Maryland State Occupational Health Indicators

About this Indicator:

Why is this Indicator Important?

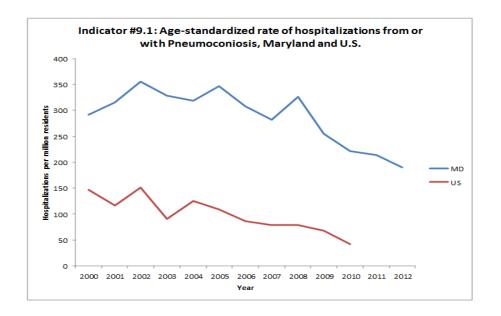
Tracking of pneumoconiosis is essential for measuring progress towards elimination of the disease, as well as for targeting prevention and disease management programs.

Limitation of Indicator:

These data are based on primary discharge diagnosis codes for patients admitted to a hospital, and do not include individuals who were seen by an Emergency Department, but not admitted. Hospital Discharge records are only available for non-federal, acute care hospitals.

For more information on this indicator or occupational health in Maryland, visit the DHMH website.

Pneumoconiosis is a term for a class of non-malignant lung diseases caused by the inhalation of mineral dust, nearly always in occupational settings. Most cases of pneumoconiosis develop only after many years of cumulative exposure; thus they are usually diagnosed in older individuals, often long after the onset of exposure. Pneumoconiosis includes: silicosis, asbestosis, coal workers' pneumoconiosis (CWP), and, less commonly, pneumoconiosis due to a variety of other mineral dusts, including talc, aluminum, bauxite, and graphite.



Indicator # 9: Hospitalizations from or with Pneumoconiosis, Maryland

	1. Total Pneumoconiosis			2. Coal Workers' Pneumoco- niosis			3. Asbestosis				4. Silio		5. Other and Unspecified Pneumoconiosis			
Year	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	
2000	1,114	266.9	291.6	101	24.2	26.8	988	236.7	258.2	17	4.1	4.6	10	2.4	2.6	
2001	1,228	290.1	315.3	76	18.0	19.5	1,125	265.8	288.9	24	5.7	6.0	9	2.1	2.4	
2002	1,413	329.1	355.2	92	21.4	23.1	1,292	300.9	325.5	25	5.8	6.0	9	2.1	2.0	
2003	1,320	303.6	328.1	68	15.6	16.7	1,218	280.1	303.1	25	5.7	6.1	11	2.5	2.7	
2004	1,307	297.3	319.1	51	11.6	12.4	1,233	280.5	301.3	18	4.1	4.3	9	2.0	2.1	
2005	1,434	322.6	346.4	59	13.3	14.0	1,339	301.2	324.1	26	5.8	6.0	11	2.5	2.5	
2006	1,295	288.8	308.3	43	9.6	10.0	1,228	273.8	292.8	18	4.0	4.1	9	2.0	2.1	
2007	1,195	264.7	281.5	63	14.0	14.4	1,097	243.0	259.0	23	5.1	5.3	15	3.3	3.4	
2008	1,415	311.4	326.3	59	13.0	13.1	1,334	293.5	308.2	19	4.2	4.4	10	2.2	2.3	
2009	1,129	246.3	255.0	43	9.4	9.3	1,057	230.6	239.8	18	3.9	3.6	14	3.1	3.0	
2010	1,016	217.3	221.2	47	10.1	10.3	946	202.4	206.3	15	3.2	3.1	13	2.8	3.6	
2011	991	193.1	213.9	33	7.0	6.9	928	196.7	201.3	19	4.0	3.6	12	2.5	2.5	
2012	908	190.2	190.2	34	7.1	7.1	852	178.5	178.9	15	3.1	2.9	8	1.7	1.6	

^{*} Rate of hospitalizations per million residents

Maryland State Occupational Health Indicators

About this Indicator:

Why is this Indicator Important?

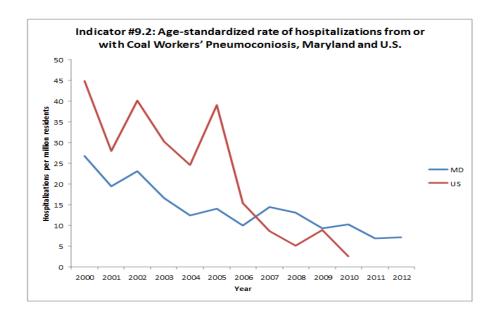
Tracking of pneumoconiosis is essential for measuring progress towards elimination of the disease, as well as for targeting prevention and disease management programs.

Limitation of Indicator:

These data are based on primary discharge diagnosis codes for patients admitted to a hospital, and do not include individuals who were seen by an Emergency Department, but not admitted. Hospital Discharge records are only available for non-federal, acute care hospitals.

For more information on this indicator or occupational health in Maryland, visit the DHMH website.

Pneumoconiosis is a term for a class of non-malignant lung diseases caused by the inhalation of mineral dust, nearly always in occupational settings. Most cases of pneumoconiosis develop only after many years of cumulative exposure; thus they are usually diagnosed in older individuals, often long after the onset of exposure. Pneumoconiosis includes: silicosis, asbestosis, coal workers' pneumoconiosis (CWP), and, less commonly, pneumoconiosis due to a variety of other mineral dusts, including talc, aluminum, bauxite, and graphite.



Indicator # 9: Hospitalizations from or with Pneumoconiosis, Maryland

indica	naicator # 9: Hospitalizations from or with Pneumoconiosis, Maryland															
	1. To	otal Pne	umoconiosis	2. Coal Workers' Pneumoco- niosis				3. Asbestosis			4. Silic		5. Other and Unspecified Pneumoconiosis			
Year	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	
2000	1,114	266.9	291.6	101	24.2	26.8	988	236.7	258.2	17	4.1	4.6	10	2.4	2.6	
2001	1,228	290.1	315.3	76	18.0	19.5	1,125	265.8	288.9	24	5.7	6.0	9	2.1	2.4	
2002	1,413	329.1	355.2	92	21.4	23.1	1,292	300.9	325.5	25	5.8	6.0	9	2.1	2.0	
2003	1,320	303.6	328.1	68	15.6	16.7	1,218	280.1	303.1	25	5.7	6.1	11	2.5	2.7	
2004	1,307	297.3	319.1	51	11.6	12.4	1,233	280.5	301.3	18	4.1	4.3	9	2.0	2.1	
2005	1,434	322.6	346.4	59	13.3	14.0	1,339	301.2	324.1	26	5.8	6.0	11	2.5	2.5	
2006	1,295	288.8	308.3	43	9.6	10.0	1,228	273.8	292.8	18	4.0	4.1	9	2.0	2.1	
2007	1,195	264.7	281.5	63	14.0	14.4	1,097	243.0	259.0	23	5.1	5.3	15	3.3	3.4	
2008	1,415	311.4	326.3	59	13.0	13.1	1,334	293.5	308.2	19	4.2	4.4	10	2.2	2.3	
2009	1,129	246.3	255.0	43	9.4	9.3	1,057	230.6	239.8	18	3.9	3.6	14	3.1	3.0	
2010	1,016	217.3	221.2	47	10.1	10.3	946	202.4	206.3	15	3.2	3.1	13	2.8	3.6	
2011	991	193.1	213.9	33	7.0	6.9	928	196.7	201.3	19	4.0	3.6	12	2.5	2.5	
2012	908	190.2	190.2	34	7.1	7.1	852	178.5	178.9	15	3.1	2.9	8	1.7	1.6	

^{*} Rate of hospitalizations per million residents

Maryland State Occupational Health Indicators

About this Indicator:

Why is this Indicator Important?

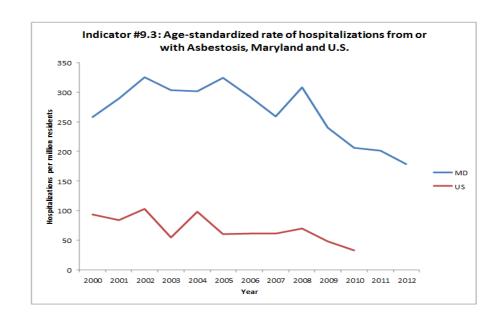
Tracking of pneumoconiosis is essential for measuring progress towards elimination of the disease, as well as for targeting prevention and disease management programs.

Limitation of Indicator:

These data are based on primary discharge diagnosis codes for patients admitted to a hospital, and do not include individuals who were seen by an Emergency Department, but not admitted. Hospital Discharge records are only available for non-federal, acute care hospitals.

For more information on this indicator or occupational health in Maryland, visit the DHMH website.

Pneumoconiosis is a term for a class of non-malignant lung diseases caused by the inhalation of mineral dust, nearly always in occupational settings. Most cases of pneumoconiosis develop only after many years of cumulative exposure; thus they are usually diagnosed in older individuals, often long after the onset of exposure. Pneumoconiosis includes: silicosis, asbestosis, coal workers' pneumoconiosis (CWP), and, less commonly, pneumoconiosis due to a variety of other mineral dusts, including talc, aluminum, bauxite, and graphite.



Indicator # 9: Hospitalizations from or with Pneumoconiosis, Maryland

	1. Total Pneumoconiosis			2. Coal Workers' Pneumoco- niosis			3. Asbestosis				4. Silio		5. Other and Unspecified Pneumoconiosis			
Year	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	
2000	1,114	266.9	291.6	101	24.2	26.8	988	236.7	258.2	17	4.1	4.6	10	2.4	2.6	
2001	1,228	290.1	315.3	76	18.0	19.5	1,125	265.8	288.9	24	5.7	6.0	9	2.1	2.4	
2002	1,413	329.1	355.2	92	21.4	23.1	1,292	300.9	325.5	25	5.8	6.0	9	2.1	2.0	
2003	1,320	303.6	328.1	68	15.6	16.7	1,218	280.1	303.1	25	5.7	6.1	11	2.5	2.7	
2004	1,307	297.3	319.1	51	11.6	12.4	1,233	280.5	301.3	18	4.1	4.3	9	2.0	2.1	
2005	1,434	322.6	346.4	59	13.3	14.0	1,339	301.2	324.1	26	5.8	6.0	11	2.5	2.5	
2006	1,295	288.8	308.3	43	9.6	10.0	1,228	273.8	292.8	18	4.0	4.1	9	2.0	2.1	
2007	1,195	264.7	281.5	63	14.0	14.4	1,097	243.0	259.0	23	5.1	5.3	15	3.3	3.4	
2008	1,415	311.4	326.3	59	13.0	13.1	1,334	293.5	308.2	19	4.2	4.4	10	2.2	2.3	
2009	1,129	246.3	255.0	43	9.4	9.3	1,057	230.6	239.8	18	3.9	3.6	14	3.1	3.0	
2010	1,016	217.3	221.2	47	10.1	10.3	946	202.4	206.3	15	3.2	3.1	13	2.8	3.6	
2011	991	193.1	213.9	33	7.0	6.9	928	196.7	201.3	19	4.0	3.6	12	2.5	2.5	
2012	908	190.2	190.2	34	7.1	7.1	852	178.5	178.9	15	3.1	2.9	8	1.7	1.6	

^{*} Rate of hospitalizations per million residents

Maryland State Occupational Health Indicators

About this Indicator:

Why is this Indicator Important?

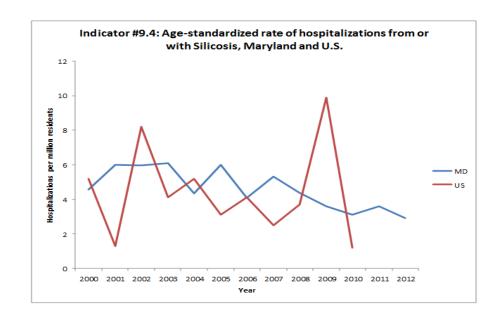
Tracking of pneumoconiosis is essential for measuring progress towards elimination of the disease, as well as for targeting prevention and disease management programs.

Limitation of Indicator:

These data are based on primary discharge diagnosis codes for patients admitted to a hospital, and do not include individuals who were seen by an Emergency Department, but not admitted. Hospital Discharge records are only available for non-federal, acute care hospitals.

For more information on this indicator or occupational health in Maryland, visit the DHMH website.

Pneumoconiosis is a term for a class of non-malignant lung diseases caused by the inhalation of mineral dust, nearly always in occupational settings. Most cases of pneumoconiosis develop only after many years of cumulative exposure; thus they are usually diagnosed in older individuals, often long after the onset of exposure. Pneumoconiosis includes: silicosis, asbestosis, coal workers' pneumoconiosis (CWP), and, less commonly, pneumoconiosis due to a variety of other mineral dusts, including talc, aluminum, bauxite, and graphite.



Indicator #9: Hospitalizations from or with Pneumoconiosis, Maryland

	1. Total Pneumoconiosis			2. Coal Workers' Pneumoco- niosis			3. Asbestosis				4. Silio		5. Other and Unspecified Pneumoconiosis			
Year	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	
2000	1,114	266.9	291.6	101	24.2	26.8	988	236.7	258.2	17	4.1	4.6	10	2.4	2.6	
2001	1,228	290.1	315.3	76	18.0	19.5	1,125	265.8	288.9	24	5.7	6.0	9	2.1	2.4	
2002	1,413	329.1	355.2	92	21.4	23.1	1,292	300.9	325.5	25	5.8	6.0	9	2.1	2.0	
2003	1,320	303.6	328.1	68	15.6	16.7	1,218	280.1	303.1	25	5.7	6.1	11	2.5	2.7	
2004	1,307	297.3	319.1	51	11.6	12.4	1,233	280.5	301.3	18	4.1	4.3	9	2.0	2.1	
2005	1,434	322.6	346.4	59	13.3	14.0	1,339	301.2	324.1	26	5.8	6.0	11	2.5	2.5	
2006	1,295	288.8	308.3	43	9.6	10.0	1,228	273.8	292.8	18	4.0	4.1	9	2.0	2.1	
2007	1,195	264.7	281.5	63	14.0	14.4	1,097	243.0	259.0	23	5.1	5.3	15	3.3	3.4	
2008	1,415	311.4	326.3	59	13.0	13.1	1,334	293.5	308.2	19	4.2	4.4	10	2.2	2.3	
2009	1,129	246.3	255.0	43	9.4	9.3	1,057	230.6	239.8	18	3.9	3.6	14	3.1	3.0	
2010	1,016	217.3	221.2	47	10.1	10.3	946	202.4	206.3	15	3.2	3.1	13	2.8	3.6	
2011	991	193.1	213.9	33	7.0	6.9	928	196.7	201.3	19	4.0	3.6	12	2.5	2.5	
2012	908	190.2	190.2	34	7.1	7.1	852	178.5	178.9	15	3.1	2.9	8	1.7	1.6	

^{*} Rate of hospitalizations per million residents

Maryland State Occupational Health Indicators

About this Indicator:

Why is this Indicator Important?

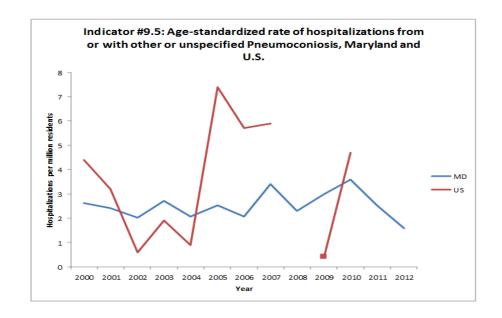
Tracking of pneumoconiosis is essential for measuring progress towards elimination of the disease, as well as for targeting prevention and disease management programs.

Limitation of Indicator:

These data are based on primary discharge diagnosis codes for patients admitted to a hospital, and do not include individuals who were seen by an Emergency Department, but not admitted. Hospital Discharge records are only available for non-federal, acute care hospitals.

For more information on this indicator or occupational health in Maryland, visit the DHMH website.

Pneumoconiosis is a term for a class of non-malignant lung diseases caused by the inhalation of mineral dust, nearly always in occupational settings. Most cases of pneumoconiosis develop only after many years of cumulative exposure; thus they are usually diagnosed in older individuals, often long after the onset of exposure. Pneumoconiosis includes: silicosis, asbestosis, coal workers' pneumoconiosis (CWP), and, less commonly, pneumoconiosis due to a variety of other mineral dusts, including talc, aluminum, bauxite, and graphite.



Indicator #9: Hospitalizations from or with Pneumoconiosis, Maryland

	1. Total Pneumoconiosis			2. Coal Workers' Pneumoco- niosis			3. Asbestosis				4. Silio		5. Other and Unspecified Pneumoconiosis			
Year	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	Number	Rate*	Age-Adjusted Rate*	
2000	1,114	266.9	291.6	101	24.2	26.8	988	236.7	258.2	17	4.1	4.6	10	2.4	2.6	
2001	1,228	290.1	315.3	76	18.0	19.5	1,125	265.8	288.9	24	5.7	6.0	9	2.1	2.4	
2002	1,413	329.1	355.2	92	21.4	23.1	1,292	300.9	325.5	25	5.8	6.0	9	2.1	2.0	
2003	1,320	303.6	328.1	68	15.6	16.7	1,218	280.1	303.1	25	5.7	6.1	11	2.5	2.7	
2004	1,307	297.3	319.1	51	11.6	12.4	1,233	280.5	301.3	18	4.1	4.3	9	2.0	2.1	
2005	1,434	322.6	346.4	59	13.3	14.0	1,339	301.2	324.1	26	5.8	6.0	11	2.5	2.5	
2006	1,295	288.8	308.3	43	9.6	10.0	1,228	273.8	292.8	18	4.0	4.1	9	2.0	2.1	
2007	1,195	264.7	281.5	63	14.0	14.4	1,097	243.0	259.0	23	5.1	5.3	15	3.3	3.4	
2008	1,415	311.4	326.3	59	13.0	13.1	1,334	293.5	308.2	19	4.2	4.4	10	2.2	2.3	
2009	1,129	246.3	255.0	43	9.4	9.3	1,057	230.6	239.8	18	3.9	3.6	14	3.1	3.0	
2010	1,016	217.3	221.2	47	10.1	10.3	946	202.4	206.3	15	3.2	3.1	13	2.8	3.6	
2011	991	193.1	213.9	33	7.0	6.9	928	196.7	201.3	19	4.0	3.6	12	2.5	2.5	
2012	908	190.2	190.2	34	7.1	7.1	852	178.5	178.9	15	3.1	2.9	8	1.7	1.6	

^{*} Rate of hospitalizations per million residents