



**Report Card of
Community Health Indicators**

March 2001

Building Healthier Communities

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Message from the County Executive



The Anne Arundel County Health Department understands the key ingredients necessary for creating a healthy community. Their mission is to preserve, protect and promote the health of all county residents. To that end, they have created an effective system of partnerships between residents and the health care community, businesses, community and faith organizations, and government. This coalition results in a significant reduction of injury and illness.

This report highlights areas of accomplishment in the health of Anne Arundel County residents and was compiled by the Department of Health. I am especially proud of the progress this community has made in the reduction of smoking, a leading health hazard to all our citizens, but especially our youth.

This is a valuable resource filled with information that positively impacts the quality of life in our community. I encourage you to use it to learn how to improve your own family's health and well being.

Warmest regards,

A handwritten signature in black ink that reads "Janet S. Owens". The signature is written in a cursive style.

Janet S. Owens
County Executive

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Demographics

	Anne Arundel	Maryland	U.S.
Population*	480,483	5,171,634	272,690,813
Male population*	241,770	2,513,133	133,276,559
Female population*	238,713	2,658,501	139,414,254
Percent White population*	81.3%	67.5%	82.4%
Percent Black population*	15.7%	28.1%	12.8%
Percent Asian/Pacific Islander population*	2.6%	4.0%	4.0%
Percent Amer. Ind./Esk./Aleut. population*	0.4%	0.3%	0.9%
Percent Hispanic origin*	2.5%	3.9%	11.5%
Percent Population under 18 years old*	25.5%	25.3%	25.7%
Percent Population 65 years old and over*	10.0%	11.5%	12.7%
Persons below poverty, percent^	5.3%	9.5%	13.3%
Children below poverty, percent^	9.7%	14.9%	19.9%
Unemployment rate:			
MD & US (Dec 2000); AA (2000)	3.0%	3.7%	4.0%

*1999 estimate

^1997 model-based estimate

Data Sources: U.S. Census Bureau, U.S. Bureau of Labor Statistics,
Anne Arundel County Planning & Zoning.

Health Indicators

With Maryland and US Comparisons

Mortality Risk*	Anne Arundel County 1996-98	State of Maryland 1996-98	U.S. 1996-98
All Causes	897.2	921.3	888.2
Coronary Heart Disease	200.2	212.7	216.2
Stroke	62.9	60.1	61.5
Suicide	10.9	9.9	11.4
Homicide	2.7	11.0	7.1
All Cancer	226.9	219.9	205.6
Female Breast Cancer	32.0	31.5	28.7
Lung Cancer	72.1	62.8	58.1
Motor Vehicle	12.8	12.7	15.8

Child Health	Anne Arundel County 1999	State of Maryland 1999	U.S. 1998
Births to Women <18 years old	2.8%	3.9%	4.6%
Infant Mortality - Non White	12.9	13.2	11.8
Infant Mortality - White	5.8	5.2	6.0
1st Trimester Prenatal Care	90.8%	87.0%	82.8%
Low Birth Weight	7.3%	9.1%	7.6%

Infectious Diseases**	Anne Arundel County 1999	State of Maryland 1999	U.S.^
HIV rate (newly reported cases)	9.4	40.8	NA
Hepatitis B	3.7	2.9	NA
Measles	0	0	74
Syphilis	2.7	6.7	3.2
Tuberculosis	3.3	5.7	6.8
Lyme Disease	24	17.4	17.4
Gonorrhea	60	201	123
Chlamydia	131	261	NA

NA: Not Available

*3-year average age-adjusted rates, adjusted to the 2000 standard population

^Most Recent Year Available

U.S. Lyme disease rate (in endemic states)

Data Source: Maryland Vital Statistics Reports, Division of Health Statistics, Maryland DHMH; Centers for Disease Control and Prevention; Communicable Disease Program, Anne Arundel County Department of Health. Maryland AIDS Administration, MD DHMH.

Health Indicators

Anne Arundel County with the Healthy People 2010 Targets

Mortality Risk*	Anne Arundel County 1996-98	Healthy People 2010 Target
All Causes	897.2	NA
Coronary Heart Disease	200.2	166.0
Stroke	62.9	48.0
Suicide	10.9	5.0
Homicide	2.7	3.0
All Cancer	226.9	159.9
Female Breast Cancer	32.0	22.3
Lung Cancer	72.1	44.9
Motor Vehicle	12.8	9.2

Child Health	Anne Arundel County 1999	Healthy People 2010 Target
Births to Women <18 years old	2.8%	4.3%
Infant Mortality - Non White	12.9	4.5
Infant Mortality - White	5.8	4.5
1st Trimester Prenatal Care	90.8%	90.0%
Low Birth Weight	7.3%	5.0%

Infectious Diseases**	Anne Arundel County 1999	Healthy People 2010 Target
HIV rate (newly reported cases)	9.4	NA
Hepatitis B	3.7	NA
Measles	0	0
Syphilis	2.7	0.2
Tuberculosis	3.3	1
Lyme Disease	24	9.7
Gonorrhea	60	19
Chlamydia	131	NA

NA: Not Available

*3-year average age-adjusted rates, adjusted to the 2000 standard population

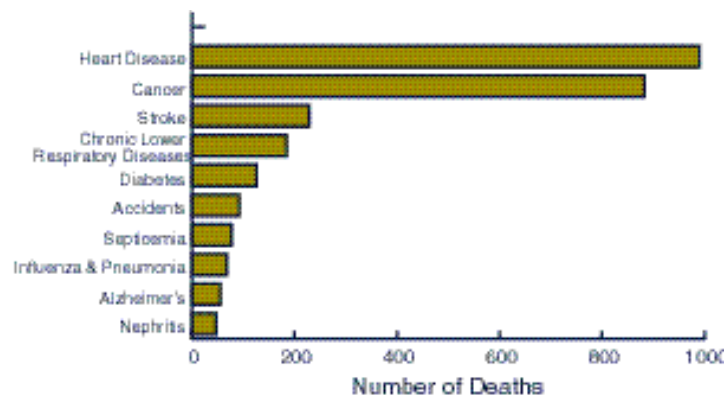
Infant Mortality Rate: Infant deaths per 1,000 live births

**Rates per 100,000 population; Measles (number of cases).

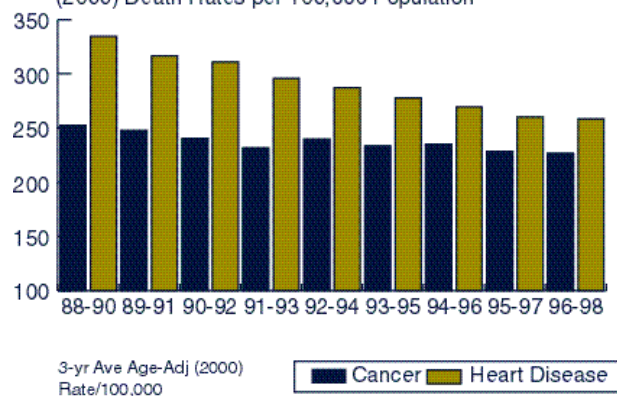
Data Source: Maryland Vital Statistics Reports, Division of Health Statistics, Maryland DHMH; Centers for Disease Control and Prevention; Communicable Disease Program, Anne Arundel County Department of Health. Maryland AIDS Administration, MD DHMH.

Leading Causes of Death

In 1999, the 10 leading causes of death in Anne Arundel County were heart disease, cancer, stroke, chronic lower respiratory diseases, diabetes, accidents, septicemia, influenza and pneumonia, Alzheimer's, and nephritis (kidney disease). Although there have been improvements in the death rates for heart disease and cancer, these two causes are responsible for more than 50% of all deaths in Anne Arundel County.



Leading Causes of Death in Anne Arundel County 1988 to 1998
Three-Year Average Age-Adjusted*
(2000) Death Rates per 100,000 Population



Data Source Top Graph: Death certificate data, Division of Health Statistics, Maryland DHMH.
Data Source Bottom Graph: CDC
*Based on Year 2000 population projections.

Leading Causes of Hospitalization by Age Group Anne Arundel County, 1997-99

Ages 0-4

1. Pneumonia/Influenza
2. Acute Bronchitis and Bronchiolitis
3. Certain Conditions Originating in the Perinatal Period

Ages 5-9

1. Unintentional Injuries
2. Asthma
3. Pneumonia/Influenza

Ages 10-14

1. Unintentional Injuries
2. Appendicitis
3. Asthma

Ages 15-17

1. Complications of Pregnancy, Childbirth, and the Puerperium
2. Unintentional Injuries
3. Mental Disorders and Substance Abuse^

Ages 18-44

1. Complications of Pregnancy, Childbirth, and the Puerperium
2. Unintentional Injuries
3. Mental Disorders and Substance Abuse^

Ages 45-64

1. Heart Disease
2. Unintentional Injuries
3. Cancer

Age 65+

1. Heart Disease
2. Unintentional Injuries
3. Stroke

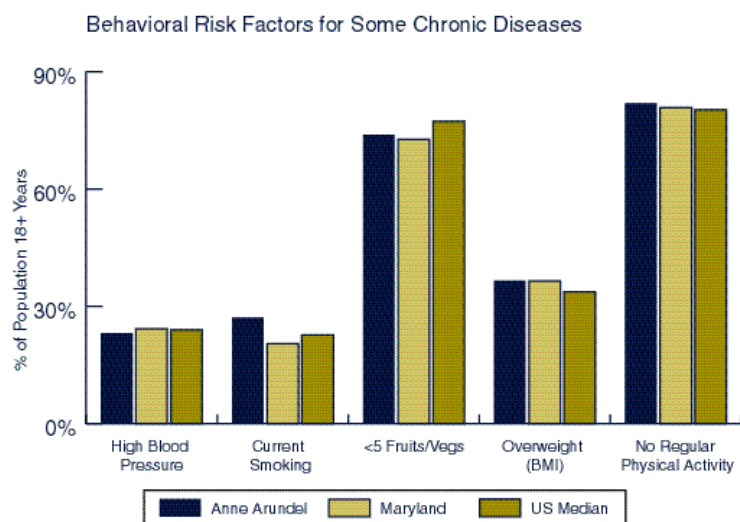
^Does not include admissions to psychiatric institutions or substance abuse treatment facilities

Source: Hospital Discharge Data, HSCRC, DHMH.

Chronic Disease Risk Factors

Reducing major risk factors such as smoking, increased control of hypertension, and medical advances have helped to reduce deaths from heart disease and stroke.

Pursuing a healthy lifestyle - regular exercise, weight control and improving the diet - also reduces the risk for premature death or illness.



Most recent two-year aggregate periods available. (U.S.: Fruits/Vegs, No Physical Activity - 1999)
 Body Mass Index (BMI) ≥ 25.0 and ≤ 29.9
 Regular Physical Activity: 5+ times/week, 30+minutes/session, regardless of intensity.

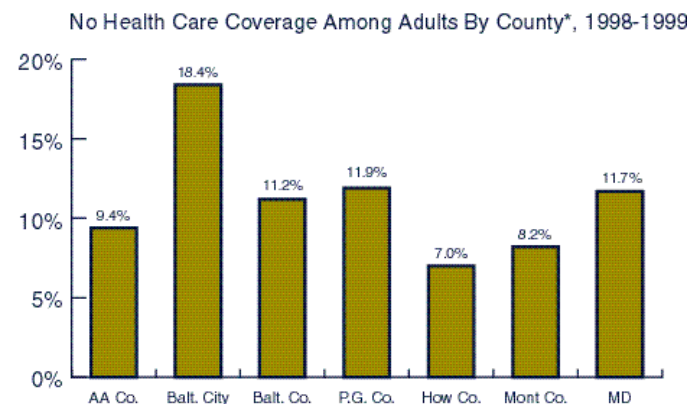
Data Source: Maryland Behavioral Risk Factor Surveillance System, 1997-99 Survey Data, Department of Health and Mental Hygiene, Community and Public Health Administration, Office of Public Health Assessment.

Uninsured

There are approximately 30,000 adults in Anne Arundel County without health insurance coverage.

Many low income working parents are at high risk of being uninsured. Many cannot afford the coverage provided through their employers. Also, many do not qualify for publicly-funded health insurance.

As the welfare system continues to change, and more adults leave the welfare system, the number of uninsured adults will increase.



*The BRFSS employs a state-wide sampling strategy. Therefore, county respondents may not have been drawn from a sample representative of the respective county.

Data Source: Maryland Behavioral Risk Factor Surveillance System, Department of Health and Mental Hygiene, Community and Public Health Administration, Office of Public Health Assessment.

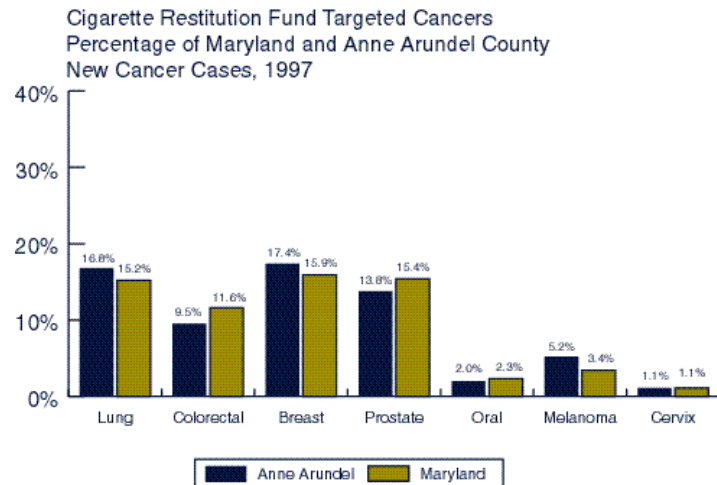
Cancer Incidence

Distribution of New Cases of Cancer (Selected Sites)

Cancer is the second leading cause of death in Anne Arundel County.

As a component of the Cigarette Restitution Fund Program (under the master tobacco settlement agreement), seven cancers were targeted as priorities for fiscal year 2001. They are lung, colorectal, breast, prostate, oral, melanoma, and cervical cancers.

These cancers were selected because they are preventable, detectable and treatable at an early stage or because they largely contribute to mortality.



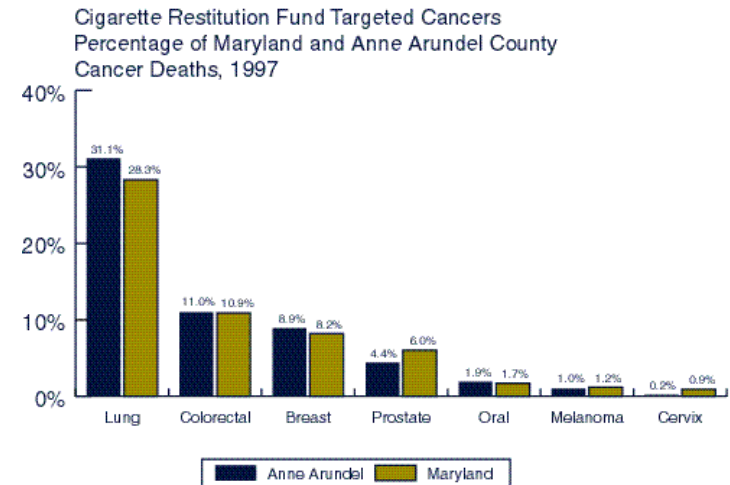
Source: Maryland DHMH, Baseline Cancer Report, Cigarette Restitution Fund Program, Cancer Prevention, Education, Screening and Treatment Program, August 2000.

Cancer Mortality

Distribution of Deaths from Cancer (Selected Sites)

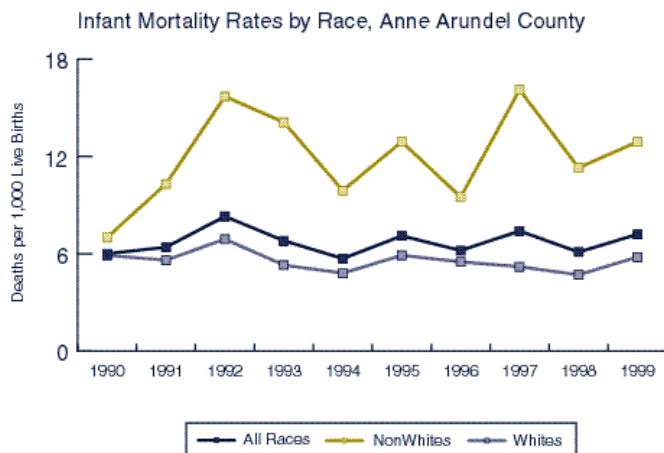
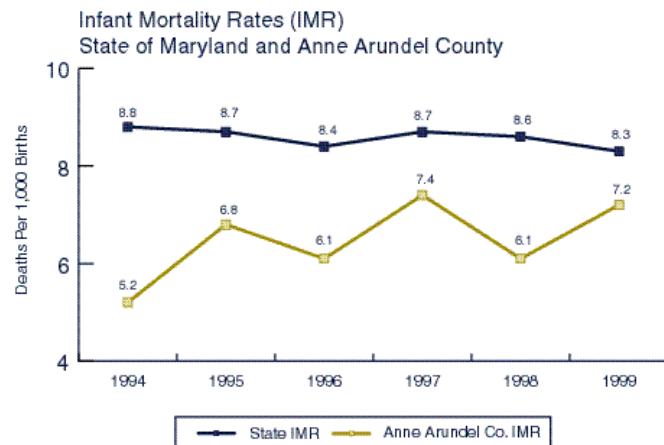
More than half of all cancer deaths in Anne Arundel County are from lung and bronchus, colorectal, breast and prostate cancers. Almost one-third of all cancer deaths in Anne Arundel County are from lung and bronchus cancer alone.

Smoking is the leading preventable cause of lung cancer deaths.



Source: Maryland DHMH, Baseline Cancer Report, Cigarette Restitution Fund Program, Cancer Prevention, Education, Screening and Treatment Program, August 2000.

Infant Health



Data Source: Maryland Vital Statistics Reports, Division of Health Statistics
Anne Arundel County Birth Certificate and Death Certificate Data.

Infant Health Indicators

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999

Low Birth Weight per 100 births[^]

Anne Arundel	6.5	5.9	6.7	6.8	6.3	6.8	7.8	8.3	7.0	7.3
Maryland	7.8	8.1	8.3	8.4	8.4	8.5	8.6	8.8	8.7	9.1
United States	7.0	7.1	7.1	7.2	7.3	7.3	7.4	7.5	7.6	NA

Late or No Prenatal Care per 100 Births^{**}

Anne Arundel	1.6	1.7	1.6	1.8	1.6	1.6	1.8	1.5	2.2	1.9
Maryland	3.7	3.5	3.4	3.6	3.4	3.0	2.6	2.3	2.8	3.1
United States	6.1	5.8	5.2	4.8	4.4	4.2	4.1	4.0	3.9	NA

Infant Mortality - Non-Whites per 1,000 live births

Anne Arundel	7.0	10.3	15.7	14.1	9.9	12.9	9.5	16.1	11.3	12.9
Maryland	15.8	13.4	15.5	16.1	13.4	13.2	12.5	13.7	13.3	13.2
United States	15.5	15.1	14.4	14.1	13.5	12.6	11.8	11.4	11.8	NA

Infant Mortality - Whites per 1,000 live births

Anne Arundel	5.9	5.6	6.9	5.3	4.8	5.9	5.5	5.2	4.7	5.8
Maryland	6.4	6.7	6.7	6.1	6.0	6.1	5.9	5.3	5.5	5.2
United States	7.6	7.3	6.9	6.8	6.6	6.3	6.0	6.0	6.1	NA

Births to Women under 18 years old per 100 births

Anne Arundel	2.8	2.6	2.4	3.0	2.9	3.1	3.1	2.9	2.9	2.8
Maryland	3.9	4.1	3.9	4.2	4.3	4.4	4.3	4.2	3.9	3.9
United States	4.7	4.9	4.9	5.1	5.3	5.3	5.1	4.9	4.6	NA

[^]Defined as <2500 grams

^{**} Defined as 3rd trimester prenatal care or no care before birth.

NA Not Available

Data Source: Maryland Vital Statistics Reports, Division of Health Statistics, DHMH;
Health, United States, 2000, NCHS, CDC.

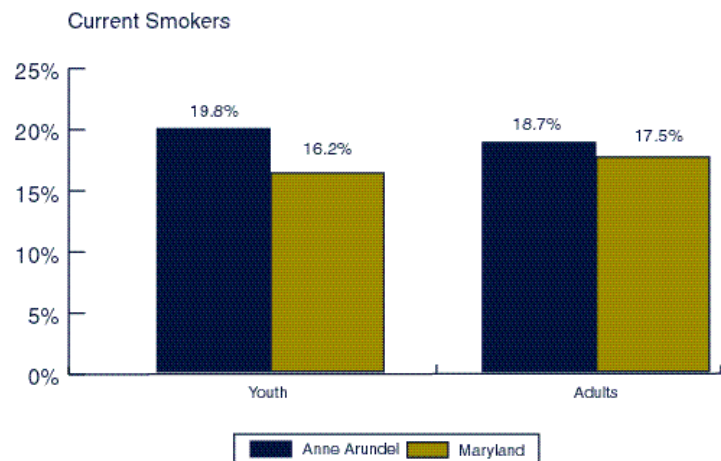
Tobacco Use

Tobacco use is still our number one Public Health problem.

Smoking is the most preventable cause of disease and premature death. It increases the risk for heart disease, stroke, lung cancer, and chronic lung diseases.

In 2000, 19.8% of adolescents and 18.7% of adults surveyed in Anne Arundel County were current smokers. In the same year, 16.2% of adolescents and 17.5% of adults surveyed in Maryland were current smokers.

Nearly half of middle school and high school students are exposed to secondhand smoke.



Data Source: Maryland Baseline Tobacco Study, Maryland Cigarette Restitution Fund Program, Maryland DHMH.

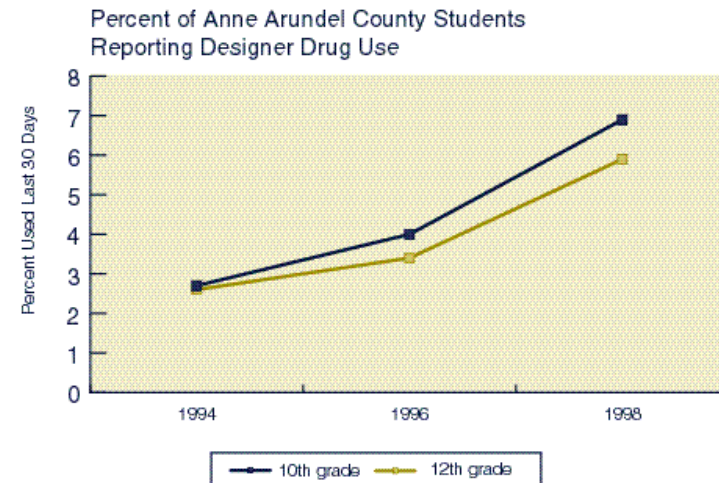
Substance Abuse - Ecstasy

Ecstasy has been reported as an emerging drug of abuse in 18 Maryland jurisdictions including Anne Arundel County and is spreading to the general teen and young adult population.

Ecstasy or MDMA (methylenedioxyamphetamine) is a stimulant that combines the properties of methamphetamines or "speed" with those of hallucinogens. Along with producing elevated body temperatures and dehydration, it also causes elevated serotonin levels in the brain, which can lead to long-term depression or harm thought and memory functions.

The biennial Maryland Adolescent Survey has shown an increase in the use of designer drugs, in which ecstasy is included, among 10th and 12th graders. This increase over a four-year period is almost two-fold.

Alcohol, tobacco, and marijuana are still the primary substances abused by teens and young adults; however, the popularity and availability of ecstasy is increasing.



Data Source: Maryland Adolescent Survey; Center for Substance Abuse Research (CESAR); University of Maryland, College Park

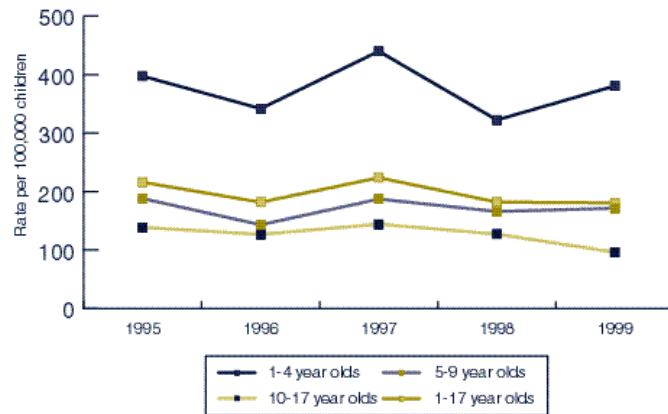
Asthma

The hospitalization rates for asthma among children in Anne Arundel County have decreased by 16% over a five-year period. This trend is not significant but is quite different from the trend observed at the national level in which asthma morbidity overall is increasing.

These data, extracted from the hospital discharge data set, are summarized by age group. Also of note, the asthma cases counted in this summary are those for which asthma was coded as the primary diagnosis. The cases may include multiple visits for patients.

There have been no significant changes in hospitalization rates for asthma when analyzed by age group. The rates are relatively steady. There are, however, differences between age groups. For the five-year period, for children aged 1-4 years, the hospitalization rate for asthma was 2.2 times higher than the rate for children aged 5-9 years and almost 3 times higher than the rate for children aged 10-17.

Hospitalization rates for asthma* among children aged 1-17 years, by age group
Anne Arundel County, Maryland, 1995-1999



*Asthma as the principal diagnosis

Data Source: Hospital Discharge Data, HSCRC, DHMH.

Pneumonia & Influenza

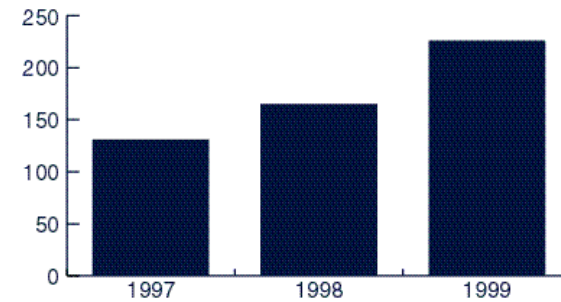
Pneumonia is an infection of one or both lungs, primarily caused by a virus or bacteria.

Symptoms of pneumonia include cough, chest pain, severe shaking, chills, fever, shortness of breath and general muscle aches. In children, the most prominent symptoms include persistent cough, and increased respiration rate.

Within a three-year period, 1997-1999, the number of pneumonia or influenza hospital admissions among children under the age of five almost doubled. More than one-third of these admissions were among children less than one year of age.

Vaccinations for pertussis and Haemophilus influenzae type b (Hib) can help to reduce the number of cases of childhood pneumonia. Living in a smoke-free environment can also prevent some pneumonia cases.

Hospital Admissions for Pneumonia & Influenza
Anne Arundel County, Children Ages <5, 1997-99



Data Source: Hospital Discharge Data, HSCRC.

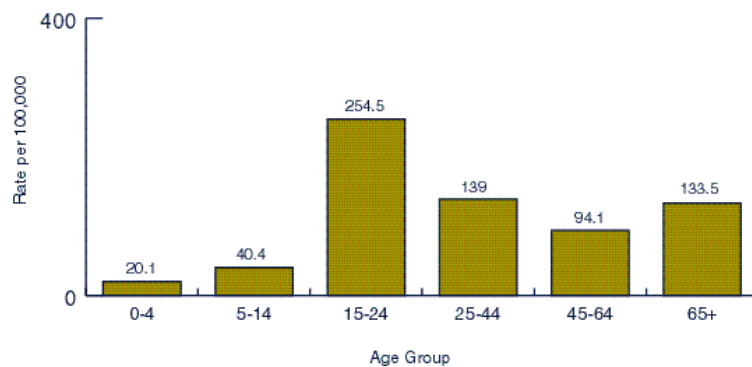
Unintentional Injuries

Motor Vehicle Accidents

Unintentional injury was the 6th leading cause of death in 1999 following heart disease, cancer, stroke, chronic lower respiratory diseases, and diabetes.

Motor vehicle accidents were the leading cause of unintentional injury death for 1996-98, and the 4th leading cause of injury-related hospitalization for 1997-99. Hospitalization rates for motor vehicle accident injuries are highest in the age group 15 to 24 years.

Hospitalization Rates for Unintentional Injuries (Motor Vehicle Accidents) Among Anne Arundel County Residents, 1997-99



Data Source: Hospital Discharge Data, HSCRC; U.S. Census Bureau.

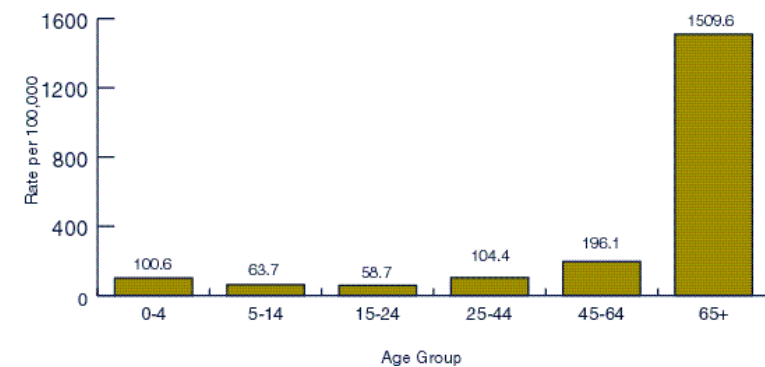
Unintentional Injuries

Falls

Among persons 65 years and older, falls are the most common cause of hospital admissions for injuries. This is also true for the 5-14 year age group (97-99).

Also among older adults, falls are the second most common cause of unintentional injury death, after motor vehicle accident deaths (96-98).

Hospitalization Rates for Unintentional Injuries (Falls) Among Anne Arundel County Residents, 1997-99



Data Source: Hospital Discharge Data, HSCRC; U.S. Census Bureau.

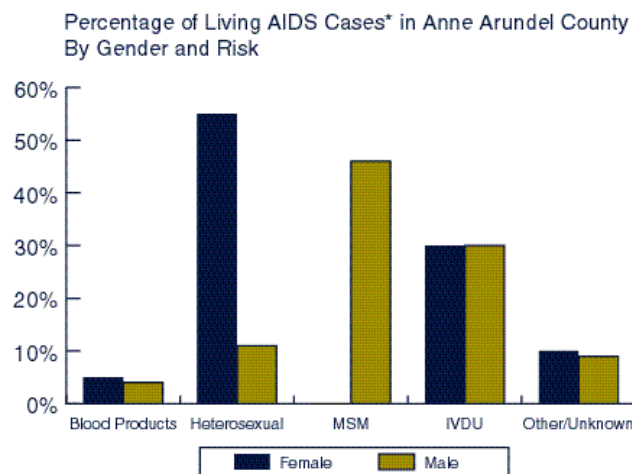
HIV/AIDS

Due to new treatment options and prevention efforts, the number of new AIDS cases has declined. Nevertheless, HIV/AIDS continues to cause a significant amount of illness, disability, and death.

The trend in HIV/AIDS transmission has changed over time. The most dramatic increase has been the number of HIV/AIDS cases among women, mostly through heterosexual exposure.

New cases of AIDS, however, do not provide an accurate indication of the trend of HIV transmission. Many more people are living with HIV and not progressing to AIDS.

Drug use has the greatest impact on the increase in the number of new HIV cases from heterosexual exposure. Many of the cases seen among women are due to sexual contact with an intravenous drug user or sex in exchange for drugs or money.



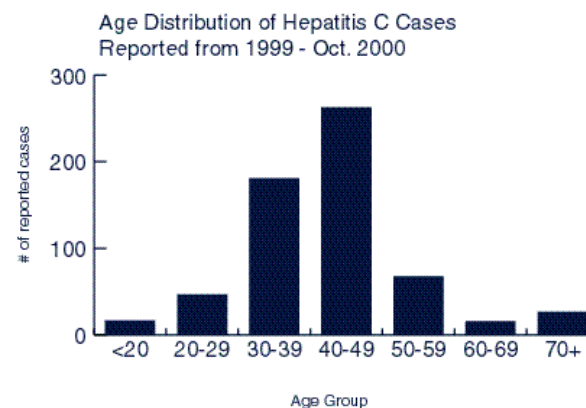
MSM: Men who have sex with men
IVDU: Intravenous drug use

*Cases as of 12/00
Data Source: Communicable Diseases Program,
Anne Arundel County Department of Health.

Hepatitis C

Hepatitis C viral (HCV) infection has emerged as a major health care problem in the United States today. It is the most common chronic bloodborne infection in this country and it is the leading cause of chronic liver disease. End stage liver disease related to HCV infection has become the leading cause for liver transplants, accounting for 30% of all liver transplants. Risk factors associated with transmission of HCV include blood transfusions (especially prior to 1992), injection drug use, employment (patient care or lab setting), exposure to sexual partner or household member who has a history of hepatitis, multiple sex partners, low socioeconomic status and transmission during pregnancy.

Based on 1999 U.S. Census Bureau population figures and the CDC estimated prevalence rate of 1.8%, it is estimated that approximately 8,649 Anne Arundel County residents are HCV positive. With improved surveillance, the yearly number of reported cases of HCV in Anne Arundel County has steadily increased. In 1997, there were 19 cases, in 1998, 90 cases, in 1999, 282 cases, in 2000 as of 11/08 there were 469 cases and the projected number of cases for 2001 is 700. Therefore, approximately 90% of HCV positive persons in Anne Arundel County are either undiagnosed or unreported.

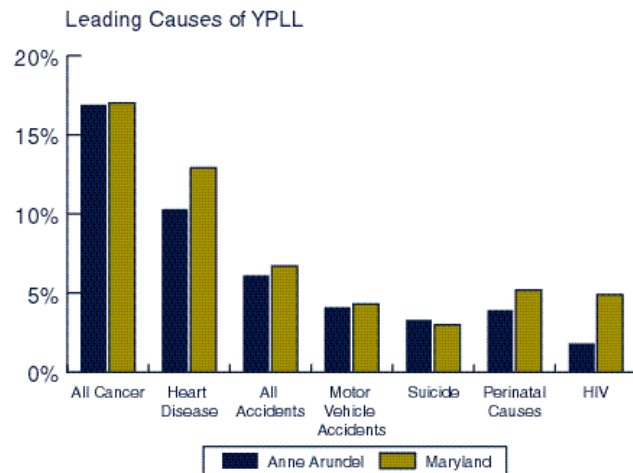


Source: "Report to the Deputy Health Officer on the Increasing Number of Chronic Hepatitis C Infections and Hepatitis C Related Chronic Diseases in Anne Arundel County", Karyn L. Berry, MD, MPH, November 29, 2000.

Years of Potential Life Lost

Years of Potential Life Lost Before Age 75, 1996-98

Years of Potential Life Lost (YPLL) is a measure of premature death. This indicator helps focus on deaths of younger individuals whose lives may have been extended by prevention activities.

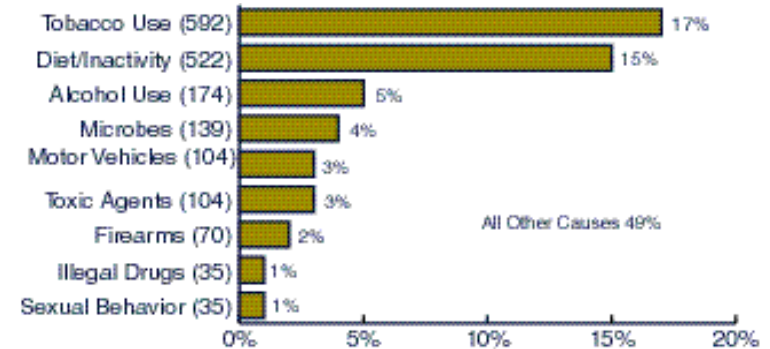


Data Source: Division of Health Statistics, Maryland DHMH.

What Really Kills Anne Arundel Countians?

Top Nine Underlying Causes of 3,480 Deaths in 1999

Smoking, unhealthy diets and lack of exercise cause one-third of the deaths in the County.



Source: Healthy Maryland 2000 (1996), adapted for Anne Arundel County; Anne Arundel County Death Certificate Data, Maryland Division of Health Statistics, DHMH.