

Prince George's County Health Department

Pamela B. Creekmur

Health Officer



Health Report 2015

Office of Assessment and Planning



Rushern L. Baker, III
County Executive



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Introduction from the County Executive



Dear Friends:

On behalf of the residents of Prince George's County, I proudly congratulate the Prince George's County Health Department for providing accessible, affordable, high quality and culturally competent health care to the residents of this great county. Health care is a top priority of my administration because the best communities have both, a strong health care system and healthy residents.

The Prince George's County Health Report 2015 is designed to provide the public with a comprehensive update on the activities and accomplishments of the Health Department and the residents of our great county. This report is more than just data and statistics. At its core, it shows the significant steps we have taken to

improve health outcomes in our county. From working with our Department of Social Services to enroll nearly 100,000 county residents for health insurance under the Affordable Care, to improving the likelihood that all the babies born in the county are healthy, and encouraging residents to live a healthy lifestyle by joining the **Healthy Revolution**, the Prince George's County Health Department is making significant progress and we are a healthier place thanks to their work.

With a new academically-affiliated Regional Medical Center on the horizon and a solid primary health care network being built, we are moving in the right direction and there is more good work to be done. I am very proud of our Health Department and the strides we have taken to make Prince George's County a much healthier place to live, work and invest.

Rushern L. Baker, III
County Executive



Introduction from the Health Officer

I am proud to present to you this copy of the Prince George's County 2015 Annual Health Report. This report has been commissioned as a progress report for the six identified priority areas of the health improvement for residents in the county, as outlined in the Prince George's County Health Improvement Plan. The report highlights statistical information on demographics and health data through 2013. Our commitment to continue to focus on ensuring that progress moves towards achieving better health in each priority area is extended throughout our wonderful diverse population.



In our ongoing effort of improving the health status of the county, the six priorities have been assigned quantifiable health outcomes and specific strategies in order to measure our success in addressing these factors.

We believe through community partnerships and new initiatives, we protect our residents from injury, disease and disabilities by assuring individuals access to quality care, we educate individuals and communities about chronic disease prevention and support residents' efforts to take charge of their health.

Most importantly, this report gives you the clearest picture of Prince George's County framework: where we are and where we are heading. We hope this information will be helpful to you in assessing the effectiveness and responsibilities involved with the Prince George's County Health Department.

Sincerely,

Pamela B. Creekmur,
Prince George's County Health Officer



OUR VISION

A healthy and thriving Prince George's County that:

- Provides **access to quality health care** services for all;
- Provides **policies and services** that are culturally appropriate and acceptable;
- Partners with **individuals, organizations and communities** to accept responsibilities for disease, injury and disability prevention and health advancement; and
- Ensures individuals and communities can **achieve the best health** possible.

OUR MISSION

The mission of Prince George's County Health Department is to:

- **Protect** the public's health
- **Assure** availability of and access to quality health services
- **Promote** individual and community responsibility for the prevention of disease, injury and disability.

WHAT IS PUBLIC HEALTH?

While a doctor treats an individual person, the role of public health is to **protect the health of the entire community**. This is done by promoting healthy lifestyles, preventing illness and injury, and ensuring policies and laws that benefit the public's health. You see the results of public health in action everyday, such as the use of seatbelts and car seats for children, restaurants serving food that has been safely prepared, our use of safe sanitation and clean water, and even in the people around you: we are living longer lives today due to the prevention of disease and injury. **Public health not only saves lives, but it also saves money** by preventing costly illness and injury and by increasing the healthy days for people to work and live.



Health Improvement Plan – 2012-2022

In 2012, the Prince George's County Health Department launched a 10-year Health Improvement Plan as a blueprint for addressing the county's most pressing health concerns. The plan includes six priority areas; this report provides local data to assist planning efforts to address these critical needs as well as measure our progress. The six priorities are:

- **Priority 1 (Access to Care):** Ensure That Prince George's County Residents Receive the Health Care They Need, Particularly Low Income, Uninsured/Underinsured Adults and Children
- **Priority 2 (Chronic Diseases):** Prevent and Control Chronic Disease In Prince George's County
- **Priority 3 (Maternal and Infant Health):** Improve Reproductive Health Care and Birth Outcomes for Women in Prince George's County, Particularly Among African American Women
- **Priority 4 (Infectious Diseases):** Prevent and Control Infectious Disease In Prince George's County
- **Priority 5 (Physical Safety):** Ensure that Prince George's County Physical Environments are Safe and Support Health, Particularly in At-Risk Communities
- **Priority 6 (Social Safety):** Ensure that Prince George's County Social Environments are Safe and Support Health

The full Health Improvement Plan may be accessed at:

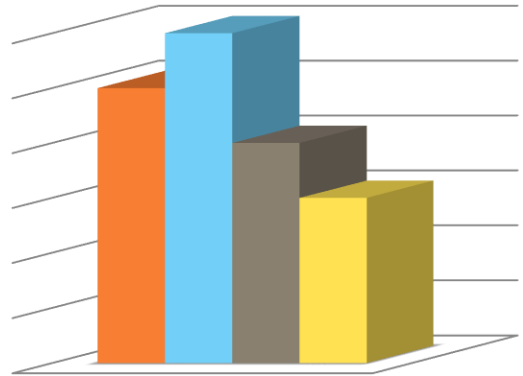
<http://www.princegeorgescountymd.gov/sites/Health/PGCHI/Coalitions/Documents/LocalhealthPlanPrefinal.pdf>



County Health Data

HEALTH REPORTS

The Health Department is committed to monitoring and sharing the most current health data with our partners and our residents. Previous Annual Health Reports as well as special reports can be found on the Health Department's website at: www.princegeorgescountymd.gov/sites/Health/Resources



PGCHEALTHZONE HEALTH DATA WEBSITE

The Health Department also has a data website, the PGC Health Zone, that includes over 100 health and demographic indicators, with many of them available by ZIP Code. The website is frequently updated to include the most current information and provides report and mapping tools to display indicators.





Demographics

Population and Income 2013

2013 Estimates	Prince George's	Maryland	United States
Population			
Total Population	890,081	5,928,814	316,128,839
Male	428,195	2,875,157	155,627,698
Female	461,886	3,053,657	160,501,141
Race and Hispanic Origin			
White, non-Hispanic	127,519	3,152,100	197,392,411
Black, non-Hispanic	559,005	1,727,400	38,807,755
Asian, non-Hispanic	38,049	350,176	15,841,339
Other, non-Hispanic	21,417	167,389	10,100,922
Hispanic (any race)	144,091	531,749	53,986,412
Age			
Under 5 Years Old	59,438	366,712	19,770,079
Under 18 Years Old	202,114	1,344,457	73,586,612
18 Years and Over	687,967	4,584,357	242,542,227
65 Years and Over	96,449	793,868	44,663,990
Median Age (years)	35.9	38.2	37.5
Income and Poverty			
Median Household Income	\$72,052	\$72,483	\$52,250
Individuals Below Poverty Level	9.8%	10.1%	15.8%
Families Below Poverty Level	7.1%	7.1%	11.6%



Births

Prince George's County, 2011-2013

	2011	2012	2013
Total Births	12,135	11,931	11,865
Race/Ethnicity of Mother			
White, non-Hispanic	1,208	1,175	1,184
Black, non-Hispanic	7,404	7,186	7,052
Asian or Pacific Islander	557	584	537
Hispanic (any race)	2,944	2,969	3,026
Age of Mother in Years			
<18	318	273	212
18-19	667	603	525
20-24	2,620	2,492	2,398
25-29	3,274	3,213	3,302
30-34	3,072	3,140	3,131
35-39	1,681	1,732	1,760
40-44	465	442	484
45 and over	37	35	51



Mortality

Prince George's County, 2011-2013

	2011	2012	2013
Total Deaths	5,090	5,029	5,315
Race/Ethnicity			
White, non-Hispanic	1,527	1,405	1,483
Black, non-Hispanic	3,275	3,303	3,466
Asian or Pacific Islander	112	105	129
Hispanic (any race)	161	209	218
Age Group			
<1 year	115	103	92
1-4 years	19	10	19
5-14 years	12	7	19
15-24 years	111	88	75
25-44 years	371	339	335
45-64 years	1,278	1,326	1,348
65-84 years	2,057	2,089	2,275
85 years and over	1,127	1,065	1,151

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH, Table 39, 39B
<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>



Access to Care: Health Insurance

Health Insurance Coverage, 2011-2013

Access to health care is critical for disease prevention and management. In 2013, it was estimated 15.5% of the county's population lacked health insurance which is a major barrier to accessing care. For adults ages 18-64 years 21.1%, or one in five, did not have health insurance. This data is prior to the implementation of the Affordable Care Act in 2014, which is expected to reduce the number of people without health insurance.

	2011	2012	2013
All Ages, No Health Insurance			
Prince George's	15.0%	15.6%	15.5%
Maryland	10.4%	10.3%	10.2%
United States	15.1%	14.8%	14.5%
Under 18 Years, No Health Insurance			
Prince George's	6.2%	5.3%	5.0%
Maryland	4.6%	3.8%	4.4%
United States	7.5%	7.2%	7.1%
18 – 64 Years, No Health Insurance			
Prince George's	19.9%	21.1%	21.1%
Maryland	14.3%	14.5%	14.1%
United States	21.0%	20.6%	20.3%
65 Years and Older, No Health Insurance			
Prince George's	2.7%	2.3%	2.5%
Maryland	1.2%	1.2%	1.4%
United States	1.0%	1.0%	1.0%



Access to Care: Health Insurance

Affordable Care Act (ACA)

The 2010 Patient Protection and Affordable Care Act (ACA), commonly known as Obamacare, resulted in the creation of a Maryland health exchange in 2014 called the *Maryland Health Connection*SM. This exchange, or marketplace, allows Marylanders to enroll in health plans. By the end of February 2015, over 289,000 Maryland residents had enrolled for health insurance through the Maryland health exchange.



As of August 2015, **99,834 Prince George's County residents** enrolled in health insurance through Maryland's ACA health exchange for 2015. That means approximately 1 out of every 9 people in the county used the exchange.

The ACA ensures that people with health insurance will receive preventive services with no copay or out-of-pocket expense. This includes screenings for blood pressure, diabetes, cancer and depression, for example.

To Enroll or for more information visit:

www.marylandhealthconnection.gov

Phone: (855-642-8572) (TTY: 8573)



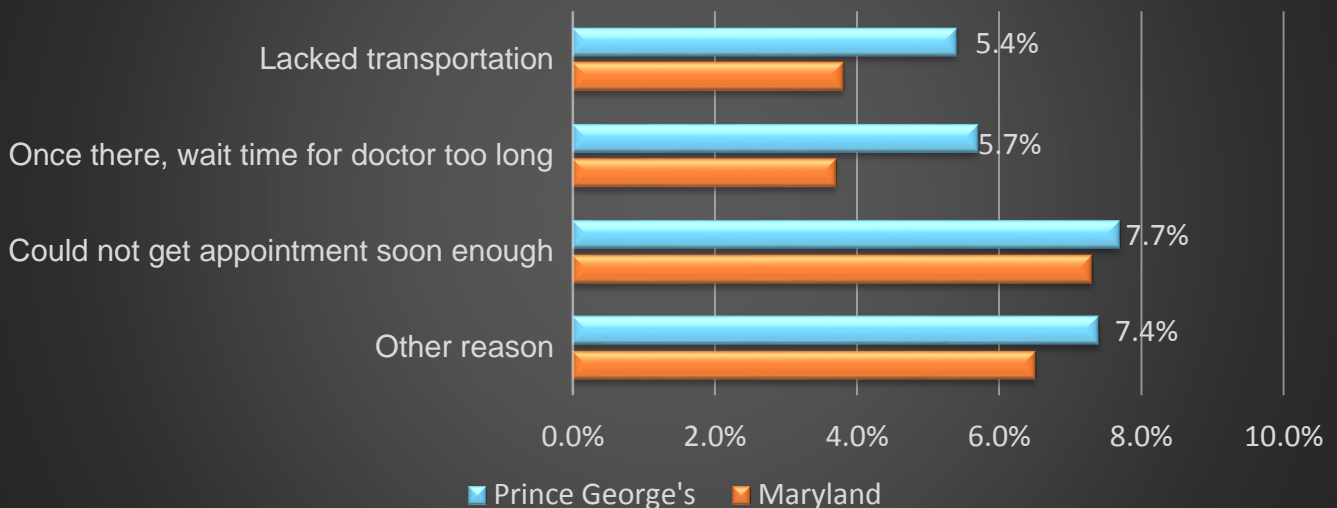


Access to Care: Providers

Barriers to Care and Accessible Providers

There are many potential barriers to health care, even for those who have health insurance. In 2013, 26.2% of adults indicated they had delayed medical care mainly due to a lack of timely appointments, long wait times to see a provider, and lack of transportation. There is also a lack of providers in the county: there are 1,780 residents to every primary care physician in the county which is much higher compared to Maryland and the National Benchmark

Reasons for delayed medical care during the last 12 months, 2013



Resident to Provider Ratios

Population to Primary Care Physicians (PCP) Ratio (2012)

Prince George's	1,780 residents: 1 PCP
Maryland	1,131 residents: 1 PCP
National Benchmark (90 th percentile)	1,045 residents: 1 PCP

Population to Dentists Ratio (2013)

Prince George's	1,712 residents: 1 Dentist
Maryland	1,392 residents: 1 Dentist
National Benchmark (90 th percentile)	1,377 residents: 1 Dentist



Chronic Disease: Mortality

Leading Causes of Death, 2013

Many of the leading causes of death and disability in the county are due to chronic disease. Heart disease and cancer are responsible for almost half of all deaths in the county. Prevention and management of chronic disease is essential for improving the overall health and life expectancy of residents in the county. According to the Centers for Disease Control and Prevention (CDC), four common causes of chronic disease are lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption. In 2012, about half of all adults in the United States had one or more chronic health condition.

Cause of Death	Number of Deaths	% of Deaths	Age-Adjusted Death Rate Per 100,000 Population (2011-2013)	
			Prince George's	Maryland
All Causes	5,315	100.0%	695.4	708.3
Heart Disease	1,323	24.9%	180.0	171.7
Cancer	1,259	23.7%	157.7	163.8
Stroke	261	4.9%	35.0	36.5
Accidents	239	4.5%	25.7	26.5
Diabetes	225	4.2%	27.2	19.6
CLRD*	137	2.6%	20.3	32.9
Nephritis	103	1.9%	13.4	11.4
Influenza and Pneumonia	102	1.9%	14.4	16.6
Septicemia	102	1.9%	14.6	14.1
Alzheimer's Disease	88	1.7%	13.8	14.6
Homicide	64	1.2%	8.8	7.3
Suicide	53	1.0%	5.8	9.0

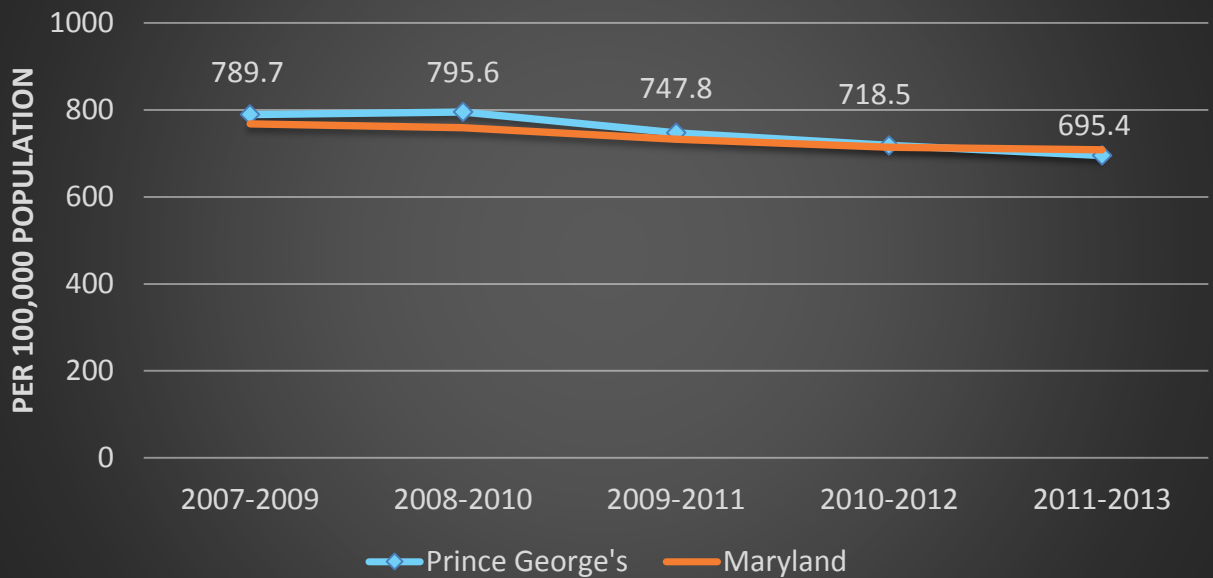
* Chronic Lower Respiratory Disease includes both chronic obstructive pulmonary disease and asthma.



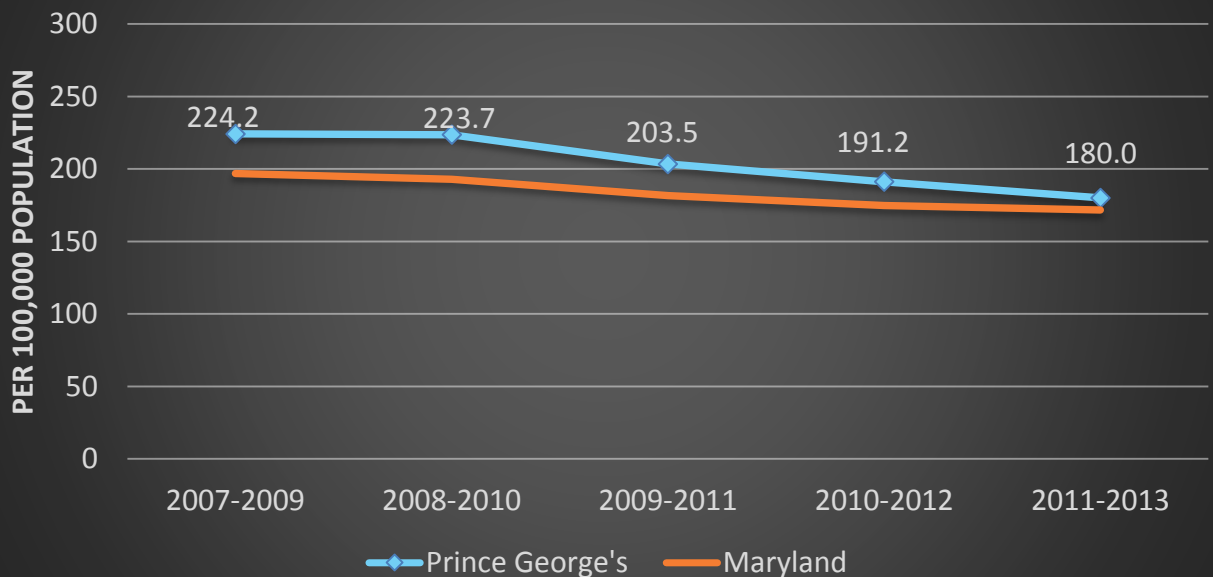
Chronic Disease: Mortality

Age-Adjusted Mortality Rates, 2007-2013

All Causes of Death



Heart Disease

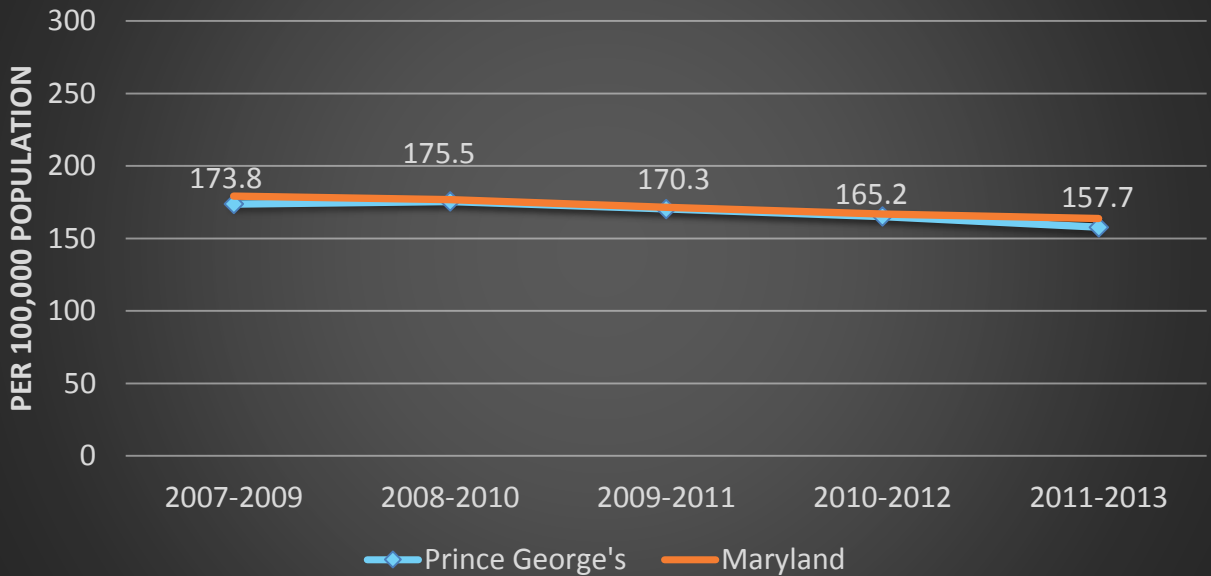




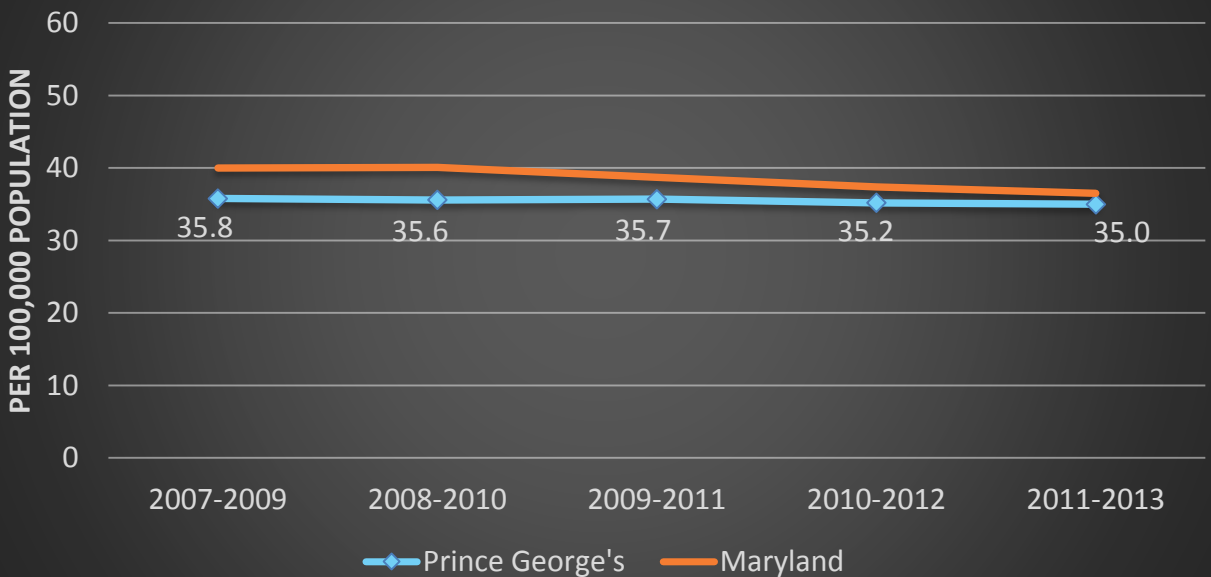
Chronic Disease: Mortality

Age-Adjusted Mortality Rates, 2007-2013

Cancer



Stroke

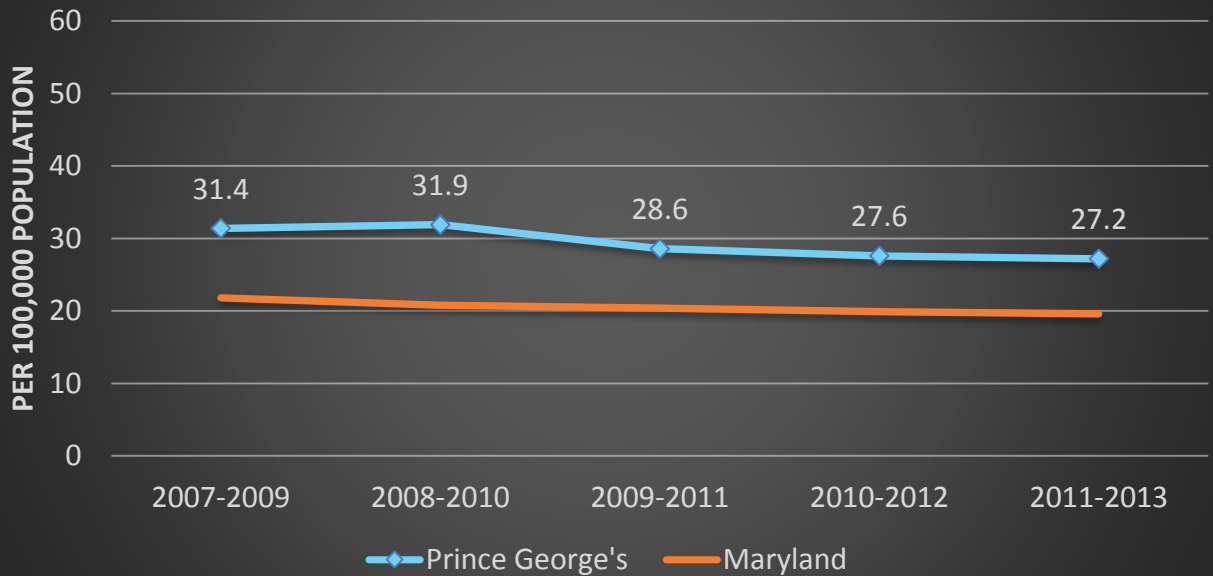




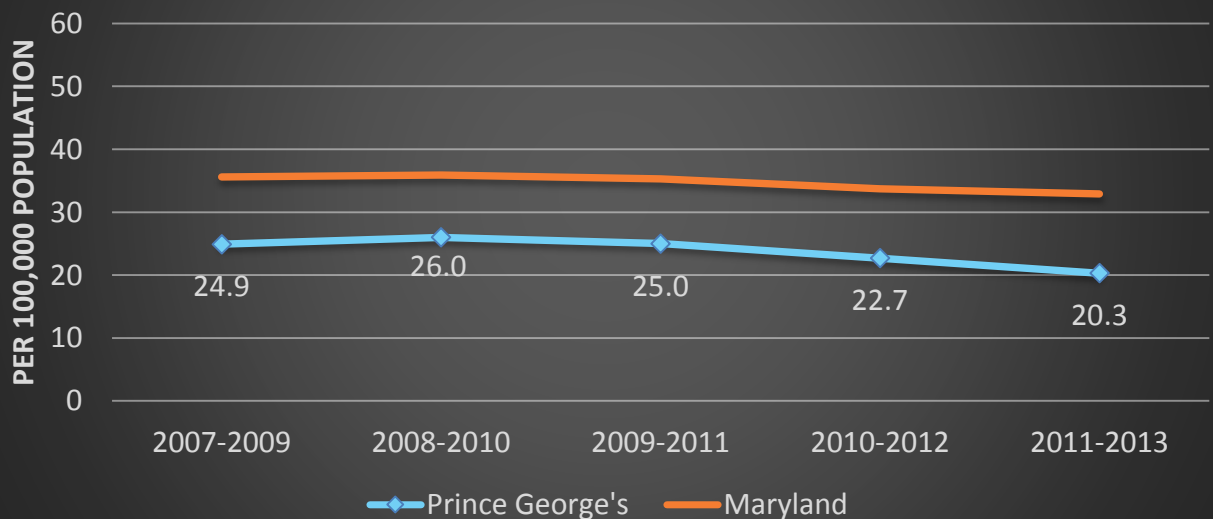
Chronic Disease: Mortality

Age-Adjusted Mortality Rates, 2007-2013

Diabetes



Chronic Lower Respiratory Disease (CLRD)

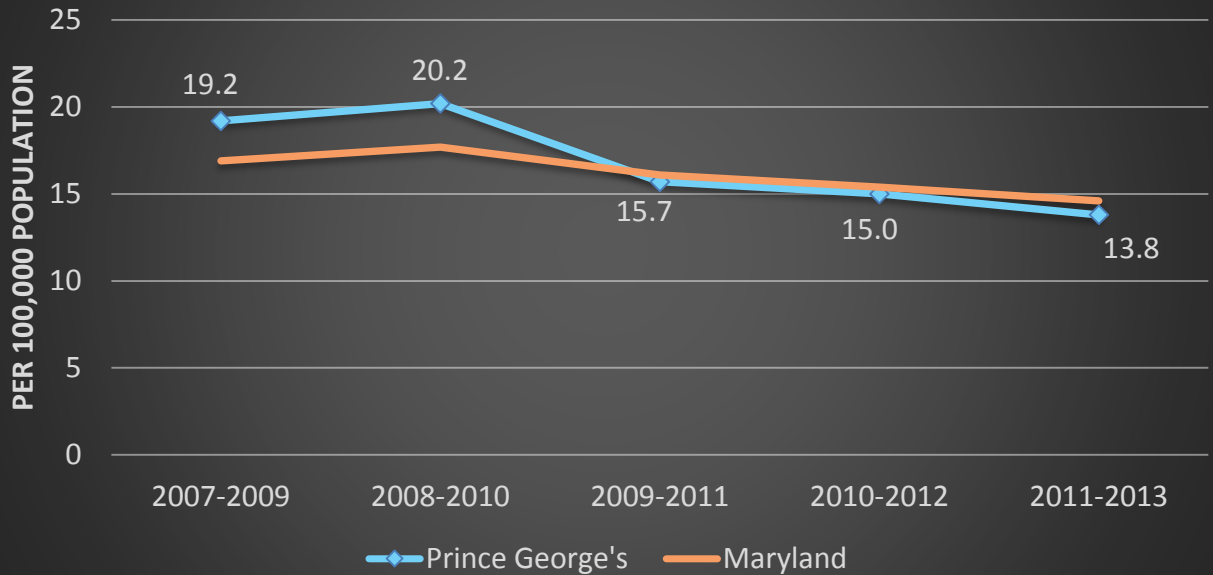




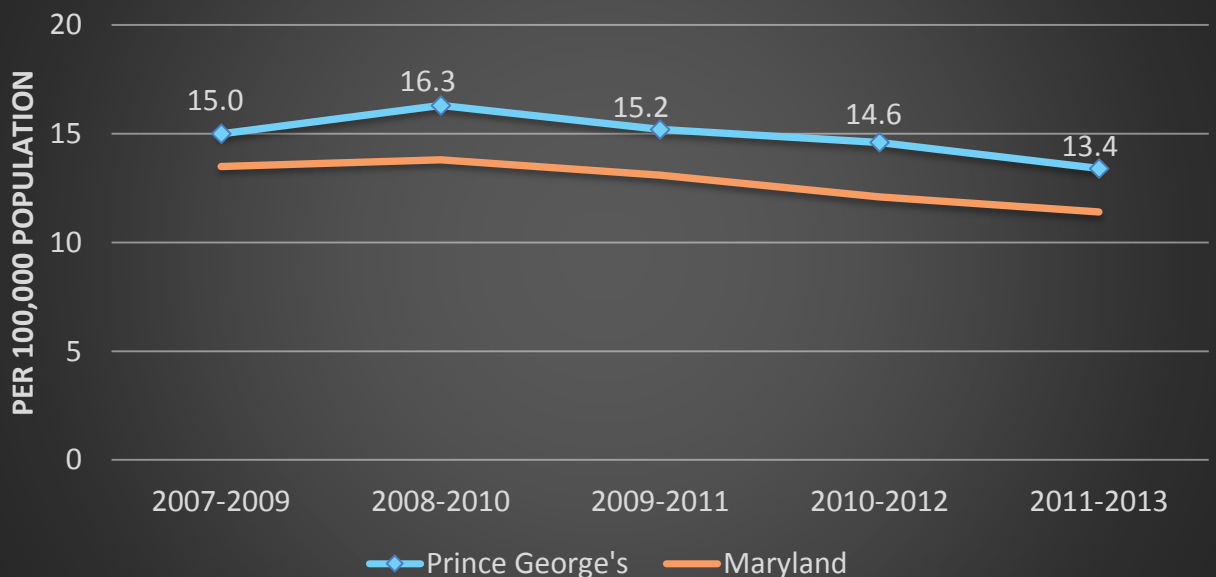
Chronic Disease: Mortality

Age-Adjusted Mortality Rates, 2007-2013

Alzheimer's Disease



Nephritis (Kidney Disease)





Chronic Disease: Cancer

Cancer Incidence, 2011

Cancer Type	County Case Count	Prince George's Rates*	Maryland Rates*
All Types	3,235	390.0	440.7
Males	1,676	475.5	489.9
Females	1,559	333.1	407.3
Whites	869	368.0	444.1
Blacks	2,184	393.4	437.7
Asian/Pacific Islander	90	253.1	260.6
Hispanic (any race)	137	264.5	284.3
Lung and Bronchus	341	44.2	56.8
Males	195	58.8	64.1
Females	146	33.7	51.5
Colorectal	299	37.7	37.3
Males	165	49.6	42.6
Females	134	29.4	33.1
Female Breast	549	114.2	126.6
White Females	124	100.2	128.3
Black Females	398	116.0	124.0
Prostate	615	161.7	131.7
White Males	108	95.8	110.2
Black Males	470	190.5	191.4

* Age-adjusted per 100,000 population



Chronic Disease: Cancer

Cancer Mortality, 2011

Cancer Type	County Deaths	Prince George's Rates*	Maryland Rates*
All Types	1,226	163.3	165.7
Males	607	197.7	199.4
Females	619	143.9	143.3
Whites	377	161.7	161.3
Blacks	816	165.7	190.0
Asian/Pacific Islander	22	64.9	82.7
Lung and Bronchus	266	35.5	43.7
Males	137	42.8	52.3
Females	129	30.5	37.4
Colorectal	123	16.6	14.3
Males	59	18.9	17.4
Females	64	15.3	12.1
Female Breast	133	29.2	22.4
White Females	29	22.6	19.9
Black Females	101	31.9	29.5
Prostate	66	28.1	20.2
White Males	19	**	17.0
Black Males	47	36.1	36.6

* Age-adjusted per 100,000 population

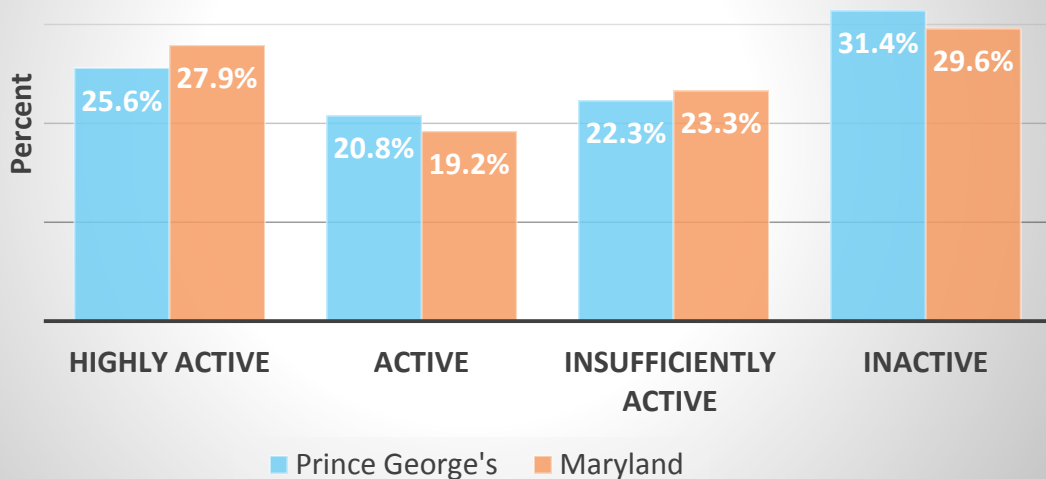
** Suppressed due to small numbers per DHMH policy



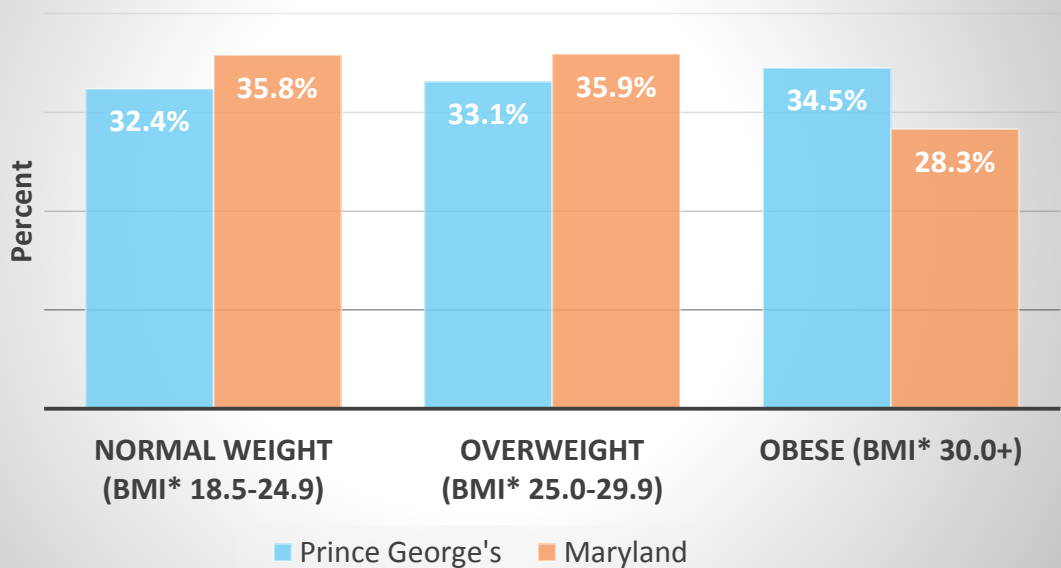
Chronic Disease: Indicators

Physical Activity and Obesity, 2013

Percent of Adults by Physical Activity Level, 2013



Percent of Adults by Weight, 2013



* Body Mass Index (BMI) is calculated from a person's weight and height.

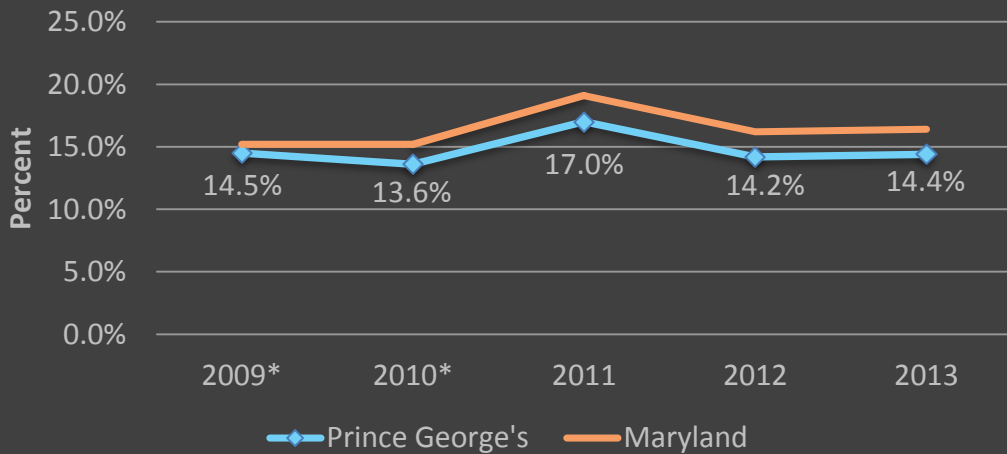


Chronic Disease: Indicators

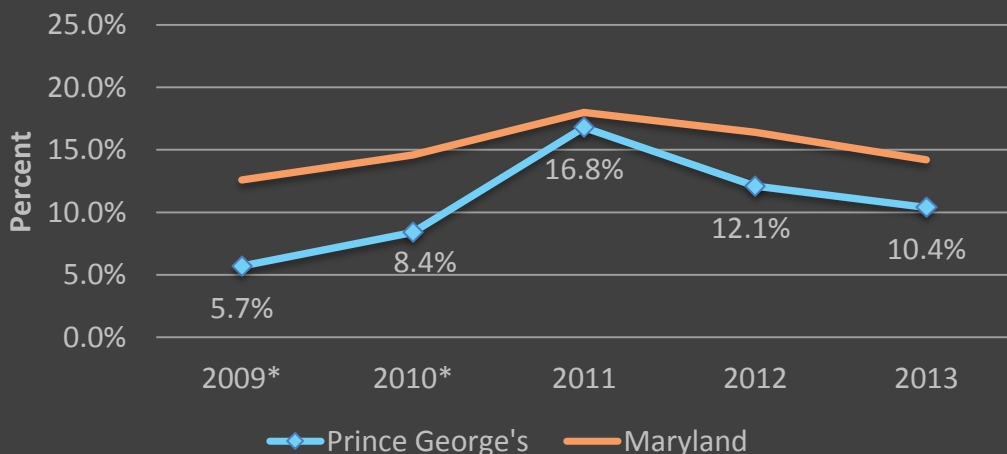
Smoking and Binge Drinking, 2009-2013

Tobacco use and alcohol consumption are known contributors to chronic disease, disability, and even death. Smoking causes not only lung disease, but also heart disease which is the leading cause of death in the county. Binge drinking increases the risk of heart disease and breast cancer for women.

Percent of Current Adult Smokers



Percent of Adult Binge Drinkers**



* Due to survey revisions starting in 2011, previous years may not be comparable.

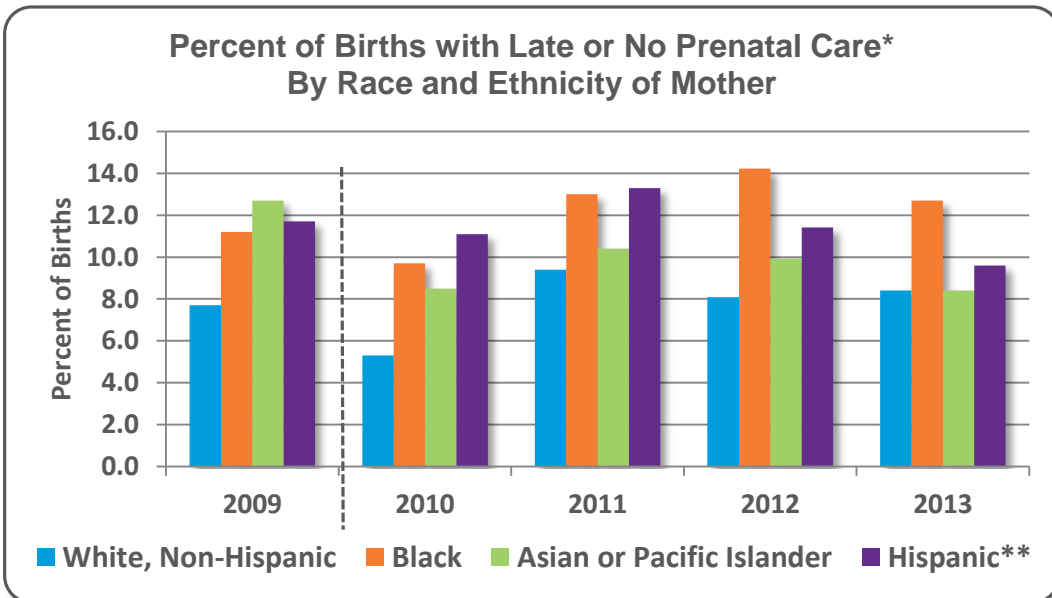
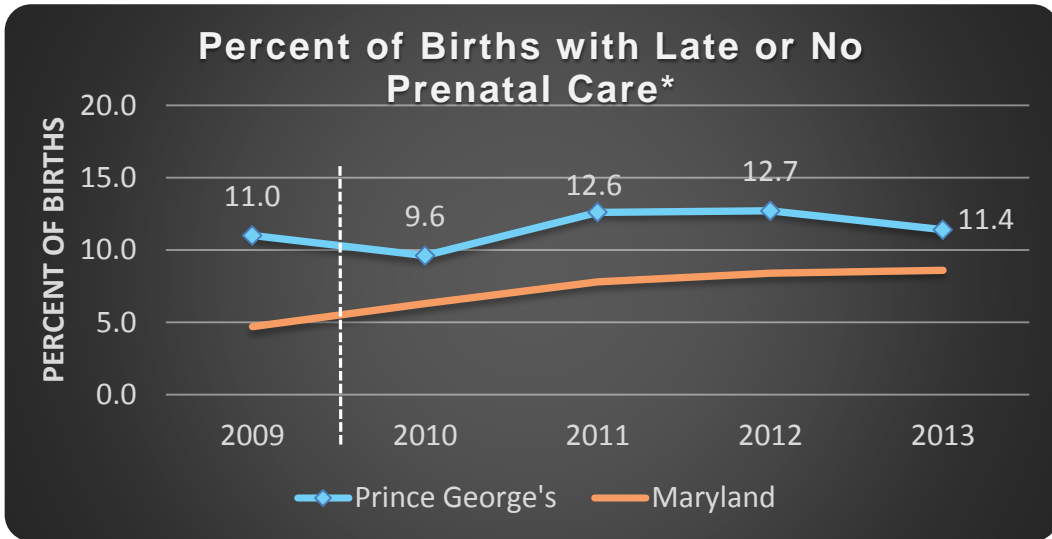
** Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion.



Maternal and Infant Health

Late or No Prenatal Care, Prince George's County, 2009-2013

Prenatal care improves the health and birth outcomes for both mothers and babies. It is recommended to start prenatal care within the first trimester to identify and treat issues early in the pregnancy. The county continues to have a higher percent of women with late or no prenatal care compared to the state.



* Due to revisions to Maryland birth certificates, prenatal care data collected after 2009 are not comparable to previous years.

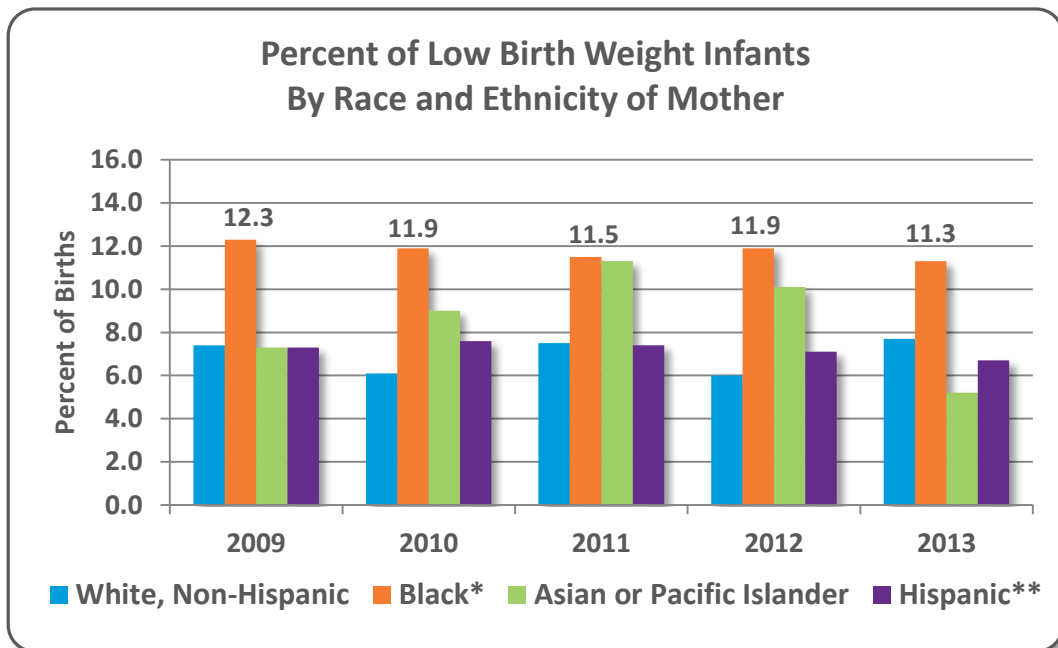
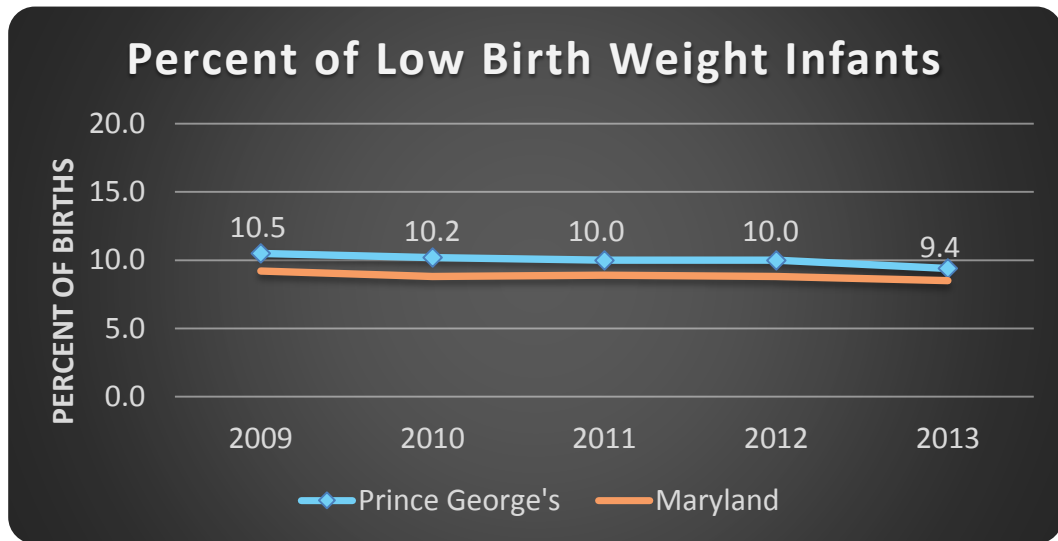
** Includes all births to mothers of Hispanic origin of any race.



Maternal and Infant Health: Teen Births

Low Birth Weight, Prince George's County, 2009-2013

Low birth weight infants (<2,500 grams or approximately 5.5 pounds) are at an increased risk for complications and even death. The percent of infants with low birth weights has declined, but significant disparities still exist in the county with Black infants consistently having the highest percentage of low birth weights.



* Starting in 2010 this group was changed to Black, Non-Hispanic.

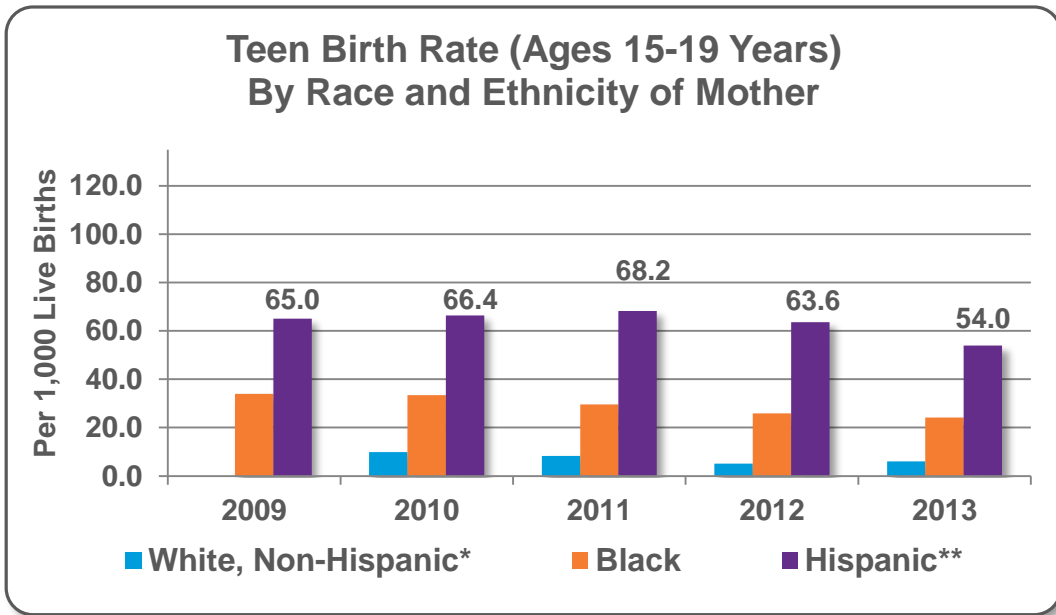
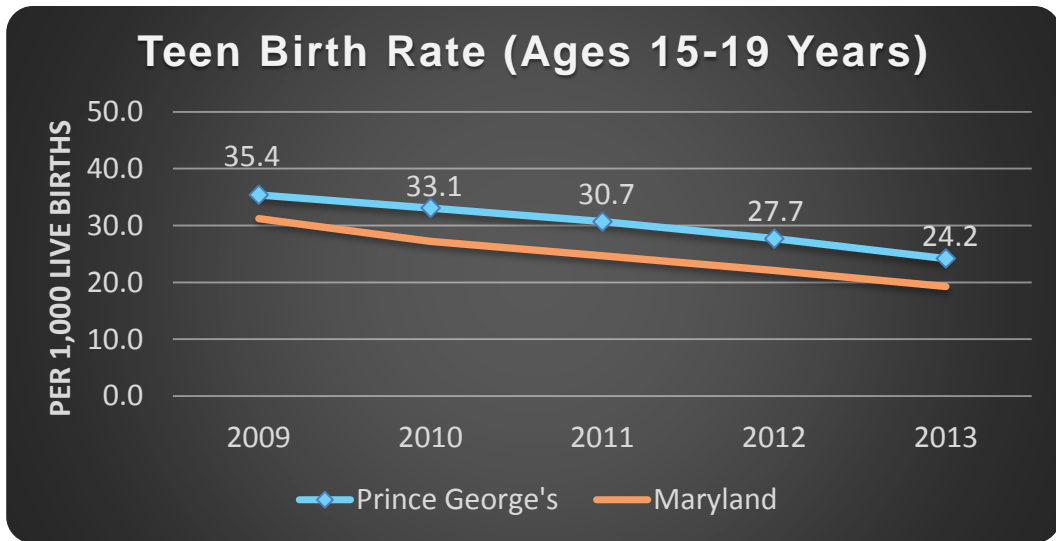
** Includes all births to mothers of Hispanic origin of any race.



Maternal and Infant Health: Teen Births

Births to Women Ages 15-19 Years, Prince George's County, 2009-2013

Teen pregnancies and births have a substantial impact on both the parents and child. Half of teen mothers do not receive a high school diploma by 22 years of age, and the children of teenage mothers are more likely to drop out of high school, have more health problems, and become a teenage parent themselves. In the county, Hispanic teens consistently have the highest teen birth rate.



* Data prior to 2010 is unavailable.

** Includes all births to mothers of Hispanic origin of any race.



Maternal and Infant Health: Teen Births

Infant Mortality, Prince George's County, 2011-2013

In 2003, the infant mortality rate for the county was 12.2, the second highest in the state. While this has improved over the last decade to 7.8 in 2013, the county still has a higher infant mortality rate than the state and also lags behind the national Healthy People 2020 goal of 6.0 deaths per 1,000 live births. The infant mortality rate differs within the county by race and Hispanic origin.

	2011	2012	2013
Race/Ethnicity, Number of Deaths			
Total Deaths	115	103	92
White, non-Hispanic	17	4	6
Black, non-Hispanic	79	69	61
Hispanic (any race)	16	26	21
Infant Mortality Rate: All Races per 1,000 Live Births			
Prince George's	9.5	8.6	7.8
Maryland	6.7	6.3	6.6
Infant Mortality Rate: White, non-Hispanic per 1,000 Live Births			
Prince George's	14.1	*	5.1
Maryland	4.3	3.8	4.6
Infant Mortality Rate: Black, non-Hispanic per 1,000 Live Births			
Prince George's	10.7	9.6	8.7
Maryland	12.2	10.4	10.6
Infant Mortality Rate: Hispanic (any race) per 1,000 Live Births			
Prince George's	5.4	8.8	6.9
Maryland	3.0	5.5	4.7

* Rates based on <5 deaths are not presented since they are subject to instability.



Infectious Diseases

Select Reportable Diseases, Prince George's County, 2011-2013

	2011	2012	2013	5-Year Mean
Campylobacteriosis	38	32	39	32
H. influenzae, invasive	11	14	10	10
Hepatitis A, acute	6	7	3	6
Legionellosis	15	14	30	18
Measles	0	0	0	0
Meningitis, viral	66	43	28	68
Meningitis, meningococcal	1	0	0	1
Pertussis	10	34	18	15
Salmonellosis	103	86	70	87
Shiga toxin producing E. coli	4	5	6	7
Shigellosis	21	36	22	26
Strep Group B	84	53	55	64
Strep pneumoniae, invasive	60	44	36	48
Tuberculosis	47	50	43	50
Outbreaks: Gastrointestinal	5	17	7	8
Outbreaks: Respiratory	6	2	1	5
Animal Bites	681	781	752	703
Animal Rabies	15	21	17	20



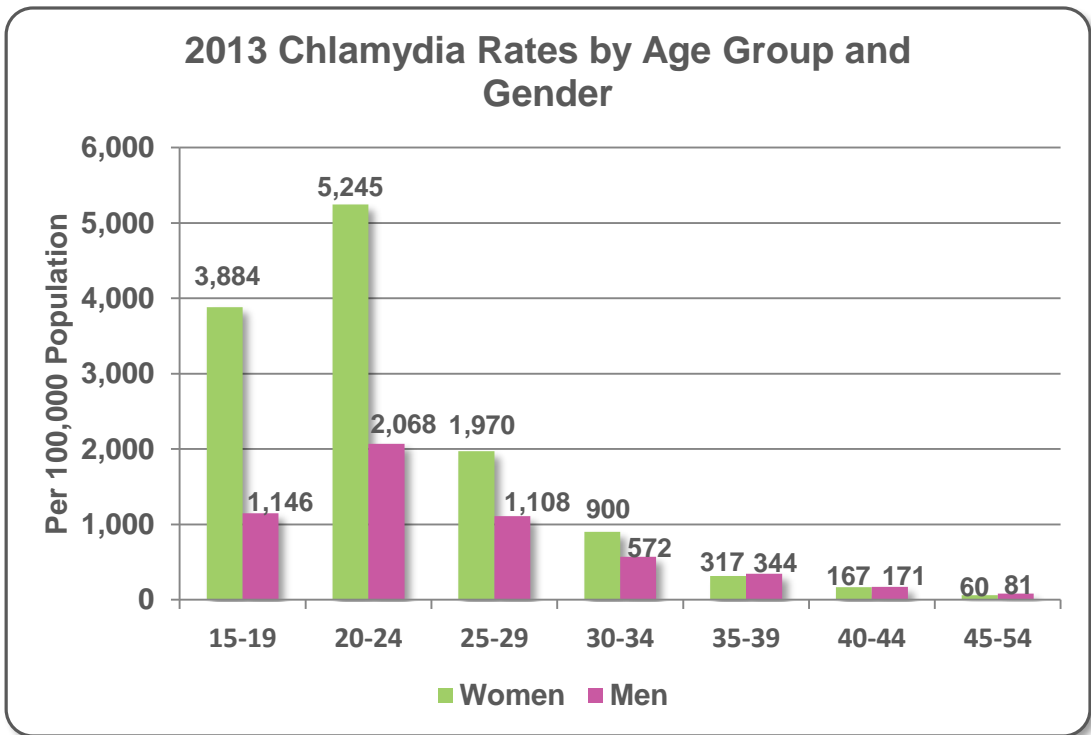
Infectious Diseases

Sexually Transmitted Infections, Prince George's County, 2011-2013

Prince George's County has the second highest number of sexually transmitted infections (STI) in the state, just behind Baltimore City. STIs can lead to serious consequences, including sterility. Many people do not realize how common STIs are. In 2013, for ages 20 to 24 years, approximately 1 out of every 19 women and 1 out of every 48 men were diagnosed with chlamydia in the county. In 2013, the county was home to 27% of all diagnosed Syphilis* cases in the state, and 25% of all Gonorrhea cases.

	2011	2012	2013	5-Year Mean
Chlamydia	6,086	6,037	6,163	5,879
Gonorrhea	1,607	1,465	1,482	1,542
Syphilis*	98	83	122	91

* Includes both Primary and Secondary Syphilis



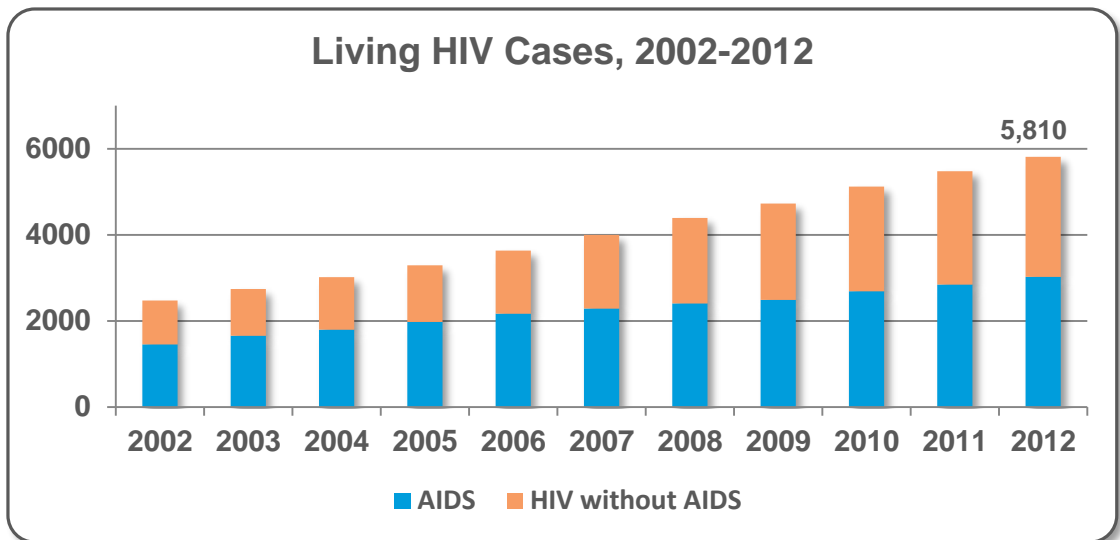
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH
<http://phpa.dhmm.maryland.gov/SitePages/disease-conditions-count-rates.aspx>
<http://phpa.dhmm.maryland.gov/OIDPCS/CSTIP>



Infectious Diseases: HIV

Human Immunodeficiency Virus (HIV), Prince George's County, 2002-2012

Between 2002 to 2012, the number of county residents living with HIV increased by 135%. In 2012, 86% of newly diagnosed cases were Black, and almost one-third were between the ages of 20-29 years. Within the county, some areas are more affected by HIV: for example, ZIP code 20743 has the highest number and rate of living HIV cases, with one out of every 62 residents living with HIV.



Leading HIV Rates within the County by ZIP Code, 2012

ZIP Code	Total Living HIV Cases	Rate per 100,000
20743	518	1,590.2
20785	408	1,409.2
20712	98	1,284.9
20722	60	1,253.4
20746	290	1,198.9
20747	384	1,143.2
20912	33	1,140.4
20748	381	1,132.8
20745	270	1,115.5
20784	250	1,038.2

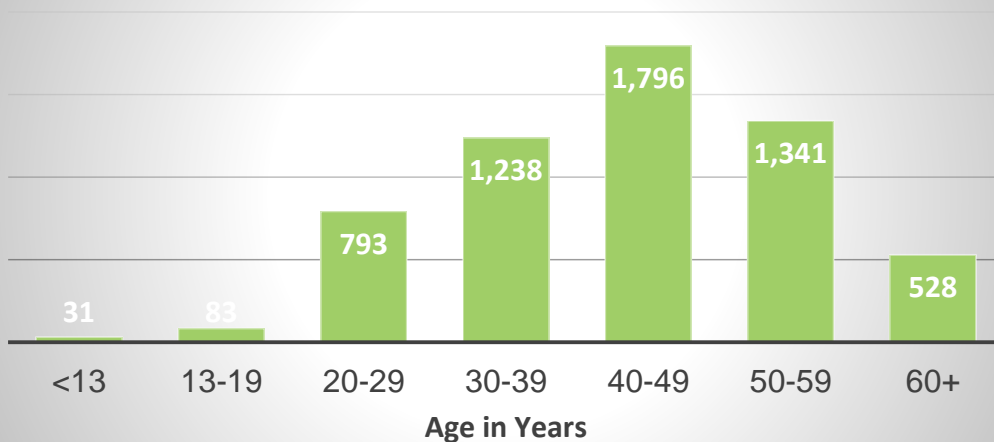


Infectious Diseases: HIV

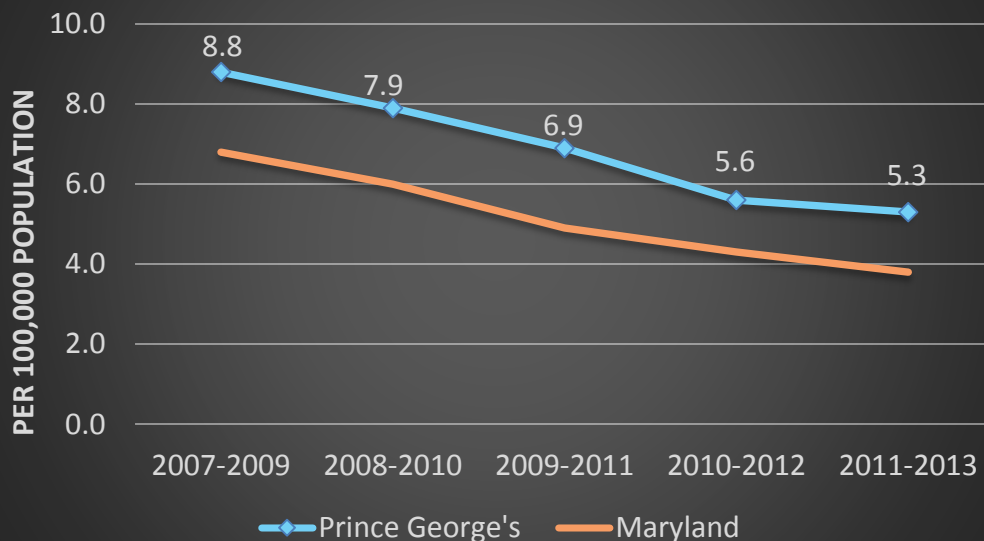
HIV Living Cases and Mortality Rate, Prince George's County

Although most new HIV cases are diagnosed in their twenties and thirties, 63% of total living HIV cases are age 40 and over. In 2013, there were 44 HIV-related deaths in the county; although the HIV mortality rate has improved, the county lags behind the state.

Total Living HIV Cases by Current Age, 2012



HIV Age-Adjusted Mortality Rate



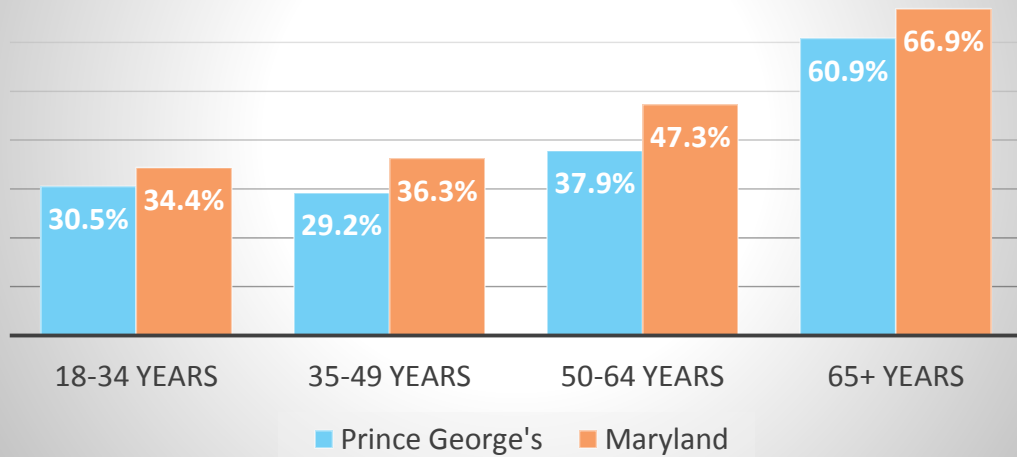
Data Source: Prince George's County Annual HIV Epidemiological Profile, 2012, DHMH <http://phpa.dhmm.maryland.gov/OIDEOR/CHSE/SitePages/statistics.aspx>; Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH, Table 50 <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>



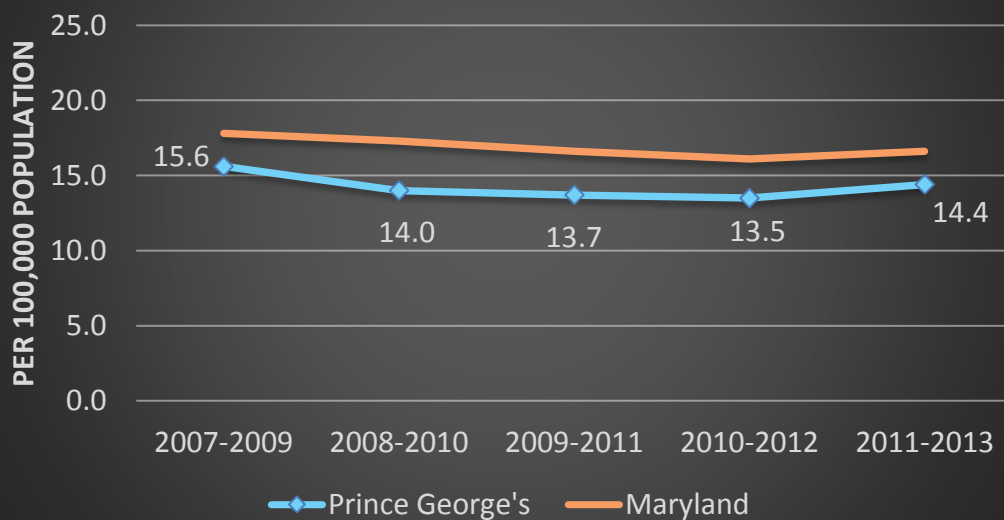
Infectious Diseases: Flu

Flu Vaccinations and Mortality Rate

Flu Vaccination within the Past Year by Age Group, 2013



Flu & Pneumonia Age-Adjusted Mortality Rate

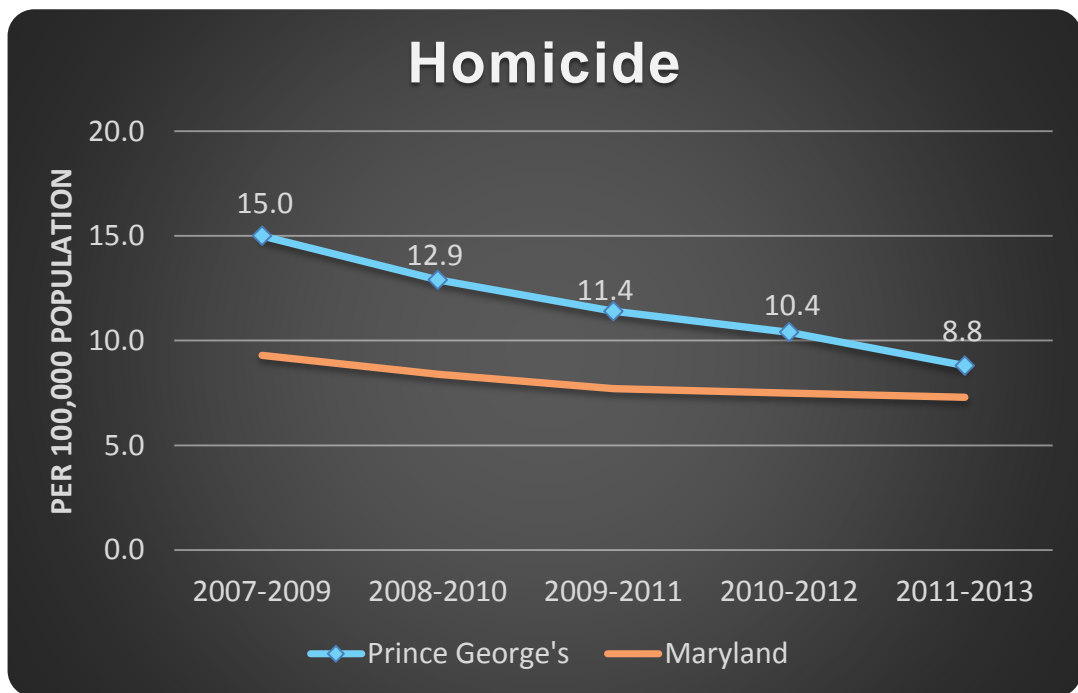
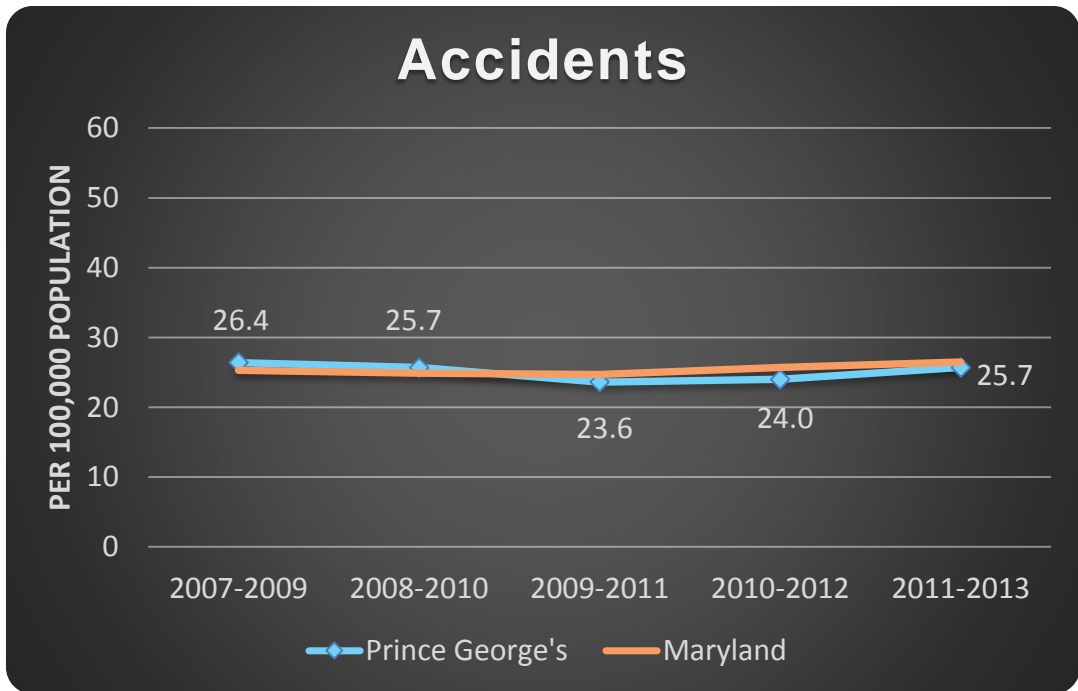


Data Source: Maryland BRFS, DHMH, www.marylandbrfss.org; Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH, Table 50, <http://dnhm.maryland.gov/vsa/SitePages/reports.aspx>



Physical Safety: Mortality

Age-Adjusted Mortality Rates, 2007-2013



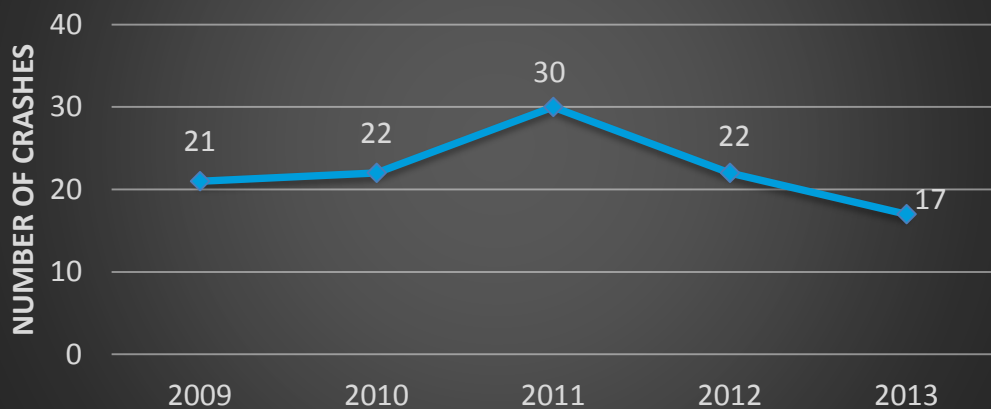


Physical Safety: Motor Vehicles

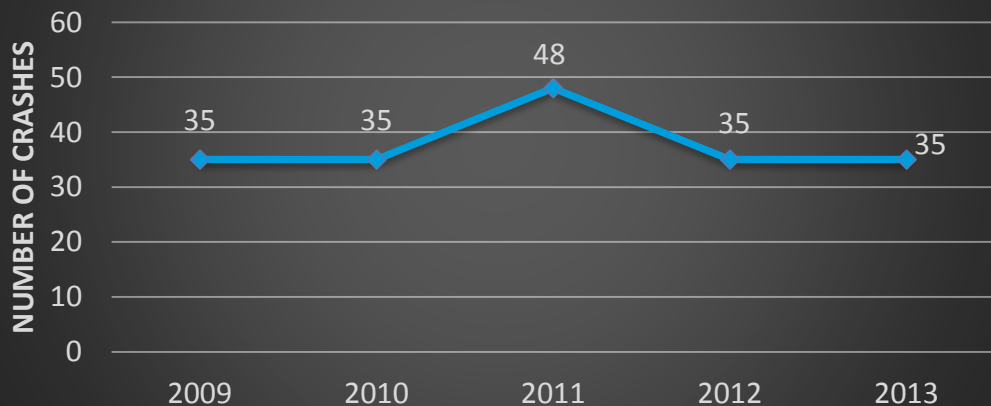
Fatal Motor Vehicle (MV) Crashes, Prince George's County, 2009-2013

In 2013, more county residents died from motor vehicle accidents (95 deaths) than in any other Maryland county. The county also leads in the number of fatal crashes due to distracted driving, driver involved alcohol or drug use, and driver speed, and has the second highest number of fatal crashes involving pedestrians on foot.

Fatal MV Crashes Involving Pedestrians on Foot



Fatal MV Crashes Involving Distracted Driving



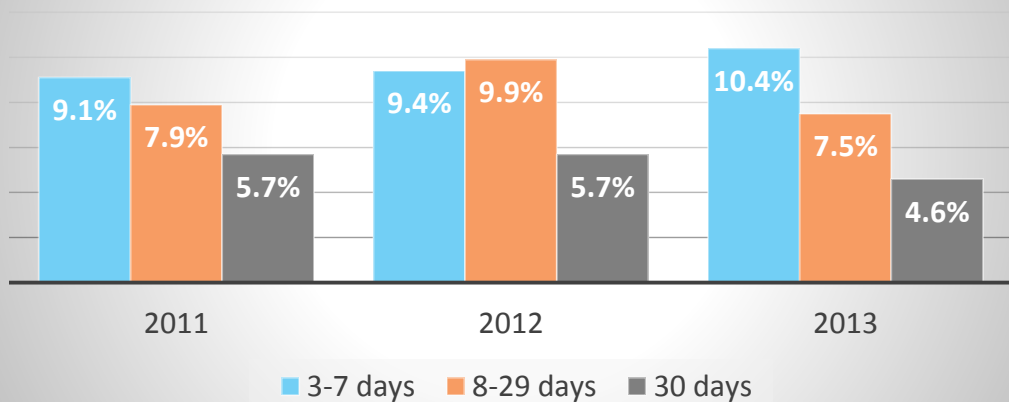


Social Safety: Mental Health

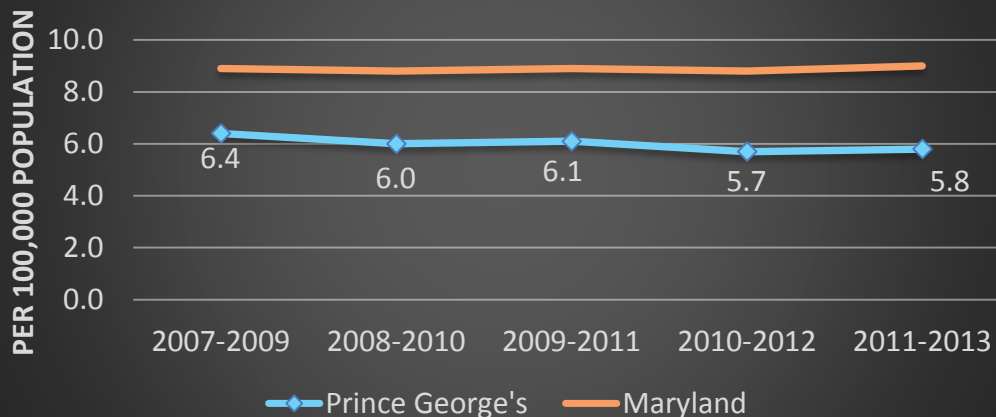
Poor Mental Health and Suicide, Prince George's County

It may be surprising to learn that many county residents struggle with mental health issues: in 2013, over 12% of adults reported at least eight poor mental health days within the past thirty days. In 2013, 53 residents lost their lives due to suicide. In 2014, the Health Department began a behavioral health work group with community partners to ensure more coordinated care for county residents. In 2015 this group is conducting an assessment of community mental health services.

Number of Days with Poor Mental Health in Past 30 Days, 2011-2013

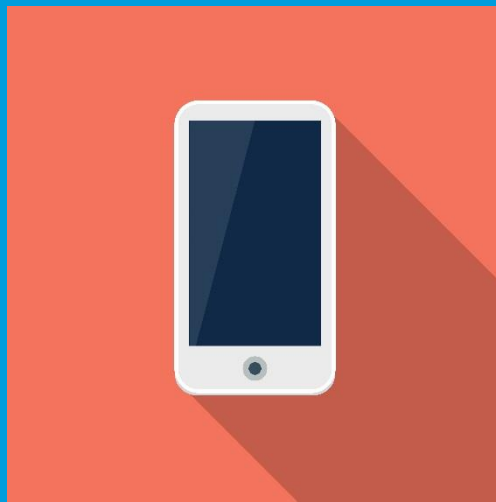


Suicide Age-Adjusted Mortality Rate, 2007-2013



Data Source: Maryland BRFSS, DHMH, www.marylandbrfss.org; Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH, Table 50, <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

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