

SHAPE A HEALTHIER WORCESTER

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- Volunteer your skills and time
- Get your organization to implement community change

Worcester County Health Department
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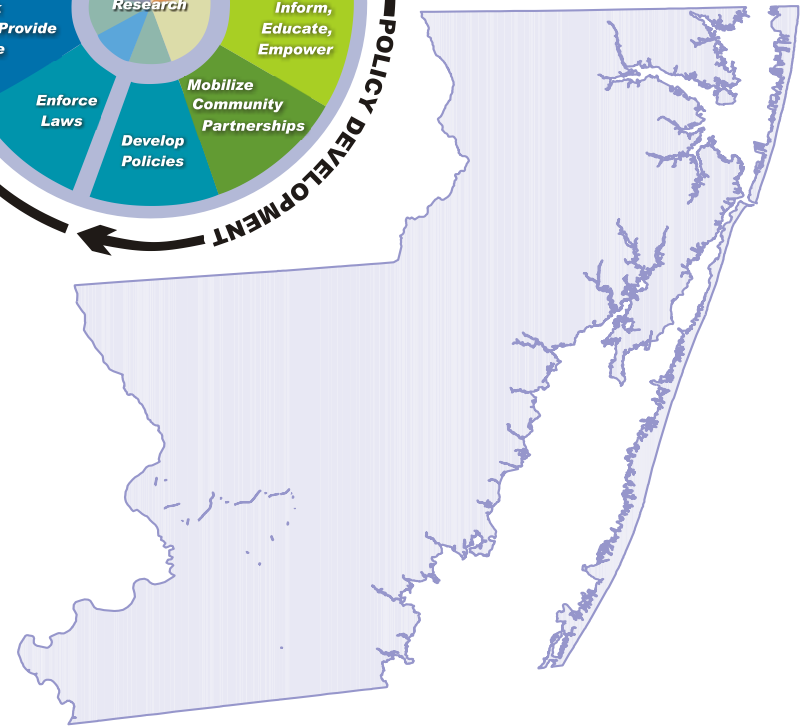
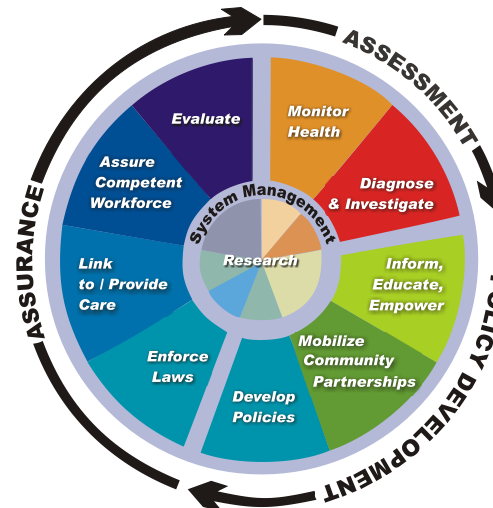
INFORMATION

Published 2012
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 please contact:
 Worcester County Health Department
 Planning Quality and Core Services
 410-632-1100 or
 go to our website: www.worcesterhealth.org

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WORCESTER COUNTY REPORT CARD 2012



Worcester Health
 County Department
A shore line to good health...

Deborah Goeller, R.N., M.S.
 Health Officer

Introduction

This community health *2012 Report Card* is the fourth published by the Worcester County Health Department. There are some important differences between this *2012 Report Card* and prior ones.

1. Most of the prevalence estimates for chronic disease, health risk factors, and risk behaviors are now from the *Behavioral Risk Factor Surveillance System* (BRFSS).
 - Our community partners may want to use the *2009 Professional Research Consultants, Inc. (PRC) Tri County Community Health Assessment* for trend data on specific indicators used before. Please find *2009 PRC Report* on Worcester County Health Department website worcesterhealth.org/records-menu/community-health-data-menu.
 - For other BRFSS based indicators select “Healthy Communities” at: worcester.md.networkofcare.org. Please ask us any questions you have with this data, ask for Planning at (410) 632-1100.
2. The *2012 Report Card* is taken from a more comprehensive *2012 Community Health Assessment* (CHA). It distills the indicators our community partners may wish to use to develop new projects and evaluate success of existing projects. The items in the *2012 Report Card* were also chosen as they relate to the County Health Priorities.
3. The processes used to complete the CHA have been changed to reflect new national standards for public health.
4. The Maryland Department of Health and Mental Hygiene (DHMH) began an initiative based on the new public health standards. DHMH has analyzed health data and used a broad group as advisory in the development of a *State Health Improvement Plan/Process* (SHIP). All jurisdictions are being asked to link local activities to the SHIP. For SHIP Framework go to: www.dhmh.maryland.gov/ship/Sitepages/home.aspx. Included is a Health Disparities SHIP covering major minority health indicators.

When you use the information, please cite the original source and reference this report. Some indicators need to be interpreted carefully. Please call Worcester County Health Department for help interpreting the data, for personal help to make lifestyle changes, and for local resources.

Community Health Improvement Planning Priority Areas

Promote healthy lifestyle

- ♦ Increase the proportion of people of all ages at healthy weight by promoting healthy eating and physical activity
- ♦ Support and promote healthy lifestyles and communities

Improve access to care

- ♦ Improve access to behavioral health care and to children’s dental health services
- ♦ Increase the proportion of persons with health insurance

Promote behavioral health

- ♦ Reduce stigma associated with mental illness
- ♦ Reduce suicide rates
- ♦ Promote the development of integrated primary care and behavioral health services

Improve prevention and control of communicable diseases

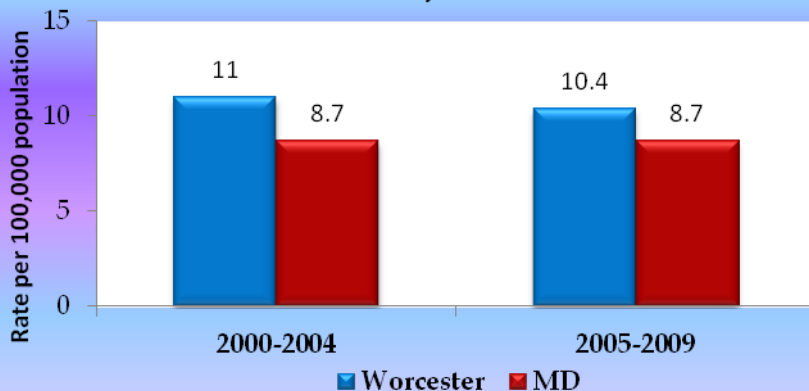
- ♦ Promote behavioral and environmental strategies to reduce risks for communicable diseases
- ♦ Improve the recognition and reporting of communicable disease

Special focus should be on Vulnerable Populations and Health Disparity Areas.

Suicide

In 2008 suicide was the 10th leading cause of death in the United States, resulting in 36,035 deaths according to the CDC. It is the 4th leading cause of death among children aged 10-14 years, 3rd among persons aged 15-24 years, the 4th among persons aged 25-44 years, and the 8th among those aged 45-64 years.

Figure 22. Age-adjusted suicide rate (five-year average), Worcester County and MD 2000-2009



Source: MD Vital Statistics

During 2005-2009, the overall age-adjusted suicide rate in Worcester County was higher than the state (10.4 vs. 8.7 per 100,000 population respectively) (Figure 22).

Suicide is the fourth leading cause of premature death in Worcester County (see table 3).



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Deborah Goeller, R.N., M.S.
Health Officer

Dear Community Partner:

The mission of the Worcester County Health Department is to promote health, well-being, and a safe environment by assessing community needs, developing appropriate public health policy and assuring the provision of needed health services.

Since 1995, the health department began using national models to assess the health status of Worcester County. Our first *Report* was published in 1997 for the year 2000. In that reference guide comparisons were made against the *Healthy People 2000 Goals for the Nation*.

I am pleased to present Worcester County's *2012 Report Card*. In this publication, Worcester's health status is compared to the national *Healthy People 2020* goals. With input from community advisory committees, the most important health status indicators affecting our community have been selected. Everyone is encouraged to use the data in this report to identify community needs, to design health activities and programs, and/or to join community networking activities.

I am also pleased to announce that the health department now has two important online resources that build on the data of the *Report Card* and provide the public with additional data and tools to improve personal health and the health of our community. You will see both resources mentioned in this report. The first resource is our website, worcesterhealth.org, which has information about each program and service offered by the health department and links to additional community, state and federal resources. The second new resource is an online tool called the Network of Care for Healthy Communities and is available at worcester.md.networkofcare.org. This site has local data and a number of tools for personal and professional use. Please check them out.

Our health department staff can work with you to use these tools to meet your needs. Share your ideas and needs with us and with your neighbors. Together we can improve the health of our community.

Sincerely,

Debbie Goeller, R.N., M.S.N.
Health Officer

Worcester County Demographic Profile

Worcester County's population continues to grow, but at slower rate than the last decade. The 2010 U.S. Census Bureau reported the county had a population of 51,454, a 10.6 percent increase from the 2000 census estimate. The 10.6 percent increase over the last decade was lower than the 32.9 percent increase for the 1990s.

General Characteristics	Worcester County	Maryland	U.S.
Population	51,454	5,773,552	
Median Age	48.1	38	37.2
Under 5 years (percent of population)	4.5	6.7	6.9
65 years and over (percent of population)	23.2	12.2	12.9
Non-Hispanic White (percent of population)	80.3	54.7	63.7
Non-Hispanic Black (percent of population)	13.6	29.4	12.6
Hispanic or Latino origin (percent of population)	3.2	8.2	16.3
Others (percent of population)	2.9	7.7	7.4
Median household income, 2009	\$47,829	\$69,196	\$50,221
Persons below poverty level, 2009 (percent)	12.0	9.2	14.3

Source: Census 2010

The percentage of population who had been told by a doctor that they had anxiety disorder increased from 11.4 percent in 2006-2007 to 13 percent in 2008-2009 (Figure 21).

Table 4. Prevalence of health risk behavior & chronic condition by lifetime diagnosis of depression

Risk Behavior / Chronic Disease	Lifetime diagnosis of Depression	Without lifetime diagnosis of depression
Smoking	27.6%	17.0%
Binge Drink	24.6%	12.3%
Obesity	34.0%	26.5%
Diabetes	12.1%	10.3%
Angina/Coronary disease	16.1%	4.3%
Stroke	6.5%	2.5%
No leisure time physical activity	34.4%	24.8%

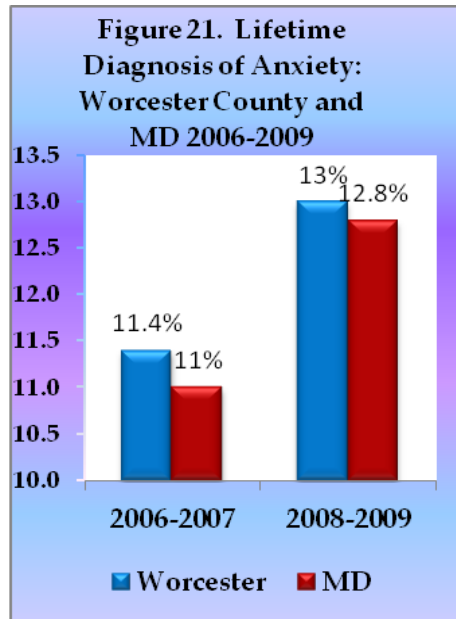
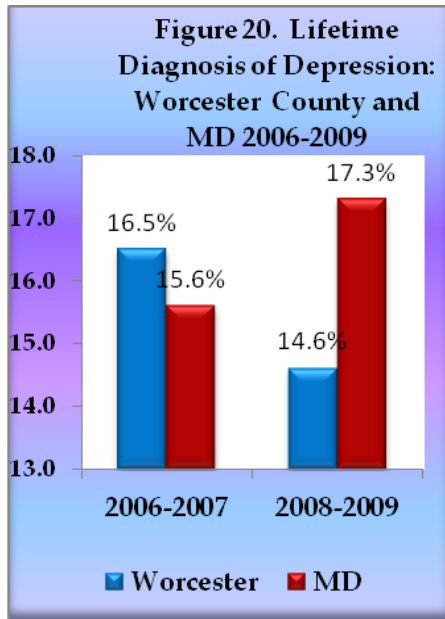
Source: BRFSS

Adults with lifetime diagnosis of depression were more likely than those without diagnosis to smoke, to be obese, to be physically inactive, and to binge drink (Table 4).

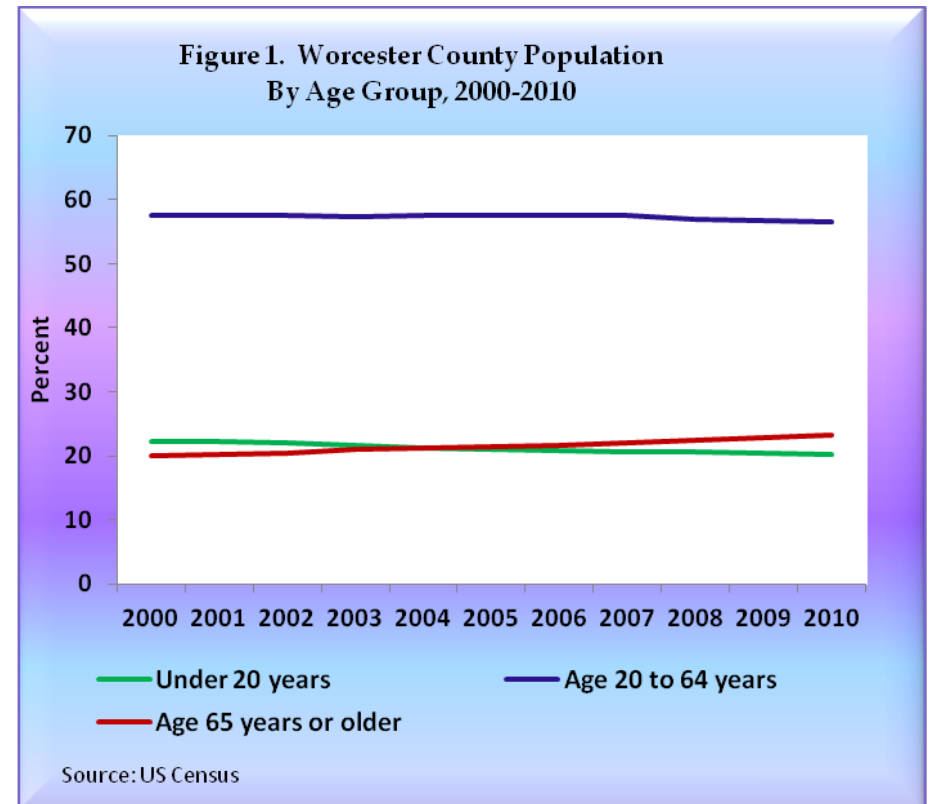
Depression and anxiety disorders are the most prevalent and treatable mental health illnesses. The BRFSS survey assesses how many people are experiencing mental health issues, including a diagnosis of depression and anxiety at some point during their lifetime (lifetime diagnosis).

During 2008-2009, 20 percent of Worcester County adults reported lifetime diagnosis of anxiety and/or depression.

The Worcester County population increased by 10.6 percent between 2000 and 2010. The 65 and older age group accounts for more than half of the total growth, while the proportion of the population under age 20 has declined (Figure 1).



Source: BRFSS



Source: US Census

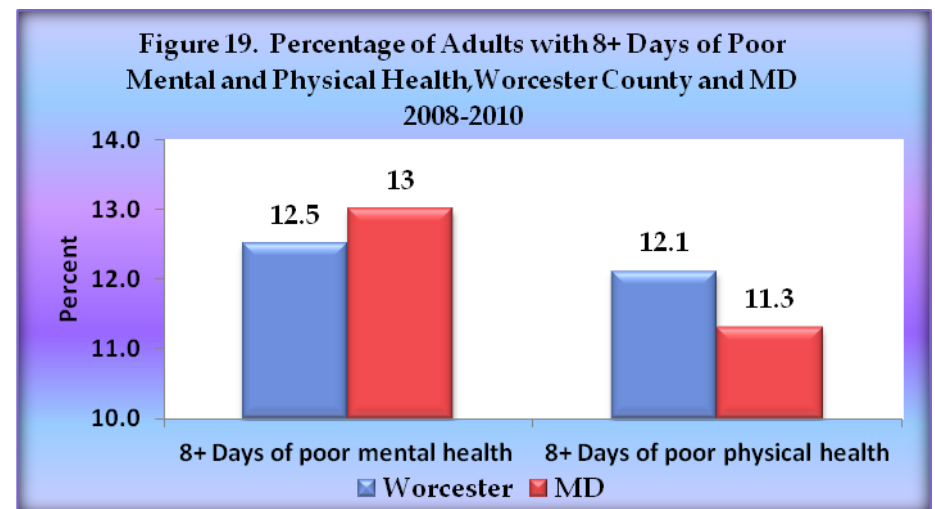
County Health Status Profile

The health profile describes the health status of Worcester County residents. The report includes a range of indicators relevant to the county. Data used in this report came from different sources:

- Behavioral Risk Factor Surveillance System (BRFSS)
- MD Vital Statistics Data
- US Census Bureau
- MD Health Services Cost Review Commission (HSCRC)
- Maryland Youth Tobacco Survey (MYTS)
- Infectious Disease and Environmental Health Administration (IDEHA)
- Professional Research Consultants (PRC) survey

Worcester County's population is relatively small with 51,454 residents, causing a large fluctuation in the estimates from year to year. To increase stability, many of the estimates in this report are presented based on data combined from multiple years. Also, this report does not include estimates for smaller subgroup populations defined by race/ethnicity or other demographic characteristics. Almost all behavioral data used in this report was obtained from BRFSS. The BRFSS was selected because the data is available at local, state and national levels allowing for consistent measurement over time and for comparison of indicators from county-to-state or national.

The BRFSS survey also gathers information on health related quality of life (HRQOL) such as the number of days during the 30 days preceding the survey when physical health was not good, and mental health was not good.



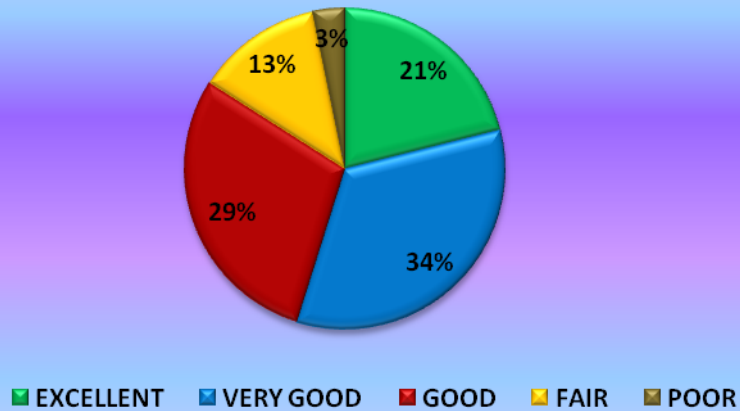
Source: BRFSS

12 percent of Worcester County respondents reported that their mental or physical health was not good more than eight days a month (Figure 19).

Social and Mental Health

World Health Organization (WHO) defines health as a state of “complete physical, mental, and social well-being and not merely the absence of disease or infirmity” Social and mental factors directly or indirectly influence overall health status and both individual and community quality of life.

Figure 18. Self-Perceived Health Status, Worcester County, MD 2008-2010



Source: BRFSS

Self-perceived health status is a subjective measure of personal health based on survey responses to the question: “In general, would you say that your health is excellent, very good, good, fair, or poor?”

In the BRFSS survey, almost 84 percent of adults rated their individual health as excellent, very good or good, which is slightly lower than the overall state rate (87%) (Figure 18).

Mortality

The 10 leading causes of death account for about 80 percent of all deaths in Worcester County between 2007 and 2009. The top two causes, heart disease and malignant neoplasms (cancer), accounted for more than 50 percent of all deaths in between 2007 and 2009. The rank order for the top four causes remains unchanged from 2001-2003 (Table 2).

Table 2. Leading Causes of Death in Worcester County, MD 2007-2009 (Three-year average)

Rank	Causes of Death	Deaths
1	Heart disease	487
2	Malignant neoplasms	466
3	Major non-cardiac vascular diseases	112
4	Chronic lower respiratory diseases	93
5	Accidents	54
6	Diabetes mellitus	50
7	Alzheimers disease	43
8	Nephritis, nephrotic syndrome, and nephrosis	38
9	Septicemia	34
10	Influenza and pneumonia	33
	All other causes	348
	Total	1758

Source: MD Vital Statistics

Years of Potential Life Lost (YPLL)

Years of Potential Life Lost to 75 (YPLL-75) measures the relative impact of premature deaths on the community by counting the number of years that a person's life was cut short of age 75 by a premature death. This indicator helps illuminate causes of death to younger individuals whose lives could have been extended by prevention activities. The younger the decedent is, the greater the measured impact. Along with chronic disease, accidental deaths and infant mortality cause significant loss of potential life.

Table 3. Years of Potential Life Lost (YPLL) before Age 75 per 100,000 Population, Worcester County 2007-2009 (Three-year average)

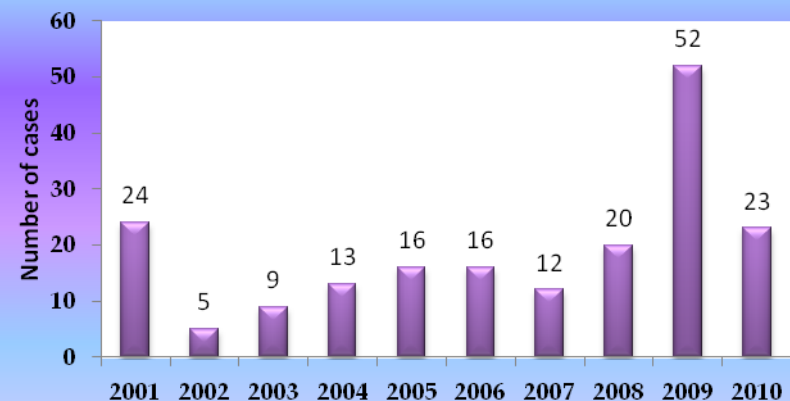
Rank	Causes of Death	YPLL
1	Malignant neoplasms	2327.0
2	Heart disease	1777.3
3	Accidents	1027.5
4	Suicide	365.2
5	Major non-cardiac vascular disease	333.8
6	Perinatal conditions	282.3
7	Chronic lower respiratory disease	196.6
8	Diabetes mellitus	170.1
9	Septicemia	153.4
10	Nephritis, nephrotic syndrome, and nephrosis	111.4

Source: MD Vital Statistics

Animal Rabies

In 2010 in Worcester County, 26 animal rabies cases were reported; this is much lower than 2009, but still represents an increase over historical average of 10-15 rabid animals per year. In 2009 52 animal rabies cases were reported, which was the highest number of cases in several years. By comparison, there were 20 cases in 2008; 11 in 2007; 16 in 2006; and 16 in 2005. The most commonly reported rabid animals in Worcester County include raccoons, feral cats, foxes, skunks, and bats (Figure 17).

Figure 17. Reported Animal Rabies Cases: Worcester County, MD 2001-2010



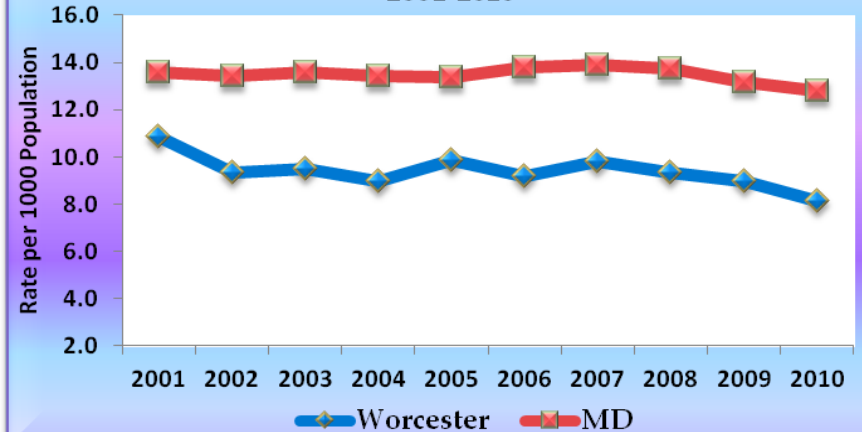
Source: Maryland Department of Health and Mental Hygiene

Animal bites are the second most common notifiable condition next to chlamydia in Worcester County. The most feared complication of an animal bite is rabies, although skin infection is the most common complication. Some bite wounds can be serious, causing injury and permanent disability. In 2010, there were 190 cases of animal bites reported to the health department, corresponding to 369.3 cases per 100,000 population. This rate is similar to the previous year's rate (370 cases per 100,000 in 2009) but much higher than the overall state rate (168.6 per 100,000 population)(Figure 16).

Between 2007-2009, the top three causes of death affecting the total population YPLL-75 in Worcester County were cancer, heart disease and accidents. These three combined accounted for 60% of the total YPLL -75 rate (Table 3).

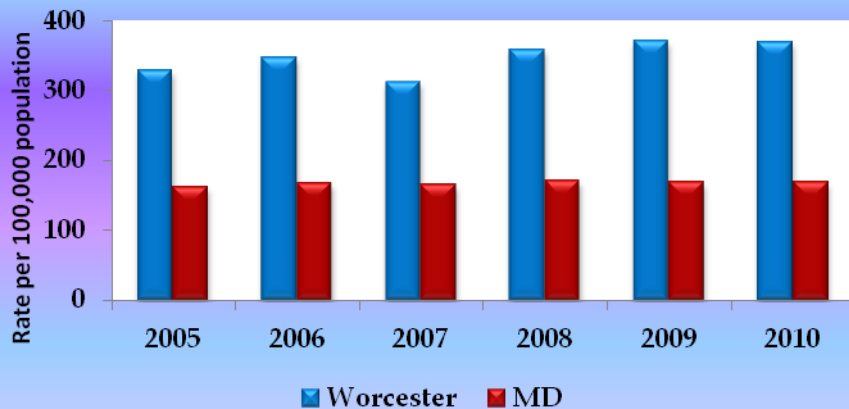
Maternal and Child Health

Figure 2. Birth Rates, Worcester County and MD 2001-2010



Source: MD Vital Statistics

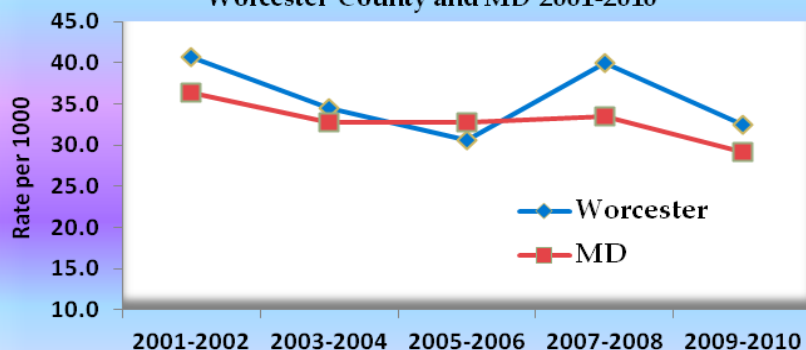
Figure 16. Incidence Rates of Animal Bites, Worcester County and MD, 2005-2010



Source: Maryland Department of Health and Mental Hygiene

The birth rate has been steadily declining since 2007. The birth rate in 2010 was 8.1 live births per 1,000 people, which is 25.6 percent lower than the 2001 rate and 10 percent lower than the 2009 rate. The county has persistently lower birth rates than the state (Figure 2).

Figure 3. Teen Birth Rates (Two-year average), Worcester County and MD 2001-2010



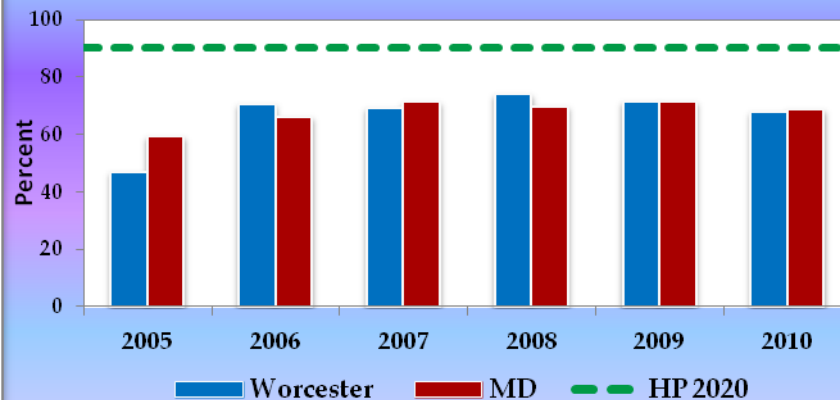
Source: MD Vital Statistics

The average two-year teen birth rate declined from 40.7 births for every 1,000 teens in 2001-2002 to 32.4 in 2009-2010, however the rate remains higher than the state. The steady decline was interrupted by a brief increase in 2007. The number of births is too small to report by race/ethnicity.

In 2009, 83.9 percent of pregnant women initiated prenatal care in the first trimester comparing to 80.1 percent for the state overall rate. These rates are similar to the rates in 2008 (83.1 and 80.2 percent). Use of prenatal care (PNC) is one of the most important indicators used to evaluate the effectiveness of maternal and child health programs.

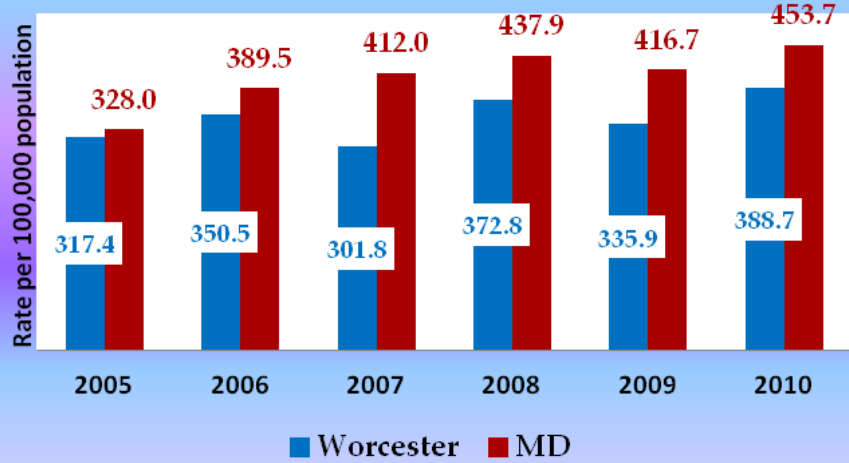
Influenza (Flu) is a contagious viral disease. Each year, on average 5 to 20 percent of the population gets the flu. According to the CDC, between 1976 and 2006, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people a year. Older people, young children, pregnant women, and people with certain health conditions are at high risk for serious flu complications.

Figure 15. Percentage of Persons Aged ≥ 65 Years who Reported Receiving Flu Vaccine, Worcester County and MD 2005-2010



Source: BRFSS

Figure 14. Chlamydia Incidence Rates, Worcester County and MD 2005-2010

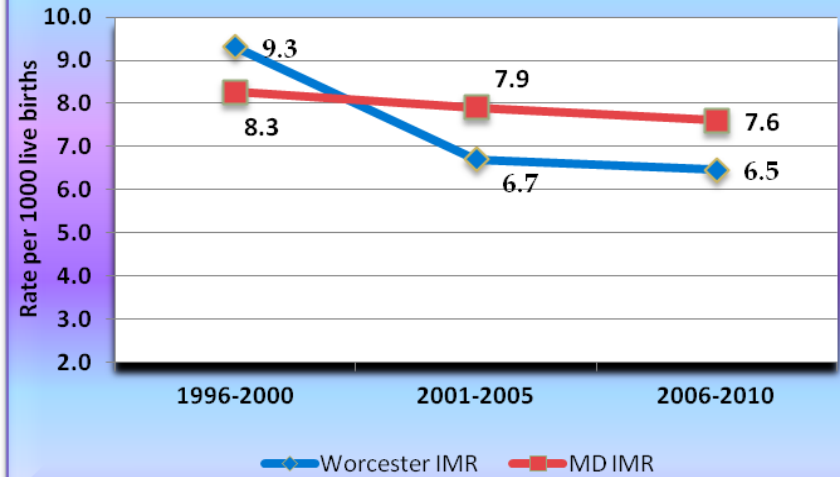


Source: Maryland Department of Health and Mental Hygiene

In Worcester County, there were 200 cases of **chlamydia** reported in 2010. This case count corresponds to a rate of 388.7 cases per 100,000 population, an increase of 15 percent compared with the rate in 2009 but still lower than the state rate (453.7). The 2005 rate (317.4 per 100,000 population) was 22 percent lower than the 2010 rate (Figure 14).

Infant Mortality, the risk of death during the first year of life, is related to the underlying health of the mother, socioeconomic conditions, and availability and use of health care for infants and pregnant women.

Figure 4. Infant Mortality Rates (Five-year average) Worcester County and MD 1996-2010

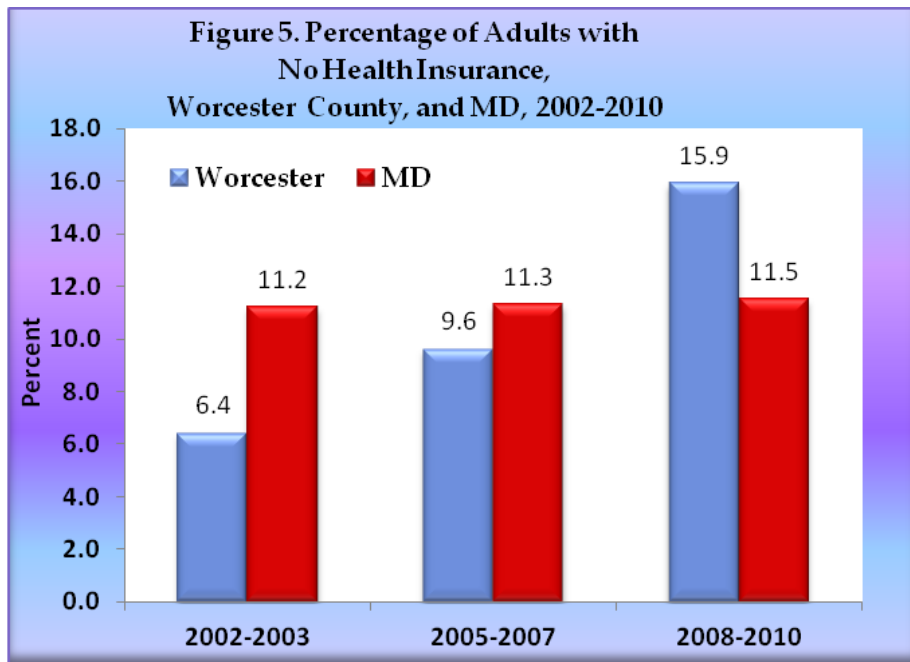


Source: MD Vital Statistics

Between 1996 and 2010 the infant mortality rate in Worcester County declined by more than 30 percent (Figure 4 above).

Access to Care

Access to care is defined as including not only health insurance or a means of paying for health services but also actual utilization of health services. It is an important component of safeguarding the health of communities. Those with the least access to care are the working poor, the elderly, the disabled, and persons with limited incomes, including 20 percent of children under 18.

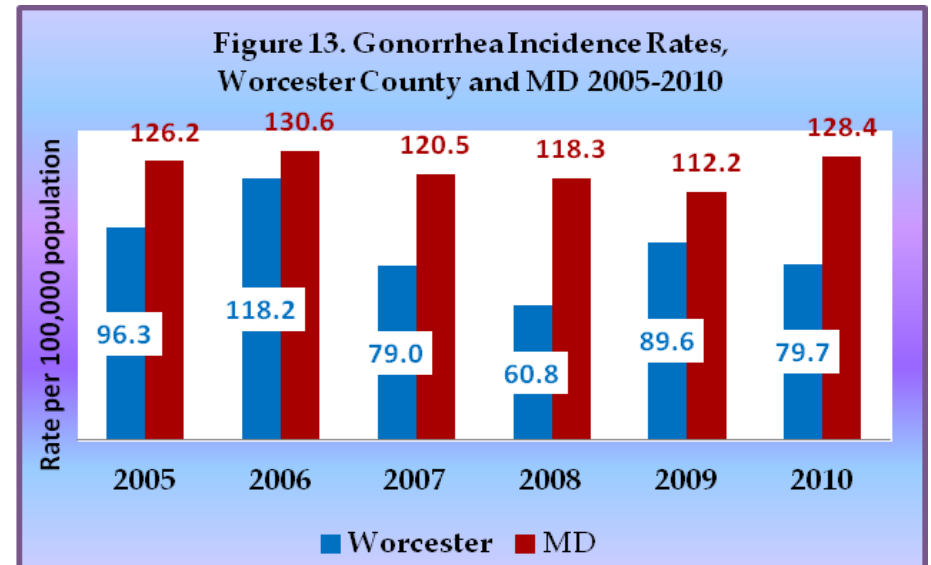


Source: BRFSS

According to the BRFSS nearly 16 percent of adults 18 years and older reported they had no health insurance. This was 65 percent higher than the 2005-2007 average rates (Figure 5).

Communicable Disease

There are more than 90 known diseases and conditions reported to and tracked by the Maryland Department of Health and Mental Hygiene. These include food-borne outbreaks, insect-carried arboviruses, sexually transmitted diseases (STDs), tuberculosis, and many others.



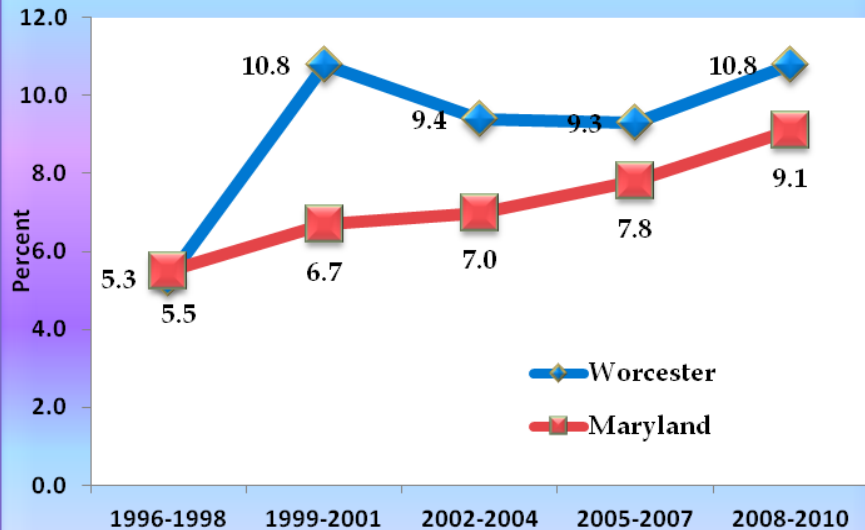
Source: Maryland Department of Health and Mental Hygiene

Worcester County had nearly 80 cases of **gonorrhea** per 100,000 in 2010 which was significantly lower than the rate for the state (128.4). However, this rate is an increase of by 31 percent from the 2008 rate which was 60.8 per 100,000 population (Figure 13).

Diabetes

Diabetes Mellitus is the leading cause of kidney failure, non-traumatic lower limb amputation, and new cases of blindness among adults. It is also a major cause of heart disease and stroke and the 7th leading cause of death in United States.

Figure 12. Prevalence of Diabetes (Three-year average) among adults 18 and over, Worcester County and Maryland 1996 - 2010



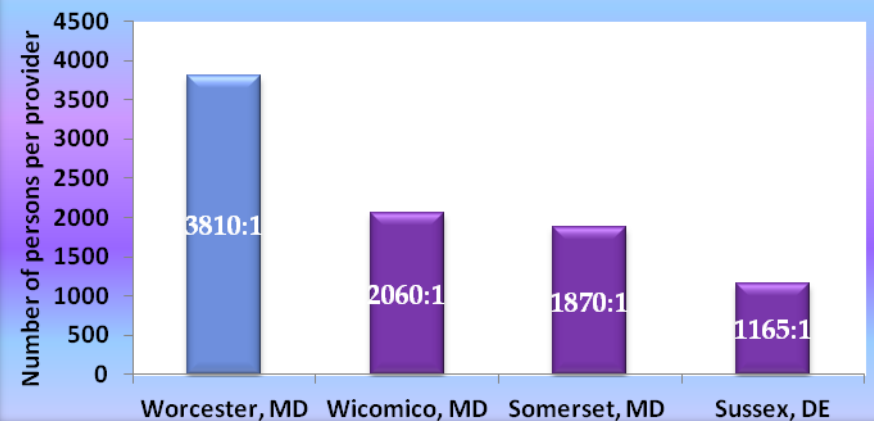
Source: BRFSS

The diabetes rate among Worcester County adults 18 years and older declined between 1999-2001 and 2000-2007, but in 2008-2010 the rate began to rise (Figure 12).

Worcester County is a primary medical care Health Professional Shortage Area (HPSA). The U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA) considers an area to have a shortage of primary care physicians if the population to full-time-equivalent primary care physician ratio is at least 3,500:1.

As of October 2011 the full-time-equivalent primary care physician ratio in Worcester County is 3,810:1. This shortage could mean limited access to health care, longer wait times for patients, or overuse of emergency system of care (Figure 6).

Figure 6. Population:Provider Ratio in Worcester and Neighboring Counties, 2011



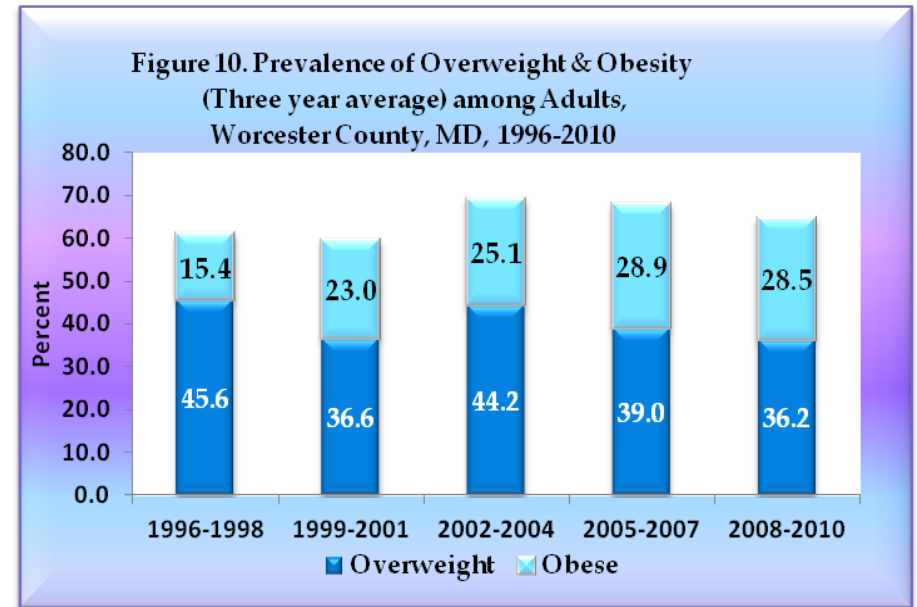
Source: Maryland Department of Health and Mental Hygiene

Health Risk Behaviors

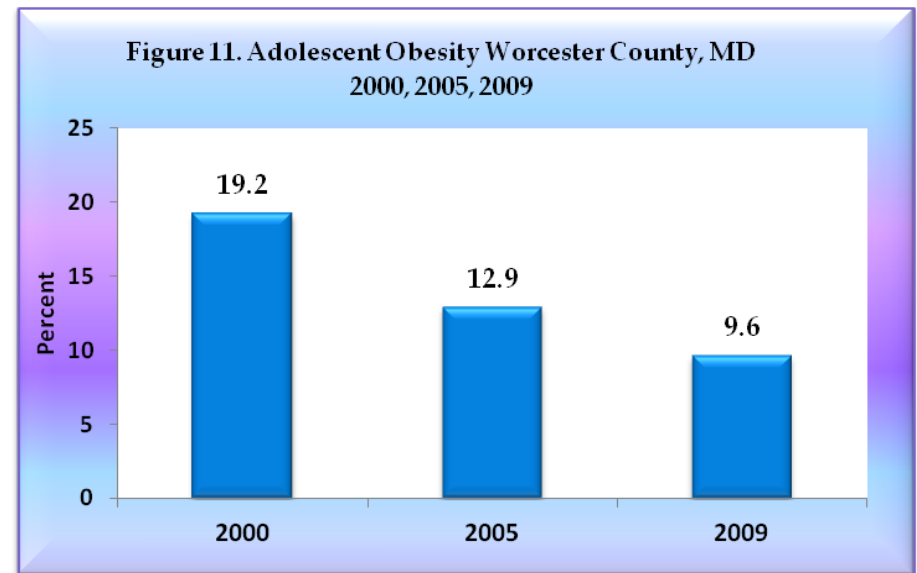
Health risk behaviors have been shown to have a causal link to modifiable risk factors and to chronic diseases. Heart disease, cancer, cerebrovasuclar disease leading to strokes, and diabetes are the major cause of chronic illness and premature death in the United States. This section describes the prevalence of some of the key modifiable risk behaviors including lack of physical activity, tobacco use, and excessive alcohol consumption that have been found to be predictive of, or present risk for, most of the chronic diseases and other health problems.

Health Risk Behavior	Modifiable Risk Factors	Chronic Disease
Tobacco Use	High Cholesterol	Heart Disease
Alcohol use	High Blood Pressure	Cancer Stroke
Physical Inactivity	Obesity	Atherosclerosis
Unhealthy diet	High Blood Glucose	Diabetes

Unhealthy diet, lack of physical activity, smoking, alcohol, weight (especially obesity), high blood pressure, high blood glucose and high cholesterol raise the risk of heart disease, stroke and diabetes. The greater the number of risk factors, the greater the chance for disability or premature death from these chronic diseases.



Source: BRFSS



Source: PRC Community Health Survey

Overweight/Obesity

People who are overweight and obese have higher rates of death and illness than people of healthy weight. These illnesses include high blood pressure, diabetes, and cardiovascular disease mainly heart disease and stroke which are the leading causes of death in the United States. The *Healthy People 2020* target is to reduce the proportion of adults who are obese to 30.6 percent.

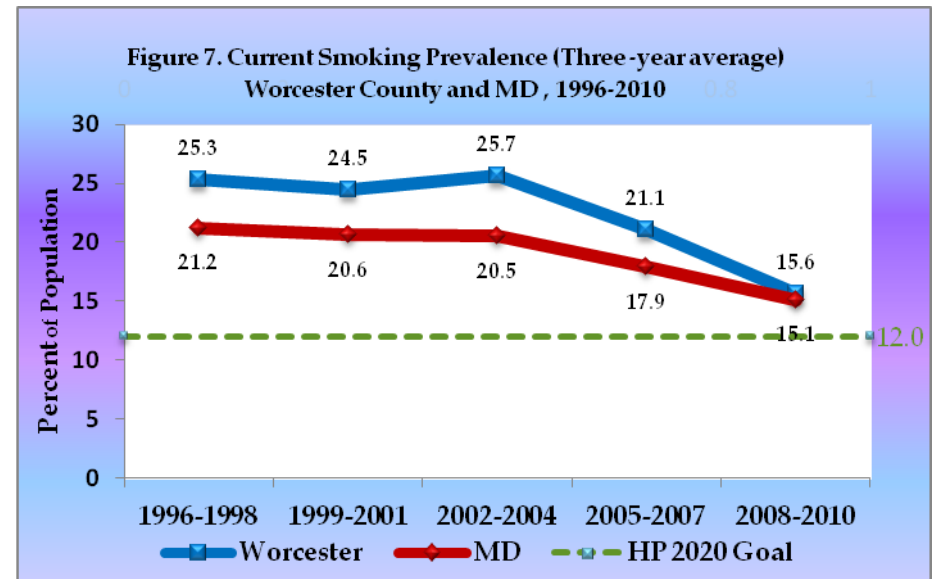
Data about weight and height are self reported. Studies have shown that people tend to over-report their height and under-report their weight, therefore body mass data based on self-report are likely to be underestimates.

More than 60 percent of the adult population in the county is either overweight or obese. Since 2005, the prevalence of obesity slightly increased while the prevalence of overweight showed a decline (Figure 10).

Meanwhile, the data from the local PRC community survey have shown the percentage of children ages 12-19 years who were obese declined from 19.2 percent in 2000 to nearly 10 percent in 2009 (Figure 11), in Worcester County.

Smoking

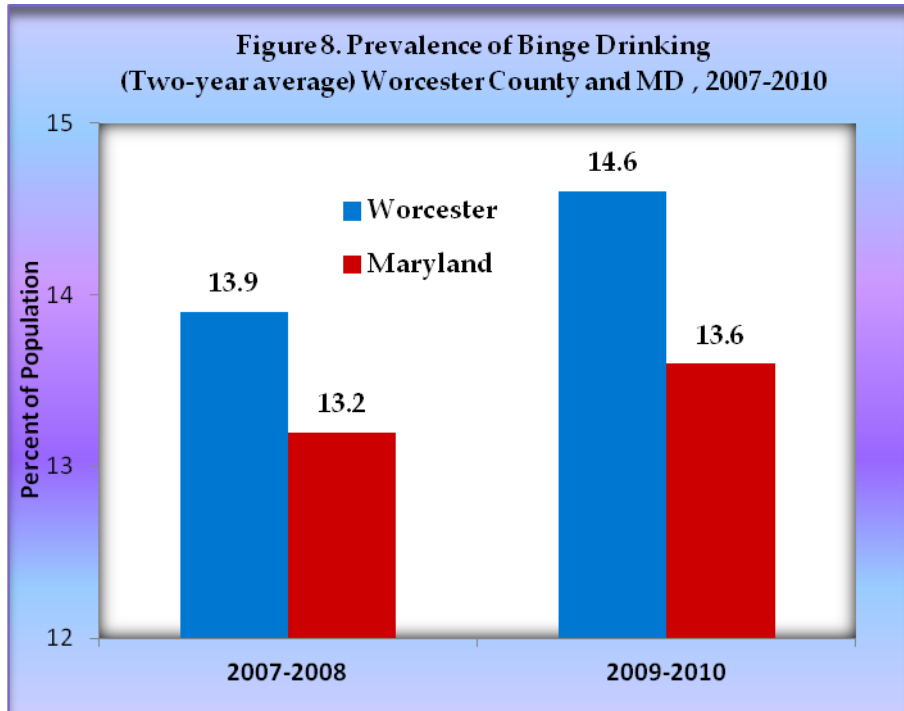
According to the U.S. Surgeon General's report, compared with nonsmokers, smoking is estimated to increase the risk of coronary heart disease by 2 to 4 times, stroke by 2 to 4 times, men developing lung cancer by 23 times, women developing lung cancer by 13 times, and dying from chronic obstructive lung diseases (such as chronic bronchitis and emphysema) by 12 to 13 times.



Source: BRFSS

In Worcester County, 15.6 percent of adults (ages 18 and over) are current smokers. During the last decade, the three year average annual smoking rate declined from 25.7 in 2002-2004 to 15.6 percent in 2008-2010 (Figure 7).

Binge Drinking



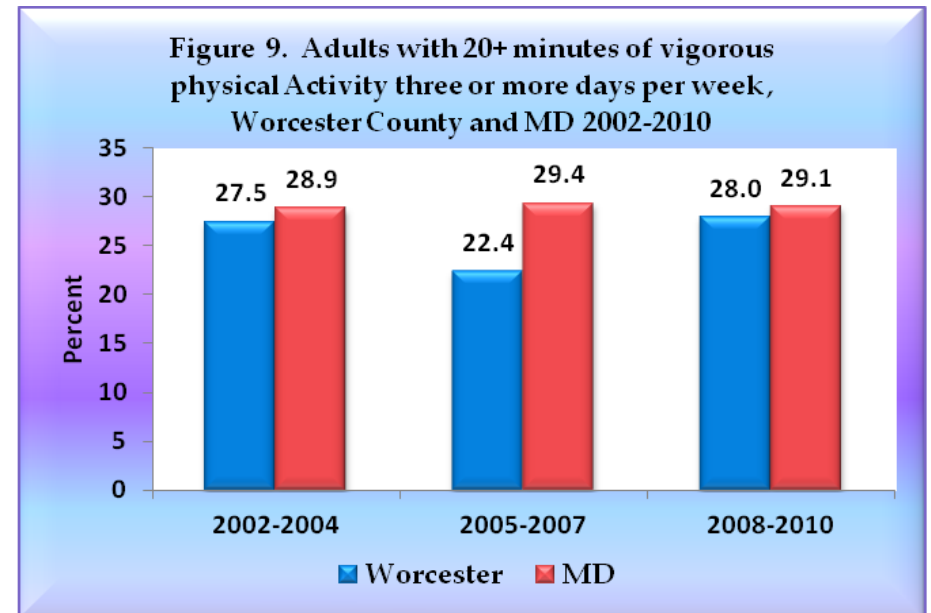
Source: BRFSS

The prevalence of binge drinking is higher in Worcester County than the state of Maryland (Figure 8). The *Healthy People 2020* target for binge drinking is 24.3 percent.

Binge drinking is defined as 5 drinks for a male and 4 for a female in one occasion. It is a proxy indicator for excessive alcohol use within the population.

Physical Activity

Regular physical activity can improve the health and quality of life of all ages. Research has shown that regular activity reduces the risk of cardiovascular disease, type 2 diabetes, some forms of cancer and strengthens bones and muscles which increases the chance of living longer.



Source: BRFSS

The BRFSS asked adults questions about participation in moderate and vigorous physical activities. Between 2008-2010, 28.0 percent adults reported participating in vigorous physical activity for at least 20 minutes three or more times per week, which is slightly lower than the rates in Maryland (29.1%) (Figure 9).