



Public Health
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Harford County
Health Department

Health Equity Report

2023



Prepared by
HARFORD COUNTY
HEALTH DEPARTMENT

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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 263,000 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 2021 Census, only 7.8% of residents live in poverty, however taking a closer look at other zip codes in the county shows 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 Centers for Disease Control and Prevention, “Health equity is achieved when every person has the opportunity to attain their full health potential and no one is at a disadvantage to achieve that potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.”

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 receives the same services. Health equity is achieved when one’s health is not affected by their social position or other socially determined circumstances, such as income or race, rather than by providing the same services to all.

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 which are higher for Non-Hispanic African Americans/Blacks compared to Non-Hispanic White babies. Health inequity is a difference in the distribution or allocation of a resource between groups. An example of 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 to 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.

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. These are non-medical factors that influence health outcomes. There are five determinant areas that make up the underlying factors of the SDOH and contribute to health equity: Education Access and Quality, Health Care and Quality, Neighborhood and Built Environment, Social and Community Context, and Economic Stability.



Economic stability coupled with having low unemployment and poverty rates, allows people to provide for themselves and their families. In the United States, 1 in 10 people live in poverty, and many people cannot afford healthcare, healthy foods, and housing. Many people have trouble finding and keeping a job. Employment programs, career counseling, and high-quality childcare opportunities can help more people find and keep jobs. In addition, policies to help people pay for food, housing, health care, and education can reduce poverty and improve health and well-being. A consistent source of income positively correlates to health improvement.

Education, another area of SDOH, is highly relevant starting with 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. Persons with higher education levels are more likely to be healthier and live longer.

Having access to health care and primary care options are key areas of SDOH. Healthcare 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 better opportunities for preventive health, such as free/low-cost 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 any 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.

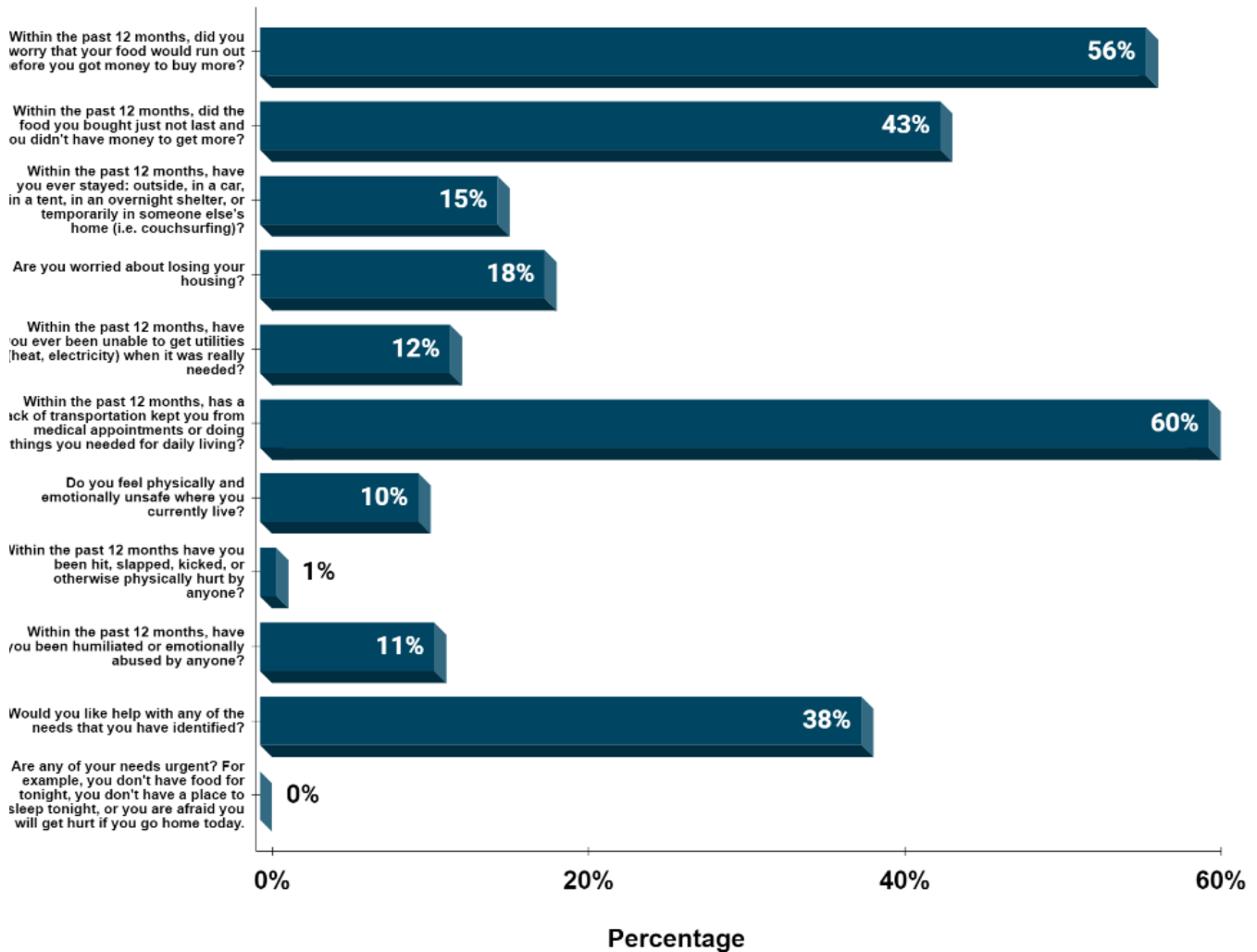
Lastly, social and community context reflects another key issue. There is a strong association between social ties and health. For example, strong relationships are important for one's physical and psychosocial well-being and can influence health outcomes through social support such as helping people 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 lives and achieve health equity.

Harford County Health Department has numerous programs that address SDOH to create health equity in our county. By asking our patients and participants what their SDOH needs are, we can help aid these individuals with the resources and services they need.

"A healthy family means having communication and support"





The above questions are asked to our program participants in order to be able to refer them to the appropriate service that either the HCHD or the community offers, with the goal that their needs will be addressed. Transportation and food access seem to be the largest disparity areas among our participants.

“Transportation is definitely an issue. If someone lives in Edgewood and has to go to Forest Hill for an appointment with no car, how would they get there?”

Our Commitment

The Harford County Health Department is committed to improving health equity in the community and has begun looking into ways to incorporate this concept into our work. The 2019-2024 HCHD Strategic Plan addresses strong awareness regarding 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 the 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 the 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

The objective of this report is to outline the existing health inequities and pinpoint specific areas in Harford County that are most affected by these disparities. Throughout this report, readers will gain a deeper comprehension of the underlying causes that drive these inequities. Additionally, it will showcase the efforts that have been undertaken by the HCHD, alongside other organizations and groups, to address these issues, and will shed light on areas where there is potential for improvement. The report will also empower our community to understand the locations and nature of these inequities while providing the Health Department with invaluable insights to enhance our public service efforts.

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 comprises 23 zip codes. Maps were created by the Harford County Health Department Population Health Unit and were based on data from the health department and the Chesapeake Regional Information System for our Patients (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

The Harford County Health Department Minority Health Program collects community needs information from the community on a monthly basis to help prioritize their voices. The data that was collected was used to obtain input for the Health Equity Report and to inform stakeholders.



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 use 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 more issues, but it should not be overlooked that there are separate health issues in the northern/rural areas such as transportation, 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.

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. Hispanics, Asians, and Native Hawaiians and Pacific Islanders 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, 2019 and 2021			
Harford County	2019 Census	2021 Census	% Change
Total	255,441	262,997	3%
White alone	191,517	191,595	0%
African American / Black	35,826	35,344	-1%
Asian	7,229	8,291	15%
American Indian / Alaskan Native	165	63	-62%
Native Hawaiian and Pacific Islander	92	251	173%
Hispanic	12,215	13,344	9%

50.8%

Female

10.8%

with a disability

5.9%

foreign-born
persons

Population By Race and Hispanic Origin, Aberdeen, Maryland		
Aberdeen	27,379	Percentage
White	15305	55.9%
African American / Black	7803	28.5%
Indian / Alaskan Native	82	.3%
Asian	903	3.3%
Pacific Islander	54	.2%
Hispanic	1917	7%
Multiple Races	1232	4.5%
Other	54	.2%

Population By Race and Hispanic Origin, Edgewood, Maryland		
Edgewood	24,792	Percentage
White	9966	40.2%
African American / Black	10958	44.2%
Indian / Alaskan Native	74	.3%
Asian	520	2.1%
Pacific Islander	25	.1%
Hispanic	2206	8.9%
Multiple Races	1016	4.1%
Other	25	.1%

Population By Race and Hispanic Origin, Havre de Grace, Maryland		
Havre de Grace	19,746	Percentage
White	13,822	70%
African American / Black	3298	16.7%
Indian / Alaskan Native	59	.3%
Asian	612	3.1%
Pacific Islander	20	.1%
Hispanic	1165	5.9%
Multiple Races	750	3.8%
Other	20	.1%

Income & Poverty

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. Looking at Harford County household income by zip codes, we see lower income in those high priority areas compared to zip codes in northern Harford County. The average household income in the high priority areas of Aberdeen, Edgewood, Havre de Grace, and Joppatowne is \$76,415, whereas the average household income of the northern zip codes including Bel Air, Darlington, Fallston, and Forest Hill is \$115,171 (United States Census, 2020).

In the county, 6.2% of residents make less than the 2021 U.S. Federal Poverty Guidelines, which state that the Federal Poverty Level for a household of 1 person is \$12,880; for 2 people is \$17,420; for 3 people is \$21,960. 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.

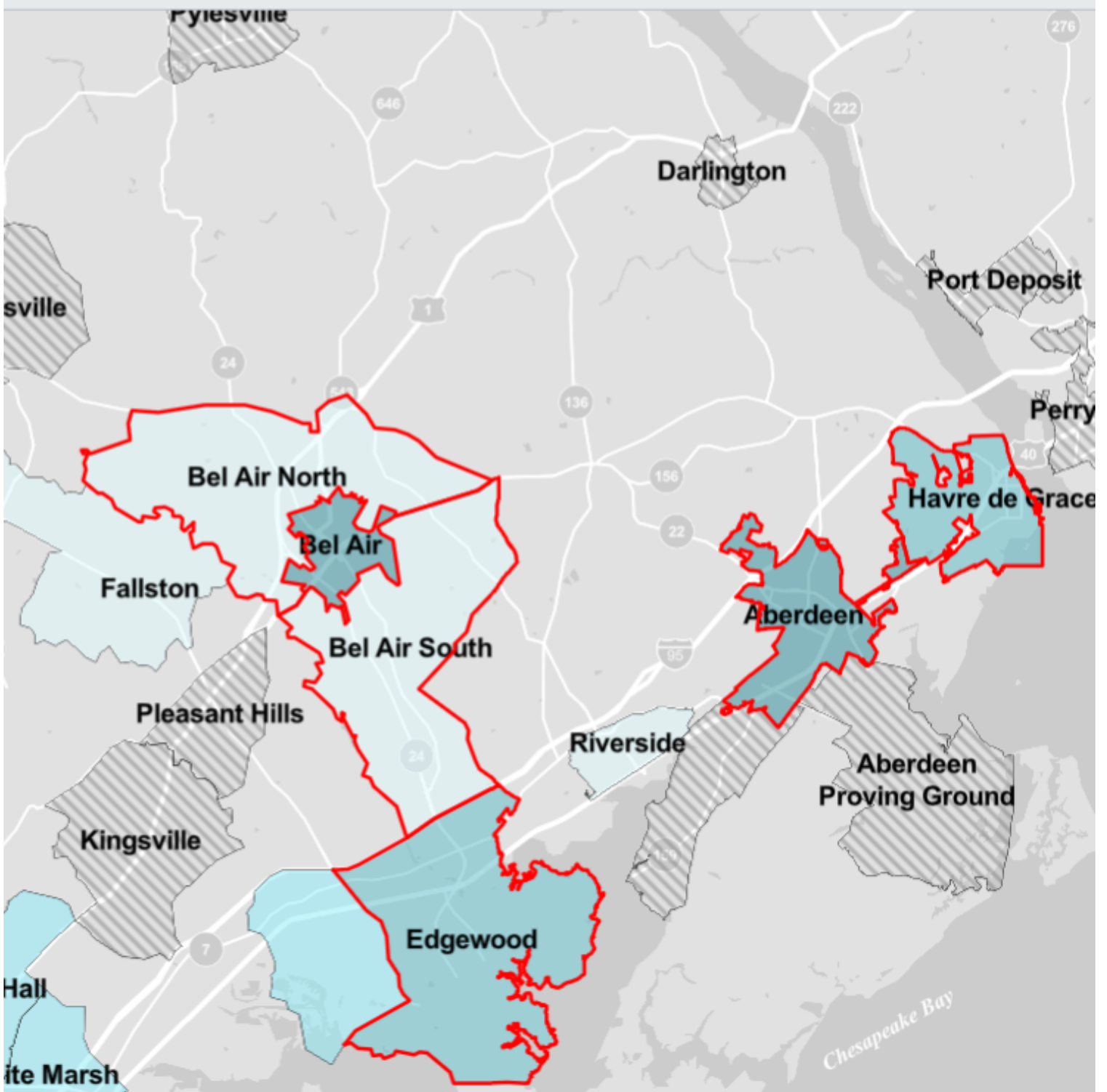
Income and Poverty in Harford County, 2016-2020	
Median Household Income	\$94,003
Persons in Poverty, Percent	7.8%

Income and Poverty in Aberdeen, 2016-2020	
Median Household Income	\$66,481
Persons in Poverty, Percent	14.9%

Income and Poverty in Havre de Grace, 2016-2020	
Median Household Income	\$80,583
Persons in Poverty, Percent	8.8%

Income and Poverty in Edgewood, 2016-2020	
Median Household Income	\$68,420
Persons in Poverty, Percent	13.6%

Persons in poverty, percent



Education

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.

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.

Education in Harford County, 2016-2020	
High school graduate or higher, percent of persons age 25 years+	93.1%
Bachelor's Degree or higher, percent of persons age 25 years+	36.9%

Education in Aberdeen, 2016-2020	
High school graduate or higher, percent of persons age 25 years+	86.7%
Bachelors Degree or higher, percent of persons age 25 years+	22.3%

Education in Edgewood, 2016-2020	
High school graduate or higher, percent of persons age 25 years+	90.7%
Bachelors Degree or higher, percent of persons age 25 years+	20.1%

Education in Havre de Grace, 2016-2020	
High school graduate or higher, percent of persons age 25 years+	91.3%
Bachelor's Degree or higher, percent of persons age 25 years+	39.4%

Living Conditions

According to County Health Rankings, residential segregation is the index of dissimilarity where higher values indicate greater residential segregation between African American/Black and White county residents. This index ranges from 0 (complete integration) to 100 (complete segregation). Harford County ranks 4th 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, 2016-2020	
Housing Units*	104,488
Owner Occupied Unit Rate**	79.0%
Medium Value of Owner-Occupied Housing Units**	\$302,900
Median Gross Rate**	\$1,294

*2021 U.S. Census Bureau, County Business Patterns

**US Census 2016-2021 American Community Survey 5-Year Estimates, 2016-2021

County Health Rankings: Residential Segregation Index	
Non-White/White:	African American/White:
Maryland= 55	Maryland= 63
Harford County = 42	Harford County = 50
United States = 46	United States = 63

This index can range from 0 to 100, with lower values representing less residential segregation and a value of 100 representing complete segregation.

Crime

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 crime 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.

Violent Crimes in Harford County, 2020	
Area	Crimes Reported
Aberdeen	110 Reported
Edgewood	105 Reported
Havre de Grace	38 Reported
Bel Air	21 Reported

Property Crimes in Harford County, 2020	
Area	Crimes Reported
Aberdeen	280 Reported
Edgewood	393 Reported
Havre de Grace	149 Reported
Bel Air	155 Reported

While crimes in Harford County have shown a significant downward trend, there has only been a slight change in the number of both violent and property crimes in Aberdeen, Edgewood, and Havre de Grace when compared to previous years. These zip codes continue to show the most inequities in Harford County.

Health Care

According to County Health Rankings, 5% of Harford County residents under the age of 65 are uninsured, a 50% decrease since 2008 when 10% of residents under the age of 65 were uninsured. This trend is also significant in the state of Maryland, which has decreased from 12% in 2008 to 7% in 2019. Geographically, the percentage of uninsured under the age of 65 in different zip codes differs throughout Harford County. Without insurance, people are less likely to receive preventive care such as vaccines, screenings, and medical check-ups and more likely to contribute to frequent visits to the emergency department for care. The percentage of persons uninsured in Aberdeen has improved since 2016, nearly cutting the number in half, which is a positive shift in one of the most underserved zip codes in the county.

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.

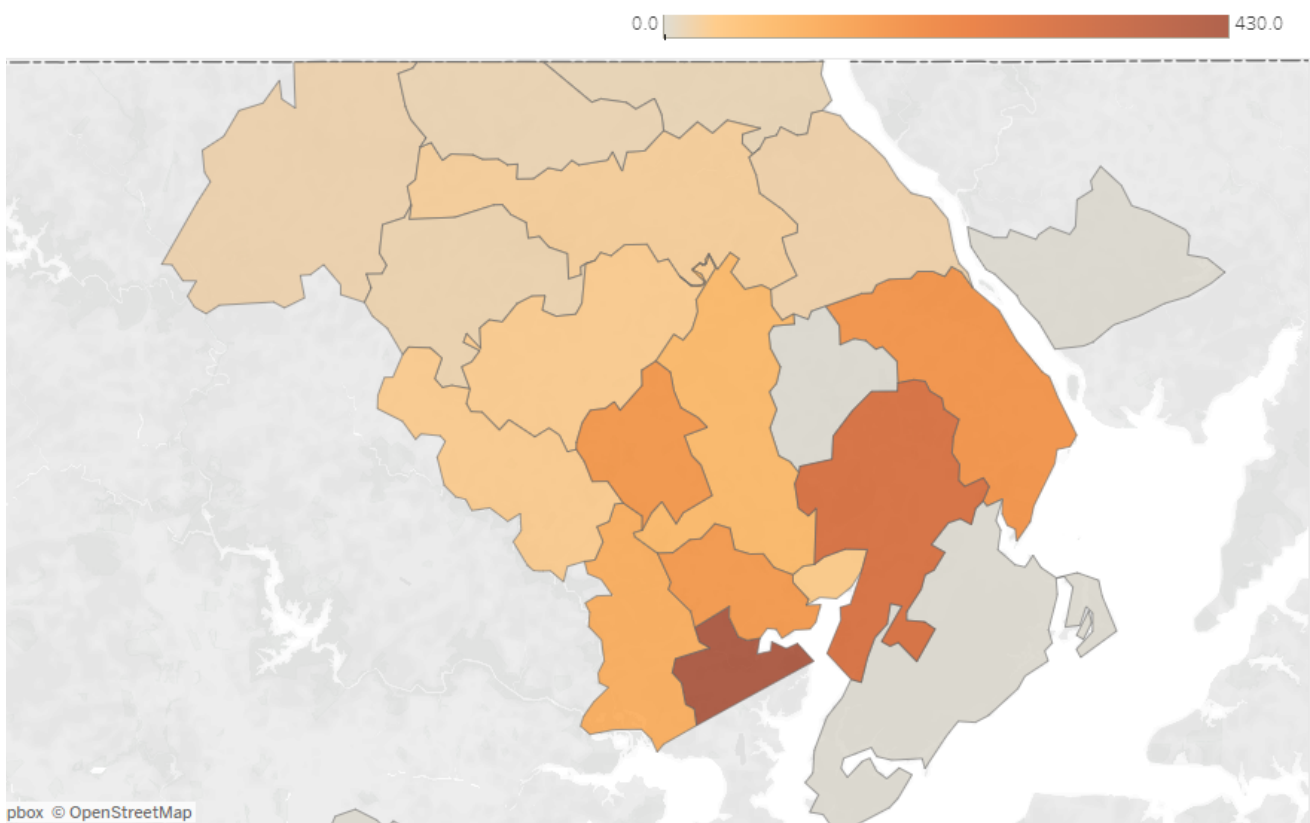
Persons Without Health Insurance, Under Age 65 Years, 2016-2020	
Area	Percent
Harford County	4.2%
Aberdeen	5.9%
Edgewood	5.8%
Havre de Grace	4.5%

Throughout the report, the state-designated health information exchange known as CRISP Reporting Services was used to create hospitalization utilization maps of Harford County to show geographical disparities in a variety of different topics surrounding health.

"The biggest thing that prevents me from going to the doctor is health insurance and having high copays"

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.

Hospitalizations that used "self-pay" as a method of payment, 2022



Risk Behaviors

Smoking

Even though smoking rates have decreased in recent years, tobacco use is still a concern for Maryland residents. In Harford County, 12.7% of residents are current smokers. 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. Data from the 2021-2022 Youth Risk Behavior Surveillance/ Youth Tobacco Survey (YRBS/YTS) show that 18.6% of high school students in Harford County currently use Electronic Smoking Devices.

Obesity

Obesity continues to be an issue, not just in Maryland, but also in Harford County. Harford County rates continue to be higher than the state average. In 2020, 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 2018-2020 Behavioral Risk Factor Surveillance Survey (BRFSS), 70.6% of the population in Harford County was not at a healthy weight. In 2021, the non-Hispanic African American/Black population had the highest rates of obesity at 44.1% compared to non-Hispanic whites at 31.3% in Maryland.

Sexually Transmitted Infections

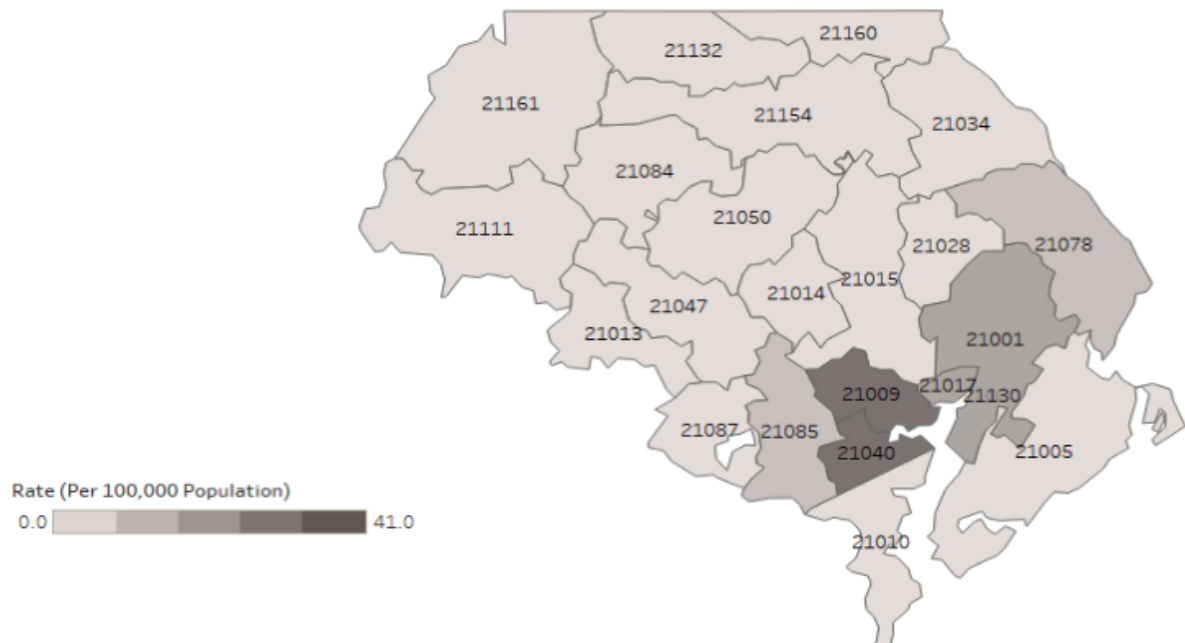
Maryland law requires that all cases of gonorrhea, chlamydia, and primary and secondary syphilis be reported to the Maryland Department of Health. A higher number of cases of gonorrhea and chlamydia were reported in Edgewood, followed by Aberdeen, Havre de Grace, Belcamp, and Perryman. A higher number of cases of primary and secondary syphilis were reported in Abingdon, Edgewood, Aberdeen, Perryman, and Belcamp.

Positive trend
in youth
smoking from
previous YRBS
Report

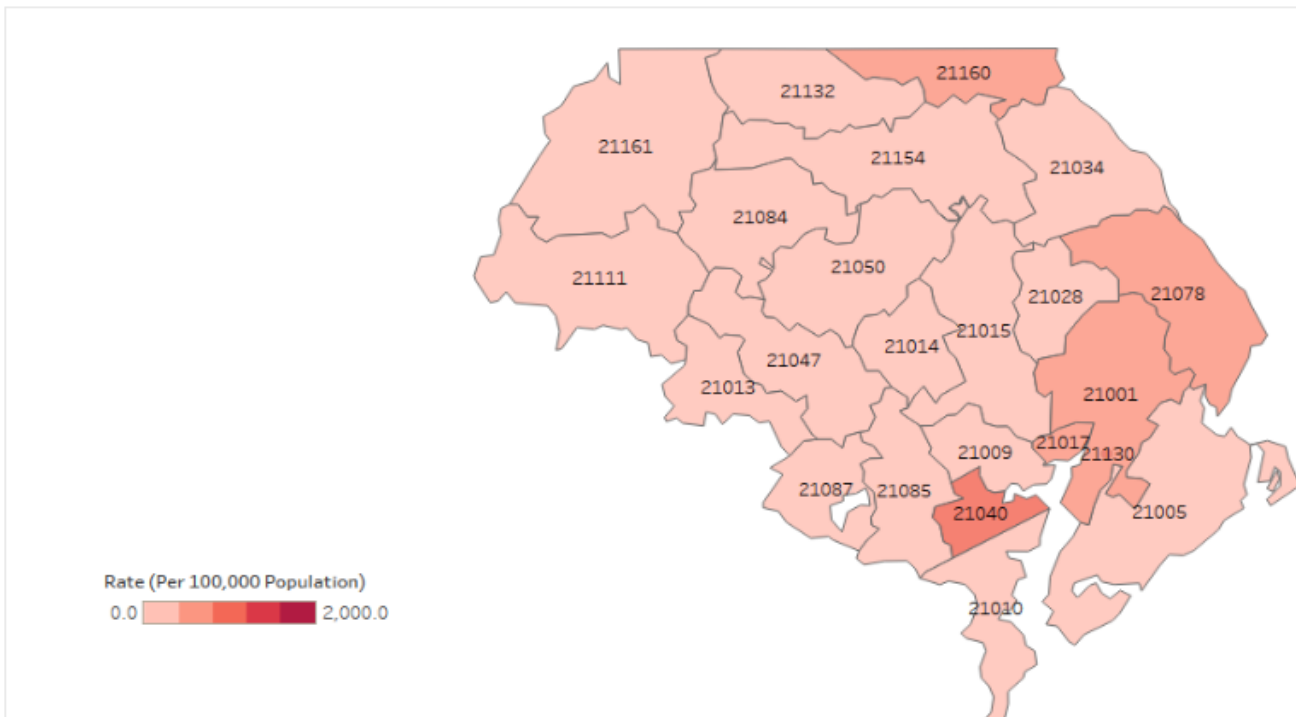
14.7% of High
School
students
reported
having obesity

51% of High
School
students use
protection
during sex

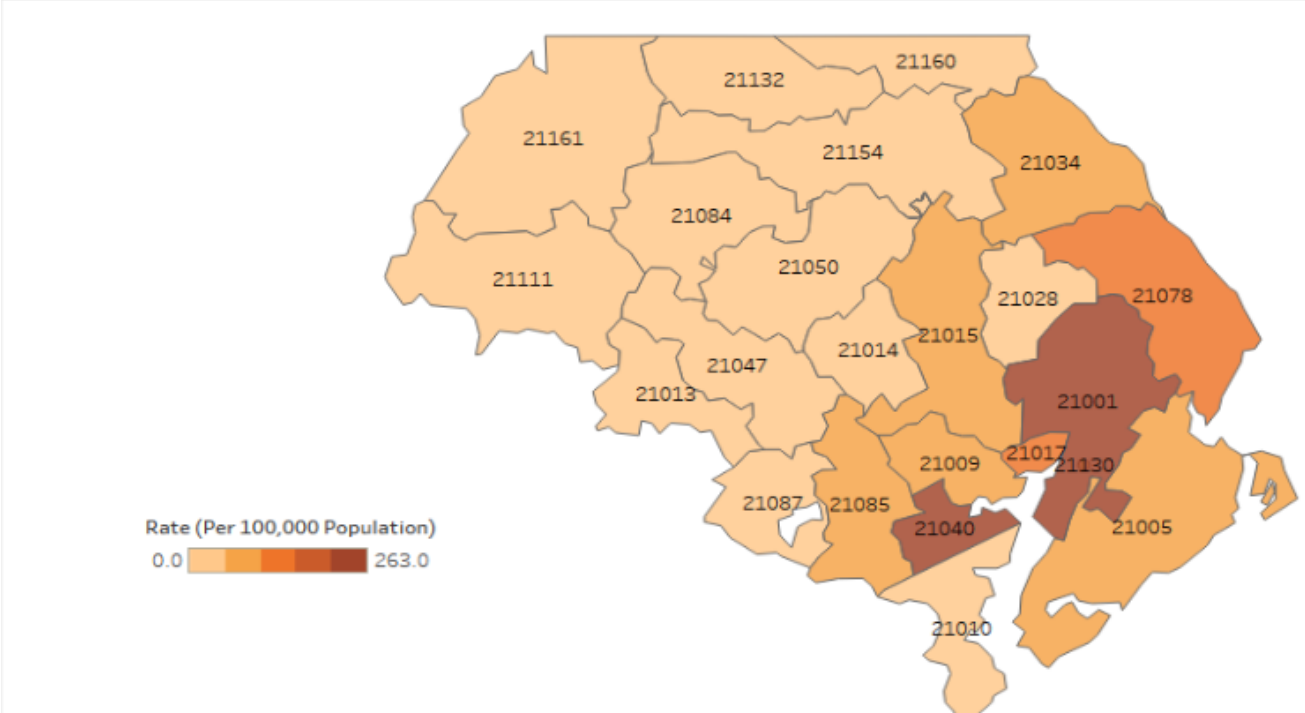
Syphilis in Harford County 2020, Incidence Rates by Zipcodes



Chlamydia in Harford County 2020, Incidence Rates by Zipcodes



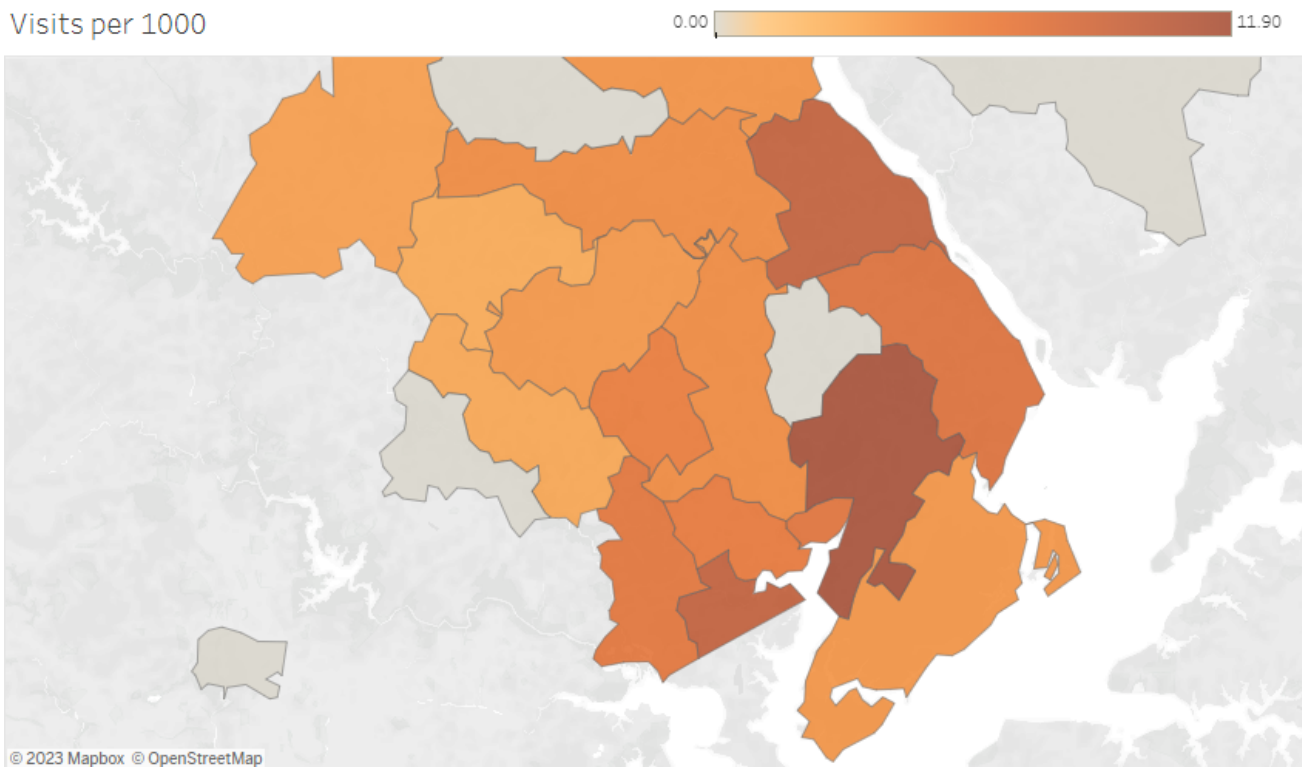
Gonorrhea in Harford County 2020, Incidence Rates by Zipcodes



Behavioral Health

In 2022, there were 7 emergency department visits for depression per 1,000 residents and 27 depression-related hospital visits per 1,000 residents in Harford County. In the past few years, depression has slowly increased in not only adults but middle and high-school-aged children and teens as well. In 2022, 40.1% of high school students indicated they felt sad or hopeless almost every day for 2 weeks or longer. 23.2% of high school students in Harford County have seriously considered attempting suicide and the percentage of high school students who have actually attempted suicide is 16.5%. When looking at rates between zip codes, Aberdeen, Havre de Grace, and Edgewood were three areas that experienced a higher rate of residents with clinical depression who went to the emergency department in 2021. These rates are alarming and Harford County continues to raise its efforts to improve behavioral health care.

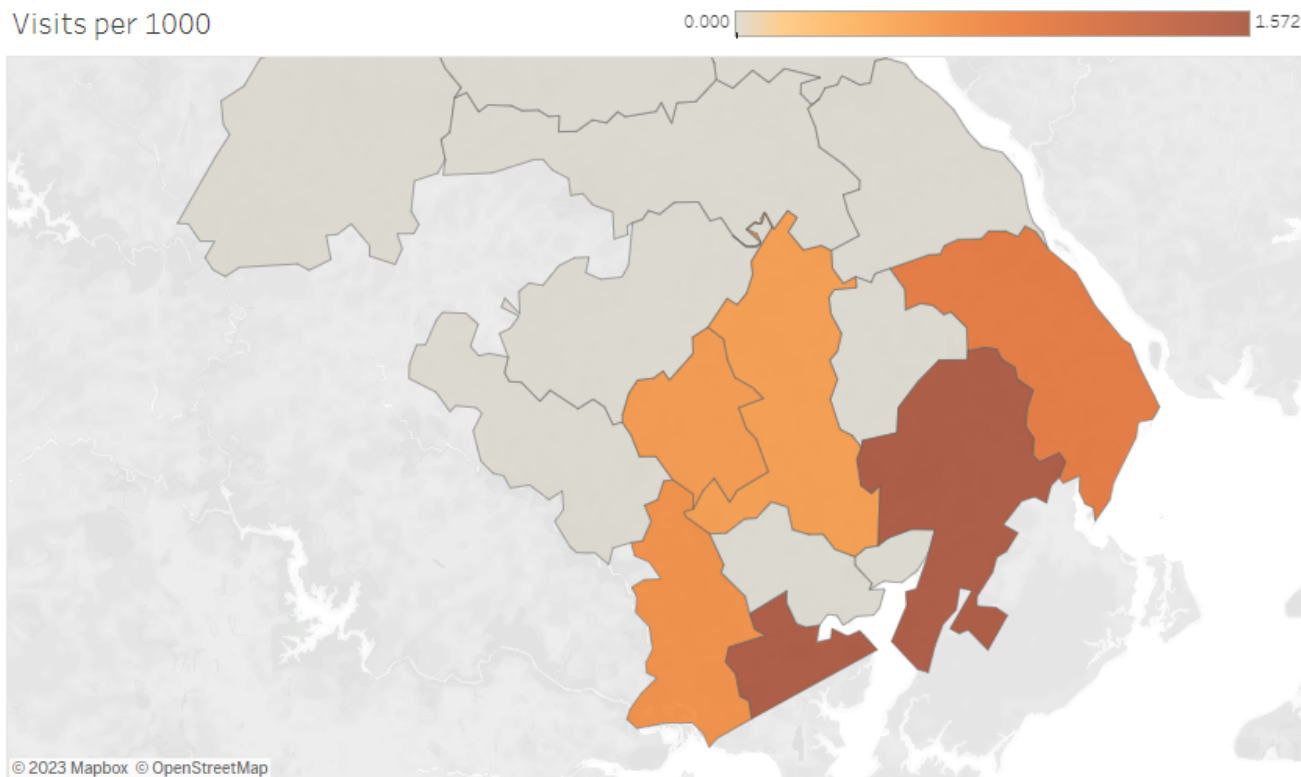
Emergency Department Visits Rate for Depression per 1,000 Residents in Harford County, 2022



Substance Use

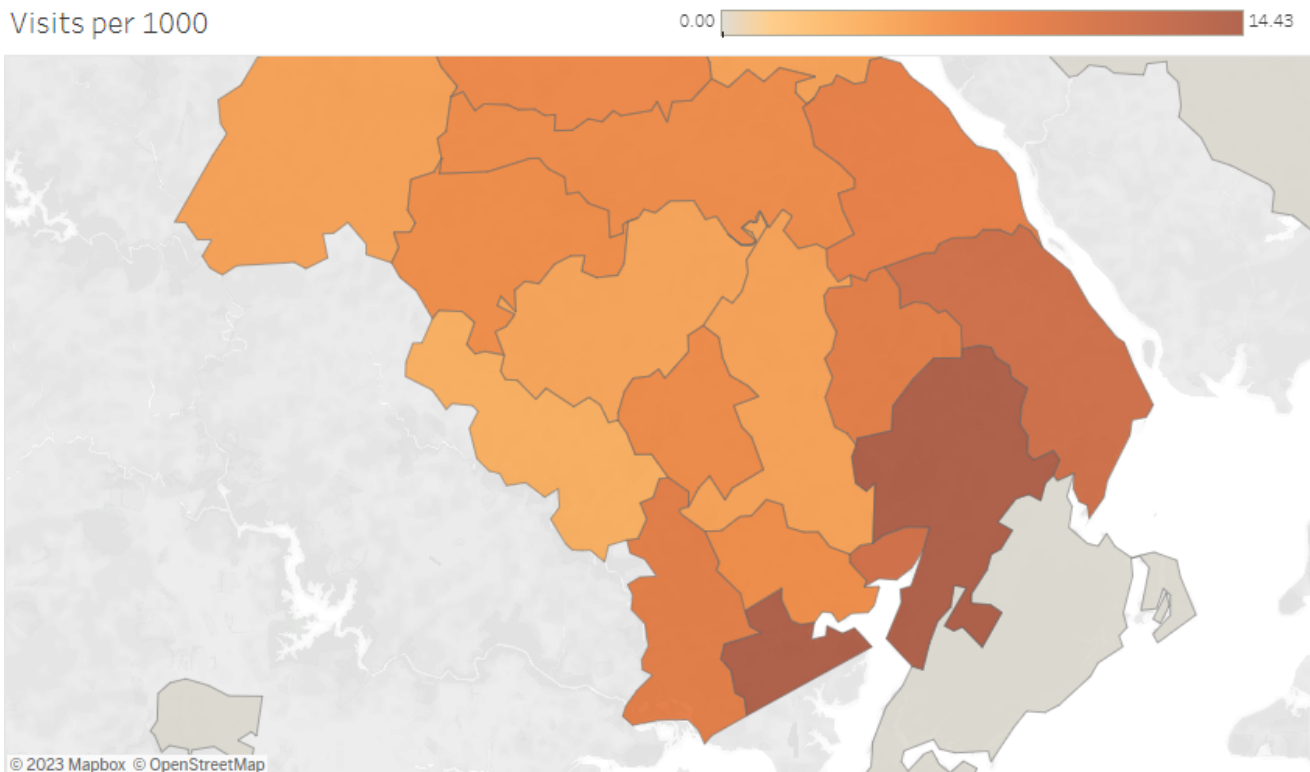
In 2021, Harford County experienced 344 opioid-related overdoses. In the past 5 years, the number of opioid overdoses has been declining, with almost a 14% decrease since 2019. The decrease in opioid overdoses is a positive result but efforts are still being made in order to bring this number down even more. Harford County's daily 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 2021 appears to be scattered across Harford County, there is a higher concentration in Edgewood, Joppa, and Bel Air, all areas in which there is also a high rate of residents who have a depressive disorder.

Emergency Department Visits per 1,000 due to Opioid Overdoses in Harford County, 2022



*"Having healthy relationships and being supportive to your family is very important.
The mental aspect of health can drive everything else"*

Emergency Department Visits per 1,000 due to Any Substance Use Disorder in Harford County, 2022



Neonatal Abstinence Syndrome & 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.

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 are important parts of primary prevention. Six out of the ten leading causes of death in Harford County in 2020 are chronic diseases: heart disease, cancer, chronic obstructive pulmonary disease (COPD), diabetes, Parkinson's, and Alzheimer's disease.

Maryland - Condition	Age-Adjusted Mortality Rate African American/Black	Age-Adjusted Mortality Rate White
Heart Disease	202.9	167.1
Cancer	162.7	143.4
Diabetes	37	20.1

*rates per 100,000

“Health is taking care of yourself and having a balance with everything you do.”



Cancer

Cancer of all types was the second leading cause of death in 2020 in Maryland behind heart disease, and residents with lung cancer had the highest mortality rates. Data shows that African Americans/Blacks have the highest age-adjusted mortality rates for cancer in Harford County and Maryland. Cancer was the second leading cause of mortality in Harford County, resulting in 497 deaths. African Americans/Blacks have seen the most deaths per 1,000 population from 2015-2019 at 175.7, out of all other races.

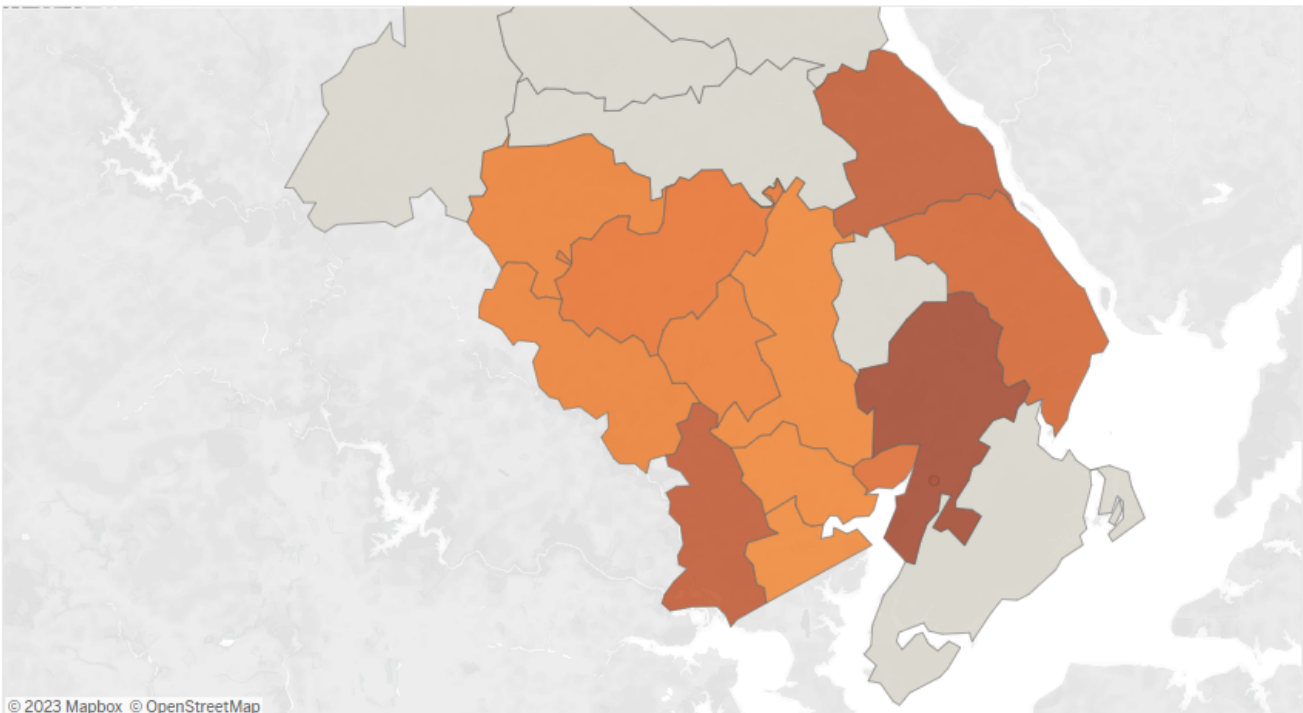
Lung Cancer

In 2021, 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. Lung cancer was the specific cancer type causing the most deaths, at 24% of all cancers in Harford County (Maryland Vital Statistics Report 2020). Aberdeen and Joppatowne have the highest emergency department visit rates for lung cancer (CRISP).

Emergency Department Visits for Lung Cancer per 1,000 Residents in Harford County, 2022

Visits per 1000

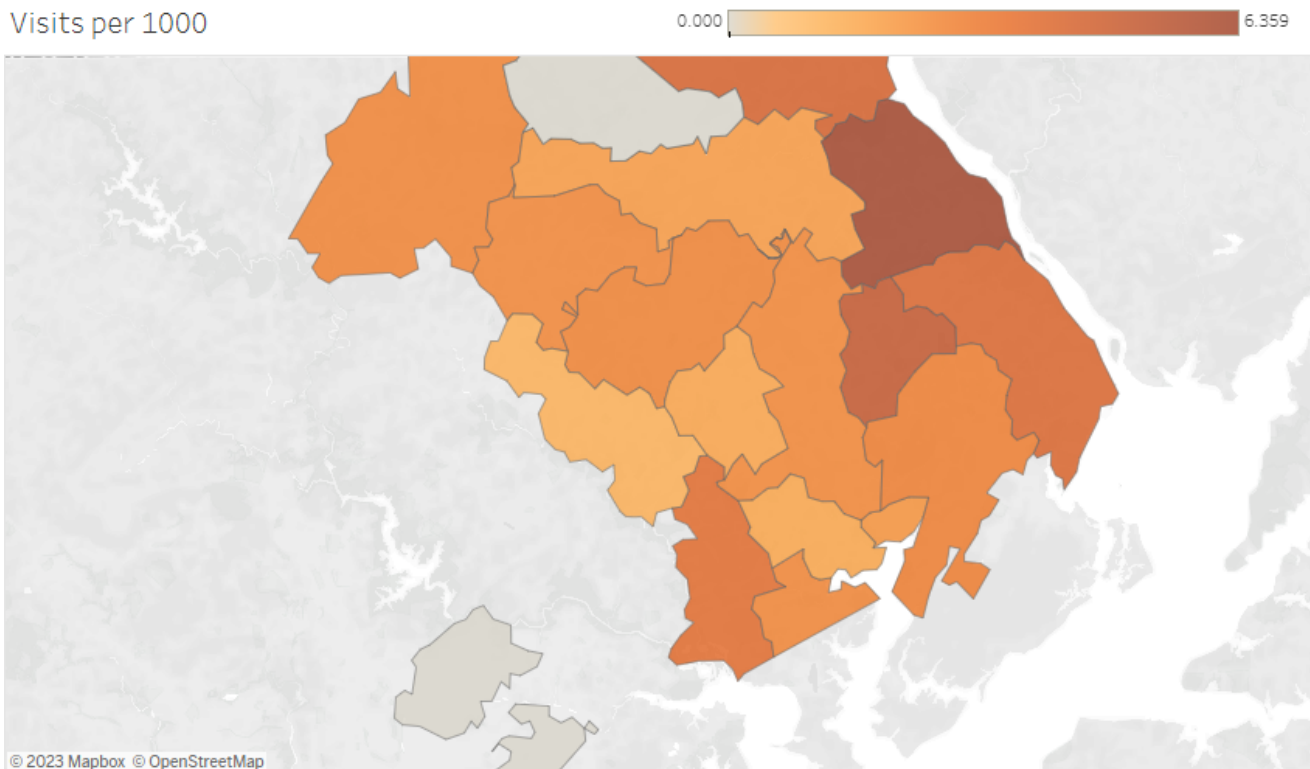
0.000 5.135



Colorectal Cancer

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 Aberdeen area, followed by Edgewood and Havre de Grace. 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.

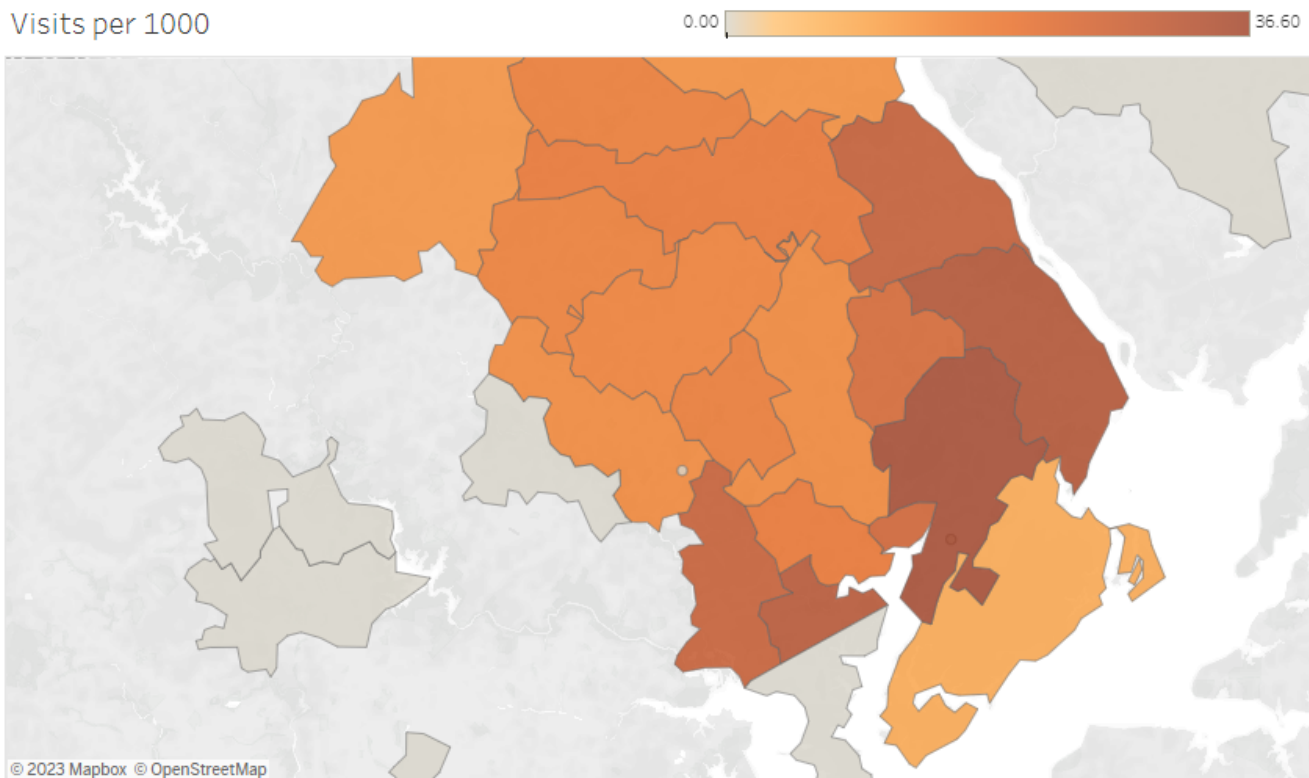
Emergency Department Visits for Colorectal Cancer per 1,000 Residents in Harford County, 2022



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 one cause of death in Harford County. In 2020, heart disease accounted for 571 total deaths in Harford County (Maryland Vital Statistics, 2020). Hypertension is a major risk factor for heart disease, and accounted for over 19,700 emergency department (ED) visits in 2022, more than any other condition in Harford County (CRISP). Of those, African Americans/Blacks show significantly higher rates of ED visits at 113.97 per 1,000, compared to Whites (84.48 per 1,000). Locally, Aberdeen, Bel Air, and Edgewood have a higher concentration of adults with hypertension who are going to the emergency department. Seventy-six percent of all ED visits in 2022 were from the White population, whereas 20% were from the African American/Black population.

Emergency Department Visits Rate for Hypertension per 1,000 Residents in Harford County, 2022



Diabetes

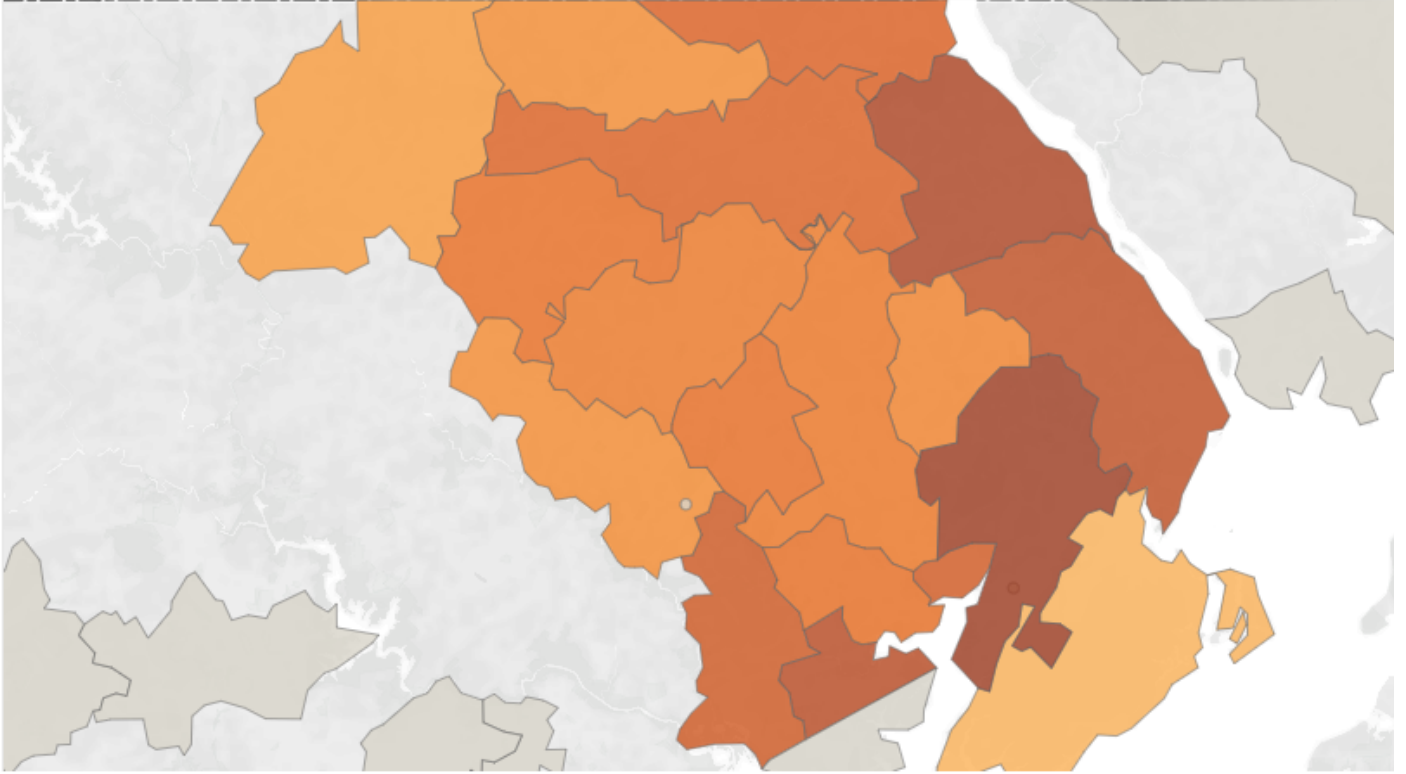
Diabetes is a group of diseases that affect blood sugar levels. There are several types of diabetes, but the two most common are type 1 and type 2. Type 1 is a chronic condition in which the pancreas produces little or no insulin. Type 2 is a chronic condition that affects the way the body processes 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. In Maryland, an estimated 10.5% of the adult population (488,942 adults) have diabetes, while an estimated 34% (1.6 million adults) have prediabetes.

Diabetes is the 6th leading chronic disease resulting in emergency department visits in Harford County at 9,042 visits in 2022. Diabetes was the 7th leading cause of death in Harford County in 2020 (6th excluding COVID-19), as well as the 7th leading cause of death in Maryland, with an age-adjusted mortality rate of 23.9 per 100,000 population. This is a 17% increase from 2019 (Maryland Vital Statistics Report, 2020). The age-adjusted prevalence rate of diagnosed diabetes is highest in Non-Hispanic Blacks at 13.3%, followed by Non-Hispanic Asians at 9.7%, and Hispanics at 9.4% (Maryland Diabetes Action Plan, 2020). The age-adjusted death rate in Maryland has been highest in Non-Hispanic Blacks since prior to 2009. The age-adjusted death rate among Non-Hispanic Blacks (37 per 100,000) is nearly twice that of non-Hispanic Whites (20.1 per 100,000). People with low socioeconomic status are more likely to be diagnosed with diabetes. The risk of developing type 2 diabetes is 30 to 40% higher for people who smoke cigarettes than for people who don't (CDC, 2022).

Diabetes was the seventh leading cause of death in the county in 2020. 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 Harford County.

Emergency Department Visits Rate for Diabetes per 1,000 Residents in Harford County, 2022

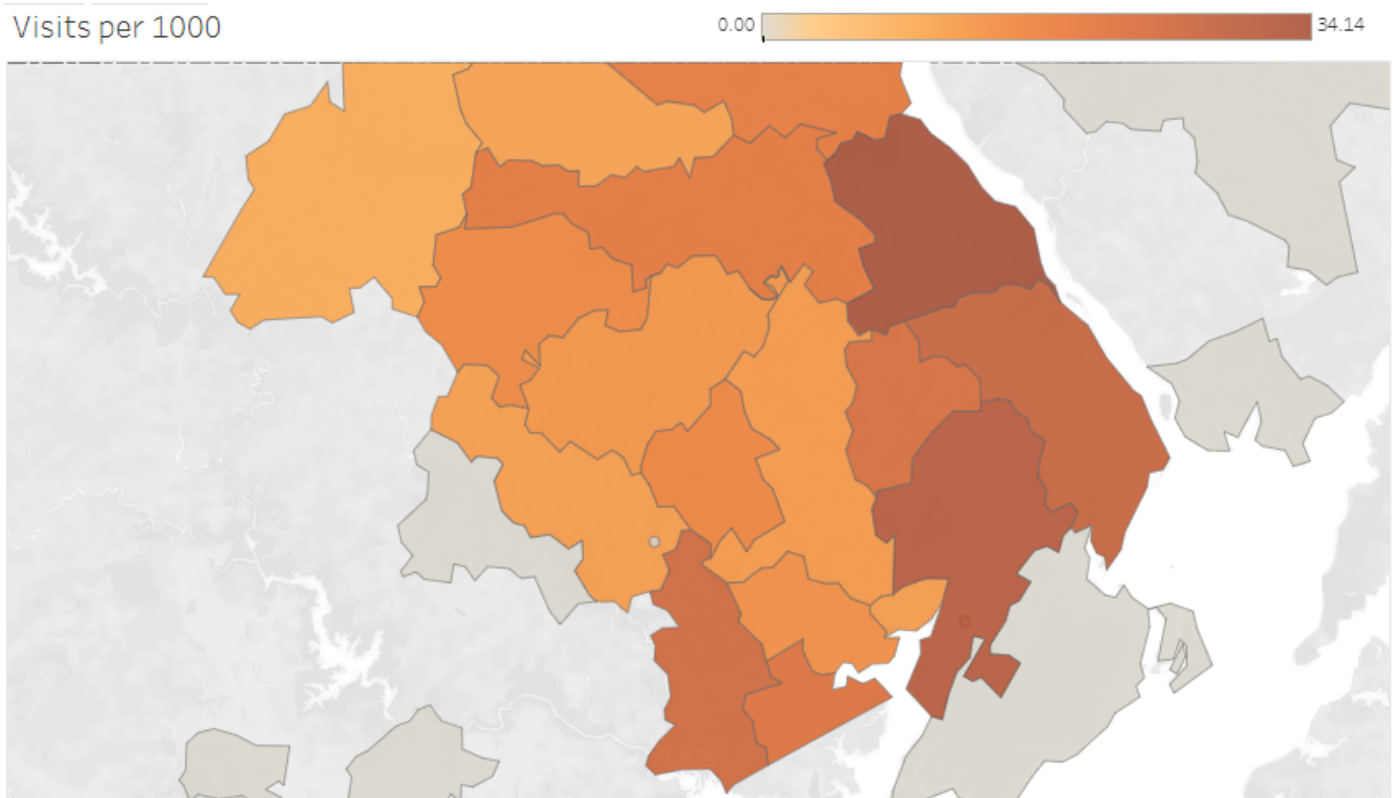
Visits per 1000



Chronic Obstructive Pulmonary Disease (COPD)

COPD, a group of diseases that cause airflow blockage and breathing-related problems, was the fifth leading cause of death among Harford County residents in 2020. COPD can include diagnoses of emphysema, chronic bronchitis, and in some cases, asthma. Former and current smokers are at risk of developing these diseases. 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.

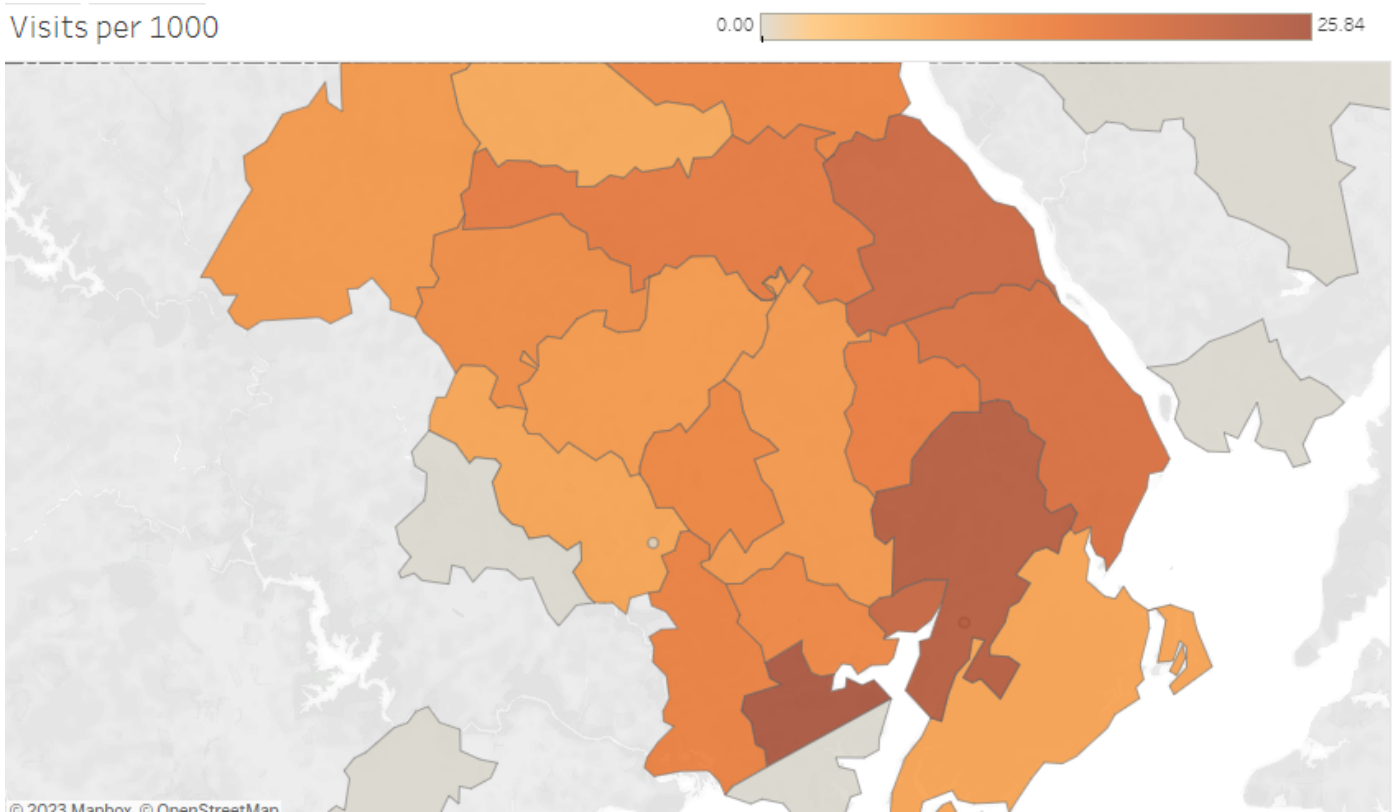
Emergency Department Visits Rate for COPD per 1,000 Residents in Harford County, 2022



Asthma

Asthma is a chronic disease that affects the lungs, causing narrowing and constriction of the airway, making it more difficult to breathe. This can cause major problems for a child's healthy development, and an adult's quality of life. Poor air quality, environmental factors, and poor asthma management can lead to hospital visits. Asthma is currently a health priority in Maryland. Racial disparities can be seen in Maryland when analyzing the data on emergency department visits since the beginning of 2018. For example, in December of 2021, asthma ED visits were on the rise. African Americans/Blacks had 4 times more ED visits than the White population.

Emergency Department Visits Rate for Asthma Per 1,000 Residents in Harford County, 2022



CONCLUSION

Our Efforts

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 essential, and building health equity depends on community-wide collaboration! HCHD is making efforts daily to develop new programs and provide services that achieve health equity throughout the entire county.

One of the biggest SDOH factors that affects our community is transportation. HCHD provides Medical Assistance (MA) Transportation to ensure that transportation is not an obstacle for our community in order to make their medical appointments on time. MA Transportation provides services to active, non-restrictive Medicaid recipients or for those who have no other means of transportation.

HCHD offers a wide variety of services at its seven locations such as immunizations, STI testing, harm reduction, behavioral health services, family planning services, and more! One of our programs includes MEGAN's (meaningful environment to gather and nurture) Place, a trusted, safe environment for at-risk pregnant and postpartum women and their families in Harford County. It aims to provide guidance and information, referrals and services, care coordination, and support to its families. Services include home visiting with its Healthy Families America component, peer-recovery support, and referrals to excellent community resources through Care Coordination Plus in order to extend its services to its families by addressing numerous SDOH factors. Our newest addition to care coordination services includes Nuestra Comunidad, a program that allows undocumented individuals to get connected to a variety of services, including, immunizations, health screenings, and referrals to outside care.

The Minority Health Program is a rapidly growing component of our health department. Our community health workers are determined to improve minority health in our community by creating relationships throughout our county to develop educational and resourceful events that help to educate the public on the most prevalent health disparities as well as provide a guide on where to go and how to address these health issues. These educational components include; screening and testing for various diseases and infections, mental health and self-care, lack of food or transportation, mental health youth symposiums for middle and high school students, and much more.

The Health Department is constantly looking for ways to help our community to end health disparities and inequities. Partnering and building relationships with other community members is the best way to achieve this in the most effective way possible.

CONCLUSION

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 to 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 those areas 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 who need the most care. The assessment can also identify which programs need to be expanded 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.

"I am very thankful and I hope that this place always exists because they help so much. Thank you."



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