

# 2013 Rankings Maryland





### Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office in our schools, workplaces and neighborhoods. The County Health Rankings & Roadmaps program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the County Health Rankings illustrate what we know when it comes to what is making communities sick or healthy. The County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The County Health Rankings & Roadmaps program includes the County Health Rankings project, launched in 2010, and the newer Roadmaps project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The County Health Rankings & Roadmaps serve as both a call to action and a needed tool in this effort.

#### Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the Rankings Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the Roadmaps to Health Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

## County Health Roadmaps

The Rankings illustrate **what we know** when it comes to making people sick or healthy. The County Health Rankings confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The County Health Roadmaps mobilizes local communities, national partners and leaders across all sectors to improve health. The County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

#### Roadmaps to Health Community Grants

The Roadmaps to Health Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

#### Roadmaps to Health Partner Grants

RWJF is awarding Roadmaps to Health Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the County Health Rankings & Roadmaps to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

#### **RWJF Roadmaps to Health Prize**

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health* Prizes of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health* Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



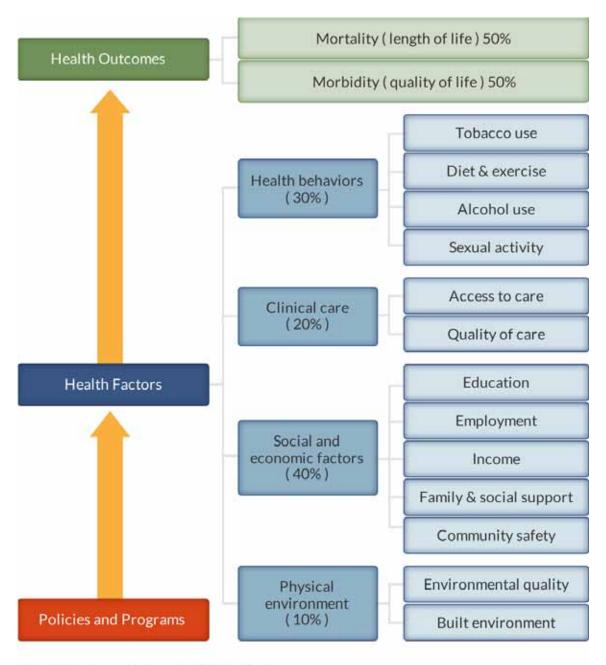
#### Roadmaps to Health Action Center

The Roadmaps to Health Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: What Works for Health. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

# **County Health Rankings**

The 2013 County Health Rankings report ranks Maryland counties according to their summary measures of health outcomes and health factors. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the Rankings model; those having high ranks (e.g., 1 or 2) are estimated to be the "healthiest."

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

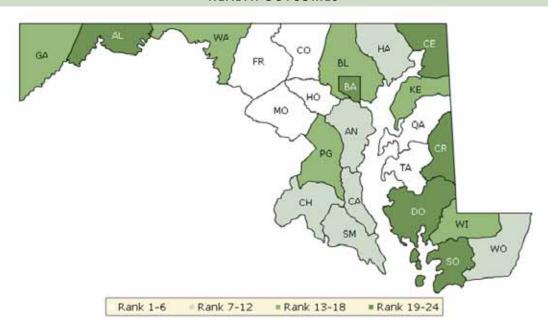


County Health Rankings model @2012 UWPHI

The maps on this page and the next display Maryland's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

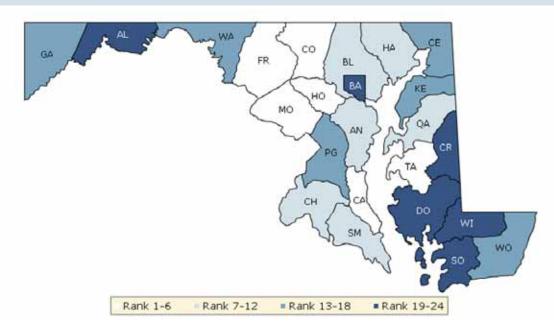
summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

#### **HEALTH OUTCOMES**



County	Rank	County	Rank	County	Rank	County	Rank
Allegany	22	Carroll	5	Harford	10	Somerset	20
Anne Arundel	9	Cecil	19	Howard	1	St. Mary's	7
Baltimore	14	Charles	12	Kent	17	Talbot	6
Baltimore City	24	Dorchester	21	Montgomery	2	Washington	13
Calvert	8	Frederick	3	Prince George's	16	Wicomico	18
Caroline	23	Garrett	15	Queen Anne's	4	Worcester	11

#### **HEALTH FACTORS**



County	Rank	County	Rank	County	Rank	County	Rank
Allegany	19	Carroll	5	Harford	9	Somerset	23
Anne Arundel	7	Cecil	18	Howard	1	St. Mary's	10
Baltimore	12	Charles	11	Kent	13	Talbot	4
Baltimore City	24	Dorchester	22	Montgomery	2	Washington	16
Calvert	6	Frederick	3	Prince George's	17	Wicomico	20
Caroline	21	Garrett	15	Queen Anne's	8	Worcester	14

# **Summary Health Outcomes & Health Factors Rankings**

Counties receive two summary ranks:

- Health Outcomes
- **Health Factors**

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Howard	1	Howard
2	Montgomery	2	Montgomery
3	Frederick	3	Frederick
4	Queen Anne's	4	Talbot
5	Carroll	5	Carroll
6	Talbot	6	Calvert
7	St. Mary's	7	Anne Arundel
8	Calvert	8	Queen Anne's
9	Anne Arundel	9	Harford
10	Harford	10	St. Mary's
11	Worcester	11	Charles
12	Charles	12	Baltimore
13	Washington	13	Kent
14	Baltimore	14	Worcester
15	Garrett	15	Garrett
16	Prince George's	16	Washington
17	Kent	17	Prince George's
18	Wicomico	18	Cecil
19	Cecil	19	Allegany
20	Somerset	20	Wicomico
21	Dorchester	21	Caroline
22	Allegany	22	Dorchester
23	Caroline	23	Somerset
24	Baltimore City	24	Baltimore City

# 2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC	FACTORS		
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
Support	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMEN	Т		
<b>Environmental Quality</b>	Daily fine particulate matter <sup>1</sup>	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

Not available for AK and HI.

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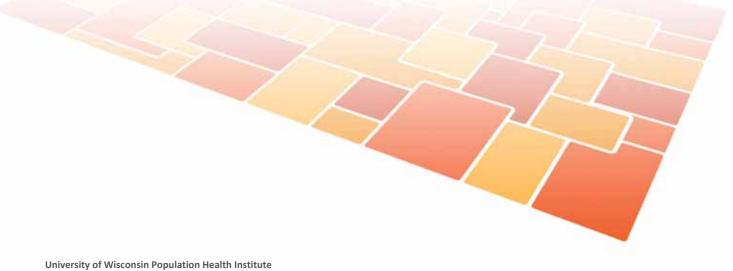
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