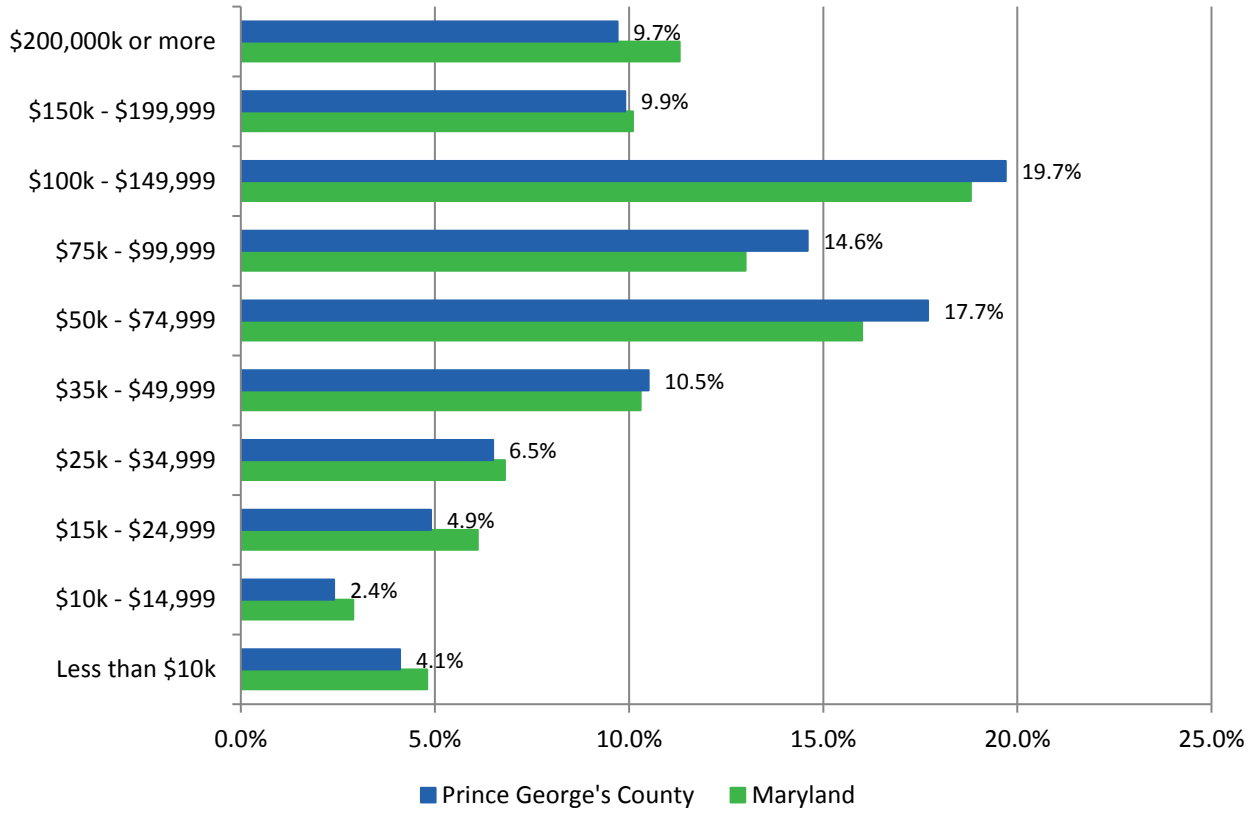
The median household income in the County is $81,240, exceeding both Maryland ($80,776) and the U.S. ($60,336). This is a noticeable increase from 2014 with a median household income of $72,290 for the county. In 2017, almost 40% of county households make more than $100,000 per year, similar to the state.

Income in the Past 12 Months (In 2017 Inflation-Adjusted Dollars)

	Prince George's County	Maryland	United States
Median household income	$81,240	$80,776	$60,336
Mean household income	$99,417	$106,035	$84,525
Median family income	$94,069	$98,393	$73,891
Mean family income	$112,461	$123,678	$99,114

Data Source: 2017 American Community Survey 1-Year Estimates, Table S1901

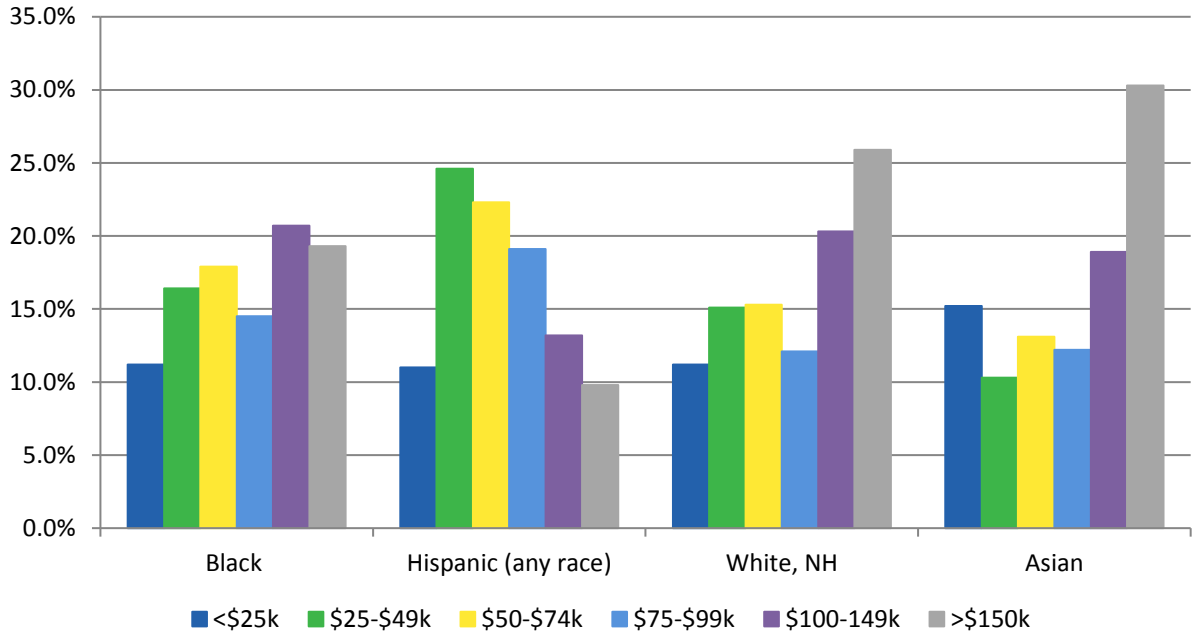
Household Income (In 2017 Inflation-Adjusted Dollars)



Data Source: 2017 American Community Survey 1-Year Estimates, Table S1901

By race, a higher percentage of Asian households earn below $25,000 (15.2%) but they also comprise the highest percentage earning $100,000 and more (49.2%). There continues to be an income disparity for Hispanic residents compared to other races and ethnicities: over one-third (35.6%) of Hispanic households earn less than $50,000 per year.

Household Income (In 2017 Inflation-Adjusted Dollars) by Race and Ethnicity, Prince George's County



Data Source: 2017 American Community Survey 1-Year Estimates, Table B19001

Disability

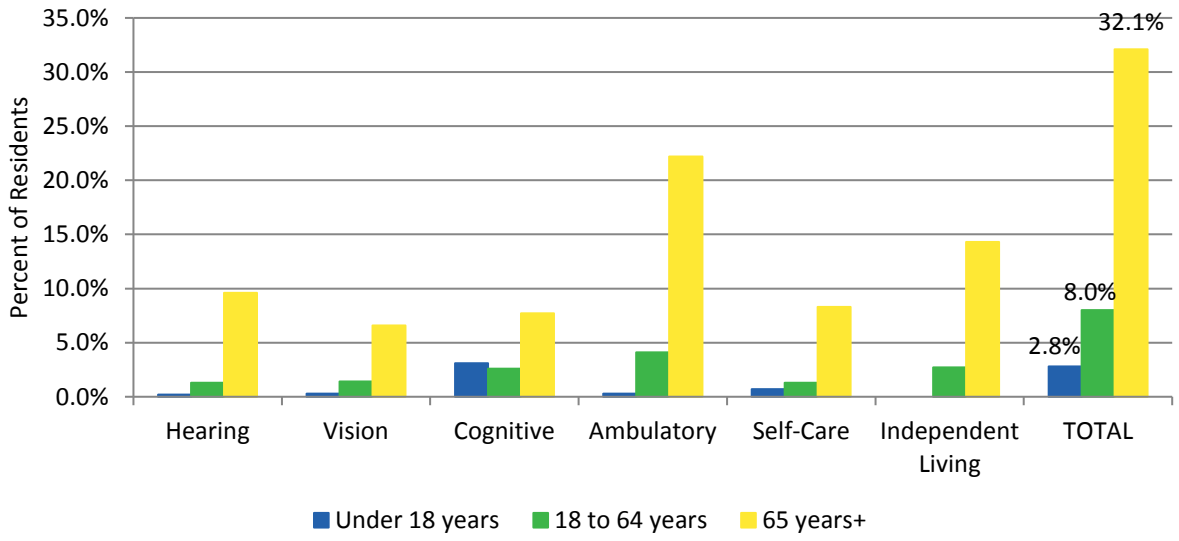
The accepted definitions of disability have changed over the past 40 years. In the 1960's and 1970's, a medical definition of disability was generally used, limited primarily to physical impairments. However, as time progressed, definitions expanded to include social and mental impairments as well as independence[2]. In 2017, one in ten Prince George's County residents lives with a disability, lower than the state at 11.1% and the U.S. at 12.7%. One-third of county residents over the age of 65 lives with a disability, the majority with ambulatory disabilities.

Percent of Residents with a Disability, 2017

Indicators	Prince George's County	Maryland	U.S.
Total individuals in poverty	9.9%	11.1%	12.7%
Male	8.7%	10.6%	12.6%
Female	10.9%	11.5%	12.8%
Age Group			
Under 18 years	2.7%	3.8%	4.2%
18 to 64 years	8.0%	9.0%	10.3%
65 years and over	32.1%	31.2%	34.6%
Race/Ethnicity			
Black	10.4%	12.0%	14.0%
Hispanic (of any race)	4.9%	6.3%	9.0%
White, non-Hispanic	14.4%	12.2%	14.0%
Asian	8.0%	6.6%	7.1%

Data Source: 2017 American Community Survey 1-Year Estimates, Table S1810

Percent of Residents by Disability and Age, Prince George's County, 2017



Data Source: 2017 American Community Survey 1-Year Estimates, Table S1810

[2] https://www.census.gov/topics/health/disability/about.html

Education

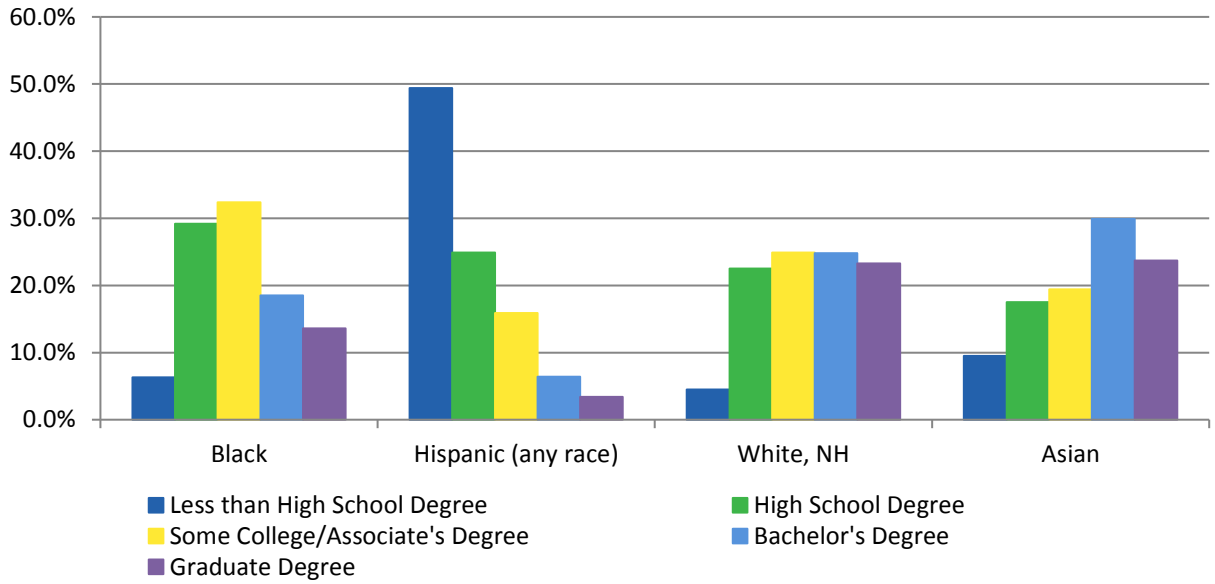
In 2017, about 87% of Prince George's County residents 25 years and older have at least a high school education, up from 85% in 2014 but lower than Maryland (90%) and the U.S. (88%). One-third of county residents have at least a bachelor's degree or higher, similar to the country; however, this lags behind the state where almost 40% have at least a bachelor's degree.

Percent of Residents 25 Years and Older by Education, 2017

	Prince George's County (n=619,337)	Maryland (n=4,167,604)	United States (n=221,250,083)
Less than 9th Grade	6.5%	4.0%	5.1%
9th to 12th Grade, No Diploma	6.4%	6.1%	6.9%
High School Graduate	26.9%	24.5%	27.1%
Some College, No Degree	21.8%	18.9%	20.4%
Associate's Degree	6.4%	6.8%	8.5%
Bachelor's Degree	18.1%	21.3%	19.7%
Graduate or Professional Degree	14.0%	18.3%	12.3%

Data Source: 2017 American Community Survey 1-Year Estimates, Table S1501

Percent of Residents 25 Years and Older by Education and Race/Ethnicity, Prince George's County, 2017

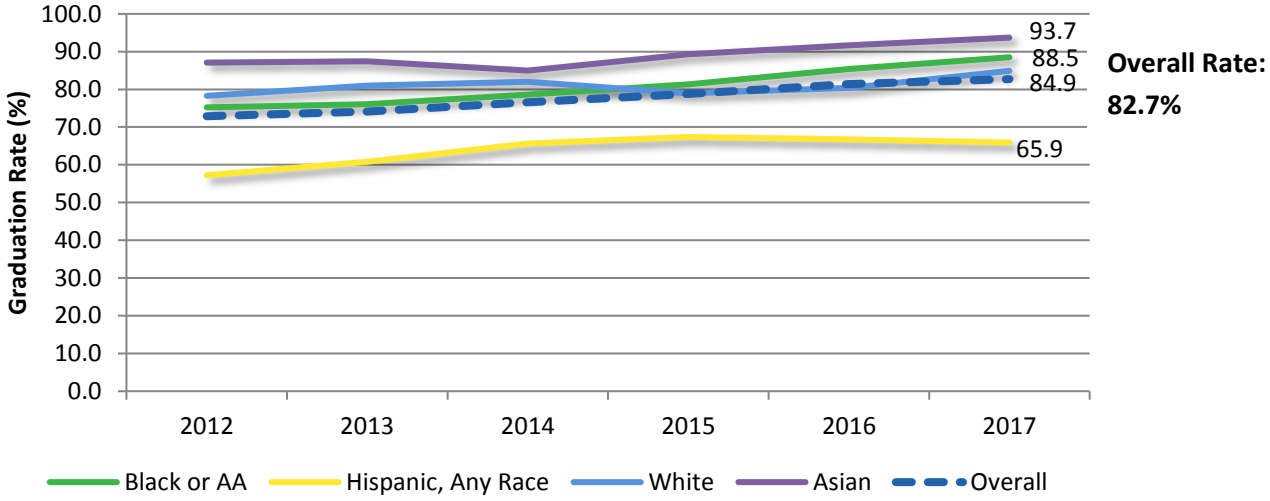


Data Source: 2017 American Community Survey 1-Year Estimates, Table B15002

Education level attainment varies across races and ethnicities in Prince George's County. Almost half of county Hispanic residents 25 years and older do not have a high school degree and less than 10% have at least a bachelor's degree. Conversely, over half of White, non-Hispanic and Asian, non-Hispanic residents 25 years and older have at least a bachelor's degree. Although most Black, non-Hispanics have at least a high school degree, less have at least a bachelor's degree compared to White, NH and Asian, NH residents.

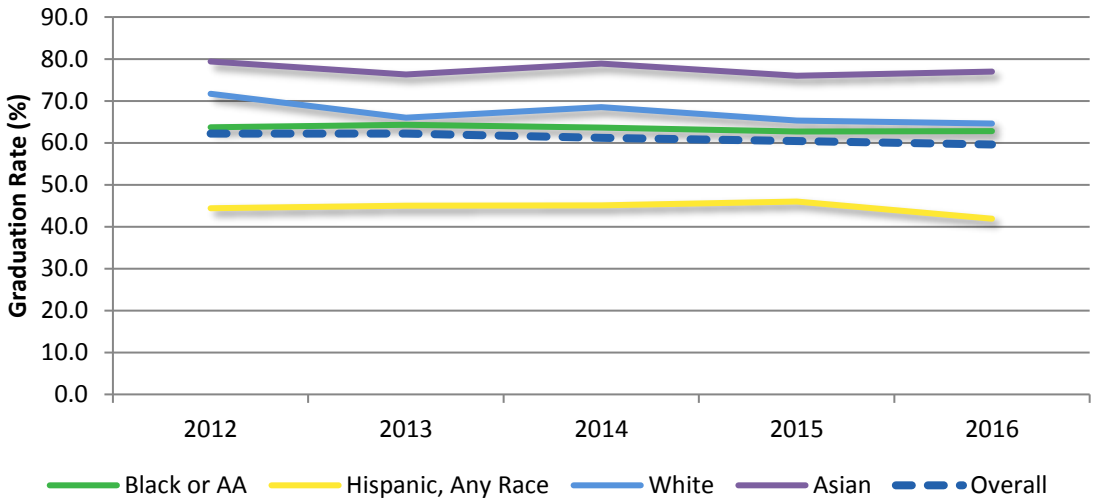
In 2017, the overall rate of graduation in Prince George's County Public Schools was 82.7%. While the overall graduation rate has increased since 2012, Hispanic students are much less likely than other race/ethnicities to complete high school in the County. Overall, the graduation rate in Prince George's County was lower compared to Maryland (87.7%) in 2017.

Graduation Rate by Race/Ethnicity, Prince George's County Public Schools



Data Source: 2012-2017 Maryland Report Card

Nationwide College Enrollment 16 Months Post High School by Race/Ethnicity, Prince George's County Public Schools



Data Source: 2012-2017 Maryland Report Card

Percentage of Residents Without High School or Equivalent Education by ZIP Code, Prince George's County, 2013-2017

ZIP	Area	Percent Without High School or Equivalent
20601	Waldorf	6.9%
20607	Accokeek	4.7%
20608	Aquasco	21.8%
20613	Brandywine	9.0%
20623	Cheltenham	7.1%
20705	Beltsville	16.6%
20706	Lanham	16.6%
20707	Laurel	12.3%
20708	Laurel	12.3%
20710	Bladensburg	23.3%
20712	Mount Rainier	26.4%
20715	Bowie	4.5%
20716	Bowie	5.3%
20720	Bowie	6.1%
20721	Bowie	3.1%
20722	Brentwood	33.8%
20735	Clinton	7.5%
20737	Riverdale	33.5%
20740	College Park	12.0%

20743	Capitol Heights	16.8%
20744	Fort Washington	8.5%
20745	Oxon Hill	16.6%
20746	Suitland	9.9%
20747	District Heights	10.6%
20748	Temple Hills	9.3%
20762	Andrews Air Force Base	3.0%
20769	Glenn Dale	8.0%
20770	Greenbelt	10.7%
20772	Upper Marlboro	6.2%
20774	Upper Marlboro	4.9%
20781	Hyattsville	27.6%
20782	Hyattsville	24.7%
20783	Hyattsville	45.2%
20784	Hyattsville	24.2%
20785	Hyattsville	13.8%
20903	Silver Spring	35.0%
20904	Silver Spring	9.4%
20912	Takoma Park	14.1%

Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S1501

Employment

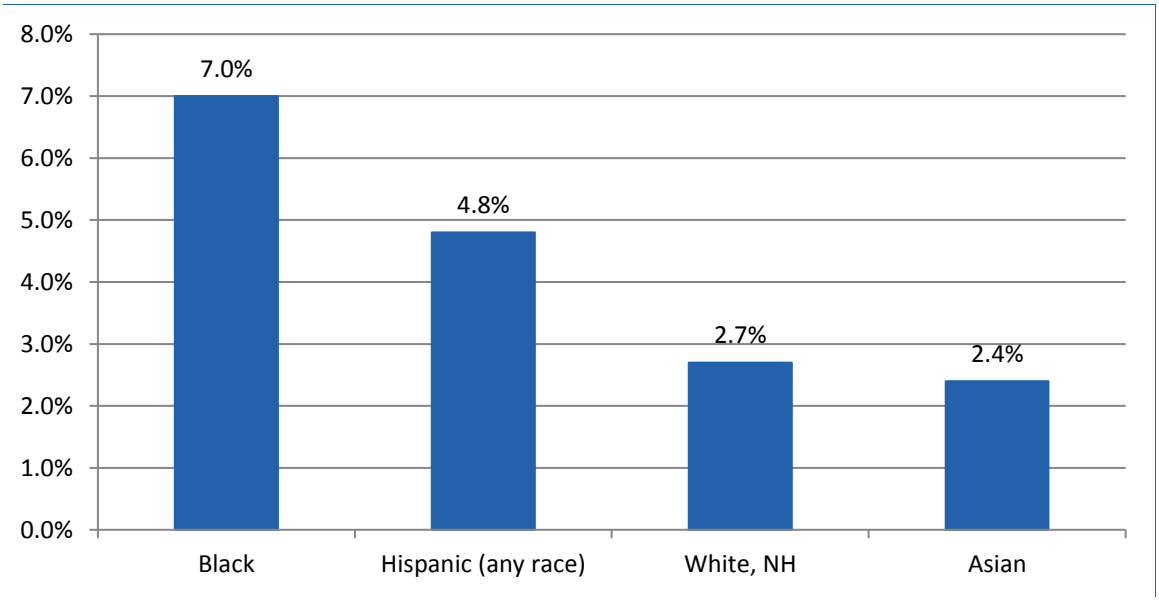
Since 2014, unemployment in Prince George's County has decreased considerably. In 2014, 9.1% of county residents were unemployed. In 2017, 5.9% of county residents were unemployed; however, the rate remains slightly higher than Maryland (5.2%) and the U.S. (5.3%). The county unemployment rate varies by education, disability status, and by race and ethnicity. One-quarter of unemployed individuals live in poverty, and over one in ten unemployed individuals have a disability. In 2017, unemployment was highest among Black residents, and lowest among Asian residents.

Unemployment Rate for Residents 16 Years and Older, 2017

	Prince George's County	Maryland	United States
Population 16 years and older	5.9%	5.2%	5.3%
Below Poverty Level	24.4%	20.9%	20.9%
With Any Disability	11.6%	11.5%	11.5%
Educational Attainment (Ages 25-64 Years)			
Less than High School	5.3%	8.6%	8.0%
High School Graduate	6.6%	6.5%	5.7%
Some College or Associate's Degree	5.8%	4.4%	4.3%
Bachelor's Degree or Higher	2.5%	2.4%	2.6%

Data Source: 2017 American Community Survey 1-Year Estimates, Table S2301

Unemployment Rate, Prince George's County, 2017

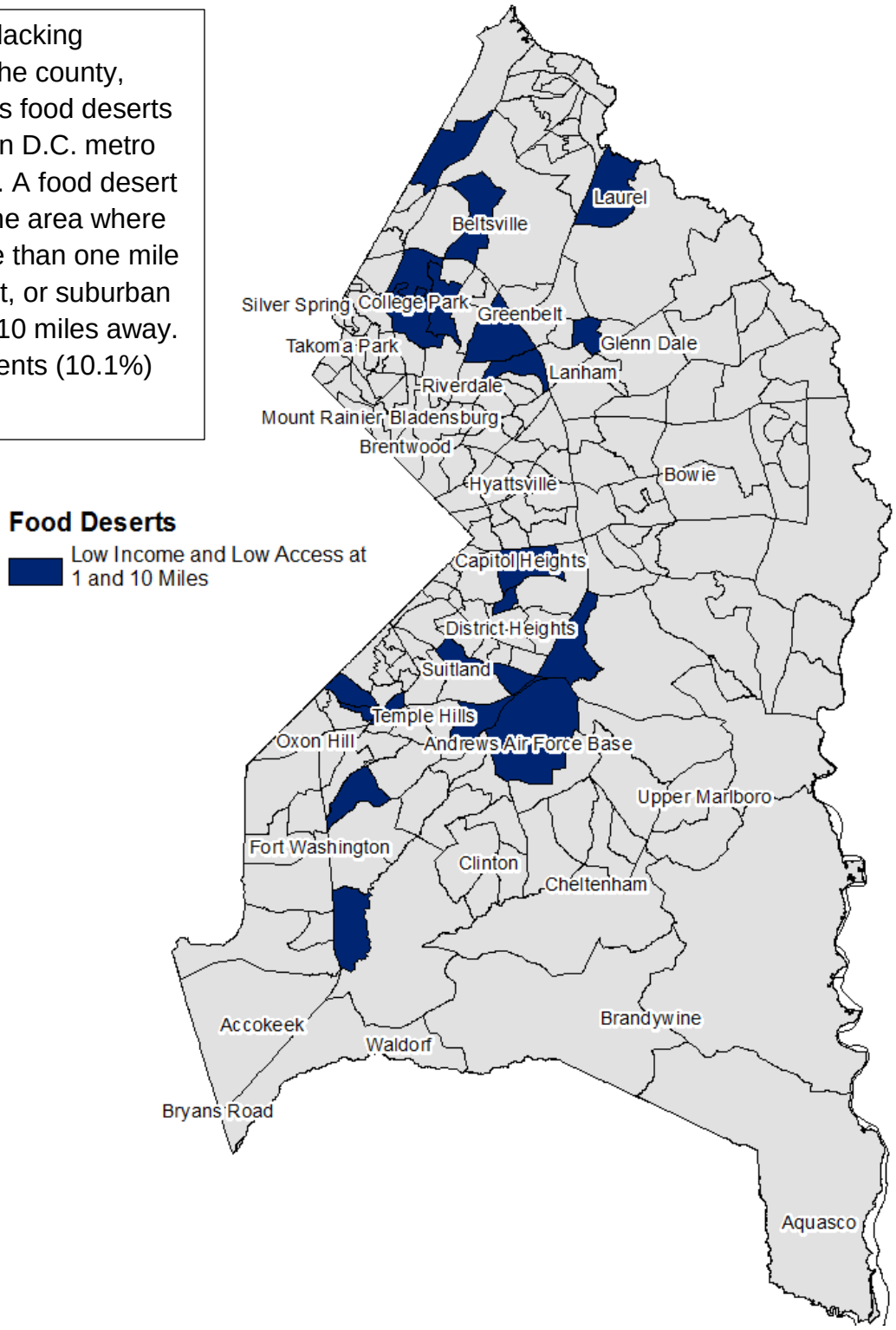


Data Source: 2017 American Community Survey 1-Year Estimates, Table S2301

Access to Food

A food desert is an area lacking supermarket access. In the county, most areas designated as food deserts are within the Washington D.C. metro area (inside the beltway). A food desert is defined as a low income area where urban residents are more than one mile away from a supermarket, or suburban residents are more than 10 miles away. As of 2015, 94,000 residents (10.1%) live in a food desert.

Food Deserts, Prince George's County, 2015

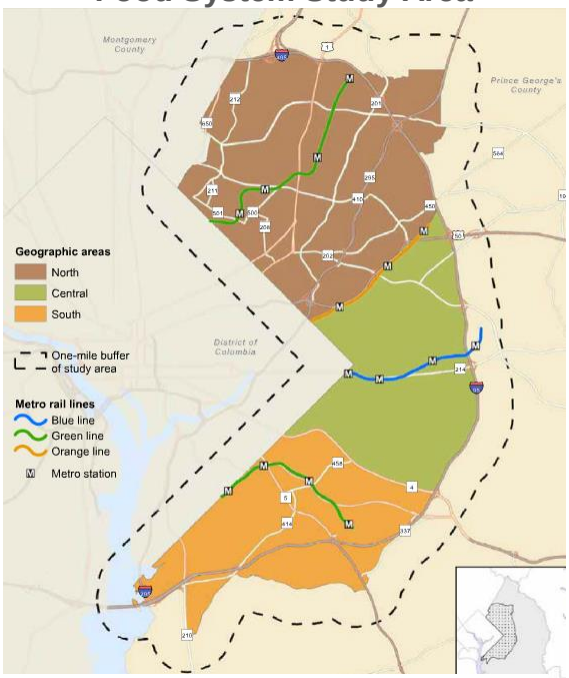


Data Source: United States Department of Agriculture, Economic Research Service, 2015 Food Access Research Atlas

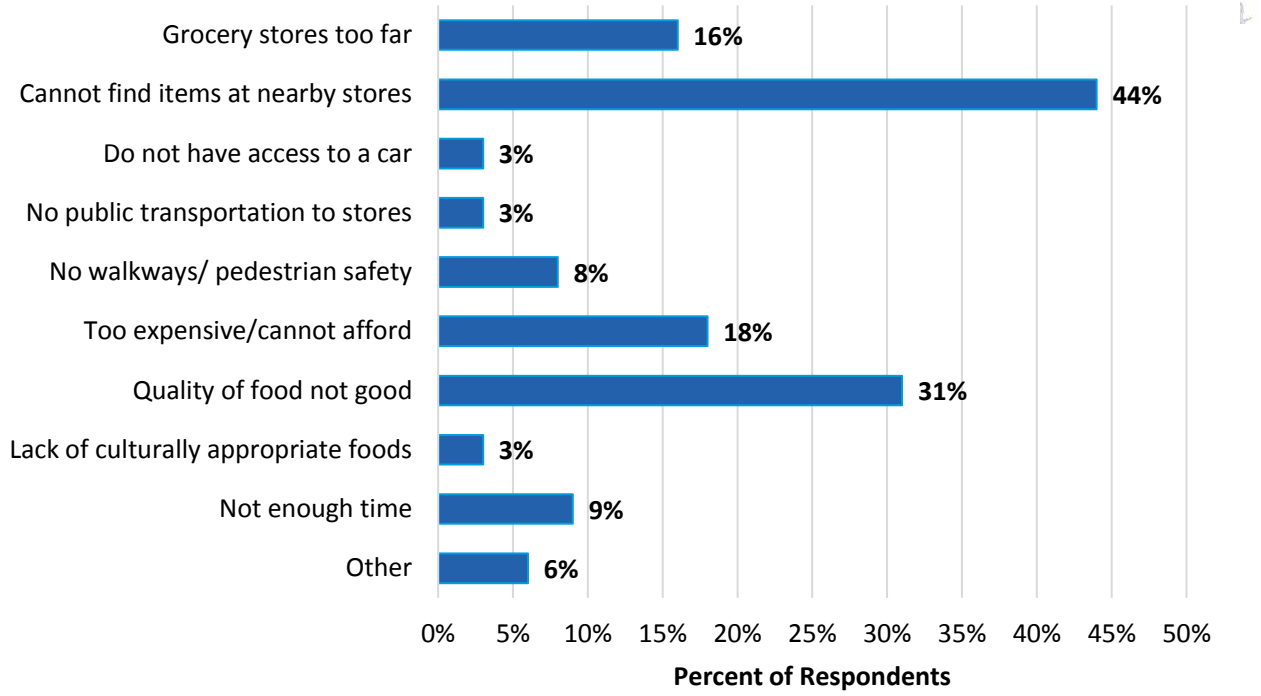
Prince George's County Food System Study, 2015

A 2015 food system study of the area of Prince George's County adjacent to Washington, DC, found that many residents had food access challenges related to the quality of local stores and what they carry than the physical access to food outlets. Many residents do not patronize nearby supermarkets but travel elsewhere, even to other jurisdictions, where more variety and better quality food are sold for less".[3] This finding was confirmed by a survey of the local food outlets that indicated small markets had limited healthy food alternative available. The study area was noted to have numerous supermarkets, but that the quality and availability of food even within the same retailer varied.

Food System Study Area



Food Access Challenges



[3] Healthy Food for all Prince George's County, Maryland National Park and Planning Commission, Prince George's County Planning Department, 2015

Housing

Housing vacancies decreased to 6.5% in 2017 from 7.1% in 2014; vacancies in the county are lower than both Maryland (9.9%) and the U.S. (12.6%). There are fewer owner-occupied residences in the county (61.9%) compared to the state (66.7%) and the U.S. (63.9%), and about half (48.9%) of those owner-occupied housing units are married couple family households.

Housing Characteristics, 2017

	Prince George's		Maryland		U.S.	
Indicators	**N**	**%**	**N**	**%**	**N**	**%**
Total Housing Units	**332,156**		**2,449,123**		**137,407,308**	
						Vacancy
Occupied Housing Units	310,730	93.5%	2,207,343	90.1%	120,062,818	87.4%
Vacant Housing Units	21,426	6.5%	241,780	9.9%	17,344,490	12.6%
For Rent	6,555		46,946		2,897,808	
Occupied Housing Units						
Owner-occupied	192,427	61.9%	1,472,500	66.7%	76,684,018	63.9%
Renter-occupied	118,303	38.1%	734,843	33.3%	43,378,800	36.1%
Owner-Occupied Units Household Type						
Married couple family	137,201	48.9%	863,626	58.7%	46,121,067	60.1%
Male householder, no wife present	8,652	4.5%	58,632	4.0%	3,179,980	4.1%
Female householder, no husband present	34,399	17.9%	159,388	10.8%	6,856,495	8.9%
Nonfamily household	55,226	28.7%	390,854	26.5%	20,526,476	26.8%
Renter-Occupied Units Household Type						
Married couple family	29,547	25.0%	188,671	25.7%	11,726,507	27.0%
Male householder, no wife present	11,849	10.0%	46,067	6.3%	2,706,681	6.2%
Female householder, no husband present	25,447	21.5%	153,446	20.9%	8,040,433	18.5%
Nonfamily household	51,460	43.5%	346,659	47.2%	20,905,179	48.2%
Average Household Size						
Owner-occupied	2.93		2.76		2.72	
Renter-occupied	2.80		2.51		2.51	
Severe Housing Problems*		20%		17%		18%

***Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.**

Data Source: 2017 American Community Survey 1-Year Estimates, Tables B25004, S2501, S2502, B25010; 2019 County Health Rankings

Fair Market Rent

About four in ten occupied housing units in Prince George's County are rentals. Renters in the county have a median income of $53,774, higher than the state at $49,902, but much lower than the median household income countywide of $81,240. Based on the Fair Market Rent values in Prince George's County, the income to afford rent starts as $60,160 for an efficiency, $6,386 more than the median renter income.

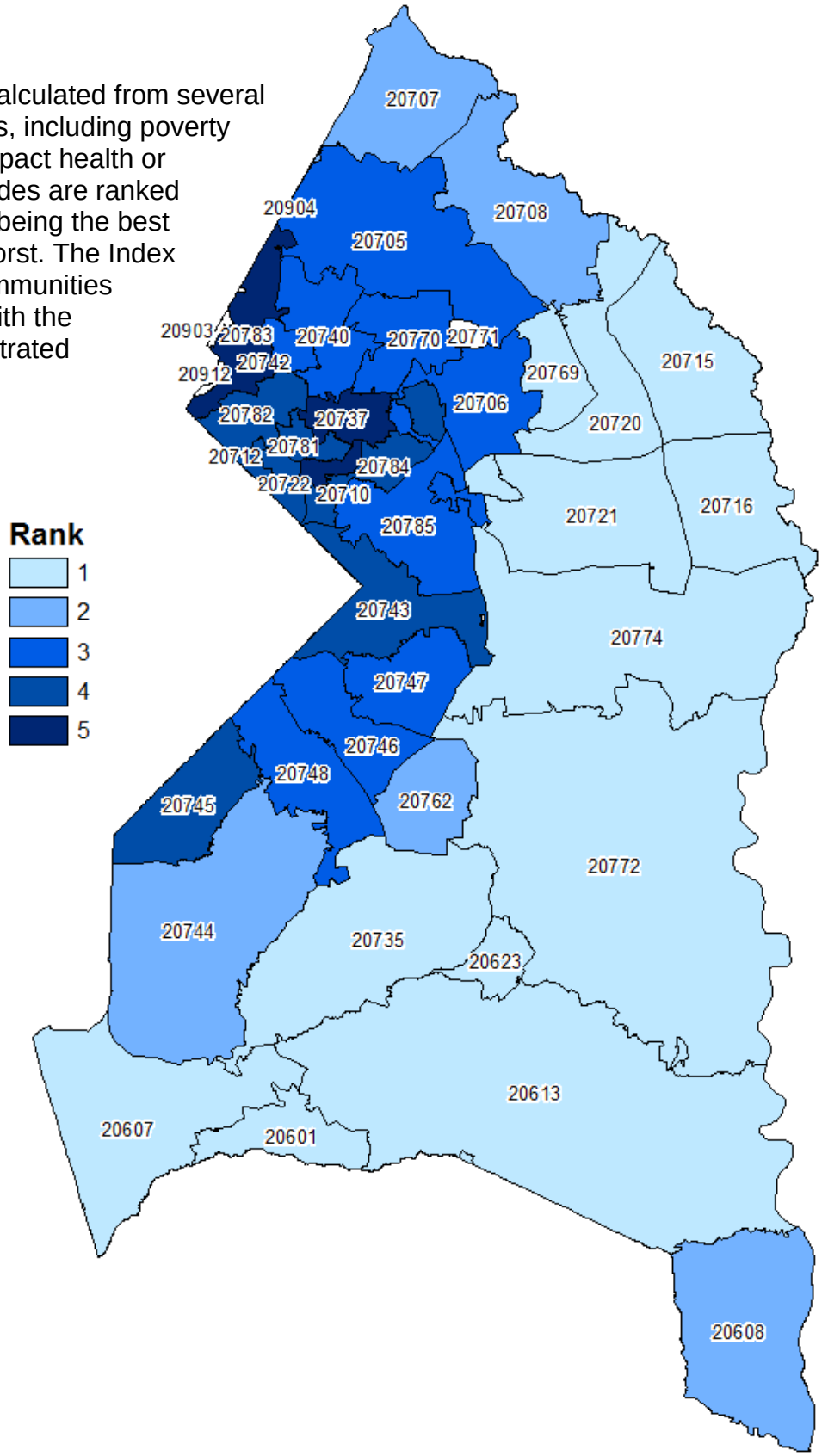
Fair Market Rent, 2018

	Prince George's County	Maryland
		Fair Market Rent by Unit
Efficiency	$1,504	$1,119
One bedroom	$1,561	$1,256
Two bedroom	$1,793	$1,510
Three bedroom	$2,353	$1,966
Four bedroom	$2,902	$2,362
	Income Needed to Afford Fair Market Rent by Unit	
Efficiency	$60,160	$44,776
One bedroom	$62,440	$50,238
Two bedroom	$71,720	$60,406
Three bedroom	$94,120	$78,631
Four bedroom	$116,080	$94,479
		Income of Renter
Estimated renter median income	$53,774	$49,902
Rent affordable for households earning the renter median income	$1,344	$1,248

Data Source: National Low Income Housing Coalition, www.nlihc.org

SocioNeeds Index

The SocioNeeds Index is calculated from several social and economic factors, including poverty and education, that may impact health or access to care. The ZIP codes are ranked based on the index, with 1 being the best ranking, and 5 being the worst. The Index is calculated by Health Communities Institute[4]. The ZIP codes with the highest ranking are concentrated within the D.C. metro area.



[4] www.pgchealthzone.org


health
INDICATORS

HEALTH INDICATORS REPORT

Introduction

The following report includes existing health data for Prince George's County, compiled using the most current local, state, and national sources. This report was developed to inform and support a joint Community Health Needs Assessment for the Health Department and area hospitals, and was used as part of the Prioritization Process to determine area of focus for the next three years.

Methods

Much of the information in this report is generated through diverse secondary data sources, including: Maryland Health Services Cost Review Commission; Maryland Vital Statistics Annual Reports, Maryland Department of Health's (MDH) Annual Cancer Reports, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention's CDC WONDER Online Database, Centers for Medicare and Medicaid Services, National Vital Statistics Reports, Maryland State Health Improvement Plan (SHIP), and the Prince George's County Health Department data website: www.pgchealthzone.org. Some of the data presented, specifically some birth and death data as well as some emergency room and hospitalization data, were analyzed by the Health Department using data files provided by Maryland MDH. The specific data sources used are listed throughout the report.

When available, state (noted as MD SHIP) and national (noted as HP 2020) comparisons were provided as benchmarks. Most topics were analyzed by gender, race and ethnicity, age group, ZIP Code, and include trends over time to study the burden of health conditions, determinants of health and health disparities.

Limitations

While efforts were made to include accurate and current data, data gaps and limitations exist. One major limitation is that Prince George's County residents sometimes seek services in Washington, D.C.; because this is a different jurisdiction the data for these services may be unavailable (such as Emergency Room visits and hospitalizations). Another major limitation is that the diversity of the county is often not captured through traditional race and ethnicity. The county has a large immigrant population, but data specific to this population is often not available related to health issue. Data with small numbers can also be difficult to analyze and interpret and should be viewed carefully.

Also of note, the 2017 methodology for identifying ED visits and inpatient hospitalizations was based on the ICD-10 diagnosis coding system, instituted on October 1, 2015. Unfortunately, mapping between ICD-9 diagnosis codes (in use during the 2016 CHA analyses) and the ICD-10 is not one-to-one; therefore, comparability may be limited between the previous CHA and this publication.

Definitions

Crude Rate - The total number of cases or deaths divided by the total population at risk. Crude rate is generally presented as rate per population of 1,000, 10,000 or 100,000. It is not adjusted for the age, race, ethnicity, sex, or other characteristics of a population.

Age-Adjusted Rate - A rate that is modified to eliminate the effect of different age distributions in the population over time, or between different populations. It is presented as a rate per population of 1,000, 10,000 or 100,000.

Frequency - Often denoted by the symbol "n", frequency is the number of occurrences of an event.

Health Disparity - Differences in health outcomes or health determinants that are observed between different populations. The terms health disparities and health inequalities are often used interchangeably.

Health People 2020 (HP 2020) – Healthy People 2020 is the nation's goals and objectives to improve citizens' health. HP2020 goals are noted throughout the report as a benchmark.

Incidence Rate - A measure of the frequency with which an event, such as a new case of illness, occurs in a population over a period of time.

Infant Mortality Rate - Defined as the number of infant deaths per 1,000 live births per year. Infant is defined as being less than one year of age.

Maryland SHIP (MD SHIP) – Maryland's State Health Improvement Plan is focused on improving the health of the state; measures for the SHIP areas are included throughout the report as a benchmark.

Prevalence Rate - The proportion of persons in a population who have a particular disease or attribute at a specified point in time (point prevalence) or over a specified period of time (period prevalence).

Racial and Ethnic Groups:

Black or African American - A person having origins in any of the black racial groups of Africa.

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam etc.

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

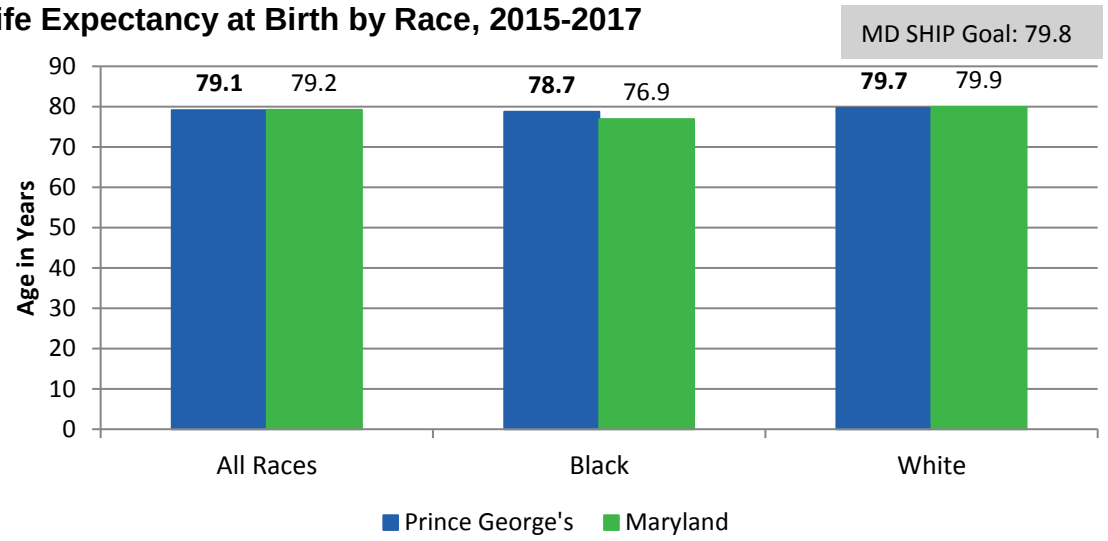
Table of Contents

Health Status Indicators

Life Expectancy

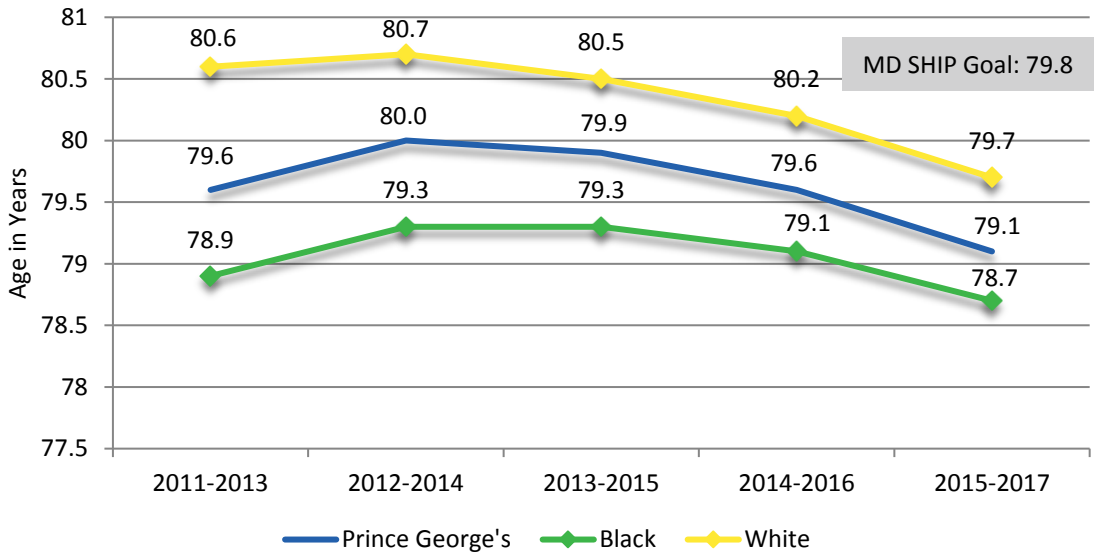
As of 2017, a Prince George's County resident is expected to live 79.1 years, similar to the 79.2 years for any Maryland resident. Although the Maryland SHIP goal of 79.8 years was met in 2014, life expectancy in the county and state has declined. This is also a national trend, with a life expectancy in 2017 of 78.6 years, down from 78.9 years in 2014.

Life Expectancy at Birth by Race, 2015-2017



Data Source: Mortality in the United States, 2017, Centers for Disease Control and Prevention, National Center for Health Statistics; Maryland Vital Statistics Annual Report 2017, Maryland Department of Health, Vital Statistics Administration

Life Expectancy at Birth by Race, Prince George's County, 2011-2017



Data Source: Maryland Vital Statistics Annual Report 2013-2017, Maryland Department of Health, Vital Statistics Administration

Mortality

From 2015-2017, 17,825 deaths occurred among Prince George's County residents. Almost half of all deaths in the county were due to heart disease or cancer. The age-adjusted death rate for the county was lower than both Maryland and the United States. However, for the leading causes of death the county's age-adjusted mortality rates are higher than Maryland and the U.S. for heart disease, stroke, diabetes, septicemia, nephritis, homicide, hypertension, and perinatal conditions.

Leading Causes of Death, 2015-2017

Cause of Death	Prince George's County Deaths		Age-Adjusted Death Rates per 100,000 Population			Healthy People 2020 Target	Maryland SHIP Goal
	Number	Percent	Prince George's	Maryland	U.S.		
All Causes	**17,825**	**100%**	**692.1**	**713.8**	**731.2**	---	---
Heart Disease	4,328	24.3%	168.9	166.0	166.3	---	166.3
Cancer	4,191	23.5%	154.1	154.3	155.5	161.4	147.4
Stroke	1,005	5.6%	41.6	39.3	41.0	34.8	---
Accidents	799	4.5%	29.4	34.1	46.7	36.4	---
Diabetes	681	3.8%	26.3	19.4	21.2	66.6	---
CLRD*	506	2.8%	20.6	30.4	41.0	---	---
Nephritis	369	2.1%	14.5	12.1	13.2	---	---
Influenza and Pneumonia	350	2.0%	14.5	15.6	14.3	---	---
Septicemia	339	1.9%	13.2	13.0	10.7	---	---
Alzheimer's	330	1.9%	15.3	17.0	30.3	---	---
Homicide	318	1.8%	11.6	10.2	6.0	10.2	9.0
Hypertension	295	1.7%	11.8	8.0	8.7	5.5	---
Perinatal Conditions	177	1.0%	6.9	5.0	4.0	3.3	---

*CLRD=Chronic Lower Respiratory Disease, includes both chronic obstructive pulmonary disease and asthma

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

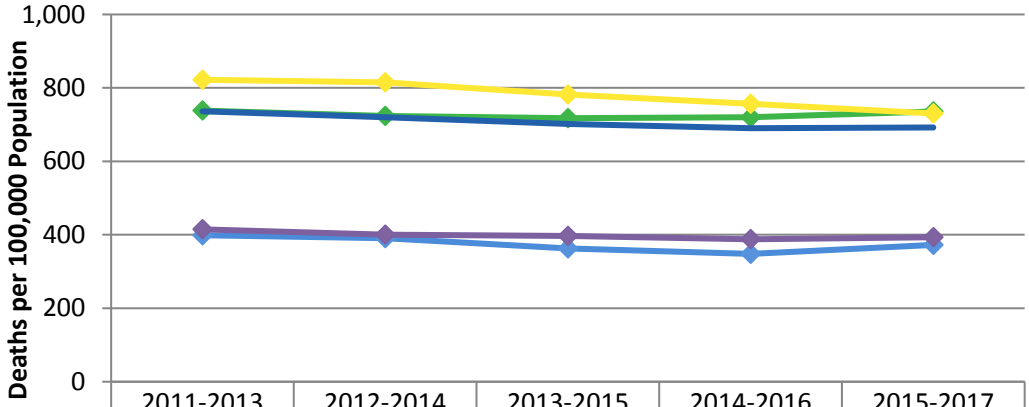
Overall, Black non-Hispanic (NH) male residents have the highest age-adjusted death rate in the county, but lower than in Maryland and the U.S.

Age-Adjusted Death Rate per 100,000 by Race, Ethnicity, and Sex, 2015-2017

Race and Ethnicity	Prince George's County	Maryland	U.S.
Black, non-Hispanic	735.5	820.7	880.0
Male	905.3	1038.9	1078.2
Female	614.1	664.7	731.0
Hispanic, any race	372.1	334.9	525.2
Male	433.1	380.2	630.8
Female	316.9	291.1	436.2
White, non-Hispanic	730.4	721.1	752.4
Male	862.7	850.1	881.9
Female	615.8	612.4	641.3
Asian, non-Hispanic	393.0	336.3	395.3
Male	495.8	393.3	468.5
Female	321.7	289.2	337.7
All Races and Ethnicities	692.1	713.8	731.2
Male	838.0	853.8	862.8
Female	581.0	600.4	620.4

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

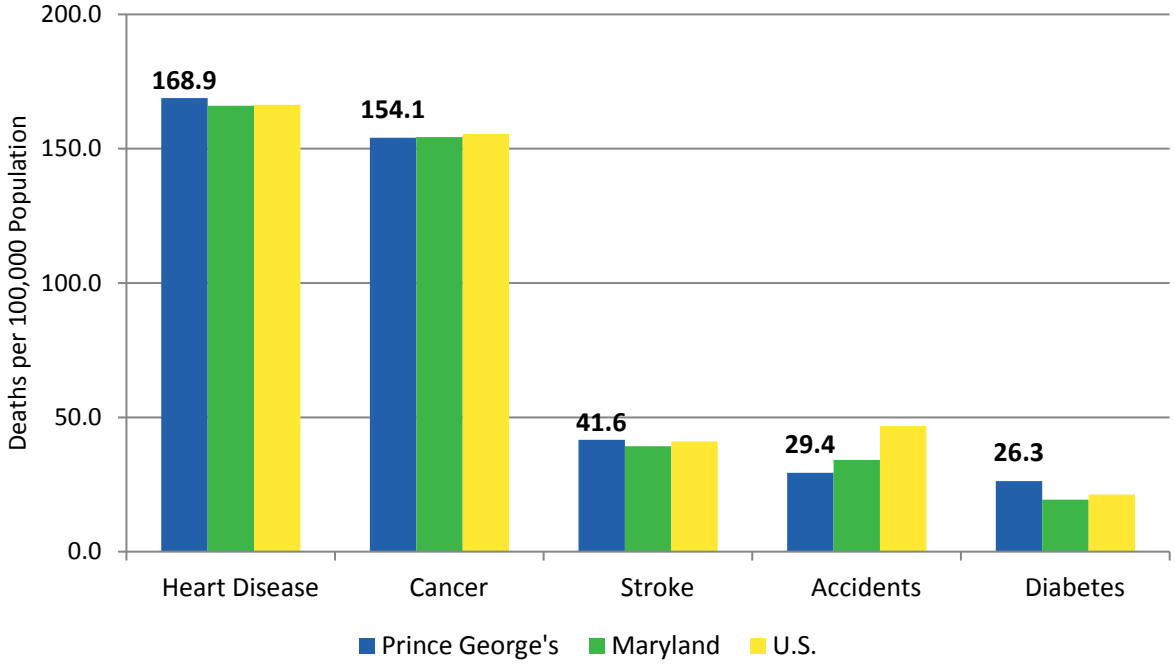
Age-Adjusted Death Rate per 100,000 for All Causes of Death by Race and Ethnicity, Prince George's County, 2011-2017



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Black, NH	738.2	723.9	717.6	720.4	735.5
Hispanic	398.8	390.8	363.0	348.0	372.1
White, NH	822.2	815.1	782.1	756.4	730.4
Asian, NH	414.8	400.8	397.0	387.8	393.0
Prince George's	736.3	720.3	702.2	690.3	692.1

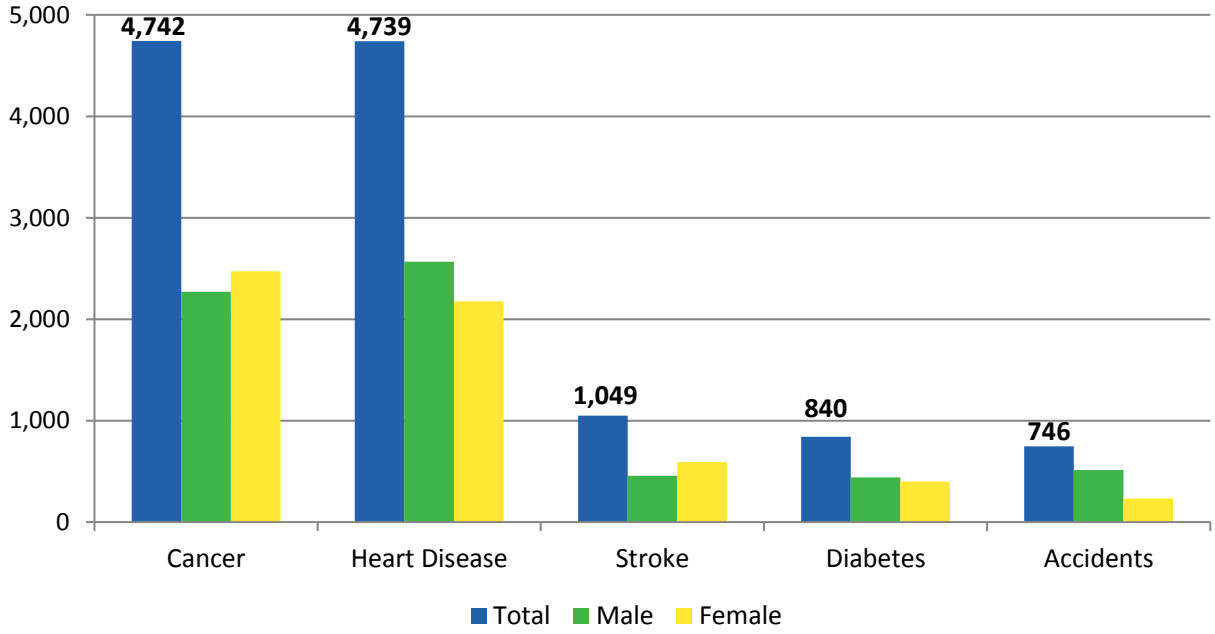
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death, Age-Adjusted Rates, 2015-2017



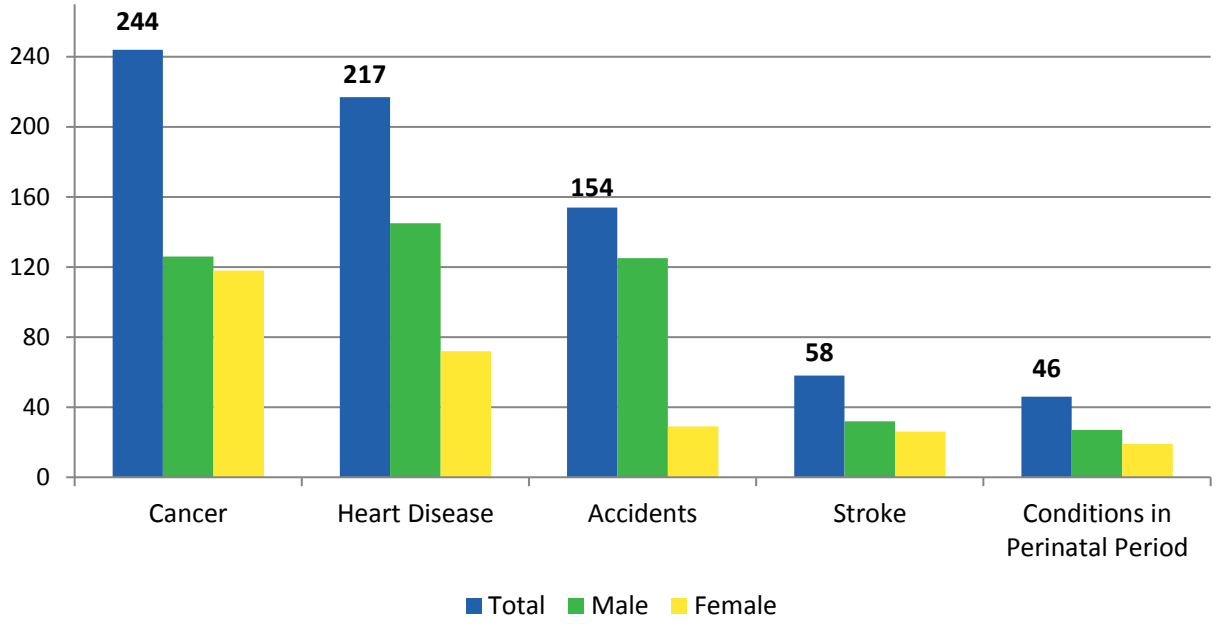
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death for Black Non-Hispanic Residents, Prince George's County, 2013-2017 (N=19,310)



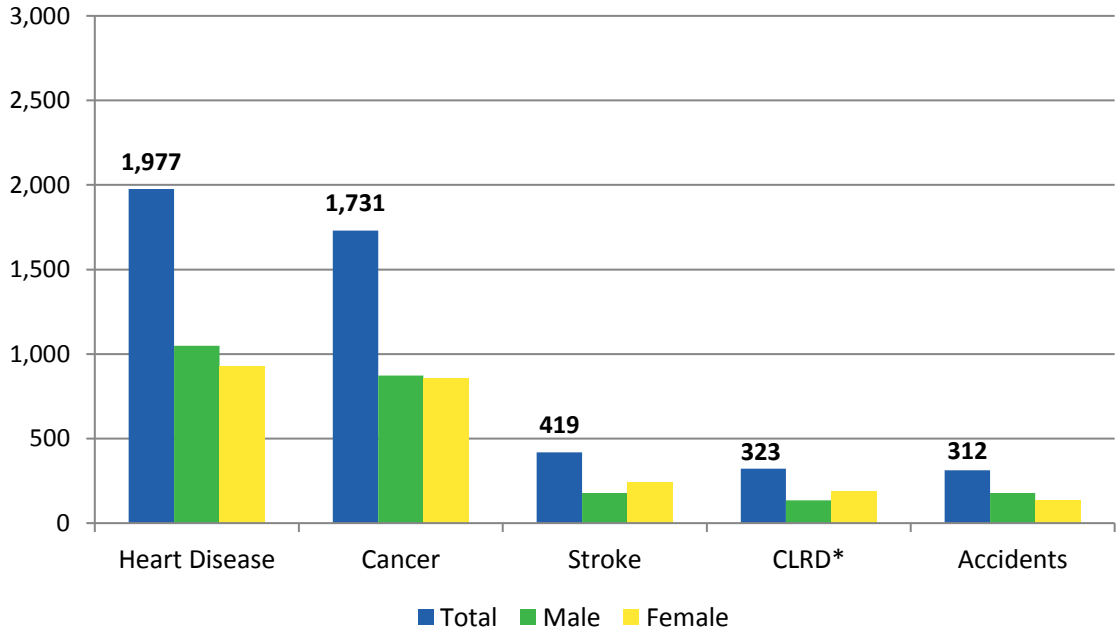
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death for Hispanic Residents (of Any Race), Prince George's County, 2013-2017 (N=1,210)



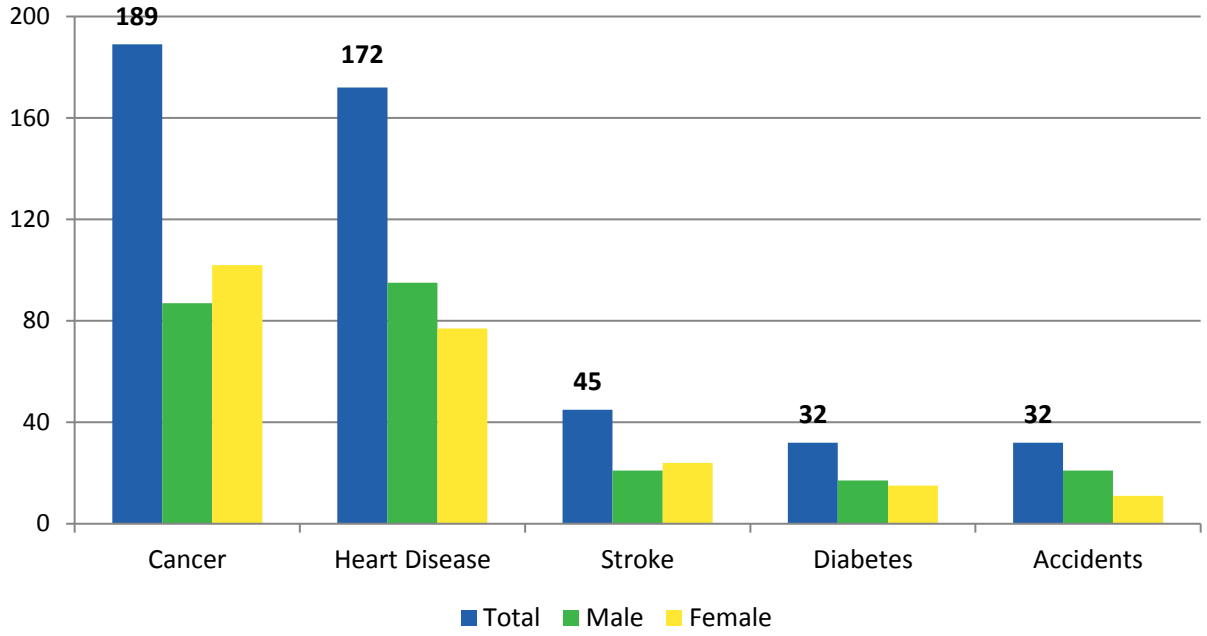
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death for White Non-Hispanic Residents, Prince George's County, 2013-2017 (N=7,710)



*CLRD=Chronic Lower Respiratory Disease, includes both chronic obstructive pulmonary disease and asthma
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Leading Causes of Death for Asian Non-Hispanic Residents, Prince George's County, 2013-2017 (N=731)



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

While the leading cause of death by race and Hispanic ethnicity is consistently heart disease and cancer, there is variation for the remaining causes. For White non-Hispanic (NH), Black NH, and Asian NH residents the third leading cause of death is stroke, but for Hispanic residents it is accidents. Diabetes is a leading cause of death for both Black NH and Asian NH residents, while perinatal period conditions are included in the five leading causes of death for Hispanic residents and chronic lower respiratory diseases (CLRD) are included in the five leading causes of death for White NH residents.

Emergency Department (ED) Visits

County resident ED Visits to Maryland hospitals have decreased by 6.5% since 2014 (251,411 visits compared to 235,101 in 2017).

Emergency Department Visits*, Prince George's County, 2017

	Number of ED Visits	Age-Adjusted Rate per 1,000 Population
Race/Ethnicity		
Black, non-Hispanic	135,960	242.7
Hispanic	26,116	160.8
White, non-Hispanic	20,221	165.8
Asian, non-Hispanic	1,845	46.5
Sex		
Male	97,829	222.3
Female	137,269	287.6
Age		
Under 18 Years	32,680	160.7
18 to 39 Years	90,010	310.5
40 to 64 Years	77,590	256.4
65 Years and Over	34,821	297.7
Total	**235,101**	**255.8**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

Emergency Department Visits* by Diagnosis, Prince George's County, 2017

	Principal Diagnosis	Frequency	Percent of Visits
1	Sprains and strains	14,091	6.0%
2	Chest pain	12,546	5.3%
3	Abdominal pain	11,144	4.7%
4	Upper respiratory infections	10,076	4.3%
5	Back pain	9,793	4.2%
6	Superficial injury or contusion	8,867	3.8%
7	Urinary tract infection	6,249	2.7%
8	Injuries due to external causes	6,010	2.6%
9	Headache, including migraine	5,990	2.6%
10	Other connective tissue disease	5,685	2.4%

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

Hospital Admissions

Hospital Inpatient Visits* (Admissions), Prince George's County, 2017

	Number of Hospitalizations	Age-Adjusted Rate per 1,000 Population
Race/Ethnicity		
Black, non-Hispanic	41,058	75.2
Hispanic	8,561	57.0
White, non-Hispanic	10,199	68.8
Asian, non-Hispanic	1,402	37.8
Sex		
Male	26,236	62.6
Female	38,762	79.9
Age		
Under 18 Years	9,794	48.2
18 to 39 Years	16,300	56.2
40 to 64 Years	18,224	60.2
65 Years and Over	20,680	176.8
Total	**64,998**	**70.9**

* Inpatient Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Inpatient Data File 2017, Maryland Health Services Cost Review Commission

Hospital Inpatient Visits* (Admissions) by Diagnosis, Prince George's County, 2017

	Principal Diagnosis	Frequency	Percent
1	Live Birth	9,049	13.9%
2	Septicemia (except in labor)	3,661	5.6%
3	Hypertension with complications	2,796	5.3%
4	Other complications of birth	2,154	3.3%
5	Mood disorders	1,546	2.4%
6	Acute cerebrovascular disease	1,529	2.4%
7	Osteoarthritis	1,471	2.3%
8	Diabetes with complications	1,379	2.1%
9	C-section	1,293	2.0%
10	Schizophrenia and other psychotic disorders	1,211	1.9%

* Inpatient Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Inpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

Access to Health Care

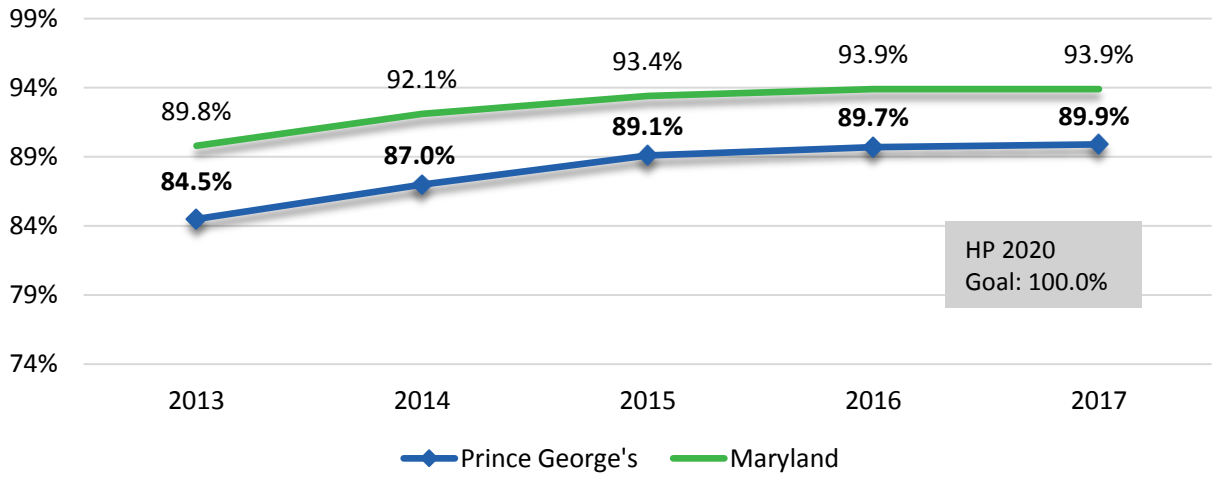
The percentage of residents with health insurance increased in Prince George's County following the implementation of the major provisions of the Affordable Care Act (ACA) in 2014. However, an estimated 91,565 residents remained uninsured as of 2017. By age, residents ages 26 to 34 years were least likely be be insured with one in four lacking health insurance.

Residents with Health Insurance, 2017

HP 2020 Goal: 100.0%	Prince George's	Maryland
Race/Ethnicity		
Black	92.4%	92.5%
Hispanic	66.8%	75.5%
White, non-Hispanic	94.6%	95.9%
Asian	89.3%	91.6%
Sex		
Male	85.7%	91.4%
Female	90.3%	93.8%
Age Group		
Under 19 Years	93.7%	96.2%
19 to 25 Years	83.6%	88.1%
26 to 34 Years	76.2%	85.6%
35 to 44 Years	80.1%	88.6%
45 to 54 Years	88.2%	92.0%
55 to 64 Years	91.9%	94.1%
65 Years and Older	98.6%	99.1%
Total	**89.9%**	**93.9%**

Data Source: 2017 American Community Survey 5-Year Estimates, Table S2701

Residents with Health Insurance, 2013-2017



Data Source: 2017 American Community Survey 1-Year Estimates, Table S2701

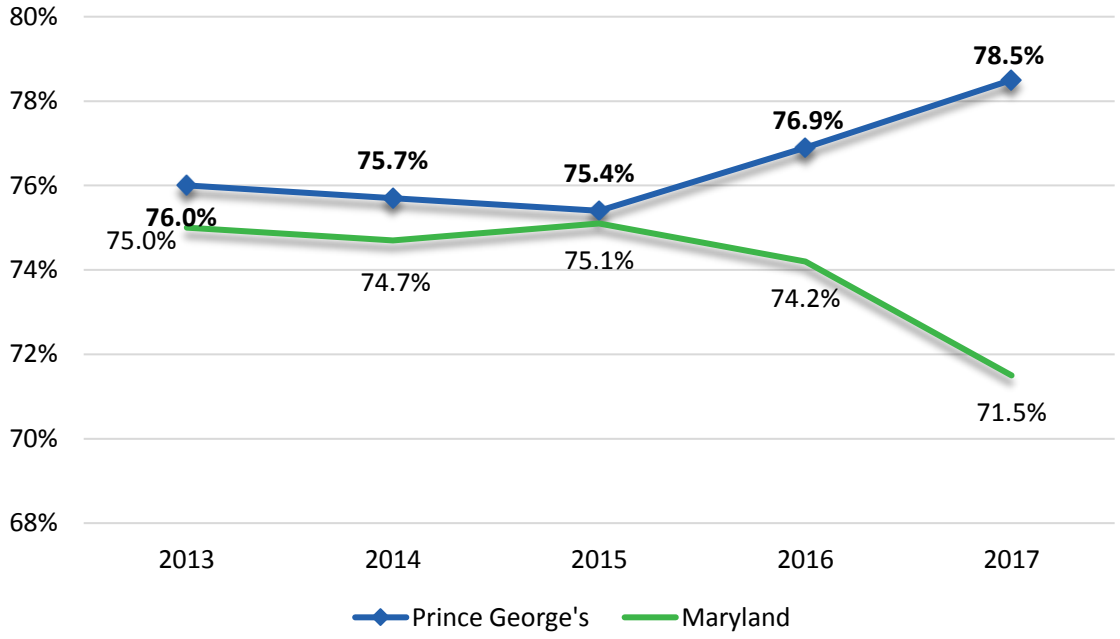
Adults who had a Routine Checkup Within the Last Year, 2017

Demographic	Prince George's	Maryland
Race/Ethnicity		
Black, non-Hispanic	81.4%	79.0%
Hispanic	70.9%	62.6%
White, non-Hispanic	72.8%	67.4%
Sex		
Male	74.7%	67.6%
Female	82.9%	75.2%
Age Group		
18 to 44 Years	72.2%	63.3%
45 to 64 Years	83.6%	76.9%
Over 65 Years	89.2%	87.5%
Total	**78.5%**	**71.5%**

Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

More county adults reported having a routine checkup within the last 2 years (90.1%) compared to Maryland (86.0%). By race, Black, NH residents were more likely to report having a routine checkup (95.2%) within the county.

Adults who had a Routine Checkup Within the Last Year, 2013-2017



Data Source: 2013-2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

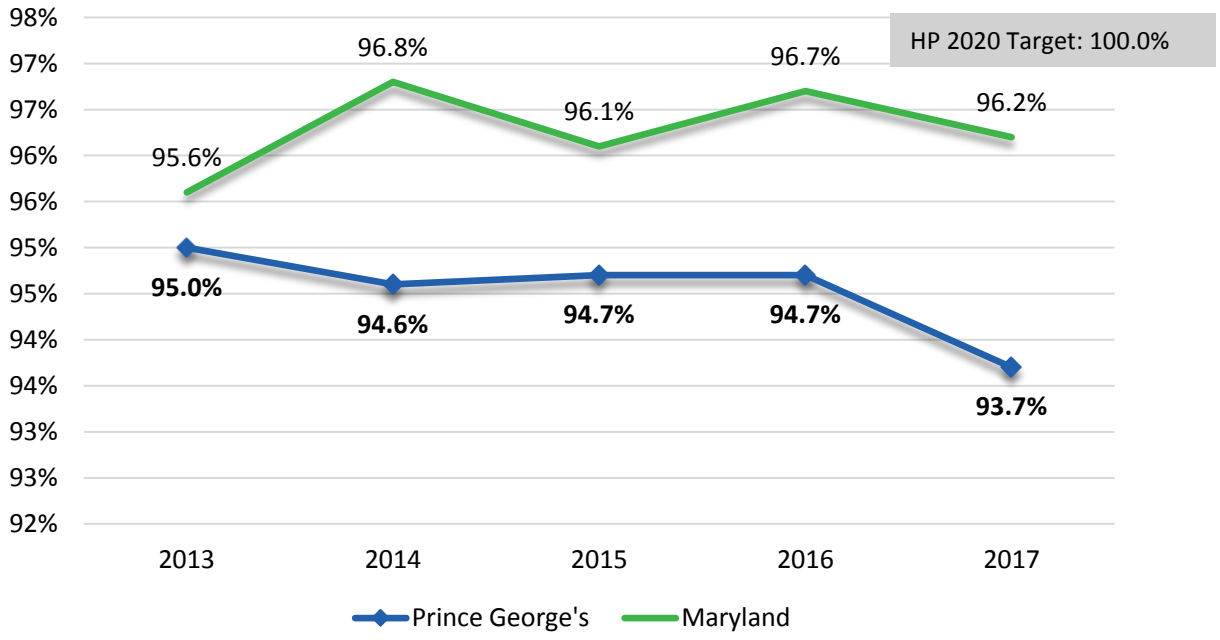
Children with Health Insurance, 2017

HP 2020 Target: 100.0%	Prince George's	Maryland
Race/Ethnicity		
Black	95.7%	96.4%
Hispanic	91.5%	88.5%
White, non-Hispanic	95.6%	97.5%
Asian	94.8%	95.6%
Sex		
Male	94.1%	96.4%
Female	93.3%	96.0%
Age Group		
Under 6 Years	95.5%	96.6%
6 to 18 Years	92.8%	96.0%
Total	**93.7%**	**96.2%**

Data Source: 2017 American Community Survey 1-Year Estimates, Table S2701

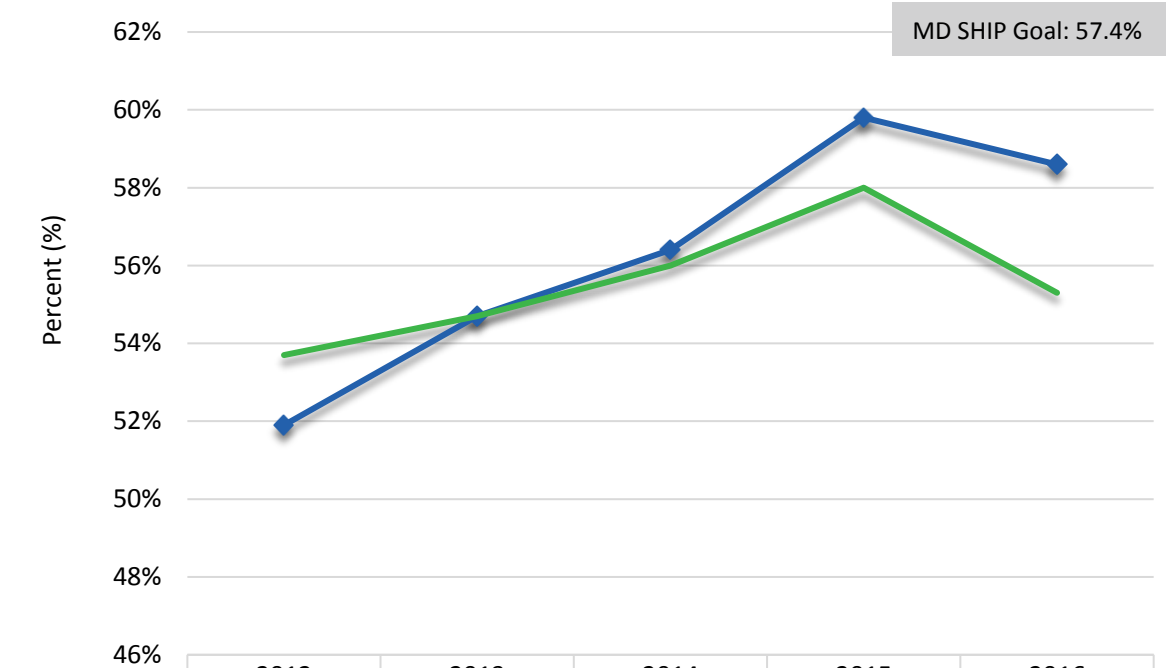
The estimated percentage of children with health insurance in the county decreased in 2017 to 93.7%. By race and ethnicity, Hispanic children within the county are less likely to have health insurance.

Children with Health Insurance, 2013-2017



Data Source: 2017 American Community Survey 1-Year Estimates, Table S2701

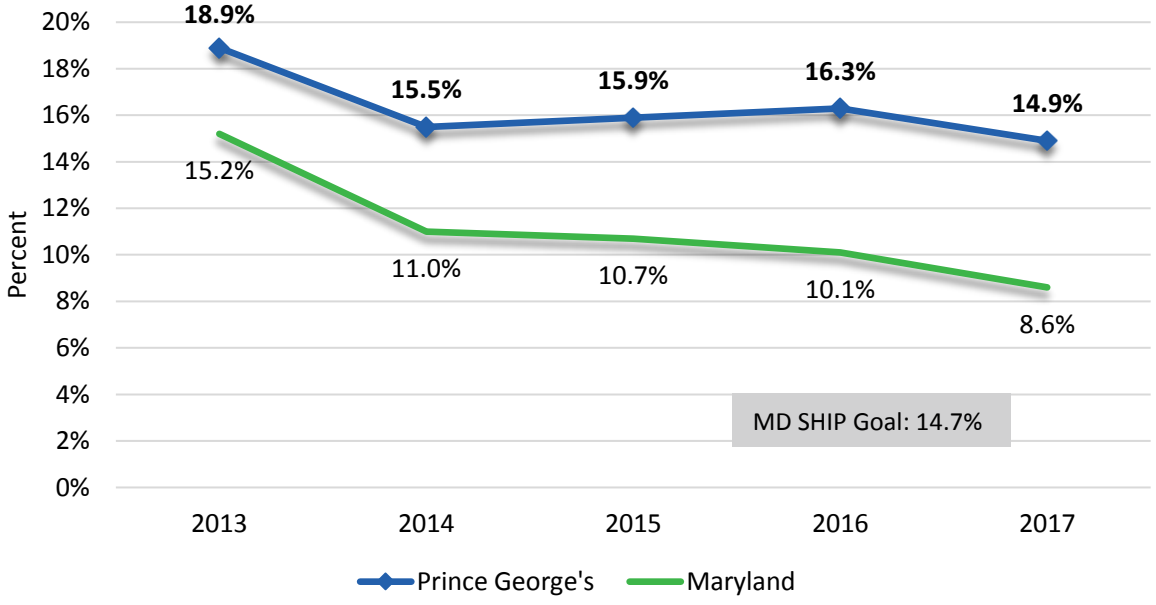
Adolescents Enrolled In Medicaid* Who Received a Wellness Checkup in the Last Year, 2012-2016



	2012	2013	2014	2015	2016
PGC	51.9%	54.7%	56.4%	59.8%	58.6%
Maryland	53.7%	54.7%	56.0%	58.0%	55.3%

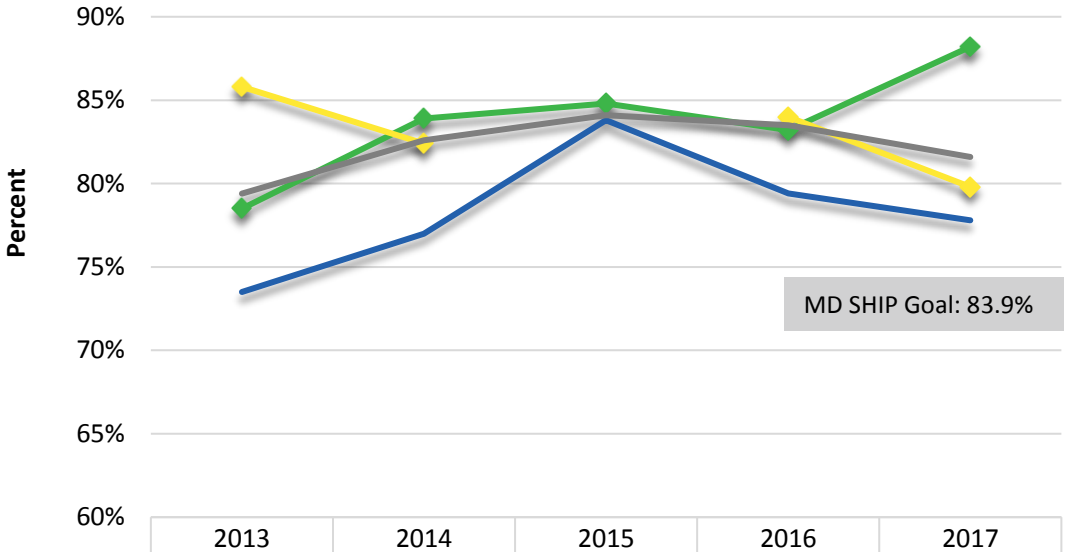
*Number of adolescents aged 13 to 20 years enrolled in Medicaid for at least 320 days
Data Source: Maryland Medicaid Service Utilization

Uninsured Emergency Department Visits, 2013-2017



Data Source: Maryland Health Services Cost Review Commission (HSCRC) Research Level Statewide Outpatient Data Files

Residents with a Usual Primary Care Provider, 2013-2017



	2013	2014	2015	2016	2017
PGC Black, NH	78.5%	83.9%	84.8%	83.2%	88.2%
PGC White, NH	85.8%	82.4%	**	84.0%	79.8%
PGC	73.5%	77.0%	83.8%	79.4%	77.8%
Maryland	79.4%	82.6%	84.1%	83.5%	81.6%

** White, NH data for 2015 not presented due to small number of events.
Data Source: 2013-2017 Maryland Behavior Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Prince George's County meets the national benchmark ofr 2,000 residents for every 1 primary care physician; however, the county has a much higher ratio compared to the state.

Resident to Provider Ratios

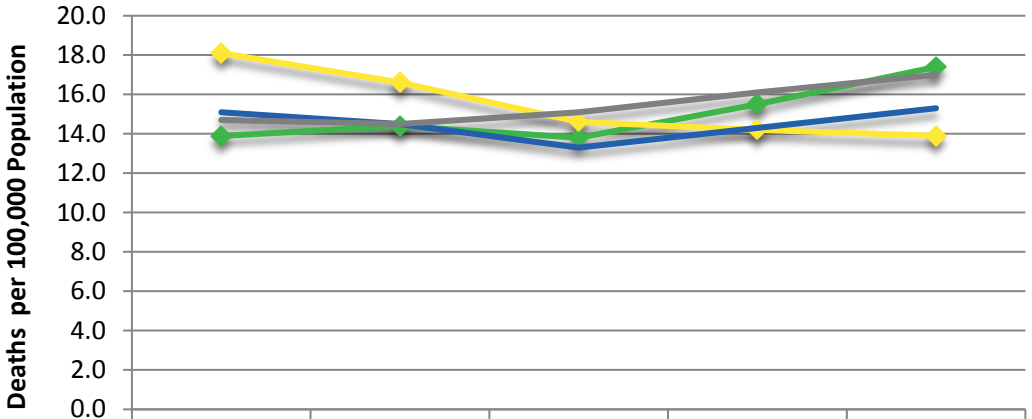
	Prince George's County Ratio	Maryland Ratio	Top U.S. Counties (90th percentile)
Primary Care Physicians (2015)	1,910:1	1,140:1	1,030:1
Dentists (2016)	1,650:1	1,320:1	1,280:1
Mental Health Providers (2017)	890:1	460:1	330:1

Data Source: 2018 County Health Rankings, www.countyhealthrankings.org

Diseases and Conditions

Alzheimer's Disease

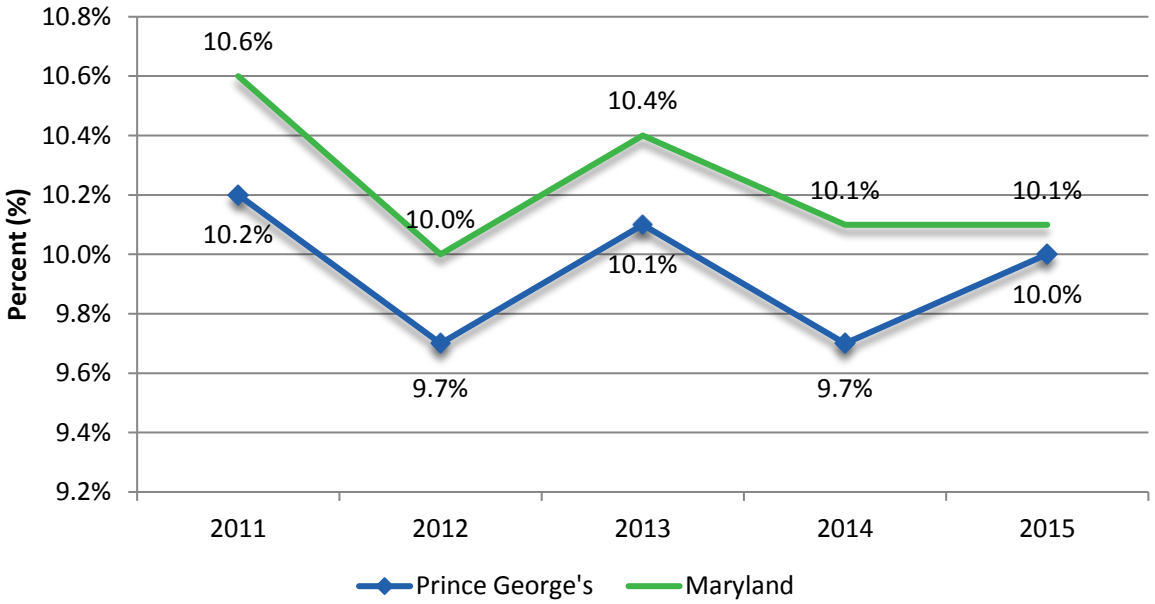
Age-Adjusted Death Rate per 100,000 for Alzheimer's Disease 2013-2017



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	13.9	14.4	13.8	15.5	17.4
PGC White, NH	18.1	16.6	14.6	14.2	13.9
PGC	15.1	14.5	13.3	14.3	15.3
Maryland	14.7	14.5	15.1	16.1	17.0

* Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Percentage of Medicare Beneficiaries Treated for Alzheimer's Disease or Dementia, 2011-2015



Data Source: Centers for Medicare and Medicaid Services

Cancer

Overview	
What is it?	Cancer is a term used for diseases in which abnormal cells divide without control and can invade other tissues; there are more than 100 kinds of cancer.
Who is affected?	In 2014, 3,602 residents were diagnosed with cancer in the county, and the cancer incidence rate was 397.0 per 100,000 residents. In 2014, there were 1,417 deaths from cancer in the county, which accounted for one out of every four deaths. Prostate and breast cancer are the most common types of cancer in the county, and in 2014 accounted for 34% of all new cancer cases. Overall, Black residents have the highest age-adjusted rate for new cancer cases and the highest age-adjusted death rate due to cancer. Lung and bronchus cancer has the highest age-adjusted death rate for county residents, followed by prostate cancer.
Prevention and Treatment	According to the CDC, there are several ways to help prevent cancer: • Healthy choices can reduce cancer risk, like avoiding tobacco, limiting alcohol use, protecting your skin from the sun and avoiding indoor tanning, eating a diet rich in fruits and vegetables, keeping a healthy weight, and being physically active. • The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer; the hepatitis B vaccine can lower liver cancer risk. • Screening for cervical and colorectal cancers helps prevent these diseases by finding precancerous lesions so they can be treated before they become cancerous. Screening for cervical, colorectal, and breast cancers also helps find these diseases at an early stage, when treatment works best. Cancer treatment can involve surgery, chemotherapy, radiation therapy, targeted therapy, and immunotherapy.
What are the outcomes?	Remission (no cancer signs or symptoms); long-term treatment and care; death.
Disparity	Overall, men had a higher age-adjusted cancer incidence rate per 100,000 (441.5) than women (369.2), and Black residents had a higher rate (397.2) compared to White resdients in 2014 (389.3). Cancer mortality rates for Black, non-Hispanic (NH) were the highest (163.3) compared to other race/ethnicities. In 2014, men had a higher cancer mortality rate at 199.4 compared to women (149.9). By cancer site, Black residents in the county had higher incidence and mortality rates for breast and prostate cancers.
How do we compare?	Prince George's County 2014 age-adjusted cancer incidence rate was 397.0 per 100,000 residents, much lower than the state at 440.2; other Maryland counties range from 368.8 (Montgomery) to 549.5 (Wicomico). The age-adjusted death rate for the county from 2015-2017 was 154.1, similar to Maryland at 154.3. The county is similar to the state for cancer screening for breast, cervical and prostate cancers.

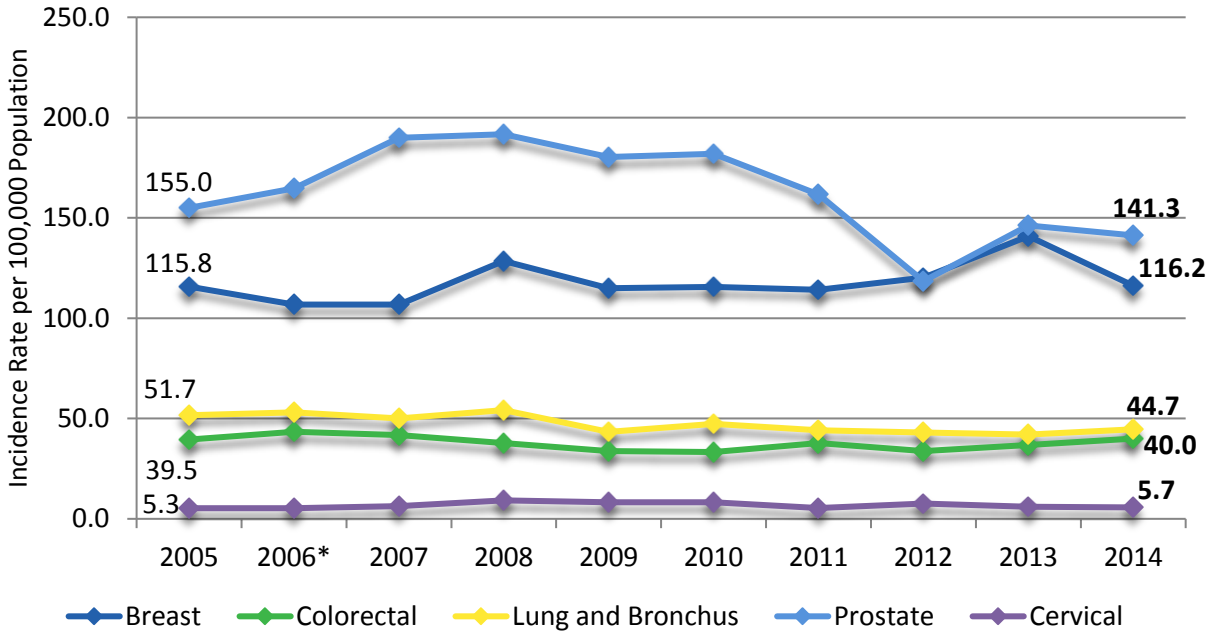
Overall, Prince George's County age-adjusted cancer incidence rate is less than Maryland and the U.S, and for most leading types of cancer. Prostate cancer incidence remained higher in Prince George's County (149.2 cases per 100,000) compared to Maryland (125.4 cases per 100,000) and the U.S. (116.1 cases per 100,000).

Cancer Age-Adjusted Incidence Rates per 100,000 Population by Site, 2010-2014

Site	Prince George's	Maryland	United States	HP 2020 Goal
All Sites	396.5	443.4	454.9	---
Breast (Female)	121.7	129.2	124.1	---
Colorectal	36.3	36.7	40.0	39.9
Male	42.8	41.8	46.0	---
Female	31.6	32.7	34.9	---
Lung and Bronchus	44.2	56.6	61.5	---
Male	52.7	64.6	73.0	---
Female	38.0	50.7	52.9	---
Prostate	149.2	125.4	116.1	---
Cervical	6.6	6.4	7.6	7.2

Data Source: Maryland Department of Health, Annual Cancer Report, 2017; CDC National Center for Health Statistics, CDC WONDER Online Database

Cancer Age-Adjusted Incidence Rates by Site, Prince George's County, 2005-2014



*2006 incidence rates are lower than actual due to case underreporting

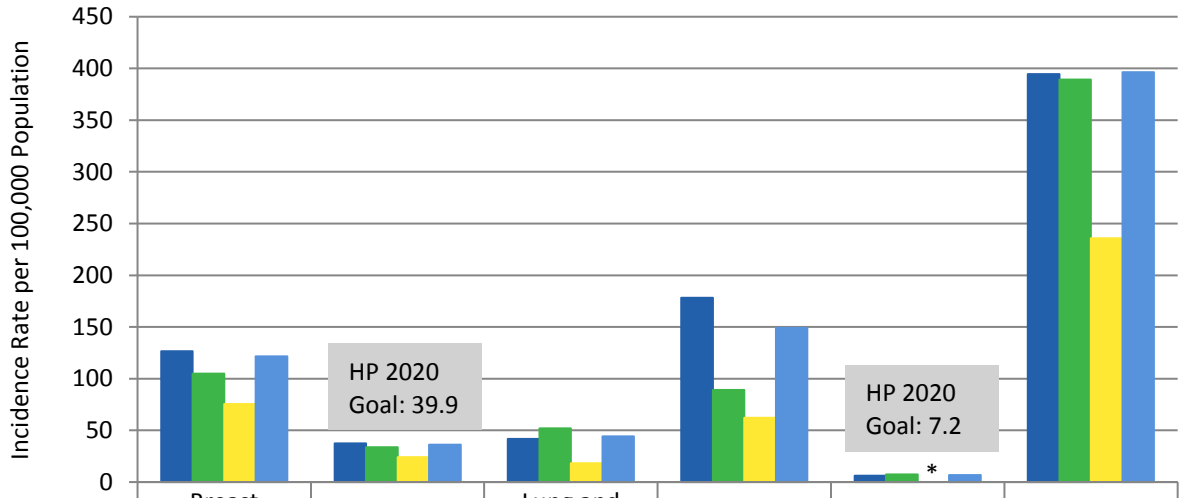
Data Source: Maryland Department of Health, Annual Cancer Reports

Cancer Age-Adjusted Incidence Rates by Site, Prince George's County, 2005-2014

Year	All Sites	Breast	Colorectal	Lung and Bronchus	Prostate	Cervical
2005	**386.3**	115.8	39.5	51.7	155.0	5.3
2006*	**364.4**	106.8	43.4	53.0	164.7	5.3
2007	**409.8**	106.8	41.7	50.1	189.9	6.3
2008	**429.1**	128.6	37.7	54.2	191.7	9.2
2009	**387.6**	115.0	33.7	43.3	180.4	8.2
2010	**403.5**	115.6	33.3	47.4	182.0	8.2
2011	**390.0**	114.2	37.7	44.2	161.7	5.4
2012	**376.7**	120.3	33.7	43.1	118.5	7.6
2013	**414.5**	140.9	36.8	42.0	146.3	6.1
2014	**397.0**	116.2	40.0	44.7	141.3	5.7

*2006 incidence rates are lower than actual due to case underreporting
Data Source: Maryland Department of Health, Annual Cancer Reports

Cancer Age-Adjusted Incidence Rates by Race, Prince George's County, 2010-2014

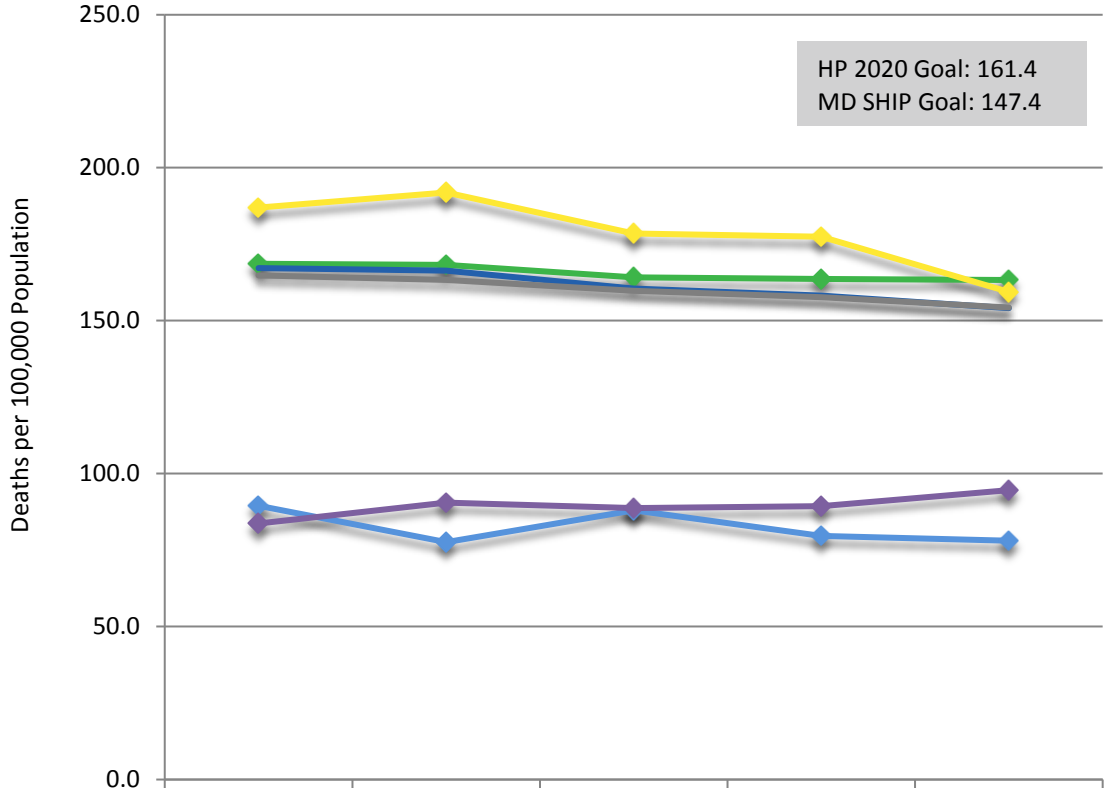


	Breast (Female)	Colorectal	Lung and Bronchus	Prostate	Cervical	All Sites
Black	126.4	37.4	41.6	178.3	6.2	394.6
White	105.0	33.7	51.9	89.2	7.4	389.2
Other	75.3	24.0	18.2	62.1	*	235.9
All Races	121.7	36.3	44.2	149.2	6.6	396.5

*Age-adjusted incidence rate unavailable due to small number of cases
Data Source: Maryland Department of Health, Annual Cancer Report, 2017
Individuals of Hispanic origin were included within the White or Black estimates and are not listed separately

Deaths due to cancer decreased in the county by nearly 8% from 2011-2013 to 2015-2017; meeting the Healthy People 2020 Goal of a cancer death rate of 161.4. Black, non-Hispanic (NH) residents have the highest age-adjusted death rate due to cancer at 163.3, followed by White, non-Hispanic (NH) residents at 159.4. Hispanic residents have the lowest death rate due to cancer in the county, at 78.1.

Age-Adjusted Death Rate per 100,000 for Cancer by Race and Ethnicity, Prince George's County, 2011-2017



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	168.6	168.2	164.2	163.6	163.3
PGC Hispanic	89.5	77.6	88.0	79.6	78.1
PGC White, NH	187.0	191.9	178.5	177.5	159.4
PGC Asian, NH	83.7	90.5	88.7	89.4	94.6
PGC	167.2	166.4	160.5	158.2	154.1
Maryland	164.8	163.3	159.8	157.7	154.3

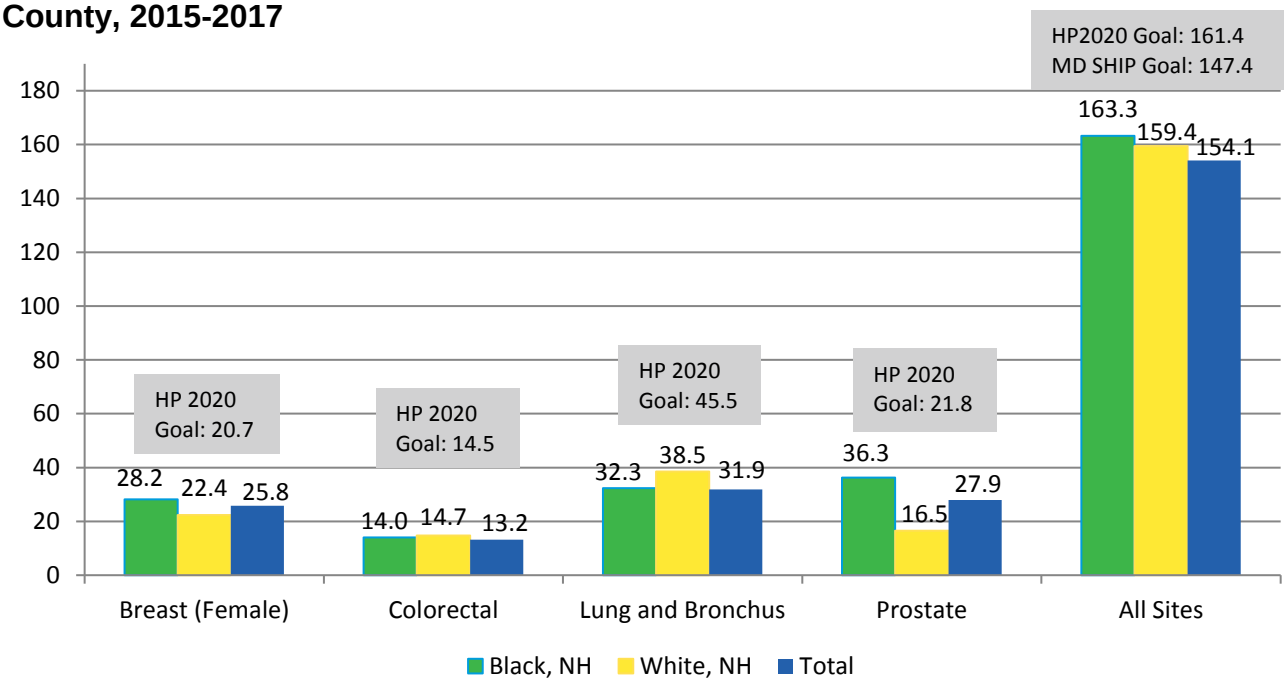
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Cancer Age-Adjusted Death Rates per 100,000 by Site and Sex, 2015-2017

Site	Prince George's	Maryland	United States	HP 2020 Goal	MD SHIP 2017 Goal
All Sites	**154.1**	154.3	155.5	161.4	147.4
Breast (Female)	**25.8**	21.5	20.1	20.7	
Colorectal	**13.2**	13.9	13.9	14.5	
Male	**16.5**	16.3	16.5	---	
Female	**10.9**	12.0	11.9	---	
Lung and Bronchus	**31.9**	37.0	38.5	45.5	
Male	**38.0**	44.1	46.8	---	
Female	**27.3**	31.8	32.0	---	
Prostate	**27.9**	20.3	18.9	21.8	
Cervical	**2.6**	1.9	2.2	2.2	

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database; MDH Maryland SHIP http://ship.md.networkofcare.org/ph/; Healthy People 2020 https://www.healthypeople.gov/

Cancer Age-Adjusted Death Rates by Race* and Hispanic Origin, Prince George's County, 2015-2017



* Asian/Pacific Islander and Hispanic resdients were not included due to insufficient numbers; Cervical cancer age-adjusted rates not shown by race due to insufficient numbers

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

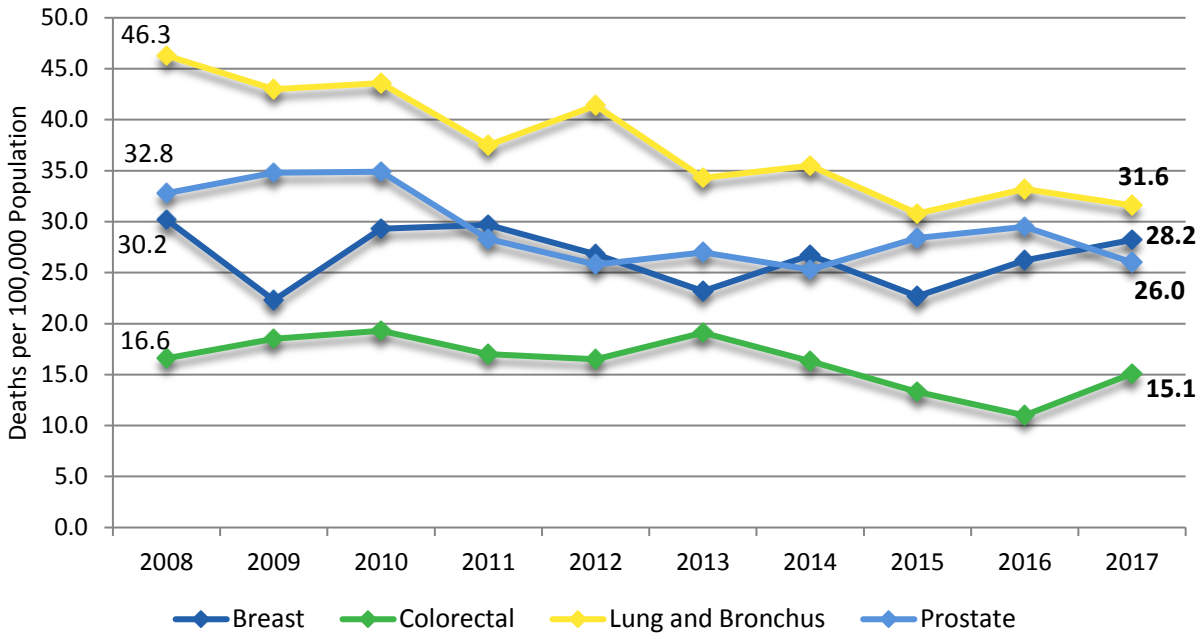
.

Cancer Age-Adjusted Death Rates per 100,000 by Site*, Prince George's County, 2008-2017

Year	All Sites	Breast (Female only)	Colorectal	Lung and Bronchus	Prostate
2008	184.9	30.2	16.6	46.3	32.8
2009	178.8	22.3	18.5	43.0	34.8
2010	182.4	29.3	19.3	43.6	34.9
2011	171.3	29.7	17.0	37.5	28.3
2012	168.4	26.8	16.5	41.4	25.8
2013	162.1	23.2	19.1	34.3	27.0
2014	168.4	26.7	16.3	35.5	25.3
2015	151.3	22.7	13.3	30.8	28.4
2016	155.4	26.2	11.0	33.2	29.5
2017	155.7	28.2	15.1	31.6	26.0

* Cervical cancer statistics not included due to insufficient numbers.
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Cancer Age-Adjusted Death Rates by Site, Prince George's County, 2008-2017

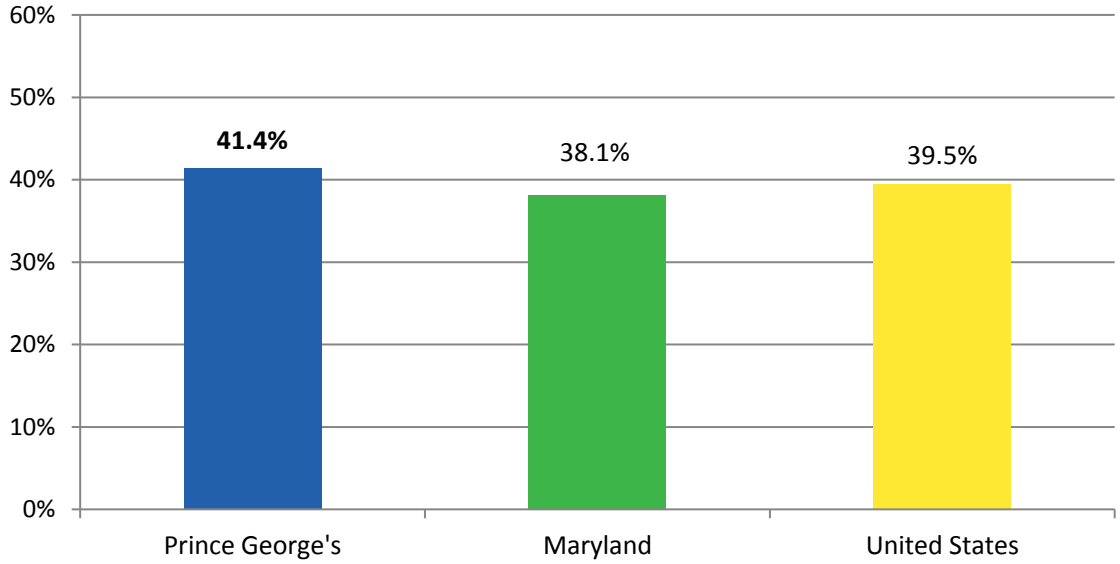


Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Cancer Screening

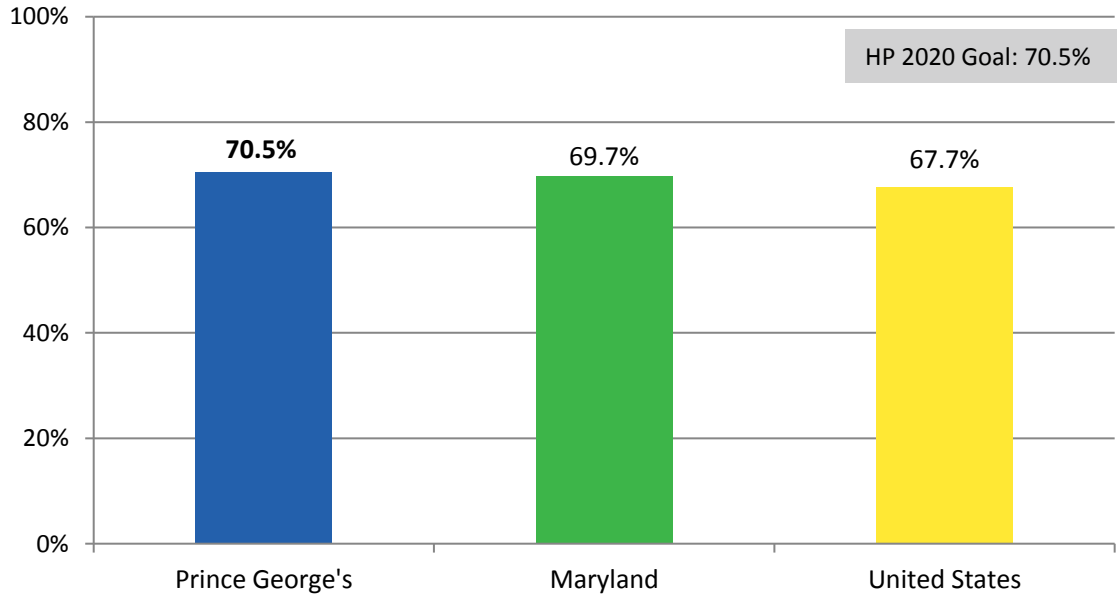
In 2016, Prince George's County had slightly higher cancer screening rates compared to the state and nation for prostate, colorectal, and breast cancers, and slightly lower screening rate for cervical cancer.

Men (40 years+) With a Prostate-Specific Antigen Test in the Past Two Years, 2016



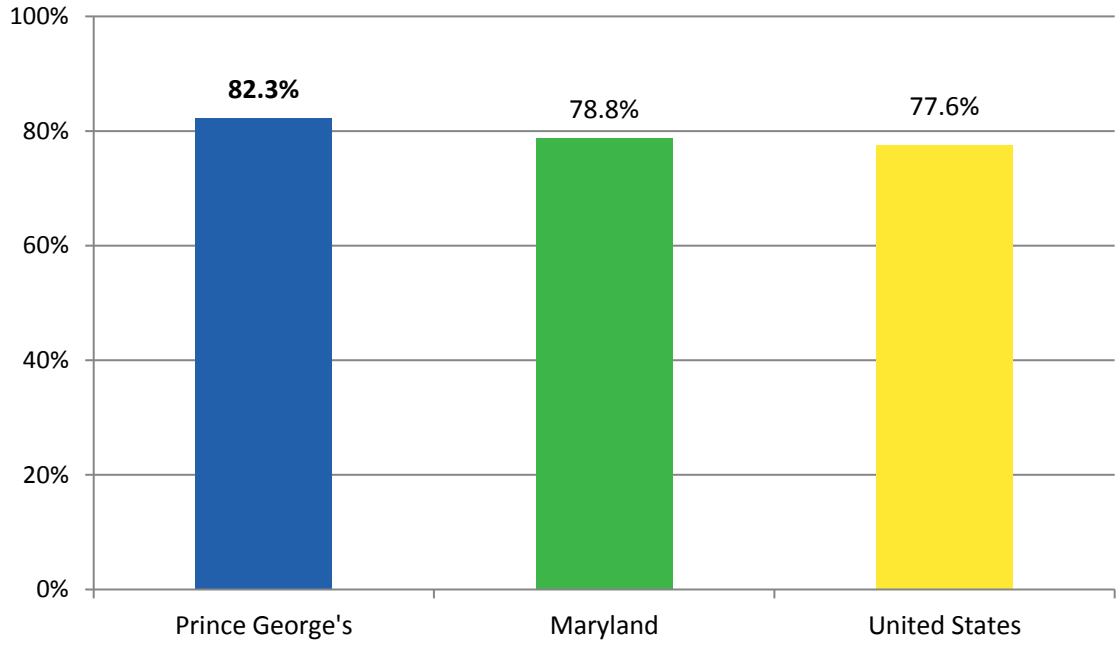
Data Source: 2016 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

Men and Women (50 – 75 years) Fully Meeting Colorectal Cancer Screening Recommendation, 2016



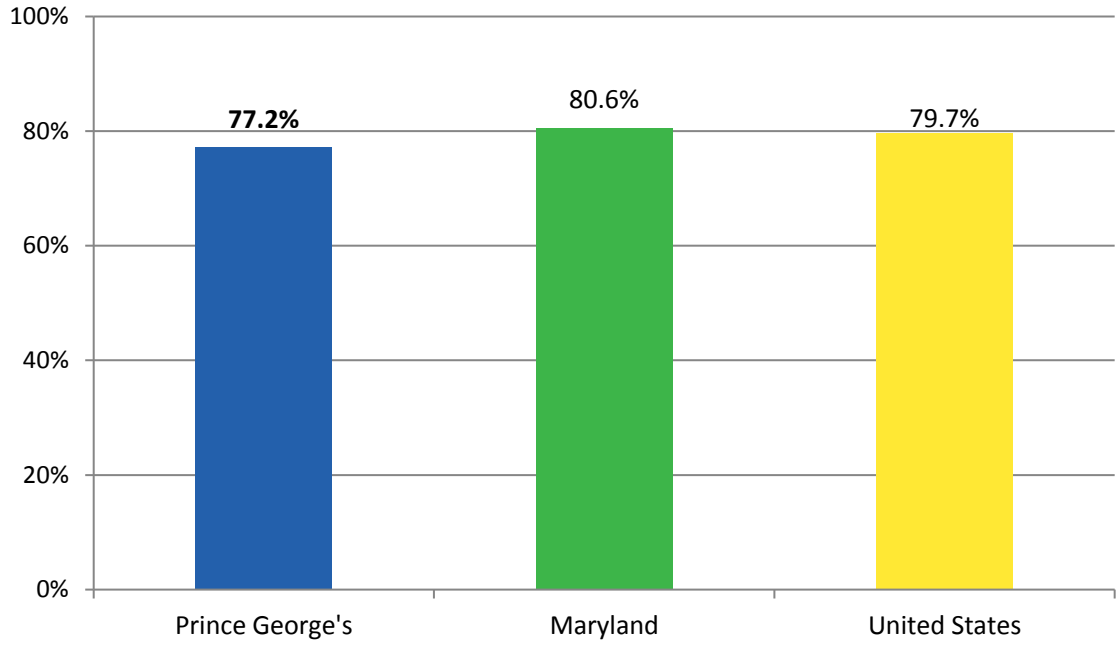
Data Source: 2016 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

Women (50+ years) who had a Mammography in the Past 2 Years, 2016



Data Source: 2016 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

Women (21-65 years) who had a Pap Smear in the Past Three Years, 2016



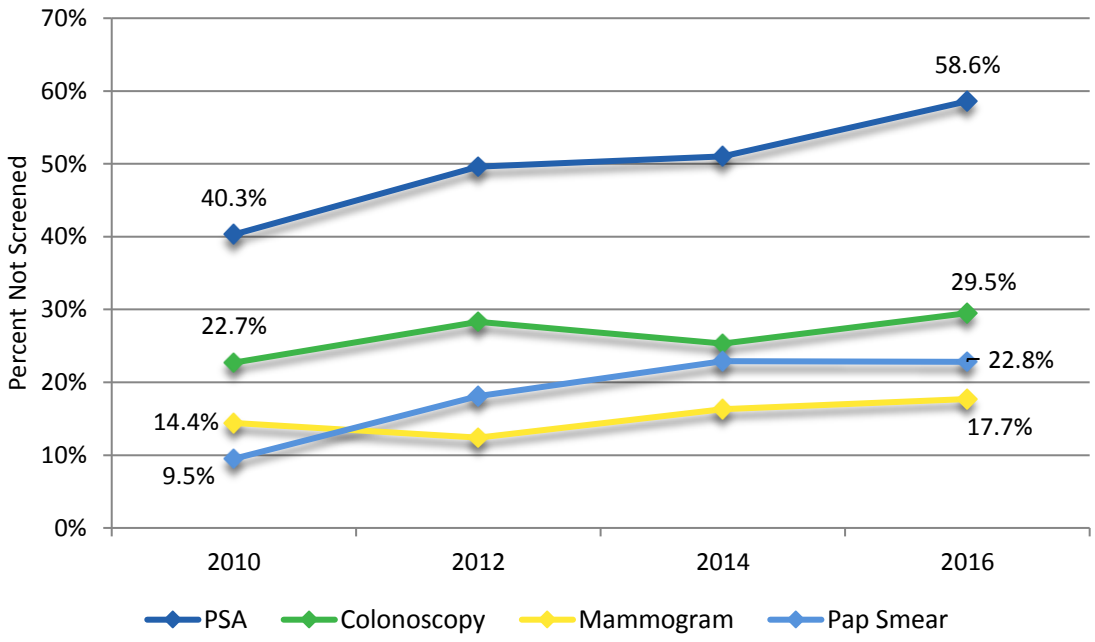
Data Source: 2016 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

Population Not Screened for Selected Cancer, Prince George's County, 2016

Cancer Screening	Target Group	Total Population	Percentage not Screened	Estimated Population not Screened
Prostate Specific Antigen (PSA) in past 2 years	Men 40 years and above	186,282	**58.6%**	**109,161**
Colorectal Cancer Screening	Men and women 50 - 75 years	251,357	**29.5%**	**74,150**
Mammography in past 2 years	Women 50 years and above	163,232	**17.7%**	**28,892**
Pap Smear in past 3 years	Women 21 - 65 years	291,708	**22.8%**	**66,509**

Data Source: 2016 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019; 2016 1-Year Estimates, U.S. Census Bureau, Table B01001 www.census.gov

Population Not Screened for Selected Cancers, Prince George's County, 2010-2016



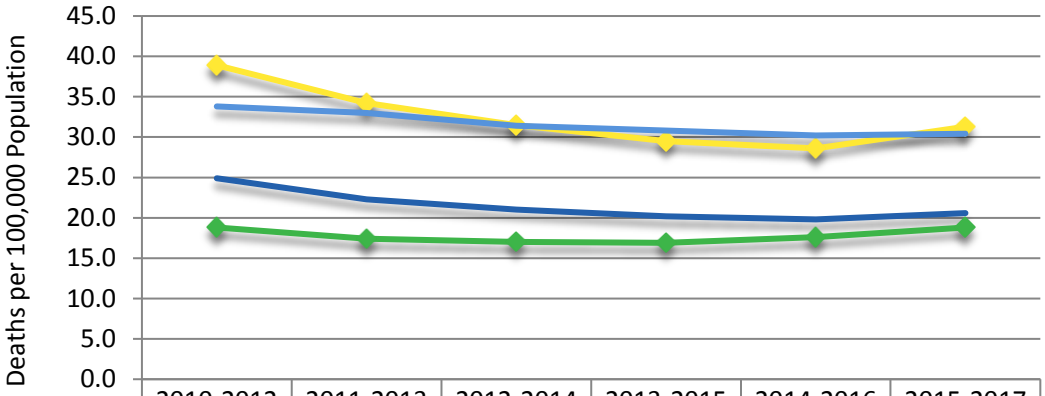
Data Source: 2010-2016 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Chronic Lower Respiratory Disease (CLRD)

CLRD are diseases that affect the lungs, which includes COPD (chronic obstructive pulmonary disease) and asthma. COPD consists of emphysema which means the air sacs in the lungs are damaged, and chronic bronchitis where the lining of the lungs are red and swollen and become clogged with mucus. Cigarette smoking is the main cause of COPD, and is strongly associated with lunch cancer. Asthma is a disease that also affects the lungs that is commonly is diagnosed in childhood. Asthma is described further below:

Asthma Overview	
What is it?	Asthma is a chronic disease involving the airways that allow air to come in and out of the lungs. Asthma causes airways to always be inflamed; they become even more swollen and the airway muscles can tighten when something triggers your symptoms: coughing, wheezing, and shortness of breath.
Who is affected?	13.3% (64,354) of adults are estimated to have asthma (MD 2017 BRFSS) and 13.9% (33,294) of children are estimated to have asthma (MD 2013 BRFSS).
Prevention and Treatment	Asthma cannot be prevented and there is no cure, but steps can be taken to control the disease and prevent symptoms: use medicines as your doctor prescribes and try to avoid triggers that make asthma worse. (NHLBI.NIH.gov; AAAAI.org)
What are the outcomes?	People with asthma are at risk of developing complications from respiratory infections like influenza and pneumonia. Asthma complications can be severe and include decreased ability to exercise, lack of sleep, permanent changes in lung function, persistent cough, trouble breathing, and death (NIH.gov).
Disparity	The age-adjusted emergency department (ED) visit rate for asthma was 2.5 times higher for Black, non-Hispanic residents compared to White, non-Hispanic and Hispanic residents in 2017. The rate of ED visits for asthma decreased with age. For adults (18 years of age and older), age-adjusted hospitalization rates for asthma were highest for females (compared to males) and Black residents (compared to other races). Among children, Asian/Pacific Islanders had the highest age-adjusted hospitalization rate (33.2 per 10,000), followed by American Indian and Alaskan Native residents (26.4). Higher ED visit and hospitalization rates in 2017 were mostly concentrated around the Washington, D.C. border.
How do we compare?	While 13.3% of adult county residents have asthma, other Maryland counties range from 5.9% to 22.3%; the state overall is 15.5% (2017 MD BRFSS) and the U.S. is at 14.2% (2017 BRFSS).

Age-Adjusted Death Rate per 100,000 for Chronic Lower Respiratory Disease (CLRD) by Race and Ethnicity, 2010-2017



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	18.8	17.4	17.0	16.9	17.6	18.8
PGC White, NH	38.9	34.2	31.5	29.5	28.6	31.3
PGC	24.9	22.3	21.0	20.2	19.8	20.6
Maryland	33.8	33.0	31.4	30.8	30.2	30.4

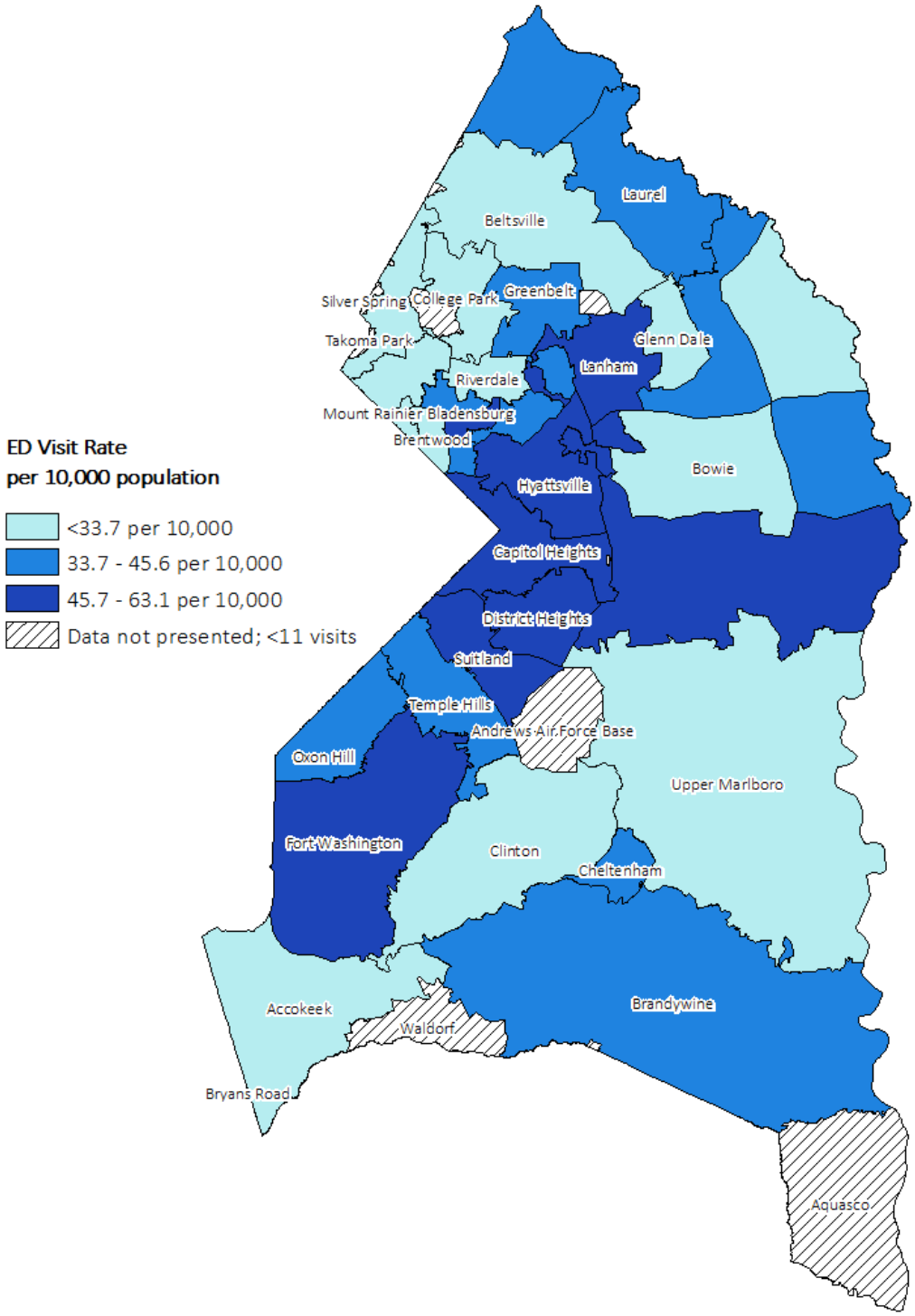
***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Emergency Department* Visits for Asthma, 2017

	Number of ED Visits	Age-Adjusted Rate per 10,000 Population
Race/Ethnicity		
Black, non-Hispanic	2,293	41.8
Hispanic	296	16.4
White, non-Hispanic	163	16.4
Asian, non-Hispanic	23	6.3
Sex		
Male	1,604	36.7
Female	2,017	42.4
Age		
Under 18 Years	942	46.3
18 to 39 Years	1,294	44.6
40 to 64 Years	1,105	36.5
65 Years and Over	280	23.9
Total	**3,621**	**48.9**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.
Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission;

Emergency Department* Visit Rate per 10,000 Population, Asthma as Primary Discharge Diagnosis, Prince George's County, 2017

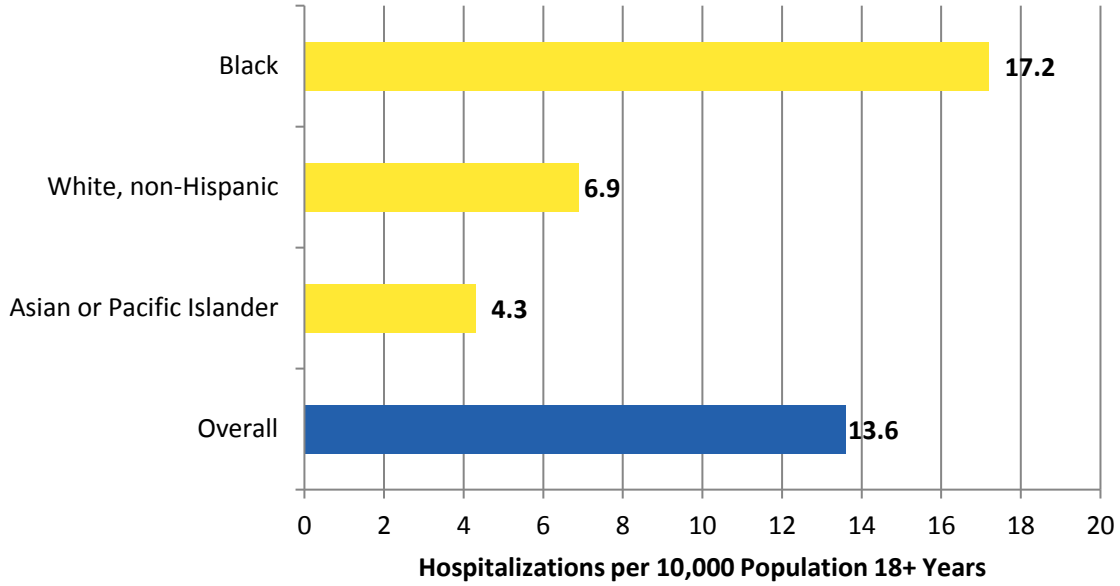


* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

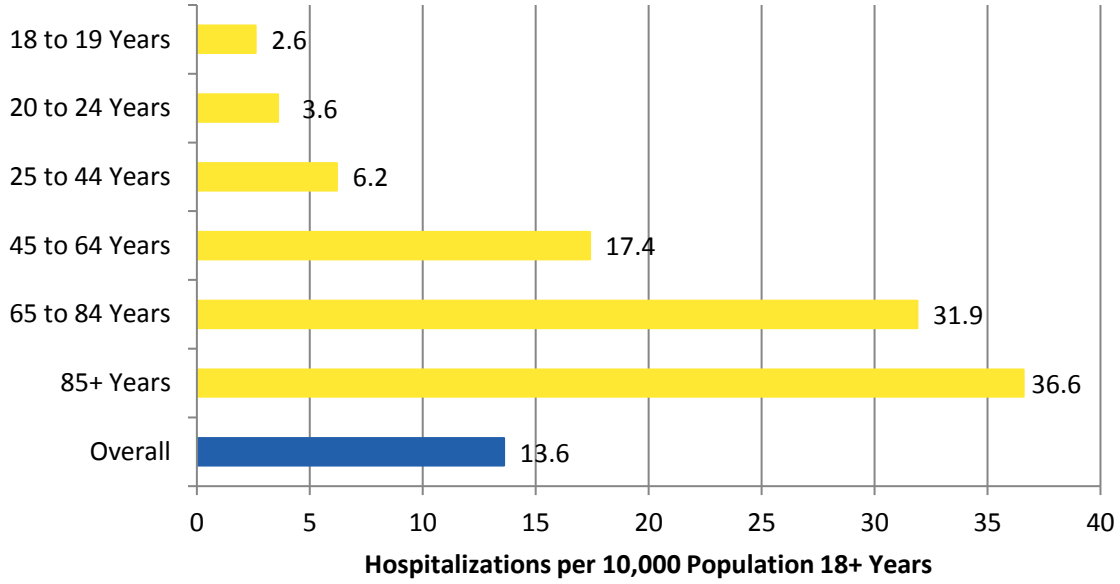
Adult Asthma

Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma by Race and Ethnicity, Prince George's County, 2013-2015



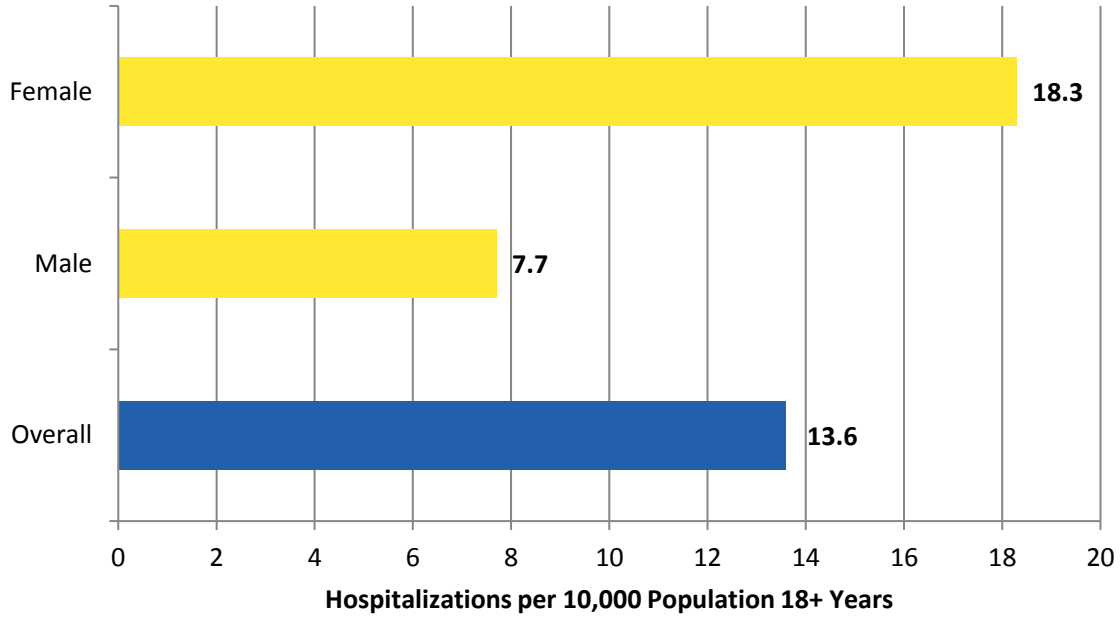
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma by Age Group, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

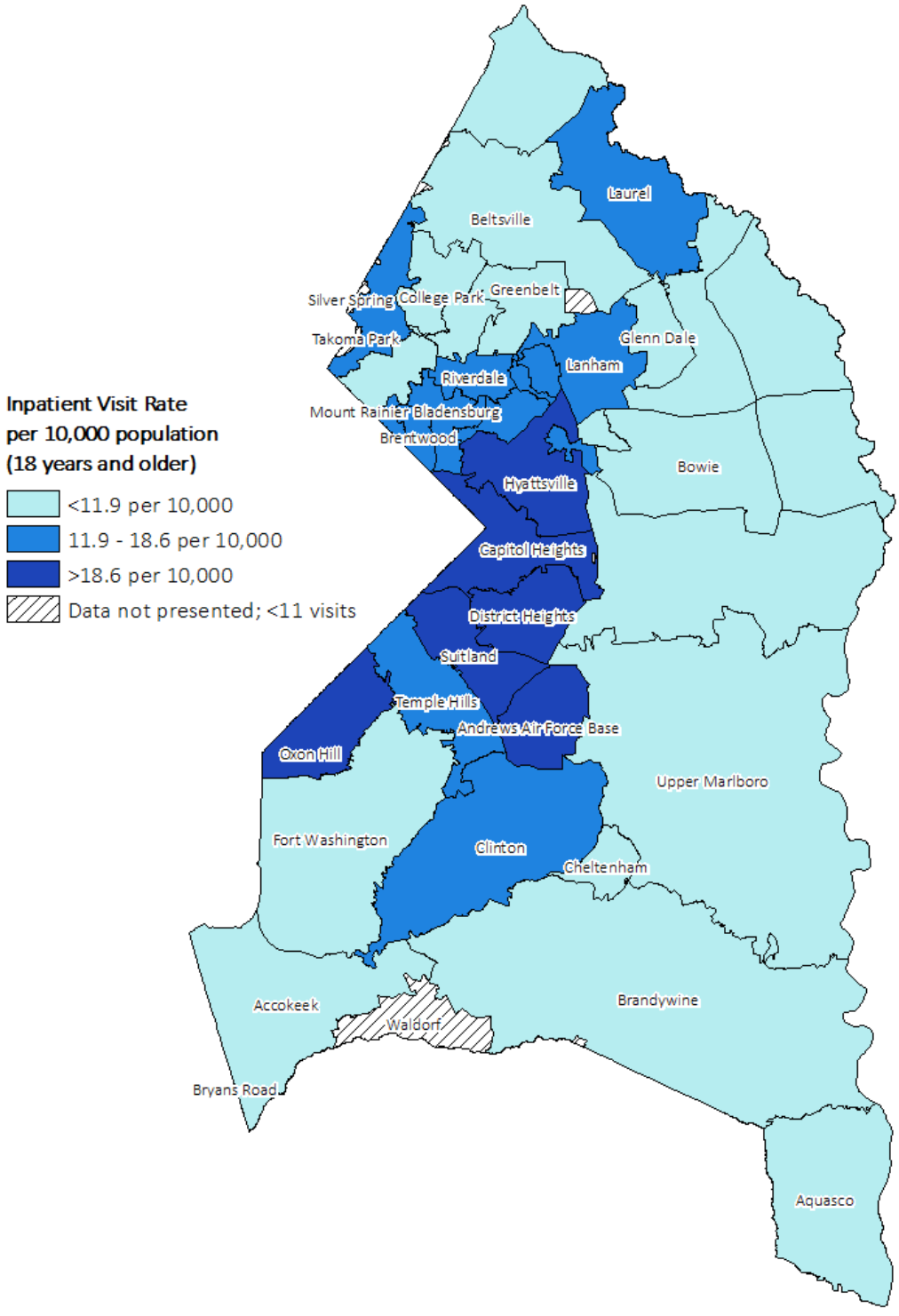
Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma by Sex, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Adult Asthma, Prince George's County, 2013-2015

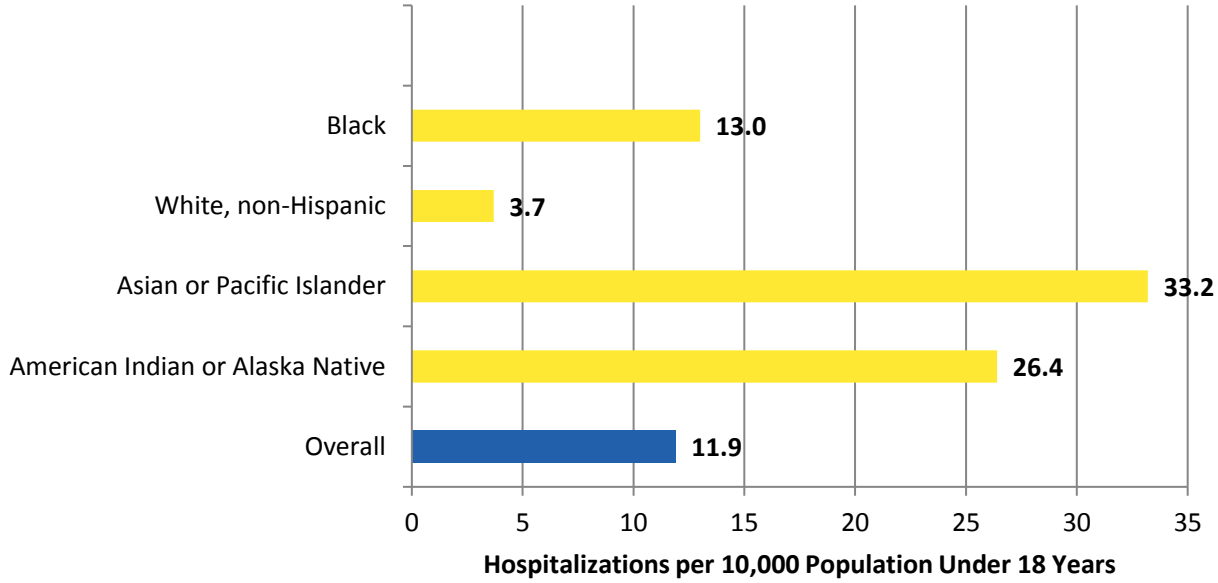


* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Pediatric Asthma

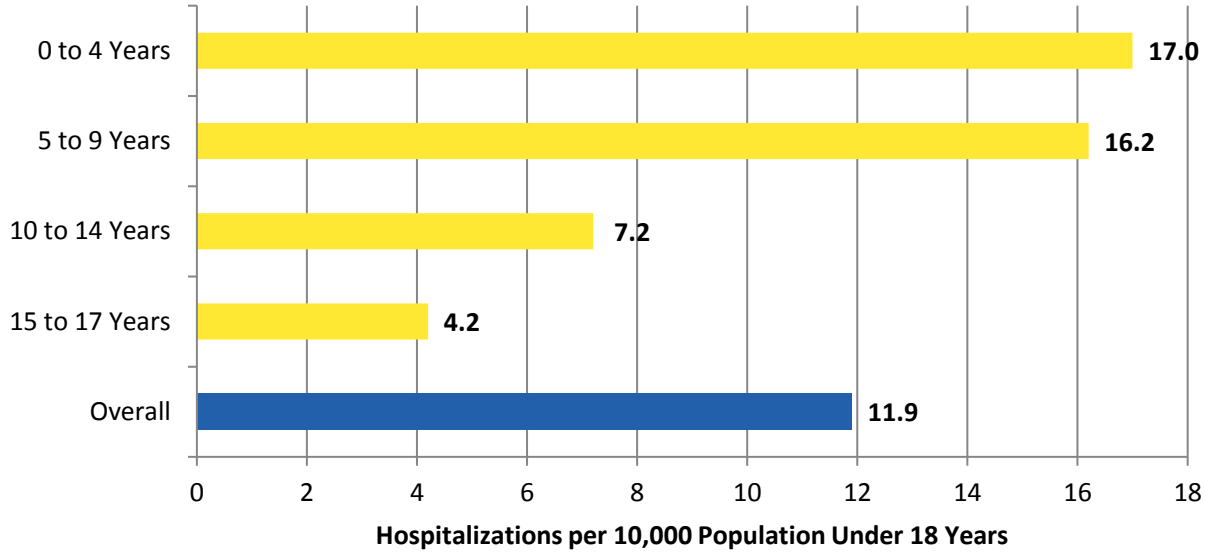
Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years) by Race and Ethnicity, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

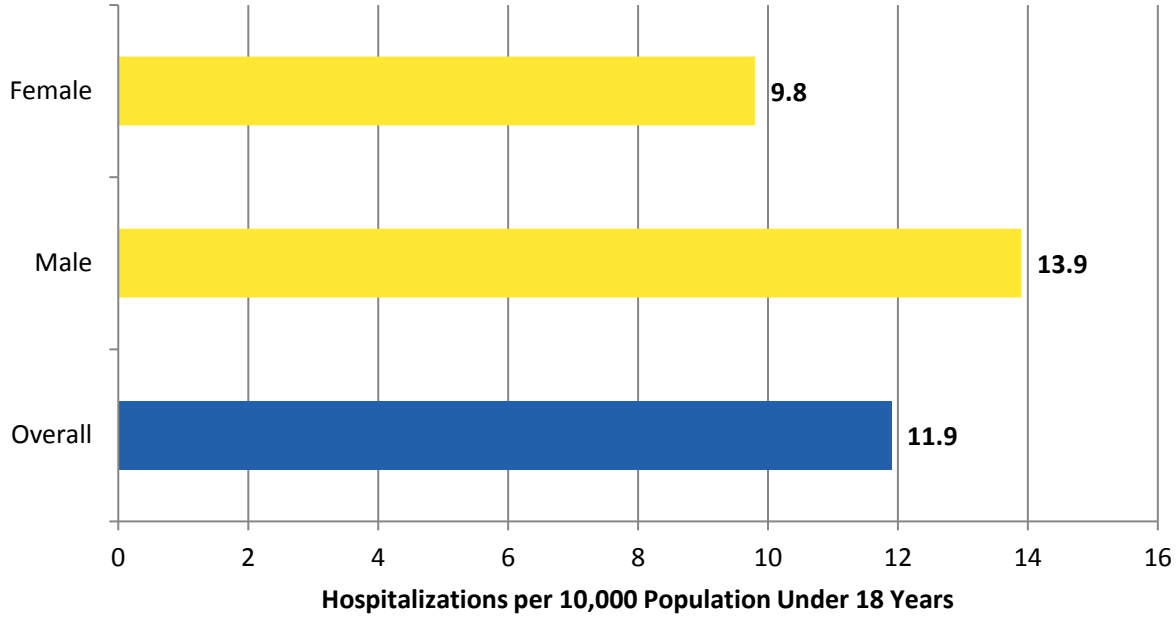
Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years) by Age, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

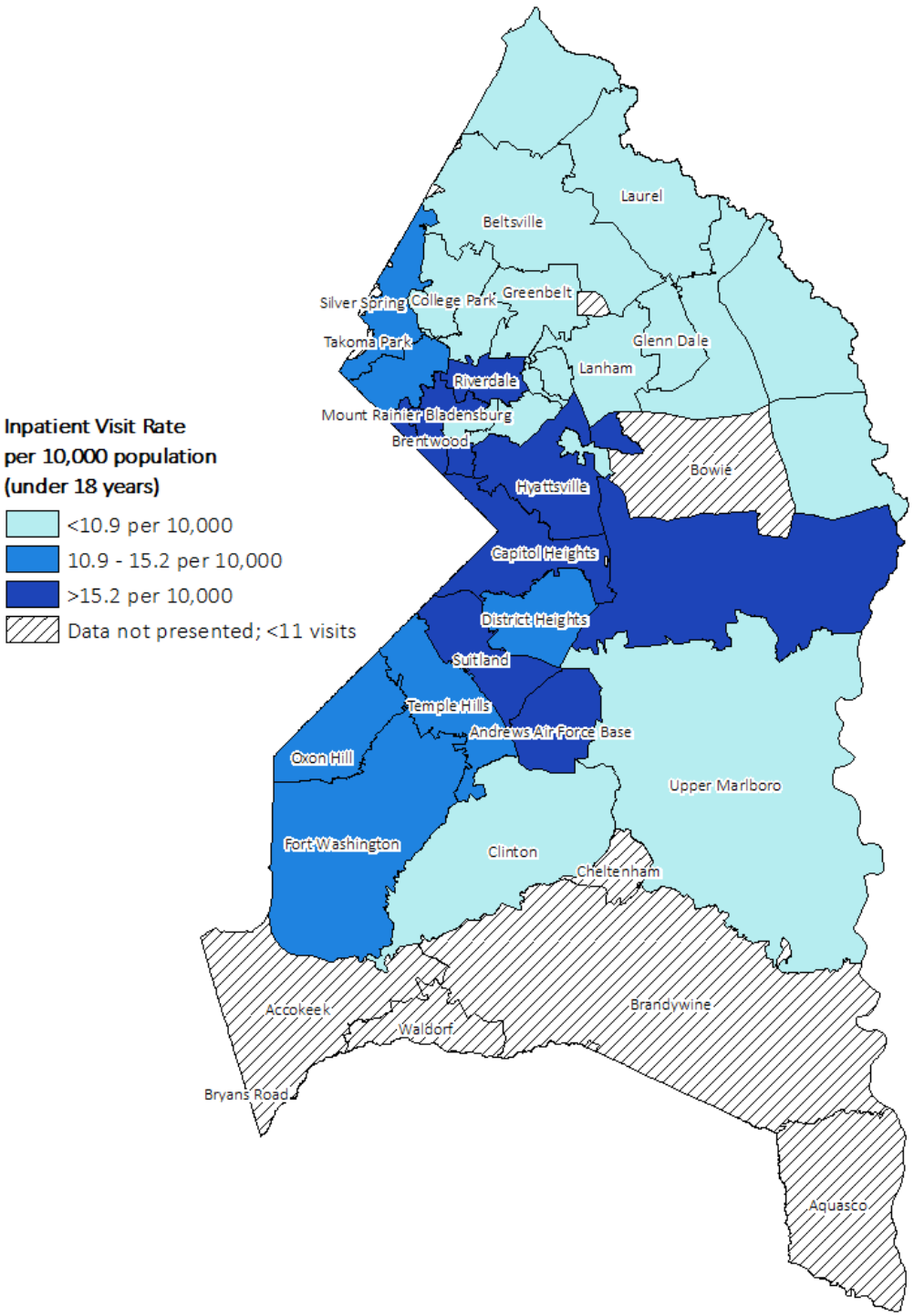
Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years) by Sex, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Pediatric Asthma (Under 18 Years), Prince George's County, 2013-2015

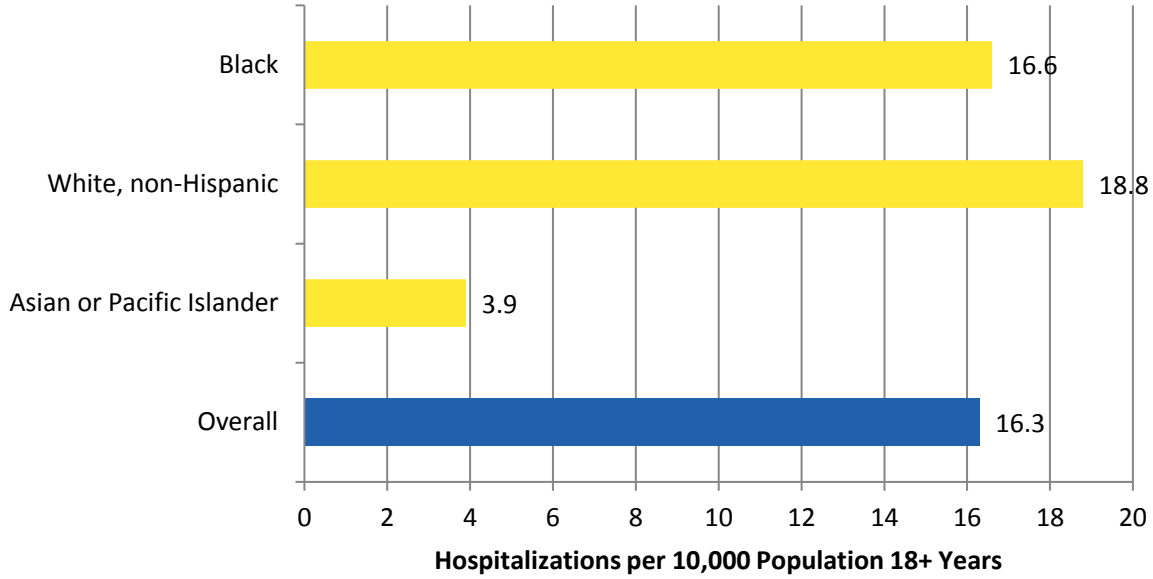


* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

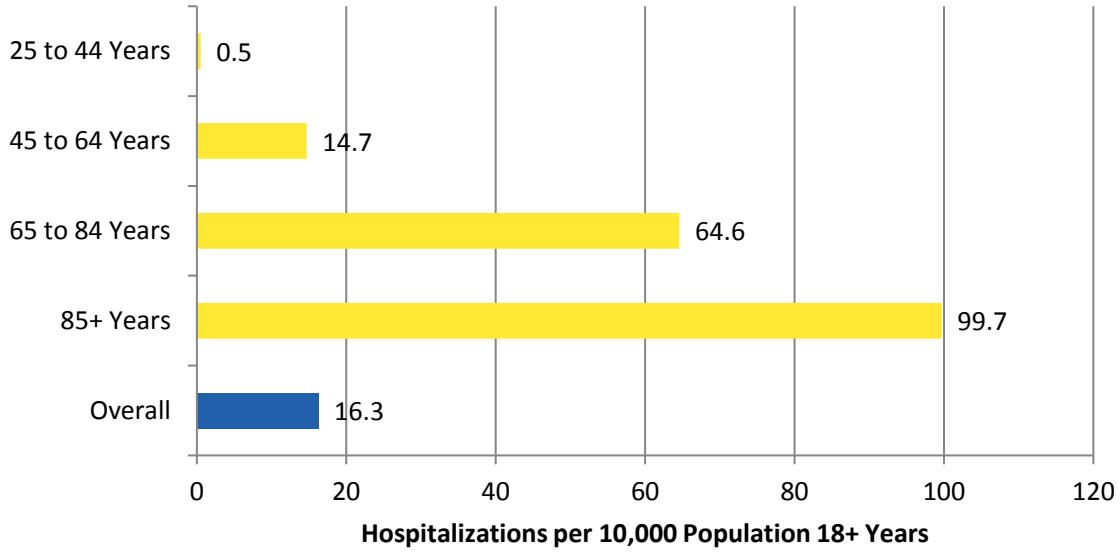
Chronic Obstructive Pulmonary Disease (COPD)

Age-Adjusted Hospital Inpatient* Visit Rate due to COPD by Race and Ethnicity, Prince George's County, 2013-2015



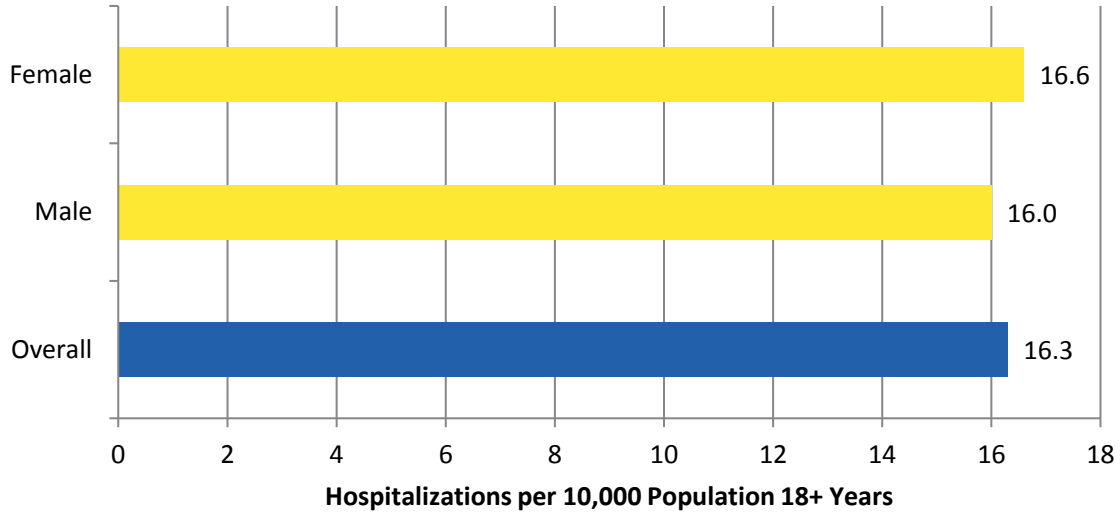
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to COPD by Age Group, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

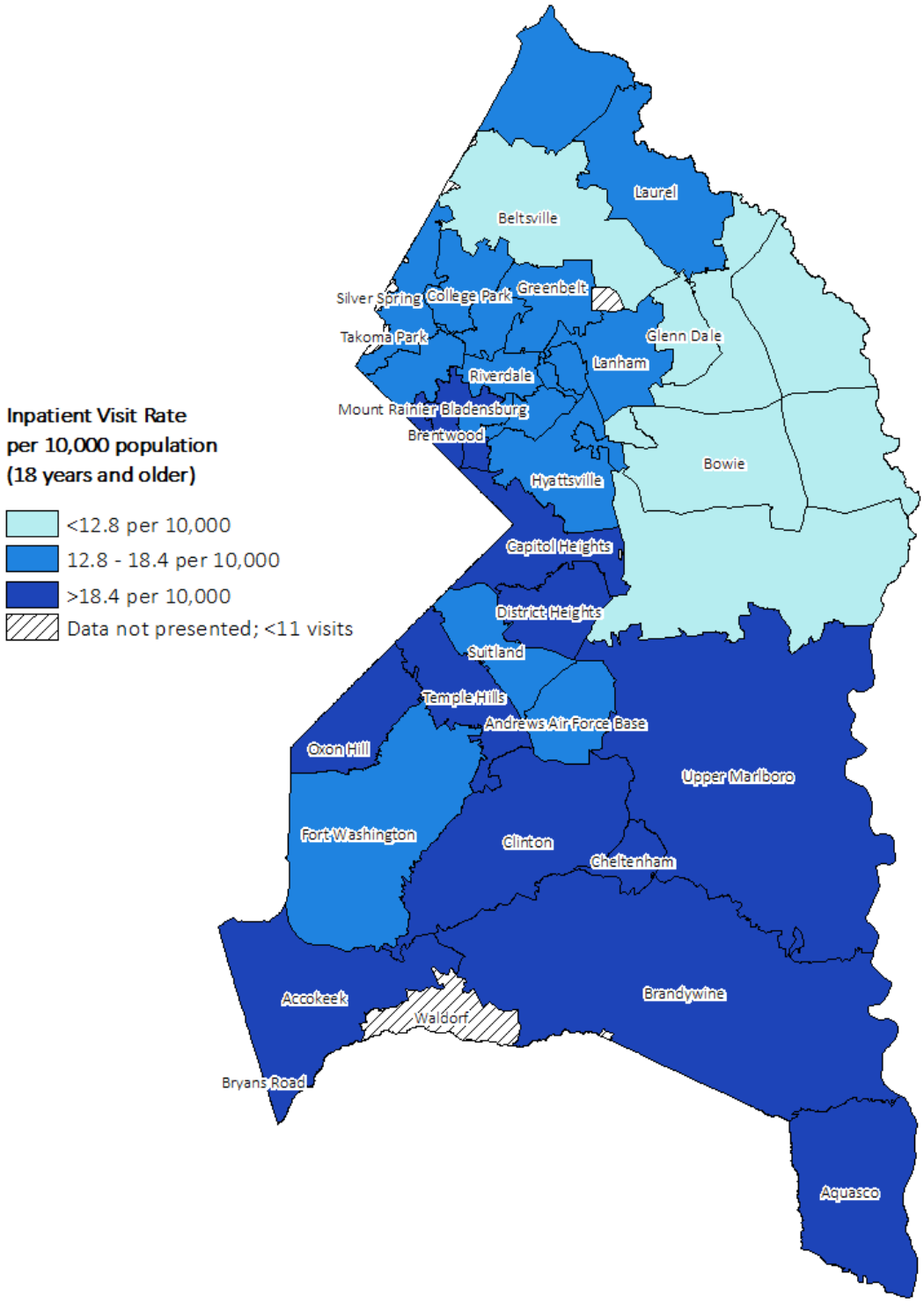
Age-Adjusted Hospital Inpatient* Visit Rate due to COPD by Sex, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to COPD, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Diabetes

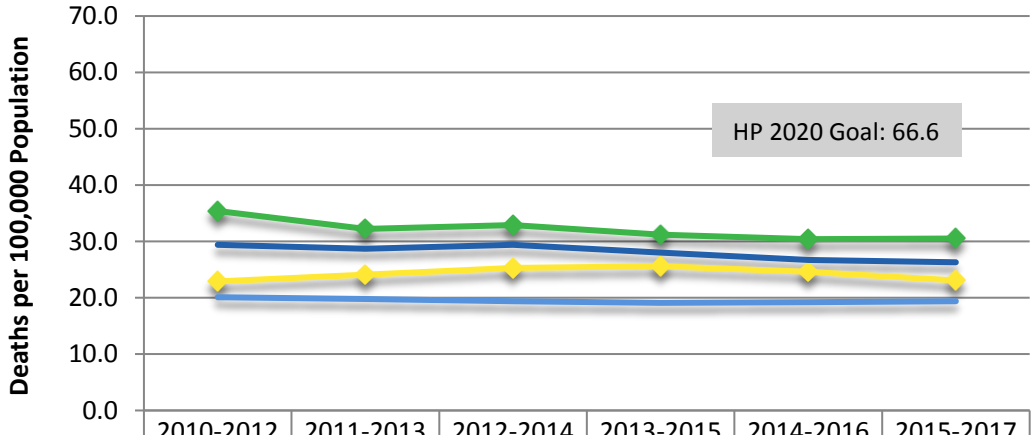
Overview	
What is it?	Diabetes is a condition in which the body either doesn't make enough of a hormone called insulin or can't use its own insulin, which is needed to process glucose (sugar) (Source: CDC).
Who is affected?	12.3% (87,260) of adults in the county are estimated to have diabetes. (2017 MD BRFSS). In 2017, diabetes was the fifth leading cause of death in the county, with 253 deaths (3.9% of all resident deaths).
Prevention and Treatment	Diabetes can be prevented or delayed by losing a small amount of weight (5 to 7 percent of total body weight) through 30 minutes of physical activity 5 days a week and healthier eating. (Source: CDC Diabetes Prevention Program) The goals of diabetes treatment are to control blood glucose levels and prevent diabetes complications by focusing on: nutrition, physical activity, and medication. (source: Joslin Diabetes Center)
What are the outcomes?	Complications from diabetes include: heart disease, kidney failure, lower-extremity amputation, and death
Disparity	In 2017, the age-adjusted emergency department visits for diabetes were twice as high among Black, non-Hispanic residents (211.4 per 100,000) compared to White, non-Hispanic residents (109.2). Black, non-Hispanic residents were also more likely to die from diabetes in 2017 (30.5 per 100,000) compared to White, non-Hispanic residents (23.1). Slightly more men (13.0%) were estimated to have diabetes compared to women (12.0%). Diabetes prevalence increases with age; nearly one in three residents ages 65 and over are estimated to have diabetes.
How do we compare?	Diabetes in other Maryland counties ranged from 7.3% to 14.4%; the state overall is 9.6% (2017 MD BRFSS), and the U.S. is at 10.5% (BRFSS). Between 2015-2017, Prince George's County had the third highest age-adjusted death rate due to diabetes (26.9 per 100,000), following Baltimore City (31.0) and Washington County (28.1).

Percentage of Adults Who Have Ever Been Told By a Health Professional That They Have Diabetes, 2017 (Excludes Diabetes During Pregnancy)

	Prince George's County	Maryland
Sex		
Female	12.0%	8.9%
Male	13.0%	10.4%
Race/Ethnicity		
Black, non-Hispanic	13.6%	13.5%
Hispanic	16.7%	12.7%
White, non-Hispanic	10.5%	7.6%
Age Group		
18 to 34 Years	*	1.6%
35 to 49 Years	10.6%	7.2%
50 to 64 Years	19.3%	15.1%
Over 65 Years	28.7%	21.6%
Total	**12.3%**	**9.6%**

***** Individuals of Hispanic origin and ages 18-34 years were not included due to insufficient numbers
Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Age-Adjusted Death Rate per 100,000 for Diabetes, 2010-2017



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	35.4	32.2	32.9	31.2	30.4	30.5
PGC White, NH	22.9	24.1	25.3	25.6	24.6	23.1
PGC	29.4	28.7	29.4	28.0	26.7	26.3
Maryland	20.1	19.8	19.4	19.1	19.2	19.4

***** Individuals of Hispanic origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database;

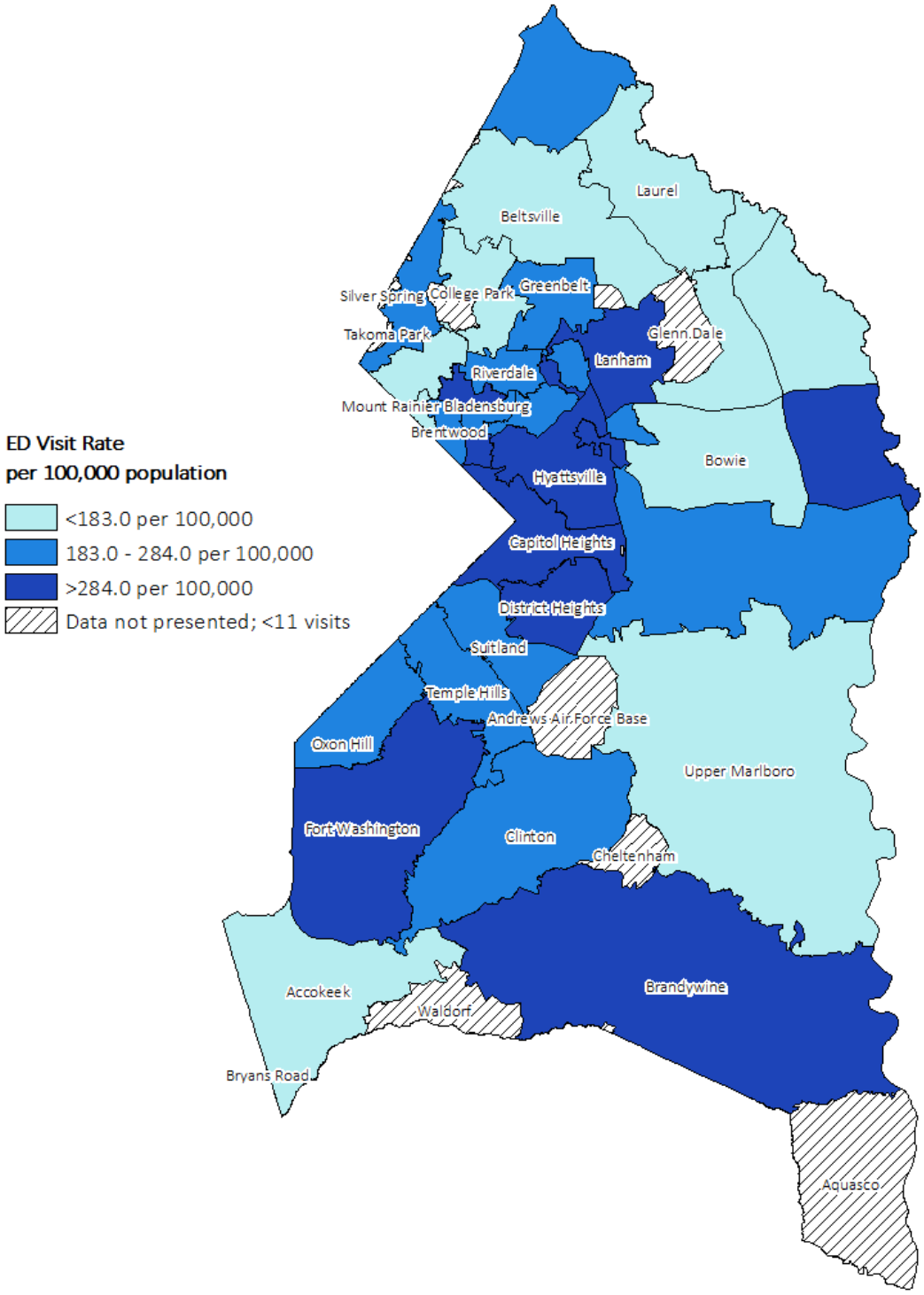
Emergency Department* Visits for Diabetes, 2017

	Number of ED Visits	MD SHIP Goal: 186.3	Age-Adjusted Visit Rate per 100,000 Population
Race/Ethnicity			
Black, non-Hispanic	1,284		211.4
Hispanic	171		128.0
White, non-Hispanic	151		109.2
Asian, non-Hispanic	14		33.2
Sex			
Male	1,062		233.2
Female	1,041		197.8
Age			
Under 18 Years	43		21.1
18 to 39 Years	413		142.5
40 to 64 Years	1,125		371.8
65 Years and Over	522		446.3
Total	**2,103**		**215.0**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission;

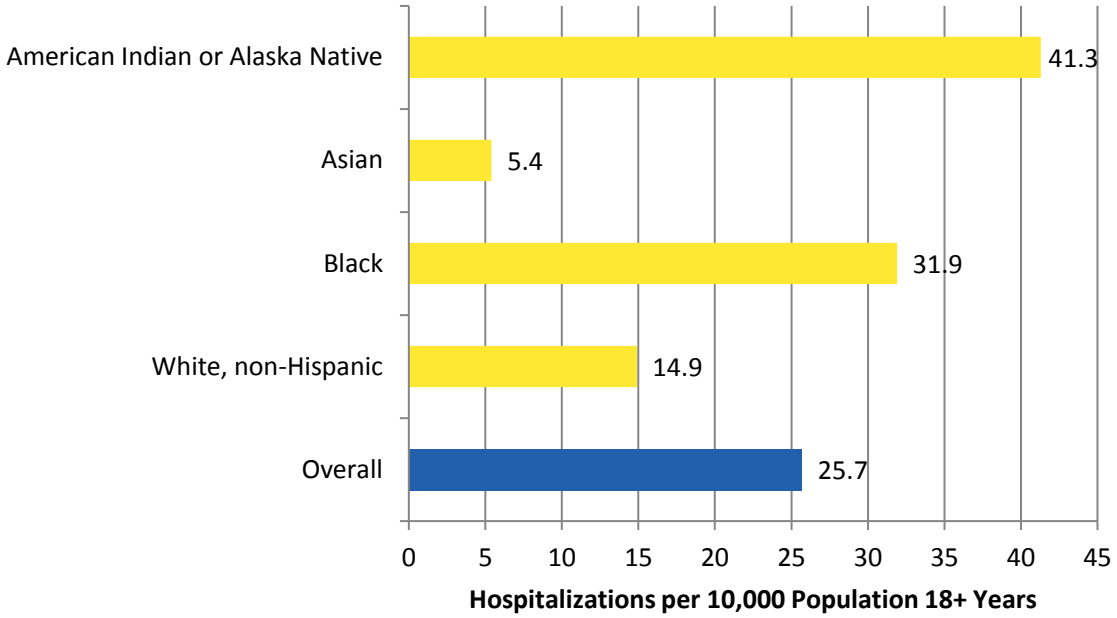
Emergency Department Visit Crude Rate per 100,000 Population, Diabetes as Primary Discharge Diagnosis, Prince George's County, 2017



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

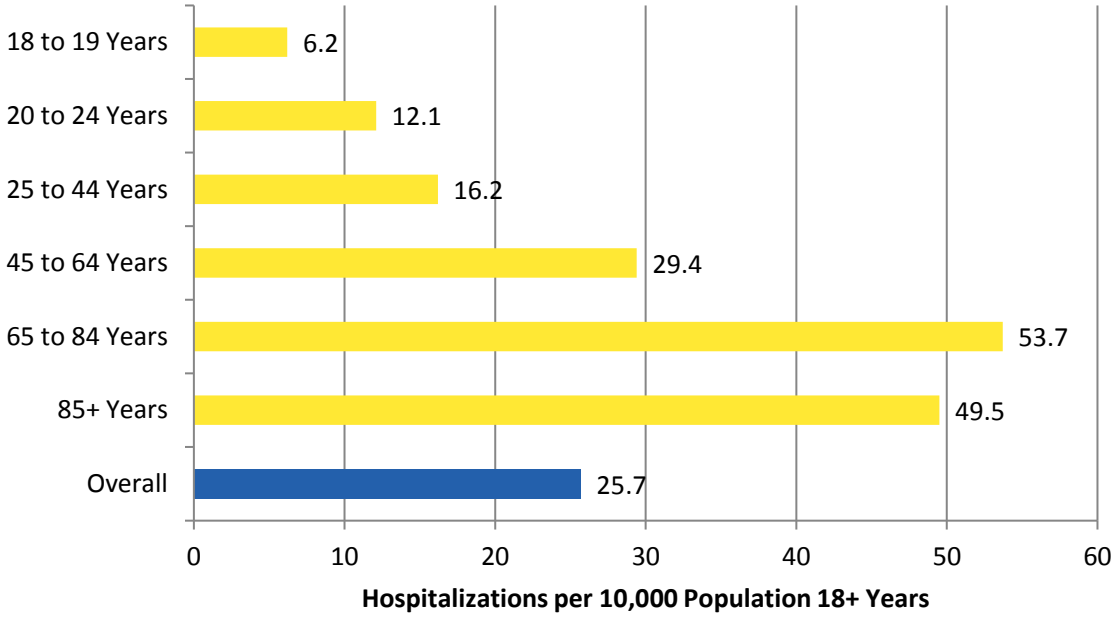
Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Race and Ethnicity, Prince George's County, 2013-2015



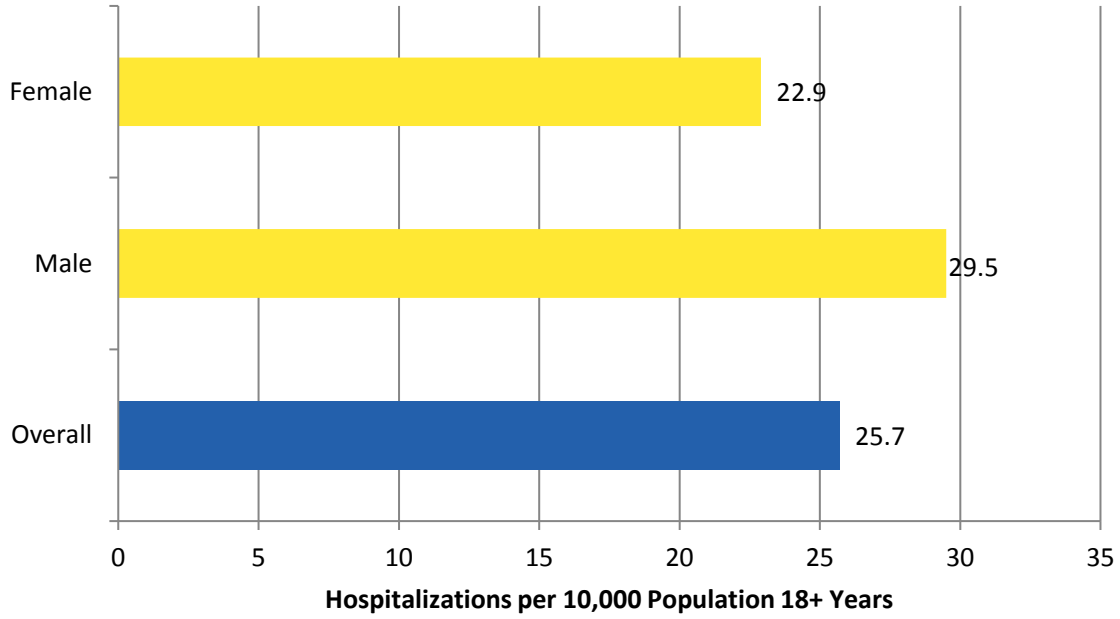
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Age Group, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

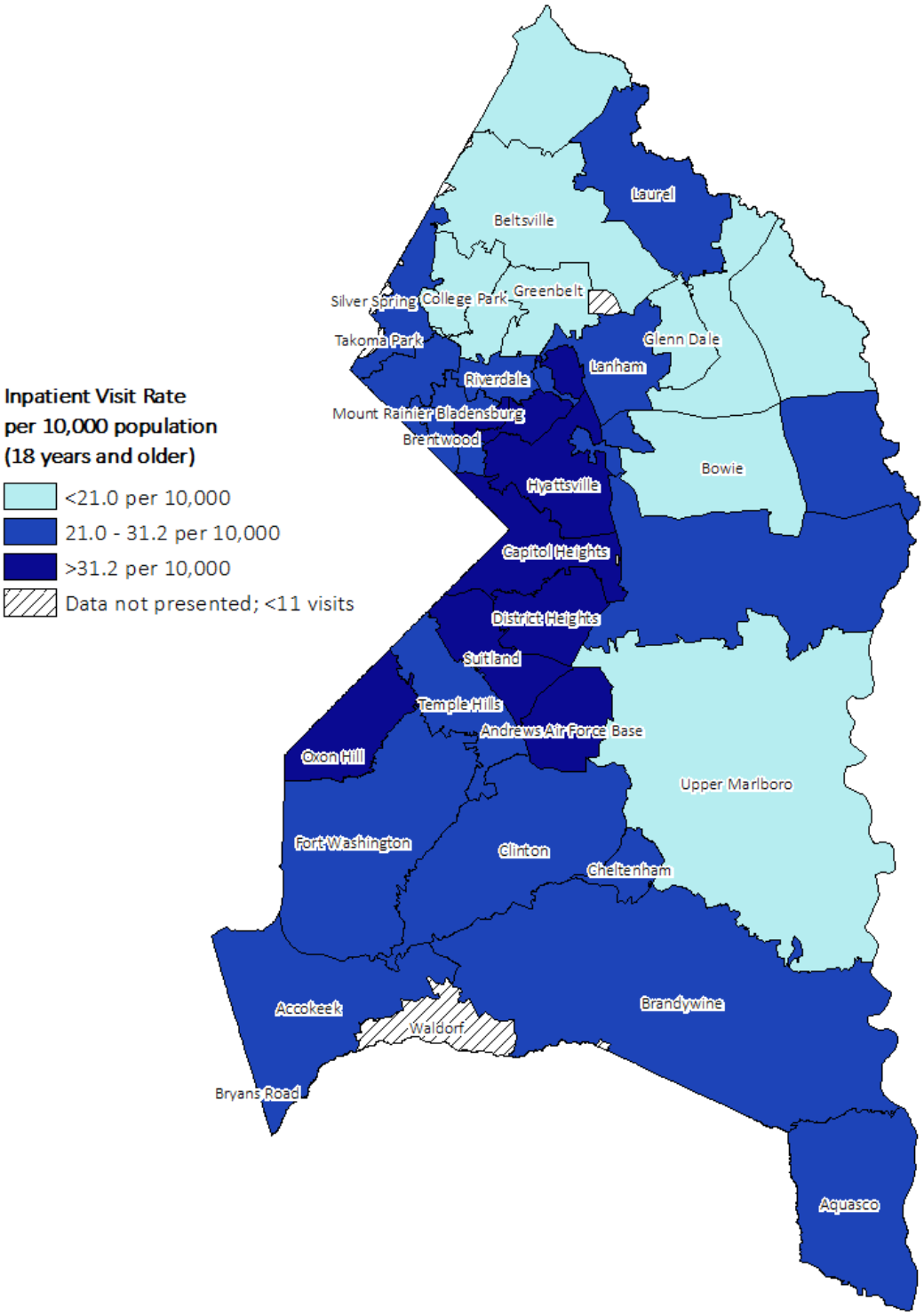
Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Sex, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes, Prince George's County, 2013-2015



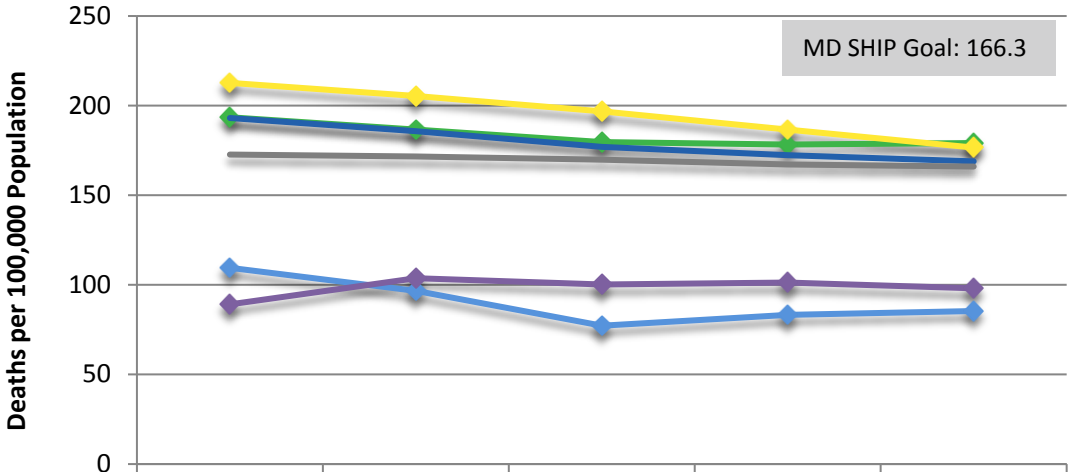
* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

Heart Disease

Overview	
What is it?	Heart Disease is a disorder of the blood vessels of the heart that can lead to a heart attack, which happens when an artery becomes blocked. Heart Disease is one of several cardiovascular diseases.
Who is affected?	Heart disease was the leading cause of death in the county in 2017, with 1,552 deaths (23.7% of all resident deaths). However, the age-adjusted death rate from heart disease has decreased from 193.1 deaths per 100,000 in 2011-2013 to 168.9 deaths per 100,000 in 2015-2017 (CDC Wonder).
Prevention and Treatment	Eating a healthy diet, maintaining a healthy weight, getting enough physical activity, not smoking, and limiting alcohol use can lower the risk of heart disease. (Source: CDC). The goals of heart disease treatment is to control high blood pressure and high cholesterol by focusing on: eating healthier, increasing physical activity, quitting smoking, medication, and surgical procedures. (Source: CDC).
What are the outcomes?	Complications of heart disease include: heart failure, heart attack, stroke, aneurysm, peripheral artery disease, and sudden cardiac arrest.
Disparity	Men had a higher rate of emergency department (ED) visits and inpatient hospitalizations for heart disease than women in 2017. Black, non-Hispanic (NH) residents had the highest age-adjusted death rate (179.1), followed closely by White, NH residents (176.6). Black, NH residents also had the highest 2017 age-adjusted ED visit rate. In 2017, almost half (48%) of heart disease ED visits were made by residents 65 years of age and older.
How do we compare?	The age-adjusted death rate for heart disease for other Maryland counties ranged from 105.4 (Montgomery) to 296.3 (Somerset) deaths per 100,000 population. The county rate of 168.9 is similar to Maryland overall at 166.0 deaths per 100,000 population, and the United States (166.3 per 100,000 population).

Age-Adjusted Death Rate per 100,000 for Heart Disease by Race and Ethnicity, 2010-2017



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	193.5	186.7	179.6	178.3	179.1
PGC Hispanic	109.5	96.7	77.2	83.3	85.4
PGC White, NH	212.7	205.4	196.8	186.7	176.6
PGC Asian, NH	89.1	103.7	100.2	101.3	98.1
PGC	193.1	185.8	177.0	172.3	168.9
Maryland	172.7	171.6	169.9	167.1	166.0

Data Source: CDC, National Center for Health Statistics, CDC WONDER Online Database

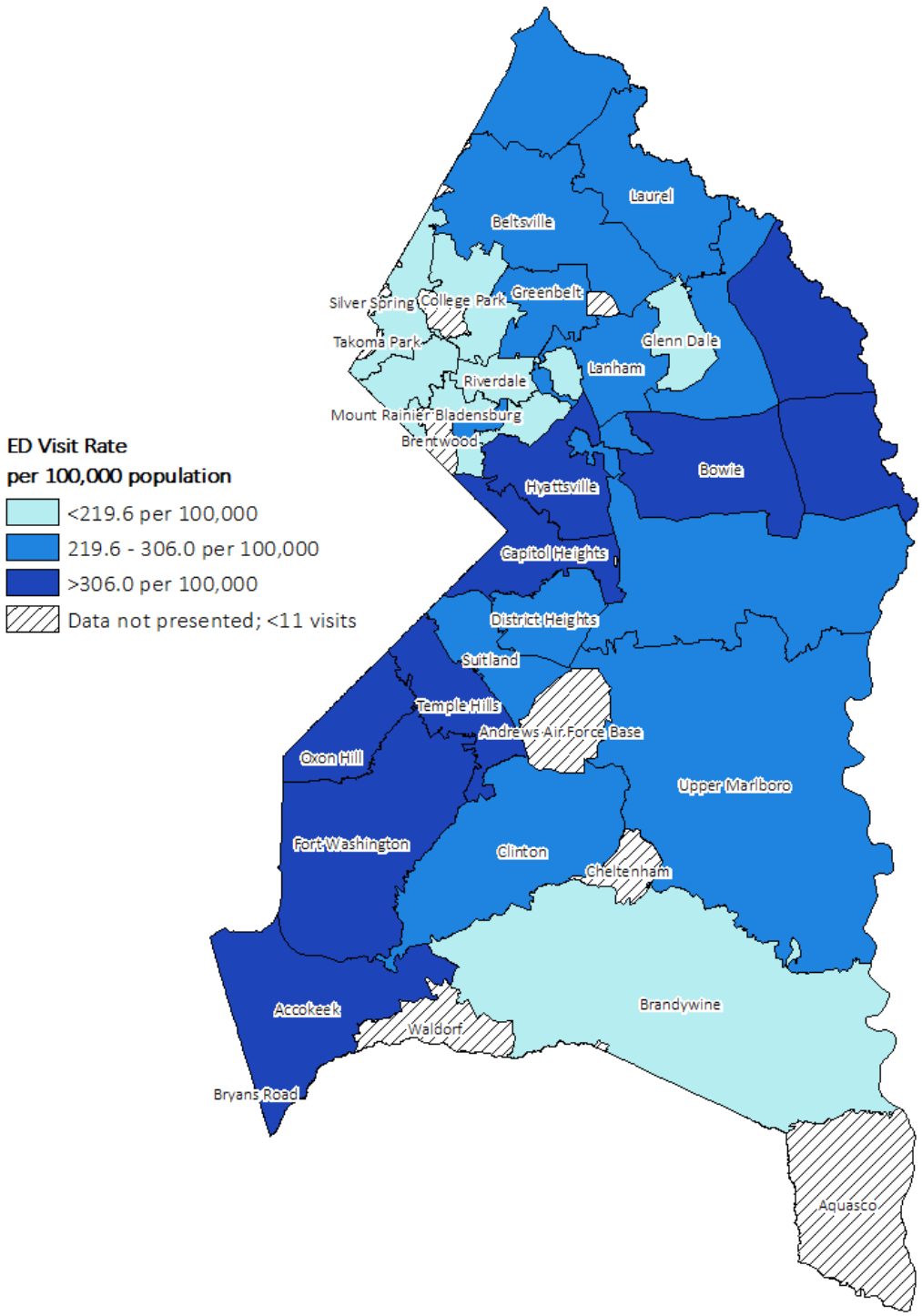
Emergency Department* Visits for Heart Disease, 2017

Demographic	Number of ED Visits	Age-Adjusted Rate per 100,000 Population
Race and Ethnicity		
Black, non-Hispanic	1,445	256.7
Hispanic	130	143.4
White, non-Hispanic	389	224.1
Asian, non-Hispanic	35	81.9
Gender		
Male	1,268	296.0
Female	1,188	231.5
Age		
Under 18 Years	36	17.7
18 to 39 Years	218	75.2
40 to 64 Years	1,008	333.1
65 Years and Over	1,194	1020.9
Total	**2,456**	**261.8**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

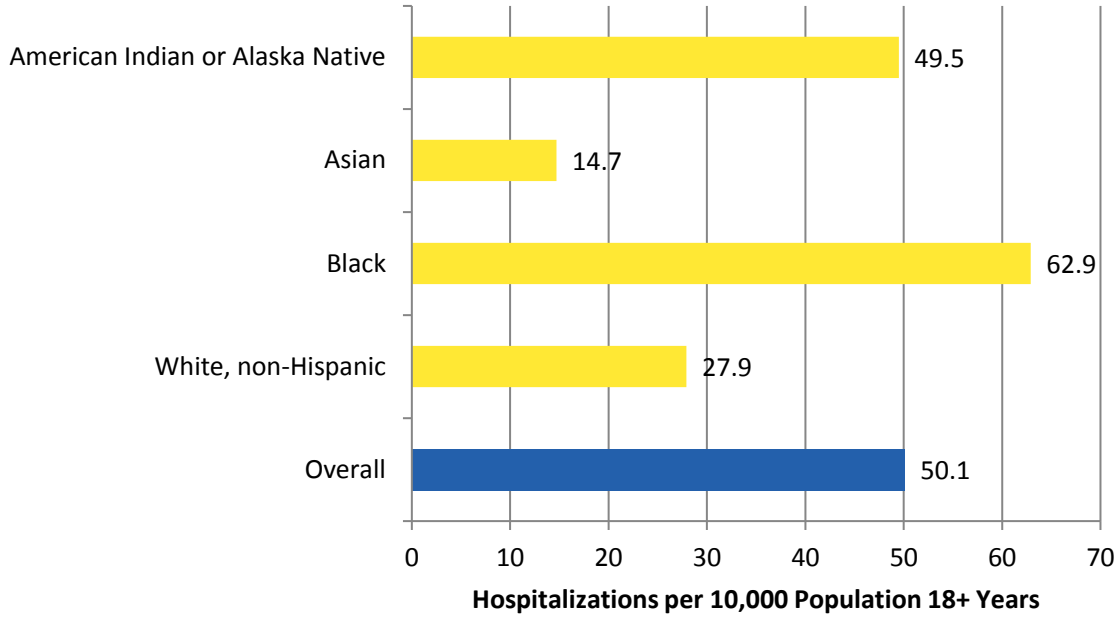
Emergency Department Visit* Crude Rate per 100,000 Population, Heart Disease as Primary Discharge Diagnosis, Prince George's County, 2017



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

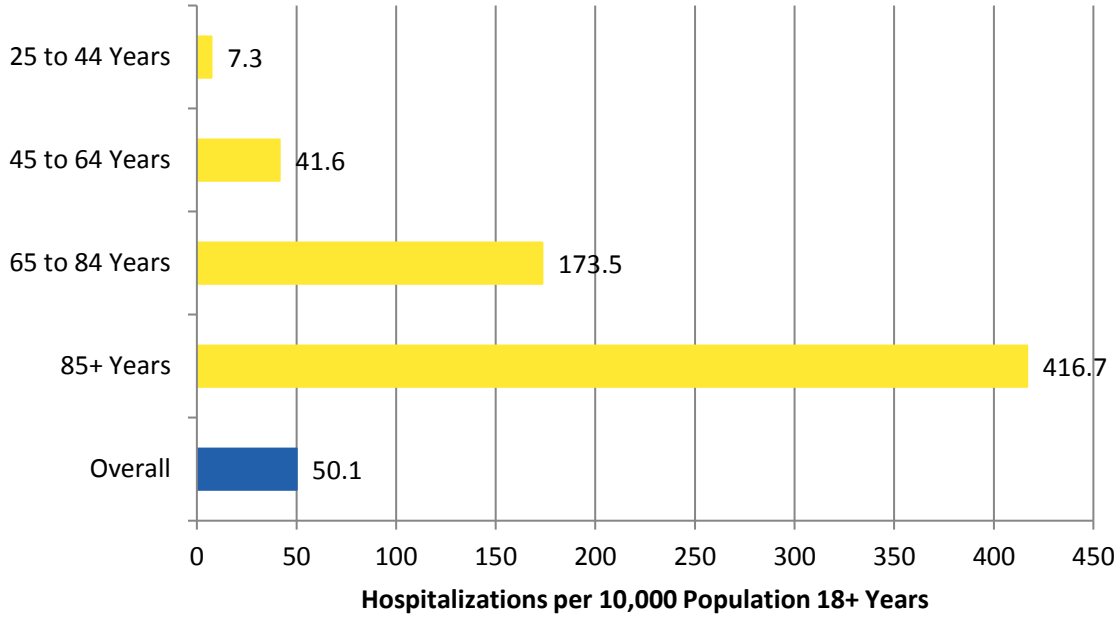
Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Race and Ethnicity, Prince George's County, 2013-2015



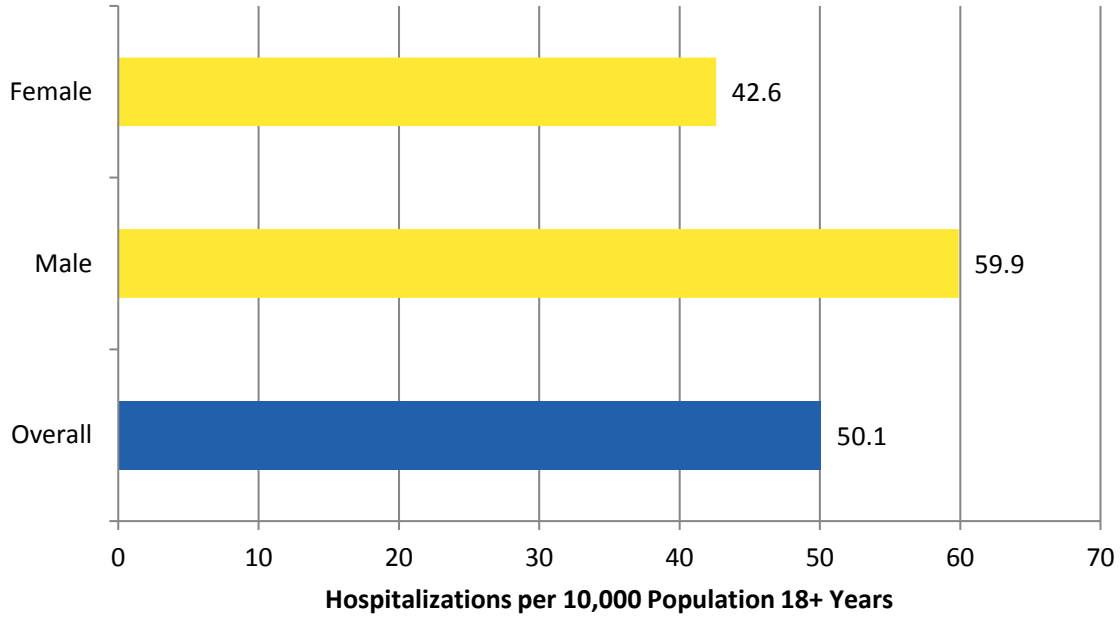
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission;

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Age, Prince George's County, 2013-2015



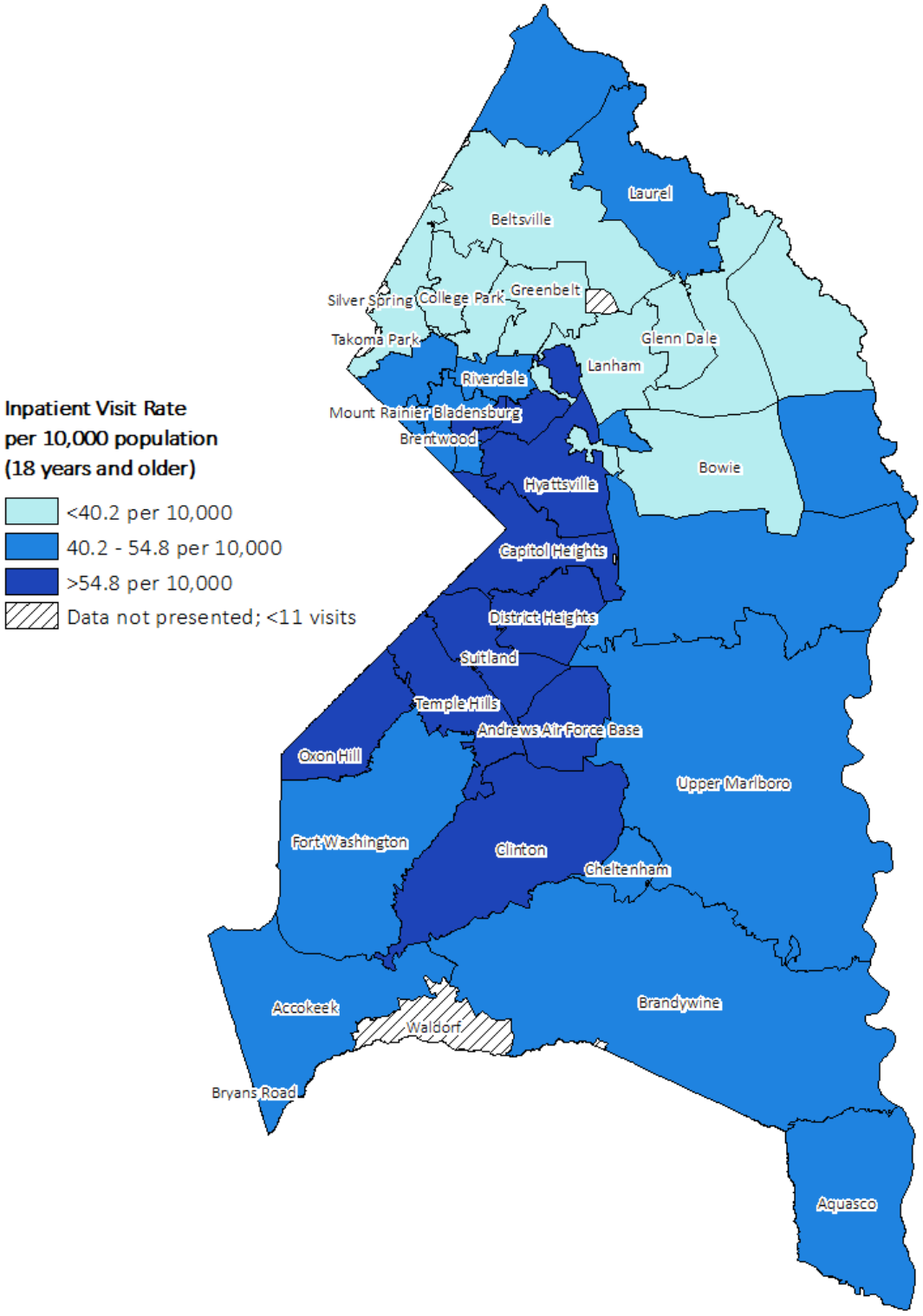
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Sex, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure, Prince George's County, 2013-2015



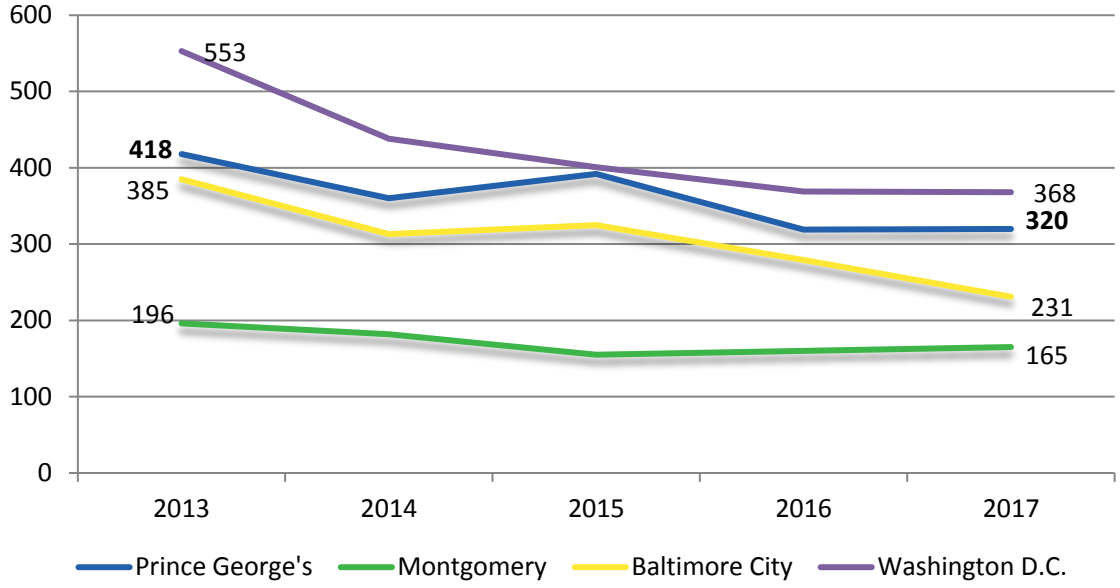
* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org, Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Human Immunodeficiency Virus (HIV)

Overview	
What is it?	HIV is a virus that attacks the body's immune system and can, over time, destroy the cells that protect us from infections and disease.
Who is affected?	In 2017, 320 residents were diagnosed with HIV, a rate of 42.7 per 100,000 population. The total number of living HIV cases (with or without AIDS) was 7,434, and almost 40% of living HIV cases in Prince George's County are over the age of 50 years. Between 2015-2017, 117 residents died from HIV with an age-adjusted death rate of 4.0 per 100,000 population.
Prevention & Treatment	HIV can be prevented by practicing abstinence, limiting the number of sexual partners, using condoms the right way during sex, and never sharing needles. Medications are also available to prevent HIV. (CDC) There is no cure for HIV but antiretroviral therapy (ART) is available which helps to control the virus so you can live a longer, healthier life and reduce the risk of transmitting HIV to others. (AIDS.gov)
What are the outcomes?	HIV weakens the immune system leading to opportunistic infections (OIs). OIs are the most common cause of death for people with HIV/AIDS and can include *Cryptococcus*, *cytomegalovirus* disease, *histoplasmosis*, *tuberculosis,* and *pneumonia*. (AIDS.gov)
Disparity	In 2017, eight out of every ten new HIV cases occurred among Black, non-Hispanic residents, and seven out of every ten new HIV cases occurred among men. Almost two-thirds (64%) of new HIV cases were among residents aged 20 to 39 years, and over half were among men who have sex with men.
How do we compare?	In 2017, Prince George's County had the second highest rate of HIV diagnoses (41.9 per 100,000 population) in the state after Baltimore City. In terms of the number of new cases, the county had the highest number of actual cases in the state, 320, followed by Baltimore City with 231. The rate of HIV diagnoses in other Maryland counties range from 0.0 (Somerset and Talbot counties) to 44.7 per 100,000 population (Baltimore City). The state overall had a rate of 20.4 per 100,000 population and the U.S. had a rate of 11.8 per 100,000.

New HIV Cases by Jurisdiction, 2013-2017



Data Source: 2017 County Annual HIV Epidemiological Profile for Prince George's County, MDH; 2018 HAHSTA Annual Epidemiology and Surveillance Report for Washington, D.C

Demographics of New HIV Cases, 2017

MD SHIP Goal: 26.7	Prince George's		Maryland	
	Number	Rate*	Number	Rate*
Sex at Birth				
Male	228	62.7	752	30.8
Female	92	23.0	288	10.9
Race/Ethnicity				
Black, non-Hispanic	258	53.3	736	49.0
Hispanic	40	32.1	106	23.2
White, non-Hispanic	13	12.4	148	5.5
Asian, non-Hispanic	1	2.8	14	4.1
Age				
13 to 19 Years	16	19.8	57	10.6
20 to 29 Years	111	83.5	364	45.1
30 to 39 Years	96	74.2	269	32.8
40 to 49 Years	53	43.5	151	19.5
50 to 59 Years	28	21.8	126	14.5
60+ Years	16	9.4	73	5.7
Country of Birth				
United States	238	42.1	832	20.0
Foreign-born	60	32.5	149	17.8
Total	**320**	**42.7**	**1,040**	**20.8**

*Rate per 100,000 Adult/Adolescents 13 years or older

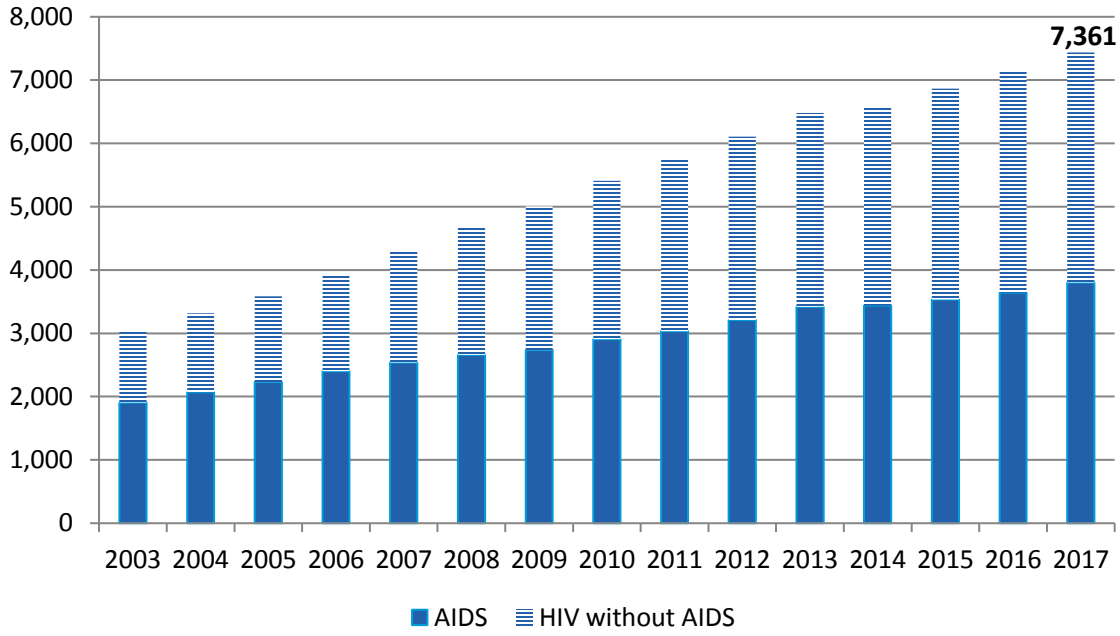
Data Source: 2017 County Annual HIV Epidemiological Profile for Prince George's County, MDH; Maryland State Health Improvement Process (SHIP)

New HIV Cases by Exposure, 2017

	Prince George's		Maryland	
	Number	Percent	Number	Percent
Exposure				
Men who have Sex with Men (MSM)	173	54.2%	560	53.8%
Injection Drug Users (IDU)	11	3.3%	72	6.9%
MSM & IDU	2	0.7%	16	1.5%
Heterosexual	133	41.5%	391	37.6%
Perinatal	1	0.3%	2	0.2%
Total	**320**	**42.7**	**1,040**	**20.8**

Data Source: 2017 County Annual HIV Epidemiological Profile for Prince George's County, MDH

Living HIV Cases, Prince George's County, 2003 to 2017



Data Source: 2017 County Annual HIV Epidemiological Profile for Prince George's County, MDH

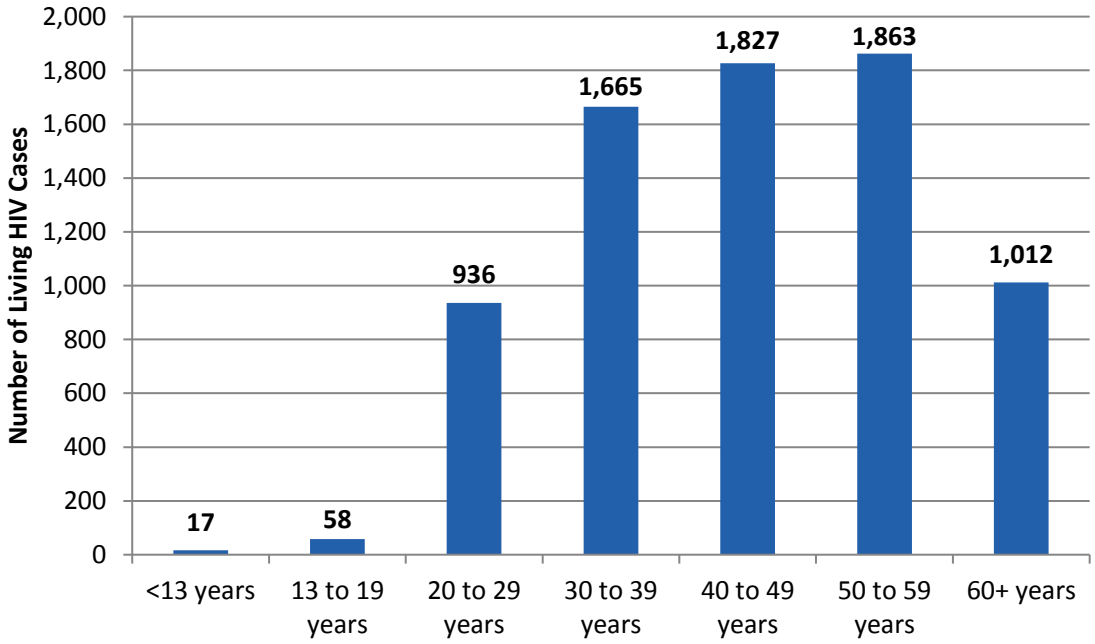
Demographics of Total Living HIV Cases, 2017

	Prince George's		Maryland	
	Number	Rate*	Number	Rate*
Sex at Birth				
Male	4,944	1,359.5	20,179	826.4
Female	2,417	604.6	10,387	392.8
Race/Ethnicity				
Black, non-Hispanic	6,121	1,265.4	22,683	1,509.8
Hispanic	581	466.9	1,980	433.2
White, non-Hispanic	295	281.6	3,926	146.5
Asian, non-Hispanic	31	87.7	196	57.7
Current Age				
13 to 19 Years	58	71.9	194	52.9
20 to 29 Years	936	704.1	3,060	835.2
30 to 39 Years	1,665	1,286.3	5,636	1,538.3
40 to 49 Years	1,827	1,500.9	6,838	1,866.3
50 to 59 Years	1,863	1,447.9	9,364	2,555.8
60+ Years	1,012	595.4	5,474	1,494.1
Country of Birth				
United States	6,264	1,109.0	26,757	644.1
Foreign-born	931	504.8	2,914	349.0
Total	**7,361**	**982.4**	**30,566**	**612.7**

*Rate per 100,000 Adult/Adolescents 13 years or older

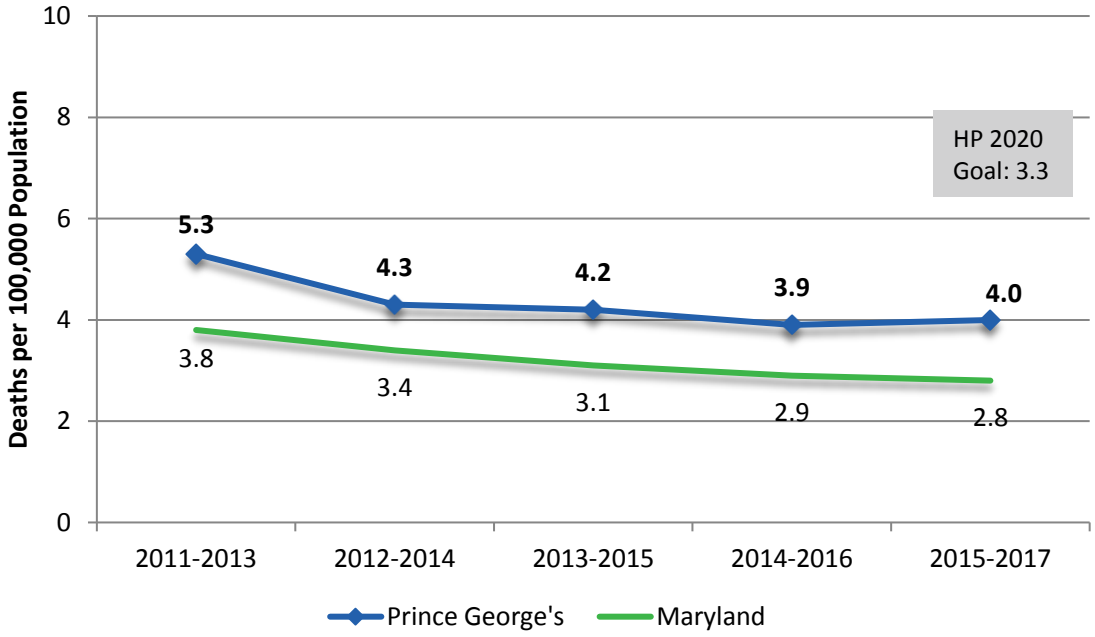
Data Source: 2017 County Annual HIV Epidemiological Profile for Prince George's County, MDH

Total Living HIV Cases by Current Age, Prince George's County, 2017



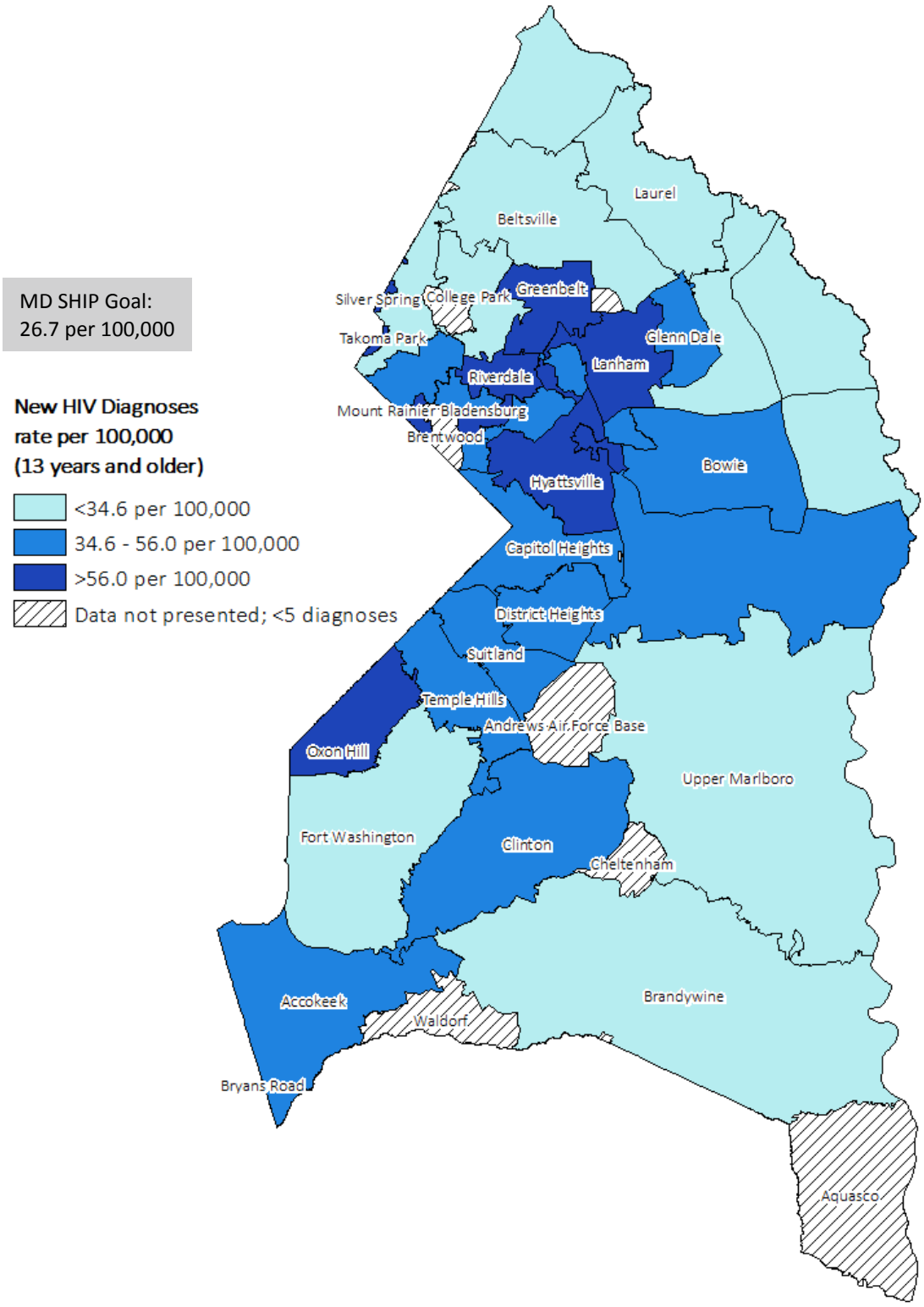
Data Source: 2017 County Annual HIV Epidemiological Profile for Prince George's County, MDH

HIV Age-Adjusted Mortality Rate, Prince George's County Compared to Maryland, 2011-2017



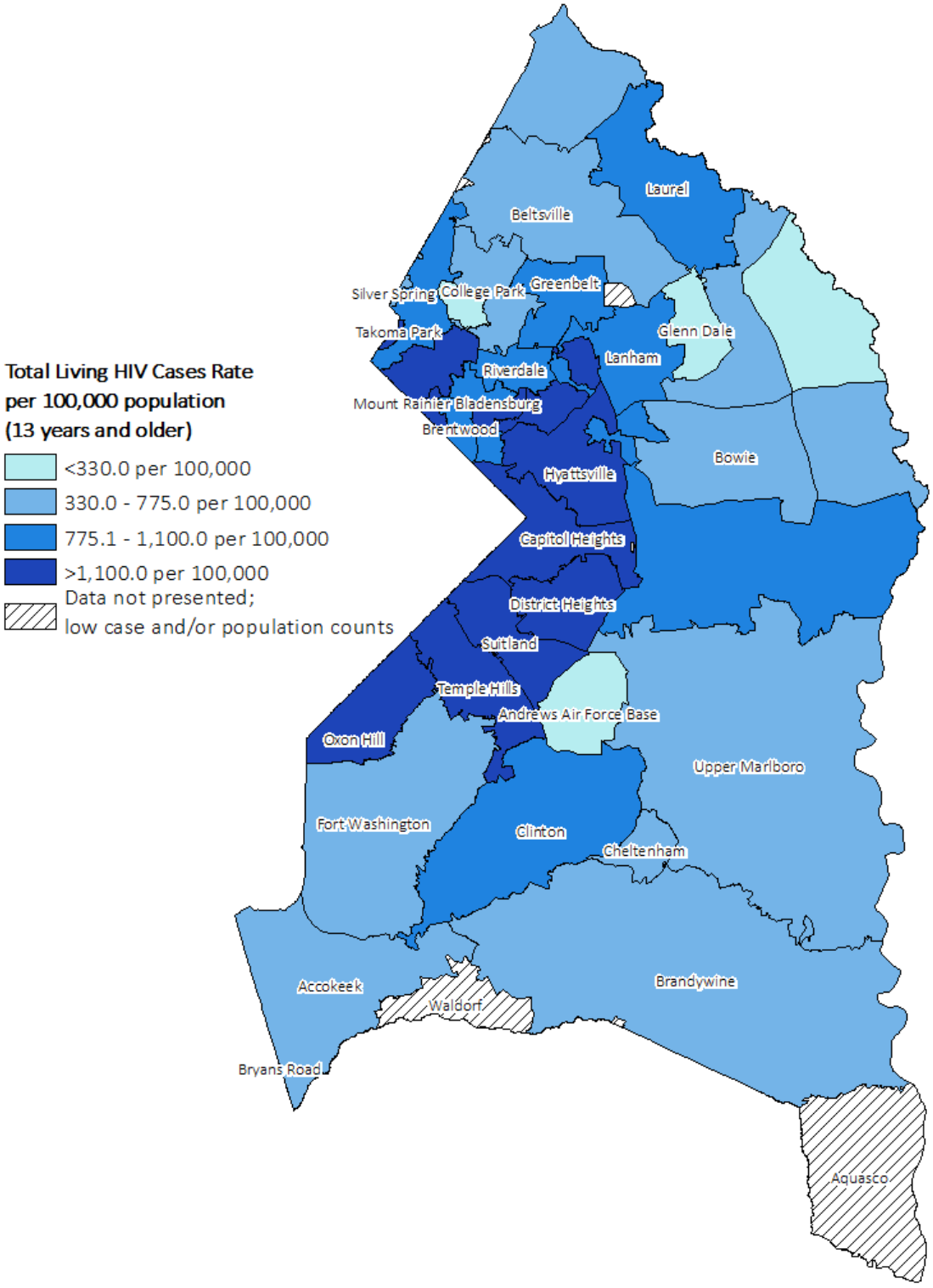
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

2017 New HIV Cases per 100,000 Population, Age 13 and Over



Data Source: 2017 County Annual HIV Epidemiological Profile for Prince George's County, MDH

2017 Total Living HIV Cases per 100,000 Population, Age 13 and Over



Data Source: 2017 County Annual HIV Epidemiological Profile for Prince George's County, MDH

Hypertension and Stroke

Overview	
What is it?	High blood pressure, or hypertension, is when the force of blood pumping through the arteries is too strong. Hypertension is a risk factor for stroke, which is when the flow of blood (and thus oxygen) to the brain is blocked.
Who is affected?	In the county, 31.9% (226,627) of adults are estimated to have hypertension (MD BRFSS 2017). In 2017, 412 county residents died from stroke, the third leading cause of death. Over two-thirds of county residents 65 years and older were hypertensive in 2017.
Prevention & Treatment	Hypertension and stroke can be prevented by eating a healthy diet, maintaining a healthy weight, exercising regularly, avoiding stress, and limiting alcohol and tobacco use (source: CDC) The goal of stroke treatment is to maintain healthy blood pressure through proper nutrition, exercise, and medication (source: American Heart Association).
What are the outcomes?	Complications from hypertension include damage to the heart and coronary arteries, stroke, kidney damage, vision loss, erectile dysfunction, angina, and death. (Source: American Heart Association).
Disparity	In 2017, the age-adjusted rate of emergency department visits for hypertension was considerably higher among Black, non-Hispanic residents (292.6 per 100,000) compared to White, non-Hispanic (112.6 per 100,000) residents, although the estimated prevalence of hypertension was not largely different between the two populations. Both Black, non-Hispanic (44.2 per 100,000) and White, non-Hispanic (41.1 per 100,000) residents had higher mortality rates due to stroke compared to other races and ethnicities.
How do we compare?	Hypertension in other Maryland counties ranged from 21.6% (Kent County) to 57.2% (Somerset County). The 31.9% of Prince George's County residents with hypertension is similar to the state at 30.6% (MD BRFSS 2017) and the U.S. at 32.3% (BRFSS). The county has a higher age-adjusted death rate due to stroke (41.6 per 100,000) compared to the state (39.3 per 100,000) and U.S (37.6 per 100,000).

Percentage of Adults Who Have Ever Been Told By A Health Professional They Have High Blood Pressure*, 2017

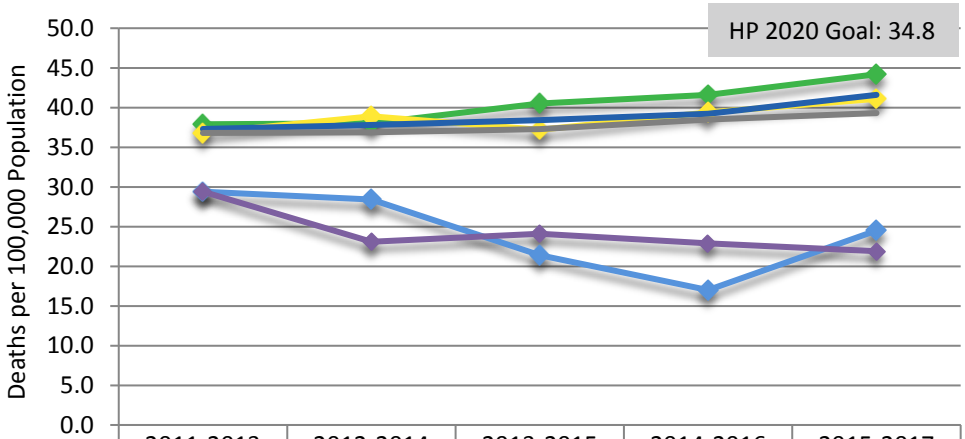
	Prince George's	Maryland
Sex		
Male	32.8%	33.0%
Female	31.1%	28.2%
Race/Ethnicity		
Black, non-Hispanic	34.2%	37.4%
Hispanic	34.6%	28.1%
White, non-Hispanic	28.3%	28.6%
Age Group		
18 to 34 Years	11.6%	10.9%
35 to 49 Years	19.2%	21.2%
50 to 64 Years	48.0%	45.4%
Over 65 Years	70.0%	63.6%
Total	**31.9%**	**30.6%**

*Excludes women told only during pregnancy and borderline hypertension

** Individuals of Hispanic origin and Asian/Pacific Islanders were not included due to insufficient numbers

Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System; https://ibis.health.maryland.gov, accessed 5/13/2019

Age-Adjusted Death Rate per 100,000 for Stroke by Race and Ethnicity, Prince George's County, 2011-2017



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	37.9	38.0	40.5	41.6	44.2
PGC Hispanic	29.4	28.4	21.4	17.0	24.5
PGC White, NH	36.8	38.9	37.2	39.4	41.1
PGC Asian, NH	29.4	23.1	24.1	22.9	21.9
PGC	37.3	37.8	38.4	39.2	41.6
Maryland	36.8	36.9	37.3	38.5	39.3

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

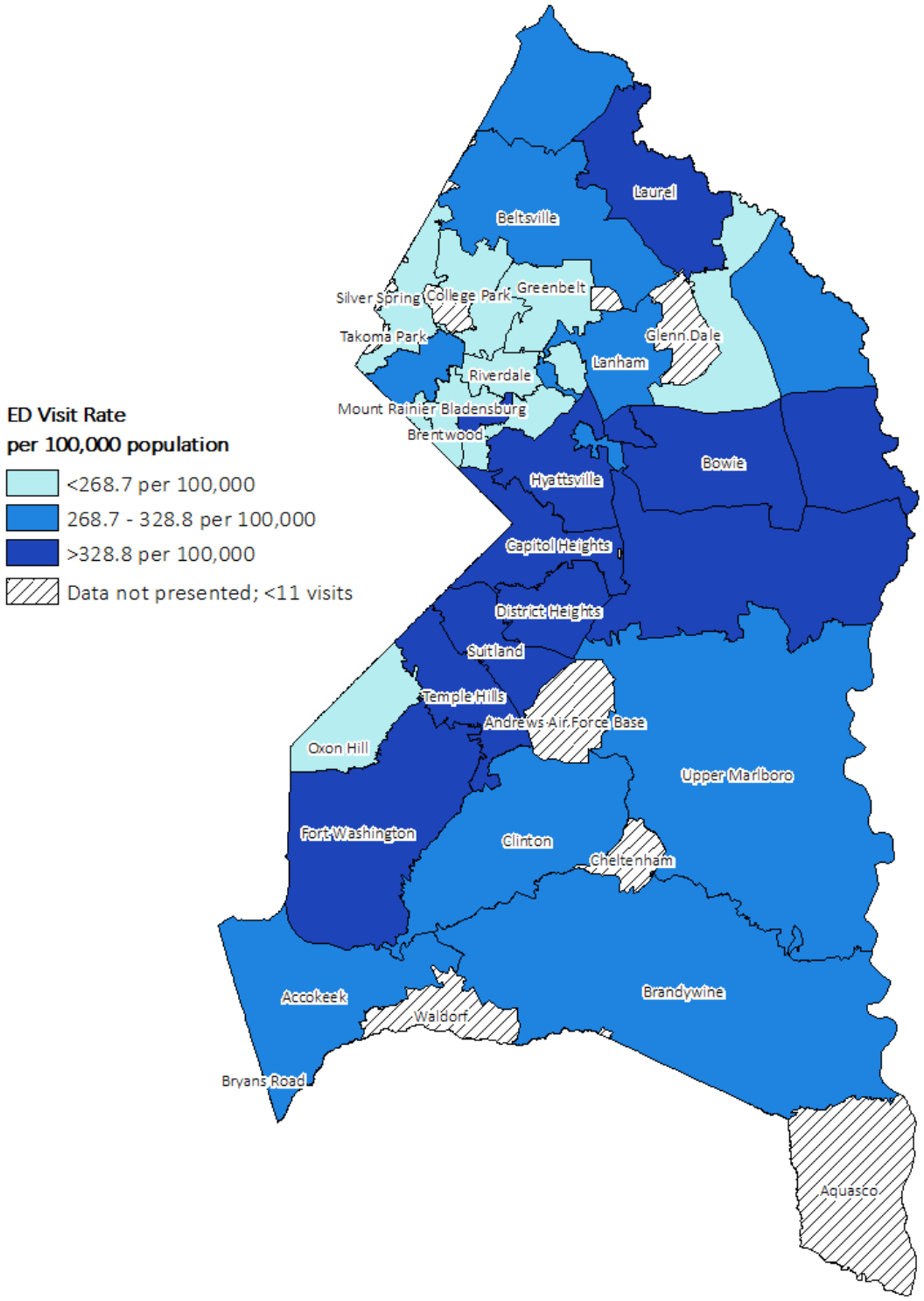
Emergency Department* Visits for Hypertension, 2017

Demographics	Prince George's County Number of ED Visits	MD SHIP Goal: 234.0	Age-Adjusted ED Visit Rate per 100,000 Population
Race and Ethnicity			
Black, non-Hispanic	1,726		292.6
Hispanic	182		189.7
White, non-Hispanic	187		112.6
Asian, non-Hispanic	48		115.8
Sex			
Male	1,200		274.0
Female	1,513		289.7
Age			
Under 18 Years	<11		--
18 to 39 Years	360		124.2
40 to 64 Years	1,313		433.9
65 Years and Over	1,036		885.8
Total	**2,713**		**351.2**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

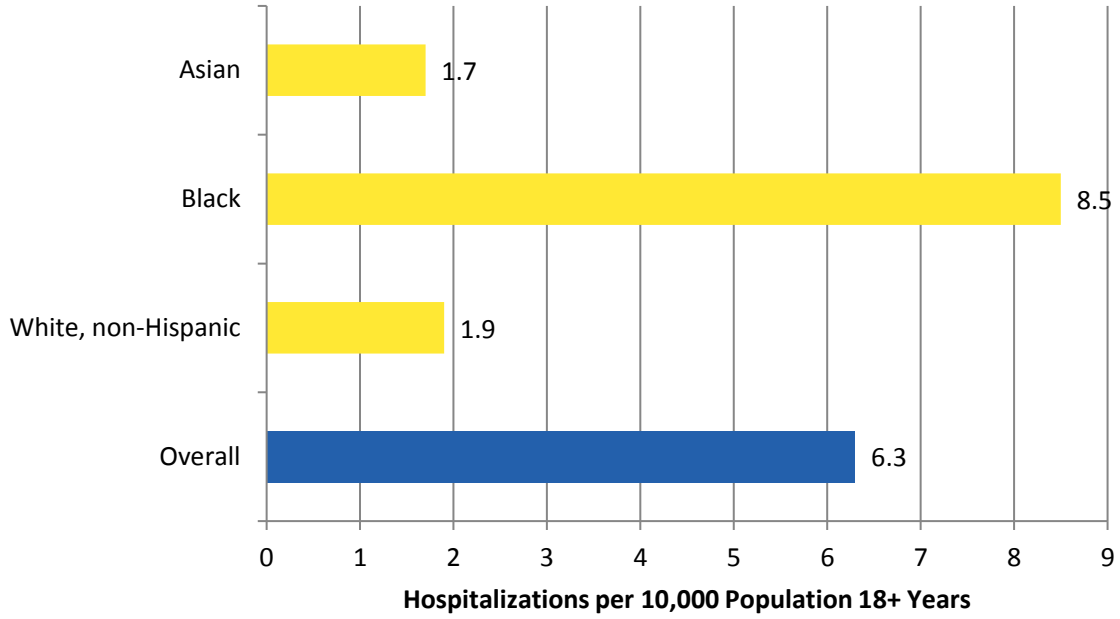
Emergency Department* Visit Crude Rate per 100,000 Population, Hypertension as Primary Diagnosis, Prince George's County, 2017



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

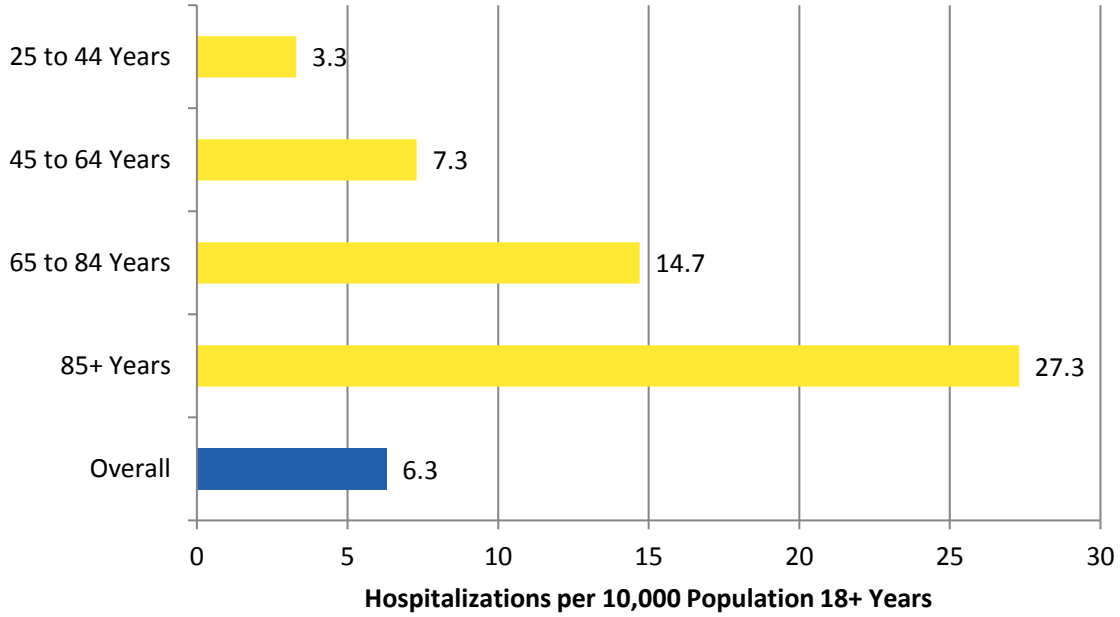
Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Race and Ethnicity, Prince George's County, 2013-2015



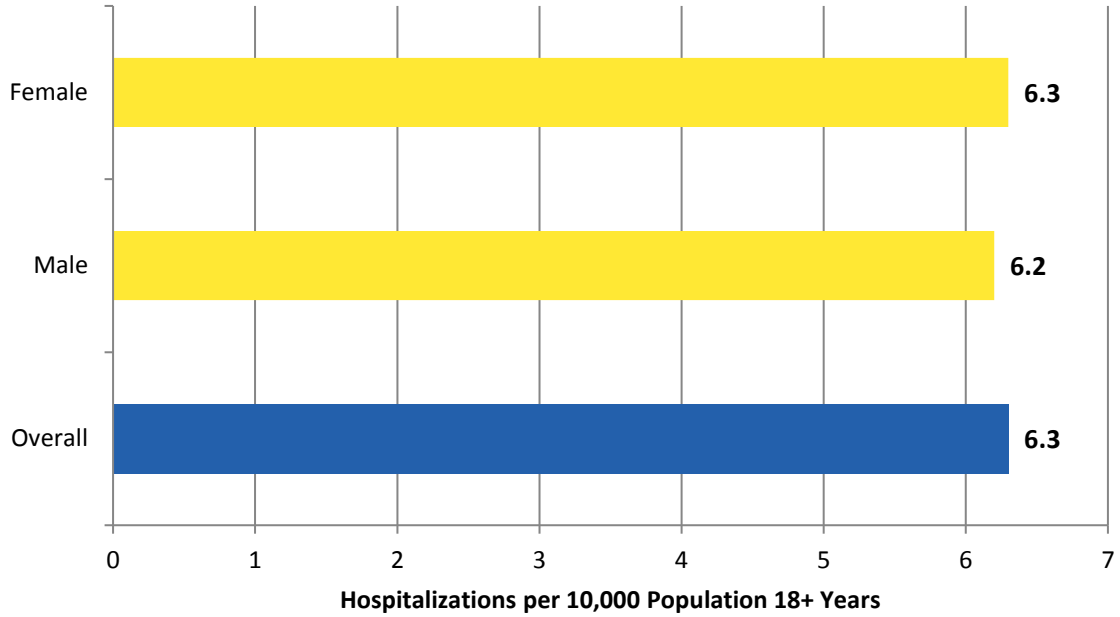
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Age Group, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

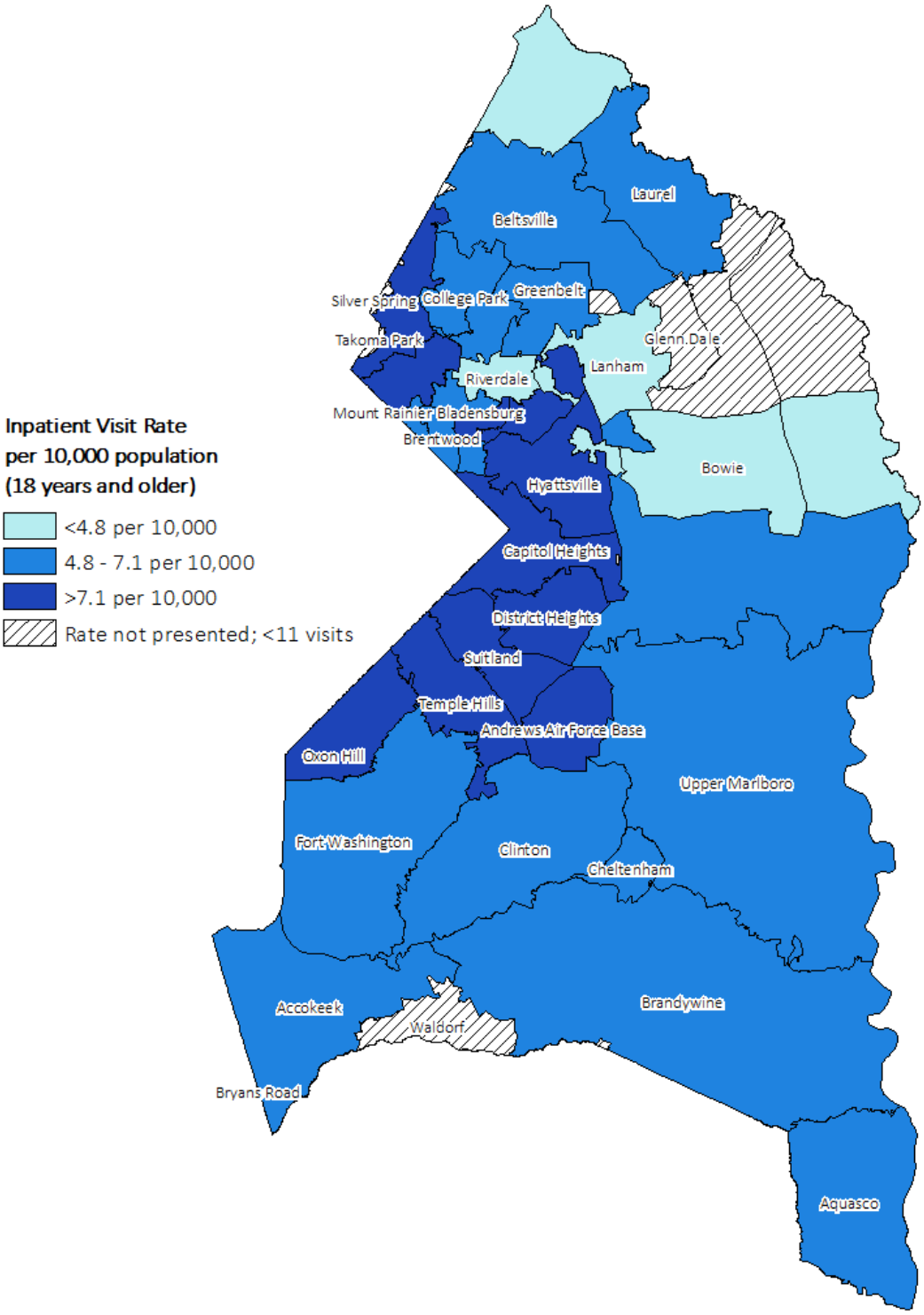
Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Sex, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals

Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission & Maryland Health Care Commission

Infectious Disease

Selected Reportable Disease, Prince George's County, 2015-2017

Morbidity	2015	2016	2017	5-Year Mean
Campylobacteriosis	43	42	58	44
H. influenza, invasive	17	40	11	12
Hepatitis A, acute	2	5	3	3
Legionellosis	30	23	41	28
Measles	0	0	1	0
Meningitis, viral	64	49	47	53
Meningitis, meningococcal	0	0	2	0
Pertussis	9	22	8	13
Salmonellosis	100	97	103	90
Shiga-toxin producing E.coli	7	4	10	6
Shigellosis	38	30	27	35
Strep Group B	91	68	80	74
Strep pneumonia, invasive	49	48	39	44
Tuberculosis	43	50	47	47
Outbreaks				
Outbreaks: Gastrointestinal	4	3	7	6
Outbreaks: Respiratory	7	0	8	3
Animal-Related Illness				
Animal Bites	1,010	1,057	1,119	970
Animal Rabies	20	15	10	17

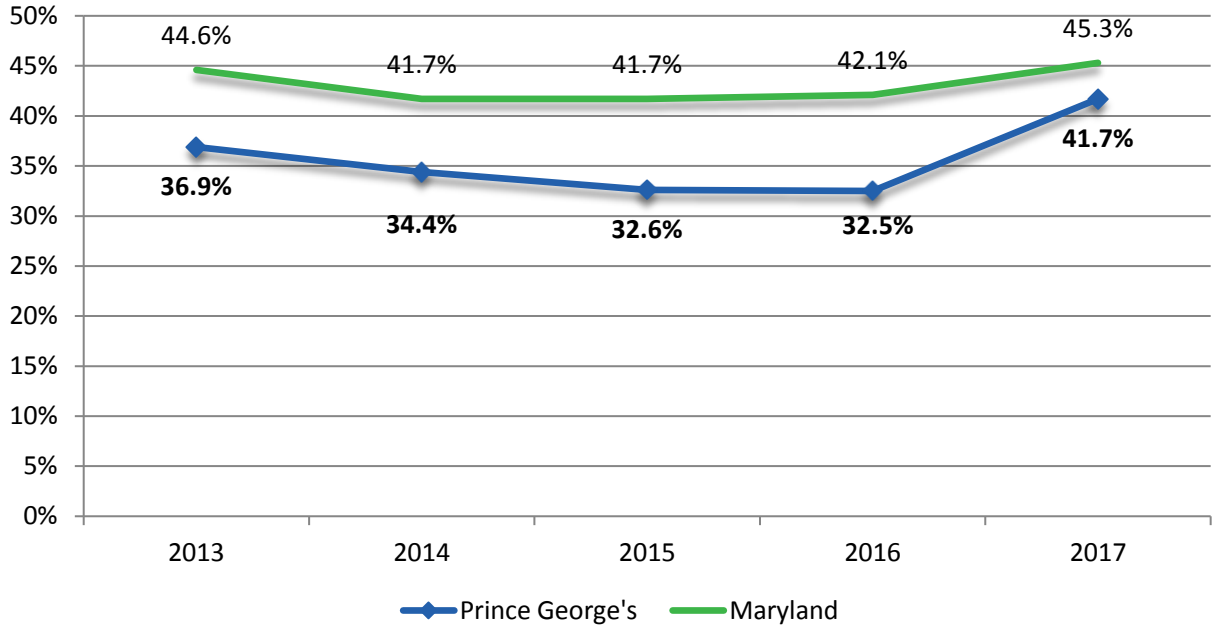
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MDH

Percentage of Adults Who Had a Seasonal Influenza Shot or Influenza Vaccine Nasal Spray During the Past Year, 2017

	Prince George's	Maryland
Male	39.7%	42.3%
Female	44.3%	48.3%
Race/Ethnicity		
Black, non-Hispanic	38.2%	39.4%
Hispanic	41.5%	51.2%
White, non-Hispanic	49.8%	46.3%
Age Group		
18 to 34 Years	37.8%	34.1%
35 to 49 Years	38.9%	42.9%
50 to 64 Years	37.9%	48.3%
Over 65 Years	58.3%	66.8%
Total	**41.7%**	**45.3%**

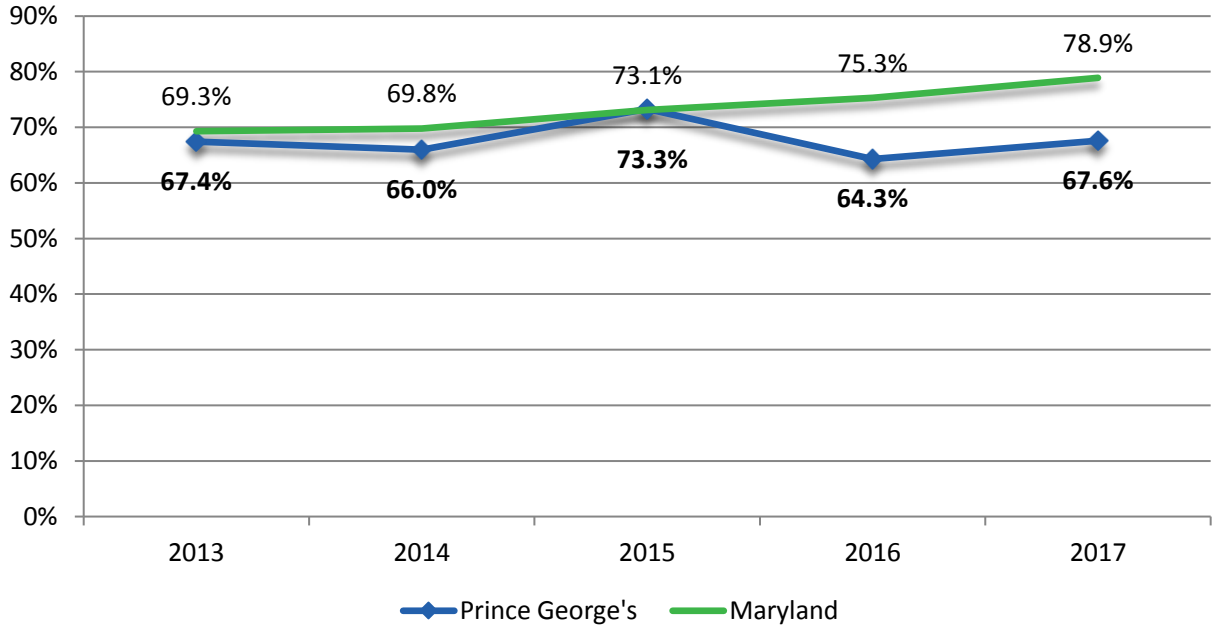
Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Percentage of Adults Who Had a Seasonal Influenza Shot or Influenza Vaccine Nasal Spray During the Past Year, 2013-2017



Data Source: 2013-2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 3/8/2019

Percentage of Adults Age 65+ Who Ever Had a Pneumonia Vaccine, 2013-2017

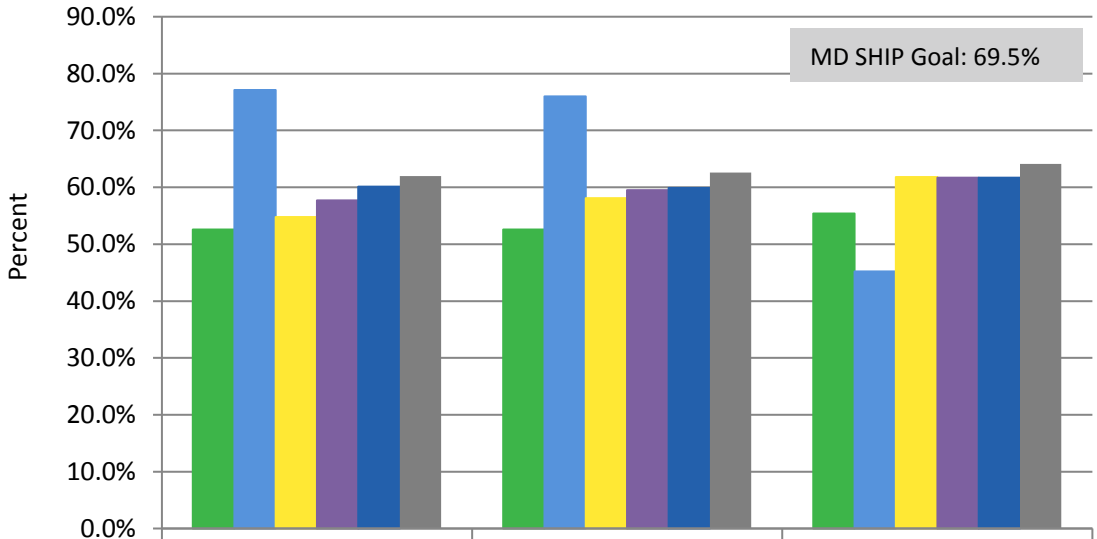


Data Source: 2013-2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Lead Poisoning

Children can be exposed to lead through lead-based paint and dust with lead in it. Although lead paint was banned in 1978 it can be found in homes built before then, and the deterioration of the paint results in the contaminated dust. Lead exposure often occurs without symptoms and can go unrecognized; however, lead can affect nearly every system in the body. There is no safe blood lead level in children, and action is recommended with levels above 5 micrograms per deciliter. Lead poisoning can result in damage to the brain, slowed development and growth, learning and behavior problems, and hearing and speech problems (CDC).

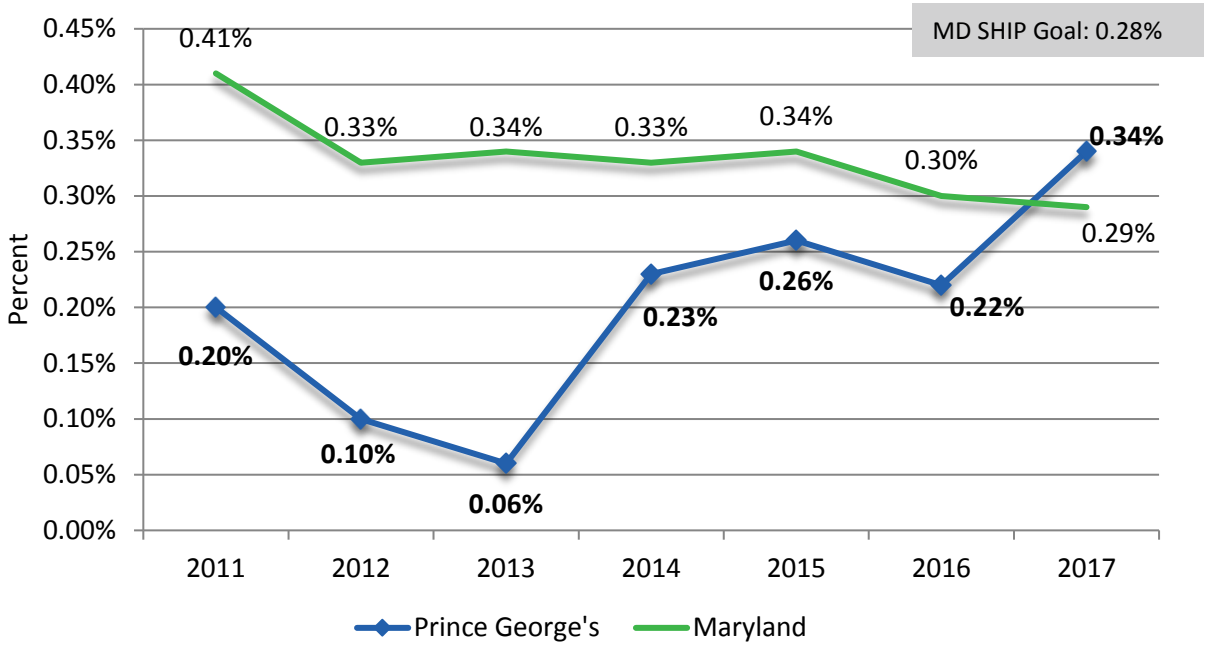
Percentage of Children Ages 12-35 Months Enrolled in Medicaid* Who Received a Blood Lead Test, 2014-2016



	2014	2015	2016
PGC Black	52.6%	52.6%	55.4%
PGC Hispanic	77.1%	76.0%	45.2%
PGC White	54.8%	58.1%	61.8%
PGC Asian	57.7%	59.5%	61.7%
Prince George's	60.1%	59.9%	61.7%
Maryland	62.0%	62.6%	64.1%

***** Includes children enrolled in Medicaid for at least 90 days
Data Source: Maryland Medicaid Service Utilization, Maryland SHIP

Percentage of Children Under Six Years of Age Tested for Blood Lead who have 10 or More Micrograms/Deciliter of Lead in Blood, 2011 to 2017



Data Source: Maryland Department of the Environment

Maternal and Infant Health

Live Birth Rate per 1,000 Population, 2017

	Prince George's	Maryland	United States
Live Births per 1,000 Population	13.6	11.8	12.4

Data Source: Maryland Department of Health, Vital Statistics Administration, 2017 Annual Report; National Center for Health Statistics, National Vital Statistics Report, 2017

Number of Births by Race and Ethnicity of Mother, Prince George's County, 2017

Race/Ethnicity	Number of Live Births	Percent of Births	Birth Rate per 1,000 population
Black, NH	6,805	54.8%	11.8
Hispanic (any race)	3,819	30.7%	22.6
White, NH	1,178	9.5%	9.9
Asian, NH	528	4.3%	12.4
American Indian/Alaska Native, NH	24	0.2%	7.5
All Races	**12,422**	**100.0%**	**13.6**

Data Source: Maryland Department of Health, Vital Statistics Administration, 2017 Annual Report

Number and Percentage of Births by Age Group, 2017

		Prince George's	Maryland	United States
Age Group	**Number**	**Percent**	**Percent**	**Percent**
<15 years	9	0.1%	0.1%	0.1%
15 to 17 years	164	1.3%	1.0%	1.3%
18 to 19 years	394	3.2%	2.7%	3.8%
20 to 24 years	2,259	18.2%	15.4%	19.8%
25 to 29 years	3,376	27.1%	26.9%	29.1%
30 to 34 years	3,470	27.9%	31.9%	28.3%
35 to 39 years	2,169	17.5%	17.9%	14.4%
40 to 44 years	531	4.3%	3.9%	3.0%
45+ years	50	0.4%	0.2%	0.2%

Data Source: Maryland Department of Health, Vital Statistics Administration, 2017 Annual Report; National Center for Health Statistics, National Vital Statistics Report, 2017

Infant Mortality Rate*, 2017

HP 2020 Goal: 6.3 MD SHIP Goal: 6.0	Prince George's	Maryland	HP 2020 Goal	MD SHIP Goal
Infant Mortality Rate per 1,000 Births	**8.2**	6.5	6.0	6.3

Data Source: Maryland Department of Health, Vital Statistics Administration, 2017 Annual Report

Infant Deaths, 2015-2017

	2015	2016	2017
Prince George's County Infant Deaths			
Black, non-Hispanic	94	67	82
Hispanic (any race)	9	22	19
White, non-Hispanic	4	2	1
Total Deaths	110	94	102
Infant Mortality Rate: All Races per 1,000 Live Births			
Prince George's	**8.9**	**7.6**	**8.2**
Maryland	6.7	6.5	6.5
Infant Mortality Rate: Black, non-Hispanic per 1,000 Live Births			
Prince George's	**13.4**	**9.7**	**12.0**
Maryland	11.3	10.5	11.2
Infant Mortality Rate: Hispanic (any race) per 1,000 Live Births			
Prince George's	**2.6**	**6.1**	**5.0**
Maryland	5.5	5.4	4.7
Infant Mortality Rate: White, non-Hispanic per 1,000 Live Births			
Prince George's	**	**	**
Maryland	4.0	4.3	4.0

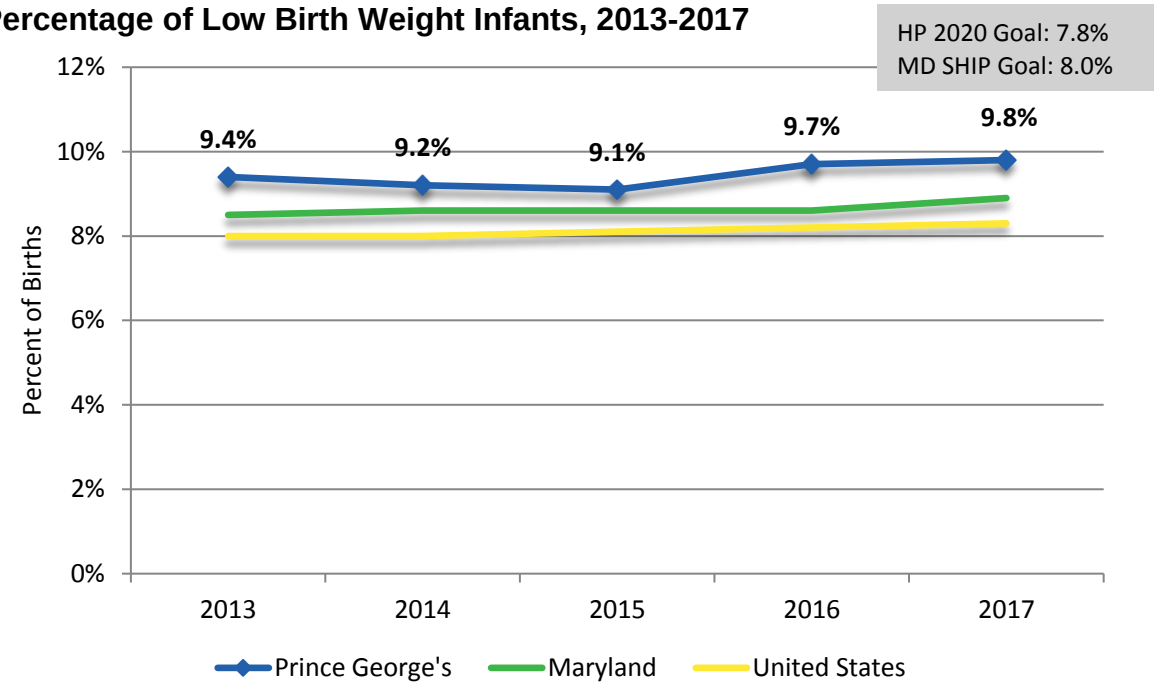
**Rates based on <5 deaths are not presented since they are subject to instability.
Data Source: Maryland Department of Health, Vital Statistics Administration, 2015-2017 Annual Infant Mortality Reports

Low Birth Weight (<2500g) by Race/Ethnicity and Age, 2017

HP 2020 Goal: 7.8% MD SHIP Goal: 8.0%	Prince George's	Maryland	United States
Race/Ethnicity			
Black, NH	12.1%	13.0%	13.9%
Hispanic (any race)	6.9%	7.2%	7.4%
White, NH	6.1%	6.6%	7.0%
Asian/PI	9.8%	8.6%	8.5%
Age Group			
Under 20 years	9.3%	10.6%	9.9%
20 to 24 years	9.3%	9.5%	8.6%
25 to 29 years	9.1%	8.7%	7.7%
30 to 34 years	8.8%	8.0%	7.7%
35 to 39 years	11.1%	9.2%	8.8%
40 + years	16.0%	12.6%	11.5%
Total	**9.8%**	**8.9%**	**8.3%**

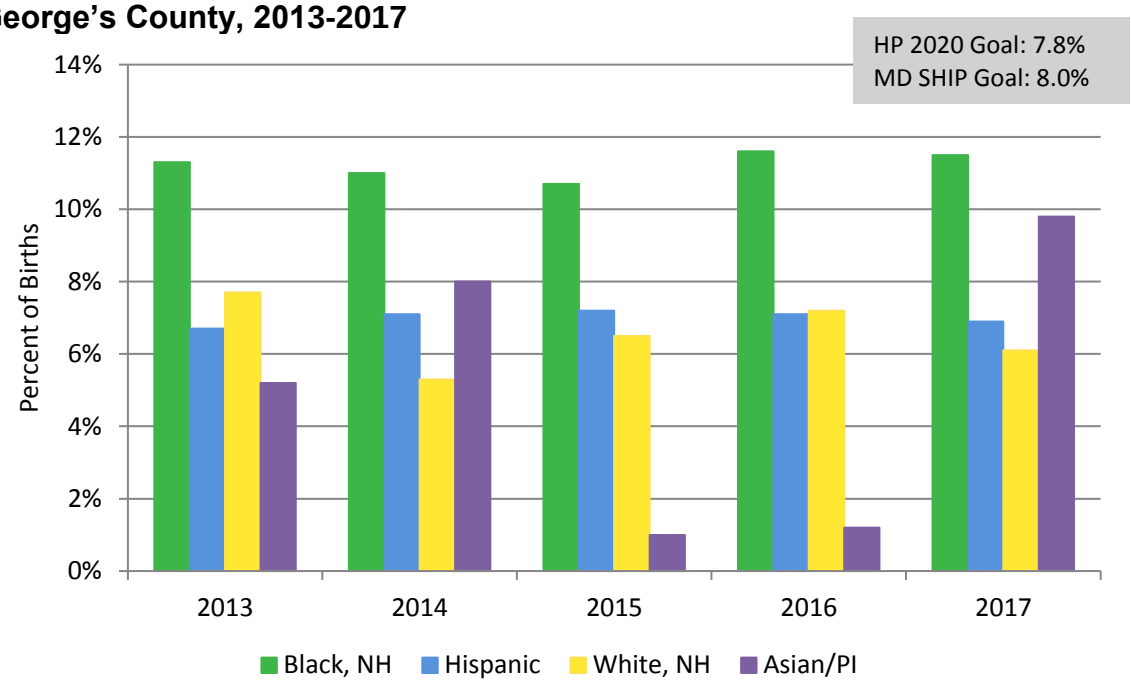
Data Source: Maryland Department of Health, Vital Statistics Administration, 2017 Annual Report; National Center for Health Statistics, Births Final Data for 2017

Percentage of Low Birth Weight Infants, 2013-2017



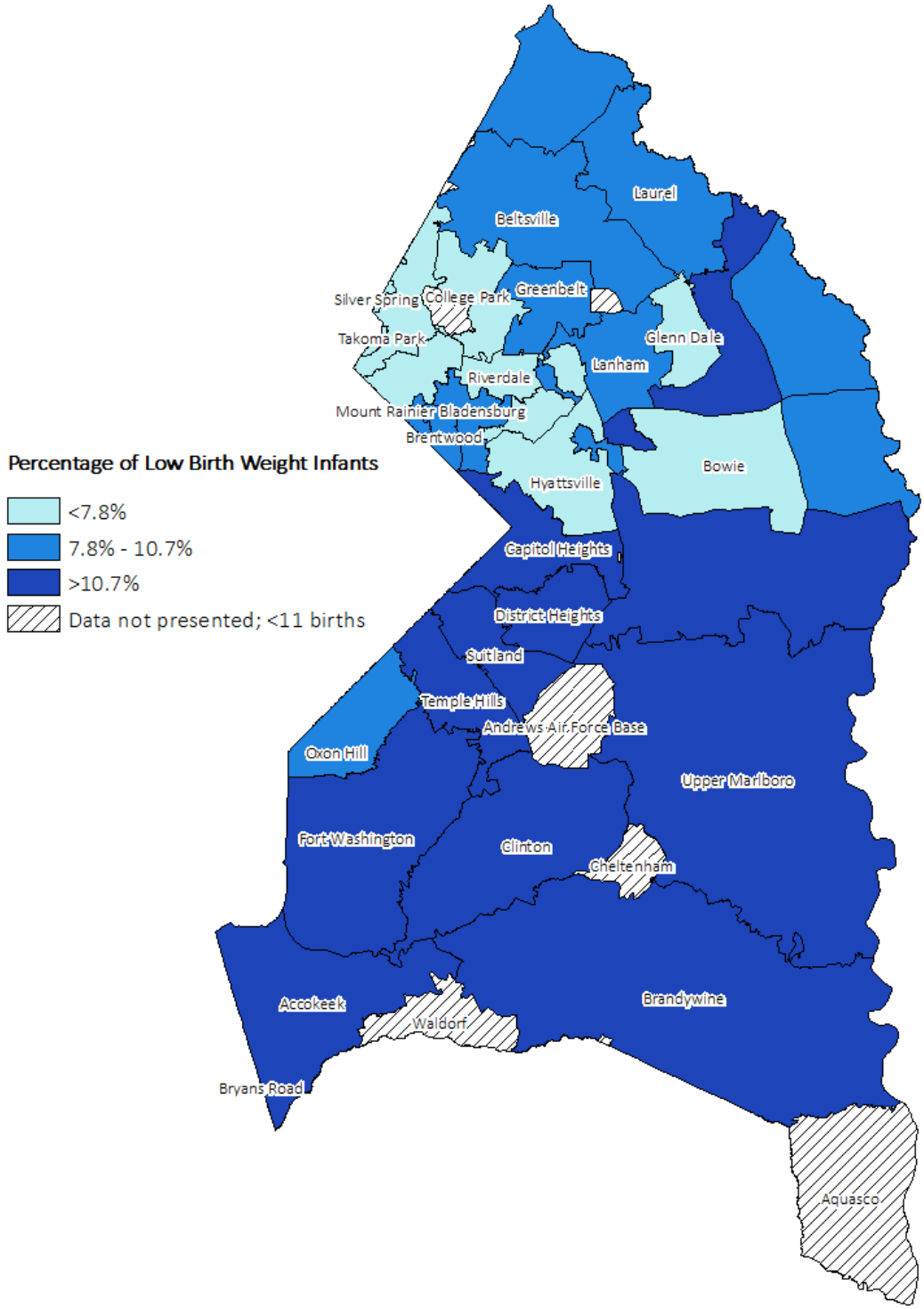
Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports; National Center for Health Statistics, National Vital Statistics Report

Percentage of Low Birth Weight (<2500g) Infants by Race and Ethnicity, Prince George's County, 2013-2017



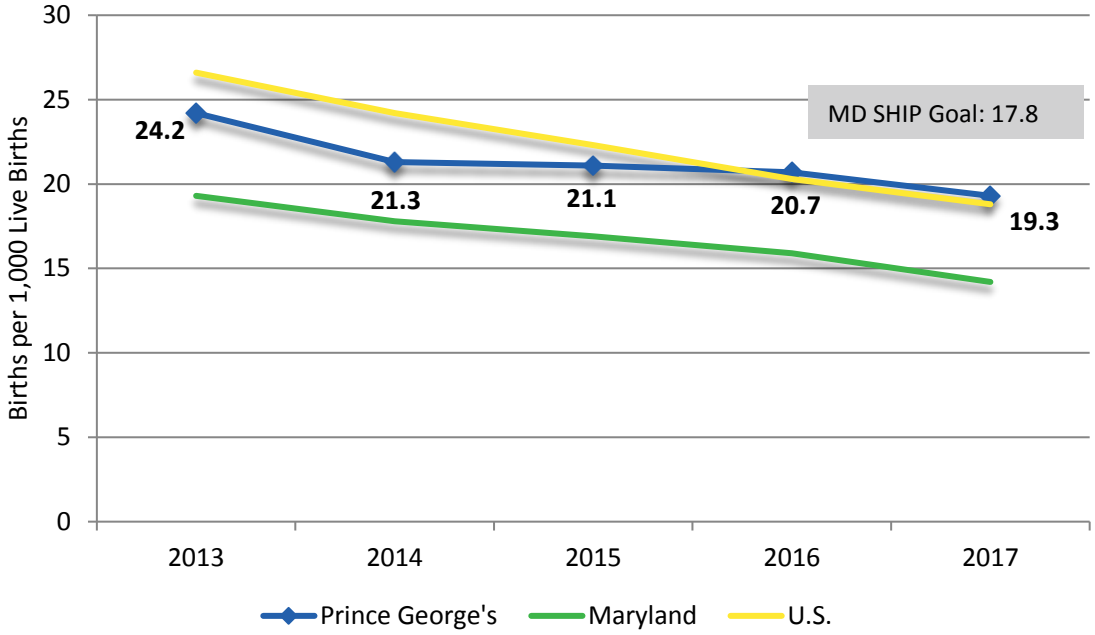
Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports

Percentage of Low Birth Weight Infants by ZIP Code, Prince George's County, 2015-2017



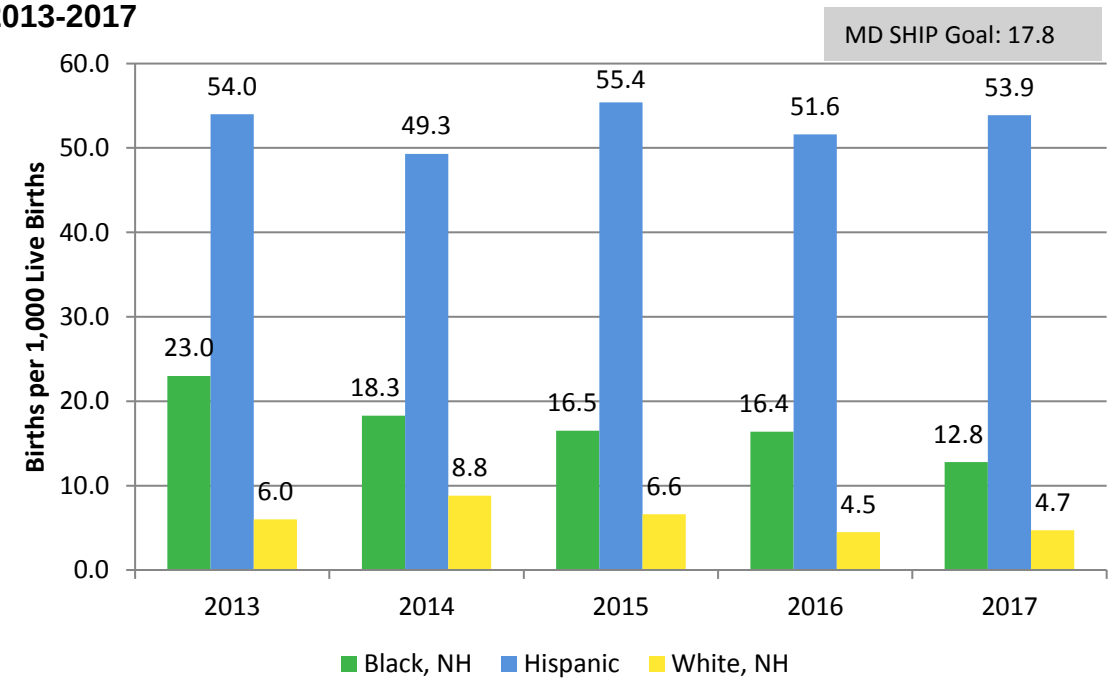
Data Source: Maryland Department of Health, Vital Statistics Administration, 2015-2017 Birth Data Files

Teen Birth Rate (Ages 15 to 19 Years), 2013-2017



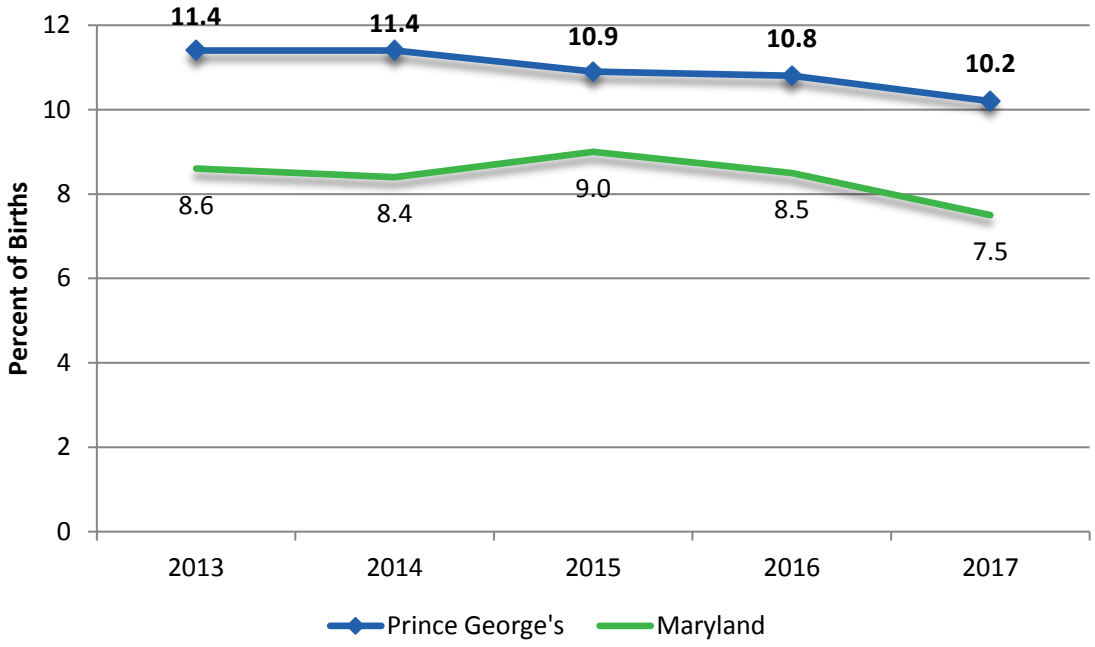
Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports; National Center for Health Statistics, National Vital Statistics Report

Teen Birth Rate (Ages 15 to 19) by Race and Ethnicity, Prince George's County, 2013-2017



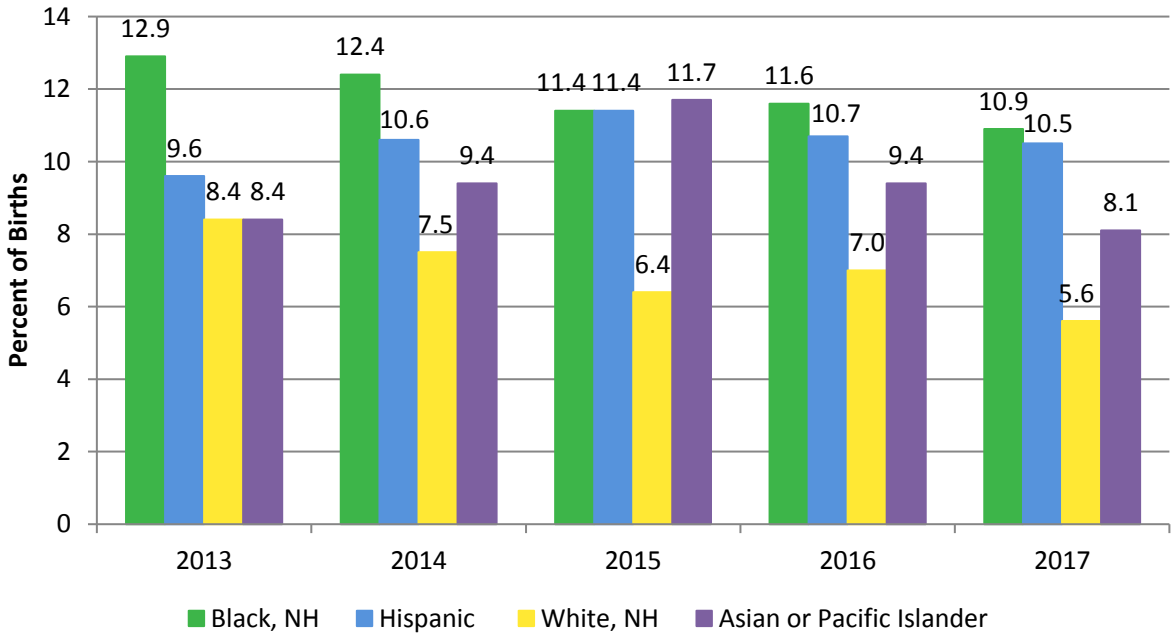
Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports

Percentage of Births with Late or No Prenatal Care*, 2013-2017



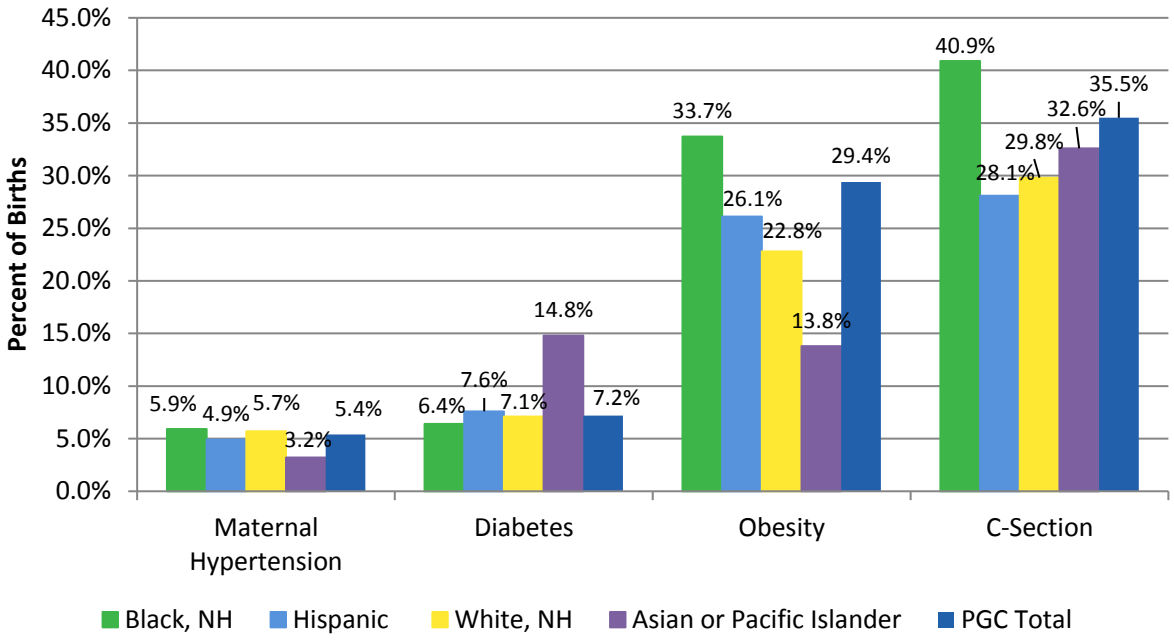
*Late care refers to care beginning in the third trimester.
Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports

Percentage of Births with Late or No Prenatal Care by Race and Ethnicity, Prince George's County, 2013-2017



*Late care refers to care beginning in the third trimester.
Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2017 Annual Reports

Percentage of Births with Maternal Risk Factors by Race and Ethnicity, Prince George's County, 2017



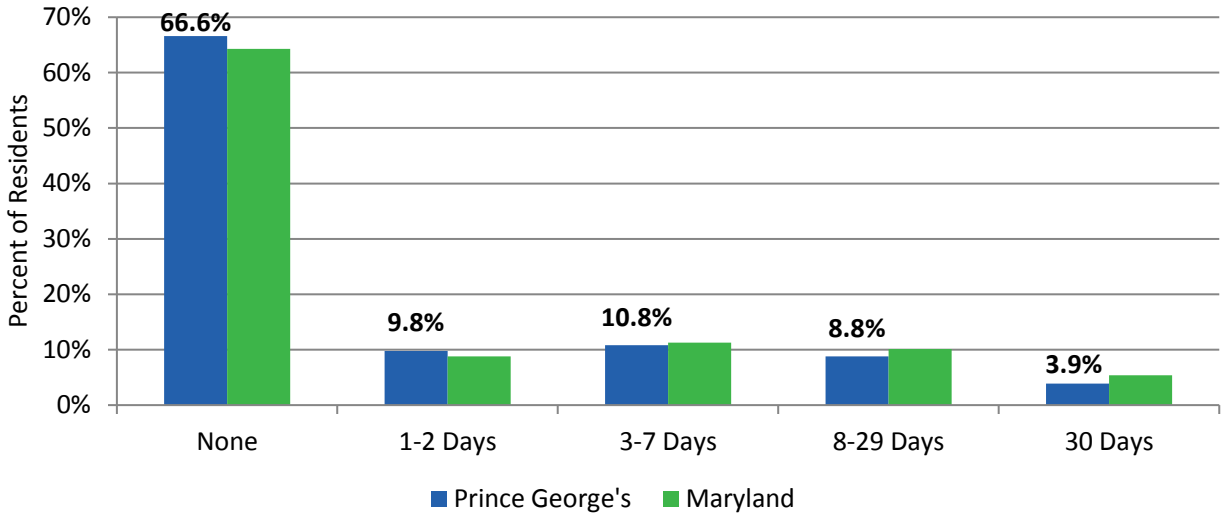
Pregnancy-Related Maternal Mortality, Prince George's County and Maryland, 2008-2017

	Prince George's Number of Deaths	Prince George's Rate per 100,000 Live Births	Maryland Number of Deaths	Maryland Rate per 100,000 Live Births
Race/Ethnicity				
Black, NH	27	37.4	108	44.9
Hispanic	*	*	17	19.1
White, NH	*	*	63	15.6
Asian/PI, NH	*	*	10	18.8
Total	**35**	**28.6**	**198**	**26.9**

Mental Health

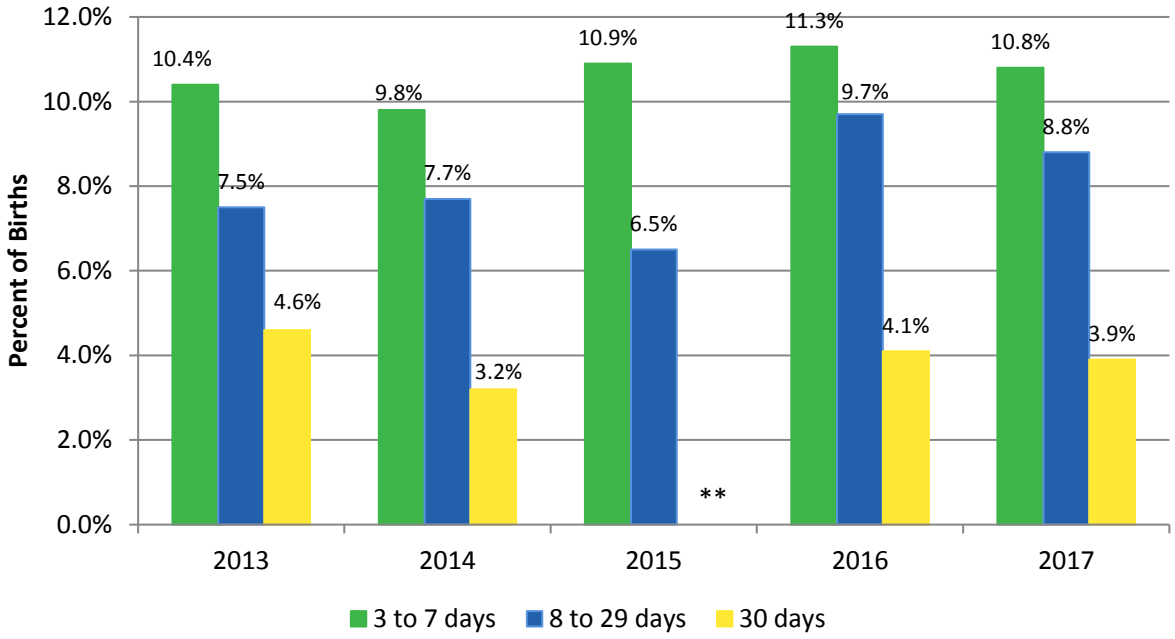
Overview	
What is it?	Mental health includes emotional, psychological, and social well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make choices.
Who is affected?	One in five adults in America experience a mental illness. For Prince George's County, this translates to 141,938 county residents with mental health needs (2017 U.S. Census population estimates; NAMI). In addition, over 15,000 county youth (ages 13-18) are estimated to be living with a mental health condition, and nearly 10,000 children ages 5-13 are estimated to have ADHD (NAMI). 12.7% (90,098) of adult residents reported experiencing at least 8 days of poor mental health during the last 30 days (2017 MD BRFSS). Almost one-third of high school students felt sad or hopeless impeding normal activity in the past year; 18% of students seriously considered suicide and 15% made a plan in the past year (2016 YRBS). Overall in the county in 2017 there were 62 suicide deaths.
Prevention & Treatment	Poor mental health prevention includes helping individuals develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors (SAMHSA.gov). Mental health treatment includes psychotherapy, medication, case management, partial hospitalization programs, support groups, and peer support.
What are the outcomes?	Mental health covers a number of different conditions that can vary in outcomes. Early engagement and support are crucial to improving outcomes.
Disparity	Although a decrease since 2012, White, non-Hispanic residents were twice as likely than Black, non-Hispanic residents to die from suicide in 2017. Among youth in 2016, female students (38.9%) were more likely than male students (24.0%) to report feeling sad or hopeless so that it impaired usual activities for more than two weeks in a row. Female students were also more likely than male students to seriously consider suicide (22.8% vs 12.3%) and to make a plan on how to attempt suicide (18.5% vs 10.8%).
How do we compare?	While 12.7% of county residents reported at least 8 poor mental health days, the state overall is 15.5% (2017 MD BRFSS). In 2017, the county has the lowest suicide age-adjusted death rate in the state (5.7 per 100,000; Maryland average was 9.3 per 100,000). In 2016, county high school students reported similar prevalenace across mental health risk factors (for feelings of sad or hopelessness, considering and planning suicide); however, Prince George's County students were statistically less likely to report bullying on school property (14.5% vs 18.2%) or electronic bullying (10.5% vs 14.1%) than the state.

Percentage of Residents with Poor Mental Health Days within a Month, 2017



Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Percentage of Residents with Poor Mental Health Days within a Month, 2013-2017



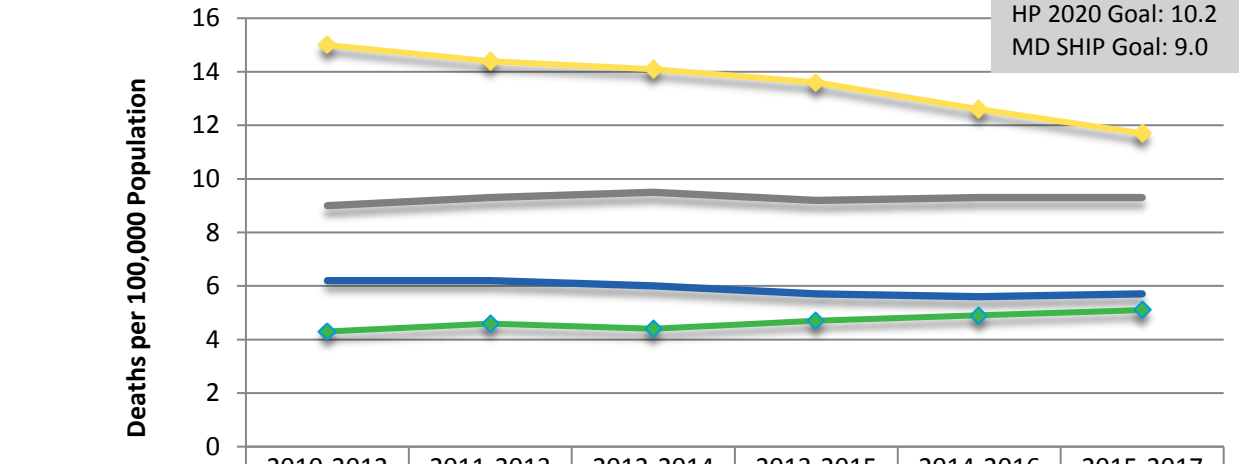
**Data not available; small number of observations.
Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/31/2019

Percentage of High School Students Reporting Risk Factors for Suicide in the Past Year, Prince George's County, 2016

	Felt Sad or Hopeless 2+ Weeks or More	Seriously Considered Suicide	Made a Plan to Attempt Suicide
Male	24.0%	12.3%	10.8%
Female	38.9%	22.8%	18.5%
Race/Ethnicity			
Black, non-Hispanic	28.6%	16.1%	14.1%
Hispanic	37.6%	18.2%	14.5%
White, non-Hispanic	33.3%	21.7%	16.3%
Age Group			
15 or younger	28.7%	19.2%	14.8%
16 or 17	33.4%	16.5%	14.5%
18 or older	36.5%	15.1%	16.7%
Total	**31.5%**	**17.7%**	**14.8%**

Data Source: 2016 Maryland Youth Risk Behavior Survey for Prince George's County

Age-Adjusted Suicide Rate per 100,000, 2010-2017



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	4.3	4.6	4.4	4.7	4.9	5.1
PGC White, NH	15.0	14.4	14.1	13.6	12.6	11.7
PGC Total	6.2	6.2	6.0	5.7	5.6	5.7
Maryland	9.0	9.3	9.5	9.2	9.3	9.3

* Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Emergency Department Visits* for Behavioral Health Conditions, Prince George's County, 2017

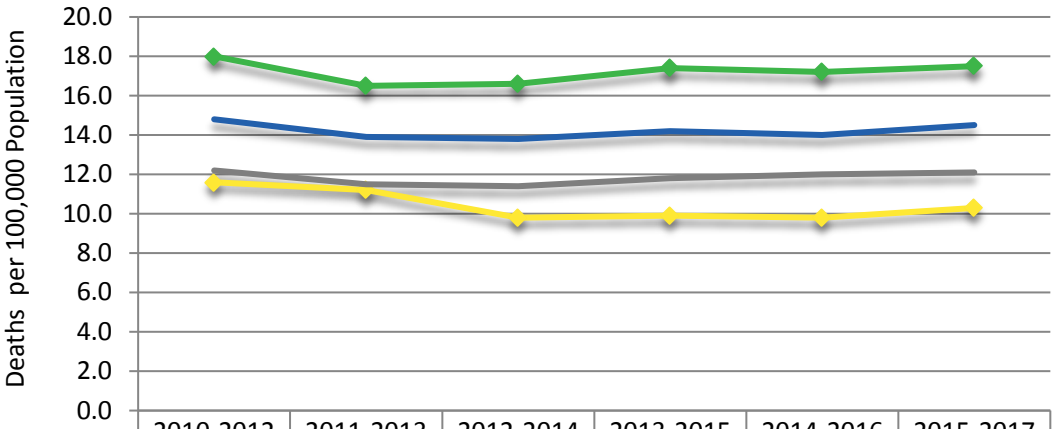
Behavioral Health Condition	Frequency	Percent
Alcohol-related disorders	1,887	22.4%
Mood disorders	1,671	19.9%
Anxiety disorders	1,340	15.9%
Substance-related disorders	1,140	13.5%
Schizophrenia and other psychotic disorders	905	10.8%
Suicide and intentional self-inflicted injury	551	6.5%
Delirium dementia and amnestic and other cognitive disorders	296	3.5%
Attention-deficit conduct and disruptive behavior disorders	198	2.4%
Adjustment disorders	164	2.0%
Miscellaneous mental health disorders	126	1.5%
Impulse control disorders	43	1.0%
Total	**8,420**	**100%**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County numbers and percent.

Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission

Nephritis (Chronic Kidney Disease)

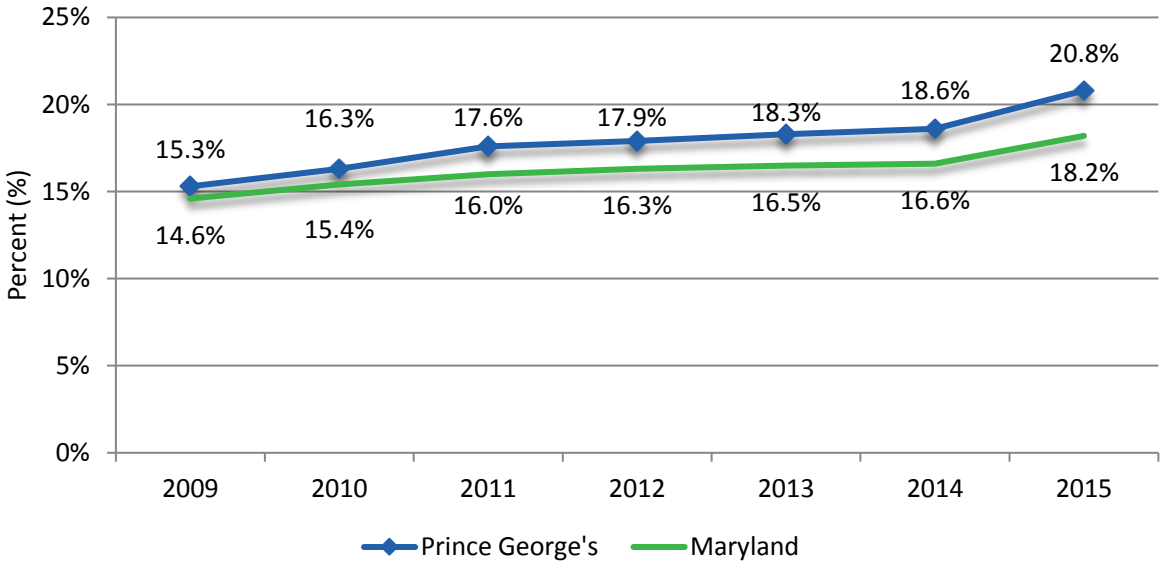
Age-Adjusted Death Rate for Nephritis, 2010-2017



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	18.0	16.5	16.6	17.4	17.2	17.5
PGC White, NH	11.6	11.2	9.8	9.9	9.8	10.3
Prince George's	14.8	13.9	13.8	14.2	14.0	14.5
Maryland	12.2	11.5	11.4	11.8	12.0	12.1

***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Percentage of Medicare Beneficiaries Who Were Treated for Chronic Kidney Disease, 2009-2015



Data Source: Centers for Medicare and Medicaid Services

Obesity

Overview	
What is it?	Weight that is higher than what is considered a healthy weight for a given height is described as overweight or obese. Body Mass Index (BMI) is used as a screening tool for overweight or obesity that takes into consideration height and weight. Children and adolescents are measured differently based on their age and sex.
Who is affected?	In 2017, almost three-quarters of adults in the county were either obese (42.0%) or overweight (31.5%) (2017 MD BRFSS). An estimated 355,425 county adults did not meet physical activity recommendations of participating in at least 150 minutes of aerobic physical activity per week in 2017. One quarter (25.0%) of county high school students reported being physically active for at least an hour on five or more days per week in 2016.
Prevention and Treatment	The key to achieving and maintaining a healthy weight is not short-term dietary changes; it's about a lifestyle that includes healthy eating and regular physical activity (CDC.gov). Follow a healthy eating plan, focus on portion size, be active, reduce screen time and a sedentary lifestyle, and keep track of your weight (NHLBI.NIH.gov).
What are the outcomes?	Obesity causes an increased risk for hypertension, type 2 diabetes, heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and breathing problems, some cancers, low quality of life, and mental illness. (CDC.gov)
Disparity	Black, NH adult residents (46.7%) were more likely to be obese than White, NH (29.9%) adult residents in the county; however, Hispanic (41.8%) and White, NH (35.8%) residents were more likely than Black, NH residents (29.8%) to be overweight in 2017. More adult females (44.5%) are estimated to be obese compared to males (40.0%), but fewer adult females (26.2%) were overweight compared to males (36.1%). Almost half of adults between the ages of 45 and 64 were overweight. Obesity in high schoolers was highest among Hispanic students (17.3%) in 2016.
How do we compare?	Obesity in Maryland was estimated at 31.1%, substantially lower than the 42.0% in Prince George's County (2017 MD BRFSS). 16.4% of high school students in the county were obese in 2016, higher than the state (12.6%).

How Obesity Is Classified

Body Mass Index (BMI)	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	Obese

Data Source: Centers for Disease Control and Prevention

Percentage of Adults Who Are Obese, 2017

HP2020 Goal: 30.5%	Prince George's	Maryland
Sex		
Male	40.0%	30.1%
Female	44.5%	32.0%
Race/Ethnicity		
Black, non-Hispanic	46.7%	42.0%
Hispanic	34.5%	31.4%
White, non-Hispanic	29.9%	28.0%
Age		
18 to 44 Years	37.0%	27.7%
45 to 64 Years	49.3%	36.3%
Over 65 Years	39.8%	31.2%
Total	**42.0%**	**31.1%**

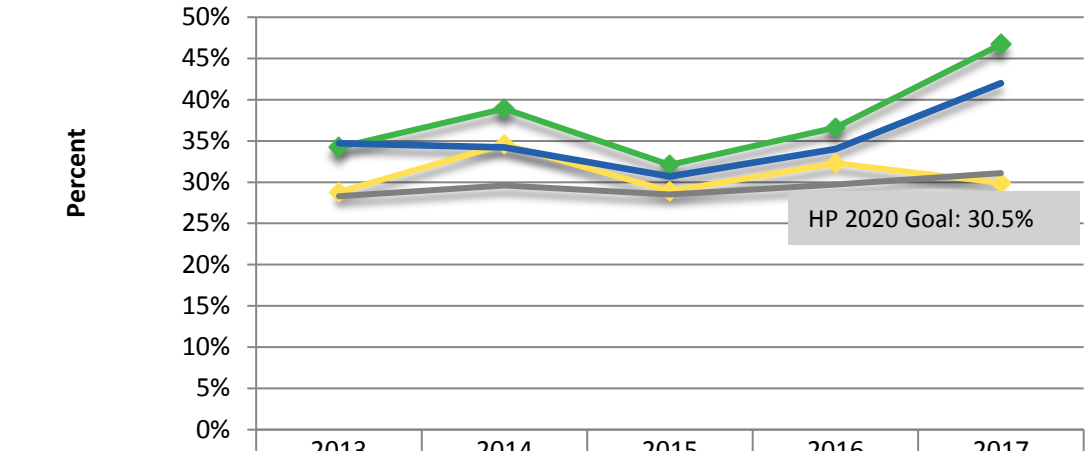
Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Percentage of Adults Who Are Overweight, 2017

	Prince George's	Maryland
Sex		
Male	36.1%	40.5%
Female	26.2%	28.8%
Race/Ethnicity		
Black, non-Hispanic	29.7%	32.6%
Hispanic	41.8%	35.4%
White, non-Hispanic	35.8%	35.4%
Age		
18 to 44 Years	28.5%	32.8%
45 to 64 Years	33.7%	36.3%
Over 65 Years	38.6%	37.1%
Total	**31.5%**	**34.7%**

Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

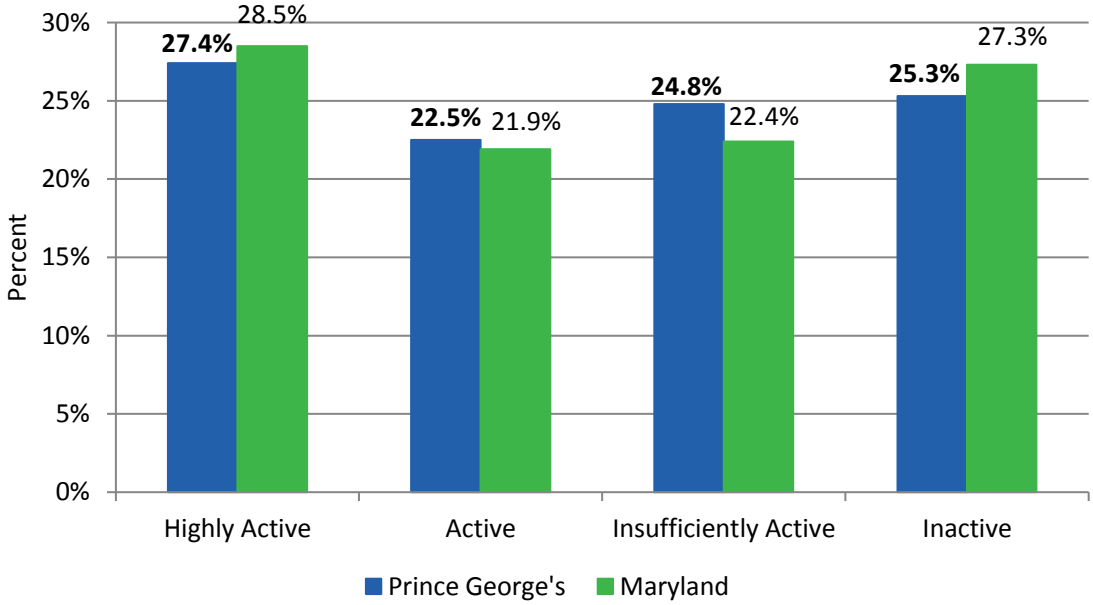
Percent of Adults Who Are Obese, 2013-2017



	2013	2014	2015	2016	2017
PGC Black, NH	34.2%	38.9%	32.1%	36.6%	46.7%
PGC White, NH	28.8%	34.6%	28.9%	32.3%	29.9%
Prince George's	34.7%	34.2%	30.7%	34.0%	42.0%
Maryland	28.3%	29.6%	28.5%	29.7%	31.1%

Data Source: 2013-2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Percentage of Adults by Physical Activity Level, 2017



Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Percentage of Adults Who Participated in at least 150 Minutes of Moderate Physical Activity or 75 Minutes of Vigorous Activity per Week, 2017

MD SHIP Goal: 50.4%	Prince George's	Maryland
Sex		
Male	51.8%	52.7%
Female	49.3%	48.3%
Race/Ethnicity		
Black, non-Hispanic	50.5%	48.0%
Hispanic	43.4%	43.4%
White, non-Hispanic	51.3%	52.4%
Age Group		
18 to 44 Years	52.3%	48.6%
45 to 64 Years	50.9%	52.7%
Over 65 Years	43.1%	52.6%
Total	**50.1%**	**50.4%**

Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

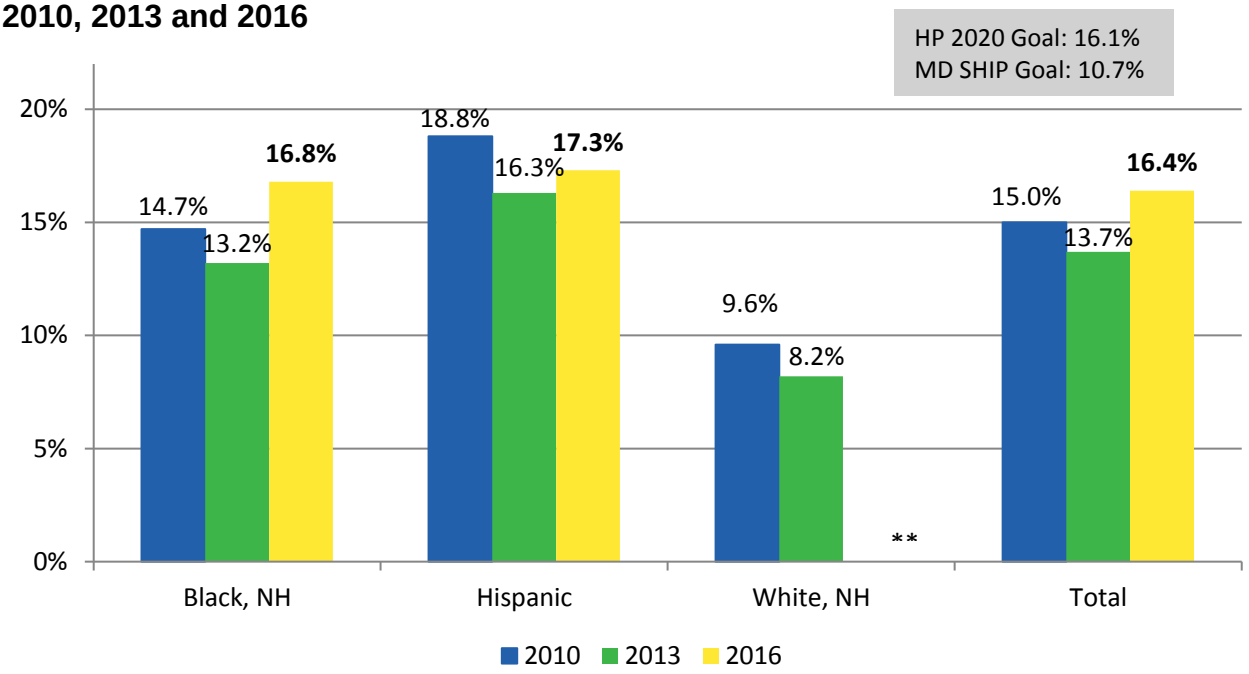
Percentage of High School Students Who are Obese, 2016

HP 2020 Goal: 10.7% MD SHIP Goal: 16.1%	Prince George's	Maryland
Sex		
Male	17.5%	14.7%
Female	15.3%	10.4%
Race/Ethnicity		
Black, non-Hispanic	16.8%	16.3%
Hispanic	17.3%	14.7%
White, non-Hispanic	**	9.9%
Age Group		
15 or Younger	15.4%	11.8%
16 or 17 Years	17.7%	13.2%
18 or Older	14.7%	13.8%
Total	**16.4%**	**12.6%**

** Individuals of White, non-Hispanic origin were not included due to insufficient numbers

Data Source: 2016 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

Percentage of High School Students who are Obese, Prince George's County, 2010, 2013 and 2016



** Individuals of White, non-Hispanic origin were not included due to insufficient numbers
Data Source: 2013 and 2016 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

Percentage of High School Students Who are Overweight, 2016

	Prince George's	Maryland
Sex		
Male	17.6%	14.4%
Female	21.0%	16.0%
Race/Ethnicity		
Black, non-Hispanic	17.7%	17.5%
Hispanic	24.7%	18.1%
White, non-Hispanic	**	12.9%
Age Group		
15 or Younger	21.2%	16.1%
16 or 17 Years	17.4%	14.4%
18 or Older	19.8%	15.4%
Total	**19.3%**	**15.2%**

** Individuals of White, non-Hispanic origin were not included due to insufficient numbers
Data Source: 2016 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

Percentage of High School Students Who Ate Vegetables Three or More Times per day During the Past Week, 2016

	Prince George's	Maryland
Sex		
Male	12.6%	12.7%
Female	8.0%	11.1%
Race/Ethnicity		
Black, non-Hispanic	8.8%	9.7%
Hispanic	12.0%	13.3%
White, non-Hispanic	**	11.7%
Age Group		
15 or Younger	10.8%	12.1%
16 or 17 Years	9.9%	11.5%
18 or Older	15.2%	16.4%
Total	**10.7%**	**12.0%**

** Individuals of White, non-Hispanic origin were not included due to insufficient numbers
Data Source: 2016 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

Percentage of High School Students who were Physically Active for a Total of at Least 60 Minutes per day on Five or More of the Past Week, 2016

	Prince George's	Maryland
Sex		
Male	29.6%	23.4%
Female	20.6%	12.6%
Race/Ethnicity		
Black, non-Hispanic	27.1%	16.1%
Hispanic	18.6%	13.5%
White, non-Hispanic	**	21.5%
Age Group		
15 or Younger	27.5%	19.4%
16 or 17 Years	23.2%	16.9%
18 or Older	21.0%	14.9%
Total	**25.0%**	**17.9%**

** Individuals of White, non-Hispanic origin were not included due to insufficient numbers
Data Source: 2016 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

Oral Health

Percentage of Adults Who Visited a Dentist in the Past Year, 2016

	Prince George's	Maryland
Sex		
Male	60.9%	65.4%
Female	68.4%	70.8%
Race/Ethnicity		
Black, non-Hispanic	69.0%	63.4%
Hispanic	50.9%	57.6%
White, non-Hispanic	69.1%	73.3%
Age Group		
18 to 34 Years	61.2%	64.0%
35 to 49 Years	65.4%	69.3%
50 to 64 Years	69.6%	71.4%
Over 65 Years	66.2%	70.3%
Total	**64.9%**	**68.1%**

Data Source: 2016 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

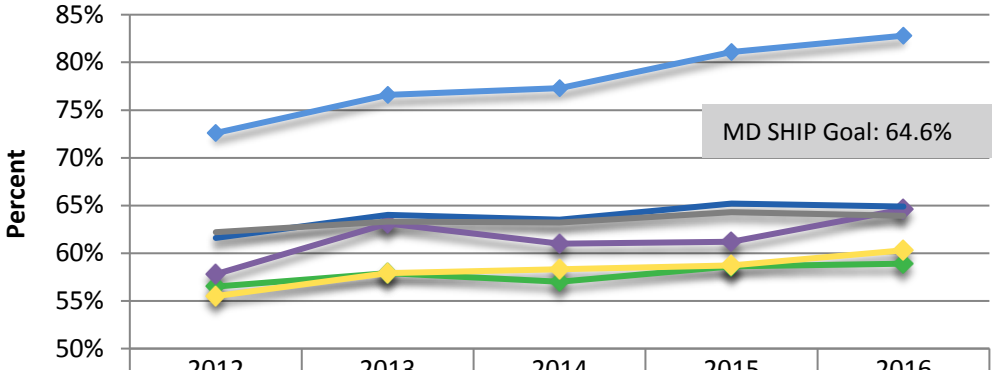
Percentage of High School Students Who Visited a Dentist in the Past Year, 2016

	Prince George's	Maryland
Sex		
Male	68.0%	75.6%
Female	70.8%	78.3%
Race/Ethnicity		
Black, non-Hispanic	69.5%	69.7%
Hispanic	71.1%	72.4%
White, non-Hispanic	**	84.2%
Age Group		
15 or younger	68.4%	77.8%
16 or 17	71.0%	77.1%
18 or older	58.2%	63.5%
Total	**69.0%**	**76.6%**

** Individuals of White, non-Hispanic origin were not included due to insufficient numbers

Data Source: 2016 Maryland Youth Risk Behavior Survey

Percentage of Children (0 to 20 years) Enrolled in Medicaid who had a Dental Visit within the Past 12 Months*, 2012 to 2016



	2012	2013	2014	2015	2016
PGC Black, NH	56.5%	57.9%	57.0%	58.6%	58.9%
Hispanic	72.6%	76.6%	77.3%	81.1%	82.8%
PGC White, NH	55.5%	57.9%	58.3%	58.7%	60.3%
PGC Asian	57.8%	63.1%	61.0%	61.2%	64.6%
Prince George's	61.6%	64.0%	63.5%	65.2%	64.9%
Maryland	62.2%	63.3%	63.2%	64.3%	63.9%

*Only children enrolled in Medicaid for at least 320 days were included in the measure
Data Source: Maryland Department of Health, Maryland State Health Improvement Process

Sexually Transmitted Infections

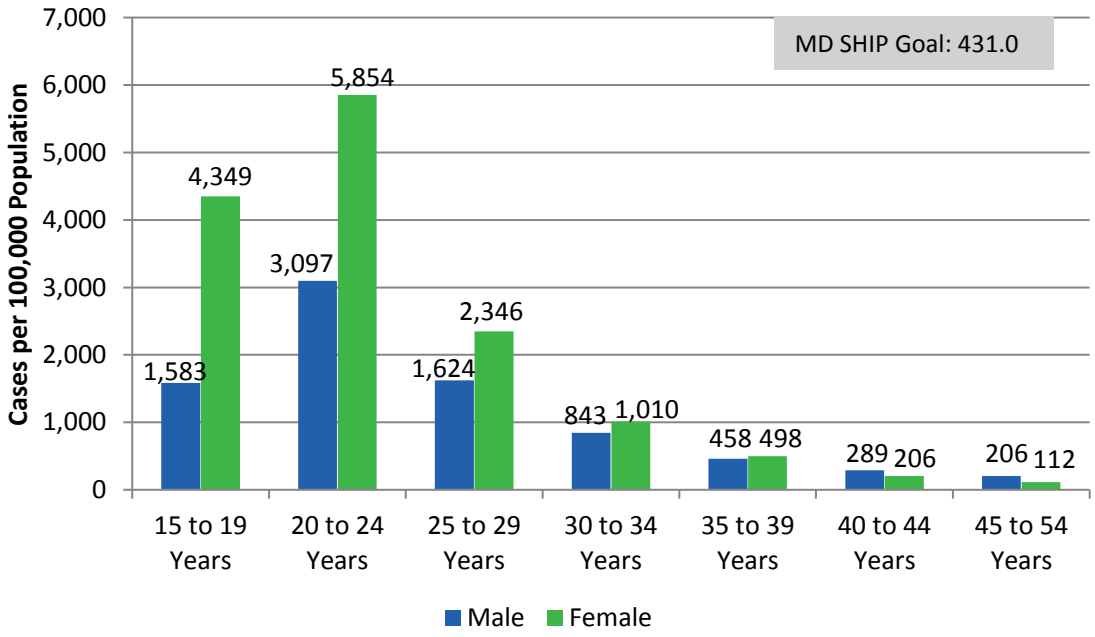
Number of Sexually Transmitted Infections, Prince George's County

STI	2015	2016	2017	5-Year Mean
Chlamydia	6,153	6,752	7,365	6,513
Gonorrhea	1,282	1,832	2,001	1,575
Syphilis*	81	110	143	113

*Includes both Primary and Secondary Syphilis

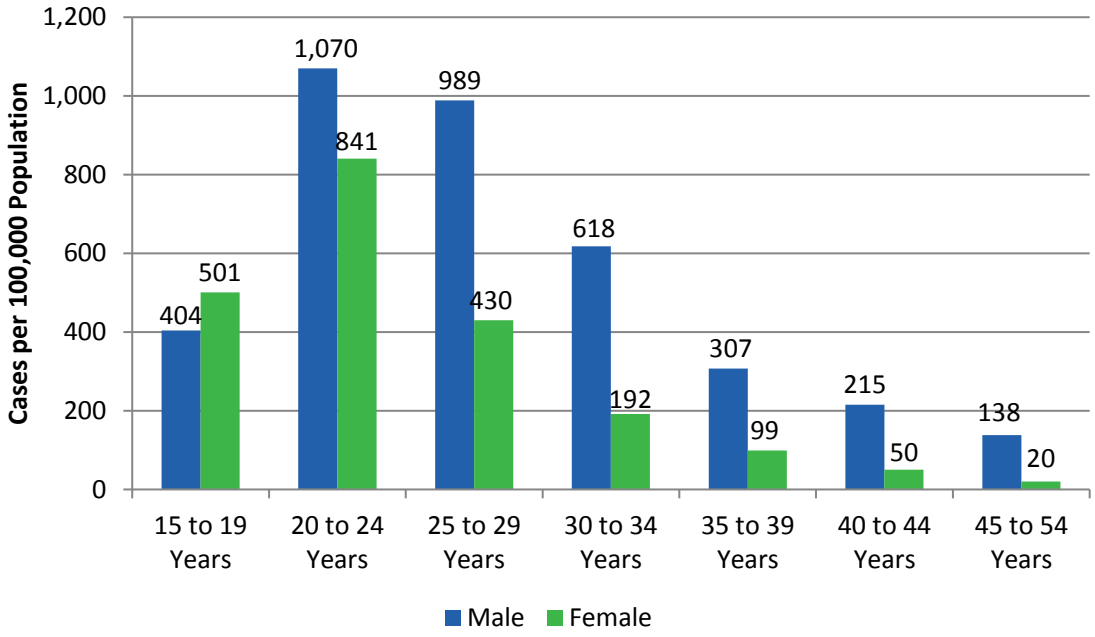
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MDH

Chlamydia Rates by Age Group and Sex, Prince George's County, 2017



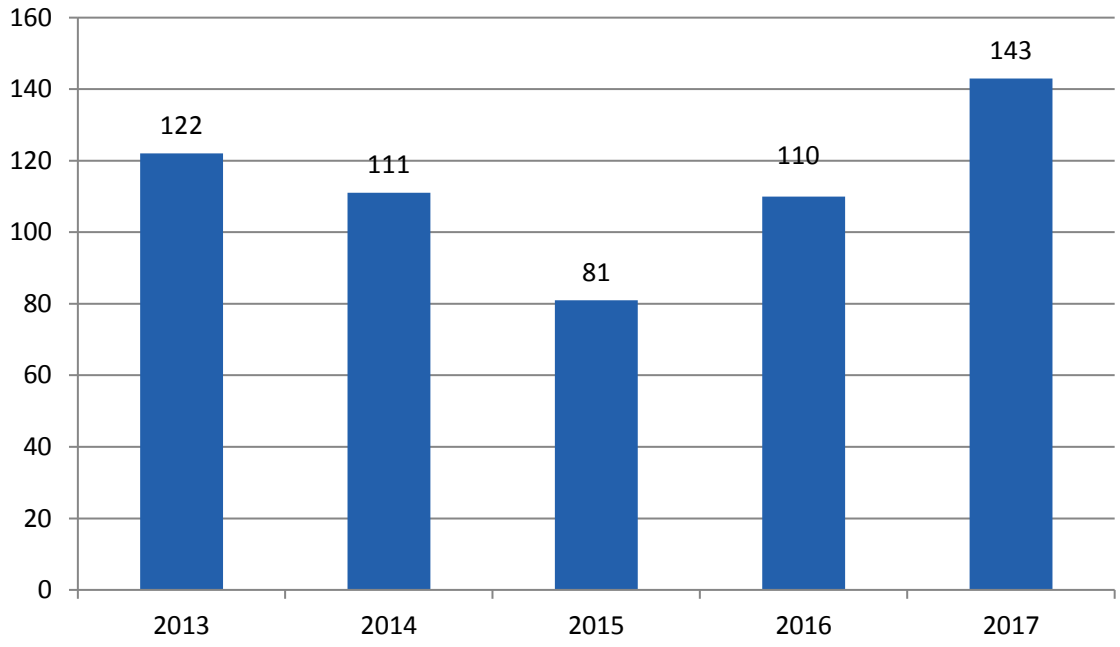
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MDH

Gonorrhea Rates by Age Group and Sex, Prince George's County, 2017



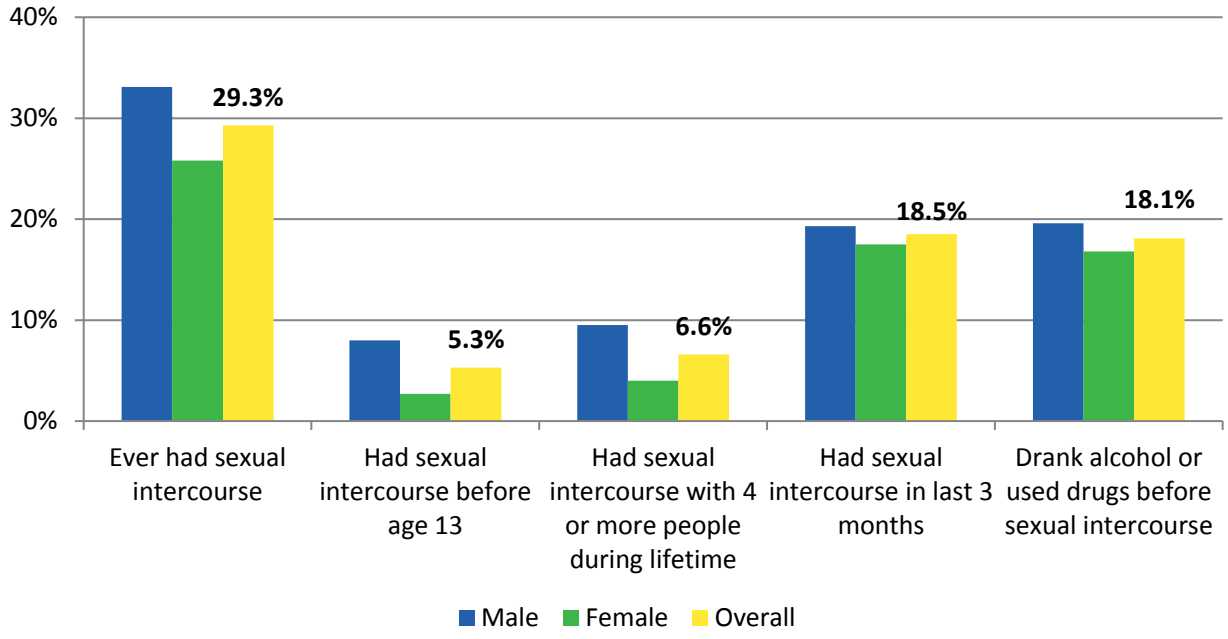
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MDH

Number of Primary/Secondary Syphilis Cases, Prince George's County, 2013-2017



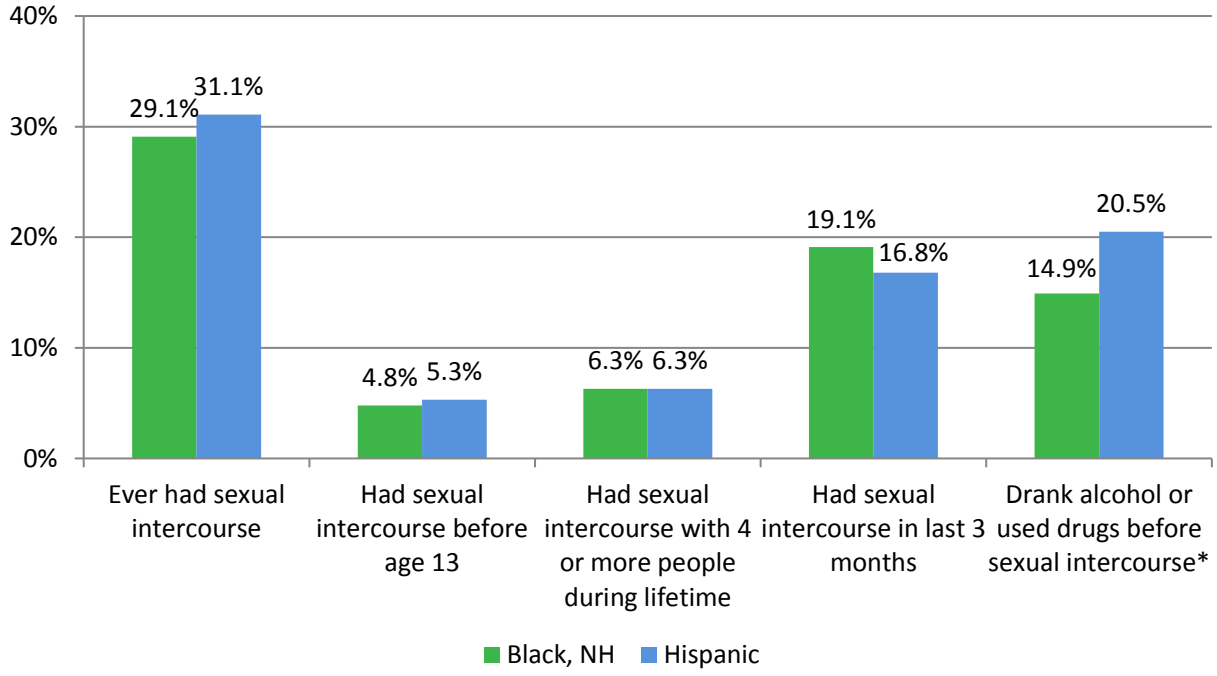
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MDH

Sexual Behavior of High School Students by Sex, Prince George's County, 2016



Data Source: 2016 Youth Risk Behavior Survey, MDH

Sexual Behavior of High School Students by Race/Ethnicity, Prince George's County, 2016



*White, NH not displayed due to insufficient data
Data Source: 2016 Youth Risk Behavior, MDH

Substance Use Disorder

Overview	
What is it?	Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability and failure to meet major responsibilities at work, school, or home. (SAMHSA.gov)
Who is affected?	In 2017, 12.8% of county residents reported binge drinking (four or more drinks for a woman in one time period and five or more drinks in one time period for a man). In 2016, 10.9% of adolescents reported using tobacco. Over half (54%) of alcohol- and substance-related emergency department visits in 2017 were among residents 18 to 39 years of age. In 2017, there were 124 opioid-related deaths that occurred in Prince George's County, the majority (83%) of which were related to fentanyl.
Prevention & Treatment	Substance use prevention includes helping individuals develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors (SAMHSA.gov). Substance use treatment includes counseling, inpatient and residential treatment, case management, medication, and peer support.
What are the outcomes?	Substance use disorders result in human suffering for the individual consuming alcohol or drugs as well as their family members and friends. Substance use disorders are associated with lost productivity, child abuse and neglect, crime, motor vehicle accidents and premature death (SAMHSA).
Disparity	White, non-Hispanic residents had a much higher drug-related death rate compared to other county residents in 2017. A higher percentage of males and White, non-Hispanic residents binge drank in 2017 compared to other residents. Males were 3.5 times more likely to have an alcohol- or substance-related emergency department visit than females in 2017.
How do we compare?	Ten percent of adult county residents were current smokers, compared to 14% statewide. Prince George's County had the 4th highest number of opioid-related deaths (by occurrence) in 2017, surpassed by Baltimore City, Baltimore County and Anne Arundel.

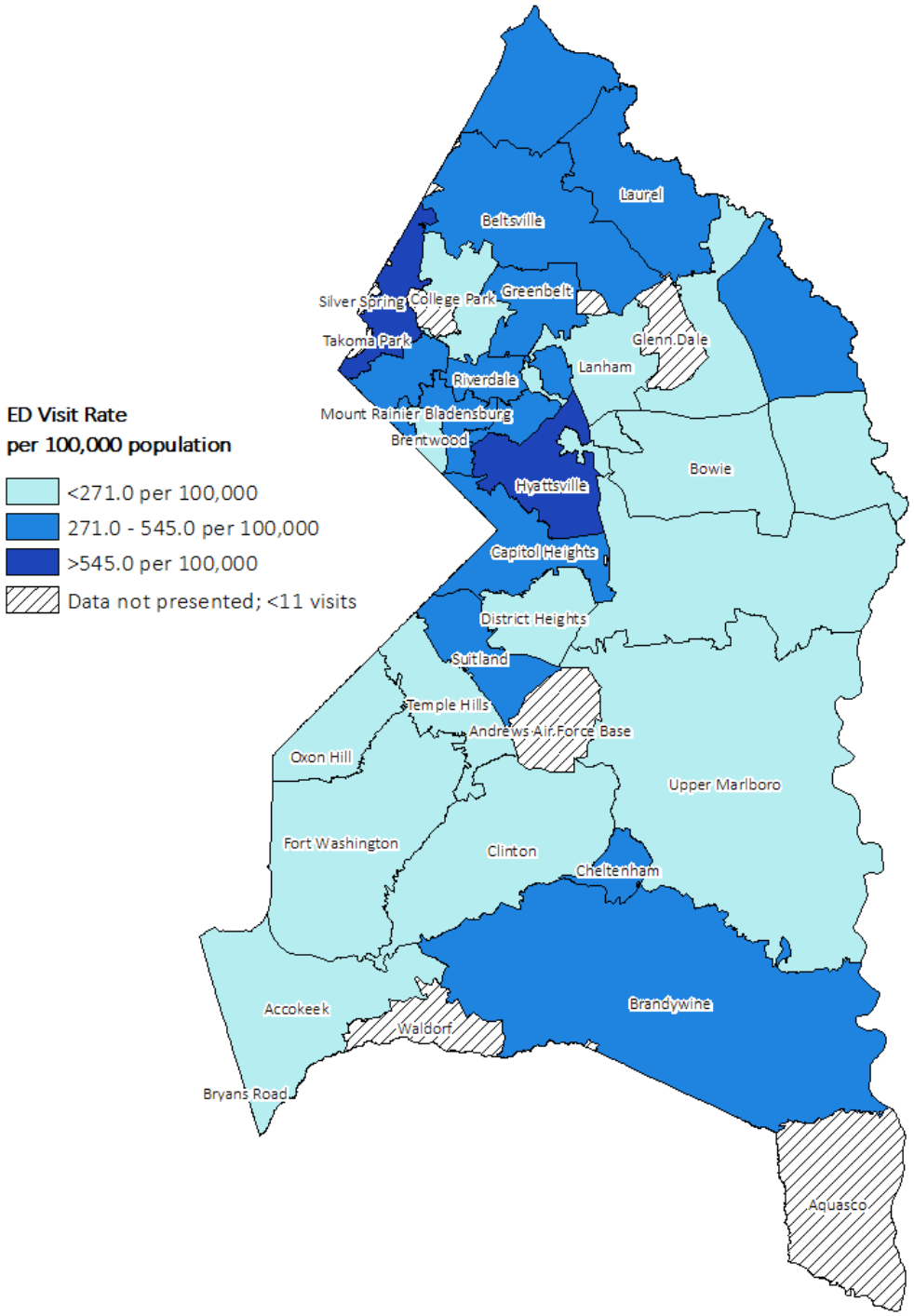
Emergency Department Visits* for Alcohol- and Substance-Related Conditions as the Primary Discharge Diagnosis, Prince George's County, 2017

	Number of ED Visits	Age-Adjusted ED Visit Rate per 100,000 Population
Sex		
Male	2,331	508.8
Female	696	144.5
Race/Ethnicity		
Black, non-Hispanic	1,551	265.1
Hispanic	587	353.4
White, non-Hispanic	440	371.0
Age		
Under 18 Years	54	26.6
18 to 39 Years	1,622	559.5
40 to 64 Years	1,218	402.5
65 Years and Over	133	113.7
Total	**3,027**	**320.7**

* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County numbers and rate. As noted in the introduction, 2017 data is not comparable to the 2014 data used in the previous health needs assessment due to changes in ICD codes.

Data Source: Outpatient Discharge Data File 2017, Maryland Health Services Cost Review Commission; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

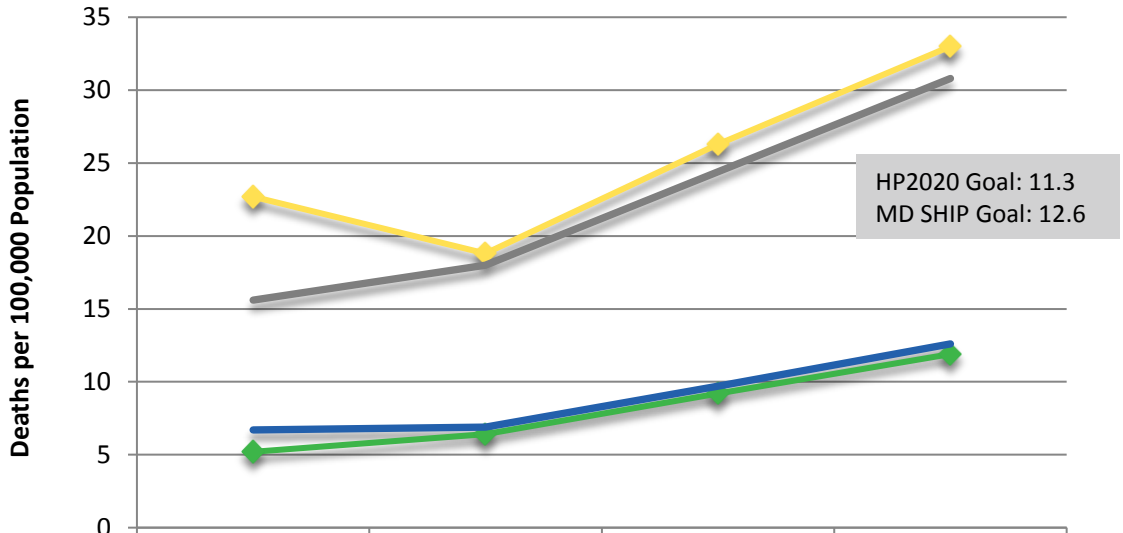
Emergency Department Visit* Crude Rate per 100,000 Population, Alcohol- and Substance-Related Conditions as Primary Discharge Diagnosis, Prince George's County, 2017



* ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.

Data Source: Outpatient Discharge Data File 2014, Maryland Health Services Cost Review Commission

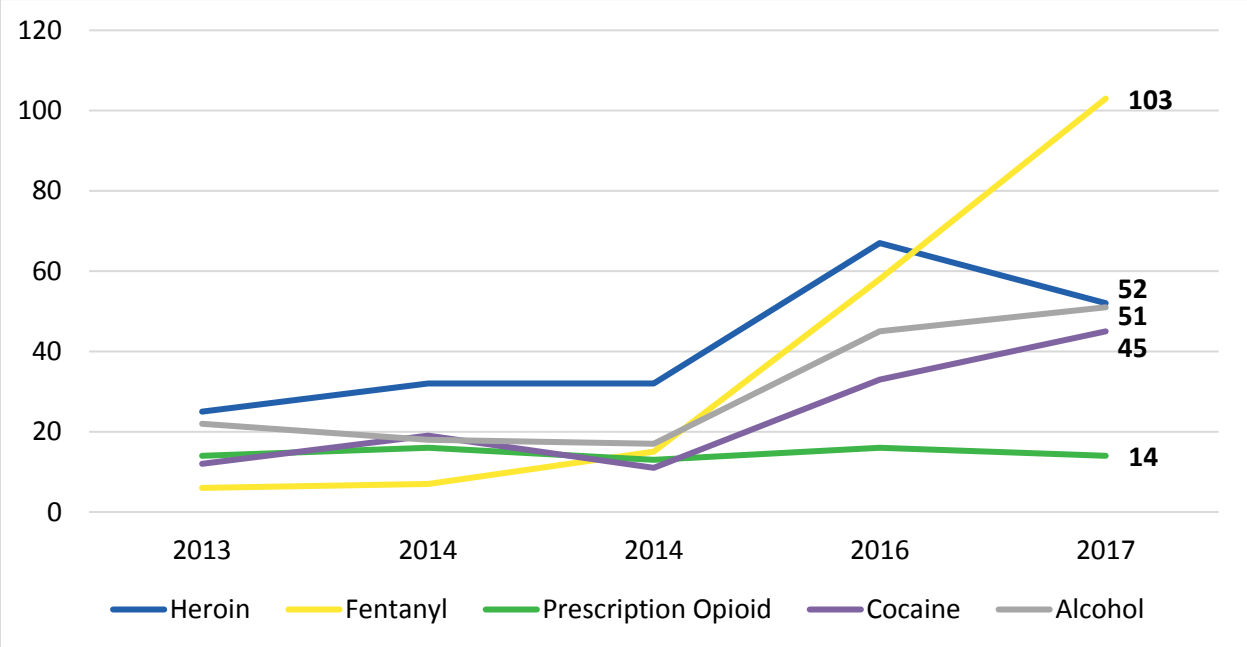
Drug-Related Age-Adjusted Death Rate per 100,000 Population, 2012 to 2017



	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	5.2	6.4	9.2	11.9
PGC White, NH	22.7	18.8	26.3	33.0
PGC Total	6.7	6.9	9.7	12.6
Maryland	15.6	18.0	24.4	30.8

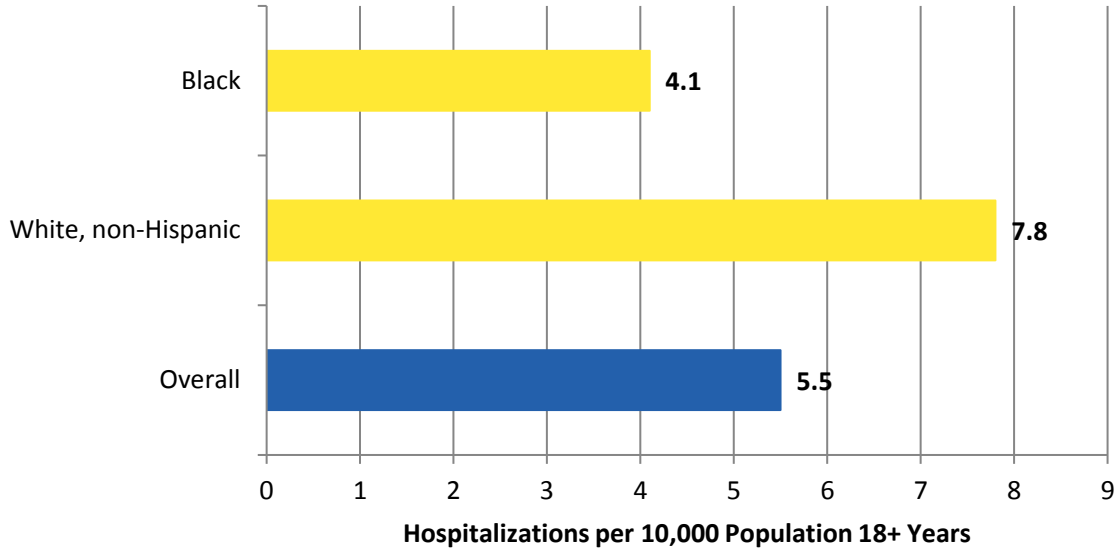
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Drug and Alcohol Intoxication Deaths by Place of Occurrence, Prince George's County, 2013-2017



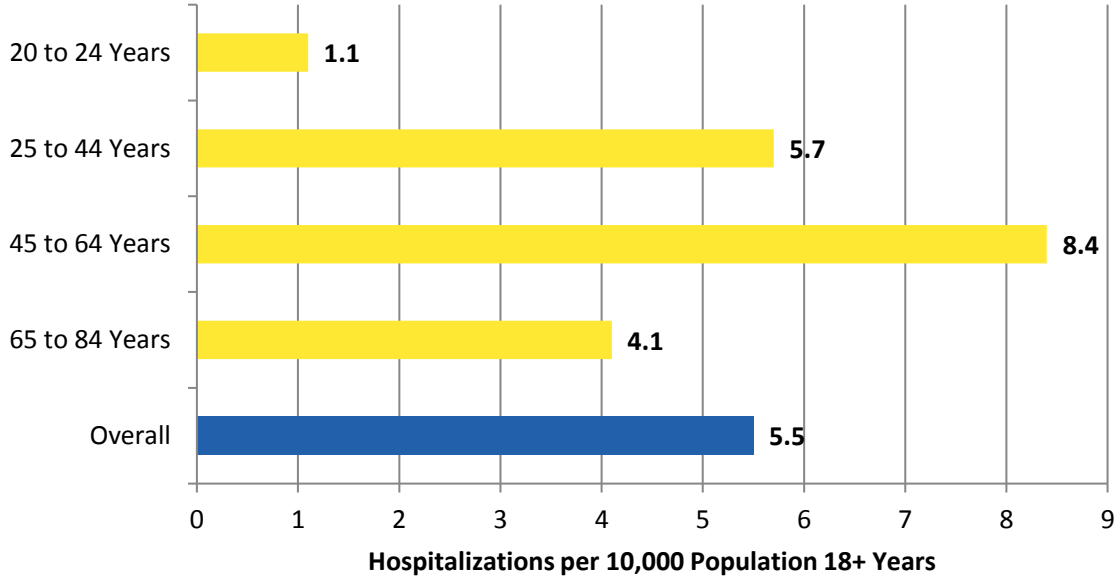
Data Source: 2017 Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report

Age-Adjusted Hospital Inpatient* Visit Rate due to Alcohol Abuse by Race and Ethnicity, Prince George's County, 2013-2015



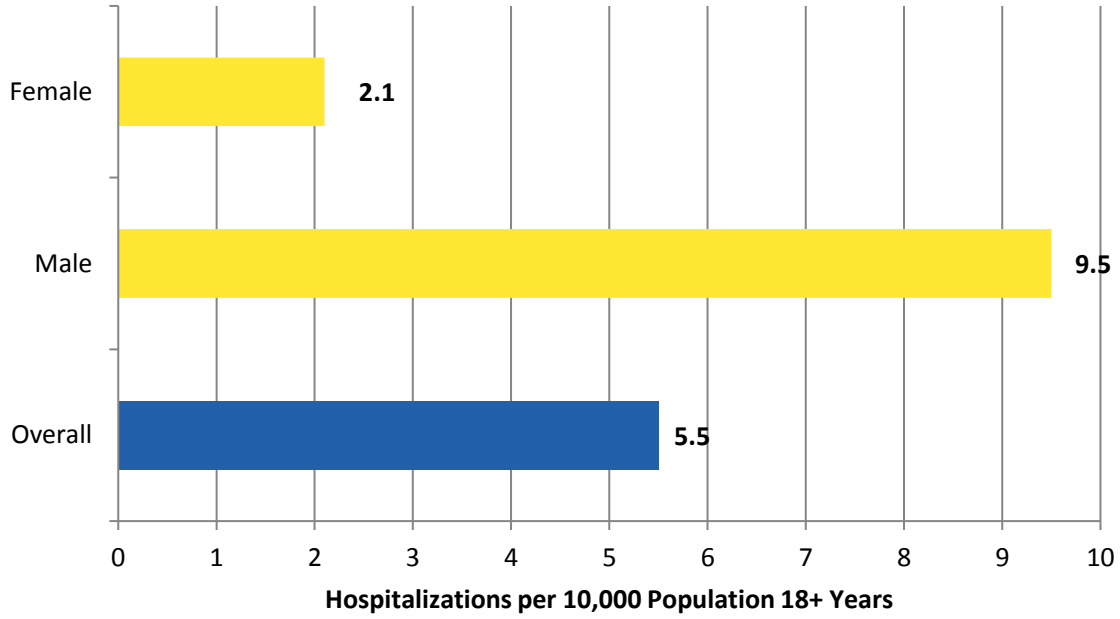
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Alcohol Abuse by Age Group, Prince George's County, 2013-2015



* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: www.pgchealthzone.org; The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Age-Adjusted Hospital Inpatient* Visit Rate due to Alcohol Abuse by Sex, Prince George's County, 2013-2015



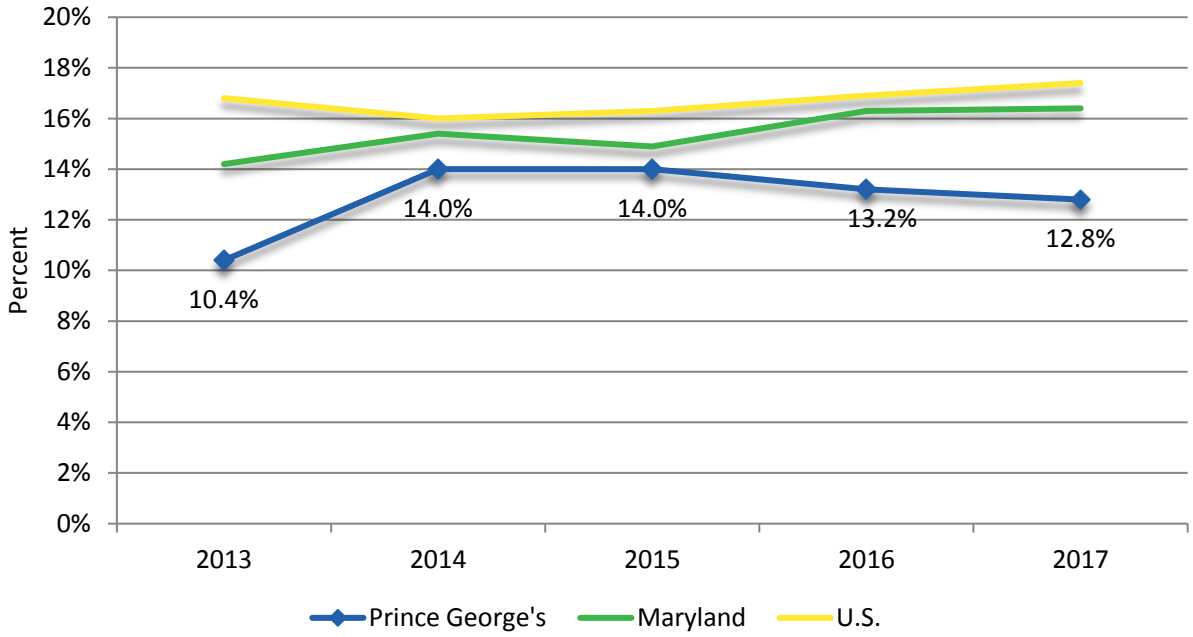
* Includes visits to Maryland and Washington, D.C. hospitals
Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

Percentage of Adult Binge Drinkers* in the Past Month, 2017

	Prince George's	Maryland
Sex		
Male	16.2%	19.9%
Female	9.7%	13.0%
Race/Ethnicity		
Black, non-Hispanic	10.9%	13.2%
Hispanic	19.5%	14.0%
White, non-Hispanic	17.3%	21.3%
Age Group		
18 to 34 Years	19.7%	25.7%
35 to 49 Years	13.5%	16.4%
50 to 64 Years	9.3%	11.7%
Over 65 Years	**	4.3%
Total	**12.8%**	**16.4%**

*Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion
** Over 65 years not presented due to insufficient data.
Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, MDH; https://ibis.health.maryland.gov , accessed on 5/13/2019

Percentage of Adult Binge Drinkers* in the Past Month, 2013 to 2017



*Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion

Data Source: 2013-2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

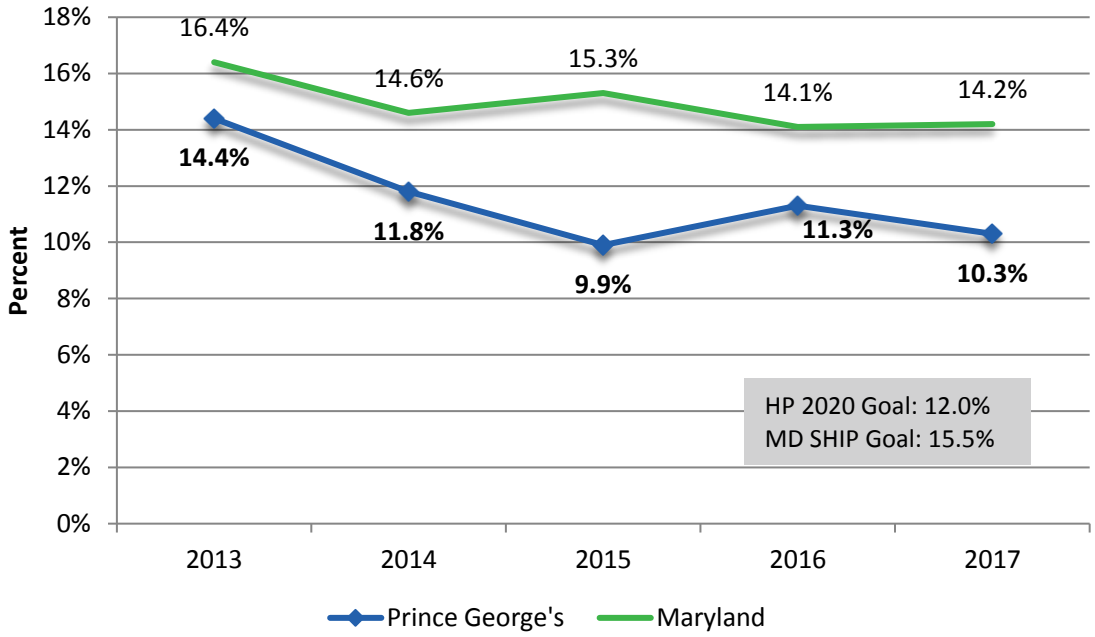
Percentage of Adults Who Currently Smoke, 2017

	Prince George's	Maryland
Sex		
Male	13.1%	16.4%
Female	7.0%	12.0%
Race/Ethnicity		
Black, non-Hispanic	9.0%	15.1%
Hispanic	20.7%	13.9%
White, non-Hispanic	13.8%	15.1%
Age Group		
18 to 34 Years	9.3%	15.4%
35 to 49 Years	10.4%	15.0%
50 to 64 Years	10.8%	15.4%
Over 65 Years	**	8.2%
Total	**10.3%**	**14.2%**

**Over 65 years not presented due to insufficient data

Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

Percentage of Current Adult Smokers, 2013 to 2017



Data Source: 2013-2017 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 5/13/2019

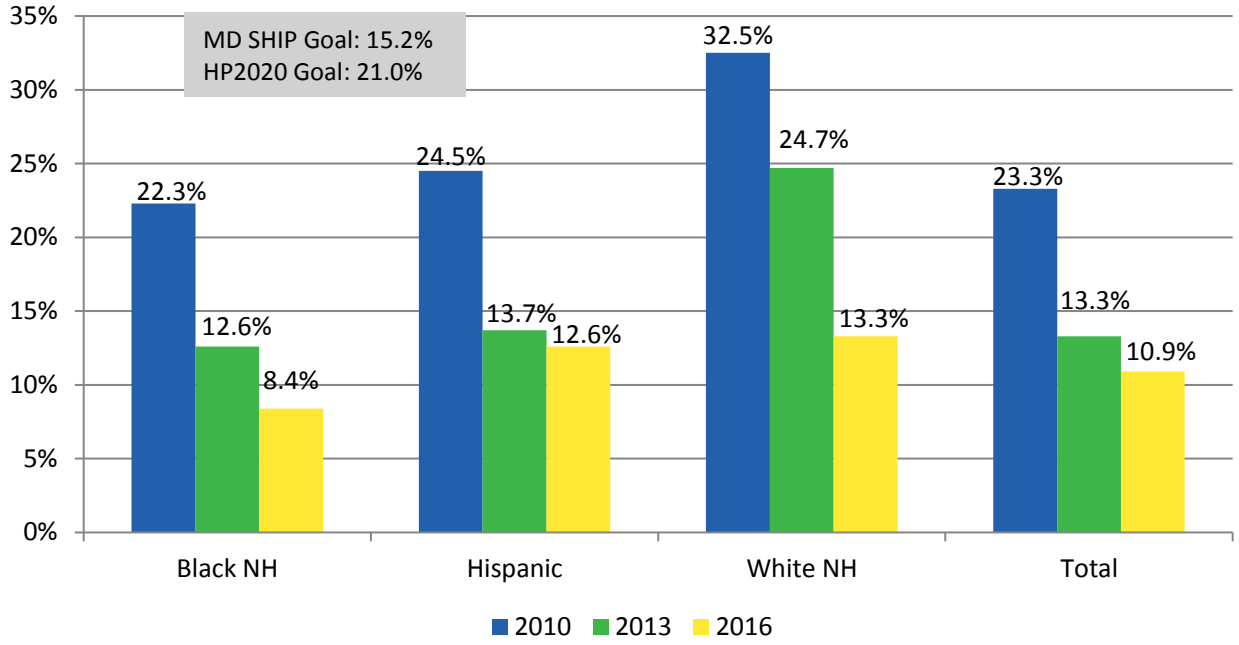
Percentage of Students who Drank Alcohol During the Past Month, 2016

	Prince George's	Maryland
Sex		
Male	11.7%	22.2%
Female	21.9%	28.6%
Race/Ethnicity		
Black, non-Hispanic	15.2%	17.8%
Hispanic	19.5%	23.5%
White, non-Hispanic	**	33.2%
Age Group		
15 or Younger	14.0%	18.7%
16 or 17 Years	19.6%	31.0%
18 or Older	19.2%	32.4%
Total	**17.0%**	**25.5%**

** White, non-Hispanic not presented due to insufficient data

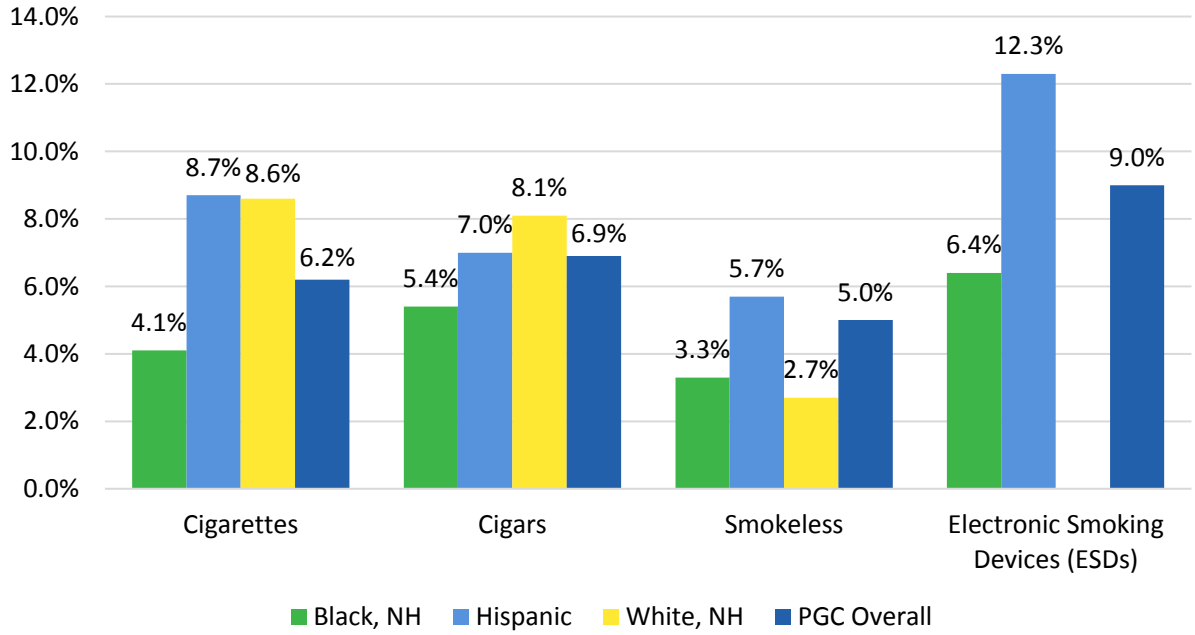
Data Source: 2016 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

High School Students Who Used Tobacco Products During the Past Month, Prince George's County, 2010, 2013 and 2016



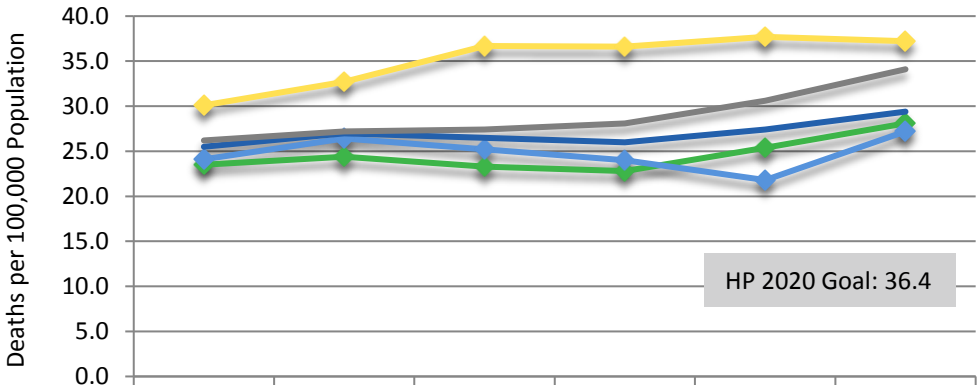
Data Source: 2010-2016 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

Tobacco Products Used by High School Students During the Past Month by Race/Ethnicity, Prince George's County, 2016



Unintentional Injuries (Accidents)

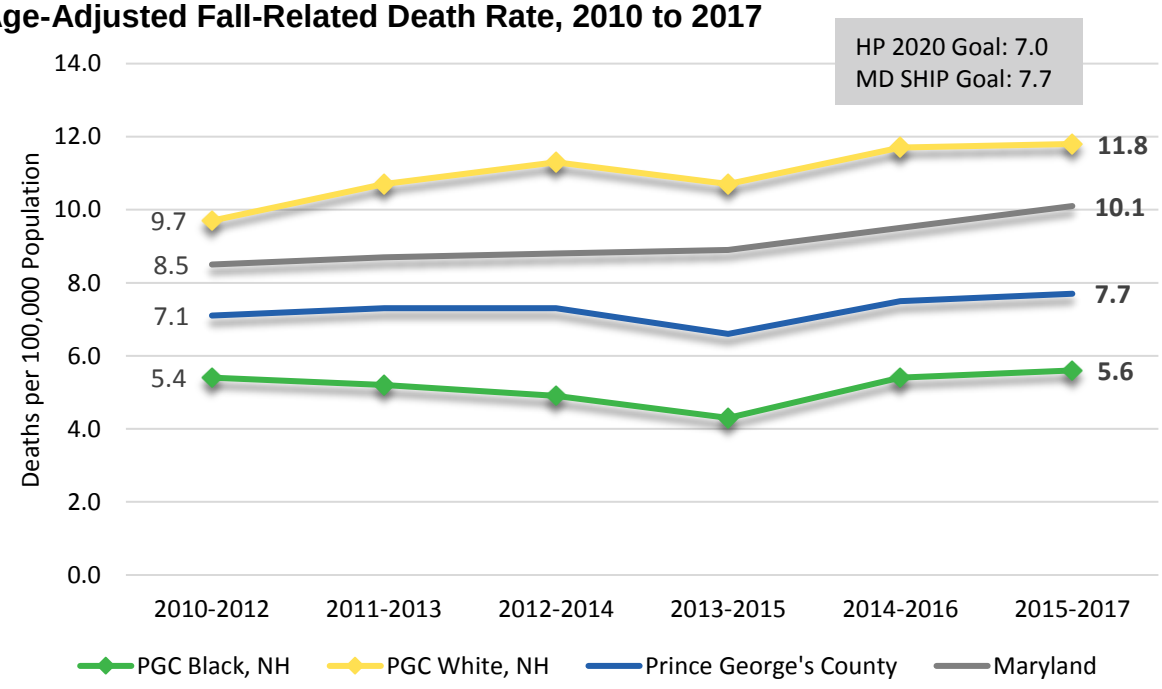
Age-Adjusted Death Rate per 100,000 for Unintentional Injuries, 2010-2017



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	23.5	24.4	23.3	22.8	25.4	28.1
PGC Hispanic	24.1	26.4	25.2	24.0	21.8	27.2
PGC White, NH	30.1	32.7	36.7	36.6	37.7	37.2
PGC	25.5	27.0	26.5	26.0	27.4	29.4
Maryland	26.2	27.2	27.4	28.1	30.6	34.1

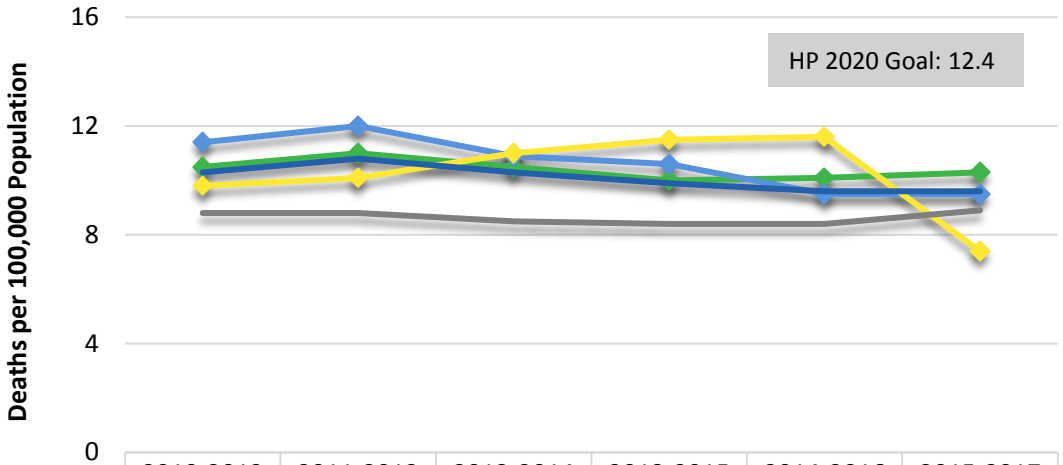
***** Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Age-Adjusted Fall-Related Death Rate, 2010 to 2017



***** Residents of Hispanic Origin and Asian/Pacific Islanders were not included due to insufficient numbers
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database;

Age-Adjusted Death Rate due to Motor Vehicle Accidents, 2010-2017

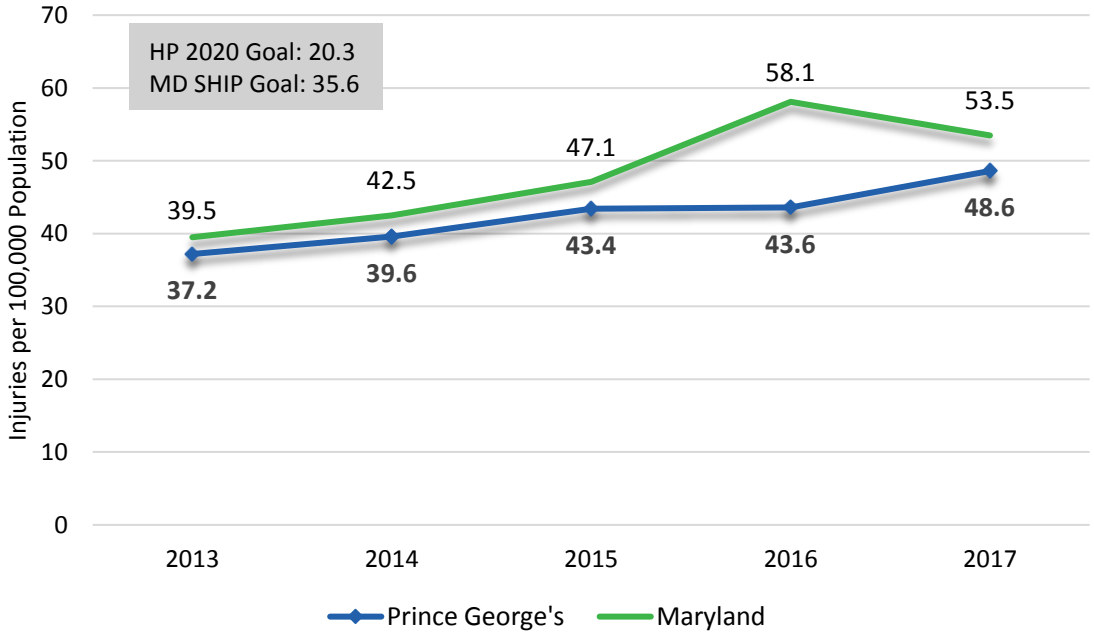


	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
PGC Black, NH	10.5	11.0	10.5	10.0	10.1	10.3
PGC Hispanic	11.4	12.0	10.9	10.6	9.5	9.5
PGC White NH	9.8	10.1	11.0	11.5	11.6	7.4
PGC	10.3	10.8	10.3	9.9	9.6	9.6
Maryland	8.8	8.8	8.5	8.4	8.4	8.9

***** Asian/Pacific Island Residents were not included due to insufficient numbers

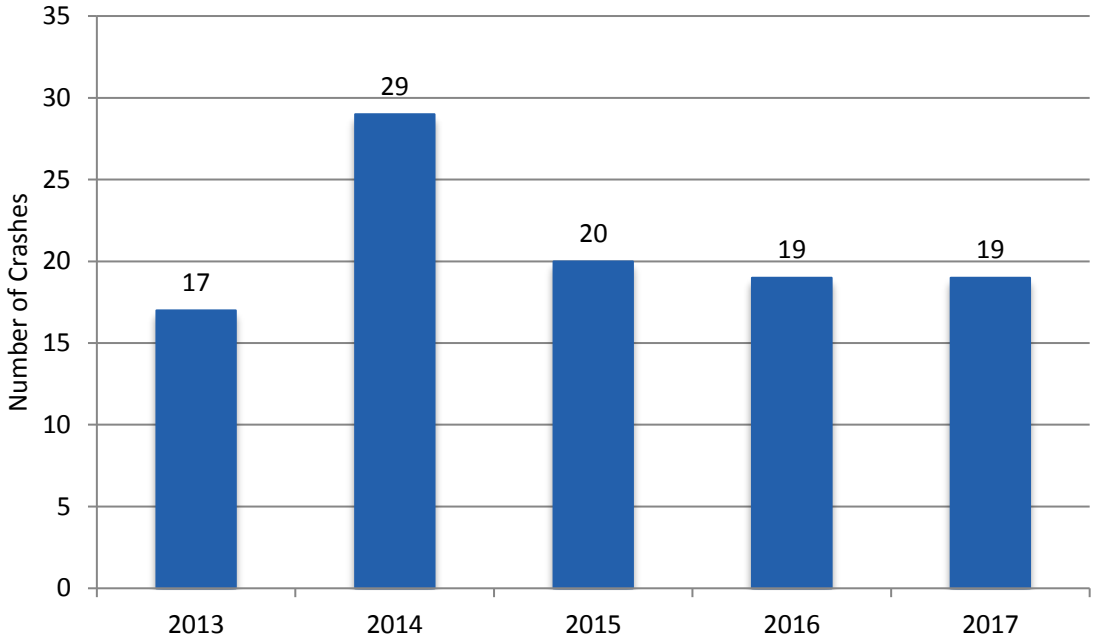
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database; Healthy People 2020 https://www.healthypeople.gov/

Pedestrian Injury Rate on Public Roads, 2013-2017



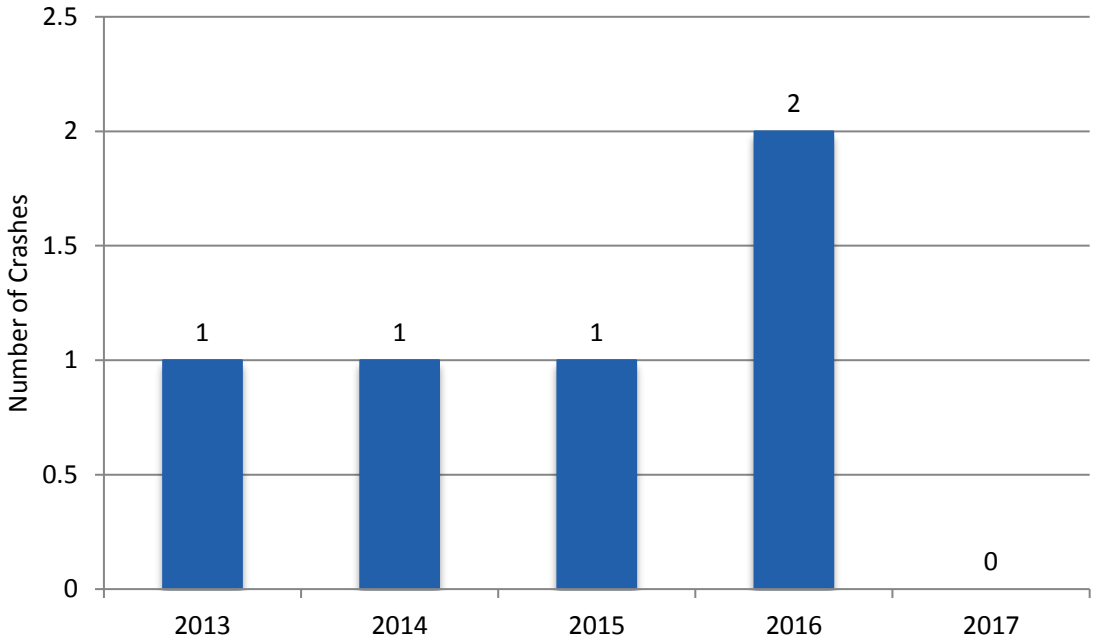
Data Source: Maryland State Highway Administration (SHA)

Fatal Motor Vehicle Crashes Involving Pedestrians on Foot, Prince George's County, 2013-2017

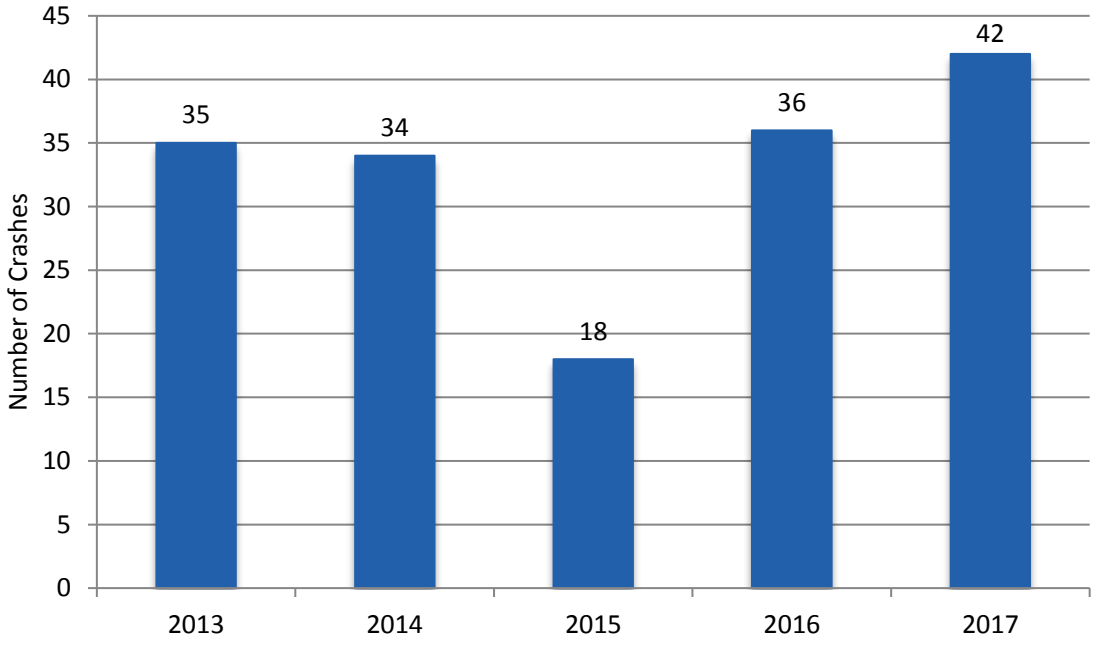


Data Source: Maryland Highway Safety Office, Maryland Department of Transportation

Fatal Motor Vehicle Crashes Involving Bicycles or Other Pedalcycles, Prince George's County, 2013-2017

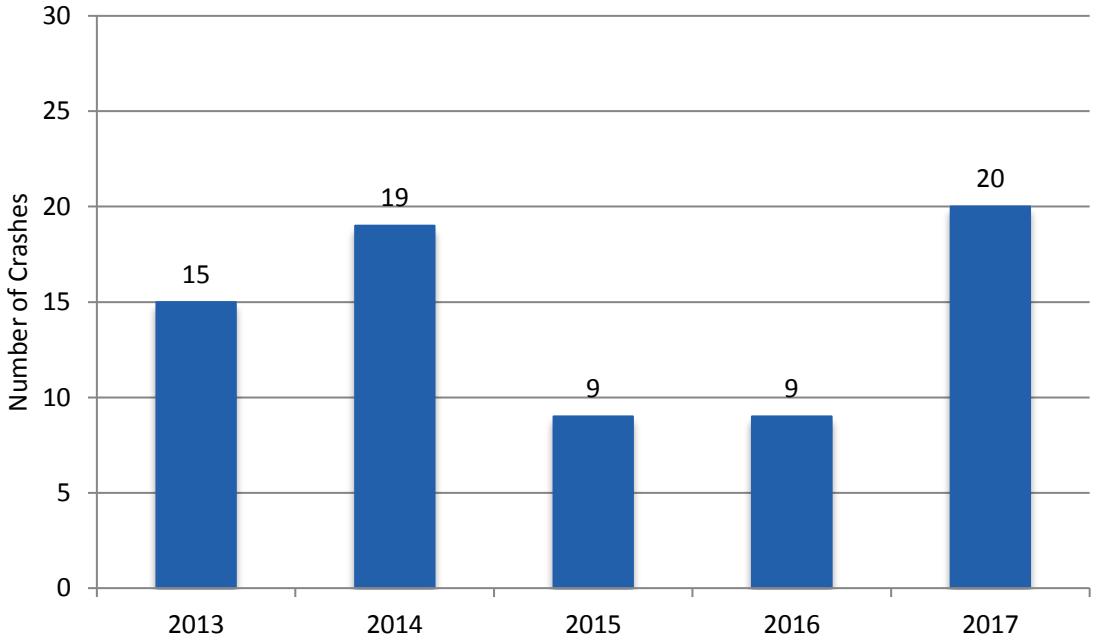


Fatal Motor Vehicle Crashes Involving Distracted Driving, Prince George's County, 2013-2017



Data Source: Maryland Highway Safety Office, Maryland Department of Transportation

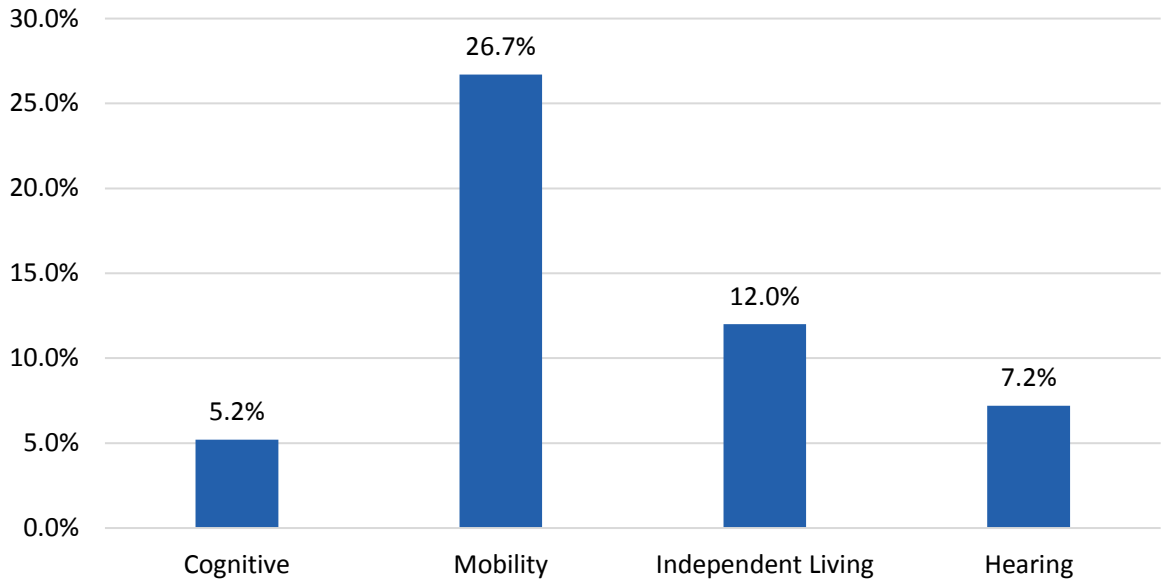
Fatal Motor Vehicle Crashes Involving Driver Speed, Prince George's County, 2013-2017



Data Source: Maryland Highway Safety Office, Maryland Department of Transportation

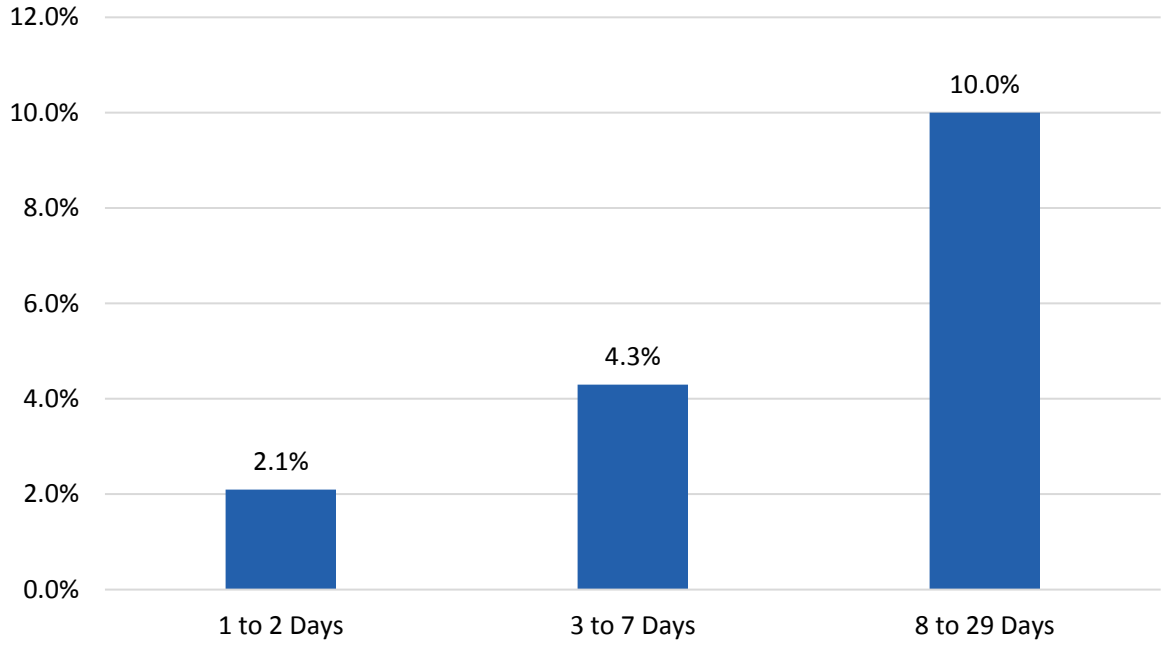
Senior Health

Percentage of Seniors (65+ Older) by Disability Type, Prince George's County, 2017



Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System; Accessed 6/6/2019

Percentage of Seniors (65+ Older) Reporting Physical or Mental Health Kept Them From Usual Activities in the Past Month, Prince George's County, 2017

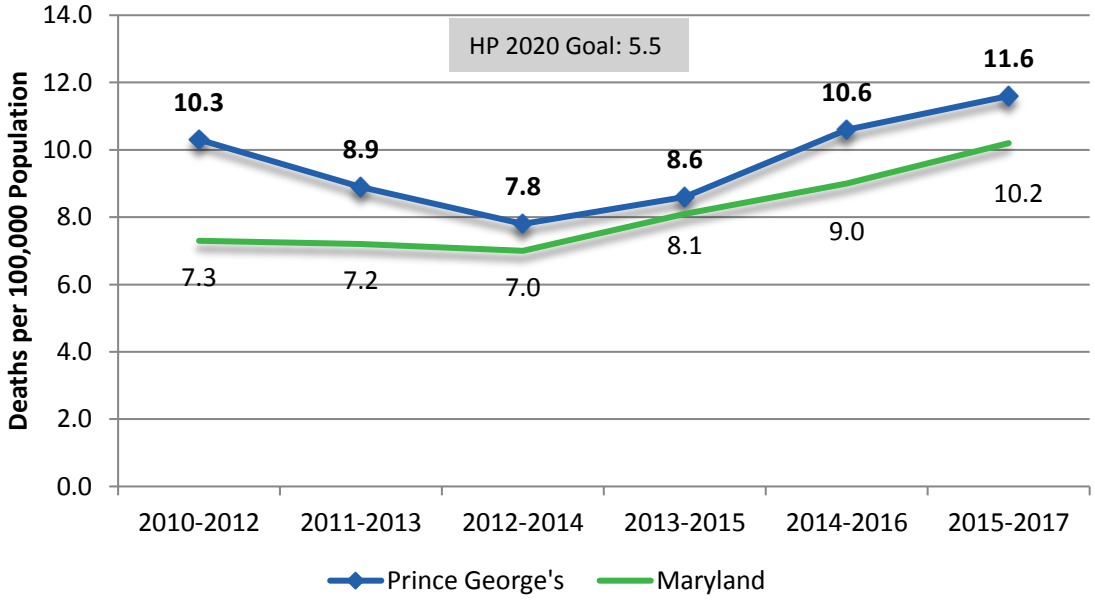


Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System; Accessed 6/6/2019

Violence and Domestic Violence

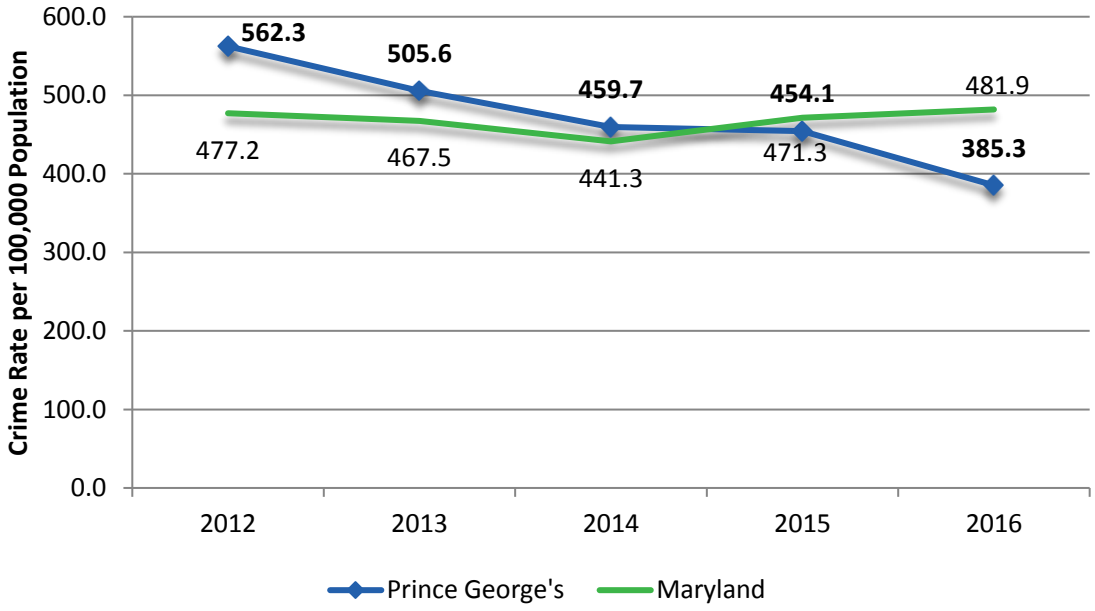
Overview	
What is it?	Violence affects all stages of life and includes child abuse, elder abuse, sexual violence, homicides, and domestic violence. Domestic violence is a pattern of abusive behavior including willful intimidation, physical assault, battery, and sexual assault used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can happen to anyone regardless of age, economic status, race, religion, sexual orientation, nationality, sex, or educational background (National Coalition Against Domestic Violence).
Who is affected?	There were 2,949 violent crimes (includes homicide, rape, robbery, and aggravated assault) in 2017, and 93 residents in the county died by homicide. (MD Vital Statistics). In 2017, there were 1,711 reports of domestic violence in the county, and from July 2016 to June 2017 there were 5 domestic violence-related deaths. (Maryland Network Against Domestic Violence).
Prevention and Treatment	Domestic violence prevention efforts depend on the population and include: • Prevent domestic violence before is exists (primary prevention) • Decrease the start of a problem by targeting services to at-risk individuals and addressing risk factors (secondary prevention) • Minimize a problem that is clear evidence and causing harm (tertiary prevention) (Maryland Network Against Domestic Violence).
What are the outcomes?	Apart from deaths and injuries, domestic violence is associated with adverse physical, reproductive, psychological, social, and health behaviors. (CDC.gov).
Disparity	No data is currently available about disparities for violence and domestic violence. However, anyone can experience domestic violence. Women generally experience the highest rates of partner violence compared to males. Teenaged, pregnant, and disabled women are especially at risk. (MD Network Against Domestic Violence).
How do we compare?	The county's age-adjusted death rate due to homicide in 2017 was 11.6, compared to the state overall at 10.2 and the U.S. at 6.0 per 100,000 population. The county's violent crime rate in 2017 was 385.3, below the state rate of 481.9 per 100,000. (MD Governor's Office of Crime Control and Prevention)

Age-Adjusted Death Rate for Homicide, 2010-2017



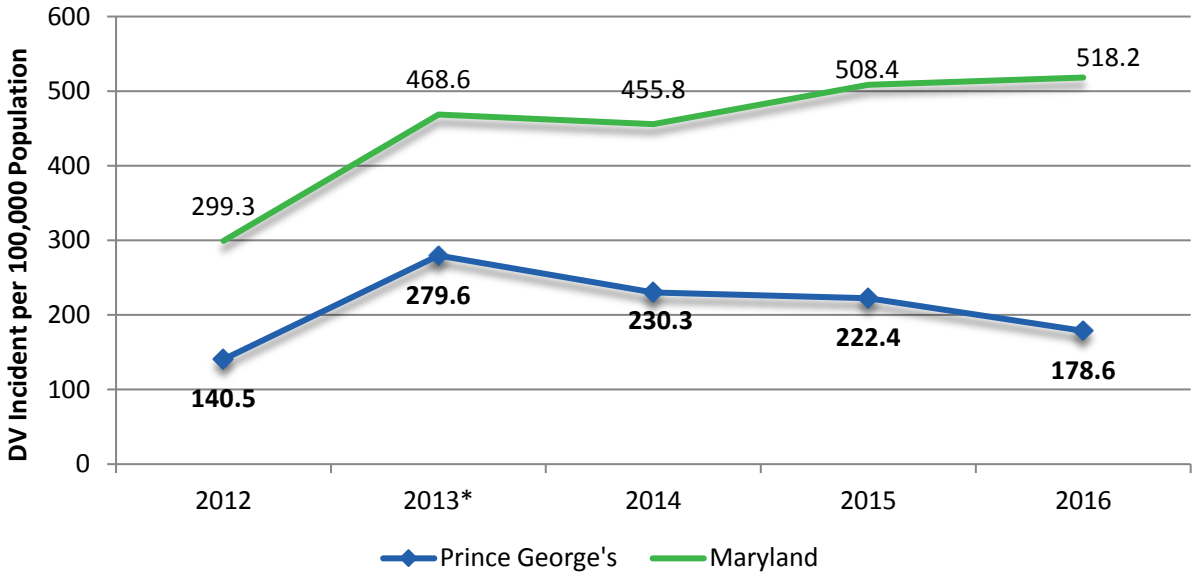
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Violent Crime* Rate, Prince George's County Compared to Maryland, 2012-2016



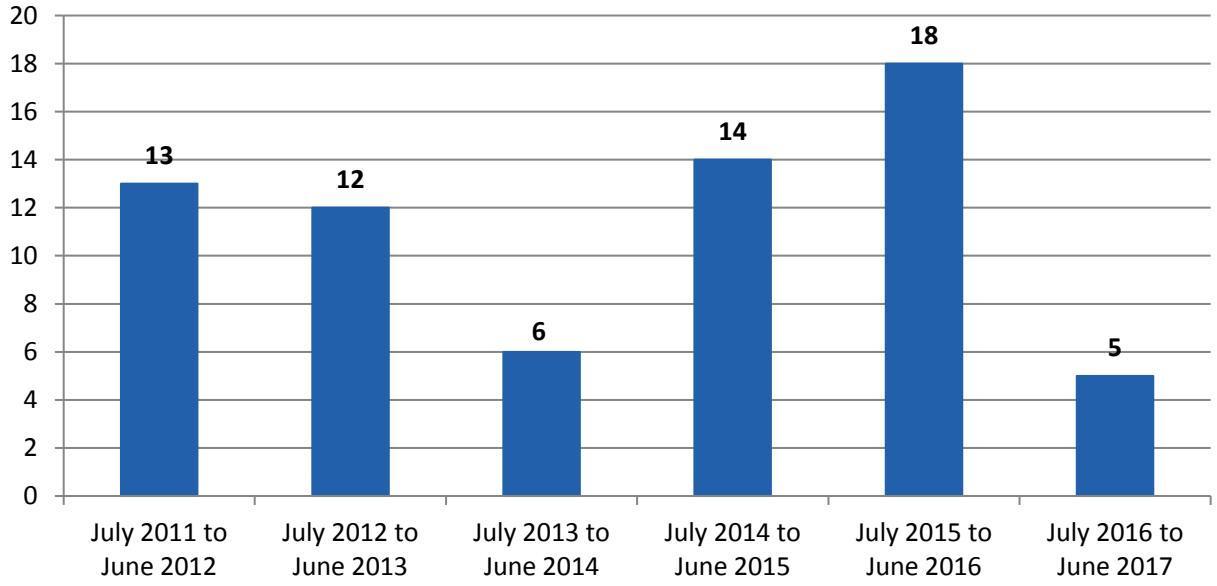
*Violent crimes include homicide, rape, robbery, and aggravated assault.
Data Source: Maryland Uniform Crime Report

Rate of Domestic Violence, Prince George's Compared to Maryland, 2012-2016



*In 2013, domestic violence data reporting was expanded to include additional relationships and reflect changes in Maryland law. This change explains the increase in the total number of Domestically Related Crimes reported.
Data Source: Maryland Uniform Crime Report

Domestic Violence-Related Deaths in Prince George's County, 2012-2017



Data Source: Maryland Network Against Domestic Violence


KEY INFORMANT
interviews

KEY INFORMANT INTERVIEWS

Introduction

As part of the 2019 Community Health Assessment conducted in partnership with the county's hospitals, the Prince George's County Health Department (PGCHD) conducted key informant interviews with 14 County leaders drawn from diverse backgrounds with varying perspectives on health in the County. This report summarizes the approach to the interviews and the findings.

Key Findings

- The most important health issues facing the County are behavioral health, chronic disease, access to care, and issues surrounding healthy eating and active living (i.e. food insecurity, food deserts).
- The most important social determinants of health in the County are (1) Housing, (2) Lack of transportation, (3) education, (4) economic issues such as employment, (5) access to affordable health care and (6) access to healthy food.
- The most important barriers relative to the health and well-being of residents are (1) limited access to healthcare due to lack of insurance, (2) transportation issues, (3) the intersection between pockets of poverty, provider shortages, housing, perception of health care in the county, and limited access to healthy foods.
- The leading physical health concerns are the incidence and prevalence of chronic disease, including cardiovascular disease, hypertension, Type 2 diabetes, as well as contributing factors such as obesity and physical health management.
- Several issues surrounding behavioral health are of heightened concern for Prince George's County residents. Issues such as lack of adequate housing for homeless individuals who often have comorbid mental health issues and need stable housing while they are recovering from their behavioral health concerns; the stigma surrounding mental health issues and receiving treatment; a perception of inadequate facilities for children and adolescents who are facing mental health challenges and an overall sense of increased stress in the county which will continue to inevitably affect the residents.

- Environmental health concerns surrounded issues such increased asthma reports in children, concerns about the quality of our air and water as a result of the increase in flooding (water) and the high rates of transportation (thus emissions) in the county. Representatives also mentioned responsible land use issues such as zoning, landfills and housing construction.
- One of the challenges that county leadership is faced with is that although there are several different initiatives addressing health that are active in the county, there is still a sense amongst residents that not enough work is being done. Residents do not want to see temporary fixes, they want to see and experience permanent change in the county regarding health outcomes. Although some are optimistic about future directions, it is important that local residents are made aware of what transformative changes are taking place in the county and what role they can also play in making hopeful changes into realities.
- Visible and sustainable partnerships and collaborations are needed in the county to address many of the health concerns that were shared by the representatives. Residents and leaders of county organizations, systems and businesses need to have more opportunities to collaborate and plan so that they can execute and have more "buy-in" on various community and evidence-based health approaches in the county.
- More needs to be done to address issues surrounding rising immigration, gentrification, chronic diseases and behavioral health issues.

Methodology

Sample: Twenty-nine individuals were identified by the area hospitals and PGCHD as key informants. These individuals represented local government; hospital systems, patient advocates; faith-based organizations; the public school system; local politicians; academia; public safety; safety net providers; state government; physician providers; private industry; local philanthropy and special populations. The representatives reside and work in all areas of the County. Of the 28 potential respondents, 14 individuals completed the interviews. Despite multiple attempts to schedule interviews, it is recognized that there are various groups that were not represented due to lack of response and/or time limitations. However, efforts were made to include representation in the Community Expert Survey for under-represented populations to ensure inclusion in the Community Health Assessment process.

Appendix A presents the list of persons who completed the interviews.

Interview Protocol: The comprehensive interview guide developed for the 2016 Community Health Assessment was utilized for consistency (see **Appendix B**), which consisted of 17 open ended questions with related probes. The guide addressed the following focus areas: assets and barriers relative to health promotion in the County; opinions on the leading health threats currently facing the County; specific priorities in the areas of physical, behavioral and environmental health; and emerging threats to residents' health. All interviews were conducted by Dr. Sylvette LaTouche-Howard, a Clinical Professor at the University of Maryland School of Public Health.

Implementation: The interviewer conducted all of the interviews by telephone. Interviews ranged from 30 to 75 minutes in duration, and respondents were emailed the questions in advance of the interview. All interviews were conducted between April 8, 2019 and May 7, 2019.

Analysis: Preliminary analysis of the interview data occurred at the conclusion of each data collection activity. The interviewer identified and recorded first impressions and highlights. The second stage of analysis identified common categories and overarching themes that emerged as patterns in the data. In the presentation of the interview findings, key patterns are reported along with supportive quotes.

Question-by-Question Analysis

1. What is your organization/ program's role relative to the health and well-being of County residents?

See **Appendix A** for a list of participants.

2. How long has your organization/ program played this role?

The key informant sample was drawn to reflect various disciplines including local government; patient advocates; faith-based organizations; safety net providers; state government; academia; private industry; and special populations. Local government agencies represented included the Health Department; Department of Social Services; Department of the Environment, Department of Corrections, the Memorial Library System and Police Department. Other respondents included a representative from the County's Chamber of Commerce, a faith leader representing the health ministries in their respective organization, a higher education representative, a local community college representative, two hospital administrators and a safety net provider. The respondents represent over 450 years of active service in the County.

3. In your opinion has the health of County residents improved, stayed the same, or declined over the past few years? What makes you say that?

A little over 40% (N=6) of the respondents believed that over the past few years, residents' health have improved. An equal amount of respondents reported that they believed that the health of the county had either stayed the same or that they were uncertain of the county's status because although some indicators had improved others had declined. The Robert Wood Johnson County Health Rankings Report was referenced by many respondents stating that the county's health was improving as its overall ranking increased over the past few years (currently at #11, an increase from #16 in 2016 and #14 in 2017 and 2018). Respondents also highlighted other indicators, such as: the arrival of the new hospital, increasing amount of conversations surrounding health and well-being in the county, an increase in engagement of organizations in the county with a focus on becoming a healthier county and more awareness of the current health issues.

For those who felt that the health of the county had either stayed the same or were unsure, many expressed that health insurance (lack of and ability to maximize its use) was still a prevalent issue for county residents, mental illness-related issues appeared to be on the rise, and the number of individuals with chronic diseases (e.g., diabetes, hypertension, and cardiovascular disease) and related deaths are increasing in the county.

Chronic disease and mental health were also mentioned by respondents who believed resident health in the county had worsened, while also acknowledging that resolving these issues would be complex. Responses regarding maternal and child health were mixed. Some respondents felt that the county had improved, while others noted that there had been a decline in this area; however, the arrival of the new Deputy Chief Administrative Officer for Health and Human Services, with a background in pediatric care, to the county's executive team, led some to believe that issues in this area will improve. All respondents reflected an overall sense of vigilance about the health of the county:

> *"Our county is healthier according to their (RWJ rankings) criteria, we can claim that. We are not satisfied with that however because we use other criteria and those areas like STD's and Cancer rates we are not getting better, we have a lot of work still to do".*

4. What are the County's three most important assets/strengths relative to the health and well- being of residents?

Due to the varying roles the respondents have in the county, responses ranged across an array of different answers. The most common responses were (in descending order of frequency): the county's vast array of green space and the Prince George's County Parks and Recreation which provides opportunities for physical activity and well-being; the new County Executive and leadership in the county and their commitment to increasing the quality of life for its residents, as one resident stated:

> *"Ms. Alsobrooks talks about Prince George's County as being a treasure and I believe that it is true"*

And a strong sense of community:

> *"The pride of the Prince George's County resident is amazing- so many people want to see this county succeed and that is like none other."*

The UMD Capitol Regional Health Center was viewed as a valuable asset to the county, due to its potential to increase residents' access to health care and provision of a quality health care system that residents can trust. PGCHD also received some accolades for its ability to bring various organizations together in collaboration to address varying health issues for its residents. PGCHD is also seen as leading the effort to design interventions, solutions, and programs that are data-driven and evidence based. Respondents would like to see other County agencies adopt a similar approach as they work in the health arena.

The Prince George's Community College and the Prince George's County Memorial Library System were also mentioned as an asset to the county for providing quality, affordable training and resources to support the workforce and offering courses to residents to keep them marketable (PGCC) with up-to-date information and resources (Memorial Library System).

5. What are the County's three most important barriers relative to the health and well-being of residents?

In contrast to the variation observed in the responses about the County's assets relative to health, there was a consensus about the most important barriers (in descending order of frequency): limited access to healthcare due to lack of insurance, transportation issues, poverty, provider shortages, housing, perception of health care in the county, limited access to healthy foods as evidenced by food deserts in some communities and the pervading presence of fast food restaurants in lower wealth areas; and poor adoption of behaviors and activities that promote healthy eating and active living.

<u>Access to Quality Care:</u> Respondents shared that while the county has great resources, they were not always accessible to all residents. Additionally, there was a predominant perception that not enough money had been invested in the health of county residents in the past, which is why the county is currently dealing with so many chronic disease and other health-related issues. Although there is a lot of optimism surrounding the new

regional hospital center, respondents were aware that the hospital system could not solve all of the problems in the county, and, they felt it was important that somehow residents understood that, or that it was communicated to them. Some respondents shared that they felt that a concerted and combined effort of all of the organizations (public and private) in the county was imperative if the county were to overcome the access barrier:

> *"We need to work better together-there is not a concerted effort to address the social determinants of health so that we can fill in the gap because the health care budget cannot do it all".*

The overall perception of poorer quality of care in the county was an issue raised by approximately one-third of the respondents. Respondents shared that the healthcare system needed to *"regain the trust"* of its residents as many of them are getting their care outside of the county.

> "*We have approximately 63 percent of our population going outside of the county for (their) care and we have 8 out of 10 babies (who) are born outside of Prince George's County so the resident mothers are choosing 8 times out of 10 to have their babies delivered somewhere else and that is a very personal choice."*

Transportation:

> *"There are some really beautiful places where you can go but really you can't go to them because you don't have a car" The purple line may help with some of that but then again the purple line is going to displace a whole bunch of people".*

Transportation issues were mentioned by several respondents. Many shared that in order to get around the county and experience the best that the county has to offer, transportation is a must. Moreover, respondents said that the existing transportation system was not extensive enough to meet the need of the residents, thus causing residents with access to vehicles to use them a lot more than perhaps desired:

> *"We are still too vehicular dependent even though we have a lot of metro stations, you still even have to drive to a good grocery store."*

Poverty: Whether it was the issue of displaced populations due to gentrification (the perception that many individuals who can no longer afford to live in the District are currently moving into the county) or it was viewed as the income differences in the urban areas bordering Washington, D.C (commonly referred to as "inside the beltway" referring to the area within Capital Beltway or I-495) compared to the areas further away (outside the beltway), most of the interview respondents agreed that areas of concentrated poverty were not only evident in the county but it was a very strong barrier for the overall health of county residents:

> *"We need to have a regional conversation of health and wealth and ensure that our surrounding neighbors stop pushing problems to Prince George's County."*

Some respondents shared concerns that residents living in lower income areas of the county may be eligible for, but did not "take advantage" of, the services available to them, or were not even aware that such services existed. Other respondents believed that low rates of health seeking behavior may be attributed to the increasing cost of healthcare, leading to residents only seeking out needed services only when their health was severely worse.

> "*The county does not have a safety net system and desperately needs one*."

Respondents also shared that it was difficult to get all of your support services in one place, and it was not always easy for a resident to get the services that they need in a limited amount of time:

> *"A resident of the county cannot go to one place and get all the services they need. They have to go to multiple places… sometimes they even have to go out of the county."*

Perception of Care and Stigma: Stigma often serves as a barrier to health seeking behavior, engagement in care and adherence to treatment across a range of health conditions. The lives of people with disease and disability are worsened by stigma which can often contribute to negative implications for health and well-being. Some respondents shared that stigma and lack of awareness may cause some individuals not to seek the care that they needed. Although most respondents shared that reducing stigma was important, a concrete plan on how to do that did not emerge from the interviews.

Access to Healthy Food: According to respondents limited access to healthy and affordable food caused by food deserts, and the presence of numerous fast food establishments do not support healthy eating. Several respondents felt that the combination of a stressful and busy lifestyle and the availability of unhealthy foods in lower wealth areas were a "*recipe*" for the increased rates of obesity and other chronic diseases experienced by residents in the county.

6. What do you think are the three most important social determinants of health in the County? (Social determinants of health are factors related to the social environment, physical environment, health services, and structural and societal characteristics.)

Social determinants mentioned in order of frequency were: Housing, lack of transportation (details included in discussion of Question 5 above), education, economic issues (e.g., employment), access to affordable health care, and access to healthy food (details included in discussion of Question 5 above).

Housing: Over half of respondents shared that housing was one of the most important determinants of health in the county. Several issues about housing were raised:

- Stability: Many residents in the county facing mental health issues also have unstable housing, contributing to their inability to manage their health. Many are considered as "high utilizers" and often are in and out of either the emergency room or the jail system.
- Affordability and accessibility: One respondent noted that some of the best affordable places to live in the county are inaccessible to people who do not have their own personal transportation. Conversely, when housing is accessible and is located in a "good" area, it is usually unaffordable for many residents.

  "Housing is one of the essential things for people, the county still has an opportunity to make this situation better as they think of county growth so that people can grow and thrive in Prince George's County and not have to leave the county…Why is it when the malls are filled and the area gets pretty do all the poor people have to move out?"

- Suitable for all populations: Having housing in the county that is available and suitable for all age groups was also a concern. As the population of the county continues to age, there will be an increasing need for assisted living facilities.

  "As individuals age, many do not want to live in the large homes that once accommodated their large family, neither do they want to live in a nursing home. Also we need to help people to plan. People are out-living their money. And that's a real issue because they do not qualify for nursing home levels of care. But they can't afford assisted living so what are they supposed to do, someone needs to answer that".

  On the other hand, another respondent shared that it was

  "essential that the county consider the type of housing that would attract millennials because they are the working individuals needed to help the economy to thrive and based on the current housing trends most of them will not want the big houses that were created in county in the late 90's and early 2000's".

Education:

"We cannot fix the health of individuals if we don't fix the education system"

Nearly half of the respondents chose education as one of the top three social determinants of health in the county. Many were concerned about the overall quality of the K-12 public school system. Many respondents were encouraged that this was a priority for the new County Executive; however, understandably, many felt that it would take a while to see a shift happen. In the meantime, the status of the school system will still affect the health of the county. Respondents felt strongly that in order to have a thriving county, you need children that are also thriving, that are healthy and have good mental health. One respondent shared that many individuals are reluctant to send their children to the public school system in the county and may even make them reconsider staying in the county.

"You only get one chance with your kid's education."

Many also shared their feelings about the importance of the schools making a commitment to providing more recreational activities/physical education classes so that kids can learn about their bodies and their overall health.

Economy: Employment, more specifically livable wage employment was a concern for over half of the respondents.

"We need to push for GOOD livable wages; yes it hurts small businesses because they cannot always afford to pay $15-16 an hour and we have to figure that out, but then again how are people supposed to live?"

The increasing amount of residents working outside of the county because of higher wages/salary compensation was also a concern.

"Nearly 70% of the work population live outside the county. When you are not making the PTA meeting it is because you are on the road, or missing the civic council meeting or any type of civic duties you cannot do because you work outside the county. So we need to do better with work and place so that people can be the citizens we desire them to be."

Many respondents cited lack of access to opportunities and lack of resources for some county residents were by-products of the poor economic conditions in the county.

7. What do you think are the three most important physical health needs or concerns of County residents?

Chronic diseases, such as Type 2 diabetes, cardiovascular disease, cancer and hypertension were mentioned by two-thirds of the participants. All respondents were concerned about the overall physical health of county residents and believed that provider care (whether it was access to or availability of) was a major issue in the

county, strongly related to the amount of physical health conditions existing in the county. The lack of regular routine checkups, trust of medical professionals in the county, and the lack of adequate healthcare were cited as possible causes for some of the physical health issues experienced in the county. One respondent shared that, because some residents only seek care when they are severely ill and/or cannot manage their daily activities, they end up being more severely plagued by their chronic condition when it could have been better managed if they had sought earlier treatment.

Physical health management was also cited as an issue respondents felt needed to be addressed, ranging from having adequate transportation to get individuals to their medical care appointments, to helping a resident manage their multiple comorbid conditions. Obesity was also frequently mentioned, both as an effect of another physical health concern (e.g., lack of access to healthy food options and/or walkable areas) or as a risk factor for other chronic diseases. Family planning, dental services and mobility for seniors were also mentioned.

8. What do you think are the three most important behavioral/mental health needs facing the County?

All respondents expressed that the rising incidence of behavioral health problems among adults and children, the stigma around seeking help for mental conditions, and the limited access to behavioral health services due to a lack of providers, are three pressing problems in the County. Substance abuse, depression, anxiety, and suicide provoked by the stresses of long commutes, the high cost of living, limited social support, and for some immigrants and seniors, feelings of isolation from the greater community, are prevalent concerns. Some respondents mentioned the relationship between poor mental health and overall health, stating if residents are not feeling overwhelmed by mental health issues, they are more likely to engage in activities that are good for their overall health (e.g., physical activity, healthy eating, or going to medical appointments). Most respondents felt that the mental health issues in the county need to be addressed immediately, as these issues are the basis for the overall health of the residents in the county.

> "*The mental health issues have gotten really out of proportion; people are feeling inadequate, they are turning to all kinds of ways that they can alleviate the pain."*

Many respondents believed that seeking mental health treatment was traditionally stigmatized in the African American community and other communities of color and that not enough was being done to reduce the stigma. Others believed that residents were

not aware of the available resources or the mental health indicators they should be aware of, either for themselves and/or others.

There was an overwhelming sense of concern and a need for more resources for children, adolescents and homeless populations. The majority of the respondents mentioned that homelessness was related to behavioral health and that homeless individuals needed to have stable housing in order to assist with their behavioral health concerns. Some respondents also raised concerns about the high rates of individuals in the emergency room and the jails with behavioral health needs. Similarly, the lack of child and adolescent mental health services in the county, including a need for more dedicated beds and facilities for those age groups, were mentioned.

Many respondents shared that a better understanding of health insurance and its offerings would also be beneficial. Assistance finding qualified mental health providers in the county, could help demystify how the system actually works. The faith community was also mentioned as a place where mental health stigma could be addressed, and mental health care could be promoted. One respondent noted that few of the local faith organizations actively promote care seeking for mental disorders yet are one of the most trusted sources of health information, counseling and social support for many residents, particularly those who lack ready access to healthcare.

9. What do you think are the three most important health-related environmental concerns facing the County?

Nearly all of the respondents cited air quality, water, and responsible land use as their most important health-related environmental concerns.

Air Quality: The quality of the air in the county was a concern to some of the respondents, eluding to the possible relationship between physical health conditions (e.g., asthma) and air quality.

> *"There is a major opportunity to improve the health of the county related to air quality-it affects a lot of pulmonary conditions here, so whether it's the pollen or its summertime, everybody's driving and all those emissions are stinking up the air! I definitely think that the air quality is a concern."*

Water: Most respondents were not certain about factors contributing to their concern about the water; however, many felt that there should be an examination of the water quality and purity based on the increase in flooding that residents experienced over the past few years.

Responsible Land Use: The concerns around responsible land use spanned across several issues. Many respondents were concerned about the abundance of landfills in the county:

> *"...they (landfills) seem to be everywhere, trucks come from all over the state, and it seems to bring their trash into Prince George's County."*

Other respondents shared concerns about development projects in the county and their effects on the abundance of green space in the county. One respondent felt that all of the development in the county was encroaching on the community and that more attention needed to be put towards maintaining and creating more walkable green spaces and installing more bike trails so that residents could be less dependent on their vehicles.

> *"Parks are great, but if no one can get to them or they are too far away, it is not of much good to most people."*

> *"We need more complete streets when they are building the new construction projects. The type of streets that they promote all types of traffic be it physical like walking or biking or driving a car, in a safe manner."*

Personal responsibility was mentioned by some of the respondents, such as community cleanliness and demanding more information about environmental health issues.

> *"We talk about gorgeous Prince George's but people have to be accountable for their personal environments as well."*

Other areas of environmental health concerns mentioned included: road infrastructure, transportation concerns, quality housing, food insecurity, and lead in older homes.

10. Now if you had to prioritize and select the three most important health issues facing the County from among those you just mentioned what would they be?

Nearly all respondents mentioned behavioral health and chronic disease as the most important health issues facing the county. The third most important health issue was a tie between housing, access to care, education (quality amongst K-12 schools in the county) and issues related to healthy eating (i.e. food insecurity, food deserts). Several respondents expressed that the reputation of the county will be based on our ability to address the aforementioned issues and that our health ranking in the state will remain relatively the same unless we address these issues. All agreed that intentional discussions and action plans surrounding these issues were essential. Several

respondents mentioned the need to address persons who utilize hospital inpatient and emergency services because they either lack a medical home and/or do not practice effective self-management.

Respondents were equally adamant that the County must curtail the proliferation of fast food restaurants, actively work to end food deserts, and make farmers markets and full service supermarkets readily accessible to all residents. Respondents proposed that increased public and private collaboration to raise awareness of available services and resources through social marketing campaigns and enhancing the capacity of faith- and community-based organizations would further this goal.

Many respondents agreed that the County should put health at the center of all its planning, including economic development, education, housing, and transportation. Policies that support living wages, the expansion of the safety net, and the creation of more jobs within the County will reduce poverty and thereby reduce financial stress. Less stress will allow residents to focus more on prevention and have the financial resources to practice effective preventive behaviors.

11. In what way does your organization/ program address each of the three issues you just mentioned?

Efforts to address the myriad of health problems and concerns raised by the respondents fell into three main categories: direct services; community health education and outreach; and partnerships and collaborations.

Direct Service: All of the direct service providers reported working at capacity and still being unable to meet the demand. Many predict that the demand for services will continue to rise and, given the significant proportion of highly educated residents in the County, consumers will increasingly demand high quality services. All noted that in addition to the provider shortage the non-profit sector particularly in the area of supportive services is very underdeveloped often leaving providers with no referral options.

Education and Outreach: Many respondents felt that one of their most important roles was to provide community health education and outreach to local residents. Several respondents expressed they wished to do more; however, their organizations were already at capacity and needed to expand to be better equipped to provide needed resources to additional residents in Prince George's County.

Partnerships and Collaborations: Several respondents reported having partnerships and collaborations with various local, state and national organizations and were passionate about the importance of collaborating with others for the benefit of the local residents.

Additionally, respondents were adamant about not "meeting for the sake of meeting" and actually having productive and engaging conversation *and* action surrounding the vast array of issues that were significant in the county.

12. How well is the County as a whole responding to these issues?

> *"I am encouraged by the conversations that we have had here in the county. I am seeing it more and more, where people are at least willing to have the conversation and then doing something about it."*

All of the respondents emphasized that they were optimistic about the current direction of the County Executive and their push towards a better Prince George's and being "*all in*."

> *"The County Executive is generating a lot of hope, and I believe we will see the results."*

The majority of the respondents were mindful that change does not happen rapidly but in fact takes several years to see positive outcomes. Most respondents mentioned that there definitely was a "*buzz*" and that lots of conversations were being held in the county about creating strategies to reduce and eliminate many of the health issues that county residents were dealing with. Many respondents eluded to a sense of urgency, noting that many of the health issues they discussed were not new to the county, yet, there was still so much that needed to be done. Respondents felt that residents were getting frustrated and inpatient, and a few questioned if health was seen as a priority to the local county government based on how long issues have taken in the past to be financially addressed.

> *"The county is responding; it's a slow conversion. It's as if there are a tsunami of responses, when the county is confronted with the facts of a crisis, they start to move towards healthier behaviors. This is because health is not a priority in the county. It has been this way for a number of years, perhaps it is due to the lack of dollars that come into the health department, it has not had adequate systems to address specific needs and disease states for several years."*

Some respondents were not confident that the county had done its fair share in the past to reduce the prevalent health issues in the county. Regarding that level of confidence:

> *"I honestly do not think they are, When the county shuts down services for pregnant women, that is an indicator of how they feel although it was*

because they said that they could not afford it, it does not push the problem away, in fact it gets bigger. The County is very good at planning and doing really good reports… However, there needs to be more planning and sometimes there is but there needs to be more follow through".

A number of respondents shared that the county was developing rapidly, perhaps more rapidly than anticipated, whether it be through immigration, increases in births and/or individuals moving into the county from the surrounding jurisdictions. Based on all of the rapid changes in the county, the majority of the respondents shared that there is a strong need for an executable action plan for all residents that is easy to follow and monitor.

Respondents supported the hospital and investment in the facility, but the management of the hospital concerning to some of the respondents, wanting to ensure that the enthusiasm would remain the same even after the "ribbon cutting."

"We have a new hospital that's coming but hopefully we will get all of the services that we need, no matter how much money it costs because care costs money, In order to save money you have to spend money, spend money on the prevention you guys spend money to make sure people are insured and make sure that they use their insurance, make sure that there's access to services. If we don't spend money on the front end, we will definitely spend it on the other end and it will cost more."

13. What more needs to be done and by which organizations/ programs?

"There is a lot to do, but we all have to "step up."

Promoting service integration across public and private providers and developing systems of care for physical and behavioral health were noted as high priorities by most respondents. Furthermore, the desire to have as many agencies, organizations and institutions around the table for a guided discussion with this same question pertaining to the health of the residents was important.

"Everyone needs to come to one central table and we all sit at the table, have a community to county forum and all other professional/educational programs in the county. There is no forum that I know of for everyone to share with each other."

Many respondents suggested that the Health Department's should be responsible for getting that accomplished; some respondents specifically mentioned two Health Equity forums in 2018 that brought various stakeholders together as an example. This would

entail spearheading a more comprehensive, but streamlined, health planning process countywide that engages a wide array of stakeholders; increased care coordination efforts; and leveraging the expertise of local academic institutions to ensure that proposed interventions are state of the art and evidence-based and then sharing the findings to help the navigation process for next steps.

> "*This is an opportunity for the Health Department to produce the research and the data that supports whatever we're going to conclude will be our largest challenges and demonstrate that to folks and then go from there I don't think there's any better advocate than our County Executive to take up the charge on that, but then she can't be everywhere and would need others to help lead the charge."*

The majority of the respondents expressed a need for increased services for *all* residents, especially young families and senior citizens. An increase in transportation services, especially for senior residents, was referenced to enable community engagement.

> *"It's fine to have a ride to the doctor but there's a whole lot of other things that people want to do and should be able to do…You always have to pay someone to take you to church well maybe you want to go to Bible study on Wednesday nights or in the morning and you just can't get somebody to drive you. Yeah, your adult children will take you to the doctor but what about getting your hair done, or getting your nails done. Those to me are quality of life issues. And so once people can do that or be in walkable communities where those things are, that is a big deal."*

Most respondents pointed to the local government to provide these much needed services to the county. All of the respondents agreed that more funding needed to be distributed to organizations and agencies that worked for the betterment of the residents in Prince George's County. The majority of respondents strongly suggested that two entities that could benefit from more funding would be the Health Department and the Department of Social Services because of their dedication to the county and the fact that they desperately need more resources to address the increasing needs of the residents.

Two other important needs identified were attracting more service providers to the county, either through a county-supported loan forgiveness program or another incentive to attract early career primary care providers to the community; and education.

> *"In order to have individuals that are thriving, they need to be healthy, have good mental health, have good housing, have good physical health, so all of these areas need to collaborate/comingle for the benefits of the*

children. Schools need to make commitments to recreational activities/physical education classes so that kids can learn about their bodies, their overall health."

Most of the respondents shared that they knew that funding was difficult to attain; however, they believed that, because the county government should know that, they would need to be very creative with their public-private partnerships and other entities.

"I would like to see the county be more creative in accommodating and filling these existing gaps, for instance we have tremendous provider gaps. The poorest ratio of primary care providers per capita, we need to attract more providers"

The sentiment among most of the residents was although it takes a lot of work, it is possible, and, as one respondent stated: *"If they can do it for the purple line, why can't they do it for healthcare?"*

The role of nonprofits was less clear. Respondents expressed the sentiment that more nonprofits need to be involved in addressing the County's health needs but acknowledged that many lack the capacity to do so.

"We have to address the nonprofits, we have to create a pathway for them to survive, we have to build an economy that supports them."

Therefore, a pressing priority is capacity building for non-profits so that more may participate meaningfully in promoting and protecting the health of residents is necessary. Capacity building may include technical assistance in board development, grant writing, and program planning, monitoring and evaluation in addition to professional development to ensure that staff is linguistically and culturally competent. Respondents did not identify who should deliver the proposed capacity building or how it would be funded.

14. What resources are needed but not available to address each of the three issues?

The majority of the responses centered around housing, transportation, the economy (e.g. sources of funding and the workforce), and health and human services as essential resources needed to address the current key health issues. The majority of the respondents reiterated their concern about housing (detailed discussion in Questions 5, 6, and 10) and transportation (detailed discussion in Questions 5, 6, 7, 9,12 and 13). Respondents also shared that a more concerted effort needed to be made in strengthening the county's economic situation. There is a disparity in the funding allocated to health in the County compared to the funding made available to the health departments of neighboring counties and the District of Columbia. Many suggested that

the county needed to have more innovative collaborations with the surrounding counties based on the fact that individuals travel seamlessly between these geographical locations.

> *"There is not enough innovation in the county to address and challenge the status quo - that is dangerous."*

Other respondents felt that workforce development and placement was paramount. Many residents comprise the workforce in other surrounding counties because there are more opportunities and higher wages, and we are not doing our best to compete. Most respondents mentioned that an increase in health and human resources was needed for the viability of the county, citing having more practitioners, especially practitioners based in the county that they serve, more behavioral health beds, and more mobile units to reach the individuals who may need services but are unable to access them.

Another resources mentioned was a more viable education program for 0-5 year-olds and the K-12 program, adding in health components such as healthy eating and physical activity back into the curriculum. The new hospital system was also mentioned as a resource that the county desperately needs to have active and functioning residents.

15. What are the 3 most important <u>emerging</u> threats to health and well-being in the County?

There were several issues of concern for emerging threats to health and well- being in the county. The most common concerns were the health resources needed for the growing immigration population, gentrification, chronic disease, and mental health conditions.

<u>Immigrant Population Health Needs:</u> Many respondents shared that they were encouraged and pleased with the increased diversity of the county. However, many respondents were concerned that there did not seem to be a clear plan as to how to address the increased amount of immigrants who were entering into the county with varying health concerns and no health insurance.

<u>Gentrification</u>: Many respondents shared that there are several issues that surround gentrification and with individuals leaving the District of Columbia (primarily), there may be a feeling of identity loss for some individuals which could lead to various behavioral health concerns such as stress and depression, moreover, many of these individuals may not have all of the health coverage that they need to address some of their health concerns which will "pull from" the already limited resources in the county.

Chronic Diseases and Mental Health: Many respondents were concerned about the increasing rates of obesity, diabetes, cardiovascular disease and cancer and felt that it was hard to "wrap their minds around" how to confront this emerging threat in the county. Many shared their opinions about the cyclical nature of these conditions and made a connection between the high levels of mental health concerns, such as stress and depression, and the behaviors that individuals may engage in to reduce the stress, such as eating unhealthy foods, consuming substances and the lack of physical activity, thus making them vulnerable to chronic diseases. The rising rates of certain diseases in adolescents and children were also of concern.

> *"Stress is compromising our immune systems; it is also leading to depression and teen suicide, our children are stressed, stressed of going into poverty or being in poverty and feeling isolated, now they have rising rates of hypertension and diabetes, we must figure out a way to reduce community stress."*

Issues related to chronic disease and an aging population in the county was also raised as a concern.

> *"They (the older adults) will have more chronic diseases and complications-are we ready? Are we ready for the population to be 20, 30, 40% older adults?"*

Other potential emerging threats that were shared surrounded issues, including: efforts to dismantle the Affordable Care Act; the political environment; consumer confidence; increased use of technology and the role that it plays in the everyday lives of county residents (e.g., texting while driving, cyberbullying, gambling, gaming); substance use (e.g., unknown effects about legalizing marijuana and the opioid crisis); and climate change.

> *"We cannot ignore the major impact of climate change on the eastern seaboard is increased storms and more fierce storms and what the impact is, meaning more flooding. Hundreds of homes…are experiencing flooding every year people are quite frustrated by that."*

16. How is your organization/program addressing these emerging threats?

Aside from sharing information where appropriate to their respective targeted population, respondents uniformly agreed that, although they are able to identify several threats, their organizations are not able to address all of them because they are too occupied with responding to current needs. In addition, some respondents believe that

the identified threats require a uniform, comprehensive approach and not siloed actions undertaken by individual organizations. Some respondents shared that, whenever possible, they do their best to join organizations, coalitions or task forces and they direct individuals to the services that they know exist in the county. Others addressed emerging threats through lobbying activities, advocacy, strategic communication, tailoring existing funds to meet emerging needs, attracting businesses to the county, integrating health into other activities, helping individuals to see all aspects of health as being important to one's overall well-being, and creating networks.

17. Do you have any other comments to add relative to health and the County?

> *"The key to growing and successful community starts with each family, each individual in the community and no one's needs should be less or less prioritized than another person's needs"*

The respondents' closing remarks centered on the following key recommendations: the County needs to improve access to care by strengthening the safety net; attend to the behavioral health issues that are prevalent in the county; develop and implement a strategy to address the existing and rising chronic disease conditions; foster stronger collaborations across all related entities in the county and ensure stable levels of funding that are commensurate to the size and scope of identified and emerging health needs in the County. Overall, all of the respondents were optimistic about the future of the county and its direction and they were ready to see (and continue to work towards) significant change.

> *"We have never had more real potential or people aware of our potential."*

> *"We each have to take a role in redefining this county in the region and in our own backyards"*

Appendix A: List of Key Informants

NAME	ORGANIZATION	TYPE
Georgina Agyekum Manzano	First Baptist Church of Glenarden	Faith-based
David Harrington	PGC Chamber of Commerce	Business
Cathy Stasny, RD, L.D.	PGC Area Agency on Aging	Seniors
Maria Gomez	Mary's Center	FQHC, Hispanic Population
Ernest Carter, M.D.	PGC County Health Department	Local Government
Gloria Burnet Brown	PGC Health and Human Services	Local Government
Angela D. Anderson	PGC Community College	Higher Education
Joseph Wright, M.D.	UM Capital Region Health	Medical
Robin Jacobsen	Prince George's County Memorial Library System	Community
Dushanka Kleinman, D.D.S., MScD	University of Maryland, College Park	Higher Education
Mary McDonough	PGC Department of Corrections	Local Government
Joseph Gill	PGC Department of the Environment	Local Government
Tiffany Sullivan	University of Maryland Capital Region Health	Hospital System
Henry Stawinski III	Prince George’s County Police Department	Local Government

Appendix B: Community Health Needs Assessment

Key Informant Interview Protocol

1. What is your/your organization (program's) role relative to the health and well being of County residents?

2. How long have you/ your organization/ program played this role?

3. In your opinion has the health of County residents improved, stayed the same, or declined over the past few years? What makes you say that?

4. What are the County's three most important assets/strengths relative to the health and well being of residents?

5. What are the County's three most important barriers relative to the health and well being of residents?

6. What do you think are the three most important social determinants of health in the County? (Social determinants of health are factors related to the social environment, physical environment, health services, and structural and societal characteristics.)

7. What do you think are the three most important physical health needs or concerns of County residents?

8. What do you think are the three most important behavioral/mental health needs facing the County?

9. What do you think are the three most important health-related environmental concerns facing the County?

10. Now if you had to prioritize and select the three most important health issues facing the County from among those you just mentioned what would they be?

11. In what way does your organization/ program address each of the three issues you just mentioned?

12. How well is the County as a whole responding to these issues?

13. What more needs to be done and by which organizations/ programs?

14. What resources are needed but not available to address each of the three issues?

15. What are the 3 most important <u>emerging</u> threats to health and well being in the County?

16. How is you/ your organization/program addressing these emerging threats?

17. Do you have any other comments to add relative to health and the County?


COMMUNITY EXPERT
survey

COMMUNITY EXPERT SURVEY

Introduction

Prince George's County is diverse and our growing population has a wide range of needs, disparities, and perceptions about health. The Community Expert Survey was developed as a strategy that complements the overall Community Health Assessment (CHA) goal of identifying the health needs and issues among the county's different populations, through providers, community-based organizations, local governments, and population representatives that can speak for the communities they serve.

Methodology

The Core CHA team provided lists of community-based partners and providers to be included in the survey; this included the membership of the Prince George's County Health Action Coalition, as well as hospital board members, partners, and community leaders. The survey was developed based on existing community surveys, with some modifications specific to the county. Efforts were made to ensure the survey questions corresponded with the Community Resident Survey which was also part of CHA data collection efforts. An email request was sent to approximately 270 participants by the Prince George's County Health Department with an electronic link for the survey on April 12, 2019 with efforts made to resolve missing or incorrect emails. One reminder request was sent to those who had not yet participated during the collection period, and the survey closed on April 26, 2019.

The survey questions included multiple choice, ranking, and open-ended responses. Each multiple choice question is presented as a simple descriptive statistic. Questions 6 and 8 both required ranking; each ranked score was weighted in reverse order, with the participants first choice having the largest weight, and their last choice with a weight of one. For Question 6 there were three ranked slots, so a first choice was given a weight of 3; for Question 8 with five ranked slot the first choice was given a weight of 5. An example of how each response was weighted is provided below, with 83 participants total responding to the question:

Rank	Number of Responses	Weight	Response*Weight	Sum of Weighted Responses/Total N
1	4	3	12	$\frac{12+6+2}{83}=0.24$
2	3	2	6	
3	2	1	2	

Not all participants responded to every question; each question includes the number (N) of participants that did respond. Open-ended response questions were initially reviewed for

content analysis, which was used to identify common categories and overarching themes that emerged as patterns in the data. Each response was then reviewed and analyzed according to the categories and themes, with summary responses presented to capture the participants' information.

Participation

Surveys were submitted by 83 participants, with a return rate of 31%. Participants represented knowledge bases from across the county geography. Participants represented a variety of organizations (Question 19): Government Organizations (28.6%), Healthcare Providers (28.6%), non-profits (27.1%), Public Health Organizations (15.7%), Community Members (12.9%), Social Service Organizations (10.0%) and Mental/Behavioral Health Organizations (10.0%); participants also worked with a variety of populations in the county (Question 21).

Key Findings

- ***Healthy community***: Access to healthcare, healthy behaviors and lifestyles, a healthy economy and good jobs, were the most important factors defining a "healthy community" identified by community experts. Almost two-thirds of survey participants believe that the overall health of Prince George's County is unhealthy, and half believe the communities they serve are either unsatisfied or very unsatisfied with the healthcare system.

- ***Leading health issues***: Similar to 2016, chronic disease and related issues including heart disease, diabetes, stroke/hypertension and poor diet led as the most pressing health issues for the overall county, although every health issue was designated either a major or moderate problem by at least half of community experts. By ranking, diabetes, mental health and homelessness were the most important health issues identified by participants.

- ***Access to healthcare***: Participants were more likely to disagree or somewhat disagree that most residents could access providers in the county, including: mental health providers (75.4%), medical specialists (62.4%), dentists (50.7%), and primary care providers (45.5%). Over half of survey participants disagreed or somewhat disagreed that providers incorporate cultural competency and health literacy into their practice, as well as accept Medicaid or provide services for residents who do not qualify for insurance. Two-thirds of survey participants disagreed or somewhat disagreed that transportation is available to the majority of residents for medical appointments, and 83% disagreed or somewhat disagreed residents can afford their medication.

- ***Leading barriers**:* The most significant barrier to accessing healthcare in the county identified by participants was the lack of health insurance, followed by the inability to navigate the healthcare system, the inability to pay, basic needs not met and the lack of health literacy in the community and in practice.

- ***Resources to improve access:*** Survey participants identified key areas of resources that are needed to improve health care access in the county (those with at least 10 responses):

    - *Better health navigation, education and information* – increased community health worker capacity in the access pathways and supporting training for those community health workers; incorporating cultural competency throughout the entire process; special considerations for the aging and homebound; health literacy education for consumers;

    - *More access to those providers with improved quality* – more providers that are culturally competent; more providers accepting all types of insurance and/or providing services to the uninsured; providers closer to public transportation;

    - *More behavioral health capacity* – more behavioral health providers throughout the county; more crisis beds for psychiatric emergencies; more services for children and adolescents;

    - *Transportation options* – an improved public bus system in the county; subsidized use of ridesharing applications for medical appointments; more low-cost and/or free options;

    - *Basic needs assistance* – more affordable housing options, better services for the homeless population, more job training and placement;

    - *Affordable health care* – help for those that can't pay for their medications and help with out-of-pocket costs (e.g., high deductibles, co-pays, etc.).

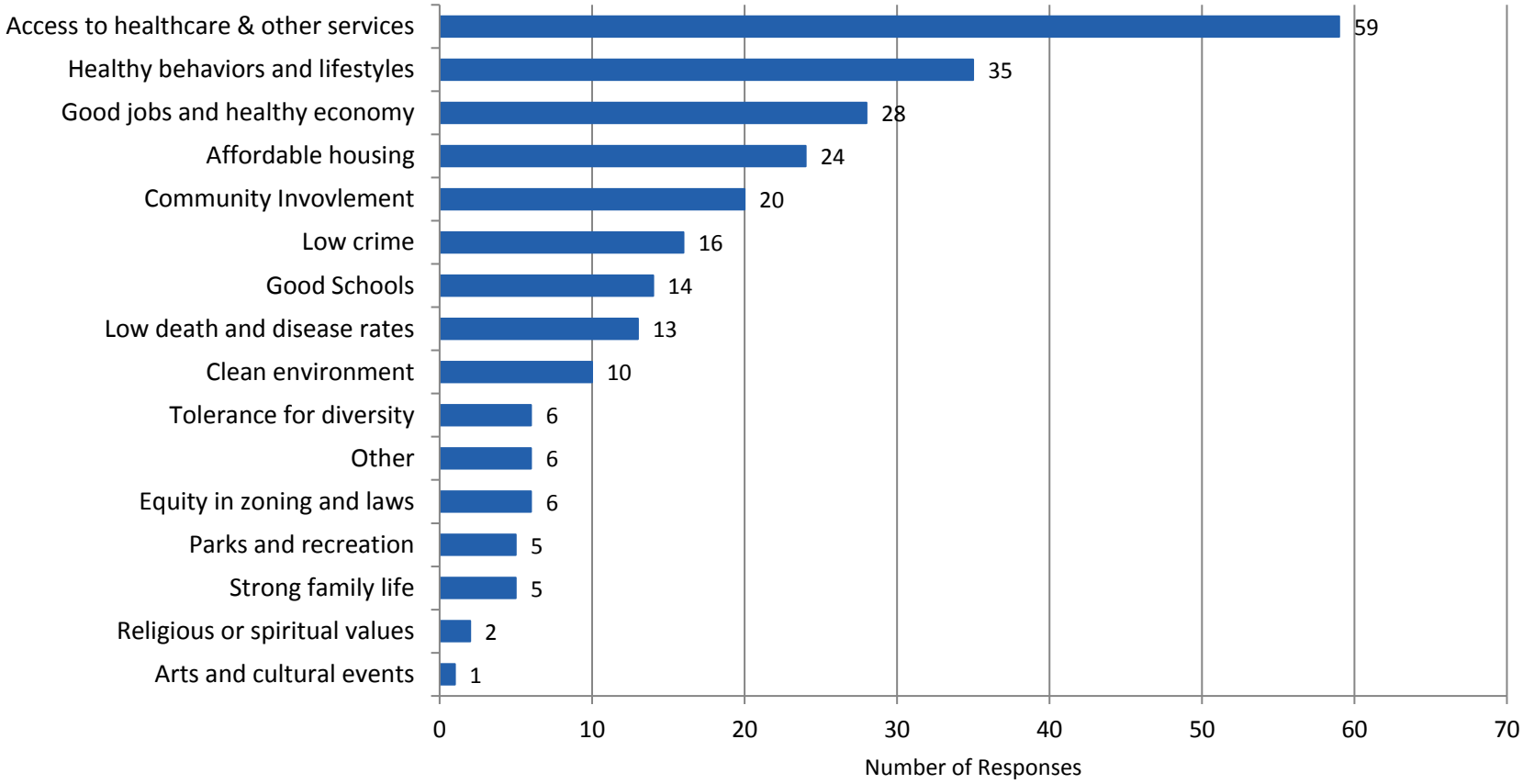
- ***Underserved populations***: The populations that were selected as most underserved included the homeless, those with low incomes, immigrants, the non-English speaking, and seniors.

- ***Primary barriers to accessing healthcare for underserved populations*:**
    - *Lack of financial and basic resources* – healthcare overall is unaffordable and is not a priority if there are competing needs not met already (e.g., housing, food, work, etc.); low incomes and unaffordable housing are key drivers;
    - *Access to care* – provider participation in Medicaid is low; provider hours are not convenient due to the lack of evening and weekend hours; geographically, services are not evenly spread throughout the county and many seek services outside of the county;
    - *Cultural/language barriers* – there is a lack of bilingual providers and staff, as well as a lack of resources for non-English speakers in the county;
    - *Engagement and awareness of services and resources* – lack of targeted outreach to known populations that typically do not use the healthcare system;
    - *Lack of health insurance* – residents who are ineligible for health insurance will continue to have unmet health needs, primarily immigrant populations; focus on residents that make too much for Medicaid but not enough for private insurance or high out-of-pocket costs.
- ***Recommendations to improve health:*** An increased focus on health inequities and increased communication and awareness were the most frequent recommendations to encourage and support community involvement around health issues in the county. Open-ended responses from participants included an increased focus on healthy lifestyles, health education and outreach, and increasing and improving access to providers and clinics in the county.

- ***What is working well:*** Similar to 2016, participants reported that collaboration and partnerships among healthcare providers, hospitals, health department, and community-based organizations continues to work well. Participants identified that several county agencies are moving towards Health in All Policies as a well to incorporate health considerations across sectors. Programs focused on specific communities and community outreach and education were also viewed positively. As far as healthcare systems, the construction of the new hospital (UM Capital Region Health) was positively mentioned by several participants, as well as the implementation of community/population health initiatives in the hospital systems.

Results

Question 1: What do you think are the **three** most important factors that define a "healthy community" (what most affects the quality of life in a community)? (N=83 responses)

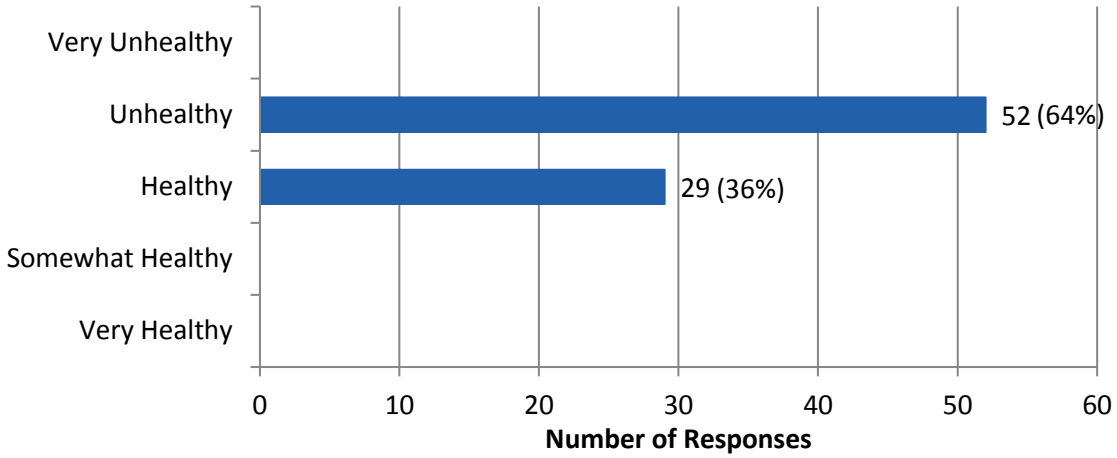


"Other" Included: affordable transportation; safety/feeling safe – beyond low crime levels; access to fresh and healthy foods; lack of poverty; libraries.

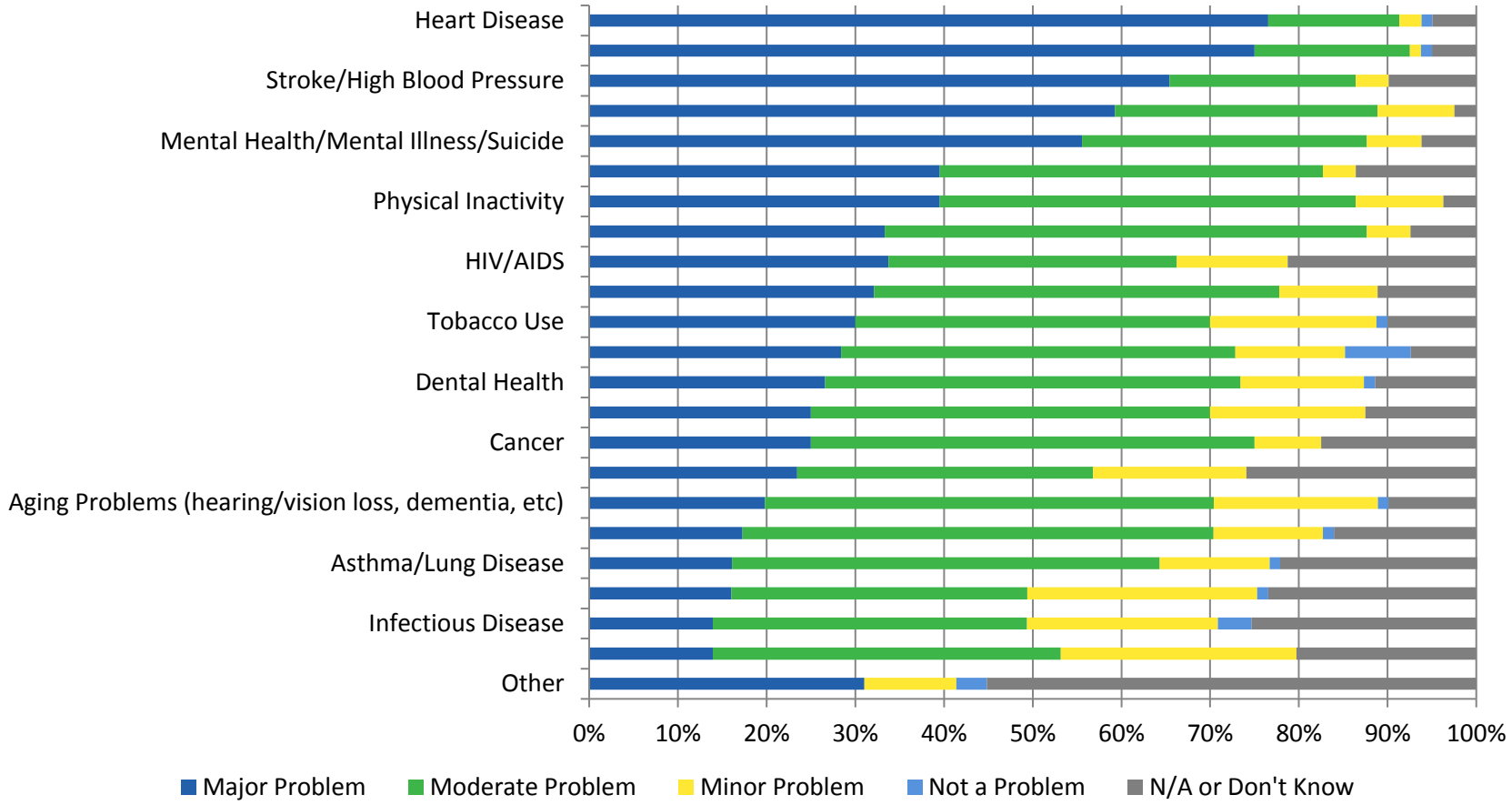
Question 2: How satisfied do you think the Prince George's County communities you serve are with the following? (Number of respondents listed by each statement).

	Very Unsatisfied	Somewhat Unsatisfied	Neutral	Somewhat Satisfied	Very Satisfied
The quality of life (N=83)	1 (1.2%)	20 (24.1%)	17 (20.5%)	45 (54.2%)	0 (0.0%)
The health care system (N=83)	13 (15.7%)	29 (34.9%)	11 (13.3%)	29 (34.9%)	1 (1.2%)
A good place to raise children (N=81)	4 (4.9%)	21 (25.9%)	23 (28.4%)	31 (38.2%)	2 (2.5%)
Economic opportunity (N=83)	6 (7.2%)	26 (31.3%)	15 (18.1%)	33 (39.8%)	3 (3.6%)
A safe place to live (N=83)	6 (7.2%)	19 (22.9%)	19 (22.9%)	34 (41.0%)	5 (6.0%)
The quality of the environment. (N=82)	5 (6.1%)	19 (23.2%)	19 (23.2%)	36 (43.9%)	3 (3.6%)

Question 3: How would you rate the overall health of Prince George's County? (N=81 responses)



Question 4: Please indicate if you believe the issues listed below are a major problem, moderate problem, minor problem, or not a problem that impact health in Prince George's County. (N=81 responses)

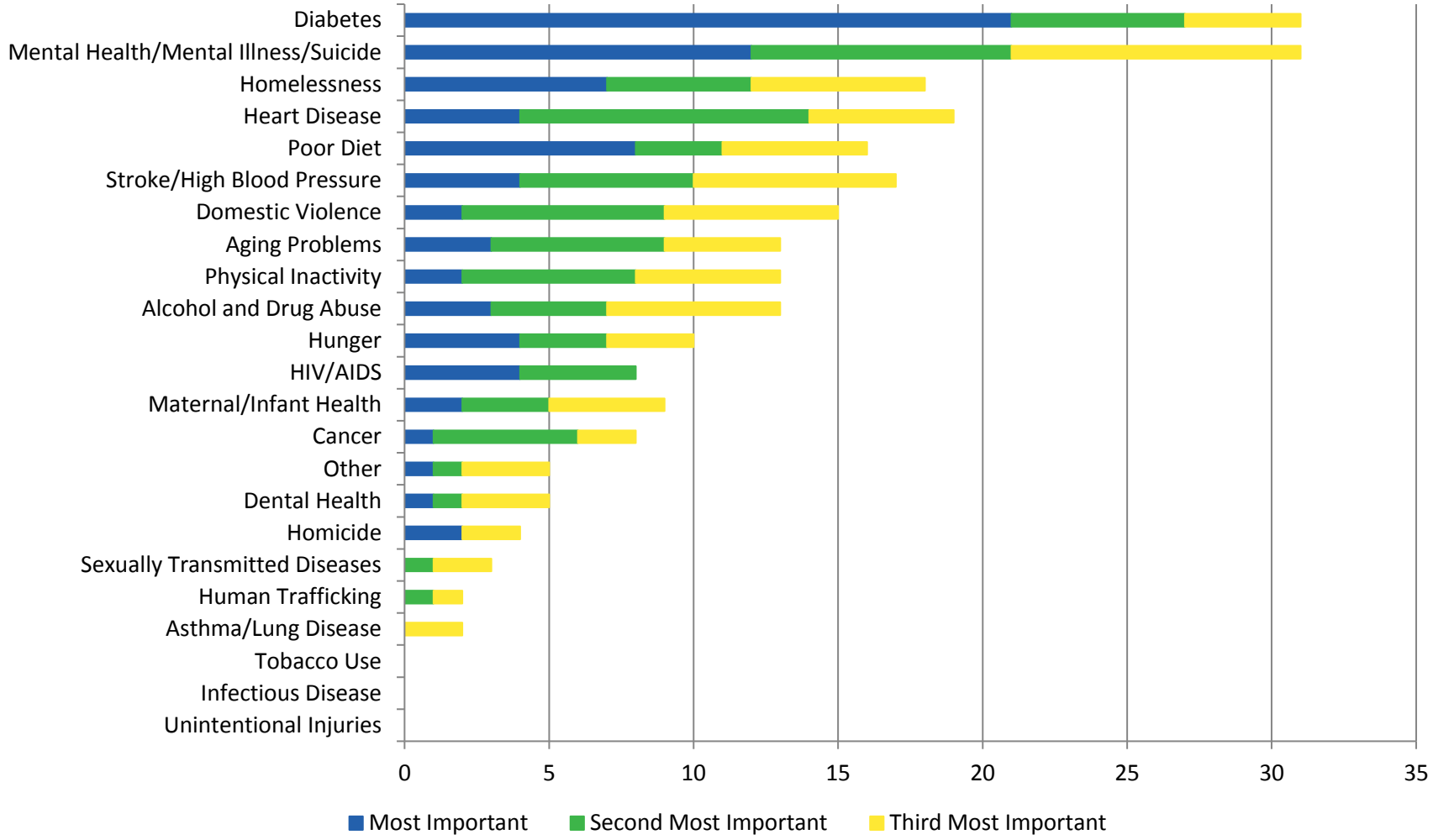


"**Other" Included:** unaffordable housing and lack of transitional housing for those with substance use and mental health issues; obesity; pedestrian and vehicle safety; social isolation; health equity; access/affordability/availability of healthy food; affordable child care.

Question 5: Respondents were asked to share any additional information about health issues in the county in an open-ended response (N=24 responses). The responses are summarized in the table below; many responses included statements about multiple issues.

Issues mentioned	Number of Responses	Summary of Responses
Behavioral Health (Mental Health and Substance Use)	6	Need for more mental health and substance use disorder treatment beds throughout the county; more emergency mental health services for youth; better mental health outcomes for those using public services; suggestion that the county use more core funds on behavioral health beyond State funding; observation that behavioral health is a catalyst for several of the other health issues facing residents.
Awareness, Access and Provision of Available Services and Resources	5	Need to improve the communication and knowledge base about services provided in the county; access to resources about preventative and chronic disease self-management programs are limited; lack of resources to support youth in overcoming daily challenges; little financial support for healthy lifestyle education programs; senior residents have significant barriers to accessing resources (due to social isolation, mobility, etc.).
Social Determinants of Health/Basic Needs	5	Socioeconomic status is a major determinant of health; low income associated with several health outcomes (poor diet, overcrowding, homelessness, substance use, domestic violence, mental health, etc.); affordable housing is limited in the county; K-12 education is not a priority and children are lacking education on life skills; the county cannot simply divide the population into the "haves" and "have nots" as there are many layers to health problems.
Health Disparities/ Vulnerable Populations	5	The number of homeless throughout out the county is on the rise and there is a need for more shelters/housing for this population; immigrant populations in the county may be facing changing health issues (specifically mentioned – African immigrants and the rise in chronic diseases in that population); poor birth outcomes are disproportionate among Black, NH; older populations in the county can be isolated and hard to connect to resources.
Healthy Food Access and Obesity	4	Access to healthy food is very limited in the county (specific mention of south county grocery store options); an accessible healthy diet could be a solid foundation for better health outcomes and subsequent healthcare cost savings; obesity is prevalent and on the rise in the county; extreme overweight is associated with several other health issues facing residents.
Health Insurance/ Affordable Care	2	Sense in the community that many are eligible for health insurance but do not apply for a number of reasons; no safety net for the uninsured in the county.
South County	2	There is little economic development outside of National Harbor; bilingual services are needed greatly in this area as well.

Question 6: From the list for Question 4, please select the three overall most important health issues in Prince George's County. (Shown in order of ranked score) (N=80 responses)

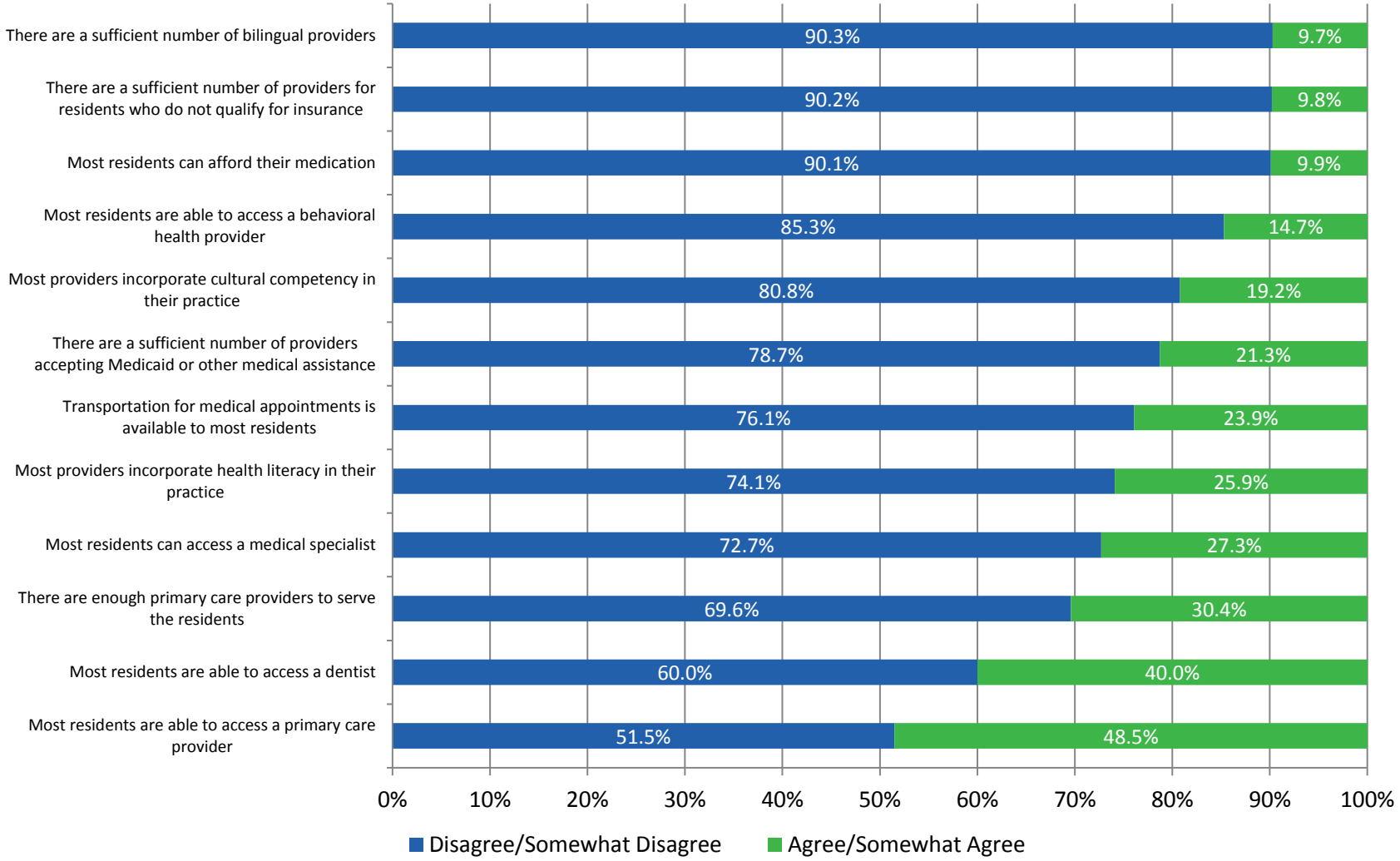


"Other" Included: equitable access to quality healthcare and services; access to good schools; a healthy economy; kidney disease; pedestrian injuries and fatalities; feeling of safety in communities; obesity.

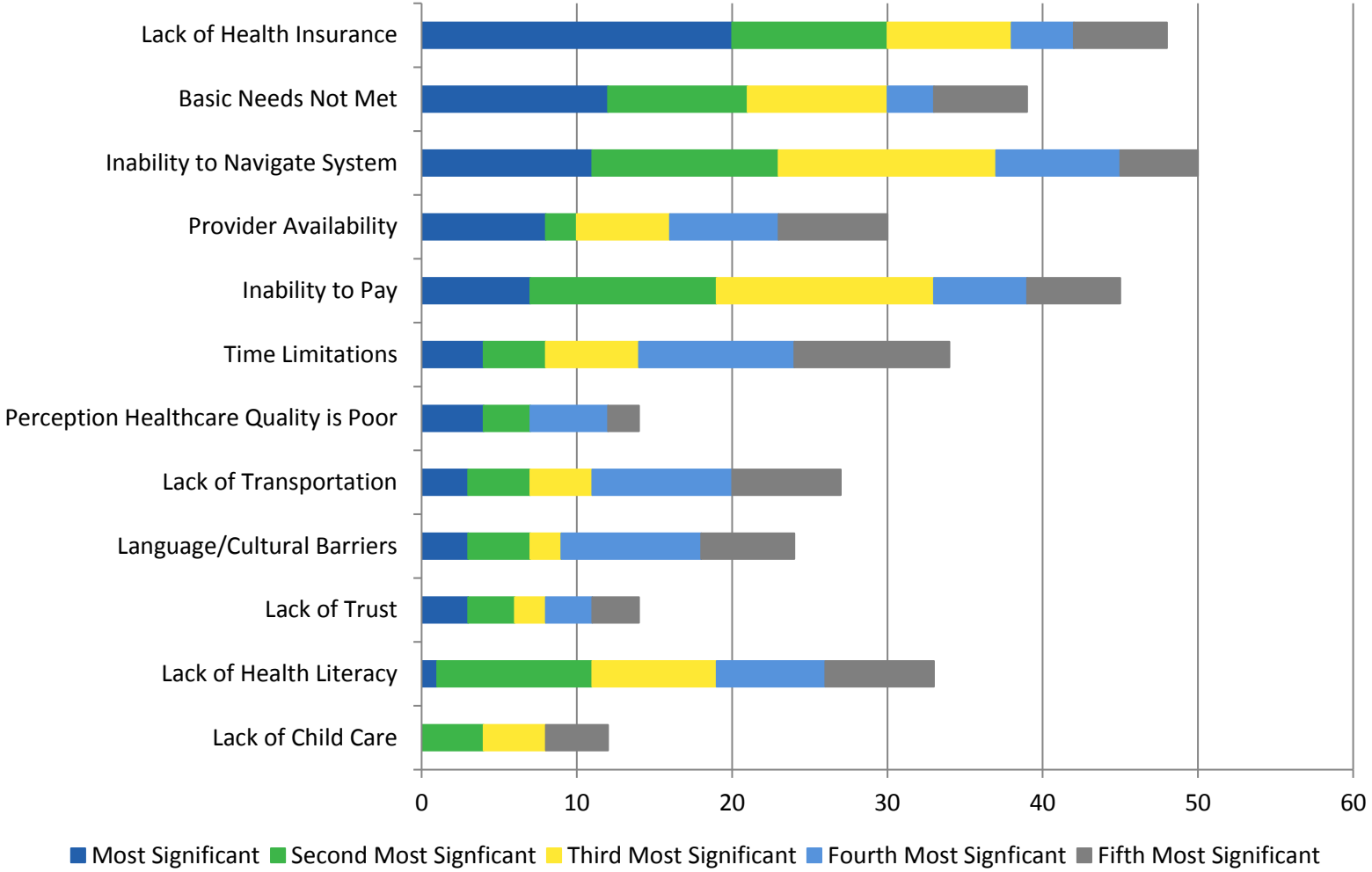
Question 7: Please rate the following statements about health care access in Prince George's County. (N=77 responses)

	Disagree	Somewhat Disagree	Somewhat Agree	Agree	No Opinion/ Don't Know
Most residents in are able to access a primary care provider.	15 (19.5%)	20 (26.0%)	29 (37.7%)	4 (5.2%)	9 (11.7%)
There are enough primary care providers to serve the residents.	26 (33.8%)	22 (28.6%)	19 (24.7%)	2 (2.6%)	8 (10.4%)
Most residents are able to access a medical specialist.	20 (26.0%)	28 (36.4%)	15 (19.5%)	3 (3.9%)	11 (14.3%)
Most residents can access a behavioral health provider (such as for mental health or substance use treatment).	37 (48.1%)	21 (27.3%)	7 (9.1%)	3 (3.9%)	9 (11.7%)
Most residents are able to access a dentist.	17 (22.1%)	22 (28.6%)	23 (29.9%)	3 (3.9%)	12 (15.6%)
Transportation for medical appointments is available to the majority of residents.	27 (35.1%)	24 (31.2%)	13 (16.9%)	3 (3.9%)	10 (13.0%)
Most residents can afford their medication.	34 (44.2%)	30 (39.0%)	6 (7.8%)	1 (1.3%)	6 (7.8%)
There are a sufficient number of providers accepting Medicaid or other forms of medical assistance.	21 (27.3%)	27 (35.1%)	12 (15.6%)	1 (1.3%)	16 (20.8%)
There are a sufficient number of providers for residents who do not qualify for insurance.	39 (50.7%)	16 (20.8%)	4 (5.2%)	2 (2.6%)	16 (20.8%)
There are a sufficient number of bilingual providers.	38 (49.4%)	18 (23.4%)	5 (6.5%)	1 (1.3%)	15 (19.5%)
Most providers incorporate cultural competency in their practice.	24 (31.2%)	18 (23.4%)	10 (13.0%)	0 (0.0%)	25 (32.5%)
Most providers incorporate health literacy in their practice.	24 (31.2%)	16 (20.8%)	12 (15.6%)	2 (2.6%)	23 (29.9%)

Question 7: Please rate the following statements about health care access in Prince George's County



Question 8: Please rank the top five most significant barriers that keep people in Prince George's County from accessing health care. (Shown in order of ranked score) (N=77 responses)

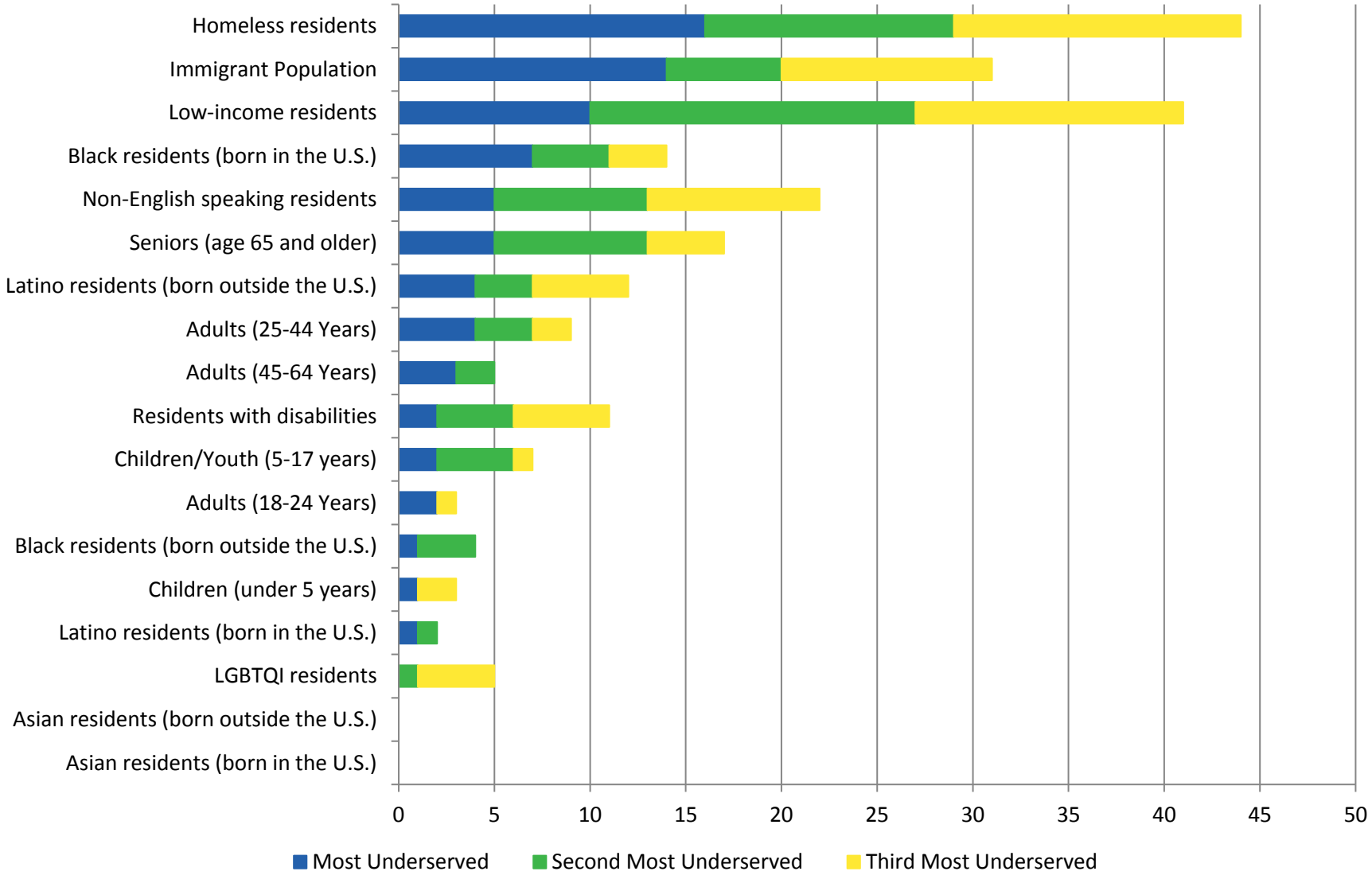


Question 9: Respondents were asked to name two key resources that are needed to improve access to health care for County residents in an open-ended response (N=76 responses). The responses are grouped and summarized in the table below; some responses included statements about multiple issues.

Key Resources	Number of Responses	Summary of Responses
Health navigation, education, and information	31	Need for: increased community health worker capacity in the access pathways; supporting training for community health workers; incorporating cultural competency throughout the entire process; health literacy education for consumers; special consideration for the aging and homebound; better education on improving poor diet and physical inactivity
More providers and Access to providers	16	Need for: more providers across all disciplines; providers closer to public transportation; providers who are culturally competent; providers accepting Medicaid/Medicare or serve the uninsured
More Behavioral Health Capacity	15	Need for: youth mental health partial hospitalization programs; embedding mental health providers in primary care; crisis beds for psychiatric emergencies; acute/subacute care services for children/adolescents
Transportation	15	Need for: an improved public bus system in the county; subsidized use of ridesharing applications (e.g., Uber and Lyft) for residents to use for medical appointments; low-cost and/or free transportation options
Basic Needs (Housing, Food, Employment)	11	Need for: affordable housing; services for the homeless; job training and placement
Affordable Healthcare	10	Need for: help for those that cannot afford their medications – many will go without due to competing priorities; help with out-of-pocket costs (e.g,. high deductibles, co-pays, etc.)
More Community Health Centers	8	Need for: wellness clinics in schools; possible “one-stop shop” family services center in the county; centers inside the beltway; centers closer to immigrant populations
Health Insurance	6	Need to: enroll eligible uninsured residents; provide safety nets for those that are ineligible
More Provider Hours	5	Need for: flexible hours including evenings and weekends
Improved Healthcare Quality	4	Need for: providers that are culturally competent; better care coordination and case management for patients; an improved reputation – many go to Montgomery County or D.C. for care
Primary Language Considerations	4	Need for: increasing provider access to translation services by phone during appointments, using translated text reminders and printed materials for clients; bilingual staff in offices; bilingual services online
Legislation	2	Need for: paid sick leave; gun control
Dental Care Coverage	2	Need for: making dental a standard healthcare provision with Medicaid; more provider participation

Other responses: free health screenings; mobile primary care services; improved walkability; having the right stakeholders at the table when decisions are made to improve health outcomes (e.g., the CBO)

Question 10: Please select the three populations most underserved for health-related services in Prince George's County (N=77 responses)



Question 11: Respondents were asked what the primary barriers are for the populations listed in Question 9 in an open-ended response (N=77 responses). The responses are grouped and summarized in the table below; many responses included statements about multiple issues.

Primary Barriers	Number of Responses	Summary of Responses
Lack of Financial and Basic Resources	42	Healthcare overall is unaffordable; healthcare is not a priority if there are competing needs not met (housing, food, work, etc.); low incomes and unaffordable housing are key drivers
Access to Care	27	Provider participation in Medicaid is low; low income residents are underserved due to the lack of evening and weekend PCP hours; lack of accountable providers; services not spread evenly throughout the county, especially inside the beltway; many specialists are located outside of the county; no dental benefit in Medicaid; lack of services for children; no coordinated system to provide services to homeless
Cultural/Language Barriers	27	Lack of bilingual providers and staff; limited resources for non-English speakers; non-English speaking residents may wait for months to get a routine physical through an FQHC
Engagement and Awareness of Services and Resources	16	Targeted outreach to known populations that typically do not use the healthcare system; increase number of services and staff
Lack of Insurance	15	Those ineligible for insurance will have unmet health needs, primarily undocumented immigrant populations; focus on residents that make too much for Medicaid but not enough for private insurance or high out-of-pocket costs
Navigation of Services/ Care Coordination	12	A large number of residents are relying only on urgent care doctors due to lack of knowledge on how to select a PCP; follow-up from encounters is an issue (adherence to discharge instructions, completing further testing, filling medication, etc.)
Transportation	14	Need for more transportation options and money to fund
Health Literacy	9	Improvements in health literacy would help improve emergency department diversion – residents using ED's for primary care
Lack of Trust	9	Fear and lack of trust with the healthcare system and its providers; lack of trust with government agencies; fear of identification consequences among the undocumented and immigrant populations
Social Environment	6	Discriminatory Federal laws; racism and implicit bias; stigma
Mental Health	2	Homeless are disproportionately affected; need for more mental health care in schools, especially for students with trauma

Question 12: Respondents were asked what is being done well in Prince George's County within communities to improve health and well-being and by whom in an open-ended response (n=74 responses). The responses are grouped and summarized in the table below; many responses included statements about multiple health and wellness activities and contributing organizations.

Agencies/Organizations	Number of Responses	Specific Program/Service/Action [Responses if >1]
Prince George's County Health Department	10	Health fairs [3]; community outreach, including HIV and STI prevention [3]; focus on social determinants of health and policies, systems, environment; naloxone
Prince George's County Parks and Recreation	7	Central Avenue Connector Trail providing a way for people to connect people in Capitol Heights to services in Largo, as well as safe walking and biking connections; Initiatives to help individuals become more active
Faith-Based Organizations	5	Providing direct services
Prince George's County Food Equity Council	2	Advocating for policies and zoning regulations to address health
Prince George's County Healthcare Alliance	2	Community health worker care coordination services [2]
Prince George's County Fire/EMS	2	Mobile Integrated Health [2]
University of Maryland Capital Region Hospital	2	Mama and Baby Bus program [2]
City of Hyattsville	2	Efforts to encourage exercise and fitness [2]
Prince George's County Community College	2	Training of community health workers; Fitness and education classes
Prince George's County Dept. of Family Services Aging and Disabilities Services Division	2	Partnership with Meals on Wheels to deliver meals to the homebound; Partnership with MNCPPC to offer physical fitness activities in senior centers
Prince George's County FQHCs	2	Variety of services under one roof - simplifying navigation for the most vulnerable
Prince George's County Healthcare Action Coalition	2	Organizing the community around enhancing health outcomes; Healthy Eating Active Living workgroup
New Hospital (under construction)	2	Will be centrally located and on a Metro line
La Clinica del Pueblo	1	Providing services and resources in Spanish
City of Seat Pleasant	1	SMART City Initiatives
Prince George's Department of Social Services	1	Administration of the SNAP program/coordination with local food pantries
Prince George's Child Resource Center	1	Healthy Families Prince George's program
HSCRC	1	Fostering population health and helping the hospitals to this end

Other organizations mentioned (without specified programs or services): Heart to Hand, Laurel Advocacy and Referral Services, Shabach Ministries, The American Job Center, Bridge Center at Adam's House, Prince George's County Health Connect, Food and Friends, WIC, Early Head Start

Some respondents listed programs and services occurring in the county without association to a specific agency or organization:

Other Areas of Action	Number of Responses	Specific Program/Service/Action
Collaboration and Partnerships	9	This community health assessment; stakeholders and government agencies coming together to share resources and develop innovative measure to collect data; several county agencies working towards Health in All Policies; recognition by all stakeholders of the need to expand healthcare to underserved populations and implement health-related programming
Community-Based Services and Programs	9	Community health workers engaging in the process to improve and facilitate care coordination services; publication of community education events; efforts by community members in 20743 to replace the Safeway that closed; youth mentorship programs
Provider Capacity	6	New providers in the area with evening and weekend hours; building more health centers; providers in communities that can bring in outside practitioners when needed (e.g., healthcare navigation, primary care for the uninsured); access to holistic health; hospital systems adding urgent care capacity
Healthy Lifestyles	5	Increased numbers of outdoor and green spaces; farmer's markets; county and state efforts to eliminate food deserts; increased bike share vendors near trails
Visibility	2	Several county agencies with noticeable presence in communities; seeing County Executive Alsobrooks and Dr. Carter in public events demonstrating healthy living
Mental Health	2	PRP programs for the Medicaid insured population; more young people are talking about and dealing with mental health compared to the past

Question 13: Respondents were asked what is being done well by the healthcare systems in Prince George's County to improve health and well-being and by whom in an open-ended response (N=74 responses). The responses are grouped and summarized in the table below; many responses included multiple recommendations.

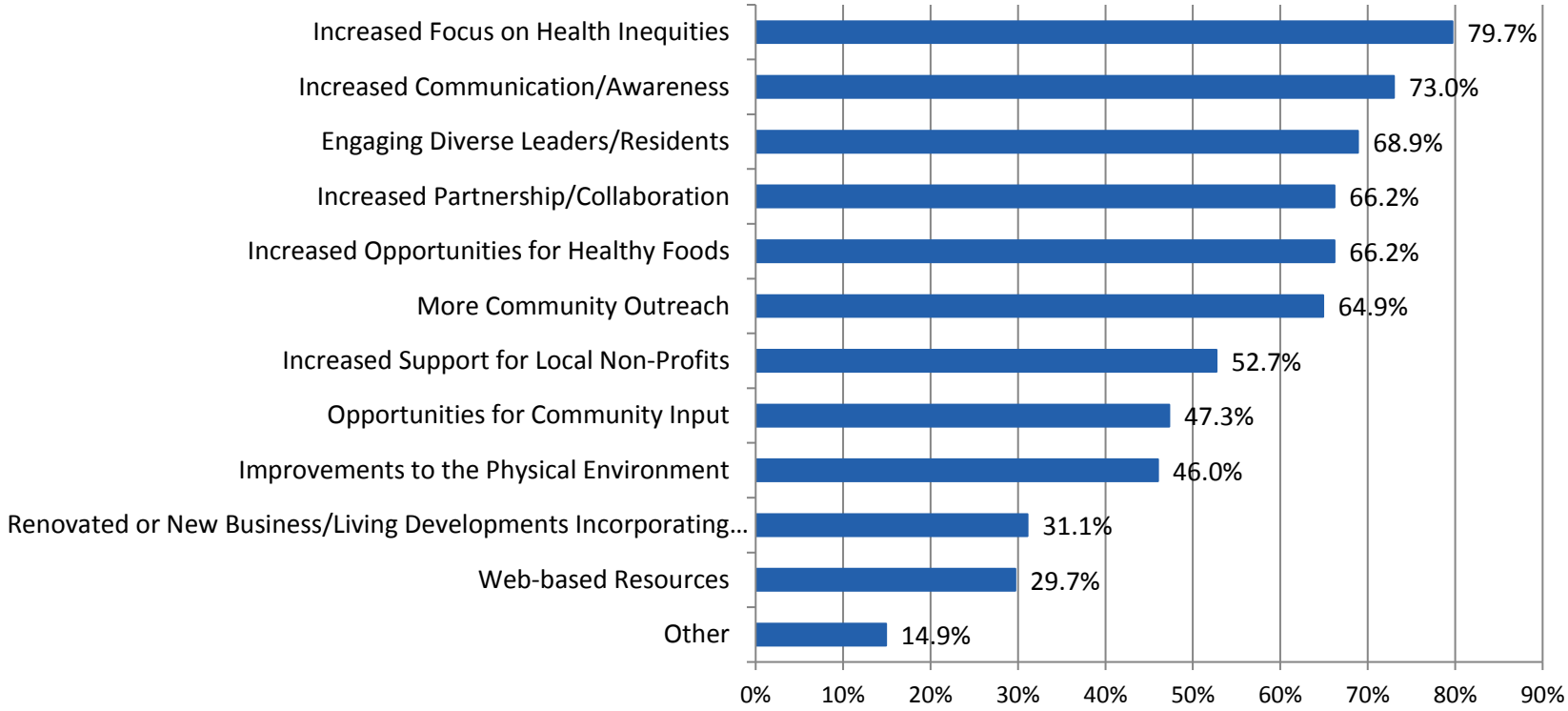
Areas of Action	Number of Responses	Specific Program/Service/Action [Responses if >1]
Improving Hospital Quality	15	Construction of the new hospital [10]; all hospitals incorporating population health in planning [3]; UMCR increasing ambulatory behavioral health services; hospitals providing primary/specialty care
Partnerships	12	All hospitals partnerships with community health programs [3]; University of Maryland Medical System partnerships [2]; PGCHD's partnership with DSS [2]; PGCHD's partnerships with hospitals for HIV screening; PGHAC; future launch of MDPCP; use of task forces
Coordination of Care	11	TLC-MD collaboration of county hospitals for care coordination in at-need populations [4]; creating access pathways for people to get services [2]; providing integrated services, inclusive of behavioral health; PGCHD's Care Coordination Team; use of community health workers throughout the process; use of CRISP to connect providers of the same patient
Prevention	9	Use of evidence-based prevention programs [3]; clinicians are providing more preventative information during visits on a regular basis [2]; Doctors Hospital's free cancer screenings; PGCHD's efforts to steer public thinking towards prevention and harm reduction; PGCHD's timely follow up to positive HIV and STI cases; free immunizations for children under age 19
Education and Outreach	8	PGCHD's outreach and education programs [3]; Doctors Hospital's use of mobile van to address chronic disease in communities [2]; MedStar health and wellness programs; UMCR programs to address nutrition and obesity; health fairs
Community Engagement	7	Providing community-based services and programs to vulnerable populations [4]; engaging stakeholders in planning and policymaking [2]; Kaiser Permanente community revitalization
Access to Providers and Clinics	4	Incentives to bring quality providers to the area; Greater Baden serving those most in need; CCI Health and Wellness Services has two locations with sliding scales and interpretation; expansions of larger health care providers have been close to transportation hubs
Data	3	Using the Community Health Assessment to inform the Community Health Improvement Plan
Access to Health Insurance	2	Improving access to insurance options for low income families
Economic Development	2	Economic development agencies are attracting healthier choices to the county
Mobility	2	Mobile health units; telemedicine
Funding	1	County council now appropriating general funds to address needs, such as domestic violence

Additional healthcare agencies mentioned (without associated programs/services): La Clinica Del Pueblo, Mary's Center

Question 14: Respondents were asked what recommendations or suggestions they have to improve health and quality of life in Prince George's County in an open-ended response (N=74 responses). The responses are grouped and summarized in the table below; many responses included multiple recommendations.

Recommendations	Number of Responses	Summary of Responses
Focus on Healthy Lifestyles	13	Increase opportunities for physical activity and decreasing food swamps/deserts; stop allowing fast food places to swamp the county; more sidewalks and trails; increase food resources in South County; avoid mixed messaging (e.g., supporting unhealthy food-related "National" days while promoting healthy eating); provide incentives to municipalities to promote healthy living
Health Education and Outreach	15	Use online platforms and social media to provide programs and web-based health care and resources; devote more staff for outreach; be visible and promote services outside of healthcare facilities; be culturally competent
Increase and Improve Access to Providers & Clinics	13	More behavioral health inpatient facilities and providers; incorporate health services where people are most (e.g., employers, community sites); simplify the referral process between physicians and social services; more providers in Maryland Healthy Smiles; quality of care should equal neighboring jurisdictions
Partnerships	9	Work with other counties to learn best practices, have joint task forces and coalitions; strengthen public and private collaboration; establish a regular meeting of County agencies to address health; engage the faith-based community with behavioral health services;
Increase Health Funding	9	More funding for programs and services; County support to provide health insurance for the uninsured/ineligible; Council funding for a master Health Equity plan; increase Medicaid reimbursement rate
Basic Needs	5	Make the process to place the homeless streamlined and transparent; more transitional and permanent housing for residents finding themselves homeless – abandoned homes could be refurbished as group residences, psychological rehab programs and independent living residences; address poverty
Strengthen Services	4	Health department should strengthen core reinstitute maternity services; better maintenance of local, state and national parks; refine the health impact assessment process; use GIS for health concerns in the county
Affordable Healthcare	4	Provide insurance to more residents; offer programs for the emotional growth of children that are affordable
Community Engagement	2	Engage community members and local leaders to be change agents
Transportation	5	Enhance the public bus system; expand MA transportation hours beyond 9am-5pm
Address Language Concerns	2	Provide better language access; establish a universal language line for both public and private providers

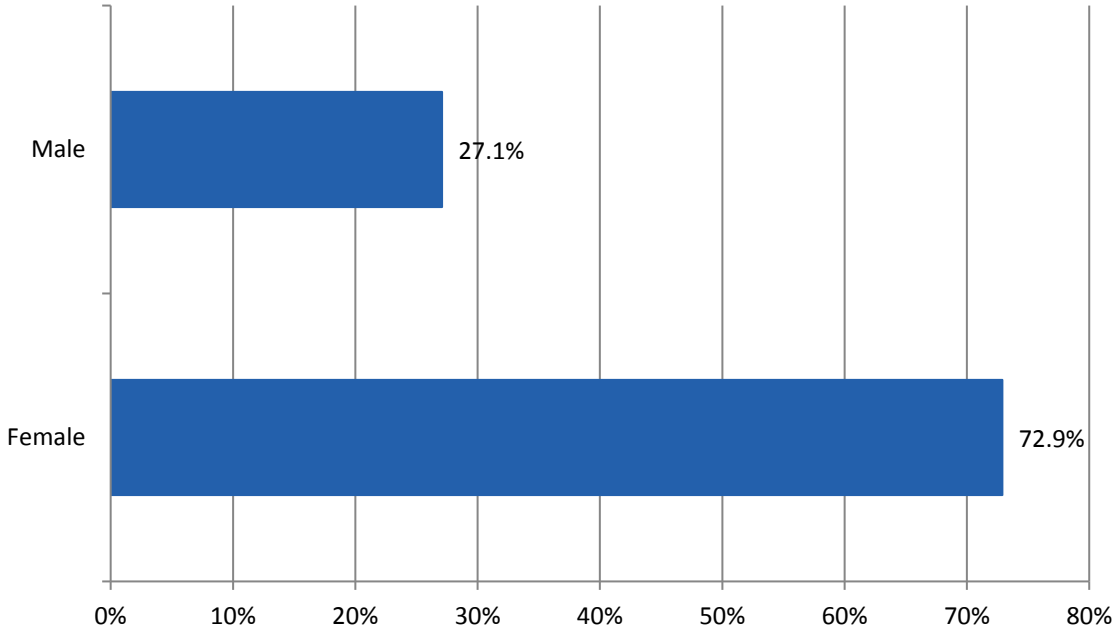
Question 15: What do you think could encourage and support more community involvement around health issues in Prince George's County (select all that apply)? (N=74 responses)



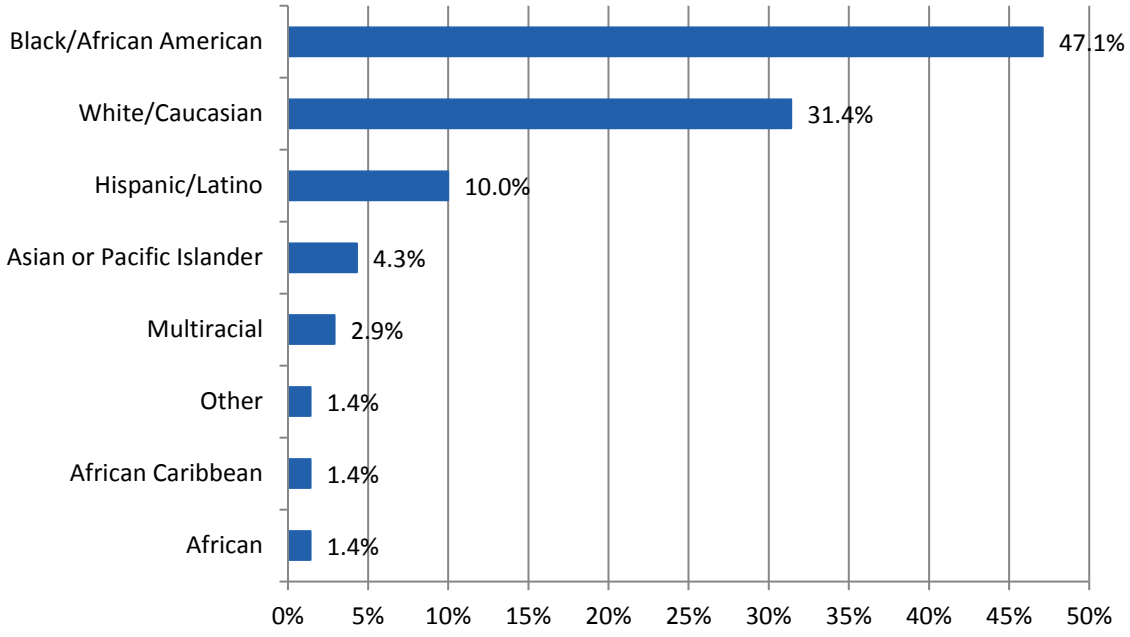
"Other" Included: increased public transportation; decreasing access to unhealthy foods, especially in food deserts; partnerships with local providers; engagement with existing churches and civic groups to get involved with health; targeted approaches to engage new immigrant, Black and Latino communities; focus on areas of county where expansion of services may have halted due to preconceived notions about the community; addressing that many residents must travel to find quality services; County Police and Fire may be resource limited at times due to high utilizers; encouraging residents to be engaged and support their communities;

Participant Profile

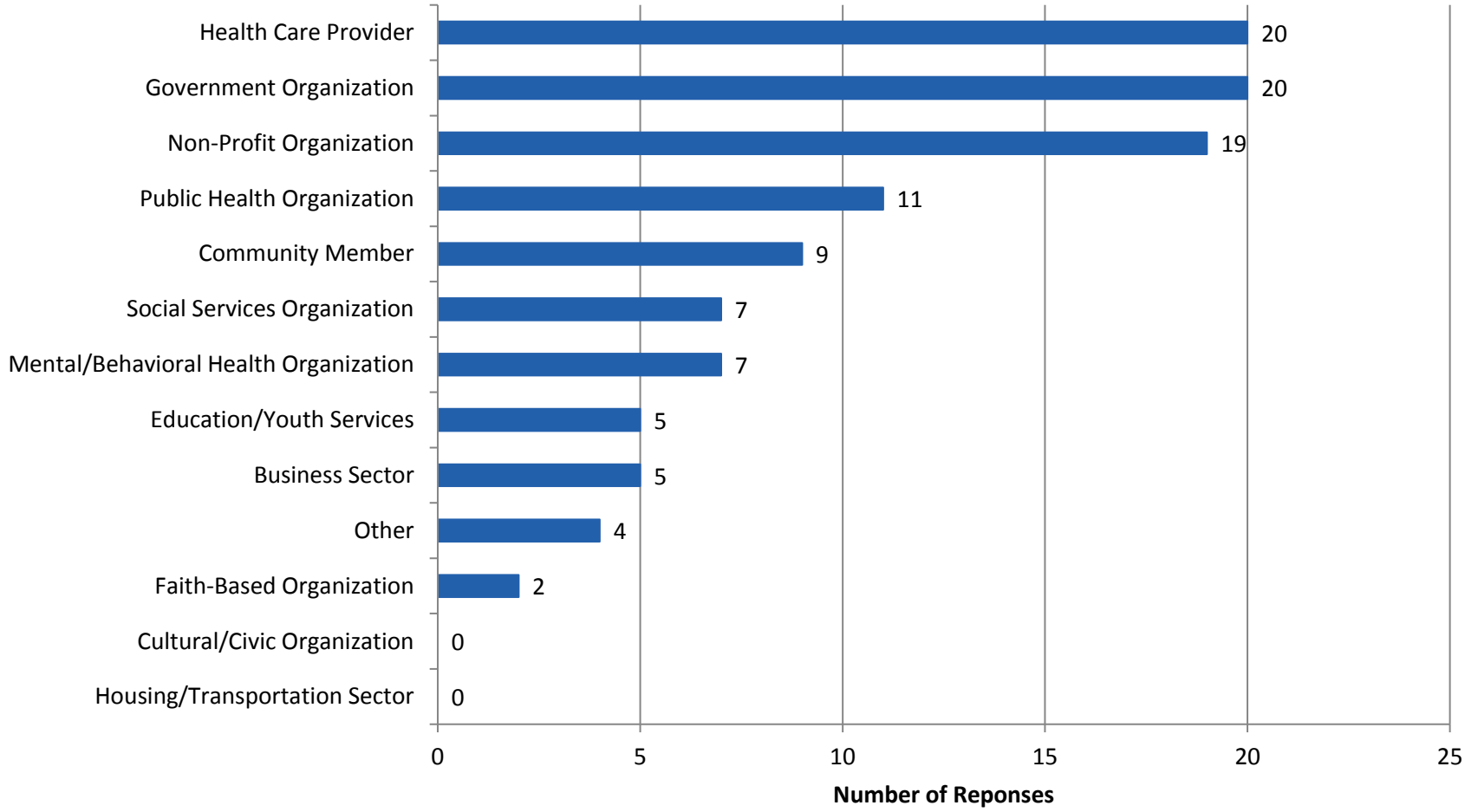
Question 17: What is your gender (N=70 responses)



Question 18: What race/ethnicity best identifies you? (N=70 responses)

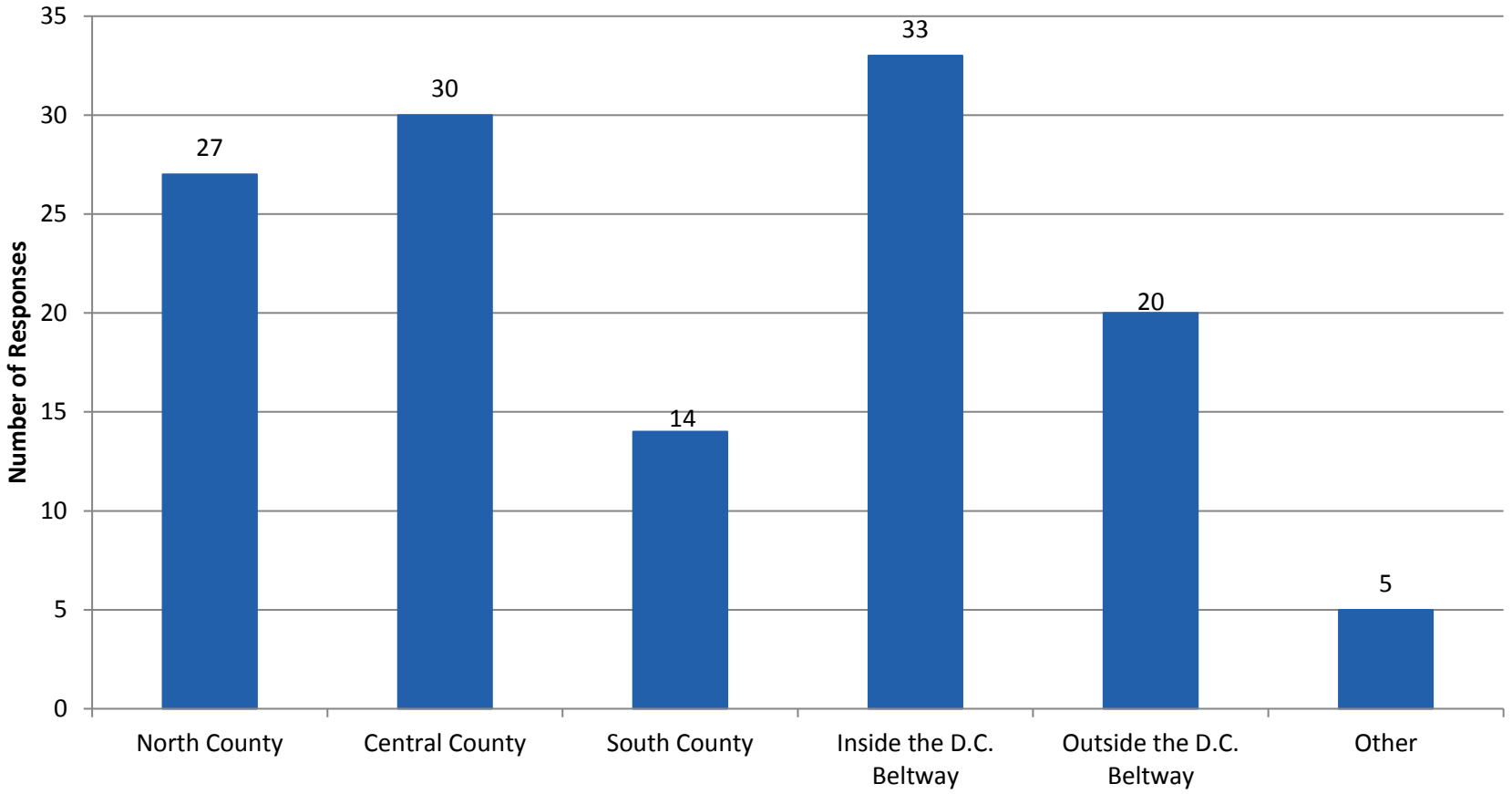


Question 19: Which of these categories would you say best represents your community affiliation? Participants were asked to select all that apply. (N=70 responses)



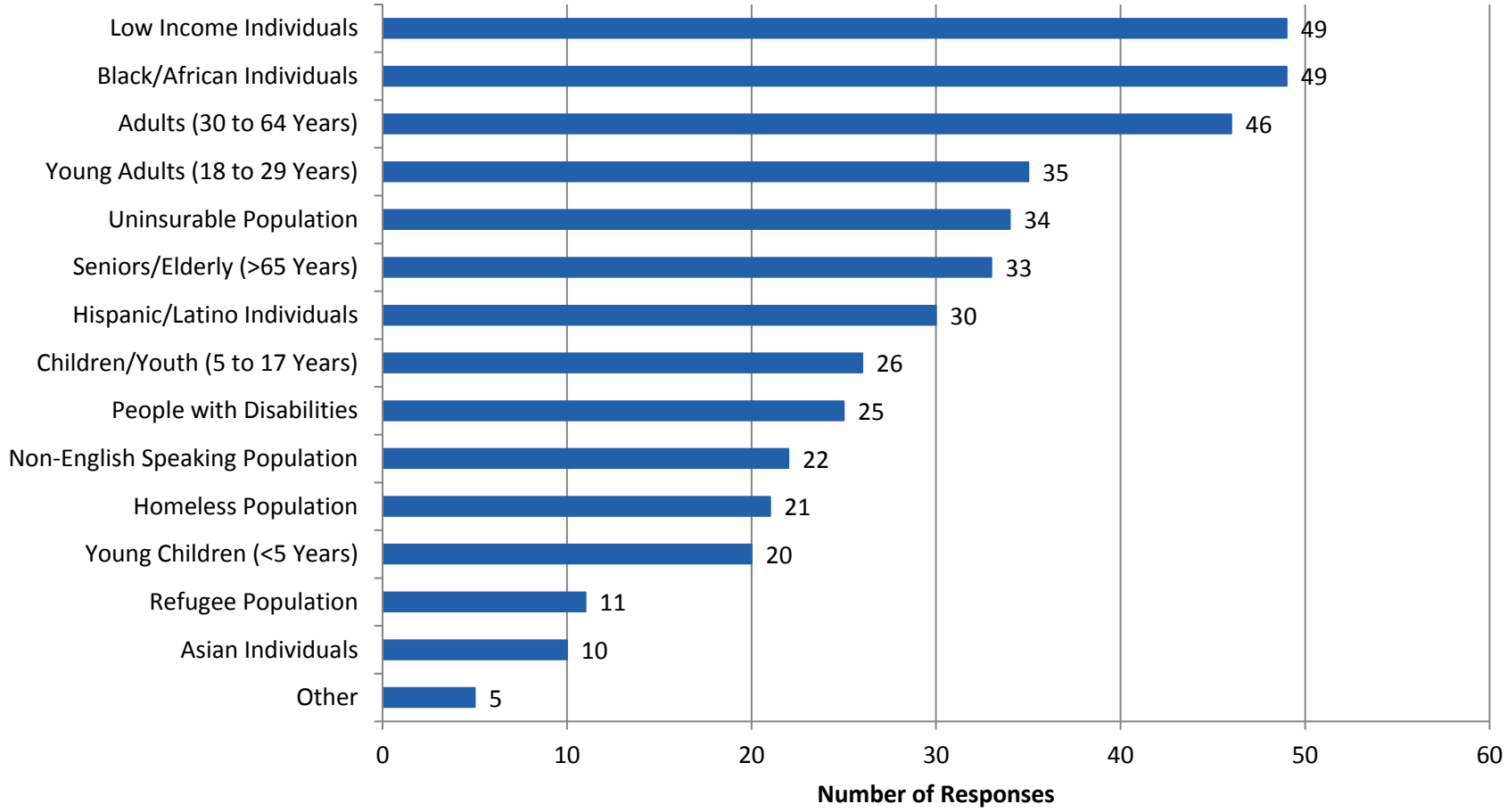
"Other" Included: workforce development; anti-hunger/anti-poverty; food pantry; advocate.

Question 20: In what geographic part of Prince George's County are you most knowledgeable about the population? Participants were asked to select all that apply. (N=70 responses)



"Other" included: knowledge across the entire county or responding that knowledge of one part of the county did not exceed other areas of the county.

Question 21: Please select the types of populations you can represent in Prince George's County through either personal, professional or volunteer roles. Participants were asked to select all that apply. (N=69 responses)

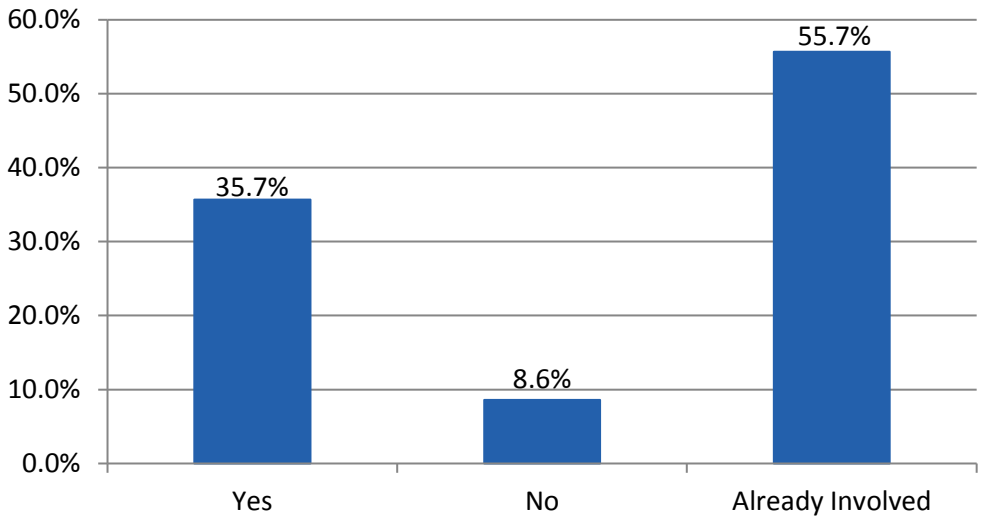


"Other" included: immigrant populations; veterans; those undergoing treatment of cancer and their families; residents utilizing public benefit programs.

Question 22: Respondents were asked to share the most pressing needs of the populations they serve (N=70 responses). The responses are grouped and summarized in the table below; the majority of these responses reiterated information that had already been provided in previous questions.

Additional Information	Number of Responses	Summary of Responses
Affordable Healthcare	23	Need for more affordable care overall - even with insurance, healthcare can be costly, especially difficult for low income and single parent families in the county; affordable childcare
Engagement in Healthy Lifestyles	17	Need access to healthy foods through better grocery stores and the opportunities to grow one's own food; limit food insecurities; nutrition support and education on the relationship between food and health; more physical activity and exercise
Better Healthcare Quality	14	Behavioral health quality improvements should be a priority; patients and providers should establish trust and connect without judgment; establishing a dental home for all residents 21+ years old; incentivize quality providers to move to the area
Safe, Affordable Housing	13	Need for transitional and permanent supportive housing
Health Literacy and Health Education	13	Need for more community outreach; classes on parenting skills and support for parents; education on avoiding poor health decisions; classes on diabetes and cardiovascular care
Cultural and Language Considerations	8	Need for more cultural competency in all areas; more bilingual services; translation in languages other than English and Spanish; focus on equity for all residents
Transportation	6	Need for a reduction on the dependency of cars as a sole method of transportation in the county
Better Education Outcomes	6	Need for more good schools in the county; more residents completing high school
Care coordination and information	6	Need for residents to be aware of and be able to access services; centralize navigation services in one area (Medicaid/MCO/Transportation Assistance/Unemployment etc)
County Development and Services	6	Need to encourage growth of good jobs in the county without long commutes; workforce development;
Health Insurance	4	Need for more eligible residents to access health insurance
Safe, Clean Environment	4	Need for more walkability in areas; lower crime; addressing the social determinants of health
Social Isolation	4	Need to increase access for seniors where isolation is a concern; help all residents with a lack of social or family support
Immigration Issues	3	Need to address issues facing our undocumented populations; allay fears involving ICE
County Funding	1	Need for funding to be flexible to reach underserved populations

Question 23: Would you be interested in becoming more involved in local health initiatives?



RESIDENT
survey

COMMUNITY RESIDENT SURVEY

Introduction

Prince George's County is home to over 910,000 residents and growing, with a wide range of health needs and disparities. The Community Resident Survey was a strategy developed to complement the overall Community Health Assessment (CHA) goal of identifying the health needs and issues for the county's diverse population by hearing directly from our residents.

Methodology

The 2019 Community Resident Survey was modified from the 2016 Community Resident Survey, with any adaptations based from the Community Health Status and Assessment recommendations of the Mobilizing for Action Through Planning and Partnerships (MAPP) framework[1]. Efforts were made to ensure the survey questions corresponded with the Community Expert Survey, another key assessment of the MAPP framework. The survey questions included mostly multiple choice and rating scales with a few open-ended responses for demographics and an option for writing in a response if the participant answered with "other".

The survey was translated into Spanish (the most common language spoken in the county after English) and French and was made available online and through printed copies. Due to time limitations, the survey was distributed as a convenience sample. The Health Department made the survey available by website, social media, and through provided services at department locations; the survey link was also posted electronically by the County government. Survey distribution began on March 15, 2016 and ended on April 30, 2019.

For analysis, each multiple choice and rating scale question is presented as a simple descriptive statistic. Because the surveys were collected as a convenience sample, the results were intended as an additional method of gaining community input in support of the overall process, while acknowledging the lack of an adequate sample size to statistically represent the county. Responses from the English survey were excluded if the participant indicated they were not a county resident or if residency information was completely missing to make that determination. All responses in the Spanish and French surveys were included in the final analysis, regardless of residency information; the results are presented separate from the English responses for most questions. Each question includes the number (N) of responses.

[1] https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

Participation

Surveys were completed by 218 participants: 178 in English, 42 in Spanish and 2 in French. Additionally, the 2016 version of the survey was distributed at an event in November 2018 before the finalization (and translation) of the 2019 version was available; of the 74 responses, 34 were from Prince George's County residents and retained for further analysis. Due to the changes in some of the questions between the 2016 and 2019 resident surveys, responses from this small cohort are only incorporated where both the question and answer selections were the same in both surveys. Nearly all areas of the county were represented by the participants, with the exception of the most southern part of the county (a map of representation is available with Question 17). Almost two-thirds of survey participants were female, which is higher than the county. However, survey participation by race and ethnicity was similar to the county. Spanish survey participants skewed younger and were mostly between the ages of 25-44 years, while English survey participants were more evenly distributed by age. Over 45% of all survey participants had a college degree or higher; however, 38% of the Spanish/French survey participants did not have at least a high school degree. Although survey participants reported a wide range of annual household incomes, over half (51%) of Spanish/French participants reported an annual household income of less than $20,000.

Key Findings

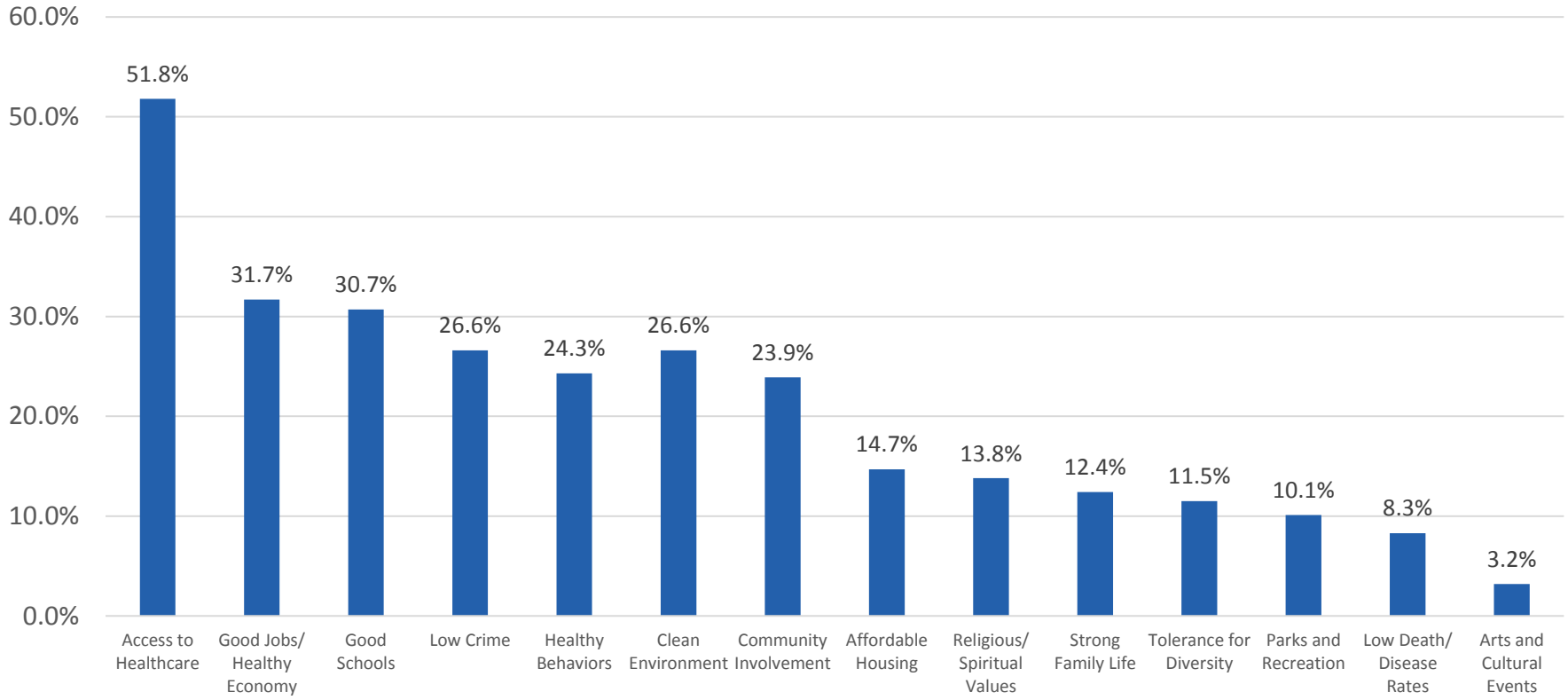
- ***Healthy Community***: Over half of all survey participants said that access to healthcare was one of the most important factors defining a "healthy community," followed by good jobs and healthy economy, and good schools. Spanish/French survey participants also considered a clean environment as one of the most important factors, while English survey participants said low crime and healthy behaviors also defined a healthy community. Two-thirds of all survey participants reported that parks were the places they went most frequently in Prince George's County, followed by churches and movie theaters.
- ***Community Determinants of Health:*** Over half of survey respondents (57%) agreed that their community has easy access to fresh fruits and vegetables; this was much higher (84%) among the Spanish/French participants. Almost half (49%) of English and 36% of Spanish/French survey participants disagreed or somewhat disagreed that there is enough affordable housing in their community. Spanish/French survey respondents were also more likely (40%) than English survey respondents (29%) to disagree or somewhat disagree that their community was safe with little crime.
- ***Leading health issues***: Chronic illness and related factors, including diabetes, poor diet and physical inactivity, as well as substance use (alcohol, drug and tobacco) led major health problems for all survey participants. For Spanish/French survey participants, dental health and cancer were also highly ranked. However, nearly every health issue had over half of the overall participants indicate it was at least a major or moderate problem in the county.
- ***Access to healthcare***: Almost 60% of English survey participants and over half of Spanish/French survey participants agreed or somewhat agreed that residents in their

community could access a primary care provider. However, less survey participants agreed or somewhat agreed that there are enough providers for the number of residents in their community, that most residents are able to access medical specialists in their community and that most residents can access a mental health provider in their community. Although 60% of English survey participants said most residents in their community could access a dentist, only 40% of Spanish/French survey participants felt the same. More participants in both surveys disagreed or somewhat disagreed that most residents can afford their medication in their community.

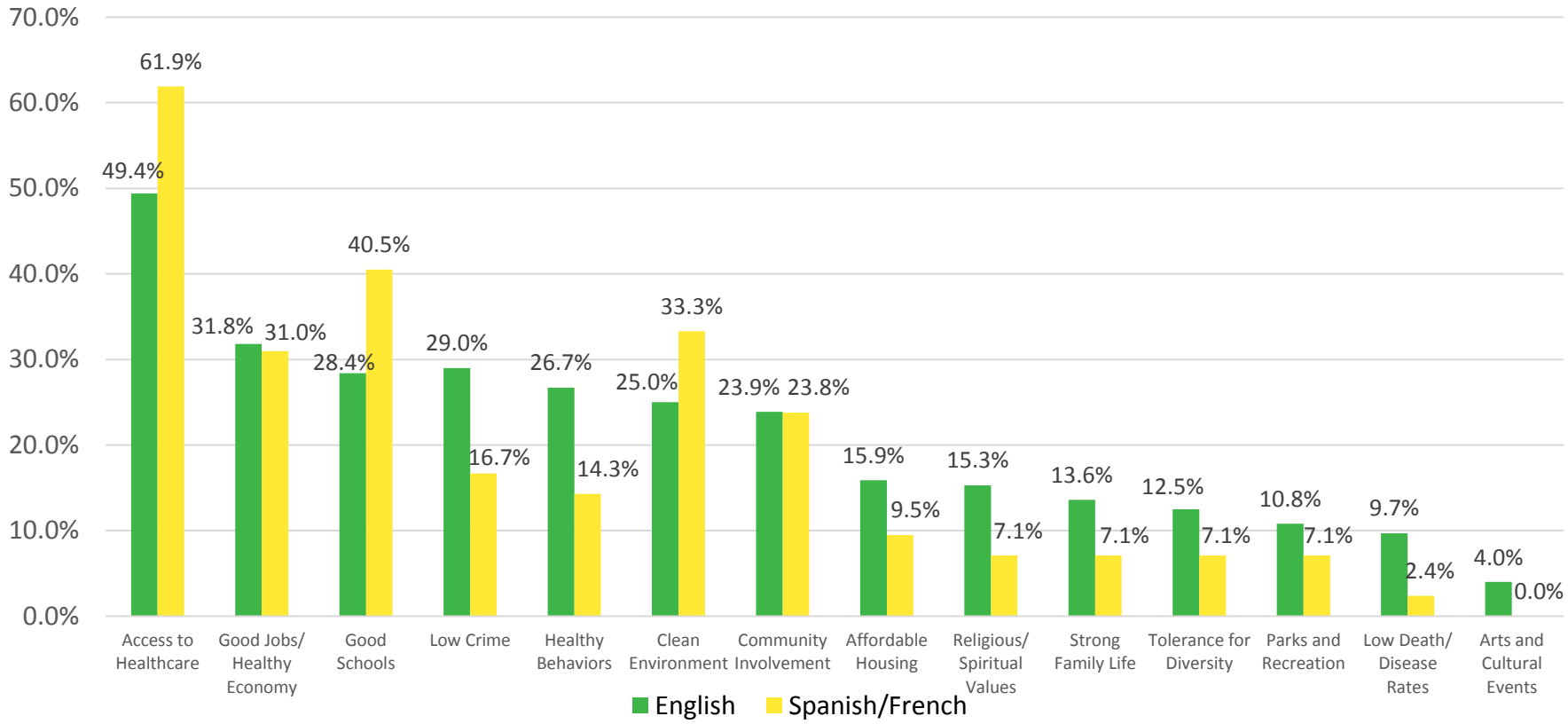
- ***Leading barriers****:* Overall, lack of knowledge to navigate the healthcare system, lack of money for co-pays and prescriptions and time limitations were indicated as the leading barriers to accessing healthcare in the county. For English survey participants, 44% also reported that the availability of providers or appointments was a major or moderate problem, while over three quarters (77%) of Spanish/French survey participants reported lack of insurance coverage as a barrier to accessing care.
- ***Health Care:*** Overall, 81% of survey participants reported having some type of insurance and most (73%) reported seeing a primary care doctor in the past year. However, among the Spanish/French survey participants, 41% did not have health insurance and 40% did not see a primary care doctor in the past year. Over 20% of English survey participants and 46% of Spanish survey participants reported being unable to access needed medical care in the past year, primarily due either the lack of health insurance coverage or cost considerations. The wait time to access a medical care appointment was also a barrier for those unable to get care in the past year.
- ***Health Communication:*** Both English (90%) and Spanish/French (78%) survey participants said that doctors were the most trusted source of health and lifestyle information in their community. Following doctors, English participants reported health screenings (50%) as trusted sources of health information, while Spanish/French survey participants (31%) said that health fairs were trusted sources of health information. One-on-one counseling was the third trusted sources of information in both surveys. Regarding the dissemination of health information, English participants (61%) were much more likely to prefer e-mail compared to Spanish/French participants (21%). In-person (43%) or over the phone (31%) were the most preferred methods of communication for Spanish/French survey participants.
- ***Recommendations to improve health:*** Overall, all survey participants recommended increased communication and awareness followed by community-level outreach to encourage and support more community involvement around health issues in Prince George's County. Among Spanish/French survey participants, an increased number of healthcare practitioners was also an important factor in community health.

Results

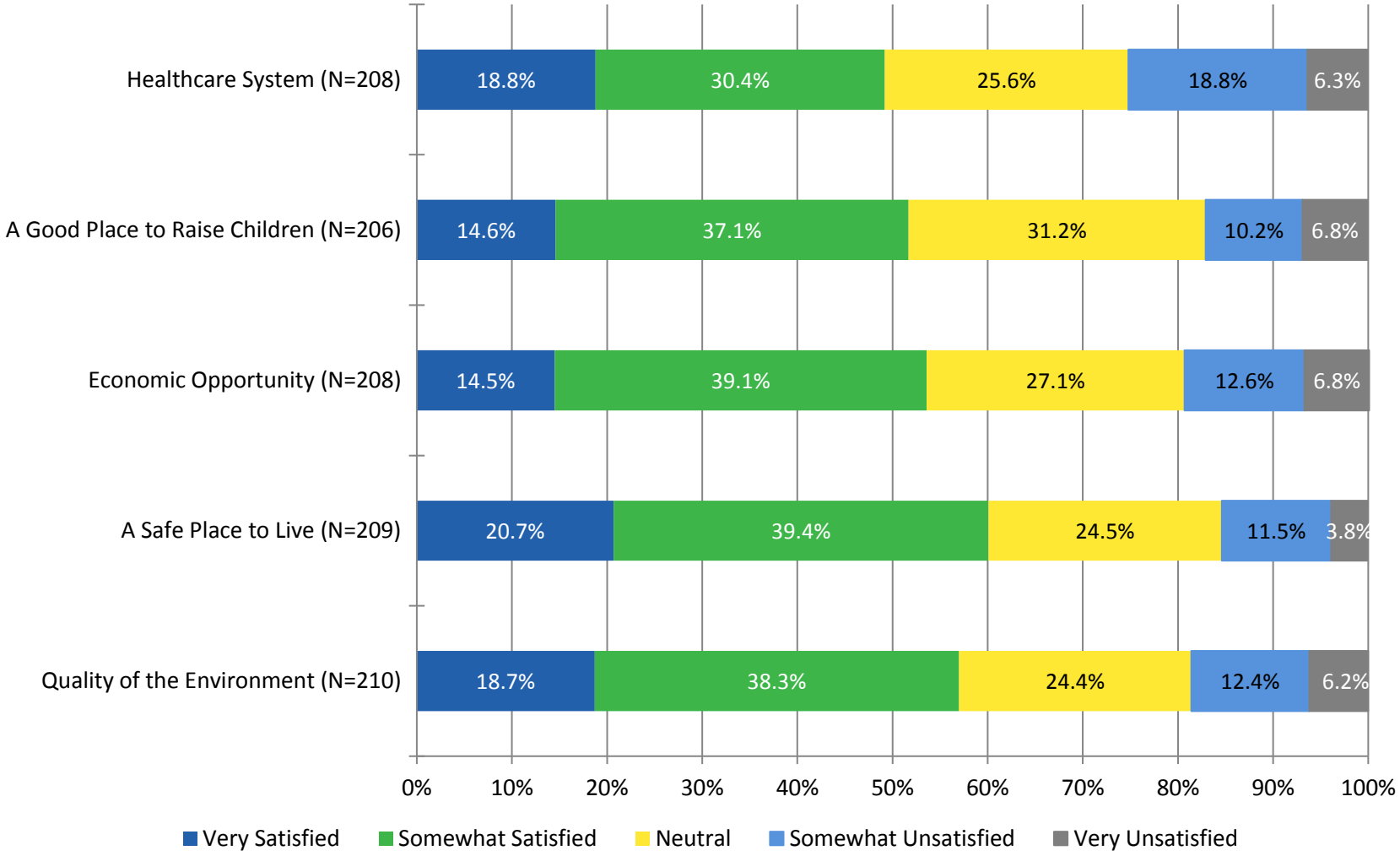
Question 1: What do you think are the three most important factors that define a “Healthy Community” (what most affects the quality of life in a community)? (N=176 English responses; N=42 Spanish/French responses)



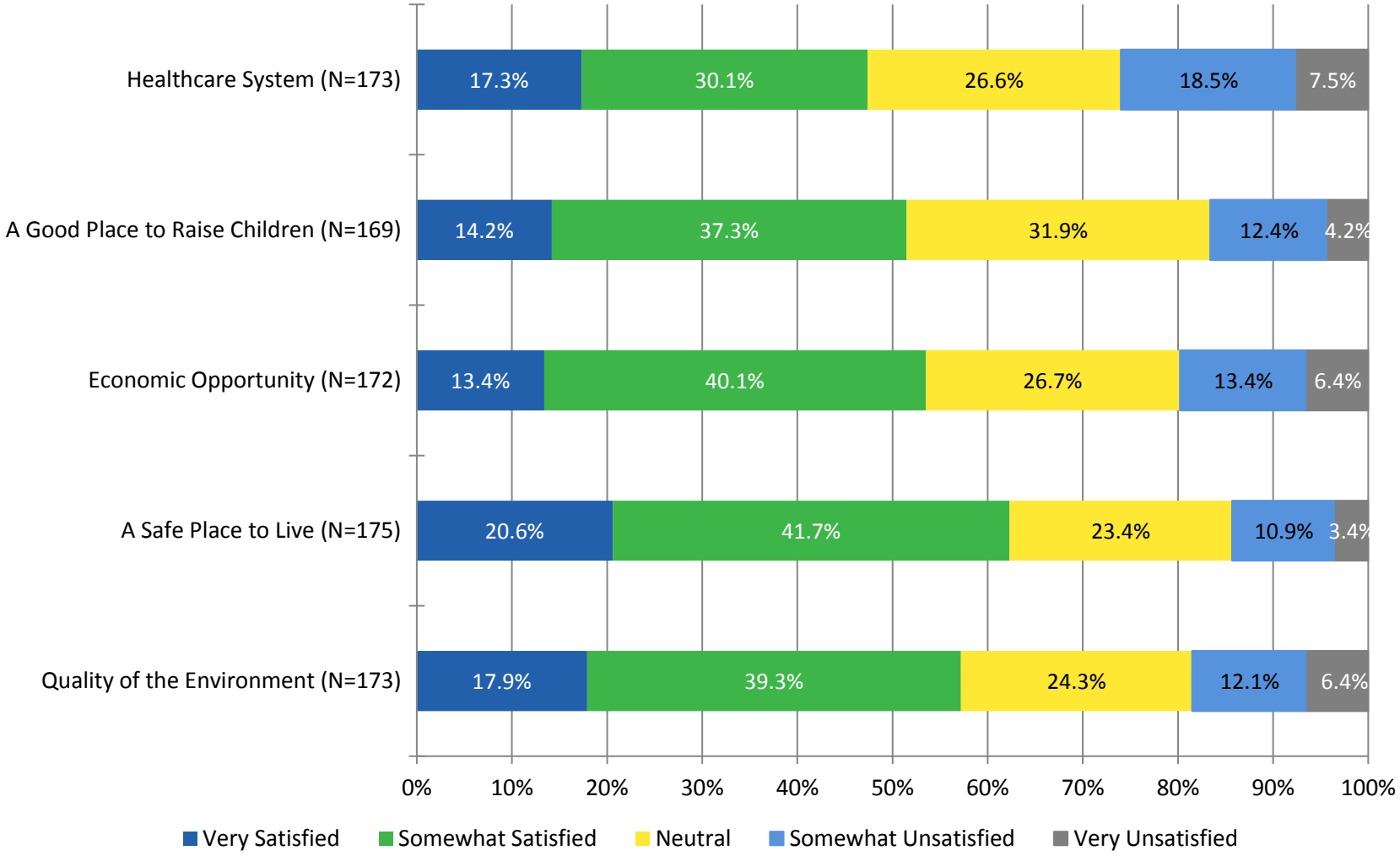
Question 1: What do you think are the three most important factors that define a "Healthy Community" (what most affects the quality of life in a community)? (N=176 English responses; N=42 Spanish/French responses)



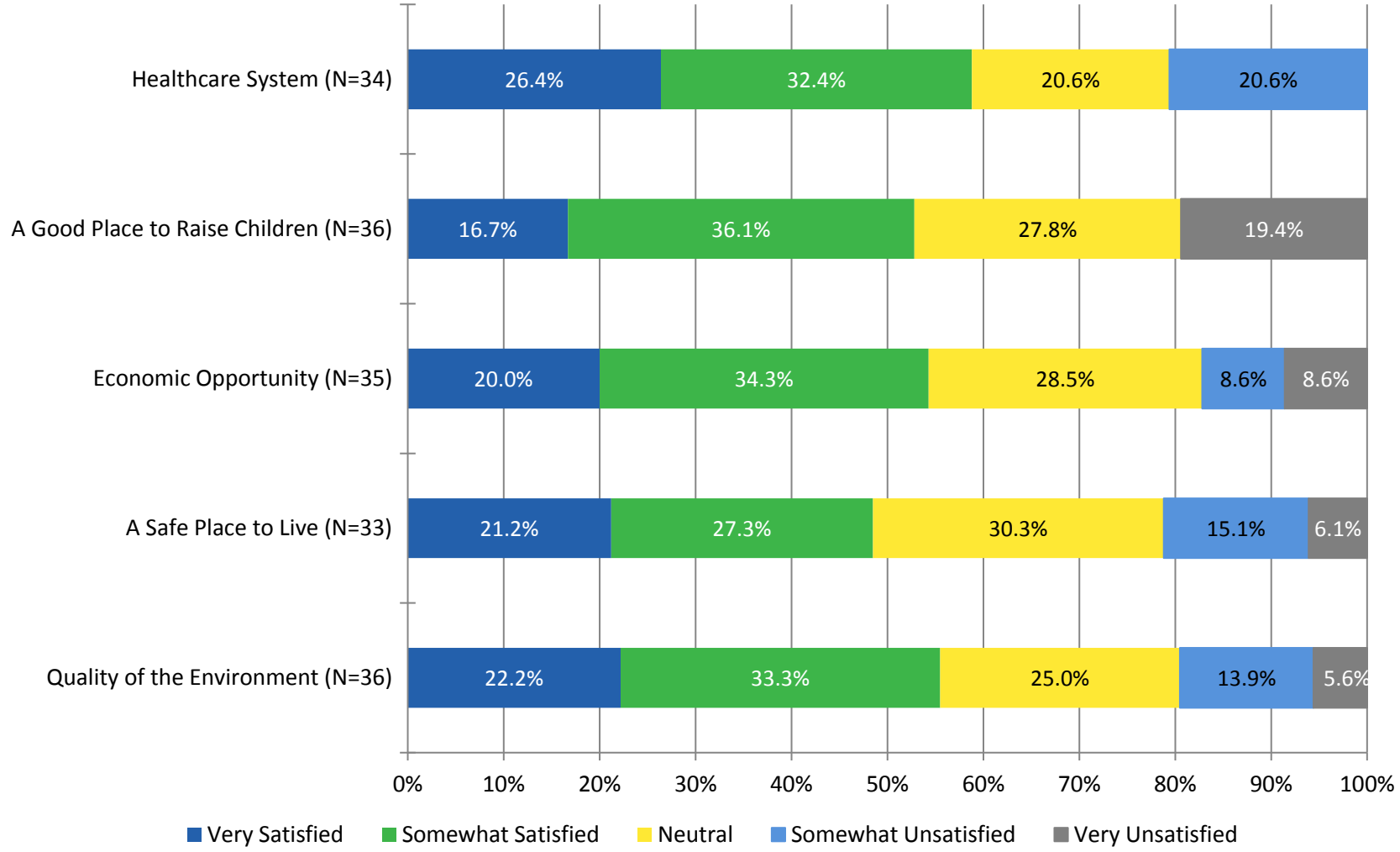
Question 2: How satisfied are you with the following in Prince George's County (All responses)?



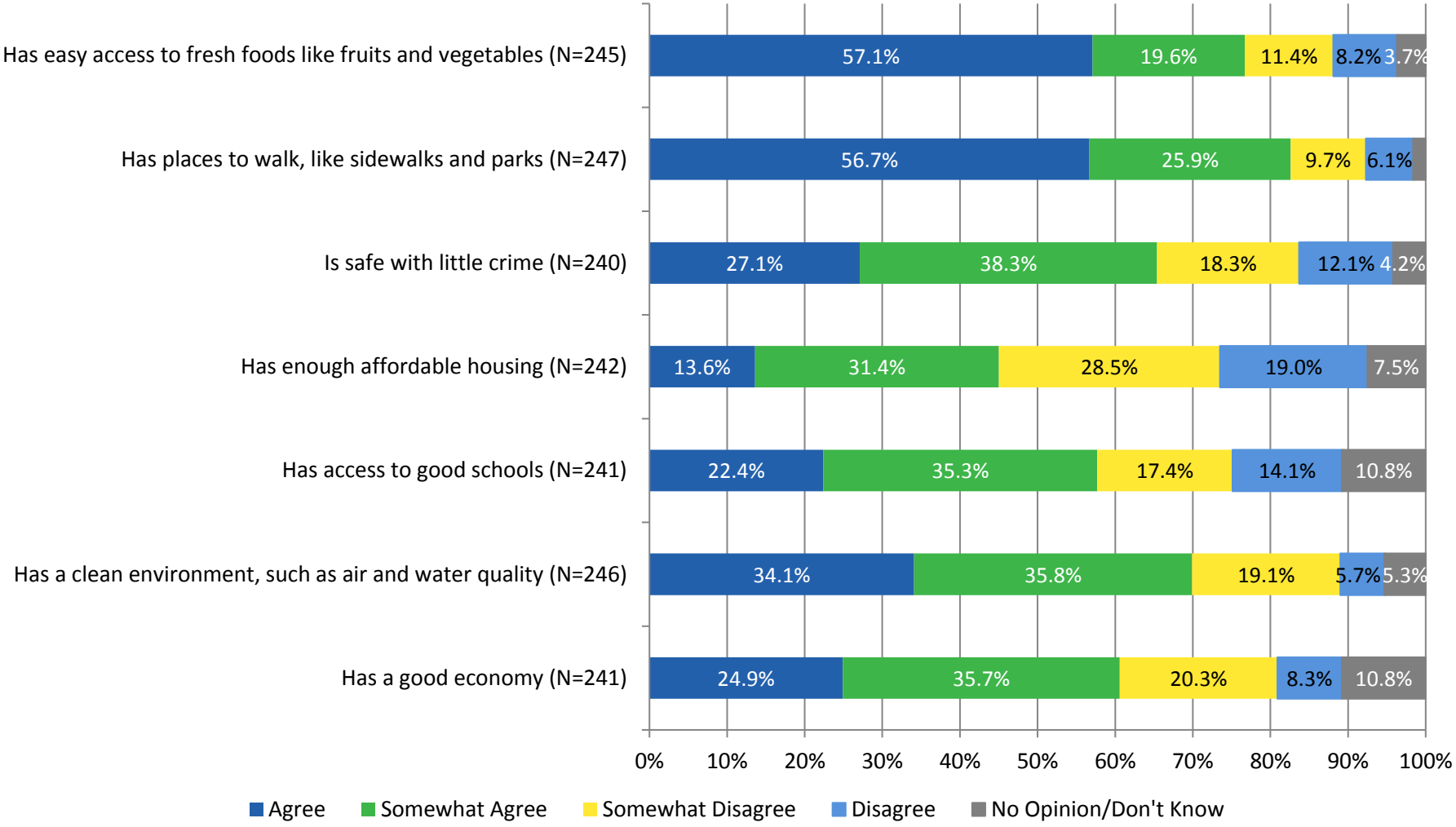
Question 2: How satisfied are you with the following in Prince George's County (English responses)?



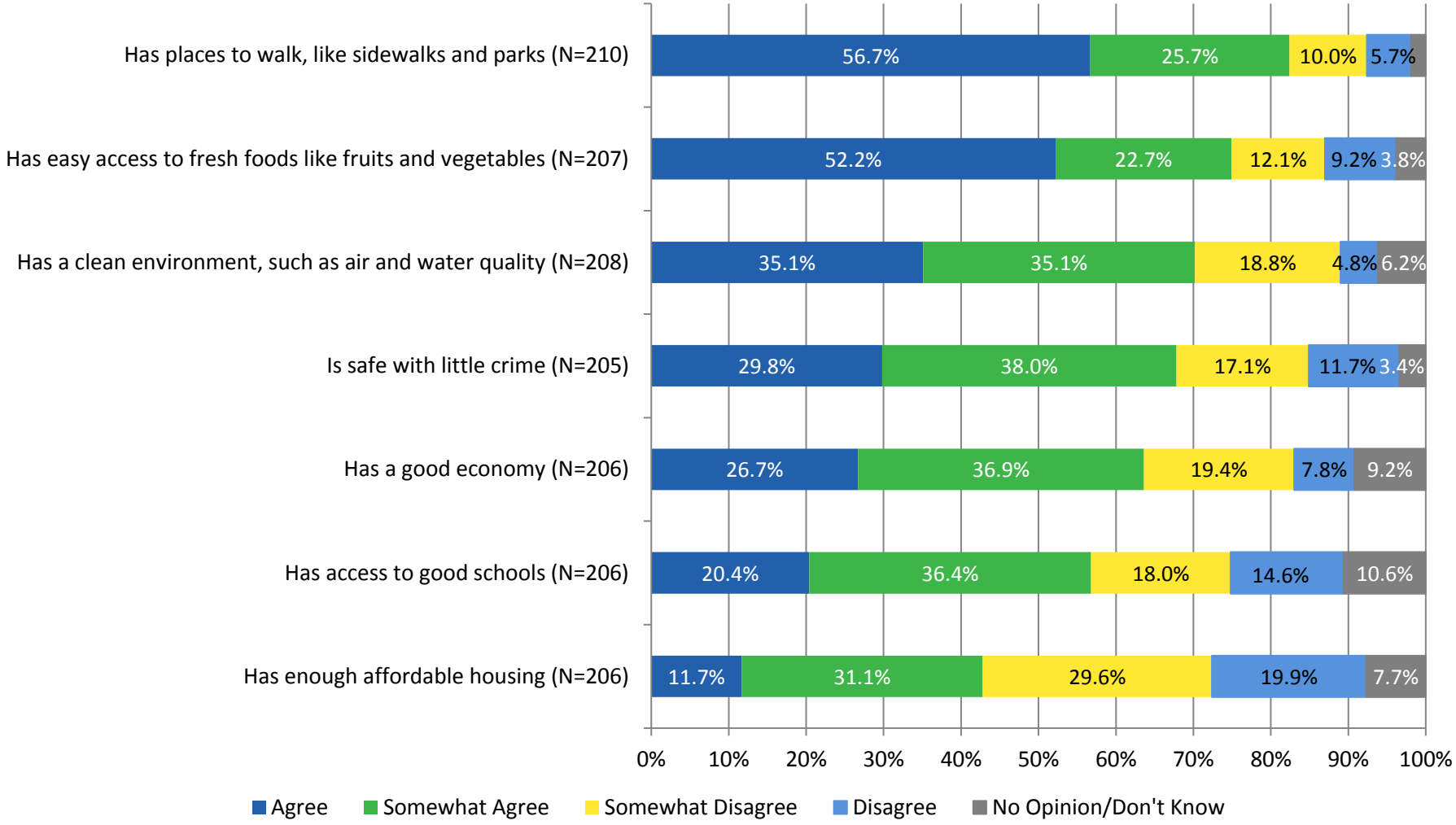
Question 2: How satisfied are you with the following in Prince George's County (Spanish/French responses)?



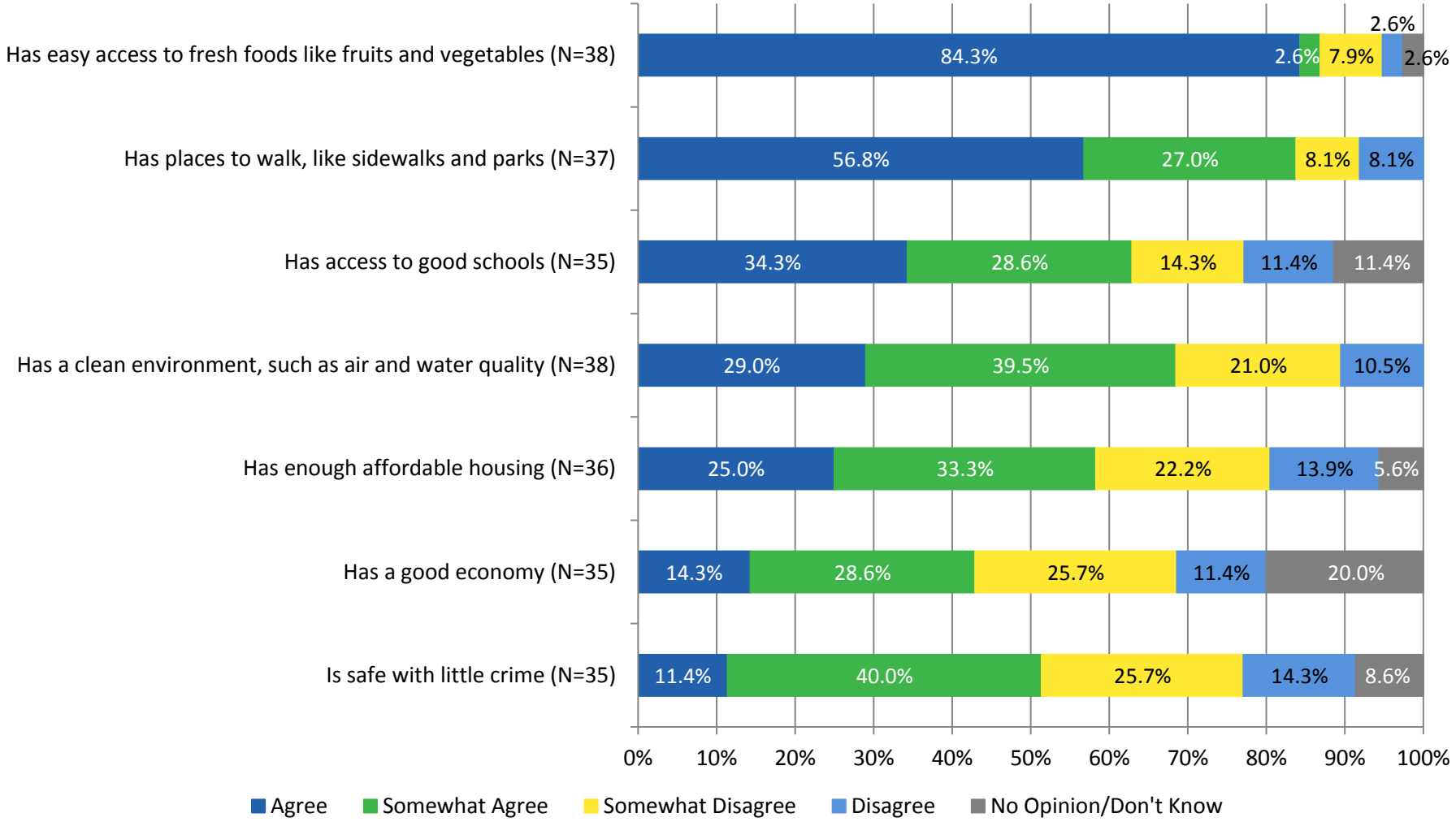
Question 3: Please rate each of the following statements for your community (All responses).



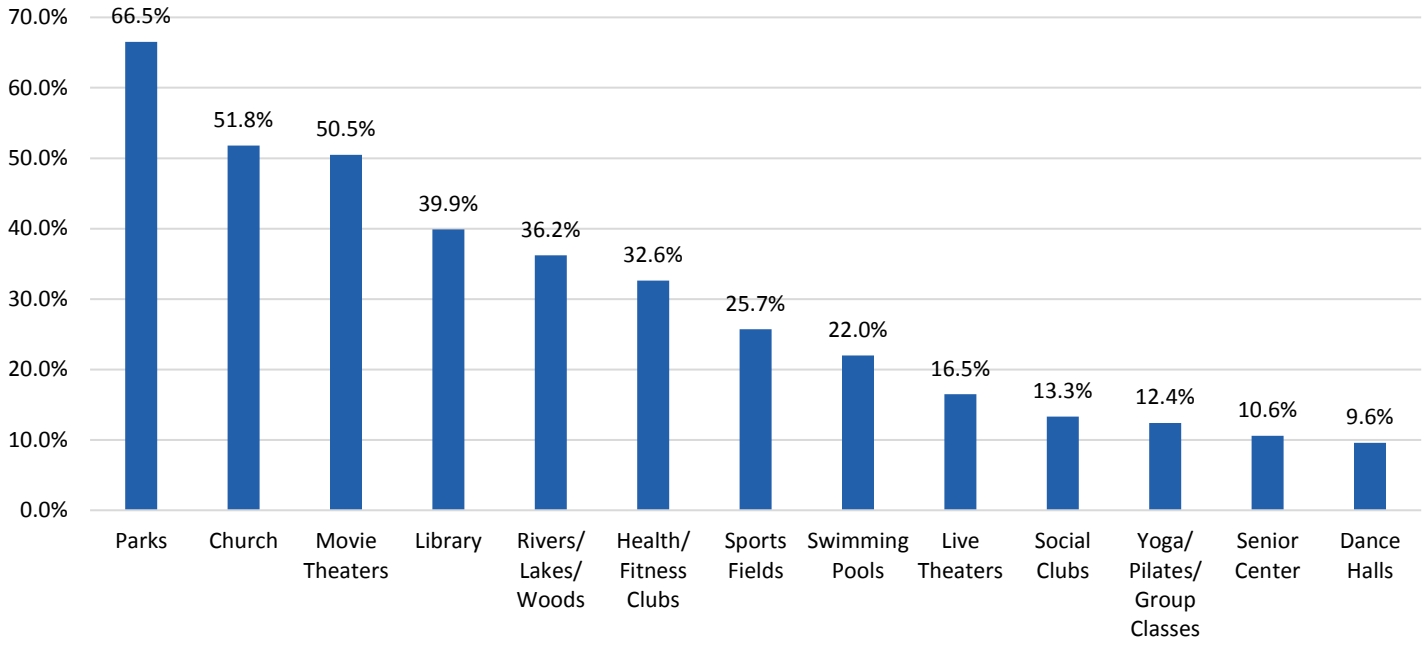
Question 3: Please rate each of the following statements for your community (English responses).



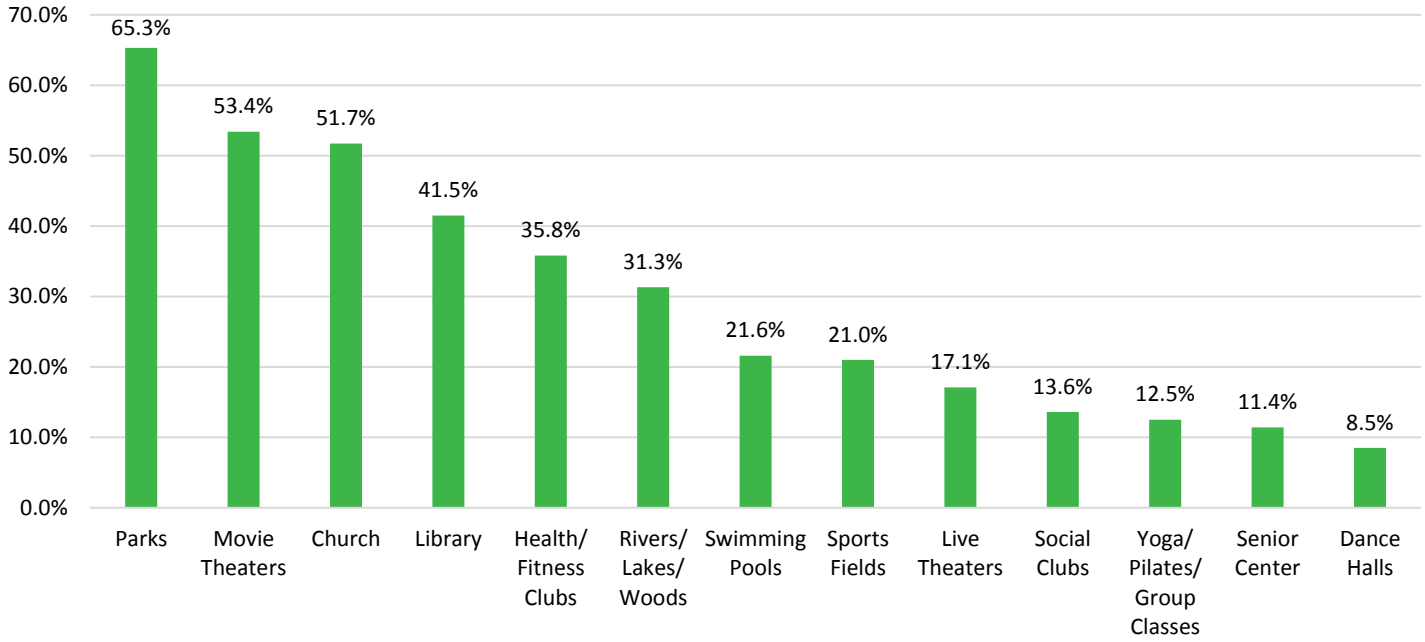
Question 3: Please rate each of the following statements for your community (Spanish/French responses).



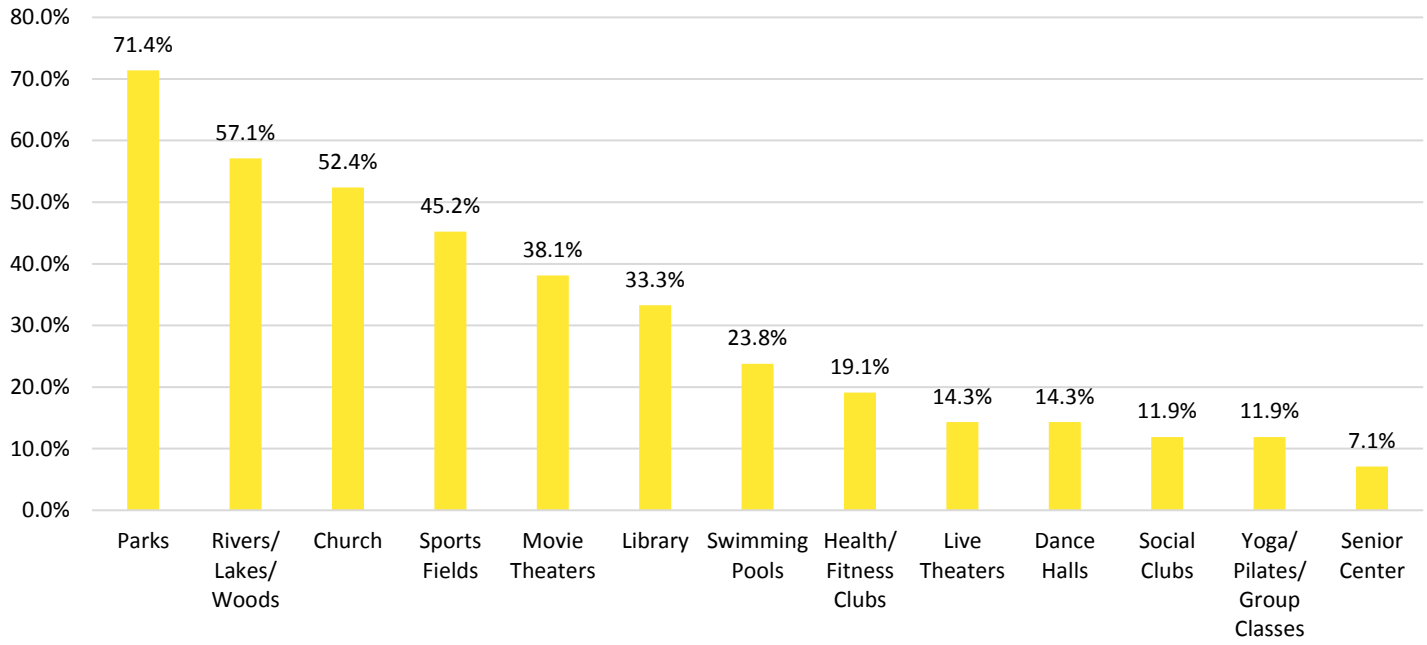
Question 4: The places where I go in my community the most often in Prince George's County are (select all that apply) (N=218 responses):



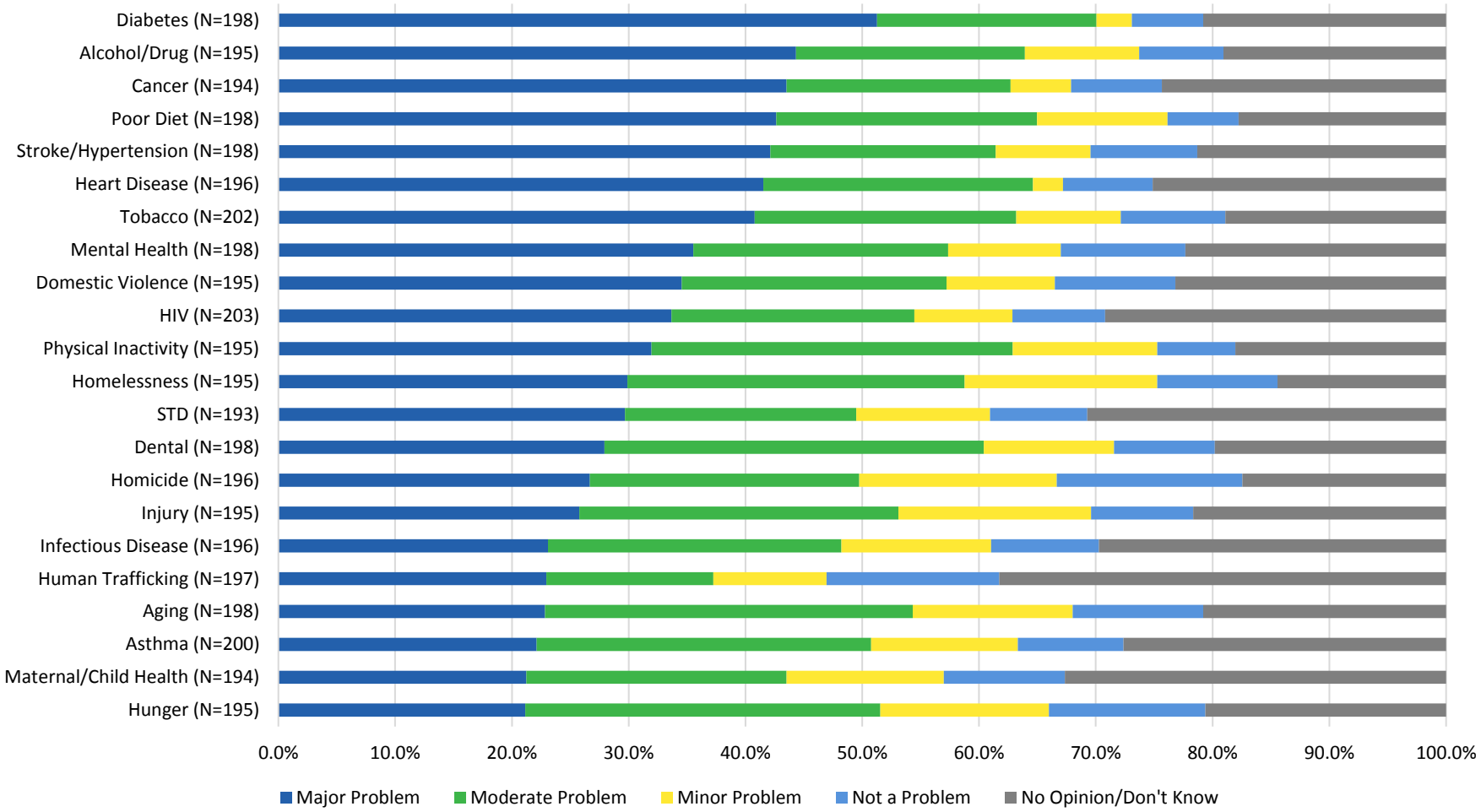
Question 4: The places where I go in my community the most often in Prince George's County are (select all that apply) (N=176 English responses):



Question 4: The places where I go in my community the most often in Prince George's County are (select all that apply) (N=42 Spanish/French responses):

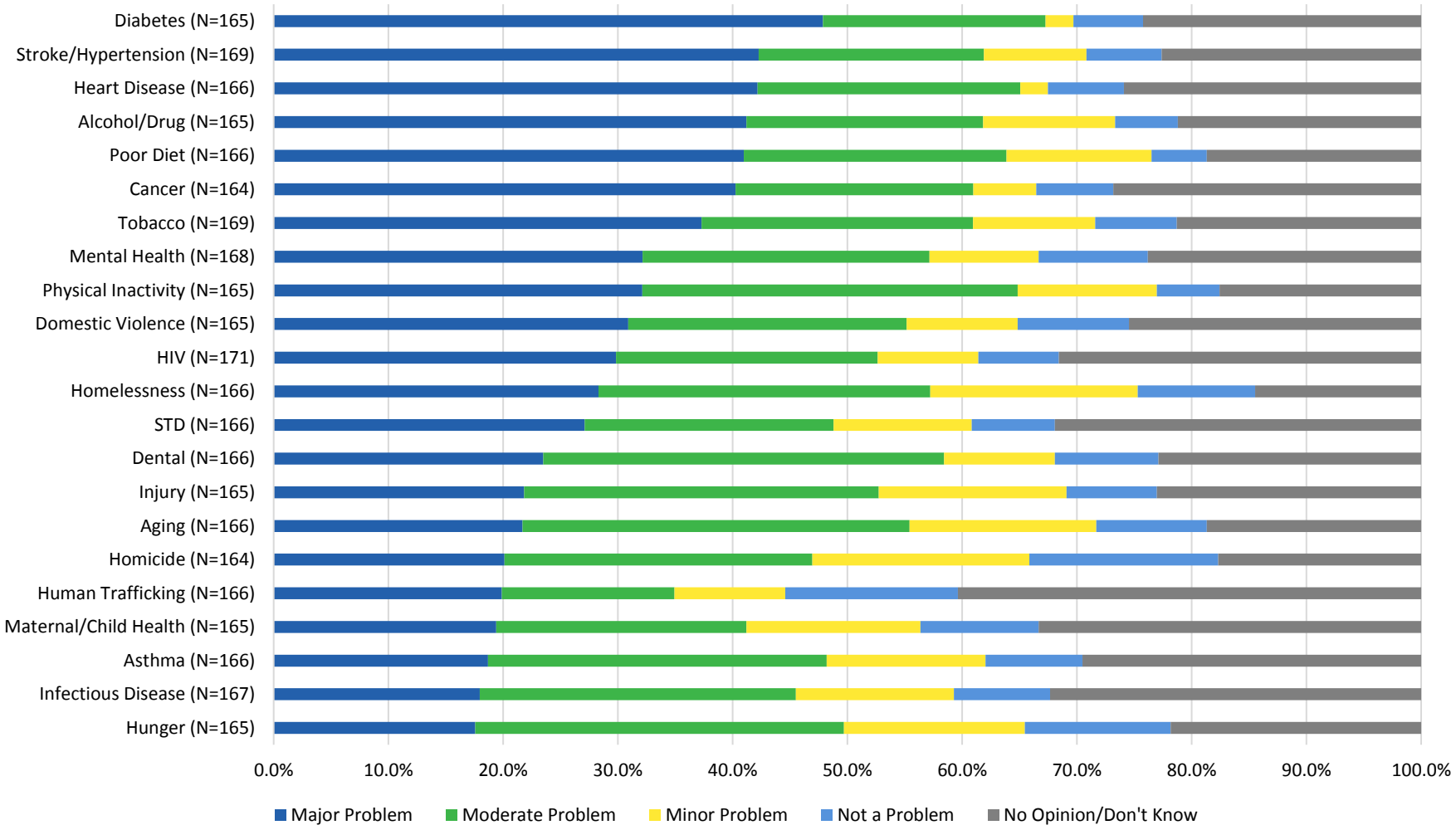


Question 5: Please rate the following health issues for your neighborhood or community (All Responses).

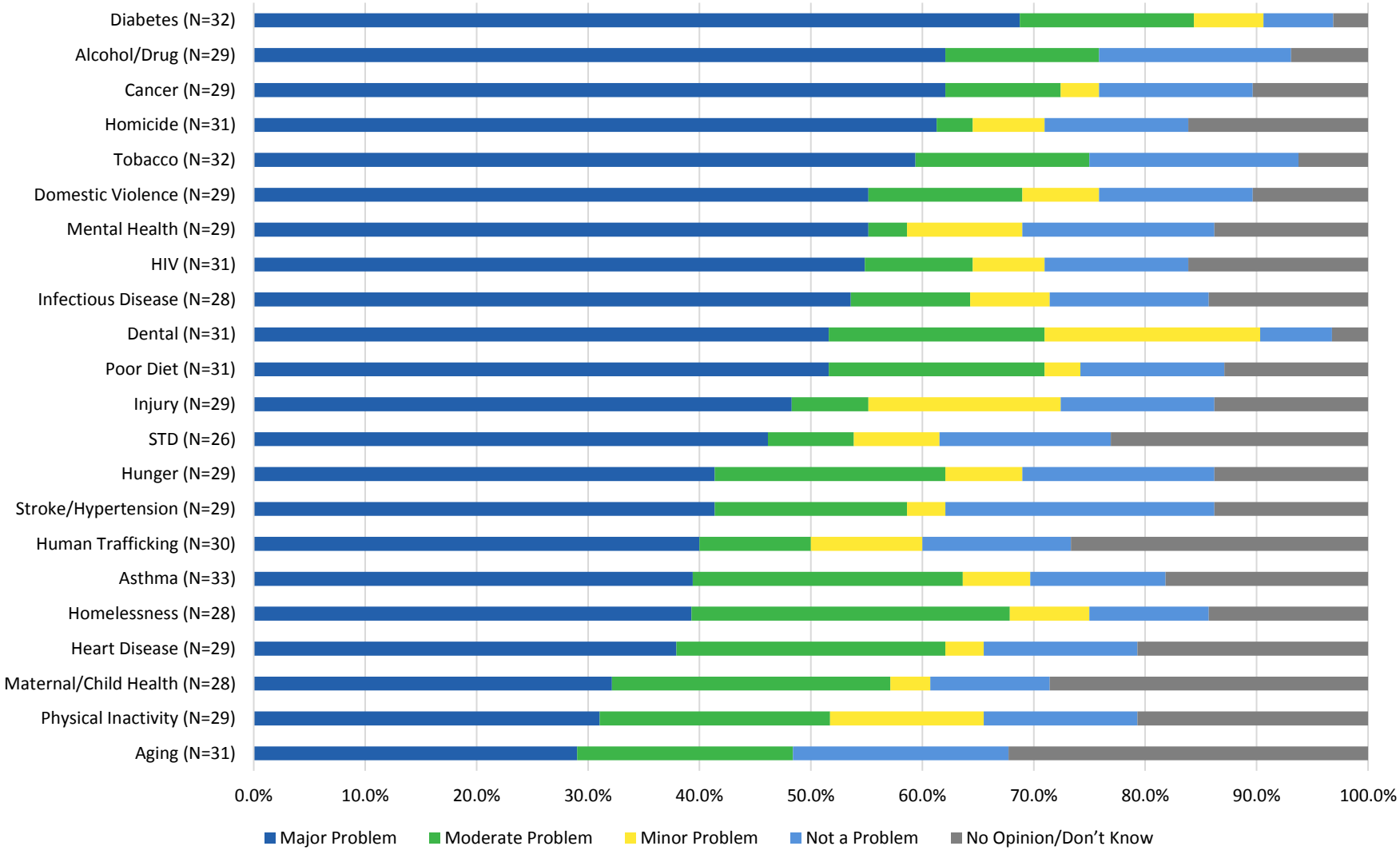


"Other" Included: renal failure; stress management

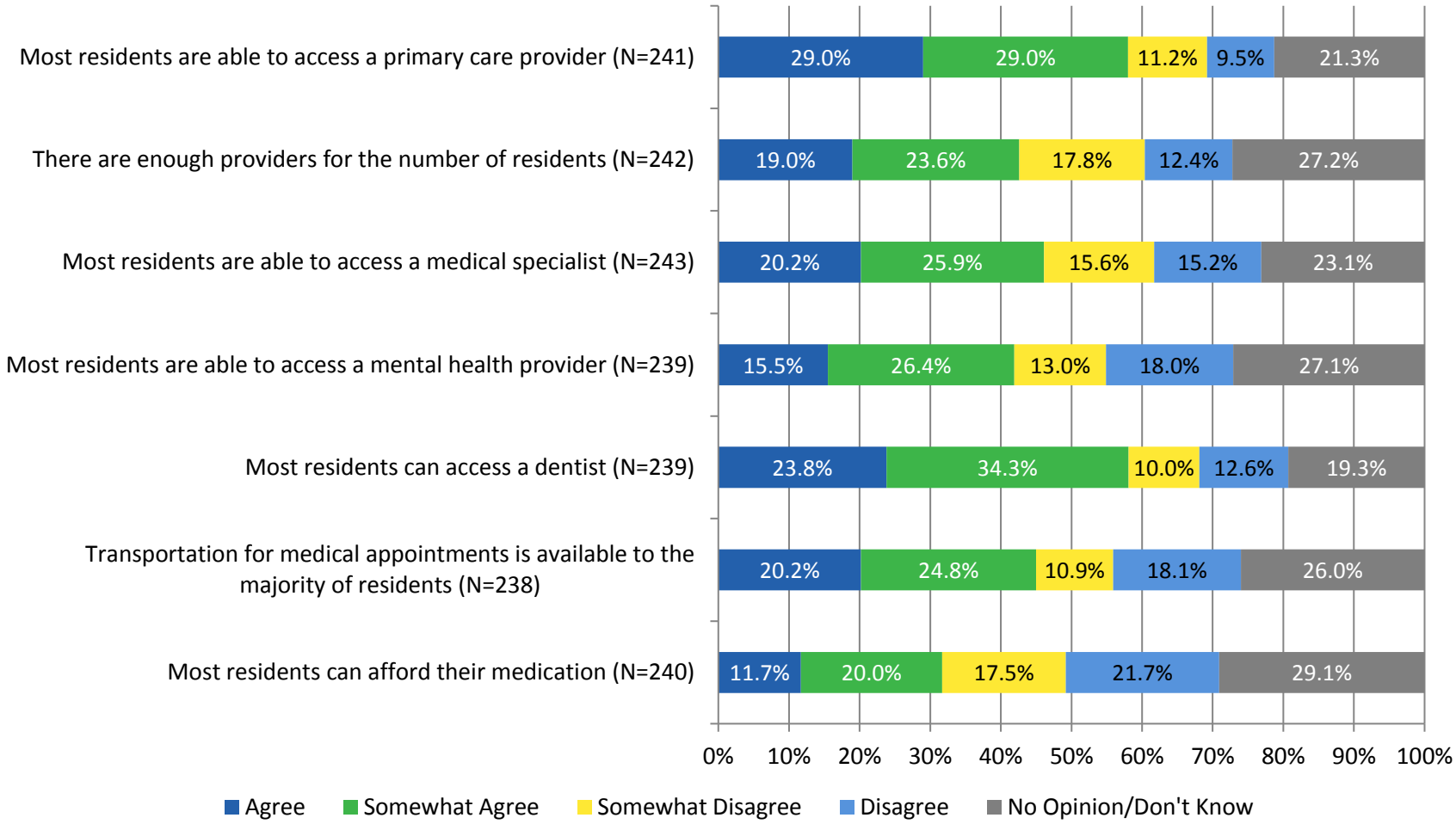
Question 5: Please rate the following health issues for your neighborhood or community (English Responses).



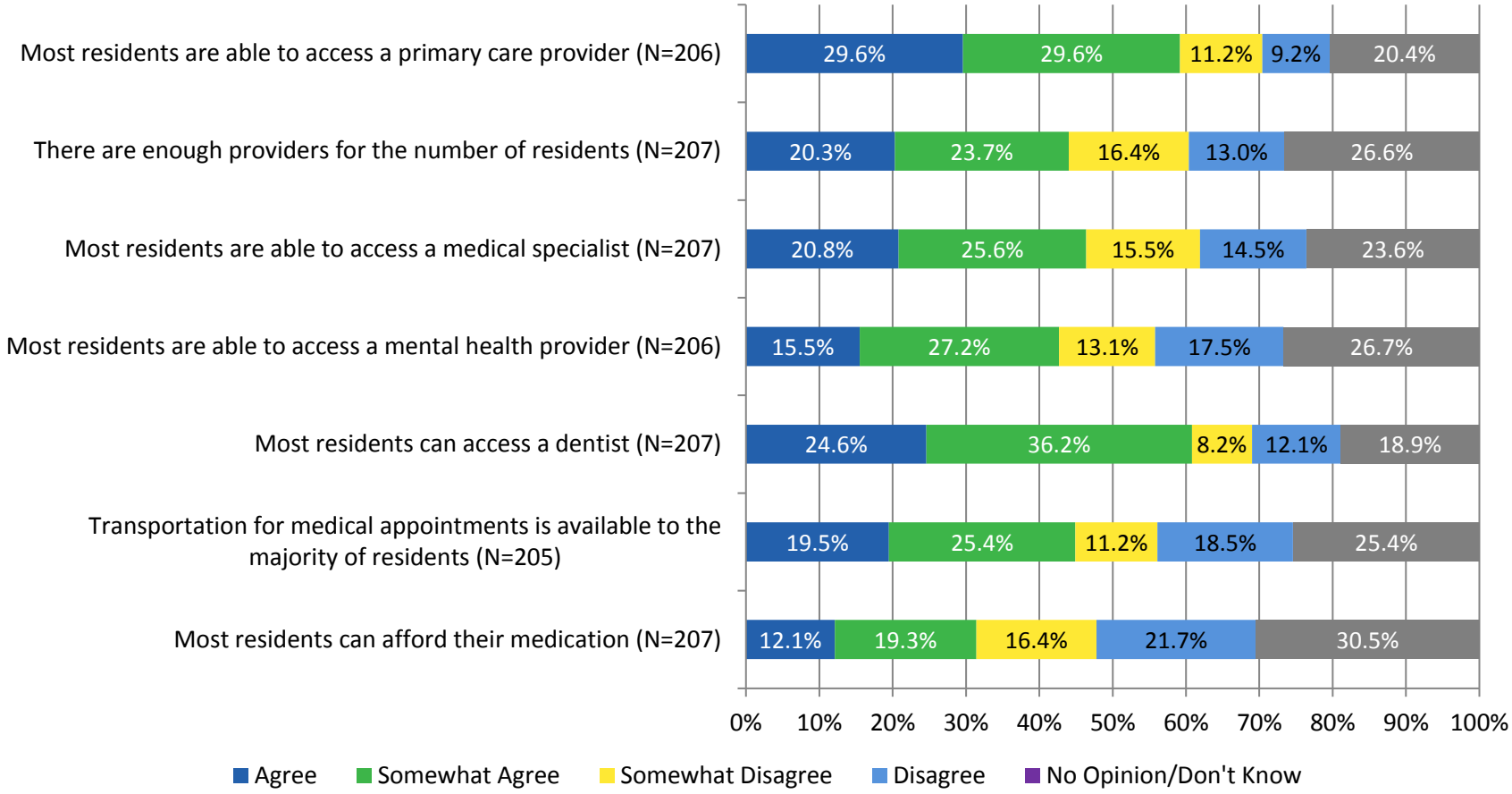
Question 5: Please rate the following health issues for your neighborhood or community (Spanish/French Responses).



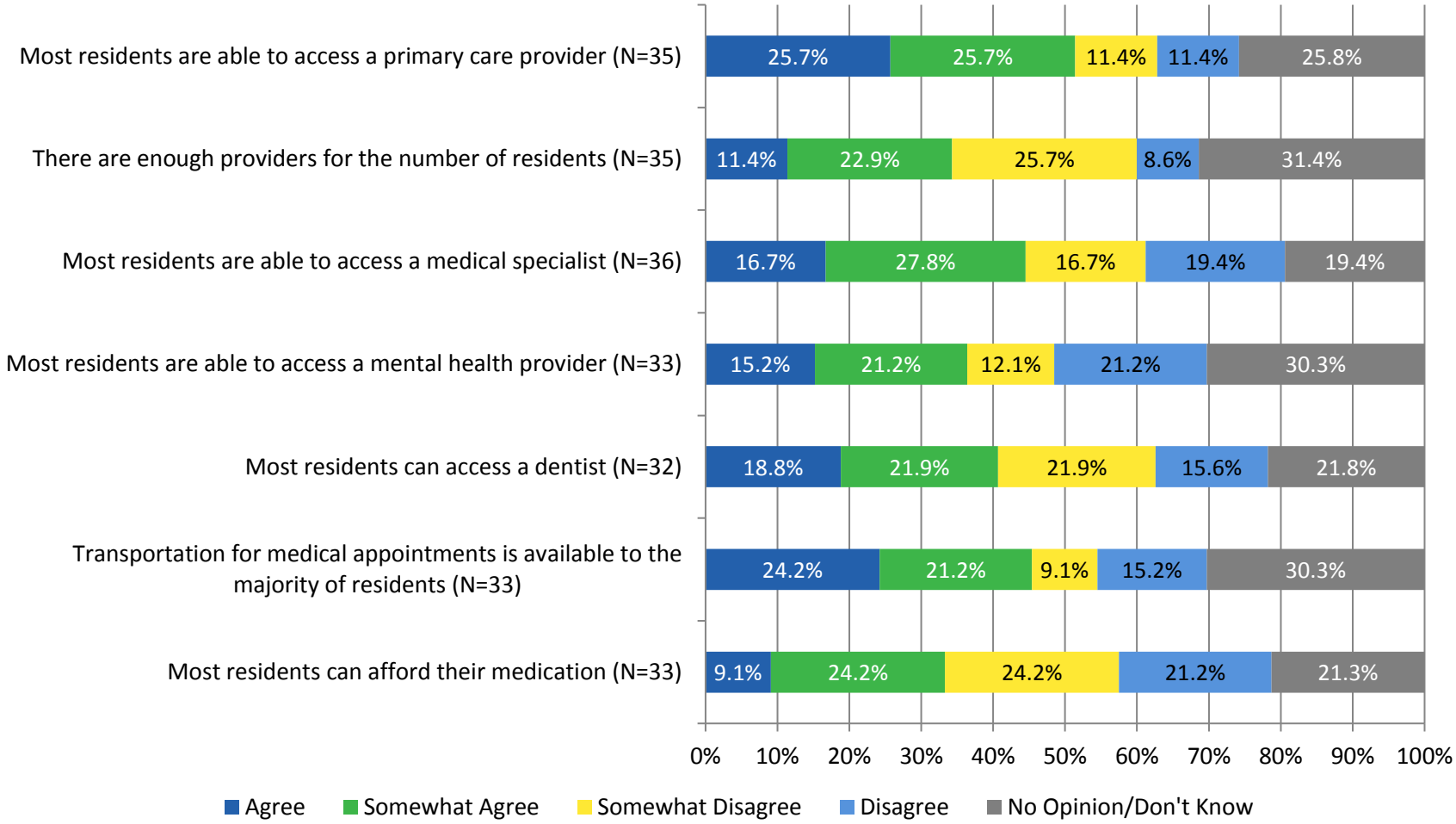
Question 6: Please rate each of the following statements about health care access in your community (All responses).



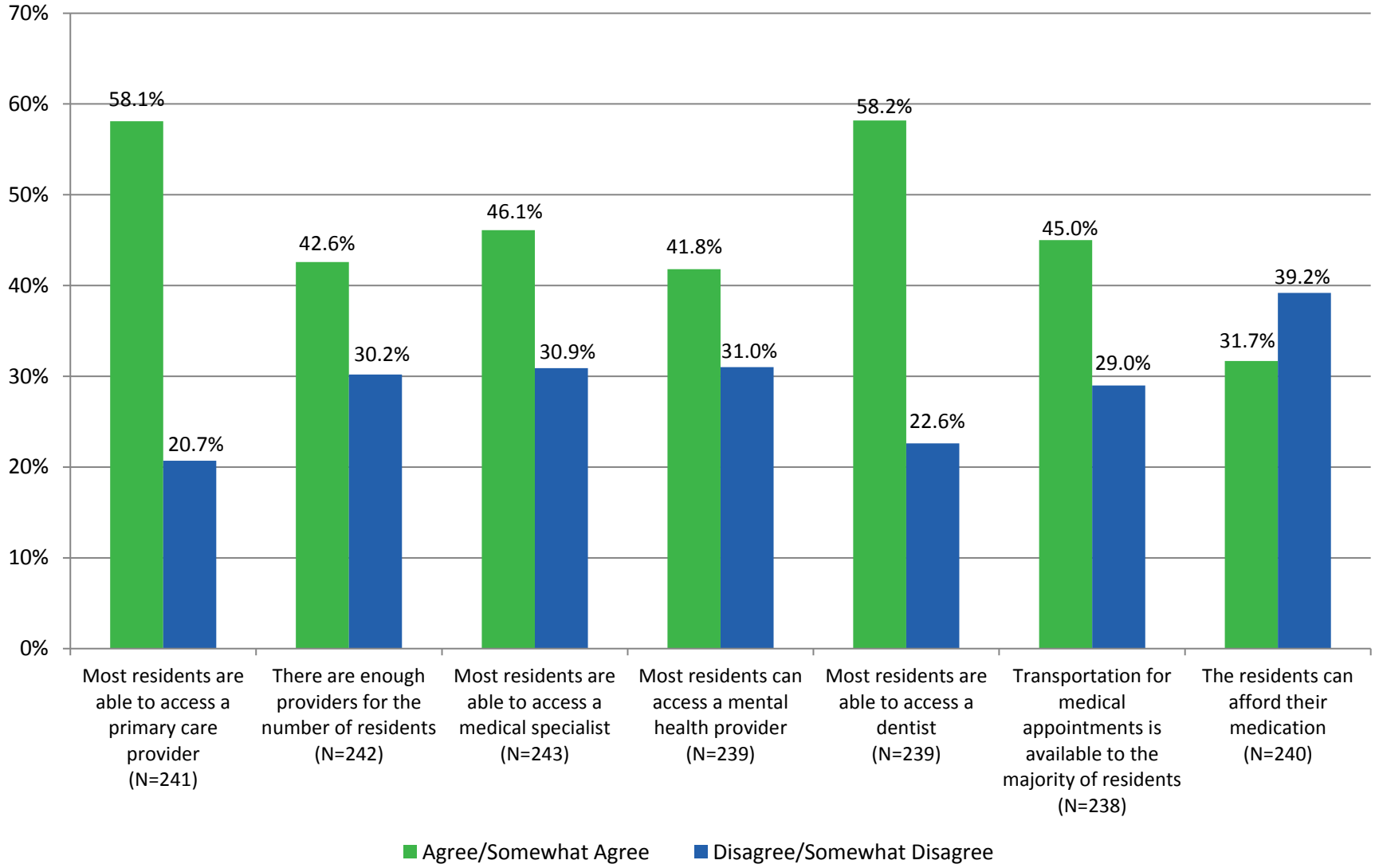
Question 6: Please rate each of the following statements about health care access in your community (English Responses).



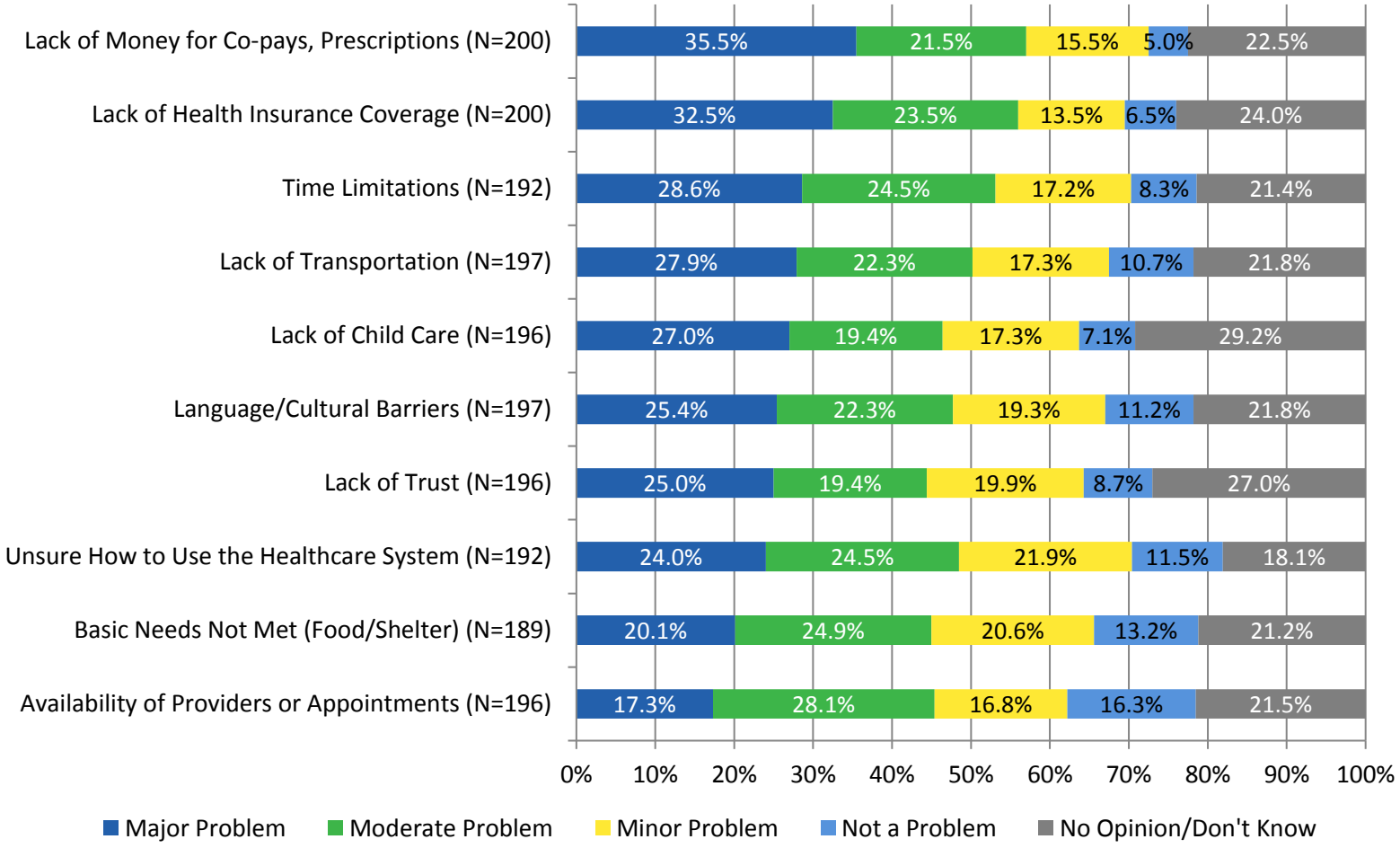
Question 6: Please rate each of the following statements about health care access in your community (Spanish/French Responses).



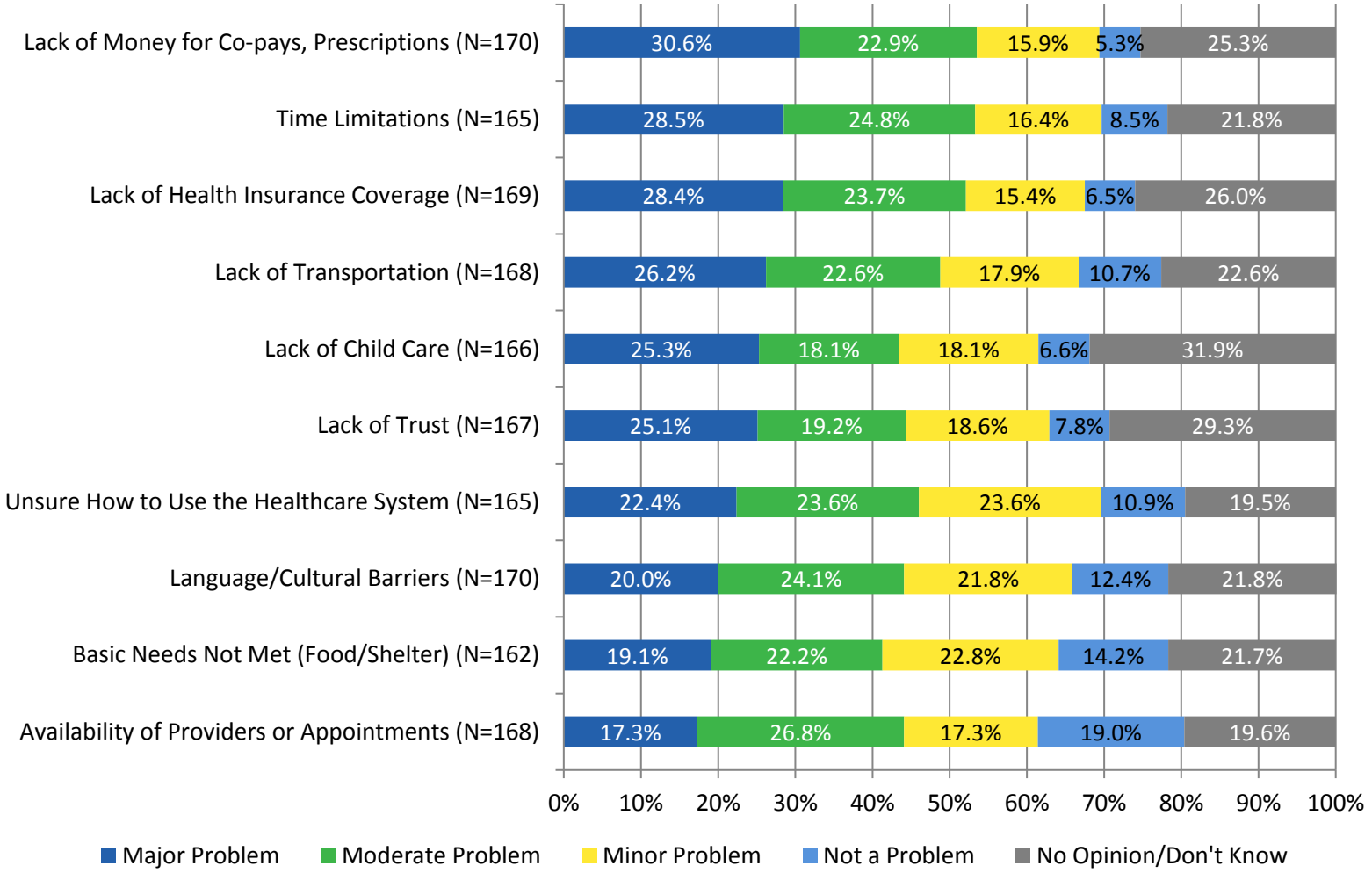
Question 6: Please rate the following statements about health care access in your community (All responses with opinion).



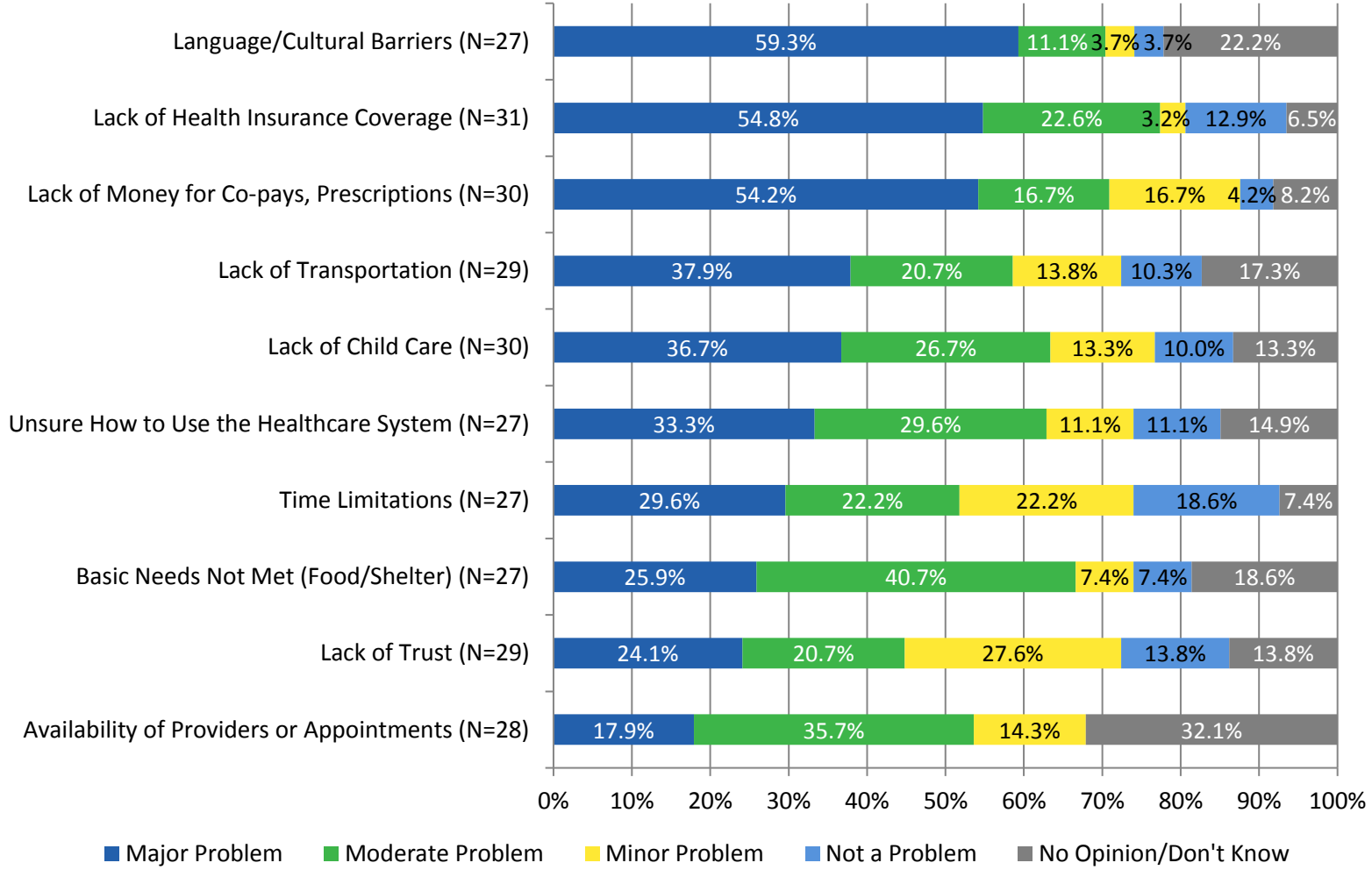
Question 7: Please indicate if you believe the barriers listed are a major, moderate, minor or not a problem that keep people in your community from accessing health care.



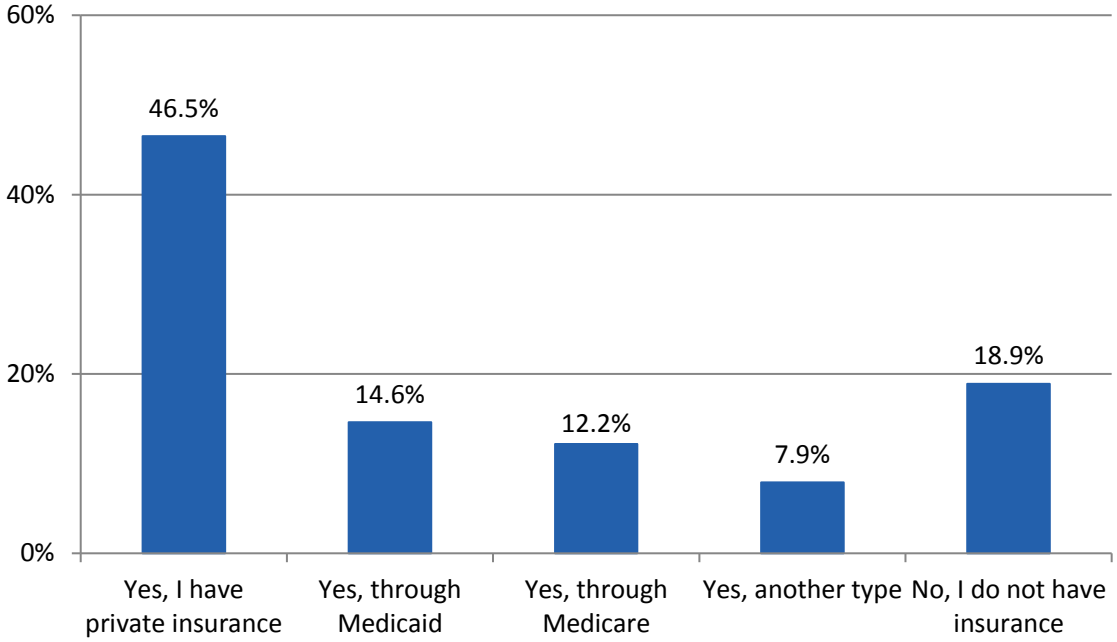
Question 7: Please indicate if you believe the barriers listed are a major, moderate, minor or not a problem that keep people in your community from accessing health care (English responses)



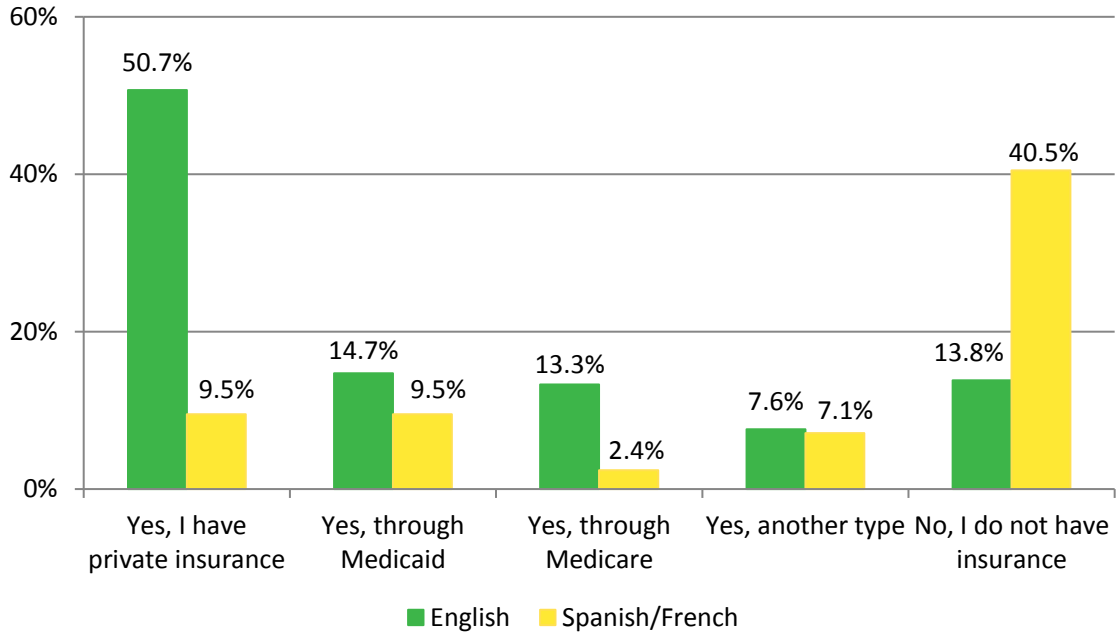
Question 7: Please indicate if you believe the barriers listed are a major, moderate, minor or not a problem that keep people in your community from accessing health care (Spanish/French responses).



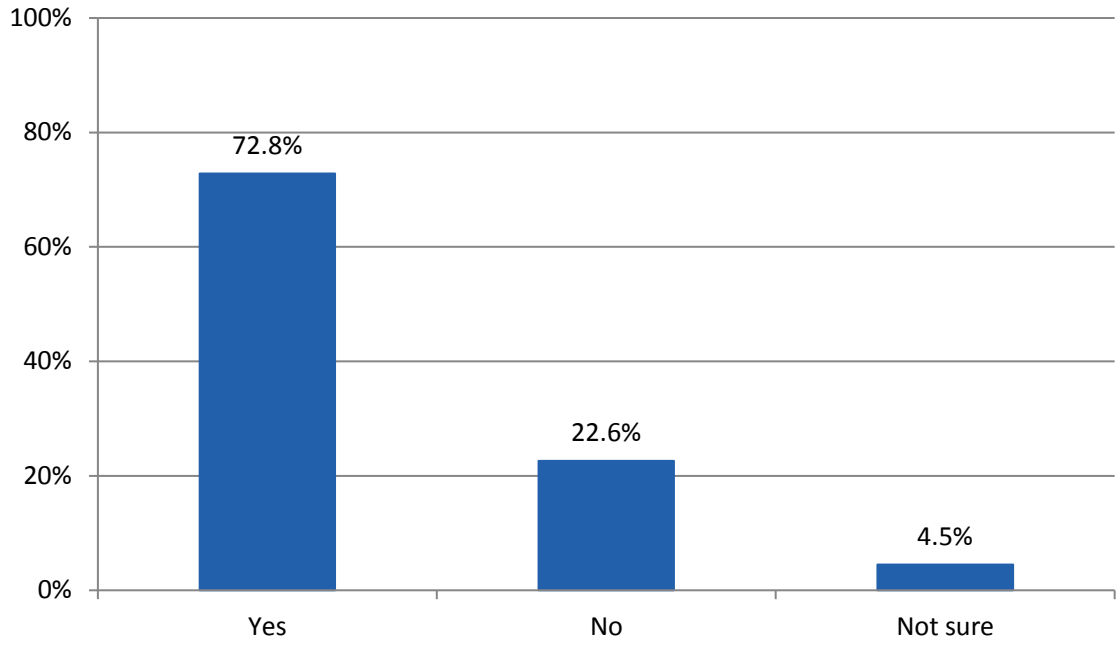
Question 8: Do you have health insurance (select all that apply)? (N=254 responses)



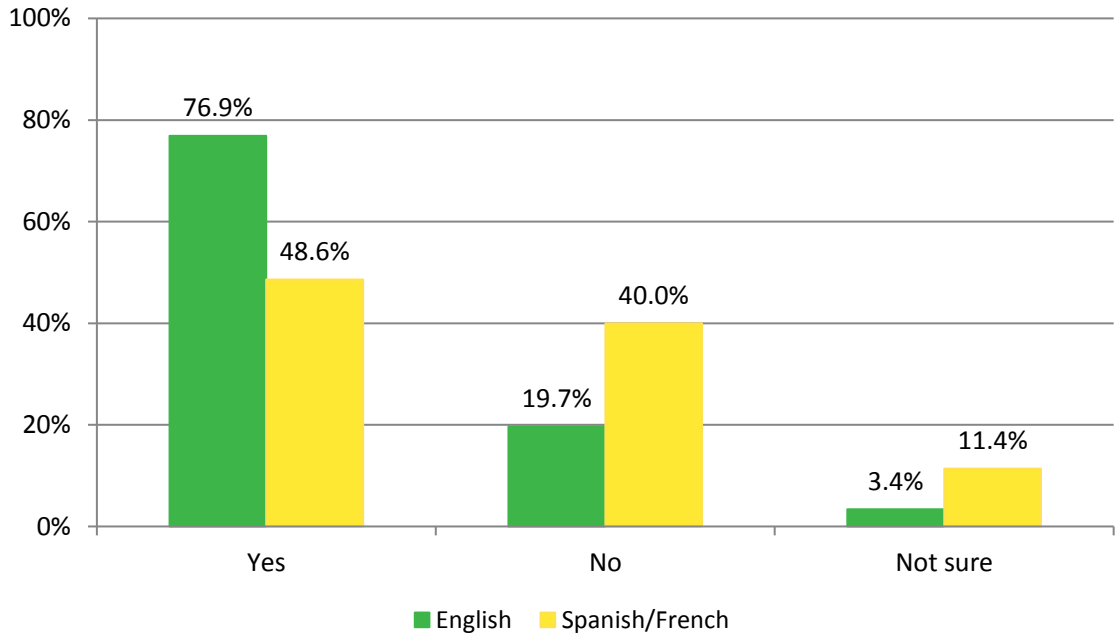
Question 8: Do you have health insurance (select all that apply)? (N=225 English responses; N=29 Spanish/French responses)



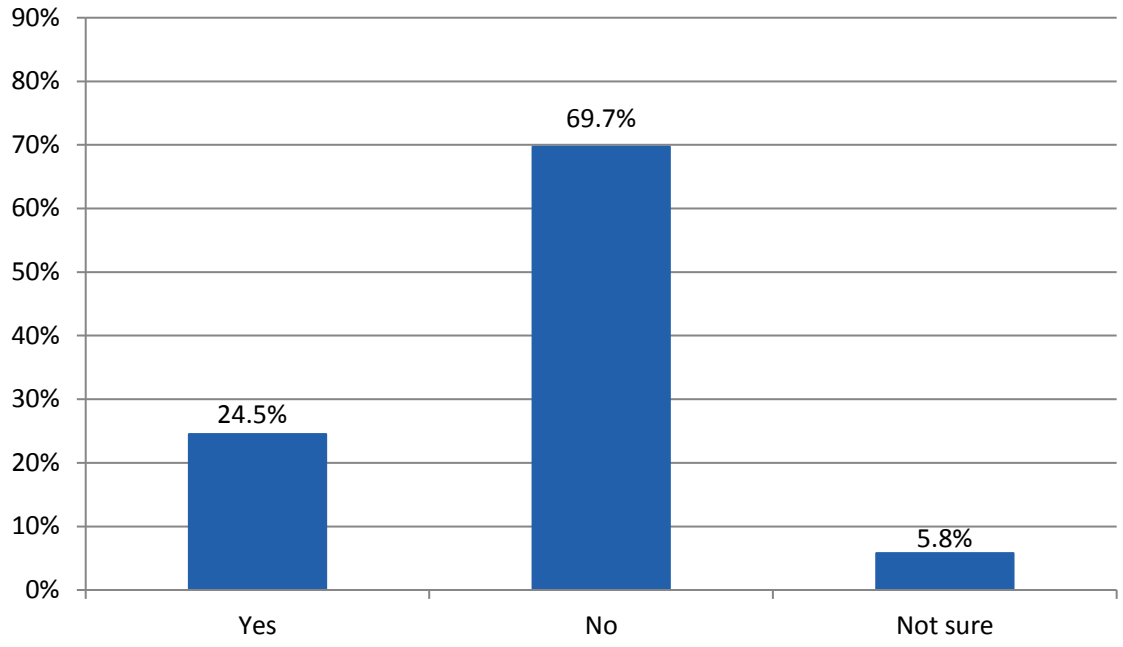
Question 9: Did you see a primary care doctor in the last year? (N=243 responses)



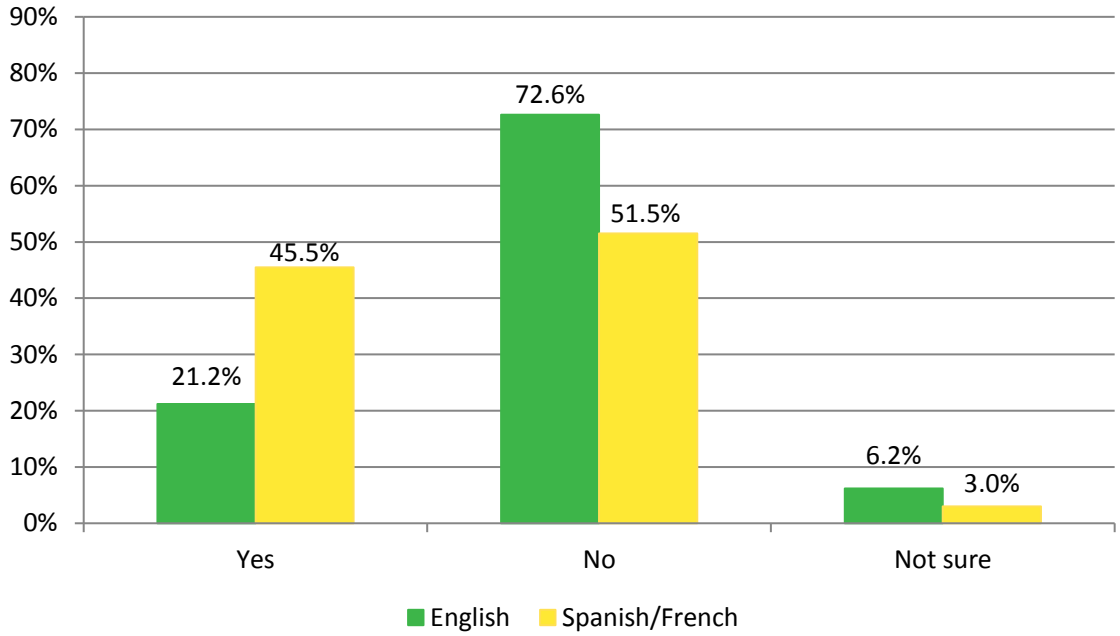
Question 9: Did you see a primary care doctor in the last year? (N=208 English responses; N=35 Spanish/French responses)



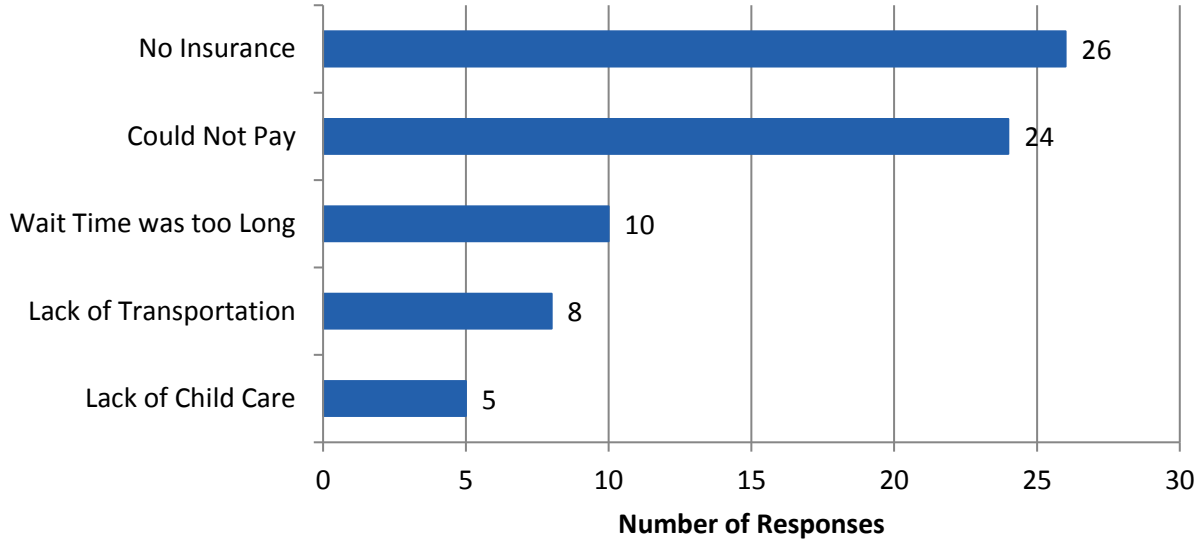
Question 10: Has there been a time in the past year when you needed medical care but were not able to get it? (N=241 responses)



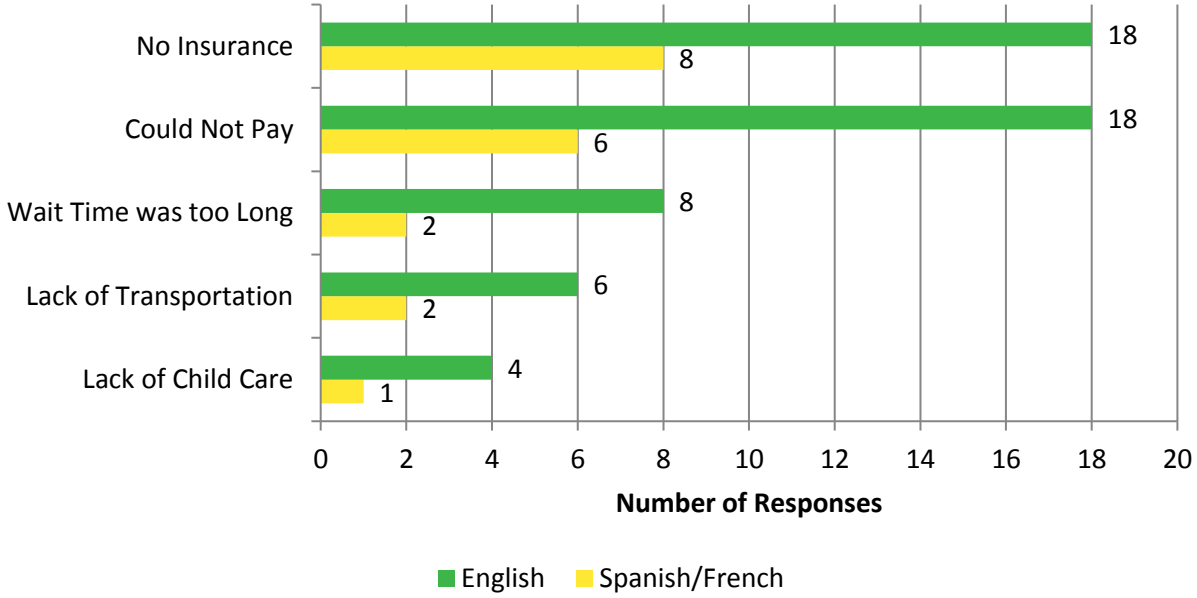
Question 10: Has there been a time in the past year when you needed medical care but were not able to get it? (N=208 English responses; N=33 Spanish/French responses)



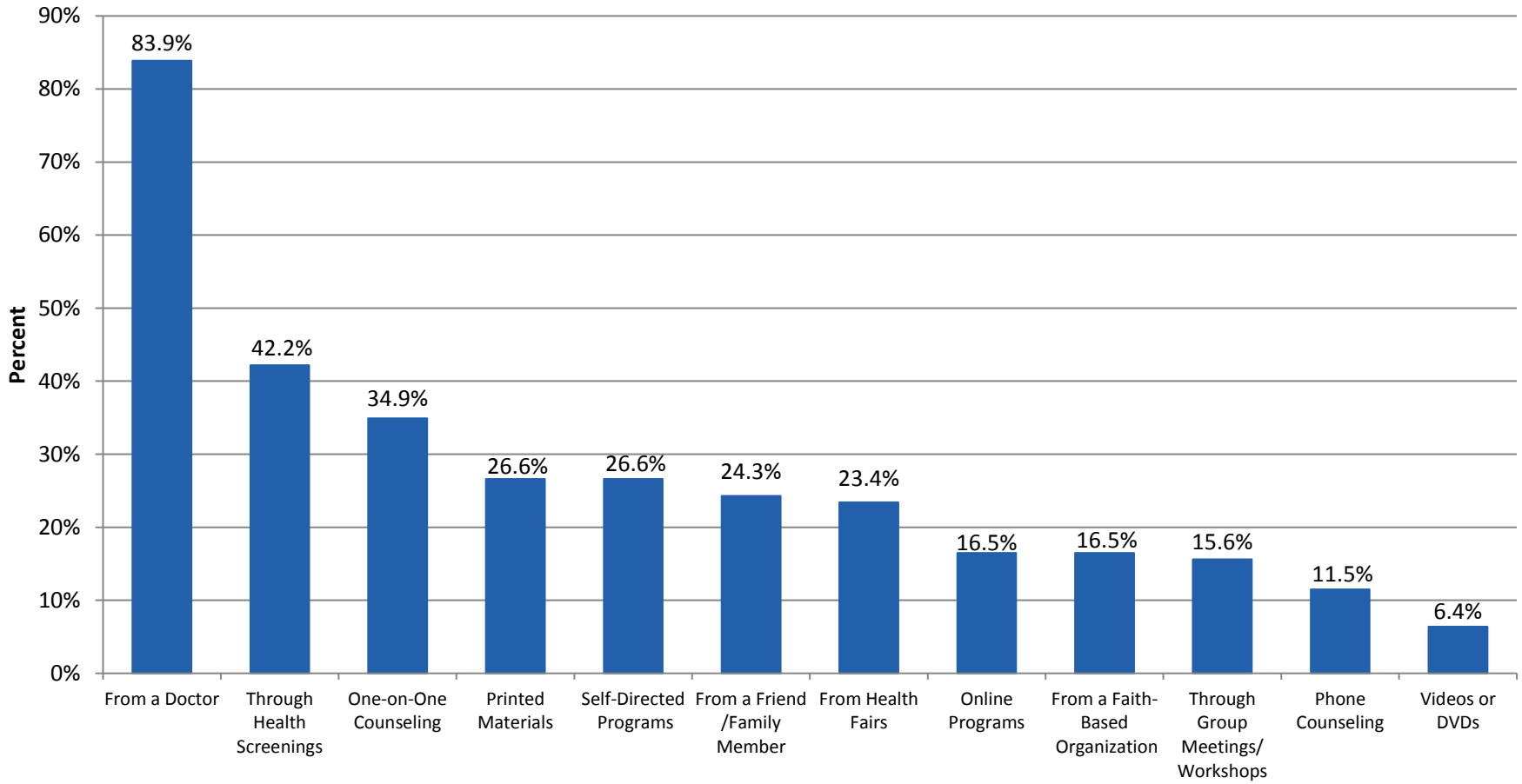
Question 11: If you answered that you were unable to get medical care, what prevented you from getting the medical care you needed (select all that apply)? (N=59 responses)



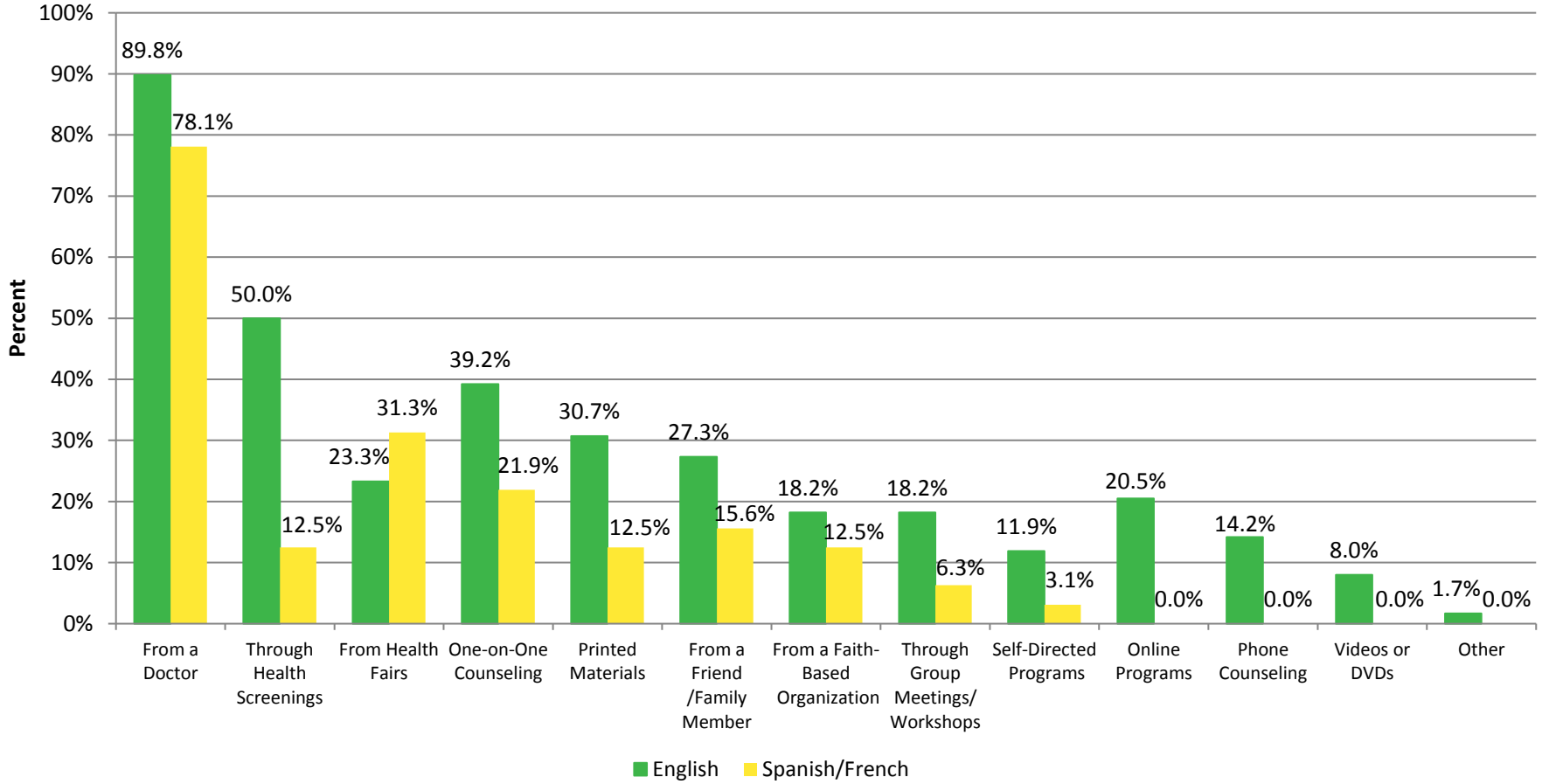
Question 11: If you answered that you were unable to get medical care, what prevented you from getting the medical care you needed (select all that apply)? (N=36 English responses; N=12 Spanish/French responses)



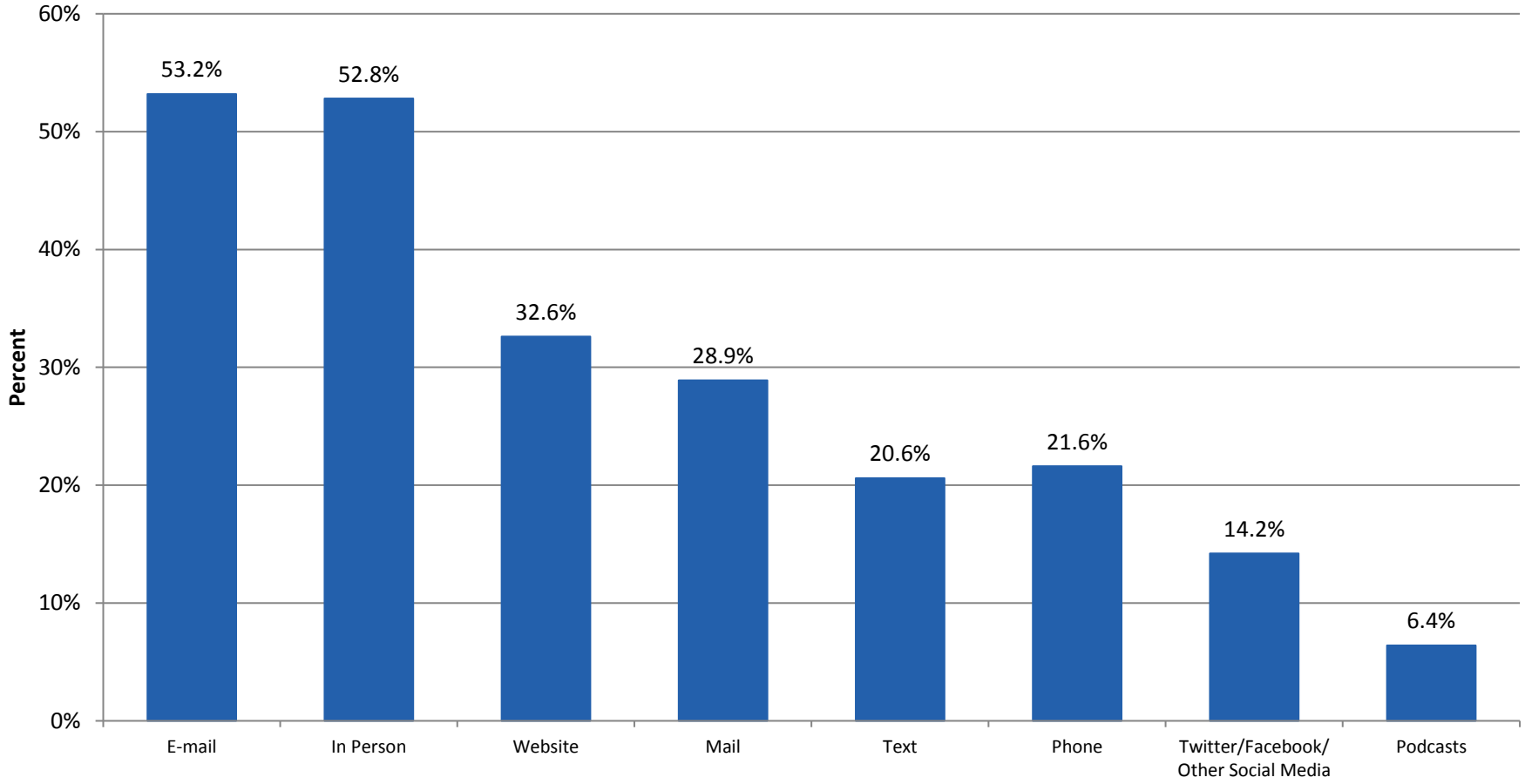
Question 12: What sources do you trust for health and lifestyle information (select all that apply)? (N=208 responses)



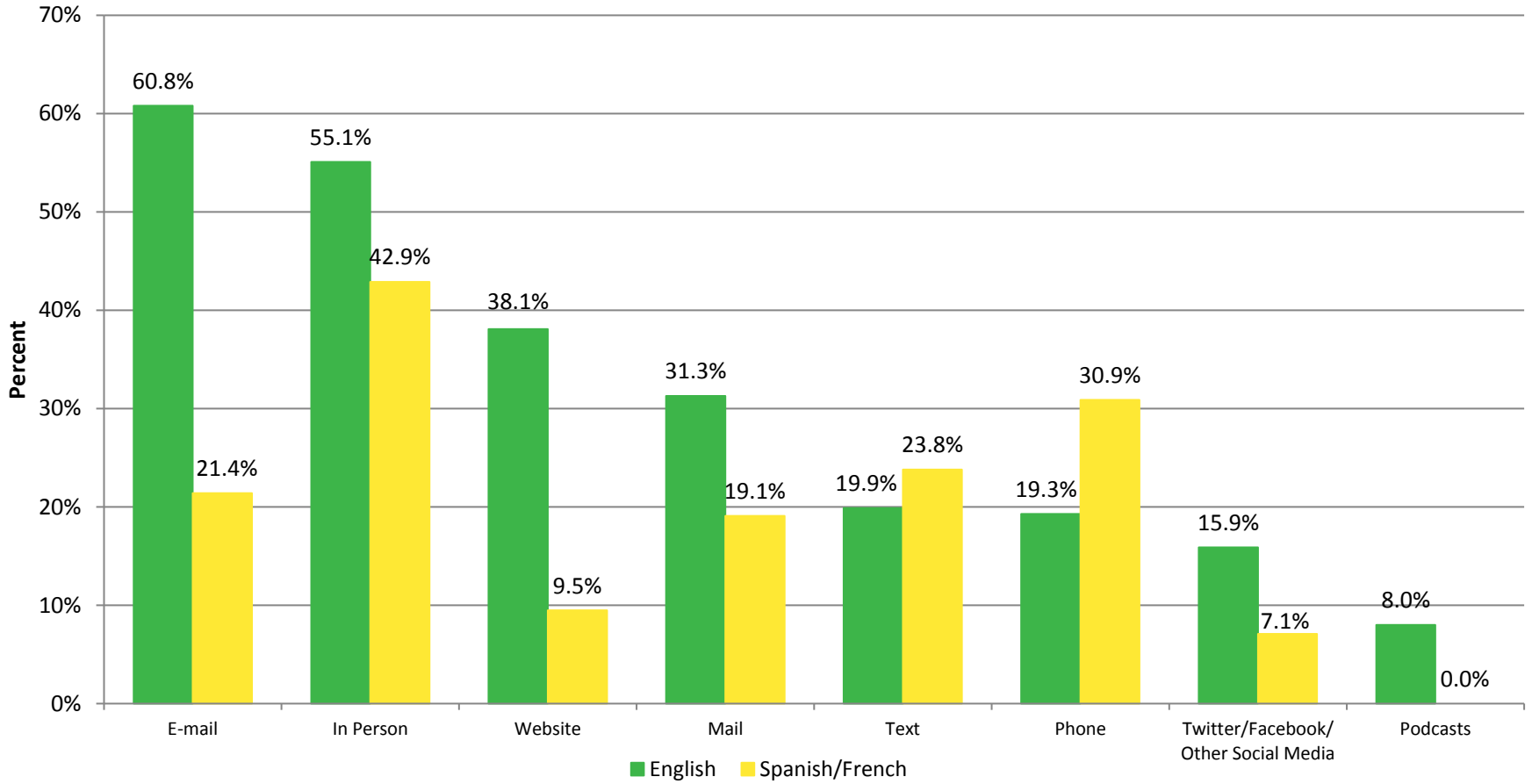
Question 12: What sources do you trust for health and lifestyle information (select all that apply)? (N=176 English responses; N=32 Spanish responses)



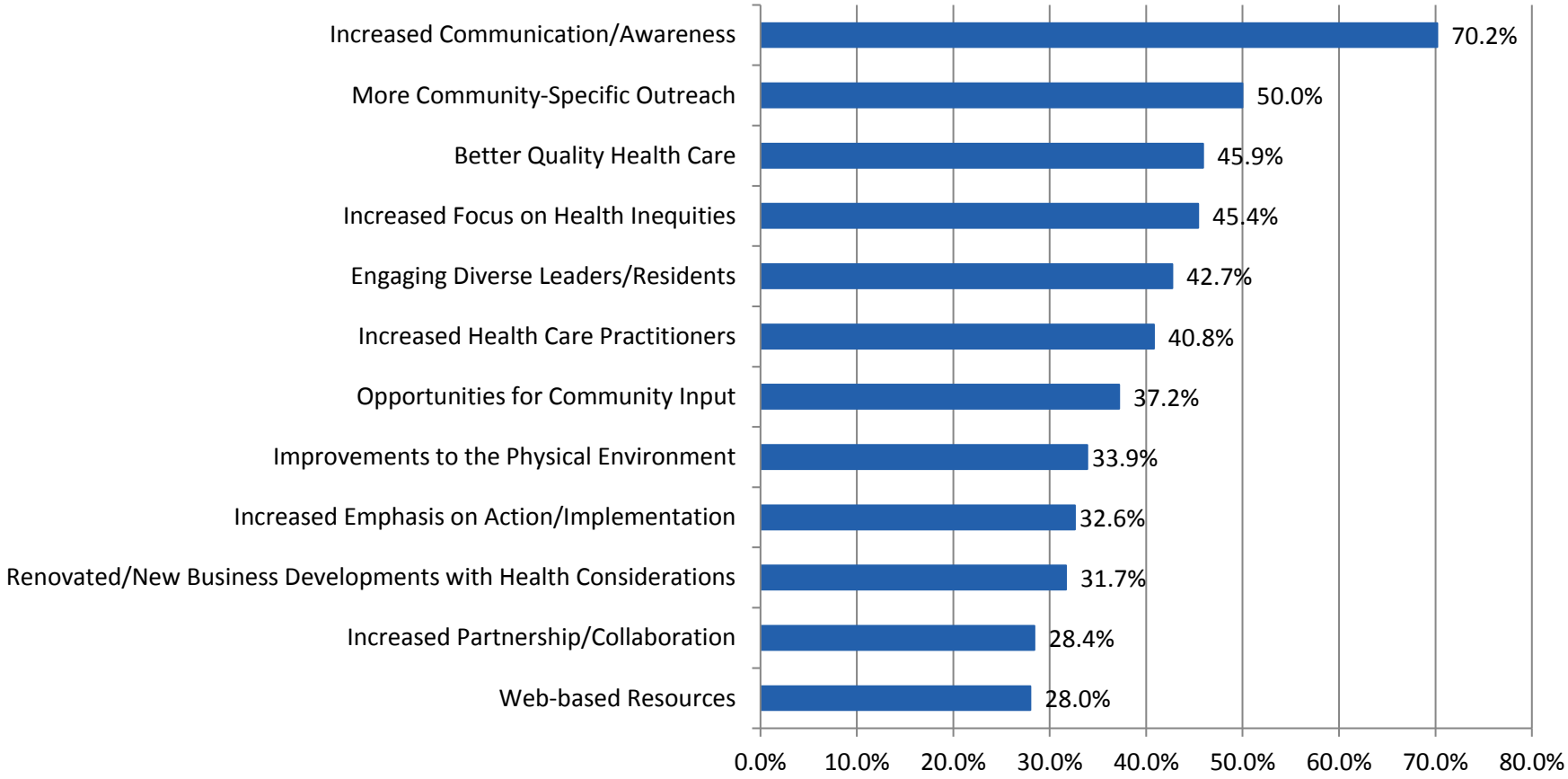
Question 13: How do you like to receive communication about health topics (select all that apply)? (N=218 responses)



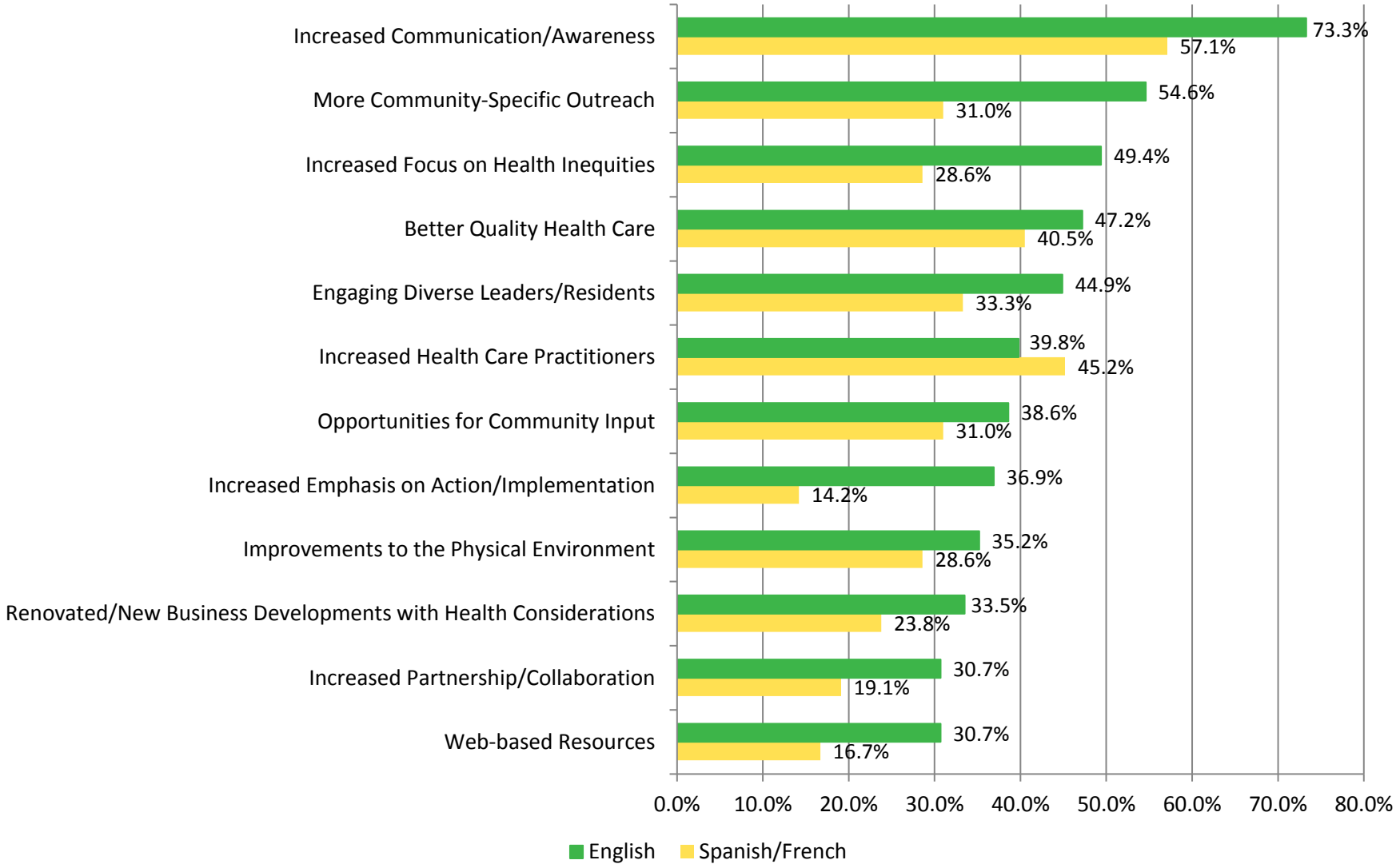
Question 13: How do you like to receive communication about health topics (select all that apply)? (N=176 English Responses N=42 Spanish/French Responses)



Question 14: What do you believe could encourage and support your community's health (select all that apply)? (N=218 responses)



Question 14: What do you believe could encourage and support your community's health (select all that apply)? (N=176 English responses; N=42 Spanish/French responses)

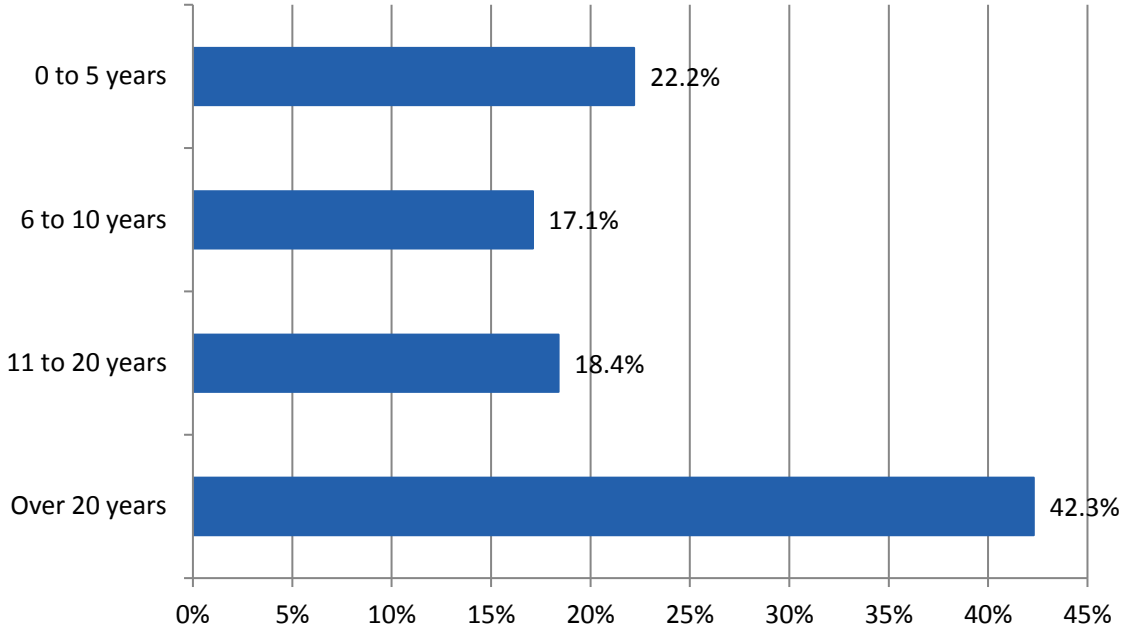


Question 15: If you could change one thing in your community, what would it be? (Open-ended responses).

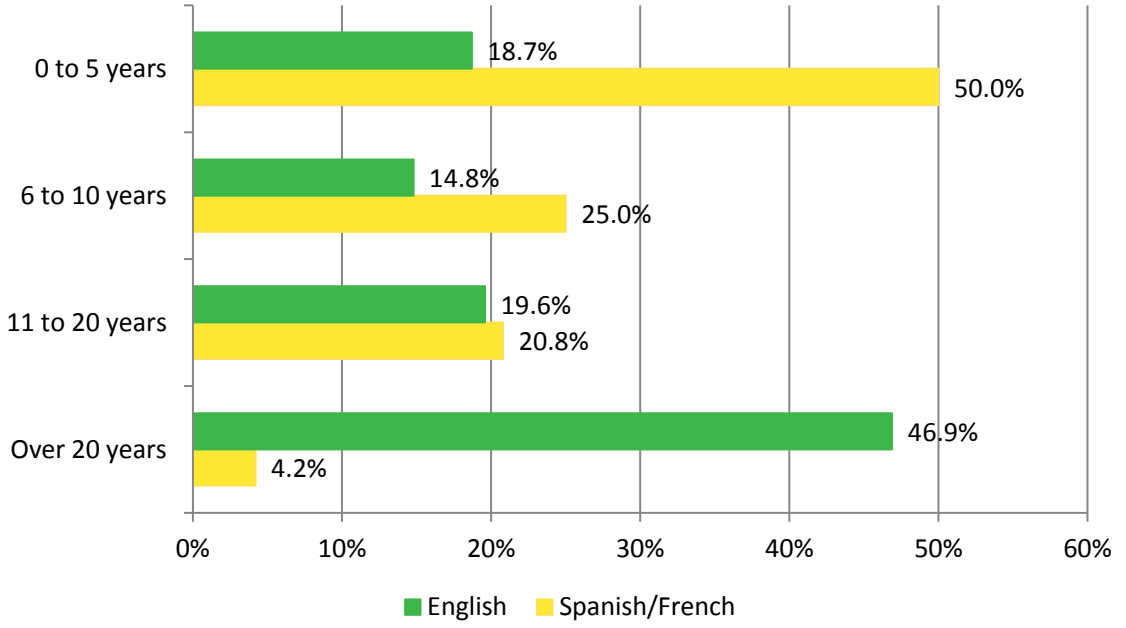
Issues mentioned	Number of English Responses	Number of Spanish/ French Responses	Summary of Responses
Addressing the Social Determinants of Health	18	2	Improve affordability – better, higher paying jobs, higher incomes, lower costs of living, affordable housing, affordable child care; better schools and educational attainment outcomes; universal full-day preschool and kindergarten; insurance coverage for all
Transportation and Infrastructure	12	0	More transportation options, decreased costs for transportation; safer transportation; better roads – no potholes and repave some area roads; more walkability and sidewalks (Laurel specifically mentioned)
Community Engagement and Education	12	2	More community organizing, including increased community events and meetings, more health programs and screenings for those communities; identify a County liaison to the smaller municipalities so that they know the communities more intimately, to advocate for funding and services in those areas; involve the Hispanic community and encourage their participation in organizations – they live ignored; more sporting activities for youth
Cleaner Neighborhoods and Environments	9	1	More parks; more trails; more bikeshares; more green spaces; more lighting in developments; mobile recreation centers; modernize the buildings
Increased Safety	5	4	Decrease the crime rate and focus on citizen security; alleviate traffic congestion; slower, safer driving, including no phone use in the car
Better Access to and Quality of Providers	5	4	More providers in the community, beyond urgent care; many residents seek care in D.C. or neighboring counties; no limitations to services provided; more bilingual staff and professionals; more medical information provided to communities
Better Access to Healthy Foods	4	0	Closer grocery stores with more/better options; fewer fast food outlets in communities
Lower Death and Disease Rates	4	0	Overall decrease in the disease and death rates in the community; at home STD testing; increased outreach about safe sex and the importance of STD testing
Senior Population Considerations	2	0	More services for seniors (e.g., independent living and group housing); more help with access as technology advances – some seniors do not know how to access resources online without help

Participant Profile

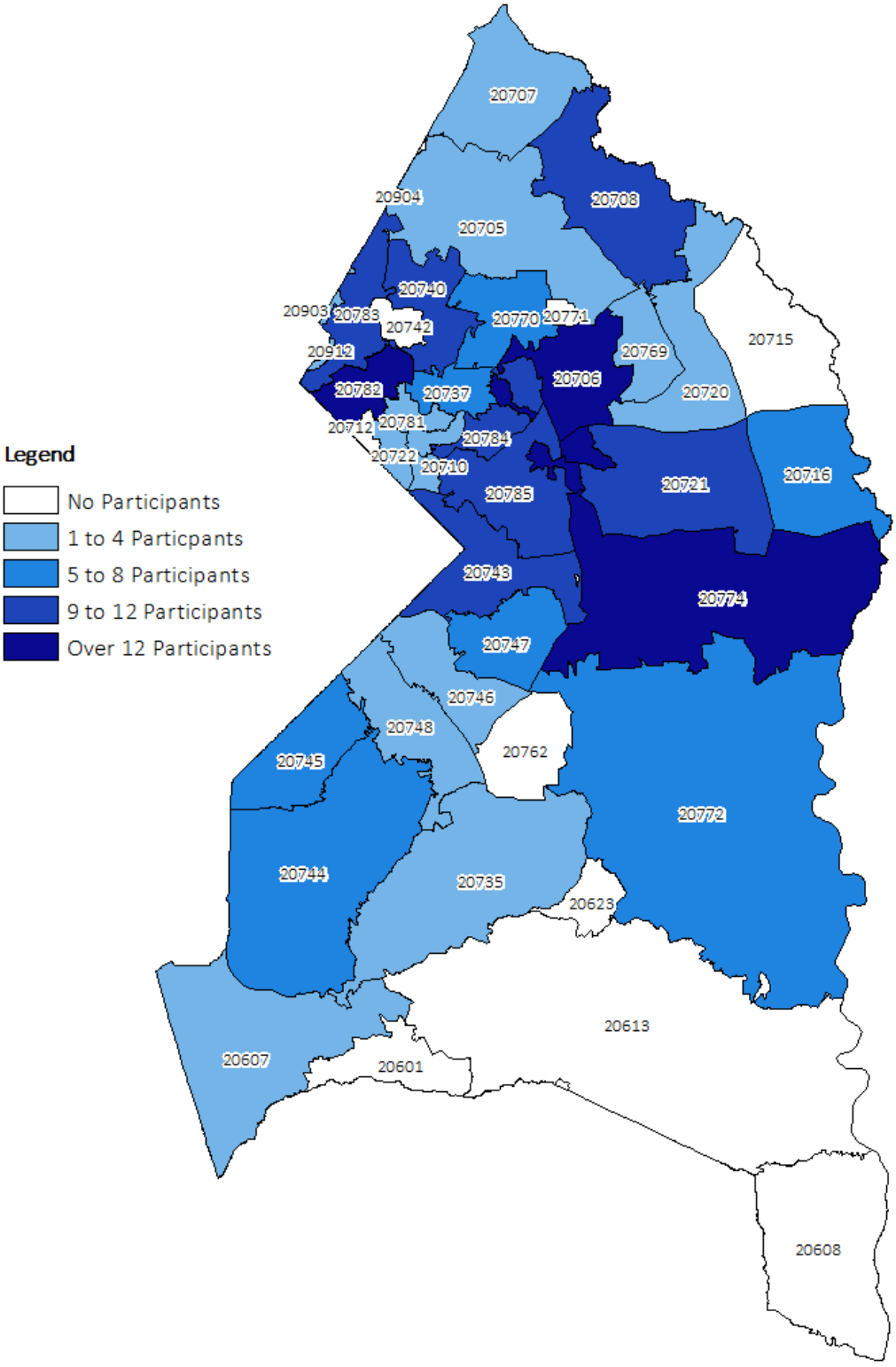
Question 16: How long have you lived in Prince George's County? (N=234 responses)



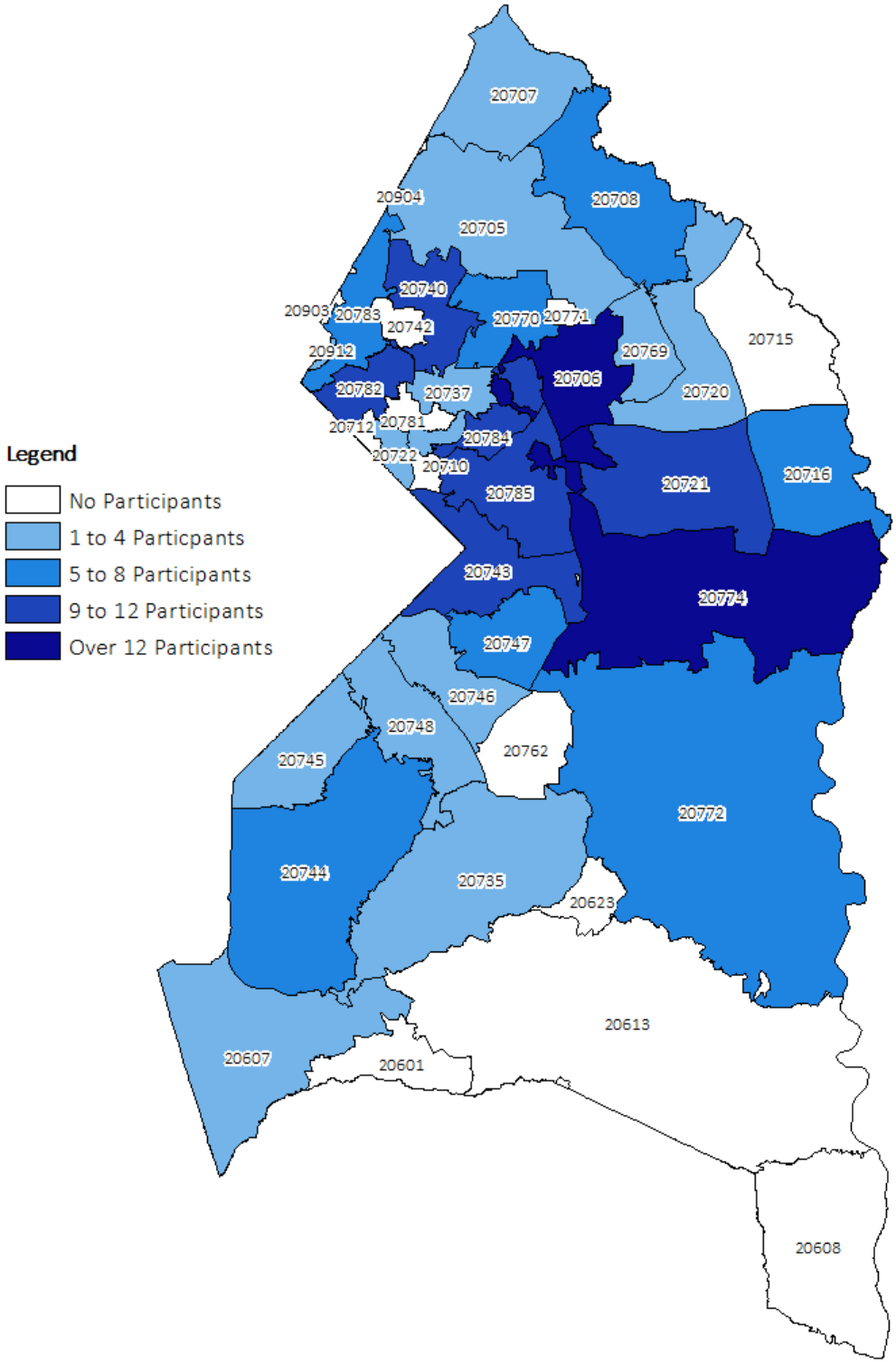
Question 16: How long have you lived in Prince George's County? (N=209 English responses; N=25 Spanish/French responses)



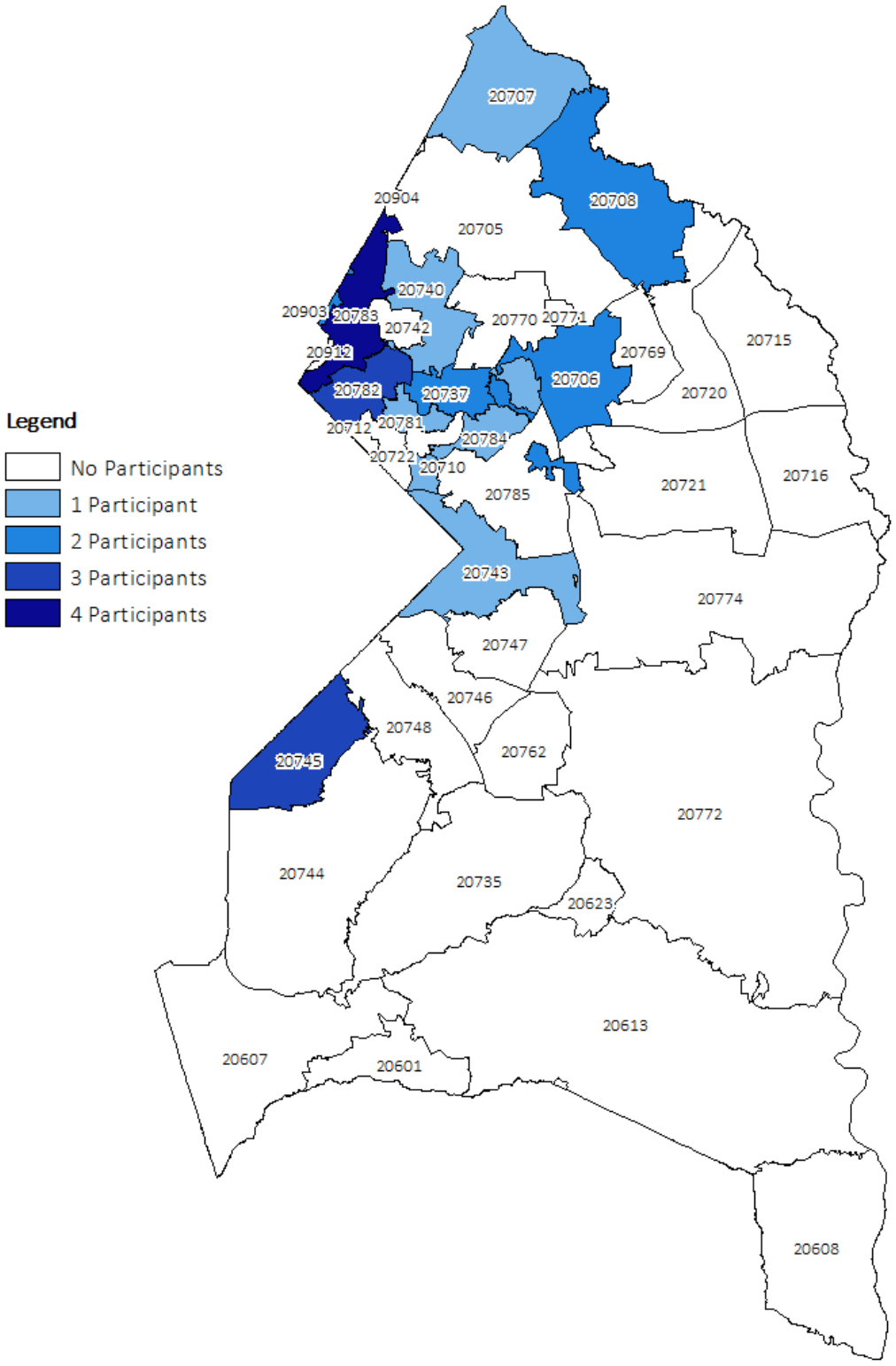
Question 17: What ZIP code do you live in? (N=225 responses)



Question 17: What ZIP code do you live in? (N=201 English responses)



Question 17: What ZIP code do you live in? (N= 24 Spanish/French responses)



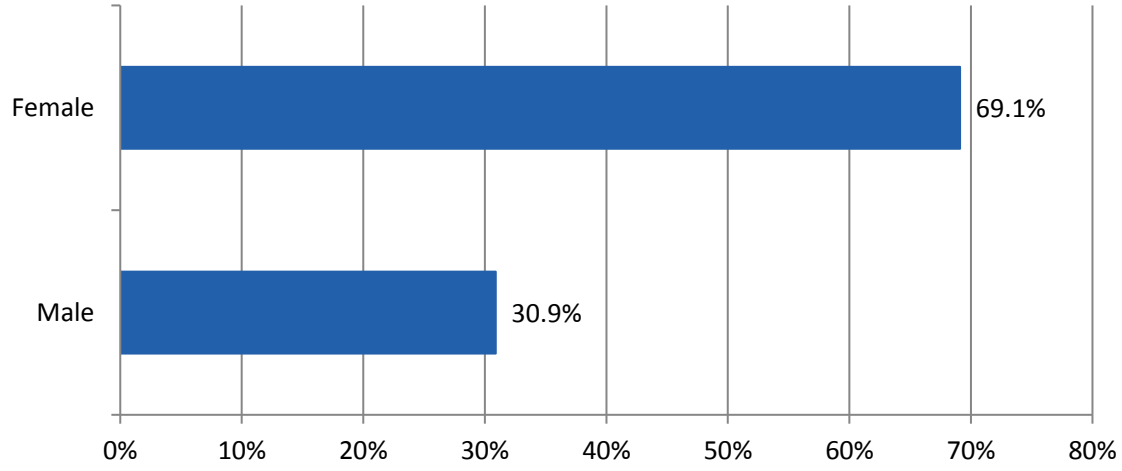
Question 18: What community do you live in? (N=152 English responses; 21 Spanish responses)

Community	English Participants	Spanish/French Participants
Amherst Rd	1	0
Ashford	1	0
Ashton Heights	1	0
Berwyn Heights	0	1
Bladensburg	1	0
Bowie	7	0
Boxwood Village	1	0
Breezewood Terrace	1	0
Brentwood	1	0
Brock Hall Manor	1	0
Brock Hills	1	0
Brooksquare Condo	1	0
Calvert Hills	1	0
Camp Springs	1	0
Capitol Heights	5	0
Carmody Hills	1	0
Cherry Lane Laurel	0	1
Cheverly	1	0
Chillum	0	2
Clinton	2	0
College Park	5	0
Collington Station	1	0
Colmar Manor	1	0
Contee Road Deerfield	0	1
Coral Hills	1	0
Covington Station	1	0
District Heights	1	0
Dresden Green	2	0
Enterprise Estates	1	0
Enterprise Knolls	1	0
Estate Neighborhood	1	0
Forestville	1	0
Fort Washington	1	0
Glenarden	2	0
Glendale Estates	1	0
Good Luck Road	1	0
Greenbelt	4	1
Greenbriar	1	0
Harbors Edge	0	1
Heritage Park	0	1
High Point	1	0
Hill Oak	1	0
Hillcrest Heights	1	0

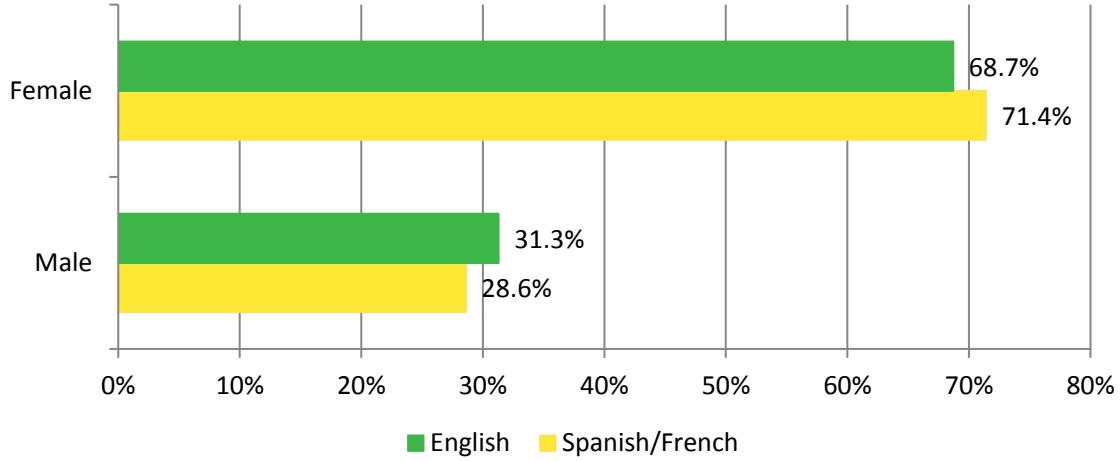
Community	English Participants	Spanish/French Participants
Hillendale	1	0
Hollywood	2	0
Holton Lane	1	0
Hyattsville	7	4
Hynesboro	1	0
Imperial Gardens	1	0
Jefferson St	1	0
Lake Arbor	1	0
Landover	6	0
Langley Park	1	1
Lanham	3	1
Largo	8	0
Laurel	4	1
Laurel Ridge	1	0
Lewisdale	1	0
Marlton	1	0
Mitchellville	1	0
Montpelier	2	0
Mt. Airy Estates	2	0
New Carrollton	3	1
Oak Creek	2	0
Oakcrest	1	0
Old Stage	1	0
Owens Rd	1	0
Oxon Hill	1	1
Palmer Park	1	0
Peppermill Village	1	0
Potomac Ridge	1	0
Riggs Avenue	1	0
Riverdale	1	1
Saint Barnabas Rd	0	1
Simmons Acres Accokeek	1	0
Silver Spring	0	2
Squire Wood	1	0
Strawberry Glenn	1	0
Swann Road	1	0
Tall Oaks	2	0
Tantallon	2	0
Templeton Knolls	1	0
Tiffin Court	1	0
Truman Park	1	0
University Hills	1	0
University Park	9	0
Unknown	2	0
Upper Marlboro	4	0
Village Green	1	0

Community	English Participants	Spanish/French Participants
Vilma	1	0
Walker Mill	1	0
West Hyattsville	1	0
West Lanham Hills	1	0
Woodlark	1	0
Woodlawn	1	0
Woodmore	1	0
Woodstream	1	0

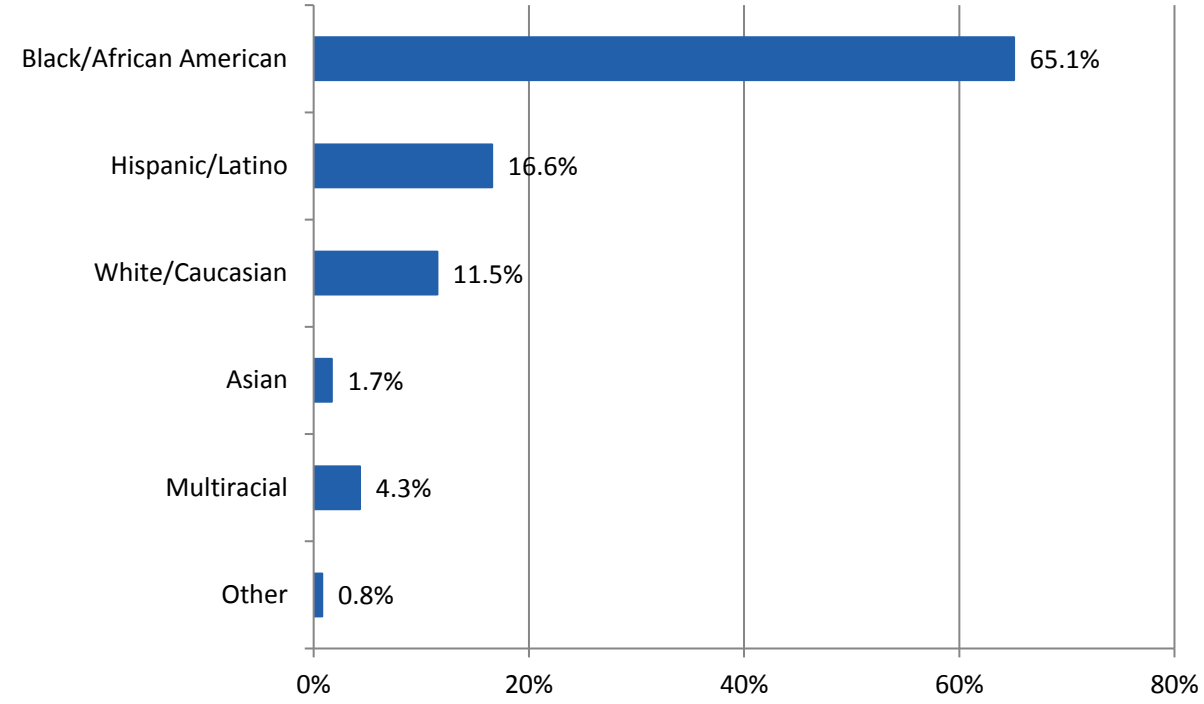
Question 19: What is your gender? (N= 236 responses)



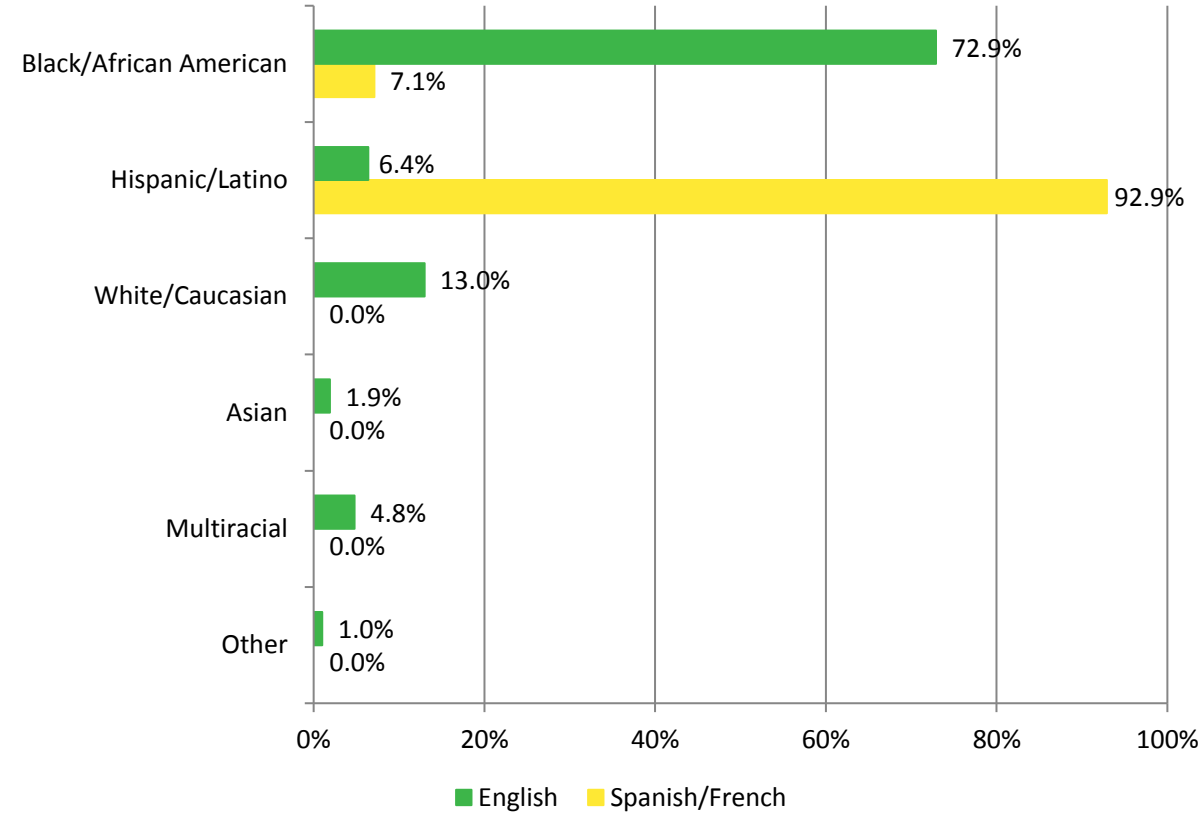
Question 19: What is your gender? (N= 208 English responses; N=28 Spanish/French responses)



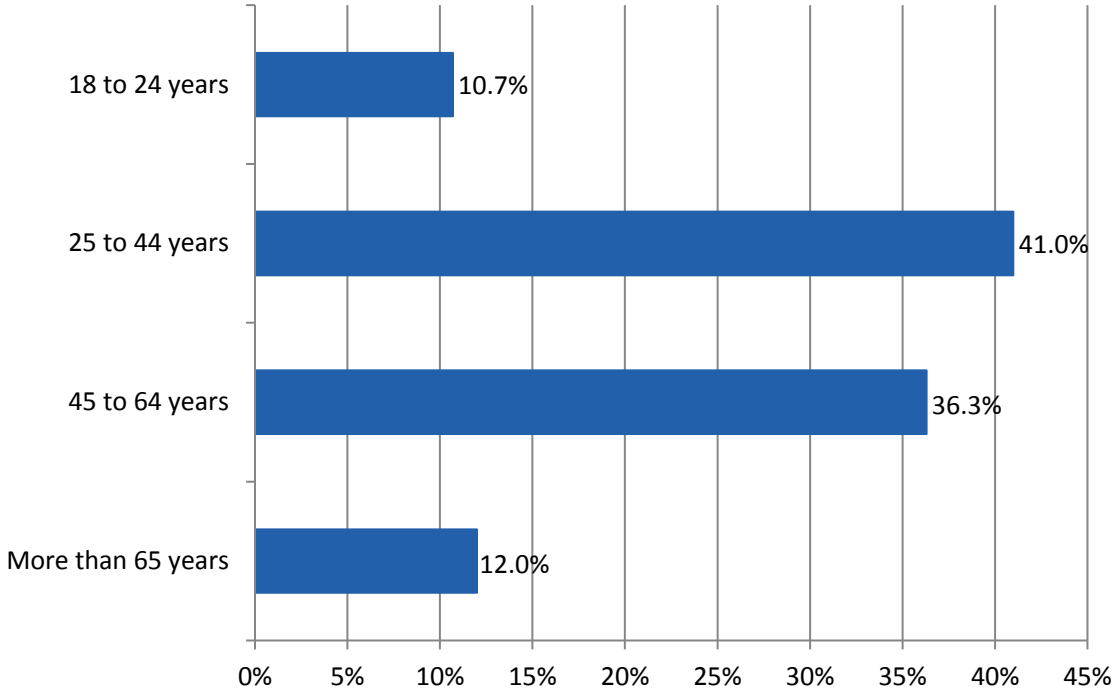
Question 20: What race/ethnicity best identifies you? (N=235 responses)



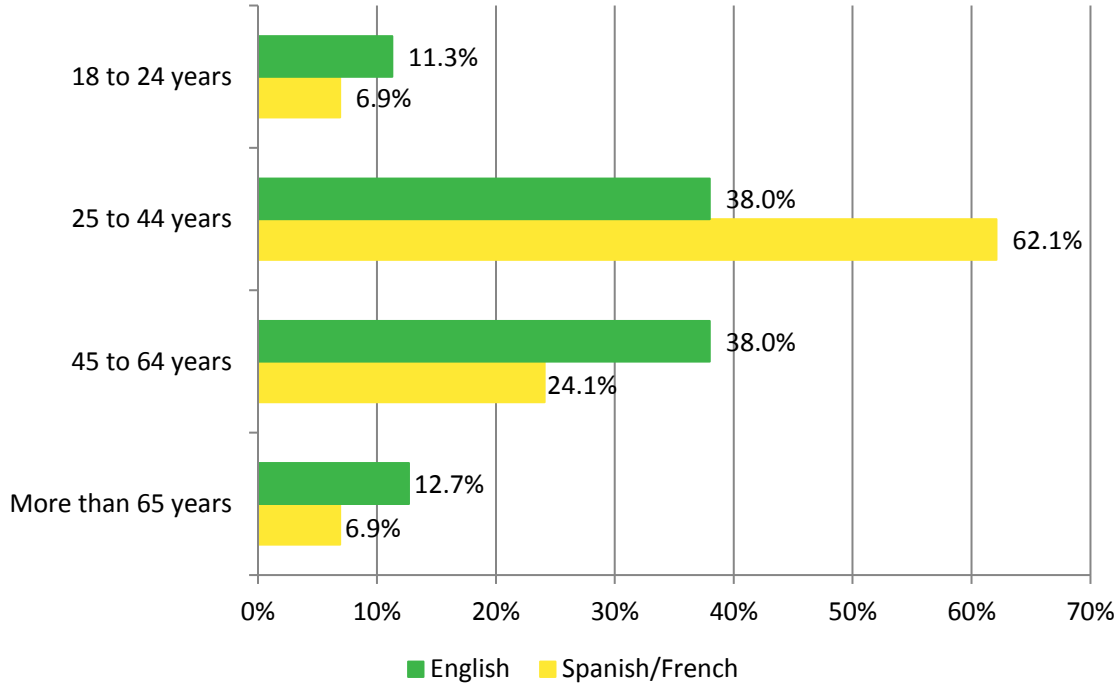
Question 20: What race/ethnicity best identifies you? (N=207 English responses; N=28 Spanish/French responses)



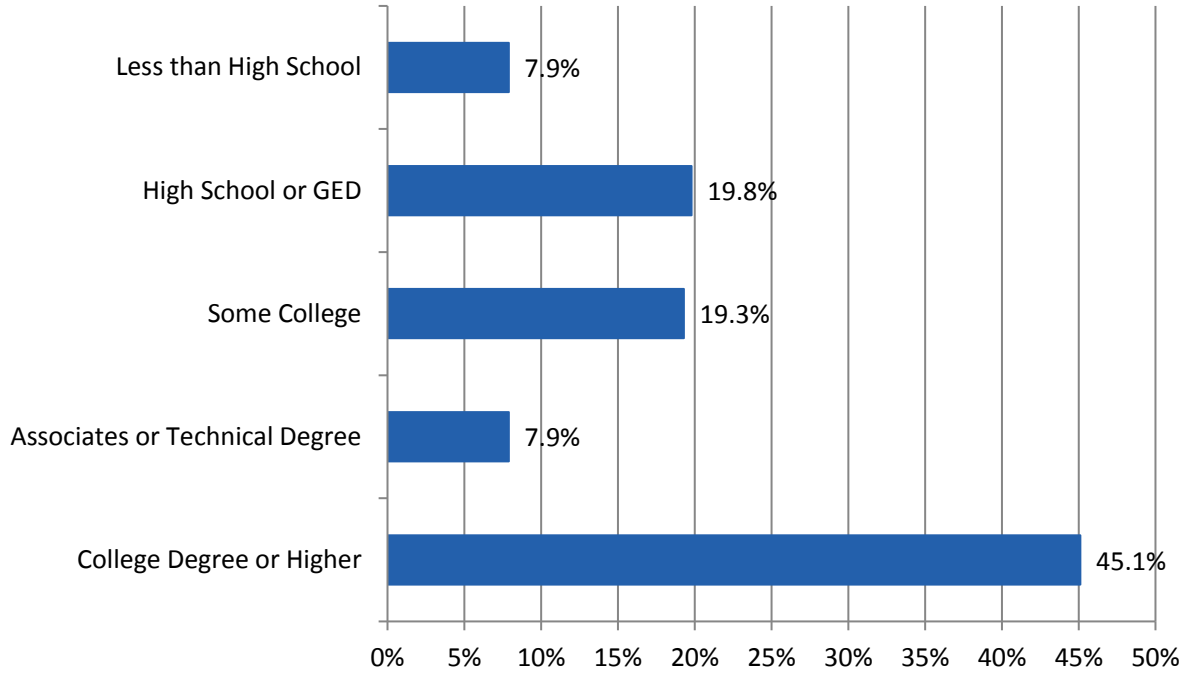
Question 21: How old are you? (N=234 responses)



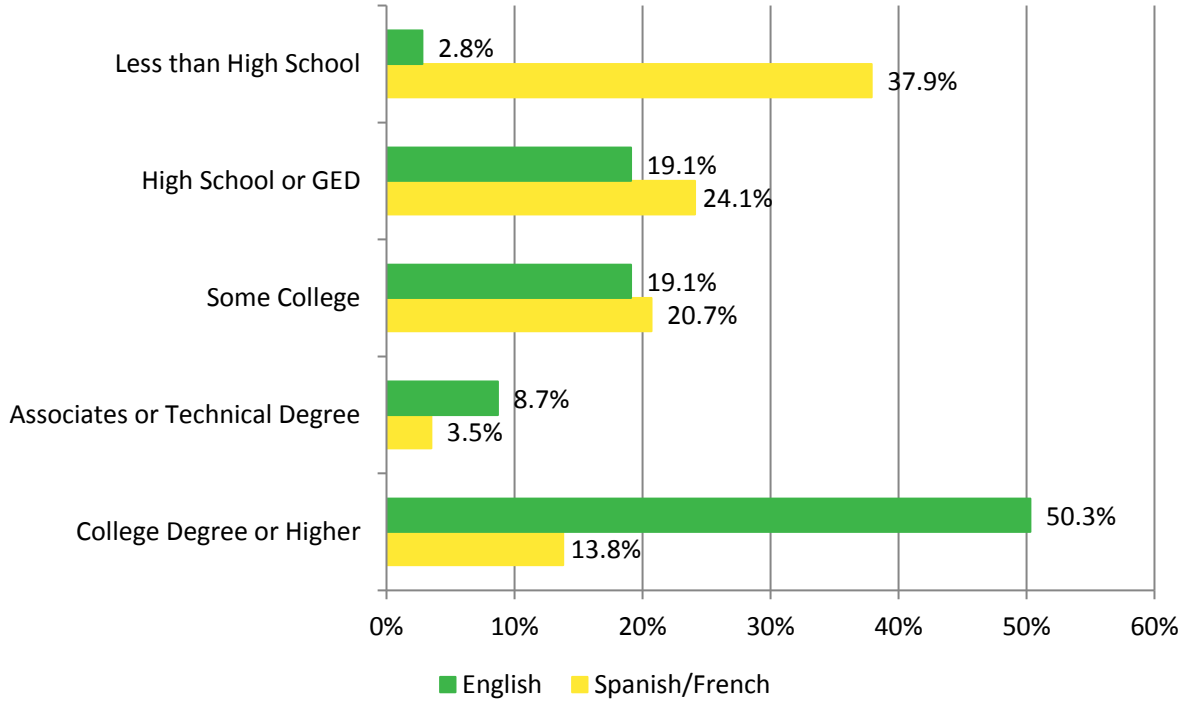
Question 21: How old are you? (N=205 English responses; N=29 Spanish/French responses)



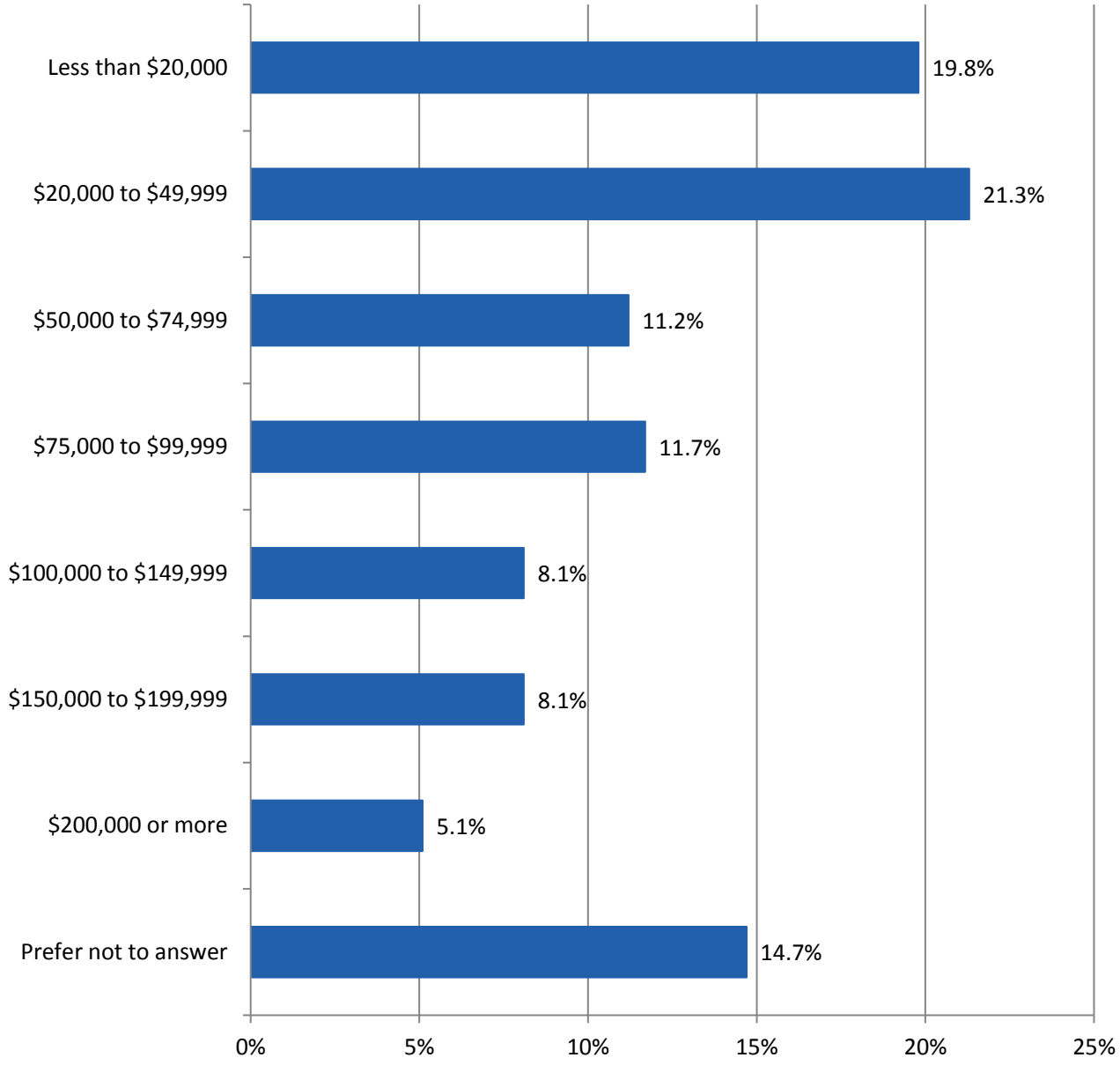
Question 22: What is the highest level of education you completed? (N=202 responses)



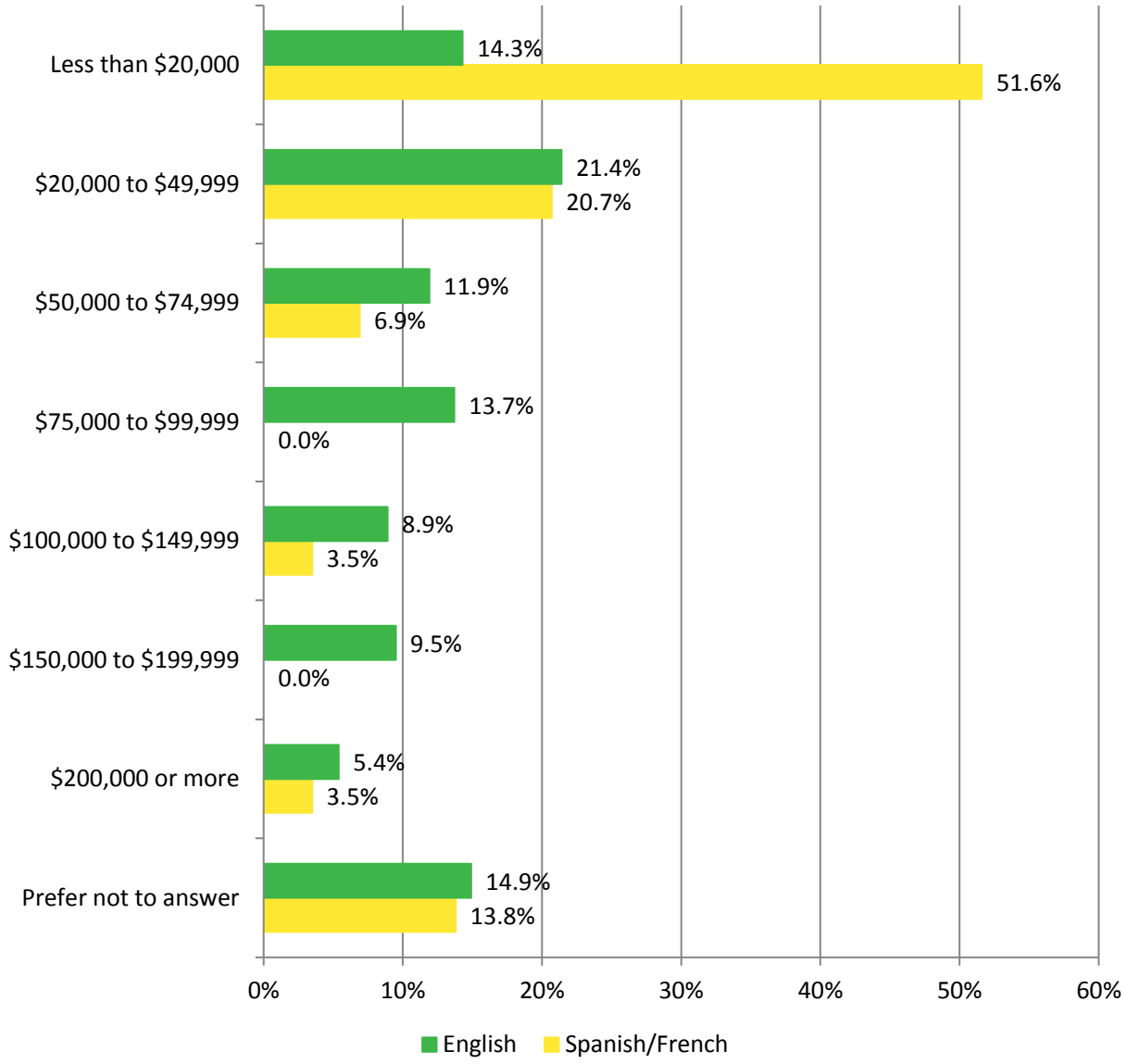
Question 22: What is the highest level of education you completed? (N=173 English responses; N=29 Spanish/French responses)



Question 23: What is your annual household income? (N=197 responses)



Question 23: What is your annual household income? (N=168 English responses; N=29 Spanish/French responses)



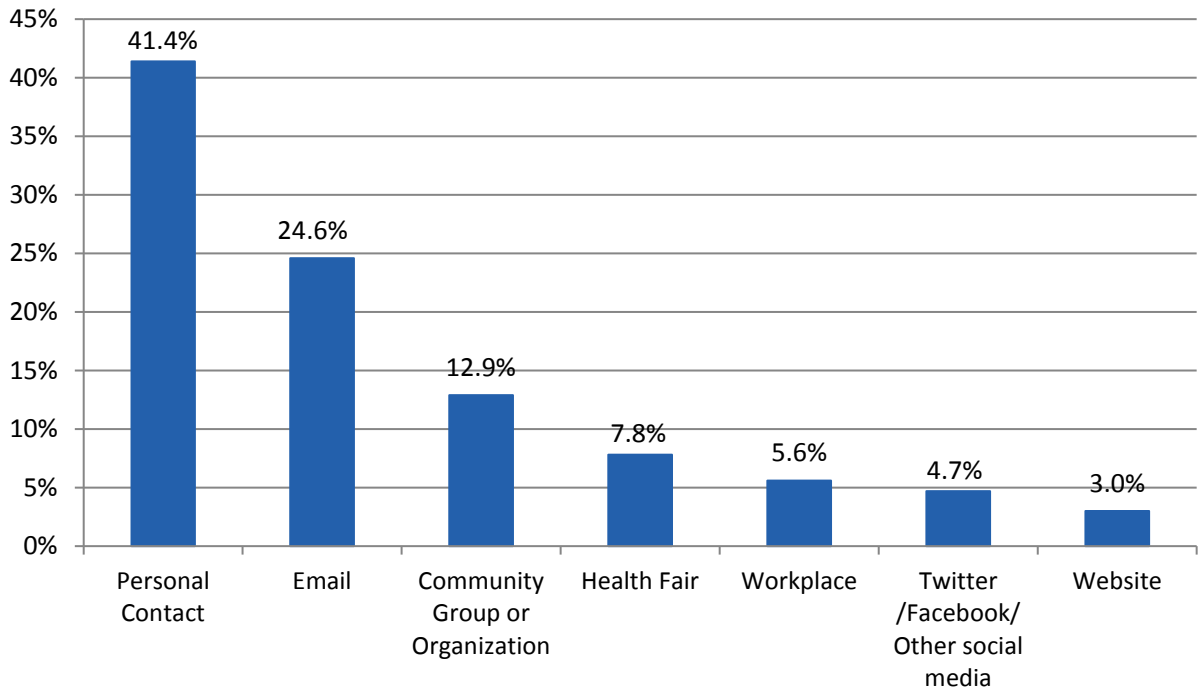
Question 24: What country were you born in? (N=195 English responses; N=24 Spanish/French responses)

Community	English Participants	Spanish/French Participants
Bermuda	1	0
Cameroon	3	1
Dominican Republic	1	1
El Salvador	1	10
Georgia	1	0
Guatemala	1	3
Honduras	0	3
India	1	0
Ireland	1	0
Ivory Coast	2	0
Jamaica	4	0
Kenya	1	0
Mexico	0	4
Nicaragua	0	1
Nigeria	5	0
Philippines	2	0
Sierra Leone	1	0
St. Lucia	1	0
Togo	0	1
United Kingdom	1	0
United States	168	0

Question 25: What language do you speak at home? (N=195 English responses; N=25 Spanish/French responses)

Community	English Participants	Spanish/French Participants
English	175	0
English & ASL	1	0
English & Filipino	1	0
English & French	0	1
English & Hausa	1	0
English & Pegm	1	0
English & Spanish	5	4
English & Spanish & Japanese	1	0
English & Yoruba	2	0
French	2	1
Igbo	1	0
Spanish	4	19
Swahili	1	0

Question 26: How did you receive this survey? (N=232 responses)



F**or <u>personal contact</u> participants mentioned specific locations in the "Other" free-text field**: health clinics; health center; healthcare facility; hospital; health department; Langley Park multi-service center.


PRIORITIZATION
process

PRIORITIZATION PROCESS

Introduction

The 2019 Community Health Assessment (CHA) for Prince George's County provides an updated from the first ever joint CHA in 2016 with a partnership between five local hospitals and the Health Department. The Core Team again included all area hospitals and the Health Department, who began the process of collecting primary and secondary data to describe the residents and needs in the county. This data was planned to be used during the prioritization process to determine the overall county health priorities. In 2016, broad community participation was used for the prioritization process. For 2019, the review of the initial findings indicated that the priority areas were likely to remain the same based on the data collection, but the Core Team wanted to ensure input from community representatives, resulting in an invitation for the leadership for the Prince George's Healthcare Action Coalition to participate in the prioritization process.

Participants

The area hospitals and Health Department provided representatives of the healthcare and public health system. Six workgroup Co-Chairs for the Coalition were also invited, who represented different populations and county agencies including the Department of Corrections, Department of Social Services (Maryland Health Connection), Food Equity Council, and the Department of Parks and Recreation. A list of participants in the prioritization process is included in **Attachment A**.

Process Summary

To make the best use of the prioritization meeting and ensure adequate discussion time for the issues, the Core Team organized the discussion around: 1) community perception of health, 2) changes in the local health system, 3) the four 2016 priority areas, 4) seven additional areas of interest, and 5) emergent themes from the data collection process, as noted below.

2016 Priorities	Additional Areas of Interest	Emergent Themes

• Social Determinants of Health
• Behavioral Health:
  • Mental Health
  • Substance Use
• Obesity and Metabolic Syndrome:
  • Diabetes
  • Heart Disease
  • Hypertension
• Cancer
	• HIV
	• STIs
	• Infant Health
	• Maternal Health
	• Senior Health
	• Asthma
	• Oral Health
		• Housing Stability
		• Low-Income and Employed
		• Needs of Immigrants
		• Need for Innovative Outreach

An agenda for the prioritization process meeting is included in **Attachment B**. The prioritization process began with an overview of the purpose of the CHNA, the steps taken to ensure community input in the process, and a data overview of the selected issues (**Attachment B**). The data overview included summaries of each topic, including indicators, trends, and resident, community expert, and key stakeholder input as well as active discussion by the participants by posing questions, providing insight for the population represented, providing anecdotal examples, discussing resources and services provided, and discussing data limitations, such as the lack of data for specific populations, the challenges with obtaining data for services provided in Washington D.C. to our residents, and lag time for some data secondary data sources, such as the cancer registry.

Prince George's County Health Department facilitated the prioritization process. The process was designed around consensus building and allowed participants to ask more specific questions through epidemiology staff present during the process. After reviewing the data, participants were instructed to consider the following:

- **Magnitude:** How many people are affected
- **Severity:** What are the outcomes and how long do they last
- **Trend:** Changes since 2016
- **Disparity:** Who is disproportionately affected
- **Community Perception:** Results from Resident Survey, Community Expert Survey, and Key Informant Interviews

Prioritization Discussion

During the initial discussion, participants noted the following:

- Approximately 50,000 residents are ineligible for insurance. Estimated that around 35,000 are eligible but uninsured.
- The provider ratios have not improved despite efforts.
- Better integration of mental health with somatic care is occurring, but there is still work to be done (several participants noted work being done around mental health).
- The role of the school system is critical in addressing the social determinants of health

    - Health department has not worked synergistically with schools; is a priority that needs to be done
    - A lot of risk factors deal with diet; PGCPS could really play into this as a primary source of nutrition, there should be more alignment here.
    - There is a huge link between nutrition and behavioral issues. What is the capacity of counselors to deal with issues?
    - County supports a robust community advocate program in 40 school, behavioral health in particular. May not be called “SDOH” but they are doing the work.
    - Two prevalent issue – resources and priorities; link between parents and school system is not strong- perception that if parents connect to resources through the schools system, there will be stigma implications for a long time.
- More information about cancer staging at diagnosis would be helpful to better understand the disparities
    - Cultural differences may contribute to later diagnoses; there are some groups working with specific populations for this
    - Are there differences in treatment based on race and staging?
- Behavioral health crosses many comorbidities, and we are far from where we should be to address this
    - The expense of behavioral health is an issue, especially in the jails; we need to do better getting those in need connected with resources

During the discussion, all the hospital systems represented agreed that the work they started in 2016 is not yet complete, and the data and community input are reflective of this. The stakeholders therefore agreed to maintain the four main priority areas during the next three years:

Social Determinants of Health

Behavioral Health

Obesity and Metabolic Syndrome

Cancer

Next Steps

The Health Department agreed to provide summary slides for the priority areas that can be shared with the Hospital Boards **(Attachment C).** Participants agreed to reconvene in August to share:

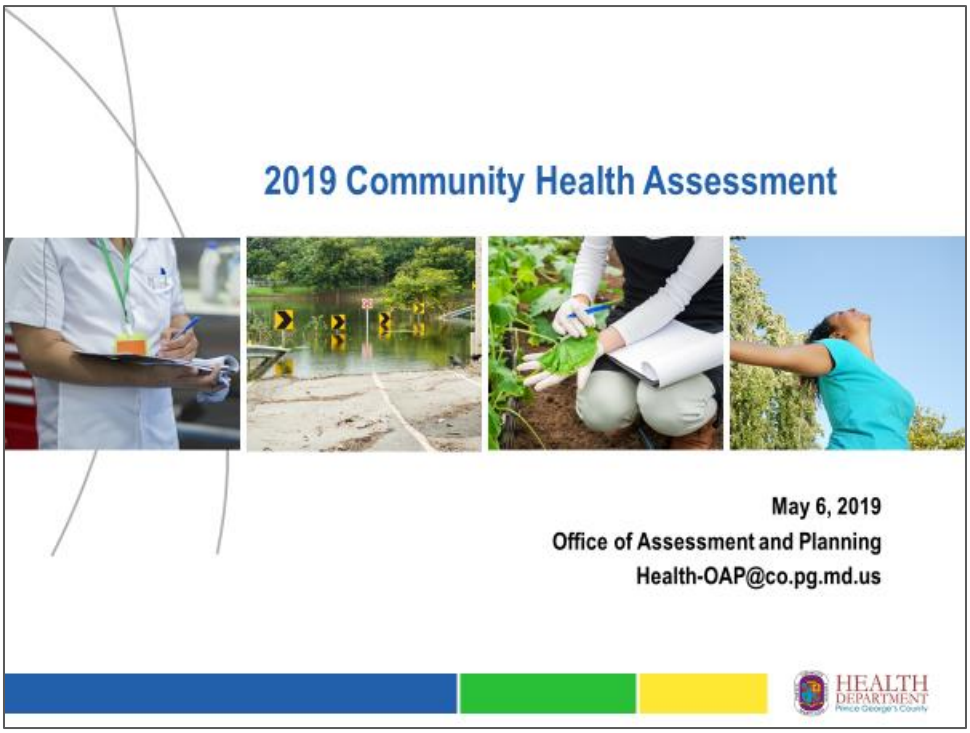
- Community assets available or needed to address the priority areas
- Each hospital system's implementation plan
- Potential areas for collaboration among hospitals
- Potential areas for collaboration with the Healthcare Action Coalition

The Health Department agreed to facilitate the arrangements for the next meeting.

Attachment A: Prioritization Participants and Attendance

Name	Organization	Title	Attended
Anthony Nolan	Department of Parks and Recreation, MNCPPC; PGHAC Health Eating Active Living Workgroup	Chief, Special Programs Division	Yes
Caitlin Murphy	Prince George's Health Department	Special Assistant to the Health Officer	Yes
Camille Bash	Doctors Community Hospital	CFO/Treasurer	Yes
Chantay Moye	Nexus Health-Fort Washington Medical Center	Corporate Director, Marketing, Communications & Public Relations	Yes
Dr. Chile Ahaghotu	MedStar Southern Maryland Hospital Center	Vice President, Medical Affairs	No
Chloe Waterman	Friends of the Earth; PGHAC Health Eating Active Living Workgroup	Senior Food Campaigner	Yes
Christina Gray	Prince George's Health Department	Epidemiologist	Yes
Donna Perkins	Prince George's Health Department	Epidemiologist	Yes
Ernest Carter	Prince George's Health Department; PGHAC Chair	Acting Health Officer	Yes
Guy Merritt	Prince George's Department of Corrections; PGHAC Behavioral Health Workgroup	Chief, Community Corrections Division	Yes
Howard Ainsley	Nexus Health-Fort Washington Medical Center	Senior Vice President & Chief Operating Officer	Yes
Dr. Joseph Wright	University of Maryland Capital Region Health	Chief Medical Officer	No
Katie Boston-Leary	University of Maryland Capital Region Health	Chief Nursing Officer	No
Kent Alford	University of Maryland Capital Region Health; PGHAC Behavioral Health Workgroup	Systems Behavioral Health Director	No
Michael Jacobs	University of Maryland Capital Region Heath	Vice President, Community Relations	Yes
Nikki Yeager	Doctors Community Hospital	Vice President Ambulatory Services & Network Strategy	Yes
Sabra Wilson	University of Maryland Capital Region Health	Director of Community Health	Yes
Shari Curtis	Department of Social Services; PGHAC Health Equity Workgroup	Program Manager, Maryland Health Connection	Yes
Sharon Zalewski	Regional Primary Care Coalition; PGHAC Health Equity Workgroup	Executive Director	No
Trudy Hall	UM Capital Region Health-Laurel Medical Center	Vice President of Medical Affairs	Yes
Valerie Barnes	MedStar Southern Maryland Hospital Center	Director of Case Management and Population Health	No

Attachment B: Prioritization Agenda and Presentation



Core CHA Team

- Doctors Community Health System
- Fort Washington Medical Center
- MedStar Southern Maryland Hospital Center
- UM Capital Regional Health
- Health Department
- Prince George's Healthcare Actional Coalition Leadership

Background

Previous Community Assessments:

- 2011 Local Health Improvement Plan
- UMD Transforming Health: Public Health Impact Study (2012) focus on healthcare services
- Primary Healthcare Strategic Plan (2015) also focused on healthcare services
- Behavioral Health Needs Assessment (2015)
- Community Health Needs Assessment (2016)

Current (2016) CHA Priorities

- Social Determinants of Health
- Behavioral Health
- Obesity & Metabolic Syndrome
- Cancer

2019 CHA Framework

- Mobilizing for Action through Planning and Partnership (MAPP)
- **Vision:** A community focused on health and wellness for all.
- **Values:**
  - Collaboration
  - Equity
  - Trust
  - Safety
  - Prevention

2019 Data Collection

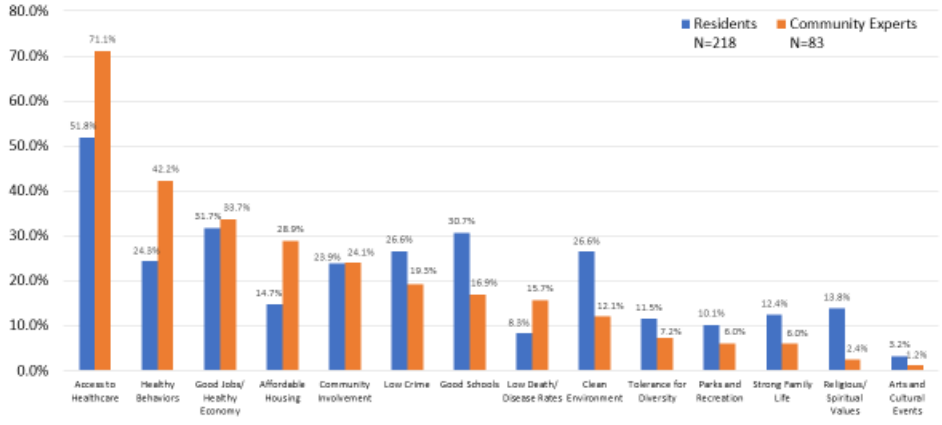
- Demographics and Population Description
- Health Indicators
- Key Informant Interviews (N=14, ongoing)
- Community Expert Survey (N=82)
- Community Resident Survey (N=176 English, N=40 Spanish, N=2 French)

2019 CHA Findings

What makes a Community Healthy?

HEALTH DEPARTMENT Prince George's County

What Factors Define a Healthy Community?



Source: 2019 Community Health Assessment Resident and Community Expert Surveys

HEALTH DEPARTMENT Prince George's County

What Factors Define a Healthy Community?

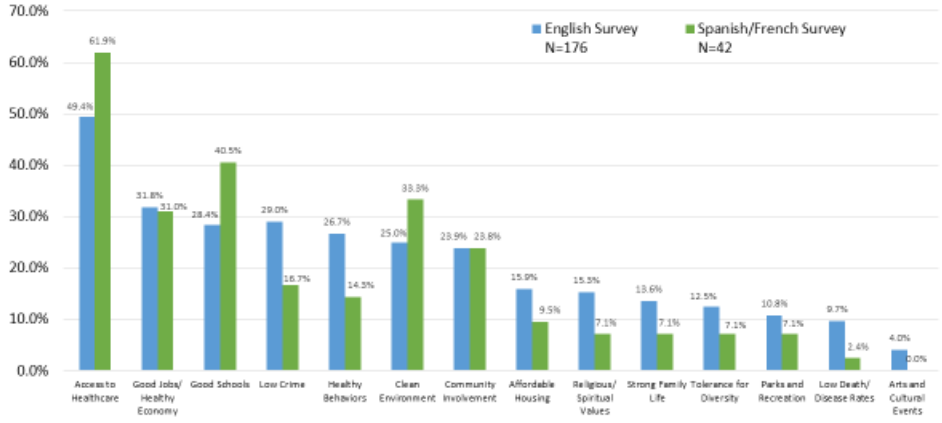
Top 5 Responses by Survey Type

Residents	Community Experts
1. Access to Healthcare	1. Access to Healthcare
2. Good Jobs and Healthy Economy	2. Healthy Behaviors and Lifestyle
3. Good Schools	3. Good Jobs and Healthy Economy
4. Low Crime	4. Affordable Housing
5. Healthy Behaviors and Lifestyle	5. Community Involvement

Source: 2019 Community Health Assessment Resident and Community Expert Surveys

HEALTH DEPARTMENT Prince George's County

What Factors Define a Healthy Community?



Source: 2019 Community Health Assessment Resident and Community Expert Surveys

HEALTH DEPARTMENT Prince George's County

What Factors Define a Healthy Community?

Top 5 Resident Responses by Survey Language

English	Spanish and French
1. Access to Healthcare	1. Access to Healthcare
2. Good Jobs and Healthy Economy	2. Good Schools
3. Low Crime	3. Clean Environment
4. Good Schools	4. Good Jobs and Healthy Economy
5. Healthy Behaviors	5. Community Involvement

Source: 2019 Community Health Assessment Resident and Community Expert Surveys

HEALTH DEPARTMENT Prince George's County

2016 Priority #1 Social Determinants of Health

HEALTH DEPARTMENT Prince George's County

Social Determinants of Health

Socioeconomic Factors
Income
Employment
Housing Costs

Social & Community Context
Quality of Life
Voter Participation
Community Engagement
Incarceration

Education
School Environment
High School Graduation
College Enrollment

Access to Care
Health Insurance
Provider Availability
Medical Expenses
Health Literacy

Neighborhood & Built Environment
Access to healthy food
Opportunity for physical activity
Safety

HEALTH DEPARTMENT
Prince George's County

Prince George's County

A population on the rise

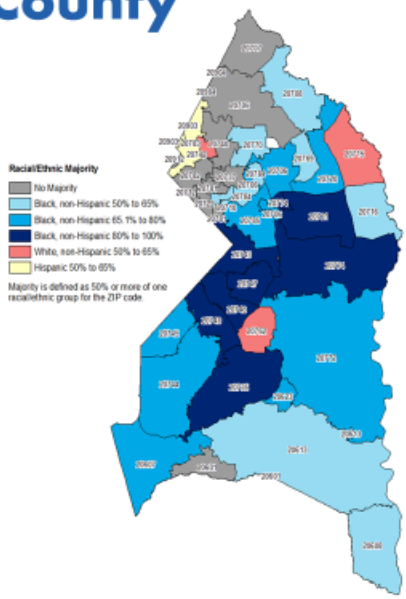
912,756 residents as of 2017, an increase of 50,000 residents since 2010

An aging population

Those 65 years and older represent 13% of the total population. Median age of residents is 37.2 years compared to 34.9 years in 2010.

A diverse population

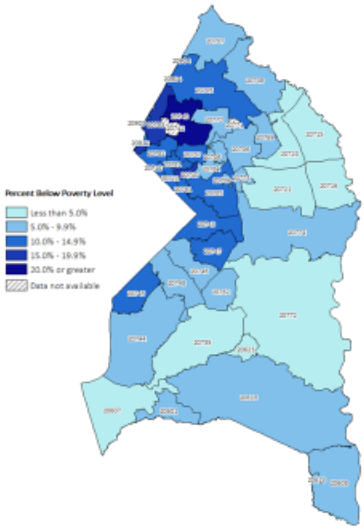
Over one-quarter of residents speak a language other than English at home. In 2017, one in five residents was born outside of the United States.



Source: 2017 American Community Survey, 1- and 5-Year Estimates

HEALTH DEPARTMENT
Prince George's County

Socioeconomic Factors



Indicators

- 12% of children live in poverty
- One-third of Hispanic, female single parent families live in poverty
- Unemployment has declined since 2014, but remains highest for Black residents
- Annual income needed for fair market efficiency $6K more than median renter income

Residents

- Only half reported satisfaction with the economic opportunities in their communities
- Communities lack enough affordable housing

Community Experts

- Socioeconomic factors frequently mentioned as key drivers and determinants of health
- Believe only 43% of the communities they serve are happy with the economic opportunities in their area

Source: 2017 American Community Survey, 1- and 5-Year Estimates; 2019 Community Health Assessment Resident and Community Expert Surveys

HEALTH DEPARTMENT Prince George's County

Access to Care

Indicators

- 91,000 residents remain uninsured; one-quarter of residents 26-34 years are uninsured
- One-quarter of Hispanic and 10% of Black, NH residents were unable to see a doctor in the past year due to cost
- Provider to Resident ratios:
  - 1 PCP to 1,910 residents
  - 1 Dentist to 1,650 residents
  - 1 Mental Health Provider: 890 residents

Residents

- One-quarter are unsatisfied with the healthcare system in the county
- 1 out of 5 believe residents of their community cannot access a primary care provider; even higher (one-third) for specialists or mental health providers
- Less than half say transportation is available for appointments
- Top barriers to care: No money for co-pays or medications, no health insurance, time limitations

Community Experts

- Top barriers to care: Lack of health insurance, navigation of the system, money for co-pays/medications, basic needs not met
- Over half responded that there is not enough health literacy, cultural competency or provision of language considerations in the system
- New hospital is viewed positively, but will not address overall access to care issues

Source: 2017 American Community Survey, 1- and 5-Year Estimates; 2017 Maryland Behavioral Risk Factor Surveillance System; 2018 County Health Rankings; 2019 Community Health Assessment Resident and Community Expert Surveys; 2019 Key Informant Interviews

HEALTH DEPARTMENT Prince George's County

Social & Community Context

Indicators

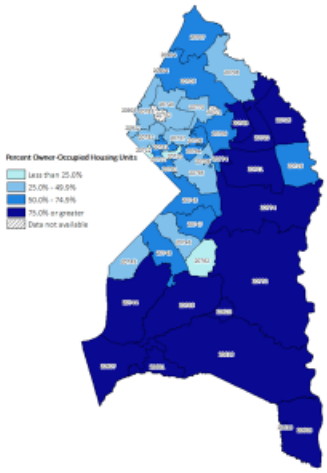
- 62% of occupied housing units are owned in the county, slightly lower than the state (66%)
- 73.6% voter participation in 2016 and 55.8% in 2018 elections, similar statewide

Residents

- 65% are satisfied with the quality of life in their community
- Half identified their church as one of the places they go most in the county (#2 overall)
- 70% believe that an increase in community awareness and engagement would support health in their area
- Half prefer community outreach specific to their community

Community Experts

- 54% believe the communities they serve are satisfied with the quality of life in their area
- 73% believe an increase in community awareness and engagement would support health in their areas they serve
- 80% believe an increased focus on health inequities and 69% believe engaging diverse leaders and residents would benefit the health of the communities they serve



Source: 2017 American Community Survey, 1- and 5-Year Estimates; 2019 Community Health Assessment Resident and Community Expert Surveys

Neighborhood & Built Environment

Indicators

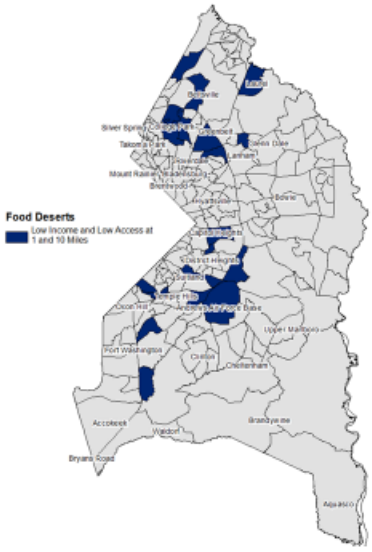
- About 94,000 residents (10.1%) live in food deserts
- 1 in 5 households have severe housing problems (e.g., overcrowding)
- Violent crime rate fell below the state in 2016

Residents

- 60% believe their community is a safe place to live
- 4 out of 5 report access to fresh foods (fruits/veg)
- Two-thirds reported parks as the place they go most often in their community (#1 overall)

Community Experts

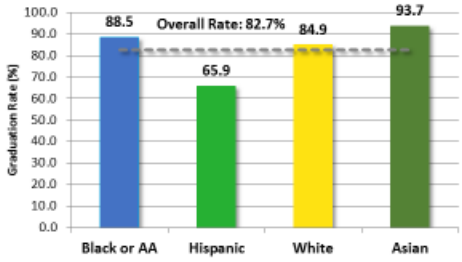
- Believe 47% of the communities they serve are satisfied with safety in their area
- Healthy food access, physical activity and obesity leading concerns
- Key Informants noted inequity in resources in different communities as an issue



Source: 2015 USDA Food Atlas; 2018 County Health Rankings; 2019 Community Health Assessment Resident and Community Expert Surveys;

Education

2017 Graduation Rate by Race/Ethnicity
Prince George's County Public Schools



Source: 2017 American Community Survey, 1- Year Estimates; 2017-2018 Maryland Department of Education Report Card; 2016 Maryland Youth Risk Behavior Survey; 2019 Community Health Assessment Resident and Community Expert Surveys;

Indicators

- 87% of residents 25+ years and older have at least a high school education, lower than state
- Half of Hispanic residents have less than a high school education
- Only 60% of high school graduates enrolled in college, compared to 69% for the state; this drops to 42% for Hispanic graduates
- 14.5% of county high school students bullied on school property (past year); higher for White students (24.5%)

Residents

- One-third disagree that their communities have access to good schools
- Half agree that the county is a good place to raise children

Community Experts

- Believe 40% of the communities they serve are satisfied that the county is a good place to raise children
- Better access to affordable (or free) programs for child activities and emotional growth needed

HEALTH DEPARTMENT Prince George's County

2016 Priority #2

Behavioral Health

HEALTH DEPARTMENT Prince George's County

Mental Health

Health Indicators & Disparities

- White, NH twice as likely to die from suicide as Black, NH residents
- Overall poor mental health days better than the state
- Almost one-third of high school students felt sad or hopeless impeding normal activity(past year); highest for Hispanic students
- 18% of HS students seriously considered suicide and 15% made a plan in the past year

Risk Factors

- Gender (Female)
- Substance use disorder
- Family history
- No social and/or family support
- Trauma
- Abuse/neglect

Trends *(compared to 2016 CHNA)*

- Overall suicide mortality rate decreased from 6.0 (2012-2014) to 5.7 (2015-2017)
- Suicide mortality rate for White, NH decreased to 11.7 per 100,000 (2015-2017) from 14.1 (2012-2014)

- Overall poor mental health days for residents

- Suicide mortality rate for Black, NH (4.4 per 100,000 in0 2012-2014; 5.1 per 100,000 in 2015-2017)
- Overall number of Maryland ED visits for Behavioral Health conditions

Maryland Emergency Department Visits for Behavioral Health Conditions, Prince George's County, 2017

Behavioral Health Condition	Frequency	Percent
Alcohol-related disorders	1,887	22.4%
Mood disorders	1,671	19.9%
Anxiety disorders	1,340	15.9%
Substance-related disorders	1,140	13.5%
Schizophrenia and other psychotic disorders	905	10.8%
Suicide and intentional self-inflicted injury	551	6.5%
Delirium dementia and amnestic and other cognitive disorders	296	3.5%
Attention-deficit conduct and disruptive behavior disorders	198	2.4%
Adjustment disorders	164	2.0%
Miscellaneous mental health disorders	126	1.5%
Impulse control disorders	43	1.0%
Total	8,420	100%

PGC High School	2014	2016
Sad/Hopeless	27.3%	31.5%
Consider Suicide	14.7%	17.7%
Plan for Suicide	12.2%	14.8%

Source: 2017 Maryland Behavioral Risk Factor Surveillance System; 2016 Maryland Youth Risk Behavior Survey; 2019 Community Health Assessment Resident and Community Expert Surveys; 2019 Key Informant Interviews; 2017 HSCRC Outpatient Files; 2017 CDC Wonder Online Database

Community Perception

- #11 ranked health issue for residents; #2 for community experts survey
- Leading issue for key informant interviews, with connection to homelessness, incarceration, and chronic disease management noted; stress and depression were frequently identified as a concern

HEALTH DEPARTMENT Prince George's County

Substance Abuse

Health Indicators & Disparities

- Drug-related mortality rate highest for White, NH
- Binge drinking in adults highest for males and White, NH
- Binge drinking in high school highest for females; Hispanic students
- ED visits for alcohol and substance use 3.5x higher for males
- Electronic vapor use down in 2016 (35% in 2014 to 32%)

Risk Factors

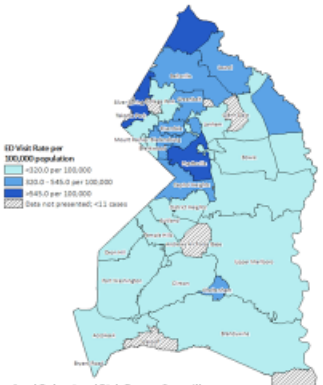
- Mental health disorders
- Family history of addiction
- Age (younger use exposure more likely later SUDs)
- No social and/or family supports

Trends *(compared to 2016 CHNA)*

- Overall adult binge drinking
- Binge drinking for residents 18-34 years
- Overall adult smokers

- Alcohol abuse hospitalization rate for White, NH

- Drug overdose mortality rate doubled from 6.4 in 2012-2014 to 12.2 in 2015 to 2017
- Alcohol abuse hospitalization rate for Black, NH, males and residents 45-64 years



Source: 2017 Maryland Behavioral Risk Factor Surveillance System; 2016 Maryland Youth Risk Behavior Survey; 2017 HSCRC Inpatient and Outpatient Files; 2019 Community Health Assessment Resident and Community Expert Surveys;

Community Perception

#3 ranked health issue for residents; #10 for community experts

HEALTH DEPARTMENT Prince George's County

2016 Priority #3
Obesity and Metabolic Syndrome

Obesity

Health Indicators & Disparities

- Highest levels of obesity among Black, NH residents (46.7%); Hispanic resident obesity 35% in 2017
- Adult females more likely to be obese than adult males
- Obesity highest for Hispanic high school students; 29% of female Hispanic students are overweight
- Overall obesity prevalence higher than the state

Risk Factors

- Lack of physical activity
- Poor diet
- Age
- Race/ethnicity (Black and Hispanic)
- Gender (Women)
- Stress

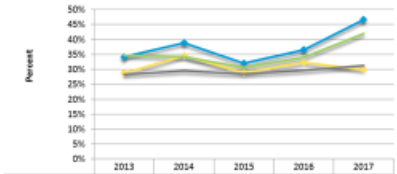
Trends *(compared to 2016 CHNA)*

- Obesity prevalence for residents over 65 years
- Residents with recommended physical activity

- No neutral trends identified

- Overall obesity prevalence among high school students and adults
- Obesity prevalence for Black, NH residents
- Obesity prevalence for residents 18-64 years
- High school students eating vegetables 3+ times/wk

Percent of Adults Who Are Obese, 2013-2017



	2013	2014	2015	2016	2017
PGC Black, NH	34.2%	38.9%	32.1%	36.6%	46.7%
PGC White, NH	28.8%	34.6%	28.9%	32.3%	29.9%
Prince George's	34.7%	34.2%	30.7%	34.0%	42.0%
Maryland	28.3%	29.6%	28.5%	29.7%	31.3%

Healthy People 2020 Goal: 30.5%

Source: 2017 Maryland Behavioral Risk Factor Surveillance System; 2016 Maryland Youth Risk Behavior Survey; 2019 Community Health Assessment Resident and Community Expert Surveys; 2019 Key Informant Interviews

Community Perception

- Residents ranked poor diet #2 and physical inactivity #5 for top health issues
- Community Experts ranked poor diet #5 and physical inactivity #9 for top health issues
- Concern for key informants along with long-term consequences

Heart Disease

Health Indicators & Disparities

- #1 Underlying Cause of Death
- Black, NH have highest Mortality Rate and Maryland ED Visits
- Males have more ED Visits
- Ages 65+ have more ED Visits

Risk Factors

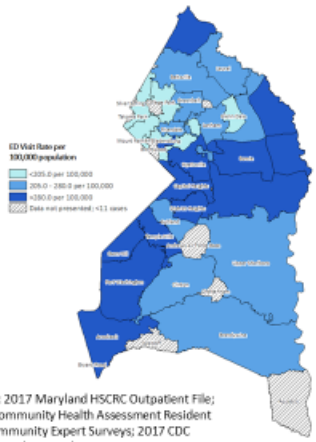
- Age
- Gender (Male)
- Obesity
- Poor diet
- Lack of physical activity
- Smoking
- Alcohol Use

Trends *(compared to 2016 CHNA)*

- Overall Heart Disease Mortality Rate (168.9, MD SHIP Goal is 166.3)

- Maryland ED Visit Rate for White and Black Residents
- Overall Inpatient Visit Rate for Heart Failure (MD and DC hospitals)

- Maryland ED Visit Rate for Hispanic and Asian Residents
- Maryland ED Visit Rate for ages 40 years and older
- Inpatient Visit Rate for Heart Failure ages 65 and over (MD and DC hospitals)
- Increase in Obesity and Overweight



Source: 2017 Maryland HSCRC Outpatient File; 2019 Community Health Assessment Resident and Community Expert Surveys; 2017 CDC Wonder Online Database

Community Perception

- Residents ranked as #9 for top health issues
- Community Experts ranked as #4 top health issues
- Overall chronic disease was a major concern along with long-term consequences

HEALTH DEPARTMENT Prince George's County

Diabetes

Health Indicators & Disparities

- #5 leading cause of death in the county
- Black, NH Maryland ED visit rate is double White, NH
- Mortality rate also highest among Black, NH
- Diabetes prevalence (12.3%) is higher than the state (9.6%)
- One in five residents ages 50-64 have diabetes

Risk Factors

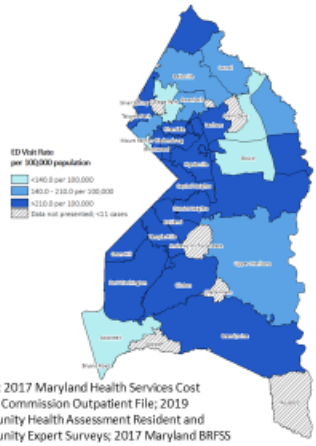
- Overweight or obesity
- Age
- Race/ethnicity
- Hypertension
- No physical activity
- History of heart disease/stroke

Trends *(compared to 2016 CHNA)*

- Diabetes prevalence among residents 65+ and older
- Diabetes prevalence among White, NH residents
- Overall mortality rate (26.3; meets HP 2020 Goal of 66.6)

- Diabetes prevalence among Black, NH residents

- Overall prevalence
- Diabetes prevalence among residents 50-64 years
- Diabetes prevalence among males
- Overall Maryland ED visit rate
- Maryland ED visits among residents 40+ years



Source: 2017 Maryland Health Services Cost Review Commission Outpatient File; 2019 Community Health Assessment Resident and Community Expert Surveys; 2017 Maryland BRFSS

Community Perception

- #1 ranked health issue for residents and community experts
- Overall chronic disease was a major concern along with long-term consequences

HEALTH DEPARTMENT Prince George's County

Hypertension and Stroke

Health Indicators & Disparities

- Hypertension prevalence and Maryland ED visits highest for Black, NH residents (Prevalence of 34.2%)
- Half of residents ages 50-64 have hypertension
- Over two-thirds of residents 65+ years and older have hypertension
- Stroke #3 leading cause of death

Risk Factors

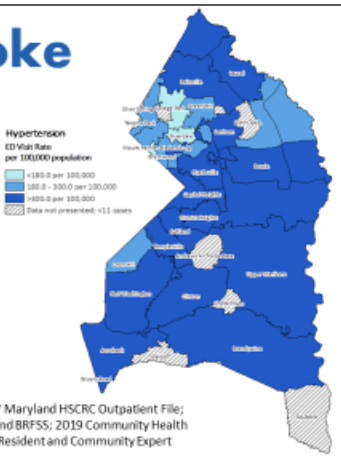
- Age
- Race (Black)
- Gender
- Tobacco use
- Alcohol use
- Poor diet (sodium)
- No physical activity

Trends *(compared to 2016 CHNA)*

- Overall Maryland hypertension hospitalization rate
- Stroke mortality rate for Hispanic residents

- Maryland ED visits for hypertension for Black, NH and White, NH residents

- Overall Maryland ED visit rate for hypertension
- Maryland ED visits for hypertension for Hispanic residents
- Stroke mortality rate for Black, NH and White, NH
- Overall mortality rate (41.6) is above HP 2020 rate of 34.8



Source: 2017 Maryland HSCRC Outpatient File; 2017 Maryland BRFSS; 2019 Community Health Assessment Resident and Community Expert Surveys;

Community Perception

- #6 ranked health issue for residents and community experts
- Overall chronic disease was a major concern along with long-term consequences

HEALTH DEPARTMENT Prince George's County

2016 Priority #4

Cancer

HEALTH DEPARTMENT Prince George's County

Cancer

Health Indicators & Disparities

- #2 Underlying Cause of Death
- Males have highest age-adjusted incidence and mortality rate
- Black, NH have highest age-adjusted mortality rate (163.3)

Risk Factors

- Tobacco use
- Age
- Family history
- Poor diet
- UV radiation
- Alcohol use
- Obesity

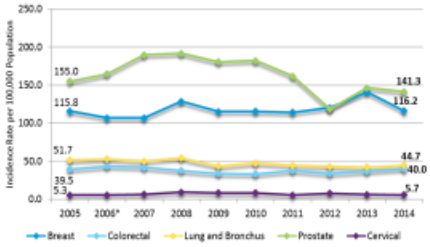
Trends *(compared to 2016 CHNA)*

- Overall cancer mortality rate (154.1); meets HP 2020 Goal of 161.4, but not MD SHIP Goal of 147.4
- Lung cancer incidence rate among men
- Overall cancer incidence rate for Black residents

- Overall cancer incidence rate
- Colorectal cancer incidence rate

- Overall cancer mortality rate for White, NH residents

Cancer Age-Adjusted Incidence Rates by Site, Prince George's County, 2005-2014



Source: 2017 Maryland Annual Cancer Report; 2017 CDC Wonder Online Database; 2019 Community Health Assessment Resident and Community Expert Surveys

Community Perception

- Residents ranked as #7 for top health issues
- Community Experts ranked as #14 top health issues

Breast Cancer

Health Indicators & Disparities

- Black, NH women have highest mortality rate
- Incidence rate is lower than the state, but mortality rate is higher
- 82.3% of women with mammogram (past two years), higher than state (78.8%)

Risk Factors

- Alcohol use
- Older age
- Obesity
- Inherited risk of breast cancer

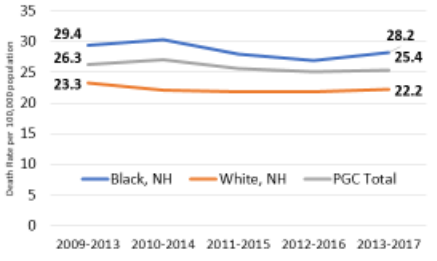
Trends *(compared to 2016 CHNA)*

- No positive trends identified

- Overall mortality rate among all county residents (25.4); does not meet HP 2020 Goal of 20.7
- Women over 50 with a mammogram (past 2 years)

- Overall county incidence rate
- Incidence rate among Black and White residents

Female Breast Cancer Rolling 5-Year Age-Adjusted Mortality Rates by Race/Ethnicity, Prince George's County, 2009-2017



Healthy People 2020 Goal: 20.7

Source; 2017 Maryland Annual Cancer Report; CDC Wonder Online Database; 2017 Maryland BRFSS; 2019 Community Health Assessment Resident and Community Expert Surveys

Community Perception

Cancer overall was a concern, but breast cancer was not specifically noted.

Prostate Cancer

Health Indicators & Disparities

- Incidence and mortality rates higher than state
- Incidence and mortality rates among Black, NH (35.3) are twice as high as White, NH (16.4)
- 43% of men (40 years+) had a prostate-specific antigen test in past 2 years (similar to MD at 39%); higher for Black, NH men (47%)

Risk Factors

- Older age (over 50 years)
- Race (Black)
- Family history of prostate cancer

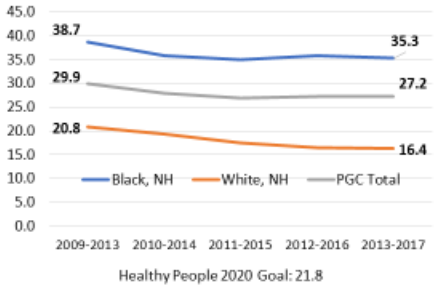
Trends *(compared to 2016 CHNA)*

- Overall county incidence and mortality rates
- Incidence rate among Black and White residents

- No neutral trends identified

- Men 40+ years with a Prostate-Specific Antigen test in the past two years

Prostate Cancer Rolling 5-Year Age-Adjusted Mortality Rates by Race/Ethnicity, Prince George's County, 2009-2017



Healthy People 2020 Goal: 21.8

Source; 2017 Maryland Annual Cancer Report; CDC Wonder Online Database; 2017 Maryland BRFSS; 2019 Community Health Assessment Resident and Community Expert Surveys

Community Perception

Cancer overall was a concern, but prostate cancer was not specifically noted.

HEALTH DEPARTMENT Prince George's County

Additional Areas of Interest

HEALTH DEPARTMENT Prince George's County

HIV

Health Indicators & Disparities

- Diagnoses are decreasing, but have the highest number and 2nd highest rate (41.9) of new diagnoses in the state (MD SHIP Goal is 26.7)
- 8 out of 10 new diagnoses among Black, NH residents
- Two-thirds of new diagnoses 20-39 years old
- Over half of new diagnoses were MSM
- 63% Viral Suppression

Risk Factors

- Age (Younger)
- MSM
- Intravenous drug use
- Race/ethnicity (Black)

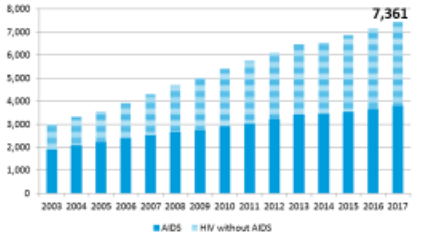
Trends *(compared to 2016 CHNA)*

- Overall HIV diagnosis rate (13 years and older)
- HIV diagnosis rate among Black, NH residents
- HIV diagnosis rate among residents under 30 or over 40 years

- HIV diagnosis rate among residents 30-39 years

- HIV diagnosis rate among Hispanic residents

Living HIV Cases, Prince George's County, 2003 to 2017



Source: 2017 Prince George's HIV Epidemiological Profile; 2019 Community Health Assessment Resident and Community Expert Surveys;

Community Perception

#16 ranked health issues for residents; #12 for community experts

HEALTH DEPARTMENT Prince George's County

STI's

Health Indicators & Disparities

- Chlamydia/gonorrhea incidence highest for 20-24 years
- 62% of high school students used a condom during last sexual intercourse encounter
- Syphilis cases increased by 30% between 2016 and 2017

Risk Factors

- Unprotected sex (condom)
- Multiple sexual partners
- Risky sexual behaviors
- IVDU

Trends *(compared to 2016 CHNA)*

- No positive trends identified

- No neutral trends identified

- Overall incidence rates for STIs
- Chlamydia and gonorrhea incidence rate for 20-29 years
- Percentage of high school students using a condom during last sexual intercourse encounter

Number of Sexually Transmitted Infections, Prince George's County, 2015-2017

STI	2015	2016	2017	5-Year Mean
Chlamydia	6,153	6,752	7,365	6,513
Gonorrhea	1,282	1,832	2,001	1,575
Syphilis	81	110	143	113

Rate of Sexually Transmitted Infections, Prince George's County, Maryland and the United States, 2017

STI	Prince George's	Maryland	United States
Chlamydia	**806.9**	552.1	524.6
Gonorrhea	**219.2**	181.4	170.6

MD SHIP Goal: Chlamydia Rate of 431.0

Source: 2016 Maryland Youth Risk Behavior Survey; Maryland Prevention and Health Promotion, Center for STI Prevention; 2019 Community Health Assessment Resident and Community Expert Surveys;

Community Perception

#18 ranked health issue for residents and community experts

HEALTH DEPARTMENT Prince George's County

Infant Health

Health Indicators & Disparities

- Infant mortality rate has decreased (8.2), but still higher that the state (6.5) and for Black, NH infants (12.0); HP 2020 Goal is 6.3 and MD SHIP Goal is 6.0
- Percent low birth weight, preterm and Cesarean deliveries for highest for Black, NH infants

Risk Factors

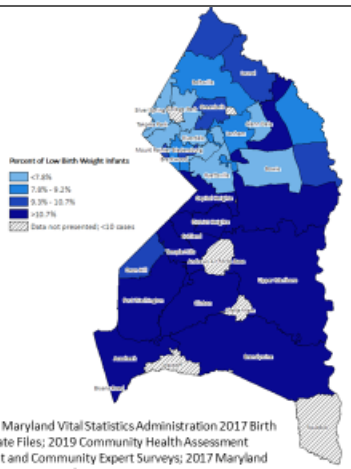
- Maternal health and behaviors
- Low birth weight
- Prematurity
- Low SES

Trends *(compared to 2016 CHNA)*

- Overall infant mortality rate (2013-2017 vs 2008-2012)
- Preterm births and low birth weight for White, NH infants

- Overall percent of preterm births

- Mortality rate for Black, NH infants
- Preterm births and low birth weight for Black, NH and Hispanic infants
- Overall percent low birth weight



Source: Maryland Vital Statistics Administration 2017 Birth Certificate Files; 2019 Community Health Assessment Resident and Community Expert Surveys; 2017 Maryland Vital Statistics Annual Report

Community Perception

Maternal and Child Health ranked #21 for top health issue for residents (second to last); #13 for community experts

HEALTH DEPARTMENT Prince George's County

Maternal Health

Health Indicators & Disparities

- Birth rate for Hispanic teens are 10 times higher compared to White NH teens
- Birth rate among older mothers (35-44 years) increasing
- 7.2% of mothers diabetic; 5.4% hypertensive in 2017
- 60% of mothers received adequate prenatal care in 2017; lower for Hispanic mothers at 53%
- 41% of births to Black NH mothers were by C Section, compared to <30% for Hispanic and White NH births

Risk Factors

- Low SES
- Race/ethnicity
- Education
- Social support

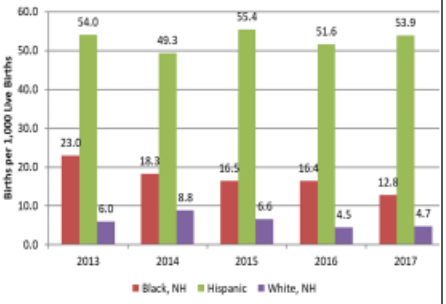
Trends *(compared to 2016 CHNA)*

- Birth rate for Black, NH and White, NH teens
- Births by Cesarean Section (35.5%)

- Birth rate for Hispanic teens

- Percent of mothers with diabetes and pregnancy-associated hypertension
- Percent of mothers receiving adequate prenatal care

Teen Birth Rate (Ages 15 to 19) by Race and Ethnicity, Prince George's County, 2013-2017



Source: Maryland Vital Statistics Administration 2017 Annual Report; 2017 Maryland Birth Certificate Files 2019 Community Health Assessment Resident and Community Expert Surveys

Community Perception

Maternal and Child Health ranked #21 for top health issue for residents (second to last); #13 for community experts

HEALTH DEPARTMENT Prince George's County

Senior Health

Health Indicators & Disparities

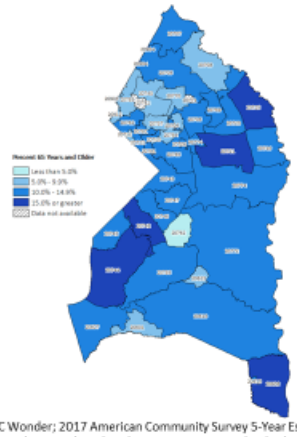
- Mortality rate for Alzheimer's/dementia highest for Black, NH
- Overall mortality rate for Alzheimer's/dementia, percent of Medicare beneficiaries treated lower than the state
- 36.1% of seniors (65+ years) have one or more disability (22% for the state)
- 1 in 10 seniors reported at least one week (previous month) where poor physical or mental health kept them from usual activities

Risk Factors

- Age
- Gender (Women)
- Genetics
- Social Support
- Vascular factors (hypertension, diabetes, smoking)

Trends *(compared to 2016 CHNA)*

- Alzheimer's mortality rate for White, NH residents
- Medicare beneficiaries treated for dementia
- Alzheimer's mortality rate for Black, NH residents



Source: CDC Wonder; 2017 American Community Survey 5-Year Estimates; Centers for Medicare and Medicaid Services; 2017 Maryland Behavioral Risk Factor Surveillance System; 2019 Community Health Assessment Resident and Community Expert Surveys;

Community Perception

Aging problems #15 ranked health issue for residents; #8 for community experts

HEALTH DEPARTMENT Prince George's County

Asthma

Health Indicators & Disparities

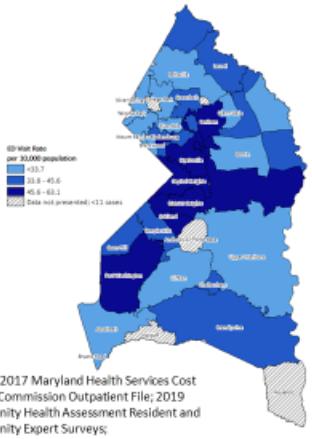
- ED visit rates for Black, NH residents (41.8) was more than twice that of Hispanic and White NH residents (16.4)
- Hospitalization rates highest for females
- Among children, hospitalization rates highest for Asian/Pacific Islanders

Risk Factors

- Age (younger)
- Environmental irritants

Trends *(compared to 2016 CHNA)*

- Overall Maryland ED visit rate (all races/ethnicities)
- Maryland ED visit rate for residents under 39 years
- Overall Maryland pediatric hospitalization rate
- Maryland pediatric hospitalization rate for <14 yrs.
- Maryland ED visit rate for residents 40-64 years
- Maryland adult hospitalization rate
- Maryland pediatric hospitalization rate for Asian/Pacific Islanders
- Maryland pediatric hospitalization rate for 15-17 yrs.



Source: 2017 Maryland Health Services Cost Review Commission Outpatient File; 2019 Community Health Assessment Resident and Community Expert Surveys;

Community Perception

#19 ranked health issue for residents and community experts

HEALTH DEPARTMENT Prince George's County

Oral Health

Health Indicators & Disparities

- Maryland ED visit rate for dental care highest for Black, NH residents
- Males and White, NH residents less likely to have seen a dentist in the past year
- 1 Dentist to 1,650 residents

Risk Factors

- Low SES
- Genetics

Trends *(compared to 2016 CHNA)*

- Overall Maryland ED visit rate for dental care
- Residents 18-49 years seeing a dentist (past year)
- Black, NH and Hispanic residents seeing a dentist (past year)

- Adult residents and high school students seeing a dentist (past year)
- Dentist to resident ratio

- Residents 50-64 years seeing a dentist (past year)
- White, NH residents seeing a dentist (past year)

PGC High School Students	2014	2016
Saw a dentist in the past year	68.9%	69.0%
Black, NH	70.0%	69.5%
Hispanic	68.5%	71.1%
White, NH	73.1%	**

**Data not presented – small number of observations

Source: 2016 Maryland Youth Risk Behavior Survey; 2018 County Health Rankings; 2017 Maryland Behavioral Risk Factor Surveillance System 2019 Community Health Assessment Resident and Community Expert Surveys;

Community Perception

#10 ranked health issue for residents; #16 for community experts

HEALTH DEPARTMENT Prince George's County

Emergent Themes

- Housing Stability
  - Homeless identified as the most underserved population by community experts
  - Process to place and care for homeless should be streamlined and transparent
  - Affordable Housing was noted as a significant challenge
- Asset-Limited, Income-Constrained, Employed
  - Low-income residents may be insured but are unable to pay for high deductibles, co-pays and medications

HEALTH DEPARTMENT Prince George's County

Emergent Themes

- Meeting the needs of our foreign-born residents
  - Hispanic residents increased 31% since 2010
  - One-third of Hispanic residents are uninsured
  - Fear may drive undocumented populations to not seek care
  - Cultural competency is critical
- Innovative outreach and awareness of services
  - Outreach should be community-specific
  - Special considerations for seniors and homebound

Local Health System

- Closure of Providence Hospital
- Change of UM Laurel Medical Center to emergency services
- Upcoming UM Capital Region Medical Center
- Primary care providers have increased, but so has our population
- Cost of care (co-pays), uninsured, transportation, health literacy, culturally competent providers, perception of quality of care were themes

Local Health System

How do you envision the local health system in the next 5 or 10 years:

- Want all residents to feel safe accessing health-related services (regardless of immigration status)
- Residents will have a better perception of health care in the county
- Better utilization of local services
- A system that is perceived as available to serve all with quality services
- A system that allows residents to access services close to home
- Consideration of needs of all residents

Prioritization Discussion

Prioritization Criteria

- Magnitude: How many people are affected
- Severity: What are the outcomes and how long do they last
- Trend: Changes since 2016
- Disparity: Who is disproportionately affected
- Community Perception: Results from Resident Survey, Community Expert Survey, and Key Informant Interviews

Resources and Next Steps

Attachment C: Priority Area Summary

Prioritization Results

- The Core CHA Team determined by consensus to retain the four priority areas from 2016:
  - Social Determinants of Health
  - Behavioral Health
  - Obesity & Metabolic Syndrome
  - Cancer

Overall, it was noted that these are challenging priorities to "move the needle" in only 3 years, many of the associated indicators have not improved, there are still notable disparities, and these areas continue to be a community priority.

HEALTH DEPARTMENT Prince George's County

Priority 1: Social Determinants of Health

● Trend is Worsening

	Indicator	2016 Assessment	2019 Assessment
Access to Care	Uninsured Residents	**All: 17.5% (2014)** Black, NH: 10.5% Hispanic: 52.9% White, NH: 8.2%	**All: 10.1% (2017)** Black, NH: 7.6% Hispanic: 33.2% White, NH: 5.4%
	Resident to Provider Ratios	Primary Care: 1,860:1 (2013) Dentists: 1,680:1 (2014) Mental Health: 860:1 (2015)	Primary Care: 1,910:1 (2015) ● Dentists: 1,650:1 (2016) Mental Health: 890:1 (2017) ●
Economic Status	Individual Poverty Status	**All: 10.2% (2014)** Black: 8.6% Hispanic: 17.1% White, NH: 9.3% Asian: 8.6%%	**All: 8.4% (2017)** Black: 7.0% Hispanic: 12.8% White, NH: 8.4% Asian: 6.9%
	Median Household Income	**All: $72,290 (2014)** Black: $72,652 Hispanic: $58,254 White, NH: $84,621 Asian: $79,491	**All: $81,240 (2017)** Black: $82,147 Hispanic: $65,258 White, NH: $93,762 Asian: $96,585
Community Indicators	High School Graduation Rate	**All: 78.8% (2015)** Black: 81.3% Hispanic: 67.4% White: 79.0% Asian: 89.3%	**All: 82.7% (2017)** Black: 88.5% Hispanic: 65.9% ● White: 84.9% Asian: 93.7%
	Income Needed for an Efficiency Unit Rental	**$46,680 (2015)**	**$60,160 (2018)** ●
	Median Renter Income	**$50,792 (2015)**	**$53,774 (2018)**
	Violent Crime Rate per 100,000 Population	**All: 624 per 100,000 (2012)**	**All: 423 per 100,000 (2016)**

HEALTH DEPARTMENT Prince George's County

Priority 1: Social Determinants of Health

What has Improved since the 2016 Community Health Assessment?

- Percentage of Uninsured Residents has decreased: from 17.5% (2014) to 10.1% (2017)
  - Disparity: Although decreased from 2014, percentage of uninsured Hispanic residents higher than other race/ethnicities
- Overall High School Graduation Rate has increased: from 78.8% (2015) to 82.7% (2017)
- Individuals Below Poverty Level has decreased: from 10.2% (2014) to 8.4% (2017)
- Violent Crime Rate has decreased: from 624 crimes per 100,000 (2012-2014) to 423 per 100,000 (2014-2016), lower than the state rate as of 2016

What has Worsened since the 2016 Community Health Assessment?

- Resident to Provider Ratios increased for primary care and mental health providers
  - In 2013, 1 primary care provider for every 1,860 residents; in 2015, 1 primary care provider for every 1,910 residents
  - In 2015, 1 mental health provider for every 860 residents; in 2017, 1 mental health provider for every 890 residents
- High School Graduation Rate for Hispanic students decreased: from 67.4% (2015) to 65.9% (2017); Hispanic students have a much lower graduation rate compared to other races and ethnicities
- Fair Market Rental Pricing increased substantially: for an efficiency unit, rental pricing increased from $1,167 (2015) to $1,504 (2018)
  - The median income for a renter in the county is $53,774 (2018), which falls short of the median income needed for an efficiency unit by more than $6,000 ($60,160 estimated income needed)

HEALTH DEPARTMENT Prince George's County

Priority 2: Behavioral Health

● Trend is Worsening

	Indicator	2016 Assessment	2019 Assessment
Substance Use	Drug-Related Age-Adjusted Mortality Rate (per 100,000)	**All: 6.4 (2012-2014)** Black, NH: 5.1 White, NH: 22.1	**All: 12.2 (2015-2017)** ● Black, NH: 11.6 ● White, NH: 32.1 ●
Substance Use	High School Students Who Ever Took Prescription Drugs Without a Doctor's Prescription Note: question was altered in 2016 to be specific for "prescription pain medication"	**All: 13.9% (2014)** Black, NH: 12.4% Hispanic: 13.8% White, NH: 14.9% All Other Races, NH: 21.6%	**All: 15.6% (2016)** ● Black, NH: 13.9% ● Hispanic: 16.4% ● White, NH: NA All Other Races, NH: 16.0%
Mental Health and Suicide	Adults with Poor Mental Health Days	3-7 Days: 9.8% (2014) 8-29 Days: 7.7% 30 Days: 3.2%	3-7 Days: 10.8% (2017) ● 8-29 Days: 8.8% ● 30 Days: 3.9% ●
Mental Health and Suicide	High School Students who Seriously Considered Attempting Suicide (in last 12 months)	**All: 14.7% (2014)** Black, NH: 12.8% Hispanic: 17.1% White, NH: 16.4% All Other Races, NH: 19.6%	**All: 17.7% (2016)** ● Black, NH: 16.1% ● Hispanic: 18.2% ● White, NH: 21.7% ● All Other Races, NH: 20.4% ●
Mental Health and Suicide	High School Students who Made a Plan About How They Would Attempt Suicide (in last 12 months)	**All: 12.2% (2014)** Black, NH: 9.7% Hispanic: 16.8% White, NH: 13.7% All Other Races, NH: 20.1%	**All: 14.8% (2016)** ● Black, NH: 14.1% ● Hispanic: 14.5% White, NH: 16.3% ● All Other Races, NH: 17.5%
Mental Health and Suicide	Suicide Age-Adjusted Mortality Rate (per 100,000)	**All: 6.0 (2012-2014)** Black, NH: 4.4 White, NH: 14.1	**All: 5.7 (2015-2017)** Black, NH: 5.1 ● White, NH: 11.7

HEALTH DEPARTMENT Prince George's County

Priority 2: Behavioral Health

What has Improved since the 2016 Community Health Assessment?

- Suicide Mortality Rate has decreased: from 6.0 deaths per 100,000 (2012-2014) to 5.7 (2015-2017)

What has Worsened since the 2016 Community Health Assessment?

- Adults with Poor Mental Health Days have increased:
  - 3-7 Poor Mental Health Days increased from 9.8% (2014) to 10.8% (2017)
  - 8-29 Poor Mental Health Days increased from 7.7% (2014) to 8.8% (2017)
  - 30 Poor Mental Health Days increased from 3.2% (2014) to 3.9% (2017)
- High School Students Who Seriously Considered Suicide increased: from 14.7% (2014) to 17.7% (2016)
  - Disparity: 21.7% of White NH students reported seriously considering suicide, followed by students of Other Races (20.4%).
- High School Students Bullied on School Property increased: from 12.1% (2014) to 14.5% (2016)
  - Disparity: More White NH students reported being bullied (24.8%)
- Total Behavioral Health Emergency Department Visits increased by 23%: from 6,842 (2014) to 8,420 (2017) for residents going to Maryland hospitals
- Drug-Related Mortality Rate increased: from 6.4 deaths per 100,000 (2012-2014) to 12.2 (2015-2017)
  - Disparity: White NH residents have the highest mortality rate at 32.1 per 100,00 (2015-2017)
- High School Students Who Used Prescription Drugs Without a Doctor's Prescription increased: from 13.9% (2014) to residents (2014) to 15.6% (2017)

HEALTH DEPARTMENT Prince George's County

Priority 3: Obesity & Metabolic Syndrome

● Trend is Worsening

Prevalence

Indicator	2016 Assessment	2019 Assessment
Adult Obesity (Body Mass Index (BMI) of >=30)	**All: 34.2% (2014)** Black, NH: 38.9% Hispanic: 20.9% White, NH: 34.6%	**All: 42.8% (2017)** ● Black, NH: 46.7% ● Hispanic: 34.5% ● White, NH: 29.9%
Adult Overweight (BMI of 25-29)	**All: 34.1% (2014)** Black, NH: 35.9% Hispanic: 34.6% White, NH: 32.0%	**All: 32.2% (2017)** Black, NH: 29.7% Hispanic: 41.8% ● White, NH: 35.8%
High School Student Obesity (>=95th percentile for BMI, 2000 CDC growth charts)	**All: 15.1% (2014)** Black, NH: 14.8% Hispanic: 15.3% White, NH: 13.8% All Other Races, NH: 13.2%	**All: 16.4% (2016)** ● Black, NH: 16.8% ● Hispanic: 17.3% ● White, NH: N/A All Other Races, NH: 8.7%
High School Student Overweight (>=85th percentile but <95th percentile for BMI, 2000 CDC growth charts)	**All: 17.4% (2014)** Black, NH: 15.2% Hispanic: 23.8% White, NH: 11.8% All Other Races, NH: 20.4%	**All: 19.3% (2016)** ● Black, NH 17.7% ● Hispanic: 24.7% ● White, NH: N/A All Other Races, NH: 23.1% ●
Adult Diabetes Prevalence (Have Been Told by a Health Professional They Have Diabetes)	**All: 11.5% (2014)** Black, NH: 13.4% Hispanic: N/A White, NH: 13.7%	**All: 12.3% (2017)** ● Black, NH: 13.6% ● Hispanic: 16.7% White, NH: 10.5%
Adult Hypertension Prevalence (Have Been Told by a Health Professional They Have Hypertension)	**All: 37.9% (2013)** Black, NH: 42.6% Hispanic: 29.9% White, NH: 29.9%	**All: 31.9% (2017)** Black, NH: 34.2% Hispanic: 34.6% ● White, NH: 28.3%

HEALTH DEPARTMENT Prince George's County

Priority 3: Obesity & Metabolic Syndrome

What has Improved since the 2016 Community Health Assessment?

- Hypertension Prevalence has decreased: from 37.9% of adults (2013) to 31.1% (2017)
- Heart Disease Mortality Rate has decreased: from 185.8 deaths per 100,000 (2012-2014) to 168.9 (2015-2017)
- Diabetes Mortality Rate has decreased: from 29.4 deaths per 100,000 (2012-2014) to 26.3 (2015-2017)

What has Worsened since the 2016 Community Health Assessment?

- Adult Obesity Prevalence has increased: from 34.2 (2014) to 42.8% (2017)
  - Disparity: Black, NH residents have the highest prevalence at 46.7%
- High School Student Obesity and Overweight Prevalence has increased: from 15.1% (2014) to 16.4% (2016) for obesity, and 17.4% (2014) to 19.1% (2016) for overweight; overall, one in three high school students are overweight or obese in the county.
  - Disparity: Hispanic students were more likely to be obese or overweight
- Diabetes Prevalence has increased: from 11.5% (2014) to 12.3% (2017)
  - Disparity: Hispanic residents had a higher prevalence at 16.7%
- Stroke Mortality Rate has increased: from 37.8 deaths per 100,000 (2012-2014) to 41.6 (2015-2017)
  - Disparity: Black NH residents have the highest mortality rate at 44.2 per 100,00
- Hypertension Emergency Department Visit Rate has increased: from 261.7 visits per 100,000 residents (2014) to 351.2 visits (2017) (ED visits include all Maryland hospitals); the ED visit rate increased for those ages 40 to 64 years from 377.3 (2014) to 433.9 (2017), and for residents ages 65 and over from 670.2 (2014) to 885.8 (2017)

HEALTH DEPARTMENT Prince George's County

Priority 4: Cancer

● Trend is Worsening

	Indicator	2016 Assessment	2019 Assessment
Screening	Cancer Screening: Women 50+ with Mammogram in Past Two Years	**All: 83.7% (2014)** Black, NH: 85.8% White, NH: 78.4%	**All: 82.3% (2016)** ● Black, NH: 89.6% White, NH: 68.6% ●
Screening	Men 40 years+ with a Prostate-Specific Antigen Test in the Past Two Years	**All: 49.0% (2014)** Black, NH: 51.4% White, NH: 56.8%	**All: 41.4% (2016)** ● Black, NH: 45.6% ● White, NH: 36.7% ●
Incidence	Cancer Age-Adjusted Incidence Rate (per 100,000)	**All: 403.5 (2007-2011)** Black: 415.0 White: 374.1	**All: 396.5 (2010-2014)** Black: 394.6 White: 389.2 ●
Incidence	Female Breast Cancer Age-Adjusted Incidence Rate (per 100,000)	**All: 116.1 (2007-2011)** Black: 122.7 White: 98.1	**All: 121.7 (2010-2014)** ● Black: 126.4 ● White: 105.0 ●
Incidence	Prostate Cancer Age-Adjusted Incidence Rate (per 100,000)	**All: 180.4 (2007-2011)** Black: 220.8 White: 112.4	**All: 149.2 (2010-2014)** Black: 178.3 White: 89.2
Mortality	Cancer Age-Adjusted Mortality Rate (per 100,000)	**All: 166.4 (2012-2014)** Black, NH: 168.2 White, NH: 191.9 Hispanic: 77.6	**All: 154.1 (2015-2017)** Black, NH: 163.3 White, NH: 159.4 Hispanic: 82.3 ●
Mortality	Female Breast Cancer Age-Adjusted Mortality Rate (per 100,000)	**All: 25.6 (2012-2014)** Black, NH: 27.9 White, NH: 21.8	**All: 25.8 (2015-2017)** ● Black, NH: 28.2 ● White, NH: 22.4 ●
Mortality	Prostate Cancer Age-Adjusted Mortality Rate (per 100,000)	**All: 26.0 (2012-2014)** Black, NH: 33.2 White, NH: 16.9	**All: 27.9 (2015-2017)** ● Black, NH: 36.3 ● White, NH: 16.5

HEALTH DEPARTMENT Prince George's County

Priority 4: Cancer

What has Improved since the 2016 Community Health Assessment?

- Overall Cancer Incidence has decreased: from 403.5 new cases per 100,000 (2007-2011) to 396.5 (2010-2014)
- Prostate Cancer Incidence has decreased: from 180.4 new cases per 100,000 men (2007-2011) to 149.2 (2010-2014)
- Overall Cancer Mortality has decreased: from 166.4 deaths per 100,000 (2012-2014) to 154.1 (2015-2017)

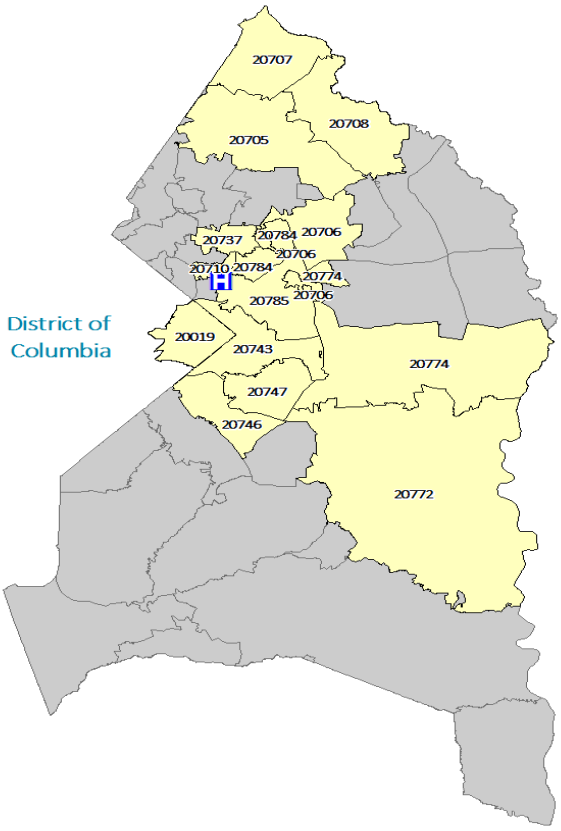
What has Worsened since the 2016 Community Health Assessment?

- Screening for Breast and Prostate Cancer has declined: from 83.7% of women 50+ with a mammogram in past two years (2014) to 82.3% (2016); from 49% of men 40+ with a PSA in the past two years to 41.4% (2016)
  - Disparity: White, NH residents are less likely be screened compared to Black, NH residents
- Female Breast Cancer Incidence has increased: from 116.1 new cases per 100,000 women (2007-2011) to 121.7 (2010-2014)
  - Disparity: Black women have a higher incidence rate (126.4) compared to White women (105.0)
- Female Breast Cancer Mortality has increased: from 25.6 deaths per 100,000 women (2012-2014) to 25.8 (2015-2017)
  - Disparity: Black women have a higher mortality rate (28.2) compared to White women (22.4)
- Prostate Cancer Mortality has increased: from 26.0 deaths per 100,000 men (2012-2014) to 27.9 (2015-2017)
  - Disparity: Black men have a mortality rate (36.3) twice that of White men (16.5)

HEALTH DEPARTMENT
Prince George's County


HOSPITAL
profile

UNIVERSITY OF MARYLAND PRINCE GEORGE'S HOSPITAL CENTER



Primary Service Area Profile

The University of Maryland Prince George's Hospital Center is located in Prince George's County, Maryland, which is part of the Washington, D.C. metropolitan area. The University of Maryland Prince George's Hospital Center is located in the central western part of the county.

Fourteen ZIP codes comprise the service area for the hospital, 13 in Prince George's County and one in the District of Columbia. The estimated population of 13 Prince George's County ZIP codes is 424,693 (approximately 47% of the County's population). All but two ZIP codes in the service area has experienced an increase in population since 2010. The area is varied in race and Hispanic ethnicity (Chart 2) and in socio-economic indicators including poverty, education, and employment as displayed in Chart 3.

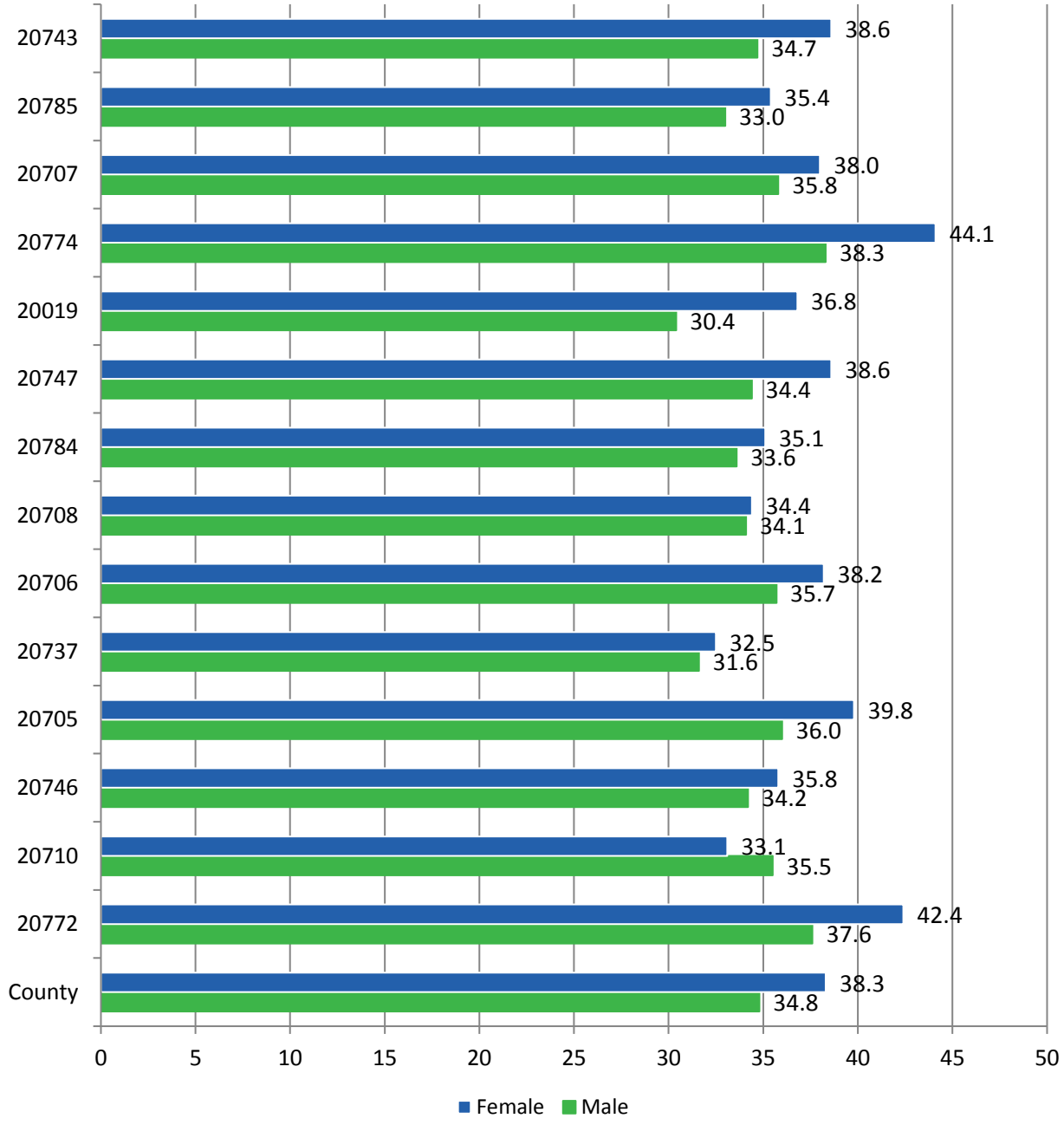
Table 1: Service Area ZIP Codes

ZIP Code	Name	Percent of Discharges
20743	Capitol Heights	9.5%
20785	Hyattsville	9.5%
20707	Laurel	5.6%
20774	Upper Marlboro	4.7%
20019	District of Columbia	4.7%
20747	District Heights	4.6%
20784	Hyattsville	4.1%
20708	Laurel	4.0%
20706	Lanham	3.6%
20737	Riverdale	2.4%
20705	Beltsville	2.3%
20746	Suitland	2.2%
20710	Bladensburg	2.2%
20772	Upper Marlboro	2.0%

Data Source: Prince George's Hospital Center FY2017, All Discharges

The UM Prince George's Hospital Center service area population median age is varied when compared to the overall county. The median age for females ranges from 32.5 years in Riverdale (20737) to 44.1 in Upper Marlboro (20774), and from 30.4 years in the District of Columbia (20019) to 38.3 years in Upper Marlboro (20774).

Chart 1: Median Age by Gender



Data Source: 2013-2017 American Community Survey, 5-year Estimates, Table S0101

Overall, the service area ZIP codes skew slightly younger compared to Prince George's County, with higher proportions of residents under 18 years of age. The majority of ZIP codes in the service area have a similar proportion of seniors (65 years and older) compared to the county (Table 2).

Table 2: Population Estimates

ZIP Code	Name	Population Estimate	Population <18 Years	Population Age 65+
20743	Capitol Heights	40,025	9,379 (23.4%)	5,447 (13.6%)
20785	Hyattsville	37,412	9,792 (26.2%)	4,220 (11.3%)
20707	Laurel	32,843	7,652 (23.3%)	3,842 (11.7%)
20774	Upper Marlboro	46,071	9,223 (20.0%)	6,584 (14.3%)
20019	District of Columbia	61,351	15,890 (25.9%)	7,669 (12.5%)
20747	District Heights	38,503	8,905 (23.1%)	4,196 (10.9%)
20784	Hyattsville	30,516	7,869 (25.8%)	2,677 (8.8%)
20708	Laurel	26,031	6,404 (24.6%)	2,150 (8.3%)
20706	Lanham	40,168	9,900 (24.6%)	5,073 (12.6%)
20737	Riverdale	22,213	6,585 (29.6%)	1,688 (7.6%)
20705	Beltsville	27,950	6,692 (23.9%)	3,256 (11.6%)
20746	Suitland	27,596	6,489 (23.2%)	3,183 (11.4%)
20710	Bladensburg	9,750	2,840 (29.1%)	1,092 (11.2%)
20772	Upper Marlboro	45,615	10,179 (22.3%)	5,121 (11.2%)
County	**Prince George's**	**912,756**	**203,800 (22.3%)**	**106,530 (11.7%)**

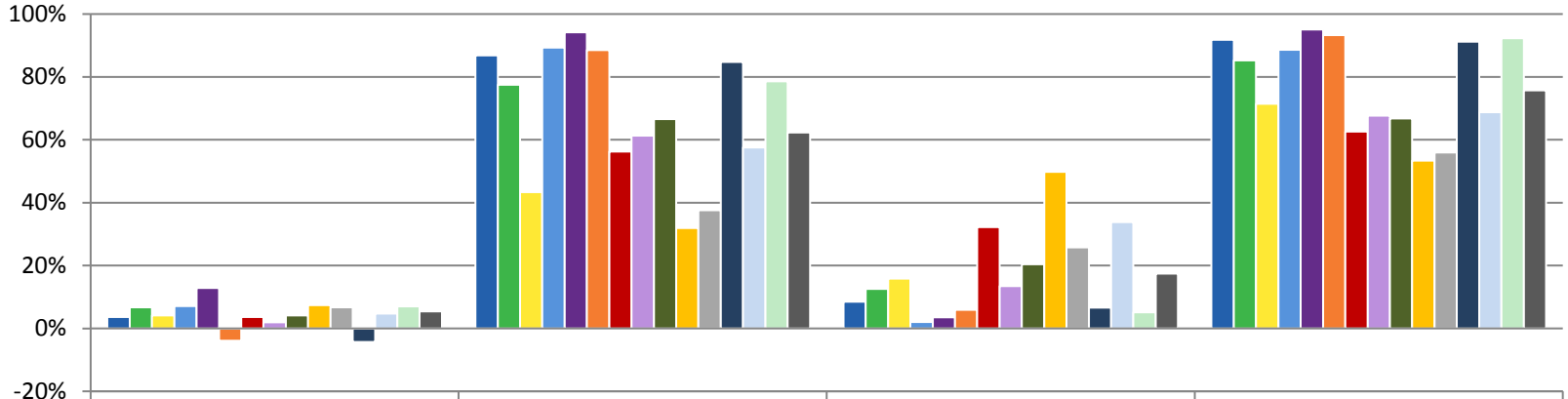
Data Source: 2013-2017 American Community Survey, 5-Year Estimates, Table S0101

Eleven of the fourteen ZIP codes in the service are have a majority Black population (Chart 2) and four of the ZIP codes have a Hispanic population of over 20%. Three-quarters of county residents speak only English in the home, while the range of primary English speakers across the service area ranges from 53.4% to 95.1%.

One-quarter of families living in 20019 (District of Columbia) live below the poverty line, with 16% of residents lacking a high school degree, 18% of the labor force are unemployed, and households with a median income of only $35,487 (Charts 3 and 4). The median household income in Bladensburg (20710) is only slightly higher at $43,456, almost $40,000 lower compared to Prince George's County.

Almost two in five residents of Riverdale do not have a high school degree and 12% of families live below the poverty line (Chart 3). Although unemployment is lower in Riverdale compared to other ZIP codes of the service area, it also has one of the lowest median household incomes in the service area.

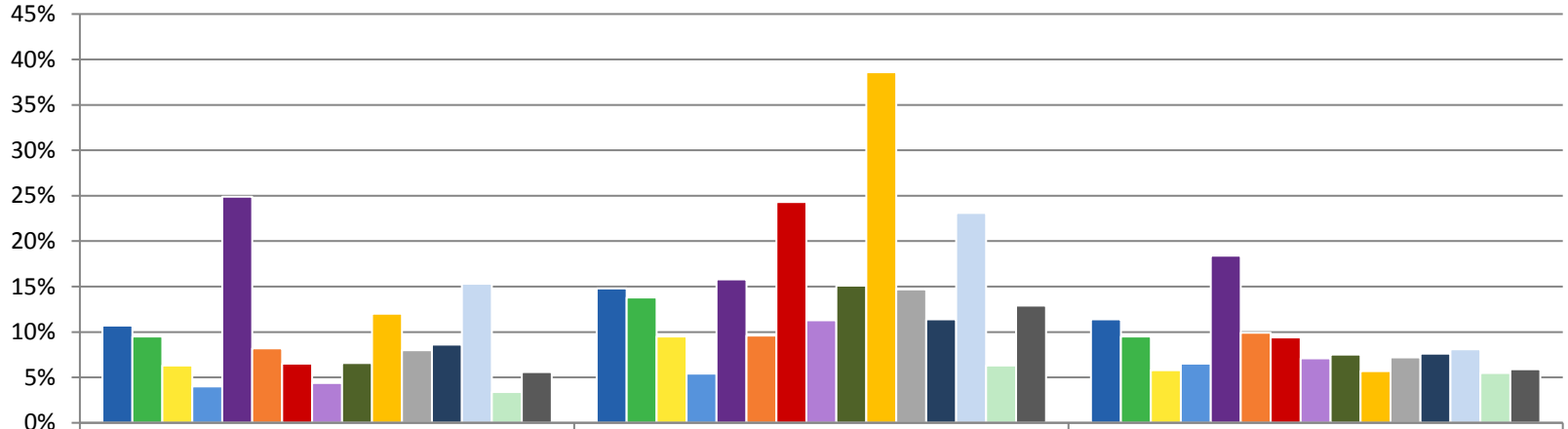
Chart 2: Population Description



	% Population Growth (from 2010)	% Black, NH	% Hispanic	% Speak Only English at Home
20743	3.6%	86.8%	8.5%	91.8%
20785	6.7%	77.5%	12.6%	85.3%
20707	4.1%	43.4%	15.8%	71.5%
20774	7.1%	89.3%	2.0%	88.6%
20019	12.9%	94.2%	3.5%	95.1%
20747	-3.9%	88.5%	5.9%	93.3%
20784	3.6%	56.3%	32.2%	62.6%
20708	1.9%	61.3%	13.5%	67.7%
20706	4.1%	66.6%	20.4%	66.8%
20737	7.4%	31.9%	49.8%	53.4%
20705	6.7%	37.6%	25.8%	56.0%
20746	-4.3%	84.8%	6.6%	91.2%
20710	4.7%	57.6%	33.8%	68.8%
20772	7.0%	78.6%	5.1%	92.3%
County	5.4%	62.3%	17.4%	75.7%

Data Source: 2013-2017 American Community Survey, 5-Year Estimates, Tables DP05, S1601

Chart 3: Socioeconomic Indicators

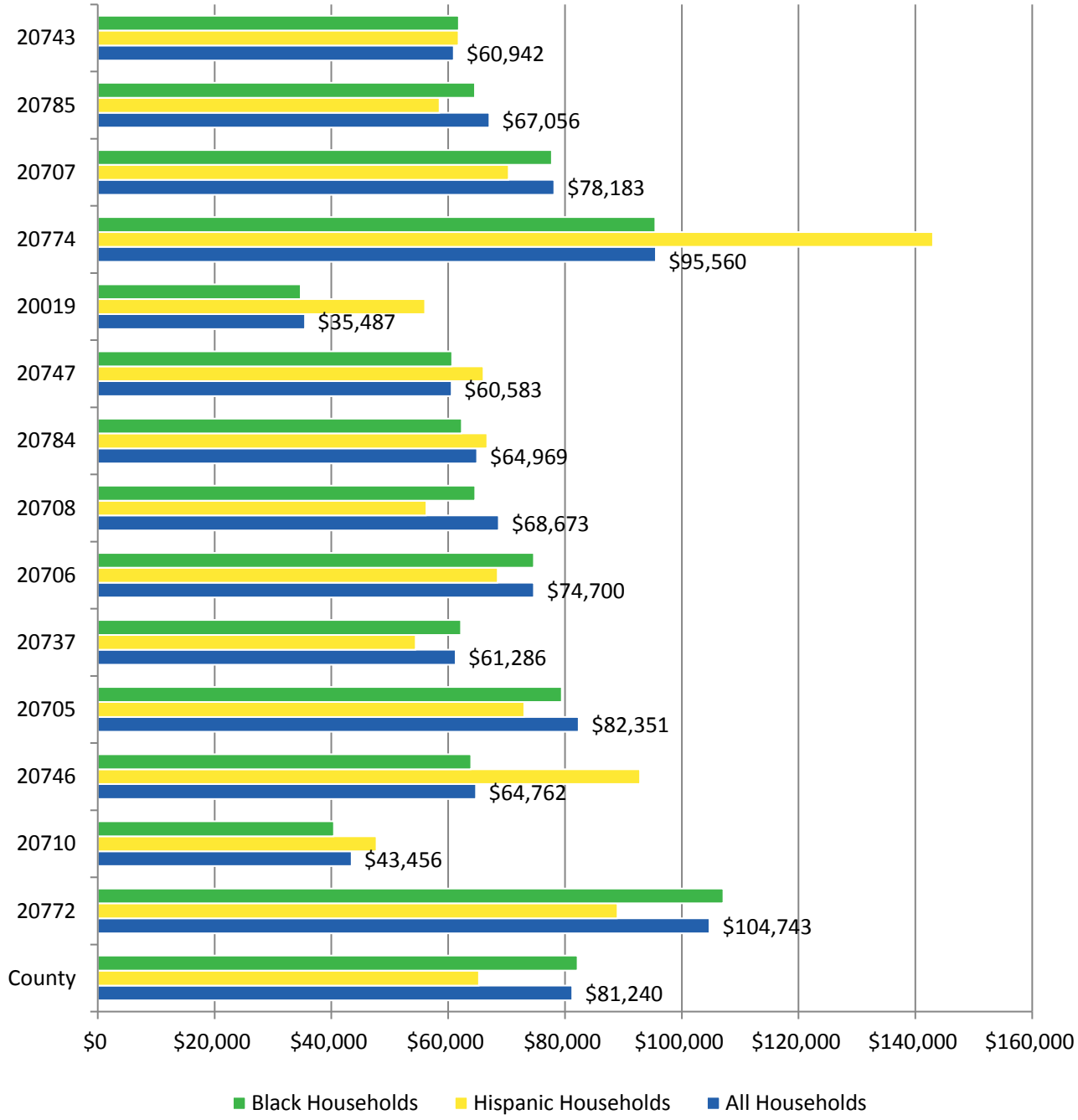


	% Families Below Poverty	% No High School Degree	% Unemployment
20743	10.7%	14.8%	11.4%
20785	9.5%	13.8%	9.5%
20707	6.3%	9.5%	5.8%
20774	4.0%	5.4%	6.5%
20019	24.9%	15.8%	18.4%
20747	8.2%	9.6%	9.9%
20784	6.5%	24.3%	9.4%
20708	4.4%	11.3%	7.1%
20706	6.6%	15.1%	7.5%
20737	12.0%	38.6%	5.7%
20705	8.0%	14.7%	7.2%
20746	8.6%	11.4%	7.6%
20710	15.3%	23.1%	8.1%
20772	3.4%	6.3%	5.5%
County	5.6%	12.9%	5.9%

Data Source: 2013-2017 American Community Survey, 5-Year Estimates, Tables S1501, DP03

Only three ZIP codes in the service area have higher median household incomes compared to the county.

Chart 4: Median Household Income



Data Source: 2013-2017 American Community Survey, 5-Year Estimates, Table B19013

The SocioNeeds Index[1] (created by Conduent Healthy Communities Institute), is a composite measure of socioeconomic factors for all the ZIP codes in the United States, ranking them in an index from 0 (low need) to 100 (high need). For example, an index of 50 would be average compared to the entire country. Table 3 highlights the large disparity in need based on the SocioNeeds Index. The ZIP codes in the hospital's service area range from a very low area of need in Upper Marlboro (20772) to a high area of need in the District of Columbia (20019) and Bladensburg (20710).

Table 3: SocioNeeds Index

ZIP Code	Name	SocioNeeds Index (0 is best, 100 is worst)	Rank (1 is best, 5 is worst)
20743	Capitol Heights	65.8	4
20785	Hyattsville	54.4	3
20707	Laurel	25.7	2
20774	Upper Marlboro	10.0	1
20019	District of Columbia	94.2	5
20747	District Heights	51.0	3
20784	Hyattsville	70.1	4
20708	Laurel	28.9	2
20706	Lanham	43.5	3
20737	Riverdale	84.7	5
20705	Beltsville	36.6	3
20746	Suitland	43.9	3
20710	Bladensburg	88.5	5
20772	Upper Marlboro	7.3	1

Data Source: www.pgchealthzone.org, Healthy Communities Institute

[1] http://www.pgchealthzone.org/index.php?module=indicators&controller=index&action=socioneeds

Hospital Inpatient Profile

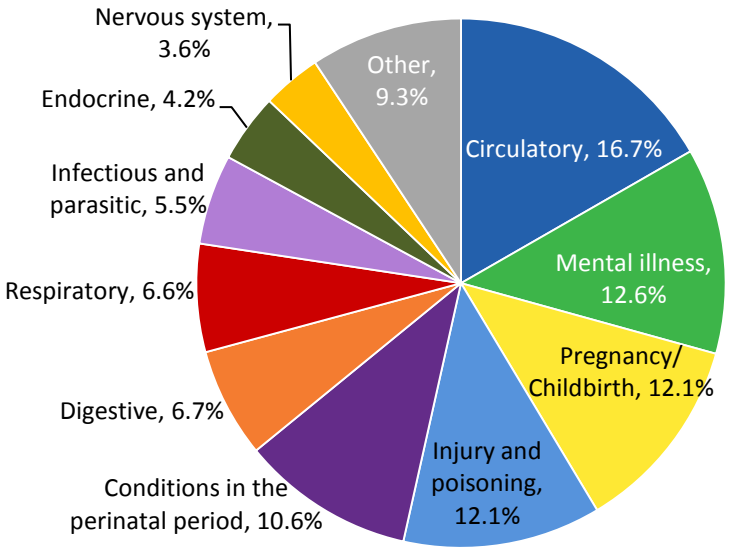
Inpatient data for UM Prince George's Hospital Center was analyzed to determine the leading causes for hospitalization for those it serves. Over half of hospital admissions were for circulatory conditions, mental illness, pregnancy/childbirth, or injury.

Table 4: Top Ten Inpatient Diagnoses

Diagnostic Cause	Percent (%)
Circulatory	16.7%
Mental illness	12.6%
Pregnancy/childbirth	12.1%
Injury and poisoning	12.1%
Conditions in the perinatal period	10.6%
Digestive	6.7%
Respiratory	6.6%
Infectious and parasitic	5.5%
Endocrine	4.2%
Nervous system	3.6%
Other	9.3%

Data Source: Maryland HSCRC Inpatient File, 2017

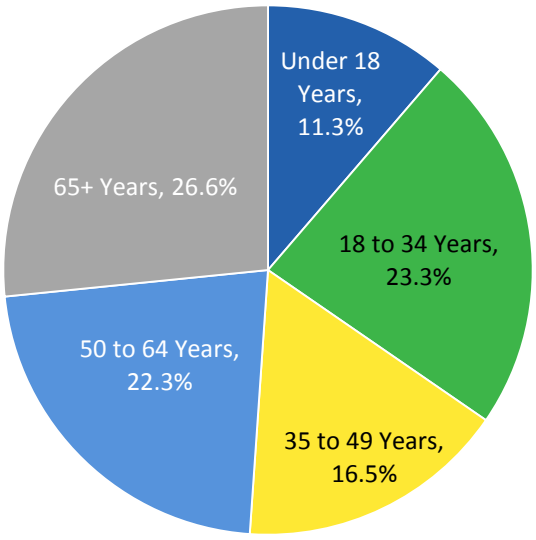
Chart 5: Inpatient Visits by Diagnoses



Data Source: Maryland HSCRC Inpatient File, 2017

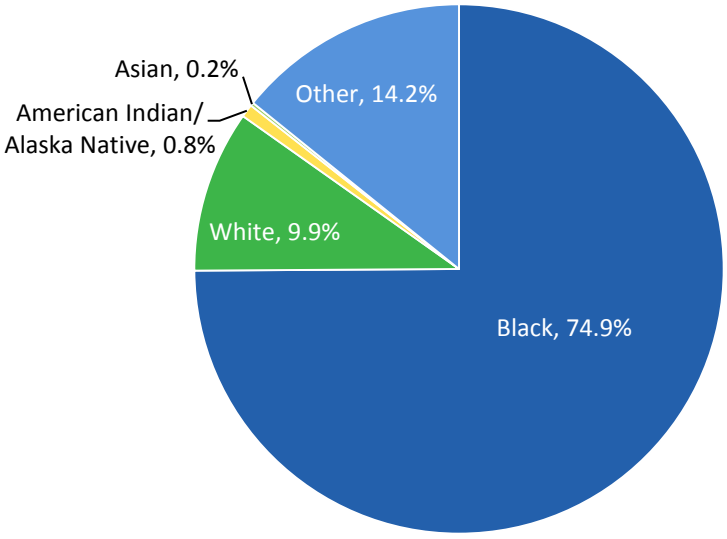
One-quarter of hospitalizations were among seniors age 65 years and older, followed by those 18 – 34 years of age (Chart 6). By race, three-quarters of hospitalizations were Black (Chart 7), similar to the overall population served by the UM Prince George's Hospital Center.

Chart 6: Inpatient Diagnoses by Age Group



Data Source: Maryland HSCRC Inpatient File, 2017

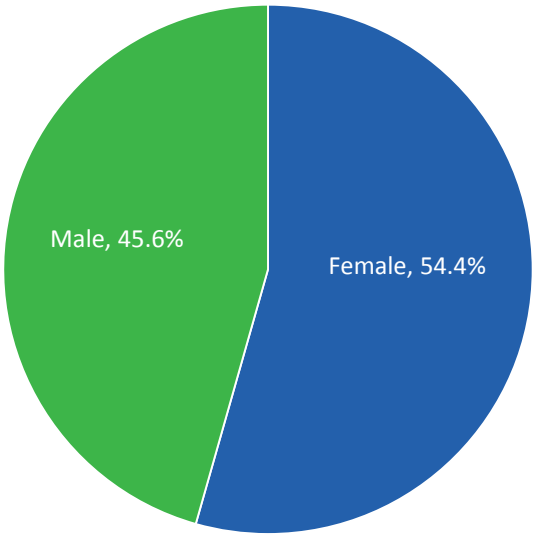
Chart 7: Inpatient Diagnoses by Race



Data Source: Maryland HSCRC Inpatient File, 2017

Slightly more women than men receive inpatient services at the hospital, which is consistent with pregnancy and childbirth as one of the leading causes of inpatient visits.

Chart 8: Inpatient Diagnoses by Sex



Data Source: Maryland HSCRC Inpatient File, 2017

Hospital Emergency Department Profile

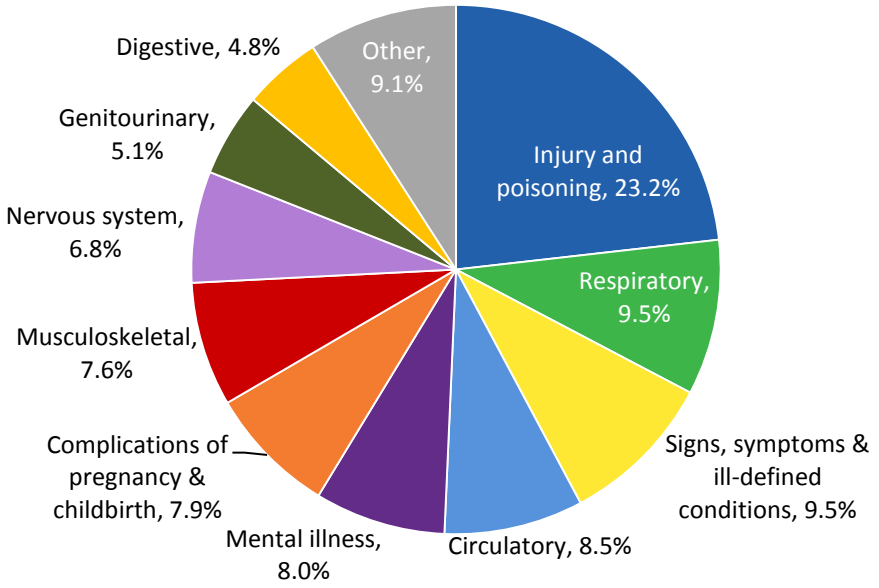
Emergency Department data for UM Prince George's Hospital Center was analyzed to determine the leading causes for visits. Almost one out of every four emergency department encounters are for injury and poisoning, with an additional 19% for respiratory and general symptoms and conditions.

Table 5: Top Ten Emergency Department Diagnoses

Diagnostic Cause	Percent (%)
Injury and poisoning	23.2%
Respiratory	9.5%
Signs, symptoms & ill-defined conditions	9.5%
Circulatory	8.5%
Mental illness	8.0%
Complications of pregnancy & childbirth	7.9%
Musculoskeletal	7.6%
Nervous system	6.8%
Genitourinary	5.1%
Digestive	4.8%
Other	9.1%

Data Source: Maryland HSCRC Outpatient File, 2017

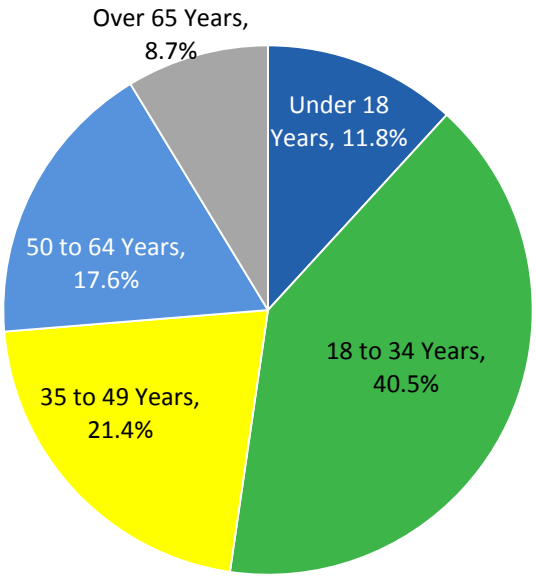
Chart 9: Top Ten Emergency Department Diagnoses



Data Source: Maryland HSCRC Outpatient File, 2017

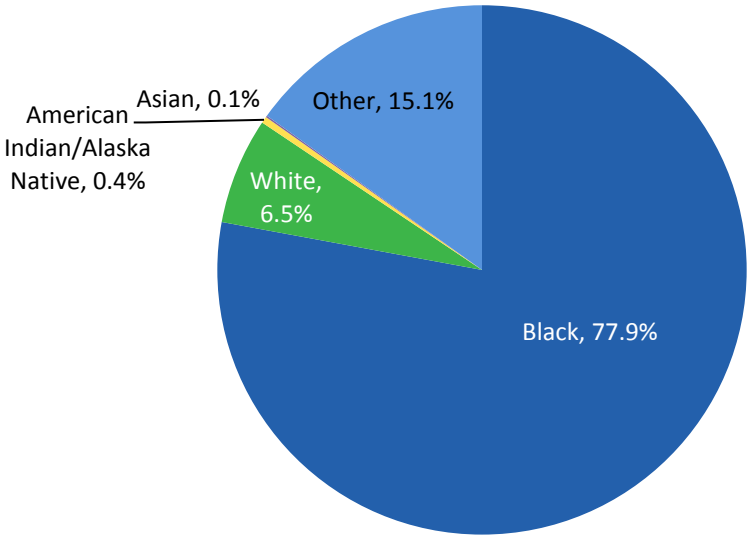
Over half of the hospital's emergency department visits are from those under 35 years of age, consistent with the large proportion of injury and poisoning encounters (Chart 10). By race, the majority of visits were Black (Chart 11), similar to the overall population served by the hospital.

Chart 10: Emergency Department Diagnoses by Age Group



Data Source: Maryland HSCRC Outpatient File, 2017

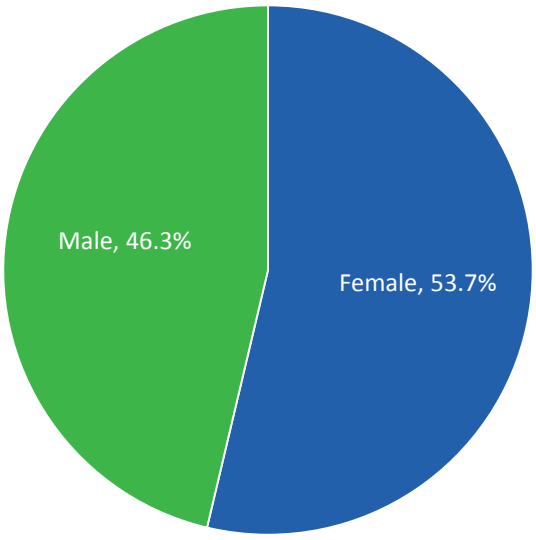
Chart 11: Emergency Department Diagnoses by Race



Data Source: Maryland HSCRC Outpatient File, 2017

Slightly more women than men receive emergency department services at the University of Maryland Prince George's Hospital Center.

Chart 12: Emergency Department Diagnoses by Sex



Data Source: Maryland HSCRC Outpatient File, 2017