

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT

2016

HEALTH REPORT



PAMELA B. CREEKMUR
HEALTH OFFICER

OFFICE
OF ASSESSMENT
AND PLANNING



Rushern L. Baker, III
County Executive

**HEALTH
DEPARTMENT**
Prince George's County

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INTRODUCTION FROM THE COUNTY EXECUTIVE

Dear Friends:

I am honored to present the Prince George's County 2016 Annual Health Report. This report demonstrates the progress that has been made in improving the health status of the County in many areas. Good health is a critical component for the success of our diverse and growing County. Improving health outcomes takes a tremendous collaborative effort, and these advances speak to the work of many community partners and organizations. For the first time in history, the Health Department led a joint Community Health Needs Assessment with all five County hospitals.



Through this collaboration, this group conducted surveys and interviews and facilitated a prioritization session with key community partners and healthcare providers. This assessment serves as a means to identify the most prevalent health concerns within our county and to prioritize health improvement strategies. The collaborative partnerships between our Health Department and service providers within our community have proven to be invaluable and will be the key to achieving optimal health status for our residents. I commend the efforts of the Health Department and am confident that Prince George's County will become one of the healthiest places to live, work and invest.

Sincerely,

A handwritten signature in black ink, which appears to read "Rushern L. Baker, III". The signature is fluid and cursive.

Rushern L. Baker, III
County Executive

INTRODUCTION FROM THE HEALTH OFFICER

The 2016 Annual Health Report is provided as a means to update the County's residents on the state of our community's health. In our ongoing effort to monitor and improve the health status of the county, we routinely use data to measure disparities and make informed decisions.

The Prince George's County Health Department is committed to protecting the public's health; assuring available and accessible quality health services; and preventing disease, injury, and disability.



Many of the issues addressed in this report are supplemented with historic data in order to analyze trends and identify where improvements can be made. This information is also provided to support our community partners who play a vital role in the improvement of the county's health outcomes.

We hope you will find the 2016 Annual Health Report helpful, as it illustrates where we have been and where we are headed. We are proud to be a part of the collaborative effort to assist our residents in achieving and maintaining the healthiest lives possible.

Sincerely,

A handwritten signature in cursive script that reads "Pamela B. Creekmur".

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 – 2012-2016

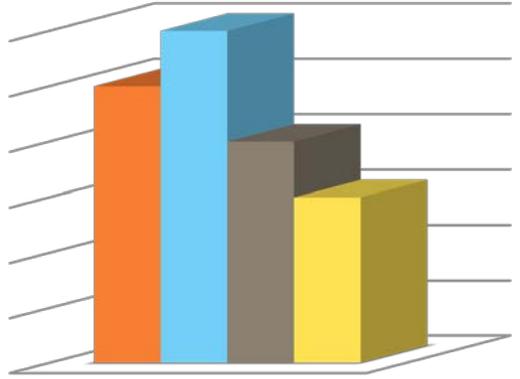
In 2012, the Prince George's County Health Department launched a Health Improvement Plan as a blueprint for addressing the county's most pressing health concerns. The plan includes six priority areas. This report provides local data to assist planning efforts to address these critical needs as well as 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

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. In addition to the following data, previous Annual Health Reports as well as special reports can be found on the [Health Department's website](http://health.mypgc.us) at: health.mypgc.us



PGCHEALTHZONE HEALTH DATA WEBSITE

The Health Department maintains a data website, the [PGC Health Zone](http://www.pgchealthzone.org), 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 2014

| 2014 Estimates | Prince George's | Maryland | United States |
|---------------------------------|-----------------|-----------|---------------|
| Population | | | |
| Total Population | 904,430 | 5,976,407 | 318,857,056 |
| Female | 468,539 | 3,080,374 | 161,966,955 |
| Male | 435,891 | 2,896,033 | 156,890,101 |
| Race and Hispanic Origin | | | |
| Black, non-Hispanic | 561,215 | 1,744,971 | 39,267,149 |
| Hispanic | 152,561 | 556,179 | 55,279,452 |
| White, non-Hispanic | 127,383 | 3,133,653 | 197,409,353 |
| Asian, non-Hispanic | 39,434 | 367,948 | 16,513,652 |
| Other, non-Hispanic | 23,837 | 173,656 | 10,387,450 |
| Age | | | |
| Under 5 Years Old | 60,024 | 367,283 | 19,773,010 |
| Under 18 Years Old | 205,080 | 1,351,175 | 73,577,423 |
| 18 Years and Over | 699,350 | 4,625,232 | 245,279,633 |
| 65 Years and Over | 102,118 | 822,171 | 46,214,893 |
| Median Age (years) | 36.1 | 38.3 | 37.7 |
| Income and Poverty | | | |
| Median Household Income | \$72,290 | \$73,971 | \$53,657 |
| Individuals Below Poverty Level | 10.2% | 10.1% | 15.5% |
| Families Below Poverty Level | 7.0% | 7.1% | 11.3% |

BIRTHS

Prince George's County, 2012-2014

| | 2012 | 2013 | 2014 |
|---------------------------------|---------------|---------------|---------------|
| Total Births | 11,931 | 11,865 | 12,288 |
| Race/Ethnicity of Mother | | | |
| White, non-Hispanic | 1,175 | 1,184 | 1,225 |
| Black, non-Hispanic | 7,186 | 7,052 | 7,211 |
| Asian or Pacific Islander | 584 | 537 | 562 |
| Hispanic (any race) | 2,969 | 3,026 | 3,241 |
| Age of Mother in Years | | | |
| <18 | 273 | 212 | 183 |
| 18-19 | 603 | 525 | 455 |
| 20-24 | 2,492 | 2,398 | 2,403 |
| 25-29 | 3,213 | 3,302 | 3,329 |
| 30-34 | 3,140 | 3,131 | 3,419 |
| 35-39 | 1,732 | 1,760 | 1,962 |
| 40-44 | 442 | 484 | 478 |
| 45 and over | 35 | 51 | 58 |

Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, Department of Health and Mental Hygiene (DHMH), Table 9A, 11A
<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

MORTALITY

Prince George's County, 2012-2014

| | 2012 | 2013 | 2014 |
|---------------------------|--------------|--------------|--------------|
| Total Deaths | 5,327 | 5,591 | 5,667 |
| Race/Ethnicity | | | |
| White, non-Hispanic | 1,607 | 1,703 | 1,666 |
| Black, non-Hispanic | 3,357 | 3,494 | 3,622 |
| Asian or Pacific Islander | 119 | 139 | 142 |
| Hispanic (any race) | 224 | 225 | 208 |
| Age Group | | | |
| <1 year | 115 | 97 | 89 |
| 1-4 years | 10 | 20 | 19 |
| 5-14 years | <10 | 18 | 21 |
| 15-24 years | 93 | 73 | 85 |
| 25-44 years | 355 | 345 | 357 |
| 45-64 years | 1,371 | 1,387 | 1,393 |
| 65-84 years | 2,193 | 2,374 | 2,455 |
| 85 years and over | 1,179 | 1,276 | 1,248 |

Data Source: CDC NCHS Division of Vital Statistics, CDC WONDER Online Database
<http://wonder.cdc.gov/nativity-current.html>

ACCESS TO CARE: HEALTH INSURANCE

Health Insurance Coverage, 2012-2014

Lack of health insurance is a major barrier to accessing care for disease prevention and management. In 2014, the implementation of the Affordable Care Act (ACA) began the increase of health insurance coverage in the county. The number of people without health insurance is expected to continue to decrease as more residents enroll through the ACA.

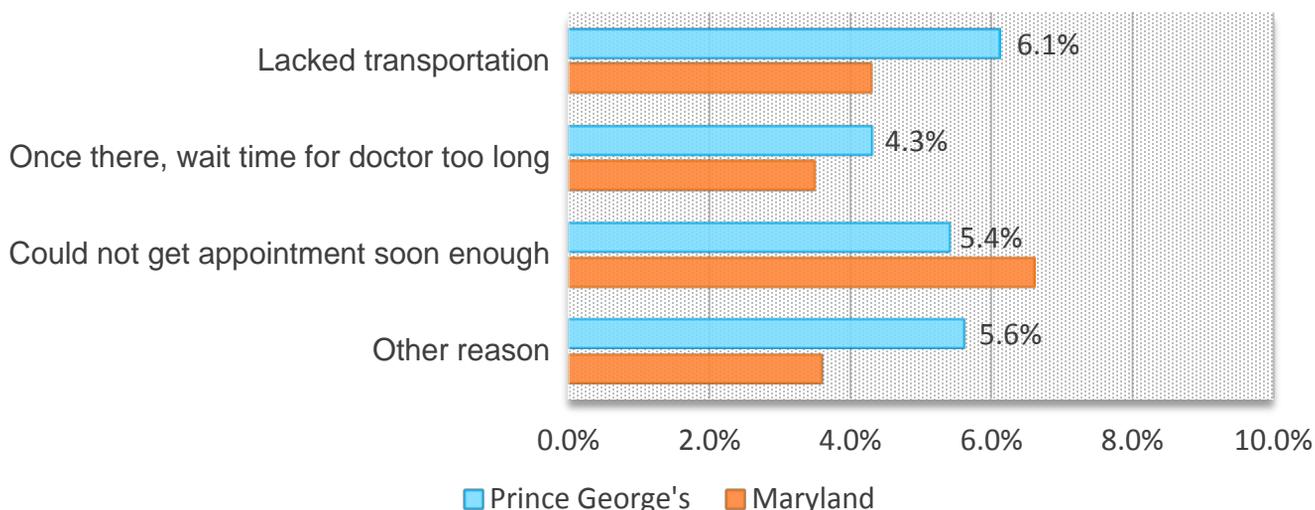
| | 2012 | 2013 | 2014 |
|--|-------|-------|-------|
| All Ages, No Health Insurance | | | |
| Prince George's | 15.6% | 15.5% | 13.0% |
| Maryland | 10.3% | 10.2% | 7.9% |
| United States | 14.8% | 14.5% | 11.7% |
| Under 18 Years, No Health Insurance | | | |
| Prince George's | 5.3% | 5.0% | 5.4% |
| Maryland | 3.8% | 4.4% | 3.2% |
| United States | 7.2% | 7.1% | 6.0% |
| 18 – 64 Years, No Health Insurance | | | |
| Prince George's | 21.1% | 21.1% | 17.5% |
| Maryland | 14.5% | 14.1% | 11.0% |
| United States | 20.6% | 20.3% | 16.3% |
| 65 Years and Older, No Health Insurance | | | |
| Prince George's | 2.3% | 2.5% | 1.7% |
| Maryland | 1.2% | 1.4% | 1.2% |
| United States | 1.0% | 1.0% | 0.9% |

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 2014, 23.5% of adults indicated they had delayed medical care mainly due to a lack of transportation, lack of timely appointments, and long wait times to see a provider. There are fewer providers in the county compared to Maryland and the National Benchmark; improving provider availability has been a focus for the county, with the release of a Primary Healthcare Strategic Plan in 2015.

Reasons for delayed medical care during the last 12 months, 2014



Resident to Provider Ratios

Population to Primary Care Physicians (PCP) Ratio (2013)

| | |
|--|------------------------|
| Prince George's | 1,860 residents: 1 PCP |
| Maryland | 1,120 residents: 1 PCP |
| National Benchmark (90 th percentile) | 1,040 residents: 1 PCP |

Population to Dentists Ratio (2013)

| | |
|--|----------------------------|
| Prince George's | 1,680 residents: 1 Dentist |
| Maryland | 1,360 residents: 1 Dentist |
| National Benchmark (90 th percentile) | 1,340 residents: 1 Dentist |

Data Source: National Behavioral Risk Factor Surveillance System (BRFSS), CDC, www.cdc.gov/brfss/; 2016 County Health Rankings, www.countyhealthrankings.org/

CHRONIC DISEASE: MORTALITY

Leading Causes of Death, 2014

Heart disease and cancer are responsible for half of all deaths in the county, followed by stroke and diabetes. Many of the leading causes of death and disability in the county are due to chronic disease. Prevention and management of chronic disease can improve the overall health and life expectancy of residents in the county. According to the Centers for Disease Control and Prevention (CDC), chronic disease is responsible for 7 of 10 deaths each year, and 86% of the nation's health care costs are from treating people with chronic disease.

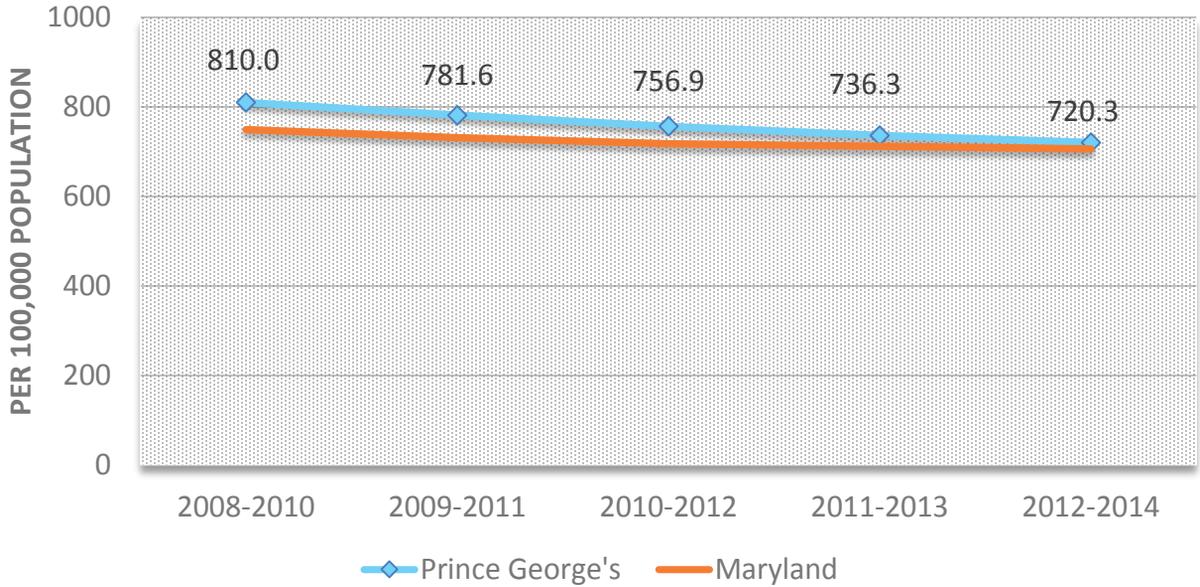
| Cause of Death | Number of Deaths | % of Deaths | Age-Adjusted Death Rate Per 100,000 Population (2012-2014) | |
|-----------------------|------------------|---------------|--|--------------|
| | | | Prince George's | Maryland |
| All Causes | 5,667 | 100.0% | 720.3 | 706.3 |
| Heart Disease | 1,393 | 24.6% | 185.8 | 171.6 |
| Cancer | 1,417 | 25.0% | 166.4 | 163.3 |
| Stroke | 298 | 5.3% | 37.8 | 36.9 |
| Diabetes | 245 | 4.3% | 29.4 | 19.4 |
| Accidents | 209 | 3.7% | 26.5 | 27.4 |
| CLRD* | 149 | 2.6% | 21.0 | 31.4 |
| Septicemia | 140 | 2.5% | 16.1 | 15.1 |
| Influenza & Pneumonia | 111 | 2.0% | 15.0 | 16.2 |
| Alzheimer's Disease | 84 | 1.5% | 14.5 | 14.5 |
| Nephritis | 103 | 1.8% | 13.8 | 11.4 |
| Hypertension | 65 | 1.1% | 9.0 | 7.1 |
| Homicide | 66 | 1.2% | 7.8 | 7.0 |

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

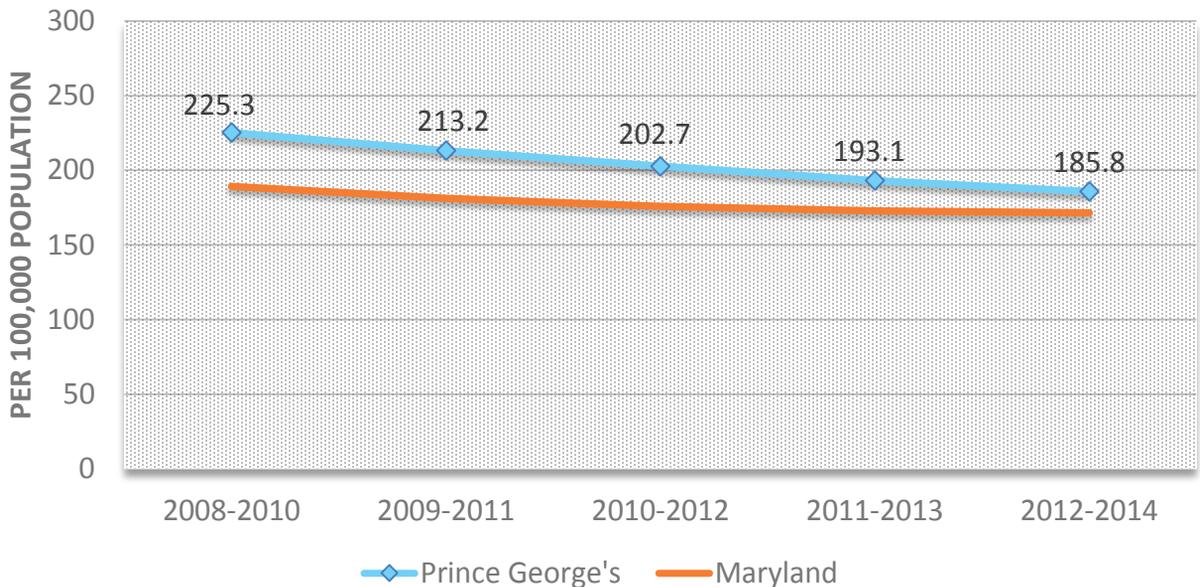
CHRONIC DISEASE: MORTALITY

Age-Adjusted Mortality Rates, 2008-2014

All Causes of Death



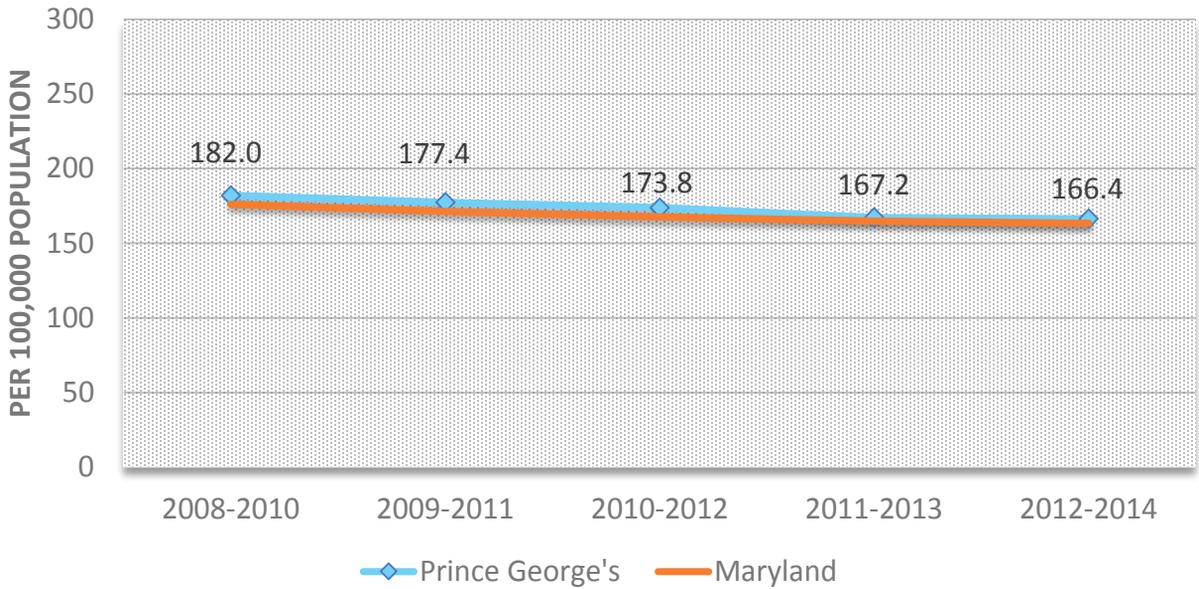
Heart Disease



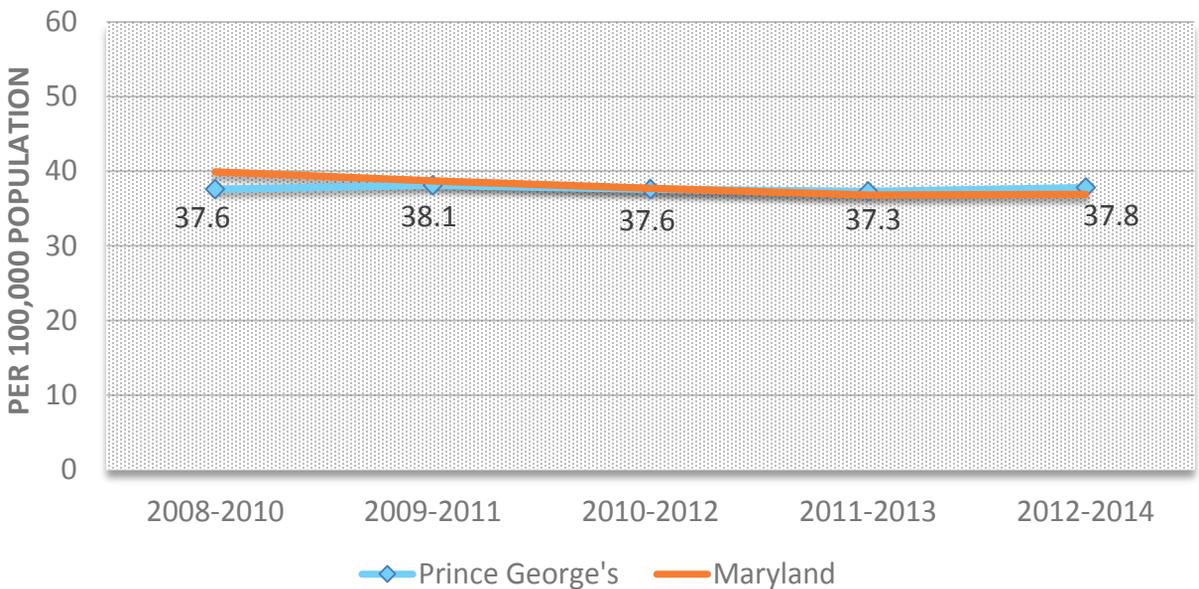
CHRONIC DISEASE: MORTALITY

Age-Adjusted Mortality Rates, 2008-2014

Cancer



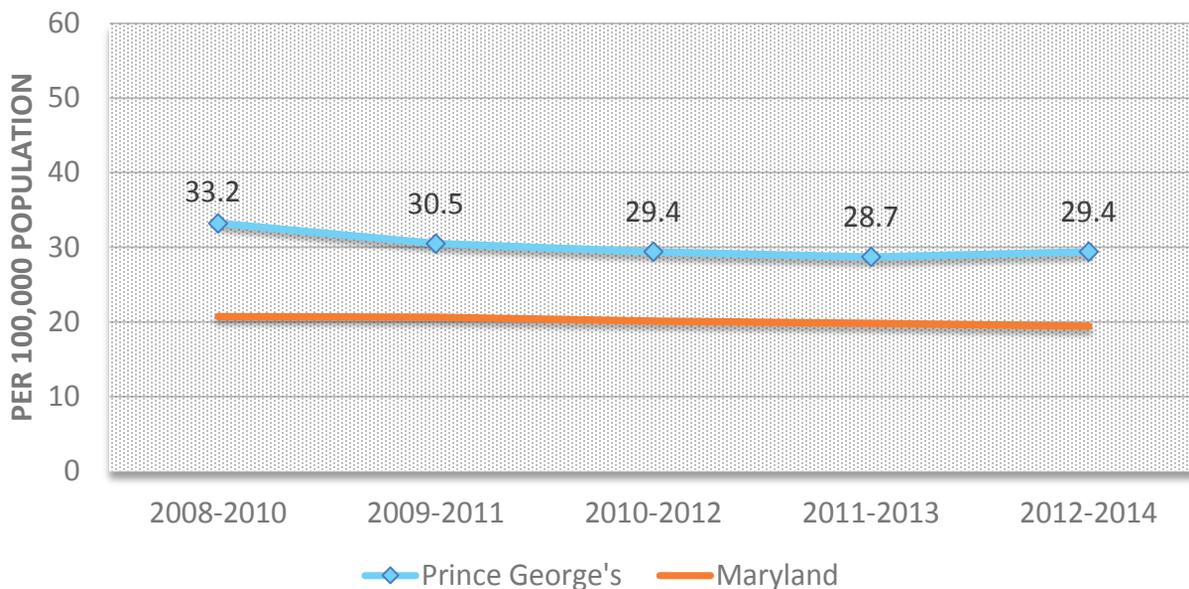
Stroke



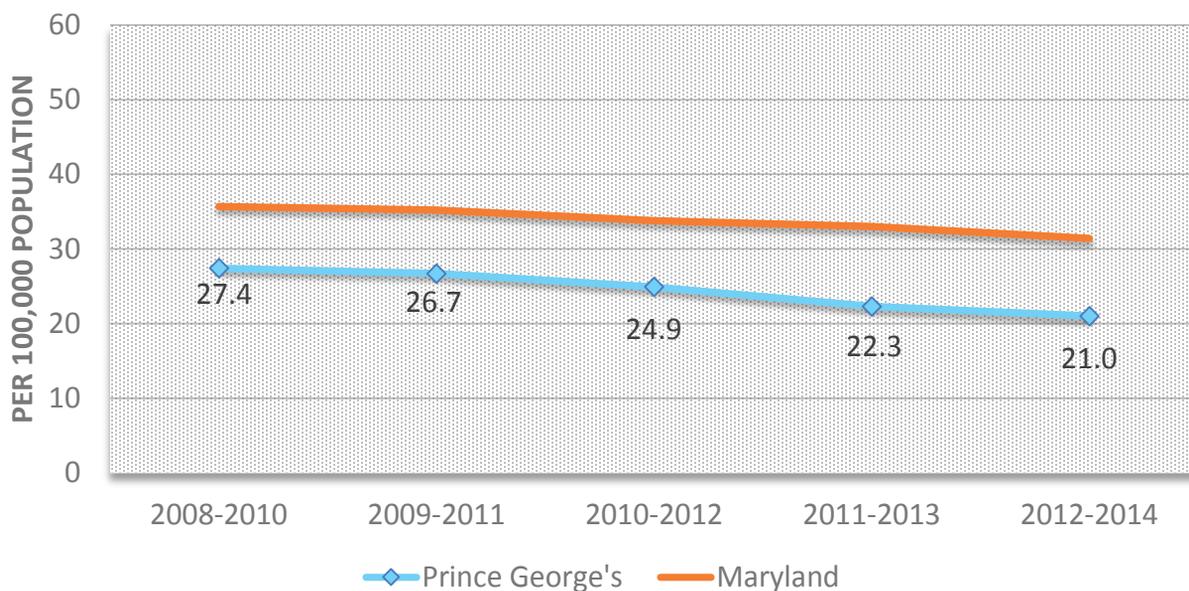
CHRONIC DISEASE: MORTALITY

Age-Adjusted Mortality Rates, 2008-2014

Diabetes



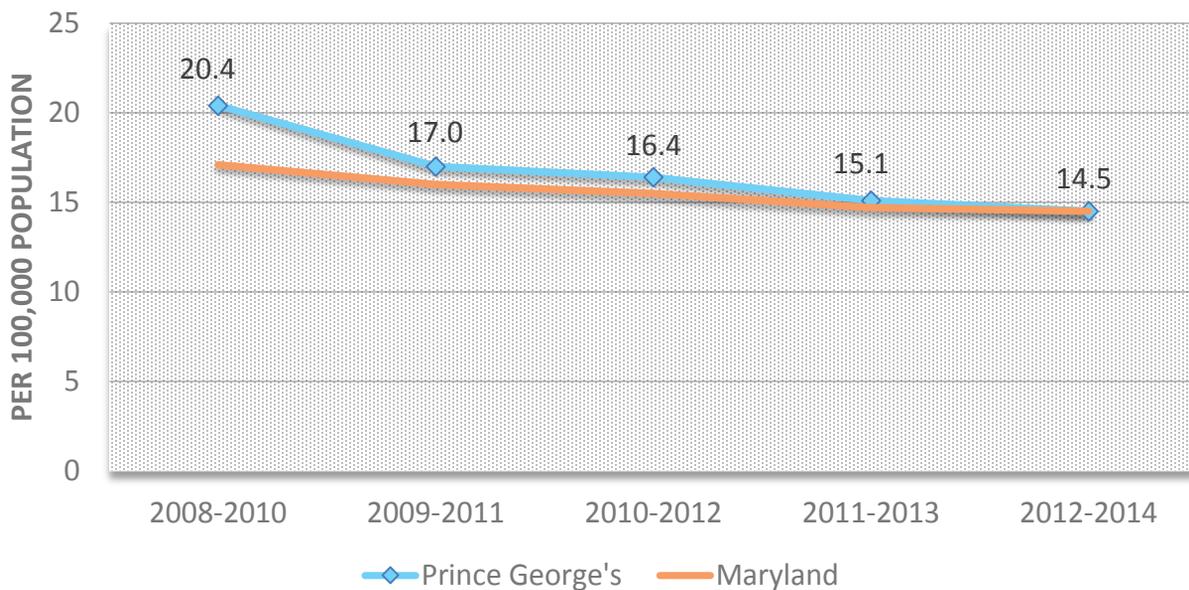
Chronic Lower Respiratory Disease



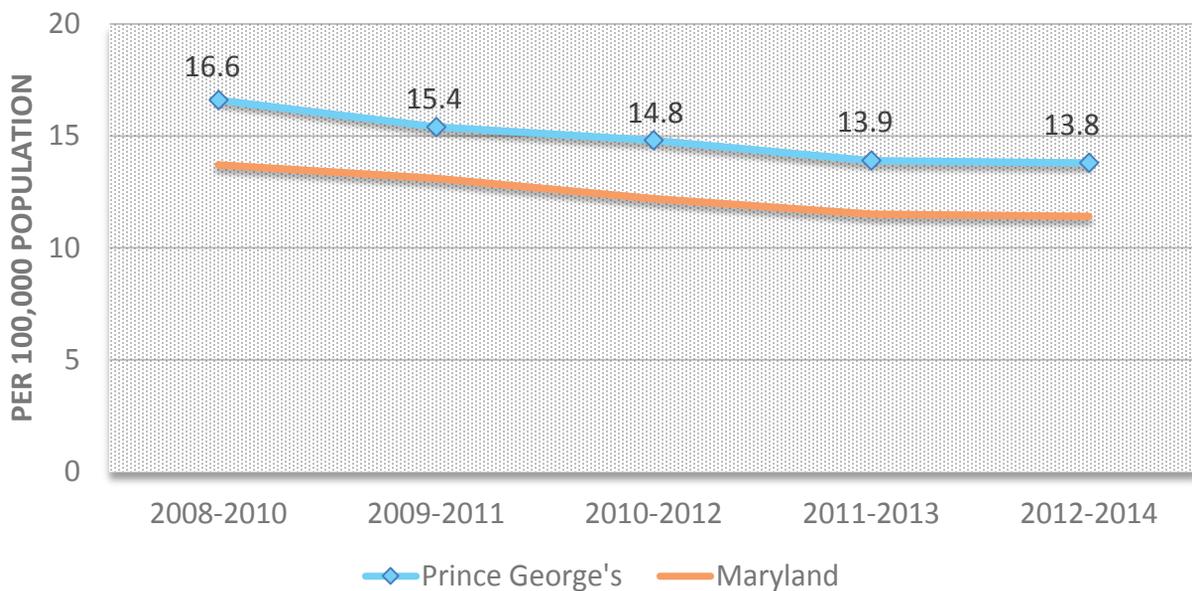
CHRONIC DISEASE: MORTALITY

Age-Adjusted Mortality Rates, 2007-2013

Alzheimer's Disease



Nephritis (Kidney Disease)



CHRONIC DISEASE: CANCER

Cancer Incidence (New Cases), 2012

| Cancer Type | County Case Count | Prince George's County Rates* | Maryland Rates* |
|--------------------------|-------------------|-------------------------------|-----------------|
| All Types | 3,202 | 376.6 | 432.1 |
| Males | 1,438 | 389.7 | 469.4 |
| Females | 1,752 | 368.6 | 407.2 |
| Whites | 911 | 380.0 | 440.4 |
| Blacks | 2,106 | 369.7 | 425.9 |
| Other | 106 | 229.2 | 248.1 |
| Hispanic (any race) | 148 | 254.0 | 285.8 |
| Lung and Bronchus | 345 | 43.1 | 56.4 |
| Males | 163 | 49.6 | 64.2 |
| Females | 180 | 38.7 | 50.5 |
| Colorectal | 271 | 33.7 | 35.8 |
| Males | 140 | 40.5 | 41.8 |
| Females | 129 | 28.3 | 31.2 |
| Female Breast | 589 | 120.3 | 125.0 |
| White Females | 133 | 107.1 | 126.9 |
| Black Females | 428 | 126.1 | 121.5 |
| Prostate | 484 | 118.5 | 112.0 |
| White Males | 82 | 70.3 | 97.5 |
| Black Males | 381 | 140.4 | 159.7 |

* Age-adjusted per 100,000 population

CHRONIC DISEASE: CANCER

Cancer Mortality, 2012

| Cancer Type | County Deaths | Prince George's County Rates* | Maryland Rates* |
|--------------------------|---------------|-------------------------------|-----------------|
| All Types | 1,313 | 167.9 | 165.7 |
| Males | 651 | 203.8 | 197.3 |
| Females | 662 | 145.3 | 144.4 |
| Whites | 406 | 173.0 | 164.4 |
| Blacks | 875 | 170.3 | 183.0 |
| Other | 32 | 81.2 | 90.9 |
| Lung and Bronchus | 324 | 41.3 | 43.5 |
| Males | 183 | 55.2 | 53.6 |
| Females | 141 | 31.5 | 36.1 |
| Colorectal | 126 | 16.5 | 14.9 |
| Males | 73 | 22.2 | 18.5 |
| Females | 53 | 12.5 | 12.1 |
| Female Breast | 127 | 26.7 | 23.7 |
| White Females | ** | 24.3 | 23.1 |
| Black Females | 90 | 26.7 | 26.5 |
| Prostate | 69 | 25.7 | 20.4 |
| White Males | ** | ** | 17.4 |
| Black Males | 51 | 32.5 | 35.4 |

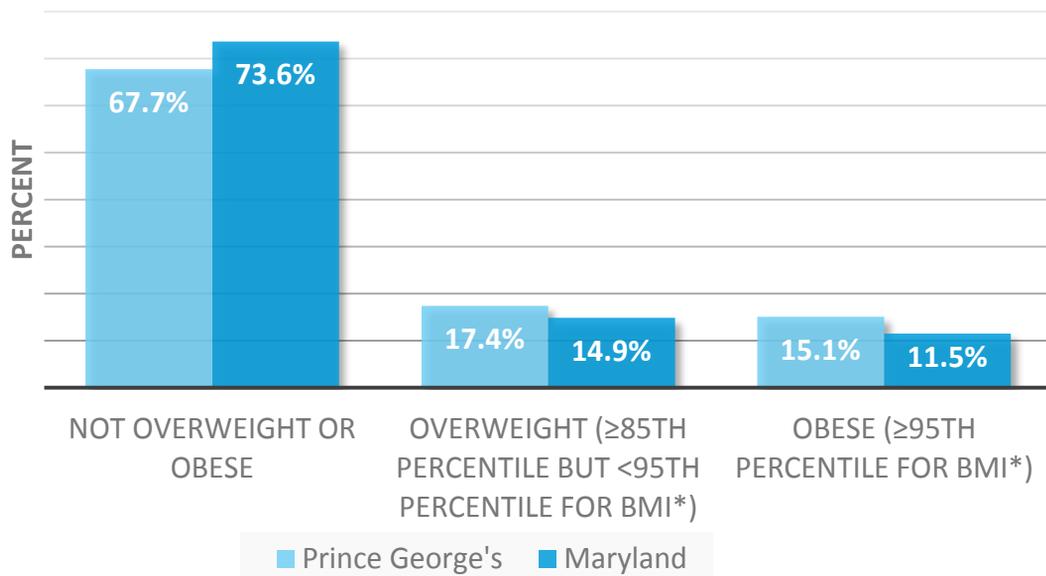
* Age-adjusted per 100,000 population

** Suppressed due to small numbers per DHMH policy

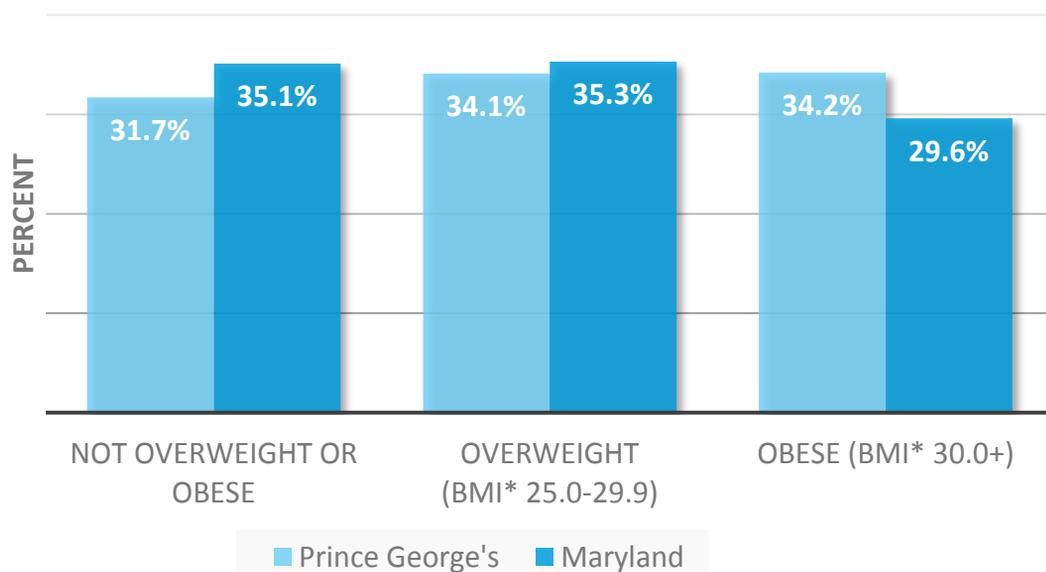
CHRONIC DISEASE: INDICATORS

Physical Activity and Obesity, 2014

Percent of High School Students by Weight, 2014



Percent of Adults by Weight, 2014



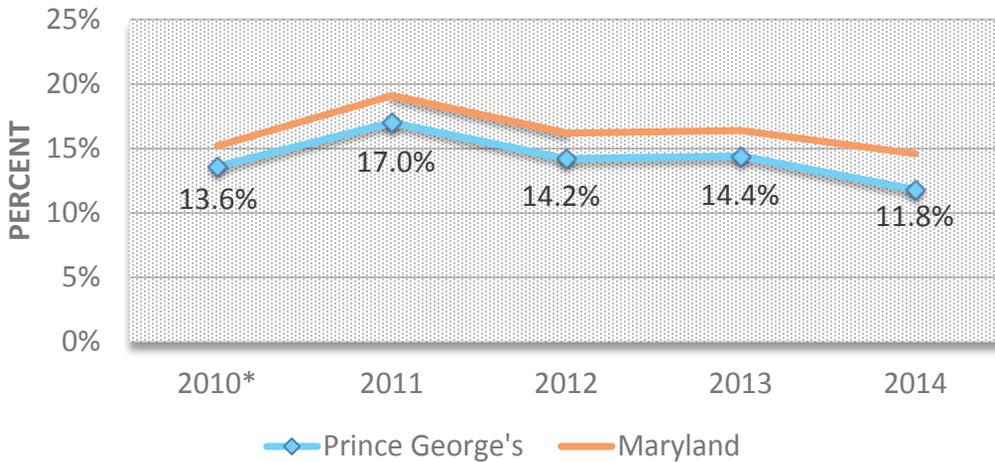
* Body Mass Index (BMI) is calculated from a person's weight and height.

CHRONIC DISEASE: INDICATORS

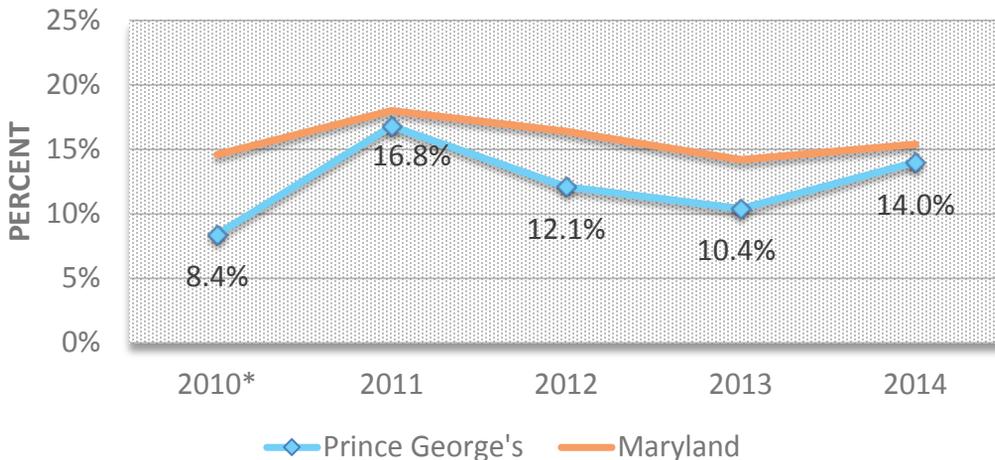
Smoking and Binge Drinking, 2010-2014

Our behaviors can contribute to poor health. Tobacco use and alcohol consumption are known to increase chronic disease, disability, and even death. Smoking causes not only lung disease, but also heart disease which is a 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.

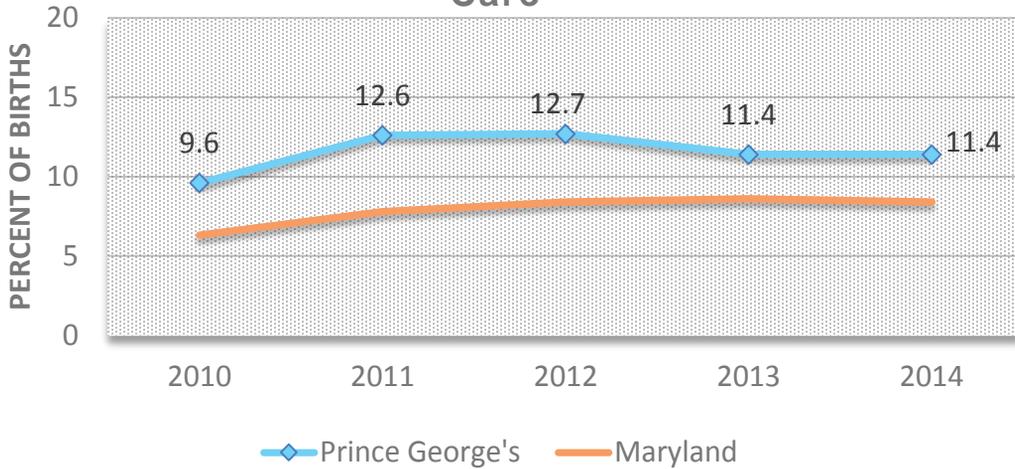
** Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion.

MATERNAL AND INFANT HEALTH

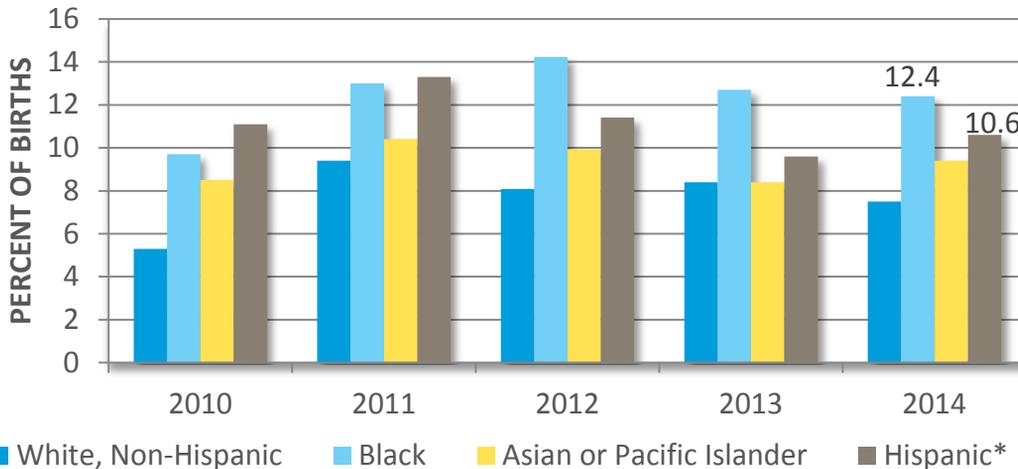
Late or No Prenatal Care, Prince George's County, 2010-2014

It is recommended for prenatal care to begin within the first trimester of pregnancy to identify and treat issues early, and to improve the health and birth outcomes for both mothers and babies. The county continues to have a higher percent of women with late or no prenatal care compared to the state. For the county, more Black and Hispanic women delay prenatal care compared to White and Asian women.

Percent of Births with Late or No Prenatal Care



Percent of Births with Late or No Prenatal Care By Race and Ethnicity of Mother



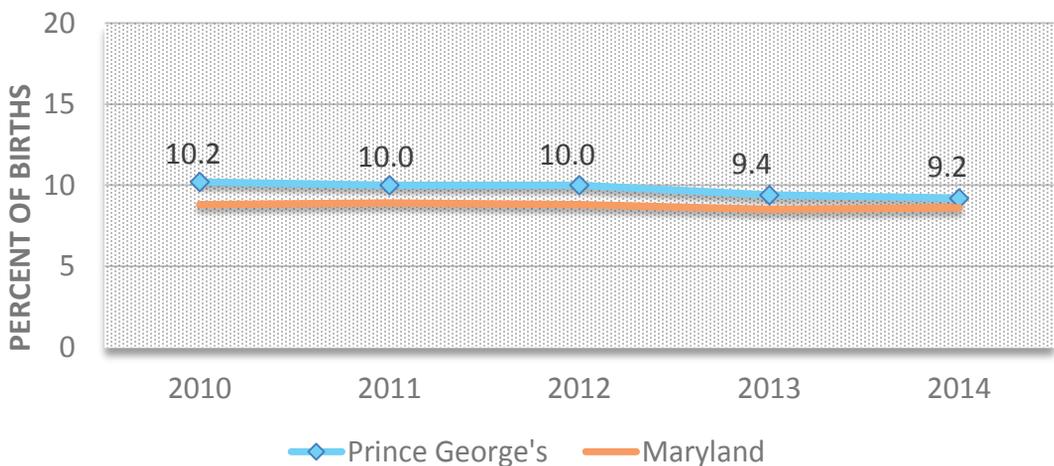
* Includes all births to mothers of Hispanic origin of any race.

MATERNAL AND INFANT HEALTH: TEEN BIRTHS

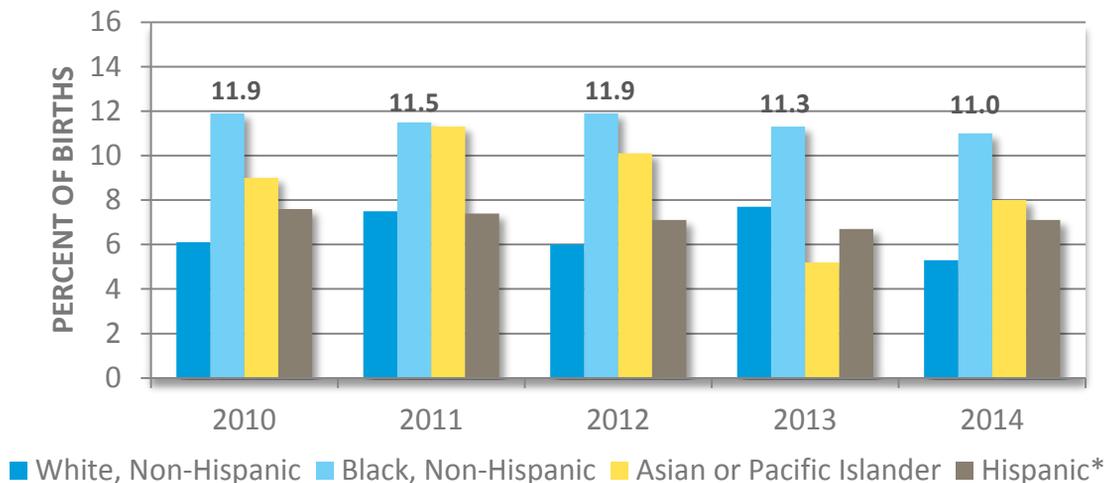
Low Birth Weight, Prince George's County, 2010-2014

Low birth weight infants (<2,500 grams or approximately 5.5 pounds) have 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. In 2014, the percent of Black infants born at a low birth weight (11.0%) was more than double that of White infants (5.3%).

Percent of Low Birth Weight Infants



Percent of Low Birth Weight Infants By Race and Ethnicity of Mother



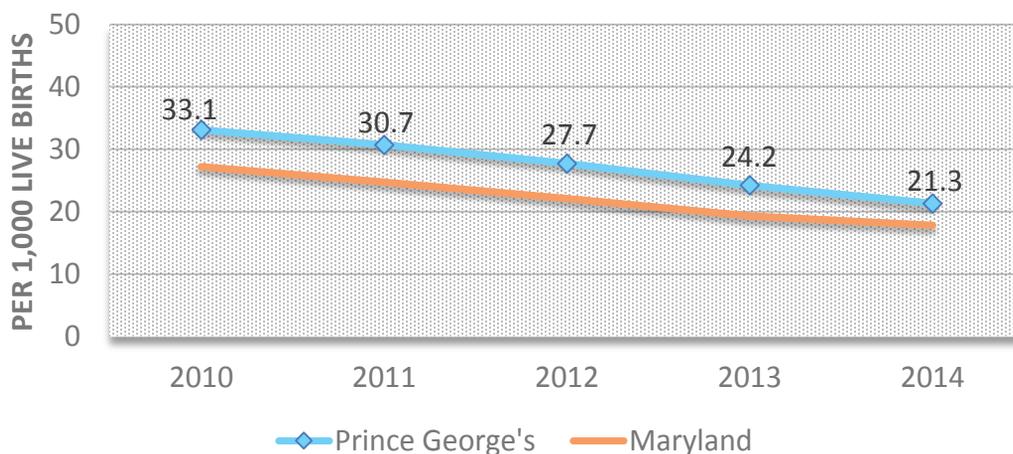
* Includes all births to mothers of Hispanic origin of any race.

MATERNAL AND INFANT HEALTH: TEEN BIRTHS

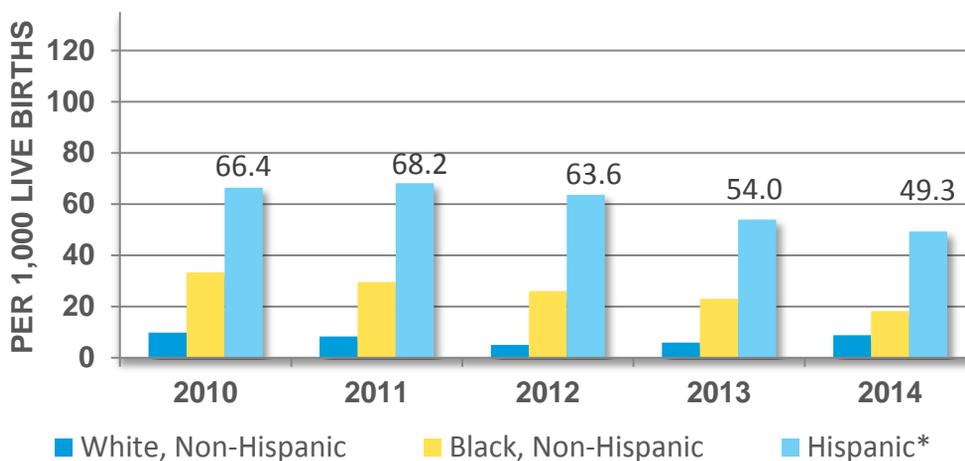
Births to Women Ages 15-19 Years, Prince George's County, 2010-2014

Teen pregnancies and births have a substantial impact on both the parents and child. Teen parents are less likely to finish high school, are more likely to rely on public assistance, and are more likely to have children who have poorer education, behavioral, and health outcomes. The teen birth rate has decreased substantially in the county, but is still higher for Hispanic teens compared to White and Black teens.

Teen Birth Rate (Ages 15-19 Years)



Teen Birth Rate (Ages 15-19 Years) By Race and Ethnicity of Mother



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

MATERNAL AND INFANT HEALTH: TEEN BIRTHS

Infant Mortality, Prince George's County, 2012-2014

While the county infant mortality rate has improved over the last decade to 6.9 in 2014, it is still higher 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 ethnicity; Black infants have a higher infant mortality rate compared to White and Hispanic infants.

| | 2012 | 2013 | 2014 |
|---|------------|-----------|-----------|
| Race/Ethnicity, Number of Deaths | | | |
| Total Deaths | 103 | 92 | 85 |
| White, non-Hispanic | 4 | 6 | 3 |
| Black, non-Hispanic | 69 | 61 | 59 |
| Hispanic (any race) | 26 | 21 | 17 |
| Infant Mortality Rate: All Races per 1,000 Live Births | | | |
| Prince George's | 8.6 | 7.8 | 6.9 |
| Maryland | 6.3 | 6.6 | 6.5 |
| Infant Mortality Rate: White, non-Hispanic per 1,000 Live Births | | | |
| Prince George's | * | 5.1 | * |
| Maryland | 3.8 | 4.6 | 4.4 |
| Infant Mortality Rate: Black, non-Hispanic per 1,000 Live Births | | | |
| Prince George's | 9.6 | 8.7 | 8.2 |
| Maryland | 10.4 | 10.6 | 10.7 |
| Infant Mortality Rate: Hispanic (any race) per 1,000 Live Births | | | |
| Prince George's | 8.8 | 6.9 | 5.2 |
| Maryland | 5.5 | 4.7 | 4.4 |

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

INFECTIOUS DISEASES

Select Reportable Diseases, Prince George's County, 2012-2014

| | 2012 | 2013 | 2014 | 5-Year Mean |
|-------------------------------|------|------|------|-------------|
| Campylobacteriosis | 32 | 39 | 38 | 35 |
| H. influenzae, invasive | 14 | 10 | 12 | 11 |
| Hepatitis A, acute | 7 | 3 | 3 | 5 |
| Legionellosis | 14 | 30 | 18 | 17 |
| Measles | 0 | 0 | 0 | 0 |
| Meningitis, viral | 43 | 28 | 78 | 60 |
| Meningitis, meningococcal | 0 | 0 | 0 | 1 |
| Pertussis | 34 | 18 | 9 | 16 |
| Salmonellosis | 86 | 70 | 82 | 88 |
| Shiga toxin producing E. coli | 5 | 6 | 2 | 6 |
| Shigellosis | 36 | 22 | 59 | 32 |
| Strep Group B | 53 | 55 | 76 | 66 |
| Strep pneumoniae, invasive | 44 | 36 | 47 | 45 |
| Tuberculosis | 50 | 43 | 50 | 47 |
| Outbreaks: Gastrointestinal | 17 | 7 | 7 | 9 |
| Outbreaks: Respiratory | 2 | 1 | 0 | 4 |
| Animal Bites | 781 | 752 | 912 | 746 |
| Animal Rabies | 21 | 17 | 24 | 19 |

INFECTIOUS DISEASES

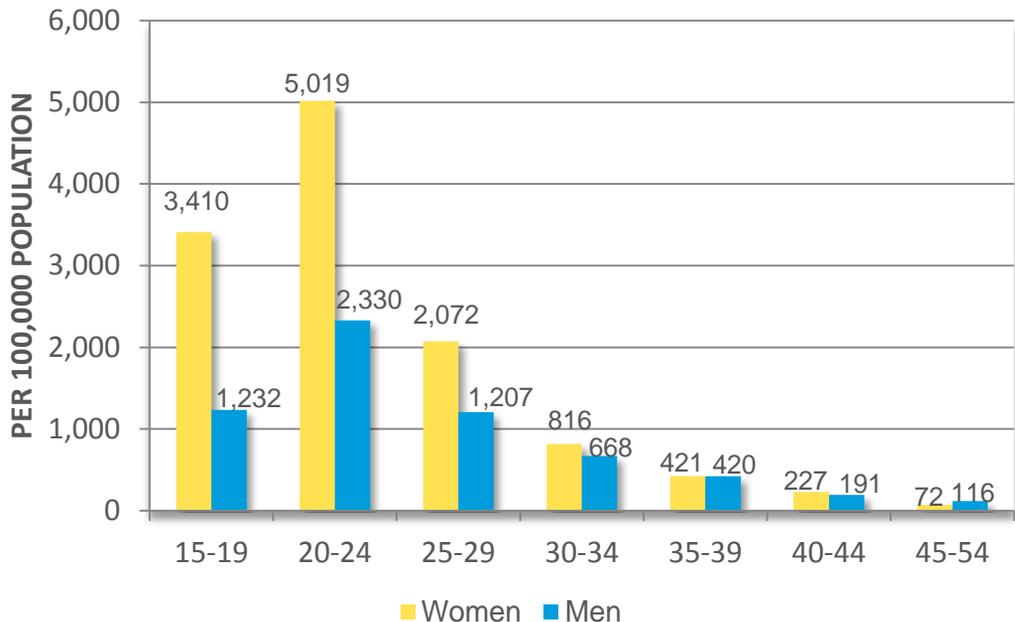
Sexually Transmitted Infections, Prince George's County, 2013-2015

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. Some STIs, such as chlamydia, are more commonly diagnosed in young adults. According to a 2014 survey of Prince George's County high school students, one-third indicated they have ever had sexual intercourse. While most reported using a condom with their last partner, one-third did not leaving them at greater risk for STIs.

| | 2013 | 2014 | 2015 | 5-Year Mean |
|-----------|-------|-------|-------|-------------|
| Chlamydia | 6,163 | 6,130 | 6,153 | 6,114 |
| Gonorrhea | 1,482 | 1,276 | 1,282 | 1,422 |
| Syphilis* | 122 | 111 | 81 | 99 |

* Includes both Primary and Secondary Syphilis

2015 Chlamydia Rates by Age and Gender

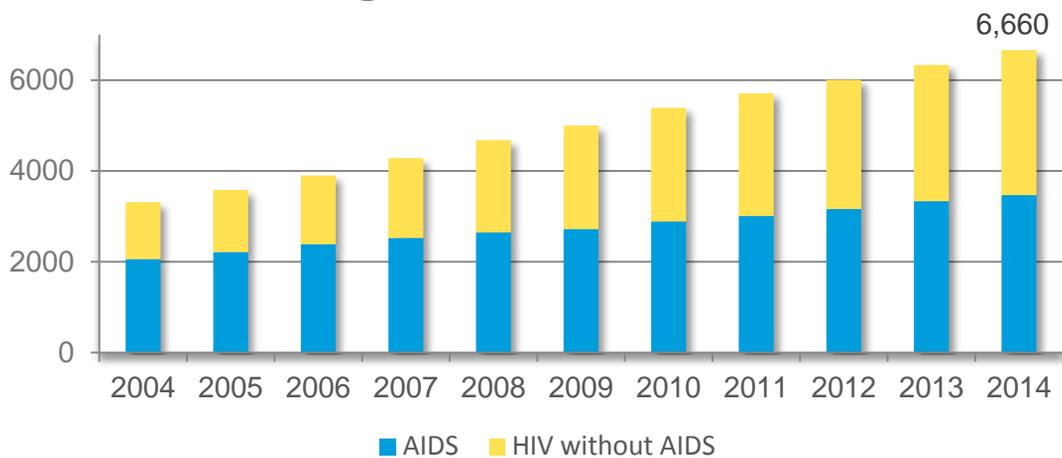


INFECTIOUS DISEASES: HIV

Human Immunodeficiency Virus (HIV), Prince George's County, 2004-2014

In 2014 there were 359 new cases of HIV in Prince George's County, with a rate of 47.6 cases per 100,000 residents age 13 and older. Most of these new cases were men (68%), Black (86%), and were under the age of 40 (63%). Medical care for HIV is important to help those with HIV stay healthy and to prevent HIV transmission by suppressing the HIV virus through medication. In the county, only 42% of those living with HIV have evidence of HIV virus suppression.

Living HIV Cases, 2004-2014



Leading HIV Rates within the County by ZIP Code, 2014

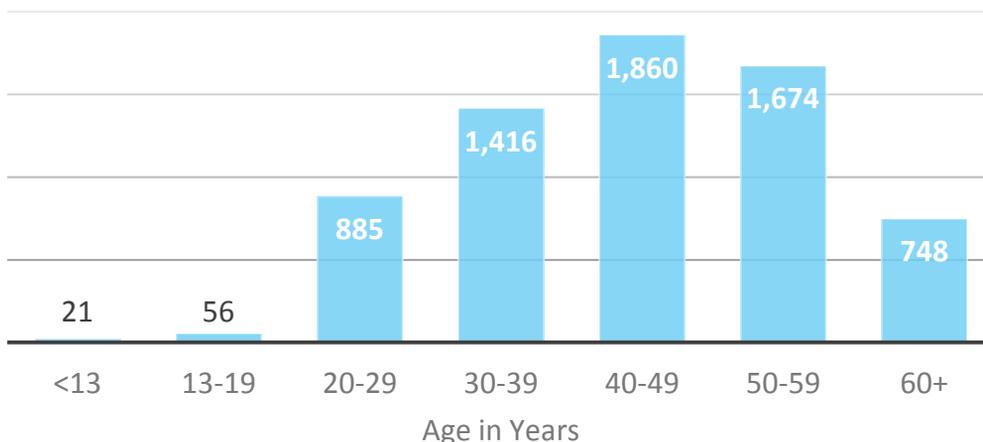
| ZIP Code | Total Living HIV Cases | Rate per 100,000 |
|----------|------------------------|------------------|
| 20785 | 509 | 1,711.1 |
| 20743 | 539 | 1,610.4 |
| 20712 | 116 | 1,480.2 |
| 20912 | 44 | 1,480.0 |
| 20746 | 346 | 1,392.2 |
| 20747 | 460 | 1,332.9 |
| 20745 | 315 | 1,266.6 |
| 20748 | 417 | 1,206.8 |
| 20710 | 93 | 1,190.8 |
| 20784 | 294 | 1,188.3 |

INFECTIOUS DISEASES: HIV

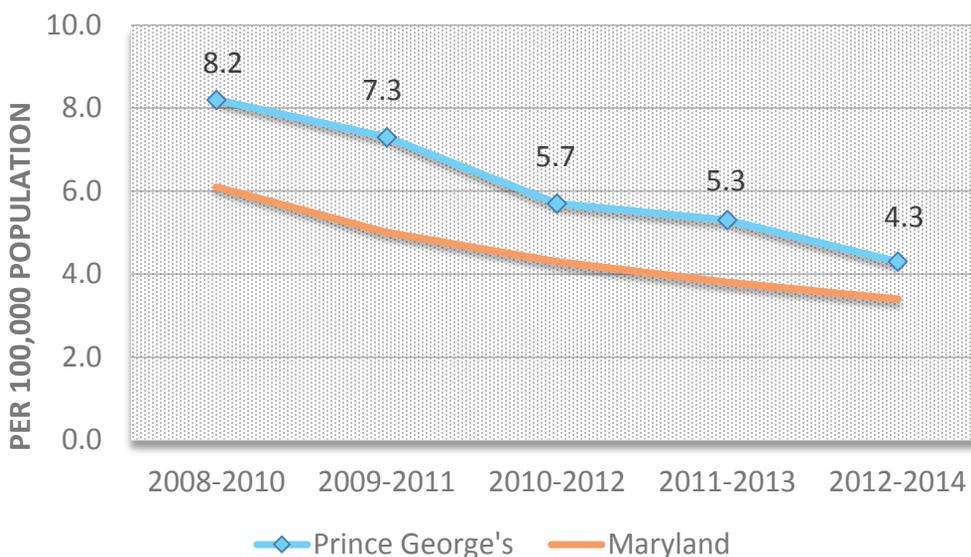
HIV Living Cases and Mortality Rate, Prince George's County

Overall, one out of every 117 people in Prince George's County has HIV. Although most new HIV cases are diagnosed in their twenties and thirties, 64% of total living HIV cases are age 40 and over. In 2014, there were 31 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, 2014



HIV Age-Adjusted Mortality Rate

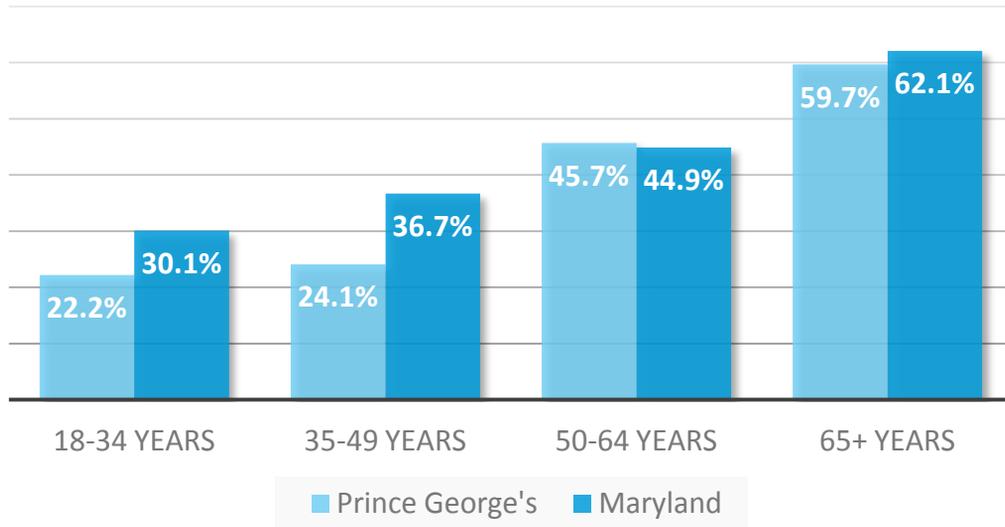


Data Source: Prince George's County Annual HIV Epidemiological Profile, 2014, DHMH <http://phpa.dhmm.maryland.gov/OIDEOR/CHSE/Pages/statistics.aspx>; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

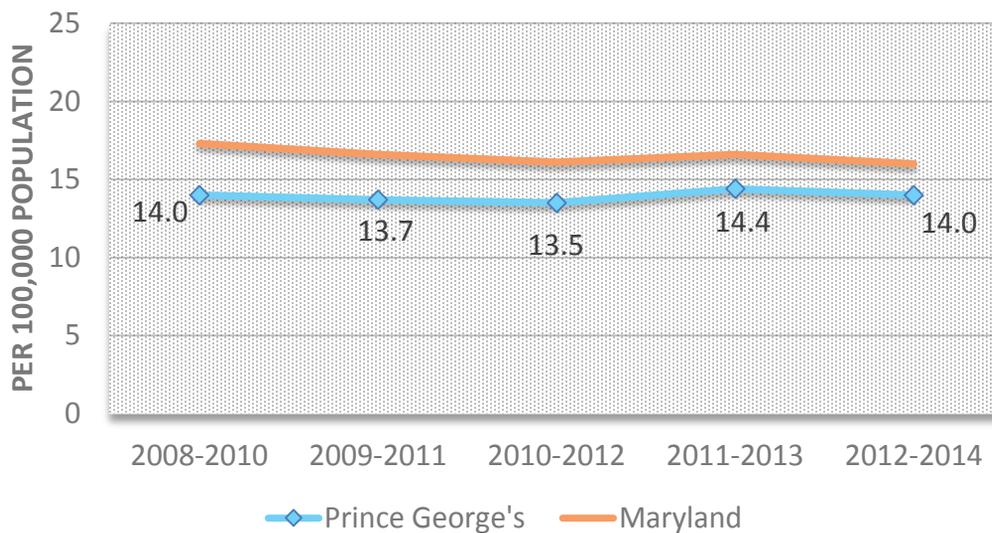
INFECTIOUS DISEASES: FLU

Flu Vaccinations and Mortality Rate

Flu Vaccination within the Past Year by Age Group, 2014



Flu & Pneumonia Age-Adjusted Mortality Rate

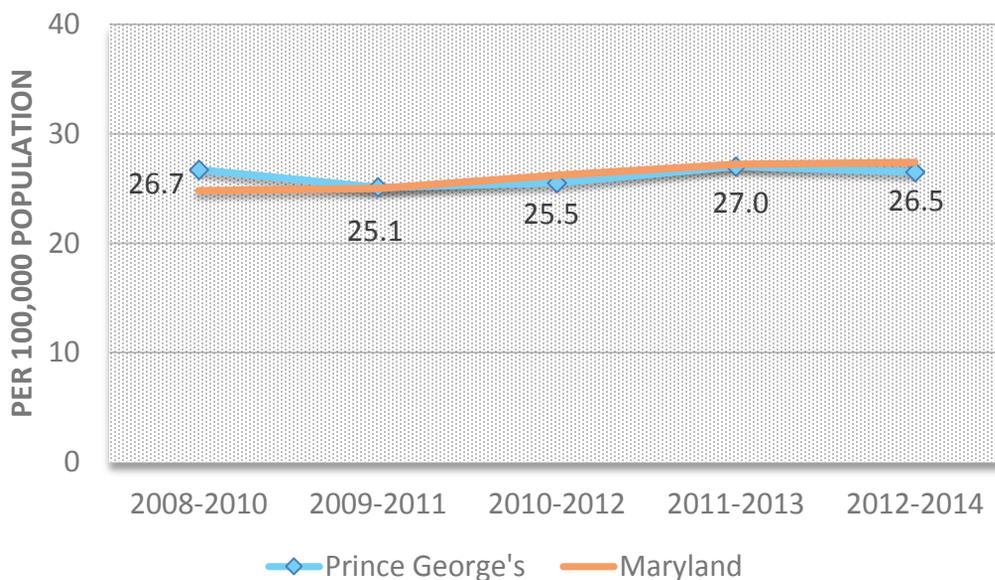


Data Source: Maryland BRFSS, DHMH, www.marylandbrfss.org; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

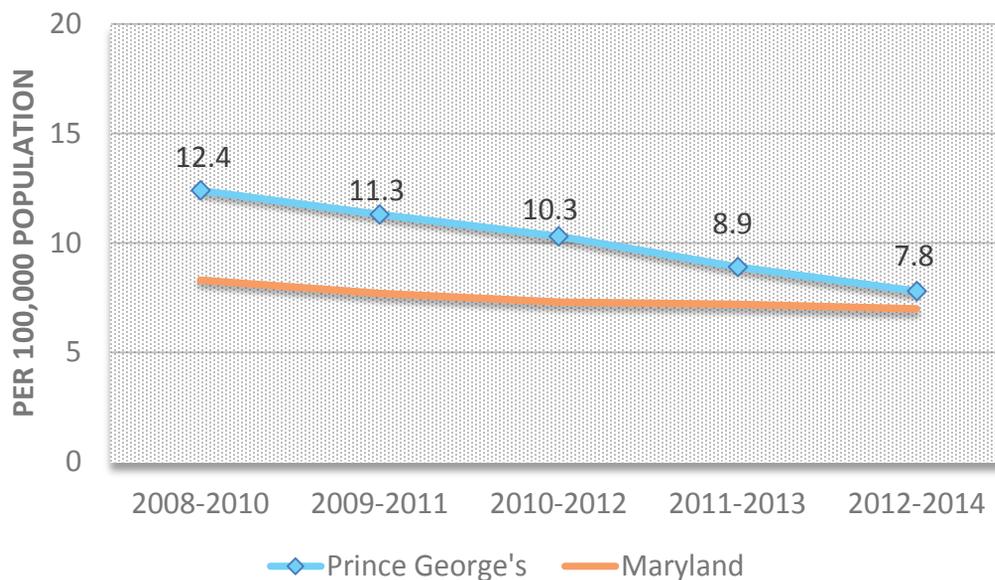
PHYSICAL SAFETY: MORTALITY

Age-Adjusted Mortality Rates, 2008-2014

Accidents



Homicide



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. The county 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

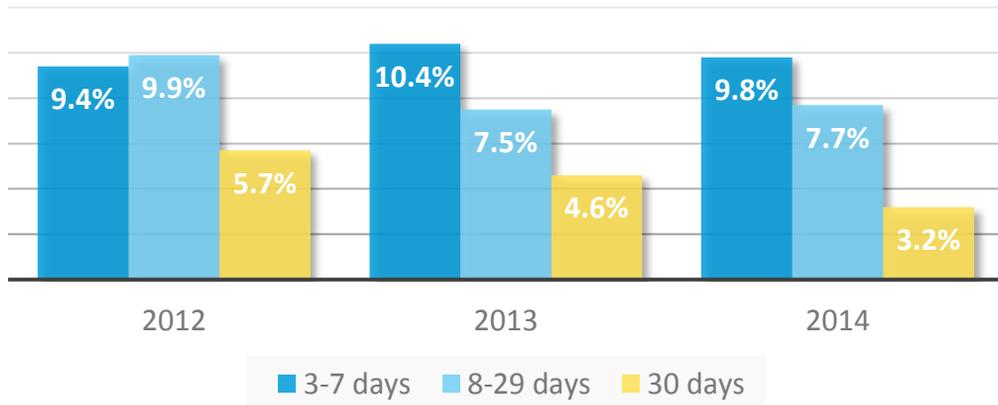


SOCIAL SAFETY: MENTAL HEALTH

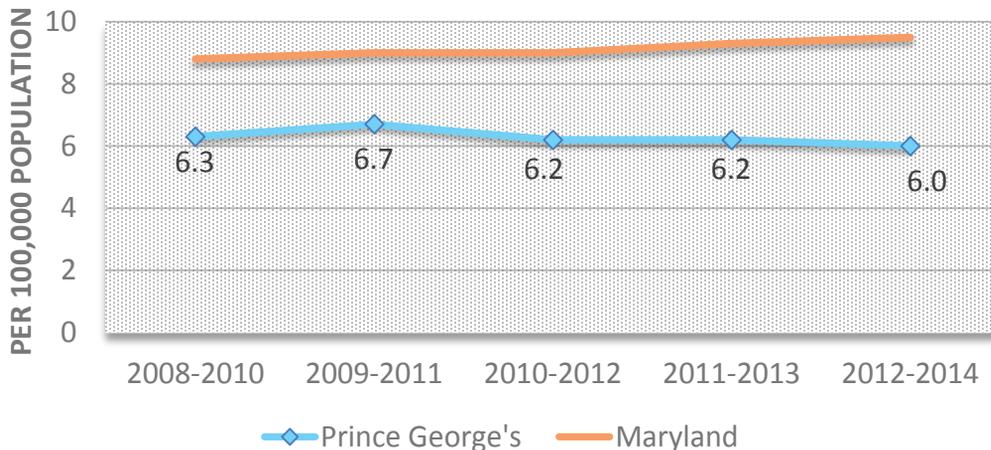
Poor Mental Health and Suicide, Prince George's County

Poor mental health can affect anyone, regardless of age, race, or gender. In 2014, 27% of Prince George's County high school students reported they stopped their normal activities for two weeks or more due to feeling sad or hopeless, and 14.7% reported they had seriously considered suicide. In 2014, 11% of adults reported at least eight poor mental health days within the past thirty days.

Number of Days with Poor Mental Health in Past 30 Days, 2012-2014



Suicide Age-Adjusted Mortality Rate



Data Source: Maryland BRFSS, DHMH, www.marylandbrfss.org; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

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