Healthy Montgomery Obesity Work Group
Montgomery County Obesity Profile
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Executive Summary

- Over half (54.3%) of all adults in Montgomery County are overweight or obese.
- More African American/Black and Hispanic adults are overweight and obese compared to adults of other races.
- Nearly four out of every ten children (36.3%) in Montgomery County are overweight and obese.
- Since 2000, the rate of hospitalizations per 10,000 residents with a primary or secondary diagnosis of obesity has increased three-fold for adults and more than four-fold for children.
- Asians and African Americans/Blacks are less likely to engage in recommended moderate physical activity and leisure time physical activity than other racial ethnic groups.
- Chronic diseases and conditions, such as high blood pressure, high cholesterol and diabetes, are related to overweight and obesity, and are experienced in a large proportion of Montgomery County residents.
- High blood pressure affects nearly one in four adults (24.5%) in Montgomery County, and is a frequent reason for hospital visits among County residents.
- In Montgomery County, women are more likely than men to have high blood pressure; seniors are more likely than younger age groups to have high blood pressure; and African Americans/Blacks are more likely than other race groups to have high blood pressure.
- Over a third of Montgomery County adults have high cholesterol. Women are more likely than men to have high cholesterol and Asians are more likely than individuals of other race groups to have high cholesterol.
- Diabetes is the eighth leading cause of death among Montgomery County residents and is a frequent reason for hospital visits among residents.
- Seniors are more likely than adults of younger ages to have diabetes and adults who are overweight or obese are more likely to have diabetes than adults of healthy weight.
Obesity, Physical Activity and Healthy Eating in Montgomery County

Obesity

According to the 2010 Behavioral Risk Factor Surveillance Survey (BRFSS), 54.3% of adult respondents in Montgomery County were either overweight or obese. Since 2000, the percent of adult respondents in Montgomery County who were obese has increased from 12.2% to 18.2%.
As shown in the figure below, middle-aged adults were more likely to be overweight or obese than other age groups and may be likely to carry their additional weight into old age.

Montgomery County Adults Who Reported Being Overweight or Obese By Age, 2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Overweight (BMI 25-29)</th>
<th>Obese (BMI &gt;= 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44 years</td>
<td>32.6</td>
<td>16.5</td>
</tr>
<tr>
<td>45-64 years</td>
<td>41.8</td>
<td>20.8</td>
</tr>
<tr>
<td>65+ years</td>
<td>33.2</td>
<td>18.4</td>
</tr>
<tr>
<td>Overall</td>
<td>36.1</td>
<td>18.4</td>
</tr>
</tbody>
</table>
More men (63.2%) than women (46.0 %) were overweight or obese: more African Americans/Blacks and Hispanics were overweight or obese than individuals of other races.
Since 2000, obesity has become increasingly prevalent in hospital discharges for Montgomery County residents. During the period 2000-2009, the rate of adult hospital discharges with obesity as co-morbidity that required medical attention during the hospital stay per 10,000 county residents rose three-fold.

Hospital Discharges with Obesity as Co-Morbidity for Adults per 10,000 County Residents, 2000-2009

- 1999: 26.2
- 2000: 29.8
- 2001: 36.7
- 2002: 37.2
- 2003: 37.5
- 2004: 60.9
- 2005: 71.8
- 2006: 82.9
- 2007: 89.8
- 2008: 92.6
- 2009: 92.6
- 2010: 92.6
According to the BRFSS, almost four out of ten children (36.3%) in Montgomery County were overweight or obese in 2010. Unlike adults, where more adults were overweight (36.1%) than obese (18.2%), more children were obese (21.2%) than overweight (15.1%).
There is a similar proportion of male (35%) and female (36.3%) children who were overweight and obese, yet a greater percentage of female children were obese (22.8%) than male children (18.7%). The overall picture of higher than desired weight in children and adolescents is a warning that we may have new generations that have risk factors for various chronic diseases starting at an early age.

County-wide data on exercise, nutrition, and weight is limited for children in Montgomery County. Therefore, hospital discharge data available for children is an important resource to measure the impact of obesity on Montgomery County children. Since 2000, there has been an increasing rate of hospital discharges for Montgomery County young people, ages 5-19 years, who had obesity-related diagnoses that required medical attention during their hospital stays.

### Hospital Discharges with Obesity as Co-Morbidity for Young People, Ages 5-19, per 10,000 County Residents, 2000-2009

![Graph showing hospital discharges with obesity as co-morbidity over years (1999-2010).]
In 2010, Montgomery County BRFSS respondents in the $25-$49,000 income bracket were more likely to be overweight and obese (63.5%) than respondents in other income brackets. This pattern of overweight and obesity and income differs from the 2010 Maryland average. Statewide, adults in the less than $15,000 income bracket were more likely to be overweight and obese (70.3%) than adults in other income brackets.

Montgomery County Adult Weight Status, By Income Level, 2010

There were few differences in levels of overweight and obesity across education levels in respondents to the Montgomery County BRFSS, when averaged over the years 2007-2010.
Physical Activity

Physical activity is a key element to maintaining a healthy weight. In 2010, only 35.1% of respondents to the BRFSS reported doing 30 or more minutes per day for five or more days per week of moderate physical activity. More women (38.1%) than men (31.3%) reported engaging in moderate physical activity. Essentially the same proportion of younger adults (18-44 years) and middle-aged adults (45-64) reported moderate physical activity (about 35%). Fewer older adults (32.8%) reported moderate physical activity.
As shown in the next table, Asians and African Americans/Blacks were less likely to report engaging in moderate physical activity than individuals of other races.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>36.5</td>
</tr>
<tr>
<td>Black</td>
<td>29.5</td>
</tr>
<tr>
<td>Asian</td>
<td>26.4</td>
</tr>
<tr>
<td>Hispanic</td>
<td>31.3</td>
</tr>
<tr>
<td>Overall</td>
<td>34.9</td>
</tr>
</tbody>
</table>
As shown in the following table, Asians were less likely to report engaging in leisure time physical activity than adults of other races.

Montgomery County Adults Who Reported Engaging in Leisure Time Physical Activity, By Race/Ethnicity, 2010

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>87.2</td>
</tr>
<tr>
<td>Black</td>
<td>82.6</td>
</tr>
<tr>
<td>Asian</td>
<td>70.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>86.3</td>
</tr>
<tr>
<td>Overall</td>
<td>84.5</td>
</tr>
</tbody>
</table>
Healthy Eating

Healthy eating is key both to achieving and to maintaining a healthy weight. 29.4% of respondents to the 2010 BRFSS stated that they consumed five or more servings of fruits and vegetables per day. More women (36.9%) than men (21.4%) reported eating five or more servings of fruits and vegetables daily.

As shown in the table below, more Whites and Asians reported eating five servings of fruits and vegetables than did Blacks and Hispanics.

Montgomery County Adults Who Reported Fruit and Vegetable Consumption of 5 or Greater Servings, By Race/Ethnicity, 2010

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>33.0</td>
</tr>
<tr>
<td>Black</td>
<td>25.8</td>
</tr>
<tr>
<td>Asian</td>
<td>31.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.2</td>
</tr>
<tr>
<td>Overall</td>
<td>29.4</td>
</tr>
</tbody>
</table>
Adult fruit and vegetable consumption is related to overall weight status. In 2010, BRFSS respondents who reported they consumed fewer than five servings of fruit or vegetables per day were more likely to be overweight or obese.

Montgomery County Adults Who Reported Fruit and Vegetable Consumption, By Weight Status, 2010

<table>
<thead>
<tr>
<th>Category</th>
<th>Overweight (BMI 25-29)</th>
<th>Obese (BMI &gt;= 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 or more</td>
<td>24.8</td>
<td>25.4</td>
</tr>
<tr>
<td>3 but fewer than 5</td>
<td>46.2</td>
<td>33.2</td>
</tr>
<tr>
<td>1 but fewer than 3</td>
<td>27.3</td>
<td>36.1</td>
</tr>
</tbody>
</table>

Percent
Chronic Diseases Related to Obesity

In adults, being overweight or obese is related to Type 2 diabetes and chronic cardiovascular conditions, such as high blood pressure, heart disease and stroke. Unfortunately, these conditions are becoming more prevalent in children and adolescents as they become more overweight or obese.

High Blood Pressure

High blood pressure is an early sign of cardiovascular disease and cerebrovascular disease. In Montgomery County, about one in every four adults who responded to the 2009 BRFSS had high blood pressure. 27.3% of women and 21.7% of men responding to the BRFSS reported that they had high blood pressure. The percent of individuals reporting that they had high blood pressure increased with age.

Montgomery County Adults Who Reported Ever Being Diagnosed with High Blood Pressure By A Doctor, By Age, 2009

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44 years</td>
<td>11.0</td>
</tr>
<tr>
<td>45-64 years</td>
<td>29.0</td>
</tr>
<tr>
<td>65+ years</td>
<td>54.9</td>
</tr>
<tr>
<td>Overall</td>
<td>24.2</td>
</tr>
</tbody>
</table>
As with overweight and obesity, high blood pressure was most prevalent in the African American population. It was least prevalent in the Hispanic population, although this may reflect the younger Hispanic population in the County.

Montgomery County Adults Who Reported Ever Being Diagnosed With High Blood Pressure By A Doctor, By Race/Ethnicity, 2009

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>24.6</td>
</tr>
<tr>
<td>Black</td>
<td>39.9</td>
</tr>
<tr>
<td>Asian</td>
<td>17.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.4</td>
</tr>
<tr>
<td>Overall</td>
<td>24.6</td>
</tr>
</tbody>
</table>
High blood pressure is related to weight status. In the 2009 BRFSS, more overweight and obese adults reported having high blood pressure. Furthermore, among adults with high blood pressure, almost half were obese. Of the 2009 BRFSS respondents, 70.1% of the respondents diagnosed with hypertension were overweight or obese, and 45.7% of the respondents who were not diagnosed with hypertension were overweight or obese.

Montgomery County Adults Who Reported Ever Being Diagnosed With High Blood Pressure By A Doctor, By Weight Status, 2010

- **Hypertensive**
  - Overweight (BMI 25-29): 38.6%
  - Obese (BMI >= 30): 31.5%
  - Total: 70.1%

- **Non-Hypertensive**
  - Overweight (BMI 25-29): 33.0%
  - Obese (BMI >= 30): 12.7%
  - Total: 45.7%
High blood pressure, or hypertension, is a frequent reason for hospital visits in Montgomery County. In 2009, 36.2% of all hospital discharges of Montgomery County residents required medical attention for their high blood pressure, regardless of whether or not high blood pressure was the reason for hospitalization. In 2010, there were 123.3 visits per 100,000 population for emergency department visits due to high blood pressure for Montgomery County residents.

Since 2000, the rate of hospital discharges with hypertension as co-morbidity for adults, ages 20-39, per 10,000 County residents has increased two-fold.

**Hospital Discharges with Hypertension as Co-Morbidity for Adults Ages 20-39 per 10,000 County Residents, Ages 20-39, 2000-2009**

![Graph showing the rate of hospital discharges with hypertension as co-morbidity from 2000 to 2010. The rate increased from 21.6 in 1999 to 43.3 in 2010.](image-url)
**High Cholesterol**

High cholesterol is also associated with overweight and obesity. It can also be associated with unhealthy food choices, although there is a genetic component to high cholesterol in some populations. High cholesterol can be a precursor of cardiovascular and cerebrovascular disease. 38.7% of respondents to the 2009 BRFSS reported having been told by a doctor or healthcare professional that their blood cholesterol was high, which is slightly higher than the Maryland average of 37.4%. The prevalence of high cholesterol in Montgomery County as reported through the BRFSS has increased from 30.4% in 2005 to 38.7% in 2009. In 2009, 43.8% of women and 33.8% of men reported that they had high cholesterol.

High cholesterol, like high blood pressure, increased with age. More than half of seniors had high cholesterol levels, which is a major risk factor for heart disease.

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**Montgomery County Adults Who Reported Ever Being Diagnosed With High Cholesterol By A Doctor, By Age, 2009**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44 years</td>
<td>26.6</td>
</tr>
<tr>
<td>45-64 years</td>
<td>45.4</td>
</tr>
<tr>
<td>65+ years</td>
<td>52.6</td>
</tr>
<tr>
<td>Overall</td>
<td>38.7</td>
</tr>
</tbody>
</table>
More Asians reported high cholesterol than did any other racial/ethnic group, followed by Whites, Blacks, and Hispanics.

Montgomery County Adults Who Reported Ever Being Diagnosed With High Cholesterol By A Doctor, By Race/Ethnicity, 2009

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>41.1</td>
</tr>
<tr>
<td>Black</td>
<td>37.4</td>
</tr>
<tr>
<td>Asian</td>
<td>46.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>27.8</td>
</tr>
<tr>
<td>Overall</td>
<td>38.8</td>
</tr>
</tbody>
</table>
High cholesterol is related to weight status. More adults who were overweight or obese reported having high cholesterol than adults of healthy weight. 56% of BRFSS respondents who reported having high cholesterol were overweight or obese, and 50.7% of BRFSS respondents who reported having normal cholesterol were overweight or obese.
Diabetes

In 2010, 343 Montgomery County residents died of diabetes. Diabetes is the eighth overall leading cause of death among Montgomery County residents. It ranks as the fourth leading cause of death among African Americans/Blacks, fifth leading cause of death among Hispanics/Latinos, and sixth leading cause of death among Asians and Pacific Islanders. The age-adjusted death rate due to diabetes in 2010 was 12.2 deaths per 100,000 population.

The percent of people stating that they had ever been diagnosed with diabetes on the BRFSS decreased from 7.2% in 2009 to 5.6% in 2011. However, as shown in the chart below, this statistic has been variable over the past five years.
More women (6%) than men (5.2%) reported having been told by a doctor that they had diabetes in the 2010 BRFSS. The prevalence of diabetes rose sharply from young adulthood to the over-65 population. Complications of long-term diabetes, seen most often in the elderly, include heart and blood vessel disease, nerve damage, kidney damage, foot damage and blindness.
The 2010 BRFSS results show a relatively similar prevalence of diabetes among all races/ethnicities, except for the Hispanic population (0.7%). The strikingly low level of diabetes in the Hispanic population may be a reflection of sampling issues. Only 62 Hispanic Montgomery County residents responded to this question in the 2010 BRFSS, of those two responded that they had been told by a doctor that they had diabetes.
79.3% of 2010 BRFSS respondents who reported having a diagnosis of diabetes were overweight or obese, and 52.7% of respondents who reported not having a diagnosis of diabetes were overweight or obese.

Montgomery County Adults Who Reported Ever Being Diagnosed With Diabetes (Excluding Gestational Diabetes) By A Doctor, By Weight Status, 2010

<table>
<thead>
<tr>
<th></th>
<th>Overweight (BMI 25-29)</th>
<th>Obese (BMI &gt;= 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>39.7%</td>
<td>79.3%</td>
</tr>
<tr>
<td>No Diabetes</td>
<td>35.6%</td>
<td>52.7%</td>
</tr>
</tbody>
</table>
Diabetes is a frequent reason for hospital visits in Montgomery County. In 2009, 17% of hospital discharges of Montgomery County residents required medical attention for their diabetes, regardless of whether or diabetes was the reason for hospitalization. In 2010, there were 168.8 visits per 100,000 population for emergency department visits due to diabetes for Montgomery County residents, according to the State Health Improvement Process data.

During the period 2000-2009, the rate of hospital discharges with diabetes as a condition requiring medical attention during the hospital stay for adults ages 20-59 per ten thousand county residents rose two-fold.

![Hospital Discharges with Diabetes as Co-Morbidity for Adults, Ages 20-59, per 10,000 County Residents Ages 20-59, 2000-2009](chart.png)
Heart Disease and Stroke

Major cardiovascular disease is the leading cause of death in Montgomery County. It is the leading cause of death for African American/Black, Hispanic/Latino and White residents and is the second leading cause of death among Asian and Pacific Islander residents. High blood pressure and high cholesterol both contribute to an increased prevalence of heart disease and stroke.

Heart Disease

During the period 2007-2009, the age-adjusted death rate due to heart disease in Montgomery County was 131.0 deaths per 100,000 population. Though this rate has decreased 7% since 2005, disparities between gender and racial/ethnic groups remain.
The heart disease mortality rate among men (167.5 deaths per 100,000 population) is 63% higher than it is for women (106.2 per 100,000 population).
African American/Black residents experience a mortality rate (159.5 per 100,000 population) that is three times the rate of Hispanic/Latino residents (53.9 per 100,000 population) and more than double the rate experienced by Asians and Pacific Islanders (71.7 per 100,000 population).
**Stroke**

During the period 2007-2009, the age-adjusted death rate due to cerebrovascular disease, or stroke, was 29.7 deaths per 100,000 population, which reflects a slight decrease from 2004. However, there are important disparities among racial/ethnic groups.

Montgomery County Age-Adjusted Death Rate Due to Stroke, 2004-2009

- 2004-2006: 34.0
- 2005-2007: 30.1
- 2006-2008: 30.1
- 2007-2009: 29.7
Men and women have similar death rates due to stroke (29.9 deaths per 100,000 population, and 29.4 deaths per 100,000 population, respectively). African American/Black residents die from stroke (cerebrovascular disease) at a rate (34.4 deaths per 100,000 population) that is 15% higher than White residents (29.8 per 100,000 population) and more than double the rate experienced by Hispanic/Latino residents (14.5 per 100,000 population).

Montgomery County Age-Adjusted Death Rate Due to Stroke, By Race/Ethnicity, 2004-2009

- White: 29.8
- Black: 34.4
- Asian/Pacific Islander: 19.6
- Hispanic: 14.5
- Overall: 29.7

Age-Adjusted Death Rate/ 100,000 population
Healthy Living and Disease Prevention

Wellness and Lifestyle

Wellness and lifestyle can be measured through a number of different summary measures of health and wellbeing—from individual self-evaluation of health and mental health status to population-based death rates, life expectancy—to broader composite quality of life indices. Montgomery County has one of the highest life expectancies—the average number of years a baby born in 1997-2001 can expect to live from birth—in the National Capital Region. Further analysis is needed to identify disparities among the diverse communities that now reside in Montgomery County and that reflect the most current data available.

In 2010, 91.4% of Montgomery County adults reported to the BRFSS that their general health was excellent, very good, or good. Men rated their general health higher (93.7%) than women (89.3%). Adults, ages 45-64 years, had the lowest self-reported general health being good, very good or excellent (87%) compared to other ages. Hispanic/Latino adults reported the lowest percent of being in excellent, very good, or good general health (75%) compared to the other racial/ethnic groups; Asian and Pacific Islander adults had the highest at 96%.

Self-reported life satisfaction on the BRFSS increased slightly from 2009 (94.6%) to 2010 (96.8%) in Montgomery County. Men and women reported their life satisfaction as being relatively equal (97.4% to 96.2%, respectively). Both Asian/ Pacific Islander and Hispanic/Latino adults had the highest self-reported life satisfaction (both were 99%) compared to other racial ethnic groups. African American/Black adults had the lowest percent (88%). Seniors, aged 65 and older, had the highest self-reported life satisfaction (97%) compared to all other adults. Obese adults were more likely to report being dissatisfied or very dissatisfied with their life (4.4%) than Montgomery County adults in general (3.0%).

Self-reported physical health on the BRFSS increased in Montgomery County from 2009 (76.2%) to 2010 (82.2%). Women were less likely to report being in good physical health (77.1%) than men (87.8%). Adults ages 65 and older were least likely to report being in good physical health (74.1%), and adults ages 18-49 were most likely to report being in good physical health (85.2%). Asian adults were more likely than any other racial/ethnic group to report having good physical health (93.4%), and Hispanic adults were the least likely to report having good physical health (82.1%).
Key Definitions

- **At least light/moderate physical activity**= adults that reported doing 30 or more minutes per day and for five or more days per week of moderate physical activity or 20 or more minutes per day and three or more days per week of vigorous physical activity\(^1\).

- **Cerebrovascular disease deaths**= Deaths with International Classification of Diseases (ICD)-10 codes I60–I69 (ICD-9 code 430–438) as the underlying cause of death among residents during a calendar year\(^2\).

- **Diabetes**= Person who responded that he/she was ever been told by a doctor that he/she has diabetes (excludes pre-diabetes, borderline diabetes and females who reported the diagnosis was only when she was pregnant)\(^3\).

- **Heart disease death**= death due to acute myocardial infarction, other ischemic heart disease, hypertensive heart disease, heart failure and all other heart disease (International Classification of Diseases (ICD)-10 codes I00–I09,I11,I13,I20–I51) as the underlying cause of death among residents during a calendar year

- **High blood pressure (hypertension)**= Adults 18 years and older who report having been told by a doctor, nurse, or other health professional of having high blood pressure (140/90 mm Hg or higher)\(^4\).

- **High cholesterol**= Adults 18 years and older who report having been told by a doctor or health professional that your blood cholesterol is high\(^5\).

- **Hospital Discharges with co-morbidity of diabetes**= Percentage of all hospital discharges with a co-morbidity of diabetes. Discharges are defined as the event that an individual is released from the inpatient care of a reporting institution, including: discharge to home, another care facility, or patient’s death. A co-morbidity of diabetes is defined as a condition related to diabetes for which the patient required medical attention during their visit, regardless of whether or not the condition was the principal diagnosis. The co-morbidity of diabetes was coded if an ICD-9-CM code related to diabetes was detected within the entire set of diagnoses codes for the patient during their hospital stay\(^6\).

- **Hospital discharges with co-morbidity of hypertension**= Percentage of all hospital discharges with a co-morbidity of hypertension. Discharges are defined as the event that an individual is released from the inpatient care of a reporting institution, including: discharge to home, another care facility, or patient’s death. A co-morbidity of hypertension is defined as a condition related to diabetes for which the patient required medical attention during their visit, regardless of whether or not the condition was the principal diagnosis. The co-morbidity of hypertension was coded if an ICD-9-CM code

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related to hypertension was detected within the entire set of diagnoses codes for the patient during their hospital stay\(^7\).

- **Hospital discharges with co-morbidity of obesity** = Percentage of all hospital discharges with a co-morbidity of obesity. Discharges are defined as the event that an individual is released from the inpatient care of a reporting institution, including: discharge to home, another care facility, or patient’s death. A co-morbidity of obesity is defined as a condition related to obesity for which the patient required medical attention during their visit, regardless of whether or not the condition was the principal diagnosis. The co-morbidity of obesity was coded if an ICD-9-CM code related to hypertension was detected within the entire set of diagnoses codes for the patient during their hospital stay\(^8\).

- **Leisure time physical activity** = Physical activity performed outside of any physical activity that may have occurred at work\(^9\).

- **Overweight or Obese adult** = Respondents aged \(\geq\)18 years who have a body mass index that meets the criteria listed below\(^10\).
  - An adult who has a BMI between 25 and 29.9 is considered overweight.
  - An adult who has a BMI of 30 or higher is considered obese.

  See the following example:

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight Range</th>
<th>BMI</th>
<th>Considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>5'9&quot;</td>
<td>124 lbs or less</td>
<td>Below 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td></td>
<td>125 lbs to 168 lbs</td>
<td>18.5 to 24.9</td>
<td>Normal weight</td>
</tr>
<tr>
<td></td>
<td>169 lbs to 202 lbs</td>
<td>25.0 to 29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td></td>
<td>203 lbs or more</td>
<td>30 or higher</td>
<td>Obese</td>
</tr>
</tbody>
</table>

- **Self-reported general health** = Percent of adults who responded good, very good, or excellent to the question “How is your general health?”\(^11\).

- **Self-reported physical health** = Percent of adults who reported 2 or fewer days in the past 30 days that their physical health was not good\(^12\).

- **Self-reported life satisfaction** = percent of adults who answered that they are very satisfied or satisfied when asked, “In general, how satisfied are you with your life?”\(^13\).

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**Data Sources Used**

- County Health Rankings, 2012
- Maryland Assessment Tool for Community Health, 2009
- Maryland Behavioral Risk Factor Surveillance System, 2007-2010
- State Health Improvement Process Measures
- Vital Statistics Administration, Maryland Department of Health and Mental Hygiene, 2010

**Data Gaps Identified**

- County-wide data that characterize important health risk and lifestyle behaviors like nutrition, exercise, and sedentary behaviors are not available for children, a group that has an increasing risk for many health conditions in childhood and adulthood. With the anticipated rollout of the YRBS at the county level expected to begin biannual data collection in the Fall of 2012, this gap should be addressed for older children/adolescents.

- Diabetes prevalence is not available for children, a group that has had an increasing risk for type 2 diabetes in recent years due to increasing overweight/obesity rates.

- Health risk behaviors that increase the risk for many chronic health conditions—like diabetes, cancer and heart disease—are difficult to measure accurately among our sub-populations, especially the Hispanic/Latino populations because of survey methodology limitations.

- There is a need for better summary measures of health and well-being and annual life expectancy by gender, race, and ethnicity.