

**CHRONIC DISEASE
IN MARYLAND:
Facts and Figures**

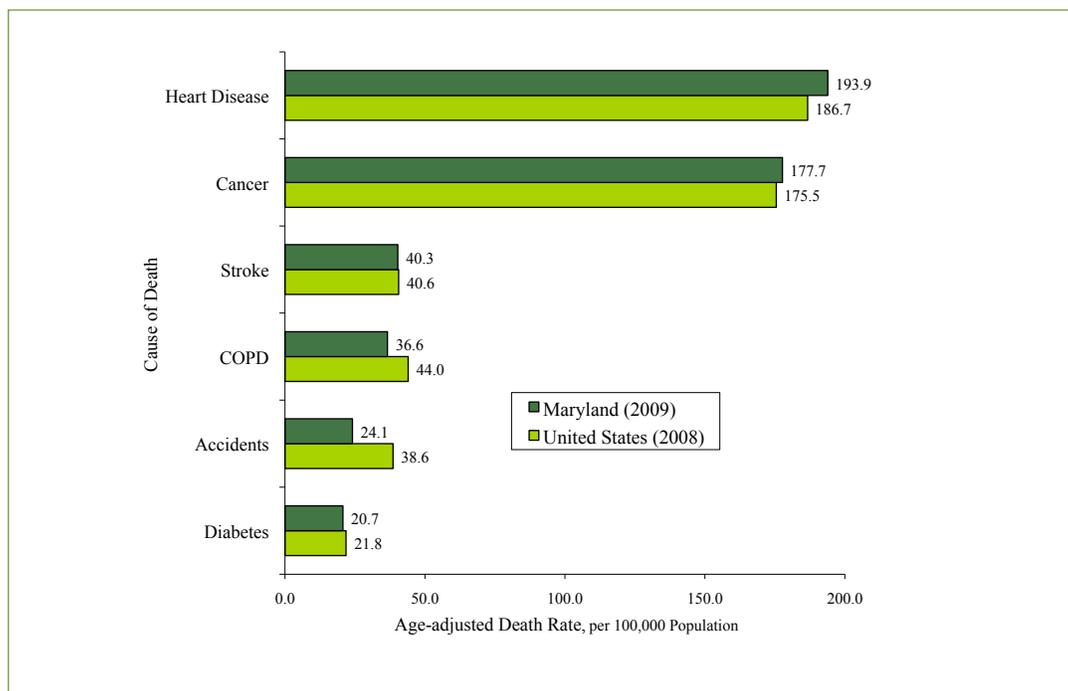
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**Maryland Department of Health and Mental Hygiene
Family Health Administration
Office of Chronic Disease Prevention**

The Burden of Chronic Disease in Maryland

Chronic disease is the leading cause of death, disability, and health care costs in Maryland. A chronic disease is defined as a disease that progresses slowly and persists for a long time, such as heart disease, cancer, stroke, COPD, and diabetes. Current trends suggest that death and disability from these diseases will continue to rise. For the first time, children are projected to have shorter lives than their parents.¹

Leading Causes of Death^{2,3}



Cardiovascular Disease

Heart disease and stroke are the first and third leading causes of death in Maryland.

- Heart disease accounted for 11,143 deaths (25.5%) and stroke 2,281 deaths (5.2%) in 2009.²
- In Maryland, 37.4% of adults reported high cholesterol and 30.1% of adults reported high blood pressure in 2009, both of which are risk factors for heart disease and stroke.⁴

Chronic Obstructive Pulmonary Disease (COPD)

COPD is the fourth leading cause of death.

- COPD was the cause of death for 2,049 people in 2009, 4.7% of deaths.²

Cancer

Cancer is the second leading cause of death.

- Cancer resulted in the deaths of 10,376 people in 2009, 23.7% of total deaths.²
- There were an estimated 27,700 adults with new diagnoses of cancer in 2010 in Maryland, according to the American Cancer Society.⁵

Diabetes

Diabetes is the sixth leading cause of death. This is likely an underestimate because diabetes also contributes to deaths from heart disease, stroke, and kidney disease.

- Diabetes resulted in the deaths of 1,198 people in 2009, 2.7% of deaths.²
- In 2009, 9.4% of adults reported having diabetes.⁴

Risk Factors for Chronic Disease

Certain factors increase the risk of developing chronic disease. Some factors cannot be controlled, like genetics, age, and sex. Other factors can be modified to avoid or delay the onset of chronic conditions. At least 80% of heart disease, stroke, and type 2 diabetes and 40% of some cancers are preventable through proper nutrition, daily physical activity, and smoking cessation.⁶

Tobacco Use

Tobacco use is the single most preventable cause of death in the United States.⁷ Smoking is estimated to cause 33% of cancer,⁸ 80% of COPD, 20% of ischemic (oxygen-deprived) heart disease, and 10% of strokes.⁹

- In Maryland, 15.2% of adults⁴ and 11.9% of high school students¹⁰ reported smoking in 2009. In 2008, 3.5% of middle school students reported smoking.¹¹
- Smoking-attributable mortality was calculated to be 6,861 deaths per year in Maryland, or 15.7% of all deaths.¹²
- In 2009, 9% of women smoked during their last 3 months of pregnancy.¹³

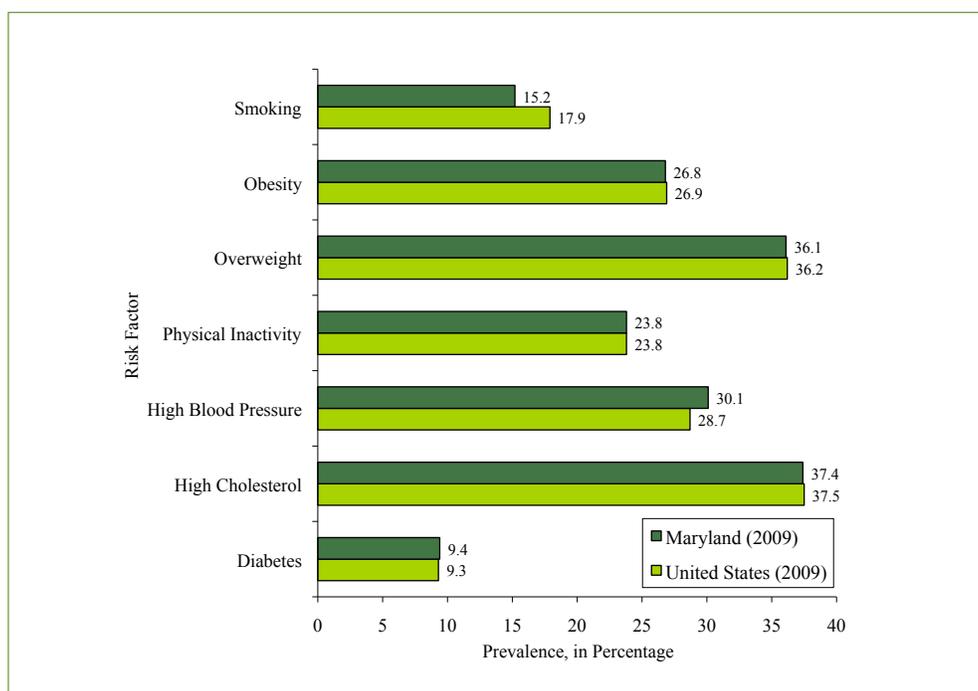
Nutrition, Physical Activity, and Overweight/Obesity

The prevalence of obesity has been increasing among adults and children in Maryland. Poor eating and physical inactivity contribute to overweight and obesity as well as many chronic diseases, including some cancers, heart disease, diabetes, and arthritis.

Healthy eating includes consumption of appropriate portion sizes, fruits and vegetables, and good fats (like those found in nuts and seafood), and reducing the consumption of salty foods, sugary drinks, and unhealthy fats (like trans fats).

- In Maryland, 63% of adults (2009)⁴ and 26% of adolescents 13-18 years (2006)¹¹ were overweight or obese.
- Of adults who were overweight or obese, 45% had high blood pressure and 47% had high cholesterol; 23% of adults who were obese had diabetes.⁴
- Only 27.6% of adults ate five servings of fruits and vegetables per day in 2009,⁴ falling far short of the *Healthy People 2010* goal of 50%.

Chronic Disease Risk Factors and Conditions ^{4,14}

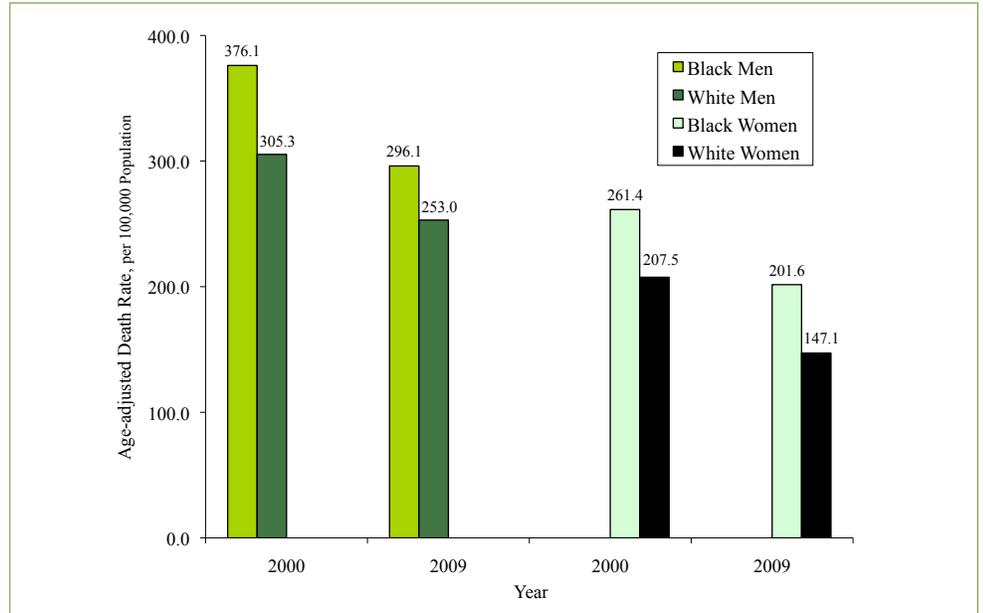


Persistent Disparities

The conditions under which people live, work, learn, and play affect their health. When these conditions are unequal, they become risk factors that increase chronic disease in specific populations. Race, ethnicity, sex, education, and socio-economic status are all factors associated with health disparities in chronic disease.

- In 2009, black men had a 15% higher risk of dying from heart disease than white men; black women had a 27% higher risk than white women.²
- Though heart disease death rates have decreased for both black and white populations, disparities persist.²
- Men were at higher risk than women of dying from heart disease, regardless of race.²

Trends in Heart Disease Death Rate by Race and Sex²

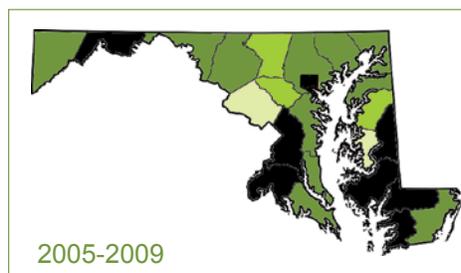
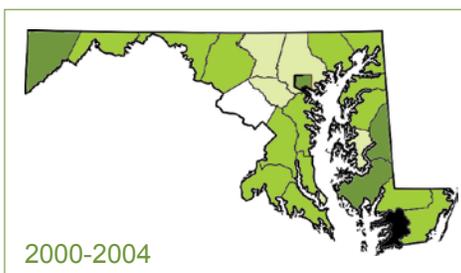
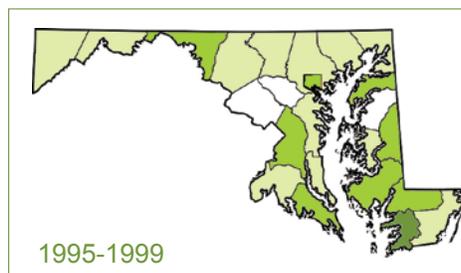
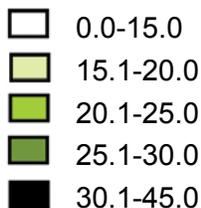


Increasing Rates of Obesity

The prevalence of obesity has been steadily increasing in Maryland for the last 25 years. Overweight/obesity and physical inactivity are each responsible for 1 of 10 deaths in the United States.⁸ No state, including Maryland, has reached the *Healthy People 2010* goal of reducing adult obesity to 15%.

Trends in Obesity by Jurisdiction⁴

Prevalence of Obesity (%)

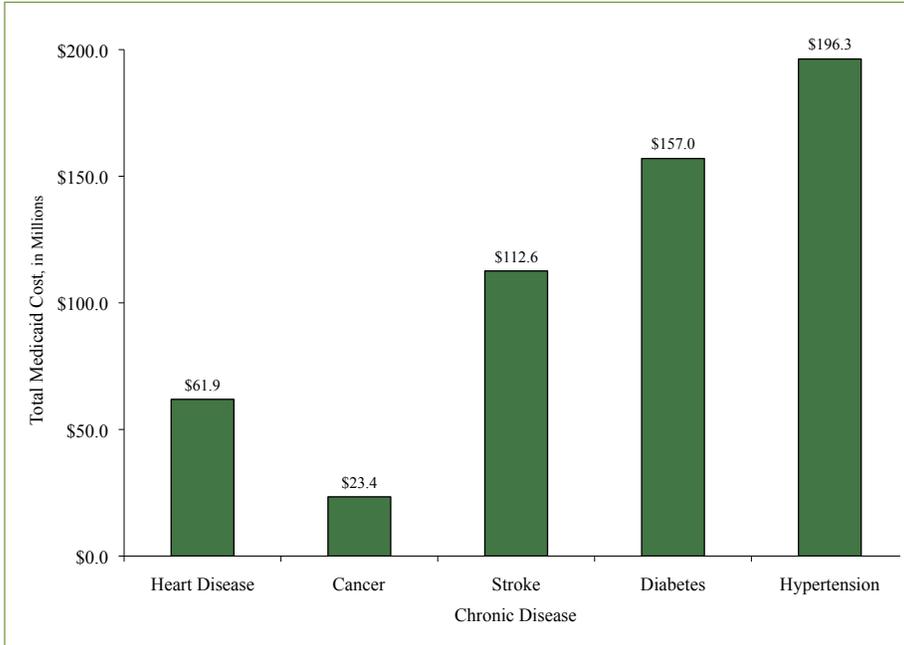


- The adult obesity rate has increased by 33% in the past 10 years, from 20.2% (2000) to 26.8% (2009).⁴
- The number of jurisdictions with an adult obesity prevalence over 25% has increased from just 1 in 1995 to 19 in 2009.⁴
- Obesity also demonstrates racial disparities: 44.5% of black women were obese compared with 20.9% of white women in 2009.⁴
- Among low-income children aged 2-4 years, 17.1% were overweight and 15.8% were obese in 2009.¹⁵

The Cost of Chronic Disease in Maryland

Chronic disease is the leading source of health care costs in Maryland, both in terms of direct costs (hospitalizations, medications, clinic visits) and indirect costs (early death, productivity loss).

Estimated Medicaid Costs in Maryland ¹⁶



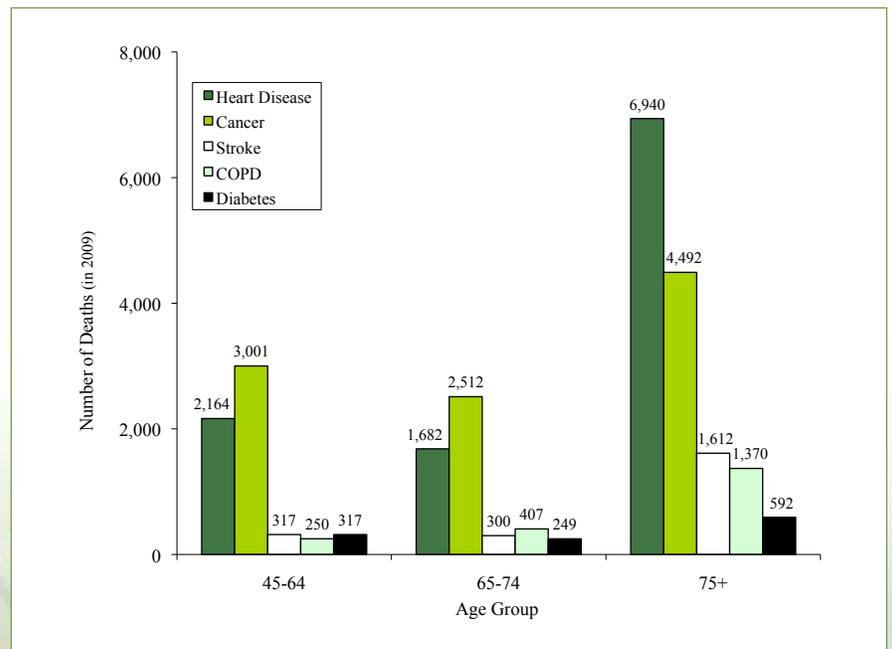
- \$84 of every \$100 health care dollars was spent on people with chronic disease in the U.S. in 2006.¹⁷ In Maryland, Medicaid alone spent over \$550 million dollars on prevalent chronic diseases in 2007.¹⁶
- Based upon an estimate by the Milken Institute, chronic disease cost Maryland \$5.2 billion in treatment expenditures in 2003, and another \$20.5 billion in lost productivity.¹⁸
- In 2004, per capita health care spending in Maryland averaged \$5,590. Maryland's spending was 6% higher than the national average, placing the state 17th highest in the nation.¹⁹

Years of Potential Life Lost

Years of potential life lost (YPLL) are a way to measure the public health impact of diseases that end peoples' lives prematurely and help assess causes of death affecting younger age groups.

- Chronic disease does not only affect the elderly. In 2009, 42.7% of the people who died from chronic disease were under the age of 75, 23.1% were under the age of 65.²
- For Maryland, cigarette smoking and second-hand smoke resulted in 96,092 years of potential life lost annually (2000-2004)¹² out of 414,509 total years of potential life lost (2006).²⁰
- Cardiovascular disease accounted for more than 28,757 years of potential life lost in 2009 in Maryland.²¹

Cause-specific Deaths by Age Group in Maryland ²



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