



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

Baltimore Metro Maryland Jurisdictions
(Anne Arundel, Baltimore City, Baltimore County)

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Introduction

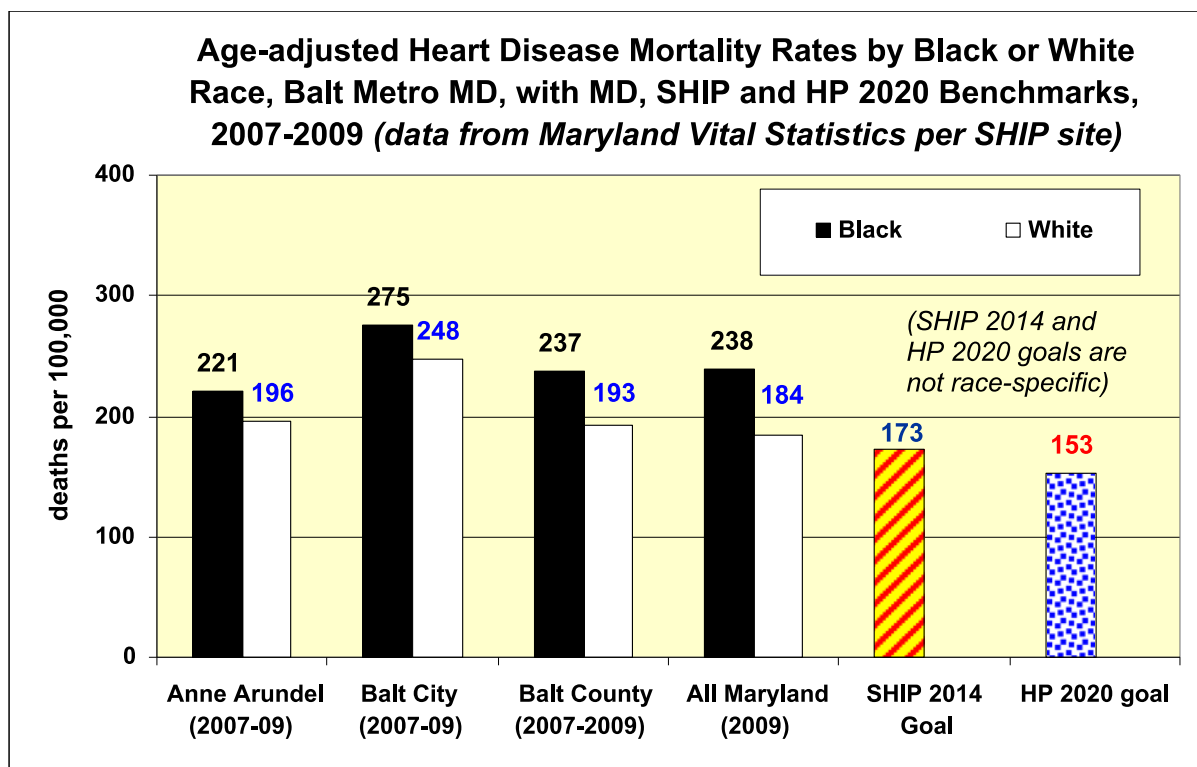
The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene is committed to assisting the SHIP local planning groups in identifying issues of poor minority health and minority health disparities in their jurisdictions, and incorporating effective minority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

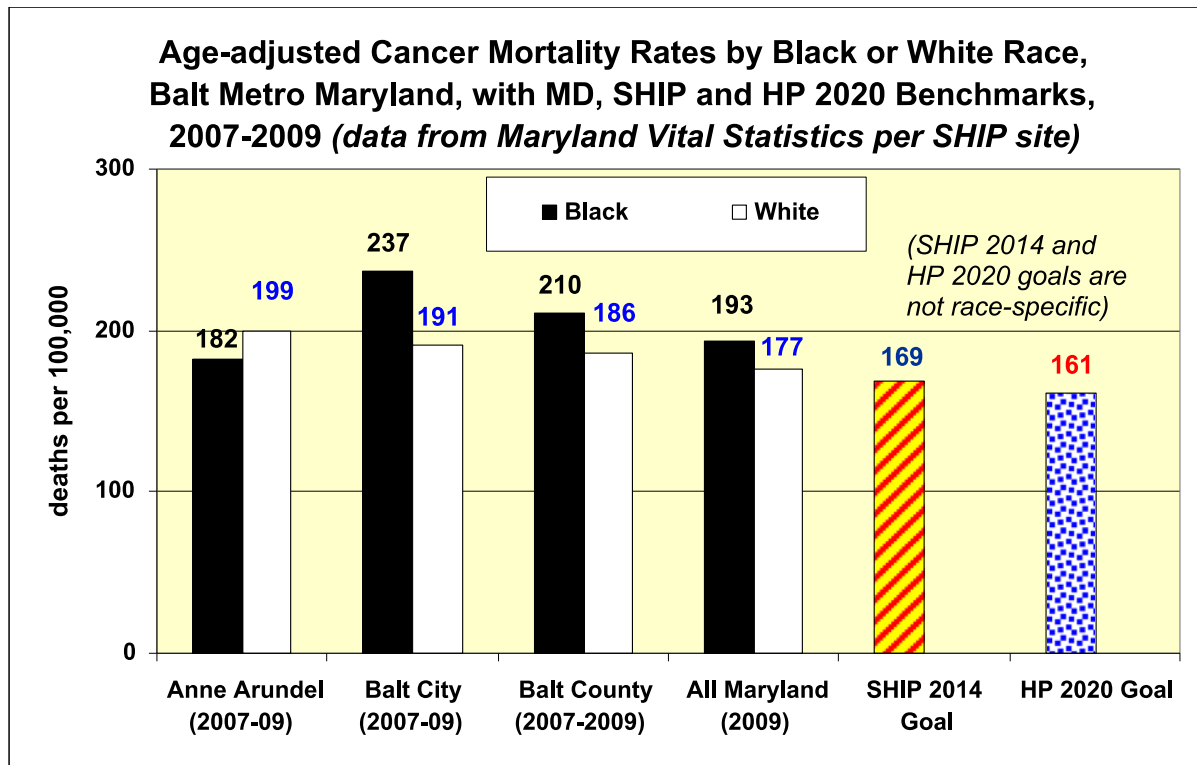


The chart above is a display of the heart disease mortality SHIP metric values (Objective 25) as published in the current SHIP County Health Profiles for the three Baltimore Metro Maryland jurisdictions. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland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

The Black rates in each jurisdiction are higher than the corresponding White rates. Compared to the Statewide Black rate, the Black rate in Anne Arundel is lower, Baltimore County is similar, and Baltimore City is higher. The Black rate in each jurisdiction is higher than the SHIP 2014 goal and the HP 2020 goal. From 2000 to 2008, each jurisdiction has had an improvement in the Black heart disease mortality rate. In Anne Arundel and Baltimore County, there was an increase in the disparity due to a faster decline among Whites. In Baltimore City, there was a slight decrease in the disparity due to a somewhat faster decline among Blacks (*CDC Wonder data, not shown*).

The White rates in each jurisdiction are lower than the corresponding Black rates. Compared to the Statewide White rate, the White rate in each of these jurisdictions is higher. The two counties have White rates similar to each other, while Baltimore City's White rate is higher than the two counties. The White rate in each jurisdiction is higher than the SHIP 2014 goal and the HP 2020 goal. White rates have declined in each jurisdiction from 2000 to 2008 (*CDC Wonder data, not shown*).

Cancer Mortality

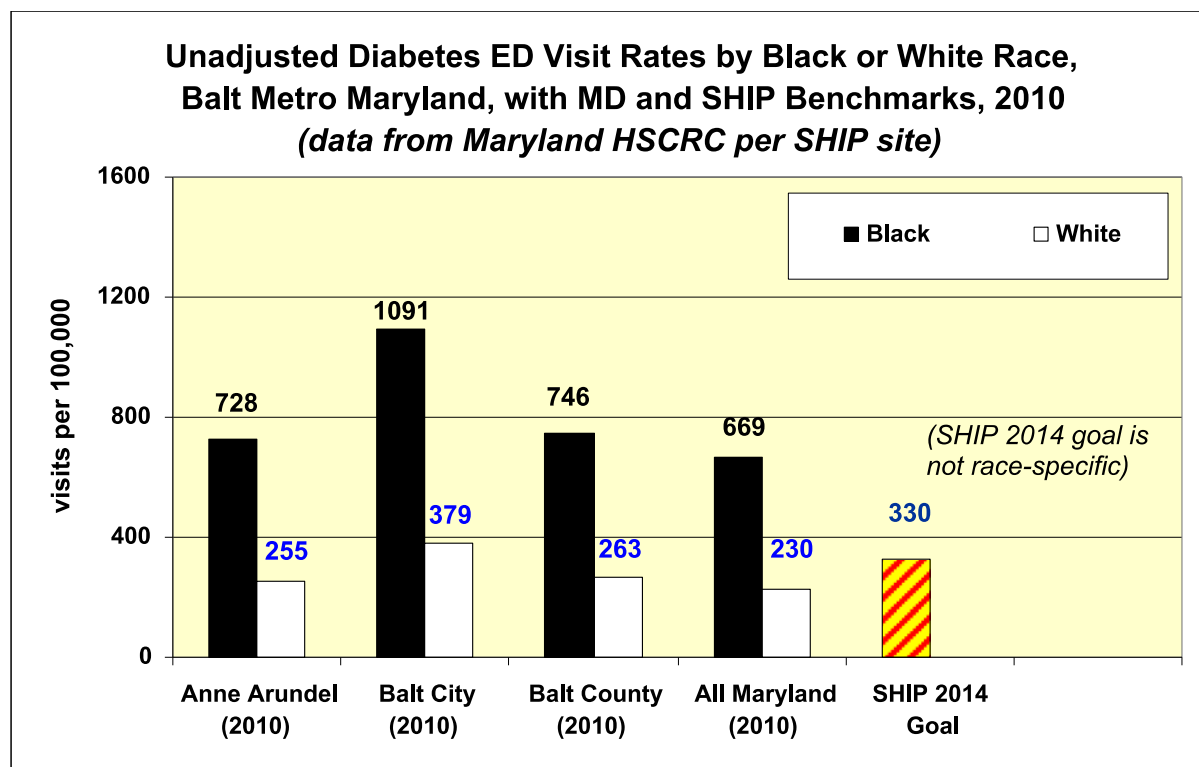


The chart above is a display of the cancer mortality SHIP metric values (Objective 26) as published in the current SHIP County Health Profiles for the three Baltimore Metro Maryland jurisdictions. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide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

The Black rates in Baltimore City and County are higher than the corresponding White rates, while in Anne Arundel the reverse is true. Compared to the Statewide Black rate, the Black rate in Anne Arundel is lower, and Baltimore City and County are higher. The Black rate in each jurisdiction is higher than the SHIP 2014 goal and the HP 2020 goal. From 2000 to 2008, each jurisdiction has had an improvement in the Black cancer mortality rate. In Anne Arundel the Black rate fell 10 times faster than the White rate, leading to the lower Black rate seen above. In Baltimore County, there was a decrease in the disparity due to a faster decline among Blacks. In Baltimore City, there was no change in the disparity because both groups improved at the same rate (*CDC Wonder data, not shown*).

The White rates in Baltimore City and County are lower than the corresponding Black rates, while in Anne Arundel the reverse is true. Compared to the Statewide White rate, the White rate in each of these jurisdictions is higher. The Baltimore City and County have White rates within 5 deaths per 100,000 of each other, while Anne Arundel's White rate is slightly higher. The White rate in each jurisdiction is higher than the SHIP 2014 goal and the HP 2020 goal. White rates have declined in each jurisdiction from 2000 to 2008, although the decline in Anne Arundel was very small, only 0.8 deaths per 100,000 per year (*CDC Wonder data, not shown*).

Diabetes ED Visits



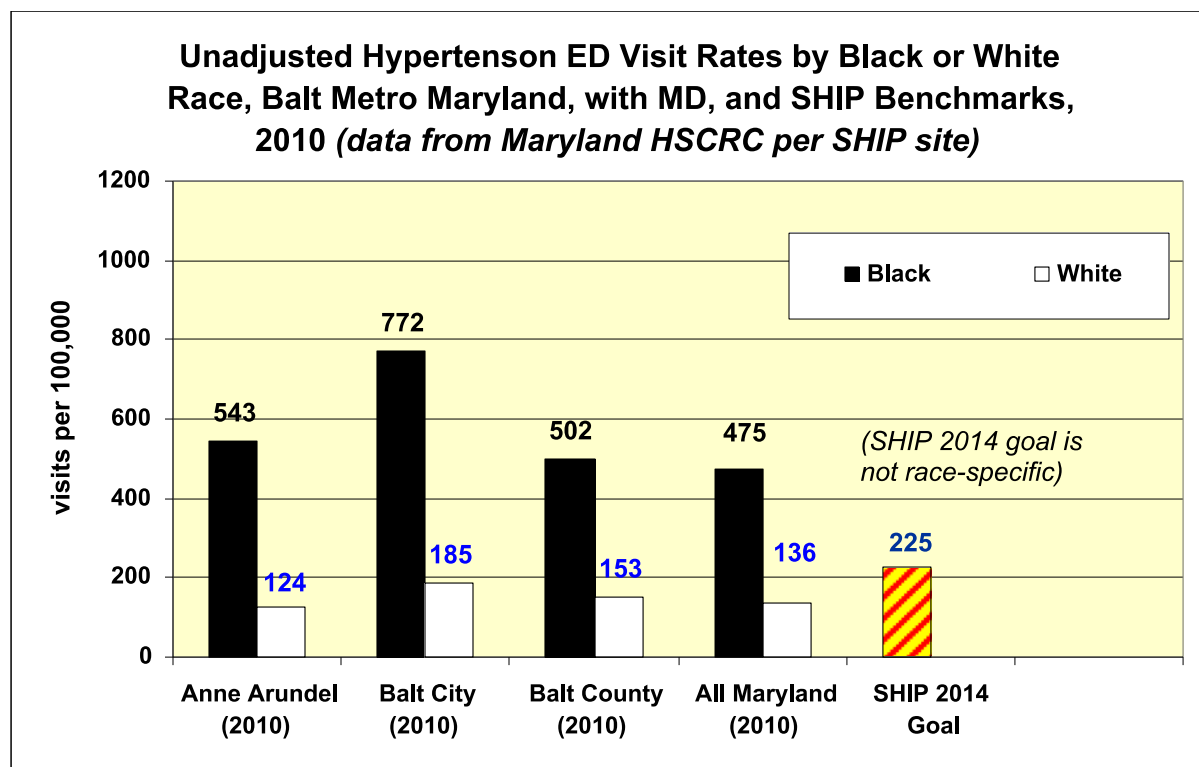
The chart above is a display of the Diabetes Emergency Department (ED) visit SHIP metric values (Objective 27) as published in the current SHIP County Health Profiles for the three Baltimore Metro Maryland jurisdictions. Unadjusted ED visit rates are shown for Black or White race, along with race-specific 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, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). Since only Baltimore County has a small border with another state, out-of-state error for these jurisdictions is likely to be small.

The Black rates in each jurisdiction are substantially higher than the corresponding White rates. Compared to the Statewide Black rate, the Black rate in each jurisdiction is higher. This could in part be due to underestimation in other parts of the state (from missing out-of-state use) that is less of an issue for these jurisdictions. Baltimore City's Black rate is substantially higher than that of the two Counties. The Black rate in each jurisdiction is higher than the SHIP 2014 goal.

The White rates in each jurisdiction are substantially lower than the corresponding Black rates. Compared to the Statewide White rate, the White rate in each jurisdiction is higher (*see preceding paragraph for one potential explanation*). Baltimore City's White rate is higher than that of the two Counties. The White rate in each of the two Counties is below the SHIP 2014 goal, while the White rate in Baltimore City is above that goal.

Hypertension ED Visits



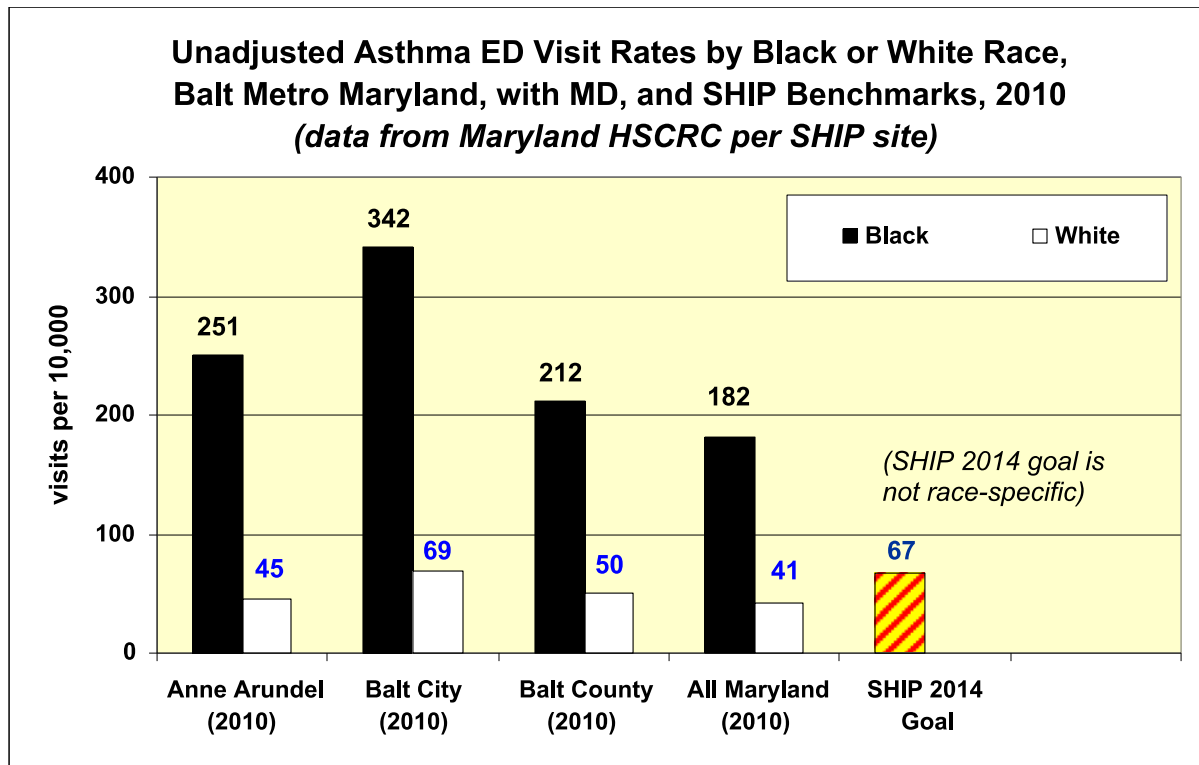
The chart above is a display of the Hypertension Emergency Department (ED) visit SHIP metric values (Objective 28) as published in the current SHIP County Health Profiles for the three Baltimore Metro Maryland jurisdictions. Unadjusted ED visit rates are shown for Black or White race, along with the 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, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). Since only Baltimore County has a small border with another state, out-of-state error for these jurisdictions is likely to be small.

The Black rates in each jurisdiction are substantially higher than the corresponding White rates. Compared to the Statewide Black rate, the Black rate in each jurisdiction is higher. This could in part be due to underestimation in other parts of the state (from missing out-of-state use) that is less of an issue for these jurisdictions. Baltimore City's Black rate is substantially higher than that of the two Counties. The Black rate in each jurisdiction is higher than the SHIP 2014 goal.

The White rates in each jurisdiction are substantially lower than the corresponding Black rates. Compared to the Statewide White rate, the White rate in Baltimore City and County is higher (*see preceding paragraph for one potential explanation*). Baltimore City's White rate is higher than the two Counties. The White rate in all three jurisdictions is below the SHIP 2014 goal.

Asthma ED Visits



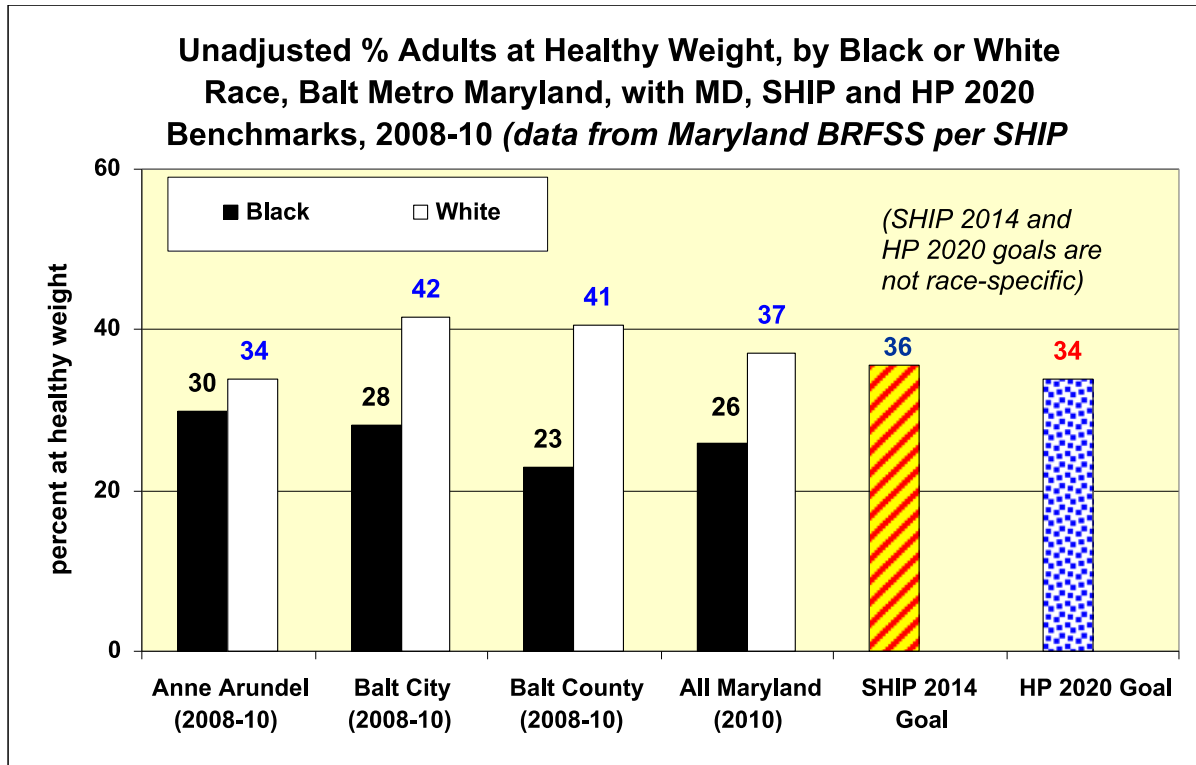
The chart above is a display of the Asthma Emergency Department (ED) visit SHIP metric values (Objective 17) as published in the current SHIP County Health Profiles for the three Baltimore Metro Maryland jurisdictions. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific 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, incomplete collection of race and ethnicity (missing data) or may be due to a lot of care going out of state (not captured in the HSCRC data). Since only Baltimore County has a small border with another state, out-of-state error for these jurisdictions is likely to be small.

The Black rates in each jurisdiction are substantially higher than the corresponding White rates. Compared to the Statewide Black rate, the Black rate in each jurisdiction is higher. This could in part be due to underestimation in other parts of the state (from missing out-of-state use) that is less of an issue for these jurisdictions. Baltimore City's Black rate is substantially higher than that of the two Counties. The Black rate in each jurisdiction is higher than the SHIP 2014 goal.

The White rates in each jurisdiction are substantially lower than the corresponding Black rates. Compared to the Statewide White rate, the White rate in each jurisdiction is higher (*see preceding paragraph for one potential explanation*). Baltimore City's White rate is higher than that of the two Counties. The White rate in the two Counties is below the SHIP 2014 goal, while the White rate in Baltimore City is similar to that goal.

Adults at Healthy Weight



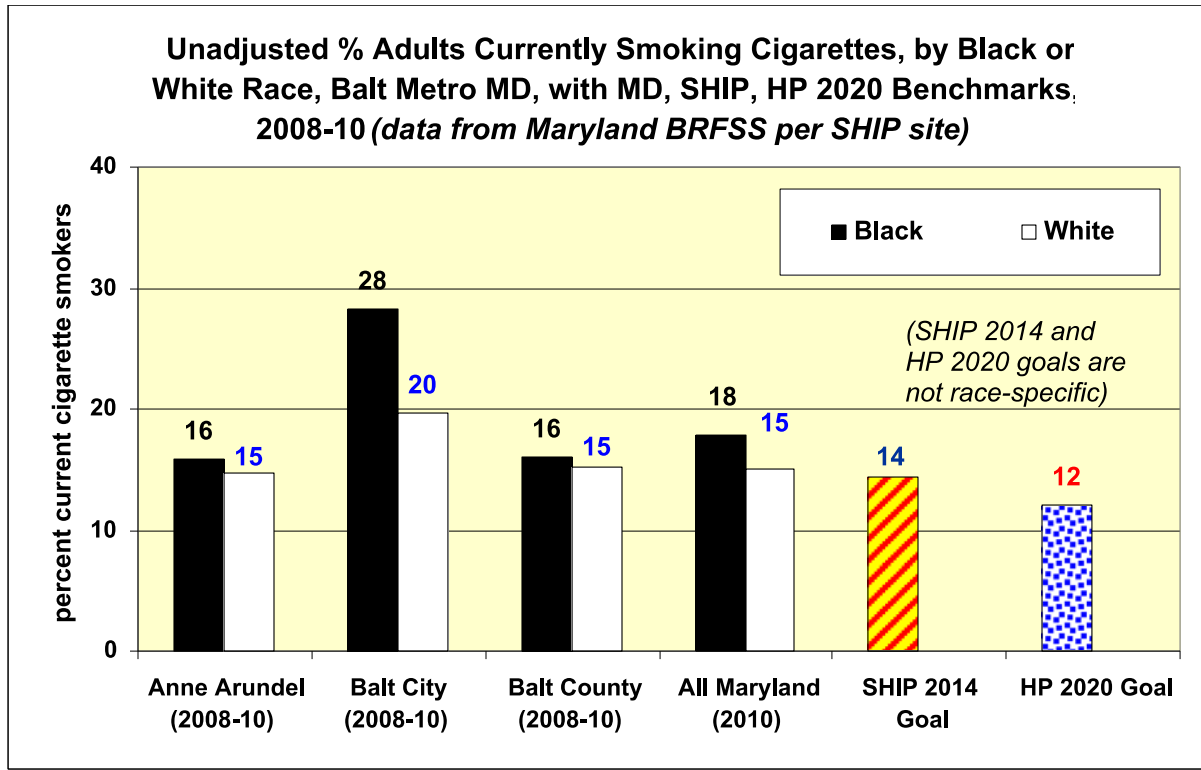
The chart above is a display of the adult at healthy weight SHIP metric values (Objective 30) as published in the current SHIP County Health Profiles for the three Baltimore Metro Maryland jurisdictions. Unadjusted percent at healthy weight is shown for Black or White race in each county, along with 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.

The Black rate in each jurisdiction is lower (worse) than the corresponding White rate. Compared to the Statewide Black rate, the Black rate in Anne Arundel and in Baltimore City are somewhat higher (better), and somewhat lower (worse) in Baltimore County. Baltimore County's Black rate is lower (worse) than that of the other two jurisdictions. The Black rate in each jurisdiction currently does not meet the SHIP 2014 goal or the HP 2020 goal.

The White rate in each jurisdiction is higher (better) than the corresponding Black rate. Compared to the Statewide White rate, the White rate in Baltimore City and County are higher (better), and somewhat lower (worse) in Anne Arundel. Anne Arundel's White rate is lower (worse) than that of the other two jurisdictions. The White rate in Baltimore City and County is higher (better) than the SHIP 2014 goal and the HP 2020 goal. In Anne Arundel, the White rate matches the HP 2020 goal but is just under the SHIP 2014 goal.

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 Baltimore Metro Maryland jurisdictions. 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.

The Black rate in Baltimore City is higher than the corresponding White rate, while in the two Counties, the Black rate is similar to the White rate. Compared to the Statewide Black rate, the Black rate in the two counties are somewhat lower, while in Baltimore City it is substantially higher. Baltimore City's Black rate is substantially higher than that of the two counties. The Black rate in each jurisdiction currently does not meet the SHIP 2014 goal or the HP 2020 goal.

The White rate in Baltimore City is lower than the corresponding Black rate, while in the two counties, the White rate is similar to the Black rate. Compared to the Statewide White rate, the White rate in Baltimore City is higher, while the two counties match the Statewide White rate. Baltimore City's White rate is higher than that of the two counties. The White rate in each jurisdiction is higher than the SHIP 2014 goal and the HP 2020 goal.

Conclusions

The charts presented here suggest that some of the largest disparities between Blacks and Whites are seen for emergency department (ED) visit rates for diabetes, asthma and hypertension. In all three jurisdictions, the Black rates are typically 3- to 5-fold higher than the White rates.

The adults at healthy weight metric is lower (worse) for Blacks in all three jurisdictions and in the State overall. None of the jurisdiction Black rates nor the Statewide Black rate meet the SHIP 2014 or HP 2020 goals. For Whites, rates are near to or better than the SHIP 2014 goals and the HP 2020 goal for all three jurisdictions and the State as a whole.

For adult smoking, Blacks fare worse than Whites in Baltimore city, but similar to Whites in the two counties. The Black rates in Anne Arundel and Baltimore County are somewhat lower than the Statewide Black rate, but Baltimore City's Black rate is substantially higher. The White rate matches the Statewide White rate in the two counties, but is higher in Baltimore City.

For heart disease mortality, Black rates are higher than White rates in all three jurisdictions and Statewide. Comparing Black rates to the Statewide Black rate, Anne Arundel is lower, Baltimore City is higher, and Baltimore County is similar. The jurisdiction White rates are all higher than the Statewide White rate.

For cancer mortality, Black rates are higher than White rates except in Anne Arundel. Black rates are higher than the Statewide Black rate in Baltimore City and County. The jurisdiction White rates are all higher than the Statewide White rate and the SHIP 2014 and HP 2020 goals.

The very large disparities in ED visit rates seen Statewide 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.