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

West-Central Maryland Counties
(Carroll, Frederick, and Howard)

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Introduction

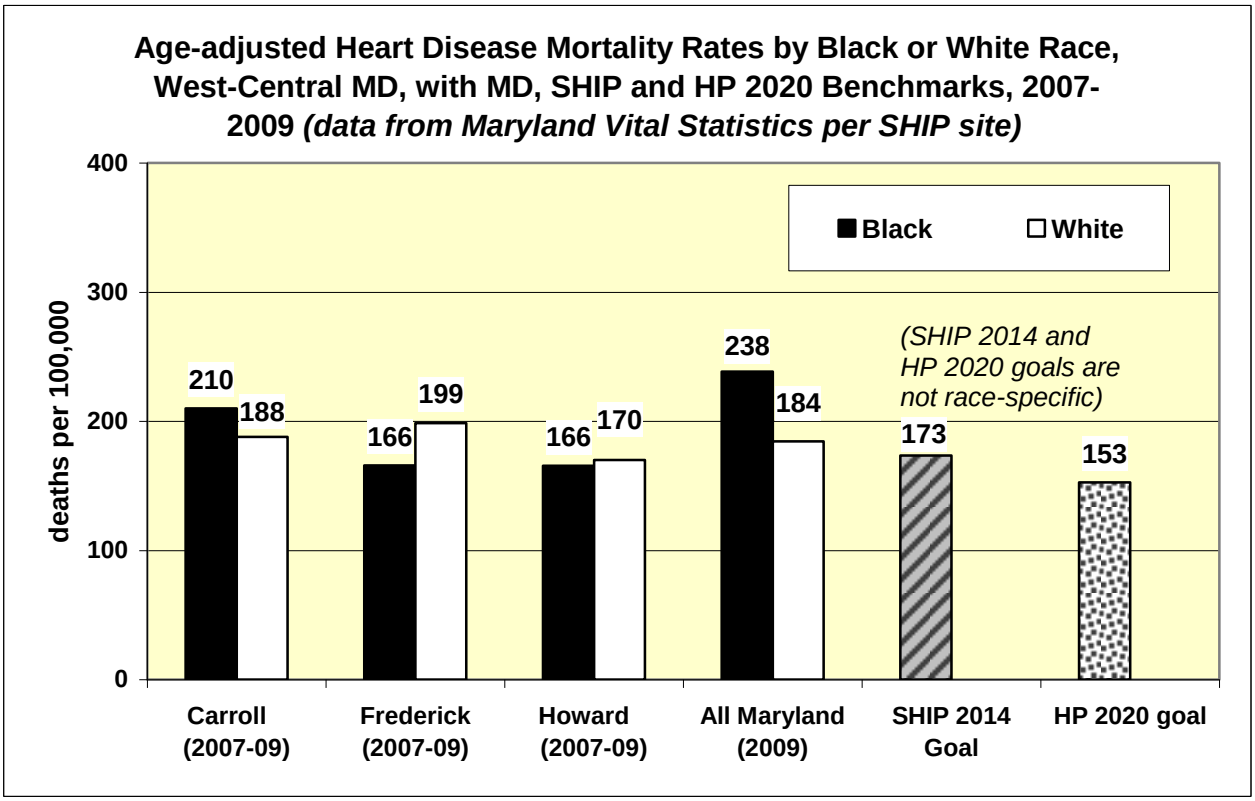
The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene is committed to assisting the SHIP local planning groups in identifying issues of poor minority health and minority health disparities in their jurisdictions, and incorporating effective minority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

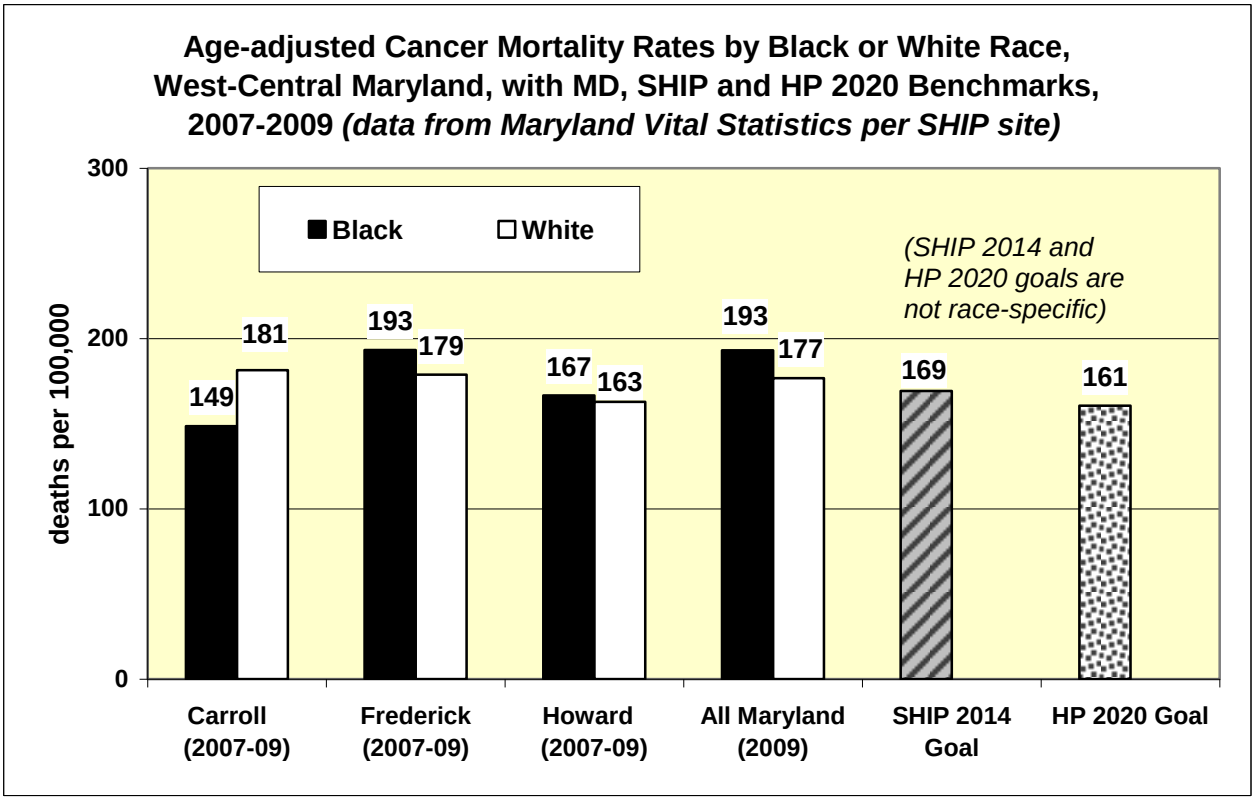


The chart above is a display of the heart disease mortality SHIP metric values (Objective 25) as published in the current SHIP County Health Profiles for the three West-Central Maryland Counties. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide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

The Black rate in all three of these counties is below the Statewide Black rate. In Frederick and Howard the Black rate is below the White rate, and also below the SHIP 2014 goal. From 1999 to 2008 Black mortality rates in Carroll have been alternately higher and lower than White rates, due to year-to-year variation (ranging from 189.9 to 252.5 for 3-year intervals, *CDC Wonder*). In Frederick, Black rates have generally been lower than White rates from 1999 to 2008 *(CDC Wonder).* In Howard, for the 10 year period 1999 to 2008, the Black rate exceeded the White rate by only 1.5 deaths per 100,000 *(CDC Wonder)*

In Carroll and Frederick, White rates are somewhat higher than the Statewide White rate. In Howard the White rate is lower than the Statewide White rate and already lower than the SHIP 2014 goal.

Cancer Mortality

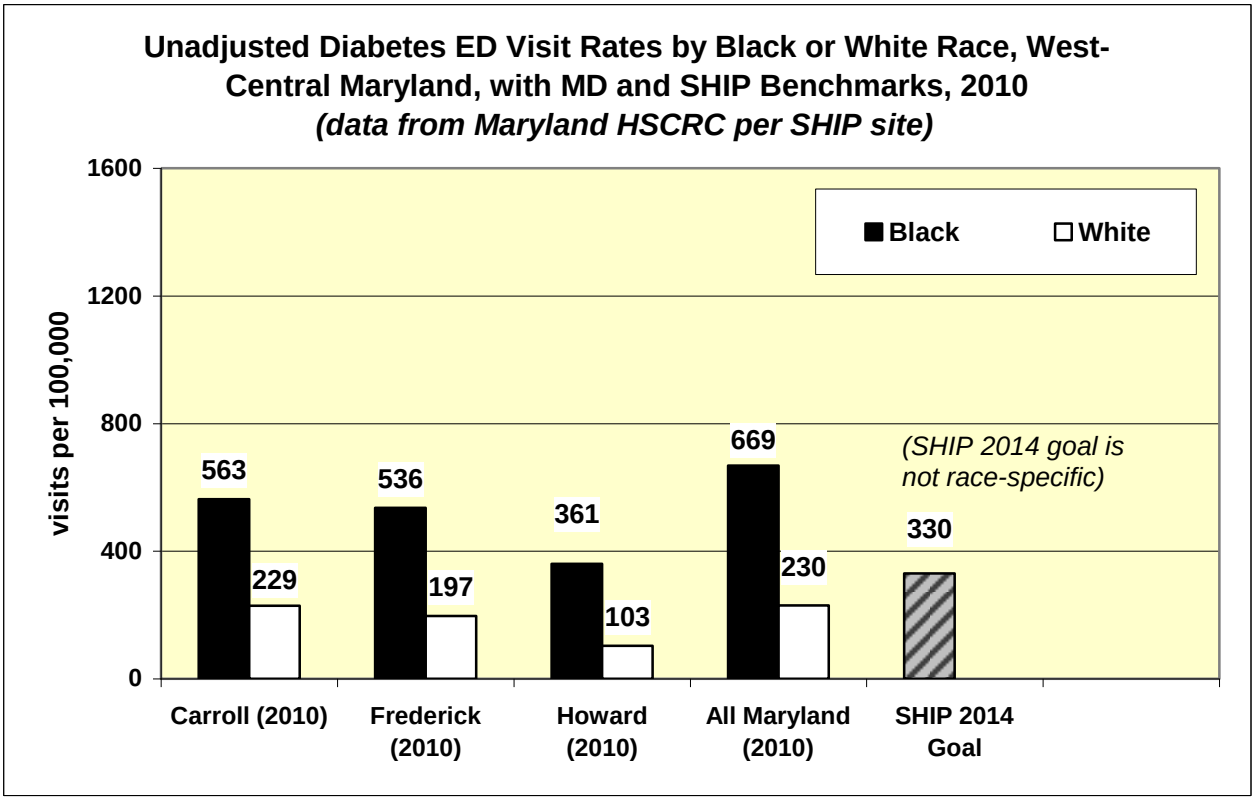


The chart above is a display of the cancer mortality SHIP metric values (Objective 26) as published in the current SHIP County Health Profiles for the three West-Central Maryland Counties. Age-adjusted mortality rates are shown for Black or White race, along with the race-specific Maryland Statewide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

In all three counties, the Black rates are at or below the Statewide Black rate. The Black rates in Frederick and Howard are higher than the corresponding White rates, which is also the pattern seen Statewide. In Carroll, the Black rate is below the county White rate for 2007-2009. From 2000 to 2005 the Black rate in Carroll was higher than the White rate, and from 2006 onward it has been lower (*CDC Wonder data not shown*).

White rates are slightly above the Statewide White rate in Carroll and Frederick, and below the Statewide White rate in Howard. Both rates in Howard and the Black rate in Carroll are already below the SHIP 2014 goal.

Diabetes ED Visits

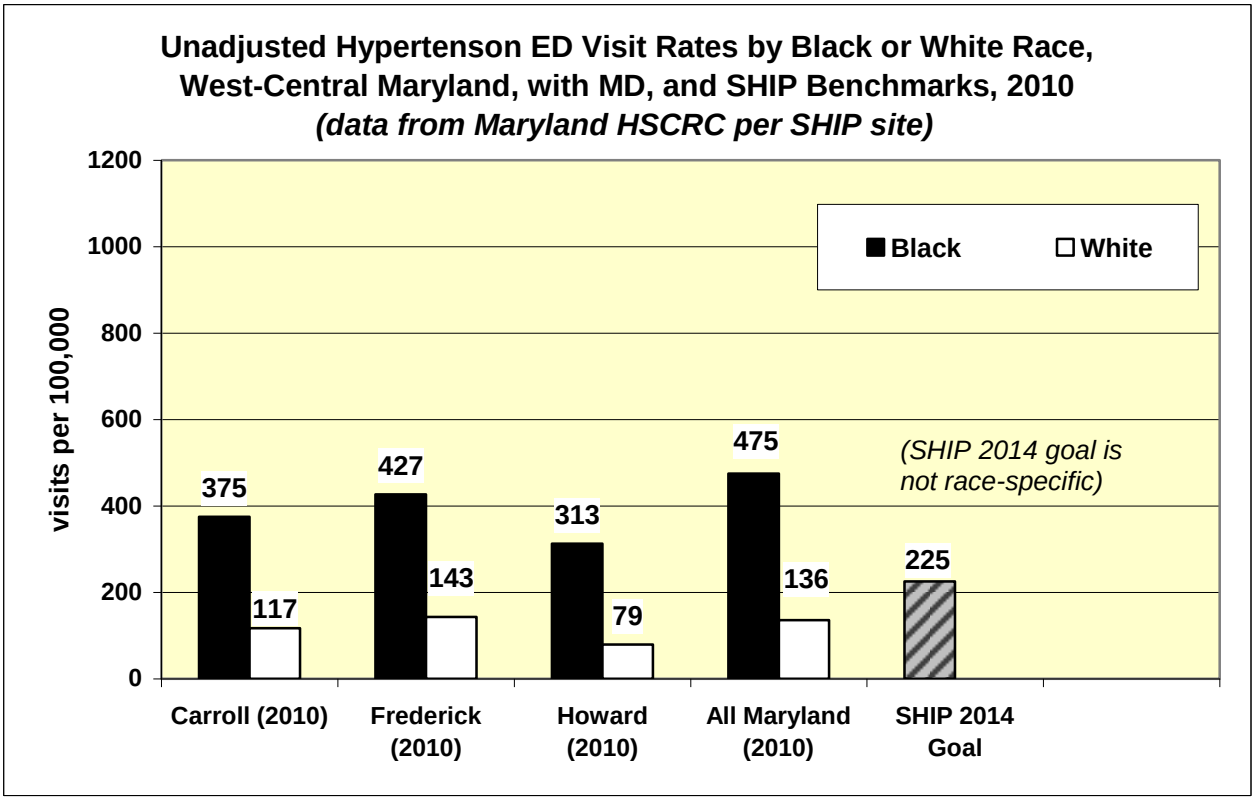


The chart above is a display of the Diabetes Emergency Department (ED) visit SHIP metric values (Objective 27) as published in the current SHIP County Health Profiles for the three West-Central Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with race-specific Maryland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

In all three counties, Black rates are substantially higher than the corresponding White rates, as is the pattern Statewide. These three counties all have Black rates lower than the Statewide Black rate. White rates are lower than the Statewide White rate, and are lower than the SHIP 2014 goal (as is the Statewide White rate). The use of a non-race specific SHIP goal, combined with a large Black vs. White disparity, generates a SHIP goal that is already bettered by the White population. In the next iteration of SHIP metric development, goals should be race-specific and designed to accomplish a reduction of disparities.

Hypertension ED Visits

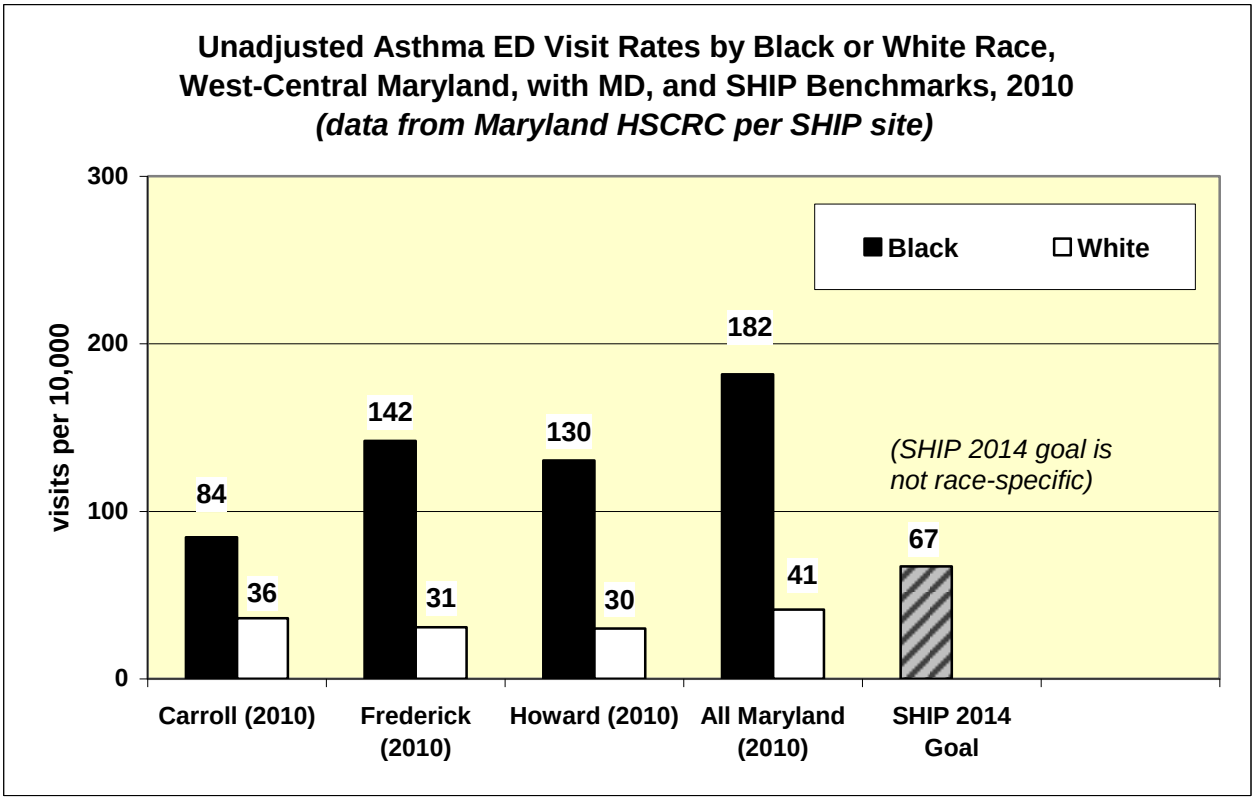


The chart above is a display of the Hypertension Emergency Department (ED) visit SHIP metric values (Objective 28) as published in the current SHIP County Health Profiles for the three West-Central Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific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

In all three counties, Black rates are substantially higher than the corresponding White rates, as is the pattern Statewide. These three counties all have Black rates lower than the Statewide Black rate. White rates are lower than the Statewide White rate except in Frederick, and are lower than the SHIP 2014 goal (as is the Statewide White rate). The use of a non-race specific SHIP goal, combined with a large Black vs. White disparity, generates a SHIP goal that is already bettered by the White population. In the next iteration of SHIP metric development, goals should be race-specific and designed to accomplish a reduction of disparities.

Asthma ED Visits

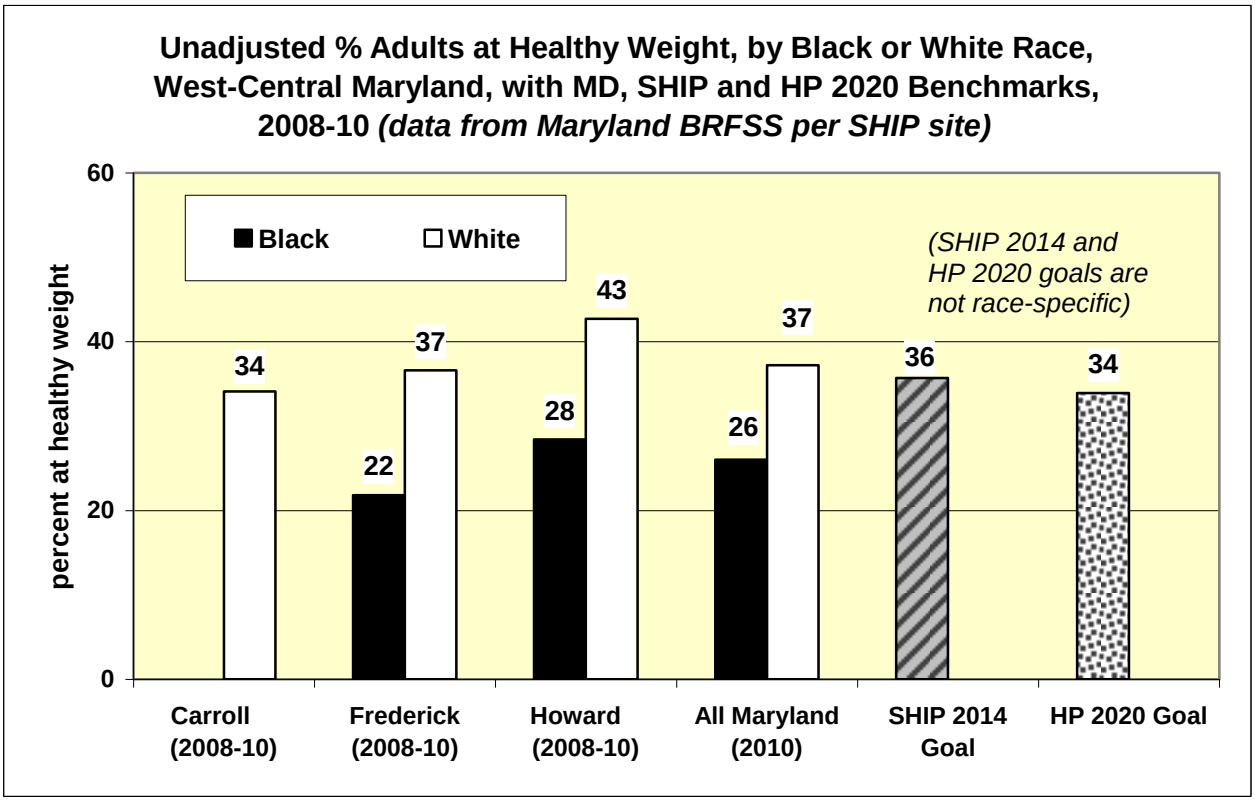


The chart above is a display of the Asthma Emergency Department (ED) visit SHIP metric values (Objective 17) as published in the current SHIP County Health Profiles for the three West-Central Maryland Counties. Unadjusted ED visit rates are shown for Black or White race, along with the race-specific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

In all three counties, Black rates are substantially higher than the corresponding White rates, as is the pattern Statewide. These three counties all have Black rates lower than the Statewide Black rate. White rates are lower than the Statewide White, and are lower than the SHIP 2014 goal (as is the Statewide White rate). The use of a non-race specific SHIP goal, combined with a large Black vs. White disparity, generates a SHIP goal that is already bettered by the White population. In the next iteration of SHIP metric development, goals should be race-specific and designed to accomplish a reduction of disparities.

Adults at Healthy Weight



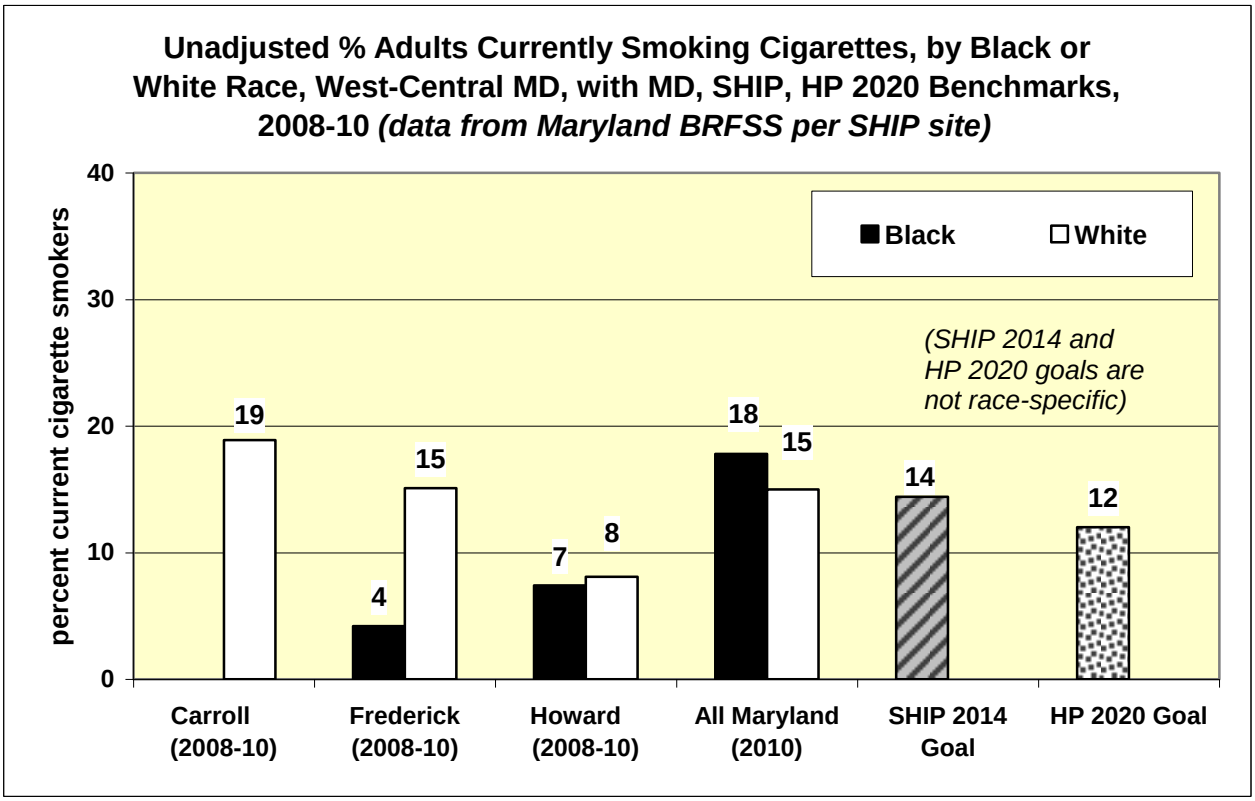
The chart above is a display of the adult at healthy weight SHIP metric values (Objective 30) as published in the current SHIP County Health Profiles for the three West-Central Maryland Counties. Unadjusted percent at healthy weight is shown for Black and White race along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison. The BRFSS sample sizes for Blacks in Carroll were too small to permit reporting a Black rate for this three-year period.

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

In Frederick, Howard, and Statewide, the Black rates of healthy weight are lower (worse) than the corresponding White rates. Howard's Black rate is better than the Statewide Black rate, while Frederick's Black rate is worse than that benchmark. All three Black rates are worse than the SHIP 2014 and HP 2020 goals.

The White rate in Howard is better than the current Statewide White rate, Frederick is the same, and Carroll is slightly worse. Because of the sizable Black vs. White disparity in obesity the non-race specific goals for SHIP and HP 2020 are lower than these county rates and the current Maryland White rate. This suggests that a next step for the SHIP metric process should be setting race-specific goals that exceed the current performance of each race and that also accomplish a reduction in any racial or ethnic disparity.

Adult Cigarette Smoking



The chart above is a display of the current adult smoking SHIP metric values (Objective 32) as published in the current SHIP County Health Profiles for the three West-Central Maryland Counties. Unadjusted percent current smokers is shown for Black and White race along with the race-specific Maryland Statewide rates and the SHIP 2014 and HP 2020 goals for comparison. The BRFSS sample sizes for Blacks in Carroll were too small to permit reporting a Black rate for this three-year period.

Black adult smoking rates in Frederick and Howard are well below the Statewide Black rate and in Frederick, substantially lower than the corresponding White rate. This differs from the Statewide pattern of Black rates being higher than White rates. In these two counties, Black rates already are better than the SHIP 2014 and HP 2020 goals.

White rates are higher than Statewide in Carroll, similar to Statewide in Frederick, and lower than Statewide in Howard.

Conclusions

The charts presented here show that some of the largest disparities between Black and White rates are seen for emergency department (ED) visit rates for diabetes, asthma and hypertension, both is West-Central Maryland and Statewide. Both White and Black rates in West-Central Maryland are generally better than the corresponding Statewide rate by race. In Frederick and Carroll, the borders shares with other states could lead to underestimates of these rates by care going out of state.

For adults at healthy weight, Black rates in West-Central Maryland are worse than White rates, which is consistent with the Statewide pattern. The relationship to the Statewide rates is different depending on the county. For adult current smoking, Black rates in West-Central Maryland are lower than White rates and lower than the Statewide Black rate. For White rates, the relationship to the Statewide White rate is different for each county.

For heart disease mortality, Black rates are lower than White rates in Frederick and Howard, which is different from the Statewide pattern. Black rates are higher than White rates in Carroll. All three counties have Black rates lower than the Statewide Black rate, while the White rates have differing relationships to the Statewide White rate.

For cancer mortality, Black rates are lower than White rates in Carroll, which differs from the Statewide pattern. Black rates are higher than White rates in Frederick and Howard. Black rates are at or below the Statewide Black rate for all three counties, while White rates have differing relationships to the Statewide White rate.

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.