

Improving Health All Hands on Deck



May 2008 Report Card of Community Health Indicators

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County Executive's Message



As your County Executive, I am pleased to present this annual report of health indicators for Anne Arundel County residents. This widely read publication is a valuable resource that provides information about the County's progress in health and quality-of-life issues.

Good health is a priority with my Administration. Through my initiatives, the County continues to focus on accessible health services, cancer prevention and treatment, environmental issues and innovative partnerships to keep our communities healthy and safe. I will continue to support the Department of Health's mission to preserve, protect and promote the health of all Anne Arundel County residents.

Respectfully,

John R. Leopold
County Executive

Health Officer's Message



Protecting and improving public health is everyone's concern. What are the priorities for Anne Arundel County? Our residents come from different communities, age groups and backgrounds and have very different views on the most important health problems.

This report provides the facts upon which health priorities can be developed. It highlights the importance of an "all-hands-on-deck" approach in building strong and viable partnerships to make positive health changes in Anne Arundel County.

Along with identifying major obstacles to our better health, this report is designed to encourage sustained improvement, stimulate innovative strategies and measure progress toward shared goals.

It is up to all of us—through our communities, our jobs, our schools, our places of worship and our government—to use these indicators to create solutions that will improve the health of Anne Arundel County residents.

Sincerely,

A handwritten signature in black ink that reads "Frances Phillips". The signature is written in a cursive, flowing style.

Frances B. Phillips, RN, MHA
Anne Arundel County Health Officer



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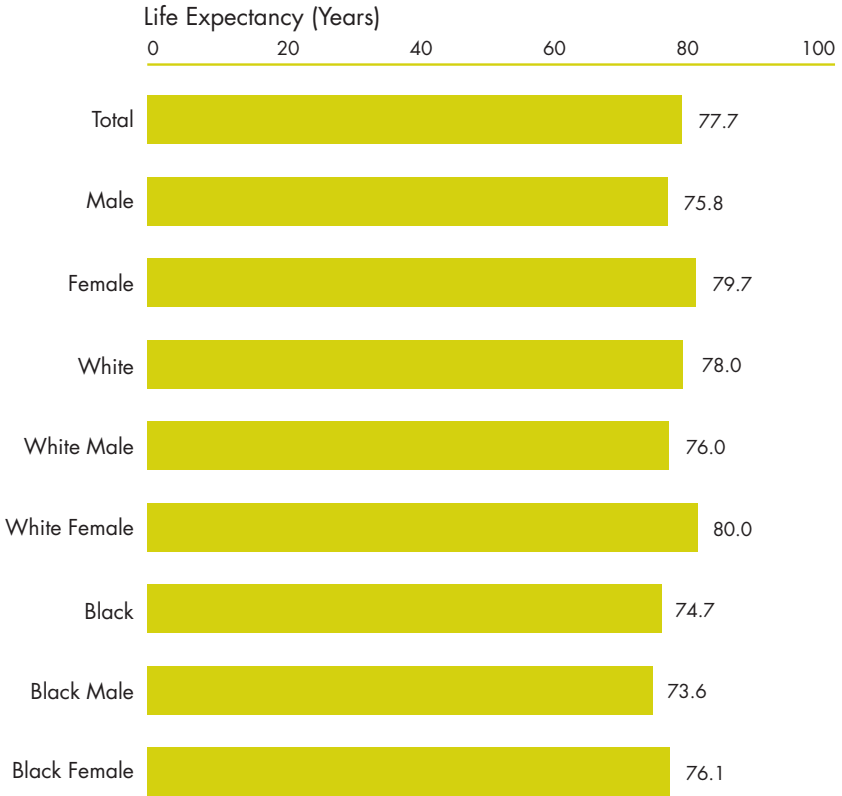
Demographics

2006 Estimates	Anne Arundel	Maryland	U.S.
Population			
Total Population	509,300	5,615,727	299,398,484
% change 4/1/00 - 7/1/06	4.0%	6.0%	6.4%
Male	49.6%	48.4%	49.3%
Female	50.4%	51.6%	50.7%
Race, Age and Ethnicity			
White	79.9%	63.6%	80.1%
Black	15.0%	29.5%	12.8%
Asian	3.0%	4.9%	4.4%
American Indian/Alaskan Native	0.3%	0.3%	1.0%
Hispanic, any race	3.7%	6.0%	14.8%
Under 5 Years Old	6.6%	6.6%	6.8%
Under 18 Years Old	24.1%	24.2%	24.6%
65 Years and Over	10.8%	11.6%	12.4%
Median Age	37.6	37.3	36.4
Household and Economic Indicators			
Median Household Income (2006 inflation-adjusted \$)	\$79,950	\$66,600	\$48,451
Families below poverty level	2.7%	5.3%	9.8%
Individuals below poverty level	4.6%	7.8%	13.3%
Civilian labor force, unemployed	3.9%	5.3%	6.4%

Data Source: American Community Survey, U.S. Census Bureau; Maryland State Data Center, Maryland Department of Planning.

Life Expectancy

Average Length of Life by Race and Gender,
Anne Arundel County, 2006



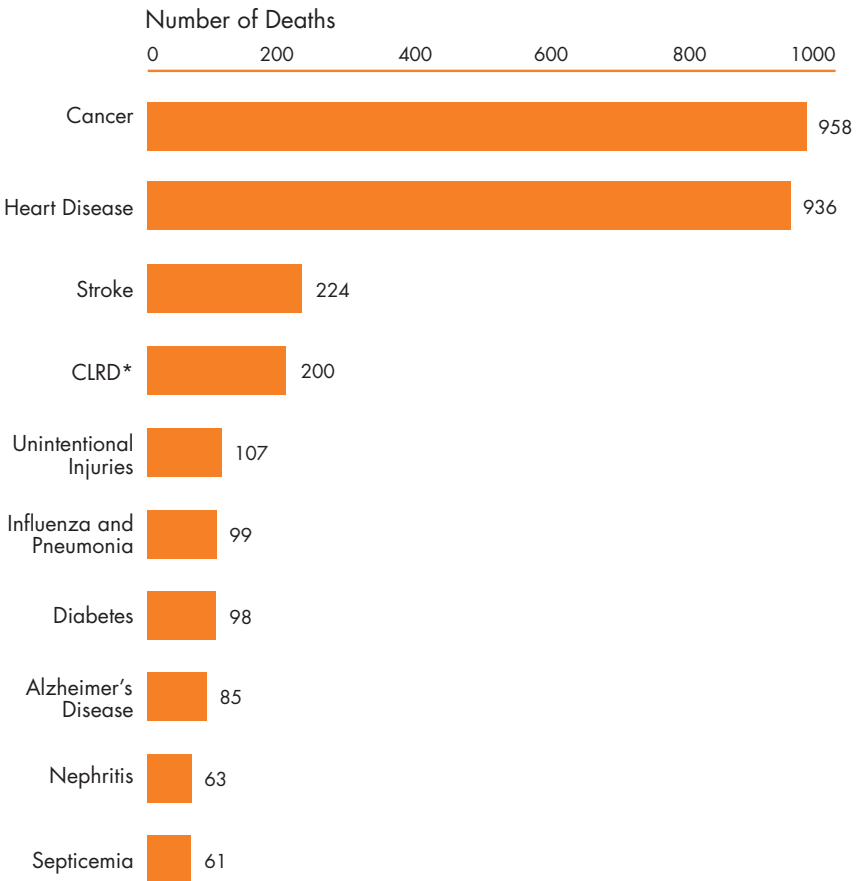
Data Source: Division of Health Statistics, Maryland Department of Health and Mental Hygiene (MD DHMH).



Selected Health Indicators

Leading Causes of Death

Leading Causes of Death, Anne Arundel County, 2006



*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.

Data Source: Death Certificate Data, Division of Health Statistics, MD DHMH.

Leading Causes of Death by Race

Leading Causes of Death by Race, Anne Arundel County, 2004-2006

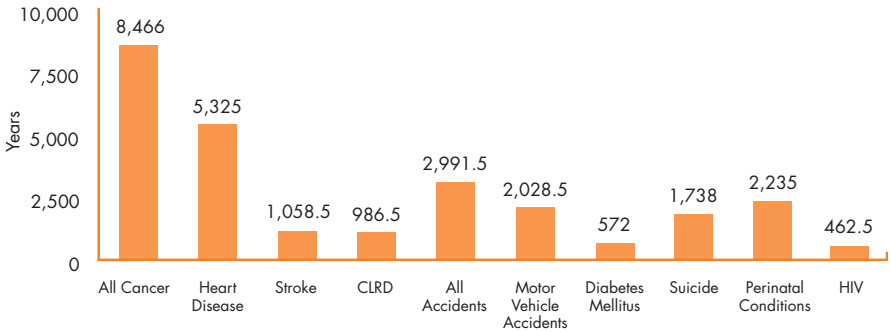
Whites	Blacks
1. Cancer	1. Cancer
2. Heart Disease	2. Heart Disease
3. Stroke	3. Stroke
4. Chronic Lower Respiratory Diseases*	4. Diabetes
5. Diabetes	5. Unintentional Injuries
6. Unintentional Injuries	6. Septicemia
7. Influenza/Pneumonia	7. Homicide
8. Alzheimer's Disease	8. Chronic Lower Respiratory Diseases*
9. Septicemia	9. Nephritis
10. Nephritis	10. AIDS

*Chronic lower respiratory diseases include both chronic obstructive pulmonary disease and asthma.
Data Source: Death Certificate Data, Division of Health Statistics, MD DHMH.

Years of Potential Life Lost

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.

Years of Potential Life Lost Before Age 75, Anne Arundel County, 2006 Selected Causes of YPLL

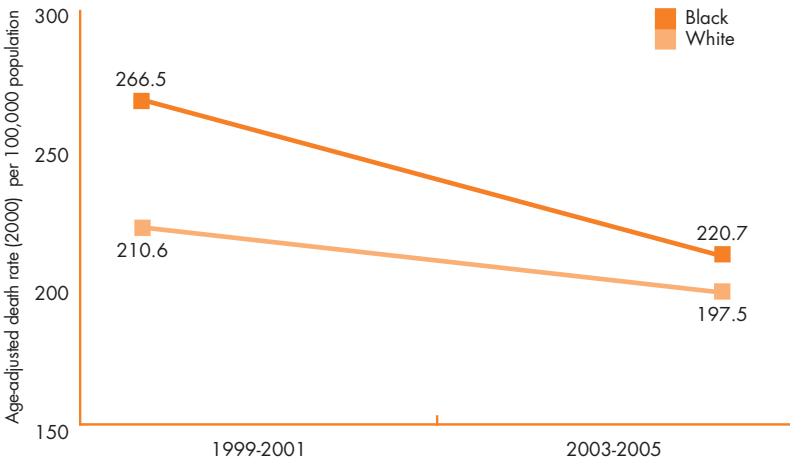


Data Source: Division of Health Statistics, MD DHMH.

Cancer Rates

Anne Arundel County currently ranks 12th among all Maryland jurisdictions in age-adjusted mortality rates for all types of cancer combined. Even though cancer is the number one cause of death in the County, there have been some improvements in the rate of death over time. Since 2000, with the introduction of various awareness and screening activities targeting minorities, the cancer mortality disparity has been cut in half.

Cancer Mortality Rates by Race, Anne Arundel County, 1999-2001 to 2003-2005



Data Source: Office of Minority Health and Health Disparities, MD DHMH.

Chronic Disease Risk Factors

The Centers for Disease Control and Prevention state that “poor health is not an inevitable consequence of aging.” Promotion and adoption of preventive measures can help reduce the potential for costly health problems, preserve health and improve quality of life.

Chronic Disease Death Rates & Prevalence

	Anne Arundel	Maryland	U.S.
All Causes Mortality*	805.7	789.0	798.8
Heart Disease Mortality*	201.7	205.7	210.3
All Cancer Mortality*	196.0	186.6	183.8
Stroke Mortality	53.7	45.9	46.6
CLRD Mortality*	43.1	34.9	43.2
Diabetes Mortality*	26.0	24.5	24.5
Diabetes Prevalence^	8.2%	7.4%	7.0%

*Age-adjusted (2000) death rates per 100,000 population, 2004-2006;
^2002-2006; U.S. 2005

Risk Factors

	Anne Arundel 2007	Maryland 2006	U.S. 2006
Current Smoking	17.0%	17.7%	20.1%
Obesity	24.3%	27.4%	27.8%
Overweight	39.2%	33.5%	33.9%
No leisure-time physical activity	17.0%	23.0%	24.2%
Fruits/Vegetables 5+ times/day*	30.6%	28.6%	23.2%

*Anne Arundel and Maryland: 2006; U.S.: 2005
Data Source: Maryland Vital Statistics Administration, MD DHMH; Center for Preventive Health Services, MD DHMH; Centers for Disease Control and Prevention; Anne Arundel County, Maryland and National Behavioral Risk Factor Surveillance Systems.

Infant Health Indicators

	2000	2001	2002	2003	2004	2005	2006
Number of Births (Mother's Race)							
Total	6,790	6,893	6,785	6,913	6,767	6,751	7,102
Whites	5,495	5,568	5,414	5,601	5,400	5,280	5,529
Blacks	1,022	1,001	1,026	1,021	1,054	1,114	1,169
Hispanic, any race	302	299	344	470	448	534	698
Low Birth Weight per 100 Births[^]							
Anne Arundel	6.9	7.7	8.3	8.2	8.1	8.3	9.1
Maryland	8.7	9.0	9.0	9.1	9.4	9.2	9.4
United States	7.6	7.6	7.8	7.9	8.1	8.2	8.3*
First Trimester Prenatal Care per 100 Births							
Anne Arundel	90.7	88.0	90.0	90.9	89.3	90.4	89.2
Maryland	86.4	83.7	84.1	83.7	82.3	81.3	80.4
United States	83.2	83.4	83.7	84.1	84.2	83.9	NA
Infant Mortality - All Races per 1,000 Live Births							
Anne Arundel	6.3	6.4	5.9	8.1	7.7	5.5	7.7
Maryland	7.4	8.0	7.6	8.1	8.5	7.3	7.9
United States	6.9	6.8	7.0	6.9	6.8	6.9	6.6*
Infant Mortality - Whites per 1,000 Live Births							
Anne Arundel	5.1	5.4	4.2	5.5	5.9	4.7	5.2
Maryland	4.7	5.5	5.4	5.4	5.6	4.7	5.7
United States	5.7	5.7	5.8	5.7	5.7	5.8	NA
Infant Mortality - Blacks per 1,000 Live Births							
Anne Arundel	12.7	14.0	13.6	22.6	18.0	8.1	21.4
Maryland	13.0	13.6	12.7	14.7	14.9	12.7	12.7
United States	14.1	14.0	14.4	14.0	13.8	13.7	NA
Births to Women Under 18 Years Old per 100 Births							
Anne Arundel	2.5	2.0	2.5	2.3	2.2	2.3	2.0
Maryland	3.6	3.4	3.3	3.0	3.0	2.9	2.9
United States	4.1	3.8	3.6	3.4	3.4	3.4*	NA

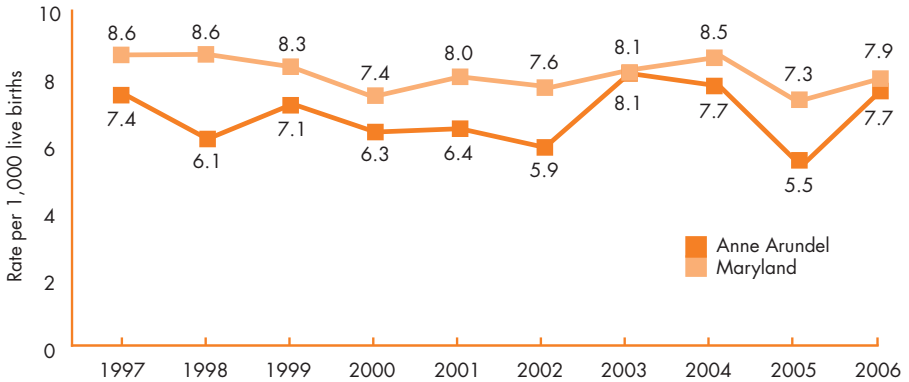
[^]Defined as <2,500 grams; *Preliminary; NA: Not Available

Data Source: Maryland Vital Statistics Reports, Division of Health Statistics, MD DHMH; National Center for Health Statistics, CDC.

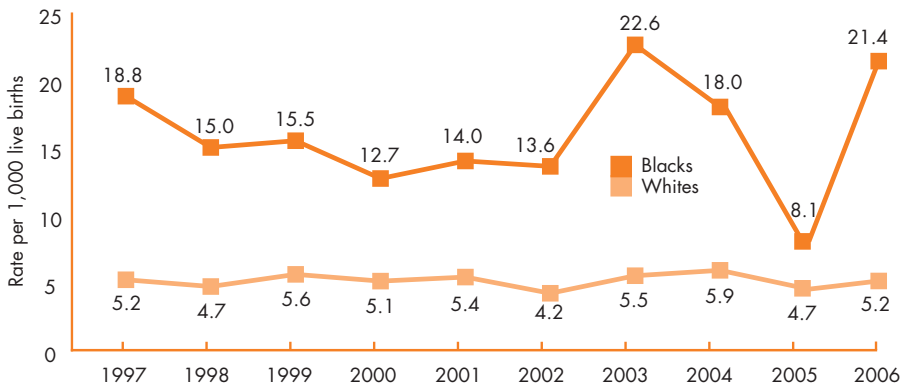
Infant Mortality

Studies suggest that the persistent race disparity in infant mortality is driven by poverty, racism and chronic disease. While prenatal care is essential to a greater chance of a positive outcome, increased access to health care and a focus on pre-pregnancy health may help to reduce the racial gap.

Infant Mortality Rates, Anne Arundel County and Maryland, 1997-2006



Infant Mortality Rates by Race, Anne Arundel County, 1997-2006

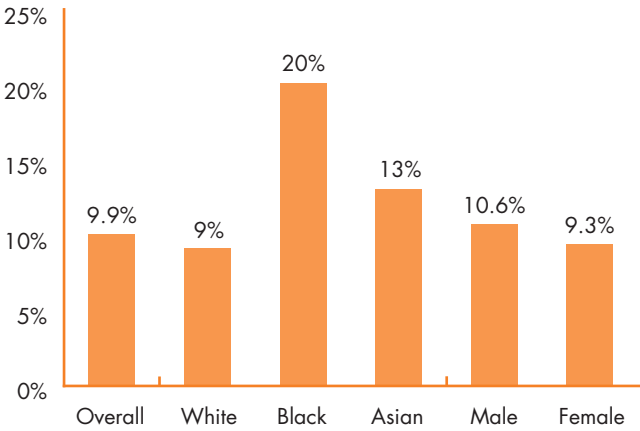


Data Source: Maryland Vital Statistics Reports, Division of Health Statistics, MD DHMH; National Center for Health Statistics, CDC.

Health Care Access

Improving access to affordable health care is essential to reducing health disparities. Among the non-elderly, twice as many blacks as whites lack the health care coverage necessary to support and preserve their health and wellness.

Anne Arundel County Non-elderly (Ages 18-64) Adult Residents Without Health Insurance, 2007



Data Source: Anne Arundel County Behavioral Risk Factor Survey.



Communicable Diseases

General Disease Reporting

Number of Cases of Selected Reportable Diseases in Anne Arundel County

	2003	2004	2005	2006	2007*	5-year Mean
Campylobacter	24	39	53	47	24	37
E. coli 0157:H7	2	4	3	3	2	3
Salmonella	75	77	84	67	101	81
Legionellosis	10	3	10	8	4	7
M. Marinum	5	14	11	5	13	10
M. Tuberculosis	13	6	15	19	9	12
Hepatitis A (infectious)	19	5	8	6	4	8
Hepatitis B - all types**	101	167	178	119	166	146
Hepatitis C - all types**	652	821	1,010	997	595	815
Encephalitis	4	5	9	9	4	6
Meningitis, bacterial	5	8	17	5	4	8
Meningitis, viral	47	83	57	29	28	49
Meningitis, meningococcal**	4	0	3	3	2	2
Streptococcus A	34	20	25	20	26	25
Streptococcus B	30	40	36	40	37	37
Streptococcus Pneumonia	66	56	69	65	62	64
Ehrlichiosis	0	1	1	2	2	1
Lyme Disease	74	74	114	160	183	121
Rocky Mountain Spotted Fever	2	8	9	13	14	9
Animal Rabies	20	23	26	18	14	20
Animal Exposures	1,173	1,274	1,341	1,395	1,273	1,291
Post-exposure treatments	131	106	99	127	71	107

*Provisional Data; **Types include: Acute, Chronic, Lab Report
 Data Source: Community Health Division, Anne Arundel County Department of Health.

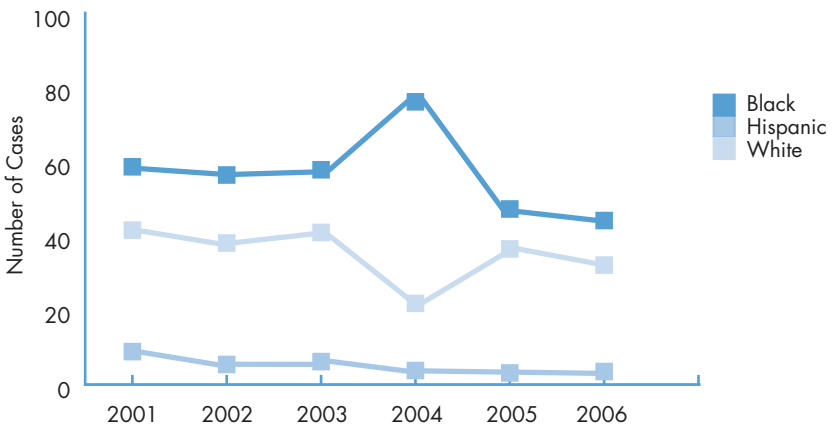
HIV/AIDS: Racial Disparities

New cases of HIV and AIDS in the United States, Maryland and Anne Arundel County continue to be highest in the black population. Even though blacks account for approximately 13% of the U.S. population, they account for almost half (49%) of the people who become infected with HIV/AIDS. In Anne Arundel County, blacks comprise 15% of the population yet represent 42% of new HIV/AIDS cases.

In the County, black women and men experienced racial disparities in both incident (new) cases of HIV/AIDS and prevalent (living) cases compared to the white population. In addition, black men who have sex with men (MSM) surpassed all other risk behavior groups contributing to new HIV/AIDS cases.

This racial disparity is driven by many factors, including individual risk behaviors, access to quality health care and complex social factors. These social factors include poverty, unstable housing, incarceration, substance abuse and stigma associated with sexual orientation within the black community. The disproportionate disease burden for black MSM when compared with other MSM suggests that public health practitioners must look not only at sexual risk behaviors but also at contributing social factors in order to reduce disease in this group.

Incident HIV and AIDS Cases by Race, Anne Arundel County, 2001-2006



Data Source: Community Health Division, Anne Arundel County Department of Health; Centers for Disease Control and Prevention.

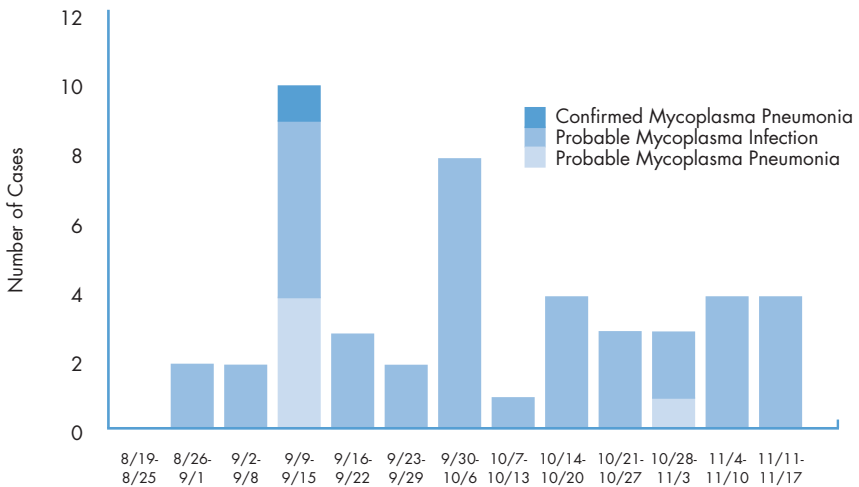
Mycoplasma Pneumonia

In September 2007, the Anne Arundel County Department of Health was alerted by an elementary school nurse to an increase in respiratory illness and possible pneumonia cases in several classrooms. The investigation yielded 40 cases of probable *Mycoplasma* infection, 5 cases of probable *Mycoplasma pneumoniae* and 1 laboratory confirmed *Mycoplasma* in a child with pneumonia. The outbreak affected 18 classes and every grade (pre-kindergarten through fifth grade), and it included both students and staff.

Mycoplasma is a common organism that can cause sore throat, bronchitis and pneumonia, and it is often diagnosed clinically and treated, but less often confirmed by laboratory testing. It is spread from person-to-person through the air by sneezing and coughing and by direct contact with tissues or other items recently soiled by secretions from the nose or throat of an infected person. *Mycoplasma* is usually a relatively mild disease even when it causes pneumonia. All the school cases recovered with treatment.

Other schools in the County and in Maryland and states across the nation were reporting similar respiratory illness and pneumonia cases. As these reports came in, it became obvious that the original elementary school affected by *Mycoplasma pneumoniae* was not a singular outbreak but rather part of a community wide and national trend.

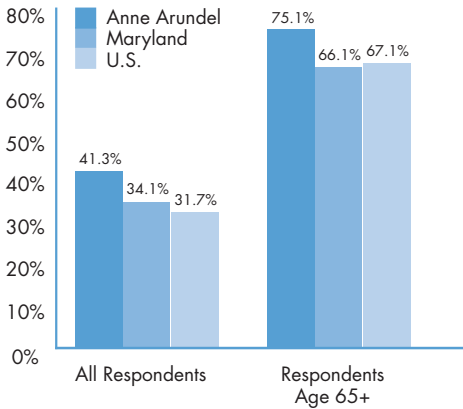
Mycoplasma Infection and Pneumonia in Staff and Students at an Elementary School in Anne Arundel County, 2007



Data Source: Community Health Division, Anne Arundel County Department of Health.

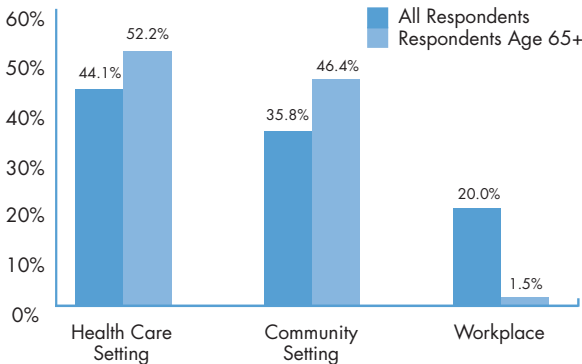
Influenza Vaccination

Adults Reporting Having a Flu Shot in the Past 12 Months, Anne Arundel County (2007), Maryland and U.S. (2006)



Data Source: Anne Arundel County, Maryland and National Behavioral Risk Factor Surveys.

Place Received Flu Shot in the Past 12 Months, Anne Arundel County Adults, 2007



Note: Health care setting includes doctors' offices or HMOs, hospitals and emergency rooms. Community setting includes the Department of Health, senior centers, recreation or community centers and stores.

Data Source: Anne Arundel County, Maryland and National Behavioral Risk Factor Surveys.



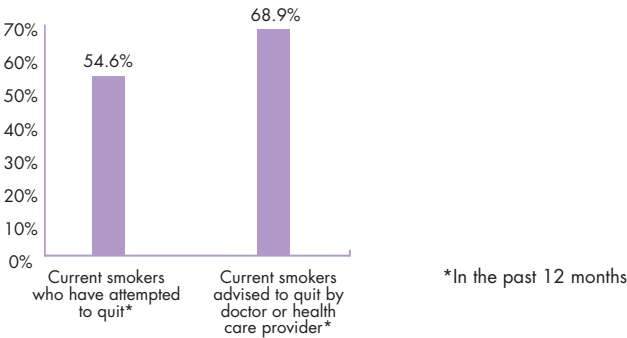
Selected Health Issues

Tobacco Use

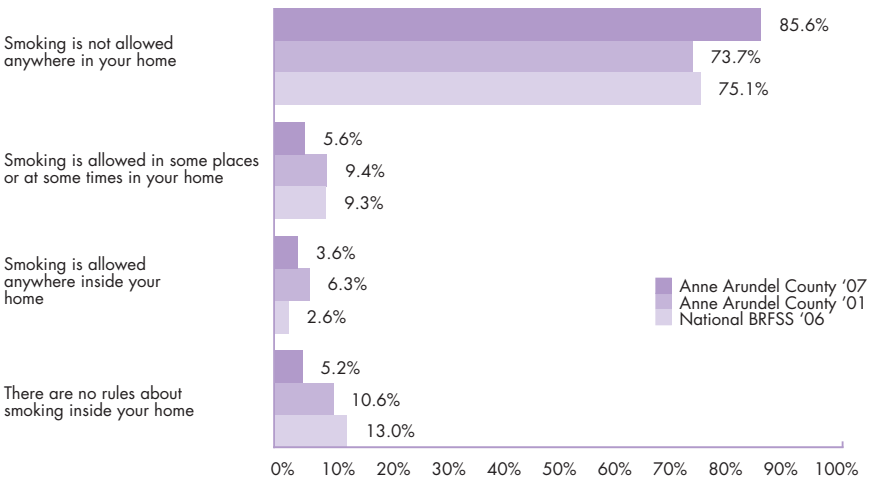
Rates of smoking among Anne Arundel County adults continue to decline. In 2007, 17% of respondents reported being current smokers, down from 28.2% in 1997.

The number of respondents reporting having smoke-free homes has increased by more than 10% over the past six years.

Percentage of Current Smokers Who Reported a Quit Attempt and Current Smokers Advised to Quit Smoking by a Health Care Provider, Adults Age 18 and Older, Anne Arundel County, 2007



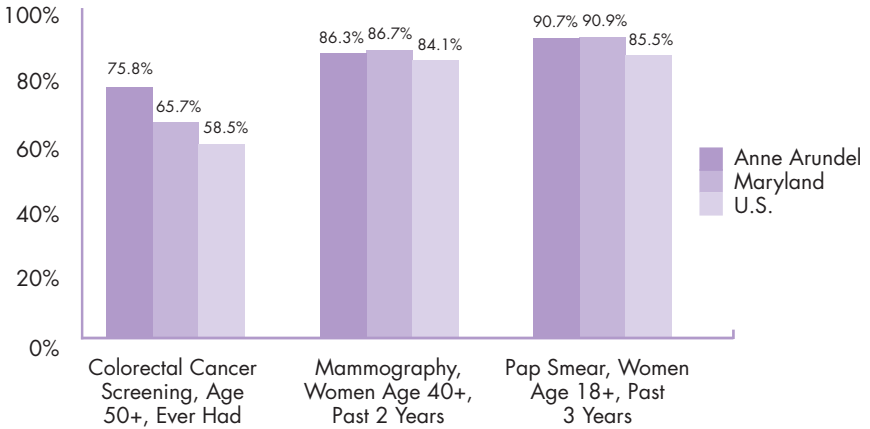
Secondhand Smoke Policy in Homes, Anne Arundel County, 2007



Preventive Health Screening

Colorectal, breast and cervical cancers are detectable and treatable at an early stage. Detection at an early stage increases the potential for a favorable outcome.

Adults Reporting Having Selected Preventive Health Screenings, Anne Arundel County (2007), Maryland and U.S. (2006)



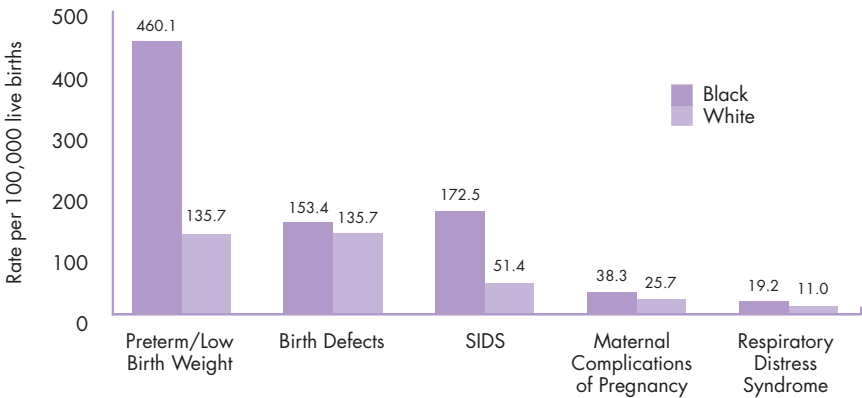
Data Source: Anne Arundel County, Maryland and National Behavioral Risk Factor Surveys.

Sudden Infant Death Syndrome and Safe Sleeping

Sudden Infant Death Syndrome (SIDS) is the third leading cause of death among infants (newborn to 12 months) in Anne Arundel County. Between 2003 and 2007, 28 babies died of SIDS. Most of the deaths occurred in the northern and western parts of the County. Black babies were three times more likely to die of SIDS when compared to white babies.

Risk factors associated with SIDS include: stomach or side sleeping; secondhand smoking; respiratory infections; overheating; bed sharing; sleeping on an adult mattress or other soft surface; presence of soft toys or loose bedding; prematurity and low birth weight. In 2007, 34.1% of County residents incorrectly identified the safest position to put a baby to sleep. Only 51.4% of blacks knew that back sleeping was safest compared to 68.2% of whites.

Cause-Specific Infant Mortality by Race, Anne Arundel County, 2001-2005



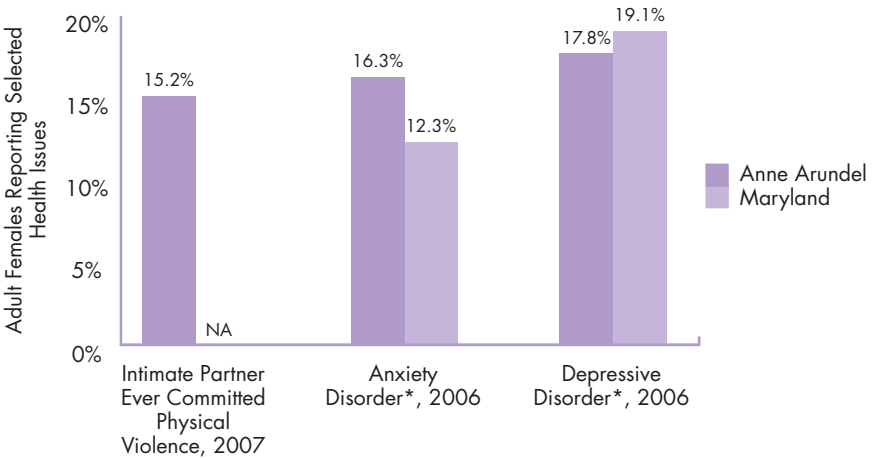
Data Source: Division of Health Statistics, MD DHMH.

Behavioral Health

Measurable data and indicators are far more available for primary care problems than for behavioral health issues. Behavioral health issues such as depression and domestic violence are far more likely to be hidden, with individuals being reluctant to disclose their negative experiences.

About 17% of adults surveyed reported having 1-14 days and 5% having 15 or more days of poor mental health in the past 30 days. National estimates indicate that depression affects twice as many women as men and that 85-95% of all domestic violence victims are women.

Behavioral Health Issues among Anne Arundel County Women



*Adult females reporting ever being told by a doctor that they have an anxiety or depressive disorder.
NA: Not Available
Data Source: Anne Arundel County and Maryland Behavioral Risk Factor Surveys; Centers for Disease Control and Prevention; National Institute of Mental Health.



DEPARTMENT OF HEALTH

The services and facilities of the Anne Arundel County Department of Health are available to all regardless of race, color, religion, political affiliation, national origin, age, sex, sexual orientation or disability.