

2014 PRC Community Health Needs Assessment Report

Wicomico & Worcester Counties, Maryland

Sponsored by

**Atlantic General Hospital
Peninsula Regional Medical Center
Wicomico County Health Department
& Worcester County Health Department**

Professional Research Consultants, Inc.

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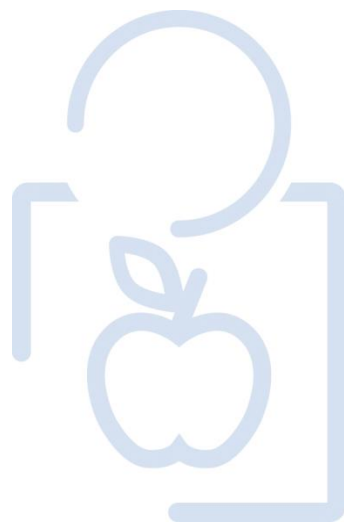
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INTRODUCTION



Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 1995, 1999, 2004, and 2009, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Peninsula Regional Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Atlantic General Hospital, Peninsula Regional Medical Center, Wicomico County Health Department, and Worcester County Health Department by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from primary research (the PRC Community Health Survey). It also allows for trending and comparison to benchmark data at the state and national levels.

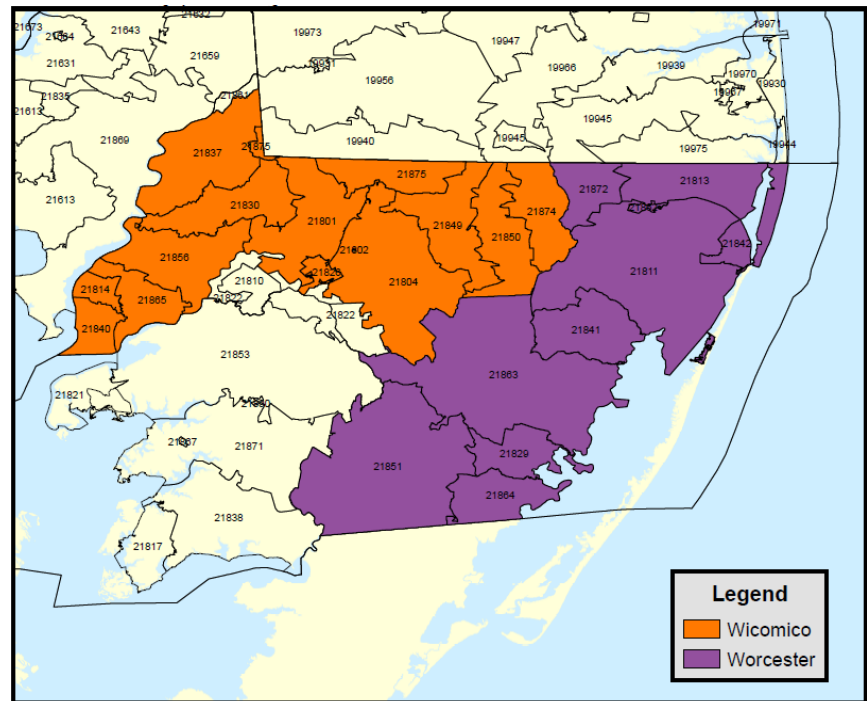
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the sponsors of this study in conjunction with PRC, and shares many of the same indicators as the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as “Wicomico/Worcester” in this report) is defined as the combination of all residential ZIP Codes comprising Wicomico and Worcester counties in Maryland. This community definition is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities.

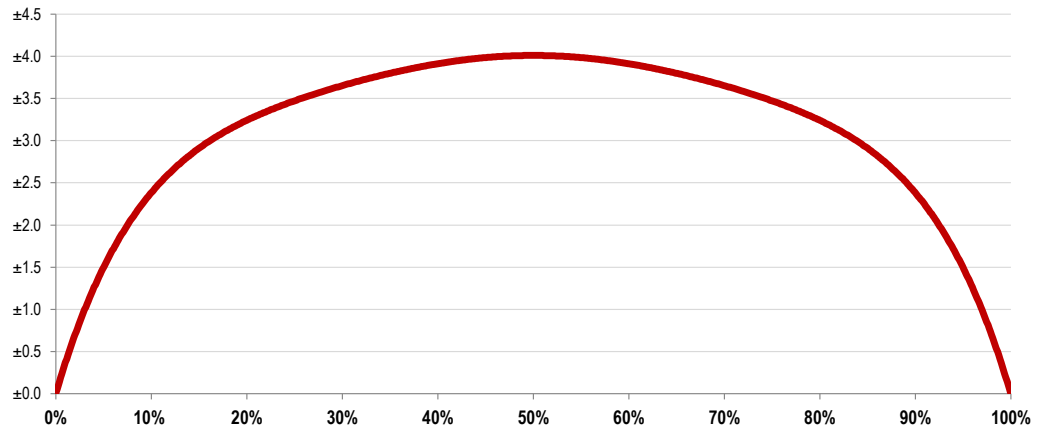
The sample design used for this effort consisted of a stratified random sample of 600 individuals age 18 and older in the combined Wicomico/Worcester area, including 300 in

Wicomico County and 300 in Worcester County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the combined Wicomico/Worcester community as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 600 respondents is $\pm 4.0\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 600 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 600 respondents answered a certain question with a "yes," it can be asserted that between 7.6% and 12.4% ($10\% \pm 2.4\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.0% and 54.0% ($50\% \pm 4.0\%$) of the total population would respond "yes" if asked this question.

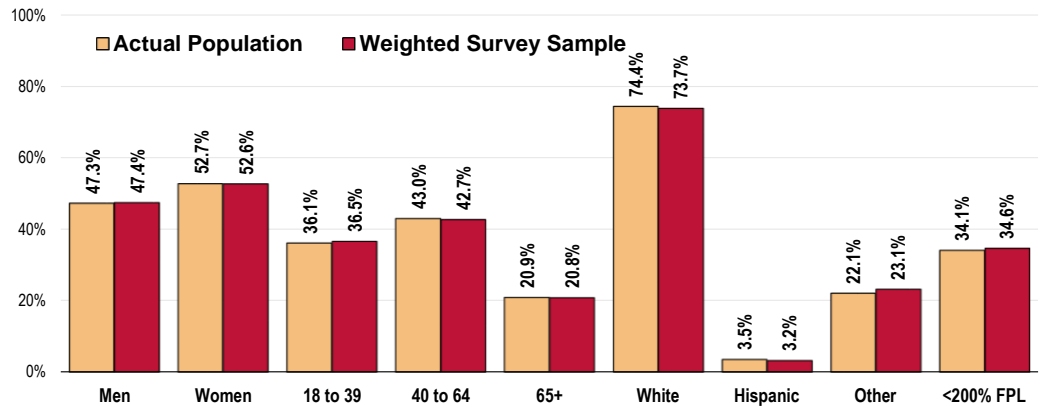
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Wicomico/Worcester sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on

children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (Wicomico/Worcester, 2014)



Sources:
 • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
 • 2014 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g., the 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower*). In sample segmentation: **“low income”** refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; **“mid/high income”** refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Benchmark Data

Trending

Similar surveys were administered in Wicomico/Worcester in 1995, 1999, 2004, and 2009 by PRC. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available.

Maryland Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

Healthy People 2020



Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In addition, this assessment does not include secondary data from existing sources which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Difficulty Getting a Physician Appointment (Worcester County) • Specific Source for Ongoing Care (Wicomico County)
Arthritis, Osteoporosis & Chronic Back Conditions	<ul style="list-style-type: none"> • Prevalence of Sciatica/Chronic Back Pain
Cancer	<ul style="list-style-type: none"> • Prevalence of Cancer, Including Skin Cancer (Worcester County)
Diabetes	<ul style="list-style-type: none"> • Prevalence of Diabetes • Prevalence of Borderline/Pre-Diabetes
Heart Disease & Stroke	<ul style="list-style-type: none"> • Heart Disease Prevalence (Worcester County) • Prevalence of High Blood Pressure • Prevalence of High Blood Cholesterol • Overall Cardiovascular Risk
Immunization & Infectious Diseases	<ul style="list-style-type: none"> • Hepatitis B Vaccination (Worcester County)
Injury & Violence Prevention	<ul style="list-style-type: none"> • Use of Seatbelts • Children’s Use of Bicycle Helmets (Wicomico County)
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Prevalence of Overweight & Obesity • Meeting Physical Activity Guidelines • Lack of Leisure-Time Physical Activity (Worcester County)
Oral Health	<ul style="list-style-type: none"> • Regular Dental Care
Respiratory Diseases	<ul style="list-style-type: none"> • Prevalence of COPD (Chronic Obstructive Pulmonary Disease) • Asthma Diagnoses (Adults Ever Diagnosed)

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the combined Wicomico/Worcester area, including comparisons between the two counties, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.





Reading the Summary Tables









- In the following charts, Wicomico/Worcester results are shown in the larger, blue column.
- The green columns [to the left of the Wicomico/Worcester column] provide comparisons between Wicomico and Worcester counties, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the opposing county.
- The columns to the right of the Wicomico/Worcester column provide trending, as well as comparisons between local data and any available state and national findings and Healthy People 2020 targets. Again, symbols indicate whether the Wicomico/Worcester compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.


















Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

















TREND SUMMARY




























Trends represent significant changes since 1995, or the earliest year in which a given question was asked. *Note that survey data reflect the ZIP Code-defined Wicomico/Worcester County area.*
















General Health Status	County vs. County	
	Wicomico County	Worcester County
% "Fair/Poor" Physical Health	 17.8	 16.9
% Activity Limitations	 18.6	 21.2
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		















Wicomico/Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
17.6	 15.8	 15.3		 17.6
19.6	 16.7	 21.5		
 better  similar  worse				























Access to Health Services	County vs. County	
	Wicomico County	Worcester County
% [Age 18-64] Lack Health Insurance	 10.6	 10.5
% [Insured] Went Without Coverage in Past Year	 8.0	 6.5
% Difficulty Accessing Healthcare in Past Year (Composite)	 41.3	 37.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	 15.8	 13.0
% Cost Prevented Getting Prescription in Past Year	 13.2	 8.7
% Cost Prevented Physician Visit in Past Year	 13.1	 11.1
% Difficulty Getting Appointment in Past Year	 18.5	 22.8
% Difficulty Finding Physician in Past Year	 12.1	 13.0
% Transportation Hindered Dr Visit in Past Year	 5.4	 4.1
% Skipped Prescription Doses to Save Costs	 14.4	 8.1
% Difficulty Getting Child's Healthcare in Past Year	 6.1	 3.4
% [Age 18+] Have a Specific Source of Ongoing Care	 69.9	 81.6



Wicomico/Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
10.6	 15.7	 15.1	 0.0	 13.5
7.4		 8.1		
40.0		 39.9		
14.8		 15.4		
11.6		 15.8		
12.4		 18.2		
20.0		 17.0		
12.4		 11.0		
5.0		 9.4		
12.1		 15.3		
5.4		 6.0		
74.1		 76.3	 95.0	







Access to Health Services (continued)	County vs. County		Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks		
	Wicomico County	Worcester County		vs. MD	vs. US	vs. HP2020
% [Age 18-64] Have a Specific Source of Ongoing Care	 68.0	 79.5	71.7	 75.6	 89.4	
% [Age 65+] Have a Specific Source of Ongoing Care	 82.5	 86.2	84.4	 80.0	 100.0	
% Particular Place for Medical Care	 79.7	 91.4	83.9	 82.6		 84.7
% Have Had Routine Checkup in Past Year	 74.1	 76.6	75.0	 65.0		
% Child Has Had Checkup in Past Year	 91.6	 90.7	91.4	 84.1		
% Two or More ER Visits in Past Year	 10.3	 12.5	11.0	 8.9		
% Rate Local Healthcare "Fair/Poor"	 14.3	 11.4	13.3	 16.5		
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		 better  similar  worse				







Arthritis, Osteoporosis & Chronic Back Conditions	County vs. County		Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks		
	Wicomico County	Worcester County		vs. MD	vs. US	vs. HP2020
% [50+] Arthritis/Rheumatism	 38.3	 43.3	40.6	 37.3		 46.4
% [50+] Osteoporosis	 10.0	 12.1	11.0	 13.5	 5.3	
% Sciatica/Chronic Back Pain	 19.2	 27.1	22.0	 18.4		 13.0
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		 better  similar  worse				









Cancer	County vs. County	
	Wicomico County	Worcester County
% Skin Cancer	 4.5	 12.8
% Cancer (Other Than Skin)	 4.8	 12.0
% [Women 50-74] Mammogram in Past 2 Years	 76.7	 78.1
% [Women 21-65] Pap Smear in Past 3 Years	 90.9	 87.1
% [Age 50+] Sigmoid/Colonoscopy Ever	 81.2	 84.3
% [Age 50+] Blood Stool Test in Past 2 Years	 31.5	 30.0
% [Age 50-75] Colorectal Cancer Screening	 79.1	 80.0
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		



Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
7.5	 4.4	 6.7		 5.3
7.4	 5.8	 6.1		 4.8
77.3	 82.6	 83.6	 81.1	
89.7	 82.2	 83.9	 93.0	
82.6	 72.4	 75.2		 78.0
30.8	 17.5	 36.9		
79.5		 75.1	 70.5	
 better  similar  worse				






Chronic Kidney Disease	County vs. County	
	Wicomico County	Worcester County
% Kidney Disease	 2.2	 4.1
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		



















Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
2.9	 2.4	 3.0		 2.6
 better  similar  worse				

























Diabetes	County vs. County	
	Wicomico County	Worcester County
% Diabetes/High Blood Sugar	 16.5	 13.9
% Borderline/Pre-Diabetes	 8.3	 7.8
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	 56.2	 60.3
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
15.6	 10.2	 11.7		 8.5
8.1		 5.1		
57.7		 49.2		
 better  similar  worse				

Hearing & Other Sensory or Communication Disorders	County vs. County	
	Wicomico County	Worcester County
% Deafness/Trouble Hearing	 6.7	 8.8
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Wicomico/Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
7.5		 10.3		 8.5
 better  similar  worse				









Heart Disease & Stroke	County vs. County	
	Wicomico County	Worcester County
% Heart Disease (Heart Attack, Angina, Coronary Disease)	 6.0	 10.7
% Stroke	 2.8	 3.6
% Blood Pressure Checked in Past 2 Years	 95.6	 98.2
% Told Have High Blood Pressure (Ever)	 38.2	 48.4
% [HBP] Taking Action to Control High Blood Pressure	 87.9	 90.0
% Cholesterol Checked in Past 5 Years	 89.9	 93.5
% Told Have High Cholesterol (Ever)	 36.0	 38.0
% [HBC] Taking Action to Control High Blood Cholesterol	 88.8	 91.6
% 1+ Cardiovascular Risk Factor	 87.9	 86.1
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		









Wicomico/Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
7.7		 6.1		 6.7
3.1	 2.6	 3.9		 3.1
96.5		 91.0	 92.6	
41.9	 31.3	 34.1	 26.9	 23.9
88.7		 89.2		
91.2	 81.6	 86.6	 82.1	
36.7	 35.4	 29.9	 13.5	 20.6
89.8		 81.4		
87.3		 82.3		
 better  similar  worse				









HIV	County vs. County		Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	Wicomico County	Worcester County		vs. MD	vs. US	vs. HP2020	
% [Age 18-44] HIV Test in the Past Year	 29.9	 21.2	27.7	 19.3	 18.9		
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	









Immunization & Infectious Diseases	County vs. County		Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	Wicomico County	Worcester County		vs. MD	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	 53.4	 69.7	61.7	 63.2	 57.5	 90.0	
% [High-Risk 18-64] Flu Vaccine in Past Year	 57.8	 33.6	49.5		 45.9	 90.0	
% [Age 65+] Pneumonia Vaccine Ever	 67.5	 80.3	73.9	 67.4	 68.4	 90.0	
% [High-Risk 18-64] Pneumonia Vaccine Ever	 42.2	 32.5	38.9		 41.9	 60.0	
% Have Completed Hepatitis B Vaccination Series	 47.8	 37.9	44.1		 44.7		
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>				better	similar	worse	

Injury & Violence Prevention	County vs. County		Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	Wicomico County	Worcester County		vs. MD	vs. US	vs. HP2020	
% "Always" Wear Seat Belt	 88.3	 92.7	89.9	 96.5	 84.8	 92.0	 70.1
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	 94.2	 95.8	94.6		 92.2	 86.0	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	 33.0	 52.7	38.3		 48.7		
% Firearm in Home	 32.6	 37.1	34.3		 34.7		

Injury & Violence Prevention (continued)	County vs. County	
	Wicomico County	Worcester County
% [Homes With Children] Firearm in Home	 32.5	 32.5
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	 16.2	 16.9
% Victim of Violent Crime in Past 5 Years	 4.6	 1.9
% Victim of Domestic Violence (Ever)	 12.9	 9.0
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
32.5		 37.4		
16.5		 16.8		
3.6		 2.8	 1.8	
11.5		 15.0		
 better  similar  worse				

Mental Health & Mental Disorders	County vs. County	
	Wicomico County	Worcester County
% "Fair/Poor" Mental Health	 14.3	 10.5
% Diagnosed Depression	 22.0	 11.2
% Symptoms of Chronic Depression (2+ Years)	 28.2	 20.0
% [Those With Diagnosed Depression] Seeking Help		
% Typical Day Is "Extremely/Very" Stressful	 15.6	 6.6
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
12.9		 11.9		
18.1		 20.4		
25.3		 30.4		
83.2		 76.6		
12.3		 11.9		
 better  similar  worse				

Nutrition & Weight Status	County vs. County		Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	Wicomico County	Worcester County		vs. MD	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	40.1	46.3	42.3		39.5		
% "Very/Somewhat" Difficult to Buy Fresh Produce	22.3	17.8	20.7		24.4		
% Medical Advice on Nutrition in Past Year	46.1	39.0	43.5		39.2		
% Healthy Weight (BMI 18.5-24.9)	24.3	29.4	26.1	34.2	34.4	33.9	
% Overweight (BMI 25+)	74.4	70.1	72.9	63.8	63.1		
% Obese (BMI 30+)	37.3	37.8	37.5	27.6	29.0	30.5	
% Medical Advice on Weight in Past Year	28.1	25.4	27.2		23.7		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	37.7	33.9	36.4		39.5		
% Children [Age 5-17] Overweight (85th Percentile)	27.2	27.5	27.3		31.5		
% Children [Age 5-17] Obese (95th Percentile)	14.2	15.1	14.5		14.8	14.5	
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			better similar worse				





Oral Health	County vs. County		Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	Wicomico County	Worcester County		vs. MD	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	60.4	69.9	63.9	72.7	65.9	49.0	
% Child [Age 2-17] Dental Visit in Past Year	84.3	82.3	83.7		81.5	49.0	
% Have Dental Insurance	72.7	62.0	68.9		65.6		
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>			better similar worse				






Physical Activity	County vs. County	
	Wicomico County	Worcester County
% No Leisure-Time Physical Activity	22.7	27.1
% Meeting Physical Activity Guidelines	43.9	43.6
% Moderate Physical Activity	28.0	26.2
% Vigorous Physical Activity	33.8	33.9
% Medical Advice on Physical Activity in Past Year	47.4	41.7
% Child [Age 2-17] Physically Active 1+ Hours per Day	63.0	56.9
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		













Wicomico/Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
24.3	23.1	20.7	32.6	
43.8		50.3		
27.4		30.6		
33.8		38.0		
45.3		44.0		
61.3		48.6		
better similar worse				















Respiratory Diseases	County vs. County	
	Wicomico County	Worcester County
% COPD (Lung Disease)	7.6	9.0
% [Adult] Currently Has Asthma	10.0	8.9
% [Adult] Asthma (Ever Diagnosed)	13.4	16.2
% [Child 0-17] Currently Has Asthma	10.3	3.5
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		













Wicomico/Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
8.1	5.5	8.6		5.8
9.6	9.0	9.4		
14.4		16.4		6.5
8.4		7.1		
better similar worse				
















Sexually Transmitted Diseases	County vs. County	
	Wicomico County	Worcester County
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	 10.9	 5.0
% [Unmarried 18-64] Using Condoms	 41.6	 44.6
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		





Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
9.4	 11.7			
42.2	 33.6			
 better  similar  worse				







Substance Abuse	County vs. County	
	Wicomico County	Worcester County
% Current Drinker	 55.1	 60.0
% Chronic Drinker (Average 2+ Drinks/Day)	 5.7	 2.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	 17.5	 19.1
% Drinking & Driving in Past Month	 0.6	 3.2
% Illicit Drug Use in Past Month	 4.1	 3.6
% Ever Sought Help for Alcohol or Drug Problem	 7.2	 3.7
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		



Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
56.9	 56.7	 56.5		
4.7		 5.2		
18.1	 16.4	 19.5	 24.4	 16.9
1.6		 5.0		
3.9		 4.0	 7.1	
6.0		 4.9		
 better  similar  worse				




Tobacco Use	County vs. County	
	Wicomico County	Worcester County
% Current Smoker	 18.3	 9.3
% Someone Smokes at Home	 15.1	 9.3
% [Non-Smokers] Someone Smokes in the Home	 6.7	 6.0
% [Household With Children] Someone Smokes in the Home	 14.5	 12.2
% [Smokers] Received Advice to Quit Smoking		
% Smoke Cigars	 1.2	 2.2
% Use Smokeless Tobacco	 3.0	 1.6
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
15.1	 16.2	 14.9	 12.0	 21.5
13.0		 12.7		
6.4		 6.3		
13.9		 9.7		
74.7		 67.8		
1.5		 4.1	 0.2	
2.4		 4.0	 0.3	
 better  similar  worse				

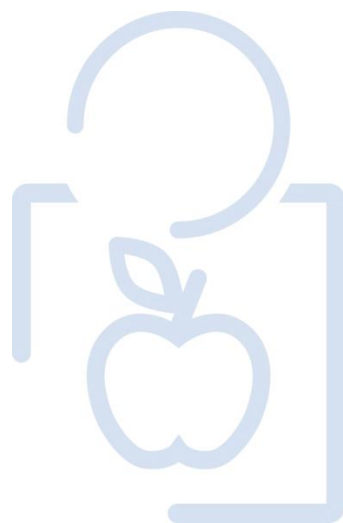
Vision	County vs. County	
	Wicomico County	Worcester County
% Blindness/Trouble Seeing	 6.8	 6.0
% Eye Exam in Past 2 Years	 53.3	 63.5
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
6.5		 8.5		 8.3
57.0		 56.8		
 better  similar  worse				

Other: Gambling	County vs. County	
	Wicomico County	Worcester County
% Gambled in the Past Year	 32.1	 41.8
<small>Note: In the green section, each county is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small>		

Wicomico/ Worcester	Wicomico/Worcester vs. Benchmarks			TREND
	vs. MD	vs. US	vs. HP2020	
35.6				
 better  similar  worse				

GENERAL HEALTH STATUS



Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

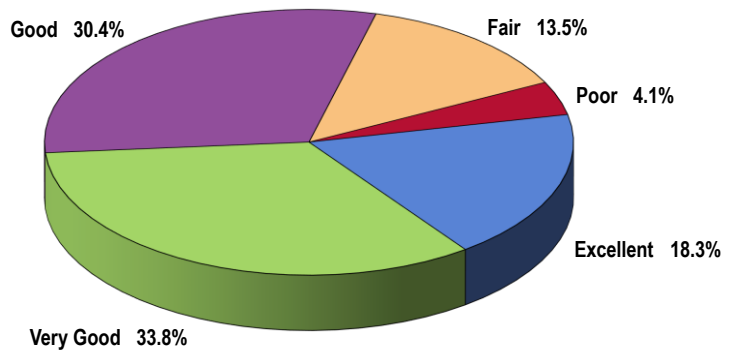
"Would you say that in general your health is: excellent, very good, good, fair or poor?"

Self-Reported Health Status

A total of 52.1% of Wicomico/Worcester adults rate their overall health as "excellent" or "very good."

- Another 30.4% gave "good" ratings of their overall health.

Self-Reported Health Status
(Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 17.6% of surveyed adults say that their overall health is "fair" or "poor."

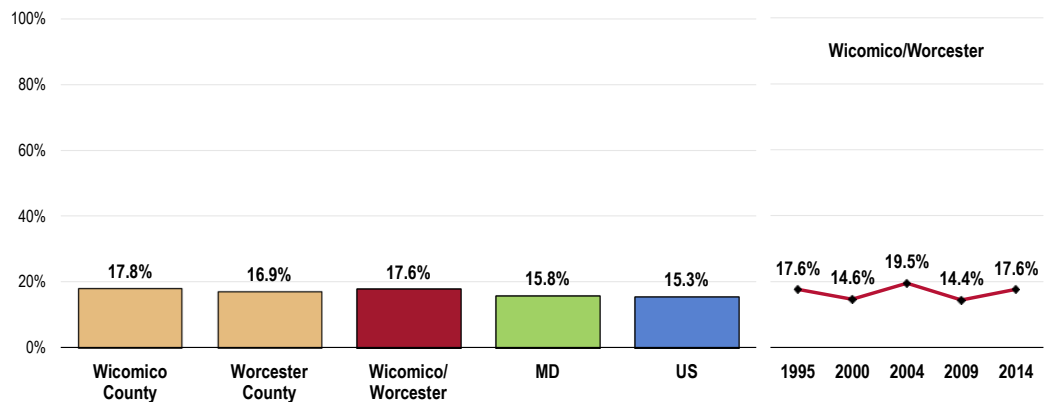
- Similar to statewide findings.
- Similar to the national percentage.
- Similar findings by county.
- ☒ No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

NOTE:

- Differences noted in the text represent significant differences determined through statistical testing.
- Where sample sizes permit, county-level data are provided.

☒ Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

Experience "Fair" or "Poor" Overall Health



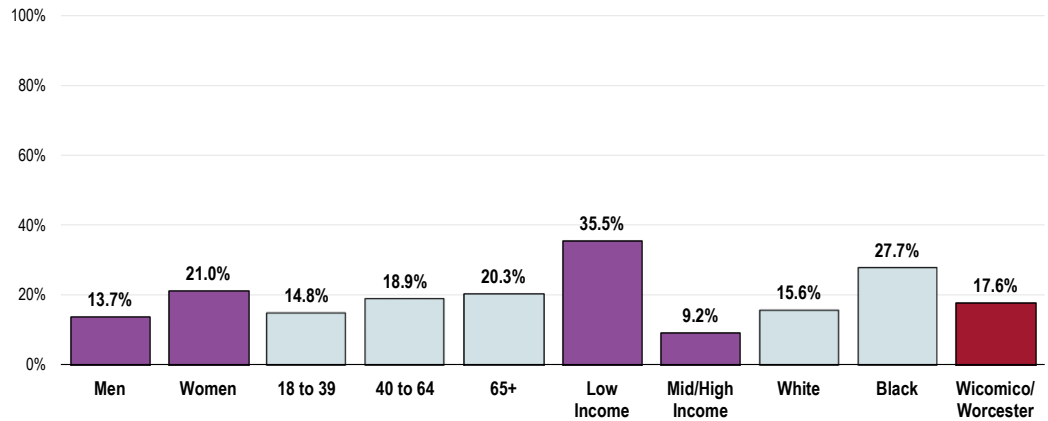
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- 👥 Women.
- 👥 Residents living at lower incomes.
- 👥 Blacks.
- 👥 Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Experience “Fair” or “Poor” Overall Health (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

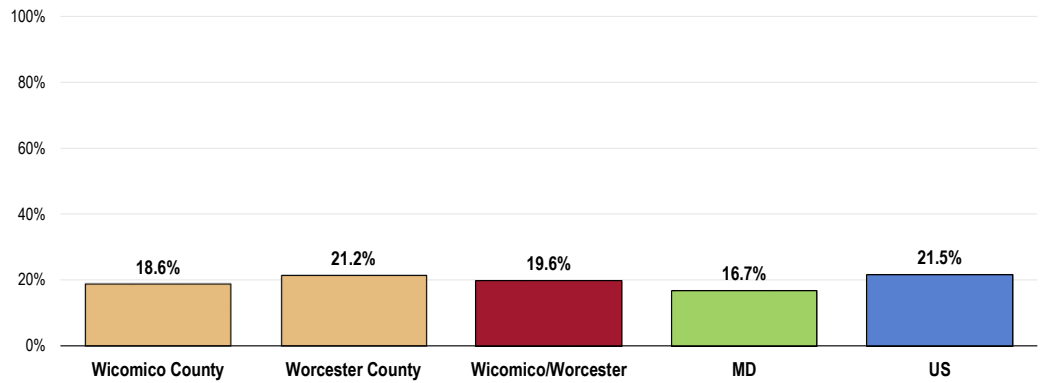
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

– Healthy People 2020 (www.healthypeople.gov)

A total of 19.6% of Wicomico/Worcester adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.
- Comparable to the national prevalence.
- Comparable findings by county.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 108]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

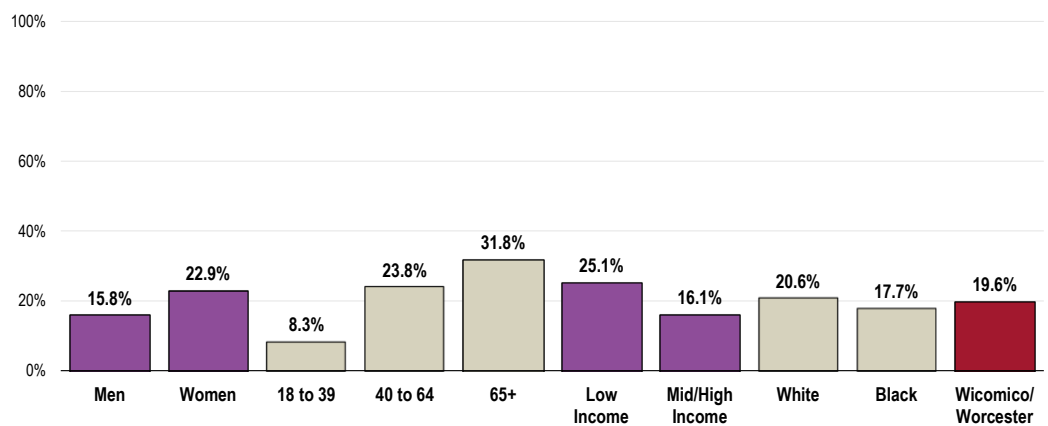
Notes: • Asked of all respondents.

RELATED ISSUE:
 See also
*Potentially Disabling
 Conditions in the Death,
 Disease & Chronic
 Conditions* section of this
 report.

In looking at responses by key demographic characteristics, note the following:

- 👥 Wicomico/Worcester women are more likely than men to report some type of activity limitation.
- 👥 Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- 👥 Residents in households with lower incomes are more likely than those with higher incomes to report activity limitations.

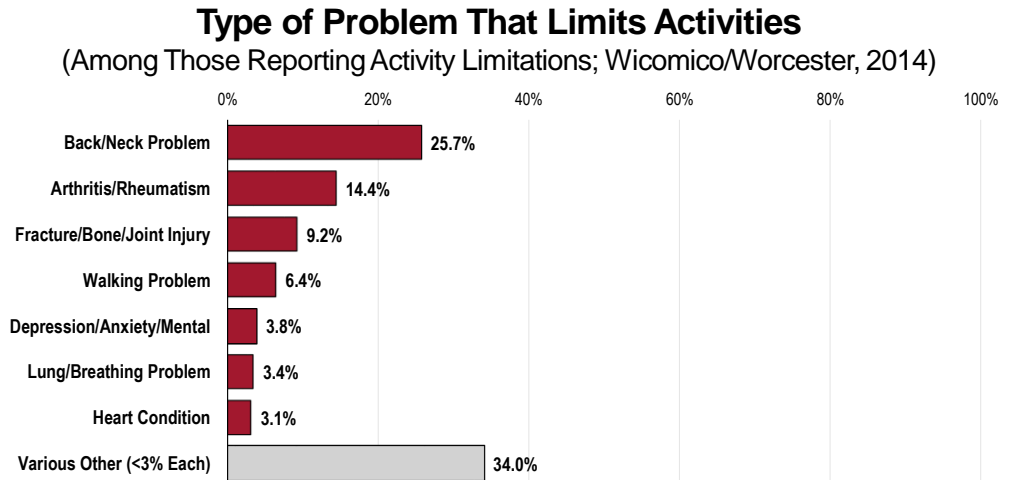
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 108]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, arthritis/rheumatism, fractures or bone/joint injuries, or difficulty walking.

Other limitations mentioned include mental problems (such as depression or anxiety), lung/breathing problems, and heart conditions.



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
Notes: • Asked of those respondents reporting activity limitations.

Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

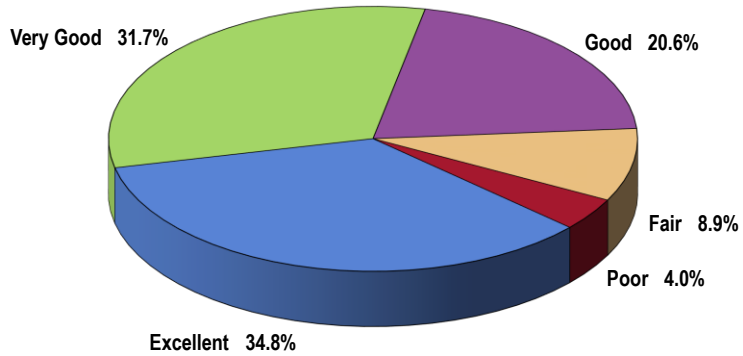
Self-Reported Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

Two-thirds (66.5%) of Wicomico/Worcester adults rate their overall mental health as "excellent" or "very good."

- Another 20.6% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status (Wicomico/Worcester, 2014)

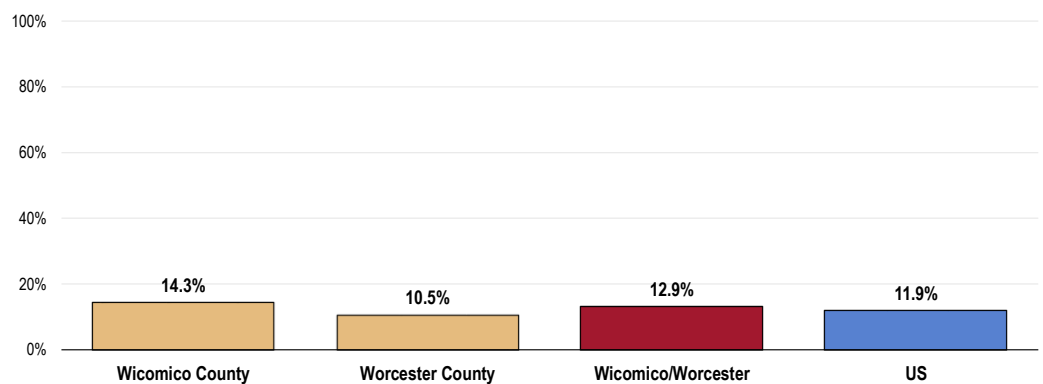


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: • Asked of all respondents.

A total of 12.9% of Wicomico/Worcester adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- Similar findings when viewed by county.

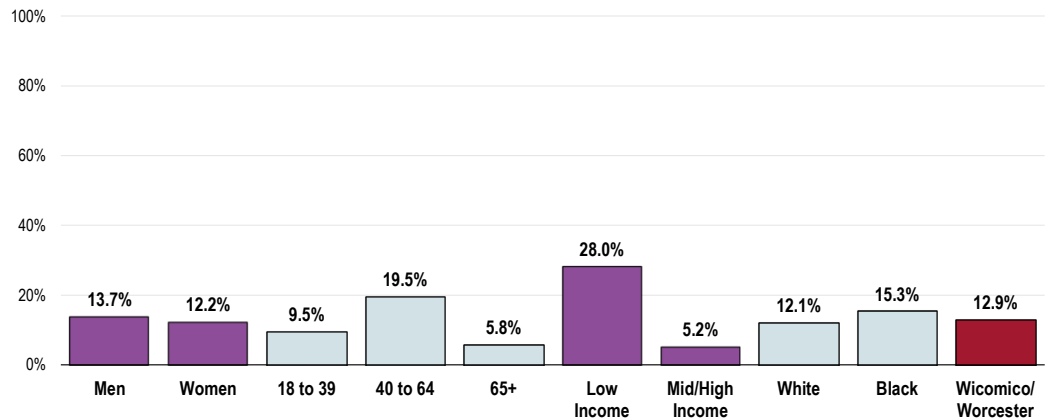
Experience "Fair" or "Poor" Mental Health



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

👥 Adults age 40-64 and those in lower-income households are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Wicomico/Worcester, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes: ● Asked of all respondents.

● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

● Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

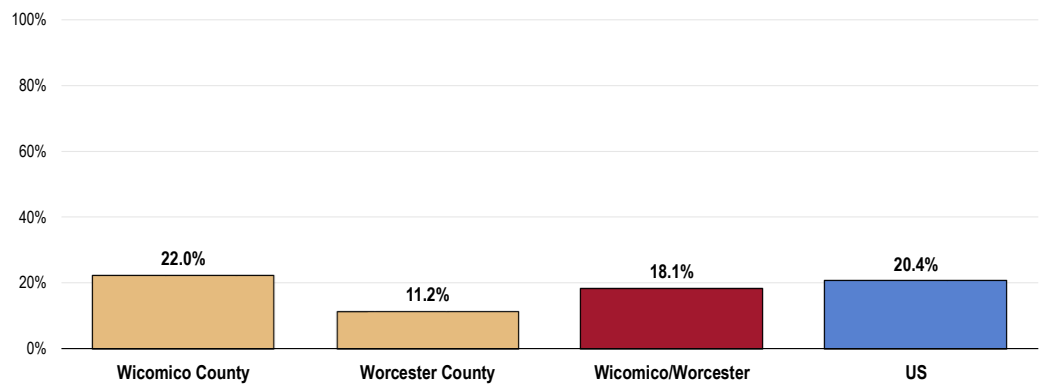
Depression

Diagnosed Depression

A total of 18.1% of Wicomico/Worcester adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the national finding.
- Much higher among Wicomico County residents than in Worcester County.

Have Been Diagnosed With a Depressive Disorder






Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

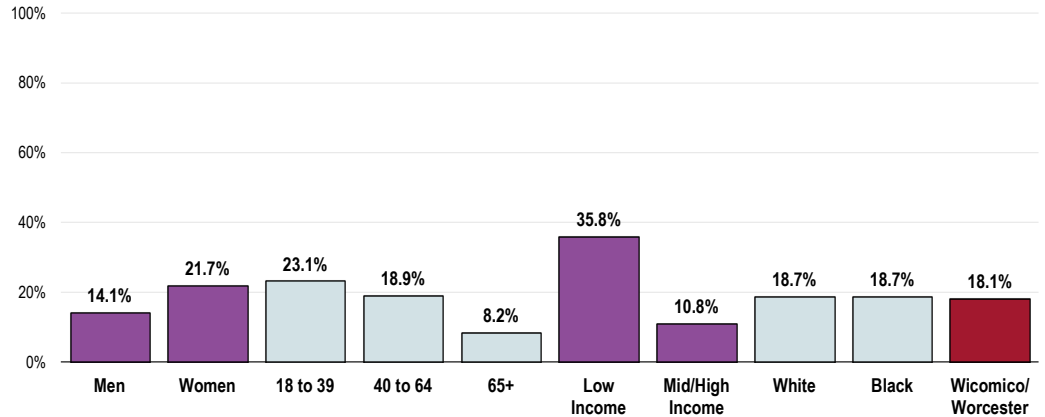
Notes: ● Asked of all respondents.

● Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is notably higher among:

-  Women.
-  Adults under age 65 (note the negative correlation with age).
-  Community members living at lower incomes.

Have Been Diagnosed With a Depressive Disorder (Wicomico/Worcester, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

Notes:

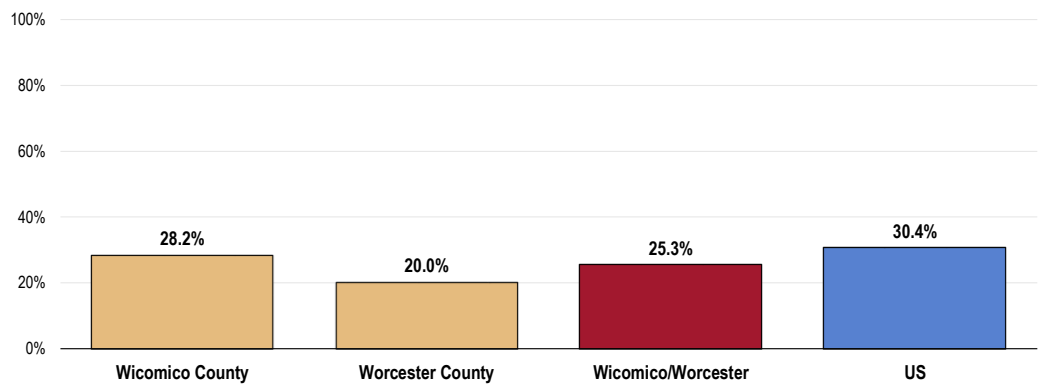
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 25.3% of Wicomico/Worcester adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (chronic depression).

- More favorable than national findings.
- Higher in Wicomico County than in Worcester County.

Have Experienced Symptoms of Chronic Depression





Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

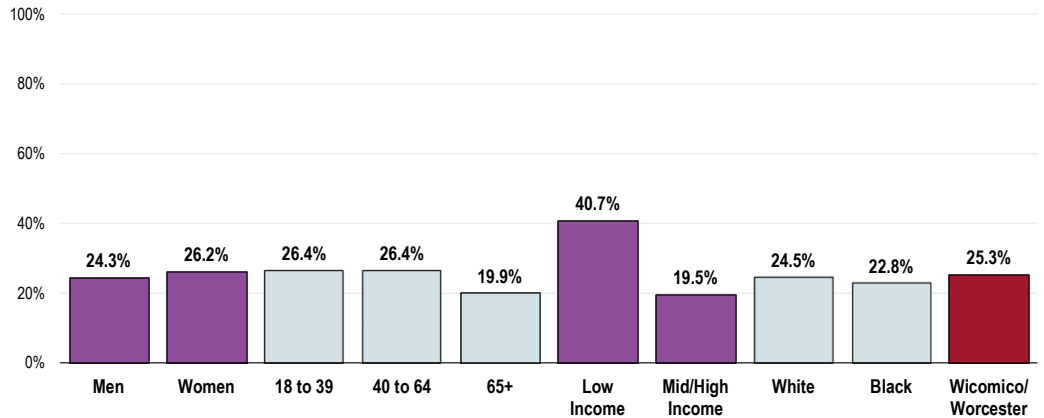
Notes:

- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

-  Adults under age 65.
-  Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression (Wicomico/Worcester, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 104]

 Notes:

- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

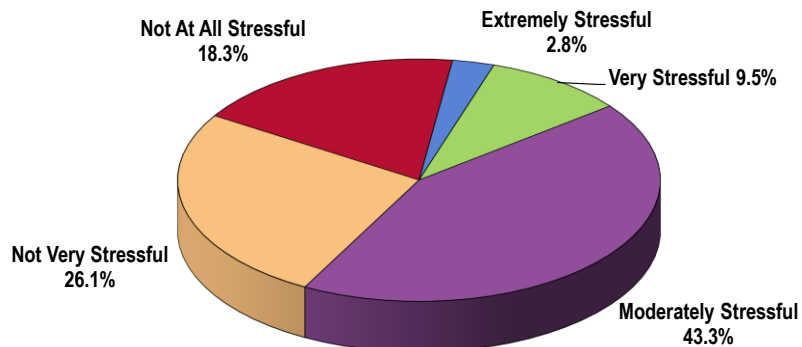
Stress

RELATED ISSUE:
See also *Substance Abuse* in
the **Modifiable
Health Risks** section
of this report.

More than 4 in 10 **Wicomico/Worcester** adults consider their typical day to be "not very stressful" (26.1%) or "not at all stressful" (18.3%).

- Another 43.3% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day (Wicomico/Worcester, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

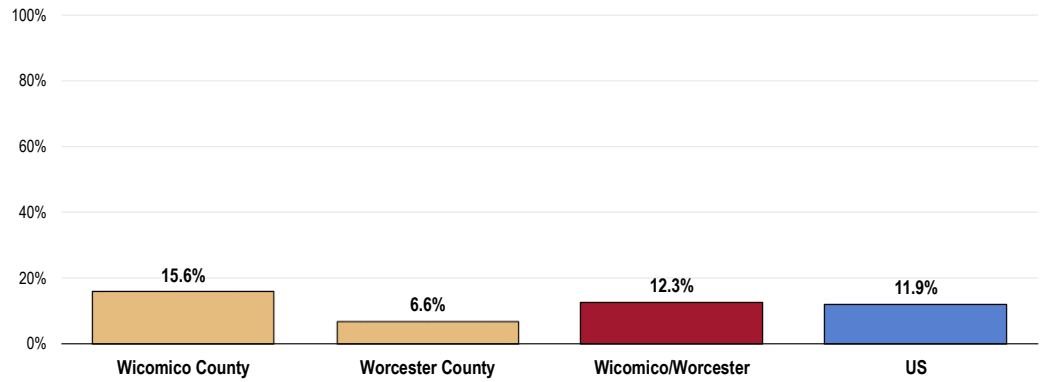
 Notes:

- Asked of all respondents.

In contrast, 12.3% of Wicomico/Worcester adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to national findings.
- More than twice as high in Wicomico County as in Worcester County.

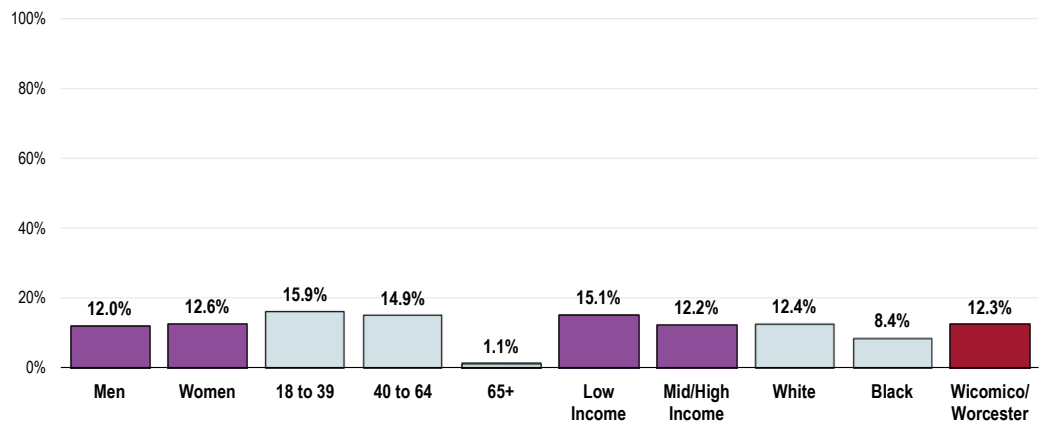
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👥 Note that high stress levels are most prevalent among Wicomico/Worcester adults under 65.

Perceive Most Days as “Extremely” or “Very” Stressful (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

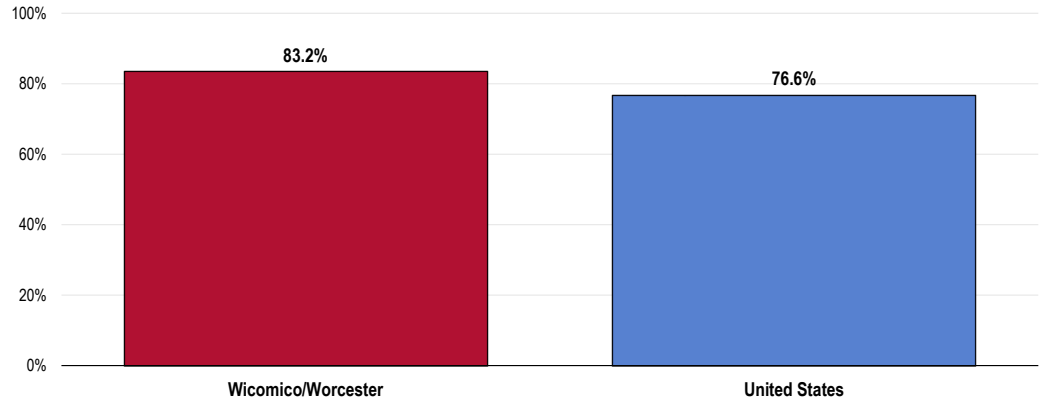
Mental Health Treatment

“Diagnosed depressive disorder” includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

Among adults with a diagnosed depressive disorder, 83.2% acknowledge that they have sought professional help for a mental or emotional problem.

- Statistically similar to national findings.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Gambling

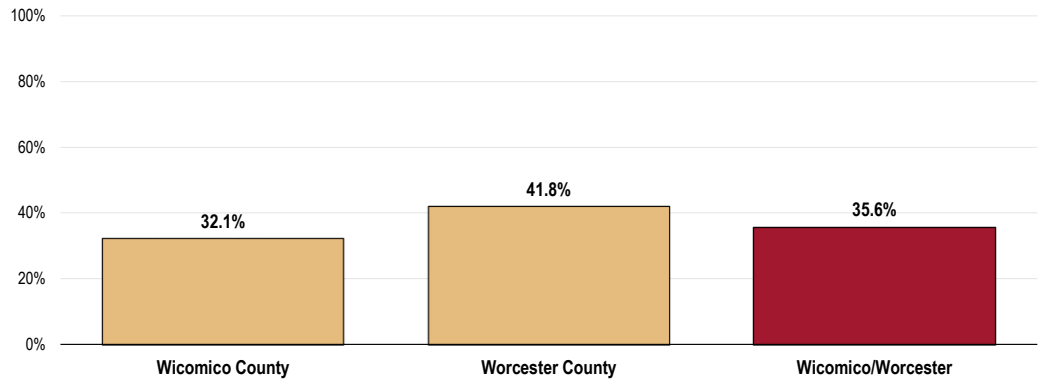
Recent Gambling

Over the past year, more than one-third of Wicomico/Worcester adults (35.6%) participated in some type of gambling.

- The percentage is lower in Wicomico County.

"In the past 12 months, have you bet money or possessions on ANY of the following activities: casino games, including slot machines and table games; the lottery, including scratch tickets, pull tabs, and Lotto; sports betting; Internet gambling; Bingo; or any other type of wagering?"

Participated in Some Type of Gambling in the Past Year



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

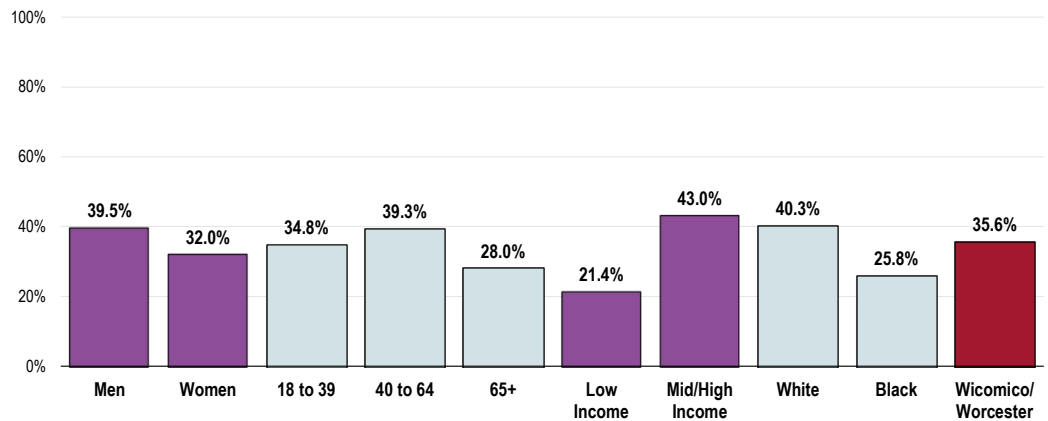
Notes: • Asked of all respondents.

- In this case, the term gambling includes betting money or possessions on ANY of the following activities: casino games (including slot machines and table games); the lottery (including scratch tickets, pull tabs, and Lotto); sports betting; Internet gambling; bingo; or any other type of wagering.

Adults more likely to report gambling in the past year include:

- Adults age 40 to 64, those with higher incomes, and Whites.

Participated in Some Type of Gambling in the Past Year (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

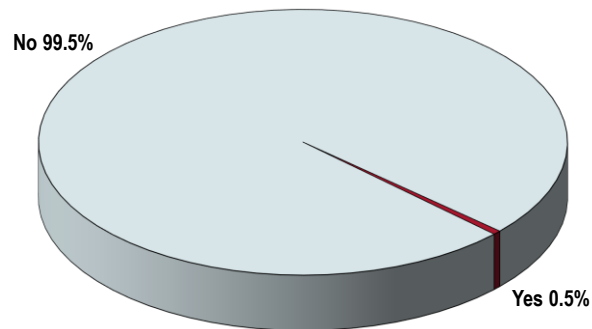
Notes: • Asked of all respondents.

- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case, the term gambling includes betting money or possessions on ANY of the following activities: casino games (including slot machines and table games); the lottery (including scratch tickets, pull tabs, and Lotto); sports betting; Internet gambling; bingo; or any other type of wagering.

Effects of Gambling

Of the Wicomico/Worcester survey respondents who gambled in the past year, less than one percent (0.5%) reports that the money they spent on gambling has led to financial problems.

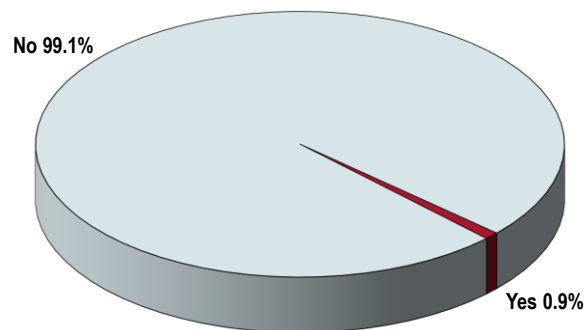
Money Spent on Gambling Has Led to Financial Problems (Adults Who Gambled in the Past Year; Wicomico/Worcester, 2014)



- Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: • Asked of those respondents who gambled in the past year.
• In this case, the term gambling includes betting money or possessions on ANY of the following activities: casino games (including slot machines and table games); the lottery (including scratch tickets, pull tabs, and Lotto); sports betting; Internet gambling; bingo; or any other type of wagering.

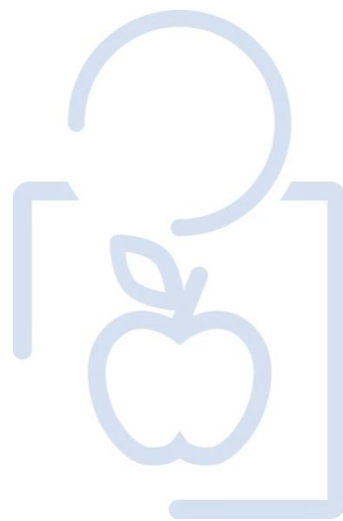
Of those survey respondents who gambled in the past year, just 0.9% reports that the time spent on gambling has led to problems in their work, family, or personal life.

Time Spent on Gambling Has Led to Problems in Work, Family, or Personal Life (Adults Who Gambled in the Past Year; Wicomico/Worcester, 2014)



- Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: • Asked of those respondents who gambled in the past year.
• In this case, the term gambling includes betting money or possessions on ANY of the following activities: casino games (including slot machines and table games); the lottery (including scratch tickets, pull tabs, and Lotto); sports betting; Internet gambling; bingo; or any other type of wagering.

DEATH, DISEASE & CHRONIC CONDITIONS



Cardiovascular Disease

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

– Healthy People 2020 (www.healthypeople.gov)

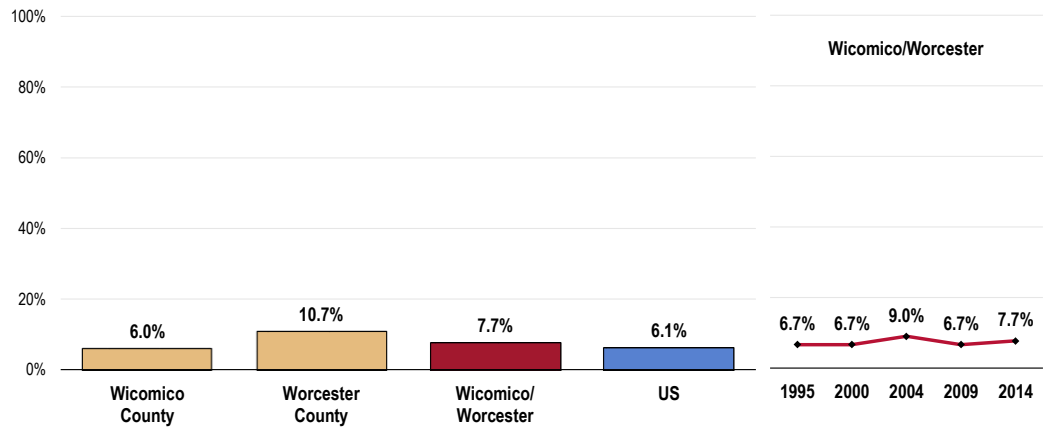
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- Higher in Worcester County.
- ☒ Statistically unchanged since 1995.

Prevalence of Heart Disease



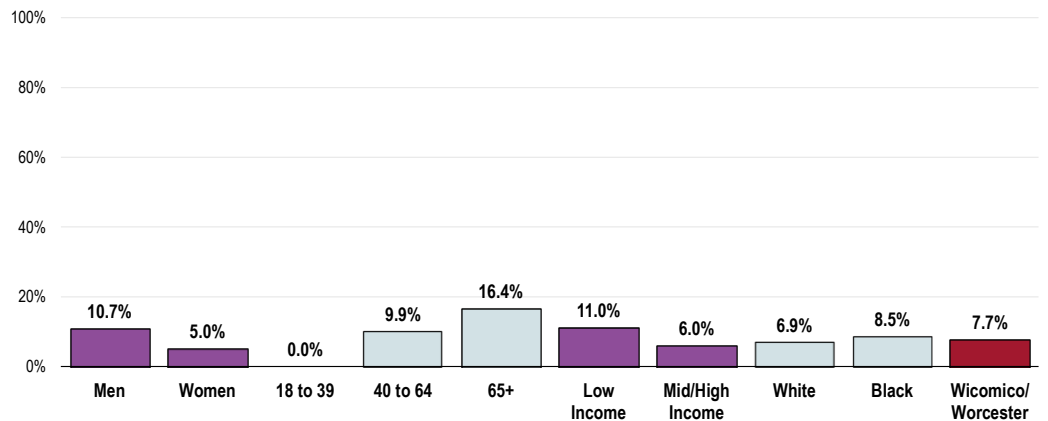
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

👤 Men.

👤 Those age 40 and older (positive correlation with age).

Prevalence of Heart Disease (Wicomico/Worcester, 2014)



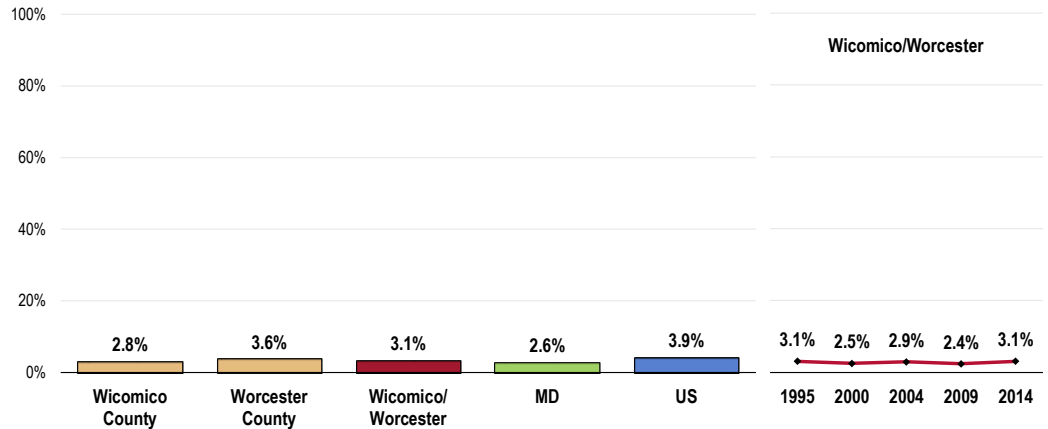
- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
- Notes:
- Asked of all respondents.
 - Includes diagnoses of heart attack, angina or coronary heart disease.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.1% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Similar findings by county.
- ☒ No statistically significant change over time.

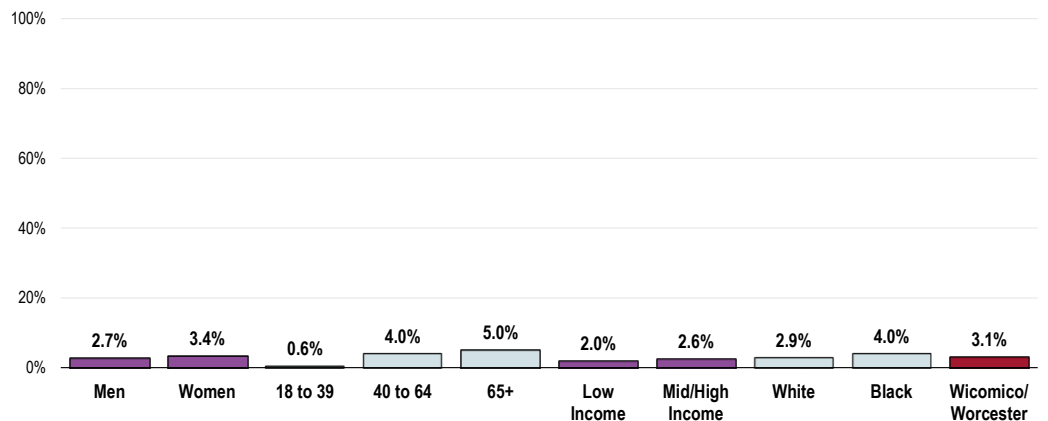
Prevalence of Stroke



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.
 Notes: ● Asked of all respondents.

👥 Adults age 40 and older are more likely to have been diagnosed with stroke.

Prevalence of Stroke (Wicomico/Worcester, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

– Healthy People 2020 (www.healthypeople.gov)

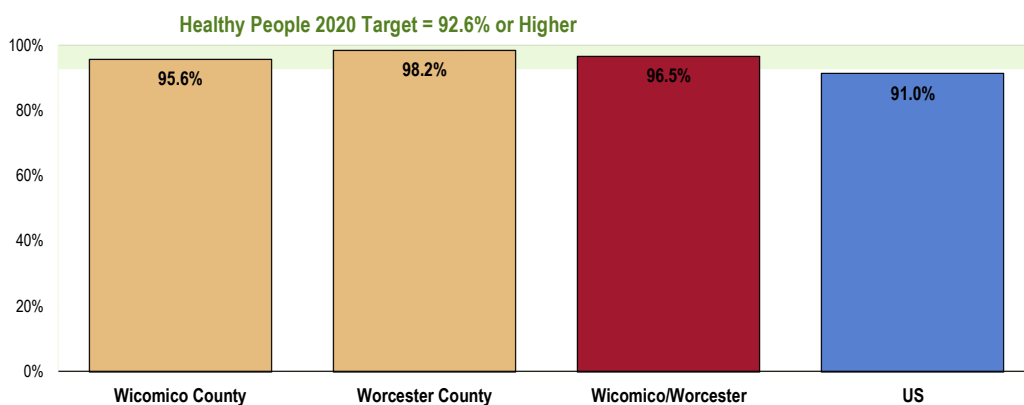
Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 96.5% of Wicomico/Worcester adults have had their blood pressure tested within the past two years.

- Higher than the national percentage.
- Satisfies the Healthy People 2020 target (94.9% or higher).
- Statistically similar by county.

Have Had Blood Pressure Checked in the Past Two Years



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]

Notes: • Asked of all respondents.

Prevalence of Hypertension

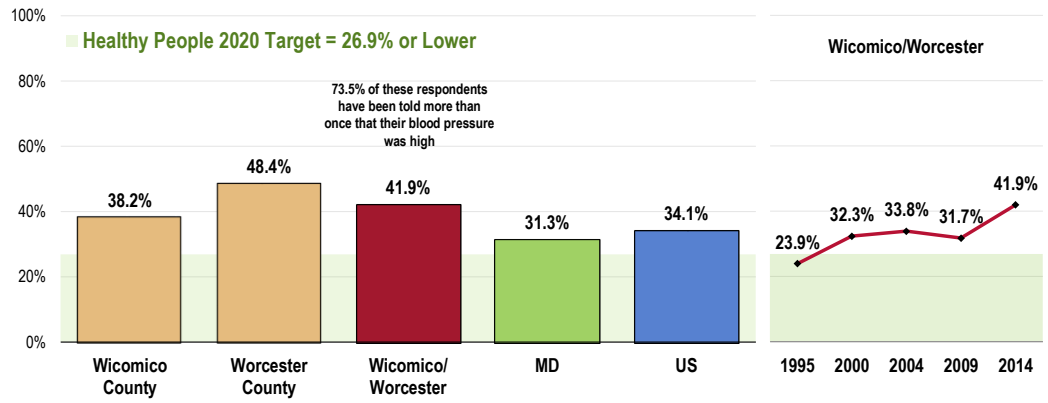
A total of 41.9% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Maryland prevalence.
- Less favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Unfavorably higher in Worcester County.

📈 Marks a statistically significant increase over time.

👥 Among hypertensive adults, 73.5% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure

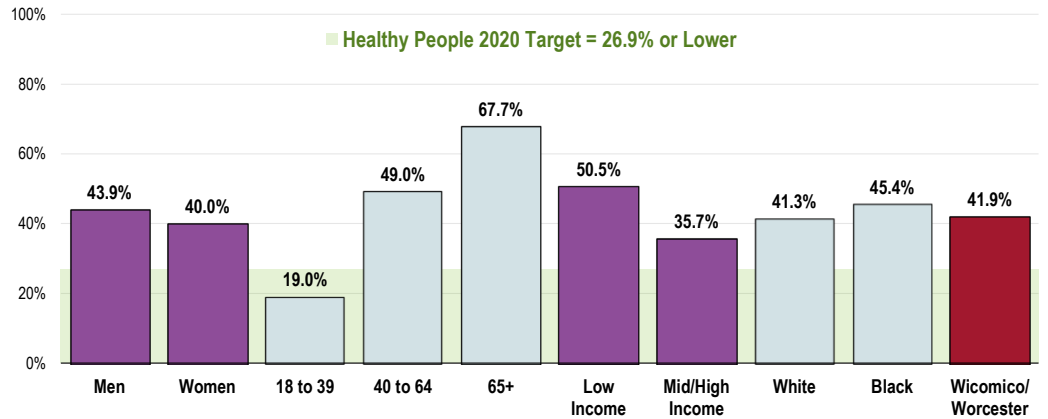


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 128]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: ● Asked of all respondents.

Hypertension diagnoses are higher among:

- 👤 Adults age 40 and older, and especially those age 65+.
- 👤 Residents in lower-income households.

Prevalence of High Blood Pressure (Wicomico/Worcester, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

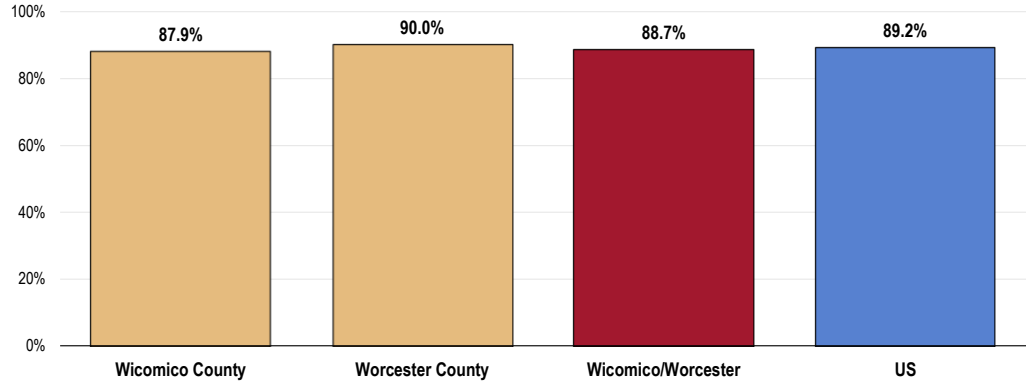
Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

Among respondents who have been told that their blood pressure was high, 88.7% report that they are currently taking actions to control their condition.

- Similar to national findings.
- Similar findings by county.

Taking Action to Control Hypertension (Among Adults With High Blood Pressure)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
• In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

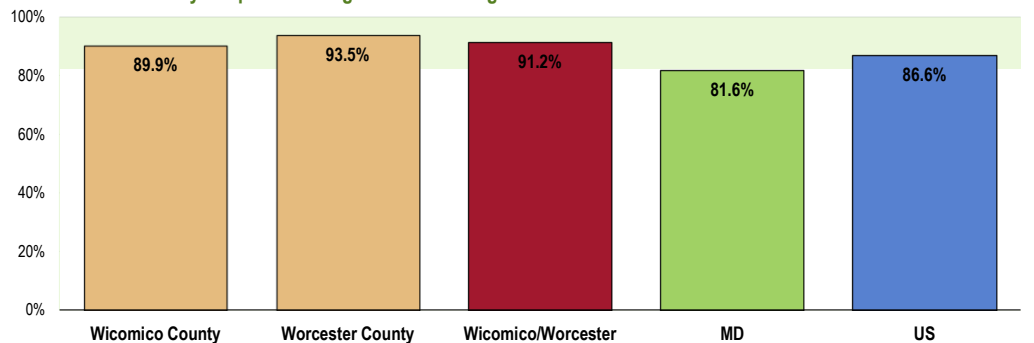
Blood Cholesterol Testing

A full 91.2% of area adults had their blood cholesterol checked in the past 5 years.

- More favorable than Maryland findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Similar findings by county.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

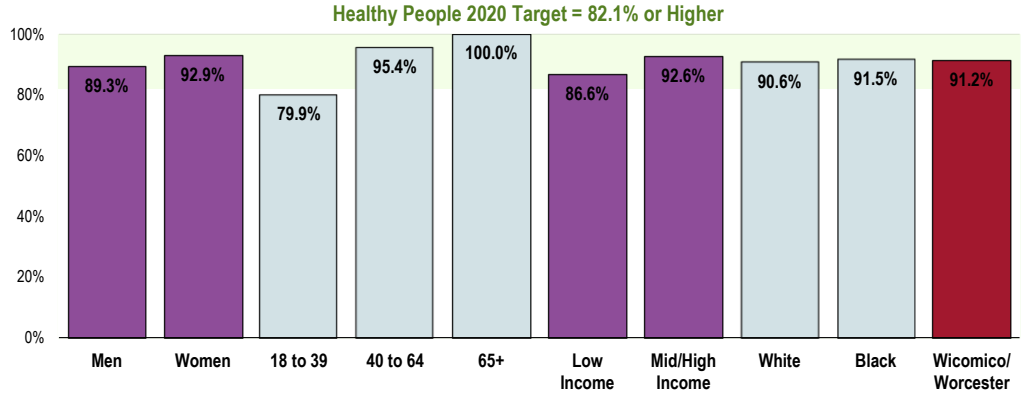
Healthy People 2020 Target = 82.1% or Higher



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
Notes: • Asked of all respondents.

👥 Young adults report lower screenings levels (note the positive correlation with age).

Have Had Blood Cholesterol Levels Checked in the Past Five Years (Wicomico/Worcester, 2014)



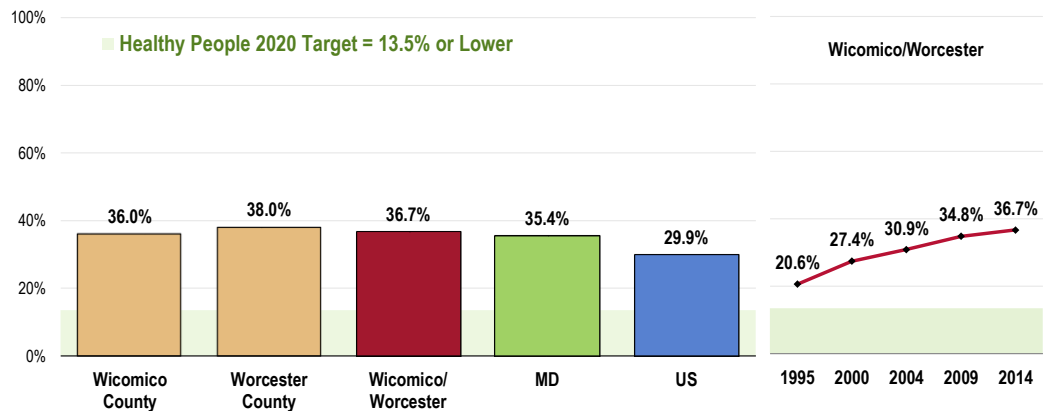
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 36.7% of adults have been told by a health professional that their cholesterol level was high.

- Comparable to the Maryland findings.
 - Less favorable than the national prevalence.
 - More than twice the Healthy People 2020 target (13.5% or lower).
 - Similar by county.
- 📈 Marks a statistically significant increase over time.

Prevalence of High Blood Cholesterol

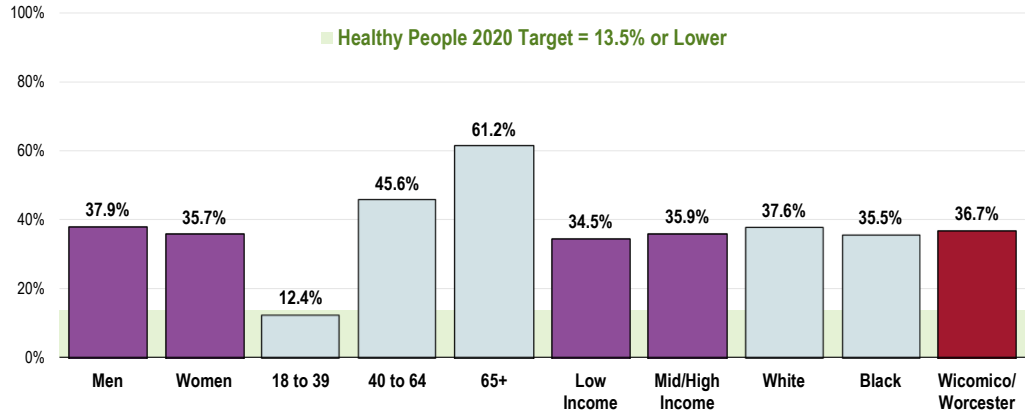


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 129]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • *The Maryland data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 13.8% of Wicomico/Worcester adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- 👥 Note the positive correlation between age and high blood cholesterol.
- 👥 Keep in mind that “unknowns” are relatively high in young adults and lower-income residents.

Prevalence of High Blood Cholesterol (Wicomico/Worcester, 2014)



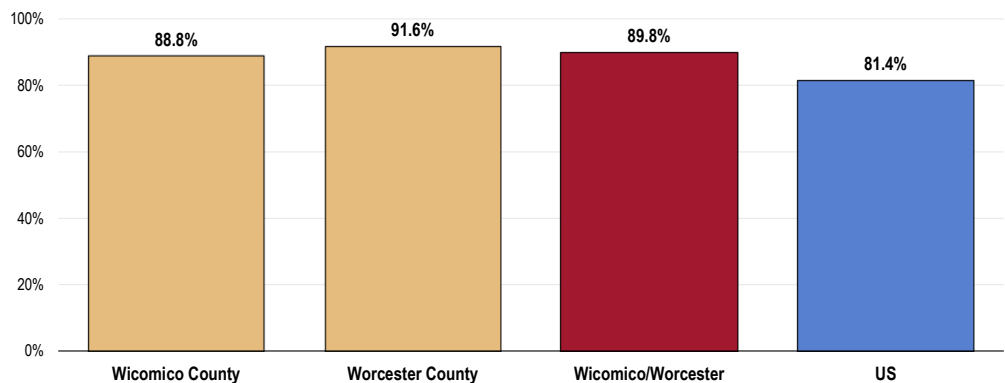
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Among adults who have been told that their blood cholesterol was high, 89.8% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- Similar by county.

Taking Action to Control High Blood Cholesterol Levels (Among Adults With High Cholesterol)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term “action” refers to medication, change in diet, and/or exercise.

Respondents reporting high cholesterol were further asked:

“Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?”

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

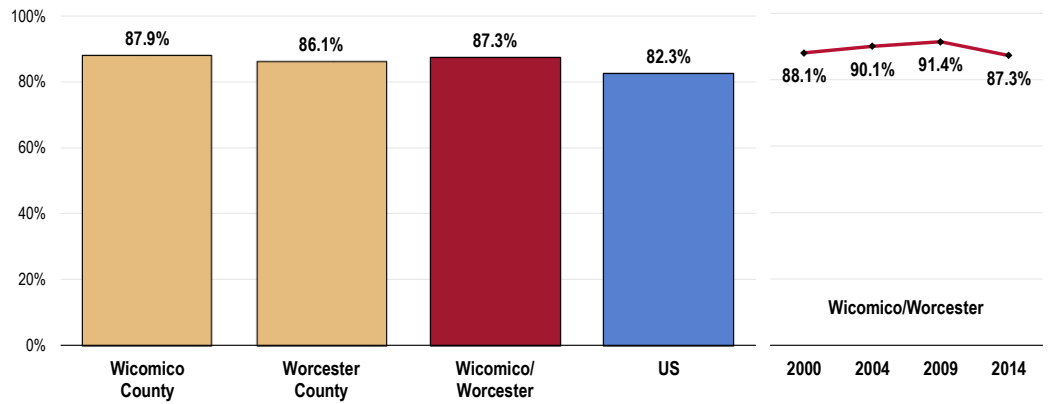
A total of 87.3% of Wicomico/Worcester adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Less favorable than national findings.
- Similar findings by county.
- ☒ Statistically similar to the 1995 findings.

RELATED ISSUE:

See also
*Nutrition & Overweight,
Physical Activity & Fitness
and Tobacco Use* in the
Modifiable Health Risk
section of this report.

Present One or More Cardiovascular Risks or Behaviors



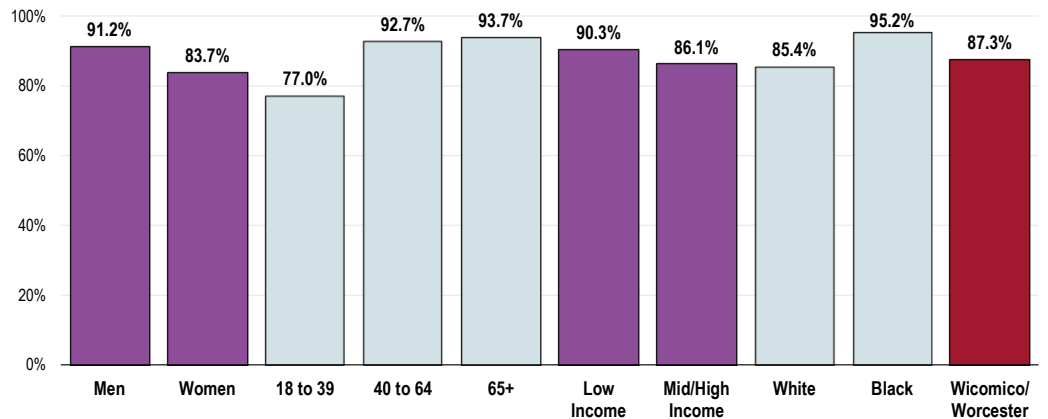
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
 ● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- 👤 Men.
- 👤 Adults age 40 and older.
- 👤 Blacks.

Present One or More Cardiovascular Risks or Behaviors (Wicomico/Worcester, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]

Notes: ● Asked of all respondents.
 ● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

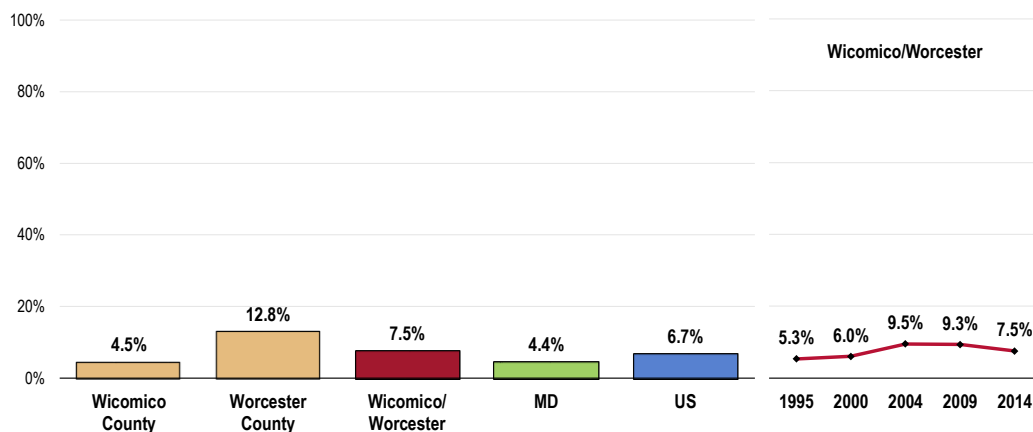
Prevalence of Cancer

Skin Cancer

A total of 7.5% of surveyed Wicomico/Worcester adults report having been diagnosed with skin cancer.

- Higher than what is found statewide.
- Similar to the national average.
- Particularly high in Worcester County.
- ☒ The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

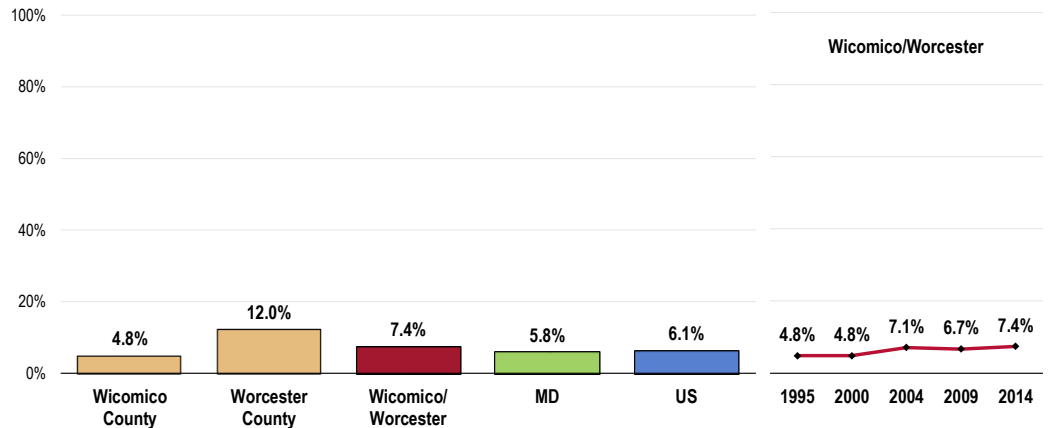
Notes: ● Asked of all respondents.

Other Cancer

A similar percentage of respondents (7.4%) has been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Particularly high in Worcester County.
- ☒ The increase over time is not statistically significant.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

RELATED ISSUE:
See also
*Nutrition & Overweight,
Physical Activity &
Fitness and Tobacco Use*
in the **Modifiable
Health Risk** section of
this report.

Female Breast Cancer Screening

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.


– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

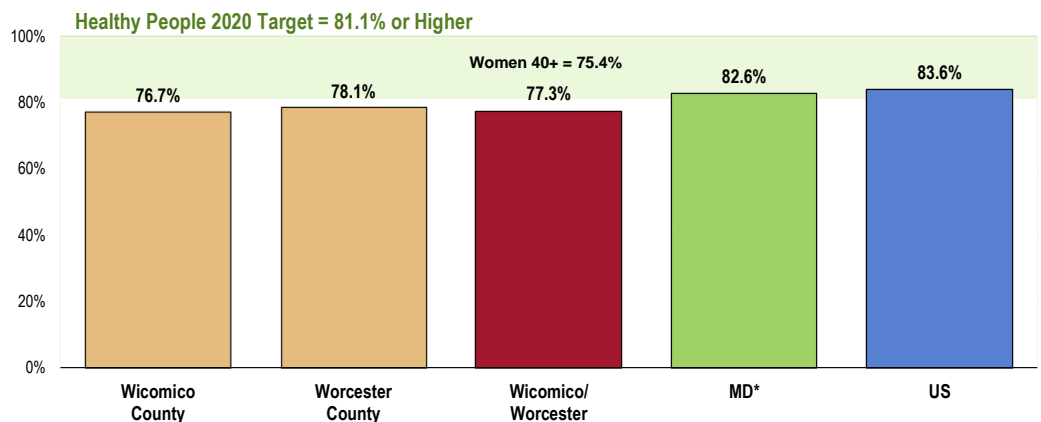
Mammography

Among women age 50-74, 77.3% had a mammogram within the past two years.

- Statistically similar to statewide findings (which represent all women 50+).
- Statistically similar to national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Similar by county.

 Among women 40+, 75.4% had a mammogram in the past two years.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
Notes: • Reflects female respondents 50-74.
• *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

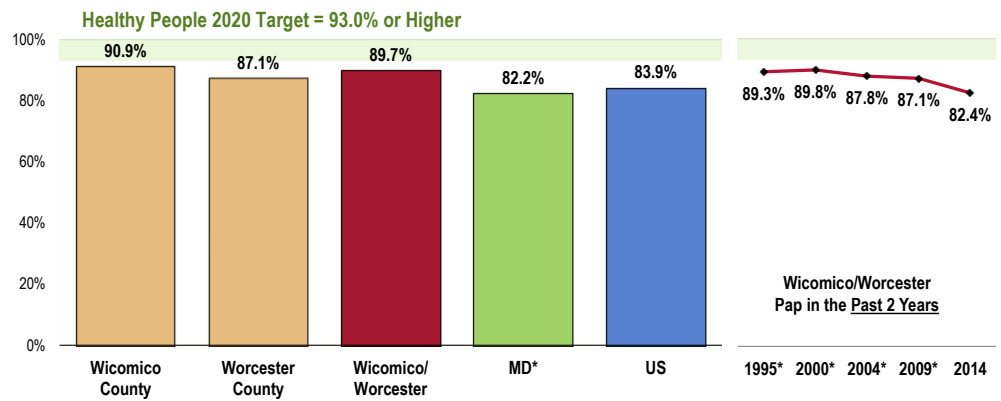
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Pap Smear Testing

Among women age 21 to 65, 89.7% had a Pap smear within the past three years.

- More favorable than Maryland findings (which represents all women 18+).
 - More favorable than national findings.
 - Similar to the Healthy People 2020 target (93% or higher).
 - Similar findings when viewed by county.
- ☒ Note the statistically significant decrease since 1995 in the percentage of women age 21 to 65 who had a Pap smear in the past **two years**.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]

Notes: • Reflects female respondents age 21 to 65.
 • *Note that the Maryland percentage represents all women age 18 and older; trend data represents Pap smears in the past two years.

Colorectal Cancer Screenings

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services.

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

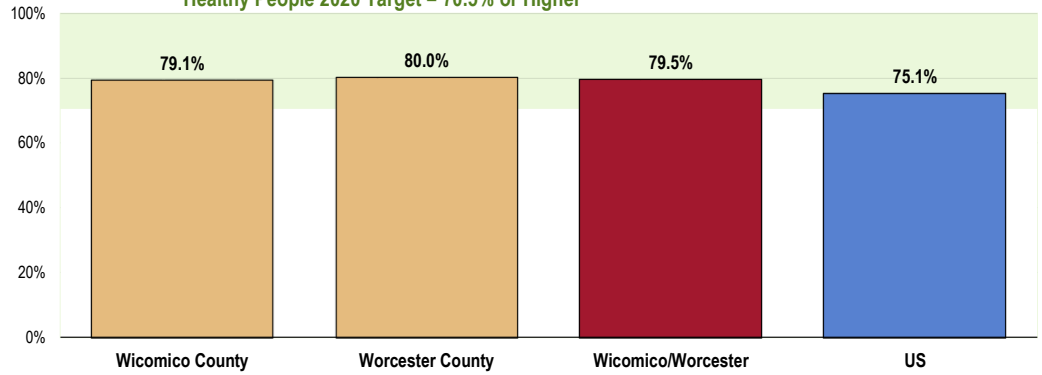
Colorectal Cancer Screening

Among adults age 50-75, 79.5% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/ colonoscopy [lower endoscopy] within the past 10 years).

- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by county.

Have Had a Colorectal Cancer Screening (Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]

Notes: • Asked of all respondents age 50 through 75.

• In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, more than 8 in 10 (82.6%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- More favorable than Maryland findings.
- More favorable than national findings.
- ☒ Statistically similar to the baseline 2009 survey findings.

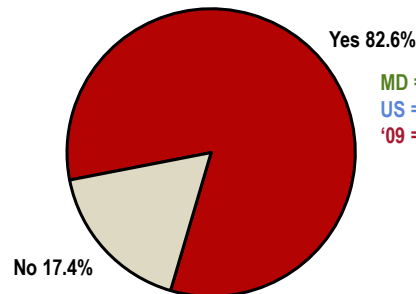
Blood Stool Testing

Among adults age 50 and older, 30.8% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Higher than Maryland findings.
- Similar to national findings.

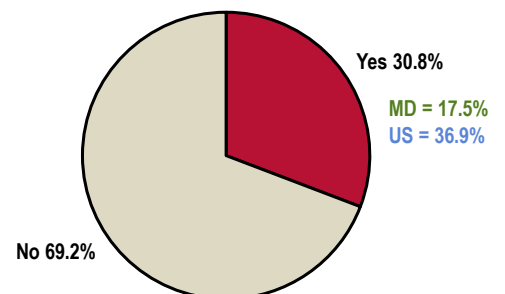
Colorectal Cancer Screenings

(Wicomico & Worcester County Adults Age 50+, 2014)



Ever Had Lower Endoscopy

MD = 72.4%
US = 75.2%
'09 = 78.0%



Blood Stool Test in Past 2 Years

MD = 17.5%
US = 36.9%

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 134-135]

• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.

Notes: • Asked of respondents age 50 and older.

• Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Respiratory Disease

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

– Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Chronic Obstructive Pulmonary Disease (COPD)

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

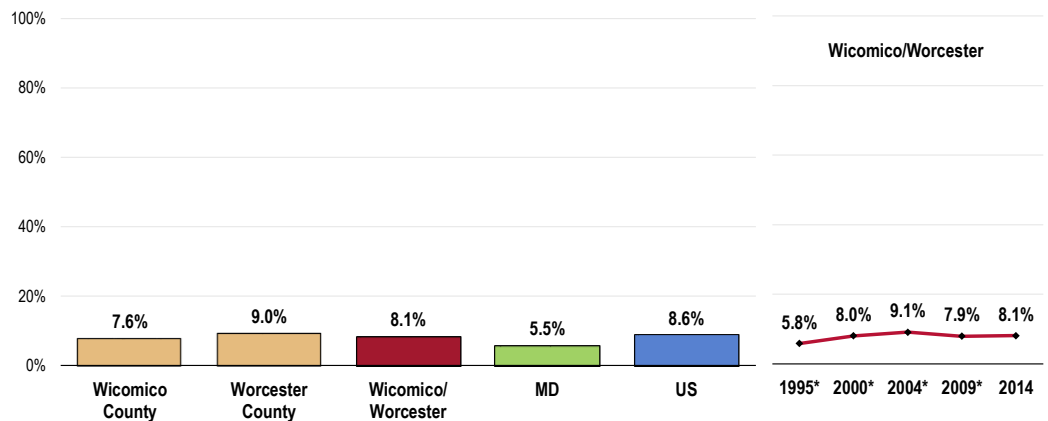
A total of 8.1% of Wicomico/Worcester adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Higher than the Maryland percentage.
- Similar to the national prevalence.
- Similar findings by county.

NOTE: in prior data, this question was asked slightly differently; respondents in previous years were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

In comparing to 1995 data, the change in prevalence is not statistically significant.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
● Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
● *In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.

Asthma

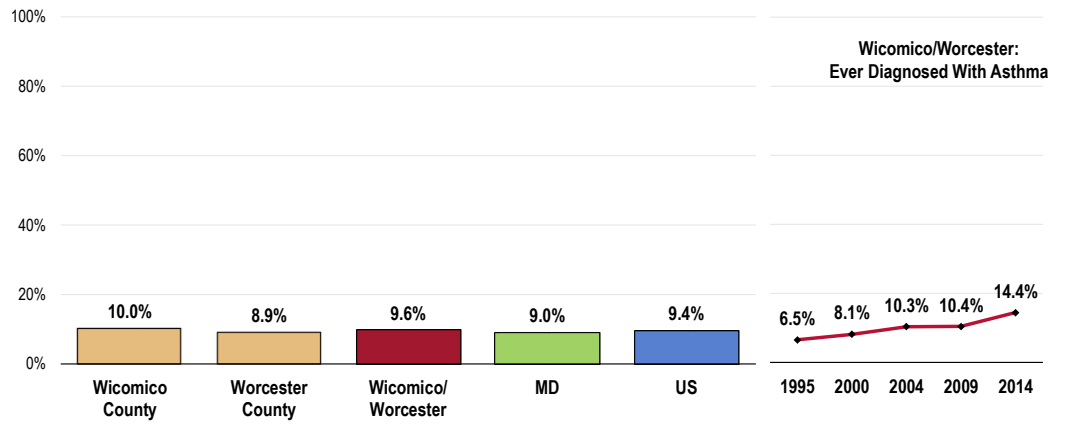
Adults

A total of 9.6% of Wicomico/Worcester adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by county.

The prevalence of adults who have ever been diagnosed with asthma has increased significantly since 1995.



Adult Asthma: Current Prevalence



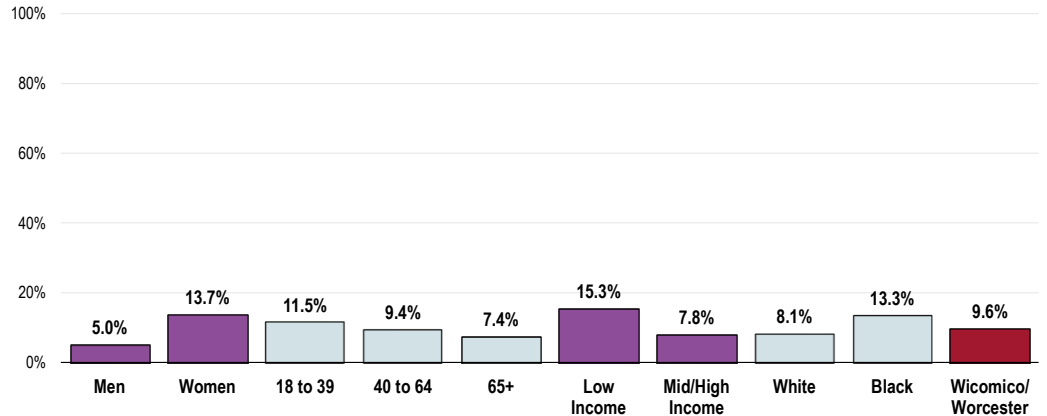
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 137]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

-  Women.
-  Low-income residents.

Currently Have Asthma (Wicomico/Worcester, 2014)



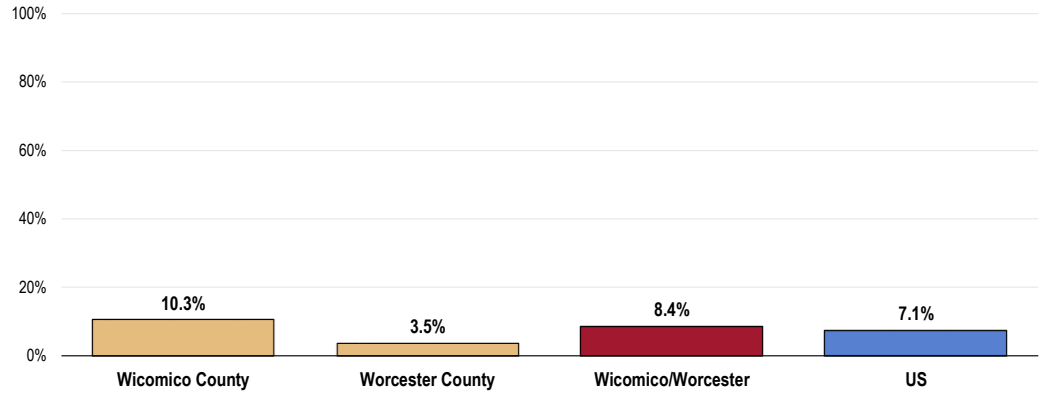
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Wicomico/Worcester children under age 18, 8.4% currently have asthma.

- Comparable to national findings.
- Statistically comparable by county.

Childhood Asthma: Current Prevalence
(Among Parents of Children Age 0-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.
• Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

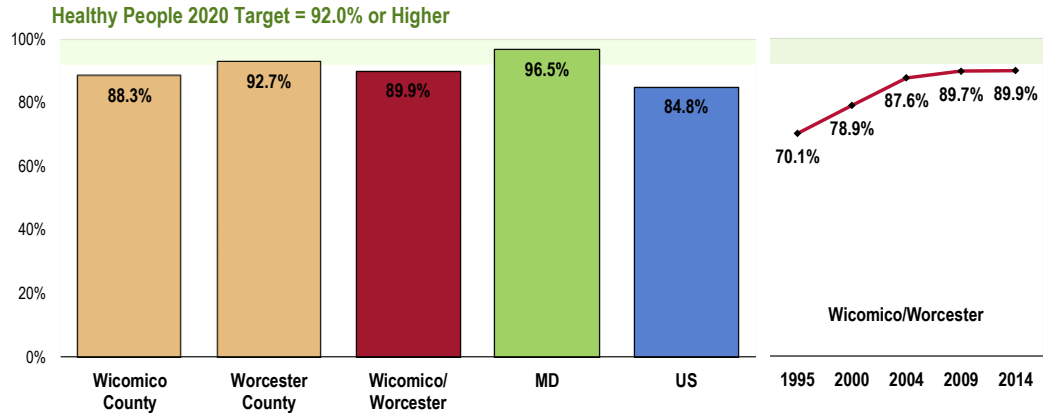
Seat Belt Usage - Adults

Most Wicomico/Worcester adults (89.9%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Lower than the statewide proportion.
- More favorable than the percentage found nationally.
- Similar to the Healthy People 2020 target of 92.4% or higher.
- Statistically similar findings by county.

 Denotes a statistically significant increase over time.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle



Sources:


- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

 Notes:

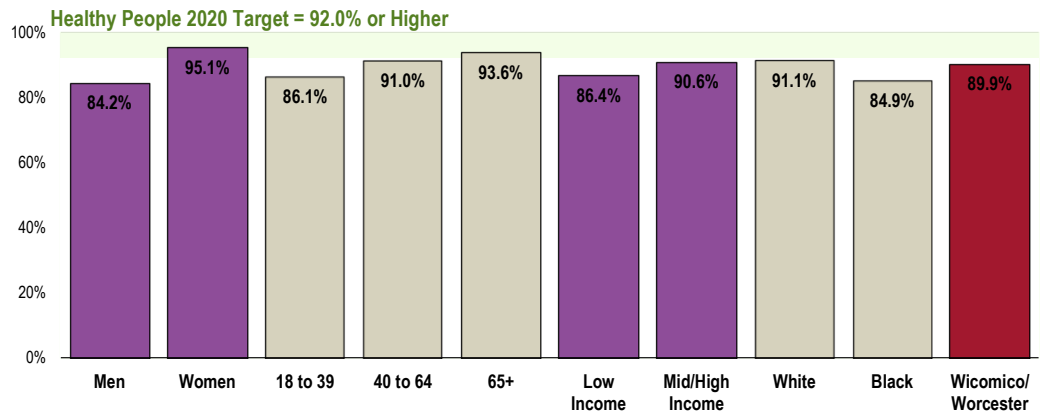
- Asked of all respondents.

These population segments are less likely to report consistent seat belt usage:

 Men.

 Young adults (note the positive correlation with age).

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle (Wicomico/Worcester, 2014)



Sources:

- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IPV-15]

 Notes:

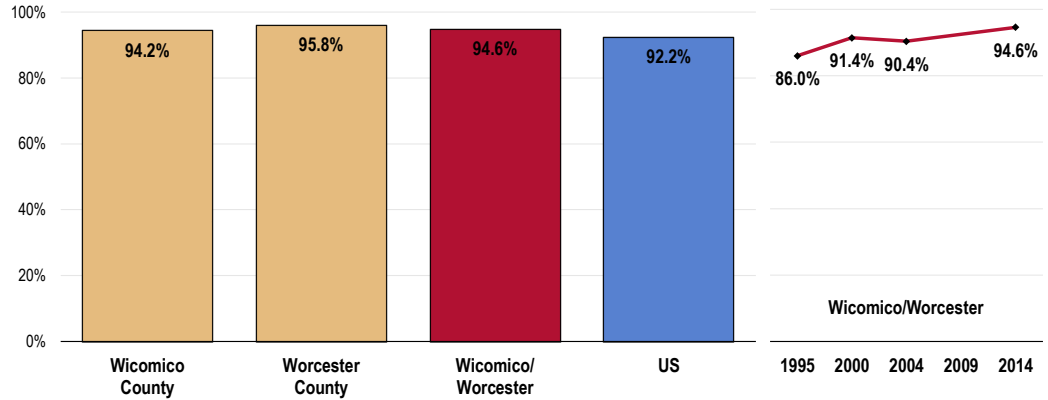
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 94.6% of Wicomico/Worcester parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- Similar by county.
- ▣ Marks a statistically significant increase since 1995.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 125]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

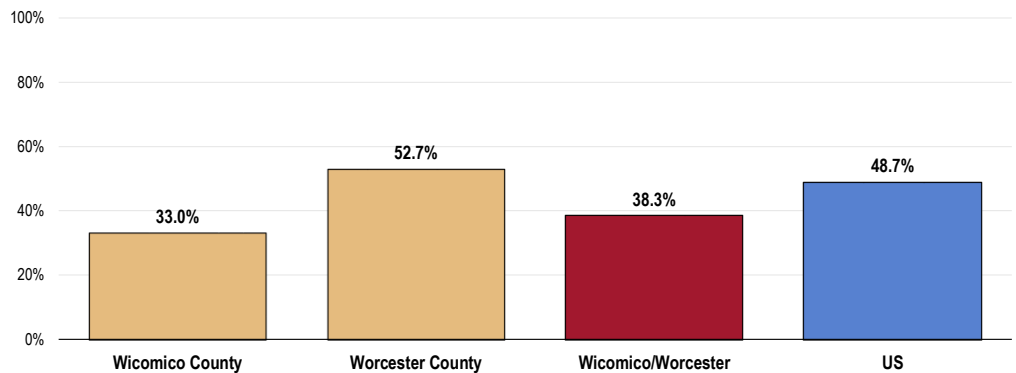
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

Over one-third of Wicomico/Worcester children age 5 to 17 (38.3%) are reported to “always” wear a helmet when riding a bicycle.

- Lower than the national prevalence.
- Much higher in Worcester County.

Child “Always” Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents with children age 5 to 17 at home.

Presence of Firearms in Homes

Survey respondents were further asked about the presence of weapons in the home:

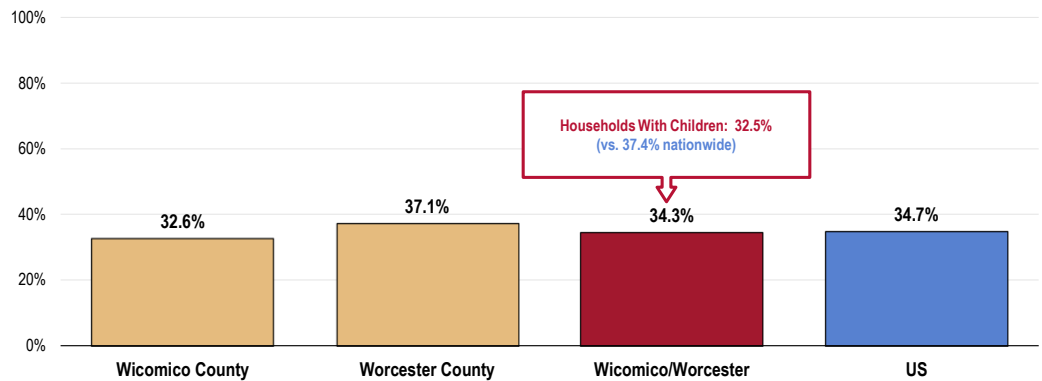
“Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, ‘firearms’ include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.”

Overall, just over one-third (34.3%) of Wicomico/Worcester adults has a firearm kept in or around their home.

- Nearly identical to the national prevalence.
- Statistically similar by county.

👤 Among Wicomico/Worcester households with children, 32.5% have a firearm kept in or around the house (statistically similar to that reported nationally).

Have a Firearm Kept in or Around the Home



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 55, 140]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

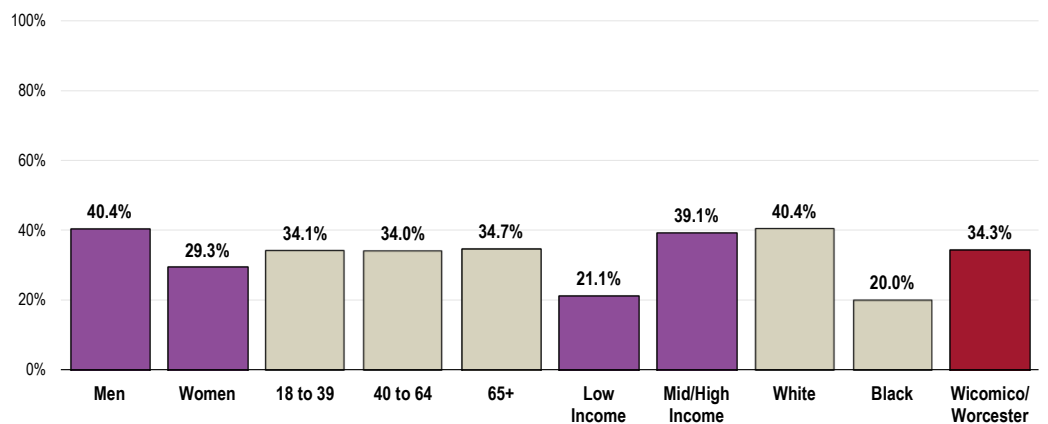
Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among:

- 👤 Men.
- 👤 Higher-income households.
- 👤 White respondents.

Have a Firearm Kept in or Around the House (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]

Notes: • Asked of all respondents.

• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

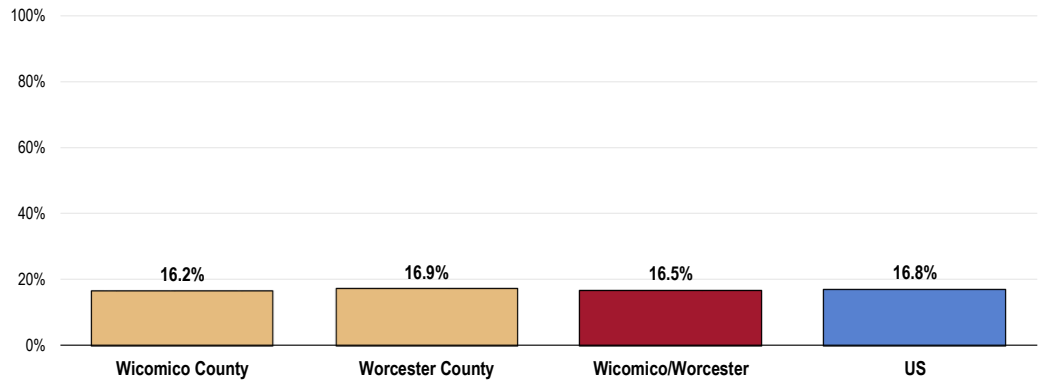
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Wicomico/Worcester households with firearms, 16.5% report that there is at least one weapon that is kept unlocked and loaded.

- Nearly identical to that found nationally.
- No statistically significant difference by county.

Household Has an Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 141]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with a firearm in or around the home.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

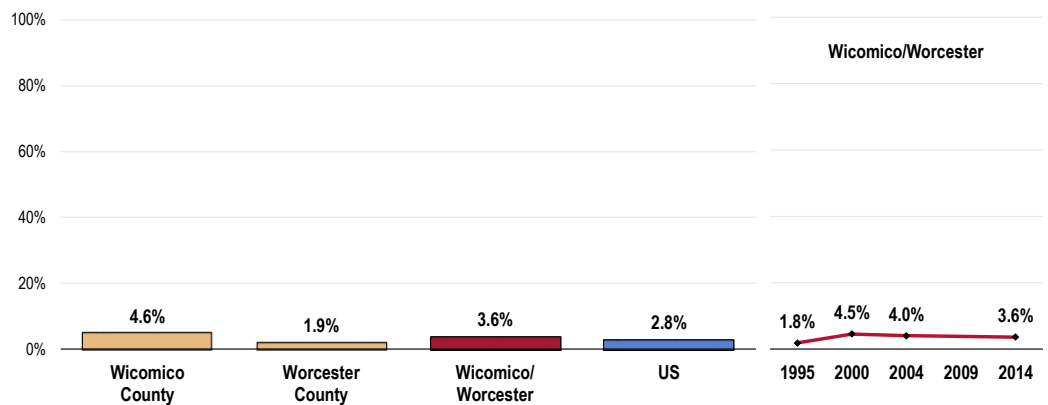
Violent Crime

Self-Reported Violence

A total of 3.6% of Wicomico/Worcester adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Statistically similar findings by county.
- ☒ Statistically similar to previous survey findings.

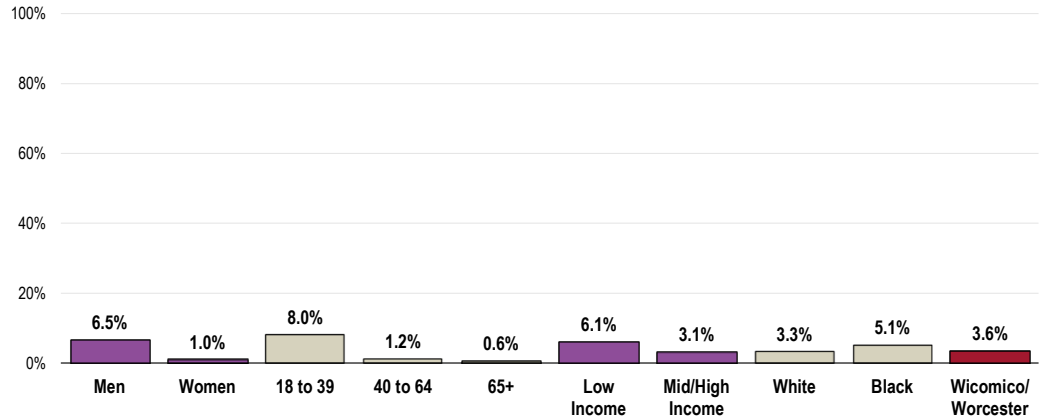
Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

👤 Reports of violence are notably higher among men and young adults (those under age 40).

Victim of a Violent Crime in the Past Five Years (Wicomico/Worcester, 2014)



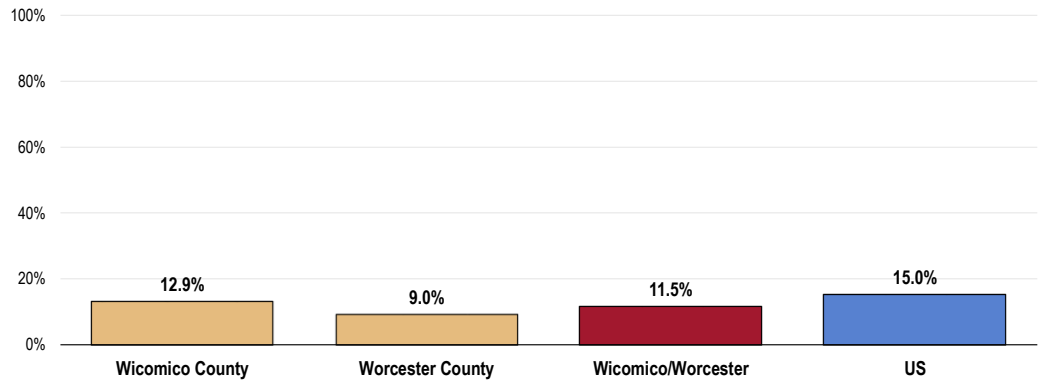
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

A total of 11.5% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.
- Statistically similar by county.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

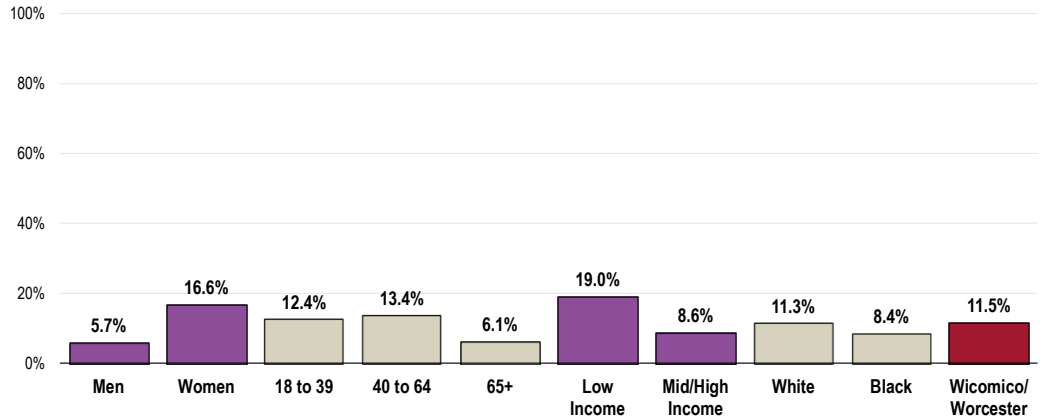


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- 👥 Women.
- 👥 Adults under 65.
- 👥 Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes.

Effective therapy can prevent or delay diabetic complications. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

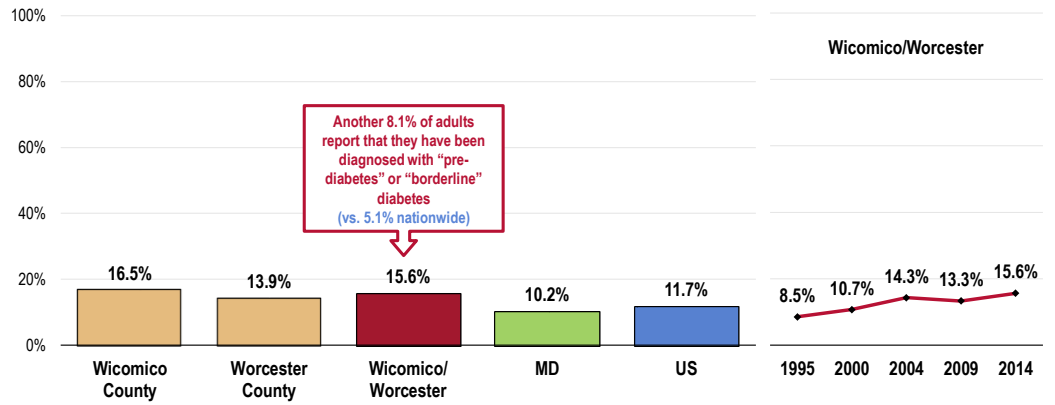
A total of 15.6% of Wicomico/Worcester adults report having been diagnosed with diabetes.

- Worse than the statewide proportion.
- Worse than the national proportion.
- Statistically similar by county.
- ☒ Marks a statistically significant increase over time.

In addition to the prevalence of diagnosed diabetes referenced above, another 8.1% of Wicomico/Worcester adults report that they have “pre-diabetes” or “borderline diabetes.”

- Worse than the national proportion.

Prevalence of Diabetes

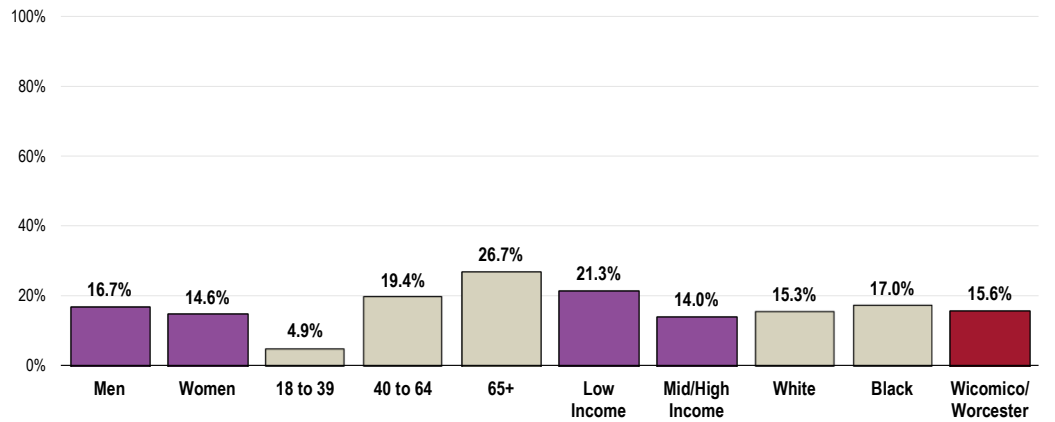


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
- Notes:
- Asked of all respondents.
 - Local and national data exclude gestation diabetes (occurring only during pregnancy).

👥 Note the strong positive correlation between diabetes and age, with 26.7% of seniors with diabetes.

Prevalence of Diabetes

(Wicomico/Worcester, 2014)



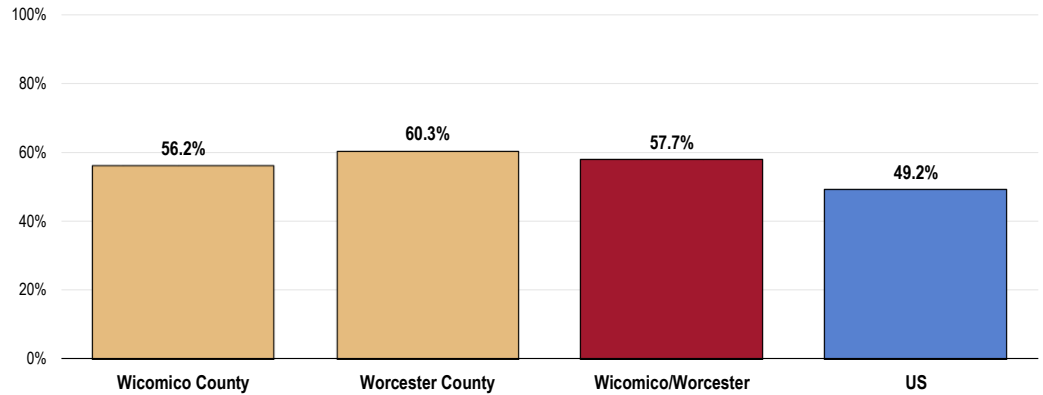
- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Wicomico/Worcester adults who have **not** been diagnosed with diabetes, **57.7%** report having had their blood sugar level tested within the past three years.

- Higher than the national proportion.
- Statistically similar by county.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents who have not been diagnosed with diabetes.

Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

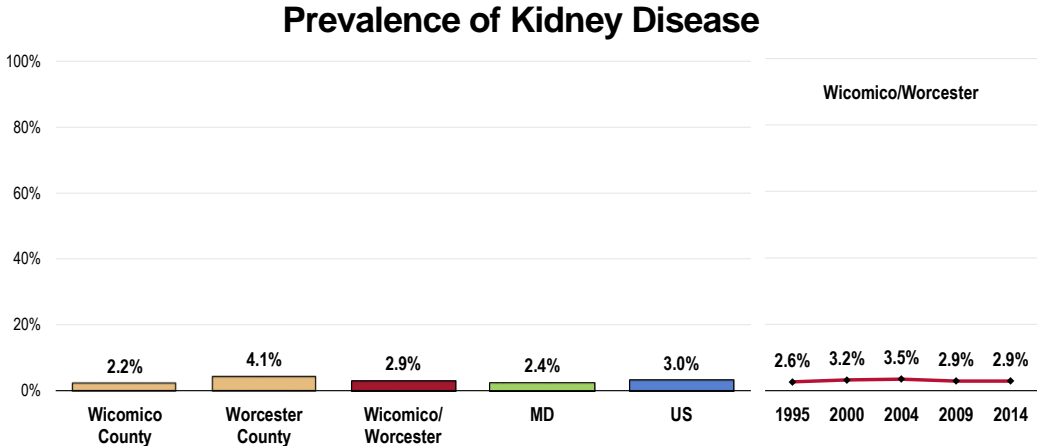
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Kidney Disease

A total of 2.9% of Wicomico/Worcester adults report having been diagnosed with kidney disease.

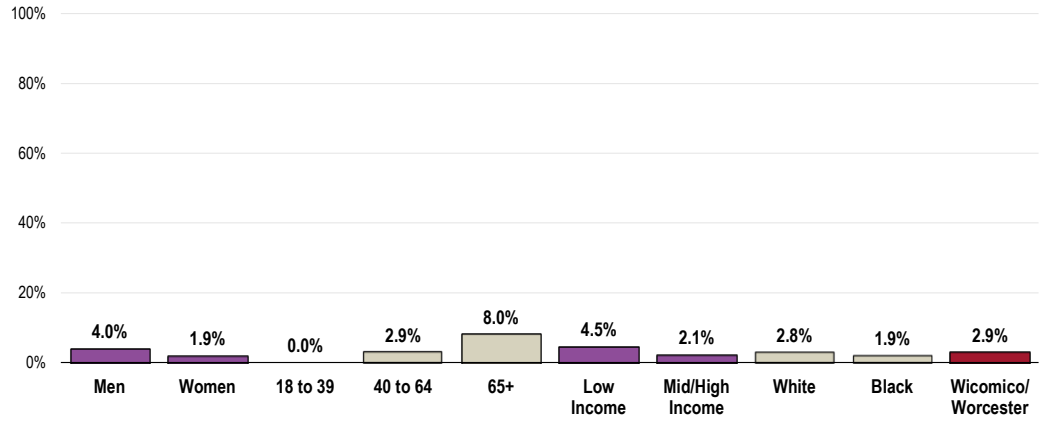
- Similar to the statewide proportion.
- Similar to the national proportion.
- Statistically similar findings between the two counties
- 📊 Statistically unchanged since 1995.



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 33]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

👥 Note the positive correlation between age and kidney disease in the Wicomico/Worcester combined area.

Prevalence of Kidney Disease (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Potentially Disabling Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

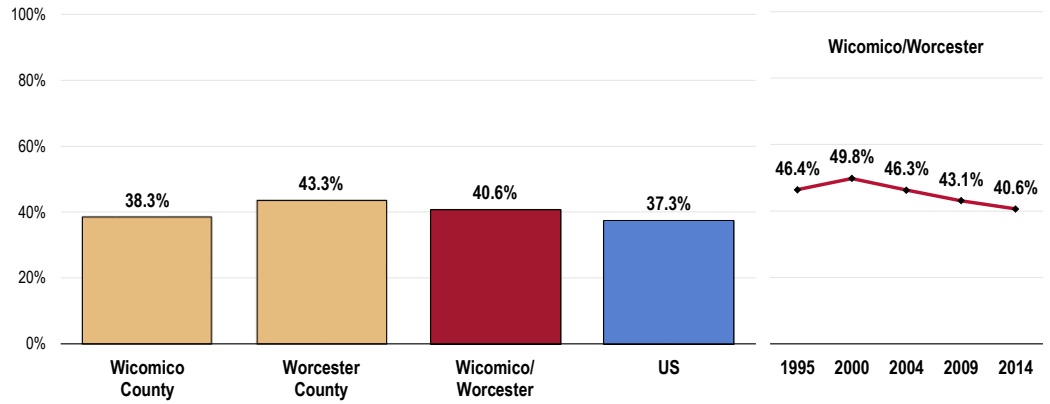
Prevalence of Arthritis/Rheumatism

A total of 40.6% of Wicomico/Worcester adults age 50 and older report suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- Comparable findings by county.
- ☒ While the decrease from 1995 survey findings is not statistically significant, note that the decrease from the 2000 prevalence marks a statistically significant decrease.

RELATED ISSUE:
See also *Activity Limitations* in the **General Health Status** section of this report.

Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



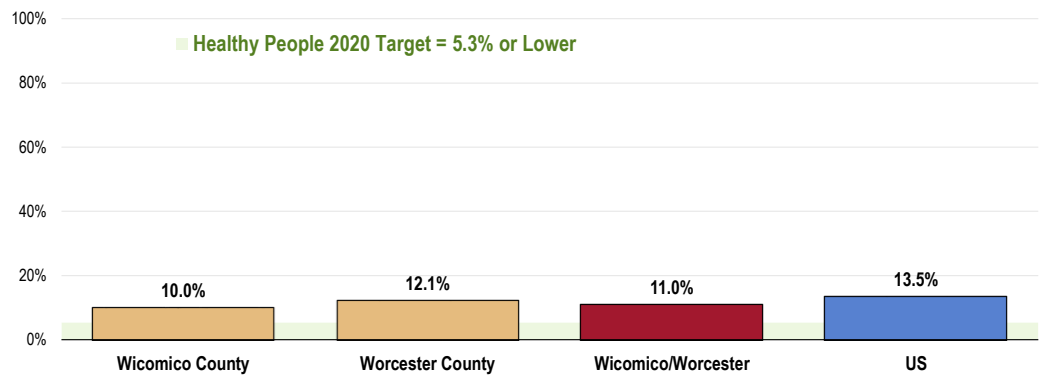
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 11.0% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Twice the Healthy People 2020 target of 5.3% or lower.
- No significant difference by county.

Prevalence of Osteoporosis (Among Adults Age 50 and Older)



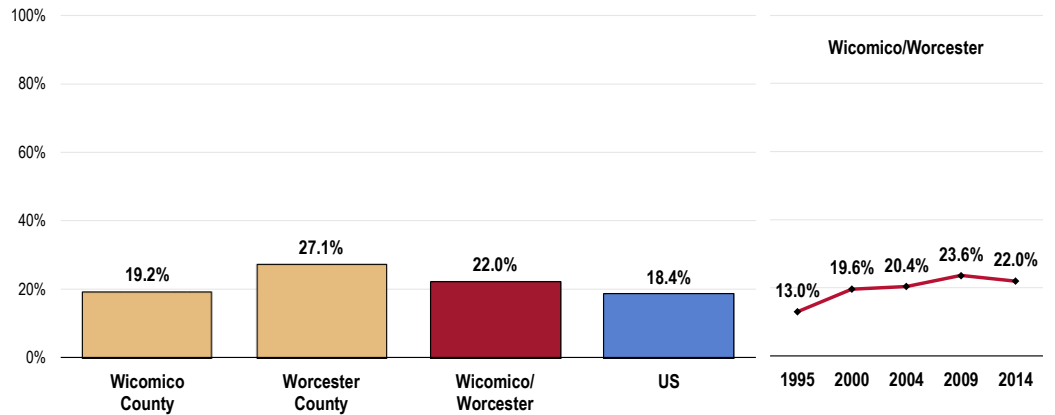
Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: ● Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 22.0% of survey respondents suffer from chronic back pain or sciatica.

- Comparable to that found nationwide.
- Unfavorably high in Worcester County.
- ▣ Denotes a statistically significant increase since 1995.

Prevalence of Sciatica/Chronic Back Pain



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Vision & Hearing Impairment

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

– Healthy People 2020 (www.healthypeople.gov)

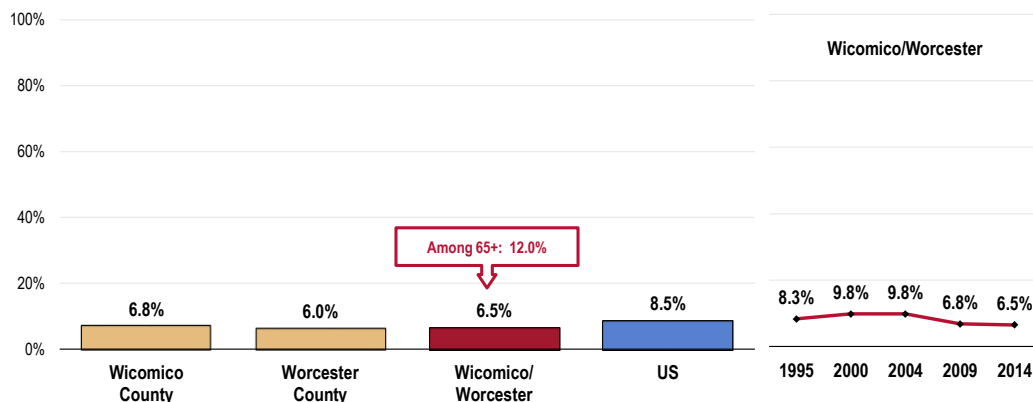
Vision Trouble

A total of 6.5% of Wicomico/Worcester adults are blind, or have trouble seeing even when wearing corrective lenses.

- Similar to the national prevalence.
- Similar findings by county.
- 📊 Statistically unchanged over time.
- 👥 Among Wicomico/Worcester adults age 65 and older, 12.0% have vision trouble.

RELATED ISSUE:
See also *Vision Care* in the **Access to Health Services** section of this report.

Prevalence of Blindness/Trouble Seeing



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Hearing Trouble

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

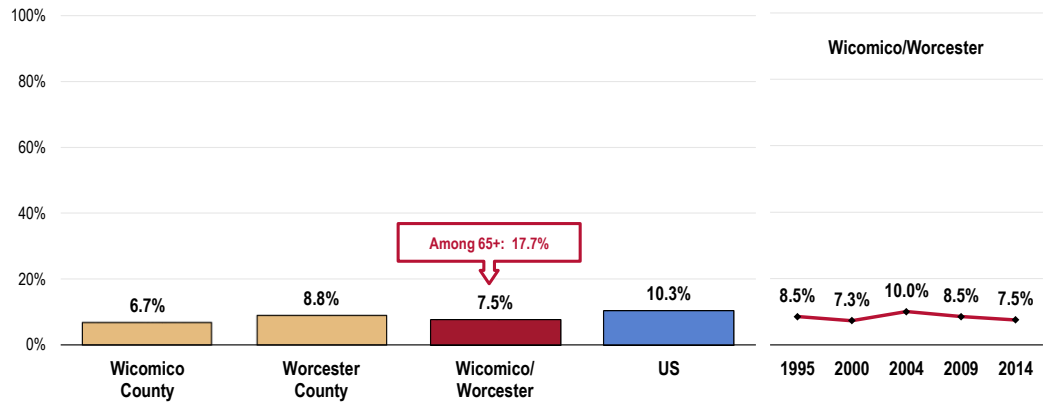
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

– Healthy People 2020 (www.healthypeople.gov)

In all, 7.5% of Wicomico/Worcester adults report being deaf or having difficulty hearing.

- Lower than that found nationwide.
- Similar by county.
- ☒ The prevalence has been stable over time.
- 👥 Among Wicomico/Worcester adults age 65 and older, 17.7% have partial or complete hearing loss.

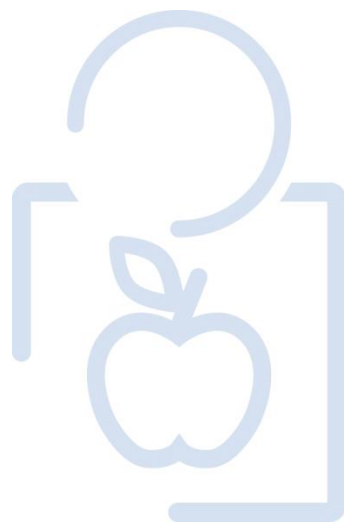
Prevalence of Deafness/Trouble Hearing



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

INFECTIOUS DISEASE



Influenza & Pneumonia Vaccination

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

– Healthy People 2020 (www.healthypeople.gov)

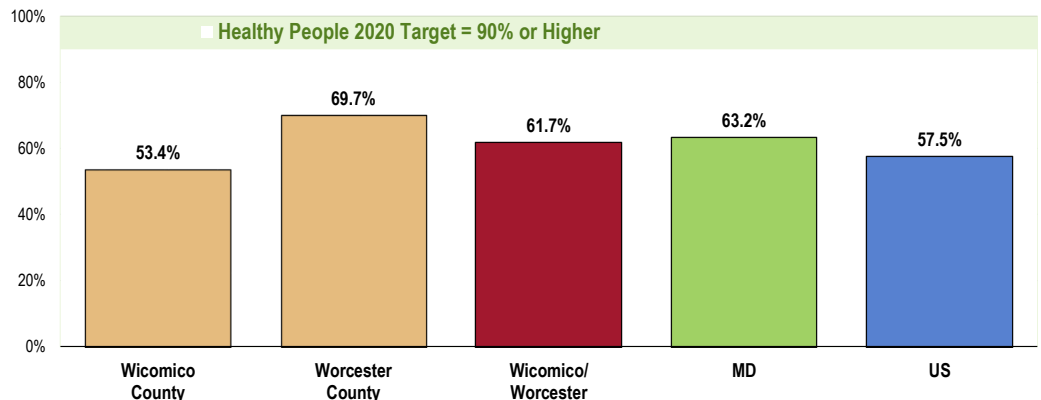
Flu Vaccinations

Among Wicomico/Worcester seniors, 61.7% received a flu shot (or FluMist®) within the past year.

- Comparable to the Maryland finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (90% or higher).
- Unfavorably low in Wicomico County.

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 144]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.7]

Notes: ● Reflects respondents 65 and older.
● Includes FluMist as a form of vaccination.

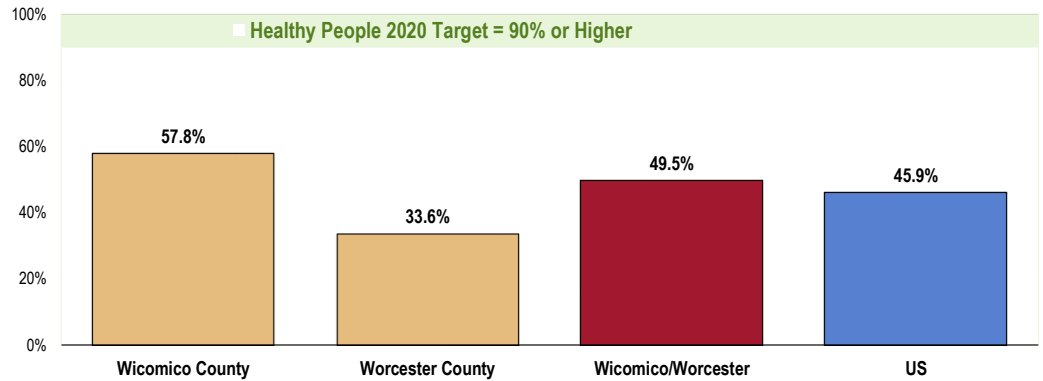
High-Risk Adults

A total of 49.5% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Far from satisfying the Healthy People 2020 target (90% or higher).
- Unfavorably low in Worcester County.

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year (Among High-Risk Adults Age 18-64)



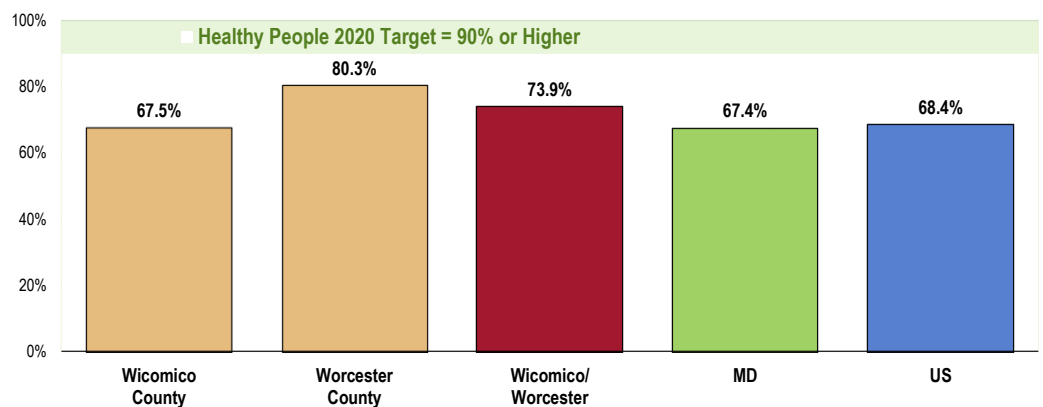
- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.6]
- Notes:
- Reflects high-risk respondents age 18-64.
 - "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 - Includes FluMist as a form of vaccination.

Pneumonia Vaccination

Among adults age 65 and older, 73.9% have received a pneumonia vaccination at some point in their lives.

- Statistically similar to the Maryland finding.
- Statistically similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by county.

Older Adults: Have Ever Had a Pneumonia Vaccine (Among Adults Age 65+)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]
- Notes:
- Reflects respondents 65 and older.

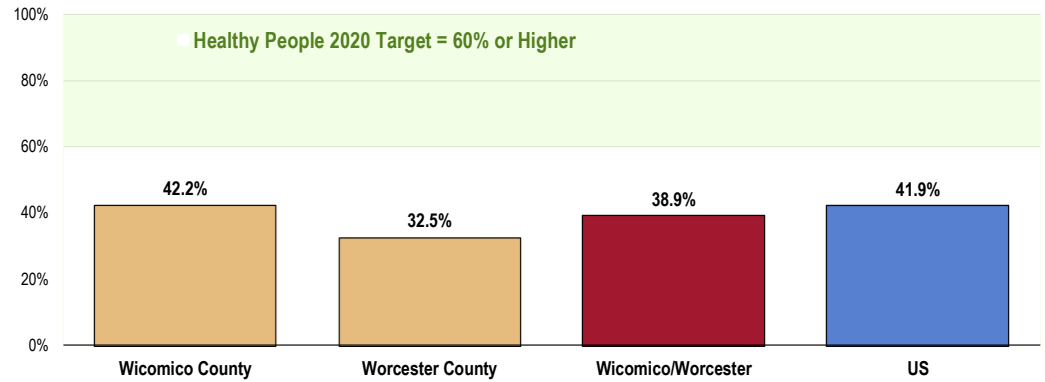
High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 38.9% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- Statistically comparable by county.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine (Among High-Risk Adults Age 18-64)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]
- Notes:
- Asked of all high-risk respondents under 65.
 - “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

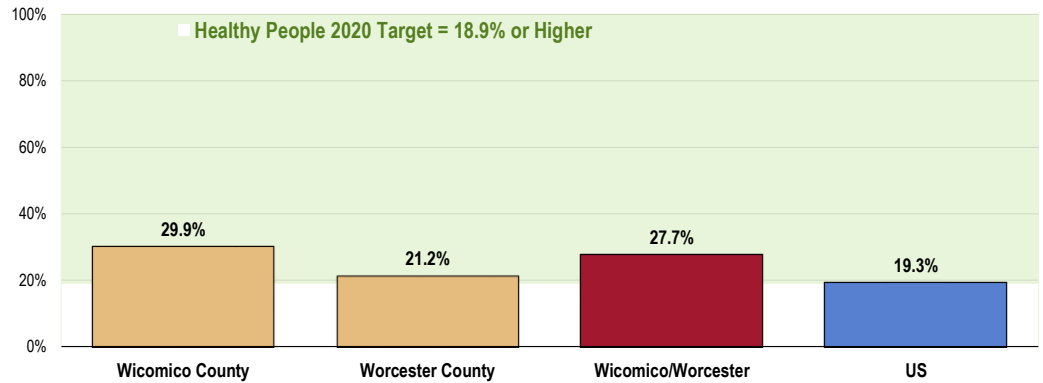
– Healthy People 2020 (www.healthypeople.gov)

HIV Testing

Among Wicomico/Worcester adults age 18-44, 27.7% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Higher than the proportion found nationwide.
- Satisfies the Healthy People 2020 target of 18.9% or higher.
- No statistical difference by county.

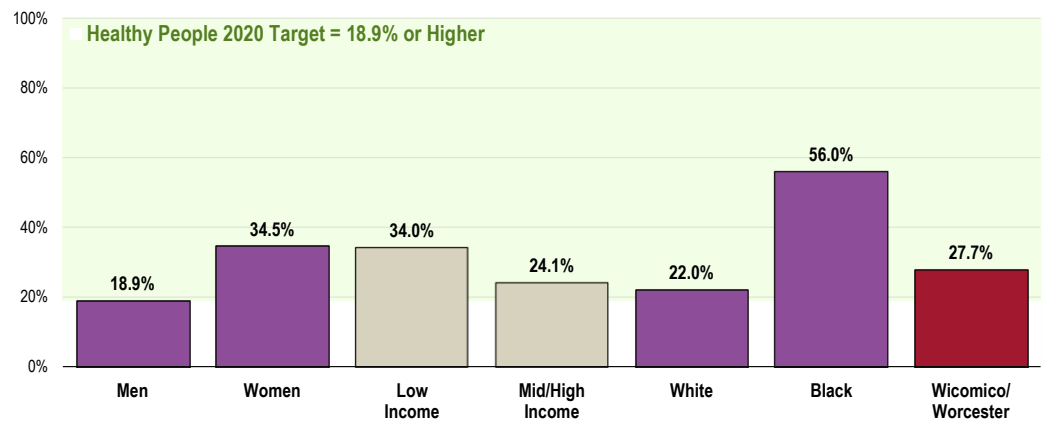
Tested for HIV in the Past Year (Among Adults Age 18-44)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
- Notes:
- Reflects respondents age 18 to 44.
 - Note that the Healthy People 2020 objective is for ages 15-44.

👥 Among adults age 18 to 44, women, lower-income residents, and Blacks more often report having been tested for HIV in the past year.

Tested for HIV in the Past Year (Among Adults Age 18-44)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-14.1]
- Notes:
- Reflects respondents age 18 to 44.
 - Note that the Healthy People 2020 objective is for ages 15-44.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.
- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and access to care or health-seeking behavior is compromised.
- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.
- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.
- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.
- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, that person is at higher risk for STDs than an individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

Hepatitis B

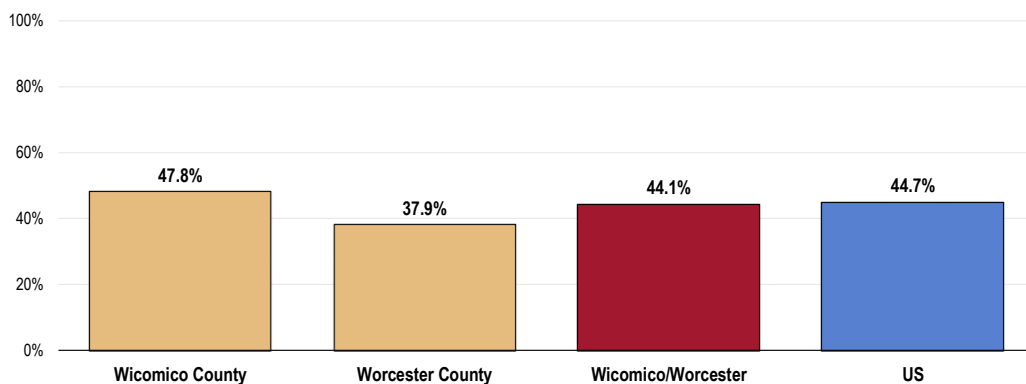
Hepatitis B Vaccination

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Based on survey data, more than 4 in 10 residents (44.1%) report having received the hepatitis B vaccination series.

- Nearly identical to the US prevalence.
- Lower in Worcester County.

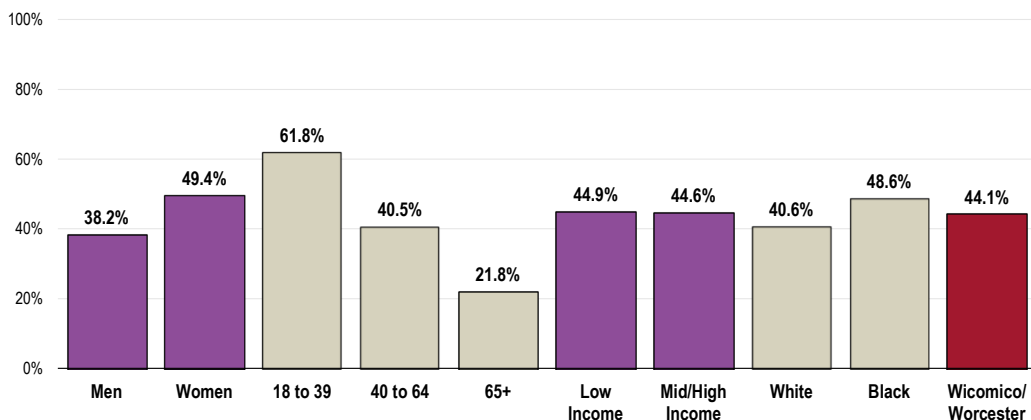
Have Completed the Hepatitis B Vaccination Series



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes a series of three shots, usually administered at least one month between shots

- 👥 Note the negative correlation between age and hepatitis B vaccination.
- 👥 In addition, women are more likely than men to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series (Wicomico/Worcester, 2014)



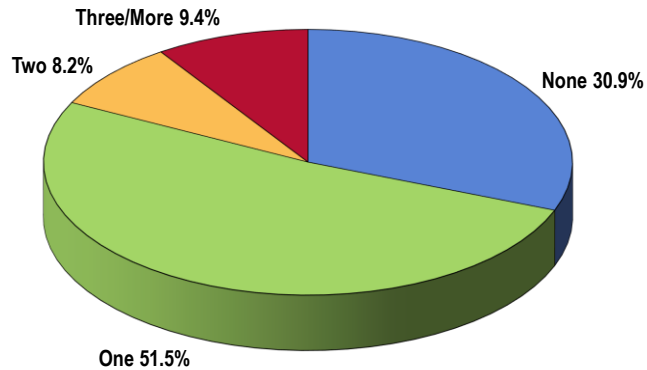
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 73]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried Wicomico/Worcester adults under 65, the vast majority cites having one (51.5%) or no (30.9%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; Wicomico/Worcester, 2014)

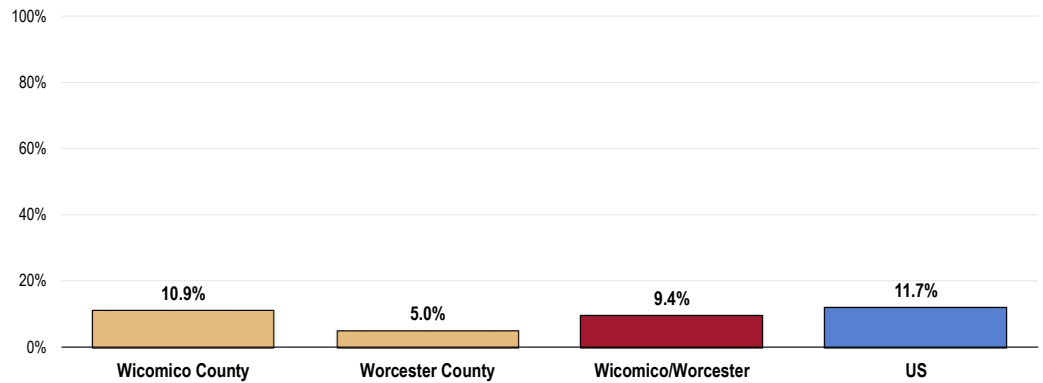


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 9.4% report three or more sexual partners in the past year.



- Comparable to that reported nationally.
- Statistically comparable by county.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)

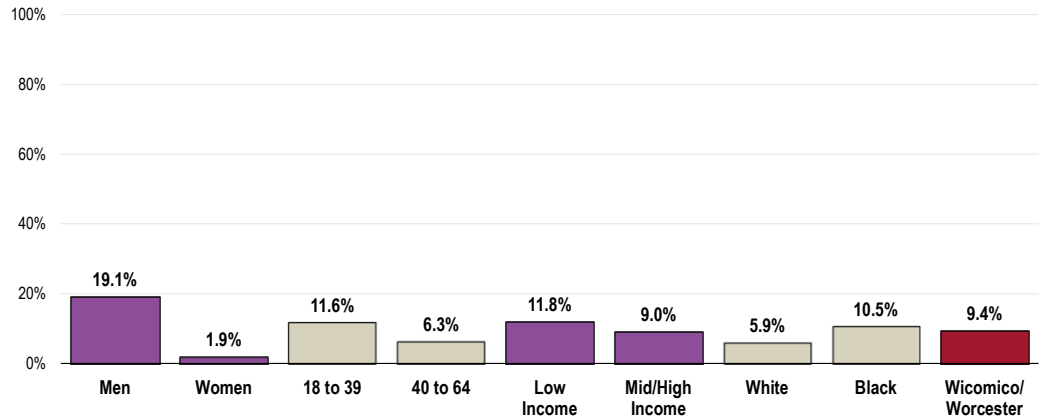


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

-  Men.
-  Residents age 18 to 39.

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64; Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]

Notes: • Asked of all unmarried respondents under the age of 65.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

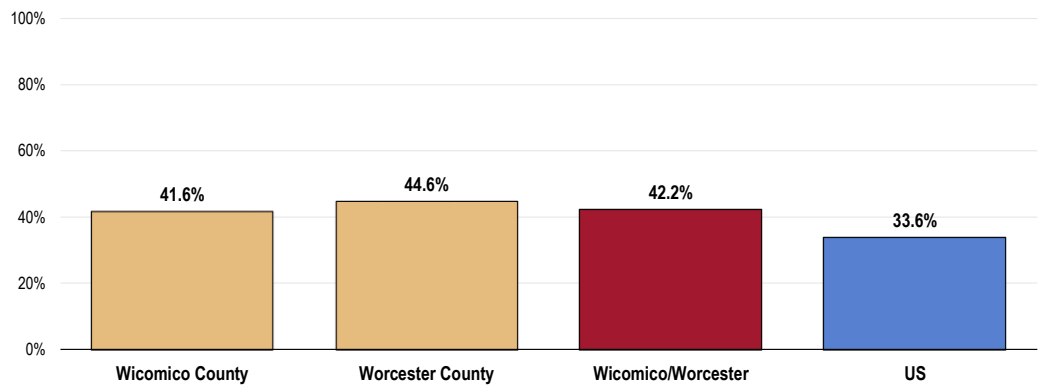
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Condom Use

Among Wicomico/Worcester adults who are under age 65 and unmarried, 42.2% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.
- Similar findings by county.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]

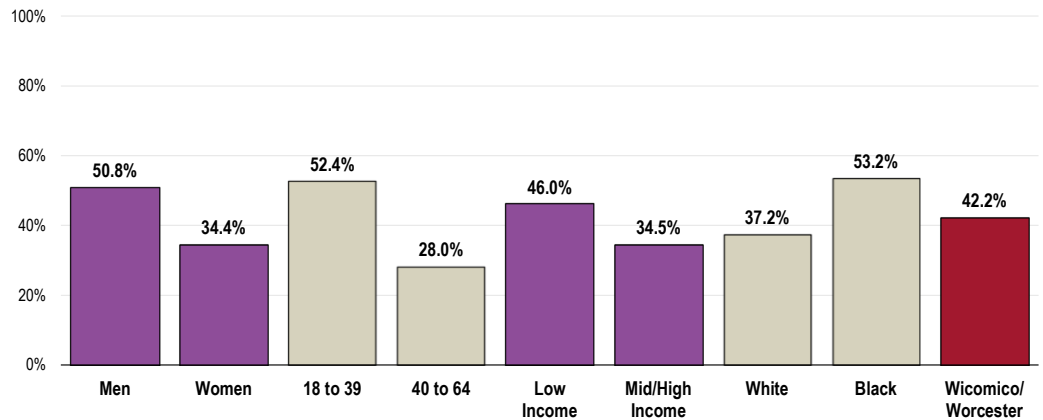
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- 👥 Women.
- 👥 Residents age 40 through 64.
- 👥 Respondents with higher incomes.
- 👥 Whites.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64; Wicomico/Worcester, 2014)



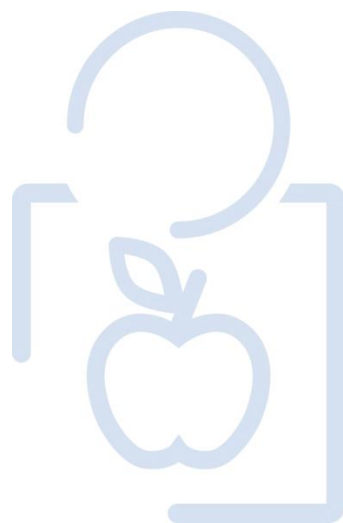
Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]

Notes: ● Asked of all unmarried respondents under the age of 65.

● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

MODIFIABLE HEALTH RISKS



Actual Causes Of Death

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

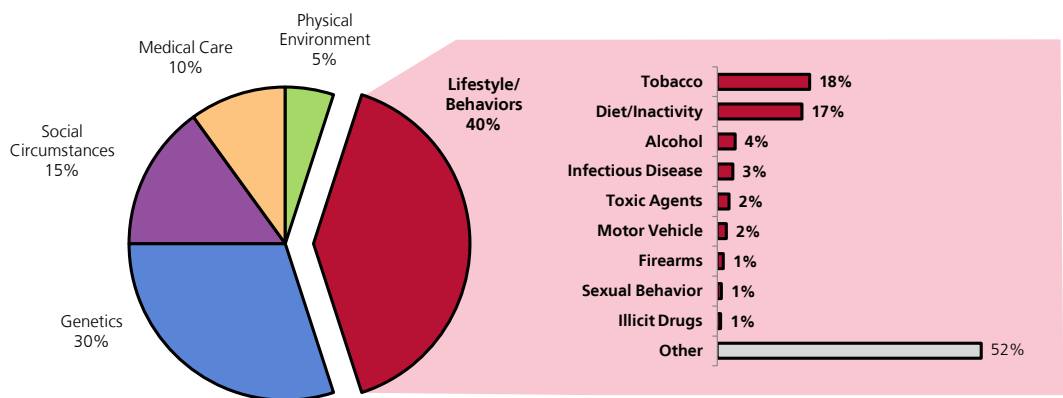
These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic lung disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

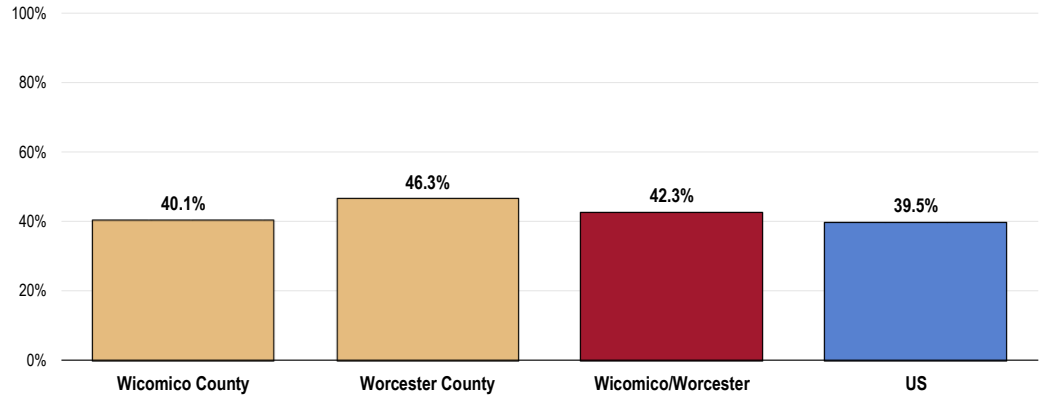
Daily Recommendation of Fruits/Vegetables

A total of 42.3% of Wicomico/Worcester adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.
- Similar by county.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

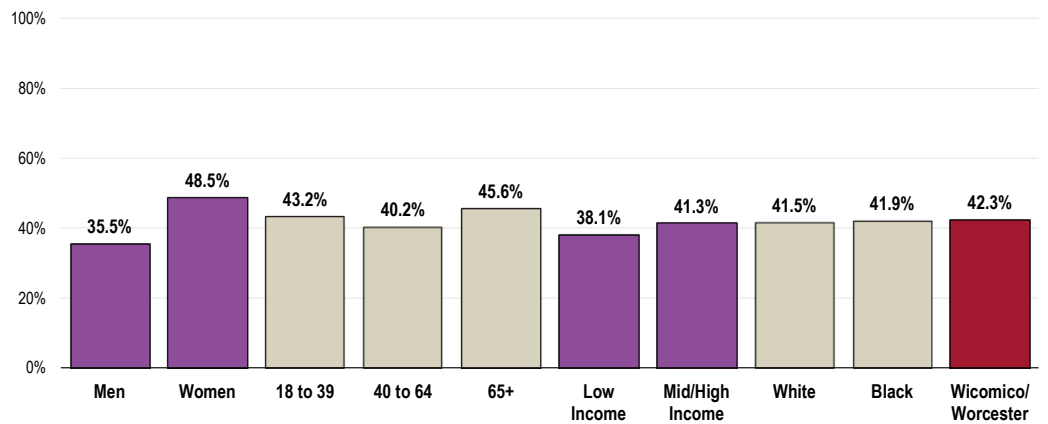
Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall their food intake on the previous day.

👤 Area men are less likely to get the recommended servings of daily fruits and vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day (Wicomico/Worcester, 2014)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 150]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - For this issue, respondents were asked to recall their food intake on the previous day.

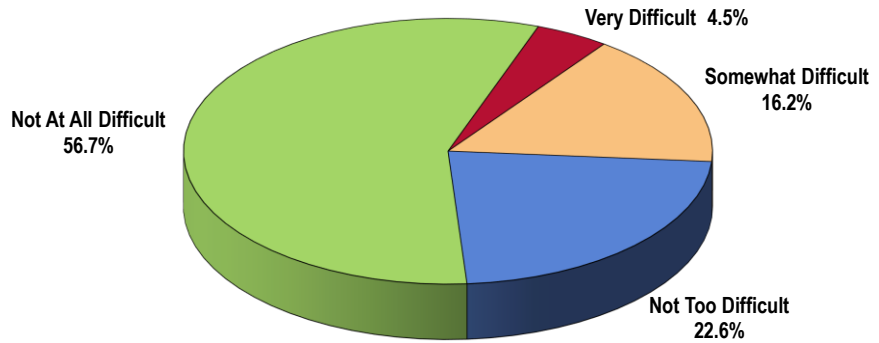
Access to Fresh Produce

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

While most report little or no difficulty, 20.7% of Wicomico/Worcester adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

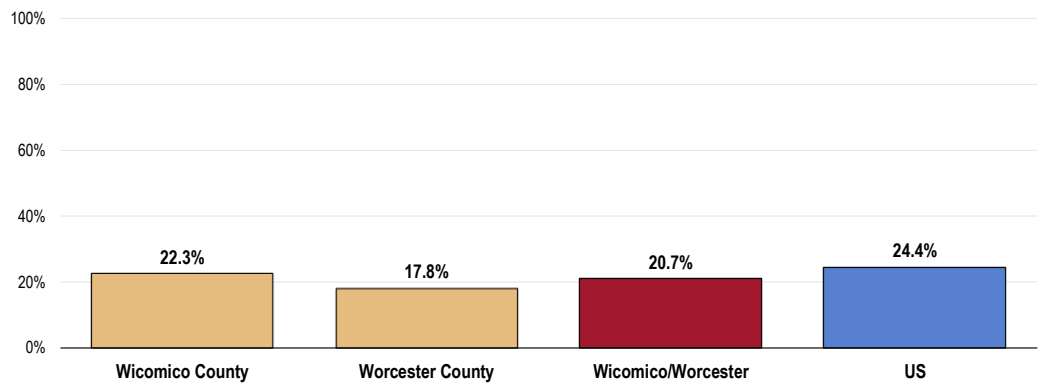
Level of Difficulty Finding Fresh Produce at an Affordable Price (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: • Asked of all respondents.



- Comparable to national findings.
- Comparable findings by county.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

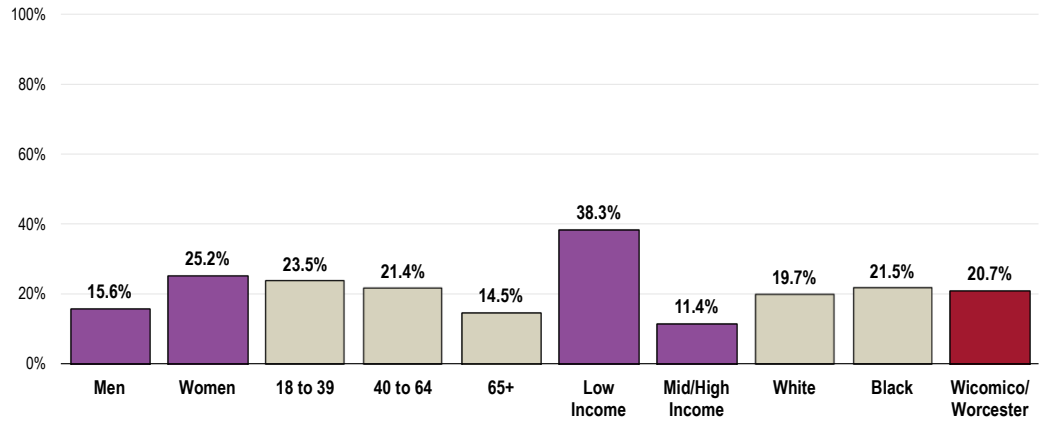


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

-  Women.
-  Lower-income residents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Wicomico/Worcester, 2014)




Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 94]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

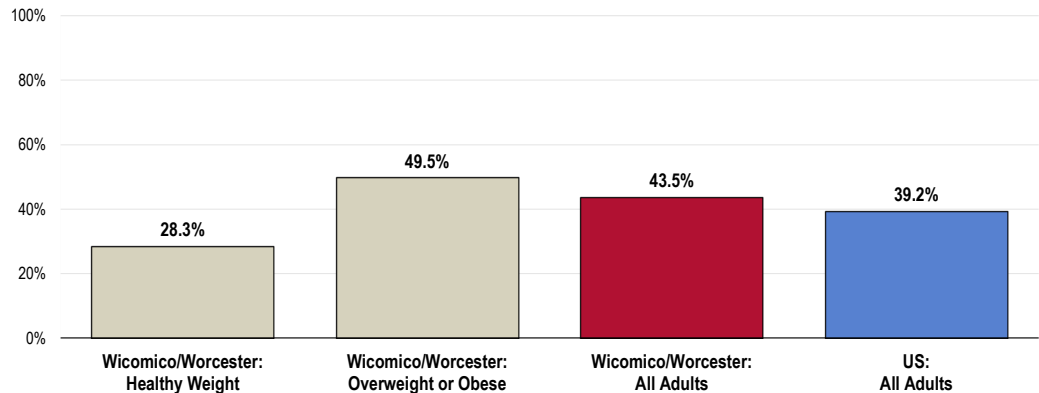
Health Advice About Diet & Nutrition

A total of 43.5% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.

 Note: Among overweight/obese respondents, 49.5% report receiving diet/nutrition advice (meaning that one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

– Healthy People 2020 (www.healthypeople.gov)

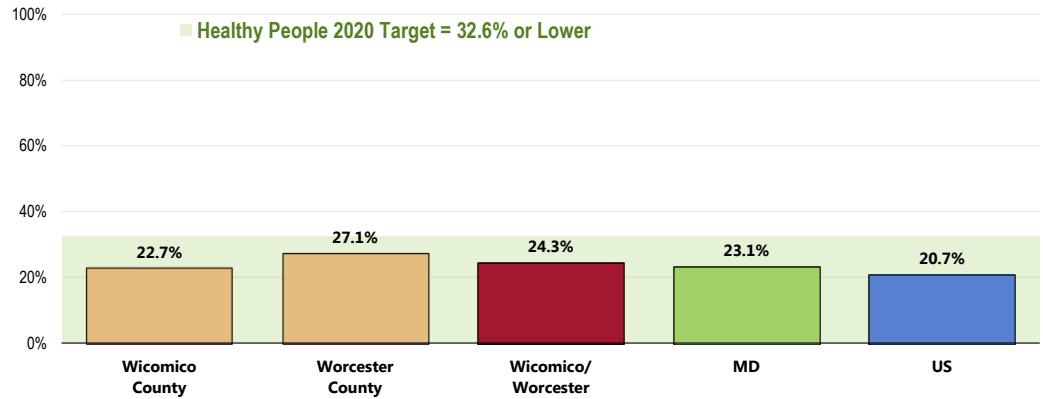
Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 24.3% of Wicomico/Worcester adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- Comparable to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Comparable findings by county.

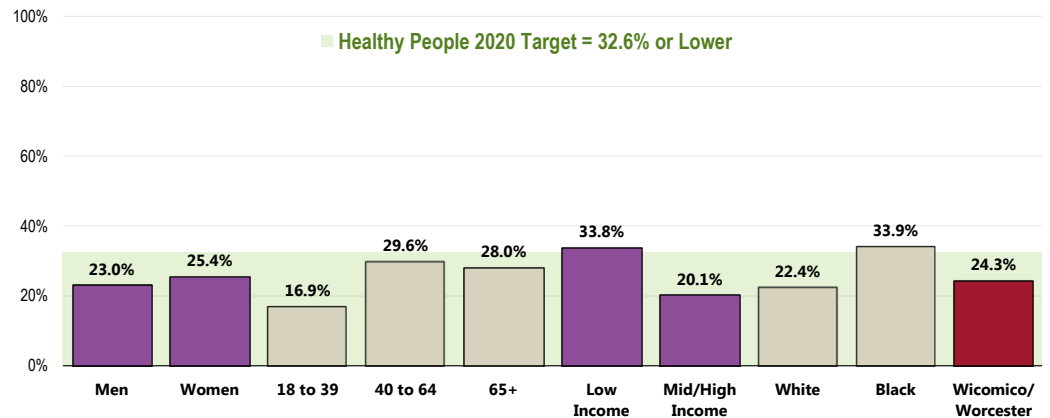
No Leisure-Time Physical Activity in the Past Month



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.

👥 Lack of leisure-time physical activity in the area is higher among adults age 40 and older, lower-income residents, and Blacks.

No Leisure-Time Physical Activity in the Past Month (Wicomico/Worcester, 2014)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 95]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

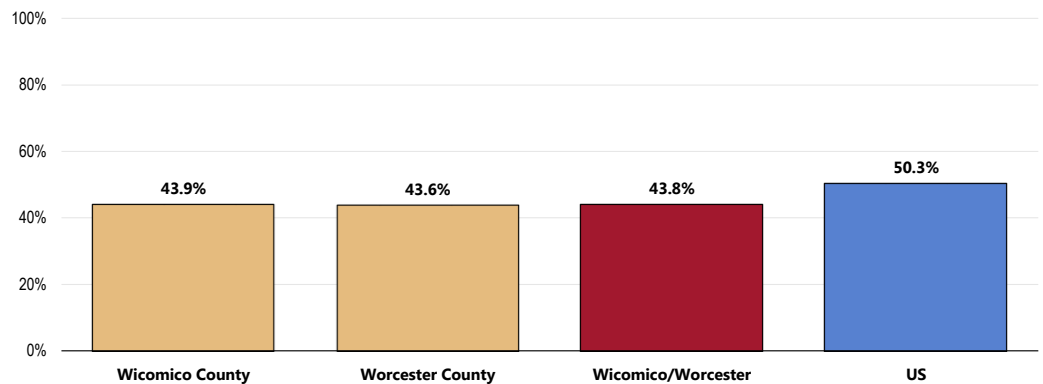
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 43.8% of Wicomico/Worcester adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Less favorable than national findings.
- Similar findings by county.

Meets Physical Activity Recommendations



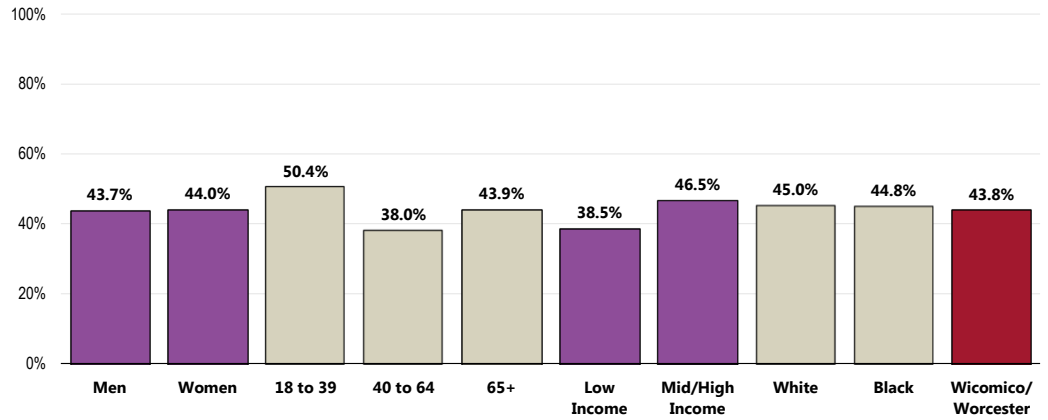
Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

👥 Adults age 40 to 64 are less likely to meet physical activity requirements.

Meets Physical Activity Recommendations (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

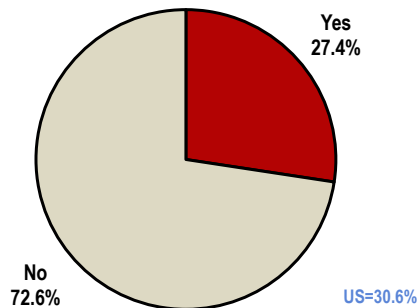
A total of 27.4% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Similar to the national level.
- Similar findings by county (not shown).

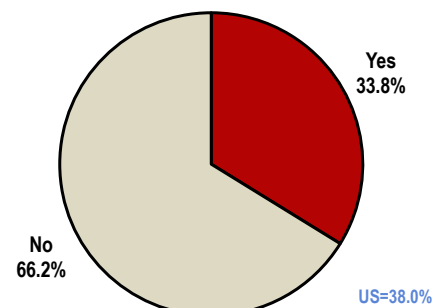
One-third (33.8%) of adults participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Statistically comparable to the nationwide figure.
- Nearly identical findings by county (not shown).

Moderate & Vigorous Physical Activity (Wicomico/Worcester, 2014)



Moderate Physical Activity



Vigorous Physical Activity

Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 152-153]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
 • Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

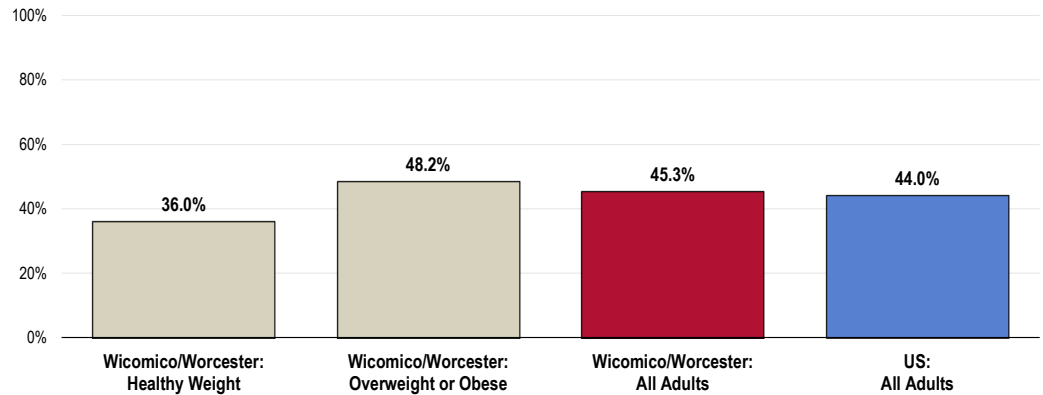
Health Advice About Physical Activity & Exercise

A total of 45.3% of Wicomico/Worcester adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Similar to the national average.

††† Note: 48.2% of overweight/obese respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

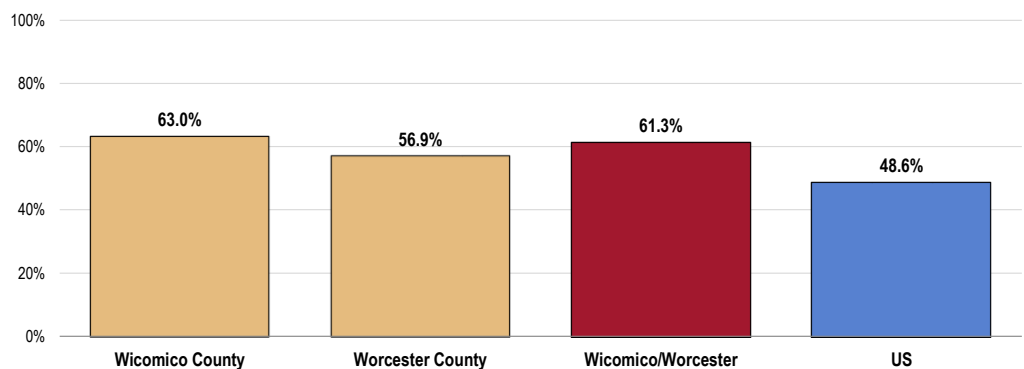
Notes: • Asked of all respondents.

Children's Physical Activity

Among Wicomico/Worcester children age 2 to 17, 61.3% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- More favorable than found nationally.
- Similar findings by county.

Child Is Physically Active for One or More Hours per Day (Among Children Age 2-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m ²)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Healthy Weight

"Healthy weight" means neither underweight, nor overweight (BMI = 18.5-24.9).

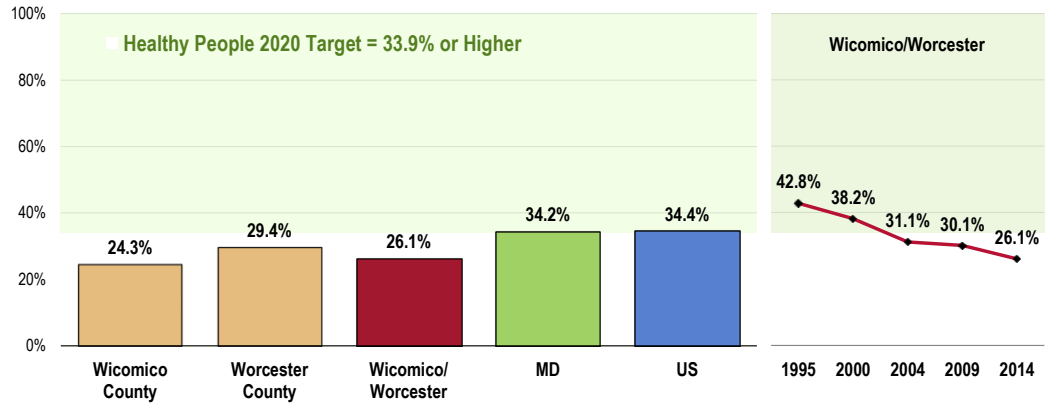
Based on self-reported heights and weights, only 26.1% of Wicomico/Worcester adults are at a healthy weight.

- Below the statewide prevalence.
- Below the national prevalence.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Statistically similar by county.

⚡ Denotes a dramatic decrease over time.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes: ● Based on reported heights and weights, asked of all respondents.
 ● The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

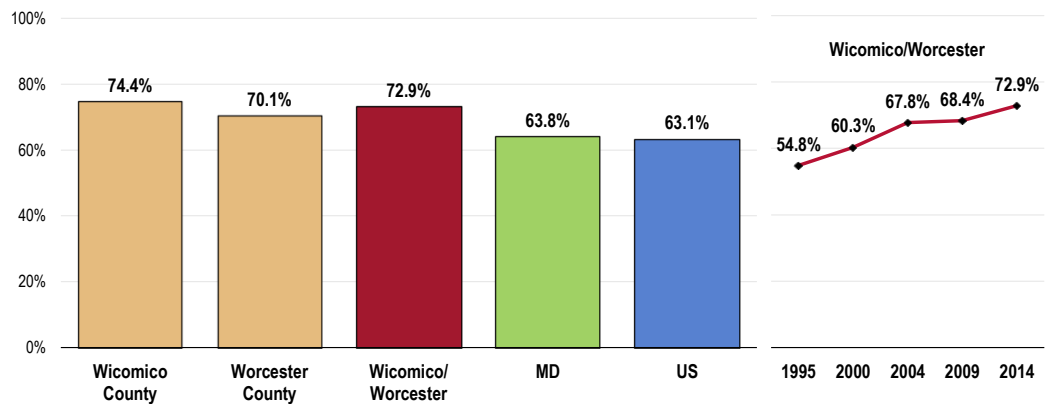
More than 7 in 10 Wicomico/Worcester adults (72.9%) are overweight.

- Much higher than the Maryland prevalence.
- Much higher than the US overweight prevalence.
- Similar findings by county.

⚡ Denotes a statistically significant increase since 1995.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.

Notes: ● Based on reported heights and weights, asked of all respondents.
 ● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

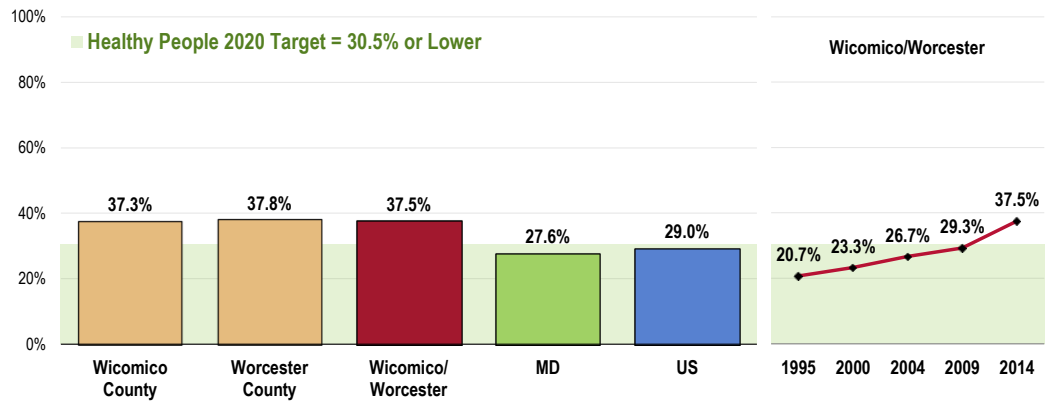
“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥ 30 .

Further, 37.5% of Wicomico/Worcester adults are obese.

- Less favorable than Maryland findings.
 - Less favorable than US findings.
 - Fails to satisfy the Healthy People 2020 target (30.6% or lower).
 - Nearly identical by county.
- ☒ Denotes a statistically significant increase in obesity since 1995.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

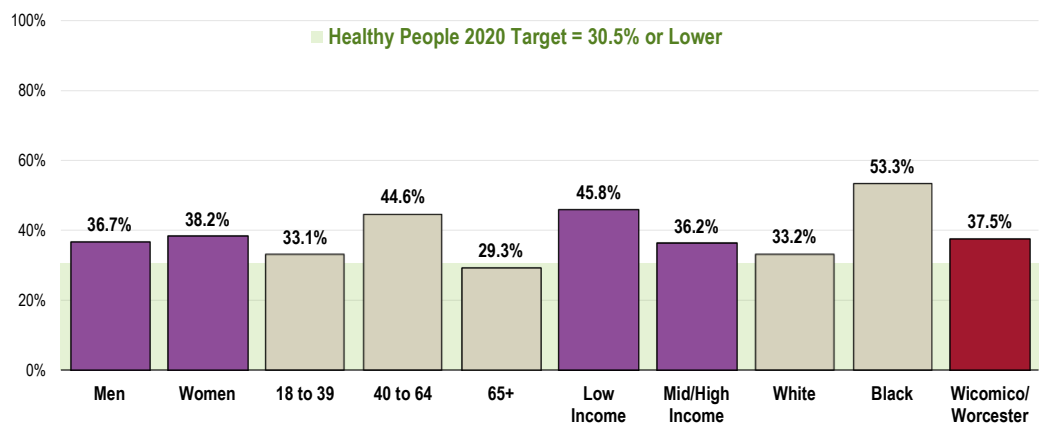


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

☒ Obesity is notably more prevalent among those between the ages of 40 and 64 and Black residents.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Wicomico/Worcester, 2014)

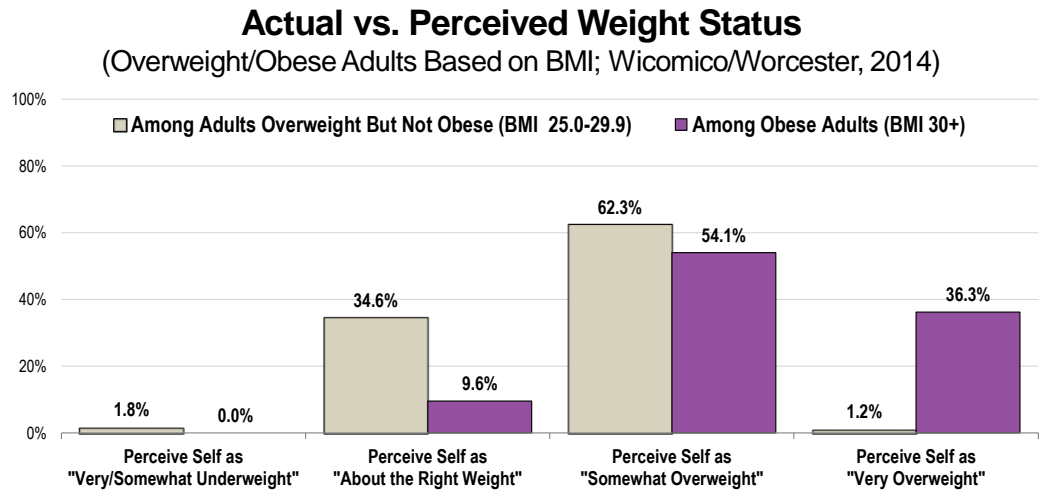


- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 9.6% of obese adults and 34.6% of overweight (but not obese) adults feel that their current weight is “about right.”

- 62.3% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 36.3% of obese adults see themselves as “very overweight.”



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes: ● BMI is based on reported heights and weights, asked of all respondents.

● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

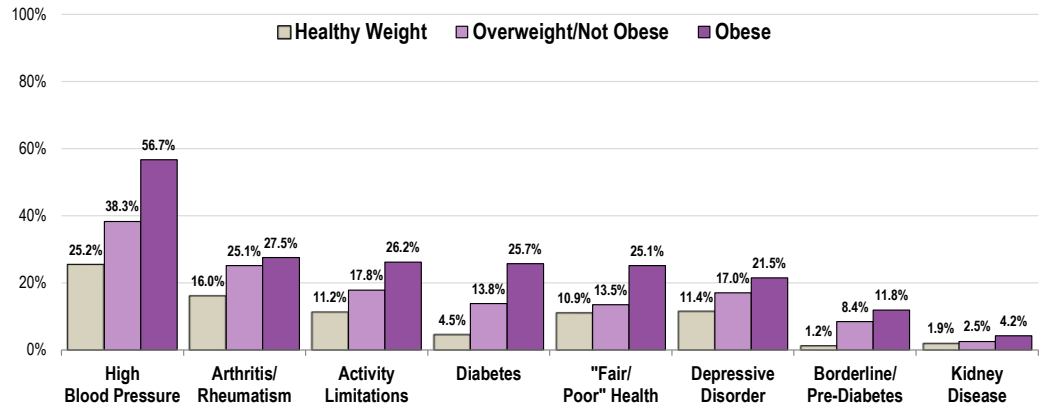
Among these are:

- Hypertension (high blood pressure).
- Arthritis/rheumatism.
- Activity limitations.
- Diabetes.
- “Fair” or “poor” physical health.
- Depressive disorder.
- Borderline/pre-diabetes.
- Kidney disease.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 28, 33, 106, 108, 128, 139]
 Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice

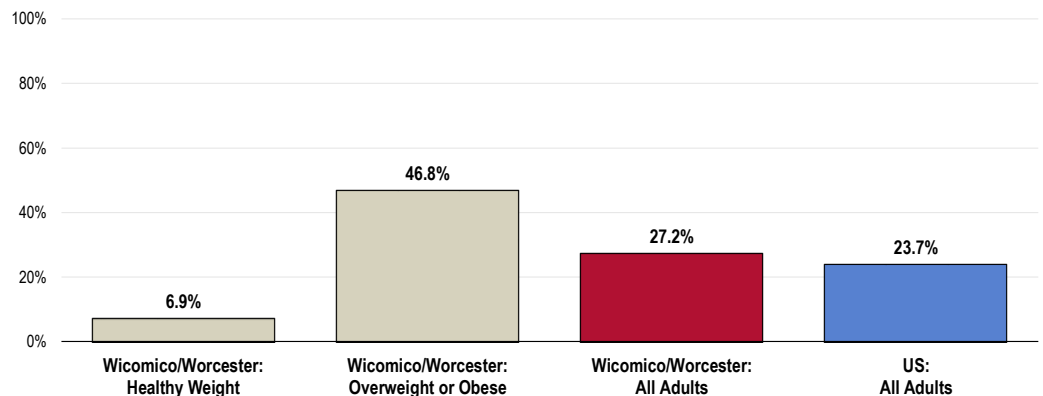
A total of 27.2% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.

👥 Note that 46.8% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over one-half has not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

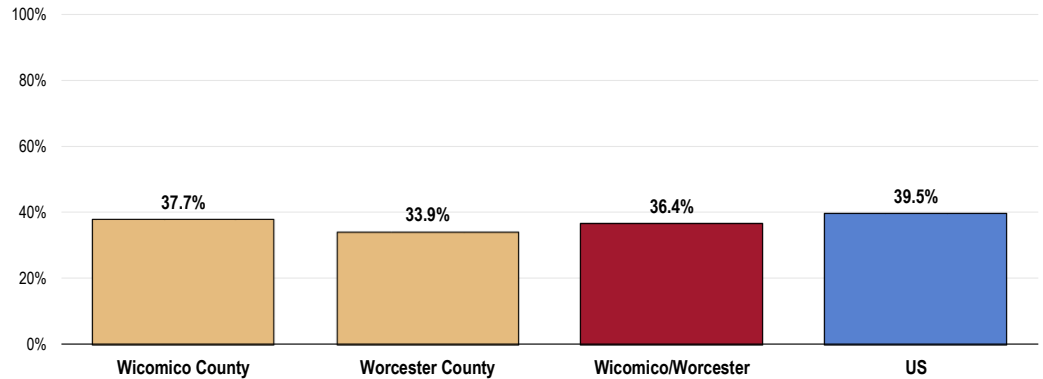
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 36.4% of Wicomico/Worcester adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Similar findings by county.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Among Overweight or Obese Respondents)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

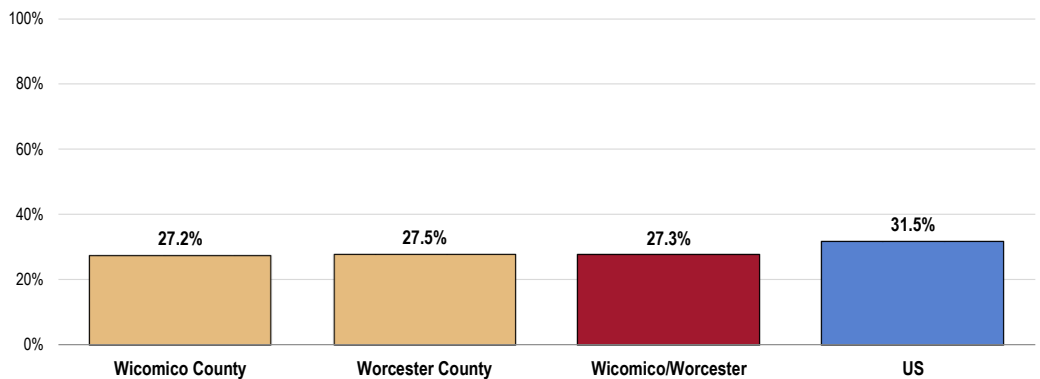
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 27.3% of Wicomico/Worcester children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to that found nationally.
- The prevalence is nearly identical by county.

Child Total Overweight Prevalence

(Percent of Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

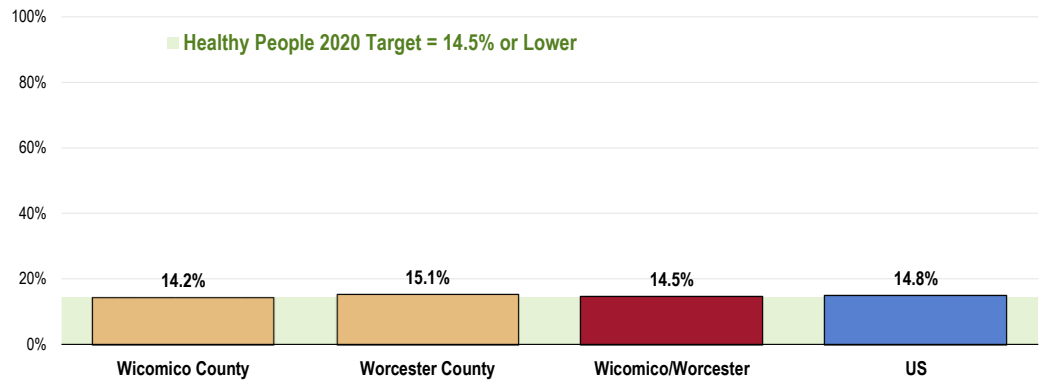
Notes: ● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 14.5% of Wicomico/Worcester children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage of obesity among children.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Similar findings by county.

Child Obesity Prevalence

(Percent of Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 162]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]

Notes: • Asked of all respondents with children age 5-17 at home.

• Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Substance Abuse

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America's youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)

High-Risk Alcohol Use

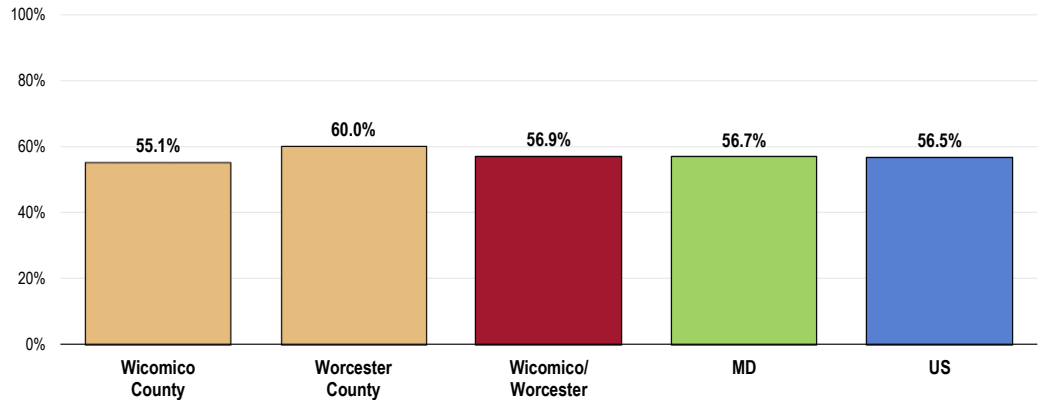
Current Drinking

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 56.9% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.
- Similar by county.

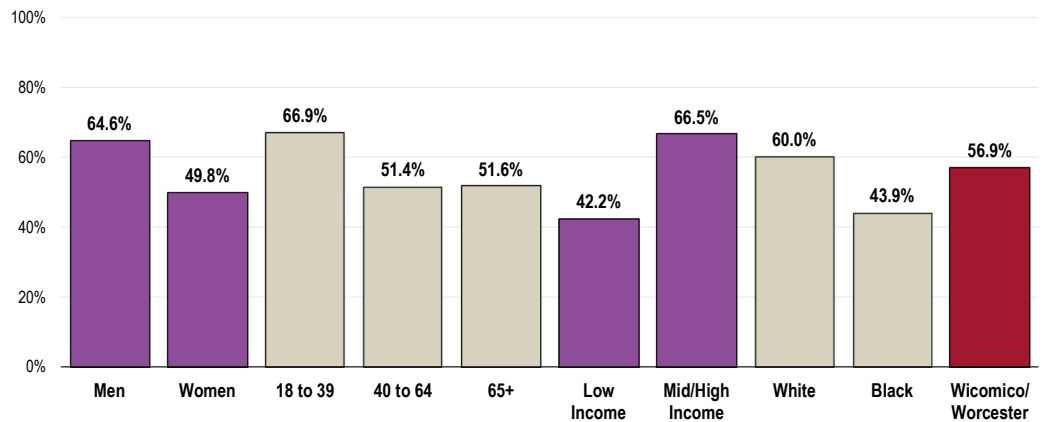
Current Drinkers



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Current drinkers had at least one alcoholic drink in the past month.

👤 Current drinking is more prevalent among men, adults under 40, upper-income residents, and Whites.

Current Drinkers (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
 • Current drinkers had at least one alcoholic drink in the past month.

Chronic Drinking

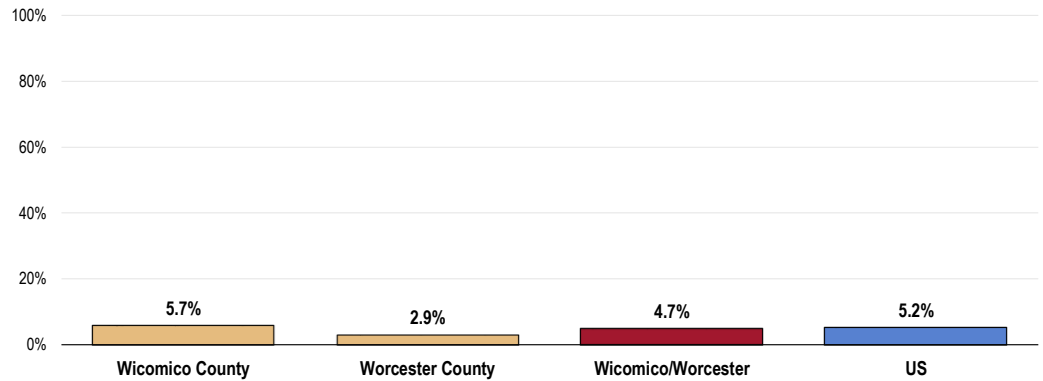
A total of 4.7% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the national proportion.
- Statistically similar by county.

RELATED ISSUE:
See also *Stress* in the **Mental Health & Mental Disorders** section of this report.

“Chronic drinkers” include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

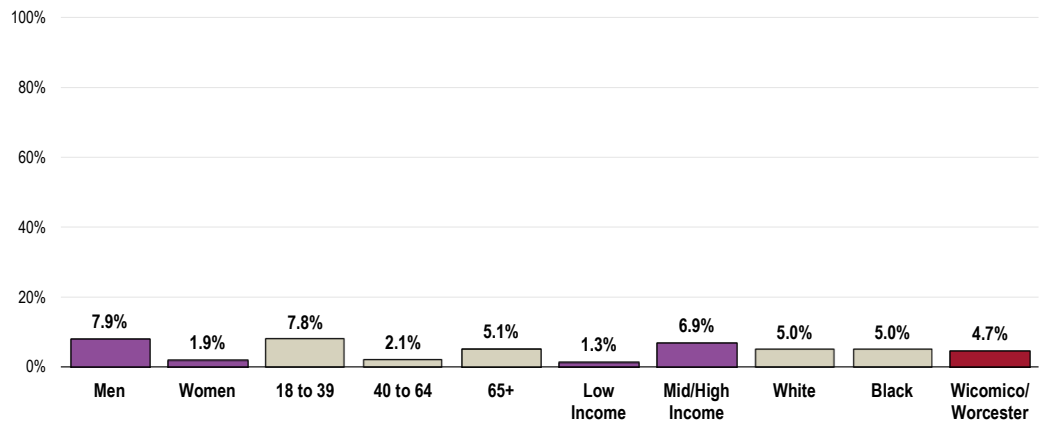
Chronic Drinkers



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

👤 Chronic drinking is more prevalent among men, young adults, and residents in households with higher incomes.

Chronic Drinkers (Wicomico/Worcester, 2014)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
 - Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

"Binge drinkers" include:

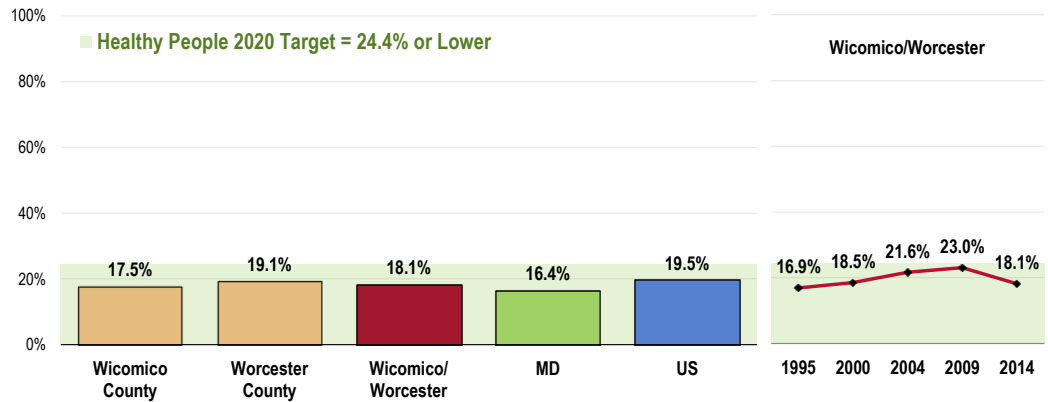
1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 18.1% of Wicomico/Worcester adults are binge drinkers.

- Similar to Maryland findings.
 - Similar to national findings.
 - Satisfies the Healthy People 2020 target (24.3% or lower).
 - Statistically similar by county.
- ☒ Binge drinking increased significantly in Wicomico/Worcester between 1995 and 2009, but has since dropped to a level statistically similar to the 1995 percentage (note, however, that the previous definition for binge drinking was five or more drinks, regardless of gender).

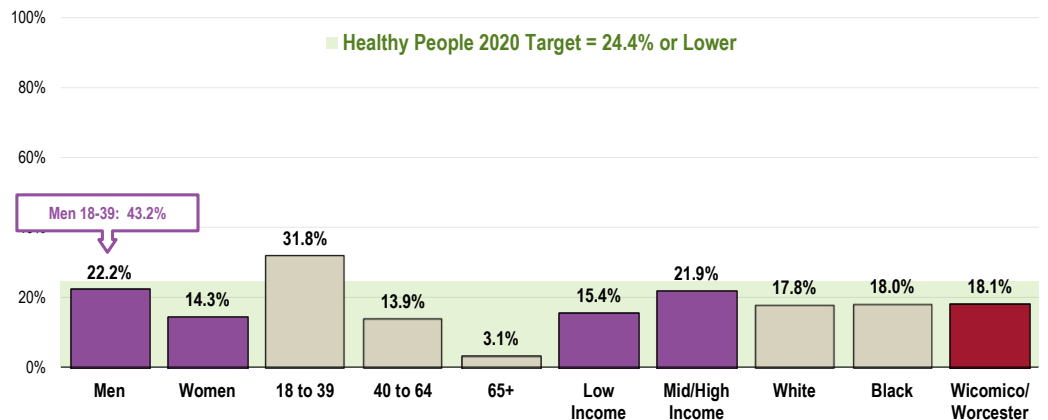
Binge Drinkers



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Maryland data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
- Notes:
- Asked of all respondents.
 - Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

☒ Binge drinking is especially high among men (especially those under age 40) and young adults (note the negative correlation with age).

Binge Drinkers (Wicomico/Worcester, 2014)



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 169-170]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-14.3]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

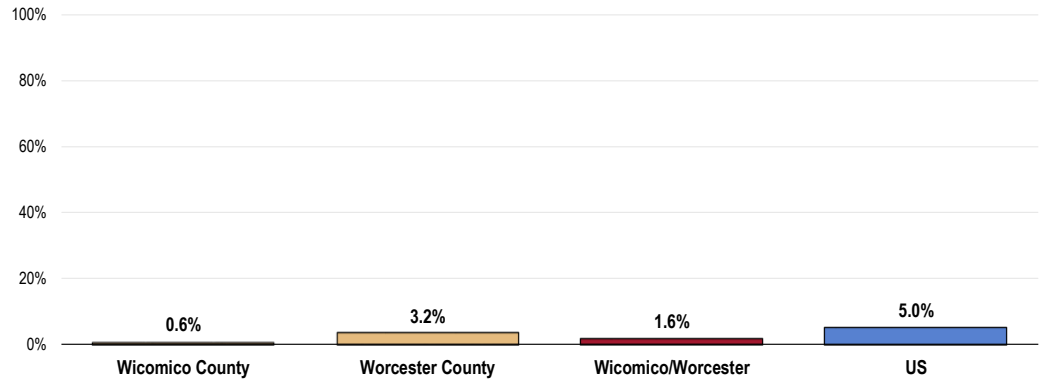
Drinking & Driving

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

A total of 1.6% of Wicomico/Worcester adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- More favorable than the national findings.
- Higher in Worcester County than in Wicomico County.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 68]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

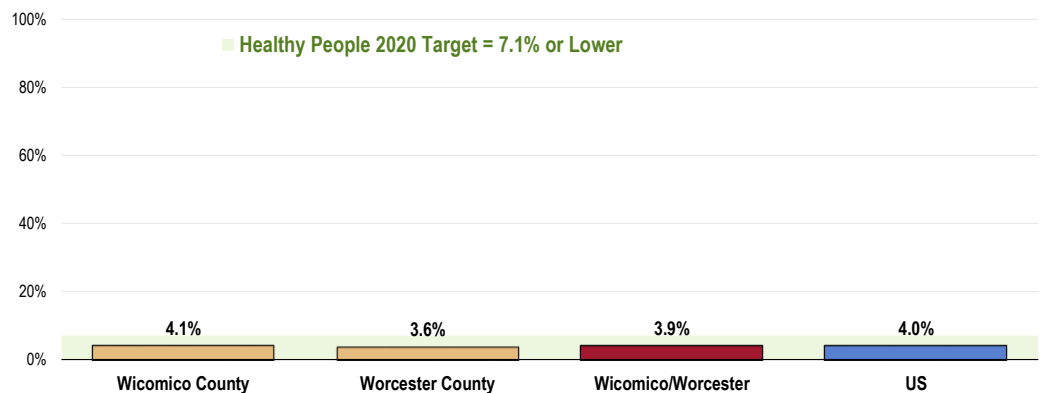
Illicit Drug Use

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

A total of 3.9% of Wicomico/Worcester adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Similar to the Healthy People 2020 target of 7.1% or lower.
- Similar findings by county.

Illicit Drug Use in the Past Month



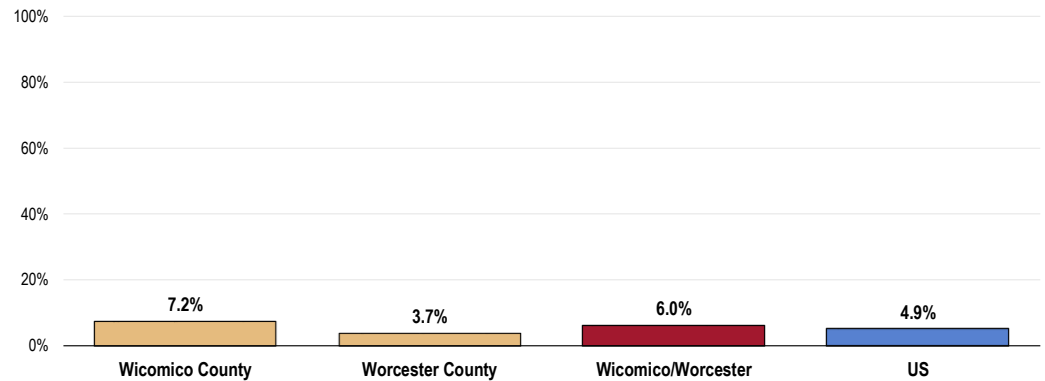
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 6.0% of Wicomico/Worcester adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Statistically similar by county.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US \$193 billion annually in direct medical expenses and lost productivity.

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

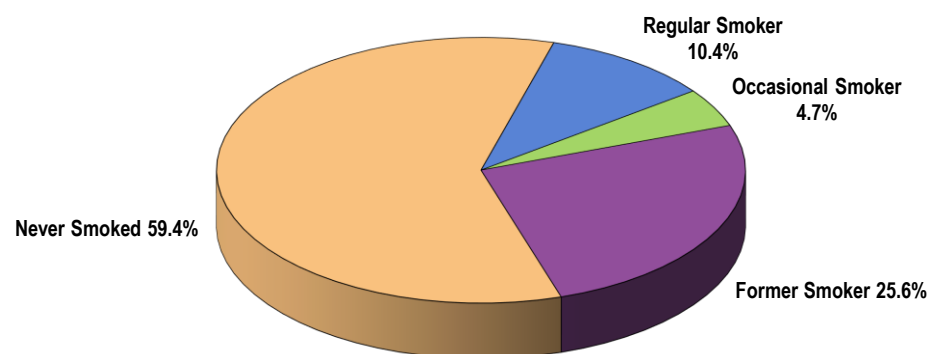
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 15.1% of Wicomico/Worcester adults currently smoke cigarettes, either regularly (10.4% every day) or occasionally (4.7% on some days).

Cigarette Smoking Prevalence
(Wicomico/Worcester, 2014)

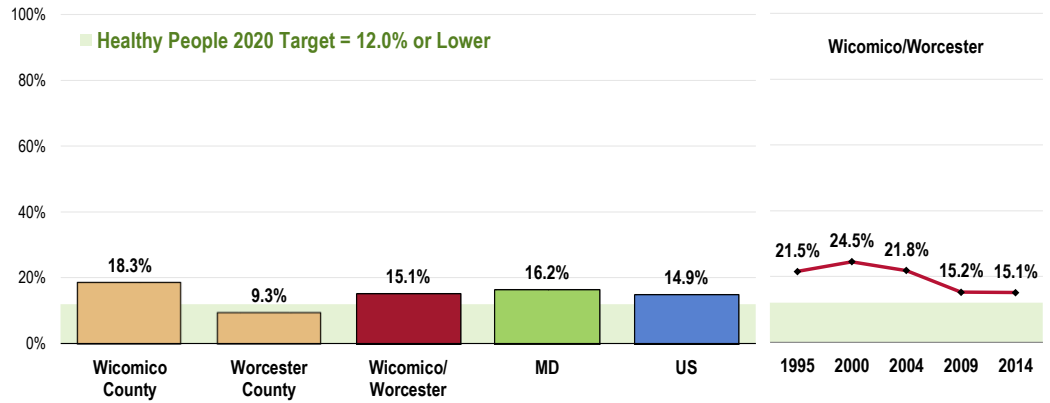


Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: ● Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.

- Fails to satisfy the Healthy People 2020 target (12% or lower).
- Least favorable in Wicomico County.
- ☒ The current smoking percentage marks a statistically significant decrease since 1995.

Current Smokers



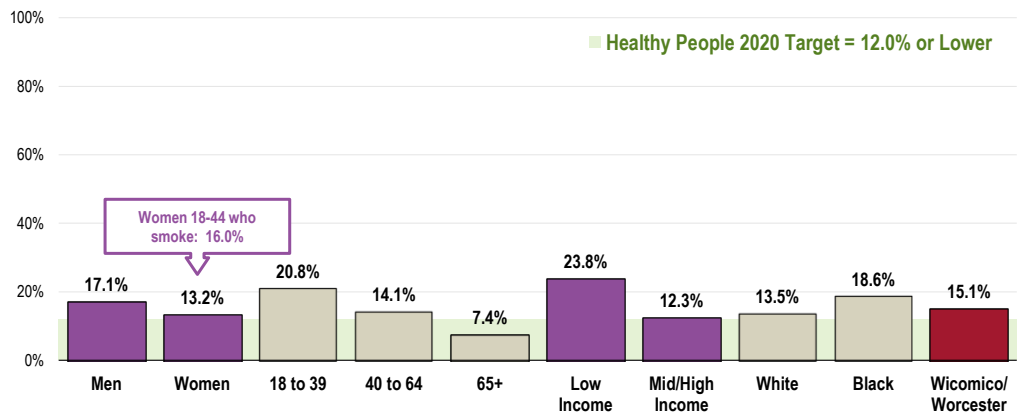
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: ● Asked of all respondents.
 ● Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

Cigarette smoking is more prevalent among:

- ☺ Adults under 40 (note the negative correlation with age).
- ☺ Lower-income residents.
- ☺ Note also that 16.0% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers (Wicomico/Worcester, 2014)



Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 163-164]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● Includes regular and occasion smokers (everyday and some days).

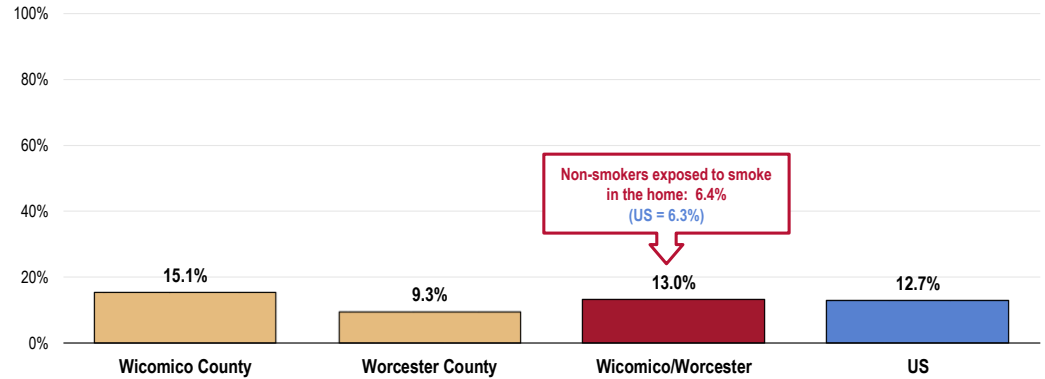
Environmental Tobacco Smoke

A total of 13.0% of Wicomico/Worcester adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Unfavorably high in Wicomico County.

👤 Note that 6.4% of Wicomico/Worcester non-smokers are exposed to cigarette smoke at home, almost identical to what is found nationally.

Member of Household Smokes at Home

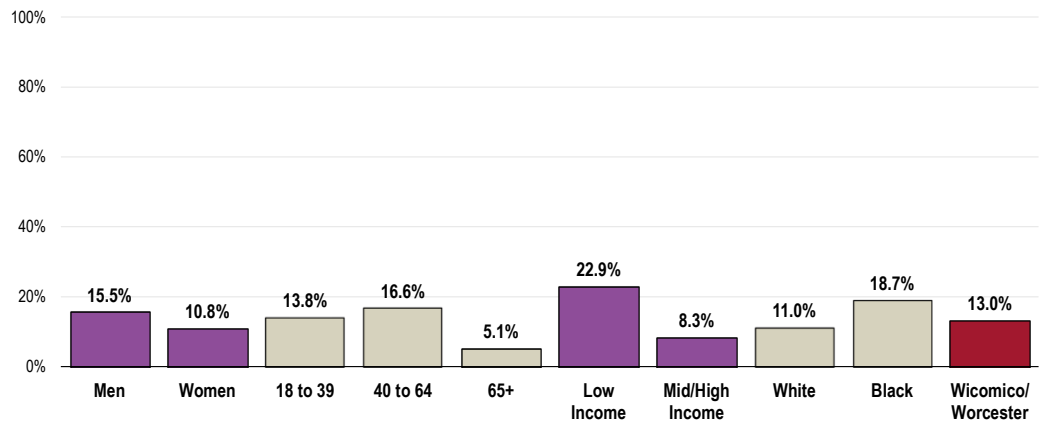


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 62, 165]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

👤 Smoke in the home is statistically higher among residents under 65 and those living in lower-income households.

Member of Household Smokes At Home (Wicomico/Worcester, 2014)



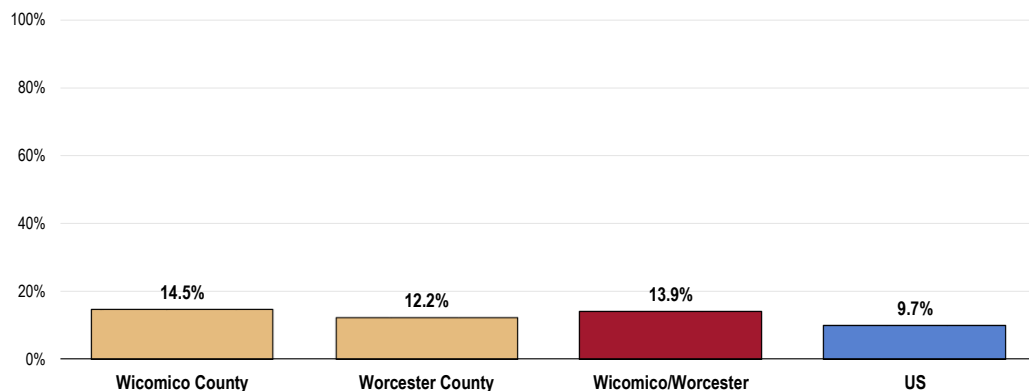
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 62]

Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 13.9% have someone who smokes cigarettes in the home.

- Comparable to national findings.
- Comparable findings by county.

Percentage of Households With Children In Which Someone Smokes in the Home



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

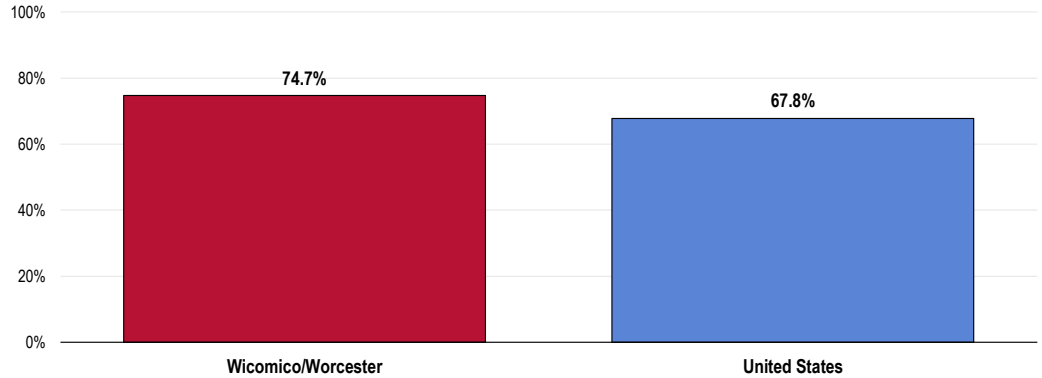
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 74.7% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically similar to the national percentage.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all current smokers.

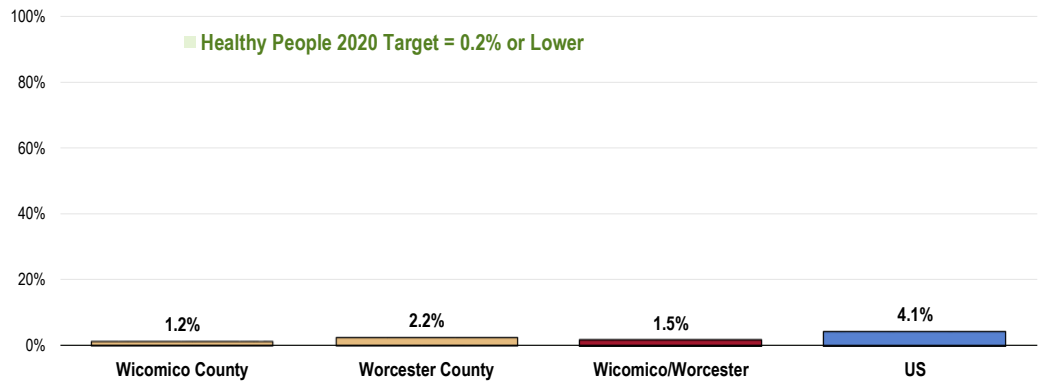
Other Tobacco Use

Cigars

A total of 1.5% of Wicomico/Worcester adults use cigars every day or on some days.

- Well below the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- Similar findings by county.

Use of Cigars



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 64]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
 Notes: • Asked of all respondents.

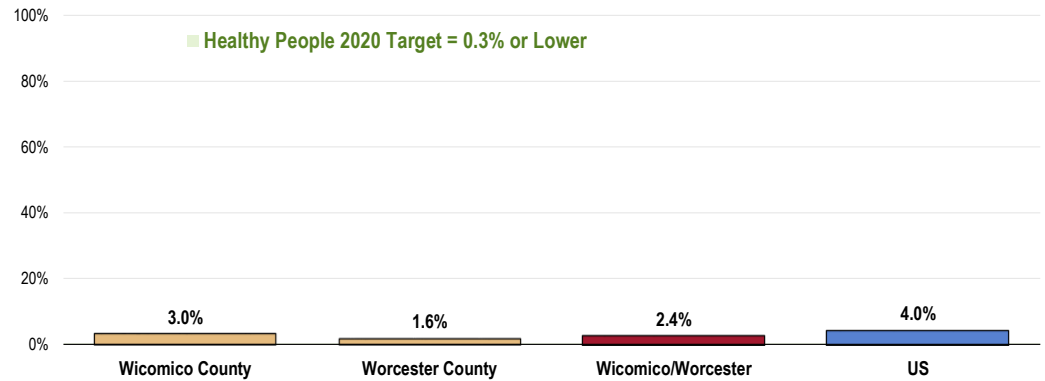
Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

Smokeless Tobacco

A total of 2.4% of Wicomico/Worcester adults use some type of smokeless tobacco every day or on some days.

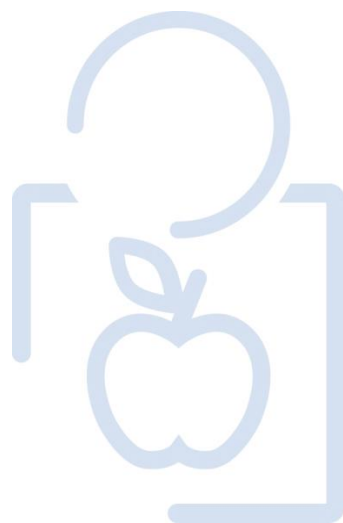
- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Statistically similar findings by county.

Use of Smokeless Tobacco



- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 63]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
- Notes:
- Asked of all respondents.
 - Smokeless tobacco includes chewing tobacco or snuff.

ACCESS TO HEALTH SERVICES

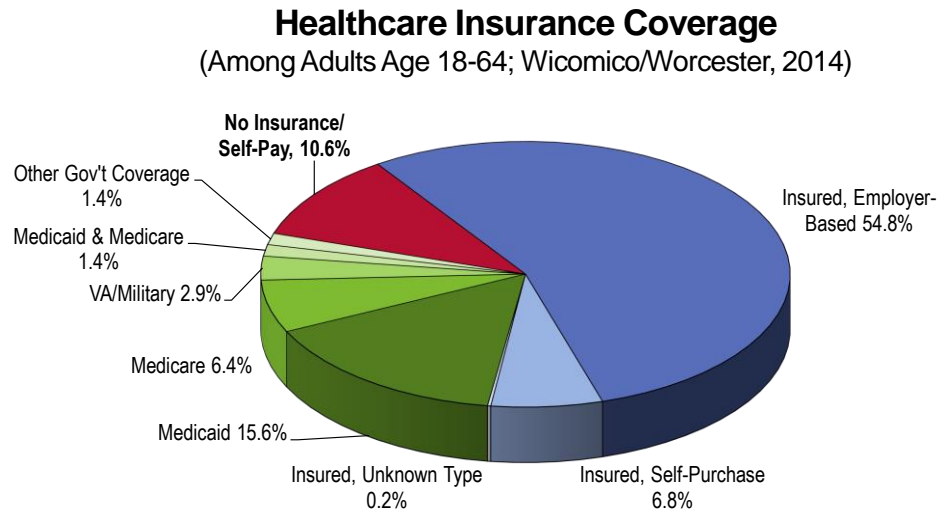


Health Insurance Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Type of Healthcare Coverage

A total of 61.8% of Wicomico/Worcester adults age 18 to 64 report having healthcare coverage through private insurance. Another 27.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
Notes: • Reflects respondents age 18 to 64.

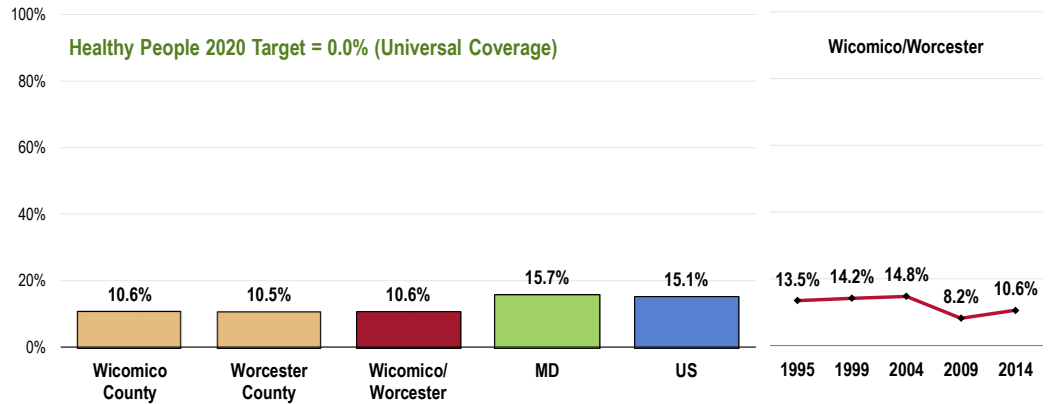
Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 10.6% report having no insurance coverage for healthcare expenses.

- Better than the state finding.
- Better than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- By county: nearly identical percentages.
- ☒ Statistically similar to 1995 findings.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 171]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

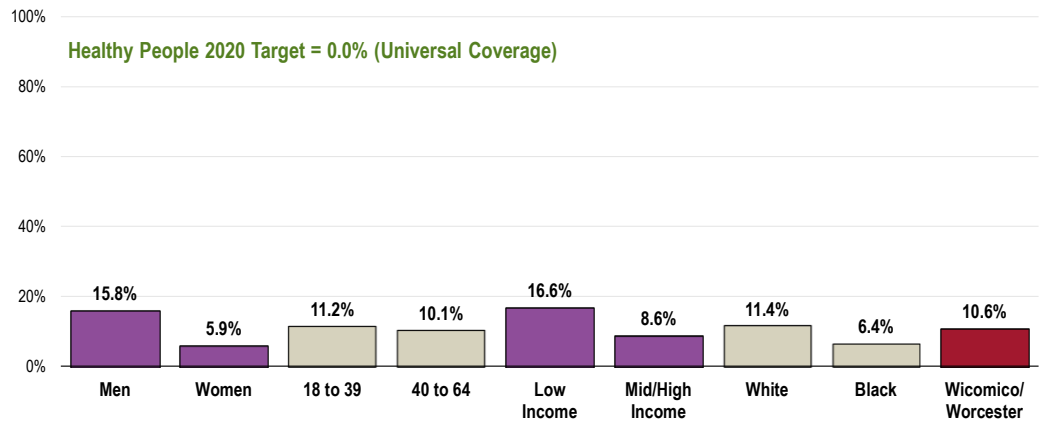
Notes: • Asked of all respondents under the age of 65.

The following population segments are more likely to be without healthcare insurance coverage:

Men.

Residents living at lower incomes (note the 16.6% uninsured prevalence among low-income adults).

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

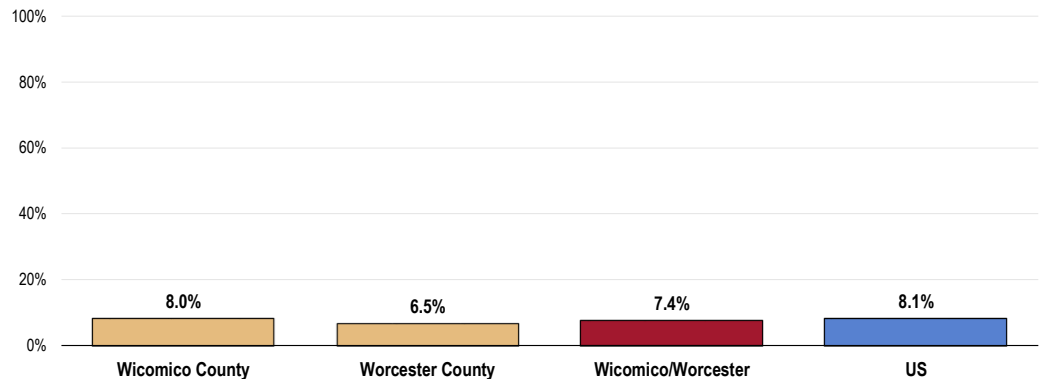
Notes: • Asked of all respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among currently insured adults in Wicomico/Worcester, 7.4% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.
- Similar findings by county.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)

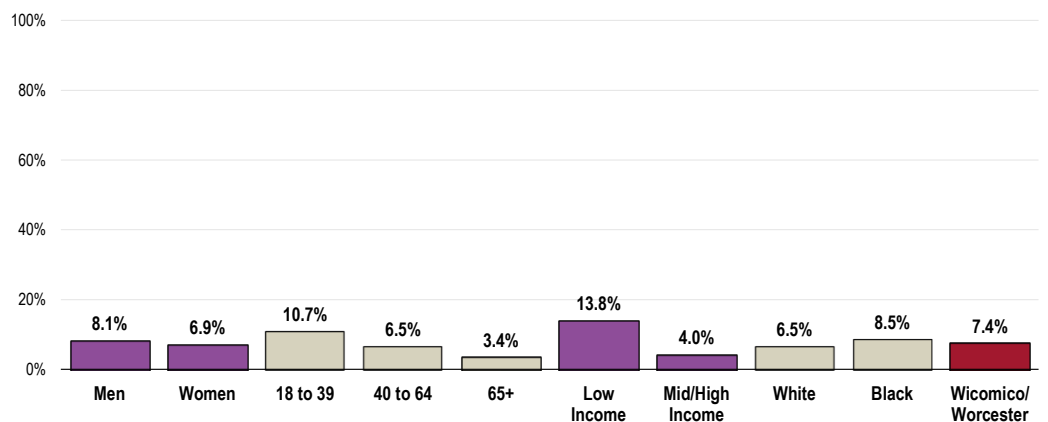


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 82]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40 (negative correlation with age).
- Lower-income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 82]
 Notes: • Asked of all insured respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

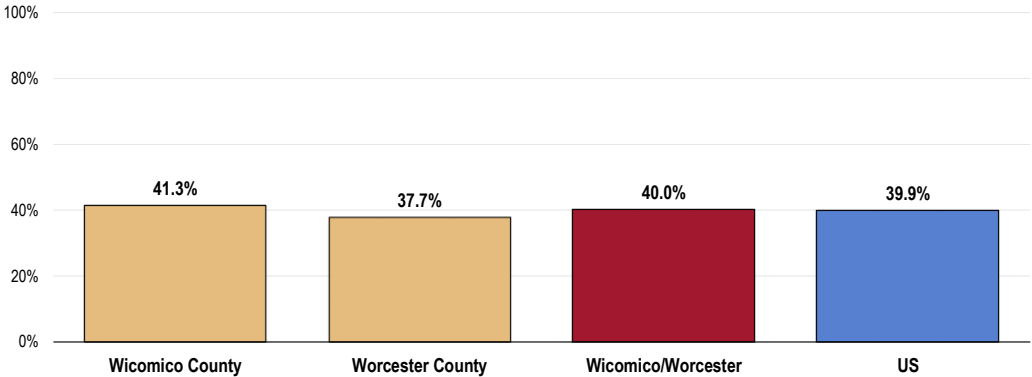
Difficulties Accessing Services

A total of 40.0% of Wicomico/Worcester adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Nearly identical to national findings.
- Statistically similar by county.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

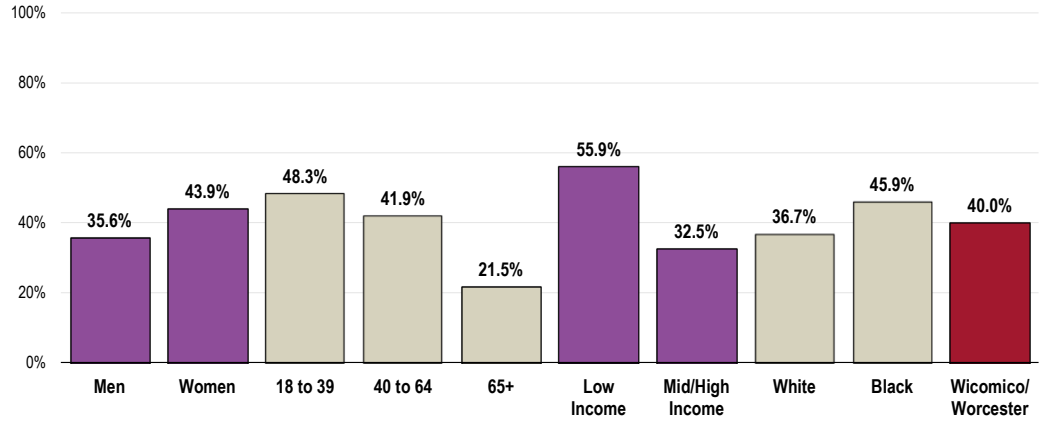


Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 175]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- 👥 Women.
- 👥 Adults under the age of 65 (negative correlation with age).
- 👥 Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 175]

Notes: • Asked of all respondents.

• Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

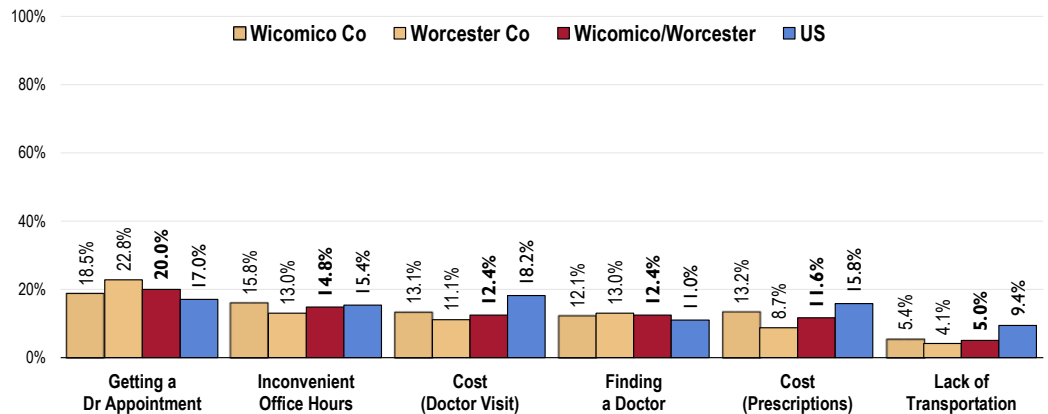
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, difficulty obtaining a medical appointment impacted the greatest share of Wicomico/Worcester adults (20.0% say that they had difficulty getting a doctor's appointment in the past year).

- The proportion of Wicomico/Worcester adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.
- Findings by county are similar for each of the 6 barriers surveyed.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

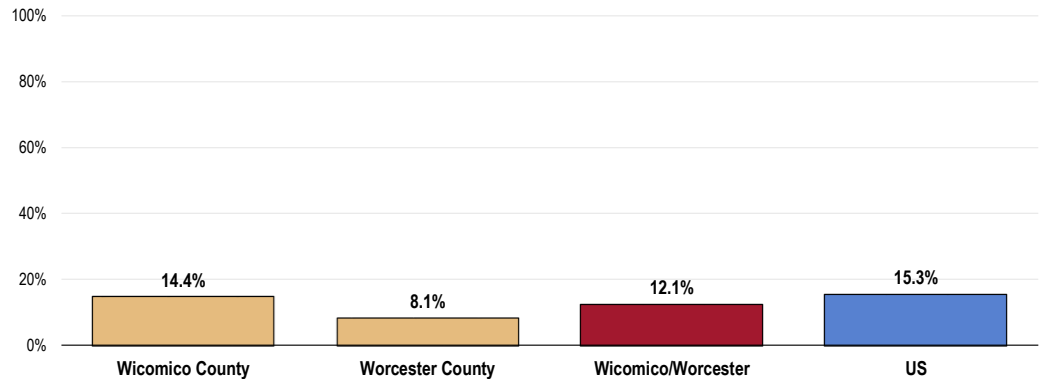
Notes: • Asked of all respondents.

Prescriptions

Among all Wicomico/Worcester adults, 12.1% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Statistically similar to national findings.
- Higher in Wicomico County.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



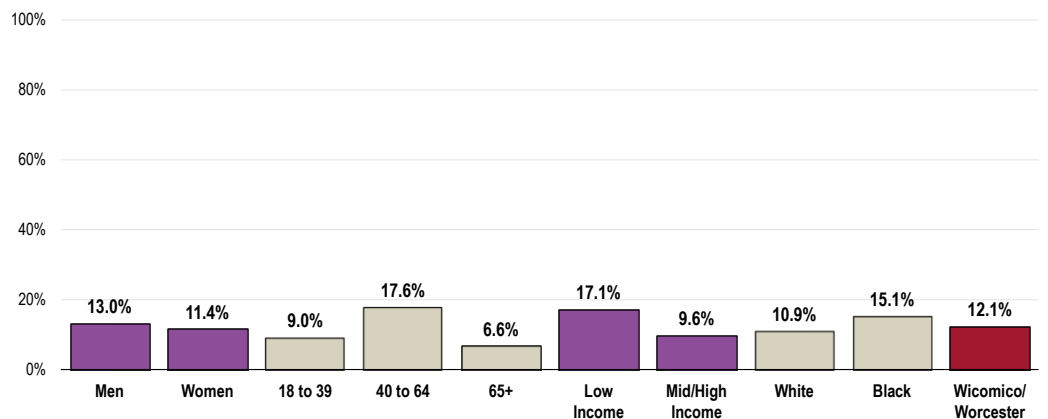
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Adults age 40 to 64.
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

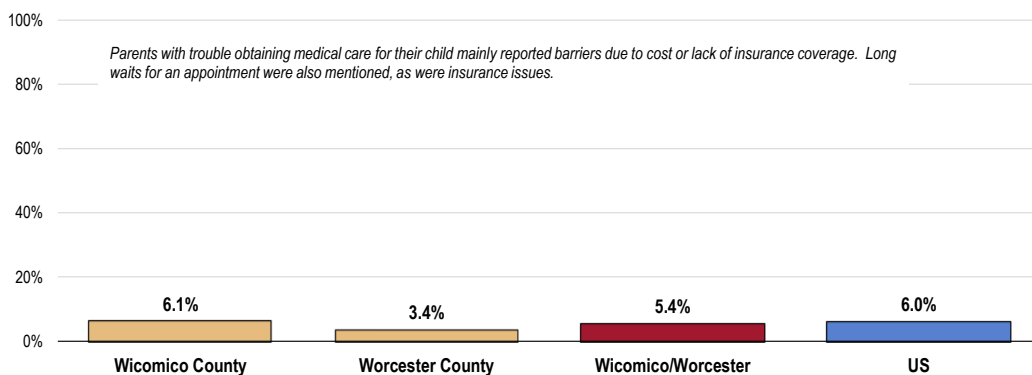
Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 5.4% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- Similar findings by county.

Had Trouble Obtaining Medical Care for Child in the Past Year (Among Parents of Children 0-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 114-115]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the relatively few parents experiencing difficulties, roughly one-half cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments, insurance acceptance problems, and quality of care concerns.

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

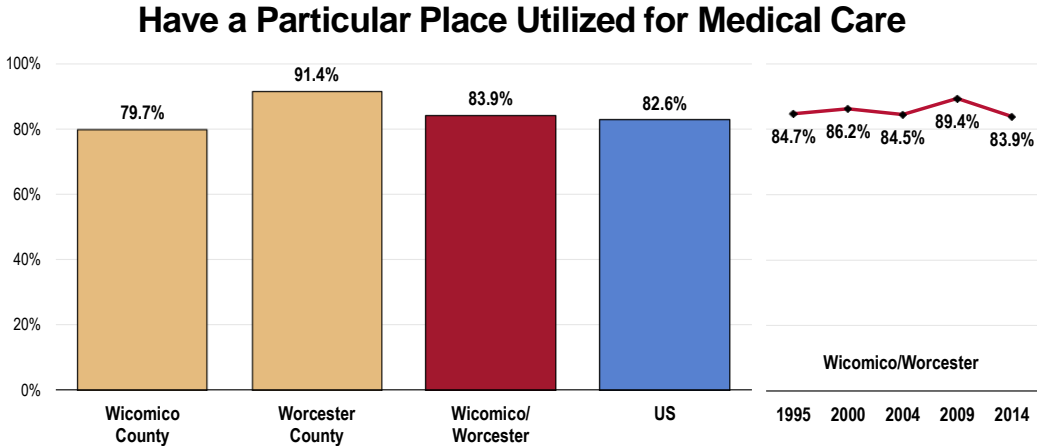
- Healthy People 2020 (www.healthypeople.gov)

Particular Place Used for Medical Care

Is there a particular place that you usually go to if you are sick or need advice about your health?

In the Wicomico/Worcester area, 83.9% of surveyed adults said they have a particular place that they use for their medical care.

- Similar to national findings.
- Much higher in Worcester County.
- ▣ Statistically unchanged over time.

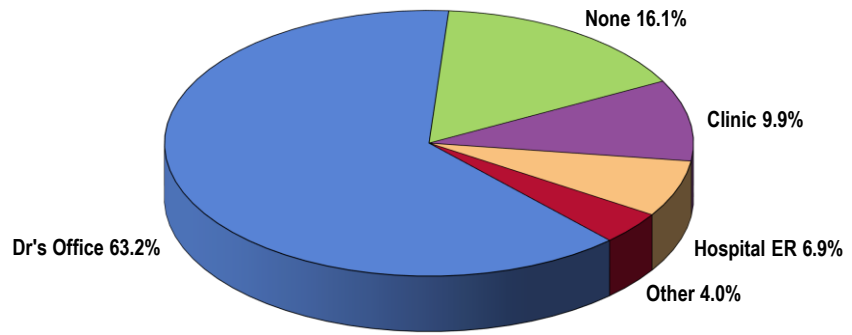


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 15]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (63.2%) identified a particular doctor's office. A total of 9.9% say they usually go to some type of clinic, while 6.9% rely on a hospital emergency room.

Particular Place Utilized for Medical Care (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: • Asked of all respondents.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health.

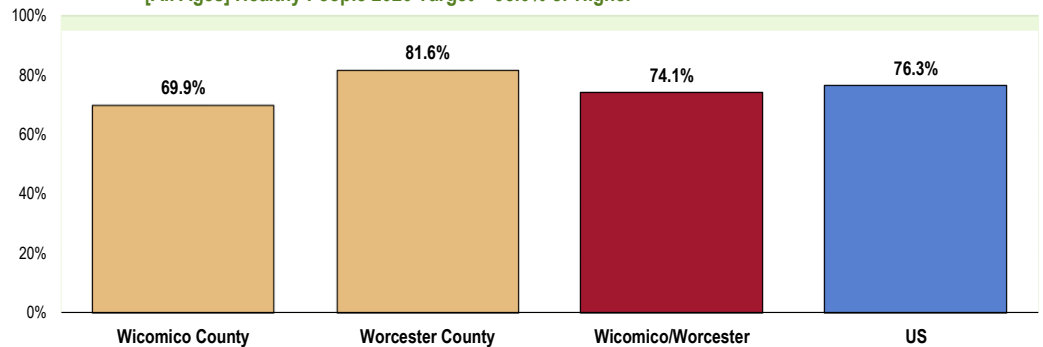
A hospital emergency room is not considered a source of ongoing care in this instance.

A total of 74.1% of Wicomico/Worcester adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).
- Unfavorably low in Wicomico County.

Have a Specific Source of Ongoing Medical Care

[All Ages] Healthy People 2020 Target = 95.0% or Higher



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40.
- Lower-income adults.

👤 Among adults age 18-64, 71.7% have a specific source for ongoing medical care, similar to national findings.

- Fails to satisfy the 2020 target for this age group (89.4% or higher).

👤 Among adults 65+, 84.4% have a specific source for care, similar to the percentage reported among seniors nationally.

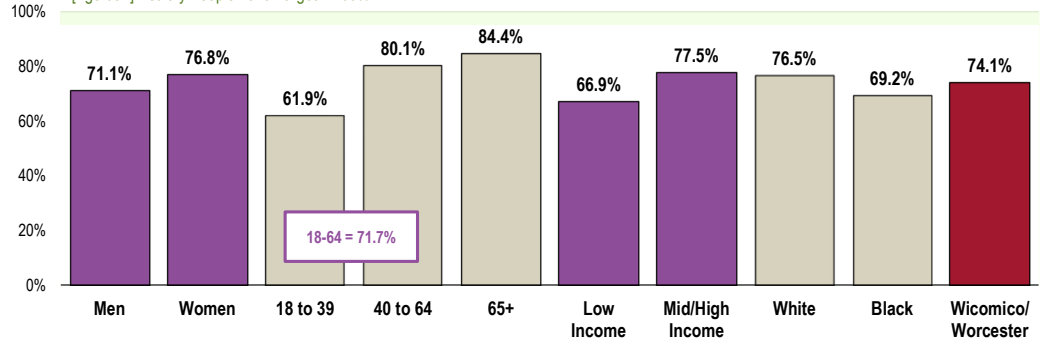
- Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care (Wicomico/Worcester, 2014)

[All Ages] Healthy People 2020 Target = 95.0% or Higher

[Age 18-64] Healthy People 2020 Target = 89.4% or Higher

[Age 65+] Healthy People 2020 Target = 100%



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 172-174]

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

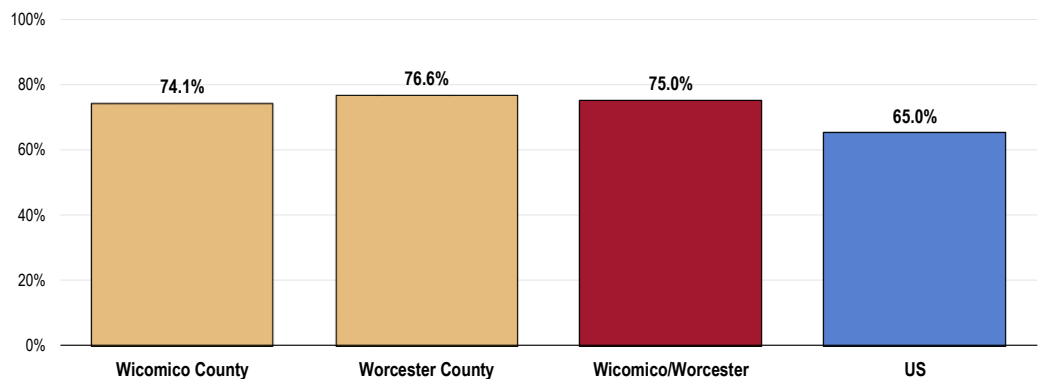
Utilization of Primary Care Services

Adults

Three-fourths (75.0%) of adults visited a physician for a routine checkup in the past year.

- Higher than the national prevalence.
- Comparable by county.

Have Visited a Physician for a Checkup in the Past Year



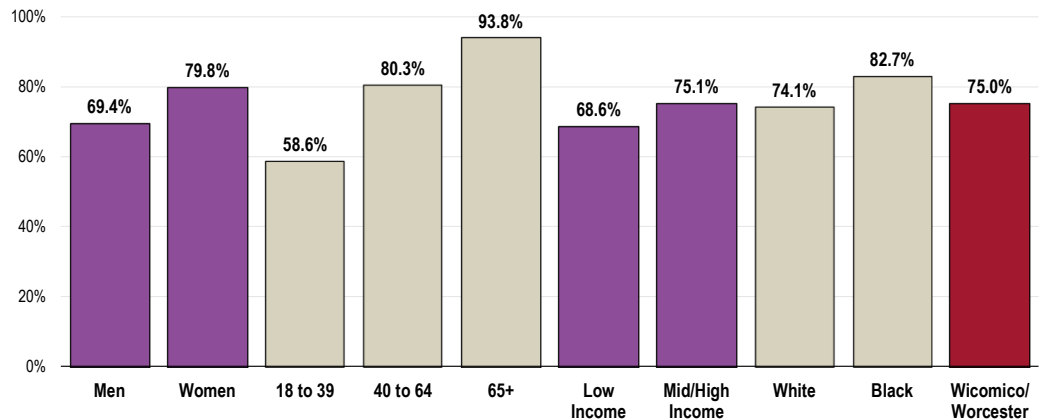
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

👤 Men and young adults are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

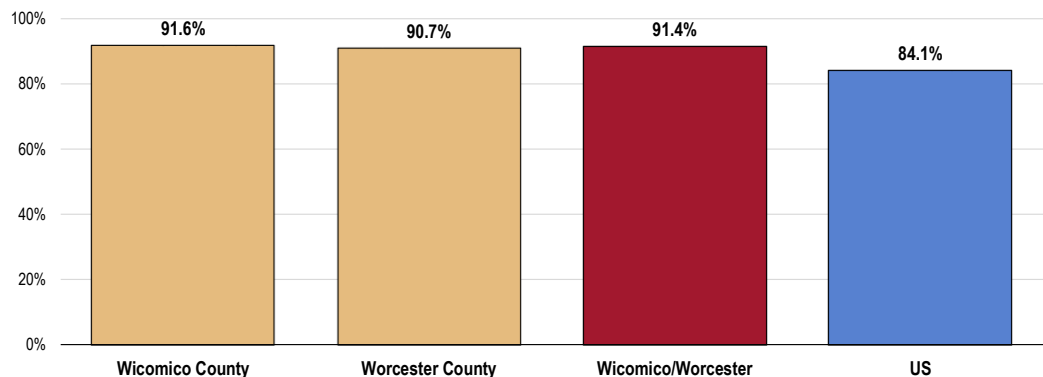
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Most surveyed parents (91.4%) report that their child has had a routine checkup in the past year.

- More favorable than national findings.
- Similar by county.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

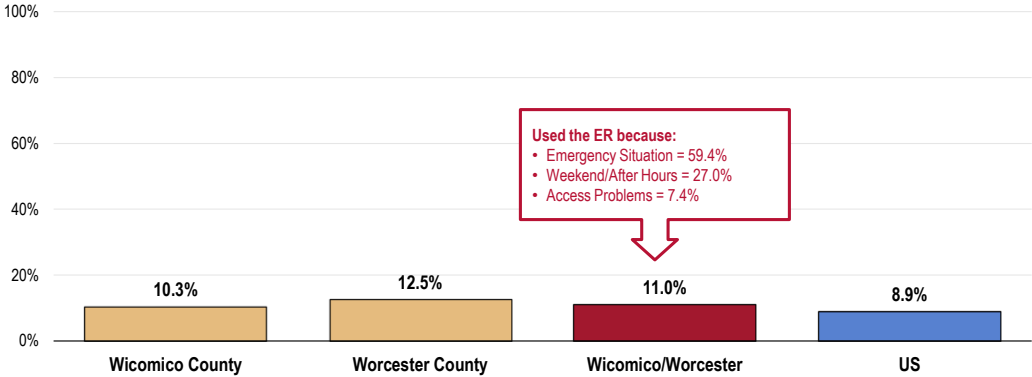
Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 11.0% of Wicomico/Worcester adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.
- Similar findings by county.

Have Used a Hospital Emergency Room More Than Once in the Past Year



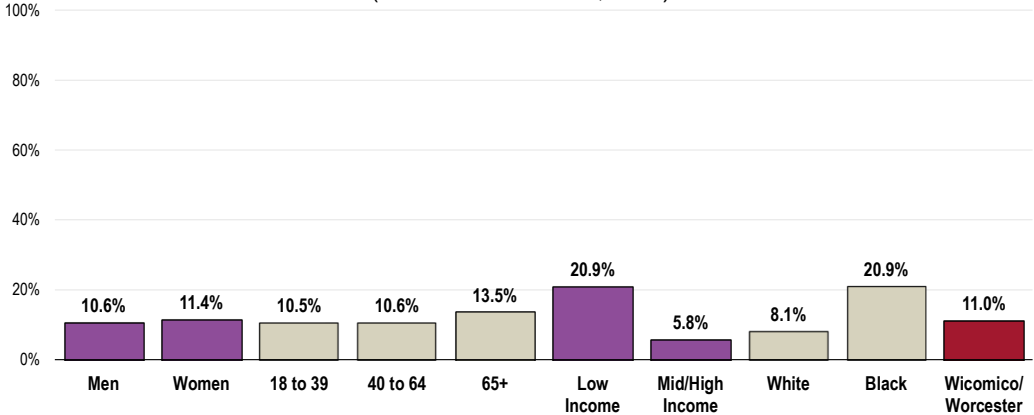
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Of those using a hospital ER, 59.4% say this was due to an **emergency or life-threatening situation**, while 27.0% indicated that the visit was during **after-hours or on the weekend** and 7.4% cited **difficulties accessing primary care** for various reasons.

👤 Blacks and residents living on lower incomes are more likely to have used an ER more than once in the past year.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 (www.healthypeople.gov)

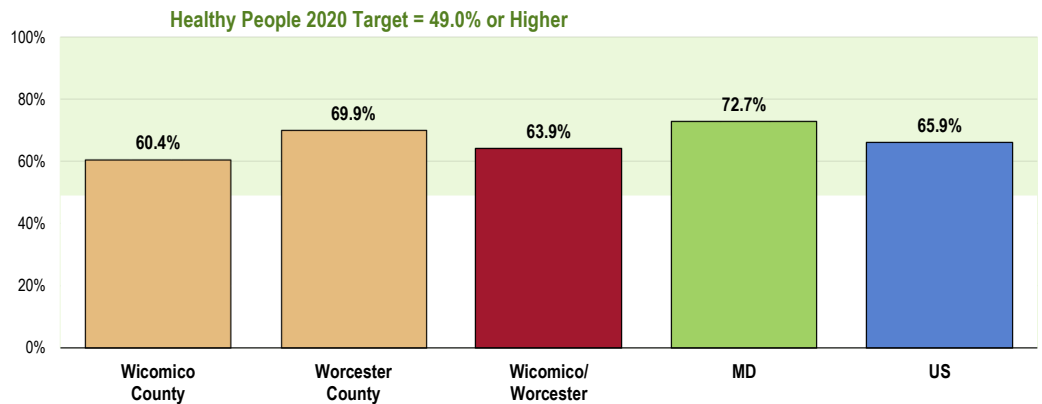
Dental Care

Adults

Just over 6 in 10 Wicomico/Worcester adults (63.9%) have visited a dentist or dental clinic (for any reason) in the past year.

- Below the statewide figure.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Lower in Wicomico County.

Have Visited a Dentist or Dental Clinic Within the Past Year



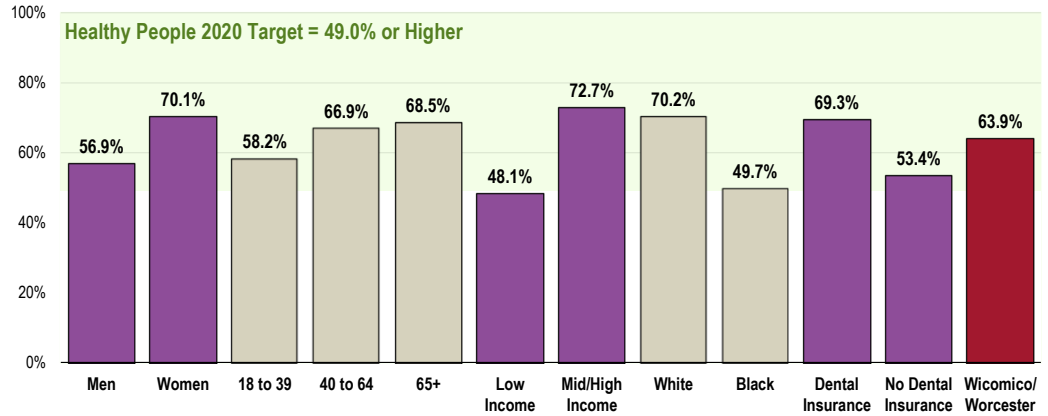
Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Maryland data.

Notes: ● Asked of all respondents.

Note the following:

- 👤 Wicomico/Worcester men are less likely than women to report a dental visit in the past year.
- 👤 Adults age 40 and older are more likely than young adults to report a recent dental visit.
- 👤 Persons living in the higher income categories report much higher utilization of oral health services.
- 👤 Whites are much more likely than Blacks to report recent dental care.
- 👤 As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year (Wicomico/Worcester, 2014)



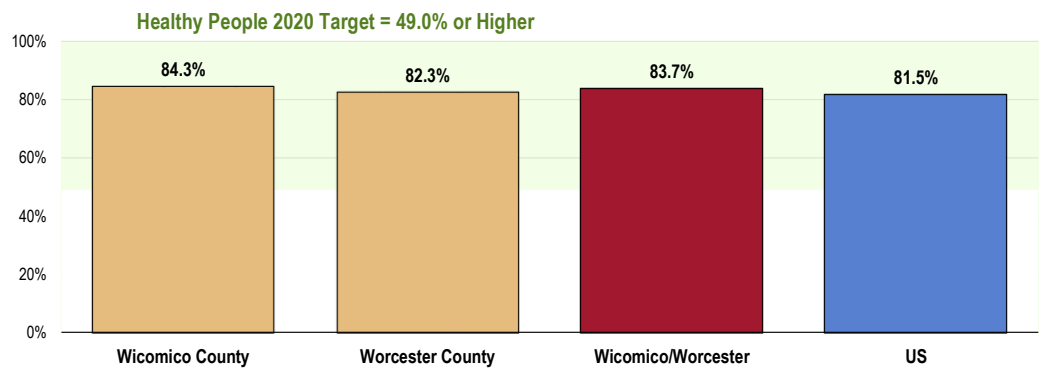
- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

A total of 83.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Comparable findings by county.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17)



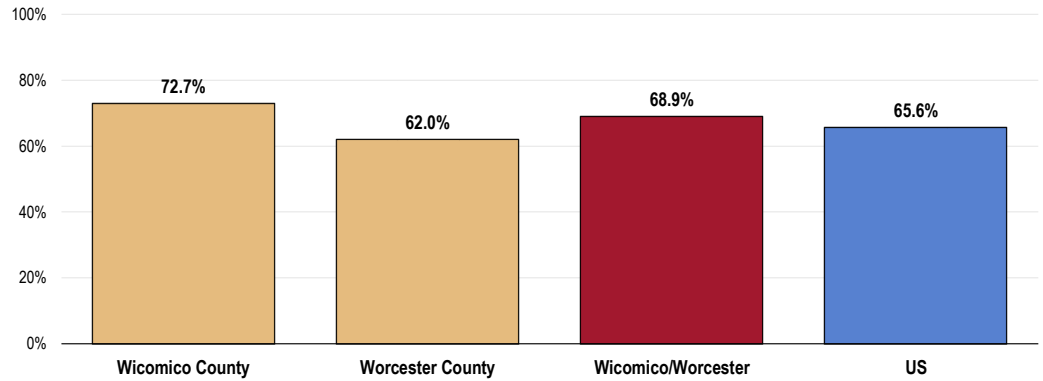
- Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 119]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- Asked of all respondents with children age 2 through 17.

Dental Insurance

Nearly 7 in 10 Wicomico/Worcester adults (68.9%) have dental insurance that covers all or part of their dental care costs.

- Comparable to the national finding.
- Higher in Wicomico County.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

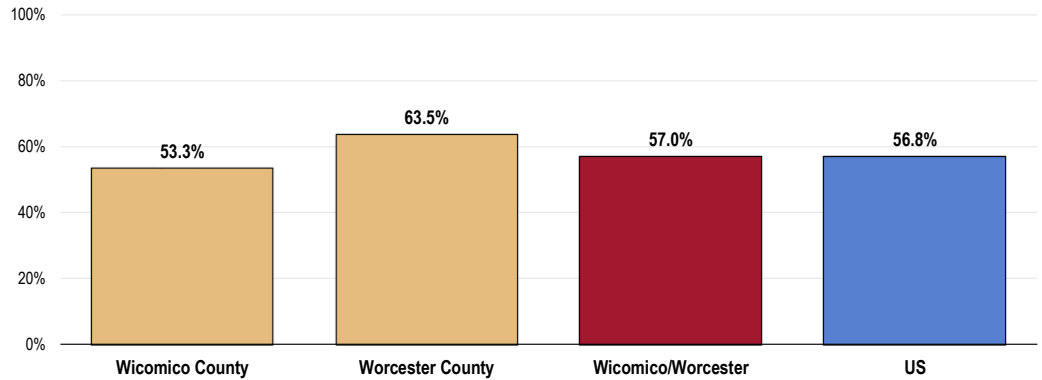
Vision Care

RELATED ISSUE:
See also *Vision & Hearing* in
the **Deaths & Disease**
section of this report.

A total of 57.0% of residents had an eye exam in the past two years during which their pupils were dilated.

- Almost identical to national findings.
- Lower in Wicomico County.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



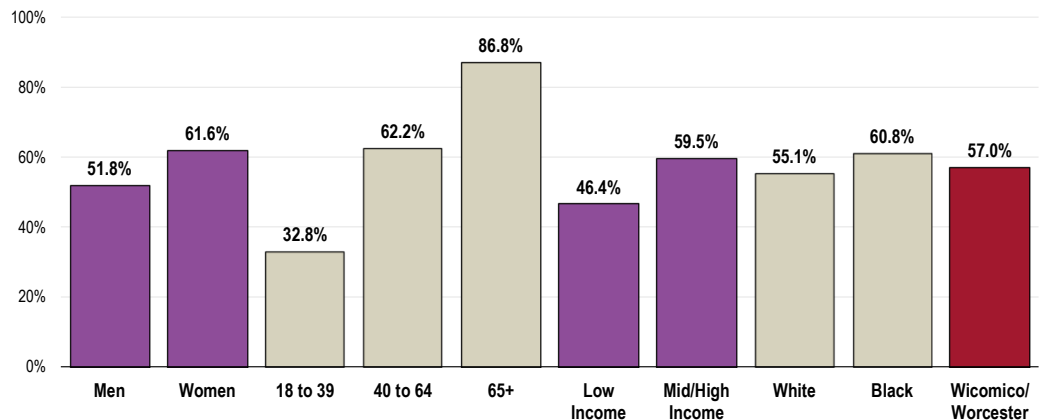
Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Recent vision care in Wicomico/Worcester is more often reported among:

- 👥 Women and residents with higher incomes.
- 👥 Older adults (note the positive correlation between age and recent eye exams).

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Wicomico/Worcester, 2014)



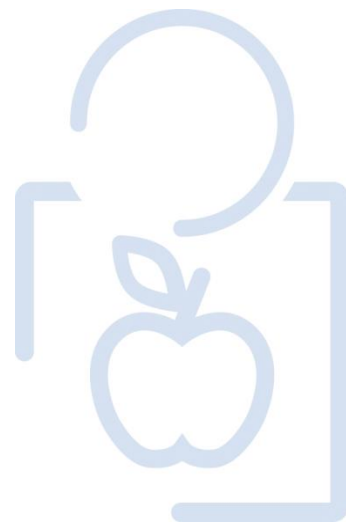
Sources: ● 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes: ● Asked of all respondents.

● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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LOCAL HEALTHCARE

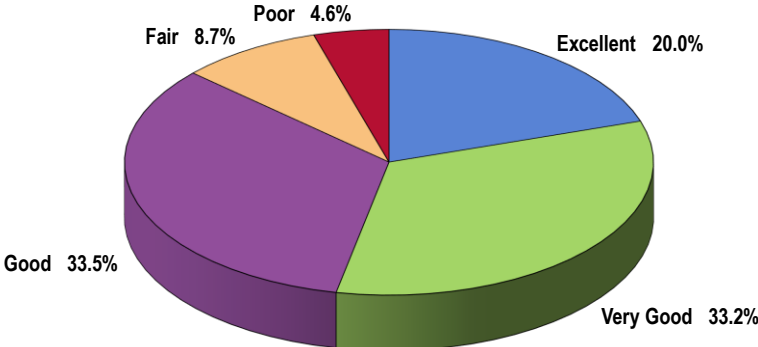


Perceptions of Local Healthcare Services

Just over one-half of Wicomico/Worcester adults (53.2%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 33.5% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Wicomico/Worcester, 2014)

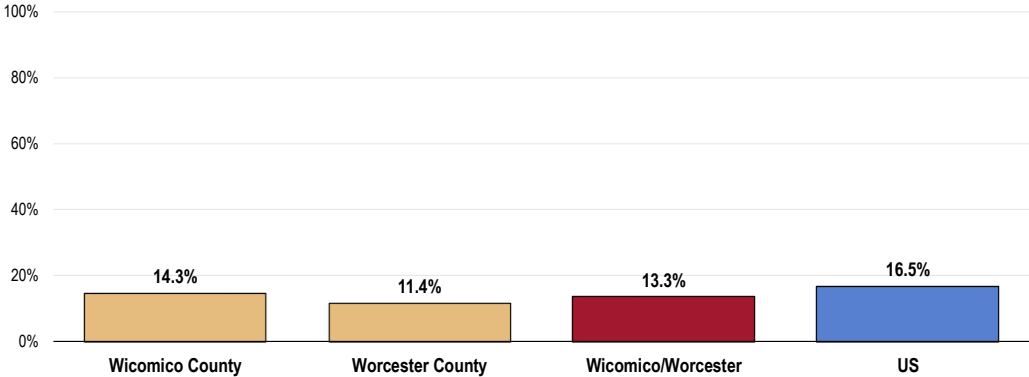


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 13.3% of residents characterize local healthcare services as “fair” or “poor.”

- Statistically comparable to that reported nationally.
- Statistically comparable by county.

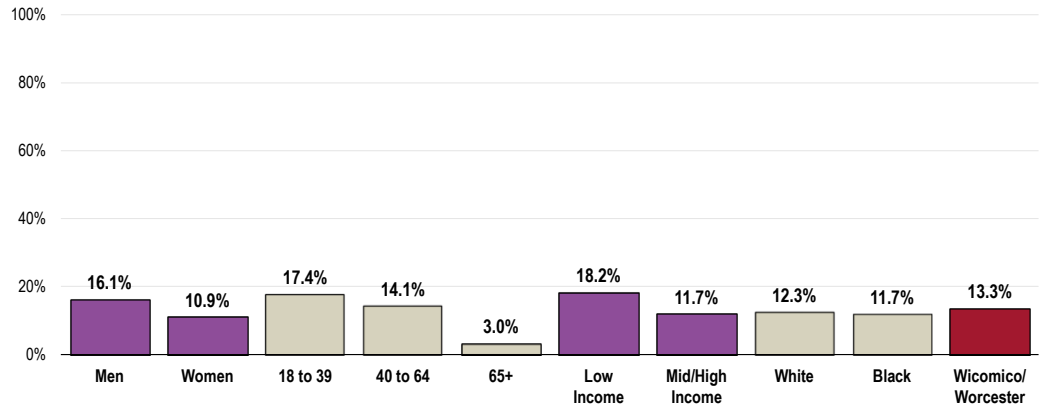
Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

👥 Note that adults under 65 are more critical of local healthcare services.

Perceive Local Healthcare Services as “Fair/Poor” (Wicomico/Worcester, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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