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FROM THE DIRECTOR’S DESK:

The Maryland Department of Health and Mental Hygiene’s Family Health Administration proudly presents selected findings from the 2005 Behavioral Risk Factor Surveillance System (BRFSS). The purpose of this report is twofold: Its primary purpose is to present the findings derived from BRFSS. Its secondary purpose is to provide the reader with “how to” information about using the BRFSS website itself.

The BRFSS is an ongoing telephone surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. The typical sample size has increased from 4,400 to 8,800 households with an adult respondent 18 years of age or older. The BRFSS is supported through financial and technical assistance provided by the Centers for Disease Control and Prevention (CDC) and through the Maryland Department of Health and Mental Hygiene (DHMH).

The data collected through the BRFSS provide valuable support and services to many statewide and local programs. The BRFSS is an important data component in targeting areas of need, developing programs, and measuring the effectiveness of initiatives. Additional information is available through the Maryland BRFSS website, www.marylandbrfss.org, or by contacting Helio Lopez, BRFSS Coordinator, at 410-767-5159.

We appreciate the efforts of the many individuals both within the Administration and from the general public that made this publication available. This evaluation would not be possible without the willingness of the over 8,000 anonymous Maryland households that participate in surveys each year. We thank you.

Sincerely,

Lori A. Demeter, Ph.D.
Director
Center for Preventive Health Services
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The ‘Maryland BRFSS – State of the State’ report provides a snapshot of the health behaviors that place Maryland adults at risk for chronic diseases, injuries, and preventable infectious diseases. The report is based on information collected on residents aged 18 years or older from 8,623 Maryland households throughout 2005.

HEALTH STATUS:

General Health Status: Twelve percent of Maryland adults reported their general health as fair or poor.
Health Care Access: One in nine Marylanders does not have health care coverage.

CHRONIC DISEASE:

Arthritis: Over 27% of Marylanders were told by a doctor or health professional that they have arthritis.
Asthma: 13% of Marylanders were told by a health professional that they had asthma.
Diabetes: 7% of Marylanders were told by a doctor that they had diabetes.
Heart attack: Nearly 4%, or an estimated 151,329 Marylanders, have had a least one heart attack during their lives.
High Blood Pressure: Nearly 27% of Marylanders were told by a health professional that they had high blood pressure.
Stroke: About 2%, or an estimated 89,000 Marylanders, have had a stroke during their lives.
Osteoporosis: About 1% of men and 8% of women have been diagnosed with osteoporosis.
Overweight/Obese: Currently, nearly 2.5 million, or 61% of Maryland adults, are overweight or obese.

HEALTH CARE RISK FACTORS:

Flu Shot: 60% Marylanders aged 50 years and over reported that they did not have a flu shot in the past 12 months.
Oral Cancer: Nearly 70% of Marylanders did not have an oral cancer screening during the past year.
Oral Health: 1 in 4 Marylanders (26.6%) reported that it has been more than a year since they last had their teeth professionally cleaned.

HEALTH BEHAVIOR RISK FACTORS:

Alcohol Consumption: 12% of Marylanders were at risk for binge drinking. Men were more than twice as likely to be at risk for binge drinking as women.
Fruits and Vegetables Consumption: Over 70% of Marylanders eat less than five servings of fruits or vegetables a day.
Physical Activity: 23% of Marylanders did not participate in any physical activities or exercises in the past month.
Tobacco Use: 19% of Marylanders are current smokers—that is, they are currently smoking everyday or some days.
INTRODUCTION

What is the BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing surveillance program designed to collect data on the behaviors and conditions that place Marylanders at risk for chronic diseases, injuries, and preventable infectious diseases. Researchers, private organizations, health care providers, and public health professionals use BRFSS data to design, implement, and evaluate prevention efforts. Through the BRFSS, organizations characterize health behaviors, ascertain the prevalence of risk factors, and identify demographic groups with increased needs. The BRFSS data can be analyzed by a variety of demographic variables, including age, education, income, marital status, and racial or ethnic background. The ability to assess information within particular populations enables the health care community to maximize the effectiveness of scarce resources.

The BRFSS is an important tool in public health. Uses include:

- **Tracking progress activities** – providing baseline data for planning intervention, measure progress toward goals and objectives (e.g., smoking, seatbelts).
- **Supporting initiatives** – monitoring legislation (e.g., seatbelts, cigarette taxes).
- **Targeting services** – identifying relationships (e.g., smoking and education).
- **Documenting geographic variations** – (e.g., smoking by county or region).
- **Prepare applications** – (e.g., diabetes prevention, asthma).
- **Producing reports** – providing current information to the legislature, academic institutions and the public about trends, improvement areas, policy implications.
- **Developing surveys** – serving as a model to create other surveys (e.g., Cancer Survey, Tobacco Survey).

Why Does Maryland Conduct the BRFSS?

Personal health-risk behaviors contribute to premature morbidity and mortality and increase health care costs imposed on the State. Health agencies need to determine the prevalence at which individuals are participating in risky behaviors in order to prevent these events from occurring.

How Does Maryland Conduct the BRFSS?

During 2005, nearly 9,000 randomly selected households participated in the Maryland BRFSS telephone survey. Interviews were conducted and supervised by trained telephone research interviewers at MACRO International Inc., a Maryland-based opinion research corporation company. The data were then weighted to be representative of the demographic distribution of Maryland.

Who Participated in the Maryland BRFSS?

The 2005 BRFSS interviewed 8,632 Maryland residents 18 years of age or older reporting on their households. 3,338 (38.7%) were male and 5,294 (61.3%) were female, 6,492 (75.2%) were white, 1,455 (16.9%) were African American, 276 (3.2%) were ‘other races’, 81 (0.9%) were multi-race, 198 (2.3%) were Hispanics and 130 (1.5%) refused to report their background. The data in this report are based on the weighted data.
METHODOLOGY

Data have been collected following the procedures established by the CDC. Since January 2000, Maryland BRFSS data have been collected using the CfMC CATI software supported by MACRO. The CfMC CATI software is used to: 1) program the CDC core questionnaire and Maryland’s optional modules; 2) administer and manage the sample; 3) collect and backup the data; 4) monitor interviewers; and 5) produce quality control reports.

The Maryland BRFSS is conducted by MACRO, a Maryland-based company that has extensive experience in interviewer recruitment and education. Supervision, training, and technical support are provided to the interviewing staff on a continuous basis. Only interviewers with prior telephone interviewing experience are used for Maryland BRFSS data collection. Each of the 60 BRFSS interviewers completes extensive training, which includes CATI program training, interviewing protocol training, and administrative issues before they join the BRFSS interviewing team.

Experienced MACRO survey supervisors monitor the data collection process from a remote station. Interviewers are evaluated on several performance techniques such as: introducing the survey, asking and repeating questions, probing, and maintaining a smooth pace. Interviewer staff meetings are held weekly to review interviewer performance, discuss problems, and provide feedback.

Response rates for 2005 were 37.6 percent. Research analyst experts consider this response rate within the acceptable standards. Estimated time per completed interview averaged 18.6 minutes during 2005. This measure only includes the actual time used to conduct the interview. It does not include other interview tasks such as tracking of appointments, validations, follow-up training or consultation, in-person problem solving, and monthly backup of data. It is Maryland’s goal that, on average, actual time per completed interview does not exceed 20 minutes.
HEALTH STATUS
GENERAL HEALTH

Question: Would you say that your general health is ‘Excellent’, ‘Very good’, ‘Good’, ‘Fair’ or ‘Poor’?

At risk: Adults who answered ‘Fair’ or ‘Poor’ are considered at risk.

Who is at risk in Maryland?

- 12% of Maryland’s residents rated their general health as fair or poor.
- There was little to no difference between men and women in general health.
- Black residents were at greater risk for poor general health (15.1%) than white residents (10.9%).
- Older persons, persons with lower relative income or those who did not complete high school reported poorer general health.
- More than 1 in 3 adults whose household income was less than $15,000 per year reported being in poor to fair general health.
- 16.5% of those without healthcare coverage were at risk for poor general health, while only 11.3% of those with healthcare coverage were at risk.
- 28% of those who were in ‘poor’ general health reported being either ‘dissatisfied’ or ‘very dissatisfied’ with their lives, while only 2% of persons who were in ‘very good’ or ‘excellent’ general health reported the same.

2005 Stats at a Glance

Gender

Race *

Percent of Maryland Adults who reported their General Health as Fair or Poor, 2005

* Denotes a statistically significant difference among the values.
HEALTHCARE ACCESS

Question: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

At risk: Adults who answered ‘No’ are considered at risk.

Who is at risk in Maryland?

- One in nine (10.9%) Marylanders does not have health care coverage.
- Men are less likely to have health care coverage as a group than women.
- Black residents were significantly more likely to not have healthcare coverage (17.1%) than white residents (7.3%).
- Individuals with no healthcare coverage tended to be younger, have less education or be from lower-income households.
- 25.6% of Marylanders who did not complete high school reported that they did not have healthcare coverage, and 28.2% of those earning between $15,000 and $25,000 lacked coverage.
- 11.2% of those with no coverage reported not having seen a doctor for a routine check-up in over 5 years.
- Nearly 40% of those with no coverage reported that they needed to see a doctor in the past year, but could not afford to do so.

Percent of Maryland Adults with no Health Insurance, 2005

* Denotes a statistically significant difference among the values.
CHRONIC DISEASES
Question: Have you ever been told by a doctor, that you have arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

At risk: Adults who answered ‘Yes’ are considered at risk.

Who is at risk in Maryland?
- At least 1 in 4 Maryland residents (27.5%) was told by a doctor that he or she had arthritis.
- A higher percentage of women report having been diagnosed with arthritis (31%) than men (23.5%).
- A higher percentage of white Marylanders reported having arthritis (30.3%) than black Marylanders (25.6%).
- Higher prevalence of arthritis were found among older respondents, individuals with less education or those with a lower level of income.
- Surprisingly, nearly 1 in 13 persons in the 18 to 34 years age group reported that he or she had been diagnosed with arthritis.
- 28% of those with arthritis had their activities limited.
- 87% of those with arthritis had never taken a class on how to manage their arthritis citing that they didn’t go because they “didn’t think it was necessary” (28%), “didn’t know it existed” (22%), or ‘Dr. didn’t tell them” (13%).

2005 Stats at a Glance

Gender *

Race *

Percent of Maryland Adults who have Arthritis, 2005

* Denotes a statistically significant difference among the values.
**Question:** Have you ever been told by a doctor, nurse, or health professional that you had asthma?

**At risk:** Adults who answered ‘Yes’ are considered at risk.

### Who is at risk in Maryland?

- 13.1% of Marylanders, or an estimated 548,832 Maryland adults, were told by a health professional that they had asthma.
- Women were more likely to have asthma than men.
- Although black residents tended to report having been diagnosed with asthma slightly more so than white residents (14.9% vs. 12.2%), this difference did not reach statistical significance.
- 52% of those who currently have asthma reported having had an asthma episode or attack in the past year.
- Respondents who were younger or had a lower income were more likely to have asthma.
- 27% of those with asthma reported missing at least one day of work or activities in the past year due to asthma.

### Percent of Maryland Adults who have Asthma, 2005

*Denotes a statistically significant difference among the values.*
Question: Have you ever been told by a doctor that you have diabetes?

At risk: Adults who answered ‘Yes’ are considered at risk.

Who is at risk in Maryland?

- An estimated 300,000 Maryland adults (7%) were told by a doctor that they had diabetes. This number does not include those with undiagnosed diabetes, prediabetes, or women who were diagnosed while pregnant.
- There was no significant difference between the percentage of men and the percentage of women who had diabetes.
- Although black residents were slightly more likely to report having diabetes than white residents, this difference was not statistically significant.
- Older adults, those with less education or income were more likely to be diagnosed with diabetes.
- Of those who had been diagnosed with diabetes, 24% reported currently taking insulin and 69% reported taking diabetic pills.
- Nearly half of those diagnosed with diabetes had never taken a class on how to manage their diabetes.

Percent of Maryland Adults who have Diabetes, 2005

* Denotes a statistically significant difference among the values.
Question: Has a doctor, nurse, or other health professional ever told you that you have had a heart attack, also called a myocardial infarction?

At risk: Adults who answered ‘Yes’ are considered at risk.

Who is at risk in Maryland?

- An estimated 151,329 Marylanders (3.6%) reported being told that they had a heart attack.
- No statistically significant gender or racial differences were found for the prevalence of heart attack.
- Not only was having a heart attack more prevalent among elderly citizens (those 65+ years in age), but also for less well-educated and less affluent citizens as well.
- Current smokers or former smokers were twice as likely to report having had a heart attack as compared to those who never smoked (5.3% vs. 2.4%).
- 67% of heart attack victims were told by a health professional at one time that they had high blood pressure, and 65% were told that they had high cholesterol.
- Only an estimated 57% of Marylanders correctly identified pain in the jaw/neck/back as symptoms of a heart attack.

Percent of Maryland Adults who have had a Heart Attack, 2005

* Denotes a statistically significant difference among the values.
Question: Has a doctor, nurse, or other health professional ever told you that you have high blood pressure?

At risk: Adults who answered ‘Yes’ are considered at risk.

Who is at risk in Maryland?

- Nearly 27% of Marylanders reported being told that they had high blood pressure. This value excludes from the total those who were told that they have high blood pressure while they were pregnant.
- There was no significant difference in high blood pressure prevalence between men and women and between white and black residents.
- High blood pressure was more prevalent among older citizens (those 50+ years in age), less well-educated citizens, and less affluent citizens.
- 82% of those with healthcare coverage were taking medication for their high blood pressure, while only 52% of those without coverage were taking similar medication.
- Of those reporting high blood pressure, 74% were changing their eating habits, 71% were cutting down on salt, and 70% were exercising to lower their blood pressure.

Percent of Maryland Adults who have been told that they have High Blood Pressure, 2005

* Denotes a statistically significant difference among the values.
**OSTEOPOROSIS**

**Question:** Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

**At risk:** Adults who answered ‘Yes’ are considered at risk.

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**Who is at risk in Maryland?**

- 4.7% of Marylanders reported having been diagnosed with osteoporosis.
- Women were more than 9 times more likely to report having osteoporosis than men.
- Although white residents had a higher prevalence of osteoporosis than black residents, this difference was not statically significant.
- Not surprisingly, osteoporosis is more of a problem for the elderly than the young; however, osteoporosis also appears to afflict the less educated and those from lower income households more so than well-educated and more affluent citizens.
- Of those women with healthcare coverage, 34% had a bone density test and 55% were told by a doctor how to prevent osteoporosis. By contrast, only 13% of women without health coverage had a bone density test and 35% were told by a doctor how to prevent osteoporosis.

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**2005 Stats at a Glance**

**Gender** *

![Gender Graph]

**Race**

![Race Graph]

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**Percent of Maryland Adults who have Osteoporosis, 2005**

![Osteoporosis Graph]

* Denotes a statistically significant difference among the values.
**Question:** Body Mass Index (BMI) was calculated based on data collected from:
1) How much do you weigh without shoes?
2) How tall are you without shoes?

**At risk:** Respondents with BMI scores greater than 24.99 are considered overweight.

### Who is at risk in Maryland?
- Nearly 2.5 million, or about 61% of Marylanders, were classified as overweight or obese, in 2005.
- Men were more likely to be classified as overweight or obese (68.7%) than women (53.9%), and black residents were more likely to be overweight or obese (71.7%) than white residents (58.9%).
- Nearly 3 of every 4 African American men (74.3%) were classified as being overweight or obese in 2005.
- Adults aged 35 years and older, individuals with no college education or those from lower household incomes were more likely to be overweight or obese. However, because all demographic subgroups had a prevalence of over 50%, this condition is clearly a problem for all Marylanders.
- In 2005, persons categorized as obese were 5 times more likely to have been diagnosed with diabetes than those classified as not overweight/obese (15.0% vs. 3.0%).

### Stats at a Glance

#### Gender

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#### Race

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<td>White</td>
<td>58.9</td>
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<td>Black</td>
<td>71.7</td>
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Percent of Maryland Adults who are Overweight or Obese, 2005

* Denotes a statistically significant difference among the values.
**Question:** Has a doctor, nurse, or other health professional ever told you that you have had a stroke?

**At risk:** Adults who answered ‘Yes’ are considered at risk.

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**Who is at risk in Maryland?**

- 2.1% of Marylanders, or an estimated 89,031 persons, reported having had a stroke.
- No gender or racial differences were found for the prevalence of stroke.
- Having a stroke was far more likely for older (those 65+ years in age), less well educated, or less affluent citizens.
- Of those who had a stroke, 62% were told that they had high cholesterol, 72% were told they have high blood pressure, and 62% were either smokers or former smokers.
- 97% of respondents correctly identified sudden numbness in the face, arm, or leg (especially on one side) as a symptom of a stroke and 76% identified a severe headache as a symptom of a stroke. These numbers suggest that although knowledge of the symptoms of stroke is widespread, it is not perfect.

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**Percent of Maryland Adults who have had a Stroke, 2005**

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* Denotes a statistically significant difference among the values.
HEALTH CARE RISK FACTORS
**FLU SHOT**

**Question:** In the past twelve months, have you had a flu shot?

**At risk:** Adults aged 50 years or older who did not receive a flu shot in the past twelve months are considered at risk.

### Who is at risk in Maryland?

- 61% of Marylanders aged 50 years and over reported that they did not have a flu shot in the past twelve months.
- No statistically significant difference was found between the percentages of men versus women who did not have a flu shot in the past year.
- The percentage of black residents who did not have a flu shot in the past year was greater than that of white residents (69.1% vs. 57.5%).
- Even though older Marylanders were more likely to have a flu shot than their younger counterparts, 41% of adults aged 65 years and over still had not had a flu shot in the past 12 months.
- There was no statistically significant difference in the likelihood of having a flu shot among the different levels of educational attainment.
- The likelihood of having a flu shot in the past year varied by level of income.

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**Percent of Maryland Adults (50+ yrs) who did not have a Flu Shot in the Past Year, 2005**

- Denotes a statistically significant difference among the values.
ORAL CANCER SCREENING

Question: When did you have your most recent oral or mouth cancer test?

At risk: Adults over the age of 40 years who answered ‘more than 1 year’ or ‘never’ are considered at risk.

Who is at risk in Maryland?

- About 7 out of 10 Marylanders over the age of 40 years reported that it has been more than a year since their last oral cancer test or that they never had an oral cancer test.
- Men were more likely to be at risk for not having an oral cancer screening (73.4%) than women (66%).
- Black residents were more at risk (81%) for not having an oral cancer screening than white residents (63.7%).
- Younger adults, adults with less education or those from lower-income households were more likely to be at risk for not having an oral cancer exam in the past year.
- Nearly 8 out of 10 current, everyday smokers over the age of 40 years reported not having had an oral cancer exam in the past year.

Stats at a Glance

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<th>Gender</th>
<th>MALE</th>
<th>FEMALE</th>
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<td>About 7 out of 10 Marylanders over the age of 40 years reported that it has been more than a year since their last oral cancer test or that they never had an oral cancer test.</td>
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Percent of Maryland Adults Over 40 who did not have an Oral Cancer Exam in the Past Year, 2005

* Denotes a statistically significant difference among the values.
Question: How long has it been since you last had your teeth cleaned by a dentist or dental hygienist?

At risk: Adults who answered ‘more than 1 year’ or ‘never’ are considered at risk.

Who is at risk in Maryland?

- An estimated 1 out of 4 of Marylanders (26.6%) reported that they either never had their teeth cleaned or that it has been more than a year since they last had their teeth cleaned by a dentist or dental hygienist. About 1% reported that they have never had their cleaned professionally.
- Men were more likely than women to not have their teeth cleaned in the past year (29.9% vs. 23.6%).
- Black residents were more likely to not have had their teeth cleaned in the past year than white residents (34.0% vs. 23.2%).
- Adults with less education or those from low-income households were less likely to have their teeth cleaned professionally.
- 57% of adults who did not complete high school and 51% of those whose household income was less than $15,000 per year reported that it has been more than a year since they had their teeth cleaned professionally.

Percent of Maryland Adults who did not have their Teeth Professionally Cleaned in the Past Year, 2005

* Denotes a statistically significant difference among the values.
HEALTH BEHAVIOR RISK FACTORS
**Question:** Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on one occasion?

**At risk:** Adults reporting drinking at least five alcoholic beverages on one occasion in the past month are considered at risk.

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**Who is at risk in Maryland?**

- In 2005, about 12% of Marylanders were at risk for binge drinking.
- Men reported binge drinking more than women (18.1% vs. 6.4%).
- White residents were more likely to report being binge drinking (13.7%) than black residents (9.2%).
- Younger adults were more inclined to have had five or more alcoholic beverages on one occasion in the last month than older adults.
- Binge drinking did not significantly vary by education level.
- Although the amount of binge drinking appeared to vary by income level, this difference was largely due to the low percentage of binge drinkers in the lowest income level (less than $15,000). Binge drinking did not vary significantly across the other income levels.
- Binge drinkers were less likely than non-binge drinkers to have visited a doctor for a routine checkup in the past year (59.6% vs. 74.5%).
**FRUITS AND VEGETABLES CONSUMPTION**

**Question:** How many servings of vegetables or fruits do you usually eat per day?

**At risk:** Adults who answered ‘Less than 5 times’ or ‘Never’ are considered at risk.

**Who is at risk in Maryland?**

- 71% of Marylanders eat less than 5 servings of fruits or vegetables a day.
- Men are more likely to be at risk for not eating 5 servings of fruits or vegetables a day (75.5%) than are women (67.5%).
- Black residents were as likely to eat 5 servings of fruits or vegetables a day as white residents.
- Younger and less well-educated persons were more likely to be at risk for not consuming 5 servings of fruits or vegetables a day than older and well-educated persons.
- Individuals whose household income was less than $15,000 per year were more likely to be at risk of consuming less than 5 servings of fruits or vegetables a day as compared to higher income households.
- Persons who consume 5 fruits or vegetables a day were less likely to be obese than those who did not eat 5 servings of fruits or vegetables a day.

**Percent of Maryland Adults who Consume Less than 5 Servings of Fruits or Vegetables a Day, 2005**

*Denotes a statistically significant difference among the values.
PHYSICAL ACTIVITY

Question: During the past 30 days, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

At risk: Adults who do not participate in any physical activity or exercise during the last 30 days are considered at risk.

Who is at risk in Maryland?
- About 23% of Marylanders did not participate in any physical activities or exercise during the past month.
- Women were more likely to report being physically inactive (25.6%) than men (19.8%).
- Black residents were more likely to be physically inactive (27.9%) than white residents (20.9%).
- Older respondents, individuals with less education or those with lower income were less likely to be physically active.
- About 45% of Marylanders without a high school diploma or those whose annual income was less than $15,000 reported that they did not participate in any physical activity or exercise during the past 30 days.
- Compared to those who did not exercise during the past 30 days, those who did were less likely to be classified as obese, have high blood pressure, or have diabetes.

Percent of Maryland Adults who did not Participate in any Physical Activity During the Past 30 Days, 2005

* Denotes a statistically significant difference among the values.
**Question:** If you have smoked at least 100 cigarettes in your entire life, are you now smoking everyday, some days, or not at all?

**At risk:** Adults who smoke ‘everyday’ or ‘some days’ are considered at risk.

### Who is at risk in Maryland?

- 19% of Marylanders are current smokers (i.e., smoke everyday or some days).
- There was no significant difference between the percentage of men who were current smokers and the percentage of women who were current smokers.
- Black residents were more likely to be current smokers (23.6%) than white residents (17.4%).
- Younger adults, individuals who have less education or those with low income were more likely to be smokers.
- 23% of those who never have smoked hadn’t visited a doctor for a routine check up in the past year, while 39% of everyday smokers reported the same.
- 21% of everyday smokers were at risk for poor general health (never smoked 8%).
- 4% of everyday smokers had had a heart attack (never smoked 2.4%).

### 2005 Stats at a Glance

#### Gender

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>19.5</td>
</tr>
<tr>
<td>Female</td>
<td>18.3</td>
</tr>
</tbody>
</table>

#### Race*

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>17.4</td>
</tr>
<tr>
<td>Black</td>
<td>23.6</td>
</tr>
</tbody>
</table>

* Denotes a statistically significant difference among the values.
According to the BRFSS, there are more women in Maryland than men. In 2005, 52.5% of the population over the age of 18 were women and 47.5% were men.

For both races (black and white) the percentage of women was greater than that of men. However, the ratio of black women to black men was greater than the ratio of white women to white men.

There was a statistically significant difference in the percentage of men versus women in the 65+ years age group. Only 13.6% of men were over the age of 65 years of age, whereas 17.5% of women were over the age of 65.

The percentage of men who were college graduates (45.1%) was significantly greater than the percentage of women who were college graduates (40.1%).

Similarly, the percentage of men earning over $75,000 per year was significantly higher than the percentage of women earning the same amount.

* Denotes a statistically significant difference among the values.
MARYLAND VERSUS UNITED STATES: RISK FACTORS

Health Behavioral Risk Factors, 2005

Relative to the nation overall, Maryland residents were less likely to be binge drinkers, i.e., drink 5 or more drinks in a sitting (11.9% vs. 14.4%).

Marylanders were also less likely to be current smokers (19.0% vs. 20.6%).

No difference was found between Maryland and the nation overall for meeting minimum exercise recommendations (50.9%).

Self-Reported Health and Other Risks, 2005

Marylanders reported themselves in better health than the nation overall. The percentage of Marylanders reporting that their health was fair or poor was slightly lower than the national level (11.9% vs. 14.8%).

Marylanders are more likely to have healthcare coverage than the nation overall. The percentage of Marylanders who lack health care coverage was lower than that for the nation as a whole (10.9% vs. 14.5%).

The percentage of the population classified as overweight or obese according to BMI scores was equally high for Maryland and the nation at 61%.

MARYLAND VERSUS UNITED STATES: DEMOGRAPHIC CHARACTERISTICS

Age Distribution of Adult Population, 2005

Compared to the national adult population age distribution, Maryland’s showed a higher relative percentage of adults (25-44 years) and a lower relative percentage for young adults (18-34 years) and for adults aged 65+ years.

Educational Characteristics of Adult Population, 2005

Relative to the country as a whole, the population of Maryland is well-educated. The percentage of those not completing high school was about 3% below the national level and the percentage of Marylanders having a college degree was nearly 12% above the national level (42.5% vs. 30.7%).

Income Characteristics, 2005

Overall, Marylanders were wealthier than the national average. In 2005, nearly 60% of Maryland households had incomes above $50,000 per year, compared to only 42% of the population attaining that level across the nation. Given the large percentage of the Maryland population earning over $50,000 per year, for all other income levels the relative percentage of Marylanders fell below the national levels.

HOW TO USE THE MARYLAND BRFSS

The Maryland BRFSS is accessible on the web at www.marylandbrfss.org (for national data go to www.cdc.gov/brfss/). Once at the website, you will need to create an account and password. After logging in, you will be brought to a homepage of survey reports, choose the BRFSS by clicking on the icon. The next page is a resources page for the BRFSS; it is here that you will find resources such as detailed instructions on how to use the site, its tools and the questionnaires. To enter the query window, choose the year that you are interested in researching in the right hand side column. The search window will look like the image below.

Search Window: Question = “How many Marylanders currently smoke everyday?”

To begin searching, choose the year you are interested in, the topic that you are interested in, then any crossing variables (e.g., gender, race, age, income, county etc.). Finally, click the “Run Tabulate” button on the bottom of the page.

Output Window: Answer = An estimated 277,178 Men (13.9%) and 283,587 Women (12.9%) smoke everyday. Click to generate an excel file or a graph of the results.

An estimated 277,178, or (13.9%) of men smoke everyday.

An estimated 283,587, or (12.9%) of women smoke everyday.

Click to generate an excel file or a graph of the results.
In interpreting the results it should be kept in mind that there are two different frequencies given: \( n \) = the number of respondents interviewed (i.e., the number of people who actually responded) and \( N \) = the weighted sample frequency (i.e., the number estimated if all the persons in the state would have responded). The percent value that is given is based on the estimate of the Maryland population, and is therefore, an estimation of the percentage of Maryland residents, not the actual percentage of Marylanders.

If the BRFSS was to be administered to all Marylanders, then no estimation would be needed, and one could make conclusions based on the population values. For example, if we were to ask all Marylanders if they had their teeth cleaned and 95% of women responded ‘yes’, whereas only 90% of the men said ‘yes’; then one could make the conclusion that the proportion of women who have their teeth cleaned is greater than that of men. However, the BRFSS does not reach every citizen; therefore, the percentage values given are only estimates of the true population values. Consequently, one cannot make conclusion based solely on these values, rather more information is needed.

The additional information needed is the confidence interval (CI) for the respective values. By comparing the confidence intervals, one can determine if the given estimates represent a probable difference in the actual population. Fortunately, these values are given in the BRFSS output, and comparing values and their respective confidence intervals is an easy task — one simply looks to see if there is an overlap in the range of the confidence intervals. If the confidence intervals overlap, then the values are not considered statistically significant. If, on the other hand, there is no overlap, then the difference between the values is large enough to conclude that the estimated values are different. For example, in 2005 13.9% of males reported smoking everyday (CI = 12.5, 15.3) and 12.9% of women reported smoking everyday (CI = 11.8, 14.0) since the range of the two sets of confidence intervals overlap, one would conclude that the values of 13.9% for men and 12.9% for women are not significantly different. Therefore, one could not make the conclusion that the percentage of men that smoke everyday is larger than the percentage of women. By contrast, when one compares the values for those who currently have asthma, 6.1% of men reported still having asthma (CI = 5.1, 7.1), while 10.4% of women reported still having asthma (CI = 9.4, 11.4); a statistically significant difference is found because the confidence intervals do not overlap (the lowest boundary for women 9.4 is still higher than the highest boundary for men 7.1). Consequently, one could conclude that the percentage of men that currently have asthma is less than that of women—that is, men are less likely to currently have asthma than women.

Lastly, one can generate graphs and maps of the output by clicking on the appropriate icon immediately below the results. The graph below presents the percent of men and women who smoke everyday.

**Graph Window: An Estimated 13.9% of Men and 12.9% of Women Smoke Everyday**
Mapping Window: Percent of Population who Smoke Everyday by County

MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
COLUMN = TOBACCO: SMOKING STATUS SUBSET VALUE = CURRENT SMOKER (EVERYDAY)
ROW = DEMOGRAPHICS: COUNTY
COUNTIES = All Maryland Counties YEARS = 2006

ALLEGANY 17.3% HOWARD 6.0%
ANNAPOLIS 12.3% KENT 17.0%
BALTIMORE 14.2% MONTGOMERY 7.7%
CALVERT 12.7% PRINCE GEORGE 13.0%
CANTON 24.6% QUEEN ANNE 13.3%
CARROLL 16.6% ST MARYS 18.3%
CECIL 19.3% SOMERSET 29.4%
CHARLES 18.0% TALBOT 6.0%
DORCHESTER 12.2% WASHINGTON 19.2%
FREDERICK 13.3% WICOMICO 13.7%
GARRETT 8.9% WORCESTER 12.2%
HARFORD 16.5% BALTIMORE CITY 10.5%
MARYLAND STATE TOTAL 13.2%

Legend:
- 0.0 to 10.47 Percent
- 10.48 to 14.85 Percent
- 14.86 to 19.23 Percent
- 19.24 to 23.61 Percent
- 23.62 to 28.0 Percent

NOTE: Colors are Chart Specific and May Not Correlate to Those For Other Years.
When I run my query, no numbers appear in the cells. What went wrong?
Most probably, nothing went wrong. When the values in the cells are too small (n<50), BRFSS won’t generate an output for those cells because the estimates are considered too unreliable. This often happens when the user crosses one or more variables with conditions that have a low prevalence (e.g., asthma by county). You might be able to correct this situation by aggregating a number of years together when running your analysis. (This can be done by holding down the control key while choosing multiple years in the search window).

I am having problems logging in, what do I do?
The most likely cause is an incorrectly typed password. If you try the wrong password a number of times you may be temporarily locked out of the BRFSS system. Similarly, if you try creating a new account with the same id, but a different password, you will be locked out. The best solution is to e-mail or call Helio Lopez, BRFSS Coordinator, at lopezh@dhmh.state.md.us. He will send you your password, or give you a new one so that you can enter the site.

How can I tell if the estimated values presented in this report are statistically significant?
Although the BRFSS results present confidence intervals in its output, for the sake of clarity, this report does not. However, when there is no overlap in the confidence intervals, a red asterisk is placed near the value or title (e.g., “Gender *”) to indicate to the reader that the estimated values are statistically significant.
Below are resources providing definitions and descriptions of conditions found in the BRFSS report. These links direct you to government sources or non-profit institutions that have taken care to assemble reliable, non-commercial information. Most sites provide information about disease symptoms, causes, risk factors, and tips about prevention. Other sites provide important information about finding good quality health care and making informed choices about your options.

**Health care access and quality:**
http://mhcc.maryland.gov/
http://www.hrsa.gov/help/default.htm
http://www.ahrq.gov/consumer/

**Chronic disease and conditions:**
http://www.fha.state.md.us/cphs/cdp/
http://www.cdc.gov/HealthyLiving/
http://www.nichd.nih.gov/health/topics/

http://www.noattacks.org/?gclid=CKOktZL5zosCFRQkUAodpFklGw

http://www.arthritis.org/
http://www.niams.nih.gov/hi/topics/arthritis/artheXfs.htm

http://www2.niddk.nih.gov/
http://www.diabetes.org/home.jsp

http://diabetes.org/weightloss-and-exercise/are-you-at-risk.jsp

http://www.niams.nih.gov/bone/
http://www.nof.org/

http://www.americanheart.org/presenter.jhtml?identifier=1200000

http://www.americanheart.org/presenter.jhtml?identifier=4614

http://www.strokeassociation.org/presenter.jhtml?identifier=1200037
Risk factors and prevention:
http://www.cdc.gov/flu/protect/children.htm
http://www.mayoclinic.com/health/influenza/AN00651

http://www.ada.org/public/topics/decay_faq.asp

http://www.niaaa.nih.gov/FAQs/General-English/default.htm
http://www.nida.nih.gov/students.html

http://www.cnpp.usda.gov/
http://www.cfsan.fda.gov/~lrd/advice.html

http://www.cdc.gov/nccdphp/dnпа/physical/
http://www.fitness.gov/
http://apps.nccd.cdc.gov/DNPAProg/StateV.asp

http://smoking.drugabuse.gov/
http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=22542
http://www.lungcancer.org/
http://www.cancer.org/docroot/home/index.asp
Have questions about the state of Maryland’s health? Visit us at www.marylandbrfss.org
Your answers are just a few clicks away. Here’s how...

Search Window:
Question = “How many Marylanders currently smoke everyday?”

Output Window:
Answer = An estimated 277,178 Men (13.9%) and 283,587 Women (12.9%)

An estimated 277,178, or (13.9%) of men smoke everyday.
An estimated 283,587, or (12.9%) of women smoke everyday.

Click to generate an excel file of results, a graph or a map for a report of the results.

Choose year of report
Choose topic: “How many people smoke everyday?”
Choose “crossing” variable, or subtopic “How many men versus women smoke everyday?”
Choose counties
Click “Run Tabulate”