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PRINCE GEORGE'S COUNTY
HEALTH
DEPARTMENT

COMMUNITY HEALTH ASSESSMENT 2025

EXECUTIVE SUMMARY

COMMUNITY HEALTH ASSESSMENT INTRODUCTION

The 2025 Community Health Assessment (CHA) was conducted by the Prince George's County Health Department and the four hospitals located in the County: Luminis Health Doctors Community Medical Center, Adventist HealthCare Fort Washington Medical Center, MedStar Southern Maryland Hospital Center, and University of Maryland Capital Region Medical Center. The CHA process is completed every three years with updated local, state, and national data to inform the following community health improvement planning cycle.

The CHA report combines primary and secondary Data Sources. Primary Data Sources include the Community Resident Survey and the Key Informant Interviews. Secondary Data Sources include local, state, and national datasets. The assessment highlights key health trends, identifies disparities, and provides the foundation for data-driven strategies and collective action to improve health outcomes across Prince George's County.

Together with partners across the County and Prince George's Health Action Coalition members, the CHA Core Team collected the community's input on the County's health needs and priorities. Although many trends from the 2022 CHA and pre-COVID reports stayed the same, the Core Team found new areas to address based on the community's lived experience with staying healthy and maintaining their health.

During the 2025 CHA cycle, the Core Team analyzed and triangulated primary and secondary Data Sources to develop the five (5) leading health priorities:

- Chronic Disease
- Maternal and Infant Health
- Behavioral Health
- Access to Care
- Social Determinants of Health

Each priority area includes ways for the Health Department, hospitals, Federally Qualified Health Centers, local nonprofit organizations, community members, and County agencies to improve the health and well-being of Prince George's County residents. The findings of the 2025 CHA further align the County with the Maryland Department of Health's State Health Assessment conducted in 2024 and will promote greater coordination with the Building a Healthier Maryland initiative, the State's five-year plan addressing 1) chronic disease; 2) access to care; 3) women's health; 4) violence; and 5) behavioral health.

This assessment will inform future initiatives to improve community health, ensuring partners work towards shared goals. The community will remain involved in future program planning to share public health efforts across Prince George's County.

LETTER FROM THE HEALTH OFFICER

Dear Prince Georgians:

Since the last Community Health Assessment (CHA), the Prince George's County Health Department has been evolving to better position itself to fulfill our vision: that all residents of Prince George's County will be their healthiest at every age and stage. This new vision serves as our guiding principle. As we embrace change, we remain focused on our mission: to lead, engage, and empower our community to work collaboratively towards disease prevention, health equity, and overall well-being. The key phrase for the CHA is "work collaboratively."

In this report, we received insight and guidance from our community partners. By working together to understand and address the community's most pressing needs during these challenging times, we can effectively plan and prioritize our resources.

Our CHA is a testament to the commitment of our community partners, including local organizations, health providers and systems, other government agencies, and community members. This new CHA has five priority areas of focus:

- Chronic Disease
- Maternal and Infant Health
- Behavioral Health
- Access to Care
- Social Determinants of Health

This information will guide our new Strategic Plan and Community Health Improvement Plan, which should complement each other as we move into the future to address key needs at the County health level. This CHA also aligns with the Health Department's move towards the Public Health 3.0 model as a Community Strategist and Convener. Only by working collaboratively can we truly build a community where all have access to healthy choices and the opportunity to be their healthiest.

There is much work to be done, and I am confident that we can achieve incredible things together. While we live in uncertain times, our commitment to improving the health and well-being of all our residents drives us forward.

Thank you for your dedication, partnership, and support.

Be Well,

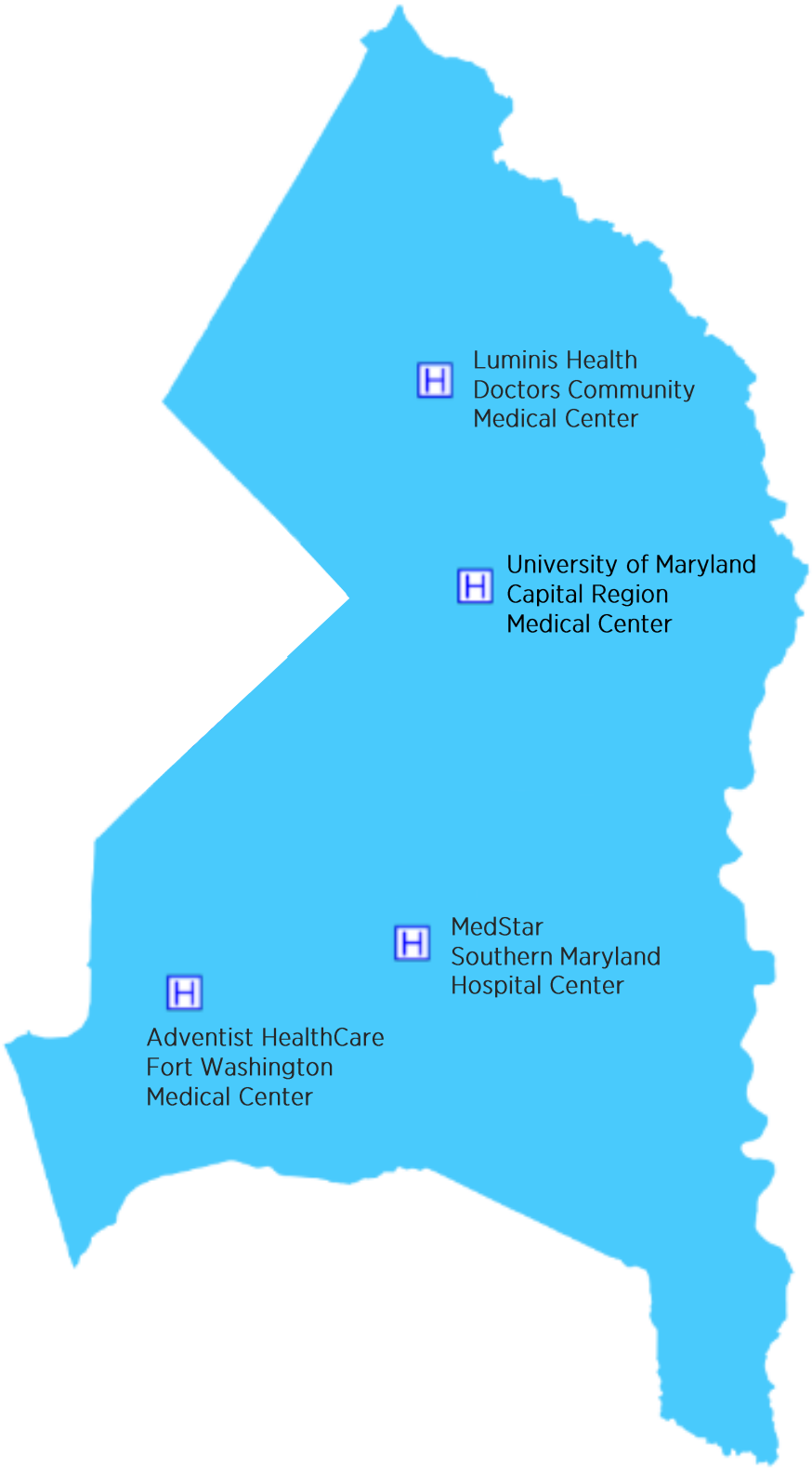
Dr. Matthew Levy, MD, MPH, F.A.A.P
Prince George's County Health Officer

INTRODUCTION

COMMUNITY HEALTH ASSESSMENT INTRODUCTION

Since 2016, the Prince George's County Health Department has partnered with the four hospitals located in the County to create a joint Community Health Assessment (CHA). These hospitals include Adventist HealthCare Fort Washington Medical Center, Luminis Health Doctors Community Medical Center, MedStar Southern Maryland Hospital Center, and University of Maryland Capital Region Medical Center. For the 2025 CHA, a Core Team of staff from all four hospitals and the Health Department's Office of Assessment and Planning led the process and prepared the report.

This assessment presents Prince George's County's leading health priorities in 2025. The insights gained from this assessment will inform strategic planning, resource priorities, and new programs to improve health outcomes and promote equity. Ultimately, this CHA aims to support informed decision-making and foster collaborative efforts to build a healthier, more resilient Prince George's County community where **all Prince Georgians are their healthiest at every age and stage.**



INTRODUCTION

PROCESS OVERVIEW/METHODOLOGY

Beginning in August 2024, the CHA Core Team began meeting regularly. These meetings included the Community/Population Health Directors, representatives from all four hospital systems, and the Health Department's Office of Assessment and Planning staff. In the early planning stages, the Core Team worked together to establish shared goals and expectations for how data would be collected and what parts the assessment would include. Looking back at the 2022 CHA, the team wanted more primary and secondary data to understand what helps or prevents residents from getting the care they need.

Throughout the CHA process, the Core Team co-developed materials and deliverables that aligned with the original goals and expectations. The Core Team decided to keep the same sections in the 2025 CHA that were used in the 2022 version:

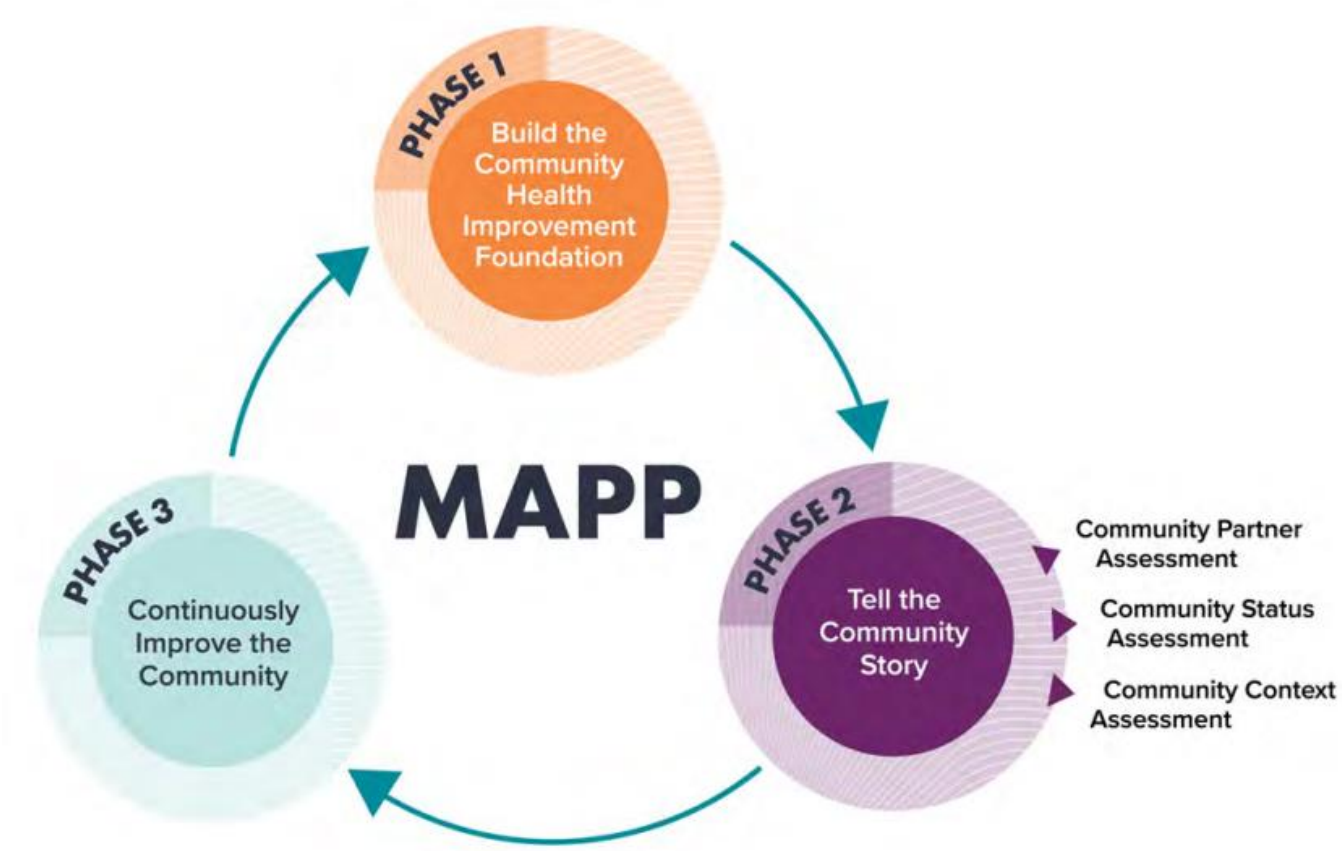
2025 CHA COMPONENTS

- COMMUNITY RESIDENT SURVEY
- SECONDARY DATA ANALYSIS
  - County Demographics and Population Profile
  - Health Indicators Report
- HOSPITAL SERVICE PROFILE
- KEY INFORMANT INTERVIEWS
- A PRIORITIZATION PROCESS
  - (to identify areas of focus for the next three (3) years)
- PARTNER SURVEY

To make sure the Prince George's County community's perspectives and perceptions were included in the CHA, the Core Team continued using the Mobilizing for Action through Planning and Partnerships (MAPP) framework from the National Association of Counties and City Health Officials. The framework was beneficial during the 2022 CHA cycle, and the team wanted to use more from the updated MAPP 2.0 version for 2025. Although the complete three-phase MAPP process usually takes two years to implement, the Core Team adjusted the framework to fit the timeline needed to complete this CHA.

The 2025 CHA process included elements of the MAPP 2.0 process to involve community members and partners, demonstrating that public health is a shared responsibility. The CHA focuses on **Phase 2 of MAPP: Tell the Community Story (pictured below),** which includes three assessments. The results of the assessments were reviewed to identify the County's leading health priorities.

PROCESS OVERVIEW/METHODOLOGY



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ASSESSMENTS

During the 2025 CHA cycle, **the Core Team developed and implemented the Community Partner Assessment, Community Status Assessment, and Community Context Assessment.** The three assessments were informed by evidence-based practices and strategies outlined in the MAPP 2.0 process, as well as previous assessment techniques used in the last Prince George's County CHA cycle in 2022 and the Maryland Department of Health's State Health Assessment process in 2024.

PROCESS OVERVIEW/METHODOLOGY

MAPP 2.0 ASSESSMENTS	PRINCE GEORGE'S COUNTY ASSESSMENTS USED FOR THE 2025 CHA
COMMUNITY PARTNER ASSESSMENT: Assesses community partner's organizational capacity to address health inequities.	The Community Partner Assessment was conducted during the Health Department's strategic planning process in collaboration with key partners, including the Prince George's Health Action Coalition (the County's Local Health Improvement Coalition). The partner survey asked local organizations about their ability to support the 10 Essential Public Health Services. Insights gathered from partners will help to identify opportunities to strengthen local public health capacity and reduce programmatic overlap across Prince George's County. The assessment questions were based on the MAPP 2.0 framework. Other Maryland jurisdictions used this assessment during the development of their CHAs, and the Maryland Department of Health (MDH) used it to help create the State Health Assessment (SHA). The responses to the Community Partner Survey will support the formation of new partnerships and help inform strategies in the County's health Improvement Plan.
COMMUNITY STATUS ASSESSMENT: Measures the community's health status using a survey, existing secondary quantitative data, and observational data.	The Core Team developed the Community Resident Survey to gather community perceptions on health status, outcomes, and disparities in Prince George's County. The 2025 Community Resident Survey (Appendix C) was available in English, French, and Spanish and open to anyone who lived, worked, played (engaged in recreation), studied, or worshiped in Prince George's County. The Community Resident Survey was primarily informed by the MAPP 2.0 framework and aligned with key questions previously selected by the MDH during the SHA process. In addition to the Community Resident Survey, the Core Team utilized local, state, and national Data Sources to complete the Community Status Assessment. Data on health behaviors, health outcomes, and mortality were collected from the following sources: Maryland Health Services Cost Review Commission; Maryland Vital Statistics Annual Reports; MDH's Annual Cancer Reports; Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention's WONDER Online Database; National Vital Statistics Reports; and the Prince George's County Health Department's PGC HealthZone data site. The primary and secondary quantitative Data Sources collected as part of the Community Status Assessment were triangulated with qualitative findings from the Community Context Assessment to identify Prince George's County's five (5) leading health priorities.

MAPP 2.0 ASSESSMENTS	PRINCE GEORGE'S COUNTY ASSESSMENTS USED FOR THE 2025 CHA
COMMUNITY CONTEXT ASSESSMENT: Assesses the insights, expertise, and views of the community members. Assesses built environment and identify forces that can affect the community and local public health systems.	The Key Informant Interviews were conducted to gain deeper insights into trends and relationships among social determinants of health, health outcomes, and mortalities. These interviews also explored the strengths and weaknesses of existing resources that impact population health in Prince George's County. Key informants representing various sectors, focus areas, and geographic regions of the County were invited to share their expertise and perspectives on the health needs and assets of Prince George's County communities. Many of these informants represented subpopulations that face unique barriers and disparities. These subpopulations included: 1. Individuals actively involved in and/or transitioning from the criminal justice system 2. Individuals experiencing housing insecurity or homelessness 3. Uninsured and underinsured adults and children 4. Spanish-speaking individuals (Spanish is the primary language spoken at home) 5. Active members of the military and veterans 6. Immigrant communities 7. Aging adults Health Department staff conducted and analyzed the Key Informant Interviews. To compare changes over time, they used the Key Informant Facilitation Guide (Appendix E), similar to the one used in 2022.

PROCESS OVERVIEW/METHODOLOGY: PRIORITY SETTING

After completing the necessary surveys and analyses, the Core Team triangulated primary Data Sources from the Community Resident Survey, Key Informant Interviews, and secondary data indicators (local, state, and national Data Sources).

After reviewing the primary and secondary Data Sources to understand the health needs and assets of Prince George's County residents, the Core Team identified the following priorities:

- Chronic Disease
- Maternal and Infant Health
- Behavioral Health
- Access to Care
- Social Determinants of Health

The five (5) priorities will inform the Health Department and hospital partners in their next steps of developing plans, pathways, and collaborations to improve the health of Prince George's County residents.

COMMUNITY PROFILE

Prince George's County has a unique geographic makeup. It borders the District of Columbia and five Maryland counties, including Anne Arundel, Calvert, Charles, Montgomery, and Howard. It has an estimated population of 947,430 people. From 2022 to 2023, the population of Prince George's County grew from 946,971 to 947,430, a less than 1% increase (0.05%). According to 2023 US Census Bureau estimates, most of the population is non-Hispanic Black (64.1%), followed by Hispanic (22.8%), White (non-Hispanic) (10.6%) and Asian (non-Hispanic) (3.9%). From 2022 to 2023, the percentage of the County's Hispanic population has increased by approximately 9%, the largest demographic shift seen in the County. During the same period, its median household income grew from $94,447 to $98,027, a 4% increase.

The median age for Prince Georgians is 39.1. Persons under 5 represent 6%, those under 18 represent 22%, and those 65 years and over represent 16%. Females represent 52% and males 48%.

Twenty-six percent of residents are immigrants from 149 countries and speak 165 languages. Over 30% of residents speak a language other than English at home, while Spanish is the most common language. The top five non-English languages are Spanish (17.37%), French (2.13%), Yoruba (1.91%), Tagalog (0.8%), and Hindi (0.7%).

Prince George's County is home to a large veteran population. In 2023, it was estimated that 6.9% of the County's residents are veterans. The County is home to Joint Base Andrews, a military facility. Most of the veteran population resides in the Southern region in cities such as Accokeek, Aquasco, Brandywine, and Cheltenham.

KEY FINDINGS

DRIVERS OF POOR HEALTH OUTCOMES:

Social determinants of health remain significant barriers to health-seeking behaviors and contribute to poor health outcomes at both individual and community levels.

- Access to affordable housing and economic development (jobs and wages) were identified as leading health priorities by the community residents who responded to the Community Resident Survey.
- Key informants identified economic stability and food insecurity as the leading emerging threats impacting the health and well-being of Prince George's County residents. They also emphasized that economic stability, transportation, and access to safe, affordable housing are the most critical social determinants of health affecting Prince George's County residents.
- Secondary data shows increased spending on housing, higher unemployment rates in Prince George's County compared to national rates, and poverty rates in the County exceed Maryland's poverty rates.
- A new concern emerging in the 2025 CHA is public safety. Nearly half of the community survey respondents identified crime as a health priority. Key informants expressed that unsafe environments lead to a decrease in active living, increased stress, and poor mental health outcomes. These findings call for greater collaboration between the public safety and public health sectors.
- In 2025, 40% of community residents who responded to the Community Resident Survey reported the health of their Prince George's County community as "fair" or "poor."

Access to healthcare is still a leading health priority in Prince George's County.

- Although access to care is a recognized social determinant of health, the Core Team designated it as a distinct health priority due to its complexity of related challenges. Both primary and secondary data indicators show the complex challenges of access to care in Prince George's County, ranging from health insurance coverage to the availability and accessibility of primary and specialty care physicians to challenges navigating the continuum of physical and mental health care systems.
- According to the Community Resident Survey, the most significant barriers to accessing primary and specialty care include a shortage of providers, limited appointment availability, and long wait times. Similarly, residents reported that a lack of local behavioral health providers and difficulty securing timely appointments were key obstacles to receiving behavioral health services.
- Secondary data shows an increase in the percentage of Prince George's County residents who are uninsured, with over one in ten Prince Georgians lacking health insurance as of 2023.
- Key informants emphasized that, although health and social service resources are increasing in the County, residents remain unaware of these programs or how to access them. This gap in awareness was especially noted regarding Health Department services. As a result, the key informants prioritized improving outreach and education to ensure residents can access the resources available to support their health and well-being.

KEY FINDINGS

LEADING HEALTH PRIORITIES:

CHRONIC DISEASE

Diabetes, obesity, hypertension, and heart disease were the leading chronic disease priorities mentioned across the surveys and interviews. Food insecurity caused by a lack of access to affordable and healthy foods was the leading challenge linked to chronic disease incidence and prevalence. Community input emphasized the need for early screening, maintenance programs, and resources in the built environment (access to affordable healthy foods and safe active living environments) to provide comprehensive primary, secondary, and tertiary prevention of chronic diseases.

MATERNAL AND INFANT HEALTH

Maternal and infant health were previously identified as additional areas of focus complementing the 2022 CHA health priorities. During the 2025 CHA cycle, the secondary data presented persisting poor health outcomes among pregnant and recently pregnant individuals. Gynecology and obstetrics were the leading types of specialty care sought outside Prince George's County among community residents who completed the Community Resident Survey, emphasizing the need for resources and greater investment in maternal and infant outcomes during and post-pregnancy.

BEHAVIORAL HEALTH

Mental and behavioral health remained a prioritized health need by Prince George's County residents. With growing economic and social stressors in the County, community informants acknowledged the importance of the County's behavioral health infrastructure to promote mental health service utilization. The availability and accessibility of behavioral health providers remained the leading barriers to accessing behavioral health services. The community also lacks awareness and experience with navigating behavioral health services in Prince George's County, not fully knowing how or where to access points to the behavioral health continuum of care to promote mental health-seeking behaviors before the point of crisis. Community input also uplifted the importance of culturally competent behavioral health services.

LEADING HEALTH PRIORITIES:

ACCESS TO CARE

Access to health care was identified as a significant barrier to health-seeking behaviors across Prince George's County residents and key informants. Challenges to accessing care prevent residents from seeking primary and specialty care. Such challenges lead to residents seeking care outside Prince George's County or forgoing services altogether. Many factors influence access to care at the individual, institutional, community, and policy levels. To acknowledge the diverse challenges of addressing access to care, the Core Team identified access to care as a leading health priority. Addressing the multi-level barriers to accessing care requires a multi-disciplinary approach and investment in local infrastructure.

SOCIAL DETERMINANTS OF HEALTH

Poverty, food insecurity, affordable housing, financial instability, transportation, and the built environment were noted in the 2022 CHA as significant drivers of poor health and health disparities. In the 2025 CHA, this pattern continues and remains a health priority in addressing the health and well-being of Prince George's County residents. Public safety prevailed as a growing concern among County residents, demonstrating how public safety concerns are public health issues. Similar to the multi-disciplinary approach to addressing access to care as a leading health priority, strategies and initiatives to address the social determinants of health must involve partners from all sectors that intersect with public health.

ASSETS TO ADDRESSING THE LEADING HEALTH PRIORITIES:

Since the last CHA, the Core Team has implemented and maintained diverse programs across the leading health priority areas identified in 2022, as well as programs that will address the new priorities identified in 2025. The Core Team also relies on community partners to expand access to critical resources to address the County residents' health and social determinants of health needs. Residents can locate area-specific resources via Maryland 211 and Findhelp.

Future programs to address the leading health priorities will require partnerships spanning sectors and disciplines. Below is a snapshot of the Core Teams' programs to address the 2025 CHA priority areas:

CHRONIC DISEASE

- The Health Department has implemented a new 5-year grant to address diabetes prevention and self-management through the PreventionLink program. This includes implementation of the National Diabetes Prevention Program (DPP), a CDC-recognized research-based lifestyle change program that emphasizes healthy eating and physical activity to help prevent type 2 diabetes. DPP is currently offered by the University of Maryland Capital Region Medical Center and Adventist Healthcare Fort Washington Medical Center.
- Luminis Health Doctors Community Medical Center supports chronic disease prevention by providing mobile screenings for conditions such as high blood pressure, A1C, glucose, and cholesterol. Cancer screenings are also available.
- MedStar Southern Maryland Hospital Center offers a Diabetes Support Group to help residents build healthy coping strategies and self-management skills while strengthening relationships between patients and healthcare providers. Plans are underway to expand support services through Stoke and Cardiac Support Groups.
- The University of Maryland Capital Region Medical Center is leading efforts to improve care for individuals with Sickle Cell Disease. Since the opening of its dedicated clinic in Largo in 2023, emergency department visits related to sickle cell crises have decreased by 60%.
- The Dine, Learn, and Move (DLM) is a virtual healthy eating, active living program offered to the community by the University of Maryland Capital Region Medical Center in partnership with Prince George's County Health Department, the Maryland National Capital Park and Planning Commission - Department of Parks and Recreation, and Suburban Hospital. DLM aims to promote healthy eating and active living and reinforce healthy behaviors to reduce the prevalence of various chronic diseases among residents.
- In 2023, the Prince George's Fresh: Pilot Food is Medicine program provided produce vouchers and nutrition education to patients with diet-related chronic conditions. This initiative is a collaboration among the Institute for Public Health Innovation (IPHI), Giant Food, Amerigroup, Anthem Foundation, and the Healthy Eating Active Living (HEAL) Workgroup of the Prince George's Health Action Coalition.

ASSETS TO ADDRESSING THE LEADING HEALTH PRIORITIES:

MATERNAL AND INFANT HEALTH

- Adventist HealthCare Fort Washington Medical Center offers prenatal classes, a breastfeeding support line, pregnancy and early infant loss support group to support pregnant and recently pregnant individuals.
- MedStar Southern Maryland Hospital Center conducts the Healthy Start Program, which provides pregnant women with health education and care coordination services.
- University of Maryland Capital Region Medical Center offers Prenatal & Postpartum Support Groups.
- University of Maryland Capital Region Medical Center maintains the Mama & Baby Mobile Health program throughout Prince George's County.
- Federally Qualified Health Centers in medically underserved areas of Prince George's County provide maternal and pediatric care to uninsured and underinsured Prince Georgians with Health Assures funding and a sliding fee structure.

BEHAVIORAL HEALTH

- Since the last CHA, Hazel Health has offered telehealth services (including behavioral health services) to students in Prince George's County Public Schools.
- Luminis Health Doctors Community Medical Center offers behavioral health screening.
- University of Maryland Capital Region Medical Center conducts training for Adult & Youth Mental Health First Aid (MHFA). MHFA is a public education program designed to teach members of the public how to respond to a mental health emergency and how to offer practical support to adults and youth who appear to be in emotional distress.
- Adventist Healthcare Fort Washington Medical Center offers classes, mental health workshops, and support groups on topics such as mindfulness, grief and loss, and stress.
- Behavioral health services in Prince George's County expanded with the opening of the Luminis Behavioral Health Service Building on the Doctors Community Medical Center Campus, which offers urgent behavioral health care, outpatient transitional care, substance use disorder treatment, a partial hospitalization program, a residential crisis program, and an inpatient unit.
- The Dyer Care Center opened to promote the County's Crisis Continuum of Care, providing crisis stabilization services to County residents facing mental health and/or substance use challenges.
- In 2024, state legislation permanently funded the three-digit National Suicide Prevention Lifeline (988).
- Prince George's County spokes (grantees) received over $24 million from the Maryland Consortium on Coordinated Community Supports to expand comprehensive behavioral health for students.

ASSETS TO ADDRESSING THE LEADING HEALTH PRIORITIES:

ACCESS TO CARE

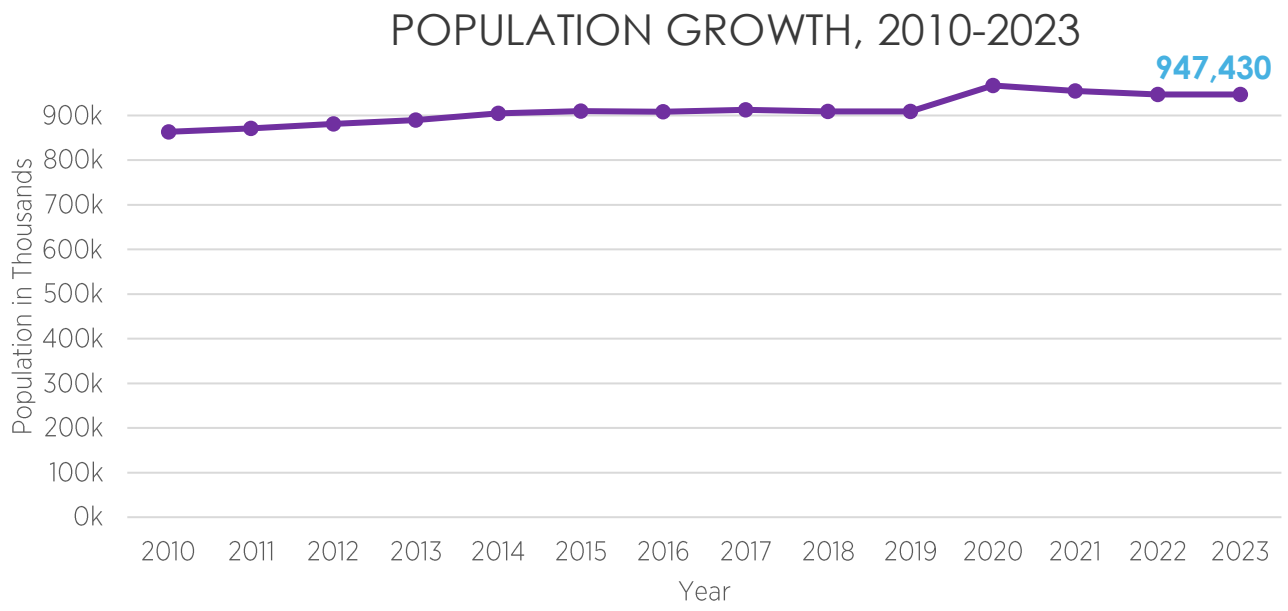
- The Health Department implemented the Community Health Integrated Service System (CHISS) grant to deploy Community Health Workers (CHW) in the Prince George's County community. The CHISS grant developed a CHW pipeline to train and certify local health professionals as CHWs. The CHWs were critical responders to the COVID-19 emergency preparedness efforts, providing vaccines to priority populations in Prince George's County. The CHWs also screen for the social determinants of health needs and refer County residents to resources to address their social needs, including access to food, housing, and medical treatment.
- The Health Department oversees a non-medical transportation program to help residents access Medicaid-approved appointments.

SOCIAL DETERMINANTS OF HEALTH

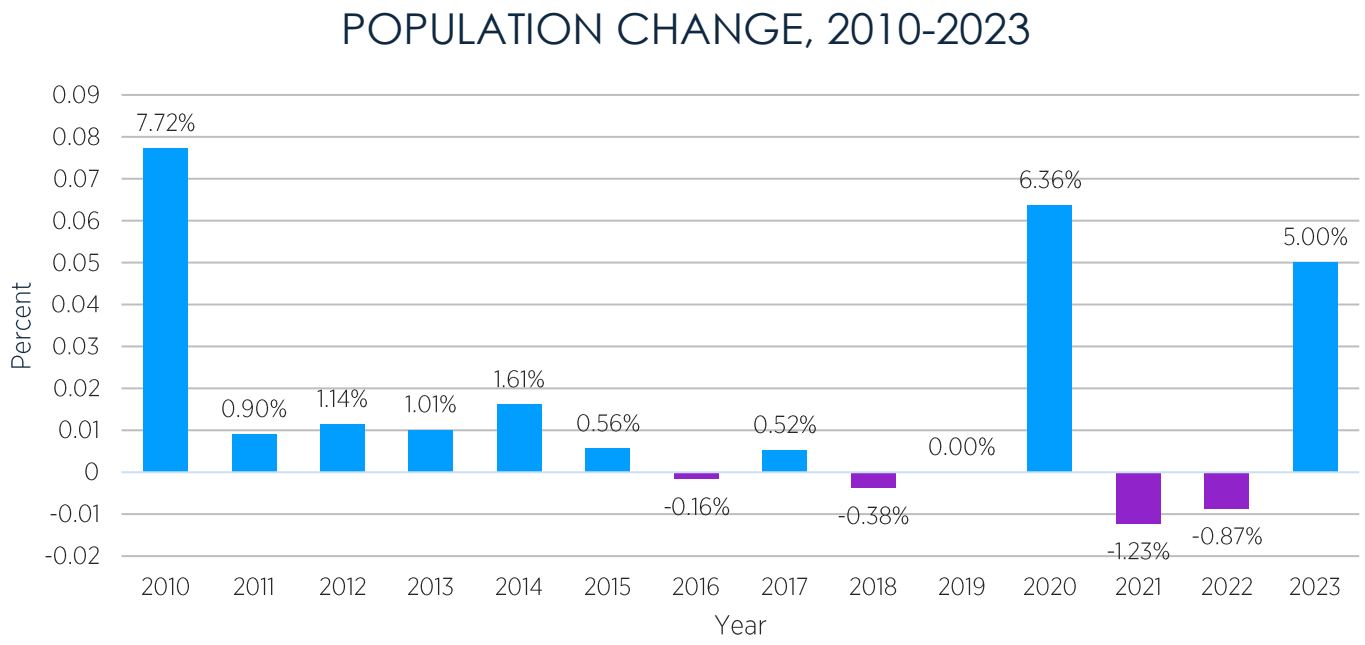
- University of Maryland Capital Region Medical Center opened a Food is Medicine (CAPFIM) program in October 2024 to expand access to fresh foods. The clinic was created to address a need to improve adequate nutrition among expectant families and those who suffer from chronic diseases and are food insecure. Every month, qualified participants receive 40 pounds of free produce, fruits, and vegetables tailored to their chronic illness.
- Luminis Health Doctors Community Medical Center offers social determinants of health screening services.
- The Health Department, in partnership with the Office of Information Technology and Prince George's County Economic Development Corporation, continues to implement Healthy Food Priority legislation to bring healthier food options to Prince George's County.
- Adventist offers the Community Partnership Fund to fund local organizations advancing health equity and wellness in the community.
- UM Capital Region's Capital Violence Intervention Program works primarily with youth and young adults to reduce the likelihood of repeat violent injury (also defined as trauma recidivism) by addressing the risk factors associated with repeat violent injury.

I. OVERALL POPULATION

POPULATION GROWTH, 2000 - 2023



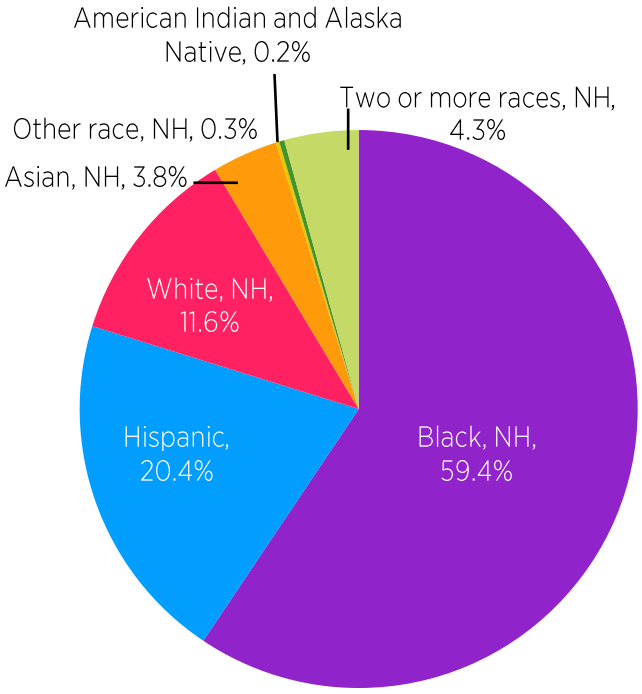
Data Source: US Census Bureau, American Community Survey (ACS) 1-year Census and Population Estimates



Data Source: US Census Bureau, American Community Survey (ACS) 1-year Census and Population Estimates

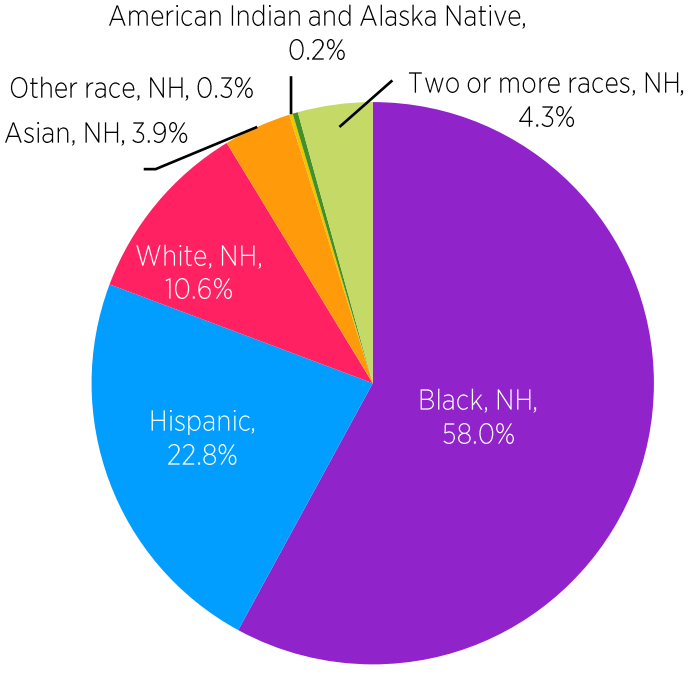
PRINCE GEORGE'S COUNTY BY RACE AND ETHNICITY, COMPARING 2021 TO 2023

2021:



Data Source: 2021 ACS 1-Year

2023:



Data Source: 2023 ACS 1-Year

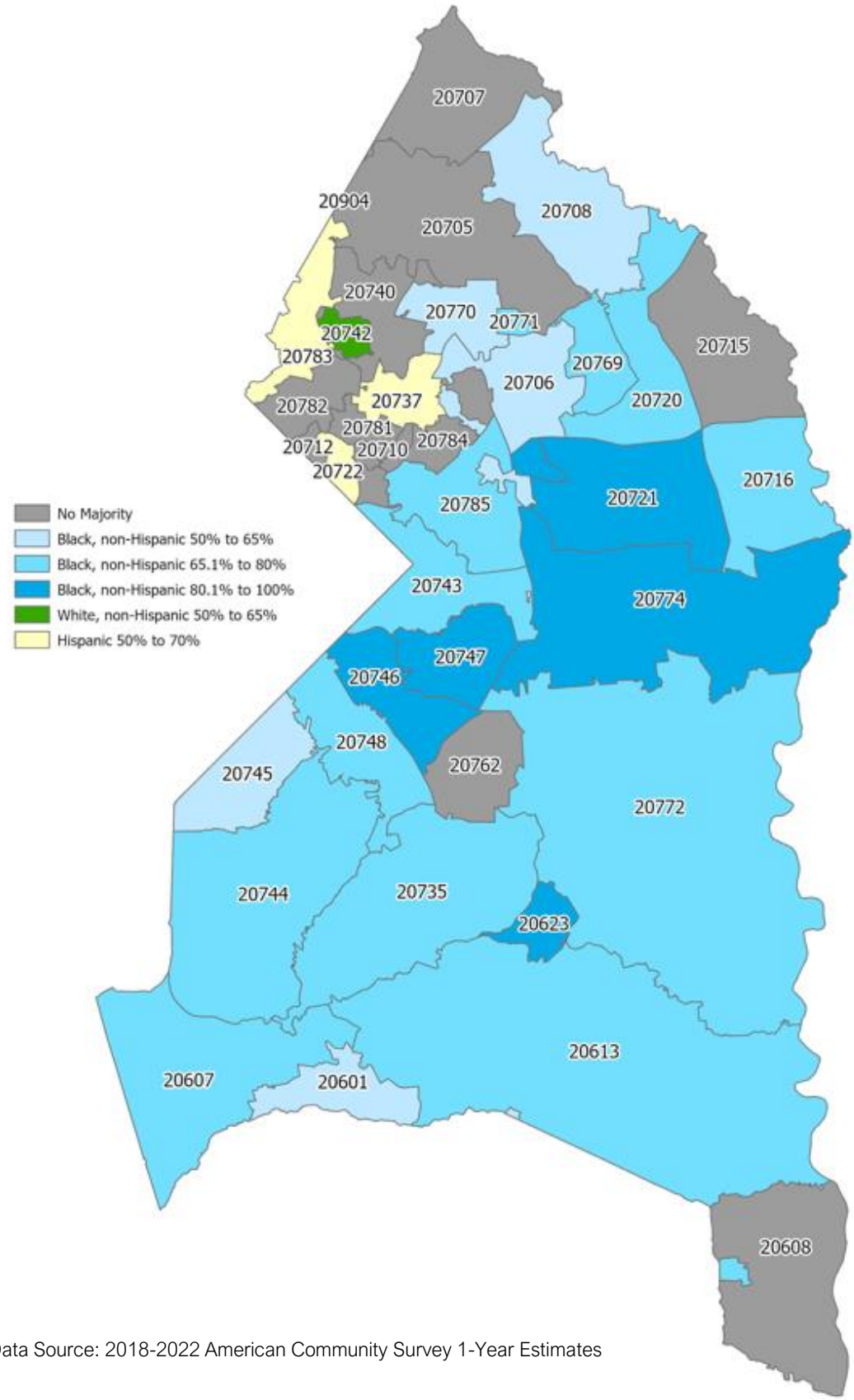
I. OVERALL POPULATION

DEMOGRAPHICS: 2023 POPULATION ESTIMATES

2023 ESTIMATES	PRINCE GEORGE'S COUNTY	%	MARYLAND	%	UNITED STATES	%
TOTAL POPULATION	947,430		6,180,253		334,914,896	
Male	458,347	48.4%	3,000,104	48.5%	165,729,373	49.5%
Female	489,083	51.6%	3,180,149	51.5%	169,185,523	50.5%
AGE						
Under 5 years	55,949	5.9%	346,836	5.60%	18,333,697	5.50%
5 to 14 years	114,958	12.1%	766,678	12.41%	41,003,309	12.24%
15 to 19 years	63,307	6.7%	401,595	6.50%	22,168,390	6.60%
20 to 24 years	58,371	6.2%	367,705	5.90%	21,618,383	6.50%
25 to 34 years	127,970	13.5%	792,152	12.80%	45,311,762	13.50%
35 to 54 years	251,378	26.5%	1,618,687	26.19%	85,297,755	25.47%
55 to 64 years	127,489	13.5%	819,962	13.27%	41,874,544	12.50%
65 to 84 years	133,480	14.1%	957,333	15.49%	53,184,988	15.88%
85 years and over	14,528	1.5%	109,305	1.80%	6,122,068	1.80%
Median Age (years)	39.1		39.8		39.2	
RACE & HISPANIC ORIGIN						
Black, NH	549,906	58.00%	1,799,355	29.2%	39,569,312	11.80%
Hispanic (any race)	215,594	22.80%	781,336	12.60%	65,140,277	19.40%
White, NH	100,528	10.60%	2,862,997	46.30%	191,347,640	57.10%
Asian, NH	37,405	3.90%	407,697	6.60%	19,769,752	5.90%
American Indian/Alaskan Native, NH	931	0.10%	6,657	0.10%	1,733,272	0.50%
Two or more races, NH	34,820	3.70%	290,774	4.70%	14,813,501	4.40%
Other, NH	8,053	0.80%	44,964	0.70%	1,949,065	0.60%

Data Source: 2023 ACS-1 Year

PRINCE GEORGE'S COUNTY ZIP CODES BY RACIAL AND ETHNIC MAJORITY, 2018-2022



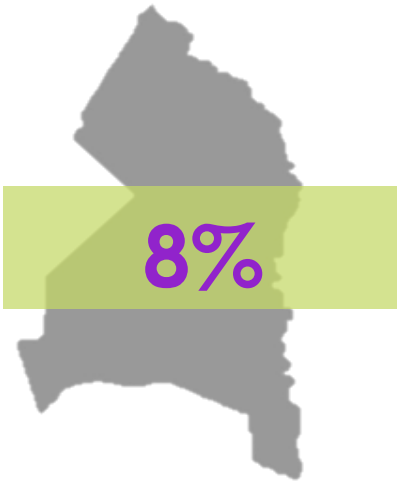
Data Source: 2018-2022 American Community Survey 1-Year Estimates

I. OVERALL POPULATION

MILITARY AND VETERAN POPULATION

Prince George's County has the largest veteran population in the state, followed by Anne Arundel and Baltimore County.

The County is home to Joint Base Andrews, as well as borders multiple military and federal facilities. Veterans comprise nearly **8%** of the residents in the County.



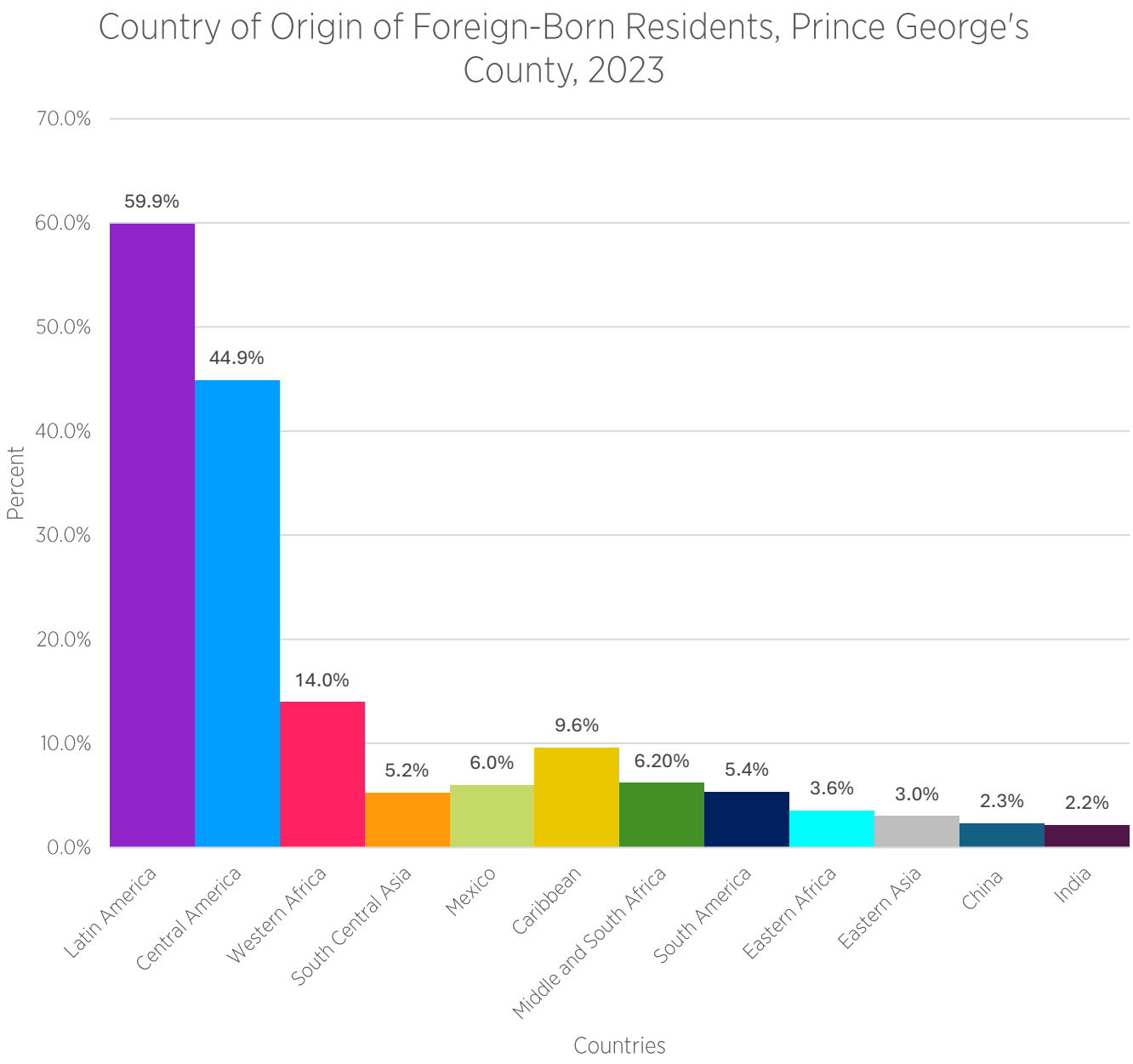
	Number	Percent
Total Population	52,203	-
Male	43,828	83.90%
Female	8,375	16.00%
Age		
18-34 years	4,416	8.50%
35-54 years	18,382	35.20%
55-64 years	13,888	26.60%
65-74 years	9,841	18.85%
75 years and over	9,063	17.36%
Race and Ethnicity		
Black/African American	37,260	71.38%
Asian	754	1.44%
American Indian or Native Alaskan	166	0.32%
Native Hawaiian or Pacific Islander	107	0.20%
Other	2,276	4.36%
White	10,622	20.35%
Hispanic or Latino	2,161	4.14%

Data Source: Measuring Communities

UNEMPLOYMENT	4.7%
Median Income	$71,245
100% Disabled Rating	31%
Medical Care Benefits Per Veteran Per Year	$6,233

Data Source: Measuring Communities

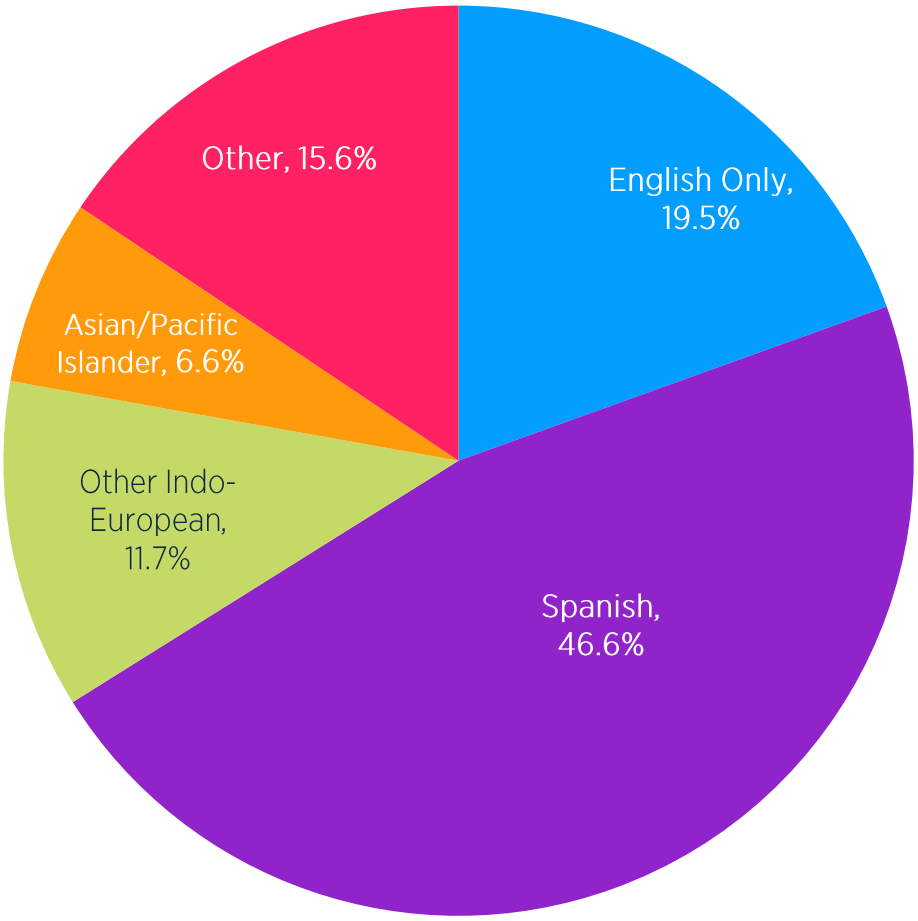
FOREIGN-BORN RESIDENTS



Data Source: 2023 American Community Survey 1-Year Estimates

I. OVERALL POPULATION

LANGUAGES SPOKEN BY FOREIGN-BORN RESIDENTS, PRINCE GEORGE'S COUNTY, 2023



Data Source: 2023 American Community Survey 1-year Estimates

LANGUAGES SPOKEN AT HOME BY PRINCE GEORGE'S COUNTY POPULATION 5 YEARS & OLDER

	PRINCE GEORGE'S COUNTY	MARYLAND	UNITED STATES
PEOPLE WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME	30.1%	20.6%	22%
PEOPLE WHO SPEAK ENGLISH "LESS THAN VERY WELL"	14.2%	7.8%	8.4%
PEOPLE WHO SPEAK SPANISH AT HOME	19.1%	9.4%	13.4%

Data Source: ACS 5-year Estimates, 2023

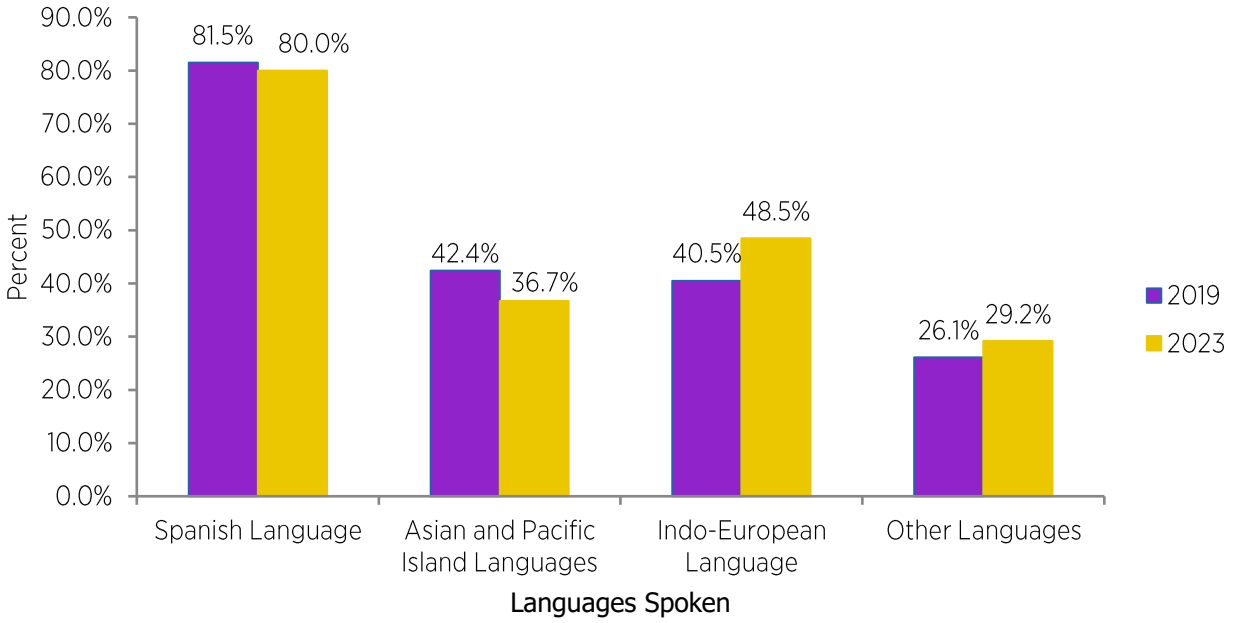
I. OVERALL POPULATION

TOP LANGUAGES SPOKEN AT HOME BY PRINCE GEORGE'S COUNTY POPULATION 5 YEARS & OLDER

2015			2021			2023		
833,068			895,864			891,481		
LANGUAGE	Speakers	%	LANGUAGE	Speakers	%	LANGUAGE	Speakers	%
English only	645,890	77.53	English only	643,358	71.81	English only	621,121	69.67
Spanish	105,440	12.66	Spanish	160,669	17.93	Spanish	172,348	19.33
French	11,920	1.43	Yoruba, Twi, Igbo, other West African languages	21,210	3.30	Yoruba, Twi, Igbo, or other languages of Western Africa	25,936	2.91
Tagalog	7,788		French	10,717	1.20	French (incl. Cajun)	14,272	1.60
Chinese	5,812		Amharic, Somali	6,545		Amharic, Somali, or other Afro-Asiatic languages	6,486	
French Creole	4,662		Tagalog	5,309		Chinese (incl. Mandarin, Cantonese)	5,712	
Korean	2,809		Chinese	5,184		Other and unspecified languages	5,240	
Vietnamese	2,537		Arabic	4,894		Tagalog (incl. Filipino)	5,170	
Arabic	2,095		Haitian	4,824		Haitian	3,703	
Hindi	1,856		Swahili and related	4,738		Swahili or other languages of Central, Eastern, and Southern Africa	3,695	
Urdu	1,636		Vietnamese	3,598		Hindi	3,088	

Data Source: 2023 American Community Survey 1-year Estimates

FOREIGN-BORN RESIDENTS SPEAKING ENGLISH LESS THAN "VERY WELL" BY LANGUAGE SPOKEN AT HOME, PRINCE GEORGE'S COUNTY, COMPARING 2019 AND 2023



Data Source: 2019 and 2023 American Community Survey 1-year Estimates

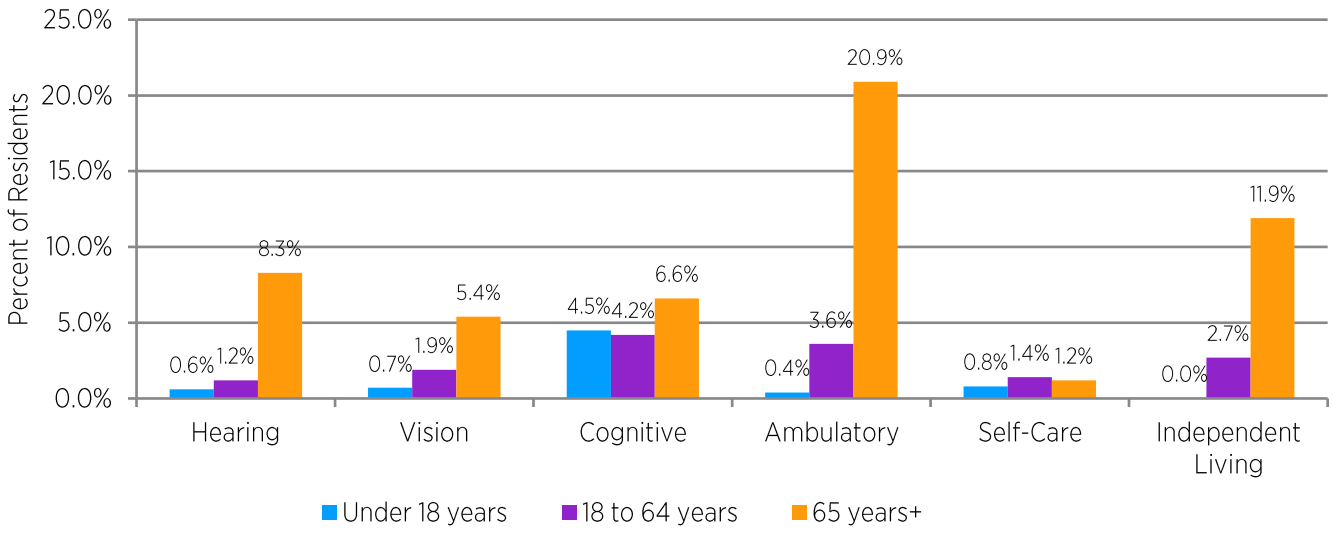
DISABILITY: PERCENTAGE OF RESIDENTS WITH A DISABILITY, 2023

INDICATORS	PRINCE GEORGE'S COUNTY	MARYLAND	UNITED STATES
Total individuals with a disability	11.1%	11.6%	13.6%
Male	10.3%	11.2%	13.3%
Female	11.8%	12.0%	13.8%
Age Group			
Under 18 years	3.1%	4.2%	4.3%
18 to 64 years	7.5%	8.8%	10.3%
65 years and over	29.9%	30.3%	33.5%
Race/Ethnicity			
Black	12.2%	12.9%	15.0%
Hispanic (of any race)	6.1%	7.0%	10.6%
White, non-Hispanic	14.9%	12.7%	14.6%
Asian	10.6%	7.1%	8.4%

Data Source: 2023 American Community Survey 1-Year Estimates

I. OVERALL POPULATION

PERCENTAGE OF RESIDENTS BY DISABILITY AND AGE, PRINCE GEORGE'S COUNTY, 2023



Data Source: 2023 American Community Survey 1-Year Estimates

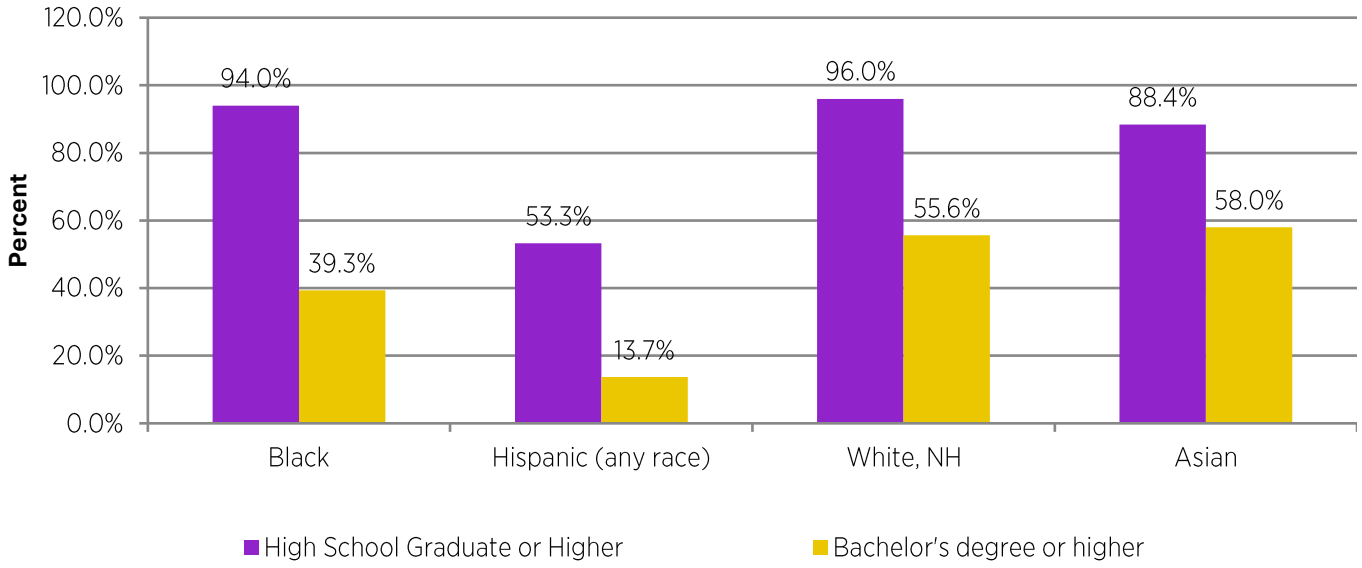
EDUCATION: PERCENTAGE OF RESIDENTS 25 YEARS AND OLDER BY EDUCATION, 2023

	PRINCE GEORGE'S COUNTY (n=654,845)	MARYLAND (n= 4,297,439)	UNITED STATES (n= 231,791,117)
Less than 9th Grade	8.10%	4.10%	4.8%
9th to 12th Grade, No Diploma	5.30%	4.80%	5.6%
High School Graduate	25.30%	23.90%	25.9%
Some College, No Degree	17.80%	16.50%	18.9%
Associate Degree	5.80%	7.00%	8.8%
Bachelor's Degree	20.40%	22.40%	21.8%
Graduate or Professional Degree	17.30%	21.30%	14.3%

Data Source: 2023 American Community Survey 1-Year Estimates

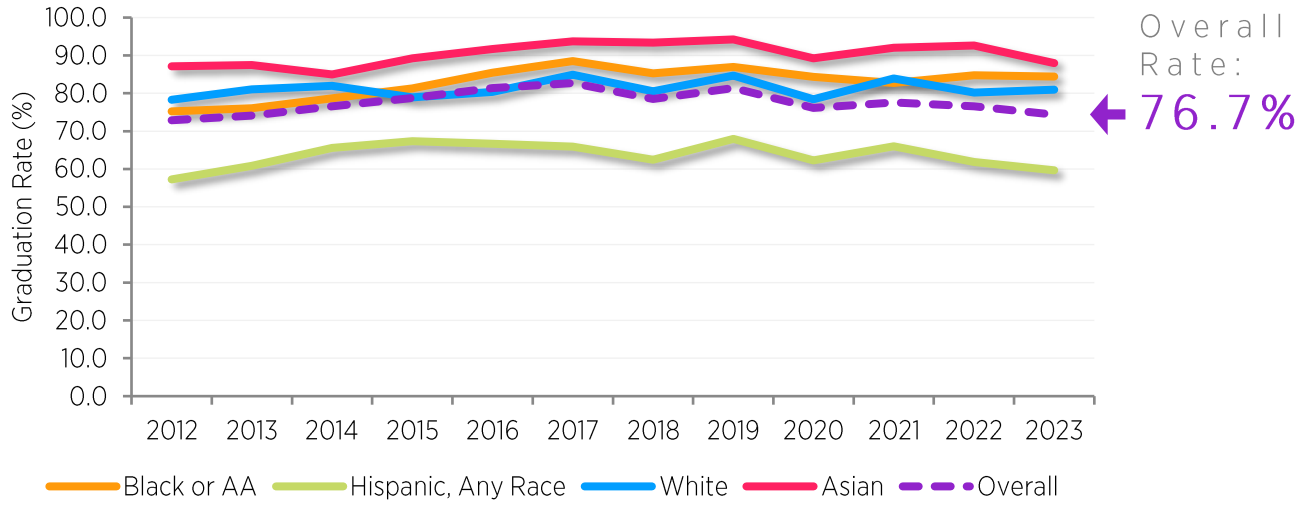
I. OVERALL POPULATION

PERCENTAGE OF RESIDENTS 25 YEARS & OLDER BY EDUCATION & RACE/ETHNICITY, PRINCE GEORGE'S COUNTY, 2023



Data Source: 2023 American Community Survey 1-Year Estimates

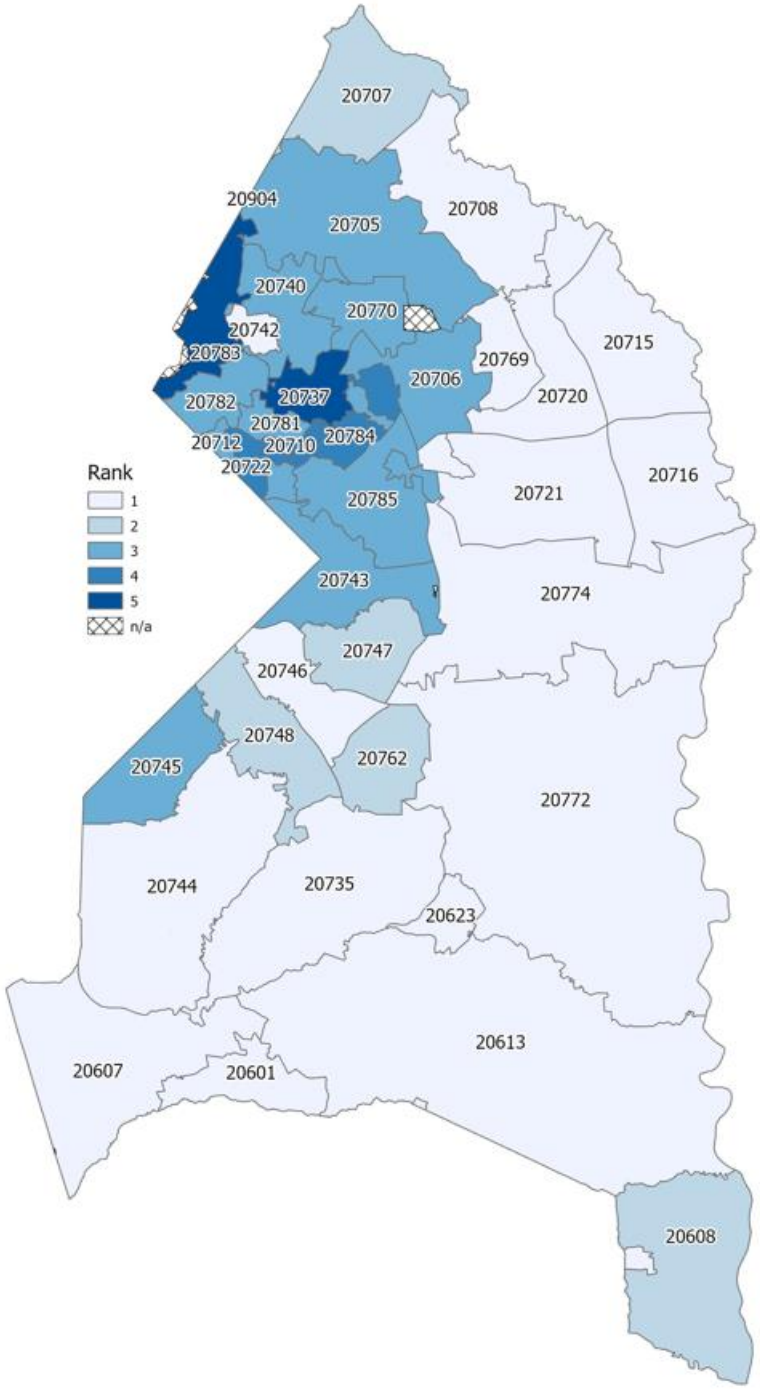
GRADUATION RATE BY RACE/ETHNICITY, PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS



Data Source: 2012-2023 Maryland Report Card

2023 HEALTH EQUITY INDEX

The Health Equity Index is a measure of socioeconomic need correlated with poor health outcomes. The index is calculated from several social and economic factors, including poverty and education, that are correlated with poor health outcomes. The ZIP codes are ranked based on the index, from 1 (low need) to 5 (high need), based on their value relative to similar locations within the region by the Healthy Communities Institute.[1]



[1] www.pgchealthzone.org, PGC Healthzone Dashboard, accessed 1/25/2025

SOCIAL DETERMINANTS OF HEALTH

SOCIAL VULNERABILITY INDEX

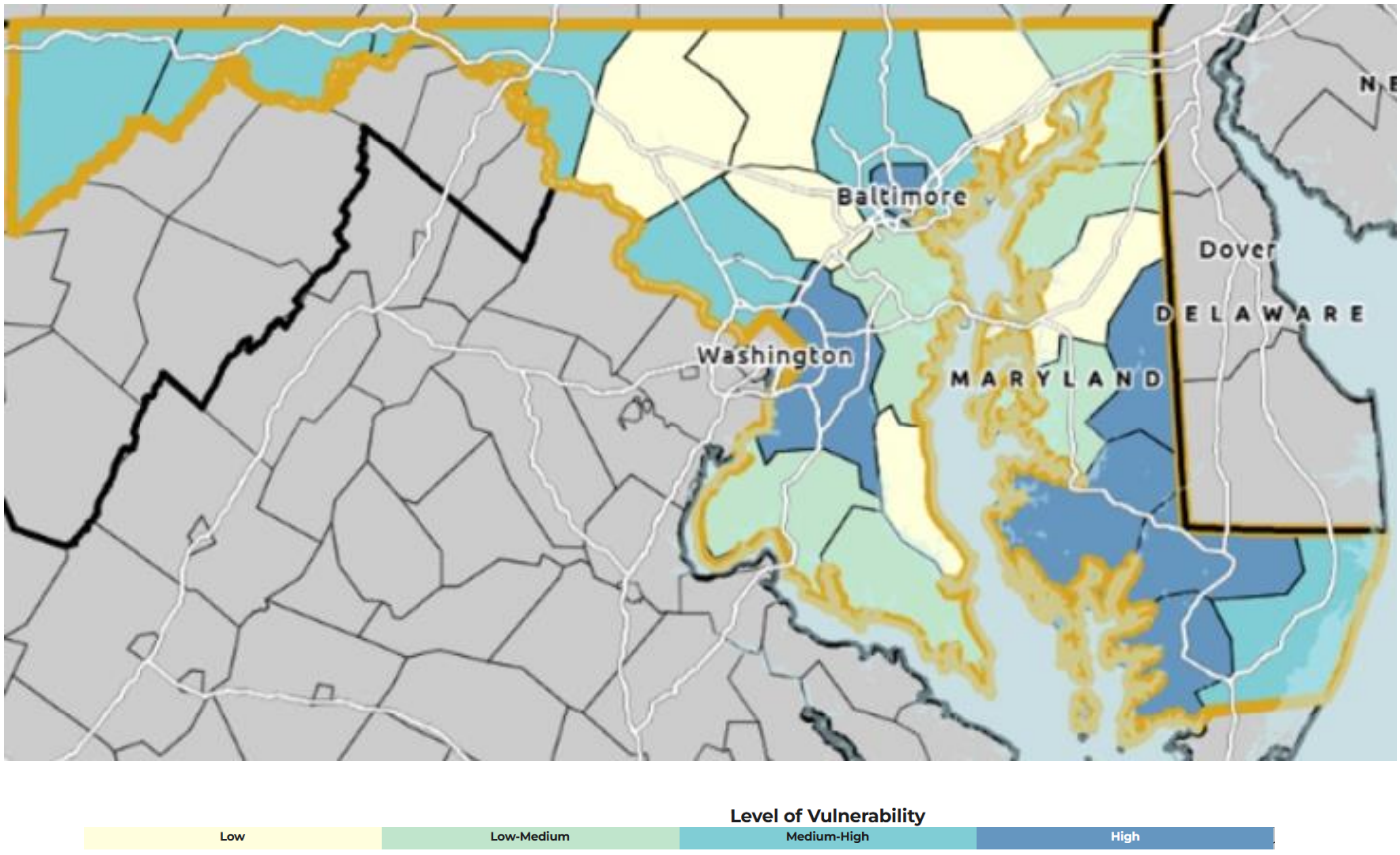
Social Vulnerability of a community is impacted by demographic and socioeconomic factors that can affect how it responds and adapts to public health emergencies. The Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index is used to identify and quantify communities experiencing social vulnerability.[2] The index uses 16 U.S. Census variables to establish a single measure of overall social vulnerability. Prince George's County currently has a "High" SVI.

SOCIAL VULNERABILITY INDEX INDICATORS	2020	2022	Percent Change 2020-2022
SOCIOECONOMIC STATUS			
Below 150% Poverty	126,596	139,608	10.28%
Unemployed	32,959	35,915	8.97%
Housing Cost Burden	93,906	95,088	1.26%
No High School Diploma	79,411	84,386	6.26%
No Health Insurance	92,790	99,383	7.11%
HOUSEHOLD CHARACTERISTICS			
Aged 17 and younger	202,908	211,186	4.08%
Aged 65 and older	121,208	135,034	11.41%
Civilian with a Disability	87,444	93,998	7.50%
Single-Parent Households	25,815	27,305	5.77%
English Language Proficiency	58,659	66,685	13.68%
Racial and Ethnic Minority Status	798,266	846,399	6.03%
HOUSING TYPE AND TRANSPORTATION			
Multi-Unit Structures	75,196	81,928	8.95%
Mobile Homes	1,472	1,806	22.69%
Crowding	13,504	15,544	15.11%
No Vehicle	29,030	31,746	9.36%
Group Quarters	18,454	18,237	-1.18%

[2] Centers for Disease Control and Prevention and Agency for Toxic Disease Registry

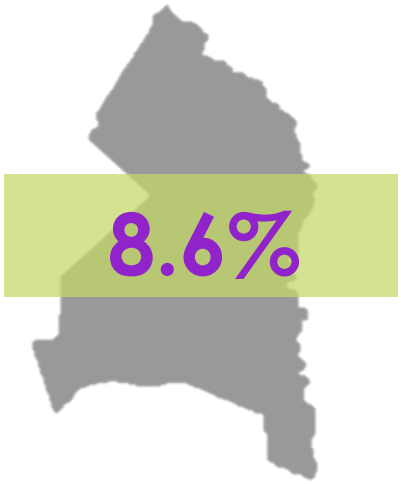
SOCIAL DETERMINANTS OF HEALTH

SOCIAL VULNERABILITY INDEX



Data Source: Centers for Disease Control and Prevention and Agency for Toxic Disease Registry

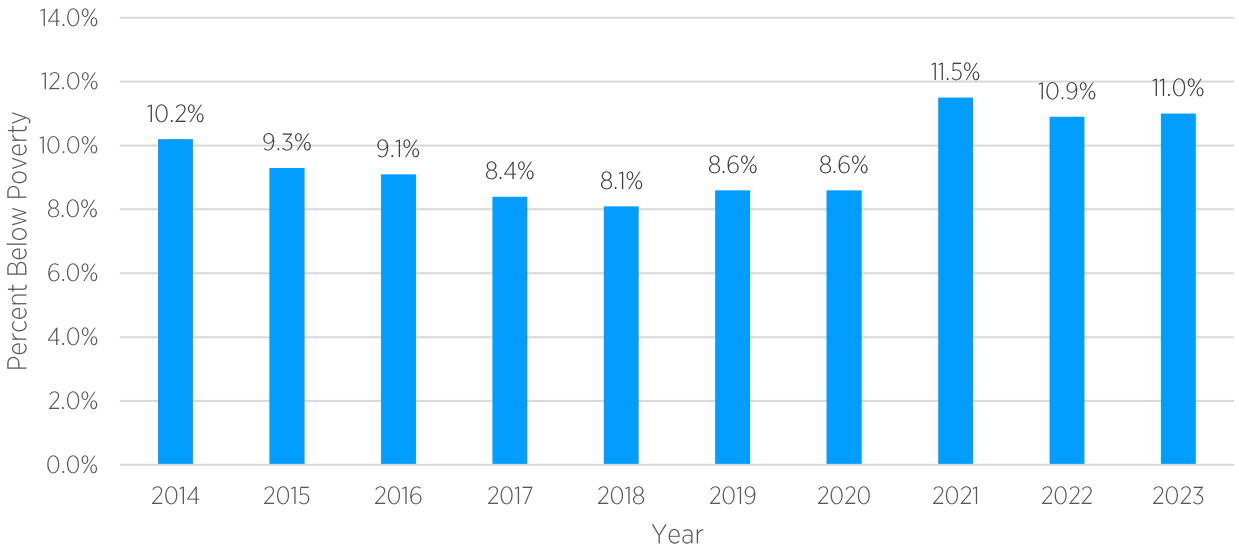
POVERTY



In 2019, the estimated proportion of individuals living in poverty in Prince George's County was 8.6%, a slight increase from a low of 8.1% in 2018. In 2023, 11% of residents live in poverty. The percent of residents living in poverty has continued to remain elevated from 2020.

SOCIAL DETERMINANTS OF HEALTH

PERCENTAGE OF RESIDENTS LIVING BELOW THE POVERTY LEVEL, PRINCE GEORGE'S COUNTY, 2014 - 2023



Data Source: 2014-2023 American Community Survey 1-Year Estimates

INDIVIDUAL POVERTY STATUS IN THE PAST 12 MONTHS

	PRINCE GEORGE'S COUNTY			
INDICATORS	Prince George's County (N)	% Poverty	Maryland % Poverty	United States % Poverty
Total individuals in poverty	101664	11.0%	9.5%	12.5%
Male	49,906	10.5%	8.5%	11.3%
Female	54,758	11.4%	10.5%	13.6%
Age				
Under 18 years	28,028	13.9%	10.6%	16.0%
18 to 64 years	60,721	10.5%	9.1%	11.5%
65 years and over	12,915	9.0%	9.5%	11.3%
Race & Ethnicity				
Black	53,873	9.8%	13.5%	20.8%
Hispanic (of any race)	30,419	14.4%	12.5%	16.6%
White, non-Hispanic	9,889	11.1%	6.6%	9.4%
Asian	4,513	13.1%	6.8%	9.9%
Educational Attainment (population 25 years+)				
Less than high school	15,860	18.3%	22.0%	24.30%
High school graduate (or equivalent)	22,366	13.6%	13.4%	14.60%
Some college or Associate degree	12,175	8.0%	8.1%	10.00%
Bachelor's degree or higher	9,600	3.9%	3.4%	4.60%

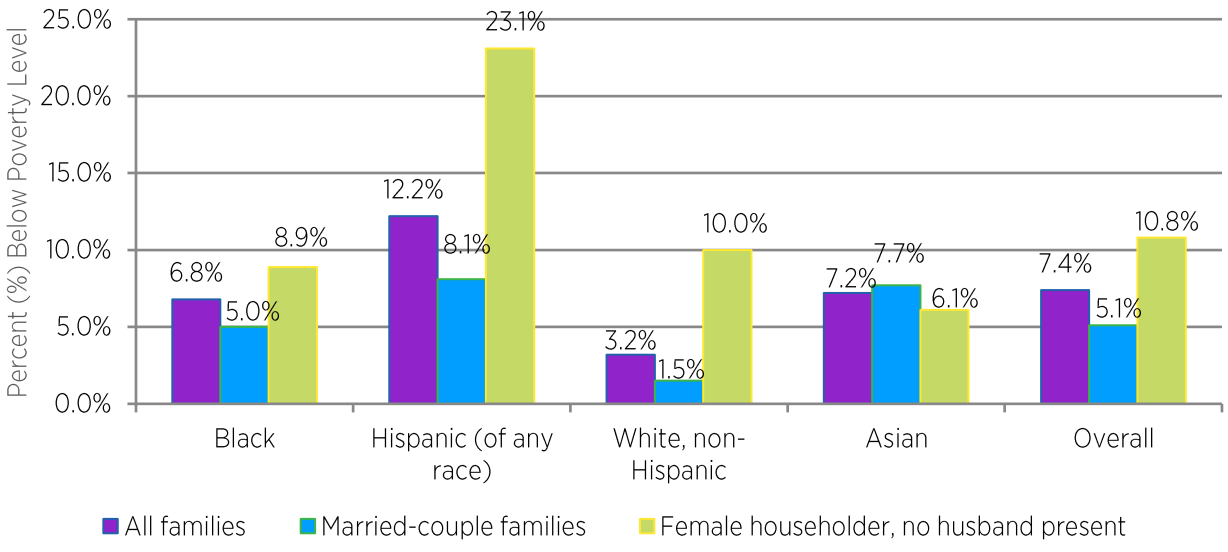
Data Source: 2023 American Community Survey 1-Year Estimates

FAMILY POVERTY STATUS IN THE PAST 12 MONTHS, 2023

	PRINCE GEORGE'S COUNTY %POVERTY	MARYLAND %POVERTY	UNITED STATES %POVERTY
All families	7.4%	6.4%	8.8%
With related children under 18 years	10.7%	8.6%	13.3%
Married couple families	5.1%	3.3%	4.7%
With related children under 18 years	7.2%	3.4%	5.7%
Families with female householder, no husband present	10.8%	15.8%	23.2%
With related children under 18 years	15.9%	21.2%	32.2%

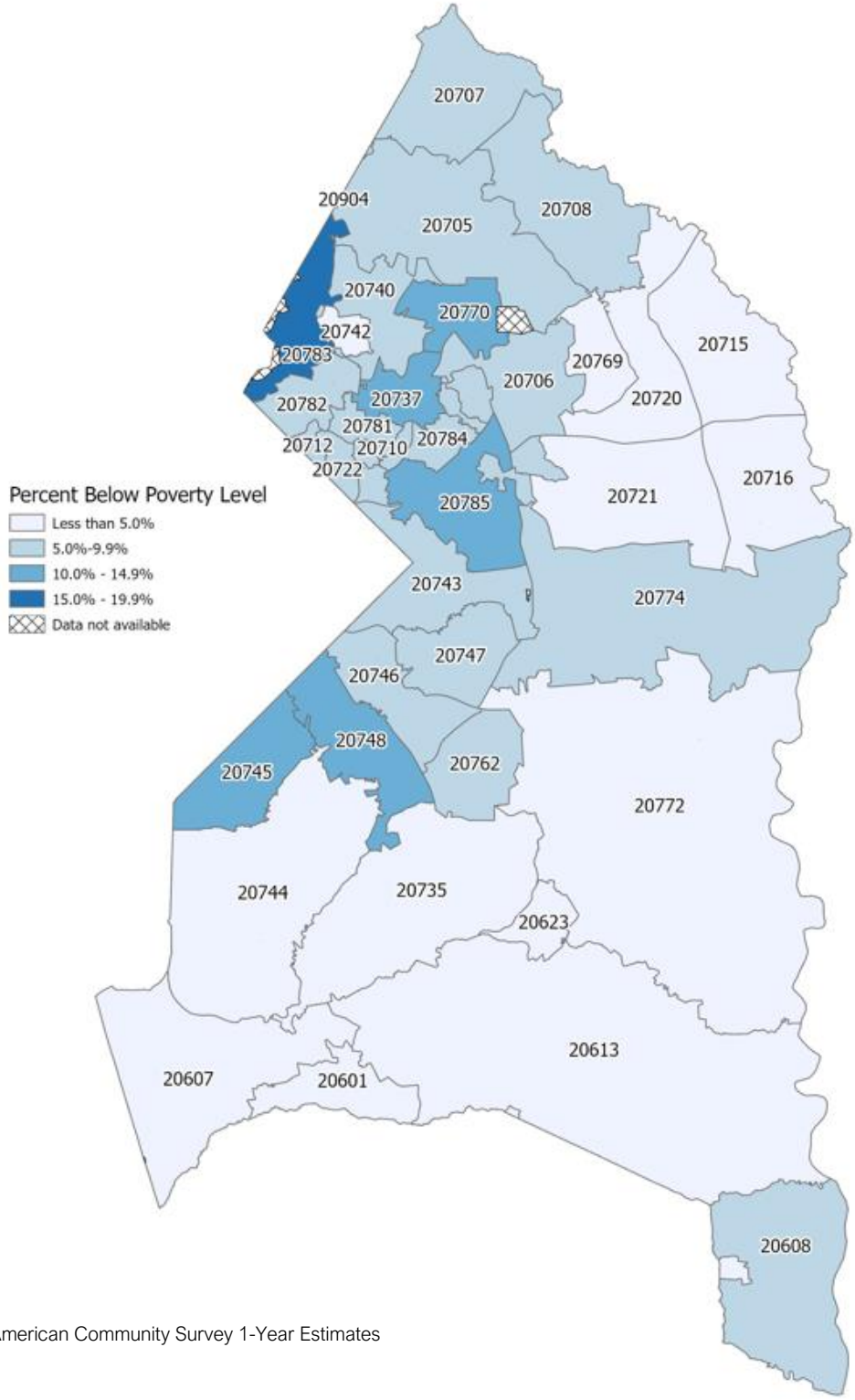
Data Source: 2023 American Community Survey 1-Year Estimates

POVERTY BY FAMILY STATUS AND RACE & ETHNICITY



Data Source: 2023 American Community Survey 1-Year Estimates

PERCENTAGE OF RESIDENTS LIVING IN POVERTY BY ZIP CODE, PRINCE GEORGE'S COUNTY, 2018-2022



Data Source: 2018-2022 American Community Survey 1-Year Estimates

FOOD INSECURITY

FOOD STAMP/SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS

PERCENTAGE OF HOUSEHOLDS WITH FOOD STAMP/SNAP BENEFITS, 2023

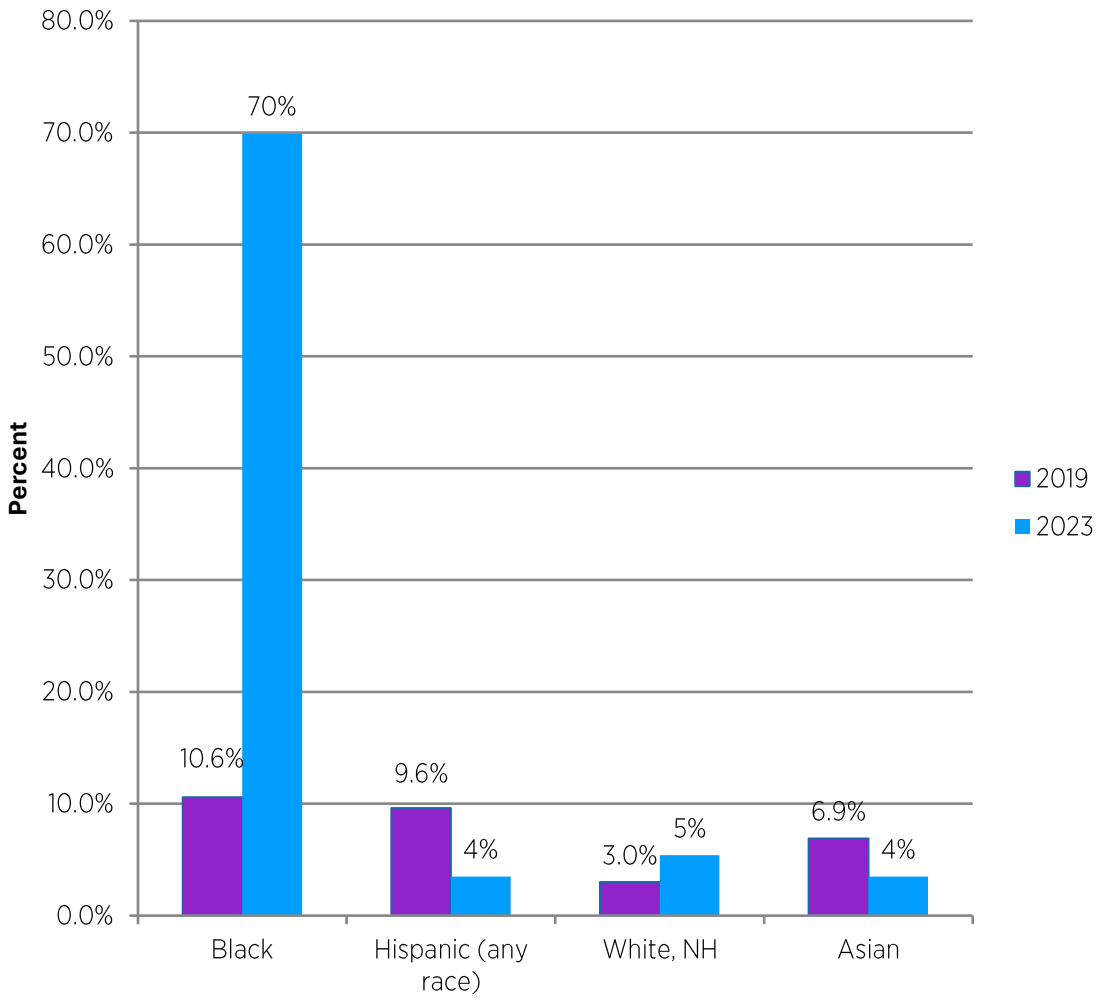
	PRINCE GEORGE'S COUNTY	MARYLAND	UNITED STATES
Households Receiving Food Stamps/Snap	11.0%	10.4%	12.2%
Cash Public Assistance Income	1.6%	2.2%	2.4%

SELECT CHARACTERISTICS OF RESIDENTS RECEIVING SNAP	2019	2022	2023	Percent Change 2019-2023	Percent Change 2022-2023
Households receiving SNAP assistance	311,343	341,057	344,586	10.68%	1.03%
HOUSEHOLD TYPES					
Married-couple family	124,974	133,204	132,044	5.66%	-0.87%
Male householder, no spouse present	19,572	22,761	24,898	27.21%	9.39%
Female householder, no spouse present	58,915	62,873	63,452	7.70%	0.92%
Nonfamily households	107,882	122,219	124,192	15.12%	1.61%
HOUSEHOLDS WITH CHILDREN					
With children under 18 years	100,967	106,513	107,693	6.66%	1.11%
No children under 18 years	210,376	234,544	236,893	12.60%	1.00%
RACE AND ETHNICITY					
White, NH	48,037	47,747	45,740	-4.78%	-4.20%
Black or African American, NH	209,415	226,680	225,977	7.91%	-0.31%
Asian, NH	11,384	12,859	12,848	12.86%	-0.09%
Hispanic or Latino origin (of any race)	36,536	43,859	48,784	33.52%	11.23%

Data Source: 2023 American Community Survey 1-Year Estimates

FOOD INSECURITY

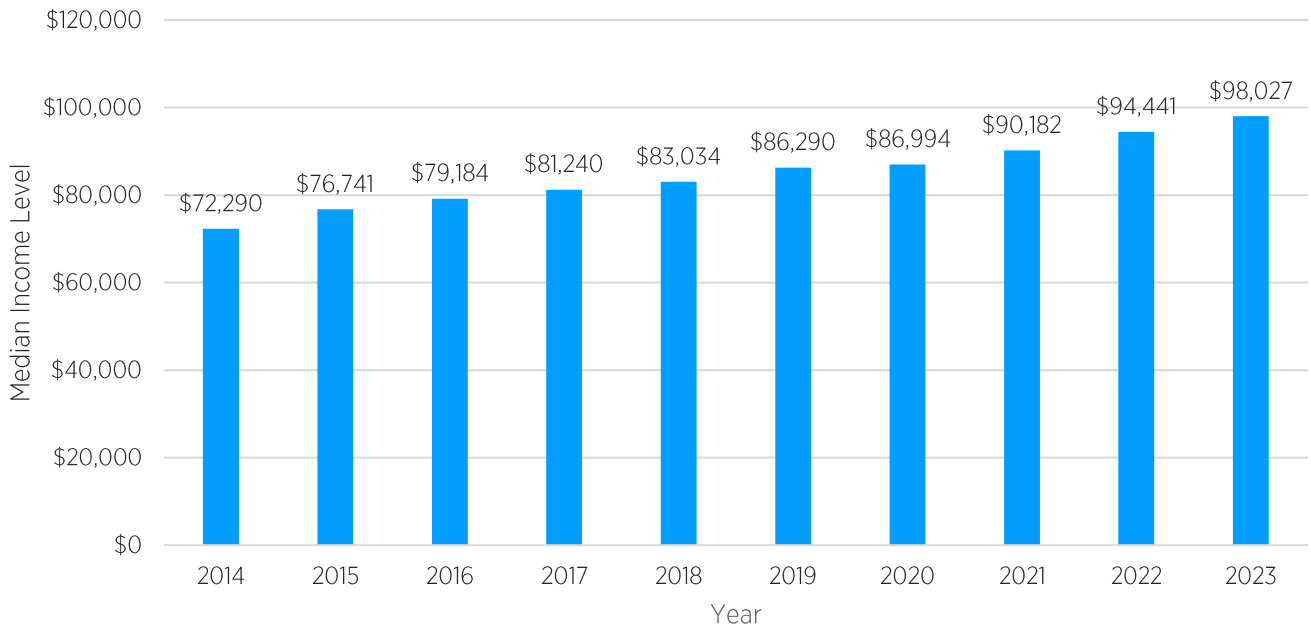
PERCENTAGE OF HOUSEHOLDS RECEIVING FOOD STAMPS/SNAP BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, COMPARING 2019 AND 2023



Data Source: 2023 American Community Survey 1-Year Estimates

INCOME

MEDIAN INCOME LEVEL FOR HOUSEHOLDS, PRINCE GEORGE'S COUNTY, 2014 - 2023



Data Source: 2014-2023 American Community Survey 1-Year Estimates

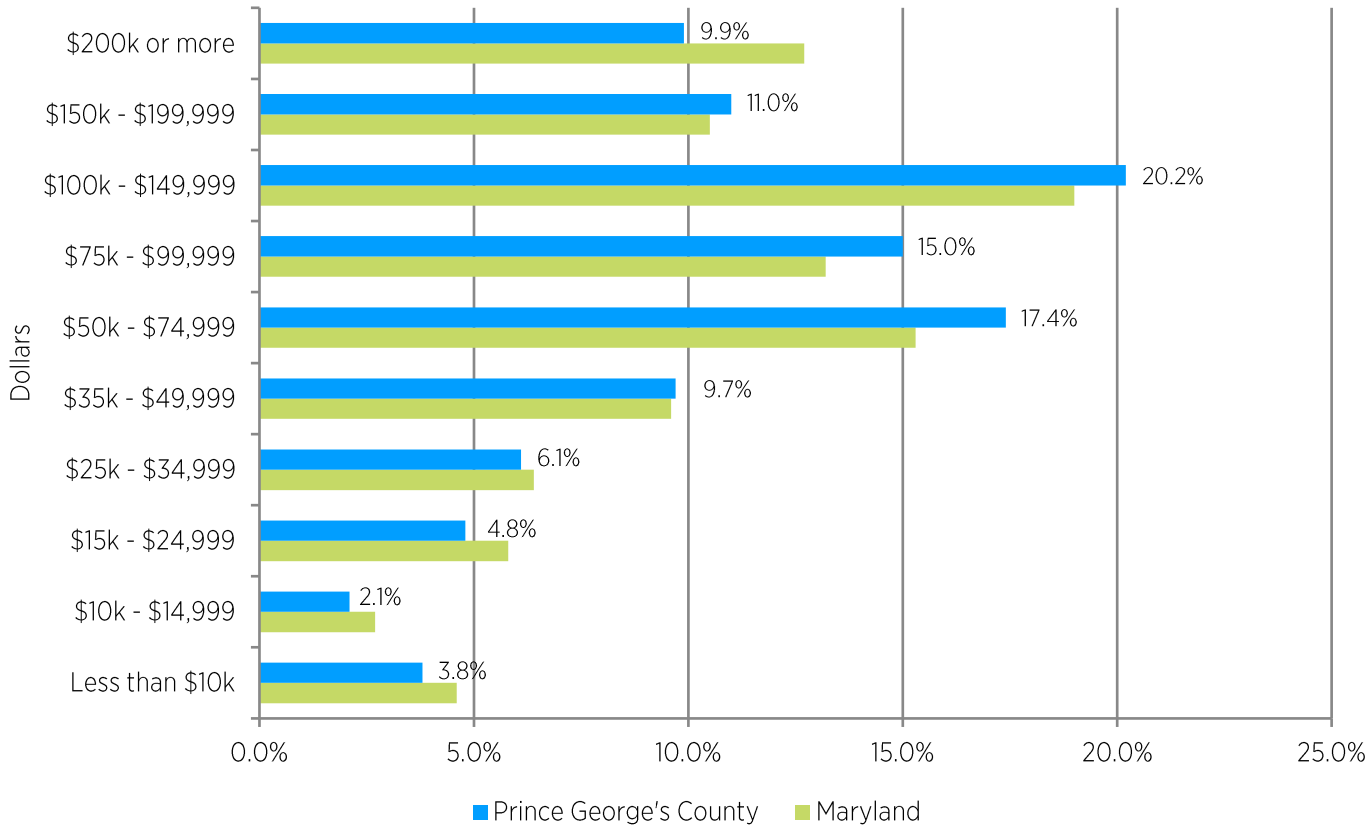
INCOME IN THE PAST 12 MONTHS (IN 2023 INFLATION-ADJUSTED DOLLARS)

	PRINCE GEORGE'S COUNTY	MARYLAND	UNITED STATES
Median household income	$98,027	$98,678	$77,719
Mean household income	$121,050	$129,366	$109,160
Median family income	$115,730	$121,875	$96,401
Mean family income	$138,417	$154,194	$129,171

Data Source: 2023 American Community Survey 1-Year Estimates

INCOME

HOUSEHOLD INCOME (IN 2023 INFLATION-ADJUSTED DOLLARS)



Data Source: 2023 American Community Survey 1-Year Estimates

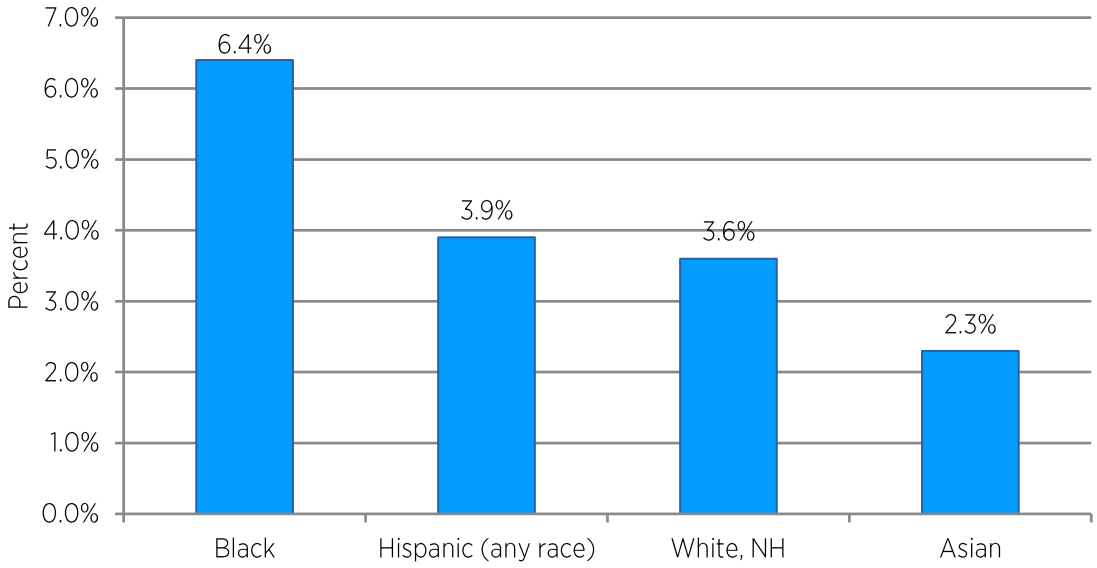
EMPLOYMENT

UNEMPLOYMENT RATE FOR RESIDENTS 16 YEARS AND OLDER, 2023

	PRINCE GEORGE'S COUNTY	MARYLAND	UNITED STATES
Population 16 years and older	5.3%	4.0%	4.3%
Below Poverty Level	20.3%	20.6%	18.3%
With Any Disability	10.0%	9.4%	8.9%
EDUCATIONAL ATTAINMENT (Ages 25-64 Years)			
Less than High School	3.2%	5.8%	6.5%
High School Graduate	6.1%	4.8%	4.8%
Some College or Associate Degree	5.4%	3.8%	3.6%
Bachelor's Degree or Higher	2.8%	1.7%	2.3%

Data Source: 2023 American Community Survey 1-Year Estimates

UNEMPLOYMENT RATE, PRINCE GEORGE'S COUNTY, 2023



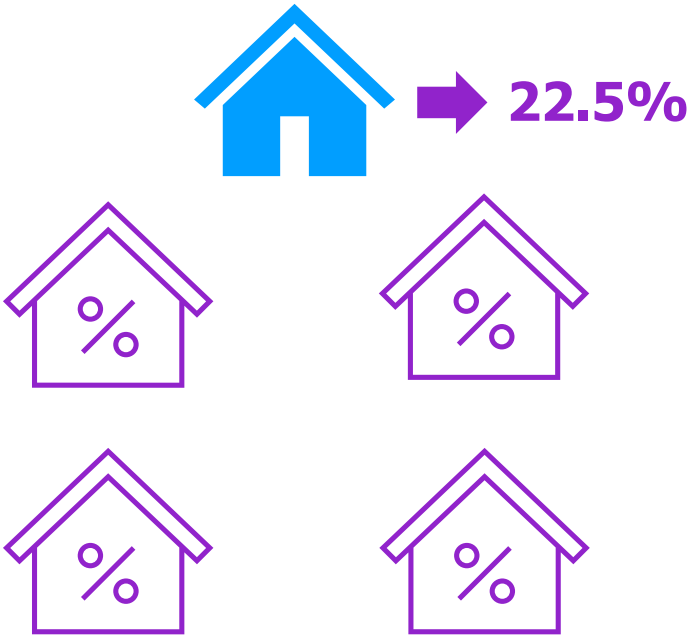
Data Source: 2023 American Community Survey 1-Year Estimates

HOMELESSNESS AND UNHOUSED

Slightly over one in five (22.5%) residents are covered by some form of public insurance; or the Children's Health Insurance Program (CHIP). 11% of all County adult residents lack insurance. That proportion rises to 40.9% for Hispanics, and to approximately 20% for residents aged 35. Whereas 92.6% of children and youth 18 years of age and under in the County have insurance, only 85.3% of the County's Hispanic children are insured.[3]

Finding affordable housing is a challenge and a social determinant of health for many in the County. Almost a third (31.1%) of homeowners spend 30% or more of their household income on mortgage payments.[4] Half (50.7%) of the County renters spend 30% or more of their household income on rent.

Slightly over **one** in **five**
of residents **are covered by some form of public insurance**; or the Children's Health Insurance Program (CHIP)

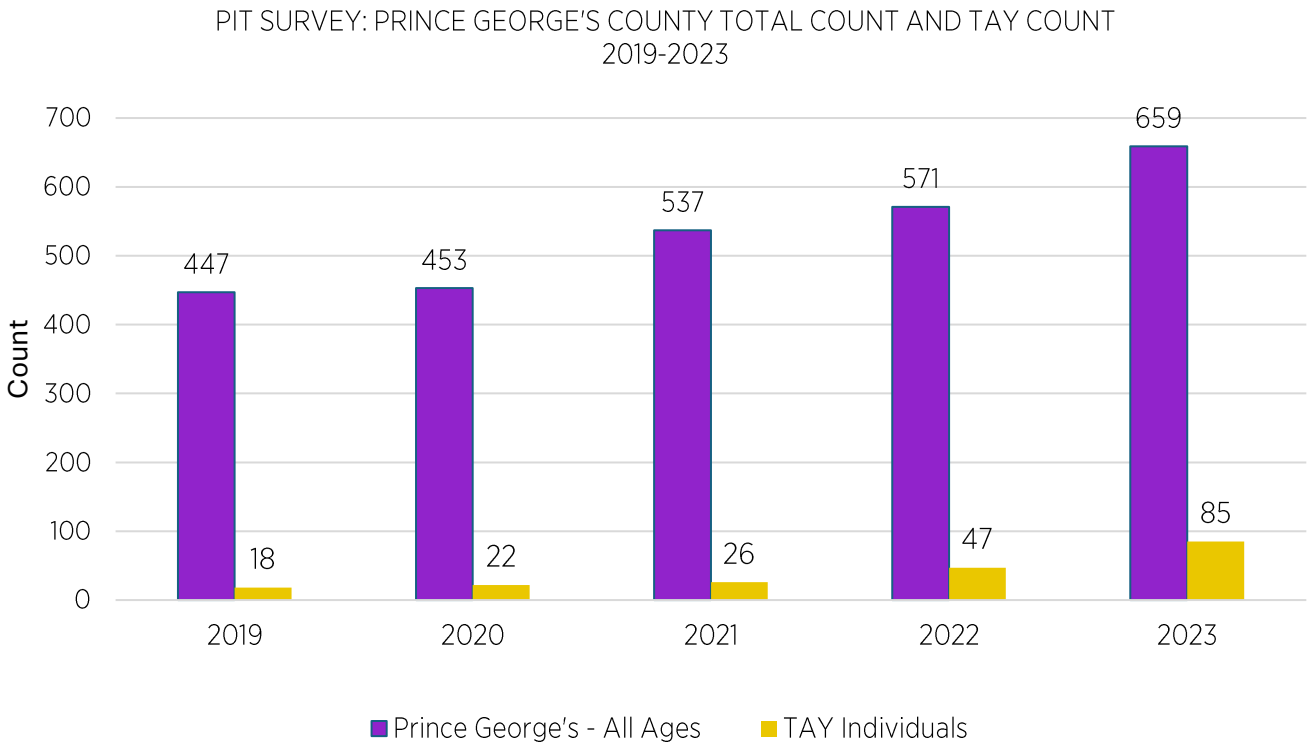


PIT SURVEY: PERSON EXPERIENCING LITERAL HOMELESSNESS IN 2023

TREATMENT SETTING	2019	2020	2021	2022	2023	Change in Persons 2019-2023	Percent Change 2019-2023
PRINCE GEORGE'S	447	453	537	571	659	212	47%
TOTAL	9,794	9,763	8,309	7.605	8,944	-850	-9%

[3] Ibid, Behavioral Risk Factor Survey (BRFSS) accessed 1/25/2025
[4] PGC Healthzone Mortgage Owners Spending 30% or More of Household Income on Housing. Accessed on 1/24/2025, at https://www.pgchealthzone.org/indicators/index/view?indicatorId=2551&localeId=1260

HOMELESSNESS AND UNHOUSED



According to the Homelessness in Metropolitan Washington Results and Analysis from the Annual Point-in-Time (PIT) Count of Persons Experiencing Homelessness Report,[5] **654 people in Prince George's County indicated that they were experiencing homelessness** in 2023, a 15% increase from 2022 and a 47% increase from 2019. The PIT survey counted 99 transitional-aged youth, ages 18-24 who were experiencing homelessness. This represents 15% of the total number of people counted and a 372% increase from 2019.

[5] Homelessness in Metropolitan Washington: Results and Analysis from the Annual Point-in-Time (PIT) Count of Persons Experiencing Homelessness | Metropolitan Washington Council of Governments (mwcog.org). Accessed on January 18, 2024.

HOMELESSNESS AND UNHOUSED

Transitionally aged youth (TAY), typically defined as persons between the ages of 18 and 25, have the highest proportion of any age group living in poverty.

The data shows that, similar to Maryland, the unemployment rate in Prince George's County remained mostly steady, except for a significant spike during the height of the COVID-19 pandemic. However, in 2022, the unemployment rate in the County dropped from 5.3% to 3.2%, which is one of the lowest rates in the County since before the start of the pandemic.

PIT SURVEY: SINGLE TAY INDIVIDUALS EXPERIENCING HOMELESSNESS IN 2023

TREATMENT SETTING	2019	2020	2021	2022	2023	Change in Persons 2019-2023	Percent Change 2019-2023
PRINCE GEORGE'S COUNTY	18	22	26	47	85	67	372%
TOTAL	397	393	453	484	578	181	46%

Data Source: Homelessness in Metropolitan Washington: Results and Analysis from the Annual Point-in-Time (PIT) Count of Persons Experiencing Homelessness | Metropolitan Washington Council of Governments (mwcog.org).

HOUSING CHARACTERISTICS, 2023

INDICATORS	PRINCE GEORGE'S COUNTY		MARYLAND		UNITED STATES	
	N	%	N	%	N	%
Total Housing Units	369,065		2,572,382		145,333,462	
VACANCY						
Occupied Housing Units	351,460	95.20%	2,384,715	92.70%	131,332,360	90.4%
Vacant Housing Units	17,605	4.80%	187,667	7.30%	14,001,102	9.6%
OCCUPIED HOUSING UNITS						
Owner-occupied	198,084	64.10%	1,619,478	67.90%	85,685,869	65.2%
Renter-occupied	118,277	35.90%	765,237	32.10%	45,646,491	34.8%
OWNER-OCCUPIED UNITS HOUSEHOLD TYPE						
Married-couple family	102,616	45.60%	920,383	56.80%	50,316,208	58.7%
Male householder, no spouse present	5,141	2.30%	73,727	4.60%	3,897,042	4.5%
Female householder, no spouse present	68,897	30.60%	591,210	36.50%	7,968,013	9.3%
Nonfamily household	28,578	12.70%	255,446	15.80%	21,361,188	27.4%
RENTER-OCCUPIED UNITS HOUSEHOLD TYPE						
Married-couple family	31,163	24.70%	171,621	22.40%	11,104,980	24.30%
Male householder, no spouse present	7,001	5.50%	44,473	5.80%	3,235,923	7.10%
Female householder, no spouse present	20,859	16.50%	105,098	13.70%	6,366,880	13.90%
Nonfamily household	3,303	2.60%	22,050	2.90%	1,502,177	3.30%
AVERAGE HOUSEHOLD SIZE						
Owner-occupied		2.71		2.67		2.61
Renter-occupied		2.51		2.27		2.25
Severe Housing Problems*		20%		16%		17%

*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: 2023 American Community Survey 1-Year Estimates

HEALTH INSURANCE

According to 2023 estimates from the American Community Survey, approximately 105,172 individuals living in Prince George's County are uninsured, representing 11% of the resident population. **The percentage of residents who are uninsured has increased by 4% compared to 2022.** The percentage of uninsured individuals is nearly 2 times higher in Hispanic/Latino residents (62.1%) compared with Black/African American, non-Hispanic residents (31.1%), and nearly 20 times higher than White, non-Hispanic residents (2.5%).[6]

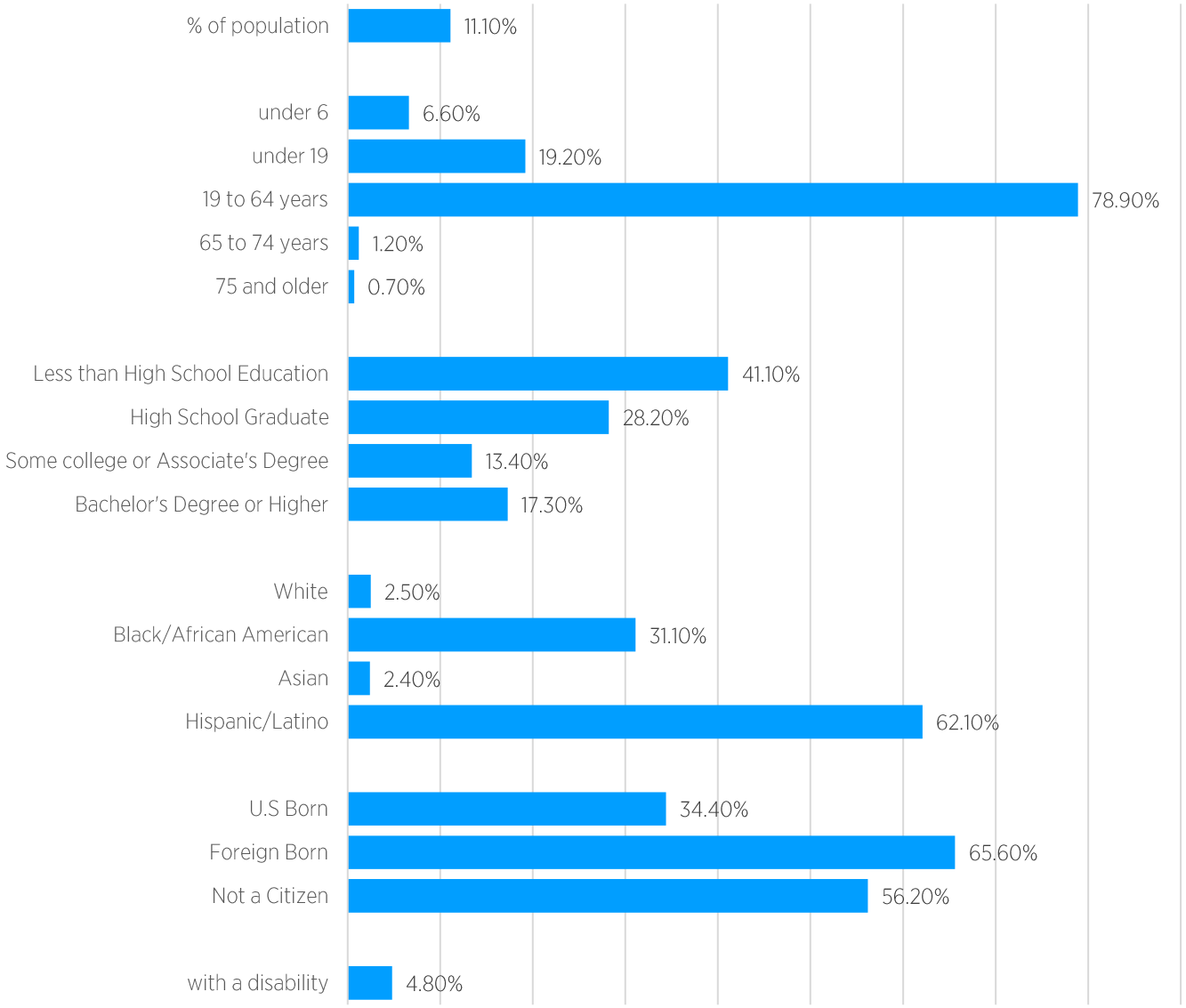
The percentage of uninsured residents who identify as Asian decreased from 3.4% in 2022 to 2.4% in 2023. This was the greatest decrease in uninsured residents among any racial group. Compared to U.S.-born residents (34.4%), a substantially higher percentage of foreign-born (65.6%) and non-citizen (56.2%) individuals in the County are uninsured.[6] The percentage of the population uninsured varies substantially by educational level.[6] Approximately 28% of those without a high school degree or equivalent are uninsured, compared with 17% of individuals with a Bachelor's degree or higher.[6]

HEALTH INSURANCE	2019	2022	2023	Percent Change 2022-2023
With health insurance coverage	813,334	826,420	831,866	0.66%
With private health insurance coverage	618,341	599,674	624,391	4.12%
With public health coverage	303,760	346,454	334,107	-3.56%
No health insurance coverage	88,784	101,480	105,172	3.64%

[6] U.S. Census ACS 2023

HEALTH INSURANCE

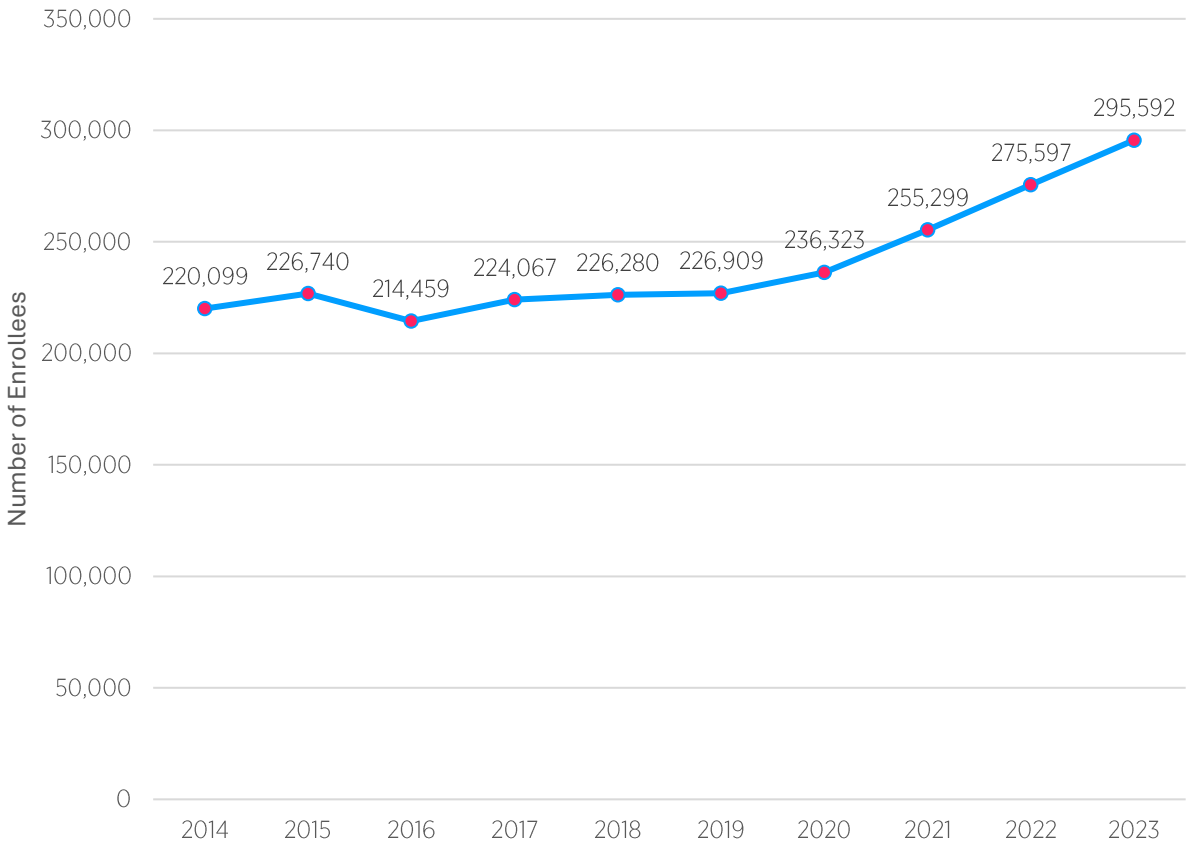
Health Insurance by Select Demographic Characteristics for Uninsured Residents



Data Source: 2023 American Community Survey 1-Year Estimates

HEALTH INSURANCE

PRINCE GEORGE'S COUNTY MEDICAID ENROLLEES, 2014-2023



Data Source: University of Maryland-Baltimore County Hilltop Institute DataPort
Data as of February 2025

EMERGENCY DEPARTMENT WAIT TIMES

Delays before getting care in the emergency department can reduce the quality of care and adversely affect health outcomes. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

In 2023, nationwide, the median time patients spent in the Emergency Department (ED) was 163 minutes, up from 161 minutes in the 12-month period ending in November 2023, according to Centers for Medicaid and Medicare Services (CMS) data. In the same period ending in 2022, this figure sat at 157 minutes. Twenty states had average emergency room visit times higher than the national average. Of all U.S. states and territories, Washington, D.C. residents had the longest average emergency department visit times at 5 hours and 14 minutes, followed by Puerto Rico at 4 hours and 41 minutes, and followed by Maryland, which had an average wait time of 4 hours and 10 minutes. There are a number of measures that identify the length of time a patient can wait in the ED. The median time from arrival at the ED to the time a person is discharged home or for additional care is the measure most frequently reported. This measure is one of several factors that determine timely and effective care according to CMS data indicators. The OP-18b is the measure that is most commonly reported to examine the overall time waiting in the ED. The table below outlines several other measures that are available.

MEASURE	WHAT IS BEING MEASURED
EDV	Emergency department volume (alternate Measure ID: EDV-1)
ED-2	Average (median) admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status
OP-18b	Average (median) time patients spent in the emergency department before leaving from the visit (alternate Measure ID: OP-18)
OP-18c	Average time patients spent in the emergency department before being sent home (Median Time from ED Arrival to ED Departure for Discharged ED Patients – Psychiatric/Mental Health Patients) **This measure is only found in the downloadable database, it is not displayed on the Care Compare on Medicare.gov website*
OP-22	Percentage of patients who left the emergency department before being seen
OP-23	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival

EMERGENCY DEPARTMENT WAIT TIMES

According to the Maryland Hospital Association, several multifaceted and complex factors can explain the overall time a patient spends in the ED.[7] A number of factors, internal and external to the healthcare facility, can influence ED wait times, such as hospital workforce shortages (e.g., staff and providers) affecting throughput in healthcare infrastructure, as well as an increased need for behavioral health services that can lead to the medical concerns being more acute. Additionally, other factors can impact throughput, for instance hospitals cannot discharge patients for continued care if there is no appropriate facility available, meaning inpatient beds are not available for emergency department patients to be admitted. Another factor impacting ED wait times is Post-Acute Care, which means a patient needs to be admitted for additional long-term treatment, such as care at a skilled nursing facility or rehabilitation facility.

AVERAGE (MEDIAN) TIME PATIENTS SPEND IN THE ED BEFORE LEAVING

STATE OR TERRITORY	TIME (HOURS, MINUTES)
District of Columbia	5 hours 14 min
Puerto Rico	4 hours 41 min
Maryland	4 hours 10 min
Rhode Island	3 hours 38 min
Massachusetts	3 hours 36 min
Delaware	3 hours 31 min
New York	3 hours 24 min
North Carolina	3 hours 11 min
New Jersey	3 hours 11 min
Connecticut	3 hours 9 min

Data Source: CMS-Timely Effective Care, 2024. Data was collected in the calendar year 2023.
Averages include data for Veterans Health Administration and Department of Defense hospitals

7. Maryland Hospital Association

EMERGENCY DEPARTMENT WAIT TIMES

EMERGENCY DEPARTMENT WAIT TIMES

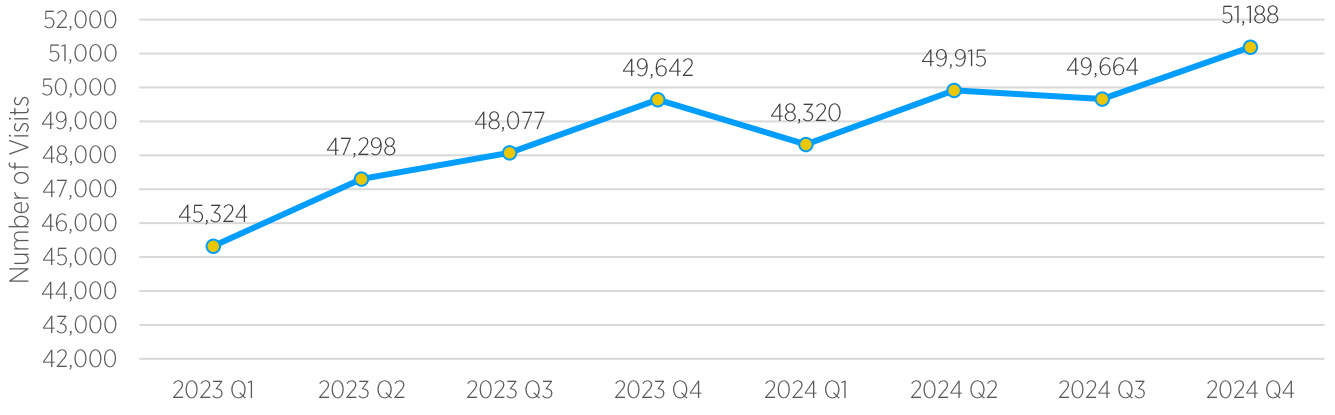
PRINCE GEORGE'S COUNTY HOSPITALS: AVERAGE (MEDIAN) TIME PATIENTS SPENT IN THE ED

HOSPITAL	Avg time	Maryland* (in minutes)	US* (in minutes)	ED Volume	Volume Type (patients seen annually)
Medstar Southern Maryland	344	266	215	40,000-59,000	High Volume
Luminis Health Doctors Community Medial Center	293	245	175	20,000-39,000	Medium Volume
Adventist Healthcare	253	245	175	20,000-39,000	Medium Volume
University of Maryland Capital Region	262	234	191	60,000+	Very High Volume

Data Source: CMS Hospital Compare, 2024
*Based on Volume Type. Volume type defined by CMS

EMERGENCY DEPARTMENT VISITS

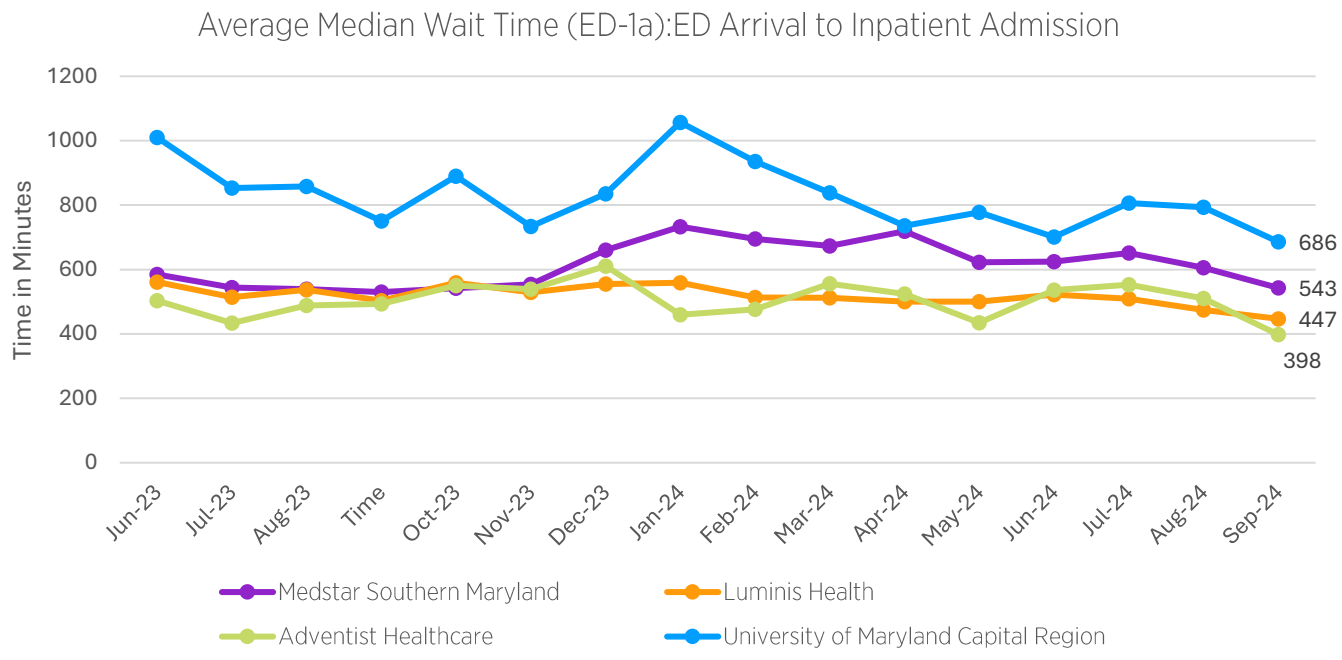
EMERGENCY DEPARTMENT VISITS FOR PGC RESIDENTS, JANUARY 2023 THROUGH DECEMBER 2024 BY QUARTER



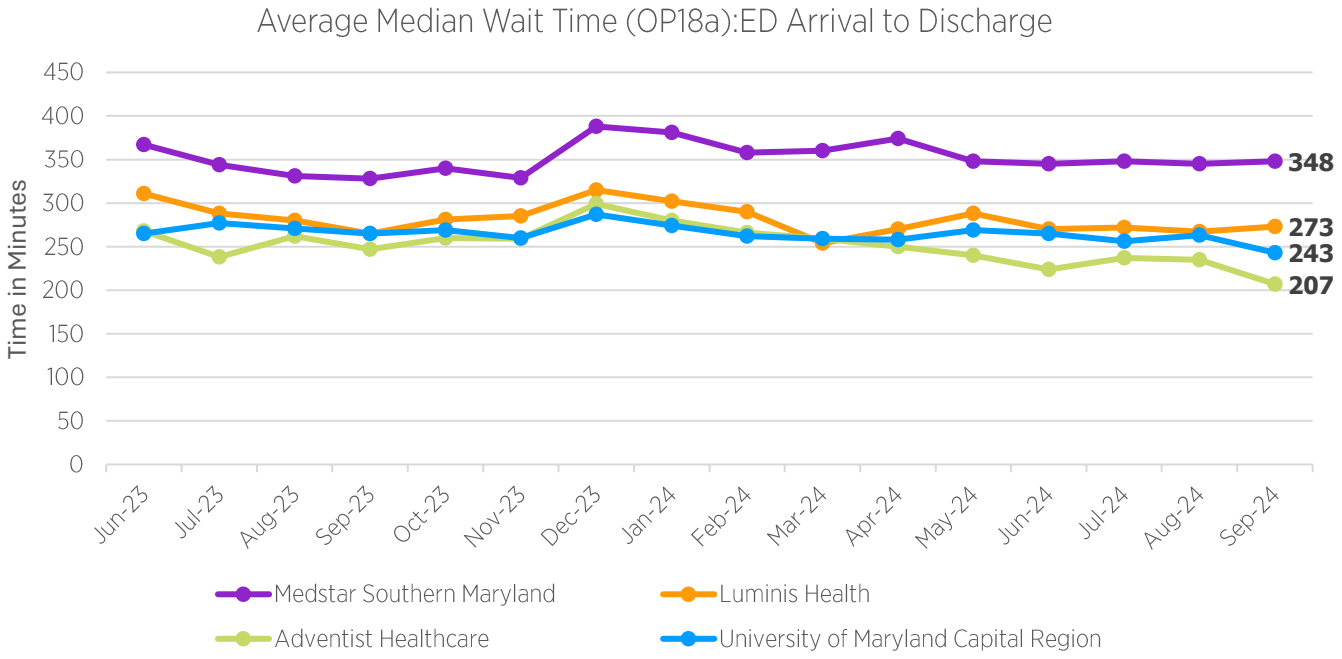
Data Source: CRISP Public Health Dashboard

EMERGENCY DEPARTMENT WAIT TIMES

EMERGENCY DEPARTMENT VISITS



Data Source: HSRC, 2023



Data Source: HSRC, 2023

EMERGENCY DEPARTMENT WAIT TIMES

EMERGENCY DEPARTMENT VISITS

In response to address the underperformance of Maryland Hospitals' ED throughput, House Bill 1143 was established to create the Emergency Department Wait Time Reduction Commission. The bill took effect July 1, 2024, and terminates June 30, 2027. Locally, in 2023, Prince George's County Council passed CR-82-2023, which is a 17-member task force to address ED wait times. The task force will study best practices and provide recommendations to reduce the time residents wait.

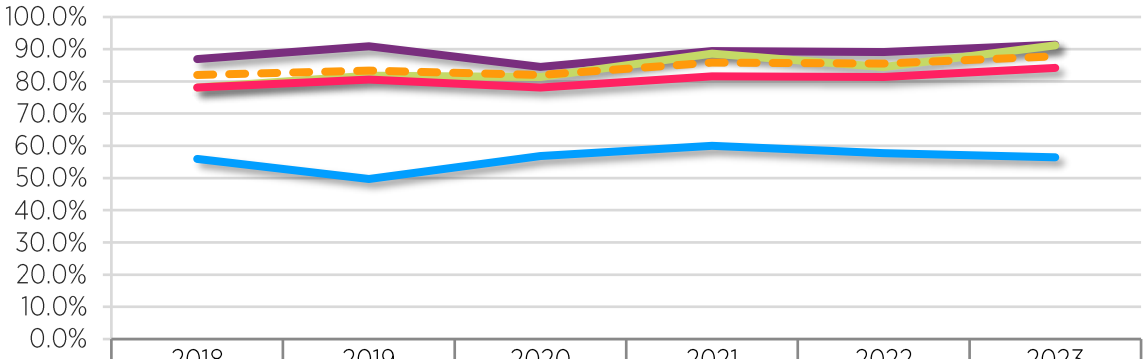
Several initiatives have been enacted in response to ED overcrowding and wait times, including adding ED performance measures in the hospital quality reimbursement program. There are numerous indicators that reflect ED wait times, including the average time patients spend at the Emergency Department, from the time they arrive to the time they leave. This average time excludes those who died in the ED, left Against Medical Advice (AMA), or lacked documented discharge facilities. Additionally, the Emergency Department Dramatic Improvement Effort (EDDIE) Project includes public reporting of emergency department metrics for monitoring.

RESIDENT TO PROVIDER RATIOS	2022 PRINCE GEORGE'S COUNTY	2023 PRINCE GEORGE'S COUNTY	2023 MARYLAND	2023 UNITED STATES
Primary Care Physicians	1,890:1	1,920:1	1,130:1	1,310:1
Dentists	1,570:1	1,620:1	1,260:1	1,380:1
Mental Health Providers	550:1	520:1	310:1	340:1

Data Source: County Health Rankings, 2022, 2023

RESIDENTS WITH A PERSONAL DOCTOR

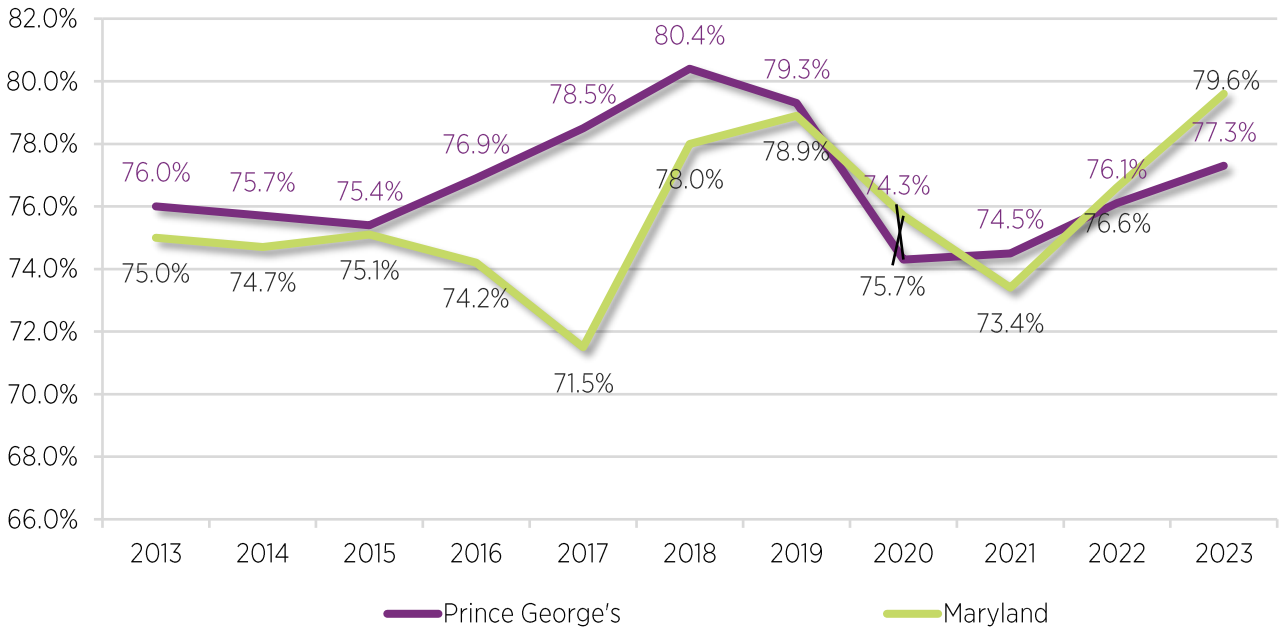
RESIDENTS WITH A PERSONAL DOCTOR, 2018-2023



	2018	2019	2020	2021	2022	2023
PGC Black, NH	86.9%	90.9%	84.5%	89.4%	89.1%	91.4%
PGC White, NH	78.1%	81.8%	81.4%	88.6%	84.5%	91.2%
PGC Hispanic	55.9%	49.7%	56.8%	60.0%	57.7%	56.4%
PGC	78.1%	80.6%	78.1%	81.6%	81.4%	84.2%
Maryland	82.0%	83.4%	82.0%	85.8%	85.5%	87.8%

Data Source: 2018-2023 Maryland Behavior Risk Factor Surveillance System

ADULTS WHO HAD A ROUTINE CHECKUP WITHIN THE LAST YEAR, 2013-2023



Data Source: 2018-2023 Maryland Behavior Risk Factor Surveillance System

RESIDENTS WITH A PERSONAL DOCTOR

ADULTS WHO HAD A ROUTINE CHECKUP WITHIN THE LAST YEAR, 2023

2023 DEMOGRAPHICS	PRINCE GEORGE'S COUNTY	MARYLAND
Sex		
Female	72.50%	76.90%
Male	83.10%	84.70%
Race/Ethnicity		
Black, non-Hispanic	84.00%	85.50%
White, non-Hispanic	71.70%	81.00%
Hispanic	63.40%	67.00%
AGE		
18 to 24 Years	76.00%	75.00%
25 to 34 Years	66.80%	68.00%
35 to 44 Years	63.30%	74.30%
45 to 54 Years	84.90%	83.10%
55 to 64 Years	88.20%	86.40%
65 Years and older	90.10%	92.70%
Overall	78.20%	81.00%

Data Source: 2023 Maryland Behavior Risk Factor Surveillance System

HEALTH INDICATORS

This portion of the CHA includes Prince George's County health data, compiled using local, state, and national sources. The data trends were used in conjunction with Key Informant interview feedback and the Community Resident Survey responses to determine health priorities for the next three years.

METHODOLOGY

The information 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, National Vital Statistics Reports, 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 HSCRC. The specific Data Sources used are listed throughout the report. Most topics were analyzed by gender, race and ethnicity, age group, and ZIP Code, and included 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 regarding health issues is often unavailable. Data with small numbers can also be challenging to analyze and interpret and should be viewed cautiously.

Also of note, the 2022 methodology for identifying ED visits and inpatient hospitalizations was based on the ICD-10 diagnosis coding system, instituted on October 1, 2015.

HEALTH INDICATORS

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.

Healthy People 2030 (HP 2030) – Healthy People 2030 is the nation's goals and objectives to improve citizens' health. HP 2030 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).

HEALTH INDICATORS

DEFINITIONS: Racial and Ethnic Groups:

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

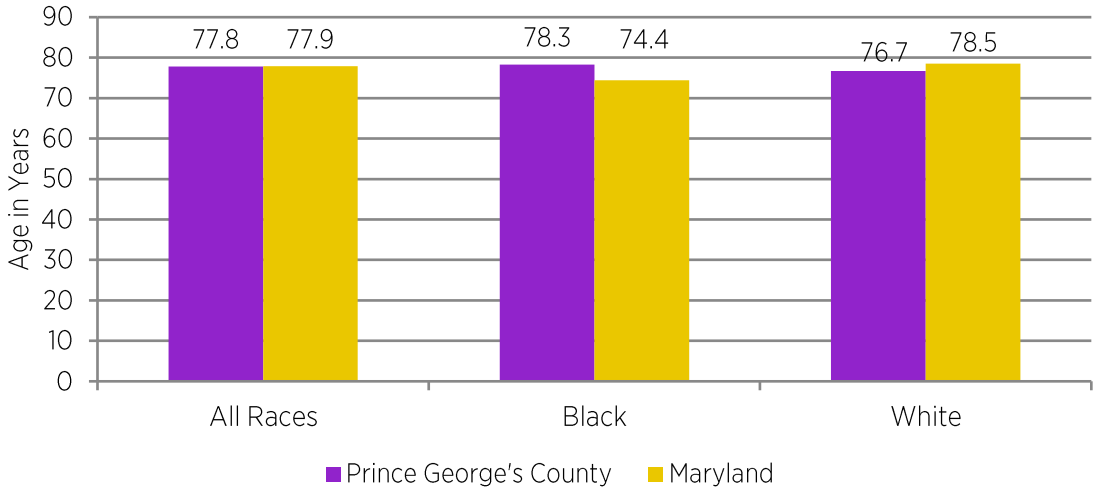
Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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 Philippines, Thailand, Vietnam, etc.

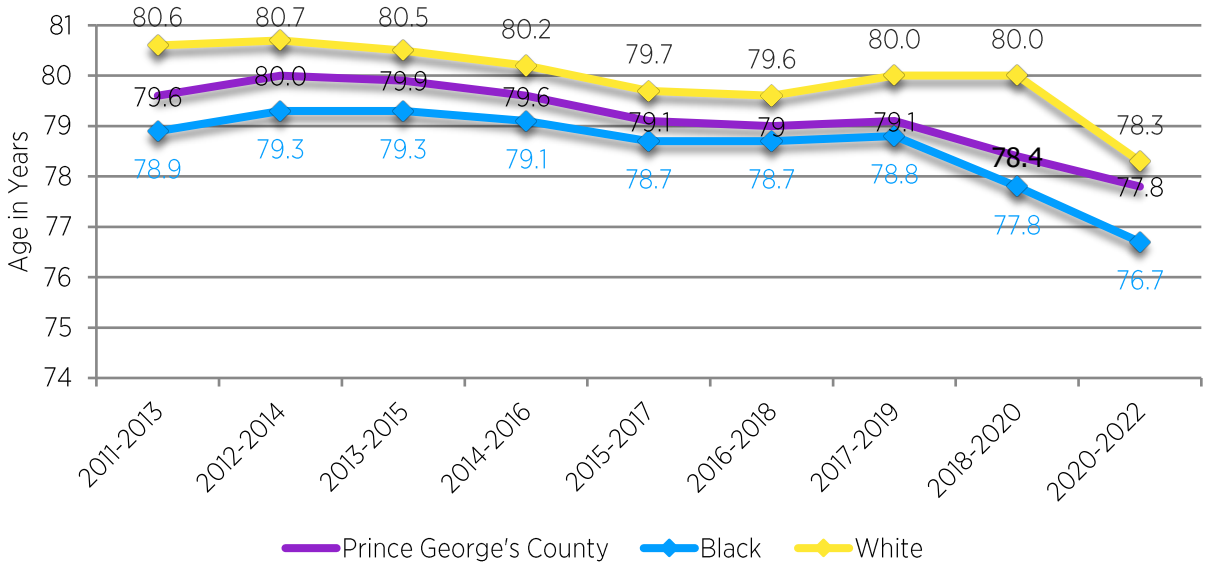
American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

LIFE EXPECTANCY AT BIRTH BY RACE FOR PRINCE GEORGE'S COUNTY COMPARED TO MARYLAND, 2020-2022



Data Source: MDH Vital Statistics 2022

LIFE EXPECTANCY AT BIRTH BY RACE, PRINCE GEORGE'S COUNTY, 2020-2022



Data Source: Maryland Vital Statistics Annual Report 2020-2022,
Maryland Department of Health, Vital Statistics Administration

LEADING CAUSES OF DEATH, 2021-2023

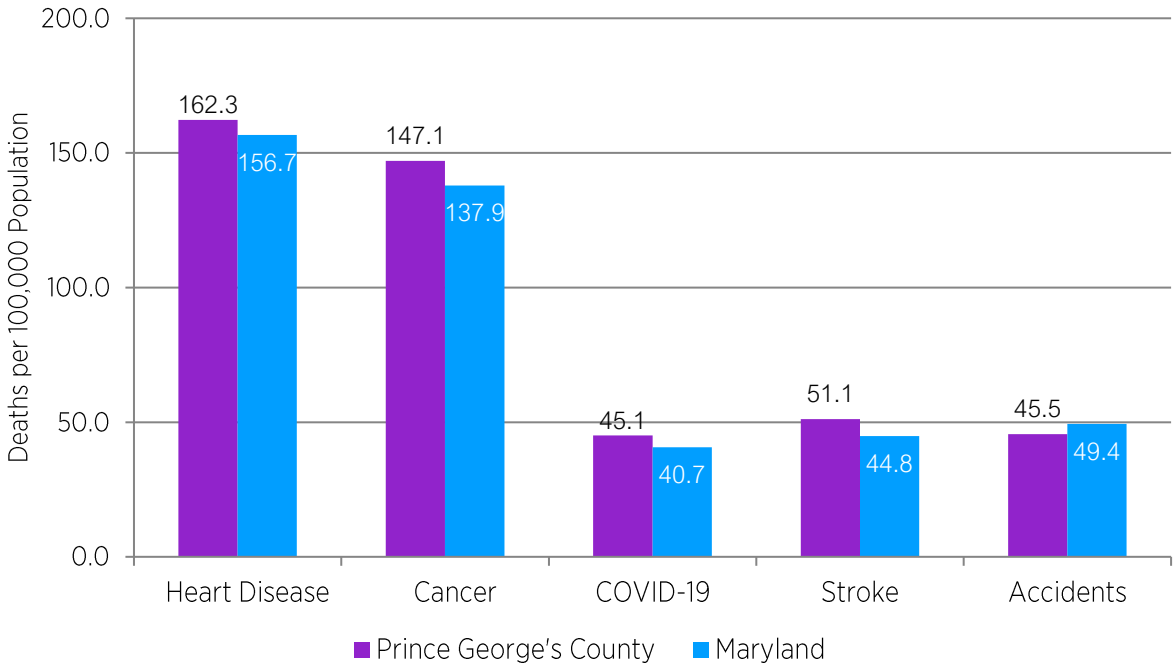
CAUSE OF DEATH	Prince George's County Deaths		Age-Adjusted Death Rates per 100,000 Population			Healthy People 2030 Target
	NUMBER	PERCENT	PRINCE GEORGE'S COUNTY	MARYLAND	UNITED STATES	
All Causes	17,103	100%	600.2	747	758.7	---
Heart Disease	4,626	27.05%	162.3	156.7	164.5	---
Cancer	4,191	24.50%	147.1	137.9	146.4	122.7
Stroke	1,457	8.52%	51.1	44.8	37.6	33.4
Accidents	1297	7.58%	45.5	49.4	51.6	43.2
COVID-19	1,284	7.51%	45.1	40.7	28.8	---
Diabetes	948	5.54%	33.3	23	22.6	---
Alzheimer's	514	3.01%	18.0	15.7		
CLRD*	489	2.86%	17.2	24.4	31	---
Homicide	438	2.56%	15.4	11.2	38.1	---
Septicemia	426	2.49%	14.9	12.5	9.8	---
Hypertension	380	2.22%	13.3	9.6	9.3	---
Nephritis	376	2.20%	13.2	9.7	12.8	---
Influenza and Pneumonia	254	1.49%	8.9	9.1	13.4	---
Cirrhosis and Liver Disease	244	1.43%	8.6	9.1		
Parkinson's	179	1.05%	6.3	8.5	6.6	5.5

*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, 2021-2023

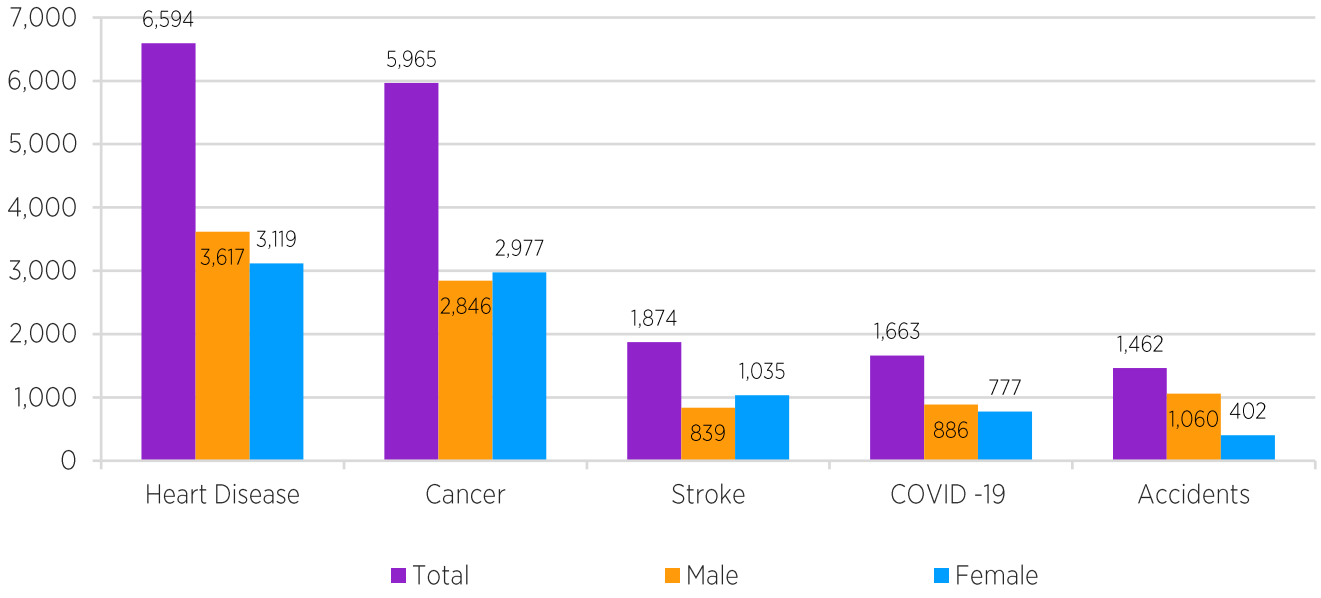
Out of 15 leading causes of death, Prince George's County has a higher age-adjusted death rate compared to Maryland and the U.S. for heart disease, stroke, COVID-19, and Diabetes.



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

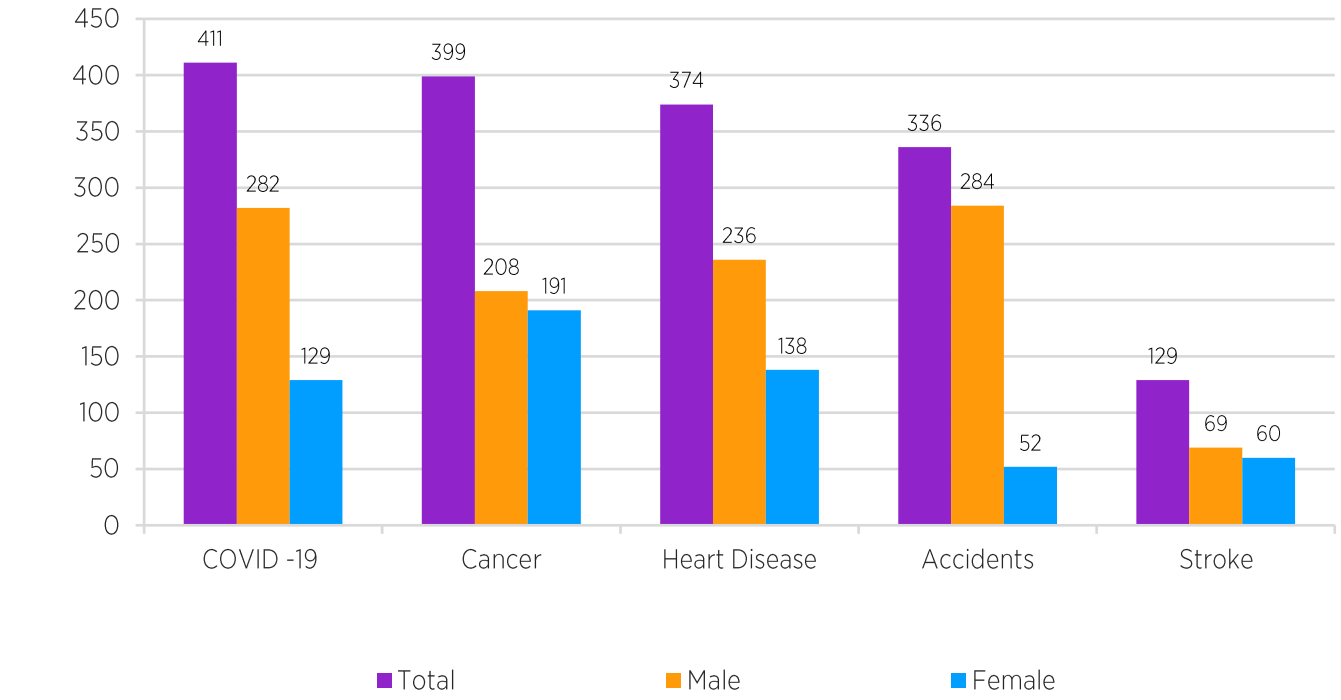
LIFE EXPECTANCY & MORTALITY

LEADING CAUSES OF DEATH FOR BLACK, NON-HISPANIC RESIDENTS, PRINCE GEORGE'S COUNTY, 2018-2023



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

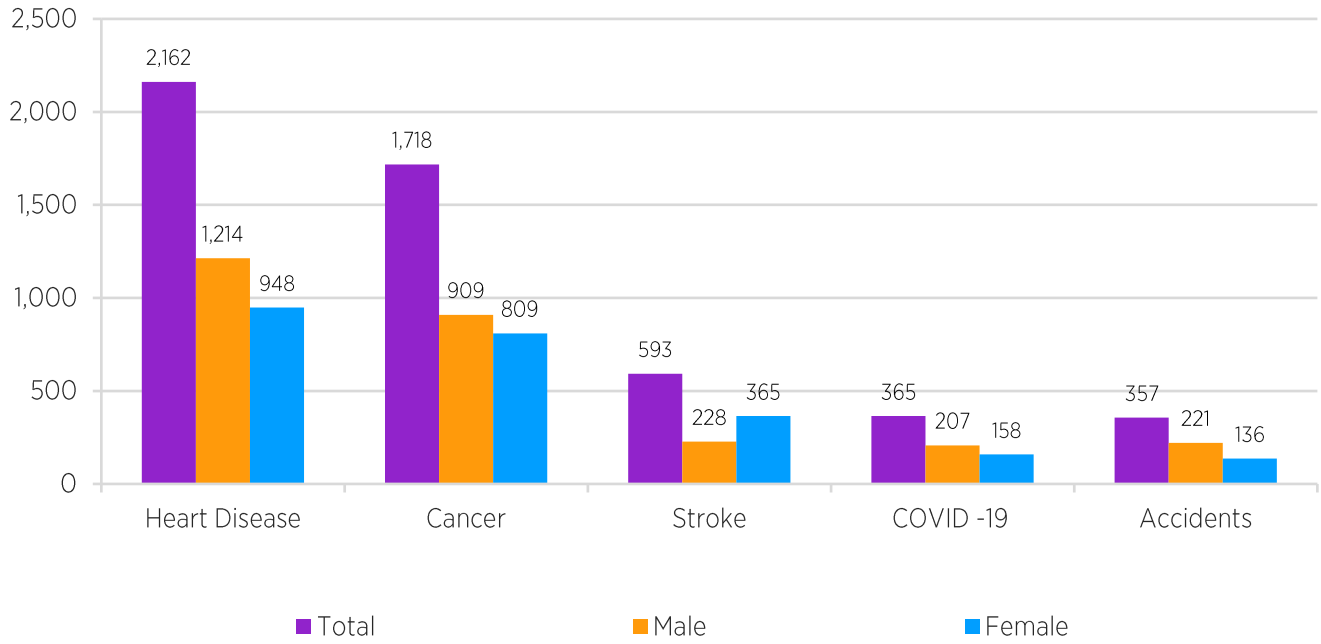
LEADING CAUSES OF DEATH FOR HISPANIC RESIDENTS, PRINCE GEORGE'S COUNTY, 2018-2023



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

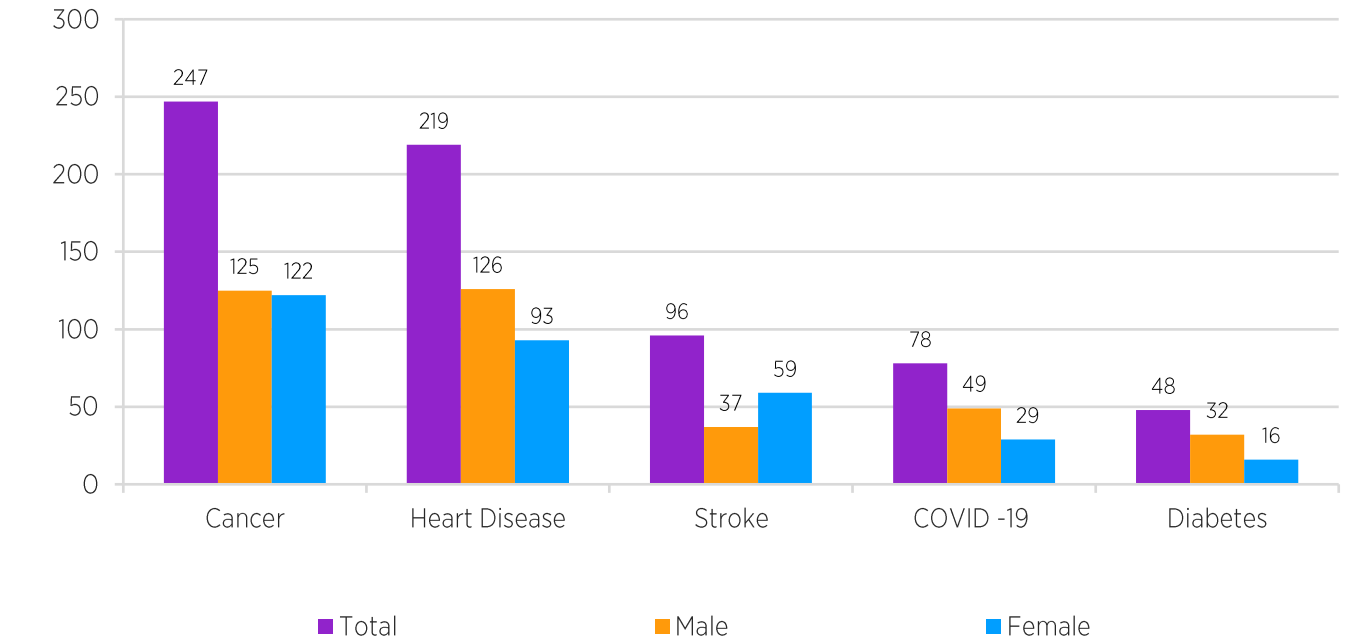
LIFE EXPECTANCY & MORTALITY

LEADING CAUSES OF DEATH FOR WHITE, NON-HISPANIC RESIDENTS, PRINCE GEORGE'S COUNTY, 2018-2023



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, 2018-2023



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

EMERGENCY DEPARTMENT (ED) VISITS

DEMOGRAPHICS	NUMBER OF VISITS	PERCENT
RACE/ETHNICITY		
Black, non-Hispanic	37,589	70.3%
Hispanic	11,634	17.7%
Asian, non-Hispanic	1,590	3.0%
Sex		
Male	26,575	40.3%
Female	39,323	59.7%
Age		
Under 18 Years	10,542	16.0%
18 to 34 Years	12,810	19.4%
35 to 49 Years	8,556	13.0%
50 to 64 Years	11,132	16.9%
65 Years and Over	22,859	34.5%
Total	65,899	

* 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: Inpatient Data File 2022, Maryland Health Services Cost Review Commission

ED VISITS BY DIAGNOSIS, PRINCE GEORGE'S COUNTY, 2022

PRINCIPLE DIAGNOSIS	PRINCE GEORGE'S COUNTY ED VISITS	
	NUMBER	PERCENT
Accidents, Injury and Poisoning	44,593	13.2%
Heart failure, Stroke, Hypertension, other circulatory diseases	31,644	9.4%
Strains, Sprains, and other musculoskeletal system and connective tissue diseases	23,395	6.9%
CLRD, Influenza, and other Respiratory Diseases (not including COVID-19)	23,300	6.9%
Neoplasms (Cancer)	21,915	6.5%
Peptic Ulcer, Irritable Bowel, Crohn, other diseases of the digestive system	21,133	6.2%
Complications of pregnancy; childbirth and postpartum	19,424	5.7%
Diabetes, Obesity, other endocrine, nutritional and metabolic diseases and immunity disorders	19,165	3.3%
Mental Illness	11,182	3.2%
COVID-19	7,856	2.3%

* 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: Inpatient Data File 2022, Maryland Health Services Cost Review Commission

HOSPITAL INPATIENT VISITS* (ADMISSIONS), PRINCE GEORGE'S COUNTY, 2022

DEMOGRAPHICS	NUMBER OF HOSPITALIZATIONS	PERCENT
RACE/ETHNICITY		
Black, non-Hispanic	37,589	70.3%
Hispanic	11,634	17.7%
Asian, non-Hispanic	1,590	3.0%
Sex		
Male	26,575	40.3%
Female	39,323	59.7%
Age		
Under 18 Years	10,542	16.0%
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* 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 2022, Maryland Health Services Cost Review Commission

HOSPITAL INPATIENT VISITS* (ADMISSIONS), PRINCE GEORGE'S COUNTY, 2022

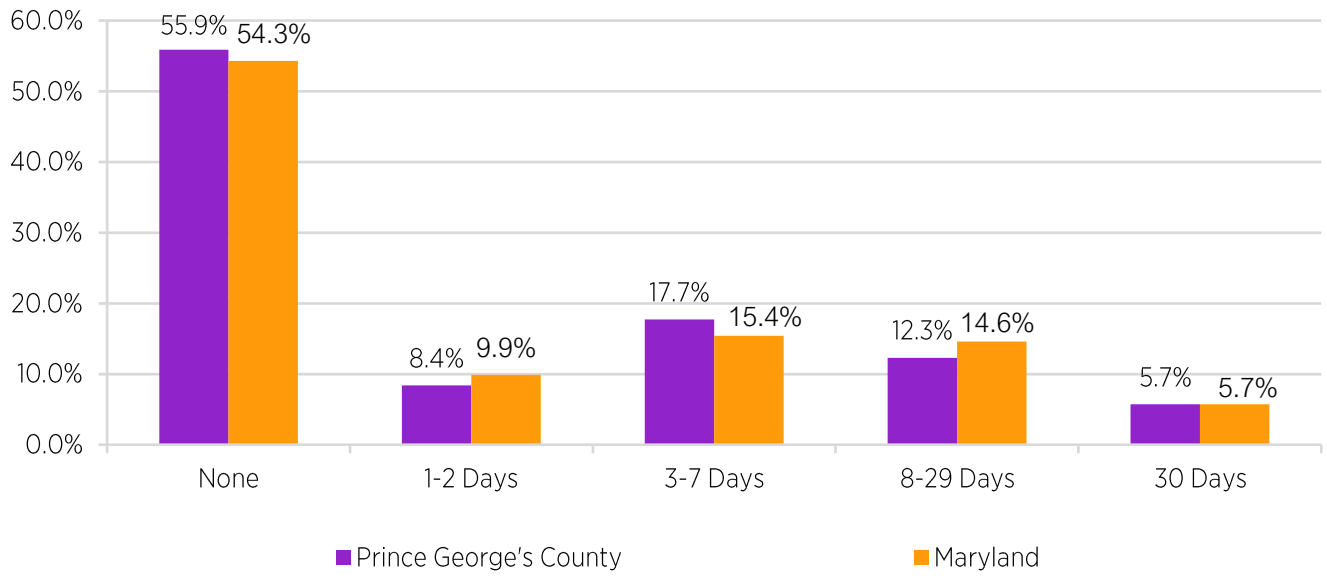
PRINCIPAL DIAGNOSIS	PRINCE GEORGE'S COUNTY HOSPITALIZATIONS	
	NUMBER	PERCENT
Complications of pregnancy; childbirth and postpartum	10,589	16.1%
Low Birth Weight, Birth trauma, perinatal infections, and other conditions of Perinatal period (22 weeks gestation until 7 days after birth)	9,823	14.9%
Heart failure, Stroke, Hypertension, other circulatory diseases	8,564	13.0%
Tuberculosis, HIV/AIDS, Diarrhea diseases, and other Infectious and parasitic diseases	5,742	8.7%
Peptic Ulcer, Irritable Bowel, Crohn, other diseases of the digestive system	4,674	7.1%
Accidents, Injury and Poisoning	4,028	6.1%
Mental Illness	3,180	4.8%
Respiratory Diseases (not including COVID-19)	3,149	4.8%
Diabetes, Obesity, other endocrine, nutritional and metabolic diseases and immunity disorders	3,099	4.7%
Neoplasms	2,306	3.5%

* 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 2022, Maryland Health Services Cost Review Commission

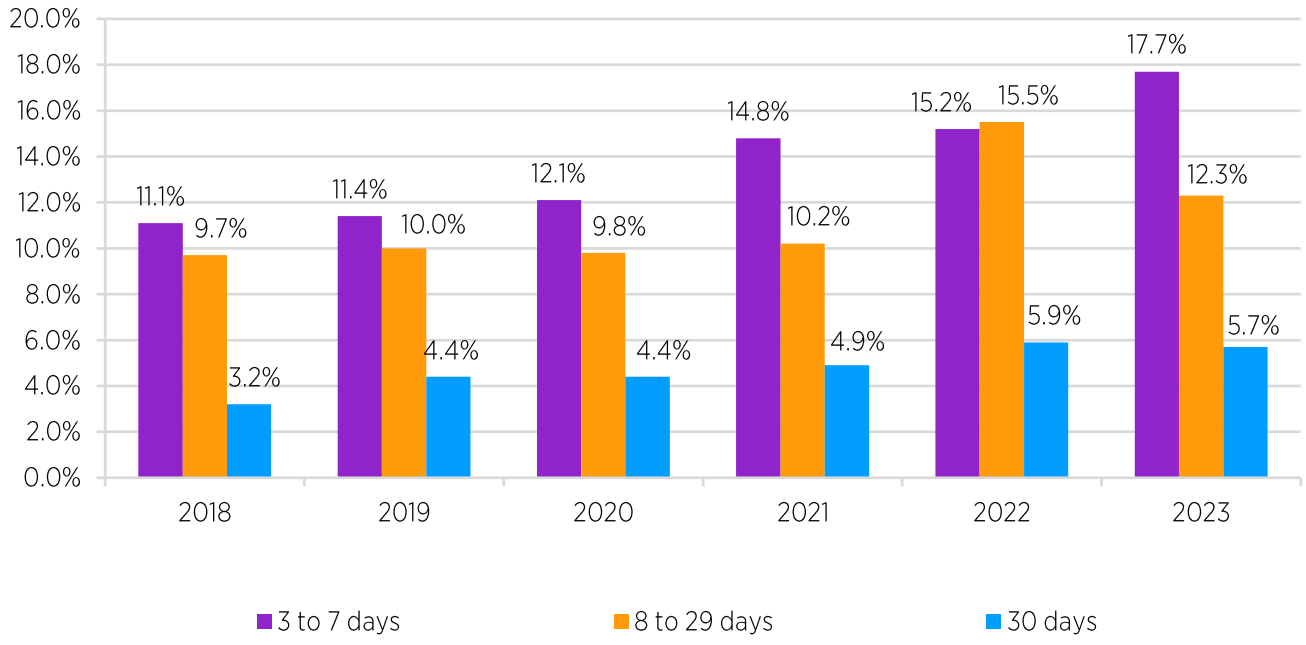
BEHAVIORAL HEALTH

PERCENTAGE OF RESIDENTS WITH POOR MENTAL HEALTH DAYS WITHIN A MONTH, 2023



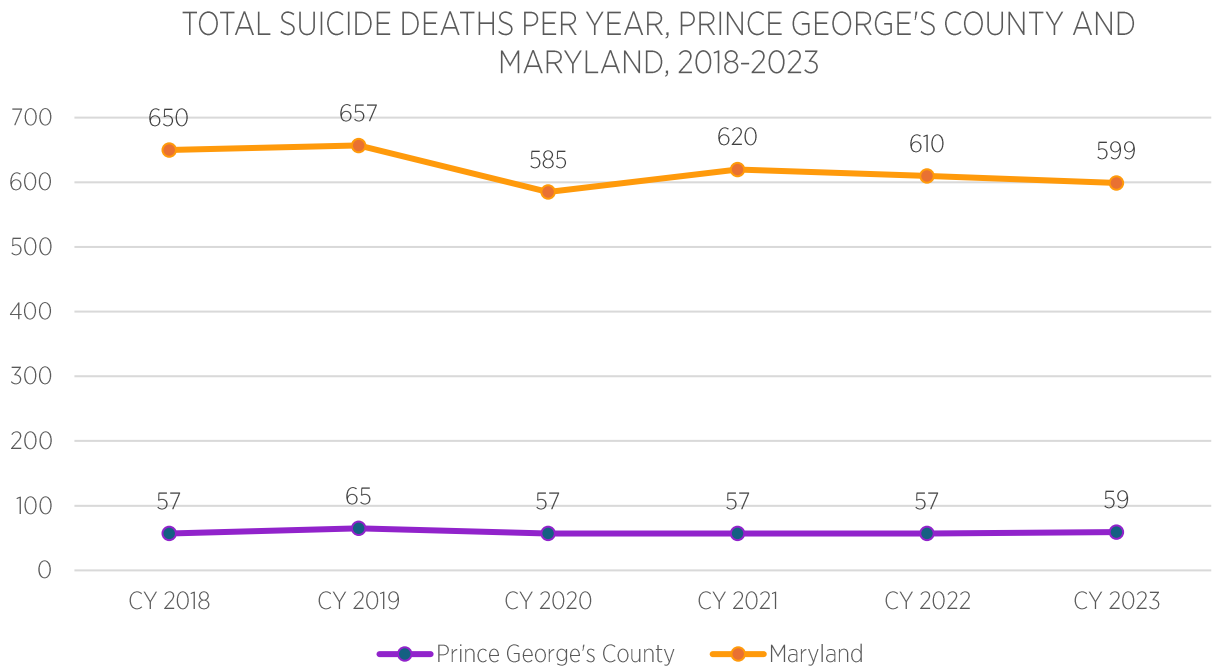
Data Source: 2013-2022 Maryland Behavioral Risk Factor Surveillance System

PERCENTAGE OF RESIDENTS WITH POOR MENTAL HEALTH DAYS WITHIN A MONTH, 2018-2023



Data Source: 2013-2022 Maryland Behavioral Risk Factor Surveillance System

SUICIDE DEATHS



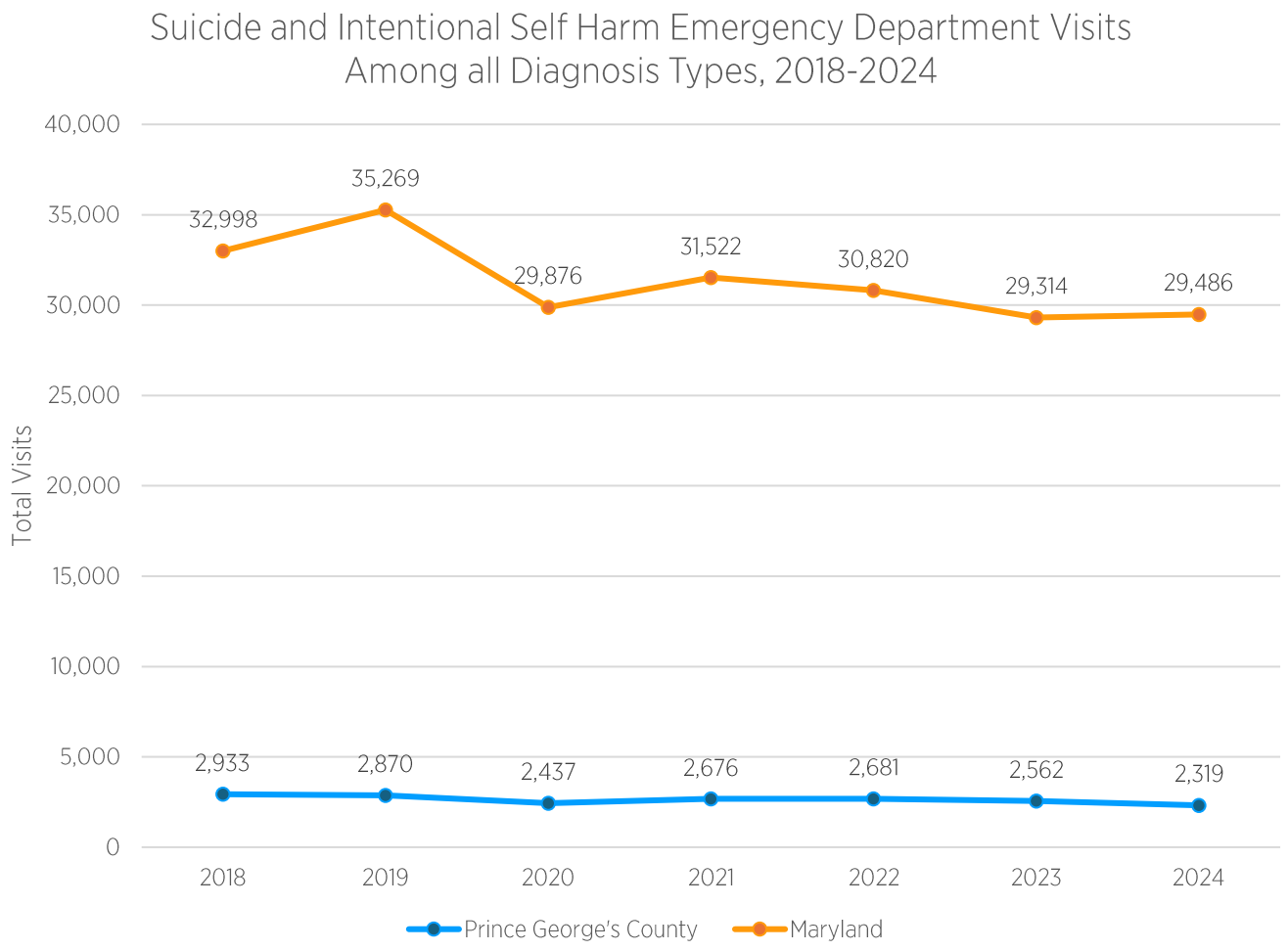
Although statewide there was an increase in suicides from 2020 to 2021, during the same time, the number of deaths by suicide in Prince George's remained steady.[8] However, from 2021 to 2023, the state experienced a 3% decrease in the number of individuals who died by suicide. In comparison, Prince George's County saw an increase of nearly 4% in suicides from 2021 to 2023.

In 2023, 9 out of 10 individuals who committed suicide were men. Black, non-Hispanic males accounted for nearly 56% of suicide deaths in 2023. Black, non-Hispanics died by suicide 3.3 times more than Hispanics and 2 times more than White, non-Hispanics. In 2023, those 25-34 years of age had the highest percentage of deaths by suicide.

The chart below shows the number of emergency department visits due to suicide or intentional self-harm from 2018 to 2024 statewide and in Prince George's County. Prince George's County experienced a significant decline from 2018 to 2020, likely due to COVID-19. Since then, the trend has increased from 2021 to 2022 and then declined again from 2023 to 2024. Prince George's County consistently accounts for 7 to 8 percent of the state total.

[8] CDC Wonder Underlying Cause of Death, 2018-2023. Accessed on 1/24/2025, at https://wonder.cdc.gov

SUICIDE AND INTENTIONAL SELF HARM



Data Source: MDH Maryland Public Health Dashboard-Disparity Indicator. Accessed 1/25/2025 via CRISP Indicators Dashboards

PUBLIC BEHAVIORAL HEALTH SYSTEM (PBHS)

The State of Maryland changed from Optum to Carelon Administrative Services Organization for public behavioral health services on January 1, 2020. Maryland PBHS data is based on Fiscal Year 2024 (FY24) utilization and claims through September 30, 2024. The PBHS service data from Prince George's County highlights an increasing demand for both mental health and substance use disorder (SUD) services across various demographics, particularly among children and older adults. In FY24, 27,431 County residents accessed mental health services, and 6,378 accessed SUD services in the public behavioral health system (PBHS).

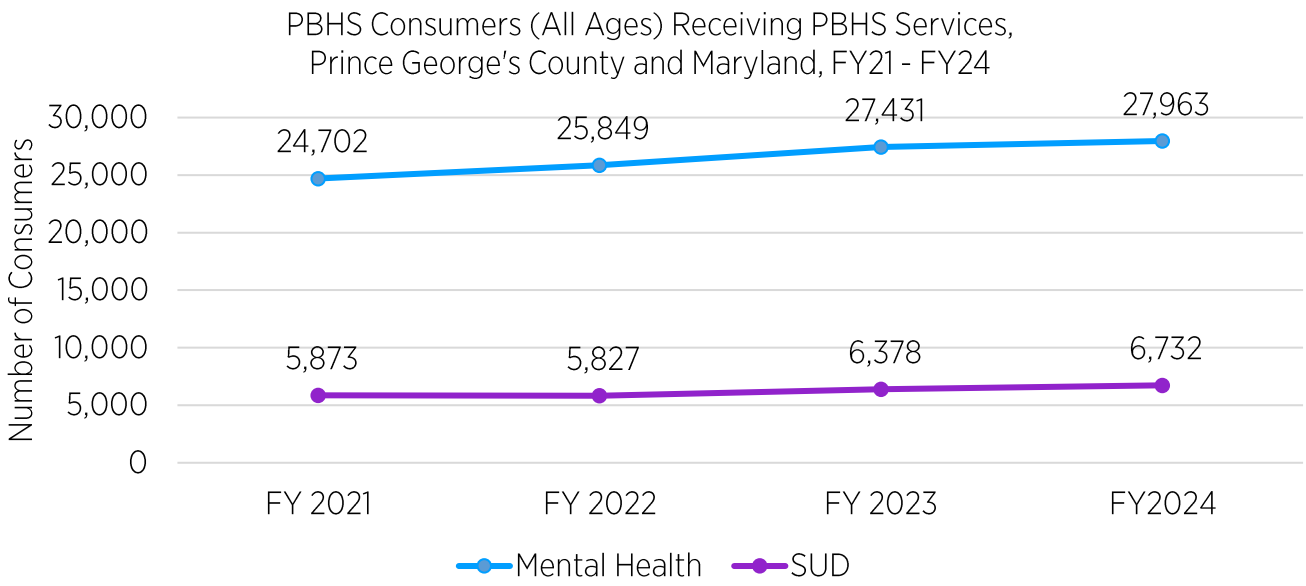
Prince George's experienced an increase in the number of consumers using PBHS services from FY 2023 to FY 2024. Overall, PBHS service utilization increased across the entire population. There was a 7.1% increase in the number of individuals receiving mental health services and a 5.5% increase in those receiving SUD services from FY 2023 to FY 2024. There was an 11% increase in the number of individuals receiving mental health services and an 8.6% increase in those receiving SUD services from FY21 to FY24.

NUMBER OF PRINCE GEORGE'S COUNTY RESIDENTS RECEIVING SERVICES IN THE PBHS DURING FY 2023 TO FY 2024

	YEAR 2023	YEAR 2024	% CHANGE OVERTIME
MENTAL HEALTH	27,431	27,963	7.1%
SUBSTANCE USE	6,378	6,732	5.5%

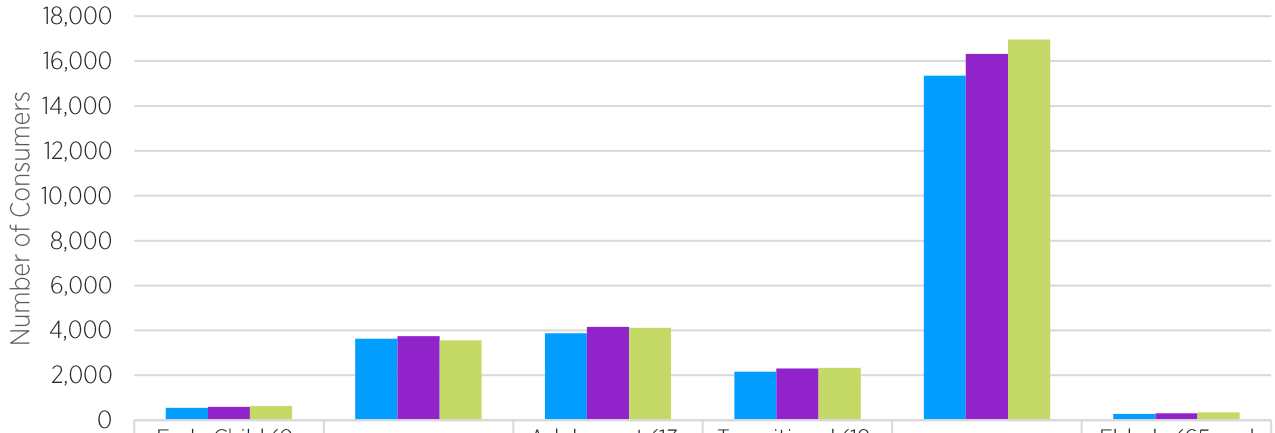
Data Source: Carelon Administrative Services Organization-Public Behavioral Health Service

PUBLIC BEHAVIORAL HEALTH SYSTEM (PBHS)



Data Source: Carelon Administrative Services Organization-Public Behavioral Health Service

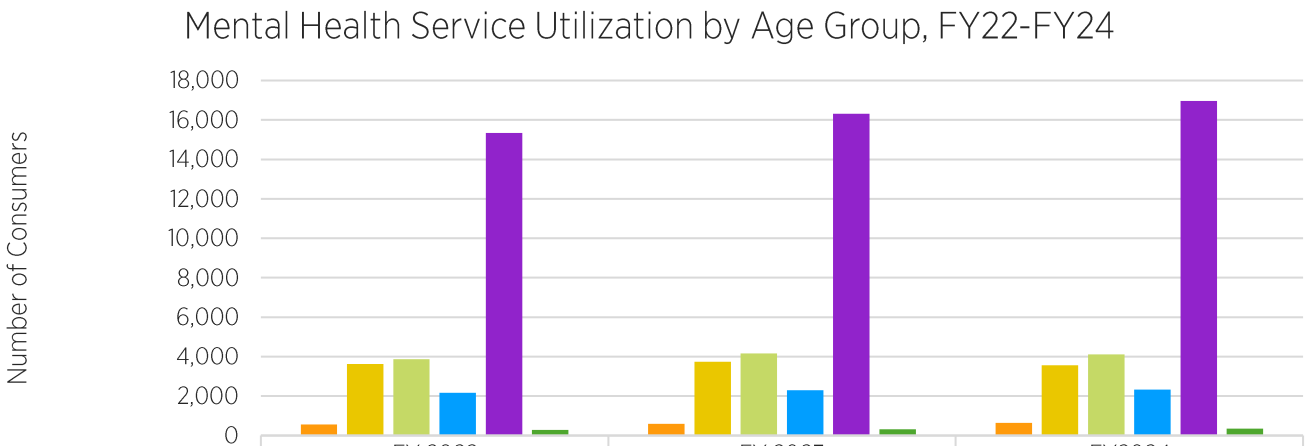
In FY 2024, the highest proportion of individuals accessing PBHS services was children and adolescents. Adolescents aged 13-17, comprising 7% of those served, represented the highest proportion of all adolescent Prince George's County residents (4,162 out of 58,771). Following that, children aged 6-12 made up 4.5% of the total children served in the PBHS (3,743 out of 83,988).



	Early Child (0-5)	Child (6-12)	Adolescent (13-17)	Transitional (18-21)	Adult (22-64)	Elderly (65 and over)
FY 2022	558	3625	3870	2166	15348	282
FY 2023	591	3743	4162	2301	16320	314
FY2024	637	3561	4113	2334	16960	358

Data Source: Carelon Administrative Services Organization-Public Behavioral Health Service

PUBLIC BEHAVIORAL HEALTH SYSTEM (PBHS)



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Adult (22-64)	15348	16320	16960
Elderly (65 and over)	282	314	358

Data Source: Carelon Administrative Services Organization-Public Behavioral Health Service

Similar to previous fiscal years, the largest group accessing PBHS was adults aged 22 to 64. However, the elderly population, those aged 65 and over, saw the biggest percentage increase in both consumers served and expenditures.

SUBSTANCE USE DISORDER

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. 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.[9]

Maryland's Opioid Restitution Fund was established in 2019 to receive any funds received at the state level, whether designated for use at the state's discretion or to be distributed to local subdivisions. As of the 2024 fiscal year (July 1, 2023 – June 30, 2024), Maryland had received distributions through seven prescription opioid-related legal settlements.[9]

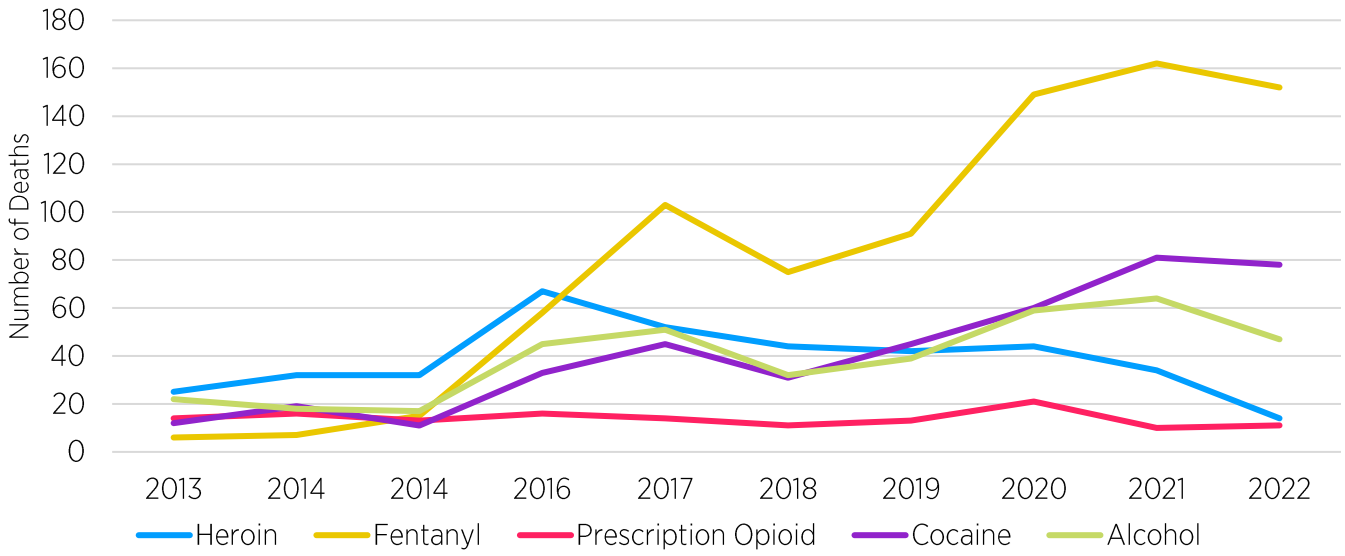
The County is also using Opioid Restitution funds to improve public outreach and education. A task force was established as a result of the funding. The Opioid Task Force is a multi-disciplinary, appointed body responsible for recommending how the County can invest Opioid Restitution Funds[10] most effectively and equitably. To develop its recommendations, the task force has established five working groups: prevention, harm reduction, treatment, recovery, and public safety. Each working group met to develop a community engagement strategy, assess the current service landscape, and identify priority areas of investment within their specific domain.

[9] SAMSHA Substance Abuse, Mental Health Services Administration, Substance Use Disorder accessed 3/13/2025

[10] MD Office of Overdose Response: Settlement Overview. Accessed on 3/13/2025 at stopoverdose.maryland.gov/orf-settlement-overview/

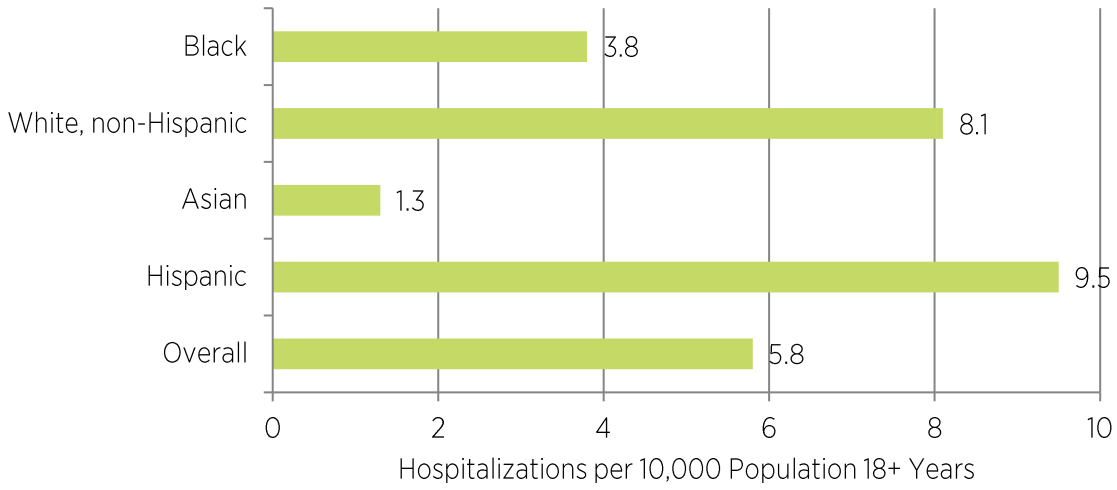
BEHAVIORAL HEALTH

DRUG AND ALCOHOL INTOXICATION DEATHS BY PLACE OF OCCURRENCE, PRINCE GEORGE'S COUNTY, 2013-2022



Data Source: 2022 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, 2020-2022

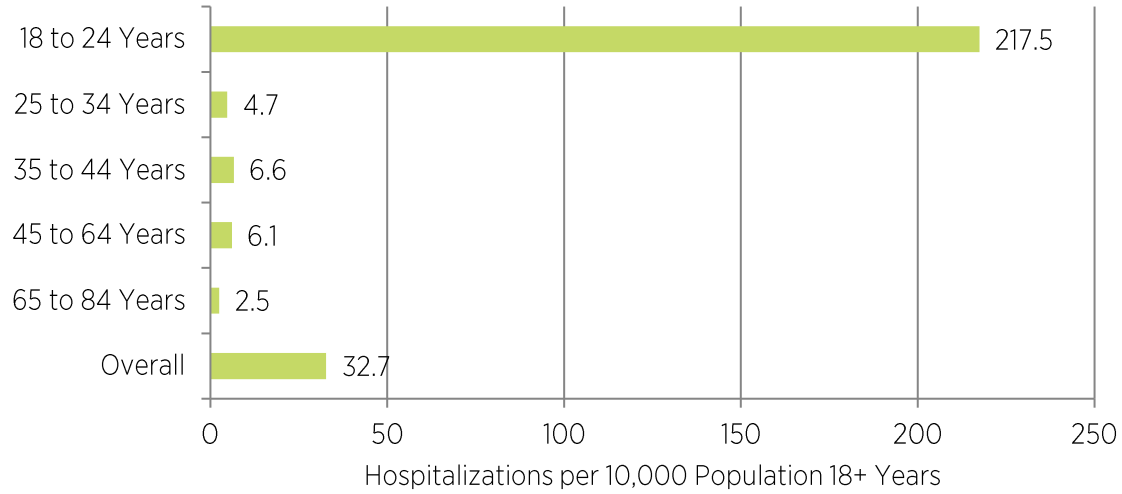


** Includes visits to Maryland and Washington, D.C. hospitals*

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

BEHAVIORAL HEALTH

AGE-ADJUSTED HOSPITAL INPATIENT* VISIT RATE DUE TO ALCOHOL ABUSE BY AGE GROUP, PRINCE GEORGE'S COUNTY, 2017-2021



** 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, 2017-2021

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

Data Source: The Maryland Health Services Cost Review Commission; Maryland Health Care Commission

BEHAVIORAL HEALTH

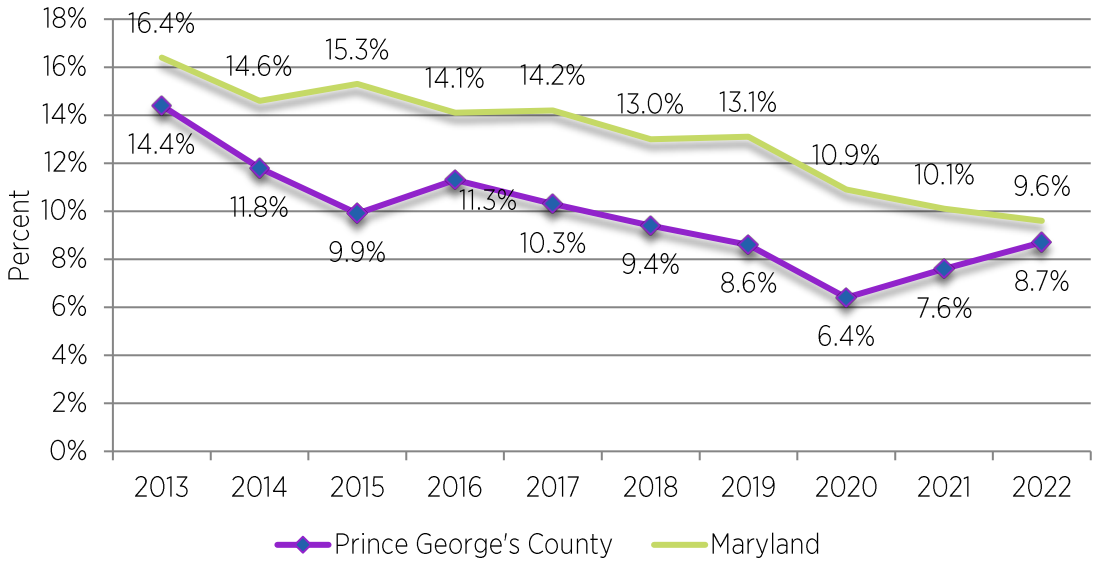
DEMOGRAPHICS OF ADULTS WHO CURRENTLY SMOKE, 2022

	PRINCE GEORGE'S COUNTY	MARYLAND
Sex		
Male	12.0%	11.2%
Female	5.7%	8.2%
Race/Ethnicity		
Black, non-Hispanic	7.5%	10.3%
Hispanic	8.2%	7.3%
White, non-Hispanic	11.7%	9.6%
Age Group		
18 to 34 Years	7.5%	8.0%
35 to 49 Years	10.7%	12.7%
50 to 64 Years	10.4%	11.6%
Over 65 Years	**	6.5%
Total	8.7%	9.6%

***Over 65 years not presented due to insufficient data*

Data Source: 2022 Maryland Behavioral Risk Factor Surveillance System, accessed 2/25/2025

PERCENTAGE OF CURRENT ADULT SMOKERS, 2013 TO 2022



Data Source: 2013-2022 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 2/25/2025

BEHAVIORAL HEALTH

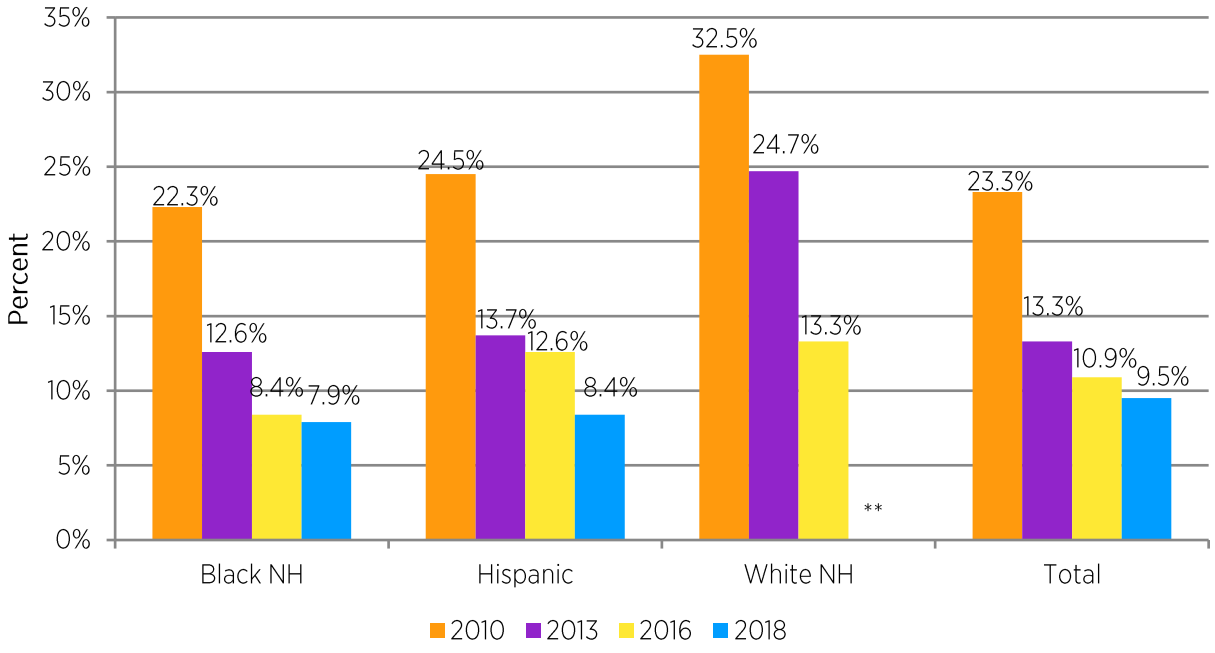
PERCENTAGE OF STUDENTS WHO DRANK ALCOHOL DURING THE PAST MONTH, 2022

	PRINCE GEORGE'S COUNTY	MARYLAND
Sex		
Male	14.0%	21.0%
Female	21.6%	26.8%
Race/Ethnicity		
Black, non-Hispanic	17.9%	16.7%
Hispanic	16.2%	19.8%
White, non-Hispanic	**	32.3%
Age Group		
15 or Younger	17.0%	17.8%
16 or 17 Years	18.5%	28.9%
18 or Older	**	33.4%
Total	18.3%	24.1%

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

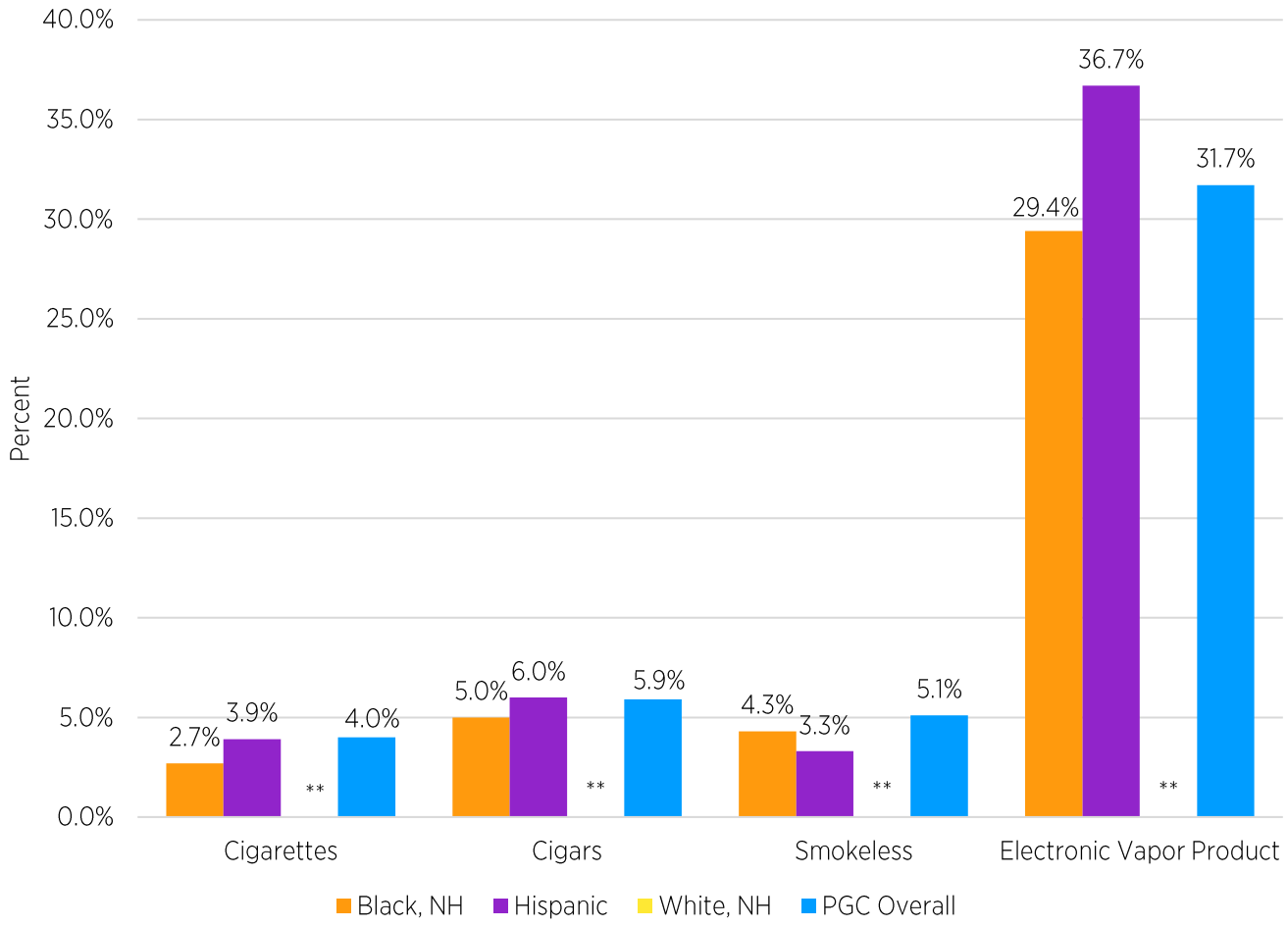
Data Source: 2022 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

HIGH SCHOOL STUDENTS WHO USED TOBACCO PRODUCTS DURING THE PAST MONTH, PRINCE GEORGE'S COUNTY, 2018-2022



Data Source: 2018-2022 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, 2022



Data Source: 2022 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH

SUBSTANCE USE DISORDER

OVERDOSE DEATHS AND EVENTS

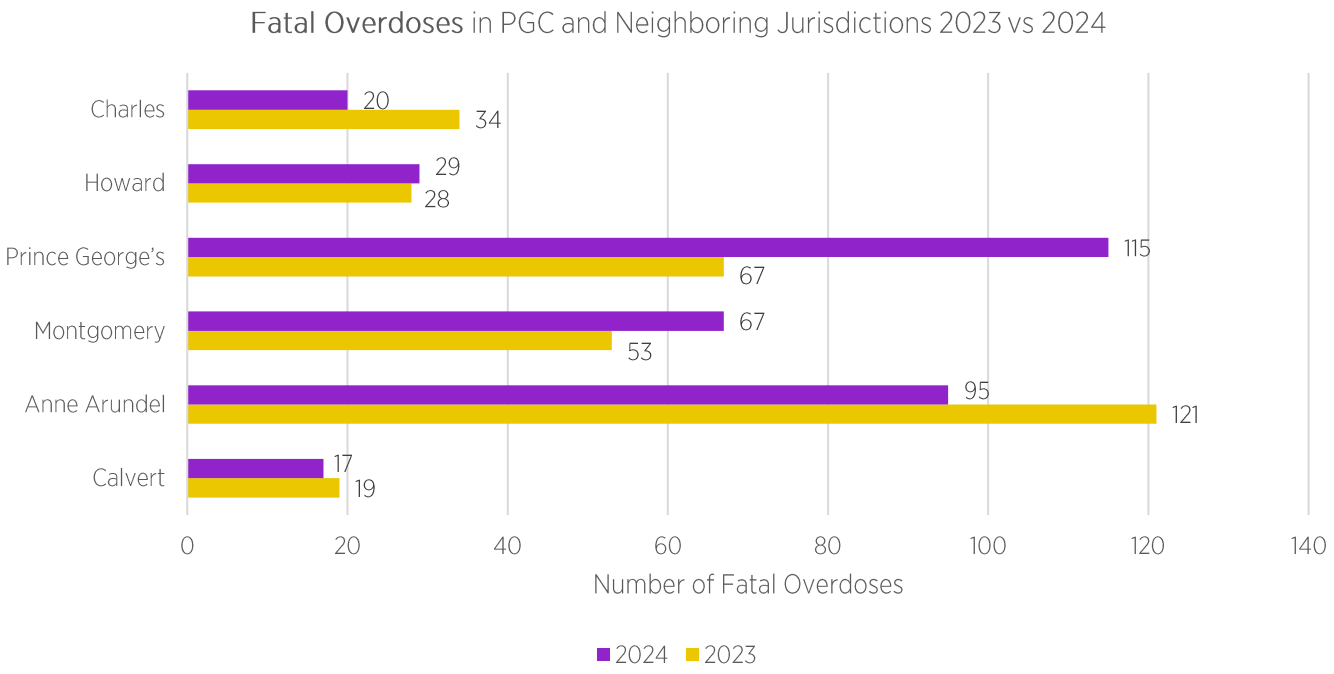
Prince George's County is one of three jurisdictions (Dorchester and Garrett County) with less than 40% of the fatal overdoses engaged in Public Behavioral Health Services. There have been significant increases in both fatal and nonfatal overdoses. In Prince George's County, there has been a total of 115 overdose deaths in 2024, a 71% increase from 2023. During the same time, there was a nearly 24% decrease in nonfatal overdoses. Similar to neighboring jurisdictions, it also showed a decrease in nonfatal overdoses.

FATAL OVERDOSES IN PRINCE GEORGE'S COUNTY AND NEIGHBORING JURISDICTIONS 2023 VS 2024

Jurisdiction	2023	2024	Difference	% Difference
Calvert	19	17	-2	-10.5%
Anne Arundel	121	95	-26	-21.5%
Montgomery	53	67	14	26.4%
Prince George's	67	115	48	71.6%
Howard	28	29	1	3.6%
Charles	34	20	-14	-41.2%

Data Source: Office of National Drug Control Policy - Washington/Baltimore Region High-Intensity Drug Trafficking Area https://www.hidta.org/odmap/ accessed 1/24/2025.

SUBSTANCE USE DISORDER



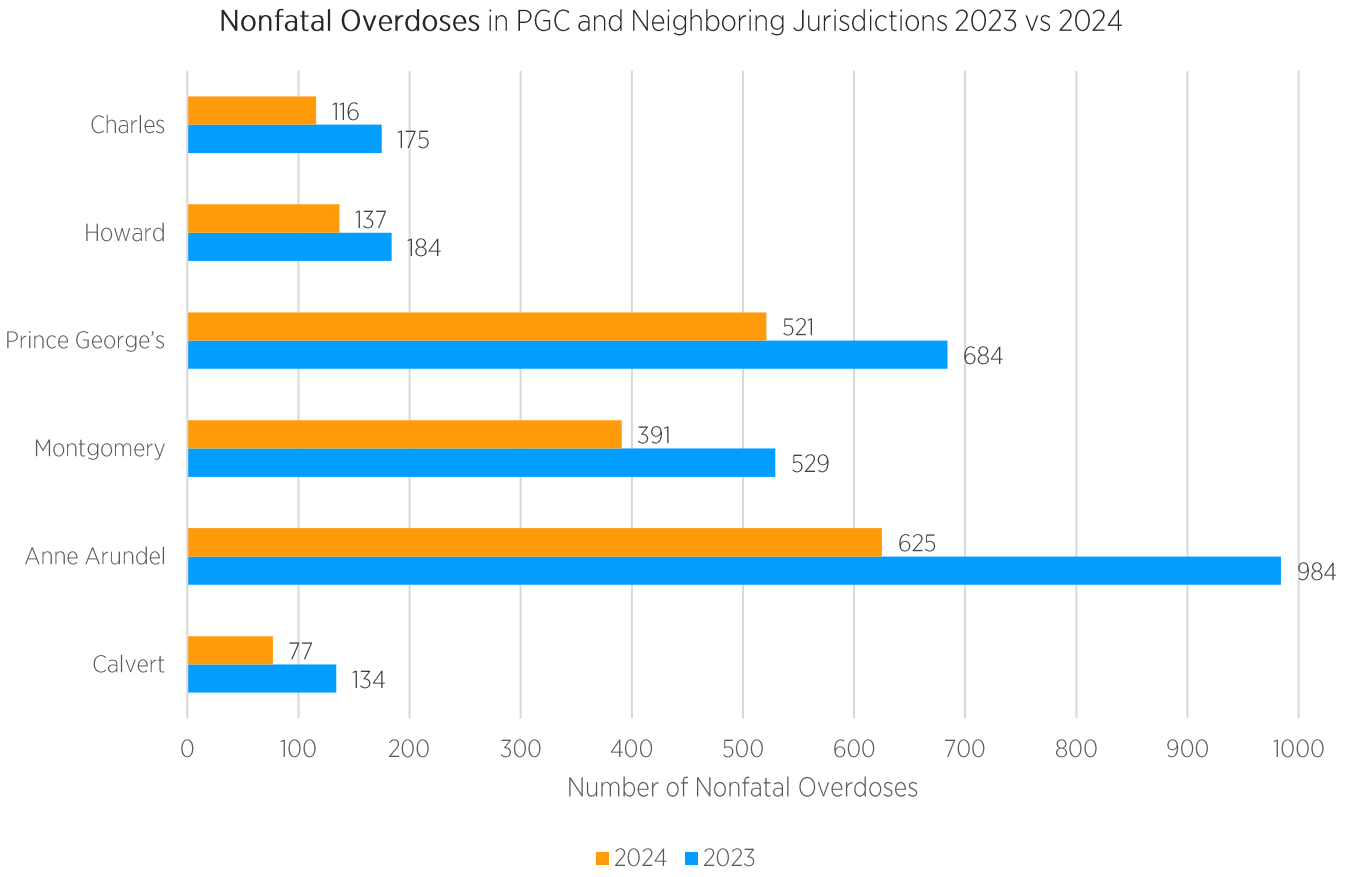
Data Source: Office of National Drug Control Policy - Washington/Baltimore Region High-Intensity Drug Trafficking Area. https://www.hidta.org/odmap/ accessed 1/24/2025.

NONFATAL OVERDOSES IN PGC AND NEIGHBORING JURISDICTIONS 2023 VS 2024

Jurisdiction	2023	2024	Difference	% Difference
Calvert	134	77	-57	-42.54%
Anne Arundel	984	625	-359	-36.48%
Montgomery	529	391	-138	-26.09%
Prince George's	684	521	-163	-23.83%
Howard	184	137	-47	-25.54%
Charles	175	116	-59	-33.71%

Data Source: Office of National Drug Control Policy - Washington/Baltimore Region High-Intensity Drug Trafficking Area. https://www.hidta.org/odmap/ accessed 1/24/2025.

SUBSTANCE USE DISORDER



Data Source: Office of National Drug Control Policy - Washington/Baltimore Region High-Intensity Drug Trafficking Area. https://www.hidta.org/odmap/ accessed 1/24/2025.

BEHAVIORAL HEALTH AND YOUTH

Between 2020-2024, 195 (9.1%) of the total 2,134 deaths due to suicide among Prince George's County residents were among youth and young adults 15-24 years of age. Of the 195 deaths due to suicide (2020-2024) among Prince George's County residents 15-24 years of age, over 50% were among Black, non-Hispanic residents. Nearly three-fourths of all suicide deaths for ages 15-24 (2020-2024) were male (73.7%).

According to the Youth Risk Behavior Survey (YRBS/YTS) results, teens experience high levels of violence, sadness, and suicide risk. Teens experiencing bullying, adverse childhood events (ACEs), and other mental health are at increased risk for suicidal thoughts or mental health issues. According to Prince George's County YRBS/YTS, 10.8% of Prince George's County high school students reported being bullied on school property in the past year (2022). It was higher for female students (13.4%) compared to male students (8.3%) and higher among white students (17.1%) compared to black (11.4%) and Hispanic (8.9%) students. The number of students reporting bullying decreased with age: 15 years or younger (13.4%), 16-17 years (8.5%), and 18 years or older (8.6%). This trend was similar to what was reported in the 2021 YRBS (10.3%).

One in ten (9.9%) Prince George's County high school students were electronically bullied (meaning texting, Instagram, Facebook, or other social media) in the past year (2022). Electronic bullying was higher for female students (13.7%) compared to male students (6.4%). It was also higher among white students (22.6%) compared to Hispanic (8.1%) and black (10.0%) students and highest for 15 years or younger (12.3%), followed by 16-17 years (8.1%) and 18 years or older (6.3%).

Almost one-third (26.2%) of Prince George's County high school students reported feeling sad or hopeless almost every day for at least two or more weeks so that they stopped doing some usual activities in the past year (2022). This percentage was much higher for female students (34.5%) compared to male students (17.8%) and higher among Hispanic students (24.5%) compared to white (28.7%) and black (26.1%) students. The percentage of students reporting feeling hopeless was higher than what was reported in 2021 YRBS (26.6%).

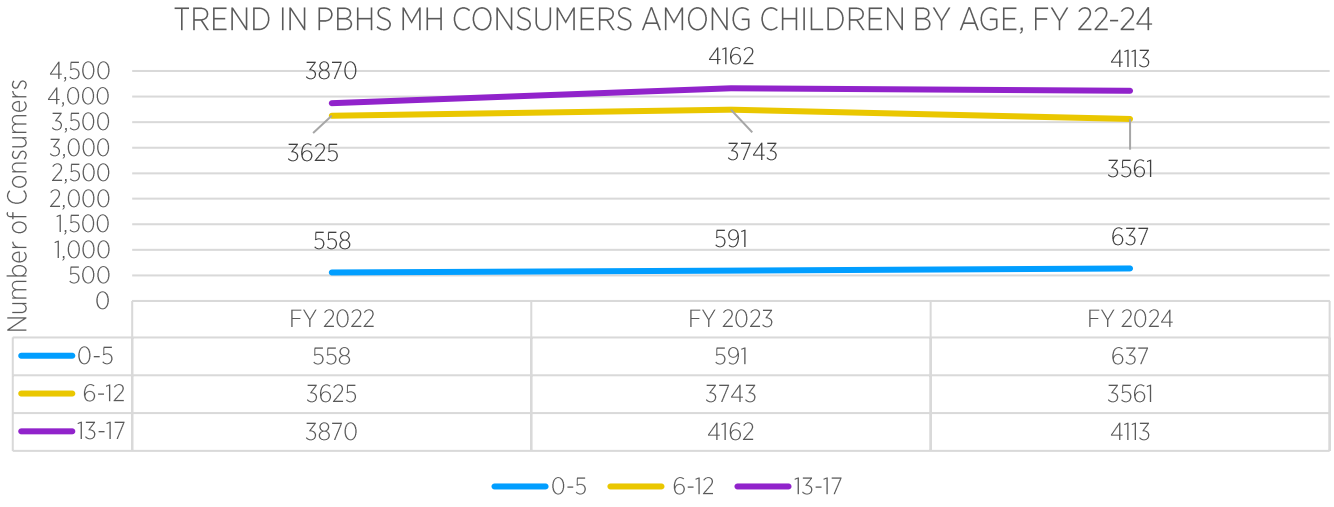
Nearly 17% of Prince George's County high school students reported seriously considering attempting suicide in the past year (2022). The percentage was much higher for female students (24.0%) compared to male students (9.6%) and higher for white students (24.2%) compared to Hispanic (14.4%) and black (16.9%) students. According to YRBS/YTS 14.9% of Prince George's County high school students reported making a plan on how they would attempt suicide in the past year (2022). One in five female students (20.8%), compared to one in 10 male students (9.1%), reported having a plan to attempt suicide.

PERCENTAGE OF HIGH SCHOOL STUDENTS REPORTING RISK FACTORS FOR SUICIDE IN THE PAST YEAR, PRINCE GEORGE'S COUNTY, 2022

INDICATORS	Felt Sad or Hopeless 2+ Weeks or More	Seriously Considered Suicide	Made a Plan to Attempt Suicide
TOTAL	38.30%	16.80%	14.90%
Male	25.30%	9.60%	9.10%
Female	51.60%	24.00%	20.80%
AGE GROUP			
15 or younger	39.00%	19.00%	16.60%
16 or 17	38.60%	15.80%	14.30%
18 or older	32.70%	9.60%	9.20%
RACE/ETHNICITY			
Black, non-Hispanic	36.30%	16.90%	15.10%
Hispanic	40.00%	14.40%	13.00%
White, non-Hispanic	39.30%	24.20%	18%
Black, non-Hispanic	36.30%	16.90%	15.10%

Data Source: Carelon Administrative Services Organization-Public Behavioral Health Service

The following information shows trends in utilization and expenditures among children and youth who received PBHS mental health services within Prince George's County between FY22 to FY24. Children 6-12 represent the largest percent change in consumers and cost.

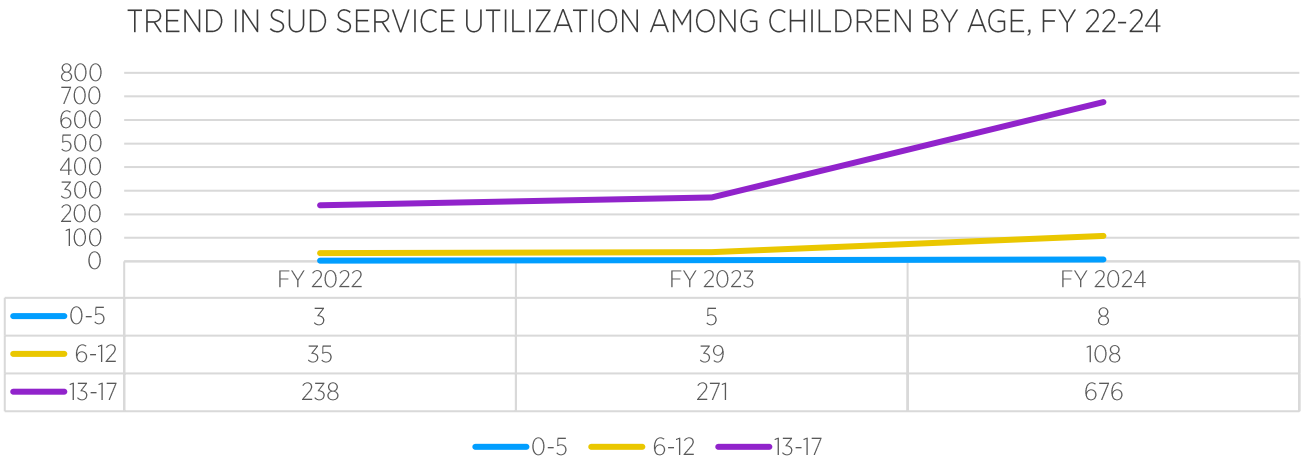


	FY 2022	FY 2023	FY 2024
0-5	558	591	637
6-12	3625	3743	3561
13-17	3870	4162	4113

Data Source: Carelon Administrative Services Organization-Public Behavioral Health Service

TREND IN SUD SERVICE UTILIZATION AMONG CHILDREN BY AGE, FY 2022 - FY 2024

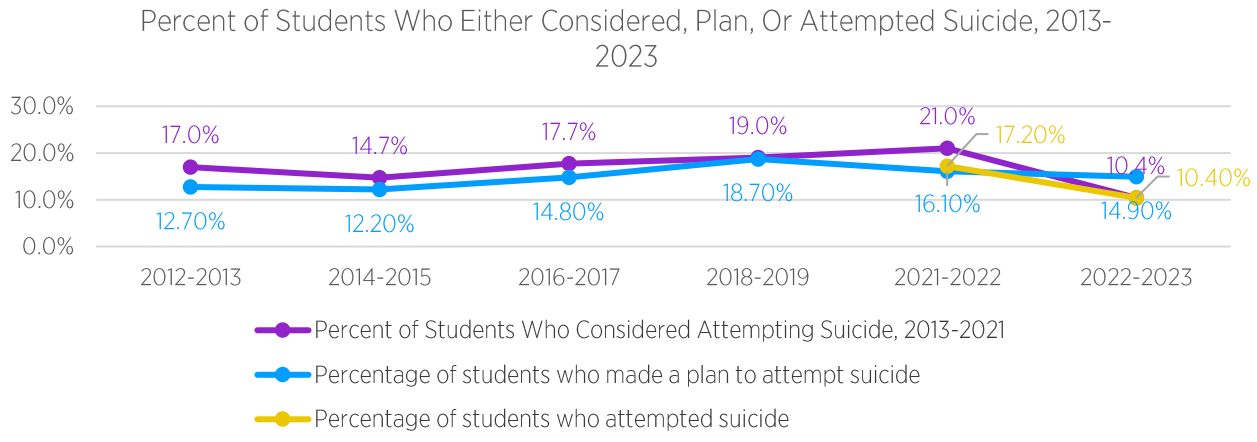
In FY24, Children ages 13-17 were the most frequent users of Mental Health (MH) services, while children ages 0-5 were the least likely to use services. Similar to FY23, services for all children ages 0-17 increased.



	FY 2022	FY 2023	FY 2024
0-5	3	5	8
6-12	35	39	108
13-17	238	271	676

Data Source: Carelon Administrative Services Organization for public behavioral health services (PBHS)

From FY22 to FY24, services for SUD were more frequently accessed by children aged 13 to 17, while the youngest children, aged 0 to 5, were the least likely to use these services. During this period, there was an increase in service use among children aged 0 to 5; however, the most significant growth was observed among those aged 6 to 12, with a 200% increase, and among youth aged 13 to 17, with an increase of 184%.



Data Source: MDH YRBS/YTS
Note: Time period is aligned with school year calendars.
The percentage of students who attempted suicide was not asked prior to 2021-2022.

INFECTIOUS DISEASES

SELECTED REPORTABLE DISEASE, 2015-2022

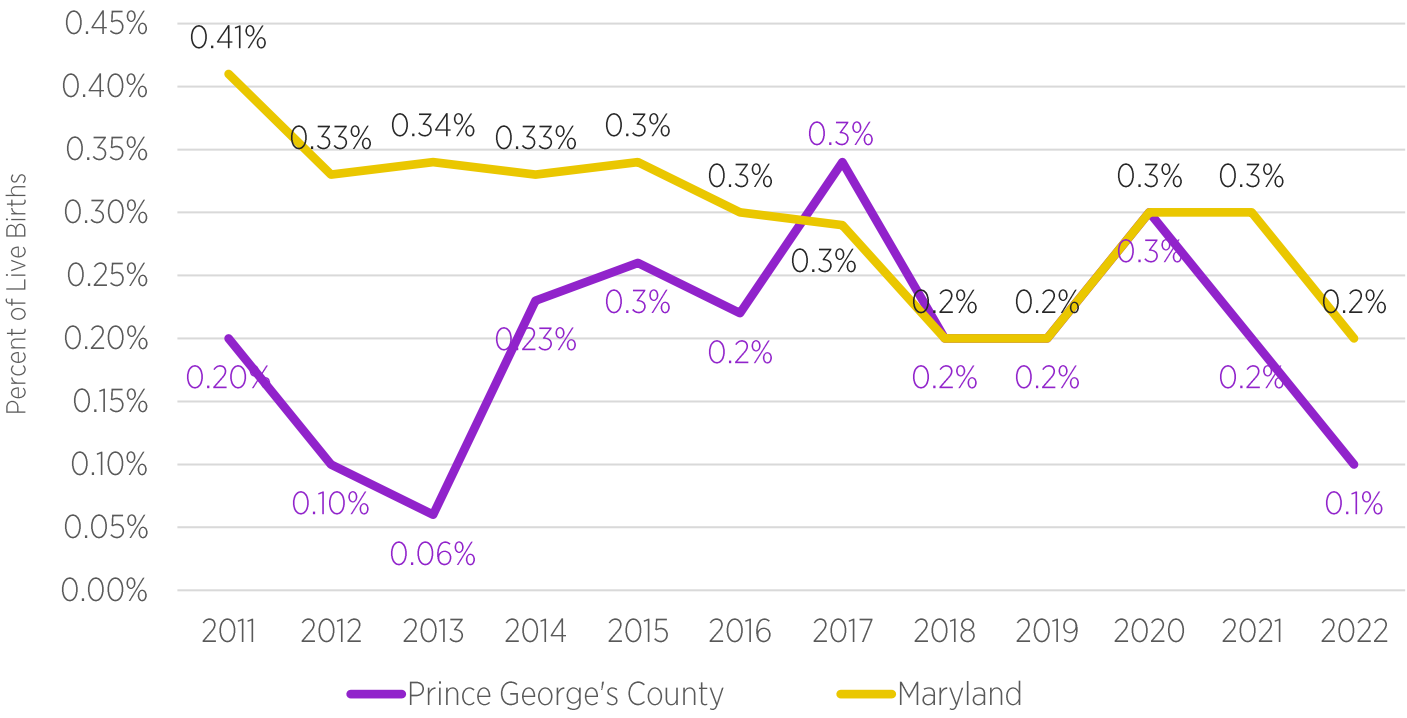
MORBIDITY	2015	2016	2017	2018	2019	2020	2021	2022
Campylobacteriosis	43	42	58	62	57	59	72	69
H. influenza, invasive	17	10	11	8	16	13	3	13
Hepatitis A, acute	2	5	3	13	15	11	4	5
Legionellosis	30	23	41	53	39	27	35	47
Measles	0	0	1	0	0	0	0	0
Meningitis, viral	64	49	47	23	23	13	16	13
Meningitis, meningococcal	0	0	2	2	1	2	2	1
Pertussis	9	22	8	11	11	4	1	1
Salmonellosis	100	97	103	121	107	81	95	100
Shiga-toxin producing E.coli	7	4	10	26	31	18	30	34
Shigellosis	38	30	27	40	44	18	30	34
Strep Group B	91	68	80	79	78	54	80	49
Strep pneumonia, invasive	49	48	39	39	54	31	22	24
Tuberculosis	43	**50**	**47**	**61**	**58**	**34**	**56**	**39**
Animal-Related Illness								
Animal Bites	1,010	1,057	1,119	1,172	1,206	894	755	990
Animal Rabies	20	15	10	11	10	13	7	8

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

LEAD POISONING

Children can be exposed to lead through lead-based paint and dust that contains lead. Although lead paint was banned in 1978, it may still be found in homes built before that year, and as the paint deteriorates, it creates contaminated dust. Lead exposure often occurs without symptoms, making it difficult to detect. However, lead can impact 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.[11]

PERCENTAGE OF CHILDREN AGED 0-72 MONTHS TESTED FOR BLOOD LEAD WHO HAVE 10 OR MORE MICROGRAMS/DECILITER OF LEAD IN BLOOD, 2011 TO 2022



Data Source: Maryland Department of Health Environmental Public Health Tracking, Childhood Lead Poisoning

[11] CDC Lead Poisoning Prevention https://www.cdc.gov/lead-prevention/about/index.html

CANCER

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. In 2019, 4,292 residents were diagnosed with cancer in the County, and the cancer incidence rate was 416.5 per 100,000 residents. In 2019, there were 1,392 deaths from cancer in the County, which accounted for more than one out of every five deaths. Prostate and breast cancer are the most common types of cancer in the County. Overall, Black residents have the highest age-adjusted rate for new cancer cases, and White residents have 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.

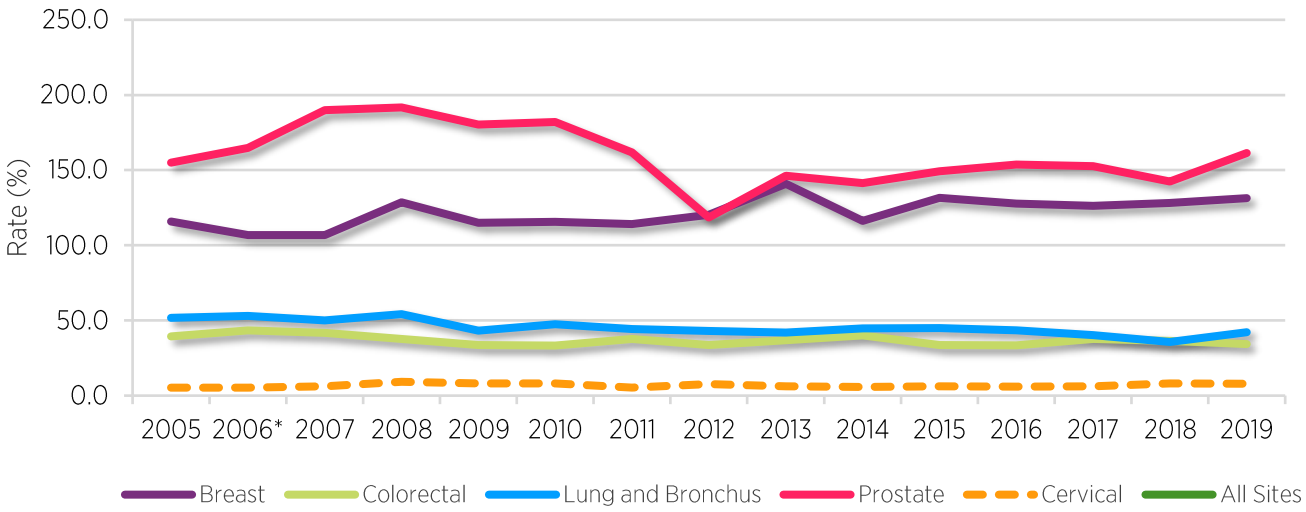
CANCER AGE-ADJUSTED INCIDENCE RATES PER 100,000 POPULATION BY SITE, 2015-2019

SITE	PRINCE GEORGE'S COUNTY	MARYLAND	UNITED STATES
ALL SITES	405.7	450.4	440.1
Breast (Female)	129.0	132.7	131.0
Colorectal	35.0	35.8	36.7
Male	40.1	39.9	42.4
Female	31.3	32.5	31.8
Lung and Bronchus	41.2	53.2	49.0
Male	61.5	58.4	54.4
Female	51.1	49.4	44.9
Prostate	152.1	133.0	116.6
Cervical	6.8	6.6	7.6

Data Source: Maryland Department of Health, Annual Cancer Report, 2022; CDC National Center for Health Statistics, CDC WONDER Online Database

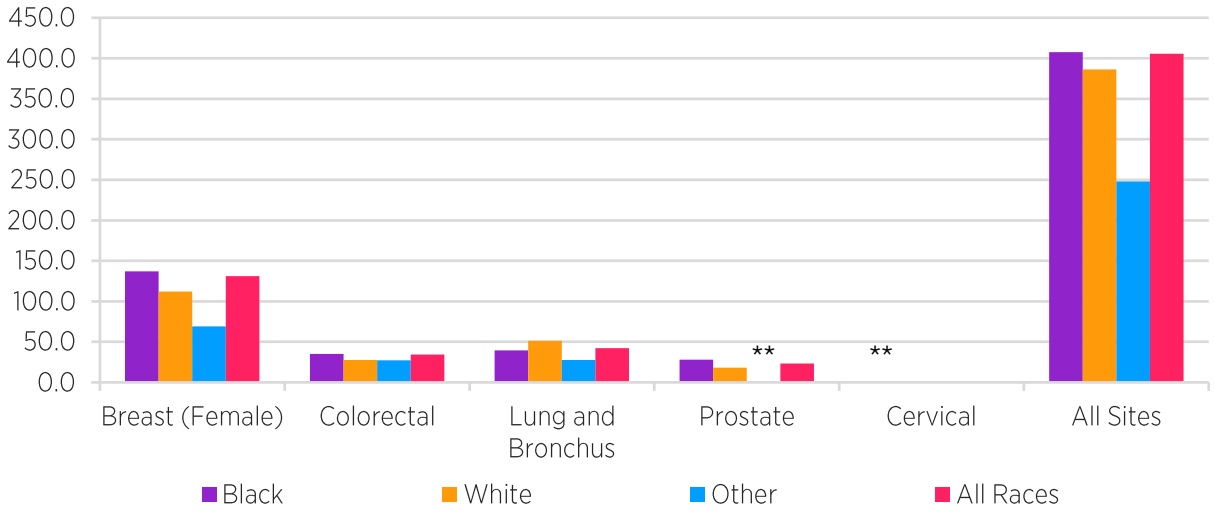
CANCER

CANCER AGE-ADJUSTED INCIDENCE RATES BY SITE, PRINCE GEORGE'S COUNTY, 2005-2019



**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 AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2005-2019



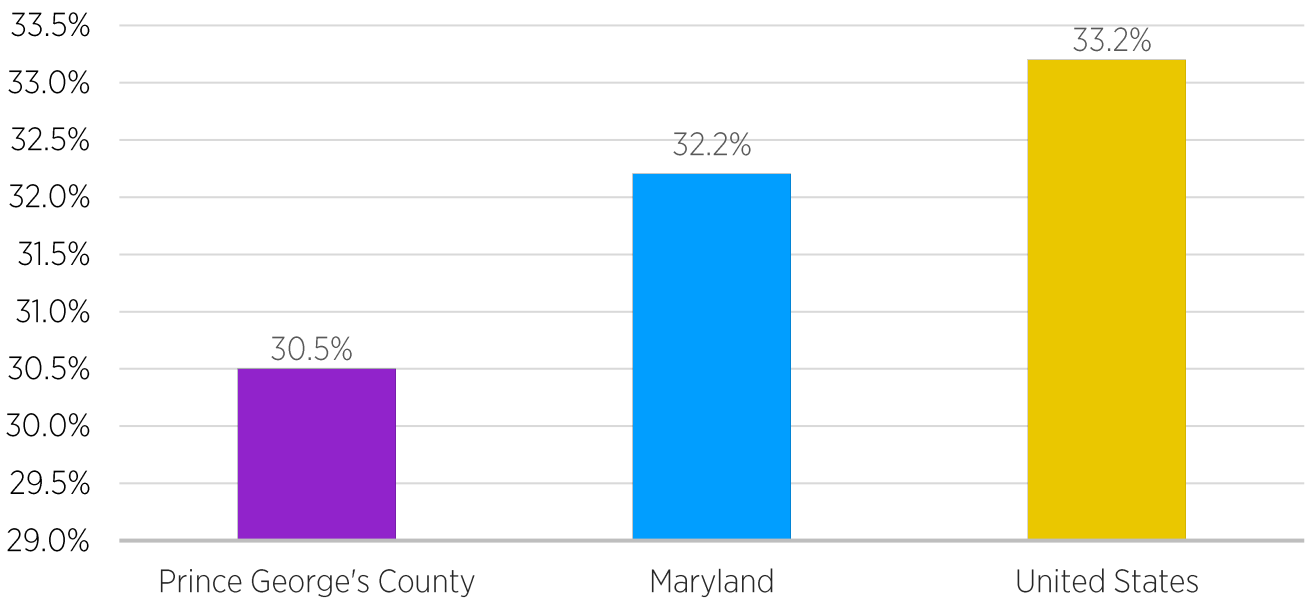
***Age-adjusted incidence rate unavailable due to small number of cases*
Data Source: Maryland Department of Health, Annual Cancer Report, 2022
Individuals of Hispanic origin were included within the White or Black estimates and are not listed separately

CANCER

CANCER SCREENING

In 2022, 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. Updated Maryland Behavioral Risk Factor Surveillance System data is not available due to the Maryland Department of Health cyber attack.

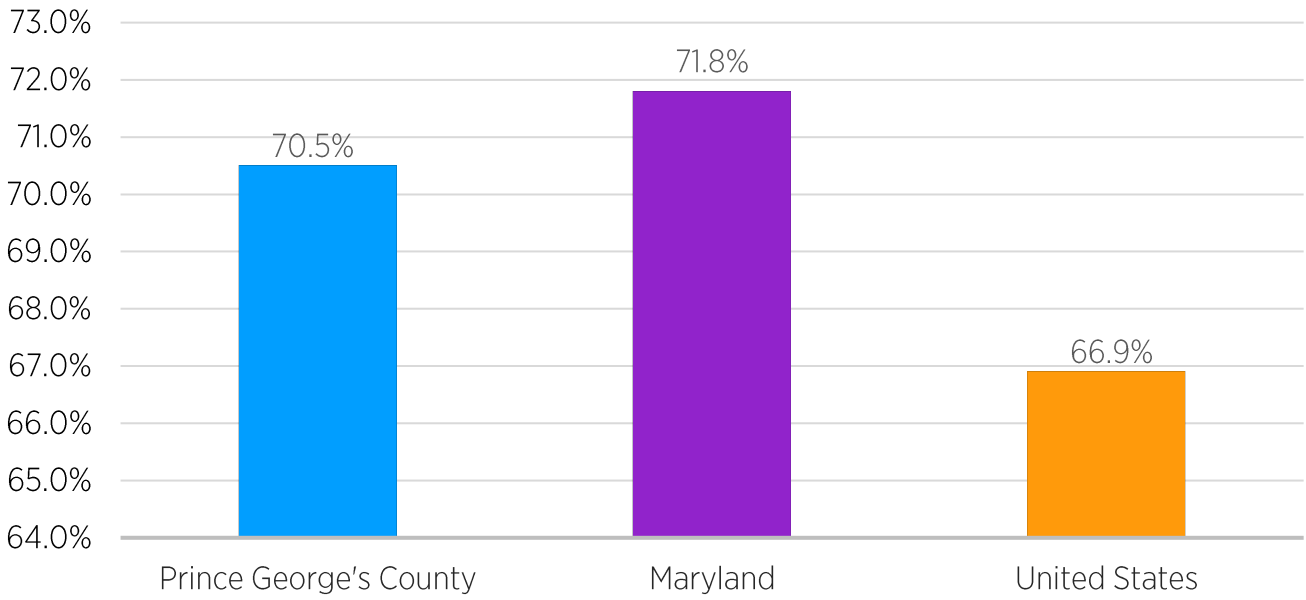
MEN (40 YEARS+) WITH A PROSTATE-SPECIFIC ANTIGEN TEST IN THE PAST TWO YEARS, 2019



Data Source: 2022 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 1/25/2025; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

CANCER

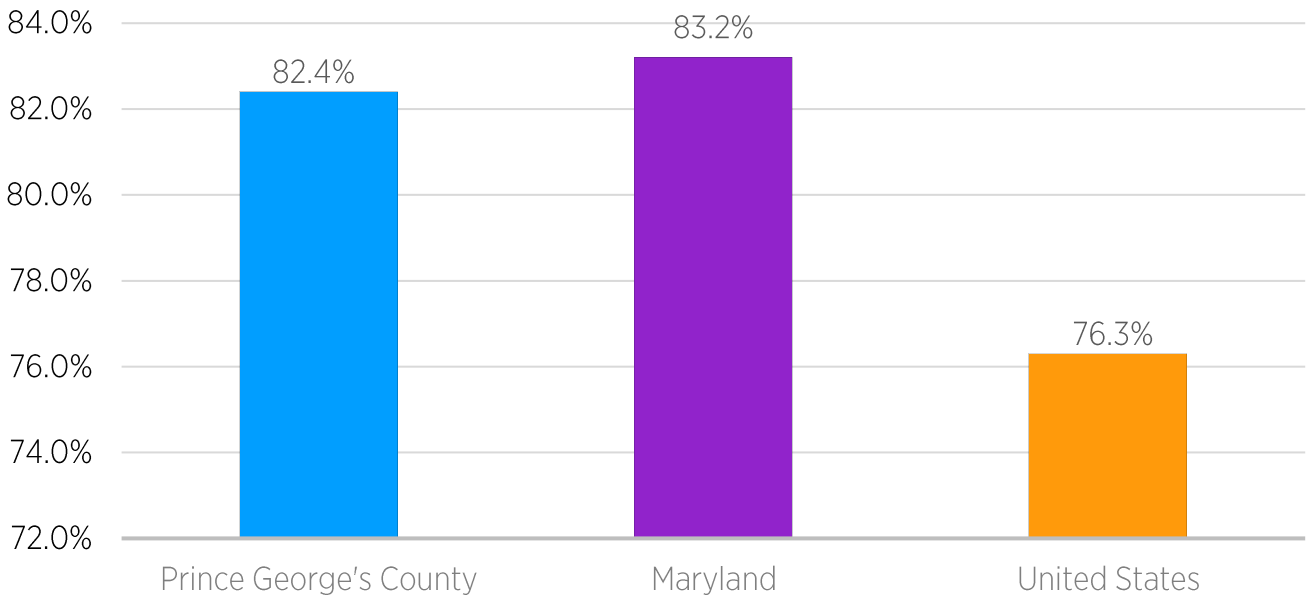
MEN AND WOMEN (45 – 75 YEARS) FULLY MEETING COLORECTAL CANCER SCREENING RECOMMENDATION, 2022



Data Source: 2022 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 1/25/2025; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

CANCER

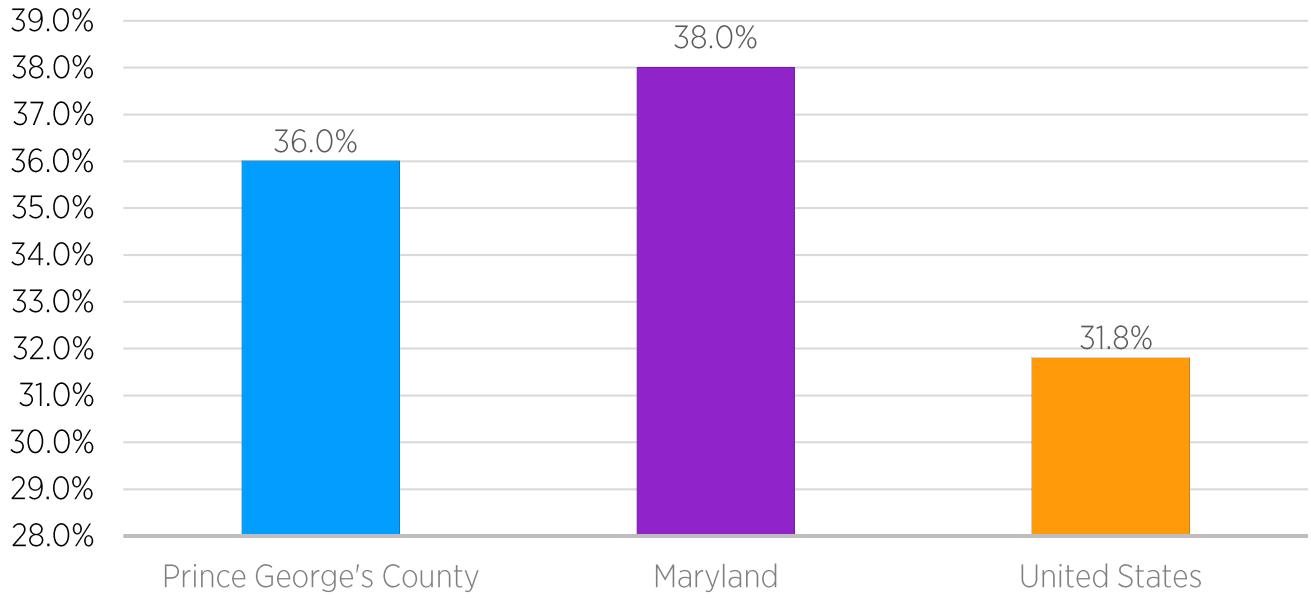
WOMEN (50+ YEARS) WHO HAD A MAMMOGRAPHY IN THE PAST 2 YEARS, 2022



Data Source: 2022 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 1/25/2025; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

CANCER

WOMEN (21-65 YEARS) WHO HAD A PAP SMEAR IN THE PAST YEAR, 2022

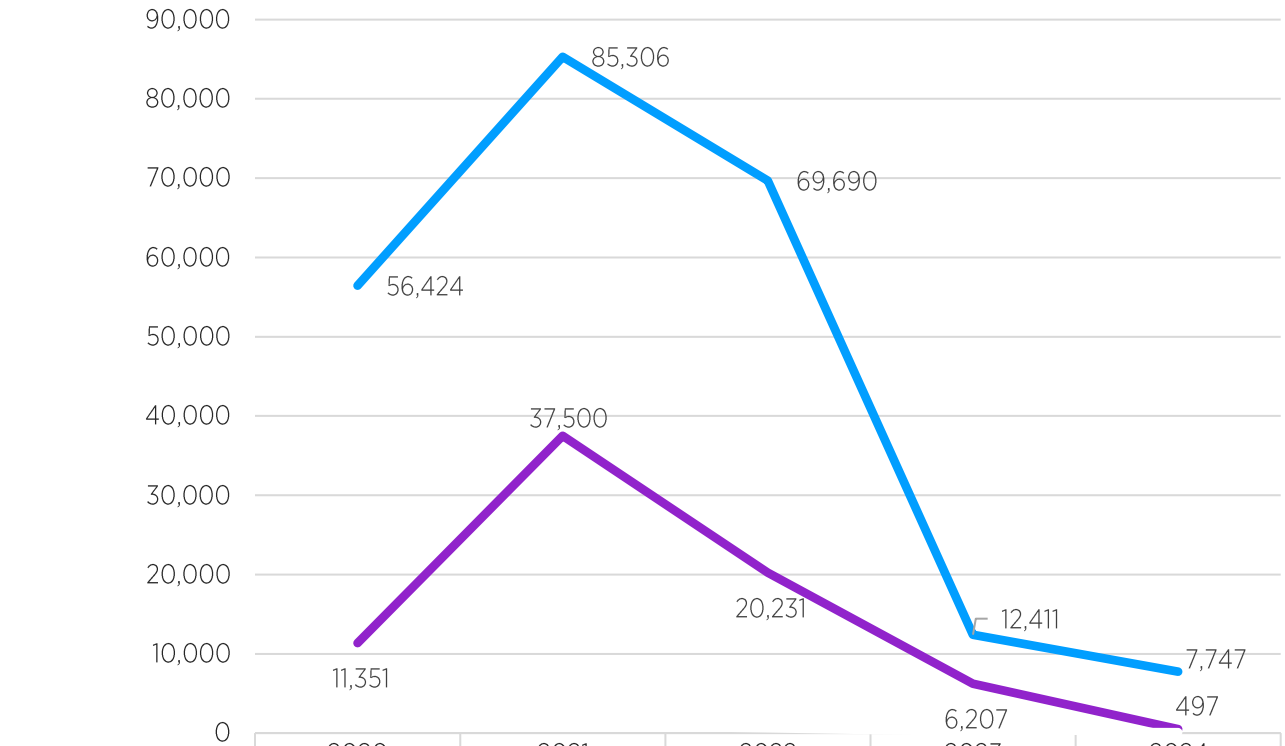


Data Source: 2022 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 1/25/2025; CDC National Center for Chronic Disease Prevention Health Promotion, Division of Public Health, BRFSS

COVID-19

The COVID-19 global pandemic was officially declared by the World Health Organization in March 2020, following the initial outbreak of the new illness caused by the SARS-CoV-2 virus. By the end of 2020, COVID-19 was the third leading cause of death in the U.S.[12] Emergency declarations due to COVID-19 have now ended, and it is now considered endemic, meaning that it will continue to be present in our community.

COVID-19 CASES, HOSPITALIZATIONS, AND DEATHS, PRINCE GEORGE'S COUNTY, 2020-2024



	2020	2021	2022	2023	2024
Cases	56,424	85,306	69,690	12,411	7,747
Hospitalizations	11,351	37,500	20,231	6,207	497
Deaths	1,317	992	627	171	107

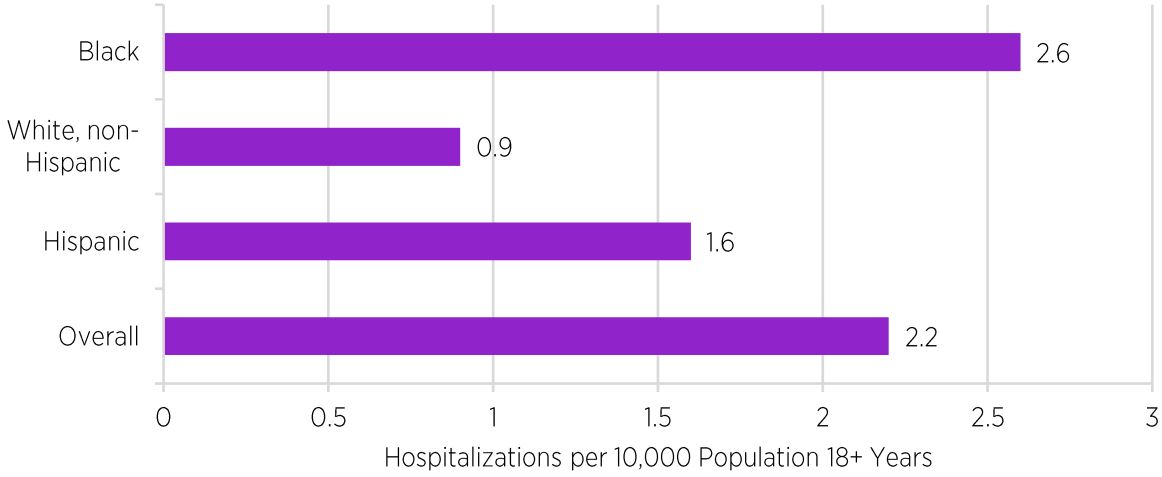
[12] Ahmad, F . B ., Cisewski, J . A ., Miniño, A ., & Anderson, R . N . (2021). Provisional Mortality Data - United States, 2020 . MMWR . Morbidity and mortality weekly report, 70(14), 519–522 . https://doi.org/10.15585/mmwr.mm7014e1

CHRONIC LOWER RESPIRATORY DISEASE (CLRD)

CLRDs are diseases that affect the lungs, including 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 is red and swollen and becomes clogged with mucus. Cigarette smoking is the main cause of COPD. There is an association with lung cancer. Asthma is a disease that also affects the lungs, which is commonly diagnosed in childhood. In 2022, approximately 9% (18,334) of children and nearly 10% of adults had asthma. The hospitalization rate is 2 times higher for Black, non-Hispanics compared to White, non-Hispanic.

ASTHMA

AGE-ADJUSTED HOSPITAL INPATIENT* VISIT RATE DUE TO ADULT ASTHMA BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2020-2022

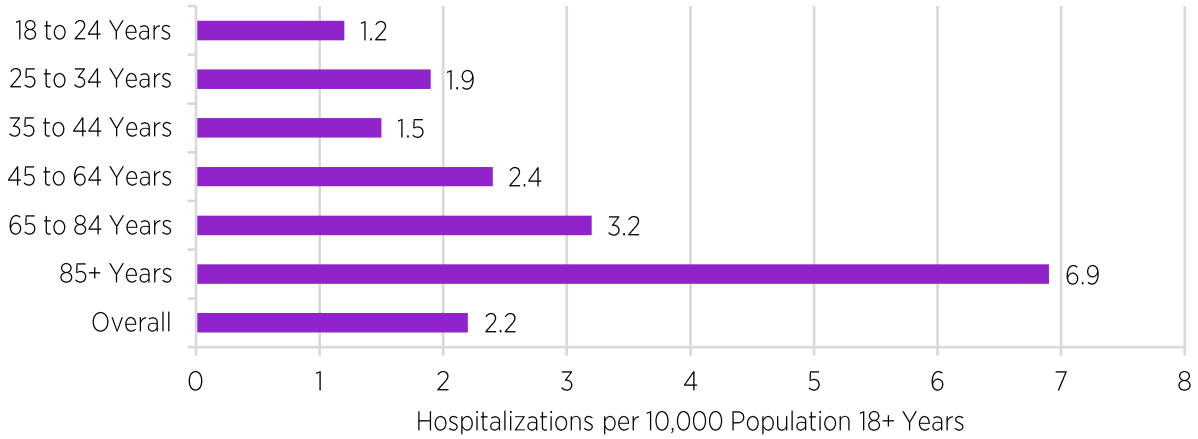


Includes visits to Maryland and Washington, D.C. hospitals

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

ASTHMA

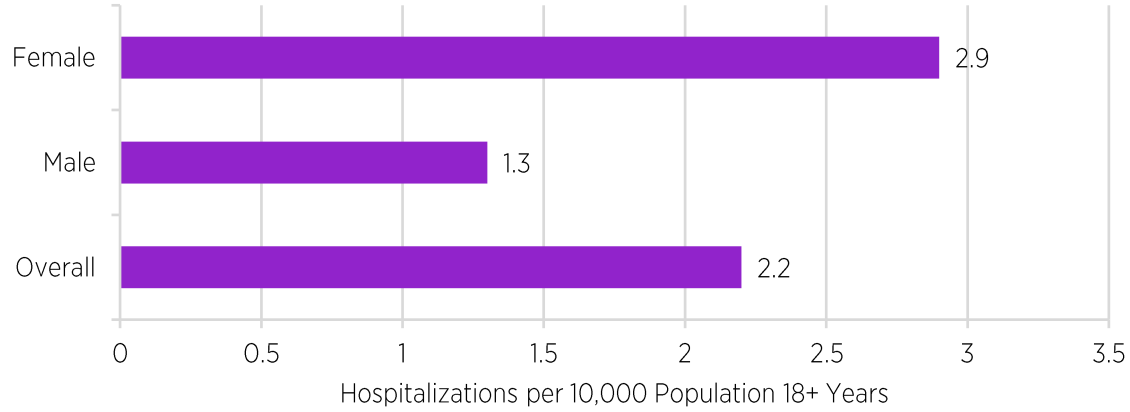
AGE-ADJUSTED HOSPITAL INPATIENT* VISIT RATE DUE TO ADULT ASTHMA BY SEX, 2020-2022



** 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, 2020-2022

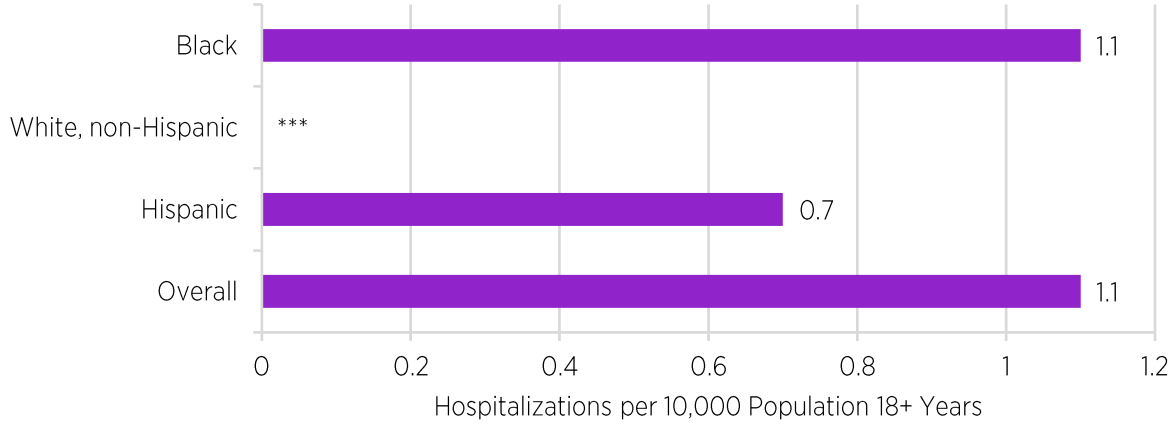


** Includes visits to Maryland and Washington, D.C. hospitals*

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, 2020-2022

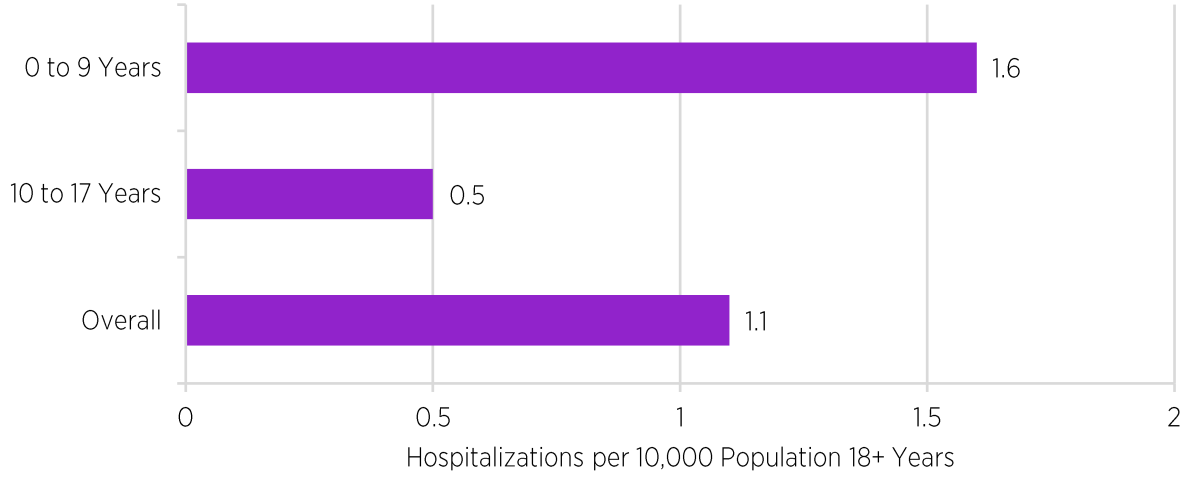


Includes visits to Maryland and Washington, D.C. hospitals

*** indicates data unavailable*

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, 2020-2022

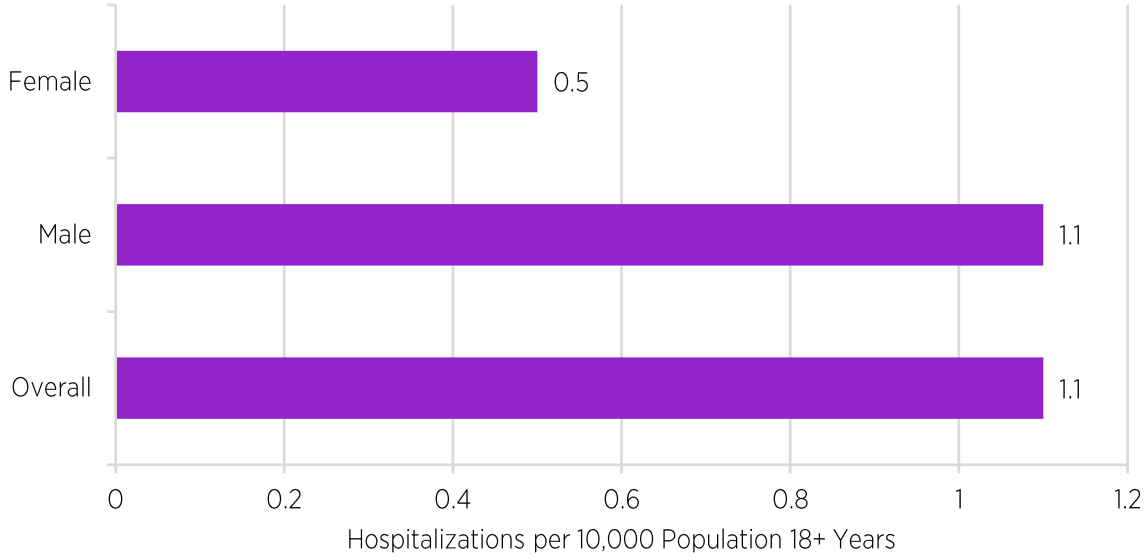


** Includes visits to Maryland and Washington, D.C. hospitals*

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 SEX, PRINCE GEORGE'S COUNTY, 2020-2022

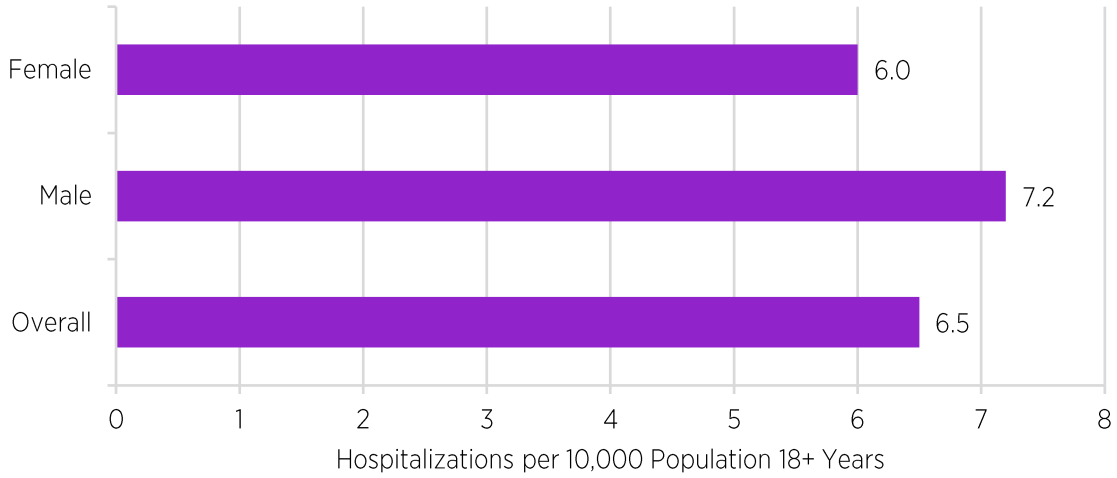


** Includes visits to Maryland and Washington, D.C. hospitals*

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, 2020-2022



** 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)

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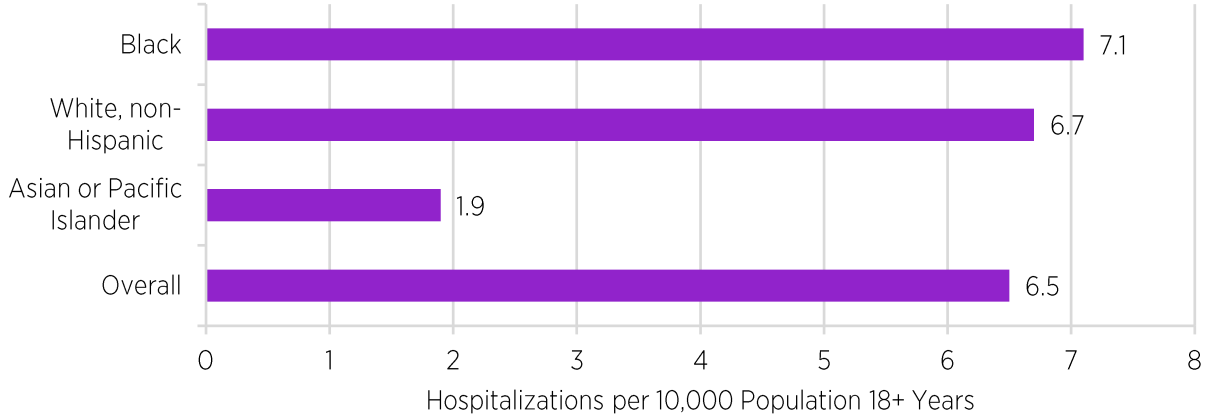
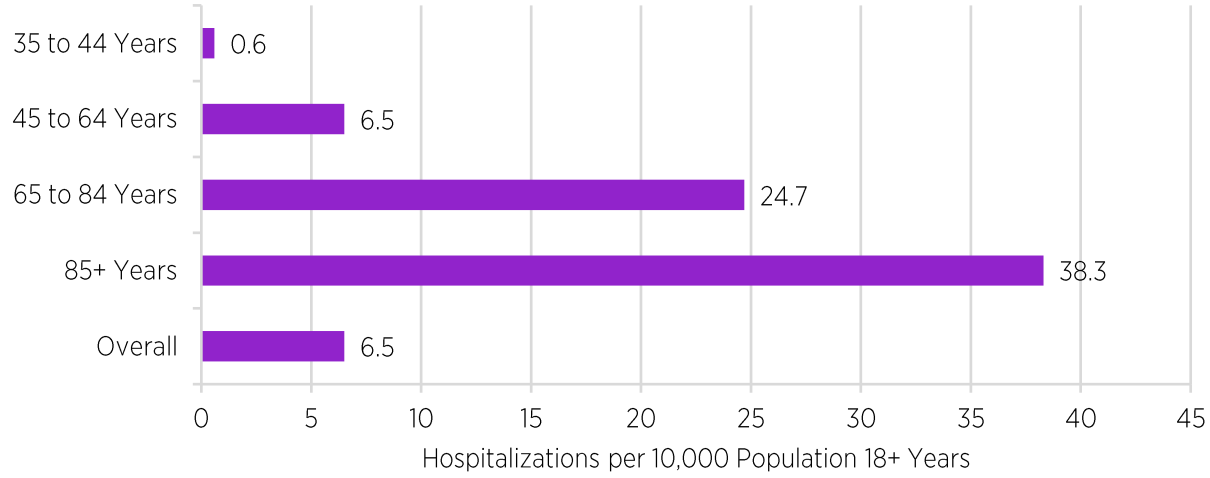


**Does not Include visits to Maryland and Washington, D.C. hospitals*

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 RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2020-2022



**Does not Include 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

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). Complications from diabetes include heart disease, kidney failure, lower-extremity amputation, and death. In 2022, the age-adjusted hospitalizations for diabetes were twice as high among Black, non-Hispanic residents (20.7 per 100,000) compared to White, non-Hispanic residents (10.3 per 100,000).

PERCENTAGE OF ADULTS WHO HAVE EVER BEEN TOLD BY A HEALTH PROFESSIONAL THAT THEY HAVE DIABETES, 2022 (EXCLUDES DIABETES DURING PREGNANCY)

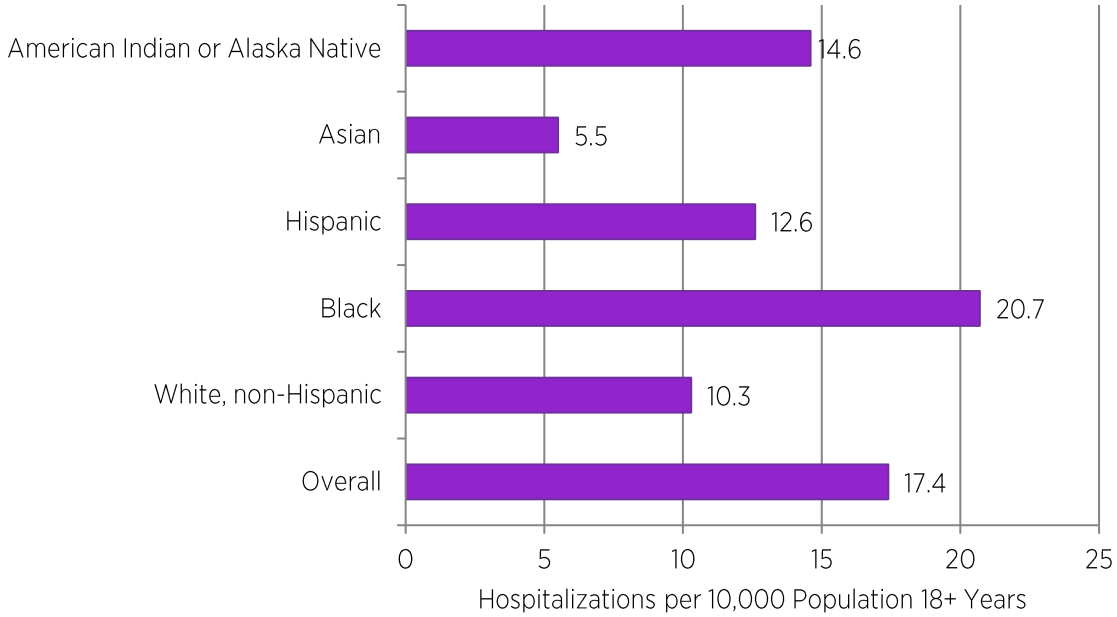
INDICATORS	PRINCE GEORGE'S COUNTY	MARYLAND
Sex		
Female	11.5%	11.0%
Male	18.2%	12.9%
Race/Ethnicity		
Black, non-Hispanic	17.2%	14.7%
Hispanic	9.9%	8.9%
White, non-Hispanic	8.0%	10.7%
Age Group		
18 to 34 Years	*	1.8%
35 to 44 Years	7.9%	5.7%
45 to 54 Years	13.5%	12.8%
55 to 64 Years	23.5%	18.7%
Over 65 Years	33.4%	23.9%
Total	12.3%	11.9%

**Individuals of Hispanic origin and ages 18-34 years were not included due to insufficient numbers*

Data Source: 2022 Maryland Behavioral Risk Factor Surveillance System, https://ibis.health.maryland.gov, accessed 2/16/2025

DIABETES

AGE-ADJUSTED HOSPITAL INPATIENT* VISIT RATE DUE TO DIABETES BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2020-2022

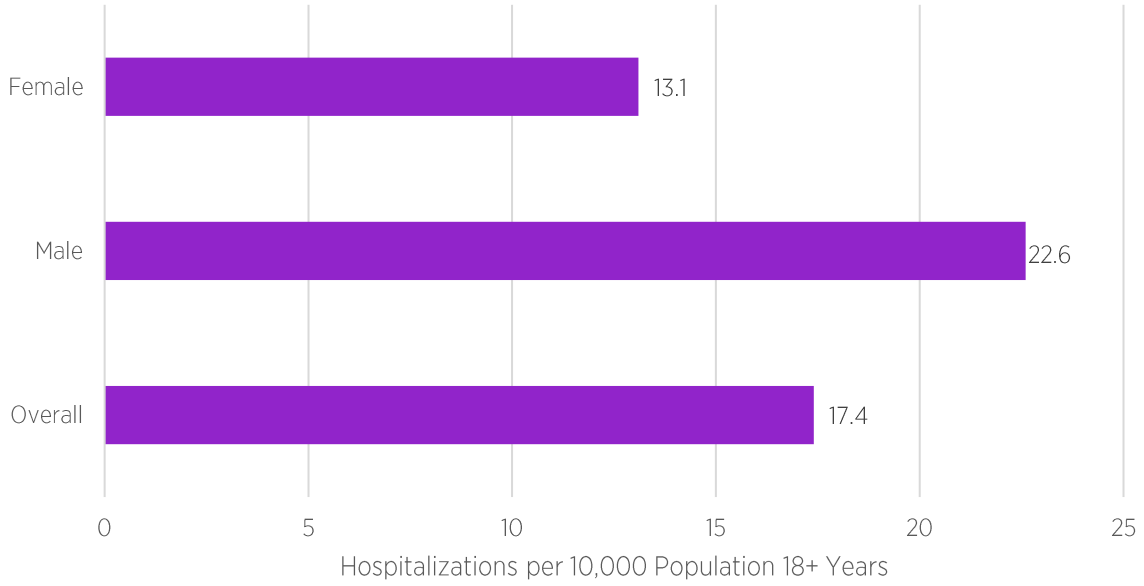


**Includes visits to Maryland and Washington, D.C. hospitals*

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

DIABETES

AGE-ADJUSTED HOSPITAL INPATIENT* VISIT RATE DUE TO DIABETES BY SEX, PRINCE GEORGE'S COUNTY, 2020-2022



**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

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 was the leading cause of death in the County in 2020 and continues to be the leading cause of death among County residents.[13] Heart Disease is one of several cardiovascular diseases. Complications of heart disease include heart failure, heart attack, stroke, aneurysm, peripheral artery disease, and sudden cardiac arrest.

EMERGENCY DEPARTMENT* VISITS FOR HEART DISEASE, 2022

DEMOGRAPHIC	Number of ED Visits	Percent of Visits
Race and Ethnicity		
Black, non-Hispanic	188,854	65%
Hispanic	46,575	16%
White, non-Hispanic	34,575	12%
Asian, non-Hispanic	5,647	2%
Gender		
Male	117,981	41%
Female	170,780	59%
Age		
Under 18 Years	29,528	10%
18 to 39 Years	87,851	30%
40 to 64 Years	103,980	36%
65 Years and Over	67,433	23%

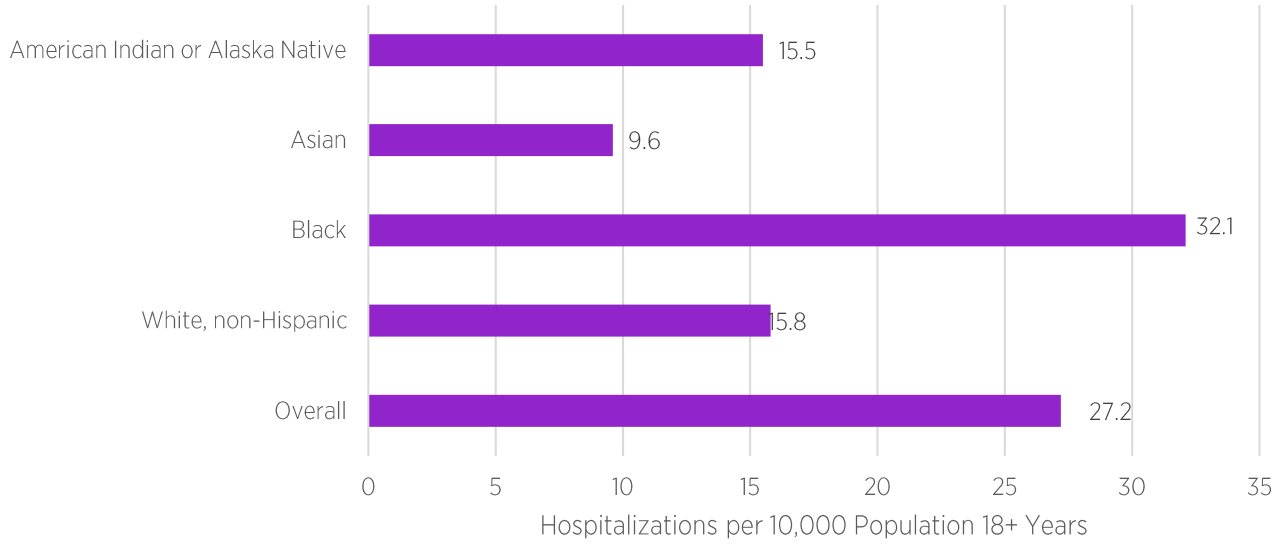
** ED Visits only include Maryland hospitals. Any visits made by residents to Washington, D.C. are not included, which could affect the Prince George's County rate.*

Data Source: Outpatient Discharge Data File 2022, Maryland Health Services Cost Review Commission; Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

[13] CDC WONDER Online Database

HEART DISEASE

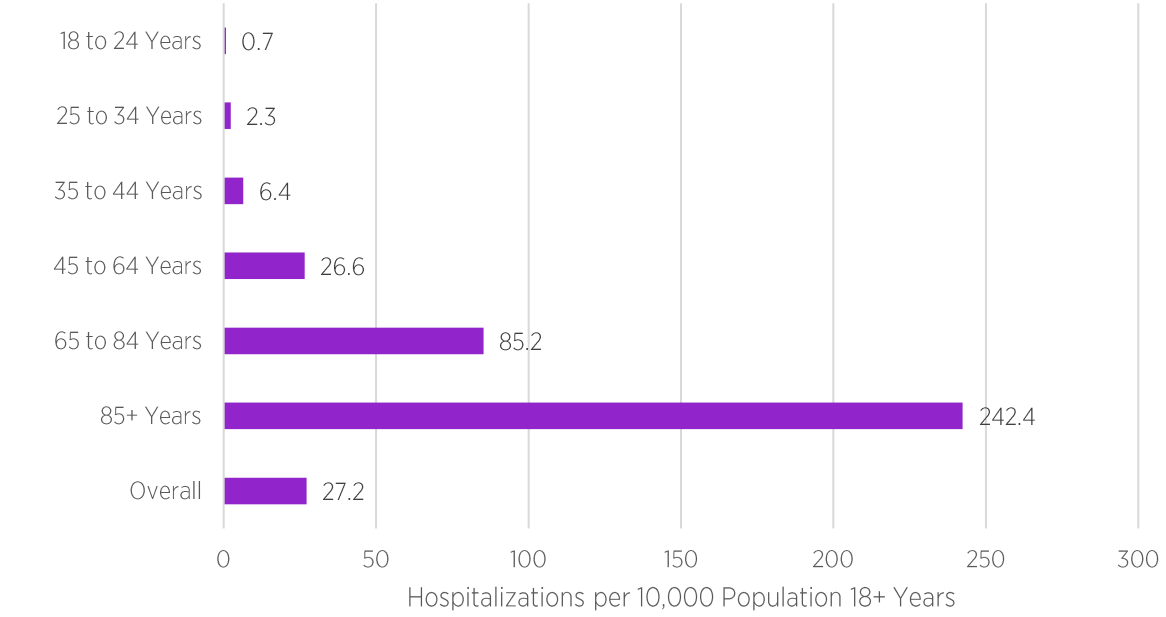
AGE-ADJUSTED HOSPITAL INPATIENT* VISIT RATE DUE TO HEART FAILURE BY RACE AND ETHNICITY, PRINCE GEORGE'S COUNTY, 2020-2022



*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 HEART FAILURE BY AGE, PRINCE GEORGE'S COUNTY, 2020-2022



*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

HYPERTENSION AND STROKE

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. Stroke is among the top ten leading causes of death. Approximately 38% of adults have been diagnosed with hypertension. Nearly three-fourths of County residents 65 years and older were hypertensive in 2021. In 2021, the age-adjusted rate of hospitalizations for hypertension was two times higher among Black, non-Hispanic residents (4.7 per 100,000) compared to Hispanics (2.7 per 100,000) residents, and four times higher compared to White, non-Hispanics (0.9 per 100,000 residents).

PERCENTAGE OF ADULTS WHO HAVE EVER BEEN TOLD BY A HEALTH PROFESSIONAL THEY HAVE HIGH BLOOD PRESSURE*, 2021

	PRINCE GEORGE'S COUNTY	MARYLAND
Sex		
Male	35.2%	35.3%
Female	34.9%	33.7%
Race/Ethnicity		
Black, non-Hispanic	37.0%	39.5%
Hispanic	31.4%	20.4%
White, non-Hispanic	28.4%	35.3%
Age Group		
18 to 34 Years	10.0%	12.0%
35 to 44 Years	22.7%	20.8%
45 to 54 Years	39.0%	34.8%
55 to 64 Years	59.6%	49.2%
Over 65 Years	74.8%	62.8%

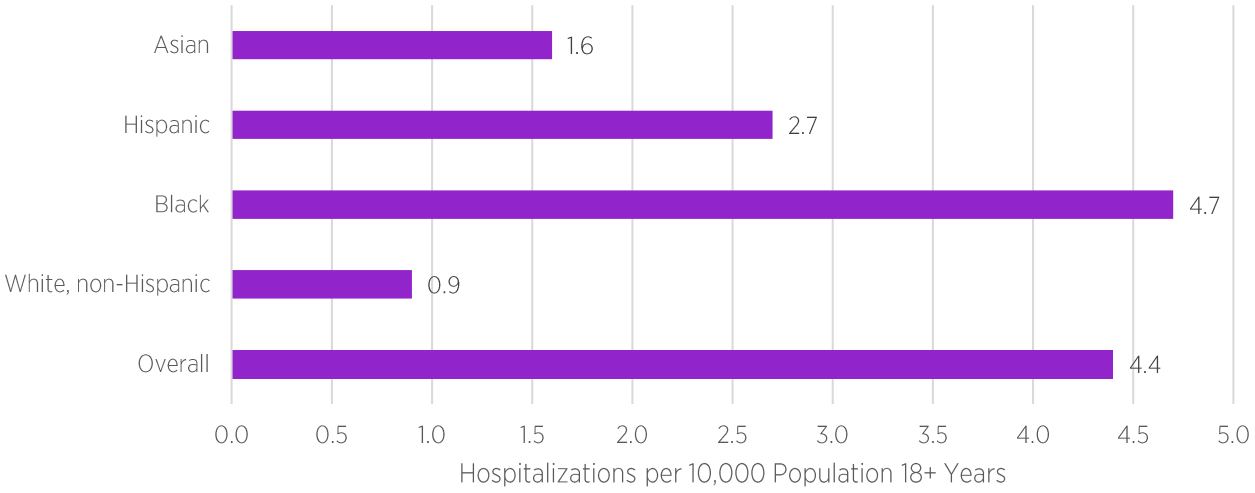
**Excludes women told only during pregnancy and borderline hypertension*

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

Data Source: 2022 Maryland Behavioral Risk Factor Surveillance System; https://ibis.health.maryland.gov, accessed 2/16/2025

HYPERTENSION AND STROKE

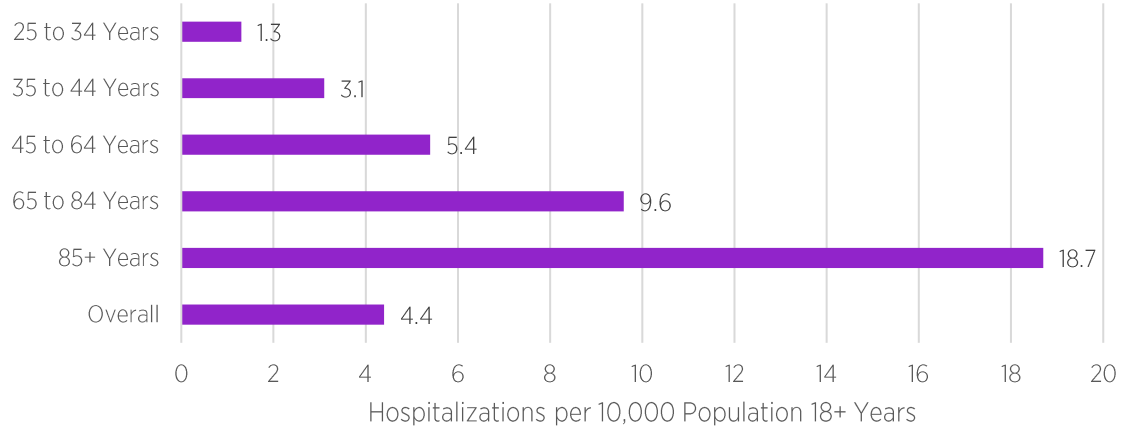
Age-Adjusted Hospital Inpatient* Visit Rate due to Hypertension by Race and Ethnicity, Prince George's County, 2019-2021



** 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, 2019-2021

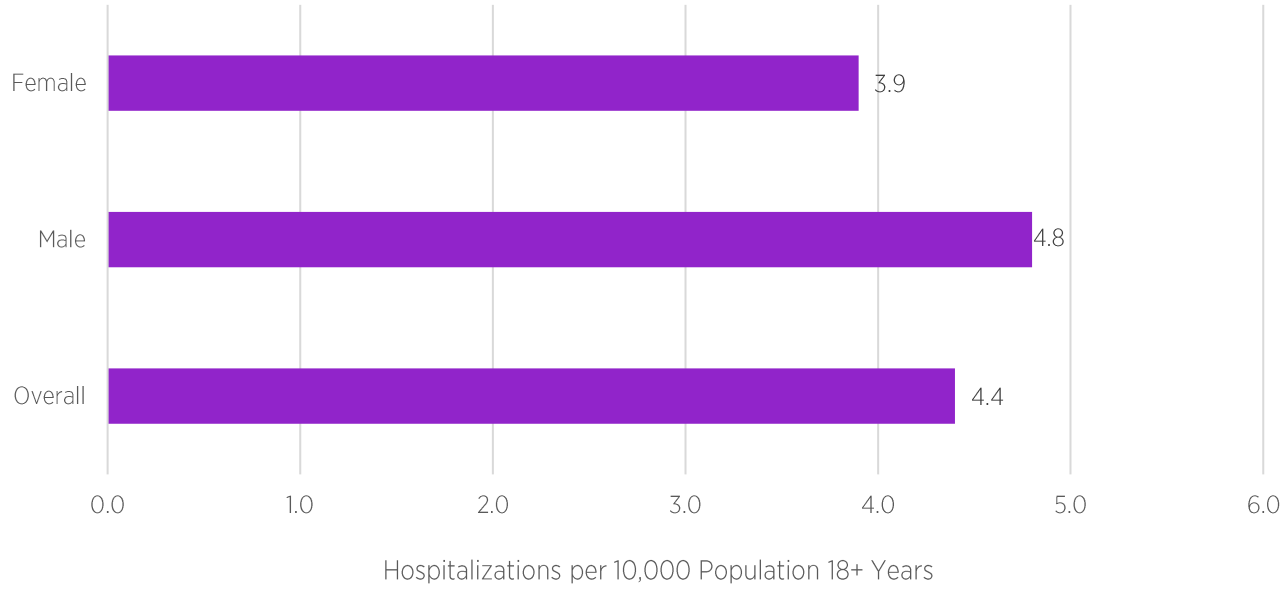


** Includes visits to Maryland and Washington, D.C. hospitals*

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

HYPERTENSION AND STROKE

AGE-ADJUSTED HOSPITAL INPATIENT* VISIT RATE DUE TO HYPERTENSION BY SEX, PRINCE GEORGE'S COUNTY, 2019-2021



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

HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system. Most people contract HIV through anal or vaginal sex, or by sharing needles, syringes, or other equipment used for injecting drugs. The virus is transmitted through blood, semen, pre-seminal fluid, rectal fluid, and vaginal fluid. With proper and consistent treatment, a person with HIV can live a healthy life without transmitting the virus to their sexual partners. However, without proper treatment, HIV can progress to Acquired Immunodeficiency Syndrome (AIDS).

In 2023, there were 194 new HIV diagnoses in Maryland, which translates to a rate of 24.3 per 100,000 residents. This is the highest number of HIV diagnoses recorded in any jurisdiction in the state. While there were 8,234 reported cases of HIV in 2023, the total estimated number of people living with HIV was 9,058.

HIV can be prevented through various methods, including practicing abstinence, using condoms correctly during sex, never sharing needles, and utilizing Pre-Exposure Prophylaxis (PrEP) and post-exposure prophylaxis (PEP). PrEP is a medication that can prevent HIV when taken as prescribed, available in both oral and long-acting injectable forms. PEP is an emergency short course of HIV medication that must be taken within 72 hours after potential exposure to the virus to prevent HIV infection.

Testing is the only way for an individual to know if they have HIV. While there is no cure for HIV, treatment with antiretroviral therapy (ART) can reduce the virus's presence in the bloodstream to an undetectable level. Individuals with HIV who achieve an undetectable viral load through proper treatment can lead long, healthy lives and will not transmit the virus to their HIV-negative sexual partners.

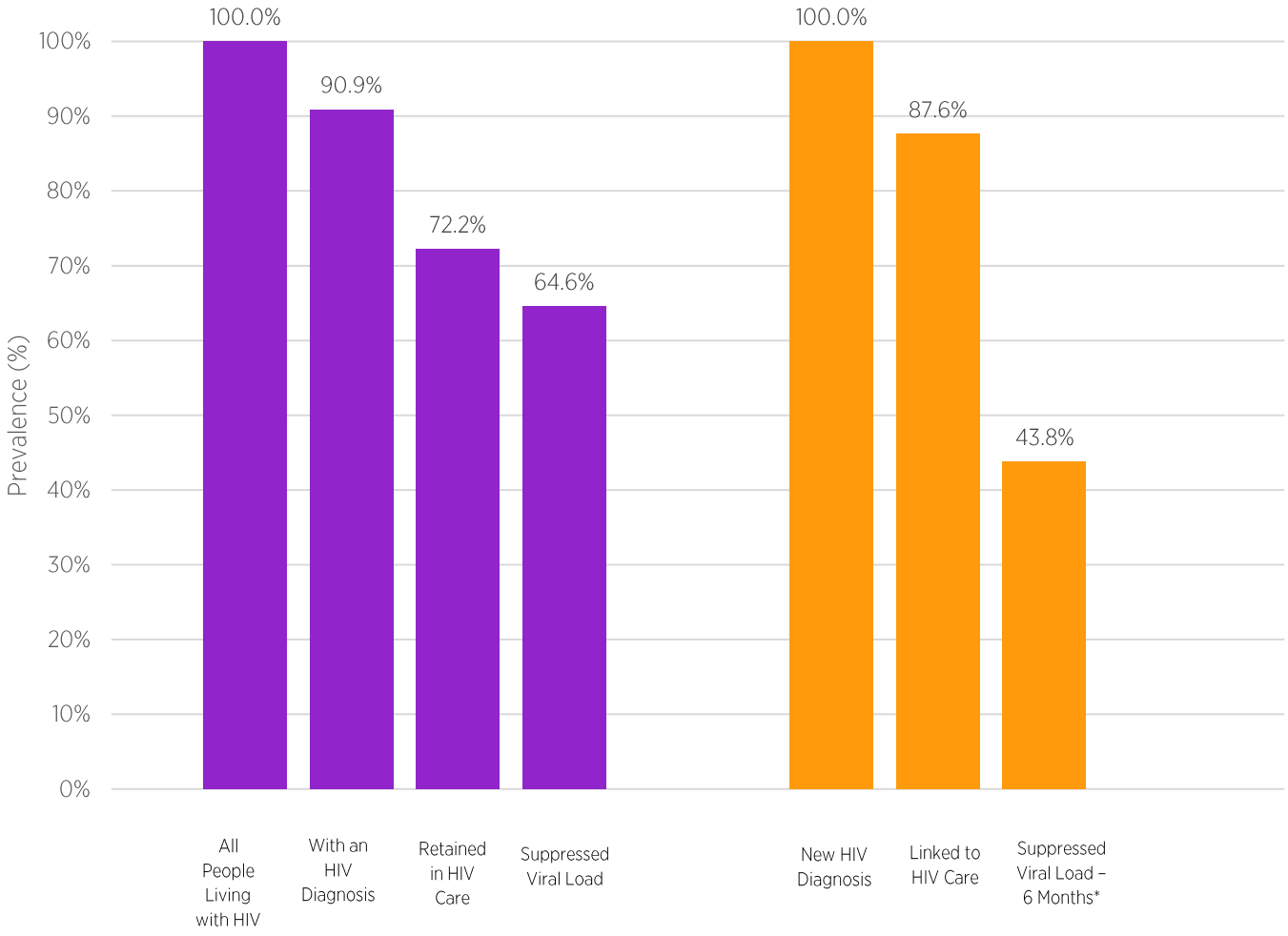
Without treatment, HIV progresses through three stages, according to the CDC: acute HIV infection (stage 1), chronic HIV infection (stage 2), and AIDS (stage 3). In stage 3, the immune system is severely damaged, leading to dangerous opportunistic infections that can result in death.

In 2023, 77.8% of new HIV cases were reported among Black, non-Hispanic residents. Over half of these new cases were among Black men, while more than one in five were among Black women. Additionally, 68% of new cases occurred in individuals aged 20 to 39 years, with one-quarter of cases in the immigrant population.

Prince George's County had the highest number of new HIV diagnoses in the state in 2023, reporting 194 cases, following Baltimore City, which had 166 cases. The overall rate for the state of Maryland was 13.7 per 100,000 residents, compared to the rate of 24.3 per 100,000 in Prince George's County.

HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

PREVALENCE-BASED ESTIMATED HIV CONTINUUM OF CARE AMONG PEOPLE AGED 13+, 2023



Among Current Prince George's County Residents Living with HIV

Among 2023 New HIV Diagnoses

*Having less than 200 copies of HIV per milliliter of blood. Viral suppression keeps individuals with HIV healthy and can prevent transmission of HIV.

*Rate per 100,000 Adult/Adolescents 13 years or older
Data Source: 2023 County Annual HIV Epidemiological Profile for Prince George's County, MDH; 2023 Maryland Annual HIV Epidemiological Profile

HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

DEMOGRAPHICS OF NEW HIV CASES, 2023

	PRINCE GEORGE'S COUNTY		MARYLAND	
	Number	Rate*	Number	Rate*
SEX AT BIRTH				
Male	146	38.1	551	21.9
Female	48	11.5	163	6.0
Race/Ethnicity				
Black, non-Hispanic	151	30.7	464	29.4
Hispanic	37	22.7	136	23.0
White, non-Hispanic	1	1.1	82	3.2
Asian, non-Hispanic	3	8.7	18	4.9
Multiracial or Another Race	2	14.1	14	12.4
Age				
13 to 19 Years	6	7.0	22	4.0
20 to 29 Years	59	49.2	224	30.1
30 to 39 Years	73	55.6	242	28.4
40 to 49 Years	32	25.9	112	14.2
50 to 59 Years	14	10.9	73	9.1
60-69 Years	8	7.1	35	4.6
70+	2	2.1	6	0.8
Country of Birth				
United States	144	25.5	543	12.9
Foreign-born	50	21.3	171	17.5
Total	194	24.3	714	13.7

*Rate per 100,000 Adult/Adolescents 13 years or older
Data Source: 2022 County Annual HIV Epidemiological Profile for Prince George's County, MDH; 2020 Maryland Annual HIV Epidemiological Profile

HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

NEW HIV CASES BY EXPOSURE, 2023

	PRINCE GEORGE'S COUNTY*		MARYLAND**	
	Number	Percent	Number	Percent
EXPOSURE				
Males with Male Sexual Contact (MMSC)	103	53.1%	388	54.4%
Injection Drug Use (IDU)	4	2.1%	30	4.2%
Males with Male Sexual Contact and Injection Drug Use (MMSC/IDU)	0	0.0%	6	0.8%
Heterosexual Contact	87	44.8%	290	40.7%
Perinatal Transmission	0	0.0%	0	0.0%
Total	194	100.0	714	100.0

Data Source: Prince George's County Annual HIV Epidemiological Profile 2023. Maryland Department of Health, Baltimore, MD. 2024.
**Maryland Annual HIV Epidemiological Profile 2023. Maryland Department of Health, Baltimore, MD. 2024.

HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

DEMOGRAPHICS OF TOTAL LIVING WITH HIV CASES, 2023

	PRINCE GEORGE'S COUNTY		MARYLAND	
	Number	Rate*	Number	Rate*
SEX AT BIRTH				
Male	5,431	1,501.5	21,251	845.3
Female	2,583	645.4	10,705	395.7
RACE/ETHNICITY				
Black, non-Hispanic	6,760	1,372.5	23,556	1,491.8
Hispanic	768	471.1	2,687	455.0
White, non-Hispanic	309	331.5	3,717	145.4
Asian, non-Hispanic	43	125.4	285	78.0
American Indian / Alaska Native	5	262.4	15	117.9
Hawaiian or Another Pacific Islander	0	0.0	2	75.7
Multiracial or Another Race	349	2,452.7	1,694	1496.4
Current Age				
13 to 19 Years	38	44.4	117	21.1
20 to 29 Years	543	452.9	1,977	256.6
30 to 39 Years	1,802	1,371.7	6,161	722.9
40 to 49 Years	1,916	1,548.2	6,347	804.2
50 to 59 Years	2,091	1,627.3	8,195	1,016.3
60 to 69 Years	1,373	1,213.2	6,909	916.4
70+	471	484.0	2,250	312.8
COUNTRY OF BIRTH				
United States	6,603	1,170.5	26,396	625.0
Foreign-born	1,431	610.1	4,748	485.5
Total	8,234	1,029.9	31,956	612.2

*Rate per 100,000 Adult/Adolescents 13 years or older
Data Source: 2022 County Annual HIV Epidemiological Profile for Prince George's County, MDH; 2020 Maryland Annual HIV Epidemiological Profile

SEXUALLY TRANSMITTED INFECTIONS

Changes in access to sexual health care can affect the number of infections diagnosed and reported. Disruptions in STI-related prevention and care activities related to the public health response to the COVID-19 pandemic have had a significant impact on trends in STI surveillance data; therefore, trends for STI surveillance data collected during the pandemic were cautiously interpreted. Additionally, due to a data breach in 2021 to the Maryland Department of Health (MDH) Network, there was incomplete reporting of STI data, and only state-level data is available for 2021. MDH also transitioned to a new surveillance platform in 2023, so the data may not be as robust as in previous years. Rates of STIs in Maryland in 2022 were the highest since at least 1984, and certain counties remain disproportionately impacted by STI rates compared to the state's population.[14]

NUMBER OF SEXUALLY TRANSMITTED INFECTIONS, PRINCE GEORGE'S COUNTY

SELECTED SEXUALLY TRANSMITTED INFECTIONS, 2015-2022

STI TYPE	2015	2016	2017	2018	2019	2020	2021	2022
Chlamydia	6,153	6,752	7,365	8,013	8,262	6974	***	6306
Gonorrhea	1,282	1,832	2,001	2,020	2,195	2406	***	2256
Syphilis*	81	110	143	153	169	163	***	111

**Includes both Primary and Secondary Syphilis*

**** indicates incomplete reporting*

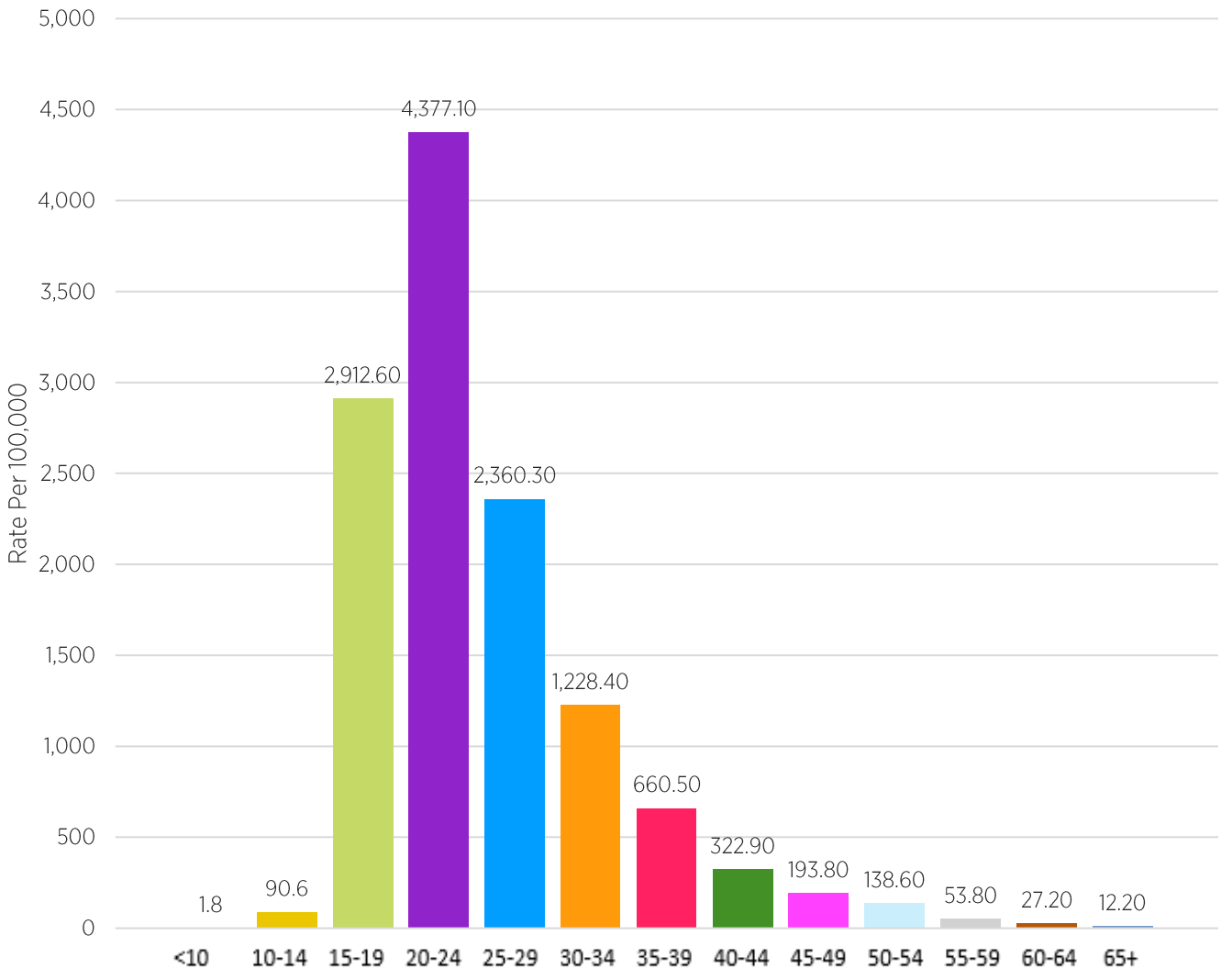
Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MD

[14] Maryland Department of Health 2022 Annual STI Report

SEXUALLY TRANSMITTED INFECTIONS

CHLAMYDIA

CHLAMYDIA DIAGNOSIS RATES DURING 2023 IN PRINCE GEORGE'S COUNTY BY AGE AT DIAGNOSIS

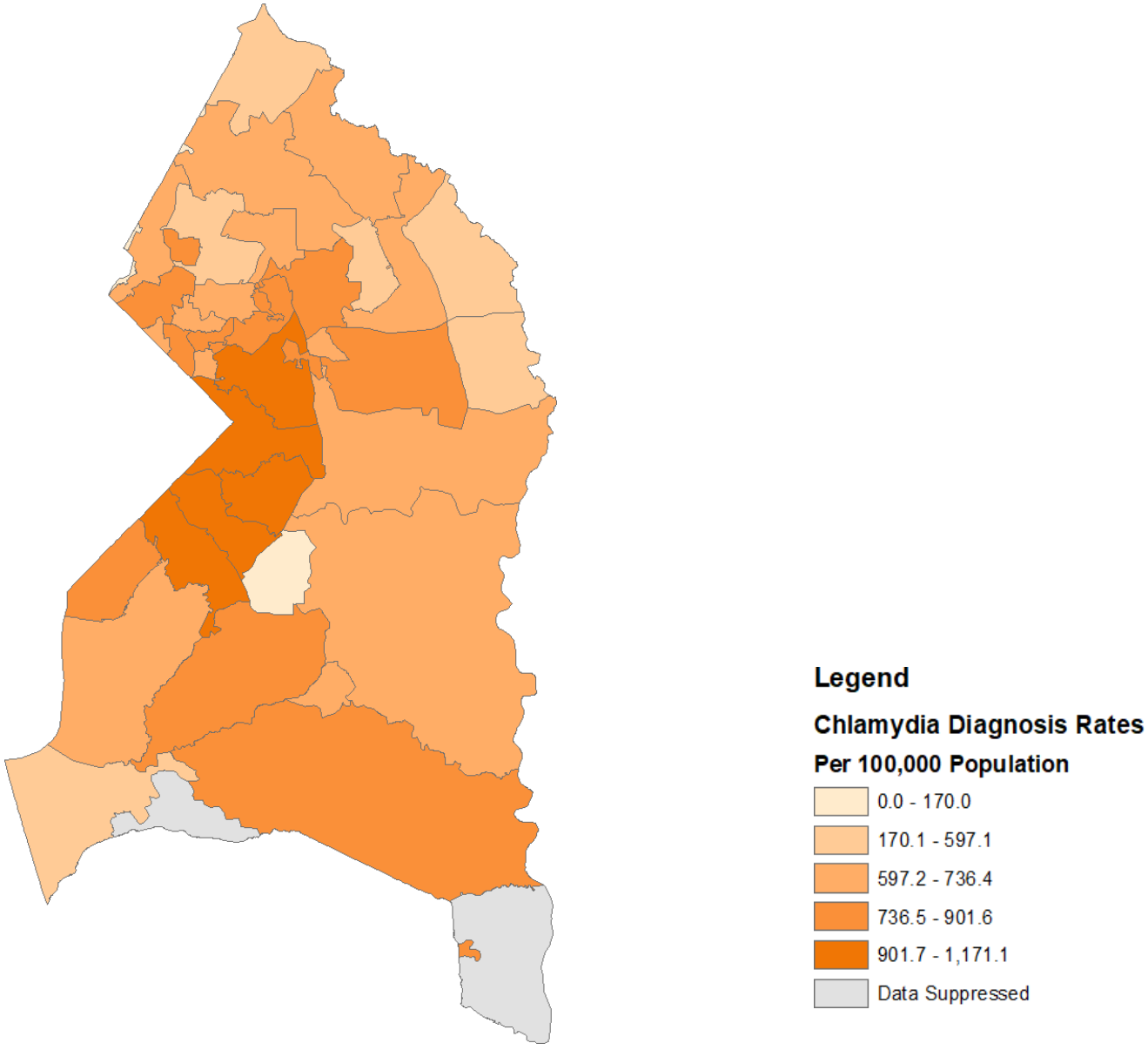


Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MD

SEXUALLY TRANSMITTED INFECTIONS

CHLAMYDIA

CHLAMYDIA DIAGNOSIS RATES DURING 2023 IN PRINCE GEORGE'S COUNTY, MARYLAND, BY ZIP CODE, REPORTED THROUGH JULY 26, 2024



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

SEXUALLY TRANSMITTED INFECTIONS

CHLAMYDIA

DEMOGRAPHICS OF CHLAMYDIA DIAGNOSES, 2023

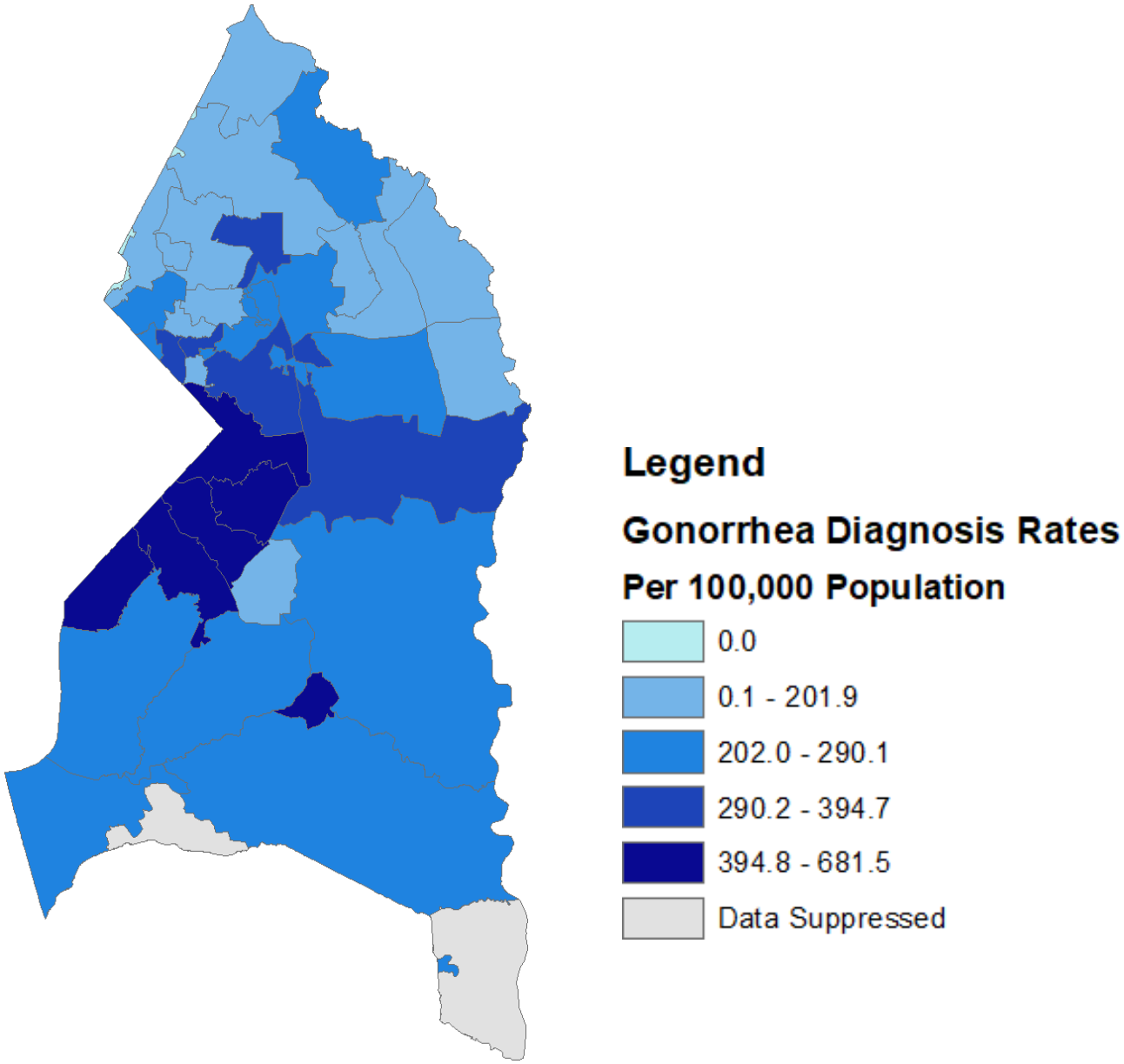
DEMOGRAPHIC CHARACTERISTICS	CHLAMYDIA DIAGNOSES			
	Population	Number	Percent	Rate
Age at Diagnosis				
<10	113,479	2	0.0%	1.8
10-14	57,389	52	0.7%	90.6
15-19	62,556	1,822	23.9%	2,912.6
20-24	58,852	2,576	33.8%	4,377.1
25-29	61,051	1,441	18.9%	2,360.3
30-34	67,324	827	10.8%	1,228.4
35-39	64,043	423	5.5%	660.5
40-44	64,410	208	2.7%	322.9
45-49	59,344	115	1.5%	193.8
50-54	63,487	88	1.2%	138.6
55-59	65,010	35	0.5%	53.8
60-64	62,398	17	0.2%	27.2
65+	148,087	18	0.2%	12.2
Unknown	--	8	0.1%	--
Assigned Sex at Birth				
Female	489,204	4,535	59.4%	927.0
Male	458,226	3,085	40.4%	673.2
Unknown	--	12	0.2%	--
Race and Ethnicity				
Hispanic	215,594	536	7.0%	248.6
NH-American Indian or Alaska Native, only	2,152	43	0.6%	1,998.1
NH-Asian, only	38,544	32	0.4%	83.0
NH-Black, only	567,123	3,997	52.4%	704.8
NH-Native Hawaiian or Another Pacific Islander, only	348	--	--	--
NH-White, only	104,071	255	3.3%	245.0
NH-Multiracial or Another NH-Race	19,598	134	1.8%	683.7
Unknown	--	2,635	34.5%	--
Total	947,430	7,632	100.0%	805.5

Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MD; 2023 US Census

SEXUALLY TRANSMITTED INFECTIONS

GONORRHEA

GONORRHEA DIAGNOSIS RATES DURING 2023 IN PRINCE GEORGE'S COUNTY, MARYLAND, BY ZIP CODE, REPORTED THROUGH JULY 26, 2024



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

SEXUALLY TRANSMITTED INFECTIONS

GONORRHEA

DEMOGRAPHICS OF GONORRHEA DIAGNOSES, 2023

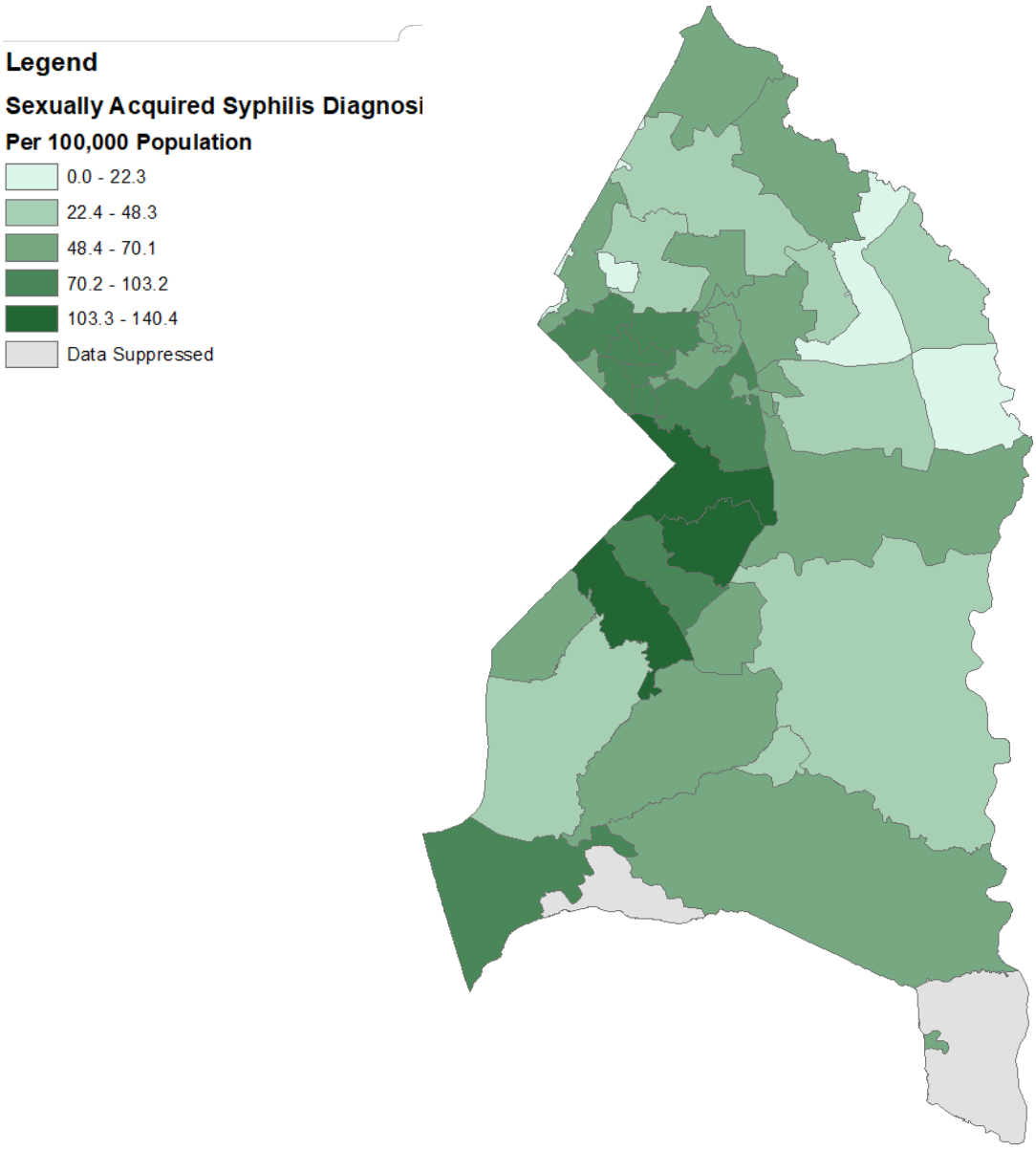
DEMOGRAPHIC CHARACTERISTICS	GONORRHEA DIAGNOSES			
	Population	Number	Percent	Rate
AGE AT DIAGNOSIS				
<10	113,479	2	0.1%	1.8
10-14	57,389	24	0.8%	41.8
15-19	62,556	497	17.6%	794.5
20-24	58,852	733	25.9%	1,245.5
25-29	61,051	568	20.1%	930.4
30-34	67,324	436	15.4%	647.6
35-39	64,043	243	8.6%	379.4
40-44	64,410	131	4.6%	203.4
45-49	59,344	85	3.0%	143.2
50-54	63,487	54	1.9%	85.1
55-59	65,010	31	1.1%	47.7
60-64	62,398	18	0.6%	28.8
65+	148,087	6	0.2%	4.1
Unknown	--	2	0.1%	--
ASSIGNED SEX AT BIRTH				
Female	489,204	915	32.3%	187.0
Male	458,226	1,911	67.5%	417.0
Unknown	--	4	0.1%	--
RACE AND ETHNICITY				
Hispanic	215,594	106	3.7%	49.2
NH-American Indian or Alaska Native, only	2,152	9	0.3%	418.2
NH-Asian, only	38,544	19	0.7%	49.3
NH-Black, only	567,123	1,818	64.2%	320.6
NH-Native Hawaiian or Another Pacific Islander, only	348	--	--	--
NH-White, only	104,071	73	2.6%	70.1
NH-Multiracial or Another NH-Race	19,598	130	4.6%	663.3
Unknown	--	675	23.9%	--
Total	947,430	2,830	100.0%	298.7
Unknown	--	2,635	34.5%	--
Total	947,430	7,632	100.0%	805.5

Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration, MDH; US Census 1-Year ACS 2023

SEXUALLY TRANSMITTED INFECTIONS

SYPHILIS

SEXUALLY ACQUIRED SYPHILIS DIAGNOSIS RATES DURING 2023 IN PRINCE GEORGE'S COUNTY, MARYLAND, BY ZIP CODE, REPORTED THROUGH JULY 26, 2024

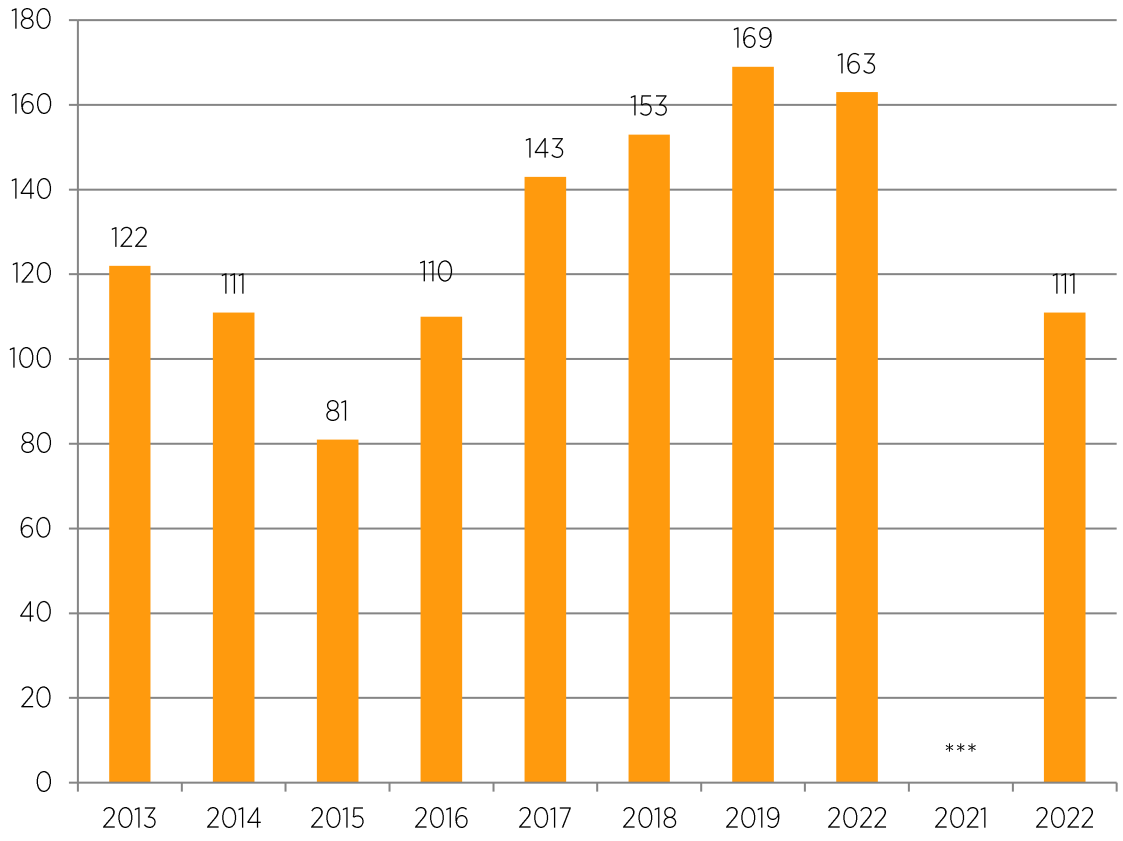


Data Source: Infectious Disease Bureau, Prevention and Health Promotion Administration

SEXUALLY TRANSMITTED INFECTIONS

SYPHILIS

NUMBER OF PRIMARY/SECONDARY SYPHILIS CASES, PRINCE GEORGE'S COUNTY, 2013-2022

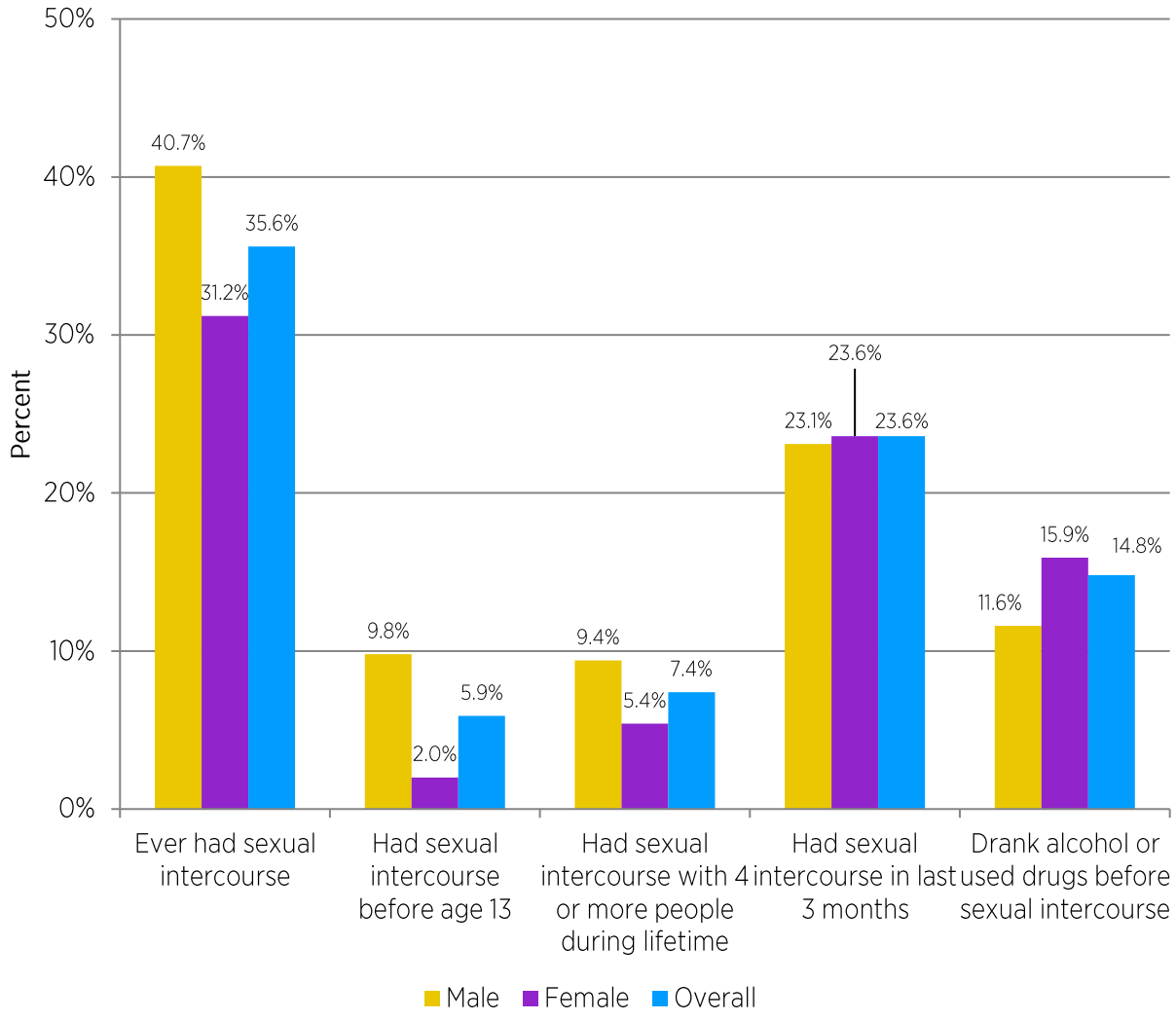


*** *indicates incomplete reporting*

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

SEXUALLY TRANSMITTED INFECTIONS

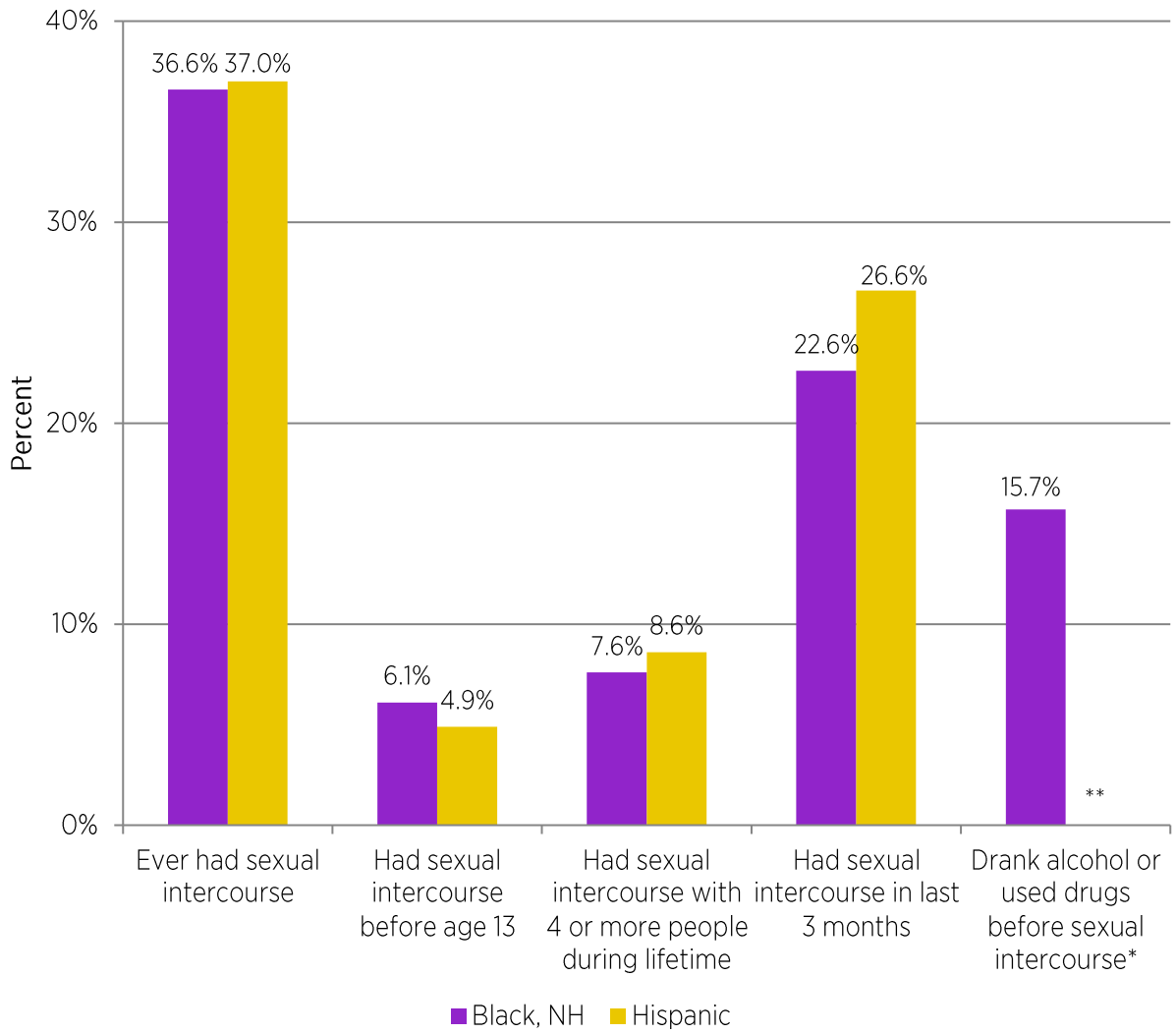
SEXUAL BEHAVIOR OF HIGH SCHOOL STUDENTS BY SEX, PRINCE GEORGE'S COUNTY, 2022



Data Source: 2022 Youth Risk Behavior Survey, MDH

SEXUALLY TRANSMITTED INFECTIONS

SEXUAL BEHAVIOR OF HIGH SCHOOL STUDENTS BY RACE/ETHNICITY, PRINCE GEORGE'S COUNTY, 2022



*White, NH not displayed due to insufficient data

Data Source: 2022 Youth Risk Behavior Survey, MDH

LIVE BIRTHS, 2022

INDICATORS	PRINCE GEORGE'S COUNTY	MARYLAND
Live Births per 1,000 Population, 2022	11.6	11.2
Black, NH	9.4	10.8
Hispanic	20.1	20.3
White, NH	8.0	9.1
Asian, NH	11.1	10.6
American Indian/Alaska Native, NH	***	5.0
General Fertility Rate (total births per 1,000 women aged 15-44)	57.7	56.6
Infant Mortality Rater Per 1,000 Live Births	9.1	6.2

Data Source: MDH Vital Statistics Administration; *** indicates <20 in numerator

NUMBER & PERCENTAGE OF BIRTHS BY AGE GROUP, 2022

INDICATORS	PRINCE GEORGE'S COUNTY		MARYLAND		UNITED STATES	
AGE GROUPS	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
<15 years	15	0.1%	38	0.1%	1,766	0.0%
15 to 17 years	111	1.0%	560	0.8%	35,714	1.0%
18 to 19 years	278	2.5%	1,503	2.2%	105,263	2.9%
20 to 24 years	1,721	15.6%	9,106	13.2%	616,970	17.2%
25 to 29 years	2,812	25.5%	16,764	24.4%	986,567	27.4%
30 to 34 years	3,274	29.7%	23,145	33.6%	1,098,052	30.5%
35 to 39 years	2,149	19.5%	14,030	20.4%	604,631	16.8%
40 to 44 years	582	5.3%	3,309	4.8%	136,333	3.8%
45+ years	71	0.6%	306	0.4%	10,721	0.3%
Total	11.015		68,795		3,596,017	

Data Source: MDH Vital Statistics Administration

INFANT DEATHS, PRINCE GEORGE'S COUNTY, 2022

INDICATORS	2020	2021	2022
Total Infant Deaths	62	81	100
Race and Ethnicity			
Black, NH	48	50	60
Hispanic	12	28	29
White, NH	2	3	4
Infant Mortality Rate per 1,000 Live Births			
Black, NH	8.0	9.0	11.0
Hispanic (of any race)	3.1	7.6	7.3
White, non-Hispanic	***	***	***
All Races	5.5	7.5	9.1

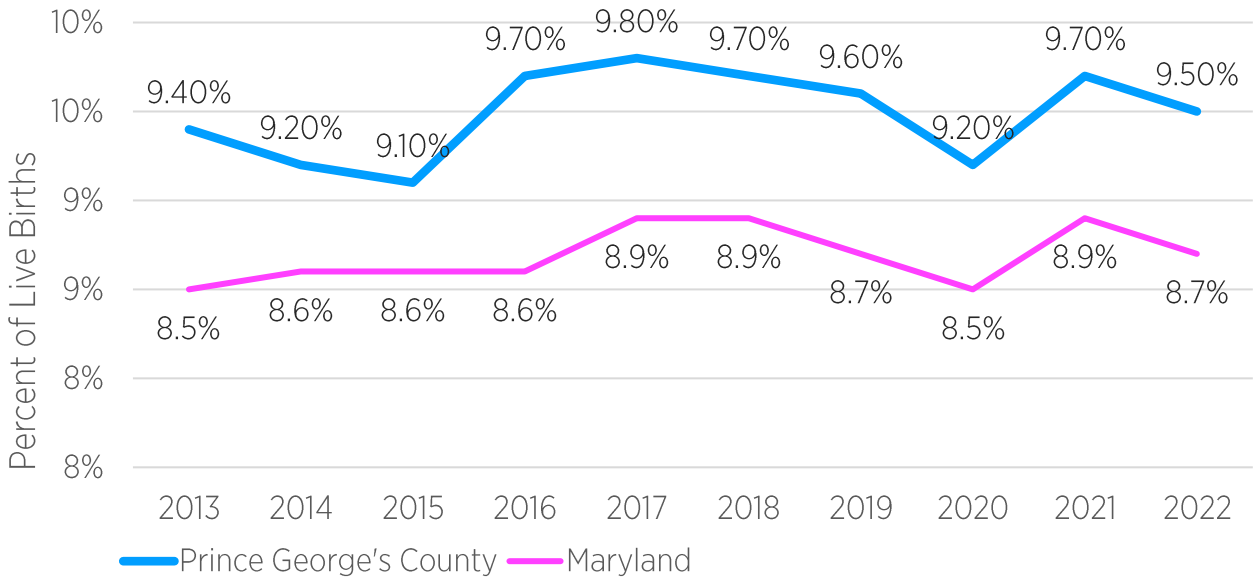
Data Source: MDH Vital Statistics Administration; *** indicates <20 in numerator

LOW BIRTH WEIGHT (<2500G), 2022

INDICATORS	PRINCE GEORGE'S COUNTY	MARYLAND
Black, NH	12.0%	12.9%
Hispanic	6.8%	7.0%
White, NH	6.0%	6.3%
Asian, NH	9.2%	9.6%
Total	9.5%	8.7%

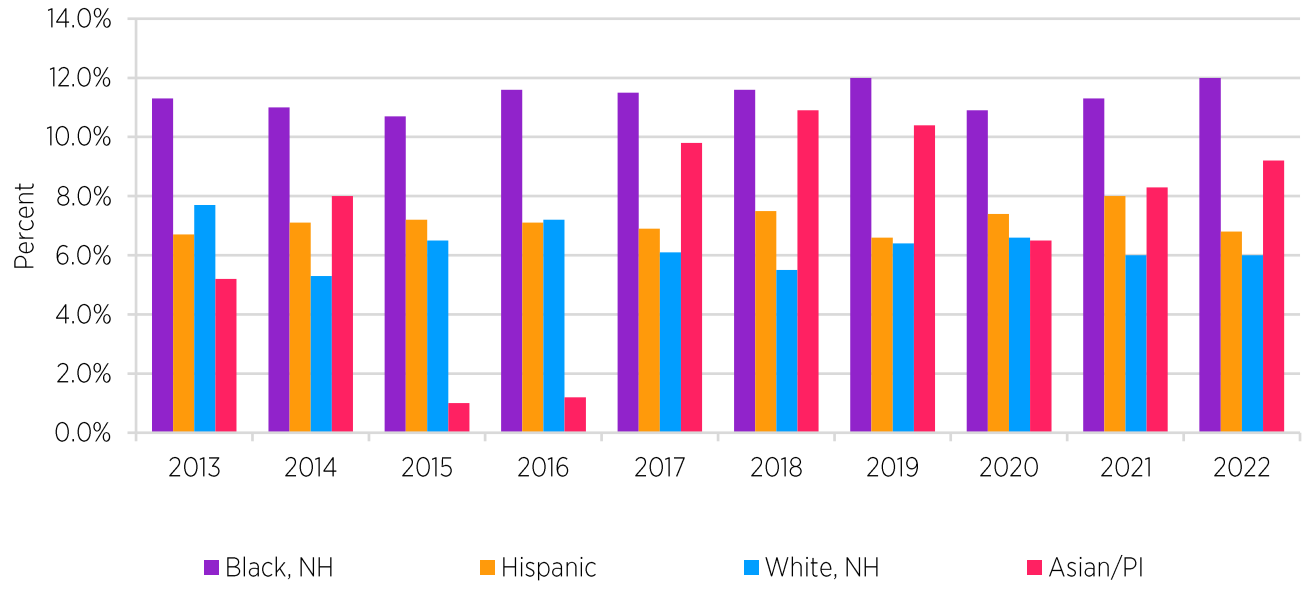
Data Source: MDH Vital Statistics Administration

PERCENTAGE OF LOW-BIRTH-WEIGHT INFANTS, 2013-2022



Data Source: MDH Vital Statistics Administration, Birth Data Analysis

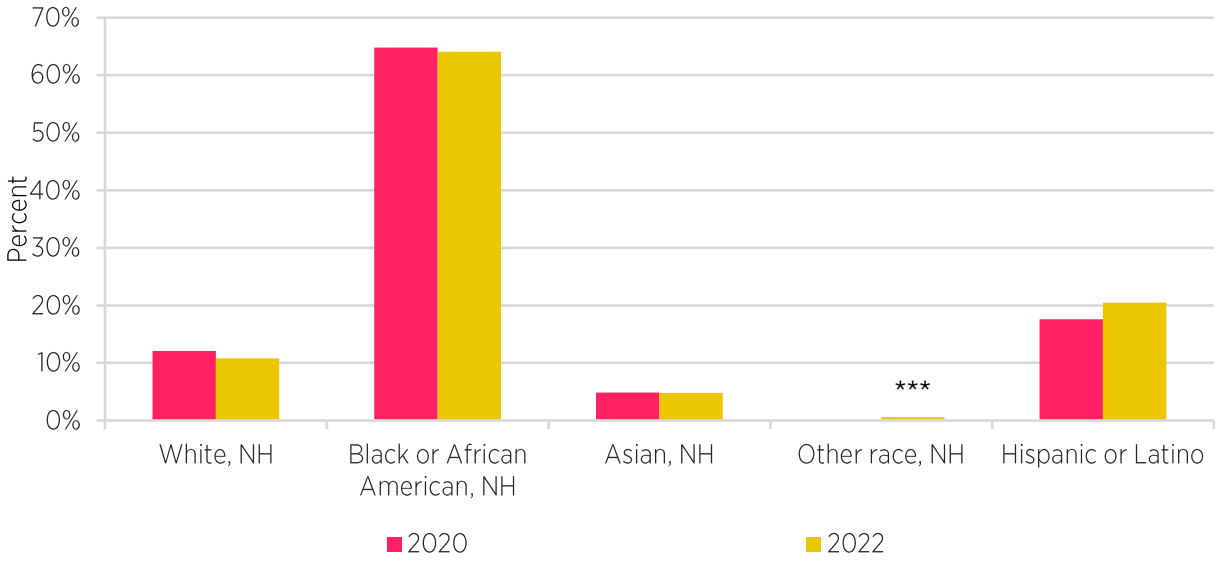
PERCENTAGE OF LOW-BIRTH-WEIGHT INFANTS BY RACE AND ETHNICITY, 2013-2022



Data Source: MDH Vital Statistics Administration, Birth Data Analysis

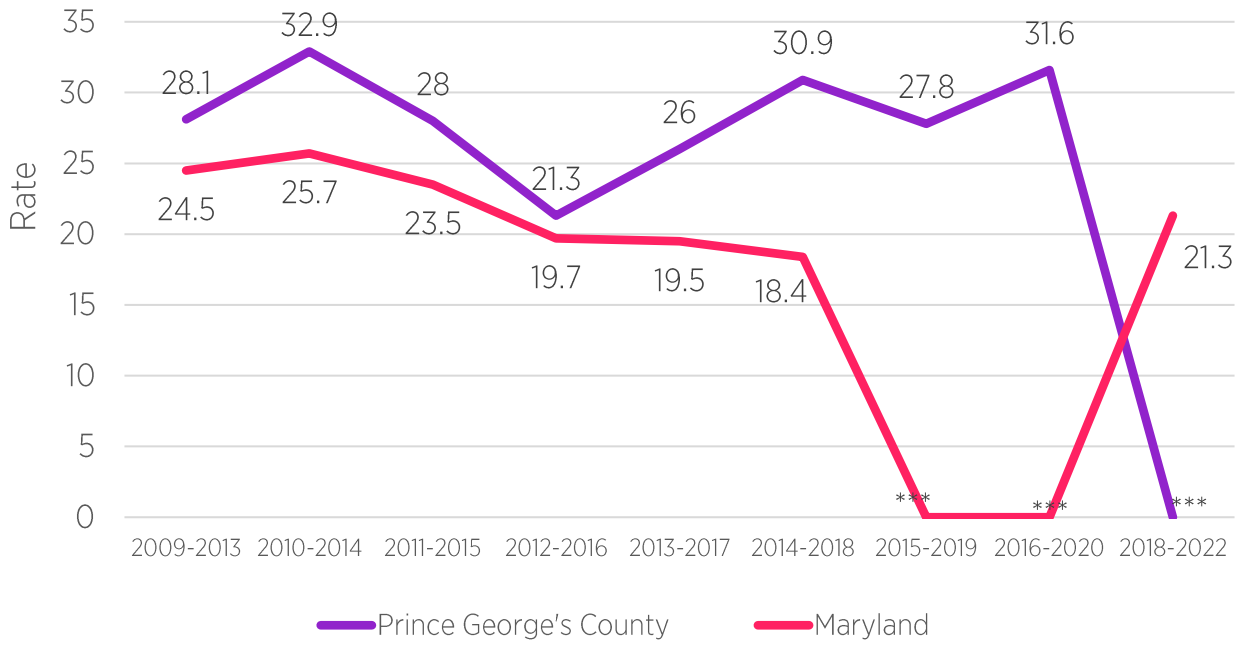
MATERNAL AND CHILD HEALTH

PERCENTAGE OF WOMEN OF CHILD-BEARING AGE



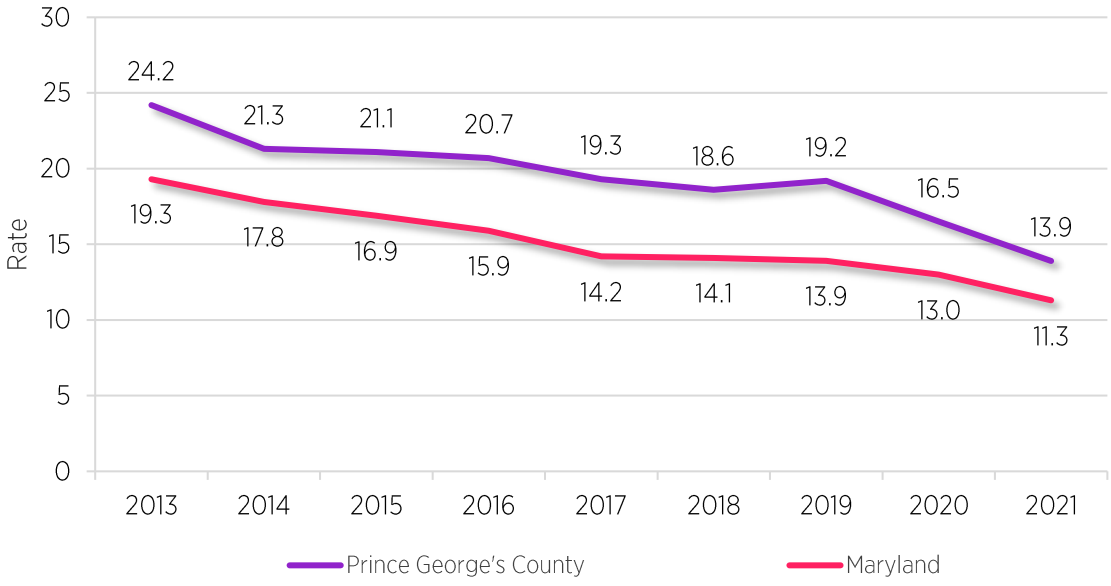
Data Source: MDH Vital Statistics Administration, Birth Data Analysis; *** indicates data not available

MATERNAL MORTALITY



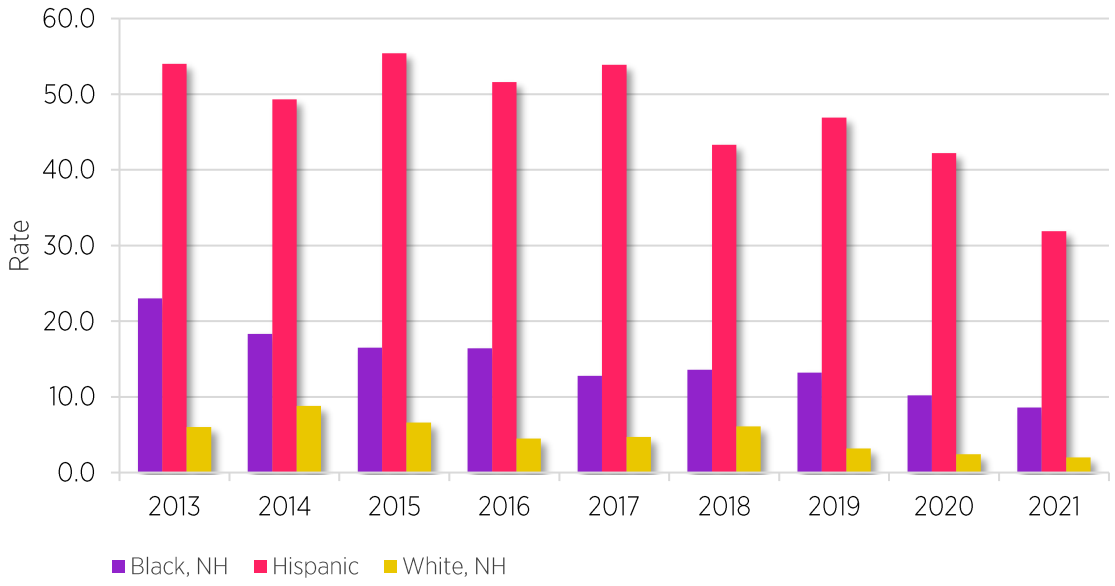
Data Source: MDH Vital Statistics Administration, Birth Data Analysis; *** indicates data not available

TEEN BIRTH RATE, 2013-2021



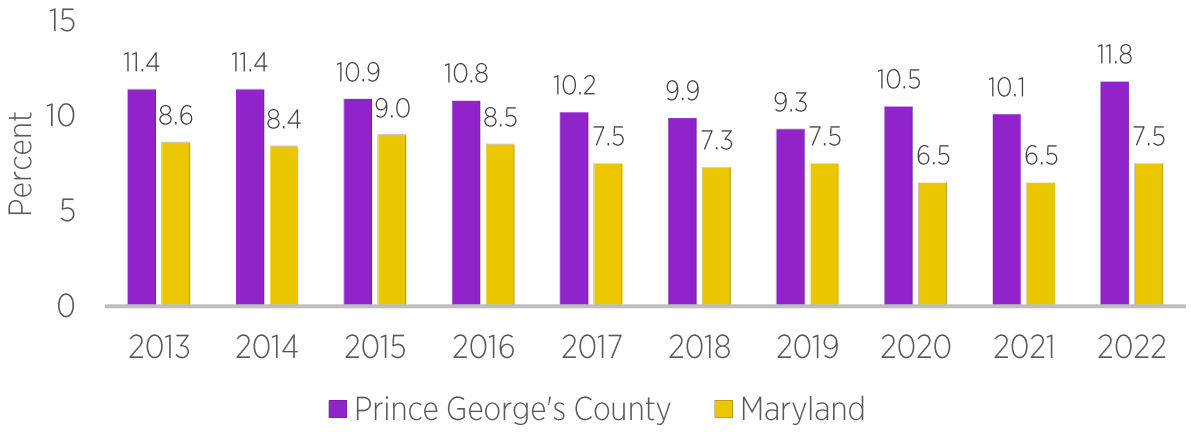
Data Source: MDH Vital Statistics Administration, Birth Data Analysis

TEEN BIRTH RATE BY RACE AND ETHNICITY, 2013-2021



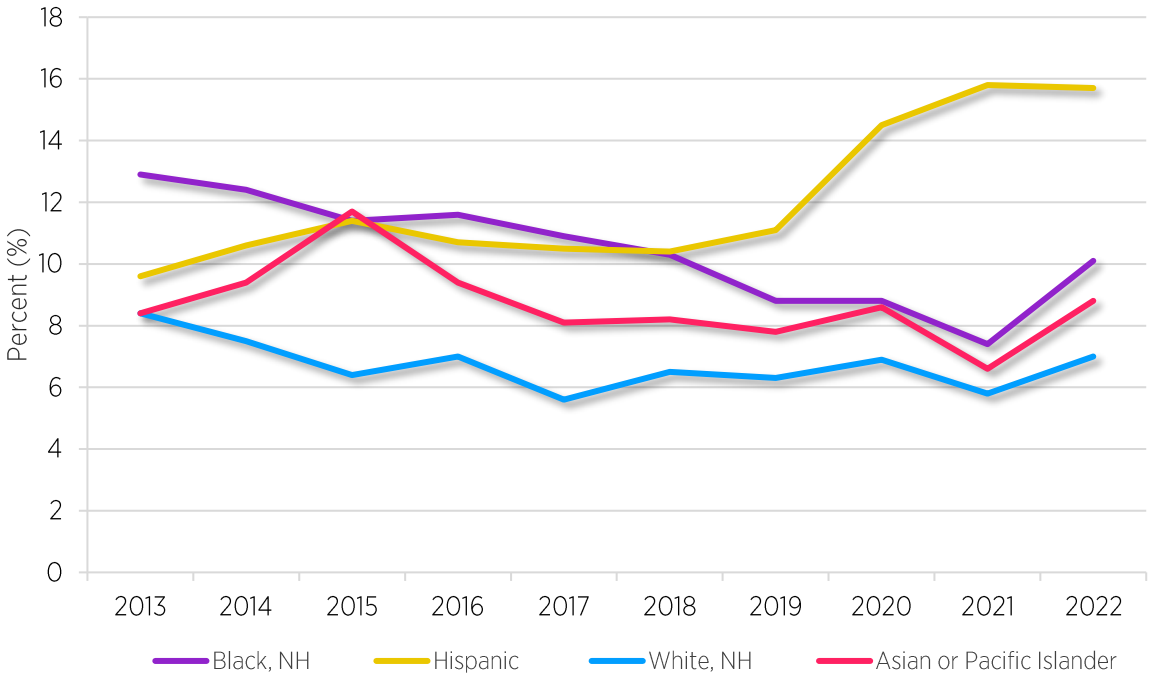
Data Source: MDH Vital Statistics Administration, Birth Data Analysis

PERCENTAGE OF BIRTHS WITH LATE OR NO PRENATAL CARE, 2013-2022



Data Source: MDH Vital Statistics Administration, Birth Data Analysis

PERCENTAGE OF BIRTHS WITH LATE OR NO PRENATAL CARE BY RACE AND ETHNICITY, 2013-2022



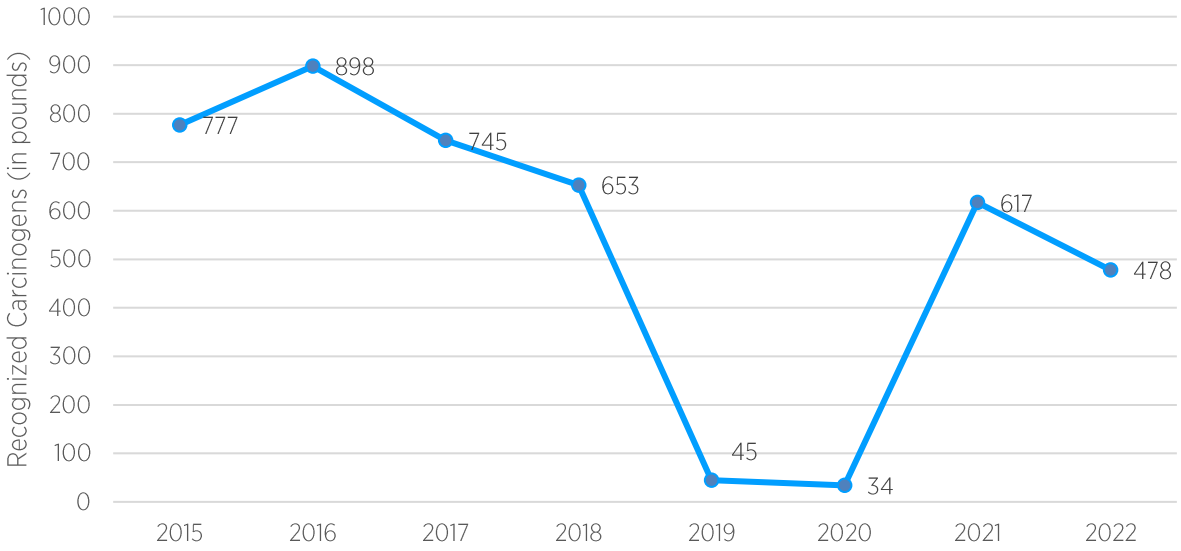
Data Source: MDH Vital Statistics Administration, Birth Data Analysis

AIR QUALITY

The natural environment, specifically climate effects, can have a significant impact on health. The people most affected by these environmental challenges are our most underserved and overburdened communities in Maryland. Environmental justice is defined under Maryland state law as "equal protection from environmental and public health hazards for all people regardless of race, income, culture, and social status."[15]

In Prince George's County and the Washington, D.C. metropolitan area, the most important pollutants that threaten human health are ground-level ozone and particle pollution.[16] Recognized carcinogens are compounds with strong scientific evidence that they can induce cancer.[17] If your atmosphere is polluted with ozone and particle pollution, you may see your lung function reduced by as much as 20%.

RECOGNIZED CARCINOGENS IN PRINCE GEORGE'S COUNTY, 2015-2022



Data Source: Maryland Department of Environmental Public Health Tracking

[15] Maryland Department of Environment- Commission on Environmental Justice
[16] Maryland Department of Environment Public Health Tracking
[17] PGC Healthzone

AIR QUALITY

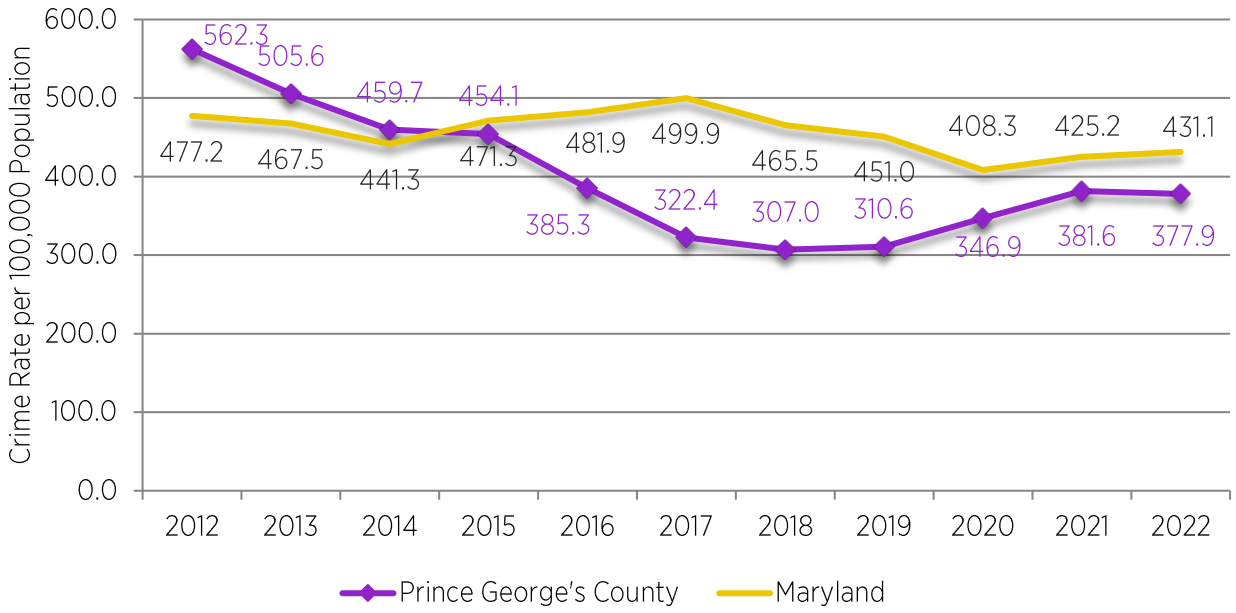
OZONE CONCENTRATIONS IN PRINCE GEORGE'S COUNTY, 2015-2022

Data Source: Maryland Department of Environmental Public Health tracking

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.[18]

There were 3,617 violent crimes (includes homicide, rape, robbery, and aggravated assault) in 2022, and 117 residents in the County died by homicide.[19] In 2022, there were 4,941 domestic violence protective orders in the County. From January through December 2022, there were 12 domestic violence-related deaths.[20]

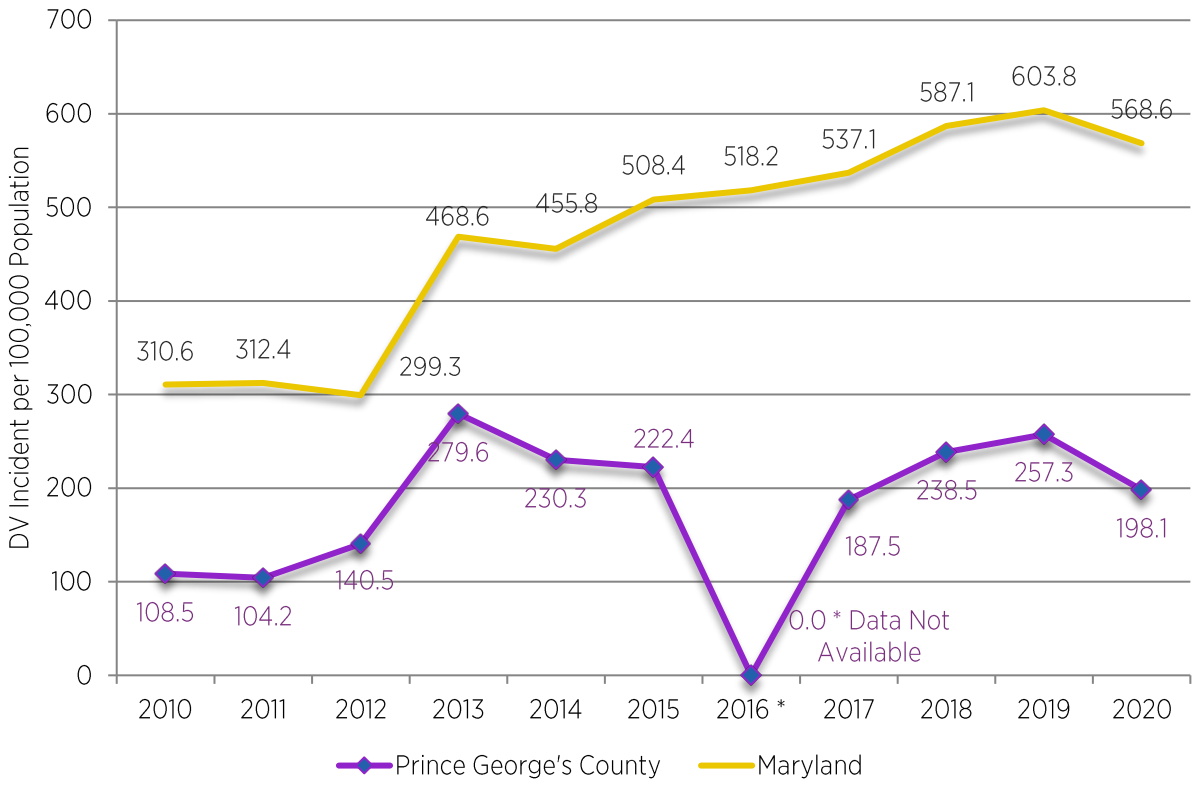
VIOLENT CRIME* RATE, PRINCE GEORGE'S COUNTY COMPARED TO MARYLAND, 2012-2022



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

[18] National Coalition Against Domestic Violence
[19] Maryland Vital Statistics
[20] Maryland Network Against Domestic Violence

RATE OF DOMESTIC VIOLENCE, PRINCE GEORGE'S COMPARED TO MARYLAND, 2010-2020



Data Source: Maryland Open Data Portal-State Health Improvement Plan 2010-2020; Maryland Uniform Crime Dashboard

COMMUNITY RESIDENT SURVEY

The 2022 Community Resident Survey (CRS) was adapted from the MAPP 2.0 Framework. The 2025 Community Resident Survey (Appendix C) was based on the 2022 CRS with modifications. The 2025 CRS aims to capture residents' perceptions regarding the health of the community, what makes a community healthy, and identify barriers or factors that contribute to overall health and well-being. The CRS also considers barriers external to accessibility of healthcare services, including experiences and perceptions with social determinants of health and other circumstances that impact the overall health and well-being of Prince George's County residents.

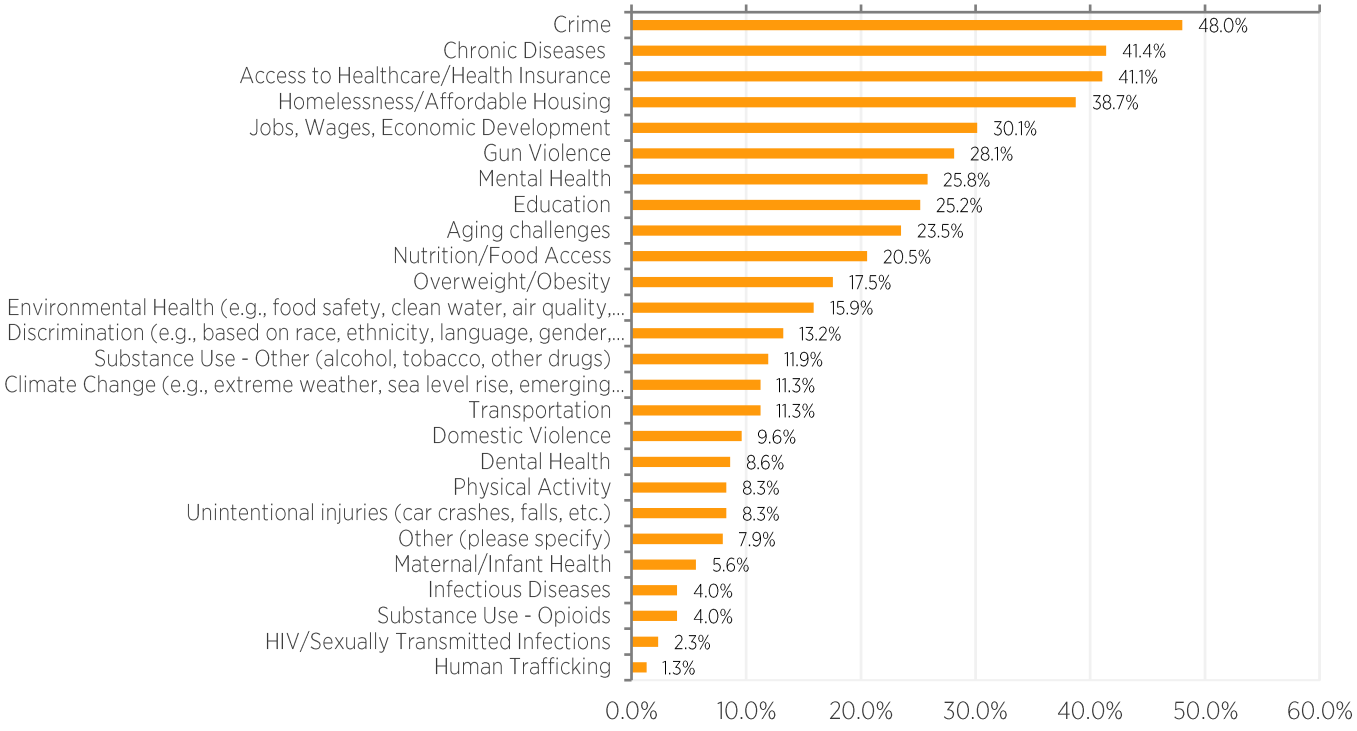
The 2025 CRS was translated into Spanish and French, languages identified as the most common in the County after English. The CRS was only available electronically and distributed via QR codes (Appendix B) and survey links by websites, community, and hospital partners, including Prince George's County Health Action Coalition. The survey could be completed from March 2025 through April 2025.

The survey design was a combination of multiple choice and rating scale questions. In the 2022 CHA, there was a total of 118 English (N=116) and Spanish (N=12) respondents. In comparison, the 2025 CRS was completed by 369 respondents (367 in English; 2 in Spanish) who identified as living, working, attending schools, colleges, or universities; participating in recreational activities, or religious worship (results available in Appendix A). The 2025 CRS was completed by 300 residents (298 in English; 2 in Spanish) of Prince George's County. The number of responses was inadequate to appropriately represent the County.

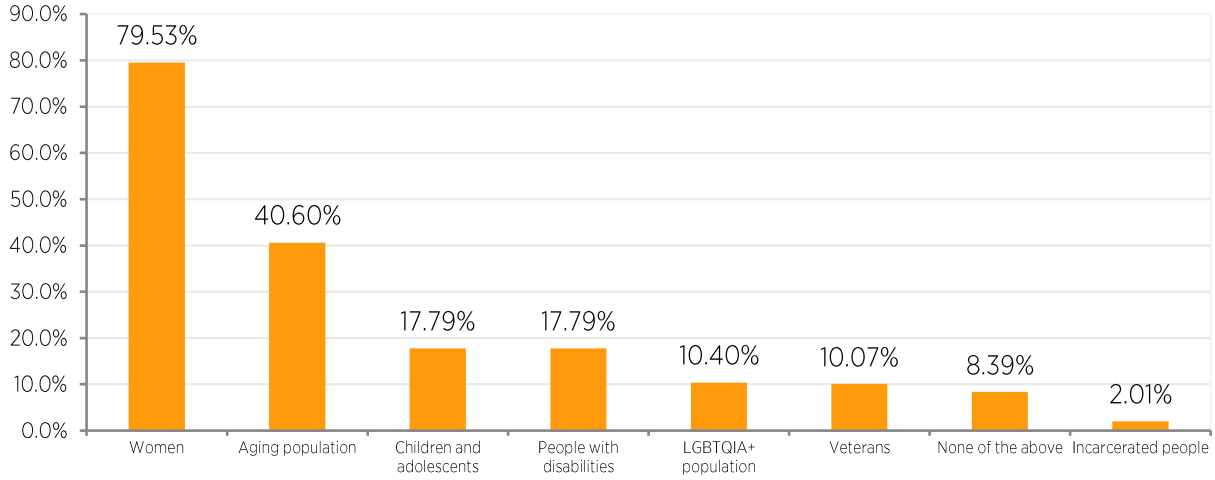
A screening question was included to better understand how respondents may experience Prince George's County. Due to the distribution methodology, the survey could be completed by individuals who live, work, seek entertainment, learn (receive education), and or worship in the County. For the analysis, the responses will be focused on those respondents who live in Prince George's County.

COMMUNITY RESIDENT SURVEY

In your opinion, what are the most important issues affecting the health and well-being of Prince George's County residents?

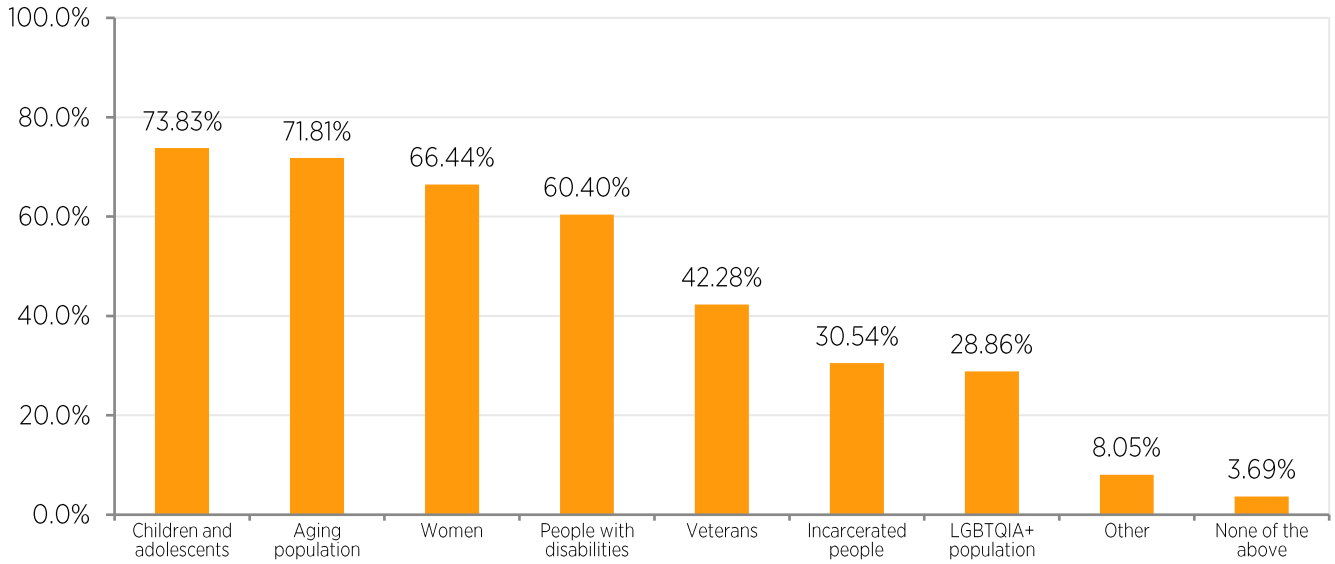


Do you identify with any of the following communities?

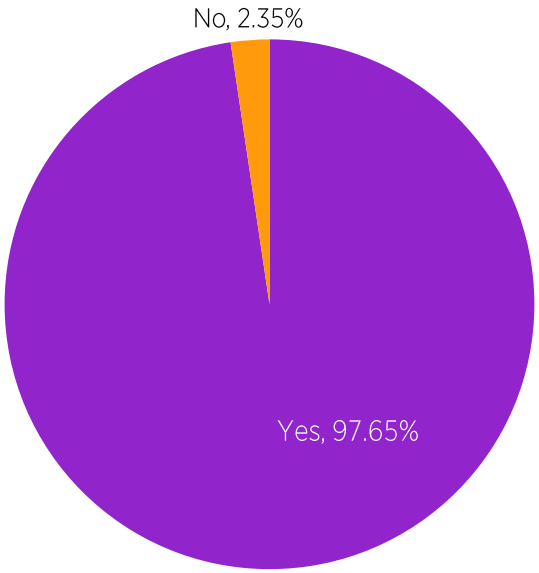


COMMUNITY RESIDENT SURVEY

Are you concerned about the health and well-being of any particular populations in Prince George's County?

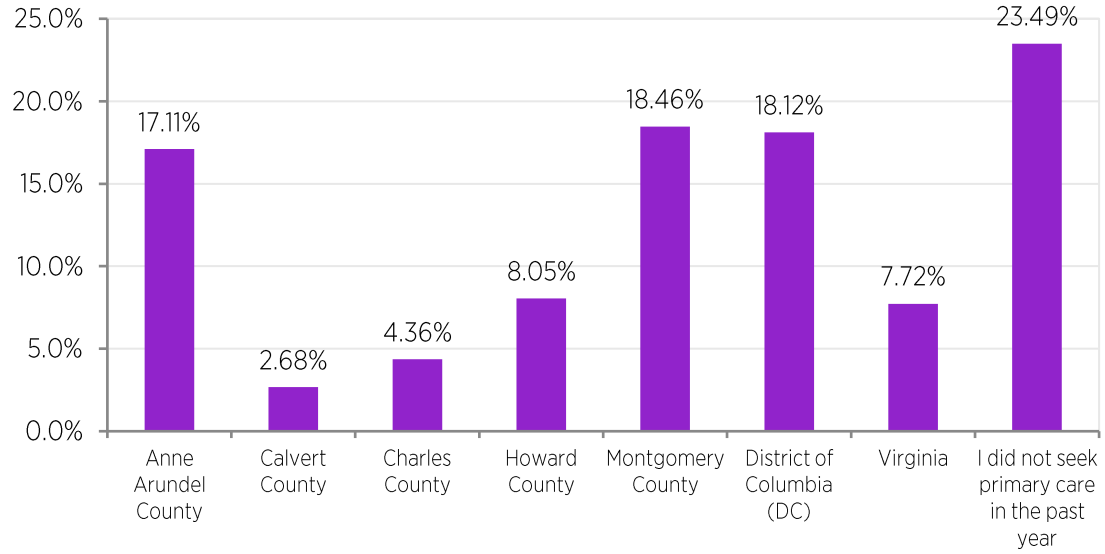


In the past year, did you see a healthcare provider?

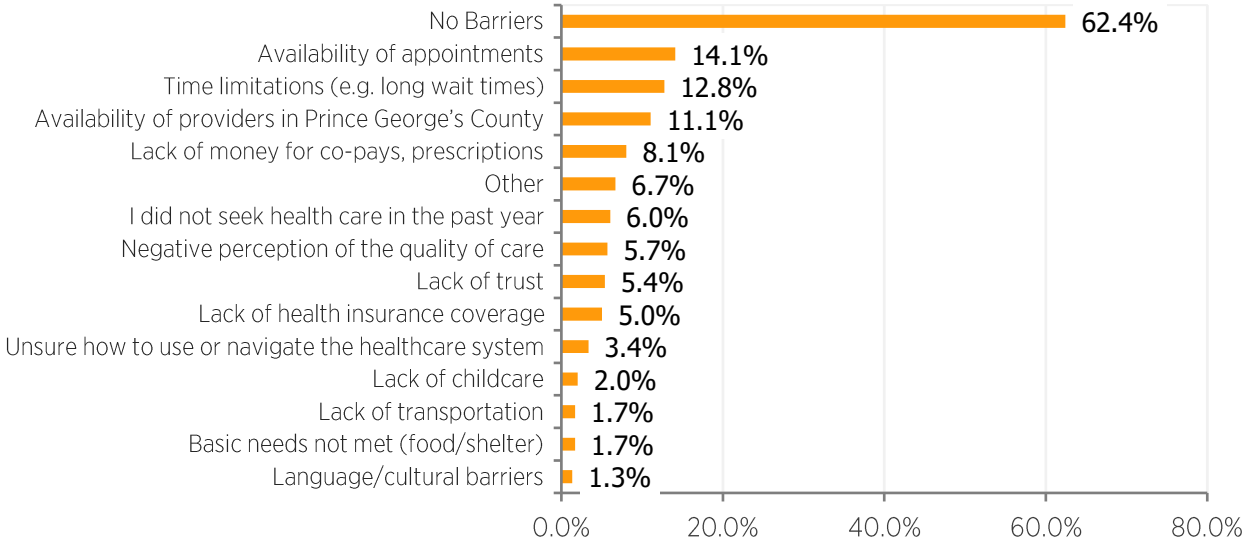


COMMUNITY RESIDENT SURVEY

If you sought primary care outside Prince George's County in the past year, where did you seek care?

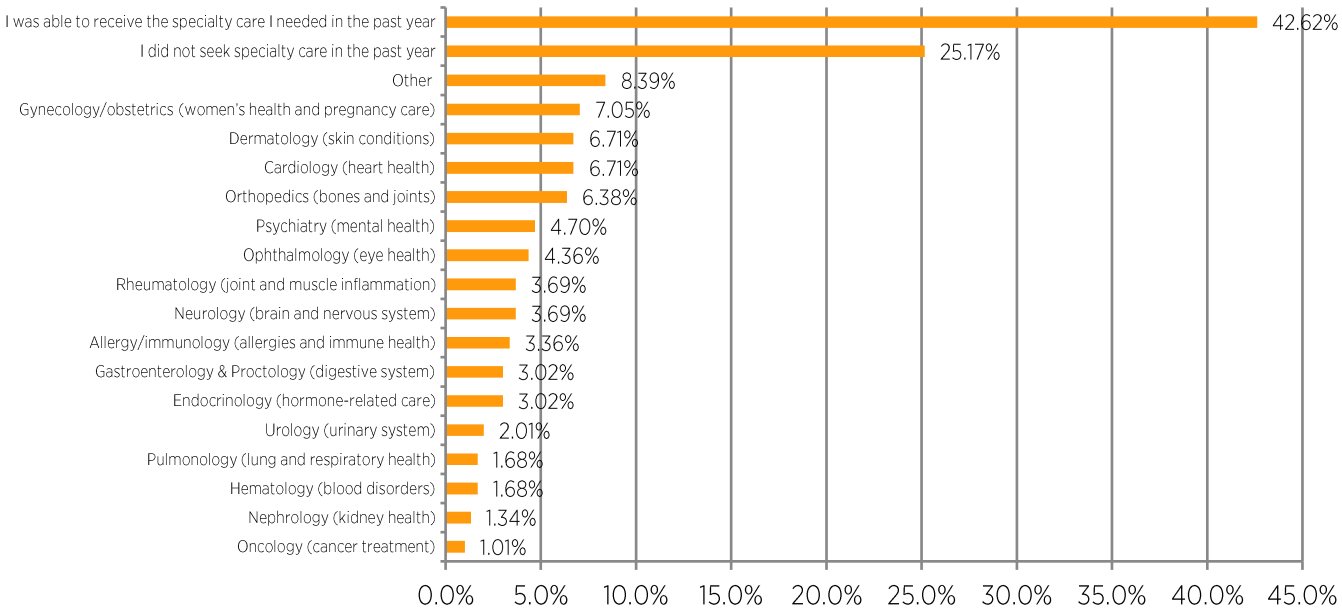


If you were unable to visit a healthcare provider for primary care in the past year, what prevented you from getting the medical care you needed?

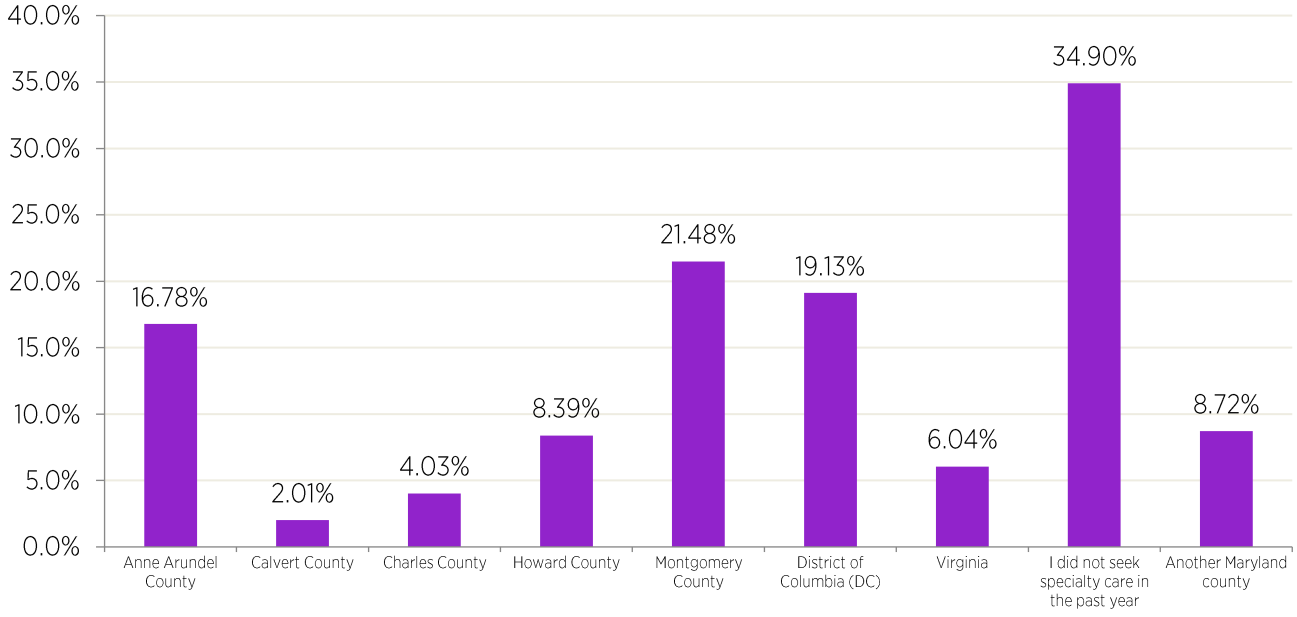


COMMUNITY RESIDENT SURVEY

If you needed specialty care in the past year but were unable to get it, which type of care was it?

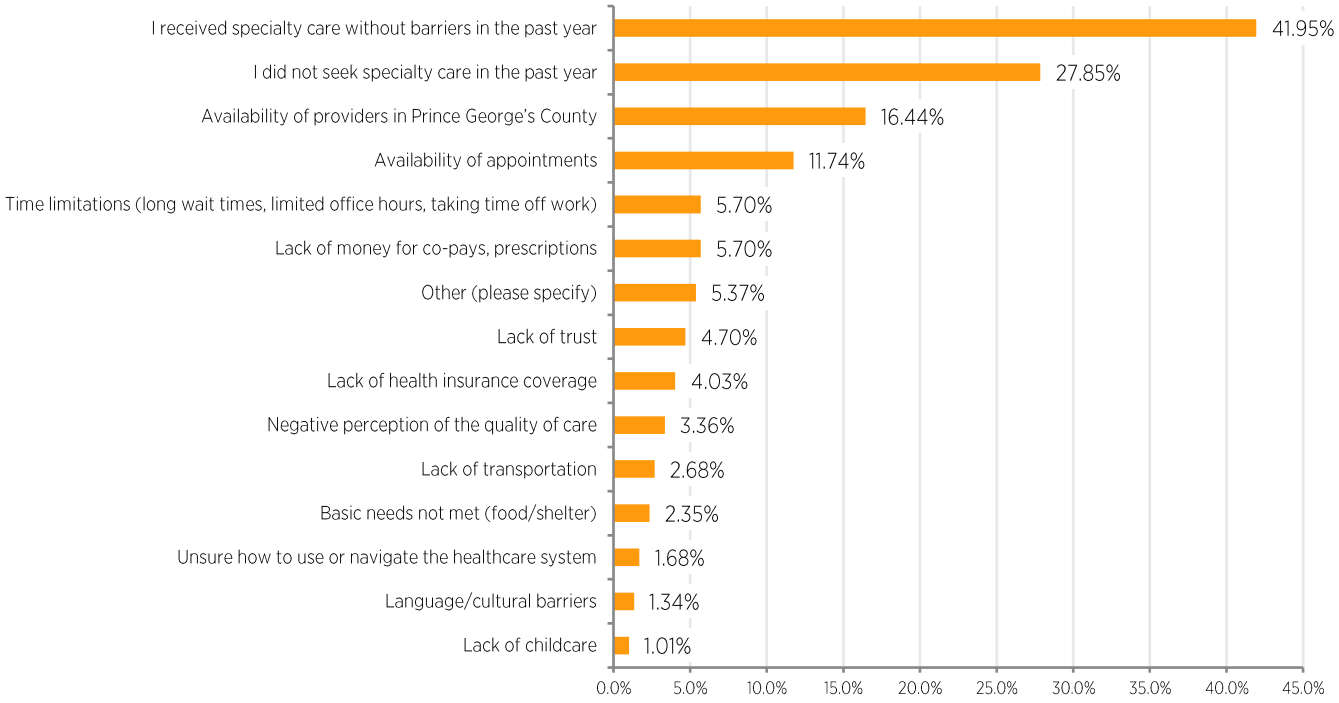


If you sought specialty care (e.g., cardiologist, nephrologist, etc.) outside Prince George's County in the past year, where did you seek care?

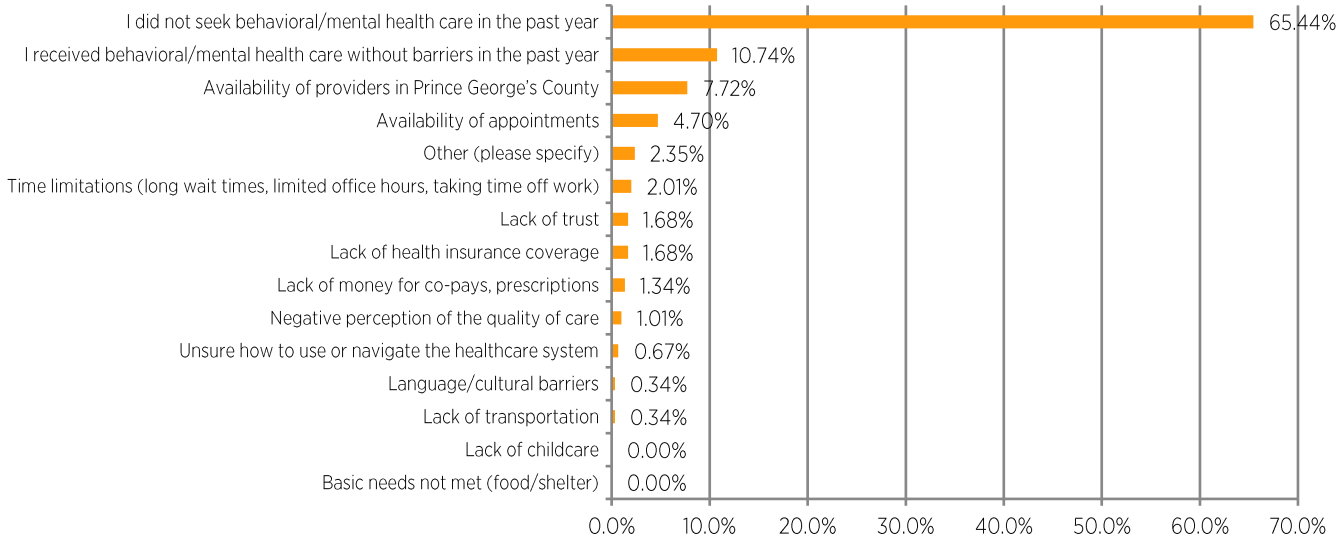


COMMUNITY RESIDENT SURVEY

If you answered that you were unable to receive specialty care in the past year, what prevented you from getting the medical care you needed?

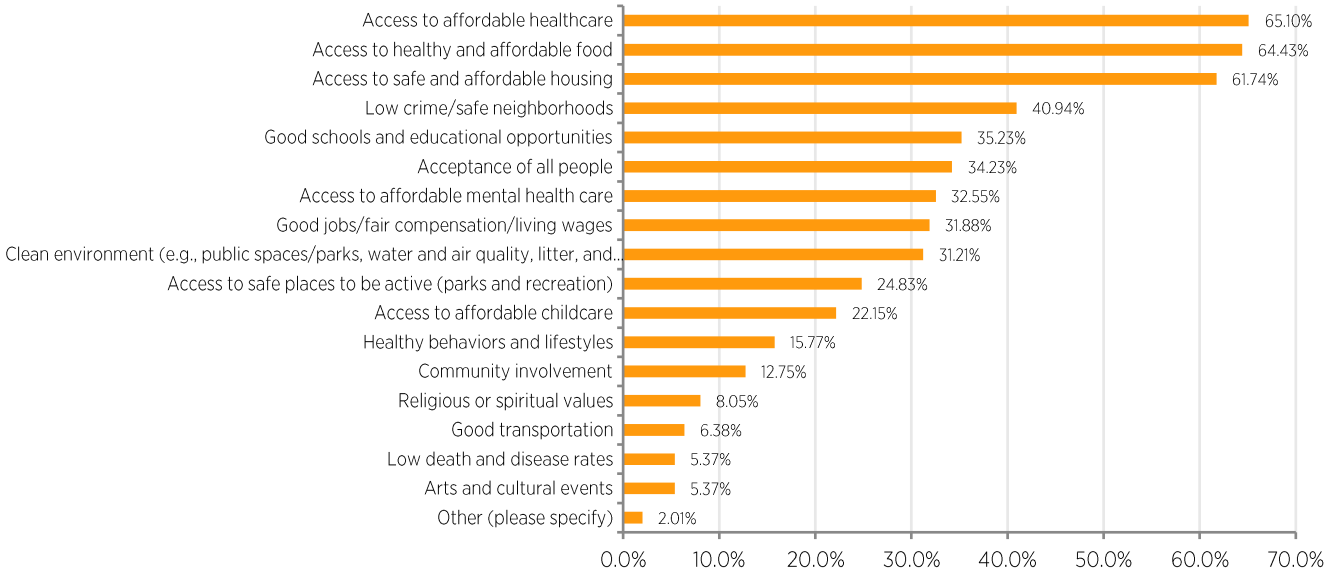


Did you experience any of the following barriers when accessing behavioral/mental health care in the past year?

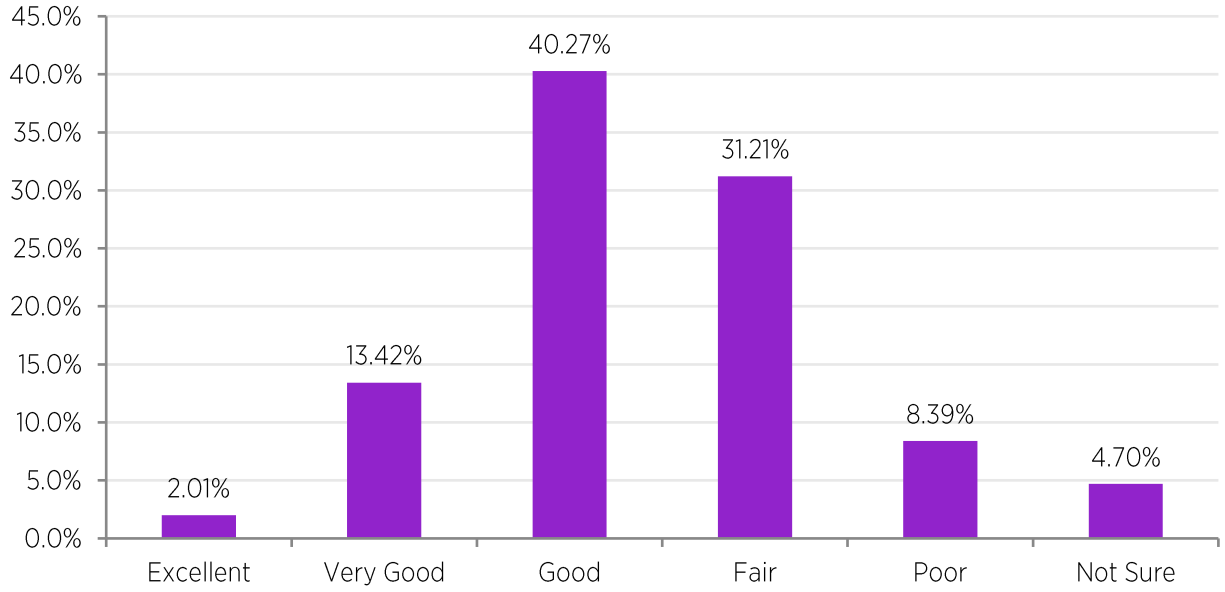


COMMUNITY RESIDENT SURVEY

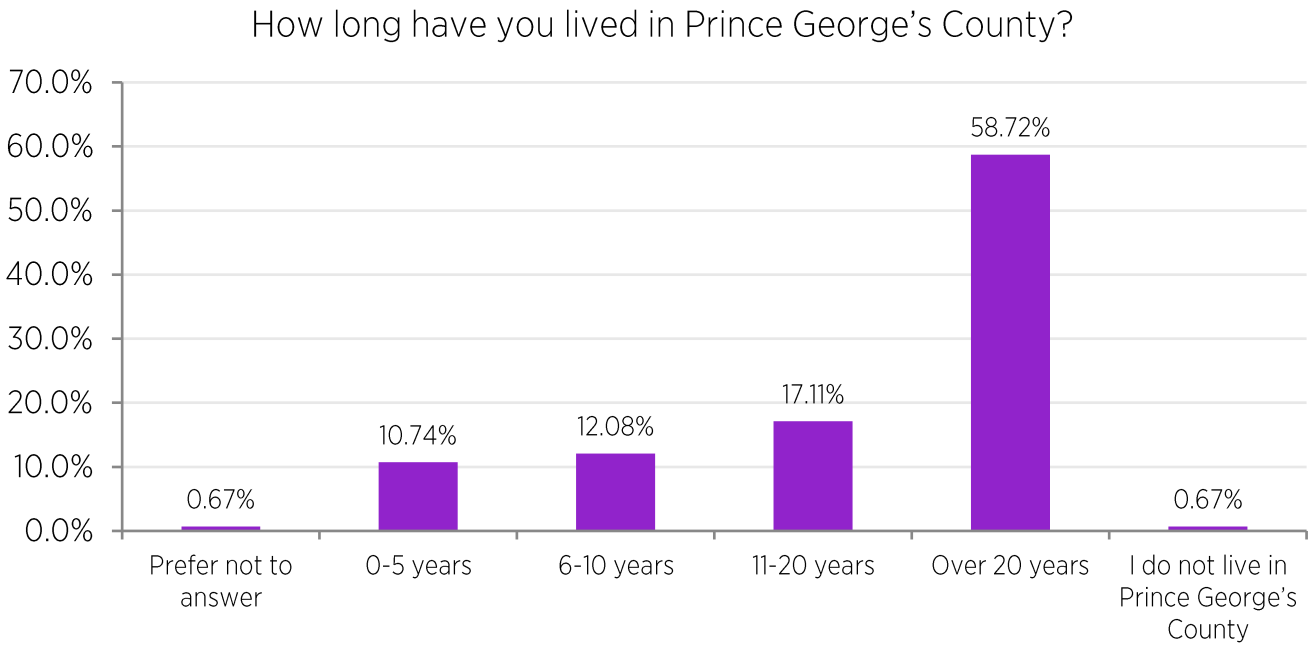
What do you think are the five (5) most important factors that define a "healthy community" (what most affects the quality of life in a community)?



How would you rate the overall health of your community?

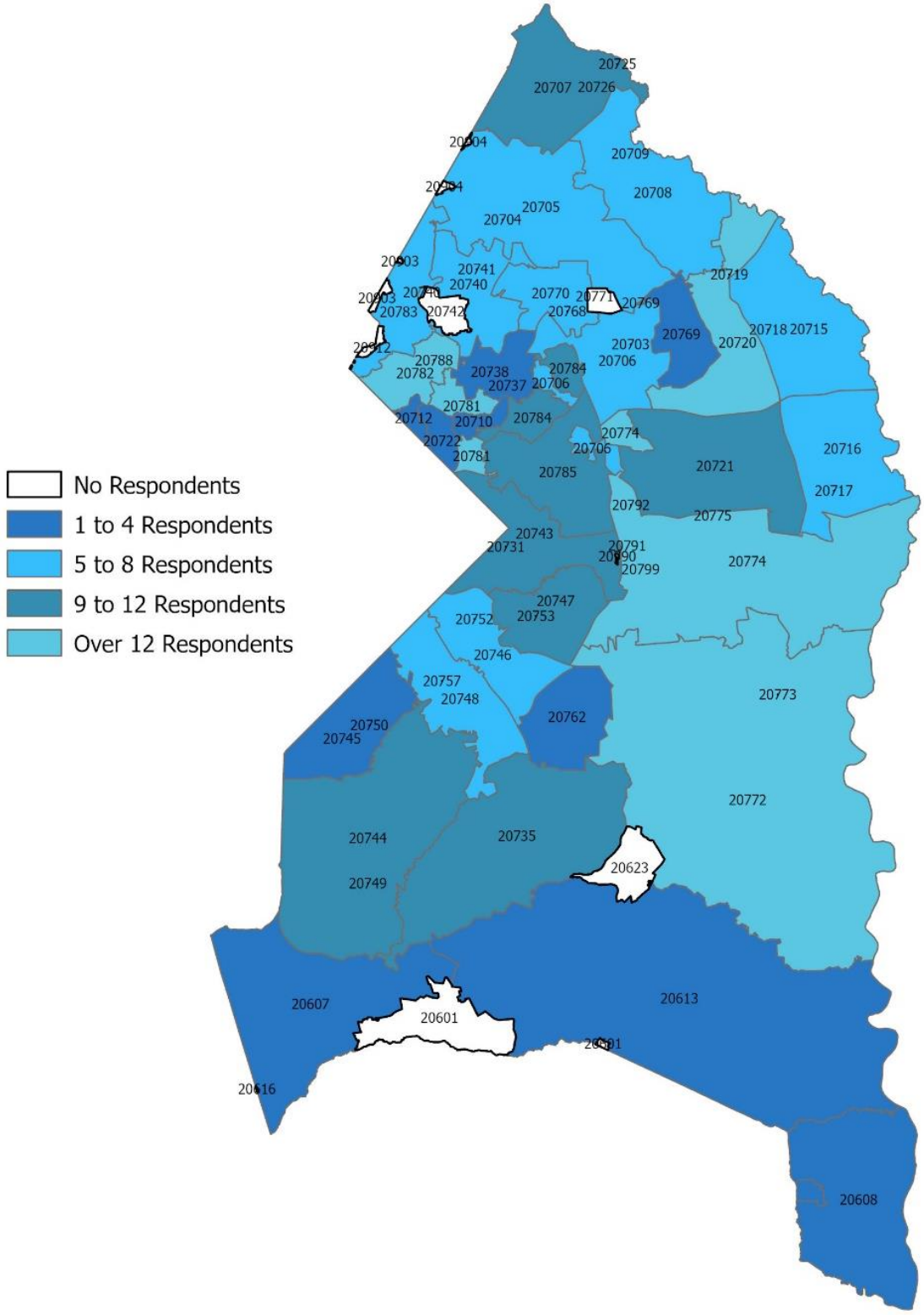


COMMUNITY RESIDENT SURVEY



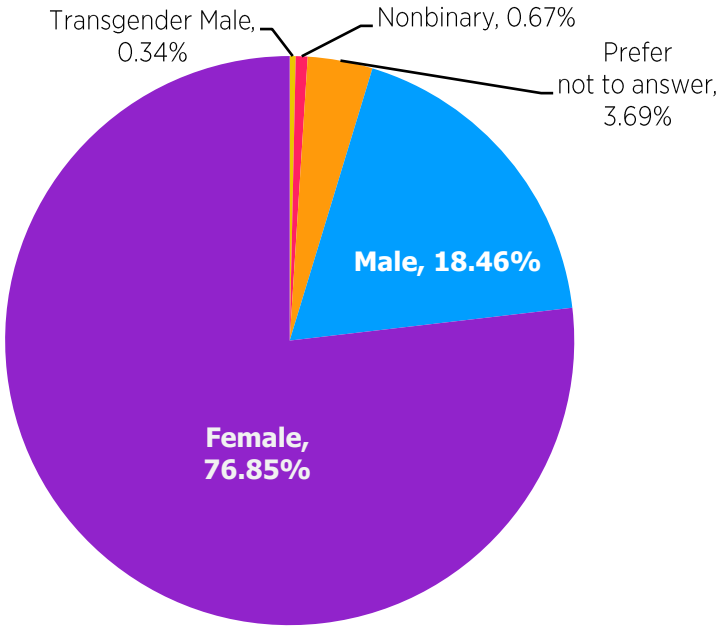
COMMUNITY RESIDENT SURVEY

What is your zip code where you live?

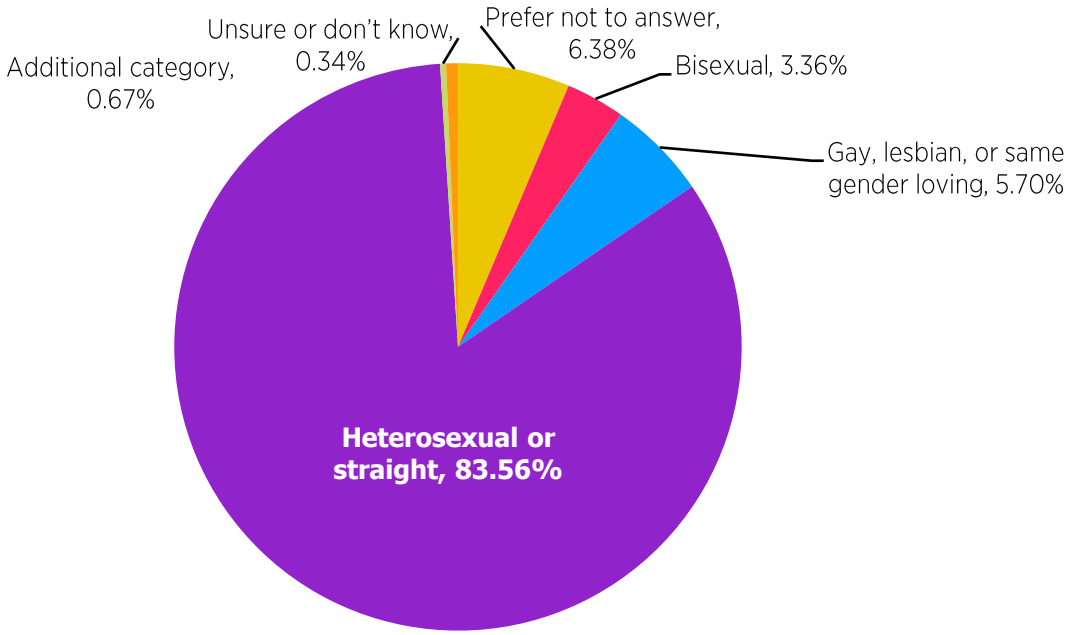


COMMUNITY RESIDENT SURVEY

What is your gender?

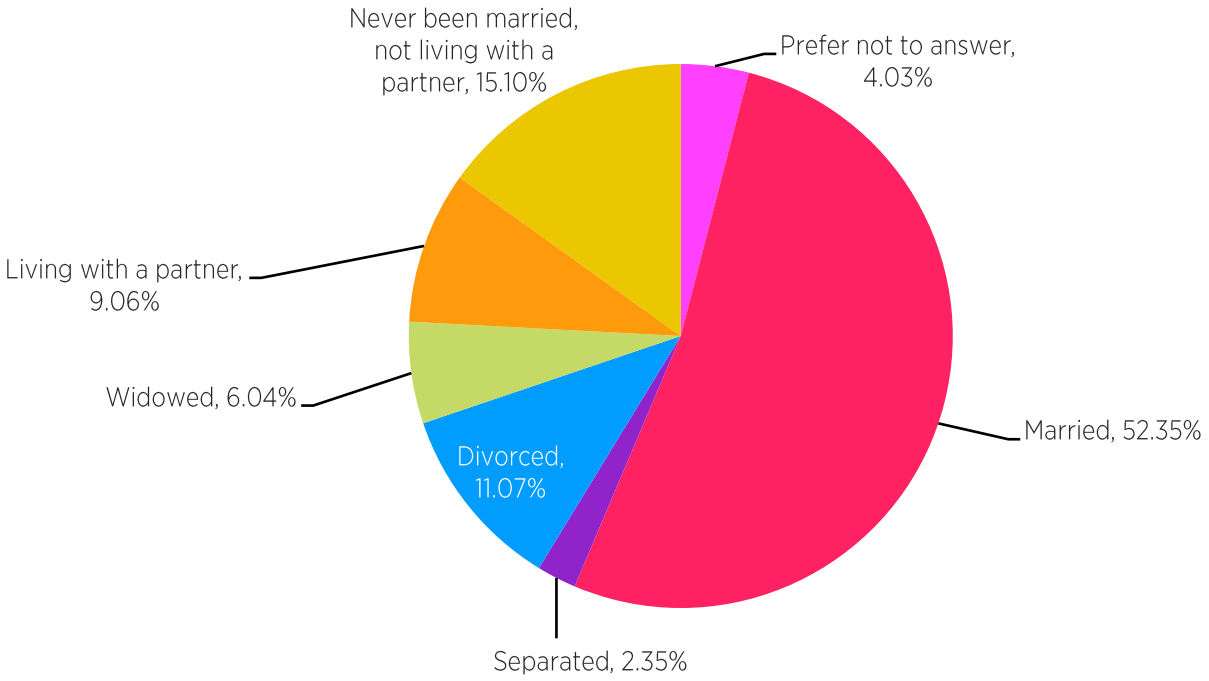


What is your sexual orientation?



COMMUNITY RESIDENT SURVEY

What is your current marital status?



What race do you identify as?

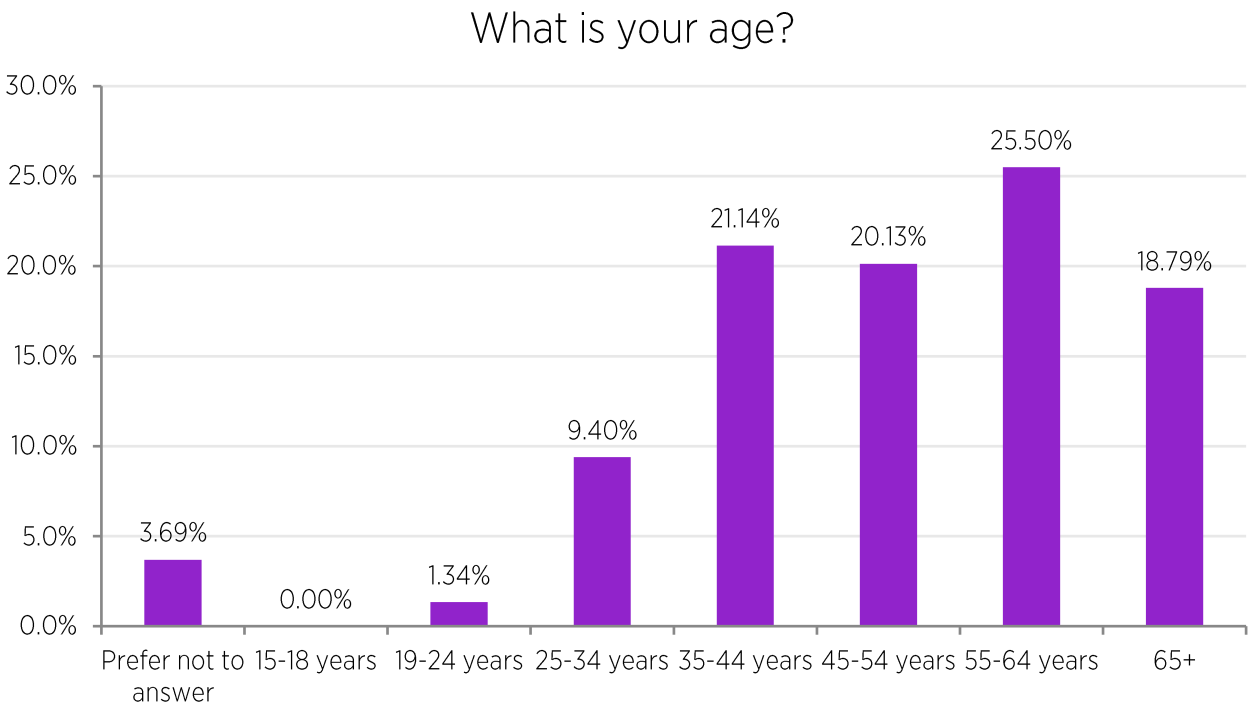
RESPONSES	PERCENT OF RESPONSES
Black or African American	54.03%
White	30.87%
Prefer not to answer	5.70%
Other	3.69%
Two or more races (biracial or multiracial)	2.68%
Asian Indian	0.67%
Chinese	0.67%
Other Pacific Islander	0.67%
American Indian or Alaska Native	0.34%
Filipino	0.34%

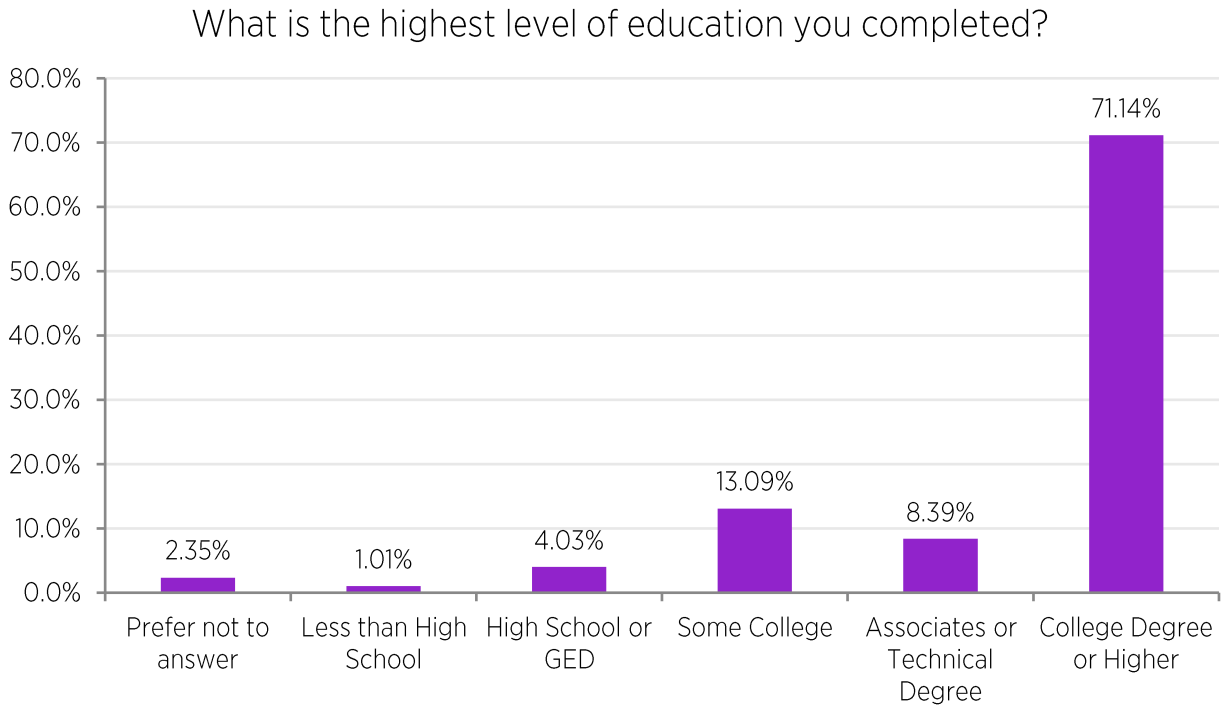
COMMUNITY RESIDENT SURVEY

Would you describe yourself as Hispanic, Latino, or of Spanish origin?

RESPONSES	PERCENT OF RESPONSES
No, not of Hispanic, Latino, or Spanish origin	85.23%
Yes, another Hispanic, Latino, or Spanish origin (e.g., Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.) please specify:	6.04%
Prefer not to answer	5.37%
Yes, Mexican, Mexican American, Chicano	2.35%
Yes, Puerto Rican	0.67%
Yes, Cuban	0.34%

COMMUNITY RESIDENT SURVEY





KEY INFORMANT INTERVIEWS

INTRODUCTION

As an additional primary data source to better understand the community's leading health priorities and existing resources, the Prince George's County Health Department conducted key informant interviews with 32 stakeholders from diverse backgrounds with varying contributions and access points to public health in the County. The key informant interviews were utilized for the assessment to include insights on the health needs and assets of under-represented populations in Prince George's County. These populations included individuals experiencing homelessness or housing insecurity; individuals in or transitioning from the criminal justice system; veterans; uninsured or underinsured individuals; immigrants; and Hispanic communities.

This report summarizes the approach to the interviews and the findings.

KEY FINDINGS

- The most reported health issues facing the County are 1) mental and behavioral health, 2) chronic disease, 3) access to health care, and 4) food insecurity (tied with access to care). Mental health concerns, particularly anxiety, depression, and substance use, were reported as widespread, with significant barriers to knowing how to access and navigate the behavioral health system. Chronic illnesses such as diabetes, hypertension, and obesity were also common and closely tied to social determinants of health. Food deserts and high costs of healthy food compound food insecurity. These leading health issues in 2025 matched those previously identified in the 2022 Community Health Assessment interviews.

- The most important social determinants noted by key informants in the County are 1) economic stability, 2) access to transportation, and 3) affordable and safe housing. Financial insecurity, worsened by recent job losses and inflation, is straining families' ability to meet basic needs. Transportation barriers limit access to health care and social services, particularly in geographically isolated parts of the County. Housing insecurity, including rising costs and limited availability, remains a critical challenge in the County.

- The most important barriers relative to the health and well-being of Prince George's County residents are 1) insufficient public health funding, 2) lack of reliable transportation, and 3) lack of awareness of existing health programs and resources. While the County hosts many programs and initiatives, service providers and residents struggle to locate and navigate available resources. Language barriers and health literacy challenges are barriers to accessing resources.

KEY INFORMANT INTERVIEWS

KEY FINDINGS

- The leading physical health concerns reported by key informants are 1) chronic conditions (diabetes, hypertension, heart disease, and obesity); 2) cancer; 3) maternal health; and 4) dental health. The physical health concerns are impacted by limited access to preventive care and health education. Physical health needs were often mentioned alongside behavioral health needs as key informants emphasized a somatic care approach.

- Behavioral health was identified as the leading health priority from the key informant interviews. Key informants identified mental health concerns (i.e., anxiety and depression) as well as behavioral health concerns (i.e., substance use and abuse). Substance use and abuse were identified as challenges spanning multiple age groups, from youth to adults. Key informants shared that anxiety and depression are especially prevalent among individuals and families experiencing economic instability.

- Key informants shared environmental concerns and priorities, highlighting the natural environment (i.e., air quality) and challenges in the built environment with public safety concerns.

- Key informants emphasized the need for sustained and increased funding, investment in the healthcare workforce, and more accessible mental and behavioral health resources. Additional needs include mobile health units, culturally competent care providers, and enhanced coordination of care services. Strengthening the infrastructure to address social determinants like housing, food access, and insurance coverage was also a common recommendation.

- Emerging threats to community health include economic instability, increasing food insecurity, fear among immigrant communities, and potential reductions in Medicaid coverage. These challenges are expected to deepen disparities and strain already limited health system resources. Respondents expressed concern that these issues will further hinder the County's public health progress unless proactive measures are taken.

- Overall, key informants agreed that more must be done to strengthen cross-sector collaboration, streamline service navigation, and equitably allocate resources. More proactive, community-centered strategies are needed to address both health and social challenges.

KEY INFORMANT INTERVIEWS

METHODOLOGY

SAMPLE: Over ninety individuals were identified by the hospital partners and PGCHD as key informants to represent special populations across Prince George's County. The PGCHD also engaged organizations that listed services on Findhelp, a community resource inventory with resources tailored to specific zip codes, to participate in the interviews to learn more about their services and experiences serving specific populations of focus. The Core Team identified specific populations of focus to ensure representation from key informants, including organizations serving individuals experiencing homelessness or housing insecurity; individuals in or transitioning from the criminal justice system; veterans; uninsured or underinsured individuals; immigrants; and Hispanic communities. The individuals identified as key informants spanned sectors, geographical locations, service models, and years of service.

Of the 90 individuals pooled and invited to participate in the key informant interviews, 32 completed the interviews.

Appendix D presents the list of key informants who completed the interviews.

INTERVIEW PROTOCOL: The facilitation guide prepared for the key informant interviews was previously developed for the 2016, 2019, and 2022 Community Health Assessments (see Appendix E).

This interview guide was used to ensure consistency and compare responses to acknowledge trends in health priorities and resource allocation. It consisted of 17 open-ended questions with related probes. The guide addressed the following content areas: organizational information; health status; assets and barriers relative to the health and well-being of Prince George's County residents; leading physical, mental/behavioral, and environmental health priorities; gaps in health promotion resources; and emerging threats to public health.

KEY INFORMANT INTERVIEWS

METHODOLOGY

IMPLEMENTATION: The interviews, which lasted 30 to 75 minutes, were conducted by the Prince George's County Health Department's Office of Assessment and Planning. The team met to review the interview guide and probing questions to ensure consistency in methodology across the interviewers.

The interviews were conducted virtually via Teams over two weeks from February 18 – 28, 2025. All interviews were recorded and transcribed for the team's review and cleaning of the interview transcripts. After the completion of the interviews, each interviewer reviewed and cleaned their interview transcripts for greater clarity during the analysis phase. Each interviewer cross-compared their interview transcript with the interview recording to ensure accuracy.

ANALYSIS: To analyze and prepare the key informant interview findings, interviewers from the Prince George's County Office of Assessment and Planning team conducted a content analysis to determine the presence of certain words, themes, and concepts throughout the interview transcripts. The following steps were used to guide the content analysis process:

1. Conducted the key informant interviews, recording and transcribing the interviews.
2. Cleaned the transcripts with the interview recording.
3. Before beginning the analysis, all raw (uncoded) responses to each of the 17 questions were gathered from the interview transcripts.
4. For this specific analysis, the interviewers did not use a pre-defined set of categories or codes, allowing for flexibility during the coding process and removing any bias.
5. Each interviewer (two interviewers used for this step) coded all responses under each question separately.
6. Together, the interviewers reviewed the word segments to decide if codes could be combined or kept separate. The last stage included creating the final list of codes and counting the number of times the concept appeared in the text to capture the frequency of the code.

In the presentation of the interview findings, key patterns are reported with supporting quotes from the key informant participants.

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

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

All participants represented organizations that provide direct or care coordinating services or conduct research with the Prince George's County community. The key informant sample was configured to reflect special populations of focus and concern in Prince George's County and included organizational representatives who serve individuals experiencing homelessness or housing insecurity; individuals in or transitioning from the criminal justice system; veterans; uninsured or underinsured individuals; immigrants; and Hispanic communities. Partners represented local nonprofit organizations, government agencies, Federally Qualified Health Centers, and academic institutions.

While some key informants serve additional jurisdictions or neighboring states, the participants were instructed to focus on their experiences with the Prince George's County community for the interview.

See Appendix D for the list of key informant interview participants.

2. How long has your organization served the Prince George's County community? How long have you been with the organization or program?

Many key informants referenced their organization's decades-long presence in Prince George's County. Each respondent reported varying years of experience, but the majority reported 3+ years of experience with their organization serving County residents.

Respondents from organizations formed in the last 10 years shared experiences contributing to their organization's mission in the community since its inception. The key informant sample's experiences are situated in multiple years of serving the Prince George's County community through recent and distant public health challenges.

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

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

A little over half of respondents reported that the health of Prince George's County residents improved over the past three years, while fewer said the health of residents declined. Three (3) respondents reported that the health of Prince George's County residents stayed the same.

For those who thought the health of County residents improved over the past three years, many cited the COVID-19 pandemic as a starting point or baseline for improvement thereafter.

> "I mean, the last three years have really been focused on coming out of the worst of the pandemic. So, I think that in general, the health of the population that we serve has improved."

> "Well, I think it's probably improved after the pandemic, which was pretty scary for all of us, and a number of people that we were serving at the time caught COVID and actually passed away, so I would say that the health has probably become better."

Respondents who thought the health of County residents improved over the past three years also cited improved health outcomes among the populations their organizations serve.

> "For the residents we serve, their health has improved somewhat because we have all kinds of reports and tracking that we do..."

While noting improvements in health over the past three years, some respondents discussed unmet needs and barriers that persist in the County, including mental health challenges, a lack of preventative screening services, and health insurance coverage.

> "I think it [the health of County residents] is improving, but again, the lack of health insurance, sometimes it's difficult for many residents."

> "There is more awareness in people [since COVID], but I don't think it has been improving in the community we serve because of the access to care."

> "Post COVID, I think that we're better than we were during COVID, but it seems as if now we've let our guard down regarding how to really take care of ourselves."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

For those who thought the health of County residents declined over the past three years, many cited the increased prevalence and incidence of chronic diseases.

> "I think that children's health in general has declined over the years. We have more chronic conditions that are occurring, more students being diagnosed with diabetes, asthma, and cancer."

Respondents also mentioned geographical disparities (some areas of Prince George's County are doing better than others), as well as racial and ethnic disparities in health outcomes.

> "If you say, well, let's go to College Park, let's go to Bowie, let's go to these areas where you see the health from a surface level that looks to be bright, but when you go inside the Beltway, we find that the health is declining amongst people."

> "It may look like, hey, things are good from an overall perspective, but there are pockets of people that may be affected, and they may be 3,4,5 times more likely to get it... For instance, cancer may be down, but you know, for lung cancer, it's showing that white males are several times higher [to be diagnosed] than the Maryland population."

Respondents who shared the health of County residents stayed the same cited challenges with chronic disease prevention and management, as well as meeting residents' social needs.

> "Most people are in survival mode; they are not in living thriving mode."

> "I feel like some of the other chronic illnesses have not improved. I would probably say stayed the same overall."

> "So, PG County trends follow along with the other trends that we're seeing in our region, where demand is still really high because there is still that lower economic accessibility for folks to afford these materials on their own."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

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

When asked about the most important assets and strengths relative to the health and well-being of Prince George's County residents, the most common responses pertained to 1) partnerships and collaboration; 2) resources and programs; and 3) the County government's role in promoting public health.

Other commonly mentioned assets included the County's proximity to surrounding jurisdictions for collaboration and information sharing, the presence of Federally Qualified Health Centers to support uninsured and underinsured populations, and overall diversity in the County's demographics.

1) Partnerships and Collaboration: Many key informants reported a strong network of healthcare providers, nonprofit partners, and local organizations, noting there are strong private-public partnerships in Prince George's County. Key informants stated they were connected to partners through the Health Department. Partnerships were commonly regarded as an important component of care-coordinating services. Respondents expressed the need for better coordination of partners to break existing silos.

> "One of the biggest areas for opportunity is a much stronger connection between the primary care system and the hospital partners."

> "When we're trying to get a consensus of everybody that's in the playing field… everybody's not always known. And how do we maximize the strengths and weaknesses of every organization there and reduce duplication?"

2) Resources and Programs: Most respondents also believed the County had strong resources and programs to support the health needs of the community. Respondents noted the innovative programs to address the health needs of residents, including the Dyer Crisis Stabilization Center, 988, and 311. However, concern expressed regarding the sustainability of existing programs and a lack of programs to address the social determinants of health, specifically housing and access to care. Respondents called for the Health Department to strategically leverage resources to address the social determinants of health.

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

3) County Government's Role in Promoting Public Health: Many key informants shared positive experiences referring community residents to the Health Department and the Department of Social Services' services. Respondents serving Prince George's County youth mentioned the Health Department's immunization and communicable disease programs as specific County assets. Others mentioned the Health Department's programs broadly but struggled to name specific programs and mentioned a desire to learn more about the Health Department's service portfolio and the best way to navigate resources online and in person. Key informants struggled to navigate the Health Department's webpage and believe that it could be a future initiative for the County Government to address. Respondents also acknowledged that the County Executive provided support to public health programs and the need to ensure all County leaders are in tune with each agency's priorities and work together towards addressing the community's needs.

> "I think the Health Department is a good place to go to get the resources and to find out where the resources are that [residents] need throughout the government channels."
>
> "And also working in the Health Department and seeing the different programs they have... there's a diversity of programs across the lifespan to support the well-being of Prince George's County people. I think that's great and commendable, and hopefully something the County can continue to invest in as well."
>
> "The Health Department has a lot of programs, but when I tried to find them... I just searched them, but then, there are sometimes a lot of programs that are listed, but they're not maybe available or they're not currently active."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

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

When asked about the most important barriers relative to the health and well-being of Prince George's County residents, the most common responses pertained to 1) funding; 2) transportation; 3) communication of available resources.

Other commonly mentioned barriers included health literacy, immigration status, language barriers, and a lack of translation services and culturally sensitive care.

1) Funding: Majority of respondents shared funding is a leading barrier to developing and implementing programs in Prince George's County. Many nonprofit partners acknowledged they do not have adequate public funding to support Prince George's County residents in the same way they have funding from other jurisdictions. Many acknowledge the County's need is there, but the organization cannot expand access to programs and services without critical funding. Respondents commented on the existing infrastructure to address challenges such as the social determinants of health and care coordination but said funding was a leading barrier.

2) Transportation: The majority of respondents expressed transportation as a leading barrier to health-seeking behaviors in Prince George's County. While respondents noted some residents have access to the Metro and existing public transportation, the infrastructure to serve the entire County is lacking. Many noted the geographic diversity of the County and its size as a challenge for residents in navigating resources. Some informants acknowledged it is closer for some residents to seek care outside the County in DC or other jurisdictions than in Prince George's County. Key informants suggested greater investment in mobile care units and home-based visits to meet community residents where they are in the County.

> "We're a huge County from Laurel all the way down to Brandywine. So, whenever we think about the needs of Prince George's County residents, some areas of the County don't have consistent or regular bus service or access to metro, so going to different places to obtain services is a challenge for some."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

3) Communication of Available Resources: Many respondents acknowledged the robust organizations and programs available in Prince George's County but shared a significant barrier to accessing the resources is the lack of community awareness of existing resources and information on how to locate and navigate resources. Key informant respondents shared increasing awareness of local resources is also important to avoid the duplication of efforts and to help foster collaborations between public health stakeholders, including the primary care system and hospital partners. Respondents also shared that case managers often rely on curated lists of community resources to refer patients for additional resources to address their primary and specialty care needs, as well as their social determinants of health needs.

> "It's hard to find the resources... It's not let me just look in this one place... And there's no real way to really find it unless you're going to Google it.
>
> "But sometimes we just don't know what the resources are, and we feel kind of bad because we can't close the loop for the families. We'll give them like a general number and then send them on their way for them to try to finagle the system themselves."
>
> "But if we're having problems finagling the system, then how can we expect our families to manage the system?"

6. What do you think are the three most important social determinants of health in the County for Prince George's County residents?

Respondents shared the three most important determinants of health in the County are 1) economic stability; 2) transportation; 3) housing.

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

Respondents shared the three most important physical health needs for County residents are 1) chronic disease (including diabetes, hypertension, heart disease, and obesity); 2) cancer; 3) maternal health; 4) dental health (tied with maternal health).

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

9. What do you think are the three most important behavioral/mental health needs that residents face in the County?

Respondents shared that the three most important behavioral/mental health needs for County residents are 1) substance use and abuse (marijuana, vaping, and opioids); 2) Depression; and 3) Anxiety.

Respondents also commonly reported the intersectionality of mental and physical health, as well as the impact of the social determinants of health (especially financial instability) and poor mental health outcomes. Key informant respondents shared that while there are existing mental health resources, residents struggle to navigate the mental health system to understand where and how they may seek care or to understand insurance coverage for mental health services.

10. What do you think are the three most important health-related environmental concerns that residents face in the County?

Respondents shared that the three most important environmental health needs for County residents are 1) poor air quality, 2) food deserts, and 3) public safety.

11. Now, if you had to prioritize and select the three most important health issues residents are facing in the County from those you just mentioned, what would they be?

Respondents prioritized the three most important health issues for County residents as 1) mental/behavioral health; 2) chronic disease; 3) access to care; 4) food insecurity (tied with access to care for third).

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

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

Respondents commonly referred to the services provided by their organizations, including health screenings and other preventative care, health education, facilitating resource distribution, workforce development training, and care referrals for any services they do not provide in-house.

Common service gaps included resources to address the residents' social determinants of health, including, most commonly, their housing, transportation, and health insurance needs.

Most respondents said the County is "doing everything they can do" with limited funding. Two common themes emerged from this question to inform the County's next steps: 1) resource demand will continue to grow while programs shrink due to lost funding; 2) the Health Department needs to ensure continuous communication with the community about services and programs offered to residents. There were varying questions on the gap that should be prioritized, including preventative care, implementation of the HURON Report, culturally relevant providers, dental health, environmental health, funding gaps, navigation of behavioral health resources, clinician shortages, greater buy-in to support the Health Assures program, and solutions that "bring the right people to the table."

1) Growing Resource Demand: Many respondents acknowledged that the needs of the community will continue to increase as public health funding decreases and Prince Georgians experience federal layoffs. As the need grows, respondents question how the already depleted resources will be sustained and how it will impact the County's ability to be proactive in the community health arena.

> "Keeping in mind that the limitations that we all have are because of resources. So, if the limitations are directly linked to the resources... the slices in that pie keep growing, but the pie itself doesn't get any larger... We've got resources that are restricted, but the demand on those resources is increasing."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

2) Coordination and Public Outreach: The majority of key informant respondents again highlighted the challenge of having Health Department programs and services known in the community. Respondents noted their personal challenge finding information and how they anticipate this to be an even greater barrier for residents who may not have experience with public health initiatives.

> "The Health Department is trying to do its best in addressing the needs by identifying resources to support the community-based organizations, because I think the realization is that the Health Department realizes they cannot do it alone. And because as the demand grows, the demand for health access and health care increases, and you don't have the capacity to meet the needs of the community, therefore, it takes more of an integrated approach to addressing those things."

> "Communication is a big gap that you know needs to occur, and letting the residents know what programs are actually out there."

> "I would say equitable access across the entire County and promotion of events [needs to be prioritized]. Because I mean, like for things with Parks and Planning, unless you just happen to be familiar with it or, you know, get the books or something, people just may not know about the events. And same thing with a lot of programs or initiatives, people just don't know oftentimes."

> "I think the County's doing an okay job at addressing chronic health conditions. There are certainly programs available that I know about because I work with you all and am connected with the health care partners, but I think if you don't know that those are out there, then you don't know that they're out there."

> "I think the coordination of efforts is probably one big area that Prince George's can try to really address. I know there's the Health Department, there are nonprofits, there are staff agencies and sometimes I feel like they don't always work together."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

> "I think there are still some holes in understanding what services the Health Department provides and how they intersect with the other points in the primary care system. I think that's still a little confusing for me, and so I imagine it's confusing for residents of the County."

> "I believe the County is responding well. I think the only gap, and I wouldn't consider it a gap, is that they need to make a more conscious effort to coordinate services because there are some agencies that are doing the same thing, and I believe it's a wasted resource."

13. Based on your experience and expertise, what else needs to be done in the County, and by which organizations/programs, to address the needs of residents in Prince George's County?

Although there were varying priorities and ideas for addressing the needs of County residents, the majority of responses were related to the following areas of need: 1) funding; 2) cross-sector partnerships to share resources and plan together; and 3) culturally appropriate mental health resources.

1) Funding: Funding was the most reported needed resource throughout the key informant interviews, spanning multiple questions. Respondents emphasized forecasted decreases in public health funding at the federal level that would inevitably impact state and local funding.

2) Cross-Sector Partnerships and Collaboration: Respondents acknowledged the importance of collaborating with local organizations and agencies to work towards shared goals and increase the "collective impact" in Prince George's County.

> "I think we need to do a better job of working together and sharing each other's resources, 'cause we're all doing a lot of really good work, we're also kind of all doing the same thing differently in some ways... We could combine our resources to do a better job."

> "And maybe Prince George's County needs to figure out how to be more collaborative and partner with certain or all the organizations... and make sure that the message is getting out."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

[Regarding the Health Department's role] "Just get in, create a way to communicate with residents, connect them directly with services directly. Follow up with them and make sure that they are getting the information, they're getting their questions answered. And then we keep those connections. Not just communicate once and then forget about them when they come back."

3) Culturally Appropriate Mental Health Resources: Responses to this question varied in how specific respondents connected this question back to the health priorities they identified in previous interview questions. Many respondents who prioritized behavioral health needs emphasized the need for culturally sensitive care to address the existing stigma and barriers to receiving mental health services.

> "So you know, when you look at the County, and you look at who's actually available to take care of us, who are living with mental illnesses, then you know the numbers are not so good... pertaining to culturally competent providers."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

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

When asked about the most critical resources needed but not available to address the leading health priorities, the majority of respondents expressed a need for 1) funding, 2) investment in the health workforce, and 3) behavioral health resources.

1) Funding: Access to funds remains a critical barrier to expanding resources and programs in Prince George's County. Informants are especially concerned with growing federal, state, and local funding constraints with decreasing budgets for public health initiatives. There is also significant competition for funding in Prince George's County.

"I think there's definitely limited funding and we're all going after the funding, including the Health Department... everybody has to go out, including our Health Department, go out to the feds or wherever we have to go to try to find funding."

2) Health Workforce Investment: Respondents expressed the need for investment in a trained workforce for the development of future case managers, physicians, and behavioral health professionals. Many suggested workforce development training opportunities to increase local capacity.

3) Behavioral Health Resources: Respondents shared the need for more mental health resources, including facilities dedicated to behavioral health treatment, especially for residents who are unhoused or homeless and residents who identify as survivors of domestic violence. Key informants who work with individuals who are currently incarcerated or are transitioning out of the justice system acknowledged the need for trauma-informed mental health providers and services in the jail and in transitional housing.

"[We need] partnerships with mental health providers, organizations, or providers in the community that can offer pro bono services or be creative in the jail to be able to offer telehealth services to incarcerated individuals."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

15. What are the three most important emerging threats to health and well-being in the County for residents?

When asked to reflect on the three most important emerging threats Prince George's County residents are facing, the most common threats shared by key informants include 1) economic instability; 2) food insecurity; 3) fear in immigrant communities; 4) Medicaid eligibility and coverage (tied for the third emerging threat).

1) Economic Instability: Many key informants acknowledged that their clients and many Prince George's County residents were impacted by the federal layoffs in Early 2025. Respondents shared the impacts of sudden job loss that could impact access to health insurance coverage, stable housing, and the ability to pay for daily items (food mentioned as a leading expense).

> "... Probably job security. And then, you know, once we see SNAP and WIC cuts, food insecurity will become a huge issue and then that's going to just exacerbate hypertension, obesity, diabetes, all of it. Limited food access, finances, and increased stress [are emerging threats]."

2) Food Insecurity: The majority of key informants mentioned food insecurity as a present and emerging threat to the health and well-being of Prince George's County residents. Key informants shared how a lack of access to healthy food options, high food costs, and the numerous fast-food restaurants in Prince George's County presented a significant threat to the prevention and management of metabolic syndrome. Some key respondents shared the need to invest in and sustain the Prince George's Food Equity Council.

> "It's a major threat to people's well-being and because food is expensive, people are opting for the cheapest, most affordable food and many of these are not healthy. This can definitely threaten their well-being."

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

3) Fear in Immigrant Communities: Throughout the interviews, many key informants discussed the diversity of residents in Prince George's County, from various countries with different languages and cultures practiced. When discussing the emerging threats Prince George's County residents are facing, the key informants expressed fear within immigrant communities across the County. Many acknowledged the fear of sudden deportation and how that fear was preventing residents from leaving their homes to seek care or resources.

> "With a lot of the immigration challenges and all these things going on, there's a threat to many people's lives, their family, their stability."

> "But I know definitely the raids are one thing that keeps people inside, and that's not really healthy at all. It's almost like another COVID, you have to stay inside, indoors and then the fear of taking their kids to school. And then what if they don't come back? I mean, it's a lot of stuff that's going on. So, all that stuff in the world affects health."

> "The challenge we are also seeing is that the immigrant population are not as welcoming or open to receive services because of the threat of deportation."

4) Decreased Medicaid Coverage: Key informants expressed a growing concern that restrictions or decreased funding would threaten Medicaid coverage for many Prince George's County residents, further increasing barriers to accessing care.

> "[An emerging threat is] the potential cut from State Medicaid. I think that that is something that has to be anticipated.

KEY INFORMANT INTERVIEWS

QUESTION-BY-QUESTION ANALYSIS

16. How is your organization/program addressing these emerging threats in Prince George's County?

The key informants shared a commitment to serving the Prince George's County community. Although many key informants acknowledged a lack of control over federal policies that would impact the local community, the key informants shared that they are actively advocating at the local and regional levels to ensure all Prince Georgians receive the care and resources they need.

To continue sustaining programs and services, many key informants shared intentions to diversify funding streams and strengthen local partnerships to refer clients for additional services or resources that the organization may not be able to provide. In the meantime, key informants are continuing to provide access to services to all Prince Georgians.

> "So, we're looking at diversifying funding and we're looking at trying to do fundraisers too."

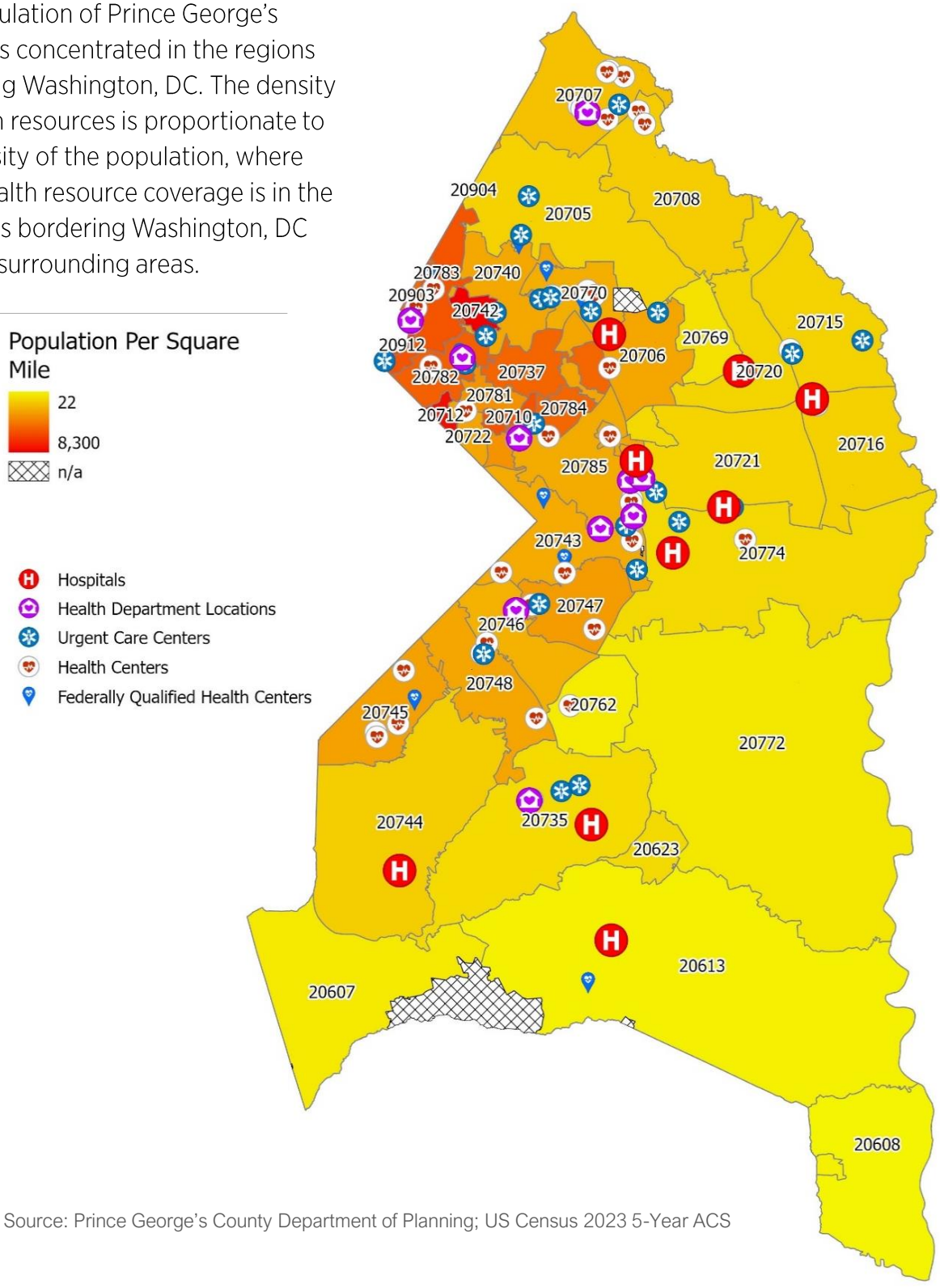
17. Do you have any other comments to add regarding the health priorities and resources that we have not discussed?

Closing sentiments included emphasis on the need for a wraparound approach to address the social needs in tandem with addressing the health needs of Prince George's County residents. This includes employment opportunities, housing services, food access, and more.

> "And even small reductions in those [social needs] scores are huge reductions in costs, but also just improvement in people's lives."

POPULATION DENSITY AND HEALTH RESOURCE MAP

The population of Prince George's County is concentrated in the regions bordering Washington, DC. The density of health resources is proportionate to the density of the population, where most health resource coverage is in the zip codes bordering Washington, DC and the surrounding areas.



Data Source: Prince George's County Department of Planning; US Census 2023 5-Year ACS

ADVENTIST HEALTHCARE FORT WASHINGTON MEDICAL CENTER

Adventist Healthcare Fort Washington Medical Center is in Fort Washington (20744). There are 4 zip codes in Prince George's County that comprise the service area of Adventist HealthCare Fort Washington Medical Center. The zip codes shown here represent the Primary Service Area (PSA). The PSA zip codes are defined based on patient residence data, analyzing where most of the patients live who use the facility services. The PSA zip codes shown here in no way represent the geographical reach of this health care facility.

There are roughly 166,000 residents in the service area, which makes up approximately 17.3% of residents in the County. Three of the four zip codes experienced an increase in population size (2019-2023).

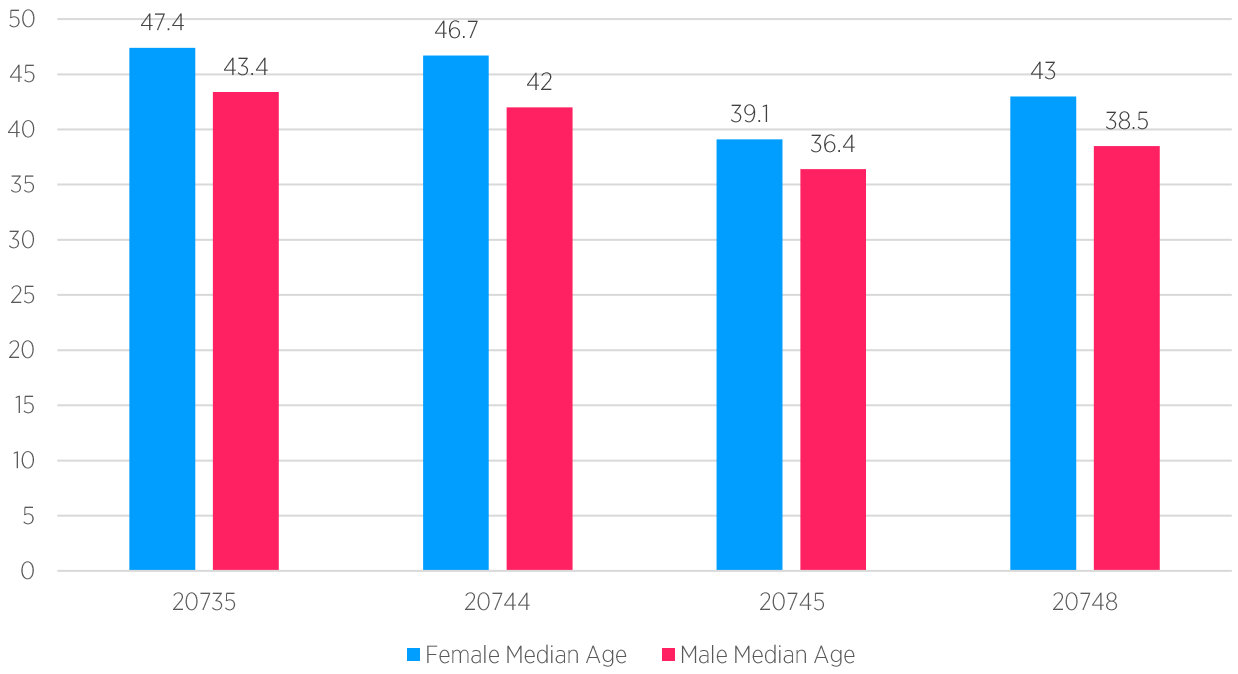
Data Source: Adventist Healthcare Fort Washington Medical Center; US Census 5-Year ACS 2023

TABLE OF SERVICE AREA ZIP CODES

Zip Code	Name	Percent of Inpatient Visits
20735	Clinton	7%
20744	Fort Washington	35%
20745	Oxon Hill	11%
20748	Temple Hills	10%

Data Source: www.pgchealthzone.org; Health Services Cost Review Commission 2022, Inpatient Discharges

MEDIAN AGE BY SEX AND ZIP CODE



Data Source: www.pgchealthzone.org

POPULATION ESTIMATES BY ZIP CODE

ZIP CODE	NAME	POPULATION ESTIMATE	POPULATION <18 YEARS	POPULATION 65+
20735	Clinton	37,926	6,956 (18.34%)	7,331 (19.33%)
20744	Fort Washington	56,236	11,377 (20.23%)	11,354 (20.19%)
20745	Oxon Hill	29,518	6,474 (21.93%)	4,538 (15.37%)
20748	Temple Hills	40,094	8,092 (20.18%)	6,817 (17.00%)

Data Source: www.pgchealthzone.org

RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE

ZIP CODE	WHITE	BLACK OR AFRICAN AMERICAN	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	2+ RACES	HISPANIC/ LATINO	NON-HISPANIC/ LATINO
20735	8.30%	76.83%	0.57%	2.19%	--	4.99%	9.58%	90.42%
20744	9.71%	62.80%	0.80%	4.53%	--	6.91%	21.05%	78.95%
20745	8.56%	56.23%	1.44%	4.10%	0.08%	5.67%	30.39%	69.61%
20748	6.83%	81.25%	0.11%	1.19%	--	4.35%	10.73%	89.27%

Data Source: www.pgchealthzone.org

CHANGE IN RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE

ZIP CODE	WHITE	BLACK OR AFRICAN AMERICAN	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	2+ RACES	HISPANIC/ LATINO	NON-HISPANIC/ LATINO
20735	-9.13%	-7.51%	27.98%	-20.99%	-100.00%	200.16%	46.04%	-4.03%
20744	7.54%	-8.19%	8.72%	-22.47%	-100.00%	112.46%	53.37%	-5.95%
20745	9.87%	-13.58%	160.74%	15.03%	-79.46%	190.80%	59.14%	-7.25%
20748	33.59%	-2.49%	-63.03%	88.58%	-100.00%	73.53%	50.81%	-0.72%

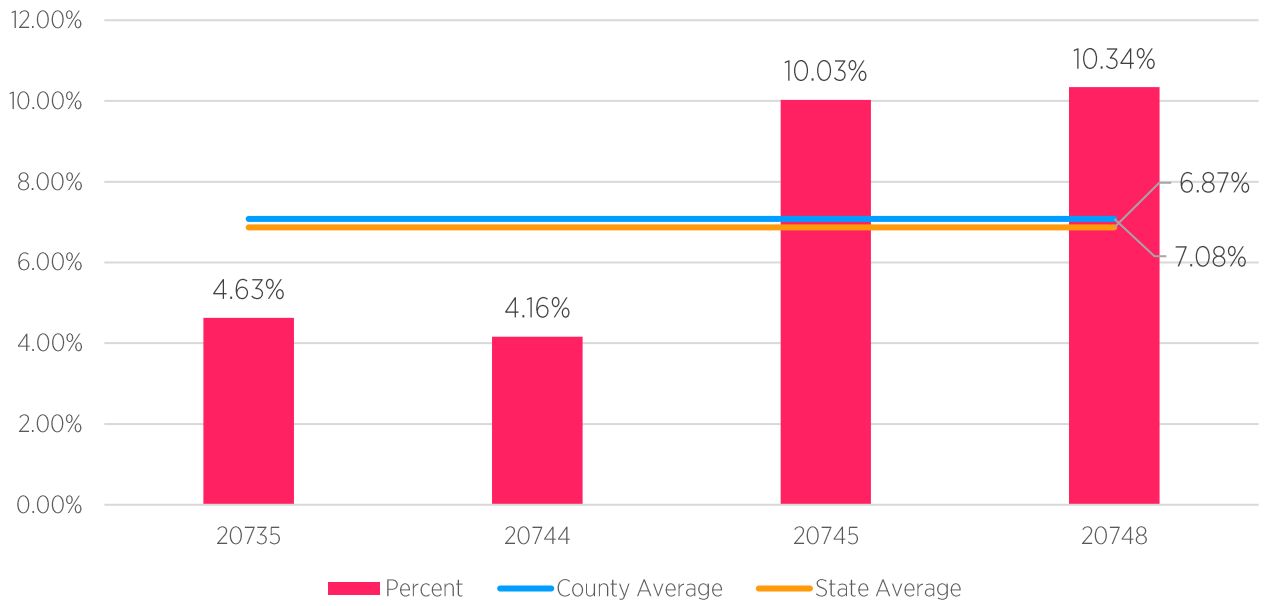
Data Source: www.pgchealthzone.org

POPULATION CHANGE BY ZIP CODE (2019 – 2023)

ZIP CODE	NAME	PERCENT CHANGE IN POPULATION
20735	Clinton	-0.78%
20744	Fort Washington	2.33%
20745	Oxon Hill	5.85%
20748	Temple Hills	2.97%

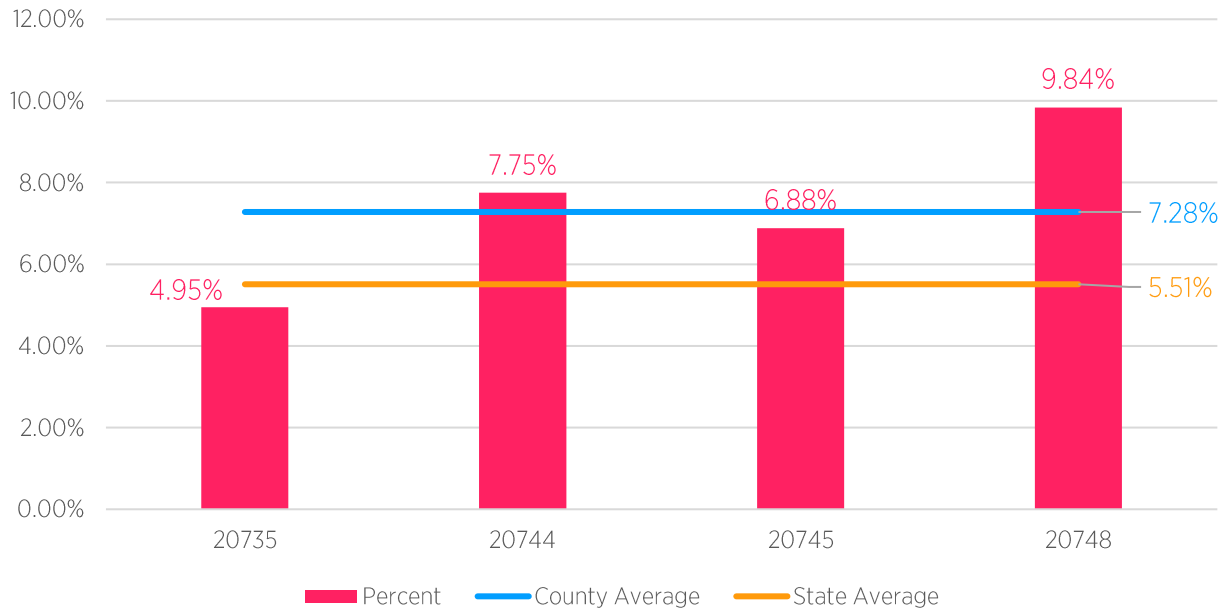
Data Source: www.pgchealthzone.org

PERCENT OF FAMILIES BELOW THE POVERTY LINE BY ZIP CODE



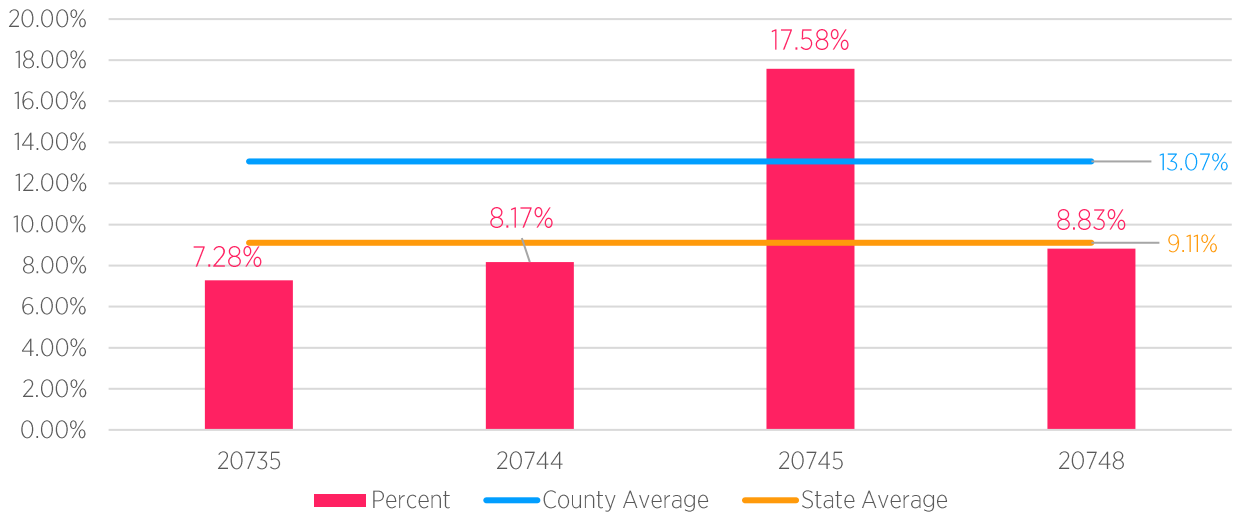
Both Oxon Hill and Temple Hills have percentages of families living below the poverty line that are higher than both the County and State average.

UNEMPLOYMENT RATE BY ZIP CODE



Data Source: www.pgchealthzone.org

PERCENT OF RESIDENTS AGED 25+ WITH LESS THAN A HIGHSCHOOL DIPLOMA



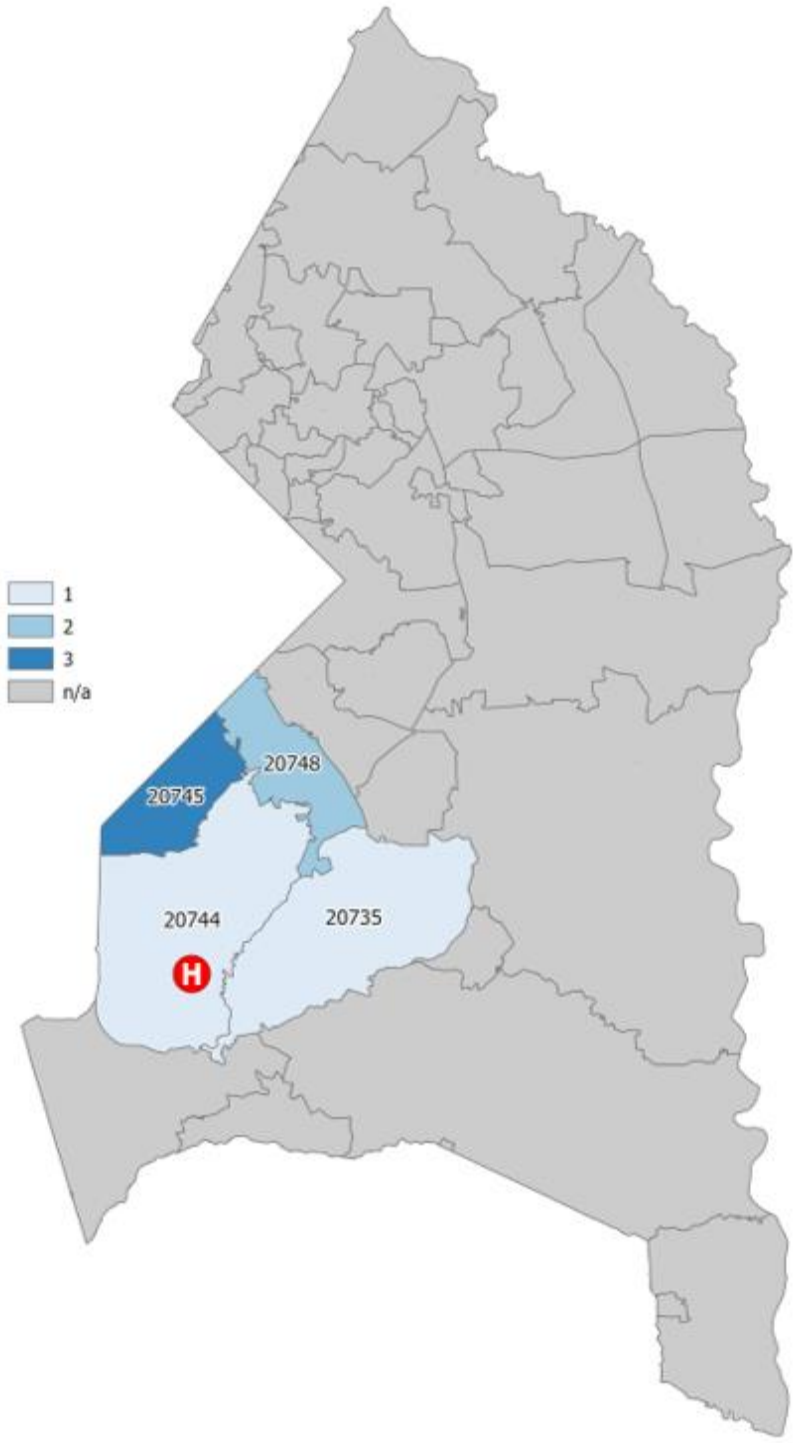
Data Source: www.pgchealthzone.org

HEALTH EQUITY INDEX

The Health Equity Index is a measure of socioeconomic needs that are correlated with poor health outcomes.

The selected zip codes are ranked from 1 (low need) to 5 (high need) based on their index value relative to similar locations within the region:

Rank	Percent of Zip Codes
1	30%
2	10%
3	40%
4	10%



Data Source: www.pgchealthzone.org

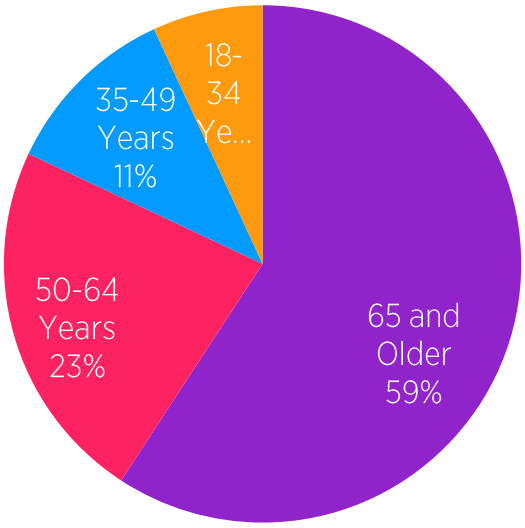
TOP 10 INPATIENT DIAGNOSES

DIAGNOSTIC CAUSE	PERCENT (%)
Diseases of the circulatory system	17%
Infectious and parasitic diseases	17%
Diseases of the digestive system	14%
Endocrine; nutritional; and metabolic diseases and immunity disorders	11%
Diseases of the respiratory system	10%
Diseases of the genitourinary system	8%
Injury and poisoning	6%
COVID-19 (U07.1 ICD-10-CM)	4%
Diseases of the musculoskeletal system and connective tissue	2%
Diseases of the nervous system and sense organs	2%

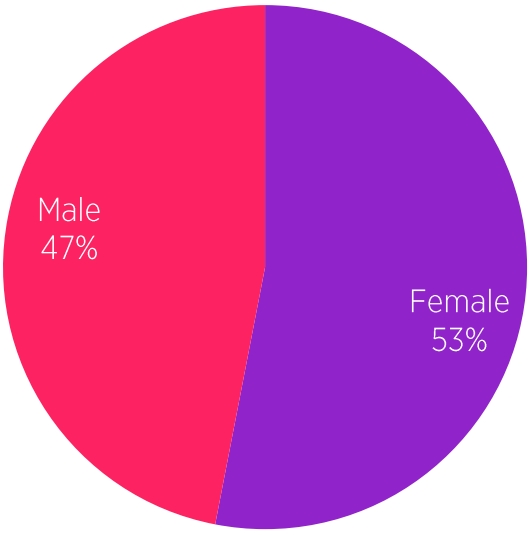
Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

DEMOGRAPHICS: INPATIENT DIAGNOSES

Inpatient Diagnosis by Age Group



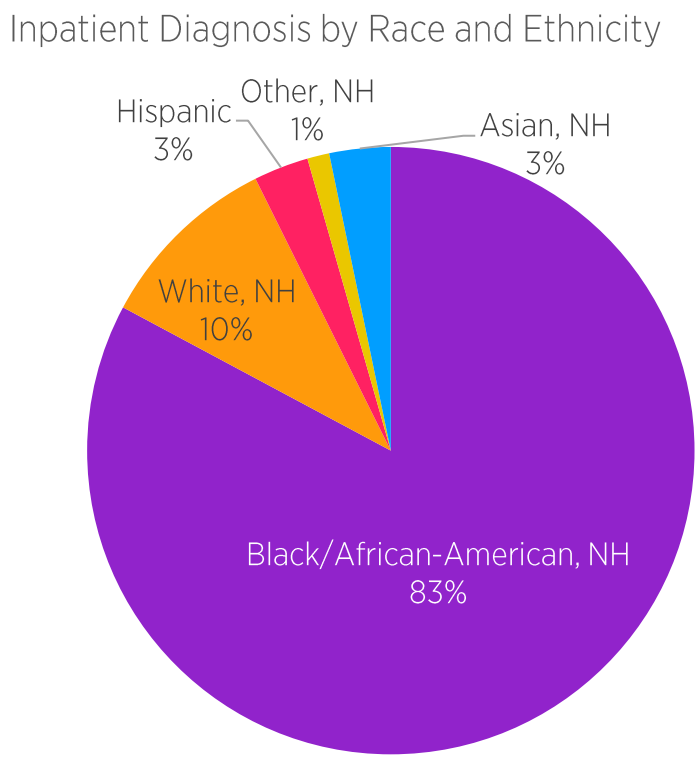
Inpatient Diagnosis by Gender



While only making up 18% of the population in the service area, individuals aged 65 and older made up 59% of inpatient diagnoses.

Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

INPATIENT DIAGNOSES BY RACE AND ETHNICITY



Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

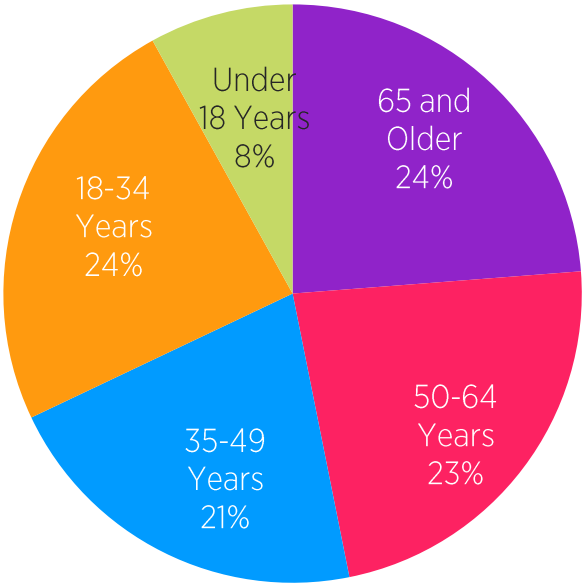
TOP 10 EMERGENCY DEPARTMENT DIAGNOSES

DIAGNOSES	PERCENT
Injury and poisoning	19%
Symptoms; signs; and ill-defined conditions and factors influencing health status	11%
Diseases of the respiratory system	10%
Diseases of the musculoskeletal system and connective tissue	9%
Diseases of the circulatory system	9%
Diseases of the digestive system	9%
Diseases of the genitourinary system	7%
Diseases of the nervous system and sense organs	5%
COVID-19	3%
Diseases of the skin and subcutaneous tissue	3%

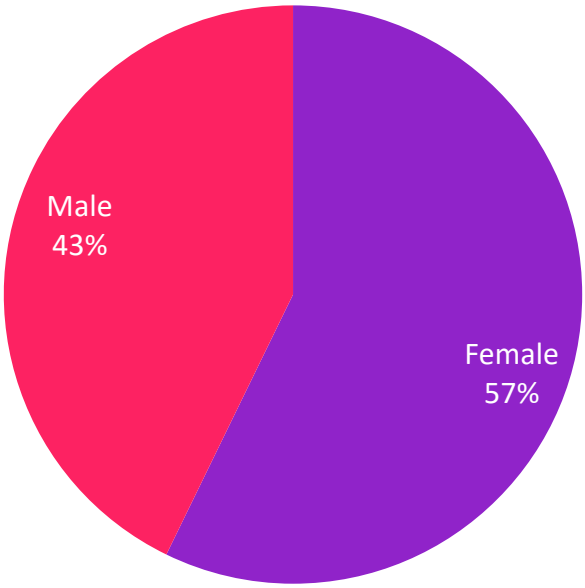
Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

DEMOGRAPHICS: EMERGENCY DEPARTMENT VISITS

ED Visits by Age Group



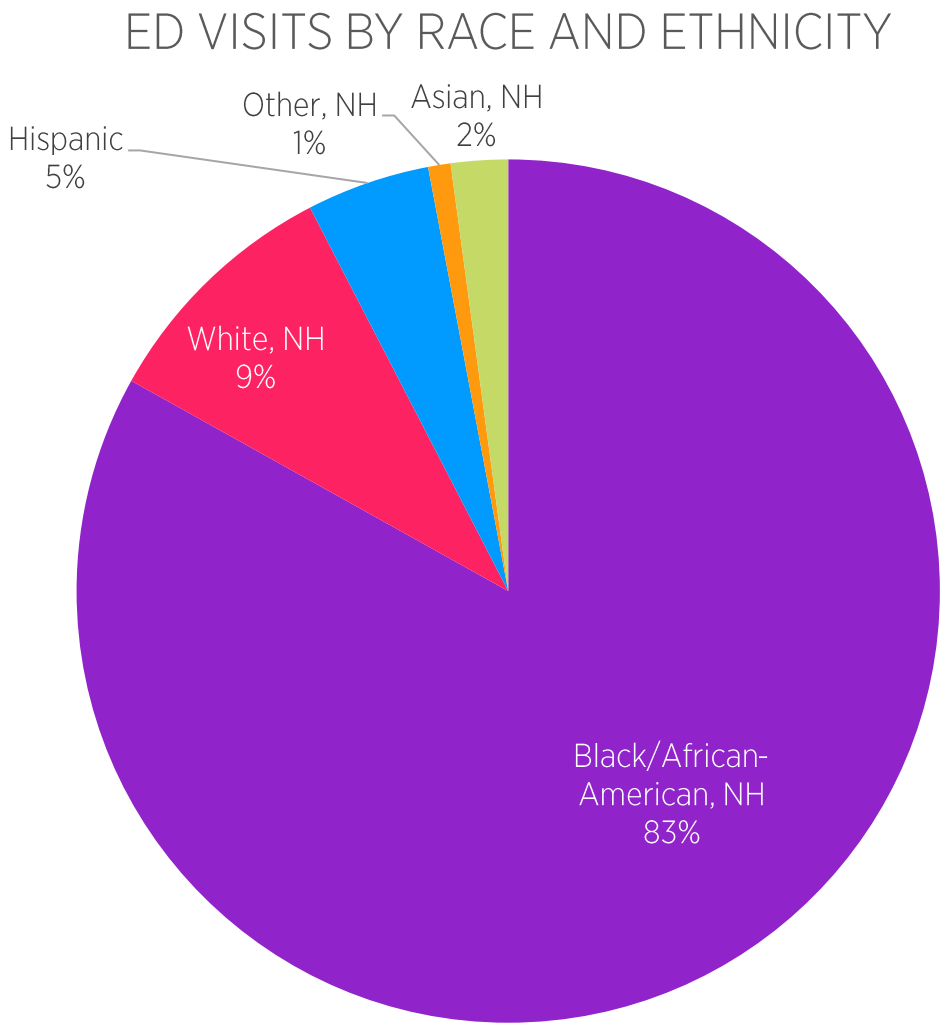
ED Visits by Gender



Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

The percent of emergency department visits by age group is distributed relatively evenly for those aged 18+. There is a relatively even split for emergency department visits by sex, with females making up 57% of all visits.

DEMOGRAPHIC: EMERGENCY DEPARTMENT VISITS BY RACE AND ETHNICITY



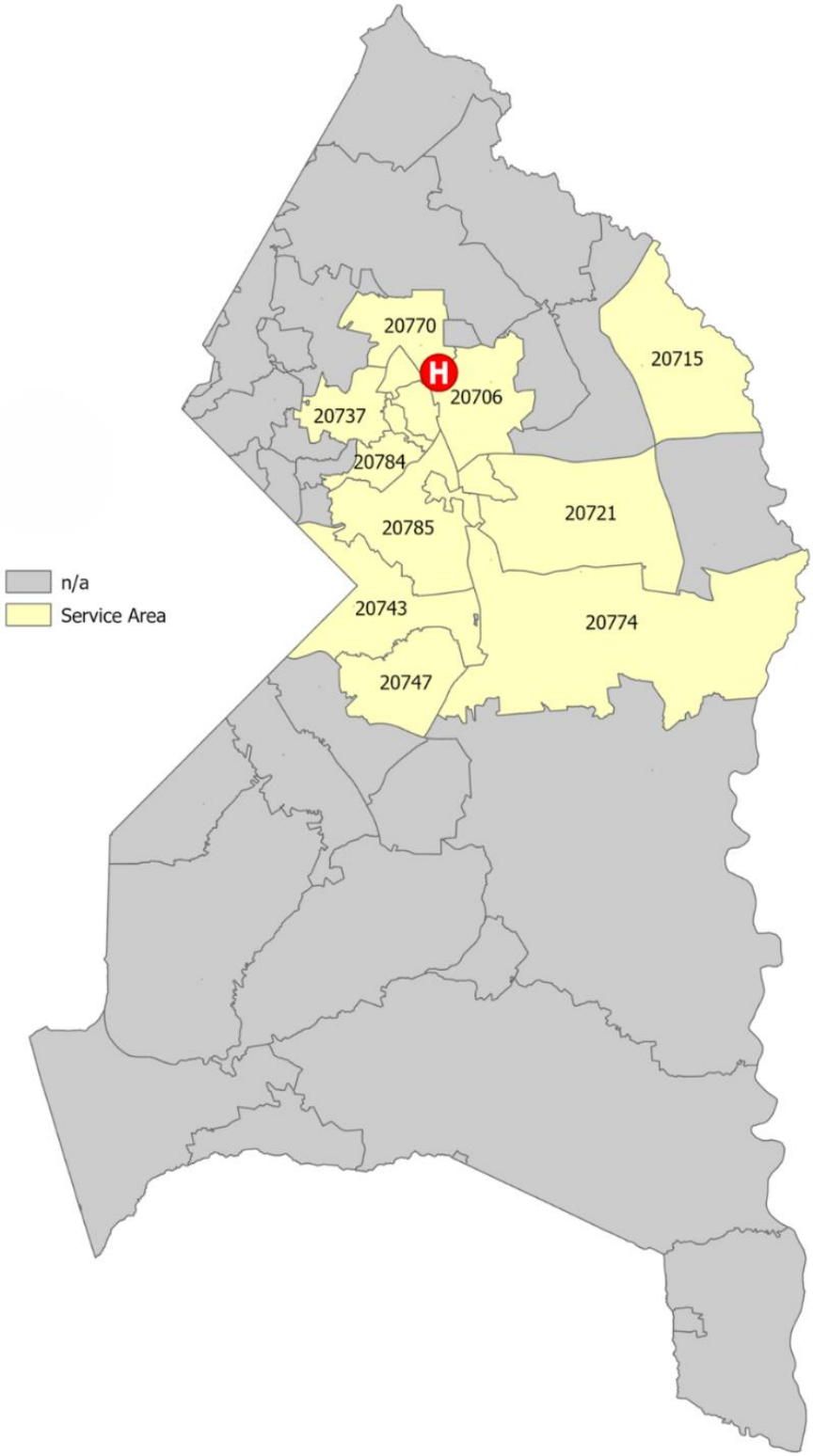
Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

Black or African American individuals make up the majority of emergency department visits, 87%. This is disproportionately higher than the percentage of Black or African American residents (69.28%) in the service area.

LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL CENTER

Luminus Health Doctors Community Medical Center is located in Lanham (20706). There are 10 zip codes in Prince George's County that comprise the service area of Luminis Health Doctors Community Medical Center. The zip codes shown here represent the Primary Service Area (PSA). The PSA zip codes are defined based on patient residence data, analyzing where most of the patients live who use the facility services. The PSA zip codes shown here in no way represent the geographical reach of this health care facility.

There are roughly 356,000 residents in the service area, which makes up approximately 37.6% of the residents in the County. Seven out of ten zip codes in the service area saw an increase in population size (2019 – 2023)



Data Source: Luminis Health Doctors Community Medical Center

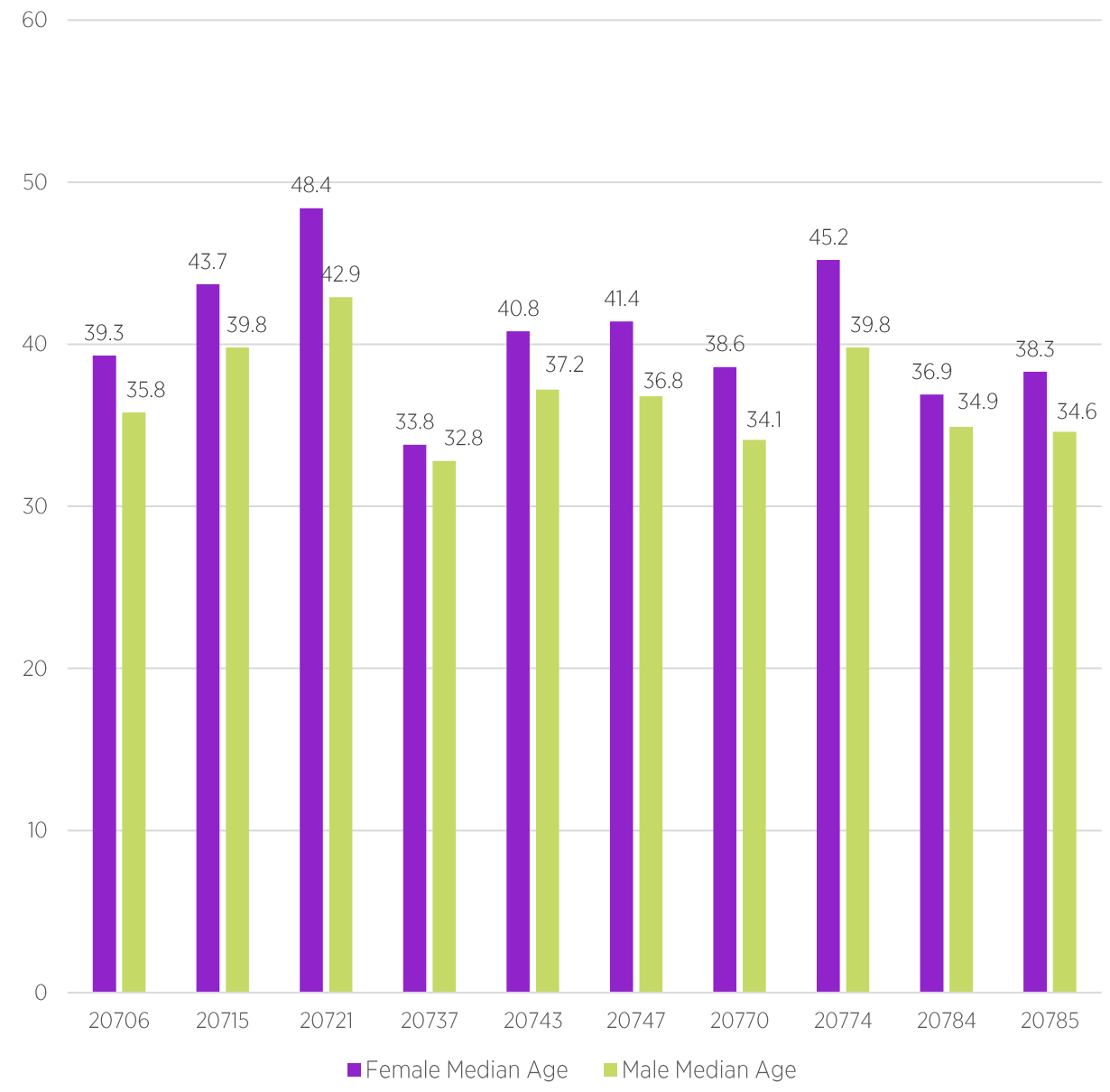
TABLE OF SERVICE AREA ZIP CODES

Zip Code	Name	Percent of Inpatient Visits
20706	Lanham	12%
20715	Bowie	3%
20721	Bowie	4%
20737	Riverdale	4%
20743	Capitol Heights	7%
20747	District Heights	4%
20770	Greenbelt	5%
20774	Upper Marlboro	6%
20784	Hyattsville	7%
20785	Hyattsville	7%

Data Source: www.pgchealthzone.org; Health Services Cost Review Commission 2022, Inpatient Discharges

Lanham, where Luminis Health Doctors Community Medical Center is located, saw the highest percent of inpatient visits.

MEDIAN AGE BY SEX AND ZIP CODE



Data Source: www.pgchealthzone.org

POPULATION ESTIMATES BY ZIP CODE

Zip Code	Name	Population	Population aged <18	Population aged 65+
20706	Lanham	43,225	11,090 (**25.66%**)	6,333 (**14.65%**)
20715	Bowie	26,519	5,591 (**21.08%**)	4,201 (**15.84%**)
20721	Bowie	30,342	5,346 (**17.62%**)	6,546 (**21.57%**)
20737	Riverdale	24,987	7,526 (**30.12%**)	1,923 (**7.70%**)
20743	Capitol Heights	39,439	8,711 (**22.09%**)	6,377 (**16.17%**)
20747	District Heights	37,924	8,202 (**21.63%**)	5,585 (**14.73%**)
20770	Greenbelt	28,181	6,669 (**23.65%**)	3,678 (**13.05%**)
20774	Upper Marlboro	52,221	10,509 (**20.12%**)	8,444 (**16.17%**)
20784	Hyattsville	32,271	8,649 (**26.80%**)	3,643 (**11.29%**)
20785	Hyattsville	40,946	10,767 (**26.30%**)	5,444 (**13.30%**)

Data Source: www.pgchealthzone.org

Only Bowie has more than 20% of its population be aged 65 or older. Riverdale had the lowest percentage of individuals aged 65 or older, while having 30% of its population be under the age of 18.

RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE

Zip Code	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	2+ Races	Hispanic/ Latino	Non-Hispanic/ Latino
20706	8.09%	59.05%	0.85%	5.10%	0.05%	9.73%	25.57%	74.43%
20715	44.32%	38.28%	0.53%	3.90%	--	7.78%	8.66%	91.34%
20721	6.32%	85.75%	0.32%	1.66%	--	4.75%	3.90%	96.10%
20737	18.00%	23.05%	1.74%	3.45%	--	7.82%	61.17%	38.83%
20743	5.07%	79.69%	0.39%	1.04%	--	4.34%	15.57%	84.43%
20747	2.14%	86.65%	0.77%	0.76%	0.30%	5.32%	7.48%	92.52%
20770	20.72%	50.13%	0.49%	8.00%	--	7.42%	17.04%	82.96%
20774	4.86%	86.38%	0.12%	1.79%	--	4.97%	4.04%	95.96%
20784	8.55%	51.86%	0.83%	1.63%	--	6.01%	39.99%	60.01%
20785	7.26%	71.66%	0.26%	3.08%	0.28%	5.86%	16.02%	83.98%

Data Source: www.pgchealthzone.org

PERCENT CHANGE IN RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE, FROM 2019 TO 2023

Zip Code	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	2+ Races	Hispanic/ Latino	Non-Hispanic/ Latino
20706	-26.32%	-14.72%	2187.50%	43.84%	-27.59%	479.34%	16.03%	-5.78%
20715	-19.58%	9.42%	n/a	-28.82%	--	63.34%	-17.58%	-2.21%
20721	-15.43%	2.34%	106.38%	4.14%	--	38.56%	41.85%	0.91%
20737	-4.80%	-11.01%	0.93%	44.07%	--	141.23%	24.49%	-3.14%
20743	12.56%	-3.54%	-42.11%	37.71%	--	137.17%	69.03%	-2.79%
20747	-43.91%	-9.58%	651.28%	-17.24%	1514.29%	206.07%	9.71%	-7.42%
20770	-17.49%	20.03%	26.36%	2.22%	--	187.88%	15.91%	14.51%
20774	-4.26%	8.59%	-9.72%	-0.53%	--	119.83%	23.55%	10.24%
20784	-36.62%	4.51%	368.42%	-7.24%	--	121.46%	14.34%	2.01%
20785	-38.44%	-0.38%	-56.79%	86.81%	533.33%	127.06%	27.98%	1.88%

Data Source: www.pgchealthzone.org;
Greater than 100%, Indicates a large percent change due to a small numeric population size

9 out of the 10 zip codes in the service area saw a decrease in its white population and an increase in its Hispanic/Latino population from 2019 to 2023.

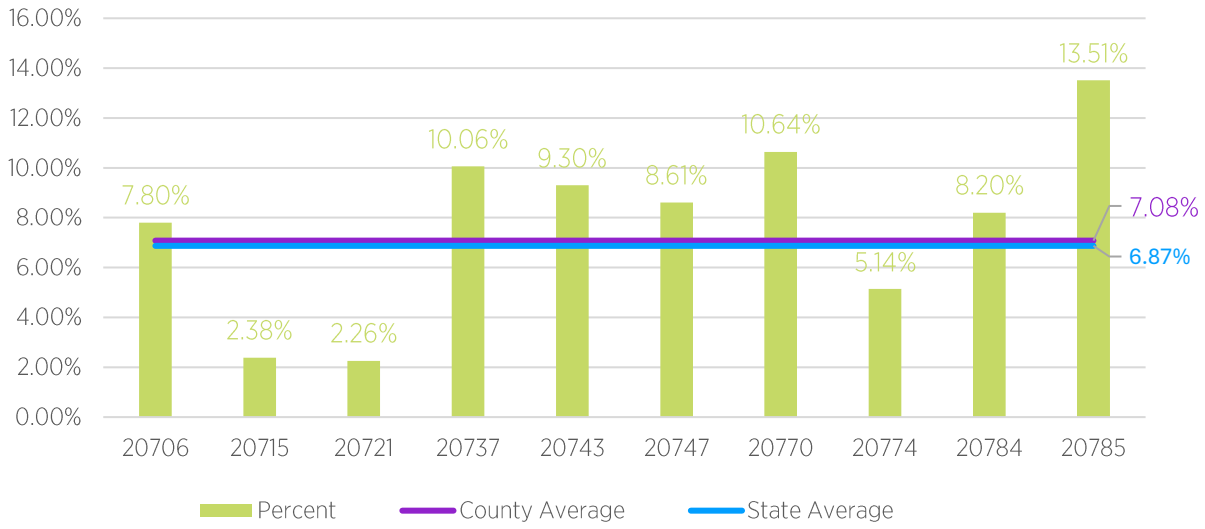
POPULATION CHANGE BY ZIP CODE (2019 – 2023)

ZIP CODE	NAME	PERCENT CHANGE IN POPULATION
20706	Lanham	-1.02%
20715	Bowie	-3.76%
20721	Bowie	2.06%
20737	Riverdale	12.07%
20743	Capitol Heights	4.09%
20747	District Heights	-6.32%
20770	Greenbelt	14.74%
20774	Upper Marlboro	10.72%
20784	Hyattsville	6.61%
20785	Hyattsville	5.32%

Data Source: www.pgchealthzone.org

7 out of the 10 zip codes in the service area saw increases to their populations from 2019 to 2023. Of the 7 zip codes in the service area with population increases, 3 of them saw increases of over 10% (20737, 20770, 20774).

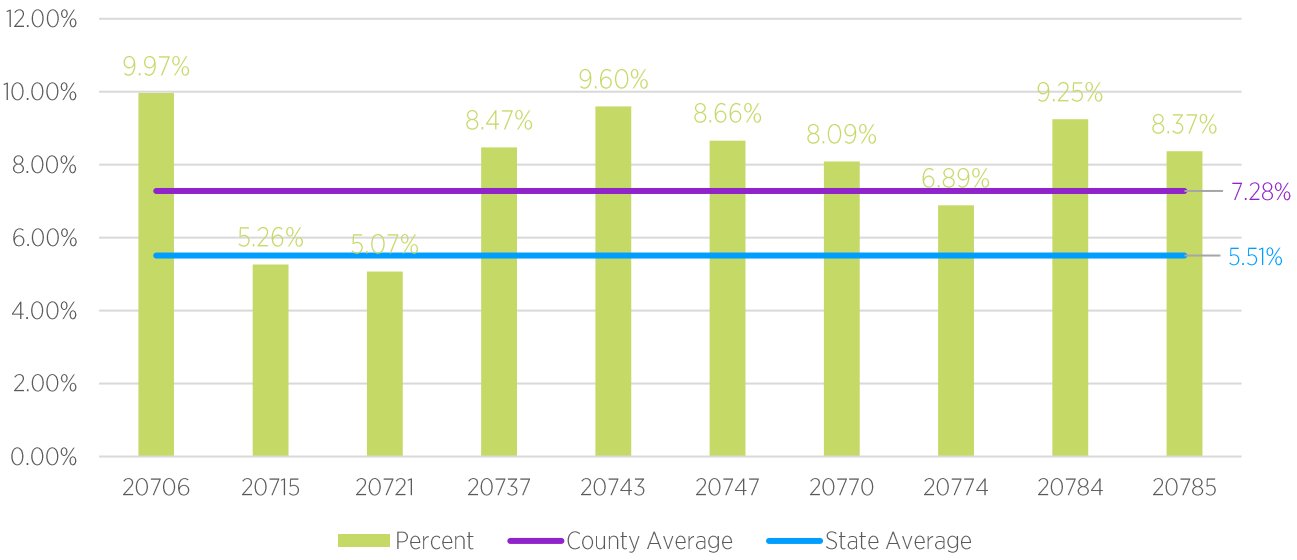
PERCENT OF FAMILIES BELOW THE POVERTY LINE BY ZIP CODE



Data Source: www.pgchealthzone.org

7 out of the 10 zip codes in the service area have higher percentages of families below the poverty line than both the state and County average.

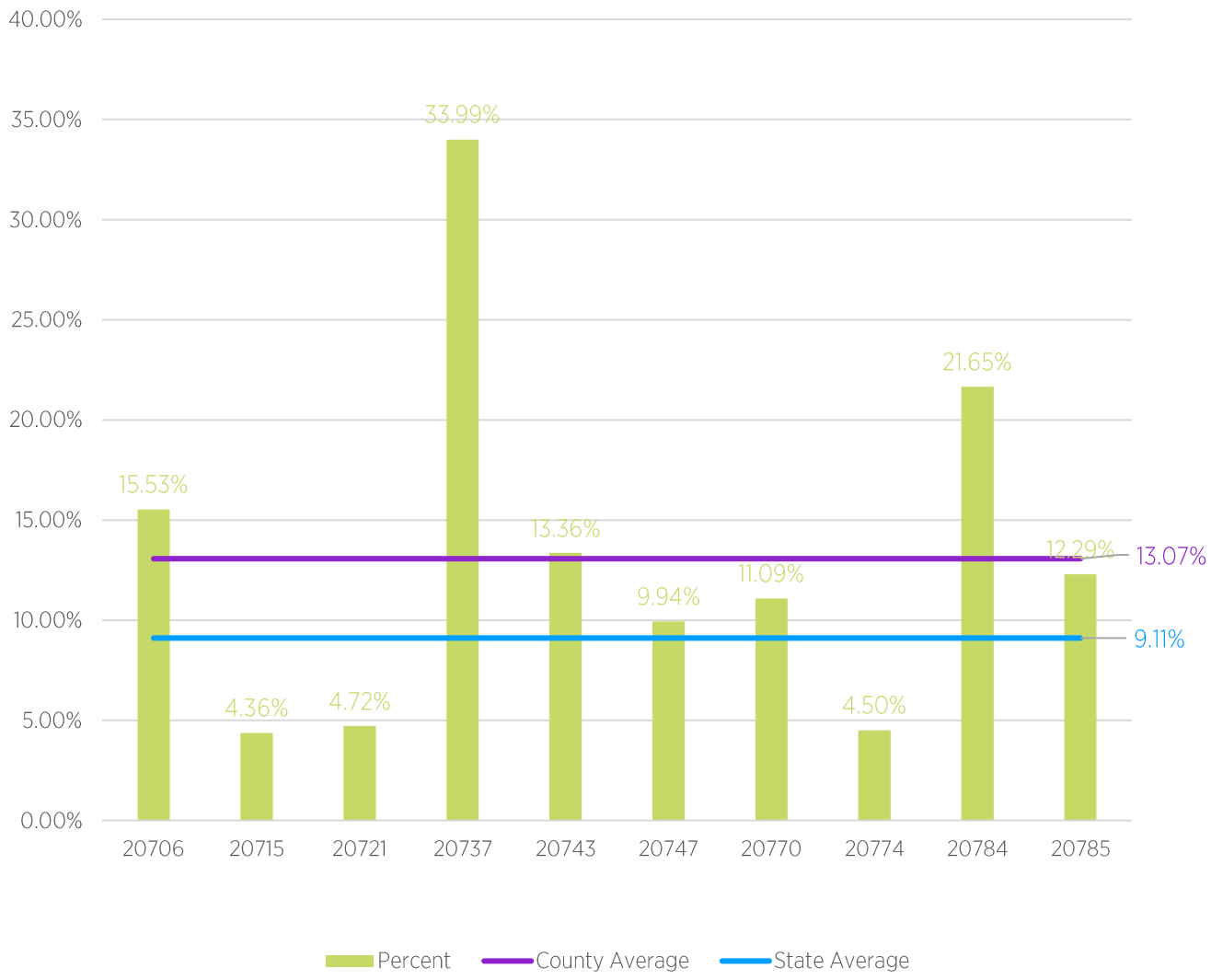
UNEMPLOYMENT RATE BY ZIP CODE



Data Source: www.pgchealthzone.org

Only Bowie (20715, 20721) has lower unemployment rates than both the state and County average.

PERCENT OF RESIDENTS AGED 25+ WITH LESS THAN A HIGHSCHOOL DIPLOMA



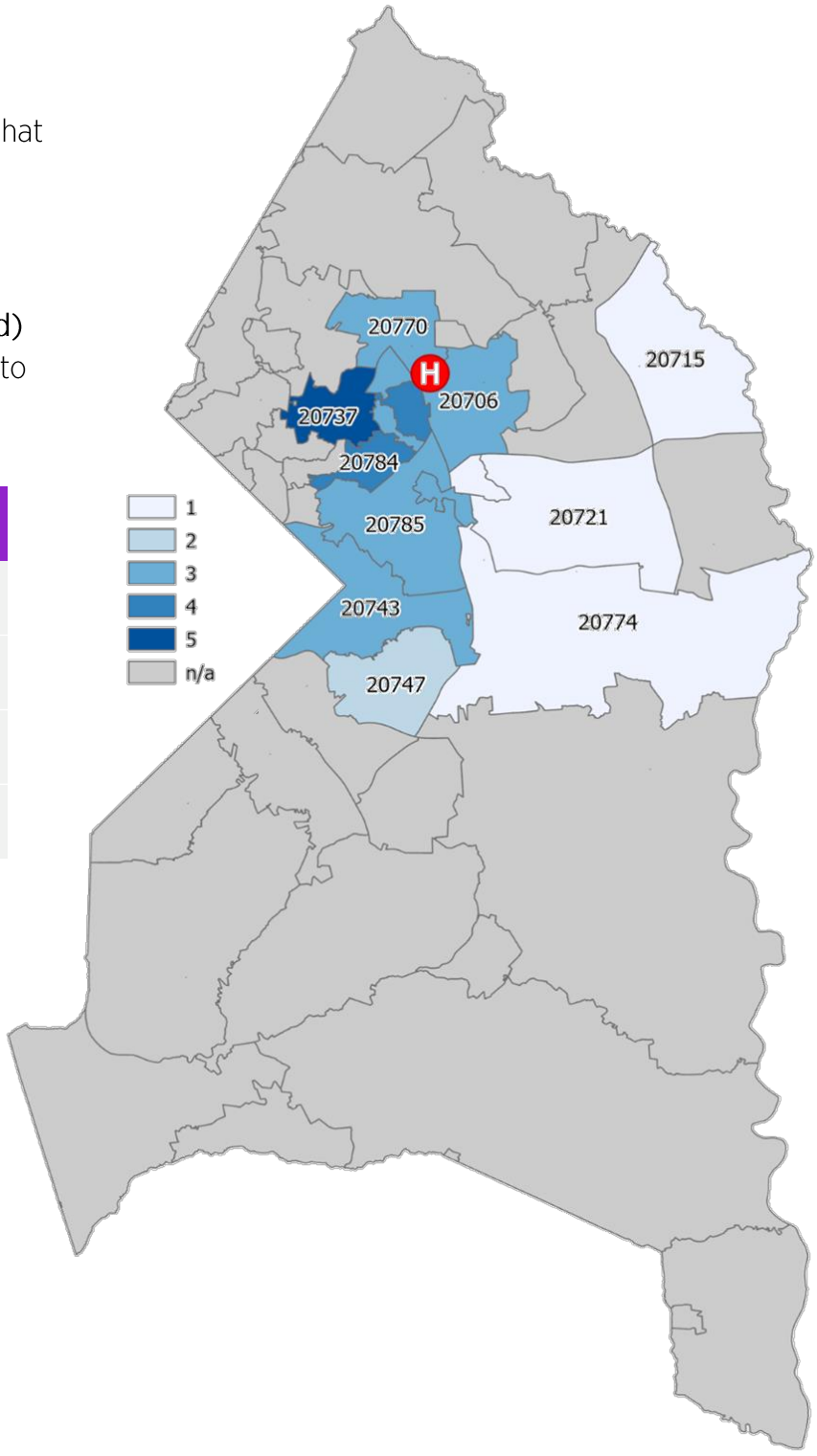
Data Source: www.pgchealthzone.org

HEALTH EQUITY INDEX

The Health Equity Index is a measure of socioeconomic needs that are correlated with poor health outcomes.

The selected zip codes **are ranked from 1 (low need) to 5 (high need)** based on their index value relative to similar locations within the region:

Rank	Percent of Zip Codes
1	30%
2	10%
3	40%
4	10%



Data Source: www.pgchealthzone.org

TOP 10 INPATIENT DIAGNOSES

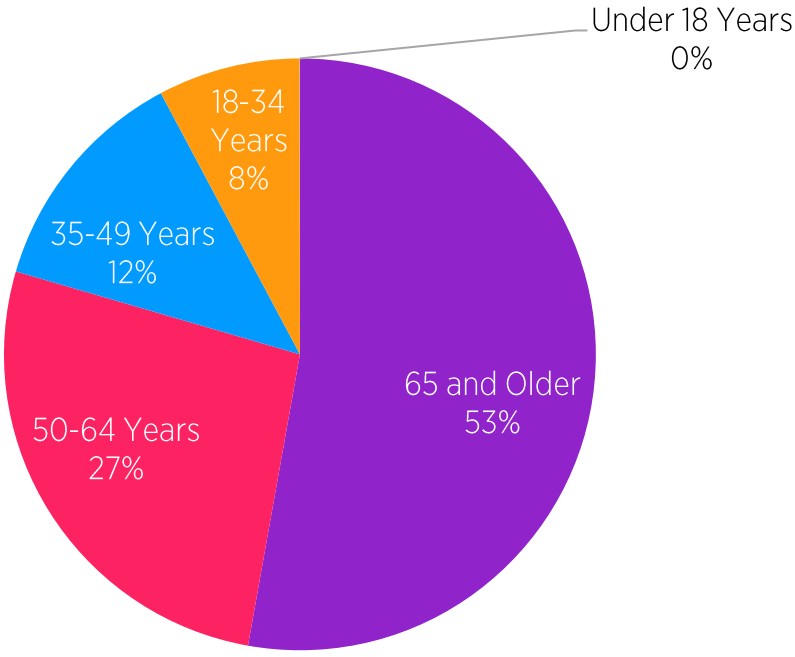
DIAGNOSTIC CAUSE	Percent (%)
Diseases of the circulatory system	18%
Infectious and parasitic diseases	14%
Diseases of the digestive system	12%
Diseases of the respiratory system	9%
Endocrine; nutritional; and metabolic diseases and immunity disorders	7%
Injury and poisoning	7%
Diseases of the genitourinary system	6%
Diseases of the musculoskeletal system and connective tissue	5%
COVID-19 (U07.1 ICD-10-CM)	4%
Neoplasms	4%

Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

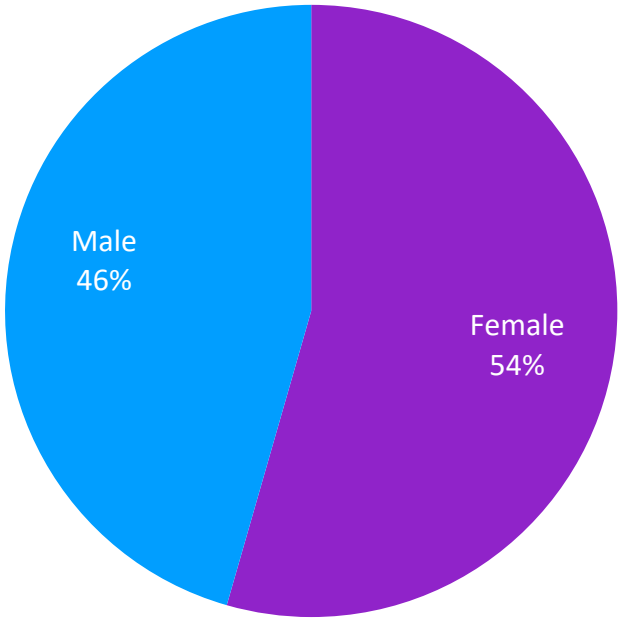
DEMOGRAPHICS: INPATIENT DIAGNOSES

Inpatient diagnoses, with older age groups have higher percentages of inpatient diagnoses. While only making up **14.7%** of the population in the service area, individuals aged 65+ make up 53% of inpatient diagnoses. Individuals under the age of 18 make up **23.3%** of the population in the service area, but only **8%** of inpatient diagnoses.

INPATIENT DIAGNOSIS BY AGE GROUP

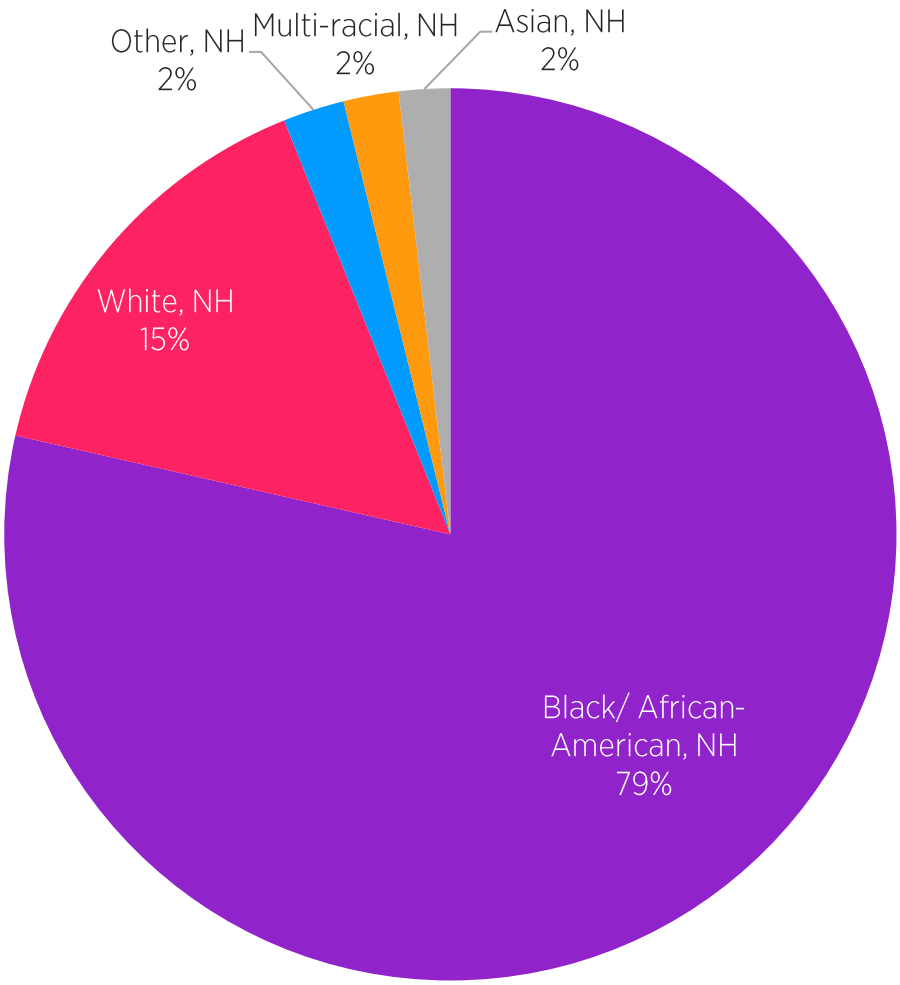


INPATIENT BY DIAGNOSES BY GENDER



Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

INPATIENT DIAGNOSES BY RACE AND ETHNICITY



Data Source: www.pgchealthzone.org; Health Services Cost Review Commission 2022, Inpatient Discharges

Black or African American individuals make up the majority of inpatient diagnoses, with 79%. This is disproportionately higher than the percentage of the Black or African American population in the service area. While Black or African Americans make up 79% of inpatient diagnoses, they are only 65.25% of the population in the service area.

TOP TEN EMERGENCY DEPARTMENT DIAGNOSES

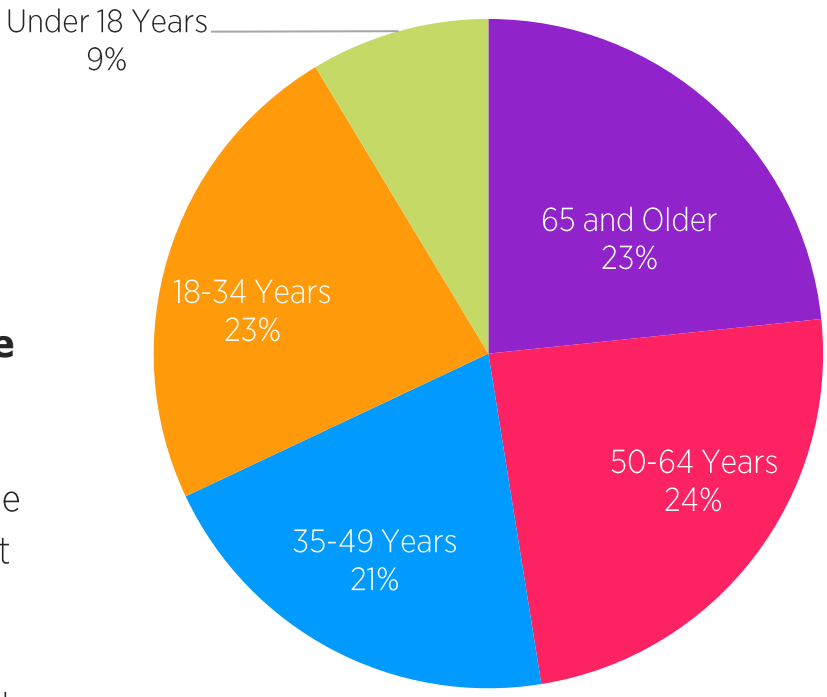
DIAGNOSES	Percent (%)
Injury and poisoning	16%
Diseases of the circulatory system	12%
Symptoms; signs; and ill-defined conditions and factors influencing health status	7%
Diseases of the respiratory system	7%
Diseases of the musculoskeletal system and connective tissue	7%
Diseases of the digestive system	7%
Diseases of the genitourinary system	5%
Diseases of the nervous system and sense organs	4%
Endocrine; nutritional; and metabolic diseases and immunity disorders	4%
Diseases of the skin and subcutaneous tissue	4%

Data Source: www.pgchealthzone.org; Health Services Cost Review Commission 2022, ED Discharges

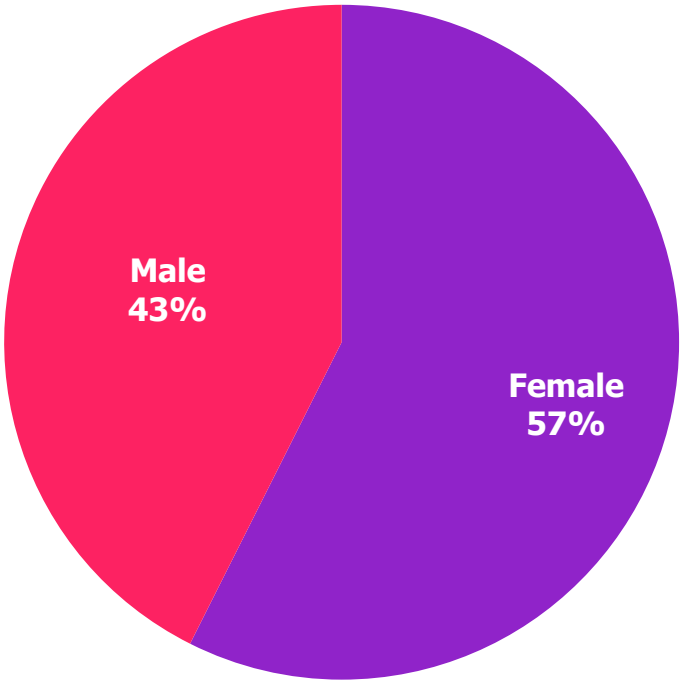
DEMOGRAPHICS: EMERGENCY DEPARTMENT VISITS

Individuals under the age of 18 make up **23.3%** of the population in the service area, but only **9%** of emergency department visits.

ED VISITS BY AGE GROUP

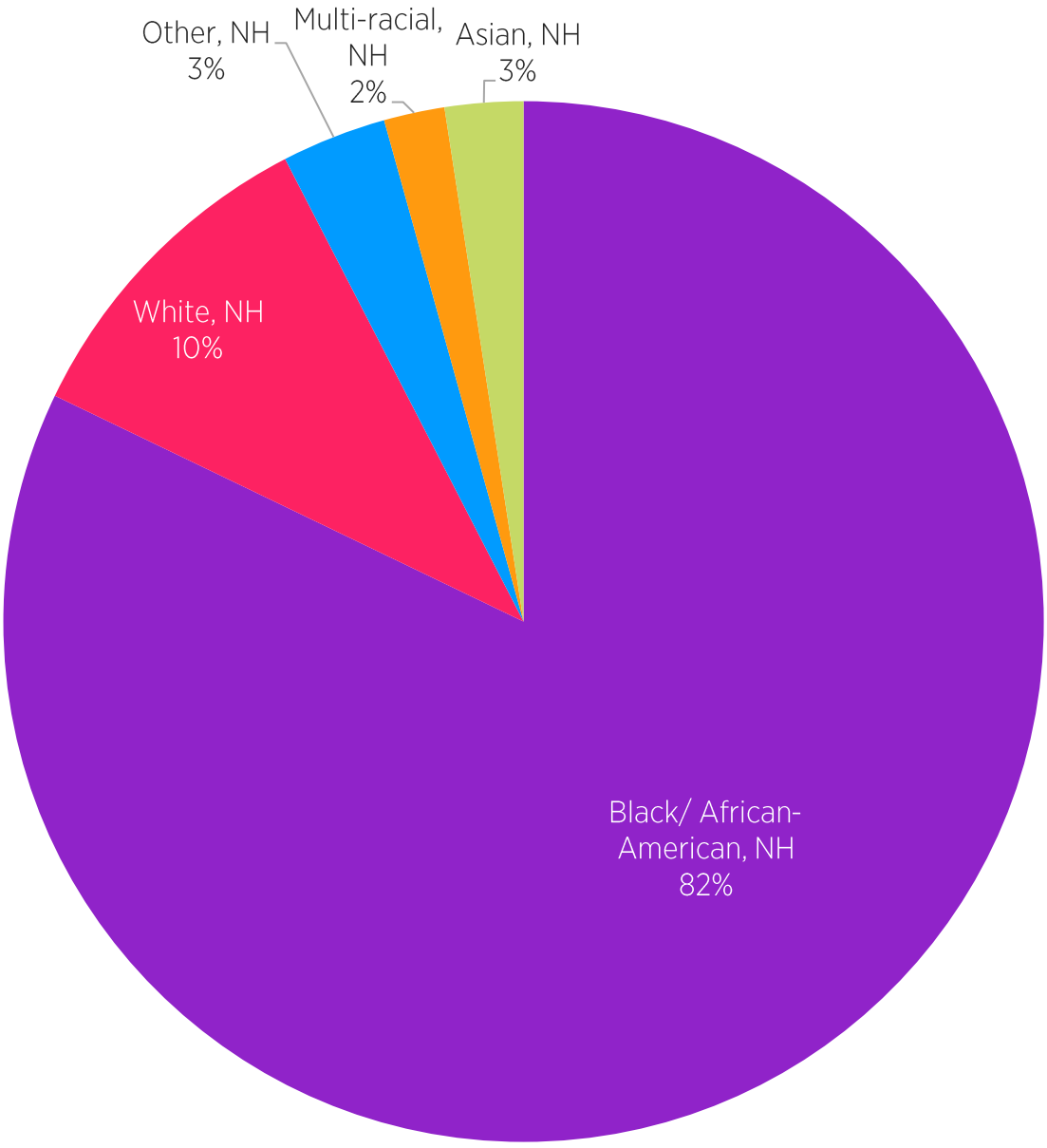


ED VISITS BY GENDER



Data Source: www.pgchealthzone.org; Health Services Cost Review Commission 2022, ED Discharges

EMERGENCY DEPARTMENT VISITS BY RACE & ETHNICITY

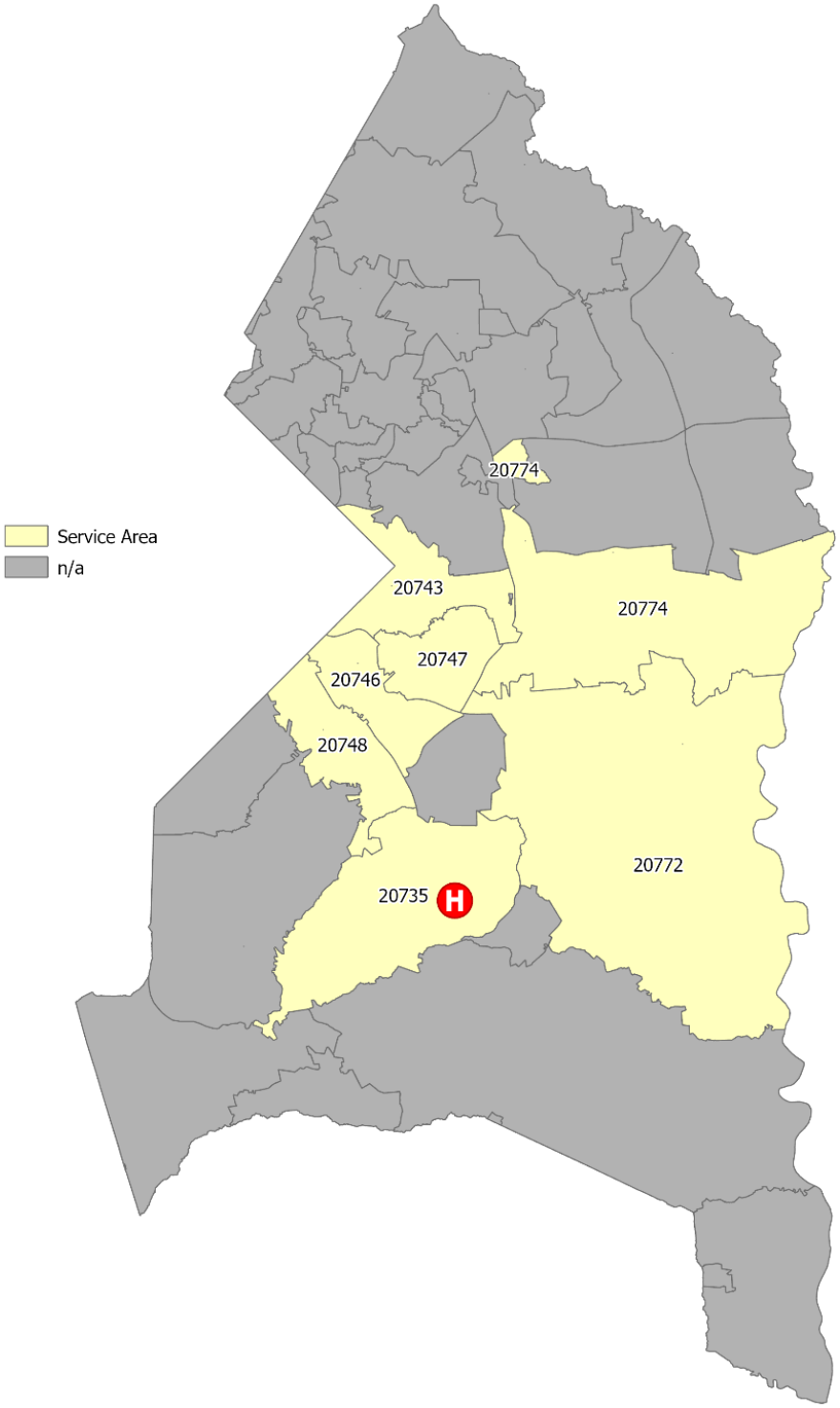


Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER

MedStar Southern Maryland Hospital Center is located in Clinton (20735). There are 7 zip codes in Prince George's County that comprise the service area of MedStar Southern Maryland Hospital Center. The zip codes shown here represent the Primary Service Area (PSA). The PSA zip codes are defined based on patient residence data, analyzing where most of the patients live who use the facility services. The PSA zip codes shown here in no way represent the geographical reach of this health care facility.

There are roughly 287,000 residents in the service area, which makes up approximately 30.3% of the residents in the County. Five out of seven zip codes in the service area saw an increase in population size (2019 – 2023).



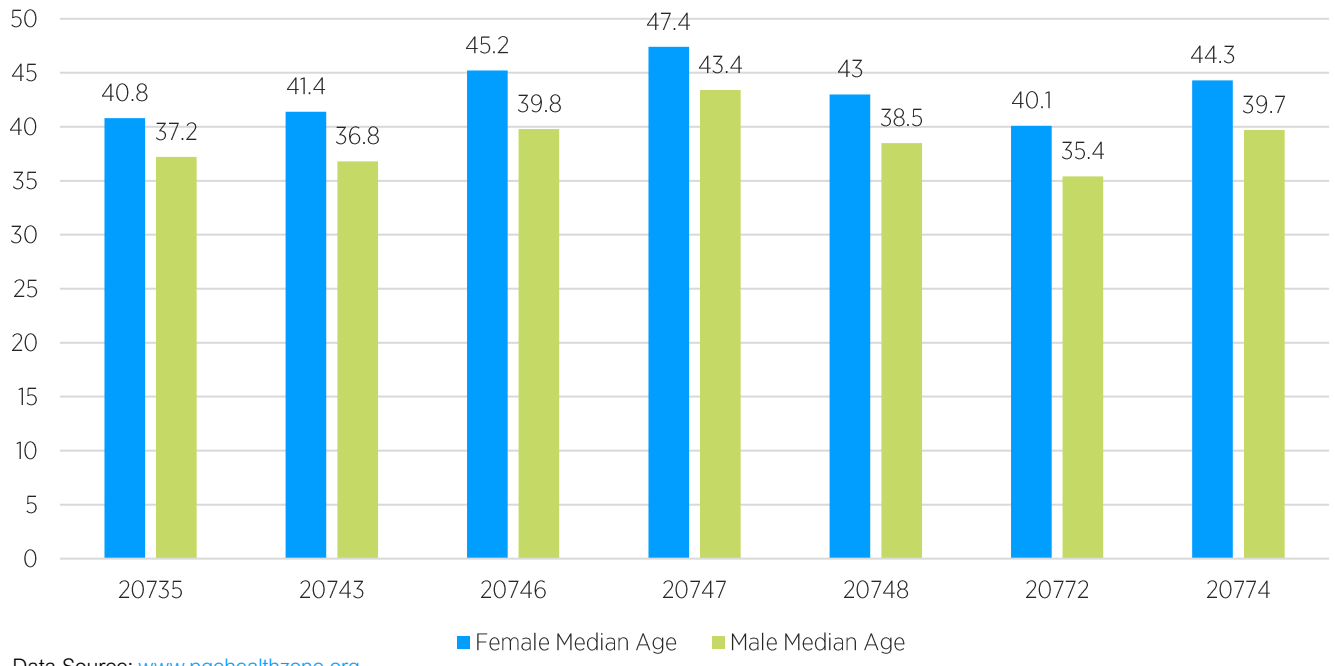
Data Source: MedStar Southern Maryland Hospital Center

TABLE OF SERVICE AREA ZIP CODES

Zip Code	Name	Percent of Inpatient Visits
20735	Clinton	14%
20743	Capitol Heights	3%
20746	Suitland	6%
20747	District Heights	7%
20748	Temple Hills	9%
20772	Upper Marlboro	7%
20774	Upper Marlboro	2%

Data Source: www.pgchealthzone.org; Health Services Cost Review Commission 2022, Inpatient Discharges

MEDIAN AGE BY SEX AND ZIP CODE



Data Source: www.pgchealthzone.org

HOSPITAL PARTNER PROFILES
MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTER

POPULATION ESTIMATES

Zip Code	Name	Population Estimate	Population <18 Years	Population 65+
20735	Clinton	37,926	6,956 (18.34%)	7,331 (19.33%)
20743	Capitol Heights	39,439	8,711 (22.09%)	6,377 (16.17%)
20746	Suitland	27,494	4,472 (16.27%)	3,884 (14.13%)
20747	District Heights	37,924	8,202 (21.63%)	5,585 (14.73%)
20748	Temple Hills	40,094	8,092 (20.18%)	6,817 (17.00%)
20772	Upper Marlboro	52,768	10,772 (20.41%)	7,737 (14.66%)
20774	Upper Marlboro	52,221	10,509 (20.12%)	8,444 (16.17%)

RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE

Zip Code	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	2+ Races	Hispanic/ Latino	Non-Hispanic/ Latino
20735	8.30%	76.83%	0.57%	2.19%	--	4.99%	9.58%	90.42%
20743	5.07%	79.69%	0.39%	1.04%	--	4.34%	15.57%	84.43%
20746	5.82%	85.74%	0.08%	0.99%	--	4.72%	4.74%	95.26%
20747	2.14%	86.65%	0.77%	0.76%	0.30%	5.32%	7.48%	92.52%
20748	6.83%	81.25%	0.11%	1.19%	--	4.35%	10.73%	89.27%
20772	10.75%	77.87%	0.31%	1.17%	0.14%	4.63%	6.74%	93.26%
20774	4.86%	86.38%	0.12%	1.79%	--	4.97%	4.04%	95.96%

Data Source: www.pgchealthzone.org

CHANGE IN RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE

Zip Code	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	2+ Races	Hispanic/ Latino	Non-Hispanic/ Latino
20735	-9.13%	-7.51%	27.98%	-20.99%	-100.00%	200.16%	46.04%	-4.03%
20743	12.56%	-3.54%	-42.11%	37.71%	--	137.17%	69.03%	-2.79%
20746	-21.77%	5.88%	-70.83%	-47.68%	--	153.32%	-42.42%	5.70%
20747	-43.91%	-9.58%	651.28%	-17.24%	1514.29%	206.07%	9.71%	-7.42%
20748	33.59%	-2.49%	-63.03%	88.58%	-100.00%	73.53%	50.81%	-0.72%
20772	-0.84%	13.91%	191.07%	8.45%	8.82%	65.99%	37.65%	15.15%
20774	-4.26%	8.59%	-9.72%	-0.53%	--	119.83%	23.55%	10.24%

Data Source: www.pgchealthzone.org

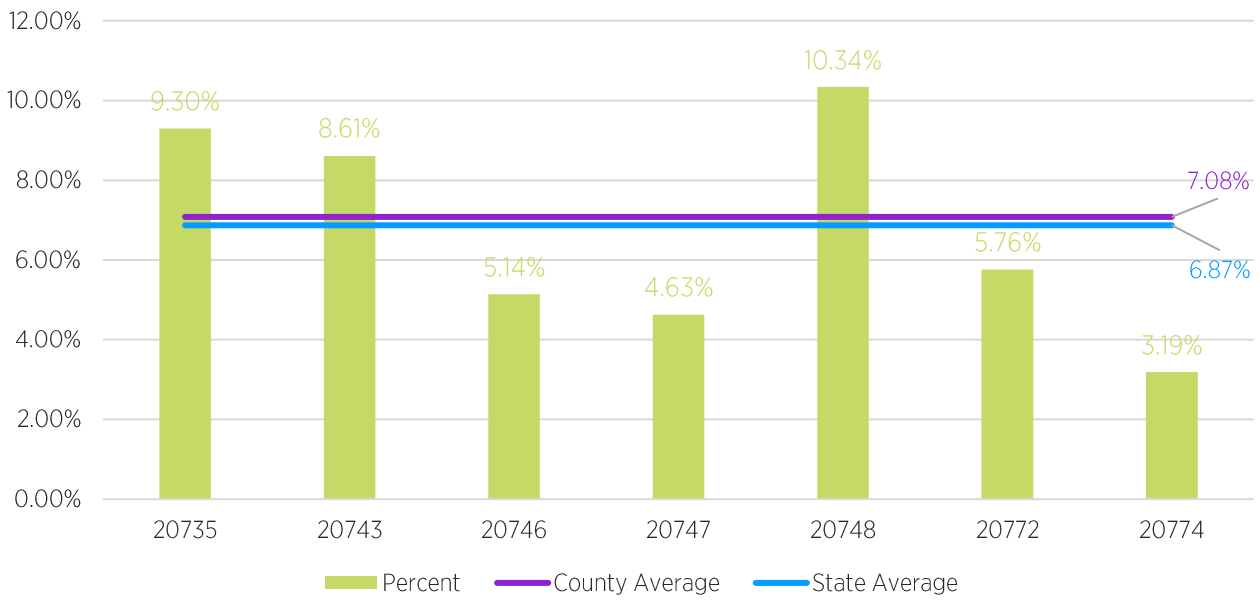
Greater than 100%, Indicates a large percent change due to a small numeric population size

PERCENT CHANGE IN POPULATION BY ZIP CODE (2019 – 2023)

Zip Code	Name	Percent Change in Population
20735	Clinton	-0.78%
20743	Capitol Heights	3.93%
20746	Suitland	1.65%
20747	District Heights	-6.75%
20748	Temple Hills	2.97%
20772	Upper Marlboro	14.11%
20774	Upper Marlboro	9.68%

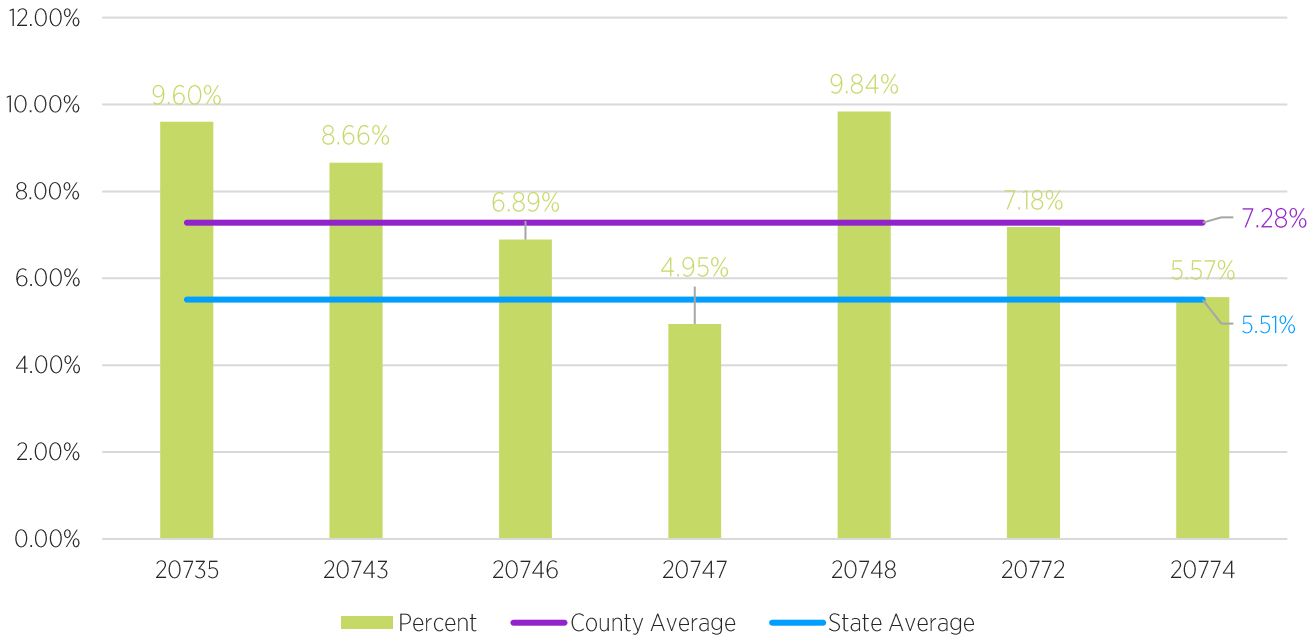
Data Source: www.pgchealthzone.org

PERCENT OF FAMILIES LIVING BELOW THE POVERTY LINE BY ZIP CODE



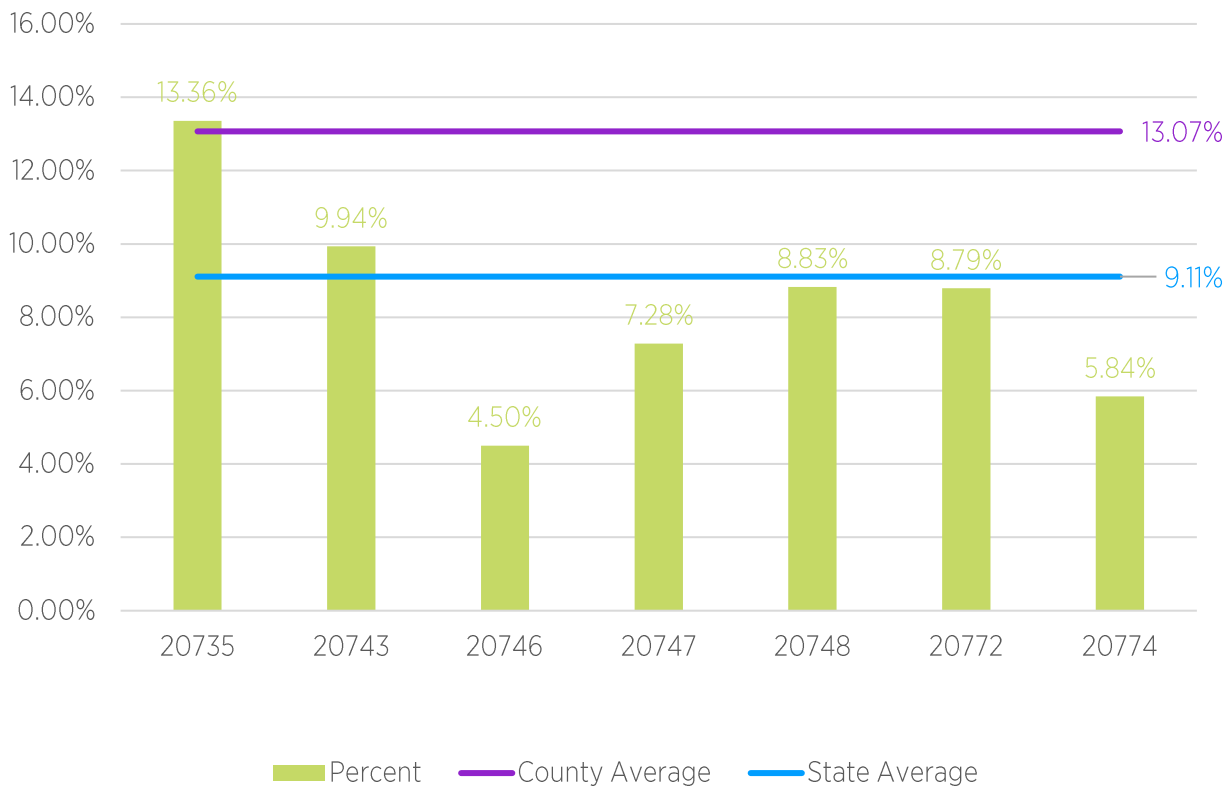
Data Source: www.pgchealthzone.org

UNEMPLOYMENT RATE BY ZIP CODE



Data Source: www.pgchealthzone.org

PERCENT OF RESIDENTS AGED 25+ WITH LESS THAN A HIGH SCHOOL DIPLOMA



Data Source: www.pgchealthzone.org

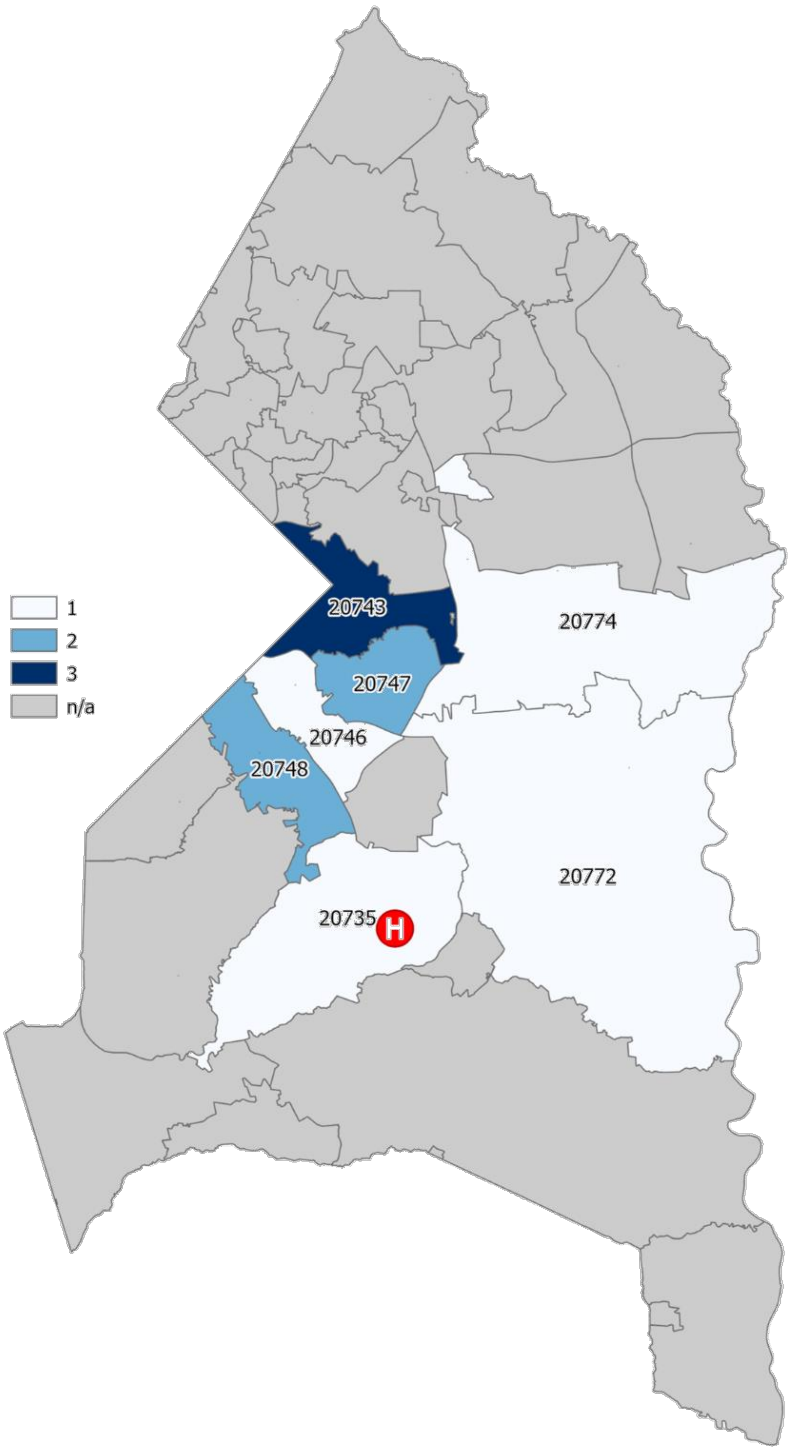
Capitol Heights is the only zip code in the service area that has higher percentages of families living below the poverty line, unemployment, and residents aged 25+ without a high school diploma than both the state and County average.

HEALTH EQUITY INDEX

The Health Equity Index is a measure of socioeconomic needs that are correlated with poor health outcomes.

The selected zip codes are ranked from 1 (low need) to 5 (high need) based on their index value relative to similar locations within the region:

Rank	Percent of Zip Codes
1	30%
2	10%
3	40%
4	10%
5	10%



Data Source: www.pgchealthzone.org

TOP 10 INPATIENT DIAGNOSES

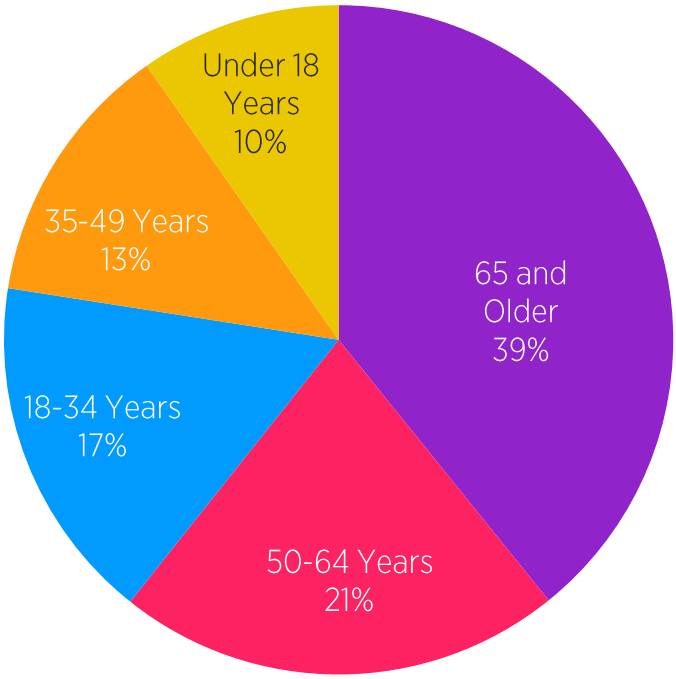
DIAGNOSTIC CAUSE	Percent (%)
Diseases of the circulatory system	20%
Infectious and parasitic diseases	11%
Complications of pregnancy; childbirth; and the puerperium	10%
Certain conditions originating in the perinatal period	10%
Mental Illness	8%
Diseases of the digestive system	7%
Diseases of the respiratory system	6%
Injury and poisoning	5%
Endocrine; nutritional; and metabolic diseases and immunity disorders	4%
Diseases of the genitourinary system	4%

Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

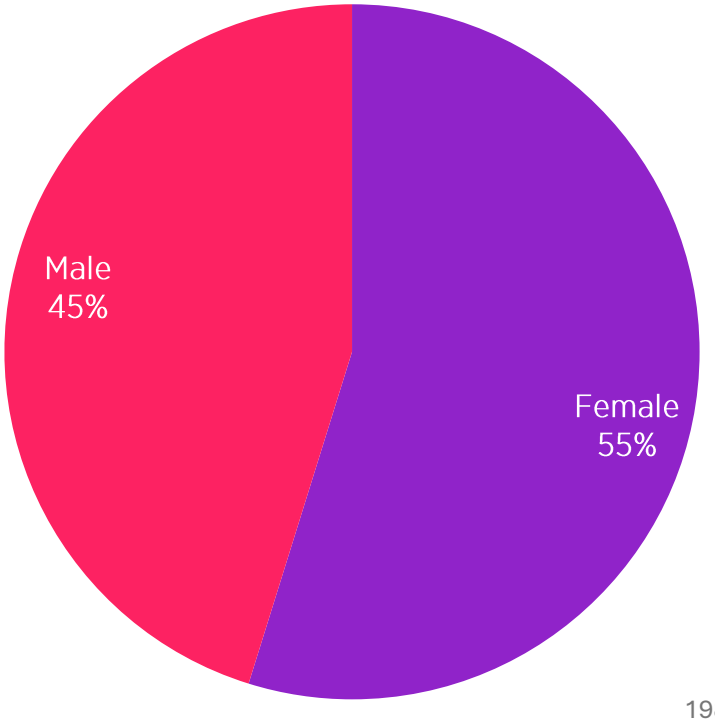
DEMOGRAPHICS: INPATIENT DIAGNOSES

While only making up **20%** of the population in the service area, individuals aged 65 and older make up **39%** of inpatient diagnoses.

Inpatient Diagnoses by Age Group

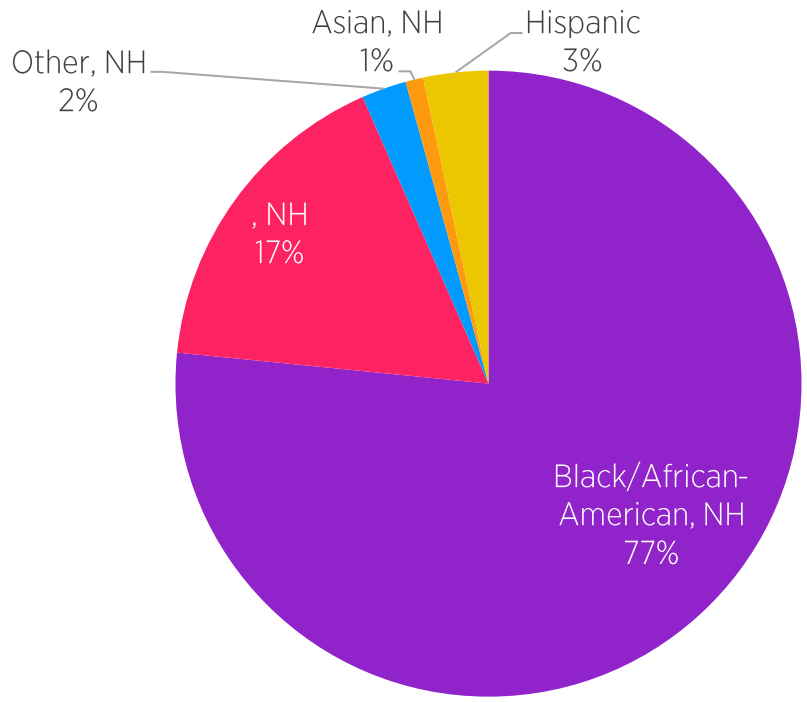


Inpatient Diagnoses by Gender



Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

INPATIENT DIAGNOSES BY RACE AND ETHNICITY



Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

TOP 10 EMERGENCY DEPARTMENT DIAGNOSES

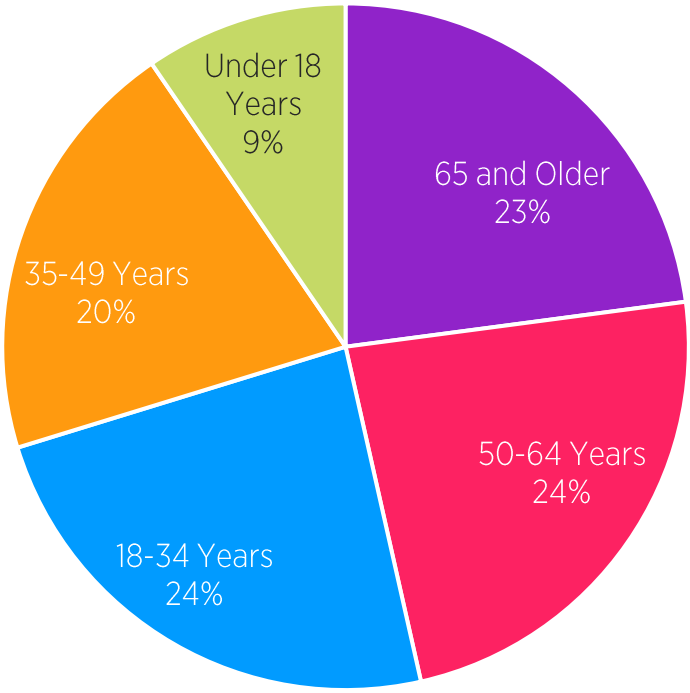
DIAGNOSES	PERCENT
Diseases of the circulatory system	12%
Injury and poisoning	12%
Diseases of the musculoskeletal system and connective tissue	8%
Diseases of the respiratory system	8%
Diseases of the digestive system	7%
Complications of pregnancy; childbirth; and the puerperium	6%
Diseases of the genitourinary system	5%
Diseases of the nervous system and sense organs	5%
Residual codes; unclassified; all E codes [259. and 260.]	4%
COVID-19 (U071)	3%

Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

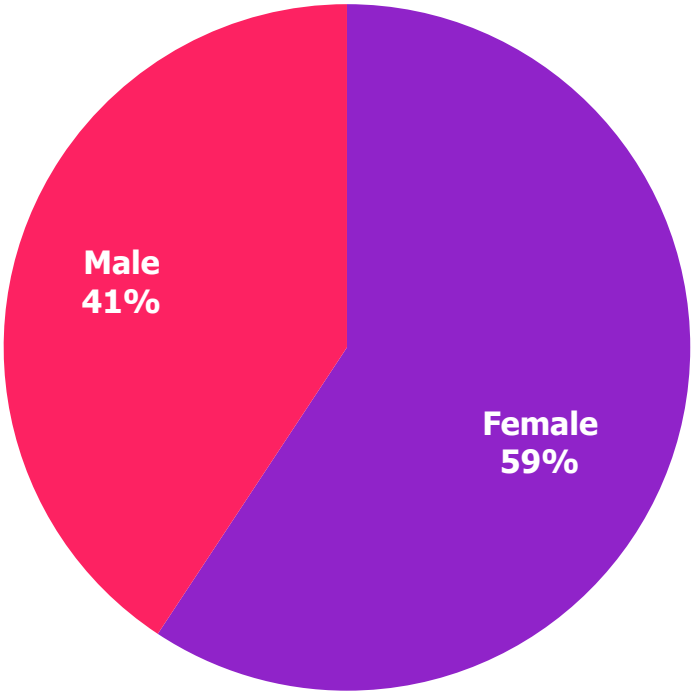
DEMOGRAPHICS: EMERGENCY DEPARTMENT VISITS

Under the age of 18 makes up 20% of the population in the service area, but only **9%** of inpatient diagnoses.

Inpatient Diagnoses by Age Group

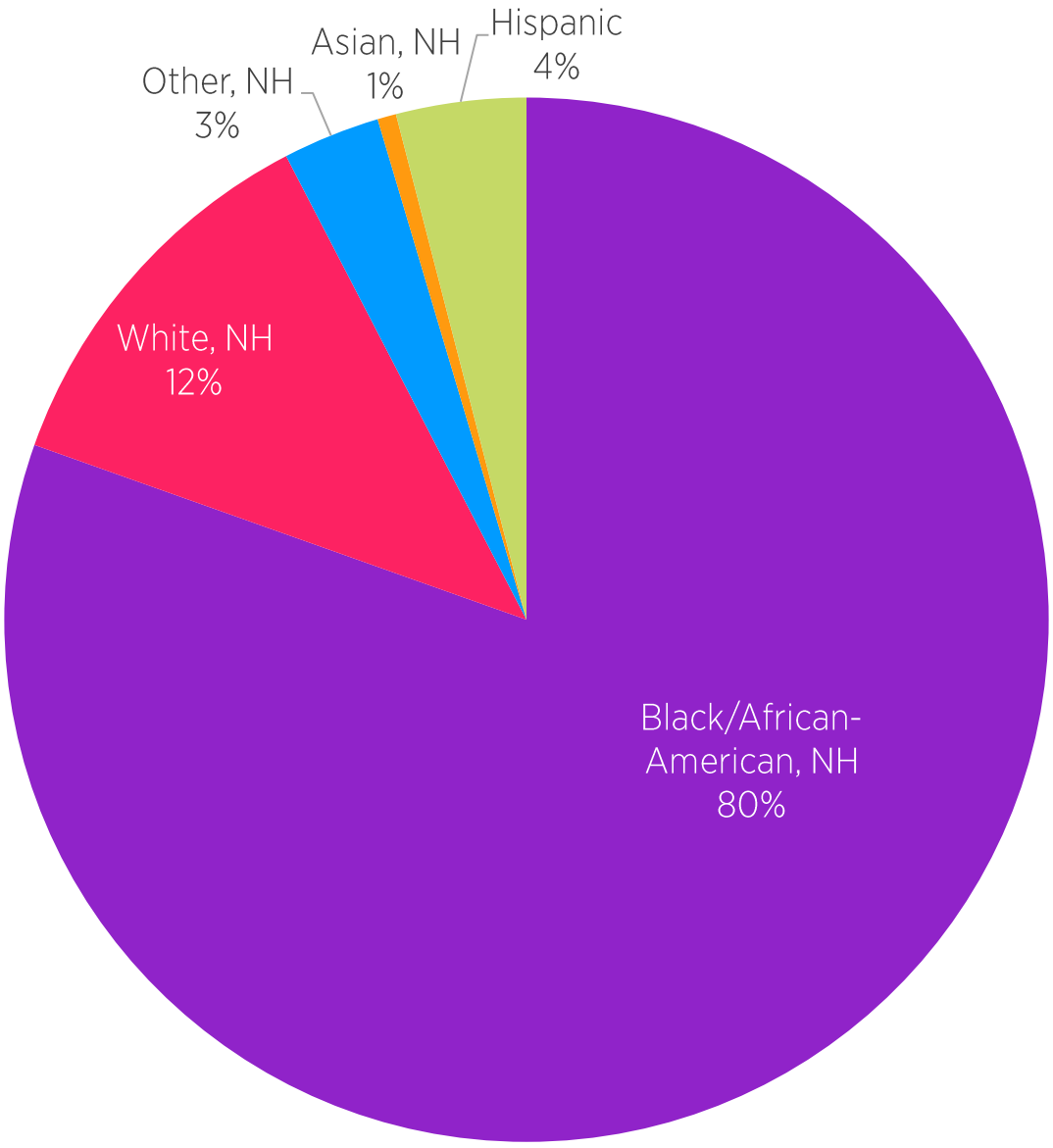


Inpatient Diagnoses by Gender



Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

EMERGENCY DEPARTMENT VISITS BY RACE & ETHNICITY

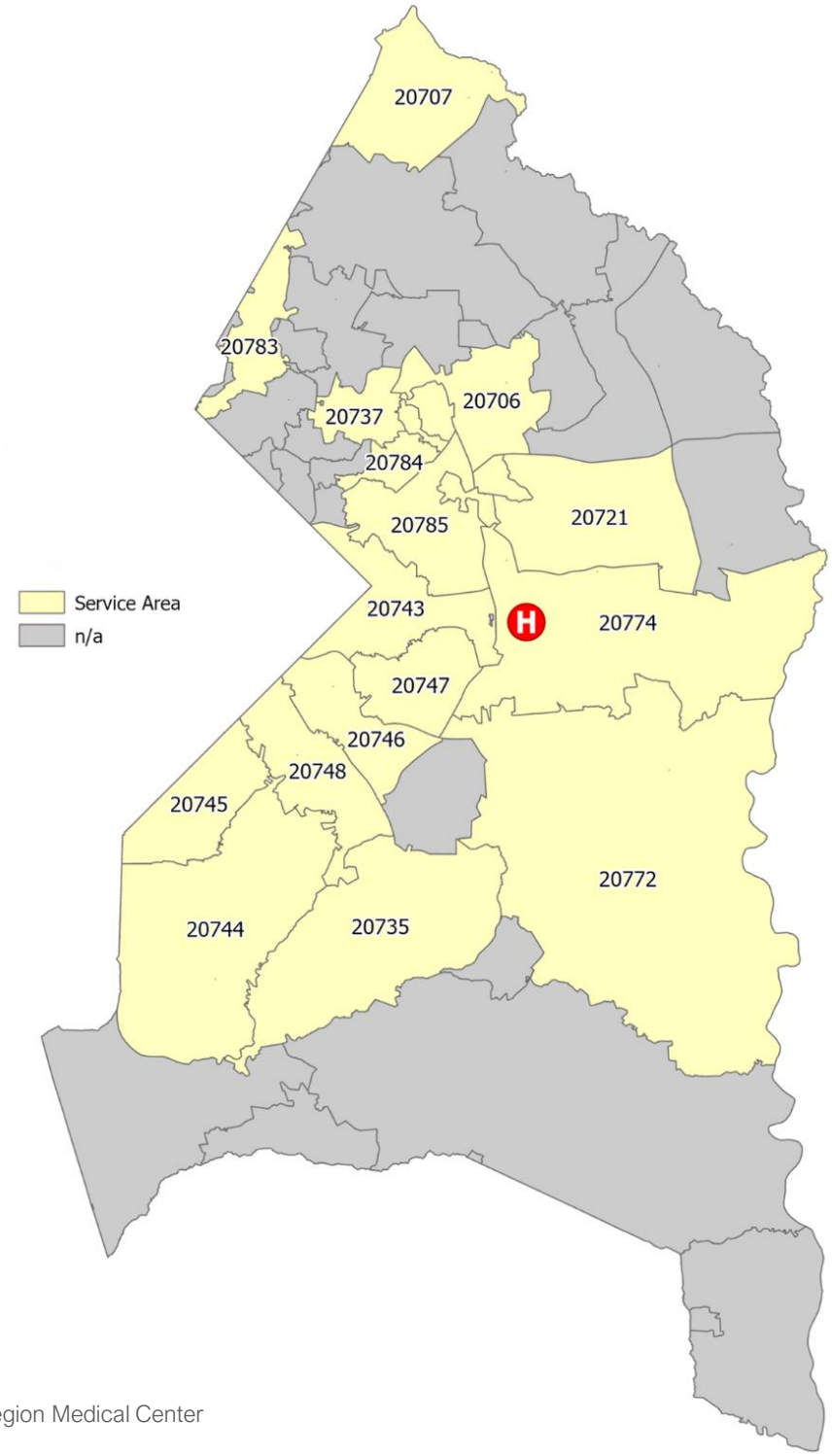


Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

UNIVERSITY OF MARYLAND CAPITAL REGION MEDICAL CENTER

University of Maryland Capital Region Medical Center is located in Upper Marlboro (20774). There are 16 zip codes in Prince George's County that comprise the service area of the University of Maryland Capital Region Medical Center. The zip codes shown here represent the Primary Service Area (PSA). The PSA zip codes are defined based on patient residence data, analyzing where most of the patients live who use the facility services. The PSA zip codes shown here in no way represent the geographical reach of this health care facility.

There are roughly 632,000 residents in the service area, which makes up approximately 66.8% of the residents of the County. 13 out of 16 zip codes in the service area saw an increase in population size (2019 – 2023).



Data Source: University of Maryland Capital Region Medical Center

TABLE OF SERVICE AREA ZIP CODES

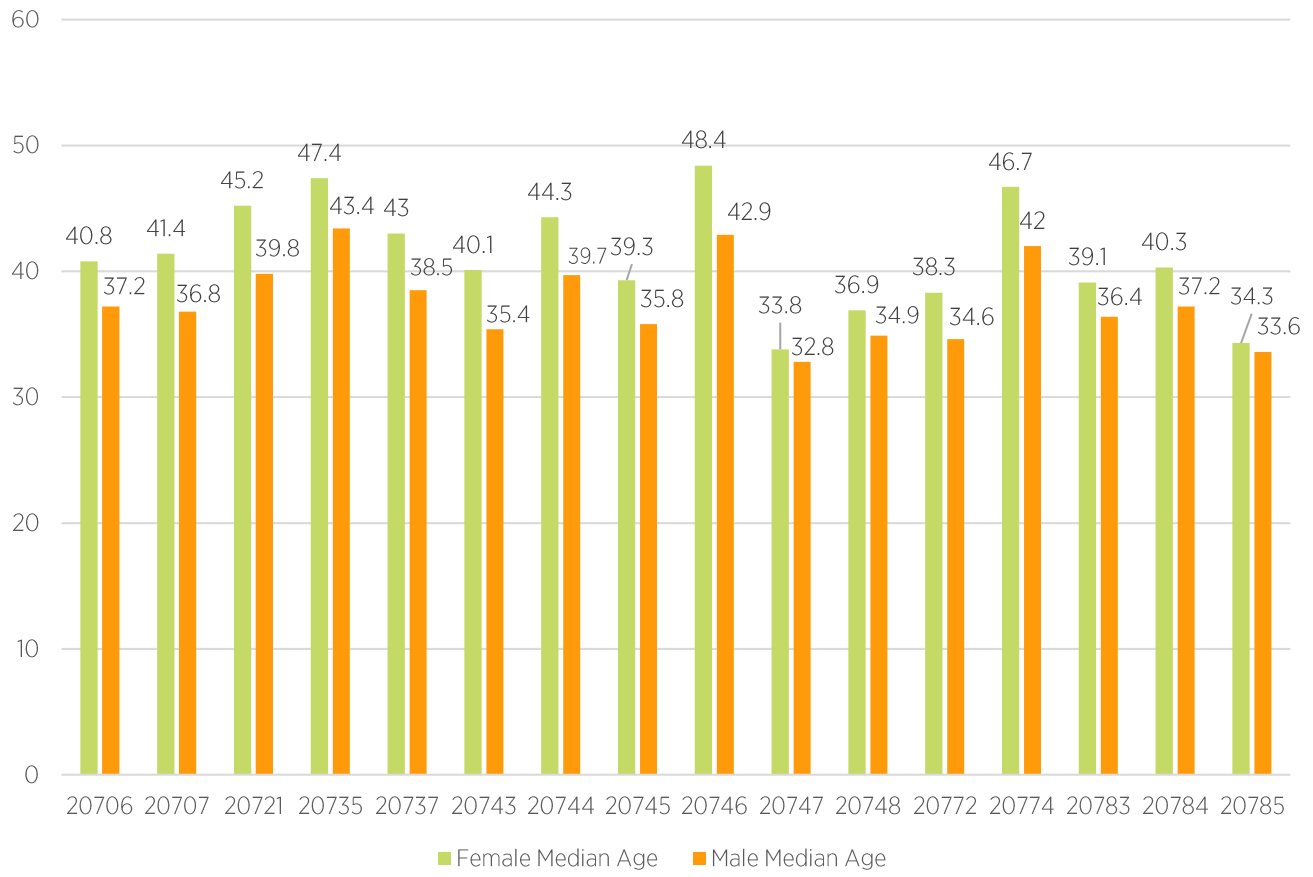
Zip Code	Name	Percent of Inpatient Visits
20706	Lanham	5%
20707	Laurel	Less than 1%
20721	Bowie	4%
20735	Clinton	2%
20737	Riverdale	Less than 1%
20743	Capitol Heights	9%
20744	Fort Washington	2%
20745	Oxon Hill	2%

Data Source: www.pgchealthzone.org; Health Services Cost Review Commission 2022, Inpatient Discharges

Zip Code	Name	Percent of Inpatient Visits
20746	Suitland	3%
20747	District Heights	6%
20748	Temple Hills	3%
20772	Upper Marlboro	4%
20774	Upper Marlboro	8%
20783	Hyattsville	Less than 1%
20784	Hyattsville	Less than 1%
20785	Hyattsville	Less than 1%

Data Source: www.pgchealthzone.org; Health Services Cost Review Commission 2022, Inpatient Discharges

MEDIAN AGE BY SEX AND ZIP CODE



Data Source: www.pgchealthzone.org

Overall, the zip codes in the service are slightly older for both male and female when compared to the rest of the County. Bowie, Clinton, and Fort Washington have the oldest median age.

POPULATION ESTIMATES

Zip Code	Name	Population Estimate	Population <18 Years	Population 65+
20706	Lanham	43,225	11,090 (25.66%)	6,333 (14.65%)
20707	Laurel	36,549	8,236 (22.53%)	5,003 (13.69%)
20721	Bowie	30,342	5,346 (17.62%)	6,546 (21.57%)
20735	Clinton	37,926	6,956 (18.34%)	7,331 (19.33%)
20737	Riverdale	24,987	7,526 (30.12%)	1,923 (7.70%)
20743	Capitol Heights	39,439	8,711 (22.09%)	6,377 (16.17%)
20744	Fort Washington	56,236	11,377 (20.23%)	11,354 (20.19%)
20745	Oxon Hill	29,518	6,474 (21.93%)	4,538 (15.37%)

Data Source: www.pgchealthzone.org

Zip Code	Name	Population Estimate	Population <18 Years	Population 65+
20746	Suitland	27,494	4,472 (16.27%)	3,884 (14.13%)
20747	District Heights	37,924	8,202 (21.63%)	5,585 (14.73%)
20748	Temple Hills	40,094	8,092 (20.18%)	6,817 (17.00%)
20772	Upper Marlboro	52,768	10,772 (20.41%)	7,737 (14.66%)
20774	Upper Marlboro	52,221	10,509 (20.12%)	8,444 (16.17%)
20783	Hyattsville	50,893	14,830 (29.14%)	4,733 (9.30%)
20784	Hyattsville	32,271	8,649 (26.80%)	3,643 (11.29%)
20785	Hyattsville	40,946	10,767 (26.30%)	5,444 (13.30%)

Data Source: www.pgchealthzone.org

The overall percentage of the population of individuals aged 65+ in the service area is consistent with the percentage of 65+ within the County (~15%). **Seven of the zip codes in the service have populations of 65+ that is higher than average** for both the service area and the County.

RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE

Zip Code	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	2+ Races	Hispanic/ Latino	Non-Hispanic/ Latino
20706	8.09%	59.05%	0.85%	5.10%	0.05%	9.73%	25.57%	74.43%
20707	19.14%	47.05%	1.73%	10.46%	--	10.91%	19.76%	80.24%
20721	6.32%	85.75%	0.32%	1.66%	--	4.75%	3.90%	96.10%
20735	8.30%	76.83%	0.57%	2.19%	--	4.99%	9.58%	90.42%
20737	18.00%	23.05%	1.74%	3.45%	--	7.82%	61.17%	38.83%
20743	5.07%	79.69%	0.39%	1.04%	--	4.34%	15.57%	84.43%
20744	9.71%	62.80%	0.80%	4.53%	--	6.91%	21.05%	78.95%
20745	8.56%	56.23%	1.44%	4.10%	0.08%	5.67%	30.39%	69.61%

Zip Code	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	2+ Races	Hispanic/ Latino	Non-Hispanic/ Latino
20746	5.82%	85.74%	0.08%	0.99%	0.00%	4.72%	4.74%	95.26%
20747	2.14%	86.65%	0.77%	0.76%	0.30%	5.32%	7.48%	92.52%
20748	6.83%	81.25%	0.11%	1.19%	0.00%	4.35%	10.73%	89.27%
20772	10.75%	77.87%	0.31%	1.17%	0.14%	4.63%	6.74%	93.26%
20774	4.86%	86.38%	0.12%	1.79%	0.00%	4.97%	4.04%	95.96%
20783	7.88%	22.29%	0.85%	2.97%	0.00%	8.60%	68.28%	31.72%
20784	8.55%	51.86%	0.83%	1.63%	0.00%	6.01%	39.99%	60.01%
20785	7.26%	71.66%	0.26%	3.08%	0.28%	5.86%	16.02%	83.98%

Data Source: www.pgchealthzone.org

13 of the zip codes in the service have a black or African American majority population. Both Riverdale (20737) and Hyattsville (20783) have majority Hispanic populations. Laurel (20707) is the only zip code in the service are with no racial or ethnic majority.

CHANGE IN RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE

Zip Code	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	2+ Races	Hispanic/ Latino	Non-Hispanic/ Latino
20706	-26.32%	-14.72%	2187.50%	43.84%	-27.59%	479.34%	16.03%	-5.78%
20707	-33.74%	12.32%	580.65%	35.20%	--	163.65%	40.68%	6.01%
20721	-15.43%	2.34%	106.38%	4.14%	--	38.56%	41.85%	0.91%
20735	-9.13%	-7.51%	27.98%	-20.99%	-100.00%	200.16%	46.04%	-4.03%
20737	-4.80%	-11.01%	0.93%	44.07%	--	141.23%	24.49%	-3.14%
20743	12.56%	-3.54%	-42.11%	37.71%	--	137.17%	69.03%	-2.79%
20744	7.54%	-8.19%	8.72%	-22.47%	-100.00%	112.46%	53.37%	-5.95%
20745	9.87%	-13.58%	160.74%	15.03%	-79.46%	190.80%	59.14%	-7.25%

Data Source: www.pgchealthzone.org

CHANGE IN RACE/ ETHNICITY DEMOGRAPHICS BY ZIP CODE

Zip Code	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	2+ Races	Hispanic/ Latino	Non-Hispanic/ Latino
20746	-21.77%	5.88%	-70.83%	-47.68%	--	153.32%	-42.42%	5.70%
20747	-43.91%	-9.58%	651.28%	-17.24%	1514.29%	206.07%	9.71%	-7.42%
20748	33.59%	-2.49%	-63.03%	88.58%	-100.00%	73.53%	50.81%	-0.72%
20772	-0.84%	13.91%	191.07%	8.45%	8.82%	65.99%	37.65%	15.15%
20774	-4.26%	8.59%	-9.72%	-0.53%	--	119.83%	23.55%	10.24%
20783	-13.08%	2.75%	185.43%	-17.42%	-100.00%	621.42%	17.32%	2.95%
20784	-36.62%	4.51%	368.42%	-7.24%	--	121.46%	14.34%	2.01%
20785	-38.44%	-0.38%	-56.79%	86.81%	533.33%	127.06%	27.98%	1.88%

Data Source: www.pgchealthzone.org

Greater than 100%, Indicates a large percent change due to a small numeric population size

Nearly half of the zip codes in the service area saw a decrease in their black or African American population. 15 of the 16 zip codes in the service saw increases in their Hispanic/ Latino Populations.

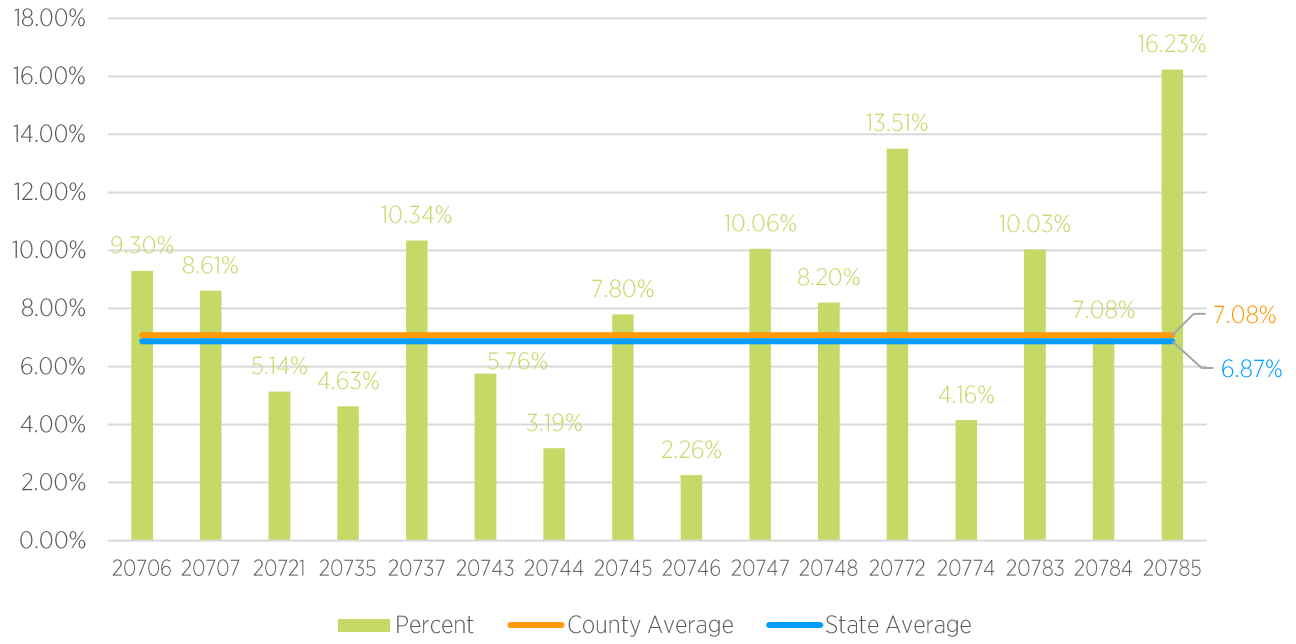
PERCENT CHANGE IN POPULATION BY ZIP CODE (2019 – 2023)

ZIP CODE	NAME	PERCENT CHANGE IN POPULATION
20706	Lanham	-1.02%
20707	Laurel	10.26%
20721	Bowie	2.02%
20735	Clinton	-0.78%
20737	Riverdale	10.77%
20743	Capitol Heights	3.93%
20744	Fort Washington	2.33%
20745	Oxon Hill	5.85%

ZIP CODE	NAME	PERCENT CHANGE IN POPULATION
20746	Suitland	1.65%
20747	District Heights	-6.75%
20748	Temple Hills	2.97%
20772	Upper Marlboro	14.11%
20774	Upper Marlboro	9.68%
20783	Hyattsville	10.99%
20784	Hyattsville	6.20%
20785	Hyattsville	5.05%

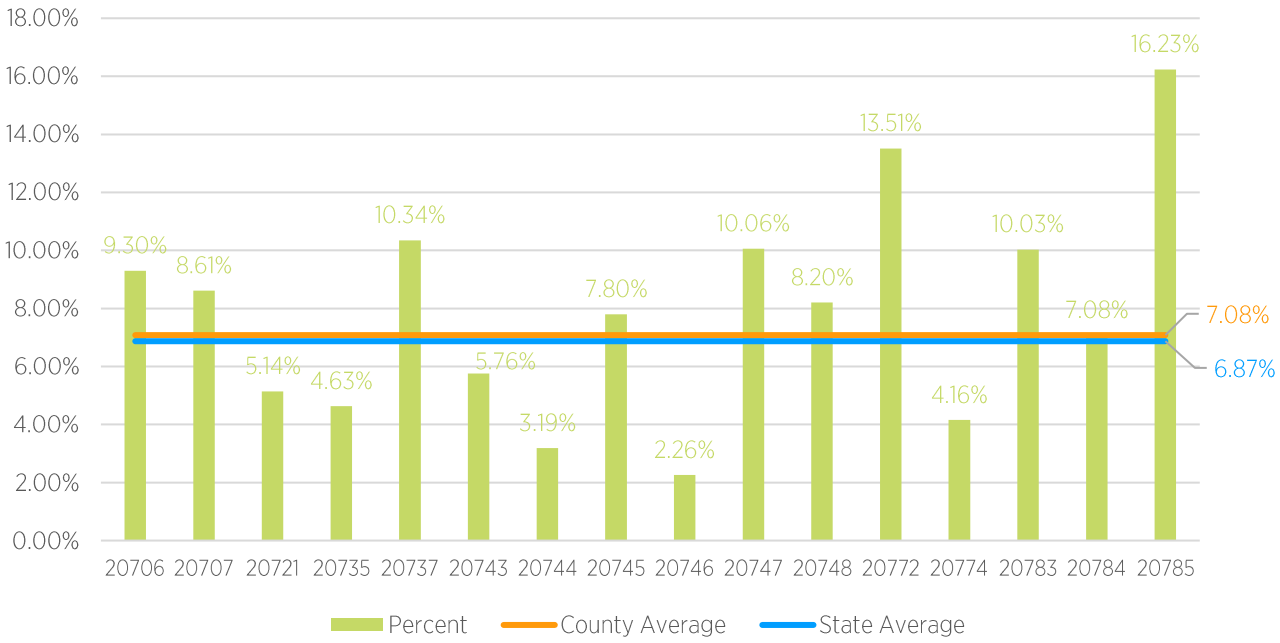
Data Source: www.pgchealthzone.org

PERCENT OF FAMILIES LIVING BELOW THE POVERTY LINE BY ZIP CODE



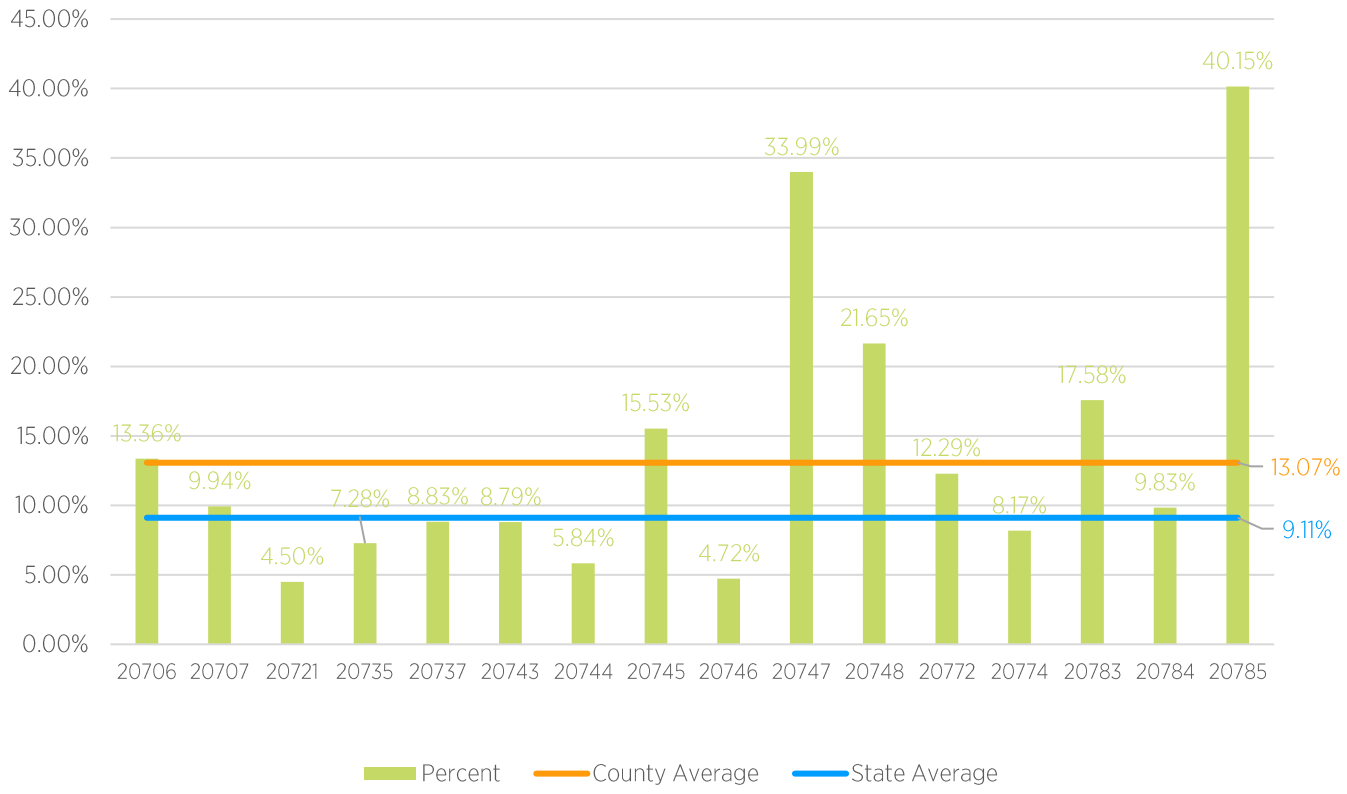
Data Source: www.pgchealthzone.org

UNEMPLOYMENT RATE BY ZIP CODE



Data Source: www.pgchealthzone.org

PERCENT OF RESIDENTS AGED 25+ WITH LESS THAN A HIGH SCHOOL DIPLOMA



Data Source: www.pgchealthzone.org

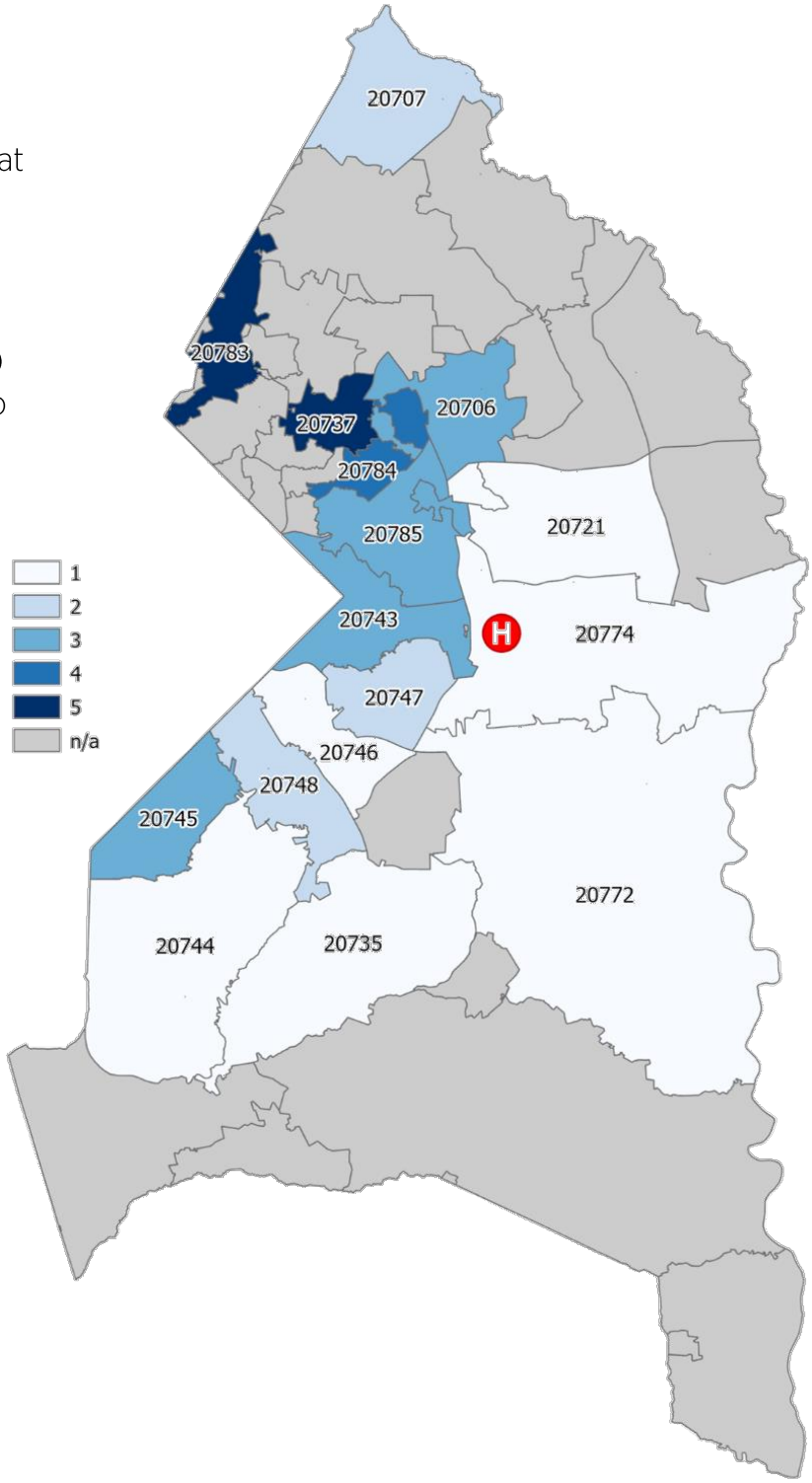
Both Riverdale (20737) and Hyattsville (20783) have vastly higher rates of residents with less than a high school diploma than the County and state average.

HEALTH EQUITY INDEX

The Health Equity Index is a measure of socioeconomic needs that are correlated with poor health outcomes.

The selected zip codes are ranked from 1 (low need) to 5 (high need) based on their index value relative to similar locations within the region:

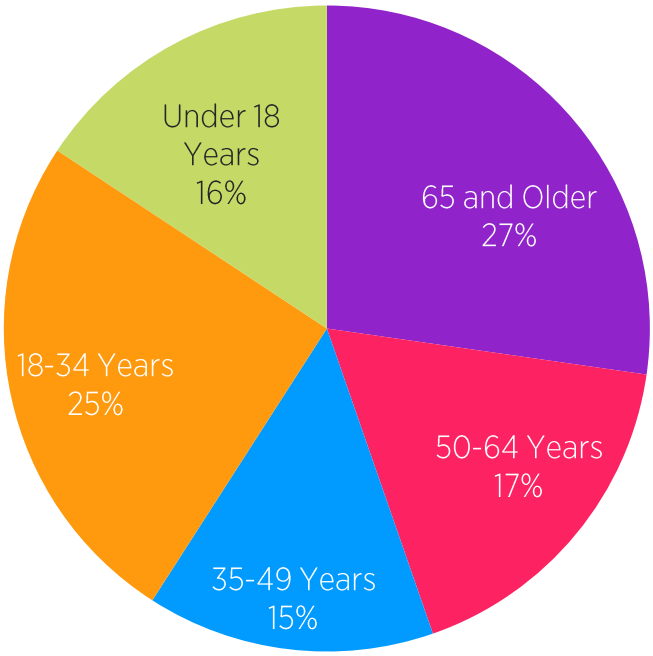
Rank	Percent of Zip Codes
1	37.50%
2	18.75%
3	25.00%
4	6.25%
5	12.50%



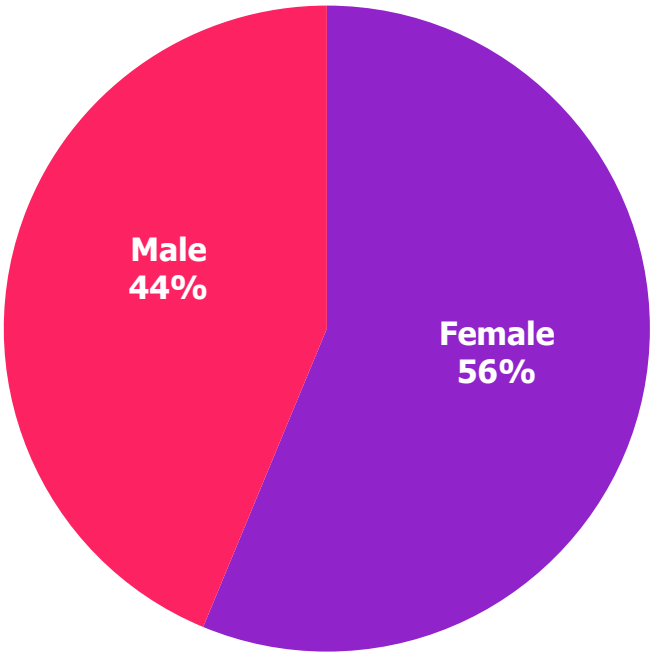
Data Source: www.pgchealthzone.org;

DEMOGRAPHICS: INPATIENT DIAGNOSES

INPATIENT DIAGNOSES BY AGE GROUP



INPATIENT DIAGNOSES BY GENDER



Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

TOP TEN INPATIENT DIAGNOSES

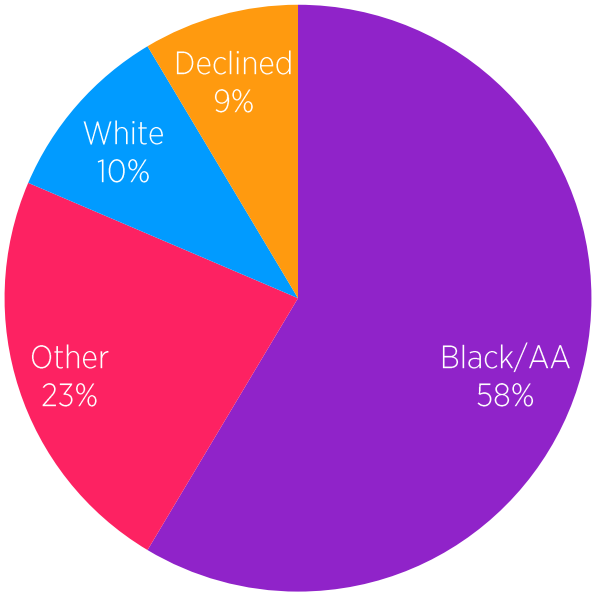
DIAGNOSTIC CAUSE	PERCENT (%)
Complications of pregnancy; childbirth; and the puerperium	16%
Certain conditions originating in the perinatal period	15%
Injury and poisoning	13%
Diseases of the circulatory system	12%
Mental Illness	12%
Infectious and parasitic diseases	6%
Diseases of the digestive system	5%
Diseases of the respiratory system	4%
Endocrine; nutritional; and metabolic diseases and immunity disorders	4%
Diseases of the genitourinary system	4%

Data Source: Health Services Cost Review Commission 2022, Inpatient Discharges

HOSPITAL PARTNER PROFILES

UNIVERSITY OF MARYLAND CAPITAL REGION MEDICAL CENTER

INPATIENT DIAGNOSES BY RACE AND ETHNICITY



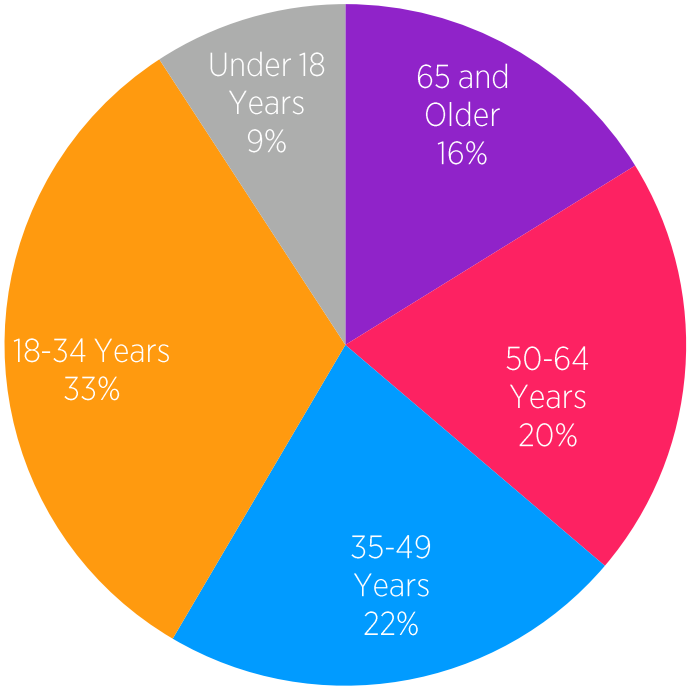
TOP 10 EMERGENCY DEPARTMENT DIAGNOSES

DIAGNOSES	PERCENT
Injury and poisoning	19%
Symptoms; signs; and ill-defined conditions and factors influencing health status	12%
Diseases of the circulatory system	11%
Diseases of the respiratory system	8%
Complications of pregnancy; childbirth; and the puerperium	7%
Diseases of the musculoskeletal system and connective tissue	7%
Diseases of the digestive system	5%
Diseases of the genitourinary system	5%
Diseases of the nervous system and sense organs	5%
Mental Illness	4%

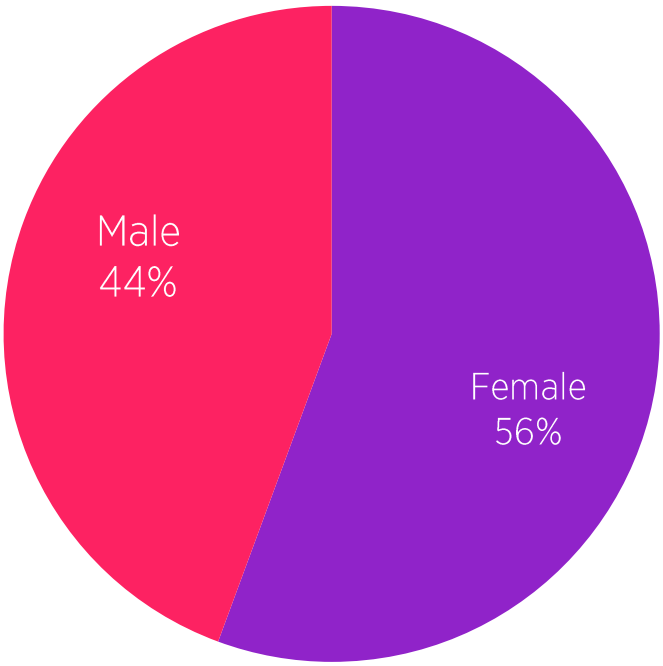
Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

DEMOGRAPHICS: EMERGENCY DEPARTMENT VISITS

ED VISITS BY AGE GROUP

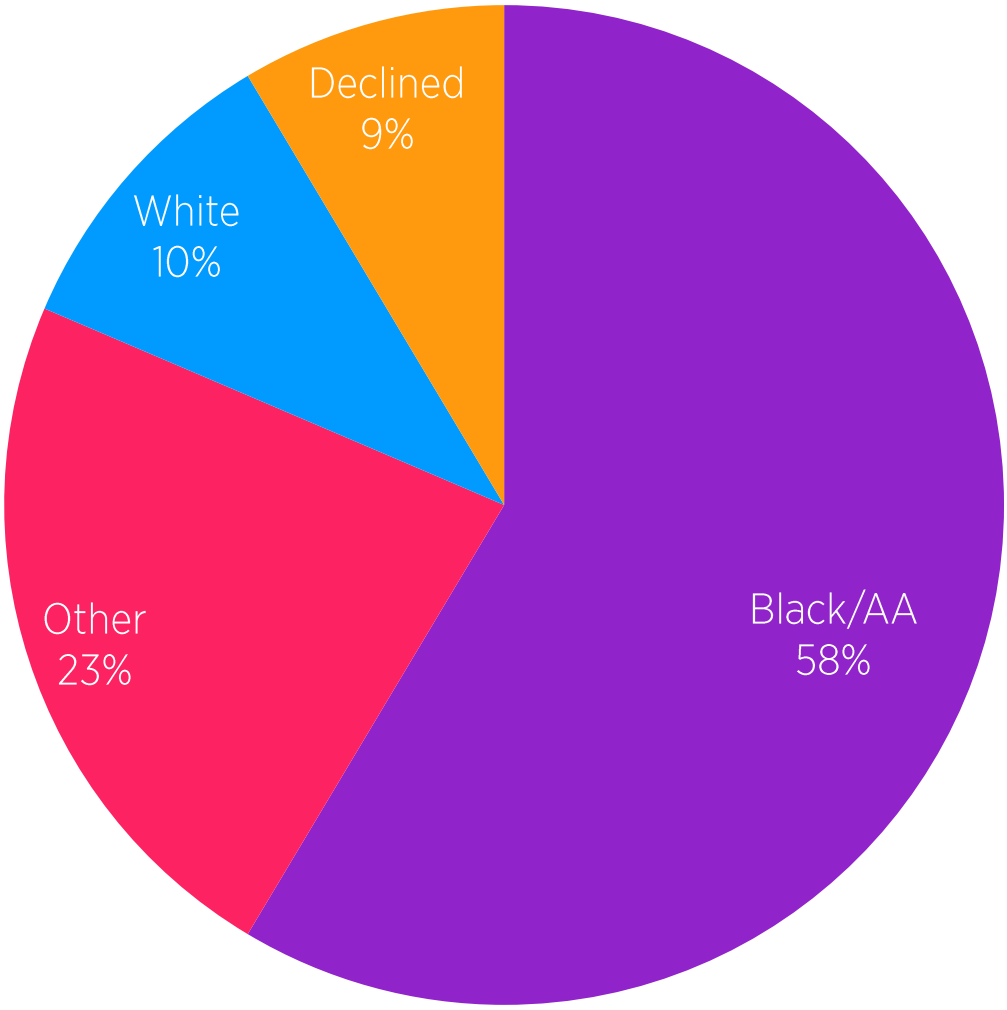


ED VISITS BY GENDER



Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

EMERGENCY DEPARTMENT VISITS BY RACE AND ETHNICITY

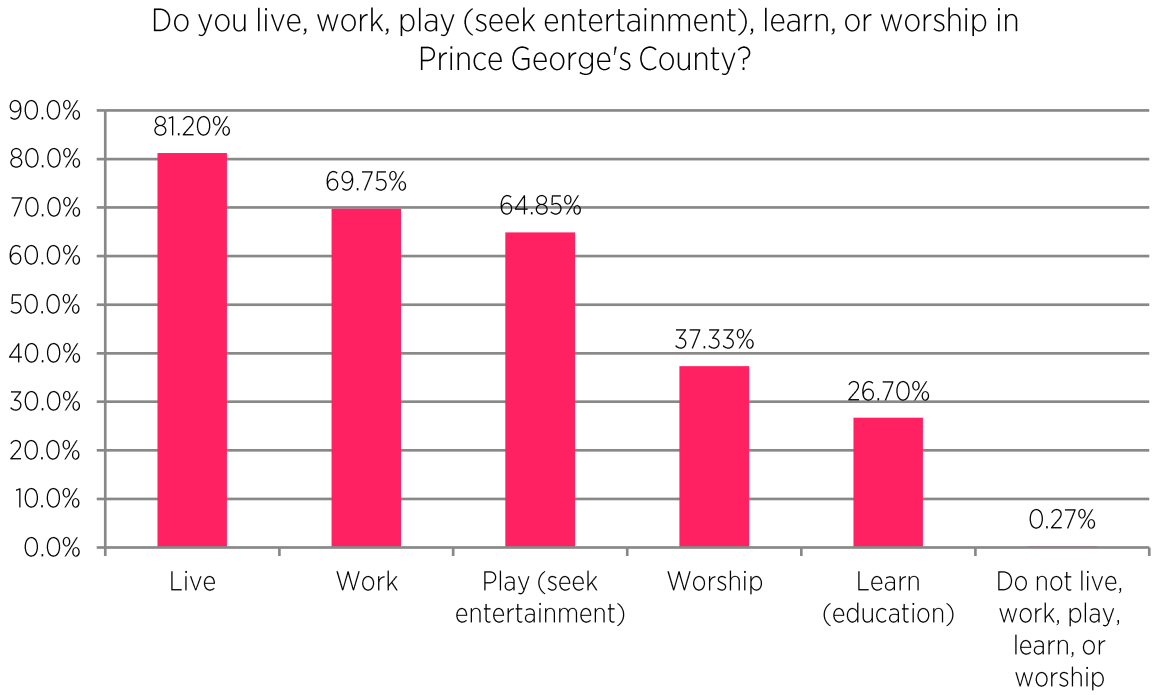


Data Source: Health Services Cost Review Commission 2022, Emergency Department Discharges

APPENDIX A: COMMUNITY RESIDENT SURVEYS FOR ALL RESPONDENTS

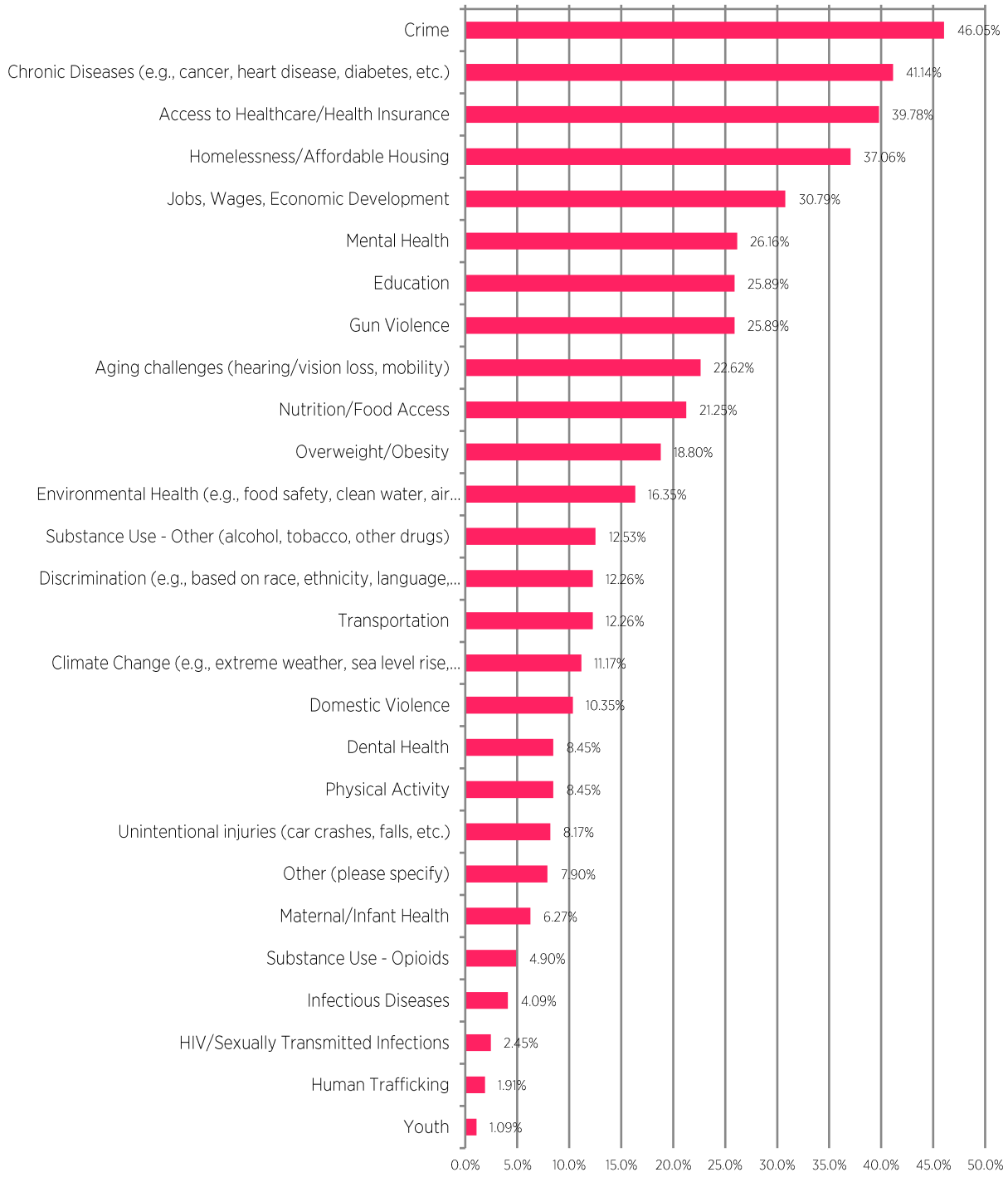
The 2025 Community Resilience Survey (CRS) received responses from 369 participants, with 367 completing the survey in English and 2 in Spanish. These respondents identified as individuals who live, work, attend schools, participate in recreational activities, or engage in religious worship in Prince George's County. However, the number of responses was not sufficient to accurately represent the diverse population of the County.

To gain a better understanding of respondents' experiences in Prince George's County, a screening question was included in the survey. The distribution methodology allowed participation from individuals living, working, seeking entertainment, pursuing education, or worshiping in the County. The following analysis was based on all respondents.

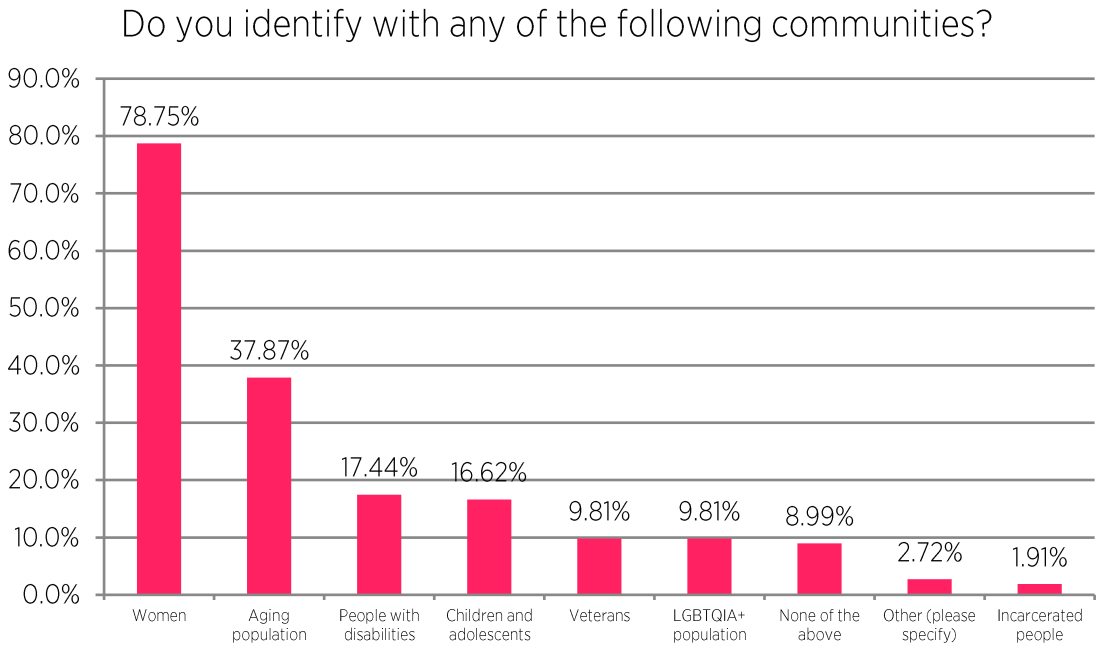


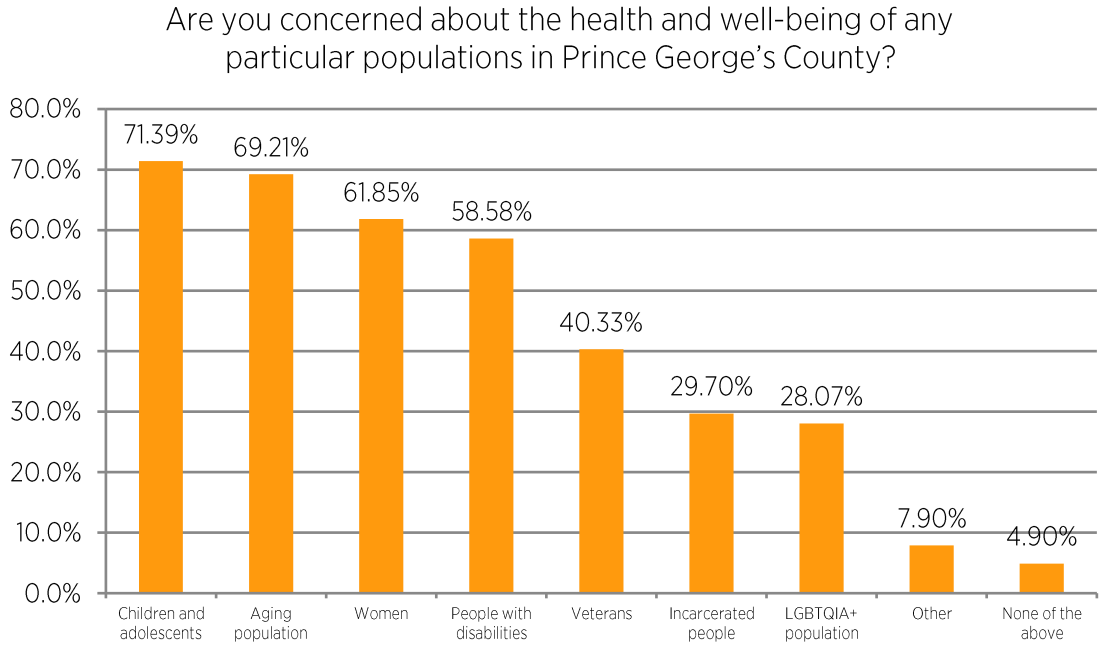
APPENDIX A: COMMUNITY RESIDENT SURVEYS FOR ALL RESPONDENTS

In your opinion, what are the five most important issues affecting the health and well-being of Prince George's County residents?

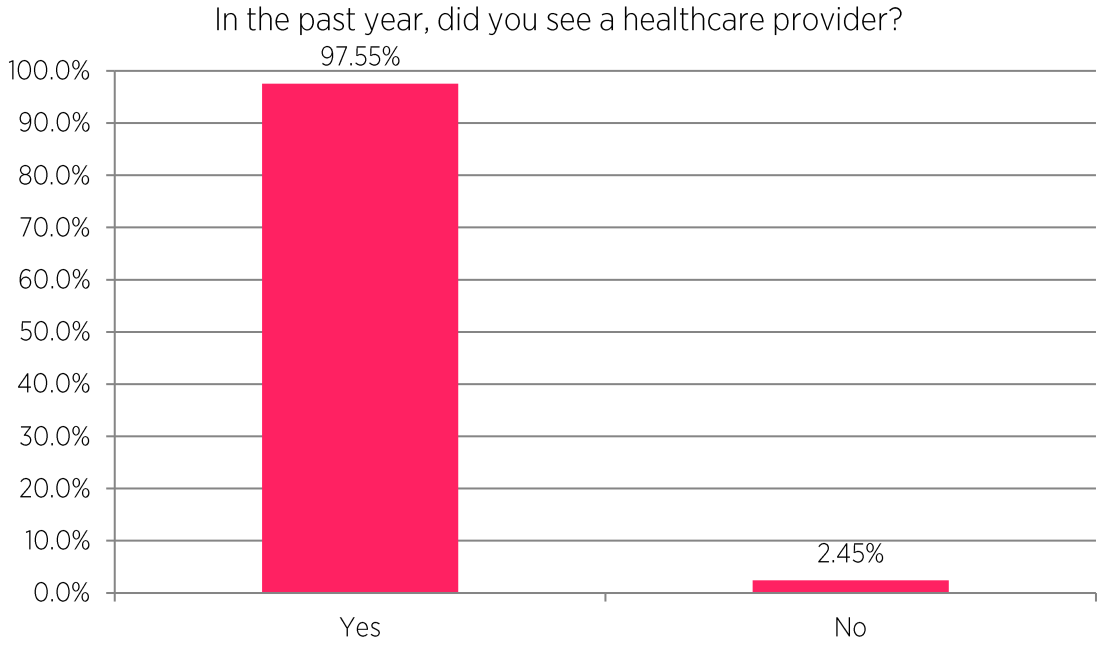


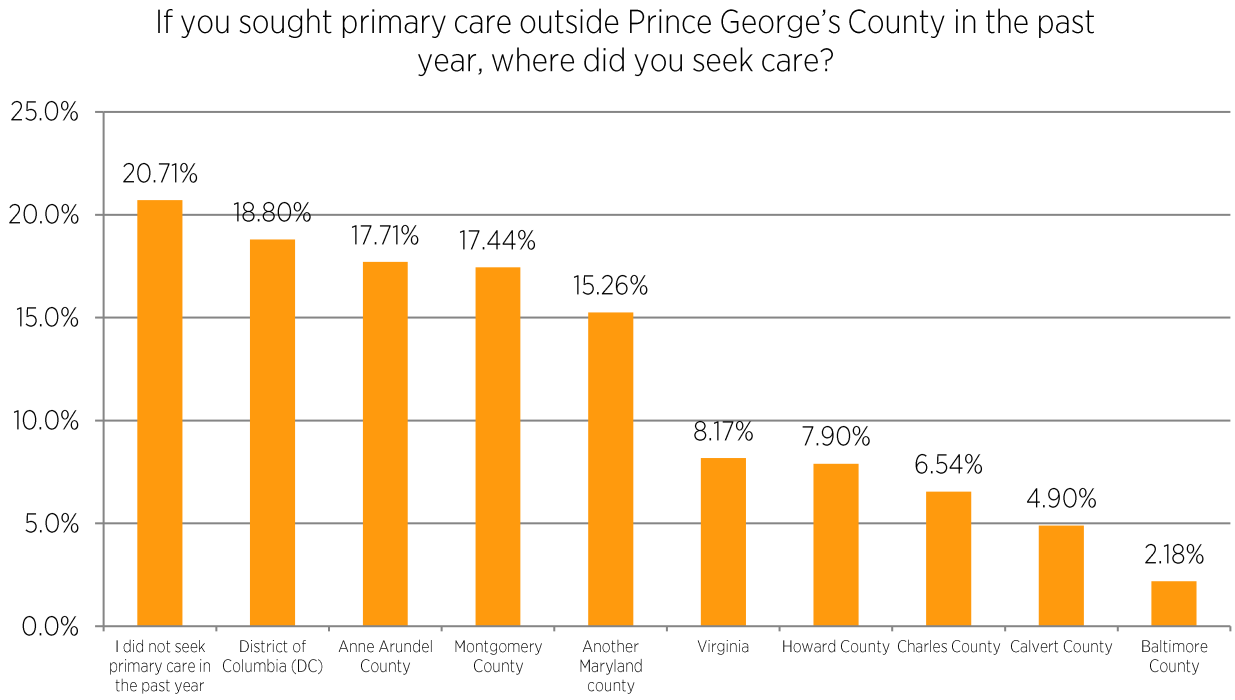
APPENDIX A: COMMUNITY RESIDENT SURVEYS FOR ALL RESPONDENTS





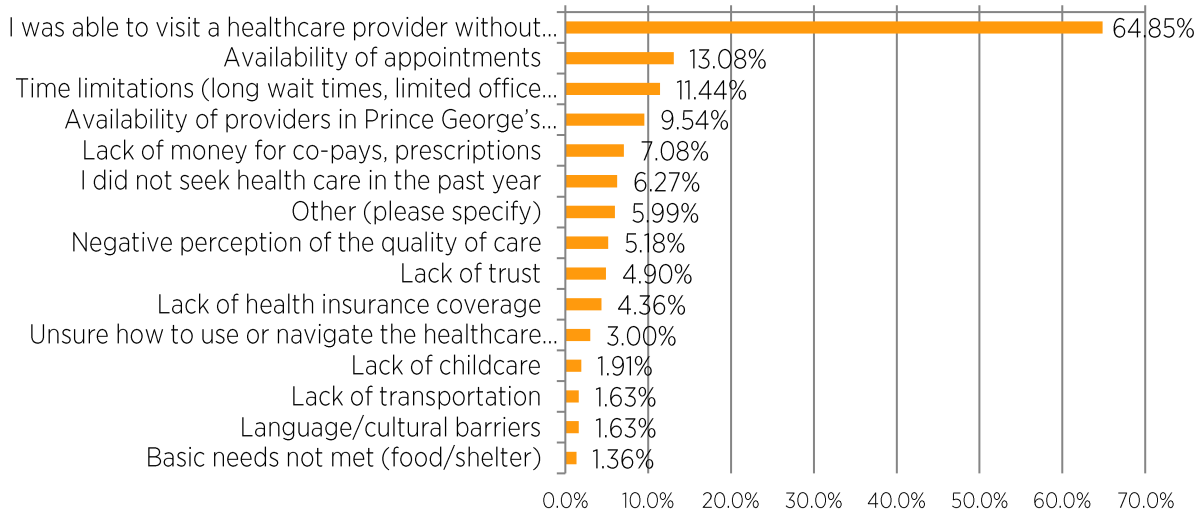
APPENDIX A: COMMUNITY RESIDENT SURVEYS FOR ALL RESPONDENTS



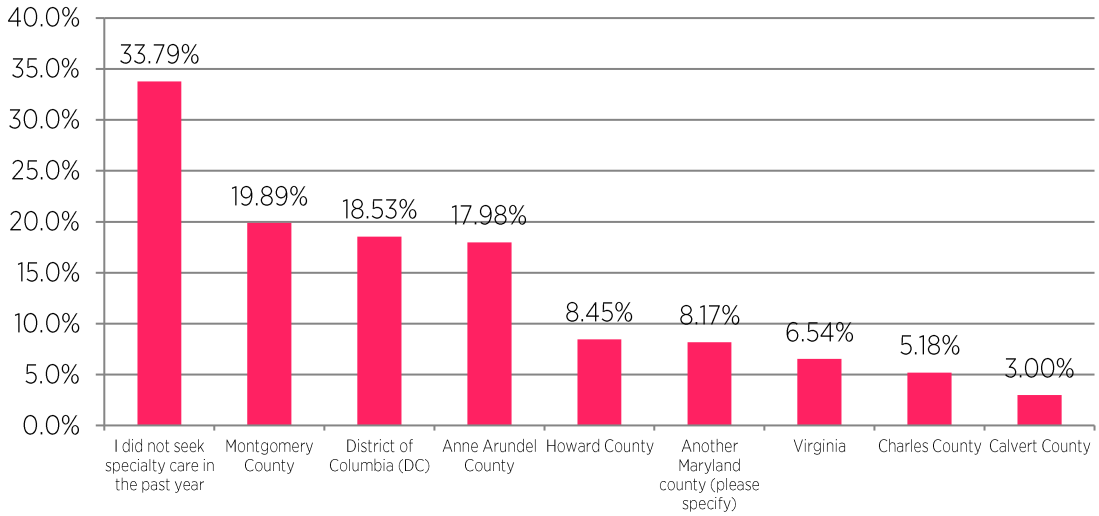


APPENDIX A: COMMUNITY RESIDENT SURVEYS FOR ALL RESPONDENTS

If you were unable to visit a healthcare provider for primary care in the past year, what prevented you from getting the medical care you needed? Select all that apply.

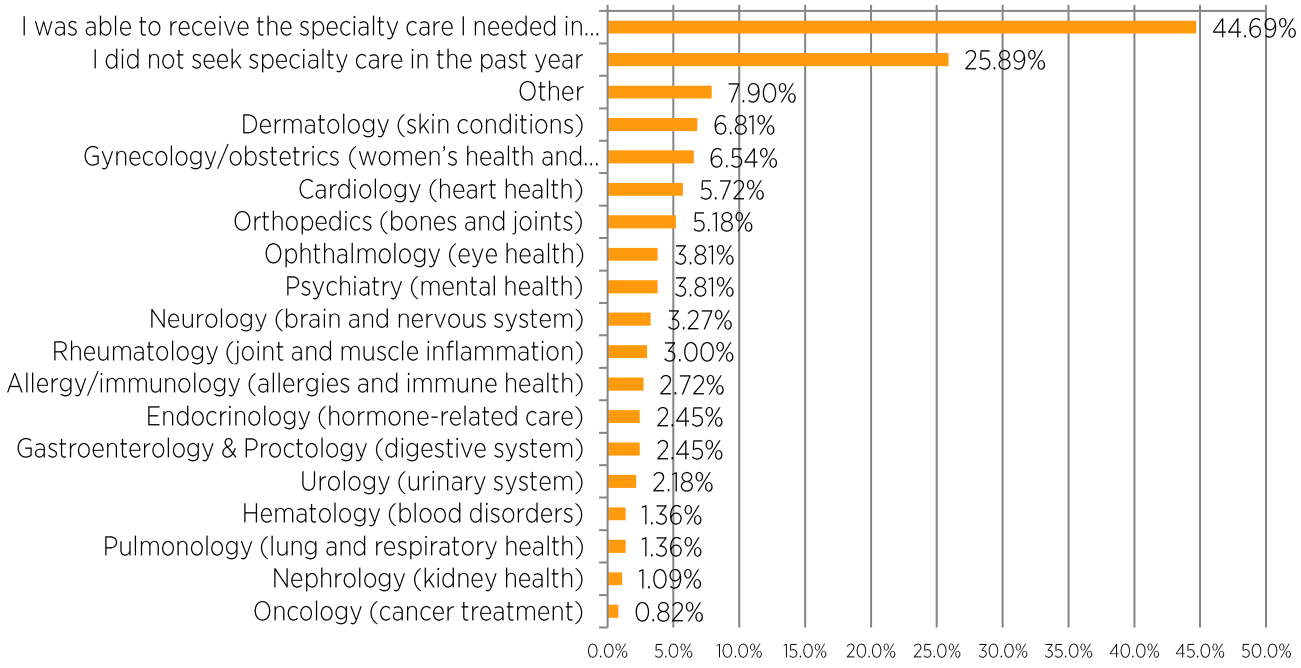


If you sought specialty care (e.g., cardiologist, nephrologist, etc.) outside Prince George's County in the past year, where did you seek care?

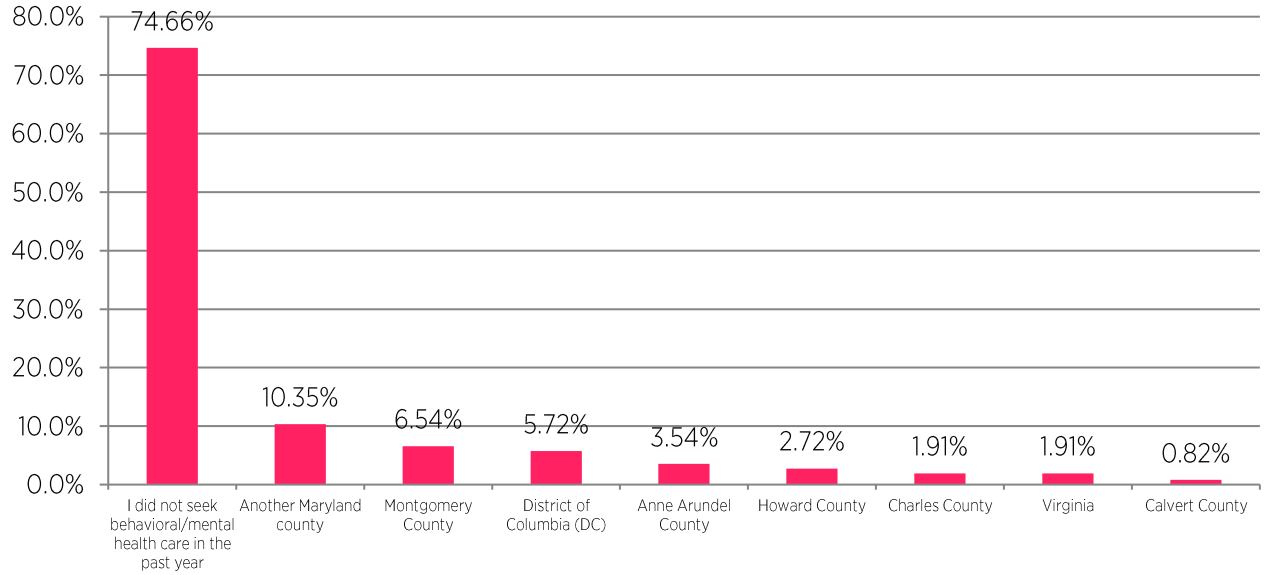


APPENDIX A: COMMUNITY RESIDENT SURVEYS FOR ALL RESPONDENTS

If you needed specialty care in the past year but were unable to get it, which type of care was it?

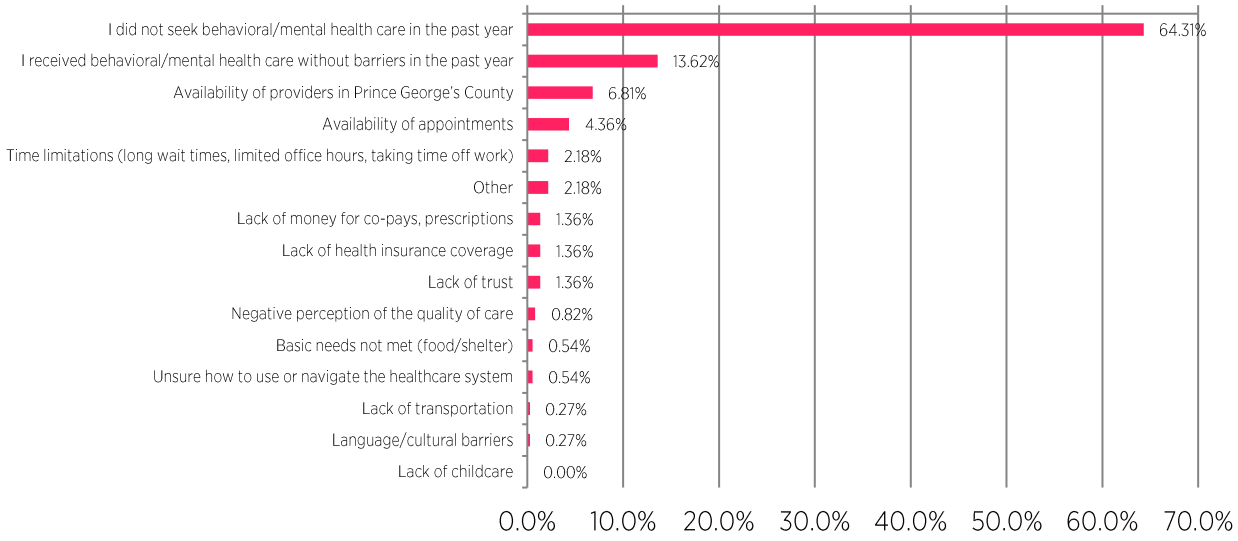


If you sought behavioral/mental health care outside Prince George's County in the past year, where did you seek care?

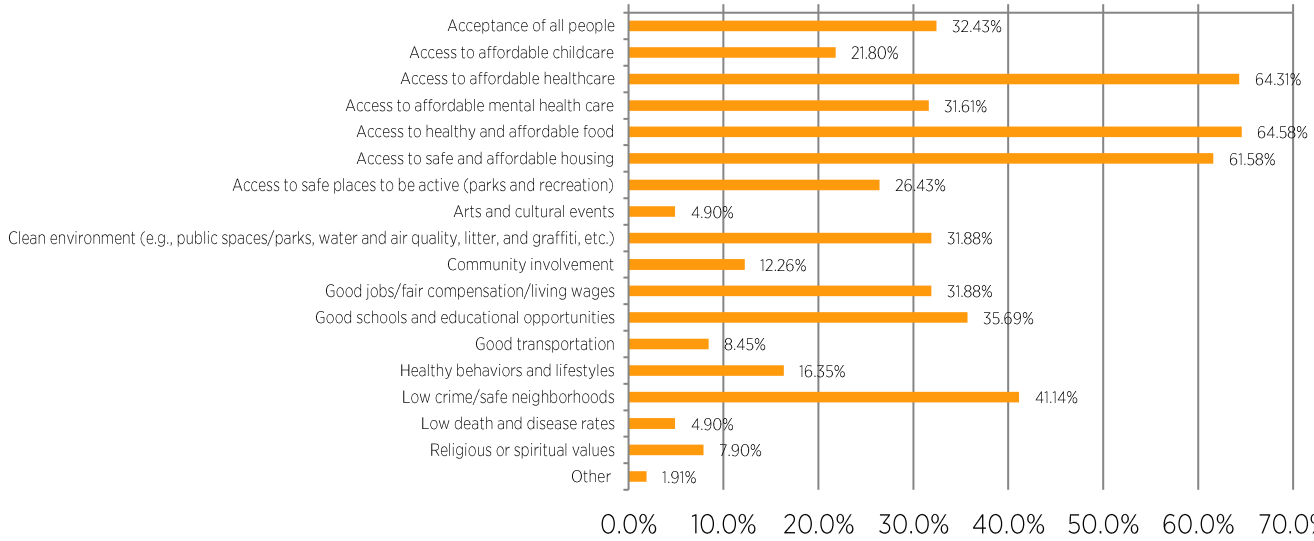


APPENDIX A: COMMUNITY RESIDENT SURVEYS FOR ALL RESPONDENTS

Did you experience any of the following barriers when accessing behavioral/mental health care in the past year?

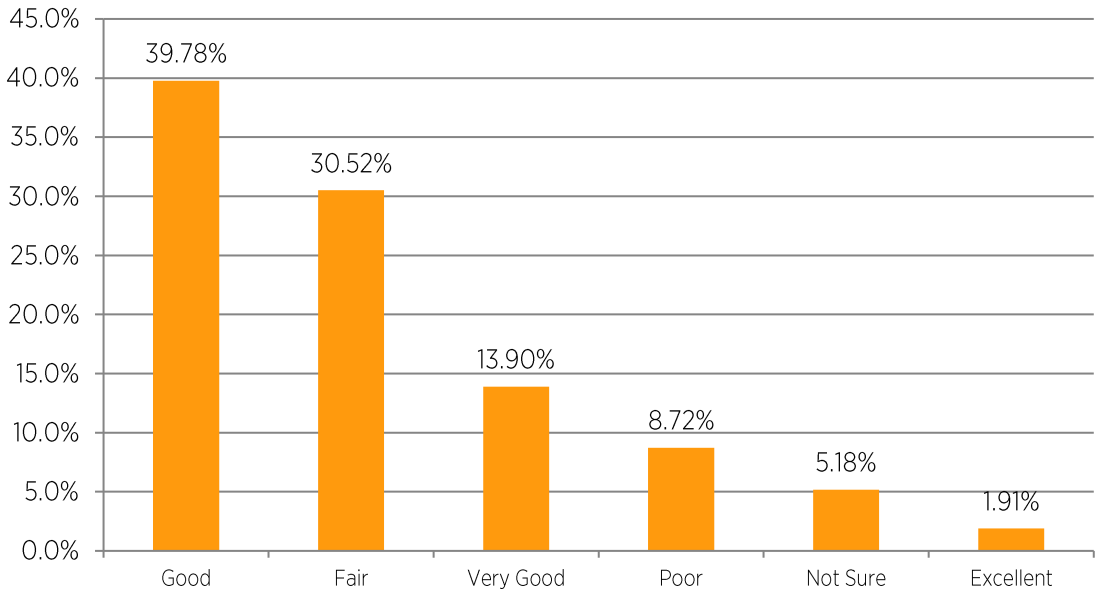


What do you think are the five (5) most important factors that define a "healthy community" (what most affects the quality of life in a community)?

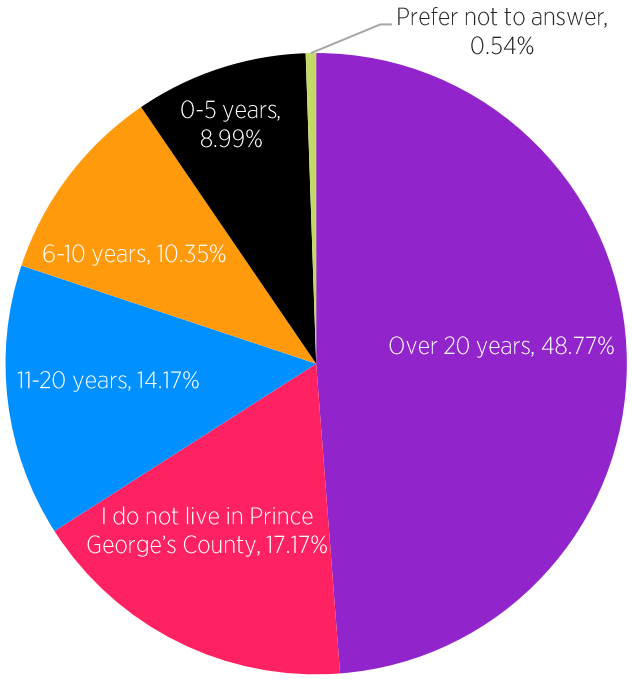


APPENDIX A: COMMUNITY RESIDENT SURVEYS FOR ALL RESPONDENTS

How would you rate the overall health of your community?



How long have you lived in Prince George's County?



APPENDIX B: COMMUNITY RESIDENT SURVEY FLYERS

ENGLISH VERSION

APPENDIX B: COMMUNITY RESIDENT SURVEY FLYERS

SPANISH TRANSLATED VERSION

APPENDIX B: COMMUNITY RESIDENT SURVEY FLYERS

FRENCH TRANSLATED VERSION

APPENDIX C: COMMUNITY RESIDENT SURVEY

INTRODUCTION

As someone who lives in Prince George's County, we want to hear from you. The purpose of this survey is to gather your opinion about health and well-being in your community in Prince George's County. Thank you for taking the time to complete this survey. This information will be used to help report on and address health needs in the County.

This survey is conducted by the Prince George's County Health Department in partnership with our local hospitals: Adventist Fort Washington Medical Center, Luminis Health Doctors Community Medical Center, MedStar Southern Maryland Hospital Center, and University of Maryland Capital Region Health. Your participation will help us understand what is important to help build a healthier community. Your responses are anonymous and cannot be traced back to you. The survey should take about 10-15 minutes to complete. Thank you for taking the time to complete this survey!

SCREENING QUESTION

SCREENING QUESTION: Do you live, work, play (seek entertainment), learn, or worship in Prince George's County? Select all that apply.

i. Yes, I **live** in Prince George's County
ii. Yes, I **work** in Prince George's County
iii. Yes, I **play (seek entertainment)** in Prince George's County
iv. Yes, I **learn** in Prince George's County
v. Yes, I **worship** in Prince George's County
vi. No, I do not live, work, play, learn, or worship in Prince George's County

If the answer to this question is "No": Currently we are only collecting responses from individuals who live, work, play (seek entertainment), learn, or worship in Prince George's County. Thank you for your time.

APPENDIX C: COMMUNITY RESIDENT SURVEY

1. In your opinion, what are the most important issues affecting the health and well-being of Prince George's County residents? Please select up to five (5) from the list below:

    i. Aging challenges (hearing/vision loss, mobility)
    ii. Access to Healthcare/Health Insurance
    iii. Chronic Diseases (e.g., cancer, heart disease, diabetes, etc.)
    iv. Climate Change (e.g., extreme weather, sea level rise, emerging infectious disease, etc.)
    v. Crime
    vi. Dental Health
    vii. Discrimination (e.g., based on race, ethnicity, language, gender, sexual orientation, etc.)
    viii. Domestic Violence
    ix. Education
    x. Environmental Health (e.g., food safety, clean water, air quality, etc.)
    xi. Gun Violence
    xii. HIV/Sexually Transmitted Infections
    xiii. Homelessness/Affordable Housing
    xiv. Human Trafficking
    xv. Infectious Diseases
    xvi. Jobs, Wages, Economic Development
    xvii. Maternal/Infant Health
    xviii. Mental Health
    xix. Nutrition/Food Access
    xx. Overweight/Obesity
    xxi. Physical Activity
    xxii. Substance Use - Opioids
    xxiii. Substance Use - Other (alcohol, tobacco, other drugs)
    xxiv. Transportation
    xxv. Unintentional injuries (car crashes, falls, etc.)
    xxvi. Other (please specify)

APPENDIX C: COMMUNITY RESIDENT SURVEY

2. Do you identify with any of the following communities? Check all that apply.

1. Women
2. Children and adolescents
3. Veterans
4. Incarcerated people
5. LGBTQIA+ population
6. Aging population
7. People with disabilities
8. Other (please specify)
9. N/A
2.

3. Are you concerned about the health and well-being of any particular populations in Prince George's County? Check all that apply.

1. Women
2. Children and adolescents
3. Veterans
4. Incarcerated people
5. LGBTQIA+ population
6. Aging population
7. People with disabilities
8. Other (please specify)
9. N/A

4. In the past year, did you see a healthcare provider?

1. Yes
2. No

APPENDIX C: COMMUNITY RESIDENT SURVEY

5. If you sought primary care outside Prince George's County in the past year, where did you seek care?

    i. Anne Arundel County
    ii. Calvert County
    iii. Charles County
    iv. Howard County
    v. Montgomery County
    vi. Another Maryland County (please specify)
    vii. District of Columbia (DC)
    viii. Virginia
    ix. I did not seek primary care in the past year

6. If you were unable to visit a healthcare provider for primary care in the past year, what prevented you from getting the medical care you needed? Select all that apply.

    i. Availability of providers in Prince George's County
    ii. Availability of appointments
    iii. Basic needs not met (food/shelter)
    iv. Unsure how to use or navigate the healthcare system
    v. Lack of money for co-pays, prescriptions
    vi. Lack of childcare
    vii. Lack of health insurance coverage
    viii. Lack of transportation
    ix. Lack of trust
    x. Language/cultural barriers
    xi. Negative perception of the quality of care
    xii. Time limitations (long wait times, limited office hours, taking time off work)
    xiii. Other (please specify)
    xiv. I was able to visit a healthcare provider without barriers in the past year
    xv. I did not seek health care in the past year

APPENDIX C: COMMUNITY RESIDENT SURVEY

7. If you sought specialty care (e.g., cardiologist, nephrologist, etc.) outside Prince George's County in the past year, where did you seek care?

    i. Anne Arundel County
    ii. Calvert County
    iii. Charles County
    iv. Howard County
    v. Montgomery County
    vi. Another Maryland County (please specify)
    vii. District of Columbia (DC)
    viii. Virginia
    ix. I did not seek specialty care in the past year

8. If you needed specialty care in the past year but were unable to get it, which type of care was it? Select all that apply.

    i. Allergy/immunology (allergies and immune health)
    ii. Cardiology (heart health)
    iii. Dermatology (skin conditions)
    iv. Endocrinology (hormone-related care)
    v. Gastroenterology & Proctology (digestive system)
    vi. Gynecology/obstetrics (women's health and pregnancy care)
    vii. Hematology (blood disorders)
    viii. Nephrology (kidney health)
    ix. Neurology (brain and nervous system)
    x. Oncology (cancer treatment)
    xi. Ophthalmology (eye health)
    xii. Orthopedics (bones and joints)
    xiii. Psychiatry (mental health)
    xiv. Pulmonology (lung and respiratory health)
    xv. Rheumatology (joint and muscle inflammation)
    xvi. Urology (urinary system)
    xvii. Other (please specify)
    xviii. I was able to receive the specialty care I needed in the past year
    xix. I did not seek specialty care in the past year

APPENDIX C: COMMUNITY RESIDENT SURVEY

9. If you answered that you were unable to receive specialty care in the past year, what prevented you from getting the medical care you needed? Select all that apply.

    i. Availability of providers in Prince George's County
    ii. Availability of appointments
    iii. Basic needs not met (food/shelter)
    iv. Unsure how to use or navigate the healthcare system
    v. Lack of money for co-pays, prescriptions
    vi. Lack of childcare
    vii. Lack of health insurance coverage
    viii. Lack of transportation
    ix. Lack of trust
    x. Language/cultural barriers
    xi. Negative perception of the quality of care
    xii. Time limitations (long wait times, limited office hours, taking time off work)
    xiii. Other (please specify)
    xiv. I received specialty care without barriers in the past year
    xv. I did not seek specialty care in the past year

10. If you sought behavioral/mental health care outside Prince George's County in the past year, where did you seek care?

    i. Anne Arundel County
    ii. Calvert County
    iii. Charles County
    iv. Howard County
    v. Montgomery County
    vi. Another Maryland County (please specify)
    vii. District of Columbia (DC)
    viii. Virginia
    ix. I did not seek behavioral/mental health care in the past year

APPENDIX C: COMMUNITY RESIDENT SURVEY

11. Did you experience any of the following barriers when accessing behavioral/mental health care in the past year?

    i. Availability of providers in Prince George's County
    ii. Availability of appointments
    iii. Basic needs not met (food/shelter)
    iv. Unsure how to use or navigate the healthcare system
    v. Lack of money for co-pays, prescriptions
    vi. Lack of childcare
    vii. Lack of health insurance coverage
    viii. Lack of transportation
    ix. Lack of trust
    x. Language/cultural barriers
    xi. Negative perception of the quality of care
    xii. Time limitations (long wait times, limited office hours, taking time off work)
    xiii. Other (please specify)
    xiv. I received behavioral/mental health care without barriers in the past year
    xv. I did not seek behavioral/mental health care in the past year

12. What do you think are the five (5) most important factors that define a "healthy community" (what most affects the quality of life in a community)?

    i. Acceptance of all people
    ii. Access to affordable childcare
    iii. Access to affordable healthcare
    iv. Access to affordable mental health care
    v. Access to healthy and affordable food
    vi. Access to safe and affordable housing
    vii. Access to safe places to be active (parks and recreation)
    viii. Arts and cultural events
    ix. Clean environment (e.g., public spaces/parks, water and air quality, litter, and graffiti, etc.)
    x. Community involvement
    xi. Good jobs/fair compensation/living wages
    xii. Good schools and educational opportunities
    xiii. Good transportation
    xiv. Healthy behaviors and lifestyles
    xv. Low crime/safe neighborhoods
    xvi. Low death and disease rates
    xvii. Religious or spiritual values
    xviii. Other (please specify)

APPENDIX C: COMMUNITY RESIDENT SURVEY

13. How would you rate the overall health of your community?

    i. Excellent
    ii. Very Good
    iii. Good
    iv. Fair
    v. Poor
    vi. Not Sure

14. If you could change one thing in your community, what would it be?

15. How long have you lived in Prince George's County?

    i. 0-5 years
    ii. 6-10 years
    iii. 11-20 years
    iv. Over 20 years
    v. I do not live in Prince George's County

16. What is your ZIP code where you live?

17. What is your gender?

    i. Male
    ii. Female
    iii. Transgender Male
    iv. Transgender Female
    v. Nonbinary
    vi. Prefer not to answer
    vii. Other (please tell us what term you use)

18. What is your sexual orientation?

    i. Bisexual
    ii. Gay, lesbian, or same gender loving
    iii. Heterosexual or straight
    iv. Additional category (please specify)
    v. Unsure or don't know

APPENDIX C: COMMUNITY RESIDENT SURVEY

19. What is your current marital status?

    i. Married
    ii. Separated
    iii. Divorced
    iv. Widowed
    v. Living with a partner
    vi. Never been married, not living with a partner

20. What race do you identify as?

    i. American Indian or Alaska Native
    ii. Asian Indian
    iii. Black or African American
    iv. Chamorro
    v. Chinese
    vi. Filipino
    vii. Japanese
    viii. Korean
    ix. Native Hawaiian
    x. Other Asian
    xi. Other Pacific Islander
    xii. Samoan
    xiii. Vietnamese
    xiv. White
    xv. Two or more races (biracial or multiracial)
    xvi. Additional race (please describe)

21. Would you describe yourself as Hispanic, Latino, or of Spanish Origin?

    i. No, not of Hispanic, Latino, or Spanish origin
    ii. Yes, Mexican, Mexican American, Chicano
    iii. Yes, Puerto Rican
    iv. Yes, Cuban
    v. Yes, another Hispanic, Latino, or Spanish origin (e.g., Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.) please specify:

APPENDIX C: COMMUNITY RESIDENT SURVEY

22. What is your age?

    i. 15-18 years
    ii. 19-24 years
    iii. 25-34 years
    iv. 35-44 years
    v. 45-54 years
    vi. 55-64 years
    vii. 65+

23. What is the highest level of education you completed?

    i. Less than High School
    ii. High School or GED
    iii. Some College
    iv. Associates or Technical Degree
    v. College Degree or Higher

APPENDIX D: LIST OF KEY INFORMANTS

NAME	ORGANIZATION	POPULATION
Alice Blayne-Allard	Maryland Dental Foundation	Affiliated/Supporting Partner
Dr. Anders Apgar & Jessica Wilson	CCI (FQHC)	Uninsured & Underinsured Population
Ashlie Richardson	Prince George's County Public Schools (PGCPS)	Youth
Casey Dyson	Food & Friends	Nonprofit Partner
Cheryl Maxwell	Black Mental Health Alliance	Nonprofit Partner
Dr. Christopher DeMarco	Greater Baden Medical Services – Federally Qualified Health Center (FQHC)	Uninsured & Underinsured Population
Dedra Spears-Johnson	Heart to Hand, Inc.	Individuals with HIV & STIs
Faith Adebule	Dyer Care Center	Affiliated/Supporting Partner
Florence Nelson	National Alliance on Mental Illness (NAMI)	Nonprofit Partner
Gregory Taylor	Vibrant Health and Wellness	Nonprofit Partner
Dr. Ingrid Williams-Horton	PGCPS	Youth
Shanika Cooper	Prince George's County Health Department (PGCHD)	County Partner
Jaye Summerlot	Prince George's County Department of Social Services (DSS)	Homeless/Housing Insecure Population
Julia Demarais	Prince George's County Parks & Recreation Department	County Partner
Dr. Kathleen McPhaul	University of Maryland's Global, Environmental, and Occupational Health Department	Academic Institution
Kristina Williams	Georgetown's Rodham Institute (Clinton Baptist partner)	Affiliated/Supporting Partner
Lindsay Esposito & Stephanie Paraiso	Greater DC Diaper Bank	Nonprofit Partner
Lisa Walker	Hyattsville Aging in Place	Seniors
Nana Donkor	PGCPS	Youth
Norberto Martinez	Prince George's County Circuit Court & Langley Park Civic Association	Hispanic Population
Dr. Shryl Whigham	PGCHD Bridge Center	Justice-Involved Population
Rodrigo Stein	La Clinica del Pueblo (FQHC)	Uninsured & Underinsured
Tessa Mork	YMCA	Affiliated/Supporting Partner
Dr. Traci Jones	PGCPS	Youth
Dr. James Dula	Prince George's County Veterans Affairs	Veterans
Mayur Mody	American Diversity Group	Nonprofit Partner
Sydney Steed	Prince George's County Bridge Center Community Re-entry Programs	Justice-Involved Population
Margaret Fowler	Totally Linking Care Maryland (TLC-MD)	Affiliated/Supporting Partner
Nancy Grier	Langley Park Community Center	Hispanic Population
Dr. Gregory Bearstop	Prince George's County Department of Corrections	Justice-Involved Population
Joanne Oport	Africans for Mental Health	Nonprofit Partner

APPENDIX E: KEY INFORMANT INTERVIEW FACILITATION GUIDE

INTRODUCTION

Welcome and thank you for participating in this important conversation about the health and well-being of Prince George's County residents to inform the Community Health Assessment. The purpose of this discussion is to gather valuable insights that will help us better understand the current health challenges and opportunities within our community. Your expertise and experience are crucial for identifying key health issues and exploring ways to address them effectively.

During our discussion, I'll be asking you a series of questions about the health landscape in Prince George's County. Your responses will help inform efforts to improve the quality of life for residents and identify any gaps in services, programs, and resources. Please feel free to elaborate on your answers, and don't hesitate to share specific examples where possible.

I am going to record and transcribe our conversation today. If you would like to go off camera, please feel free to do so. We will use the recording to confirm the accuracy of the transcription. Your information and meeting recording will not be shared beyond members of the Office of Assessment Team at the Prince George's County Health Department. We will take the information you provide today and summarize the findings with the information we learn across the interviews. We will identify who participated in the key informant interviews within the Community Health Assessment report, but we will not indicate who said specific quotes or insights.

If you need to take a break, please let me know.

Do you have any questions?

(Answer any questions the participant may have)

Great. Please ask for clarification if you need it throughout the conversation. Otherwise, we will go ahead and get started. I am going to start the meeting recording and transcription now.

START RECORDING AND TRANSCRIPTION

APPENDIX E: KEY INFORMANT INTERVIEW FACILITATION GUIDE

FACILITATION QUESTIONS

To start, I am going to ask you some questions about your work with Prince George's County residents.

1. What is your organization or program's role relative to the health and well-being of Prince George's County residents?
   a) How do you define your organization's main impact on the community's health?
   b) Are there specific programs or initiatives you focus on to support residents' well-being?

2. How long has your organization served the Prince George's County community? How long have you been with the organization or program?

3. In your opinion, has the health of (County residents OR name the group that person has been selected to represent) improved, stayed the same, or declined over the past three years? What makes you say that?
   a) Have there been factors or events that you think have had a major impact on the health and well-being of the community since the COVID-19 pandemic?
   b) Are there any specific trends or data that your organization tracks to monitor specific behaviors or health outcomes?

MAKE SURE PARTICIPANTS ARE DISCUSSING PRINCE GEORGE'S County RESIDENTS. IF THEY ARE ALLUDING TO WORK IN OTHER JURISDICTIONS OR DC/VA, ASK THEM SPECIFICIALLY ABOUT PRINCE GEORGE'S County

4. What are the County's three most important assets/strengths relative to the health and well-being of (Prince George's County OR name the group that the person has been selected to represent) residents?
   a) What resources are communities utilizing to address their health or social needs?
   b) Who may you connect community members to if they need support?

APPENDIX E: KEY INFORMANT INTERVIEW FACILITATION GUIDE

FACILITATION QUESTIONS

5. What are the County's three most important barriers relative to the health and well-being of (Prince George's County OR name the group that the person has been selected to represent) residents?

a) What prevents community members from receiving resources to address their health or social needs? You can think about personal or environmental circumstances that may impact their ability to access resources.

b) How do these barriers affect access to healthcare or other critical services?

6. What do you think are the three most important social determinants of health in the County for (Prince George's County residents OR name the group that the person has been selected to represent)?

a) As a refresher, the social determinants of health are nonmedical factors that affect a person's health, including economic stability, education, social and community context, and the neighborhood and built environment.

b) (If the respondent acknowledged SDOH in an earlier response, bring those up and ask if those are the most important SDOH impacting the community)

AS YOU ASK QUESTIONS 7-9, TAKE NOTE OF THE RESPONSES AS YOU MAY NEED TO BRING UP THE RESPONSES IN QUESTION 10

7. What do you think are the three most important physical health needs or concerns of (Prince George's County OR name the group that the person has been selected to represent) residents?

a) Are there specific diseases, conditions, or health issues that are most prevalent among this group?

8. What do you think are the three most important behavioral/mental health needs that (Prince George's County residents OR name the group that the person has been selected to represent) face in the County?

a) (If the respondent takes a long pause, invite them to consider mental health conditions, as well as substance use and abuse)

APPENDIX E: KEY INFORMANT INTERVIEW FACILITATION GUIDE

FACILITATION QUESTIONS

9. What do you think are the three most important health-related environmental concerns (Prince George's County residents OR name the group that the person has been selected to represent) face in the County?

a) Are there particular environmental risks or hazards in the County that disproportionately affect this group?

10. Now, if you had to prioritize and select the three most important health issues facing the (name the group that the person has been selected to represent) in the County from those you just mentioned, what would they be?

a) (If needed, remind the respondent of the nine (9) physical health, behavioral health, and environmental health needs they previously identified)

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

a) Can you share any examples of successful initiatives or programs your organization has implemented to the health issues?

12. How well is the County as a whole responding to these issues? What gap needs to be prioritized?

a) Are there any specific County programs or policies you think are effective in addressing these needs?

b) What resources or policies do you think are currently lacking to close the gap?

APPENDIX E: KEY INFORMANT INTERVIEW FACILITATION GUIDE

FACILITATION QUESTIONS

13. Based on your experience and expertise, what else needs to be done in the County and by which organizations/programs to address the needs of (name the group that the person has been selected to represent) in Prince George's County?

a) Are there any specific actions or initiatives that you feel would make the greatest impact?

b) Who should take the lead on addressing these needs (local government, healthcare providers, community organizations, etc.)?

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

a) (Remind respondents of three leading priorities identified in question 10)

b) What individual or community-level resources are not available?

c) What are the barriers to providing these critical resources?

15. What are the three most important emerging threats to health and well-being in the County for (name the group that the person has been selected to represent)?

a) Are there new health risks or challenges that have emerged recently in this community?

16. How is your organization/program addressing these emerging threats in Prince George's County?

a) What proactive steps is your organization taking to respond to these emerging threats? Are there any ongoing collaborative efforts?

TRANSITION TO THE LAST QUESTION

17. Do you have any other comments to add regarding the health priorities and resources that we have not discussed?

a) Is there anything else you think is critical for understanding the health needs of this group?

b) Do you have suggestions for improving health outcomes that haven't been covered in our discussion?

APPENDIX E: KEY INFORMANT INTERVIEW FACILITATION GUIDE

CLOSING REMARKS

Thank you for your time, insights, and thoughtful responses today. Your input is incredibly valuable in helping us understand the current health and well-being challenges that residents of Prince George's County face, as well as the opportunities we have to improve health outcomes.

As we move forward, the information shared in this discussion will play a key role in identifying the community's leading health priorities. We greatly appreciate your perspective and the work your organization does to improve the health of our community.

If you have any further thoughts or wish to share additional information after today's discussion, please feel free to reach out. You will also receive an email with information to join the Prince George's Local Health Improvement Coalition if you are not already a member.

Before we end the call, do you have any questions for me?

(Answer any questions the participant may have)

Thank you again for your participation! Take care!