



Charts of Selected Black vs. White Chronic Disease SHIP Metrics:

Southern Maryland Counties
(*Calvert, Charles, and St. Mary's*)

Prepared by the
Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene

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Introduction

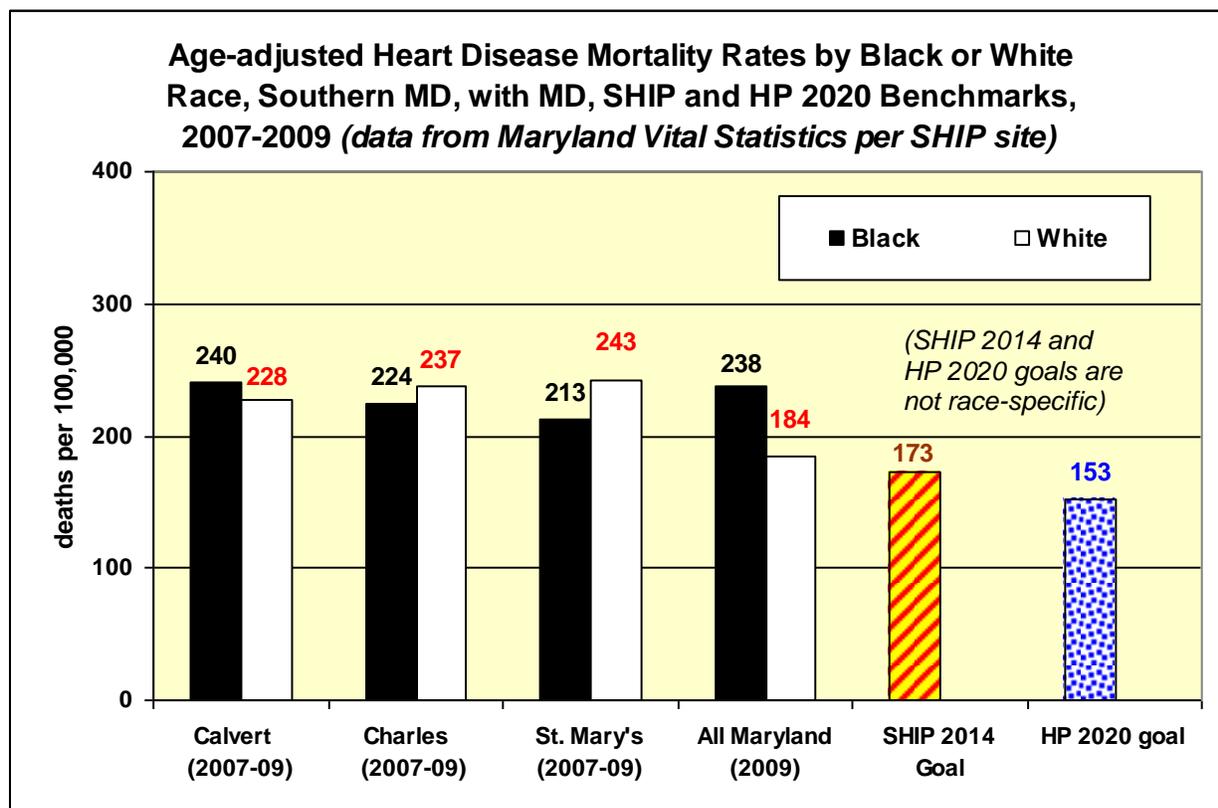
The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene is committed to assisting the SHIP local planning groups in identifying issues of poor minority health and minority health disparities in their jurisdictions, and incorporating effective minority health improvement strategies into their local health improvement plans.

As a first step in this assistance process, MHHD is providing this document - *Charts of Selected Black vs. White Chronic Disease SHIP Metrics* - which provides a graphical display of the Black and White baseline values for selected chronic disease SHIP metrics in the Southern Maryland counties. The included metrics are heart disease and cancer mortality rates, emergency department visits for diabetes, hypertension, and asthma, and the percent of adults at healthy weight or who are current smokers.

We have chosen to focus on these chronic disease metrics for two reasons. The first is that they represent leading causes of mortality (heart disease and cancer mortality, hypertension as a risk factor for stroke), leading causes of preventable utilization (diabetes, hypertension and asthma), or risk factors for a variety of chronic diseases (diabetes, hypertension, smoking and obesity). The second is that these metrics are consistent with the areas of emphasis of the Health Disparities Workgroup of the Maryland Health Quality and Cost Council. In their report, available at <http://www.dhmh.maryland.gov/mhqcc/Documents/Health-Disparities-Workgroup-Report-1-12-2012.pdf>, the Workgroup identified lung disease (especially asthma), cardiovascular disease, and diabetes as areas with exceptionally large disparities in preventable hospitalizations. Improving minority outcomes in these areas will both reduce disparities and result in cost savings.

It has been said that a picture is worth a thousand words. It is hoped that this graphical display of these local SHIP minority health metrics will help the local planning groups identify some of the important minority health issues in their jurisdictions.

Heart Disease Mortality



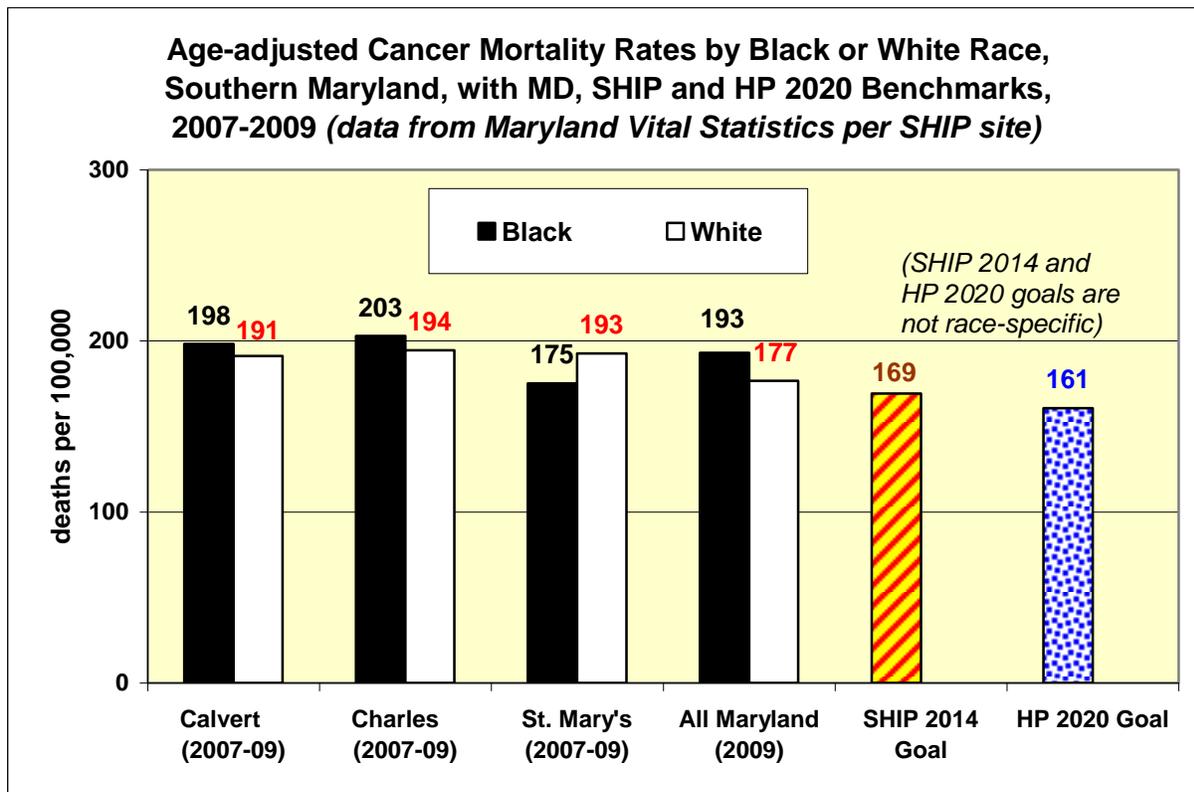
The chart above is a display of the heart disease mortality SHIP metric values (Objective 25) as published in the current SHIP County Health Profiles for the three Southern Maryland Counties. Age-adjusted mortality rates are shown for Black or White race in each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

All of the Black rates are similar to or lower than the Statewide Black rate, while White rates are all higher than the Statewide White rate. This results in small Black disparities or higher White than Black rates. All groups are worse than the SHIP 2014 and HP 2020 goals.

As will be seen later in this document, the White rates of hypertension ED visits, adult smoking, and adults and healthy weight are all worse than Statewide White rates, except for hypertension ED visits in Calvert. These higher rates of heart disease risk factors contribute to the higher than Statewide heart disease mortality rates for Whites in Southern Maryland.

Similarly, Black rates of smoking and healthy weight in Southern Maryland are similar to or better than Statewide Black rates. Lower rates of these heart disease risk factors contribute to the lower than Statewide heart disease mortality rates for Blacks in Southern Maryland.

Cancer Mortality



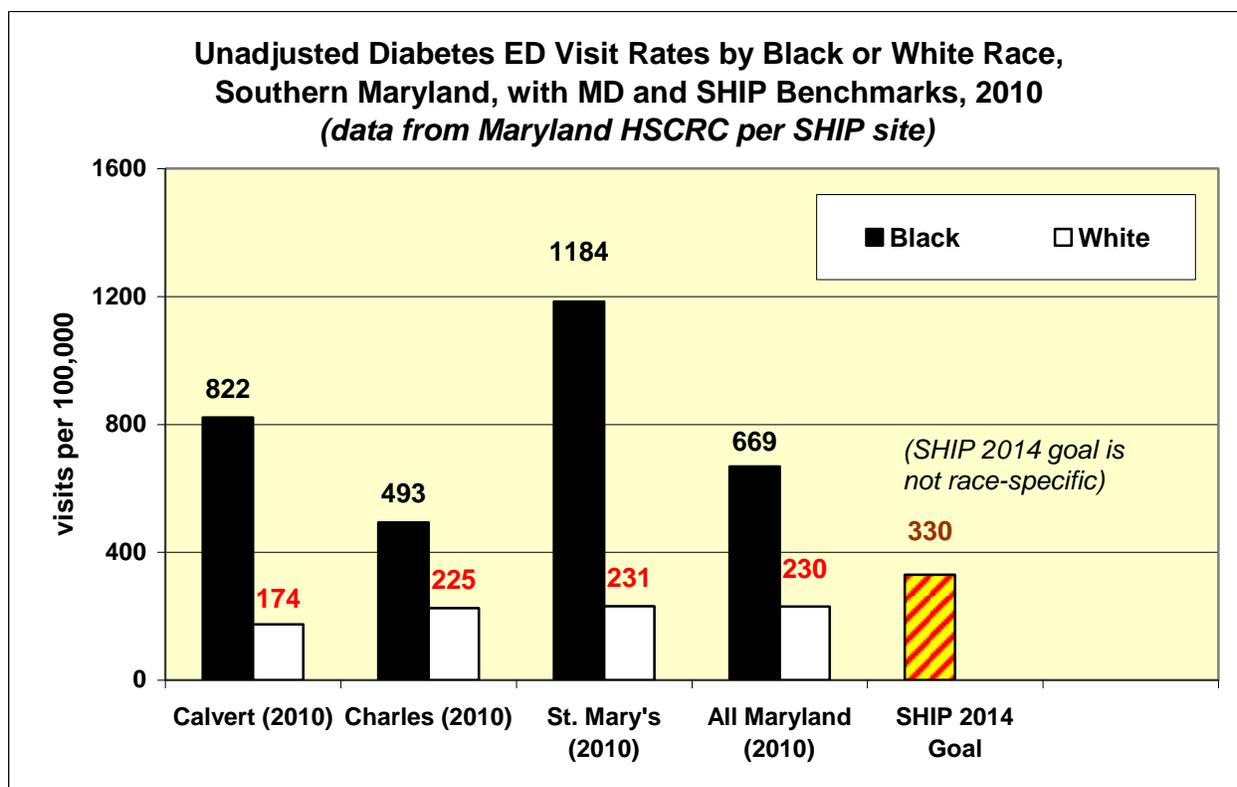
The chart above is a display of the cancer mortality SHIP metric values (Objective 26) as published in the current SHIP County Health Profiles for the three Southern Maryland. Age-adjusted mortality rates are shown for Black or White race for each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

Cancer mortality rates in all of the race-by-county groups are worse than the SHIP 2014 and HP 2020 goals.

Calvert and Charles have Black rates that are higher than White rates. The Black rates are slightly higher than the Statewide Black rate. The White rates are also higher than the Statewide White rates. There is a small Black disparity in the rates.

In St. Mary's, the Black rate is lower than the White rate and lower than the Statewide Black rate. The White rate is higher than the Statewide White rate. This combination produces a higher White than Black rate for cancer deaths in St. Mary's County.

Diabetes ED Visits



The chart above is a display of the diabetes Emergency Department (ED) visit SHIP metric values (Objective 27) as published in the current SHIP County Health Profiles for the three Southern Maryland Counties. Unadjusted ED visit rates are shown for Black or White race for each county, along with race-specific Maryland Statewide rates and the SHIP 2014 goal.

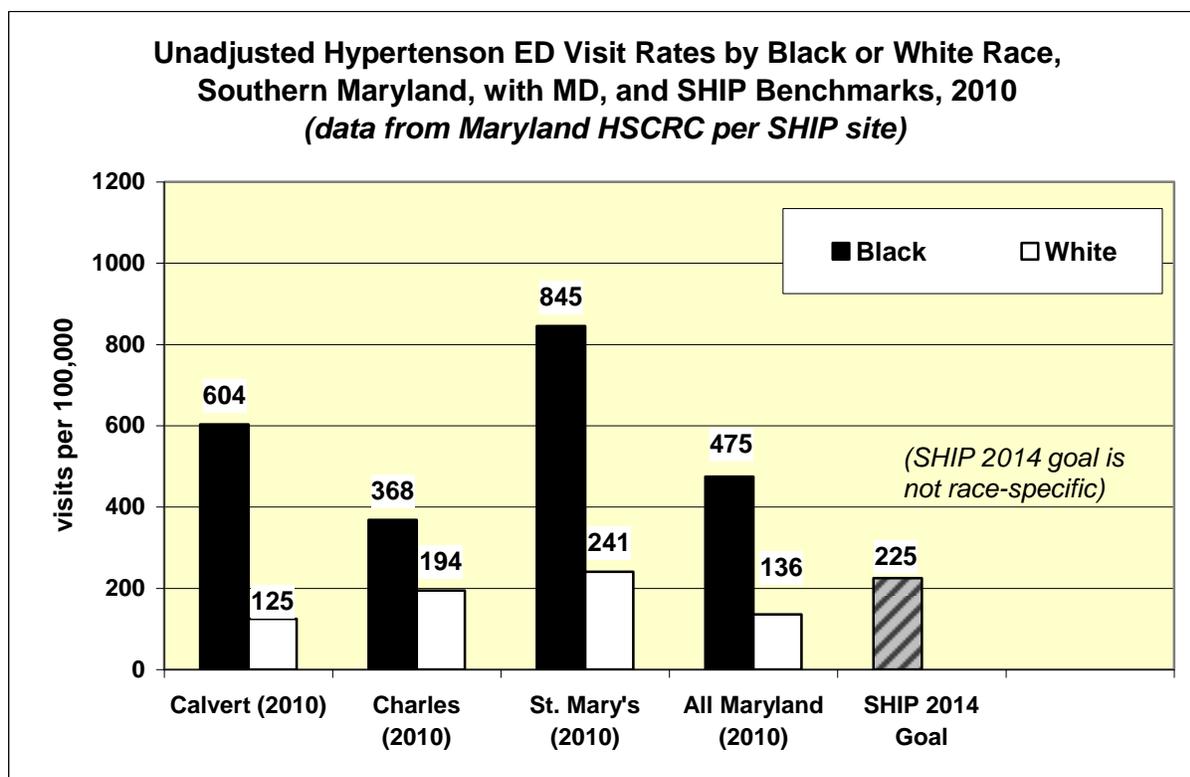
There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, or may be due to a lot of care going out of state (not captured in the HSCRC data).

In Calvert and St. Mary's, Black rates are higher than the Statewide Black rate, and considerably higher than the White rates in the same county. In Charles, the Black rate is lower than the Statewide Black rate, and higher than the County White rate.

White rates in all the counties are at or below the Statewide White rate. This combines with high Black rates to yield large Black disparities, particularly in Calvert and St. Mary's.

The low Black rates in Charles might be artificial due to data limitations. As will be presented later in this document, Black obesity rates in Charles are worse than the Statewide Black rate. This would make low Black diabetes rates in Charles an unexpected finding.

Hypertension ED Visits



The chart above is a display of the Hypertension Emergency Department (ED) visit SHIP metric values (Objective 28) as published in the current SHIP County Health Profiles for the three Southern Maryland Counties. Unadjusted ED visit rates are shown for Black or White race in each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 goal for comparison.

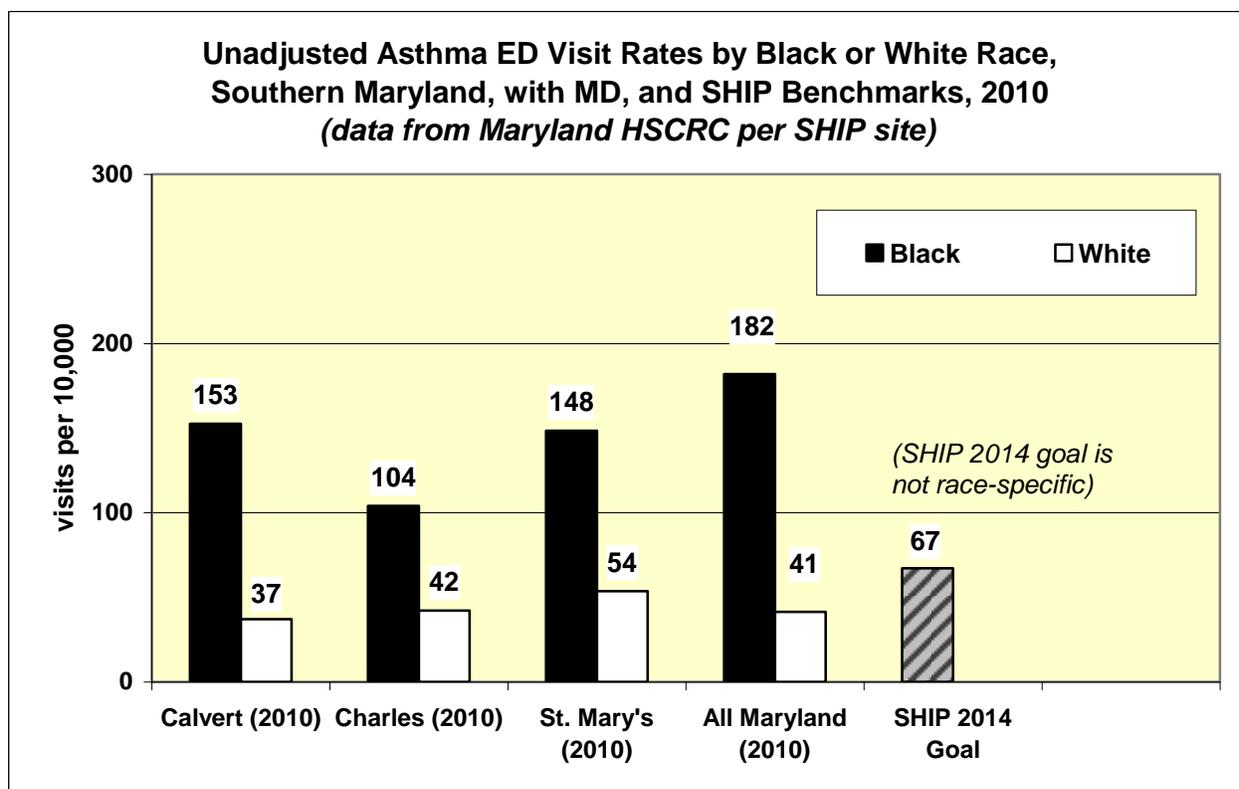
There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, or may be due to a lot of care going out of state (not captured in the HSCRC data).

For Calvert and St. Mary's, Black rates are higher than the Statewide Black rate, and considerably higher than the White rates in the same county. For Charles, the Black rate is lower than the Statewide Black rate, and higher than the County White rate.

White rates in Charles and St. Mary's are above the Statewide White rate. In Calvert, the White rate is below the Statewide White rate. There are large Black disparities, particularly in Calvert and St. Mary's counties.

Once again, the Black rate in Charles is rather low and might be artificial due to data limitations. This pattern was also seen for Diabetes and Asthma ED visits as well, suggesting there may be systematic problems with the Black rate data for Charles County.

Asthma ED Visits



The chart above is a display of the asthma Emergency Department (ED) visit SHIP metric values (Objective 17) as published in the current SHIP County Health Profiles for the three Southern Maryland Counties. Unadjusted ED visit rates are shown for Black or White race for each county, along with the race-specific Maryland Statewide rates and SHIP 2014 goal.

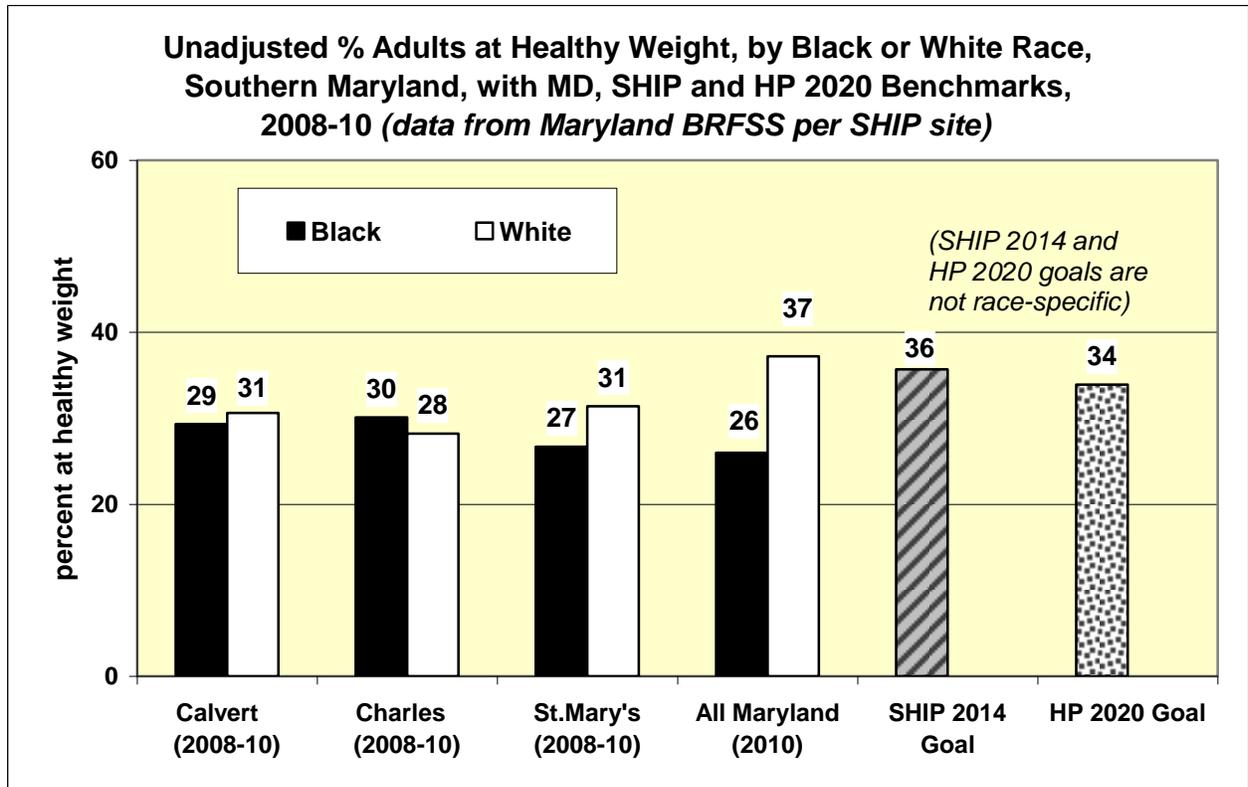
There is one important consideration when interpreting ED visit rates. A low rate may represent good health and/or good disease control, but it may also represent limited access to care, or may be due to a lot of care going out of state (not captured in the HSCRC data).

For Calvert and St. Mary's, Black rates are lower than the Statewide Black rate, and three to five fold higher than the White rate in the same county. For Charles, the Black rate is particularly low compared to the Statewide Black rate, and higher than the County White rate.

White rates in Charles and St. Mary's are above the Statewide White rate. In Calvert, the White rate is below the Statewide White rate. There are large Black disparities, particularly in Calvert and St. Mary's counties.

Yet again, the Black rate in Charles is rather low and might be artificial due to data limitations. This pattern was also seen for Diabetes and Hypertension ED visits as well, suggesting there may be systematic problems with the Black rate data in Charles.

Adults at Healthy Weight



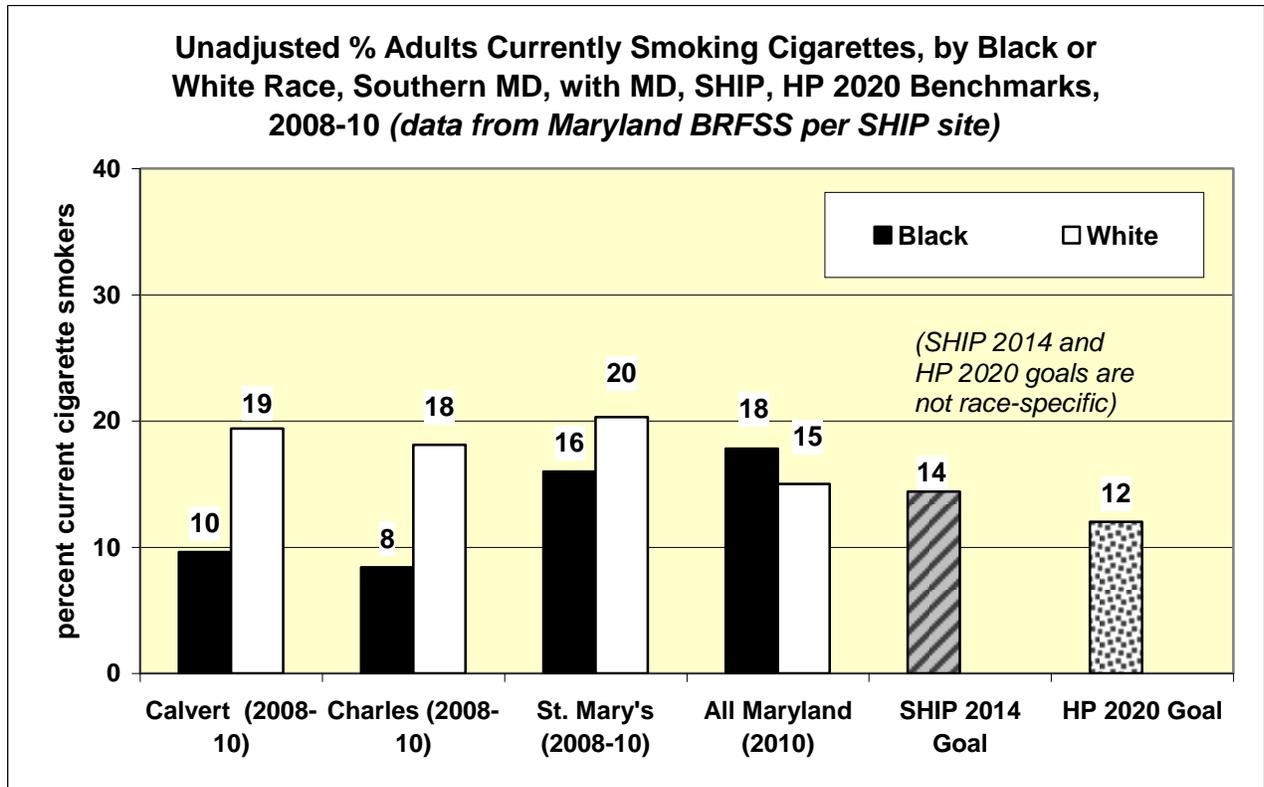
The chart above is a display of the adult at healthy weight SHIP metric values (Objective 30) as published in the current SHIP County Health Profiles for the three Southern Maryland Counties. Unadjusted percent at healthy weight is shown for Black or White race in each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

Unlike the other charts in this document, for this metric higher is better.

In all three jurisdictions, Black adult rates of healthy weight are similar to or above the Statewide Black rate. In all three jurisdictions, White adult rates are below the Statewide White rate. As a result, there is a small Black disparity in Charles, and higher White than Black rates in Calvert and St. Mary's.

All six race-by-county groups are lower than both the SHIP 2014 goal and the HP 2020 goal, so obesity prevention and reversal is needed in all three counties for both Blacks and Whites.

Adult Cigarette Smoking



The chart above is a display of the current adult smoking at healthy weight SHIP metric values (Objective 32) as published in the current SHIP County Health Profiles for the three Southern Maryland Counties. Unadjusted percent current smokers is shown for Black or White race for each county, along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison.

Black adult smoking rates in Calvert and Charles are half the Statewide Black rate. In St. Mary's, the Black smoking rate is slightly lower than the Statewide Black rate.

For White adults, in all three counties, smoking rates are above the Statewide White average. This combination results in higher White than Black rates in all three counties.

Conclusions

The charts presented here show that some of the largest disparities between Black and White rates, and between the county Black rates and the Statewide rates and goals, are seen for emergency department (ED) visit rates for diabetes, asthma and hypertension. The low Black rates for these visits seen in Charles may not reflect better Black health, since Charles does not have a favorable Black rate for the risk factor obesity. There may be access to care issues or out of state ED use producing the low Charles Black ED visit rates.

Black disparities are small or non-existent for adult healthy weight and adult smoking in all three counties.

For heart disease mortality, Calvert has a modest Black disparity. Charles and St. Mary's have White rates worse than Black rates. This is in part because of good Black health (the Black rates are better than the Statewide Black rate), but even more because of poor White health: the White rates are considerably higher than the Statewide White rate. All six race-by-county rates are worse than SHIP 2014 and HP 2020 goals, so all groups need to improve.

For cancer mortality, there is a small Black disparity in Calvert and Charles, with Black rates slightly higher than the Statewide Black rate. White rates are above the Statewide White rate. In St. Mary's, the White rate exceeds the Black rate and the Statewide White rate. The Black rate in St. Mary's is below the Statewide Black rate.

The very large disparities in ED visit rates are one reason why the Health Disparities Workgroup of the Maryland Health Quality and Cost Council focused on disparities in ED visits and hospital admissions. These are also areas where successful interventions can show benefits in a relatively short time. Interventions that reduce rates of un-insurance, improve provider availability, and provide support for chronic disease self-care at home hold promise to reduce this preventable utilization. These programs need to be adapted to the unique cultural, linguistic, and health literacy needs of minority populations, and delivered to those communities in a targeted way.

There are five general strategies that can be applied to almost any intervention to improve its impact on minority populations:

1. Racial and ethnic data collection, analysis, and reporting;
2. Inclusion of minority persons in planning, and outreach to minority communities in the delivery of programs and services;
3. Cultural, linguistic, and health literacy competency of program staff and materials;
4. Racial and ethnic diversity of the program workforce; and
5. Attention to the social determinants of health.