

Chronic Disease Risk Factors

Youth Smoking

Importance: Major cause of premature mortality. Accounts for 400,000 deaths annually in the US. Most smokers begin smoking as youth or young adults.

National statistic: Current cigarette use among high school students: 20% (2007, YRBSS)

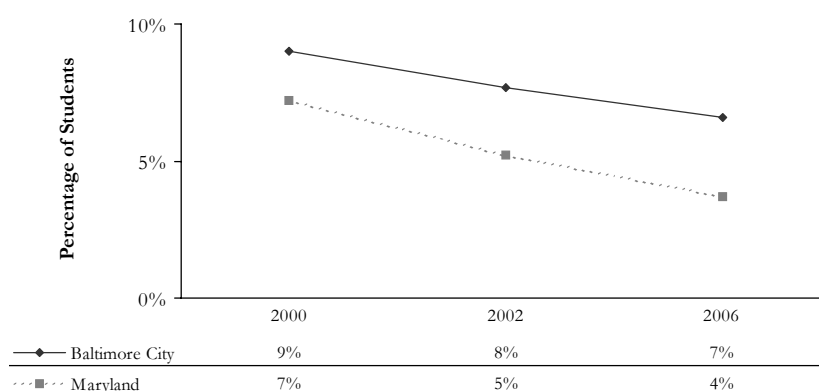
Healthy People 2010 goal: 16% (high school students who smoked cigarettes in the past 30 days)

Middle school students

Cigarette smoking

- Since 2000, cigarette smoking prevalence among middle school students surveyed has declined by 27% in Baltimore City and by almost 50% statewide.
- Baltimore middle school students were 30-75% more likely to report current smoking than students statewide during 2000-2006.

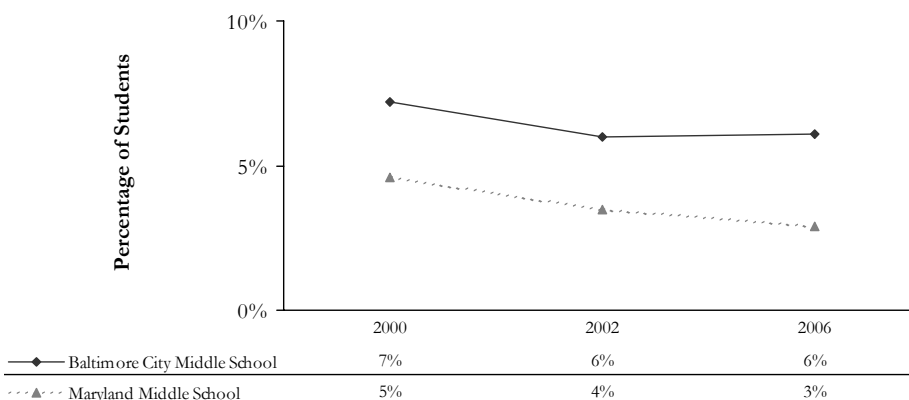
Percentage of Middle School Students who Smoked Cigarettes in the Past 30 Days, Baltimore City and Maryland; 2000, 2002, and 2006



Source: Maryland Department of Health and Mental Hygiene. Monitoring Changing Tobacco-use Behaviors in Maryland, November, 2007. On the internet at: <http://www.crf.state.md.us/html/stats.cfm> "During the past 30 days, on how many days did you smoke cigarettes?"

Cigar, cigarillo and little cigar smoking

Percentage of Middle School Students who Smoked Cigars, Cigarillos, or Little Cigars in the Past 30 Days; Baltimore City and Maryland; 2000, 2002, and 2006



Source: Maryland Department of Health and Mental Hygiene. Monitoring Changing Tobacco-use Behaviors in Maryland, November, 2007. On the internet at: <http://www.crf.state.md.us/html/stats.cfm> The Survey asked students, "During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?"

- Cigar use in middle schoolers declined in Baltimore and Maryland in 2000-2002.
- While this decreasing trend continued statewide from 2002 to 2006, in Baltimore, reported use of cigar products among middle schoolers did not decrease from 2002 to 2006. This stands in contrast to the decrease observed for cigarette smoking in that time period.
- In 2006, cigar smoking prevalence was twice as high among surveyed Baltimore City middle school students compared to middle school students surveyed statewide.

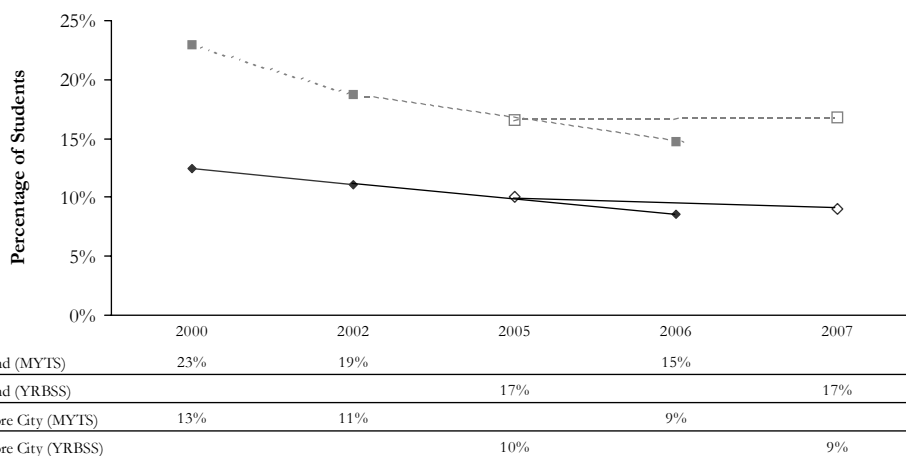
Chronic Disease Risk Factors

High school students

Two surveys with similar methodologies assessed smoking trends among Baltimore City high school students: the Maryland Youth Tobacco Survey (MYTS) (administered in Baltimore City middle and high schools in 2000, 2002, and 2006) and the Centers for Disease Control and Prevention's Youth Behavioral and Risk Factor Surveillance System (YRBSS) (administered in Baltimore City high schools in 2005 and 2007). We present here results from both since they yielded slightly different results, despite similar methodologies.

Cigarette smoking

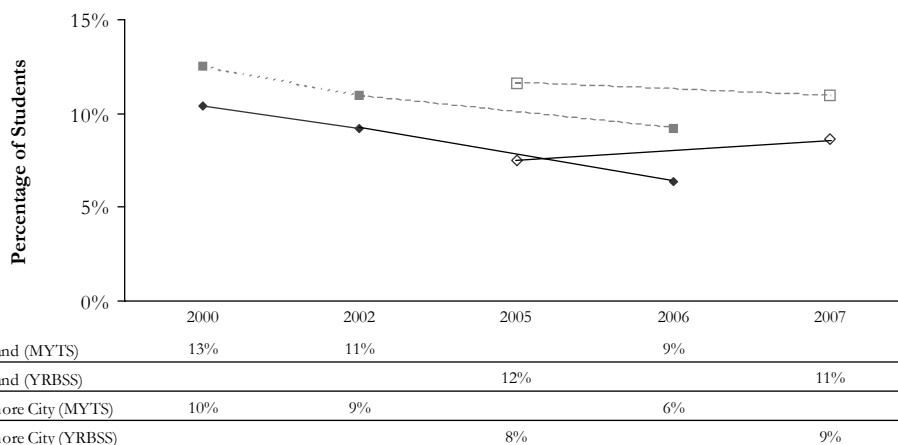
Percentage of High School Students who Smoked Cigarettes in the Past 30 Days, Baltimore City and Maryland, 2000-2007—CDC's Youth Behavioral Risk Factor Surveillance System (YRBSS) and the Maryland Youth Tobacco Survey (MYTS)



Source: MYTS - Maryland Department of Health and Mental Hygiene. Monitoring Changing Tobacco-use Behaviors in Maryland, November, 2007. On the internet at: <http://www.crf.state.md.us/html/stats.cfm>. YRBSS - Centers for Disease Control. 2005 and 2007 Youth Risk Behavior Survey. Available at <http://www.cdc.gov/HealthyYouth/yrbss/index.htm>. Accessed June 12th, 2008. See technical notes for a description of the YRBSS and MYTS data and methodology. Both surveys asked students: "During the past 30 days, on how many days did you smoke cigarettes?"

Cigar, cigarillo and little cigar smoking

Percentage of High School Students who Smoked Cigars, Cigarillos, or Little Cigars in the Past 30 Days, Baltimore City and Maryland; 2000-2007



Source: MYTS - Maryland Department of Health and Mental Hygiene. Monitoring Changing Tobacco-use Behaviors in Maryland, November, 2007. On the internet at: <http://www.crf.state.md.us/html/stats.cfm>. YRBSS - Centers for Disease Control. 2005 and 2007 Youth Risk Behavior Survey. Available at <http://www.cdc.gov/HealthyYouth/yrbss/index.htm>. Accessed June 12th, 2008. See technical notes for a description of the YRBSS and MYTS data and methodology. Both surveys asked students: "During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?"

- The MYTS reports decreases in both cigarette and cigar smoking among high school students in Baltimore and statewide from 2000 to 2006. According to the MYTS, cigarette smoking prevalence among Baltimore high schoolers declined by approximately 30% from 2000 to 2006, and cigar smoking by 40%.
- In contrast, the YRBSS indicates that only cigarette use decreased from 2005 to 2007 while cigar use actually increased. This increase in cigar use in Baltimore was in contrast to the decrease reported by the YRBSS for the state as a whole.
- Both surveys reported that Baltimore high school students were less likely to smoke than students statewide. This stands in contrast to middle school students, who were more likely than Maryland students to report smoking. This may be due to the higher high school drop out rate in Baltimore and the fact that students who drop out may be more likely to smoke than students who remain in school.

Chronic Disease Risk Factors

Adult Smoking

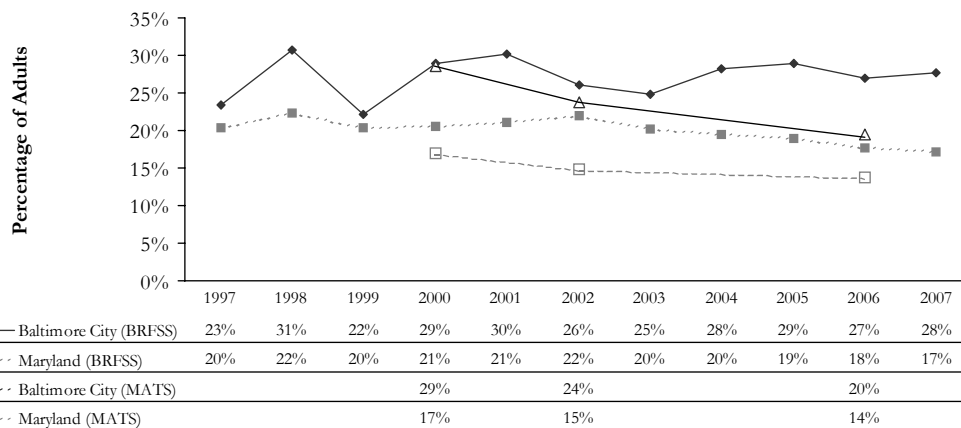
Importance: Primary cause of cancer, which is a leading cause of death; also important cause of coronary heart disease (the leading cause of death in the U.S.), increases the risk of stroke, infertility, and emphysema

National statistic: In 2006, approximately 21% of adults smoked cigarettes

Healthy People 2010 goal: 12% of adults

- Two surveys with similar methodologies assessed smoking prevalence among Baltimore City and Maryland adults: the Maryland Adult Tobacco Survey (MATS) (in 2000, 2002, and 2006) and the Centers for Disease Control and Prevention's Behavioral and Risk Factor Surveillance System (BRFSS) (in 2005 and 2007). We present the results of both here since they yielded different results despite similar methodologies.

Percentage of Adults who Currently Smoke Cigarettes, Baltimore City and Maryland, 1997-2007

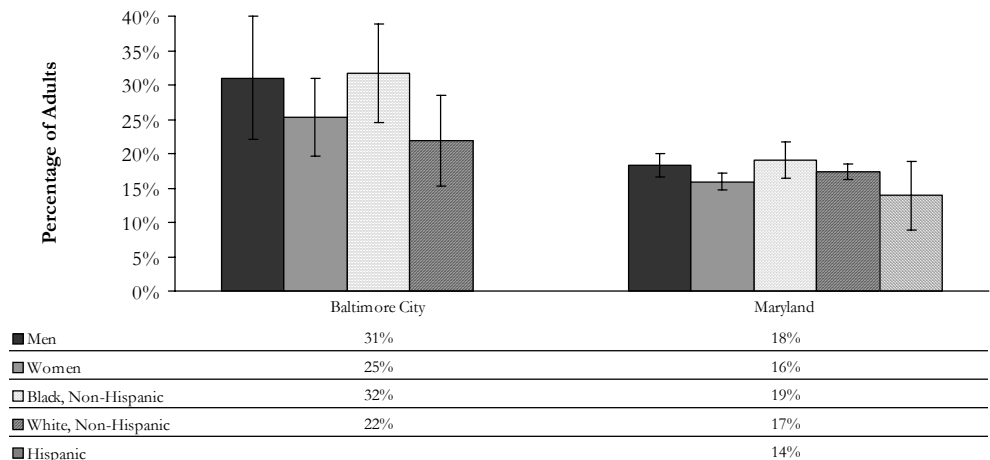


Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS). Survey respondents answered "yes" to: "Have you smoked at least 100 cigarettes in your entire life?" AND answered "every day" or "some days" to: "Do you now smoke cigarettes every day, some days, or not at all?" See technical notes for a description of the BRFSS data and methodology (error bars represent a 95% confidence interval for the estimate). Maryland Adult Tobacco Survey (MATS). Maryland Department of Health and Mental Hygiene. Monitoring Changes Tobacco-use Behaviors in Maryland, November, 2007. Online at <http://www.crf.state.md.us/html/stats.cfm> (Question in the MATS survey was the same as in the BRFSS).

- According to the MATS, adult cigarette smoking in Baltimore decreased by 31% between 2000 and 2006, while decreasing only 18% statewide.
- In contrast, according to the BRFSS, adult smoking in Baltimore has increased by 12% from 2003 to 2007, while decreasing by 15% statewide.
- In both surveys, smoking prevalence in Baltimore exceeded statewide prevalence.

According to the latest data (BRFSS), sex and race/ethnicity differences in smoking prevalence were larger in Baltimore than statewide. In Baltimore, men were 22% more likely than women to be current cigarette smokers. Statewide, this difference was 15%. Baltimore African Americans were 45% more likely than whites to be current cigarette smokers. Statewide, this difference was 9%.

Percentage of Adults who Currently Smoke Cigarettes by Sex and Race, Baltimore City and Maryland, 2007



Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS). Survey respondents answered "yes" to: "Have you smoked at least 100 cigarettes in your entire life?" AND answered "every day" or "some days" to: "Do you now smoke cigarettes every day, some days, or not at all?" See technical notes for a description of the BRFSS data and methodology (error bars represent a 95% confidence interval for the estimate).

Chronic Disease Risk Factors

Childhood Obesity

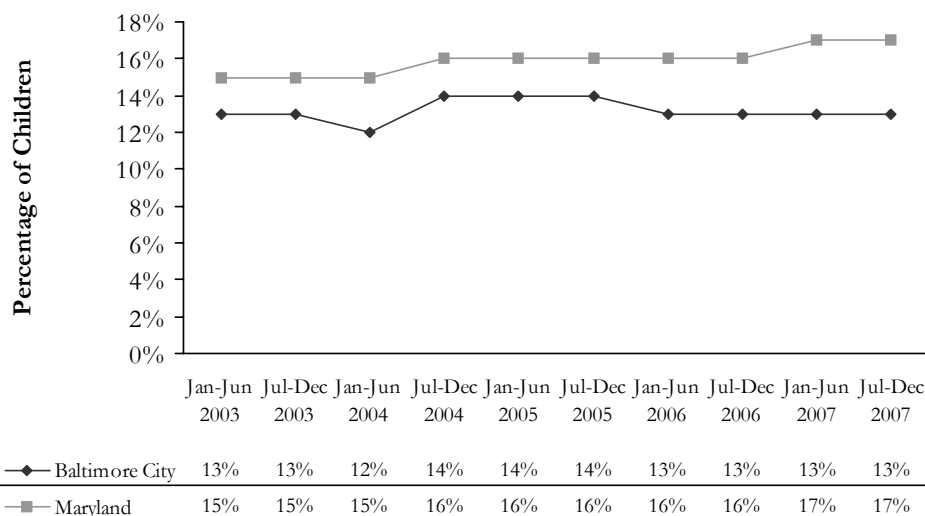
Childhood Obesity: Children and youth (2-18 years) in the ≥ 95 th percentile for body mass index, by age and sex, based on reference data

Importance: Children who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem. Obese young people are more likely than children of normal weight to become overweight or obese adults.

National statistic: In 2006, 17% (children aged 6 to 11 years); 17.6% (adolescents aged 12 to 19 years)

Healthy People 2010 goal: 5% (children and adolescents 6 to 19 years)

Percentage of Children Age 2-5 years Enrolled in the WIC Program who were Obese, Baltimore City and Maryland, 2003-2006

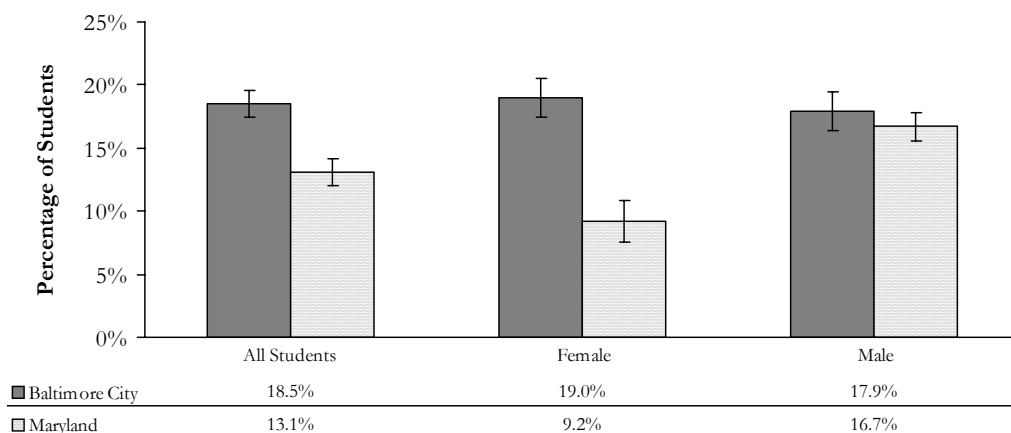


Source: Maryland Women Infants and Children (WIC) Program

- Since 2003, obesity prevalence among 2-5 year olds enrolled in the Women, Infants, and Children (WIC) program has stayed relatively steady in Baltimore, while increasing slightly statewide.
- Over this time period, WIC 2-5 year olds in Baltimore were, on average, 17% less likely to be overweight compared to children enrolled in the program statewide.

- According to the 2007 Youth Risk Behavioral Surveillance System (a school-based survey of high school students) Baltimore high school students were 40% more likely to be obese than high school students statewide. The difference was largely due to female students: females in Baltimore were more than twice as likely to be obese than their Maryland counterparts, while males had similar obesity rates.

Percentage of High School Students Classified as Obese (and 95% CI) According to Body Mass Index (BMI), Baltimore City and Maryland, 2007



Source: Centers for Disease Control. 2007 Youth Risk Behavior Survey. Available at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>. Accessed September, 2008. BMI was calculated using reported height and weight. See technical notes for a description of the YRBSS data and methodology (error bars represent a 95% confidence interval for the estimate).

Chronic Disease Risk Factors

Adult Obesity

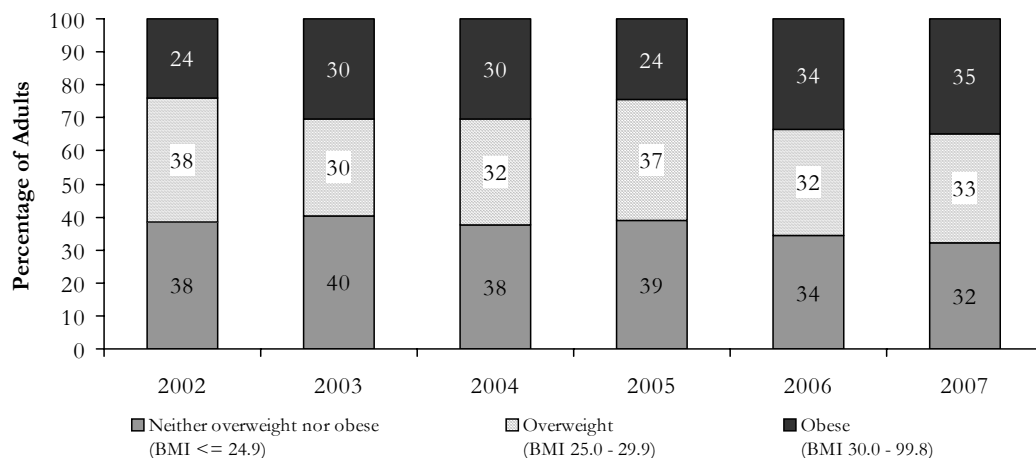
Obesity: Range of weight that is greater than what is generally considered healthy for a given height: body mass index (BMI) ≥ 30.0 .

Importance: Obesity puts an individual at risk for hypertension, stroke, type 2 diabetes, osteoarthritis, and many other poor health outcomes.

National statistic: National prevalence of obesity increased by approximately 50% between 1996 and 2006. In 2006, 25% of adults were obese

Healthy People 2010 goal: 15% (adults 20 years and older)

Percentage of Adults by Weight Classification as defined by Body Mass Index (BMI), Baltimore City, 2002-2007

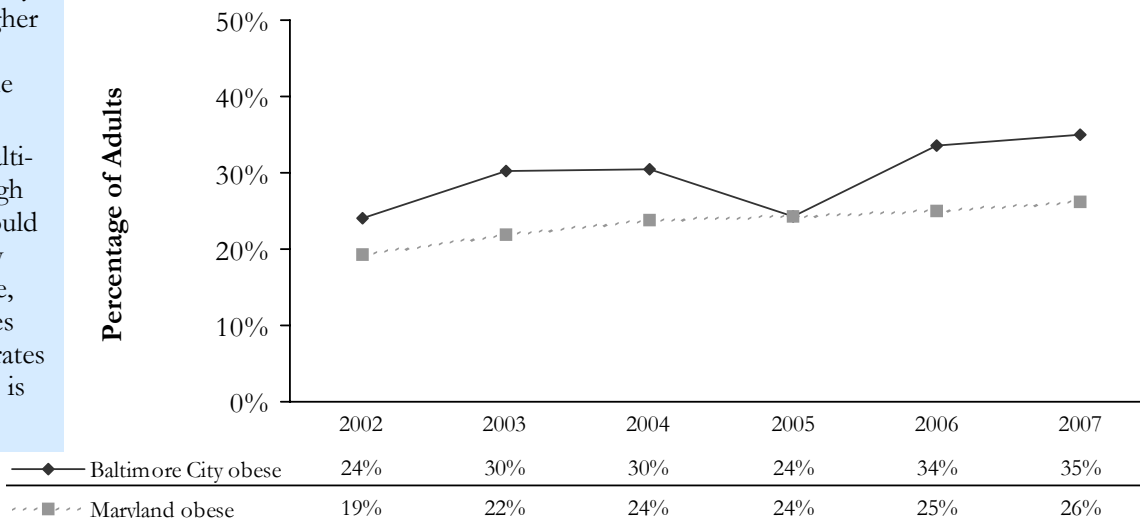


- According to the Behavioral Risk Factor Surveillance System (a telephone survey), in 2007, one third of Baltimore City adults were obese, while one third were overweight.
- Since 2002, obesity prevalence among Baltimore City adults has increased by 46%.

Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS). Survey respondents were classified by BMI calculated using reported weight and height (questions in survey were: "About how much do you weigh without shoes?" and "About how tall are you without shoes?") See technical notes for a description of the BRFSS data and methodology.

- On average, from 2002-2007 obesity prevalence among Baltimore City adults was 26% higher than among adults statewide during the same time period.
- The reason why Baltimore adults and high school students would have higher obesity rates than statewide, while WIC enrollees would have lower rates (see previous page) is not understood.

Percentage of Adults by Weight Classification as defined by Body Mass Index (BMI), Baltimore City and Maryland, 2002-2007



Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS). Survey respondents were classified by BMI calculated using reported weight and height (questions in survey were: "About how much do you weigh without shoes?" and "About how tall are you without shoes?") See technical notes for a description of the BRFSS data and methodology.