



2024 COMMUNITY HEALTH NEEDS ASSESSMENT

HARFORD COUNTY, MD

JULY 2024



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GLOSSARY

ACEs - Adverse Childhood Experiences; ACEs are tough events in childhood, like mental illness in the family, abuse, or having a family member in prison, that can cause lasting harm.

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 help compare rates among different populations by accounting for differences in age distribution per 1,000 or 100,000 people.

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

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

Live Births - Live Births are when a baby is born and shows signs of life, like breathing, heartbeat, or moving muscles, regardless of how long the pregnancy was.

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 - Mortality Rate is how often deaths occur in a specific group over a certain time.

NAS - Neonatal Abstinence Syndrome; a group of conditions caused when a baby withdraws from certain drugs that they are exposed to in the womb before birth.

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 are babies who show signs of being exposed to drugs or alcohol before birth, as confirmed by medical staff.

YPLL - Years of Potential Life Lost; measures how many years of life are lost when someone dies before they turn 75, focusing on deaths that might have been preventable.

EXECUTIVE SUMMARY

The Harford County Community Health Needs Assessment (CHNA) provides a thorough evaluation of the health status of Harford County. The report includes both primary and secondary data in qualitative and quantitative forms. Primary data is collected through an online survey that is distributed to residents throughout the county and asks questions regarding their health status, risk factors, and health outcomes. Primary data is also collected through focus groups with key informants in the community and residents in the county. Focus groups provide a diverse perspective on the health of the county and help determine health priorities. Secondary data is collected through a compilation of data from several sources; Maryland Vital Statistics, Behavioral Risk Factor Surveillance System (BRFSS), County Health Rankings, Maryland Department of Health, U.S. Census Bureau, University of Maryland Upper Chesapeake Health, Health Services Cost Review Commission (HSCRC), Chesapeake Regional Information System (CRISP), and the Youth Behavioral Risk Survey/ Youth Tobacco Survey (YRBS/YTS).

The CHNA has five sections. The first two sections are 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 with the broader state and national data, where relevant, to identify discrepancies across zip codes, age groups, ethnicities, and races, shedding light on health equity within our community. The findings of this report have led Harford County's key stakeholders to prioritize 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 Health and Resiliency.

Harford County Profile: Harford County sits at the top of the Chesapeake Bay, just 25 miles northeast of Baltimore, and falls right on I-95. Home to 264,644 residents, this suburban/rural community is relatively wealthy, educated, well-insured, and has a median household income of \$100,915, and 94.2% of residents earning a high school degree or higher, both of which are higher than the state average. Despite these statistics, Harford County has many areas along the Route 40 corridor that are pockets of poverty, with uninsured populations, high rates of chronic diseases, and untreated mental health disorders. The majority of the population is White (77.2%), followed by African American/Black (16%), Hispanic (5.3%), Asian (3.2%), and multi-racial (3.1%). In Harford County, 7.3% of persons live in poverty in 2022.

Key Findings Regarding the Prioritization of Mental Health and Wellness, Prevention and Health Management, and Community and Family Well-being.

Community Feedback: The community survey consisted of 50 questions about demographics, access to care, health behaviors, and health status. This year's survey had 2,242 respondents, a 65% increase from the previous CHNA survey. Of the respondents, 73% were female, 42% were over 65, and 27% resided in Bel Air. The respondents identified that the top three health issues facing Harford County were overweight/obesity, drug misuse/alcohol misuse, and mental health/suicide. The most commonly reported chronic disease in Harford County was high blood pressure, affecting 62% of residents, and high cholesterol, affecting 60% of residents. The most commonly reported barriers keeping residents from accessing health care were high cost/paying out-of-pocket, lack of insurance, and inability to get an appointment. Residents believe the county needs more of the following resources: affordable medication, free/low-cost dental care, and more primary care providers.

When conducting focus groups, each group brought its unique perspectives on the questions but there were common themes that followed throughout. Most participants expressed that the largest barriers in the county were lack of transportation, lack of social connectedness, lack of awareness of resources, and lack of mental health care. A key takeaway from the focus groups was that residents were not aware of the resources available in the county and an increase of health promotion is needed in various forms of communication.

Secondary Data:

- **Prevention and Health Management:** Unhealthy behaviors can lead to chronic diseases that can be life-threatening. The leading causes of mortality in Harford County are heart disease, cancer, and stroke. These conditions can be prevented with lifestyle changes, such as healthy eating habits, physical activity, and avoiding smoking and drinking. There were 168.9 deaths per 100,000 persons in Harford County in 2021 due to heart disease. Hypertension, a large factor of heart disease, was shown to be higher in African Americans, with 106.24 hospital visits per 1,000 compared to 77.27 hospital visits per 1,000 for the white population. Smoking in adults has been high for several years in Harford County but has declined in 2022, with a rate of 7.9% of adults who currently smoke. Smoking is known to cause many chronic conditions, such as lung cancer and chronic obstructive pulmonary disease (COPD). Lung cancer was the specific cancer type causing the most deaths, at 24% of all cancers in Harford County in 2020. COPD also remains higher than the state rate, with the death rate being 36.9 per 100,000 residents.

7.9% of adults in Harford County reported they smoked in 2022.

Top 3 health issues in Harford County were overweight/obesity, drug misuse/alcohol misuse, and mental health/suicide.

168.9 deaths per 100,000 persons in Harford County in 2021 due to heart disease.

- **Community and Family Well-being:** Maternal and child health is an area of concern in Harford County, especially for those in the African American/Black community. In 2021, 11.5% of African American/Black babies were born with a low birth weight (<2,500 grams), double the percentage of white babies born with a low birth weight. Teen births remain lower than the state rate, with 8.5 births per 1,000 born to mothers under 18. When comparing between race, African American/Black women had 15 teen births per 1,000 and 18 teen births per 1,000 for Hispanic women. Between 2018–2022, the infant mortality rate was 4.9 per 1,000 live births. In addition, the substance-exposed newborn (SEN) rate has been increasing each year since 2010, with 45.6 SEN per 1,000 live births in 2022. In contrast, the neonatal abstinence syndrome (NAS) rate has been decreasing since 2013, with the rate being 11.9 per 1,000 live births in 2022.
- **Mental Health and Wellness:** The Chesapeake Regional Information System for Our Patients (CRISP) reported that 7,380 visits to the hospital were due to depression in 2023, increasing about 12% from the previous year. When looking at anxiety, it has decreased by 46.6%, with 1,635 visits in 2023. In addition, the suicide rate was 12 deaths by suicide per 100,000 residents, in 2023. The Maryland Vital Statistics report indicates that the total intoxication death rate for 2021 was 36.5 per 100,000. The most used drug that caused intoxication deaths was fentanyl, followed by cocaine and prescription opioids. County Health Rankings indicated that 16% of adults reported binge or heavy drinking in 2021. While the rate for intoxication-related deaths has decreased, there is still a large concern for the county with rates much higher than they were a decade ago. The issue now lies with an increase in fentanyl, especially when laced with other products, such as cocaine.

COVID-19 Pandemic: The COVID-19 Pandemic officially ended in the United States on May 11, 2023. Social distancing, masking, and widespread vaccination contributed to its resolution, especially for Harford County. At the end of 2022, 68% of Harford County residents were fully vaccinated with both initial doses of the COVID-19 vaccine. Since then, there has been a significant decrease in deaths related to COVID-19. In 2023, there were a total of 66 deaths due to COVID-19, compared to 256 deaths in 2021. COVID-19 is still closely monitored in the county but guidelines are much less restrictive as confirmed.

ACKNOWLEDGEMENTS AND OVERVIEW

University of Maryland Upper Chesapeake Health

Mission: The University of Maryland Upper Chesapeake Health (UM UCH) 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. UM UCH 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 the University of Maryland Upper Chesapeake Health is to become the preferred, integrated healthcare system creating the healthiest community in Maryland. UM UCH is a community-based, integrated, non-profit health system. Presently, UM UCH is the leading healthcare system and second largest private employer in Harford County, employing 3,500 team members and over 650 medical staff physicians. UM UCH 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 – University of Maryland Upper Chesapeake Medical Center Bel Air (UM UCMC Bel Air) and University of Maryland Upper Chesapeake Medical Center Aberdeen (UM UCMC Aberdeen). 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 UM UCMC 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, UM UCH also operates the Klein Ambulatory Care Center, two medical offices, and the Patricia D. and M. Scot Kaufman Cancer Center. UM UCH also owns and operates the Senator Bob Hooper House Hospice Center, and provides community outreach, health screenings, and educational programs through Community Outreach and Health Improvement. A combined facility to treat mental health and opioid addiction issues was opened in the Summer of 2018 in Bel Air. The Klein Family Center offers walk-in crisis services, and a 24/7 call/triage center, and residential crisis beds.

Recent significant expansions include a new three-story bed tower which introduced 72 new patient beds in 2023. Additionally, in early 2024, UM UCH closed Harford Memorial Hospital in Havre de Grace and opened UM UCMC Aberdeen, a new and modern 130,000-square-foot freestanding medical facility with an expanded behavioral health/psychiatric pavilion catering to inpatient and outpatient services, and a state-of-the-art emergency department

Harford County Health Department

The Harford County Health Department (HCHD) serves as the local operating arm of the Maryland Department of Health (MDH). While adhering to state regulations, HCHD reports to the Harford County Council, comprising the Harford County Board of Health, to ensure the well-being of our residents.

The mission of the health department is clear: to protect and promote the health, safety, and environment of the citizens of Harford County through comprehensive community assessment, education, collaboration, and assurance of service. With a dedicated team of over 180 professionals, their services have extended throughout the entire county.

Central to their efforts is the gathering of data on health trends, environmental factors, and emerging health challenges. Through close collaboration with various community stakeholders, they craft effective policies and solutions, ensuring their implementation and ongoing refinement. Their commitment to improvement is evident through partnerships forged via the Local Health Improvement Coalition and its subcommittees, focusing on behavioral health, chronic disease prevention and wellness, and family health to coordinate collective solutions.

The Health Department's mission is driven by a vision of making Harford County the healthiest community in Maryland. To achieve this, the Harford County Health Department operates seven distinct bureaus, each dedicated to serving the community's diverse needs with many different programs within each. Bureaus include Administrative Services, Behavioral Health, Care Coordination, Clinical Health, Environmental Health, Family Health, and Population Health.

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.

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

Statistical data was compiled from various sources, including demographic analysis, social and economic factors, education, morbidity and mortality, incident rates, and other health statistics. Sources are publicly available and can be easily accessed. It should be noted that due to the COVID-19 pandemic, there were limitations in obtaining up-to-date data.

Harford County Community Health Survey

An online community survey of Harford County residents was conducted between October 2023 and February 2024. The community survey aimed to gather data on demographics, access to care, health behaviors, and health status. A total of 2,242 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 and General Public Focus Groups

To gain a better understanding of community efforts that are in place, a key informant focus group was conducted with 56 major community partners who are experts in the community. The focus group consisted of a series of seven questions on Kahoot! (a game-based learning platform), so that respondents could answer directly on their phone. Questions aimed to identify the problems/concerns of the community, as well as the strengths and resources available to the residents. The focus group was concluded with a discussion of possible solutions to the barriers identified.

Following the key informant focus group, a similar concept was repeated for the general population, with ten total questions asking for their view of the health and community strengths and barriers. Groups from various backgrounds were contacted to participate in a focus group. This resulted in four focus groups, which included the Susquehanna Ministerium (Harford County Faith Based Group), Spanish Speaking Residents, Minority Health Community Advisory Board Members, and Seniors/Caregivers.

LOCAL PLANNING INITIATIVES

Local Health Improvement Coalition

To improve the health of all Marylanders, the Maryland Department of Health (MDH) launched the State Health Improvement Process (SHIP) through the Office of Population Health Improvement. SHIP focuses on statewide and local health priorities, providing a framework for accountability, local action, and public engagement. SHIP measures align with the national Healthy People 2030 objectives and MDH state goals, emphasizing social determinants of health (SDOH)—factors like where people are born, live, work, and age. Each of Maryland’s 24 jurisdictions must convene a Local Health Improvement Coalition (LHIC) to set local health priorities. In Harford County, the Harford County Health Department leads the LHIC.

LHIC Priority Groups

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 of 2024, the key community stakeholders met to review the community health needs assessment survey and focus group results. Stakeholders included:

- University of Maryland Upper Chesapeake Health
- Harford County Health Department
- Healthy Harford
- Harford County Council
- Harford County Public Schools
- Harford County Public Library
- Harford County Office on Aging
- Harford County Emergency Services
- Department of Social Services
- Department of Community Services

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 below which were ranked from first to third:

1

MENTAL HEALTH
AND WELLNESS

2

PREVENTION
AND HEALTH
MANAGEMENT

3

COMMUNITY AND
FAMILY WELLBEING

HARFORD COUNTY FAST FACTS

| Measures (2018–2022 5-Year Estimates Unless Otherwise Specified) | Harford | Maryland |
|--|---|---|
| Total Population | 264,644 | 6,180,253 |
| Median Age | 41 | 39.7 |
| Married | 55% | 49% |
| Median Household Income | \$100,915 | \$94,991 |
| Unemployment Rate | 2.0% | 2.1% |
| Language Other Than English Spoken at Home | 7.5% | 19.8% |
| Persons Below the Poverty Line | 7.5% | 9.6% |
| Mean Travel to Work | 32.3 Minutes | 32.0 Minutes |
| High School Degree or Higher | 94.2% | 91.0% |
| Bachelor's Degree or Higher | 42.2% | 38.8% |
| Foreign-born Population | 5.0% | 15.7% |
| Veteran Status | 9.2% | 6.8% |
| Persons Without Health Insurance | 5.1% | 7.1% |
| Top 3 Causes of Death | Heart Disease Cancer *COVID Stroke | Heart Disease Cancer *COVID Stroke |
| Birth Rate (per 1,000) | 10.0 | 11.1 |
| Low Birth Weight for Non-Hispanic White Mothers | 6.8% | 6.7% |
| Low Birth Weight for Non-Hispanic Black Mothers | 11.5% | 12.8% |
| Suicide Rate (per 100,000) | 14.4 | 10.1 |
| Age-adjusted Death Rate for All Causes (per 100,000) | 821.9 | 786.3 |
| Age-adjusted Death Rate for Heart Disease (per 100,000) | 168.9 | 160.1 |
| Age-adjusted Death Rate for Diabetes (per 100,000) | 18.2 | 22.7 |

DEMOGRAPHIC PROFILE

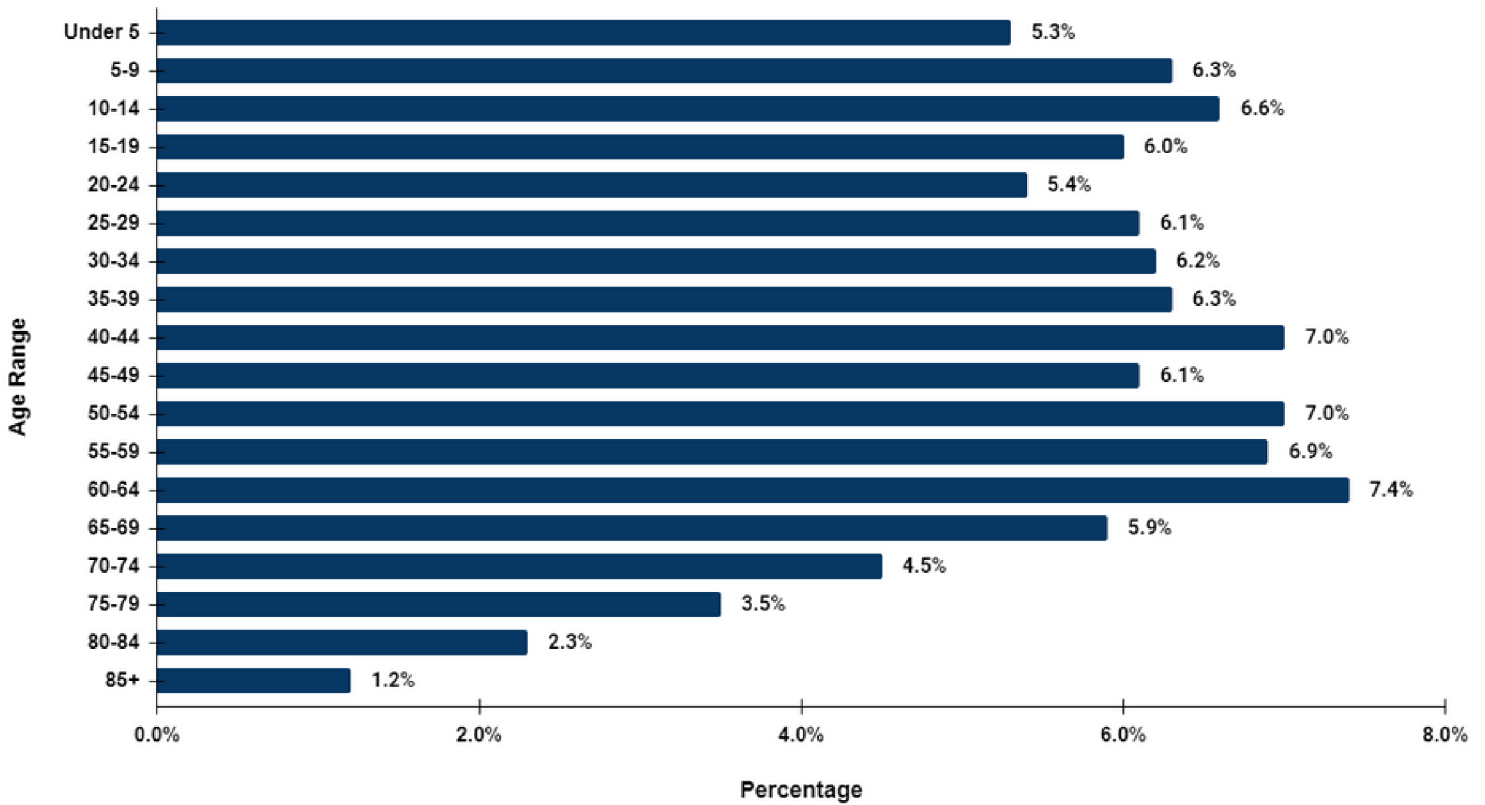
Demographic characteristics such as age, gender, race, and ethnicity have an impact on people's health. Understanding these characteristics across Harford County helps determine the resources needed for optimum health and well-being of the population. The Town of Bel Air is the Harford County seat, which has a population of 10,630, or about 4% of the county's population. The cities of Aberdeen and Havre de Grace each make up approximately 6.2% and 5.5%, 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, 2019–2022).

In 2022, the total population of Harford County was estimated to be 264,644, which was a 3.6% increase from 2019 (255,441). The county is located in the northeastern part of Maryland, with towns and cities of various sizes, wealth, and diversity.

| Location | 2019 | 2022 | Percent Change |
|------------------------|------------------|------------------|-----------------------|
| Maryland | 6,045,680 | 6,164,660 | 1.96% Increase |
| Harford County | 255,441 | 264,644 | 3.60% Increase |
| Edgewood | 25,574 | 25,116 | 1.79% Decrease |
| Aberdeen | 15,848 | 16,422 | 3.62% Increase |
| Havre de Grace | 13,652 | 14,743 | 7.99% Increase |
| Town of Bel Air | 10,071 | 10,630 | 5.55% Increase |

The population chart below provides a breakdown of Harford County residents by age. The age category with the largest percentage of the population was adults ages 60–64. The median age for the county was 41 years old. Harford County is comprised of 49.7% males and 50.3% females. 22.1% of the Harford County population is under the age of 17. (U.S. Census Bureau, American Community Survey 2022).

Harford County Population by Age



Data on the racial and ethnic diversity of a population allows leaders to understand health disparities and racial gaps. It also allows for organizations to target culturally competent healthcare services. For example, in Harford County, 7.8% of residents (age 5 and up) speak a language other than English at home. Therefore, it is important to address health literacy in the community (U.S. Census Bureau, American Community Survey 2022). The table below shows the variation in race throughout the county. While 73.2% of Harford County is White, Aberdeen, Edgewood, and Havre de Grace have larger minority populations.

| Race/Ethnicity | Maryland | Harford | Aberdeen | Edgewood | Havre de Grace |
|---------------------------------------|--------------|--------------|--------------|--------------|----------------|
| White | 48.4% | 73.2% | 54.1% | 36% | 68.2% |
| African American/Black | 29.6% | 16% | 24.6% | 46.9% | 18.2% |
| American Indian/Alaskan Native | .40% | .40% | .30% | .30% | .40% |
| Hispanic/Latino | 11.4% | 5.3% | 11.1% | 7.2% | 7.6% |
| Asian/Pacific Islander | 6.7% | 3.3% | 3.7% | 1.5% | 2.0% |
| Two or more races | 8.2% | 3.1% | 8.7% | 11.3% | 5.7% |

SOCIAL AND PHYSICAL ENVIRONMENT

Income

The environment where people are born, work, live, learn, worship, and play can have an impact on health and well-being. 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.

Compared to the United States, Maryland is a wealthy state. The median household income in Harford County is \$100,915 compared to the US median household income of \$74,800, and Maryland's at \$95,000. There are significant differences in median income across municipalities in Harford County with Bel Air at \$104,767, Havre de Grace at \$95,025, Edgewood at \$85,742, and Aberdeen at \$74,555 (U.S. Census Bureau, 2022).

| United States | Maryland | Harford County | Bel Air | Aberdeen | Edgewood | Havre de Grace |
|---------------|----------|----------------|-----------|----------|----------|----------------|
| \$74,800 | \$95,000 | \$100,915 | \$104,767 | \$74,555 | \$85,742 | \$95,025 |

67.1% of the Harford County population aged 16 and over were employed, while 32.9% were not in the labor force. The unemployment rate in Harford County is 2%. Furthermore, 73.4% of Harford County employees were private wage and salary workers, 22.4% were government workers, and 4% were self-employed (U.S. Census Bureau, 2022).

The percentage of Harford County families that are below the poverty level is 5.8%. There are racial disparities in poverty within the county. There are 5.5% of White families below the poverty level, while 8.1% of African American/Black families are below the poverty level.

The unemployment rate in Harford County stands at 2%

Education

The Harford County Public School District has 55 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 55 schools, there are nine Title I schools that aim to ensure academic achievement for at-risk students attending schools in high-poverty areas. Three schools are located in Aberdeen, two in Edgewood and Joppa, and one in Havre de Grace and Abingdon (Harford County Public Schools, 2023). Harford County Public Schools had a total of 38,105 students enrolled as of September 30, 2023, with a 93% attendance rate. The high school graduation rate for Harford County was 90.8%, which was higher than the state of Maryland's rate of 85.8% (Maryland State Department of Education, 2023).

The Maryland State Department of Education administers assessments each year for 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 2022–2023 school year, Harford County was ranked 9th out of 24 public school systems in Maryland (SchoolDigger, 2023). This was a significant improvement from the previous school year when Harford County was ranked 12th. When it comes to attained education in the county as a whole, it was estimated that 94.2% of people 25 years and over in Harford County had a high school diploma or higher, and 38.8% had a bachelor's degree or higher in 2022.

Housing and Transportation

The median value of homes in 2023 for Harford County (\$351,100) is less than Maryland's (\$380,500), and the difference when considering housing prices by zip code is dramatic. The median home value has increased by 18.5% since 2020. Prices range below the state value in the Edgewood area, where the median value of a home is \$217,800, to well above the state in areas like Fallston where the median home value is \$485,800.

Rental costs must also be taken into account when assessing the housing landscape of a community. 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, 3% 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, 2022). The HCHD offers a program called Medical Assistance Transportation which provides transportation to medical appointments. The service is available to Harford County residents who have active, non-restrictive Medical Assistance (Medicaid) coverage, or have no other means of transportation. Since Fiscal Year 2021, this program has completed an average of 33,465 rides per year.

Transportation to and from work has proven to be a challenge for many. 61.8% of Harford County residents work within the county, with 35.5% of residents working outside of the county, and 2.7% working outside of Maryland. The average commute time to work is about 31.1 minutes. Only .8% of residents use public transportation. The Harford Transit Link is the bus system for Harford County that offers seven bus routes (Harford County Government, n.d.). While this aids in access to care, there are still gaps in transportation throughout many areas of the county.

Access to Healthy Food

The 2024 County Health Rankings estimate that 5% of Harford County residents had limited access to healthy foods. This percentage is based on 2019 data of those who 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 2021 data). The County Health Rankings created a food environment index to score a given area on a scale from 0-10 (zero being the worst and ten being the best). The score is based on limited access to food and food insecurity. Harford County was given a score of 8.6 out of 10 which was slightly less than Maryland as a whole (County Health Rankings, 2021).

It should also be noted that the US Census estimates that 7.6% of households in Harford County use the Supplemental Nutrition Assistance Program (SNAP benefits) (U.S. Census Bureau, 2022). 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 is related to poor outcomes such as obesity and premature mortality.

Access to Recreational Opportunities

It is estimated that access to exercise opportunities in Harford County is 94% while the state of Maryland is at 92%. This is measured by the percentage of individuals in a county who live reasonably close to a park or recreational facility (County Health Rankings, 2023). 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. Note that this is limited to public facilities and there are additional recreation opportunities through apartment complexes' playgrounds or private gyms.

Crime

In 2022, Harford County had an annual overall crime rate of 2,002 per 100,000 people. The most recent available crime data for the state is from 2016, which reported an annual overall crime rate of 2,801.3 per 100,000. The crime rate in Maryland has been consistently higher than in Harford County for years, being 3,810 per 100,000 (Governor's Office of Crime Prevention, Youth, And Victim Services, 2022).

Graduation rate
is higher than
Maryland's rate

90.8%

94% of
residents live
close to a park
or rec facility

Food
Environmental
Index is **8.6 of**
10

Crime rate is
better than
Maryland's rate

2,002 per
100,000

HEALTH BEHAVIORS

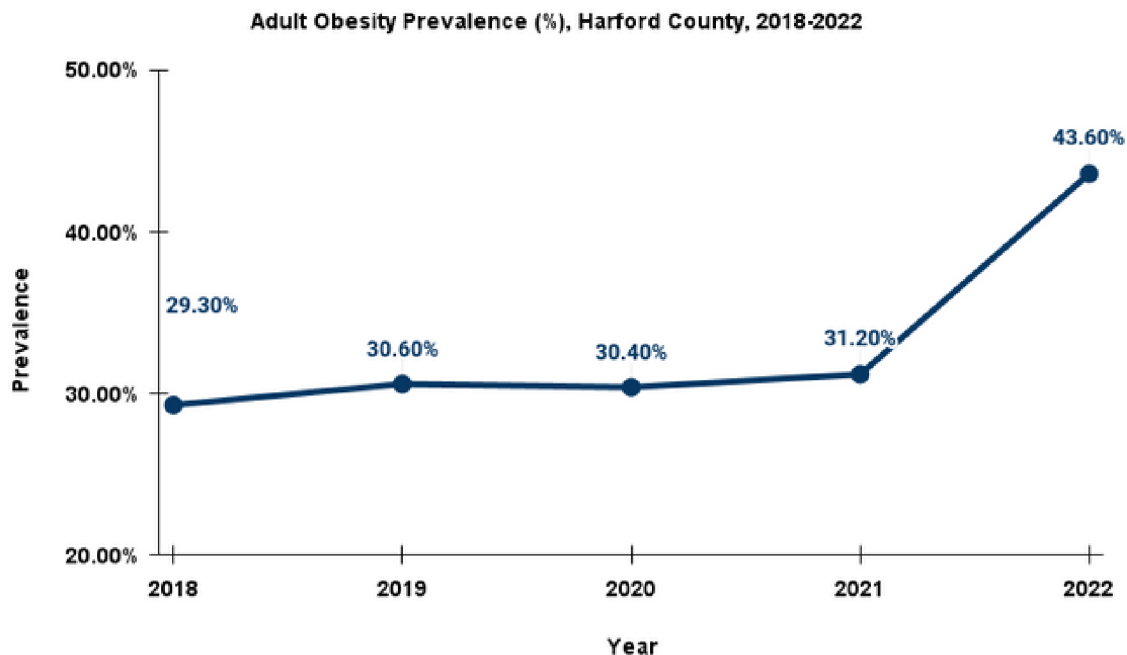
Chronic diseases such as heart disease, diabetes, and cancer are often caused by unhealthy behaviors such as poor nutrition, physical inactivity, and alcohol and drug use. Engaging in healthy behaviors not only reduces risks for chronic illness but can improve quality of life and overall health and wellness.

Poor Nutrition and Physical Inactivity

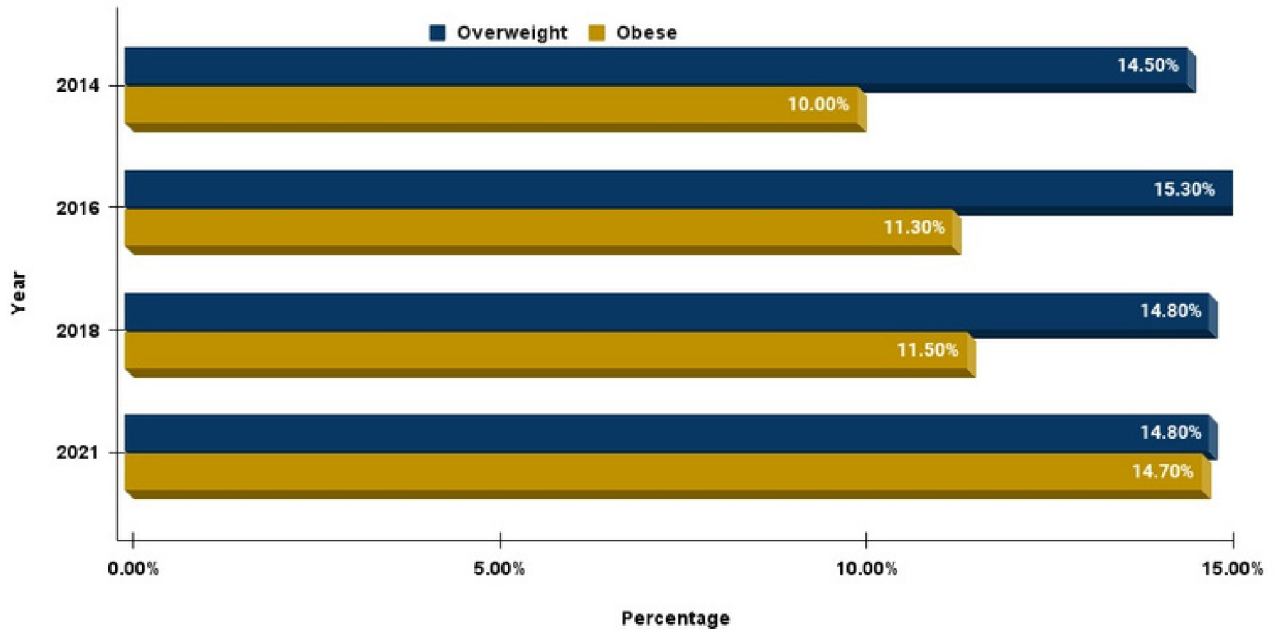
Eating well-balanced meals and exercising regularly have a major impact on one's health and well-being, both physically and mentally. Data from the 2021 BRFSS reports that 17% of the population reported eating a vegetable less than 1 time per day and 35% reported eating fruit less than 1 time per day. The consumption of fruit and vegetables closely mirrors the state average.

It is recommended that adults engage in 150 minutes of moderate-intensity physical activity per week (or equivalent of vigorous physical activity). In Harford County, the monthly exercise percentage is high, with 77% reporting they exercised within the past 30 days but the adult obesity prevalence is at 31%, which closely aligns with the state and national average, according to the BRFSS.

The BRFSS reports that the obesity prevalence for adults in 2022 was 43.6%, a 39.74% increase from 2021. Youth being overweight and obese is also a major health concern in Harford County. In 2021, 14.8% of high school students were reported being overweight (\geq 85th percentile for body mass index but $<$ 95th percentile body mass index) and 14.7% were reported being obese (\geq 85th percentile for body mass index). The obesity percentage in high school students has increased by 47% from 2018 to 2021.



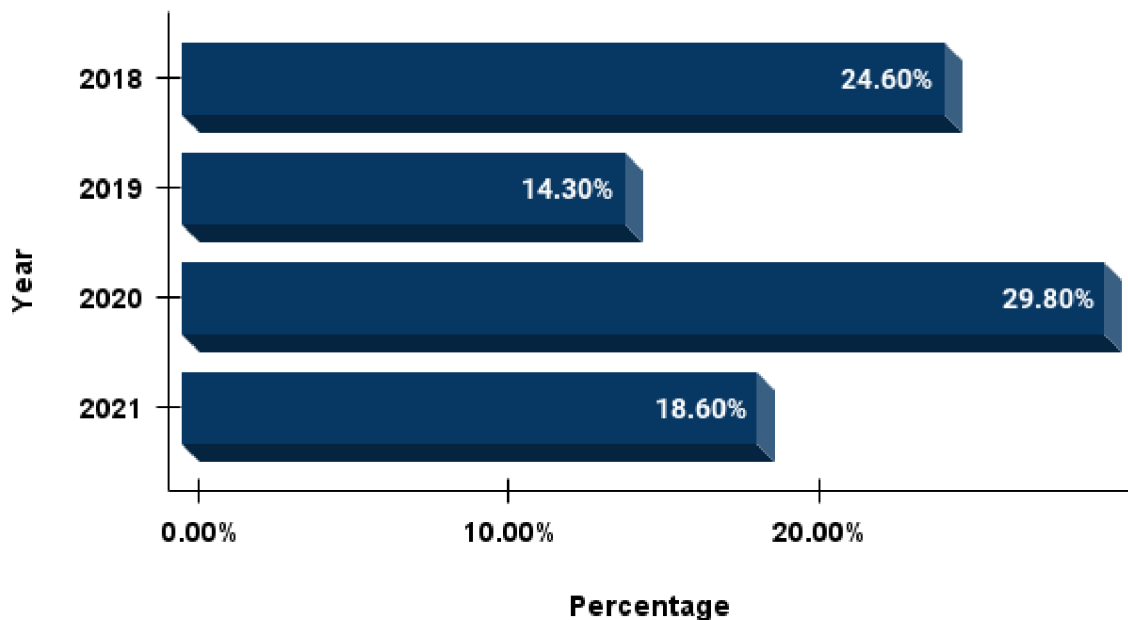
Percentage of High School Students Who Were Overweight or Obese, Harford County, 2014-2021



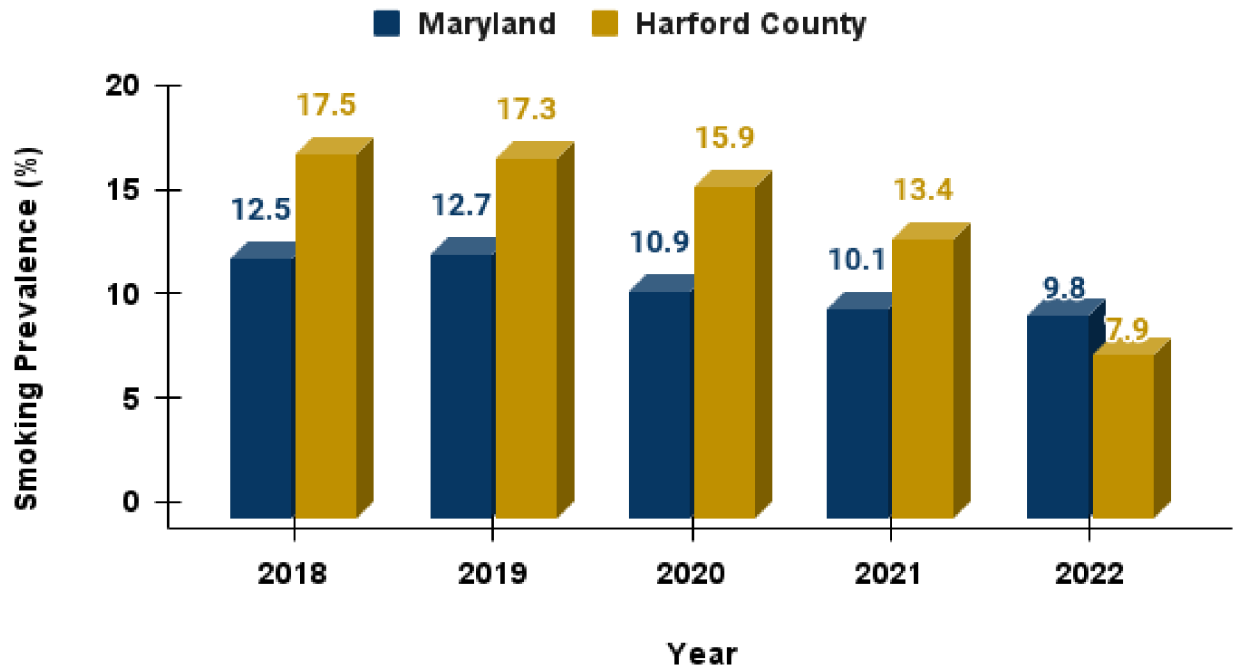
Tobacco/Vape Use

The 2021 YRBS/YTS reports that 18.6% of high school students currently use an electronic vape product, a 60% decrease from 2019. For adults over the age of 18, the smoking prevalence has been decreasing since 2018 in Harford County, with the prevalence in 2021 being 7.9%. See the chart below for comparing rates in Harford County versus Maryland.

High School Students Currently Using Vape Products, Harford County, 2018-2021

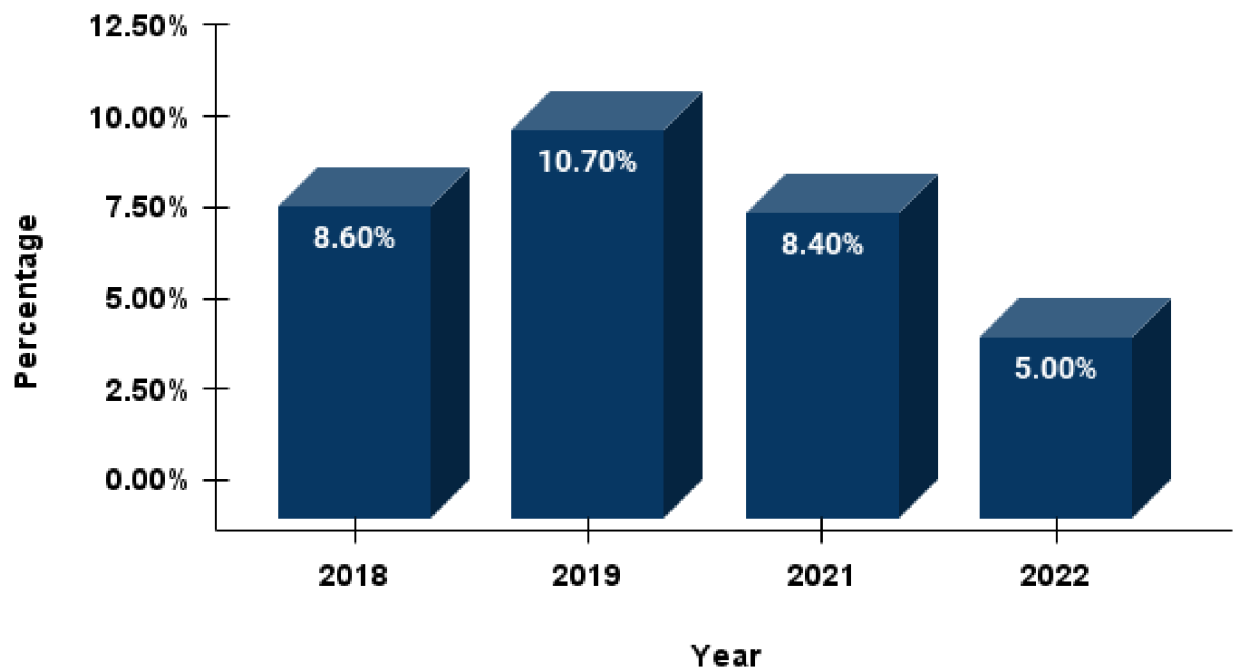


Adult Smoking Prevalence, Harford County, 2018-2022



Adult electronic cigarette (e-cig) use has also decreased in the past few years, with 5% of adults indicating they currently smoke an e-cig in 2022, a 53% decrease since 2019.

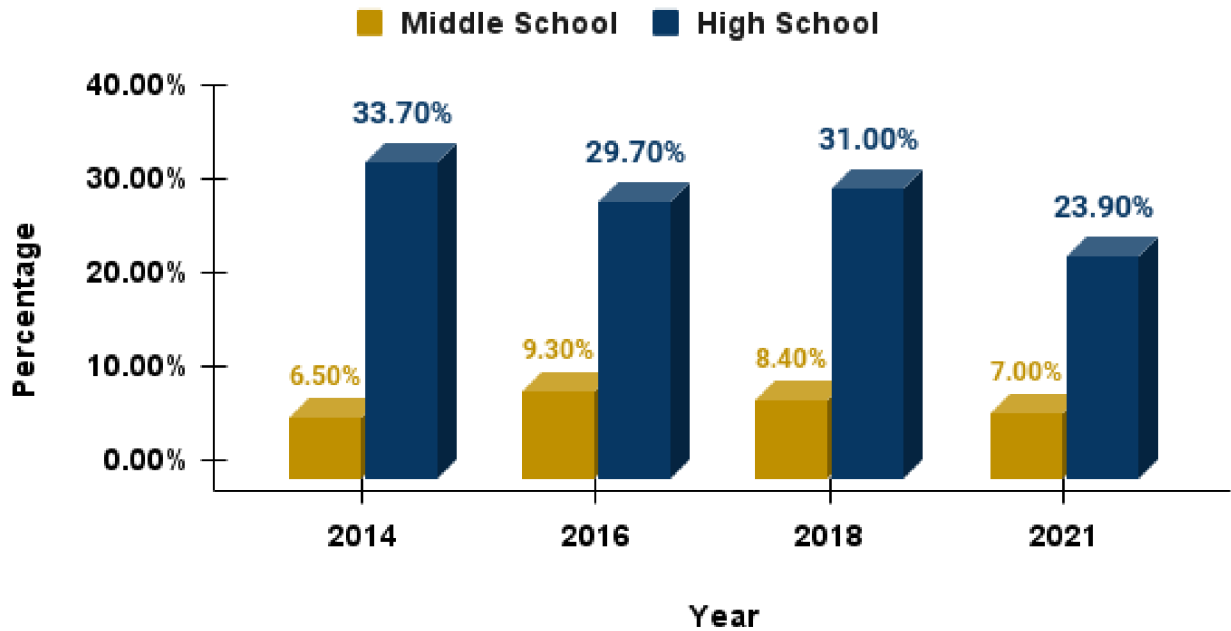
Current Electronic Cigarette Users, Harford County, 2018-2022



Alcohol and Drug Use

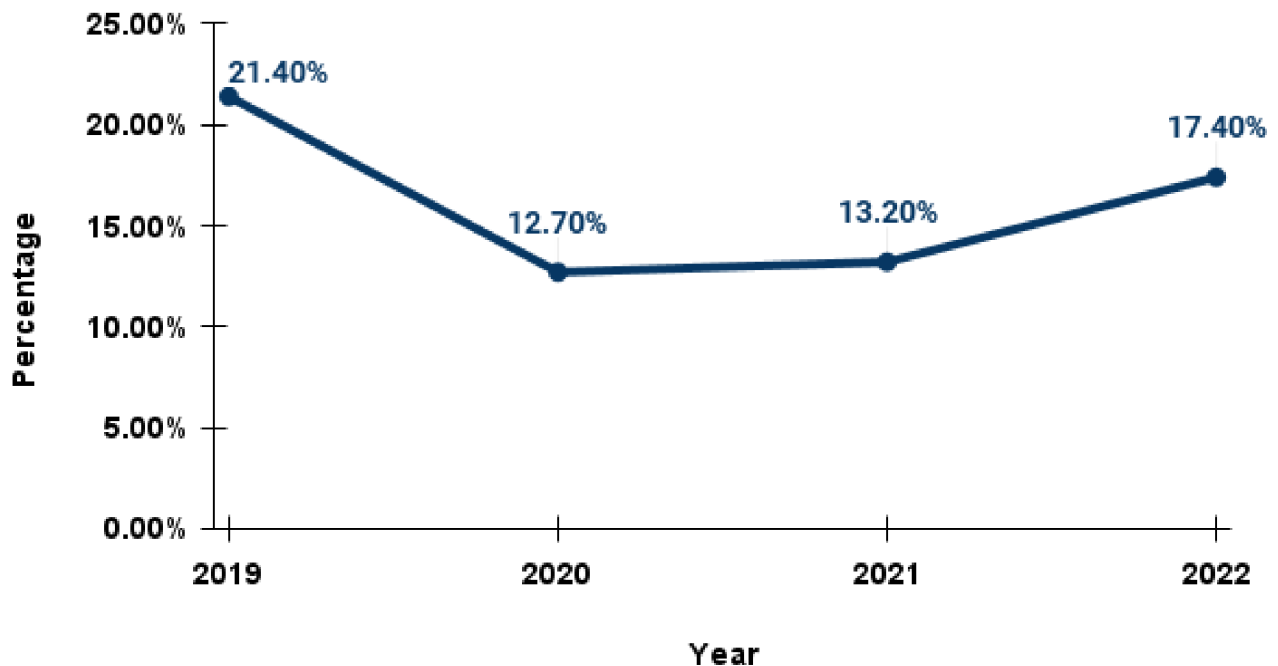
In 2021, 7% of middle school students reported having at least one drink of alcohol in the last 30 days. High school students reported higher, with 23.9% of students reporting they had at least one drink of alcohol in the last 30 days.

Percentage of Middle & High School Students Who Have Smoked in the Last 30 Days, Harford County, 2014-2021



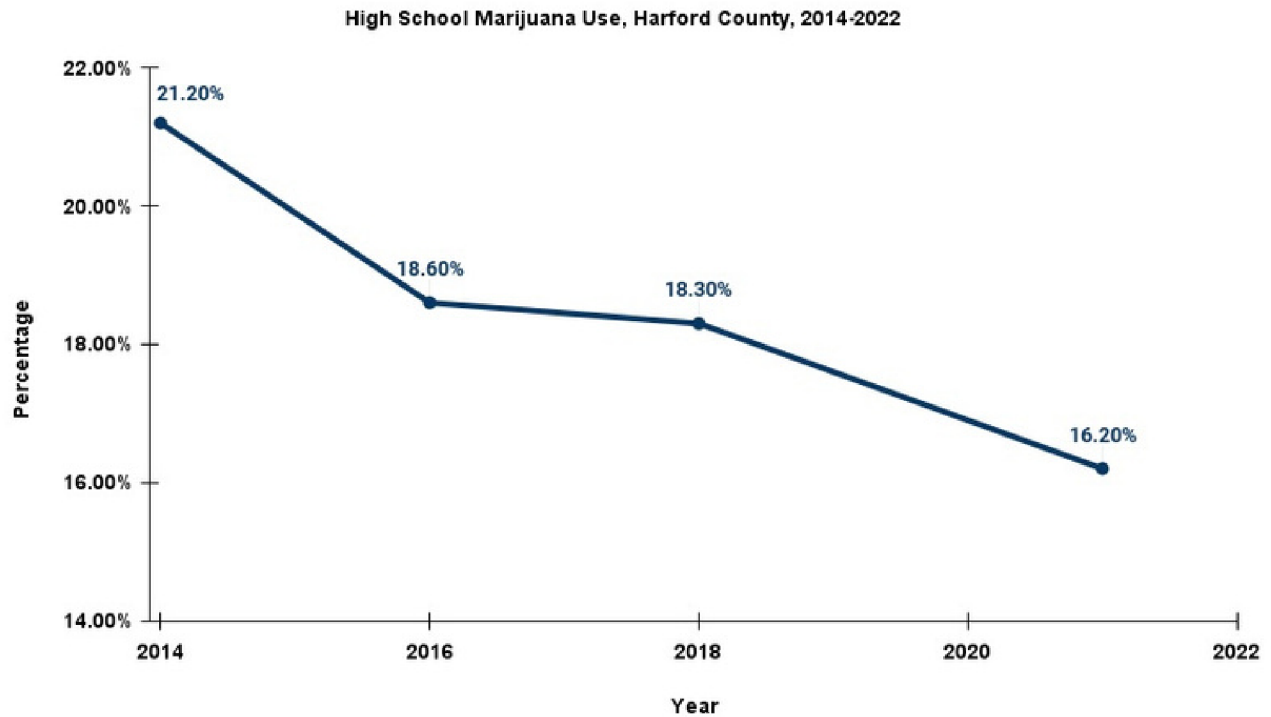
Adults were asked if they binge drank (having 5 or more drinks for men and 4 or more drinks for women on one occasion) and 17.4% of adults reported they did in the past 30 days in 2022.

Adult Binge Drinking, Harford County, 2019-2022



Marijuana

In 2023, recreational marijuana became legal in Maryland for adults over the age of 21. While adult use is legal, anyone under the age of 21 cannot smoke marijuana or use marijuana products. In 2022, 16.2% of high school students reported using marijuana.



HEALTH OUTCOMES

The section on health outcomes reports the perceived health status, rates of occurrence, and prevalence of various health conditions in Harford County. It encompasses hospitalizations and mortality related to specific health issues, covering chronic and communicable diseases, injuries, mental health, and maternal and child health. The above section on health factors, which explored positive and negative behaviors, is linked to these health outcomes.

Perceived Health Status

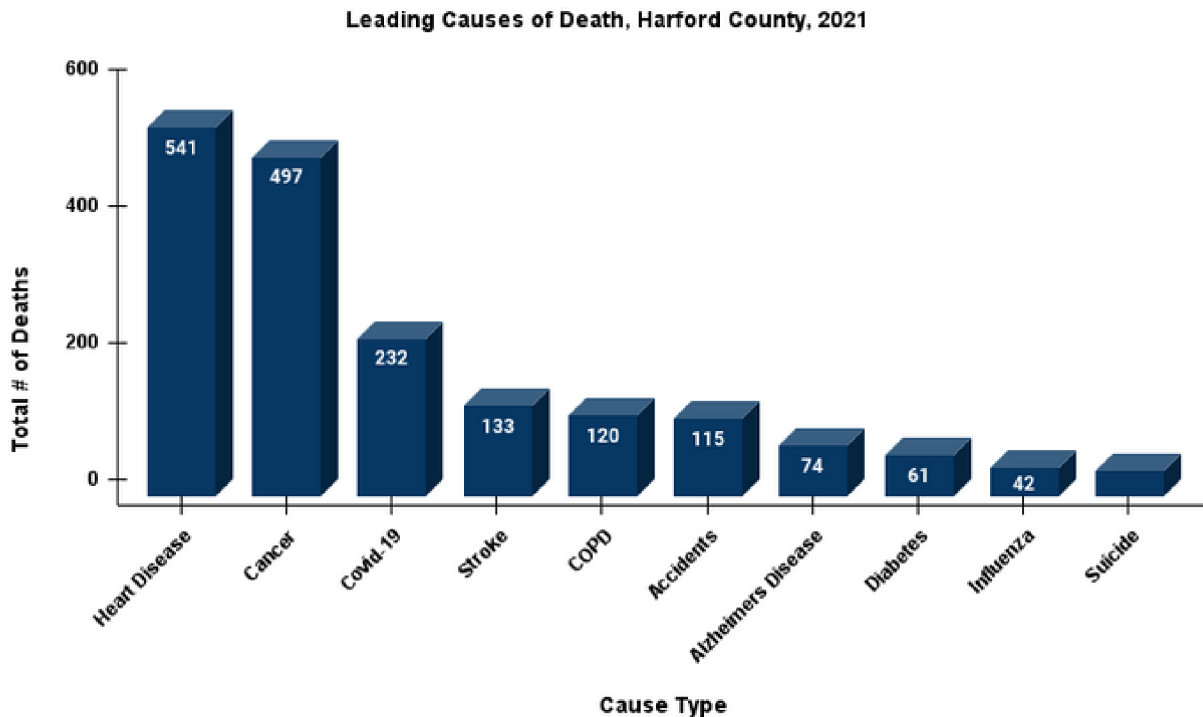
In 2021, County Health Rankings reports that 13% of adults consider themselves in fair or poor health. In the past 5 years, the findings have been fairly consistent, with the range being 11-16%. When looking at mental health status, individuals were asked how many days in the past 30 days was their mental health not good. The amount of poor mental health days has increased from 2017 to 2021 for adults. The table below shows the breakdown by each year.

| Year | Percentage of adults reporting they consider themselves in fair or poor health | Poor Mental Health Days |
|------|--|-------------------------|
| 2017 | 12% | 3.7 |
| 2018 | 14% | 4.3 |
| 2019 | 16% | 4.0 |
| 2020 | 11% | 4.4 |
| 2021 | 13% | 5.0 |

Leading Causes of Death and Hospitalization

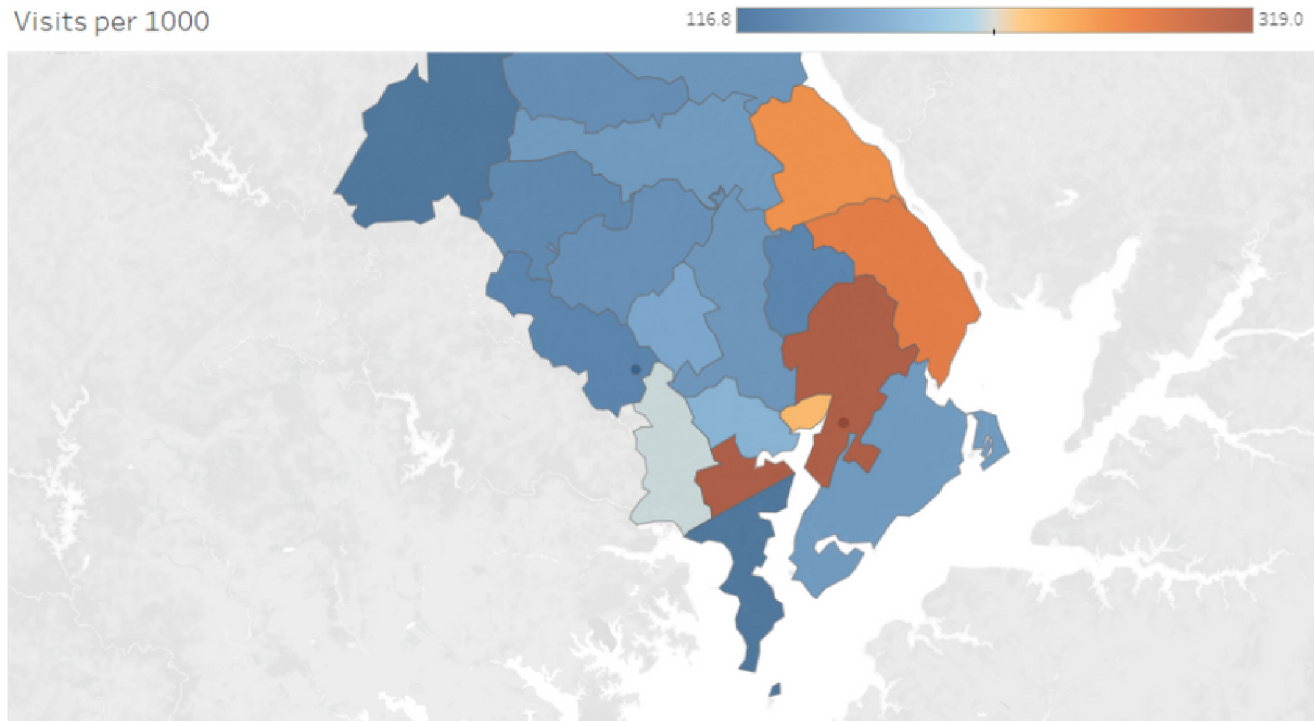
In the 2024 County Health Rankings, Harford County was ranked 8th among 24 jurisdictions for health outcomes. Years of potential life (YPLL) is used to measure premature mortality (before the age of 75) rather than overall mortality to focus on deaths that could have been prevented. Based on County Health Rankings, 7,300 years of life were lost to deaths of people under age 75, per 100,000. This rate was significantly higher for African Americans/Blacks with the YPLL being 10,400 per 100,000 deaths.

Maryland Vital Statistics reports 2,606 total deaths in 2021 and the top three causes of death were heart disease, cancer, and COVID-19. *Due to the rise of COVID-19 in 2020, COVID-19 became the 3rd leading cause of death in Harford County. If COVID were not a factor in 2020, the 3rd leading cause would be cerebrovascular disease (stroke). Stroke closely follows as the 4th leading cause of death. The age-adjusted mortality rate in 2021 for all causes was 821.9 per 100,000 deaths in Harford County and 786.3 per 100,000 in Maryland. The chart below shows all the leading causes of death in Harford County, in 2021.

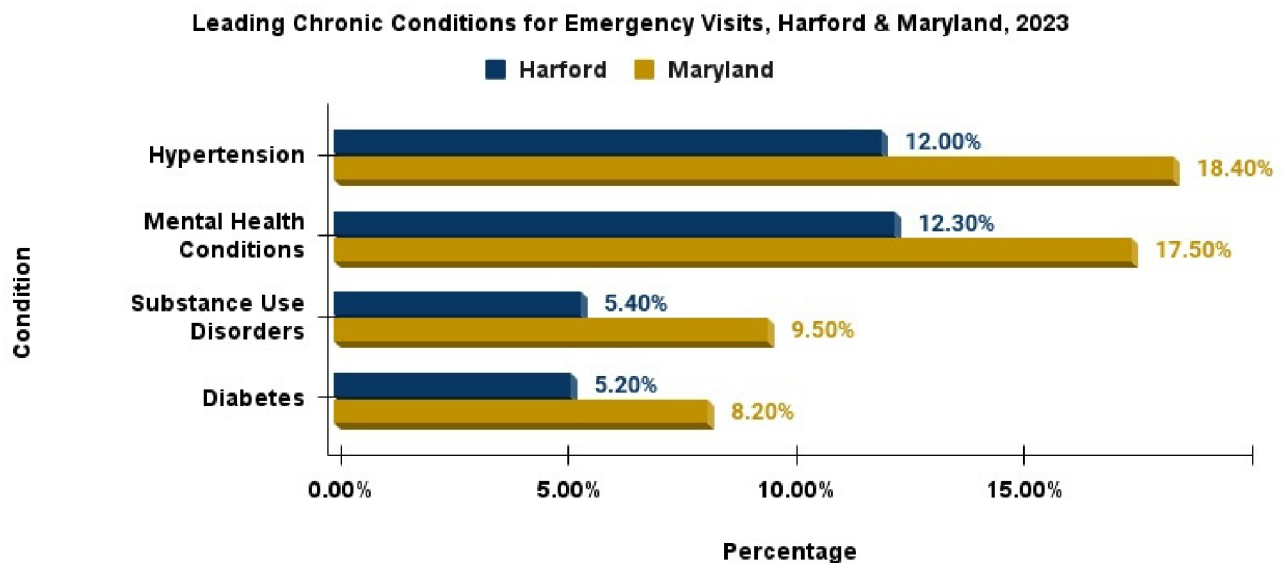


Emergency Department Visits

For 2023, CRISP’s utilization map indicates that there were 204 emergency department visits per 1,000 compared to the state rate of 244 visits per 1,000. In the map below, the orange colors indicate a higher rate and the blue colors indicate a lower rate. The highest rates of ED visits in the county were for residents in Aberdeen (317 per 1,000), Edgewood (319 per 1,000), Havre de Grace (276 per 1,000), and Darlington (261 per 1,000).

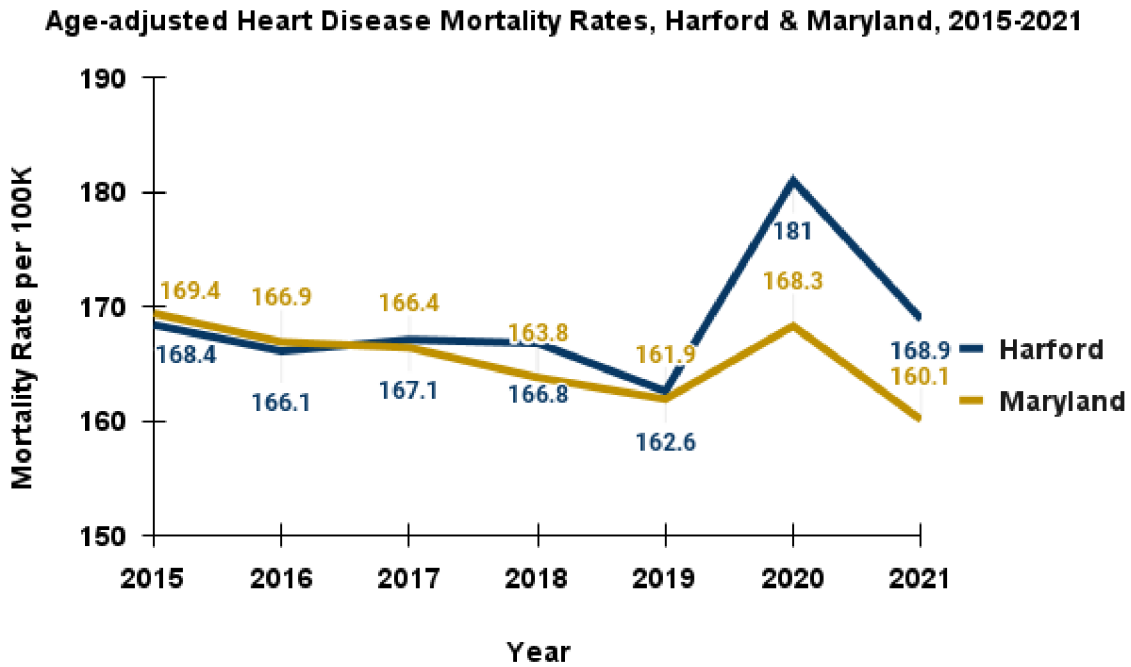


CRISP reports that the top conditions that patients came to the emergency department were hypertension, mental health conditions, substance use disorders, and diabetes, all of which aligned with the state’s top conditions as well.

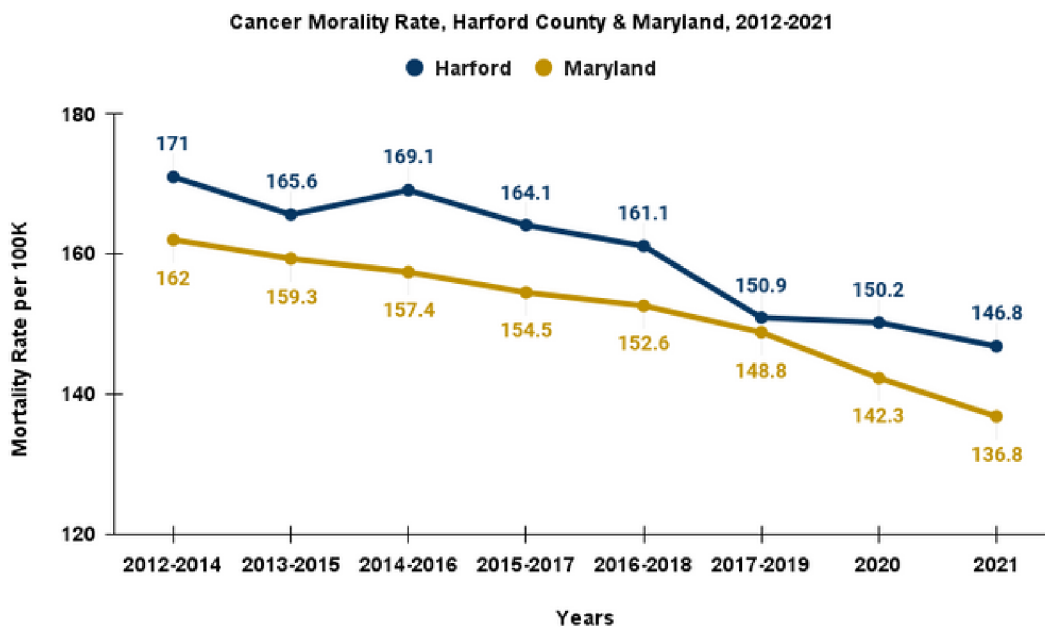


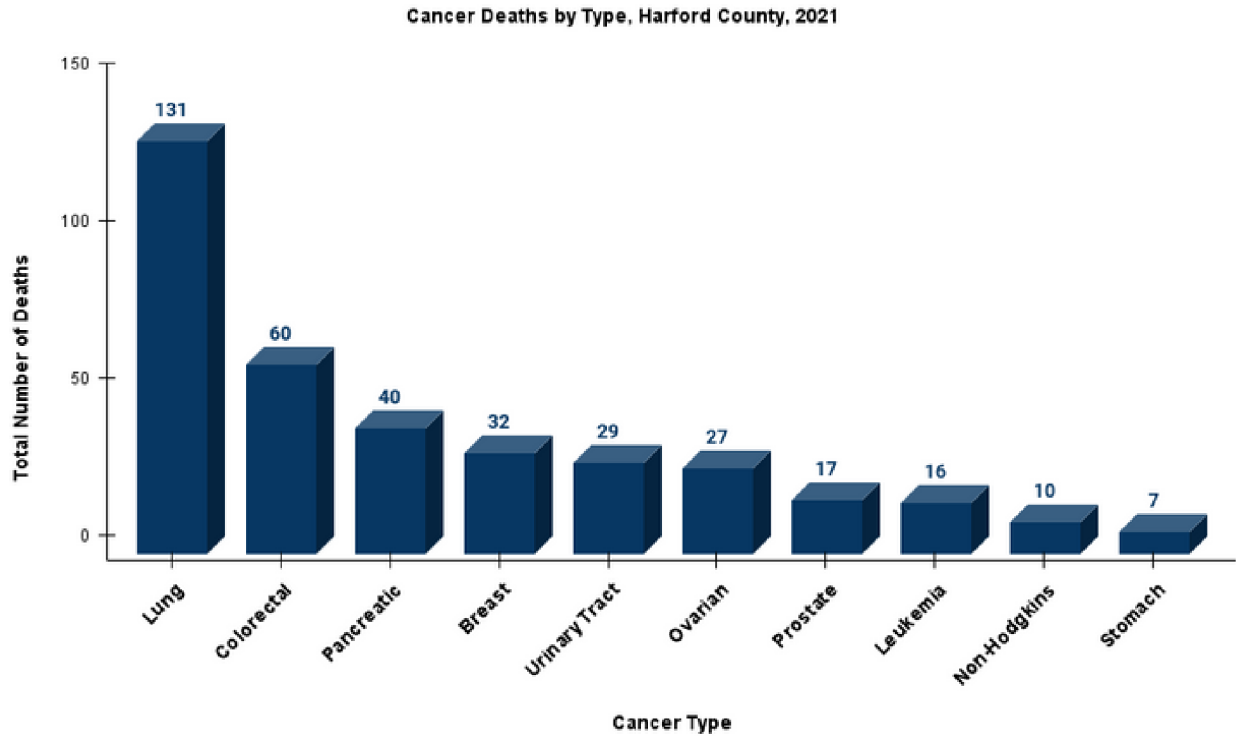
Chronic and Communicable Diseases

Heart disease is the number one cause of death in Harford County and Maryland. In 2021, 168.9 per 100,000 died from heart disease, compared to the state with a rate of 160.1 per 100,000. The rate increased in 2019 and has remained higher than the state for several years.



The cancer mortality rate has been on a decline in Harford County for several years but when compared to the state of Maryland, rates are much higher. The mortality rate for all cancers in 2021 was 146.8 per 100,000, compared to Maryland, with a rate of 136.8 per 100,000. Lung Cancer was the single cancer type resulting in the most deaths in Harford County in 2021, followed by colorectal and pancreatic.

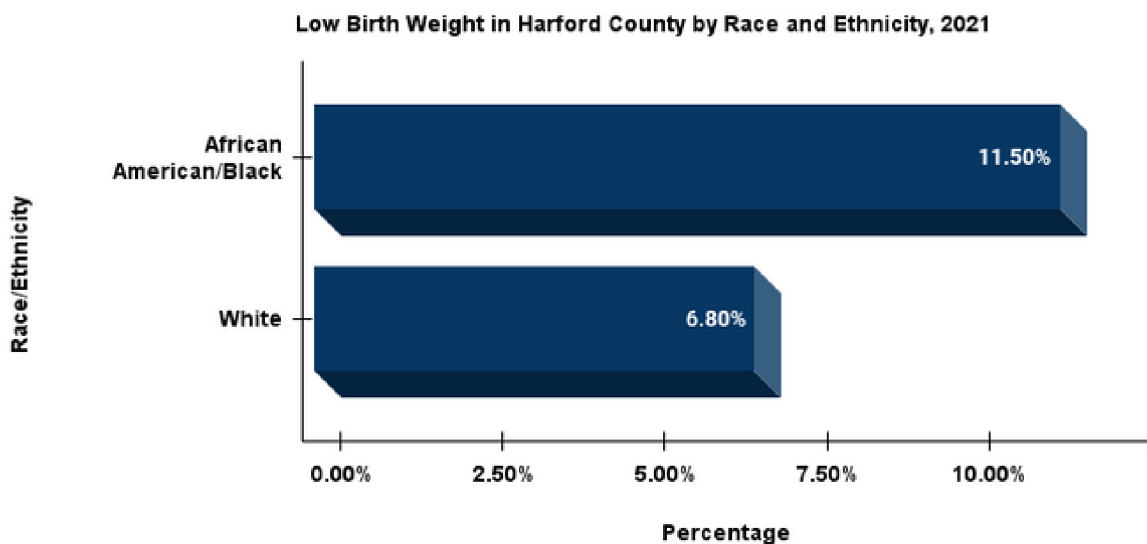




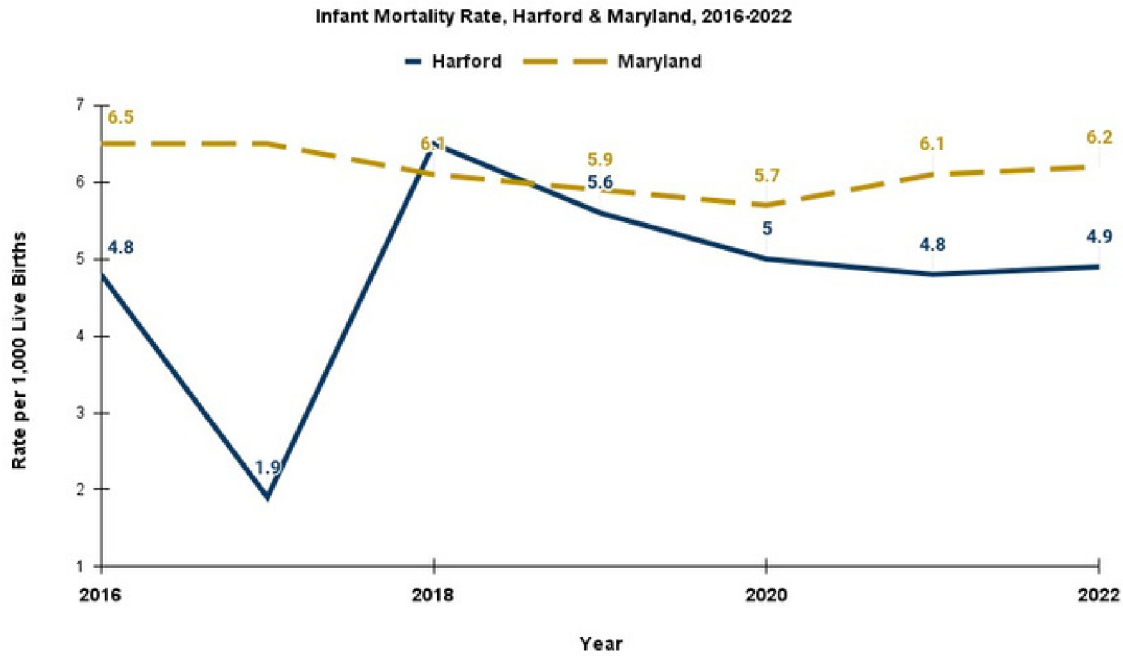
Maternal and Child Health

Maternal and child health refers to a woman's health during pregnancy, childbirth, and postpartum as well as the health of children. A mother's health immensely impacts a child's health; therefore, they must attend regular checkups and maintain their well-being. In 2021, Harford County had 2,632 live births in Harford County but only 79% of mothers received care in their first trimester and 3.8% received late (at third trimester) or no care at all during pregnancy.

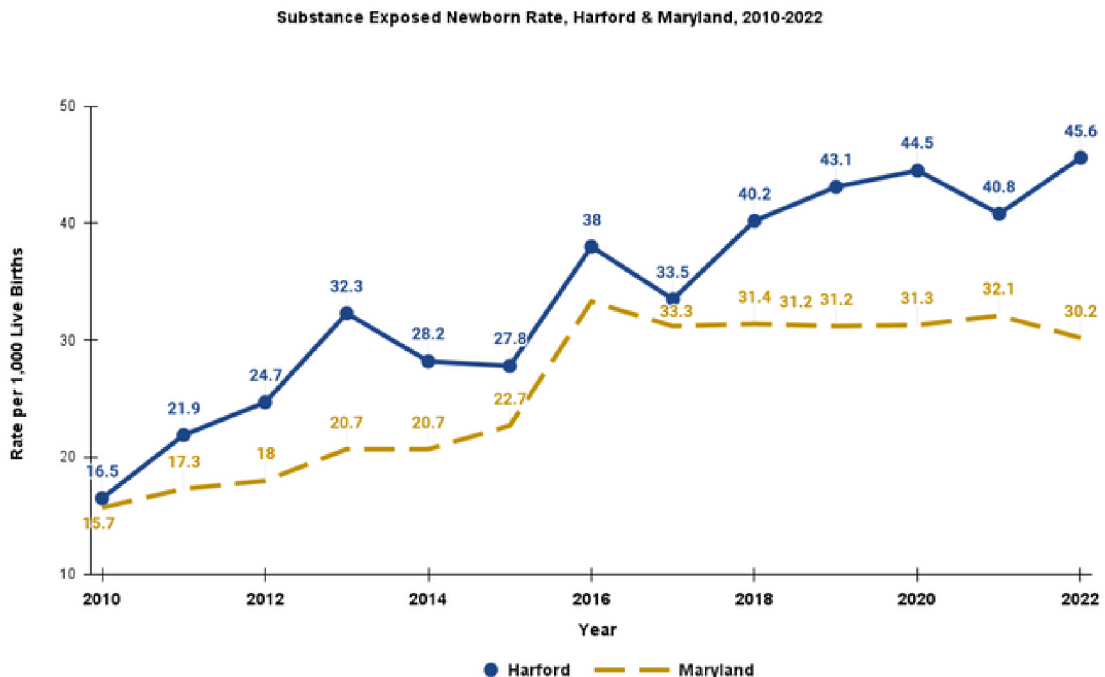
In Harford County, there are large racial disparities when it comes to maternal and child health. The rates for low birth weight (>2500 grams) were much higher for non-Hispanic African American/Black mothers (11.5%) compared to non-Hispanic White mothers (6.8%) in 2021. Low birth weight can cause health complications that start from infancy and carry on to adulthood and lead to poor outcomes.



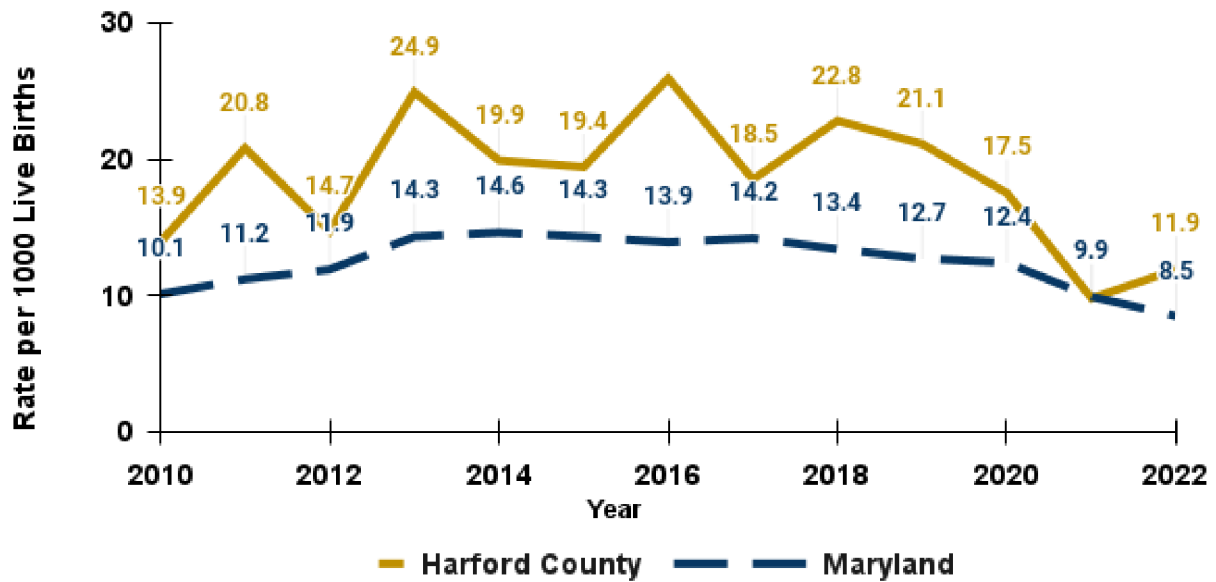
In 2022, the infant mortality rate in Harford County was 4.9 per 1,000 live births, which is lower than the state at 6.0 per 1,000 live births. The rate has declined for several years, but it is still much higher than in 2017. Racial disparities exist in infant mortality too, with the infant mortality rate being 9.8 per 1,000 births in the state of Maryland for non-Hispanic African American/Black women compared to 6.1 per 1,000 live births in the White population.



The substance exposed newborn (SEN) rate has been inclining in Harford County and remained higher than the state for several years. In 2022, the rate per 1,000 live births in Harford County was 45.6, compared to the state, at 30.2. In contrast, the neonatal abstinence syndrome (NAS) rate has been declining in Harford but remains higher than the state rate. In 2022, the NAS rate in Harford County was 11.9 per 1,000 live births, compared to the state at 8.5 per 1,000 live births.



**Neonatal Abstinence Syndrome Rate
in Maryland and Harford County, 2010-2020**



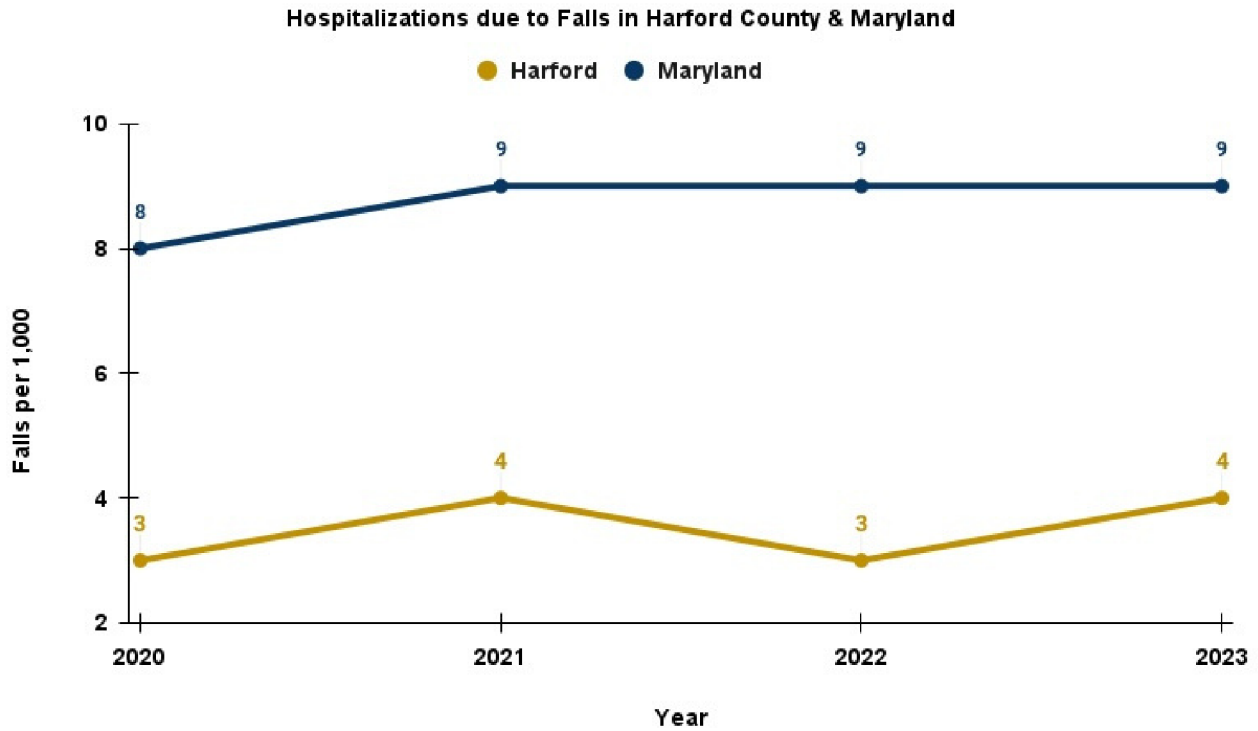
Injury

In Harford County, the total amount of deaths due to injury was 87 per 100,000, in 2021. These deaths include homicides, suicides, motor vehicle crashes, and poisonings. The age-adjusted rate for deaths by an accident was 39 per 100,000, lower than the state, at 45.1 per 100,000. The rate of homicide deaths in Harford was 4 per 100,000 compared to the state, at a higher rate, at 10 per 100,000.

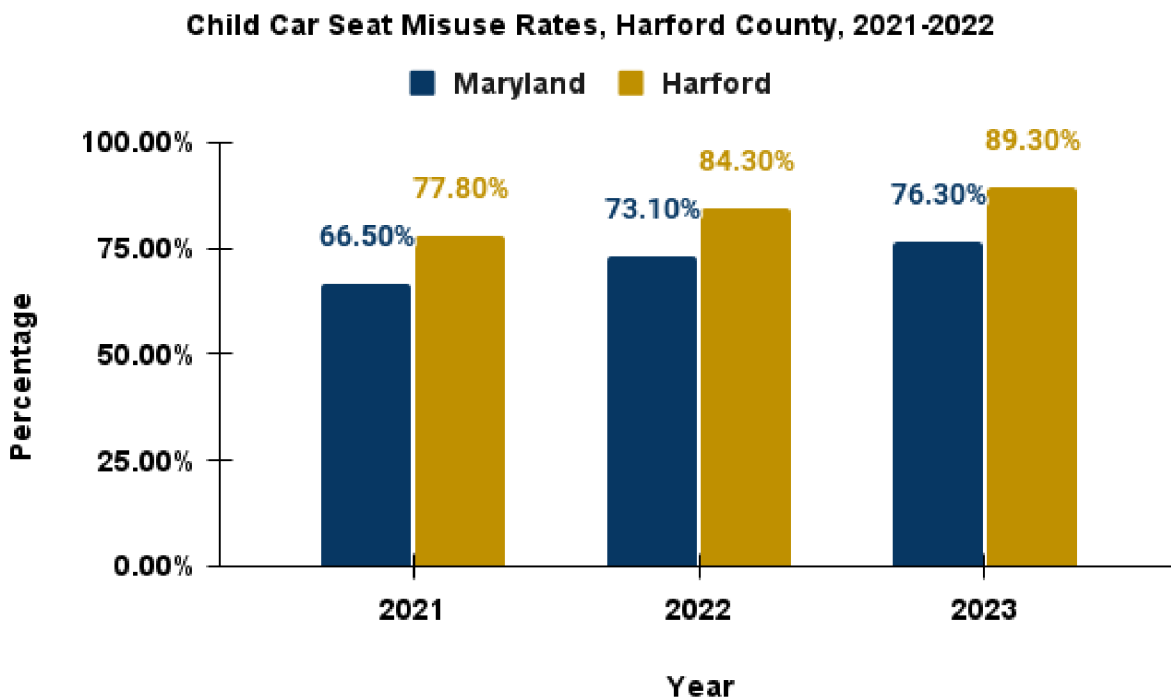
Suicide deaths have been increasing in the past few years and remain higher than the state. In Harford County, the suicide rate was 13.6 per 100,000, compared to the state at 9.7 per 100,000. Motor vehicle crashes resulted in 8 deaths per 100,000 in Harford County, compared to the state at 9 per 100,000.

| | Harford | Maryland |
|--|-------------------------|-------------------------|
| Homicide | 4.0 per 100,000 | 10.0 per 100,000 |
| Intentional self-harm (suicide) | 13.6 per 100,000 | 9.7 per 100,000 |
| Motor vehicle crash | 8.0 per 100,000 | 9.0 per 100,000 |

Falls in older adults can lead to serious injury and complications that can prevent them from completing day-to-day tasks. CRISP reports a steady number of fall hospitalizations per year in Harford County and Maryland. In 2023, Harford County had 4 per 1,000 hospitalizations due to falls and all of Maryland had 9 per 1,000.

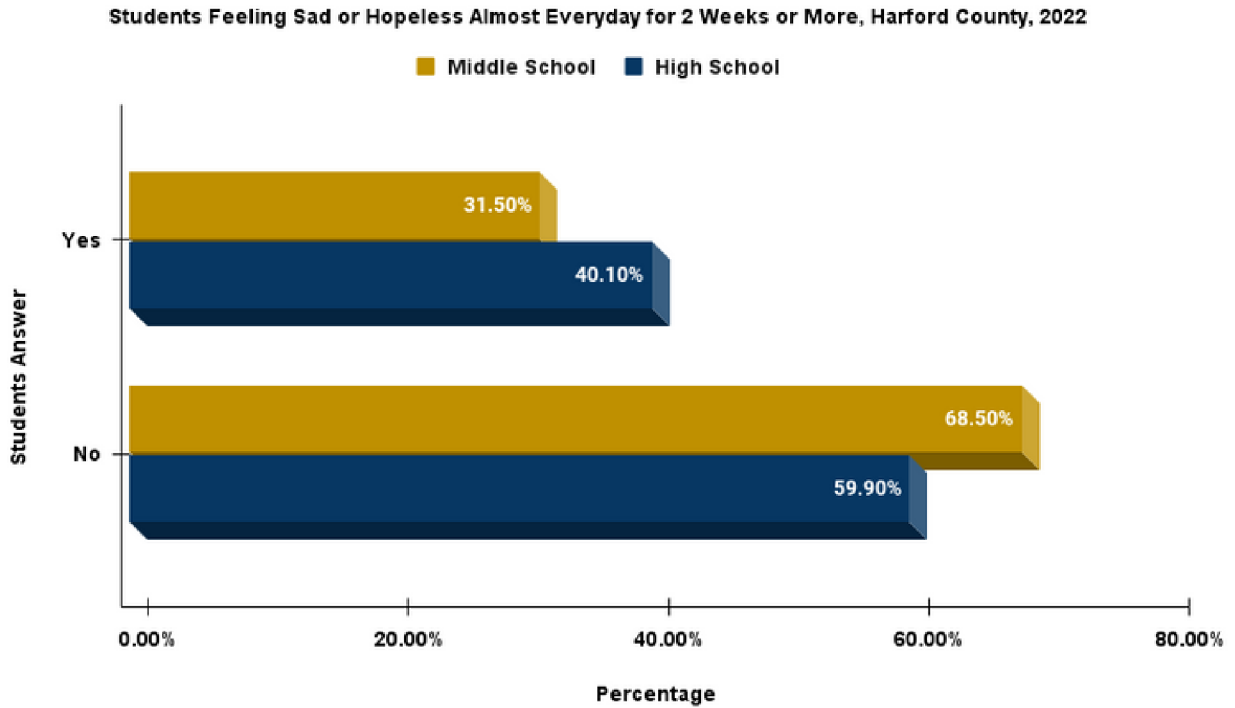


The American Automobile Association and National Safety Council observed that the car seat misuse rate in children was at 89.3% in Harford County, higher than the state average at 76.3%.

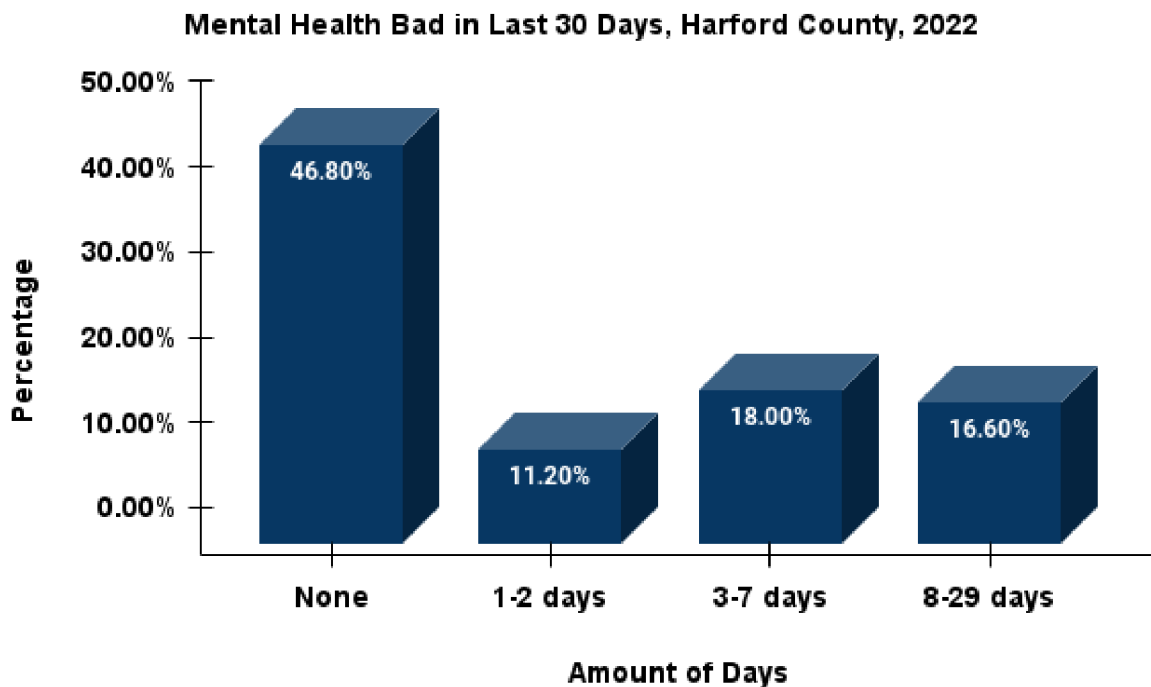


Behavioral Health

The YRBS reports 40.1% of high school students feeling sad or hopeless almost every day for two weeks or more in a row, in the past 12 months, in 2022. When middle school students were asked the same question, 31.5% answered yes.



Adults were asked how many days their mental health was not good in the past 30 days, 46.8% said none, 11.2% said 1-2 days were not good, 18% said 3-7 days were not good, and 16.6% said 8-29 days were not good.



ACCESS TO HEALTHCARE

| Age | Percent Uninsured |
|--------------------------|-------------------|
| Under 6 | 7.0% |
| 6-18 | 2.5% |
| 19-25 | 4.8% |
| 26-34 | 4.3% |
| 35-44 | 4.2% |
| 45-54 | 3.8% |
| 55-64 | 3.4% |
| Sex | |
| Male | 3.7% |
| Female | 2.9% |
| Education Level Attained | |
| Less than High School | 11.4% |
| High School Graduate | 4.7% |
| Some College | 2.4% |
| Bachelors or Higher | 1.1% |

Access to health care has a significant influence on a person's overall health and well-being. Health Insurance is a major contributor to access to care as well as physician shortages, lack of transportation, and language barriers.

Health Insurance Coverage

Health insurance allows more people to receive quality health care and improves overall health and wellness. People without health insurance may be more likely to delay or skip receiving health care or skip preventive screenings due to costs. The table to the left shows the percentage of those uninsured broken down by different demographic variables.

While the uninsured rate for Harford County is relatively low, disparities in coverage are very prevalent. For example, 10.8% of the Hispanic population is uninsured, while 2.2% of the White population is uninsured. Percentages have been improving slightly over the last couple of years.

Language Barriers

Language barriers are also an access to care issue in the county. Effective communication is a key principle within public health and healthcare settings. Patient and client understanding is important so they can make informed decisions about their health and build trust with providers and healthcare professionals.

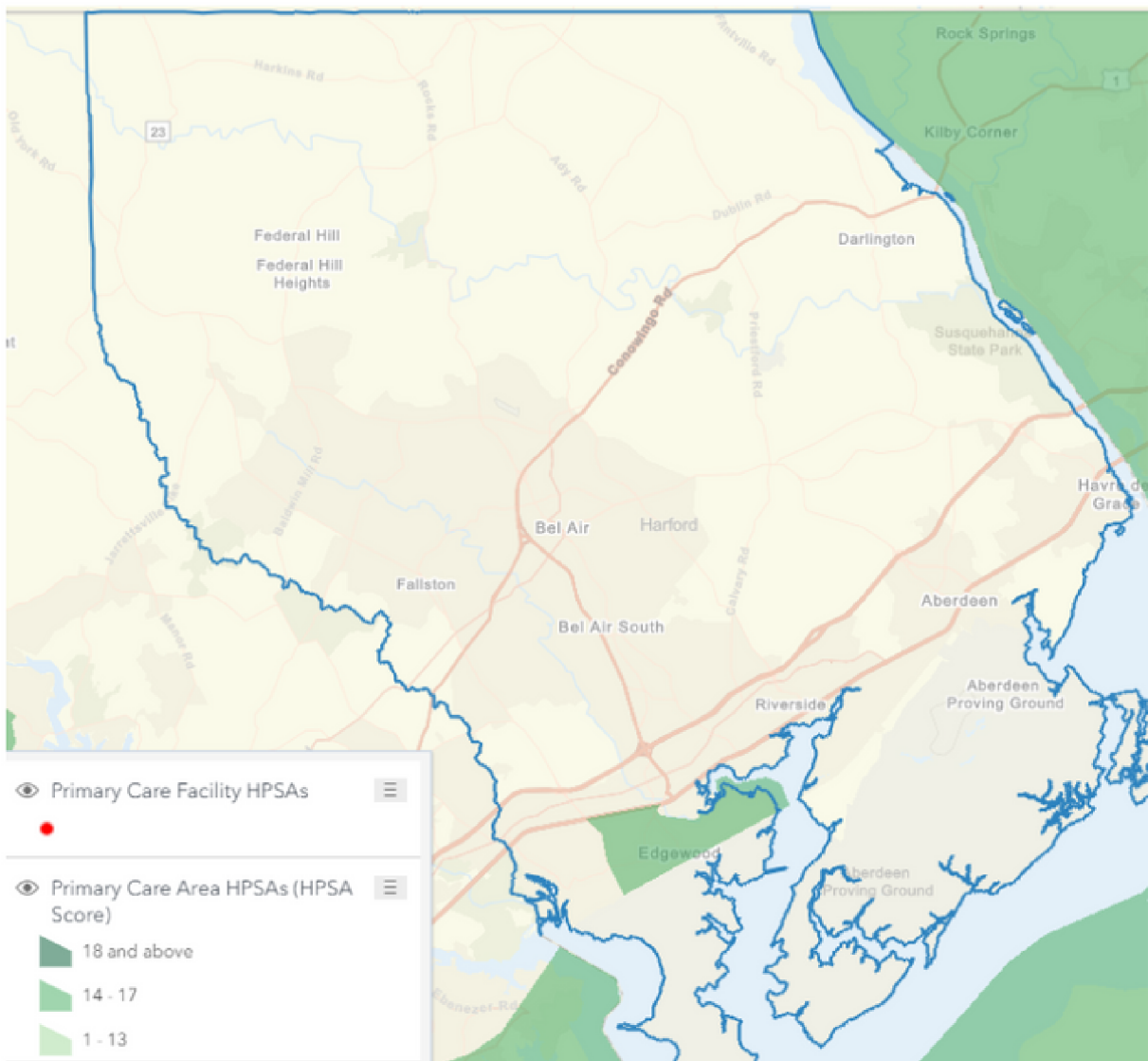
Many organizations recognize the importance of language services and offer a variety of options including professional interpreters, language line services, bilingual staff members, cultural competency training, and Limited English-Proficient (LEP) groups. As previously mentioned, the racial and ethnic diversity of Harford County is steadily growing every year, with about 7% of the population speaking a language other than English at home, see the table below. An example of how these services are utilized is the Health Department offering no-cost translation services to the LEP population who utilize their services and programs. In fiscal year 2023, HCHD used LEP services 2,781 times in 27 different languages. Bi-lingual staff can assist at all locations of HCHD.

| Language | Percentage of Primary Language Used at Home |
|---|--|
| English | 92.2% |
| Other Indo-European languages | 3.0% |
| Asian and Pacific Islander languages | 2.2% |
| Other languages | 1.0% |

Access to Primary Care and Preventive Service

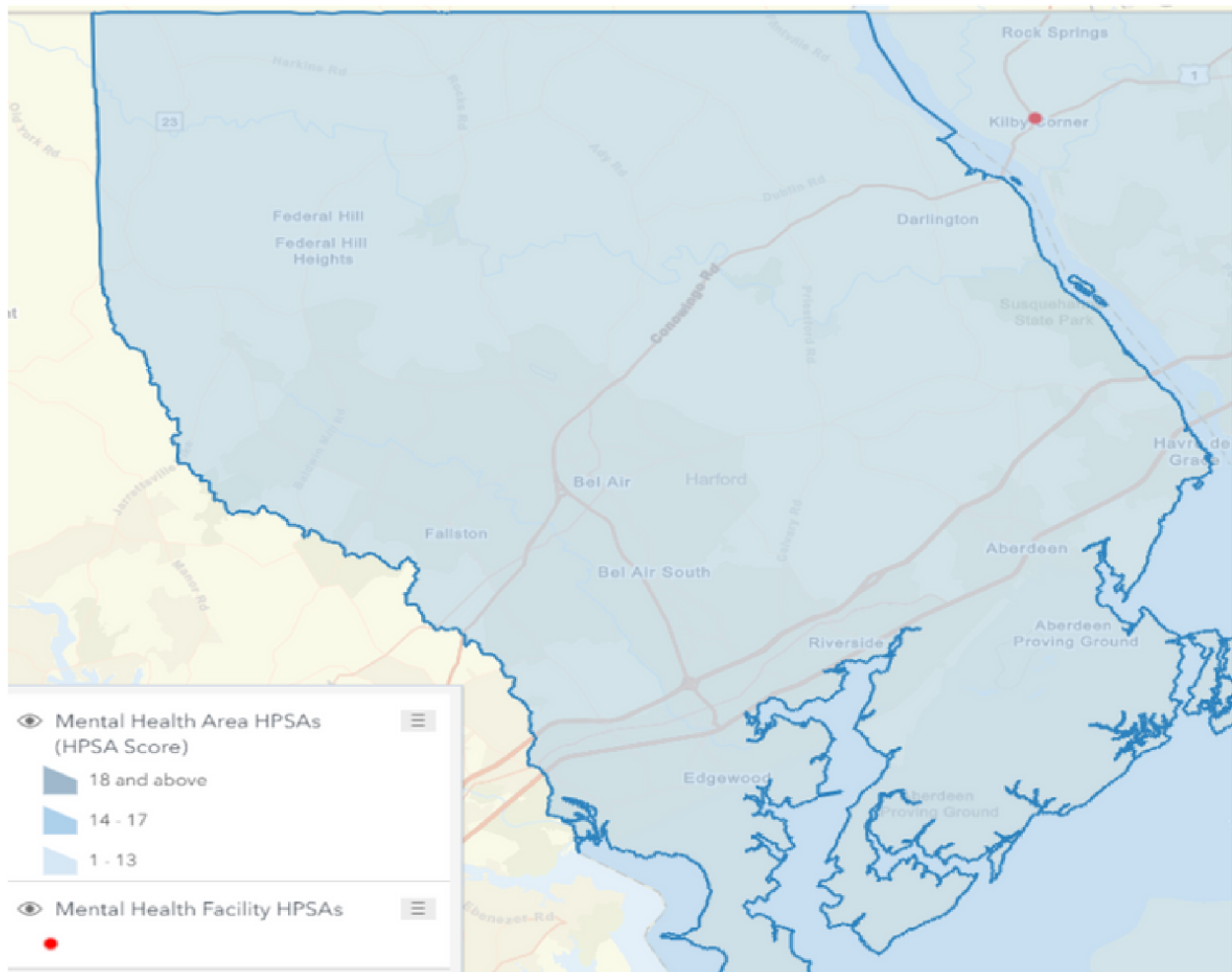
Regular exams and screening tests play a key role in detecting disease early which can lead to proper intervention. Vaccinations for influenza or coronavirus, for example, are also used to stop the spread of disease. Typically, screening exams and vaccines are at no cost to those with insurance. In Harford County, there are opportunities for these screenings to be provided at little or no cost to those without insurance.

There are approximately 143 primary care providers in Harford County, with the ratio of the population to primary care providers in Harford County being 1,850:1. This rate has continued to grow worse over the years and is higher than Maryland as a whole at 1,180:1 (County Health Rankings, 2024). The map below is from the Health Resources and Services Administration (HRSA) and they have designated Edgewood as a Health Professional Shortage Area with a score of 11 out of 25 (HRSA, n.d.) Scores range from 1 to 25 for primary care and mental health, and 1 to 26 for dental health. The higher the score, the greater the priority.



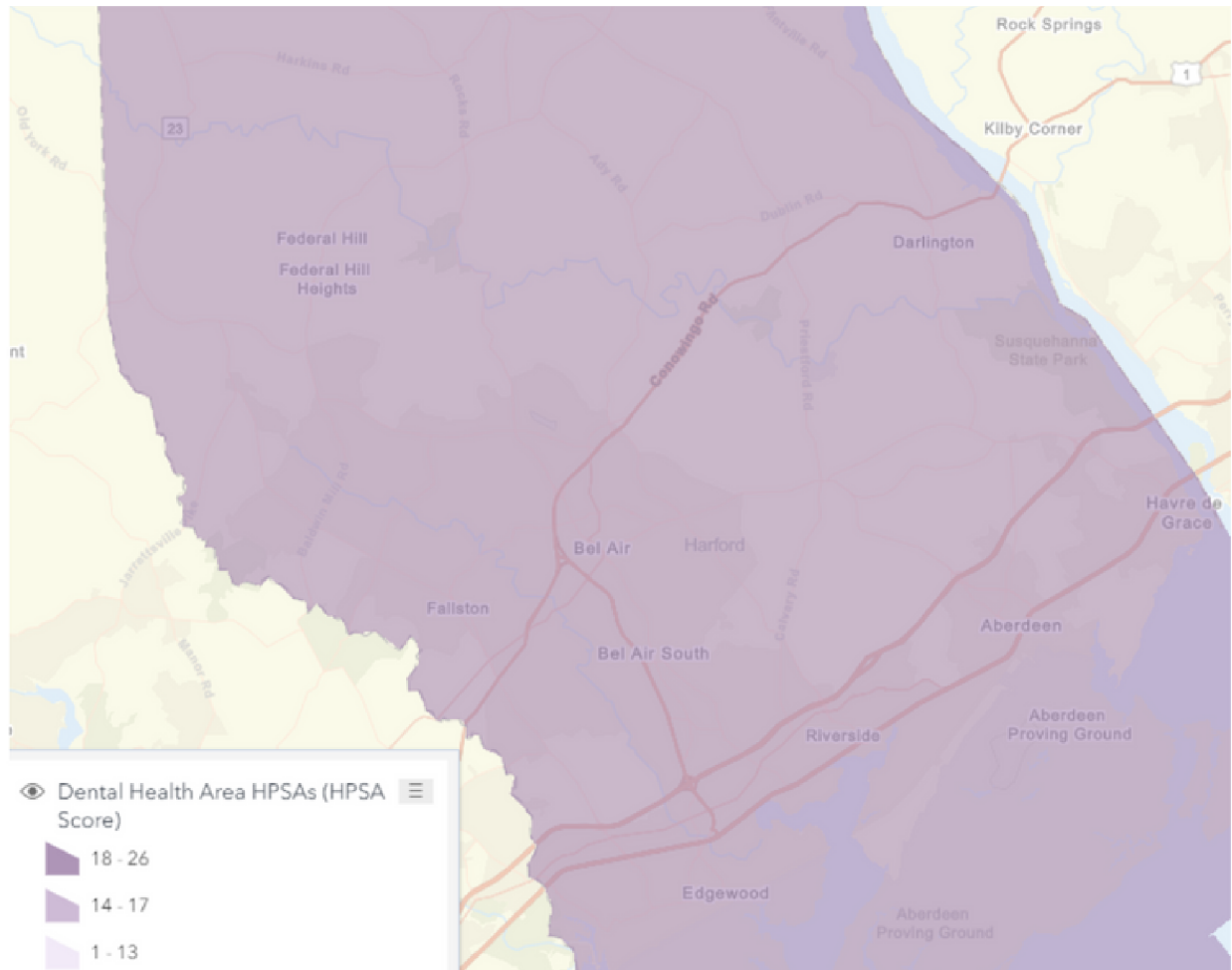
Access to Mental Health and Substance Use

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. The COVID-19 pandemic allowed residents to access primary and mental health services via telehealth. In Harford County, there are an estimated 677 mental health providers, while the ratio of the population to mental health providers was 390:1. This rate improved from 500:1 in 2021. (County Health Rankings, 2024). Similarly to primary care providers, Harford County’s ratio is worse than the state rate of 290:1. Harford County as a whole has been designated as a mental health shortage area with a score of 7 out of 25.



Access to Oral Care

Oral health is an important aspect of overall health and wellness and should not be overlooked. Poor oral health not only affects the mouth, gums, and teeth with problems such as cavities and gingivitis, but has also been linked to cancer, diabetes, heart disease, and pregnancy complications. There are an estimated 172 dentists in Harford County and the ratio of population to dentists is 390:1 (County Health Rankings, 2024). Harford County has been named a dental health shortage area, with a rating of 13 out of 26.



COVID-19 PANDEMIC

The COVID-19 outbreak officially became a global pandemic in January 2020. COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. The virus spreads through liquid particles when a person coughs, sneezes or breathes. Infected individuals will experience mild to moderate respiratory illness and recover without needing special treatment. Symptoms may include coughing, congestion, fever, headaches, and loss of taste. Older individuals and those who may have an underlying medical condition could get seriously ill and require medical attention.

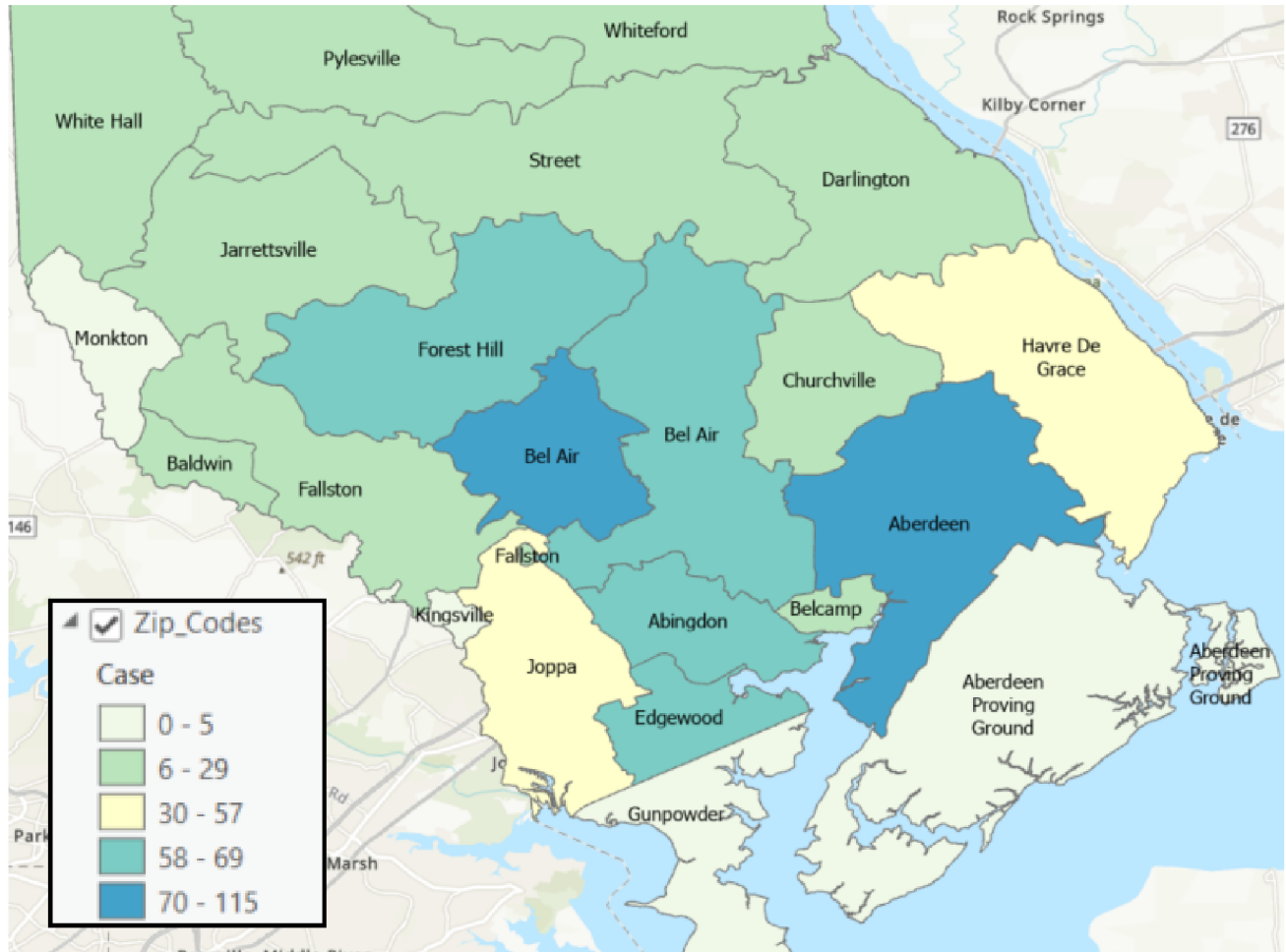
On March 5, 2020, Governor Larry Hogan declared a state of emergency for Maryland. In 2020, there were a total of 8,910 confirmed cases in Harford County, with a major spike in October 2020. The total deaths in 2020 were 177, with 85% of deaths being individuals over the age of 65. In 2021, there was an even larger spike in the summer, resulting in 20,474 confirmed cases for the entire year, and 259 deaths. As more individuals were getting vaccinated, the rate of confirmed cases went down in 2022, with 17,819 cases and 220 deaths. In 2023, the national public health emergency ended as the percentage of the population vaccinated increased. There were only 2,580 confirmed cases. An important item to note is in 2022-2023, at-home testing kits were also readily available and many people utilized this method to test if they were COVID-19 positive, and if they were, their case was most likely not reported. Regardless of the unreported cases, there was significant progress at the end of the COVID-19 pandemic in the county with 65 deaths total, a 70% decrease from 2022. From the total number of deaths between 2020 to 2024, the age group most affected was between 80-89 years old, followed by 70-79. Males were affected slightly higher, with 52.7% of deaths being males. When looking at race, 80% of COVID-19 deaths in Harford County were White, 16% African American/Black, and less than 2% for all other races. Only 2% of COVID-19 deaths were Hispanic or Latino.

| Sex | Deaths by sex | Total deaths | Percentage |
|--------|---------------|--------------|------------|
| Male | 380 | 721 | 52.70% |
| Female | 341 | 721 | 47.30% |

| Age group | Deaths in age group | Total Deaths | Percentage |
|-----------|---------------------|--------------|------------|
| 0-19 | 0 | 721 | 0.00% |
| 20-29 | 5 | 721 | 0.69% |
| 30-39 | 7 | 721 | 0.97% |
| 40-49 | 18 | 721 | 2.50% |
| 50-59 | 65 | 721 | 9.02% |
| 60-69 | 133 | 721 | 18.45% |
| 70-79 | 178 | 721 | 24.69% |
| 80-89 | 208 | 721 | 28.85% |
| 90-99 | 105 | 721 | 14.56% |
| 100+ | 2 | 721 | 0.28% |

| Race | Deaths by race | Total deaths | Percentage |
|---|---------------------|--------------|------------|
| American Indian or Alaskan Native | 0 | 721 | 0.00% |
| Asian | 10 | 721 | 1.39% |
| Black/African American | 117 | 721 | 16.23% |
| Native Hawaiian or Other Pacific Islander | 0 | 721 | 0.00% |
| Other | 6 | 721 | 0.83% |
| White | 577 | 721 | 80.03% |
| Ethnicity | Deaths by ethnicity | Total deaths | Percentage |
| Not Hispanic or Latino | 710 | 721 | 98.47% |
| Hispanic or Latino | 11 | 721 | 1.53% |

The zip codes with the highest number of deaths in Harford County were Bel Air (21014) with 115 deaths, Aberdeen (21001) with 89 deaths, Abingdon (21009) with 69 deaths, Bel Air South (21015) with 65 deaths, Forest Hill (21050) with 65 deaths, and Edgewood (21040) with 61 deaths. See the map below.



PRIMARY DATA COMMUNITY HEALTH SURVEY



Background

The customized survey consisted of 50 questions to assess access to care, health status and behaviors, and health-related community strengths and opportunities. The online survey took respondents approximately 15-20 minutes to complete. 2,242 total respondents completed the survey, which is a 65% increase from the previous Community Health Needs Assessment (CHNA) Survey in 2021.

The following section provides an overview of the findings from the CHNA 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. When looking at the data, please take this into consideration.

Demographic Info

Tables 1 and 2 depict the demographic profile of the respondents who completed the online survey.

Table 1. ZIP Code Representation

| ZIP Code (City) | % | ZIP Code (City) | % |
|-------------------------------|---------------|------------------------------|--------------|
| 21014 (Bel Air) | 15.55% | 21040 (Edgewood) | 6.28% |
| 21078 (Havre de Grace) | 13.27% | 21047 (Fallston) | 5.35% |
| 21015 (Bel Air South) | 10.91% | 21085 (Joppa) | 4.63% |
| 21009 (Abingdon) | 9.84% | 21084 (Jarrettsville) | 2.23% |
| 21001 (Aberdeen) | 8.86% | 21154 (Street) | 2.05% |
| 21050 (Forest Hill) | 7.66% | Other | 8.55% |

Table 2. Demographic Information

| Demographics | Percentage |
|--------------------------------|-------------------|
| Gender | |
| Male | 26% |
| Female | 73% |
| Preferred not to answer | 1% |
| Age | |
| 18-44 | 20% |
| 45-65 | 38% |
| 65+ | 42% |
| Race/Ethnicity | |
| White | 79.29% |
| African American/Black | 14.25% |
| Hispanic/Latino* | 1.92% |
| Asian | 2.23% |
| Middle Eastern | .31% |
| Other | .49% |

*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 (65.43%) were married. Approximately 9.78% of respondents were single (never married) and 11.84% were divorced. 13.19% of respondents attained a high school diploma or GED and below. Approximately one-third (31.37%) of respondents attained some college or technical school, and 55.45% of respondents had an undergraduate degree or higher. The majority of respondents were retired or currently employed and working full-time (38.01% and 45.42% respectively). In addition, more than half of the respondents (59.8%) had an annual household income of \$75,000 or more. 7.8% of respondents indicated that they had a household income of less than \$25,000.

Table 3. Demographic Information

| Demographics | Percentage |
|---|-------------------|
| Marital Status | |
| Married | 65.43% |
| Divorced | 11.84% |
| Widowed | 8.49% |
| Separated | 1.25% |
| Never Married | 9.78% |
| Member of an unmarried couple | 3.22% |
| Education Level | |
| Never attended school or only kindergarten | .04% |
| Grades 1-8 | .13% |
| Grades 9-11 | .98% |
| Grade 12 | 11.92% |
| College 1-3 Years | 29.91% |
| College 4 or more Years | 26.79% |
| Graduate Level Degree | 28.21% |
| Other | 2.01% |
| Employment Status | |
| Employed, full time | 45.42% |
| Employed, part time | 8.29% |
| Not employed, looking | 1.84% |
| Not employed, not looking | .83% |
| Retired | 38.01% |
| Disabled, not able to work | 3.24% |
| Student | .79% |
| Homemaker | 1.58% |

| Annual Household Income | Percentage |
|--------------------------------|-------------------|
| Less than \$10,000 | 2.27% |
| \$10,000 - \$24,999 | 5.55% |
| \$25,000 - \$49,999 | 11.99% |
| \$50,000 - \$74,999 | 17.41% |
| \$75,000 - \$99,000 | 15.42% |
| \$100,000 - \$149,000 | 23.59% |
| \$150,000 + | 20.57% |

Access to Healthcare

The survey reported that 96% of respondents had health care coverage and 73% said they have at least one provider or family doctor that they can go to once a year for routine checkups, vaccines, or minor illnesses. The sources of health insurance are detailed in Table 4.

Table 4. Source of Health Insurance Coverage

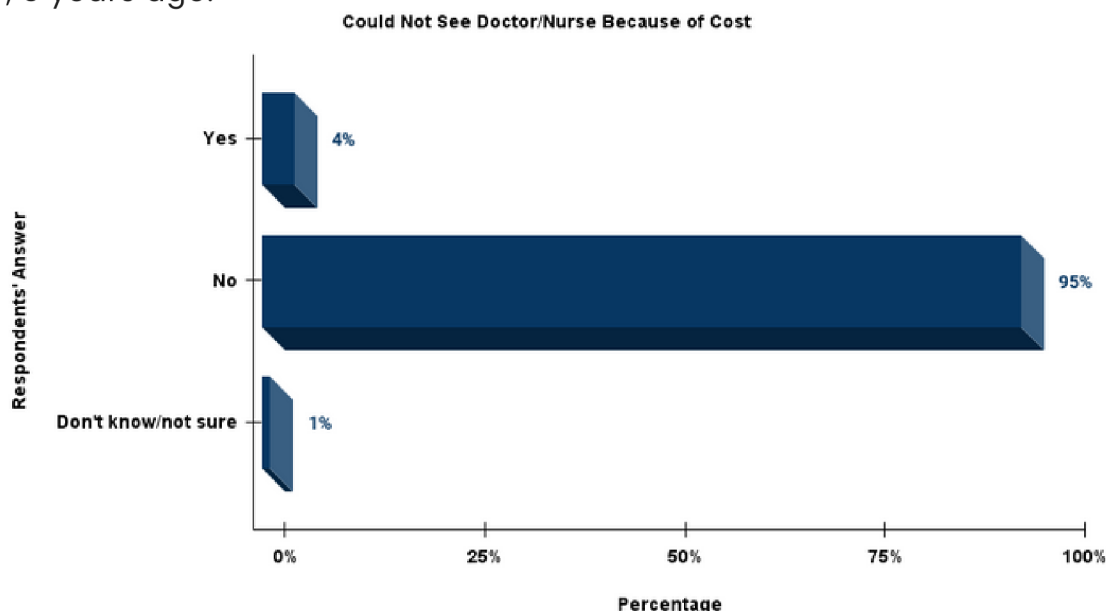
| Health Insurance Source | % |
|--|-----|
| Medicare/Advantage | 51% |
| Commercial Insurance/Private Insurance | 46% |
| TriCare (Military) | 7% |
| Medicaid/Medical Assistance (MCHP) | 6% |
| Don't know/Not sure | 4% |
| Uninsured/Self-pay | 0% |

In addition, 92% of respondents had a routine checkup within the past year and 6% had one within the last 2-5 years. The responses are detailed in Table 5.

Table 5. Routine Checkup

| How long since last visited a doctor for a routine checkup? | % |
|---|-----|
| Within the past year (anytime less than 12 months ago) | 92% |
| Within 2 to 5 years | 6% |
| 5 or more years ago | 1% |
| Don't know/Not sure | 1% |
| Never had a routine physical or doctor's visit | 0% |

About 4% of respondents said that they needed to see a doctor but could not because of cost in the past 12 months, which was 2% lower than the previous survey, 3 years ago.



Respondents were asked if they were delayed in getting needed medical care in the past 12 months for any of the following reasons, see Table 6. 72% said they did not delay getting medical care or did not need medical care. Of those that were delayed, 18% said they could not get an appointment soon enough, 8% said they could not get through on the telephone, 5% said the wait was too long once in the office, and another 5% said they did not trust the doctor/healthcare.

Table 6. Delayed Medical Care

| Have you delayed getting needed medical care for any of the following reasons in the past 12 months? | % |
|--|------------|
| No, I did not delay getting medical care/did not need medical care. | 72% |
| You couldn't get an appointment soon enough. | 18% |
| You couldn't get through on the telephone. | 8% |
| Lack of trust in doctor(s)/healthcare. | 5% |
| Once you got there, you had to wait too long to see the doctor. | 5% |
| Other (please specify) | 4% |
| You didn't have transportation. | 2% |
| The clinic/doctor's office wasn't open when you got there. | 1% |

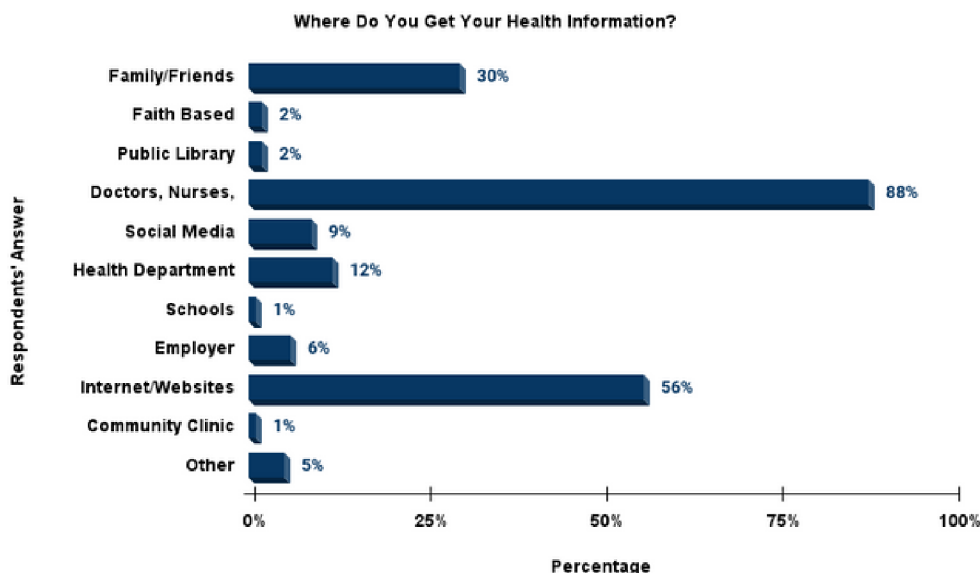
Respondents were asked if they travel outside of Harford County to seek medical care and 49% said yes. Table 7 details the type of care received outside of the county.

Table 7. Medical Care Received from Outside of Harford County

| Medical Care Received | # of Respondents |
|-----------------------|------------------|
| Primary Care | 70 |
| Surgery | 50 |
| OB/GYN | 26 |
| Dermatology | 24 |
| Neurology | 20 |
| Orthopedic | 18 |
| Dental Care | 18 |
| Cancer Care | 17 |
| Rheumatologist | 14 |
| Cardiac | 2 |

Health Information

Respondents were asked where they get their health information and 88% said doctors, nurses, pharmacists, or from a hospital, followed by 56% who said they also get their information from the internet or websites. The graph below shows all the sources that respondents say they use.



Health Status & Chronic Health Issues

Overall Physical & Mental Health

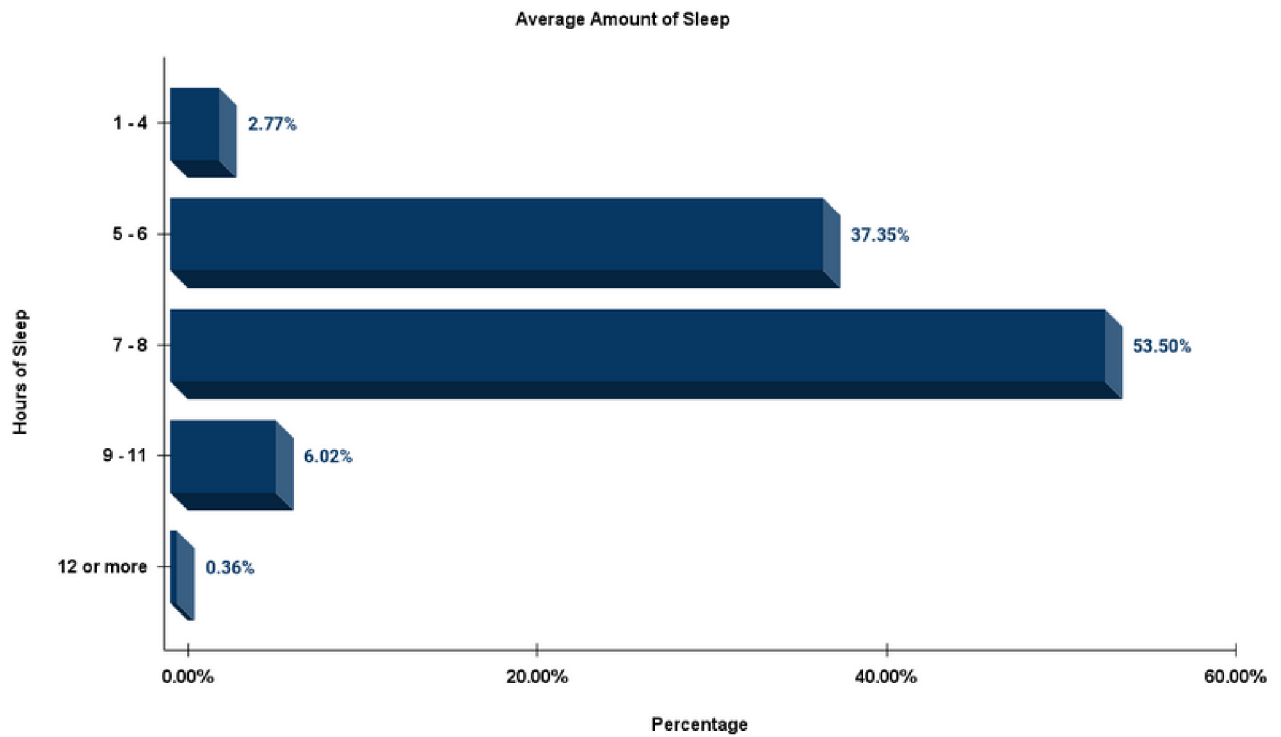
Respondents were asked to rate their general health status. Approximately 74.7% of respondents stated their general health is good or very good. Approximately 16% of respondents stated their general health is fair or poor. Respondents were also asked to rate their overall physical and mental health. In general, self-reported measures of poor physical and mental health days were favorable among Harford County respondents. 38.74% and 45.54% of respondents reported having no poor physical health (including physical illness and injury) or mental health (including stress, depression, and problems with emotions) days during the past 30 days, respectively. 26.92% of respondents reported having poor physical health and 23.77% reported having poor mental health for a maximum of only one to two days during the past 30 days.

Table 8: Number of Days per Month Physical/Mental Health Has Not Been Good

| | Physical Health | Mental Health |
|------------|-----------------|---------------|
| | Percentage | Percentage |
| No Days | 38.74% | 45.54% |
| 1-2 Days | 26.92% | 23.77% |
| 3-7 Days | 18.48% | 15.33% |
| 8-14 Days | 7.60% | 7.95% |
| 15-30 Days | 7.55% | 6.49% |

Sleep

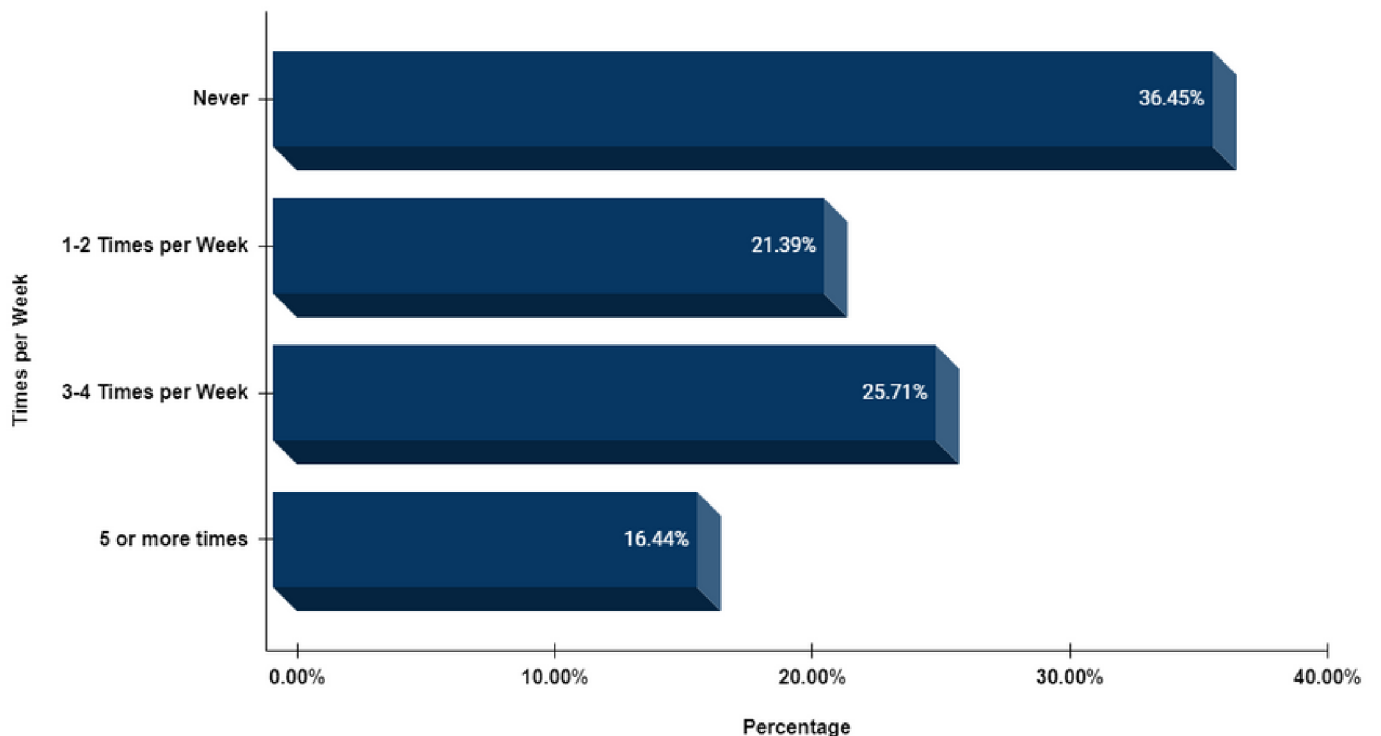
Respondents were also asked how many hours of sleep they get in a 24-hour period, on average. The vast majority of respondents (90.85%) reported getting 5 to 8 hours of sleep and 6.38% reported getting 9 or more hours of sleep. An average of 7 to 8 hours of sleep is recommended for adults by the National Sleep Foundation.



Physical Activity

It is widely supported that physical activity can reduce health concerns such as obesity and overweight, heart disease, and joint and muscle pain. 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 63.54% of respondents reported that they have participated in physical activities or exercises such as running, calisthenics, golf, gardening, or walking during the past month.

How Often Did You Take Part in Physical Activity for 30 Minutes or More per Week?



Dietary Behaviors

Respondents were asked about their consumption of fruits and vegetables. 45%-50% of respondents reported that they consumed fruits and vegetables at least 1-3 times per week.

Table 9: Frequency of fruit and vegetable consumption

| | Fruits | Vegetables |
|--------------------|--------|------------|
| | % | % |
| 1-3 Times per week | 45.67% | 50.67% |
| 4-6 Times per week | 29.62% | 31.58% |
| 7 or more times | 18.15% | 12.53% |
| Never | 6.56% | 5.22% |

Participants were also asked about the frequency in which they consume sugar sweetened beverages. This includes sodas, flavored juice drinks, sports drinks, sweetened tea, coffee drinks, energy drinks, and electrolyte replacement drinks. "Never" and "1-3 times per week" reported an equal number of respondents at 37.81% each.

Table 10: Sugar Sweetened Drink Consumption

| Times per Week | % |
|--------------------|--------|
| Never | 37.81% |
| 1-3 Times per week | 37.81% |
| 4-6 Times per week | 11.47% |
| 7 or more times | 12.9% |

Chronic Conditions

Some chronic conditions are of concern in Harford County, including high cholesterol, high blood pressure, anxiety disorder and depressive disorder. Approximately 49.73% of respondents have been told they have high cholesterol and 50.09% have high blood pressure. In addition, 18.72% of respondents have been told they have cancer. 27.72% of respondents have been told they have an anxiety disorder and 23.26% have been told they have depressive disorder. Respondents also mentioned other chronic conditions that they have been diagnosed with but were not included in the survey list. Hyper/hypothyroidism and obesity were the most frequently mentioned conditions. A summary of chronic condition diagnoses among respondents is reported in the Table below.

Table 11: Chronic Condition Diagnosis

| Chronic Condition | % |
|---|---------------|
| High Blood Pressure | 50.09% |
| High Cholesterol | 49.73% |
| Arthritis | 42.83% |
| Anxiety Disorder | 27.72% |
| Depressive Disorder | 23.26% |
| Cancer | 18.72% |
| Asthma | 17.34% |
| Diabetes | 16.93% |
| Heart Disease | 13.99% |
| Autoimmune Disease | 13.73% |
| Chronic Obstructive Pulmonary Disease (COPD) | 5.48% |
| Heart Attack | 4.46% |
| Stroke | 4.14% |

Health Risk Factors

Health Behaviors

Respondents were asked how often they practice certain health and safety practices. As detailed in Table 12, respondents were highly likely to use health and safety measures including wearing a seatbelt, driving responsibly, practicing safe sex, and using sunscreen regularly.

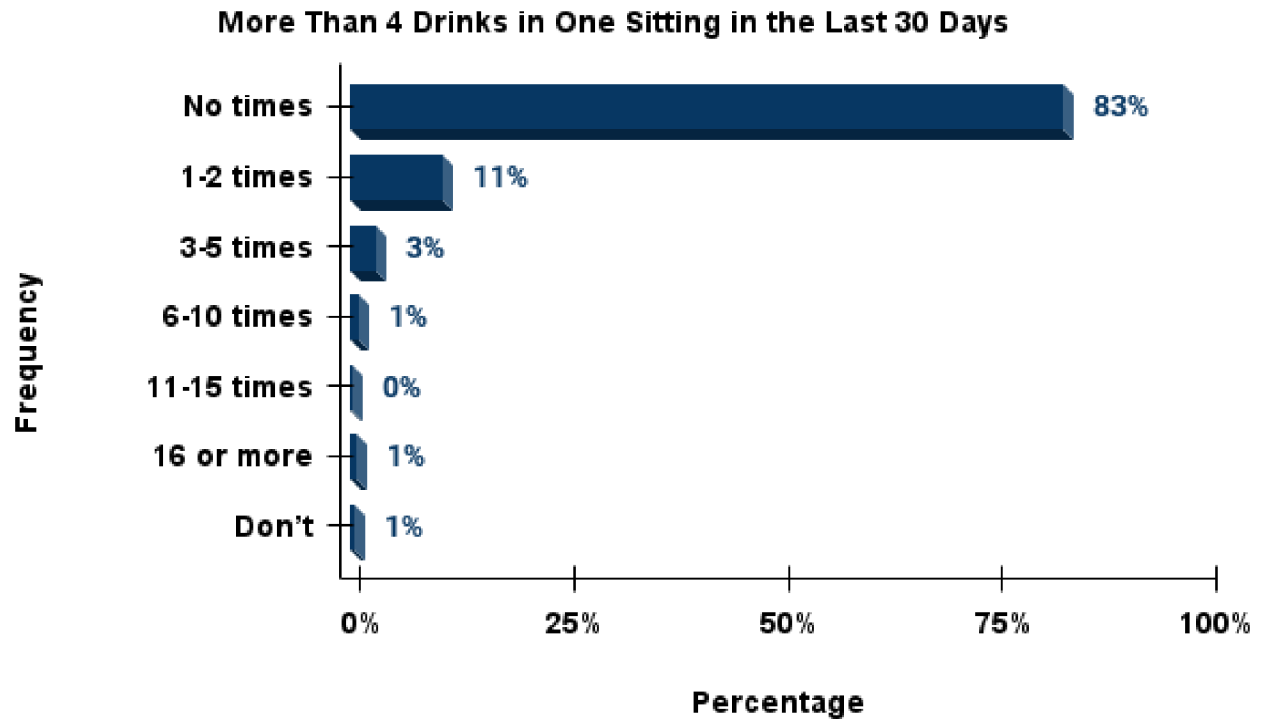
In addition, respondents were less likely to misuse illegal drugs, use electronic cigarettes or tobacco, use marijuana, or eat fast food more than once a week. However, 40% of respondents reported exercising 30 minutes a day, 3 times a week, 18% wear a helmet while riding a bicycle, riding a scooter, rollerblading, etc., and 10% feel stressed out or overwhelmed “always” or “most of the time.”

Table 12. Health and Safety Practices

| How often do you do the following? | % of respondents who said “always” or “most of the time” | % of respondents who said “sometimes” | % of respondents who said “rarely” or “never” | Not available responses |
|--|--|---------------------------------------|---|-------------------------|
| Wear a seatbelt | 98% | 0% | 1% | 0% |
| Wear a helmet while riding a bicycle, scooter, rollerblading, etc. | 18% | 2% | 8% | 71% |
| Eat fast food more than once a week | 6% | 23% | 70% | 1% |
| Use electronic cigarettes/vape | 2% | 2% | 86% | 11% |
| Use tobacco/nicotine products | 4% | 3% | 85% | 9% |
| Get exposed to secondhand smoke or vaping mist at home or work | 3% | 6% | 84% | 8% |
| Use cannabis (marijuana) products | 3% | 5% | 84% | 8% |
| Misuse prescription drugs, opioids, heroin, or other illegal drugs | 0% | 0% | 93% | 7% |
| Exercise 30 mins a day, 3 times a week | 40% | 24% | 34% | 1% |
| Use sunscreen regularly | 48% | 24% | 24% | 5% |
| Practice safe sex i.e., use a condom, monogamous, get tested | 47% | 1% | 9% | 43% |
| Feel stressed out or overwhelmed | 10% | 41% | 46% | 1% |
| Drive responsibly, follow safe rules of the road, drive within the speed limit | 92% | 3% | 1% | 4% |

Alcohol Use

Risky behaviors related to alcohol use were measured as part of the survey. Approximately 11% of respondents reported drinking more than four drinks in one sitting, at least 1-2 times in the last 30 days.

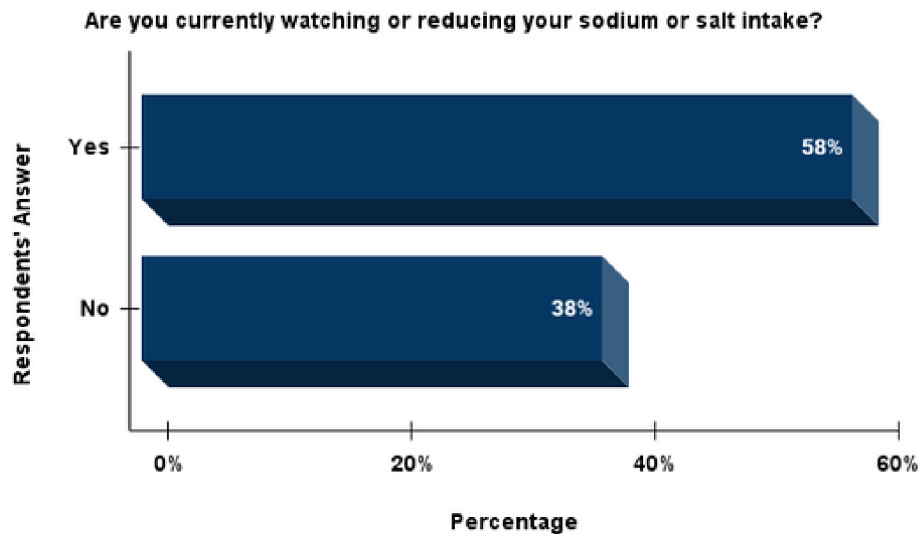


Nutrition

Respondents were asked several questions about their eating habits. When asked how often they drank a sugar-sweetened beverage, 34% said 1-3 times per week. About 47% of respondents said they eat fruit 1-3 times per week and 52% said they eat dark green vegetables 1-2 times per week. Lastly, sodium is closely associated with heart disease. Respondents were asked if they were currently watching or reducing their sodium intake, and 58% said yes.

Table 13. Eating Habits

| | Never | 1-3 times per week | 4-6 times per week | 7 or more times per week |
|---|-------|--------------------|--------------------|--------------------------|
| How often do you drink a sugar-sweetened beverage (non-diet soft drinks/sodas, flavored juice drinks, sports drinks, sweetened tea, coffee drinks, energy drinks, and electrolyte replacement drinks)? | 43% | 34% | 10% | 12% |
| How often do you eat fruit, not counting juice? Count fresh, frozen, or canned fruit. Do not include jam, jelly, or fruit preserves. | 7% | 47% | 28% | 17% |
| How often do you eat dark green vegetables, for example, broccoli or dark leafy greens such as romaine, chard, collard greens, spinach, or kale? | 5% | 52% | 30% | 12% |



Preventive Health Practices

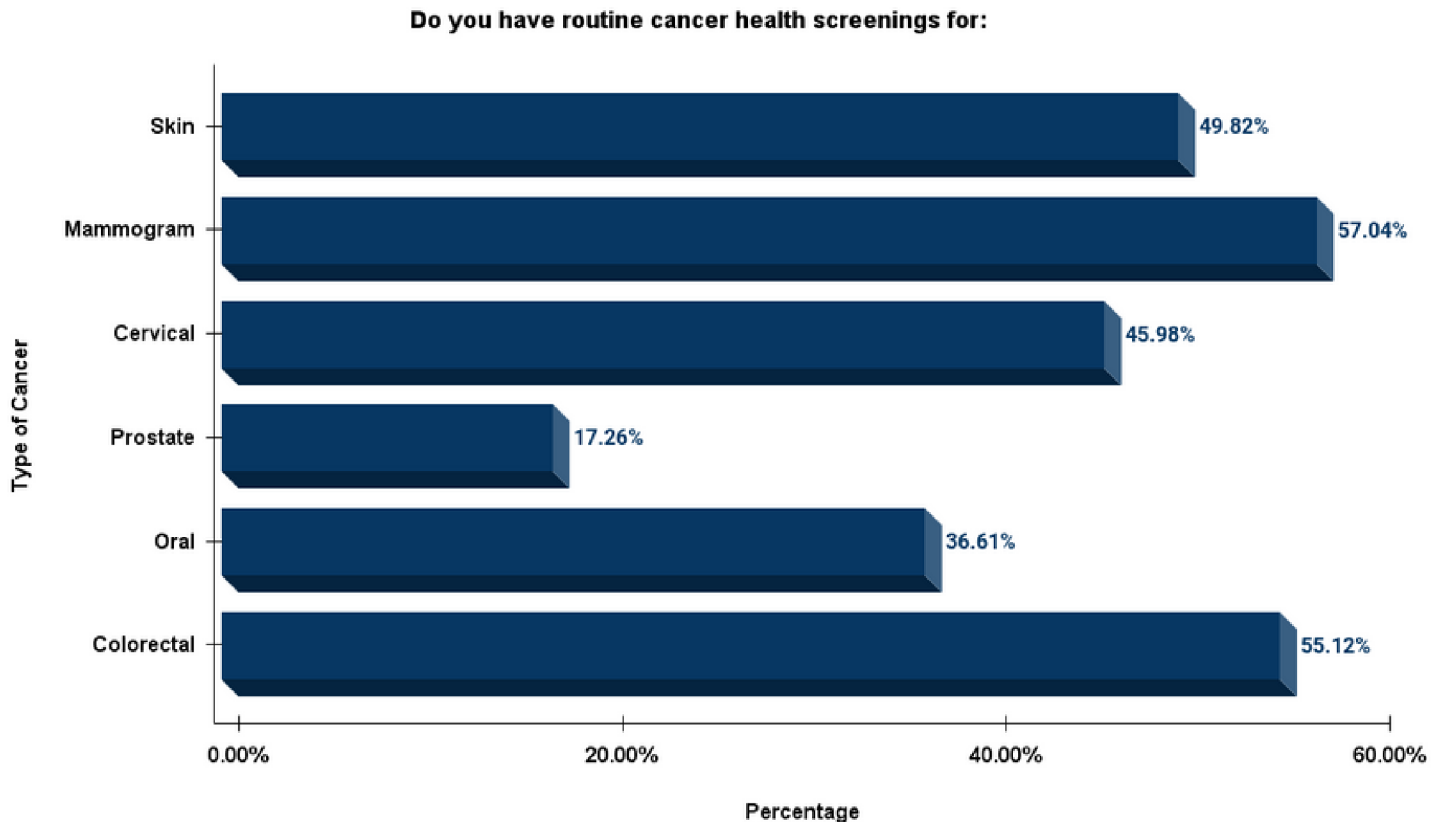
Immunizations

Immunizations are a crucial preventive health practice that is designed to prevent disease, create herd immunity, and reduce morbidity and mortality.

A finding among Harford County survey respondents was the prevalence of immunizations. In the past 12 months, 74.64% of respondents received a flu vaccine. Additionally, 58.06% said they are up to date on their COVID-19 vaccination.

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 oral cancer screenings. Only 49.82% of respondents have routine health screenings for skin-related conditions. Oral/throat health screenings and prostate screenings are also less prevalent among Harford County respondents (36.61% and 17.26% respectively). Larger proportions of respondents participate in routine mammogram screening at 57.04%, and colorectal screenings at 55.12%. The following chart shows participants who responded ‘Yes’ to receiving specific routine health screenings.



Key Health Issues

Top Health Issues

Respondents were asked what they think are the top 3 most important health issues facing Harford County. They were given 17 choices and from those, the top 3 were overweight/obesity, drug and alcohol misuse, and mental health/suicide. Table 14 shows the percentage of respondents who selected each health issue, in rank order.

Table 14. Top Health Issues

| Rank | Health Issue | % |
|------|---|-----|
| 1 | Overweight/Obesity | 50% |
| 2 | Drug misuse/Alcohol misuse | 50% |
| 3 | Mental Health/Suicide | 38% |
| 4 | Cancer | 28% |
| 5 | Diabetes | 21% |
| 6 | Heart Disease | 21% |
| 7 | Access to Care/Uninsured | 20% |
| 8 | Alzheimer's Disease/Aging Issues | 20% |
| 9 | Gun violence/mass shooting | 13% |
| 10 | Tobacco Use/Smoking | 12% |
| 11 | Other (please specify) | 7% |
| 12 | Dental Health | 6% |
| 13 | Child Abuse/Violence | 5% |
| 14 | Stroke | 4% |
| 15 | Intimate Partner Violence/Abuse | 3% |
| 16 | Maternal/Infant Health (Pregnancy) Care | 2% |
| 17 | Sexually Transmitted Diseases (STDs) | 1% |

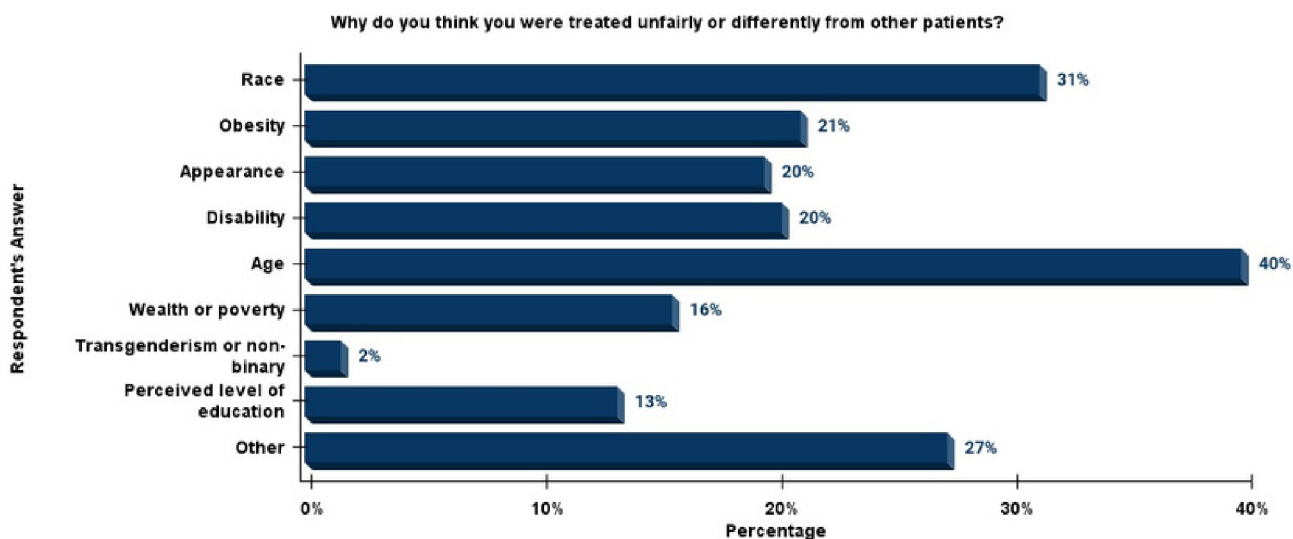
Health Care Barriers

In addition, respondents were asked what they think are the most significant barriers that keep people in the community from accessing health care when needed. The top responses were cost/paying out of pocket, lack of health insurance coverage, and inability to get an appointment.

Table 15. Health Care Barriers

| Barrier | % |
|--|------------|
| Cost/Paying Out of Pocket Expenses (Co-pays, Prescriptions, etc.) | 71% |
| Lack of Health Insurance Coverage | 61% |
| Can't Get Appointment | 40% |
| Difficult to Understand/Navigate Health Care System | 33% |
| Can't Find Doctor | 24% |
| Basic Needs Not Met (Food/Shelter) | 23% |
| Lack of Transportation | 23% |
| Lack of Trust | 21% |
| Not enough time | 10% |
| Lack of Child Care | 9% |
| Other (please specify) | 8% |
| Lack of language/translation services available | 4% |
| None/No barriers | 4% |

When respondents were asked if they felt that they were treated unfairly or differently from other patients in a medical setting, 14% said yes and the top reasons were age, race, and obesity; 27% of respondents selected “other” for their reason.



Resources Needed to Improve Access

Respondents were asked what resources or services they think are needed more of in the community, regarding health. The top suggestions were affordable medication (58%), elder care/senior services (47%), mental health services (45%), free/low-cost dental care (45%), and primary care providers (44%). Table 16 shows the breakdown of all resources needed in the county.

Table 16. Health Resources Needed in the County

| Resource | % |
|--|------------|
| Affordable Medication | 58% |
| Elder Care/Senior Services | 47% |
| Mental Health Services | 45% |
| Free/Low-Cost Dental Care | 45% |
| Primary Care Providers (Family Doctors) | 44% |
| Free/Low-Cost Medical Care | 38% |
| Free/Low-Cost Vision/Eye Care | 34% |
| Substance Use Services | 28% |
| Health Screenings | 27% |
| Medical Specialists (Ex. Cardiologist) | 26% |
| Transportation | 21% |

| | |
|---|------------|
| Access to Affordable Fresh Fruits and Vegetables | 21% |
| Health Education/Information/Outreach | 19% |
| Immunization/Vaccination Programs | 14% |
| Parks & Recreation Areas | 12% |
| Prenatal Care Services | 7% |
| Other (please specify) | 7% |
| Don't know/Not sure | 6% |
| Language Services | 4% |
| None | 1% |

Risky Behaviors

Respondents were asked what they thought were the three most “risky behaviors” in the community. They were given 13 options and could pick up to three. The top risky behaviors were drug abuse (69%), being overweight (41%), and alcohol abuse (38%). Table 17 includes a listing of risky behaviors in rank order.

Table 17. Top Risky Behaviors

| Rank | Risky Behavior | % |
|-------------|---|------------|
| 1 | Drug abuse | 69% |
| 2 | Being overweight | 41% |
| 3 | Alcohol abuse | 38% |
| 4 | Poor eating habits | 29% |
| 5 | Not getting “shots” or vaccines to prevent disease | 27% |
| 6 | Gun Violence | 24% |
| 7 | Lack of exercise | 24% |
| 8 | Tobacco use | 22% |
| 9 | Dropping out of school | 8% |
| 10 | Unsafe sex | 7% |
| 11 | Not using birth control | 5% |
| 12 | Not using seat belts/child safety seats | 5% |
| 13 | Other (please specify) | 3% |

Needs for a Healthy Community/Quality of Life

Respondents were asked what they think are the three most important things needed for a “Healthy Community?.” Respondents had 19 options and could pick their top three choices. Access to health care ranked number one (38%), followed by low crime/safe neighborhoods ranking number two (37%), and number three being strong family life (32%). Table 18 shows what community factors respondents thought were most important.

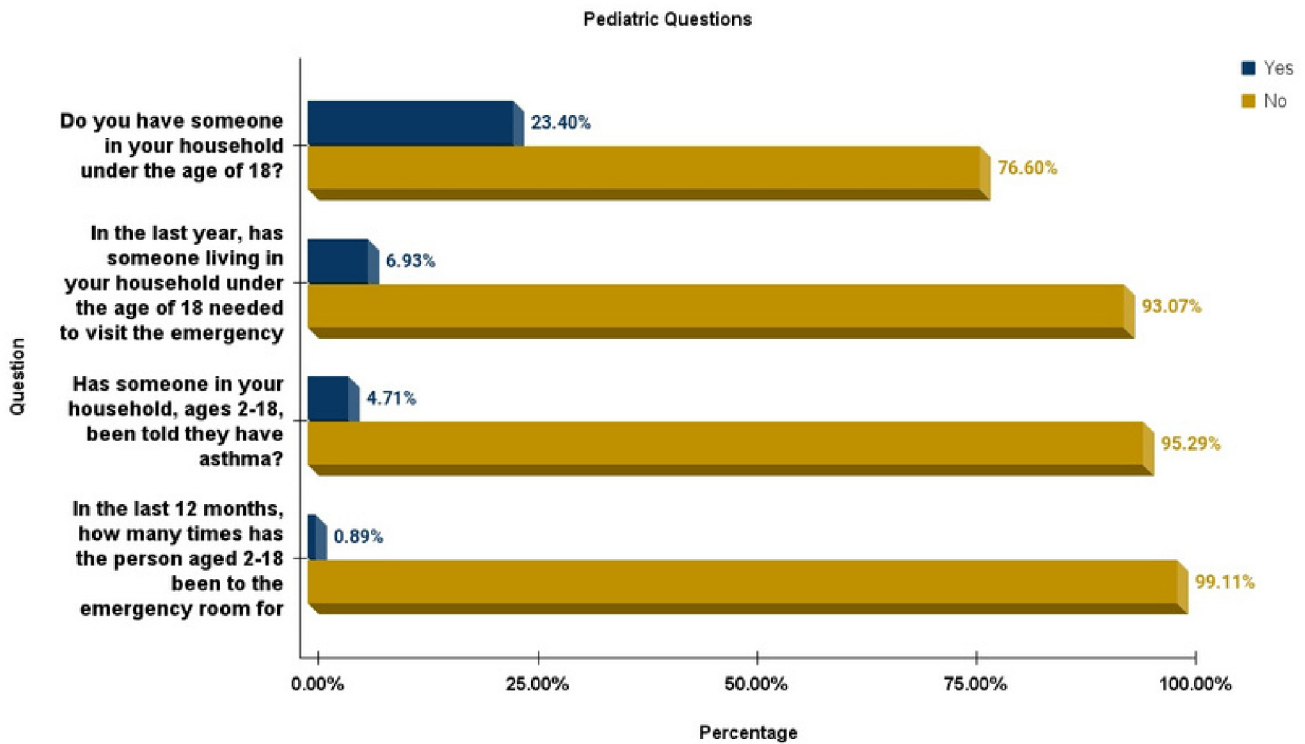
Table 18. Top Needs for a Healthy Community

| Rank | Healthy Community Factors | % |
|-------------|--|------------|
| 1 | Access to health care (e.g., family doctor) | 38% |
| 2 | Low crime/safe neighborhoods | 37% |
| 3 | Strong family life | 32% |
| 4 | Good jobs and healthy economy | 29% |
| 5 | Healthy behaviors and lifestyles | 29% |
| 6 | Good schools | 25% |
| 7 | Respect for all persons and groups | 23% |
| 8 | Affordable housing | 21% |
| 9 | Religious or spiritual values | 19% |
| 10 | Good place to raise children | 11% |
| 11 | Clean environment | 9% |
| 12 | Responsible gun usage | 8% |
| 13 | Parks and recreation | 5% |
| 14 | Excellent race relations | 4% |
| 15 | Other (please specify) | 3% |
| 16 | Low adult death and disease rates | 2% |
| 17 | Low level of child abuse | 2% |
| 18 | Arts and cultural events | 2% |
| 19 | Low infant deaths | 1% |

Pediatrics

Survey participants were asked several questions regarding youth. 23.40% of respondents said they have someone living in their home under 18 years of age. This aligns with the county data as a whole where the population ages 0-17 is at 22.10% in 2022. About 7% of those children had to go to the emergency room within the last year of completing this survey.

Another area of focus was regarding diagnosed asthma in children. Only 4.7% of participants said someone in their home ages 2-18 was diagnosed with asthma, and of those children, less than 1% used the ED because of their asthma.



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APPENDICES

- Focus Group and Key Informant Survey Summaries
- Harford County Health Equity Report

FOCUS GROUP & KEY INFORMANT SURVEY SUMMARIES

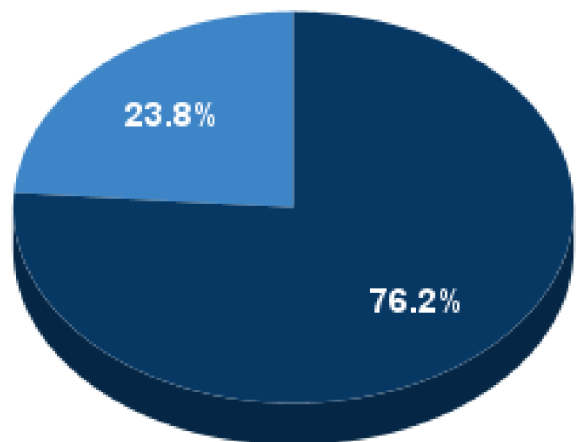
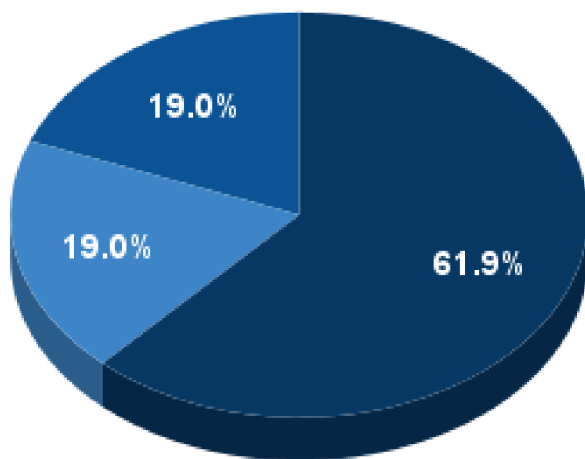
Background

1. The purpose of the focus group and key informant survey was to discuss/report 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 to accessing the services.
2. The focus groups were done to prioritize needs, create solutions, and plan for services in Harford County.
3. Each focus group lasted approximately one hour and participants were given the option of being in-person or virtual. Below is just a summary of discussion points from each focus group.
4. The key informant survey was an 8-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

● White ● Black ● Hispanic

● Female ● Male



SUSQUEHANNA MINISTERIUM

Date: February 12, 2024

What a healthy & welcoming community looks like:

- Trust
- Equality
- Fearlessness
- Public space

Significant problems in the community:

Related to health

- Mental health resources
- Affordable colleges
- Stroke & heart disease
- Lack of knowledge
- Lack of elder care
- Physician-patient ratio

Affecting families

- Social media
- Lack of youth and elderly interaction
- Addiction
- Intergenerational trauma
- Homelessness
- Broken families

Strengths

- Health Department
- Faith-based orgs.
- Boys and Girls Clubs
- Link Bus (better than nothing)

Barriers

- Transportation
- Money
- Navigating Insurance
- Technology
- Stigma of mental health

SPANISH SPEAKING PARENTS

Date: February 21, 2024

What a healthy & welcoming community looks like:

- No violence
- No drugs/alcohol
- Everyone is kind and attentive
- Promoting nutrition (blood pressure control)

Significant problems in the community:

Related to health

- Emotional Health
- Loneliness

Affecting families

- Children without health insurance
- Language barriers when health issues arise

Strengths

- Women, Infants, and Children (WIC)
- Dentists
- Head Start Program

Barriers

- Transportation
- Hours services are available usually conflict with work

MINORITY HEALTH

Date: March 7, 2024

What a healthy & welcoming community looks like:

- Welcoming & Respectful
- Equality of services
- Staffing diversity
- Safe, clean, secure

Significant problems in the community:

Related to health

- Mental Health
- Substance Use
- The System is designed to keep you poor
- Multigenerational caregivers

Affecting families

- Social Media
- Lack of insurance
- Medication dependence
- Single parenting
- Isolation
- Systematic racism

Strengths

- Faith-based orgs.
- Collaboration
- Minority Health Program
- Resources (YMCA, LASOS, CHOSEN)

Barriers

- Communication
- Financial
- Not having a "It takes a village" mentality
- Transportation

SENIORS / CAREGIVERS

Date: February 28, 2024

What a healthy & welcoming community looks like:

- Health promotion activities for all ages
- Easily accessible (limited mobility)
- Access to care
- Access to information (health literacy)
- Proactive Communication

Significant problems in the community:

Related to health

- Lack of mobility/physical health
- Isolation/Loneliness
- Transportation
- Lack of skills
- Resiliency

Affecting families

- Medical Issues
- Single Income
- Multigenerational homes
- Technology
- Alcohol and drugs

Strengths

- Harford community college
- Senior Centers
- Faith-based organizations
- Healthy Harford

Barriers

- Money/Funding
- Transportation
- The system being too difficult to navigate
- Ability to have knowledge of services and resources
- Political will - speaking up to county reps.

KEY INFORMANTS

Date: December 5, 2023

WHAT A HEALTHY COMMUNITY LOOKS LIKE

- Access to healthcare
- Affordable Care
- Clean Environment
- Equality and Equity
- Community Support and Programs

MOST SIGNIFICANT PROBLEMS FACING THE COMMUNITY

- Access and Affordability
- Mental Health
- Transportation
- Disparities
- Substance Use
- Lack of Providers



RESOURCES TO ADDRESS THESE ISSUES IN HARFORD COUNTY

- Network and Collaboration of Organizations
- Upper Chesapeake Hospital
- Healthcare Providers
- Funding is available (though slim)
- Data to drive programs

“A community where the people are aware of the health issues within that community, and work effectively to address those issues and achieve positive outcomes.”

WHAT WOULD IT TAKE TO MAKE OUR COMMUNITY HEALTHIER IN THE NEXT...

12 MONTHS

- More funding and programs
- Outreach and awareness
- Hiring and resources, more providers
- Collaborative efforts

5 YEARS

- More funding and programs
- Strategic planning
- Targeted programs
- Collaborative efforts

BARRIERS TO REACHING SOLUTIONS/GOALS

- Lack of funding
- Stigmatization of seeking help
- Political and Systemic Issues
- Some collaboration is not enough, needs to be community wide



HOW IS HEALTH EQUITY ADDRESSED?

- Minority Health Program
- Outreach and access
- Use of data to identify disparities and inequities

IMPACT ON HEALTH FROM COMMUNITY PARTNERSHIPS

- Expansive reach to all parts of the county
- Increase efficiency and eliminate duplicate efforts
- Increased awareness of programs and available resources



Public Health
Prevent. Promote. Protect.
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.

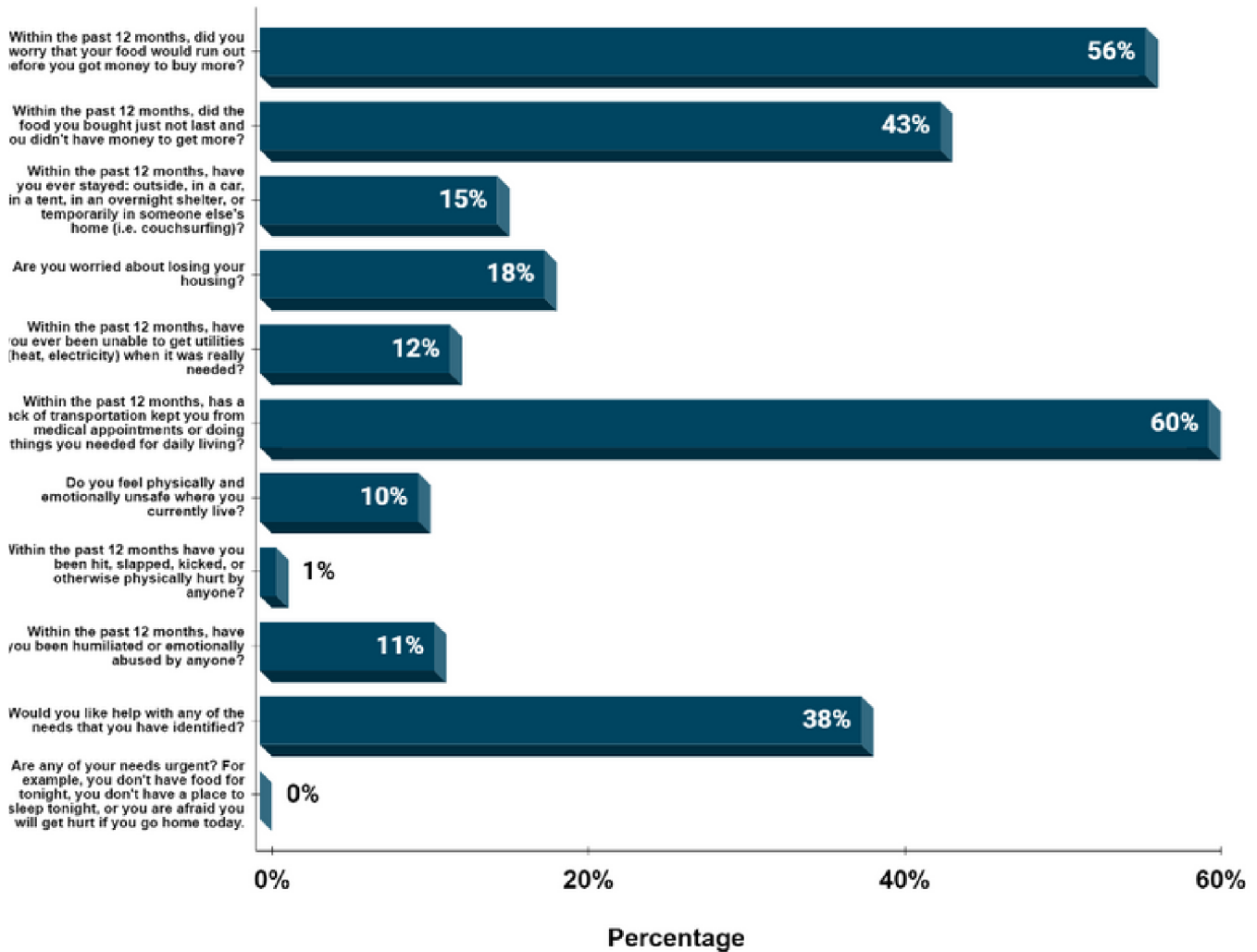
Lastly, social and community context reflects another key issue. There is a strong association between social ties and health. For example, strong relationships are important for one's physical and psychosocial well-being and can influence health outcomes through social support such as helping people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

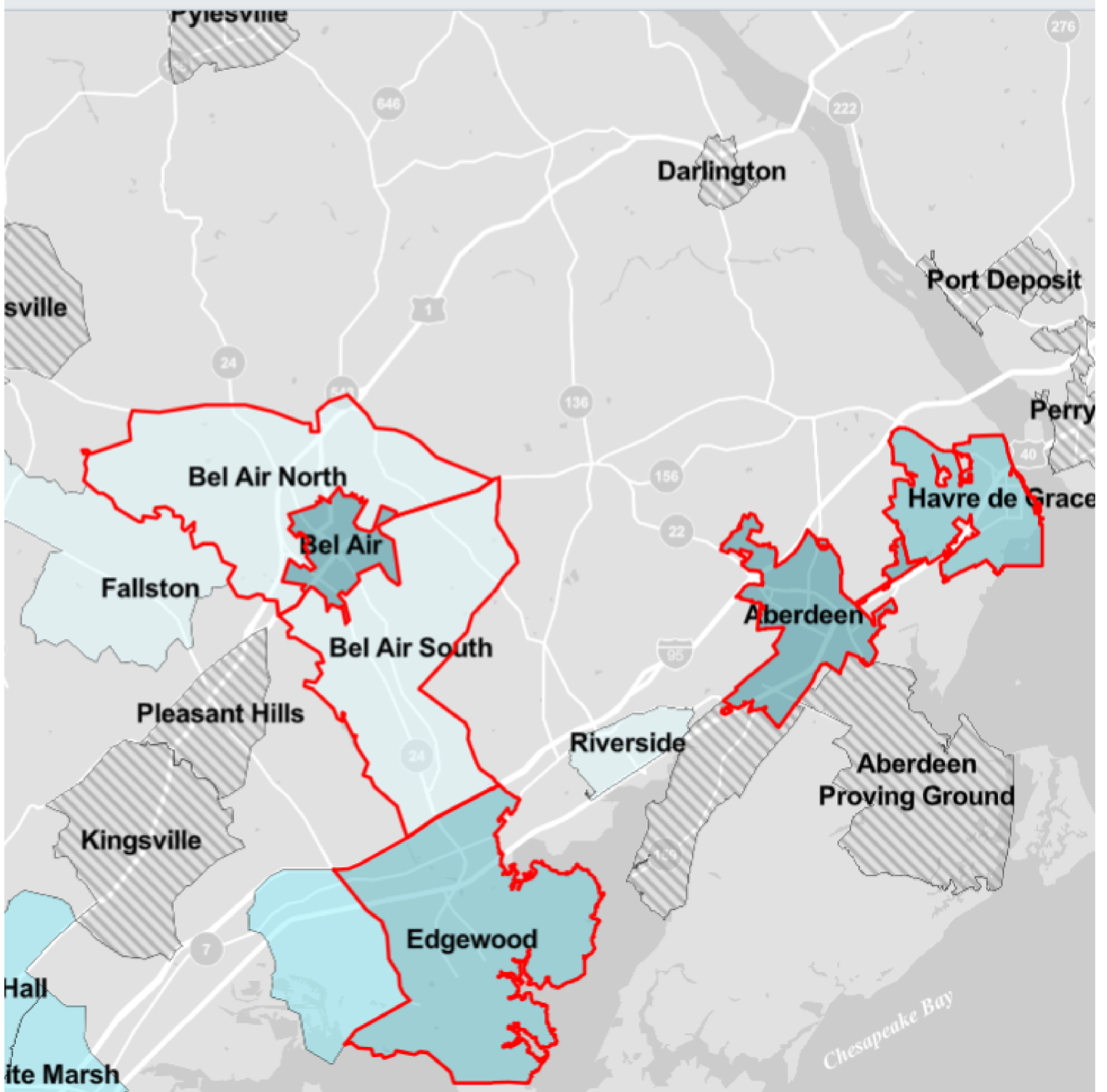
| Income and Poverty in Harford County, 2016-2020 | |
|---|----------|
| Median Household Income | \$94,003 |
| Persons in Poverty, Percent | 7.8% |

| 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.

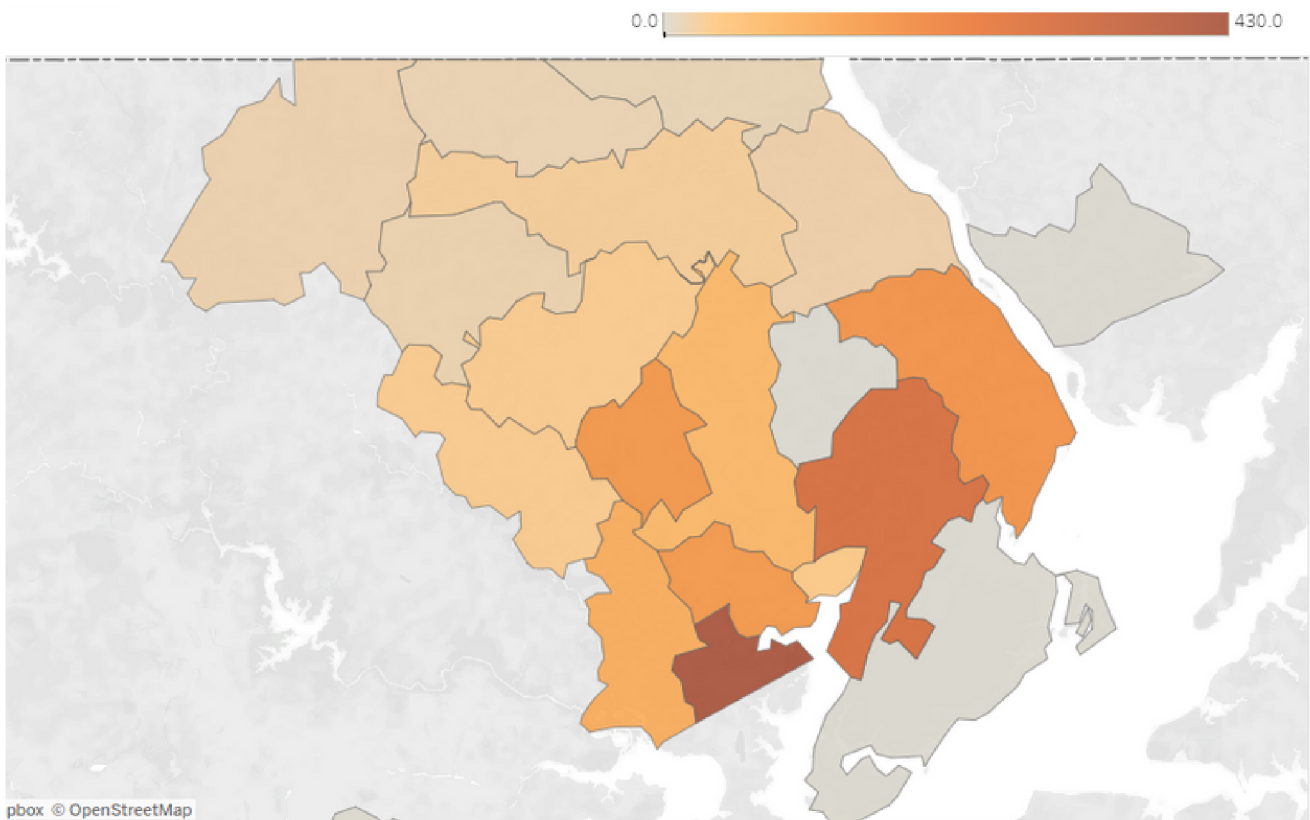
| Persons Without Health Insurance, Under Age 65 Years, 2016-2020 | |
|--|----------------|
| Area | Percent |
| Harford County | 4.2% |
| Aberdeen | 5.9% |
| Edgewood | 5.8% |
| Havre de Grace | 4.5% |

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

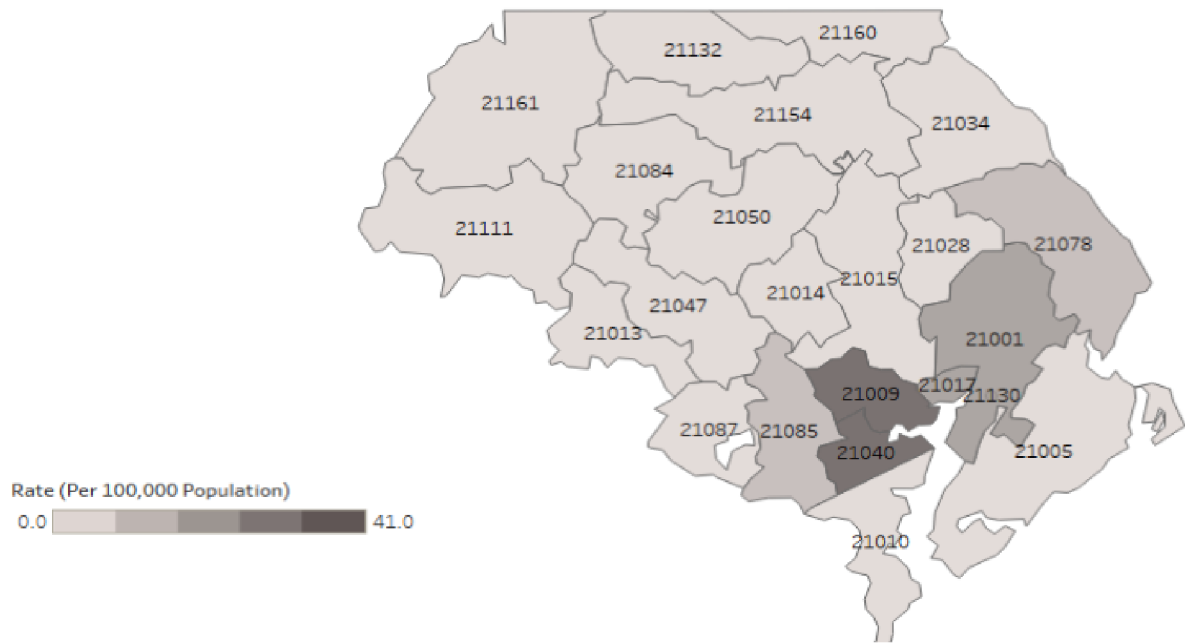
Maryland law requires that all cases of gonorrhea, chlamydia, and primary and secondary syphilis be reported to the Maryland Department of Health. A higher number of cases of gonorrhea and chlamydia were reported in Edgewood, followed by Aberdeen, Havre de Grace, Belcamp, and Perryman. A higher number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

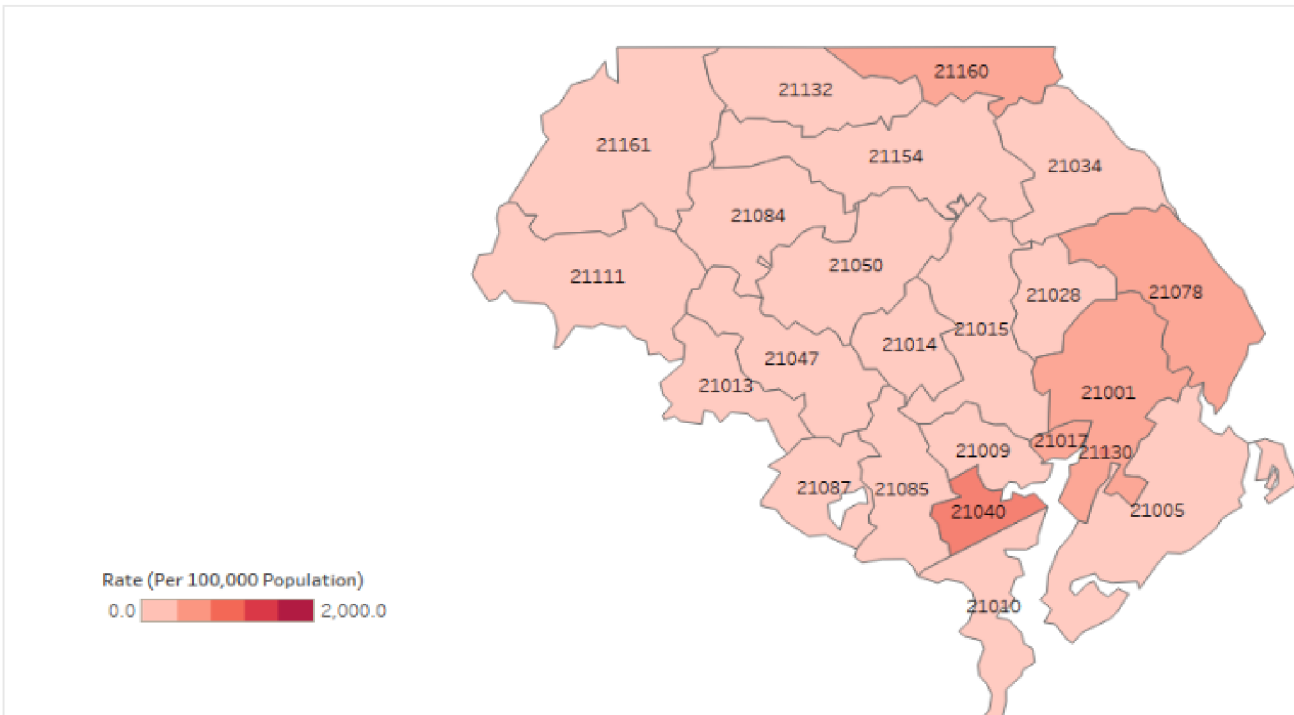
14.7% of High
School
students
reported
having obesity

51% of High
School
students use
protection
during sex

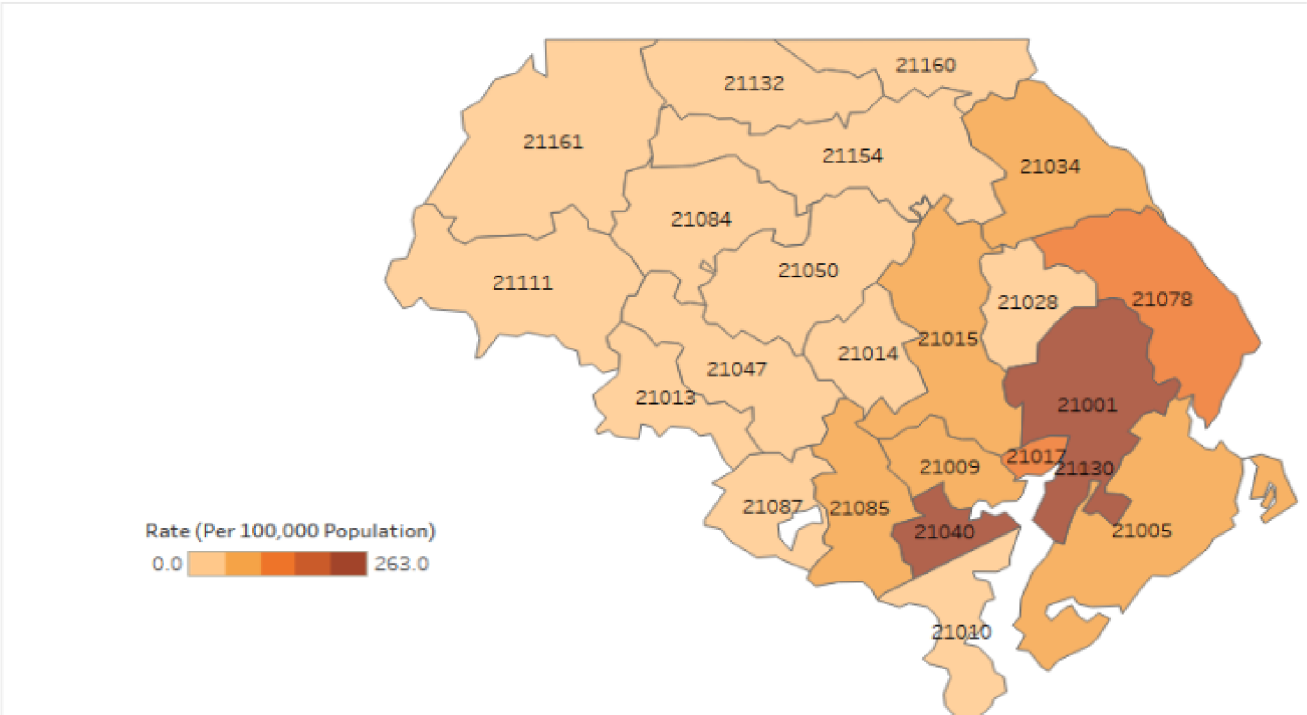
Syphilis in Harford County 2020, Incidence Rates by Zipcodes



Chlamydia in Harford County 2020, Incidence Rates by Zipcodes



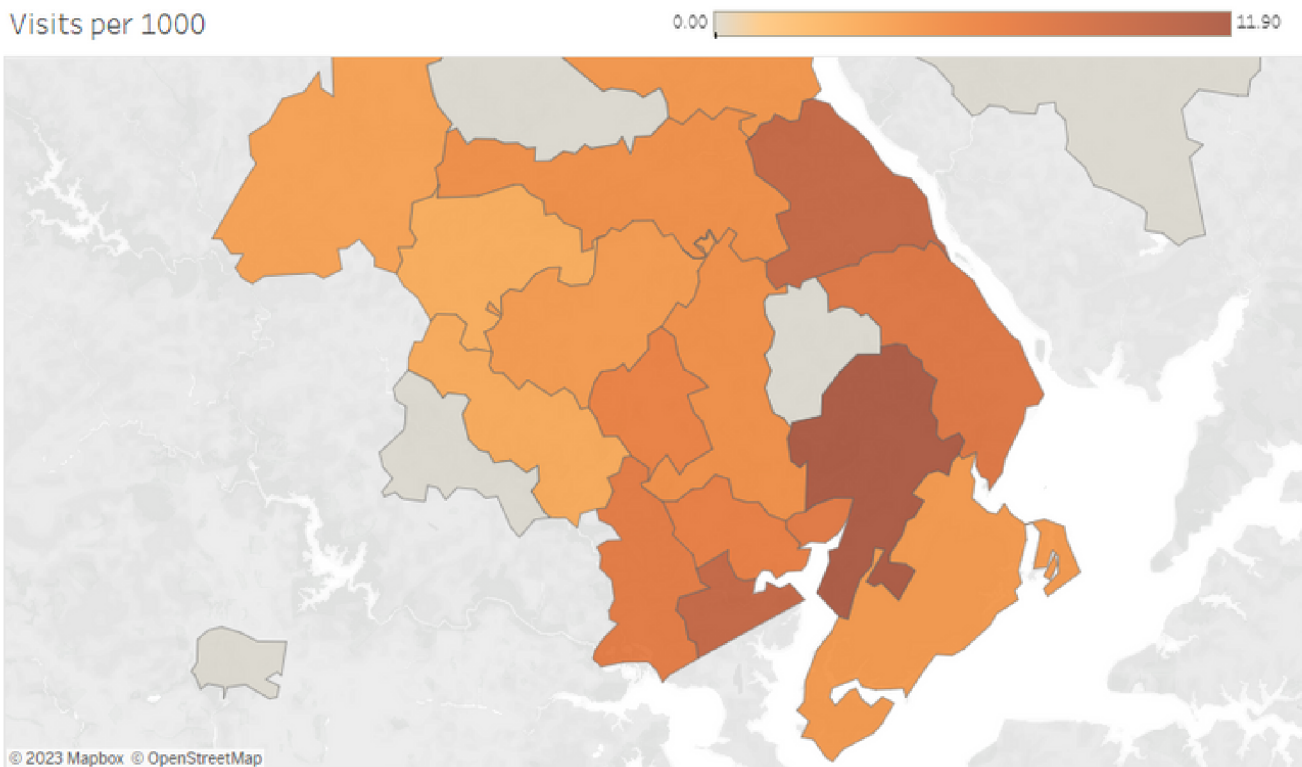
Gonorrhea in Harford County 2020, Incidence Rates by Zipcodes



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.

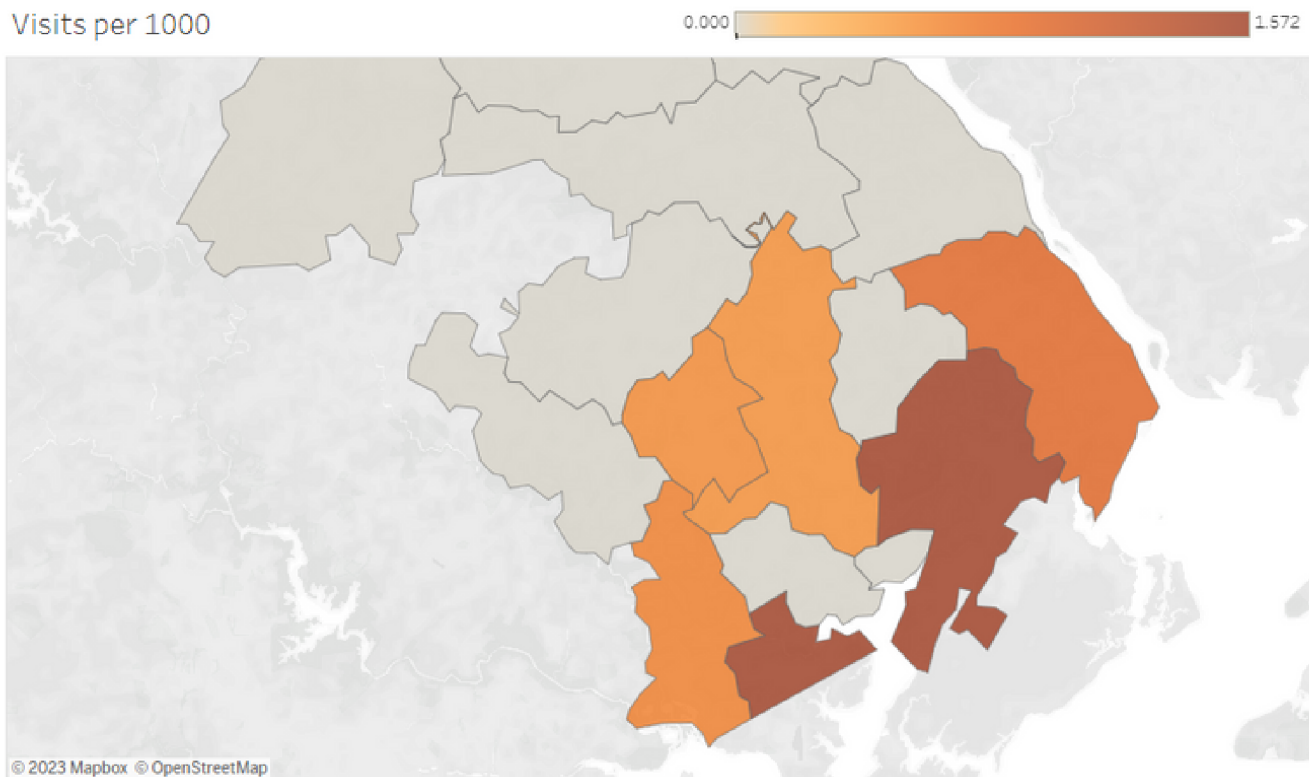
Emergency Department Visits Rate for Depression per 1,000 Residents in Harford County, 2022



Substance Use

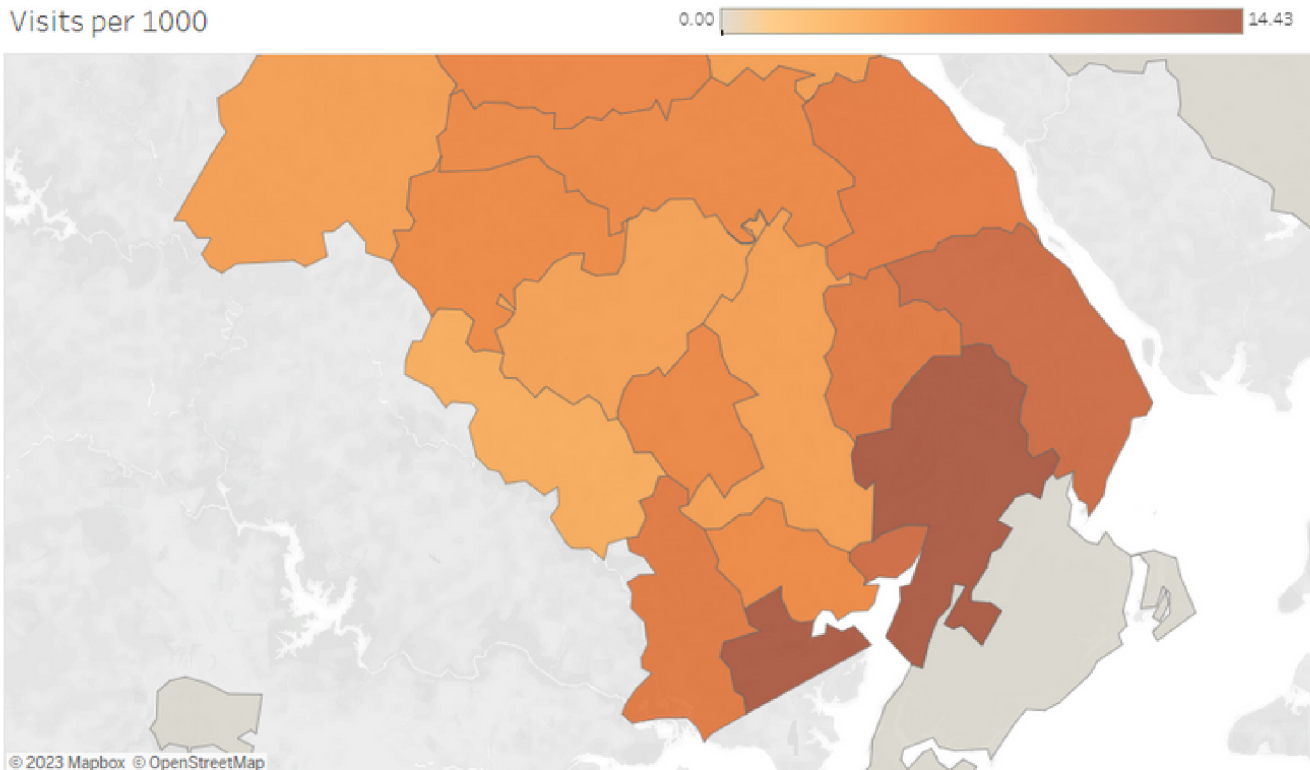
In 2021, Harford County experienced 344 opioid-related overdoses. In the past 5 years, the number of opioid overdoses has been declining, with almost a 14% decrease since 2019. The decrease in opioid overdoses is a positive result but efforts are still being made in order to bring this number down even 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 data 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.

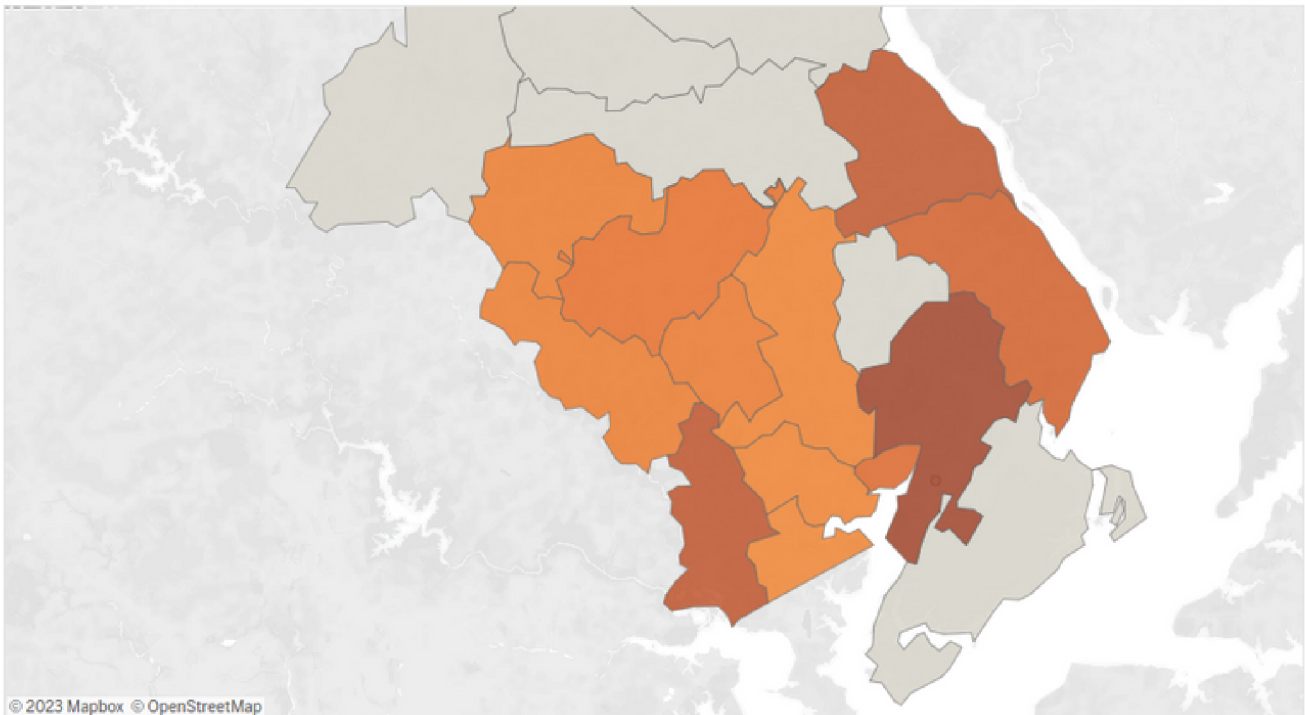
Lung Cancer

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

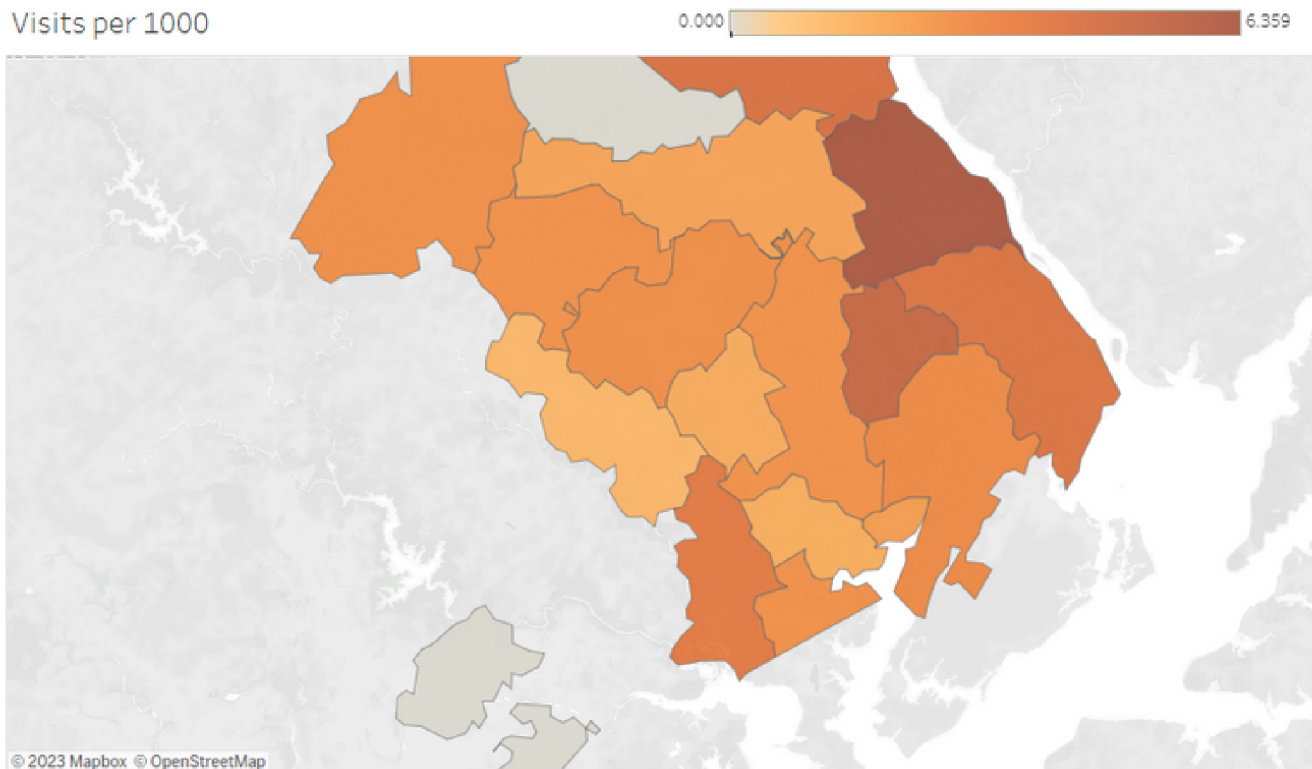
0.000 5.135



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.

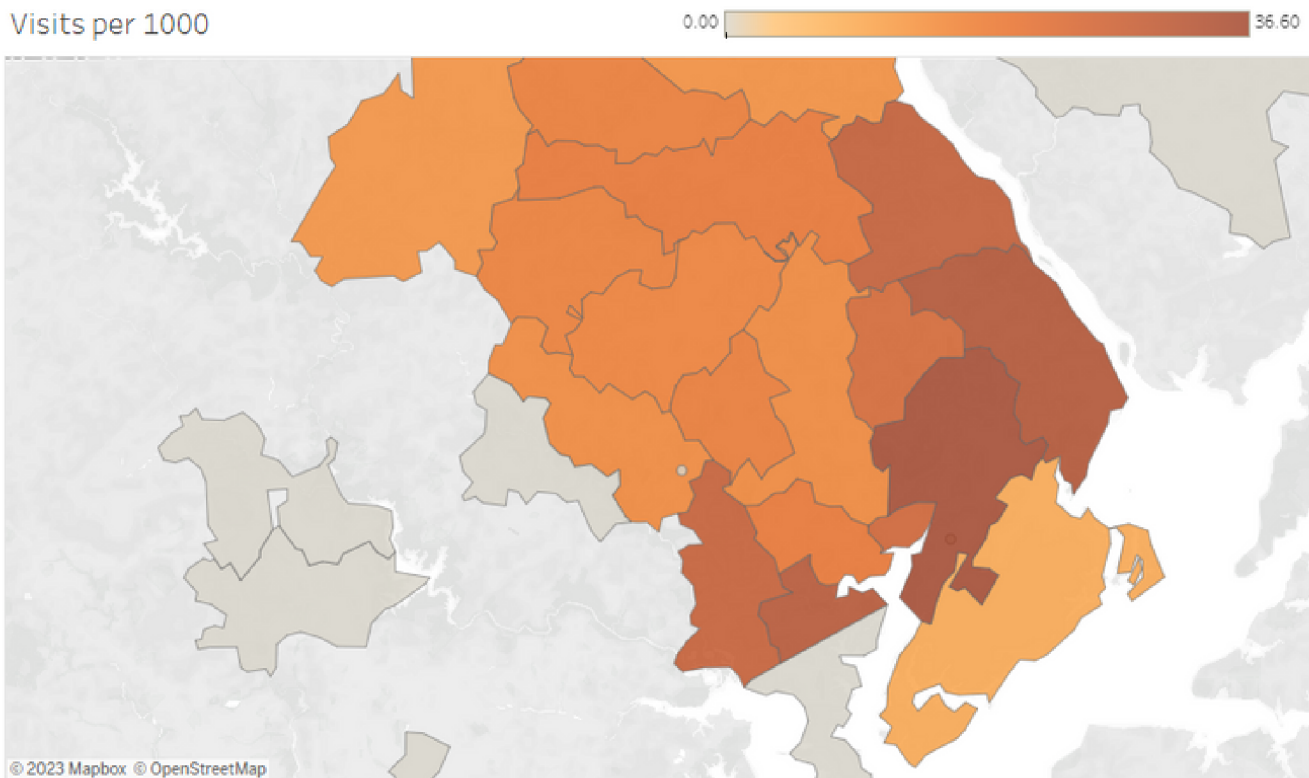
Emergency Department Visits for Colorectal Cancer per 1,000 Residents in Harford County, 2022



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

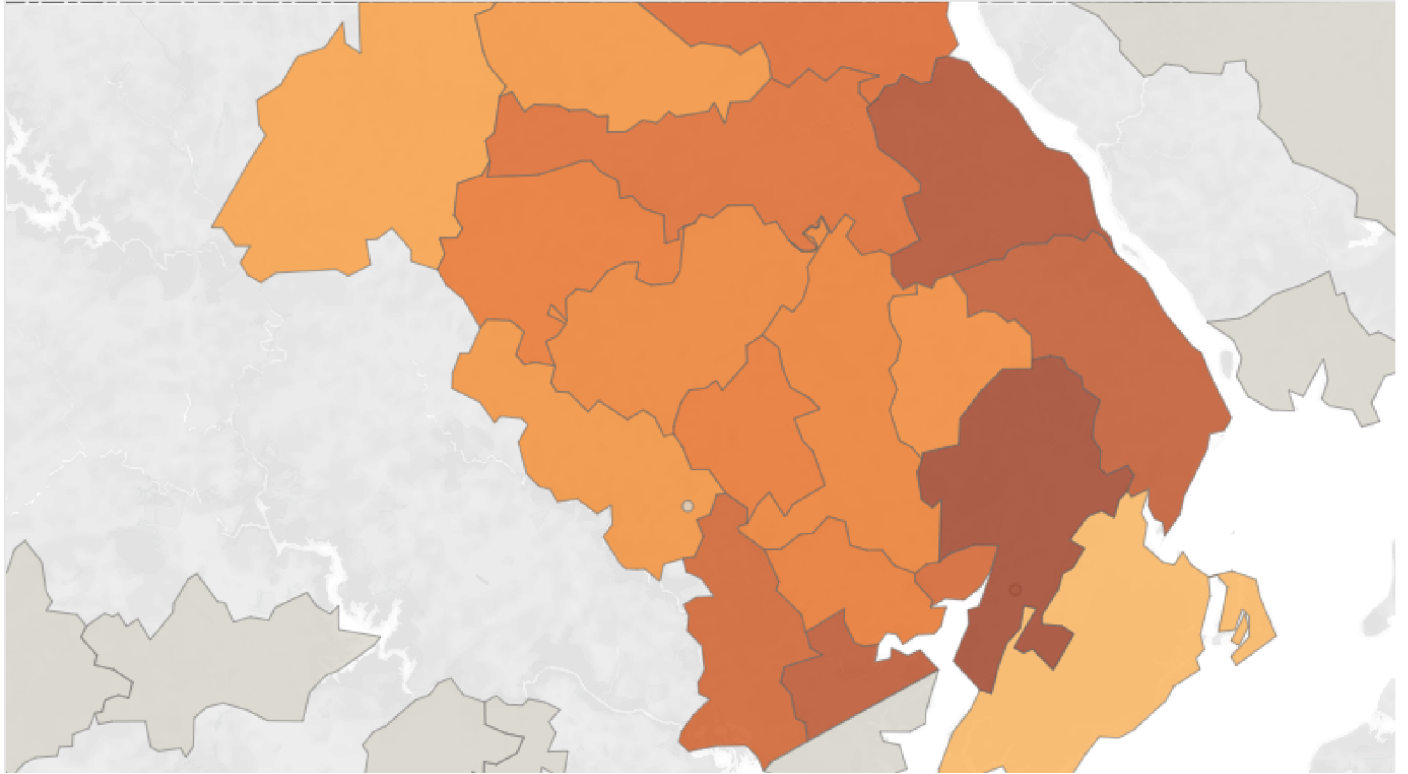
Diabetes is a group of diseases that affect blood sugar levels. There are several types of diabetes, but the two most common are type 1 and type 2. Type 1 is a chronic condition in which the pancreas produces little or no insulin. Type 2 is a chronic condition that affects the way the body processes 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

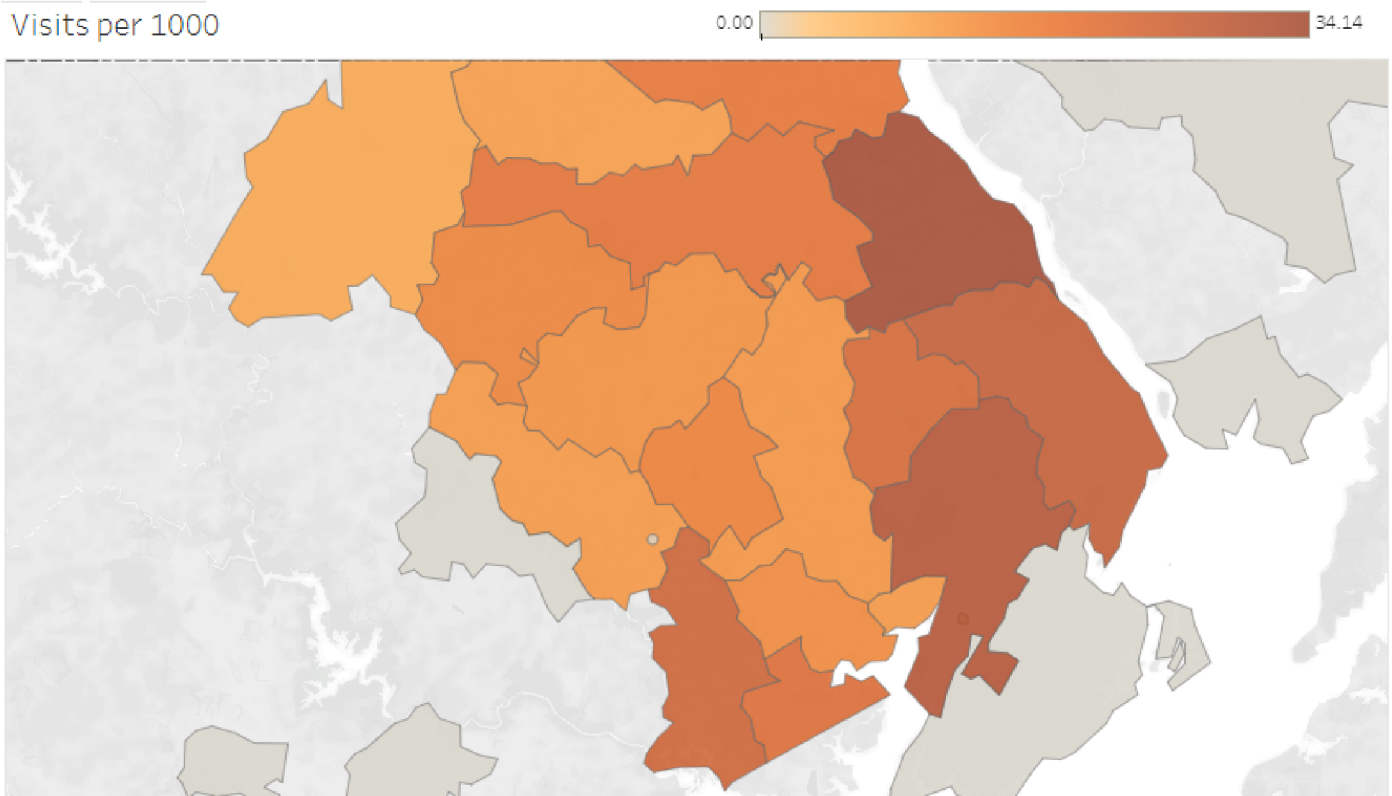
Visits per 1000



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.

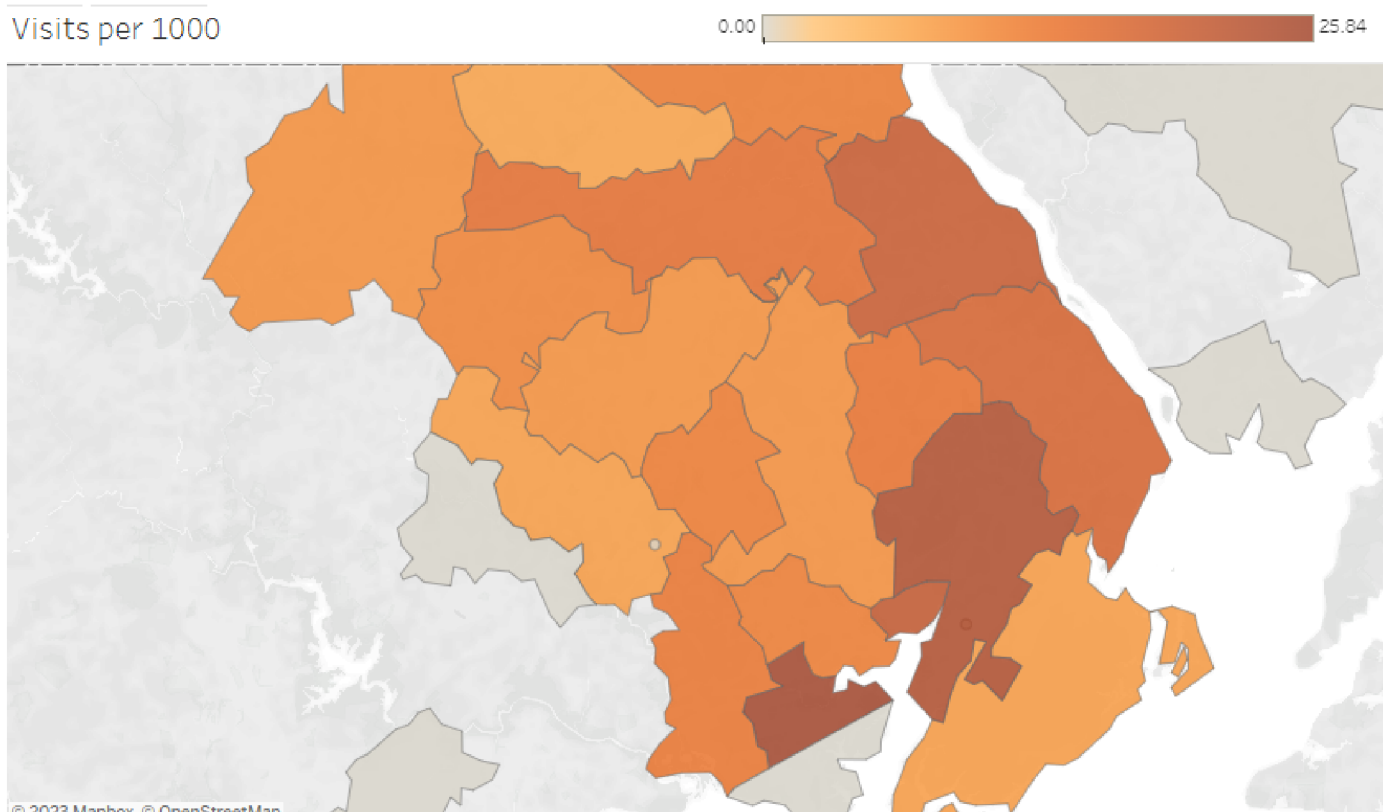
Emergency Department Visits Rate for COPD per 1,000 Residents in Harford County, 2022



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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