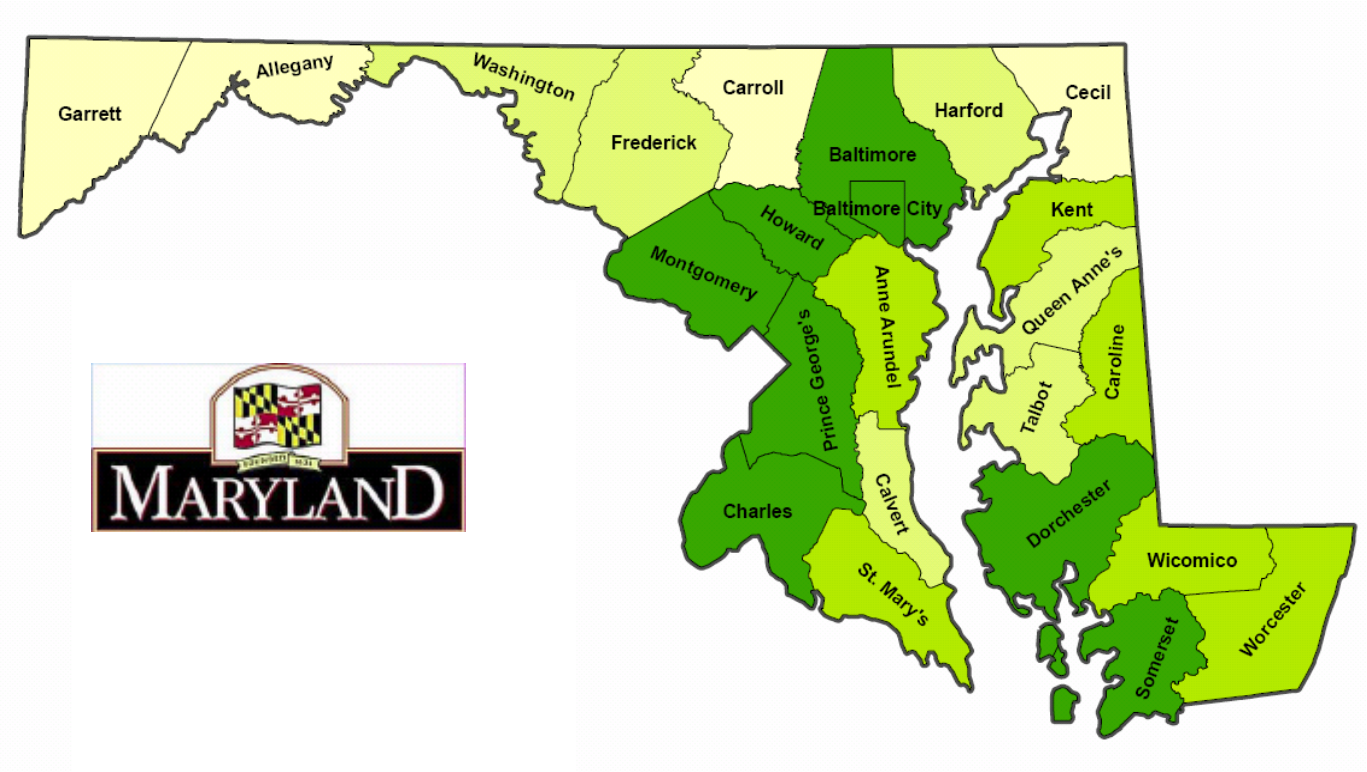
Maryland Department of Health and Mental Hygiene

Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

Maryland Chartbook of Minority Health And Minority Health Disparities Data

With Sections on Gender-specific Health And Jurisdiction-specific Health

Third Edition: December 2012



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Maryland Department of Health and Mental Hygiene

Maryland Chartbook of Minority Health and Minority Health Disparities Data

With Sections on Gender-Specific Health and Jurisdiction-Specific Health

Third Edition

Minority Health and Health Disparities

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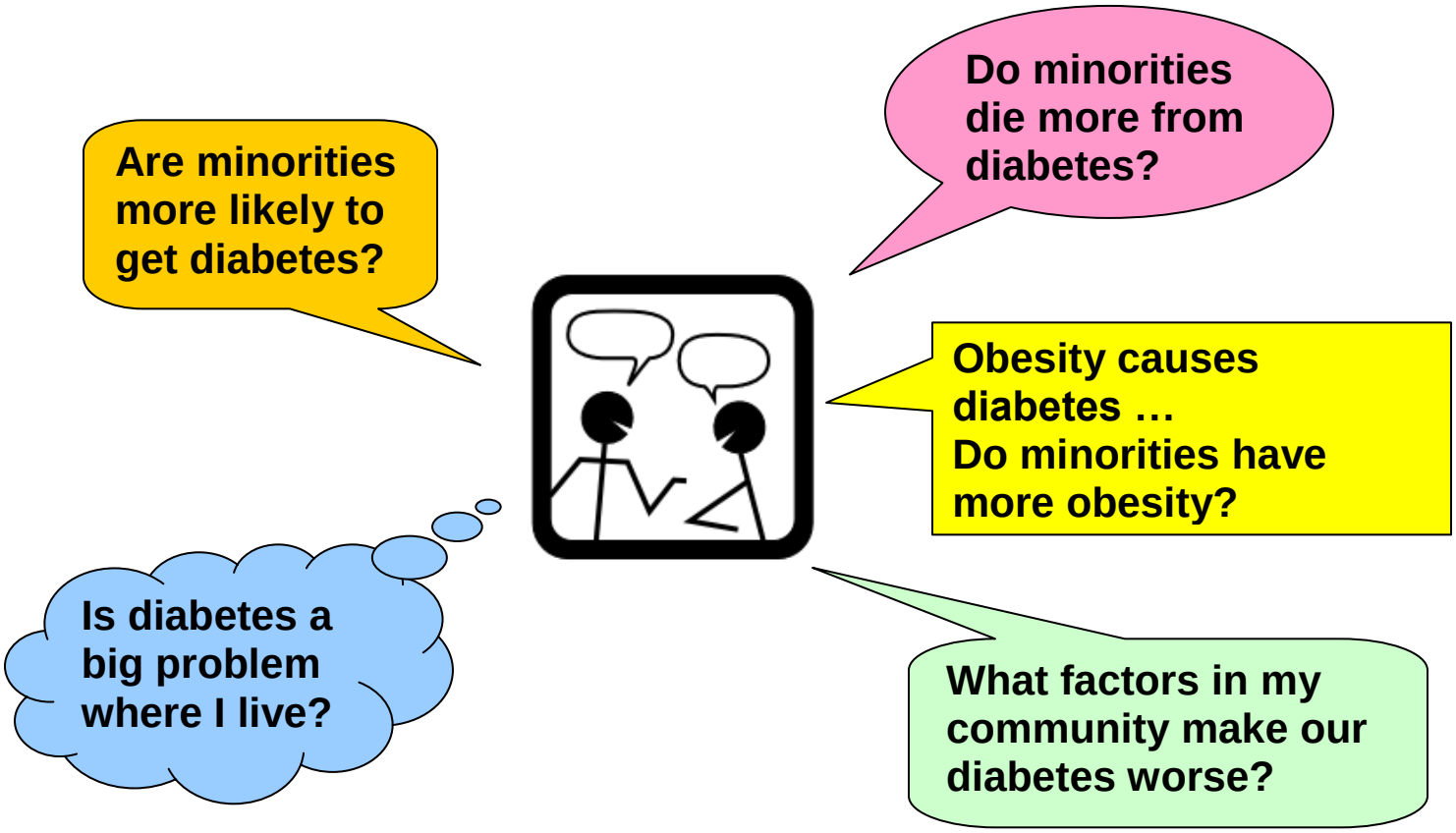
Dear Reader

The Maryland Department of Health and Mental Hygiene and its Office of Minority Health and Health Disparities have placed priority on the elimination of health disparities among the State's population. This CHARTBOOK provides essential information for identifying and measuring disparities, determining the causes of disparities, planning interventions that work, and tracking progress.

Use this Chartbook like a dictionary, search for diseases, population groups, and local communities to answer your questions. There is some information on most disparities data-related subjects as well as recent website references that lead to other sources and further information.

Having done all that, let us know how this document helps you, what questions remain to be answered, and suggestions for future publications. Send comments to our Email: dhmh.healthdisparities@maryland.gov

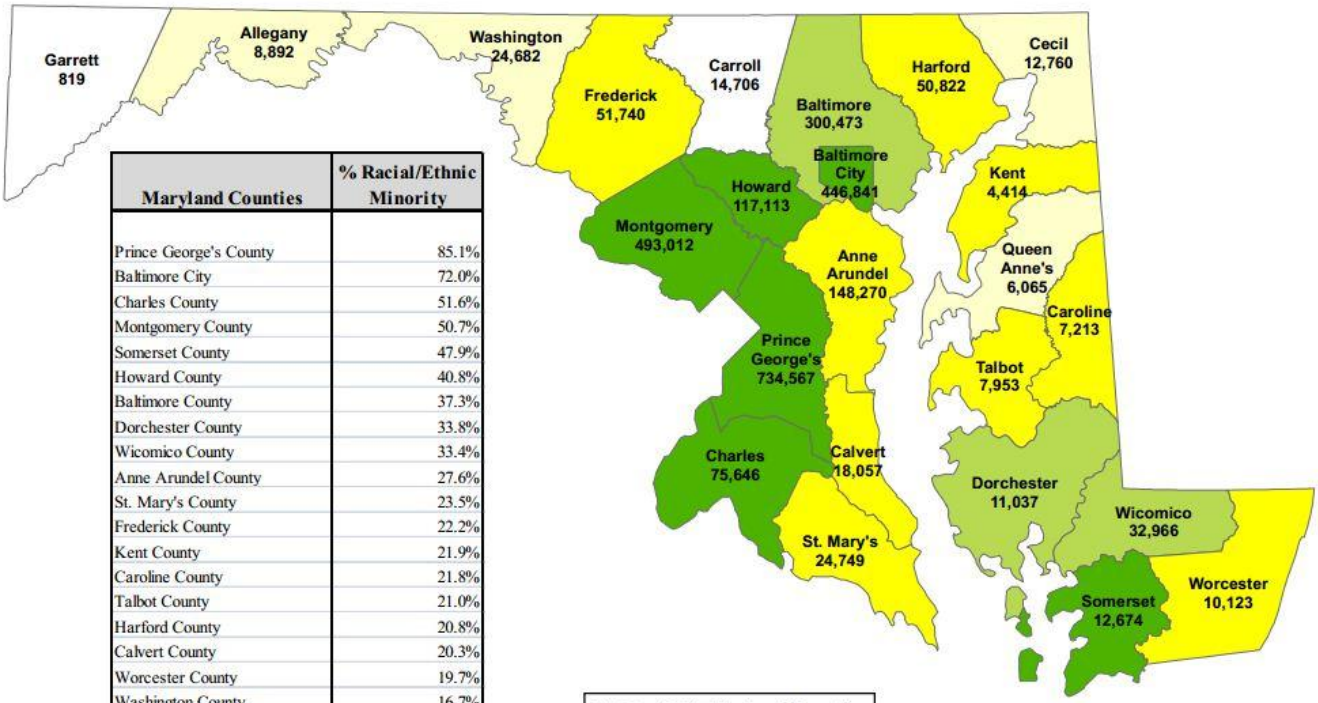


Minority Population in Maryland

- Maryland is a state where the size of the combined racial and ethnic minority population is beginning to approach the Non-Hispanic White population. The 2010 estimated Maryland population was 45.3% racial or ethnic minority [1].

- Nine of Maryland's 24 jurisdictions have minority populations over 33%. More than one third of Maryland's jurisdictions are more than one third minority.

Racial or Ethnic Minority Population (Number and Percent), by Jurisdiction, Maryland 2010



Maryland Counties	% Racial/Ethnic Minority
Prince George's County	85.1%
Baltimore City	72.0%
Charles County	51.6%
Montgomery County	50.7%
Somerset County	47.9%
Howard County	40.8%
Baltimore County	37.3%
Dorchester County	33.8%
Wicomico County	33.4%
Anne Arundel County	27.6%
St. Mary's County	23.5%
Frederick County	22.2%
Kent County	21.9%
Caroline County	21.8%
Talbot County	21.0%
Harford County	20.8%
Calvert County	20.3%
Worcester County	19.7%
Washington County	16.7%
Queen Anne's County	12.7%
Cecil County	12.6%
Allegany County	11.8%
Carroll County	8.8%
Garrett County	2.7%
Maryland Total	45.3%

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I. Purpose, Methods, and Data Sources

Purpose

The Office of Minority Health and Health Disparities (MHHD) was established in the Maryland Department of Health and Mental Hygiene in 2004 by legislation passed in the Maryland General Assembly session of that same year. One of the charges to MHHD is the compilation and distribution of minority health and health disparities data. This third edition of our Chartbook is one response to that charge.

Adequate and accurate data are essential to any effort to identify and address health problems in general, and health disparities in particular. With regard to health disparities, whether defined by ethnicity/race or other factors (geography, gender, income, education, etc.), data are required to complete three essential tasks:

1. Identify and measure disparities
2. Determine the causes of the disparity and plan interventions
3. Track progress toward eliminating health disparities

The compilation of Maryland health disparities data in this Chartbook is intended to enable each of these three critical functions. The section which follows this introduction contains summaries of Maryland population and disparities data specific to American Indians and Alaska Natives, Asians and Pacific Islanders, Hispanics or Latinos, and Blacks or African Americans. Throughout the Chartbook, ethnic and racial categories used are consistent with the Federal Office of Management and Budget (OMB) 1997 revision of Statistical Policy Directive No. 15, *Race and Ethnic Standards for Federal Statistics and Administrative Reporting* [2] (see page 3 for additional details on terminology for these categories).

The section on Statewide Disparities Data reviews, from a Statewide perspective, disparities in mortality, disparities in the frequency (incidence and/or prevalence) of selected conditions and risk factors, disparities in health care access and utilization, some estimates of the costs of disparities, and concludes with mortality disparity trends for major chronic conditions.

Health problems and disparities may also exist based on gender and geography. Therefore, the Chartbook contains sections on gender-specific and jurisdiction-specific health. This Chartbook is detailed, but not exhaustive. This Third Edition updates most but not all of the items contained in the Second Edition.

Data Sources and Methods

Because the Black or African American population is 70 percent of Maryland's minority population, data for that group is the most extensive among the minority groups; this allows for a more statistically sound analysis in that population. For this reason, several analyses are limited to comparisons of African Americans to Whites. In addition, the very small size of the Native American population makes analysis of their health disparities especially challenging. Factors in national and Maryland data systems that limit the ability to report information for smaller minority populations include:

- Data that have small numbers for these populations, generating statistically unstable estimates,
- Data that have large numbers of persons who are missing race or ethnicity information. This creates a large potential for error in estimating the smaller racial and ethnic groups, or
- Data that have other technical limitations (misclassification, issues of outmigration, etc.) where the estimates generated are likely to not reflect the true disease burden in these smaller racial and ethnic populations.

The Office of Minority Health and Health Disparities within the Department of Health and Mental Hygiene is continuing to seek approaches to data collection and analysis that will allow us to improve data reporting for Maryland's smaller minority communities.

Age-adjustment

Many of the analyses present age-adjusted data. Age-adjustment is a method of making a fair comparison between two groups regarding a condition whose impact is vastly different at different ages, when the two groups have important differences in their age pattern. For most chronic diseases (which are also the leading causes of death), both the occurrence of the disease, and the mortality from the disease are greatest in persons at or above the age of 65. Racial and ethnic minority populations are younger than the Non-Hispanic White population in Maryland. Age-adjustment solves this problem, and is the correct way to assess disparity for most chronic conditions.

Age stratification, which is presenting data in a variety of age categories, is an alternative method of accounting for age differences between two groups being compared.

Statistical Significance

The CDC Wonder data, U.S. Census data and Maryland Vital Statistics Administration data represent analysis of all events in the years indicated. The original sources of these data do not include statistical significance test (p-values or confidence intervals). Since these data sources are not samples of the population, such significance testing is not essential, as there is no within year sampling error (each year's result reflects the population statistic that year without sampling error). Some analysts use significance tests to reflect how well a particular year is representative of the set of all years. While our data sources do not allow us to do this, in most cases year-to-year variation issues are either minimized by pooling multiple years of data, or by presenting a series of years so that the variation can be seen and a multi-year average calculated.

The Behavioral Risk Factor Surveillance System (BRFSS) produces survey data, which is a sample of the total population. As with any survey that only reaches a small sample of the population, sampling error must be considered. The Maryland BRFSS on-line reporting tool provides 95% confidence intervals, and this allows us to determine whether observed differences are statistically significant (i.e. not just due to a chance sampling error). Statistically significant differences in BRFSS analysis (at alpha level of 0.05) are indicated as such in figures and tables.

We present results from our internal analysis of Maryland Health Services Cost Review Commission (HSCRC) hospital discharge data for the 2011 year to estimate the cost of excess hospital admission rates among Blacks or African Americans. For a particular set of primary admitting diagnoses, in four broad age categories (0-24, 25-44, 45-64, 65+) we calculated an expected Black admission count by multiplying the White admission rate by the Black population. We summed this expected Black admission count over the four age groups. We then determined the percentage of actual Black admissions that were excess, from the formula ([actual – expected] / actual). We then multiplied this percentage of admissions that were excess by the total cost of Black admissions for the particular set of primary admitting diagnoses, to estimate the cost of the excess Black admissions. These estimates represent the cost of the hospital admission **frequency** disparity. There is in fact a second potential contributor to the cost of disparities that is not included in these estimates: the admission **severity** disparity. This second factor arises if there is a disparity in the average length of stay or average intensity of services required between different populations. Our future analysis of costs of disparities will examine this factor as well.

Terminology for Racial and Ethnic Minority Populations

The 1997 update of Directive 15 of the Federal Office of Management and Budget defined a minimum list of categories for racial and ethnic data collection. In that system of categorization, persons are classified as of Hispanic or Latino ethnicity or not (without regard to race), and then classified into one or more of the following racial categories (without regard to Hispanic ethnicity): Black or African American; Asian; Native Hawaiian or Other Pacific Islander; American Indian or Alaska Native; or White. In Maryland, the Native Hawaiian or Other Pacific Islander category comprises only 0.1% of the population, and is combined with Asian in a category of Asian and Pacific Islander for reporting purposes (which was the categorization before 1997).

In this document, “Black or African American” is used where space permits, and “Black” is used to represent that group in tables and figures where space limitations exist. Similarly, space considerations lead to interchangeable use of “Hispanic or Latino” with “Hispanic”, “Asian or Pacific Islander” with “Asian”, and “American Indian and Alaska Native” with “American Indian”. Finally, some data sources report race without regard to Hispanic or Latino ethnicity, and report Hispanic or Latino ethnicity without regard to race. Other data sources report results in categories of Non-Hispanic race and Hispanic. Thus, in this document where “White” or “Black” appear not specified as Non-Hispanic, those data include both Hispanics or Latinos and persons not Hispanic or Latino. Where a race appears preceded by “Non-Hispanic” or “NH”, those data refer only to the persons of that race who are not Hispanic or Latino.

II. Summaries of Maryland Disparities Data by Racial and Ethnic Group

American Indian or Alaskan Native Data

The Maryland Department of Planning reported that in 2010, Maryland had 20,420 persons who reported American Indian or Alaska Native as their only race, which was 0.35% of the State's population. There were 58,657 Marylanders who reported American Indian or Alaska Native as some part of their racial heritage (1.02% of State's population). This larger "race alone or in combination" count was more than double the smaller "race alone" count for American Indians or Alaska Natives.[1].

Health disparities for American Indians or Alaska Natives can be demonstrated in Maryland for the following issues:

- Infant mortality for American Indians or Alaska Natives was 2.0 times higher than for Whites for the period 2006 to 2010 combined [3] (see page 16).

- The percent of pregnant American Indian or Alaska Native women who received late or no prenatal care was 8.6% higher than the percent for White women for the period 2006-2009 combined [3] (see page 34);

- The HIV incidence rate was 2.2 times higher for American Indians or Alaska Natives than for Non-Hispanic Whites [4] (see page 29);

Additional disparities for Maryland's American Indian or Alaska Native population are likely to exist, but are difficult to demonstrate at this time due to limitations in our data systems and the small size of this population (see page 2 for a discussion of these data issues).

Asian or Pacific Islander Data

The Maryland Department of Planning reported that in 2010, Maryland had 322,010 persons who reported Asian or Pacific Islander as their only race, which was 5.57% of the State's population. There were 379,870 Marylanders who reported Asian or Pacific Islander as some part of their racial heritage (6.58% of State's population) [1].

Health disparities for Asians or Pacific Islanders can be demonstrated in Maryland for the following issues:

- The proportion of diagnosed high cholesterol in the young adult Asian population (age 18-44) was 1.3 times higher than in the young adult White population for the period 2006 to 2010 combined [5] (see page 21).

- The proportion of adults without health insurance was 1.4 times higher for Asians than for Whites for the period 2006 to 2010 combined [5] (see page 32).

- The proportion of adults unable to afford health care in the prior year was 1.4 times higher for Asians than for Whites for the period 2006 to 2010 combined [5] (see page 33). This difference was statistically significant.

- Asians were half as likely as Whites to have seen a provider for a mental health problem [6] , despite having a similar rate of reporting poor mental health [7] (see page 35).

Additional disparities for Maryland's Asian or Pacific Islander population are likely to exist, but are difficult to demonstrate at this time due to limitations in our data systems and the small size of this population (see page 2 for a discussion of these data issues).

Hispanic or Latino Data

The Maryland Department of Planning estimates the Hispanic or Latino population of Maryland to have been 470,632 persons in 2010 [1], or 8.15% of the State's population.

Health disparities for Hispanics or Latinos can be demonstrated in Maryland for the following issues:

- Hispanics (age 65 or older) reported diagnosed diabetes at a rate 1.7 times higher than Non-Hispanic Whites of the same age for the period of 2006 to 2010 [5] (see page 18). The difference was statistically significant.

- The rate of new cases of HIV for Hispanics or Latinos was 3.6 times higher than for Non-Hispanic Whites in 2009 [4] (see page 29).

- The rate of new cases of AIDS for Hispanics or Latinos was 4.7 times higher than for Non-Hispanic Whites in 2009 [4] (see page 30).

- The proportion of adults without health insurance was 5.4 times higher for Hispanics or Latinos than for Non-Hispanic Whites for the period 2006 to 2010 combined [5] (see page 32). The difference was statistically significant.

- The proportion of adults unable to afford health care in the prior year was 3.3 times higher for Hispanics or Latinos than for Non-Hispanic Whites for the period 2006 to 2010 combined [5] (see page 33). The difference was statistically significant.

- The percent of pregnant Hispanic or Latino women who received late or no prenatal care was 2.1 times higher than the percent for White women for the period 2006-2010 combined [3] (see page 34).

Additional disparities for Maryland's Hispanic or Latino population are likely to exist, but are difficult to demonstrate at this time due to limitations in our data systems and the small size of this population (see page 2 for more discussion).

Black or African American Data

The Maryland Department of Planning reported that in 2010, Maryland had 1,700,298 persons who reported Black or African American as their only race, which was 29.45% of the State's population. There were 1,783,899 Marylanders who reported Black or African American as some part of their racial heritage (30.90% of State's population) [1].

With this large a population, Health disparities for Blacks or African Americans can be demonstrated in Maryland for a wide variety of issues:

- The age-adjusted death rate from all causes combined was 1.2 times higher for Blacks or African Americans than for Whites in 2010 [3]. For specific causes of death, compared to Whites, the Black or African American death rates were (see page 15):
  - 1.2 times higher for heart disease
  - 1.2 times higher for cancer
  - 1.2 times higher for accidents
  - 1.3 times higher for stroke
  - 1.8 times higher for bloodstream infections
  - 2.0 times higher for kidney disease
  - 2.3 times higher for diabetes
  - 7.7 times higher for homicide
  - 10.9 times higher for HIV/AIDS [3].

- Infant mortality for Blacks or African Americans was 2.7 times higher than for Whites for the period 2006 to 2010 combined [3] (see page 16).

- Black or African American adults reported higher prevalence of the following compared to Non-Hispanic whites for the period 2006 to 2010 [5] (see pages 17 to 24):
  - a diagnosis of diabetes at all adult ages;
  - a diagnosis of hypertension (high blood pressure) at all adult ages;
  - current cigarette smoking for ages 45 and older.

- The rate of new cases of End-stage Renal Disease (kidney disease) for Blacks or African Americans was about 3.0 times higher than for Whites for the period 1991-2001 combined [9] (see page 27).

- The rate of new cases of HIV for Blacks or African Americans was about 11.8 times higher than for Non-Hispanic Whites in 2009 [4] (see page 29).

- The rate of new cases of AIDS for Blacks or African Americans was about 13.5 times higher than for Non-Hispanic Whites in 2009 [4] (see page 30).

- The proportion of adults without health insurance was 2.1 times higher for Blacks or African Americans than for Non-Hispanic Whites for the period 2006 to 2010 combined [5] (see page 32).

- The proportion of adults unable to afford health care in the prior year was 1.9 times higher for Blacks or African Americans than for Whites for the period 2006 to 2010 combined [5] (see page 33).

- The percent of pregnant Black or African American women who received late or no prenatal care was about 1.8 times higher than the percent for White women for the period 2006-2010 combined [5] (see page 34).

- Blacks or African Americans were half as likely as Whites to have seen a provider for a mental health problem for the period 2001-2002 [6], despite having a greater rate of reporting poor mental health [6] (see page 35).

- Our office has estimated that the hospital cost (not including the physician fee component of hospitalization or any emergency department cost prior to the admission) of excess Black or African American admissions in Maryland in 2011 was $ 814 million [10] (see page 37).

Black or African American Data for the Report

Because the Black or African American population is 70 percent of Maryland's minority population, data for that group is the most extensive among the minority groups; this allows for a more statistically sound analysis in that population. For this reason, several analyses are limited to comparisons of African Americans to Whites.

III. Statewide Disparities Data

Minority Population in Maryland

- Maryland is a state where the size of the combined racial and ethnic minority population is beginning to approach the Non-Hispanic White population. The 2010 estimated Maryland population was 45.3% racial or ethnic minority [1].

- Nine of Maryland's 24 jurisdictions have minority populations over 33%. More than one third of Maryland's jurisdictions are more than one third minority.

Table 1. Maryland Population, 2010 U.S. Census by Race and Ethnicity (45.3%) Minority

Race Alone	All Ethnicity		Non-Hispanic		Hispanic	
White	3,359,284	*58.2%*	3,157,958	54.7%	201,326	3.5%
Non-White	2,414,268	*41.8%*	2,144,962	37.2%	269,306	4.7%
Black	*1,700,298*	*29.4%*	*1,674,229*		*26,069*	
Asian	*318,853*	*5.5%*	*316,694*		*2,159*	
Hawaiian/ Pac Isle	*3,157*	*0.1%*	*2,412*		*745*	
American Indian	*20,420*	*0.4%*	*13,815*		*6,605*	
Some Other Race	*206,832*	*3.6%*	*11,972*		*194,860*	
Two or More Races	*164,708*	*2.9%*	*125,840*		*38,868*	
MD Total	5,773,552	100.0%	5,302,920	91.8%	470,632	8.2%

Source: 2010 Census Demographic Profiles, Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Terminology for Maryland Population Data by Jurisdiction

Table 2 and Table 3 illustrate population data of each racial and ethnic group by jurisdiction in Maryland, 2011. Table 2 shows the distribution by race of persons reporting only one race (all persons reporting more than one race are in the category "two or more races" in the table). The sum of all the table columns is 100% (not including the Hispanic column, since Hispanic is not a race, but is an ethnicity).

Table 3 shows the distribution of persons reporting ANY background in the racial group (persons who reported that race as their only race, or as one of multiple races). The sum of these race columns exceeds the Maryland total population since people with more than one race are included under more than one race category.

In the sections which follow Table 2, some reporting is limited to comparisons of the Black or African American population to the White population. Where data are not presented for American Indians, Asians and Pacific Islanders, or Hispanics/Latinos, this is because either

- The data have small numbers for these populations, generating statistically unstable estimates;

- The data have large numbers of persons who are missing race or ethnicity information. This creates a large potential for error in estimating the smaller racial and ethnic groups; or

- The data have other technical limitations (misclassification, issues of outmigration, etc.) where the estimates generated are likely to not reflect the true disease burden in these smaller populations.

Table 2. Minority Population (Race Alone) by Jurisdiction, Maryland 2010

	Total	Non-Hispanic White	Minority Population	% Minority	% Black or African American	%American Indian or Alaska Native	%Asian	% Native Hawaiian or Other Pacific Islander	% Some Other Race	% Two or More Races	% His-panic
MARYLAND	**5,773,552**	**54.70%**	**2,615,594**	**45.30%**	**29.45%**	**0.35%**	**5.52%**	**0.05%**	**3.58%**	**2.85%**	**8.15%**
NORTHWEST AREA	**485,999**	**82.28%**	**86,133**	**17.72%**	**8.36%**	**0.25%**	**2.40%**	**0.04%**	**1.76%**	**2.39%**	**4.84%**
GARRET	30,097	97.28%	819	2.72%	1.00%	0.14%	0.25%	0.00%	0.13%	0.66%	0.73%
ALLEGANY	75,087	88.16%	8,892	11.84%	8.03%	0.14%	0.76%	0.04%	0.25%	1.58%	1.44%
WASHINGTON	147,430	83.26%	24,682	16.74%	9.59%	0.21%	1.39%	0.04%	1.10%	2.57%	3.46%
FREDERICK	233,385	77.83%	51,740	22.17%	8.63%	0.31%	3.83%	0.05%	2.86%	2.77%	7.34%
BALTIMORE METRO AREA	**2,662,691**	**59.51%**	**1,078,225**	**40.49%**	**29.13%**	**0.31%**	**4.60%**	**0.05%**	**1.73%**	**2.51%**	**4.59%**
BALTIMORE CITY	620,961	28.04%	446,841	71.96%	63.74%	0.37%	2.34%	0.04%	1.82%	2.09%	4.18%
BALTIMORE	805,029	62.68%	300,473	37.32%	26.05%	0.33%	4.98%	0.04%	1.59%	2.40%	4.19%
ANNE ARUNDEL	537,656	72.42%	148,270	27.58%	15.53%	0.31%	3.41%	0.09%	2.35%	2.90%	6.12%
CARROLL	167,134	91.20%	14,706	8.80%	3.19%	0.20%	1.45%	0.03%	0.72%	1.51%	2.61%
HOWARD	287,085	59.21%	117,113	40.79%	17.48%	0.30%	14.36%	0.04%	1.99%	3.64%	5.83%
HARFORD	244,826	79.24%	50,822	20.76%	12.69%	0.25%	2.38%	0.08%	0.95%	2.47%	3.52%
NATIONAL CAPITAL AREA	**1,835,197**	**33.11%**	**1,227,579**	**66.89%**	**39.45%**	**0.43%**	**9.30%**	**0.06%**	**7.70%**	**3.59%**	**16.04%**
MONTGOMERY	971,777	49.27%	493,012	50.73%	17.22%	0.37%	13.94%	0.05%	6.98%	3.98%	17.02%
PRINCE GEORGE'S	863,420	14.92%	734,567	85.08%	64.47%	0.49%	4.07%	0.06%	8.51%	3.17%	14.94%
SOUTHERN AREA	**340,439**	**65.21%**	**118,452**	**34.79%**	**25.55%**	**0.50%**	**2.42%**	**0.06%**	**1.06%**	**3.28%**	**3.72%**
CALVERT	88,737	79.65%	18,057	20.35%	13.44%	0.37%	1.42%	0.05%	0.65%	2.67%	2.75%
CHARLES	146,551	48.38%	75,646	51.62%	40.96%	0.65%	2.98%	0.07%	1.34%	3.72%	4.27%
ST. MARY'S	105,151	76.46%	24,749	23.54%	14.29%	0.40%	2.47%	0.07%	1.00%	3.17%	3.78%
EASTERN SHORE AREA	**449,226**	**76.58%**	**105,205**	**23.42%**	**16.29%**	**0.28%**	**1.32%**	**0.05%**	**1.66%**	**2.03%**	**3.95%**
CECIL	101,108	87.38%	12,760	12.62%	6.22%	0.29%	1.08%	0.05%	1.01%	2.15%	3.37%
KENT	20,197	78.15%	4,414	21.85%	15.13%	0.21%	0.82%	0.03%	1.95%	1.81%	4.49%
QUEEN ANNE'S	47,798	87.31%	6,065	12.69%	6.90%	0.31%	0.98%	0.03%	1.36%	1.72%	3.04%
CAROLINE	33,066	78.19%	7,213	21.81%	13.87%	0.37%	0.57%	0.16%	3.06%	2.15%	5.49%
TALBOT	37,782	78.95%	7,953	21.05%	12.78%	0.17%	1.25%	0.06%	2.73%	1.64%	5.49%
DORCHESTER	32,618	66.16%	11,037	33.84%	27.72%	0.34%	0.92%	0.03%	1.42%	1.92%	3.46%
WICOMICO	98,733	66.61%	32,966	33.39%	24.18%	0.24%	2.50%	0.05%	1.90%	2.48%	4.54%
SOMERSET	26,470	52.12%	12,674	47.88%	42.28%	0.32%	0.70%	0.03%	1.40%	1.74%	3.26%
WORCESTER	51,454	80.33%	10,123	19.67%	13.65%	0.28%	1.11%	0.02%	1.23%	1.70%	3.15%

(Yellow highlighted city and counties have more than 30 percent of minority population)

Source: 2010 Census Demographic Profiles, Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Table 3. Minority Population (Race Alone or In Combination with One or More Other Races) by Jurisdiction, Maryland 2010

	Total	Percent White	Percent Black or African American	Percent American Indian and Alaska Native	Percent Asian	Percent Native Hawaiian and Other Pacific Islander	Percent Some Other Race
MARYLAND	**5,773,552**	**60.43%**	**30.90%**	**1.02%**	**6.41%**	**0.17%**	**4.22%**
NORTHWEST AREA	**485,999**	**86.97%**	**9.60%**	**0.76%**	**2.99%**	**0.12%**	**2.13%**
GARRET	30,097	98.44%	1.27%	0.47%	0.40%	0.02%	0.21%
ALLEGANY	75,087	90.71%	9.03%	0.54%	0.97%	0.08%	0.36%
WASHINGTON	147,430	87.44%	11.14%	0.76%	1.80%	0.12%	1.43%
FREDERICK	233,385	83.98%	9.88%	0.86%	4.73%	0.14%	3.38%
BALTIMORE METRO AREA	**2,662,691**	**63.67%**	**30.46%**	**0.94%**	**5.41%**	**0.16%**	**2.12%**
BALTIMORE CITY	620,961	31.06%	65.06%	1.04%	2.86%	0.14%	2.18%
BALTIMORE	805,029	66.49%	27.38%	0.92%	5.71%	0.13%	2.00%
ANNE ARUNDEL	537,656	77.88%	16.89%	0.99%	4.39%	0.24%	2.78%
CARROLL	167,134	94.30%	3.82%	0.58%	1.97%	0.09%	0.87%
HOWARD	287,085	65.14%	19.19%	1.01%	15.97%	0.17%	2.54%
HARFORD	244,826	83.28%	14.01%	0.85%	3.12%	0.20%	1.24%
NATIONAL CAPITAL AREA	**1,835,197**	**42.12%**	**41.12%**	**1.15%**	**10.48%**	**0.21%**	**8.89%**
MONTGOMERY	971,777	60.62%	18.65%	0.99%	15.56%	0.21%	8.29%
PRINCE GEORGE'S	863,420	21.29%	66.40%	1.34%	4.77%	0.21%	9.57%
SOUTHERN AREA	**340,439**	**69.81%**	**27.44%**	**1.46%**	**3.37%**	**0.19%**	**1.40%**
CALVERT	88,737	83.77%	14.75%	1.20%	2.24%	0.14%	0.85%
CHARLES	146,551	53.03%	43.41%	1.83%	3.98%	0.22%	1.79%
ST. MARY'S	105,151	81.41%	15.90%	1.17%	3.46%	0.19%	1.33%
EASTERN SHORE AREA	**449,226**	**80.19%**	**17.43%**	**0.82%**	**1.69%**	**0.11%**	**1.94%**
CECIL	101,108	91.18%	7.31%	0.93%	1.51%	0.11%	1.28%
KENT	20,197	81.63%	16.24%	0.67%	1.09%	0.09%	2.20%
QUEEN ANNE'S	47,798	90.34%	7.64%	0.73%	1.44%	0.08%	1.60%
CAROLINE	33,066	81.76%	15.12%	1.00%	0.83%	0.21%	3.42%
TALBOT	37,782	82.85%	13.63%	0.56%	1.57%	0.14%	3.02%
DORCHESTER	32,618	69.36%	28.92%	0.97%	1.13%	0.05%	1.66%
WICOMICO	98,733	70.80%	25.71%	0.77%	2.98%	0.12%	2.27%
SOMERSET	26,470	54.93%	43.44%	0.91%	0.92%	0.06%	1.61%
WORCESTER	51,454	83.57%	14.59%	0.79%	1.42%	0.08%	1.43%

Source: 2010 Census Demographic Profiles, Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Disparities in Maryland

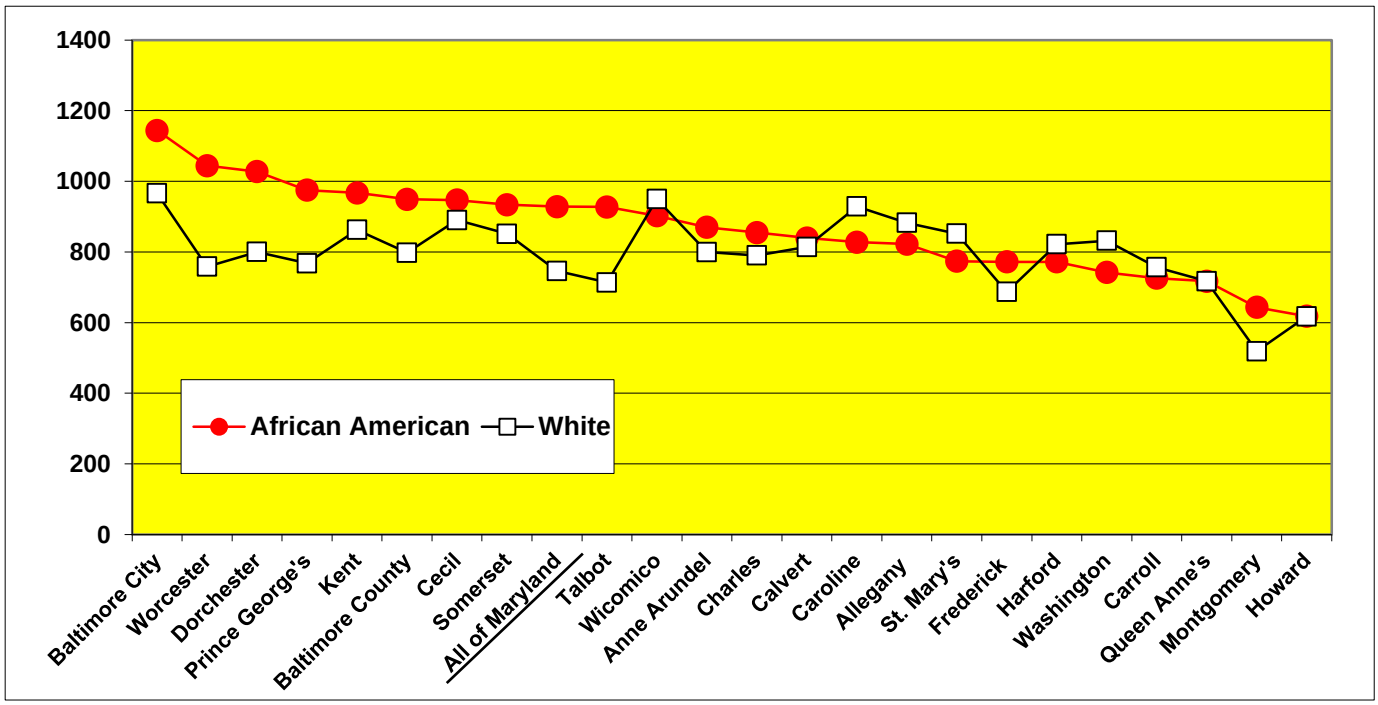
Geographic Distribution of Mortality Disparities

Figure 1 displays mortality data for Blacks or African Americans and Whites for 2007 through 2009 combined [8], and shows that for those years, Black or African American death rates exceeded White death rates in 16 of the 23 Maryland jurisdictions where the age-adjusted rates could be calculated. Age-adjusted death rates for Blacks could not be calculated for Garrett County.

While Baltimore City had the highest mortality rates for both Blacks and Whites, the disparity in mortality, expressed as the difference between the rates, was larger in some other jurisdictions than in Baltimore City. Four jurisdictions have a larger Black vs. White mortality ratio than the State of Maryland. Also apparent was a sizeable geographic difference in mortality rates within each racial group: mortality ranged from slightly more than 600 deaths per 100,000 to above 1,150 for Blacks or African Americans; and ranged from slightly more than 500 to nearly 1,000 deaths per 100,000 for Whites.

The mortality disparity by jurisdiction could not be calculated for other minority groups.

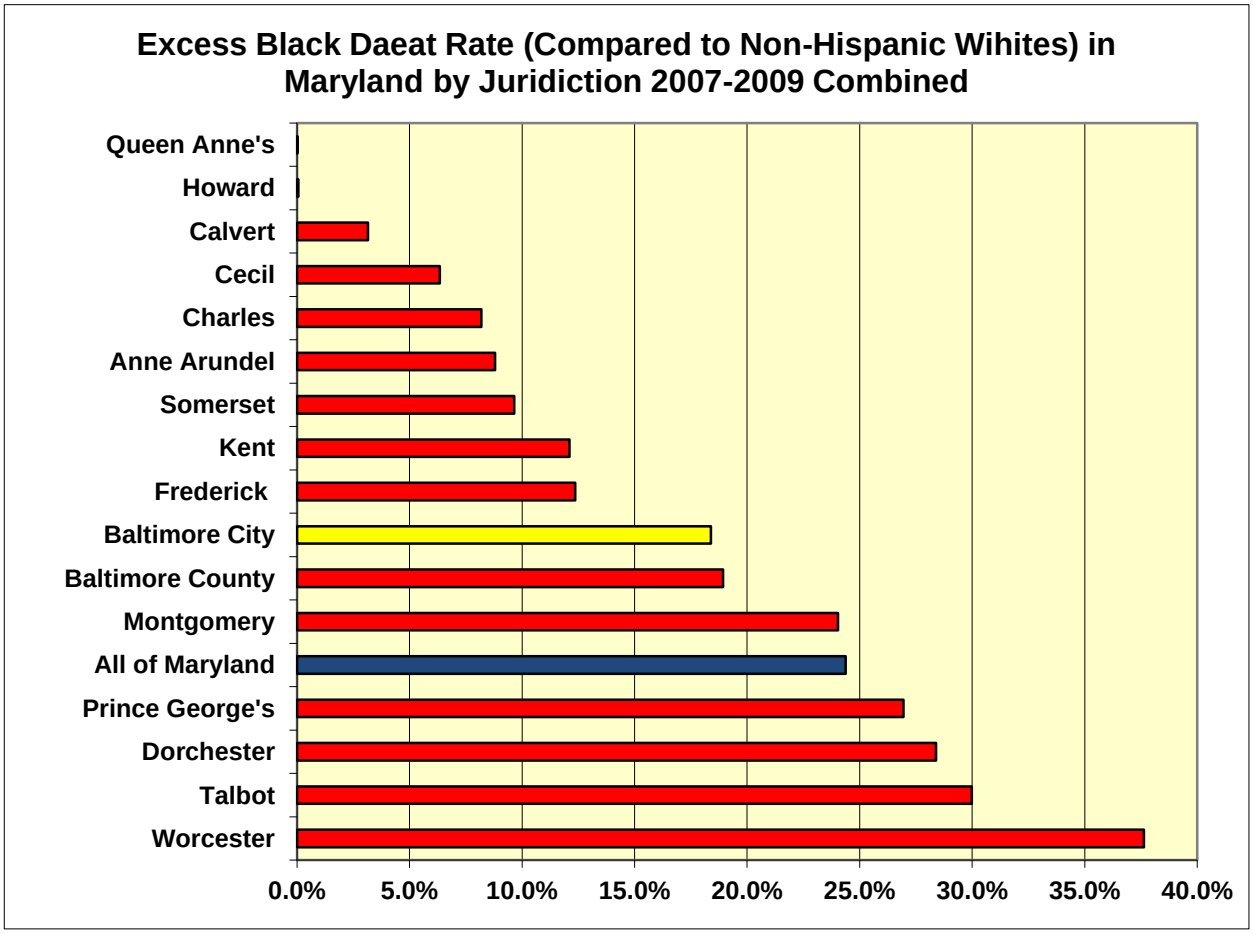
Figure 1. Age-Adjusted All-Cause Mortality (rate per 100,000) by Black or White Race and by Jurisdiction, Maryland 2007- 2009 Pooled



Age-adjusted death rates for Blacks could not be calculated for Garrett County
Source: CDC Wonder Compressed Mortality 2007-2009[8]

Figure 2 displays the mortality disparity by jurisdiction expressed as the difference between the Black mortality rate and the White mortality rate for 2007 to 2009 combined [8]. During this period, the White death rate exceeded the Black or African American rate in seven jurisdictions. In the 16 other jurisdictions where rates could be calculated, the Black or African American death rate exceeded the White rate, and are shown in Figure 2.

Figure 2. Black vs. White Death Rate Differences, by Jurisdiction, 2007-2009



Age-adjusted to the projected U.S. 2000 population.
Age-adjusted death rates for Blacks could not be calculated for Garrett County.
Source: CDC Wonder Compressed Mortality 2007-2009[8]

Mortality Disparities for Leading Causes of Death

- Eleven of the top 15 causes of death show a mortality disparity between Blacks and Whites in 2010.
- Black age-adjusted heart disease mortality exceeds that for Whites by 42.6 deaths per 100,000 population.
- Blacks are 10.9 times more likely to die from HIV/AIDS than Whites [3].

Table 4. Black or African American vs. White Mortality Disparity, 15 Leading Causes of Death, Maryland 2010

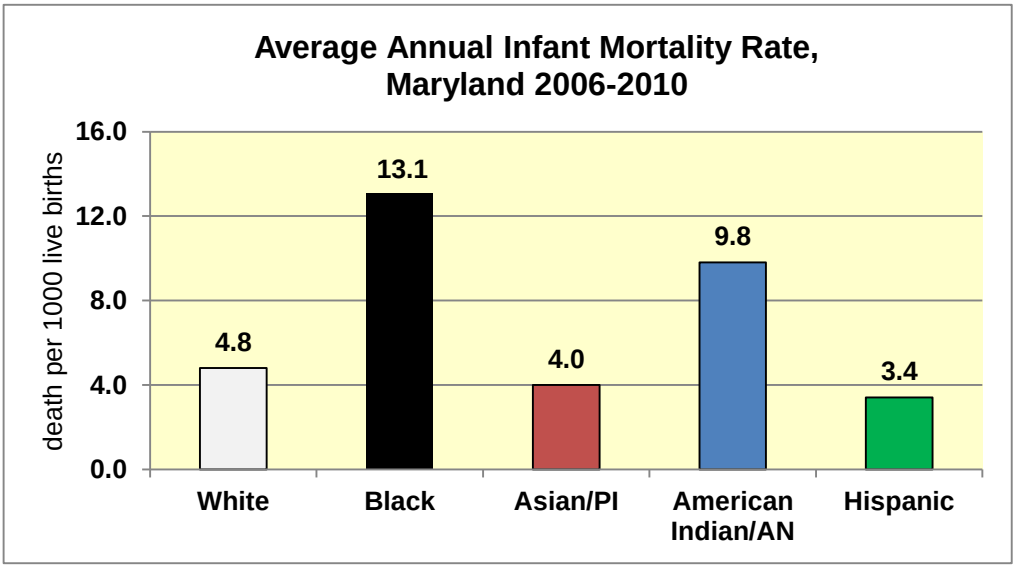
Ratio Disparity Rank	Excess Rate Disparity Rank	Statewide Cause of Death Rank	Disease	Age-adjusted Mortality per 100,000 Black	White	Ratio	Age-adjusted Difference per 100,000
8	1	1	Heart Disease	216.8	174.2	1.2	42.6
9	2	2	Cancer	197.0	166.1	1.2	30.9
7	6	3	Stroke	46.9	35.6	1.3	11.3
		4	Chronic lung Disease	23.3	39.4	0.6	-16.1
4	3	5	Diabetes	35.4	15.3	2.3	20.1
10	10	6	Accidents	25.9	22.4	1.2	3.5
11	11	7	Flu&Pneumonia	16.2	15.3	1.1	0.9
6	8	8	Septicemia	22.8	13.0	1.8	9.8
		9	Alzheimer's Disease	14.2	17.7	0.8	-3.5
1	5	10	HIV/AIDS	14.2	1.3	10.9	12.9
5	7	11	Kidney diseases	22.5	11.3	2.0	11.2
2	4	12	Homicide	18.5	2.4	7.7	16.1
		13	Chronic Liver Disease	6.9	7.3	0.9	-0.4
		14	Suicide	4.4	10.4	0.4	-6.0
3	9	15	Certain Perinatal	10.3	3.2	3.2	7.1

(Yellow highlight indicates Black or African American death rate higher than the White death rate)
Source: Maryland Vital Statistics Annual Report 2010 [3]

Infant Mortality Disparities

Blacks/African Americans in Maryland experienced infant mortality rates almost three times higher than the rate among Whites, as shown below. American Indians/Alaska Natives had an infant mortality rate just over two times higher than Whites. Asians/Pacific Islanders and Hispanics had infant mortality rates similar to Whites at about 3.4-4.0 per 1,000 live births [3].

Figure 3. Average Annual Infant Mortality Rate, By Race and Ethnicity, Maryland 2006-2010



Source: Maryland Vital Statistics Reports 2006-2010 [3]

The rate of neonatal intensive care unit (NICU) admissions (percent of all newborns that spend some time in NICU at birth) can also be determined. In 2011 in Maryland,

- 9.0% of Black/African American newborns needed the NICU;
- 6.0% of White newborns had a NICU admission [11].

In addition, in 2011 the average cost for Black/African American NICU admissions was 50% higher than the White average cost, indicating more severe problems for the Black/African American NICU newborns [11]. Blacks had 50% more infants needing the NICU (disparity in frequency) at 50% greater average cost (disparity in the severity of problems).

Disparities in Frequency of Selected Conditions and Risk Factors

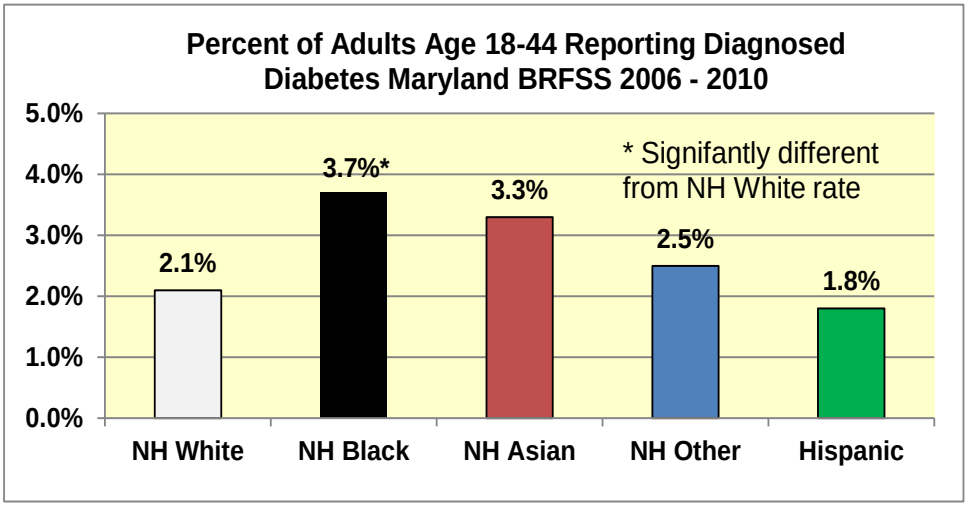
The first five conditions discussed in this section, Diabetes, High Blood Pressure, High Cholesterol, Smoking, and Obesity have prevalence data that come from a survey of a subset of the population (the Behavioral Risk Factor Surveillance System, or BRFSS). Estimates from such survey data (from a sample of the population) have a margin of error associated with them. The margin of error is smaller when the sample is larger. This means that our smaller racial and ethnic groups tend to have large margins of error for their estimates.

The BRFSS, a telephone survey, asks respondents if they have a diagnosis of a condition, and thus the estimates cannot count the undiagnosed disease in the population. Because minorities have less health care access, for the diagnosis of conditions, lower rates for minorities may be due to poor health care access, rather than to having less disease. For these two reasons, the failure to find a statistically significant (larger than the margin of error) higher disease burden for our smaller minority populations does not guarantee that they do not have a disparity for these conditions.

Diabetes

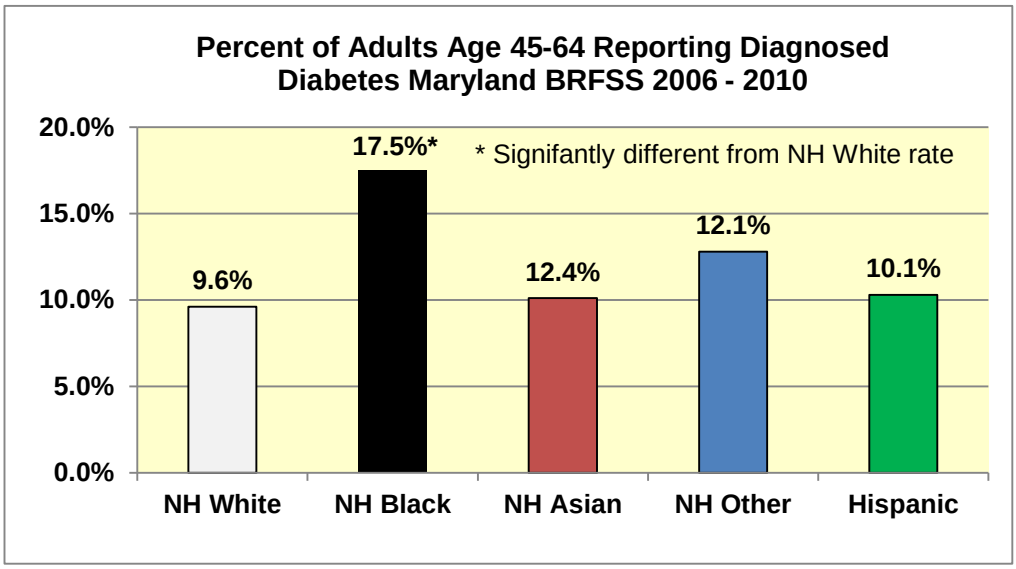
For the period 2006 to 2010, Non-Hispanic Black or African American adults of all ages had **higher rates** of diagnosed diabetes compared to Non-Hispanic Whites that exceeded the margin of error [5]. For middle and older ages, the Non-Hispanic other minority race groups (except Hispanics), had higher rates of diagnosed diabetes that **did not** exceed the margin of error. For Hispanics age 65 or older, the estimated rate of diagnosed diabetes exceeded the margin of error [5].

Figure 4. % of Adults Age 18-44 Reporting Diagnosed Diabetes, Maryland 2006-2010



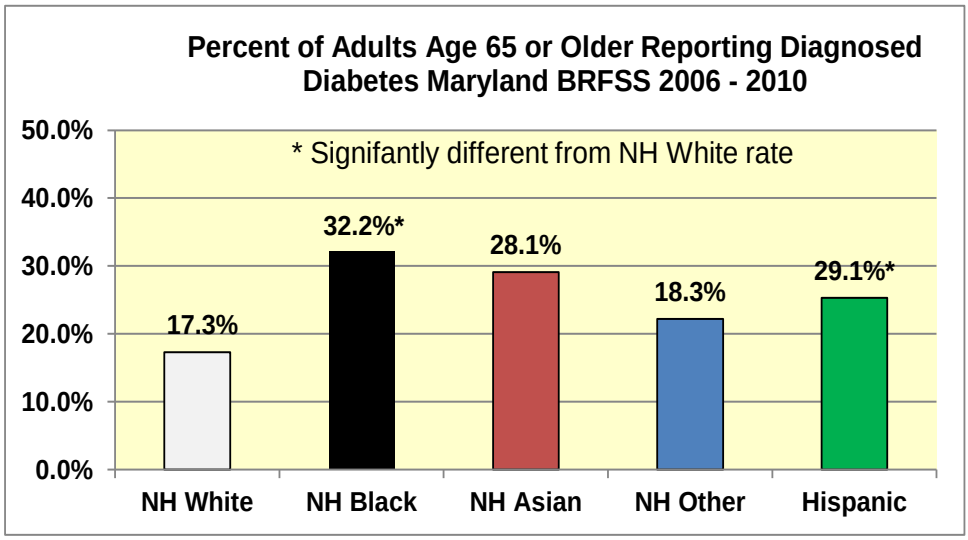
Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 5. % of Adults Age 45-64 Reporting Diagnosed Diabetes, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 6. % of Adults Age 65 or Older Reporting Diagnosed Diabetes, Maryland 2006-2010



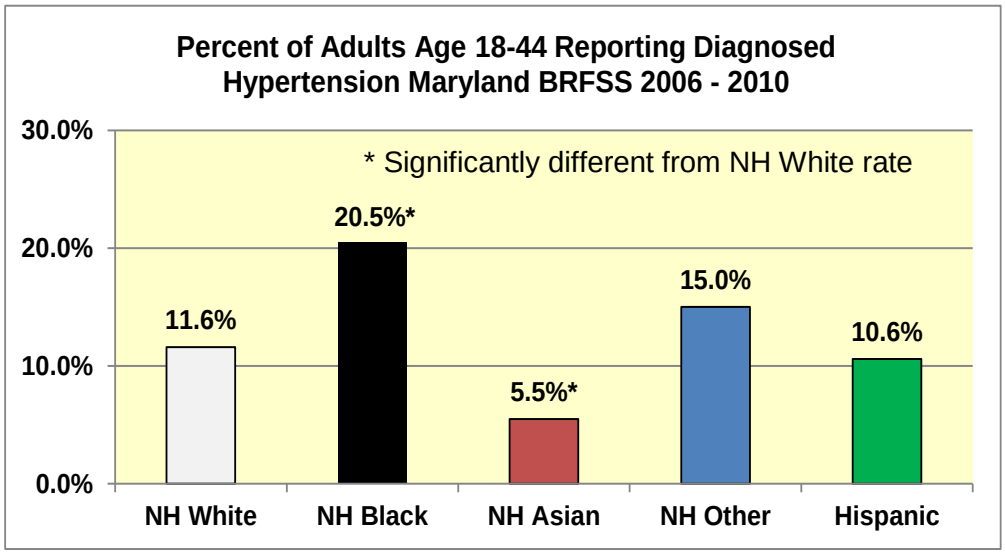
Source: Maryland BRFSS Data 2006 to 2010 [5]

Hypertension (High Blood Pressure)

For the period 2006 to 2010 Non-Hispanic Black or African American adults of all ages had **higher rates** of diagnosed hypertension compared to Non-Hispanic Whites that exceeded the margin of error of the survey [5]. Non-Hispanic Other adults of all ages had higher rates of diagnosed hypertension that did not exceed the margin of error [5].

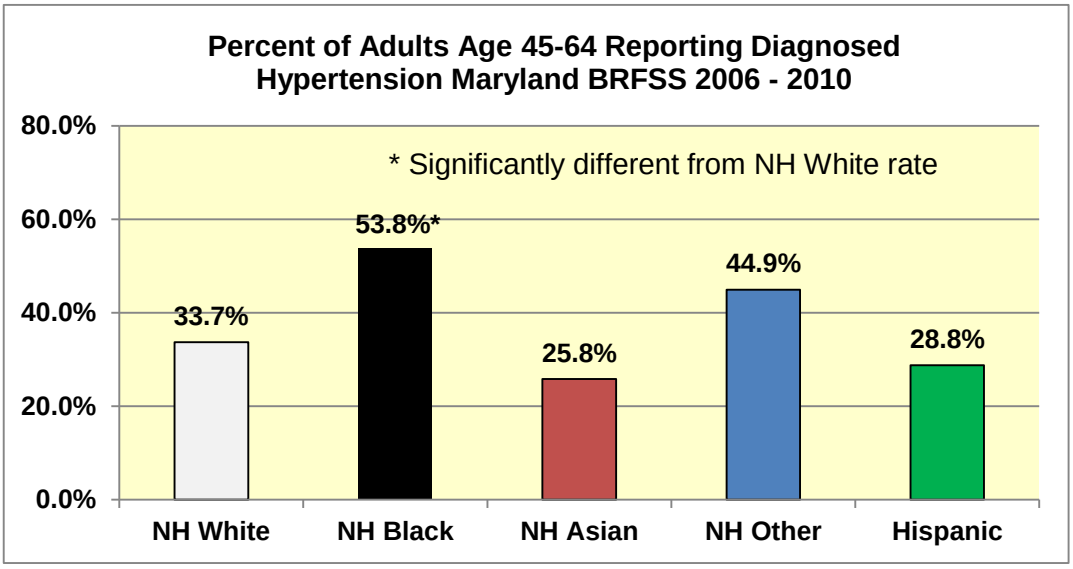
Non-Hispanic Asians had lower rates of diagnosed hypertension than Non-Hispanic Whites that exceeded the margin of error of the survey for the age group 18 to 44 [5]. Hispanic adults of all ages had lower diagnosed hypertension that did not exceed the margin of error [5]. This may reflect poor access to care and to diagnosis, rather than less hypertension in these populations.

Figure 7. % of Adults Age 18-44 Reporting Diagnosed Hypertension, Maryland 2006-2010



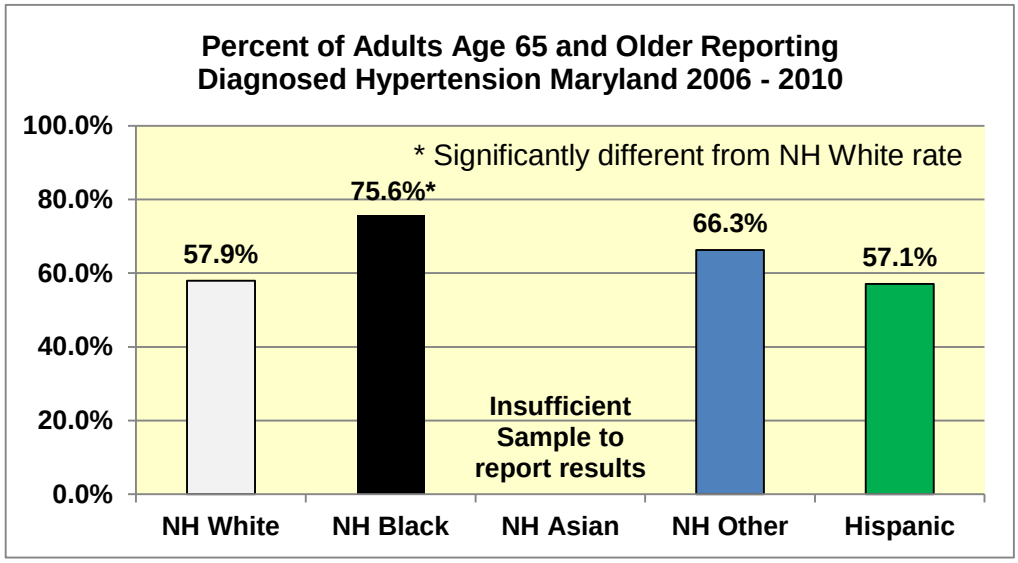
Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 8. % of Adults Age 45-64 Reporting Diagnosed Hypertension, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 9. % of Adults Age 65 or Older Reporting Diagnosed Hypertension, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

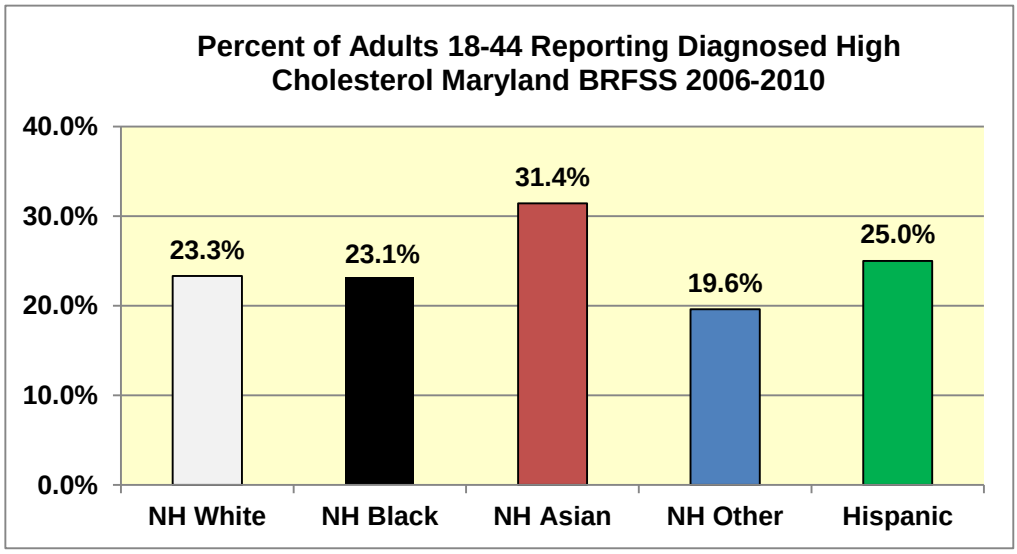
High Cholesterol

The only statistically significant difference in reported prevalence of a diagnosis of high cholesterol between Non-Hispanic Whites and a minority population for the period 2006 to 2010 was for Hispanics ages 65 and older, whose rates were lower [5].

For the young (ages 18 to 44), the estimates were 1.3 times higher for Non-Hispanic Asians than Non-Hispanic Whites, and not beyond the margin of error of the survey. The Non-Hispanic Blacks reported a slightly lower percentage of diagnosed high cholesterol. In the middle age group (ages 45-64), the Non-Hispanic Whites had the highest percentage (46%) with diagnosed high cholesterol. In the older age group (ages 65 and higher), Non-Hispanic Whites had the highest percentage of diagnosed high cholesterol, while the Hispanic group had the lowest rate, and beyond the margin of error of the survey [5].

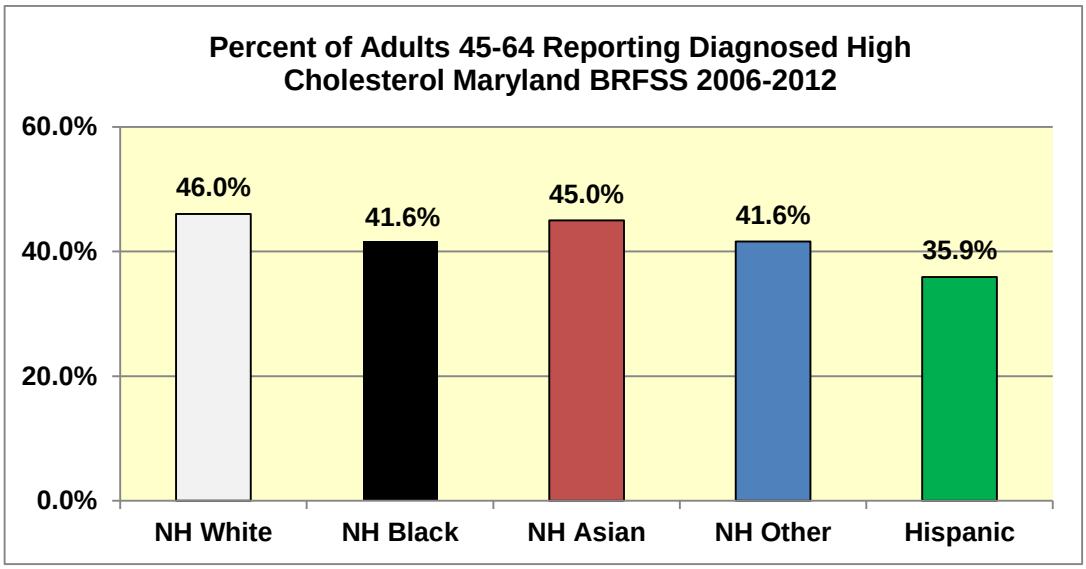
This apparent reversal of the White to minority difference going from young to old groups may represent issues of access to diagnosis, but may also represent a worsening of cholesterol status in generations born in the United States (the young) compared to generations who migrated to the United States (the older generations), as the U.S.-born generations adopt the less healthy eating and activity patterns of the United States.

Figure 10. % of Adults Age 18-44 Reporting Diagnosed High Cholesterol, Maryland 2006-2010



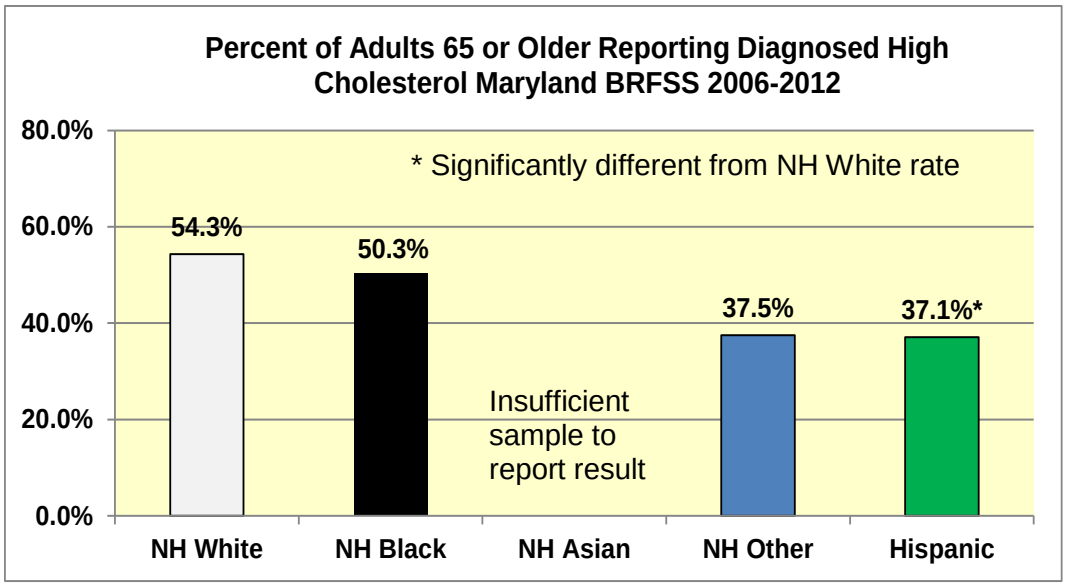
Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 11. % of Adults Age 45-64 Reporting Diagnosed High Cholesterol, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure12. % of Adults Age 65 or Older Reporting Diagnosed High Cholesterol, Maryland 2006-2010



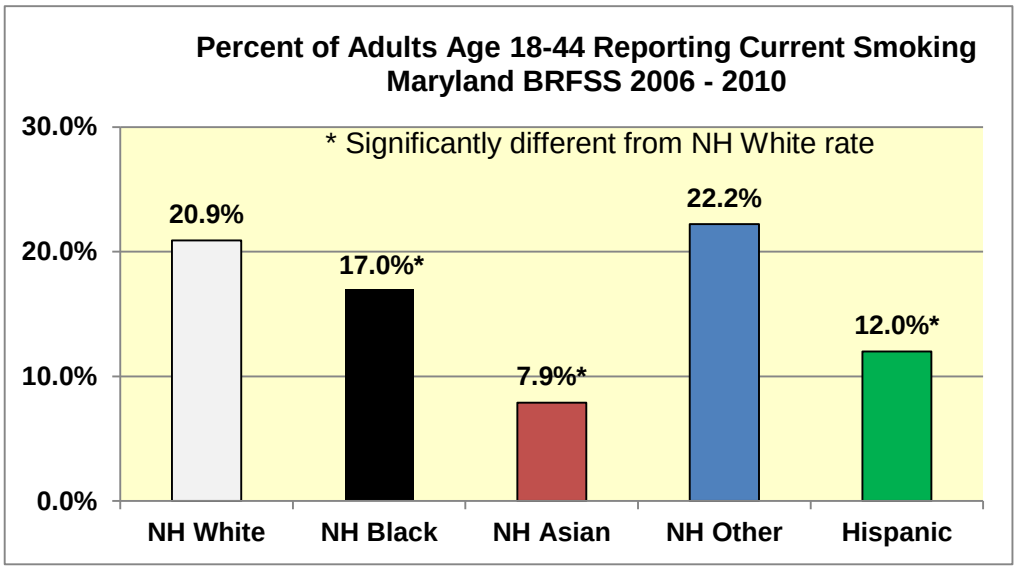
Source: Maryland BRFSS Data 2006 to 2010 [5]

Cigarette Smoking

Current smoking rates for the period 2006 to 2010 were higher for Non-Hispanic Blacks or African Americans than for Non-Hispanic Whites for adults 45 and older, and these differences exceeded the margin of error for the survey [5].

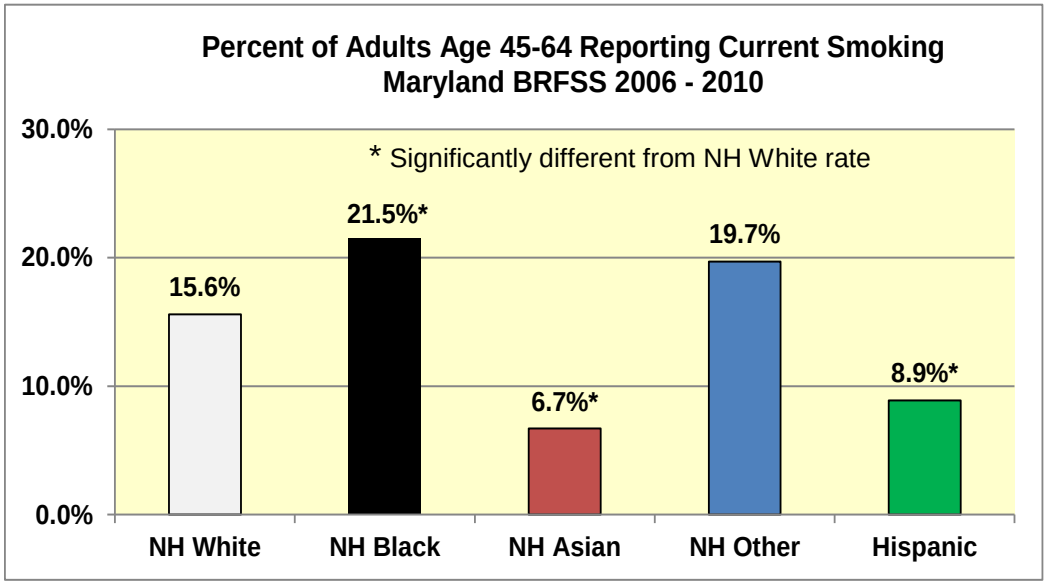
The Non-Hispanic Other group had smoking rates at all ages that exceeded those of Non-Hispanic Whites, but were not beyond the margin of error. Hispanics of all ages had lower smoking rated than Non-Hispanic Whites, exceeding the margin of error [5].

Figure 13. % of Adults Age18-44 Who Report Current Cigarette Smoking, Maryland 2006-2010



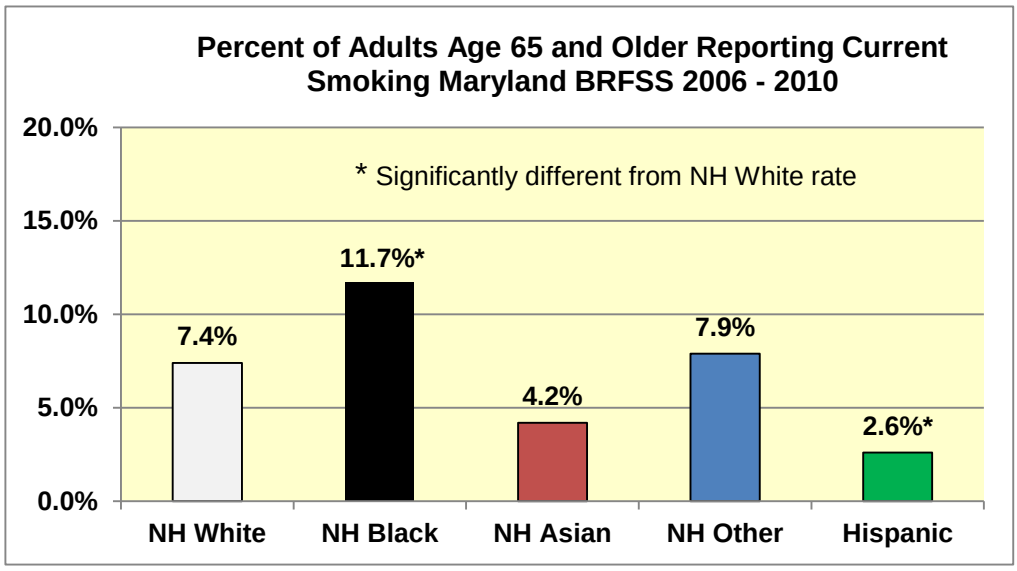
Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 14. % of Adults Age 45-64 Who Report Current Cigarette Smoking, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 15. % of Adults Age 65 or Older Who Report Current Cigarette Smoking, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

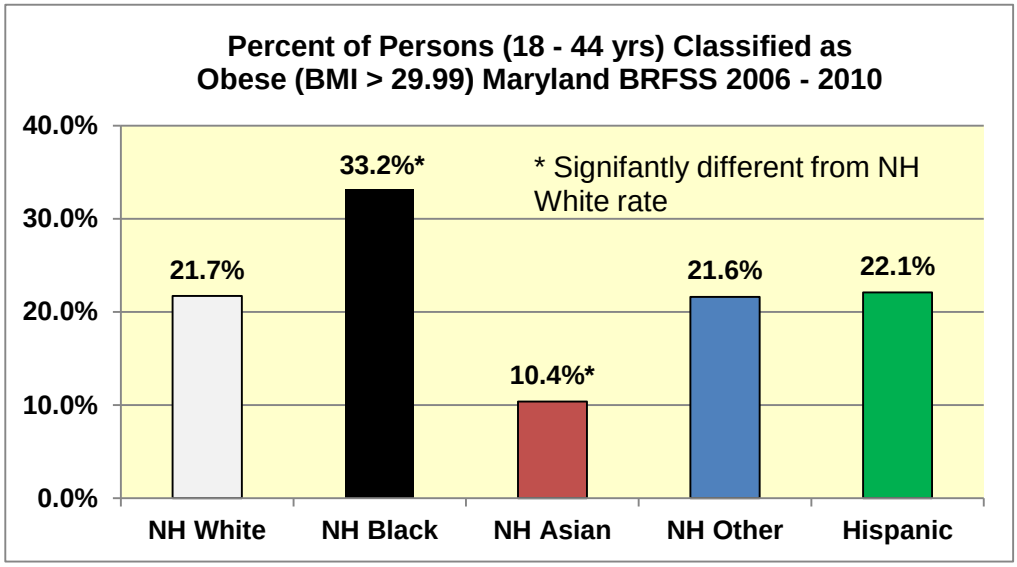
Obesity

For the period 2006 to 2010, Non-Hispanic Black or African American adults of all ages had **higher rates** of obesity compared to Non-Hispanic Whites that exceeded the margin of error of the survey [5].

Non-Hispanic Asians of all age groups had lower rates of obesity than Non-Hispanic Whites that exceeded the margin of error of the survey [5].

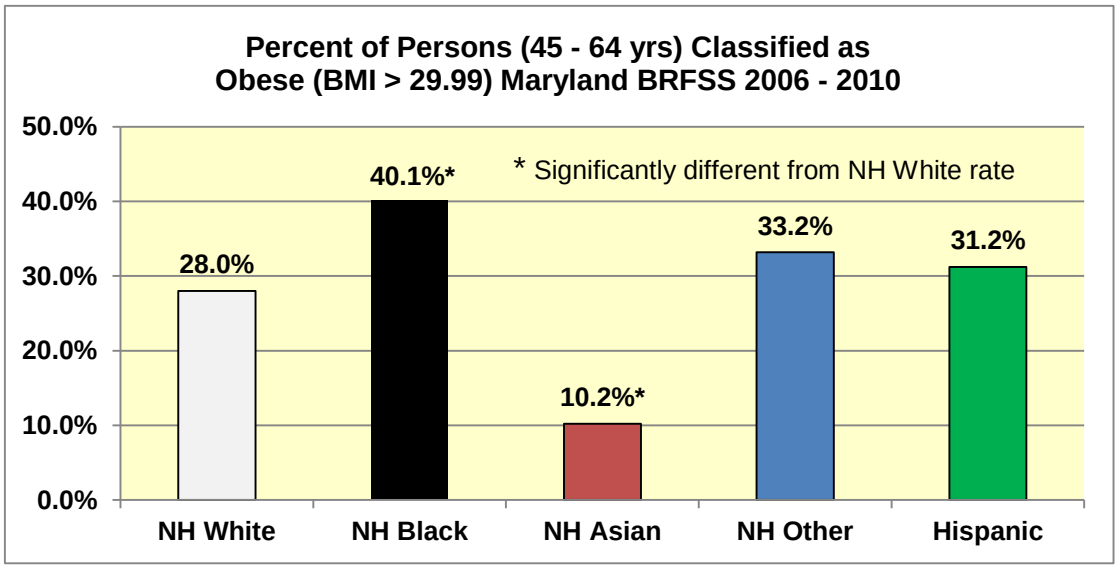
Rates of obesity are increasing throughout our population, and with its associations with heart disease, cancer, stroke, diabetes, hypertension, and high cholesterol, the current epidemic of obesity is a threat to public health on a par with the threat from tobacco use.

Figure 16. Percent of Adults Age 18 to 44 Classified as Obese, Maryland 2006-2010



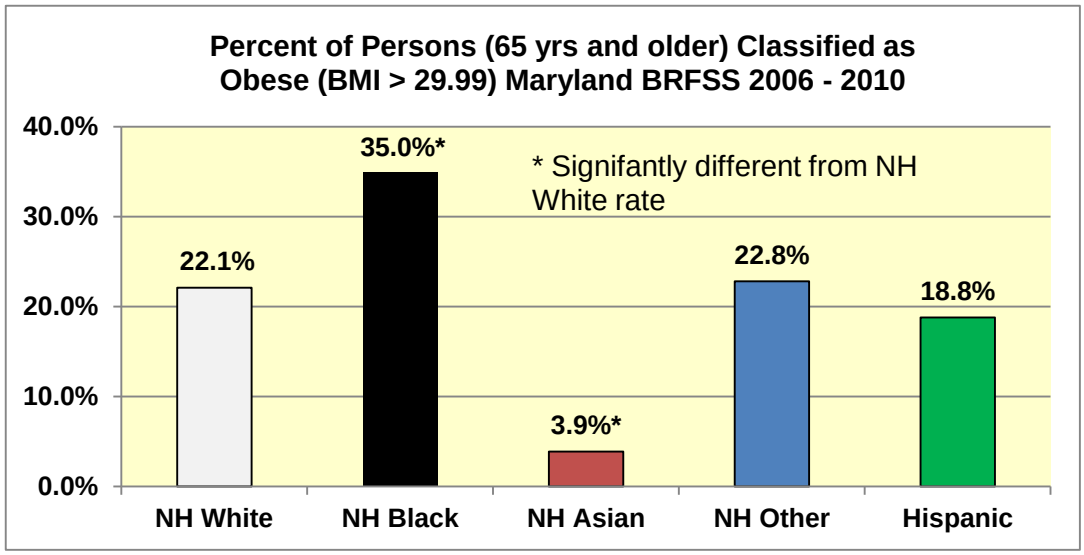
Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 17. Percent of Adults Age 45-64 Classified as Obese, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

Figure 18. Percent of Adults Age 65 or Older Classified as Obese, Maryland 2006-2010

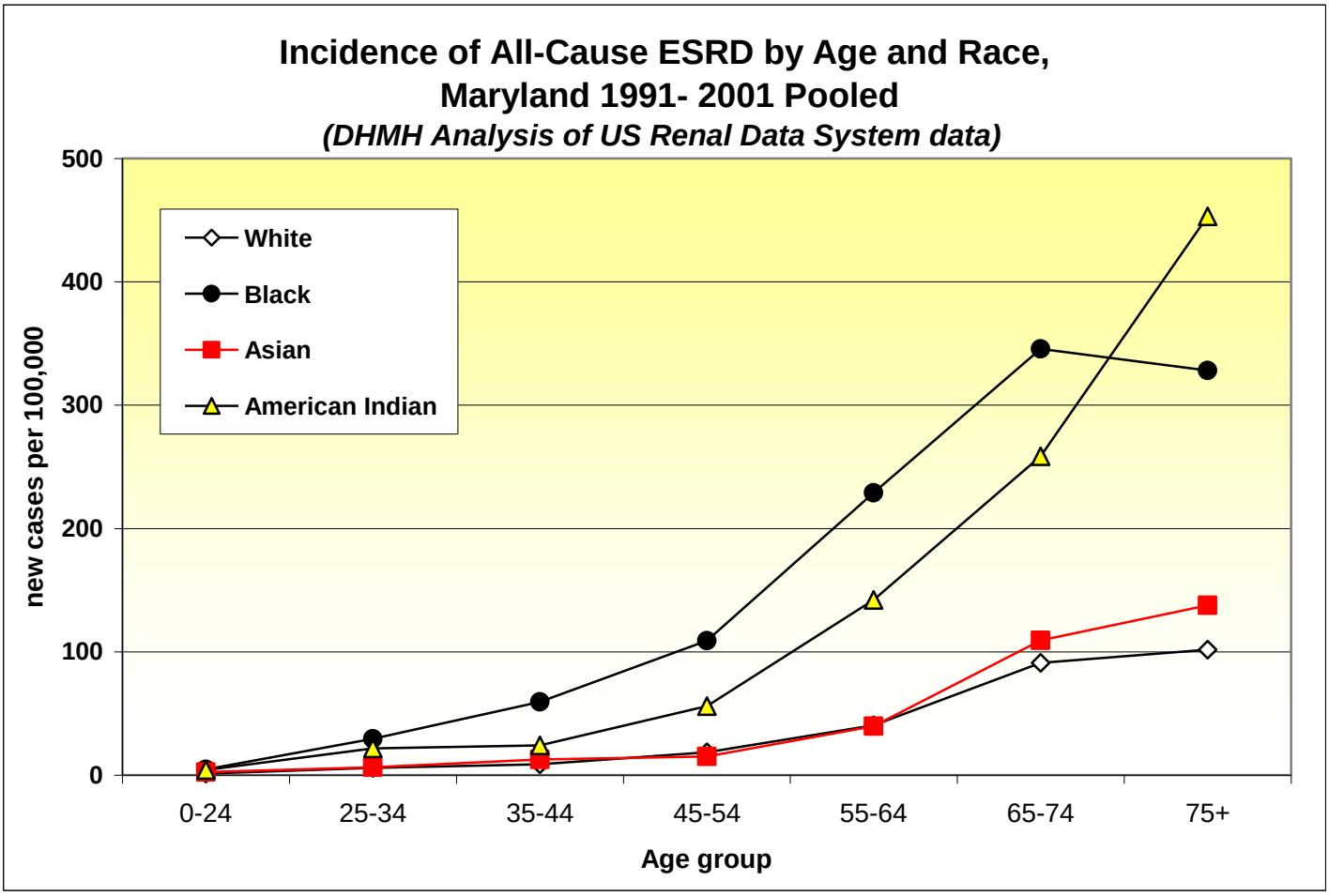


Source: Maryland BRFSS Data 2006 to 2010 [5]

End-Stage Renal Disease (ESRD)

Based on pooled data from 1991 through 2001, the rates of new cases of End-Stage Renal Disease (kidney disease, referred to as ESRD) in Maryland were about three times higher for Blacks or African Americans and for American Indians or Alaska Natives than for Whites . In addition, the rates for Asians/Pacific Islanders were about 1.3 times higher than White rates for persons age 65 or older [9].

Figure 19. Incidence of All-cause ESRD by Age and Race, Maryland 1991-2001

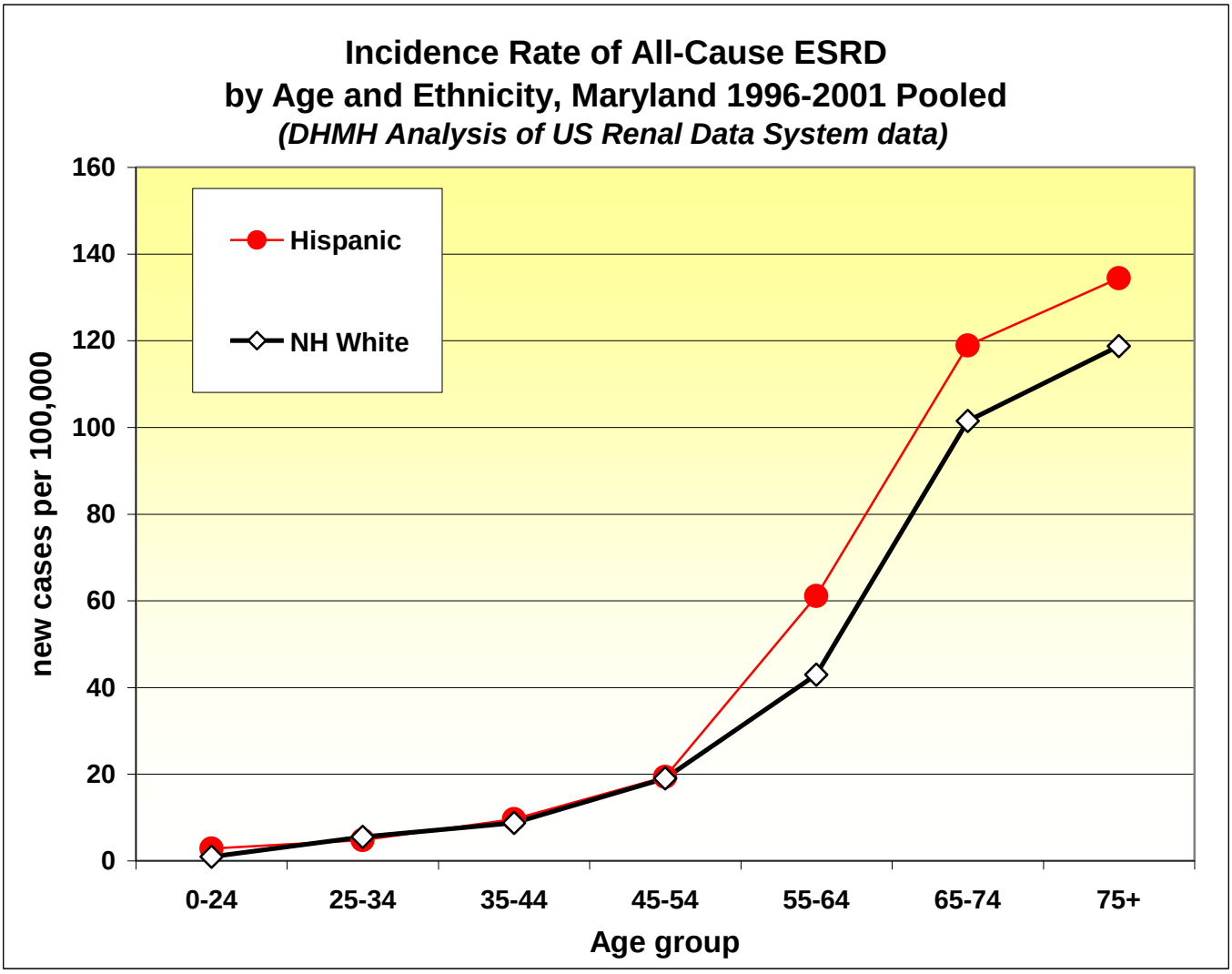


Source: DHMH Analysis of US Renal Data System Data [9]

Since diabetes and hypertension cause about two-thirds of all ESRD, the higher levels of ESRD in some minority populations in Maryland suggest that they have higher rates of and/or poorer control of diabetes and hypertension than do Whites.

Based on pooled data from 1996 through 2001, the rates of new cases of End-Stage Renal Disease (kidney disease, referred to as ESRD) in Maryland were about 20% to 30% higher for Hispanics than for Non-Hispanic Whites in the age groups older than 54 years of age [9]. (Hispanic ethnicity was not collected prior to 1996)

Figure 20. Incidence of All-cause ESRD by Age and Ethnicity, Maryland 1991-2001



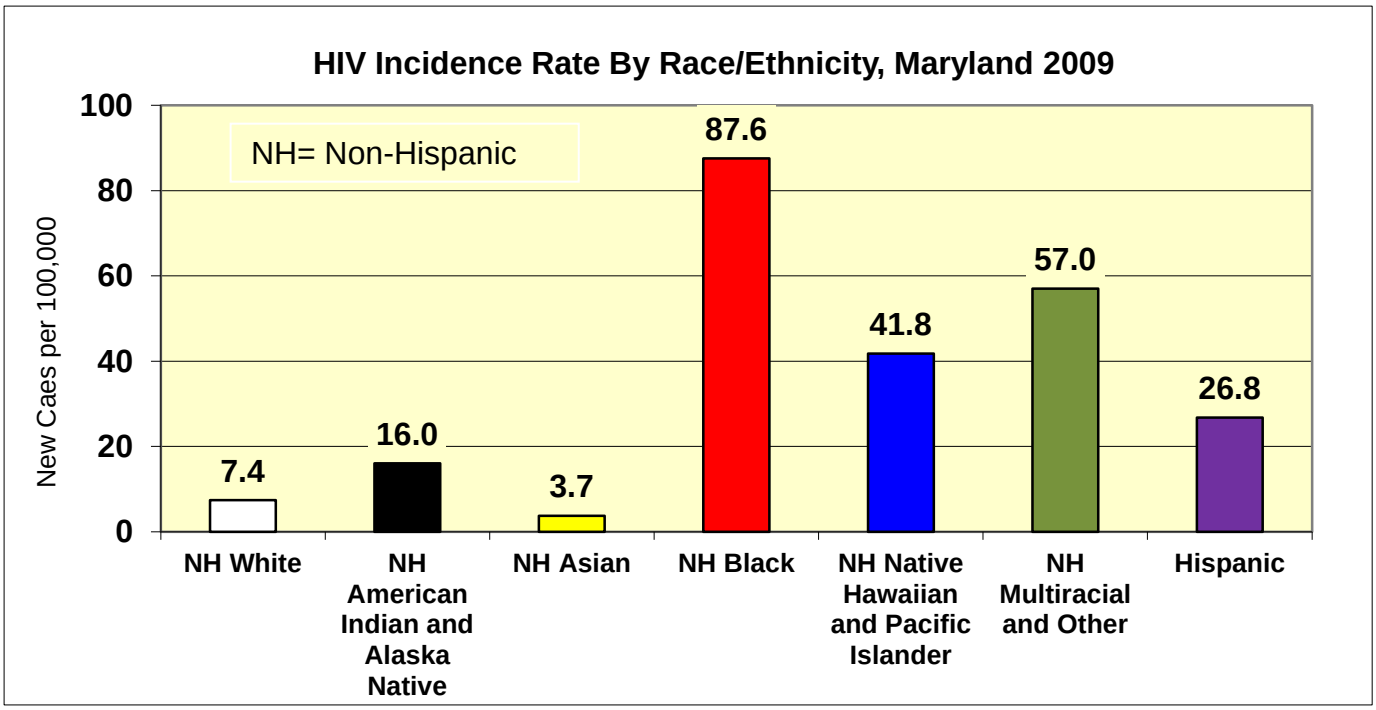
Source: DHMH Analysis of US Renal Data System Data [9]

HIV and AIDS

Compared to Non-Hispanic Whites, incidence rates for HIV infection are:

- 11.8 times higher for Non-Hispanic Blacks;
- 7.7 times higher for Non-Hispanic Multiracial and Other population;
- 5.6 times higher for Non-Hispanic Native Hawaiians and Pacific Islanders.
- 2.2 times higher for Non-Hispanic American Indians and Alaskan Natives;
- 3.6 times higher for Hispanics [4].

Figure 21. HIV Incidence Rate by Race and Ethnicity, Maryland 2009

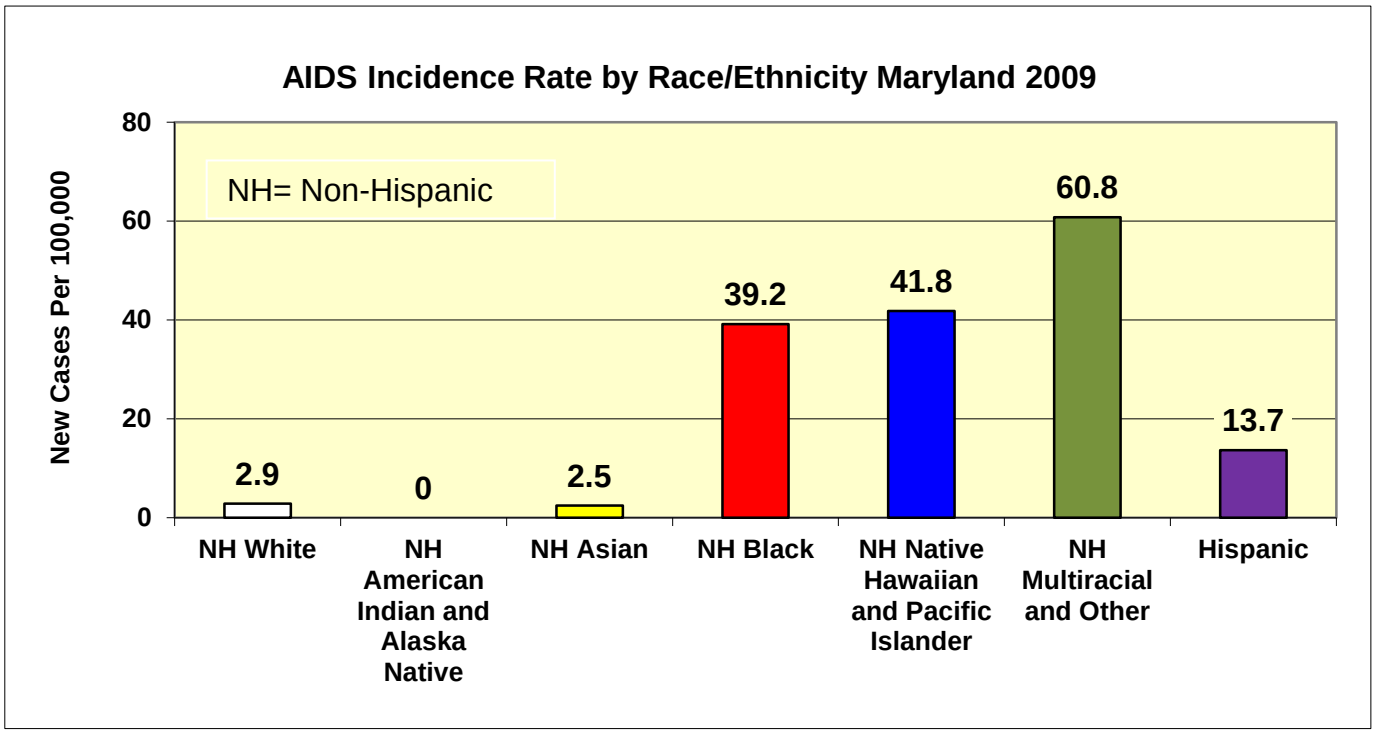


Source: Maryland HIV/AIDS Epidemiological Profile Fourth Quarter 2009 [4]

Compared to Non-Hispanic Whites, incidence rates for AIDS are:

- 21.0 times higher for Non-Hispanic Multiracial and Other population;
- 14.4 times higher for Non-Hispanic Native Hawaiians and Pacific Islanders;
- 13.5 times higher for Non-Hispanic Blacks;
- 4.7 times higher for Hispanics [4].

Figure 22. AIDS Incidence Rate by Race and Ethnicity, Maryland 2009



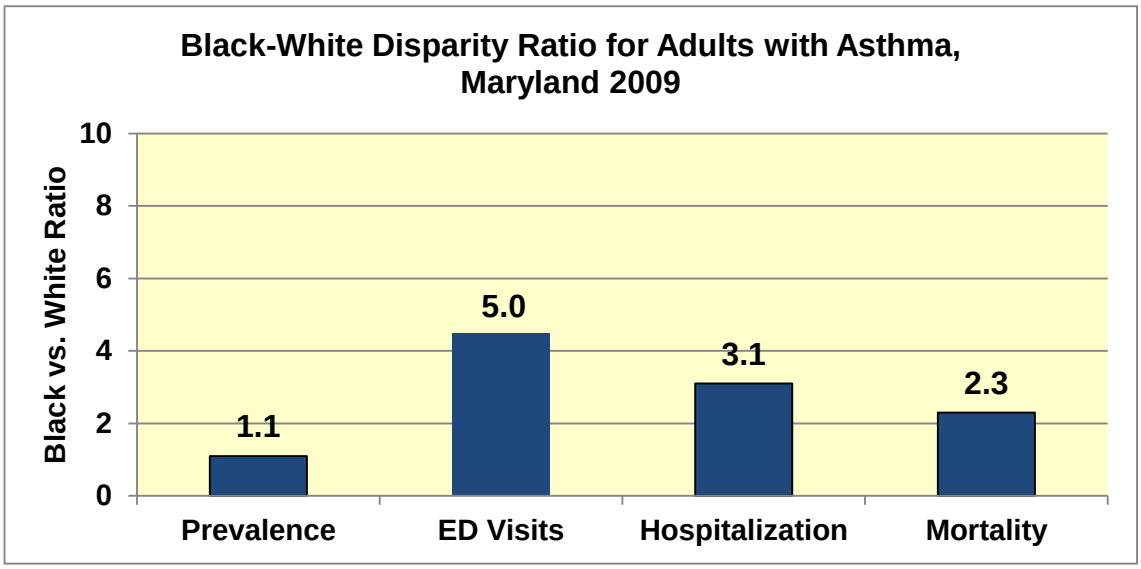
Source: Maryland HIV/AIDS Epidemiological Profile Fourth Quarter 2009 [4]

Asthma

In Figure 23 below, from the DHMH report Asthma in Maryland, 2011 [12], the disparity between Black or African American and White asthma indicators in 2009, expressed as a ratio, is shown for asthma prevalence, asthma emergency department visits, asthma hospitalizations, and asthma deaths for adults.

While Black or African American adult asthma prevalence was 1.1 times higher, their Emergency Department visits rate was 5.0 times higher, their Hospitalization rate was 3.1 times higher, and their Mortality rate was 2.3 times higher [12]. This indicates that the vast majority of Black or African American excess asthma morbidity and mortality are due not to differences in how many Blacks have asthma, but rather due to differences in how well asthma is controlled in those Blacks who have asthma.

Figure 23. Black vs. White Disparity Rate for Adults with Asthma, Maryland 2009



Maryland BRFSS, 2009; Maryland HSCRC, 2009; Maryland VSA, 2005-2009
Rates are age-adjusted to the 2000 U.S. standard population.

Source: Maryland Asthma Surveillance Report, Asthma in Maryland 2011 [12]

Disparities in Health Care Access and Utilization

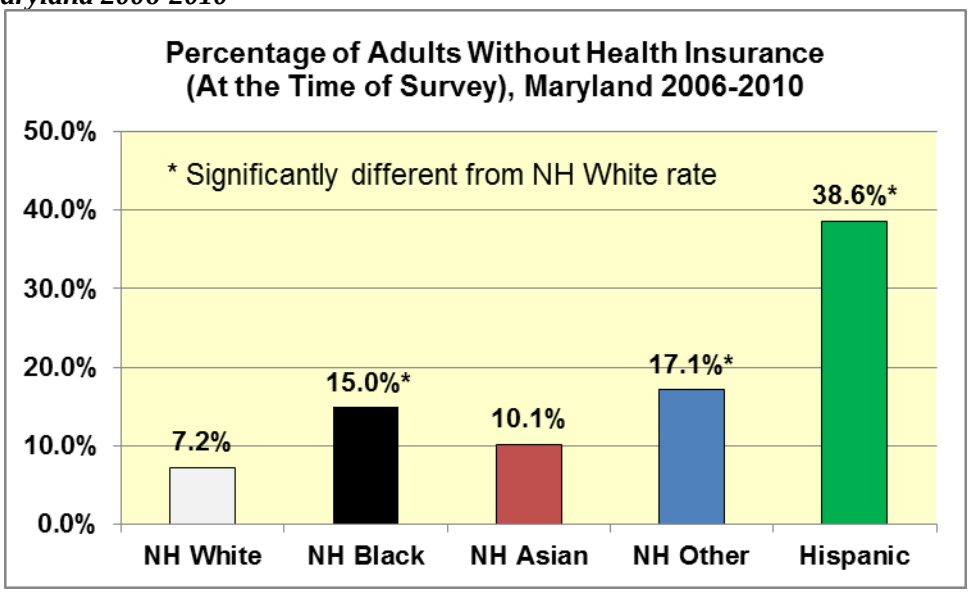
Lack of Health Insurance

Combining data from the 2006 through 2010 BRFSS, Maryland adults of all racial and ethnic minority groups had higher rates of lacking health insurance than Non-Hispanic White adults. Non-Hispanic Blacks, Hispanics and Non-Hispanic Other were statistically significantly more likely to be without health insurance [5].

For the period 2006 to 2010, compared to Non-Hispanic Whites, the proportion of Maryland adults reporting no health insurance at the time of the survey was

- 2.1 times higher for Non-Hispanic Blacks or African Americans,
- 5.4 times higher for Hispanic/Latinos,
- 2.4 times higher for Non-Hispanic other minorities,
- 1.4 times higher for Non-Hispanic Asians [5].

Figure 24. Percentage of Adults without Health Insurance, by Race and Ethnicity, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

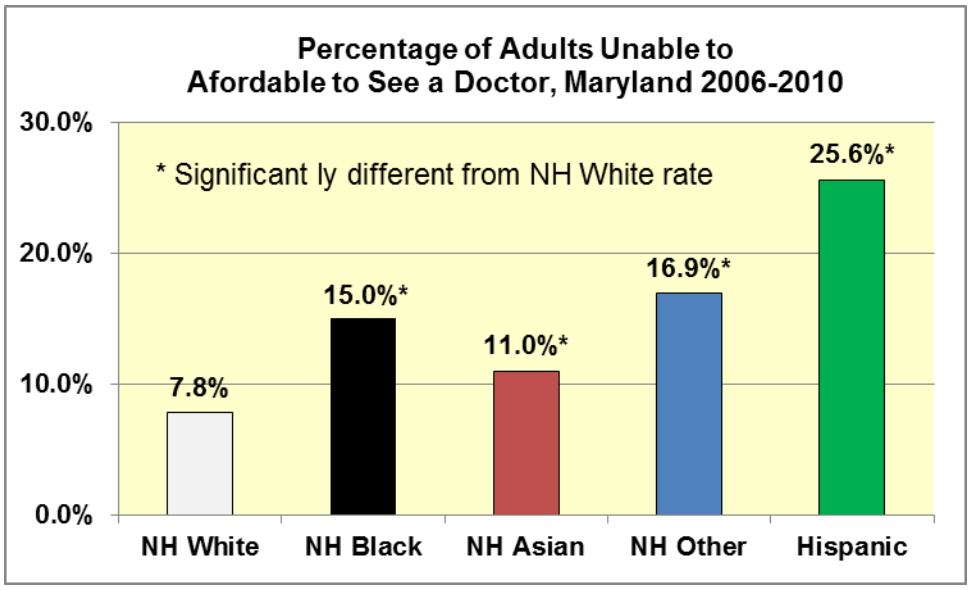
Inability to Afford Care

Combining data from the 2006 to 2010 BRFSS, Maryland adults of all racial and ethnic minority groups were statistically significantly more likely to be unable to afford to see a doctor (at some time in the prior year) than were Non-Hispanic White adults [5].

For the period 2006 to 2010, compared to Non-Hispanic Whites, the proportion of Maryland adults reporting an instance of being unable to afford care in the prior year was

- 1.9 times higher for Non-Hispanic Blacks or African Americans,
- 3.3 times higher for Hispanic/Latinos,
- 1.4 times higher for Non-Hispanic Asians,
- 2.2 times higher for other minorities combined [5].

Figure 25. Percentage of Adults Unable to Afford to See a Doctor, by Race and Ethnicity, Maryland 2006-2010



Source: Maryland BRFSS Data 2006 to 2010 [5]

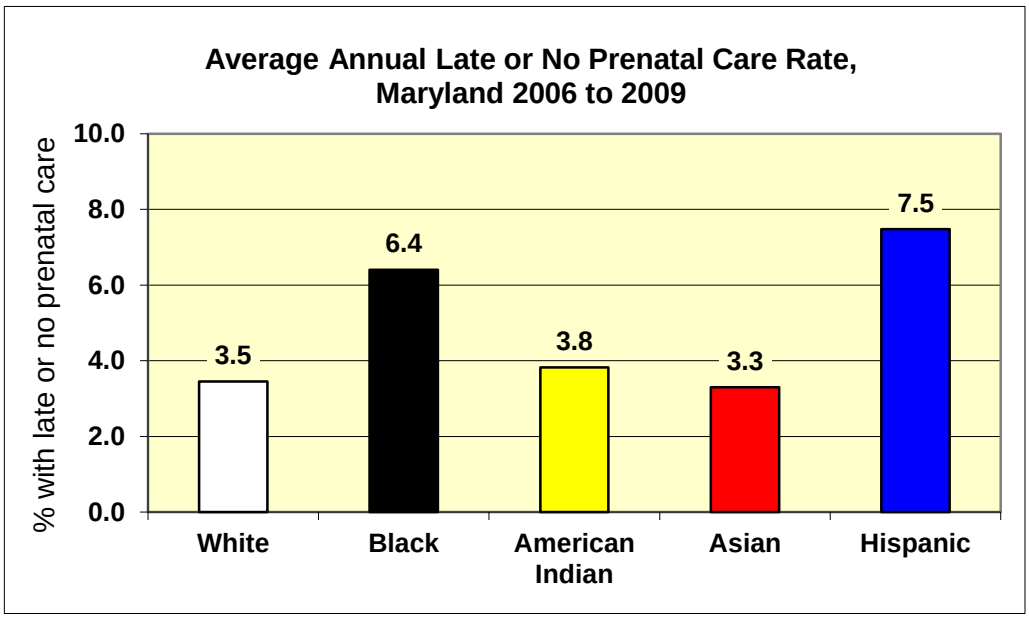
Utilization of Pre-Natal Care

From 2006 to 2009, compared to pregnant Non-Hispanic White women, the percent of pregnant minority women receiving late or no prenatal care was:

- 1.8 times higher for Black/African American women,
- 2.1 times higher for Hispanic women,
- 8.6% higher for American Indian/Alaska Native women [3].

In 2010, the race/ethnicity data collection methodology is different from the previous years due to the revision of Maryland birth certificates. The 2010 prenatal care rate for Whites, Blacks, and Hispanics were 4.0, 10.9, and 8.9 respectively.

Figure 26. Average Annual Rate of Late or No Prenatal Care, by Race and Ethnicity, Maryland 2006-2009



Source: Maryland Vital Statistics Annual Reports 2006 to 2009 [3]

Utilization of Mental Health Services

Maryland's Behavioral Risk Factor Surveillance System (BRFSS) data demonstrates an underutilization of mental health services by minority populations. In each of the three major age groups, Non-Hispanic Whites are twice as likely as minority persons to report having ever seen a provider for a mental health problem [6] (see Table 5), despite equal or greater burden of mental health disorders in the minority populations [7] (see Table 6).

Table 5. Percent of Maryland Adults Reporting Seeing a Provider for Mental Health Problem, by Race and Ethnicity, 2001-2002

Percent Reporting Ever Seeing a Provider for a Mental Health Problem By Race and Ethnicity, Maryland BRFSS 2001 and 2002 Pooled

	NH White	NH Black	NH Other	NH Multiracial	Hispanic
Age 18-44	24.8%	**13.4%***	**11.5%***	DNS	**14.7%***
Age 45-64	24.7%	**12.2%***	**7.0%***	DNS	DNS
Age 65 +	13.3%	**5.5%***	DNS	DNS	DNS

*** minority group is statistically significantly different from NH Whites**

DNS = Data not sufficient to report a result

Source: Maryland BRFSS Data 2001 to 2002 [6]

Table 6. Percent of Maryland Adults Reporting 30 days of Poor Mental Health in the Previous Month, by Race and Ethnicity, 2003-2007

Percent Reporting 30 days of Poor Mental Health in Previous Month By Race and Ethnicity, Maryland BRFSS 2003 to 2007 Pooled

	NH White	NH Black	NH Other	NH Multiracial	Hispanic
Age 18-44	3.9%	**5.7%***	3.6%	6.2%	4.9%
Age 45-64	4.7%	5.6%	6.0%	**13.1%***	5.4%
Age 65 +	3.2%	3.8%	2.2%	DNS	3.5%

*** minority group is statistically significantly different from NH Whites**

DNS = Data not sufficient to report a result

Source: Maryland BRFSS Data 2003 to 2007 [7]

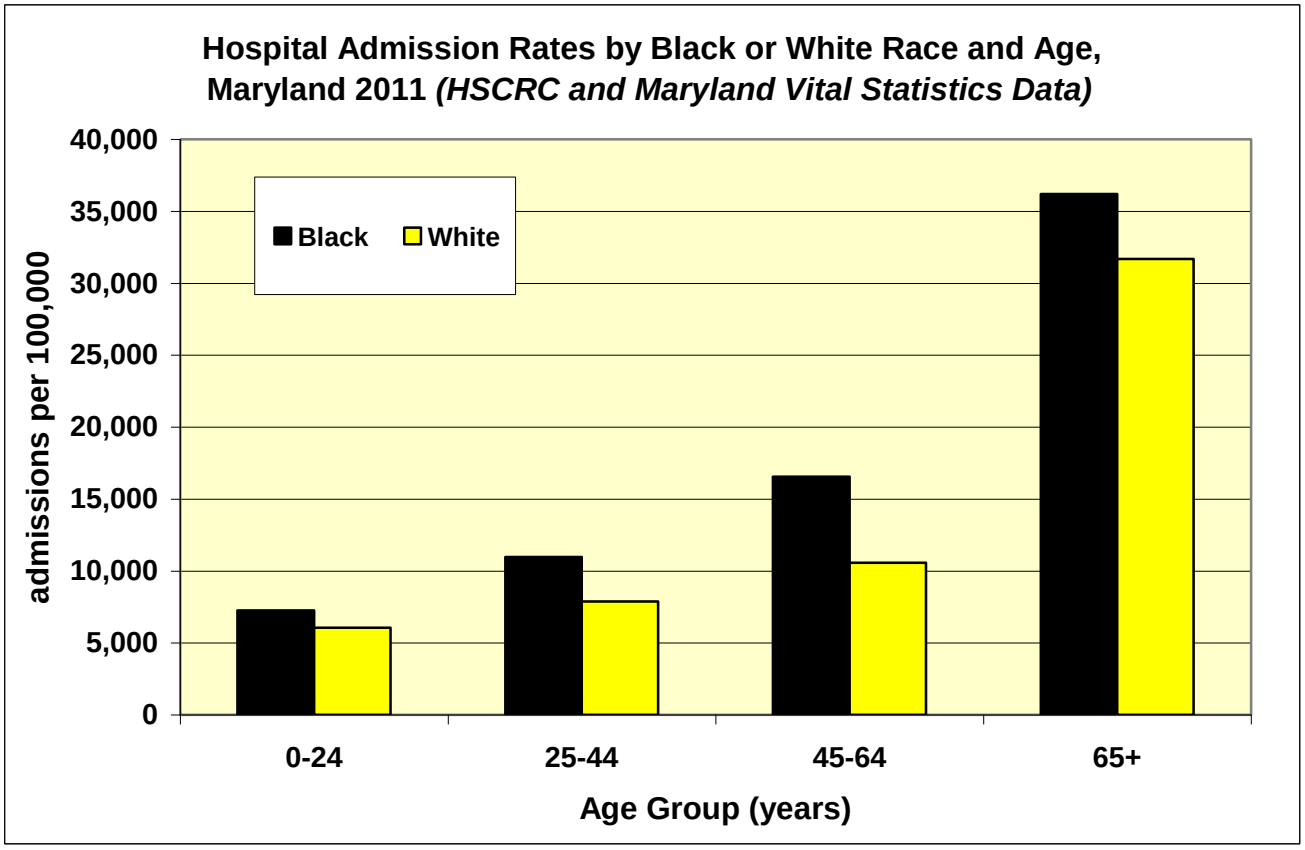
NOTE: Maryland BRFSS mental health data is not available for the period of 2006-2010

Cost of Disparities

Cost of Excess Black or African American Hospital Admissions

Maryland Hospital Discharge Data permits an estimation of the hospital component cost of excess Black or African American hospital admissions. The figure and table below show the difference by age groups in hospital admission rates between Blacks and Whites, and the cost of that difference, for 2011 [11].

Figure 27. Hospital Admission Rates by Race and Age, Maryland 2011



MHHD – Office of Minority Health and Health Disparities, DHMH
HSCRC – Health Services Cost Review Commission
Source: MHHD analysis of HSCRC 2011 hospital discharge data [11]

Table 7. Hospital Cost of Excess Black or African American Hospital Admissions, Maryland 2011

Age	Black to White Ratio	Black excess	Black % excess	Black excess cost
0-24	1.20	1,198	16.5%	$ 74 million
25-44	1.39	3,073	28.0%	$ 169 million
45-64	1.56	5,966	36.1%	$ 411 million
65+	1.14	4,505	12.5%	$ 113 million
Total				**$ 767 million**

Source: MHHD analysis of HSCRC 2011 hospital discharge data [11]

In Table 7 above, the Black to White ratio indicates how many times higher the Black admission rate is than the White rate. The Black excess shows how many excess admissions per 100,000 occur in the Black population. Black % excess indicates what percent of the Black admissions are excess (would not occur if Black rates were the same as White rates). Finally, the Black excess cost is the cost in hospital charges that are due to the excess Black admissions. In 2011 there were 767 million dollars of excess Black hospital charges due to the Black disparity in hospital admission rates. This is the **frequency disparity**.

The frequency disparity is not the entire disparity picture for hospital admissions. In addition to the higher Black rate of admissions, the average cost of Black admissions is higher than the average cost of White admissions. This is because, on average, Blacks are sicker than Whites on admission, leading to longer and more expensive hospital stays. This represents a disease **severity disparity** experienced by Blacks that is separate from the frequency disparity. When the excess cost of the average Black admission was applied to the non-excess Black admissions, the cost of this severity disparity was estimated to be 47 million dollars in 2011.

Therefore, the total Black excess hospital cost due to disparities in Maryland in 2011 is the sum of 767 million dollars and 47 million dollars, or a total of **814 million dollars of excess cost**.

Mortality Disparity Trends for Major Chronic Conditions

Heart Disease

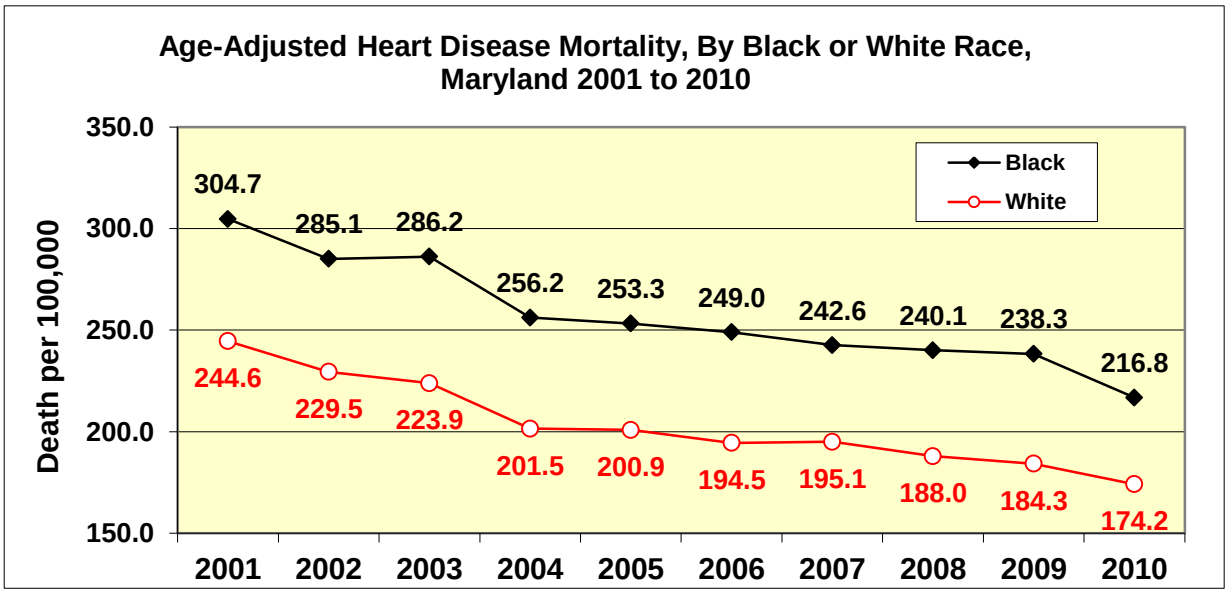
Table 8. Change in Age-adjusted Heart Disease Mortality Disparity for Blacks or African Americans, Maryland 2001-2010

Heart Mortality Rates, Rate Differences, and Percent Change, Maryland 2001-2010 (rates are age-adjusted rates per 100,000)			
	2001	2010	Percent Change
Black Heart Mortality	304.7	216.8	-28.8%
White Heart Mortality	244.6	174.2	-28.8%
Mortality Difference	60.1	42.6	-29.1%

Source: Maryland Vital Statistics Annual Report 2010 [3]

- Black heart disease mortality rate was reduced by 28.8%.
- White heart disease mortality rate was reduced by 28.8% as well.
- The mortality rate difference between the groups was reduced by 29.1%

Figure 28. Age-adjusted Heart Disease Mortality Rate by Black or White Race, Maryland 2001-2010



Source: Maryland Vital Statistics Annual Report 2010 [3]

Cancer

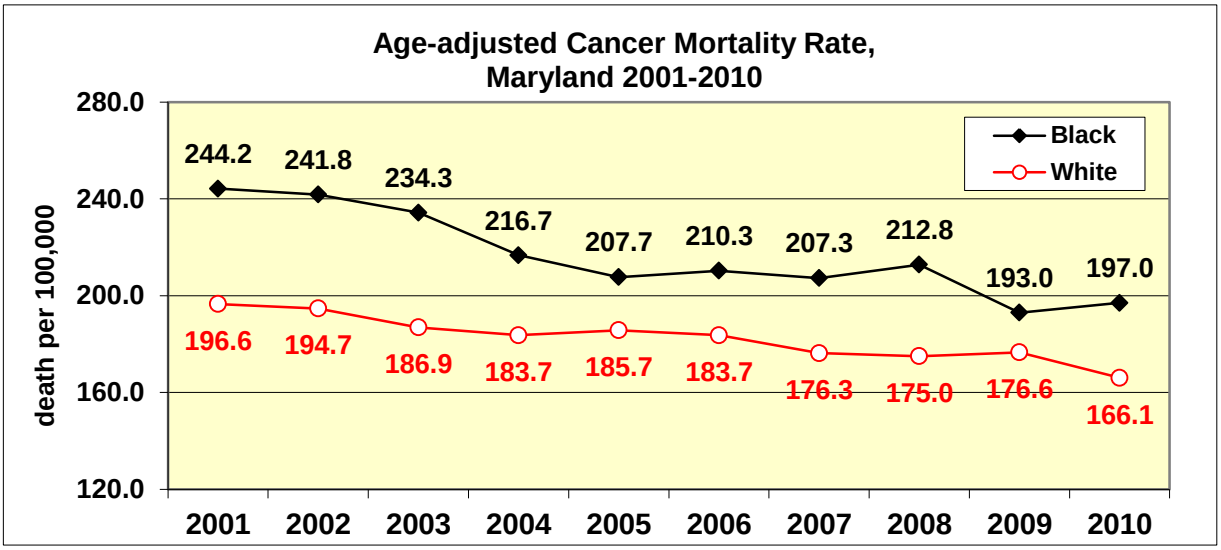
Table 9. Change in Age-adjusted Cancer Mortality Disparity for Blacks or African Americans, Maryland, 2001-2010

Cancer Mortality Rates, Rate Differences, and Percent Change, Maryland 2000-2009 (rates are age-adjusted rates per 100,000)			
	2001	2010	Percent Change
Black Cancer Mortality	244.2	197.0	-19.3%
White Cancer Mortality	196.6	166.1	-15.5%
Mortality Difference	47.6	30.9	-35.1%

Source: Maryland Vital Statistics Annual Report 2010 [3]

- Since 2001, awareness and screening activities were undertaken, targeting minorities in Maryland.
- Since 2001, the cancer mortality disparity has been reduced by 35.1%;
  - White cancer mortality rate was reduced by 15.5%;
  - Black cancer mortality rate was reduced by 19.3%.

Figure 29. Age-adjusted Cancer Mortality Rate by Black or White Race, Maryland 2001-2010



Source: Maryland Vital Statistics Annual Report 2010 [3]

Stroke

Table 10. Change in Age-adjusted Stroke Mortality Disparity for Blacks or African Americans, Maryland 2001-2010

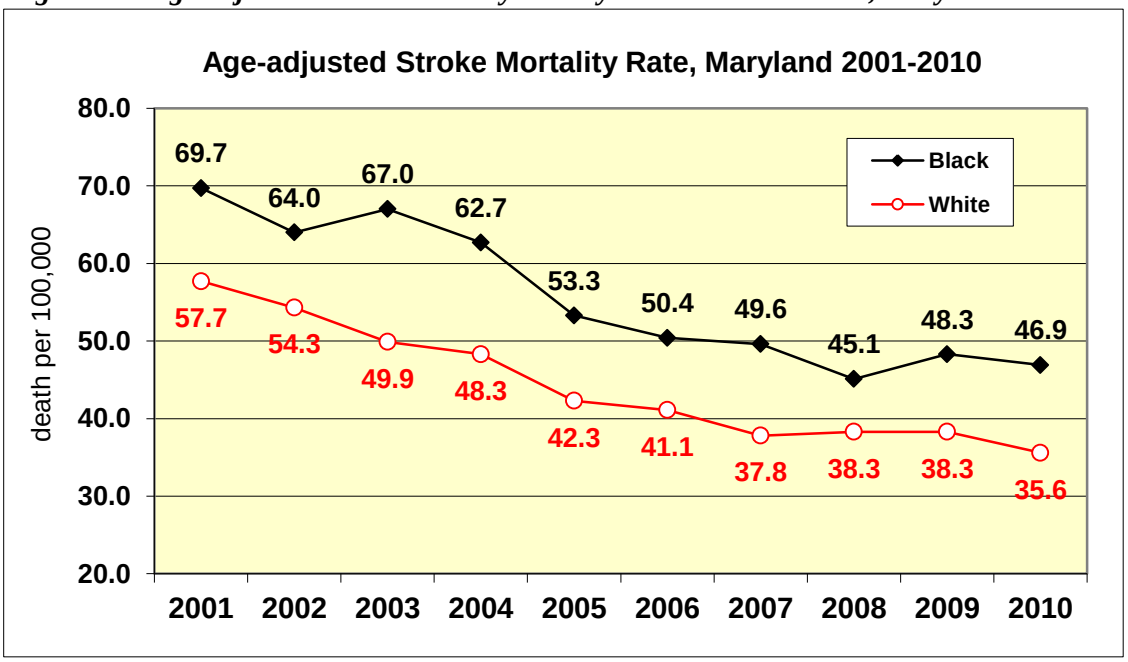
Stroke Mortality Rates, Rate Differences, and Percent Change, Maryland 2001-2010 (rates are age-adjusted rates per 100,000)

	2001	2010	Percent Change
Black Stroke Mortality	**69.7**	**46.9**	**-32.7%**
White Stroke Mortality	**57.7**	**35.6**	**-38.3%**
Mortality Difference	**12.0**	**11.3**	**-5.8%**

Source: Maryland Vital Statistics Annual Report 2010 [3]

- Black stroke mortality rate was reduced by 32.7%;
- White stroke mortality rate was reduced by 38.3%;
- The mortality rate difference between the groups was reduced by 5.8%.

Figure 30. Age-adjusted Stroke Mortality Rate by Black or White Race, Maryland 2001-2010



Source: Maryland Vital Statistics Annual Report 2010 [3]

Diabetes

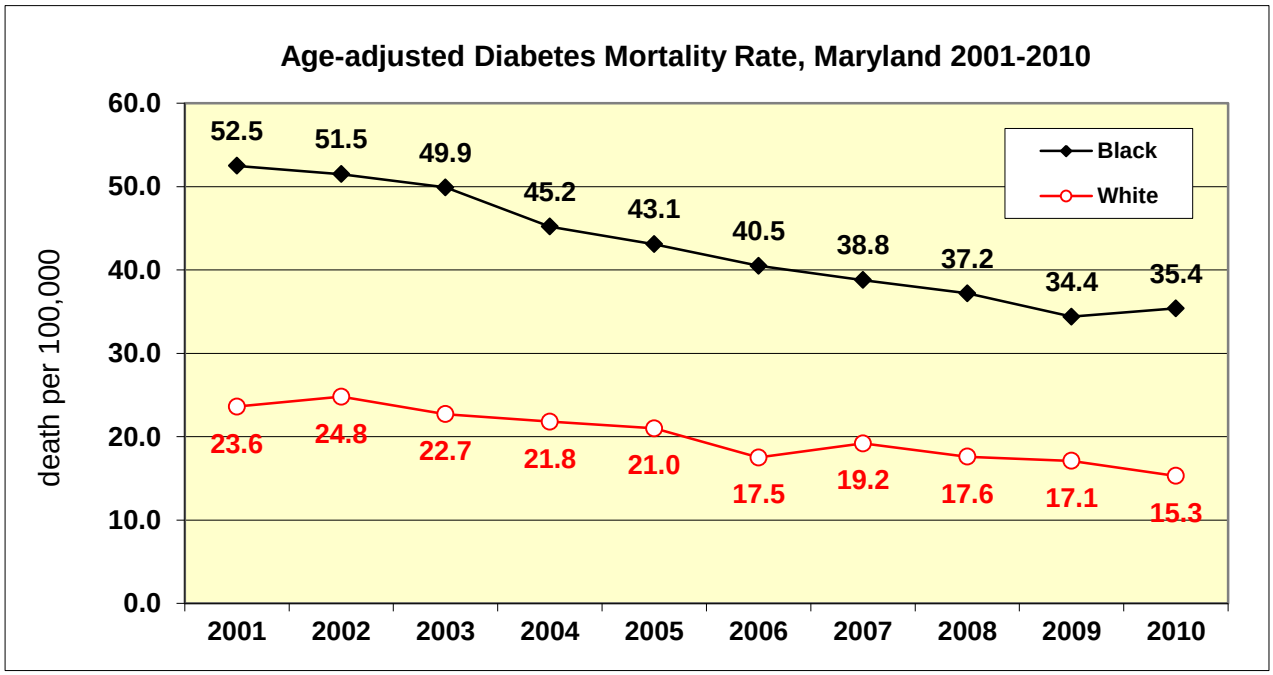
Table 11. Change in Age-adjusted Diabetes Mortality Disparity for Blacks or African Americans, Maryland 2001-2010

Diabetes Mortality Rates, Rate Differences, and Percent Change Maryland 2001-2010 (rates are age-adjusted rates per 100,000)			
	2001	2010	Percent Change
Black Diabetes Mortality	52.5	35.4	-32.6%
White Diabetes Mortality	23.6	15.3	-35.2%
Mortality Difference	28.9	20.1	-30.4%

Source: Maryland Vital Statistics Annual Report 2010 [3]

- Black diabetes mortality rate was reduced by 32.60%;
- White diabetes mortality rate was reduced by 35.2%;
- The mortality rate difference between the groups was reduced by 30.4%.

Figure 31. Age-adjusted Diabetes Mortality Rate by Black or White Race, Maryland 2001-2010



Source: Maryland Vital Statistics Annual Report 2010 [3]

HIV/AIDS

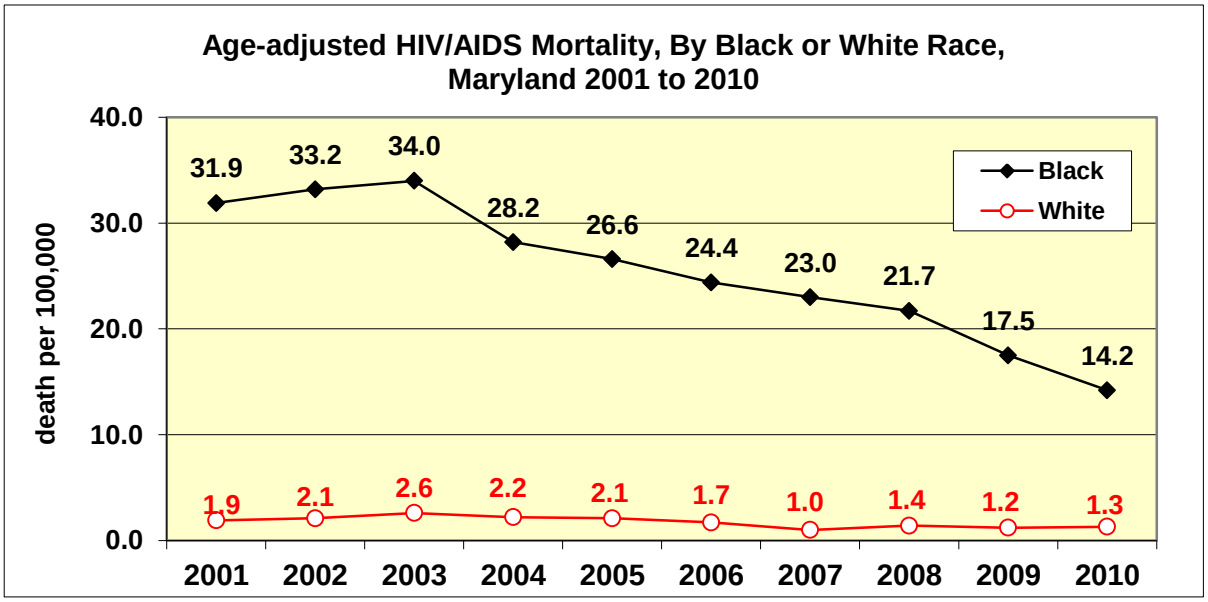
Table 12. Change in Age-adjusted HIV / AIDS Mortality Disparity for Blacks or African Americans, Maryland 2001-2010

HIV/AIDS Mortality Rates, Rate Differences, and Percent Change, Maryland 2001-2010 (rates are age-adjusted rates per 100,000)			
	2001	2010	Percent Change
Black HIV/AIDS Mortality	31.9	14.2	-55.5%
White HIV/AIDS Mortality	1.9	1.3	-31.6%
Mortality Difference	30.0	12.9	-57.0%

Source: Maryland Vital Statistics Annual Report 2010 [3]

- Black HIV / AIDS mortality rate was reduced by 55.5%;
- White HIV / AIDS mortality rate was reduced by 31.6%;
- The mortality rate difference between the groups was reduced by 57.0%.

Figure 32. Age-adjusted HIV / AIDS Mortality Rate by Black or White Race, Maryland 2001-2010



Source: Maryland Vital Statistics Annual Report 2010 [3]

All-causes of Death

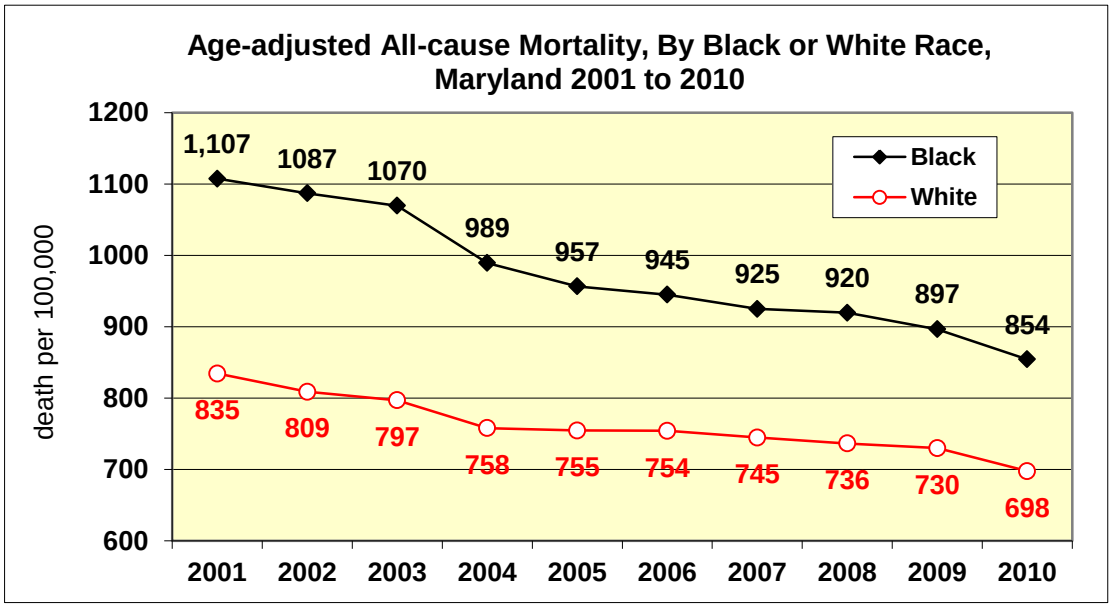
Table 13. Change in Age-adjusted All-cause Mortality Disparity for Blacks or African Americans, Maryland 2001-2010

All-cause Mortality Rates, Rate Differences, and Percent Change, Maryland 2001-2010 (rates are age-adjusted rates per 100,000)			
	2001	2010	Percent Change
Black All-cause Mortality	1107.3	854.3	-22.8%
White All-cause Mortality	834.5	697.8	-16.4%
Mortality Difference	272.8	156.5	-42.6%

Source: **Maryland Vital Statistics Annual Report 2010 [3]**

- Black all-cause mortality rate was reduced by 22.8%;
- White all-cause mortality rate was reduced by 16.4%;
- The mortality rate difference between the groups was reduced by 42.6%.

Figure 33. Age-adjusted All-cause Mortality Rate by Black or White Race, Maryland 2001-2010



Source: Maryland Vital Statistics Annual Report 2010 [3]

IV. Gender-Specific Health

Women's Health

This section on women's health highlights mortality rates for women for leading causes of death, and for cancers specific to women.

Currently, mortality data on minority groups is most reliable for Blacks or African Americans since they represent the largest proportion of minorities in Maryland. A variety of factors limit the ability to draw conclusions about the relative health of Maryland's other minority populations from their mortality data as it exists in our current data systems (see the detailed explanation of these factors on page 2). For these reasons, the comparisons in this section are limited to comparisons of mortality between Black or African American and White women in Maryland. The Office of Minority Health and Health Disparities is working to develop approaches to data collection and analysis that will allow us to improve data reporting for Maryland's smaller minority communities.

Leading Causes of Death for Women

Table 14 shows the Maryland mortality disparity between Black or African American and White women for the top 14 causes of death in 2010 [3]. The table includes ranking results for mortality rate ratios, excess mortality rates, and the statewide cause of death rank. Some key findings are:

- HIV/AIDS was the 13th statewide leading cause of death; however, it had the number one mortality rate ratio disparity for Blacks or African Americans compared to Whites. Black or African American women had 12.4 times the death rate of White women for HIV/AIDS.

- Black or African American women had higher mortality rates than White women for 8 of the top 14 causes of death, while White women had higher mortality rates than Black or African American women for 6 of the top 14 causes of death.

- Heart disease was the leading cause of death for all women, and for Black or African American women. Heart disease had the largest Black to White mortality rate disparity for women (when measured as the difference between the death rates), accounting for more than a quarter of the disparity for all causes.

- Cancer was a close second to heart disease as a cause of death for all women and was the first cause of death for White women. Cancer had the second largest Black to White mortality rate disparity for women (when measured as the difference

between the death rates), accounting for just under a quarter of the disparity in all causes of death.

- Heart disease and cancer together accounted for almost half of all mortality, and more than half the Black-White mortality rate disparity (as the rate difference).

- Diabetes and kidney diseases were the third and fourth largest contributors to the Black to White mortality rate disparity for women (when measured as the difference between the death rates).

Table 14. Black or African American vs. White Women's Mortality Disparity for the Top 14 Causes of Death, Maryland 2010

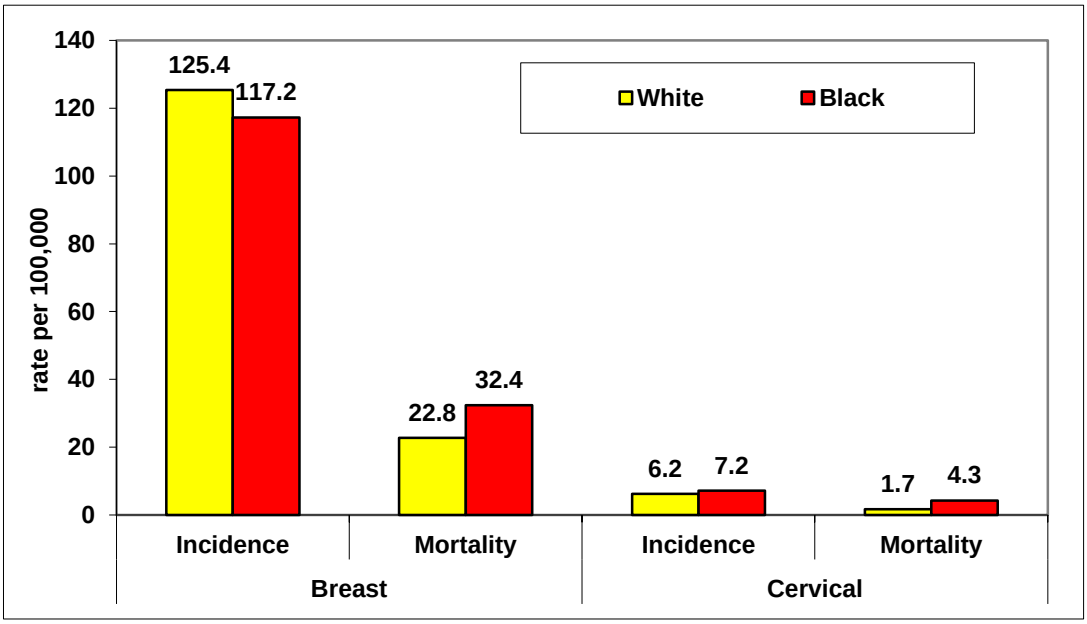
Ratio Disparity Rank	Excess rate Disparity Rank	Statewide Cause of Death Rank*	Disease	Age-adjusted Mortality per 100,000 Black	White	Ratio	Age-adjusted Difference per 100,000
			All Causes	**719.3**	**600.3**	**1.2**	**119.0**
6	1	1	Heart Disease	180.7	142.5	1.3	38.2
8	2	2	Cancer	165.8	143.2	1.2	22.6
7	5	3	Stroke	44.2	35.5	1.2	8.7
		4	Chronic Lung Disease	19.9	37.8	0.5	-17.9
		5	Accidents	13	16.7	0.8	-3.7
3	3	6	Diabetes	32.8	11.7	2.8	21.1
		7	Alzheimer's Disease	14.7	19.1	0.8	-4.4
		8	Flu & Pneumonia	12.4	12.8	1.0	-0.4
5	7	9	Septicemia	19.4	12.5	1.6	6.9
4	4	10	Kidney Diseases	19.7	8.7	2.3	11.0
2	8	11	Homicide	4.6	1.3	3.5	3.3
		12	Suicide	1.2	4.0	0.3	-2.8
1	6	13	HIV / AIDS	8.7	0.7	12.4	8.0
		14	Chronic Liver Disease	3.4	5.0	0.7	-1.6

*** In this column is the ranking of the condition as a cause of death for all races and genders combined.**
Source: Maryland Vital Statistics Annual Report 2010 [3]

Women's Cancer

Reproductive system cancers are examples of gender-specific health issues. Breast and cervical cancer represent two important cancers for women, for which screening, early detection, and prompt treatment can be lifesaving. Figure 34 shows that for cervical cancer, both the incidence (rate of new cases) and mortality rates are higher for Black or African American women than for White women in Maryland [13]. For breast cancer, despite a lower incidence rate, Black or African American women suffer a higher mortality rate than White women in Maryland. For both of these cancers, improving screening and treatment for Black or African American women is needed to close the disparity in cancer mortality.

Figure 34. Age-adjusted Incidence and Mortality Rates for Breast and Cervical Cancer, by White or Black Race, Maryland 2007



Source: Maryland Cigarette Restitution Fund Program, Maryland Cancer Report 2010 [13]

Men's Health

This section on men's health highlights mortality rates for men for leading causes of death, and for prostate cancer.

Currently, mortality data on minority groups is most reliable for Blacks or African Americans since they represent the largest proportion of minorities in Maryland. A variety of factors limit the ability to draw conclusions about the relative health of Maryland's other minority populations from their mortality data as it exists in our current data systems (see the detailed explanation of these factors on page 2 of the report). For these reasons, the comparisons in this section are limited to comparisons of mortality between Black or African American and White men in Maryland. The Office of Minority Health and Health Disparities is working to develop approaches to data collection and analysis that will allow us to improve data reporting for Maryland's smaller minority communities.

Leading Causes of Death for Men

Table 15 shows Maryland mortality disparities between Black or African American and White men for the top 14 causes of death in 2010 [3] . Rankings for the disparity ratio, excess disparity rate, and statewide cause of death are included. Some key findings are:

- HIV/AIDS was the 13th statewide leading cause of death; however, it had the number one mortality rate ratio disparity for Blacks or African Americans compared to Whites. Black or African American men had 11.1 times the death rate of White men.

- Black or African American men's mortality rates were higher than White men's rates for 10 of the top 14 causes of death, while White men's mortality rates were higher than Black or African American men's rates for 4 of the top 14 causes of death.

- Heart disease was the leading cause of death for all men, and for Black or African American men and White men when considered separately. Heart disease had the largest Black to White mortality rate disparity for men (when measured as the difference between the death rates), accounting for one fourth of the disparity for all causes.

- Cancer was a close second to heart disease as a cause of death for all men and for Black or African American and White men. Cancer had the second largest Black to White mortality rate disparity for men (when measured as the difference between the death rates), accounting for just under one fourth of the disparity in all causes of death.

- Heart disease and cancer together accounted for about half of all mortality, and for just under half of the Black to White mortality rate disparity (when measured as the difference between the death rates).

- Homicide, HIV/AIDS and Diabetes were the third to fifth largest contributors to the Black to White mortality rate disparity for men (when measured as the difference between the death rates).

Table 15. Black or African American vs. White Men's Mortality Disparity for the Top 14 Causes of Death, Maryland 2010

Ratio Disparity Rank	Excess rate Disparity Rank	Statewide Cause of Death Rank*	Disease	Age-adjusted Mortality per 100,000 Black	White	Ratio	Age-adjusted Difference per 100,000
			All Causes	**1048.6**	**817.5**	**1.3**	**231.1**
7	1	1	Heart Disease	270.1	212.7	1.3	57.4
8	2	2	Cancer	251.1	199.0	1.3	52.1
6	6	3	Stroke	50.3	35.0	1.4	15.3
		4	Chronic Lung Disease	29.1	42.4	0.7	-13.3
		5	Accidents	35.2	36.2	1.0	-1.0
5	5	6	Diabetes	37.1	20.0	1.9	17.1
		7	Alzheimer's Disease	11.7	15.0	0.8	-3.3
9	9	8	Flu & Pneumonia	22.5	19.5	1.2	3.0
3	7	9	Septicemia	28.2	13.6	2.1	14.6
4	8	10	Kidney Diseases	27.8	14.9	1.9	12.9
2	3	11	Homicide	34.2	3.6	9.5	30.6
		12	Suicide	8.3	17.3	0.5	-9.0
1	4	13	HIV / AIDS	21.1	1.9	11.1	19.2
10	10	14	Chronic Liver Disease	11.4	10.0	1.1	1.4

*** In this column is the ranking of the condition as a cause of death for all races and genders combined.**
Source: Maryland Vital Statistics Annual Report 2010 [3]

Men's Cancer

Prostate cancer is a gender-specific health issue for men. Because some prostate cancers grow very slowly, some older patients with prostate cancer will not have any meaningful impact on their lifespan or their health from the disease. Other patients may develop prostate cancer at a younger age and have a type that grows and spreads rapidly. Because of this variability in the disease, decisions about screening and treatment can be complex.

Figure 35 shows that in Maryland, both the incidence and mortality rates due to prostate cancer are higher for Black or African American men than for White men [13]. While the ratio of incidence rates is only 1.4 to one, the ratio of mortality rates is 2.0 to one. This suggests that prostate cancer in African American men is diagnosed at a more advanced stage, when long term survival is less likely.

Mortality rates for breast cancer in White women are similar to mortality rates for prostate cancer for White men. However, the prostate cancer mortality rate in Black or African American men is about 1.4 times higher than breast cancer mortality rate in Black or African American women [13].

Figure 35. Age-adjusted Incidence and Mortality Rates for Prostate Cancer, by Black or White Race, Maryland 2007

Source: Maryland Cigarette Restitution Fund Program, Maryland Cancer Report 2010 [13]

V. Jurisdiction-Specific Data

Detailed Maryland Population Distribution by Jurisdiction for Each Racial and Ethnic Minority Group

American Indian or Alaska Native

In 2010, American Indians or Alaska Natives with no additional racial heritage represented 0.35% of Maryland's overall population, and between 0.14% and 0.65% depending on jurisdiction. Additionally, the data for American Indians or Alaska Natives alone or in combination with other races showed that this group represented 1.02% of Maryland's overall population, and between 0.47% and 1.83% depending on jurisdiction [1]. These data indicate that most of this population lived in the Baltimore Metro and National Capital areas.

Table 16. American Indian or Alaska Native Alone in Maryland by Jurisdiction, 2010

	All races	American Indian Alone	% of jurisdiction that is Am-Indian	% of Maryland Am-Indian Pop that lives in the Jurisdiction
MARYLAND	**5,773,552**	**20,420**	**0.35%**	**100.00%**
NORTHWEST AREA	**485,999**	**1,194**	**0.25%**	**5.85%**
GARRETT	30,097	43	0.14%	0.21%
ALLEGANY	75,087	107	0.14%	0.52%
WASHINGTON	147,430	314	0.21%	1.54%
FREDERICK	233,385	730	0.31%	3.57%
BALTIMORE METRO AREA	**2,662,691**	**8,368**	**0.31%**	**40.98%**
BALTIMORE CITY	620,961	2,270	0.37%	11.12%
BALTIMORE	805,029	2,625	0.33%	12.86%
ANNE ARUNDEL	537,656	1,665	0.31%	8.15%
CARROLL	167,134	328	0.20%	1.61%
HOWARD	287,085	866	0.30%	4.24%
HARFORD	244,826	614	0.25%	3.01%
NATIONAL CAPITAL AREA	**1,835,197**	**7,897**	**0.43%**	**38.67%**
MONTGOMERY	971,777	3,639	0.37%	17.82%
PRINCE GEORGE'S	863,420	4,258	0.49%	20.85%
SOUTHERN AREA	**340,439**	**1,710**	**0.50%**	**8.37%**
CALVERT	88,737	329	0.37%	1.61%
CHARLES	146,551	957	0.65%	4.69%
ST MARY'S	105,151	424	0.40%	2.08%
EASTERN SHORE AREA	**449,226**	**1,251**	**0.28%**	**6.13%**
CECIL	101,108	294	0.29%	1.44%
KENT	20,197	42	0.21%	0.21%
QUEEN ANNE'S	47,798	149	0.31%	0.73%
CAROLINE	33,066	123	0.37%	0.60%
TALBOT	37,782	65	0.17%	0.32%
DORCHESTER	32,618	112	0.34%	0.55%
WICOMICO	98,733	236	0.24%	1.16%
SOMERSET	26,470	85	0.32%	0.42%
WORCESTER	51,454	145	0.28%	0.71%

Table 17. American Indian or Alaska Native Alone or In Combination with One or More Other Races in Maryland by Jurisdiction, 2010

	All races	American Indian	% of jurisdiction that is Am-Indian	% of Maryland Am-Indian Pop that lives in the Jurisdiction
MARYLAND	**5,773,552**	**58,657**	**1.02%**	**100.00%**
NORTHWEST AREA	**485,999**	**3,681**	**0.76%**	**6.28%**
GARRETT	30,097	141	0.47%	0.24%
ALLEGANY	75,087	406	0.54%	0.69%
WASHINGTON	147,430	1,120	0.76%	1.91%
FREDERICK	233,385	2,014	0.86%	3.43%
BALTIMORE METRO AREA	**2,662,691**	**25,131**	**0.94%**	**42.84%**
BALTIMORE CITY	620,961	6,441	1.04%	10.98%
BALTIMORE	805,029	7,395	0.92%	12.61%
ANNE ARUNDEL	537,656	5,347	0.99%	9.12%
CARROLL	167,134	973	0.58%	1.66%
HOWARD	287,085	2,887	1.01%	4.92%
HARFORD	244,826	2,088	0.85%	3.56%
NATIONAL CAPITAL AREA	**1,835,197**	**21,175**	**1.15%**	**36.10%**
MONTGOMERY	971,777	9,613	0.99%	16.39%
PRINCE GEORGE'S	863,420	11,562	1.34%	19.71%
SOUTHERN AREA	**340,439**	**4,982**	**1.46%**	**8.49%**
CALVERT	88,737	1,068	1.20%	1.82%
CHARLES	146,551	2,683	1.83%	4.57%
ST MARY'S	105,151	1,231	1.17%	2.10%
EASTERN SHORE AREA	**449,226**	**3,688**	**0.82%**	**6.29%**
CECIL	101,108	936	0.93%	1.60%
KENT	20,197	136	0.67%	0.23%
QUEEN ANNE'S	47,798	350	0.73%	0.60%
CAROLINE	33,066	330	1.00%	0.56%
TALBOT	37,782	213	0.56%	0.36%
DORCHESTER	32,618	315	0.97%	0.54%
WICOMICO	98,733	761	0.77%	1.30%
SOMERSET	26,470	240	0.91%	0.41%
WORCESTER	51,454	407	0.79%	0.69%

Source: 2010 Census Demographic Profiles, Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Asian

In 2010, Asians with no additional racial heritage represented 5.52% of Maryland's overall population, and between 0.25% and 14.36% depending on jurisdiction. Additionally, the data for Asians alone or in combination with one or more other races showed that this group represented 6.41% of total population, and between 0.40% and 15.97% depending on jurisdiction. These data indicate that most of this population lived in the National Capital Area (Montgomery County had nearly half of this population), with the Baltimore Metro Area second [1].

Table 18. Asians Alone in Maryland by Jurisdiction, 2010

	All races	Asian Alone	% of jurisdiction that is Asian	% of Maryland Asian Pop that lives in the Jurisdiction
MARYLAND	**5,773,552**	**318,853**	**5.52%**	**100.00%**
NORTHWEST AREA	**485,999**	**11,646**	**2.40%**	**3.65%**
GARRETT	30,097	76	0.25%	0.02%
ALLEGANY	75,087	568	0.76%	0.18%
WASHINGTON	147,430	2,056	1.39%	0.64%
FREDERICK	233,385	8,946	3.83%	2.81%
BALTIMORE METRO AREA	**2,662,691**	**122,442**	**4.60%**	**38.40%**
BALTIMORE CITY	620,961	14,548	2.34%	4.56%
BALTIMORE	805,029	40,077	4.98%	12.57%
ANNE ARUNDEL	537,656	18,352	3.41%	5.76%
CARROLL	167,134	2,418	1.45%	0.76%
HOWARD	287,085	41,221	14.36%	12.93%
HARFORD	244,826	5,826	2.38%	1.83%
NATIONAL CAPITAL AREA	**1,835,197**	**170,623**	**9.30%**	**53.51%**
MONTGOMERY	971,777	135,451	13.94%	42.48%
PRINCE GEORGE'S	863,420	35,172	4.07%	11.03%
SOUTHERN AREA	**340,439**	**8,222**	**2.42%**	**2.58%**
CALVERT	88,737	1,260	1.42%	0.40%
CHARLES	146,551	4,366	2.98%	1.37%
ST MARY'S	105,151	2,596	2.47%	0.81%
EASTERN SHORE AREA	**449,226**	**5,920**	**1.32%**	**1.86%**
CECIL	101,108	1,097	1.08%	0.34%
KENT	20,197	165	0.82%	0.05%
QUEEN ANNE'S	47,798	469	0.98%	0.15%
CAROLINE	33,066	188	0.57%	0.06%
TALBOT	37,782	472	1.25%	0.15%
DORCHESTER	32,618	301	0.92%	0.09%
WICOMICO	98,733	2,471	2.50%	0.77%
SOMERSET	26,470	184	0.70%	0.06%
WORCESTER	51,454	573	1.11%	0.18%

Source: 2010 Census Demographic Profiles, Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Table 19. Asians Alone and In Combination with One or More Other Races in Maryland by Jurisdiction, 2010

	All races	Asian	% of jurisdiction that is Asian	% of Maryland Asian Pop that lives in the Jurisdiction
MARYLAND	**5,773,552**	**370,044**	**6.41%**	**100.00%**
NORTHWEST AREA	**485,999**	**14,548**	**2.99%**	**3.93%**
GARRETT	30,097	119	0.40%	0.03%
ALLEGANY	75,087	728	0.97%	0.20%
WASHINGTON	147,430	2,661	1.80%	0.72%
FREDERICK	233,385	11,040	4.73%	2.98%
BALTIMORE METRO AREA	**2,662,691**	**144,111**	**5.41%**	**38.94%**
BALTIMORE CITY	620,961	17,769	2.86%	4.80%
BALTIMORE	805,029	45,970	5.71%	12.42%
ANNE ARUNDEL	537,656	23,604	4.39%	6.38%
CARROLL	167,134	3,286	1.97%	0.89%
HOWARD	287,085	45,846	15.97%	12.39%
HARFORD	244,826	7,636	3.12%	2.06%
NATIONAL CAPITAL AREA	**1,835,197**	**192,328**	**10.48%**	**51.97%**
MONTGOMERY	971,777	151,180	15.56%	40.85%
PRINCE GEORGE'S	863,420	41,148	4.77%	11.12%
SOUTHERN AREA	**340,439**	**11,464**	**3.37%**	**3.10%**
CALVERT	88,737	1,992	2.24%	0.54%
CHARLES	146,551	5,839	3.98%	1.58%
ST MARY'S	105,151	3,633	3.46%	0.98%
EASTERN SHORE AREA	**449,226**	**7,593**	**1.69%**	**2.05%**
CECIL	101,108	1,529	1.51%	0.41%
KENT	20,197	221	1.09%	0.06%
QUEEN ANNE'S	47,798	686	1.44%	0.19%
CAROLINE	33,066	273	0.83%	0.07%
TALBOT	37,782	593	1.57%	0.16%
DORCHESTER	32,618	369	1.13%	0.10%
WICOMICO	98,733	2,947	2.98%	0.80%
SOMERSET	26,470	243	0.92%	0.07%
WORCESTER	51,454	732	1.42%	0.20%

Source: 2010 Census Demographic Profiles, Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Hispanic or Latino

In 2010, Hispanics or Latinos represented 8.15% of Maryland's overall population, and between 0.73% and 17.02% depending on jurisdiction. These data indicate that most of this population lived in the National Capital Area (where Montgomery County has over a third and Prince George's County had over a quarter of this population), with the Baltimore Metro Area second [1].

Table 20. Hispanic or Latino population in Maryland by Jurisdiction, 2012

	All races	Hispanic or Latino	% of jurisdiction that is Hispanic	% of Maryland Hispanic Pop that lives in the Jurisdiction
MARYLAND	**5,773,552**	**470,632**	**8.15%**	**100.00%**
NORTHWEST AREA	**485,999**	**23,544**	**4.84%**	**5.00%**
GARRETT	30,097	220	0.73%	0.05%
ALLEGANY	75,087	1,085	1.44%	0.23%
WASHINGTON	147,430	5,104	3.46%	1.08%
FREDERICK	233,385	17,135	7.34%	3.64%
BALTIMORE METRO AREA	**2,662,691**	**122,302**	**4.59%**	**25.99%**
BALTIMORE CITY	620,961	25,960	4.18%	5.52%
BALTIMORE	805,029	33,735	4.19%	7.17%
ANNE ARUNDEL	537,656	32,902	6.12%	6.99%
CARROLL	167,134	4,363	2.61%	0.93%
HOWARD	287,085	16,729	5.83%	3.55%
HARFORD	244,826	8,613	3.52%	1.83%
NATIONAL CAPITAL AREA	**1,835,197**	**294,370**	**16.04%**	**62.55%**
MONTGOMERY	971,777	165,398	17.02%	35.14%
PRINCE GEORGE'S	863,420	128,972	14.94%	27.40%
SOUTHERN AREA	**340,439**	**12,668**	**3.72%**	**2.69%**
CALVERT	88,737	2,437	2.75%	0.52%
CHARLES	146,551	6,259	4.27%	1.33%
ST MARY'S	105,151	3,972	3.78%	0.84%
EASTERN SHORE AREA	**449,226**	**17,748**	**3.95%**	**3.77%**
CECIL	101,108	3,407	3.37%	0.72%
KENT	20,197	907	4.49%	0.19%
QUEEN ANNE'S	47,798	1,452	3.04%	0.31%
CAROLINE	33,066	1,816	5.49%	0.39%
TALBOT	37,782	2,073	5.49%	0.44%
DORCHESTER	32,618	1,130	3.46%	0.24%
WICOMICO	98,733	4,478	4.54%	0.95%
SOMERSET	26,470	863	3.26%	0.18%
WORCESTER	51,454	1,622	3.15%	0.34%

Source: 2010 Census Demographic Profiles, Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Black of African American

In 2010, Blacks or African Americans with no additional racial heritage represented 29.45% of Maryland's overall population, and between 1.00% and 64.47% depending on jurisdiction. Additionally, the data for Black and African American alone and in combination with one or more other races showed that this group represented 30.90% of total population, and between 1.27% and 66.40% depending on jurisdiction. These data indicate that most of this population lived in the Baltimore Metro Area (where Baltimore City had almost a quarter of this population), with the National Capital Area second (where Prince George's County had almost a third of this population [1].

Table 21. Black or African American Alone in Maryland by Jurisdiction, 2010

	All races	Black or African Am Alone	% of jurisdiction that is African Am	% of Maryland African Am Pop that lives in the Jurisdiction
MARYLAND	**5,773,552**	**1,700,298**	**29.45%**	**100.00%**
NORTHWEST AREA	**485,999**	**40,610**	**8.36%**	**2.39%**
GARRETT	30,097	301	1.00%	0.02%
ALLEGANY	75,087	6,028	8.03%	0.35%
WASHINGTON	147,430	14,133	9.59%	0.83%
FREDERICK	233,385	20,148	8.63%	1.18%
BALTIMORE METRO AREA	**2,662,691**	**775,581**	**29.13%**	**45.61%**
BALTIMORE CITY	620,961	395,781	63.74%	23.28%
BALTIMORE	805,029	209,738	26.05%	12.34%
ANNE ARUNDEL	537,656	83,484	15.53%	4.91%
CARROLL	167,134	5,332	3.19%	0.31%
HOWARD	287,085	50,188	17.48%	2.95%
HARFORD	244,826	31,058	12.69%	1.83%
NATIONAL CAPITAL AREA	**1,835,197**	**723,935**	**39.45%**	**42.58%**
MONTGOMERY	971,777	167,315	17.22%	9.84%
PRINCE GEORGE'S	863,420	556,620	64.47%	32.74%
SOUTHERN AREA	**340,439**	**86,991**	**25.55%**	**5.12%**
CALVERT	88,737	11,930	13.44%	0.70%
CHARLES	146,551	60,031	40.96%	3.53%
ST MARY'S	105,151	15,030	14.29%	0.88%
EASTERN SHORE AREA	**449,226**	**73,181**	**16.29%**	**4.30%**
CECIL	101,108	6,284	6.22%	0.37%
KENT	20,197	3,056	15.13%	0.18%
QUEEN ANNE'S	47,798	3,298	6.90%	0.19%
CAROLINE	33,066	4,585	13.87%	0.27%
TALBOT	37,782	4,829	12.78%	0.28%
DORCHESTER	32,618	9,042	27.72%	0.53%
WICOMICO	98,733	23,873	24.18%	1.40%
SOMERSET	26,470	11,192	42.28%	0.66%
WORCESTER	51,454	7,022	13.65%	0.41%

Source: 2010 Census Demographic Profiles
Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Table 22. Black or African American Alone or In Combination with One or More Other Races in Maryland by Jurisdiction, 2010

	All races	Black or African American	% of jurisdiction that is African Am	% of Maryland African Am Pop that lives in the Jurisdiction
MARYLAND	**5,773,552**	**1,783,899**	**30.90%**	**100.00%**
NORTHWEST AREA	**485,999**	**46,651**	**9.60%**	**2.62%**
GARRETT	30,097	381	1.27%	0.02%
ALLEGANY	75,087	6,781	9.03%	0.38%
WASHINGTON	147,430	16,426	11.14%	0.92%
FREDERICK	233,385	23,063	9.88%	1.29%
BALTIMORE METRO AREA	**2,662,691**	**810,949**	**30.46%**	**45.46%**
BALTIMORE CITY	620,961	403,998	65.06%	22.65%
BALTIMORE COUNTY	805,029	220,378	27.38%	12.35%
ANNE ARUNDEL	537,656	90,823	16.89%	5.09%
CARROLL	167,134	6,380	3.82%	0.36%
HOWARD	287,085	55,081	19.19%	3.09%
HARFORD	244,826	34,289	14.01%	1.92%
NATIONAL CAPITAL AREA	**1,835,197**	**754,577**	**41.12%**	**42.30%**
MONTGOMERY	971,777	181,254	18.65%	10.16%
PRINCE GEORGE'S	863,420	573,323	66.40%	32.14%
SOUTHERN AREA	**340,439**	**93,430**	**27.44%**	**5.24%**
CALVERT	88,737	13,091	14.75%	0.73%
CHARLES	146,551	63,619	43.41%	3.57%
ST MARY'S	105,151	16,720	15.90%	0.94%
EASTERN SHORE AREA	**449,226**	**78,292**	**17.43%**	**4.39%**
CECIL	101,108	7,391	7.31%	0.41%
KENT	20,197	3,279	16.24%	0.18%
QUEEN ANNE'S	47,798	3,651	7.64%	0.20%
CAROLINE	33,066	4,998	15.12%	0.28%
TALBOT	37,782	5,148	13.63%	0.29%
DORCHESTER	32,618	9,433	28.92%	0.53%
WICOMICO	98,733	25,387	25.71%	1.42%
SOMERSET	26,470	11,498	43.44%	0.64%
WORCESTER	51,454	7,507	14.59%	0.42%

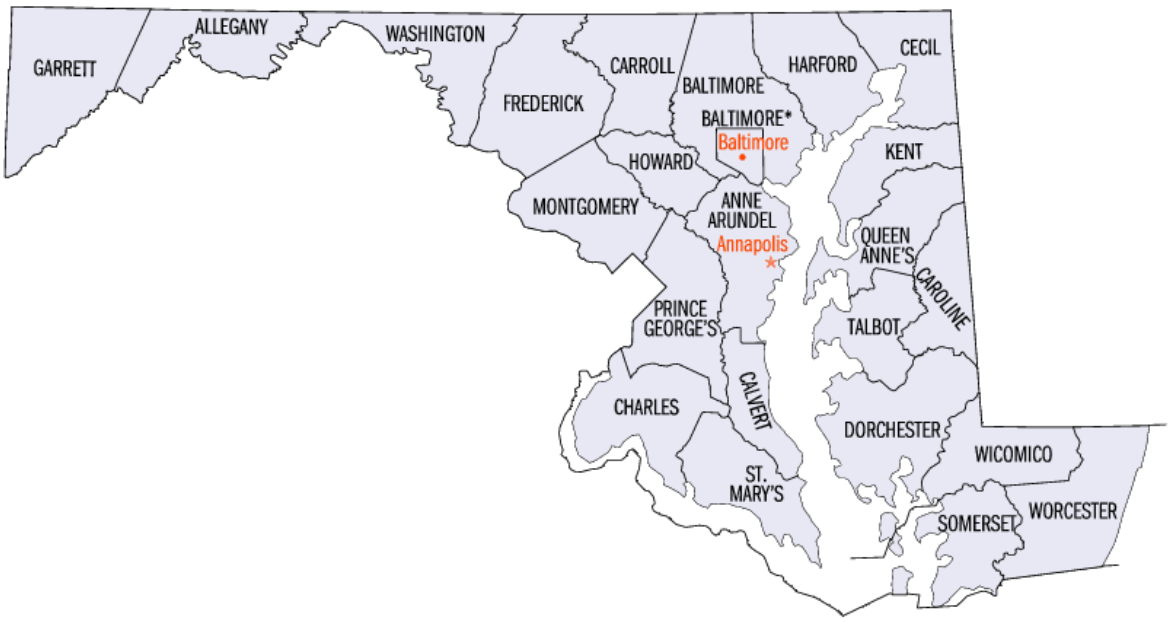
Source: 2010 Census Demographic Profiles
Department of Planning, Projections and Data Analysis/State Data Center, May 2011[1]

Minority Data by Jurisdiction

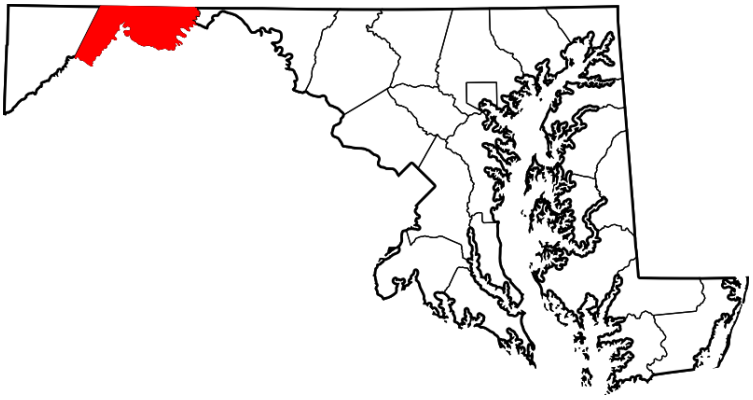
Methodology

Currently, mortality data on minority groups is most reliable for Blacks or African Americans since they represent the largest proportion of minorities in Maryland. A variety of factors limit the ability to draw conclusions about the relative health of Maryland's other minority populations from their mortality data as it exists in our current data systems (see the detailed explanation of these factors on page 2 and 8). For these reasons, the comparisons in this section are limited to comparisons of mortality between Blacks or African Americans and Whites in Maryland. The Office of Minority Health and Health Disparities is working to develop approaches to data collection and analysis that will allow us to improve data reporting for Maryland's smaller minority communities.

The following section presents age-adjusted mortality rates for the top eight causes of death for Blacks or African Americans and Whites in each jurisdiction. In some jurisdictions, all eight causes of death were not included due to insufficient data. Furthermore, only data for Blacks or African Americans and Whites are presented due to insufficient data on other racial and ethnic groups. Age-adjusted death rates for Blacks could not be calculated for Garrett County.



Allegany County

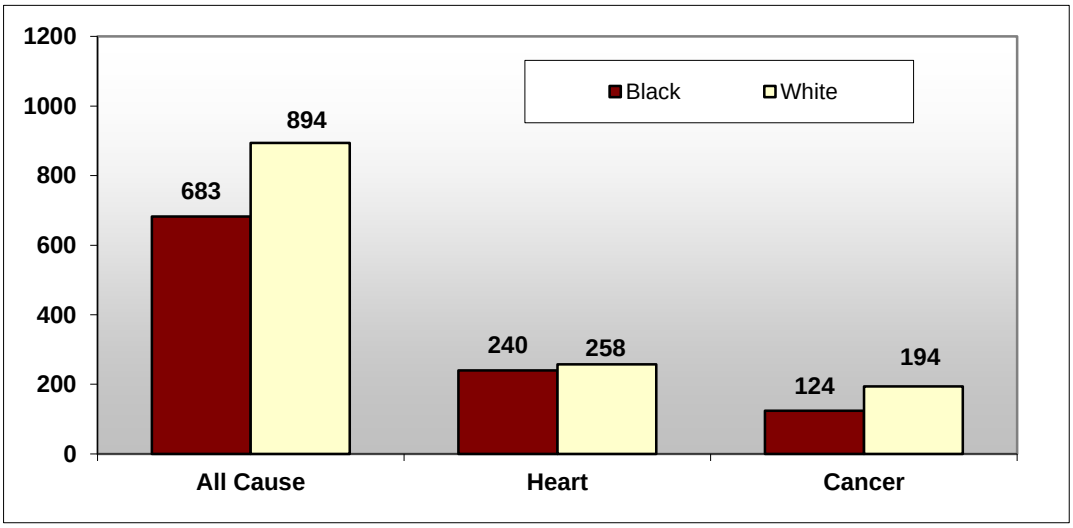


As of the Census of 2010, there were 75,087 people residing in the Allegany County. The racial makeup of the County was 8.03% Black or African American, 0.14% American Indian or Alaska Native, 0.76% Asian, 0.04% Pacific Islander, 0.25% from other races, and 1.58% from two or more races. Hispanics were 1.44% of the total population.

Figure 36 shows age-adjusted mortality rates for Allegany County combining data from 2005 to 2009 [8]:

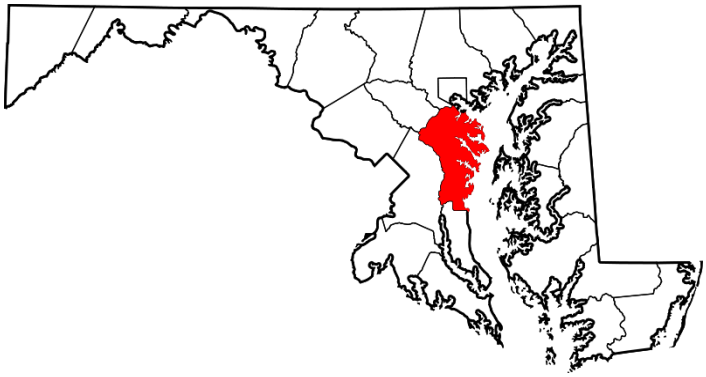
- Blacks or African Americans in Allegany County had a 1.3 times lower all-cause mortality rate than Whites.

Figure 36. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Allegany County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data

Anne Arundel County

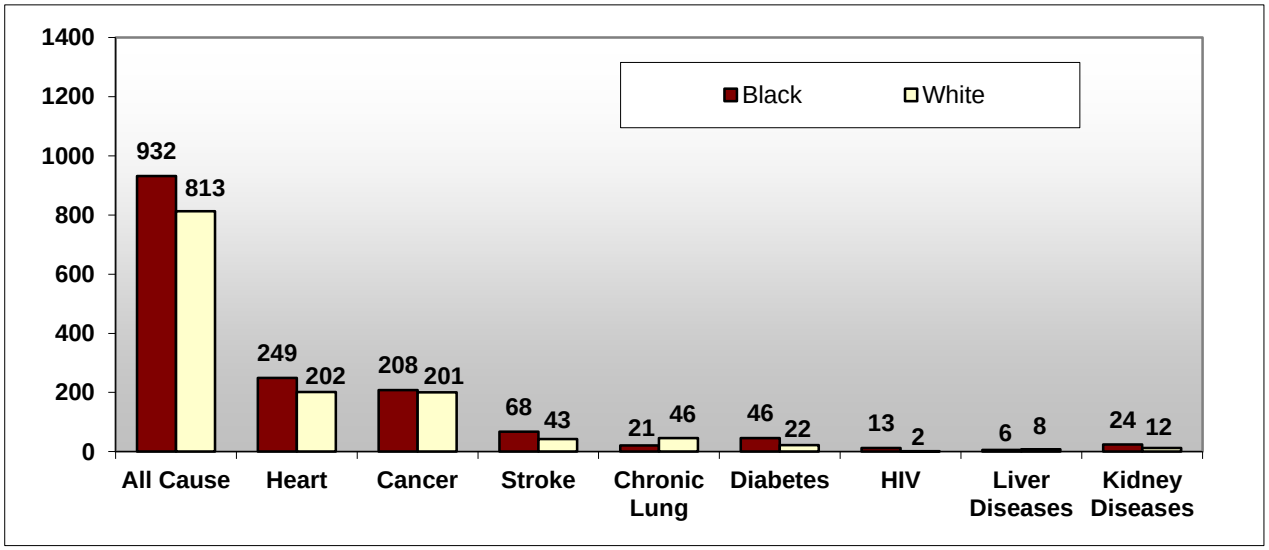


As of the Census of 2010, there were 537,656 people residing in the Anne Arundel County. The racial makeup of the County was 15.53% Black or African American, 0.31% American Indian or Alaska Native, 3.41% Asian, 0.09% Pacific Islander, 2.35% from other races, and 2.90% from two or more races. Hispanics were 6.12% of the total population.

Figure 37 shows age-adjusted mortality rates for Anne Arundel County combining data from 2005 to 2009 [8]. Key findings include:

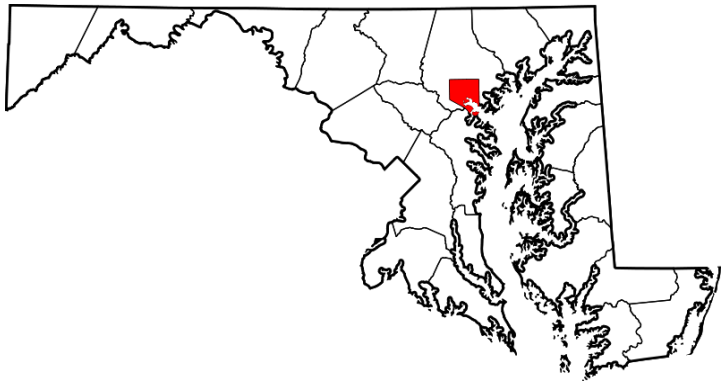
- Blacks or African Americans in Anne Arundel County had higher mortality rates than Whites for six of eight causes of death and for all-cause mortality (the exceptions being chronic lung disease and liver diseases).
- The mortality ratio disparities were greatest for HIV and diabetes, where Blacks or African Americans had 8.5 times the HIV death rate and 2.1 times the diabetes death rate compared to Whites.

Figure 37. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Anne Arundel County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]

Baltimore City

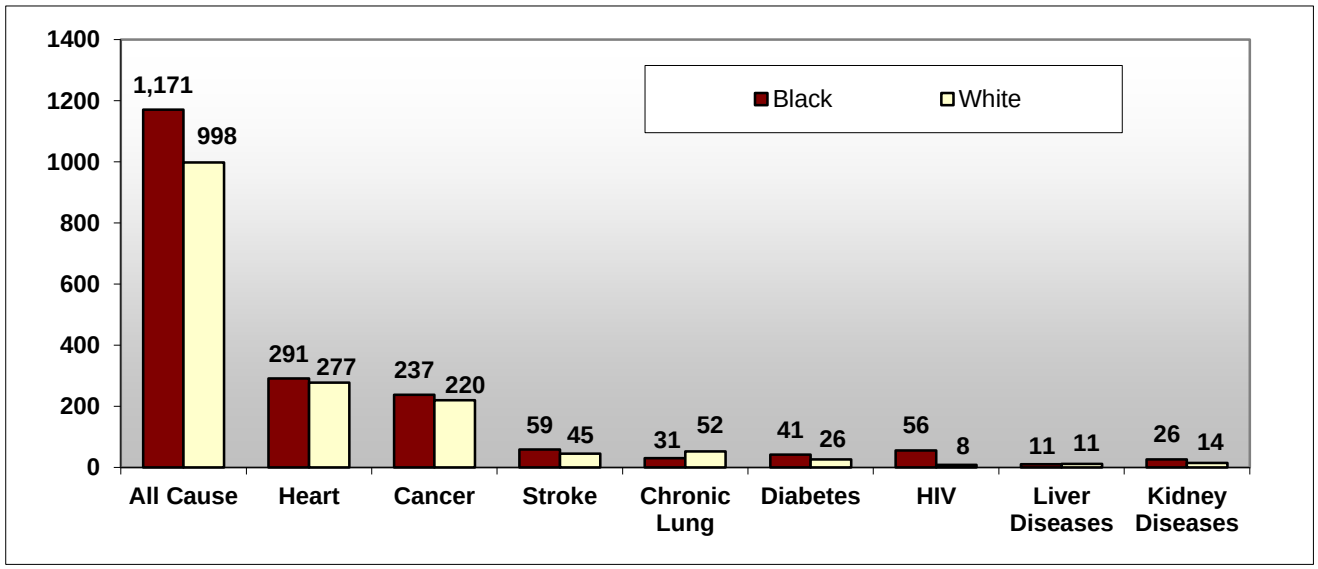


As of the Census of 2010, there were 620,961 people residing in the Baltimore City. The racial makeup of the City was 63.74% Black or African American, 0.37% American Indian or Alaska Native, 2.34% Asian, 0.04% Pacific Islander, 1.82% from other races, and 2.09% from two or more races. Hispanics were 4.18% of the total population.

Figure 38 shows age-adjusted mortality rates for Baltimore City combining data from 2005 to 2009 [8]. Key findings include:

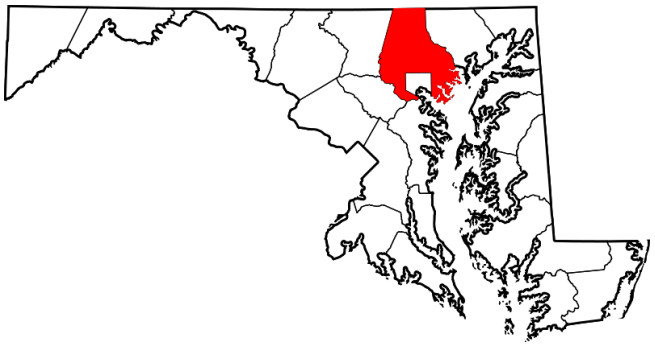
- Blacks or African Americans in Baltimore City had higher mortality rates than Whites for six of the eight top causes of death and for all-cause mortality (the exceptions being chronic lung disease and liver disease).
- The largest mortality ratio disparities for Blacks or African Americans were seen with HIV, 7.0 times the White rate; and kidney disease, 1.9 times the White rate.

Figure 38. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Baltimore City, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]

Baltimore County

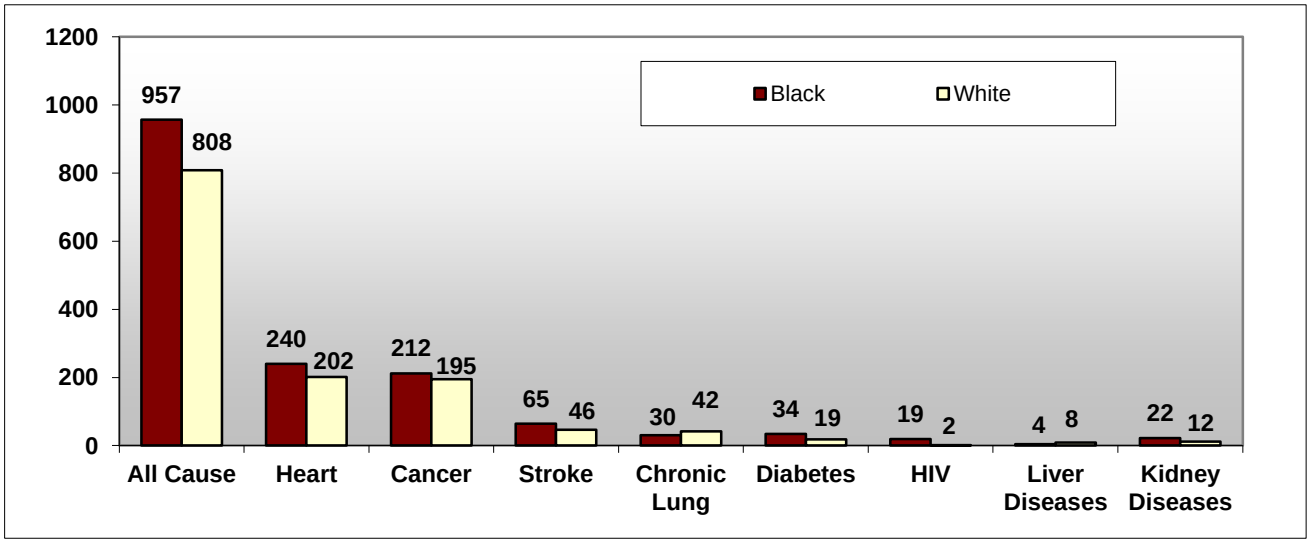


As of the Census of 2010, there were 805,029 people residing in the Baltimore County. The racial makeup of the County was 26.05% Black or African American, 0.33% American Indian or Alaska Native, 4.98% Asian, 0.04% Pacific Islander, 1.59% from other races, and 2.40% from two or more races. Hispanics were 4.19% of the total population.

Figure 39 shows age-adjusted mortality rates for Baltimore County combining data from 2005 to 2009 [8]. Key findings include:

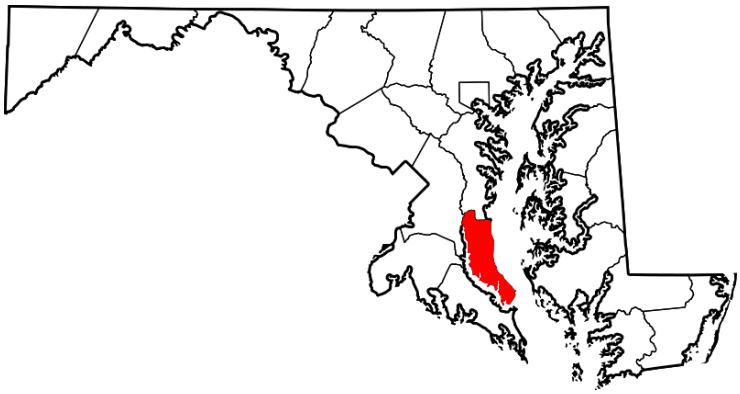
- Blacks or African Americans in Baltimore County had higher mortality rates than Whites for six of the eight top causes of death and for all-cause mortality (exceptions were chronic lung disease and liver disease).
- The mortality ratio disparity was greatest with HIV, kidney disease and diabetes, where Blacks or African Americans had 11.4 times the HIV death rate, 1.9 times the kidney disease death rate and 1.8 times the diabetes death rate compared to Whites.

Figure 39. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Baltimore County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]

Calvert County

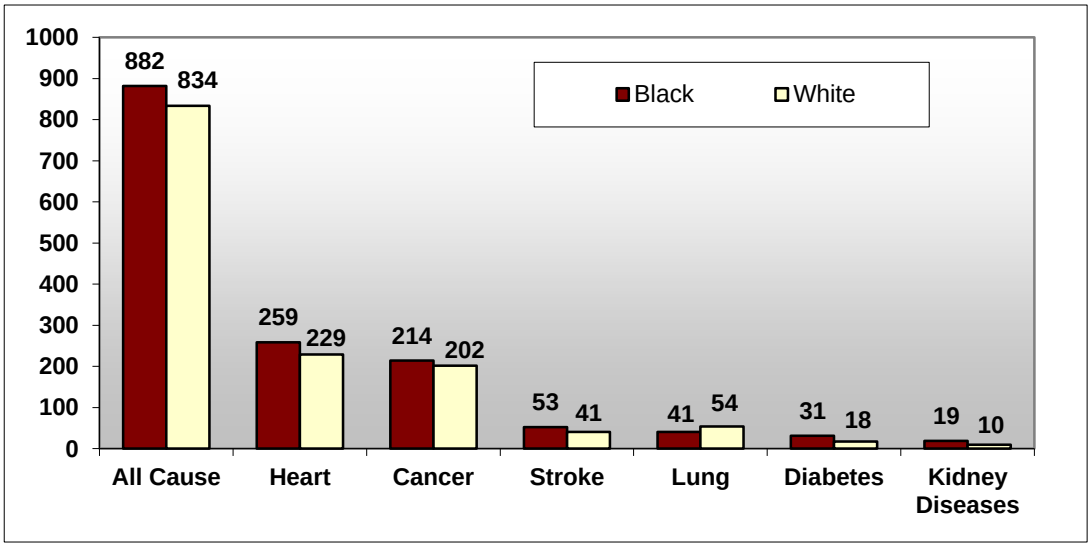


As of the Census of 2010, there were 88,737 people residing in the Calvert County. The racial makeup of the County was 13.44% Black or African American, 0.37% American Indian or Alaska Native, 1.42% Asian, 0.05% Pacific Islander, 0.65% from other races, and 2.67% from two or more races. Hispanics were 2.75% of the total population.

Figure 40 shows age-adjusted mortality rates for Calvert County combining data from 2005 to 2009 [8]. Key findings include:

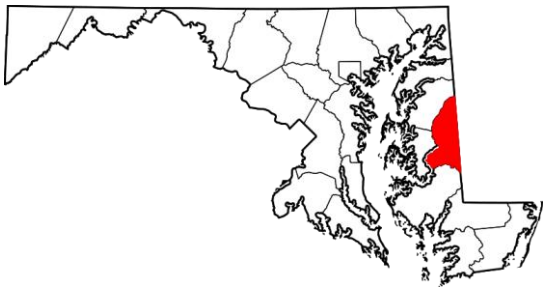
- Blacks or African Americans in Calvert County had higher mortality rates than Whites for all-cause mortality and for five of the six top causes of death.
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was with kidney disease, where Blacks or African Americans had 1.9 times the diabetes death rate compared to Whites.

Figure 40. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Calvert County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Caroline County

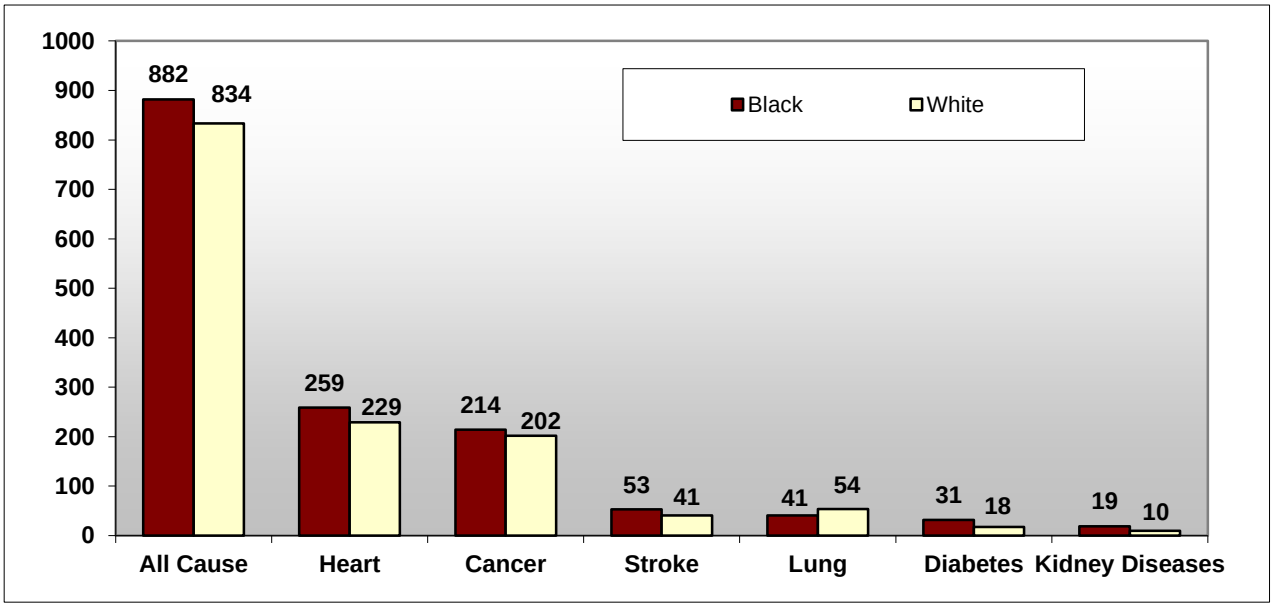


As of the Census of 2010, there were 33,066 people residing in the Caroline County. The racial makeup of the County was 13.87% Black or African American, 0.37% American Indian or Alaska Native, 0.57% Asian, 0.16% Pacific Islander, 3.06% from other races, and 2.15% from two or more races. Hispanics were 5.49% of the total population.

Figure 41. shows age-adjusted mortality rates for Caroline County combining data from 2005 to 2009 [8]. Key findings include:

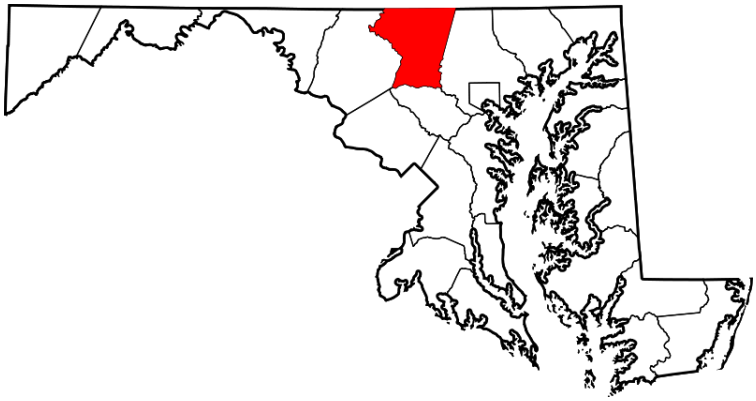
- Blacks or African Americans in Caroline County had higher mortality rates than Whites for five of the six top causes of death and for all-cause mortality (exception was chronic lung disease).
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was with kidney disease, where Blacks or African Americans had 1.9 times the diabetes death rate compared to Whites.

Figure 41. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Caroline County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Carroll County

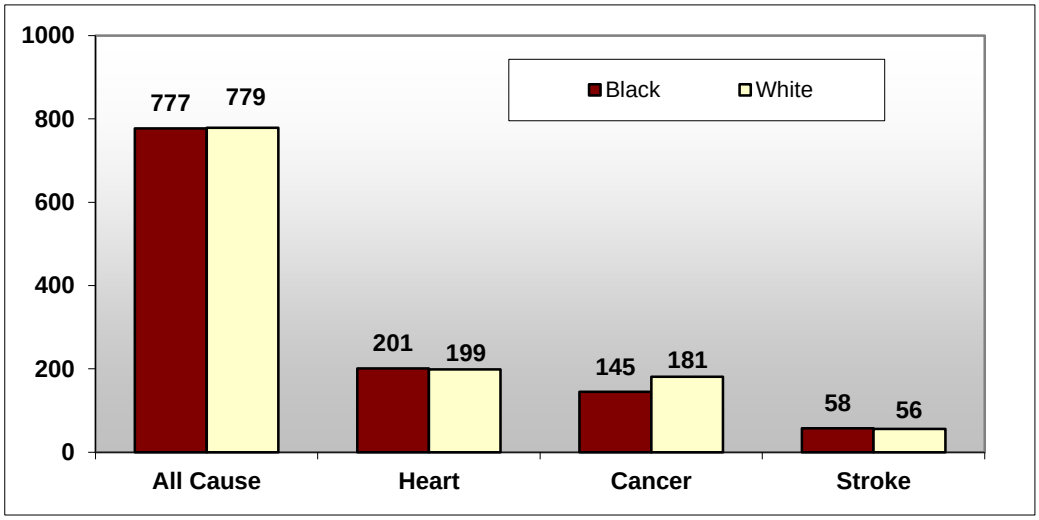


As of the Census of 2010, there were 167,134 people residing in the Carroll County. The racial makeup of the County was 3.19% Black or African American, 0.20% American Indian or Alaska Native, 1.45% Asian, 0.03% Pacific Islander, 0.72% from other races, and 1.51% from two or more races. Hispanics were 2.61% of the total population.

Figure 42 shows age-adjusted mortality rates for Carroll County combining data from 2005 to 2009 [8].

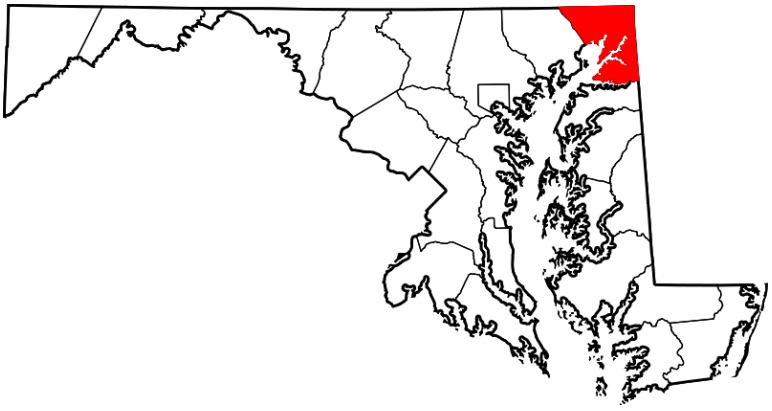
- Blacks or African Americans in Carroll County had lower mortality rates than Whites for all-cause mortality and cancer.
- Blacks or African Americans in Carroll County had higher heart disease and stroke mortality rates than Whites.

Figure 42. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Carroll County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Cecil County

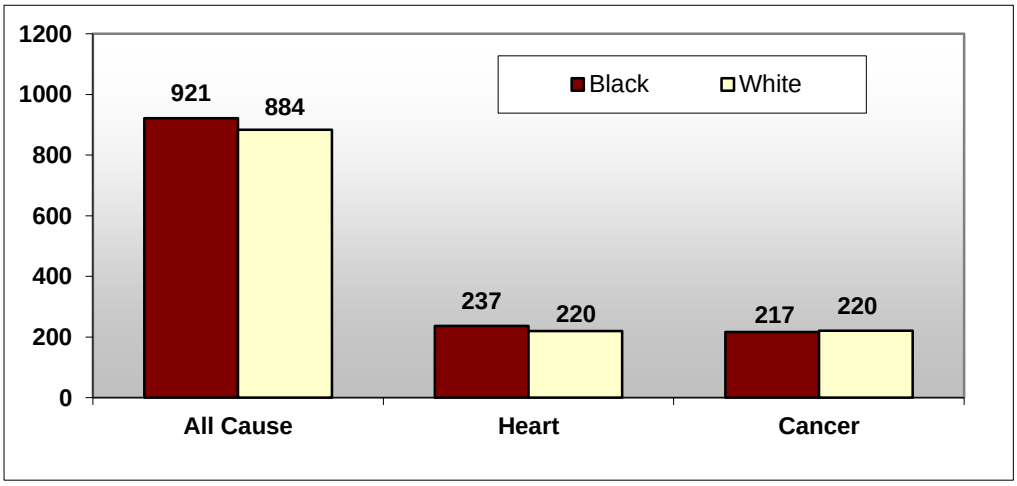


As of the Census of 2010, there were 101,108 people residing in the Cecil County. The racial makeup of the County was 6.22% Black or African American, 0.29% American Indian or Alaska Native, 1.08% Asian, 0.05% Pacific Islander, 1.01% from other races, and 2.15% from two or more races. Hispanics were 3.37% of the total population.

Figure 43 shows age-adjusted mortality rates for Cecil County combining data from 2005 to 2009 [8].

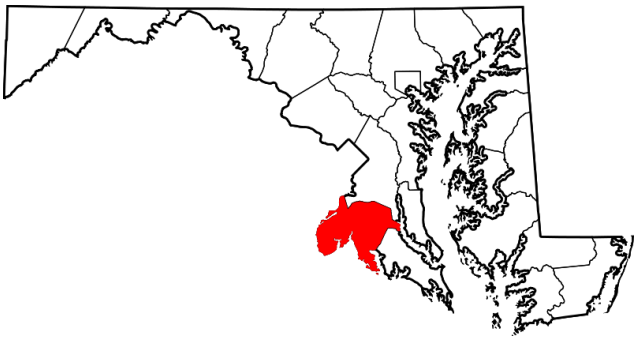
- Blacks of African Americans in Cecil County had higher mortality rates than Whites for the heart disease and for all-cause mortality.

Figure 43. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Cecil County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Charles County

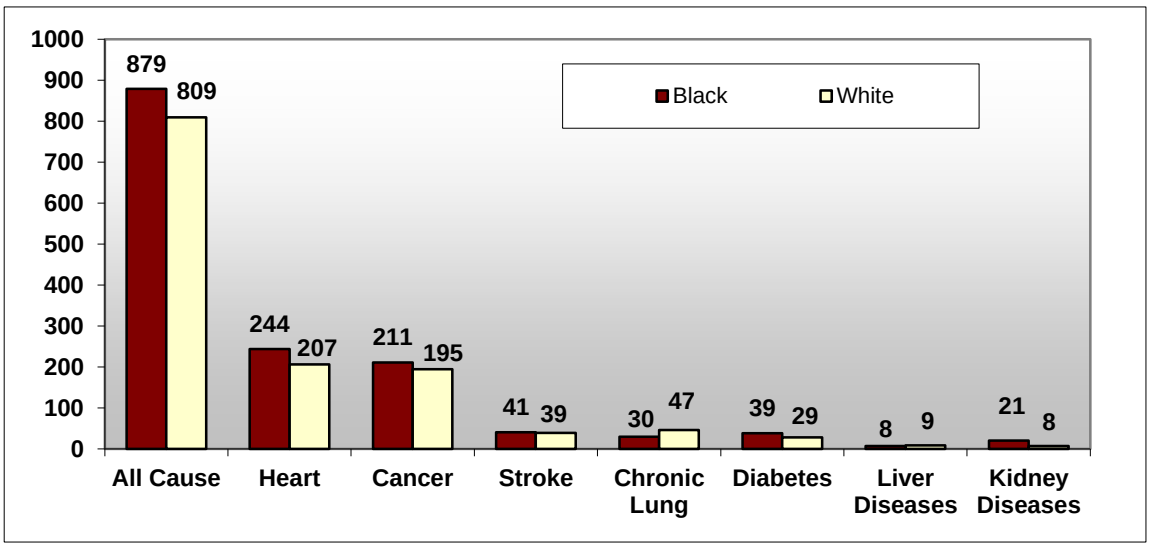


As of the Census of 2010, there were 146,551 people residing in the Charles County. The racial makeup of the County was 40.96% Black or African American, 0.65% American Indian or Alaska Native, 2.98% Asian, 0.07% Pacific Islander, 1.34% from other races, and 3.72% from two or more races. Hispanics were 4.27% of the total population.

Figure 44 shows age-adjusted mortality rates for Charles County combining data from 2005 to 2009 [8]. Key findings include:

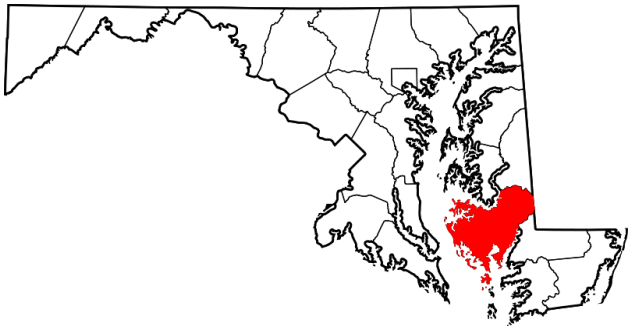
- Blacks or African Americans in Charles County had higher mortality rates than Whites for five of the top seven causes of death (exceptions are chronic lung disease and liver disease).
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was for kidney disease, where Blacks or African Americans had 2.8 times the HIV death rate compared to Whites.

Figure 44. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Charles County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Dorchester County

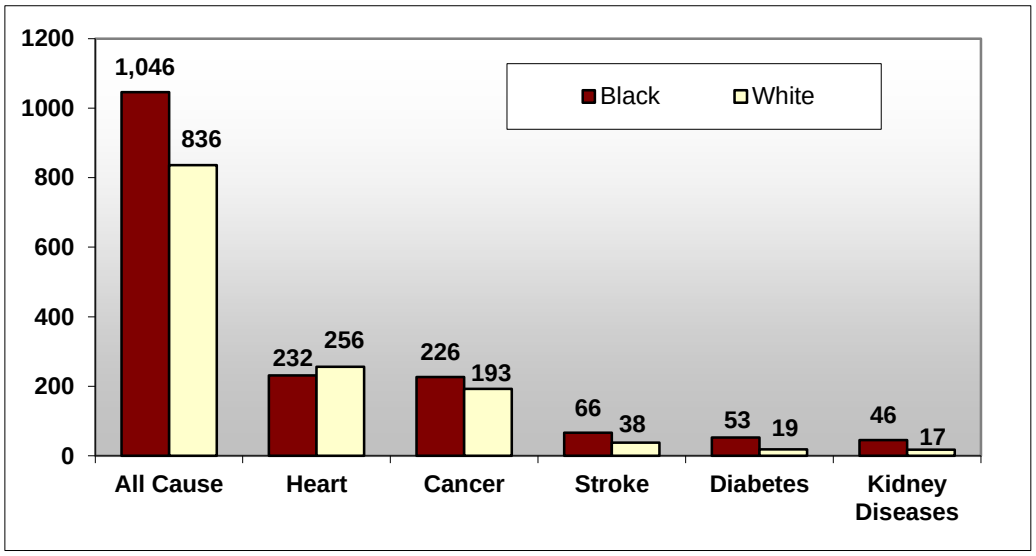


As of the Census of 2010, there were 32,618 people residing in the Dorchester County. The racial makeup of the County was 27.72% Black or African American, 0.34% American Indian or Alaska Native, 0.92% Asian, 0.03% Pacific Islander, 1.42% from other races, and 1.92% from two or more races. Hispanics were 3.46% of the total population.

Figure 45 shows age-adjusted mortality rates for Dorchester County combining data from 2005 to 2009 [8]. Key findings include:

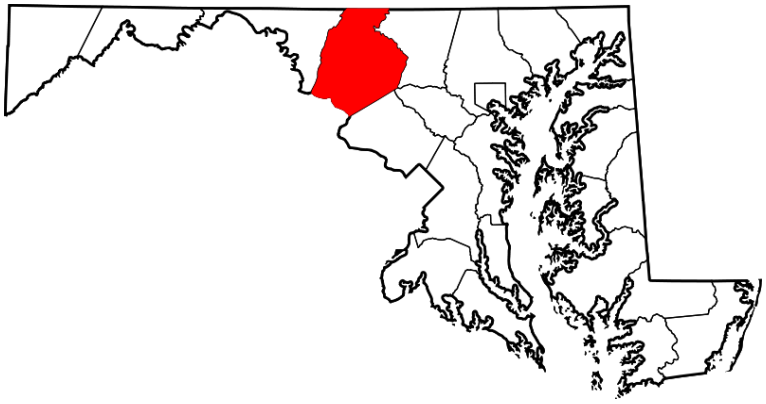
- Blacks or African Americans in Dorchester County had higher death rates for all-cause mortality and for the four of top five causes of death compared to Whites (exception was heart disease).
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was with diabetes, where Blacks or African Americans had a 2.8 times higher death rate than Whites.

Figure 45. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Dorchester County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Frederick County

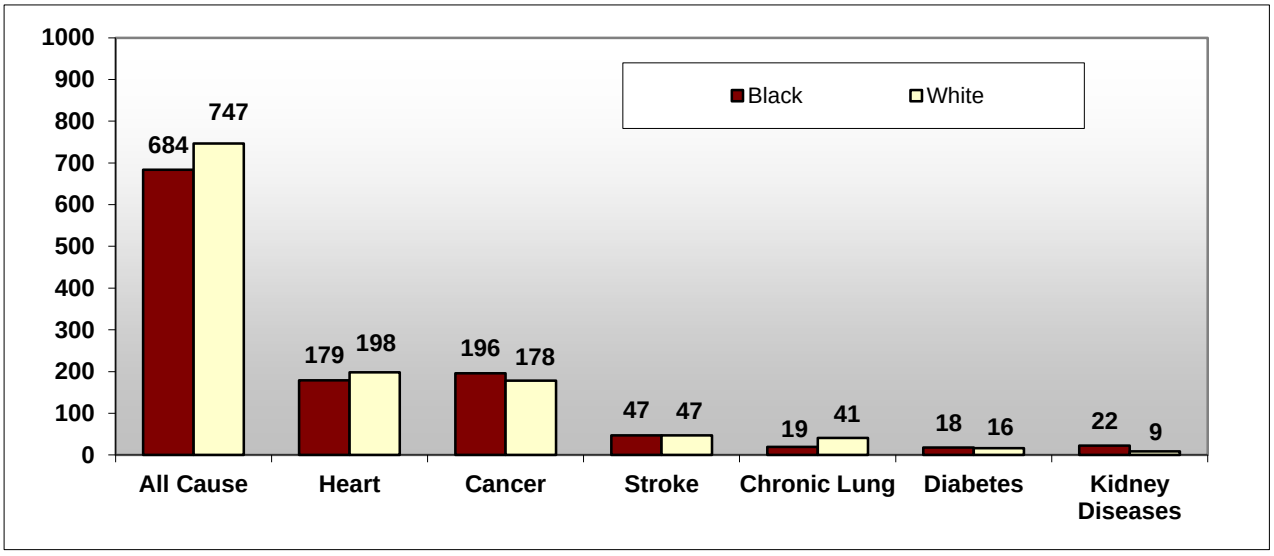


As of the Census of 2010, there were 233,385 people residing in the Frederick County. The racial makeup of the County was 8.63% Black or African American, 0.31% American Indian or Alaska Native, 3.83% Asian, 0.05% Pacific Islander, 2.86% from other races, and 2.77% from two or more races. Hispanics were 7.34% of the total population.

Figure 46 shows age-adjusted mortality rates for Frederick County [8]. Key findings include:

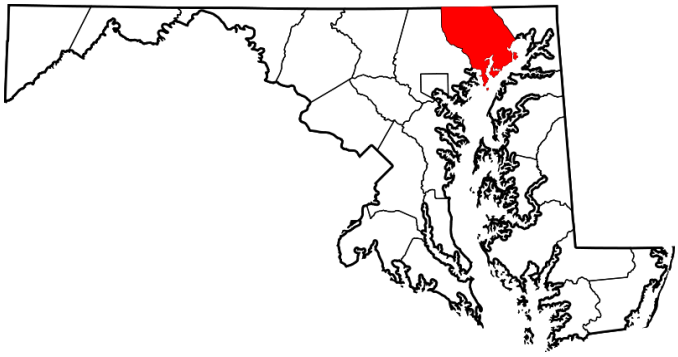
- Blacks or African Americans in Frederick County had lower mortality rates than Whites for all-cause mortality.
- Blacks or African Americans had a kidney disease mortality rate that was 2.5 times higher than White rate, cancer mortality rate that was 1.1 times higher than the White rate, and a diabetes mortality rate that was 1.1 times higher.

Figure 46. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Frederick County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Harford County

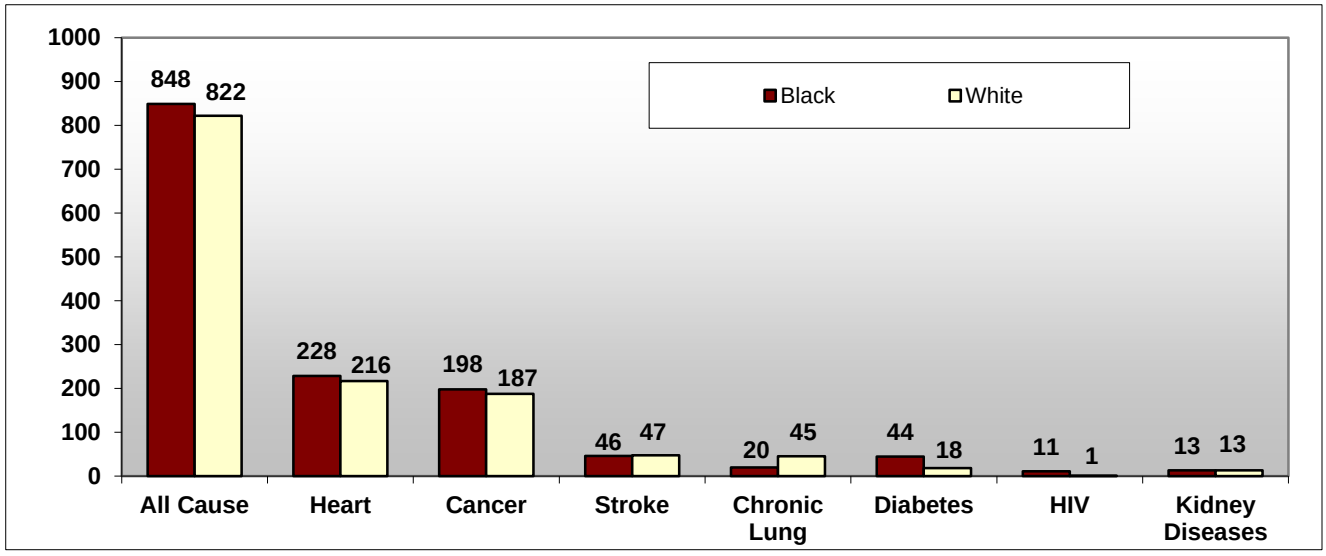


As of the Census of 2010, there were 244,826 people residing in the Harford County. The racial makeup of the County was 12.69% Black or African American, 0.25% American Indian or Alaska Native, 2.38% Asian, 0.08% Pacific Islander, 0.95% from other races, and 2.47% from two or more races. Hispanics were 3.52% of the total population.

Figure 47 shows age-adjusted mortality rates for Harford County combining data from 2005 to 2009 [8]. Key findings include:

- Blacks or African Americans in Harford County had higher mortality rates than Whites for all-cause mortality and for four of top seven causes of death compared to Whites (exceptions were the chronic lung disease, kidney disease and stroke).
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was for HIV, where African Americans had 10.6 times the death rate compared to Whites.

Figure 47. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Harford County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]

Note: Additional causes of death were not included due to insufficient data.

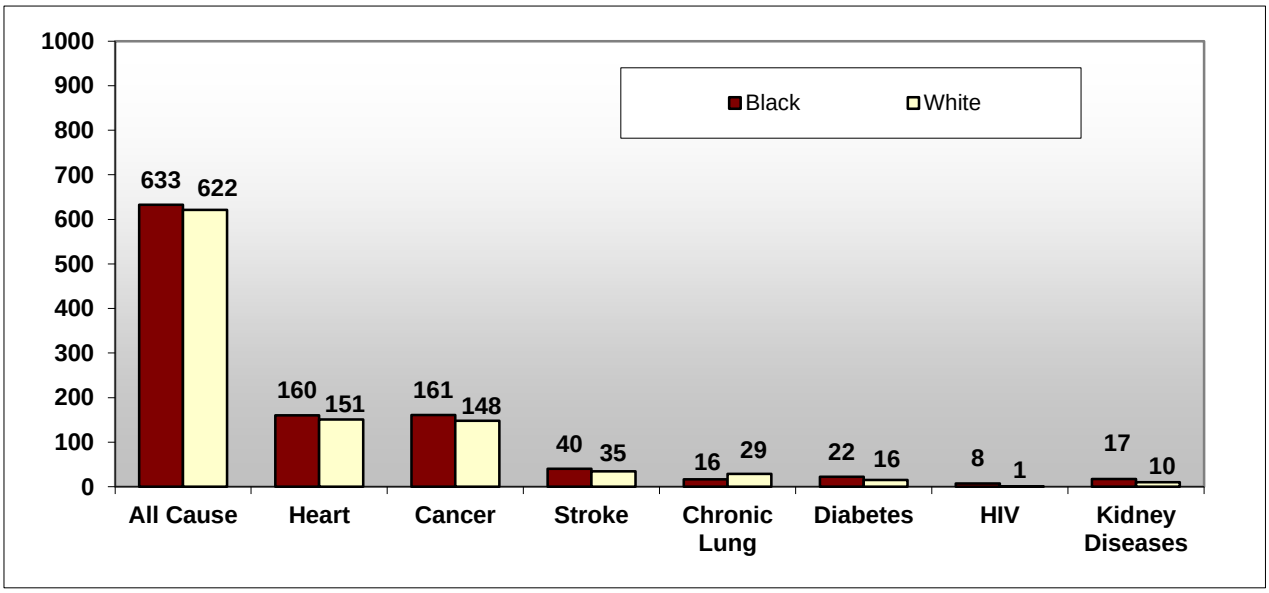
Howard County

As of the Census of 2010, there were 287,085 people residing in the Howard County. The racial makeup of the County was 17.48% Black or African American, 0.30% American Indian or Alaska Native, 14.36% Asian, 0.04% Pacific Islander, 1.99% from other races, and 3.64% from two or more races. Hispanics were 5.83% of the total population.

Figure 48 shows age-adjusted mortality rates for Howard County combining data from 2005 to 2009 [8]. Key findings include:

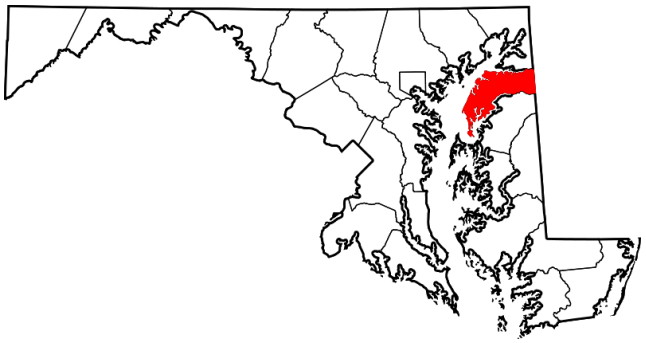
- Blacks or African Americans in Howard County had higher mortality rates than Whites for all-cause mortality and for six out of seven top causes of death.
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was HIV, where Blacks or African Americans had a 7.6 times higher HIV death rate than Whites.

Figure 48. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Howard County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Kent County

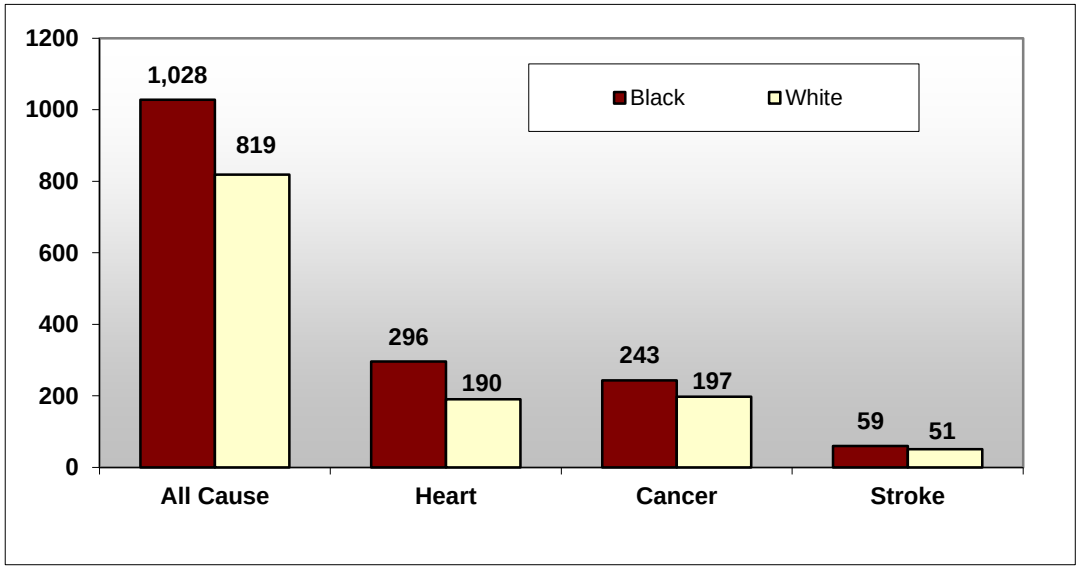


As of the Census of 2010, there were 20,197 people residing in the Kent County. The racial makeup of the County was 15.13% Black or African American, 0.21% American Indian or Alaska Native, 0.82% Asian, 0.03% Pacific Islander, 1.95% from other races, and 1.81% from two or more races. Hispanics were 4.49% of the total population.

Figure 49 shows age-adjusted mortality rates for Kent County combining data from 2005 to 2009 [8]. Key findings include:

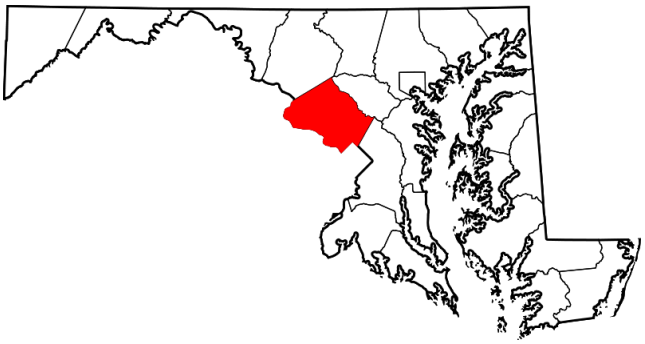
- Blacks or African Americans in Kent County had higher mortality rates than Whites for all-cause mortality and for all top three causes of death.
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was with heart disease, where Blacks or African Americans had a 1.6 times higher death rate than Whites.

Figure 49. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Kent County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Montgomery County

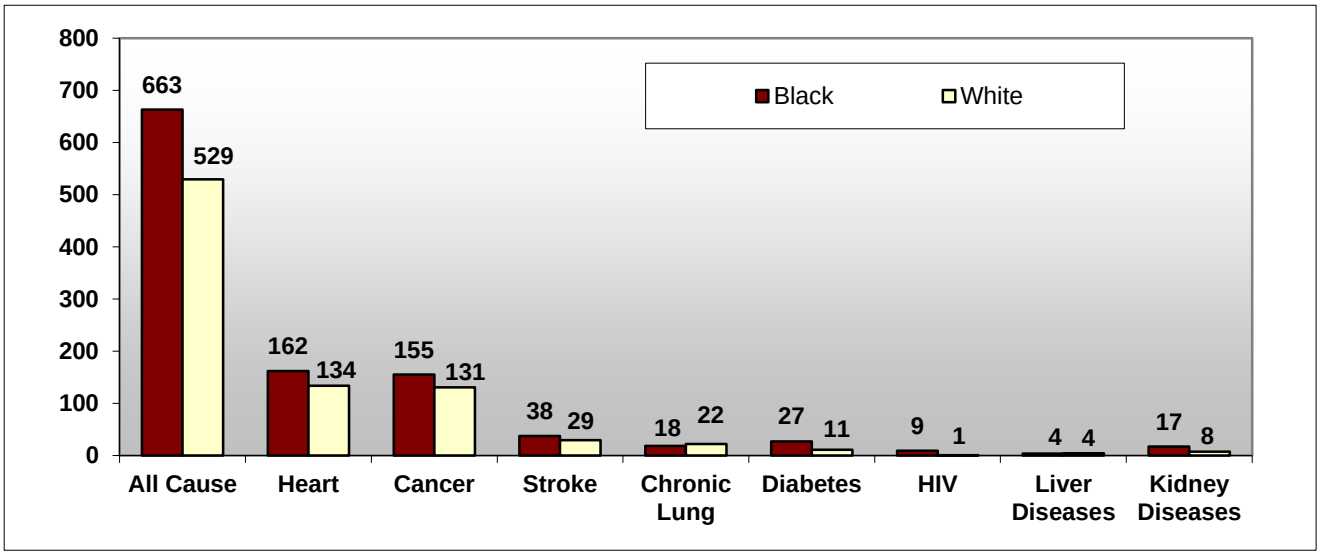


As of the Census of 2010, there were 971,777 people residing in the Montgomery County. The racial makeup of the County was 17.22% Black or African American, 0.37% American Indian or Alaska Native, 13.94% Asian, 0.05% Pacific Islander, 6.98% from other races, and 3.98% from two or more races. Hispanics were 17.02% of the total population.

Figure 50 shows age-adjusted mortality rates for Montgomery County combining data from 2005 to 2009 [8]. Key findings include:

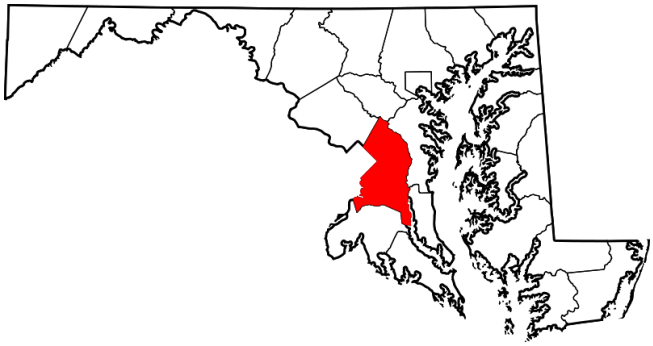
- Blacks or African Americans in Montgomery County had higher mortality rates than Whites for all-cause mortality and for six of the top eight causes of death (exceptions were chronic lung disease and liver disease).
- The mortality ratio disparity was greatest for HIV and diabetes, where Blacks or African Americans had 13.1 times the HIV death rate and 2.5 times the diabetes death rate of Whites.

Figure 50. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Montgomery County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]

Prince George's County

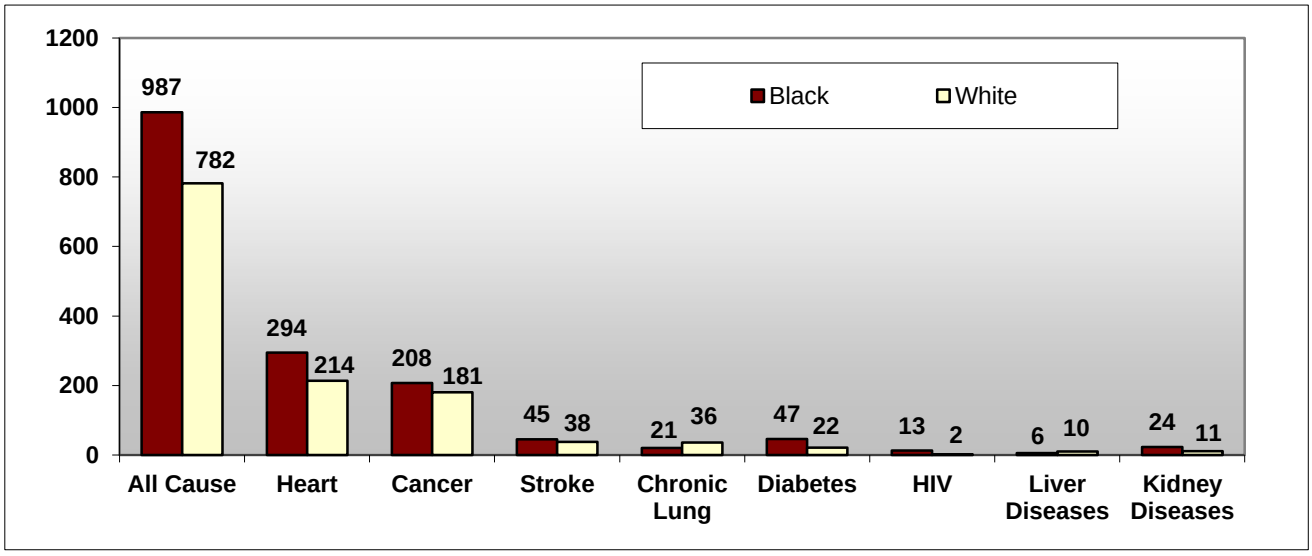


As of the Census of 2010, there were 863,420 people residing in the Prince George's County. The racial makeup of the County was 64.47% Black or African American, 0.49% American Indian or Alaska Native, 4.07% Asian, 0.06% Pacific Islander, 8.51% from other races, and 3.17% from two or more races. Hispanics were 14.94% of the total population.

Figure 51 shows age-adjusted mortality rates for Prince George's County combining data from 2005 to 2009 [8]. Key findings include:

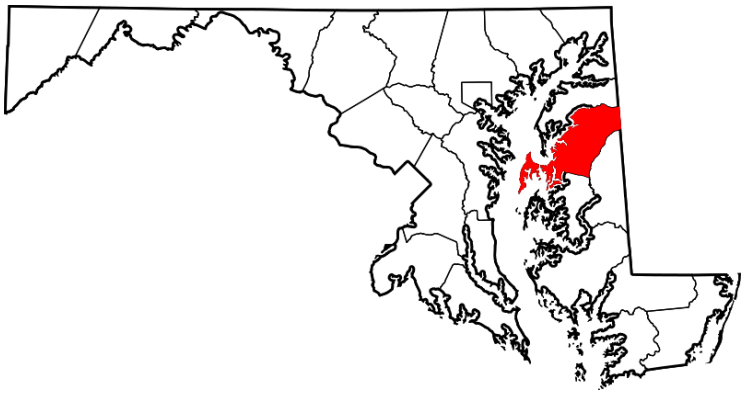
- Blacks or African Americans in Prince George's County had higher mortality rates than Whites for all-cause mortality and for six of the top eight causes of death (exceptions were chronic lung disease and liver disease).
- The mortality ratio disparity was greatest for HIV and kidney disease, where Blacks or African Americans had 6.0 times the HIV death rate and 2.2 times the kidney disease death rate of Whites.

Figure 51. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Prince George's County, Maryland 2005-2009



Source: CDC Wonder Online Database, Compressed Mortality Files 2005-2009 [8]

Queen Anne's County

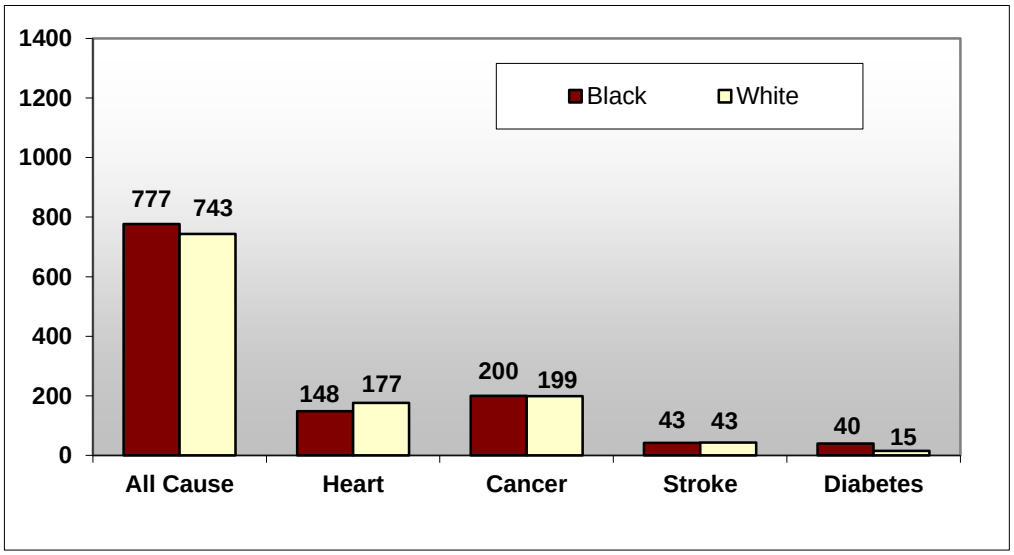


As of the Census of 2010, there were 47,798 people residing in the Queen Anne's County. The racial makeup of the County was 6.90% Black or African American, 0.31% American Indian or Alaska Native, 0.98% Asian, 0.03% Pacific Islander, 1.36% from other races, and 1.72% from two or more races. Hispanics were 3.04% of the total population.

Figure 52 shows age-adjusted mortality rates for Queen Anne's County combining data from 2005 to 2009 [8]. Key findings include:

- Blacks or African Americans in Queen Anne's County had higher mortality rates than Whites for all-cause mortality and for two of top four causes of death.
- The biggest mortality ratio disparity for Blacks or African Americans compared to Whites was with diabetes, where African Americans had a 2.6 times higher mortality rate than Whites.

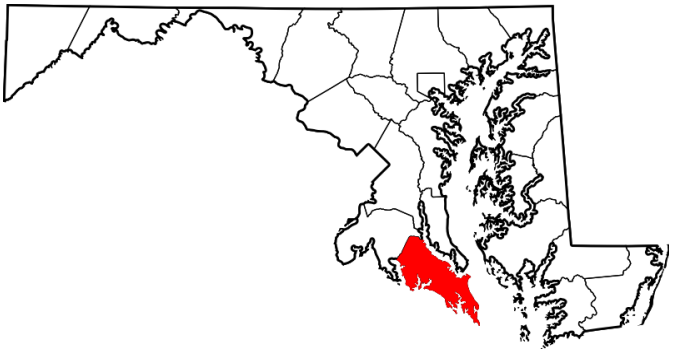
Figure 52. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Queen Anne's County, Maryland 2005-2009



Source: CDC Wonder Online Database, Compressed Mortality Files 2005-2009 [8]

Note: Additional causes of death were not included due to insufficient data.

St. Mary's County

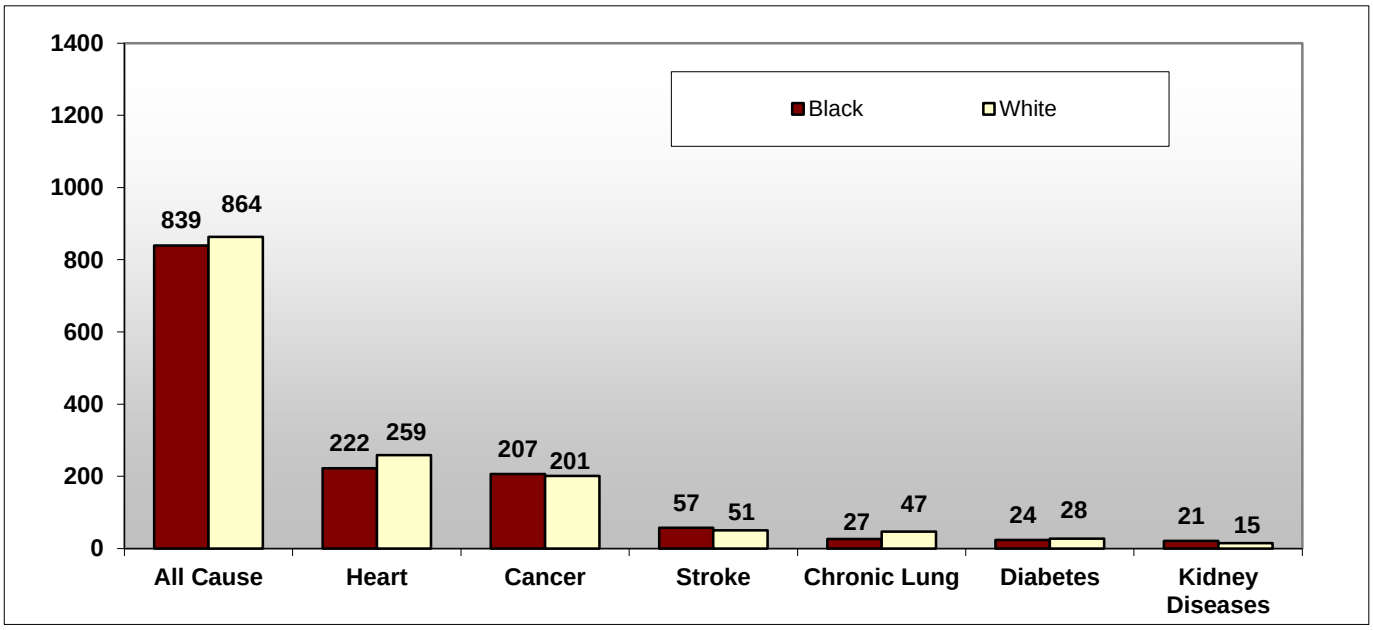


As of the Census of 2010, there were 105,151 people residing in the St. Mary's County. The racial makeup of the County was 14.29% Black or African American, 0.40% American Indian or Alaska Native, 2.47% Asian, 0.07% Pacific Islander, 1.00% from other races, and 3.17% from two or more races. Hispanics were 3.78% of the total population.

Figure 53 shows age-adjusted mortality rates for St. Mary's County combining data from 2005 to 2009 [8]. Key findings include:

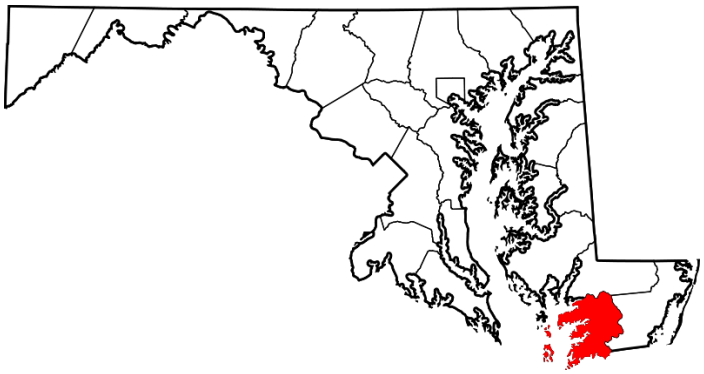
- Blacks or African Americans in Queen Anne's County had lower mortality rates than Whites for all-cause mortality and for three of top six causes of death.
- Blacks or African Americans had a kidney disease mortality rate that was 1.4 times higher than the rate for Whites.

Figure 53. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, St. Mary's County, Maryland 2005-2009



Source: CDC Wonder Online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Somerset County

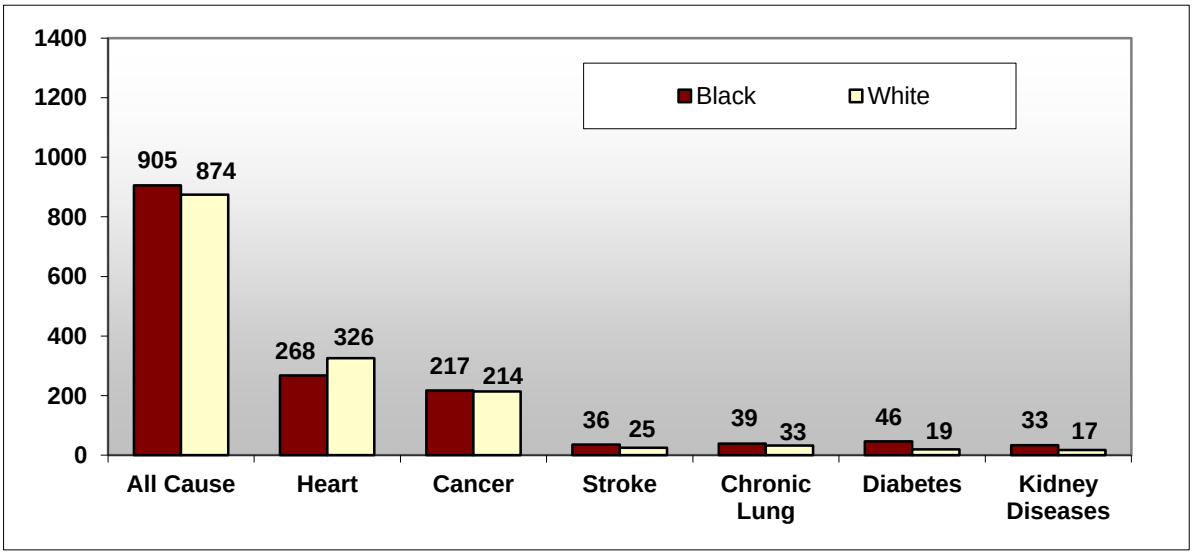


As of the Census of 2010, there were 26,470 people residing in the Somerset's County. The racial makeup of the County was 42.28% Black or African American, 0.32% American Indian or Alaska Native, 0.70% Asian, 0.03% Pacific Islander, 1.40% from other races, and 1.74% from two or more races. Hispanics were 3.26% of the total population.

Figure 54 shows age-adjusted mortality rates for Somerset County combining data from 2005 to 2009 [8]. Key findings include:

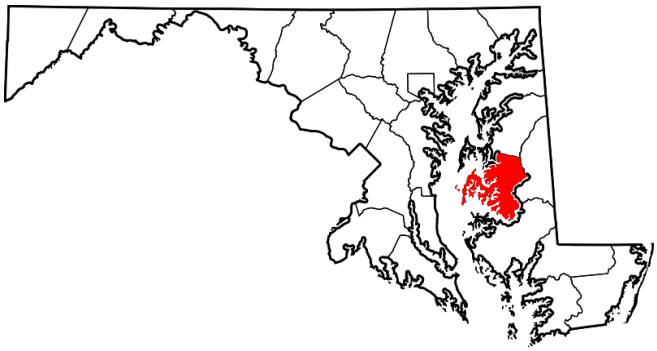
- Blacks or African Americans in Somerset County had higher mortality rates than Whites for all-cause mortality and for five of top six causes of death.
- The diabetes mortality rate for Blacks or African Americans was 2.4 times higher than for Whites; and the kidney disease mortality rate was 1.9 times higher for Blacks or African Americans.

Figure 54. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Somerset County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Talbot County

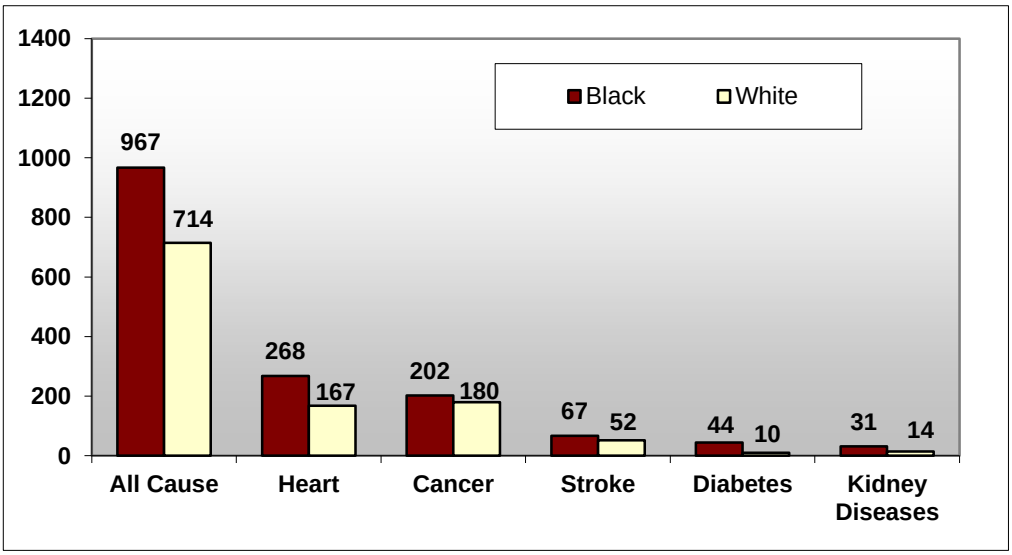


As of the Census of 2010, there were 37,782 people residing in the Talbot County. The racial makeup of the county was 12.78% Black or African American, 0.17% American Indian or Alaska Native, 1.25% Asian, 0.06% Pacific Islander, 2.73% from other races, and 1.64% from two or more races. Hispanics were 5.49% of the population.

Figure 55 shows age-adjusted mortality rates for Talbot County combining data from 2005 to 2009 [8]. Key findings include:

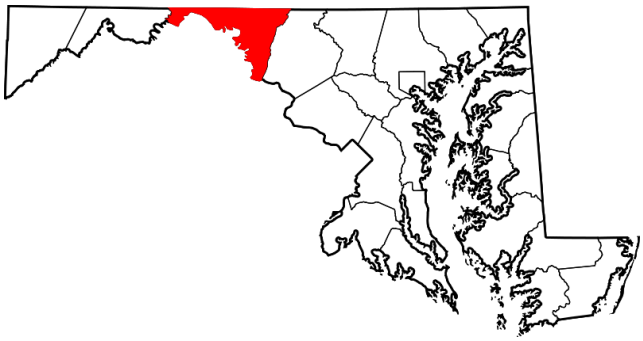
- Blacks or African Americans in Talbot County had higher mortality rates than Whites for all-cause mortality and for the top five causes of death.
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was with diabetes, where Blacks or African Americans had a 4.4 times higher mortality rate from diabetes than Whites.

Figure 55. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Talbot County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Washington County

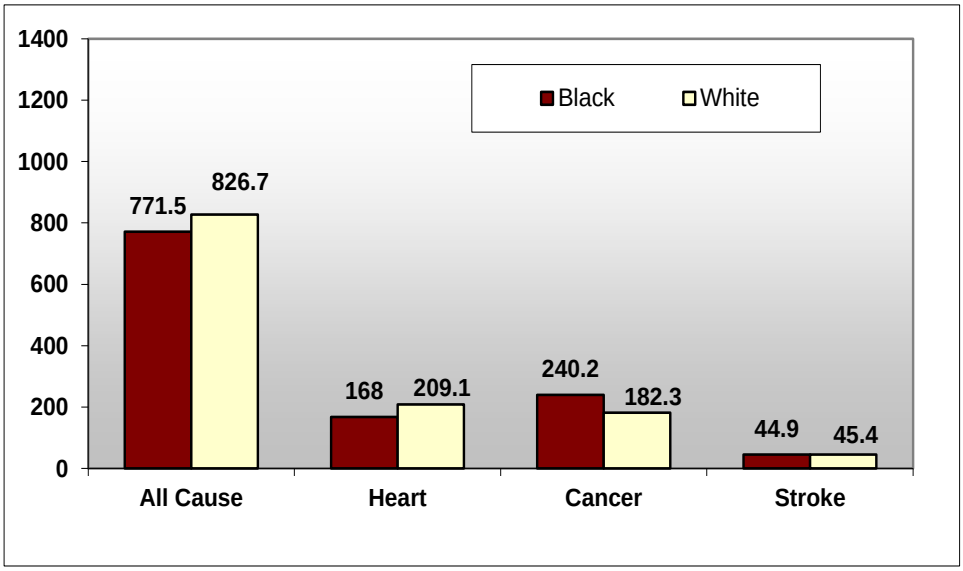


As of the Census of 2010, there were 147,430 people residing in the Washington County. The racial makeup of the County was 9.59% Black or African American, 0.21% American Indian or Alaska Native, 1.39% Asian, 0.04% Pacific Islander, 1.10% from other races, and 2.57% from two or more races. Hispanics were 3.46% of the total population.

Figure 56 shows age-adjusted mortality rates for Washington County combining data from 2005 to 2009 [8]. Key findings include:

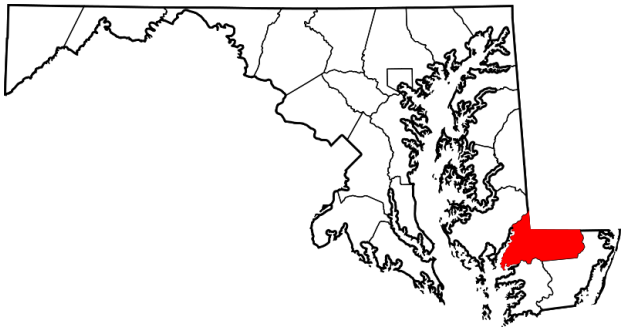
- Blacks or African Americans in Washington County had lower mortality rates than Whites for all-cause mortality and for two of top three causes of death.
- Blacks or African Americans had a 1.3 times higher cancer mortality rate than Whites.

Figure 56. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Washington County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Wicomico County

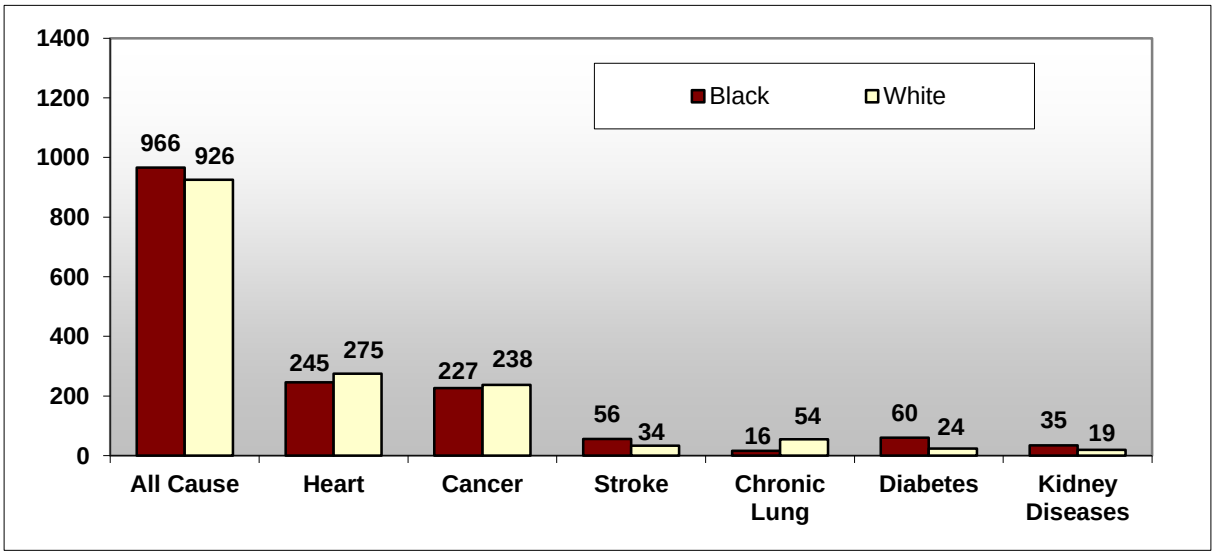


As of the Census of 2010, there were 98,733 people residing in the Wicomico County. The racial makeup of the County was 24.18% Black or African American, 0.24% American Indian or Alaska Native, 2.50% Asian, 0.05% Pacific Islander, 1.90% from other races, and 2.48% from two or more races. Hispanics were 4.54% of the total population.

Figure 57 shows age-adjusted mortality rates for Wicomico County combining data from 2005 to 2009 [8]. Key findings include:

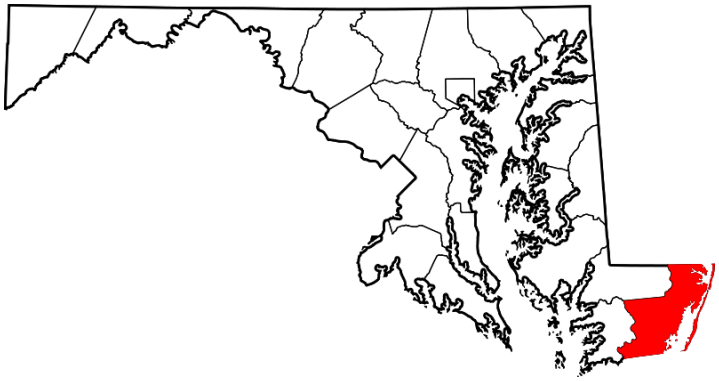
- Blacks or African Americans in Wicomico County had higher mortality rates than Whites for all-cause mortality and for three of the top six causes of death;
- The mortality ratio disparity was greatest for diabetes and kidney disease, where Blacks or African Americans had 2.5 times the diabetes death rate and 1.8 times the kidney disease death rate compared to Whites.

Figure 57. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Wicomico County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Worcester County

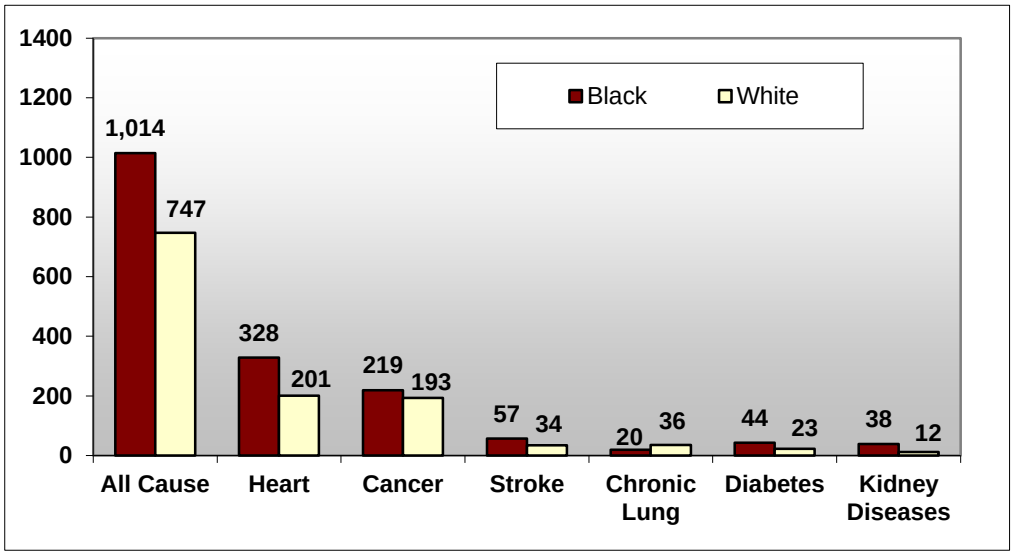


As of the Census of 2010, there were 51,454 people residing in the Worcester County. The racial makeup of the County was 13.65% Black or African American, 0.28% American Indian or Alaska Native, 1.11% Asian, 0.02% Pacific Islander, 1.23% from other races, and 1.70% from two or more races. Hispanics were 3.15% of the total population.

Figure 58 shows age-adjusted mortality rates for Worcester County combining data from 2005 to 2009 [8]. Key findings include:

- Blacks or African Americans in Worcester County had higher mortality rates than Whites for all-cause mortality and for five of the top six causes of death.
- The greatest mortality ratio disparity for Blacks or African Americans compared to Whites was for kidney diseases, where Blacks or African Americans had 3.3 times the rate of deaths compared to Whites.

Figure 58. Age-Adjusted Mortality Rates (per 100,000), Selected Causes of Death for Blacks or African Americans and Whites, Worcester County, Maryland 2005-2009



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Additional causes of death were not included due to insufficient data.

Cancer Data by Site and Jurisdiction

The following series of charts presents age-adjusted cancer mortality rates for specific types of cancer, by race and ethnicity, and by jurisdiction, where data were available. For certain types of cancer, jurisdiction level data could not be reliably calculated due to small numbers; therefore those jurisdictions were excluded from the chart.

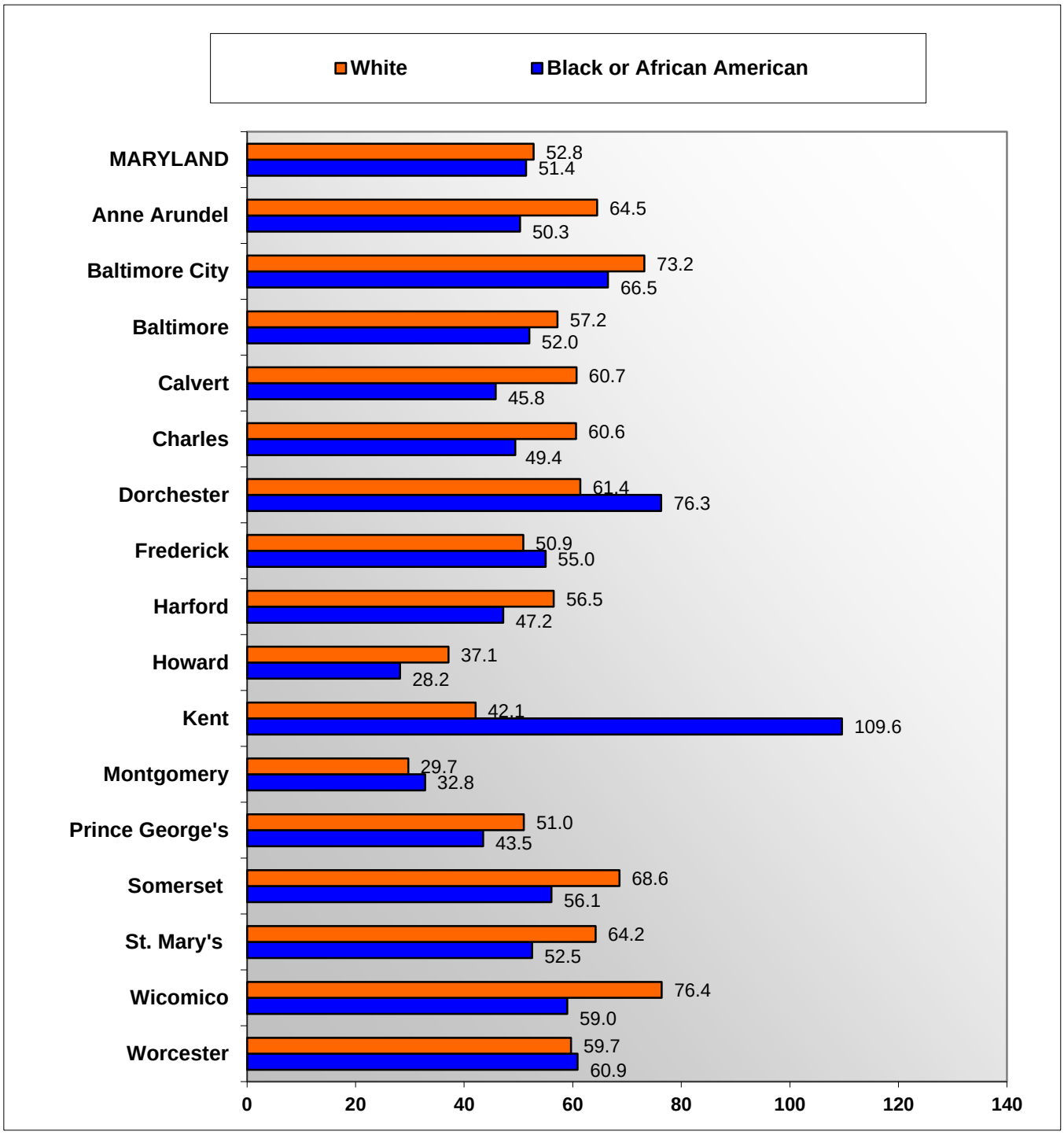
Figure 59 shows age-adjusted mortality rates for lung and bronchus cancer for Blacks or African Americans and Whites, by jurisdiction, for 2005 to 2009 [8]. Key findings include:

- In four of sixteen jurisdictions where data were available, but not in Maryland statewide, Black or African American lung and bronchus cancer mortality rates exceeded those of Whites.

- Of all jurisdictions reported here, Kent County had the greatest mortality rate disparity for Blacks or African Americans compared to Whites, where Blacks or African Americans had 2.6 times the rate of death, and 67.5 more deaths per 100,000 persons than Whites. Kent County also had the highest Black or African American lung and bronchus cancer mortality rate of the jurisdictions reportable here.

- The jurisdiction with the highest cancer mortality rate for Whites was Wicomico County. White cancer mortality rates exceeded those of Blacks or African Americans there.

Figure 59. Age-Adjusted Lung and Bronchus Cancer Mortality Rates by Race and Jurisdiction, Maryland 2005-2009 Combined

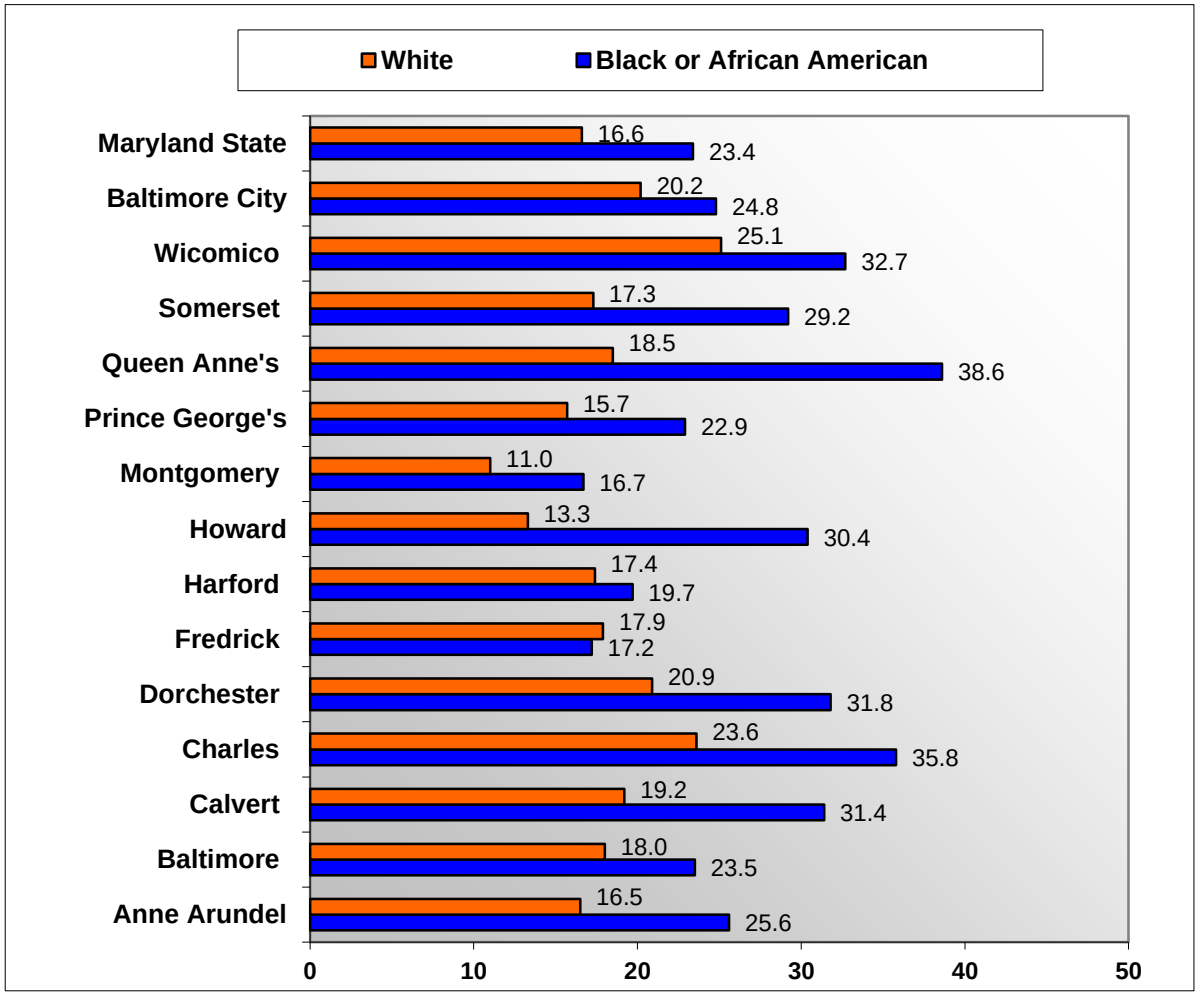


Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Excluded jurisdictions had estimates that could not be reliably reported due to small numbers.

Figure 60 shows age-adjusted colon and rectal cancer mortality rates for Blacks or African Americans and Whites, by jurisdiction, for 2005 to 2009 [8]. Key findings include:

- In all 14 jurisdictions where data were available, and in Maryland statewide, Black or African American colorectal cancer mortality rates exceeded those of Whites, except Fredrick County.
- Of all jurisdictions, Howard County had the largest colon and rectal cancer mortality rate ratio disparity for Blacks or African Americans compared to Whites, with 2.3 times the rate of death, and 17.1 more deaths per 100,000 compared to Whites.
- Among jurisdictions where colorectal cancer mortality rate is higher among Black or African Americans, the smallest rate difference in mortality between Blacks or African Americans and Whites was Harford County.

Figure 60. Age-Adjusted Colorectal Cancer Mortality Rates by Race and Jurisdiction, Maryland 2005-2009 Combined

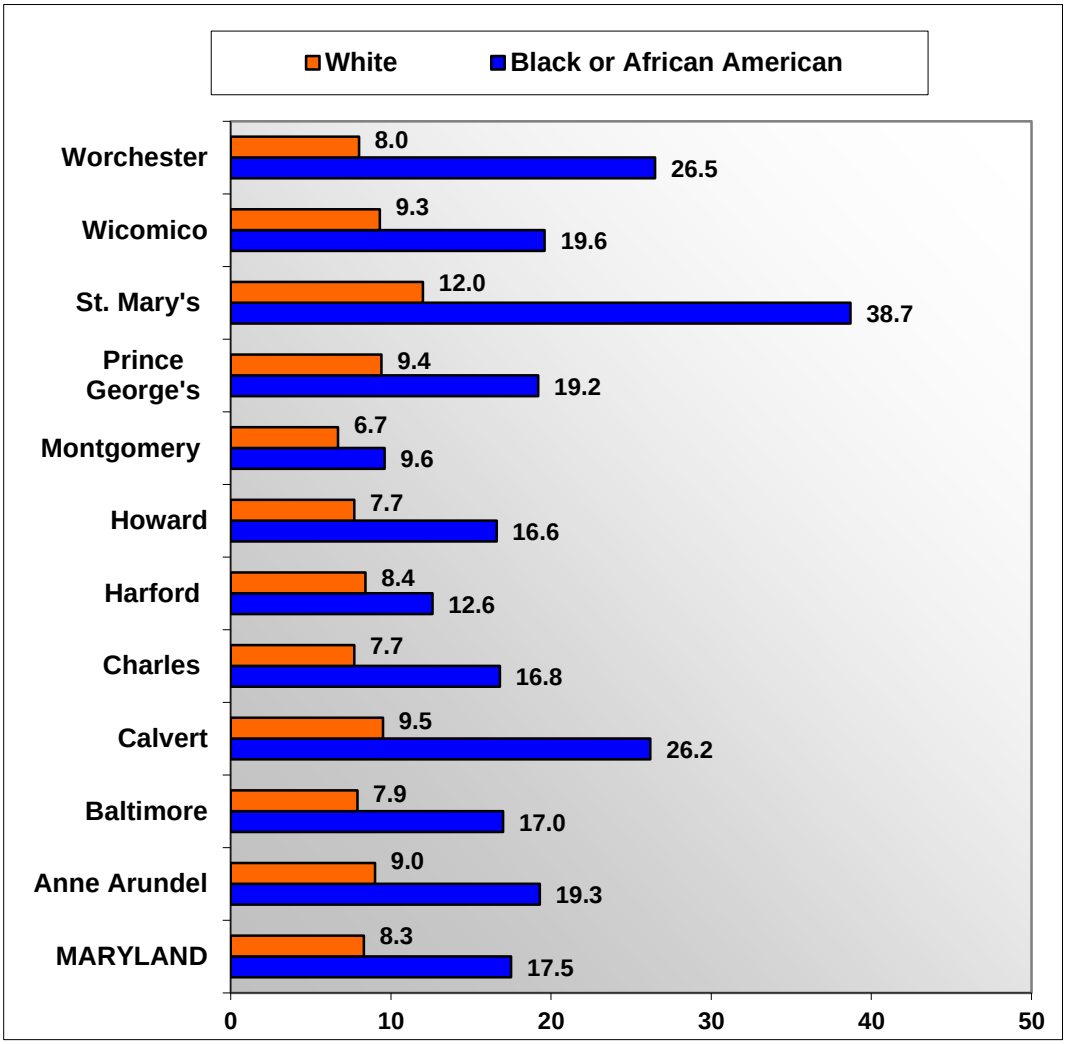


Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Excluded jurisdictions had estimates that could not be reliably reported due to small numbers.

Figure 61 shows age-adjusted prostate cancer mortality rates for Blacks or African Americans and Whites, by jurisdiction, for 2005 to 2009 [8]. Key findings include:

- In Maryland statewide, and the eleven jurisdictions where data were available, Black or African American prostate cancer mortality rates far exceeded those of Whites.
- Of all jurisdictions, St. Mary's County had the largest mortality ratio disparity for Blacks or African Americans compared to Whites, where Blacks or African Americans have 3.2 times the rate of death.
- The jurisdiction with the largest difference in the death rates was also St. Mary's County with 26.7 more Black or African American deaths per 100,000.

Figure 61. Age-Adjusted Prostate Cancer Mortality Rates by Race/Ethnicity, by Jurisdiction, Maryland 2005-2009 Combined



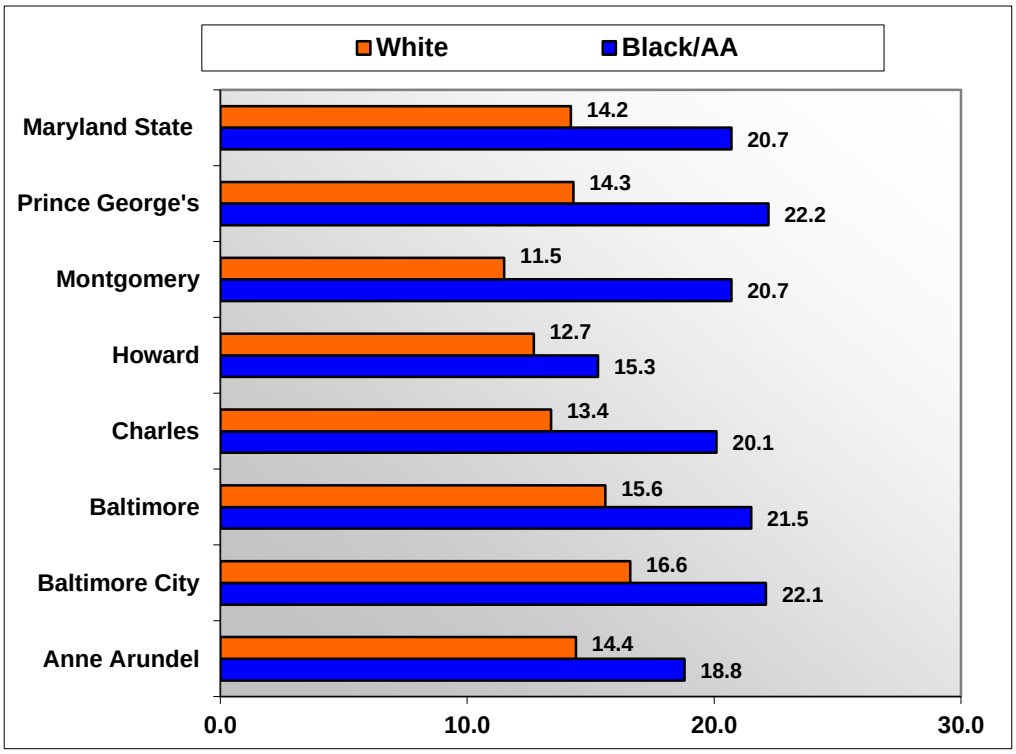
Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Excluded jurisdictions had estimates that could not be reliably reported due to small numbers.

Figure 62 shows age-adjusted combined breast and cervical cancer mortality rates for Black or African American and White females, by jurisdiction [8]. Key findings include:

- In seven of the seven jurisdictions (where rates could be calculated), Black or African American females had higher mortality rates from breast and cervical cancer combined than White females.

- Of all jurisdictions, Montgomery County had the largest mortality ratio disparity for Blacks or African Americans compared to Whites, where Blacks or African Americans had 1.8 times the mortality rate of whites. This reflects both a moderately high Black or African American rate and the lowest White rate among the reportable jurisdictions.

Figure 62. Age-Adjusted Combined Breast and Cervical Cancer Mortality Rates by Race/Ethnicity, by Jurisdiction, Maryland 2005-2009 Combined



Source: CDC Wonder online Database, Compressed Mortality Files 2005-2009 [8]
Note: Excluded jurisdictions had estimates that could not be reliably reported due to small numbers.

VI. References

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12. Maryland Asthma Surveillance Report, *Asthma in Maryland, 2011*. 2011, Maryland Department of Health and Mental Hygiene, Family Health Administration, Maryland Asthma Control Program.

13. Maryland Cigarette Restitution Fund Program, *Cancer Report 2010*. 2010, Maryland Department of Health and Mental Hygiene, Cigarette Restitution Fund Program, Cancer Prevention, Education, Screening and Treatment Program: Baltimore, MD.

VII. Data Website Resources

The following websites include health disparities data information that this report refers to or could be used for further health disparities research.

1. **National Sources of Maryland Minority Health Data**

   - **Centers for Disease Control** (CDC) WONDER On-line Database http://wonder.cdc.gov/mortsql.html for mortality data.
   - CDC **Behavioral Risk Factor Surveillance System** (BRFSS) Web-Enabled Analysis Tool (WEAT) http://apps.nccd.cdc.gov/s_broker/weatsql.exe/weat/index.hsql
   - CDC National Center for Health Statistics: **Health United States, 2011** http://www.cdc.gov/nchs/hus.htm
   - **Agency for Healthcare Research and Quality** (AHRQ) State Snapshots http://statesnapshots.ahrq.gov/snaps11/SnapsController?menuId=61&state=MD&action=disparities&level=80&caretype=3

2. **Maryland Sources of Maryland Minority Health Data**

   - **MD Office of Minority Health and Health Disparities** – Health Equity Data http://dhmh.maryland.gov/mhhd/SitePages/Health%20Equity%20Data.aspx
   - **State Health Improvement Plan (SHIP)**

     SHIP Measures http://dhmh.maryland.gov/ship/SitePages/measures.aspx

     SHIP County Health Profiles (includes Black vs. White data charts) http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx

     SHIP disparities data pages http://dhmh.maryland.gov/ship/SitePages/RacialandEthnicHealthDisparities.aspx http://dhmh.maryland.gov/ship/PDFs/SHIP%20FRAMEWORK%20with%20Racial%20Ethnic%20Disparities%207-24-12.pdf

     SHIP Resources (**good list of many additional resources**) http://dhmh.maryland.gov/ship/SitePages/overarchingref.aspx
   - **Health Enterprise Zone (HEZ)**

     HEZ Eligibility Data http://dhmh.maryland.gov/healthenterprisezones/SitePages/HEZ_Eligibility_Data.aspx

     HEZ Supplemental Data http://dhmh.maryland.gov/healthenterprisezones/SitePages/Hez_Resources.aspx

- **Population Data**

  Maryland Department of Planning- Maryland State Data Center, U.S. Census Data http://census.maryland.gov/census2010/SF1DP/cen10_SF1DP.shtml http://planning.maryland.gov/msdc/census/cen2010/sf1/sumyprof/bySubject/county/Race_ethnicity.xls

  Maryland Vital Statistics Administration (also birth and death data) http://dhmh.maryland.gov/vsa/SitePages/reports.aspx

- **Risk Factor, Condition, and Mortality Data**

  Maryland Behavioral Risk Factor Surveillance System (BRFSS) http://www.marylandbrfss.org/

  Center for Cancer Surveillance and Control – Data and Reports http://fha.dhmh.maryland.gov/cancer/SitePages/surv_data-reports.aspx

  Maryland Asthma Control Program (data and plan) http://fha.dhmh.maryland.gov/mch/SitePages/asthma.aspx

  DHMH Office of Chronic Disease Prevention http://fha.dhmh.maryland.gov/cdp/SitePages/reports.aspx

  Infant Mortality Reports (see Vital Statistics above)
  DHMH HIV/AIDS Statistical Profiles http://ideha.dhmh.maryland.gov/OIDEOR/CHSE/SitePages/statistics.aspx

  DHMH Office of Oral Health *Burden of Oral Diseases in Maryland 2010* http://fha.dhmh.maryland.gov/oralhealth/docs1/Burden_Oral_DiseasesimMaryland_May2010.pdf

  Behavioral Health

    Alcohol and Drug Abuse Administration Annual Report 2011 http://adaa.dhmh.maryland.gov/Documents/content_documents/PREVRPT/2011Report.pdf

    Mental Hygiene Administration Data Shorts http://dhmh.maryland.gov/mha/SitePages/Datashorts.aspx

- **Utilization Data**

  Maryland Health Services Cost Review Commission Hospital Data http://www.hscrc.state.md.us/hsp_Data.cfm

  Health Quality and Cost Council Health Disparities Workgroup Report http://www.governor.maryland.gov/ltgovernor/documents/disparitiesreport120117.pdf (pp 10-11)

  (See also SHIP and HEZ data above)

3. Other Useful Sites and Documents

Joint Center for Political and Economic Studies
http://www.jointcenter.org/

Joint Center Disparities Publications Page
http://www.jointcenter.org/research/search/results?keys=cost+disparities&edit-submit.x=23&edit-submit.y=10

Place Matters for Health in Baltimore: Ensuring Opportunities for Good Health for All
http://www.jointcenter.org/research/place-matters-for-health-in-baltimore-ensuring-opportunities-for-good-health-for-all

The Economic Burden of Health Inequalities in the United States
http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf

Trends in Child Health 1997-2006: Assessing Racial/Ethnic Disparities in Unmet Dental Care Needs
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http://www.healthequity.umd.edu/

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Adventist Health Care Center on Health Disparities
http://www.adventisthealthcare.com/health-disparities/

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