



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

Tri-County Health Planning Initiative *(Lower Shore Planning Group)*

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Introduction

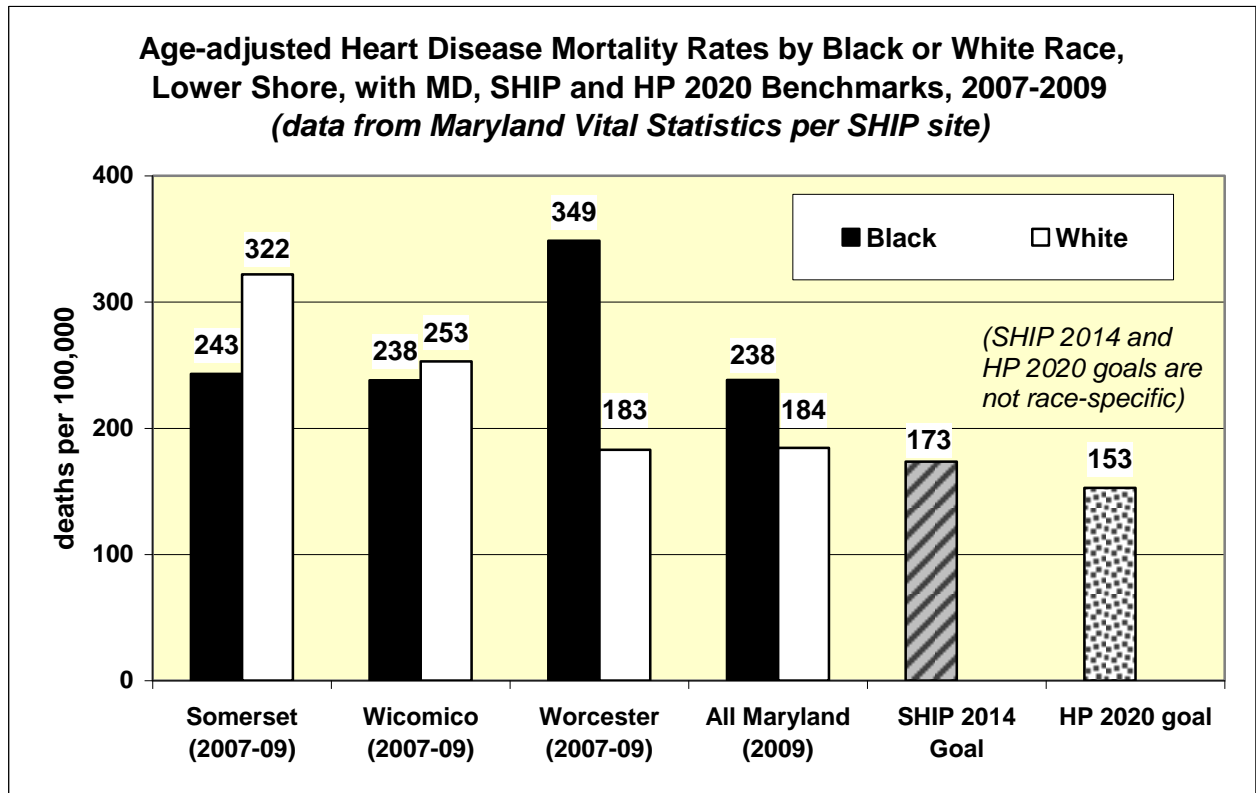
The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene is committed to assisting the SHIP local planning groups in identifying issues of poor minority health and minority health disparities in their jurisdictions, and incorporating effective minority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

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

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

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

Heart Disease Mortality



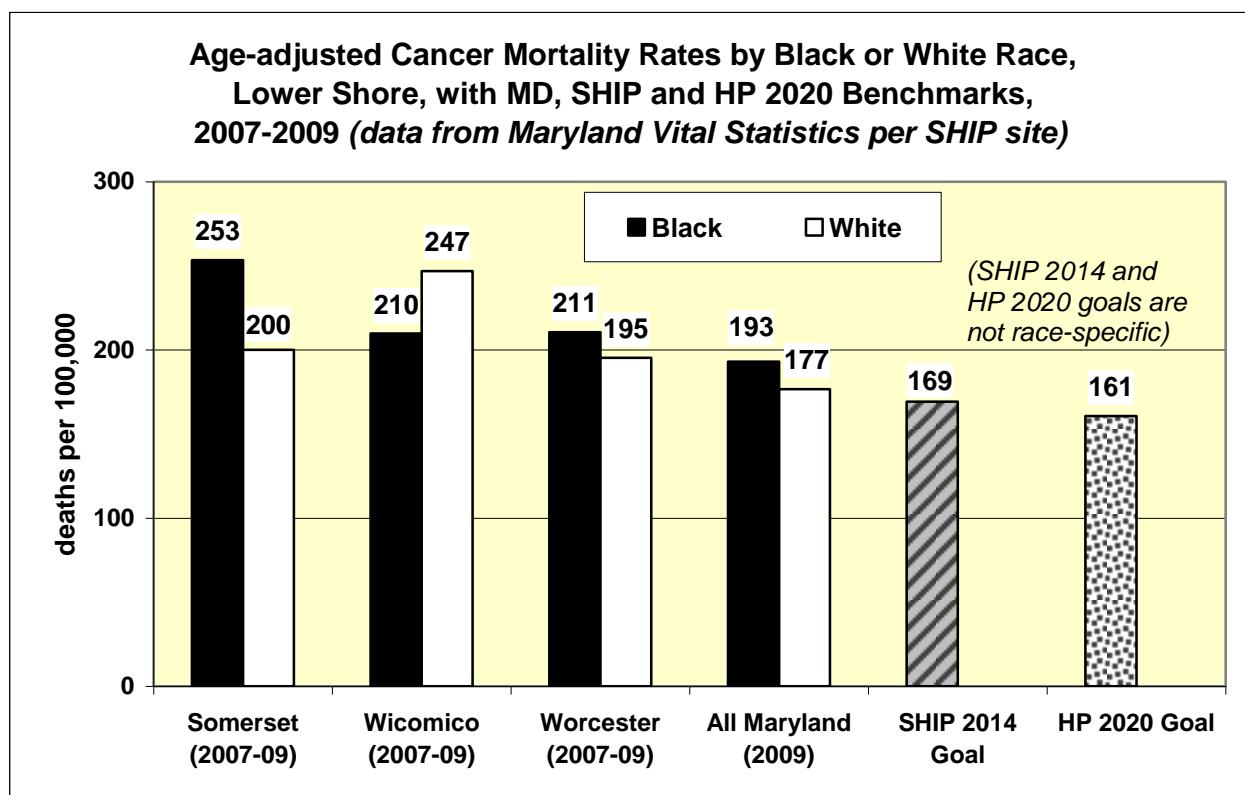
The chart above is a display of the heart disease mortality SHIP metric values (Objective 25) as published in the current SHIP County Health Profiles for the three Lower Shore Counties. Age-adjusted mortality rates are shown for Black or White race for each county, along with the race-specific Maryland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

Regarding heart disease mortality rates, all of the race-by-county groups are equal to or are worse than the corresponding Statewide rate, and all groups are worse than the SHIP 2014 and HP 2020 goals.

Somerset and Wicomico have Black rates that are similar to the Statewide Black rate. These two counties have high White rates that exceed the Statewide White rate, as well as exceeding the Black rate in their own county. Based on data from CDC Wonder from 1999 to 2008 (data not shown), Black rates have been improving while White rates have been worsening in Somerset, and Black rates have been improving faster than White rates in Wicomico from 1999 to 2008.

Worcester has a White rate that is similar to the Statewide White rate, and a high Black rate that exceeds the Statewide Black rate. Based on CDC Wonder data from 1999 to 2008, White rates have been improving faster than the Black rates have been improving in Worcester County. This means that despite improvements in the Black rates, the Black-White disparity is widening.

Cancer Mortality



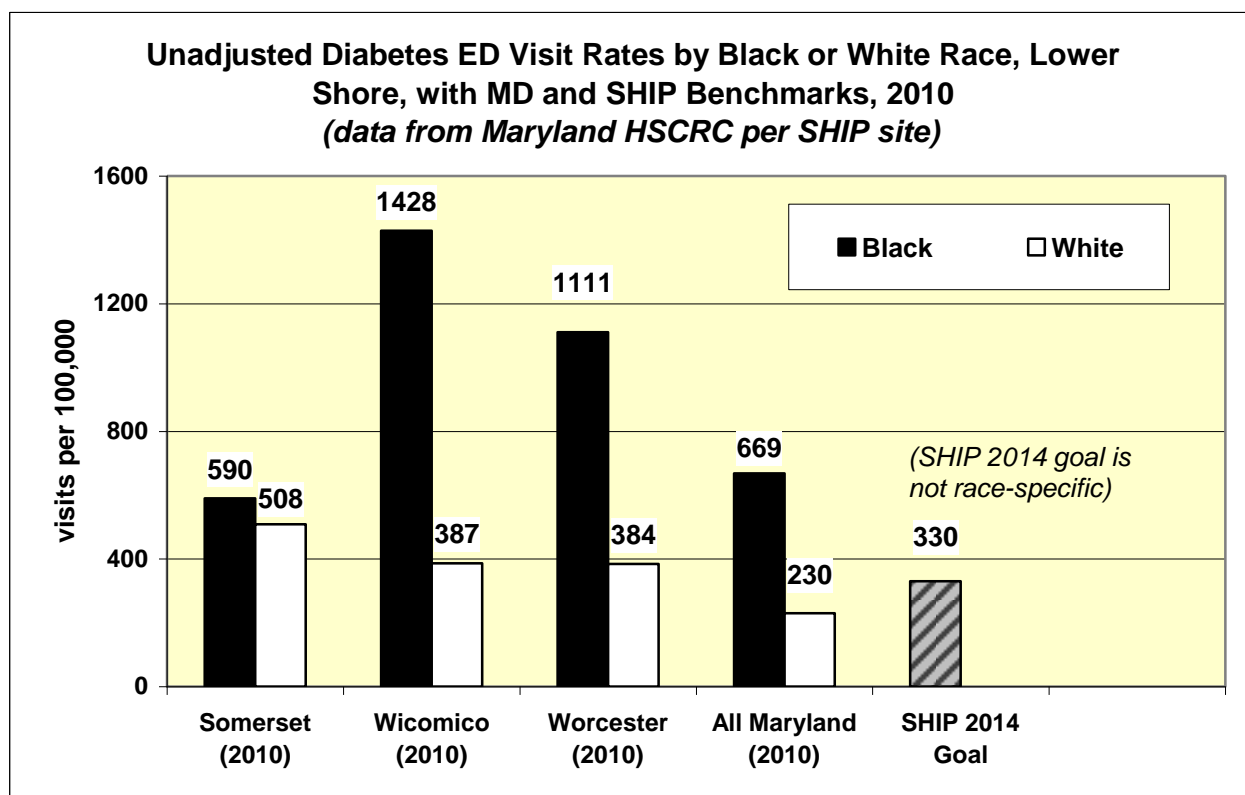
The chart above is a display of the cancer mortality SHIP metric values (Objective 26) as published in the current SHIP County Health Profiles for the three Lower Shore Counties. Age-adjusted mortality rates are shown for Black or White race for each county, along with the race-specific Maryland Statewide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

Regarding cancer mortality rates, all of the race-by-county groups are worse than the corresponding Statewide rate, and all groups are worse than the SHIP 2014 and HP 2020 goals.

Somerset and Worcester have Black rates that are higher than White rates. Based on data from CDC Wonder from 1999 to 2008 (data not shown), in Somerset White cancer rates had been higher than Black rates from 1999 to 2006, but White rates have been lower in 2007 and 2008. In Somerset, Black rates have been falling slowly; White rates have been falling more rapidly. In Worcester, Black rates have been consistently higher than White rates, and the rate of improvement in White rates exceeds the rate of improvement in Black rates.

In Wicomico, the charted data for 2007-2009 show White rates higher than Black rates. Based on data from CDC Wonder from 1999 to 2008 (data not shown), Black rates were higher than White rates from 1999 – 2006, but were lower than white rates for 2007-2009. Black rates have been improving while White rates have been worsening from 1999 to 2008.

Diabetes ED Visits



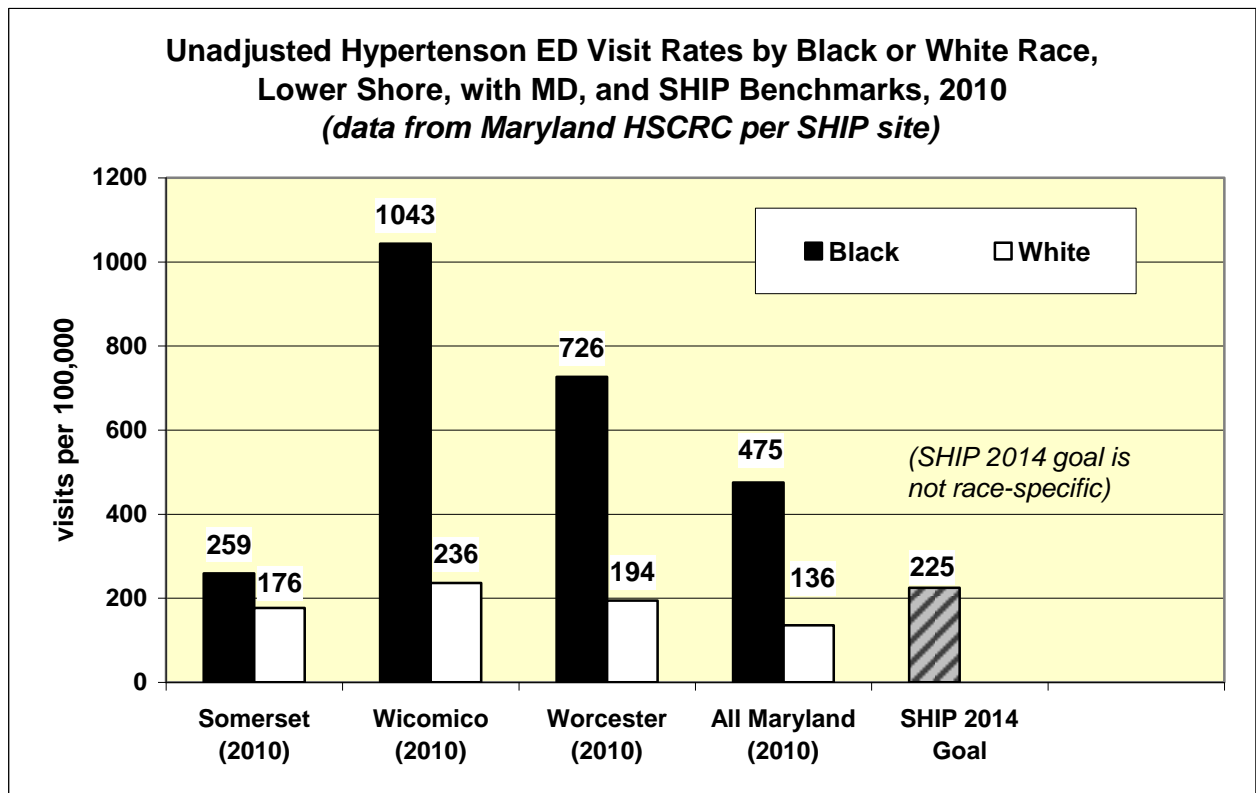
The chart above is a display of the diabetes Emergency Department (ED) visit SHIP metric values (Objective 27) as published in the current SHIP County Health Profiles for the three Lower Shore Counties. Unadjusted ED visit rates are shown for Black or White race for each county, along with race-specific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

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

For Worcester and Wicomico, Black rates are considerable higher than the Statewide Black rate, and higher than the White rates in the same county. The White rates are also higher than the Statewide White rate.

For Somerset, a different pattern is seen. The White rate is the highest of the three Lower Shore counties, and is higher than the Statewide White rate. The Black rate is not much higher than the White rate, and is below the Statewide Black Rate. Are Blacks in Somerset really doing that much better than their Black neighbors and Blacks Statewide on Diabetes ED visits? This could well be a data artifact. On page 10 we see that only 10% of Somerset's Black adults are at healthy weight. With obesity being a main risk factor for diabetes, low diabetes ED visits rates in Somerset's obese Black population seems unlikely.

Hypertension ED Visits



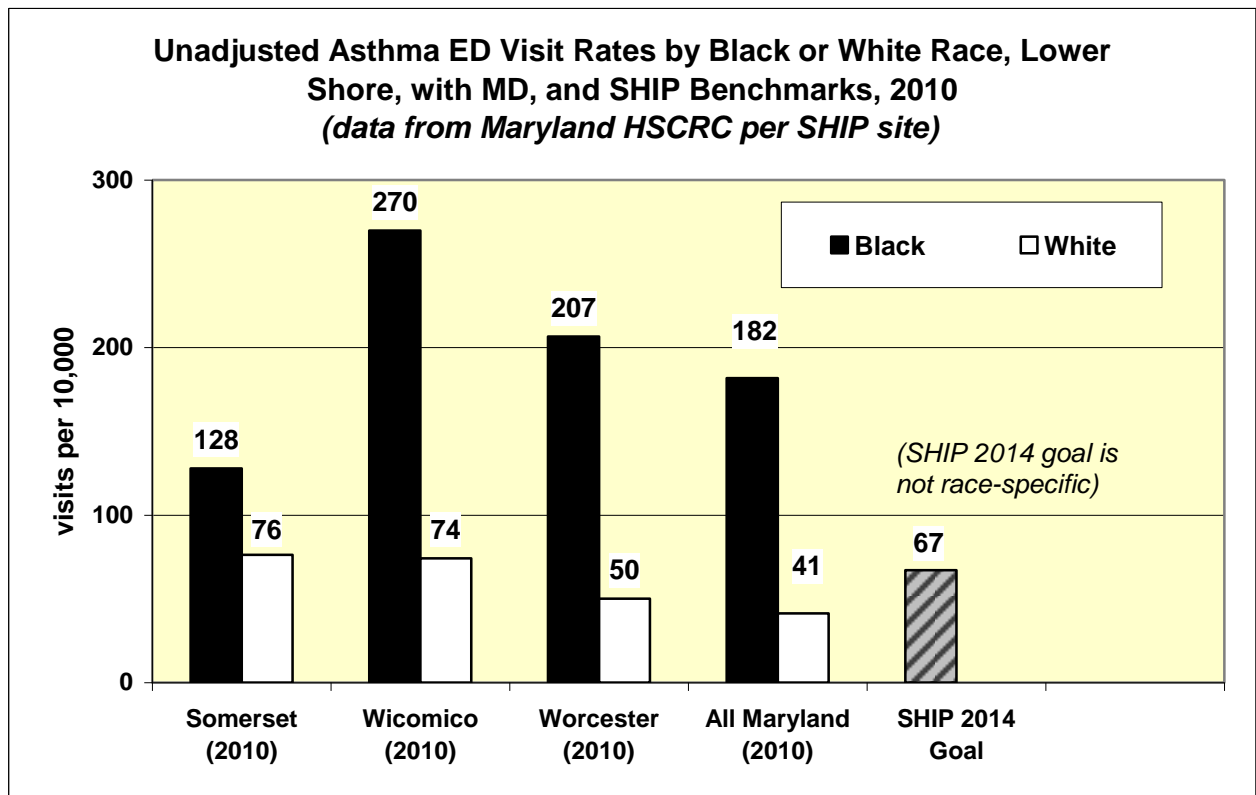
The chart above is a display of the asthma Emergency Department (ED) visit SHIP metric values (Objective 17) as published in the current SHIP County Health Profiles for the three Lower Shore Counties. Unadjusted ED visit rates are shown for Black or White race for each county, along with the race-specific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

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

For Worcester and Wicomico, Black rates are considerable higher than the Statewide Black rate, and higher than the White rates in the same county. The White rates are also higher than the Statewide White rate.

For Somerset, a different pattern is seen. The White rate is the lowest of the three Lower Shore counties, but is higher than the Statewide White rate. The Black rate is higher than the White rate and below the Statewide Black Rate. Are Blacks in Somerset really doing that much better than their Black neighbors and Blacks Statewide on Hypertension ED visits? This could well be a data artifact. On page 10 we see that only 10% of Somerset's Black adults are at healthy weight. Obesity is also a risk factor for hypertension; making low hypertension ED visits rates in Somerset's obese Black population an unexpected finding.

Asthma ED Visits



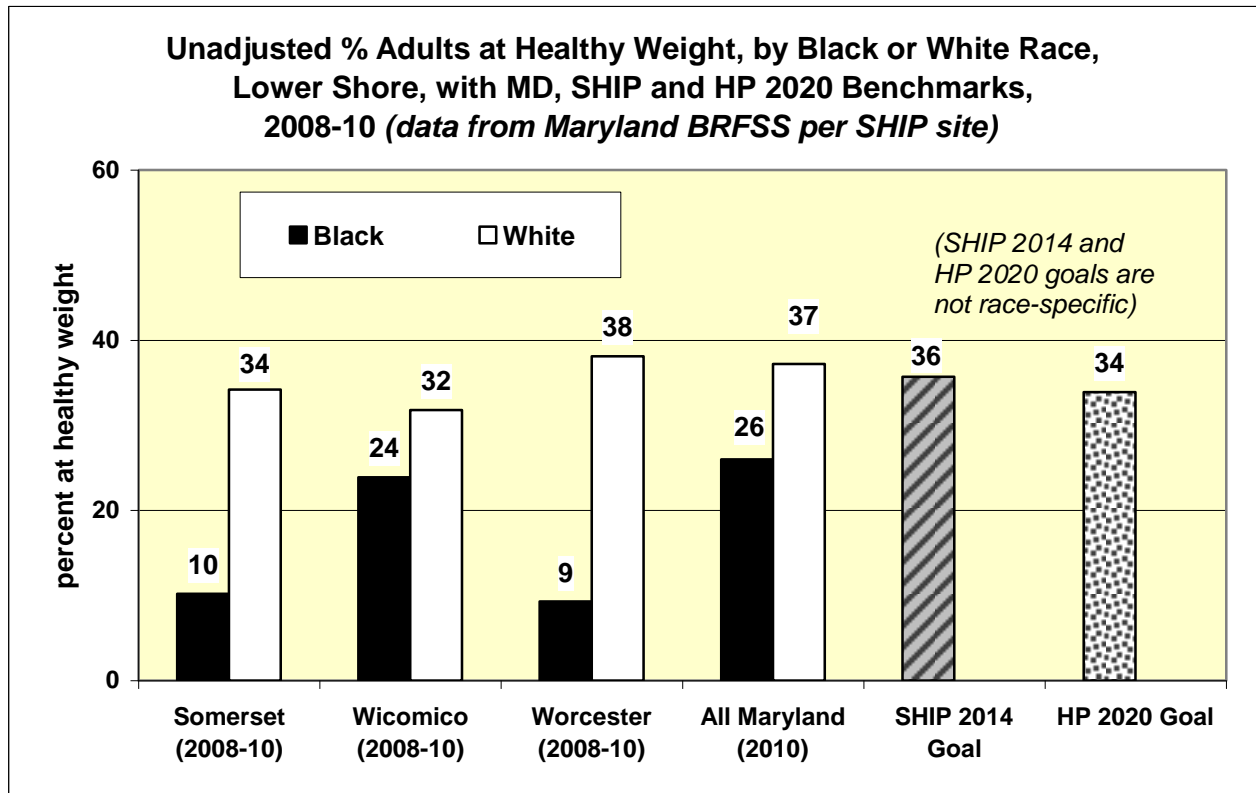
The chart above is a display of the asthma Emergency Department (ED) visit SHIP metric values (Objective 17) as published in the current SHIP County Health Profiles for the three Lower Shore Counties. Unadjusted ED visit rates are shown for Black or White race for each county, along with the race-specific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

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

For Worcester and Wicomico, Black rates are higher than the Statewide Black rate, and considerably higher than the White rates in the same county. The White rates are also higher than the Statewide White rate.

For Somerset, a different pattern is seen. The White rate is the highest of the three Lower Shore counties, and higher than the Statewide White rate. The Black rate is higher than the White rate and below the Statewide Black Rate. Are Blacks in Somerset really doing that much better than their Black neighbors and Blacks Statewide on asthma ED visits? Given the suspicion about some data artifact operating for diabetes and hypertension, a similar data limitation might be producing the apparent good Somerset Black rates here as well.

Adults at Healthy Weight



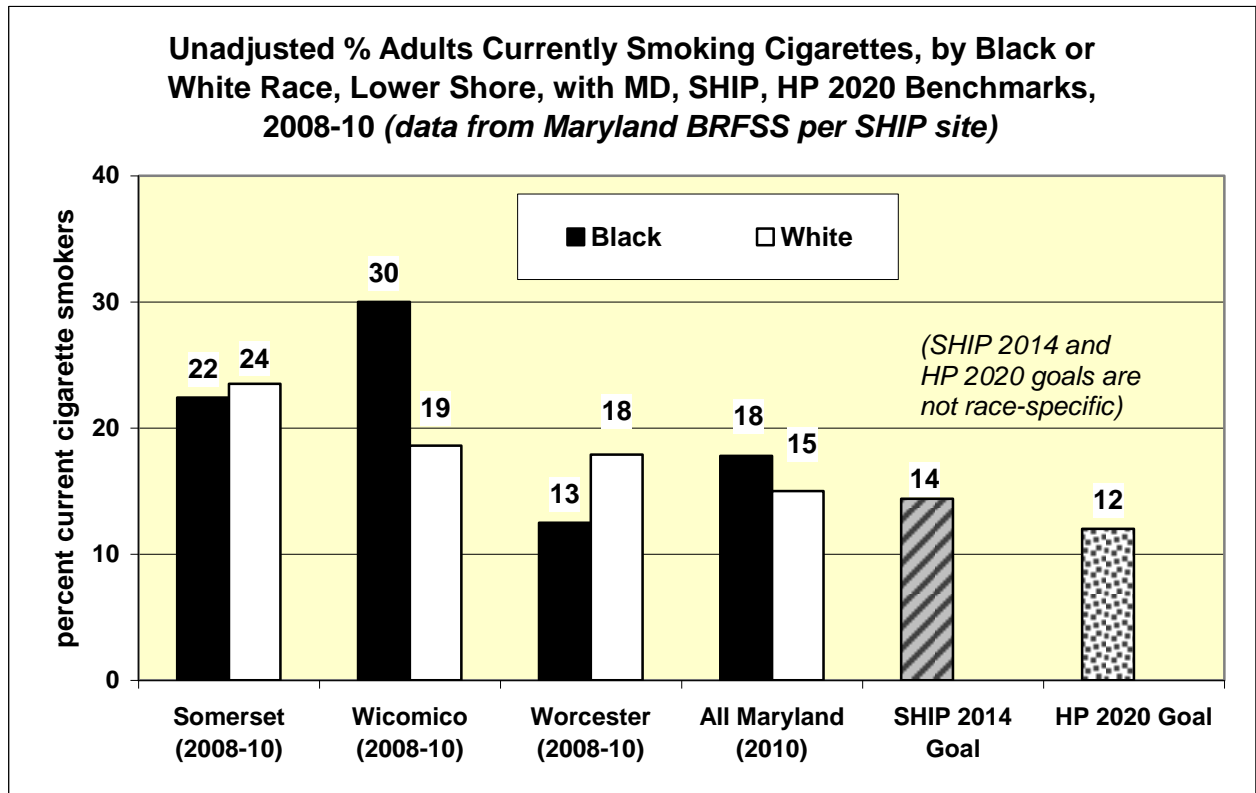
The chart above is a display of the adult at healthy weight SHIP metric values (Objective 30) as published in the current SHIP County Health Profiles for the three Lower Shore Counties. Unadjusted percent at healthy weight is shown for Black or White race for each county, along with the race-specific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

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

Somerset and Worcester have particularly low rates of healthy weight among Black adults, about one third of the Statewide Black rate. The Wicomico healthy weight rate for Blacks is similar to the Statewide Black rate. The Black rates for all three counties and for the State as a whole are below the SHIP 2014 goal and the HP 2020 goal.

For all three counties, the White rates of healthy weight are generally similar to the Statewide White rate and to the SHIP 2014 and HP 2020 goals.

Adult Cigarette Smoking



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

Somerset and Wicomico have smoking rates for both Whites and Blacks that exceed their respective Statewide rates, as well as exceeding the SHIP 2014 and HP 2020 goals. In Worcester, the Black smoking rate is below the Statewide Black rate and below the Worcester White rate. The Worcester White rate is higher than the SHIP 2014 and HP 2020 goals.

Conclusions

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

Large Black vs. White disparities are also seen for healthy weight in Somerset and Worcester, and for smoking in Wicomico.

For heart disease mortality, a large Black vs. White disparity is seen only in Worcester, where the White rate matches the Statewide White rate. The absence of disparity in Somerset and Wicomico is not because of good Black health (the Black rates are not better than the Statewide Black rate), but because of poor White health: the White rates are considerably higher than the Statewide White rate.

For cancer mortality, the Black vs. White comparison is different in each county, but for all three counties, the Black and White rates exceed the corresponding Statewide rates and the SHIP 2014 and HP 2020 goals.

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

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

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