



HEALTH DEPARTMENT

Prince George's County

Prince George's County Council Board of Health Community Health Assessment Overview

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Health Officer

&

Jacob Riley, MS

Manager, Office of Assessment & Planning

March 12, 2024

CHA Overview

BASED ON MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP ([MAPP](#))

2019 Vision: A community focused on health and wellness for all.

2019 Values:

- Collaboration
- Equity
- Trust
- Safety
- Prevention

2022 CHA Core Team

- Luminis Health Doctors Community Medical Center
- Adventist Healthcare Fort Washington Medical Center
- MedStar Southern Maryland Hospital Center
- UM Capital Regional Health
- Prince George's Health Department
- Prince George's Healthcare Action Coalition Leadership

Prince George's County Health Department 2024

Mission: To lead, engage, and empower our community to work collaboratively toward disease prevention, health equity, and total well-being

Vision: All Prince Georgians are their healthiest at every age and every stage

Values: Equity, respect, teamwork, accountability/integrity, Innovation, Excellence



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Angela D. Alshabani
Commissioner

Data Limitations

WE WILL NEED TO REVISIT SOME DATA SOURCES:

- **Census 2020:** we know our population grew much more than estimated
 - 2019 American Community Survey Estimate: 909,327
 - 2020 Census: 967,201
- **Maryland Department of Health Cyberattack**
 - Still no Maryland Behavioral Risk Factor Surveillance System Data website
 - Moratorium on hospital discharge data
 - 2020 Vital Statistics data has not yet been released

The COVID-19 fallout is largely not included in the current data, including the effect of delayed screenings and diagnoses, prevention efforts that rely on in-person and event outreach, and the overall effect on individuals and households including the trauma and loss experienced by our community.



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CHA Priorities

2022 PRIORITIES

Determined by consensus to retain the four priority areas:

- Social Determinants of Health
- Behavioral Health
- Obesity & Metabolic Syndrome
- Cancer

In 2019 it was acknowledged that these are challenging priorities that are already difficult to “move the needle”. In 2022, many of the notable disparities continue to exist with some further exacerbated by the COVID-19 pandemic. In addition to the disruptions caused by the COVID-19 pandemic it is also uncertain what the far-reaching effects will be on the health and well-being of residents.



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Social Determinants of Health

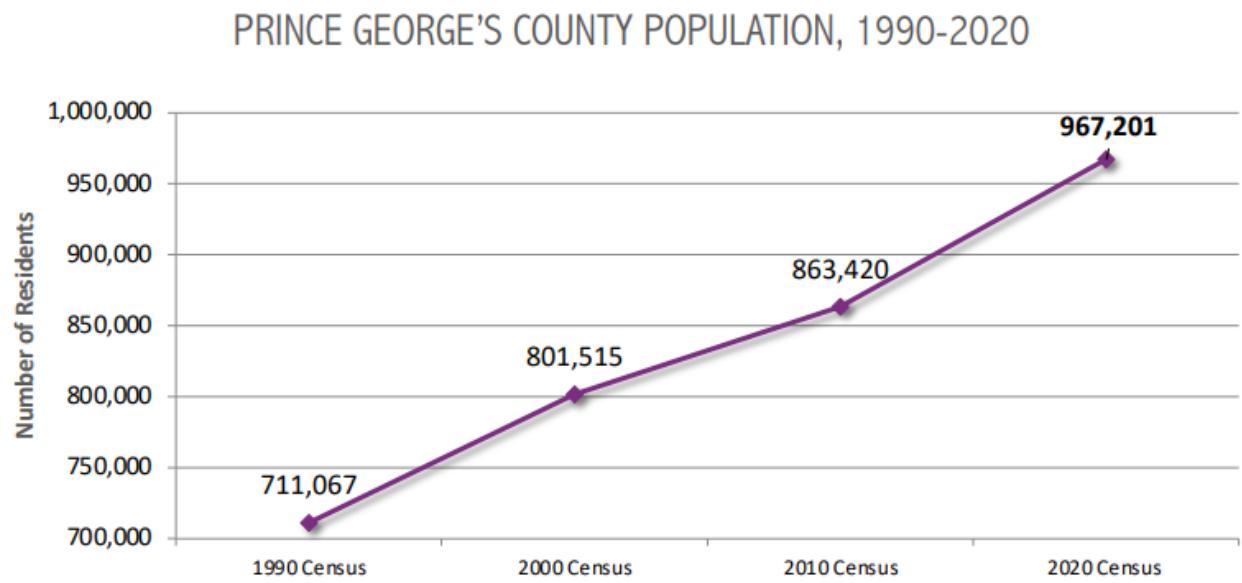
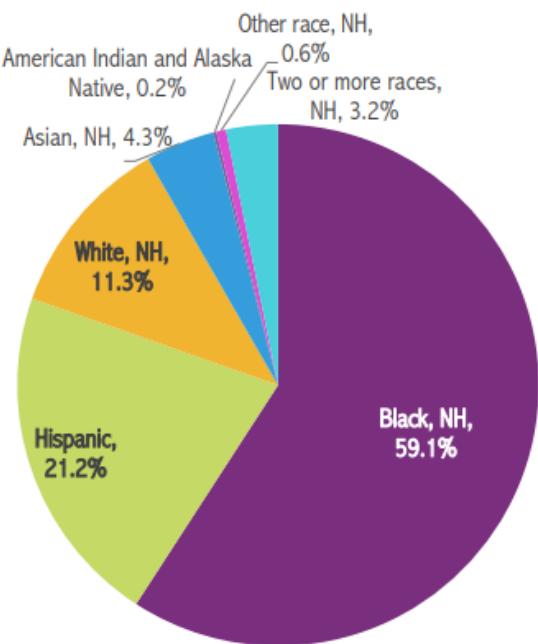


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Population Changes

HIGHLIGHTS

- The Prince George's County population grew by 12% over the last decade, compared to only 7% for the State.
- County residents comprise 16% of the State.
- Residents identifying as Hispanic grew by nearly 60% between 2010 and 2020, now comprising 21.2% of residents, or more than one in five.



Access to Care 1

- Approximately 90,000 residents estimated to lack insurance as of 2020, with 1 in 5 aged 26-44 uninsured
- Provider to Resident Ratios
 - 1 PCP to 1,890 residents
 - 1 dentist to 1,570 residents
 - 1 mental health to 550 residents
- Between March 2020 – June 2021, ~40,000 enrolled for insurance through COVID-19 special enrollment (most in MD)

RESIDENTS WITH HEALTH INSURANCE, 2016-2020

	PRINCE GEORGE'S	MARYLAND
Race/Ethnicity		
Black	93.8%	94.2%
Hispanic	70.7%	78.6%
White, non-Hispanic	96.0%	96.9%
Asian	92.8%	94.6%
Sex		
Male	87.9%	93.1%
Female	91.4%	94.9%
Age Group		
Under 19 Years	94.1%	96.5%
19 to 25 Years	85.7%	90.9%
26 to 34 Years	81.6%	88.8%
35 to 44 Years	82.0%	90.2%
45 to 54 Years	89.4%	93.5%
55 to 64 Years	93.1%	95.3%
65 Years and Older	97.6%	99.0%
Total	89.7%	94.1%

Data Source: 2016-2020 American Community Survey 5-Year Estimates, Table S2701



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Access to Care 2

- Resident Surveys
 - Nearly 25% unsatisfied with healthcare in the county
 - 42% could not access a mental health provider
 - 1/3 indicated lack of transportation & 43% affordable medications
 - Top barriers: money for copays/medications, no insurance, time limitations, childcare
- Community Experts
 - Echoed resident surveys
 - Lack of knowledge for resources, some don't qualify
 - Importance of culturally and linguistically appropriate services



Housing

2021 FAIR MARKET RENT

	PRINCE GEORGE'S	MARYLAND
Fair Market Rent by Unit		
Efficiency	\$1,513	\$1,125
One bedroom	\$1,548	\$1,247
Two bedroom	\$1,765	\$1,487
Three bedroom	\$2,263	\$1,927
Four bedroom	\$2,742	\$2,273
Income Needed to Afford Fair Market Rent by Unit		
Efficiency	\$60,520	\$45,013
One bedroom	\$61,920	\$49,860
Two bedroom	\$70,600	\$59,480
Three bedroom	\$90,520	\$77,065
Four bedroom	\$109,680	\$90,910
Income of Renter		
Estimated renter median income	\$58,387	\$53,894
Rent affordable for households earning the renter median income	\$1,460	\$1,347

Source: [National Low Income Housing Coalition](#)

- Indicators

- 5.8% units vacant 2019 (9.9 MD)
- Nearly 1 in 5 units had a severe housing problem (overcrowding, high cost, lack of kitchen/plumbing)

- Resident Surveys

- Only 28% said their community had enough affordable housing

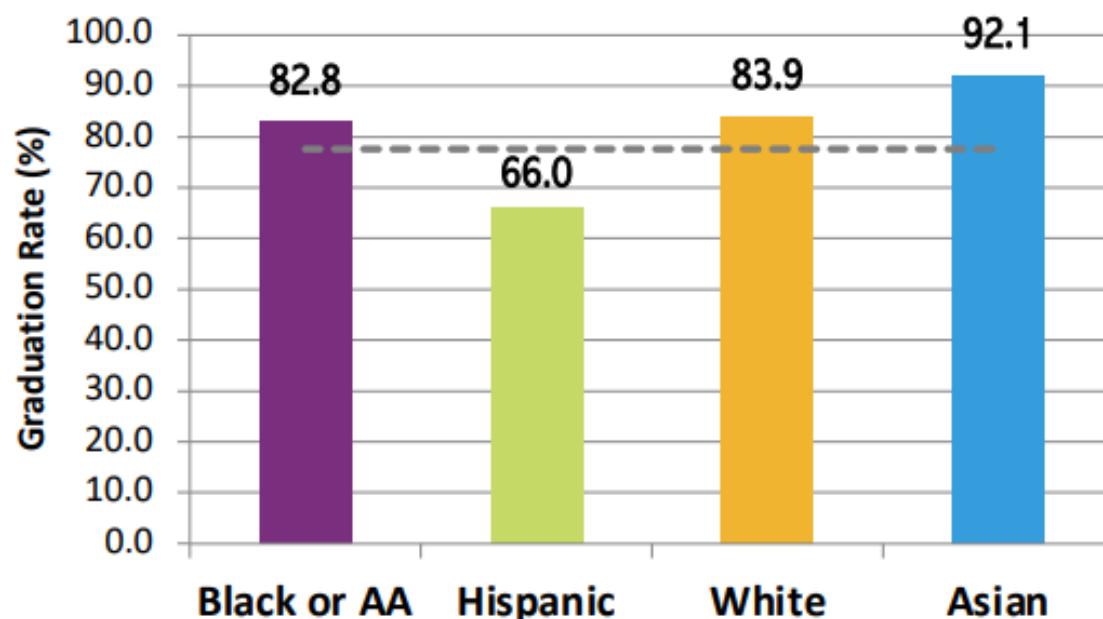


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Program Director

Education

2021 GRADUATION RATE BY RACE/ETHNICITY PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS



Prince George's Graduation Rate: 77.6%
Maryland Graduation Rate: 87.2%

- Indicators

- Nearly half of Hispanic residents have less than high school ed.
- Only half of HS grads enrolled in college (63% in MD), drops to 30% for Hispanic grads

- Resident Surveys

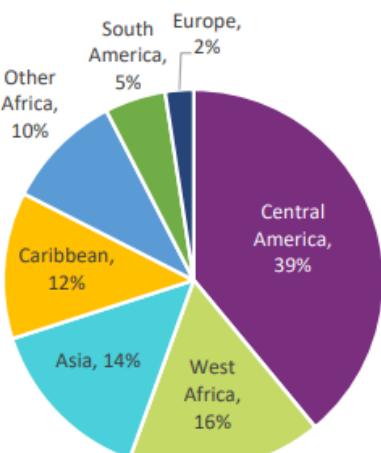
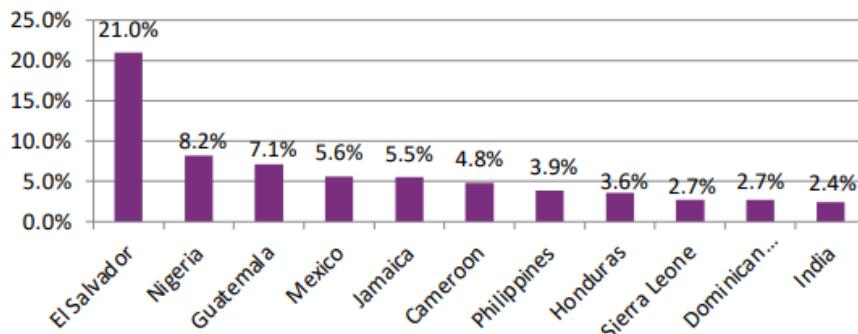
- Approx 50% said their community had good schools
- 36% said county was a good place to raise children



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Social & Community Context

LEADING COUNTRIES OF ORIGIN OF FOREIGN-BORN RESIDENTS
PRINCE GEORGE'S COUNTY, 2016-2020



Source: 2016-2020 American Community Survey 5-Year Estimates, Table B05006

Indicators

- An estimated 23.6% residents were born outside the United States
- As a world region, Central America accounts for nearly 40% of county foreign-born residents
- 42% of foreign-born households are naturalized U.S. citizens with a median household income of \$87,993, compared to \$71,670 for the 58% who are not U.S. citizens

Resident Surveys

- 56% are satisfied with the quality of life in Prince George's County
- Just under half identified their church as the place they go most often in the County
- 60% believe that an increase in community awareness and engagement would support health in their area (#1), followed by increased focus on health inequities in their community
- Nearly one-third indicated they have experienced being treated with less courtesy or respect at least a few times a month or more; for those that experienced this the most common reason for the experience was race or national origins

Community Experts

- Two-thirds believe the residents they serve are satisfied with the quality of life in the County

Behavioral Health



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County Executive

Mental Health

HEALTH INDICATORS & DISPARITIES

- White, NH residents have a suicide mortality rate of 16.0 per 100,000 residents, approximately 3 times higher than Black NH residents (5.5, 2018-2020)
- Almost one-third of high school students felt sad or hopeless impeding normal activity (past year); highest for Hispanic students
- Men have a suicide mortality rate of 10.4 per 100,000 (2018-2020), more than three times higher than women (2.8); it is highest for white NH men at 25.5

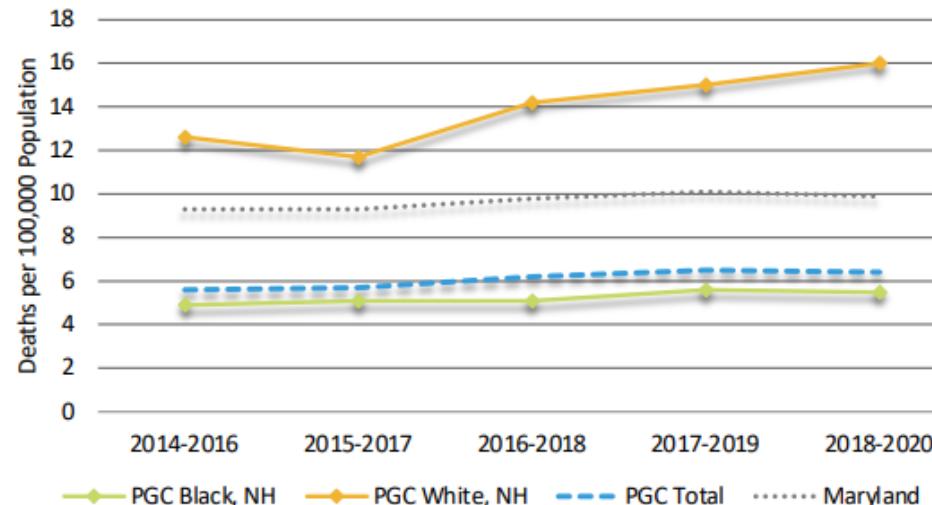
TRENDS (COMPARED TO 2019 CHA)

- Increase in MH providers to 550:1 in 2021 from 810:1 in 2018
- Almost one in five high school students indicated they had seriously considered suicide and 16% made a plan in 2018, similar to 2016
- Suicide mortality rate for Black, NH has remained between 5.0 - 5.5 per 100,000.
- Suicide mortality rate for White, NH increased from 11.7 per 100,000 in 2015-2017 to 16.0 in 2018-2020

RISK FACTORS

- Gender (Female)
- Substance use disorder
- Family History
- No social and/or family support
- Trauma
- Abuse/Neglect

SUICIDE AGE-ADJUSTED MORTALITY RATE, PRINCE GEORGE'S COUNTY, 2014-2020



Source: CDC Wonder Online Database; 2022 Community Health Assessment Resident and Community Expert Surveys, 2018 Maryland YRBS

COMMUNITY PERCEPTION

- Residents ranked as #2 top health issue
- Community experts ranked as #1 top health issue
- Identified as one of top 3 most important health issue facing the County by Key Informants



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Substance Use

- Health Indicators

- White NH drug-related mortality twice as high as county (36 to 18.7 / 100,000), 22.8% binge drinking in past month (12.9% county)
- Hispanic HS students more likely to vape (12.4%)

TRENDS (COMPARED TO 2019 CHA)

-  - Drug-related mortality rate for white NH residents has decreased from a high of 39.4 per 100,000 (2016-2018) to 36.0 (2018-2020)
-  - High school students who used tobacco products in the past month decreased to 9.5% in 2018, from 13.3% in 2013

-  - Overall, adults who binge drink remained steady, at 12.9% in 2019

-  - Drug-related mortality rate for the County and specifically Black NH and Hispanic residents has been steadily increasing
- Adults who reported binge drinking increased for both Black, NH and white, NH residents

- Risk factors: mental health disorder, family history, age (younger use exposure), no social/family support
- Residents ranked #3 health issue
- Community experts ranked #6
 - Noted need for early detection & treatment



Obesity & Metabolic Syndrome



Obesity

- Community Perception:
 - #7 ranked priority by residents
 - #14 by community experts

TRENDS (COMPARED TO 2019 CHA)

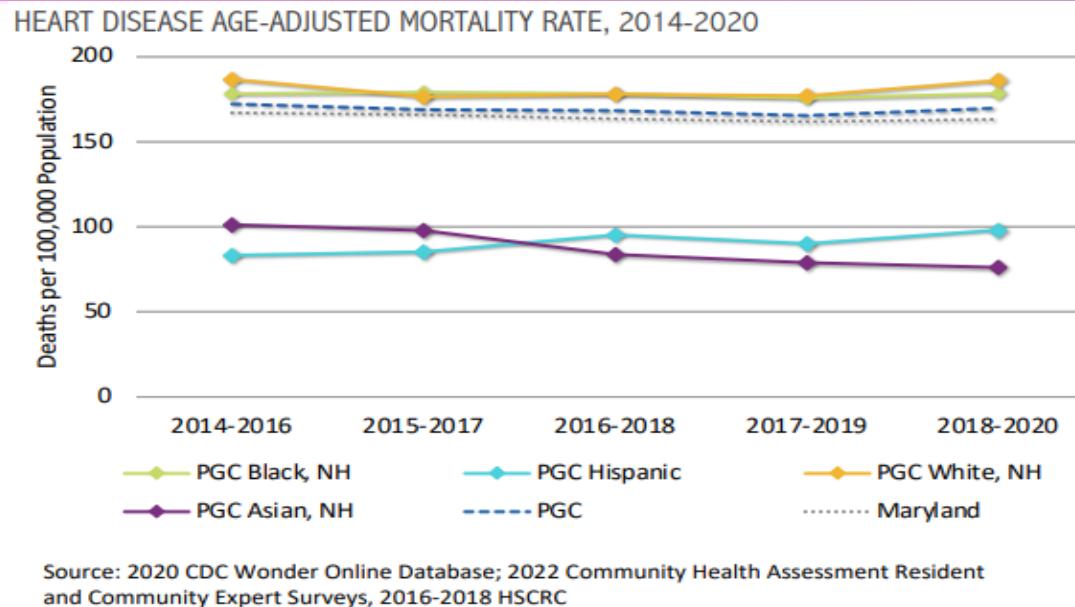
-  - Decrease in adults who reported being obese from 42.0% in 2017 to 35.0% in 2019
-  - Decrease in adults who reported being obese or overweight from 73.5% in 2017 to 71.2% in 2019
-  - About half of adults reported engaging in regular physical activity in 2019, similar to 2017
- No negative trends identified

PERCENT OF ADULTS WHO ARE OBESE, PRINCE GEORGE'S COUNTY, 2019

	PRINCE GEORGE'S
Sex	
Male	32.6%
Female	37.3%
Race/Ethnicity	
Black, non-Hispanic	40.2%
Hispanic	23.2%
White, non-Hispanic	25.3%
Age	
18 to 44 Years	29.7%
45 to 64 Years	42.6%
Over 65 Years	36.1%
Total	35.0%



Heart Disease



TRENDS (COMPARED TO 2019 CHA)



- Decrease in risk factor of adults who reported being obese from 42.0% in 2017 to 35.0% in 2019



- No neutral trends identified



- Increase in heart disease mortality across nearly all races/ethnicity
- Increase in residents on Medicare being treated for Heart Failure (14.7% in 2018 compared to 13.4% in 2015)

- Health Indicators/Disparities
 - #1 leading cause of death
 - Mortality rate per 100,000
 - 225.6 males
 - 128.7 females
 - Black residents had highest inpatient visit rate for heart failure (33.8 / 10,000 adults)
- Community Perception
 - #7 by residents
 - #10 by community experts



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Superintendent

Diabetes

- Health Indicators/Disparities
 - #6 leading cause of death
 - 13.8% reported ever having dx
 - Mortality Highest for Black, NH
 - 1 in 5 residents 45-64 have diabetes

- Community Perception
 - Residents ranked #3
 - Community experts tied as #1

TRENDS (COMPARED TO 2019 CHA)	
	<ul style="list-style-type: none">- No positive trends identified
	<ul style="list-style-type: none">- No neutral trends identified
	<ul style="list-style-type: none">- Increase in prevalence from 12.3% in 2017 to 13.8% in 2019- Increase in inpatient visit rate due to diabetes (18.2 per 10,000, 2017-2019); highest for Black residents at 18.5- Increase in diabetes mortality to 28.0 per 100,000 residents



Hypertension & Stroke

TRENDS (COMPARED TO 2019 CHA)



- No positive trends identified



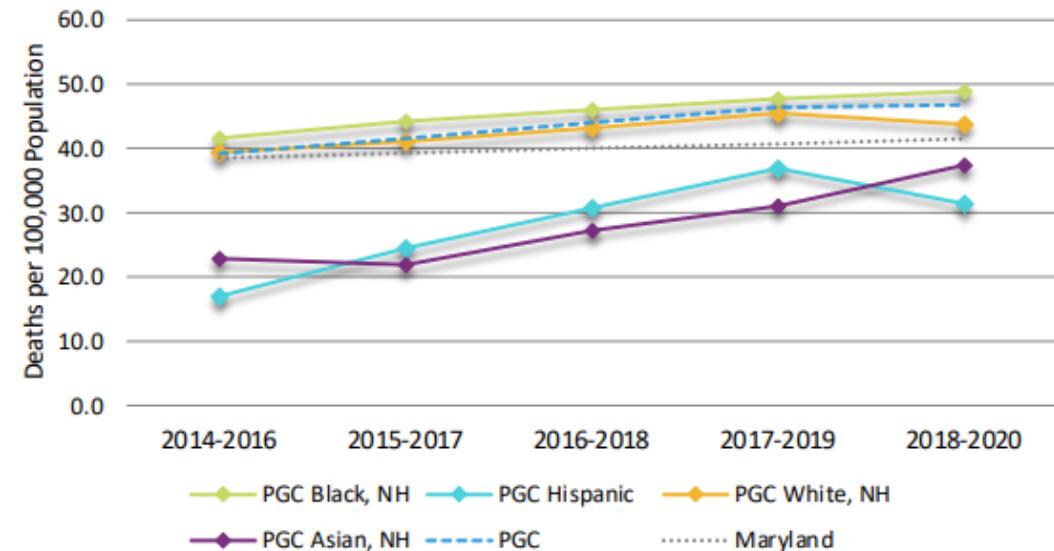
- No neutral trends identified



- Overall increase in resident adults who have been told they have high blood pressure by a healthcare provider
- Increase in inpatient visit rate due to hypertension
- Increase in stroke mortality, from 39.2 in 2014-2016 to 46.8 in 2018-2020

- Health Indicators/disparities
 - Over 1/3 residents reported hypertension dx
 - Rates & inpatient visits highest for Black residents
- Community Perception
 - Tied as #7 for residents
 - Tied as #6 by community experts

STROKE AGE-ADJUSTED MORTALITY RATE, 2014-2020



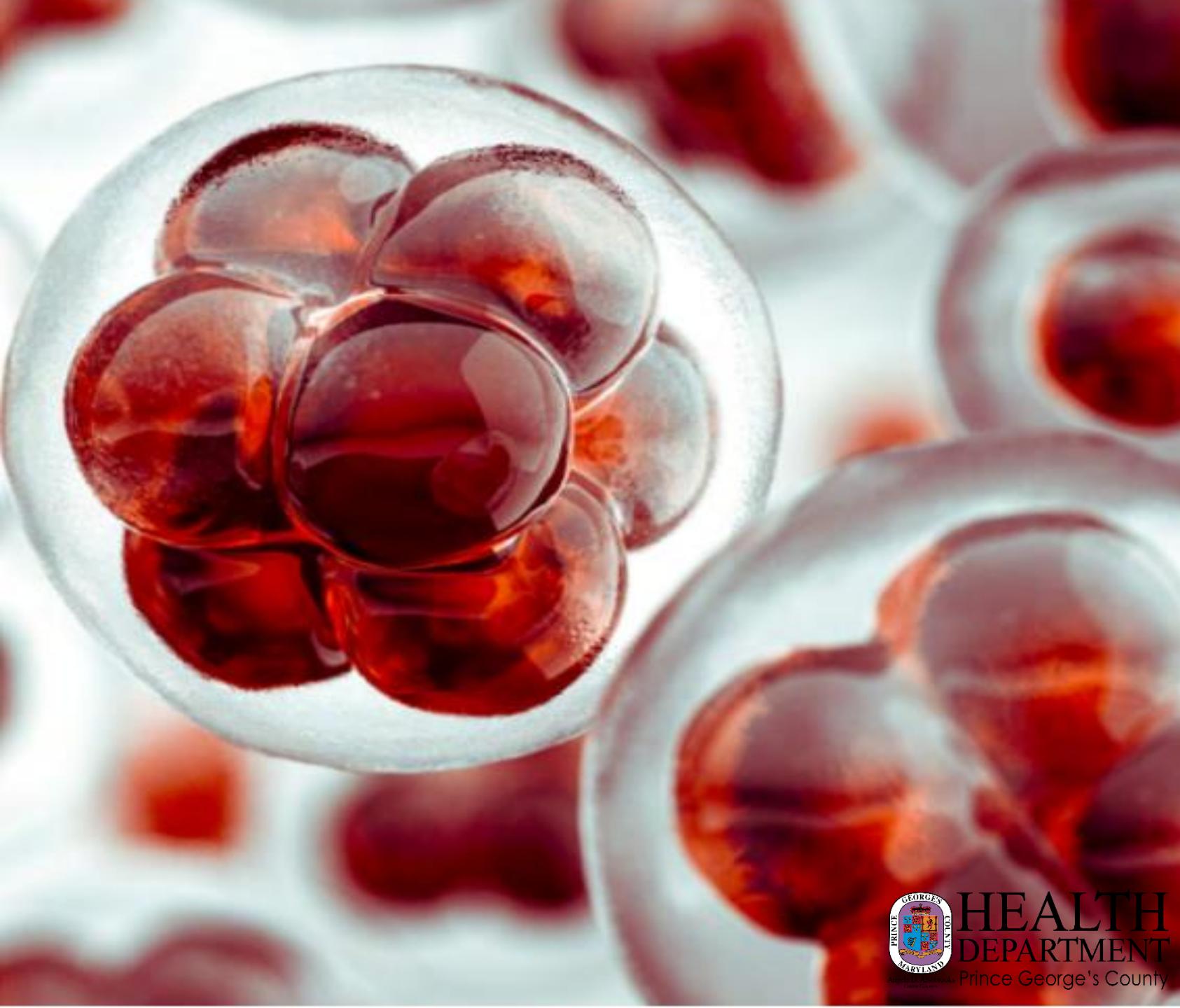
Source: 2017 Maryland Annual Cancer Report; 2017 CDC Wonder Online Database; 2022 Community Health Assessment Resident and Community Expert Surveys



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Cancer



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Cancer

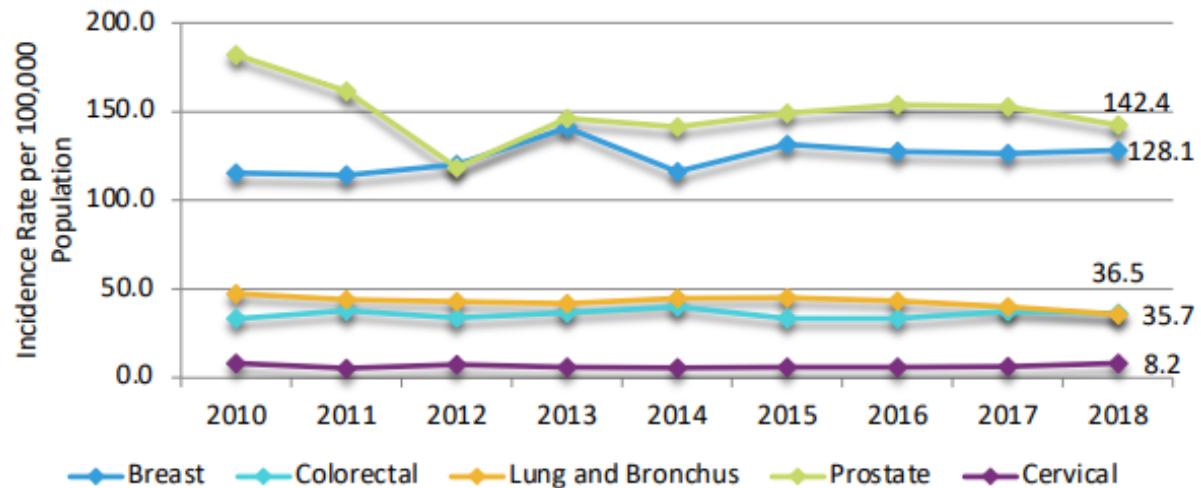
- Health Indicators/Disparities
 - #2 cause of death in the County
 - Black, NH men have highest mortality rate
 - Men have higher incidence rates

TRENDS (COMPARED TO 2019 CHA)

- Green - Overall cancer mortality rate has declined over the last decade to a low of 141.7 per 100,000 (2018-2020), lower than Maryland (145.5)
- Yellow - Decrease in incidence rate for Colorectal and Lung and Bronchus Cancers
 - No neutral trends identified
- Red - Mortality rate for Hispanic residents increased to 82.8 per 100,000 (2018-2020)
 - Increase in incidence rate for breast and cervical cancer
 - Increase in incidence rate for breast, colorectal, and lung and bronchus cancer for Black residents

- Community Perception - #10 by community & experts

CANCER AGE-ADJUSTED INCIDENCE RATES BY SITE,
PRINCE GEORGE'S COUNTY, 2010-2018



Source: 2021 Maryland Annual Cancer Report; 2020 CDC Wonder Online Database; 2022 Community Health Assessment Resident and Community Expert Surveys

Breast Cancer

HEALTH INDICATORS & DISPARITIES

- Black, NH women have highest incidence rate (131.6 per 100,000, 2014-2018) and mortality rate (27.4 per 100,000, 2018-2020)
- Incidence Rate (125.9, 2014-2018) is lower than the state (130.8), but mortality rate is higher (PG 24.4, MD 20.7, 2018-2020)
- White, NH women reported lower mammogram screenings in the past 2 years (68.7%, 2018) compared to Black, NH women (90.5%)

RISK FACTORS

- Alcohol use
- Older age
- Obesity
- Inherited risk of breast cancer

TRENDS (COMPARED TO 2019 CHA)



- Slight decrease in mortality rate for Black NH women, from 28.2 per 100,000 (2015-2017) to 27.4 (2018-2020)
- Increase in women (50+ years) who received a mammogram from 82.3% in 2016 to 86.2% in 2018



- Incidence rate has remained about the same from 2015-2018



- Slight increase in mortality rate for white NH women, from 22.4 per 100,000 (2015-2017) to 24.2 (2018-2020)

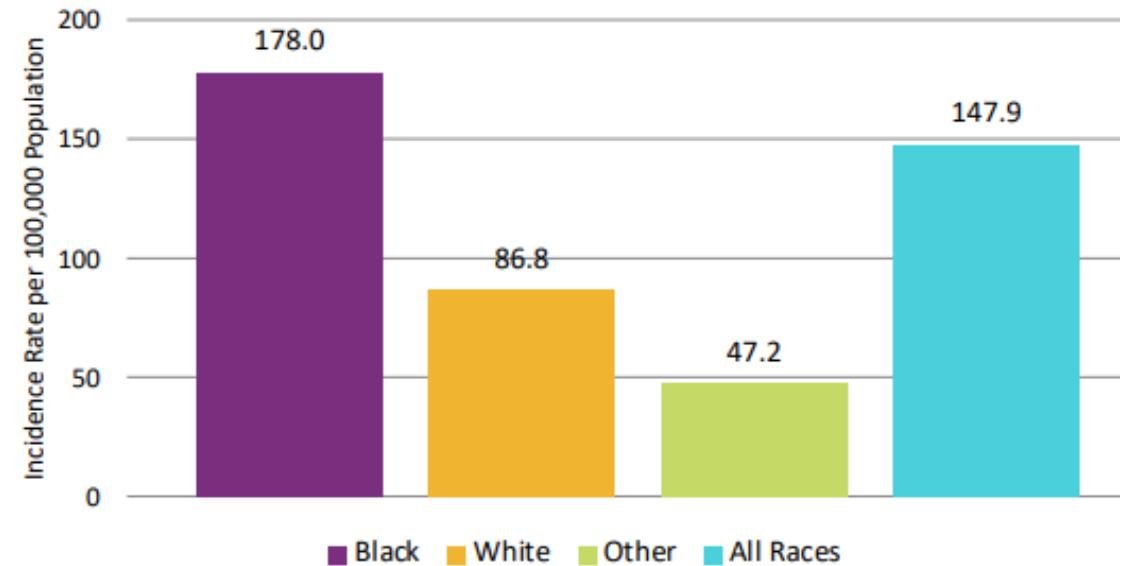
Prostate Cancer

- Health Indicators/Disparities
 - Incidence rate and mortality rate is higher than the state
 - Incidence and mortality rate for Black NH men nearly twice white NH men

TRENDS (COMPARED TO 2019 CHA)

- Decrease in mortality rate for Black NH men from 36.3 per 100,000 in 2015-2017 to 32.4 (2018-2020)
- Incidence rate overall and by race is about the same in 2014-2018 as it was 2019-2014
- Increase in mortality rate for white NH men from 16.5 per 100,000 in 2015-2017 to 18.4 (2018-2020)

PROSTATE CANCER AGE-ADJUSTED INCIDENCE RATE,
PRINCE GEORGE'S COUNTY, 2014-2018



Additional Areas of Interest



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HIV

TRENDS (COMPARED TO 2019 CHA)

- Decrease in new cases from 332 in 2017 to 221 in 2020
- Decrease in new cases for residents under age 40 and those ages 60+
- The number of new cases for ages 40-59 stayed about the same for 2020 compared to 2017
- The percent of new cases linked to care within one month was 88.7% in 2020, about the same as 2017 (89.1%)
- Increase in mortality rate from 3.6 per 100,000 (2016-2018) to 4.3 (2018-2020)

- PGC = 30% of new cases in MD
- 57% new cases age 20-39
- Over ¾ of new cases are Black, NH

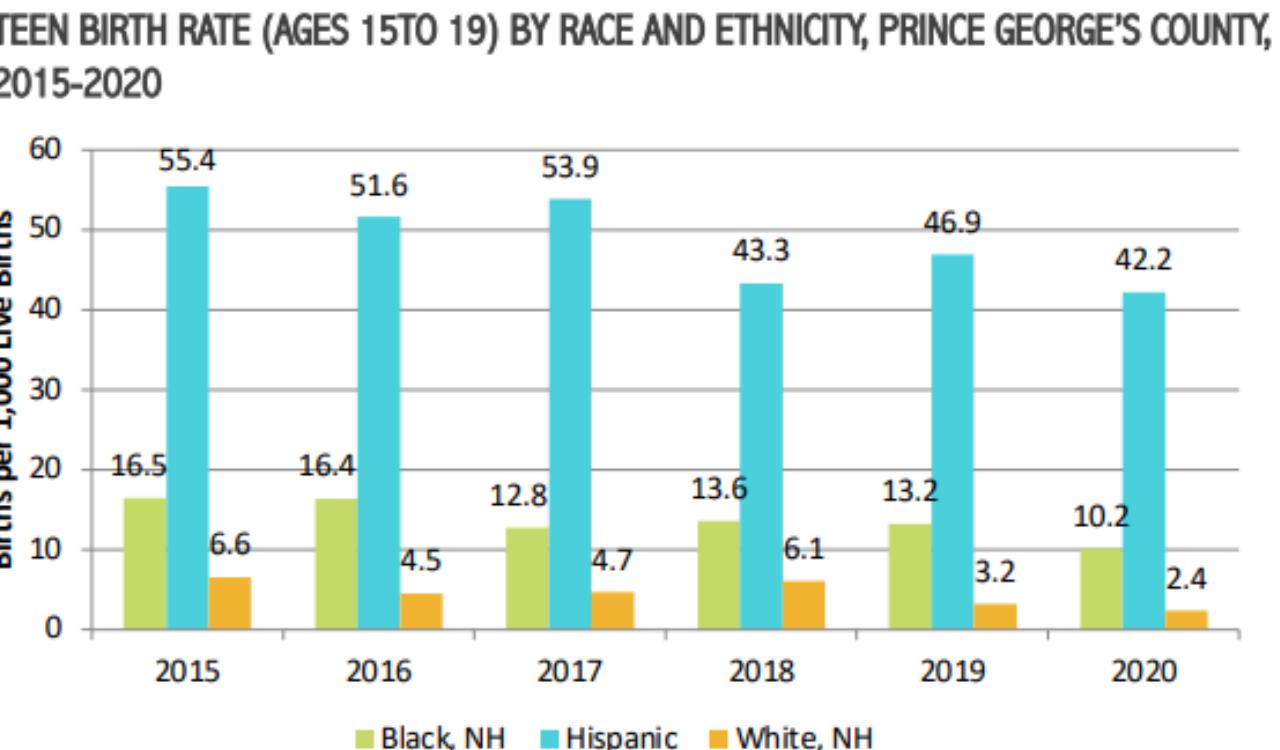
- Not ranked by community, #15 by community experts

CURRENT RESIDENTS LIVING WITH HIV, PRINCE GEORGE'S COUNTY, 2009-2020



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Maternal & Infant Health



TRENDS (COMPARED TO 2019 CHA)

- Decrease in infant mortality rate from 8.2 in 2017 to 5.5 in 2020
- Decrease in teen birth rate from 19.3 in 2017 to 16.5 in 2020
- Decrease in low birth-weight infants from 9.8% in 2017 to 9.2% in 2020

- The percent of infants with late or no prenatal care in 2020 was 9.8%, similar to 2017 at 10.2%.

- No negative trends identified

- **Health Indicators/Disparities**
 - Infant mortality in 2020 at a low (5.5/1,000), highest for Black NH
 - Teen birth rate 16.5/1,000 but 42.2 for Hispanic teens
 - Premature birth & low birth weight highest for Black NH mothers



CHA Data



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2022 CHA Components

- Demographics & Population Description
- Health Indicators
- Key Informant Interviews (N=15)
- Community Expert Survey (ongoing)
- Community Resident Survey (N=118)
- Asset and Resource Identification (ongoing)



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Population Profile

POPULATION PROFILE

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Overall Population

Population Demographics

Foreign Born Residents

Poverty

Food Stamps (SNAP)

Income

Disability

Education

Employment

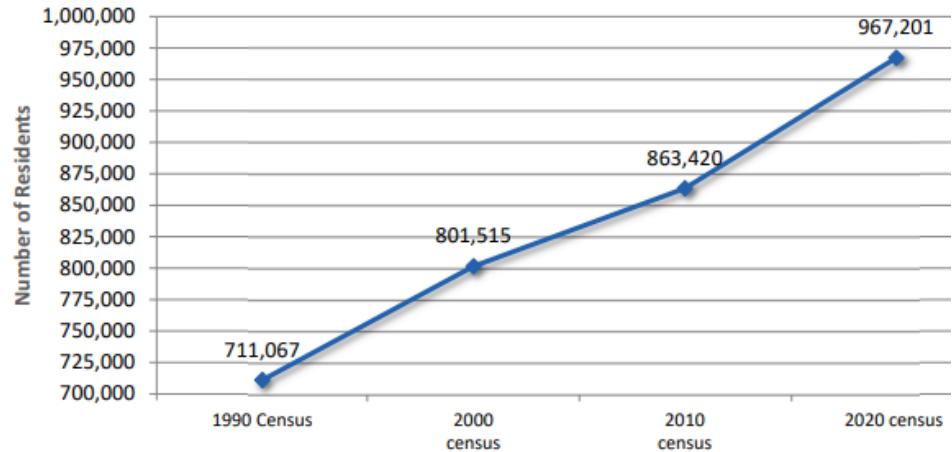
Housing

Fair Market Rent

Health Equity Index

Population Demographics, 2020

Prince George's County Population, 1990-2020



Data Source: 2020 U.S. Census, Table P1

2020 Estimates	Prince George's	Maryland	United States
Total Population	967,201	6,177,224	331,449,281
Race and Hispanic Origin			
Black, NH	571,866 (59.1%)	1,795,027 (29.1%)	39,940,338 (12.1%)
Hispanic (any race)	205,463 (21.2%)	729,745 (11.8%)	62,080,044 (18.7%)
White, NH	109,060 (11.3%)	2,913,782 (47.2%)	191,697,647 (57.8%)
Asian, NH	41,436 (4.3%)	417,962 (6.8%)	19,618,719 (5.9%)
American Indian/Alaskan Native, NH	1,887 (0.2%)	12,055 (0.2%)	2,251,699 (0.7%)
Two or more races, NH	31,408 (3.2%)	270,764 (4.4%)	13,548,983 (4.1%)
Other, NH	6,072 (0.6%)	37,889 (0.6%)	18,112,533 (0.7%)

Data Source: 2020 U.S. Census, Table P2

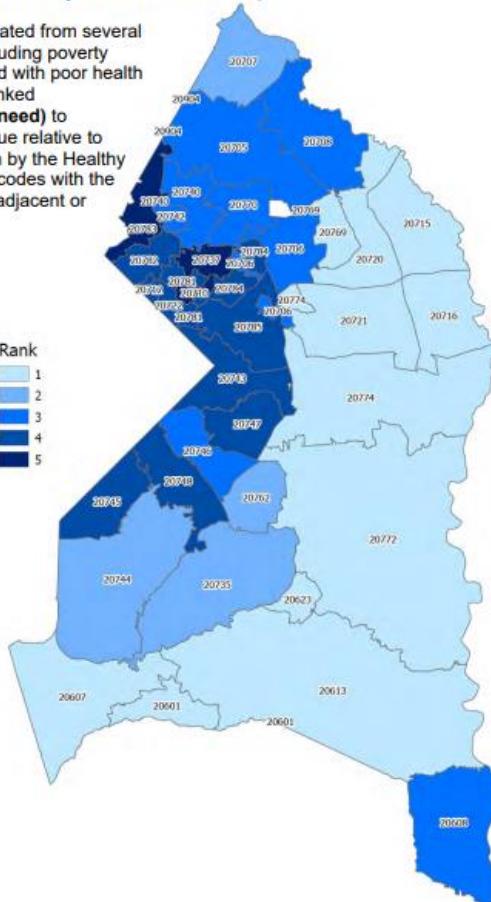


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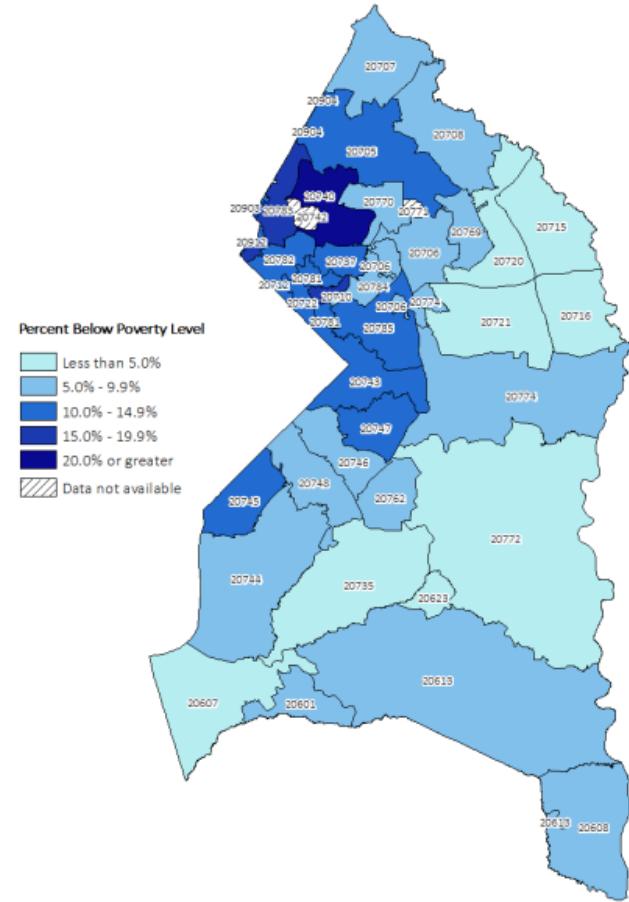
Population Profile

2021 Health Equity Index (formerly SocioNeeds Index)

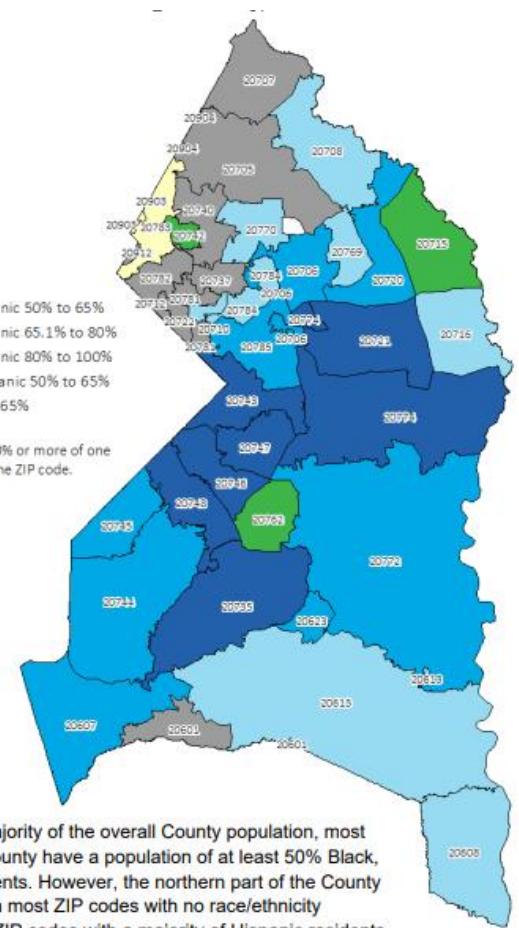
The Health Equity Index is calculated from several social and economic factors, including poverty and education, that are correlated with poor health outcomes. The ZIP codes are ranked based on the index, from **1 (low need)** to **5 (high need)** based on their value relative to similar locations within the region by the Healthy Communities Institute⁵. The ZIP codes with the highest needs are concentrated adjacent or near to Washington, D.C.



Percentage of Residents Living in Poverty by ZIP Code, Prince George's County, 2016-2020



Majority is defined as 50% or more of one racial/ethnic group for the ZIP code.



Health Indicators Report

Health Status Indicators	4
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Oral Health	62
Sexually Transmitted Infections	63
Substance Use Disorder	65
Unintentional Injuries	72
Senior Health	74
Violence and Domestic Violence	75

- Data Sources: Maryland Health Services Cost Review Commission, Maryland Vital Statistics Annual Report, MDH Annual Cancer Reports, Behavioral Risk Factor Surveillance System, CDC WONDER Online Database, Centers for Medicare and Medicaid Services, National Vital Statistics Report, MD State Health Improvement Plan, PCGHD data website
- Data Limitations: Cyberattack, COVID-19, residents seeking services in Washington, D.C., immigrant population not always captured through race/ethnicity data.



Mortality

Leading Causes of Death, 2018-2020

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	Maryland	U.S.	
All Causes	20,953	100%	749.8	747.0	758.7	---
Heart Disease	4,755	22.7%	169.8	163.2	164.5	---
Cancer	4,177	19.9%	141.7	145.5	146.4	122.7
COVID-19	1,249	6.0%	43.8	27.4	28.8	---
Stroke	1,244	5.9%	46.8	41.5	37.6	33.4
Accidents	911	4.3%	32.9	38.7	51.6	43.2
Diabetes	813	3.9%	28.0	21.4	22.6	---
CLRD*	543	2.6%	19.6	29.3	38.1	---
Alzheimer's	404	1.9%	16.4	15.1	31.0	---
Nephritis	389	1.9%	14.1	10.6	12.8	---
Septicemia	373	1.8%	13.4	12.1	9.8	---
Influenza and Pneumonia	343	1.6%	12.6	12.4	13.4	---
Hypertension	336	1.6%	12.1	9.1	9.3	---
Homicide	320	1.5%	11.7	10.2	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

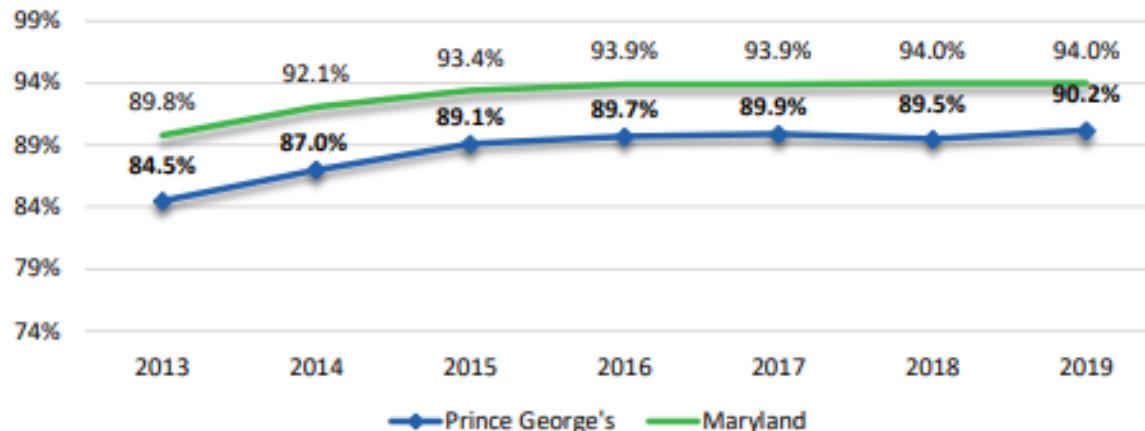


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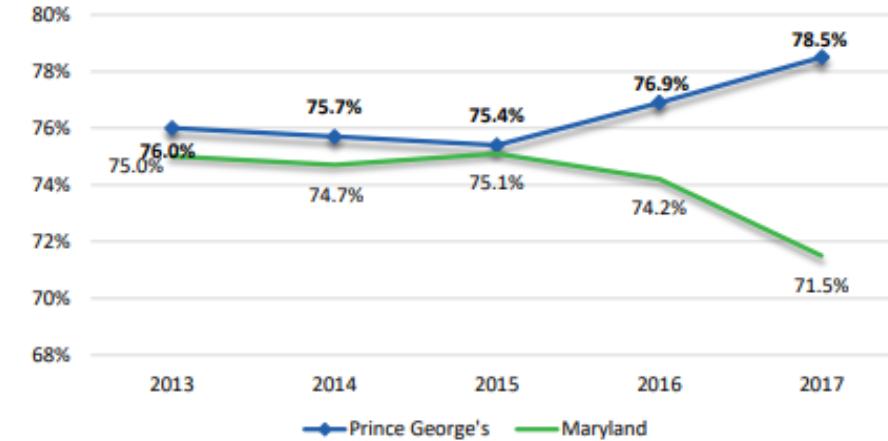
Access to Care

Residents with Health Insurance, 2013-2019



Data Source: 2019 American Community Survey 1-Year Estimates, Table S2701; 2020 1-Year estimates are unavailable

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



Data Source: 2013-2017 Maryland Behavioral Risk Factor Surveillance System, <https://ibis.health.maryland.gov>, accessed 5/13/2019; updated data not available

Resident to Provider Ratios

	Prince George's County Ratio	Maryland Ratio	Top U.S. Counties (90 th percentile)
Primary Care Physicians	1,890:1	1,120:1	1,010:1
Dentists	1,570:1	1,260:1	1,210:1
Mental Health Providers	550:1	330:1	250:1

Data Source: 2022 County Health Rankings, www.countyhealthrankings.org



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Prince George's County

Angela D. Astorbrooks
Commissioner

Cancer

Cancer Age-Adjusted Incidence Rates per 100,000 Population by Site, 2014-2018

Site	Prince George's	Maryland	United States
All Sites	401.6	446.1	448.6
Breast (Female)	125.9	130.8	126.8
Colorectal	36.1	36.1	38.0
Male	41.1	40.6	43.5
Female	32.4	32.5	33.4
Lung and Bronchus	41.6	54.1	57.3
Male	45.4	59.9	65.7
Female	38.7	49.9	50.8
Prostate	147.9	126.3	106.2
Cervical	6.4	6.6	7.7

Data Source: Maryland Department of Health, Annual Cancer Report, 2021; CDC National Center for Health Statistics, CDC WONDER Online Database

Cancer Age-Adjusted Death Rates per 100,000 by Site and Sex, 2018-2020

Site	Prince George's	Maryland	United States	HP 2030 Goal
All Sites	141.7	145.5	146.4	122.7
Breast (Female)	24.4	20.7	19.4	15.3
Colorectal	14.1	13.3	13.1	8.9
Male	17.9	15.5	15.6	---
Female	11.1	11.5	11.1	---
Lung and Bronchus	24.8	31.3	33.4	---
Male	30.5	36.1	39.9	---
Female	21.1	27.8	28.1	---
Prostate	26.4	19.9	18.5	16.9
Cervical	2.5	2.1	2.2	---

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

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

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

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



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Diabetes

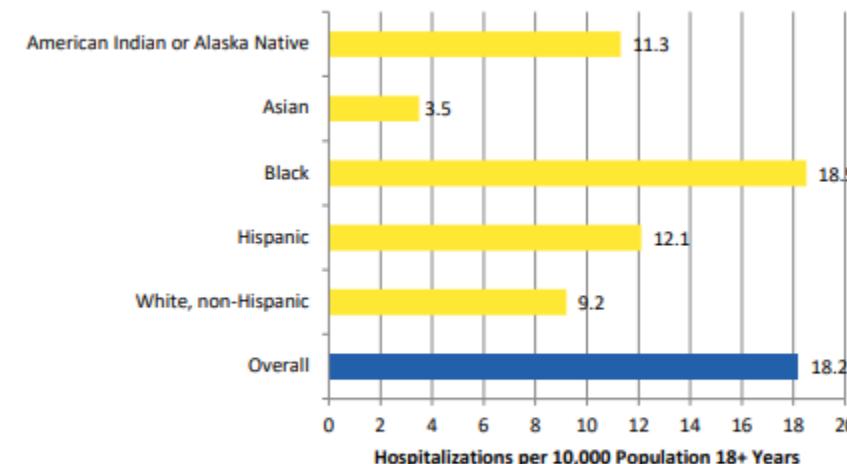
Percentage of Adults Who Have Ever Been Told By a Health Professional That They Have Diabetes, 2017 (Excludes Diabetes During Pregnancy)

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

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

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

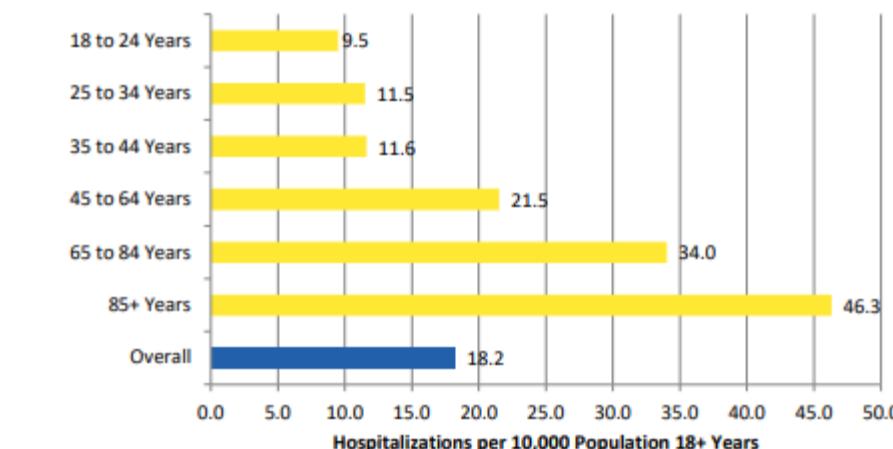
Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Race and Ethnicity, Prince George's County, 2017-2019



* Includes visits to only Maryland hospitals

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

Age-Adjusted Hospital Inpatient* Visit Rate due to Diabetes by Age Group, Prince George's County, 2017-2019

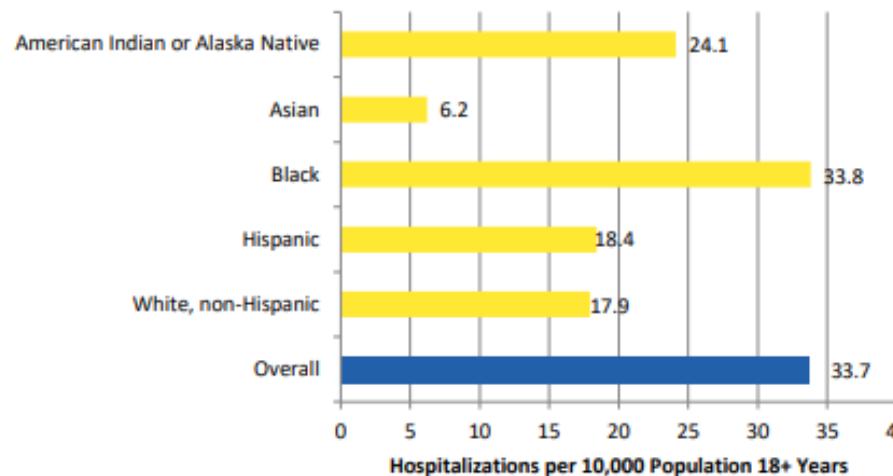


* Includes visits to only Maryland hospitals

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

Heart Disease

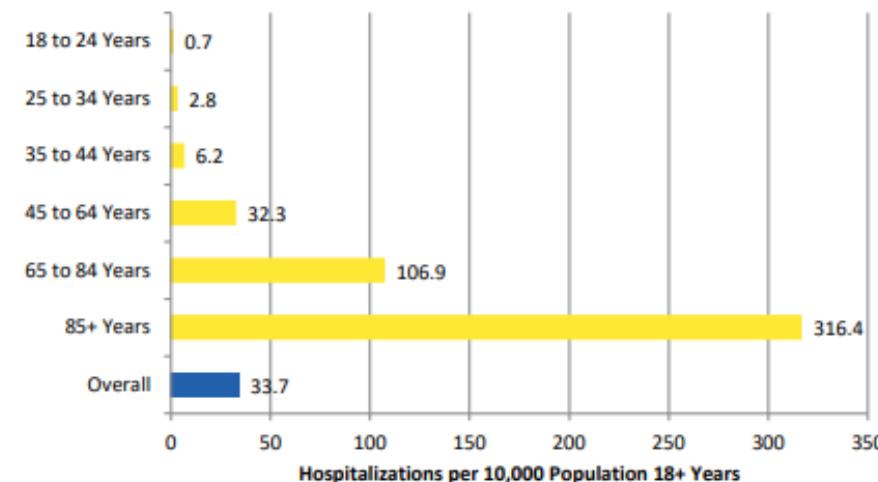
Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Race and Ethnicity, Prince George's County, 2017-2019



* Includes visits to only Maryland hospitals

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

Age-Adjusted Hospital Inpatient* Visit Rate due to Heart Failure by Age, Prince George's County, 2017-2019



* Includes visits to only Maryland hospitals

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

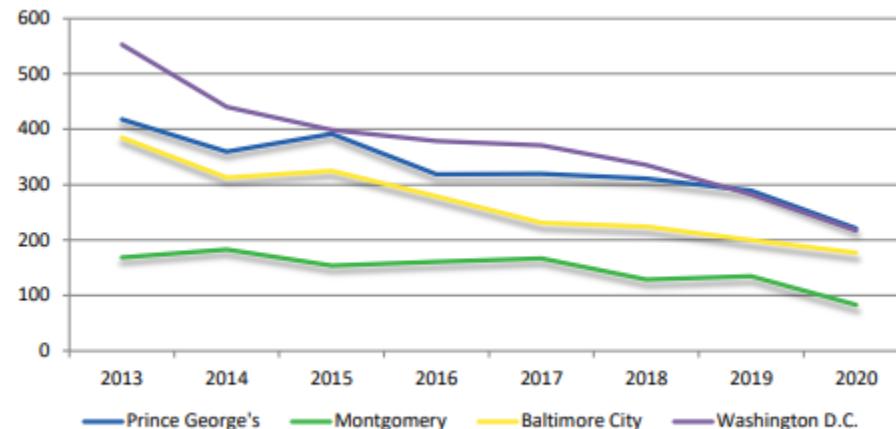


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Prince George's County

Angela D. Ashbrooks
Commissioner

HIV

New HIV Cases by Jurisdiction, 2013-2020



Data Source: 2020 County Annual HIV Epidemiological Profile for Prince George's County, MDH; 2021 HAHSTA Annual Epidemiology and Surveillance Report for Washington, D.C.; 2020 Baltimore City Annual HIV Epidemiological Profile; 2020 Montgomery County Annual HIV Epidemiological Profile

New HIV Cases by Exposure, 2020

Exposure	Prince George's		Maryland	
	Number	Percent	Number	Percent
Men who have Sex with Men (MSM)	115	51.9%	388	53.6%
Injection Drug Users (IDU)	10	4.5%	45	6.2%
MSM & IDU	2	0.8%	6	0.9%
Heterosexual	95	42.9%	285	39.4%
Perinatal	0	0.0%	0	0.0%
Total	221	100.0	724	100.0

Data Source: 2020 County Annual HIV Epidemiological Profile for Prince George's County, MDH; 2020 Maryland Annual HIV Epidemiological Profile

Demographics of New HIV Cases, 2020

		Prince George's		Maryland
	Number	Rate*	Number	Rate*
Sex at Birth				
Male	154	42.6	531	21.7
Female	67	16.7	193	7.3
Race/Ethnicity				
Black, non-Hispanic	170	35.3	520	33.9
Hispanic	33	24.8	85	17.4
White, non-Hispanic	6	6.2	87	3.3
Asian, non-Hispanic	3	9.0	10	2.9
Age				
13 to 19 Years	7	8.8	29	5.5
20 to 29 Years	70	56.3	233	30.1
30 to 39 Years	56	43.6	187	22.4
40 to 49 Years	52	44.2	125	16.6
50 to 59 Years	26	20.7	104	12.5
60+ Years	10	5.4	46	3.3
Country of Birth				
United States	146	25.9	500	12.0
Foreign-born	35	17.8	95	10.9
Total	221	29.1	724	12.0

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

Data Source: 2020 County Annual HIV Epidemiological Profile for Prince George's County, MDH; 2020 Maryland Annual HIV Epidemiological Profile

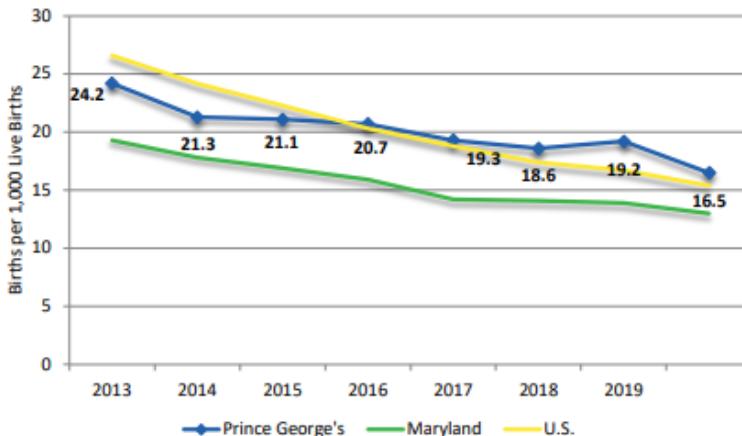


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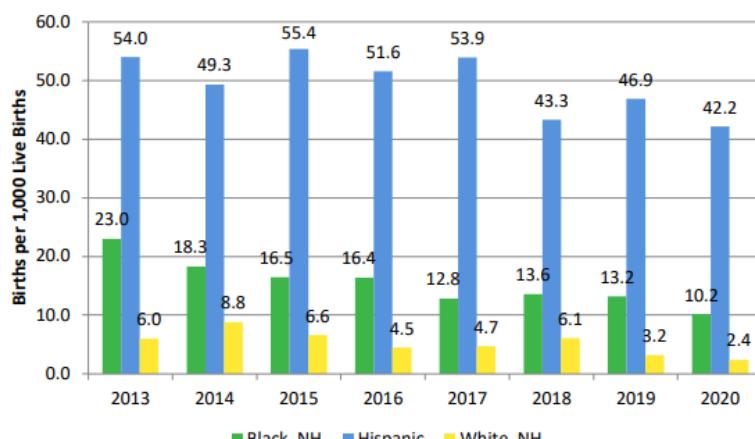
Maternal & Infant Health

Teen Birth Rate (Ages 15 to 19 Years), 2013-2020



Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2020 Annual Reports; National Center for Health Statistics, National Vital Statistics Report

Teen Birth Rate (Ages 15 to 19) by Race and Ethnicity, Prince George's County, 2013-2020



Data Source: Maryland Department of Health, Vital Statistics Administration, 2013-2020 Annual Reports

Infant Deaths, 2016-2020

	2016	2017	2018	2019	2020
Prince George's County Infant Deaths					
Black, non-Hispanic	67	82	73	46	48
Hispanic (any race)	22	19	17	23	12
White, non-Hispanic	2	1	2	1	2
Total Deaths	94	102	97	73	62
Infant Mortality Rate: All Races per 1,000 Live Births					
Prince George's	7.6	8.2	8.0	6.2	5.5
Maryland	6.5	6.5	6.1	5.9	5.7
Infant Mortality Rate: Black, non-Hispanic per 1,000 Live Births					
Prince George's	9.7	12.0	10.9	7.3	8.0
Maryland	10.5	11.2	10.2	9.3	9.9
Infant Mortality Rate: Hispanic (any race) per 1,000 Live Births					
Prince George's	6.1	5.0	4.5	5.9	3.1
Maryland	5.4	4.7	3.8	5.1	4.6
Infant Mortality Rate: White, non-Hispanic per 1,000 Live Births					
Prince George's	**	**	**	**	**
Maryland	4.3	4.0	4.1	4.1	3.3

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

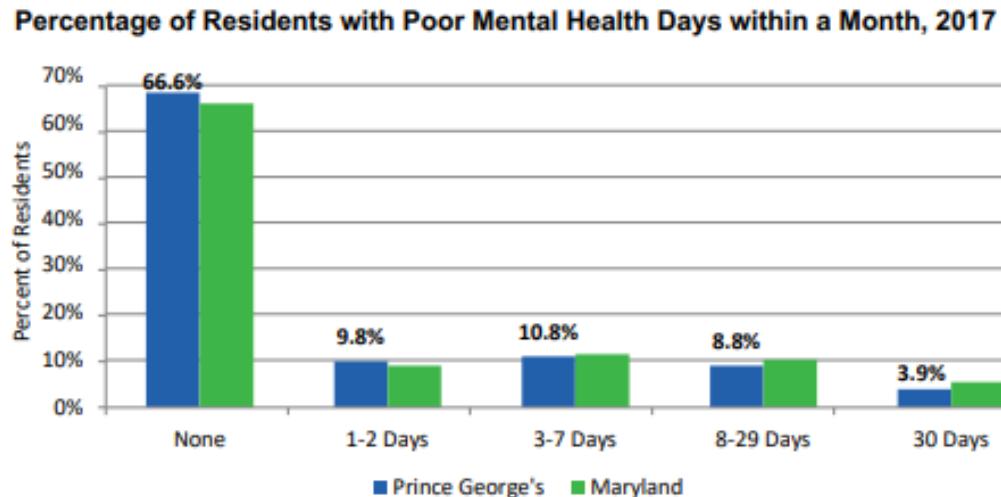
Data Source: Maryland Department of Health, Vital Statistics Administration, 2016-2020 Annual Infant Mortality Reports



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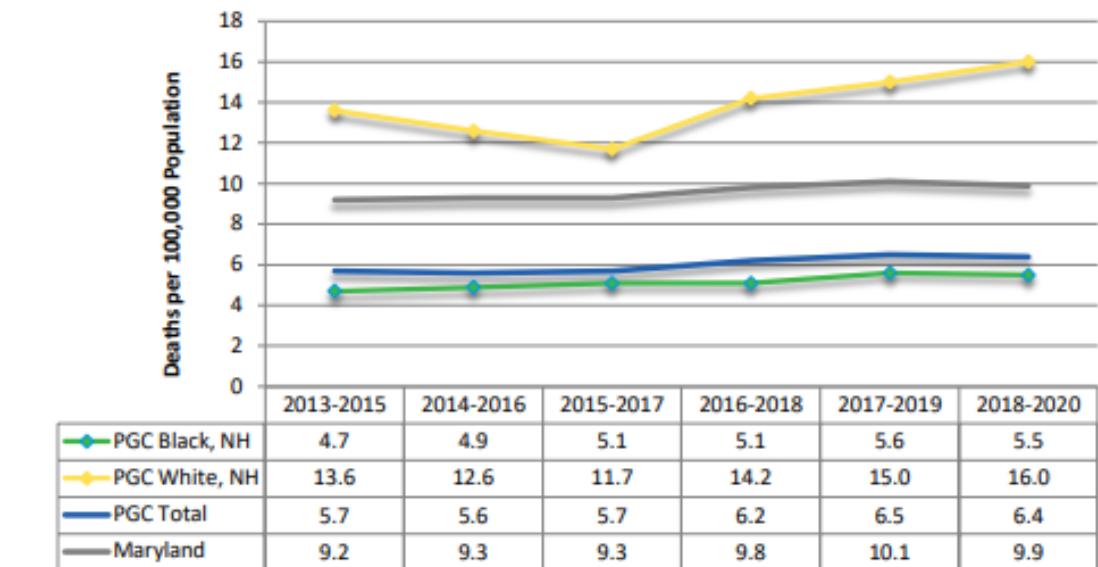
Angela D. Ashbrooks
Commissioner

Mental Health



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

Age-Adjusted Suicide Rate per 100,000, 2010-2020



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

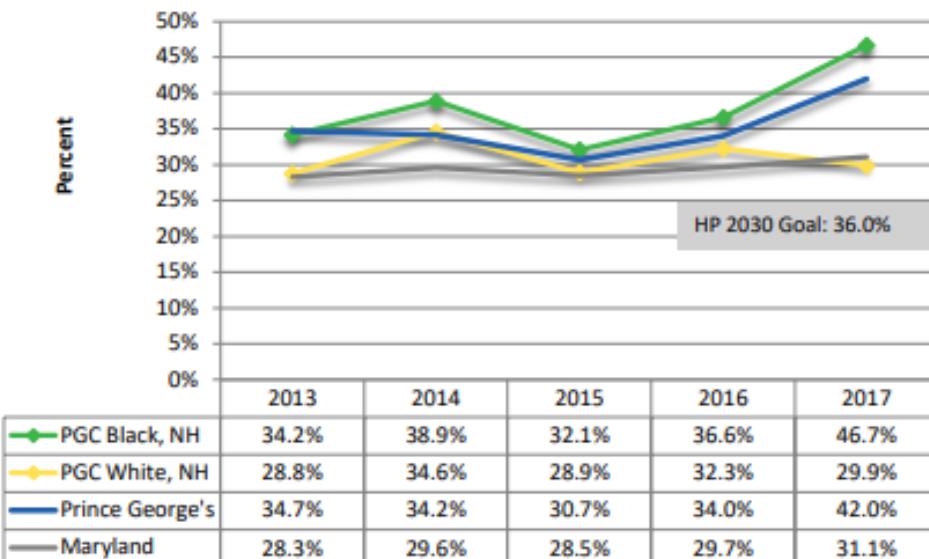
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database



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Obesity

Percent of Adults Who Are Obese, 2013-2017



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

Percentage of High School Students who were Physically Active for a Total of at Least 60 Minutes per day on Five or More of the Past Week, 2018

	Prince George's	Maryland
Sex		
Male	29.6%	42.9%
Female	18.9%	30.4%
Race/Ethnicity		
Black, non-Hispanic	26.8%	30.7%
Hispanic	17.1%	27.4%
White, non-Hispanic	**	45.1%
Age Group		
15 or Younger	23.7%	40.5%
16 or 17 Years	24.5%	33.0%
18 or Older	**	33.9%
Total	24.1%	36.5%

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

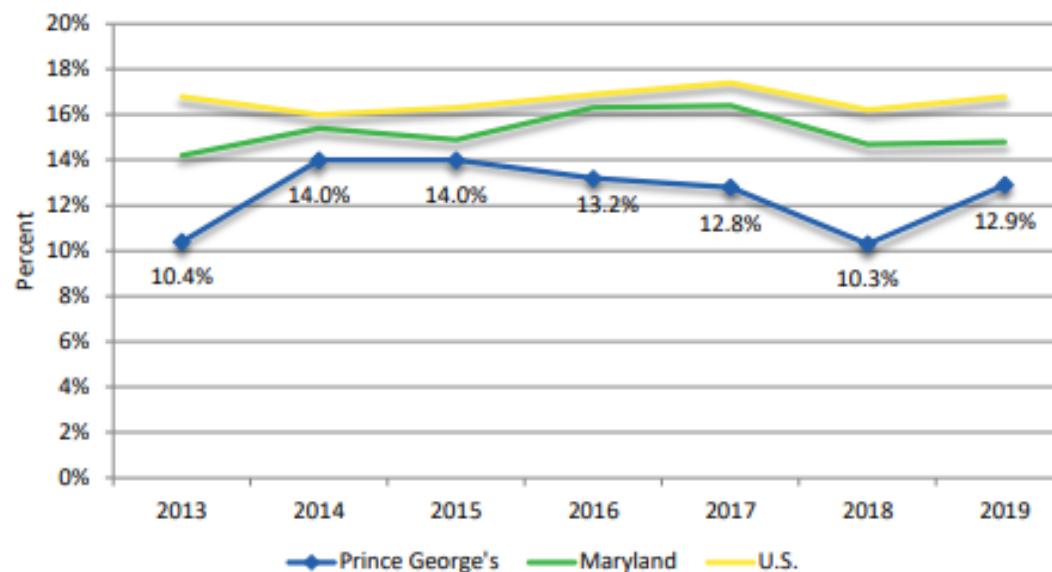
Data Source: 2018 Youth Risk Behavior Survey Report for Prince George's County and Maryland, MDH



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Substance Use 1

Percentage of Adult Binge Drinkers* in the Past Month, 2013 to 2019



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

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

Percentage of Adults Who Currently Smoke, 2017

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

**Over 65 years not presented due to insufficient data

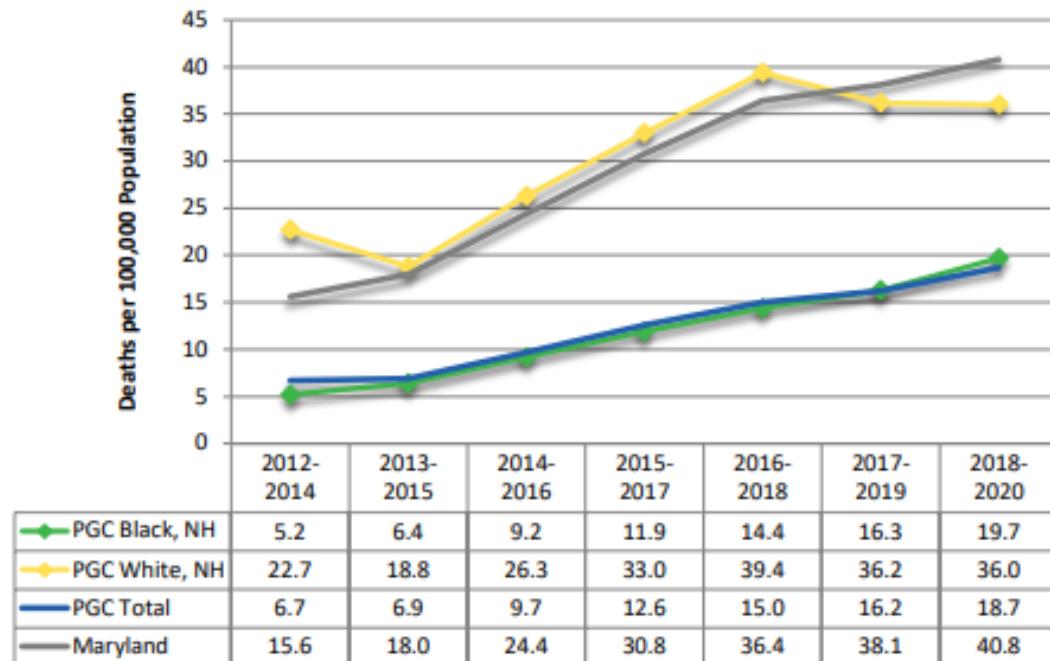
Data Source: 2017 Maryland Behavioral Risk Factor Surveillance System, <https://ibis.health.maryland.gov>, accessed 5/13/2019



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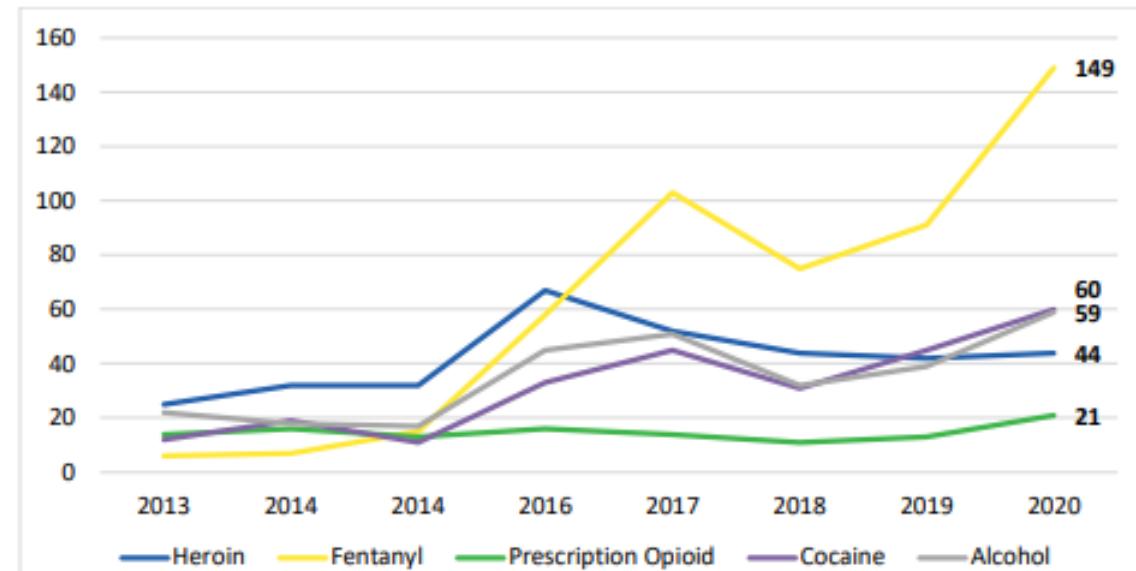
Substance Use 2

Drug-Related Age-Adjusted Death Rate per 100,000 Population, 2012 to 2020



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

Drug and Alcohol Intoxication Deaths by Place of Occurrence, Prince George's County, 2013-2020

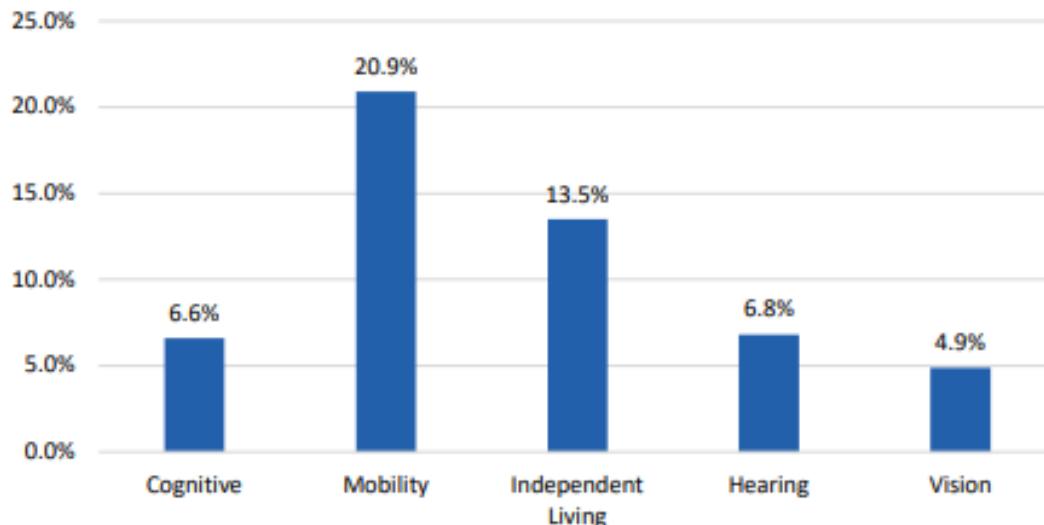


Data Source: 2020 Unintentional Drug- and Alcohol-Related Intoxication Deaths in Maryland Annual Report

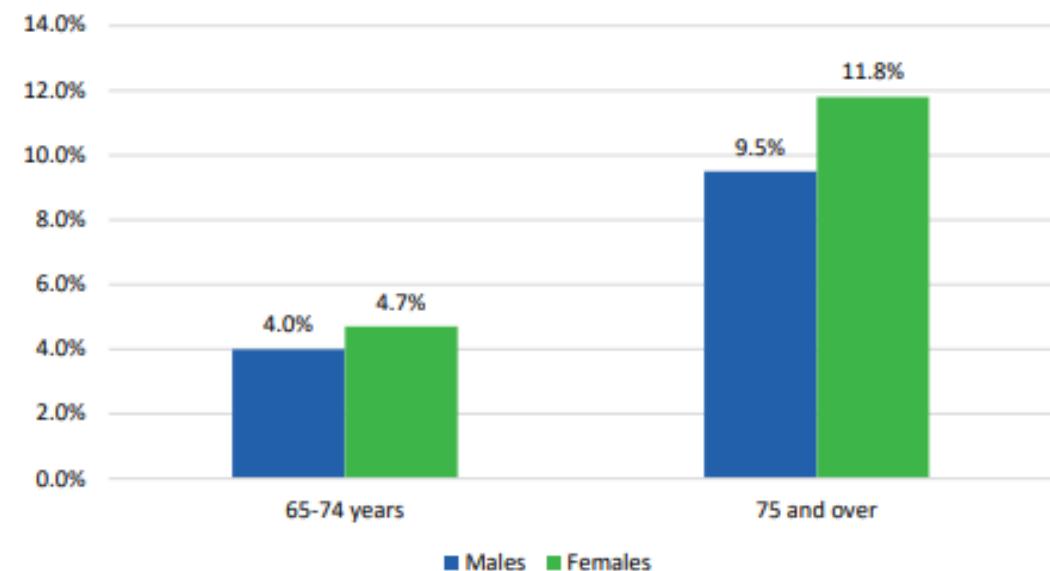


Senior Health

Percentage of Seniors (65+ Older) by Disability Type, Prince George's County, 2021



Percentage of Seniors (65+ Older) with a Self-Care Difficulty, 2021



Data Source: 2021 American Community Survey, Table B18106



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Community Surveys

- 3 methods of soliciting community feedback
 - Key informant interviews – county leaders, special populations
 - Community expert surveys – community partners and experts
 - Community resident survey – same questions as expert survey, residents
- Pandemic severely limited responses
 - Lack of resources
 - Survey fatigue
 - Not representative of county



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Key Informant Interviews

As part of the 2022 Community Health Assessment conducted in partnership with the County's hospitals, the Prince George's County Health Department (PGCHD) conducted key informant interviews with 16 County leaders drawn from diverse backgrounds with varying perspectives on health in the County. The key informant interviews were utilized as an opportunity to include perspectives from populations that may be under-represented through other collection methods and have a need for different or increased resources to achieve their best health. The special populations represented included veterans, seniors, those experiencing homelessness or housing insecurity, immigrants, refugees, and the Hispanic and Filipino communities.



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Key Findings

- Most important health issues: (1) behavioral health (2) chronic disease (3) access to care (4) healthy eating/active living
 - Same from 2019 key informant interviews
- Most important SDOH: (1) economic stability (2) transportation (3) adequate and affordable housing (4) access to healthy food
- Most important barriers: (1) lack of mental health services (2) awareness of programs/resources (3) limited primary care/specialists (4) health literacy (5) transportation (6) housing (7) pandemic
- Residents do not want to see temporary fixes, they want permanent change in the County regarding health outcomes – requires stable funding

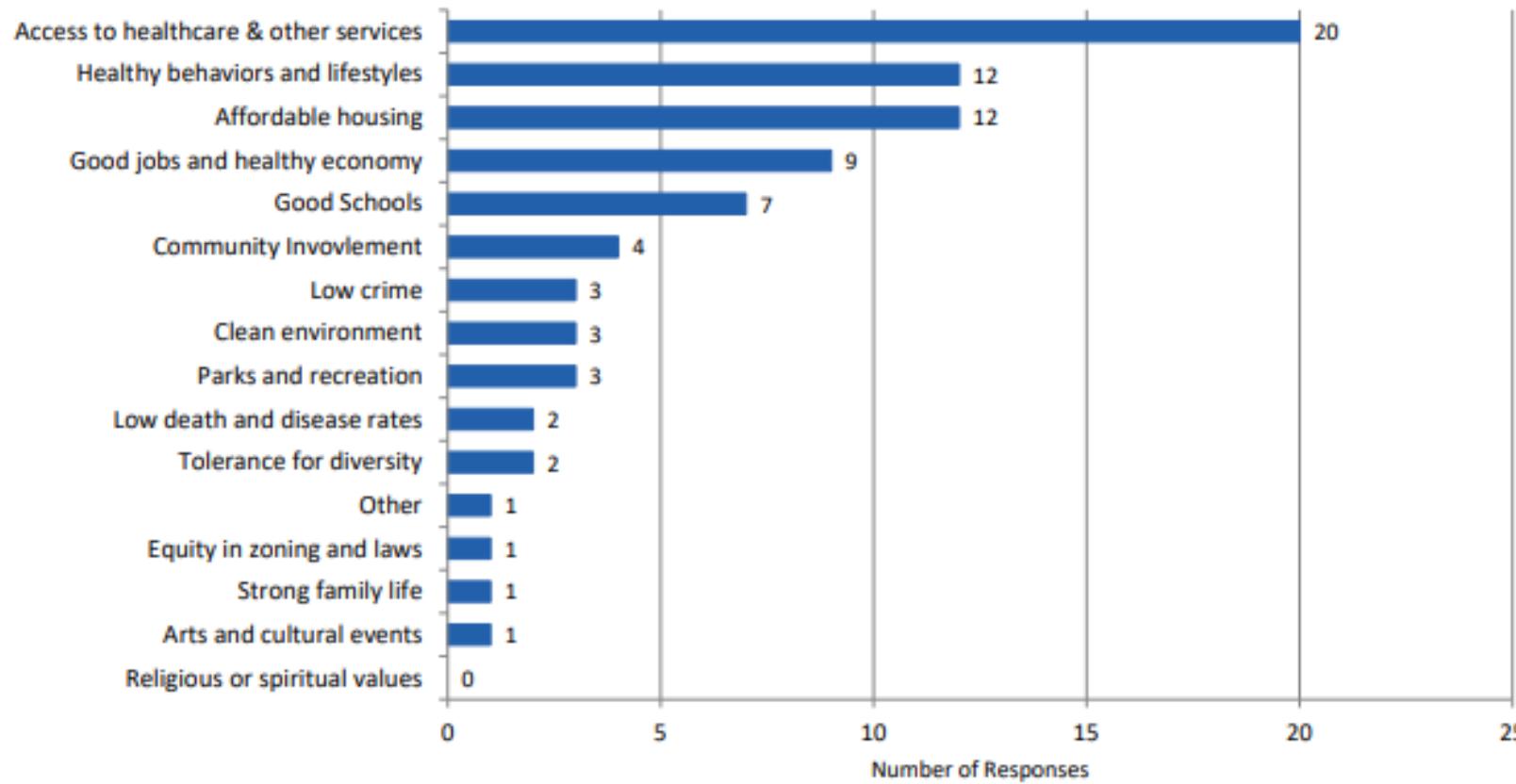


Community Expert Survey

- Core CHA team provided lists of community-based partners & representatives. Questions corresponded with the community resident survey
- E-mail sent to 100 participants, 27 responses
 - Government orgs (50%)
 - Non-profits (22.2%)
 - Public health orgs (16.7%)
 - Healthcare providers (11.1%)
 - Faith-based orgs (11.1%)
 - Social services, mental/behavioral health, education/youth services (5.6% each)

Results

Question 1: What do you think are the **three** most important factors that define a "healthy community" (what most affects the quality of life in a community) for the community you serve in Prince George's County? (N=27 responses)



"Other" Included: improvements in collaboration between health care system and the community at large



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Program Director

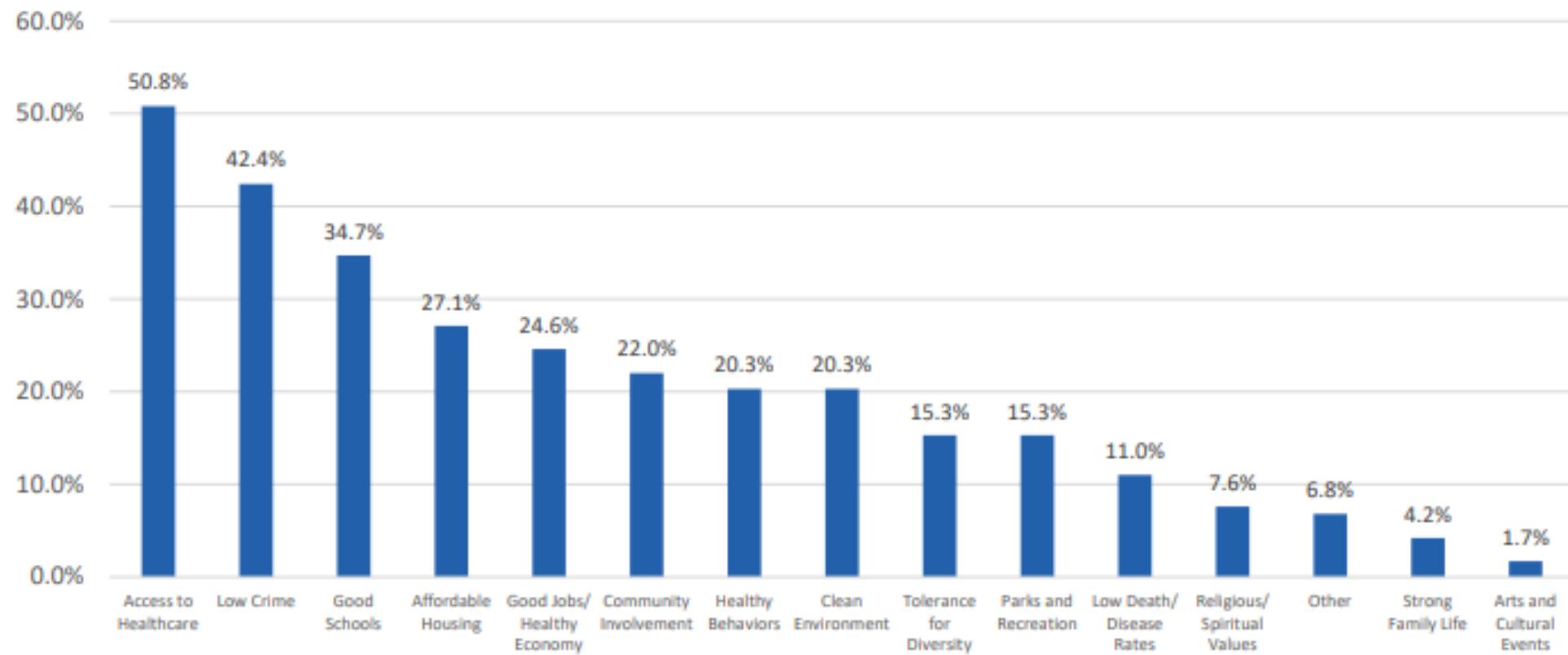
Community Resident Survey

- Mirrored Community Expert Survey
- Translated to Spanish
- Available online and printed copies
- Distributed as a convenience sample
- Available March 2022 through May 11, 2022
- 118 participants (106 English, 12 Spanish)
 - Southern part of county absent
 - Over 4/5 female
 - Over 70% had a college degree or higher



Results

Question 1: What do you think are the three most important factors that define a "Healthy Community" (what most affects the quality of life in a community)? (N=118 responses; 106 English, 12 Spanish)

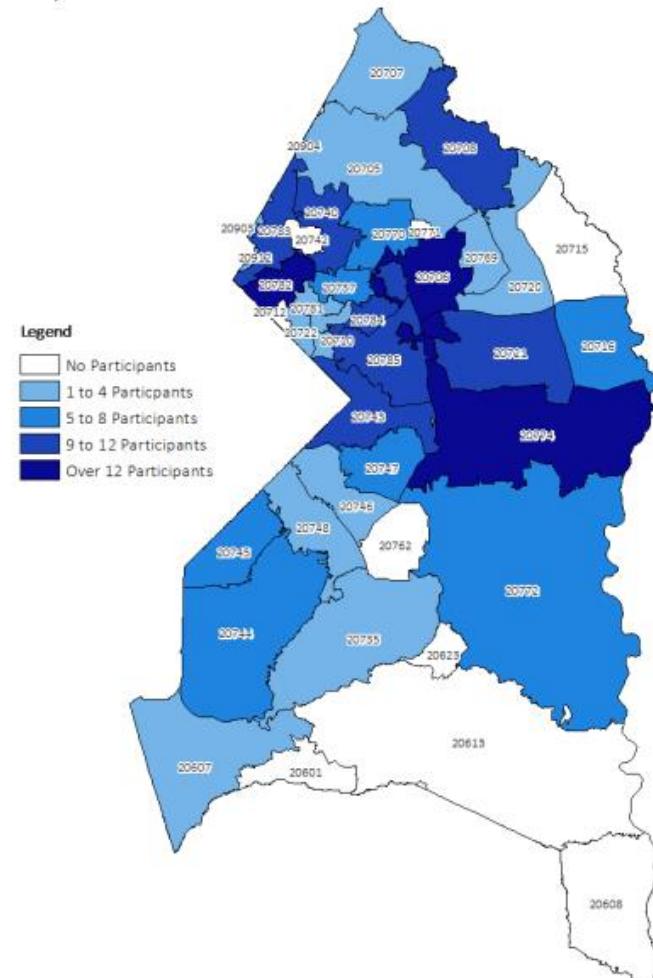


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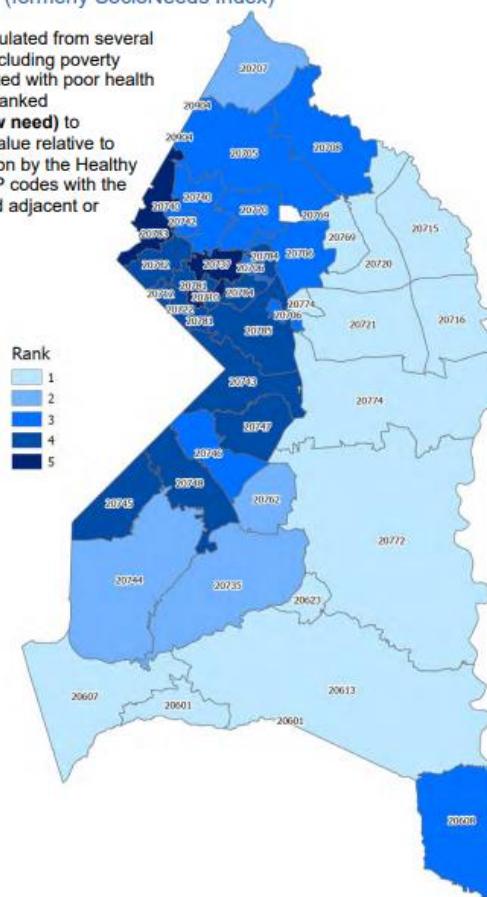
Respondents

Question 19: What is the ZIP code where you live? (N=85 responses; 80 English, 5 Spanish)



2021 Health Equity Index (formerly SocioNeeds Index)

The Health Equity 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 Institute⁵. The ZIP codes with the highest needs are concentrated adjacent or near to Washington, D.C.



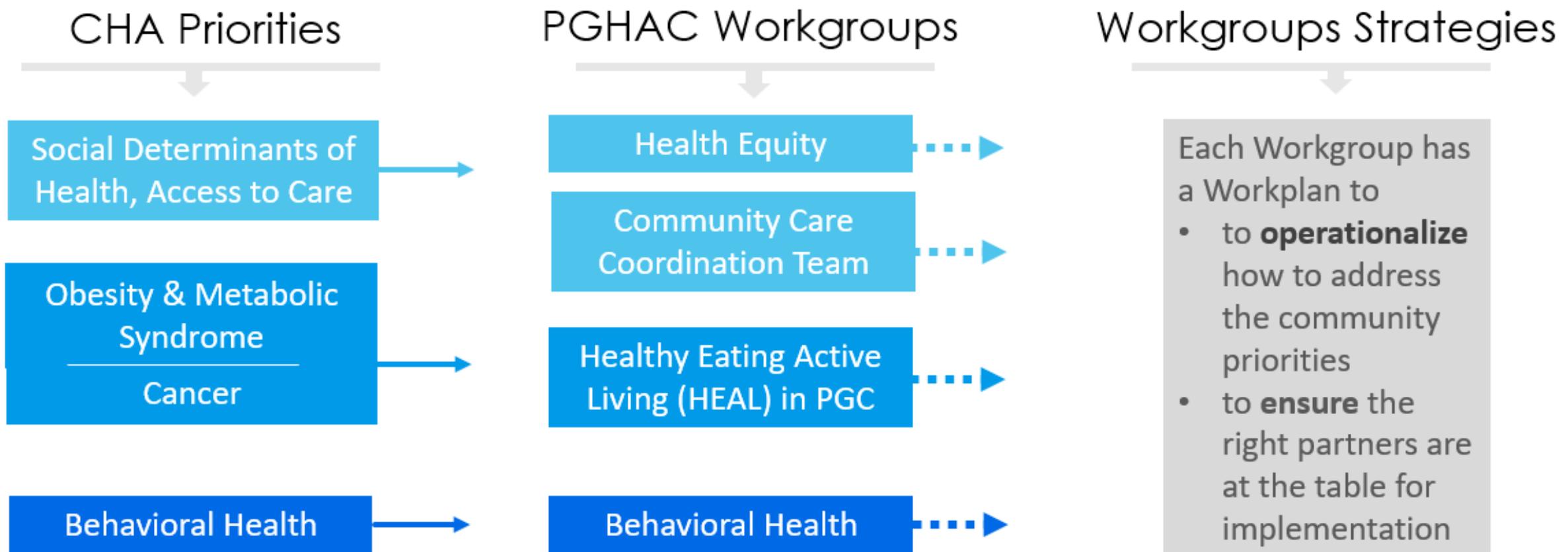
Community Health Improvement Plan (CHIP)



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Angela

Next Steps – Community Health Improvement Plan



Health Equity Workgroup

Priority area: Social Determinants of Health

Goal 1: To advocate for the implementation of Health in All Policies (HiAP), CR-127-2020.

Goal 2: Enhance the accessibility and inclusivity of public health messaging across communities of diverse cultures, socioeconomic backgrounds, languages, and geographical locations.



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County Government

Behavioral Health Advisory Group

Priority area: Behavioral/Mental Health

Goal 1: Promote upstream behavioral health care to prevent the onset of crises.

Goal 2: Integrate programs and services in the continuum of care for high-risk individuals and social support networks.

Goal 3: Destigmatize the utilization of behavioral health services.



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Healthy Eating, Active Living Workgroup

Priority area: Obesity and Metabolic Syndrome

Goal 1: Improve the health and wellness of individuals with chronic conditions by providing access to nutritious food.

Goal 2: Promote Healthy Eating, Active Living (HEAL) in County Policy and Zoning.



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Community Care Coordination Team

Priority area: Access to Care

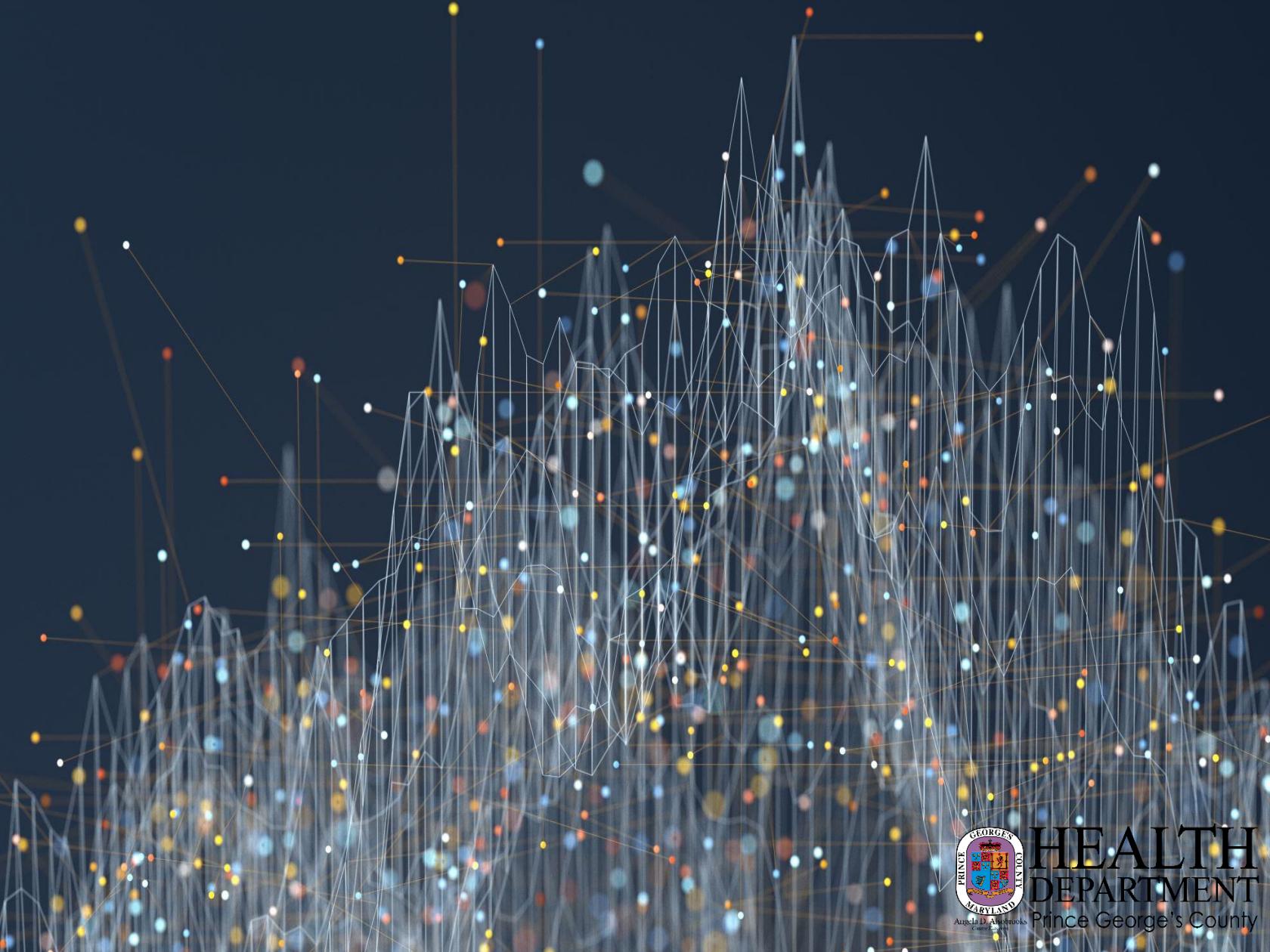
Goal 1: Identify and improve connectivity with existing community health resources.

Goal 2: Promote data sharing between partners.



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Data Requests



Angel D. Aspinwall
Commissioner

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Current Data Limitations

- COVID-19 data – the exception rather than the rule
 - Accurate, timely, specific
- Data takes time to process and verify
 - Most data updated annually, available 1-2 years ago
 - More recent data “preliminary”, may not be publicly available
- HIPAA & Privacy
 - The more detailed you get in one area, the less you can in others
 - Often county level – sometimes zip code, rarely census tract – district-level data very difficult to extract
 - Small cell sizes – the more details you add, the easier to identify someone
 - Rarely have access to individual-level data



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[pgeconline.org](http://www.pgeconline.org)

Data Availability

- Local public health departments access is limited
 - Programmatic data
 - Most data reported to state/federal agencies
 - Rely on data use agreements (DUAs)
- How we can use the data is limited
 - May not be able to provide to public
 - Must have a reason
 - IRBs for research studies
- Data is rarely perfect
 - Can only work with available variables – not customizable
 - No way to link between data sets



Data Infrastructure Systems and Limitations

- Public Health data and systems have historically been based on diseases condition, funding source, reporting requirements, or other factors
- There were no centralized data environment to share data or as a system have a source of truth
- The COVID-19 Pandemic shed a spotlight on the need for public health to link to clinical and population data to create a more comprehensive picture between disease prevention, clinical services, treatment, and follow-up



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Limitations and Challenges

- Currently do not have access to all needed data
 - Do not have access to tangible and real-time data
- Inability to connect with all data systems supporting Public Health
 - Immunization Registry: ImmunNet
 - Electronic Health Records Linking
 - Electronic Lab Reporting System

CDC Data Modernization Initiative aimed at improving historical public health systems connection and adaptability is ongoing in hopes to reduce the limitation and challenges with data availability and system connectivity



Data Systems and Data Availability

- Chesapeake Regional Information System for Patients (CRISP) is the Health Information Exchange (HIE) that allows clinical information to be shared to systems and local health departments
 - Data available based on Data Use Agreements (DUA)
- Data Use Agreements (DUA)
 - Community Partners to support programmatic deliverables and performance measures
 - Other Agencies: HSCRC, CRISP
- County-wide Surveys
 - Community Health Assessment
 - Senior Survey
- Publicly Available Data
 - Census
 - National Data Sources
 - Open Data Portals

Current Data Resources

- Social Determinants of Health Data
 - US Census Data
- Communicable Disease Data
 - National Electronic Disease Surveillance System
- Health Equity Related Data
 - CRISP Public Health Dashboard
- Vital Records
 - Data Use Agreement with Maryland Department of Health (MDH)



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