County Health Status Report 2015

A Description of the Health Status and Health Experience of Residents in St. Mary’s County, Maryland

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1.0 INTRODUCTION

Message from the Health Officer

The St. Mary’s County Health Department is so pleased to offer this first edition of a County Health Status Report for St. Mary’s County, Maryland. This report summarizes key information about the health of our County’s population, including the impact of various health risk factors, illness, and disease across our population. The report is intended to assist community partners, residents, and policy-makers in understanding the health of our County’s residents. It is also meant to help drive local health improvement efforts.

This County Health Status Report includes quantitative data through the year 2014. After a review of county demographics through that time, the report highlights key findings from some major categories in health. This report provides a snapshot of multiple aspects of population health.

Collecting, analyzing, and reporting on population health data is a critical responsibility of public health agencies. The interpretation and application of data serves in many ways as the foundation of public health. Having a comprehensive understanding about a community’s health status allows our work in health to be data-driven and evaluated for effectiveness. Because health affects multiple areas in a community – including social well-being, economic stability, individual quality of life, and educational attainment – it is our hope that this report will be a tool for many different community partners and residents in this County.

Meenakshi Brewster, MD, MPH
Health Officer
St. Mary’s County, Maryland.
2.0 DEMOGRAPHICS/POPULATION CHARACTERISTICS

The distribution of age, race, and ethnicity are characteristics that may influence health outcomes of a population. This section provides an overview of the demographics for St. Mary’s County.

2.1 Population

St. Mary’s is one of the fastest growing counties in Maryland (Figure 1). Between 2010 and 2014, the population of St. Mary’s County increased by 4.4 percent (from 105,740 to 110,382). This change was greater than that observed for Maryland, which experienced a statewide population increase of 3.3 percent (from 5,788,101 to 5,976,407). This growth is expected to continue, and by 2020 St. Mary’s County’s population is projected to reach 125,150. By 2040 the County’s population is expected to be 163,350, a nearly 50 percent increase from the 2014 population estimate. Despite this growth and the County’s small metro classification by the National Center for Health Statistics, 50.4 percent of St. Mary’s residents live in rural settings. In contrast, 19.3 percent of the United States population and 12.8 percent of Maryland’s population live in rural settings. [U.S. Census Bureau 2010-2014 estimates].

Figure 1. Annual population growth, 2010–2014, United States US, Maryland (MD), and St. Mary’s County (SMC)

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2. Maryland Department of Planning. July 2014
3. Rural settings are those outside of urbanized centers or urban clusters, as defined by the Office of Management and Budget
2.2 Age
In 2014, the population of persons under 18 years in St. Mary’s County accounted for 24.9 percent of the total population in the County. In Maryland the population of persons under 18 years in 2014 was 22.6 percent of the state’s population (Figure 2). The same population estimates indicate that individuals 65 years and older accounted for 12.0 percent of the St. Mary’s population, compared to 13.8 percent of the state’s. The median age of persons living in St. Mary’s County in 2014 was 36.3, which is younger than the state median age of 38.2[^4] [See also Appendix 1].

![Figure 2. Age distribution of residents: United States, Maryland, and St. Mary’s County, 2014.](image)

2.3 Race and ethnicity
While the population of St. Mary’s County has grown, the racial makeup of the County has been stable over the five year period from 2010 to 2014. The County is 79.1 percent white (WHT), which is similar to the United States (77.4 percent), but higher than Maryland as a whole (60.1 percent). Consistent with the United States and Maryland, the next largest population is black/African American (BLK/AA). However, St. Mary’s County’s percentage of black/African American residents (14.5 percent) is smaller than the state as a whole (30.3 percent). Asian

(ASN, 2.8 percent) and multiracial (Multi, 3.1 percent) residents comprise the next largest populations. Both American Indian/Alaska Natives (AI/AN) and Native Hawaiian/Pacific Islanders (NH/PI) make up less than one percent of the County’s population respectively (Figure 3).

Figure 3: Racial composition of resident population: United States, Maryland and St. Mary’s County, 2014.

As seen in the United States and Maryland, St. Mary’s County saw, in 2014, a small increase (4.7 percent) in the number of residents of any race who identify as being Hispanic or Latino (Figure 4). This is an increase from the percentage in 2010 (3.8 percent), and consistent with increases seen in the United States (1 percent) and Maryland (1.1 percent) across the same time period. [U.S. Census Bureau 2010-2014 estimates]

Figure 4: Hispanic proportion of resident population: United States, Maryland and St. Mary’s County, 2014.
2.4 Place of birth
In 2013, foreign-born individuals comprised 5.0 percent of the total population in St. Mary’s County (Figure 5). During the same time period, 14.2 percent of the total statewide population and 13.1 percent of the nation’s population was foreign-born (U.S. Census Bureau, 2013 American Community Survey 1-Year Estimates).

![Figure 5. Proportion of foreign-born residents: United States, Maryland, and St. Mary’s County, 2013.]

2.5 Life expectancy
Life expectancy at birth is the average number of years a newborn is expected to live given current conditions. The life expectancy in the US is the highest in recorded history thanks to public health interventions such as improvements in sanitation and food safety, development and use of vaccines, and health promotion efforts. Life expectancy for St Mary’s residents has generally been lower than the state of Maryland average (Figure 6). In 2012-2014 life expectancy was 79.3 versus 79.8 years for the state of Maryland.
Figure 6. Life expectancy at birth in St Mary’s County and Maryland, 2008-14.

2.6 Language

The 2013 American Community Survey estimates indicate that 98.2 percent of the St. Mary’s County population 5 years and older speak English “very well”. Individuals who speak only English account for 93.4 percent of the population. Among individuals who speak a language other than English, 2.7 percent speak Spanish, 2.1 percent speak Indo-European languages (this includes languages such as French, German, Greek, and Hindi), and 1.7 percent speak Asian and Pacific Island languages (this includes languages such as Chinese, Japanese, Korean and Tagalog). These findings are consistent with the estimates from the 2010 estimates for St. Mary’s County. The 2013 estimates for Maryland indicate that 93.6 percent of the state speaks English “very well”, with 83.3 percent speaking only English. Of Maryland residents who speak a language other than English, 6.9 percent speak Spanish, 4.4 percent speak another Indo-European language, and 3.6 percent speak Asian and Pacific Island languages (U.S. Census Bureau, American Community Survey 2009-2013 5-year estimates)

2.7 Education

Estimates for 2013 indicate that 89.6 percent of St. Mary’s residents have received at least a high school diploma or its equivalent (U.S. Census Bureau, American Community Survey 2009-2013 5-year estimates). This is similar to the Maryland estimate of 89.2 percent. Estimates indicate that 29.5 percent of St. Mary’s County residents have obtained a bachelor’s, graduate, or professional degree, compared to 37.4 percent of residents of Maryland as a whole have earned a bachelor’s, graduate, or professional degree.
2.8 Employment

In 2014, the St. Mary’s County unemployment rate was 5.4 percent (Table 1). This was lower than the Maryland unemployment rate of 5.8 percent and the national rate of 6.2 percent (See also Appendix 2). In 2013, St. Mary’s County was estimated to have 64,323 full- and part-time jobs, which exceeds the County’s pre-recession peak. Most jobs in the County are “wage & salary” (73.6 percent), with the remainder being farm (0.9 percent) and non-farm (25.6 percent) proprietors. This reflects a 4.5 percent increase in jobs from the recession of 2008 to 2013 (Maryland Department of Planning, Planning Data Services). Government and government-enterprise jobs account for 25.0 percent of the total jobs in St. Mary’s County. This includes federal civilian (14.0 percent), state (1.2 percent) and local (5.9 percent) government positions, as well as military (3.8 percent). Among non-government jobs, leading sectors include professional, scientific and technical services (17.7 percent), retail trade (9.6 percent), healthcare and social assistance (8.4 percent), accommodation and food service (5.5 percent), and construction (5.1 percent) (Table 2, Maryland Department of Planning, from U.S. BEA Table CA-25N, November 2014).

<table>
<thead>
<tr>
<th>Year</th>
<th>United States</th>
<th>Maryland</th>
<th>St. Mary’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>6.2%</td>
<td>5.8%</td>
<td>5.4%</td>
</tr>
<tr>
<td>2013</td>
<td>7.4%</td>
<td>6.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>2012</td>
<td>8.1%</td>
<td>7.0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>2011</td>
<td>8.9%</td>
<td>7.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>2010</td>
<td>9.6%</td>
<td>7.7%</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

**Table 1 Unemployment**
Source: Maryland Department of Planning, U.S. BEA (Table CA25N), November 2014

<table>
<thead>
<tr>
<th>Sector</th>
<th>United States</th>
<th>Maryland</th>
<th>St. Mary’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional, Scientific, Tech</td>
<td>5.9%</td>
<td>9.8%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Retail Trade</td>
<td>10.8%</td>
<td>9.9%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Healthcare and social services</td>
<td>12.6%</td>
<td>12.0%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Accommodation and food service</td>
<td>8.8%</td>
<td>6.6%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Construction</td>
<td>4.4%</td>
<td>6.1%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

**Table 2. Leading private job sectors**
Source: Maryland Department of Planning, U.S. BEA (Table CA25N), November 2014
2.9 Income

In 2013, the estimated median household income\(^5\) in St. Mary’s County was $85,672, which was higher than the state median income of $73,538 (Table 3; U.S. Census Bureau, American Community Survey 5-year estimates for 2010-2013). These same estimates indicate that household income in St. Mary’s County varies dramatically by race and ethnicity. In 2013, median income was highest in Asian households ($111,833) and lowest in African American households ($51,389).

<table>
<thead>
<tr>
<th>Year</th>
<th>Maryland: Total</th>
<th>St. Mary's County (SMC): Total</th>
<th>SMC: African American</th>
<th>SMC: Asian</th>
<th>SMC: White</th>
<th>SMC: Two or more races</th>
<th>SMC: Hispanic, all races</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$73,538</td>
<td>$85,672</td>
<td>$51,389</td>
<td>$111,833</td>
<td>$92,021</td>
<td>$85,987</td>
<td>$76,250</td>
</tr>
<tr>
<td>2012</td>
<td>$72,999</td>
<td>$85,032</td>
<td>$55,072</td>
<td>$97,120</td>
<td>$89,653</td>
<td>$67,262</td>
<td>$85,284</td>
</tr>
<tr>
<td>2011</td>
<td>$72,419</td>
<td>$82,529</td>
<td>$52,244</td>
<td>$101,250</td>
<td>$87,484</td>
<td>$71,442</td>
<td>$80,208</td>
</tr>
<tr>
<td>2010</td>
<td>$70,647</td>
<td>$80,053</td>
<td>$54,567</td>
<td>$84,485</td>
<td>$84,906</td>
<td>$68,558</td>
<td>$77,365</td>
</tr>
</tbody>
</table>

2.10 Poverty

During 2013, an estimated 8.2 percent of St. Mary’s County residents had incomes below the federal poverty level. By comparison, greater percentages of residents statewide (10.2 percent) and nationally (15.8 percent) had incomes below the federal poverty level. St. Mary’s County’s poverty rate has remained relatively constant over the period from 2010 to 2013 (U.S. Census Bureau, Small Area Income and Poverty (SAIPE) Program, 2013 Poverty and Median/Household Income Estimates – Counties, States, and National).

2.11 Housing

In 2013, an estimated 71.7 percent of St. Mary’s County residents lived in a home they owned (Table 4). This is higher than the percentage of owner occupants for Maryland (67.5) and the United States (65.1). Of those in St. Mary’s County who owned their home, the median cost of ownership as a percentage of household income was 20.4 percent. For those renting, the median rent as a percentage of household income was 27.0 percent.

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\(^5\) The value that divides income distribution into two equal groups, half having income above that median, and half having income below.
Table 4. Selected characteristics related to housing: United States, Maryland, and St. Mary’s County, 2013.

<table>
<thead>
<tr>
<th>Owner occupant (total pop.)</th>
<th>Cost of ownership as % of income</th>
<th>Median home value*</th>
<th>Renter (total pop.)</th>
<th>Rent as % of income</th>
<th>Median rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>65.1%</td>
<td>20.0%</td>
<td>$173,200</td>
<td>34.9%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Maryland</td>
<td>67.5%</td>
<td>21.6%</td>
<td>$282,400</td>
<td>32.5%</td>
<td>31.0%</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>71.7%</td>
<td>20.4%</td>
<td>$302,100</td>
<td>27.0%</td>
<td>27.0%</td>
</tr>
</tbody>
</table>

2.12 Households

The average household size in St. Mary’s County in 2013 is estimated to be 2.83 persons, while households in the United States (2.64 persons) and Maryland (2.67 persons) were smaller. The County also has a higher percentage of households with at least one person under the age of 18, 38.8 percent, compared to 32.4 percent in the United States and 33.3 percent in Maryland. The majority of households in St. Mary’s County are defined as families (74.6 percent), which is higher than the United States (66.1 percent) and Maryland (66.6 percent). Of the family households in St. Mary’s County, 81.5 percent are married-couple family households. This number is higher than Maryland (70.7 percent) and the United States (72.9 percent).

Among St. Mary’s County households, 79.1 percent are estimated to have computers. This is lower than what is estimated for the United States (83.8 percent) and Maryland (87.4 percent). Among those with computers, 89.6 percent of St. Mary’s households have high-speed internet, while 2.8 percent have dial-up internet or no internet subscription (9.1 percent) (U.S. Census Bureau, American Community Survey 2013 1-yr estimates)

2.13 Transportation

Of St. Mary’s County residents who work, 79 percent work within the County, and their mean\(^6\) travel time to work is 28.6 minutes. Estimates indicate that 85.2 percent of County residents who work commute to their jobs alone, 6.8 percent carpool and 2.2 percent use public transportation. The remaining civilian workers either walk or work from home. While higher than the national average (8.3 percent), 13.1 percent of St. Mary’s residents commute more than 60 minutes to work each way, which is still lower than Maryland at 14.8 percent (Bureau of Labor Statistics Local Area Unemployment Statistics, U.S. Census Bureau, American Community Survey 3-year 2013).

\(^6\) Mean is the arithmetic average
3.0 SOCIAL DETERMINANTS OF HEALTH

3.1 Access to Healthy Foods and Recreation

Healthy food choices and active living are essential in the prevention and control of chronic diseases like diabetes, cancer, heart disease, and high blood pressure. These chronic diseases contribute to the leading causes of death nationally and here in St. Mary’s County.

Living close to sources of healthy food is among the factors associated with better eating habits and decreased risk for obesity and diet-related diseases. Accessing healthy food is a challenge for many families, particularly those living in low-income neighborhoods and rural areas. In 2010, 13 percent of St. Mary’s County residents had low access to a grocery store. Low access to a grocery store is defined as living more than 1 mile (urban area) or 10 miles (rural area) from a supermarket or large grocery store (Economic Research Service, US Department of Agriculture, Food Environment Atlas).

In 2012, 9.3 percent of all St. Mary’s County residents were food insecure. This percentage was lower than the food insecurity rate for the overall Maryland population (13.1 percent). Food insecurity is defined as lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Among children 18 years and younger in St. Mary’s County, 18.4 percent were food insecure. This percentage was slightly lower than the food insecurity rate for the state as a whole (19.3 percent) (Feeding America. Map the Meal Gap).

In addition to access to healthy food, access to and use of recreational facilities is associated with positive health outcomes. Recent data indicate that 57 percent of St. Mary’s County residents have adequate access to parks or recreational facilities for physical activity (County Health Rankings). This percentage is substantially lower than that for the overall Maryland population (91 percent). Adequate access is defined as living in a census block within a half mile of a park, or living within one mile (in urban areas) or three miles (in rural areas) of a recreational facility.

3.2 Environmental Quality

3.2.1 Lead

Lead exposure can cause long-term neurological damage that may be associated with learning and behavioral problems. Children are at greatest risk from birth to age six while their neurological systems are developing. Paint dust or chips from deteriorated lead paint or from renovation of old houses is the major source of lead exposure for Maryland children. At the time this report was developed, Maryland required children to have a blood lead test at ages one and two (greatest likelihood of lead exposure due to mouthing behavior) if they met any of the following criteria:

- Live in an identified “at risk” zip code (areas with a high proportion of pre-1950 housing units). At-risk areas in Maryland include Baltimore City as well as Allegany,

- Participate in Maryland’s Medicaid program
- Give a positive response to the “Risk Assessment Questionnaire” conducted at regular medical checkups on children up to six years of age

Between 2004 and 2010, the percentage of St. Mary’s County children, 0–72 months old, who had blood lead level testing remained relatively stable (17.0 percent to 18.8 percent). From 2010 moving forward, the percentage of St. Mary’s County children, 0–72 months old, who had blood lead level testing declined from 18.8 percent in 2010 to 12.6 percent in 2014 (Maryland Department of the Environment, Lead Poisoning Prevention Program, Childhood Blood Lead Surveillance in Maryland Annual Report 2014).

During 2004–2014, the percentages of St. Mary’s County children, 0–72 months old, who met the testing criteria and had their blood lead level tested were consistently lower than the corresponding testing percentages for Maryland children. Over this period, the percentages of Maryland children, 0–72 months old, who had blood lead level testing ranged from 23.6 percent in 2004 to 20.7 percent in 2014 (Maryland Department of the Environment, Lead Poisoning Prevention Program, Childhood Blood Lead Surveillance in Maryland Annual Report 2013).

Of the St. Mary’s County children tested, the percentage of new elevated blood lead level (≥10 μg/dL) cases has declined since 2005, from a high of 0.7 percent in 2005 to 0.2 percent in 2014. Over that time period, the percentages of new elevated blood lead level cases among children 0–72 months old in St. Mary’s County were consistently lower than that observed statewide (Figure 7).

3.2.2 Waste Generation and Recycling

St. Mary’s County generated 125,609 tons of municipal solid waste and industrial waste in 2013. Through recycling and source reduction credits, the County achieved a waste diversion rate of 45.3 percent, which exceeds the Environmental Protection Agency’s target of 45.0 percent. Maryland as a whole achieved a 48.1 percent waste diversion rate. Waste diversion is the prevention and reduction of generated waste through source reduction, recycling, reuse, or composting. Waste diversion generates a host of environmental, financial, and social benefits, including conservation of energy, reduction of disposal costs, and reduction of the burden on landfills and other waste disposal methods (Maryland Solid Waste Management and Diversion Report, 2014, Maryland Department of the Environment).
Figure 7. Percentage of incident (new) cases of elevated blood lead levels in children 0-72 months old, St. Mary’s County and Maryland, 2005-2013
Source: Maryland Department of the Environment, Lead Poisoning Prevention Program; Childhood Blood Lead Surveillance in Maryland Annual Report 2013

3.2.3 Air Quality

Air quality indices (AQI) are numbers used to characterize the quality of the air at a given location. As the AQI increases, an increasingly large percentage of the population is likely to experience increasingly severe adverse health effects. The average AQI has slowly improved since 1999, where St. Mary’s County had an index score of 50, which was consistent with Maryland’s score. At 45, the United States had a better score. In 2013, St. Mary’s County had an AQI of 41. (Table 5)

Tiny airborne particles or aerosols that are less than 100 micrometers are collectively referred to as total suspended particulate (TSP) matter. St. Mary’s County TSP has decreased from 44.9 μg/m³ in 1999 to 40.2 μg/m³ in 2009. The 2009 average TSP in the County is consistent with the state (40.0 μg/m³) and the United States.

Fine mineral, metal, soot, smoke, and dust particles suspended in the air can damage lungs. For health reasons, inhalable particulate matter less than 10 micrometers in diameter (PM10), and less than 2.5 micrometers in diameter (PM2.5) are of most concern. Particles of these sizes can permanently lodge deep within the lungs, and can aggravate many respiratory illnesses including asthma, bronchitis, and emphysema. High levels of particle pollution have been associated with a higher incidence of heart problems, including heart attacks. While the average PM2.5 in St. Mary’s County has gone down between 1999 (13.7 μg/m³) and 2013 (10.1 μg/m³), the average PM10 has gone from 18.6 μg/m³ in 1999 to 17.3 μg/m³ in 2013.

In addition to particles, specific compounds contribute to air pollution and adverse health outcomes. Environmental carbon monoxide (CO), lead (Pb), nitrogen dioxide (NO₂), ozone (O₃)
and sulfur dioxide (SO₂) have all been demonstrated to impact health. With the exception of lead TSP, all of these compounds are found in lower quantities in 2013 than they were in 1999 (Table 5).

Table 5. Air quality measures for selected compounds: United States, Maryland, and St. Mary’s County, 2013

<table>
<thead>
<tr>
<th></th>
<th>AQI*</th>
<th>PM10</th>
<th>PM2.5</th>
<th>CO</th>
<th>Pb TSP</th>
<th>NO₂</th>
<th>O₃</th>
<th>SO₂</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>38</td>
<td>18.9</td>
<td>9.5</td>
<td>.34</td>
<td>0.0158</td>
<td>0.0091</td>
<td>0.0447</td>
<td>0.0022</td>
</tr>
<tr>
<td>Maryland</td>
<td>41</td>
<td>16.4</td>
<td>10.3</td>
<td>.5</td>
<td>0.042</td>
<td>0.0133</td>
<td>0.0479</td>
<td>0.0037</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>41</td>
<td>17.3</td>
<td>10.1</td>
<td>.39</td>
<td>0.04</td>
<td>0.0152</td>
<td>0.0489</td>
<td>0.0036</td>
</tr>
</tbody>
</table>

*AQI is a score; CO, NO₂, O₃ and SO₂ are reported in parts per million; all other measures are reported in μg/m³

Ozone occurs naturally in the Earth's upper atmosphere where it forms a protective layer that shields the planet from ultraviolet rays emitted by the sun. In the Earth's lower atmosphere, near ground level, ozone is formed when pollutants emitted by cars, industrial facilities, and other sources react chemically in the presence of sunlight. Ozone at ground level is a harmful pollutant that can reduce lung function and aggravate chronic lung conditions such as asthma, chronic bronchitis and emphysema. In 2011, St. Mary’s County had 17 days with daily 8-hour maximum ozone concentration over the National Ambient Air Quality Standard. This was third worst in the state, ahead of Harford County (21 days) and Queen Anne County (19 days) (Environmental Protection Agency, Public Health Air Surveillance Evaluation Project Team).

3.2.4 Crime and Safety

Overall, rates of violent crime and property crime in St. Mary’s County have been consistently lower than what is observed statewide and nationally (Maryland State Police, Federal Bureau of Investigation). Violent crime in the County continues to decline, with the rate decreasing by 25.7 percent in the five-year period from 2009 to 2013 (Figure 8). However, during that same period, property crimes have increased by 14.6 percent, while rates of property crime in Maryland (29.1 percent) and the United States (10.2 percent) have decreased (Figure 9).
3.3. Access to Healthcare

3.3.1 Health resource availability

Estimates for 2013 indicate that 7.8 percent of St. Mary’s County residents did not have health insurance of any type (Figure 10 and Table 6). This is lower than the state (10.3 percent) and national (14.8 percent) figures. Among County residents under 18 years, 5.2 percent do not have health insurance of any type. This is higher than the state (4.2 percent), but lower than the United States (7.3 percent). The largest portion of uninsured individuals falls within the 18–64 age range. In St. Mary’s County, 10.3 percent of residents in this age group are uninsured. The percentages for Maryland (14.3 percent) and national (20.6 percent) are higher.\(^7\)

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\(^7\) This information is not reflective of full implementation of health insurance provisions of the Affordable Care Act.
The majority of insured individuals are covered under employer-based policies (Table 7). Estimates for 2013, indicate that 53.2 percent of St. Mary’s County residents have employer-based health insurance. Coverage by Medicare (11.4 percent) and Medicaid (11.6 percent) is lower than what is estimated for Maryland and the United States. The percentage of St. Mary’s County residents covered by Military/Tricare insurance (13.7 percent), is higher than what is estimated for Maryland (3.6 percent) and the United States (2.6 percent). [U.S. Census Bureau, American Community Survey 3-year estimates].

Table 6. Uninsured residents, SMC, by age

<table>
<thead>
<tr>
<th>Year</th>
<th>SMC: Total</th>
<th>SMC: &lt;18 years</th>
<th>SMC: 18–64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>7.8%</td>
<td>5.2%</td>
<td>10.3%</td>
</tr>
<tr>
<td>2012</td>
<td>9.0%</td>
<td>7.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>2011</td>
<td>9.0%</td>
<td>5.6%</td>
<td>11.8%</td>
</tr>
<tr>
<td>2010</td>
<td>8.1%</td>
<td>4.4%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

In addition to ability to pay, the number of providers in a community influences access. In 2012, the US national the primary care physician to population ratio is 1 per 2,169 residents. Maryland has ratio of 1 per 850 residents. St. Mary’s County has a ratio of 1 per 1,346 residents (from Maryland State Health Improvement Process (SHIP) & from CDC data briefs - NCHS Data Brief No. 151, May 2014, https://www.cdc.gov/nchs/data/databriefs/db151.htm).

Areas of St. Mary’s County have received designation by the Health Resources and Services Administration (HRSA) as health professional shortage areas (HPSA). The southern portion of the County, including Great Mills, Lexington Park, Park Hall and St. Mary’s City, has a geographic designation as a primary care HPSA, which indicates a primary care provider ratio of

Table 7. Health insurance by payer source.

<table>
<thead>
<tr>
<th></th>
<th>Employer-based</th>
<th>Direct purchase</th>
<th>Military/Tricare</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>55.2%</td>
<td>12.5%</td>
<td>2.6%</td>
<td>15.1%</td>
<td>17.2%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Maryland</td>
<td>64.6%</td>
<td>12.0%</td>
<td>3.6%</td>
<td>13.6%</td>
<td>14.2%</td>
<td>1.8%</td>
</tr>
<tr>
<td>SMC</td>
<td>53.2%</td>
<td>9.7%</td>
<td>13.7%</td>
<td>11.4%</td>
<td>11.6%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
less than 1 per 3,500 residents (Health Resources and Services Administration (HRSA, 2014). The entire County has been designated a mental health HPSA. Additionally, the northwestern portion of the County, including the Chaptico and Milestown communities, has been designated a medically underserved area (MUA). An MUA designation indicates that an area has too few primary care providers, high infant mortality, high poverty, or a high elderly population. Additionally, St. Mary’s County is home to a Greater Baden Services clinic. Greater Baden is a federally-qualified health center (FQHC). An FQHC is an organization receiving grants under Section 330 of the Public Health Service Act. An FQHC must serve an underserved area or population, offer a sliding fee scale, provide comprehensive health services, and have an ongoing quality assurance program.

Ambulatory Care Sensitive Conditions (ACSC) are conditions for which admissions may be avoided by intervention at the primary care setting, or where early intervention can prevent complications or more severe disease. Rates of admissions for ACSCs are prevention quality indicators (PQI) used as measure of the effectiveness and reach of a community’s primary care system. While the measures focus on inpatient admissions, they are typically used to assess engagement and quality in the community setting. Recent trends indicate that discharges for ACSCs among Medicare beneficiaries have been decreasing in St. Mary’s County, Maryland and the United States (Table 8). However, data indicates that rates in St. Mary’s County remain higher than those observed throughout the state and nationally.

Table 8. Discharge rates for ambulatory-care sensitive conditions per 1,000 Medicare beneficiaries

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Maryland</th>
<th>St. Mary’s County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>68</td>
<td>66</td>
<td>103</td>
</tr>
<tr>
<td>2010</td>
<td>67</td>
<td>63</td>
<td>79</td>
</tr>
<tr>
<td>2011</td>
<td>65</td>
<td>60</td>
<td>81</td>
</tr>
<tr>
<td>2012</td>
<td>59</td>
<td>54</td>
<td>74</td>
</tr>
</tbody>
</table>


An additional measure of the dynamic between hospital-based care and preventive and primary care in a community is the readmission rates. In general, a hospital readmission occurs when a patient is admitted to a hospital within a specific period after being discharged from an initial hospitalization. In Medicare, this time frame is defined as 30 days, and includes hospital

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8 ACSCs include: bacterial pneumonia, dehydration, pediatric gastroenteritis, urinary tract infection, perforated appendix, low birth weight, angina, congestive heart failure, hypertension, asthma, chronic obstructive pulmonary disease, diabetes, and lower-extremity amputation among individuals with diabetes.
readmissions to any hospital, not just the one which the delivered the initial inpatient care. While the percentage of Medicare 30-day all-cause readmissions has dropped by 5.0 percent in St. Mary’s County between 2008 and 2012, it remains higher than what is found in Maryland as a whole and in the United States (Table 9, CMS Medicare Administrative Data).

Table 9: Medicare 30-day readmission (percent), all causes, 2008–2012

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Maryland</th>
<th>St. Mary’s County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>19.3%</td>
<td>22.5%</td>
<td>23.0%</td>
</tr>
<tr>
<td>2009</td>
<td>19.3%</td>
<td>22.5%</td>
<td>22.9%</td>
</tr>
<tr>
<td>2010</td>
<td>19.2%</td>
<td>21.8%</td>
<td>21.6%</td>
</tr>
<tr>
<td>2011</td>
<td>19.1%</td>
<td>21.4%</td>
<td>20.6%</td>
</tr>
<tr>
<td>2012</td>
<td>18.6%</td>
<td>20.6%</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

Source: Center for Medicare and Medicaid Services
4.0 BEHAVIORS THAT INFLUENCE HEALTH

4.1 Nutrition

A healthy lifestyle involves many choices, including choosing a healthy diet. According to the Dietary Guidelines for Americans 2010, a healthy eating plan:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products
- Includes lean meats, poultry, fish, beans, eggs, and nuts
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars
- Stays within daily calorie needs

Estimates show that 73.8 percent of St. Mary’s County adults report eating fewer than 5 servings of fruits/vegetables per day (Health Indicators Warehouse). The 2013 Maryland Youth Risk Behavior Survey indicates that only one in five (19.2 percent) St. Mary’s County high school students reported eating fruits and vegetables five or more times per day during the week prior to being surveyed. This statistic was similar to the overall percentage for Maryland high school students (20.1 percent). Also within St. Mary’s County, greater percentages of Hispanic/Latino (23.3%) and Non-Hispanic Black (25.9%) students, compared with Non-Hispanic White (17.4%) students, reported fruit and vegetable consumption (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013).

Sugar-sweetened beverages (SSBs) are the largest source of added sugar and a significant contributor of calories in the U.S. diet. SSBs also tend to have few other nutrients. In 2013, 20.7 percent of St. Mary’s County high school students reported drinking a can, bottle, or glass of soda one or more times per day during the week prior to being surveyed. This statistic is slightly higher than the overall percentage for Maryland high school students (18.0 percent).

Within St. Mary’s County, greater percentages of Hispanic/Latino (25.8 percent) and Non-Hispanic Black (26.9 percent) students, compared with Non-Hispanic White (19.5 percent) students reported soda consumption (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

4.2 Physical Activity

For the aggregate three-year period of 2011-2013, the percentage of physically active adults in St. Mary’s County (53.5 percent) was greater than what was reported for Maryland in 2013 (48.0 percent), the Maryland 2014 goal (49.8 percent), and the Healthy People 2020 target (47.9 percent). These patterns were similar for St. Mary’s County’s Non-Hispanic White (52.4 percent) and Non-Hispanic Black (57.4 percent) adults. Physically active is defined as engaging in at least 150 minutes of moderate physical activity or at least 75 minutes of vigorous physical activity per week (Maryland State Health Improvement Process (SHIP) website, Maryland Behavioral Risk Factor Surveillance System).
4.3 Screen time

In 2013, 40.9 percent of St. Mary’s County high school students reported being physically active for a total of at least 60 minutes per day on five or more of the seven days prior to being surveyed (Figure 11). This statistic is nearly equivalent to the overall percentage for Maryland high school students (40.1 percent). Within St. Mary’s County, greater percentages of Hispanic/Latino (44.1 percent) and Non-Hispanic White (42.4 percent) students, compared with Non-Hispanic Black (34.6 percent) students, reported being physically active (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

In 2013, 31.3 percent of St. Mary’s County high school students reported watching three or more hours of television on an average school day (Figure 12). This statistic is consistent with the overall percentage for Maryland high school students, 31.4 percent. Within St. Mary’s County, significantly more Non-Hispanic Black students (49.8 percent) reported this level of television viewing. The percentage of Non-Hispanic Black students reporting this behavior was over 1.5 times greater than that for Hispanic/Latino Students and nearly two times greater than that for Non-Hispanic White students (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).
In 2013, 33.5 percent of St. Mary’s County high school students reported three or more hours of video/computer gaming or non-school related computer use on an average school day (Figure 13). This statistic was lower than the overall percentage for Maryland high school students, 36.3 percent. Among St. Mary’s County high school students, no significant racial/ethnic differences in video gaming or computer use were observed (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).

4.4 Weight

For the three-year period from 2011–2013, the percentage of St. Mary’s County adults who reported a healthy weight (33.2 percent) was slightly lower than the 2013 Maryland statistic (35.9 percent), the Maryland 2014 goal (35.7 percent), and the Healthy People 2020 target (33.9 percent). Healthy weight is defined as a body mass index (BMI) of less than 25 kg/m². Within the County, the percentage of Non-Hispanic White adults (36.4%) who reported a healthy weight was nearly double that for Non-Hispanic Black adults (19.9%) (Maryland State Health Improvement Process (SHIP) website, Maryland Behavioral Risk Factor Surveillance System (BRFSS)).

In 2013, 13.9 percent of St. Mary’s County high school students were classified as overweight (based on self-reported height and weight) (Figure 14). This statistic was lower than the overall percentage for Maryland high school students (14.8 percent). Within St. Mary’s County, the percentages of Non-Hispanic Black (15.8 percent) and Non-Hispanic White (13.6 percent) students who were classified as overweight were greater than that for Hispanic/Latino students (8.8 percent). Overweight is defined as a BMI at or above the 85th percentile but below the 95th percentile by age and sex (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).
In 2013, 9.4 percent of St. Mary’s County high school students were classified as obese (based on self-reported height and weight) (Figure 15). This statistic was lower than the overall percentage for Maryland high school students (11.0 percent). Within St. Mary’s County, the percentages of Non-Hispanic White (9.2 percent), Non-Hispanic Black (12.1 percent), and Hispanic/Latino (10.5 percent) students who were classified as obese were not significantly different. Obese is defined as a BMI at or above the 95th percentile by age and sex (Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey).
4.5. Health Screenings

The five-year incidence and mortality data for the seven specific cancers that are targeted under the Maryland Cigarette Restitution Fund’s Program’s Cancer Prevention, Education, Screening and Treatment Program are shown in Table 10. During the five-year period of 2007-2011, the highest incidence rates among St. Mary’s County residents were observed for prostate (120.2 cases per 100,000 men), breast (116.0 cases per 100,000 women), and lung/bronchus (69.7 cases per 100,000 persons) cancers. Within St. Mary’s County, the five-year mortality rate was greatest for lung/bronchus cancer (54.0 deaths per 100,000 persons). This rate was slightly higher than that observed statewide (47.7 deaths per 100,000 persons).

The rate of screenings for breast, cervical and colon cancer are shown in Figure 16. For the three-year period of 2008-2010, a large majority (85.7%) of female St. Mary’s County residents, aged 50 years or older, reported having a mammogram in the two years prior to being surveyed. This figure is slightly higher than the statewide percentage (82.8%) in 2010. During the three-year period of 2008-2010, compared with the statewide statistic (84.1%), a slightly lower percentage (82.3%) of female St. Mary’s County residents (aged 18 years or older) reported having a Pap test in the three years before being surveyed. During the same three-year period, the percentage of adults (aged 50 years or older) who reported ever having had a sigmoidoscopy or colonoscopy was lower in St. Mary’s County (67.1%) than for Maryland as whole (72.1%).

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>INCIDENCE RATE*</th>
<th>MORTALITY RATE*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>St. Mary’s County</td>
<td>Maryland</td>
</tr>
<tr>
<td>Breast</td>
<td>116.0</td>
<td>127.8</td>
</tr>
<tr>
<td>Cervical</td>
<td>**</td>
<td>6.7</td>
</tr>
<tr>
<td>Colorectal</td>
<td>38.2</td>
<td>39.3</td>
</tr>
<tr>
<td>Lung and Bronchus</td>
<td>69.7</td>
<td>59.9</td>
</tr>
<tr>
<td>Melanoma</td>
<td>24.7</td>
<td>21.0</td>
</tr>
<tr>
<td>Oral</td>
<td>10.2</td>
<td>10.1</td>
</tr>
<tr>
<td>Prostate</td>
<td>120.2</td>
<td>148.7</td>
</tr>
</tbody>
</table>

*Per 100,000 population (breast and cervical: per 100,000 women; prostate: per 100,000 men)
**Incidence rates based on case counts of 1-15 are suppressed per DHMH/Maryland Cancer Registry Data Use Policy. Mortality rates based on death counts of 0-19 are suppressed per DHMH/Center for Cancer Prevention and Control Data Suppression Policy.
Source: Maryland Department of Health and Mental Hygiene, Center for Cancer Prevention and Control, Cigarette Restitution Fund Program, 2014 Cancer Report

Figure 16. Cancer screenings, St. Mary’s County and Maryland, 2008-2010
* Mammogram: Percentage of women aged 50+ years who reported having a mammogram in the past 2 years. Maryland data was available for 2010; *Pap Test: Percentage of women aged 18+ years who reported having a Pap test in the past 3 years; *Colonoscopy/Sigmoidoscopy: Percentage of adults aged 50+ years who reported ever having a colonoscopy or sigmoidoscopy.
Source: Maryland State Health Improvement Process (SHIP) website, http://dhmh.maryland.gov/ship
5.0 SOCIAL AND BEHAVIORAL HEALTH

5.1 Overall social and behavioral health

Social and mental factors and conditions influence or reflect overall health status and quality of life, both for the individual and the community as a whole. Additionally, mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community. In St. Mary’s County, adults indicate that they have had an average of 2.9 mentally unhealthy days in the past 30 days (Maryland State Health Improvement Process (SHIP) and Maryland Behavioral Risk Factor Surveillance System (BRFSS)). As a whole, adults in Maryland indicate that they have had an average of 3.2 mentally unhealthy days in the past 30 days, while adults in the United States reported 3.8 days.

A survey of the middle school youth showed that 22% of the students reported having been depressed at some time during the year and 17.5% having had suicidal thoughts (Figure 17). This trend remained the same among high school youth with 24.3% of the students reporting having been depressed sometime during the year and 16.1% having considered suicide (Figure 18).

![Figure 17. Depression and suicide thoughts among middle school youth in St Mary’s County, 2013. Source: Maryland Youth Risk Behavior Survey 2013.](image-url)
Mental health problems can place a heavy burden on the healthcare system, particularly when persons in crisis utilize emergency departments instead of other sources of care when available. Such conditions include adjustment disorders, anxiety disorders, attention deficit disorders, disruptive behavior disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury and miscellaneous mental disorders. In 2014, the rate of emergency department visits for mental health conditions in St Mary’s County was 7006.8 visits per 100,000 population (Figure 19). This was a 45.5% increase from 2010 - a much faster increase than was seen for the state of Maryland (23.8%) over the same period. This reflects a trend of increased use of the emergency department for mental health services in the County.
Figure 19. Emergency Department visits for mental conditions in St Mary’s County and Maryland, 2010-2014. Source: Maryland State Health Improvement Process (SHIP).

5.2 Substance Use

5.2.1 Substance use in adults

Binge drinking is defined as having 5 or more drinks (men) or 4 or more drinks (women) on one or more occasions during the previous 30 days. Binge drinking among adults in St Mary’s County was higher than the average for the state during the period 2006-2012 (Figure 20, Maryland State Health Improvement Process (SHIP)). A similar trend was also noted for excessive drinking (Figure 21), Maryland State Health Improvement Process (SHIP). Excessive drinking is defined as either chronic high alcohol consumption (drinking more than two drinks per day on average (for men) or more than one drink per day on average (for women) or binge drinking.
Overall, the percentage of St. Mary’s County adults (20.9%) who reported current smoking (i.e., smoking cigarettes some days or every day) is greater than that observed statewide (16.3%) and exceeds the statewide 2014 goal (14.4%) as well as the Healthy People 2020 target of 12.0% (Figure 22, Maryland State Health Improvement Process (SHIP) and Maryland Behavioral Risk
Factor Surveillance System (BRFSS)). Similar patterns were observed among St. Mary’s County non-Hispanic Black (NH Black) and non-Hispanic White (NH White) adults.

Drug arrests may be used as an indicator for drug use. The total number of arrests for drug possession, within St. Mary’s County, has declined by one-quarter (25.1%), from 525 arrests in 2010 to 393 arrests in 2013 (Figure 23). Over the five-year period of 2009-2013, possession of marijuana consistently accounted for the majority (ranging from 63.9% to 72.5%) of all drug possession arrests (Figure 24). Between 2009 and 2013, possession of opium or cocaine derivatives, as a percentage of all drug possession arrests, declined by over one-half (from 16.2% in 2009 to 7.6% in 2013). However, during this same time period, possession of synthetic narcotics increased by over three-fold (from 7.4% to 26.0% of all drug possession arrests).

Figure 22. Current cigarette use among adults, St. Mary’s County (2011-2013) and Maryland (2013). Source: Maryland State Health Improvement Process (SHIP) website. http://dhmh.maryland.gov/ship; Maryland Behavioral Risk Factor Surveillance System (BRFSS).
5.2.2 Substance use in youth

Overall, slightly greater percentages of St. Mary’s County high school students reported having at least one drink (34.0%) and binge drinking at least once (19.2%) during the 30 days before being surveyed than all Maryland high school students (31.2% and 17.0%, respectively. Figure 25). There were significant racial/ethnic disparities in current alcohol use among St. Mary’s County high school students. Compared with Maryland Hispanic/Latino high school students, a
significantly greater percentage (41.6%) of St. Mary’s County Hispanic/Latino students reported having at least one drink during the 30 days before being surveyed. Within St. Mary’s County, both Hispanic/Latino (41.6%) and non-Hispanic White students (36.1%) reported significantly more frequency of having at least one drink and binge drinking during the past 30 days than non-Hispanic Black students (24.5%).

![Figure 25. Current (during past 30 days) alcohol use among youth, St. Mary's County and Maryland, 2013. Source: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey](image)

Overall, the percentage of St. Mary’s County high school students reporting current use (i.e., during the 30 days before being surveyed) of any tobacco products is similar to that for Maryland high school students as a whole (St. Mary’s County: 19.2%, Maryland: 16.9%, Figure 26). There were significant racial/ethnic disparities in current tobacco use among St. Mary’s County high school students. The percentage of St. Mary’s County Hispanic/Latino students (32.5%) reporting current tobacco use is significantly greater than that for Maryland Hispanic/Latino students (18.9%) and those for other racial/ethnic groups of students within St. Mary’s County (non-Hispanic Black: 13.4%, non-Hispanic White: 19.6%).

The reported current marijuana use (i.e., during the 30 days before being surveyed) is significantly lower among St. Mary’s County (16.3%) than Maryland (19.8%) high school students (Figure 27). Within St. Mary’s County, the percentage of Hispanic/Latino students (27.5%) reporting current marijuana use is significantly greater than that for non-Hispanic White students (15.3%).
Figure 26. Current (during past 30 days) tobacco use among youth, St. Mary’s County and Maryland, 2013. Source: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey

Figure 27. Current (during past 30 days) marijuana use among youth, St. Mary’s County and Maryland, 2013. Source: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey
The percentages of St. Mary’s County high school students reporting history (i.e., one or more times during their lives) of cocaine, heroin, methamphetamine, or ecstasy use are similar to those for high school students throughout Maryland (Figure 28). However, substantially greater percentages (by two- to six-fold) of St. Mary’s County Hispanic/Latino high school students reported history of cocaine (17.6%), heroin (15.9%), methamphetamine (19.0%), or ecstasy (22.7%) use than Hispanic/Latino students statewide and other racial/ethnic groups of students within St. Mary’s County.

There are no overall significant differences in reported past use (i.e., one or more times during their lives) of inhaled products between St. Mary’s County and Maryland high school students (Figure 29). However, greater percentages of Hispanic/Latino (20.1%) and non-Hispanic Black (13.6%) high school students reported past use of inhaled products, compared to non-Hispanic White students (7.8%), within St. Mary’s County.

Figure 28. History of illegal drug use (one or more times during life) among youth, St. Mary’s County and Maryland, 2013. Source: Maryland Department of Health and Mental Hygiene, Prevention and Health Promotion Administration, 2013 Maryland Youth Risk Behavior Survey.
Overall, there are no significant differences in reported history of steroid and prescription drug use between St. Mary’s County and Maryland high school students (Figure 30). However, St. Mary’s County Hispanic/Latino high school students more frequently reported past use of steroids or prescription drugs. The percentages of St. Mary’s County Hispanic/Latino high school students reporting history of steroid (16.8%) and prescription drug (27.4%) use were higher than Hispanic/Latino students statewide (by nearly two-fold) as well as other racial/ethnic groups of students within St. Mary’s County (by approximately two- to five-fold).
5.3 Domestic violence

Domestic violence contributes greatly to the morbidity and mortality of St. Mary’s County residents. Criminal justice data indicate that up to 40 percent of violent juvenile offenders witnessed domestic violence at home, and 63 percent of homeless women and children have been victims of intimate partner violence (Maryland Uniform Crime Reporting Program). Data from 2013 indicates that 743.4 reported domestic violence crimes per 100,000 population in St. Mary’s County. For the same period, Maryland reported 468.6 cases of domestic violence crimes per 100,000 population.

5.4 Child abuse/neglect

Child abuse or neglect can result in physical harm, developmental delays, behavioral problems, or death. Information from the Maryland Department of Human Resources was used to develop a child maltreatment rate, which indicates the rate of children who are maltreated (reported cases of physical and sexual abuse, mental injury-abuse, neglect, or mental injury-neglect). In 2013, the maltreatment rate for St. Mary’s County was 6.2 per 1,000 population under the age of 18, while the rate for Maryland was 9.2 (Maryland Department of Human Resources, 2013).

5.5 Behavioral health and overall mortality

Mental health can contribute significantly to mortality. Homicides, suicides and death induced by alcohol and drugs can all result from mental health conditions. While these mortality rates
will be placed in a larger context in the overall mortality section of this report, the following table summarizes death rates due homicide, suicide, alcohol and drugs (Table 1). Whereas, compared to the state of Maryland, the rate (per 100,000 population) of alcohol-induced deaths was lower in the St Mary’s County (9.5 versus 13.7), the rates were higher than the state of Maryland for suicide (11.9 versus 9.3) and drug-induced deaths (6.6 versus 4.5).

Table 11. Age-adjusted mortality per 100,000 population from selected causes, 2011–2013: United States, Maryland and St. Mary’s County

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Maryland</th>
<th>St. Mary’s County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide</td>
<td>5.3</td>
<td>7.2</td>
<td>*</td>
</tr>
<tr>
<td>Suicide</td>
<td>12.5</td>
<td>9.3</td>
<td>11.9</td>
</tr>
<tr>
<td>Alcohol-induced</td>
<td>14.1</td>
<td>13.7</td>
<td>9.5</td>
</tr>
<tr>
<td>Drug-induced</td>
<td>8.0</td>
<td>4.5</td>
<td>6.6</td>
</tr>
</tbody>
</table>

*unstable rate
Source: CDC Wonder - https://wonder.cdc.gov

Mental disorders and/or substance abuse have been found in the great majority of people who have died by suicide. The trend, over time, for deaths due to suicide is shown in Figure 31. Suicide rates in St Mary’s County have consistently remained higher than the average in Maryland.

![Figure 31](image.png)

Figure 31. Suicide rates (per 100,000 population) in St Mary’s County and Maryland, 2007-2014.
Source: Maryland State Health Improvement Process (SHIP)
6.0 MATERNAL AND CHILD HEALTH

6.1 Prenatal Care

Overall, within St. Mary’s County, there has been a general downward trend in the percentage of women receiving late or no prenatal care, from 7.8 percent in 2010 to 6.0 percent in 2013 (Figure 32). However, the highest percentages of late or no prenatal care were observed among Hispanic females in St. Mary’s County. For 2013, the percentage of Hispanic women (10.6 percent) receiving late or no prenatal care was higher than the figures among non-Hispanic White (NHW, 5.6 percent) and non-Hispanic Black (NHB, 5.3 percent) women.

Figure 32. Births to women receiving late (care beginning in third trimester) or no prenatal care, St. Mary’s County, 2010-2013
*All Births: For 2010, includes races categorized as 'other.' For 2011-2013, includes races categorized as 'unknown' or 'other.'
*Hispanic: Includes all births to mothers of Hispanic origin of any race.

6.2 Births

There were, in 2013, 1257 live births to residents of St. Mary’s County. Within the County, birth rates have decreased from 14.4 births per 1,000 population in 2009 to 12.4 births per 1,000
population in 2013 (Figure 33). In Maryland, the birth rate has dropped from 13.2 births per 1,000 population in 2009 to 12.1 births per 1,000 population in 2013. General decline of birth rates have been observed across racial/ethnic groups. In St. Mary’s County, the most pronounced decrease (29.5 percent) occurring among Hispanic residents, from 19.0 births per 1,000 population in 2009 to 13.4 births per 1,000 population in 2013. Despite this sharp decline, over the five-year period of 2009–2013, the highest birth rates in St. Mary’s County were observed among Hispanic residents.

Compared with Maryland as a whole, birth rates among St. Mary’s County non-Hispanic white (NHW) residents (12.4 births per 1,000 population) were higher than those observed for non-Hispanic white residents statewide (10.1 births per 1,000 population). By contrast, birth rates among County Hispanic residents (13.4 births per 1,000 population) and non-Hispanic black (NHB) residents (12.6 births per 1,000 population) were lower than those observed for these groups statewide, 19.7 and 13.1 births per 1,000 population, respectively.

Within St. Mary’s County, there has been a downward trend in overall birth rates among females aged 15-19 years (Figure 34). During 2010-2013, these rates fell by 42.2 percent, from 24.9 live births per 1,000 females aged 15-19 years in 2010 to 14.4 live births in 2013. Similar general declines in teen birth rates have been observed across racial/ethnic groups, with the most pronounced decrease (45.2 percent) occurring among non-Hispanic Black (NHB) teens, with a drop from 49.1 live births per 1,000 females aged 15-19 years in 2010 to 26.9 live births in 2013.

Figure 33. Birth rates, St. Mary’s County and Maryland, 2009-2013
*All Births: For 2009 and 2010, includes races categorized as 'other.' For 2011-2013, includes races categorized as 'unknown' or 'other.' Hispanic: Includes all persons of Hispanic origin of any race.
Despite this sharp decline, throughout this time period, non-Hispanic black teens had the highest birth rates among female residents aged 15-19 years. In 2013, the non-Hispanic black teen birth rate, 26.9 live births per 1,000 females aged 15-19 years was more than double that of non-Hispanic white (NHW) teens (11.8).

![Figure 34. Birth rates for females aged 15-19 Years, St. Mary’s County and Maryland, 2010-2013](Image)
*Percentages based on <5 events in the numerator are not presented due to instability of small numbers.*

**6.3 Low birthweight**

Low birthweight (less than 2,500 grams or 5.5 pounds) is a critical factor influencing infant mortality. Those who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders. Over the five-year period from 2009–2013, the overall percentage of low birth weight infants in St. Mary’s County has remained relatively stable and lower than that observed statewide (Figure 35). In 2013, low birth weight infants comprised 6.3 percent of all St. Mary’s County births, compared with 8.5 percent statewide. Within the County, the percentage of low birth weight infants has been highest among non-Hispanic black (NHB) births. In 2013, the percentage of low birth weight infants was more than two times greater among non-Hispanic black births (11.7 percent) than non-Hispanic white (NHW) births (5.2 percent). Furthermore, there has been an upward trend in the percentage of non-Hispanic black low birth weight infants, from 8.3 percent in 2010 to 11.7 percent in 2013.
Figure 35. Low birth weight infants (weighing 2499 g or less), St. Mary’s County, 2009-2013

*All Births: For 2009 and 2010, includes races categorized as ‘other.’ For 2011-2013, includes races categorized as ‘unknown’ or ‘other.’
*Hispanic: Includes all births to mothers of Hispanic origin of any race.


6.4 Infant Mortality

Over the past decade, the average infant mortality rate in Maryland has declined by 15.3 percent (Table 12). A higher decrease has been observed in St. Mary’s County. Between the monitoring periods 2004–2008 and 2009–2013, the County’s average infant mortality rate fell by 38.2 percent, from 7.7 infant deaths per 1,000 live births to 4.8 infant deaths per 1,000 live births.
Table 12. Infant mortality, St. Mary’s County and Maryland, 2004-2008 and 2009-2013

<table>
<thead>
<tr>
<th></th>
<th>Number of Infant Deaths</th>
<th>Average Infant Mortality Rate*</th>
<th>Percent Change**</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s County</td>
<td>56</td>
<td>34</td>
<td>7.7</td>
</tr>
<tr>
<td>Maryland</td>
<td>3,031</td>
<td>2,461</td>
<td>7.9</td>
</tr>
</tbody>
</table>

*Per 1,000 live births.

**Percent change is based on the exact rates, not the rounded rates presented here.

***Rates for 2004–2008 and 2009–2013 differ significantly (p<0.05).

Source: Maryland Department of Health & Mental Hygiene, Vital Statistics Administration Infant Mortality in Maryland, 2013. September 2014
7.0 INFECTIOUS DISEASES

In 2013, leading notifiable conditions for St. Mary’s County included chlamydia, animal bites, gonorrhea, Lyme disease, streptococcal invasive disease (Group B), and salmonellosis (Table 13). The highest rates were reported for chlamydia (265.2 cases per 100,000 population) and animal bites (237.0 cases per 100,000 population). County rates for animal bites, Lyme disease, and streptococcal invasive disease (Group B) were 1.3 times, 2.1 times, and 1.6 times greater, respectively, than the corresponding statewide rates. Of note, County rates for chlamydia and gonorrhea were substantially lower (by approximately one-half) than those observed statewide. Additional case counts and rates (St. Mary’s County and Maryland), for selected notifiable conditions, over the five-year period of 2009-2013 are presented in Appendix 3.

Table 13. Leading notifiable conditions, St. Mary’s County, 2013

<table>
<thead>
<tr>
<th>Condition</th>
<th>St. Mary’s County</th>
<th>Maryland</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Cases</td>
<td>Rate (per 100,000)</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>292</td>
<td>265.2</td>
</tr>
<tr>
<td>Animal Bites</td>
<td>261</td>
<td>237.0</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>55</td>
<td>50.0</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>47</td>
<td>42.7</td>
</tr>
<tr>
<td>Streptococcal Invasive Disease, Group B</td>
<td>17</td>
<td>15.4</td>
</tr>
<tr>
<td>Salmonellosis*</td>
<td>11</td>
<td>10.0</td>
</tr>
</tbody>
</table>

*Other than typhoid fever


7.1 Childhood Vaccines

High percentages (99-100%) of St. Mary’s County kindergarteners and 1st through 12th graders have received the recommended vaccine series. Appendix 4 contains more detailed childhood immunization coverage data, for St. Mary’s County and Maryland, by vaccine type. In general, over the five-year period of 2009-2013, the percentages of St. Mary’s County students (kindergarteners and 1st through 12th graders) with medical and religious exemptions to vaccination were below 1.0 percent. Following three- to four-year periods of County-wide declines, the percentages of kindergarteners with medical and religious exemptions to vaccination increased to 0.5% and 0.7%, respectively, in 2013. In 2013, the percentage of County kindergarteners with medical exemptions to vaccination was more than 1.5 times greater than that observed for kindergarteners statewide (0.3%, Figure 36). In 2013, the percentage of County kindergarteners
with religious exemptions to vaccination was equal to that observed for kindergarteners statewide (0.7%, Figure 37).

Figure 36. Students with medical exemptions to vaccination, St. Mary’s County and Maryland, 2009-2013
*Data provided by private and public schools that respond to a DHMH annual survey
*Includes data for all Kindergarten students
**Includes data for new 1st through 12th grade students only
Source: Maryland Department of Health & Mental Hygiene, Center for Immunization

Figure 37. Students with religious exemptions to vaccination, St. Mary’s County and Maryland, 2009-2013
*Data provided by private and public schools that respond to a DHMH annual survey
*Includes data for all Kindergarten students
**Includes data for new 1st through 12th grade students only
Source: Maryland Department of Health & Mental Hygiene, Center for Immunization
7.2 Human immunodeficiency virus (HIV) disease

At the end of 2012, there were a total of 105 adults and adolescents living with HIV in St. Mary’s County. This figure represents a County rate of 117.9 living HIV cases per 100,000 population, a rate which was nearly five-fold lower than that observed statewide (588.5 cases per 100,000, Figure 38).

![Figure 38](image)

*Figure 38. Adult/adolescent living HIV cases, St. Mary’s County and Maryland, Reported through December 31, 2013.*  

7.3 Rabies

In St. Mary’s County, there was an upward trend in the number of laboratory-confirmed rabid animals through 2012 when 15 such animals were identified. In 2013, eight rabid animals were laboratory-confirmed, marking a substantial decline (by nearly one-half) from the previous year (Table 14). By contrast, over the five-year period of 2009-2013, there was a general statewide decline in the number of laboratory-confirmed rabid animals through 2012, with a subsequent increase to 375 rabid animals in 2013.

Included among the 35 laboratory-confirmed rabid animals for the three-year period of 2011-2013 were 15 skunks (42.9%), 10 raccoons (28.6%), 6 foxes (17.1%), 3 cats (8.6%), and 1
groundhog (2.9%) (Maryland Department of Health & Mental Hygiene, Center for Zoonotic and Vector-borne Diseases). Statewide, over the same three-year period, raccoons comprised the majority (60.3%) of laboratory-confirmed rabid animals.

Table 14. Laboratory-confirmed animal rabies, St. Mary’s County, 2009-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Maryland Number</th>
<th>St. Mary’s County Number</th>
<th>Percent (of Maryland total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>384</td>
<td>10</td>
<td>2.6%</td>
</tr>
<tr>
<td>2010</td>
<td>354</td>
<td>10</td>
<td>2.8%</td>
</tr>
<tr>
<td>2011</td>
<td>305</td>
<td>12</td>
<td>3.9%</td>
</tr>
<tr>
<td>2012</td>
<td>324</td>
<td>15</td>
<td>4.6%</td>
</tr>
<tr>
<td>2013</td>
<td>375</td>
<td>8</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Source: Maryland Department of Health & Mental Hygiene, Center for Zoonotic and Vectorborne Diseases

7.4 Outbreaks

Over the five-year period of 2009-2013, a total of 25 disease outbreaks were reported to the St. Mary’s County Health Department, with over one-third (8 outbreaks) reported in 2013 (Table 15). Most of the reported outbreaks occurred in long-term care facilities (nursing homes: 68.0%, assisted living facilities: 20.0%, Figure 39). Gastrointestinal (52.0%) and respiratory (40.0%) outbreaks comprised the majority of the five-year total (Figure 40).

Table 15. Outbreaks Reported to St. Mary’s County Health Department, 2009-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>6</td>
</tr>
<tr>
<td>2010</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>5</td>
</tr>
<tr>
<td>2012</td>
<td>5</td>
</tr>
<tr>
<td>2013</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>25</td>
</tr>
</tbody>
</table>

Source: Maryland Department of Health & Mental Hygiene, Division of Outbreak Investigation.
Figure 39. Outbreaks, by location, reported to St. Mary’s County Health Department, 2009-2013.
Source: Maryland Department of Health & Mental Hygiene, Division of Outbreak Investigation.

Figure 40. Outbreaks, by type of illness, reported to St. Mary’s County Health Department, 2009-2013. 
Source: Maryland Department of Health & Mental Hygiene, Division of Outbreak Investigation.
8.0 CHRONIC ILLNESSES

Chronic illnesses are the leading causes of death, disability and health care costs in Maryland (Chronic disease in Maryland: Facts and Figures, Maryland Department of Health & Mental Hygiene, Family Health Administration, Office of Chronic Disease Prevention). The major chronic illnesses in St Mary’s County and in the state of Maryland include heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD) and diabetes.

8.1 Heart disease and stroke

Heart disease and stroke are the 2 major cardiovascular illnesses. Heart disease is the leading cause of death in St Mary’s county and in the state of Maryland (Maryland vital statistics annual report 2013). Stroke (cerebrovascular disease) is the 4th leading cause of death in St Mary’s County and the 3rd in the state of Maryland. The most common heart disease in the Unites States is ischemic heart disease (coronary heart/artery disease, CHD). The percent of CHD in St Mary’s County has over the years been consistently higher than the State of Maryland average (Figure 41). Nevertheless the prevalence has been falling and by 2014 it was 32.8% compared with the state of Maryland average of 26.4% in the same year.

![Figure 41. Prevalence (percent) of coronary heart disease (coronary artery disease or ischemic heart disease) among medicare beneficiaries in St Mary’s County and Maryland and, 2007-2014. Source: Chronic Condition Data Warehouse (CCW), Centers for Medicare and Medicaid Services (CMS), cms.gov](image)

Closely related to cardiovascular disease is hypertension (high blood pressure) whose control can prevent heart disease and stroke. These 2 conditions contribute about 30% of all deaths in
Maryland. St Mary’s County has had consistently higher (than the state) rates of emergency department visits for primary diagnosis of hypertension in Maryland (Figure 42).

Figure 42. Emergency department visit rate due to hypertension in Maryland and St Mary’s County, 2008-2014. Source: Maryland State Health Improvement Process (SHIP)

8.2 Cancer

Cancer is the second leading cause of death (after heart disease) in the state of Maryland (Maryland vital statistics annual report 2013). The number of people who get cancer every year is called the cancer incidence. Although the cancer incidence rate in St Mary’s County is lower compared to the average for the state of Maryland (Figure 43), incidence rate, compared to the state of Maryland average, for specific cancers seems to vary. The main cancers where the incidence rate (the number of people getting new cancers) for St Mary’s County is higher than the state of Maryland are lung (Figure 44), pancreatic (Figure 45) and cervical (Figure 46) cancers. The incidence rates for the other major cancers (colorectal, breast, prostate, Non-Hodgkin’s lymphoma and leukemia) in St Mary’s County are lower than the averages for the state of Maryland (Figures 47-51).
Figure 43. Age-adjusted cancer incidence rate (per 100,000 population) in St Mary’s County and Maryland, 2008-2013 period.
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)

Figure 44. Age-adjusted lung cancer incidence rate (per 100,000 population) in St Mary’s County and Maryland, 2004-2013 period.
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)
Figure 45. Age-adjusted pancreatic cancer incidence rate (per 100,000 population) in St Mary’s County and Maryland, 2009-2013 period.
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)

Figure 46. Age-adjusted cervical cancer incidence rate (per 100,000 female population) in St Mary’s County and Maryland, 2008-2013 period.
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)
Figure 47. Age-adjusted colorectal cancer incidence rate (per 100,000 population) in St Mary’s County and Maryland, 2004-2013 period. 
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)

Figure 48. Age-adjusted breast cancer incidence rate (per 100,000 female population) in St Mary’s County and Maryland, 2004-2013 period. 
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)
Figure 49. Age-adjusted prostate cancer incidence rate (per 100,000 male population) in St Mary’s County and Maryland, 2005-2013 period.
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)

Figure 50. Age-adjusted Non-Hodgkin’s lymphoma incidence rate (per 100,000 population) in St Mary’s County and Maryland, 2009-2013 period.
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)
Figure 51. Age-adjusted leukemia incidence rate (per 100,000 population) in St Mary’s County and Maryland, 2009-2013 period.
Source: CDC, SEER[http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html] and Maryland State Health Improvement Process (SHIP)

8.3 Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema, chronic bronchitis, and in some cases asthma. Chronic lower respiratory disease, primarily COPD, was the third leading cause of death in the United States in 2011. In 2013 COPD was the third leading cause of death in the St Mary’s County but fourth in the state of Maryland (Maryland vital statistics annual report 2013). The percentage of Medicare beneficiaries who have COPD may be used as an indicator of COPD prevalence in a community. The percent of Medicare beneficiaries with COPD has remained steady at around 12% over the years in St Mary’s County (Figure 52). This is slightly above the state of Maryland average, which was, in 2013, about 10%.
8.4 Asthma

Asthma is a chronic health condition which causes very serious breathing problems. It causes repeated episodes of wheezing, breathlessness, chest tightness, and night-time or early morning coughing. Asthma is a leading chronic illness among children and adolescents in the United States. It is also one of the leading causes of school absenteeism. On average, in a classroom of 30 children, about three are likely to have asthma. Low-income populations, minorities, and children living in inner cities experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population (According to the American Lung Association, Epidemiology and Statistics Unit, Research and Program Services (Trends in Asthma Morbidity and Mortality, January 2009). The percentage of St Mary’s County residents with asthma is much lower compared to the state of Maryland average (Figure 53). The percentage is higher in children (ranges between 17.7-20%) than in adults (12.2%).

Asthma can be controlled by taking medicine and avoiding the triggers that can cause an attack. When properly controlled through close outpatient medical supervision, individuals and families can manage their asthma without costly emergency intervention. The rates of emergency department visits due to asthma in St Mary’s County have been consistently lower than the state of Maryland rates (Figure 54).
Figure 53. Percentage of children with asthma or the average lifetime prevalence of asthma in adults in St Mary’s County and Maryland.
Source: Maryland State Health Improvement Process (SHIP) and CDC’s National Asthma Control Program.

Figure 54. Emergency department visit rate due to asthma in Maryland and St Mary’s County, 2008-2014.
Source: Maryland State Health Improvement Process (SHIP).

8.5 Diabetes
Diabetes is a disease in which blood glucose levels are above normal. Diabetes can lead to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, nerve damage,
pregnancy complications and birth defects. Diabetes is the sixth leading cause of death in St Mary’s County and in the state of Maryland. The prevalence (percentage of adults that have ever been diagnosed with diabetes) in St Mary’s County has been growing from 7.2% in 2004 and it was 10.4% in 2013 (Figure 55). This perhaps a reflection of the increasing number of new cases that diagnosed every year (Figure 56).

Emergency Department visit rates due to diabetes in St Mary’s County, from 2009-2014, have consistently been higher than those for the state of Maryland (Figure 57). Emergency department visits for diabetes-related complications may signify that the disease is uncontrolled.

![Figure 55. Diabetes age-adjusted prevalence (percentage of adults that have ever been diagnosed with diabetes) among adults in St Mary’s County and Maryland, 2004-2013. Source: Maryland State Health Improvement Process (SHIP) and Department of Health and Human Services: Centers for Disease Control and Prevention. Diabetes Interactive Atlas Web site http://www.cdc.gov/diabetes/atlas/](image-url)
Figure 56. Diabetes age-adjusted incidence (new cases of diabetes per 1,000 adult population) among adults in St Mary’s County and Maryland 2004-2013.

Figure 57. Emergency department visit rate due to diabetes in St Mary’s County and Maryland, 2008-2014.
Source: Maryland State Health Improvement Process (SHIP).
9.0 DISABILITY AND DEATHS

9.1 Disability

Over the three-year period of 2011-2013, an estimated 10.4% of St. Mary’s County’s civilian noninstitutionalized population reported a disability (Figure 58). This figure is significantly lower than that reported in 2008-2010 (12.2%) (U.S. Census Bureau, 2011-2013 American Community Survey 3-Year Estimates). As might be expected, disability percentages increased with age. Among County residents aged 65 years and over, 29.6% of this age group reported a disability. Between 2008-2010 and 2011-2013, the percentage of County residents aged 65 years and over with a reported disability fell significantly (from 41.5% to 29.6%) (U.S. Census Bureau, 2011-2013 American Community Survey 3-Year Estimates). Compared with corresponding statewide figures, greater percentages of County residents aged under 5 years (2.0% vs. 0.9% in Maryland) and aged 18 to 64 years (9.8% vs. 8.4% in Maryland) reported a disability.

![Figure 58. Disabilities by age group, St. Mary’s County and Maryland, 2011-2013](image)

*Civilian noninstitutionalized

Among persons aged under-5 years, the percentages of St. Mary’s County residents reporting hearing and vision difficulties were greater than those observed statewide (Figure 59). The percentage of County residents, aged under-5 years, with a reported hearing difficulty (2.0%) was over three times greater than that reported statewide among this age group (0.6%).
Among St. Mary’s County residents aged 5 to 17 years, the most frequently reported disabilities was serious difficulty concentrating, remembering, or making decisions (cognitive difficulty [3.1%]) (Figure 60). The percentage of County residents, aged 5 to 17 years, with a reported vision difficulty (1.1%) was nearly double that reported statewide (0.6%) among this age group.
Among St. Mary’s County residents aged 18 to 64 years, the most frequently reported disabilities were serious difficulty walking or climbing stairs (ambulatory difficulty, 5.0%) and cognitive difficulty (3.8%) (Figure 61). The County percentages, for these disability types, were slightly higher than corresponding statewide figures. The percentage of County residents, aged 18 to 64 years, with a reported hearing difficulty (2.4%) was over 1.5 times greater than that reported statewide (1.5%) among this age group.

Figure 61. Disability types among 18 to 64 years old, St. Mary’s County and Maryland, 2011-2013
Source: U.S. Census Bureau, 2011-2013 3-Year American Community Survey

Among St. Mary’s County residents aged 65 years and over, the most frequently reported disabilities were ambulatory difficulty (18.6%), hearing difficulty (12.0%), and difficulty doing errands alone such as visiting a doctor’s office or shopping (independent living difficulty [11.0%]) (Figure 62). Across all disability types, the percentages of County residents, aged 65 years and over, with reported difficulties were lower than corresponding statewide figures among this age group.
9.2 Deaths

In St. Mary’s County, the age-adjusted death rate, from all causes, has declined by 10% (from 806.2 deaths per 100,000 population during 2007-2009 to 724.8 deaths per 100,000 population during 2010-2012 (Figure 63). However, during 2011-2013, there was a slight increase in the County’s death rate to 735.5 deaths per 100,000 population. Between the time periods of 2007-2009 and 2011-2013, the County’s death rates were slightly above those reported statewide.

Chronic illnesses (including heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD) and diabetes) and accidents are the leading causes of death in Maryland and the USA (Figure 64; Chronic disease in Maryland: Facts and Figures, Maryland Department of Health & Mental Hygiene, Family Health Administration, Office of Chronic Disease Prevention). In 2011-2013 period, the leading causes of death in St Mary’s County and in the state of Maryland included these chronic conditions (heart disease, cancer, stroke, Chronic Obstructive Pulmonary Disease (COPD) and diabetes) in addition to accidents (Figure 65 and 66; Maryland vital statistics annual report 2013).
Figure 63. Age-adjusted death rates, all causes, St. Mary’s County and Maryland, 2007-2013
*Adjusted to the standard U.S. 2000 population by the direct method.
Source: Maryland Department of Health & Mental Hygiene, Vital Statistics Administration
Maryland Vital Statistics Annual Report

Figure 64. Leading causes of death in Maryland and the United States, 2008-2009.
Source: Maryland Department of Health & Mental Hygiene, Family Health Administration, Office of Chronic Disease Prevention.
2.1 Deaths due to Heart disease

Heart disease is the leading cause of death in St Mary’s County and in the state of Maryland accounting for 25% of all deaths. Death rates from heart disease in St Mary’s County have been falling following the pattern of the state although rates, in the preceding years up to 2013, in the County had consistently been higher than the state of Maryland rates (Figure 67). By 2014 the County rates were slightly less than those for the state (167.8 versus 169.9 deaths per 100,000 population in the County and State, respectively).
The rates of deaths from stroke in both St Mary’s County and the state of Maryland have been slowly coming down over the years (Figures 68 and 69). The death rate in 2013 due to stroke in St Mary’s County was slightly higher (36.8) than the state of Maryland average of 35.7 deaths per 100,000 population.
9.2.2 Deaths due to Cancer

Cancer is the second leading cause of death (after heart disease) in the state of Maryland. Maryland’s age adjusted cancer mortality rate is higher than the US cancer mortality rate. Whereas the death rates due to cancer in the state of Maryland have been going down, the rates in St Mary’s County have been consistently higher than the State of Maryland rates from 2010-2014 (Figure 70). The St Mary’s County and state of Maryland rates in 2014 were 184.4 and 162 per 100,000 population, respectively.

Figure 69. Death rate from stroke in Maryland, 2004-2013.
Source: Maryland State Health Improvement Process (SHIP) & Maryland DHMH Vital Statistics Administration.

Figure 70. Death rates from cancer in St Mary’s County and Maryland, 2007-2014.
Source: Maryland State Health Improvement Process (SHIP).
About 55% of the cancer deaths, in St Mary’s County in 2013, were due to the following main cancers: cancer of the lung (28% of all cancer deaths), pancreas, colorectum, breast, and the prostate (Figure 71). The percentages due to lung cancer and pancreatic cancer were higher than the corresponding average values for the state of Maryland (Figures 72-74).

**Figure 71. Percent of cancer deaths due to the different cancer types in St Mary’s County, 2013.**
*Source: Maryland State Health Improvement Process (SHIP) & Maryland DHMH Vital Statistics Administration (VSA)*

**Figure 72. Percent of cancer deaths due to the different cancer types in St Mary’s County and Maryland, 2013.**
*Source: Maryland State Health Improvement Process (SHIP) & Maryland DHMH Vital Statistics Administration (VSA)*
Lung cancer death rates for St Mary’s County versus those of the state of Maryland, for the 2008-2012 period, were 53.8 versus 46.4 deaths per 100,000 population, respectively (Figure 73). Death rates from pancreatic cancer, for the 2009-2013 period, were 12.6 versus 11.6 deaths per 100,000 population, for St Mary’s County and state of Maryland respectively (Figure 74). Death rates for the rest of the main cancers in St Mary’s County (cancers of the colorectum, breast, and prostate) remained lower than the averages for the state of Maryland during the 2008-2012 period (Figures 75-77).

![Figure 73. Death rates from lung cancer in St Mary’s County and Maryland, 2004-2012. Source: Maryland State Health Improvement Process (SHIP)](image)

![Figure 74. Death rates from pancreatic cancer in St Mary’s County and Maryland, 2009-2013 period. Source: National Cancer Institute’s SEER (Surveillance, Epidemiology, and End Result Program)](image)
Figure 75. Death rates from colorectal cancer in St Mary’s County and Maryland, 2004-2012. Source: Maryland State Health Improvement Process (SHIP)

Figure 76. Death rates from breast cancer in St Mary’s County and Maryland, 2004-2012. Source: Maryland State Health Improvement Process (SHIP)
Deaths due to COPD

Chronic lower respiratory disease, primarily COPD, was, in 2013, the third leading cause of death in the St Mary’s County but 4th in the state of Maryland (Maryland vital statistics annual report 2013). Death rates from COPD and other chronic lower respiratory diseases have remained high (between 40-45 deaths per 100,000 population) with a slight upward trend over the years (Figure 78). By 2013 the rate was 44.9 which was higher than the Maryland rate of 32.4 deaths per 100,000 population.
9.2.4 Deaths due to Injuries

In 2011 in the United States, injuries, including all causes of unintentional and violence-related injuries combined, accounted for 51.3% of all deaths among persons ages 1–44 years of age—that is more deaths than non-communicable diseases and infectious diseases combined (Maryland State Health Improvement Process (SHIP) and the National Vital Statistics System Mortality component (NVSS-M)). Overall the rates of death with an underlying cause of injury have been decreasing in St Mary’s County (Figure 79). At the same time death rates due to accidents (unintentional injuries) have also been going down in St Mary’s County from 28.7 in 2007-2009 period to 25 in the 2012-2014 period (Figure 80). The 2012-2014 death rate being lower than the state of Maryland average rate. This reduction may be one of the drivers for the reduction seen in the overall injury deaths.

Figure 79. Age-adjusted death rates due to injuries (per 100,000 population) in St Mary's County, 2002-2013. Source: Maryland State Health Improvement Process (SHIP) and Maryland Department of Health & Mental Hygiene, Vital Statistics Administration - Maryland Vital Statistics Annual Report 2013.
Figure 80. Age-adjusted death rates due to accidents/unintentional injuries (per 100,000 population) in St Mary’s County and Maryland, 2007-2014.

9.2.5 Deaths due to Diabetes

Death rates due to diabetes have been decreasing in St Mary’s County and Maryland (Figure 81). By the 2012-2014 period the rates were 18.9 and 19.2 deaths per 100,000 population in St Mary’s County and Maryland respectively.

Figure 81. Age-adjusted death rates due to diabetes (per 100,000 population) in St Mary’s County and Maryland, 2004-2014.
Appendix 1: Age distribution of residents: United States, Maryland, and St. Mary’s County, 2014.

![Age distribution chart]

- SMC
- MD
- U.S.
Appendix 2: Unemployment rates in St Mary’s County, Maryland and the United States, 2010-2014.

<table>
<thead>
<tr>
<th>Year</th>
<th>U.S.</th>
<th>Maryland</th>
<th>St. Mary's County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>9.6%</td>
<td>7.7%</td>
<td>6.5%</td>
</tr>
<tr>
<td>2011</td>
<td>8.9%</td>
<td>7.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>2012</td>
<td>8.1%</td>
<td>7.0%</td>
<td>6.3%</td>
</tr>
<tr>
<td>2013</td>
<td>7.4%</td>
<td>6.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>2014</td>
<td>6.2%</td>
<td>5.8%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>
### Appendix 3: Selected Notifiable Conditions

Cases of Selected Notifiable Conditions Reported in St. Mary’s County, 2009-2013

<table>
<thead>
<tr>
<th>Condition</th>
<th>2009 Count</th>
<th>2009 Rate</th>
<th>2010 Count</th>
<th>2010 Rate</th>
<th>2011 Count</th>
<th>2011 Rate</th>
<th>2012 Count</th>
<th>2012 Rate</th>
<th>2013 Count</th>
<th>2013 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Bites</td>
<td>237 (230.1)</td>
<td>200 (190.2)</td>
<td>270 (251.2)</td>
<td>315 (289.0)</td>
<td>261 (237.0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>3 (2.9)</td>
<td>6 (5.7)</td>
<td>1 (0.9)</td>
<td>2 (1.8)</td>
<td>5 (4.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>377 (366.0)</td>
<td>355 (337.6)</td>
<td>288 (267.9)</td>
<td>302 (277.1)</td>
<td>292 (265.2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Giardiasis</td>
<td>3 (2.9)</td>
<td>3 (2.9)</td>
<td>2 (1.9)</td>
<td>1 (0.9)</td>
<td>2 (1.8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>69 (67.0)</td>
<td>88 (83.7)</td>
<td>68 (63.3)</td>
<td>49 (45.0)</td>
<td>55 (50.0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis C (Acute-Symptomatic)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>5 (4.5)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>68 (66.0)</td>
<td>30 (28.5)</td>
<td>12 (11.2)</td>
<td>13 (11.9)</td>
<td>47 (42.7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mycobacteriosis-Other Than TB &amp; Leprosy</td>
<td>5 (4.9)</td>
<td>8 (7.6)</td>
<td>5 (4.7)</td>
<td>2 (1.8)</td>
<td>5 (4.5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td>5 (4.9)</td>
<td>5 (4.8)</td>
<td>1 (0.9)</td>
<td>2 (1.8)</td>
<td>7 (6.4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salmonellosis-Other Than Typhoid Fever</td>
<td>14 (13.6)</td>
<td>17 (16.2)</td>
<td>10 (9.3)</td>
<td>13 (11.9)</td>
<td>11 (10.0)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spotted Fever Rickettsiosis</td>
<td>NR</td>
<td>1 (1.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>3 (2.7)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strep Group A-Invasive Disease</td>
<td>1 (1.0)</td>
<td>0 (0.0)</td>
<td>1 (0.9)</td>
<td>1 (0.9)</td>
<td>3 (2.7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strep Group B-Invasive Disease</td>
<td>4 (3.9)</td>
<td>5 (4.8)</td>
<td>11 (10.2)</td>
<td>7 (6.4)</td>
<td>17 (15.4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strep Pneumoniae-Invasive Disease</td>
<td>6 (5.8)</td>
<td>1 (1.0)</td>
<td>2 (1.9)</td>
<td>5 (4.6)</td>
<td>4 (3.6)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis-Primary &amp; Secondary</td>
<td>1 (1.0)</td>
<td>0 (0.0)</td>
<td>2 (1.9)</td>
<td>3 (2.8)</td>
<td>1 (0.9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>2 (1.9)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>1 (0.9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vibriosis (Non-Cholera)</td>
<td>1 (1.0)</td>
<td>0 (0.0)</td>
<td>1 (0.9)</td>
<td>2 (1.8)</td>
<td>1 (0.9)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Per 100,000 population

NR = Not reported. From 1944 to 2009, Rocky Mountain Spotted Fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

### Appendix 3 (continued): Selected Notifiable Conditions

Cases of Selected Notifiable Conditions Reported in Maryland, 2009-2013

<table>
<thead>
<tr>
<th>Condition</th>
<th>2009 Count (Rate)*</th>
<th>2010 Count (Rate)*</th>
<th>2011 Count (Rate)*</th>
<th>2012 Count (Rate)*</th>
<th>2013 Count (Rate)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Bites</td>
<td>9,557 (167.7)</td>
<td>9,733 (168.6)</td>
<td>10,210 (175.2)</td>
<td>10,399 (176.7)</td>
<td>10,829 (182.7)</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>501 (8.8)</td>
<td>532 (9.2)</td>
<td>615 (10.6)</td>
<td>629 (10.7)</td>
<td>645 (10.9)</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>23,747 (416.7)</td>
<td>26,192 (453.7)</td>
<td>27,212 (466.9)</td>
<td>26,534 (450.9)</td>
<td>26,723 (450.7)</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>277 (4.9)</td>
<td>262 (4.5)</td>
<td>291 (5.0)</td>
<td>239 (4.1)</td>
<td>228 (3.8)</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>6,395 (112.2)</td>
<td>7,413 (128.4)</td>
<td>6,458 (110.8)</td>
<td>5,686 (96.6)</td>
<td>5,989 (101.0)</td>
</tr>
<tr>
<td>Hepatitis C (Acute-Symptomatic)</td>
<td>23 (0.4)</td>
<td>24 (0.4)</td>
<td>35 (0.6)</td>
<td>39 (0.7)</td>
<td>53 (0.9)</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>2,026 (35.5)</td>
<td>1,617 (28.0)</td>
<td>1,352 (23.2)</td>
<td>1,650 (28.0)</td>
<td>1,198 (20.2)</td>
</tr>
<tr>
<td>Mycobacteriosis-Other Than TB &amp; Leprosy</td>
<td>449 (7.9)</td>
<td>360 (6.2)</td>
<td>386 (6.6)</td>
<td>504 (8.6)</td>
<td>556 (9.4)</td>
</tr>
<tr>
<td>Pertussis</td>
<td>148 (2.6)</td>
<td>139 (2.4)</td>
<td>123 (2.1)</td>
<td>369 (6.3)</td>
<td>213 (3.6)</td>
</tr>
<tr>
<td>Salmonellosis-Other Than Typhoid Fever</td>
<td>803 (14.1)</td>
<td>1,086 (18.8)</td>
<td>1,010 (17.3)</td>
<td>951 (16.2)</td>
<td>862 (14.5)</td>
</tr>
<tr>
<td>Spotted Fever Rickettsiosis</td>
<td>NR</td>
<td>48 (0.8)</td>
<td>29 (0.5)</td>
<td>9 (0.2)</td>
<td>8 (0.1)</td>
</tr>
<tr>
<td>Strep Group A-Invasive Disease</td>
<td>188 (3.3)</td>
<td>137 (2.4)</td>
<td>210 (3.6)</td>
<td>128 (2.2)</td>
<td>168 (2.8)</td>
</tr>
<tr>
<td>Strep Group B-Invasive Disease</td>
<td>493 (8.6)</td>
<td>430 (7.4)</td>
<td>604 (10.4)</td>
<td>511 (8.7)</td>
<td>572 (9.6)</td>
</tr>
<tr>
<td>Strep Pneumoniae-Invasive Disease</td>
<td>662 (11.6)</td>
<td>522 (9.0)</td>
<td>587 (10.1)</td>
<td>426 (7.2)</td>
<td>492 (8.3)</td>
</tr>
<tr>
<td>Syphilis-Primary &amp; Secondary</td>
<td>314 (5.5)</td>
<td>328 (5.7)</td>
<td>452 (7.8)</td>
<td>431 (7.3)</td>
<td>456 (7.7)</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>219 (3.8)</td>
<td>220 (3.8)</td>
<td>233 (4.0)</td>
<td>224 (3.8)</td>
<td>178 (3.0)</td>
</tr>
<tr>
<td>Vibriosis (Non-Cholera)</td>
<td>34 (0.6)</td>
<td>45 (0.8)</td>
<td>35 (0.6)</td>
<td>53 (0.9)</td>
<td>57 (1.0)</td>
</tr>
</tbody>
</table>

*Per 100,000 population

NR = Not reported. From 1944 to 2009, Rocky Mountain Spotted Fever was designated as a nationally notifiable condition. In 2010, all spotted fever rickettsioses became nationally notifiable.

Appendix 4: Vaccination coverage levels among private and public school students, by vaccine type, St. Mary’s County and Maryland, 2009-2013

Data provided by private and public schools that respond to a DHMH annual survey
*Includes data for all Kindergarten students
**Includes data for new 1st through 12th grade students only

Source: Maryland Department of Health & Mental Hygiene, Center for Immunization

![DTaP Vaccination Adequately Immunized Students, 2009-2013](image)

![Polio Vaccination Adequately Immunized Students, 2009-2013](image)
Rubella Vaccination
Adequately Immunized Students, 2009-2013

Hepatitis B Vaccination
Adequately Immunized Students, 2009-2013
Varicella Vaccination
Adequately Immunized Students, 2009-2013

Kindergarten St. Mary's County
Kindergarten Maryland
Grades 1-12 St. Mary's County
Grades 1-12 Maryland