Prince George’s County Ranks Low on Health Measures

October 2011

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Introduction

Prince George’s County, Maryland, has poor results on several key health indicators compared with its neighboring jurisdictions, and state and national averages. Prince George’s ranks low on social determinants of health status, like education and employment levels. The county’s ranking is poor for a number of important health risks, such as adult obesity, sexually transmitted diseases, and teen births. At the same time, Prince George’s has less access to care than its neighbors, with low numbers of physicians and high numbers of uninsured residents. Prince George’s outcomes are close to the state average in adult smoking and drinking; however, the county has below-average health outcomes, with high rates of premature death and low birth-weight infants, for example.

Prince George’s County benefits from a higher-than average median household income and a low percentage of children in poverty. Population estimates from 2009 rank Prince George’s County as the second-largest county, with a high percentage of African Americans (66%) and Hispanics (14%). While these indicators suggest a relatively positive economic situation and reflect a diverse population, recent results from the 2011 County Health Rankings provide a mixed assessment of the health profile for Prince George’s County.

The 2011 County Health Rankings are a collaborative effort between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute to report on the overall health of all counties in the United States. For the purposes of the rankings, the term “health outcomes” is used to describe the current health status of a county and is based on measures of mortality (length of life) and morbidity (health-related quality of life). These health outcomes are influenced by a combination of behavioral, clinical, socioeconomic, and environmental factors — collectively termed “health factors.”

Examining each of the major factors and sub-factors identified in the research offers a detailed picture of the health conditions in Prince George’s County and, more importantly, identifies those issues that need to be addressed if the health of Prince George’s County residents is to improve.

Acknowledgements

We are grateful to the Community Foundation for Prince George’s County, the Consumer Health Foundation and Kaiser Permanante for sponsoring this report and a series of research examining health and human services in Prince George’s County. This report was written by Jesse Austell, M.A., Megan Whelen, M.P.H., and Chris Madison, M.S., of Simplicity Metrics; as well as Heather Lifit, M.A., of Maryland Nonprofits and Neil Bergsman, M.P.M., of the Maryland Budget and Tax Policy Institute. For more information and research on health and human services in Prince George’s County, please visit the Maryland Nonprofits website at www.marylandnonprofits.org.
Health Outcomes

Overall, Prince George’s County is one of the lowest ranked counties in Maryland for health outcomes, ranking 17th out of 24 counties. One of the driving factors behind this lower ranking is a high rate of premature death, as measured by Years of Potential Life Lost (YPLL) before age 75 per 100,000 residents. With 8,374 YPLL, Prince George’s County falls behind the national benchmark of 5,564 as well as the state average of 7,537. Only five counties in Maryland have a higher mortality rate than Prince George’s County. In comparison, Howard and Montgomery Counties, which are immediately adjacent to Prince George’s, have the lowest mortality rates in the state.

In terms of morbidity, Prince George’s County ranks on par with both the national and state averages for self-reported measures of poor mental and physical health; however, the county’s percentage of live births with low birth weight (10.5 percent) far exceeds the national benchmark of 6 percent and is in excess of the state average of 9.1 percent. This unfavorable statistic reflects the poor overall morbidity of the county and contributes to its subsequent ranking of 15th. In comparison, the five counties immediately surrounding Prince George’s (Anne Arundel, Calvert, Charles, Howard, and Montgomery) all have lower percentages of low birth weight, ranging from 6.7 percent to 8.7 percent.

Health Factors

The data on health factors include information in four broad categories: health behaviors, clinical care, social and economic factors, and the physical environment. Within these categories are subcategories that identify specific behaviors or conditions that present a detailed picture of health conditions in the county.

Health Behaviors

The health behaviors ranking, for example, is based on adult smoking, adult obesity, excessive drinking, motor vehicle crash deaths, incidence of sexually transmitted infections, and teen birth rate. On several of these behaviors — smoking, drinking, and auto deaths — Prince George’s County is on par with other counties in the state, which accounts for its ranking of 12 out of 24 counties, squarely in the middle. But also within the behaviors category, the county’s performance on adult obesity, teen births, and sexually transmitted infections is worse than the state average. Obesity is measured by the percentage of adults having a body mass index (BMI) above 30, and Prince George’s rate of 32% is five percent above the state average and seven percent above the national average. The teen birth rate in Prince George’s County (38 births per 1,000 females) exceeds the state rate of 34 per 1,000.
and far exceeds that of the nation (22 per 1,000). On the sexually transmitted infections category, which measures the incidence of chlamydia per 100,000 residents, Prince George’s County’s rate of 638 is significantly higher than the state average of 439, and nearly eight times the national average of 83.

**Clinical Care**

The clinical care category in the health rankings compares counties on a number of conditions related to the availability of medical care and access to health insurance. Overall, Prince George’s County ranked 22 out of the state’s 24 counties in this category. Specifically, Prince George’s County’s rate of 22 percent of uninsured adults younger than 65 is higher than the statewide average of 17 percent and the national benchmark of 13 percent. Similarly, the number of primary care physicians per citizen is significantly lower than the state and national average: one physician per 1,077 citizens in Prince George’s County does not compare favorably with the state average of one per 713 citizens or one per 613 citizens nationwide.

On the other hand, the county’s rate of preventable hospital stays per 1,000 Medicare enrollees — 62 — is lower than the state average of 70 and not significantly higher than the nationwide benchmark of 52. Also measured in the clinical category is the number of Medicare enrollees screened for diabetes and the percentage of females in Medicare who get mammograms. Prince George’s County’s 76 percent performance on diabetes screening is not significantly below the state (81 percent) or national (89 percent) averages. But Prince George’s County’s screening percentage for mammograms — 56 percent — compares unfavorably with the overall state rate of 64 percent and the national benchmark of 74 percent.

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**Sexually transmitted infections**

*Chlamydia incidence per 100,000 population*

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Prince George’s</td>
<td>638</td>
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<tr>
<td>Montgomery</td>
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</tr>
<tr>
<td>Anne Arundel</td>
<td>258</td>
</tr>
<tr>
<td>Howard</td>
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<tr>
<td>Maryland</td>
<td>439</td>
</tr>
<tr>
<td>U.S.</td>
<td>83</td>
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Source: National Center for Hepatitis, HIV, STD, and TB Prevention

**Uninsured adults**

*Adults under age 65 without health insurance*

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince George’s</td>
<td>22%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>17%</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>15%</td>
</tr>
<tr>
<td>Howard</td>
<td>14%</td>
</tr>
<tr>
<td>Maryland</td>
<td>17%</td>
</tr>
<tr>
<td>United States</td>
<td>13%</td>
</tr>
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Source: Census/Current Population Survey (CPS), Small Area Health Insurance Estimates (SAHIE)

**Primary Care Physicians**

*Number of people for every one primary care physician*

<table>
<thead>
<tr>
<th>County</th>
<th>Population per Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince George’s</td>
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<td>Montgomery</td>
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<tr>
<td>Anne Arundel</td>
<td>954</td>
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<tr>
<td>Howard</td>
<td>398</td>
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<tr>
<td>Maryland</td>
<td>631</td>
</tr>
<tr>
<td>United States</td>
<td>718</td>
</tr>
</tbody>
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Source: Health Resources and Services Administration, Area Resource File (ARF) ARF elements from AMA Master File and Census Population Estimates

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Socioeconomic Factors

Social and economic factors are closely correlated with the overall health status of populations. In particular, the 70 percent high school graduation rate in Prince George’s County matches up poorly against the 80 percent rate in other Maryland counties and the national benchmark of 90 percent. The percentage of citizens receiving “some” college or post-secondary education is somewhat more equal: 60 percent for Prince George’s County, 66 percent for all Maryland counties, and 68 percent for the national benchmark. According to the rankings report, “The relationship between higher education and improved health outcomes is well known, although the explanation for this correlation is less certain. This positive relationship between health outcomes and advanced education levels is an important concept for understanding a community’s health.”

Other social and economic conditions measured in the report present a mixed picture for Prince George’s County compared with other counties in the state and the national benchmark. The county’s unemployment rate of 7.4 percent is slightly lower than the state average of 7.5 percent, and well below the 9.6 percent national average. Employment influences access to a variety of resources that help people maintain or improve their health. The percentage of children living in poverty in Prince George’s County is 8 percent, compared with a state average of 10 percent and a national benchmark of 11 percent. Another measure that indicates the level of need among children in the County is the percentage of students who receive free and reduced price meals in public schools. In Prince George’s, 57% of the students are eligible for free or reduced meals, whereas the state average is 41%. This is an important statistic because it measures a community’s ability to meet basic needs necessary to maintain health.

The percentage of children in single-parent households, 40 percent in Prince George’s County, is twice as high as the national benchmark and also higher than the 32 percent reported for all 24 Maryland counties. The report notes that adults and children in single- or lone-parent households are both at risk for adverse health outcomes such as mental health problems (including substance abuse, depression, and suicide) and unhealthy behaviors such as smoking and excessive alcohol use.

The violent crime rate per 100,000 residents is 940 in Prince George’s County compared with 649 for all 24 Maryland counties and 100 for all counties nationwide. Crime has a pervasive effect on both mental and physical health, from the obvious impact of violence on the victim to the symptoms of post-traumatic stress disorder.

Source: mdreportcard.org

1 Source: mdreportcard.org

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(PTSD) and psychological distress felt by those who are routinely exposed to violence. Crime also affects various other health factors and outcomes, including birth weight, diet and exercise, and family and social support.

The remaining measure contributing to the social and economic factors ranking is the percentage of adults who report inadequate social support. In Prince George's County that number is 24 percent, compared with 21 percent for all Maryland counties and 14 percent for the national benchmark.

**Physical environment**

Prince George's County's worst ranking came on physical environment, 23 out of 24, with only Baltimore City having a worse environment. The physical environment ranking is produced by measuring the following health-related data: air pollution as measured by the number of days with high readings of ozone and particulate matter; the number of healthy food outlets in the area as measured by the percentage of zip codes in a county with a grocery store or produce stand/farmers' market; and the number of recreational facilities per 100,000 residents.

Prince George's County's poor ranking on the physical environment category appears to result from its performance on just two of these categories: the number of days annually with unhealthy air due to ozone levels and the lack of recreational facilities in comparison with other counties in the state and the nation. Prince George's reported 29 high ozone days, compared with 16 in all Maryland counties and no reported instances in the national benchmark. On recreational facilities Prince George's County had 8 recreational facilities per 100,000 people, below the state average of 12. Recreational facilities are defined as establishments primarily engaged in operating fitness and recreational sports facilities.
On other measures in the physical environment ranking, Prince George’s County did well, surpassing the state average on access to healthy food and having the same number of days as other counties in the state when particulate matter pollution was reported at unhealthy levels. Access to healthy foods is measured as the percentage of residential zip codes in a county with a healthy food outlet. In Prince George’s County, 31 out of 34 residential zip codes, or 91 percent, had a healthy food outlet. This is above the Maryland average of 62 percent. The measure is based on data from the US Census Bureau’s Zip Code Business Patterns. Healthy food outlets include grocery stores and produce/farmers’ markets, as defined by their North American Industrial Classification System (NAICS) codes. However, a recent study by the University of Maryland Urban Studies and Planning program found that food access in the highly concentrated part of Prince George’s was still limited. Many residents must travel more than half a mile to gain access to a healthy food market in areas where 20 percent or more of households do not have access to a car.

Policy Priorities

Prince George’s County’s poor showing in the County Health Rankings suggests key areas where state, local, and nongovernmental health policymakers and service providers need to concentrate their efforts to improve the overall health of the county’s citizens. Efforts to reduce obesity, increase access to care, raise education levels, and improve air quality are just a few ways that health conditions in Prince George’s County would improve.

State and local officials should seek to expand health coverage and to provide greater incentives for healthcare providers to practice in the county. They should adopt policies to promote healthier lifestyle choices, including access to nutritional food and recreation opportunities in all areas of the county. Ultimately, they should promote the public education and economic development initiatives that will generate the improved health outcomes that tend to come along with general prosperity.
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