HARFORD COUNTY, MD

JULY 2021

COMMUNITY HEALTH NEEDS ASSESSMENT
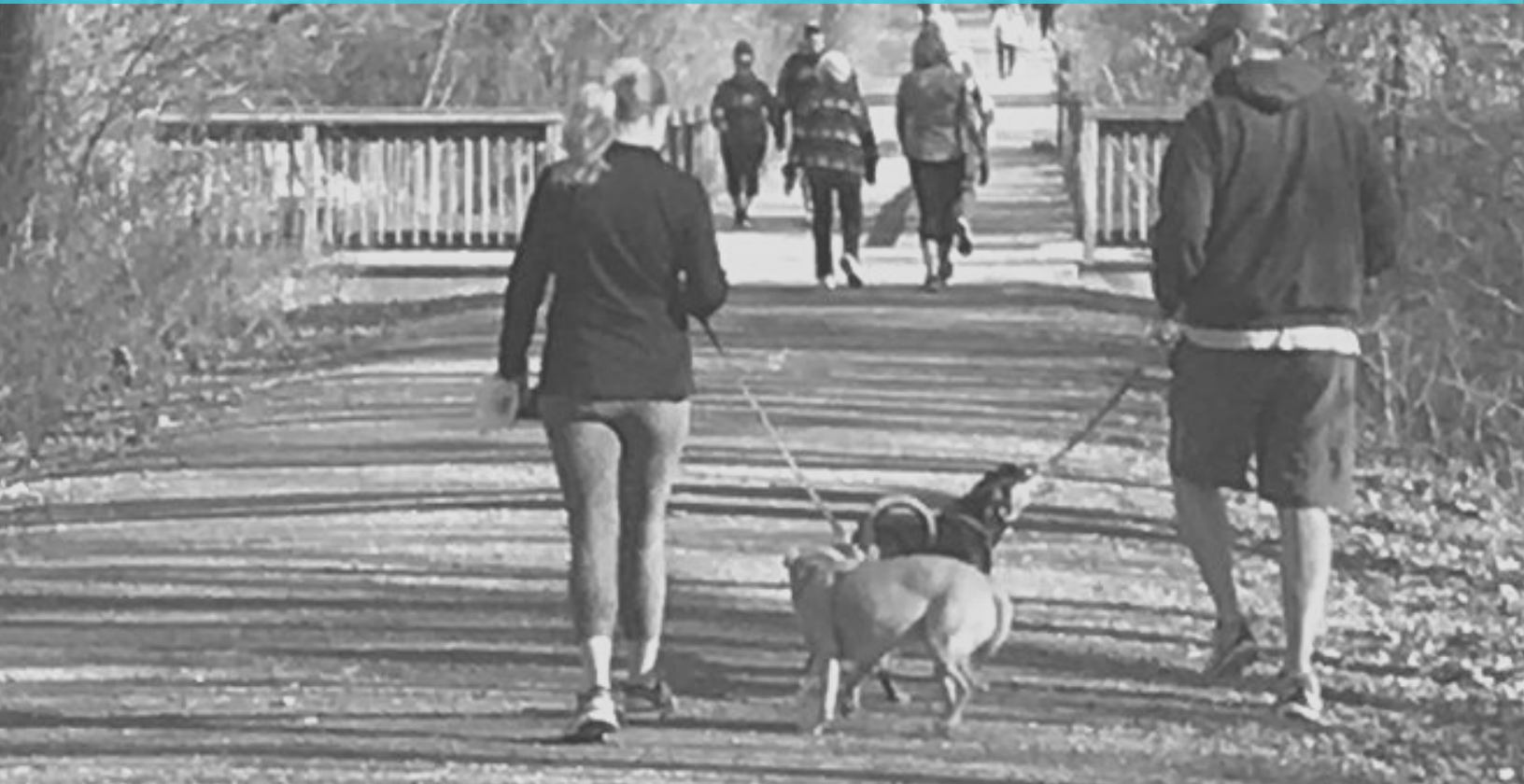
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GLOSSARY

ACEs - Adverse Childhood Experiences; the CDC describes ACEs as potentially traumatic events that happen during a person's childhood such as household mental illness, physical, sexual, and/or emotional abuse, and an incarcerated household member.

BMI - Body Mass Index is a person's (adults 20 and older) weight in kilograms divided by the square height in meters. A healthy weight is 18.5-24.9, overweight is 25-29.9, and obese is 30 and above.

Age-adjusted rates - Age-adjusted rates are a methodology used to compare rates among populations with varying age distributions per 1,000 or 100,000 people.

Incidence - Number of new cases of disease during a specified time interval (CDC).

Infant Mortality Rates - Number of infant deaths per 1,000 live births

Live Births - The complete expulsion or extraction of a product of human conception from the mother, regardless of the period of gestation, if, after the expulsion or extraction, it breathes or shows any other evidence of life, such as heart beat, pulsation of the umbilical cord, or definite movement of voluntary muscle, whether or not the umbilical cord is cut or the placenta is attached (Maryland Vital Statistics).

Low Birth Weight - A live birth weighing less than 2,500 grams (5.5 pounds). Low birth weight babies are at risk for poor health outcomes.

Mortality Rate - A measure of the frequency of occurrence of death in a defined population during a specified interval (CDC).

Per 1,000 or 100,000 Cases - number of cases/births/deaths use 1,000 or 100,000 as the denominator for mortality or case-rates.

SNAP - Supplemental Nutrition Assistance Program provides nutrition benefits to supplement the food budget of families in need.

SENs - Substance Exposed Newborns; displays positive toxicology screen for a controlled substance; displays the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel; or displays effects of fetal alcohol spectrum disorders (Maryland DHS).

YPLL - Years of Potential Life Lost; a measure premature mortality (before age 75) rather than overall mortality in order to focus on deaths that could have been prevented.

EXECUTIVE SUMMARY

The Harford County Community Health Needs Assessment (CHNA) offers a comprehensive evaluation of the health status of Harford County. The report is based on both qualitative methods and a compilation of data from Maryland Vital Statistics, Behavioral Risk Factor Surveillance System, County Health Rankings, Maryland Department of Health, U.S Census Bureau, U.S Cancer Statistics Working Group, University of Maryland Upper Chesapeake Health, Health Services Cost Review Commission, Chesapeake Regional Information System, and the Youth Behavioral Risk Survey. Primary data was gathered through a survey of 1,300 local residents regarding their health status, risk factors, and health outcomes. In addition, six focus groups provided diverse perspectives on the health of the community, and key informants and major stakeholders in the county contributed their feedback on the county's health priorities.

The CHNA is divided into five sections. The first two sections provide an overview of the county's demographics, and its social and physical environment. The remaining sections focus on health behaviors, health outcomes, and access to healthcare for variant groups and geographic areas. Results are compared to the state and nation as a whole, where applicable, and disparities are highlighted via zip codes, age, ethnicity, and race to provide a clearer picture of health equity in our community. Based on information provided in this report, the Harford County key stakeholders have prioritized the following top health concerns in order of importance: **Behavioral Health (mental health and substance use disorder-addiction), Chronic Disease Prevention and Wellness, and Family Stability.**

Harford County Profile: Harford County sits at the top of the Chesapeake Bay in northeastern Maryland. Home to 252,222 residents, this suburban/rural community is relatively wealthy, educated, and well insured, with a median household income of $89,147, and 92.7% of residents earning a high school degree or higher; both higher than the State average. Despite these statistics, it is also home to persistent pockets of poverty located along the Route 40 corridor. While the majority of residents in Harford County identify as White (78.6%), only 3.4% of White families live below the poverty level, while 11.3% Black or African American and 6.9% Hispanic or Latino families are below the poverty level. Unsurprisingly, health disparities exist along poverty and racial/ethnic lines.

> **There are 3.4% of White families who are below the poverty level while 11.3% Black or African American and 6.9% Hispanic or Latino families are below the poverty level.**

Key Findings Regarding the Prioritization of Behavioral Health, Chronic Disease Prevention and Wellness, and Family Stability and Wellness:

Community Feedback: The community survey consisted of 47 questions about access to health care, health status and behaviors, and health-related community strengths and opportunities. The top 3 key health issues of concern to the community were drug and alcohol use, overweight/obesity, and mental health/suicide. The most commonly reported chronic condition in the survey was high blood pressure, affecting 58.3% of respondents. There were also 22.3% of respondents that reported having anxiety disorder and 19.5% of respondents that reported having depressive disorder in the community survey.

While the focus group responses varied between groups, there were common themes. Many participants identified a lack of transportation, mental health resources, access/education regarding healthy foods, elder care, and general issues with access to care and lack of awareness of resources as barriers to a healthier community. A key takeaway was that resources exist in the county, but they are often scarce, and many do not know what or where they are, as well as how to access them. A key theme was participants felt that there was a need to create a sense of community and family stability.

Secondary Data:

- **Behavioral Health (Mental Health/Substance Use):** The state's Behavioral Risk Factor Surveillance System (BRFSS) reported that 18.8% of adults in Harford County were diagnosed with depressive disorder in 2019. From 2017-2020, the hospitalization rate for depression was 90 per 1,000 residents. In addition, the 2019 suicide rate of 11.4 per 100,000 in Harford County was higher than the state average of 10.1 per 100,000. Studies have shown that Adverse childhood experiences (ACEs) can be a key health indicator associated with a significant increase in risk for mental illness and chronic disease in adulthood. ACEs are described as traumatic events experienced during childhood such as living with a parent/caregiver with mental illness, physical, sexual, and/or emotional abuse, and an incarcerated household member. The greater the number of ACES on a scale of 0 to 6, the higher the risk, with 3 ACEs or more being the turning point for significant risk. The BRFSS reported that 13.4% of Harford County adults experience 4 or more ACEs.

  From 2013 to 2017 there was a steady increase in total drug and alcohol-related intoxication deaths in both Harford County and Maryland. This trend was reversed in 2018, and since then there has been a 17% decrease in total drug and alcohol-intoxication related deaths in Harford County. While there has been an overall decline, the overdose problem remains a concern for the county with rates over twice as high as they were a decade ago.

In 2020 a total of 84 lives were lost due to drugs or alcohol, and as a community we are working to reduce that number to as low as possible.

During the pandemic shutdowns, access to mental health was expanded through the use of telehealth. Success with this service modality has fostered both regulatory and legislative changes that will hopefully integrate telehealth options into standard care. Harford County has a mental health HPSA (Health Provider Shortage Area) designation with a population to provider ratio of 500:1. With only 508 total mental health providers in the county, creatively providing increased mental health services is a priority.

- **Chronic Disease Prevention and Wellness:** Unhealthy behaviors such as tobacco/nicotine use, drinking, physical inactivity, and poor nutrition can lead to negative health outcomes and chronic disease. In Harford County, tobacco use has notably been higher than the state average for a number of years. With the advent of e-cigarettes, data has shown that use of e-cigarette vaping devices in middle and high school skyrocketed between 2016 to 2018, with 19.6% and 43% of students, respectively, trying an electronic vapor product at least once. Adult smoking continues to be higher in Harford County (20.6%) compared to the state (13.1%). Heavy drinking is also higher in Harford County at 9.5% compared to 5.4% in the state (adult men having 14 drinks per week and adult women having 7 drinks a week). The BRFSS survey reported 59.4% of adults in the county got the recommended 150 or more minutes of physical activity per week which was higher than the state average of 51.8%. Furthermore, 90% of Harford County residents had access to exercise opportunities.

Despite the county's advantages in exercise, it is significant that 72.7% of adults were overweight or obese.

Despite the county's advantages in exercise, it is significant that 72.7% of adults were overweight or obese. This percentage is significantly higher in non-Hispanic Black adults in Harford County (83.9%) compared to white adults (66.9%). The top 3 causes of death in Harford County for 2019 were heart disease, cancer, and cerebrovascular disease (stroke). If top causes of death remain the same for 2020, COVID-19 would be the third leading cause of death in Harford County. Access to care continues to have an impact on health outcomes as well. An estimated 4.9% of residents do not have a vehicle in Harford County with higher rates in Edgewood (9%), Aberdeen (8.8%) and Havre de Grace (7.5%). The gaps in transportation contribute to the lack of access to services that could lead to better health outcomes and overall wellness.

The top 3 causes of death in Harford County for 2019 were heart disease, cancer, and cerebrovascular disease (stroke)

- **Family Stability and Wellness:** A mother's well-being before, during and after pregnancy can affect a child's health from infancy to adulthood. In 2019, 80.4% received first trimester care and 4.8% received late or no care. Low birth weight (<2500 grams) can lead to poor health outcomes and complications. In 2019, there were 8% of children born in Harford County with a low birth weight. The percent was higher in Black or African American (14.7%) and Hispanic or Latino (10%) mothers. In 2018, the infant mortality rate for Black or African Americans was 10.8 per 1,000 live births compared to 4.2 per 1,000 live births for white mothers. In addition, the rate for substance exposed newborns (SEN) has significantly increased between 2009 and 2018. The rate in Harford County has been higher than the state for at least 9 years. In 2018, there were 38.1 SEN per 1,000 newborn discharges in Harford County compared to 31.4 SEN in Maryland.

> **...the infant mortality rate for Black or African Americans was 10.8 per 1,000 live births compared to 4.2 per 1,000 live births for Whites.**

COVID-19 Pandemic: While most of this assessment discusses the health status of the county prior to the COVID-19 pandemic, many existing problems and disparities became more apparent during the past 15 months and could continue to impact the residents of Harford County. In Harford County, the first case was reported on March 6, 2020. By March 6, 2021 there had been, 12,679 cases reported in the county with a total of 242 confirmed deaths. At the height of the pandemic, the county reached a high of 10.16% in positivity rate and 47.26 cases per 100,000 residents. Harford County began vaccinating individuals in December 2020 and after six months over 130,000 individuals have received at least one dose of either the Pfizer, Moderna, or Jansen vaccine.

ACKNOWLEDGEMENTS AND OVERVIEW

University of Maryland Upper Chesapeake Health

Mission: University of Maryland Upper Chesapeake Health is dedicated to maintaining and improving the health of the people in its communities through an integrated health delivery system that provides high-quality care to all. University of Maryland Upper Chesapeake Health is committed to service excellence as it offers a broad range of healthcare services, technology, and facilities. It will work collaboratively with its communities and other health organizations to serve as a resource for health promotion and education.

Vision: The Vision of University of Maryland Upper Chesapeake Health is to become the preferred, integrated healthcare system creating the healthiest community in Maryland. The University of Maryland Upper Chesapeake Health (UMUCH) is a community based, integrated, non-profit health system. Presently, UMUCH is the leading healthcare system and second largest private employer in Harford County, employing 3,500 team members and over 650 medical staff physicians. UMUCH is dedicated to maintaining and improving the health of the people in northeastern Maryland through an integrated health delivery system that provides high-quality care to all. Their commitment to service excellence is evident through a broad range of healthcare services, technologies, and facilities. They work collaboratively with the community and other health organizations to serve as a resource for health promotion and education.

Major centers and services include two acute care hospitals – UM Upper Chesapeake Medical Center in Bel Air and UM Harford Memorial Hospital in Havre de Grace. Each of the two facilities offers certain services solely at that institution. Harford County residents, no matter their zip code, requiring a specific service must receive that service at the facility that offers that service (e.g. cancer services at the Kaufman Cancer Center at Upper Chesapeake Medical Center in Bel Air). As a result of how services are provided between the two facilities, the CHNA was completed as a joint document for the two facilities. As part of the Bel Air campus, UMUCH also operates the Klein Ambulatory Care Center, two medical offices, and the Patricia D. and M. Scot Kaufman Cancer Center. UMUCH also owns and operates the Senator Bob Hooper House Hospice Center, provides community outreach, health screenings, and educational programs through the HealthLink Community Outreach.

A combined facility to treat mental health and opioid addiction issues was opened in Summer 2018 in Bel Air. The Klein Family Harford Crisis Center offers walk-in crisis services, a 24/7 call/triage center and will provide residential crisis beds in the future. UMUCH is moving towards replacing the downtown Havre de Grace UM Harford Memorial Hospital with a new modern freestanding medical facility, an expanded behavioral health pavilion/psychiatric hospital located off Route 22 in Aberdeen, and a medical office building.

At the Bel Air location, three additional floors will be added above the Patricia D. and M. Scot Kaufman Cancer Center, adding an additional 80,000 square feet. The new Aberdeen campus and expansion in Bel Air are expected to be completed in spring 2023. In addition, at the Bel Air location, parking expansion and an outpatient building with an ambulatory surgery center is expected to open in early 2022.

Harford County Health Department

The Harford County Health Department (HCHD) is the local operating arm of the Maryland Department of Health (MDH). As such, it is governed by State rules but reports locally to the Harford County Council, which functions as the Harford County Board of Health. The health department's mission is to protect and promote the health, safety, and environment of the citizens of Harford County through community assessment, education, collaboration and assurance of services. Employing over 190 employees, the health department provides services in Havre de Grace, Aberdeen, Bel Air, and Edgewood. The health department curates data on health behaviors, the environment, and emerging health threats. The health department convenes with multiple community partners to design policies and solutions and then assures that solutions are jointly carried out and continuously improved. Through the Local Health Improvement Coalition and its subcommittees on behavioral health, chronic disease prevention and wellness, and family health, partnerships are cultivated to coordinate collective solutions.

Healthy Harford

Healthy Harford is the healthy communities initiative of Harford County, dedicated to the health and wellness of the northern Chesapeake community – in mind body and spirit. Founded in 1993 as a non-profit 501c3 by leaders from the University of Maryland Upper Chesapeake Health, Harford County Health Department, and Harford County Government – Healthy Harford is a coalition of local government agencies, businesses, non profits, and citizens dedicated to improving the health of Harford County residents through education, policy changes, programs, and improvements to the built environment, with a focus on social determinants of health and health equity.

ADDITIONAL COMMUNITY HEALTH ASSETS

Other public health assets in the community include a local military base, Aberdeen Proving Ground (APG) with a commitment to the well-being of its service members and their families. The base offers comprehensive health care, support groups, and opportunity for recreation, fitness, and sports. The community offers a network of public greenspaces, parks, rivers, and hiking trails accessible by car as well. Kirk U.S Army Medical Health Clinic provides healthcare treatment and preventive services to services members and their beneficiaries in order to improve, restore, and sustain the health of their patients. With the base drawing in service members in the 25-54 age range, they remain an important asset to community health and wellness for the county as a whole.

METHODOLOGY

The CHNA was informed by both quantitative and qualitative research components. A brief synopsis of the research methods is included below with further details provided throughout the document.

Quantitative Data: Existing Secondary Data

A Statistical Secondary Data Profile depicting population and household statistics, education, and economic measures, morbidity rates, incident rates, and other health statistics for the Harford County community was compiled from publicly available sources. It should be noted that the availability of up to date secondary data presented limitations.

Harford County Community Health Survey

An online Community Survey of Harford County residents was conducted between September 2020 and March 2021. The survey was designed to assess health status, health risk and behaviors, preventative health practices, health equity, and health care access primarily related to chronic disease and injury. A total of 1,361 resident surveys were completed, Respondents had a diverse, geographical, gender, race, and ethnic background, however, the survey could not be weighted to offer a statistically representative sample of the community.

Qualitative Data: Stakeholder Survey and Focus Groups

In order to gain a better understanding of the Harford County community, qualitative data was collected by stakeholders from the Local Health Improvement Coalition (LHIC) through a survey. There was also a series of targeted focus groups with the stakeholders and community members.

Following the October 2020 Virtual Local Health Improvement Coalition (LHIC) Annual meeting, forty-six stakeholders representing diverse community interests filled out a brief survey on health and social determinants. These stakeholders provided particular insight into the challenges facing the medically under-served, low income, marginalized, and minority populations. In addition, 6 focus groups convened to gather input of targeted groups. These focus groups included members of the Susquehanna Ministerium, participants from the Epicenter (a community center in a predominantly low-income minority community), a diabetes prevention class, MEGAN's Place, key Informants from the Local Health Improvement Coalition (LHIC), and key Informants from a Limited English Proficiency workgroup.
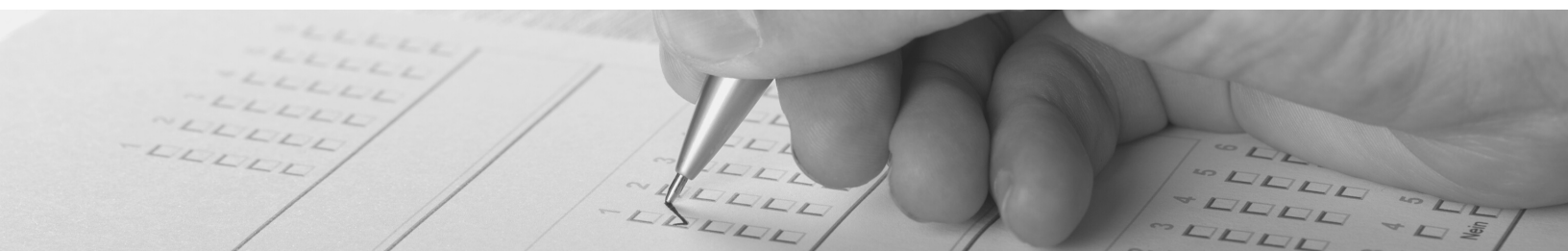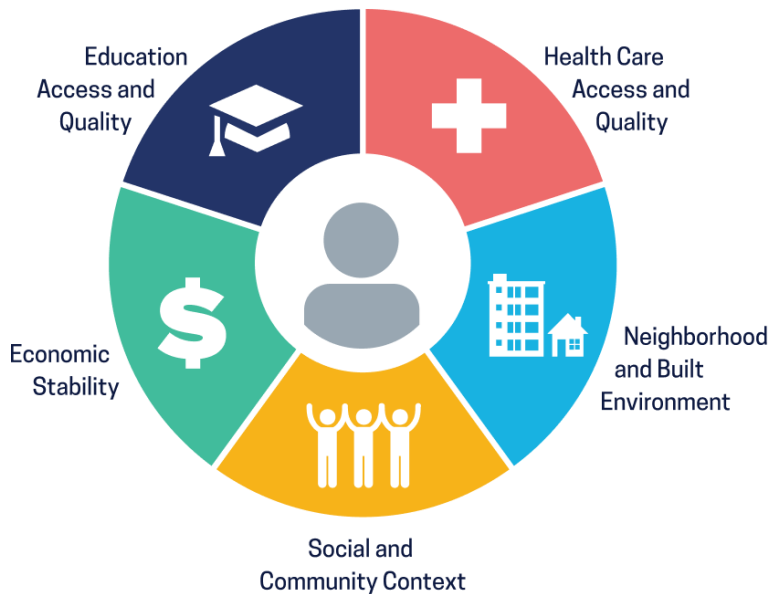
LOCAL PLANNING INITIATIVES

LOCAL HEALTH IMPROVEMENT COALITION (LHIC)

In an effort to improve the health of all Marylanders, the Maryland Department of Health (MDH), through the office of Population Health Improvement, launched the State Health Improvement Process (SHIP). This initiative focuses on health priorities, both statewide and in each jurisdiction, and provides a framework for accountability, local action, and public engagement. SHIP measures are aligned with the national Healthy People 2030 objectives established by the Department of Health and Human Services, and target state goals set by the MDH. One of main focuses of Healthy People 2030 are social determinants of health.

Social Determinants of Health

Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Source: U.S Department of Human Services, 2020

This is defined as where people are born, live, learn, work, play, worship, and age that impact a wide range of health, functioning, and quality of life outcomes and risks (U.S. Department of Health and Human Services). The 5 domains of social determinants of health are outlined below. Using the SHIP framework, each of the 24 Maryland jurisdictions is responsible for convening a Local Health Improvement Coalition (LHIC) comprised of community stakeholders to determine local health priorities. The Harford County Health Department is the local LHIC lead entity for Harford County.
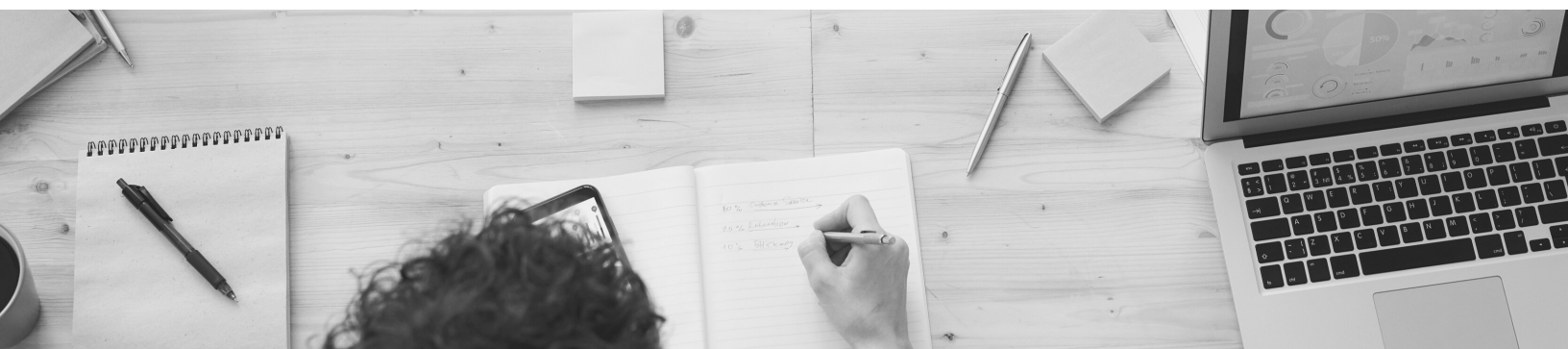
PRIORITY SETTING

Priority setting is the process of determining how best to address the health needs of the County and determine how available resources can be allocated to improve the health of the County. Priority setting is complex and requires input from county stakeholders and decision makers and relies on the use of diverse data sources as well as stakeholder input.

In April 2021, the key community stakeholders met to review the community health survey and focus group results. The stakeholders included:

- University of Maryland Upper Chesapeake Health
- The Harford County Health Department
- Healthy Harford
- Department of Community Services
- Department of Social Services
- Harford County Council
- Harford County Emergency Services
- Harford County Office on Aging
- Harford County Public Library
- Harford County Public School
- Harford County Sheriff's Department
- United Way of Central Maryland
- LASOS (Linking All So Others Succeed)
- Mason Dixon Community Services
- Susquehanna Ministerium

Once the group reviewed the data and information, they determined and prioritized the county's health needs and priorities for the next three years. The priorities are listed in the order of importance.

1. **Behavioral Health (Mental Health/Substance Use)**
2. **Chronic Disease Prevention and Wellness**
3. **Family Stability and Wellness**
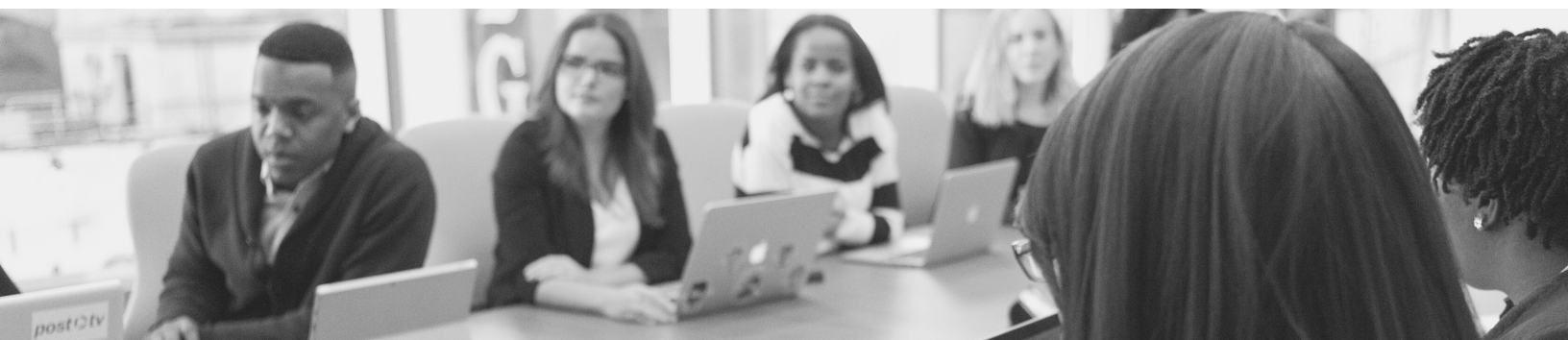
HARFORD COUNTY FAST FACTS

Measure (2015-2019 5-Year Estimates Unless Otherwise Specified)	Harford	Maryland
Total population (estimate)	252,222	6,018,848
Median age	40.9	38.7
Only English spoken at home	92.6%	81.0%
Married and living together	48.0%	57.6%
Average family size	3.14	3.26
Median household income	89,147	84,805
Mean household income	108,305	111,417
Female householder no spouse	18.5%	17.3%
Families in poverty	4.7%	6.1%
Female headed households with children under 5 in poverty	27.6%	26.3%
Unemployment rate	4.2%	5.1%
Drive alone to work	83.9%	73.9%
Mean travel time to work	32.0 minutes	33.2 minutes
Have health insurance	96.6%	93.9%
Top 3 causes of death (2019)	Heart Disease Cancer Stroke	Heart Disease Cancer Stroke
Low birth weight babies for non-Hispanic White mothers (2017-2019)	6.0%	6.6%
Low birth weight babies for non-Hispanic African American mothers (2017-2019)	14.7%	12.6%
Suicide Rate per 100,000 (2017-2019)	11.4	10.1
Age-adjusted death rate for all causes per 100,000 (2017-2019)	738.8	713.0
Percentage of high school graduates	92.7%	90.2%
Percentage of college graduates	36.7%	40.2%
Cumulative COVID-19 cases (March 2020-March 2021)	14,053	411,344
Cumulative COVID-19 deaths (March 2020-March 2021)	251	8,101

Sources: U.S. Census Bureau, 2015-2019; Maryland Department of Health Vital Statistics Report, 2019; Maryland Department of Health Maryland COVID-19 Data, 2020-2021

DEMOGRAPHIC PROFILE

POPULATION

Demographic characteristics such as age, gender, race, and ethnicity have an impact on people's health. Understanding these characteristics across Harford County is helpful in determining the resources needed for optimum health and well-being of the population.

In 2019, the total population of Harford County was estimated to be 252,222, which was a 3.0% increase from 2010 (244,826). The county is located in the northeastern part of the Maryland, with the towns and cities of varying sizes, wealth, and diversity. The Town of Bel Air is the Harford County seat, which has a population of 10,071, or about 4% of the county's population. The cities of Aberdeen and Havre de Grace each make up approximately 10% and 7%, respectively. The remaining population in the county is mostly distributed along the Route 40 corridor and in rural and suburban parts of the county. The table below illustrates the change in population size for Maryland, Harford County, and selected zip codes (U.S. Census Bureau, 2015-2019).

The Susquehanna River and Chesapeake Bay form the Northeast and Eastern borders of the county making global climate change and river borne pollution important issues for health over the long term.

AGE DISTRIBUTION

Data on the age distribution of a county is important in order to monitor aging. The population distribution can also help determine what types of services are needed as well as infrastructure and housing needs.

	2010	2019	Change in Population
Maryland	5,773,552	6,018,848	+ 4.1%
Harford County	244,826	252,222	+ 3.0%
Edgewood (21040)	24,420	24,166	- 1.1%
Aberdeen (21001)	21,487	24,752	+ 13.2%
Havre de Grace (21078)	17,603	18,366	+ 4.2%

Source: U.S. Census Bureau, 2015-2019.

The population pyramid below provides a breakdown of Harford County residents by age. The age category with the largest percentage of the population was adults ages 55-59. The median age for the county in 2019 was 40.9. Harford County has 49% males and 51% females (U.S. Census Bureau, 2015-2019).

Age Distribution in Harford County, 2019

Age Group	Percentage
85+	1.8%
80-84	1.8%
75-79	2.7%
70-74	4.2%
65-69	5.3%
60-64	6.8%
55-59	7.5%
50-54	7.7%
45-49	6.9%
40-44	6.4%
35-39	5.9%
30-34	6.3%
25-29	6.1%
20-24	6.0%
15-19	6.4%
10-14	6.5%
5-9	6.1%
0-4	5.6%
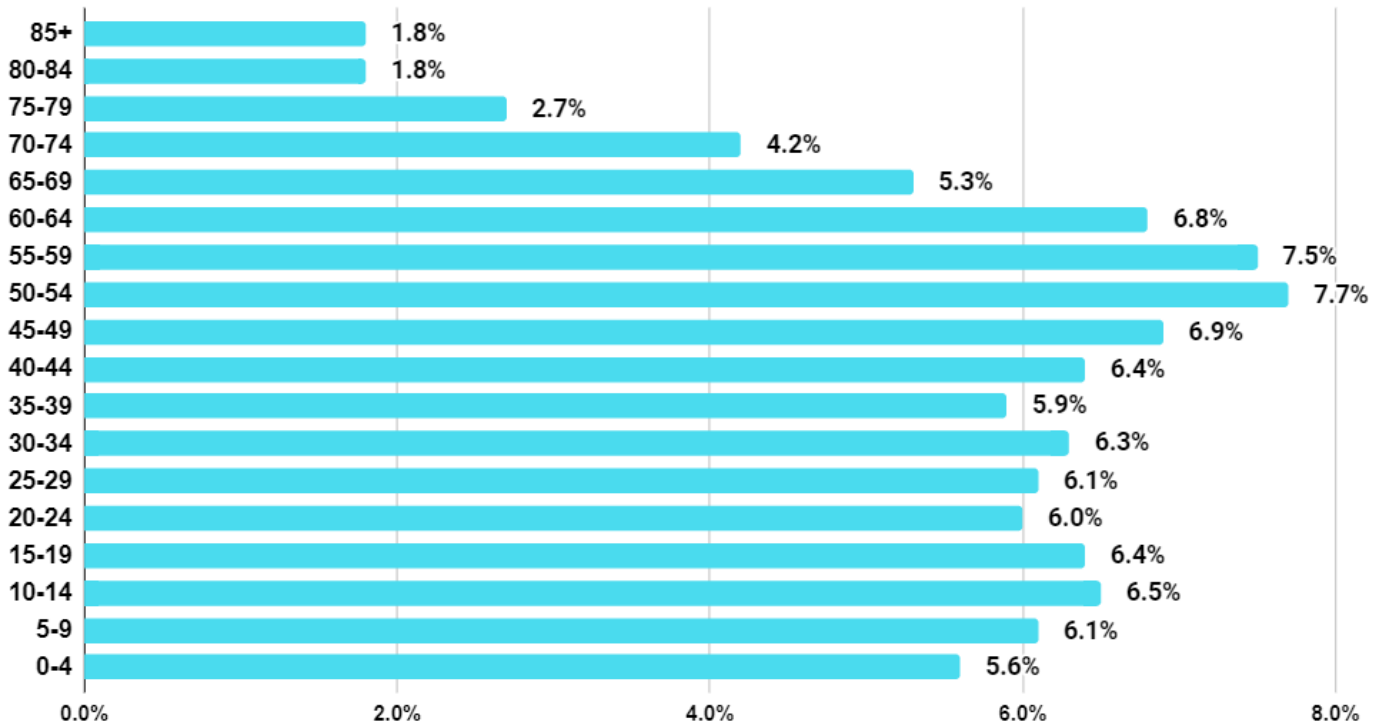
Source: U.S. Census Bureau, 2015-2019

The steeper than expected fall off in population at age 65 is a combination of migration patterns, historical fertility rates, and mortality.

RACIAL AND ETHNIC DIVERSITY

Data on racial and ethnic diversity of a population allows leaders to understand the health disparities and racial gaps. It also allows for organizations to target culturally competent health care services. For example, in Harford County, 7.4% of residents (age 5 and up) speak a language other than English at home. Therefore, it is important for addressing health literacy in the community (U.S. Census Bureau, 2015-2019).

The table below shows the variation in race throughout the county. While 78.6% of Harford County is White, almost half of the residents in the Edgewood zip code are Black or African American. The share of the Black or African American population in Edgewood was projected to increase from 2010-2020. The racial composition of Edgewood and Aberdeen have been similar to the state of Maryland while Havre de Grace has been similar to Harford County as a whole (U.S. Census Bureau, 2015-2019).

Race/Ethnicity	Maryland	Harford	Edgewood	Aberdeen	Havre de Grace
White	55.5%	78.6%	41.7%	62.9%	76.8%
Black/African American	29.9%	13.8%	48.3%	24.9%	13.5%
American Indian/Alaskan Native	0.3%	0.2%	0.1%	0%	0.3%
Asian/Pacific Islander	6.3%	2.6%	1.5%	4.1%	2.8%
Two or more races	3.4%	3.4%	5.4%	5.5%	4.3%
Hispanic/Latino	10.1%	4.6%	8.2%	8.9%	5.4%

Source: U.S. Census Bureau, 2015-2019

Racial/Ethnic Distribution in Harford County, 2019
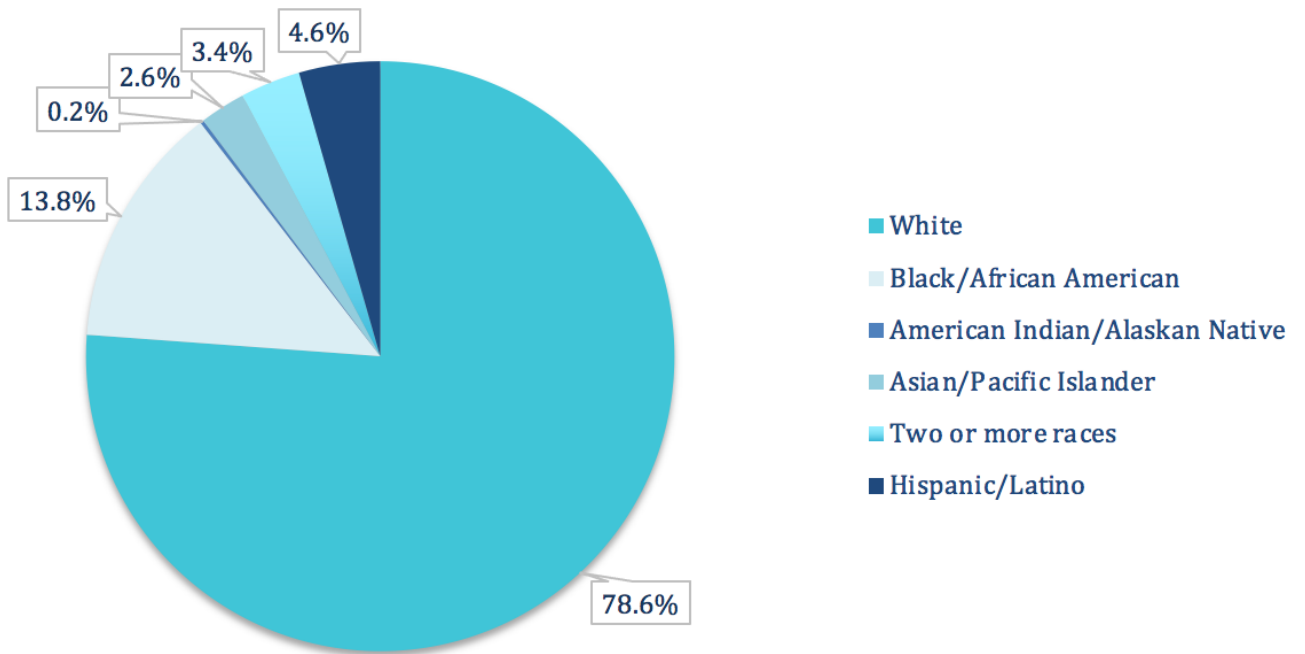
Source: U.S. Census Bureau, 2015-2019

SOCIAL AND PHYSICAL ENVIRONMENT

The environment where people are born, work, live, learn, worship, and play can have an impact on health and wellbeing. Examples include education level, transportation, and access to nutritious foods and physical activity. Many of these social factors can lead to poor health outcomes, health disparities, and inequities.

"Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments." - U.S Department of Health and Human Services

INCOME & POVERTY

When compared to the United States, Maryland is a wealthy state, with a median household income of $84,805 compared to the United States at $62,843. Harford County has a higher median household income than the state at $89,147. There has also been a 7% and 6.4% increase in the median household income since 2017 for Maryland and Harford County, respectively. There are significant differences in income across the municipalities in Harford County with Bel Air (21014) at $91,262, Havre de Grace at $79,489, and Aberdeen at $68,942 (U.S. Census Bureau, 2015-2019).

The percent of Harford County families that are below the poverty level is 4.7% which is below the state figure of 6.1%. However, there is a range of poverty levels throughout the county. Aberdeen and Edgewood's proportion living below poverty have been estimated at 10.6% and 9.4% respectively spanning the national average of 9.5%. There are also racial disparities of poverty in the county. There are 3.4% of White families who are below the poverty level while 11.3% Black or African American and 6.9% Hispanic or Latino families below the poverty level (U.S. Census Bureau, 2015-2019).

Median Household Income: United States, Maryland, Harford County, and Selected Zip Codes, 2015-2019
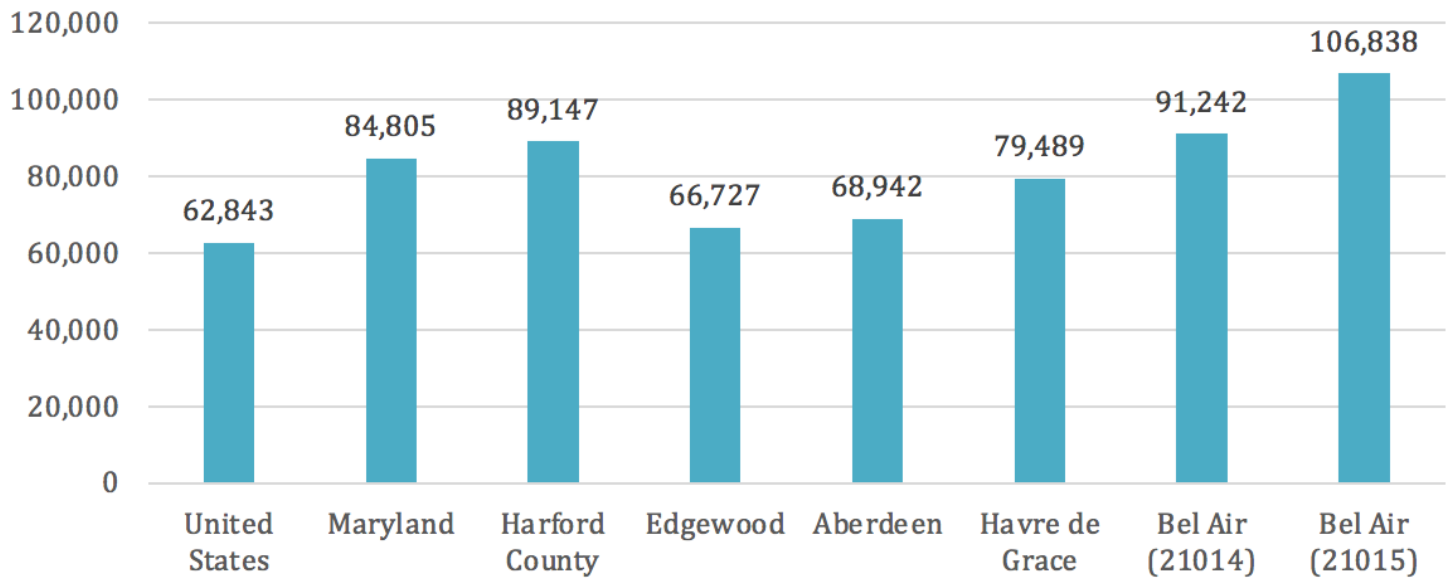
Source: U.S. Census Bureau, 2015-2019

The disparity in household incomes in Harford County and the cities of Aberdeen and Edgewood is consistent with the percentage of families whose income is below the poverty level. Both in Maryland and in Harford County, poverty rates are highest in families headed by females. Data shows that there are 17.3% of families below the poverty level in female headed households in Maryland and 18.5% in Harford County, respectively (U.S. Census Bureau, 2015-2019).

The poverty rates in Harford County are also reflected by the percentage of families receiving SNAP (Supplemental Nutrition Assistance Program) benefits with Edgewood having the highest percentage of families and Bel Air having the lowest. The estimated number of households that received SNAP benefits in Harford County in the past 12 months was 7,305, which is an estimated 7.8% of households in Harford County (U.S. Census Bureau, 2015-2019).

HOUSEHOLDS WITH SNAP BENEFITS IN THE PAST 12 MONTHS, 2015-2019

Jurisdiction	Percent
Maryland	10.2%
Harford	7.8%
Edgewood	19%
Aberdeen	16.9%
Havre de Grace	11.3%
Bel Air (21014)	5.1%
Bel Air (21015)	3.7%

Source: U.S. Census Bureau, 2015-2019

There are also racial disparities of poverty in the county. There are 3.4% of White families who are below the poverty level while 11.3% Black or African American and 6.9% Hispanic or Latino families are below the poverty level (U.S. Census Bureau, 2015-2019). The disparity in household incomes in Harford County and the cities of Aberdeen and Edgewood is consistent with the percentage of families whose income is below the poverty level. Both in Maryland and in Harford County, poverty rates are highest in families headed by a female with the rate of 17.3% of families below the poverty level in Maryland and 18.5% in Harford County. **The percentage of children 5 to 17 in poverty was 8.4% in 2019 as well** (U.S. Census Bureau, 2015-2019).

PERCENTAGE OF FAMILIES WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL FOR MARYLAND, HARFORD, AND SELECTED ZIP CODES, 2015-2019

United States	Maryland	Harford	Edgewood	Aberdeen	Havre de Grace	Bel Air (21014)	Bel Air (21015)
9.5%	6.1%	4.7%	9.4%	10.6%	4.7%	2.9%	4.4%

Source: U.S. Census Bureau, 2015-2019

EDUCATION AND EMPLOYMENT

Harford County Public School District has 54 schools. The school district's mission is that each student will attain academic and personal success in a safe and caring environment that honors the diversity of our students and staff. Within the 54 schools, there are 9 title I schools which aim to ensure academic achievement for at-risk students attending schools in high poverty areas. The schools are located in the southern portion of the County: three in Aberdeen, two in Edgewood and Joppa, and one in Havre de Grace and Abingdon (Harford County Public Schools, 2021). Harford County Public Schools had a total of 38,429 students enrolled in the 2019-20 school year with a 94.3% attendance rate. The high school graduation rate for Harford County was 90.15%, which was higher than the state of Maryland's rate at 86.75% (Maryland State Department of Education, 2019).

The Maryland State Department of Education administers assessments each year of each school district in Maryland. Based on the test scores, each school district is ranked by SchoolDigger. Due to the pandemic, school assessments were not taken for the 2019-2020 year. For the 2018-2019 school year, Harford County was ranked 10th out of 24 public school systems in Maryland (SchoolDigger, 2019). This is a slight improvement from the previous year where Harford County was ranked 11th.

It was estimated that 92.7% of people 25 years and over in Harford County had a high school diploma or higher and 36.7% had a bachelor's degree or higher in 2019. Additionally, 67.9% of the Harford County population 16 and over were employed while 32.1% were not in the labor force. In addition, 74.3% of Harford County employees were private wage and salary workers, 21.2% were government workers, and 4.5% were self-employed (U.S. Census Bureau, 2015-2019).

PERCENT EDUCATIONAL ATTAINMENT OF POPULATION, 25 YEARS AND OVER, HARFORD COUNTY AND SELECT ZIP CODES, 2015-2019
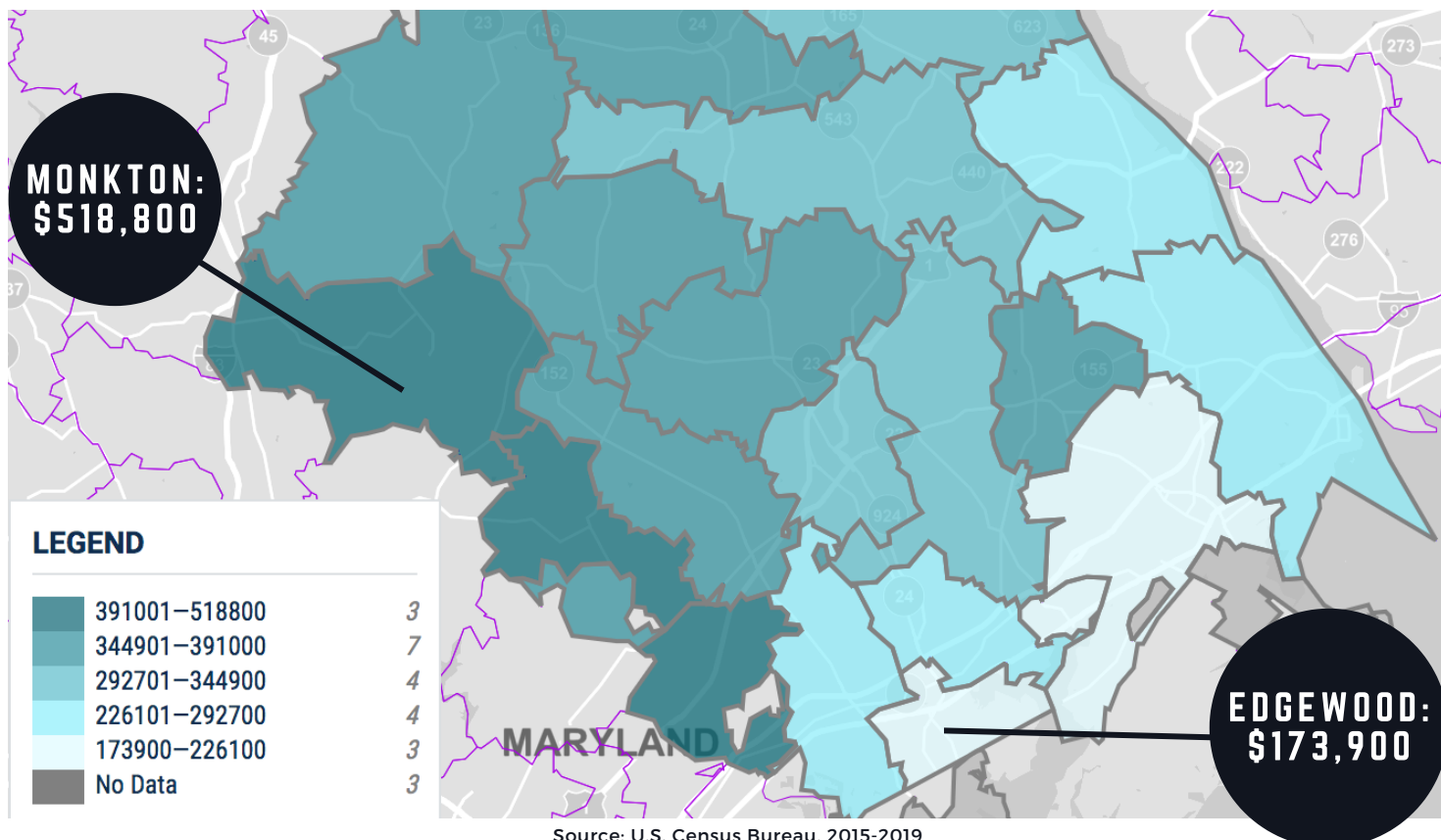
Educational Attainment	Maryland	Harford	Edgewood	Aberdeen	Havre de Grace
Less than 9th Grade	4.0%	2.3%	4.7%	2.5%	2.9%
Some High School	5.8%	5.1%	6.3%	8.5%	6.4%
High School Diploma or Equivalent	24.6%	26.0%	31.1%	30.3%	25.1%
Some College, No Degree	18.7%	21.2%	26.5%	22.3%	20.3%
Associates Degree	6.7%	8.8%	10.2%	9.5%	7.1%
Bachelor's Degree	21.5%	21.3%	11.9%	16.7%	20.2%
Graduate or Professional Degree	18.6%	15.4%	9.3%	10.1%	18.0%

Source: U.S. Census Bureau, 2015-2019

HOUSING AND TRANSPORTATION

While the median value of homes in 2019 for Harford County ($293,400) is only slightly less than Maryland's ($314,800), the difference when considering housing prices by zip code is dramatic. The median home value for Harford County has increased by 4.1% since 2017. Prices range from below the state value in the Edgewood area, where the median home value is $173,900, to well above the state in the Monkton area, where the median home costs $518,800. The map above shows median home values by zip code (U.S. Census Bureau, 2015-2019).
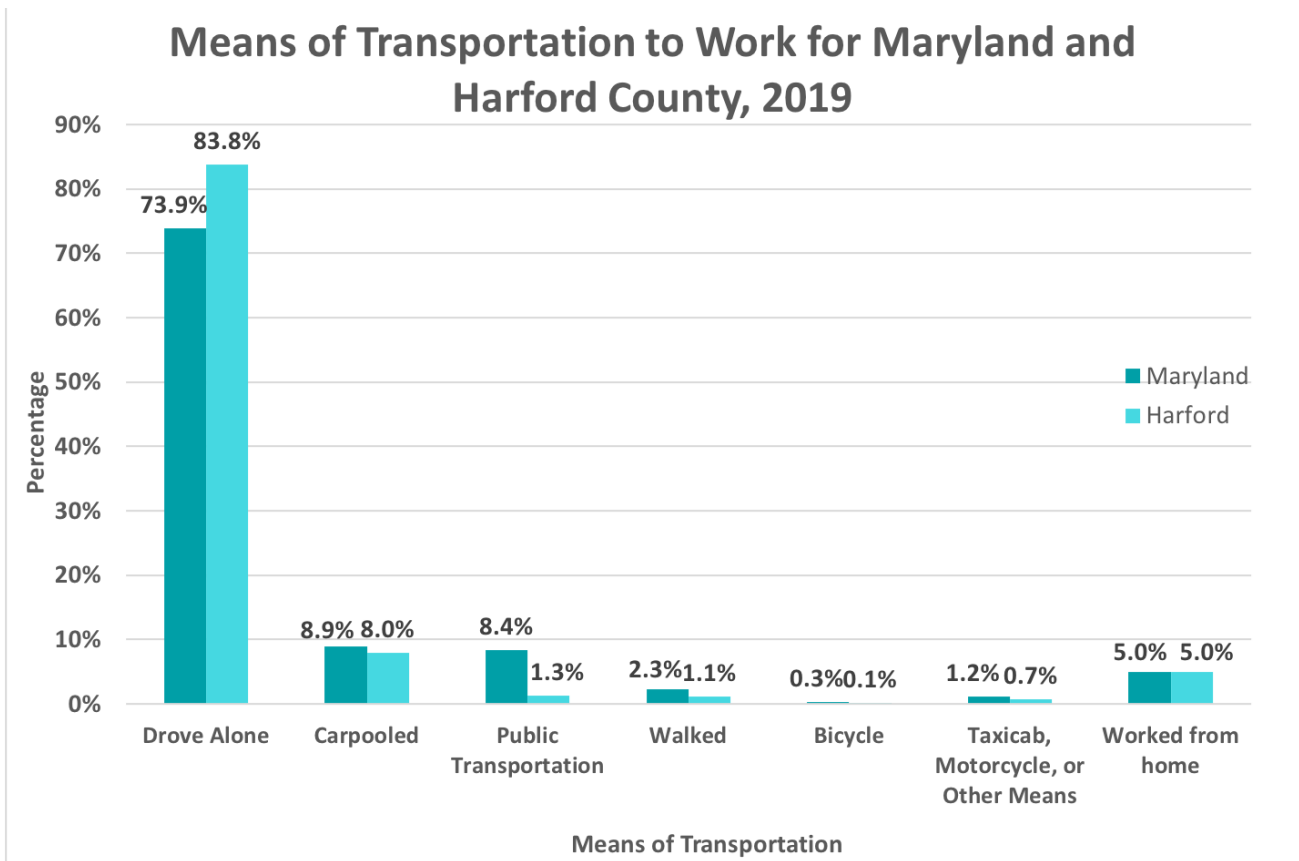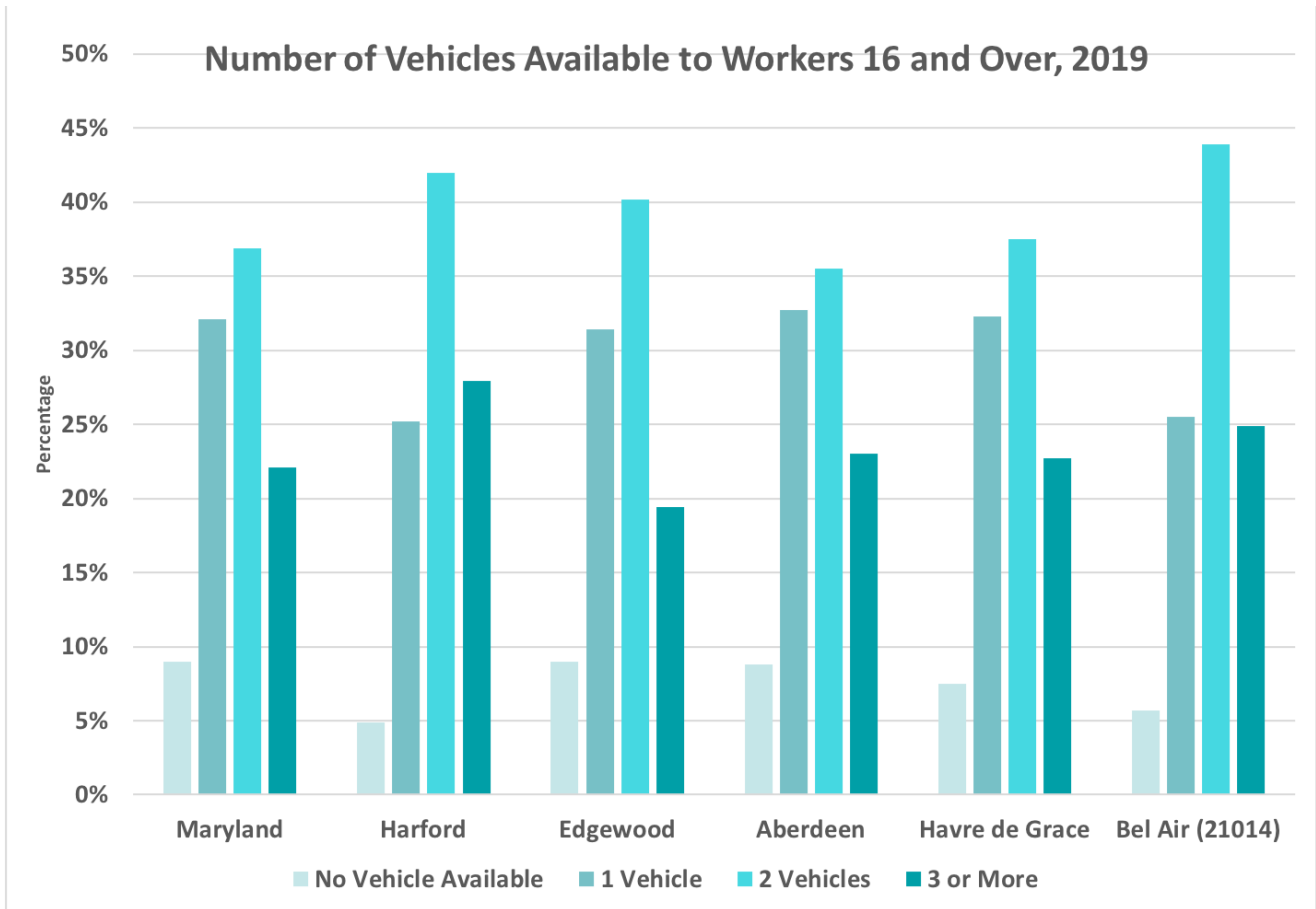
MEDIAN HOME VALUE IN HARFORD COUNTY, 2015-2019

MONKTON: $518,800

EDGEWOOD: $173,900

LEGEND

391001–518800	3
344901–391000	7
292701–344900	4
226101–292700	4
173900–226100	3
No Data	3

Source: U.S. Census Bureau, 2015-2019

MONTHLY MORTGAGE AND RENTAL COSTS (IN DOLLARS) IN MARYLAND, HARFORD COUNTY, AND SELECT ZIP CODES, 2019

	Maryland	Harford	Edgewood	Aberdeen	Havre de Grace	Bel Air (21014)
Mortgage	2,017	1,873	1,512	1,683	1,850	1,969
Rental	1,392	1,257	1,229	1,076	973	2,237

Source: U.S. Census Bureau, 2015-2019

Rental costs must also be taken into account when assessing the housing landscape of a community. The table above shows monthly mortgage and rental costs for Maryland, Harford County, and selected zip codes from the U.S. Census Bureau. It is estimated that 22% of households rent rather than own their house. Limited access to public transportation is especially troublesome for rural and low income areas of Harford County. Lack of transportation impacts accessing healthcare services. Among workers 16 and over, 4.9% that do not have a vehicle available. Rates are higher along the route 40 corridor with Edgewood at 9%, Aberdeen at 8.8%, and Havre de Grace at 7.5% (U.S. Census Bureau, 2015-2019).

Number of Vehicles Available to Workers 16 and Over, 2019

Legend: ■ No Vehicle Available ■ 1 Vehicle ■ 2 Vehicles ■ 3 or More

Source: U.S. Census Bureau, 2015-2019

Means of Transportation to Work for Maryland and Harford County, 2019

Legend: ■ Maryland ■ Harford

Means of Transportation

Source: U.S. Census Bureau, 2015-2019

There are approximately 56.2% Harford County residents that also work in the county. In addition, there are 40.6% and 3.2% of Harford County residents who work outside the county and state, respectively. The average commute time to work is about 32 minutes. There are just 1.3% of residents that use public transportation according to the 2015-2019 5 year estimates (U.S. Census Bureau, 2015-2019). The Harford Transit Link is the bus system for Harford County that offers 7 bus routes as seen below (Harford County Government, n.d.). While this aids in access to care, there are still gaps in transportation throughout many areas of the county.
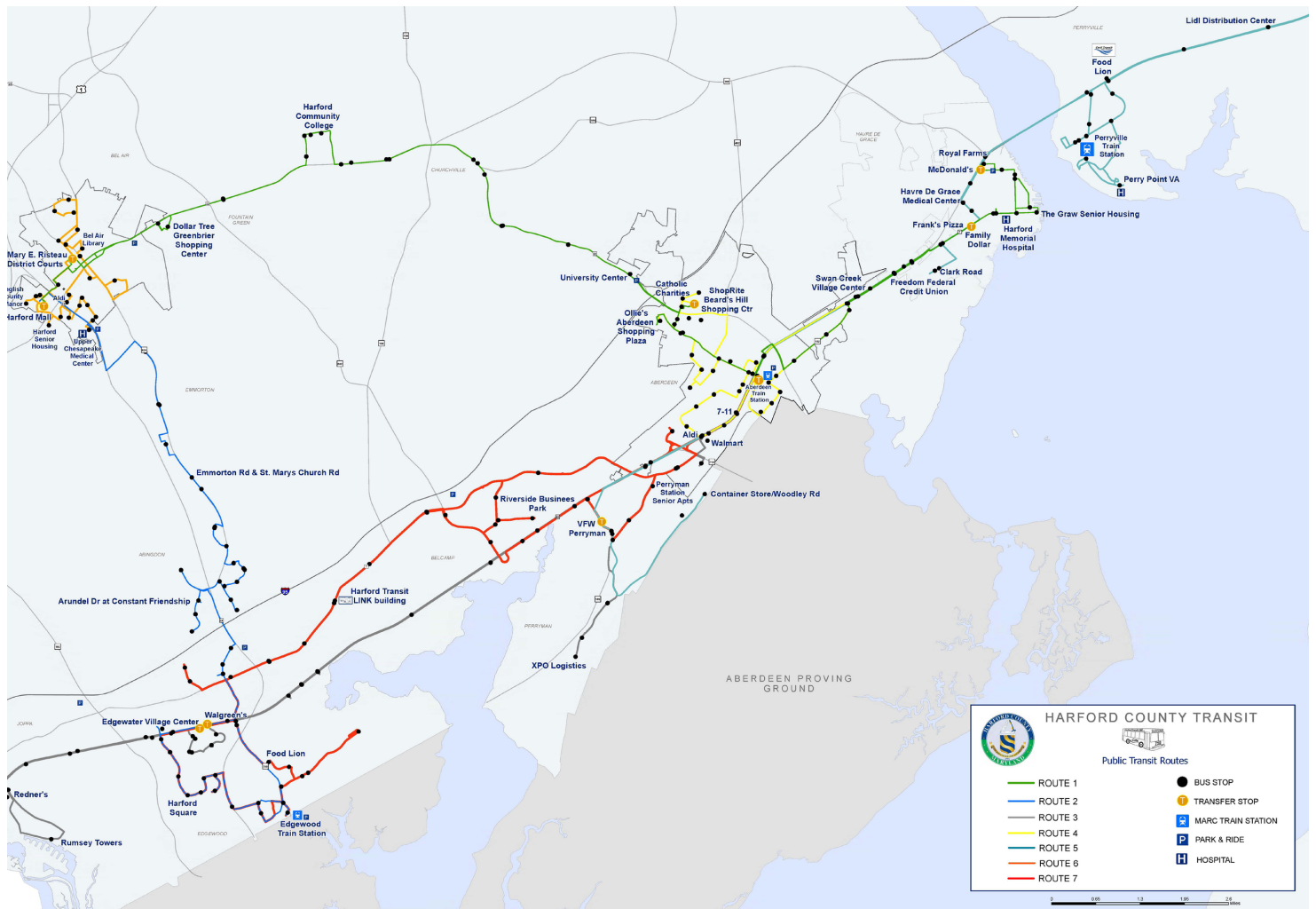
Source: Harford County Government, n.d.

CRIME

Harford County Overall Crime Rate per 100,000, 2011-2017
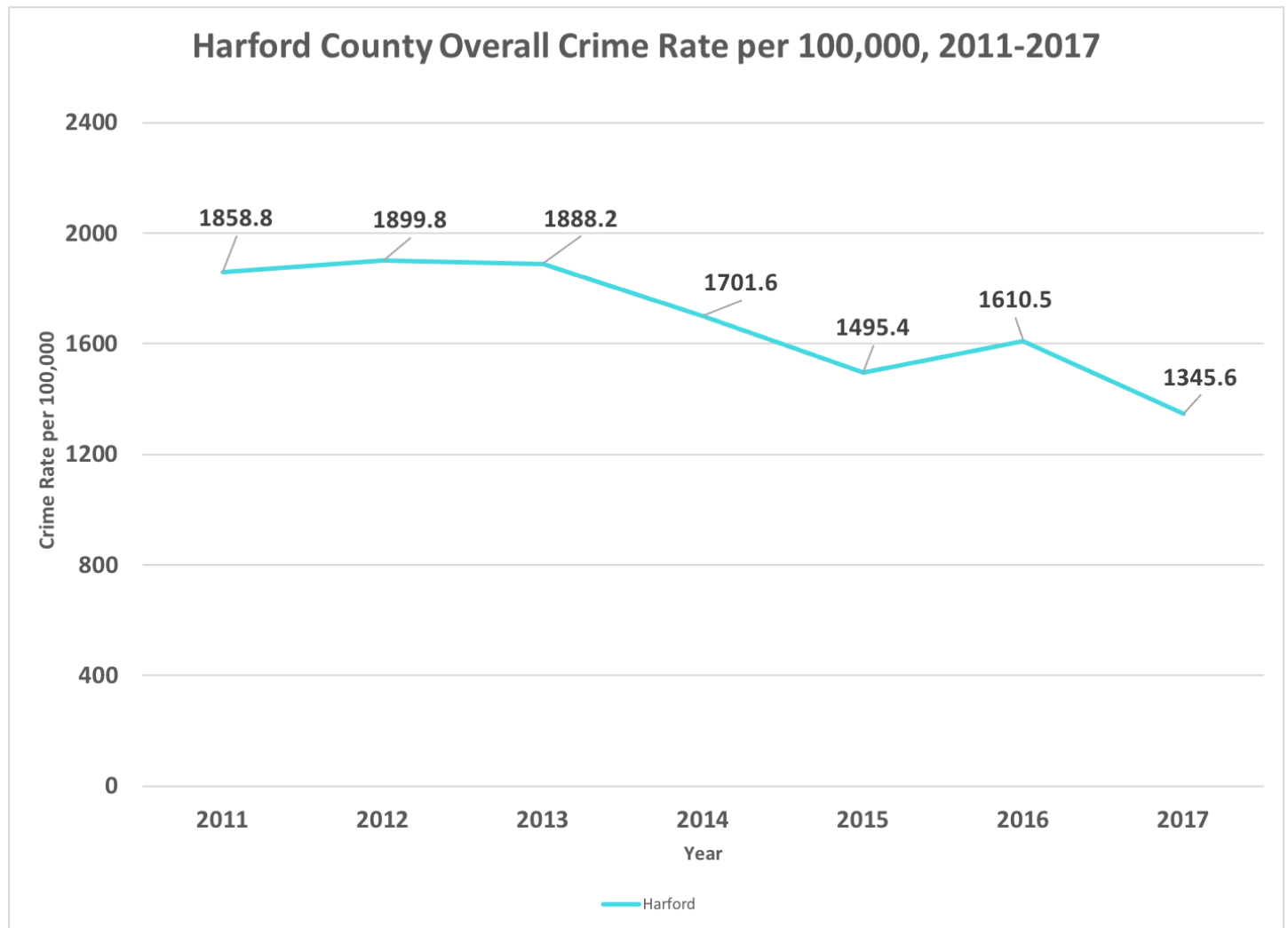
Source: Governor's Office of Crime Prevention, Youth, And Victim Services, 2017

In 2017, Harford County had an annual overall crime rate of 1345.6 per 100,000 people and has been on the decline. The most recent available crime data for the state is from 2016, which reported an annual overall crime rate of 2801.3 per 100,000. The crime rate in Maryland has been consistently higher than Harford County for years (Governor's Office of Crime Prevention, Youth, And Victim Services, 2017)

The chart below shows the violent, property, and overall crime rates for the town of Bel Air, city of Aberdeen and Havre de Grace, and Harford County as a whole for 2017. The violent crime rate in Aberdeen was 470.7 per 100,000 which is significantly higher than Bel Air, Havre de Grace, or the county average. On the other hand, Bel Air had the highest rate of property crime with the rate of 2621.4 per 100,000, which was significantly higher than the county as a whole or Aberdeen and Havre de Grace (Governor's Office of Crime Prevention, Youth, And Victim Services, 2017).

Crime Rate by Municipality, 2017

Source: Governor's Office of Crime Prevention, Youth, And Victim Services, 2017

ACCESS TO HEALTHY FOODS AND RECREATIONAL OPPORTUNITIES

9%

of Harford County residents are considered food insecure

7.8%

of Harford County households use SNAP benefits

County Health Rankings, 2021

The 2021 County Health Rankings estimate that during the last few years, 4% of Harford County residents had limited access to healthy foods. This percentage is based on 2015 and 2018 weighted data of those that do not live close to a grocery store and are low income. In addition, 9% of Harford County residents are considered food insecure. This is measured by the percentage of the population who did not have access to a reliable source of food during the past year (based on 2015 and 2018 weighted data). The County Health Rankings created a food environment index in order to score a given area on a scale from 0-10 (0 being the worst and 10 being the best). The score is based on limited access to foods and food insecurity. Harford County was given a score of 8.7 out of 10 which was the same score as Maryland as a whole (County Health Rankings and Roadmaps, 2021).

It should also be noted that the US Census estimates that 7.8% of households in Harford County use SNAP benefits (U.S. Census Bureau, 2015-2019). In summary, while most Harford County residents have access to healthy foods and a reliable source of food, there are still gaps in the county. Lacking reliable access to food has been found to be related to poor outcomes such as obesity and premature mortality.

It is estimated that access to exercise opportunities in Harford County is 90% while the state of Maryland is at 93%. This is measured by the percentage of individuals in a county who live reasonably close to a park or recreational facility (County Health Rankings and Roadmaps, 2021). The Harford County public recreation system is a combination of sites owned by municipal, County, State, and Federal government, and the Harford County Board of Education. There are numerous opportunities for Harford County residents to stay active through parks, trails, and recreation centers. Below is a snapshot of the areas and facilities in the public system. Note that this is limited to public facilities and there are additional recreation opportunities through apartment complexes' playgrounds or private gyms.

Harford County Public Recreation Areas and Facilities Snapshot						
277 Sites	8 Activity/Recreation Centers	2 Nature Centers	117 Playgrounds	38 Miles of Trails	20 Recreation Councils	400+ Recreation Programs

Source: Harford County Government, 2018

HEALTH BEHAVIORS

Chronic diseases such as type 2 diabetes, cancer, and heart disease are often caused by unhealthy behaviors such as smoking, poor nutrition, physical inactivity, and excessive alcohol use. Engaging in healthy behaviors not only reduces risks for chronic illness, but also can improve quality of life and overall health and wellness.

TOBACCO USE

In middle and high school students, there was a steep increase in electronic vapor product use from 2016 to 2018. The Youth Risk Behavior Survey (YRBS) showed in 2018, 29.3% of high school students had used an electronic vapor product in the past 30 days. This is more than double the rate from 2016 (14.3%). The electronic vapor product use in Harford County was also about 6% worse than the state (23.0%). Middle school students in Harford County saw a similar spike in electronic vapor use, but still a lower rate than high school students. In 2018, 7% of students used an electronic vapor product in the past 30 days compared to 5.9% in the state. There were also 43% and 19.6% of Harford County high school and middle school students, respectively, that had ever tried an electronic vapor product in 2018 (Maryland Department of Health Youth Risk Behavior Survey, 2019)
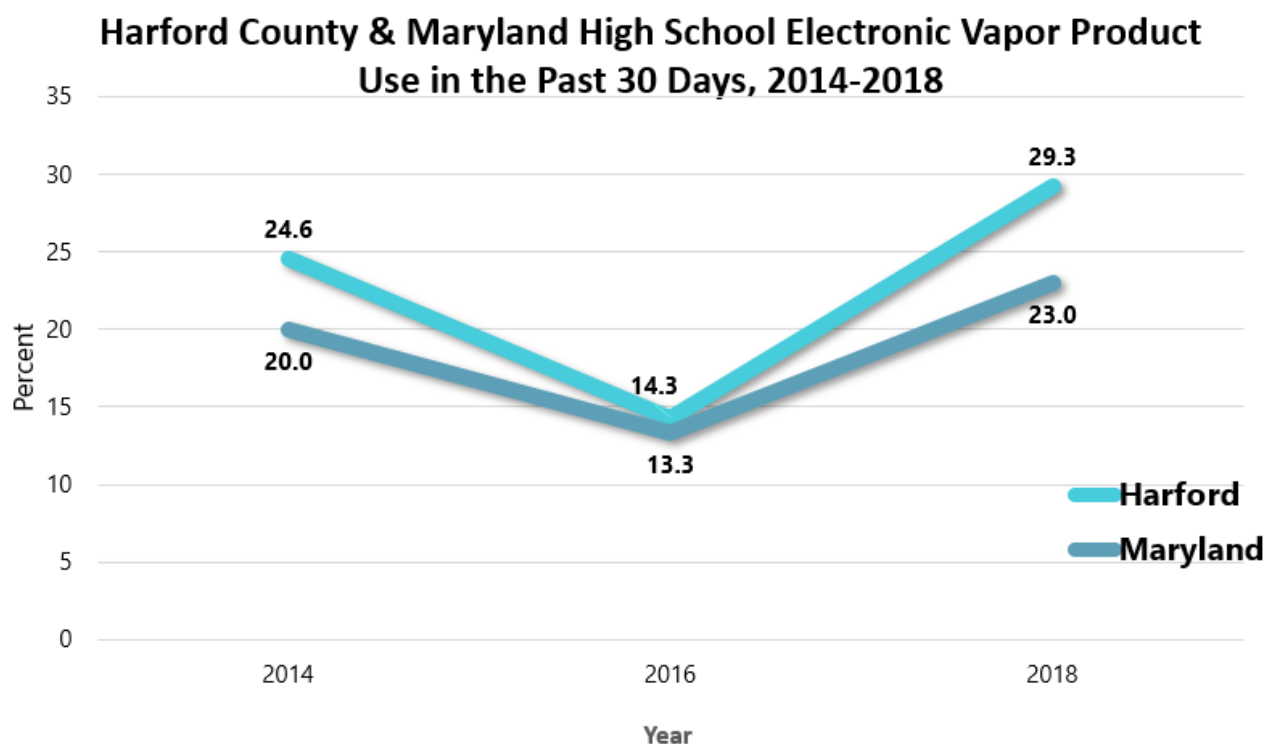
Harford County & Maryland High School Electronic Vapor Product Use in the Past 30 Days, 2014-2018

Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

Harford County & Maryland Middle School Electronic Vapor Product Use in the Past 30 Days, 2014-2018
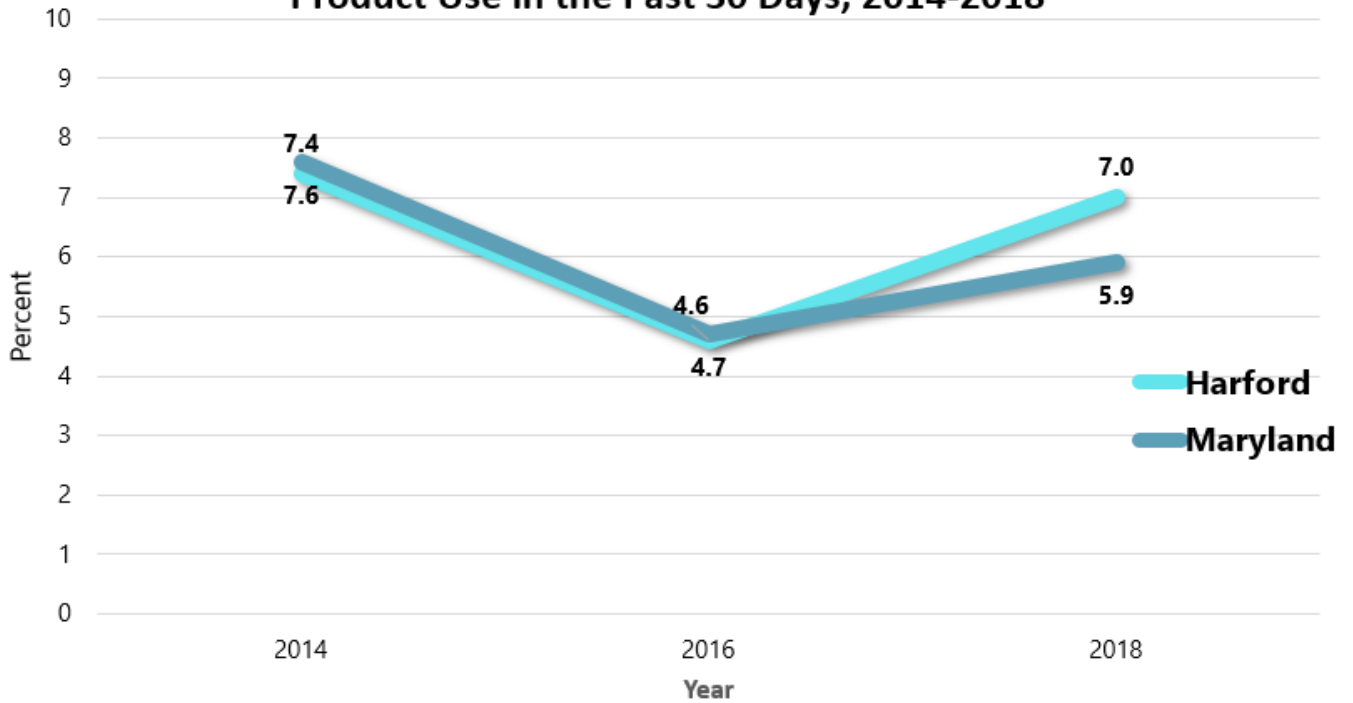
Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

43% of Harford County high schoolers have tried an electronic vapor product at least once
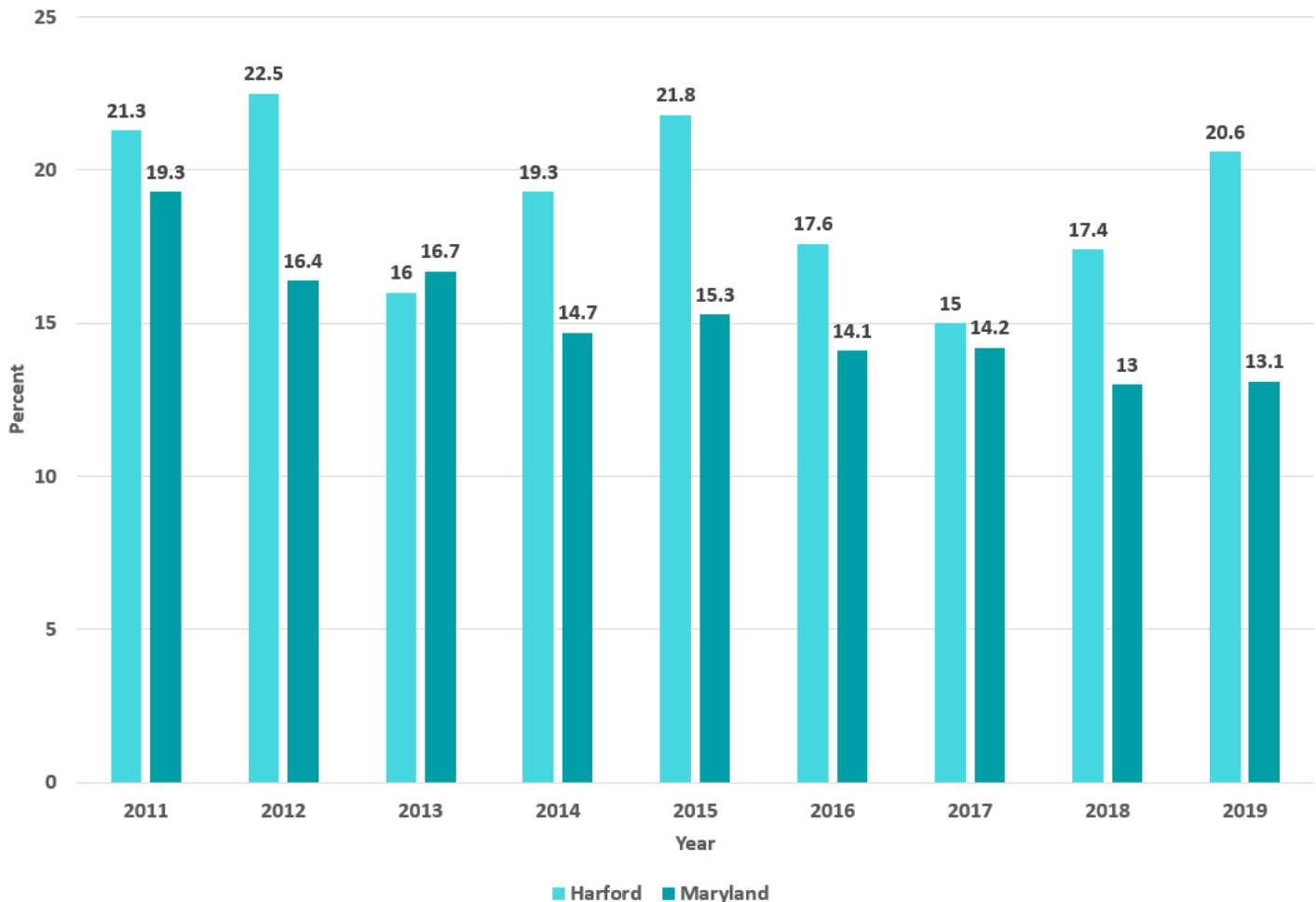
19.6% of Harford County middle schoolers have tried an electronic vapor product at least once

Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

In adults, smoking rates in Harford have consistently been higher than the state since 2014. In 2019, the number of current smokers in Harford County was 20.6% compared to 13.1% for the state (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

Age-Adjusted Adult Smoking Rates, Harford County and Maryland, 2011-2019

Year	Harford	Maryland
2011	21.3	19.3
2012	22.5	16.4
2013	16	16.7
2014	19.3	14.7
2015	21.8	15.3
2016	17.6	14.1
2017	15	14.2
2018	17.4	13
2019	20.6	13.1

Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

ALCOHOL USE

In 2018 it was reported that 8.4% of Middle School students and 31% of High School students currently drank alcohol (Maryland Department of Health Youth Risk Behavior Survey, 2019). For Harford County adults, in 2019, 9.5% reported being heavy drinkers (adult men having 14 drinks per week and adult women having 7 drinks a week). This percentage is higher than the state where it was reported that 5.4% of adults engage in heavy drinking (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

Harford County & Maryland High School Percentage of High School Students who Currently Drink Alcohol, 2013-2018
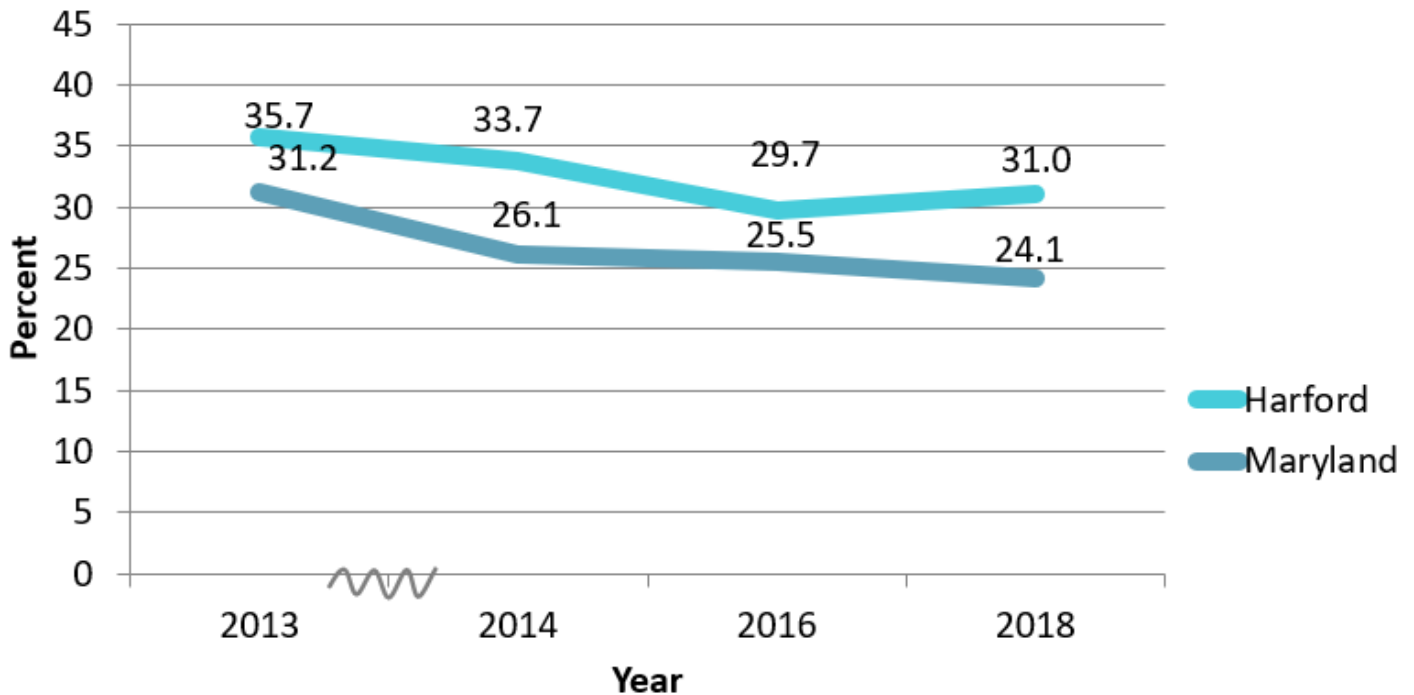
Note: *After 2014 they started conducting the survey every two years

Harford County & Maryland Middle School Students who Currently Drank Alcohol, 2013-2018

Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

Note: *After 2014 they started conducting the survey every two years

HEALTHY EATING, ACTIVE LIVING, AND OBESITY

Diet and exercise habits have a tremendous impact on health and wellbeing. Data from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) indicate that only 66.6% of Harford County adults consume one or more servings of fruits per day and only 83.1% consume one or more servings of vegetables daily. The percentage of fruit consumption mirrored the state while the vegetable consumption was about 5% higher in Harford than the state (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

It is recommended that adults engage in 150 minutes of moderate-intensity physical activity per week (or equivalent of vigorous physical activity). The 2019 BRFSS data found that 59.4% of Harford County residents met the recommended physical activity requirements compared to 51.8% of the state (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

Age-Adjusted Weekly Physical Activity, Harford County and Maryland, 2019

Minutes Engaging in Physical Activity/Week	Harford	Maryland
150+ minutes (or vigorous equivalent minutes) of physical activity	59.4	51.8
1-149 minutes (or vigorous equivalent minutes) of physical activity	19.4	23.7
0 minutes (or vigorous equivalent minutes) of physical activity	21.2	24.5

Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

Body Mass Index (BMI) can be used as a tool to access health risk, although it does not measure body fat. Harford County's weight breakdown below shows that about 72.7% of adults in 2019 were overweight or obese and only 27.3% were at a healthy weight (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

Age-Adjusted Percent of Adults that Reported Being Overweight or Obese (According to BMI), Harford County, 2011-2019

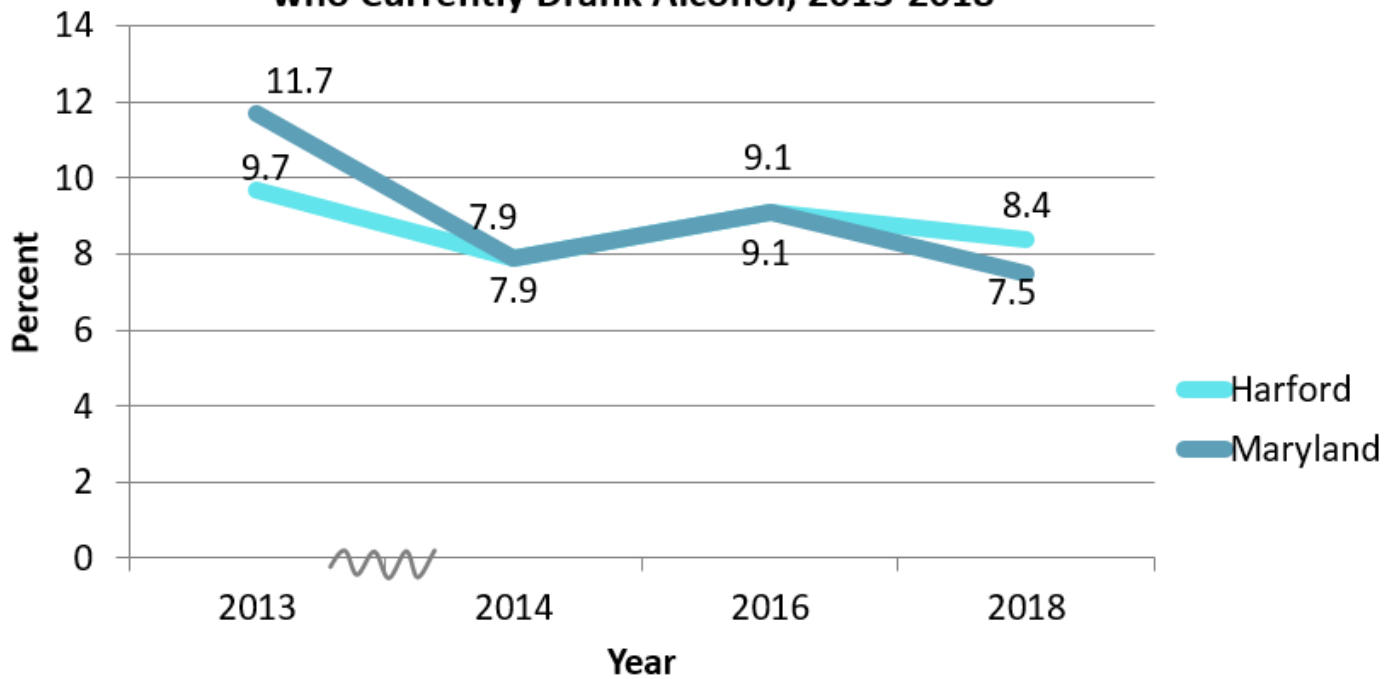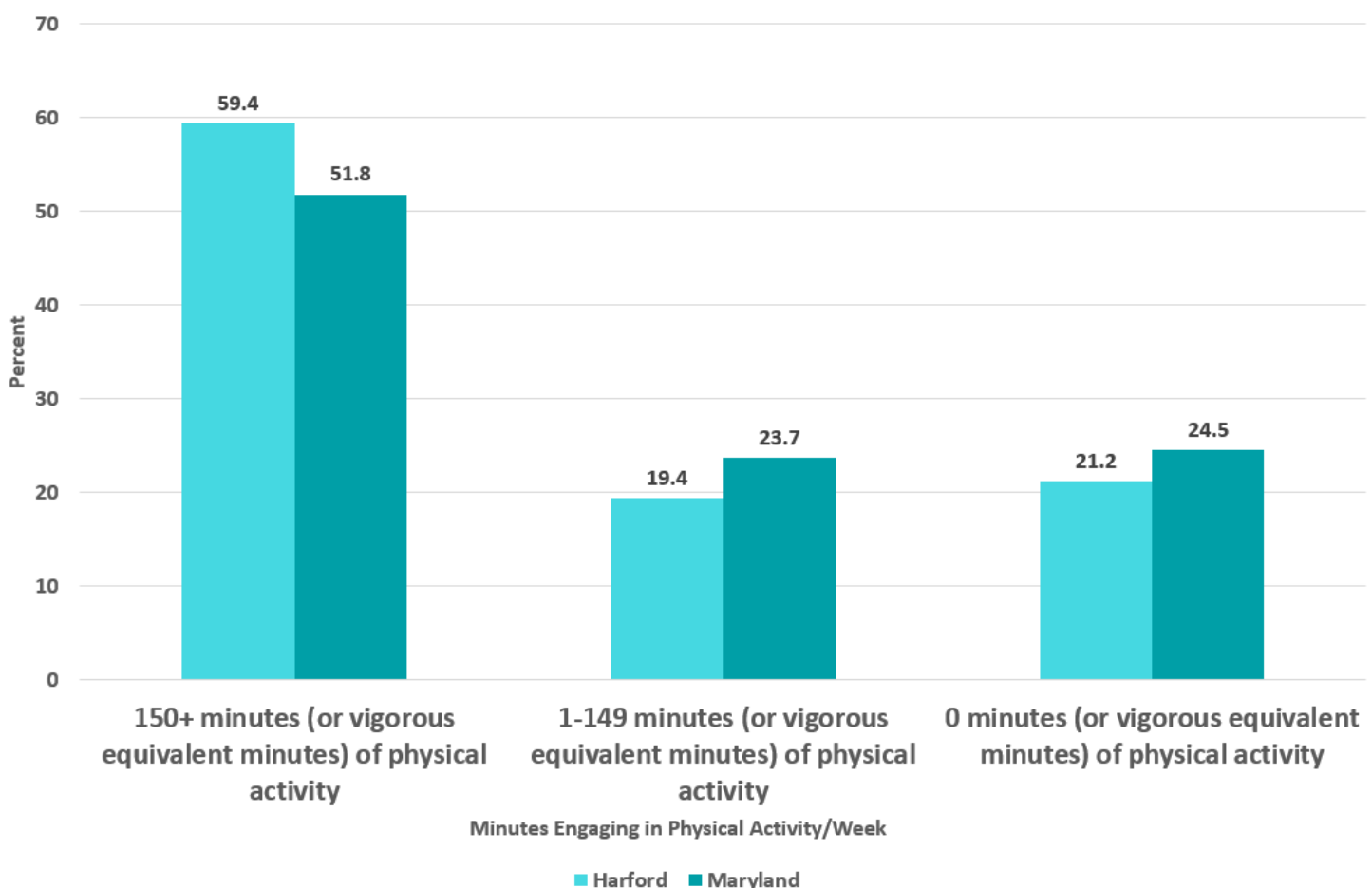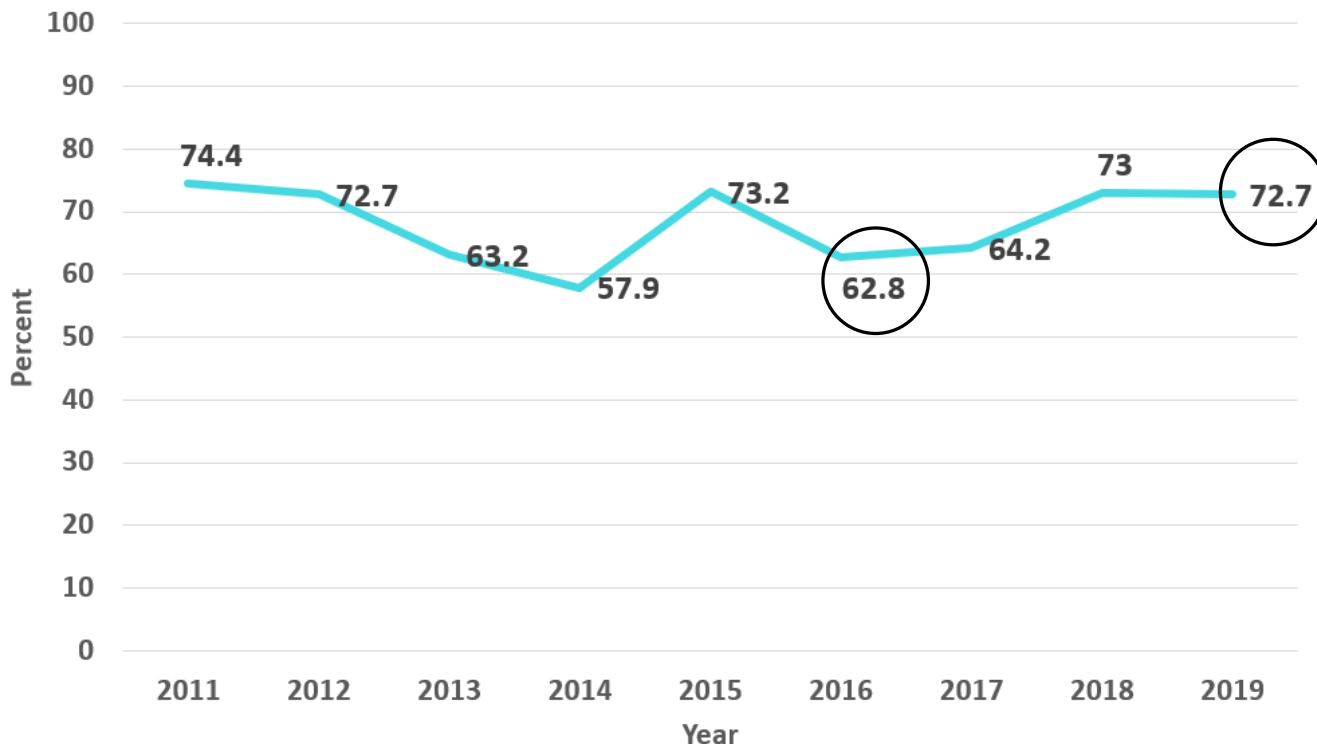Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

There has also been about a 10% increase in Harford County residents that are a overweight or obese from 2016 to 2019. Obesity and overweight rates can vary by race as well. In the 2019 BRFSS survey, it was reported that 83.9% of non-Hispanic Black adults in Harford County were obese or overweight, compared to 66.9% Whites (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019). These racial disparities have been consistent for at least the last few years. Being overweight or obese can put people at risk for other chronic conditions such as heart disease and type 2 diabetes.

72.7%

of Harford County adults reported being overweight or obese in 2019

(Age-adjusted)

HEALTH OUTCOMES

The health outcomes section reports perceived health status, incidence and prevalence of health conditions in Harford County, hospitalizations, and mortality from certain health conditions. This includes chronic and communicable disease, injury, mental health, and maternal and child health. The previous health factors section that discussed healthy and unhealthy behaviors go hand in hand with health outcomes.

"Chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs." - Centers for Disease Control and Prevention

PERCEIVED HEALTH STATUS

In the BRFSS survey, respondents were asked to rank their overall health from poor to excellent. There was some variation of responses throughout the past 3 years, but an average from 2017-2019 showed 18.1% of residents reported their health was excellent, 38.3% reported very good, 29.9% reported good, 9.7% reported fair, and 3.7% reported poor. The table below shows the breakdown by each year (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019)

	Poor	Fair	Good	Very Good	Excellent
2017	**	7.9%	26.2%	45.5%	17.7%
2018	3.9%	12.5%	29.9%	33.7%	20.1%
2019	3.4%	8.9%	33.7%	37.3%	16.7%

Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

LEADING CAUSES OF DEATH AND HOSPITALIZATION

In the 2021 County Health Rankings, Harford County was ranked 10th out of 24 jurisdictions for health outcomes. Years of Potential Life Lost (YPLL) is used to measure premature mortality (before age 75) rather than overall mortality in order to focus on deaths that could have been prevented. Based on 2017-2019 data, the YPLL rate was 6,900 per 100,000 for all deaths in Harford County and 7,200 per 100,000 in Maryland. This rate was also significantly higher for African Americans in Harford with the YPLL being 8,400 per 100,000 deaths (County Health Rankings and Roadmaps, 2021)

According to the Maryland Vital Statistics Administration, there were 2,209 total deaths in Harford County in 2019 and the top 3 causes causes of death were heart disease, cancer, and cerebrovascular disease (stroke) in both Harford County and Maryland. Chronic obstructive pulmonary disease (COPD) falls closely behind stroke as the 4th leading cause of death in Harford County. If the top causes of death remain consistent for the 2020 Maryland Vital Statistics Annual Report, COVID-19 would likely be the 3rd leading cause of death in Harford County as there were 167 COVID-19 deaths in 2020. The age-adjusted mortality rate from 2017-2019 for all causes was 738.8 per 100,000 deaths in Harford County and 713 per 100,000 deaths in Maryland. The trends of mortality rates for specific diseases are outlined below (Maryland Department of Health Vital Statistics Report, 2019).

Leading Causes of Death in Harford County, 2019
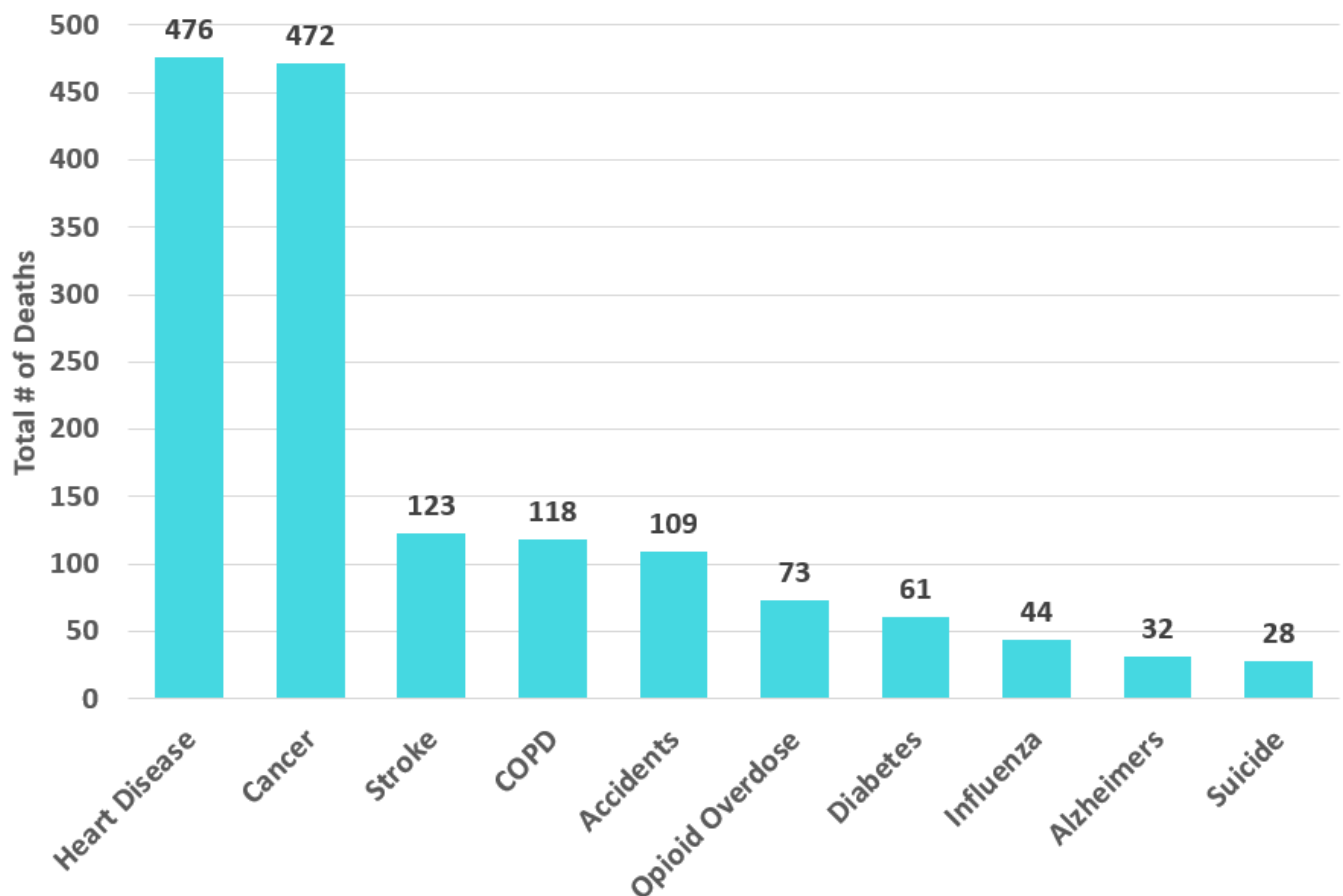
Source: Maryland Department of Health Vital Statistics Report, 2019

"If the top causes for mortality remain consistent for the 2020 Maryland Vital Statistics Annual Report, COVID-19 would likely be the 3rd leading cause of death in Harford County."

EMERGENCY DEPARTMENT VISITS

The map below indicates the emergency department (ED) visits per 1,000 from 2017-2019. The darker color shows a higher rate of hospitalizations and the lighter color shows a lower rate of hospitalizations. The ED visit rate for Harford from 2017-2019 was 919 per 1,000 compared to the state rate of 1,107 per 1,000. The highest rates of ED visits in the county were for residents of Aberdeen (1607.6 per 1,000) followed by Edgewood (1459.62 per 1,000) and Havre de Grace (1378.80 per 1,000) (Chesapeake Regional Information System for our Patients, 2020).
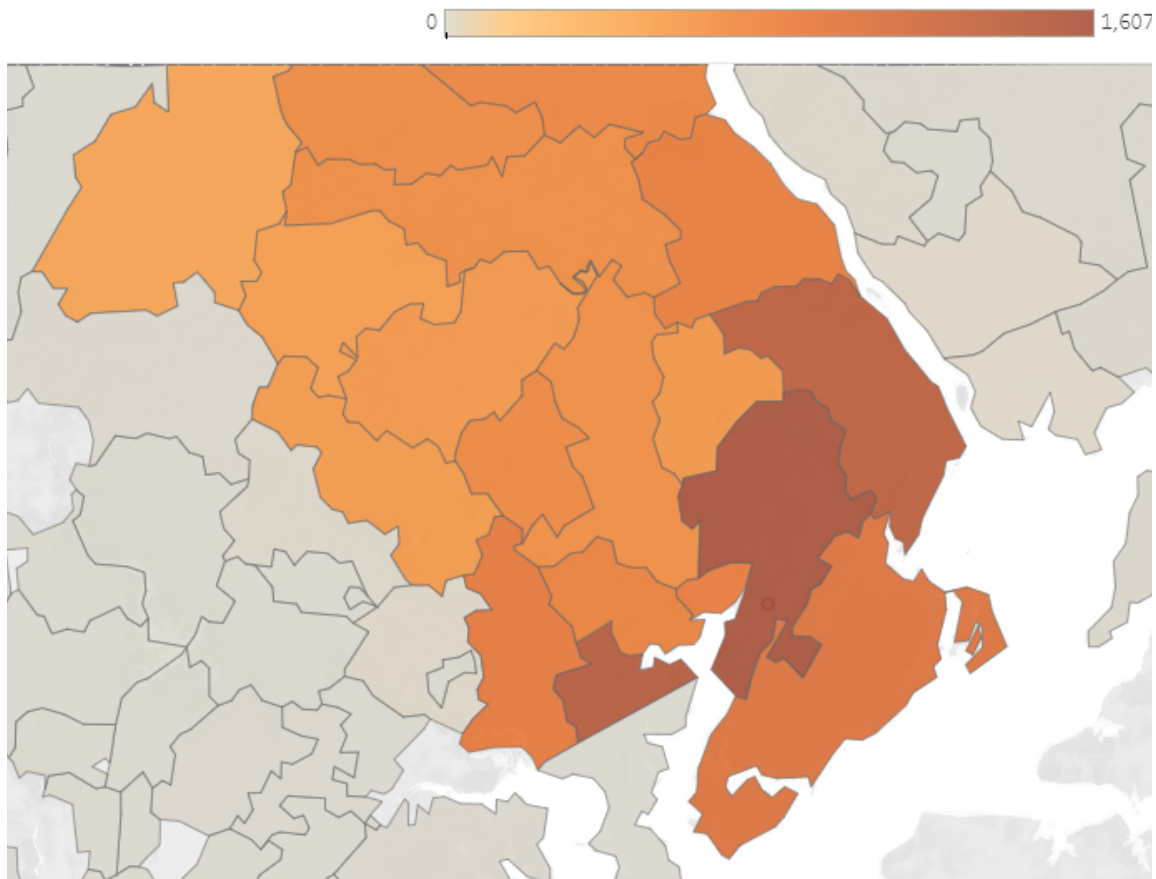
Source: Chesapeake Regional Information System for our Patients, 2020

The CRISP Reporting System (CRS) reported that the top three conditions associated with an ED visit were hypertension, substance use disorder, and mental health conditions in Harford County (Chesapeake Regional Information System for our Patients, 2020). The state as a whole also had the same top 3 conditions, however, the state had a higher percentage of any mental health condition visits compared to substance use disorder. This may suggest that these conditions were not being treated as successfully in an outpatient setting.

Leading Chronic Conditions for Emergency Department Visits, Harford County and Maryland, 2017-2020

Condition	Maryland	Harford
Diabetes	9.16%	7.50%
Hyperlipidemia	8.68%	8.26%
Non- Alcohol Related SUD	15.02%	15.14%
Any Mental Health Condition	19.05%	15.51%
Any Substance Use Disorder	16.43%	16.25%
Hypertension	21.43%	17.21%
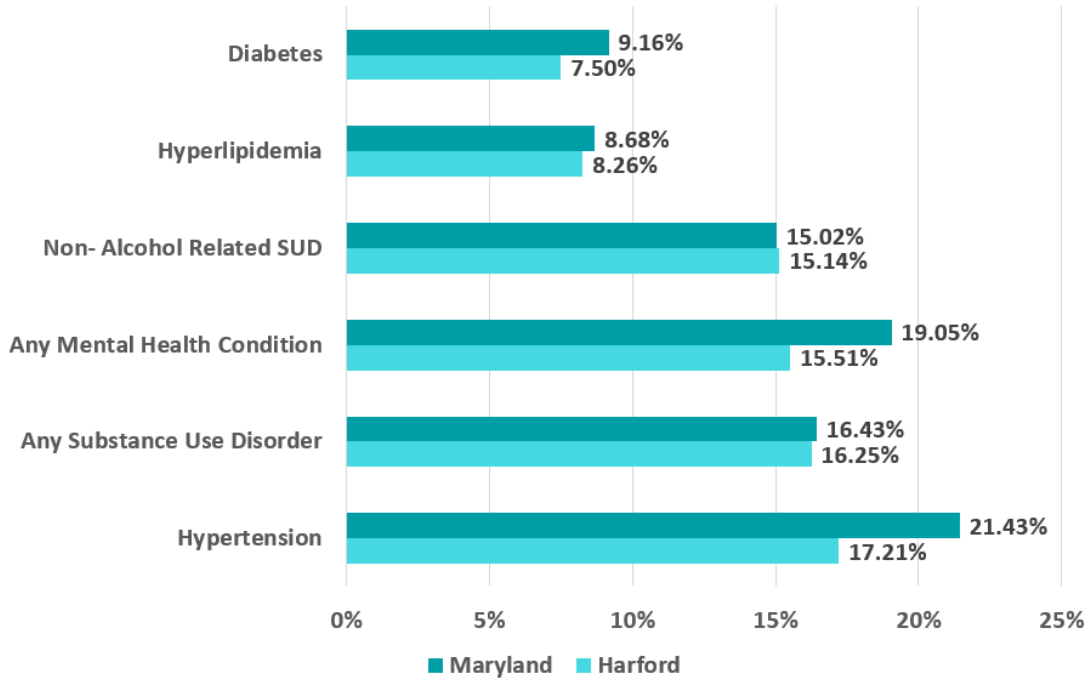
Source: Chesapeake Regional Information System for our Patients, 2020

CHRONIC AND COMMUNICABLE DISEASES

While there has been a slight decrease in mortality rates for heart disease in Harford County, it remains the leading mortality rate in the county. For 2017-2019 the rate was 163 per 100,000 in Harford and 162 per 100,000 in Maryland (Maryland Department of Health Vital Statistics Report, 2019).

Age-Adjusted Heart Disease Mortality Rates, Harford County and Maryland, 2011-2019

Years	Harford	Maryland
2011-13	172	172
2012-14	170	170
2013-15	168	169
2014-16	166	167
2015-17	167	166
2016-18	167	164
2017-19	163	162

Source: Maryland Department of Health Vital Statistics Report, 2019

Cancer mortality rates are worse in Harford County than for the state of Maryland. However, the cancer mortality rates have decreased over the years for both Harford County and Maryland (Maryland Department of Health Vital Statistics Report, 2019). Cancers of the lung, trachea, and bronchus have the highest mortality of all cancers in Harford County (45 per 100,000) and Maryland (38.8 per 100,000). When breaking down the incidence by cancer type, breast and prostate cancer had the top 2 incidence rates in both Harford and the state of Maryland (U.S. Cancer Statistics Working Group, 2020).

Cancer Mortality Rates, Harford County and Maryland, 2011-2019

Years	Harford	Maryland
2011-13	168	164
2012-14	171	162
2013-15	166	159
2014-16	169	157
2015-17	164	155
2016-18	161	153
2017-19	151	149
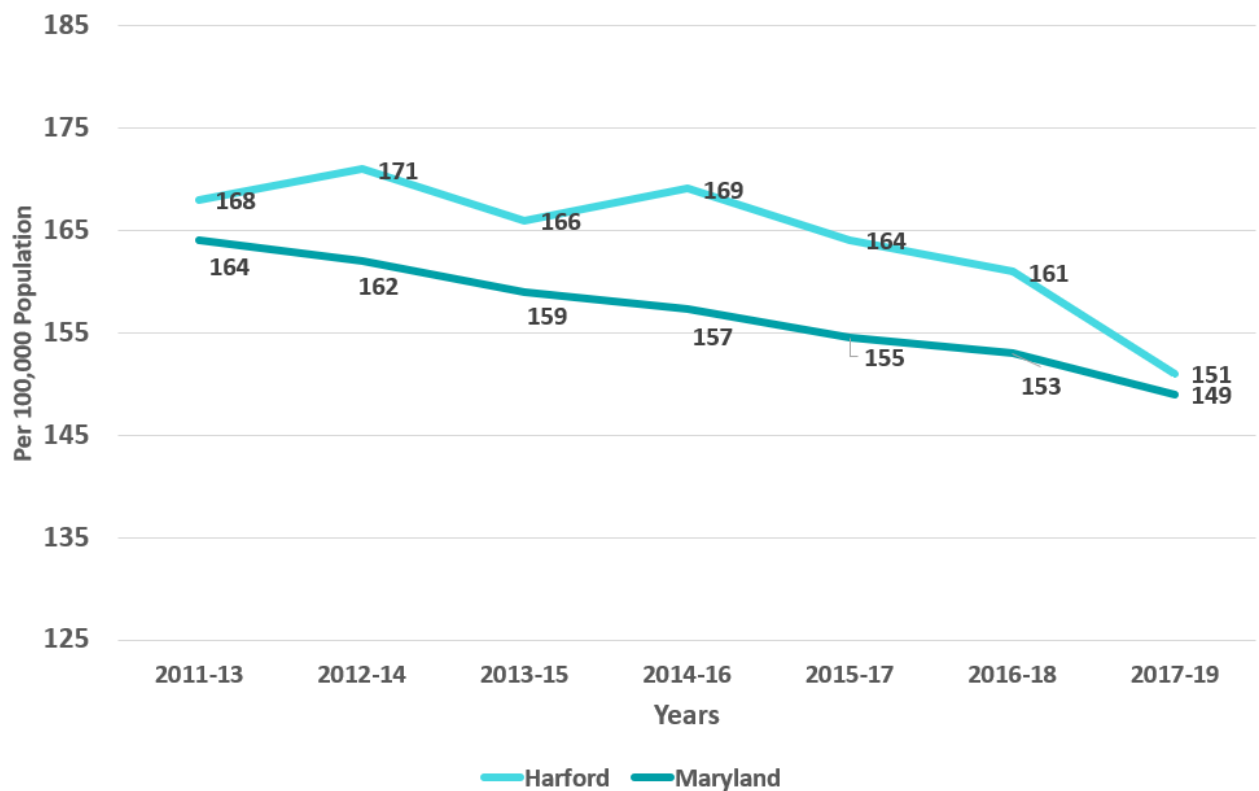
Source: Maryland Department of Health Vital Statistics Report, 2019

When broken down by race by type of cancer in Harford County, the incidence rate for prostate cancer in African Americans (239.9 per 100,000) was about 2 times the incidence in Whites (119.6 per 100,000) (U.S Cancer Statistics Working Group, 2020).

Age-Adjusted Cancer Incidence Rates, Harford and Maryland, 2013-2017

Legend: Harford, Maryland

Cancer Type	Harford	Maryland
Lung	70	56.4
Colorectal	39.3	36.4
Breast (Female)	144.8	132.9
Prostate	129.9	124.7
Melanoma	38.2	24

Age-Adjusted Cancer Incidence Rates in Harford County by Race

Legend: White, Black/AA

Cancer Type	White	Black/AA
Lung	69.7	81.4
Colorectal	38.6	53.3
Breast (Female)	147.1	122.5
Prostate	119.6	239.9
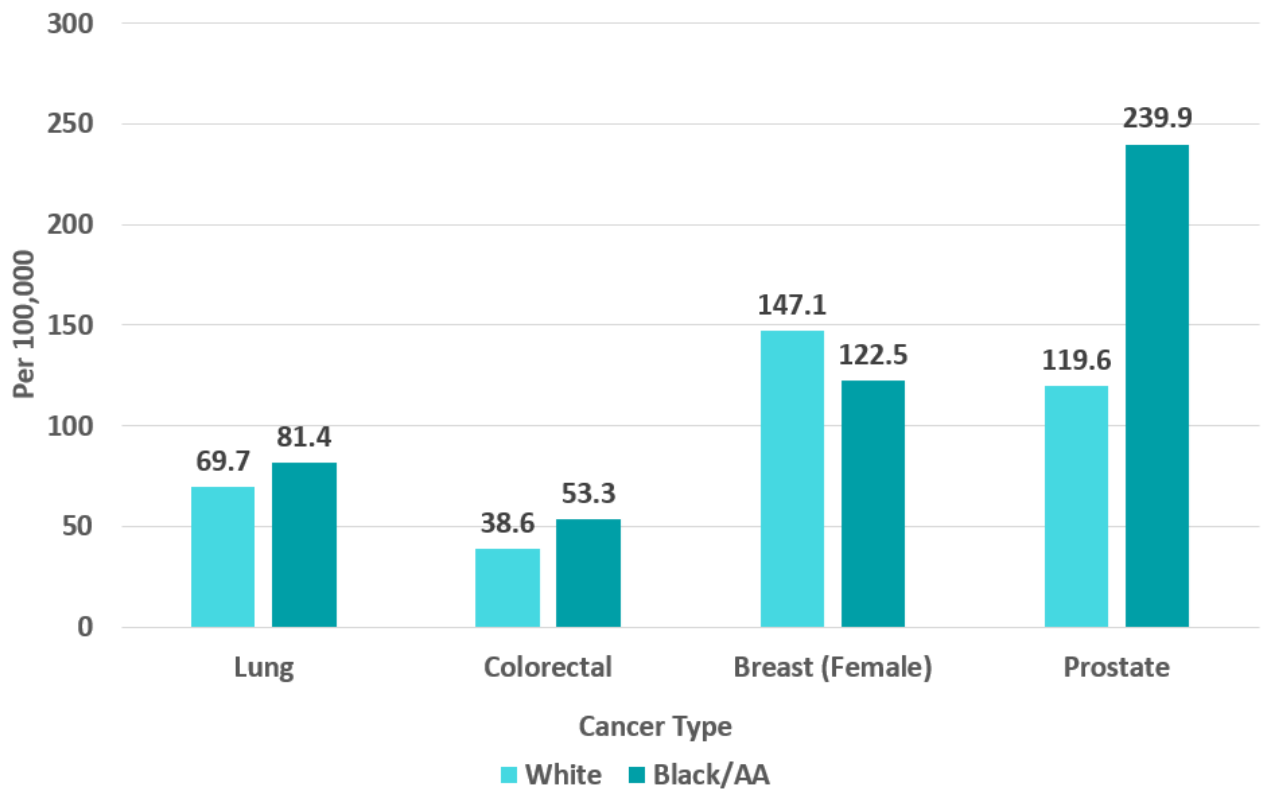
Source: U.S Cancer Statistics Working Group, 2020

University of Maryland Upper Chesapeake Health and Harford Memorial Health offer diagnoses and treatments for all types of cancer. They also see patients that come to these hospitals as a second course of treatment. The graph below show the total number of cases being treated at these hospitals over time. Breast and lung cancer have consistently been the top two cancers treated at the hospital. It appears that most types of cancer have had an increase in cancer treatments since 2010. This may be in part due to the Kaufman Cancer Center that was built in Bel Air in 2013. The Kaufman Cancer Center offers advanced cancer treatment as well as offering genetic counseling and an infusion center (University of Maryland Upper Chesapeake Health, 2019).

Total Cancer Cases (Diagnosed and Treated at the Hospital + Cancer Cases Getting Second Course of Treatment at the Hospital), Upper Chesapeake Health and Harford Memorial Hospital Combined, 2010-2019
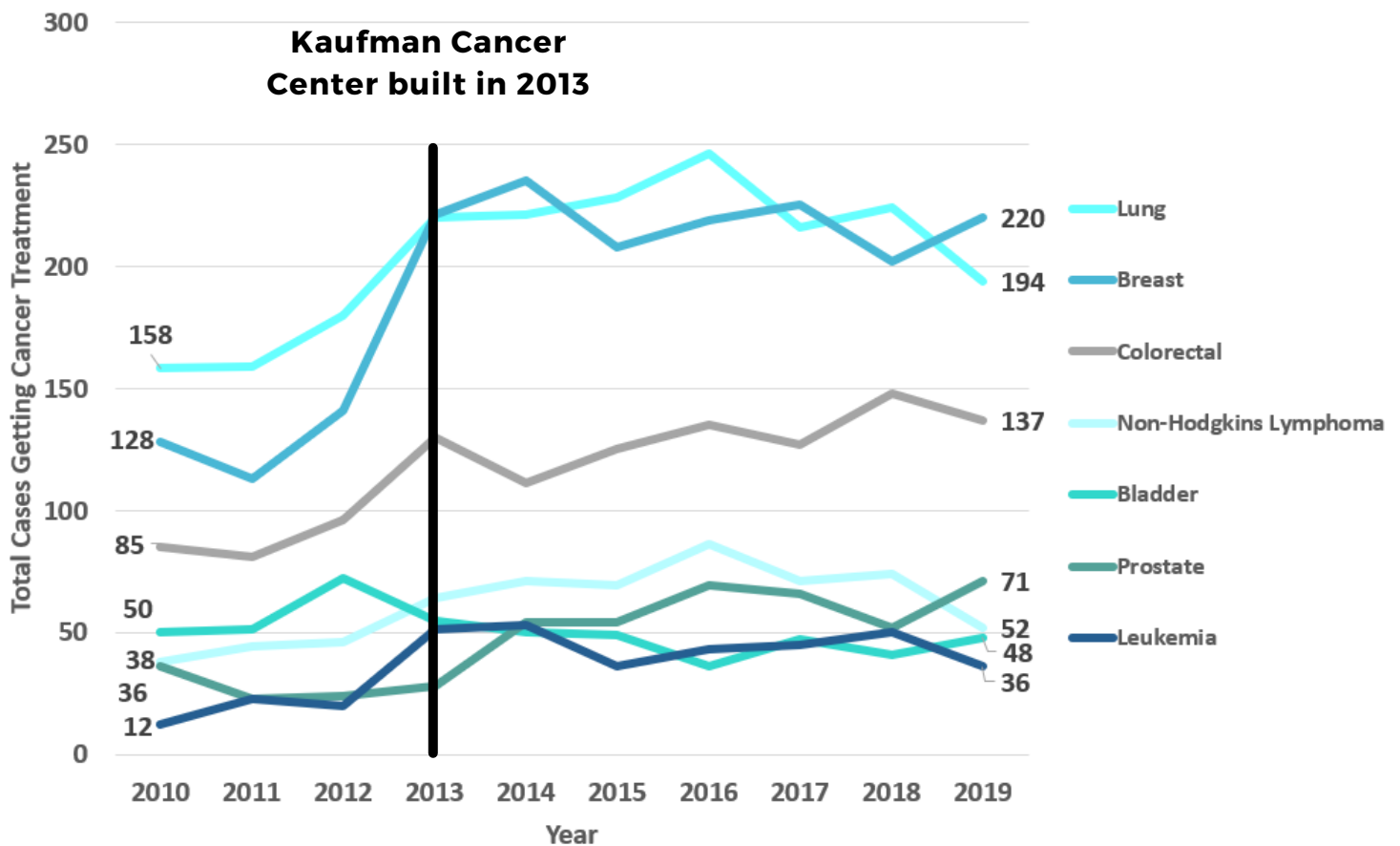
Source: University of Maryland Upper Chesapeake Health, 2019

Cerebrovascular disease (stroke) continues to be one of the top causes of mortality in Harford County. In 2017-2019 the mortality rate was 38 per 100,000 deaths and has slowly been increasing over the years (Maryland Department of Health Vital Statistics Report, 2019).

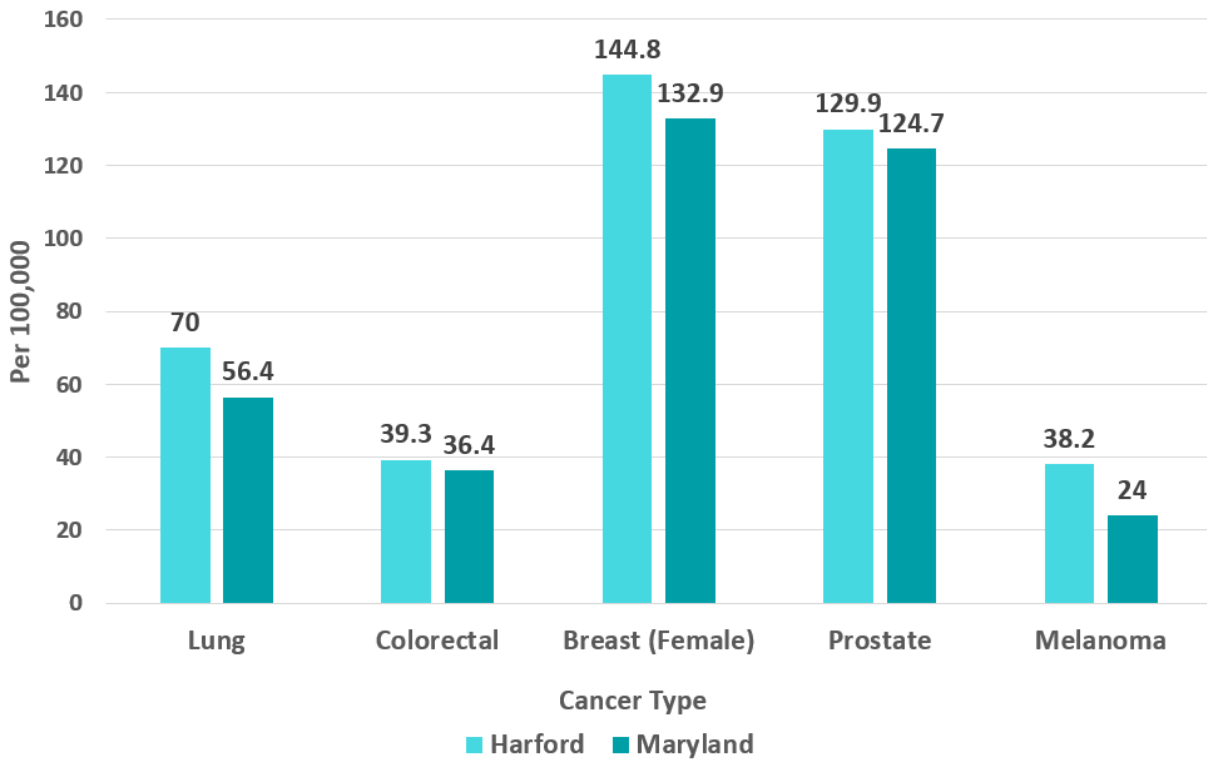## Age-Adjusted Stroke Mortality Rates, Harford County and Maryland, 2011-2019
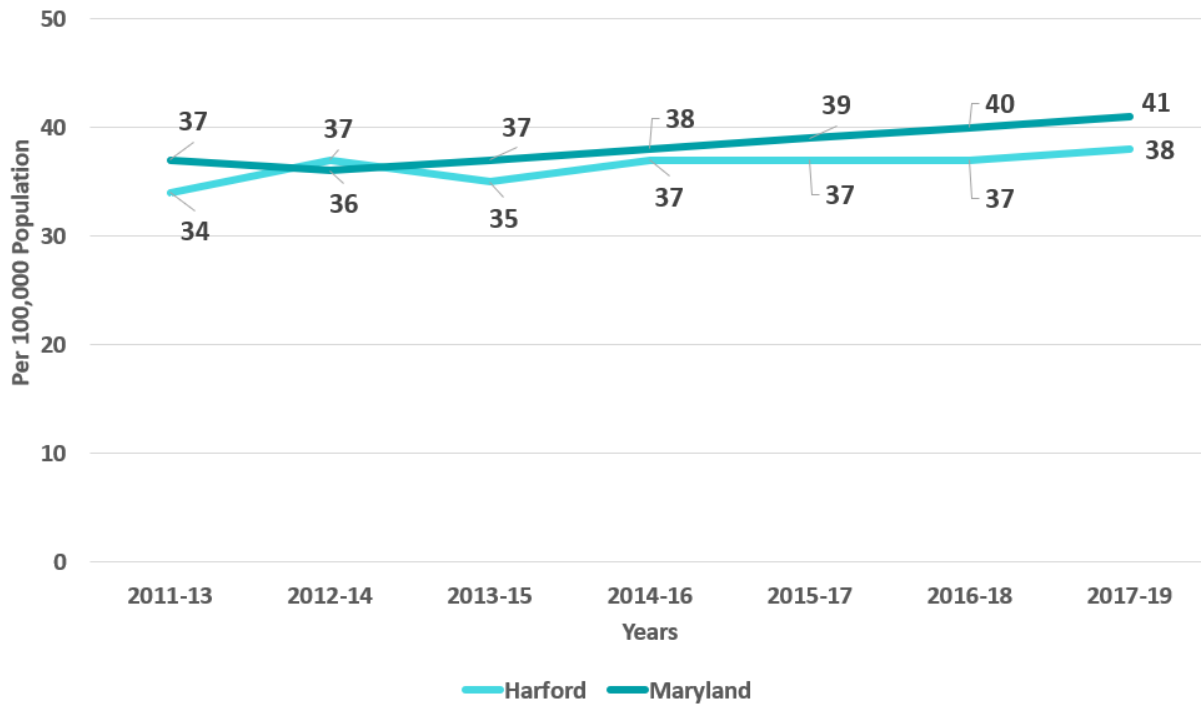
Source: Maryland Department of Health Vital Statistics Report, 2019

The Behavioral Risk Factor Surveillance System (BRFSS) reported the percentage of adults that were ever told they have a certain chronic condition, outlined in the chart below. It is estimated that about a third of adults have been diagnosed with hypertension (high blood pressure), which increases the risk for heart disease and stroke (CDC). Hypertension also usually presents no symptoms, making it more critical to monitor and take steps to lower the risk. While the diabetes overall estimated diagnoses is 9.3% of Harford adults, this rate is significantly higher in African Americans (19%) versus White (8.3) residents (Maryland Department of Health Behavioral Risk Surveillance System, 2011-2019).

PERCENTAGE OF ADULTS TOLD THEY HAVE A CERTAIN CHRONIC CONDITION, 2019

Chronic Condition	Harford	Maryland
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	20.3%	21.7%
Diabetes (excluding those that only had it when pregnant)	9.3%	10%
Hypertension (excl. women told only during pregnancy and borderline hypertension)	33.2%	32.2%
Chronic Obstructive Pulmonary Disease (COPD)	6%	4.9%
Depressive disorder (including depression, major depression, dysthymia, or minor depression)	18.8%	16.3%

Source: Maryland Department of Health Behavioral Risk Surveillance System, 2011-2019

A notifiable disease is any condition that, when identified in a patient, is required to be reported to the government so that its incidence can be monitored for potential outbreaks and clustering. The notifiable diseases are then reported to the Centers for Disease Control (CDC). The following chart provides rates for Harford County and Maryland per 100,000 residents. Notice that Harford County's Lyme disease rate was more than double the state rate (54.8 per 100,000 compared to 23.5 per 100,000) (Maryland Department of Health Cases of Selected Notifiable Conditions, 2019).

2019 Notifiable Disease Incidence Rates per 100,000 in Harford County and Maryland

Notifiable Disease	Harford County	Maryland
Chlamydia	407.3	623.9
Lyme Disease	54.8	23.5
Gonorrhea	106.4	191.5
Salmonellosis	12.9	16.5
Meningitis, Aseptic	5.1	5.3
Syphilis	2.7	14.3

Source: Maryland Department of Health Cases of Selected Notifiable Conditions, 2019

MATERNAL AND CHILD HEALTH

Maternal characteristics and birth outcomes in Harford County vary by race, indicating health disparities exist for mothers and babies for racial and ethnic minorities. A mother's well-being before, during, and after pregnancy can affect the health of a child from infancy to adulthood. Infant's with low birth weight, are more likely to die before their first birthday or have chronic conditions when they get older such as diabetes, heart disease, or high blood pressure. In 2019, there were 2,686 live births in Harford County. Among all of the live births in Harford County, 80.4% received first trimester care and 4.8% received late or no care during pregnancy (Maryland Department of Health Vital Statistics Report, 2019)

The chart below outlines maternal characteristics of the live births. Live births to unmarried mothers were 34% of all live births and live births to mothers under 20 years old was just 2.3% of all live births. The rates for live births were especially higher in non-Hispanic African American unmarried mothers (61.2%) and Hispanic unmarried mothers (48.4%). The percent of mothers in Harford County with a low birth weight child in 2019 was 8%. This percentage was higher in African American (14.7%) and Hispanic (10%) mothers than for white mothers (6%) (Maryland Department of Health Vital Statistics Report, 2019). Low birth weight babies can lead to poor outcomes and health complications.

Live Births for Mothers Unmarried and Under 20 by Race in Harford, 2019

	Unmarried	Under 20
Total	34%	2.3%
Non-Hispanic White	26.8%	1.9%
Non-Hispanic Black/AA	61.2%	4.0%
Hispanic	48.4%	0.6%

Source: Maryland Department of Health Vital Statistics Report, 2019

**Low Birth Weight by Maternal Race, 2019 <2500 grams**

	Low Birth Weight
Total	8.0%
Non-Hispanic White	6.0%
Non-Hispanic Black/AA	14.7%
Hispanic	10.0%

Source: Maryland Department of Health Vital Statistics Report, 2019

In 2019, the infant mortality rate in Harford County was 5.6 per 1,000 live births which is slightly below the state at 5.9 per 1,000 live births. While this is a drop from 2018 (6.5 per 1,000), the infant mortality rate is still higher than it had been in prior years, while the infant mortality rate for the state continues to decline (Maryland Department of Health Vital Statistics Report, 2019). Racial disparities in infant mortality and low birth weight births have persisted in Harford County for the past decade. In fact, the rate of infant mortality for Black babies has been more than 3-4 times higher than that of white babies in Harford County for many years. In 2018, the infant mortality rate was 10.8 per 1,000 live births for non-Hispanic Blacks and 4.2 per 1,000 live births for non-Hispanic Whites. Racism, intergenerational stress, and structural inequality continue to fuel maternal and child health disparities in Harford County.

In addition, the rate for substance exposed newborns (SEN) has significantly increased from 2009 to 2018 and the rate in Harford has been higher than the state for at least 9 years. In 2018, there were 38.1 SEN per 1,000 newborn discharges in Harford County compared to 31.4 SEN in Maryland (Health Services Cost Review Commission, 2018). While racial data on SEN births in Harford County is limited, the most recent data indicates that the majority of SEN births are to white women in the county. We recognize that, in order for families to achieve and maintain health and resiliency, they must be given a safe space to access essential resources and support.

Infant Mortality Rate per 1,000 Live Births, Harford County & Maryland, 2009-2019
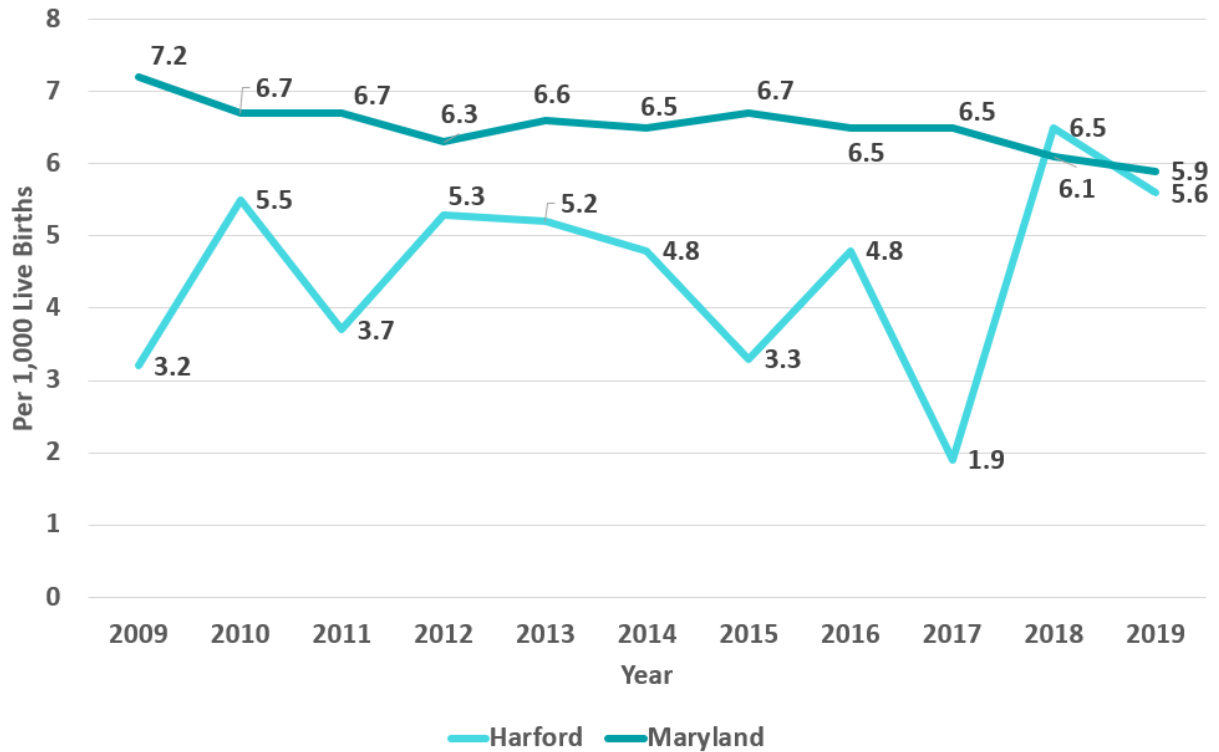
Source: Maryland Department of Health Vital Statistics Report, 2019

Substance Exposed Newborns Rates, Harford County and Maryland, 2009-2018
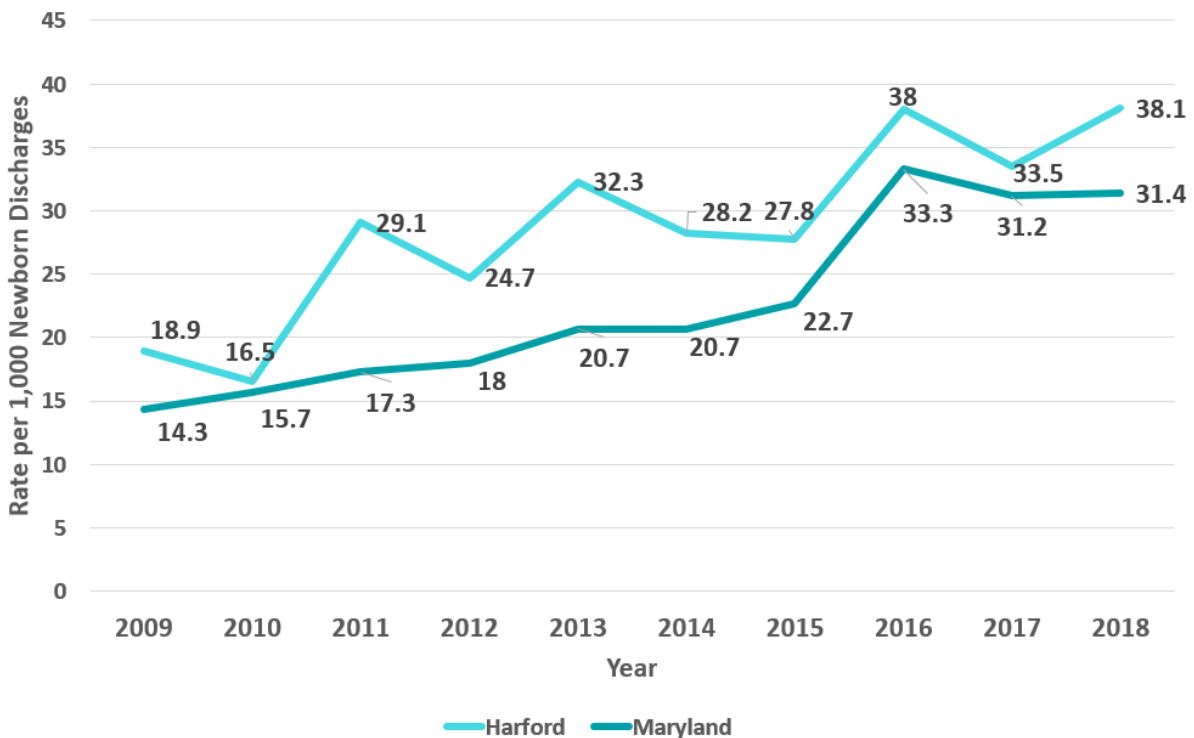
Source: Health Services Cost Review Commission, 2018 (includes MD resident delivery discharges at MD hospitals only. Excludes MD resident newborns delivered out of state).

INJURY

According to County Health Rankings data for 2021, the overall death rate from injuries (planned and unplanned) in Harford County and Maryland was 82 per 100,000 (County Health Rankings and Roadmaps, 2021). Injuries accounted for 109 deaths in 2019 for Harford County and were the 5th leading cause of mortality. The suicide rate for Harford in 2017-2019 was 11.4 per 100,000 in Harford which was slightly above the state at 10.1 per 100,000 (Maryland Department of Health Vital Statistics Report, 2019).

	Harford	Maryland
Unintentional Injury	37.1	36.4
Intentional Self-Harm (Suicide)	11.4	10.1
Assault (Homicide)	N/A	9.9

Source: Maryland Department of Health Vital Statistics Report, 2019

Falls in older adults can lead to serious injury, disability, and prevent a senior from being independent. The 2018 Behavioral Risk Surveillance System (BRFSS) estimates that 22.4% of residents in Harford County ages 45+ had fallen in the last year. In addition, 7.2% of those that fell were injured by the fall (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

	Harford	Maryland
Fell in the past 12 months (45+) (age-adjusted)	22.4%	22.7%
Fall resulted in injury, past 12 months (45+) (age-adjusted)	7.2%	8.7%

Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

BEHAVIORAL HEALTH

The Behavioral Risk Factor Surveillance System (BRFSS) survey estimated that in 2019, 18.8% of adults in Harford County were diagnosed with depressive disorder (including depression, major depression, dysthymia, or minor depression) (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019). Mental Health can have a huge impact on children as well. The graph below reports the Harford County students that have felt sad or hopeless from the Youth Risk Behavior Survey (YRBS). At least 30% of students 10th thru 12th grade felt sad or hopeless in 2018.

18%

of high school students reported that they seriously considered suicide in the past year

While percentages dropped slightly in middle school students from 2016 to 2018, a significant portion of students are still affected by mental illness. The survey also reported that in 2018, 18% of high school students said they had seriously considered suicide in the last year (Maryland Department of Health Youth Risk Behavior Survey, 2019).

Percentage of Harford County Students Who Felt Sad or Hopeless, 2016 and 2018

	6th	7th	8th	9th	10th	11th	12th
2016	20.7	24.8	27.9	28.6	30.1	34.9	27.6
2018	17.7	18.3	27.7	24.4	34.4	31.5	32.9
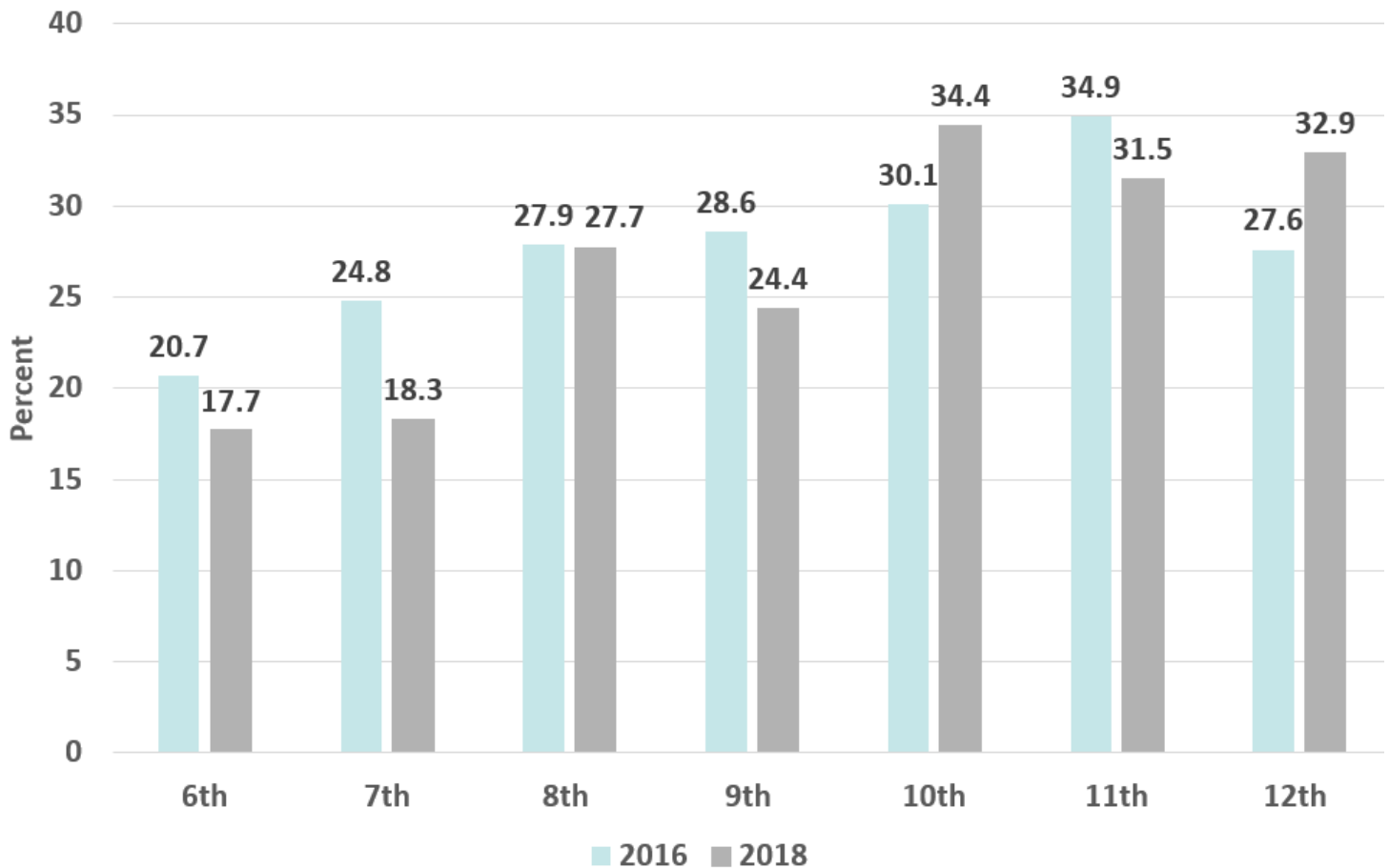
Source: Maryland Department of Health Youth Risk Behavior Survey, 2019

The BRFSS also looks at adverse childhood experiences (ACEs). The CDC describes ACEs as potentially traumatic events that happen during a person's childhood such as household mental illness, physical, sexual, and/or emotional abuse, and an incarcerated household member. The more ACEs a person has experienced, the more likely they will experience chronic health conditions, mental or behavioral health challenges, or early death. In fact, at least 5 of the top leading causes of death have been linked to ACEs (Centers for Disease Control and Prevention Preventing ACEs, 2021). Also, experiencing 4 or more ACEs is associated with a significant increase in risk for chronic illness and/or suicide. In 2018, the BRFSS estimated that 13.4% of adults experience 4 or more ACEs (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019).

Adverse Childhood Experiences Score in Adults, Harford County, 2018
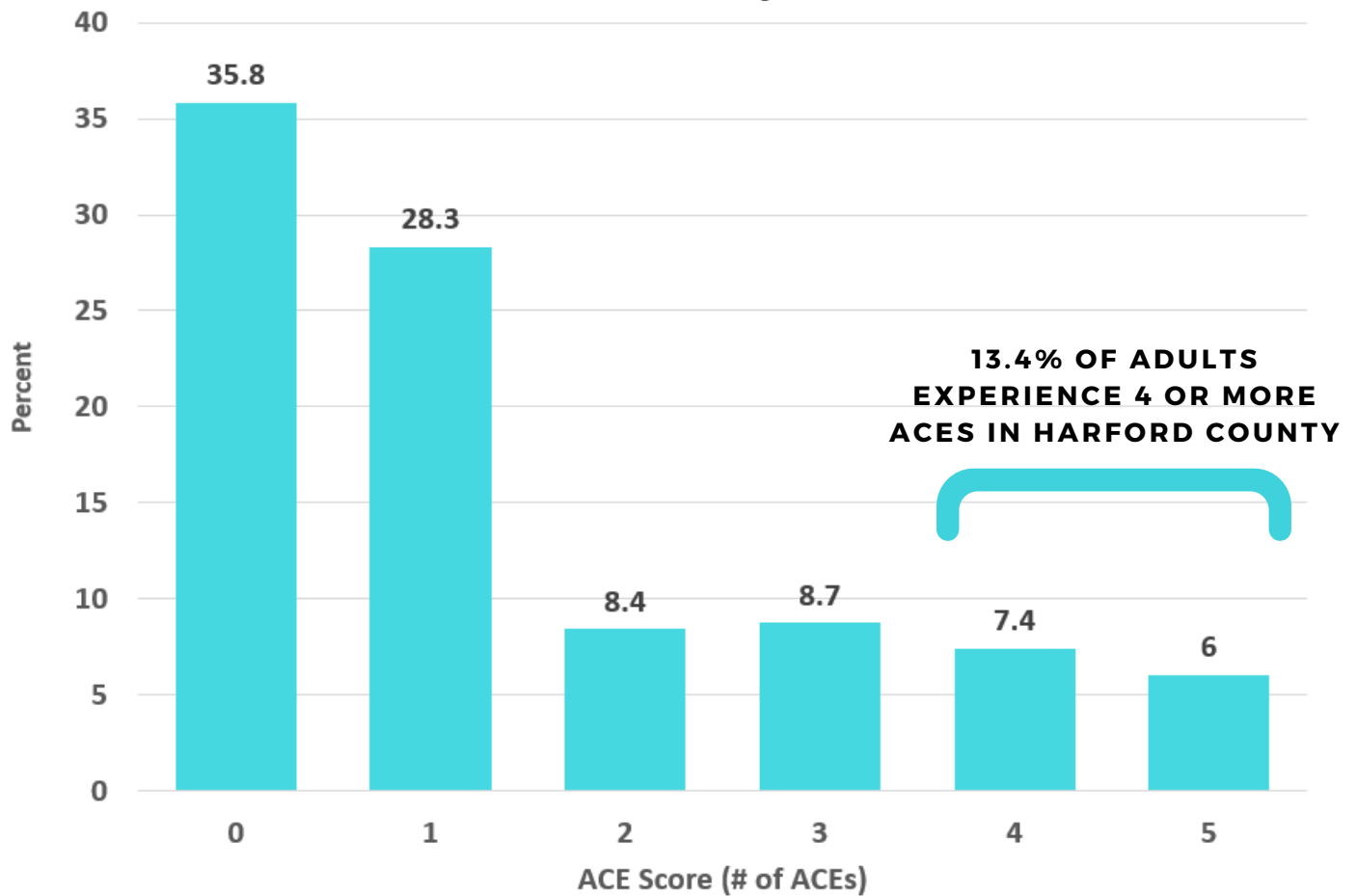
13.4% OF ADULTS EXPERIENCE 4 OR MORE ACES IN HARFORD COUNTY

Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

The CRISP Reporting System (CRS) reports higher rates of hospitalizations in Harford County (90 per 1,000 for 2017-2020) for depression than the state (69 per 1,000 for 2017-2020). The tables below outline the hospitalizations and ED visits for mental health indicators by select zip codes. Rates of depression, schizophrenia, and bipolar disorder were higher in the Edgewood, Aberdeen, and Havre de Grace zip codes than the state average for both total hospitalizations and ED visits. Alzheimer's hospitalizations were particularly higher in Havre de Grace (47.8 per 1,000) and Darlington (48.7 per 1,000) and there were 17.7 per 1,000 ED visits for Alzheimer's as well (Chesapeake Regional Information System for our Patients, 2020). This could be due to Darlington and Havre de Grace having an older population.

Hospitalizations per 1,000 for Mental Health Indicators, 2017-2020

	Depression	Schizophrenia	Bipolar	Alzheimers
Harford	90	7	18	32
Maryland	69	10	20	31
Edgewood	103.3	11.8	31.2	22
Aberdeen	130	19.6	35.2	39.5
Havre de Grace	119	10.1	26.5	47.8

Source: Chesapeake Regional Information System for our Patients, 2020

ED Visits per 1,000 for Mental Health Indicators, 2017-2020

	Depression	Schizophrenia	Bipolar	Alzheimers
Harford	32	4	14	8
Maryland	60	14	29	11
Edgewood	43.5	10.2	28.3	5.2
Aberdeen	49.7	12.8	26.8	9.8
Havre de Grace	38.6	4.5	15.5	11.9

Source: Chesapeake Regional Information System for our Patients, 2020

ED Visits per 1,000 for Depression, Harford County, 2017-2020
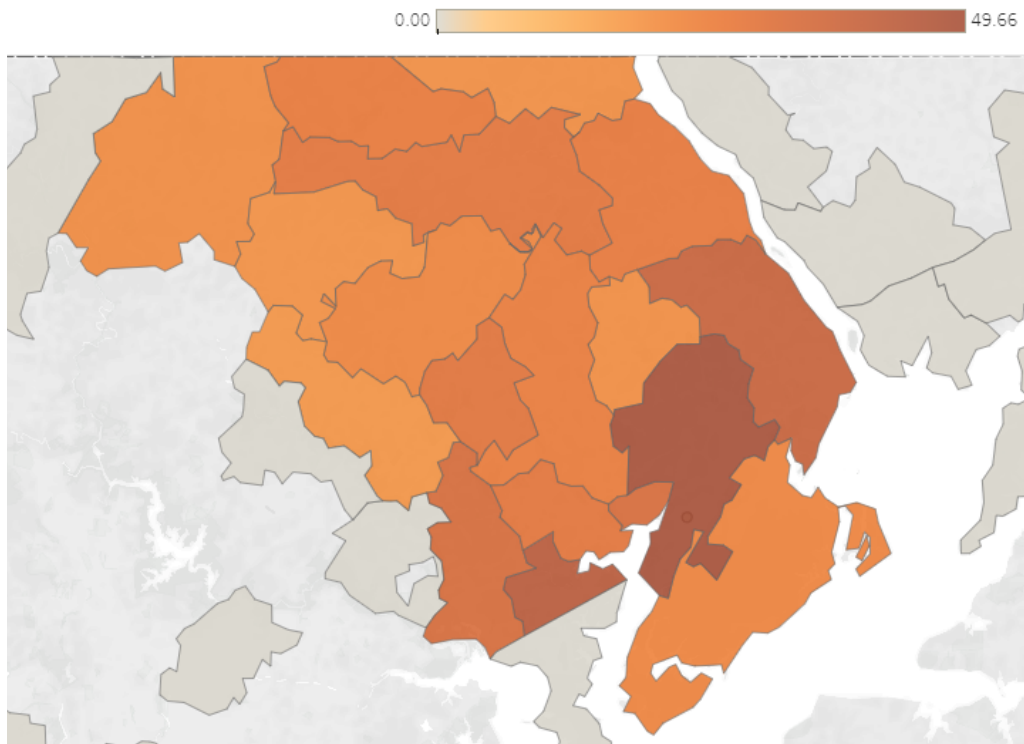
Source: Chesapeake Regional Information System for our Patients, 2020

From 2013 to 2017 there was a steady increase in total drug and alcohol-related intoxication deaths in Harford County and Maryland. From 2018 to 2020, there was about a 17% decrease in total drug and alcohol-intoxication related deaths in Harford County (Maryland Department of Health Unintentional Drug and Alcohol-Related Intoxication Deaths, 2019). There was also a 50% decrease in Heroin deaths from 2019 to 2020. Opioid and fentanyl-related deaths have remained the highest cause of intoxication death over the past few years. The graph below breaks down the deaths by substance in Harford County.

17%

decrease in total drug and alcohol intoxication related deaths from 2018 to 2020 in Harford County

Total Number of Drug and Alcohol-Related Intoxication Deaths by Substance, Harford County, 2007-2020
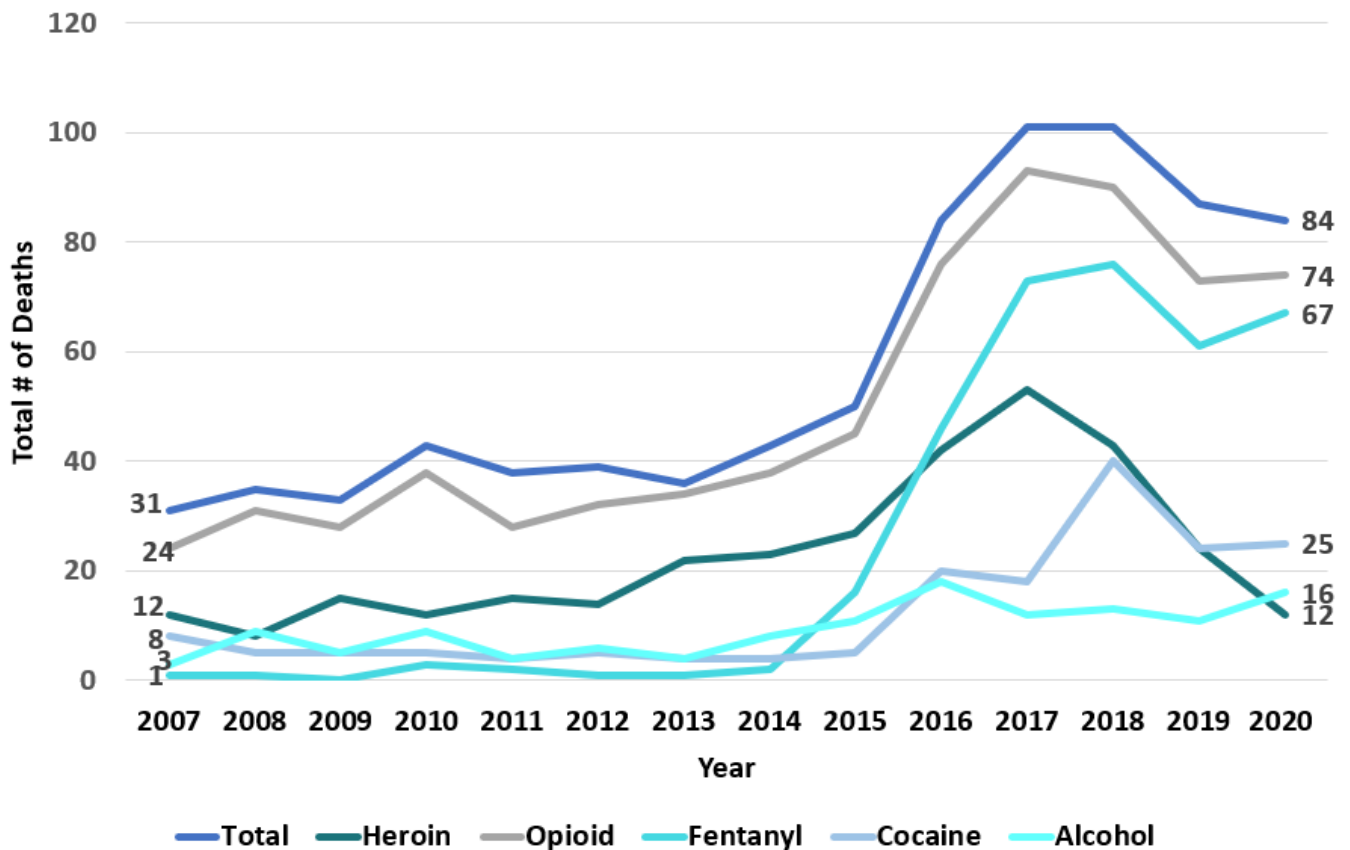
Source: Maryland Department of Health Unintentional Drug and Alcohol-Related Intoxication Deaths Annual Report, 2019 (2020 data from preliminary report).

ACCESS TO HEALTH CARE

Access to health care has a significant influence on a person's overall health and wellbeing. Health insurance is a major contributor to access to care as well as physician shortages and lack of transportation.

INSURANCE COVERAGE

Age	Harford
Under 6 Years	2.5
6-18 Years	2.6
19-25 Years	6.3
26-34 Years	6.2
35-44 Years	4.6
45-54 Years	3.6
55-64 Years	3.3
Sex	
Female	3.0
Male	3.8
Educational Attainment	
Less than High School	7.6
High School Graduate	4.9
Some College	3.3
Bachelor's or Higher	1.5

Source: U.S. Census Bureau, 2015-2019

Health insurance allows more people to receive quality health care and improve overall health and wellness. People without health insurance may be more likely to delay or skip receiving health care or getting preventive screenings due to the cost. The 2019 Behavioral Risk Factor Surveillance System (BRFSS) estimated that 9.6% of Harford County residents were unable to see a doctor due to cost in the past 12 months. In Harford County, 3.4% of residents are uninsured compared to 6.1% of residents in Maryland (U.S. Census Bureau, 2015-2019)

While the uninsured rate for the county is relatively low, disparities in coverage exist. 14.2% of Hispanic/Latino residents are uninsured compared to 2.6% white residents (U.S. Census Bureau, 2015-2019).

"Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses." - U.S. Department of Health and Human Services

Percent Uninsured by Race, Harford County, 2015-2019

- White
- Black/AA
- Hispanic/Latino
- Asian
- Two or More Races
- Other
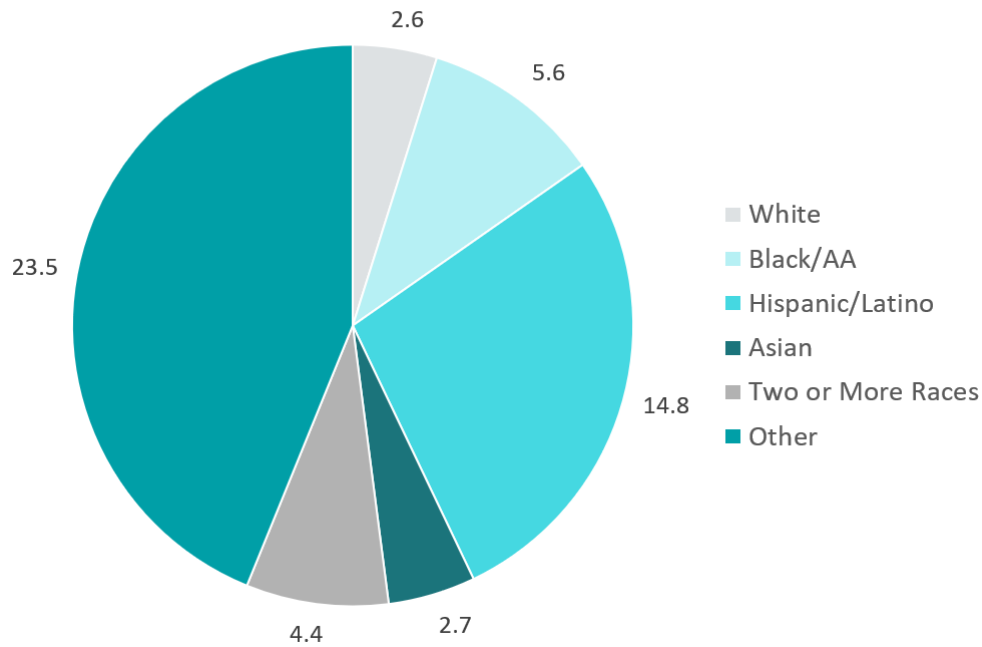
Source: U.S. Census Bureau, 2015-2019

Disaggregation by zip code, reveals the range of insurance coverage shown in the map below. While a small zip-code, Perryman has 44.2% of its residents uninsured. Higher rates of those uninsured were in Darlington (6%), Edgewood (5.2%) and Aberdeen (5.1%) with the lowest uninsured rate in Monkton (0.9%) (U.S. Census Bureau, 2015-2019).

NO HEALTH INSURANCE COVERAGE, HARFORD COUNTY, 2015-2019

MONKTON: 0.9%

PERRYMAN: 44.2%

Legend

- 4.5–44.2
- 3.3–4.4
- 2.3–3.2
- 1–2.2
- 0–0.9
- No Data

MARYLAND
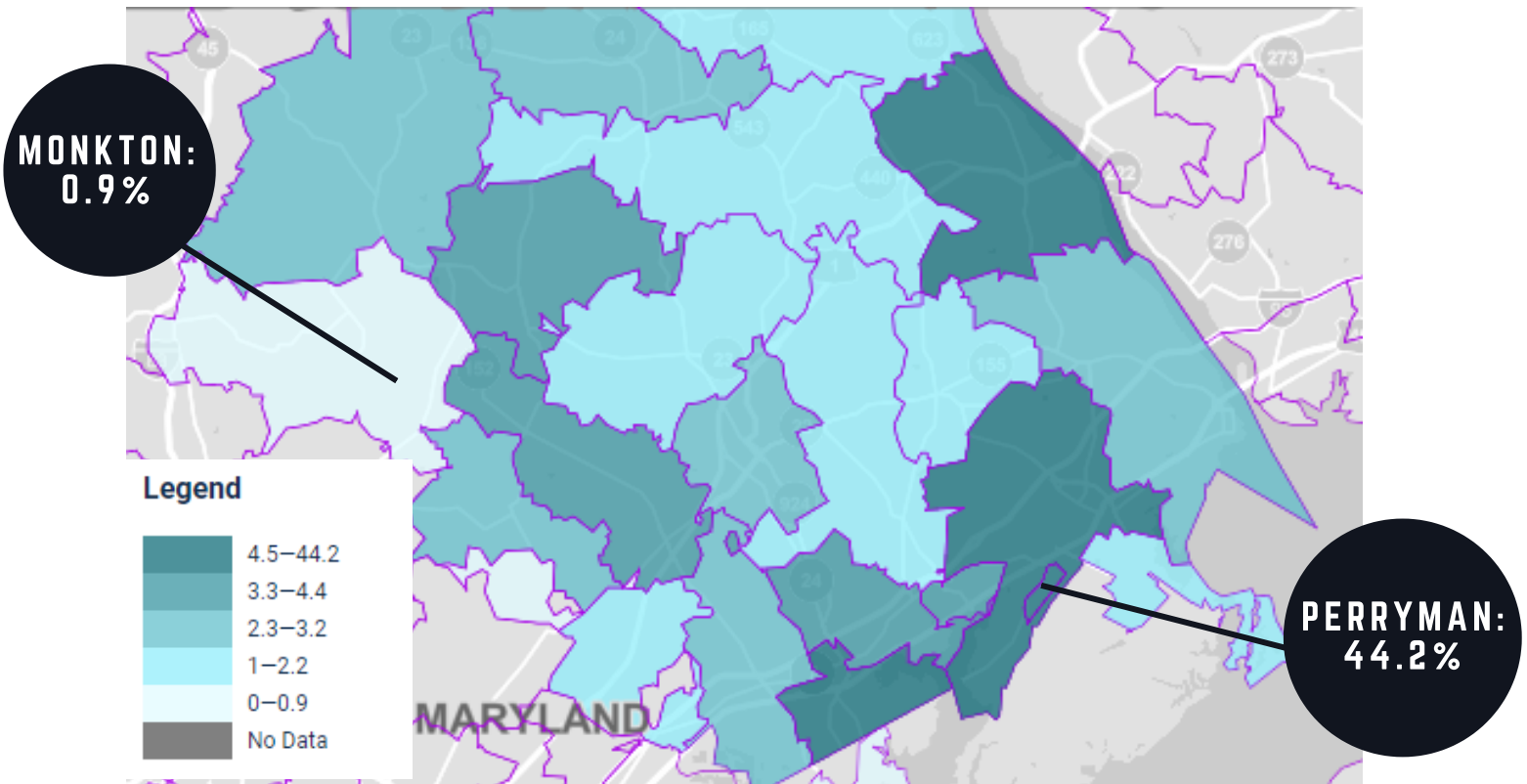
Source: U.S. Census Bureau, 2015-2019

ACCESS TO PRIMARY CARE AND PREVENTIVE SERVICE

Regular exams and screening tests play a key role in detecting disease early which can lead to proper intervention. Vaccinations such as the flu or coronavirus vaccine also used to stop the spread of disease. Screening exams and vaccinations are typically at no cost to those with insurance. However, various initiatives in the county have led to opportunities for these screenings to be given at little to no cost for those without insurance.

Percent of Adults that Received Screening/Vaccine, 2018

Screening/Prevention	Harford	Maryland
Women 50+ who did not receive a mammogram in the past 2 years	25.1%	18%
Women 18+ who have not had a pap smear in the past 3 years	35.1%	29.7%
Adults 50-75 who did not receive one or more recommended colorectal cancer screening tests within the recommended time interval	31.8%	25.5%
Adults 18+ that did not receive the flu vaccine or mist in the past 12 months	66.9%	62%

Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

The Behavioral Risk Factor Surveillance System (BRFSS) survey estimates that 87.6% of Harford County residents have one or more personal doctors, and this number has ranged from 80.8-90.4% over the past 5 years (Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019). The 2021 County Health Rankings estimate that there are 140 primary care physicians based on 2018 data (County Health Rankings, and Roadmaps, 2021).

Has One or More Personal Doctor, Harford & Maryland, 2015-2019
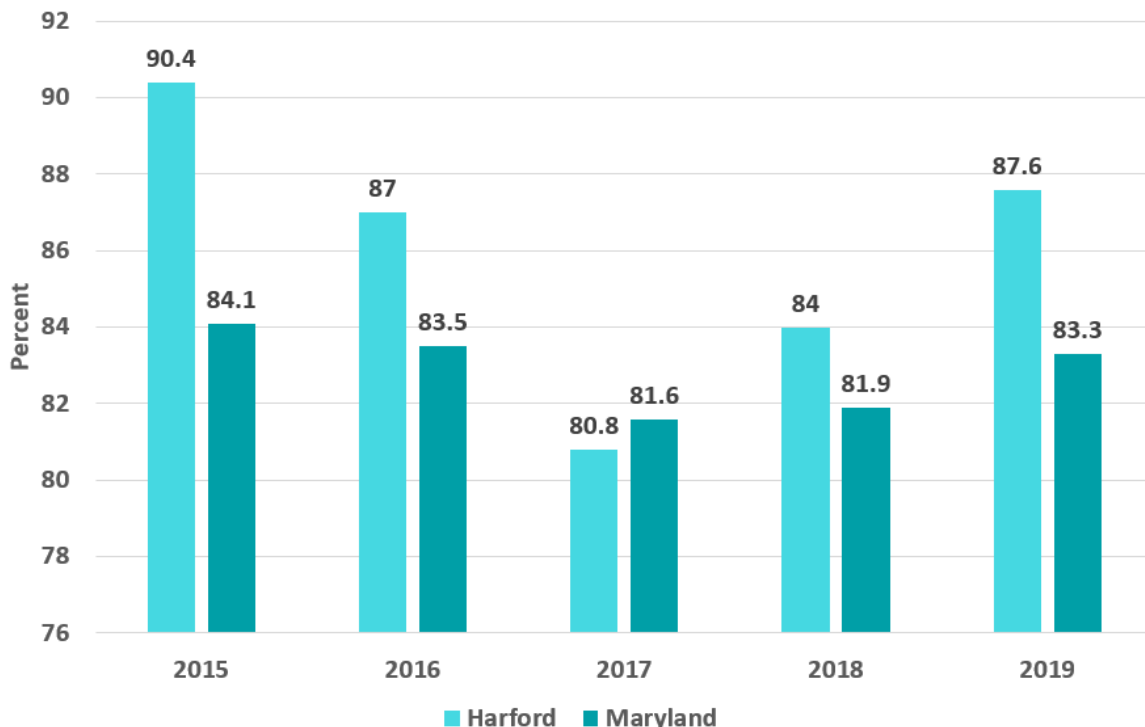
Source: Maryland Department of Health Behavioral Risk Factor Surveillance System, 2011-2019

The ratio of the population to primary care physicians in Harford County is 1,810:1. This rate has been getting worse over the years and is worse than the state ratio at 1,130:1 (County Health Rankings and Roadmaps, 2021).

Primary care physicians in Harford County, MD
County, State and National Trends

Harford County is getting worse for this measure.
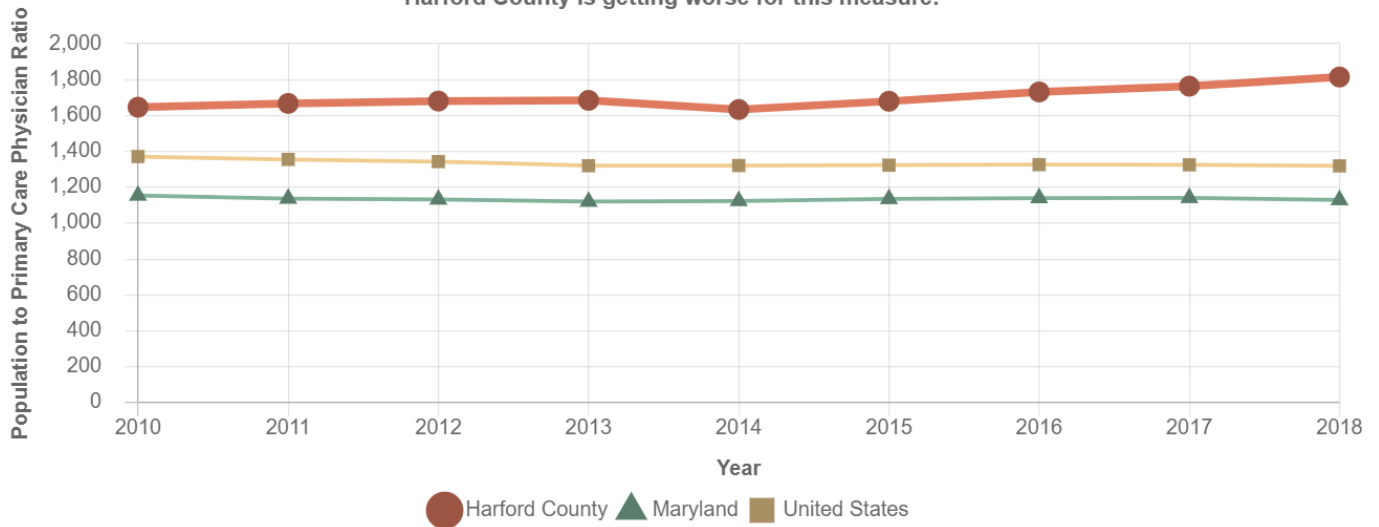
Notes:
The data in this table reflect the average population served by a single primary care physician.

Source: County Health Rankings and Roadmaps, 2021

The Health Resources and Services Administration (HRSA) designates and scores areas in the country that are experiencing a shortage of healthcare facilities. For primary care, the HRSA gave the Edgewood area a Health Professional Shortage Area score of 10 out of a maximum of 26 (Health Resources and Services Administration, n.d.)

Primary Care Health Shortage Areas
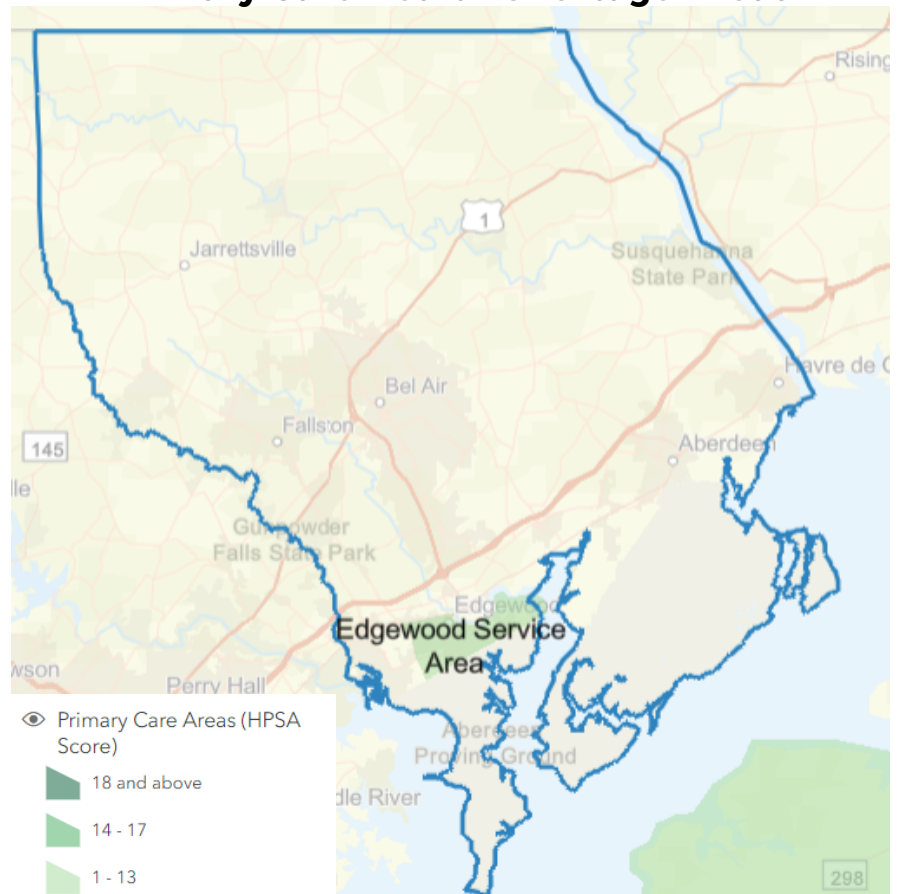
Source: Health Resources and Services Administration, n.d

ACCESS TO BEHAVIORAL HEALTH

Mental Health is just as important as physical health for overall health and well-being. Mental Illness can also lead to physical illness such as heart disease and type 2 diabetes. Although the pandemic has made mental health services easier to access through telehealth, the ratio of the Harford County population to mental health providers was 500:1 and there were 508 total mental health providers in Harford County for 2020 (County Health Rankings and Roadmaps, 2021). This ratio is worse than the state at 360:1.

When looking at shortage areas in the county for Mental Health, the Health Resources and Services Administration (HRSA) designates Harford County as a whole as a mental health shortage area with a score of 5 out of a maximum of 26 (Health Resources and Services Administration, n.d). There are Opioid Treatment Programs (OTPs) that are hospital and community based that provide

Mental Health Shortage Areas

Mental Health Areas (HPSA Score)

18 and above

14 - 17

1 - 13

Source: Health Resources and Services Administration, n.d

medication assisted treatment (MAT), counseling and behavioral therapy to people experiencing opioid use disorders. Harford County has 9 OTP Service Providers, which is the 3rd highest in the state. The county served 43.2 per 1,000 Medicaid eligible at these OTPs, compared to 24.2 per 1,000 in the state in 2019 (Maryland Department of Health Behavioral Health Administration, 2020).

ACCESS TO ORAL HEALTH

Oral health is a key component of overall health and wellbeing and can affect the way we speak, eat, smile, and show emotions. Poor oral health can lead to diseases ranging from cavities to oral cancer. There are an estimated 167 dentists in Harford County and the ratio of the population to dentists is 1,530:1 (County Health Rankings and Roadmaps, 2021). While this ratio has been improving over the years, it is still worse than the state ratio of 1,260:1. Shortages still remain in the county. According to the Health Resources and Services Administration (HRSA) there are oral health shortages in northern Harford County with a shortage score of 10 out of a maximum 26 and in southern Harford County with a shortage score of 14 out of a maximum of 26 specifically for the Medicaid eligible population (Health Resources and Services Administration, n.d).

Dental Health Shortage Areas
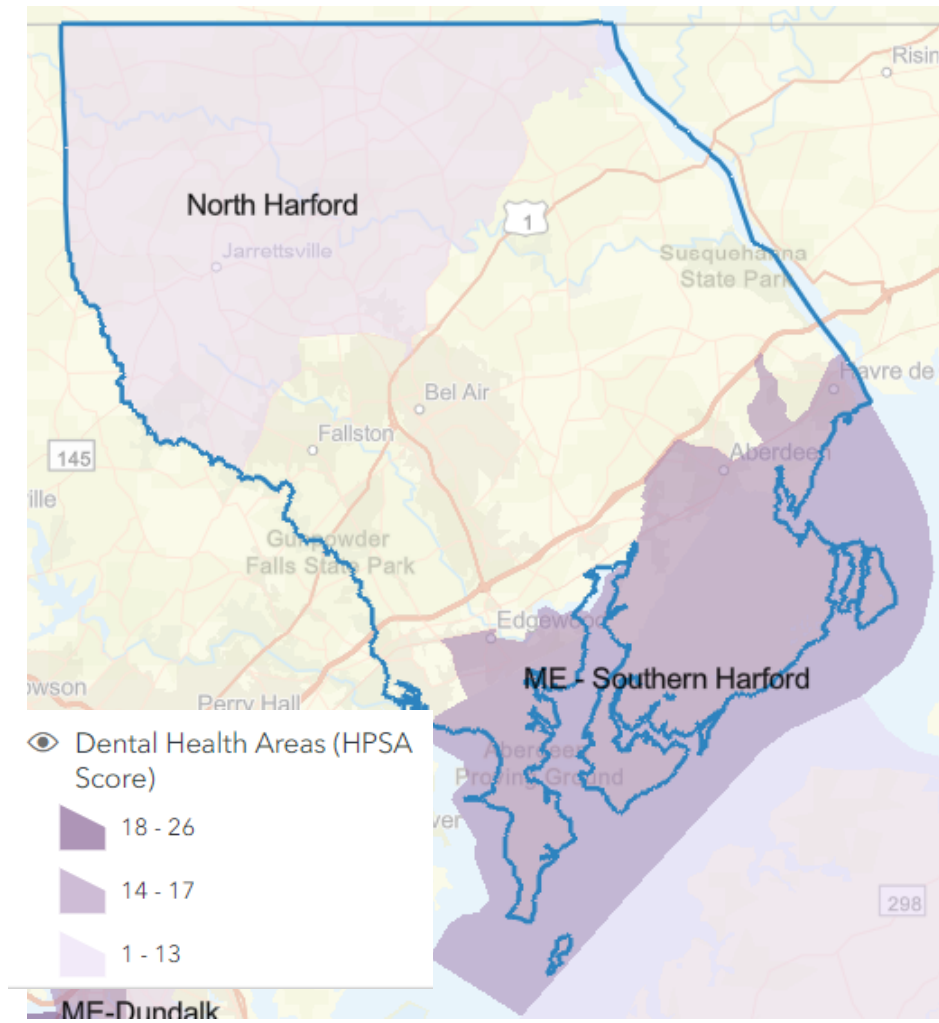
Source: Health Resources and Services Administration, n.d

COVID-19 PANDEMIC

The outbreak of coronavirus disease, otherwise known as COVID-19, was first reported from Wuhan, China on December 31, 2019. The virus that causes the COVID-19 disease, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), began to spread in the United States with the first case being reported in January 2020.

On March 5, 2020, Governor Larry Hogan declared a State of Emergency for Maryland. The initial challenges associated with this real world event highlight the fact that this is a novel virus. Much was and still is unknown about this virus and treatment continues to evolve as different medications and procedures are tested. People of any age, even healthy young adults and children, can get the COVID-19 disease and people who are older or have certain underlying medical conditions are at higher risk of getting very sick from the disease.

The first cases were reported in Maryland on March 3, 2020. A year later, 383,956 cases were reported all over the state with a total of 7,737 deaths. The state reached a high of 9.47% in positivity rate and 53.9 cases per 100,000 residents. In Harford County, the first case was reported on March 6, 2020. A year later, 12,679 cases were reported in the county with a total of 242 confirmed deaths. At the height of the pandemic, the county reached a high of 10.16% in positivity rate and 47.26 cases per 100,000 residents (Maryland Department of Health Maryland COVID-19 Data, 2021-2021)

Harford County COVID-19 ZIP Code Cases March 2020 - March 2021

Geographically, the ZIP codes with the top five highest cumulative cases from March 2020-March 2021 were Bel Air North (21014) with 1,949 cases, Abingdon (21009) with 1,616 cases, Bel Air South (21015) with 1,338 cases, Edgewood (21040) with 1,320 cases, and Aberdeen (21001) with 1,328 cases (Maryland Department of Health Maryland COVID-19 Data, 2021-2021).

Symbol	Upper value
	≤ 102.0
	≤ 191.0
	≤ 367.0
	≤ 967.0
	≤ 1949.0

Source: Maryland Department of Health Maryland COVID-19 Data, 2021-2021
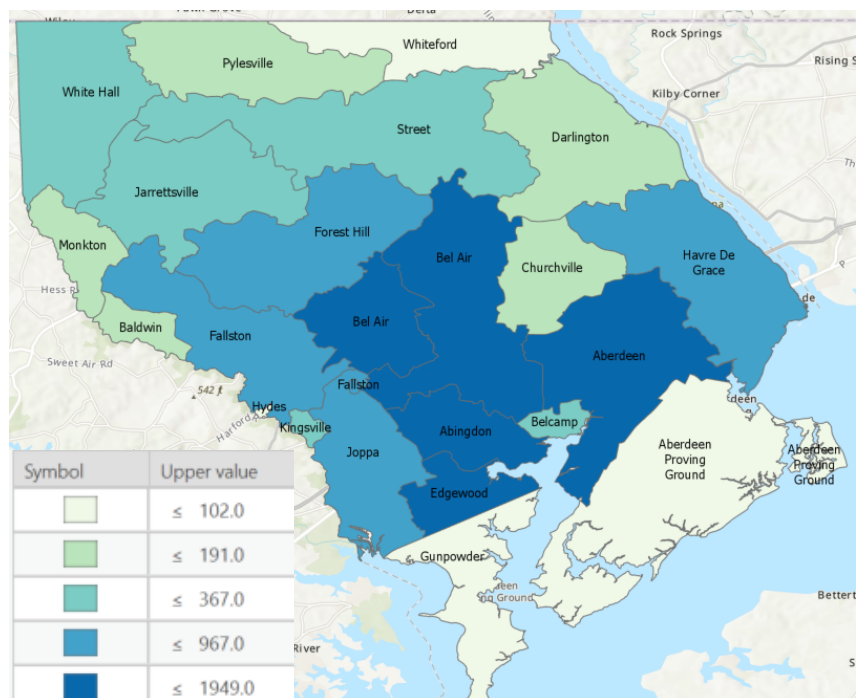
According to the CDC, The pandemic brought social and racial injustice and inequity to the forefront of public health, as COVID-19 has unequally affected many racial and ethnic minority groups, putting them more at risk of getting sick and dying from COVID-19. Factors such as poverty, access to healthcare, occupation, and housing are just a few examples that have contributed to COVID-19 racial and ethnic health disparities.

COVID-19 contributed to 167 deaths from March-December 2020. Compared to 2019 deaths, COVID-19 would have been the third leading cause of death in Harford County. The after effects that COVID-19 will have on the county is still evolving and will continue to be a focus for years to come. The pandemic has affected each and every Harford County resident and it will be on all of us to continue to improve public health as recovery begins.

COVID-19 Case and Death Data
March 2020 - March 2021

Age	Percent of Cases	Percent of Deaths
0-9	3%	0%
10-19	9%	0%
20-29	18%	1%
30-39	15%	0%
40-49	15%	2%
50-59	17%	7%
60-69	12%	15%
70-79	6%	24%
80+	5%	50%
Gender	Percent of Cases	Percent of Deaths
Female	53%	48%
Male	47%	52%

Race	Percent of Cases	Percent of Deaths
White	68%	79%
Black or African American	17%	20%
Data not available	8%	0%
Other	7%	<1%
Asian	1%	<1%
American Indian or Alaskan Native	<1%	0%
Native Hawaiian or Other Pacific Islander	<1%	0%
Ethnicity	Percent of Cases	Percent of Deaths
Not Hispanic or Latino	87%	98%
Hispanic or Latino	8%	2%
Data not available	5%	0%

Source: Maryland Department of Health Maryland COVID-19 Data, 2021-2021

VACCINES

On December 11, 2020, the U.S. Food and Drug Administration (FSDA) issued the first emergency use authorization (EUA) for the two-dose Pfizer vaccine for the prevention of COVID-19. Seven days later, an EUA for the two-dose Moderna vaccine was issued followed by the one-dose Janssen (Johnson & Johnson) vaccine in February. These safe and effective vaccines are critical in keeping people from getting seriously ill form COVID-19, protecting other individuals from getting sick, and reducing the spread of the virus that causes the disease.

Harford County began vaccinating individuals in December 2020 and after six months over 130,000 individuals have received at least one dose of either the Pfizer, Moderna, or Jansen vaccine. COVID-19 vaccination will be an important tool to help stop the pandemic as they work with the immune system to get it ready to fight the virus if a person is exposed. Harford County has seen the positive effects of vaccine rollout after six months and continues to see a decline in cases.

PRIMARY DATA COMMUNITY HEALTH SURVEY

Background

The customized survey tool consisted of approximately 47 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities. The online survey took respondents approximately 15 minutes to complete. In total, 1,361 respondents completed the survey.

The following section provides an overview of the findings from the Online Community Survey, including highlights of important health indicators and health disparities. The sample was not representative of the population of Harford County based on age, race, and sex so results must be interpreted with caution.

Demographic Information

The demographic profile of the respondents who completed the online survey is depicted in Tables 1 and 2. Approximately 72% of all respondents reside in zip codes 21014, 21078, 21015, 21009, 21001, and 21050. As depicted in Table 2, of the total 1,361 respondents, 64.04% were female and 35.81% were male. Whites comprised 84.79% of study participants and Blacks/African-Americans represented 11.09%. Approximately 2% of all respondents identified as Latino/Hispanic.

Approximately 54.8% of all respondents were age 65 above. An additional 33.1% of all respondents were between the ages of 45 and 64 years.

Table 1. Zipcode Representation

Zipcode	%	Zipcode	%	Zipcode	%	Zipcode	%
21014	16.31%	21040	5.14%	21028	1.98%	21093	0.15%
21078	14.47%	21085	4.85%	21034	1.54%	21921	0.07%
21015	12.49%	21047	4.26%	21160	1.03%	21237	0.07%
21009	11.02%	21084	3.38%	21132	0.59%	21220	0.07%
21001	9.40%	21154	2.50%	21161	0.37%	21130	0.07%
21050	7.94%	21017	2.06%	21904	0.15%	21005	0.07%

Table 2. Demographic Information

Demographics	%
Gender	
Male	35.81%
Female	64.04%
Other	0.15%
Age	
18-24	0.51%
25-34	3.89%
35-44	7.64%

45-54	10.87%
55-65	22.19%
65-80	48.27%
81+	6.54%
Race/Ethnicity	
White	83.20%
Black/African American	10.89%
American Indian/Alaska Native	0.36%
Asian Pacific Islander	0.87%
Hispanic/Latino*	1.87%
Don't Know/not sure	0.87%
Other	1.95%

* Hispanic/Latino respondents can be of any race, for example, White Hispanic or Black/African American Hispanic

The marital status, education level, employment status, and income level were also assessed for each respondent. The majority of respondents (67.74%) were married. Approximately 6.61% of respondents were single (never married) and 10.87% were divorced. 1.18% of respondents attained less than a high school diploma or GED. Approximately one-third (31.01%) of respondents attained some college or technical school, and 50.11% of respondents have an undergraduate degree or higher.

The majority (49.60% and 33.43% respectively) of respondents were retired or currently employed and working full-time. In addition, approximately half of the respondents (48.13%) had an annual household income of $75,000 or more. 11.24% of respondents had an income less than $25,000.

Table 2. Demographic Information Cont'd

Demographics	%
Marital Status	
Married	67.74%
Divorced	10.87%
Widowed	10.87%
Separated	1.03%
Never married	6.61%
Member of an unmarried couple	2.79%
Level of Education	
Never attended school or only attended kindergarten	0.00%

Grades 1-8 (elementary school)	0.00%
Grades 9-11 (some high school, but no diploma)	1.18%
Grade 12 (high school diploma or GED)	15.94%
College 1 year to 3 years (some college or technical school)	31.01%
College 4 years or more (college graduate)	24.54%
Graduate-level degree	25.57%
Other	1.76%
Employment Status	
Employed, working full-time	33.43%
Employed, working part-time	7.20%
Not employed, looking for work	1.32%
Not employed, NOT looking for work	1.32%
Retired	49.60%
Disabled, not able to work	4.34%
Student	0.44%
Homemaker	2.35%
Annual household income from all sources	
Less than $10,000	3.16%
$10,000 - $14,999	2.28%
$15,000 - $19,999	2.28%
$20,000 - $24,999	3.53%
$25,000 - $34,999	7.71%
$35,000 - $49,999	12.27%
$50,000 - $74,999	20.13%
$75,000 or more	48.13%

Access to Health Care

A high proportion of respondents had health care coverage (95.89%) and at least one person who they think of as their personal doctor or health care provider (93.90%). The source of respondent's health insurance coverage is detailed in Table 3.

Table 3. Source of Health Insurance Coverage

Health Insurance Source	%
Your employer	35.27%
Someone else's Employer	15.14%
A plan that you or someone else buys on your own	11.54%
Medicaid or Medical Assistance, MCHiP	11.61%
The military, CHAMPUS, or the VA	6.69%
The Indian Health Service	0.29%
Some other source	19.47%
None	2.79%
Don't know/not sure	1.32%

In addition, 79.21% of respondents had a routine checkup within the past year and 13.52% had one within the past two years. The responses are detailed in Table 4.

Table 4. Routine checkup

How long since last visited a doctor for a routine checkup?	%
Within the past year (anytime less than 12 months ago)	79.21%
Within the past 2 (1 year but less than 2 years ago)	13.52%
Within the past 5 (2 year but less than 5 years ago)	3.75%
5 or more years ago	1.84%
Never had a routine physical or doctor's visit	1.25%
Don't know/not sure	0.44%

Nearly 6% of respondents said that there was a time in the past 12 months when they needed to see a doctor but could not because of cost. In addition, 9 respondents cited "Other" as a reason for not being able to see a doctor due to cost.

Was there a time in the past 12 months when you needed to see a doctor but count not because of cost?
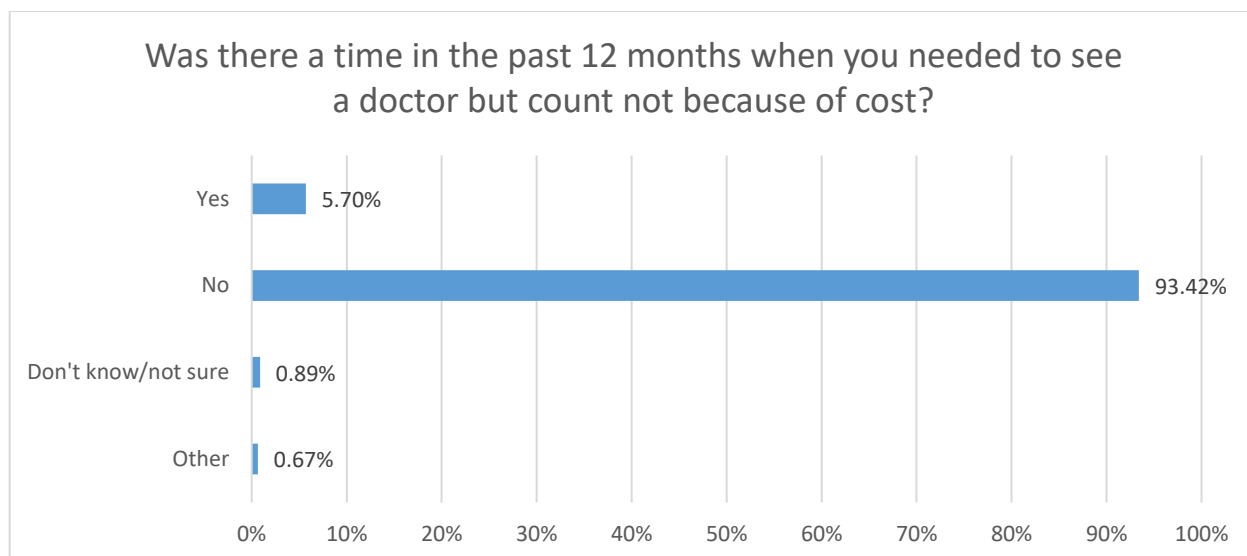
Next, respondents were asked if they had delayed needed medical care in the past 12 months. Nearly 70.32% of respondents did not delay or need medical care in the past 12 months. Of those who did delay medical care, 10.14% stated they could not get an appointment soon enough. Approximately 172 respondents (12.64%) cited an"Other" reason for delaying care. The most frequently mentioned themes are summarized below. The majority of respondents mentioned COVID-19/Coronavirus/Pandemic as their main reason for delaying needed medical care. Others indicated the inability to pay out-of-pocket costs as their main reason for delaying needed medical care. The reasons for delayed medical care is detailed in Table 5 and 6.

Table 5. Delayed medical care

Reasons	%
You couldn't get through on the telephone	3.16%
You couldn't get an appointment soon enough	10.14%
Once you got there, you had to wait too long to see a doctor	1.32%
The clinic/doctor's office wasn't open when you got there	1.40%
You didn't have transportation	1.03%
Other, please specify	12.64%
No, I did not delay getting medical care/did not need medical care	70.32%

Table 6. Delayed Medical care, cont.d

Other reasons	#
Covid-19/Coronavirus/Pandemic	101
Cost	23
Access	14
Insurance	5

Next, respondents were asked if they travel outside of Harford County to get medical help. Respondents who travel outside of Harford County for medical care (42.17%) mainly do so for cardiac, obstetrics/gynecology, and specialty care. Depicted in Table 7 is a summary of the approximate number of times the most prominent types of care/providers were mentioned.

Table 7. Medical care received outside of Harford County

Medical Care (n=574)	# of multiple responses	%
Cardiac/Pulmonary Heart	30	5%
Gynecology/GYN/OB GYN	30	5%
Primary Care	38	7%
Neurology/Brain Care	22	4%
Surgery/Surgeon	17	3%
Orthopedic	14	2%
Cancer care/surgery	12	2%
All/All medical care/Everything	11	2%
General Care	10	2%
checkup/routine physical	9	2%
Urologist	8	1%
Eye care	7	1%
Mental health/Psychiatry	7	1%
Rheumatologist	7	1%

Health Information

Respondents were asked to indicate where they get their health information. Approximately 90% of respondents get their information from one of the five sources shown in the graph below. More than one-third of participants (37.28%) reported that they get health-related information from health professionals (doctors, nurses, pharmacists). Respondents also indicated that they get health information from a variety of sources that were listed, not just one source.

"Where do you get your health information?" - Top 5 Sources of Health Information

Source	Percentage
Doctors, Nurses, Pharmacists	37.28%
Internet/Websites	25.97%
Family/Friends	11.35%
Hospital	10.33%
Employer	5.09%
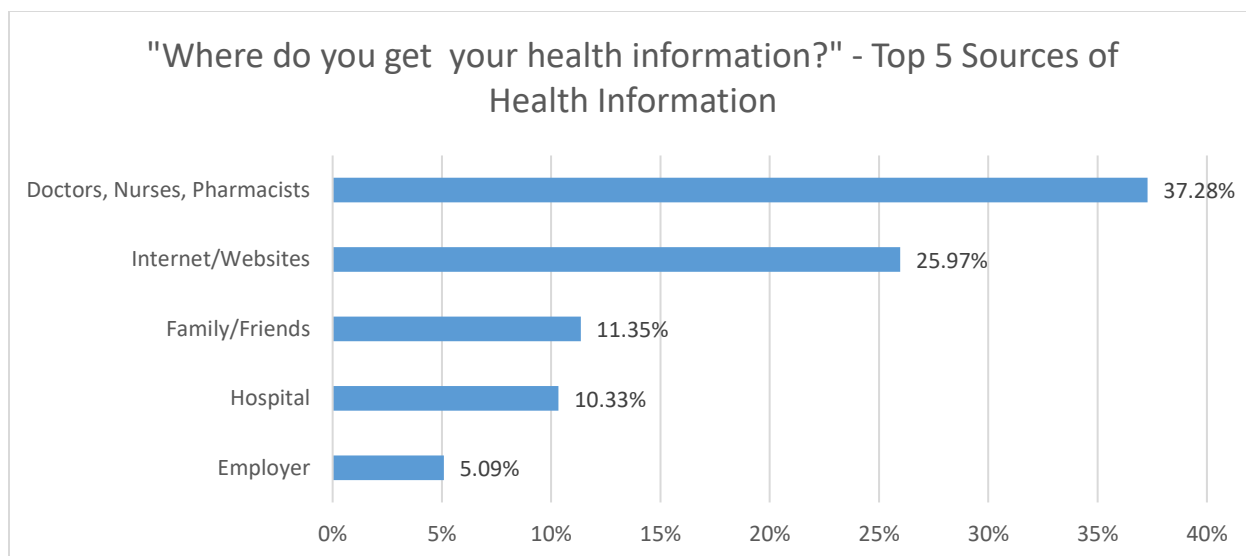
Health Status & Chronic Health Issues

Overall Physical & Mental Health

Respondents were asked to rate their general health status. Approximately 70.24% of respondents stated their general health is good or very good. Approximately 21% of respondents stated their general health is fair or poor. Respondents were also asked to rate their overall physical and mental health. In general, self-reported measures of poor physical and mental health days were favorable among Harford County respondents. Nearly 50% of respondents reported having no poor physical health (including physical illness and injury) or mental health (including stress, depression, and problems with emotions) during the past 30 days. 21.82% of respondents reported having poor physical health and 18.66% reported having poor mental health for a maximum of one to two days during the past 30 days.

Table 8. Days physical/mental health has not been good

	Physical Health	Mental Health
	%	%
No days	44.82%	54.15%
1-2 days	21.82%	18.66%
3-7 days	15.65%	13.45%
8-14 days	6.83%	6.76%
15-30 days	10.87%	6.98%

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. The vast majority of respondents (82.15%) reported getting 5 to 8 hours of sleep and 13.45% reported getting 9 to 12 hours of sleep. An average of 7 to 9 hours of sleep is recommended for adults by the National Sleep Foundation.

Average Amount of Sleep

Hours	Percentage
19-24 hours	0.07%
13-18 hours	0.29%
9-12 hours	13.45%
5-8 hours	82.15%
1-4 hours	4.04%
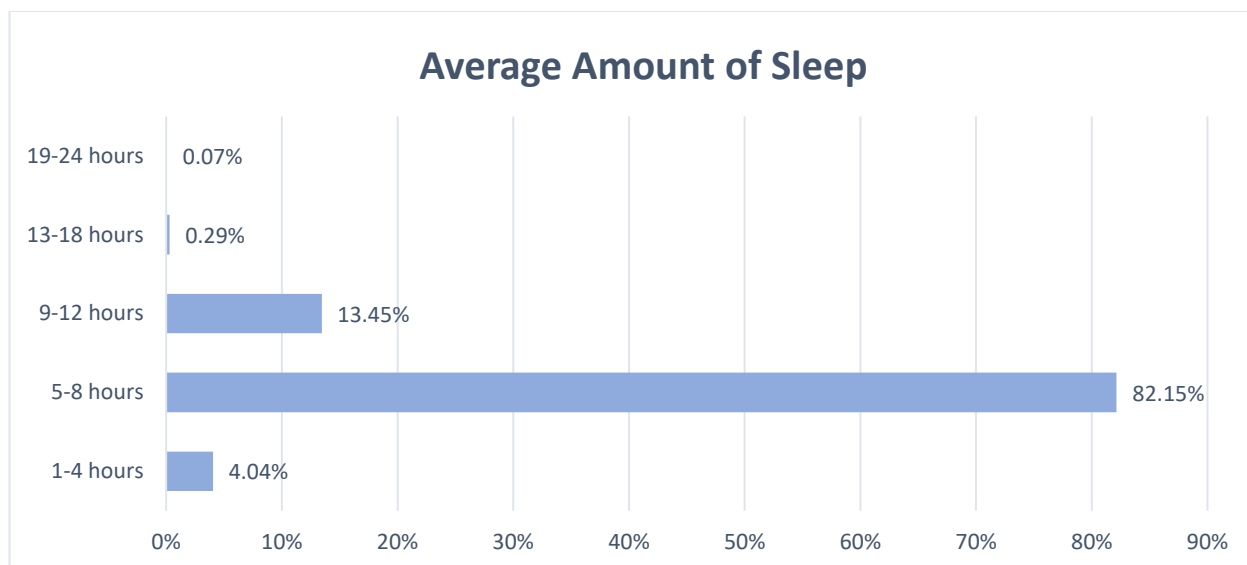
Physical Activity

It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 68.09% of respondents reported that they have participated in physical activities or exercises such as running, calisthenics, golf, gardening or walking during the past month. Among respondents who participated in physical activity, 43.94% of respondents took part in physical activity daily, 40.08% reported participating in exercise weekly, and nearly 17% were physically active on a monthly basis (Table 8). The majority of respondents (61.51%) engaged in exercise for 30 minutes to 1 hour. These findings may indicate that the majority of respondents for Harford County engage in physical activity on a regular basis.

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

Response	Percentage
Don't know/not sure	0.59%
No	31.32%
Yes	68.09%
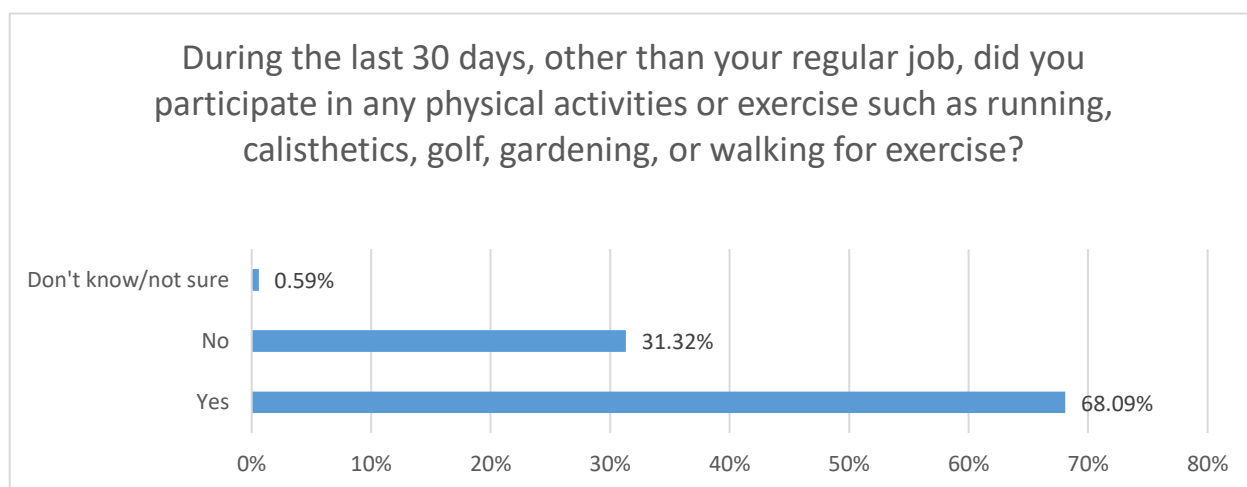
Table 8. Physical Activity

Duration	%
Less than 30 minutes	30.30%
30 minutes to 1 hour 59 minutes	61.51%
2 hours to 3 hours 59 minutes	5.98%
4 hours to 5 hours 59 minutes	1.39%
6 hours or more	0.82%

Dietary Behaviors

Respondents were asked about their consumption of fruits and vegetables. Approximately 32.21% of respondents reported eating fruits and/or vegetables daily, 49.78% weekly, and 13.9% monthly. Only 3.16% of respondents reported never eating fruits and/or vegetables.

Table 9. Fruit and Vegetable Consumption

	Fruits	Vegetables
	%	%
Daily	38.68%	25.74%
Weekly	41.54%	58.01%
Monthly	15.59%	12.21%
Never	3.24%	3.09%
Don't know/not sure	0.96%	0.96%

The majority of respondents reported that they never drink soda or sugar-sweetened drinks (45.70% and 57.75% respectively). Nearly one quarter of respondents reported drinking soda and/or sugar-sweetened drinks one to nine times a month (25.28% and 22.70% respectively). Approximately 9% of respondents reported drinking soda and sugar-sweetened drinks daily, 10.18% weekly, and 25.64% monthly. Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions.

Table 10. Soda and Sugary Drink Consumption

	Soda or Pop that contain sugar	Sugar-sweetened fruit drinks, sweet tea or energy drinks
	%	%
Daily	8.60%	11.39%
Weekly	12.05%	8.30%
Monthly	29.46%	21.82%
Never	45.70%	57.75%
Don't know/not sure	4.19%	0.66%
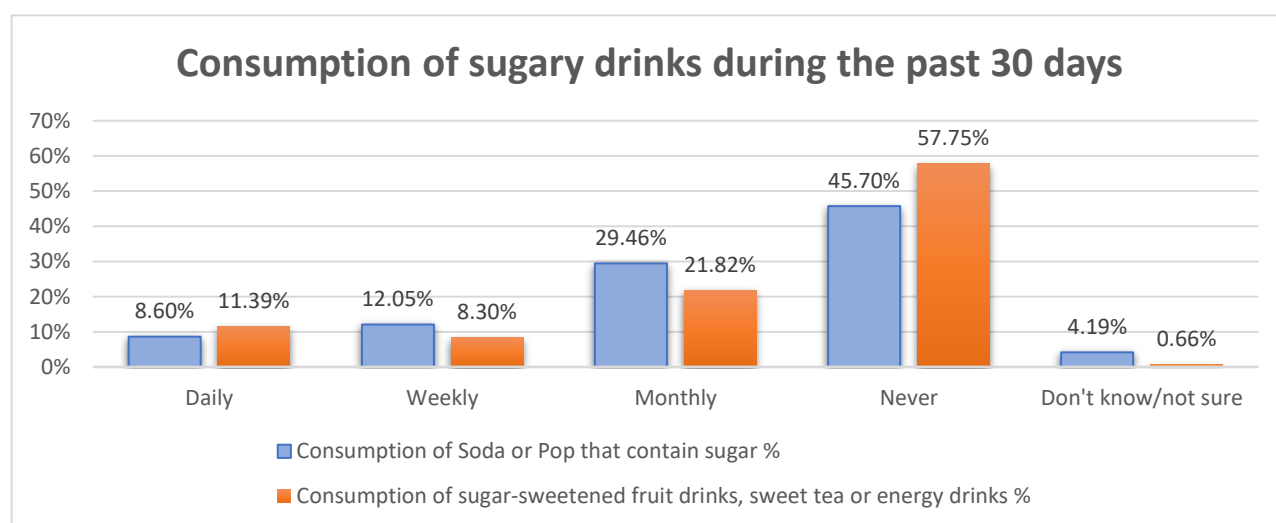
Next, respondents were asked if they are currently watching or reducing their sodium or salt intake. More than half of the respondents (57.16%) reported that they are watching or reducing their salt or sodium intake currently and another 40.48% reported that they are currently not watching or reducing their sodium or salt intake.

Chronic Conditions

Some chronic conditions are of concern in Harford County, including high cholesterol, high blood pressure, anxiety disorder and depressive disorder. Approximately 55.33% of respondents have been told they have high cholesterol and/or high blood pressure and 47.91% have been told they have arthritis, rheumatoid arthritis, lupus or fibromyalgia. In addition, 23.36% of respondents have been told they have cancer 20.89% of respondents have been told they have an anxiety disorder or depressive disorder. Respondents also mentioned other chronic conditions that they have been diagnosed with but were not included in the survey list. Hyper/Hypothyroidism was the most frequently mentioned condition. A summary of chronic condition diagnoses among respondents is reported in Table 11.

Table 11. Chronic Condition Diagnoses

Chronic Condition	%
High blood pressure	58.29%
High cholesterol	52.37%
Arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia	47.91%
Cancer	23.36%
Anxiety Disorder	22.32%
Diabetes	21.15%
Depressive Disorder	19.46%
Asthma	16.44%
Angina or coronary disease	13.61%
Chronic obstructive pulmonary disease (COPD)	7.58%
Heart attack (also called a myocardial infraction)	6.74%
Stroke	6.17%

Approximately 19% of respondents reported that they have had cancer. Respondents who reported having cancer were asked to specify the type of cancer with which they were diagnosed. The most common types of cancer reported by respondents included skin cancer (other than melanoma), breast cancer, and prostate cancer. In addition, 17.66% of respondents also mentioned other cancers that they have been diagnosed with but were not included in the survey list. Bladder cancer was the most frequently mentioned. Table 12 highlights the top cancer types reported by respondents.

Table 12. Most Common Cancer Types Reported

Cancer Types	%
Other skin cancer	26.65%
Breast cancer	24.78%
Other	17.66%
Prostate cancer	15.02%
Melanoma	11.71%
Lung cancer	6.29%
Endometrial (uterus) cancer	5.67%
Colon (intestine) cancer	5.11%
Thyroid cancer	4.20%
Cervical cancer	4.18%
Renal (kidney) cancer	3.60%
Ovarian cancer	2.10%

Esophageal/Esophagus cancer	1.80%
Head and neck cancer	1.80%
Hodgkin's Lymphoma	1.50%
Pancreatic (pancreas) cancer	1.20%
Stomach cancer	1.20%
Liver cancer	0.60%
Pharyngeal (throat) cancer	0.60%
Testicular cancer	0.60%
Rectal/Rectum cancer	0.60%
Heart cancer	0.30%
Oral cancer	0.30%

Health Risk Factors

Health Behaviors

The survey respondents were asked to rate their level of health and safety practices on a scale of "1 – Always" to "5 - Never." As detailed in the table below, respondents were highly likely to use health and safety measures including wearing a seatbelt, driver responsibility, practicing safe sex, using sunscreen regularly and exercising 30 minutes a day, 3 times a week.

In addition, respondents were less likely to misuse prescription drugs, opioids, heroin, or other illegal drugs, use electronic cigarettes, use marijuana or smoke or use tobacco or smoke or use tobacco or eat fast food more than once a week. However, 37.09% of respondents reported exercising 30 minutes a day, 3 times a week, 19.10% wear a helmet while riding a bicycle, riding a scooter, roller blading, etc., and 13.79% feel stressed out or overwhelmed "Always" or "Most of the time."

Table 13. Respondent Health and Safety Practices

Factor	Frequency of "Always" and "Most of the Time" Responses"
Wear a seatbelt	98.08%
Driver responsibility (i.e. follow the rules of the road, drive within the speed limit	96.11%
Practice safe sex (i.e., use a condom, practice monogamy, get tested)	84.00%
Wear a helmet while riding a bicycle, riding a scooter, roller blading, etc.	64.68%
Use sunscreen regularly	43.60%

Exercise 30 minutes a day, 3 times a week	37.84%
Feel stressed out or overwhelmed	13.79%
Eat fast food more than once a week	6.94%
Smoke or use tobacco	4.81%
Get exposed to secondhand smoke or vaping mist at home or work	3.67%
Use marijuana	2.39%
Use electronic cigarettes/vape	1.39%
Misuse prescription drugs, opioids, heroin, or other illegal drugs	0.58%

Tobacco & Alcohol Use

Risky behaviors related to tobacco and alcohol use were measured as part of the survey. Approximately 40.07% of respondents reported smoking at least 100 cigarettes in their lifetime. Among this group, 93.72% reported they currently do not smoke at all, whereas 4.04% smoke every day and 1.94% smoke some days.

Do you smoke cigarettes everyday, some days, or not at all?

Everyday	4.04%
Some days	1.94%
Not at all	93.72%
Don't know/not sure	0.30%
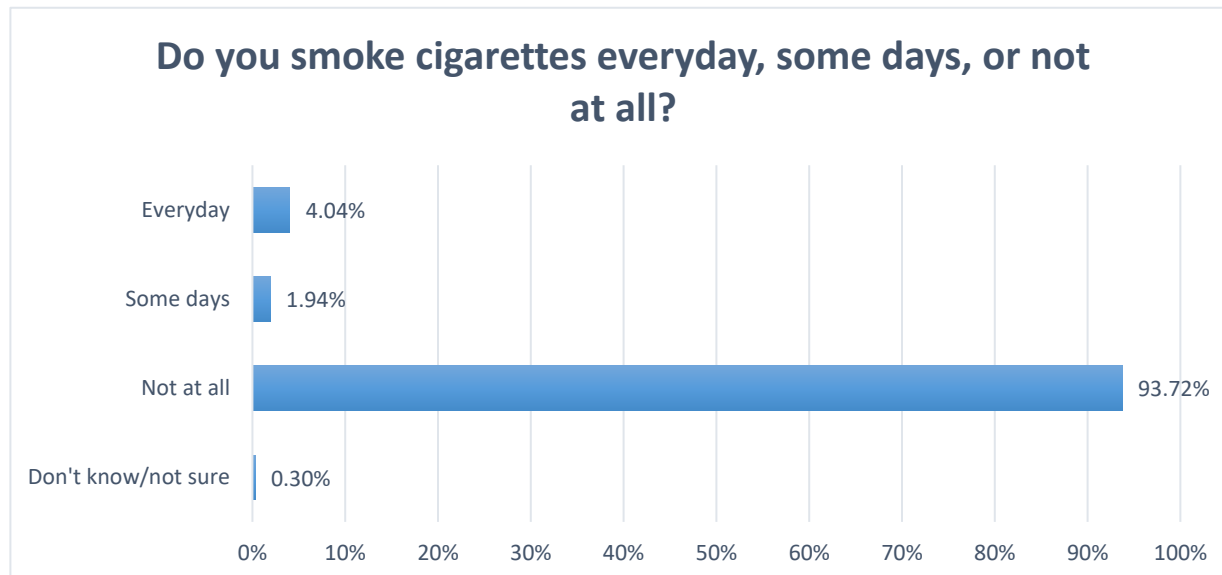
In regards to alcohol use, almost one-quarter of respondents (73.75%) did not have an alcoholic beverage duringthe past 30 days. Among respondents who did drink an alcoholic beverage, 11.36% participated in drinking one to two times during the past month. Only a very small percentage of respondents (approximately 7%) participated in binge drinking three or more times during the past month. Binge drinking is defined as four drinks or more on one occasion for women and five drinks or more on one occasion for men.
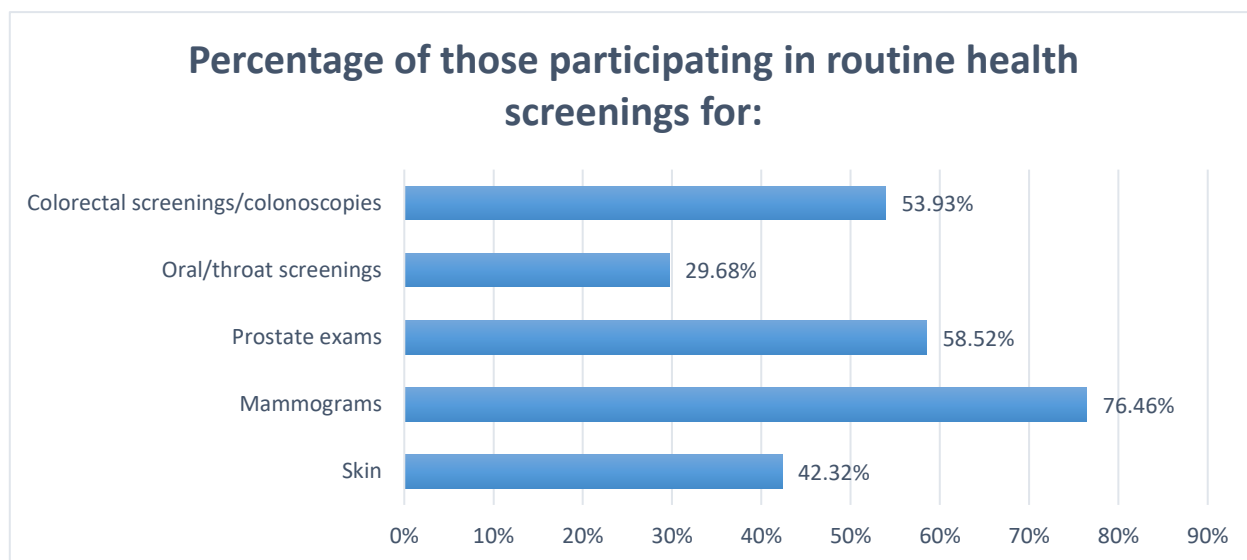
Preventive Health Practices

Immunizations

A positive finding among Harford County respondents was the prevalence of immunizations. In the past 12 months, 79.94% of respondents received a flu vaccine.

Screenings

The prevalence of routine health screenings among Harford County respondents varies based on the type of screening. In general, Harford County respondents are less likely to receive skin screenings. Only 42.32% of respondents have routine health screenings for skin-related conditions. Oral/throat health screenings and colorectal screenings/colonoscopies are also less prevalent among Harford County respondents (29.68% and 53.93% respectively). A low percentage of respondents also participate in routine health screenings for prostate cancer (58.52%). In contrast, a larger proportion of respondents participate in routine mammogram screening (76.46%).

Percentage of those participating in routine health screenings for:

Screening	Percentage
Colorectal screenings/colonoscopies	53.93%
Oral/throat screenings	29.68%
Prostate exams	58.52%
Mammograms	76.46%
Skin	42.32%

Key Health Issues

Respondents were asked to rank the three most significant health issues facing Harford County. The respondents could choose from a list of 15 health issues as well as suggest their own that were not on the list. Drug/Alcohol abuse was the primary area of shared concern among Harford County respondents. Nearly 60% of respondents selected this issue as one of the top three most pressing health issues facing the county. Overweight/obesity was also a concern shared by 50% of respondents. The third most pressing health issue, as viewed by the respondents was mental health/suicide with a 41% rating. Table 14 shows the breakdown of the percent of respondents who selected each health issue.

Table 14. Ranking of the Top Three Most Pressing Health Issues

Ranking	Key Health Issues	%
1	Drug abuse/alcohol abuse	59%
2	Overweight/obesity	50%
3	Mental health/suicide	41%
4	Cancer	26%
5	Heart disease	22%
6	Access to care/uninsured	22%
7	Tobacco use/smoking	15%
8	Alzheimer's disease/aging issues	13%
9	Diabetes	11%
10	Dental Health	8%
11	Child abuse/violence	5%
12	Intimate partner violence/abuse	5%
13	Stroke	2%
14	Maternal/infant health (pregnancy)	1%
15	Sexually transmitted disease (STDs)	1%

In addition, respondents were asked through an open-ended response to specify other pressing issues they think are facing Harford County. The most frequently voiced issue was COVID-19/coronavirus/pandemic. A complete listing of answers given by respondents shown below.

Table 15. Other Most Pressing Health Issues

Key Health Issues
COVID-19/Coronavirus/Pandemic
Access to nearby emergency room
Alcohol abuse
Antifa
Bad hospital care
Better qualified doctors
Crime
Drugs unaffordable
Fake news
flu and Covid 19
Food insecurity

Good health care - hospital
Harford Memorial closing
Inadequate health/sex-ed in school
kidney disease
Lack of hospital facility in the near future
Lack of information regarding healthy lifestyle
Lack of pain management
Lack of understanding of basic body and health
lose of HMH!!!
Lyme disease
no access or cannot afford
Not enough doctors. Takes months to get an appointment.
Stupidity (Covid is real folks)
Threatened closing of hospital in Havre de Grace

Barriers to Healthcare Access

Respondents were asked to consider the most significant barriers that keep people in the community from accessing health services. The five most significant barriers included cost of out of pocket expenses (74%), lack of health insurance coverage (67%), lack of transportation (34%), basic needs not met (food/shelter) 33%, and difficult to understand/navigate health care system (33%). Responses are summarized in the Table 16 below.

Table 16. Barriers to Accessing Health Care

Ranking	Key Issues	%
1	Cost/paying out-of-pocket expenses (co-pay, prescriptions)	74%
2	Lack of health insurance coverage	67%
3	Lack of transportation	34%
4	Basic needs no met (food/shelter)	33%
5	Difficult to understand/navigate the healthcare system	32%
6	Can't find a doctor/can't get an appointment	32%
7	Lack of trust	19%
8	Lack of child care	17%
9	Not enough time	15%

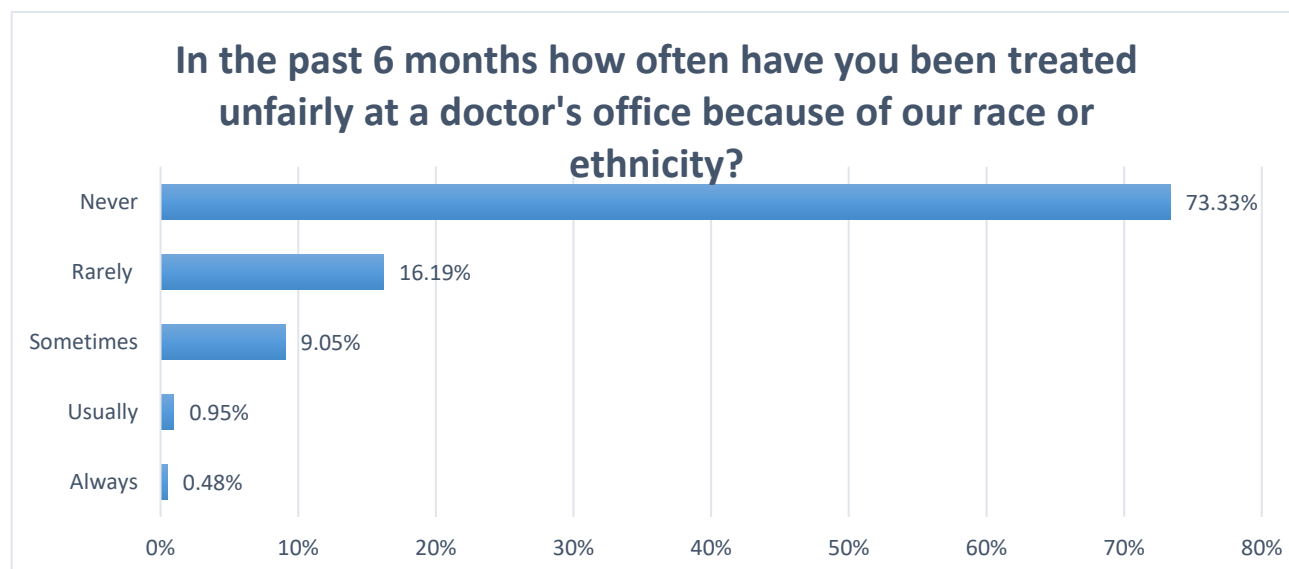| 10	Lack of interpretation/translation services available	6%
11	Other	6%
12	None/no barriers	3%

Respondents also identified through an open-ended response other significant barriers that they perceived were keeping people in the community from accessing health care. The vast majority pointed out COVID-19/Coronavirus/Pandemic as the most significant barrier. Other barriers that were mentioned are summarized in the table below.

Table 17. Other Barriers to Accessing Health Care

Key Issues	
Laziness	Lack of interest
Accessible clinics	Lack of interest in ones own health
Afraid to find something; cost	Lack of personal concern, trust, or fear
Anxiety	Losing HMH!
Apathy - don't care about their health	Motivation
Being treated poorly (dismissed) by providers	No sick leave
Can't afford	Not important or significant to them
Online appts zoom. Need in person, especially for mental health issues.	Not realizing the importance of maintaining one's optimal health
Cost of insurance plans	Not sick
Denial	Convenience
Stigma of admitting a problem exists, and something can be done about it.	People don't understand how important health is
Difficult gaining access to hospitals, poor lighting in parking lots	Providers not taking personal interest in individuals
Don't want to face reality	Right now just fear
Excessive billing	Shortable of certain types of providers
Fear	Denial of early symptoms
Fear of doctors	The cost of medicine
Feat stoked by MSM	Too expense and stigma
Ignorance	Unaware of other issues
Indifference	Uninformed/educated

Just do not go to doctors ignoring their health	Won't admit they have a problem
Undiagnosed mental health, lack of awareness	Racism
Certain groups of people being disproportionately cared for	They use their money for all the wrong things instead of bills, meds,
Fear of contracting COVID-19	Minimizing the health issue

Respondents were asked in the past six months, how often they have been treated unfairly at a doctor's office because of race or ethnicity. Of those respondents who identified as a race other than white (233) approximately 75% have never been treated unfairly. 16.19% rarely, and 9.05% sometimes.

In the past 6 months how often have you been treated unfairly at a doctor's office because of our race or ethnicity?

Never	73.33%
Rarely	16.19%
Sometimes	9.05%
Usually	0.95%
Always	0.48%

Resources Needed to Improve Access

Respondents were asked what resources or services are missing in the community. More than half of respondents (51) indicated that free/ low-cost dental care services are missing in the community. A few other resources identified as missing included free/ low-cost vision/eye care (39%), free/low cost medical care (35%), mental health services (35%), and prescription assistance (33%). Table 18 includes a listing of missing resources in rank order.

Table 18. List of Resources Needed in the Community

Ranking	Resources Needed	%
1	Free/low cost dental care	51%
2	Free/low cost vision/eye care	39%
3	Free/low cost medical care	35%
4	Mental health services	35%
5	Prescription assistance	33%
6	Transportation	30%
7	Elder care/senior services	28%
8	Access to affordable fresh fruits and vegetables	24%
9	Health education/information/outreach	23%
10	Health screenings	22%
11	Substance abuse services	20%
12	Primary care providers (family doctors)	19%
13	Immunizations/vaccination programs	12%
14	Medical specialists (ex. Cardiologists)	10%
15	Availability of parks & recreation areas	9%
16	Bilingual services	9%
17	Prenatal care services	5%
18	Other	5%
19	None of these	4%
20	Don't know/not sure	9%

In addition, other resources needed were mentioned are summarized in Table 19 below.

Table 19. Other Resources Needed in the Community

Resources Needed	
Access to walking areas - example locations of tracks that are closed to the public	Dental care beyond MA coverage of basic extractions
Adequate mental health services	Lack of specialty care at Harford Memorial
Affordable medicine	Medicine costs for seniors are outrageous

Quicker access to care. Have to wait 6 mos or more for preventative care visits	More family physicians are needed in the community, along with low cost, assistance.
Better hospital les mediocre doctors	Over priced
Child care/help	Pediatric hospital services
Cost of prescriptions	Pediatric occupation/physical therapy
Dental care for adults with disabilities	People who actually answer the phone
Dental care for elder people	Places for people and their dogs to roam off leach
Dental services for the needy	Primary care will not give flu shot
Doctors that are more reputable	Qualified physicians
Ear Nose throat physicians	Quality surgeons
Emergency/urgent care	Assistance for disabled who are not elderly
Emergency Room Physicians	Kidney doctors
Exercise at work	Free/low cost abuse progams
Seminars and follow-up visits to explain and insure proper care	Services for adults with developmental disabilities
General overall wellness education at a level for non-educated people	Help for vulnerable adults that fall through the cracks
More doctors of color	Sickle cell specialists
GYN doctors	Trauma center
Hearing	Vision therapy
Help with finding appropriate insurance plans	Walkable bikeable streets
Hemodialysis facilities	Wellness support groups/awareness
Housing of homeless	Women's health education

Psychiatrists/MH Prescribers (esp C&A), Info on the importance of health screenings and annual checkups, less confusing/less contradictory info regarding health issues (how many servings of Veg, how long to exercise), more exploration of the influence of internet and social media on health decisions and leveraging both with accurate/evidenced info	Educating people to Natural Health Care instead of so many pharmacy drugs that cause continues problems and addictions! The use of Acupuncture could prevents many illnesses and it builds you immune system!
Lack of physicians willing to see Medicaid patients in consultation	Not enough hospitals to much time in waiting room

Risky Behaviors in our Community

Respondents were asked to rank the three most important "risky behaviors" in Harford County. The respondents could choose from a list of 12 risky behaviors as well as suggest their own that were not on the list. Drug abuse was the most frequently identified risky behavior. Nearly 71% of respondents selected this issue as one of the top three most important risky behaviors in the county. Alcohol abuse was also a concern shared by 45% of respondents. The third most identified risky behavior, as viewed by the respondents, was being overweight with a 40% rating. Table 20 includes a listing of risky behaviors in rank order.

Table 20. Ranking of the Top Three Most Important "Risky Behaviors"

Ranking	Key Health Issues	%
1	Drug abuse	71%
2	Alcohol abuse	45%
3	Being overweight	40%
4	Poor eating habits	33%
5	Racism	28%
6	Lack of exercise	21%
7	Tobacco use	20%
8	Not getting "shots" to prevent disease	13%
9	Dropping out of school	8%
10	Not using birth control	7%
11	Unsafe sex	6%
12	Not using seat belts/child safety seats	3%
13	Other	4%

In addition, other risky behaviors mentioned are summarized in the Table 21 below.

Table 21. Other "Risky Behaviors"

Key Health Issues
COVID-19/Coronovirus/Pandemic
Driving while on cell phone
Mental health
Violence
Abortion
All types of abuse and addictions
Drivers who speed
Hatred & stupidity
Kids not in school due to politics
Lacking of appropriate trade programos in public schools
Low tolerance levels across the nation
Low wage jobs!
Non compliance with corona virus precautions
Non social distancing
Not social distancing. Not wearing a mask. Not washing hands.
Overall moral decline of society and failure to look out for your neighbor
Probable loss of HMH!
Scared
Sexism, ignoring the pain described by women
Sexism/misogyny
There are definitely more than 3, alcohol, drugs, lack of exercise, diet
Lack of money to buy healthy food
Also listed being overweight, dropping out school, shots, racism and tobacco use
Unemployment
You are keeping kids out of school
Distracted driving
unaddressed/untreated mental health (leads to many of these "risky" behaviors)

Needs for a Healthy Community/Quality of Life

Respondents were asked to rank the three most important needs for a "Healthy Community". The respondents could choose from a list of 16 things that most improve the quality of life in a community as well as suggest their own that were not on the list. Low crime/safe neighborhoods was the most identified need. Almost half of respondents (44%) selected this issue as one of the top three needs for a healthy community. Good jobs and healthy economy was also a need shared by 35% of respondents. The third most identified need, as viewed by the respondents, access to health care (e.g., family doctor) with a 34% rating. Table 22 includes a listing of important needs for a "Healthy Community" in rank order.

Table 22. Ranking of the Top Three Most Important Needs for a "Healthy Community"

Ranking	Key Health Issues	%
1	Low crime/safe neighborhoods	44%
2	Good jobs and healthy economy	35%
5	Access to health care (e.g., family doctor)	34%
4	Healthy behaviors and lifestyles	29%
6	Good schools	28%
3	Strong family life	27%
8	Affordable housing	27%
7	Religions or spiritual values	18%
10	Excellent race relations	18%
11	Good place to raise children	12%
9	Clean environment	11%
12	Parks and recreation	7%
15	Arts and cultural events	3%
13	Low level of child abuse	2%
14	Low adult deaths and disease rates	2%
16	Low infant deaths	0%
17	Other	3%

Community Feedback

What Prevents You From Being Healthy In Harford County?

Respondents were asked to comment on what prevents them from being healthy in Harford County. The most common responses referenced access to low-income medical care, care for seniors and lack of doctors.

Selected Responses

- ✓ "A ridiculous habit of over eating"
- ✓ "Difficult to get timely appointments. Doctors patient loads are too high."
- ✓ "High cost of medical and dental out of pocket expenses."
- ✓ 1. Myself. 2. Sometimes I don't feel safe in this current environment (so I'm less likely to get moving outside) 3. Prices of healthy food 4. Anxiety"
- ✓ "Abundance of mental health issues and use of illegal drugs"
- ✓ Free access to health care for low income residents. I am personally blessed to have good health insurance."
- ✓ "Seniors need more transportation, a grocery store where we can walk to."
- ✓ "Limited walking neighborhoods or districts. Havre de Grace promenade comes to mind and is popular but no others like that in the county."
- ✓ "Cancer, Diabetes and Heart problems"
- ✓ "More exercise classes through Parks and Rec at convenient time"
- ✓ "Just myself"
- ✓ "Unfortunately the majority of my health problems are my own doing – smoking. In my defense when I was young we were not informed about the health issues related to smoking. I have lived in Harford County my entire life and feel we are being taken care of pretty darn good. I do not think there are health issues in Harford County making people sick. Maybe not let people build houses near the big power lines. I believe that electric around those are toxic."
- ✓ Too much drug abuse on the community"
- ✓ "Stress leads to nicotine addiction"
- ✓ "I do believe there is a higher than normal rate of cancer in Harford County. As an example, I live in a very nice townhome community. Three of my four immediate neighbors have been diagnosed with cancer as well as myself."
- ✓ Right now because of the pandemic I can't use sr. citizen facilities for exercise when that situation changes and access is restored to me personally it should be easier."
- ✓ "crime, stress"
- ✓ "Personal bad habits that are hard to break"
- ✓ "Access to mental health providers in an effective amount of time. The wait time is much too long to be effective. Crisis centers are nice, but could be avoided by some if they were abler to see their provider sooner."
- ✓ "Having poor hospital service. We should be adding to our care centers and not getting rid of hospitals."
- ✓ "The hospital in Bel Air is inaccessible and a pain to get to. Emergency care is insufficient there."
- ✓ "Currently, the way HCPS is handling reopening schools is causing an extreme amount of stress for me and my family. I know it has been very hard for students, parents, and teachers throughout the county."
- ✓ "Arthritis and heart issues"

- ✓ "lack of discipline in controlling my weight"
- ✓ "Local gym with spin classes"
- ✓ "Most of my doctors are in different counties"
- ✓ "Due to high cost of living, both parents must work to provide for family instead of having one parent home and available for the children."
- ✓ Busy work long commute"
- ✓ "myself – just doing the work for healthy lifestyle"
- ✓ "not organizing my time better to exercise"
- ✓ "Access to community centers and parks for kids especially in Edgewood. Very few bike trails, very few healthy food options such as vegetarian/vegan restaurants or smoothie bars. Lack of access to mental health services"
- ✓ "Work hours"
- ✓ "Income, accessibility, personal health habits/care"
- ✓ "Cost of food"
- ✓ "Lower rent/housing/dr. care/ meds"
- ✓ "Gas vehicles"
- ✓ "Bad personal choices'
- ✓ "Knowing how to cook a variant of foods"
- ✓ "not exercising"
- ✓ "Close health facilities"
- ✓ "Lack of work-life balance"
- ✓ "For me it's focus and will power"
- ✓ "Sickle Cell Disease and Kidney Diseases"
- ✓ "Environment"
- ✓ "Lack of insurance"
- ✓ "because of caregiving more commitment to exercises"
- ✓ "having adequate health insurance"
- ✓ "Exercise"
- ✓ "Finances"
- ✓ "To say a county is preventing someone from being healthy is somewhat misleading. Certain communities have access to healthy options than other communities"
- ✓ "Over eating the wrong foods"
- ✓ "Need more access to doctors"
- ✓ "Healthy and low cost food"
- ✓ "Cost of healthcare, lack of knowledge about living a healthy lifestyle"
- ✓ "My own choices"
- ✓ "Safe neighborhood…dogs not on a leash"
- ✓ "I am overweight"
- ✓ "Cost of medical care"
- ✓ "Work related stress"
- ✓ "High stress working as a nurse"
- ✓ "Lack of pedestrian friendly infrastructure"
- ✓ "Access to specialists considered to be pier 1 with my insurance"
- ✓ "Need more healthy fast food options that have vegetarian option"
- ✓ "Lack of options for healthcare services"
- ✓ "Need to travel to Baltimore County for specialists"
- ✓ "others poor decisions-drinking/driving, smoking, not wearing masks"
- ✓ "lack of time and interest in exercise/physical activity and an injury which impacts ability to be more active."
- ✓ "Dental care the uninsured and ineligible is an embarrassment to this county. There is virtually

NOTHING available to uninsured men who are disabled."
- ✓ "A family member needs more affordable accessible mental health and primary health care"
- ✓ "Better and lower cost care for our Older and less fortunate citizens"
- ✓ "Access to health care and accurate information"
- ✓ "Educate people about the basics of health! Most health problems are due to the fact that people either do not know or do not care about health basis until they are sick! This puts an enormous pressure on the system. Encourage strong family units. Have safe sex."
- ✓ "Better services for drug addicted moms and babies"
- ✓ "We live in a sad world where it takes two incomes to get by. Horrible insurance plans. Drug abuse all around Harford County."
- ✓ Need more medical specialist to decrease wait time. ER needs to be more efficient. Less waiting room times."
- ✓ "I am blessed to be able to afford my medical, dental and vision needs. But its expensive out of reach for many due to high health care costs. Adequate health care is a human right"
- ✓ "Should provide health care no matter income"
- ✓ Commerce, governments and vendors should advocate for and enforce the sale of unadulterated, highly nutritious food items sold."
- ✓ "Would love to see more open clinics for the homeless community"
- ✓ "Affordable Housing, Daycare, and Healthcare are critical. Organizations and Agencies working together and removing the discord in the community is also necessary. Spirituality and Higher Consciousness should be encouraged."
- ✓ "I would love to see more mental health services for the general population and in particular mothers."
- ✓ "Heath care costs have gotten out of hand. Out of pocket expense makes us think twice about going to see a doctor."
- ✓ "More affordable exercise programs"
- ✓ "Continue to address clean water and protecting the Chesapeake Work on air quality and environmental programs for quality of life. Decrease carbon footprint No fracking in Maryland"
- ✓ "Harford County needs more primary care physicians. There is an overload of specialty care."
- ✓ "Mental Health and physical health should be a focus for all in our community."
- ✓ "More drug rehabilitation centers. This is a growing crisis everywhere. More senior centers."
- ✓ "Residence, especially elderly and disabled, need affordable home health, food and housing."
- ✓ "To keep the streets low crime to keep people outside using our beautiful parks and trails for running and walking."
- ✓ "We need more primary care physicians who are taking new patients.
- ✓ "We are lacking primary care doctors."

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APPENDICES

- Focus Group and Key Informant Survey Summaries

- Harford County Health Equity Report

Focus Group & Key Informant Survey Summaries

BACKGROUND

1. The purpose of the focus groups and key informant survey was to discuss/report concerns for their community in a few particular areas. In addition, the groups discussed resources currently available in the community to address the problems identified and any barriers for accessing the services.
2. The focus groups were done in order to prioritize needs, create solutions, and plan for services in Harford County.
3. Each focus group lasted approximately one hour and was held virtually. Below is just a summary of discussion points from each focus group.
4. The key informant survey was a 10-question survey sent to the Local Health Improvement Coalition stakeholders with a mix of open ended and ranking-style questions to give feedback on the health of Harford County.

Demographic Breakdown of Focus Groups

Other
10.2%

Hispanic or Latino
5.7%

Black/African American
14.5%

White, non-Hisapnic
69.6%

Male
25.6%

Female
74.4%
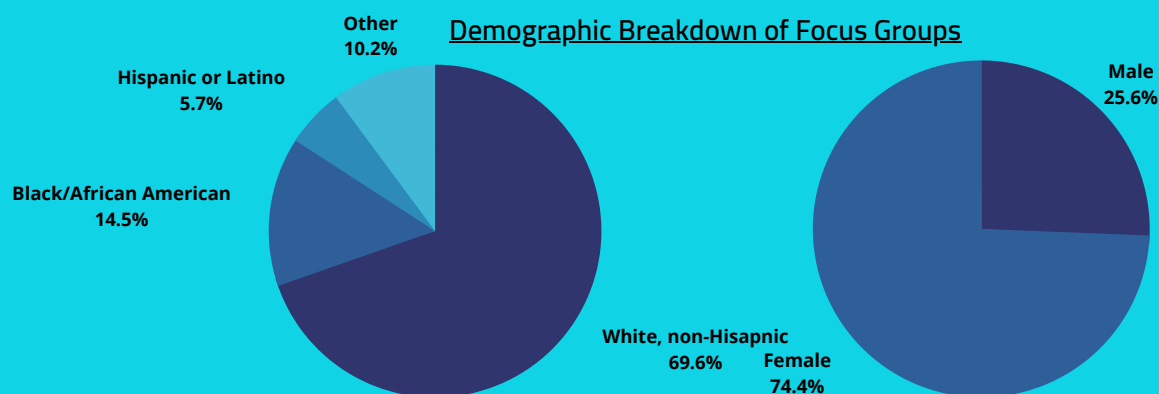
Diabetes Prevention Program Participants

DATE: February 23rd, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Safety
- Community activities and involvement
- Access to healthcare and programs
- Communications

"Community driven activities and resources to get them out there"

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- Mental health
- Stigma
- Transportation
- Need of designated areas for physical activity
- Need of more bike trails

AFFECTING FAMILIES

- Pandemic
  - School education uncertainty
  - Job loss
  - Internet connectivity
- Resources for elderly
- Health insurance

"There is a stigma associate with mental health. People are hesitant to pursue a diagnoses or support. Our current pandemic has created an isolation issue."

WHEN RATING OUR COMMUNITY

- On a scale between very unhealthy and very healthy, most people said the community is "somewhat healthy" or somewhere in the middle. Some also ranked the community as 7-8 out of 10 with 10 being a very healthy community.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- HealthLink
- Harford County Public Library
  - Free resources and partnerships
- Klein Family Harford Crisis Center
- Partnership with University of Maryland Upper Chesapeake Health

BARRIERS TO REACHING SOLUTIONS

- People don't know about resources
- Challenges in getting people to read what resources are available or how to communicate the information
- Internet access/knowledge of using the computer
- Communication of information

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Have all entities come together to push out information and have overall improved communication/marketing
  - TV station in Harford County where people can watch for information
- More community groups and places people can safely gather
- Building more activity centers and dog parks
- Resources for those with special needs

Epicenter

DATE: March 2nd, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Widespread prosperity
- Stable housing and finances
- More equality
- Communication of resources

"Stability. I think if we had stability, stable jobs and stable housing, everything would go a lot smoother."

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- Jobs
- Housing
- Criminalizing drug possession
- Mental health resources
- Provider's bedside manner/lack of experience

AFFECTING FAMILIES

- Lack of resources
  - Healthcare
  - Housing
  - Childcare
- Support for families/support groups
- Drug addiction
- Racism and sexism
- Language barrier for Hispanic families

"A lot of times people don't know that there's resources out there. There needs to be a way where people know there is help – mental health, services, all that. Because people don't know about it. Is there a way it can be put out there to reach people to where they know that help is out there?"

WHEN RATING OUR COMMUNITY

- On a scale between very unhealthy and very healthy, most people said the community is "unhealthy," with one respondent saying the community is "somewhat healthy."

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- New Day offers resources such as food and clothes
- Winner's Choice (a psychological rehab program)

"I'm not aware of any resources. My question is are there any resources? I know there needs to be a lot of resources, especially for the homeless."

"I've been waiting on my food stamp card that was mailed December 11th. It has over a thousand dollars on it that I can't touch. Meanwhile, I'm starving.."

BARRIERS TO REACHING SOLUTIONS

- Unable to get appointments with doctors
- It takes 2 weeks to get medications
- Inconvenient hours
- Can't get ahold of social security
- Prejudice of being homeless
- Lack of communication/awareness of resources

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Resources offering a steady schedule and having evening hours
- An event for families to get resources they need and providing guidance
- Have resources available long-term
- Have more social workers and case workers available

"The way that homeless people are perceived. Everyone thinks because you're homeless, you have to be a drug addict or you did something terrible. Not everyone who is homeless is a scumbag. We're just trying to get on our feet and we don't have the right resources."

MEGAN's Place

DATE: March 4th, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Outlet for children/things to do outside
- Mental health resources

- Activities for children and adults
- Low cost wellness services

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

"You have to educate people on what to do with all these fruits and all these vegetables. Because they give us these big boxes of stuff. And half of it goes bad before we can use it, you know."

RELATED TO HEALTH

- Fitness centers not having childcare available
- Not enough education on grocery shopping, health, and nutrition
- Lack of internet and sources listed on one website
- Food is not affordable

AFFECTING FAMILIES

- Resources
- Lack of healthy foods and education
- Transportation
- Fear of judgement and fear of having to rely on someone
- Better locations for clinics
- Consistent, quality, support

"I say transportation. The transportation in Harford County absolutely sucks...not only that, but the fear of having to contact someone just to access transportation. Like oh, I have to contact you, to be able to get to the grocery store. And one day you text me like 'oh hey, I can't make it today.' What do I do then? Things should be more accessible to people who need them and have the ability to get there"

WHEN RATING OUR COMMUNITY

- Some people said when rating the community, the county would be "somewhere in the middle." Others said that the community is closer to unhealthy.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- MEGAN's Place
- Harford Community Action
- SARC
- Birthright
- Alpha Glory

"You have places like SARC, Birthright, Alpha Glory. Harford County has a lot of places for families. They need more fine tuning or they just need more funds available to be able to help."

"The main issue is really funds, I think that's what it comes down to. Because it's ALL there. It's just. never enough of what's there."

BARRIERS TO REACHING SOLUTIONS

- Not enough funding or locations
- Not having the money even if you have a job
- Eligibility to get resources is too strict
- By the time a resource is known there isn't any left

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Vouchers to the farmers market and recipes to do with fruits and vegetables through WIC
- Having a community fair and engagement, prizes, doorbusters, learn about services.
- Having a space where people can get together to share resources like toys, clothes, and food.
- Partnering with Boys and Girls Club to use their space to exchange items
- Using an old building and have people assist with fixing the building to learn skills
- Offering prevention before it gets bad
- Have someone pick up donations and drop them off at places

"Definitely pushing the education. on jobs. on college. on everything."

Susquehanna Ministerium

DATE: March 8th, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Access to quality healthcare/no barriers
- Support for those that need it
- Trust
- Ongoing education, resources for physical and mental health
- Disease free

"Support of resources for life, liberty, and pursuit of happiness for ALL people"

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- Cancer
- Drugs and drug support
- Hospital changing locations
- Racism
- Cardiovascular health
- Emotional health
- Homelessness
- Childhood obesity

AFFECTING FAMILIES

- Childcare
- Domestic abuse
- Fear of COVID
- Eldercare
- Mental Health
- Education on nutritious food
- Addiction
- Parental Support

"There's no resources that would teach parents how to provide a nutritious meal, how to clean their homes, how to make sure their child is well mentally as well as physically. Again there are no resources in our community for that – for parental support. There's resources for people to GET food, but there's not resources to show people what to DO with that food"

WHEN RATING OUR COMMUNITY

- On a scale between 1 and 5 with 1 being very unhealthy and 5 being very healthy, most people rated the community a 3, with some people rating the community a 1 or 2, and some rating the community higher at a 3.75.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- Hospital systems (Upper Chesapeake and Johns Hopkins)
- Crisis Center
- A lot trails
- Physical rehabilitation facilities
- Ministries

"I would agree that we have a great hospital system. The biggest complication would be GETTING there. The systems are set up where you have your OWN transportation. Trying to get to certain places in the county for public health is more challenging if you don't have that"

"The number one resources available are our hospital systems"

BARRIERS TO REACHING SOLUTIONS

- Transportation
- Funding
- Colonialism
- Lack of support and empowering
- Waiting months for appointments
- Lack of health insurance
- Access to care/navigating the system

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Resources available at all economic levels
- More resources for parents
- Better public transportation
- Improving communication
- Multi-tiered community assessment

"I think teaching people of both sides how to cut through some of the red tape. and just communication. Both the families, the patients, the providers."

LHIC Key Informants

DATE: March 9th, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Access to health care
- Empowered citizens
- Comprehensive health services for all
- Psychiatry for substance use disorder
- Safe and walkable sidewalks, bike paths, outdoor spaces
- Healthy foods
- Public education on available resources

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- Lack of awareness of resources/centralized resources
- Stigma around poverty, mental health, substance use disorder
- No sense of community/gathering place
- Transportation
- Dental care
- Primary Care Doctors taking new patients

AFFECTING FAMILIES

- Lack of resources/free resources
  - For children and families
  - Focusing on prevention
  - Focusing on ACE's, intimate partner violence, family planning
- Lack of affordable healthcare
- Lack of activities to engage children
- Transportation

"You have to have quality affordable care. If somebody doesn't make much money but has a $6,000 co-pay, they are not going to get help."

WHEN RATING OUR COMMUNITY

- On a scale between 1 and 5 with 1 being very unhealthy and 5 being very healthy, the group ranked the community as being a 3. A participant shared that Harford County has services, but they are fragmented across the county and navigation is difficult.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- School social workers
- Epicenter
- Addiction Connections Resource
- Voices of Hope
- Boys and Girls Club
- MEGAN's Place
- Community College
- Healthy Harford
- UMUCH/Crisis Center
- Libraries
- Faith-based organizations
- Bike/cycling groups
- Parks and Rec

"There is a lot of services that we don't have that we talk about implementing...such as transportation and dental...

...but I think also something that isn't talked about as much that is easier to even address is communication...there's a lot of places doing a lot of good work but we don't communicate"

BARRIERS TO REACHING SOLUTIONS

- Access to resources and navigation
- Lack of prevention (e.g SUD, obesity, behavioral)
- Lack of upstream action to help people of all ages
- Lack of funding for prevention
- Not enough early intervention for ACE's
- Transportation
- Not all schools have social workers

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Trauma-informed care/approaches
- Emphasis on prevention
- Cohesive efforts to address barriers
- Updating information online
- Syringe service programs
- Building upon faith-based and civic community groups
- Supportive services

LEP Key Informants

DATE: April 1st, 2021

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Equal access to health care/preventive care regardless of immigration or economic status

- A focus on mental health
- Inexpensive, quality food and medication

"Help is not advertised enough for people without insurance"

THE MOST SIGNIFICANT PROBLEMS IN THE COMMUNITY

RELATED TO HEALTH

- People's diets, especially in some cultures
- Lack of support groups/services in Spanish
- Healthcare for uninsured
- Diabetes, high blood pressure, and alcohol addiction,
- Domestic violence
- Illegal immigrants fear seeking help and getting deported

AFFECTING FAMILIES

- Lack of money to support family, receive care, and get food stamps
- No access to safe and reliable child care
- No help for people that have lost their job

"We know that we have options and there is different health centers with sliding scale and things like that but there's still so many barriers for people to access even those services. They are very far away, sometimes just finding transportation, sometimes just finding out which places are offering that [services]"

WHEN RATING OUR COMMUNITY

- On a scale between very unhealthy and very healthy, someone said the community is somewhat healthy. On a scale of 1 to 10 with 1 being very unhealthy and 10 being very healthy, one person rated the community a 7 and one person rated the community a 5.

COMMUNITY RESOURCES AVAILABLE TO ADDRESS PROBLEMS

- Churches
- The health department (including new 1 North Main Health Center)
- Lyon's pharmacy provides low-cost medications

BARRIERS TO REACHING SOLUTIONS

- Inconvenient hours at the health department
- Lack of transportation
- Bilingual staff working
- Lack of trust after a bad experience with LEP

POTENTIAL SOLUTIONS TO ADDRESS PROBLEMS/BARRIERS

- Support groups (for issues like diabetes)
- A Federally Qualified Health Center in Harford County
- Health fairs for outreach
- A place like LASO's where it is a catch all health center
- Having health department services under one roof

KEY INFORMANT SURVEY

A brief, 10-question survey was sent out to key informants in the county in order to understand their perspectives on the health of Harford County. Of the 46 respondents, 76% said they believe Harford County is a healthy county.

BARRIERS TO RECEIVING HEALTH CARE

- Transportation
- Insurance (not enough providers for MA, uninsured), Lack of affordable health care for uninsured
- Not enough mental health providers
- stigma with mental health/addiction
- Long wait times to see a provider/not enough PCP's

SUCCESSFUL SOURCES IN HARFORD

- Klein Crisis Center/Crisis services
- Mental health and addiction services
- Nutritious foods
- The Kaufman Center
- CORE Service Agency
- Healthy Harford
- Health Department

POTENTIAL SOLUTIONS

- Expanding transportation for residents by establishing an uber contract, increase hours, and stronger bike/pedestrian/public transportation infrastructure
- Offer mobile health
- Making telehealth a standard and training for telehealth
- Providing education on services and general health education
- House calls for the elderly
- Providing childcare

80% of respondents said mental health or substance use/addiction were some of the greatest concerns of the county

What are the top 3 risky behaviors in Harford County?

Behavior	Percent
Not getting "shots" to prevent disease	0%
Not using seatbelts/child safety seats	7%
Not using birth control	7%
Unsafe sex	7%
Dropping out of school	22%
Racism	22%
Lack of exercise	22%
Tobacco use	24%
Alcohol use	22%
Poor eating habits	33%
Being overweight	43%
Drug use	74%

Percent
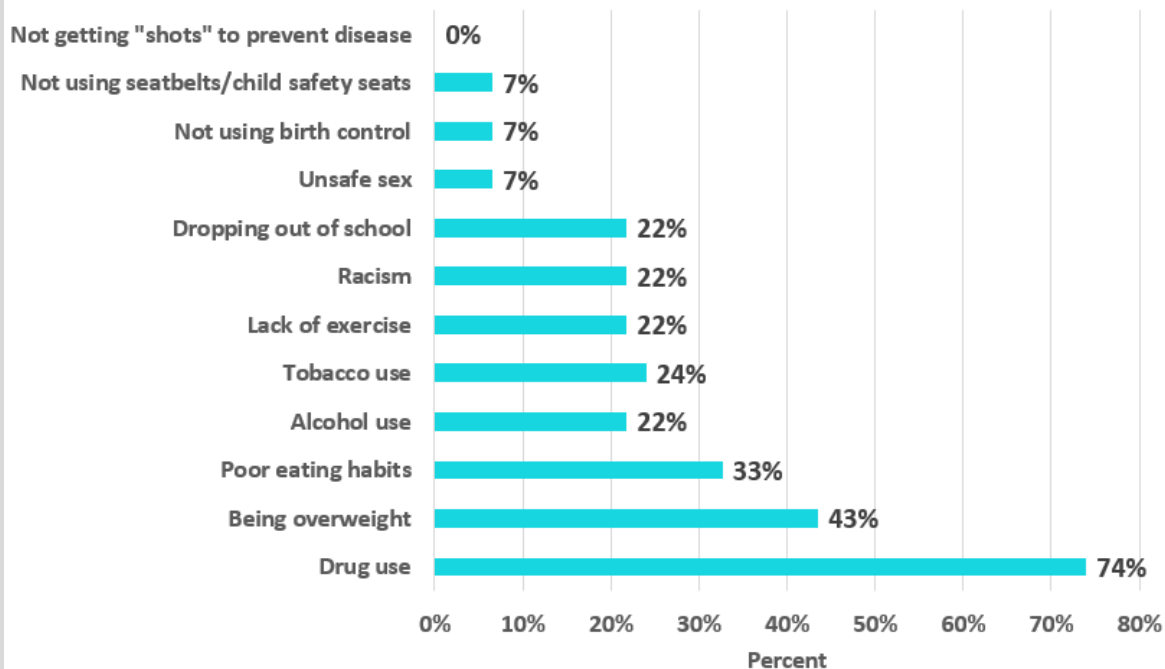
2019

HEALTH EQUITY REPORT

PREPARED BY

HARFORD COUNTY HEALTH DEPARTMENT

March 2019

TABLE OF CONTENTS

OVERVIEW

A Healthy Harford County For All

What does a healthy Harford County look like? The answer: Equal access to health opportunities for all residents in Harford County regardless of race/ethnicity, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, or geographic location.

Harford County, located in the northeast region of Maryland, is a mix of rural and suburban development leading outside of Baltimore City. Home to approximately 252,160 residents; Harford County is the sixth largest county in the State and has a population density of 560/sq mi. Harford County's geographical location and abundant opportunities allow many people to thrive in the area, according to the 2017 Census, only 7.2% of residents live in poverty, but taking a closer look at other zip codes show a greater need to examine different communities throughout the area.

The Harford County Health Department (HCHD) strives to promote public health and prevention in the community for all while helping to minimize barriers to receiving care. This report will describe and explain where and why inequities exist within Harford County, along with how we can improve these issues in our community so that everyone can achieve optimal health.

What is Health Equity?

According to the Robert Wood Johnson Foundation (RWJF), "Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

Health Equity vs. Health Equality

Health equity and health equality might sound the same, but they are actually different concepts. Health equity strives for the highest possible standard of health for all, while health equality means everyone gets the same services. Health equity is achieved when people's health is not affected by their social positions or other socially determined circumstances, such as income or race, rather than by providing the same services to all.

What are the differences between Health Disparities & Health Inequities?

A health disparity is a difference in health outcomes and their causes among groups of people. For example, a health disparity that exists in Harford County is infant mortality rates are higher for Non-Hispanic African Americans compared to Non-Hispanic White babies. Health inequity is a difference in the distribution or allocation of a resource between groups. An example of a health inequity in Harford County is that adult poverty rates are significantly higher in Edgewood, Aberdeen, and Havre de Grace and poverty is linked to shorter life expectancy.

It is important to work on reducing health disparities in Harford County so that we can achieve health equity for all and improve our lives. By working together and creating meaningful partnerships, we can address health equity to allow members of our community to live the healthiest and longest lives possible.

Robert Wood Johnson Foundation
Braveman, P. (2014). What are health disparities and health equity?
CDC 2016 Strategies, Reaching For Health Equity
Maryland Vital Statistics, 2016

Social Determinants of Health

Social Determinants of Health (SDOH), conditions in the environment where we are born, live, learn, work, play, worship, and age, affect a wide range of health, functioning, and quality-of-life outcomes and risks. There are five determinant areas that make up the underlying factors of the SDOH and contribute to health equity: economic stability, education, social and community context, health and health care, neighborhood and built environment.
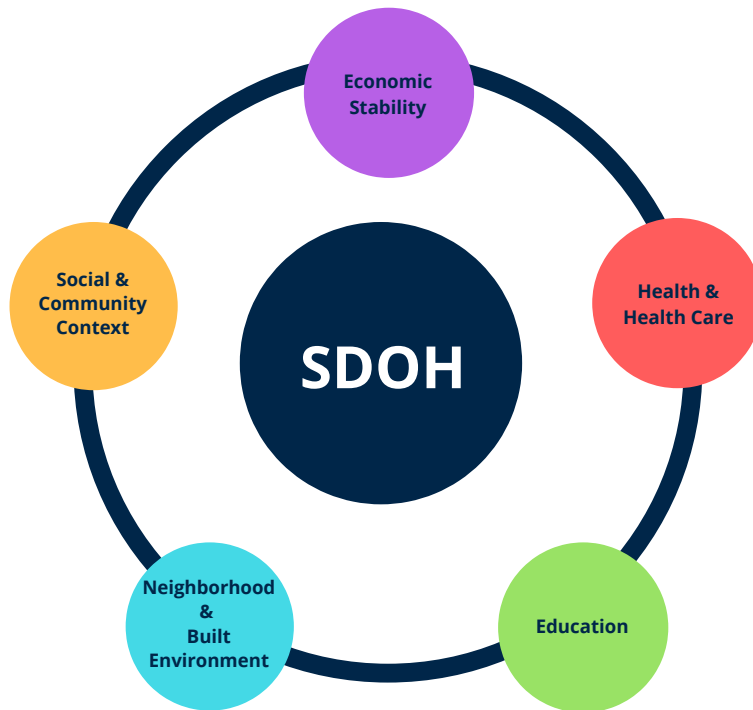
Economic stability, having low unemployment and poverty rates, allows people to provide for themselves and their family. Education, another area of SDOH, is highly relevant starting at school-age children all the way up to adults.

Early childhood education and development provides a solid foundation for children to learn and thrive at a young age, the effects of which continue to high school and potential enrollment into higher education. Good education also allows for better employment opportunities, which ultimately means better pay and housing stability that contributes to overall health.

Having access to health care and primary care options are key areas of SDOH. Health care access means that individuals can obtain needed medical services with ease. Primary care is a crucial component of health care because it provides early detection and treatment, management of chronic diseases, and preventive care.

Places of employment may offer health insurance options with lower rates that provide for better opportunities for preventive health, such as free/low costs primary care visits, flu shots, prescriptions, etc. and time to take off work to attend medical appointments.

Language skills, including low health literacy, can also present barriers to access to health care. Health literacy, as defined by the U.S. Department of Health and Human Services (HHS), is the degree to which individuals have the ability to understand and process basic health information, whether from a doctor or from written materials, so that they can make appropriate health decisions. Low health literacy, related to poor health outcomes, can be seen in people with both lower education and higher education levels and across certain population groups. Ultimately, if a patient receives information they cannot comprehend, then that person may make poor decisions regarding their health.

Another area of SDOH, neighborhoods and built environment (the human-made area where we live, work, and play), contributes to health in many ways. Access to foods that allow us to make healthy eating decisions, areas that allow people to walk, bike, or take public transportation safely, and environmental conditions, such as clean air and water are just a few examples of how neighborhoods can affect health outcomes.

Lastly, social and community context reflects another key issue. There is a strong association between social ties and health. For example, strong relationships are important for one's physical and psychosocial well-being and can influence health outcomes through social support such as helping people maintain a healthy diet, reducing emotional stress, and assisting with transportation to see a doctor. Participating in formal and informal activities that are available can also help reduce poor health outcomes. Being able to vote, participating in community watch groups, being a member of an advisory board, and volunteering to help with a community garden are just some activities to help build social capital and a sense of purpose in the community.

By promoting good health and addressing all factors of the SDOH, we can create opportunities for people to live their best, healthiest life and achieve health equity.

Our Commitment

The Harford County Health Department is committed to improving health equity in the community and has been begun looking into ways to incorporate this concept into our work.

The 2019-2024 HCHD Strategic Plan addresses stronger awareness about the importance of health equity in the community we serve, as well as increasing the understanding of these issues by our employees. HCHD will prioritize increasing standardization of public health messaging through community outreach workers and increasing the cultural competency of our staff. These objectives will be completed by:

- *Working on a unified health promotion, education, and communications strategy.*
- *Identifying effective cultural competency training.*

Additionally, HCHD will look to Public Health Accreditation Board (PHAB) standards for guidance because they are consistent with essential public health services and align well with the Strategic Plan and Community Health Improvement Plan (CHIP). Three CHIP priorities, which are being addressed with our Local Health Improvement Coalition (LHIC) workgroups, include Behavioral Health, Family Health & Resilience, and Chronic Disease Prevention & Wellness.

Goals of this Report

This report is just the first of many ways to address health inequities in Harford County. The goals of this report are to identify:

• Where inequities exist within Harford County.
• The causes of health inequities.
• Communities that suffer the most from health inequities.
• Health outcomes that are affected by health inequities.

HCHD will use this information to better serve our clients and the community.

METHODS

Methods of Analysis

Indicator Selection

Indicators selected for analysis in this report were drawn from a number of sources, including existing community priorities that were determined by HCHD's Community Health Needs Assessment (CHNA), Community Health Improvement Plan (CHIP), and Strategic Plan, and some disease categories based on State Health Improvement Plan (SHIP) priorities. Data were drawn from multiple sources including HCHD Data, Maryland Vital Statistics, United States Census Bureau, Behavioral Risk Factor Survey and the Maryland Department of Health. Indicators that were selected, but did not have zip code/geographical data were omitted from this report. These indicators may be revisited in the future based on newly available data or increased capacity for data assessment.

Community Geographical Information System (GIS) Mapping

Geographic Information System (GIS) mapping of zip code level data was used to understand where inequities exist in the county based on selected indicators. Harford County is comprised of 23 zip codes. Maps were created by the Harford County Health Department Health Policy Unit and were based on data from the health department and CRISP, the regional health information exchange (HIE) serving Maryland and the District of Columbia. Other maps were created by the Maryland Department of Health and are identified as such in the report.

Community Input Process

Focus groups were conducted at the county's Project Homeless Connect event which was held by community partners at The United Way of Central Maryland at Harford Community College. Participants consisted of the county's most vulnerable populations to ensure that data findings resonated with the community. Approximately 36 participants engaged in focus group discussions in January of 2019. Key informant interviews were also conducted the same day with 30 individuals working in the fields of mental health, health insurance, social services, public health, and other community service agencies. Participants were asked a series of questions in order to identify health concerns, available resources, barriers, and potential solutions. Participant observations are displayed as quotes throughout the report.

SUMMARY OF FINDINGS

Priority Areas

The three geographic locations highlighted in this assessment include Aberdeen, Edgewood, and Havre de Grace, which are located on the route 40 and I-95 corridor; all three have a higher concentration of health issues than the county as a whole. Gaps in behavioral health and substance abuse treatment were identified, specifically in the Edgewood area. Aberdeen, home to Aberdeen Proving Grounds and the biggest employer in the county, requires greater access to mental health services and chronic disease prevention interventions. Havre de Grace, an area with a higher concentration of risk factors such as mental health and substance-exposed newborns, requires focused prevention efforts and medical care for those experiencing health concerns. The southern region of the county is shown to have higher issues, but it should not be overlooked that there are separate health issues in the northern/rural areas such as poverty, health insurance coverage, sexual health, adverse pregnancy outcomes, and high colorectal cancer rates.

Since 2011, the Centers for Disease Control and Prevention (CDC), has reported on effective public health programs that have helped reduce disparities.

By implementing evidence-based programs that advance health equity, the opportunity will arise for people to live longer and healthier lives. As public health professionals and passionate members of our community, it is up to us to make the change we need.

These next few pages will lay a foundation for the future of health equity in Harford County.

REACHING FOR Health Equity

Reducing health disparities brings us closer to reaching health equity.

BEST HEALTH POSSIBLE

Programs designed to reduce health disparities

CDC — U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

http://www.cdc.gov/minorityhealth/strategies2016/

CS262907

THE FINDINGS

Social Inequities

Social inequities are disparities that are found when comparing population groups by race/ethnicity, class, gender, disability, etc. Inequities often reflect the unequal distribution of resources in a geographic area or within a population. An example of this is fewer educational opportunities.

Whites account for the majority of Harford County's population. However, both Hispanics and Asians have experienced the most population growth in recent years. The male and female population is evenly split throughout the area.

Each population group may have different needs, which is why it is important to examine groups individually to determine how that group can be served more effectively.

Population By Race and Hispanic Origin, Harford County, Maryland, 2010 and 2017			
Harford County	2010 Census	2017 Census Estimates	2010-2017 % Change
Total	244,826	252,160	3.0%
White alone	198,763	200,719	1%
African American	31,058	35,807	13%
Asian	5,826	7,817	25%
American Indian/Alaska Native	614	756	19%
Native Hawaiian and Pacific Islander	199	252	21%
Hispanic	8,613	11,598	26%

2010 & 2017 U. S. Census

51% Female Residents

7.6% With a disability, under age 65

5.4% Foreign-born persons

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

Population By Race and Hispanic Origin, Aberdeen, Maryland, 2010

Harford County	2010 Census	Percent
Total	14,959	100%
White alone	8,815	59%
African American	4,564	31%
Asian	437	3
American Indian/Alaska Native	59	0.4%
Native Hawaiian and Pacific Islander	52	0.3%
Hispanic	815	5%

Population By Race and Hispanic Origin, Edgewood, Maryland, 2010

Harford County	2010 Census	Percent
Total	25,562	100%
White alone	12,732	50%
African American	10,466	41%
Asian	471	0.3%
American Indian/Alaska Native	74	2%
Native Hawaiian and Pacific Islander	42	0.2%
Hispanic	1,708	7%

Population By Race and Hispanic Origin, Havre de Grace, Maryland, 2010

Harford County	2010 Census	Percent
Total	12,952	100%
White alone	9,809	76%
African American	2,170	17%
Asian	310	2%
American Indian/Alaska Native	36	0.3%
Native Hawaiian and Pacific Islander	14	0.1%
Hispanic	608	5%

How much money you make can also influence health. Income and poverty may not initially seem like a problem in Harford County, but taking a closer look at local municipalities uncovers unequal income distributions.

In the county, 7.2% of residents make less than the 2014 U.S. Federal Poverty Guidelines, which state that the Federal Poverty Level for a household of 1 person is $11,670; for 2 people is $15,730; for 3 people is $19,790. That percentage is higher in areas such as Aberdeen. High rates of poverty and low income have been linked to shorter life expectancy. Poverty and low income can affect health in other ways, such as creating barriers to affordable housing, school funding, access to health care, healthy foods, and many more.

Income and Poverty in Harford County, 2012-2016	
Median Household Income	$81,052
Persons In Poverty, Percent	7.2%

Income and Poverty in Aberdeen, 2012-2016	
Median Household Income	$51,956
Persons In Poverty, Percent	14.8%

Income and Poverty in Edgewood, 2012-2016	
Median Household Income	$56,414
Persons In Poverty, Percent	13.4%

Income and Poverty in Havre de Grace, 2012-2016	
Median Household Income	$69,284
Persons In Poverty, Percent	10.2%

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

"There are a lot of people without jobs and people with jobs that don't pay them well."

Adult Poverty Rates (ages 18-59)
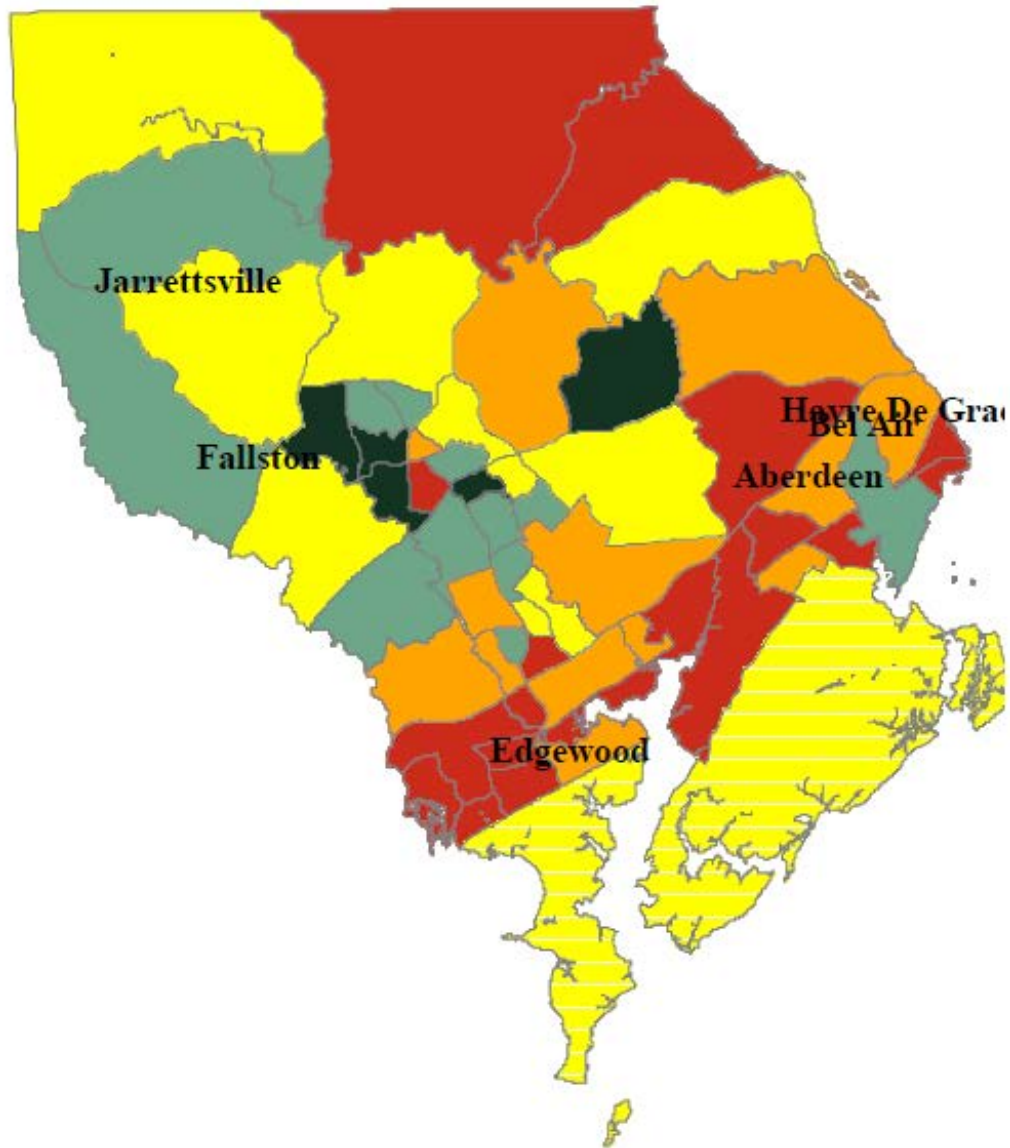
% of adult residents

▨	No data	☐	0.0	■	1.0 - 2.5
■	2.6 - 3.9	■	4.0 - 6.5	■	6.6 - 10.2
■	10.3 - 34.7				
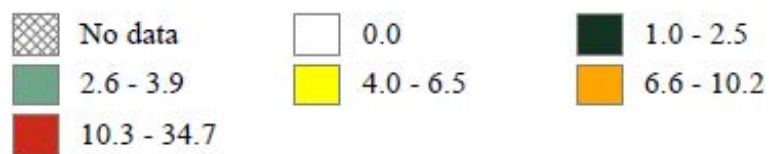
American Community Survey 5-Year Estimates, 2015: Maryland Department of Health

"Homelessness is a real issue in the southern part of the County."

Education in Harford County, 2012-2016	
High school graduate or higher, percent of persons age 25 years+	92.8%
Bachelor's degree or higher, percent of persons age 25 years+	34.5%

Education in Aberdeen, 2012-2016	
High school graduate or higher, percent of persons age 25 years+	87.6%
Bachelor's degree or higher, percent of persons age 25 years+	19.8%

Education in Edgewood, 2012-2016	
High school graduate or higher, percent of persons age 25 years+	89.8%
Bachelor's degree or higher, percent of persons age 25 years+	18.7%

Education in Havre de Grace, 2012-2016	
High school graduate or higher, percent of persons age 25 years+	91.2%
Bachelor's degree or higher, percent of persons age 25 years+	37.4%

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

"Living in north Harford County is different than living in places like Edgewood or Aberdeen."

Education is a social determinant of health, with people who have attained a higher level of education more likely to have positive health outcomes. Educational skills learned in school provide a foundation of knowledge needed to help make better decisions. To reach health equity, education programs need to close the gap between low-income and/or racial and ethnic populations and higher income and/or majority populations. To reach health equity, education programs need to close the gap between low-income and/or racial and ethnic populations and higher income and/or majority populations.

Promoting social and institutional equity will require looking at all the inequities above and reducing their impact through strategic partnerships, advocacy, policy/access, community engagement, social capital building, and coalition building.

Living Conditions

"Living conditions vary from city to city and town to town, but we are a really segregated community."

According to County Health Rankings, residential segregation is the index of dissimilarity where higher values indicate greater residential segregation between black and white county residents. This index ranges from 0 (complete integration) to 100 (complete segregation). Harford County ranks 3rd worst in African American/White segregation and 5th worst in Non-White/White segregation. Baltimore city ranked highest for segregation in both measures.

Even though policies around segregated schools, transportation, and other public places no longer exist, segregation caused by structural, institutional, and individual racism can be found in many parts of the county. Though it may not seem like a health issue at first, residential segregation has been linked to poor health outcomes including mortality, a wide variety of reproductive, infectious, and chronic diseases, and other adverse conditions. Having areas that are diverse can help foster stronger cross-sector collaborations and social support among neighborhoods.

Housing in Harford County	
Housing Units*	100,271
Owner Occupied Unit Rate**	78.1%
Medium Value of Owner-occupied housing units**	$278,100
Median Gross Rent**	$1,159

*2016 U.S. Census Bureau, County Business Patterns
**US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

County Health Rankings: Residential Segregation

Non-White/White:
Maryland= 55
Harford County = 45
Baltimore City = 65

African American/White:
Maryland = 63
Harford County = 53
Baltimore City = 69

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

Violent Crimes in Harford County, Aberdeen, and Havre de Grace, 2016		
Area	**Population Total**	**Total Violent Crimes**
Harford County	251,032	552
Aberdeen	15,704	79
Havre de Grace	13,604	37

Property Crimes in Harford County, Aberdeen, and Havre de Grace, 2016		
Area	**Population Total**	**Total Property Crimes**
Harford County	251,032	3,472
Aberdeen	15,704	251
Havre de Grace	13,604	308

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016
2016 FBI Uniform Crime Statistics (Eliminated any cities that failed to submit a complete crime report to the FBI and removed cities with populations under 10,000.)

According to The National Council for Home Safety and Security, Aberdeen ranks fourth, and Havre de Grace fifth, in terms of low rates of violent and property crimes in 2016 in Maryland. With a rate of 5.03 violent crimes per 1,000 people and a rate of 22.64 property crimes per 1,000, Aberdeen is considered the fourth safest city in Maryland (2016 FBI Uniform Statistics). Havre de Grace, the fifth safest, had 2.72 violent crimes per 1,000 and 22.64 property crimes per 1,000 people. (Alarms.org)

Violence is a public health issue, adversely affecting not only the victims of the violence but also their families, and also increasing the mortality and morbidity in the community.. As violence rates continue to change and occur in different areas throughout Harford County, it is important to identify effective programs and policies that have to do with behavioral challenges underlying violence.
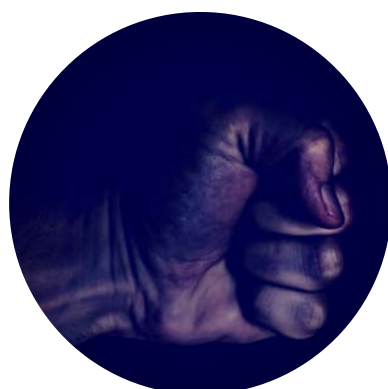
Health Care

According to County Health Rankings, 4% of Harford County residents under the age of 65 are uninsured, a 60% decrease since 2008 when 10% for residents under the age of 65 were uninsured. This trend is also significant with the state of Maryland, which has decreased from 12% in 2008 to 7% in 2015. Geographically, the percentage of uninsured under the age of 65 in different zip codes differs drastically throughout Harford County. The percent of persons uninsured in Aberdeen is two times higher than the Harford County average. Without insurance, people are less likely to receive preventative care such as vaccines, screenings, and medical check-ups and more likely to contribute to frequent visits in the emergency department for care.

The northeast part of the county, another area with a high percentage of no health insurance coverage, also deals with transportation issues due to its rural geography. Lack of transportation can cause access to care issues, which decreases the quality of life for individuals in that area.

Persons Without Health Insurance, Under Age 65 Years, 2012-2016	
Area	**Percent**
Harford County	4.8%
Aberdeen	10.3%
Edgewood	8.5%
Havre de Grace	5.5%

US Census 2012-2016 American Community Survey 5-Year Estimates, 2012-2016

No Health Insurance Coverage
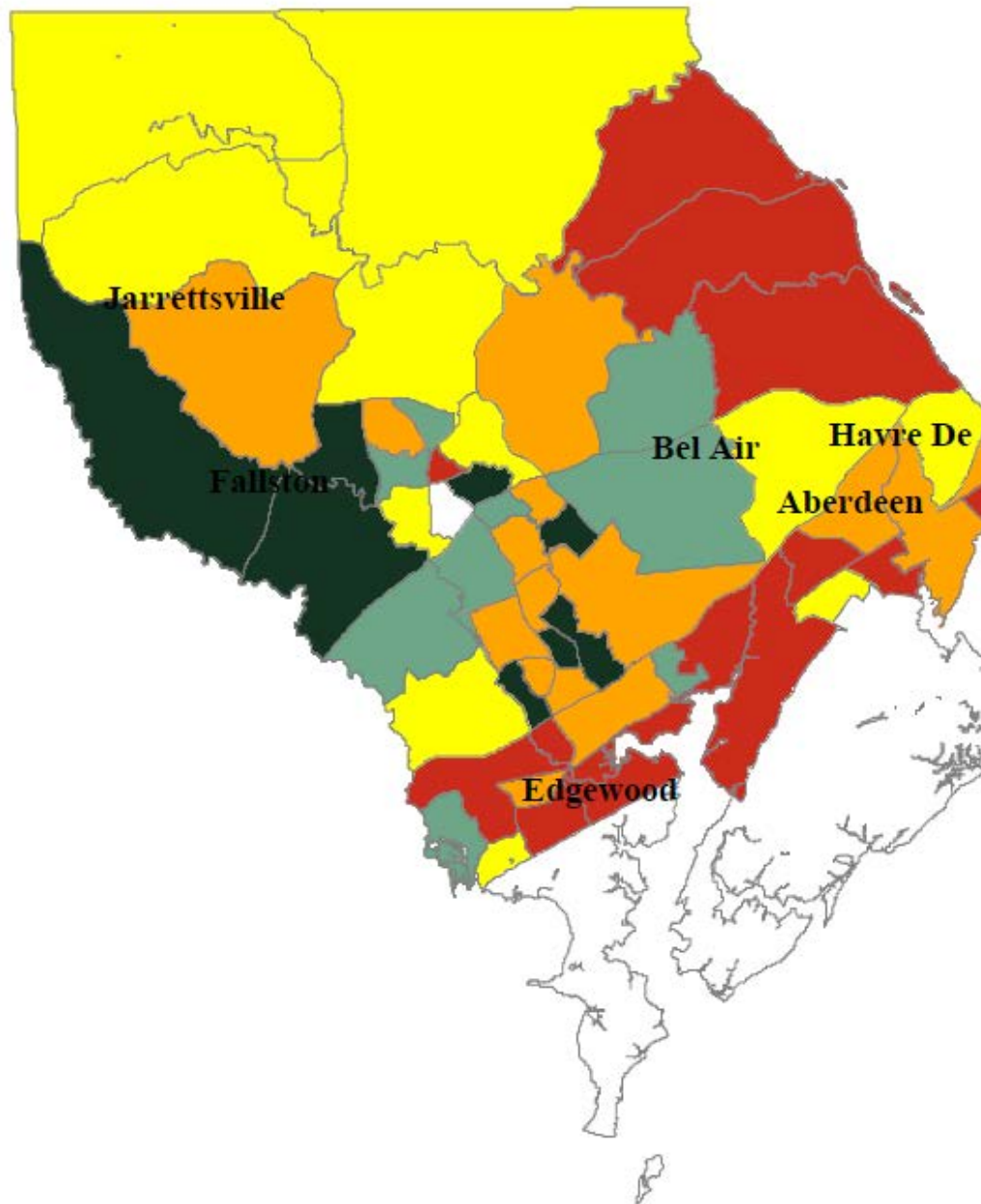
% of adult residents, ages 18-64

⊠ No data	☐ 0.0	■ 1.0 - 2.7
▨ 2.8 - 3.9	☐ 4.0 - 5.7	▨ 5.8 - 7.4
■ 7.5 - 23.5		

American Community Survey 5-Year Estimates, 2015: Maryland Department of Health
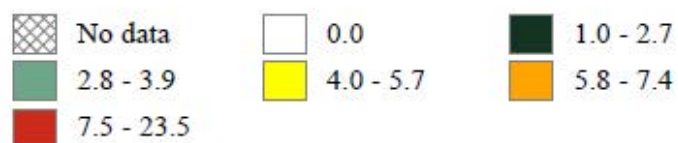
Care Coordination Plus is an HCHD service that assists clients in accessing the care they need. The program, which is for all Harford County residents regardless of medical insurance type, works with the University of Maryland Upper Chesapeake Medical Center and the Comprehensive CARE Center, Harford Memorial Hospital, and other agencies to assist clients in receiving needed services. The areas that have the largest number of patients using this service and which also have higher numbers of emergency department visits and hospitalizations, are Aberdeen, Havre de Grace, and Edgewood.

Number of 2017 Care Coordination Plus Cases
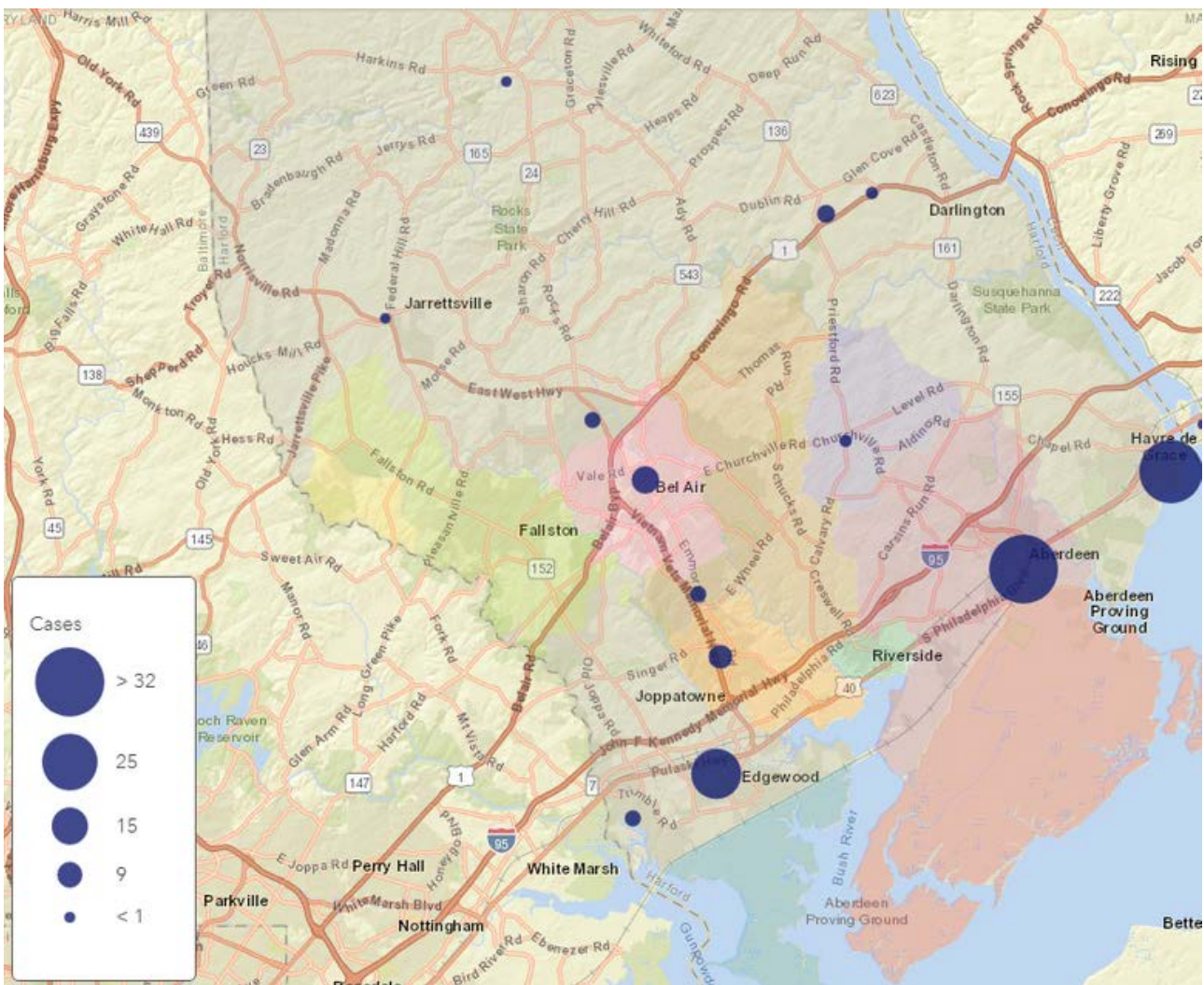
Harford County Health Department: Department of Care Coordination

"If someone's family member wasn't very proactive following a doctor's recommendations, then their children will also do the same."

Risk Behaviors

Smoking

Even though smoking rates have decreased in recent years, tobacco use is still a concern for Maryland residents. In Harford County, 17% of residents are current smokers (2014-2016 BRFSS). In 2017, a higher rate of residents from Aberdeen, Edgewood, and Havre de Grace who visited the emergency room in Harford County reported using some kind of tobacco product.

**2017 Emergency Department Visits Rate per 1,000 Residents in Harford County Who Use Tobacco**

2017 CRISP Data
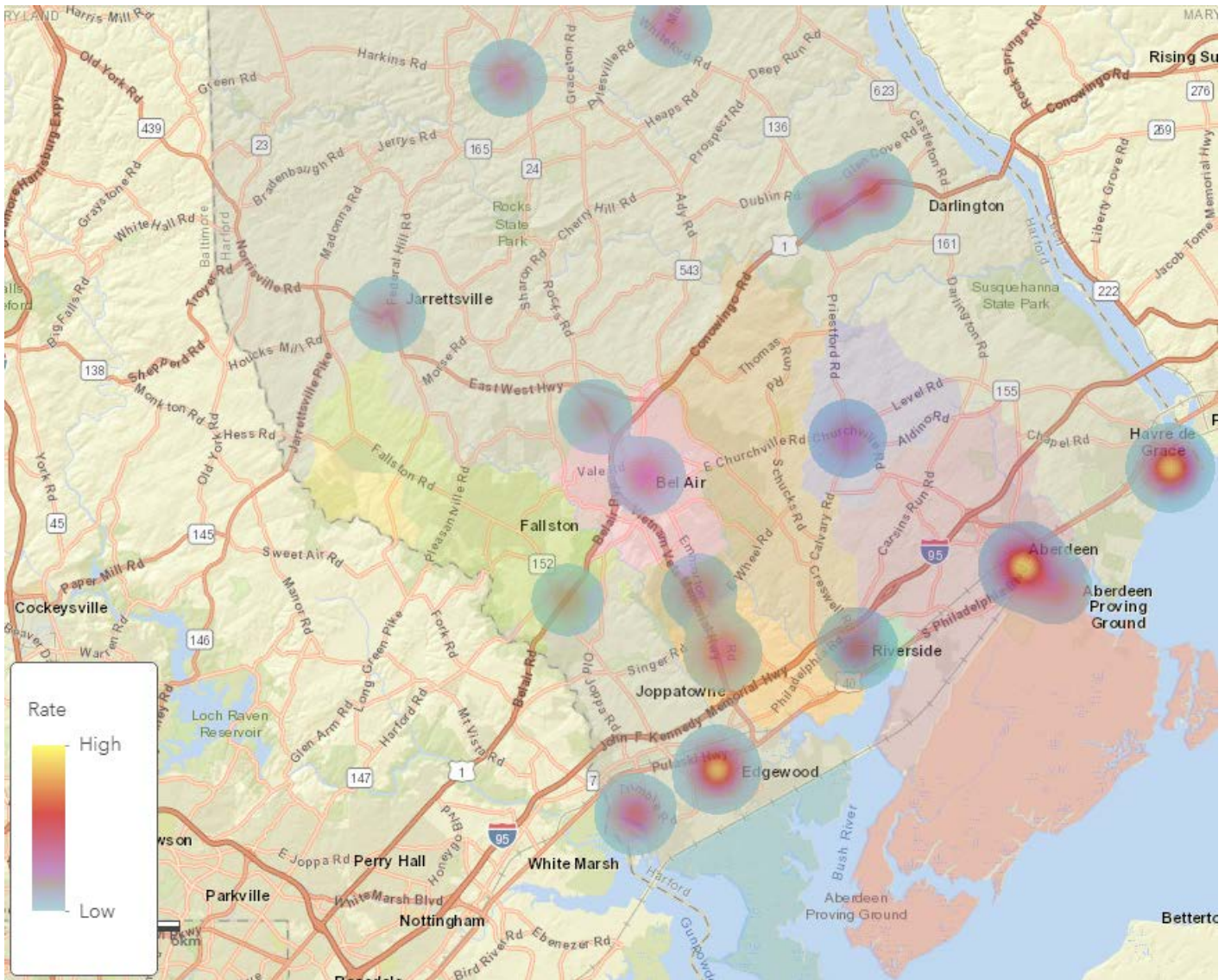
"My teen is starting to smoke and I don't know what to do. Thank God I don't smoke or drink."

Obesity

Obesity continues to be an issue, not just in Maryland, but also in Harford County. Though numbers have improved incrementally, Harford County rates continue to be higher than the state average. In 2017, a higher rate of residents from Aberdeen, Edgewood, and Havre de Grace who visited the emergency room in Harford County were obese as compared to the county as a whole. According to the 2014-2016 Behavioral Risk Factor Survey (BRFSS), 27% of Non-Hispanic White adults and 47% of Non-Hispanic African American/Black adults in Harford County are classified as obese compared to 28% of Non-Hispanic White adults and 39% of Non-Hispanic African American/Black adults in Maryland.

2017 Emergency Department Visits Rate for Obesity per 1,000 Residents in Harford County
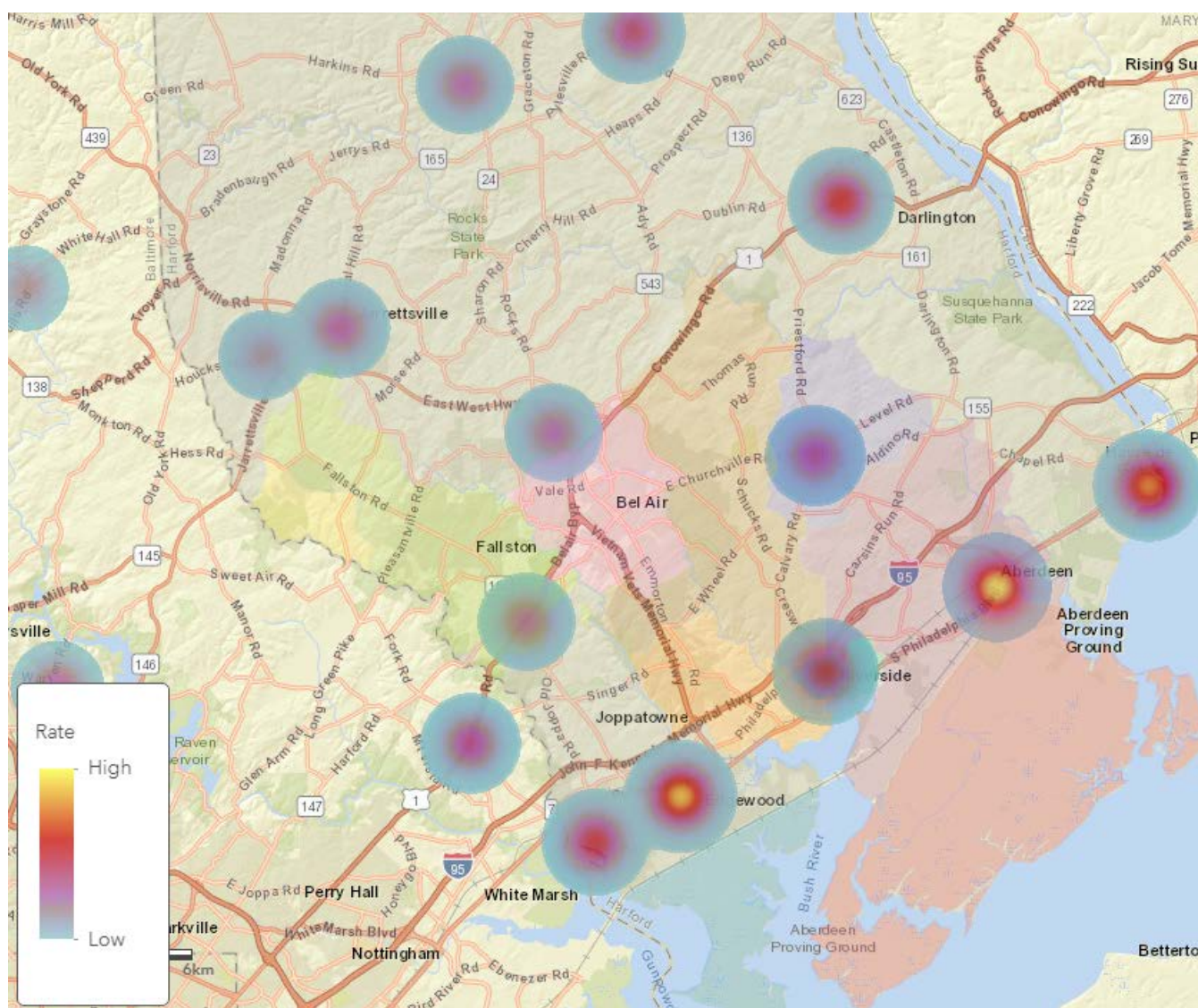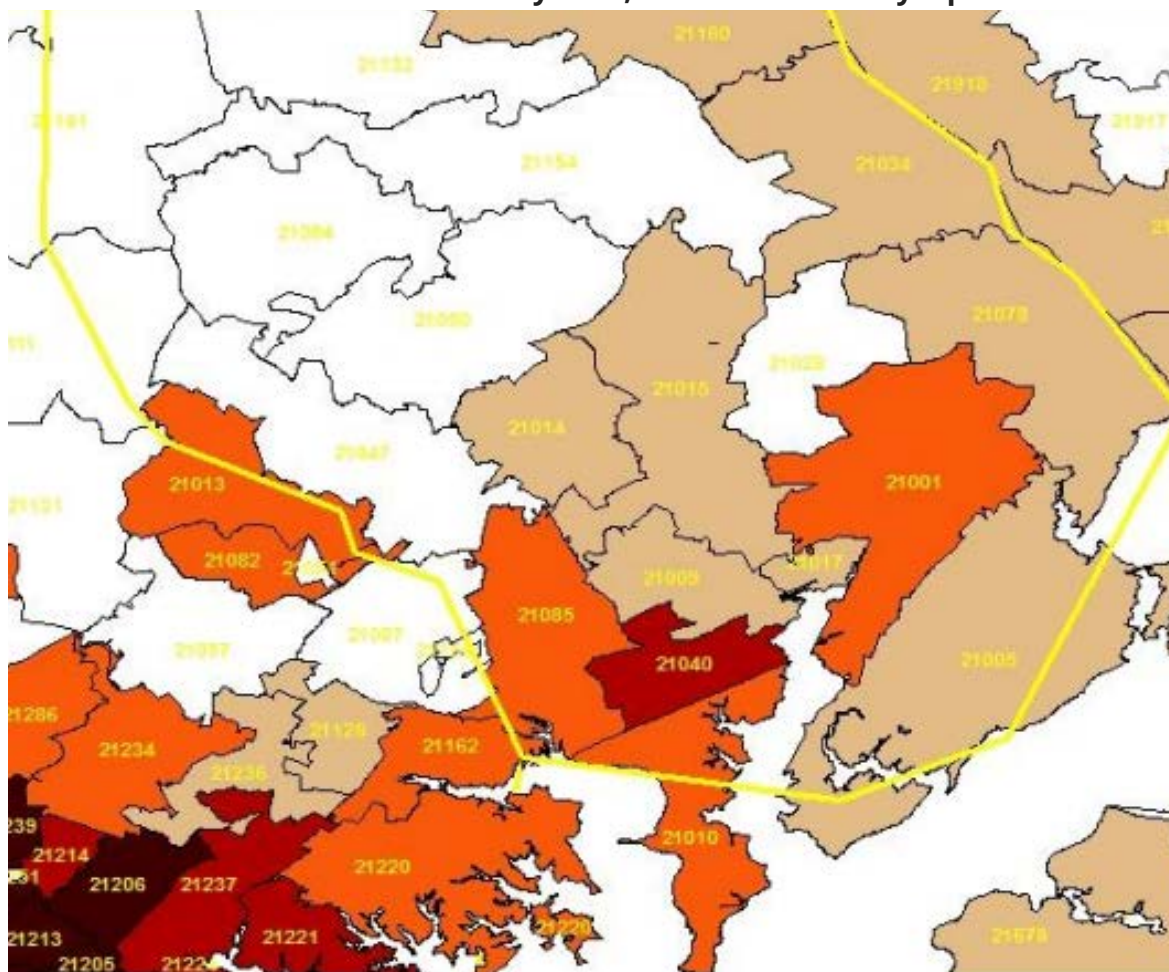

2017 CRISP Data

Sexually Transmitted Infections

Maryland law requires that all cases of Gonorrhea, Chlamydia, and Primary and Secondary Syphilis be reported to the Maryland Department of Health. Higher number of cases of Gonorrhea and Chlamydia were reported in Edgewood, followed by Aberdeen, Joppa, and Gunpowder. Higher number of cases of Primary and Secondary Syphilis were reported in Aberdeen, followed by Joppa and Bel Air. These patterns are similar to adult and adolescents living with human immunodeficiency virus (HIV) in Harford County. Higher rates are found in Edgewood, Aberdeen, and Abingdon.
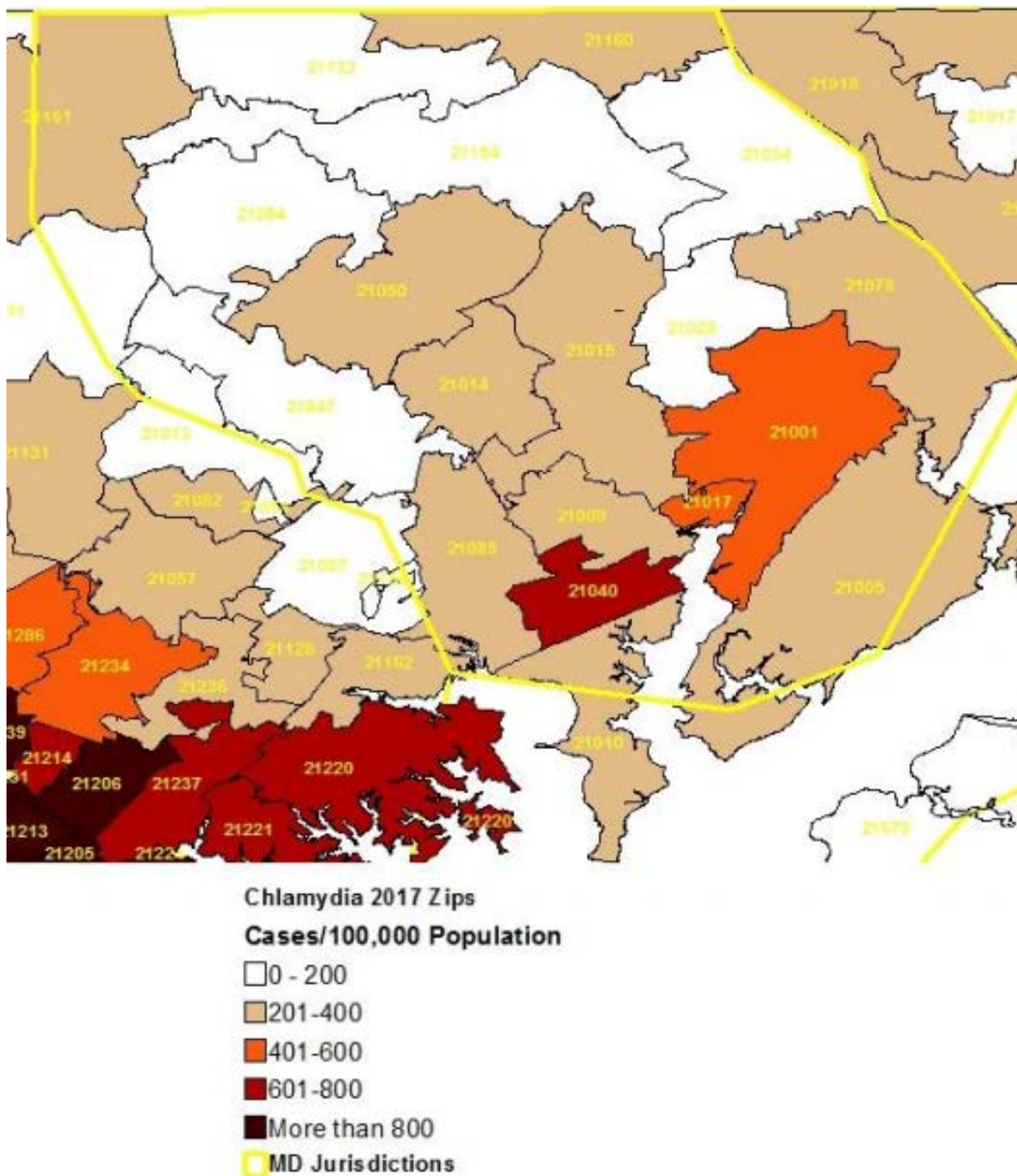
Gonorrhea in Harford County 2017, Incidence Rates by Zipcodes

Gonorrhea 2017 Zips
Cases/100,000 Population
- ☐ 0 - 19
- ☐ 20 - 100
- ■ 101 - 200
- ■ 201 - 500
- ■ More than 500
- ☐ MD Jurisdictions
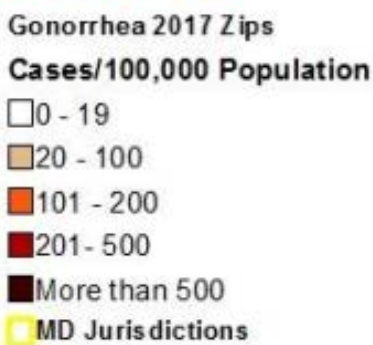
CSTIP-MDH, Cesar Pena, 8/30/2018

Sexually Transmitted Infections Continued

**Chlamydia in Harford County 2017, Incidence Rates by Zipcodes**

Chlamydia 2017 Zips
Cases/100,000 Population
☐ 0 - 200
☐ 201-400
■ 401-600
■ 601-800
■ More than 800
☐ MD Jurisdictions

CSTIP-MDH, Cesar Pena, 8/30/2018

Sexually Transmitted Infections Continued

Primary & Secondary Syphilis in Harford County 2017, Incidence Rates by Zipcodes

P&S Syphilis 2017 Zips
Cases/100,000 Population
- ☐ 0 - 0.2
- ☐ 0.3 - 2.0
- ■ 2.1 - 4.0
- ■ 4.1 - 10.0
- ■ More than 10
- ☐ MD Jurisdictions

CSTIP-MDH, Cesar Pena, 8/30/2018

Behavioral Health

Depressive Disorder, also known as clinical depression, is a mental health condition associated with consistent sadness or loss of interest in life. Depression can lead to harmful behaviors, such as suicide and substance abuse, so treatment for this disorder is critical. Fortunately most people with depression can be helped with medication, psychotherapy or a combination of both. Mental health issues have been on the rise all over Harford County. Aberdeen, Havre de Grace, and Edgewood were three areas that experienced a higher rate of depressive disorder residents who went to the emergency department in 2017.

**2017 Emergency Department Visits Rate for Depressive Disorder per 1,000 Residents in Harford County**
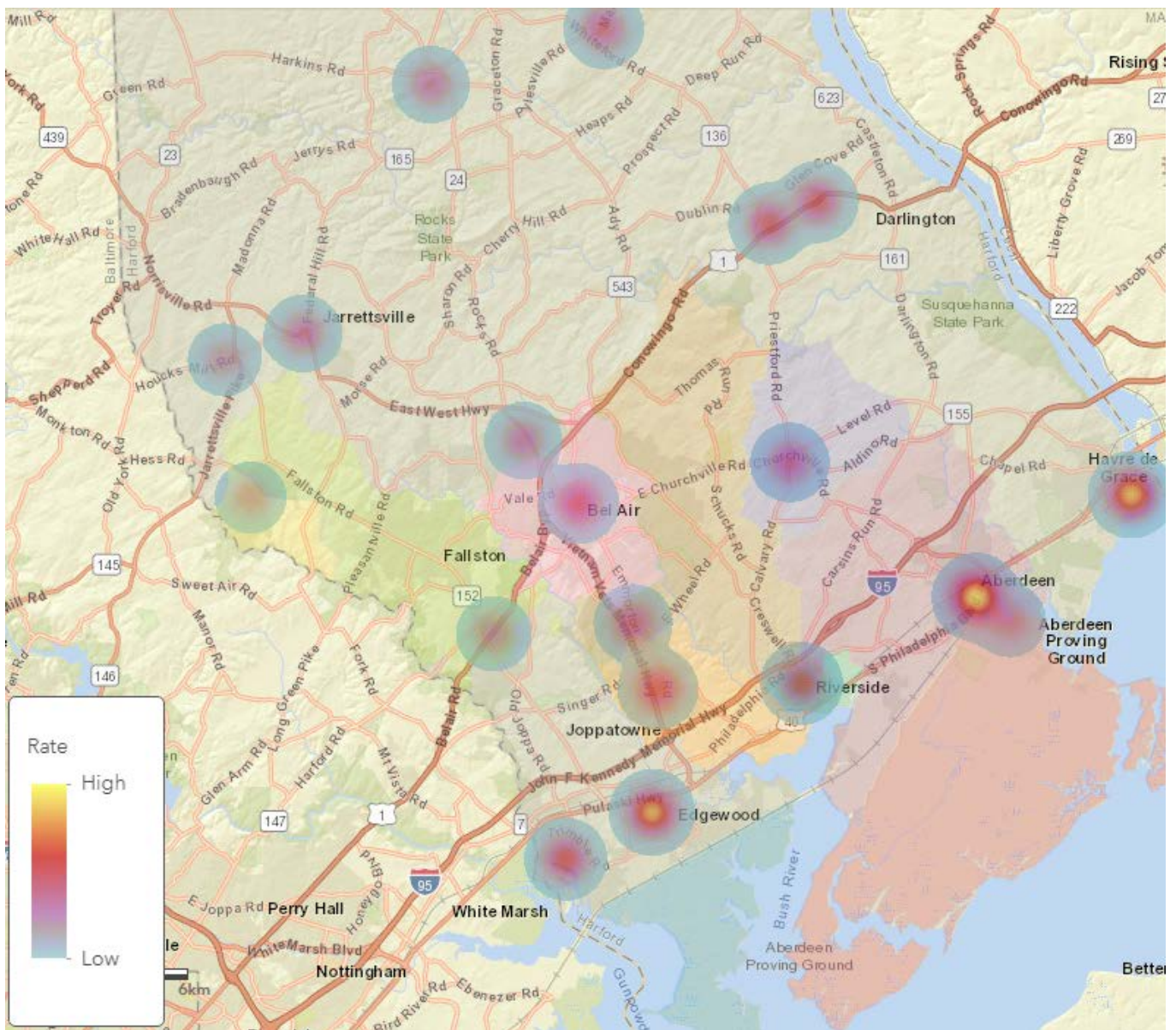
2017 CRISP Data

Substance Use

In 2017, Harford County experienced 314 accidental drug overdoses, 101 of which were fatalities. In 2015, the number of fatal overdoses was 50, which indicates a 102% increase in just 2 years. The increase in drug overdoses has been labeled an epidemic both in Maryland and nationally. Harford County's high number of overdoses may be a result of its location along the Interstate 95 corridor, which is known to be a major route for the movement of illegal drugs. Though the number of overdoses in 2017 appears to be scattered across Harford County, there is a higher concentration in Edgewood (an area with a high rate of residents who have a depressive disorder), Joppa, and Bel Air.

Number of Accidental Drug Overdoses in Harford County, 2017
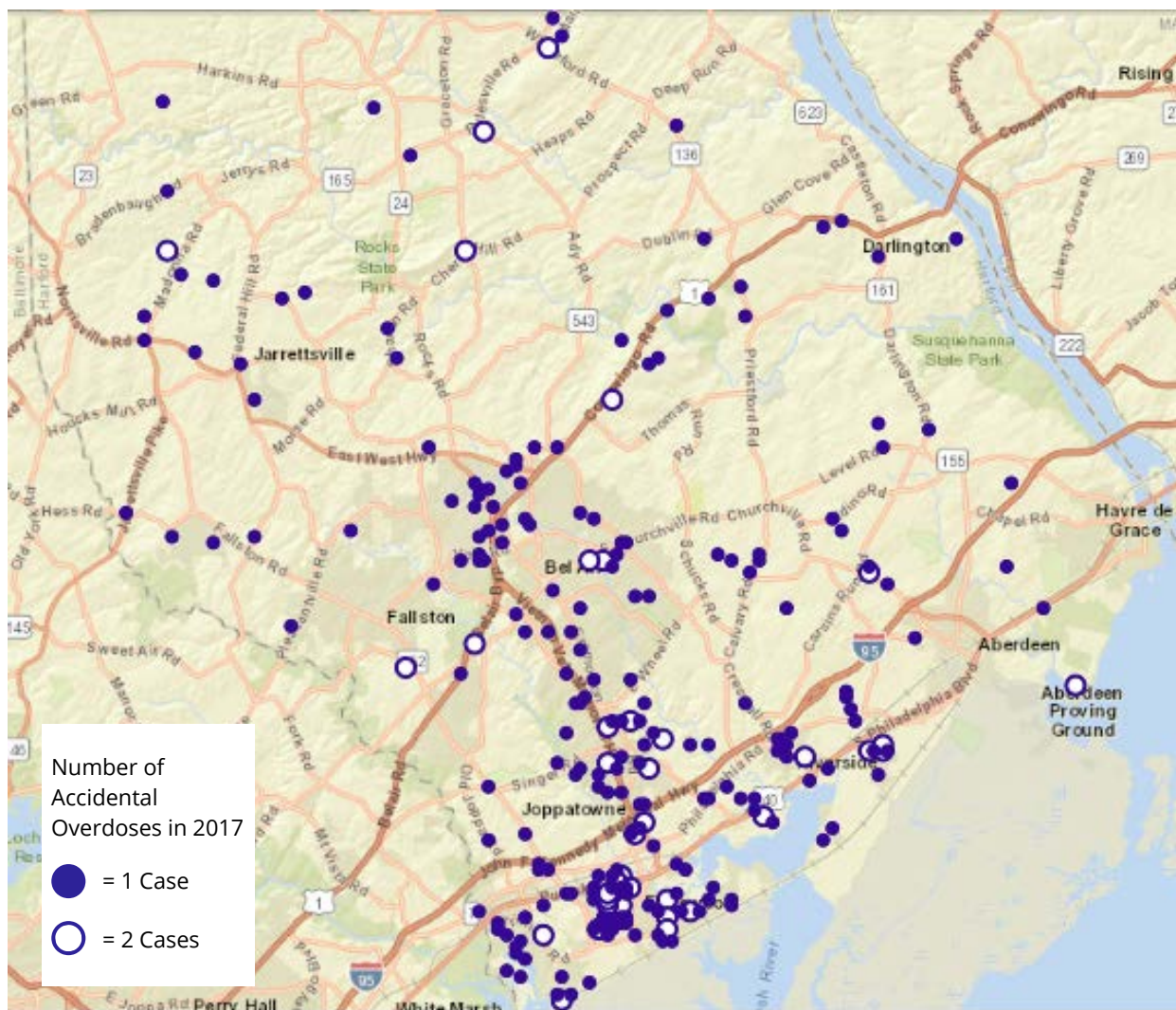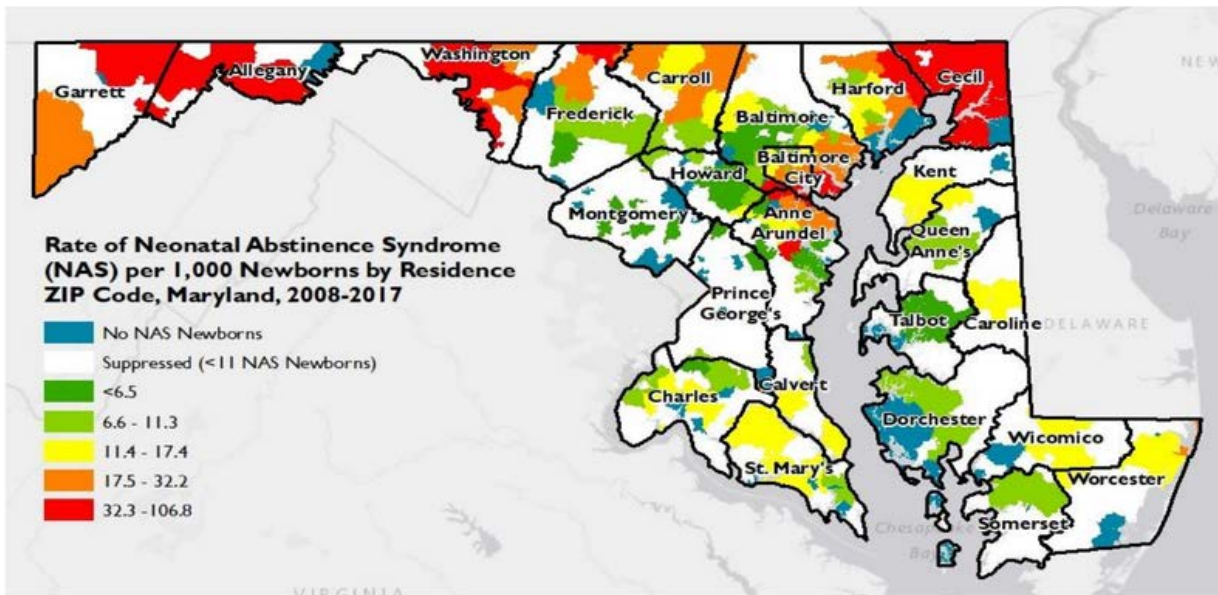

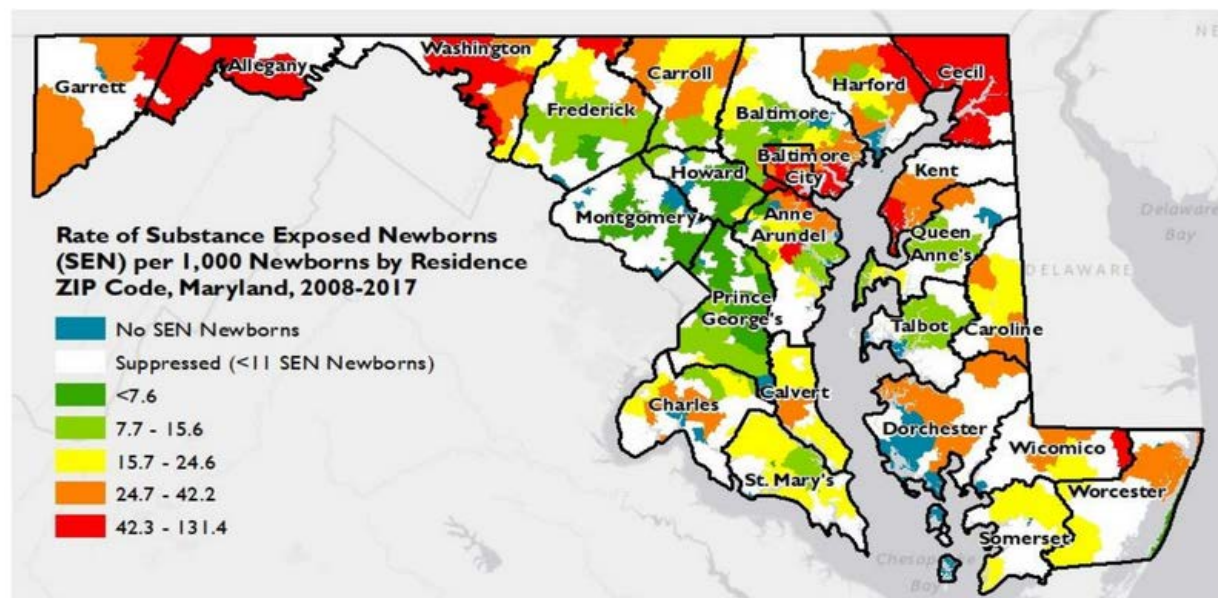Source: Harford County Sheriff's Office Crime Reports, 2017

"In my area, we need to clean up the streets, all the needles in the streets and alcohol bottles, especially in Aberdeen."

Neonatal Abstinence Syndrome and Substance Exposed Newborns

Neonatal abstinence syndrome (NAS) refers to the group of conditions an infant experiences from being exposed to addictive opiate drugs in the womb. As a state, Maryland's rate of NAS is increasing, as is the national rate. The map below indicates that Havre de Grace and Darlington have the highest rates of NAS in Harford County. Rates in Aberdeen, Street, and Edgewood follow closely behind. A substance-exposed newborn (SEN) is an infant, under 30 days old, who was exposed to a drug or a substance while in the womb. SEN patterns are consistent with NAS and can be found in the same areas and beyond, making it a growing geographic issue. Locally, Havre de Grace and Darlington are experiencing the highest rates of SEN, while other areas such as Aberdeen, Joppa, Edgewood, Street, and Jarrettsville are right behind them.

Rate of Neonatal Abstinence Syndrome (NAS) per 1,000 Newborns by Residence ZIP Code, Maryland, 2008-2017

Source: Health Services Cost Review Commission (HSCRC). Data reflect Maryland newborn residents in Maryland hospitals only. NAS based on a diagnosis of the following on the newborn discharge record: ICD-9 779.5: drug withdrawal syndrome in newborn, or ICD-10 P96.1: neonatal withdrawal symptoms from maternal use of drugs of addiction.
Data suppressed for jurisdictions with less than 11 NAS newborns.

Rate of Substance Exposed Newborns (SEN) per 1,000 Newborns by Residence ZIP Code, Maryland, 2008-2017

Source: Health Services Cost Review Commission (HSCRC). Data reflect Maryland newborn residents in Maryland hospitals only.
SEN based on a diagnosis of the following on the newborn discharge record: ICD-9: 779.5, 760.70, 760.71, 760.72, 760.73, 760.75, 760.77 ICD-10: P96.1, P04.3, P40.41, P04.49, P04.8, P04.9
Changes in NAS coding from ICD-9 to ICD-10 in October 2015 may have influenced the number of SEN in these years.
Data suppressed for jurisdictions with less than 11 NAS newborns.

When examining adverse pregnancy outcome risks as a whole, Edgewood has the highest risk, followed by Havre de Grace, Joppa, and Aberdeen. The adverse pregnancy outcome risk for Non-Hispanic African American/Black infants is higher than White infants in Edgewood and Aberdeen areas. Risk factors such as parental substance abuse can ultimately lead to adverse childhood experiences (ACEs) that affect overall health. ACEs can influence both the mental and physical health of the individual and make them more likely to consider suicide, abuse substances, and have heart disease, stroke, diabetes, and cancer.

Adverse Pregnancy Outcome Risk by Census Tract, Harford County, 2010-2016

Lowest — Highest
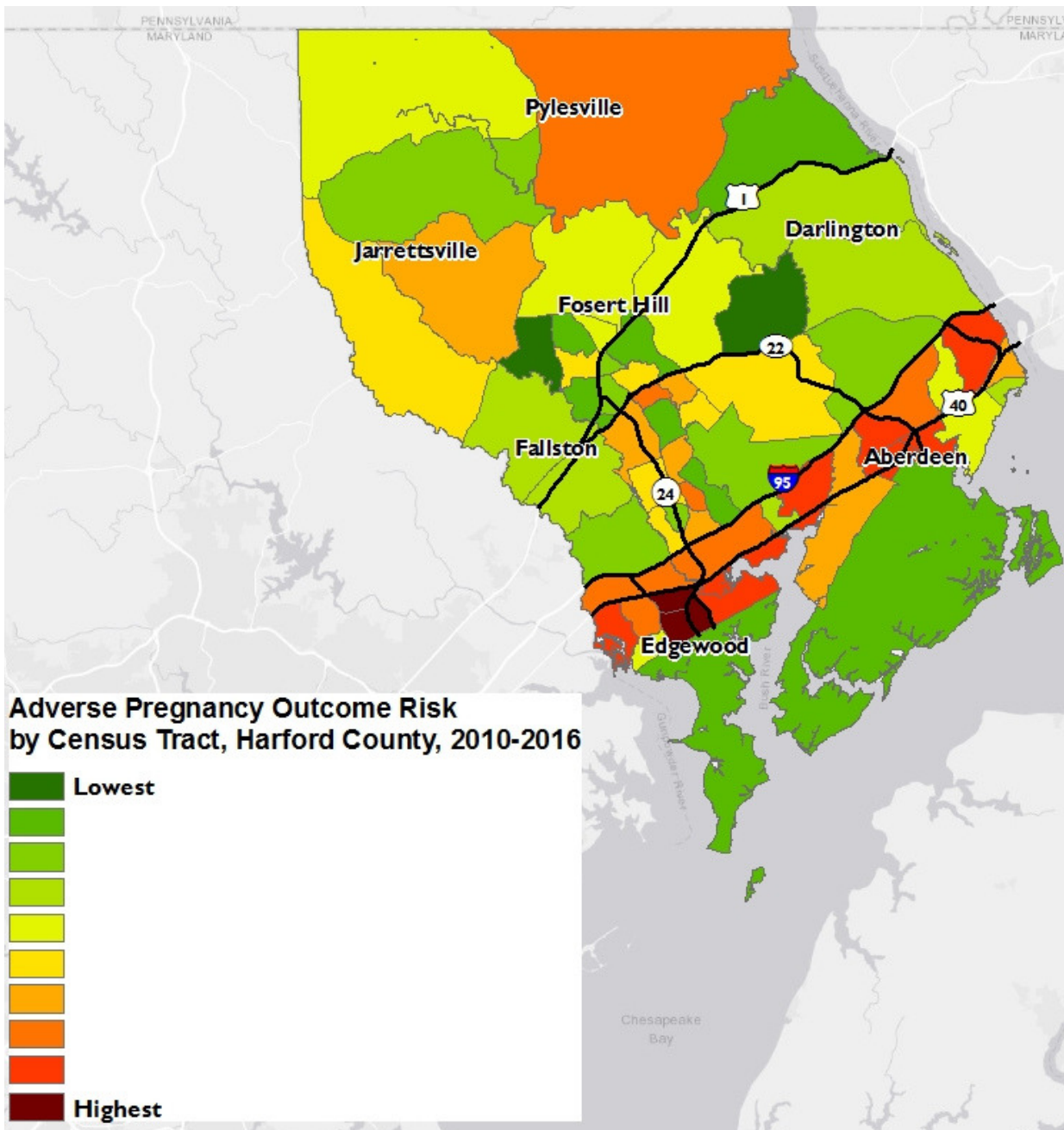
Risk represents weighted mean- predicted probability of fetal deaths, neonatal deaths, or very premature births (<1,00 grams & <32 weeks) adjusted for maternal, hospital, and community characteristics stratified by jurisdiction among singleton pregnancies. Lowest and Highest indicate areas whose estimated risks is in the lower 5th and upper 9th percentile of the jurisdiction, respectively.
Maryland Vial Statistics and Maryland Department of Health, Office of Maternal Child Health Epidemiology

Chronic Diseases

A chronic disease, as defined by the U.S. National Center for Health Statistics, is a disease lasting three months or longer. According to the Centers for Disease Control and Prevention (CDC), chronic diseases are among the most common, costly, and preventable of all health problems. Early detection and screening is an important part of primary prevention. Seven out of the ten leading causes of death in Harford County are chronic diseases: cancer, heart disease, chronic lower respiratory disease, diabetes, stroke, Alzheimer's disease, and kidney diseases.

Cancer

Cancer was the leading cause of death in 2017 and residents with lung cancer had the highest mortality rates. In 2017, the rate of emergency room visits for lung cancer patients was highest in the Aberdeen zip code. This is consistent with the number of hospitalizations related to tobacco use, which is known to cause lung cancer.
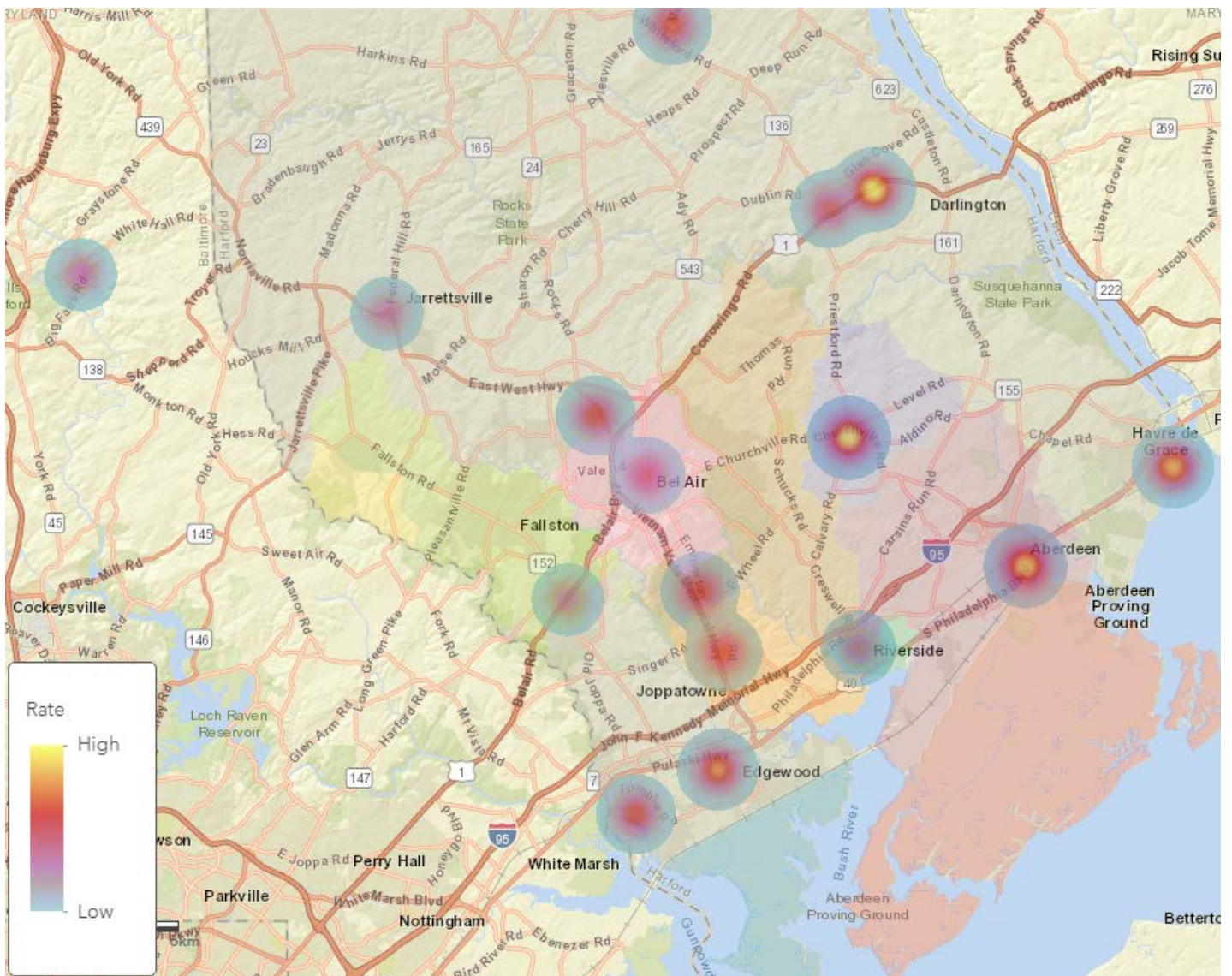
2017 Emergency Department Visits Rate for Lung Cancer per 1,000 Residents in Harford County
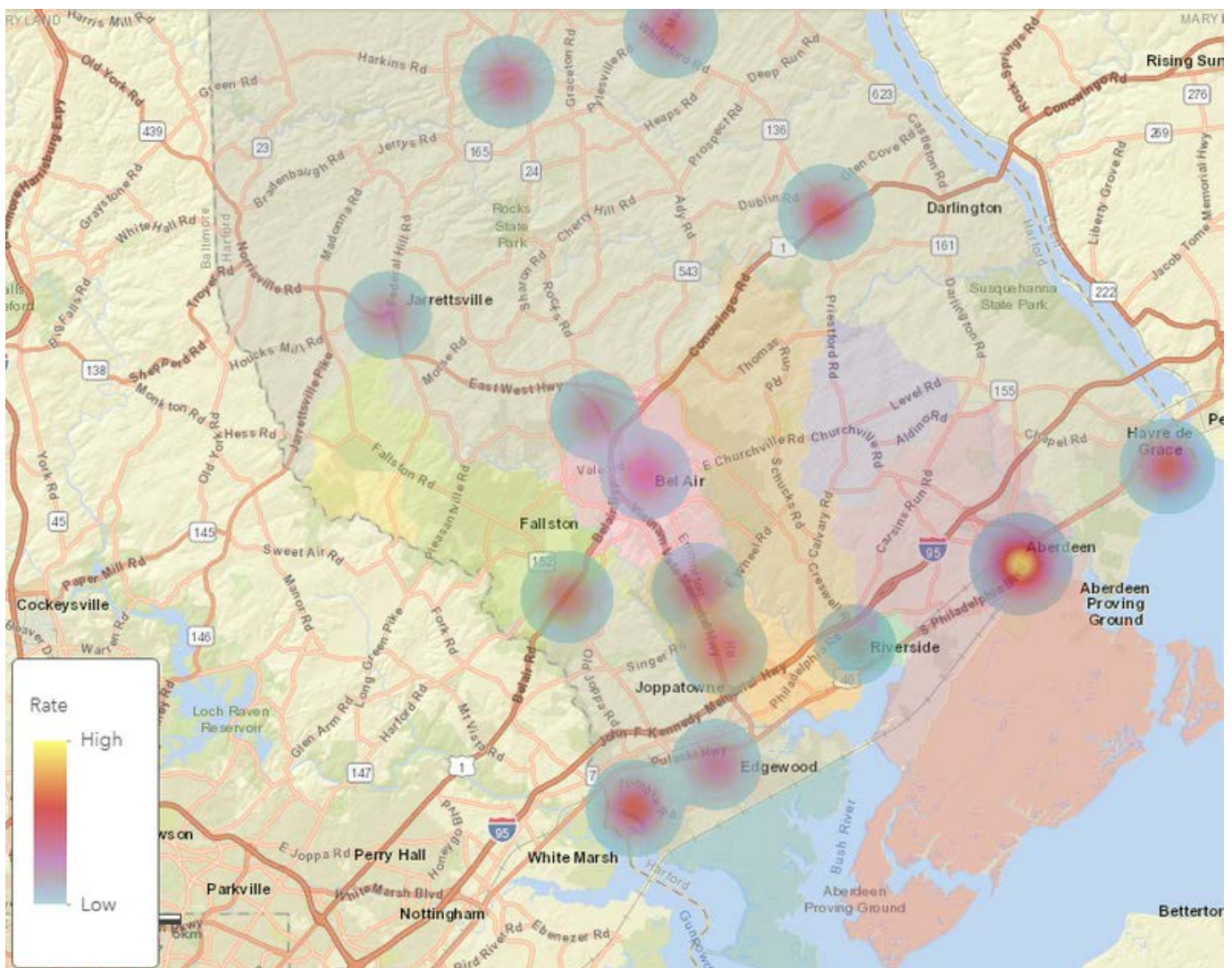
2017 CRISP Data

The next leading cause of cancer deaths, colorectal cancer, can be found through early detection and screening efforts. A higher rate of hospitalizations from this cancer can be found in the Darlington area, followed by Aberdeen, Churchville, Havre de Grace, and Edgewood. Increasing physical activity, having a healthy diet, limiting alcohol consumption, and avoiding tobacco are some suggestions for preventing colorectal cancer. African American/Black residents have a higher incidence rate for both colorectal and lung cancer than White residents and the rate is even higher for males compared to females.

2017 Emergency Department Visits Rate for Colorectal Cancer per 1,000 Residents in Harford County


2017 CRISP Data

"It seems like everybody (in Harford County) has cancer."

Hypertension

Hypertension, also known as high blood pressure, is a component of heart disease, which is the number one cause of death in the United States and the number two cause of death in Harford County. Locally, Aberdeen, Havre de Grace, and Edgewood have a higher concentration of adults with hypertension who are going to the emergency department. Hypertension prevalence is higher in White (39%) residents than African American/Black (36%) residents in Harfod County.

2017 Emergency Department Visits Rate for Hypertension per 1,000 Residents in Harford County

2017 CRISP Data

Diabetes

Diabetes is a group of diseases that affect blood sugar levels. There are several types of diabetes, but the two most common are Type 1 and Type 2. Type 1 is a chronic condition in which the pancreas produces little or no insulin. Type 2 is a chronic condition that affects the way the body processes blood sugar and is the most common form of diabetes. Some risk factors for Type 2 diabetes are obesity, a sedentary lifestyle, and physical inactivity. Diabetes was the sixth leading cause of death in the county. Residents in Aberdeen, Havre de Grace, and Edgewood have a higher rate of emergency department visits associated with diabetes. These three areas also have high rates of obesity. Diabetes prevalence is also higher in White residents than African American/Black residents in Harfod County.

**2017 Emergency Department Visits Rate for Diabetes per 1,000 Residents in Harford County**

2017 CRISP Data
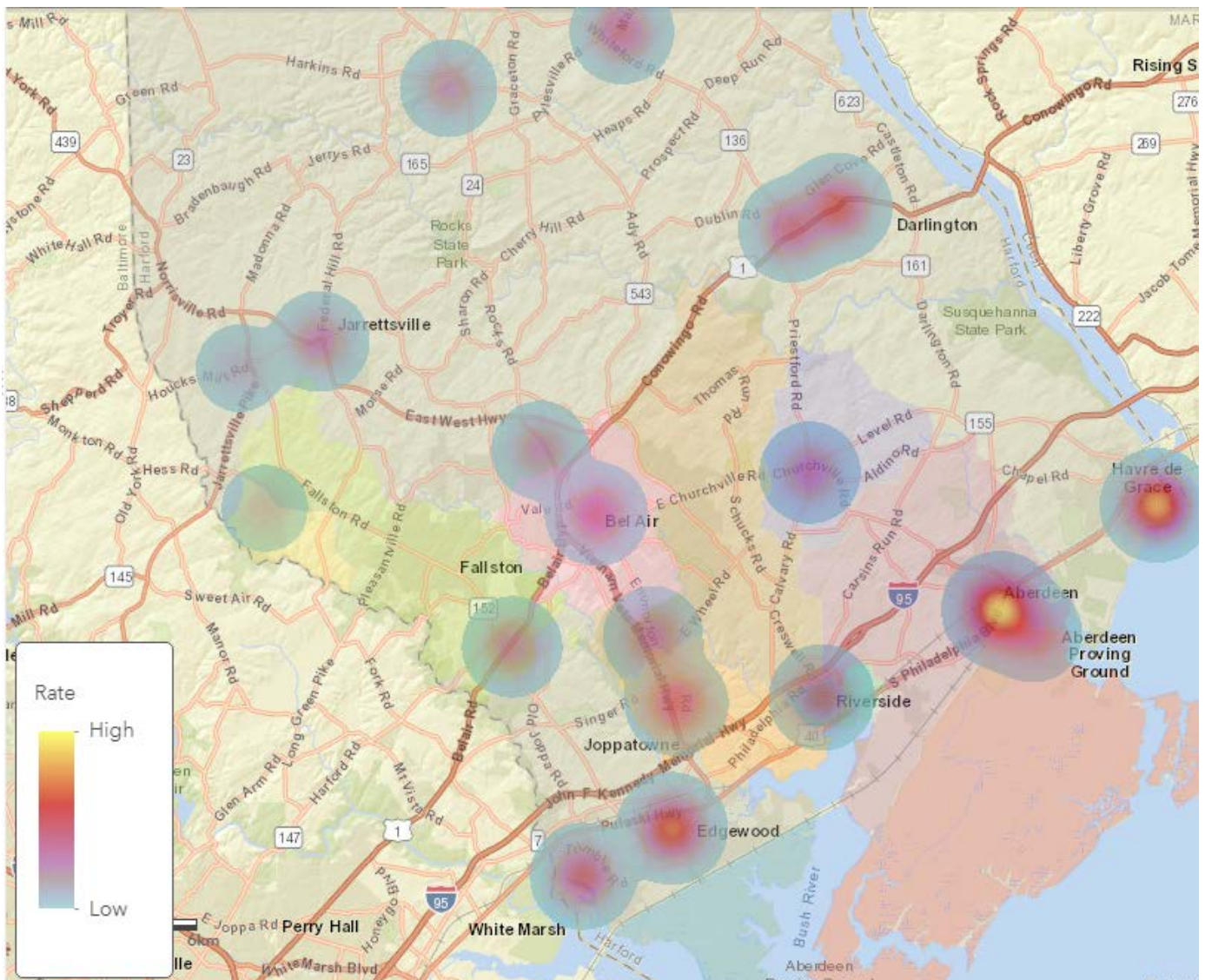
"A priority for health in the community are prescription medications that are affordable, for example for diabetes, heart disease."

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD), a group of diseases that cause airflow blockage and breathing-related problems, is the third leading cause of death among Harford County residents. COPD can include diagnoses of emphysema, chronic bronchitis, and in some cases asthma. Former and current smokers are at risk of developing these diseases. In 2017, COPD was the third overall leading cause of death in the county. Aberdeen, an area with a high percentage of tobacco users, also has a higher rate of emergency visits by residents diagnosed with COPD, with Havre de Grace and Edgewood having the second and third highest rates in the county.

2017 Emergency Department Visits Rate for COPD per 1,000 Residents in Harford County
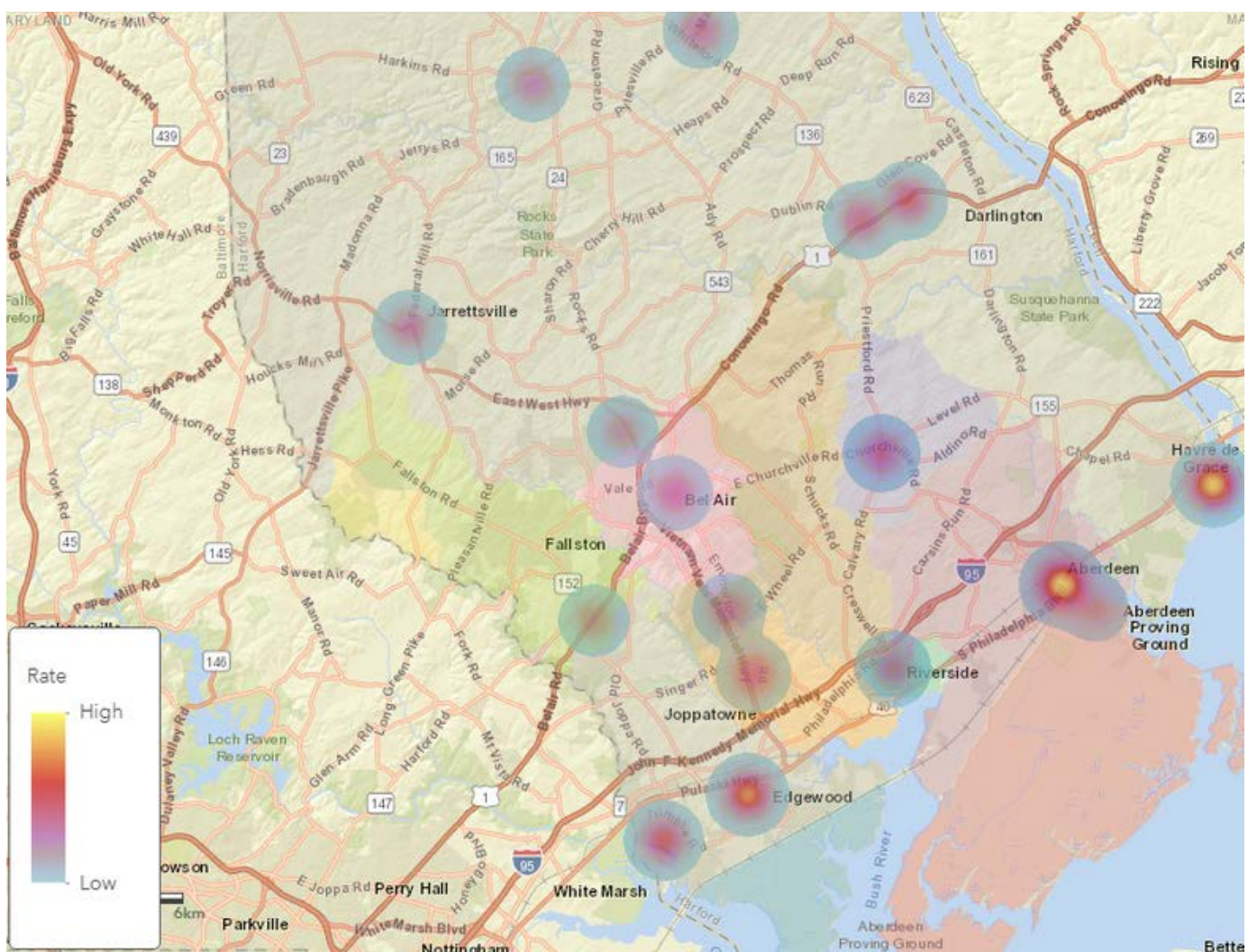
2017 CRISP Data

"To make Harford County a healthier place to live we need more peer recovery coaches and a non-smoking Harford County."

CONCLUSION

"To have health equity or healthy living in Harford County we need better services like the ones at the health department and more often."

Where do we go from here?

Where you live matters! This report is the first step in understanding health equity in Harford County. Based on the findings of this report, there are health inequities due in geographic factors in Harford County, as evidenced by poorer living conditions, lower health insurance rates, and higher negative risk behaviors and diseases compared to other zip codes in the county. The three priority areas are Aberdeen, Edgewood, and Havre de Grace. This places residents in that area at higher risk for increased morbidity and mortality.

Now that priority areas have been identified, the health department can continue to strengthen cross-sector partnerships with community leaders, increase access to services, and improve health for residents that need the most care. The assessment can also be used to identify which programs need to be expanded in order to increase capacity and educate employees on the importance of health equity. This type of program and policy advocacy will help make Harford County the healthiest community in Maryland.

What can you do?

The first step in achieving health equity is recognizing that health status is very different depending on your location in Harford County. Use this information to shape your work and partner with organizations that can help leverage your goals. Sustainable programs and partnerships are important, and building health equity depends on community-wide collaboration!