



*Office of the Health Officer*

May 4, 2015

Paul E. Parker, Director  
Center for Health Care Facilities Planning & Development,  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, MD 21215

Re: Comments as an Interested Party for the Prince George's County Regional Medical Center Application

Dear Mr. Parker:

I kindly request the Maryland Health Care Commission's Center for Health Care Facilities Planning and Development division to consider this letter on behalf of the citizens and residents of Prince George's County. The Prince George's County Regional Medical Center is vital to improving the quality of life within our community and will help us to address health disparities and improve access to quality health care for our residents.

As you come to your decision, please consider the following:

1. The proposed regional medical center will be a teaching/research center that will provide services that are currently unavailable to large masses of the community, as the current hospitals are smaller, community hospitals. This new center will serve as a pipeline for primary and specialty care



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County Executive

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physicians; research/clinical trials opportunities; and other health care organizations that would provide supportive services to all hospitals within Prince George's County.

2. The regional medical center is critical to the creation and stability of a strong primary care and specialty care physician network that will assist in preventing unnecessary emergency room visits and hospitalizations.
3. A comprehensive behavioral health care system is currently lacking within Prince George's County, and the center will provide much-needed mental health services and serve as a pipeline to alternative wrap-around services needed for this community.
4. As heart disease is the #1 cause of death for our county, the replacement hospital's plan for expansion of their cardiac program as a center of excellence will help to reduce mortality as it relates to heart disease and other chronic diseases.
5. According to a survey conducted by the University of Maryland's School of Public Health, the residents of the county have voiced their concerns and are displeased with having to leave the county in order to obtain advanced, quality health care services.
6. As the Health Department, we are concerned with the viability of all county hospitals. Our current facilities are all small, community hospitals, struggling to meet the demands of our community, and do not have the capacity to produce the required outcomes to save costs and improve

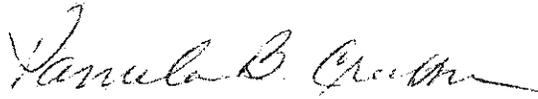


outcomes.

7. When the wealth of the overall county is compared to the health disparities within our community, the need for the new regional hospital is undebatable.

Thank you for this opportunity to address our concerns and for your consideration.

Sincerely,



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



Robert L. Baker, III  
County Executive

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# PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT

**Pamela B. Creekmur**  
*Health Officer*



## HEALTH REPORT 2014



**Rushern L. Baker, III**  
County Executive



Building a Healthier Prince George's County

## Introduction

The vision of Prince George's County Health Department is to provide residents with health care that is accessible, affordable, high quality and culturally competent. In order to do this, we have identified six priority areas of health improvement for residents in the County, as outlined in Prince George's County Health Improvement Plan. Each priority group has been assigned quantifiable health outcomes and specific strategies in order to measure our success in addressing these factors

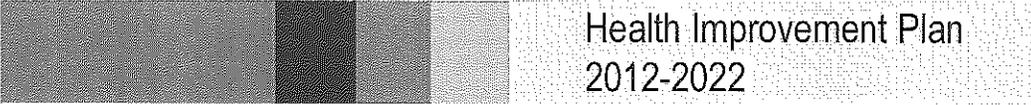


This *Prince George's County Health Report 2014* has been commissioned as a progress report for the six priority areas for Health in the County. The statistical information provided in this report includes demographic and health data over time through 2012. Our commitment is to ensure that progress towards achieving better health in each priority area is extended throughout our wonderfully diverse population.

Sincerely,

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

Pamela B. Creekmur  
Health Officer



## Health Improvement Plan 2012-2022

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

**Priority 1 (Access to Care):** Ensure That Prince George's County Residents Receive the Health Care They Need, Particularly Low Income, Uninsured/Underinsured Adults and Children

**Priority 2 (Chronic Diseases):** Prevent and Control Chronic Disease In Prince George's County

**Priority 3 (Maternal and Infant Health):** Improve Reproductive Health Care and Birth Outcomes for Women in Prince George's County, Particularly Among African American Women

**Priority 4 (Infectious Diseases):** Prevent and Control Infectious Disease In Prince George's County

**Priority 5 (Physical Safety):** Ensure that Prince George's County Physical Environments are Safe and Support Health, Particularly in At-Risk Communities

**Priority 6 (Social Safety):** Ensure that Prince George's County Social Environments are Safe and Support Health

The full Health Improvement Plan may be accessed at:

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

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# Demographics

## Population and Income

2012 Estimates	Prince George's	Maryland	United States
<b>Population</b>			
Total Population	881,138	5,884,563	313,914,040
Male	423,362	2,850,403	154,492,067
Female	457,776	3,034,160	159,421,973
<b>Race and Hispanic Origin</b>			
White, non-Hispanic	129,979	3,170,288	197,705,655
Black, non-Hispanic	555,213	1,712,317	38,727,063
Asian, non-Hispanic	37,634	346,563	15,619,997
Other, non-Hispanic	19,765	143,385	8,833,617
Hispanic (any race)	138,547	512,012	53,027,708
<b>Age</b>			
Under 5 Years Old	59,143	365,224	19,999,344
Under 18 Years Old	203,388	1,343,800	73,728,088
18 Years and Over	677,750	4,540,763	240,185,952
65 Years and Over	90,532	763,019	43,145,356
Median Age (years)	35.4	38.1	37.4
<b>Income and Poverty (2011 Estimates)*</b>			
Median Household Income	\$70,715	\$70,004	\$50,502
Individuals Below Poverty Level	9.3%	10.1%	15.9%
Families Below Poverty Level	6.7%	7.1%	11.7%

**Data Source:** 2012 Population Estimates, U.S. Census Bureau; \*2011 American Community Survey 1-Year Estimates

[www.census.gov](http://www.census.gov)

# Births

Prince George's County, 2010 - 2012

	2010	2011	2012
<b>Total Births</b>	<b>12,197</b>	<b>12,135</b>	<b>11,931</b>
<b>Race/Ethnicity of Mother</b>			
White, non-Hispanic	1,171	1,208	1,175
Black, non-Hispanic	7,565	7,404	7,186
Asian or Pacific Islander	544	557	584
Hispanic (any race)	2,881	2,944	2,969
<b>Age of Mother in Years</b>			
<18	333	318	273
18-19	755	667	603
20-24	2,709	2,620	2,492
25-29	3,280	3,274	3,213
30-34	2,998	3,072	3,140
35-39	1,676	1,681	1,732
40-44	412	465	442
45 and over	34	37	35

**Data Source:** Maryland Vital Statistics Annual Report, Division of Health Statistics, Department of Health and Mental Hygiene (DHMH)

2 <http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

# Mortality

Prince George's County, 2010 - 2012

	2010	2011	2012
<b>Total Deaths</b>	<b>5,215</b>	<b>5,090</b>	<b>5,029</b>
<b>Race/Ethnicity</b>			
White, non-Hispanic	1,588	1,527	1,405
Black, non-Hispanic	3,346	3,275	3,303
Asian or Pacific Islander	114	112	105
Hispanic (any race)	156	161	209
<b>Age Group</b>			
<1 year	110	115	103
1-4 years	8	19	10
5-14 years	12	12	7
15-24 years	98	111	88
25-44 years	350	371	339
45-64 years	1,392	1,278	1,326
65-84 years	2,128	2,057	2,089
85 years and over	1,117	1,127	1,065

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

## Access to Care: Health Insurance

### Health Insurance Coverage, 2010-2012

Access to health care is critical for disease prevention and management. In 2012, it was estimated 15.6% of the County's population lacked health insurance which is a major barrier to accessing care. For adults ages 18-64 years this rises to 21.1%, or one in five, who do not have health insurance.

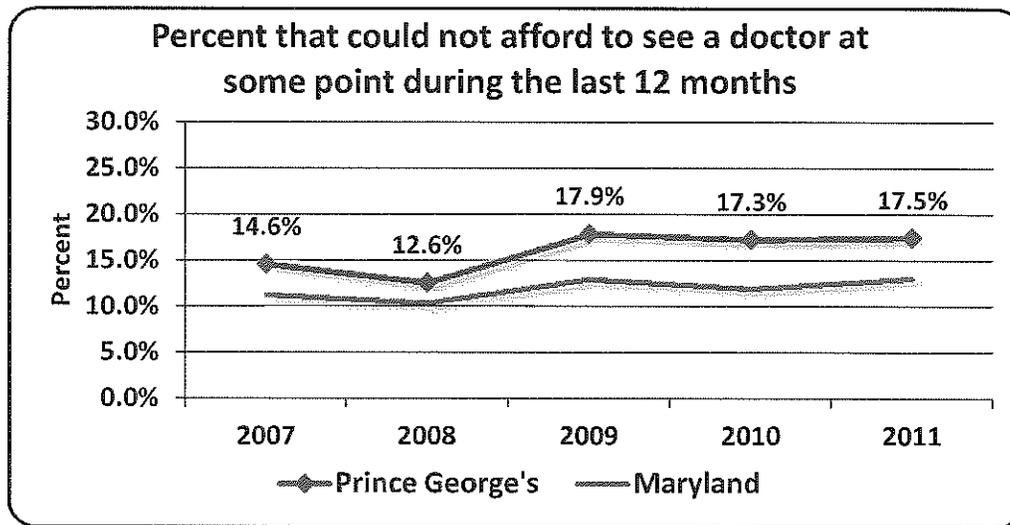
	2010	2011	2012
<b>All Ages, No Health Insurance</b>			
Prince George's	16.1%	15.0%	15.6%
Maryland	11.3%	10.4%	10.3%
United States	15.5%	15.1%	14.8%
<b>Under 18 Years, No Health Insurance</b>			
Prince George's	6.6%	6.2%	5.3%
Maryland	4.8%	4.6%	3.8%
United States	8.0%	7.5%	7.2%
<b>18 – 64 Years, No Health Insurance</b>			
Prince George's	21.5%	19.9%	21.1%
Maryland	15.5%	14.3%	14.5%
United States	21.4%	21.0%	20.6%
<b>65 Years and Older, No Health Insurance</b>			
Prince George's	2.0%	2.7%	2.3%
Maryland	1.5%	1.2%	1.2%
United States	1.0%	1.0%	1.0%

Data Source: American Community Survey 1-Year Estimates

## Access to Care: Providers

### Affordable and Accessible Providers

The cost of primary care is a barrier for some residents of Prince George's County: in 2011, 17.5% of residents indicated that at some point in the previous year they could not afford to see a doctor. An additional barrier to accessing care is a lack of providers: there are 1,837 residents to every primary care physician in the County which is much higher compared to Maryland.



### Resident to Provider Ratios

2011-2012

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

Prince George's	1,837 residents: 1 PCP
Maryland	1,153 residents: 1 PCP
National Benchmark (90 <sup>th</sup> percentile)	1,067 residents: 1 PCP

#### Population to Dentists Ratio

Prince George's	1,936 residents: 1 Dentist
Maryland	1,587 residents: 1 Dentist
National Benchmark (90 <sup>th</sup> percentile)	1,516 residents: 1 Dentist

Data Source: National Behavioral Risk Factor Surveillance System (BRFSS), CDC, [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/); 2013 County Health Rankings, [www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)

## Chronic Disease: Mortality

### Leading Causes of Death, 2012

Many of the leading causes of death and disability in the County are due to chronic disease, including heart disease which is responsible for one out of every four deaths. In fact, **over 60% of deaths** in the County are due to chronic disease. Prevention and management of chronic disease is essential for improving the overall health and life expectancy of residents in the County. According to the Centers for Disease Control and Prevention (CDC), four common causes of chronic disease are lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption. Chronic diseases are also very costly: nationally, 75% of health care dollars goes towards treating chronic diseases.

Cause of Death	Number of Deaths	% of Deaths	Age-Adjusted Death Rate Per 100,000 Population (2010-2012)	
			Prince George's	Maryland
<b>All Causes</b>	<b>5,029</b>	<b>100.0%</b>	<b>718.5</b>	<b>714.5</b>
Heart Disease	1,286	25.6%	191.2	174.9
Cancer	1,221	24.3%	165.2	166.8
Stroke	228	4.5%	35.2	37.4
Accidents	198	3.9%	24.0	25.7
Diabetes	194	3.9%	27.6	19.9
CLRD*	141	2.8%	22.7	33.7
Septicemia	117	2.3%	16.3	14.1
Nephritis	90	1.8%	14.6	12.1
Influenza and Pneumonia	89	1.8%	13.5	16.1
Alzheimer's	87	1.7%	15.0	15.4
Homicide	74	1.5%	10.4	7.5
Suicide	50	1.0%	5.7	8.8

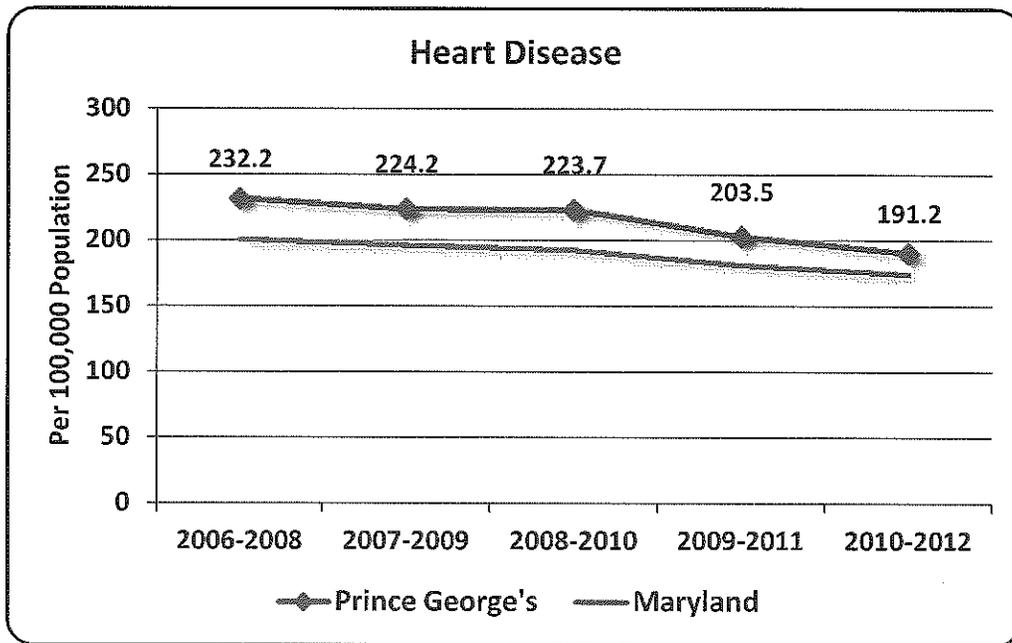
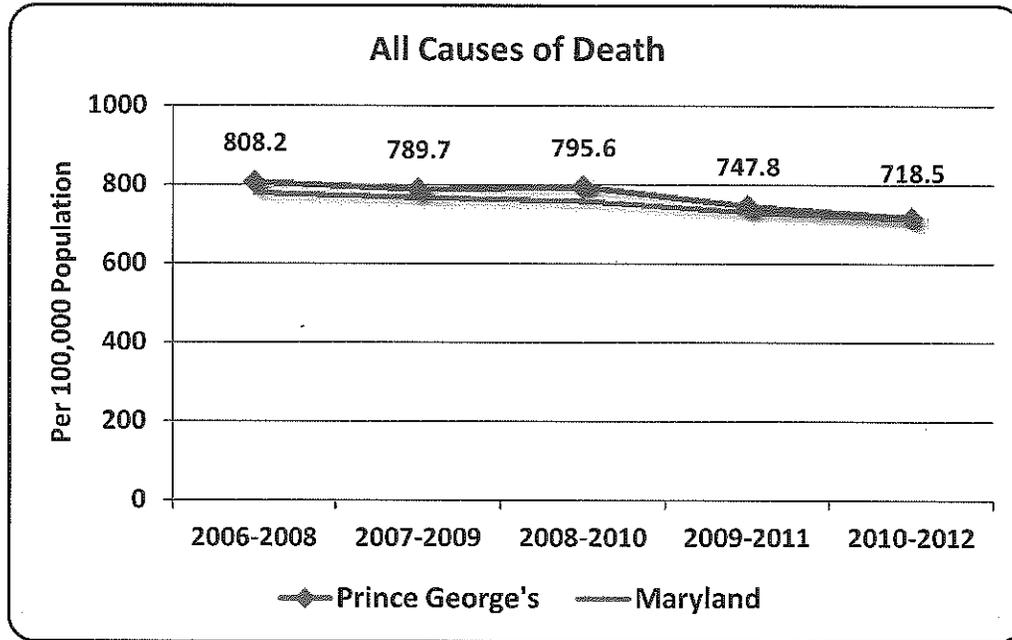
\* Chronic Lower Respiratory Disease includes both chronic obstructive pulmonary disease and asthma.

**Data Source:** Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

<http://dnhm.maryland.gov/vsa/SitePages/reports.aspx>

# Chronic Disease: Mortality

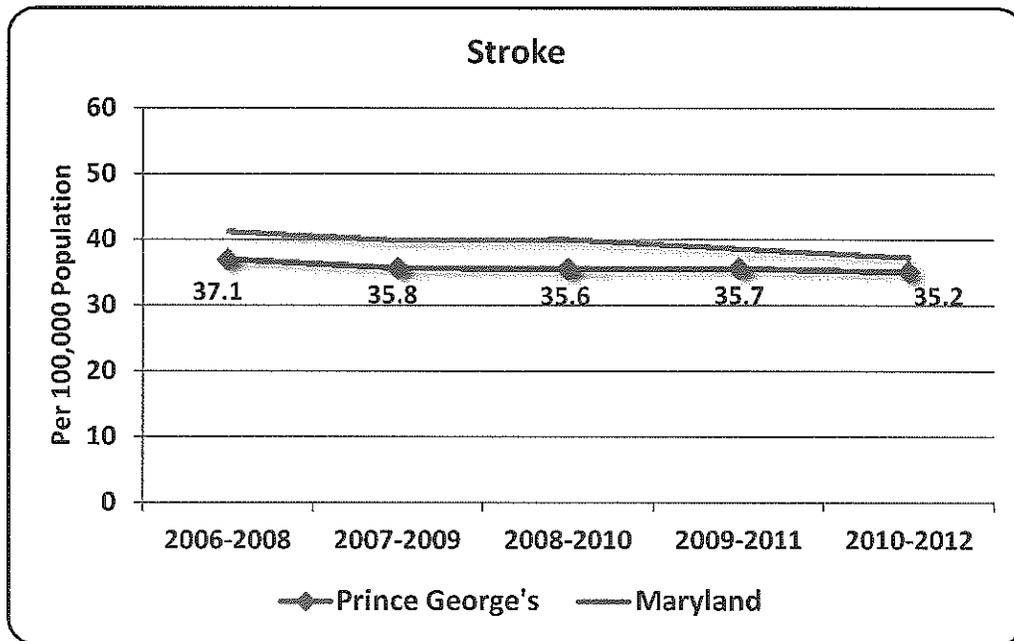
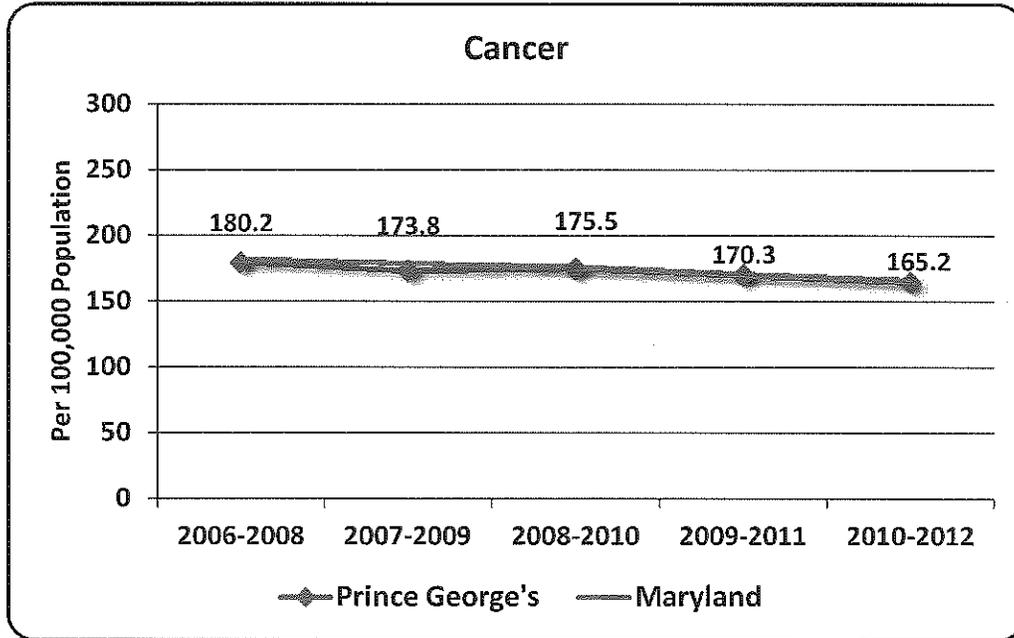
## Age-Adjusted Mortality Rates, 2006-2012



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

# Chronic Disease: Mortality

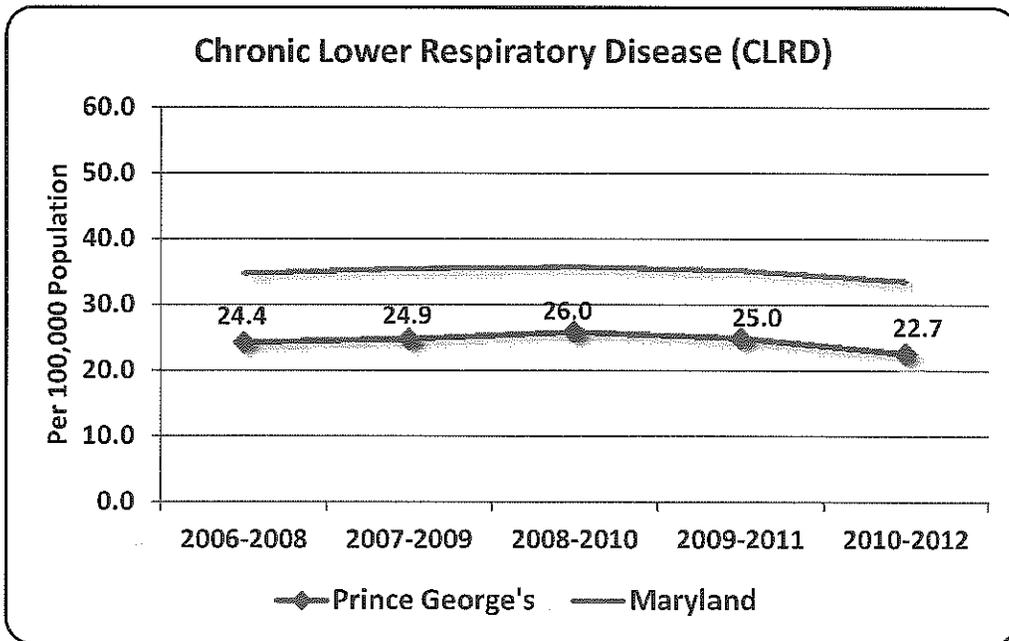
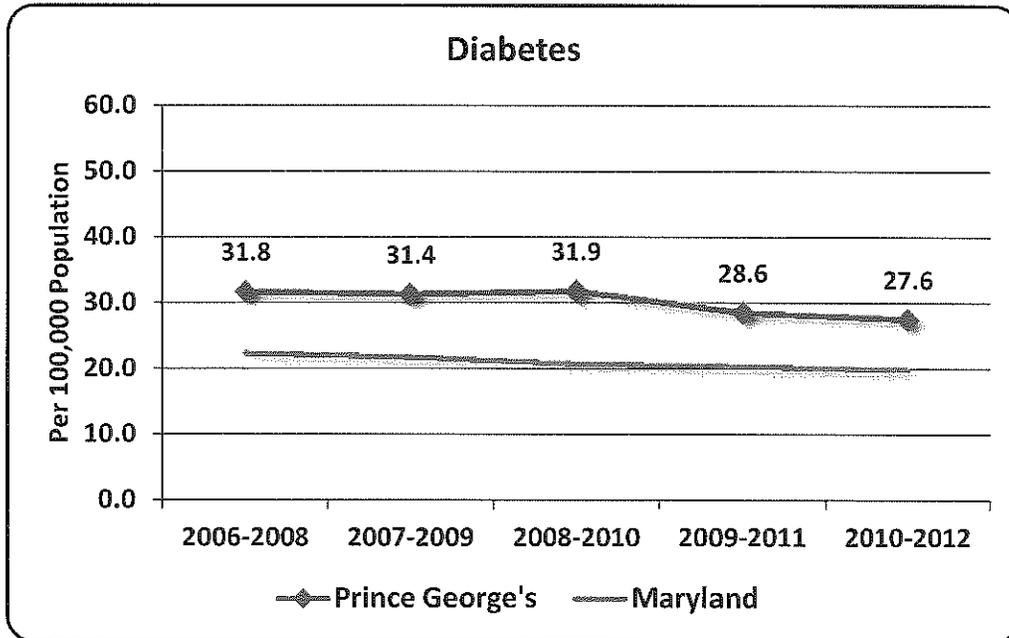
## Age-Adjusted Mortality Rates, 2006-2012



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## Chronic Disease: Mortality

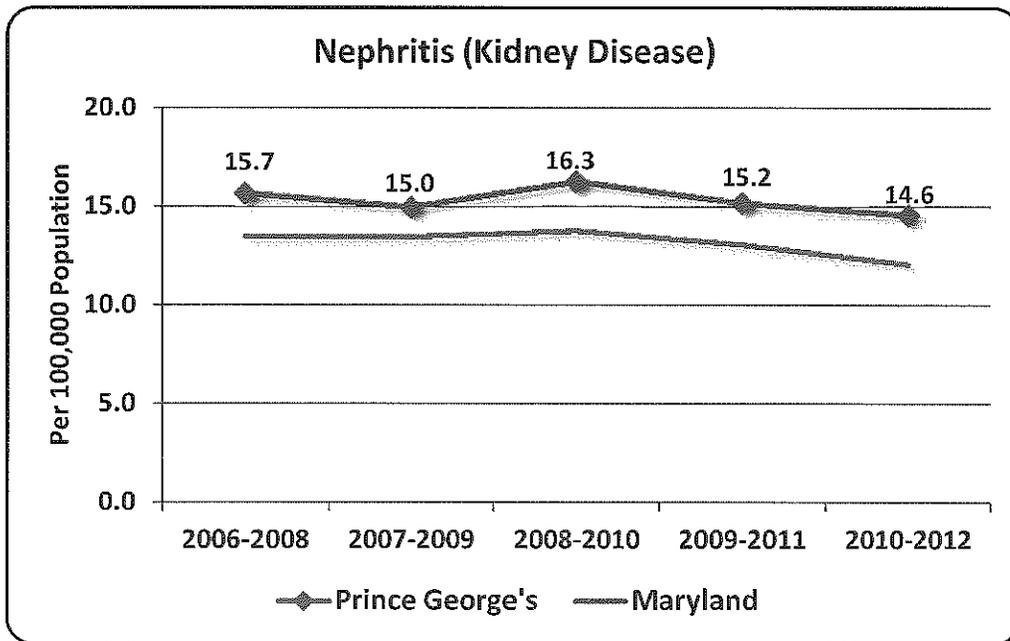
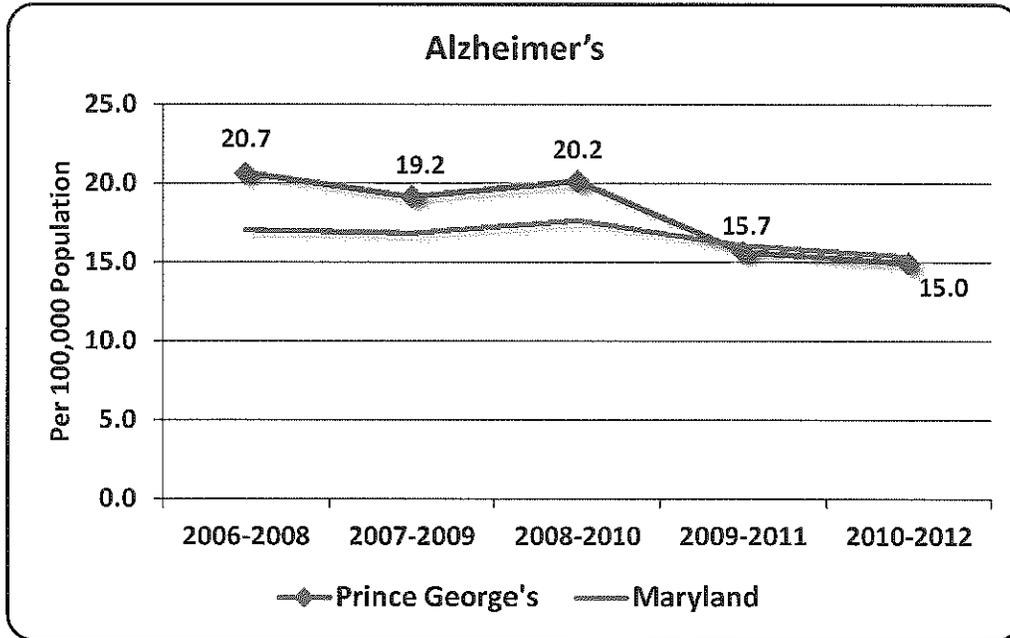
### Age-Adjusted Mortality Rates, 2006-2012



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

## Chronic Disease: Mortality

### Age-Adjusted Mortality Rates, 2006-2012



Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

## Chronic Disease: Cancer

### Cancer Incidence, 2010

Cancer Type	County Case Count	Prince George's Rates*	Maryland Rates*
<b>All Types</b>	<b>3,233</b>	<b>403.5</b>	<b>449.8</b>
Males	1,663	483.5	507.5
Females	1,568	346.3	409.0
Whites	909	388.0	449.0
Blacks	2,134	404.8	451.5
Other/Unknown	190	340.3	352.7
<b>Lung and Bronchus</b>	<b>348</b>	<b>47.4</b>	<b>57.6</b>
Males	188	60.6	67.8
Females	159	38.1	50.1
<b>Colorectal</b>	<b>258</b>	<b>33.3</b>	<b>37.4</b>
Males	119	35.5	43.5
Females	139	31.8	32.6
<b>Female Breast</b>	<b>547</b>	<b>115.6</b>	<b>129.0</b>
White Females	119	98.6	127.6
Black Females	393	122.5	129.4
<b>Prostate</b>	<b>665</b>	<b>182.0</b>	<b>140.6</b>
White Males	128	114.6	122.0
Black Males	503	217.5	195.0

\* Age-adjusted per 100,000 population

Data Source: 2012 Cancer Report, Cigarette Restitution Fund Program, DHMH  
[http://phpa.dhmh.maryland.gov/cancer/SitePages/surv\\_data-reports.aspx](http://phpa.dhmh.maryland.gov/cancer/SitePages/surv_data-reports.aspx)

## Chronic Disease: Cancer

### Cancer Mortality, 2010

Cancer Type	County Deaths	Prince George's Rates*	Maryland Rates*
<b>All Types</b>	<b>1,275</b>	<b>176.5</b>	<b>170.9</b>
Males	638	218.2	205.9
Females	637	150.1	147.3
Whites	378	163.1	166.1
Blacks	860	187.1	197.0
Other	37	103.6	101.7
<b>Lung and Bronchus</b>	<b>305</b>	<b>42.5</b>	<b>46.0</b>
Males	173	56.2	56.2
Females	132	32.3	38.2
<b>Colorectal</b>	<b>139</b>	<b>19.1</b>	<b>14.9</b>
Males	73	24.0	18.0
Females	66	15.8	12.5
<b>Female Breast</b>	<b>130</b>	<b>29.0</b>	<b>24.2</b>
White Females	**	15.8	21.1
Black Females	109	36.4	34.1
<b>Prostate</b>	<b>79</b>	<b>34.1</b>	<b>22.3</b>
White Males	**	22.2	17.6
Black Males	58	45.1	44.4

\* Age-adjusted per 100,000 population

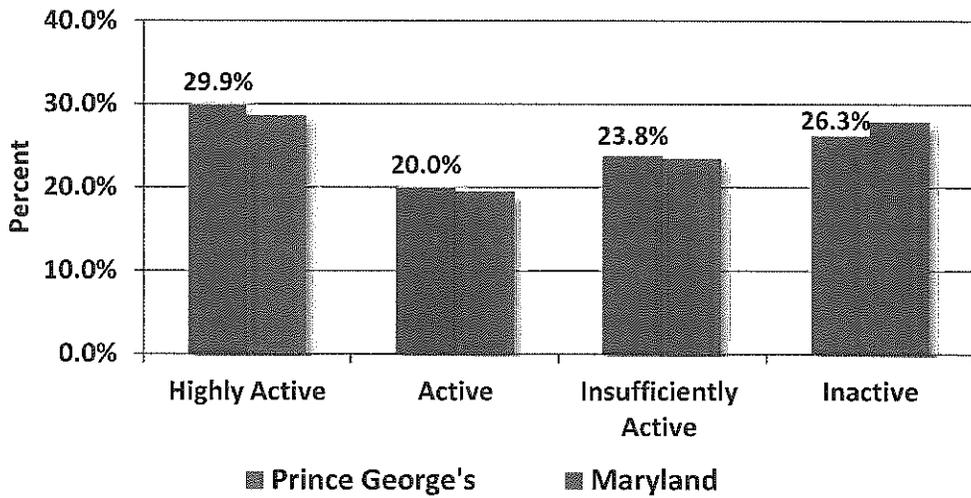
\*\* Suppressed due to small numbers per DHMH policy

Data Source: 2012 Cancer Report, Cigarette Restitution Fund Program, DHMH

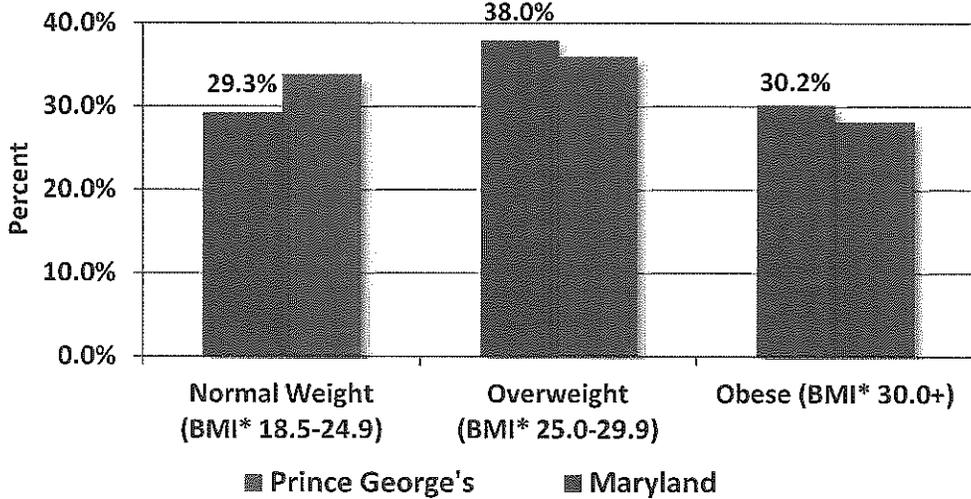
[http://phpa.dhmh.maryland.gov/cancer/SitePages/surv\\_data-reports.aspx](http://phpa.dhmh.maryland.gov/cancer/SitePages/surv_data-reports.aspx)

Physical Activity and Obesity, 2011

Percent of Adults by Physical Activity Level, 2011



Percent of Adults by Weight, 2011



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

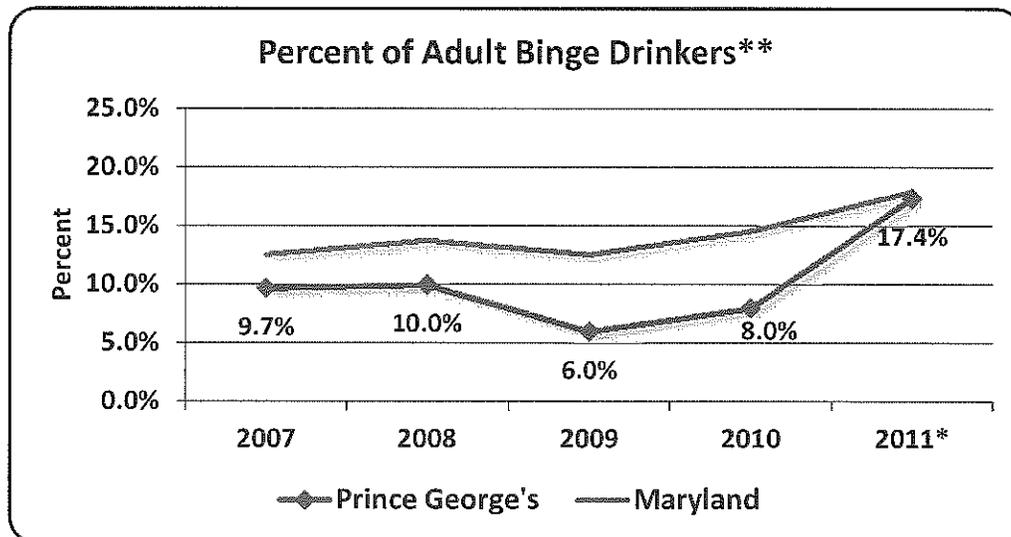
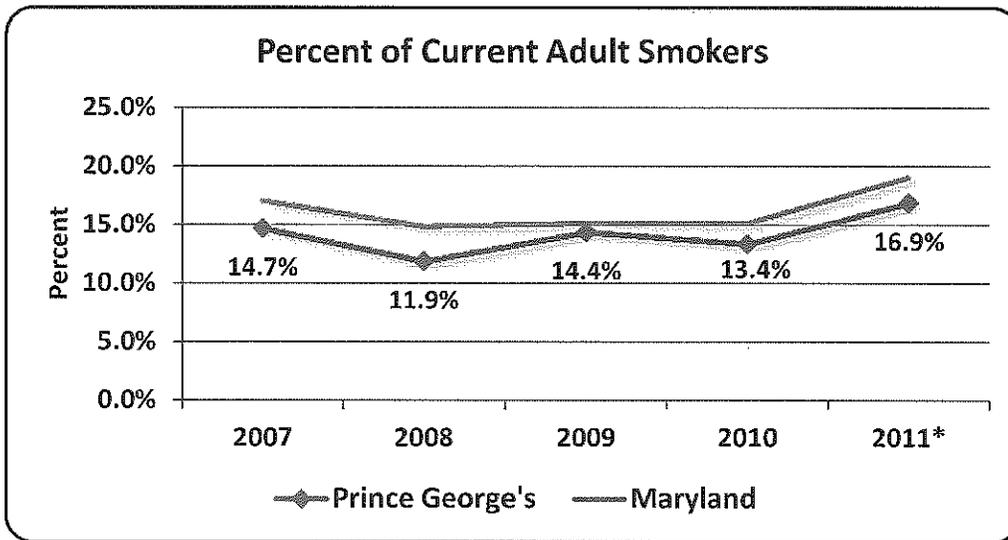
Data Source: National BRFSS, CDC

[www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)

## Chronic Disease: Indicators

### Smoking and Binge Drinking, 2007-2011

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



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

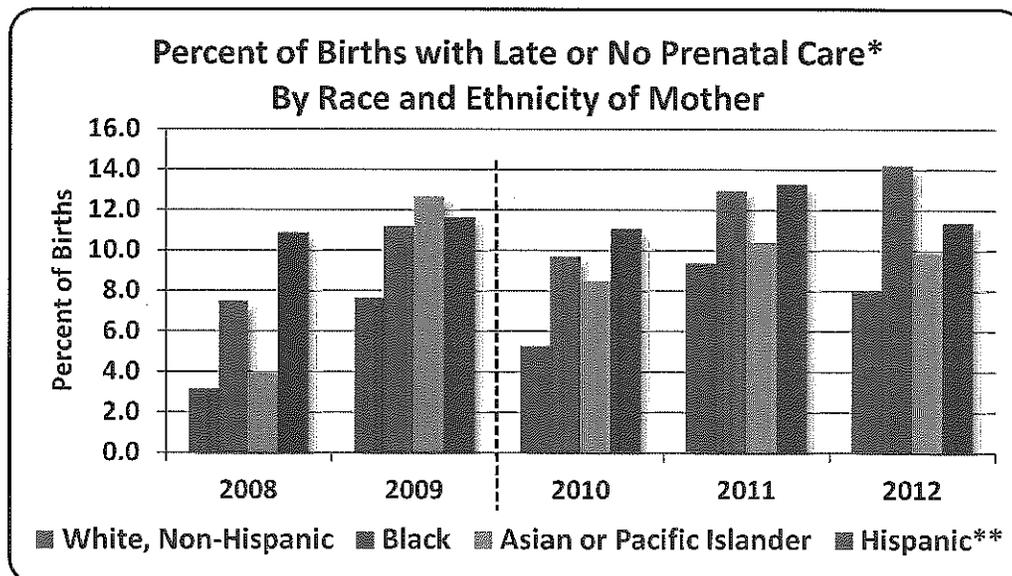
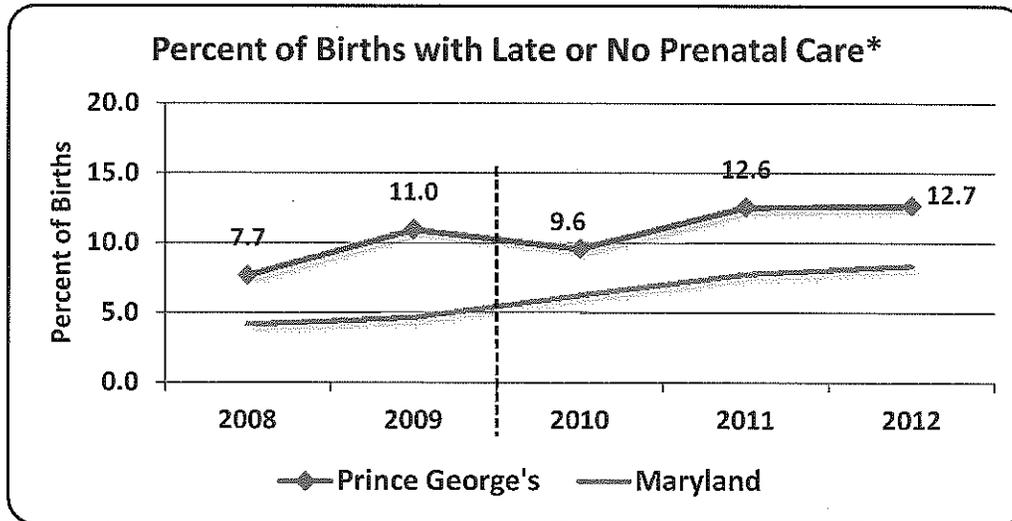
\*\* Binge drinking is defined as males having five or more drinks on one occasion, females having four or more drinks on one occasion.

Data Source: National BRFSS, CDC

## Maternal and Infant Health

### Late or No Prenatal Care, Prince George's County, 2008-2012

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



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

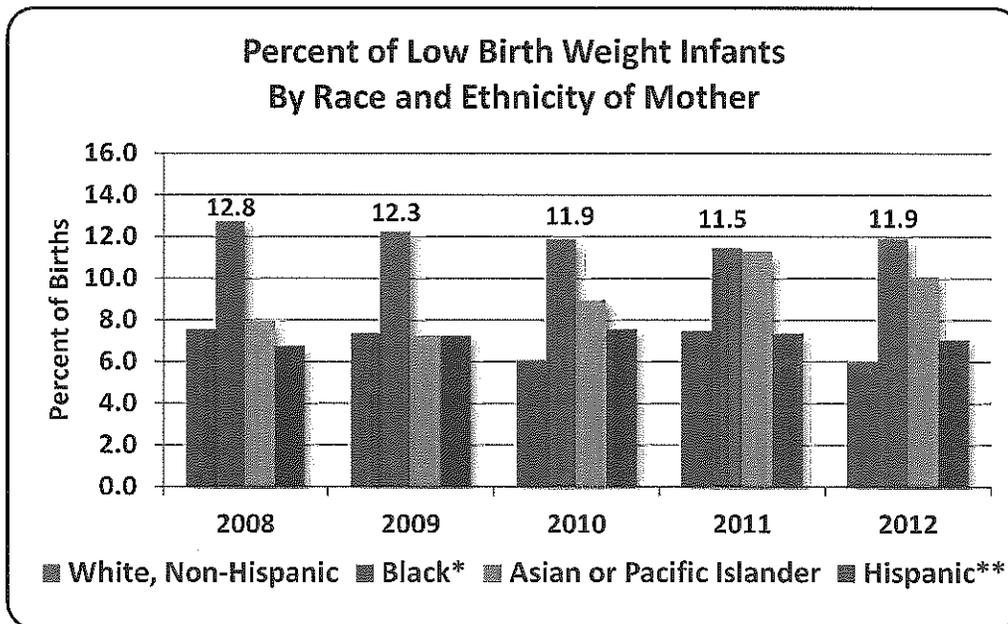
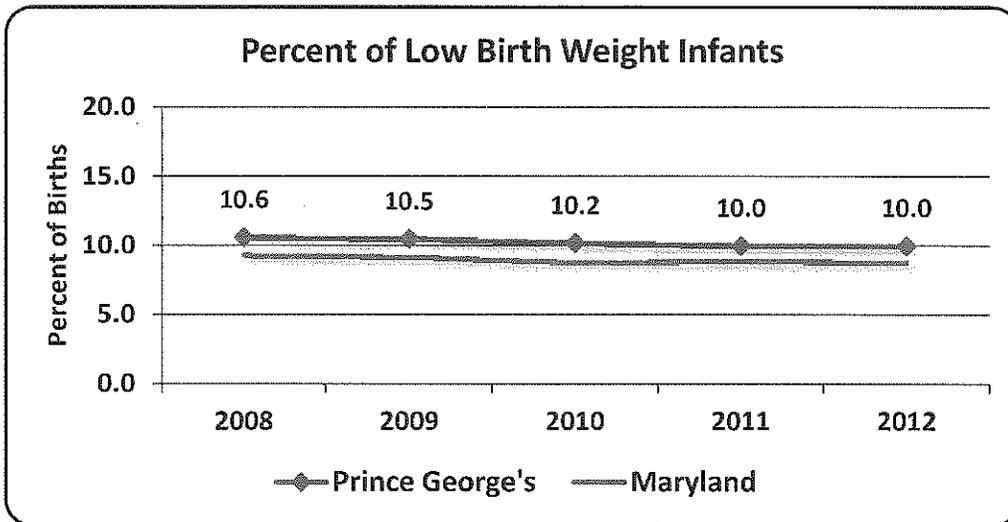
\*\* Includes all births to mothers of Hispanic origin of any race.

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

## Maternal and Infant Health

### Low Birth Weight, Prince George's County, 2008-2012

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



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

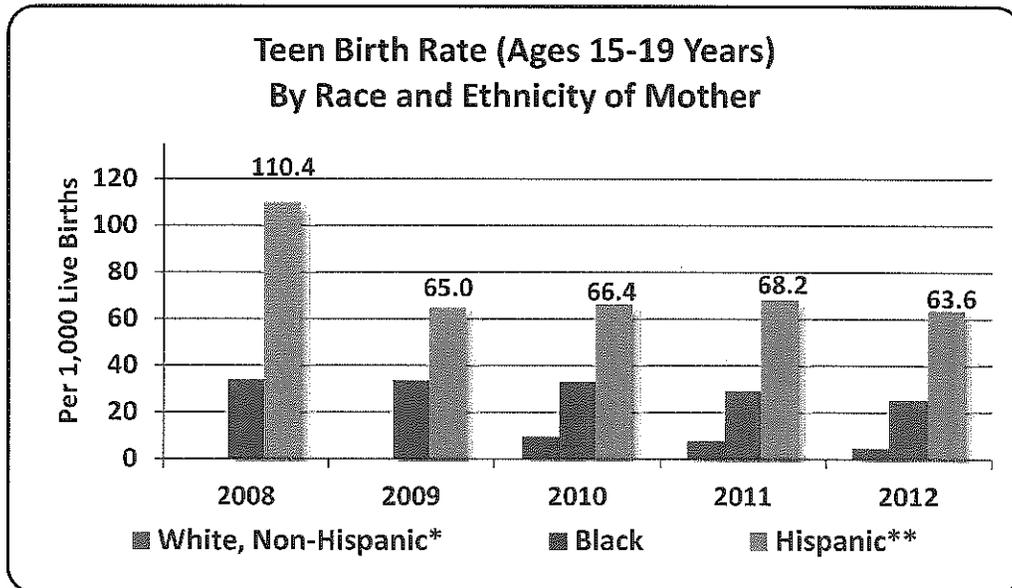
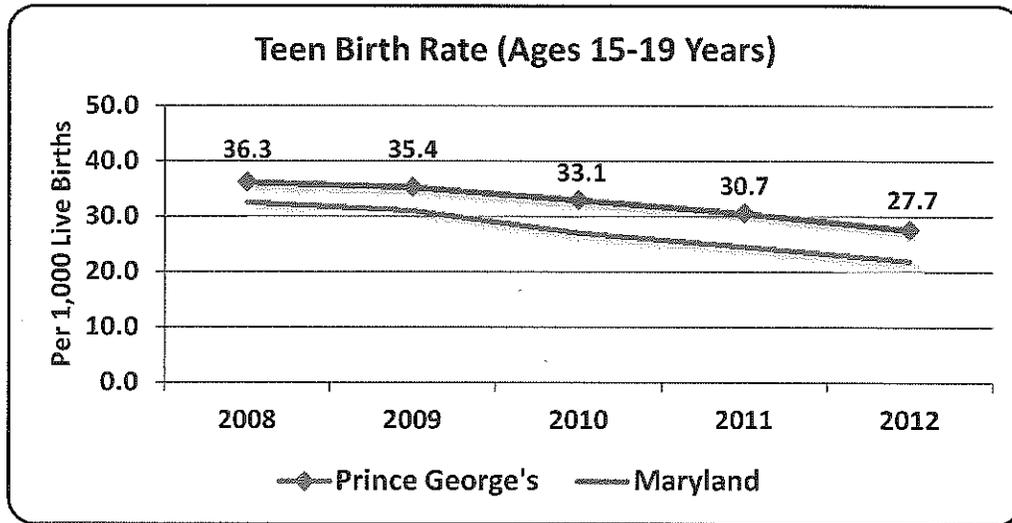
\*\* Includes all births to mothers of Hispanic origin of any race.

**Data Source:** Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

## Maternal and Infant Health: Teen Births

### Births to Women Ages 15-19 Years, Prince George's County, 2008-2012

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



\* Data prior to 2010 is unavailable.

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

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

## Maternal and Infant Health: Infant Mortality

### Infant Mortality, Prince George's County, 2010-2012

Each year, over 100 infants in Prince George's County die before reaching their first birthday. Overall, the County has a higher infant mortality rate than the state and also lags behind the national Healthy People 2020 goal of 6.0 deaths per 1,000 live births. The infant mortality rate differs within the County by race and Hispanic origin.

	2010	2011	2012
<b>Race/Ethnicity, Number of Deaths</b>			
<b>Total Deaths</b>	<b>110</b>	<b>115</b>	<b>103</b>
White, non-Hispanic	12	17	4
Black, non-Hispanic	87	79	69
Hispanic (any race)	10	16	26
<b>Infant Mortality Rate: All Races per 1,000 Live Births</b>			
Prince George's	9.0	9.5	8.6
Maryland	6.7	6.7	6.3
<b>Infant Mortality Rate: White, non-Hispanic per 1,000 Live Births</b>			
Prince George's	10.2	14.1	*
Maryland	4.2	4.3	3.8
<b>Infant Mortality Rate: Black, non-Hispanic per 1,000 Live Births</b>			
Prince George's	11.5	10.7	9.6
Maryland	12.0	12.2	10.4
<b>Infant Mortality Rate: Hispanic (any race) per 1,000 Live Births</b>			
Prince George's	3.5	5.4	8.8
Maryland	4.1	3.0	5.5

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

**Data Source:** Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

<http://dhmh.maryland.gov/vsa/SitePages/reports.aspx>

## Infectious Diseases

### Select Reportable Diseases, Prince George's County, 2010-2012

	2010	2011	2012	5-Year Mean
Campylobacter	29	38	32	29
H. influenzae, invasive	8	11	14	12
Hepatitis A, acute	4	6	7	7
Legionella	9	15	14	15
Measles	0	0	0	0
Meningitis, viral	87	66	43	82
Menengitis, meningococcal	2	1	0	2
Pertussis	7	10	34	15
Salmonella	101	103	86	87
Shiga toxin producing E. coli	11	4	5	11
Shigella	20	21	36	26
Strep Group B	64	84	53	64
Strep pneumoniae, invasive	43	60	44	53
Tuberculosis	43	47	50	55
Outbreaks: Gastrointestinal	7	5	17	6
Outbreaks: Respiratory	9	6	2	6
Animal Bites	605	681	781	684
Animal Rabies	20	15	21	20

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

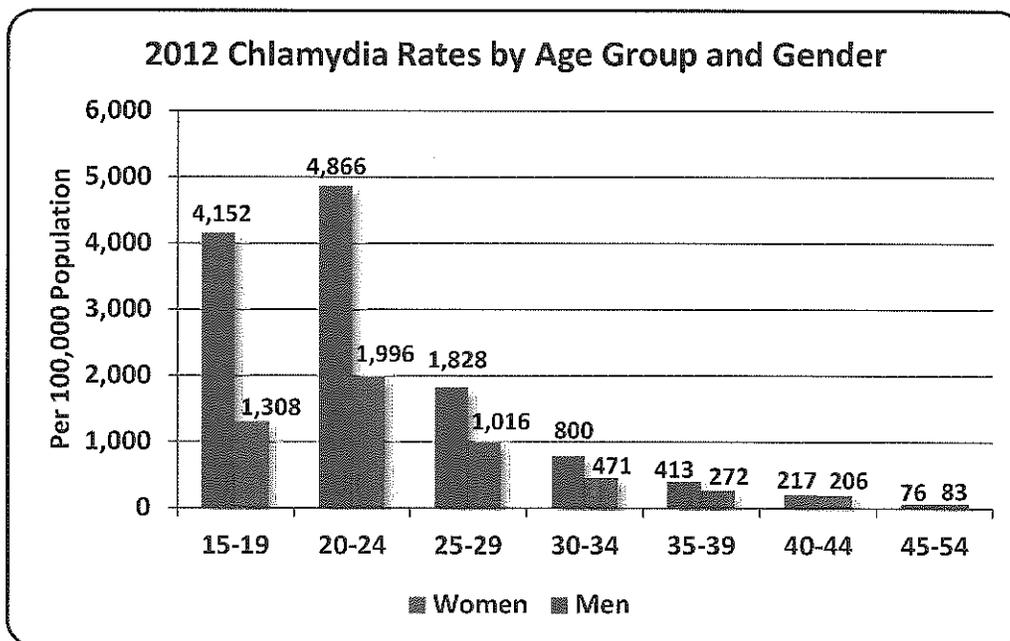
## Infectious Diseases: STIs

### Sexually Transmitted Infections, Prince George's County, 2010-2012

Prince George's County has the second highest number of sexually transmitted infections (STI) in the state. STIs can lead to serious consequences, including sterility. Many people do not realize how common STIs are. For example, in 2012 for ages 20 to 24 years approximately 1 out of every 20 women and 1 out of every 50 men were diagnosed with chlamydia in the County. In 2012, the County was home to nearly one-fourth of all diagnosed chlamydia and gonorrhea cases in the state.

	2010	2011	2012	5-Year Mean
Chlamydia	5,884	6,086	6,037	5,694
Gonorrhea	1,727	1,607	1,465	1,545
Syphilis*	82	98	83	82

\* Includes both Primary and Secondary Syphilis

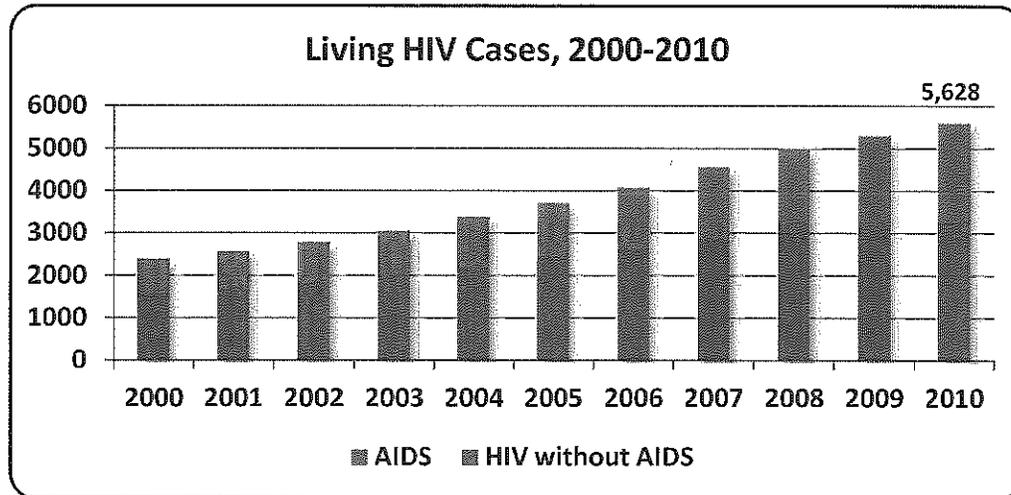


**Data Source:** Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH  
<http://phpa.dhmh.maryland.gov/SitePages/disease-conditions-count-rates.aspx>  
<http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP>

## Infectious Diseases: HIV

### Human Immunodeficiency Virus (HIV), Prince George's County, 2000-2010

From 2000 to 2010, the number of County residents living with HIV more than doubled. In 2010, 90% of newly diagnosed cases were Black, and one-third were between the ages of 20-29 years. Within the County, some areas are more affected by HIV: for example, ZIP code 20743 has the highest number and rate of living HIV cases, with one out of every sixty residents living with HIV.



### Leading HIV Rates within the County by ZIP Code, 2010

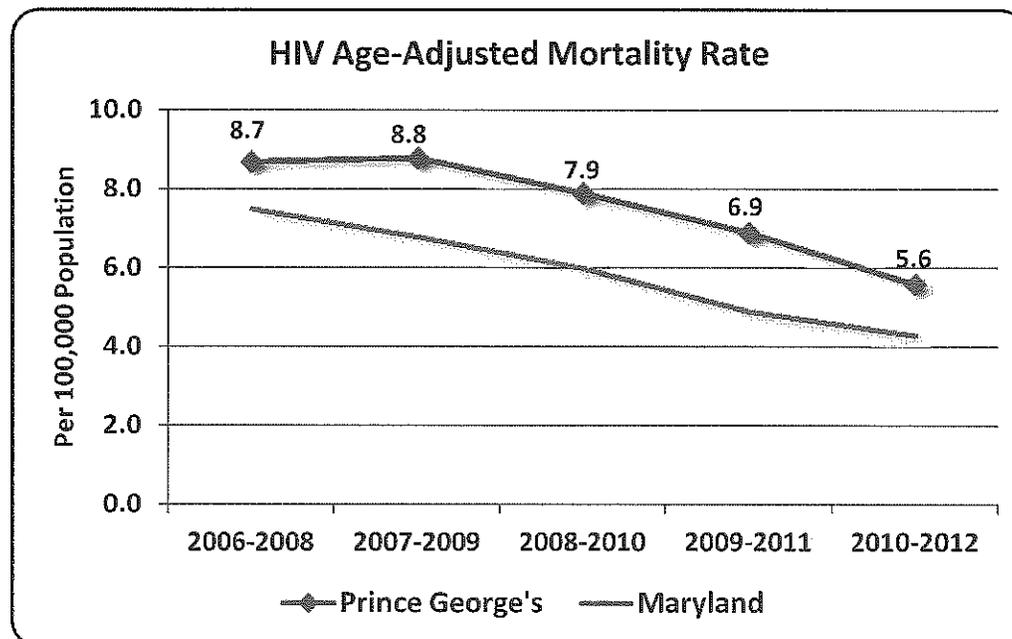
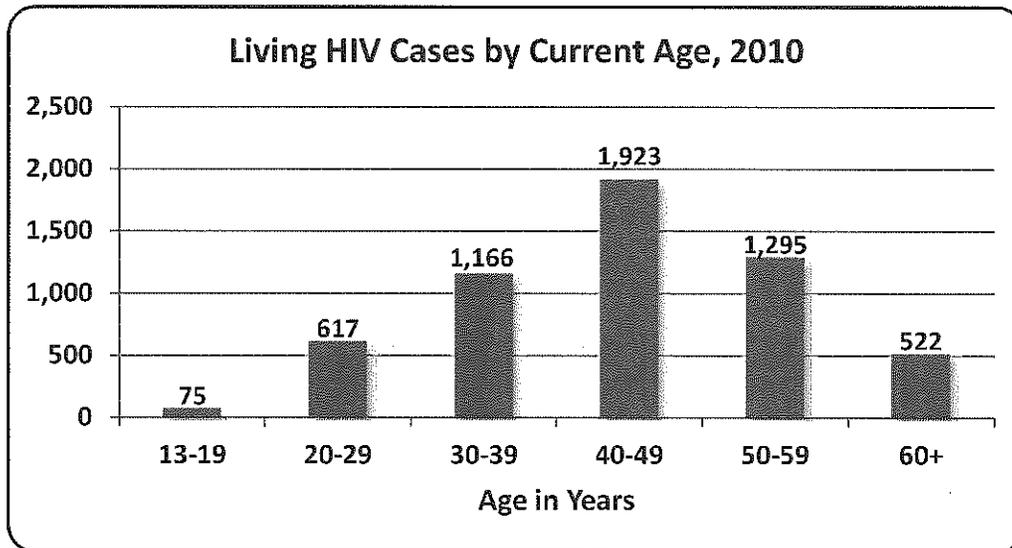
ZIP Code	Total Living HIV Cases	Rate per 100,000
20743	531	1,667.3
20785	440	1,554.4
20712	102	1,367.8
20747	423	1,288.1
20746	278	1,175.6
20748	374	1,137.4
20745	268	1,132.5
20784	251	1,066.1
20710	75	1,009.1
20782	248	973.3

**Data Source:** Prince George's County HIV/AIDS Epidemiological Profile, Fourth Quarter 2011, Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH  
<http://phpa.dhmh.maryland.gov/OIDEOR/CHSE/SitePages/statistics.aspx>

## Infectious Diseases: HIV

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

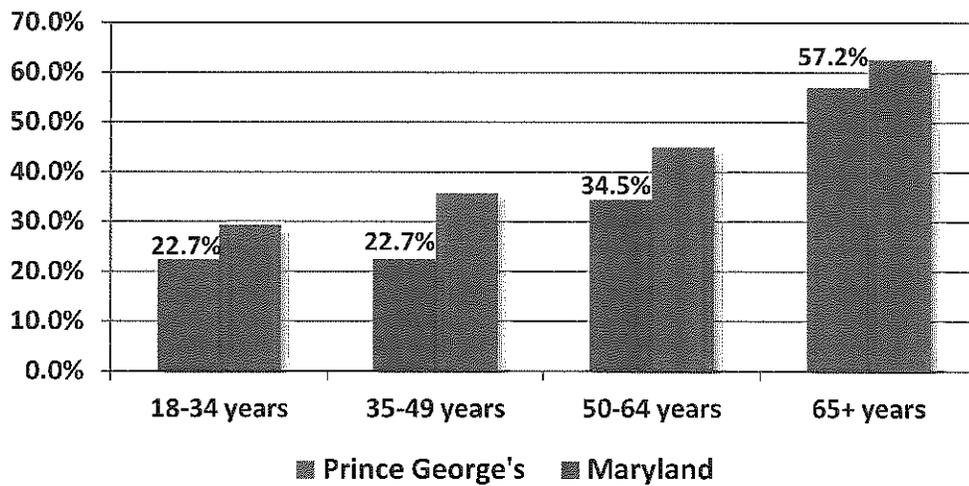
Although most new HIV cases are diagnosed in their twenties and thirties, 57% of total living HIV cases are currently in their forties and fifties. In 2012, there were 47 HIV-related deaths in the County; although the HIV mortality rate has improved, the County currently lags behind the state.



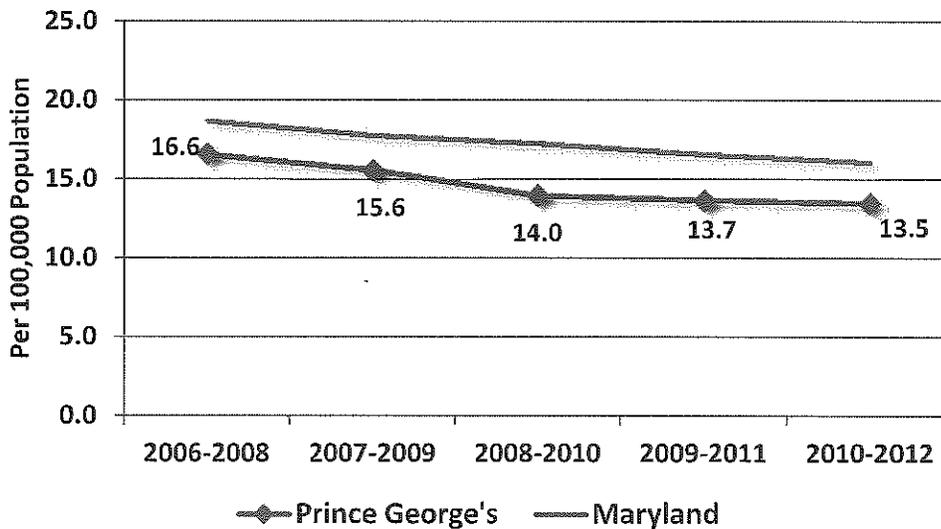
**Data Source:** Prince George's County HIV/AIDS Epidemiological Profile, Fourth Quarter 2011, Infectious Disease Bureau, Prevention and Health Promotion Administration, DHMH  
<http://phpa.dhmh.maryland.gov/OIDEOR/CHSE/SitePages/statistics.aspx>

Flu Vaccinations and Mortality Rate

Flu Vaccination within the Past Year  
by Age Group, 2011



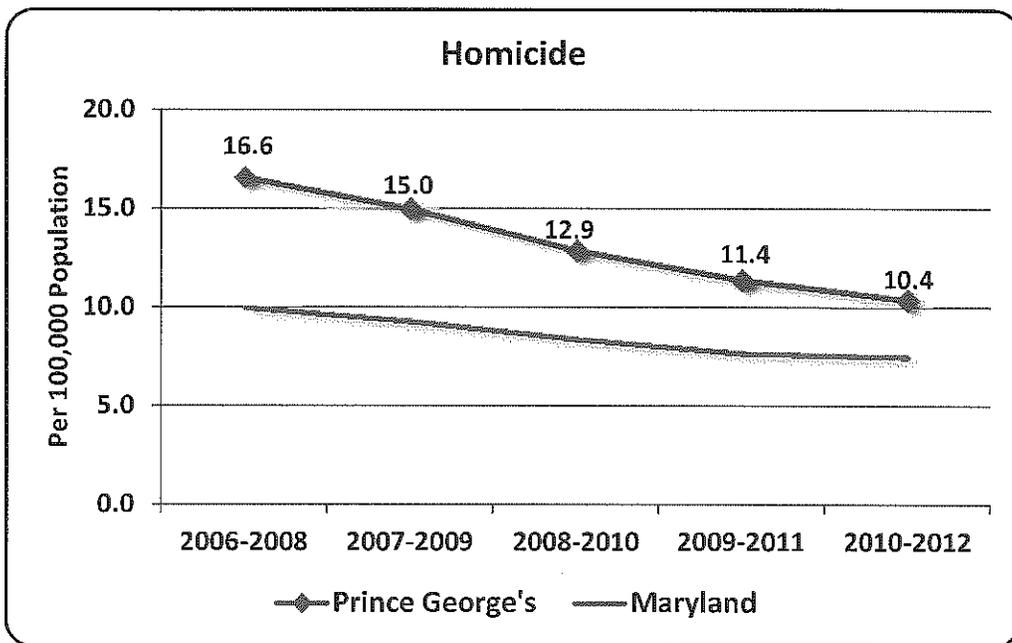
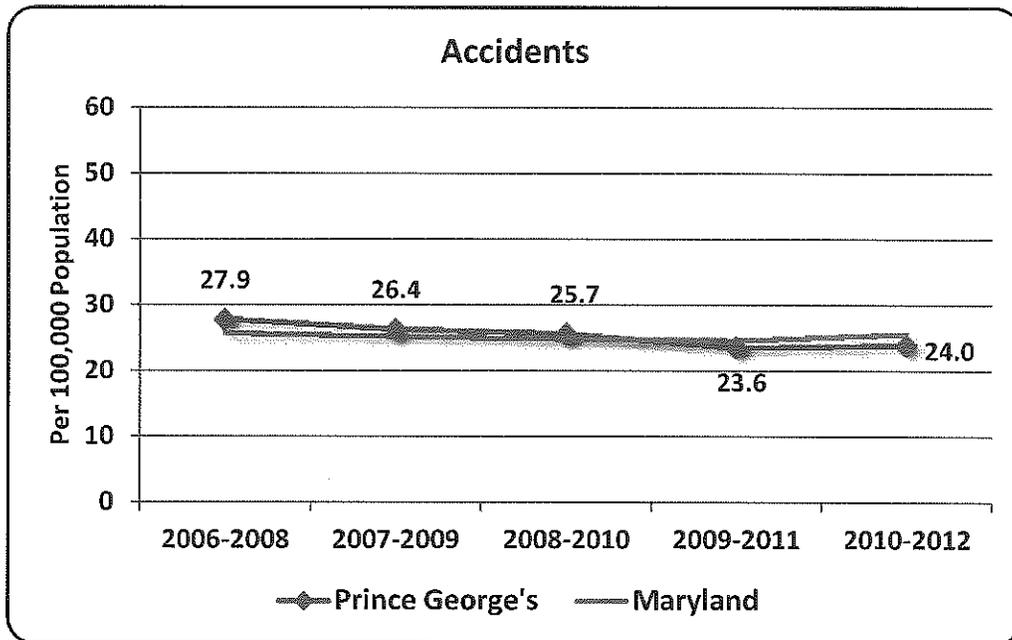
Flu & Pneumonia Age-Adjusted Mortality Rate



Data Source: Maryland BRFS, DHMH, [www.marylandbrfss.org](http://www.marylandbrfss.org); Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH <http://dhhm.maryland.gov/vsa/SitePages/reports.aspx>

# Physical Safety: Mortality

## Age-Adjusted Mortality Rates, 2006-2012

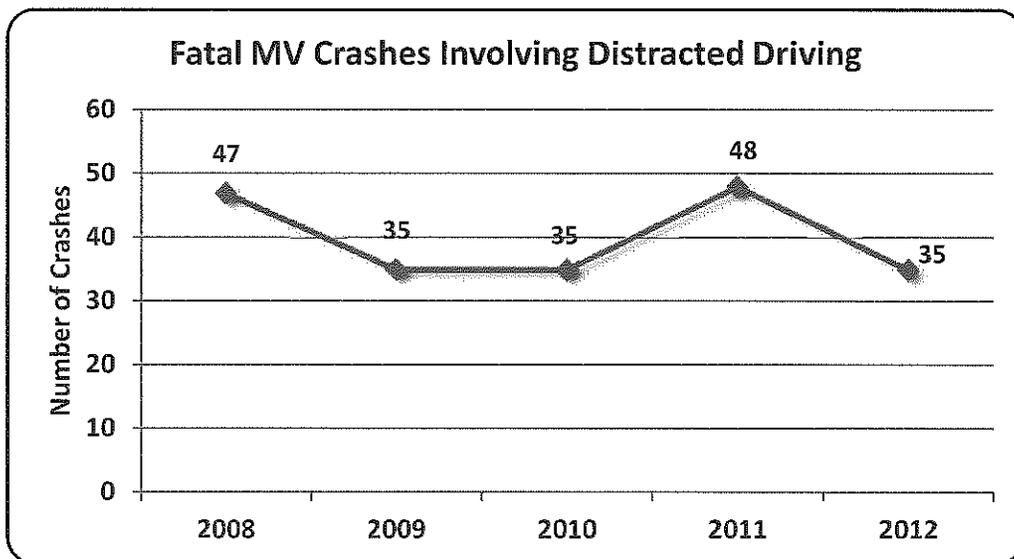
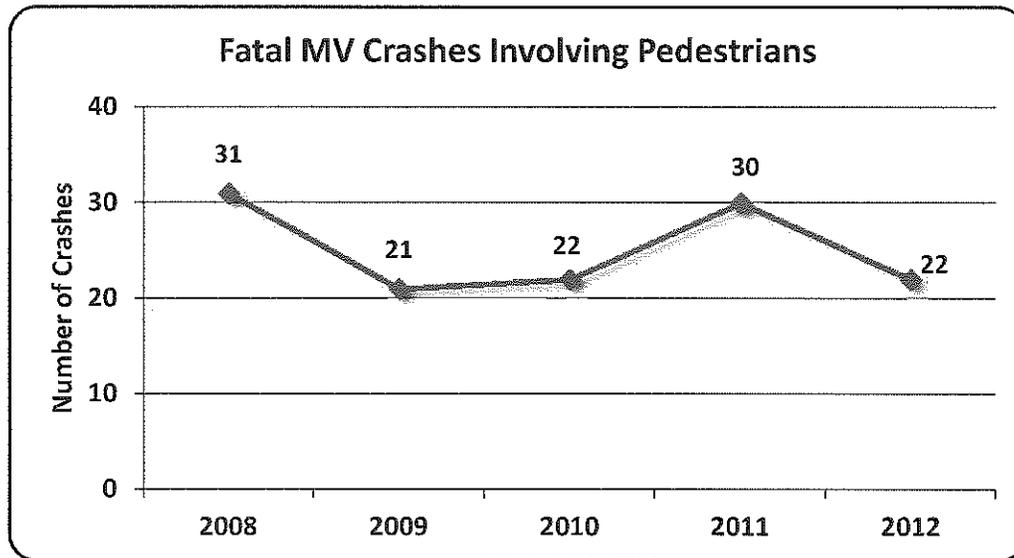


Data Source: Maryland Vital Statistics Annual Report, Division of Health Statistics, DHMH

## Physical Safety: Motor Vehicles

### Fatal Motor Vehicle (MV) Crashes, Prince George's County, 2008-2012

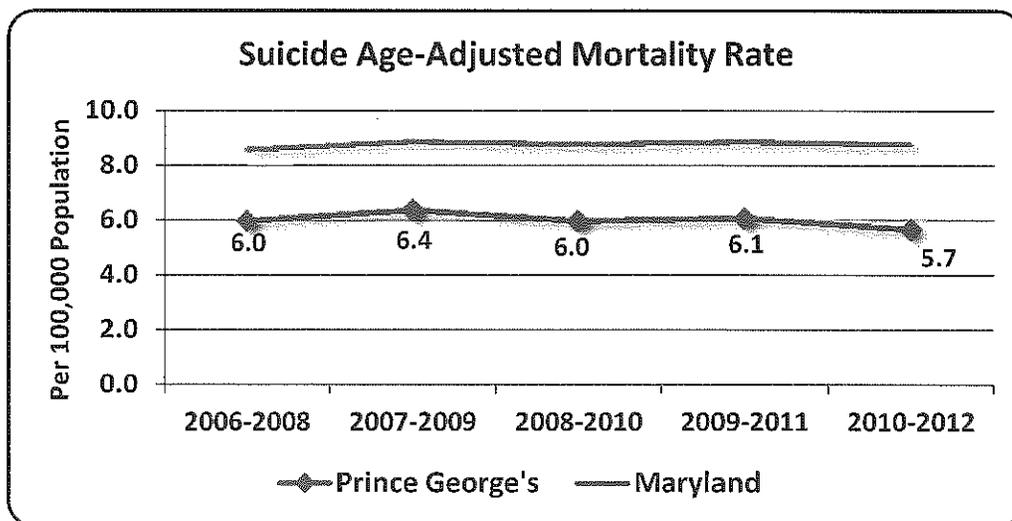
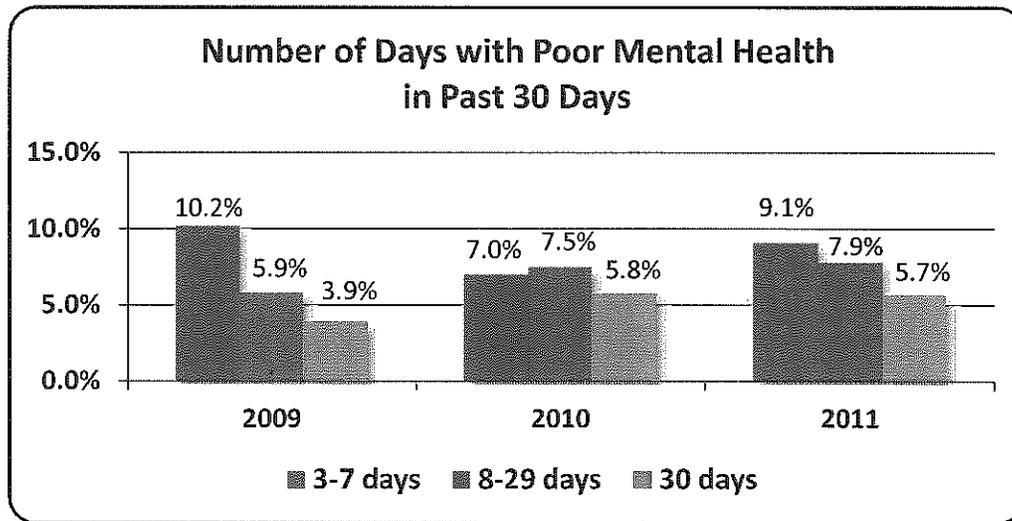
In 2012, more County residents died from motor vehicle accidents (87 deaths) than in any other Maryland County. Within these fatal crashes, the County also leads in the number of crashes involving pedestrians and those due to distracted driving.

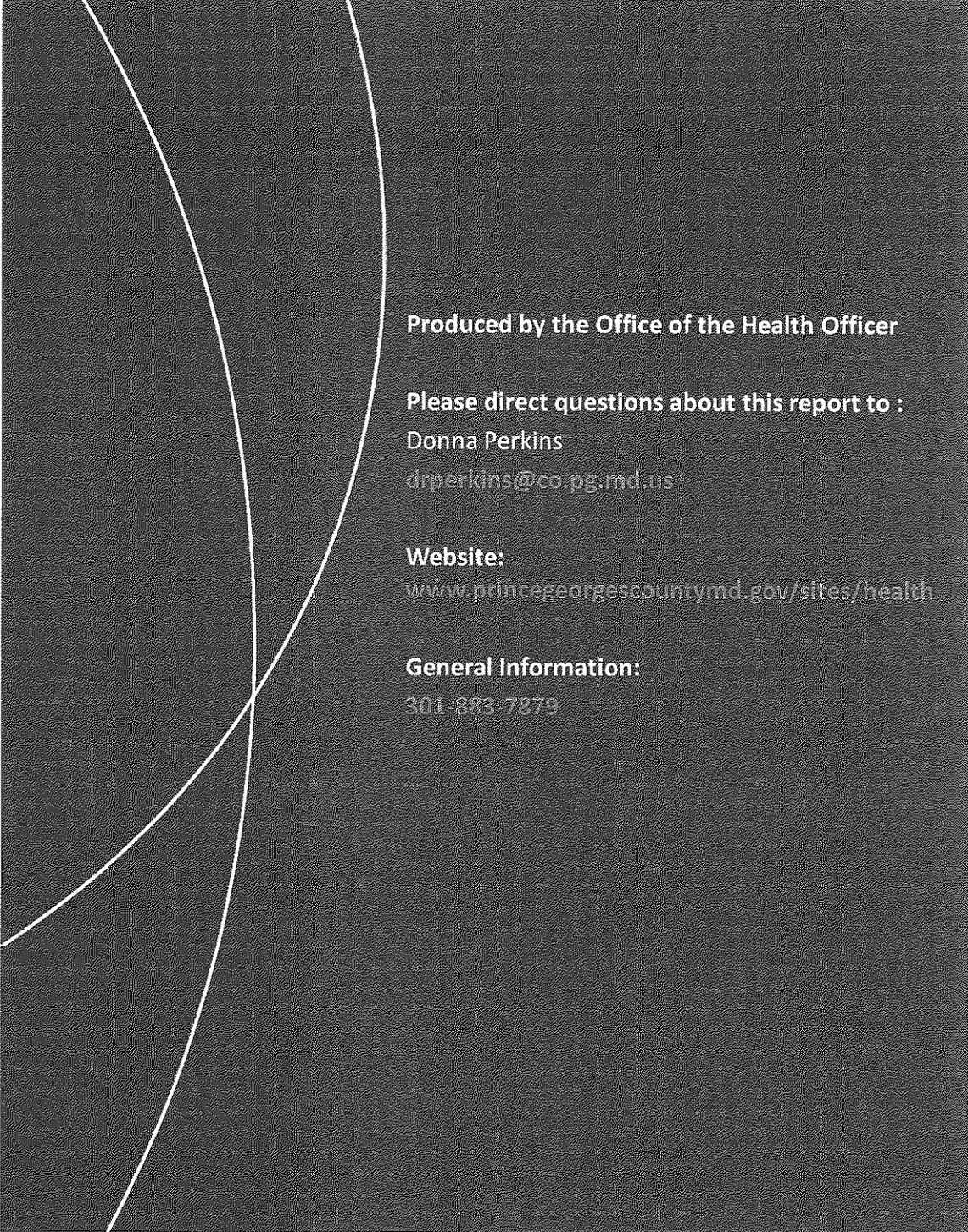


**Data Source:** Motor Vehicle Administration, Maryland Department of Transportation  
[http://mhso.mva.maryland.gov/TrafficSafetyData/benchmark\\_reports.htm](http://mhso.mva.maryland.gov/TrafficSafetyData/benchmark_reports.htm)

## Poor Mental Health and Suicide, Prince George's County

It may be surprising to learn that many County residents struggle with mental health issues: in 2011, over 13% of adults reported at least eight poor mental health days within the past thirty days. During 2012, 50 residents lost their lives due to suicide. Starting in 2014, the Health Department will increase efforts to address County mental health issues by 1) improving access to services by integrating efforts with the Department of Family Services, 2) enhancing community outreach and education, and 3) providing an assessment of community mental health services.





**Produced by the Office of the Health Officer**

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