

Healthy Maryland

CHARTBOOK



Family Health Administration

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

May 2007

MARTIN O'MALLEY
Governor of Maryland

ANTHONY G. BROWN
Lt. Governor of Maryland

JOHN M. COLMERS
Secretary, Maryland
Department of Health
and Mental Hygiene

RUSSELL W. MOY, MD, MPH
Director,
Family Health
Administration

JOAN H. SALIM
Deputy Director,
Family Health
Administration

HEALTHY MARYLAND CHARTBOOK

is a publication of the Maryland Department of Health and Mental Hygiene.

RUSSELL W. MOY, MD, MPH

Director, Family Health Administration

PRODUCED BY THE OFFICE OF HEALTH POLICY AND PLANNING

Lauren Kramberg, MPH

Rebecca Love, MPH

JEANETTE JENKINS, MHS

Director, Office of Health Policy and Planning

PHONE: (410) 767-5300

FAX: (410) 333-7501

E-MAIL: ohpp@dhmh.state.md.us

Visit our Web site: www.fha.state.md.us/ohpp

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Introduction

This report is an update to the *Healthy Maryland Chart Book 2002*, which was published to display Maryland data for measures included in the national Healthy People 2010 (HP 2010) report. The data in this updated report provide a descriptive snapshot of statewide trends, health disparities, and jurisdictional statistics on a broad array of health status indicators. In most cases, graphs and tables from the *Healthy Maryland Chart Book 2002* are updated with the most recent data available. Any exceptions to this are noted in the technical notes section of the report.

Healthy People 2010 targets are used nationwide as a gauge for health status within geographic jurisdictions and are based on a process that began in 1979 with *The Surgeon General's Report of Health Promotion and Disease Prevention* and continued to evolve. In 1990, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* was developed, followed by the *Healthy People 2010: Objectives for Improving Health* which was published in 2000 to continue the mission of promoting health and preventing disease. The information in this report builds on these efforts to measure Maryland's progress as compared to the population of the United States.

This report is organized into two sections: Section I provides a demographic profile of the Maryland population, while Section II provides Maryland data for each selected Healthy People 2010 Target (an updated version of Section IV from the 2002 report). Both sections offer comparisons among racial and ethnic groups, age groups, and jurisdictions in Maryland. Data in charts and graphs are included in this publication to demonstrate the extent of health problems facing Marylanders, compare Maryland with the nation, and measure the improvements and challenges of public health problems.

Whenever possible, this report uses Healthy People 2010 targets or the most recent United States estimates as benchmarks for Maryland values. While Maryland data are displayed by racial and ethnic groups, Healthy People 2010 targets have been set by the United States Department of Health and Human Services as goals for all groups, therefore, they are not broken down by racial or ethnic groups.

This publication reports on approximately thirty-three Healthy People 2010 Objectives, and is intended to profile Maryland's progress toward Healthy People 2010 targets. According to the data in this report, the following indicators met or exceeded the related Healthy People 2010 targets:

- Adolescents using alcohol or other illicit drugs in the past 30 days
- Blood cholesterol checked in the last five years: Maryland females; Maryland residents age 45 years and older

- Coronary Heart Disease deaths: African American and White females and Maryland overall
- Current smoking: Maryland residents 65 years and older
- Diabetes deaths: White males and females and African American females and Maryland overall
- Homicides: White females
- Lung cancer deaths: African American and White females
- Motor-vehicle crash deaths: African American and White females
- New cases of Tuberculosis: Whites
- Engaging in leisure time exercise: Whites
- Salmonella outbreaks in Maryland
- Stroke deaths: White males and females and Maryland overall
- Suicides: African American and White females
- Thirty minutes of moderate exercise per day: Maryland males and females and Maryland overall

Although the following indicators have not met or exceeded their respective Healthy People 2010 targets, it should be noted that data indicate trends in the right direction:

- Coronary heart disease deaths: African American and White males
- Current smoking: Maryland males and Maryland residents age 25-35 and age 55-64
- Female breast cancer deaths: African American and White females and Maryland overall
- Homicides: African American females
- Infant mortality: African Americans and Whites and Maryland overall
- Motor vehicle crash deaths: Maryland overall
- New cases of Tuberculosis: African Americans, Asians, and Hispanics
- Overall cancer deaths: African American males and females, White females, and Maryland overall
- Stroke deaths: African American males and females
- Suicides: African American and White males and Maryland overall

SECTION I: Maryland Demographics



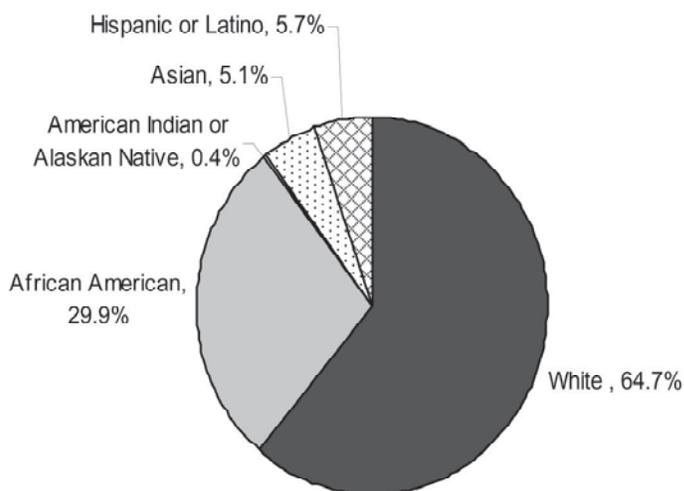
Maryland Demographics

Estimated Maryland Population by Race and Hispanic Origin, 2005

Race	Population
All	5,600,388
White, Total	3,622,922
White, Non-Hispanic	3,345,777
African American	1,672,296
Hispanic	319,303
Asian or Pacific Islander	284,370
American Indian	20,800

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

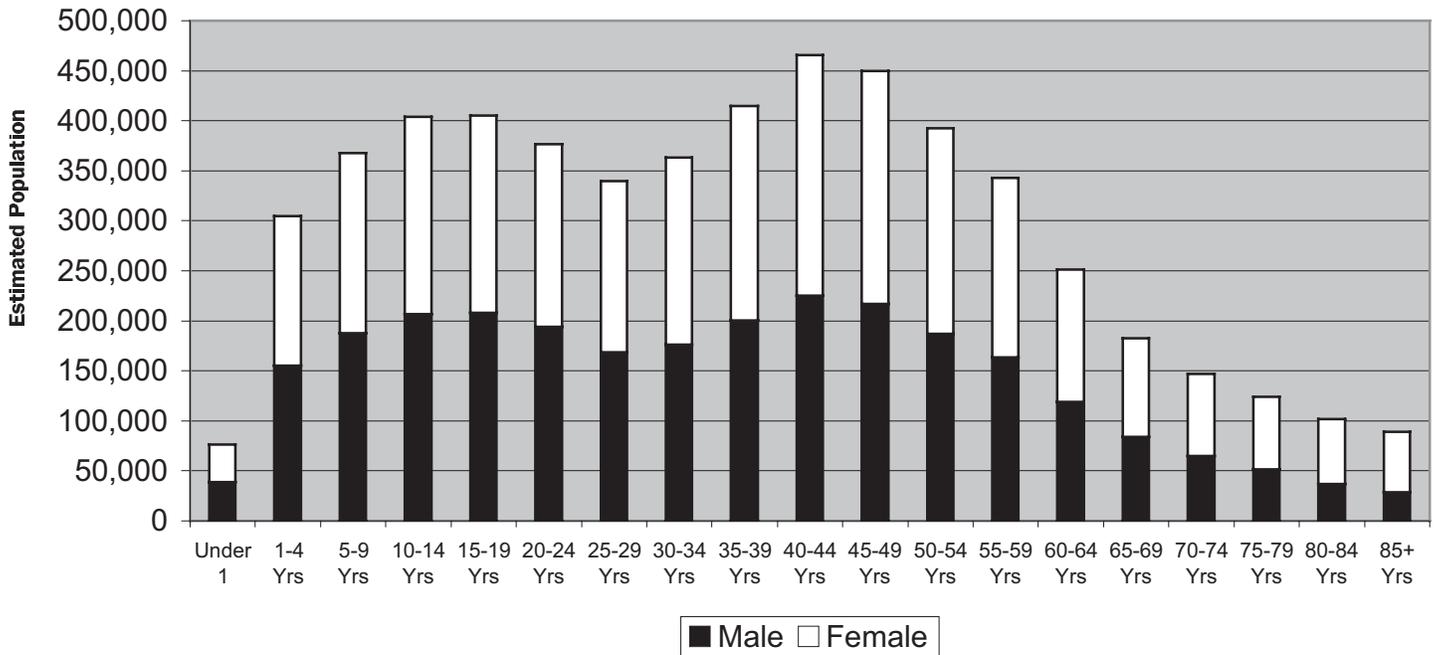
Estimated Race Distribution of Maryland, 2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene
Estimated population July 1, 2005

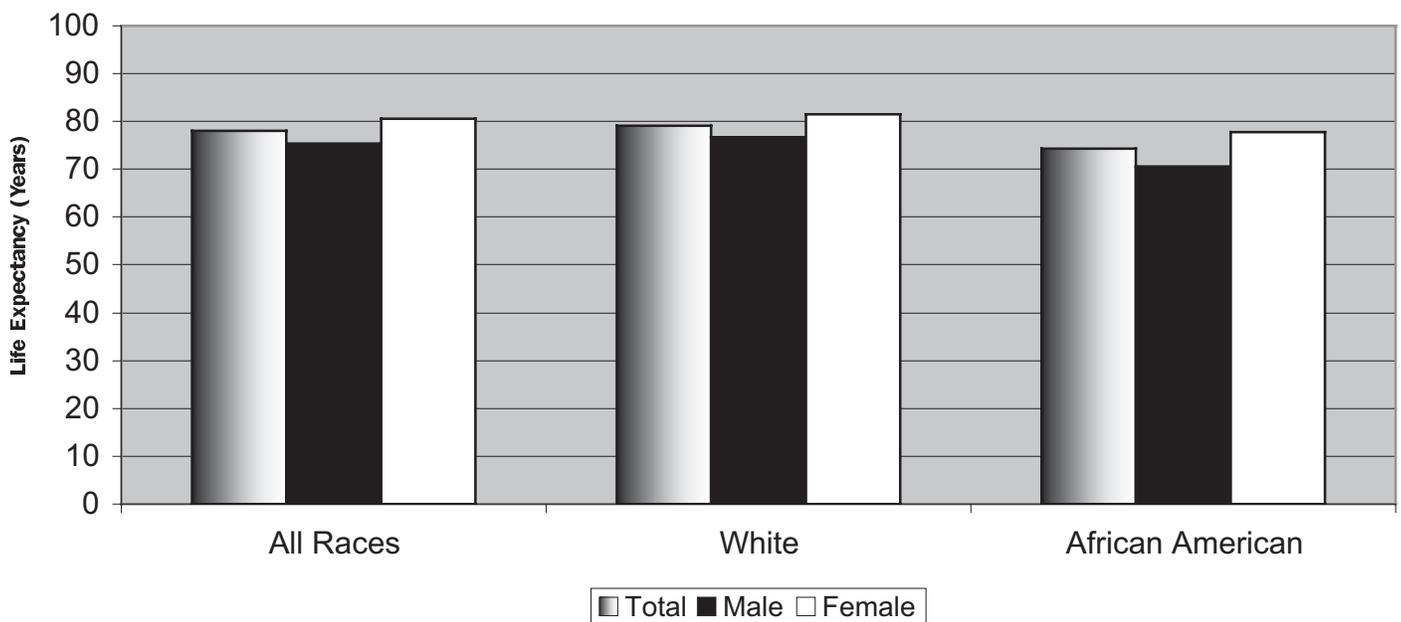
Maryland Demographics

Estimated Age Distribution in Maryland, by Gender, 2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene
 Estimated population July 1, 2005

Average Length of Life by Race and Gender, Maryland, 2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

Maryland Demographics

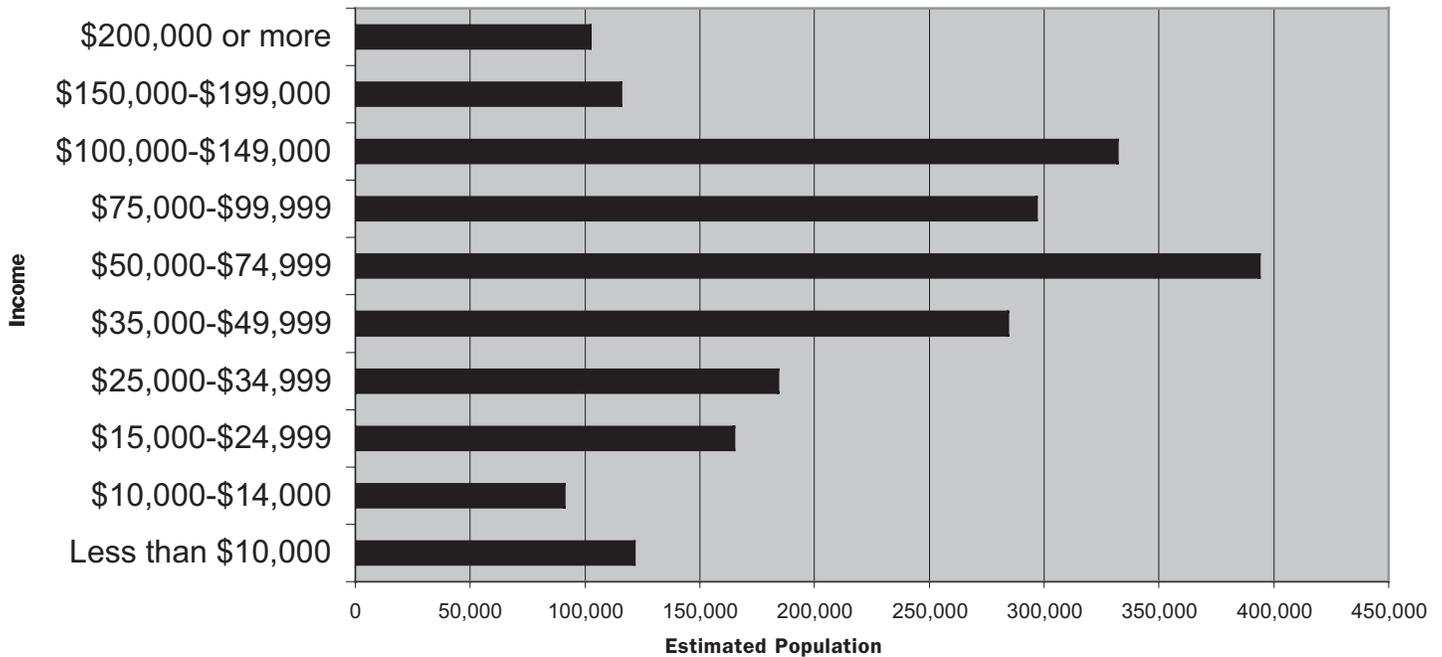
Estimated Maryland Population by Race and Ethnicity, by Jurisdiction, 2005

Jurisdiction	White Total	White Non-Hispanic	African American	American Indian	Asian or Pacific Islander	Hispanic	All Races
Maryland Total	3,622,922	3,345,777	1,672,296	20,800	284,370	319,303	5,600,388
Allegany	68,562	67,971	4,539	92	446	706	73,639
Anne Arundel	415,655	399,262	77,086	1,869	16,268	18,323	510,878
Baltimore	558,922	542,504	192,077	2,655	32,459	19,175	786,113
Calvert	75,052	73,396	11,523	277	1,073	1,794	87,925
Caroline	26,921	25,809	4,543	193	165	1,277	31,822
Carroll	160,488	158,087	5,209	392	2,452	2,600	168,541
Cecil	91,416	89,566	5,050	304	1,026	1,981	97,796
Charles	84,926	81,181	49,178	1,075	3,643	4,370	138,822
Dorchester	22,326	21,825	8,736	75	264	588	31,401
Frederick	194,768	185,611	18,106	702	7,125	10,060	220,701
Garrett	29,659	29,518	167	10	73	142	29,909
Harford	204,896	200,030	28,602	611	5,150	5,652	239,259
Howard	192,729	183,240	45,121	790	30,817	10,687	269,457
Kent	16,496	15,915	3,176	49	178	655	19,899
Montgomery	639,111	525,146	157,056	3,696	127,720	125,768	927,583
Prince George's	237,336	162,664	569,109	4,208	35,470	90,929	846,123
Queen Anne's	41,402	40,828	3,627	103	480	645	45,612
Somerset	14,690	14,370	10,850	83	222	457	25,845
St. Mary's	79,742	77,780	14,242	392	2,142	2,203	96,518
Talbot	30,120	29,369	5,155	62	346	931	35,683
Washington	126,885	124,491	12,987	277	1,746	2,640	141,895
Wicomico	66,579	64,371	21,910	293	1,620	2,556	90,402
Worcester	40,836	40,034	7,385	99	430	887	48,750
Baltimore City	203,405	192,809	416,862	2,493	13,055	14,277	635,815

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene
Estimated population July 1, 2005

Maryland Demographics

Income* Distribution of Maryland Households

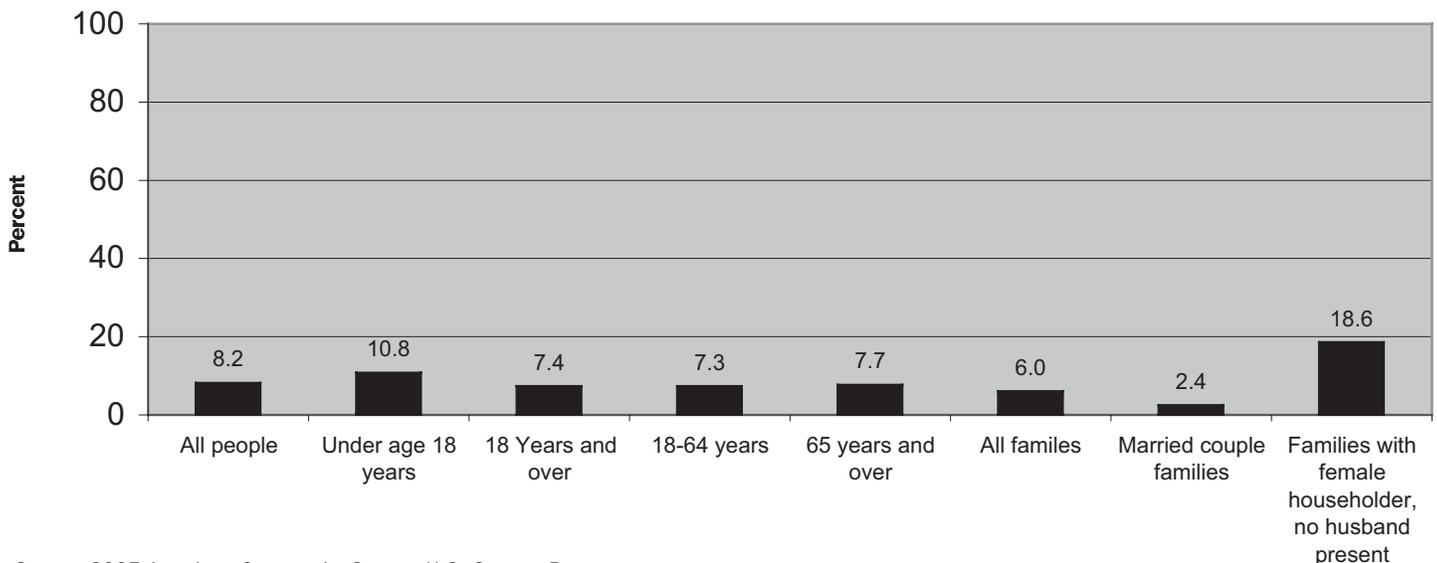


Source: 2005 American Community Survey, U.S. Census Bureau

*Income estimates are in 2005 inflation-adjusted dollars

Note: The 2005 American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories, and other group quarters.

Estimated Percentage of People in Maryland Whose Income in the Past 12 Months has Been Below the Poverty Level



Source: 2005 American Community Survey, U.S. Census Bureau

Note: The 2005 American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories, and other group quarters.

SECTION II: Maryland & Healthy People 2010

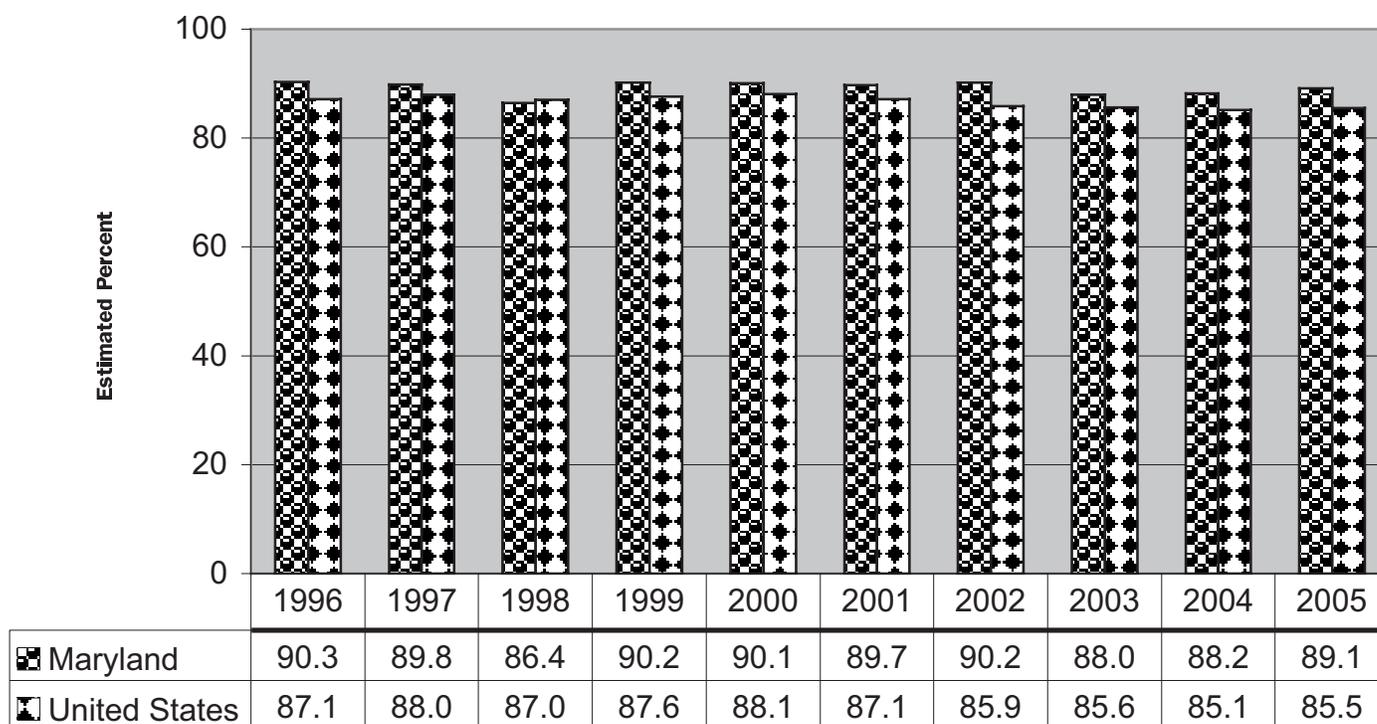


Access to Health Care

HP 2010 Objective: Increase the proportion of persons with health insurance.

HP 2010 Target: 100.0 percent of the population.

Estimated Percentage of the Population with Health Care Coverage*, Maryland and the US, 1996-2005



Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age years 18 and older who responded yes to "Do you have any kind of health care coverage?"

Access to Health Care

HP 2010 Objective: Increase the proportion of persons with health insurance.

HP 2010 Target: 100.0 percent of the population.

Estimated* Percentage of Maryland Residents with Health Insurance, All Ages, by Jurisdiction, 2000

Jurisdiction	Estimated Percent Insured In Jurisdiction
United States Total	85.8
Maryland Total	87.6
Allegany	87.6
Anne Arundel	88.5
Baltimore	90.0
Calvert	89.3
Caroline	84.2
Carroll	92.5
Cecil	88.1
Charles	89.1
Dorchester	84.9
Frederick	91.9
Garrett	85.4
Harford	90.5
Howard	89.0
Kent	86.9
Montgomery	88.2
Prince George's	84.7
Queen Anne's	90.3
St. Mary's	87.9
Somerset	81.9
Talbot	90.3
Washington	89.6
Wicomico	85.1
Worcester	87.2
Baltimore City	82.3

Source: Small Area Health Insurance Estimates for 2000. United States Census Bureau. Data adapted by the Office of Healthy Policy and Planning, Maryland Department of Health and Mental Hygiene.

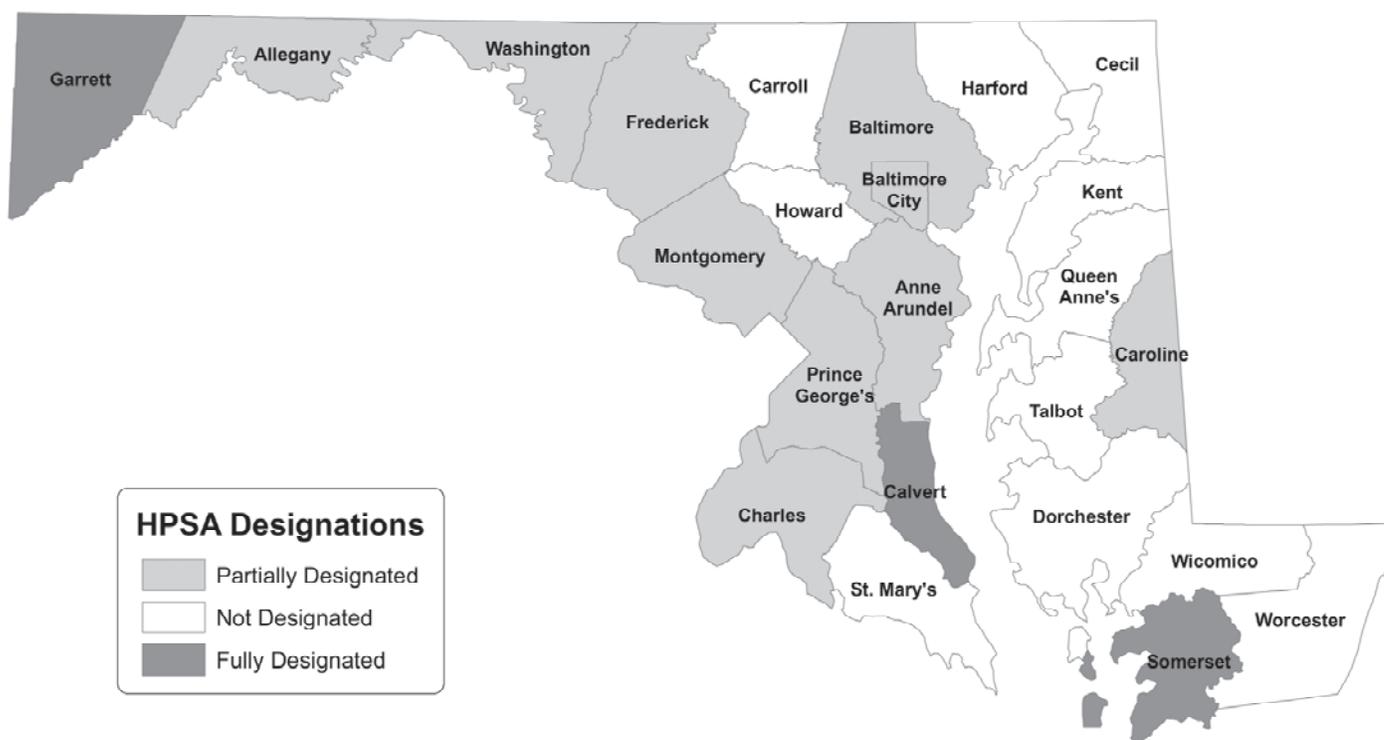
*See technical notes for additional information regarding the methodology of the Small Area Health Insurance Estimates for 2000.

Access to Health Care

HP 2010 Objective: Increase the proportion of persons with a usual primary care provider.

HP 2010 Target: 85.0 percent of the population.

Primary Care, Health Professional Shortage Areas (HPSA) in Maryland, 2005



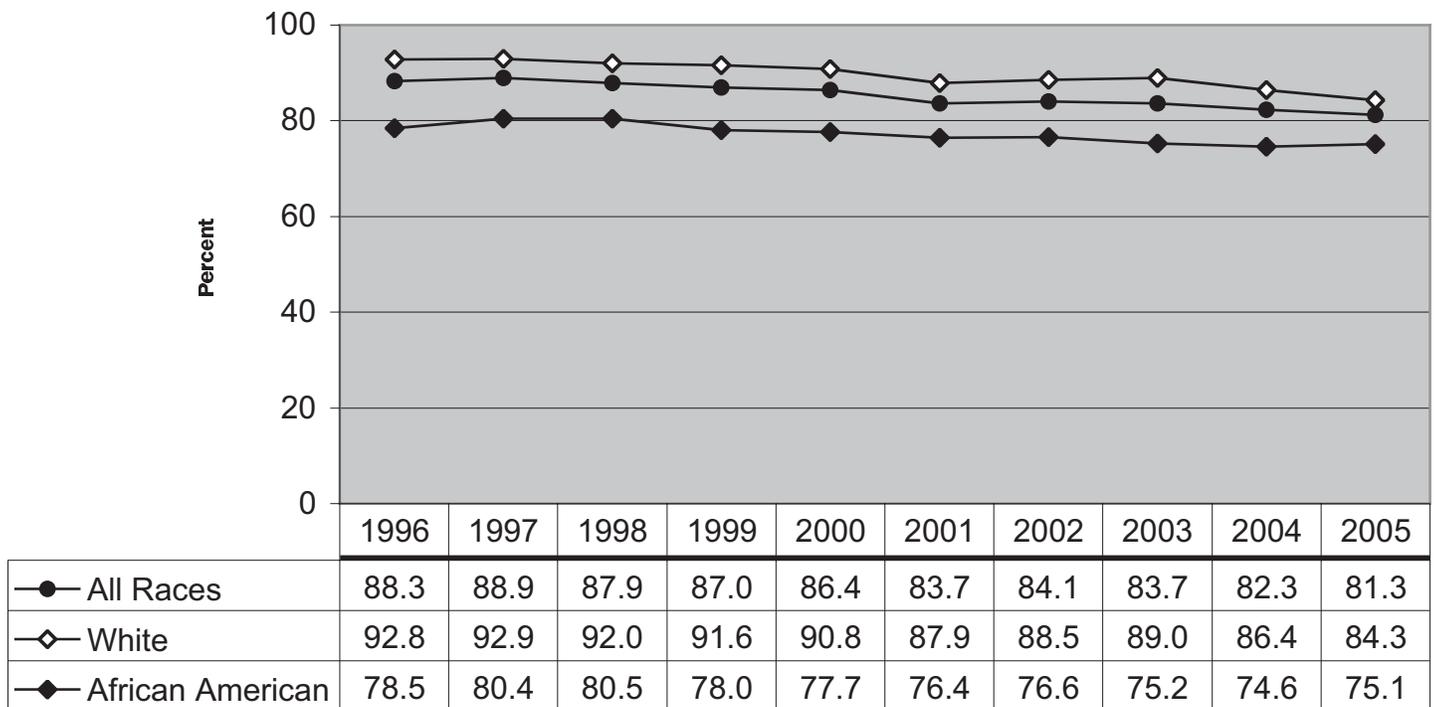
Source: Office of Health Policy and Planning, Family Health Administration, Maryland Department of Health and Mental Hygiene

Access to Health Care

HP 2010 Objective: Increase the proportion of pregnant women who receive early and adequate prenatal care.

HP 2010 Target: 90.0 percent of live births beginning prenatal care in the first trimester.

Percentage of Births to Women Who Received First Trimester Prenatal Care by Race, Maryland, 1996-2005



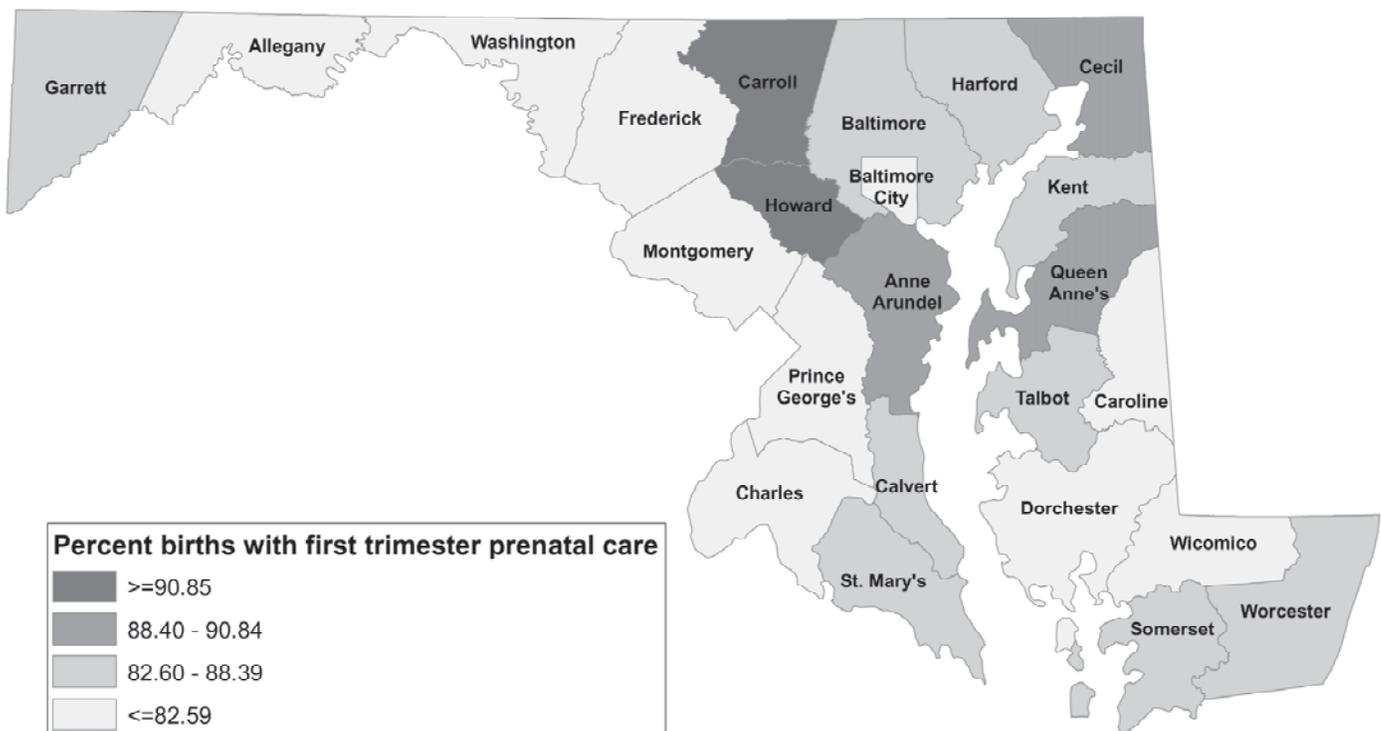
Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

Access to Health Care

HP 2010 Objective: Increase the proportion of pregnant women who receive early and adequate prenatal care.

HP 2010 Target: 90.0 percent of live births beginning prenatal care in the first trimester.

Percentage of Births to Women Who Received First Trimester Prenatal Care, by Maryland Jurisdiction, 2005



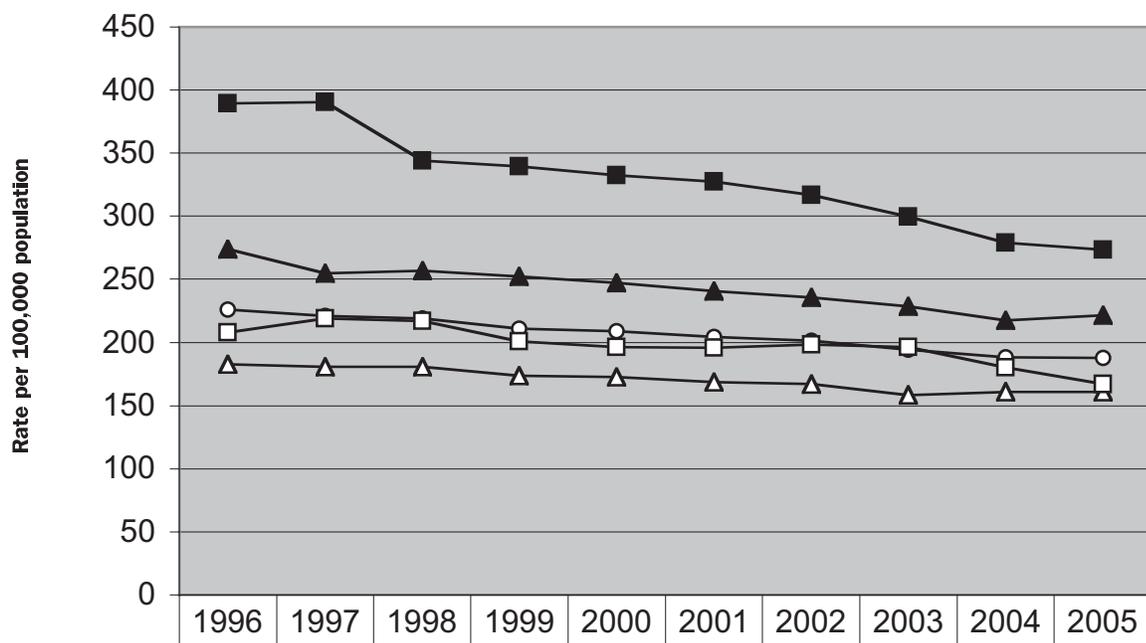
Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

Cancer

HP 2010 Objective: Reduce the overall cancer death rate.

HP 2010 Target: 159.9 deaths per 100,000 population.

Age-Adjusted* Death Rate for Cancers at All Sites by Race and Gender, Maryland, 1996-2005



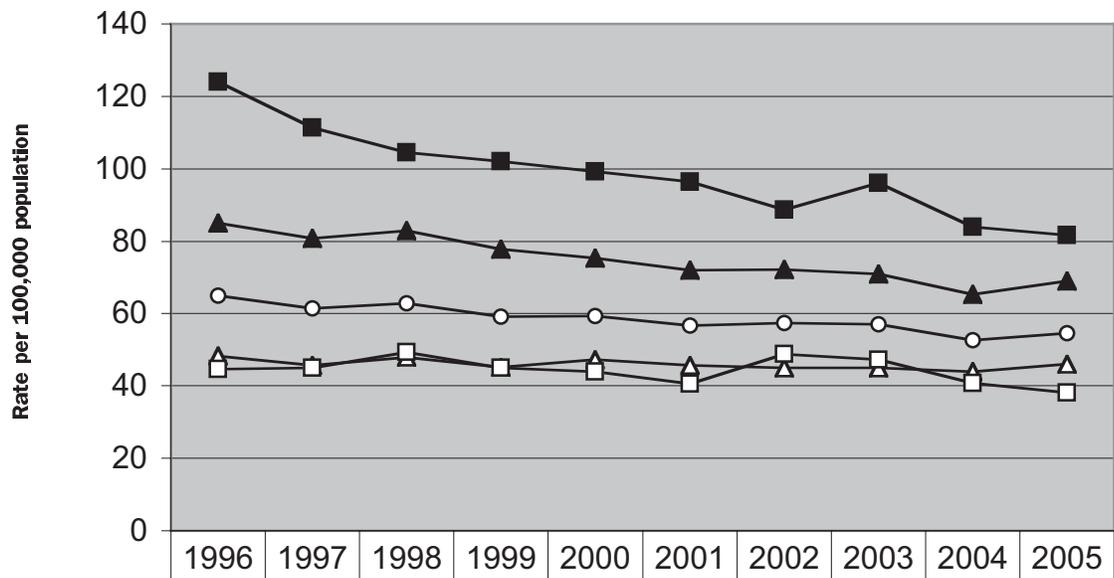
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
○ Maryland Total	226.1	220.9	218.7	211.0	208.8	204.3	201.4	194.3	188.1	187.9
▲ White Male	273.7	255.0	256.6	252.2	247.1	240.4	235.8	228.5	217.4	221.6
△ White Female	182.8	180.4	180.8	173.6	172.7	168.4	167.1	158.6	161.1	160.8
■ African American Male	389.4	390.4	343.9	339.3	332.5	327.2	317.0	299.6	279.1	273.5
□ African American Female	208.0	218.8	216.7	201.0	196.4	195.8	198.2	196.2	180.2	167.2

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene
 *Death rates are age-adjusted to the 2000 standard US population

HP 2010 Objective: Reduce the lung cancer death rate.

HP 2010 Target: 44.9 deaths per 100,000 population.

Age-Adjusted* Death Rate for Lung Cancer, by Race and Gender, Maryland, 1996-2005



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
—○— Maryland Total	65.0	61.4	62.9	59.2	59.4	56.8	57.4	57.2	52.8	54.6
—▲— White Male	85.1	80.8	82.9	77.9	75.4	72.1	72.2	71.0	65.4	69.0
—△— White Female	48.3	45.6	48.0	45.2	47.3	45.7	45.0	45.0	43.9	46.1
—■— African American Male	124.1	111.4	104.5	102.0	99.3	96.4	88.6	96.0	84.0	81.7
—□— African American Female	44.6	45.0	49.4	44.9	44.0	40.6	48.9	47.2	40.7	38.1

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

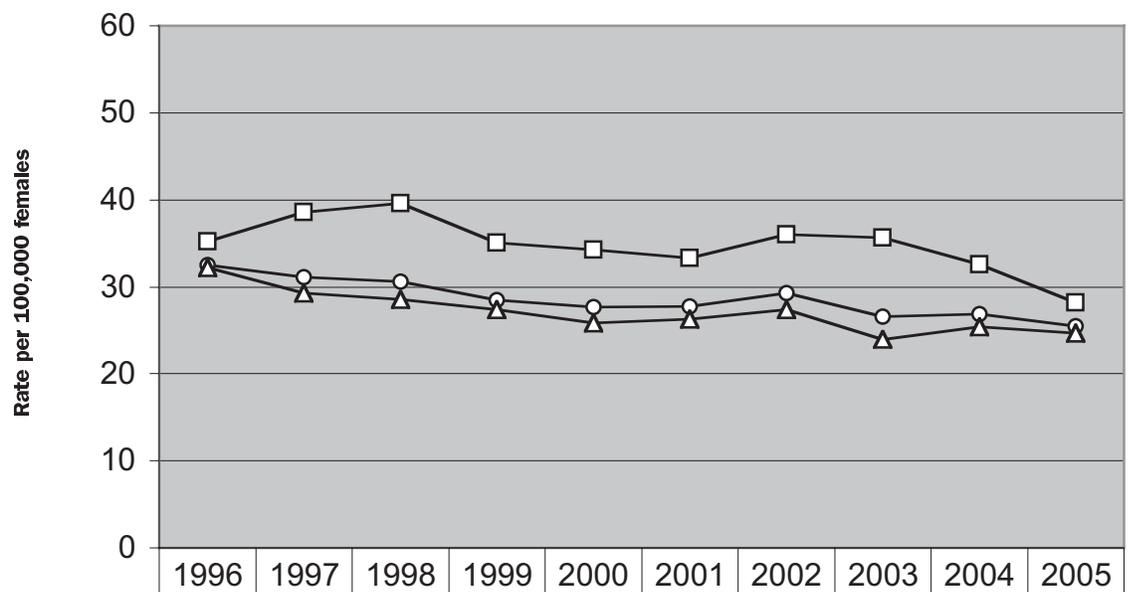
*Death rates are age-adjusted to the 2000 standard US population

Cancer

HP 2010 Objective: Reduce the breast cancer death rate.

HP 2010 Target: 22.3 deaths per 100,000 females.

Age-Adjusted* Death Rate for Female Breast Cancer by Race, Maryland, 1996-2005



—○— Maryland Total	32.5	31.1	30.6	28.5	27.7	27.8	29.3	26.6	26.9	25.5
—△— White Female	32.2	29.3	28.6	27.4	25.9	26.3	27.4	23.9	25.4	24.7
—□— African American Female	35.2	38.6	39.6	35.1	34.3	33.3	36.1	35.7	32.6	28.2

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

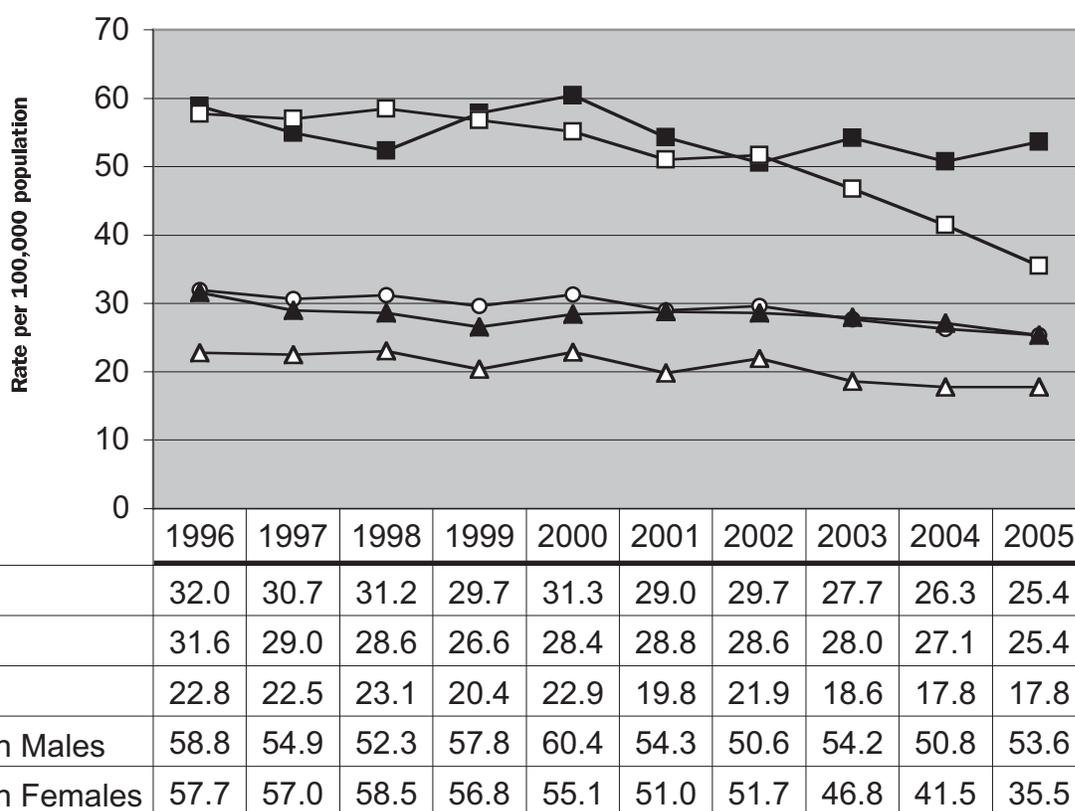
*Death rates are age-adjusted to the 2000 standard US population

Diabetes

HP 2010 Objective: Reduce the diabetes death rate.

HP 2010 Target: 45.0 deaths per 100,000 population.

Age-Adjusted* Death Rate for Diabetes, by Race and Gender, Maryland, 1996-2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

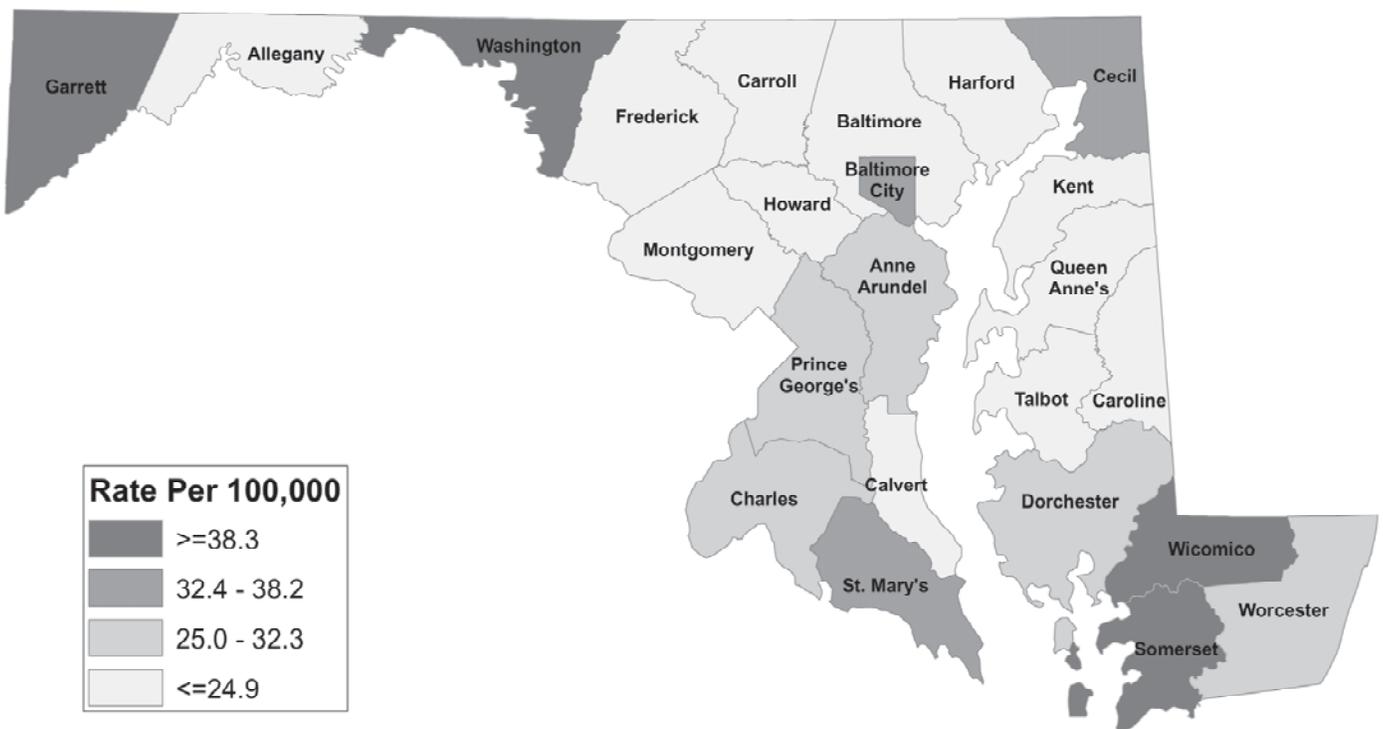
*Death rates are age-adjusted to the 2000 standard US population

Diabetes

HP 2010 Objective: Reduce the diabetes death rate.

HP 2010 Target: 45.0 deaths per 100,000 population.

Age-Adjusted* Death Rate for Diabetes, by Maryland Jurisdiction, 2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

*Death rates are age-adjusted to the 2000 standard US population

HP 2010 Objective: Reduce the diabetes death rate.

HP 2010 Target: 45.0 deaths per 100,000 population.

Age-Adjusted* Death Rate for Diabetes, by Maryland Jurisdiction, 2005

Jurisdiction	Death Rate per 100,000 population
Maryland Total	25.4
Allegany	21.1
Anne Arundel	27.3
Baltimore	20.8
Calvert	21.9
Caroline	15.8
Carroll	18.4
Cecil	34.4
Charles	31.7
Dorchester	28.0
Frederick	18.6
Garrett	47.6
Harford	21.8
Howard	18.7
Kent	18.9
Montgomery	15.3
Prince George's	32.2
Queen Anne's	20.6
St. Mary's	33.8
Somerset	43.7
Talbot	23.3
Washington	44.1
Wicomico	41.4
Worcester	30.1
Baltimore City	37.2

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

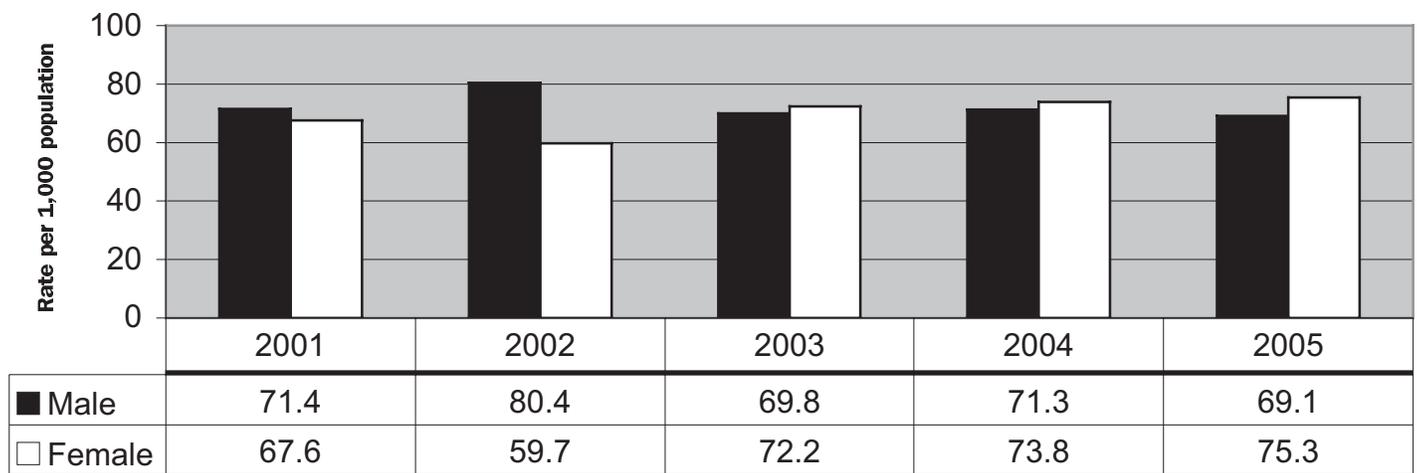
*Death rates are age-adjusted to the 2000 standard US population

Diabetes

HP 2010 Objective: Reduce the overall rate of diabetes that is clinically diagnosed.

HP 2010 Target: 25.0 overall cases per 1,000 population.

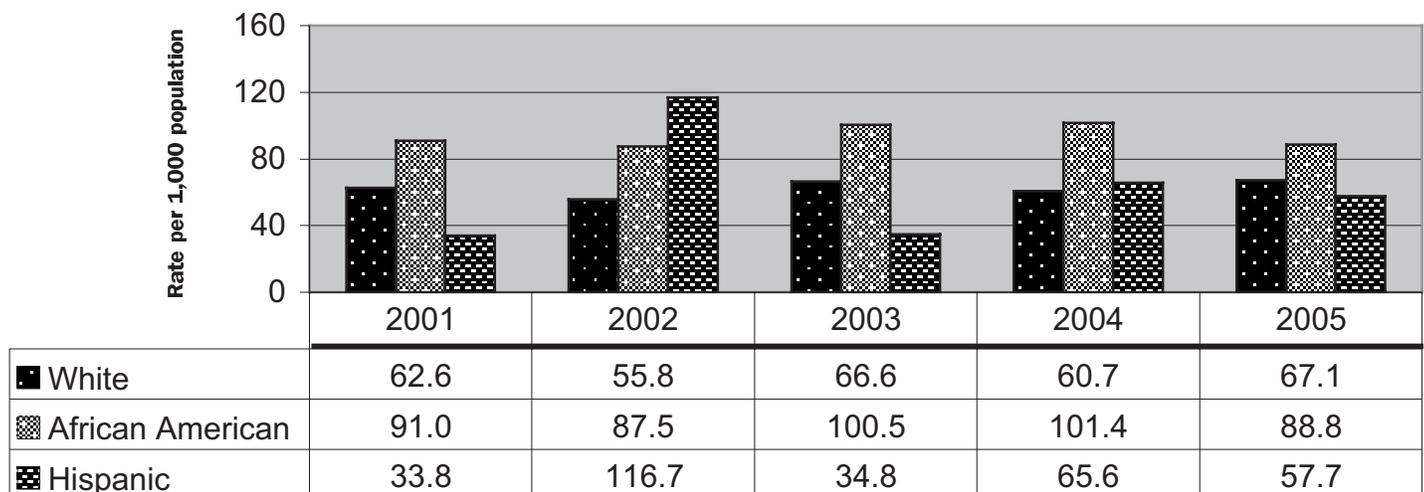
Maryland Adults* Who Have Ever Been Told by a Doctor That They Have Diabetes, by Gender, 2001-2005



Source: Maryland BRFSS Interactive Database, Family Health Administration, Maryland Department of Health and Mental Hygiene

*Respondents age 18 years and older who were ever told by a doctor that they have diabetes excluding during pregnancy

Maryland Adults* Who Have Ever Been Told by a Doctor That They Have Diabetes, by Race, 2001-2005



Source: Maryland BRFSS Interactive Database, Family Health Administration, Maryland Department of Health and Mental Hygiene

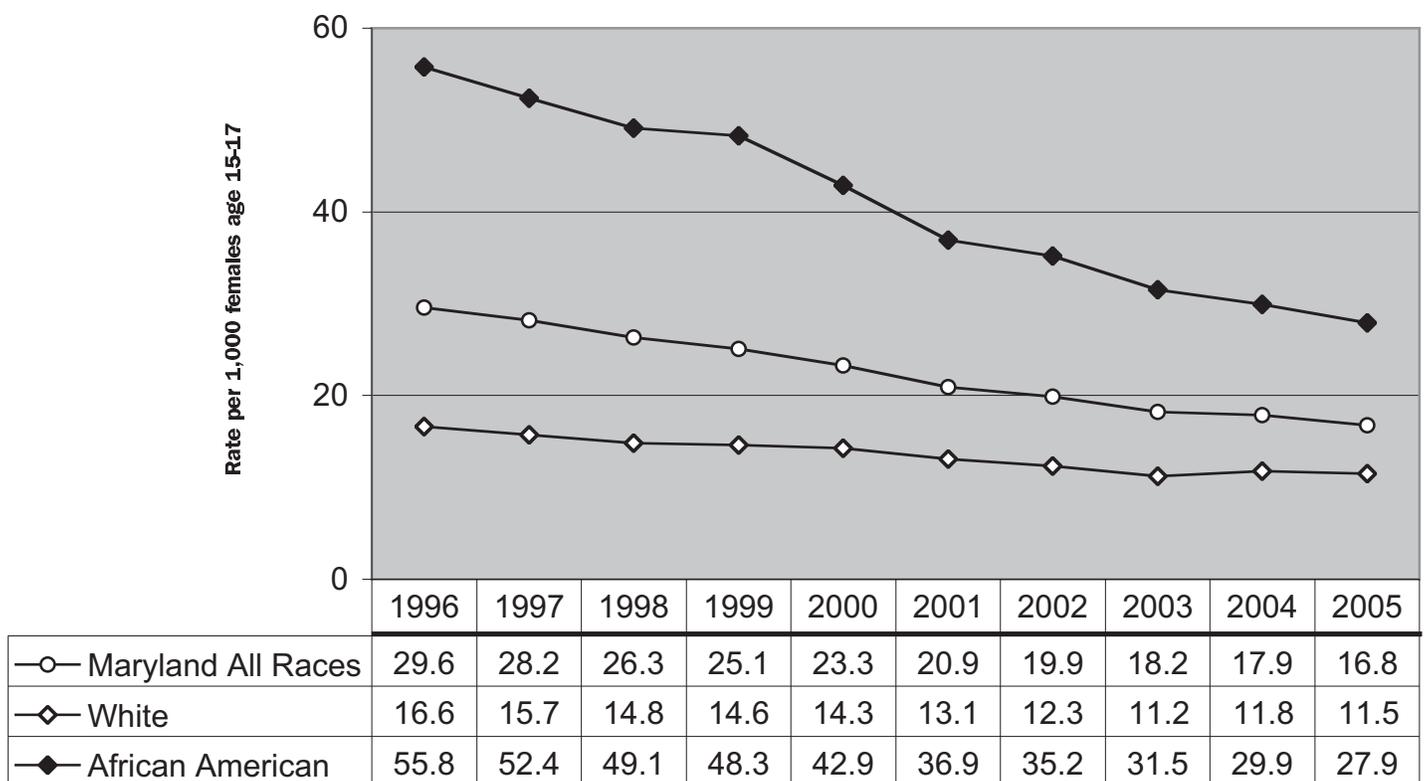
*Respondents age 18 years and older who were ever told by a doctor that they have diabetes excluding during pregnancy

Family Planning

HP 2010 Objective: Reduce pregnancies among adolescent females.

HP 2010 Target: 43.0 pregnancies per 1,000 females age 15-17.

Birth Rates for Females, Ages 15 to 17, by Race, Maryland, 1996-2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

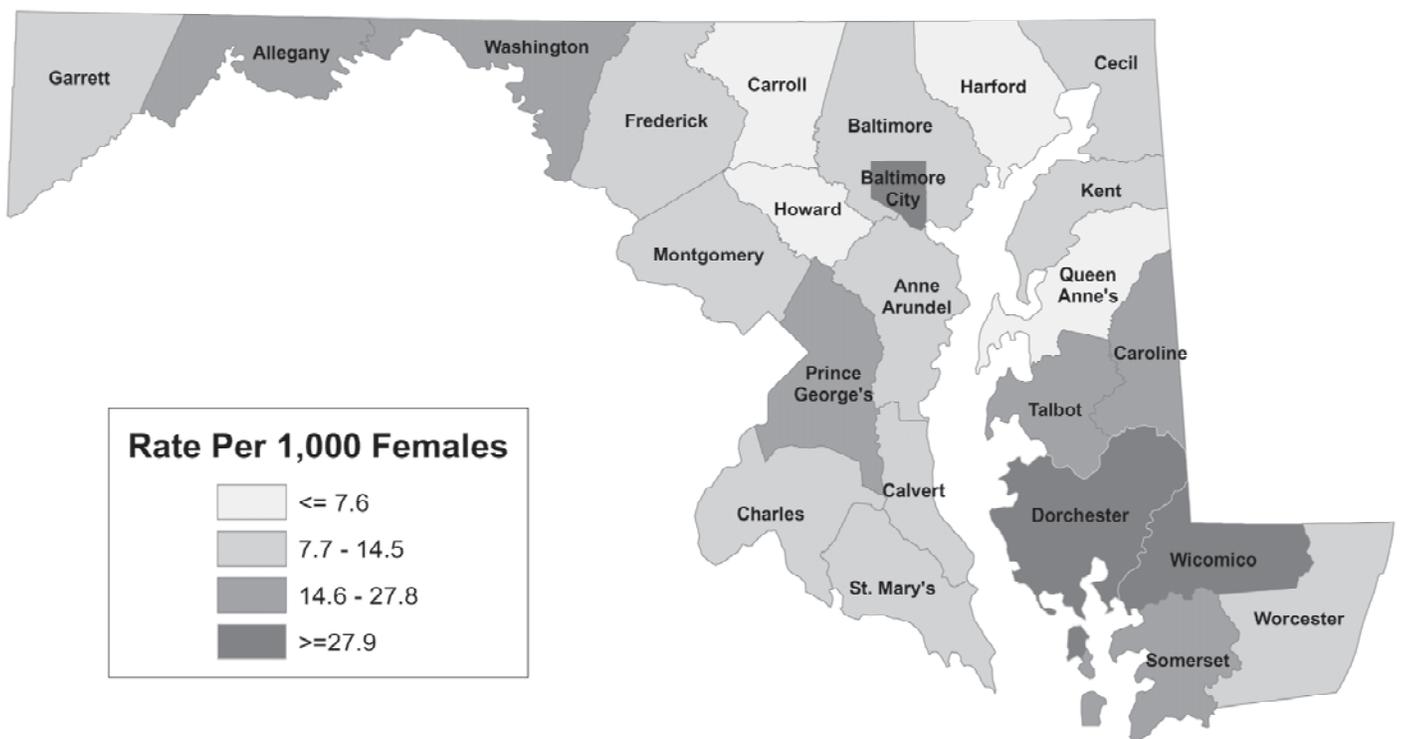
Note: Although the HP 2010 Target specifies pregnancies among adolescent females, no pregnancy data is available so birth rate data is being used as a proxy. Therefore, the HP 2010 Target is not exactly comparable to the data displayed.

Family Planning

HP 2010 Objective: Reduce pregnancies among adolescent females.

HP 2010 Target: 43.0 pregnancies per 1,000 females age 15-17.

Birth Rates for Females, Age 15-17, All Races, by Maryland Jurisdiction, 2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

Note: Although the HP 2010 Target specifies pregnancies among adolescent females, no data is available for pregnancy so birth rate data is being used as a proxy. Therefore, the HP 2010 Target is not exactly comparable to the data displayed.

Family Planning

HP 2010 Objective: Reduce pregnancies among adolescent females.

HP 2010 Target: 43.0 pregnancies per 1,000 females age 15-17.

Birth Rates by Race of Mother for Females Age 15 to 17, by Maryland Jurisdiction, 2005

Jurisdiction	All Races Birth Rate Per 1,000 Females	White Females Birth Rate Per 1,000 Females	African American Females Birth Rate Per 1,000 Females
Maryland Total	16.8	11.5	27.9
Allegany	21.0	21.4	***
Anne Arundel	12.7	9.8	26.1
Baltimore	12.0	8.6	19.9
Calvert	11.5	8.7	28.8
Caroline	19.6	15.9	***
Carroll	4.0	3.7	***
Cecil	12.2	***	***
Charles	9.5	5.5	16.4
Dorchester	32.8	11.7	71.1
Frederick	12.3	10.0	38.5
Garrett	11.0	11.1	***
Harford	7.6	6.1	17.6
Howard	5.9	5.0	12.9
Kent	12.2	***	***
Montgomery	9.1	9.5	12.9
Prince George's	21.2	36.5	17.8
Queen Anne's	***	***	***
St. Mary's	14.4	11.3	31.3
Somerset	22.0	21.5	***
Talbot	20.6	20.6	***
Washington	27.8	27.0	32.7
Wicomico	30.9	23.3	51.6
Worcester	14.5	9.8	33.0
Baltimore City	44.4	19.9	51.0

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

*** Rates based on fewer than five events in the numerator are not presented since such rates are subject to instability.

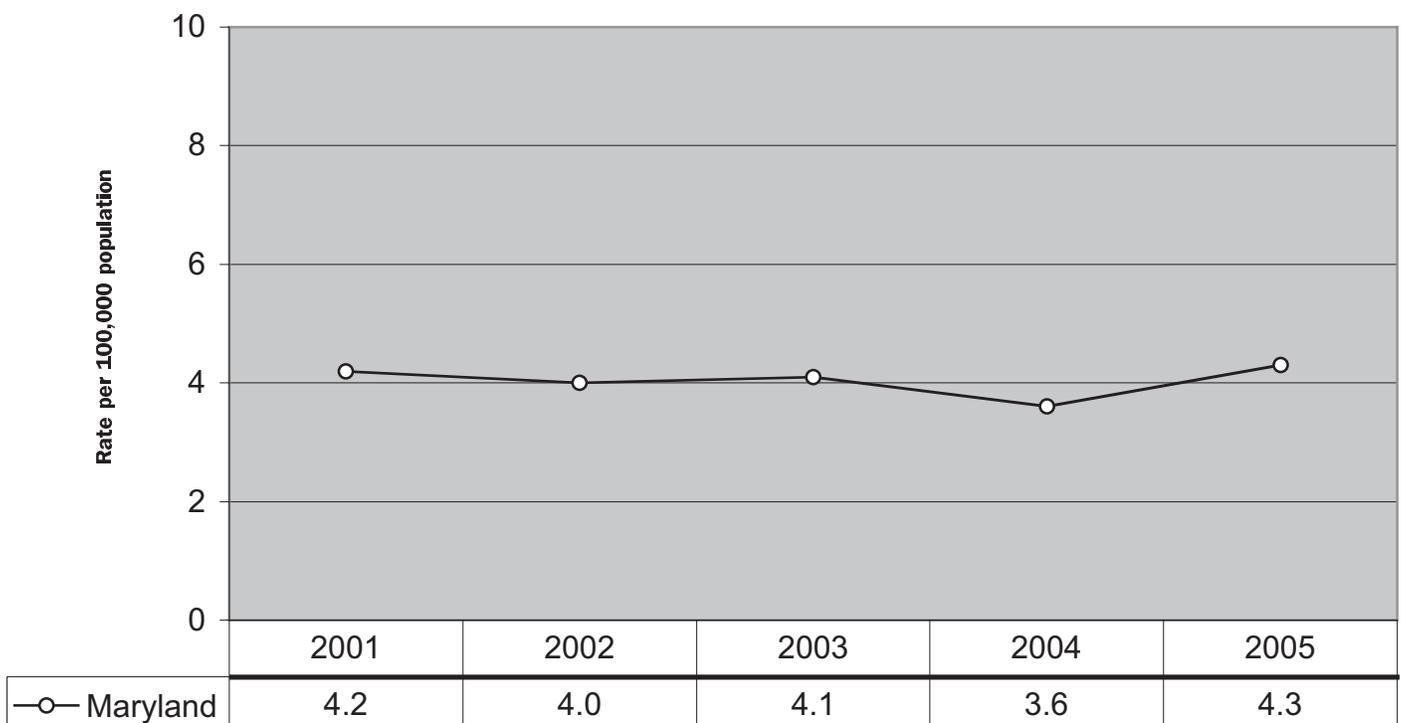
Note: Although the HP 2010 Target specifies pregnancies among adolescent females, no data is available for pregnancy so birth rate data is being used as a proxy. Therefore, the HP 2010 Target is not exactly comparable to the data displayed.

Food Safety

HP 2010 Objective: Reduce infections caused by key foodborne pathogens.

HP 2010 Target: 6.8 cases of *salmonella* species per 100,000 population.

Salmonella Enteritidis Incidence Rates, Maryland, 2001-2005



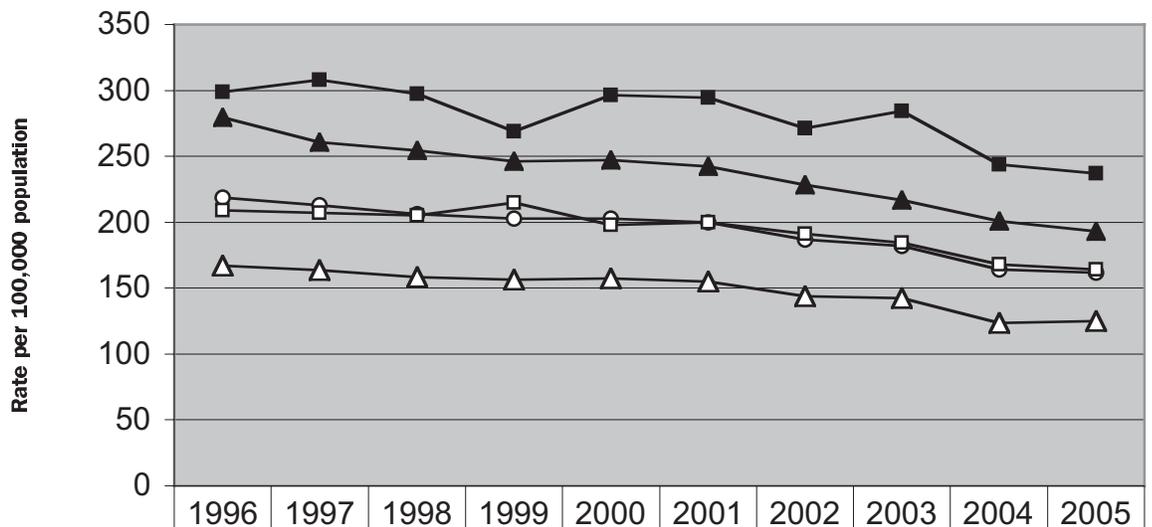
Source: Epidemiology and Disease Control Program, Community Health Administration, Maryland Department of Health and Mental Hygiene

Heart Disease and Stroke

HP 2010 Objective: Reduce coronary heart disease deaths.

HP 2010 Target: 168.0 deaths per 100,000 population.

Age-Adjusted* Death Rate for Coronary Heart Disease, by Race and Gender, Maryland, 1996-2005



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
○ Maryland Total	218.8	212.9	206.3	202.6	202.9	199.7	186.9	182.2	164.3	161.5
▲ White Male	279.4	260.9	254.2	246.1	247.2	242.4	228.4	216.7	201.0	192.9
△ White Female	166.9	163.7	158.2	156.6	157.2	155.0	143.9	142.4	123.7	124.9
■ African American Male	298.8	308.0	297.2	268.8	296.5	294.6	271.3	284.1	244.0	236.8
□ African American Female	208.8	207.3	205.3	215.0	197.7	199.8	191.2	184.5	168.2	164.2

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

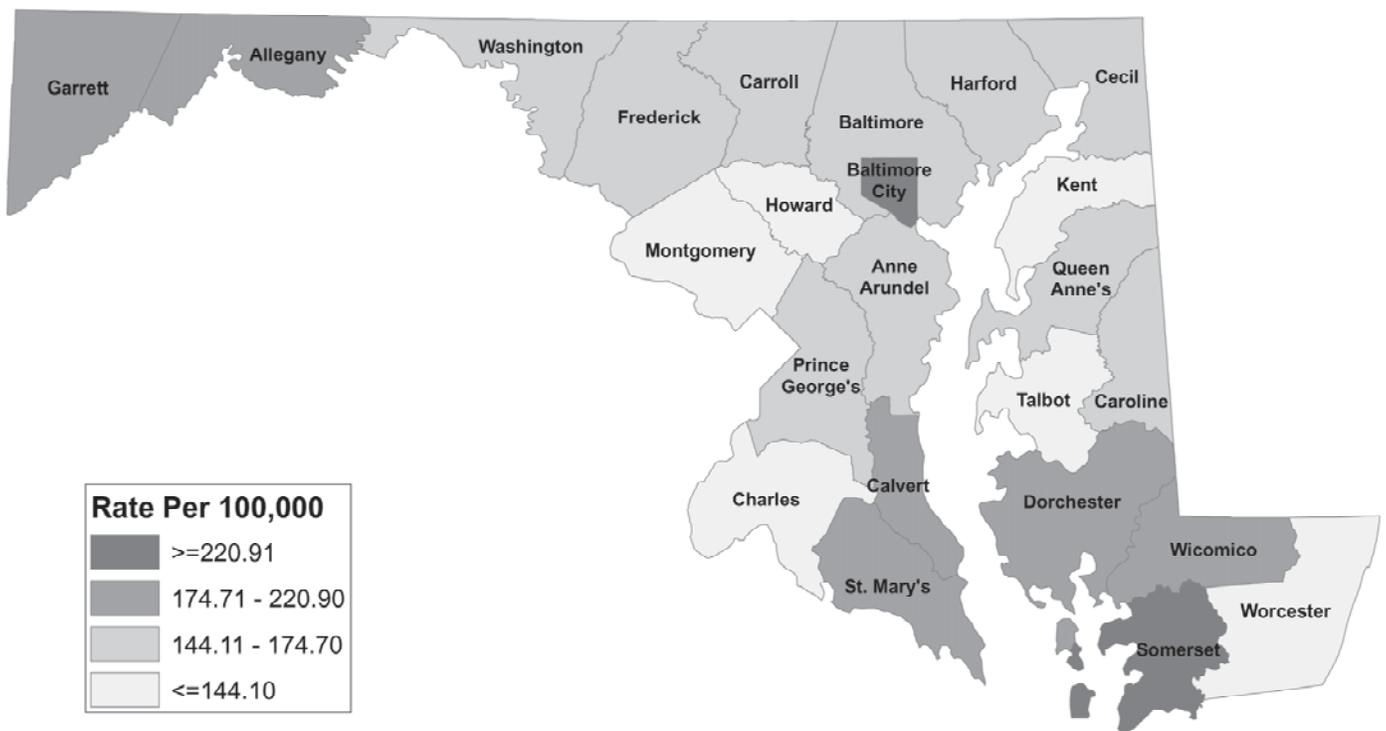
*Death rates are age-adjusted to the 2000 standard US population

Heart Disease and Stroke

HP 2010 Objective: Reduce coronary heart disease deaths.

HP 2010 Target: 168.0 deaths per 100,000 population.

Age-Adjusted* Death Rate for Coronary Heart Disease, by Maryland Jurisdiction, 2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

*Death rates are age-adjusted to the 2000 standard US population

Heart Disease and Stroke

HP 2010 Objective: Reduce coronary heart disease deaths.

HP 2010 Target: 168.0 deaths per 100,000 population.

Age-Adjusted* Death Rate for Coronary Heart Disease, by Maryland Jurisdiction, 2005

Jurisdiction	Rate per 100,000 population
Maryland Total	161.5
Allegany	191.3
Anne Arundel	153.2
Baltimore	158.5
Calvert	196.6
Caroline	174.7
Carroll	171.7
Cecil	166.5
Charles	144.1
Dorchester	220.9
Frederick	172.3
Garrett	214.0
Harford	170.9
Howard	140.7
Kent	131.5
Montgomery	105.0
Prince George's	172.9
Queen Anne's	149.4
St. Mary's	262.9
Somerset	190.9
Talbot	127.3
Washington	167.2
Wicomico	195.0
Worcester	132.4
Baltimore City	234.8

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

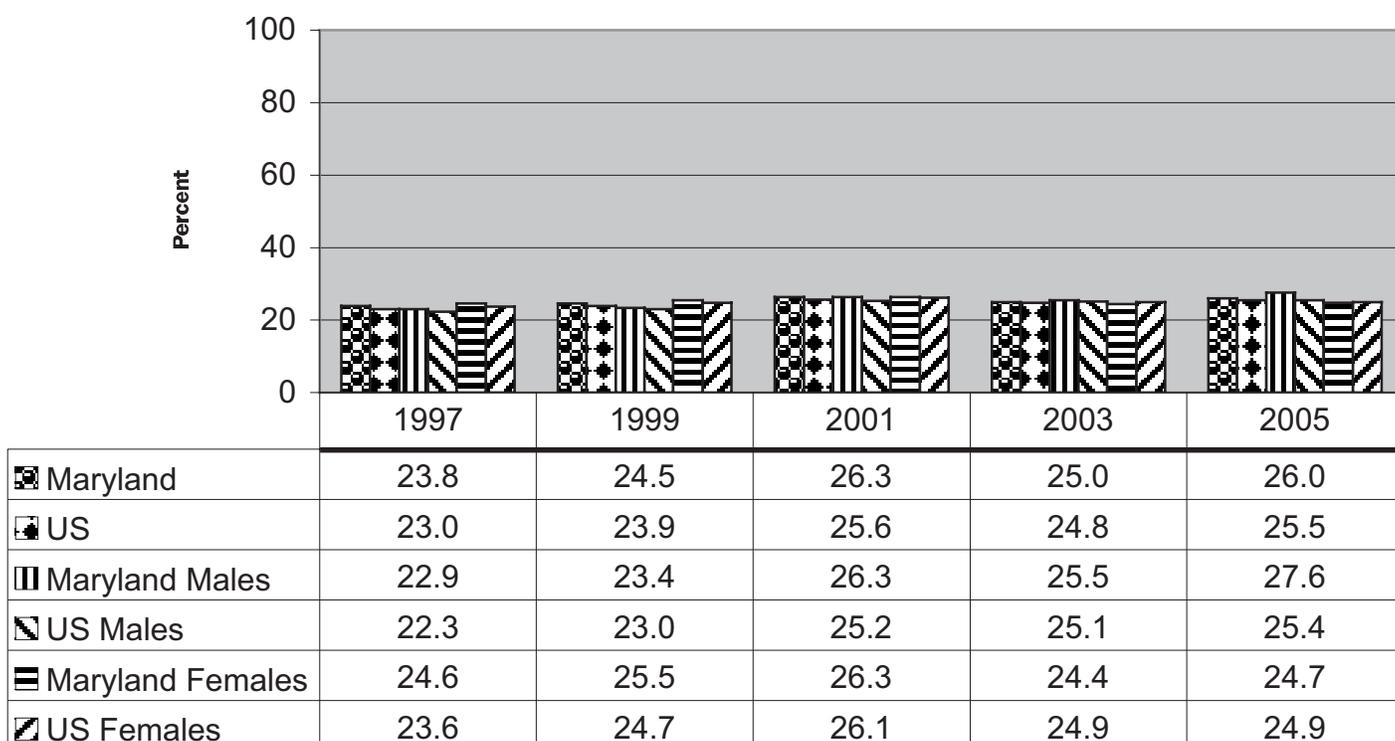
*Death rates are age-adjusted to the 2000 standard US population

Heart Disease and Stroke

HP 2010 Objective: Reduce the proportion of adults with high blood pressure.

HP 2010 Target: 16.0 percent of adults age 20 years and older.

Percentage of Adults* Who Were Told by a Health Professional That They Have High Blood Pressure, by Gender, and the US, For Selected Years, 1997-2005**



Source: Maryland BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who were ever told by a doctor, nurse, or other health professional, that they have high blood pressure.

**Maryland data in this category are displayed for years available.

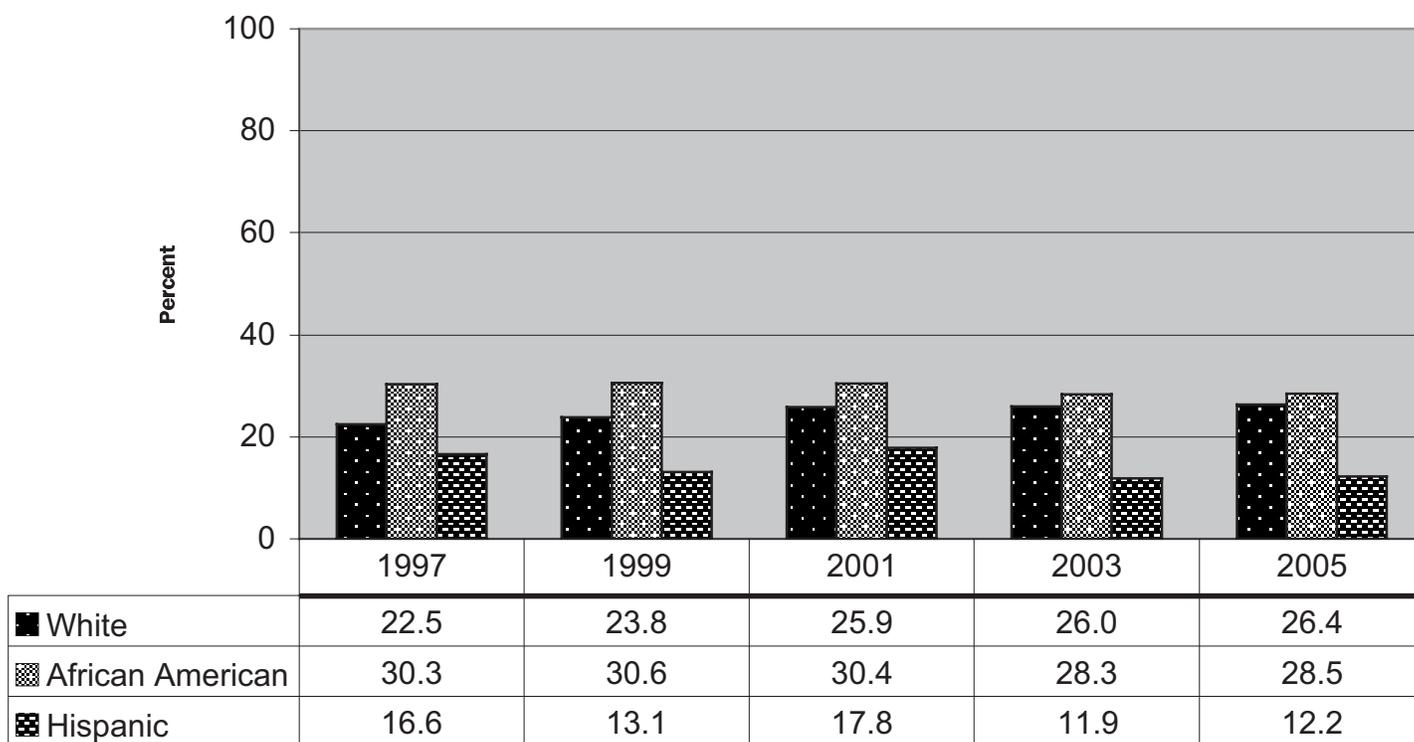
Note: Although the HP 2010 Target specifies age 20 years and older, the BRFSS respondents are 18 years and older. An age group of 20 years and older cannot be calculated so the HP 2010 Target is not exactly comparable to the data displayed.

Heart Disease and Stroke

HP 2010 Objective: Reduce the proportion of adults with high blood pressure.

HP 2010 Target: 16.0 percent of adults age 20 years and older.

Percentage of Maryland Adults* Who Were Told by a Health Professional That They Have High Blood Pressure, by Race, For Selected Years, 1997-2005**



Source: Maryland BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who were ever told by a doctor, nurse, or other health professional, that they have high blood pressure.

**Maryland data in this category are displayed for years available.

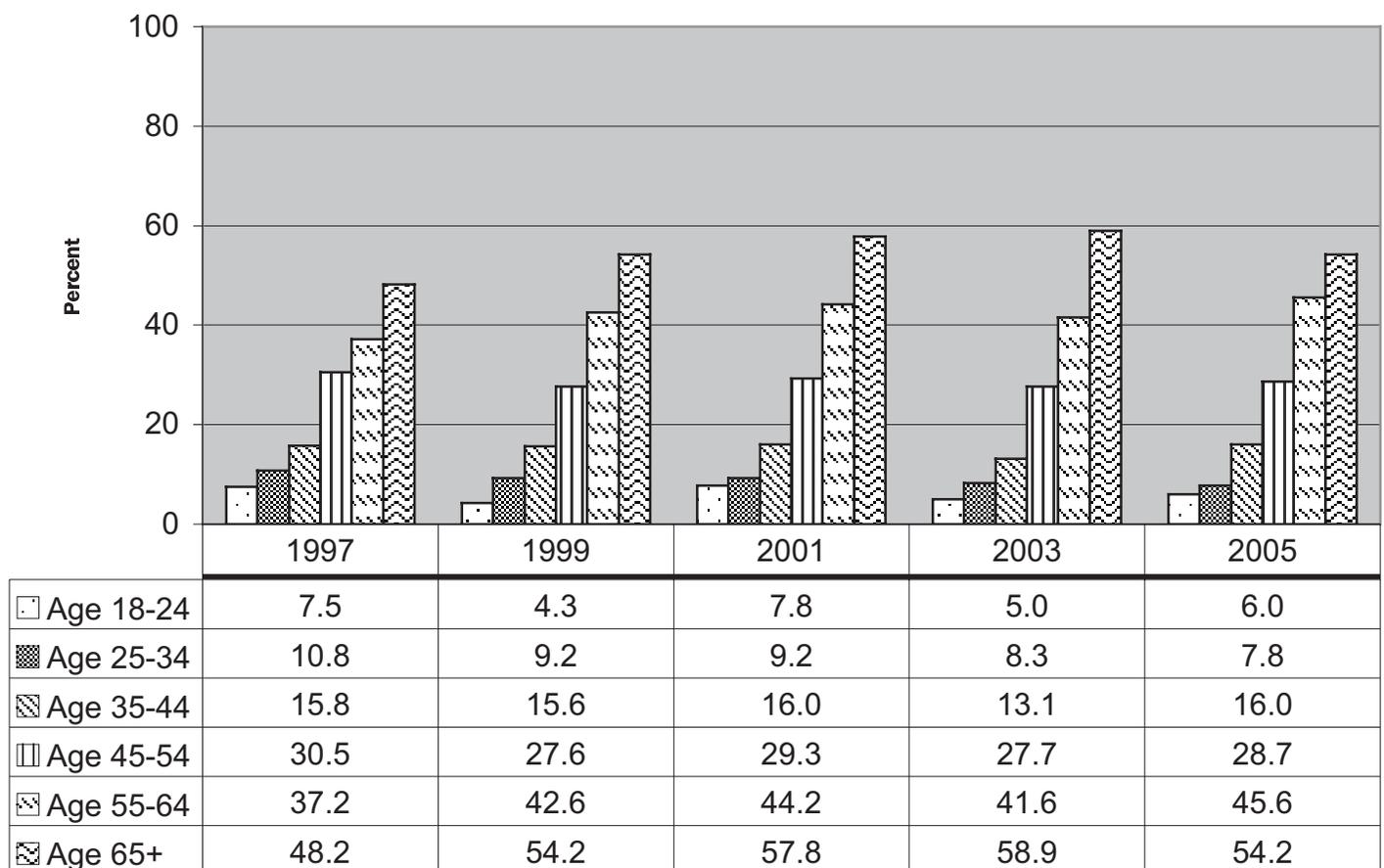
Note: Although the HP 2010 Target specifies age 20 years and older, the BRFSS respondents are 18 years and older. An age group of 20 years and older cannot be calculated so the HP 2010 Target is not exactly comparable to the data displayed.

Heart Disease and Stroke

HP 2010 Objective: Reduce the proportion of adults with high blood pressure.

HP 2010 Target: 16.0 percent of adults age 20 years and older.

Percentage of Maryland Adults* Who Were Told by a Health Professional That They Have High Blood Pressure, by Age, For Selected Years, 1997-2005**



Source: Maryland BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who were ever told by a doctor, nurse, or other health professional, that they have high blood pressure.

**Maryland data in this category are displayed for years available.

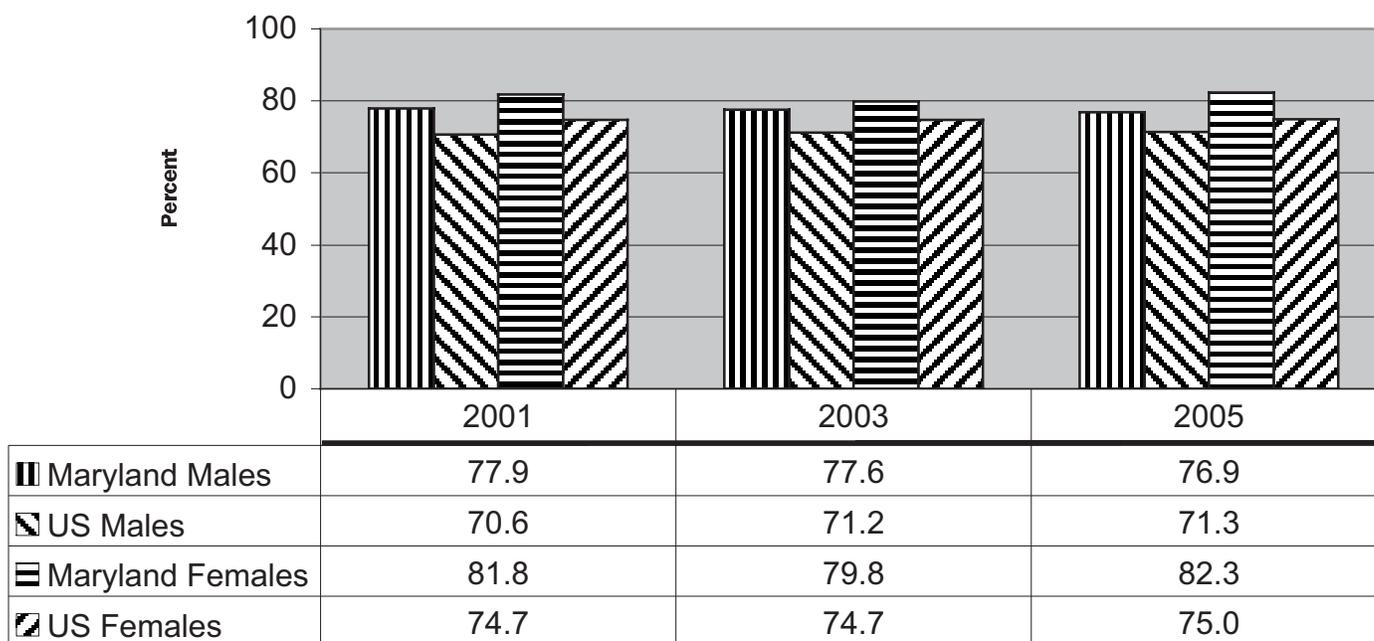
Note: Although the HP 2010 Target specifies age 20 years and older, the BRFSS respondents are 18 years and older. An age group of 20 years and older cannot be calculated so the HP 2010 Target is not exactly comparable to the data displayed.

Heart Disease and Stroke

HP 2010 Objective: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

HP 2010 Target: 80.0 percent of adults age 18 years and older.

Cholesterol Checked Within the Past 5 Years Among Maryland and US Adults*, by Gender, For Selected 2001-2005**



Source: Maryland BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who reported they have had their cholesterol checked in the past five years.

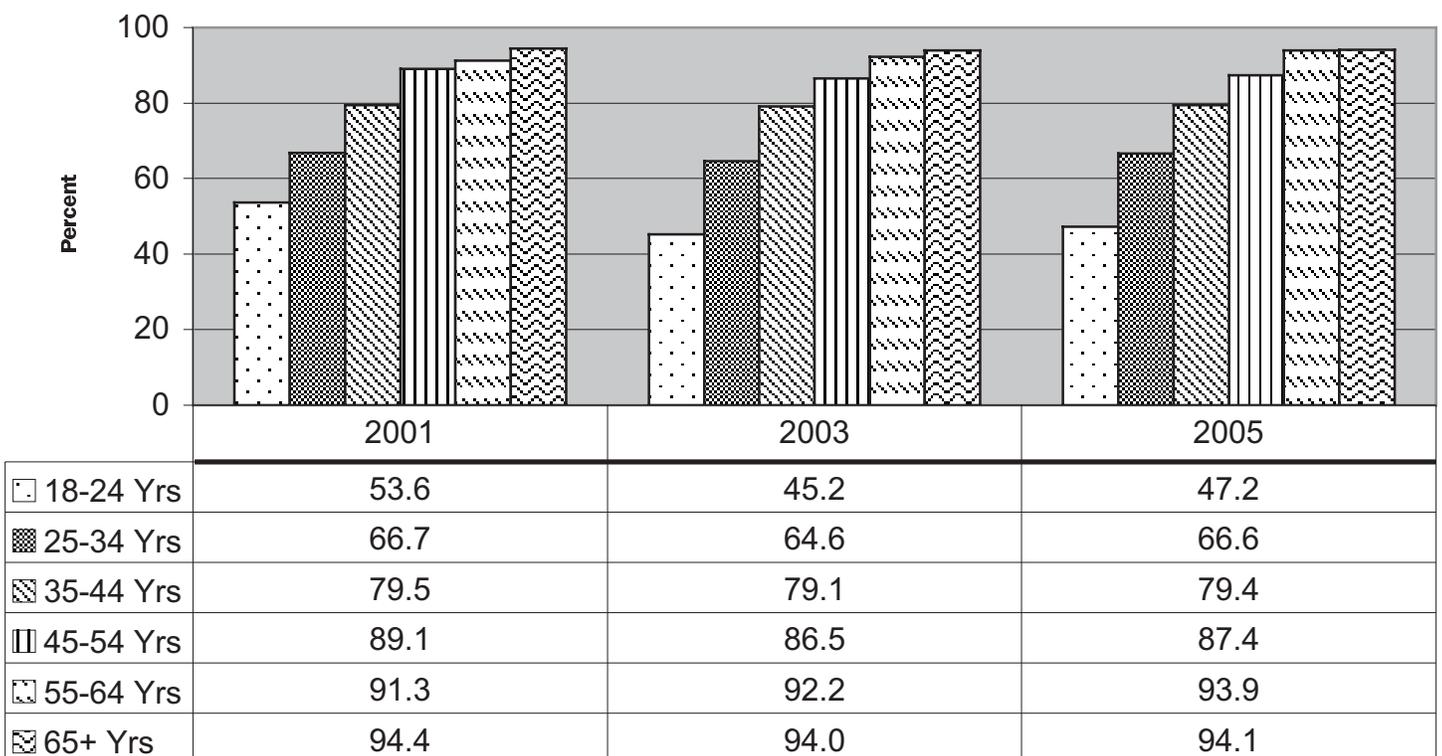
**Maryland data in this category are displayed for years available.

Heart Disease and Stroke

HP 2010 Objective: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

HP 2010 Target: 80.0 percent of adults age 18 years and older.

Cholesterol Checked Within the Past 5 Years Among Maryland Adults*, by Age, For Selected Years, 2001-2005**



Source: Maryland BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who reported they have had their cholesterol checked in the past five years.

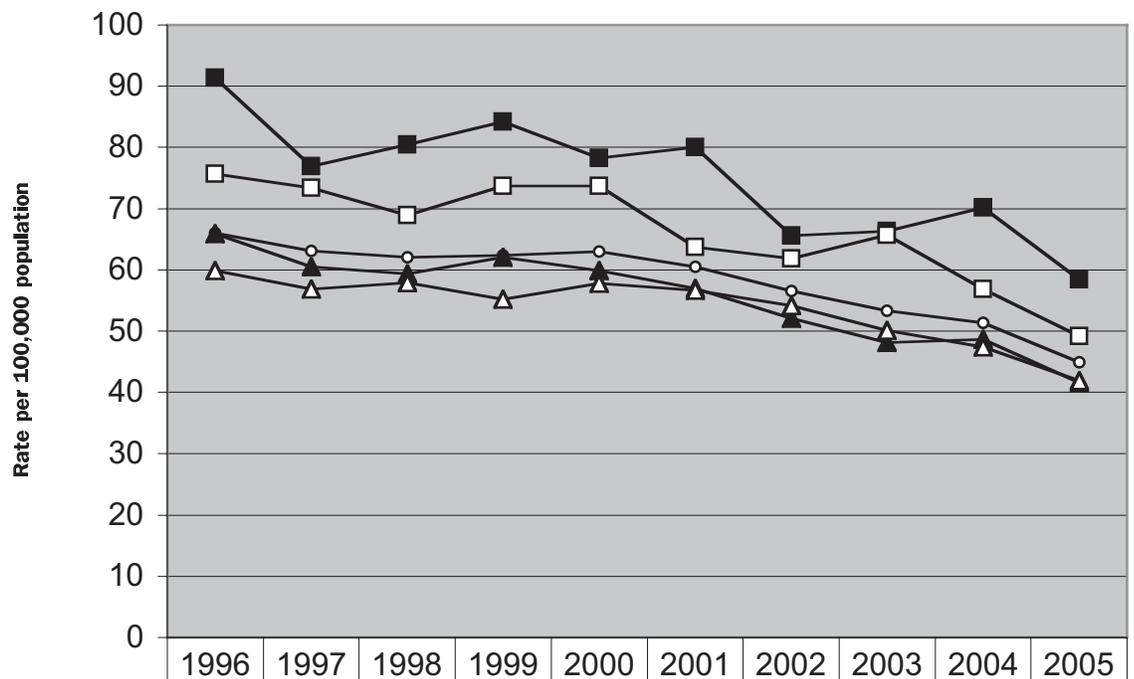
**Maryland data in this category are displayed for years available.

Heart Disease and Stroke

HP 2010 Objective: Reduce stroke deaths.

HP 2010 Target: 48.0 deaths per 100,000 population.

Age-Adjusted* Death Rate for Stroke, by Race and Gender, Maryland, 1996-2005



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
○ Maryland Total	66.0	63.1	62.1	62.4	63.0	60.5	56.5	53.3	51.3	45.0
▲ White Male	65.9	60.5	59.4	62.1	59.9	57.0	52.1	48.1	48.6	41.6
△ White Female	59.9	56.9	57.9	55.2	57.8	56.7	54.1	50.1	47.4	41.9
■ African American Male	91.4	76.9	80.5	84.2	78.3	80.0	65.6	66.3	70.2	58.4
□ African American Female	75.7	73.4	68.9	73.7	73.7	63.7	61.9	65.7	56.8	49.2

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

*Death rates are age-adjusted to the 2000 standard US population

**Stroke is defined as cerebrovascular diseases.

Heart Disease and Stroke

HP 2010 Objective: Reduce stroke deaths.

HP 2010 Target: 48.0 deaths per 100,000 population.

Age-Adjusted* Death Rate for Stroke**, by Maryland Jurisdiction, 2005

Jurisdiction	Rate per 100,000 population
Maryland Total	45.0
Allegany	56.6
Anne Arundel	50.1
Baltimore	48.0
Calvert	41.8
Caroline	45.2
Carroll	51.6
Cecil	32.6
Charles	51.1
Dorchester	40.8
Frederick	53.7
Garrett	28.3
Harford	52.9
Howard	51.1
Kent	34.1
Montgomery	31.6
Prince George's	44.5
Queen Anne's	48.7
St. Mary's	65.4
Somerset	28.0
Talbot	56.3
Washington	49.0
Wicomico	39.9
Worcester	36.3
Baltimore City	48.7

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

*Death rates are age-adjusted to the 2000 standard US population

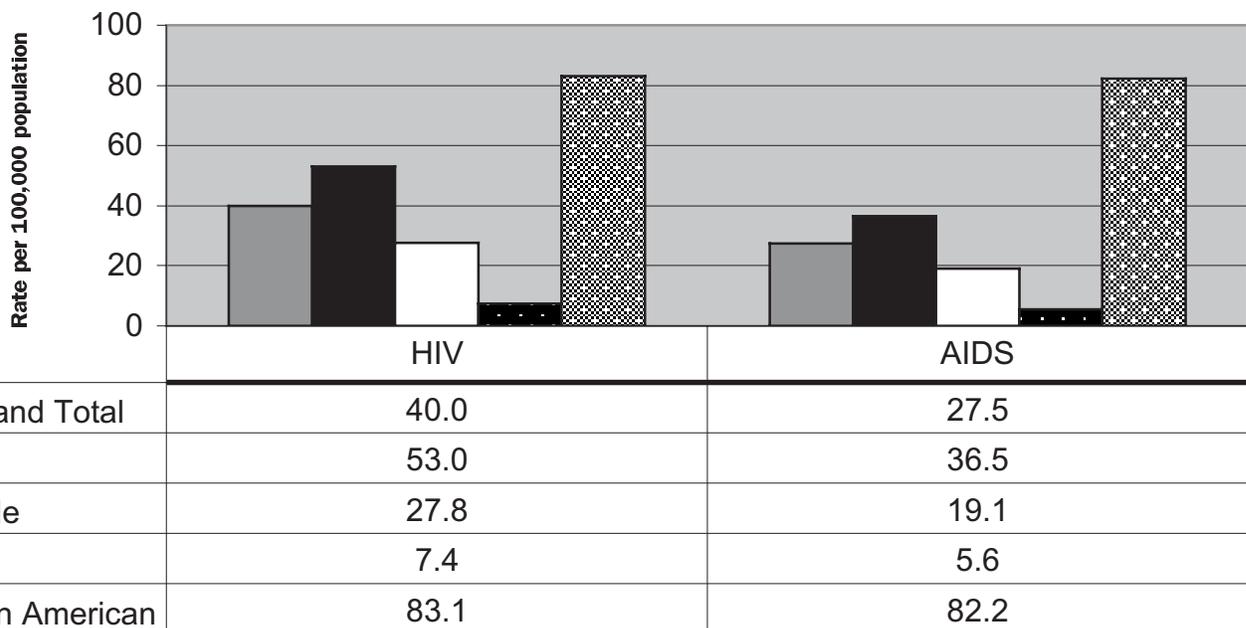
**Stroke is defined as cerebrovascular diseases.

HIV and AIDS

HP 2010 Objective: Reduce AIDS among adolescents and adults.

HP 2010 Target: 1.0 new case per 100,000 persons age 13 years and older.

Incidence Rate of HIV and AIDS in Maryland, by Race and Gender, 2005



Source: Maryland HIV/AIDS Epidemiological Profile, June 30, 2006. AIDS Administration, Maryland Department of Health and Mental Hygiene

Notes: (1) Incidence during 7/04- 6/05. Incident cases are newly diagnosed during the 12 month period. (2) Although the HP 2010 Target specifies age 13 years and older, the Maryland AIDS Administration calculates beginning at birth so the HP 2010 Target is not exactly comparable to the data displayed.

HIV and AIDS

HP 2010 Objective: Reduce AIDS among adolescents and adults.

HP 2010 Target: 1.0 new case per 100,000 persons age 13 years and older.

Prevalence Rate of AIDS, by Maryland Jurisdiction, 2005



Source: Maryland HIV/AIDS Epidemiological Profile, June 30, 2006. AIDS Administration, Maryland Department of Health and Mental Hygiene

Notes: (1) Prevalent cases are alive on 06/30/05 (2) Although the HP 2010 Target specifies age 13 years and older, the Maryland AIDS Administration calculates beginning at birth so the HP 2010 Target is not exactly comparable to the data displayed.

HP 2010 Objective: Reduce AIDS among adolescents and adults.

HP 2010 Target: 1.0 new case per 100,000 persons age 13 years and older.

Incidence Rate of HIV and AIDS, by Maryland Jurisdiction, 2005

Jurisdiction	HIV Incidence Per 100,000 population	AIDS Incidence Per 100,000 population
Maryland Total	40.0	27.5
Allegany	**	**
Anne Arundel	17.4	6.9
Baltimore	22.9	15.9
Calvert	**	**
Caroline	**	**
Carroll	4.6	**
Cecil	**	**
Charles	6.6	10.0
Dorchester	16.3	22.8
Frederick	9.7	1.5
Garrett	**	**
Harford	16.5	8.2
Howard	10.1	10.1
Kent	**	**
Montgomery	25.2	19.6
Prince George's	49.2	38.8
Queen Anne's	**	**
St. Mary's	7.0	**
Somerset	32.3	**
Talbot	**	**
Washington	23.5	6.1
Wicomico	26.0	18.9
Worcester	10.7	**
Baltimore City	205.6	122.7

Source: Maryland HIV/AIDS Epidemiological Profile, June 30, 2006. AIDS Administration, Maryland Department of Health and Mental Hygiene

**Rates based on fewer than five events in the numerator are not presented since such rates are likely to be unstable.

Notes: (1) Incidence during 07/04-06/05. Incident cases are newly diagnosed during the 12-month period. (2) Although the HP 2010 Target specifies age 13 years and older, the Maryland AIDS Administration calculates beginning at birth so the HP 2010 Target is not exactly comparable to the data displayed.

Illicit Drug Use

HP 2010 Objective: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.

HP 2010 Target: 89.0 percent of adolescents age 12-17 years.

Percentage of 6th, 8th, 10th and 12th Grade Students Reporting No Illicit* Drug Use During the Past 30 Days, by Maryland Jurisdiction, 2004

Jurisdiction	6th Grade	8th Grade	10th Grade	12th Grade
United States**	N/A	91.6	81.7	76.6
Maryland Total	95.8	88.7	80.4	74.0
Allegany	97.3	84.9	77.5	74.3
Anne Arundel	95.4	84.7	82.0	71.8
Baltimore	96.1	87.7	76.4	70.0
Calvert	95.5	86.6	77.4	73.1
Caroline	98.2	84.5	75.7	74.7
Carroll	99.0	93.7	88.9	78.7
Cecil	94.9	89.0	68.2	73.7
Charles	93.8	87.4	81.3	76.6
Dorchester	94.8	86.5	81.9	66.6
Frederick	96.0	88.8	84.0	71.4
Garrett	93.6	87.2	77.5	75.2
Harford	96.1	92.0	81.0	71.2
Howard	97.5	90.8	85.2	75.8
Kent	97.0	84.4	67.3	69.9
Montgomery	96.8	93.4	85.5	72.6
Prince George's	93.6	86.6	78.1	79.0
Queen Anne's	97.1	90.8	75.8	69.9
St. Mary's	97.6	92.5	74.2	74.7
Somerset	90.1	84.0	84.2	81.2
Talbot	93.9	84.0	62.0	66.8
Washington	97.8	89.3	82.0	72.2
Wicomico	93.3	84.0	78.4	75.2
Worcester	94.8	92.8	69.2	64.7
Baltimore City	95.6	86.2	78.3	78.9

Source: 2004 Maryland Adolescent Survey, Maryland State Department of Education

*See technical notes for definitions of illicit drug use.

**United States data is from "Monitoring the Future: National Results on Adolescent Drug Use" Overview of Key Findings

Note: Although the HP 2010 Target specifies age 12-17, the Maryland Adolescent Survey is categorized by grades 6, 8, 10 and 12. "Monitoring the Future: National Results on Adolescent Drug Use" categorizes by 8th, 10th and 12 grades so the HP 2010 Target is not exactly comparable to the data displayed.

Illicit Drug Use

HP 2010 Objective: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.

HP 2010 Target: 89.0 percent of adolescents age 12-17 years.

Percentage of 12th Grade Students Reporting No Illicit Drug Use During the Past 30 Days, by Maryland Jurisdiction, 2004



Source: 2004 Maryland Adolescent Survey, Maryland State Department of Education

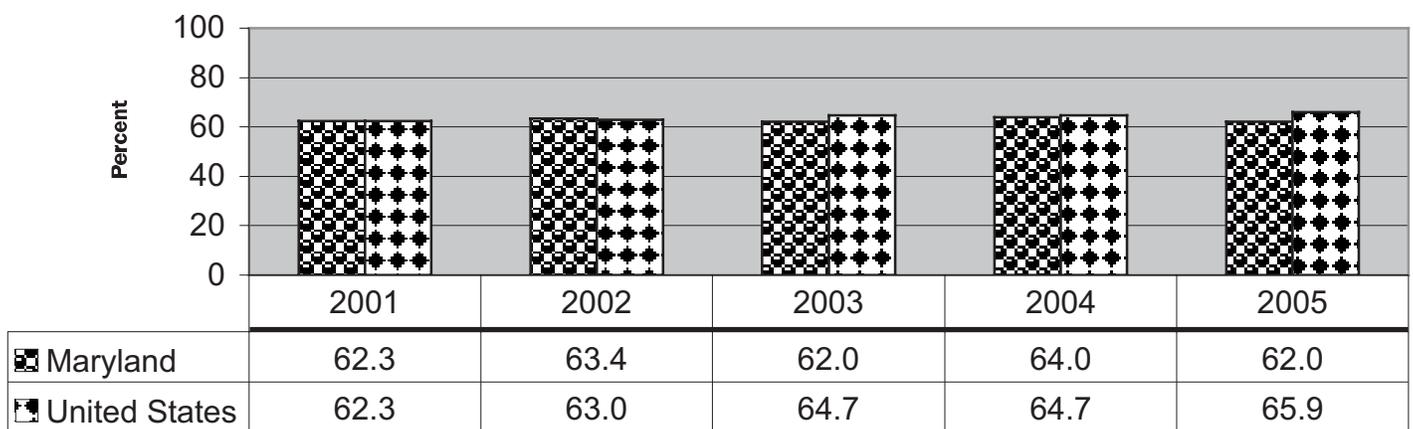
Notes: (1) Although the HP 2010 Target specifies age 12-17, the Maryland Adolescent Survey is categorized by grades 6, 8, 10 and 12. "Monitoring the Future: National Results on Adolescent Drug Use" categorizes by 8th, 10th and 12 grades so the HP 2010 Target is not exactly comparable to the data displayed. (2) See technical notes for definitions of illicit drug use.

Immunization & Infectious Diseases

HP 2010 Objective: Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

HP 2010 Target: 90.0 percent of non-institutionalized adults age 65 and older.

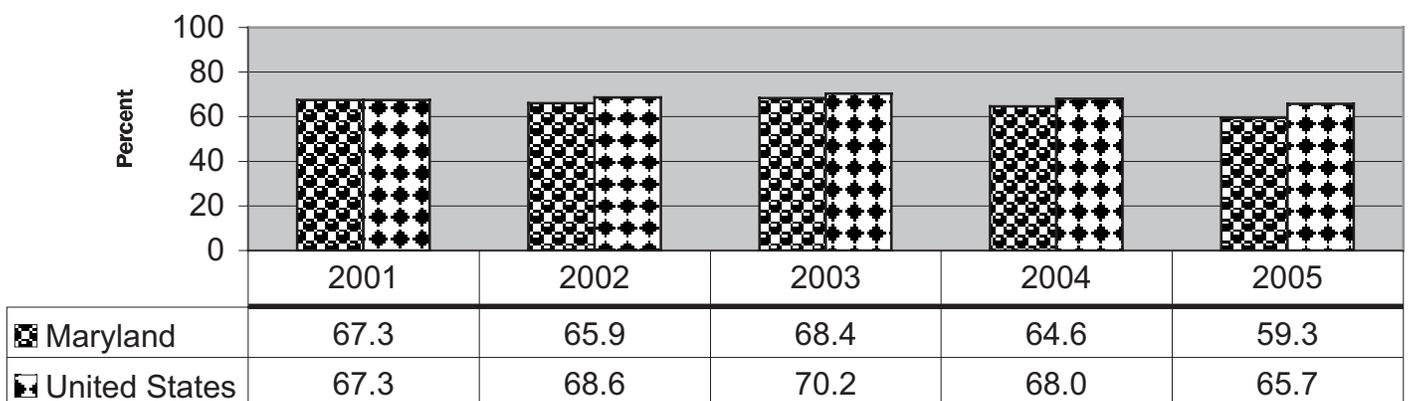
Percentage of People Age 65 and Older Who Ever Had a Pneumococcal Vaccination*, Maryland and the US, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who answered yes to "Have you ever had a pneumonia shot, also called a pneumococcal vaccine?"

Percentage of People Age 65 and Older Who Have Had a Flu Vaccination* Within the Past 12 Months, Maryland and the US, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

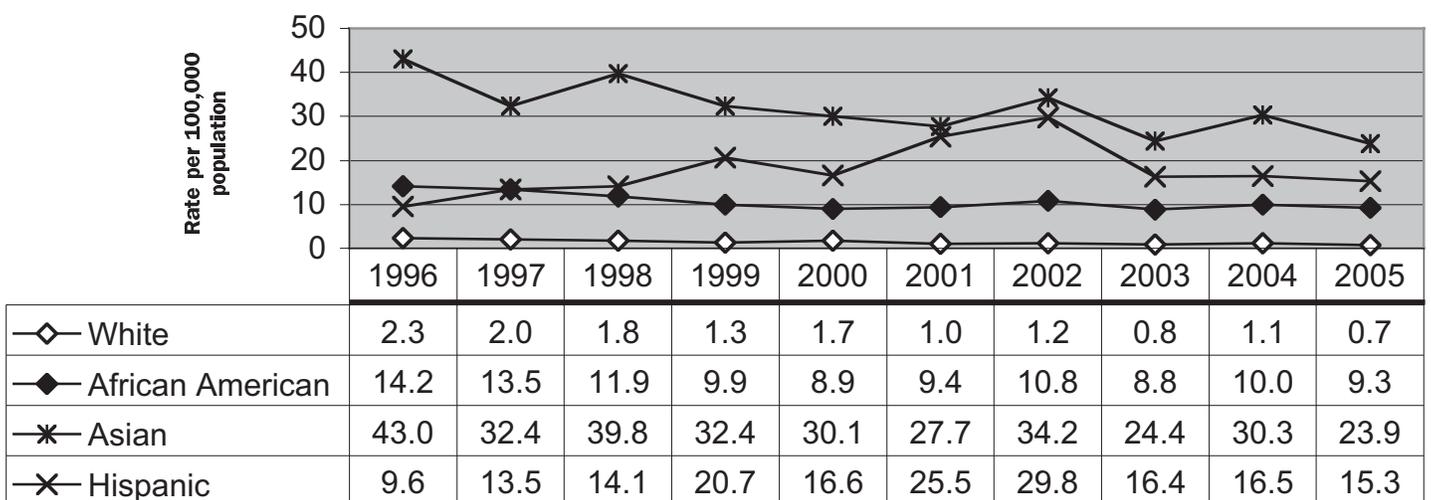
*Respondents age 18 years and older who answered yes to "Have you ever had a flu shot within the past year?"

Immunization & Infectious Diseases

HP 2010 Objective: Reduce tuberculosis.

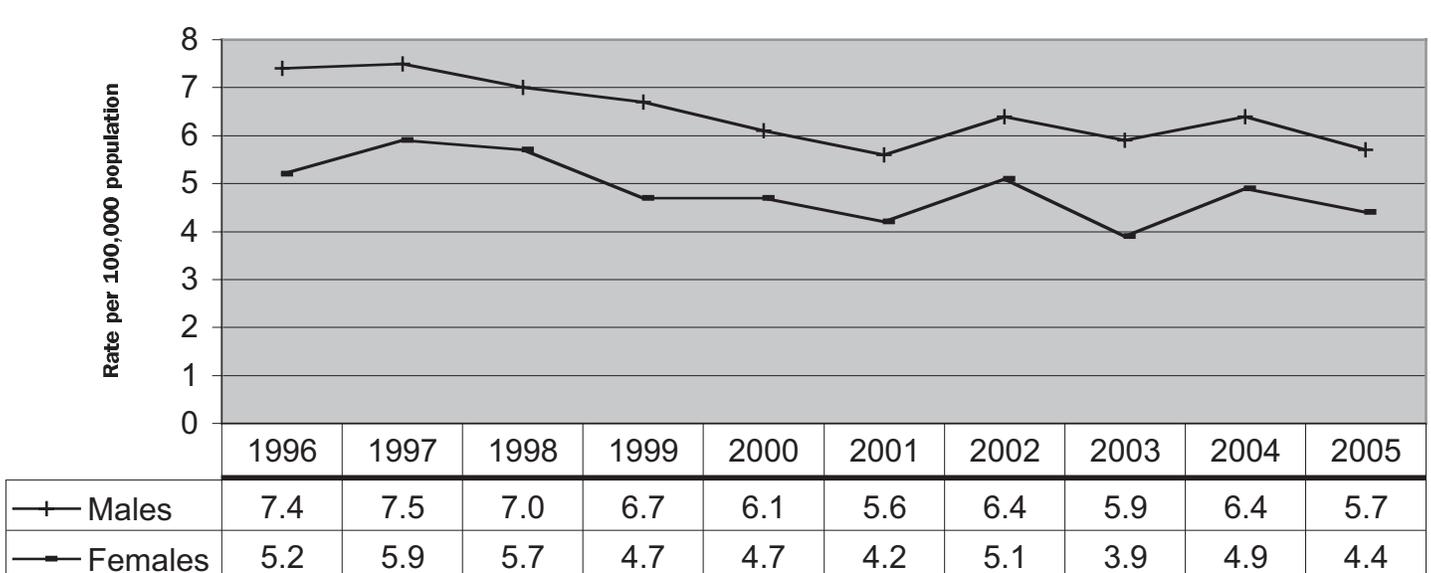
HP 2010 Target: 1.0 new case per 100,000 population.

Tuberculosis Incidence Rate by Race, Maryland, 1996-2005



Source: Epidemiology and Disease Control Program, Community Health Administration, Maryland Department of Health and Mental Hygiene

Tuberculosis Incidence Rate by Gender, Maryland, 1996-2005



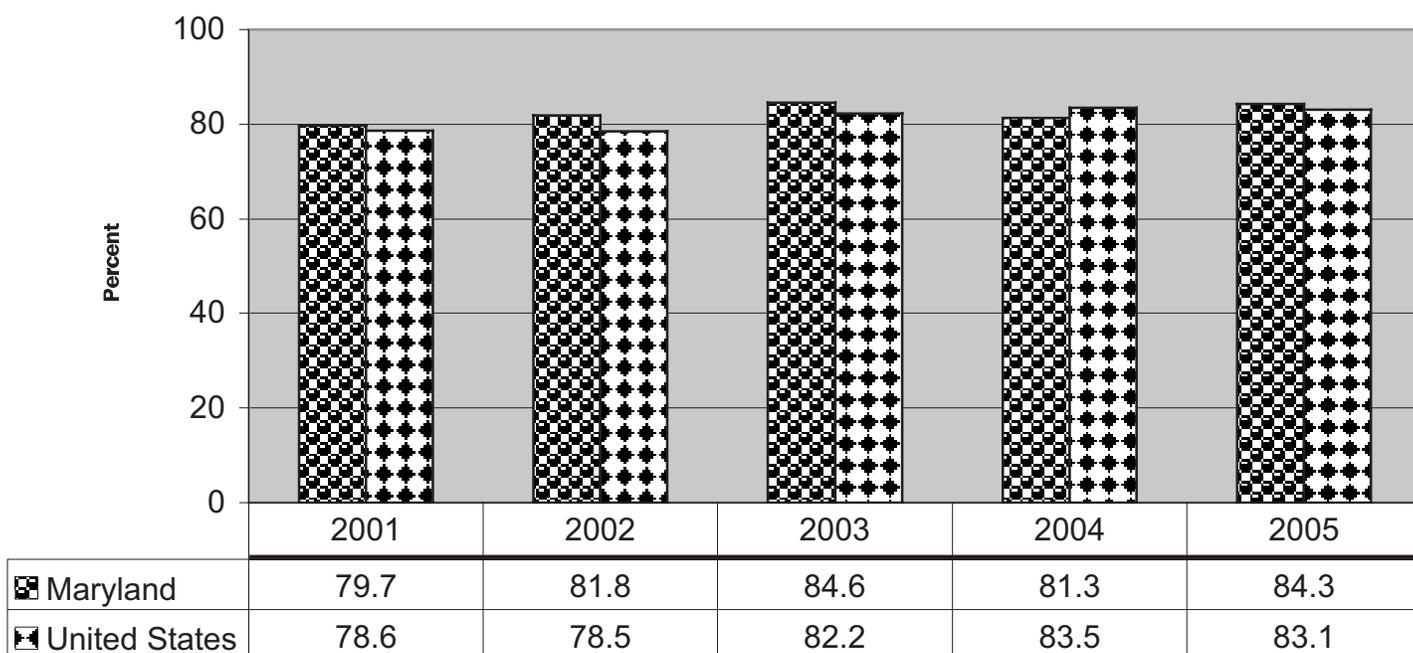
Source: Epidemiology and Disease Control Program, Community Health Administration, Maryland Department of Health and Mental Hygiene

Immunization & Infectious Diseases

HP 2010 Objective: Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

HP 2010 Target: 90.0 percent of children age 19-35 months.

Estimated* Percentage Vaccination Coverage with 4 DTP, 3 Polio, 1 Measles Series, 3 Hib, 3 Hepatitis B, 1 Varicella (4:3:1:3:3:1) Among Children Ages 19-35 Months, Maryland and the US, 2001-2005**



Source: National Immunization Survey, National Immunization Program, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Estimates are self-reported by respondent and are presented as point estimates (%) +/- 95% Confidence Interval

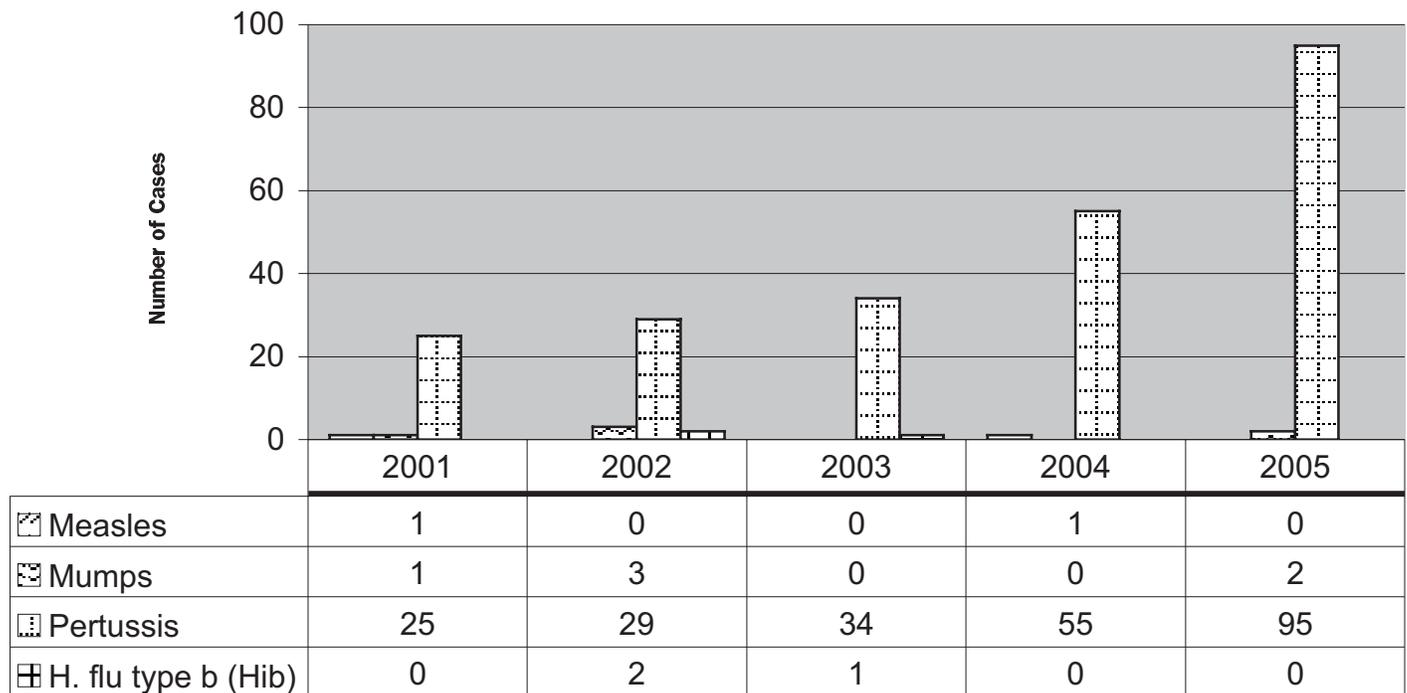
**DTP: Diphtheria, Tetanus, and Pertussis

Immunization & Infectious Diseases

HP 2010 Objective: Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

HP 2010 Target: 90.0 percent of children age 19-35 months.

Number of Cases of Vaccine-Preventable Infectious Diseases in Children Under Age Five, Maryland, 2001-2005



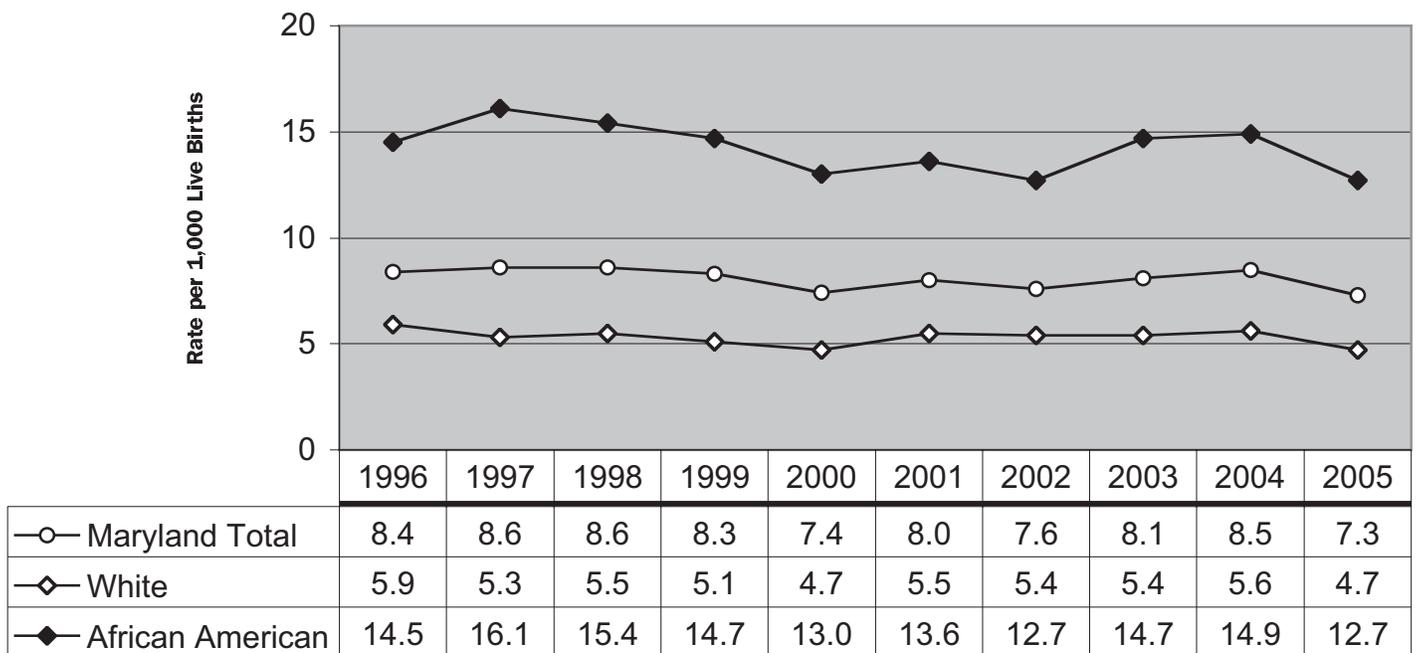
Source: Office of Epidemiology and Disease Control Program, Division of Communicable Disease Surveillance Systems, Community Health Administration, Maryland Department of Health and Mental Hygiene

Infant Health

HP 2010 Objective: Reduce all infant deaths (within 1 year).

HP 2010 Target: 4.5 deaths per 1,000 live births.

Infant Mortality Rate by Race, Maryland, 1996-2005



Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

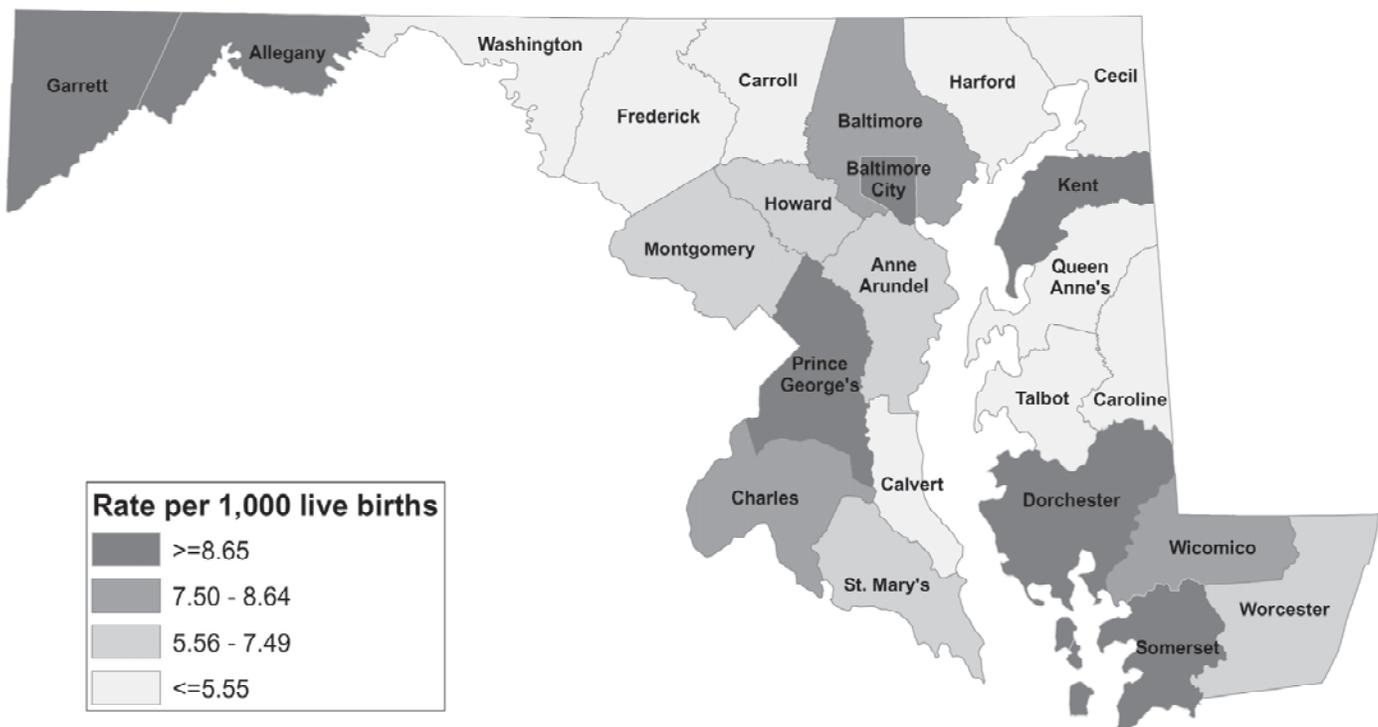
Note: Since 1989, infant death rates have been based on race of decedent; live births are based on race of mother.

Infant Health

HP 2010 Objective: Reduce all infant deaths (within 1 year).

HP 2010 Target: 4.5 deaths per 1,000 live births.

Average Infant Mortality Rate by Maryland Jurisdiction, All Races, 2001-2005



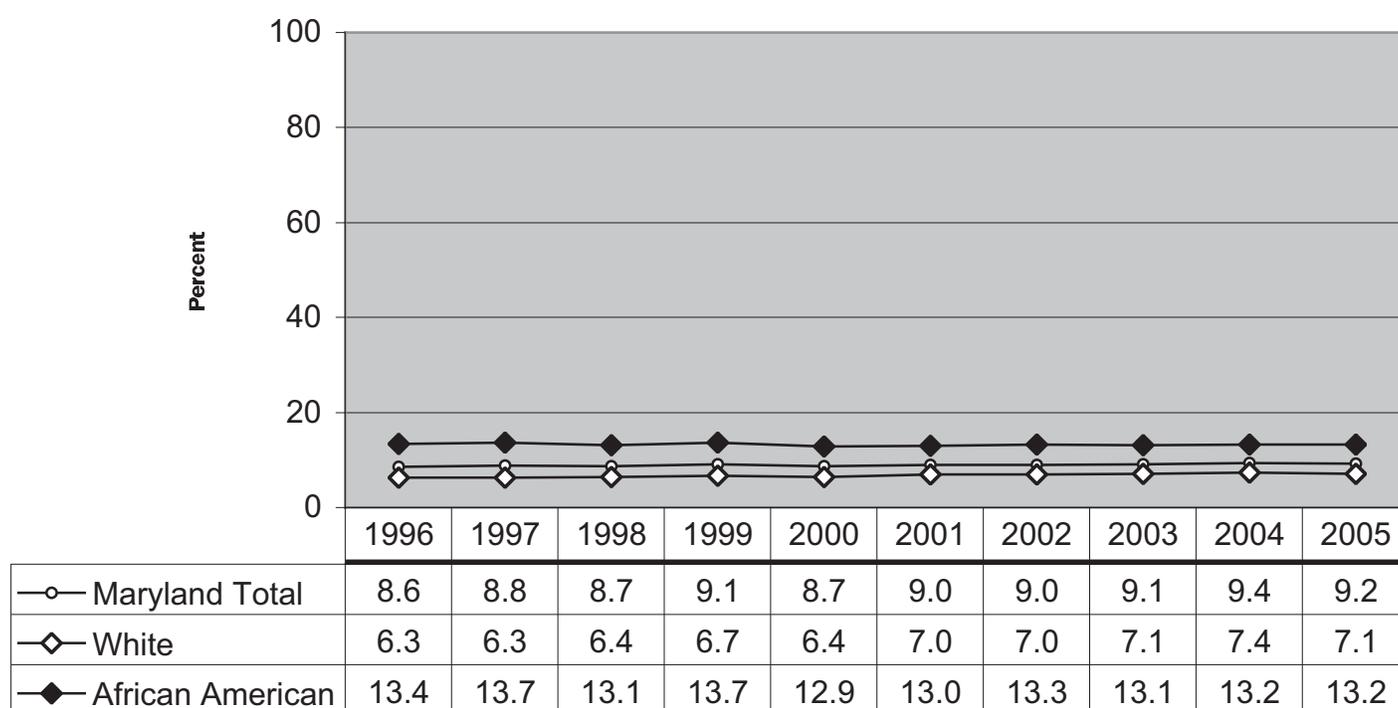
Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene
 Note: Map displays an average rate for the years 2001-2005.

Infant Health

HP 2010 Objective: Reduce low birth weight.

HP 2010 Target: 5.0 percent of live births.

Percentage of Low Birth Weight Infants, by Race, Maryland, 1996-2005



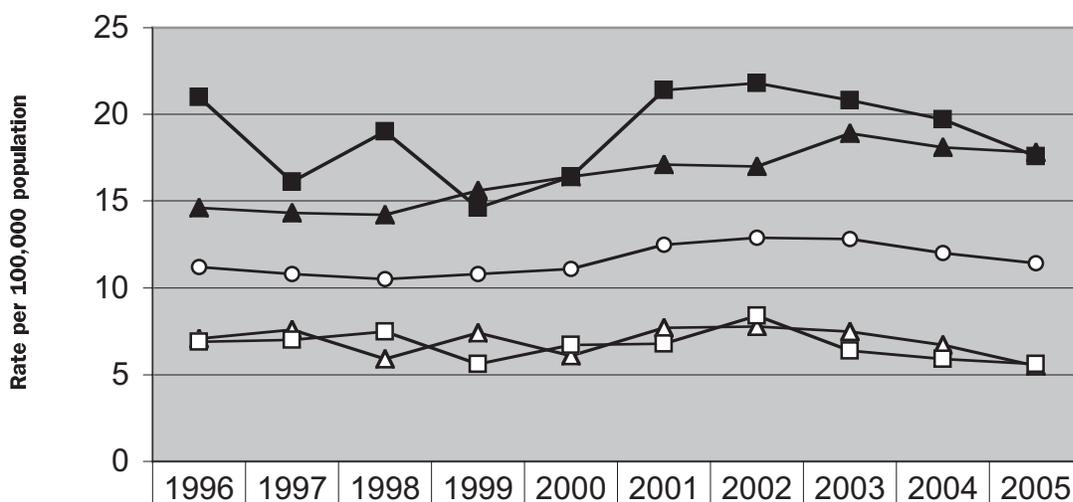
Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

Injury

HP 2010 Objective: Reduce deaths caused by motor-vehicle crashes.

HP 2010 Target: 9.2 deaths per 100,000 population.

Age-Adjusted* Death Rate for Motor-Vehicle Crashes, by Gender and Race, Maryland, 1996-2005



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
—○— Maryland Total	11.2	10.8	10.5	10.8	11.1	12.5	12.9	12.8	12.0	11.4
—▲— White Males	14.6	14.3	14.2	15.6	16.4	17.1	17.0	18.9	18.1	17.8
—△— White Females	7.1	7.6	5.9	7.4	6.1	7.7	7.8	7.5	6.7	5.5
—■— African American Males	21.0	16.1	19.0	14.6	16.4	21.4	21.8	20.8	19.7	17.6
—□— African American Females	6.9	7.0	7.5	5.6	6.7	6.8	8.4	6.4	5.9	5.6

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

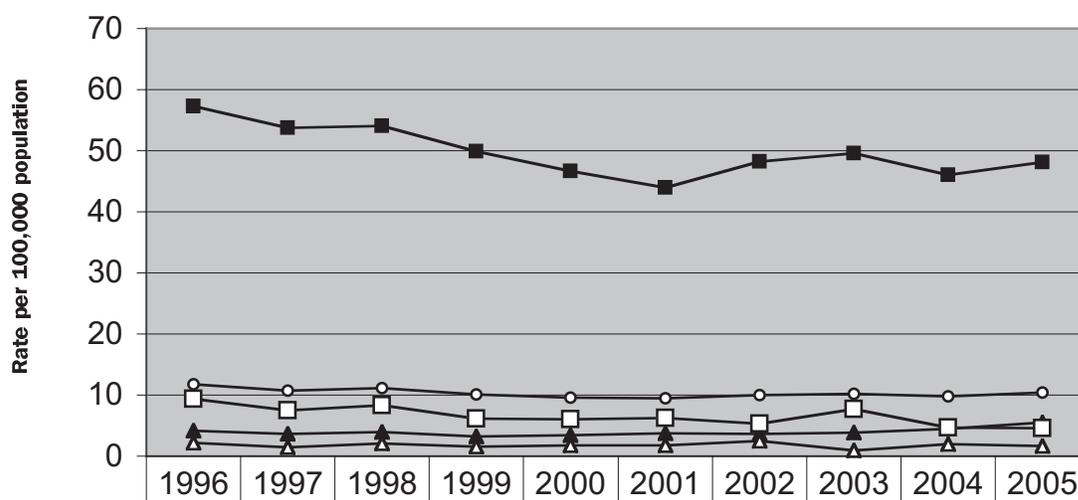
*Death rates are age-adjusted to the 2000 standard US population.

Injury

HP 2010 Objective: Reduce homicides.

HP 2010 Target: 3.0 homicides per 100,000 population.

Age-Adjusted* Death Rate for Homicide, by Race and Gender, Maryland, 1996-2005



○ Maryland Total	11.8	10.7	11.1	10.1	9.6	9.5	10.0	10.2	9.8	10.4
▲ White Males	4.2	3.6	4.0	3.2	3.4	3.7	3.6	3.9	4.4	5.5
▼ White Females	2.2	1.5	2.1	1.6	1.8	1.8	2.5	1.0	2.0	1.6
■ African American Males	57.3	53.7	54.1	49.9	46.7	44.0	48.2	49.6	46.1	48.2
◇ African American Females	9.4	7.5	8.3	6.1	6.0	6.3	5.3	7.7	4.7	4.6

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

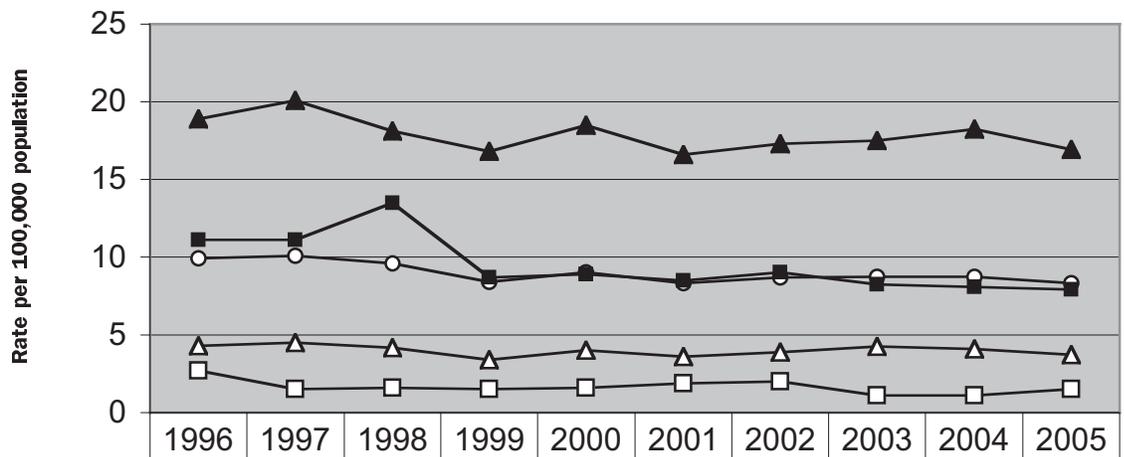
*Death rates are age-adjusted to the 2000 standard US population.

Mental Health

HP 2010 Objective: Reduce the suicide rate.

HP 2010 Target: 5.0 suicides per 100,000 population.

Age-Adjusted* Death Rate for Suicide, by Race and Gender, Maryland, 1996-2005



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
○ Maryland Total	9.9	10.1	9.6	8.4	9.0	8.3	8.7	8.7	8.7	8.3
▲ White Male	18.9	20.1	18.1	16.8	18.5	16.6	17.3	17.5	18.2	16.9
▲ White Female	4.3	4.5	4.2	3.4	4.0	3.6	3.9	4.3	4.1	3.7
■ African American Male	11.1	11.1	13.5	8.7	8.9	8.5	9.0	8.2	8.1	7.9
□ African American Female	2.7	1.5	1.6	1.5	1.6	1.9	2.0	1.1	1.1	1.5

Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

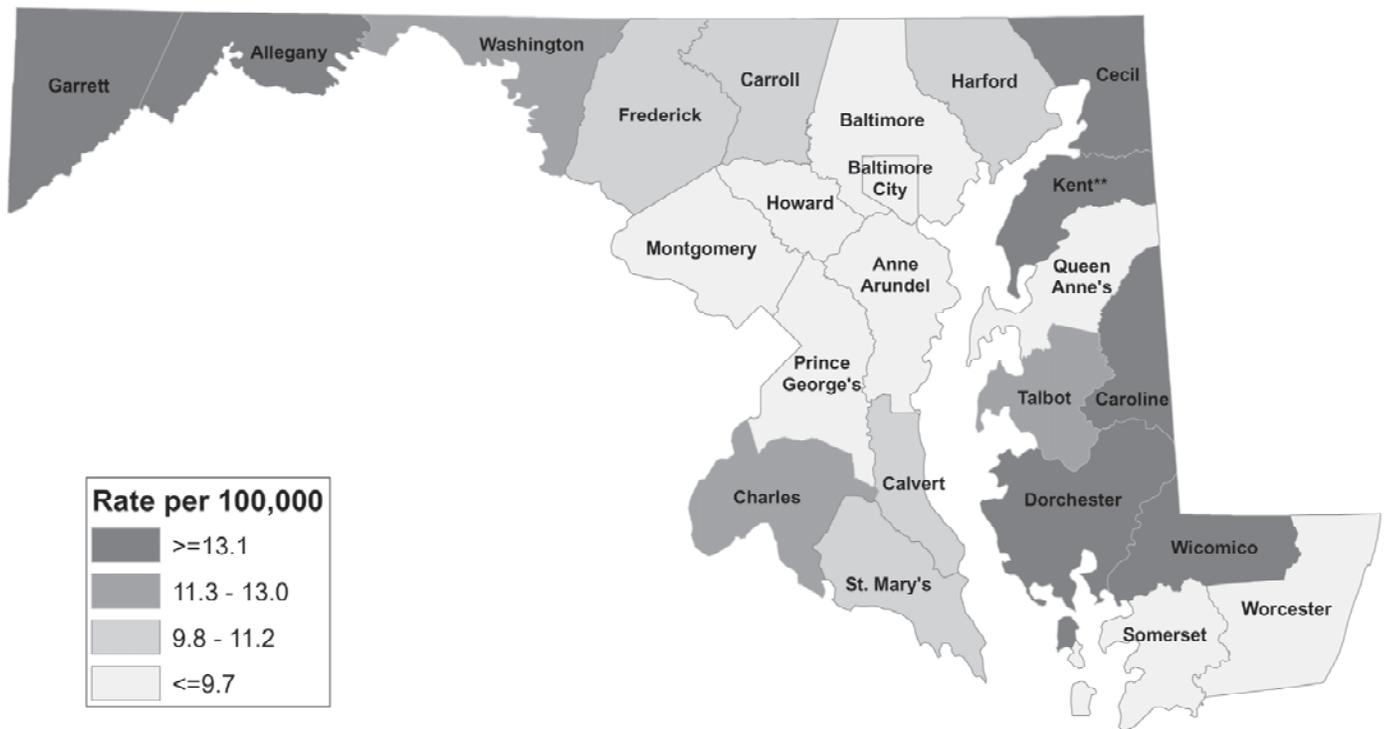
*Death rates are age-adjusted to the 2000 standard US population

Mental Health

HP 2010 Objective: Reduce the suicide rate.

HP 2010 Target: 5.0 suicides per 100,000 population.

Age-Adjusted* Death Rate for Suicide, by Maryland Jurisdiction, 2001-2005



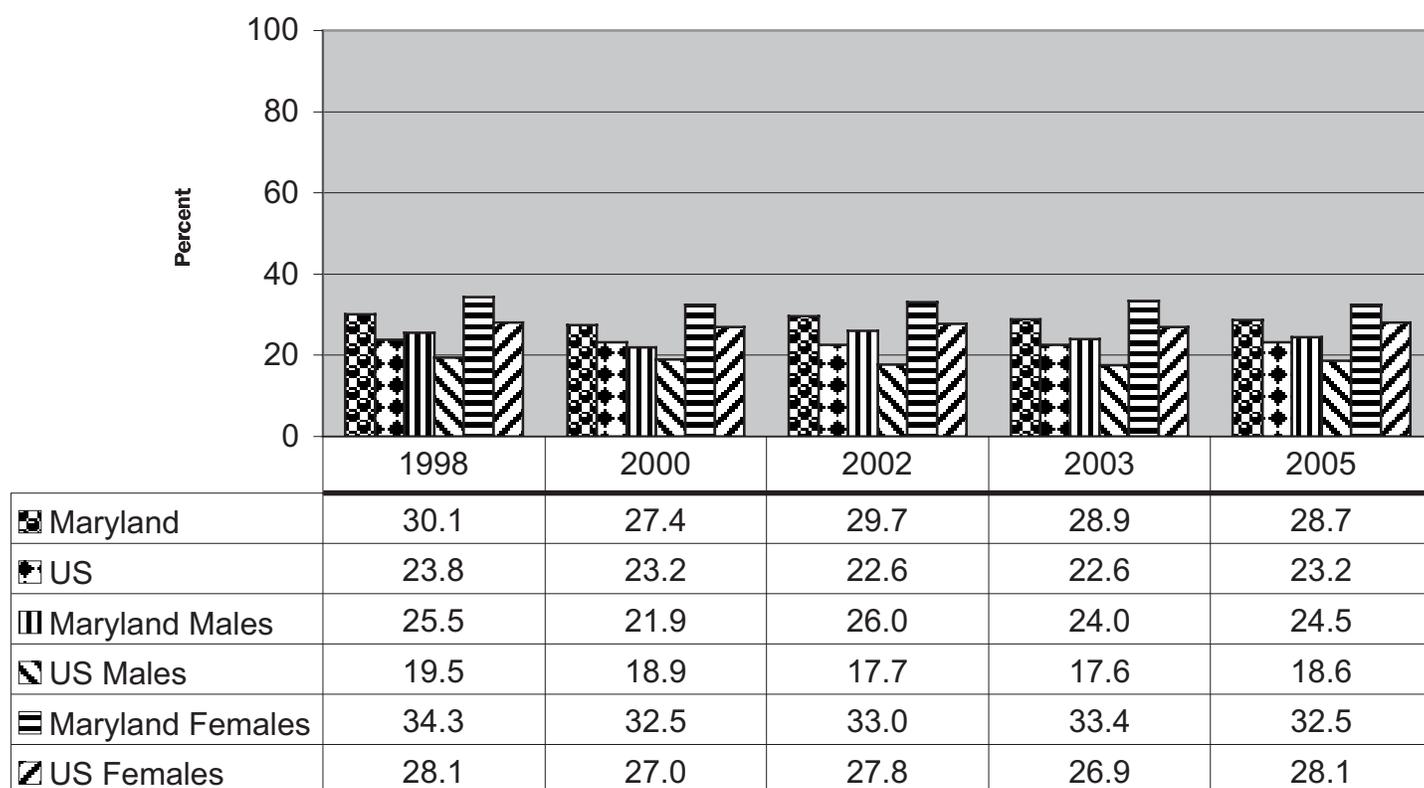
Source: Vital Statistics Administration, Maryland Department of Health and Mental Hygiene

*Death rates are age-adjusted to the 2000 standard US population.

HP 2010 Objective: (1) Increase the proportion of persons age 2 years and older who consume at least two daily servings of fruit. (2) Increase the proportion of persons age 2 years and older who consume at least 3 daily servings of vegetables, with at least one-third being dark green or orange vegetables.

HP 2010 Target: 50.0 percent of the population for both objectives.

Percentage of Maryland and US Adults* Consuming 5 or More Fruits and Vegetables Per Day, by Gender, For Selected Years, 1998-2005**



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who responded that they consume fruits and vegetables more than five times per day.

**Maryland data in this category are displayed for years available.

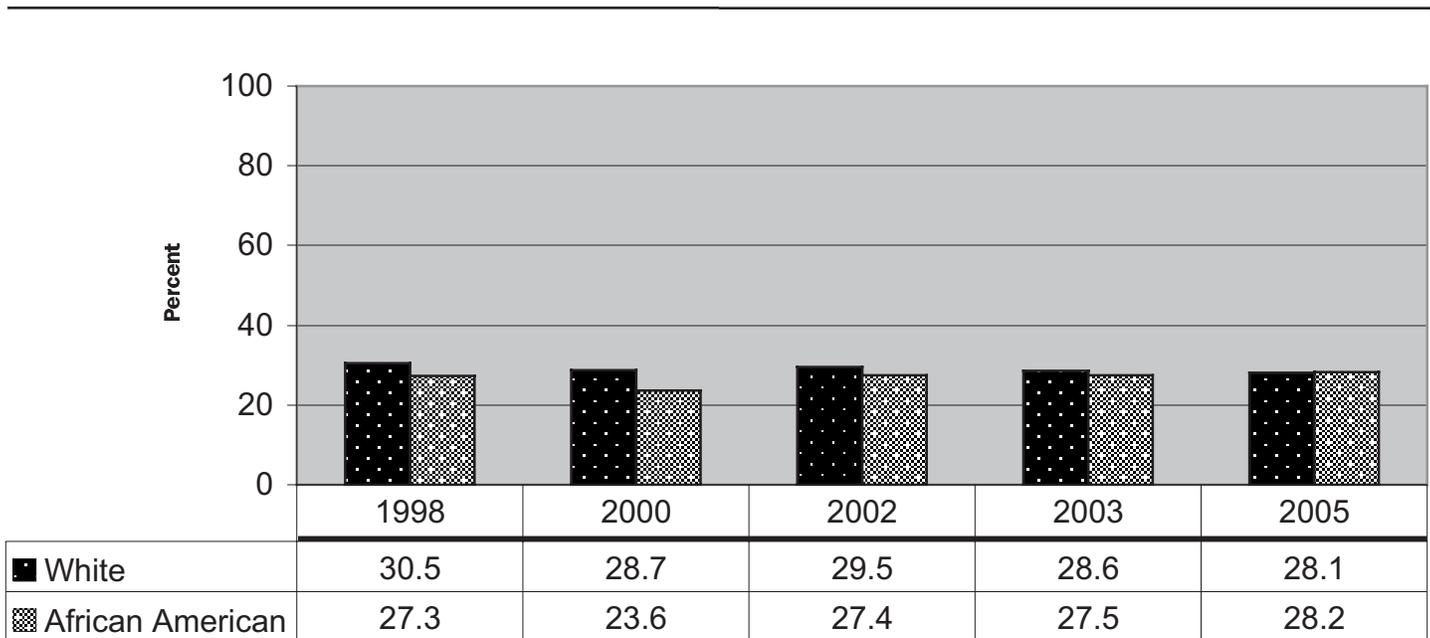
Note: Although the HP 2010 Target specifies age 2 years and older, the BRFSS respondents are 18 years and older so the HP 2010 Target is not exactly comparable to the data displayed.

Nutrition

HP 2010 Objective: (1) Increase the proportion of persons age 2 years and older who consume at least two daily servings of fruit. (2) Increase the proportion of persons age 2 years and older who consume at least 3 daily servings of vegetables, with at least one-third being dark green or orange vegetables.

HP 2010 Target: 50.0 percent of the population for both objectives.

Percentage of Maryland Adults* Consuming 5 or More Fruits and Vegetables Per Day, by Race, For Selected Years, 1998-2005**



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who responded that they consume fruits and vegetables more than five times per day.

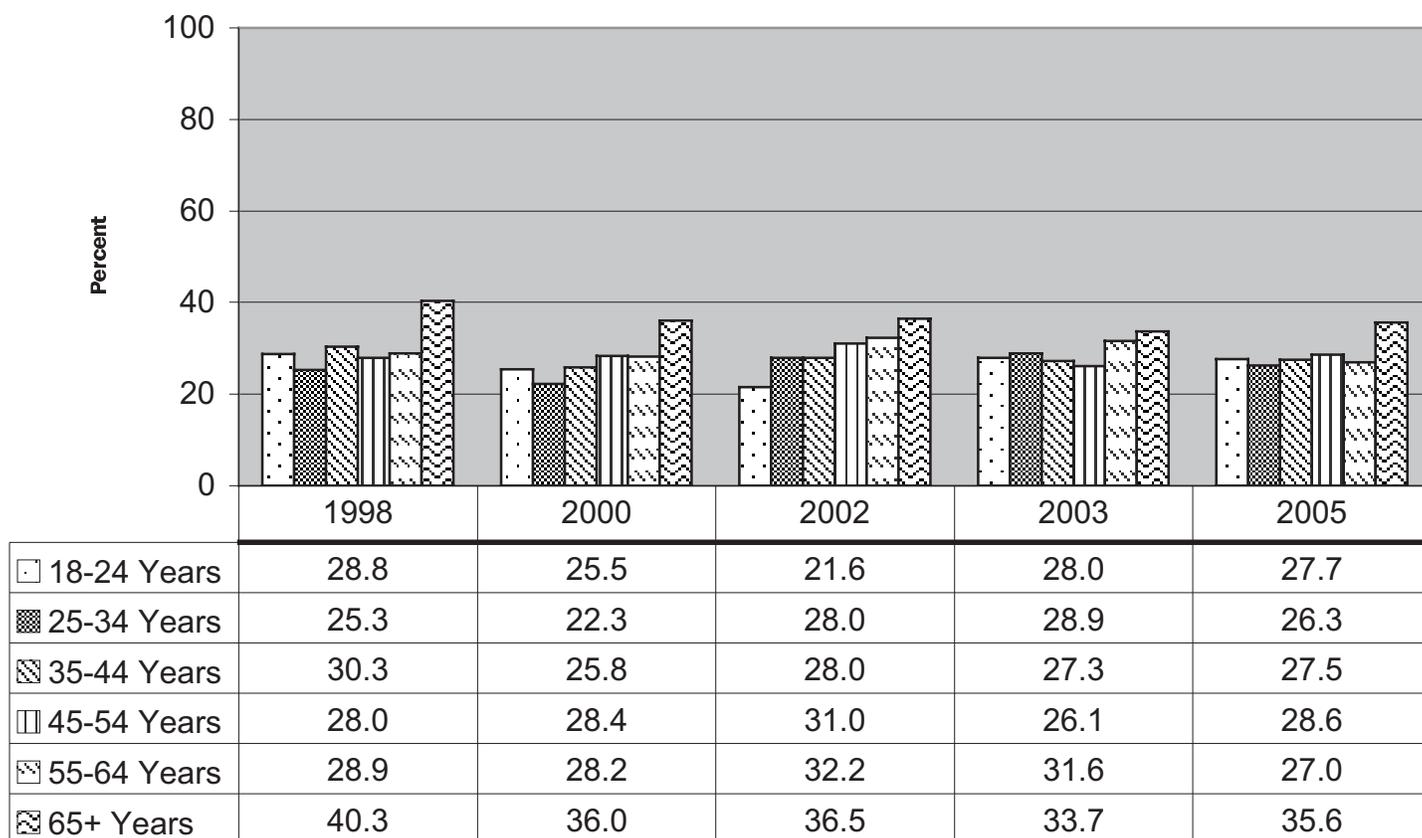
**Maryland data in this category are displayed for years available.

Note: Although the HP 2010 Target specifies age 2 years and older, the BRFSS respondents are 18 years and older so the HP 2010 Target is not exactly comparable to the data displayed.

HP 2010 Objective: (1) Increase the proportion of persons age 2 years and older who consume at least two daily servings of fruit. (2) Increase the proportion of persons age 2 years and older who consume at least 3 daily servings of vegetables, with at least one-third being dark green or orange vegetables.

HP 2010 Target: 50.0 percent of the population for both objectives.

Percentage of Maryland Adults* Consuming 5 or More Fruits and Vegetables Per Day, by Age, For Selected Years, 1998-2005**



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who responded that they consume fruits and vegetables more than five times per day.

**Maryland data in this category are displayed for years available.

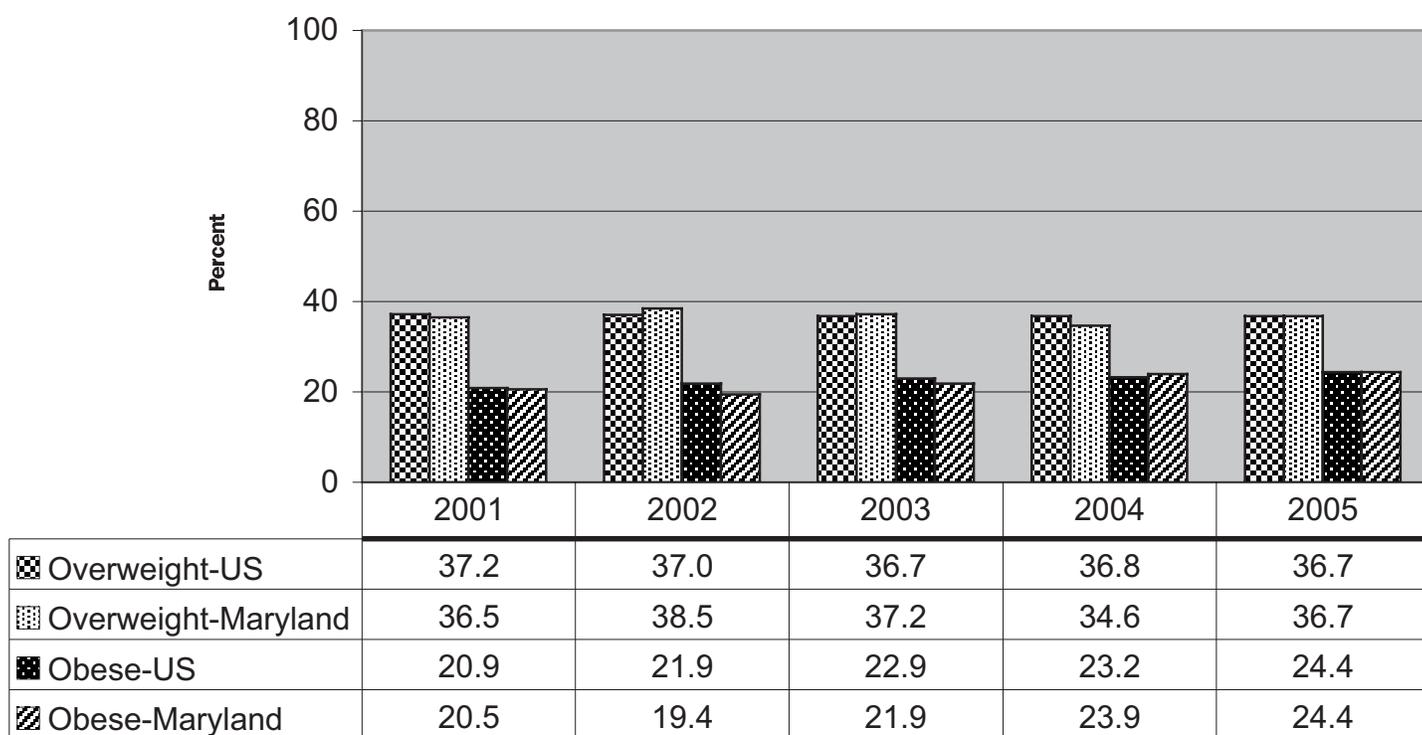
Note: Although the HP 2010 Target specifies age 2 years and older, the BRFSS respondents are 18 years and older so the HP 2010 Target is not exactly comparable to the data displayed.

Overweight and Obesity

HP 2010 Objective: Reduce the proportion of people who are obese.

HP 2010 Target: 15.0 percent of adults age 20 years and older.

Overweight and Obesity Based on Body Mass Index (BMI) Among Maryland and US Adults*, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

Note: BMI is defined as weight in kilograms divided by height in meters squared (w/h^{**2})

*Respondents age 18 years and older who reported that their Body Mass Index (BMI) is 25.0-29.9 for overweight or 30.0 or more for obese.

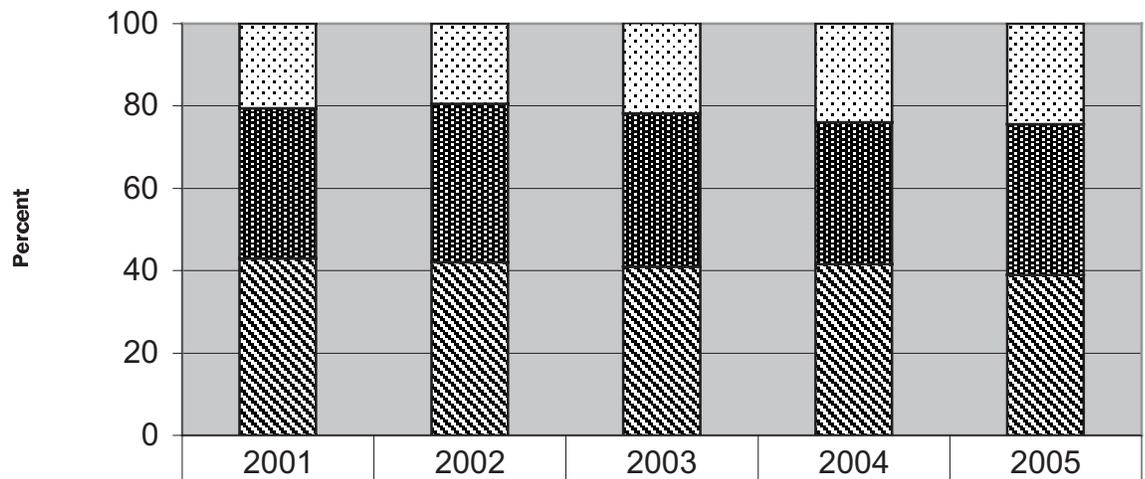
Notes: (1) BMI is defined as weight in kilograms divided by height in meters squared (w/h^{**2}) (2) Although the HP 2010 Target specifies age 20 years and older, the BRFSS groups its respondents by the age groups indicated on page 52. An age group of 20 years and older cannot be calculated so the HP 2010 Target is not exactly comparable to the data displayed.

Overweight and Obesity

HP 2010 Objective: Increase the proportion of adults who are at a healthy weight.

HP 2010 Target: 60.0 percent of adults age 20 years and older.

Overweight and Obesity Based on Body Mass Index (BMI) Among Maryland Adults** 2001-2005



	2001	2002	2003	2004	2005
Obese (BMI 30.0 & Over)	20.5	19.4	21.9	23.9	24.4
Overweight (BMI 25.0-29.9)	36.5	38.5	37.2	34.6	36.7
Not Overweight/Obese (BMI <=24.9)	43.0	42.1	41.0	41.5	38.9

Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

**Respondents age 18 years and older who reported that their Body Mass Index (BMI) is 25.0-29.9 for overweight or 30.0 or more for obese.

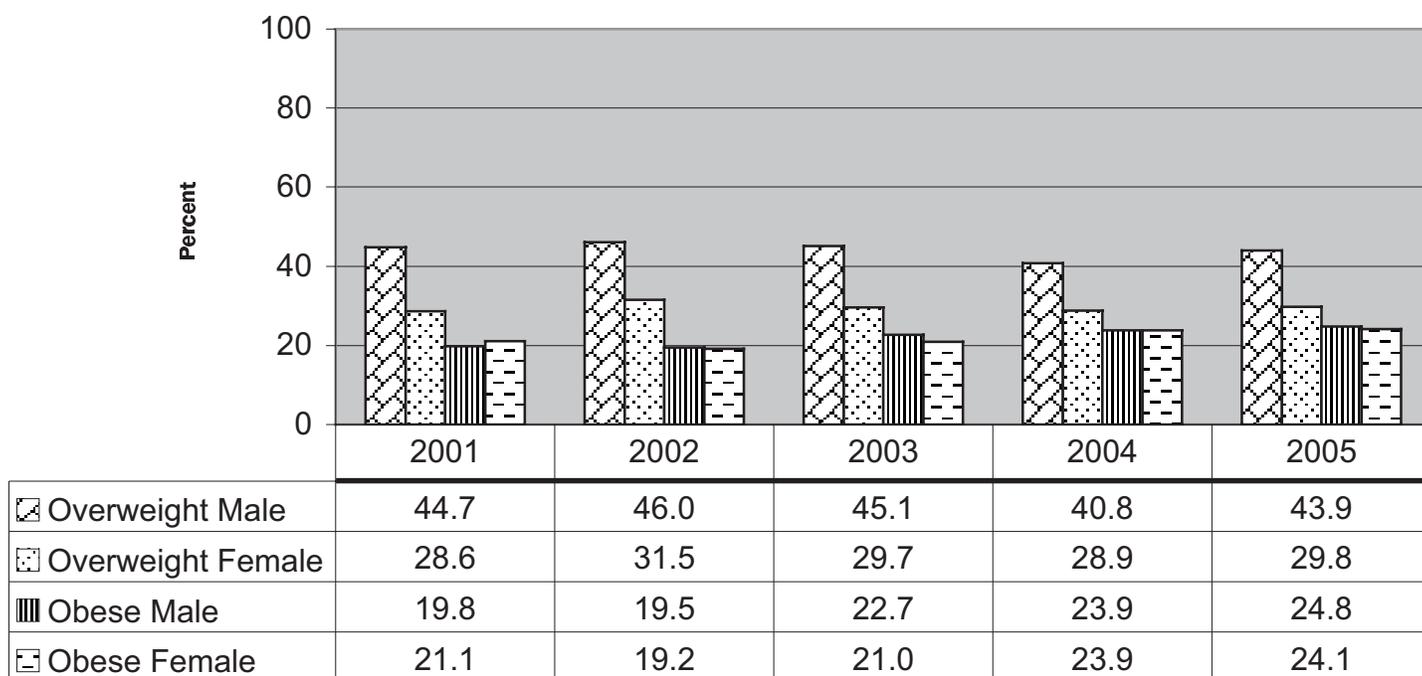
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Overweight and Obesity

HP 2010 Objective: Increase the proportion of adults who are at a healthy weight.

HP 2010 Target: 60.0 percent of adults age 20 years and older.

Overweight and Obesity Based on Body Mass Index (BMI) Among Maryland Adults*, by Gender, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who reported that their Body Mass Index (BMI) is 25.0-29.9 for overweight or 30.0 or more for obese.

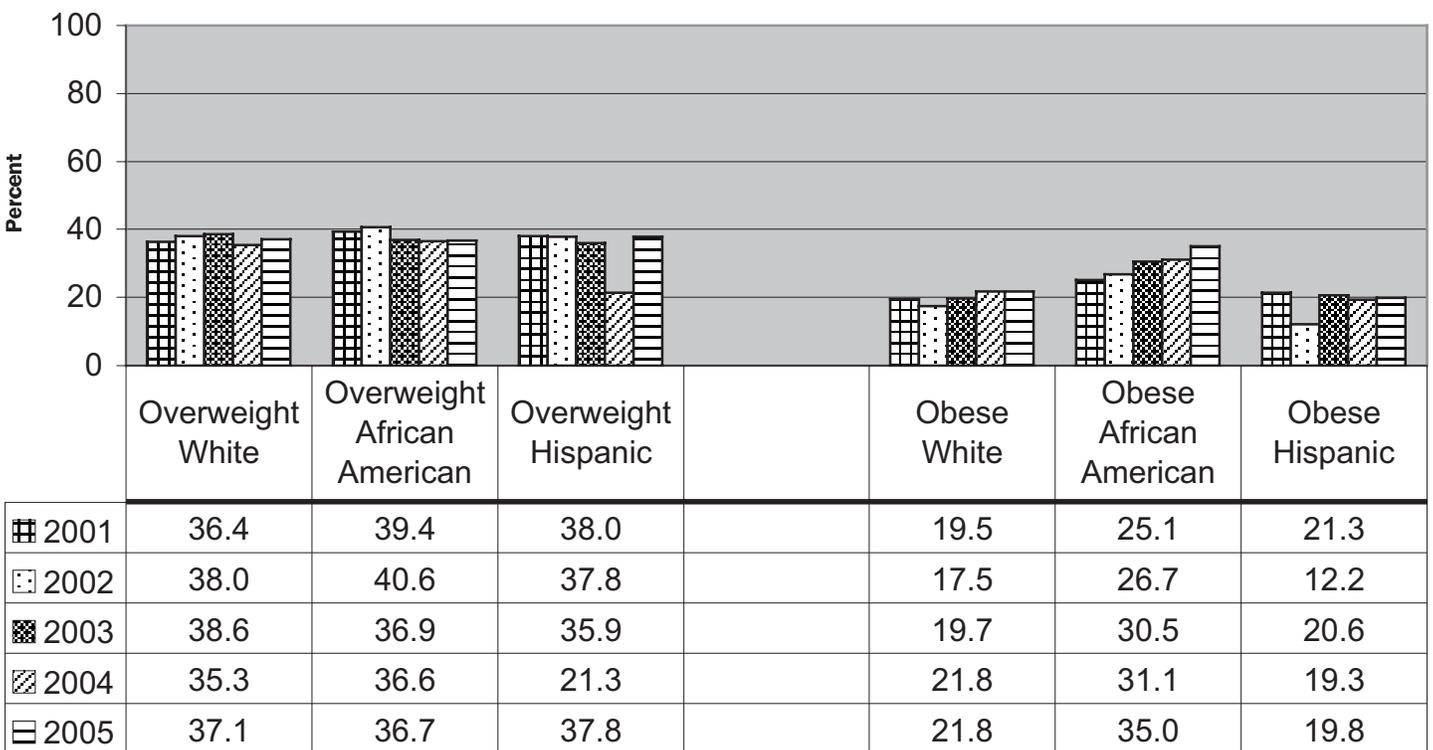
Notes: (1) BMI is defined as weight in kilograms divided by height in meters squared (w/h^2) (2) Although the HP 2010 Target specifies age 20 years and older, the BRFSS groups its respondents by the age groups indicated on page 52. An age group of 20 years and older cannot be calculated so the HP 2010 Target is not exactly comparable to the data displayed.

Overweight and Obesity

HP 2010 Objective: Reduce the proportion of adults who are obese.

HP 2010 Target: 15.0 percent of adults age 20 years and older.

Overweight and Obesity Based on Body Mass Index (BMI) Among Maryland Adults*, by Race, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who reported that their Body Mass Index (BMI) is 25.0-29.9 for overweight or 30.0 or more for obese.

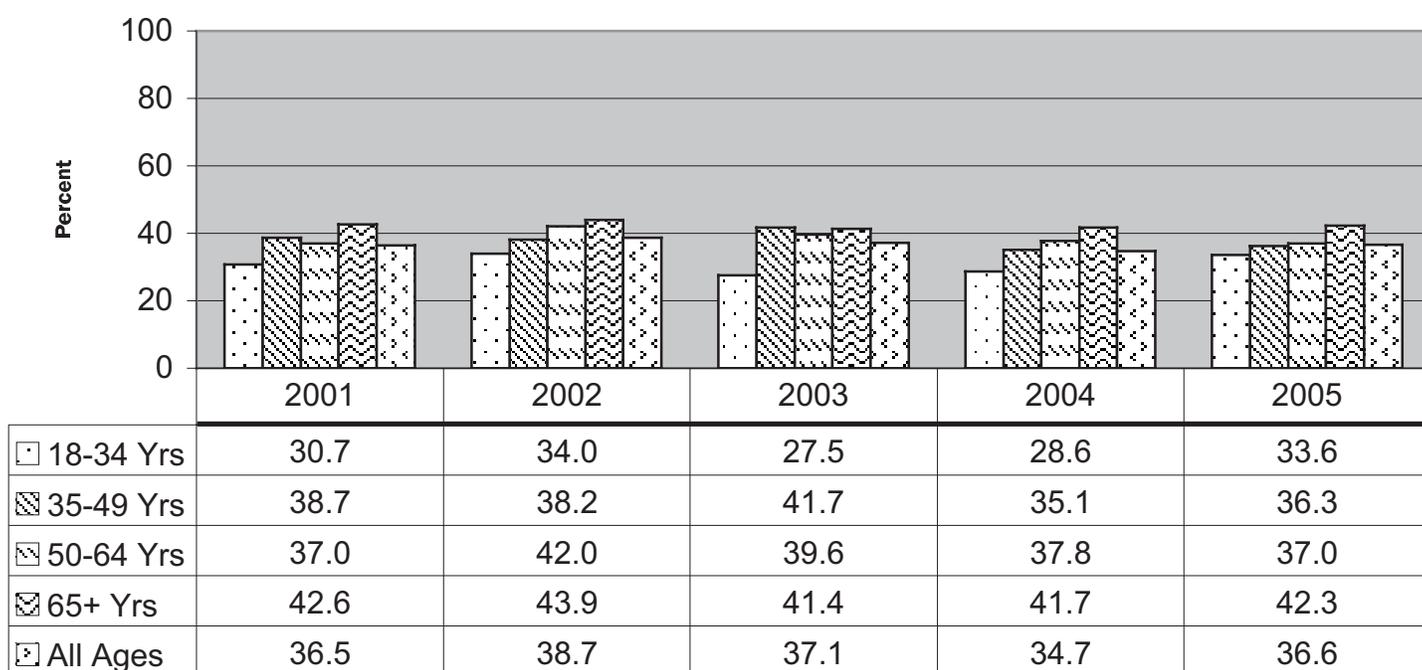
Notes: (1) BMI is defined as weight in kilograms divided by height in meters squared (w/h^2) (2) Although the HP 2010 Target specifies age 20 years and older, the BRFSS groups its respondents by the age groups indicated on page 52. An age group of 20 years and older cannot be calculated so the HP 2010 Target is not exactly comparable to the data displayed.

Overweight and Obesity

HP 2010 Objective: Reduce the proportion of adults who are obese.

HP 2010 Target: 15.0 percent of adults age 20 years and older.

Overweight Based on Body Mass Index (BMI) Among Maryland Adults*, by Age, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who reported that their Body Mass Index (BMI) is 25.0-29.9.

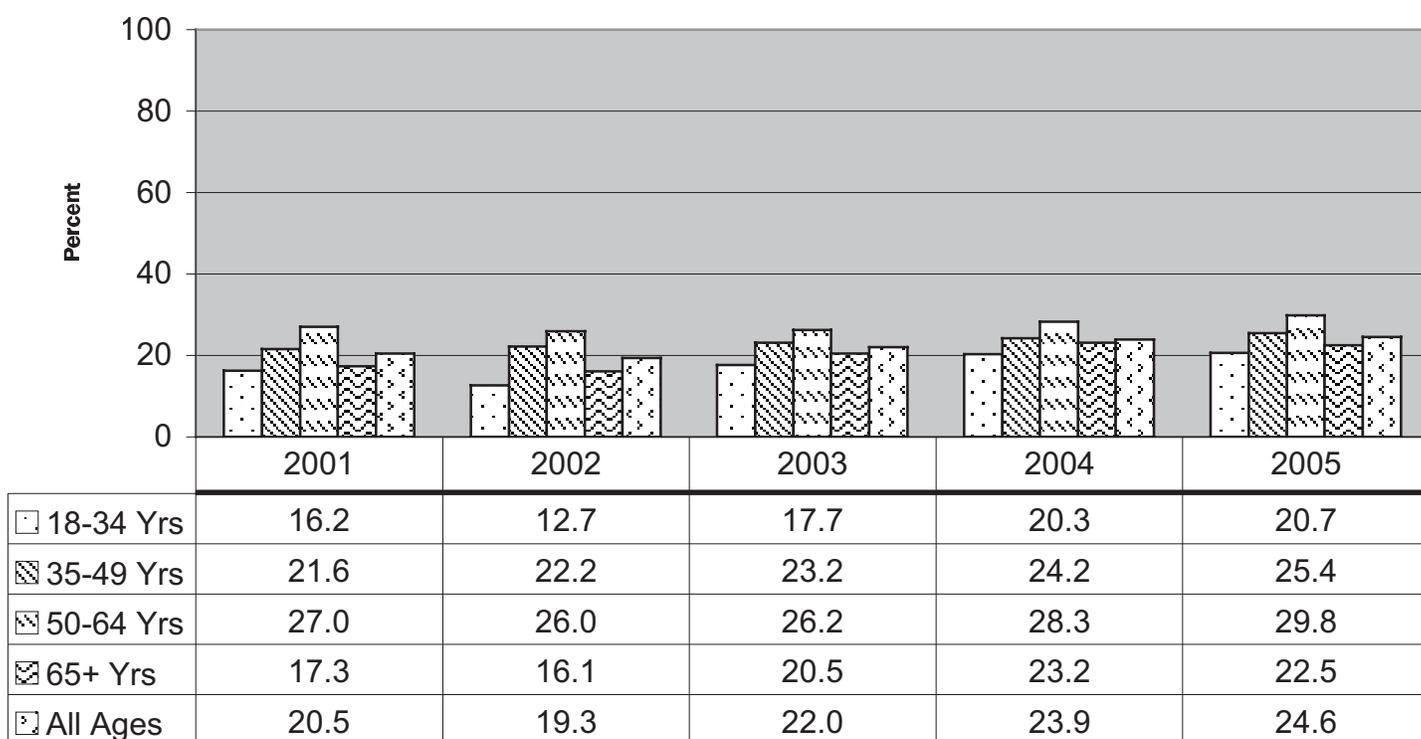
Notes: (1) BMI is defined as weight in kilograms divided by height in meters squared (w/h^2) (2) Although the HP 2010 Target is for ages 20 years and older, the BRFSS groups its respondents by the age groups indicated above. An age group of 20 years and older cannot be calculated so the HP 2010 Target is not exactly comparable to the data displayed.

Overweight and Obesity

HP 2010 Objective: Reduce the proportion of adults who are obese.

HP 2010 Target: 15.0 percent of adults age 20 years and older.

Obesity Based on Body Mass Index (BMI) Among Maryland Adults*, by Age, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who reported that their Body Mass Index (BMI) is more for obese.

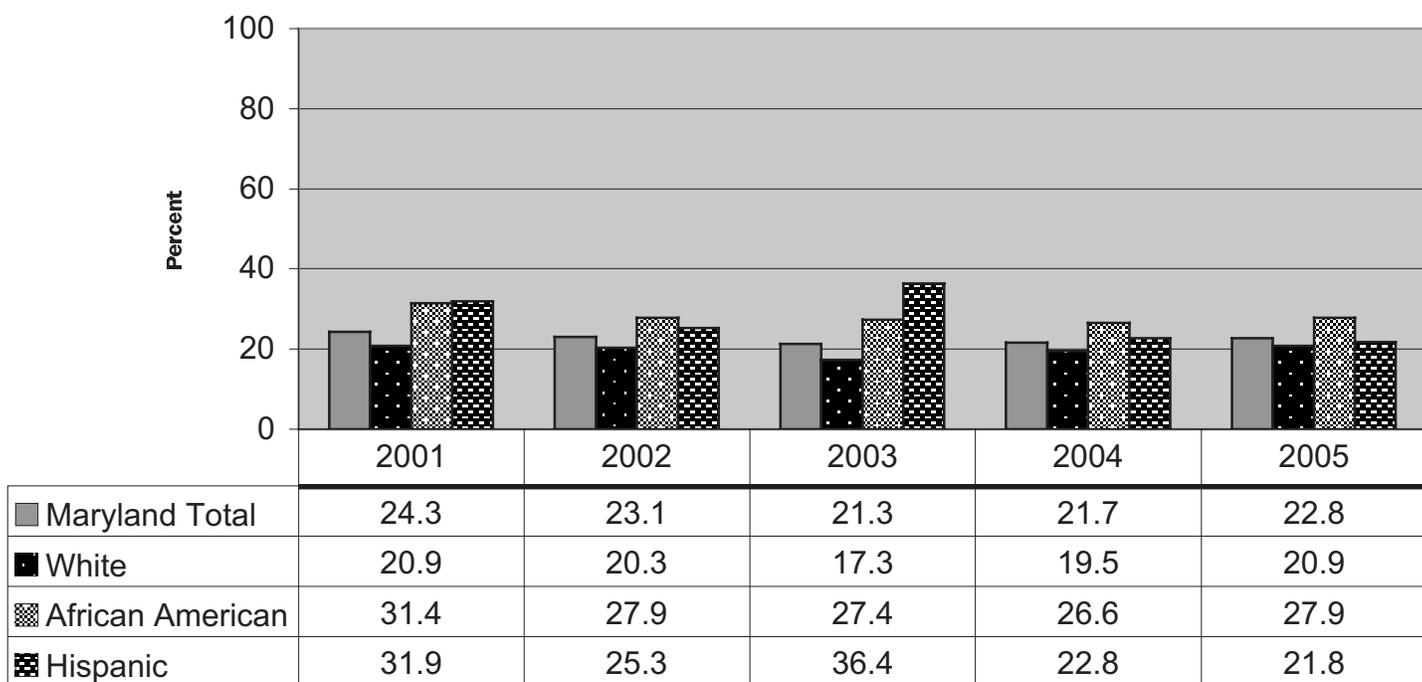
Notes: (1) BMI is defined as weight in kilograms divided by height in meters squared (w/h^2) (2) Although the HP 2010 Target is for ages 20 years and older, the BRFSS groups its respondents by the age groups indicated above. An age group of 20 years and older cannot be calculated so the HP 2010 Target is not exactly comparable to the data displayed.

Physical Activity

HP 2010 Objective: Reduce the proportion of adults who engage in no leisure-time physical activity.

HP 2010 Target: 20.0 percent of adults age 18 years and older.

Percentage of Maryland Adults* Engaging in Leisure Time Activities Such as Running or Walking for Exercise During the Last 30 Days, by Race, 2001-2005



Source: Maryland BRFSS Interactive Database, Family Health Administration, Maryland Department of Health and Mental Hygiene

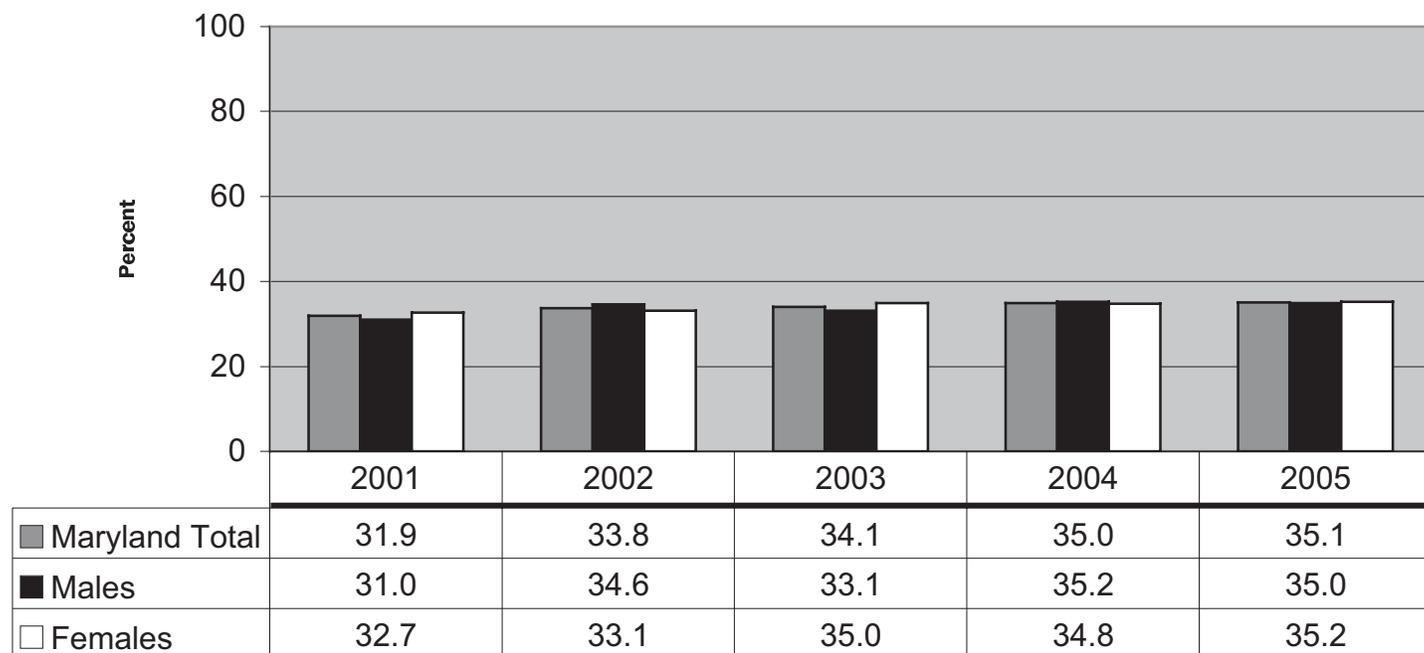
*Respondents age 18 years or older who responded yes to “Have you had any leisure time physical activities such as running or walking for exercise during the last 30 days?”

Physical Activity

HP 2010 Objective: Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

HP 2010 Target: 30.0 percent of adults age 18 years and older.

Percentage of Maryland Adults* Who Engage in Moderate Physical Activity for at Least 30 Minutes Per Day, 5 or More Days Per Week, by Gender, 2001-2005



Source: Maryland BRFSS Interactive Database, Family Health Administration, Maryland Department of Health and Mental Hygiene

*Respondents age 18 years or older who responded yes to "Have you had any leisure time physical activities such as running or walking for exercise during the last 30 days?"

Sexually Transmitted Diseases

HP 2010 Objective: Reduce gonorrhea.

HP 2010 Target: 19.0 new cases per 100,000 population.

Incidence Rates of Gonorrhea, by Maryland Jurisdiction, 2001-2005

Jurisdiction	2001 Incidence Rate per 100,000 population	2002 Incidence Rate per 100,000 population	2003 Incidence Rate per 100,000 population	2004 Incidence Rate per 100,000 population	2005 Incidence Rate per 100,000 population
Maryland Total	176.4	174.0	146.4	149.3	125.8
Allegany	45.4	12.0	44.4	47.8	34.0
Anne Arundel	54.1	57.2	67.3	64.8	71.2
Baltimore	84.9	107.6	102.2	96.9	92.9
Calvert	27.7	26.1	42.8	18.5	42.8
Caroline	133.3	122.7	101.3	61.2	102.6
Carroll	16.3	15.4	14.7	15.0	10.7
Cecil	33.4	22.8	18.5	28.7	51.1
Charles	77.2	88.6	79.8	86.9	78.4
Dorchester	299.5	185.7	99.9	100.6	164.2
Frederick	43.6	52.2	33.2	52.3	27.1
Garrett	***	***	***	***	***
Harford	70.1	44.2	54.9	39.6	33.9
Howard	30.8	33.3	38.2	33.9	35.0
Kent	155.6	103.7	63.2	100.1	112.3
Montgomery	35.5	36.6	28.3	18.9	11.8
Prince George's	236.5	234.2	186.0	227.2	139.9
Queen Anne's	87.1	80.9	66.6	51.3	39.2
St. Mary's	33.1	40.6	71.3	50.0	78.4
Somerset	169.0	149.3	240.4	263.7	222.8
Talbot	188.2	88.0	48.2	57.1	87.8
Washington	113.9	111.2	109.3	97.1	76.2
Wicomico	232.8	228.6	210.5	258.0	284.2
Worcester	148.5	161.8	68.2	156.7	95.4
Baltimore City	769.5	748.7	617.2	619.9	545.0

Source: Epidemiology and Disease Control Program, Division of Sexually Transmitted Disease, Community Health Administration, Maryland Department of Health and Mental Hygiene

***Rates based on fewer than five events in the numerator are not presented since such rates are likely to be unstable.

Sexually Transmitted Diseases

HP 2010 Objective: Eliminate sustained domestic transmission of primary and secondary syphilis.

HP 2010 Target: 0.2 cases per 100,000 population.

Incidence Rates of Primary and Secondary Syphilis, by Maryland Jurisdiction, 2001-2005

Jurisdiction	2001 Incidence Rate per 100,000 population	2002 Incidence Rate per 100,000 population	2003 Incidence Rate per 100,000 population	2004 Incidence Rate per 100,000 population	2005 Incidence Rate per 100,000 population
Maryland Total	5.0	4.2	5.6	6.8	5.6
Allegany	***	***	***	***	***
Anne Arundel	2.4	2.2	1.0	3.9	2.9
Baltimore	3.2	2.4	7.1	4.5	2.7
Calvert	***	***	***	***	***
Caroline	***	***	***	***	***
Carroll	***	***	***	***	***
Cecil	***	***	***	***	***
Charles	***	***	***	***	***
Dorchester	***	***	***	***	***
Frederick	***	***	***	***	***
Garrett	***	***	***	***	***
Harford	9.9	5.0	3.5	2.1	1.3
Howard	***	***	***	***	***
Kent	***	***	***	***	***
Montgomery	***	***	1.5	1.4	0.9
Prince George's	3.6	5.9	7.8	7.8	5.8
Queen Anne's	***	***	***	***	***
St. Mary's	***	***	***	***	***
Somerset	***	***	***	***	***
Talbot	14.7	***	***	***	***
Washington	***	***	***	***	***
Wicomico	***	***	***	15.9	***
Worcester	***	***	***	***	***
Baltimore City	24.7	18.6	23.3	32.9	30.5

Source: Epidemiology and Disease Control Program, Division of Sexually Transmitted Disease, Community Health Administration, Maryland Department of Health and Mental Hygiene

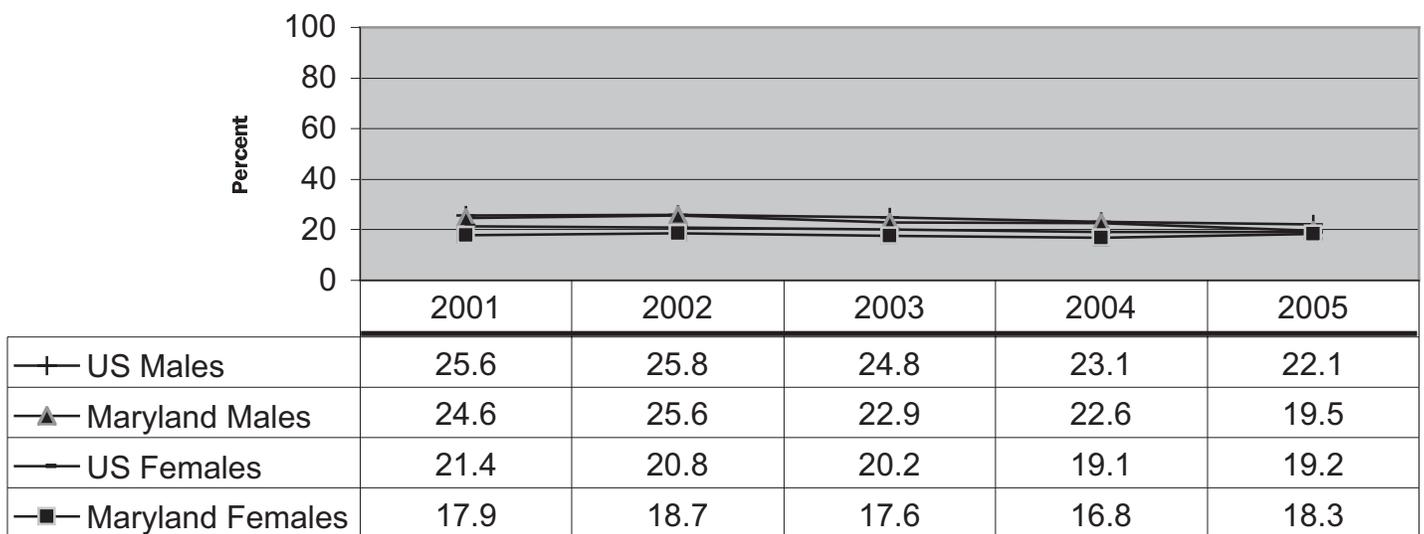
***Rates based on fewer than five events in the numerator are not presented since such rates are likely to be unstable.

Tobacco Use

HP 2010 Objective: Reduce tobacco use by adults age 18 years and older.

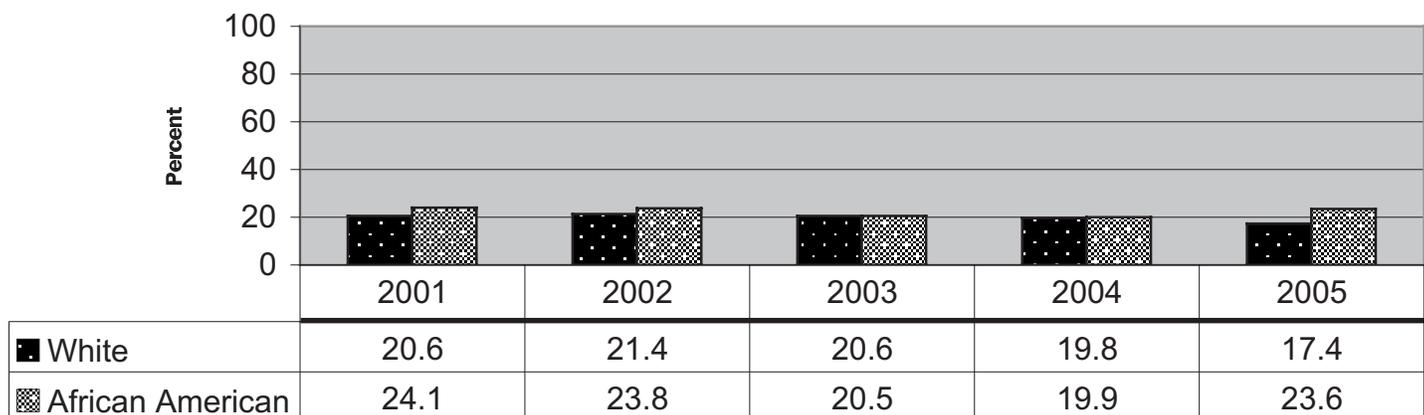
HP 2010 Target: 12.0 percent of adults age 18 years and older.

Current Smoking Among Maryland Adults*, by Gender, Maryland and the US, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services
 *Respondents age 18 years and older who smoked 100 cigarettes in their lifetime and reported smoking every day or some days.

Current Smoking Among Maryland Adults*, by Race, 2001-2005



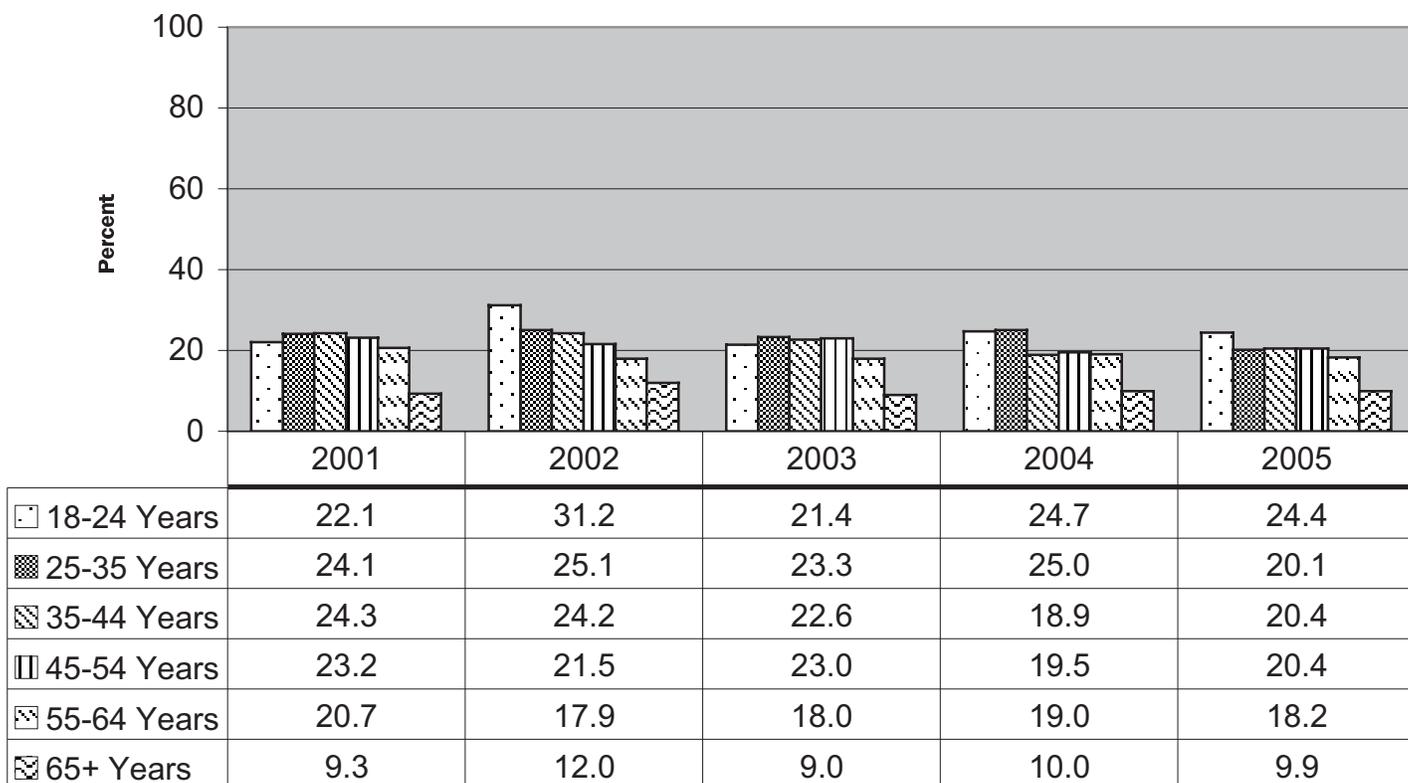
Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services
 *Respondents age 18 years and older who smoked 100 cigarettes in their lifetime and reported smoking every day or some days.

Tobacco Use

HP 2010 Objective: Reduce tobacco use by adults age 18 years and older.

HP 2010 Target: 12.0 percent of adults age 18 years and older.

Current Smoking Among Maryland Adults*, by Age, 2001-2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

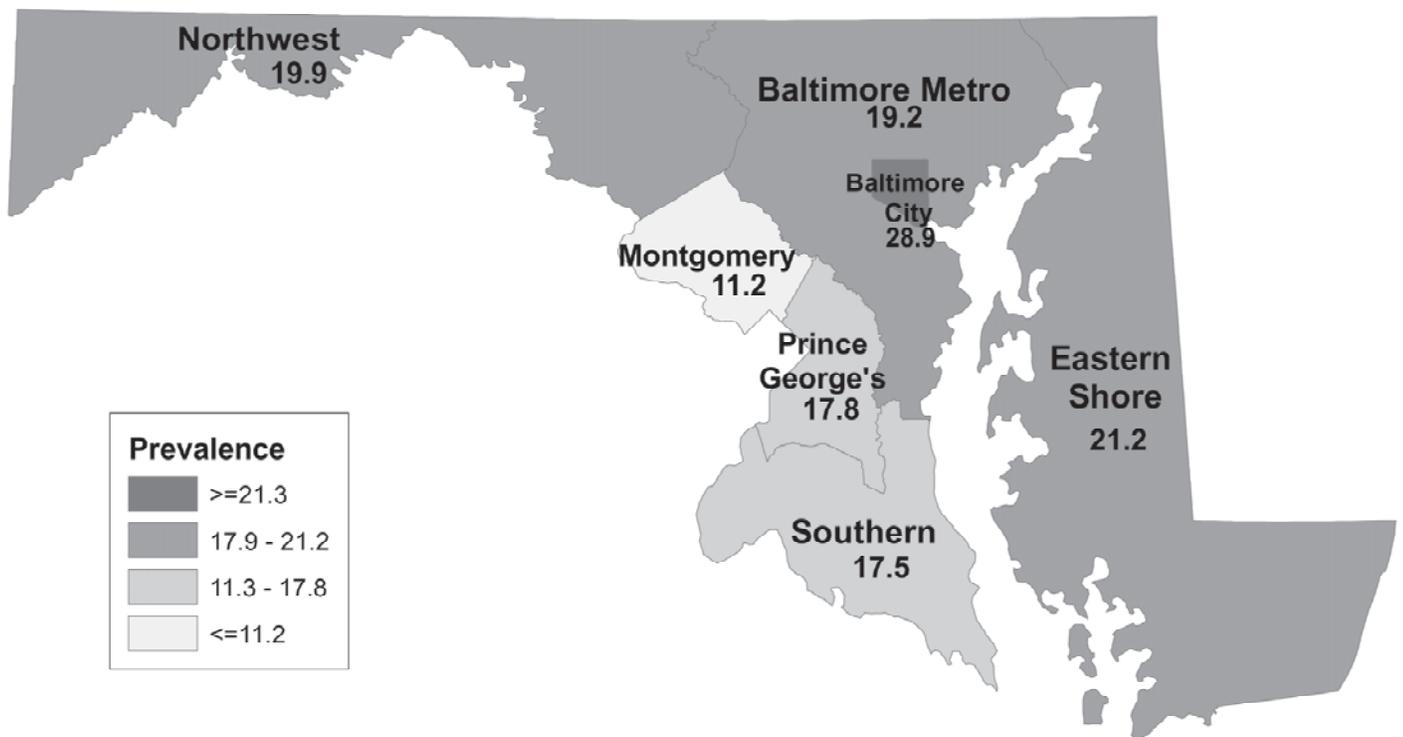
*Respondents age 18 years and older who smoked 100 cigarettes in their lifetime and reported smoking every day or some days.

Tobacco Use

HP 2010 Objective: Reduce tobacco use by adults age 18 years and older.

HP 2010 Target: 12.0 percent of adults age 18 years and older.

Current Smoking Among Maryland Adults*, by Region**, 2005



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

*Respondents age 18 years and older who smoked 100 cigarettes in their lifetime and reported smoking everyday or somedays.

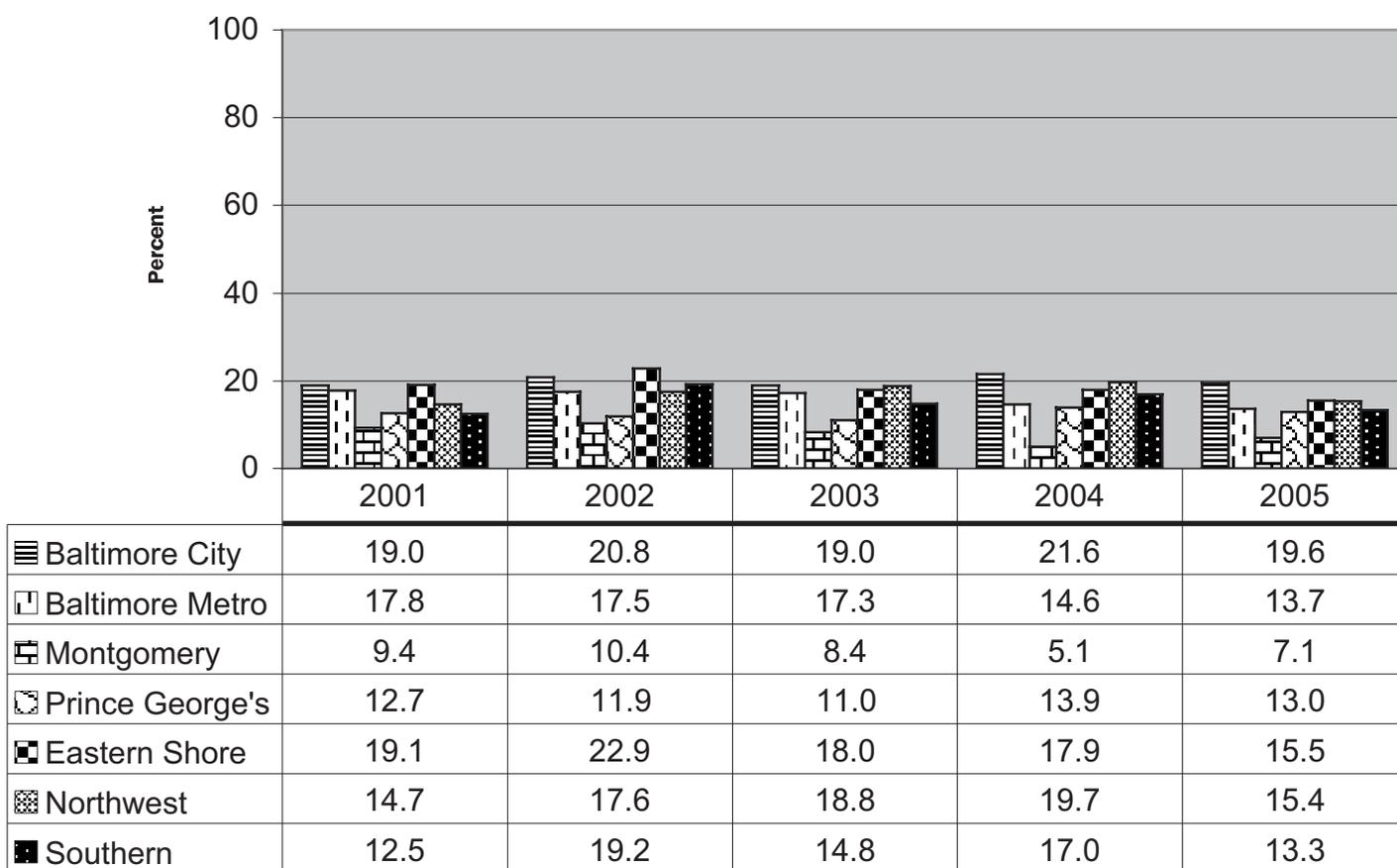
** Maryland Regions: Baltimore Metro includes Baltimore County, Anne Arundel County, Carroll County, Howard County, and Harford County. Eastern Shore includes Cecil County, Kent County, Queen Anne's County, Caroline County, Talbot County, Dorchester County, Wicomico County, Somerset County, and Worcester County. Northwest includes Garrett County, Allegany County, Washington County, and Frederick County. Southern includes Calvert County, Charles County, and St. Mary's County.

Tobacco Use

HP 2010 Objective: Reduce tobacco use by adults age 18 years and older.

HP 2010 Target: 12.0 percent of adults age 18 years and older.

Current Smoking Among Maryland Adults*, by Region, 2001-2005**



Source: BRFSS Interactive Database, Centers for Disease Control and Prevention, US Department of Health and Human Services

* Respondents age 18 years and older who smoked 100 cigarettes in their lifetime and reported smoking every day.

** Maryland Regions: Baltimore Metro includes Baltimore County, Anne Arundel County, Carroll County, Howard County, and Harford County. Eastern Shore includes Cecil County, Kent County, Queen Anne's County, Caroline County, Talbot County, Dorchester County, Wicomico County, Somerset County, and Worcester County. Northwest includes Garrett County, Allegany County, Washington County, and Frederick County. Southern includes Calvert County, Charles County, and St. Mary's County.

SECTION III: Notes and References



References (In alphabetical order)

AIDS Administration, Department of Health and Mental Hygiene

<http://dhmh.state.md.us/AIDS/>

American Community Survey

http://www.census.gov/acs/www/Products/users_guide/index.htm

Baltimore City Health Department

<http://www.baltimorecity.gov/government/health/>

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, United States**Department of Health and Human Services**

<http://www.cdc.gov/brfss/>

Center for Cancer Surveillance and Control, Family Health Administration, Department of Health and Mental Hygiene

<http://fha.state.md.us/cancer/>

Center for Preventive Health Services, Family Health Administration, Department of Health and Mental Hygiene

<http://fha.state.md.us/cphs/>

Community Health Administration, Department of Health and Mental Hygiene

<http://www.cha.state.md.us/>

Division of Sexually Transmitted Diseases, Epidemiology and Disease Control Program, Community Health Administration, Department of Health and Mental Hygiene

<http://www.cha.state.md.us/edcp/>

Maryland Adolescent Survey, 2004, Maryland State Department of Education

http://www.marylandpublicschools.org/MSDE/newsroom/special_reports/adolescent_survey.htm

Maryland Behavioral Risk Factor Surveillance System, Family Health Administration, Department of Health and Mental Hygiene

<http://www.marylandbrfss.org/cgi-bin/broker>

Monitoring the Future, "National Results on Adolescent Drug Use" Overview of Key Findings, 2005

<http://monitoringthefuture.org/pubs/monographs/overview2005.pdf>

National Immunization Program, Centers for Disease Control and Prevention

<http://www.cdc.gov/nip/coverage/NIS/01/toc-01.htm>

Small Area Health Insurance Estimates

<http://www.census.gov/hhes/www/sahie/>

The Maryland 2005 HIV/AIDS Annual Report, AIDS Administration, Department of Health and Mental Hygiene

<http://dhmh.state.md.us/AIDS/Data&Statistics/Statistics/2005AnnualReport.htm>

U.S. Census Bureau

<http://www.census.gov>

Vital Statistics Administration, Department of Health and Mental Hygiene

<http://www.vsa.state.md.us/>

Technical Notes

1. In comparisons between Maryland and the US using BRFSS survey data, Maryland numbers are percentages weighted to the Maryland population. The US numbers are median percentages based on the number of states which includes the District of Columbia and excludes territories in applicable years.

2. The Small Area Health Insurance Estimates (SAHIE) methodology estimates the number of people with health insurance coverage. The method is a mixed effects linear regression, where the log proportion insured is modeled as a linear combination of several predictors, mostly administrative records. The proportion insured in the dependent variable is a 3-year average of county-level observations from the Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS). Although we use only the approximately 1,200 counties with CPS ASEC sample cases to estimate the equation, we estimate insurance coverage for all 3,140 counties in 2000. The width of the confidence intervals used in the Experimental Small Area Health Insurance Estimates by County on page 14 for the number of insured and number of uninsured are the same. This follows from the fact that the two numbers must add up to a known population. A random deviation in one must thus be mirrored exactly in the other, so a measure of variability like the standard of deviation must be the same. For certain counties the lower confidence bound may be less than zero. Due to rounding, the sum of the county estimates within a state may not equal the state estimate and the sum of the state estimate may not equal the national estimate from the Annual Social and Economic Supplement of the Current Population Survey. More details about the methodology of the SAHIE can be found at <http://www.census.gov/hhes/www/sahie/methods/methods.html>.

3. Coronary Heart Disease (CHD), as defined by the Centers for Disease Control and Prevention in the *Healthy Maryland Chart Book 2002* used ICD-9 codes for hypertensive heart disease (I11) and ischemic heart disease (I20-I25). The previous version of this publication used ICD-9 codes 402, 410-414, and 429.2, which are comparable to the category codes published in the National Vital Statistics Report, Vol. 49, No.8, September 21, 2001.

4. The Maryland Adolescent Survey (MAS) is modeled on the Monitoring the Future (MTF) study. The national estimates for any illicit drug use in the past 30 days in the MTF study includes: marijuana, LSD, other Hallucinogens, crack, other cocaine, heroin, or any narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor's orders. The state estimates from the MAS include any drug other than alcohol or tobacco.

5. Although the data source for tobacco use in this publication is the BRFSS, there is also Maryland tobacco data available for smoking prevalence from the FY 2001 and 2003 Cigarette Restitution Fund Reports and the Maryland Tobacco Surveys. These sources were not used because the data were not as current as the BRFSS, despite the fact that data from these publications are more commonly used as tobacco use benchmarks.

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Amy A. Bergmann
Epidemiologist
Epidemiology and Disease Control Program
Division of Communicable Disease Surveillance
Maryland Department of Health & Mental Hygiene

Jennifer English
Programmer Analyst
Information System Division
Information Resources Management Administration
Maryland Department of Health and Mental Hygiene

Jennifer Lenoci-Edwards
Maryland Immunization Registry Coordinator
Epidemiology and Disease Control Program
Community Health Administration
Maryland Department of Health and Mental Hygiene

Robert L. Hayman, Ph.D.
Manager, Data Production Unit
Vital Statistics Administration
Maryland Department of Health and Mental Hygiene

Brenna Hogan
Epidemiologist
Center for Preventive Health Services
Family Health Administration
Maryland Department of Health and Mental Hygiene

Helio Lopez
BRFSS Coordinator
Center for Preventive Health Services
Family Health Administration
Maryland Department of Health and Mental Hygiene

Greg Reed
Chief of Immunization
Epidemiology and Disease Control Program
Division of Communicable Disease Surveillance
Maryland Department of Health & Mental Hygiene

Hal Sommers
Research Statistician
Vital Statistics Administration
Maryland Department of Health and Mental Hygiene

M. Nolana Woolfork
Epidemiologist
Center for Surveillance and Epidemiology
AIDS Administration
Maryland Department of Health and Mental Hygiene



Family Health Administration

DEPARTMENT OF HEALTH AND MENTAL HYGIENE